MINISTRY OF BUSINESS,
INNOVATION & EMPLOYMENT
HĪKINA WHAKATUTUKI

BRIEFING

Additional MIQ levers for unvaccinated people

Date:	15 September 2021	**Priority:**	Medium
Security classification:		**Tracking number:**	2122-0898

Action sought		
	Action sought	**Deadline**
Hon Chris Hipkins **Minister for COVID-19 Response**	**Note** that the current MIQ settings are designed to manage more transmissible variants and unvaccinated arrivals, and officials consider this currently manages the public health risk of the low number of unvaccinated people entering MIQ. **Indicate** if you wish officials to undertake further work.	20 September 2021

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	Principal Policy Advisor, MIQ Policy		

The following departments/agencies have been consulted
Ministry of Health, Department of 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☐ See Minister's Notes ☐ Withdrawn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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Date:	15 September 2021	**Priority:**	Medium
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Purpose

To advise you on whether further restrictions are necessary to manage unvaccinated people in managed isolation and quarantine (MIQ).

Executive summary

New Zealand's MIQ system is highly effective, however it is also the biggest risk point for COVID-19 entering the community. It is important that the management of people in isolation and quarantine facilities remains fit for purpose as we learn more about new variants and in light of current system pressures.

Vaccination is a key tool and you recently agreed to progress work to make vaccination a mandatory requirement for non-New Zealand Citizens to enter New Zealand in order to reduce the risk of COVID-19 entering the community [DPMC-2021/22-251 refers].

New Zealand citizens and some exempt people will still be allowed to arrive in New Zealand unvaccinated. While we do not know exactly how many of those people will be vaccinated regardless, self-declared data indicates that 88 per cent of all arrivals into MIQ are double-vaccinated and a further 11 per cent have had a single-dose.

Current measures to manage transmission risk in facilities have been developed to manage more transmissible variants and unvaccinated arrivals. This includes returnee testing; day 0/1 room restrictions; PPE, physical distancing and IPC requirements; management of symptomatic people; and testing and vaccination of workers in facilities. These controls are regularly reviewed and updated in line with evolving public health advice and our continuous improvement approach.

In the current context and in light of the low numbers of unvaccinated people entering MIQ, at this stage we consider that these controls are sufficient to manage the public health risk.

If you wish, officials could consider operational changes so that unvaccinated people have the same controls on their movement outside of their rooms as non-positive symptomatic people in isolation facilities.

We could also provide further advice on placing empty rooms around unvaccinated people. The viability of this is subject to developing a way to capture self-reported vaccination status pre-arrival and determining whether it can be accommodated within cohorting underutilisation.

There are a number of additional MIQ levers explored in this paper that we do not recommend because they are disproportionate to the risk and are either not supported by public health (placing unvaccinated people into a separate facility and imposing further room restrictions), or are not the right tool to reduce transmission risk from unvaccinated people (prioritisation for vaccinated citizens in the managed isolation allocation system (MIAS) and differential MIQ Charges).

Recommended action

The Ministry of Business, Innovation and Employment (MBIE) recommends that you:

a **Note** that current data indicates that the number of people arriving in New Zealand unvaccinated is low.

Noted

b **Note** that the current MIQ settings are designed to manage more transmissible variants and unvaccinated arrivals, and officials consider this currently manages the public health risk of unvaccinated people.

Noted

c **Indicate** if you wish officials to undertake further work on:

a. applying the same supervision of movement to unvaccinated people as currently applies to non-positive symptomatic people.

Yes / No

b. placing empty rooms around unvaccinated people, where possible.

Yes / No

d **Note** that we have evaluated a range of other possible additional MIQ levers that could be used in relation to unvaccinated people but that we do not recommend the following be used because they do not have a strong public health justification and/or are disproportionate to the scale of the problem:

i. Placing unvaccinated people into a separate facility (quarantine or a dedicated isolation)

ii. Imposing further room restrictions on unvaccinated people

iii. Prioritising spaces in the managed isolation allocation system for vaccinated people

iv. Differentiated MIQ charges based on vaccination status.

