

BRIEFING

Further advice on processes for unvaccinated people in Managed Isolation facilities

Date:	18 Novemb	er 2021	Priority:	Medium			
Security classification:				ing 2122 per:		2-1835	
Action sought							
		Action souç	ght		Deadlin	e	
Hon Chris Hipkins Minister for COVID-19 Response		undertake fu possibility of supervision unvaccinated	Note that officials do not recommend implementing this approach as it is not supported by public health advice, would be operationally complex, Legal professional privilege		25 November 2021		
		implementing					
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Comments



BRIEFING

Further advice on processes for unvaccinated people in Managed Isolation facilities

Date:	18 November 2021	Priority:	Medium	
Security classification:		Tracking number:	2122-1835	

Purpose

To provide you with further advice on the possibility of applying the same supervision of movement in MIQ to unvaccinated people as currently applies to non-positive symptomatic people.

Recommended action

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

a **Note** that you requested officials undertake further work on the possibility of applying the same supervision of movement in MIQ to unvaccinated people as currently applies to non-positive symptomatic people.

Noted

b **Note** that the number of unvaccinated people arriving in MIQ is continuing to decrease.

Noted

Note that the public health advice does not support applying the same MIQ restrictions to unvaccinated people as non-positive symptomatic people.

Noted

d **Note** that treating unvaccinated people in this way would have significant operational implications, including limiting the time for fresh air and smoking for all other people, and causing undue impact on family bubbles and other groups.

Noted

e Legal professional privilege

Noted

f **Note** that officials do not recommend implementing this approach.

Noted

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

Agree / Disagree

Kara Isaac

General Manager, MIQ Policy

MIQ. MBIE

Hon Chris Hipkins

Minister for COVID-19 Response

24 / 11 / 2021

Background

- On 20 September officials advised you that public health considers that the current MIQ settings are sufficient to manage risk from unvaccinated people in MIQ [2122-0898 refers]. From this advice you indicated that you wished officials to undertake further work on the possibility of applying the same supervision of movement to unvaccinated people as currently applies to non-positive symptomatic people.
- 2. 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.
- 3. 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.
- 4. Officials have explored this option to manage non-vaccinated people in MIQ, and this briefing provides you with further advice on this approach.

Unvaccinated people in MIQ Facilities

- 5. The number of unvaccinated people in MIQ facilities continues to decrease. From 1 November it has been compulsory under the Air Border Order for non-New Zealand citizens to be vaccinated against COVID-19 to be able to travel to New Zealand. Additionally, several major airlines that fly to New Zealand have implemented or have announced that they are going to implement a vaccination mandate for travellers. Furthermore, as vaccination programmes continue to roll out globally, the likelihood of arrivals already being vaccinated will continue to increase over time. As such, the number of unvaccinated arrivals into New Zealand will increasingly shrink.
- 6. There are also a very small number of community close contacts who enter into managed isolation facilities, and are kept separate from border arrivals. Of this number, there may be a percentage of whom are unvaccinated. However as vaccination rates in New Zealand continue to increase, and the number of unvaccinated people from the community who enter MIQ is likely to proportionately decrease.
- 7. Between November 1 and 9 November, 76 percent of border arrivals into MIQ declared that they were fully vaccinated and a further 4 percent were partially vaccinated. Of the remaining 20 percent, 6 percent were unvaccinated, 13 percent were ineligible because they were under the age of 12, and 2 percent were unknown. This is in contrast to the 69 percent of arrivals between 24 August and 31 October who were fully vaccinated.
- 8. The make-up of unvaccinated travellers arriving into MIQ includes a diverse range of people with different needs and reasons for not being vaccinated, including:
 - New Zealand citizens who are unvaccinated. This may be for a number of reasons, including medical, religious and political beliefs.
 - Non-New Zealand citizens who cannot be vaccinated for medical reasons. This group have not made an active choice to be unvaccinated (they may want to be) and may have particularly high health needs or disabilities of which adding further restrictions may be difficult.

