DEPARTMENT OF THE PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

Proactive Release

The following document has been proactively released by the Department of the Prime Minister and Cabinet (DPMC), on behalf of the Minister for COVID-19 Response, Hon Dr Ayesha Verrall:

COVID-19 Briefings - August 2022

The following documents have been included in this release:

Title of paper: 01082022 Assurance of System readiness Work Underway to Respond to a Variant of Concern

Title of paper: 03082022 Insights from Recommendations across COVID-19 Response System Reviews

Title of paper: 05082022 Review of New Zealand's COVID-19 Protection Framework and self-isolation settings - 5 August

Title of paper: 05082022 Public awareness campaign to support people who are unable to wear masks

Title of paper: 08082022 Meeting with Strategic COVID-19 Public Health Advisory Group 10 August 2022

Title of paper: 12082022 Preparation for Release of Haumaru Briefing

Title of paper: 25082022 Meeting with Prof. Michael Plank

Title of paper: 26082022 All of Government COVID-19 System Readiness Exercise

Title of paper: 30082022 COVID-19 Community Panel, Chair's Report

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- Section 9(2)(h), to maintain legal professional privilege.

~~SENSITIVE~~

DEPARTMENT OF THE PRIME MINISTER AND CABINET
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Coversheet

Briefing: Review of New Zealand's COVID-19 Protection Framework and self-isolation settings – 5 August

Date:	5/08/2022	**Report No:**	DPMC-2021/22-2600
		Security Level:	~~[SENSITIVE]~~
		Priority level:	High

	Action sought	Deadline
Rt Hon Jacinda Ardern **Prime Minister** Hon Grant Robertson **The Deputy Prime Minister** Hon Kelvin Davis **Minister for Māori Crown Relations: Te Arawhiti** Hon Carmel Sepuloni **Minister for Social Development and Employment** Hon Andrew Little **Minister of Health** Hon Poto Williams **Minister for Disability Issues** Hon Kiri Allan **Minister of Justice** Hon Dr Ayesha Verrall **Minister for COVID-19 Response**	**agree** to recs	8/08/2022

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Departments/agencies consulted on Briefing
Manatū Hauora; Ministry of Business, Innovation and Employment; Ministry of Education; Ministry of Social Development; Te Aka Whai Ora; Te Arawhiti; Te Whatu Ora; Treasury; Whaikaha; Crown Law.

Minister's Office

Status:

☐ Signed ☐ Withdrawn

Comment for agency

Attachments: Yes

Briefing

Review of New Zealand's COVID-19 Protection Framework and self-isolation settings – 5 August

To: COVID-19 Ministers			
Date	5/08/2022	**Security Level**	[~~SENSITIVE~~]

Purpose

1. This briefing recommends, based on public health advice and consideration of non-health factors, that all of New Zealand remains at the Orange setting of the COVID-19 Protection Framework (CPF), and that self-isolation periods for cases and household contacts remain at 7 days. This regular review of the CPF and isolation settings ensures proportionality of public health measures and the restrictions on freedoms, relative to COVID-19 risk.

Executive Summary

2. Since the second peak in mid-July, cases have been declining, particularly in the over 70 age group – the seven day rolling average of cases per 100,000 resident population is currently 120, compared to the peak of 195 during the second week of July. Hospital bed occupation is still at the second wave peak (seven day rolling average is at its highest since the beginning of April) and COVID-19 fatalities have continued to increase significantly.
3. On 27 July 2022, Manatū Hauora reviewed the CPF colour settings across New Zealand, to assess the degree of protection from severe health outcomes from COVID-19, and the capacity of the health system to meet demand due to COVID-19. It also reviewed self-isolation periods for cases and contacts.
4. The Director-General of Health recommends that all of New Zealand remains at Orange due to the high level of COVID-19 hospitalisations and deaths, and the ongoing health system capacity issues over winter. While early indications are that the current BA.5 wave may have peaked, it is too early to know whether the Winter Package initiatives are contributing to this trend. A fuller assessment of the Winter Package impact will not be possible until the next CPF colour review.
5. Remaining at Orange is supported by an analysis of the non-health factors that Ministers must consider when making decisions on the colour setting, including impacts on at-risk populations and iwi Māori, economic and wider societal impacts, public attitudes and compliance, and operational considerations. Despite some concerns about waning compliance with key public health measures and the consequent impacts on vulnerable communities, staying at Orange will allow for economic and social activity to occur largely as normal, while including some protection against the spread of COVID-19 (especially considering the Winter Package).
6. The Director-General of Health also recommends that current self-isolation settings for cases and household contacts are retained. This reflects the current relatively high levels of infection in the community, uncertainty about the shape of infections post-peak and whether cases have peaked, the high risk of public confusion (and subsequent effect on compliance with

isolation requirements) about any changes, and concern for how any changes would fit within the current winter wellness narrative.

7. Retaining current self-isolation requirements is supported by an analysis of the non-health factors. Communities, especially those more susceptible to disproportionate impacts from COVID-19, identified the protection the requirements afford us, despite the impact on individuals and businesses. Once the current peak has passed, agencies are keen to consider a relaxation of isolation requirements, especially for household contacts.
8. Manatū Hauora recommends the need to signal how, once a descent from the current peak(s) has been confirmed (noting the current outbreak is driven by new variants, not by the season although the season is contributing to the underlying health system pressures), we might navigate a step down in requirements to reduce and/or remove isolation requirements, especially for household contacts. Officials recommend that this report-back is provided as part of the next review of CPF colour settings, scheduled for early September.
9. Cabinet invited the Minister for COVID-19 Response to report back in August to advise whether it is appropriate to revoke the CPF and move to baseline and reserve measures [SWC-22-MIN-0118 refers].

