



BRIEFING

Managing the movement of returnees during and after MIQ

Date:	11 March 2021	Priority:	High
Security classification:		Tracking number:	2021-2426 HR20210465

Action sought		
	Action sought	Deadline
Hon Chris Hipkins Minister for COVID-19 Response		17 March 2021

Contact for telephone discussion (if required)			
Name	Position	Telephone	1st contact
Kara Isaac	General Manager, MIQ Policy	Privacy of natural persons	✓
Dr Ashley Bloomfield	Director-General of Health		
Privacy of natural persons	Principal Policy Advisor, MIQ Policy		

The following departments/agencies have been consulted

Minister's office to complete:

- | | |
|---|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Declined |
| <input type="checkbox"/> Noted | <input type="checkbox"/> Needs change |
| <input type="checkbox"/> Seen | <input type="checkbox"/> Overtaken by Events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn |

Comments

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Purpose

On 1 March 2021 you were advised of the cross-government managed isolation and quarantine (MIQ) work programme and of the proposed approach to sequence future advice to you on changes to the MIQ system [HR20210294 refers]. This paper provides consolidated advice on a number of measures relating to strengthening MIQ settings to reduce and manage the risk of infection transmission in managed isolation and quarantine facilities (MIQFs).

Specifically it provides:

- an overview of measures implemented across the MIQ system since the start of the year;
- an update on the implementation of cohorting across MIQFs;
- advice on changes to interim room restriction measures; and
- advice on post-MIQ departure testing and self-isolation.

Executive summary

Since the start of the year, we have implemented a number of changes to the MIQ system to minimise the risk of more transmissible variants of COVID-19 entering the New Zealand community. These measures include pre-departure and day 0/1 testing, and the introduction of temporary room restrictions.

Operational changes within MIQFs, such as wider use of N95 masks by staff, more consistent application of standard operating procedures (SOPs), and limiting returnee movement have further strengthened the system.

A recent public health focused desktop assessment conducted by the Ministry of Health, the Ministry of Business, Innovation and Employment (MBIE) and the Department of the Prime Minister and Cabinet concluded that the priority areas to reduce risk of COVID-19 incursions into the community are in the MIQFs [HR20210294 refers]. It identified that given the volume of work and pace of change underway, advice should be packaged to ensure interdependencies and any resulting trade-offs are easily visible. It further recommended that packages of advice are sequenced to ensure the biggest risk reduction measures are delivered first.

This briefing is the 'package' of advice focused on the management of returnees in MIQ. It covers the separation of cohorts, room restrictions and returnee movements, as well as post-MIQ departure measures. These issues have been grouped together as they are interrelated and will impact the requirements of facilities and the MIQ workforce.

To date, we have been confident that MIQ settings are fit for purpose. The evidence supports this view with over 111,076 people through MIQ since 26 March 2020 and just seven events across five MIQFs of COVID-19 transmission. However, the evolving global context and nature of the virus means there is an ongoing need to review and refine our approach.

The operational changes made in recent weeks provide additional system assurance through the consistent application of operational processes relating to:

- transporting returnees to MIQFs (and to offsite exercise) – there is no mixing of arrivals from different flights on buses or bridge flights;
- the frequency of cleaning in high traffic areas – all MIQFs are operating at or above infection prevention and control (IPC) requirements; and
- the restriction of returnee movements – all MIQFs now have in place booking systems to ensure cohorts do not mix during exercise and smoking.

MBIE has begun transitioning to a cohort-based approach to MIQF allocations, where practicable, allocating groups of people who arrive within a 96 hour period to specific facilities. This will reduce the risk of cross-contamination between people at different stages of their isolation period.

Some smaller facilities already contain cohorts of arrivals of 48 hours or less. However, further work is needed to determine how – and to what extent - a cohort approach can be implemented more widely. Challenges include ongoing high demand for MIQ places, and the need to exclude MIQFs that accommodate returnees with special requirements. Other issues, such as facilities requiring maintenance, uncertainty around the ventilation assessments and changing flight schedules also add complexity.

Legal professional privilege

Room restrictions until the results of the day 0/1 test were implemented as a temporary measure until more was known about the changes to the virus and its transmission, and the effectiveness of pre-departure and day 0/1 testing. Recent operational changes offer significant risk mitigation, but there is remaining uncertainty that warrants a cautious approach.

The Ministry of Health will shortly be evaluating the effectiveness of pre-departure testing, and we are awaiting the results of the ventilation review. As such, MBIE intends to retain temporary day 0/1 room restrictions for all arrivals (except those exempt from pre-departure testing). These will be subject to review and we will provide further advice on whether these should be retained for longer.

Room restrictions following the day 11/12 test were introduced as a temporary measure to minimise the risk of COVID-19 leaving a MIQF should a person at the end of their stay come into contact with an infected person at the facility. Public health advice is that the changes made to strengthen MIQ settings, particularly the restriction of returnee movement, provide strong protections for staff and returnees, significantly reducing this risk. The introduction of a cohort-based approach, where practicable, will further reduce intra-MIQF transmission. Legal professional privilege

Legal professional privilege

The Ministry of Health has reviewed measures after returnees depart MIQ to ensure any residual risk in this part of the system is being managed. This review considered the existing Wellbeing Check and whether there is any value in wider application of post-MIQ departure testing, which has been used as an incident management tool following the community cases related to the Pullman Hotel.