Noted

e **Indicate** if you wish to discuss this briefing with officials.

Yes / No

f **Agree** that this briefing be proactively released with appropriate withholdings under the Official Information Act 1982.

Agree / Disagree

Kara Isaac
General Manager
MIQ Policy, MBIE

15 / 09 / 2021

Hon Chris Hipkins
Minister for COVID-19 Response

20 / 9 / 21

How will MIQ's view on this change when a greater number of vaccinated people are exempt from MIQ, leaving a higher concentration of unvaccinated?

Background

1. MIQ is one of our key lines of defence for keeping COVID-19 out of New Zealand, in line with the Elimination Strategy.

2. The current Auckland outbreak is putting greater pressure on New Zealand's COVID-19 response. Our MIQ system is highly effective, however it is also the biggest risk point for COVID-19 entering the community. It is important that the management of people in isolation and quarantine facilities remains fit for purpose as we learn more about new variants and in light of current system pressures.

3. In its current form, over 168,000 people have passed through the MIQ system. In this time there have been around 15 cases of transmission within a facility (outside of a bubble) which includes staff and returnees. There have been a small number of situations where COVID-19 has been transmitted into the community from returnees.

4. Vaccination is one of the key tools in the COVID-19 response kit and can provide a high level of domestic protection for the New Zealand resident population. Vaccinated travellers arriving in New Zealand also reduce the risk of COVID-19 arriving at the border. You recently agreed to progress work to make vaccination a mandatory requirement for non-New Zealand citizens to enter New Zealand in order to reduce the risk of COVID-19 entering the community [DPMC-2021/22-251 refers].

5. You have also asked for advice on MIQ levers that could be used for unvaccinated people to reduce the risk of COVID-19 entering the community.

What risk do unvaccinated people pose in MIQ?

Vaccination reduces transmission risk but does not remove the risk completely

6. Public health advice is that vaccinated people have decreased transmission risk compared to unvaccinated individuals. However, vaccination does not remove the risk of transmission completely.

7. While initial data on the impact of vaccines on transmission of COVID-19 indicated a significant reduction, the highly transmissible Delta variant is a major source of uncertainty. Observations of case numbers in largely vaccinated populations (e.g. the European Union, the United States and the United Kingdom) demonstrates that while severe health impacts are greatly reduced, transmission continues. However, rates of transmissibility differ by type of vaccine with the Pfizer vaccine faring better relative to a number of other vaccines.

Most people arriving in MIQ are vaccinated

8. At present, the majority of people arriving in MIQ from overseas are already vaccinated. The Ministry of Health started recording self-declared vaccination status of arrivals on 24 August 2021. Between 24 August and 9 September, 88 per cent (2,101 of 2,379) of arrivals into MIQ stated they were fully vaccinated, with 218 stating they were partially vaccinated. Only 17 of the arrivals (i.e. 0.7 per cent) stated they had not received any vaccination, and 43 did not answer.

9. As vaccination programmes roll out globally, we can assume that the likelihood of arrivals already being vaccinated will continue to increase over time, with the exception of children under 12.

10. It is possible that the proportion of vaccinated people arriving in New Zealand may increase once mandatory vaccination to cross the border is in force, though it may not have a material impact if vaccination uptake continues to be high globally.

11. Moreover, the impact of any vaccination requirement will depend on any carve outs from a requirement – our data tells us that 55 per cent of people entering MIQ are New Zealand citizens.[1]

Current settings manage transmission risk

All people in facilities are treated as if they have COVID-19

12. All people in MIQ facilities are treated as if they have COVID-19. This means that generally all people are subject to the same requirements to manage risk of transmission.

