

Briefing

Changes to implement shorter stay MIQ and self-isolation

Date due to MO:	4 November 2021	Action required by:	N/A
Security level:	IN CONFIDENCE	Health Report:	20212389
To:	Hon Chris Hipkins, Minister for the COVID-19 Response		

Contact for telephone discussion

Name	Position	Telephone
Maree Roberts	Deputy-Director General, System Strategy & Policy	s 9(2)(a)
Bridget White	Deputy Chief Executive, COVID-19 Health System Response	s 9(2)(a)

Minister's office to complete:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Decline | <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 Withdrawn | |

Comment:

Changes to implement shorter stay MIQ and self-isolation

Security level: IN CONFIDENCE **Date:** 04 November 2021

To: Hon Chris Hipkins, Minister for COVID-19 Response

Purpose of report

1. This paper updates you and seeks your agreement to changes for the implementation of shorter stay MIQ and self-isolation for people crossing the border into New Zealand.

Summary

2. This paper provides information on how the 7 days managed isolation followed by 3 days in self isolation will be implemented ahead of November 14.
3. We are proposing a high-trust model for the self-isolation component that requires people to stay at home, and will provide guidance to support self-management.
4. To manage the public health risk, we are enhancing the testing regime to allow for a day 0/1 test, day 3 test, day 5/6 test, a rapid antigen test on departure from Managed Isolation when required, and a compulsory day 9 test once in self-isolation.
5. We will be amending the COVID-19 Public Health Response (Isolation and Quarantine) Order 2020 to enact this new regime, and will be making subsequent amendments to the Air Border Order and Maritime Border Order to enact these changes.
6. There are processes underway to identify solutions to manage unique situations where people may not be able to enter self-isolation, or may require assistance to identify an appropriate setting for self-isolation.

Recommendations

We recommend you:

- a) **Note** that the changes we are proposing are necessarily light touch and high trust due to the low public health risk and competing pressures on the health and managed isolation system **Noted**
- b) **Note** that people who are self-isolating will be expected to travel to their home or accommodation and be self-sufficient for 3 days, only leaving to undertake a day 9 test **Noted**

- c) **Agree** that the COVID-19 Public Health Response (Isolation and Quarantine) Order 2020 be amended to reflect the 7 day managed isolation and 3 day self-isolation requirements Yes/ No
- d) **Note** that we are developing guidance to support people during self-isolation, including access to health services **Noted**
- e) **Note** that an email-based compliance check will occur on day 10 for those who have not yet accessed their day 9 test at a community testing centre, and then on days 11, 12, 13 and 14 if needed **Noted**
- f) **Note** we are enacting changes to the Isolation and Quarantine Order and an associated direction under clause 9 of the Order to make tests on day 9 compulsory while people are self-isolating **Noted**
- g) **Agree** to move from a day 6/7 PCR test to a day 5/6 PCR test to increase the likelihood that people will receive a test result prior to leaving managed isolation and to help manage workforce pressures Yes/ No
- h) **Agree** that rapid antigen tests are only used prior to departure when a day 5/6 PCR test result has not been received and the person is travelling outside of the Auckland region Yes/ No
- i) **Agree** that the Maritime Border Order is amended to align maritime arrivals to a 10 day isolation period Yes/ No
- j) **Note** that we are working through potential situations where the Maritime Border Order may need to retain a 14 day isolation period, including where people are not vaccinated or due to undertake onwards travel **Noted**
- k) **Note** we are actively developing processes to enable day 9 testing including regulatory changes to make this compulsory **Noted**
- l) **Note** we are not going to proceed with the saliva based PCR testing trial in MIQ facilities at this time due to resource pressures **Noted**
- m) **Note** we are working to enact changes to relevant legislation to enable these changes to occur and you will receive further advice to enact these changes **Noted**



Dr Ashley Bloomfield
Director-General of Health
Te Tumu Whakarae mō te Hauora
Date: 4/11/2021