The Ministry considers that the Wellbeing Check process can be enhanced, and that there is merit in testing a subset of travellers after their departure from MIQ where they were on the same floor as a positive case identified after Day 5 of their stay in MIQ. This would help to mitigate the increasingly low risk of undetected transmission and has a clear public health rationale. It also involves a manageable increase in testing volumes. The Ministry of Health and MBIE intend to work through the operational and legal complexities and information system enhancements required to implement the proposal.

Recommended action

MBIE and the Ministry of Health recommend that you:

- a **Note** that New Zealand's strong MIQ system is working well, with the evidence to date showing that the rate of intra-MIQF transmission is extremely low
- Noted*
- b **Note** that since the discovery of new more transmissible variants of COVID-19, and in response to community cases originating from the Pullman MIQF, officials from MBIE and the Ministry of Health have investigated ways to further strengthen our border and MIQ settings to prevent COVID-19 being transmitted into the New Zealand community
- Noted*
- c **Note** that the following risk mitigation measures in MIQFs are in operation:
- 1) All returnee transport to-and-from MIQFs is undertaken using a cohort approach – there is no mixing of flight arrivals on buses or bridge flights. This is also the case for transporting returnees to offsite exercise areas
 - 2) All MIQFs are implementing cleaning procedures in line with IPC guidance, with many MIQFs exceeding requirements for the regular cleaning of high-traffic areas
 - 3) While there is variation in approach, all MIQFs now have in place systems to schedule exercise and smoking breaks that minimises transmission risk
- Noted*
- d **Note** that in general, returnees remain in their rooms except for scheduled exercise or smoking breaks. However, in some facilities, returnees will need to leave their rooms for other reasons (e.g. health checks), and additional IPC measures apply in such cases
- Noted*
- e **Note** that MBIE is transitioning to a cohort-based approach (arrivals up to 96 hours) in MIQFs where it is possible to do so without adversely impacting current capacity. A number of smaller MIQFs currently contain cohorts of arrivals of 48 hours or less
- Noted*
- f **Note** that cohorting will continue to be implemented where practicable, but that further implementation will depend on the outcome of the ventilation assessments and more is known about the other factors that will impact how quickly – and to what extent - it will be possible to implement cohorting more widely across the MIQ portfolio
- Noted*
- g **Note** that MBIE will retain day 0/1 room restrictions on a temporary basis until the outcomes of the Ministry of Health's upcoming evaluation of pre-departure testing and ongoing ventilation assessments, and until more is known about how widely the cohort approach can be deployed across MIQFs. Room restrictions will be subject to review with further advice to be provided on whether they remain necessary
- Noted*
- h **Note** that on the basis of public health advice MBIE will lift day 11/12 room restrictions in MIQFs with effect from 11.59pm on Monday 15 March
- Noted*

i **Note** that the Ministry of Health currently undertakes a Wellbeing Check post-MIQ departure to endeavour to identify any cases not captured by testing while in MIQ and is making a range of enhancements to increase uptake and completion rates

Noted

j **Agree** that the Ministry of Health will work with MBIE to explore options for implementing a system where guests on the same floor as a confirmed COVID-19 case identified after Day 5 of the case's stay, are requested to complete a test at Day 5 post-departure from MIQ, and to remain in self-isolation on release until the negative test result is received

Yes/No

k **Note** that there are several considerations if post-MIQ testing was to be introduced, including:

- 1) The necessary system changes and impact on Ministry of Health and MBIE resources; and
- 2) Whether testing would be mandatory or voluntary (and, if mandatory, the appropriate legal framework for requiring mandatory testing).

Noted



Kara Isaac
General Manager, MIQ Policy
MBIE

11, 3, 21



Dr Ashley Bloomfield
Director-General of Health
Ministry of Health

11, 3, 21

Re Rec(5) a risk based approach should be taken to determining who should be tested. There can be at-risk people who aren't necessarily on the same floor. We should use the case investigation process to identify those people and ensure they get the post Day 5 test.