13. The purpose of the requirements on returnees is to reduce the risk that a person brings COVID-19 into New Zealand. The requirements are targeted at critical risk points in a person's journey from another country, through MIQ, to their entry into the community in New Zealand. They act as layers of protection.

Risk being mitigated	Requirement
That a positive person boards a plane to New Zealand	Must have a negative pre-departure test to board.[2]
That a person was incubating the virus at the time of their PDT, or was infected post their PDT – either in their country of origin or in transit, or to cover for the inability to verify the quality and accuracy of the PDT	Medical examination on arrival in New Zealand. Symptomatic people are directed to a dedicated facility. Day 0/1 nasopharyngeal test.[3] People are restricted to their rooms (no access to fresh air for exercise or smoking) until negative day 0/1 test returned. Day 3 nasopharyngeal test. People who become symptomatic during their stay are restricted to their rooms until they return a negative test. Additional supervision of access to exercise/smoking until symptom free. Positive cases are transferred to quarantine facilities or floors in dual use facilities.
That a person contracts COVID-19 in a facility	Must wear PPE and physically distance. Infection prevention controls in facilities. Day 3 nasopharyngeal test. Day 6/7 nasopharyngeal test for people on the same floor as someone who tested positive. To be extended to all returnees by end-September.

[1] Since the beginning of 2021, and excluding quarantine-free travel, the split between New Zealand citizen and non-New Zealand citizen (resident class and temporary entry class visa holder) air border arrivals is 55% New Zealand citizens (43,400) and 45% non-New Zealand citizens (35,800).
[2] People departing some countries are not required to undertake a pre-departure test because they are considered low risk, or the tests are not to the standard required by Ministry of Health.
[3] Some low risk countries are not required to undertake day 0/1 tests and the related room restriction does not apply.

	Day 11/12 nasopharyngeal test. Cohorting means that flights arriving within a 96-hour period go into one facility, to prevent transmission to people who are at the end of their stay. Access to fresh air must be scheduled via booking system and all spaces are onsite at facilities. People who become symptomatic during their stay are restricted to their rooms until they return a negative test. Additional supervision of access to exercise/smoking until symptom free. Positive cases are transferred to quarantine facilities or floors in dual use facilities. Workers must be vaccinated to perform work and undergo mandatory regular testing and wear PPE. Standard operating procedures in place to cover all operations that could present a risk of transmission Ventilation reviews and remediation, including the addition of HEPA filters and other mitigations to reduce the risk of aerosol spread.

14. MBIE and the Ministry of Health take a continuous improvement approach to risk management in MIQ. Many of these requirements were introduced in response to more infectious variants emerging in early 2021 – e.g. pre-departure tests, day 0/1 tests and related room restrictions.

15. Others have been introduced in response to transmission events in facilities, such as cohorting, and as our understanding of transmission has improved, such as review and remediation of ventilation systems and limiting access to fresh air to spaces onsite.

16. The IPC requirements are regularly reviewed to ensure they continue to be effective and to identify any gaps or opportunities to mitigate transmission risk in facilities. The Ministry of Health and MBIE run these reviews in consultation with Medical Officers of Health, IPC leads, the MIQ Technical Advisory Group, Regional Operations Directors and Quality Assurance Leads, and MIQ leadership team.

17. From 25 August, returnees in proximity to anyone testing positive on day 0/1 or day 3 have been required to undertake an additional nasopharyngeal test on day 6/7 as an interim response [HR20211931 refers].

18. This is an interim response to help to address the risk already identified around a long gap between tests and intra-MIQ facility transmission. Early identification of cases will help to reduce the amount of time that positive cases spend in managed isolation facilities, and the risk of transmission to other returnees and staff.

19. As part of this continuous improvement approach, officials have recently advised that day 6/7 nasopharyngeal tests should be rolled out to all returnees in facilities by the end of September. The Ministry of Health is providing further advice on potential for saliva based testing for returnees later this month.