Recommendations

We recommend you:

1. **note** that the full impact of the Winter Package, announced on 14 July 2022, cannot yet be fully assessed, but early indications suggest that it is having a positive impact, especially for increasing access to antivirals and testing.

2. **note** that the Director-General of Health's advice is that:

   2.1 All parts of New Zealand remain at the Orange setting of the COVID-19 Protection Framework (CPF)

   2.2 The isolation period for cases and household contacts remains at seven days at this time, but a forward-looking sequence of how isolation requirements are stepped down is considered.

3. **note** that Manatū Hauora considers that measures of greater severity than those currently available under Red (e.g. movement restrictions or lockdowns) would be needed to significantly reduce transmission but does not consider the thresholds have been met for such measures.

4. **agree**, after consideration of the Director-General's advice and non-health factors, to keep all of New Zealand at the Orange setting of the CPF.

YES / NO

5. **agree** after consideration of the Director-General's advice and non-health factors, to keep self-isolation periods for cases and household contacts at seven days.

YES / NO

6. **agree** that the next colour review scheduled for early September include a report-back on a clear transition plan with proposed timings for removing household contact isolation requirements and refining isolation advice.

YES / NO

7. **agree** that the Minister for COVID-19 Response will announce the outcome of Ministers' decisions.

YES / NO

8. **agree** to proactively release this report, subject to any appropriate withholding of information that would be justified under the Official Information Act 1982.

YES / NO

 **Alice Hume** **Head of Strategy & Policy** **COVID-19**	**Rt Hon Jacinda Ardern** **Prime Minister**
05/08/2022	……../……../……..
Hon Grant Robertson **The Deputy Prime Minister**	**Hon Kelvin Davis** **Minister for Māori Crown Relations: Te Arawhiti**
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Hon Dr Ayesha Verrall **Minister for COVID-19 Response**	**Hon Andrew Little** **Minister of Health**
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Hon Poto Williams **Minister for Disability Issues**	**Hon Kiri Allan** **Minister of Justice**
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Hon Carmel Sepuloni **Minister for Social Development and Employment**	
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Background

New Zealand has been at Orange since mid-April 2022

1. On 13 April 2022, Aotearoa New Zealand moved from the Red to the Orange setting in the COVID-19 Protection Framework (CPF). The Orange setting, along with seven day isolation periods for cases and contacts, was maintained in both the May and June CPF colour setting reviews based on New Zealand's context at that time [DPMC-2021/22-2137 and DPMC-2021/22-2311].

A range of related work has been undertaken since the last colour review

2. The Winter Package, announced on 14 July, aims to manage the impacts of high case and hospitalisation rates due to COVID-19 and other winter illnesses on the health system and wider community without adding additional restrictions in the CPF. The package includes measures to expand access to antivirals and vaccination for COVID-19 and flu; eligibility for antivirals, including removing prescription requirements for eligible groups; and access to free rapid antigen tests (RATs) and face masks.

3. To better gauge the early effectiveness of the Winter Package, this CPF colour review occurred two-weeks later than usual. Initial indications of the impact of the Winter Package are promising, however, some of the impacts are not fully understood yet as implementation of Winter Package measures continue.

4. On 22 July, DPMC and Manatū Hauora recommended that no changes be made to capacity limits at Red or to mask requirements at Orange or Red [DPMC-2021/22-2493].[1] From a public health point of view and in the context of the current outbreak, introducing new requirements would not have a significant impact on COVID-19 transmission and hospitalisations to the point where such measures would be proportionate, or sufficiently justified.

5. Manatū Hauora has also been working with the Ministry of Education (MoE) to support improved mask-wearing in schools. This work began 21 July with a joint recommendation that all schools and kura amend their mask policy for the first four weeks of Term 3 to require mask wearing indoors for students Year 4 and above, where it will not have a significant impact on teaching and learning. It will also include greater sharing of district infection trend information to support decision-making, and continuing advice on improving ventilation.

Cases have been declining, however, hospitalisations and deaths are still high

6. Over the second half of July, case numbers have been decreasing from the BA.5 wave peak (peak at slightly fewer than 10,000 cases per day). As of 3 August, the seven-day rolling average was sitting at 6,146 and is continuing to decline. Modellers have warned that this decline may be accounted for by the school holidays. It is not yet sufficiently clear if that trend will continue, or if there may be a bi-modal peak. For the over 70 age group, cases have dropped significantly from their highest level, and are now tracking at approximately 25 percent below their peak in mid-July and declining rapidly.

7. While case numbers are dropping, hospital occupation is still at its second wave peak. Given the large number of hospitalisations among older age groups, there is likely to be a decline in hospital bed occupation during the first half of August. The seven-day rolling average for COVID-19 fatalities per day[2] has continued to increase significantly and is now between 26 and 27 a day (compared to 18 in mid-July). **Attachment A** contains a full situation update.

[1] Mask requirements for schools, airports and aircrafts had been maintained as part of the last colour review [DPMC-2021/22-2311].

[2] The Ministry of Health's updated differentiation between fatalities caused by COVID-19 and fatalities that were incidental of COVID-19 has not been factored into this calculation.