Hon Chris Hipkins
Minister for COVID-19 Response

15, 3, 21

Background

1. A strong managed isolation and quarantine (MIQ) system is a key component to manage entry across our borders and to limit the risk of COVID-19 entering our community.
2. Since the discovery of more transmissible variants of COVID-19, and in response to community cases originating from the Pullman MIQF, officials from the Ministry of Business, Innovation and Employment (MBIE) and the Ministry of Health have investigated ways to further strengthen our border and MIQ settings to prevent COVID-19 being transmitted into the New Zealand community. This work includes measures that have been, or are being, implemented; measures that are under active consideration; and measures on which advice to you is being prepared.
3. In light of the extent and pace of change underway, officials from the Ministry of Health, working with MBIE and the Department of the Prime Minister and Cabinet, led a public health focused assessment of the end-to-end MIQ system [briefing HR20210294]. The assessment found that the greatest public health gains can be made by focusing on improving the operation and suitability of MIQFs, in particular the management of returnee movement; ventilation systems and air flow, and ensuring facilities are fit for this purpose. It also noted that proportionate improvements can be made to the post-MIQF period to further reduce risk from returnees after they re-enter the community.
4. The assessment highlighted the importance of packaging and sequencing the pieces of work relating to managing transmission risk in MIQFs, given the numerous interdependencies between them and taking account of the potential cumulative impacts of change on the MIQ workforce. It proposed the following sequence of advice:
 - a. Management of returnees in MIQ, including:
 - i. separation of cohorts, room restrictions and returnee movements;
 - ii. ventilation; and
 - iii. testing of returnees.
 - b. Infrastructure and workforce, including:
 - i. review of criteria for suitability of facilities;
 - ii. external review of MIQFs and operating model; and
 - iii. workforce, including models of care and testing of workforce.
 - c. Volumes: what the returnee movement, infrastructure and workforce settings mean for the appropriate volumes of returnees, considering the sustainable capacity of the MIQ system.
5. This briefing delivers the first piece of packaged advice, covering the separation of cohorts, room restrictions and returnee movement, as well as post-MIQ departure testing and self-isolation. You will receive separate advice on ventilation and the other issues outlined in the sequence above.

A suite of control measures are in place within the MIQ system to reduce the risk of COVID-19 entering the community

6. Since 26 March 2020, there have been 111,076 people through our MIQFs and there are over 4,000 staff in MIQFs nationwide. The evidence to date shows that the rate of intra-MIQF transmission is extremely low. As at 1 February 2021, there have been seven events of COVID-19 transmission that has occurred across five MIQFs. There is a total of 10 cases relating to the seven confirmed events.

7. A number of key steps have been taken to strengthen the MIQ model since its establishment. A high-level overview of the measures currently in place within the MIQ system to limit the risk of COVID-19 entering the community are summarised at **Annex A**.
8. Given the recent more transmissible COVID-19 variants, additional strengthening steps have been implemented to further reduce the risk of transmission:
 - **Pre-departure testing** was introduced as a measure to reduce the number of infected people arriving in New Zealand. It is now required of all arrivals, except for those on flights from Australia, Antarctica and some Pacific Island countries.
 - **Day 0/1 testing and room restrictions.** To further minimise the risk of infection transmission in MIQFs, all arrivals, except those arriving from Australia, Antarctica and some Pacific Island countries, must now have a day 0/1 test. Returnees required to undergo day 0/1 testing are also subject – as an interim measure - to room restrictions that prevent them from leaving their rooms for smoking breaks or fresh air/exercise. The restrictions apply until the person has returned an initial test (usually between 24 and 48 hours).
 - **Day 11/12 room restrictions.** From the end of January 2021 additional room restrictions were implemented - as an interim measure - for returnees following their day 11/12 test to the time of their departure. These measures are intended to minimise the risk of COVID-19 leaving a MIQF should a person at the end of their stay come into contact with an infected person at the facility.
9. In addition to the measures outlined above, we have reviewed our operating processes and implemented a number of changes within MIQFs to strengthen risk management [briefing 2021-2085]:
 - The use of N95/P2 particulate respirators has been extended to all staff who have close interactions (for the purpose of testing and health checks) with returnees in all MIQFs.
 - Smoking cessation support measures have been implemented to support movement reduction in MIQFs.
 - We have reviewed and made changes to the SOPs to ensure they align with the latest COVID-19 evidence and IPC requirements and are being implemented consistently across all MIQFs. SOPs will continue to be regularly reviewed in line with continuous improvement principles.
 - We have reviewed transport arrangements. All returnee transport to and from MIQFs is undertaken using a cohort approach – there is no mixing of flight arrivals on buses or bridge flights¹. This is also the case for transporting returnees to offsite exercise areas.
 - We have reviewed how and when MIQFs are cleaned to reduce the chance of surface transmission in high traffic areas, such as lifts. All MIQFs are implementing cleaning procedures in line with IPC guidance, with many MIQFs exceeding requirements for the regular cleaning of high-traffic areas.
 - We have continued to deploy CCTV and associated technologies across MIQFs. Installation is on track to be completed by mid-March 2021 which will mean that there will be comprehensive CCTV coverage of all shared areas (corridors, lobbies, exercise and smoking areas) at each MIQF.

¹ Bridge flights are used to transport arrivals from Auckland to MIQFs in Christchurch and Wellington

- We have reviewed ventilation in MIQFs and are assessing the suitability of facilities. Further advice will be provided to you on these issues.