Workers in facilities must be vaccinated and are regularly tested

20. The above controls manage risk of transmission to or from any person in a facility – returnees and workers. There are also additional controls for workers in facilities given their mobility between facilities and the community, and the potential for transmission into the community that this inherently involves.

21. Since March 2021, workers in MIQ facilities are only allowed to perform their roles if they are vaccinated. New workers must have at least one vaccination before starting work in a facility, and must have their second within 35 days. MIQ produces weekly onsite worker vaccination reports. In the week 30 August to 5 September, 95 per cent of workers onsite at facilities had two vaccinations.

22. In light of our increasing knowledge about the Delta variant and the investigations into recent cases of transmissions inside MIQ facilities, on 1 September the MIQ Technical Advisory Group issued interim guidance that, where operationally feasible, only fully vaccinated workers should work in areas of facilities where returnees are accommodated. Officials are also considering amending the Vaccinations Order so that new MIQ workers are required to be double-vaccinated with a stand down period before starting work to ensure vaccine efficacy.

23. Workers in facilities are also regularly tested with schedules reflective of the risk associated with the facility. Workers in quarantine facilities and health workers in isolation facilities must be tested within a 7 day cycle. Other workers in isolation facilities must be tested within a 14 day cycle. A range of testing modalities are available to workers.

24. The Ministry of Health is providing advice on options to increase testing frequency for quarantine facility workers [HR 20211983 refers].

We consider these settings are sufficient to manage transmission risk of unvaccinated people

25. In the current context, these controls are considered to be the best way to manage risk from even our highest risk arrivals. They have been developed to manage the Delta variant and unvaccinated arrivals. The requirements have been designed on the basis that the highest level of controls are the default across the system, with very few carve outs where there is lower risk.

26. Given the low numbers of unvaccinated people entering MIQ, at this stage we consider these controls are sufficient to manage the public health risk. We recommend that these settings and the role of any additional measures are kept under review in line with a continuous improvement approach.

Other MIQ levers that could be used for unvaccinated people

27. There are other MIQ levers discussed below that could be used for unvaccinated people. Many of the options are either not supported by public health advice or we do not recommend them because they are not appropriate public health tools and are disproportionate to the scale of the problem.

28. In all cases, verification of vaccination status is likely to be difficult. The Ministry of Health would need to advise on what vaccinations (brand and number of doses) are considered acceptable. A high-trust model relying on self-declaration would incentivise dishonesty to avoid any additional restrictions.

29. If you wish to impose additional measures for unvaccinated people, the following could be explored:

a. imposing the same controls on unvaccinated people's movement in isolation facilities as symptomatic non-positive cases

b. placing empty rooms around unvaccinated people in MIQ.

30. We note that introducing additional measures for unvaccinated people will increase the operational complexity in facilities in a system, and for a workforce, already under significant pressures. Increased complexity could undermine the effective implementation of key measures and mitigations that public health supports, such as cohorting and IPC practices.

Treating unvaccinated people the same as non-positive symptomatic people

31. Under the MIQ Operations Framework, symptomatic people in isolation facilities are restricted to their rooms (no access to fresh air or exercise) until they return a negative test. People who test positive are moved to quarantine.

32. After a person has returned a negative test but is still symptomatic, they are offered opportunities for outdoor exercise/fresh air/smoking, subject to additional controls such as MIQ facilities staff directly supervising the person while exercising to ensure they comply with PPE, physical distancing and IPC requirements. The relevant extract of the MIQ Operations Framework that applies to non-positive symptomatic returnees is attached at Annex One. Note that the requirements apply to only the symptomatic person and not the entire bubble.

33. If Ministers wish to impose additional measures for unvaccinated people, MIQ could look into imposing the same controls on their movement in facilities as non-positive symptomatic people. This would mean that after a negative day 0/1 test is returned and room restrictions are lifted, the unvaccinated person will be subject to additional supervision when leaving their room for the remainder of their stay. Consideration will need to be given to whether these additional measures only applied to unvaccinated adults or also to children, and how any vaccinated people in their bubbles should be treated.