Assessment of the CPF colour setting

Public health risk assessment of the colour settings

8. On 27 July, Manatū Hauora reviewed the CPF colour settings across New Zealand to assess the degree of protection from severe health outcomes from COVID-19 (vaccination coverage, immunity levels and availability of treatments), and the capacity of the health system to meet demand due to COVID-19, in line with the approach agreed by Cabinet in April 2022 [CAB-22-MIN-0114][3]. It also reviewed isolation periods for cases and contacts (see **Attachment B**).

9. Manatū Hauora recommends that the **whole country should remain at Orange**, as the thresholds to trigger movement between CPF colour settings have not yet been met.[4] A shift to Red is therefore not recommended at this time, noting the Winter Package measures and impacts are not yet fully understood or evidenced to help inform decision-making. Manatū Hauora also notes that shifting to Red would not be sufficient to significantly reduce infection and hospitalisation rates. To achieve this reduction would require measures of much greater impact on individuals than those in force in the CPF (i.e., movement restrictions via regional and national border closures and/or lockdowns), which would not currently be proportionate or sufficiently justified from a public health viewpoint.

10. Manatū Hauora also notes that, as cases will likely decline under current settings (and are potentially already declining), any changes at this stage in the outbreak could lead to confusion among the public as we would likely move back to Orange once winter pressures have subsided, and reduce the messaging impact of a move to Red.

Despite encouraging early signs, more time is needed to see the full impact of the Winter Package

11. Initial indications suggest that the Winter Package measures are having a positive impact, supporting existing measures at Orange. However, Manatū Hauora notes that any impact on case rates or hospitalisations would be clearer when it next considers the CPF colour setting nearer the end of winter. The initial encouraging signs include:

    i. *Uptake of antivirals* has increased considerably since widening the access criteria. The volume dispensed in the week ending 24 July 2022 increased by 65.5 percent on to the week prior (48.7 percent). Nine percent went to Māori and three percent to Pacific People, an increase on the previous week. Manatū Hauora expects uptake to increase further as access continues to expand. Over time, this may help relieve some pressure on GPs and hospitalisations or hospital stays.[5]

    ii. The *rollout of a second COVID-19 booster* should reduce infection rates and hospitalisations and severe health outcomes for vulnerable people. However, it will take some weeks to see the full impact of this as uptake by eligible groups increases.

12. Other key Winter Package measures will further supplement existing Orange CPF measures. Increased access to, and supply of, free face masks will support the effectiveness of existing mask mandates. Improved access to rapid antigen tests (RATs) will facilitate timely testing and reduce infection as affected people isolate.

[3] Cabinet agreed that the health factors used to inform CPF colour decision-making include: the degree of protection from severe health outcomes from COVID-19 (gauged by vaccination coverage, immunity levels among the general population and vulnerable groups and availability of treatments to reduce the severity of illness from COVID-19); and the capacity of the health system to meet demand due to COVID-19 (given competing demands from other illnesses, backlog of prevention activities and the care of people with long-term conditions).

[4] The thresholds are: Are current immunity levels and availability of treatments such that the current COVID-19 restrictions are proportionate to the current level of health risk? Is primary care and hospital system capacity sufficient to meet demand due to COVID-19, given other competing demands? Is the likely impact of the proposal on at-risk populations proportionate?

[5] However, current Manatū Hauora evidence shows that most hospitalised individuals are not diagnosed until after admission to hospital which requires further exploration.

Degree of protection from severe health outcomes from COVID-19

13. Manatū Hauora considers there is a good level of protection from severe health outcomes. People most at risk of exposure to COVID-19 and/or severe outcomes are eligible for a second booster, and roll-out is progressing well to target groups. The Winter Package offers further protection by the distribution of free P2/N95 masks for vulnerable and at-risk communities.

14. Other factors that support Manatū Hauora's assessment of the degree of protection include an update in the methodology used to develop risk scores for patients in Care in the Community and Care in the Community working with the National Immunisation Programme and the COVID-19 Population Immunisation Register team to develop and send out communications promoting therapeutics to people who are immunocompromised.

Capacity of the health system to meet demand due to COVID-19

15. There is continued pressure on the health system due to COVID-19 and other influenza-like illnesses (ILIs). The seven-day rolling average for hospital bed occupancy has increased four percent over the last week and it is too soon to confirm whether hospitalisations have peaked. It was noted that:

    i. Since the start of the year, approximately 60 percent of hospital admissions for patients testing positive for COVID-19 have been due to COVID-19 symptoms.

    ii. COVID-19 hospital admission rates are at their highest level since the start of the year for those who are aged 90+, 80-89 and 70-79 years old (noting that admission rates for these age groups increase in winter).

    iii. Pacific Peoples had the highest cumulative incidence rate of hospitalisation with COVID-19 (age-standardised) being 1.4 times higher than Māori ethnicity, 3.5 times higher than European or other ethnicities, and 3.7 times higher than Asian Peoples.

16. All Regional Resilience Leads noted continued high levels of workforce absenteeism (due to illness, unfilled vacancies, and school holidays). These pressures were not just in the hospital system but also in Aged Residential Care (ARC) facilities and primary care. Leads were split on moving to Red, with some sceptical that Red would ease its current pressures and recommended that public health messaging be strengthened (i.e., mask-wearing and staying home when unwell).