10. We have also reviewed returnee movement within MIQFs to ensure greater consistency of returnees' access to services outside of their room. All MIQFs now have in place a booking system to ensure cohorts do not mix during exercise and smoking. Due to the differing size and configurations of the facilities, there is a degree of variation in terms of how this is operationalised including the allocation of time slots by cohort, or a bubble by bubble approach. Physical distancing, PPE use, limiting numbers and ensuring adequate supervision of exercise and smoking areas is also in place in each MIQF.
11. In general, returnees remain in their rooms except for scheduled exercise or smoking breaks. However, in some facilities, returnees will need to leave their rooms for other reasons, such as health checks where these cannot be undertaken in doorways, or to deposit rubbish or laundry in the corridor. In four MIQFs it is not always possible for deliveries to be delivered to returnees' rooms due to quantity of deliveries or staffing. In these cases, an additional layer of IPC procedures are in place to manage this.

Implementing cohorting across MIQFs

Background to the introduction of cohorting

12. The recent cases of transmission of new variants of the virus in the Pullman MIQF highlighted an increased risk that people towards the end of their isolation period could be exposed to undetected virus in those nearer the start of their isolation period.
13. Advice provided to you on 5 February 2021 [briefing 2021-2195] set out how a cohort approach to the allocation of space in MIQFs could support current strategies aimed at reducing the risk of cross-contamination, noting that any changes to current allocation processes will take time, have consequential effects to the booking system and potentially reduce the overall operational capacity of MIQ.
14. That advice set out that a cohort would be defined as a group of people who arrive into New Zealand within a 96 hour time period. It further set out that cohorts could be allocated to specific facilities or to specific floors in larger facilities to reduce overlaps of isolation times.
15. You have indicated that in addition to the immediate measures to be taken to minimise risk in MIQFs (such as changes to the SOPs to minimise returnee movements), you are interested in implementing cohorting in a way that enhances the business-as-usual approach to allocations and minimises any adverse impacts on the capacity of MIQFs.

Progress made to date

16. MBIE is giving effect to your advice by working towards a cohort-based approach where it is possible to do so without adversely impacting current capacity, noting that progress is constrained by high demand for MIQ spaces, and the ongoing management of issues resulting from the Pullman MIQF reviews.
17. Our current approach is focused on the smaller MIQFs, creating cohorts that arrive in facilities within 24-48 hours where possible, and we are working through the operational changes required to implement cohorting more widely where we can. A number of factors will impact how quickly – and to what extent - it will be possible to more widely implement a cohort approach across the MIQ portfolio:
 - Five MIQFs will be required to maintain special roles, accommodating returnees with special requirements (such as those with non-COVID health needs; unaccompanied children and young people; VIPs and diplomats; sports teams and other large groups; and short-stays, including aircrew on a layover or maritime transfers);

- Flight schedules are not yet confirmed beyond the end of May which impacts on operational planning;
 - The ongoing ventilation assessments of MIQFs creates potential uncertainty should some facilities require being taken offline for a period or require a significant reduction in occupancy to reduce transmission risk; and
 - Facility maintenance is also an emerging issue. Engagement with facility owners indicates that a full maintenance programme is going to need to be integrated into operational planning. This could affect available capacity and further advice will be provided to you on this.
18. Further analysis on separating cohorts by floors indicates that large numbers of rooms will become unavailable, reducing the overall capacity available. When considering the range of IPC controls in place, the ongoing demand for vouchers and the individual room requirements (i.e. single, couple, family, extended family), MBIE recommends that separating cohorts by floors is only implemented in exceptional circumstances at this time, where doing so would not reduce capacity.
 19. MBIE is also exploring whether there is scope to apply risk profiling to flights, as a recent data snapshot has indicated that people testing positive on day 0/1 or day 3 are arriving on flights from one of three hubs (Dubai, Los Angeles or Doha). These three hubs represent approximately 40 percent of total arrivals. Further analysis is required to determine whether it may be appropriate to assign arrivals from those flights to MIQFs that are low level, have wider corridors, upgraded ventilation and access to onsite exercise to further minimise risk. If implemented, this strategy will add operational complexity but could be valuable as an additional risk control measure.
 20. We will update you on the implementation of the cohort approach following the outcome of the ventilation assessments and once we know more about the impacts arising from the issues outlined in paragraph 17 above.

Reviewing room restrictions in MIQFs

Day 0/1 room restrictions

21. Day 0/1 room restrictions were implemented in response to the emergence of new, more transmissible variants of COVID-19 in late December 2020. Pre-departure testing was due to be implemented for all arrivals in mid-January and was expected to reduce the number of people arriving in New Zealand who were infected with the new variant. The room restrictions were considered appropriate as an interim measure until:
 - a. pre-departure testing was in place and compliance with that regime had bedded in
 - b. more was known about whether pre-departure testing is effective at keeping the new variants out of New Zealand
 - c. more was understood about the transmissibility of new variants and the changing global situation.
22. For arrivals required to undergo day 0/1 testing², room restrictions apply until an initial test is returned. This is usually within 24 – 48 hours. If a person tests positive, they are moved to a quarantine facility where appropriate controls are applied. If the person tests negative, the person remains in the isolation facility and the room restrictions are lifted.

