



Proactive Release

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

COVID-19 Response Weekly Reports - September 2022

The following documents have been included in this release:

Title of paper: COVID-19 Response Weekly Report 2 September 2022

Title of paper: COVID-19 Response Weekly Report 9 September 2022

Title of paper: COVID-19 Response Weekly Report 16 September 2022

Title of paper: COVID-19 Response Weekly Report 23 September 2022

Title of paper: COVID-19 Response Weekly Report 30 September 2022

Some parts of this information release would not be appropriate to release and, if requested, would be withheld under the Official Information Act 1982 (the Act). Where this is the case, the relevant section of the Act that would apply has been identified. Where information has been withheld, no public interest has been identified that would outweigh the reasons for withholding it.

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- Section 6(a), to protect the security or defence of New Zealand or the international relations of the Government of New Zealand;
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- Section 9(2)(g)(i), to maintain the effective conduct of public affairs through the free and frank expression of opinion.



MINISTRY OF BUSINESS,
INNOVATION & EMPLOYMENT
HĪKINA WHAKATUTUKI



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



Te Whatu Ora
Health New Zealand



NEW ZEALAND
FOREIGN AFFAIRS & TRADE
MANATŪ AORERE



BORDER EXECUTIVE BOARD




COVID-19 Response Weekly Report

23 September 2022



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1. Status Summary Updates

Key		
Symbol	Colour	Meaning
	Green	On track, no roadblocks, no significant delays anticipated
	Amber	Slow progression, some delays, some roadblocks present
	Red	Not progressing, on hold, significant delays

Border Workstreams

Pacific Travel	Agency	Last Week	→ This Week	Agency Comment
	MFAT			<ul style="list-style-type: none"> Cook Islands: Removal of COVID Vaccination Requirements: On 15th September, the Office of the Prime Minister announced that the Cook Islands has removed its COVID vaccination requirement for entry into the country. With the removal of this last COVID-related entry requirement, the Cook Islands has now officially returned to its pre-COVID border entry settings. The status remains amber due to the COVID-19 border restrictions in some of the Pacific Islands.

Community Protection

Surveillance and Testing	Agency	Last Week	→ This Week	Agency Comment
	Te Whatu Ora			<ul style="list-style-type: none"> Te Whatu Ora closely monitors the Whole Genome Sequencing (WGS) process for positive PCR samples across the border, hospitals, and community settings. With current numbers of arrivals, a sample size of 300 imported cases provides a 95% assurance of picking up at least one copy of a variant, assuming a prevalence of 1% for that variant. The larger the sample size, the earlier a variant can be detected with greater accuracy. As previously reported, positive case numbers are trending down across the country, leading to less samples available for sequencing. With the shift of post-arrival testing no longer being mandatory, there is an impact on the number of border cases available for sequencing. This will impact on our ability to detect a variant entering the community. ESR continue to sequence all self-identified border cases available. We continue to monitor PCR testing and are working with ESR and Manatū Hauora to understand the impact this has on WGS. Manatū Hauora have proposed shifting to a new community sequencing target to meet surveillance purposes of 500 samples per week. A paper was provided to your office on WGS Reporting on 2 September proposing this change. In the week ending 16 September ESR requested 585 samples with 488 (83%) sequenced. This includes: <ul style="list-style-type: none"> 199 (34%) imported cases; 70 (12%) hospital cases; 219 (37%) community cases; and 97 (17%) samples that had not been sequenced within the reporting period. Reported case rates have continued to decrease nationally leading to less samples for sequencing. To improve this several steps have been taken: <ul style="list-style-type: none"> The proportionality of samples needed to provide assurance of capturing new variants is being reviewed. The threshold for referral of samples to ESR was increased from a CT value of 25 to 30. Where possible, CT values are now visible in Éclair for ESR to request. ESR daily reconciling samples sent, with samples received and following up as needed.

Other Workstreams

All the other workstreams, including the other Border and Community Protection workstreams, Isolation and Quarantine, Vaccination, and System Readiness & Planning are green.