34. We consider that this is a more proportionate way to manage any risk than the other options considered and, given the small number of unvaccinated people, should be able to be accommodated within current resourcing and workforce requirements. However, as noted above it will increase the overall complexity of the operation. We note that this would be based on self-declared vaccination status and will not be able to be verified.

Placing empty rooms around unvaccinated people

35. This option would involve placing empty rooms (where possible) around unvaccinated people to reduce the risk of transmission occurring through door opening from adjacent or opposite rooms.

36. The Ministry of Health has indicated that depending on ventilation, floor plan and capacity of MIQ facilities, this could be an option to help mitigate risk of transmission from unvaccinated arrivals.

37. The proposal would mean that for every room occupied by an unvaccinated person, up to another three rooms would be unused (depending on the particular lay-out of a facility). Additionally, the rooms unvaccinated people were accommodated in would ideally be spread out across a facility.

38. It is difficult to determine the impact this would have on supply of rooms. It could be significant and further consideration needs to be given to whether such an approach could be accommodated within the 10 to 15 per cent of cohorting underutilisation to avoid reducing overall capacity.

39. To ensure it did not negatively affect cohorting as a key public health measure, any such approach would have to be adopted on a "best-endeavours" basis – i.e. additional rooms

around unvaccinated people would be accommodated where possible, but maintenance of cohorting would take priority.

40. This approach would also require a system that captures, verifies and shares vaccination status before room allocation planning is done. Currently MIAS does not capture vaccination information and no other agencies collect this information in time for allocation planning. Ministers have indicated they would like to explore the possibility of capturing vaccination status in MIAS (a tick-box) as part of the decision to progress work on requiring non-New Zealand citizens to be vaccinated to enter the country. MBIE is providing further advice this week on this.

41. Subject to further advice on a MIAS tick-box, and if you wish to explore this option, officials can provide further advice on whether this approach is viable, including scenarios where it could be accommodated within cohorting underutilisation.

We do not recommend the following additional measures

Placing unvaccinated people into a separate facility

42. Advice has been requested on whether unvaccinated cases could be put into quarantine facilities before they have tested positive as a way of reducing their risk of transmitting the virus to others.

43. Putting unvaccinated people into quarantine facilities may reduce the risk of an unvaccinated person transmitting to others in the event they do become positive (because generally other people in quarantine already have COVID-19), however it potentially increases the risk of an unvaccinated person becoming positive in the first place. For these reasons, MBIE and the Ministry of Health do not recommend putting unvaccinated people into quarantine facilities such as Jet Park unless they have tested positive for COVID-19.

44. We also do not recommend creating a dedicated isolation facility for unvaccinated people. Public Health advice is not supportive of measures to cohort unvaccinated people together, or to utilise separate facilities including Jet Park for unvaccinated people. Cohorting unvaccinated people together can increase the risk of transmission between them because it places all of the unprotected people who are most likely to transmit and pick up COVID-19 in one place. The risk of transmission is reduced overall when unvaccinated individuals are spread amongst vaccinated people.

45. Vaccinated-only isolation facilities could also impact behavioural incentives and compliance in those facilities because people may consider their risk of getting COVID-19 is very low. As noted above, vaccination does not completely remove the risk of transmission. At this stage in New Zealand’s response, we need to ensure that vaccinated individuals continue to comply with public health measures and requirements in MIQ to reduce the risk of transmission into the community.

46. Consideration would also have to be given as to how to treat families or groups that comprise a mixture of vaccinated and unvaccinated people.

47. Additionally it would require flight cohorts to be split up, increasing the risk of in-facility transmission as you would have people who have recently returned mingling with returnees who are near completion of their 14 days. Cohorting is a key way to reduce transmission risk. To retain cohorting, multiple facilities would be required for unvaccinated arrivals or unvaccinated arrivals could only be accepted on 4 days out of every 19. This would have significant impacts on overall capacity.