² All arrivals except those from Australia, Antarctica and designated Pacific Island countries

Day 11/12 room restrictions

23. The day 11/12 room restrictions were introduced at the end of January 2021 and apply from the time a person undertakes their day 11/12 test until their departure (if they test negative) or until they are moved to a quarantine facility (should they test positive).
24. Day 11/12 room restrictions were implemented in response to the Pullman case, and were considered appropriate as an interim measure until:
 - a. the Ministry of Health completed its review of IPC requirements;
 - b. more was understood about the Pullman case and what led to the transmission; and
 - c. changes to MIQ settings were in place to reduce risk in other ways.
25. Further information on how room restrictions have been implemented, including for people who refuse testing, arrivals who are exempt from pre-departure and day 0/1 testing, and short-stays (e.g. international air crew and transit passengers) is set out in **Annex B**.
26.

Legal professional privilege

Are room restrictions still appropriate?

27. The continuation of room restrictions needs to be viewed in the context of the overall level of risk of COVID-19 transmission in MIQFs.
28. Data suggests that the overall viral burden in isolation facilities remains relatively low – less than 1 percent of tests are positive on routine testing days. From the introduction of day 0/1 testing on 1 January to 28 February, there have been 173 cases detected at the border. Of these, 60 (35 percent) were detected through day 0/1 testing³. This suggests day 0/1 testing is supporting early identification and transfer of COVID-19 cases to quarantine facilities. However, people are still testing positive on day 3 (45 cases or 26 percent) and day 12 (20 cases or 12 percent).
29. Until the implementation of 'green flights' under Quarantine Free Travel zones, there also remains a risk of in-flight infection arising from the mixing of transit passengers (high-risk) as well as those originating from Australia (low-risk) and who are not required to undergo day 0/1 testing or subject to room restrictions on arrival at MIQ.
30. The Ministry of Health has noted that the benefit of room restrictions is relatively small when considered alongside the other testing and existing control measures in MIQFs. While room restrictions could potentially reduce the risk of health staff, MIQ workers or other returnees contracting COVID-19 due to their contact with people and/or surfaces while not in their rooms, their view is that this risk is already very low.
31. We are aware that day 11/12 room restrictions in particular have resulted in some negative consequences. Medical Officers of Health in some MIQFs have reported detrimental impacts on the wellbeing of some returnees, for example, those struggling with mental health issues or who are grieving while undertaking their stay. Room restrictions can be particularly challenging for returnees with young children.
32. We also understand that concerns have been raised about damage to rooms and fire risk in facilities resulting from returnees smoking as they are not permitted to go outside. Not all rooms have balconies, and some include fixed windows that cannot be opened. There are



³ Compared to 45 cases (26 percent) detected through routine day 3 testing; 20 cases (12 percent) detected through routine day 12 testing; and 48 (28 percent) detected through other testing (e.g. due to being symptomatic or being a contact of known cases).

concerns that continuing room restrictions, especially in facilities that are already operating on a cohort basis, may cause unnecessary frustration and reduce the willingness of returnees to co-operate and comply with other risk mitigation measures.

There is a clear case to retain Day 0/1 room restrictions for the time being....

33. Despite having confidence in the strengthened operational processes in MIQFs, there remains ongoing uncertainty around the new variants of the virus and its transmissibility and in the efficacy of measures such as pre-departure testing.
34. The Ministry of Health will shortly be evaluating the effectiveness of pre-departure testing as part of wider work on testing schedules. However, we understand that the efficacy of testing in other jurisdictions cannot be verified and, even if tests are reliable, they do not identify individuals who are incubating the disease at the time of their test or are exposed en-route. As a result, public health advice remains that we should continue to treat all arrivals in New Zealand as if they have COVID-19.
35. We are also awaiting the outcome of the assessments of ventilation systems in MIQFs which will provide additional information on the risk of transmission within facilities and which may require changes to whether, or how, we operate some of our MIQFs.
36. As a result, we propose retaining the current day 0/1 room restrictions on a temporary basis:
 - until the Ministry of Health has evaluated pre-departure testing;
 - while the ongoing ventilation assessments are completed; and
 - as we explore how widely the cohort-based approach can be deployed.
37. Public health advice supports this approach. COVID-19 is an unpredictable virus and the safety of MIQ staff and returnees is paramount. We will ensure that day 0/1 room restrictions are kept under review to ensure they remain justified and proportionate. Of particular interest will be the roll-out of vaccinations to the MIQ workforce and the extent to which it affects our assessment of overall risk in facilities.

...but Day 11/12 room restrictions should now be lifted.

38. The strengthened operational measures now in place, particularly relating to transport arrangements and restricting returnee movement to scheduled exercise and smoking breaks provide strong protections for returnees throughout their stay. The introduction of a cohort-based approach, where practicable, will further reduce intra-MIQF transmission in the event of a bubble breach or other incident during an MIQ stay.
39. Public health advice is that the benefits of retaining day 11/12 room restrictions do not outweigh the costs, and that in light of the changes made within MIQFs, day 11/12 room restrictions are no longer justified or proportionate.
40.  Legal professional privilege
41. 
42. The use of temporary room restrictions outside of the day 0/1 testing period will continue to be available as an incident control measure that could be implemented at short notice if needed to respond to changes in the virus or incidents within facilities where it is proportionate to the risk.