2. Readiness to Respond to New Variants Summary

Agency	Prior Fortnight	Last Fortnight	Milestone	Agency Comment
Te Whatu Ora	●	●	<ul style="list-style-type: none"> Mid-September 2022: Report to Health Ministers on health and disability system preparedness, including testing modality and capacity, contact tracing approach, resource requirements. 	<ul style="list-style-type: none"> A Te Whatu Ora led report back on health system preparedness and resourcing requirements to respond to future COVID-19 Variants of Concern will be provided to Ministers Little and Verrall on Friday 23 September. Pending agreement of the recommendations in this paper, Outbreak Response within the National Public Health Service, Te Whatu Ora will work with the Ministers' offices to determine appropriate reporting on this work going forward.
MBIE, MoH	●	●	<ul style="list-style-type: none"> s9(2)(f)(iv) 	
DPMC	●	●	<ul style="list-style-type: none"> CEs provide regular progress reports to COVID-19 Ministers 	<ul style="list-style-type: none"> The COVID-19 Chief Executive Board agreed to conduct regular exercises and report to Minister for COVID-19 Response. This is included in the National Management Plan. The next exercise is to be led by the Ministry of Health before December 2022.
DPMC	●	●	<ul style="list-style-type: none"> End of Month September 2022: Update National Management Plan (NMP), including high level overview of management of new variants. 	<ul style="list-style-type: none"> Catalogue of Response Measures V2.5 is complete and distributed across the AoG response system. The National Management Plan is on track to be complete by the end of September, and is in review.
MSD	●	●	<ul style="list-style-type: none"> Mid-September 2022: Report to Minister of Social Development and Employment and Minister of Finance on the future of the Care in Community welfare response if the legislative requirement to self-isolate continues to be in place beyond August 2022. 	<ul style="list-style-type: none"> Submitted to Ministers.

3. Insight of Note - Department of the Prime Minister and Cabinet

3.1.1 International Scan of COVID-19 Protections for Vulnerable People

Introduction

The Insights and Reporting Team in DPMC's COVID-19 Group have analysed current measures in place overseas to protect vulnerable people from COVID-19, summarising data from Australia, the United Kingdom, the United States, South Korea, Ireland and Denmark. Key findings are outlined below:

- Most countries analysed have identified similar groups that are vulnerable to COVID-19, including older people aged 65 and up, the immunocompromised, and those with certain disabilities. Though some countries have identified additional unique risk groups, such as particular ethnicities.
- Most countries analysed do not require facial masks for visitors and staff in high-risk settings, such as health, aged and disabled care facilities, and have removed vaccination mandates for workers in high-risk settings.
- Most of the countries analysed provide recommended health guidelines for vulnerable people that emphasise personal responsibility in avoiding COVID-19 infection.
- Immunocompromised people have the top priority in vaccination access in the countries analysed, with two countries allowing COVID-19 vaccinations for immunocompromised children as young as six months.
- Eligibility criteria for COVID-19 anti-viral treatments are based on age and underlying health conditions in the countries analysed, with Australia also incorporating high risk ethnic groups.

Key Trends Around Protecting Vulnerable People From COVID-19 Overseas

The definition of people vulnerable to COVID-19 varies across the countries analysed. Different countries use different definitions of vulnerable people to identify at risk groups from COVID-19. These categories generally focus on older people aged 65 and higher, immunosuppressed, immunocompromised, people with underlying health conditions, people with high Body Mass Index (BMI), people with several mental health disorders, and people with drug addictions. Australia has also identified particular ethnic groups that face higher risk of severe outcomes due to COVID-19 infection, including Aboriginal and Torres Islander people.¹

The majority of countries analysed have shifted from masking requirements to recommendations in high-risk settings. Australia, Denmark, Ireland, and the United States have all shifted from requirements to recommendations about the importance of wearing a mask in aged care, hospitals and disability care. England has some mask requirements in public healthcare settings if suspected of having COVID-19.² South Korea still has requirements around wearing a mask indoors and outdoors if there are 50 or more people. The country also provides bespoke guidelines that encourages mask use and social distancing during holidays where people may be in close contact with vulnerable people, such as senior relatives.³