Imposing room restrictions

48. Under the COVID-19 Public Health Response (Isolation and Quarantine) Order 2020 people are required to stay in their rooms except:

    a. in situations specified in the Order (such as in an emergency or to visit the room of someone else in their bubble)

    b. to do any activity (for example, access to fresh air) of a type, and in accordance with any conditions, authorised by the Chief Executive of MBIE.

49. The Chief Executive of MBIE can choose not to authorise activities like access to fresh air where it is necessary for public health reasons and limited to reasonable timeframes.

50. Since January 2021, people have been required to remain in their room without access to fresh air until they have returned a negative day 0/1 test. These restrictions were initially imposed as a temporary measure in response to new variants and until the pre-departure testing system bedded in. Public health advice has supported the continued application of day 0/1 room restrictions in light of the more transmissible Delta variant, subject to regular reviews to ensure these restrictions remain appropriate.

51. In response to the Pullman case in January, temporary room restrictions were imposed between day 11/12 tests and departure from MIQ facilities. Day 11/12 room restrictions were removed in early March 2021 on public health advice that the benefits of retaining them did not outweigh the costs, and that in light of the changes made within MIQ facilities (introduction of cohorting and stricter controls around access to fresh air), they were no longer justified or proportionate.

52. Symptomatic people are also room restricted until they return a negative test or are moved to quarantine.

53. Room restrictions of any duration can detrimentally affect people's mental and physical health and wellbeing and exacerbate existing addiction and welfare needs. It also increases the risk of behaviour such as smoking in rooms, increasing the fire risk, potential damage to rooms, and transmission risk/disruption resulting from evacuations. These risks will likely increase if longer room restrictions are imposed. Compliance with current room restrictions is high, though this is likely to decrease if room restrictions are imposed for extended periods.

54. Additional health and wellbeing support would be required to assess and manage people's needs for any extended period of room restrictions (including smoking cessation support). This would have resourcing implications for the already stretched health and MIQ workforce.

55. Consideration would also have to be given to whether room restrictions would apply to an entire bubble (e.g. family or group) even if some of them were vaccinated. Many children are likely to be unvaccinated although their parents or caregivers are, meaning unvaccinated room restrictions would disproportionately affect families who we know often struggle in facilities as it is. Additional requirements on children that are unable to be vaccinated is likely to attract scrutiny from the Children's Commissioner and Ombudsman.

56. While the wrist band system that is currently used for day 0/1 room restrictions could be extended to unvaccinated travellers, treating unvaccinated travellers differently to others would increase the overall complexity of the MIQ operation.

57. Public health advice is that the potential public health benefits of room restrictions beyond day 0/1 testing would not be commensurate with the negative wellbeing impacts of being restricted to their room for 14 days or longer.

58. The Ombudsman has also recently raised concerns about the appropriateness of existing day 0/1 related room restrictions. Legal professional privilege

Legal professional privilege

there is likely to be additional scrutiny of any further room restrictions.

59. For the reasons discussed above, MBIE does not recommend imposing additional room restrictions on unvaccinated people. The imposition would be disproportionate to both the risk unvaccinated people pose and the size of the problem.

Legal advice [privileged]

60. Legal professional privilege

61.

Prioritising spaces in MIAS based on vaccination status

62. This option would involve prioritising the ability for vaccinated citizens to get MIQ vouchers over unvaccinated people. The purpose would be to incentivise people to be vaccinated and therefore reduce the risk that COVID-19 enters the community.

63. The purpose of the MIAS is to ensure that the number of people arriving in New Zealand on any given day does not exceed the effective capacity of the MIQ system to accommodate them safely (including appropriate contingency) and to enable the efficient allocation of the available spaces. While not directly a public health tool, MIAS is critical to our ability deliver MIQ's public health purpose.