Hon Chris Hipkins
Minister for COVID-19 Response

Date: 5/11/21

Changes to implement shorter stay MIQ and self-isolation

Context

1. On 28 October 2021 Ministers agreed to shorter stays in MIQ and self-isolation until receipt of a negative day 9 test result from 14 November 2021 for those arriving by air [HR20212360 refers].
2. The length of stay in managed isolation will reduce from 14 days (336 hours) to 7 days (168 hours) followed by self-isolation until individuals return a negative day 9 test before they are able to exit self-isolation. Note that this may mean a slightly longer period of self-isolation than 3 days, depending on lab turnaround times from the day 9 test.
3. This paper provides information on how we will implement these changes.
4. These changes are taking place at a time when the MIQ and health system are both under considerable pressure. Given the limited public health risk from reducing MIQ stays, we have prioritised light touch and high trust interventions where possible.
5. The changes also provide an opportunity to trial self-isolation at scale and learn for future changes to support a greater role for large scale self-isolation.

Changes to implementation shorter stay MIQ and self-isolation

Testing regime

6. There are several changes to the testing regime that are recommended in order to better align with shorter stays in MIQ and the self-isolation component.

Shifting to a day 5/6 test from a day 6/7 test

7. To support more people receiving the result of their last PCR test before they leave MIQ, we recommend changing to a day 5/6 test from the current day 6/7 test.
8. This change has a range of benefits. It spreads out the testing workload for the MIQF health workforce, managing surges in demand for testing that could exceed workforce capability in MIQ facilities. There is a real risk that if we remain with day 6/7 testing as well as additional rapid antigen tests on departure, some testing could not occur due to workforce limitations.
9. Changing the day of testing would also reduce the likelihood that a rapid antigen test would need to be used, as the confirmatory PCR test would have already been received. This helps to manage the risks of false positive test results delaying travel.
10. From a public health perspective there is a low risk of missing cases by testing a day or two earlier, especially given the low numbers of cases in MIQ and the earlier

identification of positive cases through testing of the Delta variant. The addition of day 9 tests also helps to promptly identify cases that may emerge later.

Implementing day 9 testing

11. The day 9 test will need to be provided through a community testing centre or by GPs. Access to the day 9 test may be limited in some cases, especially remote areas of New Zealand with no weekend testing providers and where people need to travel many hours to their closest community testing centre or GP.
12. Testing on day 9 will be compulsory, as required by the testing requirement in the Isolation and Quarantine Order. Compliance will be tracked through an automated system that will send emails to people who have not undertaken a test on day 9, on days 10 through 14 as needed.
13. The Ministry for Business Innovation and Employment (MBIE) is preparing changes to the Isolation and Quarantine Order to enact the changes to Managed Isolation and the 3 day self-isolation requirement, as well as acting on advice from the Ministry of Health to make a day 9 test compulsory.

Rapid antigen testing on departure from Managed Isolation

14. We recommend the use of rapid antigen tests only when the result of the day 5/6 test has not been received prior to an individual's scheduled release on day 7.
15. The use of rapid antigen testing will be a new process in MIQ facilities. We recommend that rapid antigen tests are only required of those who have not yet received their result from a day 5/6 test and those who are travelling outside the Auckland region.
16. We propose the testing will be conducted by a MIQ health worker and provide a level of assurance pending the result of the PCR test result. It will also help to streamline and not hold up the departure process.
17. The change in approach from elimination to managed protection in Auckland means that the use of rapid antigen tests to promptly identify cases is of less value. Other regions in Alert Level 3 will still require testing before travel particularly to provide an added layer of assurance for those without day 5/6 test results if they are using public transport (e.g. domestic flights) to travel to their place of self-isolation.
18. When a rapid antigen test provides a positive result, the person will need to remain isolated until the result of the PCR test is received. If both the rapid antigen test and PCR test are positive, they will be required to enter quarantine or self-isolation depending on the assessment of the Medical Officer of Health

Saliva testing

19. With the shortening of MIQ stays, Ministers agreed to pause the pilot to introduce saliva testing at MIQFs. DHBs will continue to use PCR nasopharyngeal tests in the new shorter duration model MIQF system as these are considered the best test for the purpose of diagnosing COVID-19 in facilities before returnees are released into self-isolation, and because the operational processes for administering nasopharyngeal swabbing are well established.

