



JOINT BRIEFING

Escalation options for the ongoing community response

Date:	11 October 2021	Priority:	Urgent
Security classification:		Tracking number:	2122-1313

Action sought		
	Action sought	Deadline
Hon Chris Hipkins Minister for COVID-19 Response	<p>Note that MIQ is projected to exhaust quarantine capacity to accommodate positive cases of COVID-19 by 13 October</p> <p>Discuss options for increasing capacity and alternative arrangements for isolation and quarantine</p>	11 October 2021

Contact for telephone discussion (if required)				
Name	Position	Telephone		1st contact
Brigadier Rose King	Joint Head of MIQ MBIE	Privacy of natural persons		✓
Bridget White	Deputy Chief Executive – COVID-19 Response Ministry of Health			✓
Privacy of natural persons	Policy Director, MIQ MBIE			
	Group Manager, COVID-19 Border and Managed Isolation, Ministry of Health			

The following departments/agencies have been consulted
The Department for Prime Minister and Cabinet

Minister's office to complete:

Approved

Declined

Noted

Needs change

Seen

Overtaken by Events

See Minister's Notes

Withdrawn

Comments



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Purpose

To alert you to the urgent need to find alternative options to support the ongoing community outbreak, given the likely scenario that MIQ's quarantine capacity will be exhausted by Wednesday 13 October.

This briefing also updates you on the changes we are making in response to the current community outbreak in Auckland and the Waikato, and the impacts and risks associated with these changes. The Ministry of Business, Innovation and Employment (MBIE) and the Ministry of Health (MoH) have explored potential options to free up additional capacity and will discuss these with you.

Recommended action

The Ministry of Business, Innovation and Employment and the Ministry of Health recommend that you:

- a **Note** that the COVID-19 community outbreak in Auckland and the Waikato is evolving rapidly and this is posing significant strain on the MIQ system
Noted
- b **Note** that, as of 0800 Sunday 10 October, there are 29 active community cases within the Waikato region, in addition to 331 cases in Auckland
Noted
- c **Note** that, as of 0800 Sunday 10 October, MIQ has 172 quarantine rooms available across Auckland and 67 referrals to go into quarantine facilities, and that our isolation room availability is constrained
Noted
- d **Note** that, on current modelling, MIQ will have exhausted available quarantine capacity by Wednesday 13 October
Noted
- e **Note** MIQ has very limited levers we can pull to increase quarantine capacity and they all have significant trade-offs, including reducing our current operating reserve
Noted
- f **Note** this briefing provides you with our initial advice in order to seek your direction in advance of developing further recommendations, based on public health and legal advice during the week of 11 October,
Noted

g **Agree** to proactively release this briefing with appropriate redactions consistent with the Official Information Act 1982

Agree / Disagree



Brigadier Rose King
Joint Head of MIQ
MBIE

10 / 10 / 2021



Hon Chris Hipkins
Minister for COVID-19 Response

12 / 10 / 2021



pp **Bridget White**
Deputy Chief Executive
COVID-19 Health System Response
Ministry of Health
10 / 10 / 2021

Isolation of close contacts that are deemed to be low-risk should be in the home rather than MIQ. This should be put in place immediately. Positive cases that are asymptomatic and can isolate safely at home should be encouraged to do so. This should also be implemented ASAP.

I would like a Cab Paper prepared for next Monday proposing that those travelling from all Australian states except NSW and Victoria bypass MIQ as long as the passengers are fully vaxed, have a negative PDT, and self-isolate for 14 days on return in Auckland. Paper should include advice on how to treat those who then want to travel on to other parts of NZ. Paper can also suggest other low-risk travellers who could be treated this way.

I would also like to see an urgent assessment of quickly implementable short-stay MIQ options. For example MIQ could be reduced to 7 days for those coming from lower risk locations who are fully vaccinated and in cohorts where there have been no positive cases. This could be implemented quickly.

I agree with deferring maintenance as required.