Most of the countries analysed provide recommendations to vulnerable people around staying safe from COVID-19 placing the responsibility on them. In Ireland and Australia guidance is provided around how to best protect yourself from COVID-19 including advice on mask use, good air ventilation, proper hygiene, and social distancing.⁴ England provides similar guidance but focusing on all respiratory illnesses including COVID-19.⁵ The United States only provides guidance to counties that have higher levels of COVID-19.⁶ Denmark has moved to a model where COVID-19 is managed exclusively for vulnerable groups, and not one measured or prevented in the general population. Testing, vaccination, mask use, social distancing and antiviral therapy in Denmark are now only recommended for those from high-risk groups or in high-risk settings, with access to booster vaccines only recently being expanded to the general population over 50.⁷

¹ New Zealand Ministry of Health. Request for information. Received 13 September 2022.

² New Zealand Ministry of Health. Request for information. Received 13 September 2022.

³ Ministry of Health and Welfare, 2022 COVID-19 Prevention/Healthcare Measures for the Chuseok Holiday, https://www.mohw.go.kr/eng/nw/nw0101vw.jsp?PAR_MENU_ID=1007&MENU_ID=100701&page=1&CONT_SEQ=372842. Accessed 12 September 2022.

⁴ HSE. People at higher risk from COVID-19. <https://www2.hse.ie/conditions/covid19/people-at-higher-risk/overview/>. Accessed 19 September 2022.

⁵ UK Government. Living safely with COVID-19. <https://www.gov.uk/guidance/living-safely-with-respiratory-infections-including-covid-19>. Accessed 19 September 2022.

⁶ Centers for Disease Control and Prevention. COVID-19 vaccines for people who are moderately or severely immunocompromised.

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>. Accessed 19 September 2022.

⁷ New Zealand Ministry of Health. Request for information. Received 13 September 2022.

The highest priority access to COVID-19 booster vaccinations across all countries analysed is for immunocompromised people. In England, priority booster access is only given to those who are immunocompromised. Others formerly designated as clinically extremely vulnerable due to other risk factors are recommended to receive booster doses with the general population.⁸ In the United States, moderately and severely immunocompromised people are strongly encouraged to receive booster doses every two months, at faster intervals than the general population.⁹ Across Denmark, South Korea, Ireland, and Australia, immunocompromised adults have some form of prioritised access to boosters, alongside other high-risk groups including older people with minimum ages ranging from 50 to 65.

The minimum age for high-risk children to be eligible for COVID-19 vaccination varies across the countries analysed, with two countries allowing immunocompromised children to be vaccinated at six months of age.

In Australia, three primary COVID-19 vaccination doses are recommended for children aged six months to five years who are severely immunocompromised or have disabilities that require frequent assistance.¹⁰ In the United States all children aged six months and up are eligible to receive a full course of COVID-19 vaccinations.¹¹ Moderately or severely immunocompromised children are recommended to receive the vaccination course at shorter intervals.¹² By contrast, Ireland and the United Kingdom recommend COVID-19 vaccinations in high-risk and immunocompromised children between ages five and 11.¹³ Though COVID-19 vaccinations are no longer recommended for children under 18 in Denmark, children at high risk of severe illness have the option of vaccination following a medical assessment.¹⁴

Most countries analysed do not have COVID-19 vaccination mandates for workers in high-risk settings. The United Kingdom, Ireland, Denmark and South Korea do not require mandatory vaccination for employees in settings with highly vulnerable people, including health, aged and disability care.¹⁵ The United States continues to have COVID-19 vaccination mandates for workers in federally funded healthcare facilities, with a handful of individual states maintaining the requirement across all state-wide hospitals.¹⁶ In Australia, five out of eight states or territories have vaccination mandates for workers in health, aged and disability care.¹⁷