17. On balance, Manatū Hauora assessed that, despite high pressure on the health system, shifting to Red would have relatively little impact on the level of pressure. In addition, Manatū Hauora noted there was a need to delay any decision to shift to Red (or introduction of other measures) until the next CPF colour review when infection and hospital admission rates are assessed following school holidays and impact of the Winter Package is fully understood.

Assessment of remaining at Orange against non-health factors

18. This section assesses the proposal to keep all of New Zealand at Orange against the non-health factors agreed by Cabinet: impacts on at-risk populations and iwi Māori, economic impacts, public attitudes and compliance, and operational considerations [CAB-21-MIN-0421]. Agencies were clear that COVID-19 continues to disproportionately affect vulnerable groups and exacerbate existing inequities, and that any reduction in CPF settings or in its overall effectiveness as an outbreak management tool will have a disproportionate effect on those more at-risk in the population.

19. In general, while there was some concern about waning compliance with key public health behaviours (e.g., mask wearing) and the impacts this has on vulnerable communities, agency feedback was supportive of retaining the current Orange. Communities and Regional Leadership Groups (RLGs) noted that there was limited appetite to shift to more restrictive

measures and identified that Orange allows for economic activity to occur largely as normal, while including some protection against transmission.

Impacts on at-risk populations and iwi Māori

20. Members of the National Iwi Chairs Forum (NICF) consider that the Orange setting provides appropriate public health guidance for the current outbreak. However, they noted that some whānau Māori have disengaged from COVID-19 messaging and are not adequately prepared to deal with COVID-19 and its impacts, due to a lack of targeted, well-resourced (iwi-driven) communications (which tend to be more effective and better received than general central government communications campaigns). Te Arawhiti echoed these views, highlighting the broader need for support for the continued provision of Māori whānau-centred responses.

21. In this context, NICF members and Te Arawhiti raised strong concerns about the lack of resourcing for iwi to use their existing platforms and networks to communicate key information to their communities. Despite the impacts of the current COVID-19 wave and general winter illnesses, central government funding of Māori-led pandemic responses (e.g., the Māori Communities COVID-19 Fund) has closed. Manatū Hauora is working with the NICF to ensure existing campaigns are reaching Māori communities. Agencies, including DPMC, Manatū Hauora, Te Whatu Ora, Te Arawhiti and Te Puni Kōkiri, will also continue conversations with the NICF on resourcing for iwi-led communications.

22. The Office of Disability Issues (ODI) anticipates that the disability community would support remaining at the Orange setting, although for some disabled people the reduction of COVID-19 protections during the Omicron outbreak has made them feel more unsafe, impacting behaviours and overall wellbeing. Encouraging greater use of masks may help to provide confidence to these communities to re-engage with society. Whaikaha notes that, in general, disabled students who are unable to wear masks would feel safer if mask use was strengthened in schools. As mentioned above, MoE and Manatū Hauora have recently updated their advice for schools and kura on mask wearing.

23. Many agencies support stronger public health measures. Whaikaha additionally emphasised the need to stand up further mask use in the scenario that case numbers do increase.

Impacts of the CPF on the economy and society more broadly

24. New Zealand remaining at Orange is estimated to result in a $105 million loss in GDP per week, while a move back to Red would increase the loss by an additional $35 million a week. **Table 1** shows the anticipated economic impact of the CPF relative to forecasted activity with no public health restrictions. The Treasury will continue to refine these estimates as new data becomes available.

Table 1. Estimated loss in GDP activity (relative to no restrictions and assuming open border)

	$ million per week	% of GDP
All New Zealand Red	$140	2%-3%
All New Zealand Orange	$105	1%-2%

25. Under the CPF, most businesses are expected to operate relatively normally (particularly at Orange). The reduction in GDP is primarily driven by distancing requirements, capacity constraints at Red, and the behavioural response of consumers.

26. While the economic impacts of the CPF restrictions are significant, the Treasury considers that the most significant economic impact is due to staff having to isolate as a result of becoming unwell or as household contacts, regardless of the CPF level.

27. In terms of broader societal impacts, the Ministry of Business, Innovation and Employment (MBIE) considers that staying at Orange would minimally impact the hospitality, tourism, events, and major events sectors, while businesses would be strongly opposed to a shift to Red because of the impacts capacity limits would have on revenue. Similarly, MoE noted that a shift to Red may lead to reduced attendance and therefore negatively impact students' learning while staying at Orange would have minimal impact on education sectors. Staffing shortages due to general illness are likely to continue regardless of CPF colour settings.

s9(2)(f)(iv)

Operational considerations

30. The Orange setting has not given rise to any significant adverse impacts on the Care in the Community welfare response or access to the COVID-19 Leave Schemes. However, if there were to be an increase in transmission, this may place additional pressure on community providers supporting people to isolate safely at home. MSD notes that, while a shift to Red would not significantly impact MSD's ability to deliver Care in the Community welfare supports or access to the COVID-19 Leave Schemes, it would place additional pressure on community providers, as well as centralised processing services, and contact centres to meet any increases in demand for support.

31. The RLGs and MBIE indicated a strong preference for staying at Orange as Red would have major operational impacts on business and tourism.

Assessment of self-isolation settings

32. Isolation periods for cases and household contacts must be kept under regular review to ensure these legal requirements are proportionate and balanced against wider societal and system pressures [CAB-22-MIN-0086].[7] Self-isolation periods are reviewed by the Committee at the same time as the colour setting to ensure the balance of measures is proportionate.