Background

1. In addition to the continuing volume of community cases in Auckland, the COVID-19 community outbreak in the Waikato is evolving rapidly with positive case numbers growing since the first two cases linked to the current Auckland outbreak were announced on 3 October 2021. As of 0800 Sunday 10 October, there are 29 active community cases within the Waikato region, in addition to 331 community cases in Auckland.
2. We currently have two quarantine facilities and one dual-use facility in Auckland and are in the process of setting up a quarantine facility in Hamilton (total capacity of around 530 rooms in Auckland and Hamilton). The continuing growth in positive cases is placing significant strain on the MIQ system; on current modelling we expect to have exhausted this available quarantine capacity by **Wednesday 13 October**.
3. Alongside the Ministry of Health and DHBs, MIQ has responded at pace to the ongoing outbreak in order to onboard additional capacity, and identify options in case we exhaust capacity. This response brings with it a number of impacts and risks for the network and broader health system.
4. In addition to the growing number of community cases, there is a large number of returnees due to enter New Zealand and MIQ throughout October: 7,039 people hold MIAS vouchers to arrive between 11 and 31 October, requiring 4,644 rooms. We have now paused voucher releases for the rest of October and reduced the number of vouchers to be released for November.
5. If MIQ continues to need to accommodate community cases, we may have to consider alternative levers to manage predicted volumes, all of which have trade-offs including public health risk and further reducing MIQ's operating reserve.
6. We are already implementing some changes within the MIQF system:
 - a. Converting the Distinction Hamilton into the Amohia community quarantine and isolation facility for community cases;
 - b. Identifying other isolation facilities in Auckland, which meet public health requirements, to convert into quarantine facilities.
7. Increasing quarantine capacity means we need to make decisions about freeing up capacity elsewhere in the system. Current considerations include:
 - a. Reducing upcoming voucher releases; and
 - b. Considering whether to further defer ventilation, or other non-essential maintenance, in some isolation facilities.
8. We are exploring all other levers, but consider most to have significant risks or trade-offs including:
 - a. Suspending cohorting in certain facilities to free-up further rooms
 - b. Diverting flights from Auckland to Christchurch to free up quarantine capacity in Auckland ;
 - c. Cancelling some group allocations ;
 - d. Lowering the allocation for emergency allocations ; and
 - e. Cancelling vouchers.

9. The options being considered are producing diminishing returns and our ability to continue to take in the majority of community cases is limited. Wider decisions about isolation and quarantine settings need to be made if we are to continue to take in the majority of community cases in the coming weeks.
10. Other options are being actively considered. The Department of Prime Minister and Cabinet is leading work to identify alternative MIQ facilities (outside the hotel network). The Ministry of Health is coordinating a series of workshops on Monday to develop further advice that may include:
 - a. triaging people based on their public health and clinical risks, and identifying those people who may be able to quarantine at home with appropriate support ;
 - b. identifying categories of people who may be able to be released from MIQF early; and
 - c. identifying if there are any cohorts of traveller or categories of people arriving in New Zealand who can be diverted from MIQ, and under what conditions.

Based on recent numbers we are likely to exhaust quarantine availability in Auckland

11. As of 0800 Sunday 10 October, we have 223 quarantine rooms available across the country, broken down by region as follows:
 - a. Auckland – 172 rooms
 - i. Jetpark
 - ii. Holiday Inn
 - iii. Novotel Ibis Ellerslie, noting this is a dual use facility and currently is accommodating border returnees
 - b. Wellington – 9 rooms
 - c. Christchurch – 42 rooms
 - d. Waikato (from 11 October) – 110 rooms (currently for use by positive community cases within the Waikato region)
12. Noting recent numbers we estimate that our current quarantine capacity will be exhausted by Wednesday 13 October.

We are responding at pace to the evolving situation and have taken a number of steps to support community cases

We have established a quarantine facility in Hamilton – Amohia (formerly the Distinction Hamilton)

13. We have identified the Distinction Hamilton as the facility in Hamilton that was most readily available with estimated sufficient capacity, and worked through the necessary IPC requirements to convert it into a quarantine facility. In accordance with the agreement with the local Iwi, this facility will currently only be used for positive community cases from the Waikato region; any positive border cases will be transported to Auckland. This has provided us with an additional 110 quarantine rooms. The 119 border returnees who were to arrive in the facility on Monday will be accommodated in Auckland managed isolation facilities.

14. We consulted with Iwi and with the Māori King about repurposing the facility and will continue to involve Iwi in relevant decision-making regarding the Waikato response. Kiingi Tuheitia, Pootatau Te Wherowhero VII is supportive and has gifted the hotel with a new name: *Amohia - Community and Isolation Quarantine facility*. Tainui held a ceremony on Sunday afternoon via Zoom to bless the facility.