Post-MIQ measures can be enhanced

Background to post-MIQ testing measures

43. Upon departure from a MIQF, returnees are currently free from further legal restrictions, unless directed by a Medical Officer of Health. The Ministry of Health undertakes a Wellbeing Check in the days following departure to check for any COVID-19 symptoms, and in response to the recent community cases associated with the Pullman Hotel, a select group of departees have been required to undertake a test on Day 5 post-MIQF, and to self-isolate until they return a negative result.
44. The purpose of post-MIQ departure measures including health checks and/or testing are to:
 - identify any long incubation in cases. This is currently considered highly unlikely with our current regime of at least three tests for each individual, and there is no evidence that longer incubation periods are an issue with the new variants of COVID-19; and
 - detect any in-facility transmission that has occurred in the latter part of a person's stay in MIQF which was not detected through the Day 12 testing.
45. Whenever there is a positive case within a MIQF, Ministry of Health officials undertake immediate actions including case investigation and contact tracing. These steps have been deployed in hundreds of cases over the last year to effectively reduce the risk of wider transmission. Ministry of Health officials continue to assess and review processes and the public health risk, and to build the suite of available measures to reduce transmission risk within MIQFs.
46. The Wellbeing Check is a key control measure utilised post-departure from a MIQF to catch any cases not captured by testing while in MIQ. Departees are contacted by email, and followed up by a phone call if there is no response, to check for emerging symptoms in the first week of departure from MIQ.

Proposed enhancements to the Wellbeing Check

47. A range of enhancements to the existing Wellbeing Check process will be made to increase the uptake and completion rates. This includes:
 - strengthening messaging to departees leaving MIQF about the importance of being aware of health symptoms, being contactable, and completing the Wellbeing Check process;
 - further strengthening measures to verify contact details are correct before individuals leave MIQF;
 - bringing forward the email questionnaire to Day 2, sending a reminder email on Day 3 and repeated phones from Day 4 if it is not completed; and
 - increased staffing for the additional activity of monitoring, escalation, and follow-up for non-responders.
48. Ministry of Health officials will continue to review and assess the response rate to the Wellbeing Check process to ensure response rates remain high.

The role of post-MIQ testing

49. The Ministry of Health has also considered wider application of testing individuals post their departure from a MIQF. This may assist to identify cases where infection has occurred during the later stages of a quarantine stay. However, this is a complex area and has a number of unknown or variable factors (such as positive results for already known historical cases) and implementation implications.

50. At this time, it is not clear whether the changing risk profile from the high rates of infection globally and the new variants of COVID-19 justifies adding further tests for all returnees, given the other newly introduced and proposed measures to further strengthen MIQFs. The public health risk will continue to be monitored and assessed.
51. That said, post-MIQ testing could be considered as an assurance measure and aim to provide a safety net to detect anything that slips through. There are different options for how post-MIQ testing is used.

Post-MIQ testing as an incident response

52. Following the recent case of transmission within the Pullman MIQF, all departees were requested to undergo a Day 5 test, as an incident management measure and to help identify potential transmission. Testing was conducted within a window of 5-7 days after departure to allow for the potential incubation period and greater efficacy of the test. This additional testing was advised as a temporary measure and was not extended to other MIQ departees at this time.
53. To accompany the testing, updated guidance issued to all departees from the Pullman MIQF advised individuals they may leave their house to have a test at Day 5 after departure, and they were encouraged to remain at home until they receive a negative result. As with guidance given to all departees, they were also asked to have an increased awareness of health symptoms for the week after departure and to use the tracer app.
54. Another scenario where post-MIQ testing might be utilised is circumstances where there may be some minor risk of transmission, but on balance it is desirable to enable individuals to leave MIQFs after 14 days rather than extending their stay. In these circumstances, an assessment could be undertaken as to whether testing post-departure could be part of a suite of measures to manage risk of transmission and to monitor possible infection.

Post-MIQ testing where there is a positive case in a facility

55. Consideration has also been given to whether all travellers within an MIQF, or a subset comprised of travellers on the same floor where a positive case is identified, should be asked to complete an additional test at Day 5 post-departure from MIQ.
56. The proposal to implement testing of the same floor of a case within a MIQF requires operational and system enhancements within both the Ministry of Health and MBIE. Until the system enhancements are made, there is a significant resource requirement needed to implement this step, which carries inherent risk due to the manual processes required.
57. The location and volume of positive cases will change each day. If a case is found, this would have an impact on people departing the MIQF over approximately 20 days, based on the case's infectious period while in the MIQF and the crossover of other people.
58. It will be operationally complex to identify and manage the people who may need to be tested. Testing would vary on an individual basis depending on whether there was a case during the time period they were there. This approach creates a risk that some individuals may be missed.
59. Based on experiences to date, there is a clear public health rationale for post-departure testing to be sought for all individuals who have been on the same floor where a positive case (excluding historical cases) has been identified after Day 5. This would be approximately one quarter of all cases identified within MIQFs. Any in-facility transmission from cases identified (and moved to quarantine) before Day 5 are highly likely to be detected through Day 12 or symptomatic tests.