33. Currently, cases and their household contacts are required to self-isolate for seven days. If a household contact tests positive during that period, they must isolate for a further seven days.[8]

Public health risk assessment of self-isolation

34. While Manatū Hauora considered options to reduce self-isolation settings, on balance the Director-General of Health recommends **retaining the status quo self-isolation settings for cases and household contacts** at this time.

35. The two options considered to relax requirements were (see **Attachment C** for more detail):

[6] s9(2)(f)(iv)

[7] The three most recent monthly reviews of isolation and quarantine requirements occurred in April, May, and June 2022, each time recommending no change to the respective requirements.

[8] Household contacts do not need to isolate if they were previously infected in the last 3 months or if they finished isolation as a household contact in the previous 10 days.

i. Option 1: Status quo for cases; replace isolation requirements for household contacts with a requirement to test daily for 7 days

ii. Option 2: Reduce the legal isolation requirement for cases to 5 days and introduce a requirement for one negative RAT to release (or a maximum of seven days isolation, whichever comes first); same approach as Option 1 for household contacts.

36. Manatū Hauora considers the benefits of reducing self-isolation periods would not outweigh the benefits of status quo at this time. There remains a risk of household contacts being infectious prior to being symptomatic or returning a positive RAT, leading to a risk of onward transmission during this period if they do not quarantine, given viral loads typically peak early in infection (days 3-4). Modelling from COVID-19 Modelling Aotearoa (CMA) has produced simulations for the above options (see **Table 2**).

Table 2. Short term results for cases (impact approximately one month following any change)

Isolation requirement	% of cases potentially infectious at release[9]	Average time in isolation (days)
Option 1: 7-day isolation, daily testing for household contacts	15% - 41%	7 days
Option 2: 5-day minimum plus one negative RAT to release (max 7-day isolation) for cases, daily testing for household contacts	21% - 50%	5.7 – 6.4 days

37. Any change that could increase transmission is not advisable at this point of the outbreak, as:

i. frontline healthcare workers are currently under pressure, and it would be inappropriate to make a change now that could potentially add to that pressure;

ii. it is not yet sufficiently clear that the downward trend of cases will continue, or if there may be two peaks; and

iii. experience from overseas has suggested that countries are in a better position to deal with a new variant or sub-variant if they have had time to recover from the previous wave.

38. Manatū Hauora raised concerns that the workforce (and wider) benefits of reducing and/or removing isolation requirements might be somewhat limited as a parent (or other adult) would still need to be at home to care for a dependant who had COVID-19 (a point echoed by MSD), and a reasonable proportion of current workplace absenteeism is thought to be due to influenza, not COVID-19. In addition, while time spent outside the house would reduce the risk of infection for household contacts (particularly in crowded houses) and enable people to return to work and study, it may increase risk for others they encounter at work or school.

39. Manatū Hauora noted that feedback from Māori stakeholders earlier in the year was that the impact of any change to isolation requirements would need to be modelled for Māori (e.g. in terms of impact on hospitalisations or deaths) prior to a decision to change the settings, or it could be considered a breach of Te Tiriti o Waitangi (Te Tiriti).

[9] The lower bound estimates in the table are based on CMA modelling that assumed a mean RAT sensitivity of 75 percent. Current requirements for RAT approval in New Zealand are for over 90 percent for PCR Ct values below 25. Modelling was conducted in May 2022, at a time case numbers were decreasing, in the BA.2 wave. The upper bound estimates in the table are based on assumptions from a recent study of viral kinetics of 66 patients (roughly half delta, half BA.1) from NEJM. Duration of Shedding of Culturable Virus in SARS-CoV-2 Omicron (BA.1) Infection | NEJM

40. There was also a desire to keep public communications as simple and clear as possible, particularly in relation to the current winter and outbreak narrative.

Manatū Hauora also considered test to release for cases and the appropriateness of further recommended or required testing

41. Manatū Hauora does not recommend a shift to 'test to release' at this time. There are different ways to implement this approach, some of which might lead to longer isolation times than current settings, which would require wider consultation and increased support.

42. Manatū Hauora also does not recommend, at this time, that people be required to test if they have been in contact with someone who has tested positive (but is not otherwise a household contact[10]) or if they are visiting a vulnerable person (for example someone in an ARC), as this approach may identify people who are asymptomatic (which is not recommended in the Testing Plan).[11] The key risks of this are that additional (asymptomatic) people may be taken out of the available workforce, and there may be increased risk to vulnerable people if an individual is falsely reassured by a negative RAT and foregoes precautions such as mask wearing and physical distancing.[12]

43. Regardless, Manatū Hauora emphasised the continued importance of people testing and staying home *if they are symptomatic*, particularly if they are planning to be in contact with vulnerable members of the community.

Assessment of retaining current self-isolation settings against non-health factors

44. In general, agency feedback indicates a support for retaining self-isolation settings at this stage of the current outbreak. Communities, especially those more susceptible to disproportionate impacts from COVID-19, identified the important protection the requirements for both cases and household contacts afford us, despite the impact this has on individuals and businesses.

45. However, interest is growing across agencies to consider a relaxation of self-isolation requirements, particularly for household contacts as this would reduce pressure on businesses and households. This supports considerations on scaling down these requirements once the current peak has passed (see also paragraphs 53-55 below).

Impacts on at-risk populations and iwi Māori

46. NICF members acknowledge that current self-isolation settings are clear and easy to administer. However, members also expressed concern of the impact of isolation requirements on income security for households, noting the barriers that exist to accessing additional support (through employers or Work and Income New Zealand). Individuals may be required to isolate for a long time (i.e., over two weeks) if they are a household contact first and then become infected later. This may lead to individuals not advising if they test positive.