¹ Air New Zealand (from 1 February 2022), Qantas, Emirates.

- Non-New Zealand citizens under 17 years of age (noting that this group will continue to shrink as COVID-19 vaccines are increasingly available to younger people). There are mental health and wellbeing concerns associated with placing further restrictions on children in MIQ, as well as the lack of choice related to vaccination status and that applying restrictions to children means that those same restrictions would need to apply to their (likely vaccinated) parents.
- Refugees and Afghanistan evacuees who already have high mental health and wellbeing needs.
- Passengers with consular or diplomatic visas. Diplomats are accorded privileges and immunities under the Vienna Convention. As such, they are not required to go into MIQ but enter on a voluntary basis. We could not require diplomats to comply with this practice if they were to apply, though they would be encouraged to do so.
- 9. Given the above, it would be difficult to apply a consistent approach to managing unvaccinated people in MIQ based on the differing needs of the cohort and greater negative impact of further restrictions on certain groups. While implementing these changes may still be possible, there are public health, legal and operational considerations which do not support this course of action. These are outlined below.

Public Health Advice

- 10. The public health advice is that the proposal's response (i.e. managing unvaccinated as per non-positive symptomatic people) is disproportionate to the risk to MIQF transmission or to the New Zealand community.
- 11. MBIE and the Ministry of Health take a continuous improvement approach to risk management in MIQ. As such, 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.
- 12. Infection prevention control (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. We still consider the current IPC settings sufficient to manage the public health risk.
- 13. The risk profile of the small number of unvaccinated people in MIFs is limited due to predeparture testing requirements and the testing regime upon arrival in a MIF. They are at low risk of transmitting or being infected with COVID-19 due to the high rate of vaccination in the people they potentially come in contact with (i.e. airport workers, border workers, MIQF workers), the high rate of vaccination in other travellers (due to vaccine requirement for non-NZ citizens and the high proportion of NZ citizens that are vaccinated), and the use of other public health measures at MIQF (e.g. PPE, physical distancing, etc.). Therefore, the proposal would not appreciably reduce the risk of transmission within the MIQF.
- 14. Furthermore, since September when Officials provided you with the initial advice on additional MIQ levers for unvaccinated people, New Zealand's COVID-19 landscape has changed. There is greater community transmission, both in Auckland and increasingly throughout other regions in New Zealand. As such, managing unvaccinated as per non-positive symptomatic people is disproportionate to the risk posed.

Operational impacts

- 15. If we were to implement further changes to limit the movement of non-unvaccinated people within the facilities in the same way as non-positive symptomatic people, there would be a number of operational constraints and unintended consequences as a result. These include:
 - It would limit the time for fresh air and smoking for all other people we would need to create a third category of people for booking time to access fresh air and smoking to distinguish them from people who are vaccinated and people actually showing symptoms (but non-positive). Implementing this change would further limit access to these times for everyone else. We know access to fresh air is a very important part of ensuring peoples' wellbeing in MIQ and any operational decision to further restrict or impact that should have a strong justification.
 - Any changes to management of unvaccinated people may create an incentive to provide false information the information which is currently gathered around vaccination in MIQ is very high trust and not verified. New Zealand citizens are not currently required to provide this information. As such, once people become aware of the possible further restrictions due to their vaccination status, there is a greater incentive for them to not provide accurate information when this is requested by health staff thus rendering the distinction redundant, creating unintended consequences for other operational controls or creating an inequity where those who are honest about their vaccination status (e.g. people who for medical reasons cannot be vaccinated, children under 17) are subject to restrictions that others are not
 - Further consideration of impacts on family bubbles and other groups would need to be undertaken we would need to further consider how we treat vaccinated and non-vaccinated people who may be traveling in the same bubble. For example, families with children under 17 who are not vaccinated may mean movement outside a room would have to be managed as if the entire bubble was non-vaccinated. A restriction of this nature is even more difficult to justify noting the public health advice of the limited risk of these unvaccinated people.

Legal professional privilege		

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