64. Any form of prioritisation needs to be considered in light of impacts on the right of New Zealand citizens to return home under the New Zealand Bill of Rights Act 1990. Ministers have agreed that work be progressed on requiring non-New Zealand citizens to be vaccinated to arrive in New Zealand. While this means that non-citizens will not be prioritised over New Zealand citizens, it would mean ring-fencing places for New Zealand citizens, and prioritising vaccinated people within that. There would have to be a rational basis and public health justification for prioritising vaccinated citizens over unvaccinated citizens.

65. Prioritising places for vaccinated citizens would also have broader equity implications for people who cannot be vaccinated, for example because of their age (children under 12) or medical conditions, or people who cannot access vaccines.

MIAS does not allow for prioritisation

66. There are currently two ways to obtain an MIQ allocation:

    a. online allocations which are obtained through the MIAS web portal currently on a first-come, first-served basis

    b. offline allocations which are obtained through manual applications and processing (for example, emergency and time-sensitive allocations).

67. The current online portal does not allow for any prioritisation and it is currently technically not possible to use MIAS to prioritise vaccinated travellers over unvaccinated travellers.

68. We do not recommend using offline manual allocations for prioritisation of vaccinated citizens. This approach would turn the majority of allocations into a time and resource intensive manual process, given that 55 per cent of arrivals into MIQ are citizens and we expect most people to be vaccinated and therefore to go through this pathway. MIQ is not

resourced to operate in this way and it would add time and complexity for people obtaining vouchers.

69. Given that almost 90 per cent of people entering MIQ indicate they are vaccinated, the costs of MIAS changes would outweigh any benefit.

Differentiated MIQ charges based on vaccination status

70. An option could be to increase MIQ charges for unvaccinated people to create a financial incentive for vaccination and thereby reduce the risk of unvaccinated people arriving in New Zealand and COVID-19 entering the community.

71. The objective of MIQ charges is to cost recover and support an economically sustainable public health response to COVID-19. The COVID-19 Public Health Response Act 2020 allows regulations to be made that "recover from any class of persons no more than an estimate of the actual and reasonable MIQF costs incurred in relation to that class".

72. The COVID-19 Public Health Response (Managed Isolation and Quarantine Charges) Regulations 2020 prescribe the following charges:

    a. For New Zealand citizens and permanent residents – $3,100 for the first or only person in a room

    b. For critial workers and other temporary entry class visa holders – $5,200 for the first or only person in a room.

73. New Zealanders are exempt from fees if they left New Zealand before 11 August 2020 and are returning home for more than 180 days. Waivers are available in cases of undue financial hardship or other special circumstances.

74. Both levels of fees are an under-recovery of the actual costs associated with a person's stay in MIQ and involve a degree of government subsidy. The fees do not include health costs or costs incurred by other MIQ partner agencies.

75. The amount of fees for New Zealanders were deliberately set significantly under full cost recovery to mitigate impacts on New Zealanders' rights to return home.

76. Critical workers and temporary visa holders are liable for higher fees on the basis that they and/or their employer receive an economic or social benefit from coming into New Zealand and do not have a protected right to enter New Zealand.

77. The charges are not a public health tool and are not intended to be used to reduce the risk of COVID-19 entering New Zealand, or as a penalty for failing to meet public health requirements (e.g. if a person arrived in breach of a requirement to be vaccinated).

78. Because all people are treated the same once they are in MIQ, unvaccinated people do not incur any additional direct cost than vaccinated people. While unvaccinated people may be more likely to get and transmit COVID-19, New Zealand's public health system does not charge people on the basis that they are, or are likely to become, sick.

79. As such, although there is scope in terms of cost recovery to increase the fee levels (as both the lower and higher fee still contain a degree of government subsidy), the current fee settings do not attempt to recover any of the health costs associated with a person's MIQ stay, and increasing the fee levels for unvaccinated travellers (as a way of recovering potentially increased health costs) would be inconsistent with our charging approach to date.