47. Manatū Hauora was unable to complete broader engagement with Māori and Pacific stakeholders prior to this review. Earlier feedback indicated a preference for the status quo approach to be retained over winter, as managing cases and household contacts together in a bubble is consistent with their whānau centred approach. Therefore, different isolation periods for cases and household contacts were not supported. There was also a concern that people who worked or studied with someone who was a household contact would be put at increased risk of infection, a concern several agencies shared including MBIE and MoE.

[10] Note that this requirement was previously in force and was removed in February 2022.

[11] The Testing Plan notes that asymptomatic testing of the general public isn't recommended. In relation to ARC/Community Care facilities, the Plan recommends that visitors who are unwell stay away but doesn't recommend testing (though individual facilities may impose that requirement voluntarily).

[12] A negative RAT early in a person's infectious period does not indicate that they do not have COVID-19 (and could simply be due to poor technique when the sample is taken such that a RAT will only test positive when the viral load is very high).

48. Self-isolation periods create reassurances to help mitigate concerns for disabled people. Any changes that reduce the current requirements are likely to cause greater anxiety and risk for disabled people (who often have underlying co-morbidities) and their whānau. Whaikaha also notes that any changes to isolation requirements (as well as the CPF) require data to demonstrate disabled people are not negatively impacted by change in settings, e.g., mortality, hospitalisation, and length of stay data. A similar point was made by the NICF with respect to whānau Māori and the need for data-driven changes and communications.

Economic impacts of self-isolation settings

49. The number of people required to isolate at any one time has a significant economic impact due to people being too unwell or unable to work from home, reducing the number of hours worked across the population. The removal of the requirement for household contacts to isolate will help to reduce labour supply constraints on businesses at a time when the labour market is exceptionally tight.

s9(2)(f)(iv) [redacted]

The future direction of travel is to scale down requirements

Self-isolation requirement should be scaled down once the current peak has passed

53. While Manatū Hauora did not recommend a change in self-isolation periods it did recognise the need to signal the future direction of travel. For example, the current isolation and quarantine settings could be stepped down as follows (indicative steps only, and without prejudicing future recommendations):

    i. Self-isolation for household contacts is replaced with daily (or near daily) testing;

    ii. Self-isolation for cases is reduced to five days with a test to release;

    iii. Household contacts are not required to isolate at all (requirement to test if symptomatic), but cases still are;

    iv. Only baseline self-isolation measures are in place so neither cases nor household contacts are legally required to isolate (strong public health guidance is in place).

[13] A five-day isolation requirement would be preferred from a workforce pressure perspective.

54. To signal this kind of stepped down approach, preparatory work is needed to undertake further compliance modelling on self-isolation scenarios (including impacts on Māori, Pacific and people living in areas of high deprivation), assessment of the additional cost of and impact on RAT supplies, and re-engagement with Māori and Pacific communities. Manatū Hauora is currently undertaking further assessment of how self-isolation settings could be scaled down.

55. Consideration of additional supports in place to help individuals and businesses with the impact of self-isolation requirements is required. MBIE notes that, once there is no requirement to isolate, it will close the Critical Services Register (CSR). Depending on how self-isolation requirements are scaled down, it might be useful for the critical services exemption to be extended to all businesses meaning daily RATs for household contacts going to work. Other supports to consider include the Leave Support Scheme administered by MSD. Regardless of isolation settings, MSD notes that hardship and the need for support will continue. This should be considered in future funding decisions.

The August Cabinet report back will consider options to revoke the CPF

56. Cabinet invited the Minister for COVID-19 Response to report back in August to advise whether it is appropriate to revoke the CPF and move to the new strategy (i.e., baseline and reserve measures) [SWC-22-MIN-0118 refers].

57. Decisions about what reserve measures are retained after this outbreak (and after the winter pressures on the hospital system are subsided) and how reserve measures are stepped down (e.g. self-isolation settings) will need to be informed by public health advice. The tools available are the same regardless of whether there has been a move to baseline and reserve measures by way of COVID-19 Orders, or are still using the CPF.

58. In the event of a variant of concern or a significant increase in public health risk, measures can be stepped up as required to address the risk, including the creation of a new Epidemic Notice being brought into force to enable the making of COVID-19 Orders (in the event that the current Epidemic Notice is not renewed).

Changes should be kept to a minimum with clear, targeted communications

59. Feedback from agencies has highlighted a general fatigue of the constant change across settings. Future changes need to be informed by meaningful engagement, and well communicated in a timely and accessible manner. This includes clear communication in alternate formats (including 'offline' messaging given high rates of digital exclusion among certain groups). MBIE also notes the importance of educating tourists on current rules to mitigate difficulties for tourism operators, now that New Zealand borders are fully re-opened.

60. DPMC and Manatū Hauora are underway with communications planning to make any necessary shifts away from the CPF.

Human rights (Crown Law advice – legally privileged)

61. s9(2)(h) [redacted]

i. s9(2)(h) [redacted]

Treaty of Waitangi considerations and te ao Māori perspectives

64. Demonstrating a commitment to and embedding Te Tiriti and achieving Māori health equity remain a key COVID-19 health response priority, which is heightened due to the ongoing threat COVID-19 poses to Māori across New Zealand. This was also reflected in the Waitangi Tribunal's *Haumaru: the COVID-19 Priority Report*, which determined that, with respect to the COVID-19 response, the Crown's Treaty obligations are heightened due to the threat posed to the welfare and safety of Māori.