20. We will re-visit whether and how saliva testing could be incorporated into the returnee testing regime in the first quarter of 2022, once these changes to the MIQF system are bedded in.

Review of testing regime for managed isolation and self-isolation

21. As part of implementing these new changes, we will be conducting a review of the new testing regime and assessing implementation. The review process will inform future changes to the testing process, particularly for those in self-isolation.

Self-isolation component

Self-isolation will be similar in practice to self-isolation for low-risk contacts

22. The self-isolation approach for those arriving by air will be light touch and high trust. There is a relatively low risk to public health by those arriving by air self-isolating compared to the public health risks posed by community cases or close contacts, particularly in the Auckland region.
23. Individuals will be strongly encouraged to self-isolate in a dwelling that does not accommodate anyone except themselves and their travel bubble members. However, if this is not available, self-isolating in a household with whānau or friends that are already in Aotearoa New Zealand will be permitted. In this instance, self-isolation involves isolating away from other members in the household (for example, have no physical contact, minimise time in shared spaces like kitchens and bathrooms, and do not share items such as cutlery and linen), while in their home or accommodation.
24. No visitors to the household will be permitted during the period of self-isolation, however, household members who are not part of the travel bubble will not be required to self-isolate i.e. they will be permitted to go to work and school while the returnee(s) are self-isolating.
25. Unlike in the self-isolation pilot, no restrictions will be placed on the nature or requirements of the self-isolation dwelling (e.g. specific ventilation requirements), except that:
- It cannot be in a shared accommodation venue that requires use of facilities (e.g. bathrooms and/or kitchens) that are shared with someone that the returnee does not know (e.g. hostels, boarding houses), and
 - It must be somewhere with cell-phone coverage, so that returnees can be called and/or texted by public health officials if needed, and
 - It must be somewhere from which the returnee(s) can access a COVID-19 testing centre, so that they can meet the requirement to be tested on day 9.
26. There will be no individual assessment of people's self-isolation plans before they leave. People will be provided communication to ensure they understand expectations of them and how to raise questions or concerns.
27. People will travel to their home or accommodation and be expected to stay there until they receive a negative day 9 test result. Private transportation (i.e. self-driving) will be strongly recommended. However, if this is not available, they will be permitted to use public transportation (e.g. taxis or domestic flights) to travel to their place of self-

isolation. It is not operationally feasible to require or provide private transportation services for all those entering self-isolation.

28. Returnees will be advised to adhere to typical public health measures during travel, including mask use, maintaining physical distancing from those not in their bubble where possible, and performing regular hand hygiene. Returnees will be advised to take the fastest and most direct route to their place of self-isolation, and will not be permitted to stop at public venues (e.g. supermarkets) or visit people along the way.
29. Returnees will be responsible for their own basic supplies during their period of self-isolation. People will be encouraged to have supplies delivered wherever possible, however we acknowledge that will not always be possible.
30. We are developing guidance for self-isolation that will cover where people can access support and health care, wellbeing advice, information on testing, as well as self-isolation requirements. This guidance will be shared with returnees at multiple points prior to their travel (e.g. on public websites and in MIAS), as well as during their stay in a MIQF.

This will operate as a high trust model

31. Given the lower public health risk of people in self-isolation in this model, the need for intensive compliance monitoring is lower. Given resource restraints, we will not be able to review self-isolation arrangements.
32. A final health check will be completed on leaving the MIQ facility and no further health checks will be completed during the final three days of self-isolation. People will be given clear guidance on what to do if they develop symptoms during that period which will require them to contact Healthline or their GP.
33. People who do not attend testing on day 9 will be in breach of the Isolation and Quarantine order. People are released from self-isolation once they receive the result of their day 9 test.