We are also considering converting other isolation facilities into quarantine facilities in Auckland

15. We are continuing to use Jet Park and the Holiday Inn as quarantine facilities in Auckland. The Novotel Ibis Ellerslie is currently a dual-use facility.
16. We are exploring how we can increase our quarantine capacity further in Auckland and are considering converting either:
 - a. The remainder of the Novotel Ibis Ellerslie into quarantine; or
 - b. Looking at a new facility such as the Naumi or Sudima, noting that both of these facilities have a range of issues or factors that need to be overcome before they can be considered for dedicated quarantine.
17. We are finalising these plans and expect to confirm our approach on Monday 11 October.
18. Whatever option is taken to establish more quarantine capacity will require significant trade-offs. These are documented in Annex One.

We have reduced the number of October and November vouchers to be released via the next lobby release

19. In the next lobby release, Tuesday 12 October, we plan to release no further vouchers for October and only 150 for November. This will ensure we hold back approximately 1100 vouchers for November, until we know more about the need for capacity to support the community outbreak.

There are impacts and risks to the MIQ network and broader health system associated with the changes we are having to make

20. The high levels of occupancy across the system, particularly within the context of the highly transmissible Delta, increases the risk to our workforce. The workforce has been under strain for several months with facilities at peak capacity.
21. In order to support the increased quarantine capacity required for community cases, we are using a surge health workforce such as bringing in health professionals from other DHBs. The Ministry is continuing to reach out across the workforce nation-wide to provide additional surge response.
22. Through our ongoing management of community cases, close contacts, border arrivals and people from Afghanistan, we have very limited capacity in our system to continue to support community cases. The Minister's QFT 500 and a significant portion of our operating contingency is being used, which means our ability to respond to any further outbreaks or emergencies is extremely limited.
23. We are very unlikely to be able to convert facilities in Rotorua and any further facilities in Christchurch to quarantine within current border settings and arrival numbers, and noting significant workforce constraints. However, there may be options to consider this further with engagement with Iwi.

We may need to find additional capacity and this will entail trade-offs and risks

24. Annex One outlines a range of options for creating additional quarantine capacity, the significant risks involved with each option, and any potential mitigations.

The Ministry of Health is leading work to explore alternative isolation and quarantine arrangements

Triaging people based on their public health and clinical risks, and identifying those people who may be able to quarantine at home with appropriate support

25. The Ministry of Health's preferred option is for COVID-19 positive cases to be moved to a managed quarantine facility, as this is the best way to reduce the risk of further household or community transmission. While this remains the preferred option, it may not be a viable option as case numbers associated with this outbreak continue to grow.
26. The Ministry of Health is working with the Auckland Regional Public Health Service (ARPHS) to identify criteria to support decisions about cases that need to be supported in managed quarantine and those that could be supported to quarantine safely at home. We are also working to understand what additional capacity this may create in the managed quarantine system.
27. A national service model for management of COVID-19 positive people and whānau in the community is under development, looking to extend the roles for managing cases to primary, community care, and welfare alongside public health. This work is well underway.
28. Any criteria agreed will need to balance the public health and clinical risks of community-based quarantine against the benefits across the MIQF system (notably maintaining capacity for returnees), as well as the impact on containing the outbreak. There are a range of important considerations, including:
- a. **clinical and support needs of the individual case**, including whether they are vaccinated, whether the symptoms they are experiencing are manageable at home (and are not likely to deteriorate), and any other health issues that might affect their overall health care needs;
 - b. **place of quarantine**, including whether the case has a safe and appropriate living environment to quarantine with other household members, and if it is feasible for in-home health and other welfare services to support the case and the household adequately and safely, e.g. adequate capability for telehealth connection ;
 - c. **the composition of the case's household**, including how the risk of transmission to other household members can be mitigated and the health status and vulnerability of other household members as well their vaccination status ;
 - d. **social and cultural considerations**, including whether the case and their household will be comfortable and able to comply readily with any requirements associated with quarantining at home, given personal circumstances and the wider community context.
29. It should be noted that many of the cases in this outbreak have complex health and social needs, and so quarantining at an MIQ facility will continue to be a significant feature of the public health response, so ongoing capacity for community cases is likely to be required.

Identifying any categories of people who may be able to be released from MIQF early freeing up capacity

30. As you are aware, there is ongoing work to consider the possibility of short stay MIQ. This might involve certain category of traveller, with a lower risk profile spending less than the mandated 14-days in MIQ.
31. If the pressure on MIQ becomes acute, a risk assessment could be completed to assess any existing returnees that meet low-risk indicators and could be directed to complete their isolation at home. If this were to be actively considered, a similar set of criteria being developed for the community cases would be necessary to ensure the public health risk was mitigated and this could be done safely. It would only be considered as an interim solution and there would be a range of issues that would need to be worked through before this could be operationalised.