65. The Tribunal found breaches of Te Tiriti principles of active protection, equity, options, tino rangatiratanga, and partnership which put Māori at disproportionate risks of infection and wider COVID-19 impacts. As well as reaffirming those principles as relevant to the COVID-19 response, it noted that the Crown must further support and resource Māori providers, whānau, hapū, iwi and hapori Māori.

66. Therefore, the targeted drivers and actions contained in Manatū Hauroa's Māori Protection Plan released in December 2021 remain relevant. These include actions to improve Māori vaccination rates, building community resilience to protecting Māori health and wellbeing, and positioning communities to recover.

67. While the equity gap has narrowed significantly in the first and second dose vaccination rates for Māori compared to non-Māori since December 2021,[14] emerging data continues to highlight the disproportionate impact of COVID-19 on Māori. Persistent inequities remain in COVID-19 infection[15], hospitalisation, booster dose and child immunisation rates.

68. Māori mortality rates of those with COVID-19 are 2.8 times higher than the European or Other ethnicity group. Data collected in May 2022 shows that Māori are currently overrepresented in delays for receiving planned care, making up 17 percent of all patients waiting more than four months. Work is needed across the system to protect whānau, hapū, iwi and hapori Māori from the impacts of COVID-19.

69. Given that this briefing recommends no changes to existing CPF or self-isolation settings, the Māori Protection Plan's two key drivers remain critical to the ongoing COVID-19 Māori health response.

    i. The first key driver in the Māori Protection Plan's to boost broader immunisation uptake will remain integral to protecting Māori health and wellbeing, and includes:

        a. work underway to improve vaccination access and uptake for Māori across the various immunisation programmes, and

        b. a focus on supporting vaccination services that meet Māori where they are.

    ii. The second key driver, focused on building the resilience of whānau, hapū, iwi and hapori Māori, will better position communities to recover from the impact of the pandemic. This includes through Care in the Community delivering wrap-around and culturally appropriate services for whānau and a wider community-based model of care being further developed to support services delivery through winter and beyond.

70. Related response initiatives should also have a positive impact for Māori, including Winter Package measures, such as greater provision of free medical masks alongside free RAT tests, provision of P2/N95 masks for vulnerable communities, provision of adult- and child-sized masks to schools and kura, access to antivirals for those that are eligible,[16] and COVID-19 and flu vaccinations. However, Manatū Hauora may need to further consider measures to assist Māori if infection rates and hospitalisations do not improve in the interim.

71. As mentioned above, feedback from NICF members highlighted concerns about the impact of current self-isolation settings on income security for Māori households. Te Whatu Ora was unable to complete engagement with Māori on the potential changes to isolation and quarantine requirements. However, the recommendation not to make any changes now but rather to signal a potential step-down in requirements over time will enable more comprehensive and deliberate engagement. This is important, as previous engagement showed strong opposition to any requirement reduction due to the potential impact on whānau. This engagement also requires Māori-specific impact modelling to inform their input, which was not available then.

72. Monitoring the impact of COVID-19 on Māori health is essential to ensure the ongoing response of the health system gives effect to the principles of Te Tiriti. Manatū Hauora

[14] The second dose equity gap has decreased from 14.2 percent as of 26 December 2021 to 8.2 percent as of 1 April 2022 - *May 2022 COVID-19 Māori Health Protection Plan Monitoring Report*.

[15] Since the beginning of the Delta outbreak in August 2021, Māori have been 75 percent more likely to contract COVID-19 (201.6 cases per 1,000 Māori compared to 116.4 cases per 1,000 non-Māori non-Pacific). After accounting for age, Māori were 2.4 times more likely to contract COVID-19 (330.5 cases per 1,000 Māori compared to 136.3 cases per 1,000 non-Māori non-Pacific) - *May 2022 COVID-19 Māori Health Protection Plan Monitoring Report*.

[16] In the week ending 24 July 2022, nine percent of antiviral courses went to Māori while they accounted for 10 percent of reported COVID-19 cases.

continues to monitor the impact of COVID-19 on Māori, and this will be formally reported on in the next COVID-19 Māori Health Protection Plan Monitoring Report in late 2022.

Financial implications

73. Various schemes available to support individuals and businesses have had high uptake throughout the Omicron outbreak.

74. In particular, the Leave Support Scheme and the Care in the Community programmes incur a significant fiscal cost with over $2 billion appropriated to these schemes to date. While these programmes will need to continue to support cases to isolate, there will likely be significant savings if the requirement for household contacts to isolate is removed.

Table 3. Uptake of business and individual support

Scheme	Amount appropriated	Paid out
COVID Support Payment	$1.530 billion (for 2021/22)	$1.315 billion (as of 29 July)
Leave Support Scheme and Short-term Absence Payment	$660.8 million (for 2021/22) $235 million (for 2022/23)	$471.4 million (2021/22) $57.62 million (2022/23 year to date)
Small Business Cashflow Scheme	$1.414 billion (for 2021/22) $652 million (for 2022/23)	$543.76 million in loans approved for 2021/22 (as of 1 July)
Care in the Community and related programmes	Approximately $1.201 billion across Votes Social Development, Māori Development, Pacific Peoples and Education (some allocated prior to the COVID-19 Protection Framework) (for 2021/22)	

Consultation

75. The COVID-19 Group within DPMC prepared this paper, with review and input by Manatū Hauora, including advice on the course of the outbreak, the public health response, and the views and recommendations of the Director-General of Health. The Crown Law Office advised on New Zealand Bill of Rights Act implications.