80. Charging higher fees for unvaccinated people would also add complexity to the system, including verification of vaccination status. Further consideration would have to be given to:

a. whether a higher fee for unvaccinated people should apply to New Zealanders and the impact on their right to return

b. how to treat families or groups that comprise a mixture of unvaccinated and vaccinated people

c. exemptions and waivers for people who cannot be vaccinated for medical or age-related reasons

d. discrimination issues related to the above

e. transitional periods and how to treat people who have already booked on the basis of current fees.

81. We note that MBIE is progressing a first principles review of the MIQ charging regime, with Cabinet policy decisions expected in the first quarter of 2022. One of the principles of the review is to simplify and streamline the system and the timing of the review will align with cross-government work on Reconnecting New Zealanders. We recommend that any differential treatment of unvaccinated people could be taken into account in those work streams.

Next steps

82. If you wish, officials can provide further advice on:

a. imposing the same controls on unvaccinated people's movement in isolation facilities as symptomatic non-positive cases.

b. the operational viability and implications of placing empty rooms around unvaccinated people (where possible within cohorting). As noted, this will also be subject to further advice being provided this week on a vaccination status tick-box in MIAS.

Annexes

Annex One: MIQ Operations Framework extract: Management of symptomatic COVID-19 negative returnees within a MIF or dual-use facility

Annex One: MIQ Operations Framework extract: Management of symptomatic COVID-19 negative returnees within a MIF or dual-use facility

10.3.1 Management of symptomatic COVID-19 negative returnees within a MIF or dual-use facility

If a symptomatic returnee returns a negative test result, the returnee must be managed in accordance with the guidance below until they are no longer symptomatic, or until advised otherwise by an attending medical professional or other suitably qualified health professional.

Symptomatic (but COVID-19 PCR negative) returnees must still be offered opportunities for outdoor exercise and/or smoking, subject to the following conditions:

- Approval has been given by an attending medical professional or MOoH for the returnee to leave for supervised exercise or smoking; and
- A designated time/place must be arranged for exercise/smoking so that a symptomatic (but COVID-19 PCR negative) returnee can exercise/smoke while maintaining at least 2m physical distance from returnees who are not in their bubble; and
- The returnee is directly supervised by MIQF staff (who will wear appropriate PPE, as detailed in Section 3 Infection Prevention and Control and the IPC SOP) while exercising/smoking to ensure compliance with IPC requirements; and
- The returnee adheres to the IPC requirements detailed in Section 3 Infection Prevention and Control and the IPC SOP, including physical distancing, PPE, and hand hygiene requirements.

The symptomatic returnee will continue to undergo daily health checks with clinical staff to monitor their symptoms. The returnee should also be encouraged to contact on-site health staff should their symptoms worsen or change.

A flow chart depicting the process for managing symptomatic returnees can be found in Stay in a MIQF SOP.

10.3.2 Escalation where COVID-19 negative returnee has prolonged symptoms

If the returnee's symptoms do not resolve within 48 hours after receiving a negative COVID-19 test result, the attending medical professional should clinically review the returnee and determine if consideration of other potential diagnoses is appropriate, if re-testing for COVID-19 is appropriate, and if the ongoing isolation and conditions for exercise/smoking detailed in Section 10.3.1 above remain appropriate. Further escalation to a MOoH/PHU may be appropriate if the symptoms are prolonged or to support decision-making.

10.3.3 Management of bubbles where one or more member is symptomatic

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If the symptomatic bubble member tests negative, the asymptomatic bubble members will no longer be isolated to their room, nor will they be subject to the conditions detailed in Section 10.3.1. However, they must continue to follow the usual IPC guidelines for physical distancing and PPE use when they leave their room. If the symptomatic bubble member tests positive for COVID-19, refer to Section 11.5.4 for further guidance on result notification and subsequent actions.