All of the countries analysed offer anti-viral treatments to those likely to face severe illness as a result of COVID-19 infection. Though specific eligibility requirements for anti-viral medication varies by country as well as metrics to calculate if a person is eligible, the key determining factor is the degree of risk an individual may have in becoming severely unwell from COVID-19 infection. This risk tends to be established through several consistent metrics, with each country having its own unique combination to determine eligibility. The first metric is prevalence of health ailments and co-morbidities associated with severe COVID-19 outcomes, such as having a weakened immune system, chronic respiratory conditions, among others. Age is the second metric established across all countries in identifying risk of severe COVID-19 disease, particularly those over the age of 65. Australia has also established some ethnic groups are at higher risk from COVID-19, with Aboriginal or Torres Strait Islander people eligible for COVID-19 anti-viral treatment at a younger age.

⁸ National Health Service. Who is at high risk from coronavirus (COVID-19). <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/who-is-at-high-risk-from-coronavirus/>. Accessed 19 September 2022.

⁹ Centers for Disease Control and Prevention. COVID-19 vaccines for people who are moderately or severely immunocompromised. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>. Accessed 19 September 2022.

¹⁰ Australian Government Department of Health and Aged Care. ATAGI recommendations on COVID-19 vaccine use in children aged 6 months to <5 years. <https://www.health.gov.au/news/atagi-recommendations-on-covid-19-vaccine-use-in-children-aged-6-months-to-5-years>. Accessed 19 September 2022.

¹¹ Centers for Disease Control. Stay up to date with COVID-19 vaccines including boosters. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>. Accessed 19 September 2022.

¹² Centers for Disease Control and Prevention. COVID-19 Vaccines for People Who are Moderately or Severely Immunocompromised. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>. Accessed 19 September 2022.

¹³ HSE. Weak immune system and COVID-19 vaccines. <https://www2.hse.ie/screening-and-vaccinations/covid-19-vaccine/get-the-vaccine/weak-immune-system/>. Accessed 19 September 2022; UK Government. A guide for parents of children aged 5 to 11 years at high risk. <https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-aged-5-to-11-years/a-guide-for-parents-of-children-aged-5-to-11-years-of-age-at-high-risk>. Accessed 19 September 2022.

¹⁴ Associated Press. Denmark didn't ban COVID-19 vaccines for children. <https://apnews.com/article/fact-check-Denmark-vaccine-children-439807145775>. Accessed 19 September 2022.

¹⁵ UK Government. Regulations making COVID-19 vaccination a condition of deployment to end. <https://www.gov.uk/government/news/regulations-making-covid-19-vaccination-a-condition-of-deployment-to-end>; Danish Health Authority. Vaccination of people aged under 50. Vaccination of people aged under 50 - Danish Health Authority (sst.dk); VOA News. South Korea showed how to contain COVID, now it will try to live with it. <https://www.voanews.com/a/south-korea-showed-how-to-contain-covid-now-it-will-try-to-live-with-it/6301110.html>; Health Safety and Authority Ireland. Vaccination FAQs. https://www.hsa.ie/eng/topics/biological_agents/biological_agents_introduction/vaccination/vaccination_-_frequently_asked_questions/. Accessed 19 September 2022.

¹⁶ New Zealand Ministry of Health. Request for information. Received 13 September 2022.

¹⁷ Australian Government Department of Health and Aged Care. Information for disability workers about COVID-19 vaccines. <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/disability-sector/workers>. Accessed 19 September 2022.

4. Ministry of Health

4.1 Items to note/updates

4.1.1 Publication of the Clinical Rehabilitation Guidelines for Long COVID in Aotearoa

This item provides you information on the publication of the *Clinical Rehabilitation Guidelines for Long COVID in Aotearoa* (the guidelines) on 15 September 2022.

The guidelines are intended to provide clinical guidance on Long COVID conditions in both children and adults in New Zealand. The guidelines look at the options for care available to people with Long COVID, give advice to health professionals on what to look for when diagnosing Long COVID, and provide information on what resources are available to people to manage those symptoms.

While they are primarily aimed at health professionals working in primary care, the community, and hospitals, the guidelines will also be useful for individuals who have adults and children in their whānau with Long COVID.