Identifying if there are any cohorts of traveller or categories of people arriving in New Zealand who can be diverted from MIQ, and under what conditions

32. There is also work underway to identify if there are any cohorts or categories of people arriving in New Zealand who can be diverted from MIQ, by supporting them to self-isolate. Possible cohorts of traveller whose risks could be assessment for isolation outside MIQ include travellers:
 - a. gathering in New Zealand to transit to Antarctica. There are two cohorts of Antarticans requiring over 250 rooms in Christchurch arriving on 11 and 18 October ;
 - b. from low-risk destinations in the Pacific which are known to be COVID-19 free and where we have confidence that the risk of an outbreak is low ; and
 - c. from low-risk states and territories in Australia, such as those from Western Australia.
33. Further modelling would be required to understand the volume of people that fall into these categories, as the numbers may not make a significant difference to overall capacity. Moreover, removing the requirement for MIQ for categories of traveller in advance of decisions about the next steps for Reconnecting New Zealanders, even as an interim measure, could result in significant commentary and further pressure about the options for opening our borders and for quarantine-free travel.

34.  Legal professional privilege

Next steps

35. We will continue to progress immediate steps for accommodating community cases in Auckland and the Waikato and explore additional capacity.
36. The Ministry of Health and MBIE are urgently exploring alternative isolation and quarantine arrangements, with workshops scheduled for Monday 11 October.
37. We are available to discuss this advice, and the potential options for finding additional capacity, with you at the Officials meeting on Monday 11 October 2021.

Annexes

Annex One: Summary of options to create additional quarantine capacity

Annex One: Summary of options to create additional quarantine capacity

Option	Impacts and risks	Recommendations	Status
Convert the Distinction Hamilton into a quarantine facility for community cases and close contacts	Requires returnees to be diverted to other MIFs, impacts operational reserve	Already implemented	110 rooms for Waikato community cases from 11 October
Convert additional isolation facilities into quarantine facilities	Requires returnees to be diverted to other MIFs, impacts operational reserve Workforce is already stretched managing the current quarantine capacity. Will require additional workforce.	Recommend that this is progressed Decisions due to be made by 11 October	The remainder of the Novotel Ibis Ellerslie can be used with 97 rooms from 19 October Other Auckland quarantine facilities being considered in advance of a discussion with the Minister
Divert incoming flights to Christchurch to free up quarantine capacity in Auckland	Limited quarantine capacity in Christchurch means this option is risky if there were any community cases. It also relies on ability to ensure air transfers.	Not recommended	For discussion with Minister
Suspend cohorting at one or more facilities	IPC risk, although risk at the border is small Currently this is not a viable option given the lack of operational reserve	Not recommended (and not currently viable)	For discussion with the Minister

Reduce the volume of emergency allocations	High risk of legal challenge for marginal capacity gains	Not recommended	Please note, we are not using the 350 as it stands and do re-release any unused vouchers in lobby releases. Little benefit.
Deferred maintenance	<p>Of the three Auckland facilities undergoing maintenance with reduced room capacity, only the Novotel Airport could be deferred.</p> <p>This would provide a potential of 100 additional rooms from 18 October when phase one of maintenance is completed.</p> <p>There are health risks to consider as this is considered a medium risk facility from a ventilation perspective.</p>	Should be considered further	<p>Discussion with hotel owners and contractors on Monday. Early engagement indicates they are supportive</p> <p>MOH assessment to identify if the health risk can be mitigated with other controls</p>
<p>Cancel some upcoming groups or seek alternative accommodation</p> <p>Mariners: 100 rooms (26 October)</p> <p>Antarctic programme: 214 rooms (11 October), 42 rooms (18 October)</p>	<p>Reputational and political risk, especially if government has contributed funding</p> <p>Likely to be too late to make changes at this stage with some cohorts already in NZ</p>	Not recommended currently	For discussion with Minister

<p>Cancelling existing vouchers</p>	<p>Legal and political risk</p> <p>This would severely impact people trying to return to NZ and may delay a person's travel for 1-2 months</p>	<p>Not recommended. This would be the last resort</p>	
<p>Take community cases into MIQ on a risk-basis</p>	<p>Risk of community transmission</p>	<p>Should be considered</p>	<p>Currently being considered by ARPHS/MOH</p> <p>Workshops underway to explore the safety and feasibility</p>
<p>Allow some border returnees to self-isolate at home or in a non MIF facility</p>	<p>Risk of community transmission</p>	<p>To be considered further</p>	<p>Workshops planned to explore safety and feasibility</p>