



## AIDE MEMOIRE

### Implementing cohorting of arrivals in MIQ facilities

<b>Date:</b>	22 April 2021	<b>Priority:</b>	High
<b>Security classification:</b>		<b>Tracking number:</b>	2021-3379

#### Information for Minister(s)

Hon Chris Hipkins  
Minister for COVID-19 Response

#### Contact for telephone discussion (if required)

Name	Position	Telephone	1st contact
Kara Isaac	General Manager, MIQ Policy	Privacy of natural persons	✓
Privacy of natural persons	Manager, Allocation and Supply, Managed Isolation & Quarantine (MIQ) Policy Unit		
	Senior Policy Advisor		

#### The following departments/agencies have been consulted

Ministry of Health

#### 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 Withdrawn           |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

To provide further background information on the transition to cohorting all arrivals into MIQ facilities.

This follows previous advice on cohorting arrivals [briefing 2021-2195 refers] and specific advice on cohorting following the commencement of the Trans-Tasman Quarantine-Free Travel zone [briefing 2021-3193 refers].

Kara Isaac  
**General Manager, MIQ Policy**  
Managed Isolation & Quarantine, MBIE

22 April 2021

### Cohorting arrivals into MIQ

#### Proposal

1. You have directed MIQ to transition to cohorting arrivals into managed isolation facilities (MIFs).
2. Cohorting involves each MIF only receiving returnees who have arrived in New Zealand within 96 hours of each other (maximum). The facility is then “locked down” and no new returnees added until the cohort have completed their 14 day stay and the facility is cleaned.
3. The public health rationale of this approach is to remove the risk of intra-MIF transmission between returnees at different points of their stay.

#### *Public health benefits*

4. Cohorting reduces the potential risk of in-facility transmission from someone at the start of their stay (who has a higher change of having COVID-19) to someone at the end of their stay (who has a lower chance of having COVID-19).
5. MIFs already operate with stringent IPC measures to reduce the risk of transmission within an MIQ facility between returnees. However, no level of precautions can completely eliminate the risk, and it is crucial that transmission does not occur between individuals at different stages of their MIQ stay.

6. Such transmission is of particular concern as the returnee at the end of their stay may then be released into the community before their infection is detected, especially if infection occurs after their day 12 test.
7. This risk is amplified by the risk of aerosol transmission of COVID-19, including between returnees who do not appear to come into direct contact. While aerosol spread is not considered to be the predominant mode of spread for COVID-19 (as opposed to droplet spread), it does appear more common with newer variants of COVID-19.
8. This risk was highlighted in the recent review of ventilation of the Grand Mercure Auckland, which noted that transmission occurred between rooms on different floors and suggested transmission through the ventilation system as “an unlikely but most plausible” explanation [aide memoire 2021-3380 refers]. The risk of transmission between newly arrived returnees and those at the end of their stay was also highlighted by the January case of a returnee from the Pullman Hotel who tested positive for COVID-19 following a likely infection towards the end of her stay in managed isolation [briefing 2021-2453 refers]
9. Cohorting significantly reduces the risk of transmission in this manner going undetected and an infected returnee being released into the community.

## **Implementation**

### *Transition timeline*

10. The transition from current allocation practices to cohorting will take place over the next four weeks. This will allow time for facilities to be sequentially emptied of returnees and then refilled with cohorts.
11. This emptying process has already commenced, with five facilities no longer receiving new returnees to prepare them to receive a cohort of arrivals. The capacity freed up by quarantine free travel with Australia, along with the softening in demand for MIQ spaces that we have seen the last few weeks, has allowed officials to commence this process without creating a significant constraint on MIQ availability.
12. The first facility to receive a cohort of arrivals is the Pullman hotel, which will have its first cohort intake between 24 and 27 April. This will be followed by an additional four to six MIQ facilities in the following two weeks, the exact sequence of which is currently being confirmed.
13. We expect the transition to cohorting to be completed by 16 May, unless unexpected events create additional demand on MIQ capacity.

### *Operational implications*

14. Cohorting will impact MIQ operational efficiency, as many facilities are unable to be filled to their full operational capacity within the four day window. This will vary based on the capacity of each facility to safely check in new arrivals, as well as how many people are expected to arrive over those days. Overall, we expect cohorting to result in a 10-15% reduction in total operational capacity across the MIQ network.
15. Cohorting will not always involve placing the entire planeload of returnees into the same facility, although this will be the aim where possible. This is because IPC and workforce requirements mean that MIFs can only process a certain number of returnees at one time, meaning that large planeloads of returnees (100+) may need to be split across more than one facility.
16. Overall, both MBIE and Ministry of Health consider this reduction in MIQ efficiency to be outweighed by the public health benefits (detailed above).

17. Cohorting presents a number of operational challenges, created by the need to safely process new returnees into facilities at a faster rate than most facilities are currently equipped and staffed to cater for. For example, Auckland MIFs currently aim to limit new returnees to no more than 100 per day at each facility. This enables the MIFs to spread the workload of safely managing returnees, in particular day 0/1 and day 3 testing, over time.
18. This change will place additional pressure on MIQ staff, in particular on health staff required to carry out tests and pre-checkout health checks. Some MIFs also have limitations on common areas which can be used, creating a further limit on the number of returnees who can be safely accommodated in facilities under a cohorting model even if additional staff are available.
19. These operational challenges are currently being worked through with the Auckland DHBs and frontline co-ordinators, and we will adjust operational resourcing (including additional staff) as require to ensure safe operating parameters are maintained.
20. There are a small number of facilities used primarily or exclusively for particular groups of arrivals which will not be able to apply the cohorting approach. These include:
  - a. the Waipuna Hotel (medical arrivals),
  - b. the M Social (air crew),
  - c. the SO/ Auckland (diplomats and unaccompanied minors),
  - d. the Holiday Inn Auckland Airport (refugees), and
  - e. Novotel Auckland Airport (maritime and international transfers).
21. The Chateau on the Park may also occasionally be removed from cohorting in order to accept sports teams with bespoke training requirements.