People who self-isolate will have access to health support

34. People will have access to Healthline, or their GP, as a first point of contact for health issues. As part of guidance provided to people in self-isolation, we will provide advice on how they can contact Healthline (or their GP), and wording to declare that they are currently in self-isolation. Healthline will be able to triage people and provide advice on access to further health services.
35. We will not be conducting daily health or symptom checks during the self-isolation period. The email on days 10 to 14 will be to check for compliance when a test has not been completed. If a person becomes unwell, they will call their GP or Healthline advising that they are a recent returnee, or go to a community testing centre to be tested.

Isolation requirements for specific groups

36. We expect that nearly all people will be able to go into self-isolation after 7 days, however we are working with MBIE on the implications of the change for specific groups, including people travelling to Antarctica, sports teams and Russian mariners.

Maintaining a fixed 7 day time period assists planning, and prevents potential inequities where blanket rules could lead to inequities between groups.

37. We are working through what will happen in particular cases where people will be unlikely to have access to accommodation or be subject to particular requirements during the transitional period, including refugees, '501' deportees or people travelling to Antarctica.

Management of positive cases

38. If cases are identified in Managed Isolation, they will continue to be treated in the same way as current cases, i.e. they will be transferred to quarantine. If people have symptoms, but no positive test result, these cases will be screened through the low-risk indicators process and released following clearance from a health professional following existing processes and protocols.
39. For cases identified when people are self-isolating, their management will depend on their accommodation and any other needs that they may have. We are proposing that as with other community cases, they will be assessed by a Medical Officer of Health and an appropriate plan put in place.

Regulatory changes to enable these changes

Changes to the IQO will be enacted

40. Changes to the COVID-19 Public Health Response (Isolation and Quarantine) Order 2020 will be made to reflect the change to a 7 day managed isolation stay followed by 3 day self-isolation. We will also be developing changes to enact the compulsory day 9 test for people in self-isolation. We will also be drafting subsequent changes to the Air Border Order and Maritime Border Order to reflect the shorter MIQ stay.

Changing the Maritime Border Order to align to the IQO

41. We seek your approval to amend the Maritime Border Order to reduce the length of isolation from 14 days to 10 days to align with the changes for those arriving by air
42. Consistency across the air and maritime border in terms of isolation period is important. A difference in isolation period for those coming across the maritime border could result in an inequitable outcome for both the commercial and recreational maritime sector.
43. The risk associated with reducing the isolation requirements at the maritime border is considered to be manageable. This reflects that the incubation period of the Delta variant is less than 10 days and that there are a range of stringent public health controls in place for seafarers disembarking their vessel. If crew are seeking shore leave, they must satisfy the low-risk indicators of a negative PCR test and be permitted to disembark by the Medical Officer of Health situated at the port.
44. For the majority of recreational maritime vessels, the transit time to New Zealand is usually longer than 14 days and they tend to have smaller crew sizes that are arriving from lower-risk countries (i.e. Pacific Countries).

45. We are working through potential circumstances where a longer stay in MIQ may be required.

Equity

46. Those returning to New Zealand should not have to stay in MIQF any longer than is necessary to protect the public health of New Zealanders.
47. Recent evidence indicates that the increased risk of transmission of COVID-19 from reducing a returnee's isolation period to 10 days is low, with the series of tests and other appropriate mitigations now in place. This is consistent with our proposed approach to the management of community close contacts.
48. Reducing the length of stay in MIQF will half the cost for returnees making the system more affordable and equitable to a wider range of people.

Next steps

49. We are continuing work on detailed implementation planning. We will be working closely with MBIE and other agencies to develop appropriate support for people who will not be able to self-isolate. The expectation is that people leave Managed Isolation on day 7, unless there is an exceptional reason.
50. Health and MBIE will continue to work through the legislative options. We will provide advice on enacting changes to the COVID-19 Public Health Response (Isolation and Quarantine) Order 2020, and subsequent regulatory changes outlined in this briefing before 14 November.
51. We have recently met with the Office of the Ombudsman who are keen to proactively engage to support the development of processes that are consistent with relevant human rights frameworks. We will work with them as we fine tune proposals.

ENDS.