76. MBIE, MoE, MSD, Te Aka Whai Ora, Te Arawhiti, Te Whatu Ora, the Treasury and Whaikaha (including the Office for Disability Issues) were consulted on this paper, and the Ministry for Ethnic Communities, the Ministry for Pacific Peoples and Te Puni Kōkiri were informed. Regional Leadership Groups and members of the NICF provided feedback on staying at the Orange setting and the impacts of self-isolation settings.

Next steps

77. If Ministers agree to the proposals, the announcement to keep all New Zealand at Orange will be ready next week.

78. The next CPF colour review, including self-isolation periods, will be scheduled for early September. Additional thinking on the future of the CPF will be incorporated in the Post-Winter

Cabinet paper due in late August, and will make recommendations on the continuation of the CPF.

Attachments:	Title
Attachment A:	Situation update
Attachment B:	Manatū Hauora Memo to the Director-General of Health: Review of COVID-19 Protection Framework settings – 27 July 2022
Attachment C:	Isolation settings and options

Attachment A: Situation update

1. New Zealand experienced a small COVID-19 'wave' between the last week of June and the beginning of August. Through the first two weeks of July all tracked metrics (case counts, hospital bed occupation, fatalities) which were previously trending downward have begun to increase significantly.

2. This wave peaked at a seven-day rolling average of slightly fewer than 10,000 cases per day (178 cases per 100,000) during the second week of July, before beginning to decline though the second half of July. Modellers have warned that this may be accounted for by the school holidays. Schools are a major transmission environment for cases, including those aged over 20. The new school term began on 25 July, so this hypothesis will be tested through the first three weeks of the term. That said, cases have declined in all health districts and age groups, suggesting that the peak has likely passed.

3. The age profile of cases during this recent wave varied significantly from the first omicron wave. At the height of the first wave (March 8), only 2.2 percent of cases were among those aged 70 or older, whereas at the height of the second wave (July 14) they accounted for 12 percent of cases. By contrast, those aged 19 years and under accounted for 29 percent of cases at the peak of the first wave, but only 14 percent of cases at the peak of the second wave. The flow through of this change in the age profile of cases has been an increase in hospital bed occupation despite a decline in hospital admissions – this is due to older hospitalisations having a longer period of stay.

4. As at August 3, the seven day rolling average was sitting at 6,146 (120 case per 100,000) and is continuing to decline.

5. Hospital bed occupation is a lag indicator and is still at its second wave peak. Given the large number of hospitalisations among older age groups, there is likely to be a decline in hospital bed occupation during the first half of August.

6. The seven-day rolling average for COVID-19 fatalities per day[17] (based on date of death, rather than the date the death was reported publicly) has continued to increase significantly and is now between 26 and 27 a day (compared to 18 per day two weeks ago). The spike in recent fatalities is predominantly among those over the age 80 , and the proportion in these age groups has crept up over time – through March and April, this group accounted for between 20 and 30% of fatalities, whereas through May – July this is more like 30-40% (for reference, this group accounts for 3.8% of the total resident population).

[17] The Ministry of Health's updated differentiation between fatalities caused by COVID-19 and fatalities that were incidental of COVID-19 has not been factored into this calculation.

Attachment B: Manatū Hauora Memo to the Director-General of Health: Review of COVID-19 Protection Framework settings – 27 July 2022

Attachment C: Isolation and quarantine settings and options

Current settings

1. The requirement that cases isolate and household contacts quarantine has been one of the pillars of New Zealand's COVID-19 response to date. The purpose of these requirements is to reduce ongoing transmission, by preventing infectious (or potentially infectious) people from having contact with others in the community. People who test positive for COVID-19 are required to isolate for 7 days and their household contacts are required to isolate for the same period.[18]
2. Critical workers in healthcare and other sectors who are household contacts have established pathways and schemes to allow them to continue to work throughout their isolation period where service provision is at risk, and the individual is willing and well. Critical healthcare workers who are cases are also able to return to work if they are well and if service provision is at risk. Other sectors can apply for a temporary exemption if they have critical workers who are cases.

Options considered by the Committee

3. Manatū Hauora considered two options for changes to isolation and quarantine settings:

Option	COVID-19 cases	COVID-19 household contacts
1	• Maintain the legal isolation requirement for COVID-19 cases at 7-days, with no test-to-release requirement.	• Remove the legal requirement for household contacts to quarantine, and • replace quarantine with a recommendation to employ strong public health precautions for 7 days, and • recommend that household contacts test daily with a rapid antigen test (RAT) for 5 days (commencing from when the first case
2	• Decrease to the legal isolation requirement for COVID-19 cases to 5 days, and • introduce a requirement for one negative rapid antigen test (RAT) to release (or a maximum of 7 days isolation, whichever comes first).	• Remove the legal requirement for household contacts to quarantine, and • replace quarantine with a recommendation to employ strong public health precautions for 7 days, and • recommend that household contacts test daily with a rapid antigen test (RAT) for 5 days (commencing from when the first case in the household receives a positive result).

[18] https://www.legislation.govt.nz/regulation/public/2020/0241/latest/LMS401667.html