60. We are seeking your agreement for the Ministry of Health and MBIE to undertake further work to explore the operational and system options for implementing this approach and to provide you with further advice on its feasibility.

Post-MIQ testing gives rise to operational and resourcing implications

61. At the point of departure from MIQ, relevant information about departees is passed to the National Investigation and Tracing Call Centre (NITC) team. Digital systems within the Ministry of Health and the public health sector would need to be enhanced to enable monitoring and tracking of results. At present, the system does not enable tracking of whether the individual has made an appointment for a test.
62. Additionally, to ensure the effectiveness of post-MIQ testing, guidance should be provided recommending that individuals self-isolate until they receive a negative result. This may lead to an increase in the need for welfare support and assistance for some departees. There would also be implications in relation to restrictions of movement for the individual and impact on their household bubble pending a negative test result.

Legal professional privilege

Public health advice on post-MIQ measures

65. All the measures taken at each stage of the end-to-end system need to be considered as a whole in order to have a proportionate and well-balanced system that manages the risks without unnecessarily restricting returnees.
66. Public health advice on further measures after returnees leave MIQ is that the enhancements underway to the Wellbeing Check process and improvements to the collection of contact information for those leaving MIQs, is appropriate. This takes into account the existing measures in place, the operational improvements underway at MIQs, including the introduction of cohorting, and the level of residual risk at this point in the end-to-end system.
67. Ministry officials continue to review and refine processes to ensure that there is a suite of post-departure control measures available to match the public health risk, that these control measures are continually enhanced to be fit-for-purpose, and that they are all contributing towards and supporting a strong MIQ process.

Next steps

68. MBIE officials will implement a cohort approach across MIQs where it is possible to do so without adversely impacting capacity. We will update you on implementation following the outcome of the ventilation assessments and once we know more about the other factors that impact our ability to transition to cohorting more widely.
69. MBIE will lift day 11/12 room restrictions with effect from 11:59pm on Sunday 14 March.

70. Subject to your agreement, the Ministry of Health will work with MBIE to explore options for implementing a system where guests on the same floor of an MIQF as a positive case identified after Day 5 of the case's stay, are asked to complete a test at Day 5 post-departure from MIQ. New follow-up protocols and system changes would be required, and there would be legal considerations if testing was made mandatory.
71. The Ministry of Health will also continue to:
 - a. implement enhancements to further strengthen the Wellbeing Check;
 - b. continue the use of post-MIQF testing as an incident control measure;
 - c. continue to monitor and assess changes to COVID-19 domestically and globally, and the emergence of the new variants; and
 - d. will provide further advice on any additional post-departure control measures that may be merited as further risk management tools in our response to COVID-19.
72. Further advice will follow on cumulative risks and any gaps identified across the MIQ system, and on infrastructure and workforce requirements for MIQ [HR20210294 refers].

Annex A: Overview of MIQ risk management measures

Pre-departure

1. All new arrivals to New Zealand (except those from countries where it is not required, or where there is an exemption in place) have to undergo a pre-departure test within 72 hours before boarding their flight. There are several acceptable types of COVID-19 tests which can be used (which must be verifiable by accredited labs) and the result is presented to the airline as a condition of boarding.

Arrival to New Zealand and transfer to MIQ

2. MIQ Operations receive the number of returnees arriving in New Zealand in advance. In association with airlines, airports and the Regional Isolation and Quarantine Coordination Centres, returnees are allocated to hotels and rooms.
3. Upon arrival, returnees are off-loaded from the aircraft in groups of around 10 and given a new face mask. They are directed to the health screening area for an initial health check conducted by District Health Board staff.
4. At the completion of the health screening, Returnees are allocated into one of three categories. Category A: Symptomatic, category B: No symptoms, required to go into an MIF and category E: No symptoms, exempted from managed isolation.
5. Returnees proceed through customs clearance and MPI clearance before proceeding to the approved transport provider for onwards travel to the designated MIF or QF.
6. Standard Operating Procedures (SOPs) set out clear processes to be followed as regards physical distancing, PPE use and other measures to keep both staff and returnees safe.