The guidelines have been developed by drawing on international research and literature, international clinical resources, and input and feedback from the Long COVID Expert Advisory Group. The guidelines also had input from stakeholders in the disability community and Equity teams within Whaikaha – Ministry for Disabled People and Manatū Hauora.

The Ministry of Health are translating the guidelines into Te Reo Māori and common Pacific languages to support equitable access.

Next steps

Feedback received during the development of the guidelines leads indicates this will be a living document for some time. A second iteration of the guidelines will be published by the end of November 2022.

Work is continuing on the broader Long COVID work programme, which includes:

- developing reporting mechanisms based on the clinical coding for Long COVID to improve our understanding of the prevalence of Long COVID in New Zealand;
- developing digital tools to support self-care connected to existing COVID-19 self-reporting tools; and
- investigating the inclusion of Long COVID within the COVID-19 Care in the Community Framework.

4.2 Programme Update

4.2.1 Technical Advisory Group: update

CV TAG

The COVID-19 Vaccine Technical Advisory Group (CV TAG) met on Tuesday 13 September 2022 and discussed the following items:

- mortality review findings;
- influenza hospitalisation data;
- an update on fourth doses;
- an update on Strategic Vaccine Taskforce;
- NZPSU data on severity of COVID-19 among children;
- an update on Medsafe myocarditis study;
- a list of research projects that received Ministry funding; and
- A memo on the primary course of Novavax for those aged 12 to 17 years.

The next CV TAG meeting is scheduled for 11 October 2022.

CT TAG

The COVID-19 Testing Technical Advisory Group (CT TAG) did not meet in the week commencing 12 September 2022. CT TAG has ceased to convene on a monthly schedule, meeting only when required. At this time there are no scheduled meetings.

Proactively Released

5. Te Whatu Ora

5.1 Vaccination Insights

COVID-19 Vaccination Uptake Data

As of 20 September, 2,696,148 people had received their first booster, which is 73% of the eligible population. For all age groups (18 and over), at least 50% of those eligible had received their first booster (50% for 18 to 24-year-olds, and 75% for 45 to 49-year-olds). A total of 561,644 second booster doses have been administered.

Booster uptake for those aged 50 and over

Age Group	Booster	Māori Uptake %	Pacific Uptake %	Total uptake %
50-64	1	75.8%	79.5%	82.3%
	2	23.9%	22%	21%
65+	1	89.8%	87.7%	92.6%
	2	44%	38%	53.9%

Approximately 30.5% of all eligible Māori and Pacific people aged 50 years and older have received a second booster, which is an increase from 29.5% the previous week. Roughly 55.1% of non-Māori/Pacific people aged 65 years and older have received a second booster, which is an increase from 54% the previous week.

Outreach Campaigns

For the week 12 to 18 September, 41 national phone campaigns were undertaken to support population uptake on boosters, with a focus on those aged 50 and over, and prioritising eligible Māori and Pacific populations.

On 15 September a campaign was undertaken to support second booster uptake among immunocompromised people. Eight hundred and fifty people were called with 29% (247) answering these calls. Of those who answered, 4.9% (12) went on to book an appointment while 68% (170) advised they do not require assistance as they will attend a walk-in or manage this through their primary health provider.

Disbandment of Vaccinations Order Exemption Panels

When the Vaccinations Order is revoked on 26 September, all remaining vaccination mandates will end. Processing of applications for Temporary Medical Exemptions (TME) and temporary Serious Service Disruption exemptions (SSD) will continue until revocation and then cease.

At the same time, both the TME Panel and the SSD Panel, whose roles were to consider applications and made recommendations, will be disbanded. The Panel Chairs will remain available for several weeks for any needed consultation while remaining exemption related work is completed.

Implications on Removal for Vaccine Passes

With the removal of the COVID-19 Protection framework on 12 September, work has commenced to confirm the approach and steps that will need to be taken to remove My Vaccine Pass from the COVID immunisation suite of tools.

Advice is being prepared for you by the COVID-19 policy team on the steps required and when these will be undertaken.