Staying at an MIQF

7. Upon arrival to their MIQF, all arrivals (with some exceptions) undergo a Day 0 or Day 1 test and must self-isolate in their hotel room until confirming a negative test. As standard procedure, arrivals undergo Day 3 and Day 12 testing and will only be permitted to leave MIQ upon confirming a negative Day 12 test.
8. SOPs have been updated to enforce restrictions of returnees' movement within the MIQFs, for example, limiting time out of the room to scheduled exercise and smoking breaks only, with only a small number of exceptions for example, dropping off rubbish or laundry outside the door.
9. Returnees that become symptomatic for COVID-19 at any time during their MIQF stay must be isolated to their room and tested as soon as possible.
10. Protocols are in place for close contacts of confirmed and/or probable cases in MIQFs. The Ministry of Health undertakes immediate actions including case investigation and contact tracing for positive cases.
11. If an arrival tests positive at any time during their stay, Ministry of Health staff will look at the infectious period and consider, with support from the Public Health Unit (PHU), whether there is a need for contact tracing within the MIQF. The Ministry of Health will inform the MIQF of any close contacts for the MIQF to have oversight of any risk of intra-MIQF transmission.
12. Close contacts of confirmed cases, whether at the MIQF or in transit in New Zealand, are managed with a higher level of vigilance, including an additional Day 6/7 test.
13. Close contacts must re-start 14 days of quarantine, with Day 0 being the day after their last contact with the case while they were deemed infectious. In addition to the routine Day 0/1, Day 3 and Day 12 tests, close contacts also undergo an additional Day 6 test.

14. To further limit the risk of transmission, individuals and families now must remain in their rooms post Day 11/12 test in order to reduce the risk of transmission to or from other residents.
15. The potential for intra-MIQF transmission is monitored weekly. Whole genome sequencing is assessed with every case in a MIQF, and any indication of intra-MIQF transmission triggers rapid contact tracing for each case.
16. All cases detected after day 3 over the previous fortnight are assessed by the Ministry of Health and New Zealand's Crown Research Institute (ESR) on a weekly basis to identify any trends and issues.
17. While still at MIQF, departees are provided with a departure letter outlining specific guidance for testing and movements over the next week.
18. The guidance includes asking departees to:
 - Continue to practice good hand hygiene by washing hands frequently or using hand sanitiser, and coughing/sneezing into the elbow
 - Ensure they download and use the NZ Covid Tracer app, or keep a written record of where they go
 - Wear a mask if travelling on a plane, using public transport, or if they are around vulnerable people.
19. The guidance also advises departees about the Wellbeing Check and future contact by health workers.

Post MIQF

20. The post-MIQF departure Wellbeing Check was established as an additional step to guard against the possibility the virus may take slightly longer to incubate in a few people and to help mitigate potential risk associated with returnees entering the community.
21. Using the contact details held in the National Border System (NBS) (contact details provided voluntarily by the returnee prior to MIQF departure), each returnee is emailed a questionnaire three days after their departure from an MIQF to check for symptoms and confirm their wellness.
22. If a symptom is reported, a phone call is made to the individual, who is advised to get a test and self-isolate until receiving a negative result.
23. If there is no response, the email is followed up with a phone call, including an SMS and three call attempts over a 48-hour period. No further follow-up is made beyond these measures as departees are not compelled to complete the Wellbeing Check. All departees are informed of the Wellbeing Check in their MIQ exit letter and at the time their details are sought.

Annex B: Implementation of room restrictions in MIQFs

1. Room restrictions stop returnees from leaving their rooms for smoking breaks and fresh air/exercise. Access to these activities is authorised at the discretion of the Chief Executive of MBIE.
2. Specific permissions in the COVID-19 Public Health Response (Isolation and Quarantine) Order 2020 for a person to leave their room continue to apply. These specific permissions include leaving to protect their own or another person's life, or health and safety in an emergency; to access medical services that cannot be provided in a MIF; to visit the room of a fellow resident in the same travel bubble; and to attend a court hearing.
3. For arrivals required to undergo day 0/1 testing, room restrictions apply until an initial test is returned. This is usually within 24 – 48 hours. If a person tests positive, they are moved to a quarantine facility where appropriate controls are applied. If the person tests negative, the person remains in the isolation facility and the room restrictions are lifted.
4. The day 11/12 room restrictions apply from the time a person undertakes their day 11/12 test until their departure (if they test negative) or until they are moved to a quarantine facility (should they test positive).

People who refuse testing

5. People who refuse day 0/1 testing are subject to room restrictions while advice is sought from a Medical Officer of Health. The matter is then referred to the Chief Executive of MBIE, or designated delegate, for a determination on actions to be taken.
6. People who refuse day 11/12 testing are kept in MIQ for another 14 days (time in MIQ cannot exceed 28 days in total) to ensure they do not present a risk to the community. The same room restriction duration and process will apply for those that refuse day 11/12 testing.

Arrivals from Australia, Antarctica and the Pacific Islands

7. Arrivals from Australia, Antarctica and designated Pacific Island countries are not required to undergo day 0/1 testing. Crown Law has advised that without a public health basis, room restrictions are not justifiable. MBIE has therefore not been imposing day 0/1 related room restrictions to these groups. Room restrictions relating to day 11/12 have been implemented for everyone in facilities, including these groups.

Short stays – international air crew/medical attendants and transit passengers

8. The Ministry of Health does not require international air crew/medical attendants or transit passengers in New Zealand for less than 72 hours who enter MIQ to undergo day 0/1 testing. Nevertheless, the Ministry of Health has indicated that it considers these arrivals to be more than low-risk.