Ageing-in

Currently, children aged 5 to 11 are eligible for two paediatric doses of the Pfizer COVID-19 vaccine, with an eight-week interval between doses. If children turn 12 between their first and second doses, they complete the course of the paediatric dose.

From 22 September, an 'ageing-in' change will come into effect. This means that those aged 5 to 11 will still get a paediatric dose as their first dose, but if they turn 12 before their second dose they will now receive the

adult dose. This is consistent with ageing-in processes for other vaccinations. Communications on this change have been prepared for distribution to the sector when the changes go live.

Novavax

From 22 September, Novavax will be available for those aged 12 years and over, administered as two doses three weeks apart. Currently, it is only available for those aged 18 years and over. This change has been signalled to the sector. Further communications will be provided, including updating both public and sector facing information on websites, and Immunisation Advisory Centre (IMAC) resources.

5.2 Vaccination Activities

Aged Residential Care facilities

The second booster roll out to Aged Residential Care (ARC) facilities continues with 627 out of 670 total facilities (94%) having received an initial second booster visit. The Health Districts are reporting that 650 facilities (95%) will be completed by 30 September, with the remaining facilities to be completed in the coming months. The remaining facilities have not yet been visited due to no residents being eligible for their second booster because of multiple COVID-19 outbreaks.

Boosters

Health Districts continue to mobilise their teams to bring vaccinations to New Zealand's most vulnerable communities. Outreach highlights this week include one from the Canterbury region where the Health District will be running pop-up clinics at the Canterbury under 18 Rugby 7's and Pasifika Volleyball Association competitions. These clinics will carry the full suite of COVID-19, flu and MMR vaccinations to administer to tamariki and parents where appropriate. Similar clinics at community centred events are being stood up across the motu where immunisation teams can kōrero with the whānau, building trust before receiving vaccinations.

Communications and Engagement

Advertising encouraging New Zealanders to ensure they are up to date with their COVID-19 vaccinations, including boosters, continues across TV, radio (including Māori network and Culturally and Linguistically Diverse (CALD) stations), GP screens and video-on-demand channels. Print advertising in free weekly papers (including CALD papers) runs this week and next week.

Work is underway with Te Aupōuri, Tūwharetoa and Te Arawa Whānau Ora to provide communications advice and support on bespoke vaccination campaigns within their iwi. While these campaigns will focus on promoting COVID-19 vaccinations, other vaccines such as flu, MMR and childhood immunisations may also be incorporated where appropriate.

Direct marketing was sent via SMS and email to 2,500 immunocompromised people who are eligible for their second booster but have not yet received it. One week post distribution, 73% of recipients had opened the message, and 12.1% had either received or booked their vaccine already.

5.3 Equity

Māori update

Mā te kōrero ka eke (MTKKE)

Māori health providers across the Hawkes Bay region have been working together to deliver the MTKKE hauora kaupapa at Te Kura Kaupapa Māori o Heretaunga through Kapahaka events. All COVID-19 and Measles, Mumps and Rubella (MMR) vaccinations were offered as well as free health checks, mirimiri, rongoā, rangatahi services, kaumātua and tamariki packs. The event was well received by those who attended and saw many people engage with the health services offered. MTKKE has received a letter of endorsement enabling them to provide services to Kura Kaupapa throughout the Hawkes Bay region.

Expansion of MTKKE into Te Waipounamu

The MTKKE team in Te Waipounamu have attended the recent Waitaha, Whakatu and Nelson kapahaka events as part of the Te Tau Ihu regional kapahaka competition. At these events, the team had a stall and a platform to socialise the MTKKE approach with whānau. This approach was also discussed on the local Tahu FM radio station with MTKKE team members present.

The MTKKE team, in partnership with the 23 Kohanga Reo across Te Waipounamu, are in the process of planning a collective Ora event for later in the year. Kohanga and Kura Kaupapa involved in the expansion of MTKKE in Te Waipounamu are eager for their experiences to be shared with others at the 40th Kohanga Reo Anniversary celebrations in Kirikiriroa in November.

National Insights Hui

The programme is continuing to work with Turanga Health to deliver the National Insights hui in October 2022. Currently, the programme's equity team are finalising kaikōrero who will share their insights during the three-day event.

Pacific Update

Pacific Vaccination Events

A total of 203 vaccinations, including COVID-19, influenza, Measles Mumps and Rubella (MMR) and Human Papillomavirus (HPV) immunisations, were administered across two Pacific vaccination events held in Tāmaki Makaurau on 15 and 17 September.

Pacific Health Provider and Community Engagement

New Pasifika-focused flyers, posters and videos to support booster uptake among Pacific communities were launched over the past week. The posters and flyers, available in English, Tongan and Samoan, were distributed to various Pacific providers and networks. The video in Tongan features Dr Chris Puliueva discussing the importance of keeping up to date with vaccinations. It has also been shared with Pacific providers and community networks.

As a result of feedback from key community leaders during Tongan Language Week, the Tongan Health Society have begun exploring options for developing a Tongan language health information and navigation website to improve access to health information for the Tongan community.

Disability Update

COVID-19 Vaccine and Immunisation Peer Support Fund

On Wednesday 14 September a panel was convened to assess the 24 applications received for the COVID-19 Vaccine and Immunisation Peer Support Fund. The panel included representatives from Manatū Hauora, Te Aka Whai Ora and Te Whatu Ora with backgrounds in the mental health and Alcohol and Other Drug (AOD) sector, Peer Support, Māori Lived Experience and working with Māori providers and communities. The panel selected six applicants to move through to the next stage of the application process.

6. Managed Isolation and Quarantine Weekly Report

6.1 Operational Update

6.1.1 Invoicing

The table below shows the number of invoices issued as of 18 September 2022.

Invoices have various repayment terms depending on whether they are a sports group (10 days), critical worker (30 days) or standard returnee/maritime crew/aircrew (90 days).

Please note that for all arrivals from the 20th of August 2021, all invoicing had payment terms of 30 days except for sports groups under Crown Service Agreements who have 10 days.

INVOICES ISSUED	INVOICES PAID	INVOICES ISSUED - NOT YET DUE	INVOICES OVERDUE	INVOICES WRITTEN OFF
55,900	44,948 (80% of invoices issued)	105 (0.1% of invoices issued)	7,896 (15% of invoices issued)	2,951 invoices (5%)
TOTAL VALUE OF INVOICES ISSUED \$214M	PAID (BY VALUE)	ISSUED - NOT YET DUE (BY VALUE)	INVOICES OVERDUE (BY VALUE)	INVOICES WRITTEN OFF (BY VALUE)
	\$184M 86%	\$421K 0.1%	\$18M 10%	\$10.5M 4.8%
MBIE has now completed work on manually matching the 6,697 unmatched records after 25 March 2021. Of these 6,696 records, liability could only be established for 49 records (0.73 percent). This represents an estimated \$150,000 in invoicing revenue. The remainder of records were found not to be liable or to have already paid under consolidated invoicing (usually aircrew or maritime arrivals).			90+ days overdue 6,465 invoices \$17M (by value) 8% (by value of all invoices issued)	

6.1.2 Debt Recovery

The debt recovery percentage remains at 86 percent, which is against our nominal target recovery of 90 percent.

As of 18 September, 15,186 invoices worth \$45.8m have been passed to our debt partner. In addition:

- \$19.5m has now been paid (an increase of \$249k).
- A further \$41k of debt is under instalment and is expected to be converted to payments over coming weeks.
- There are 193 active fee waiver requests, while applications are processed, they are recorded as outstanding debt.

6.2 Ombudsman Complaints

As at 22 September there are 7 active investigations:

- one is on policy advice;
- two are on emergency allocations;
- one is on exemptions from managed isolation;
- one is a declined undue financial hardship fee waiver application;
- one is about facilities; and
- one is the Chief Ombudsman's self-initiated investigation.

To date, 259 investigations have been closed, with the Chief Ombudsman issuing 123 opinions in MBIE's favour and eight final opinions against MBIE.

There are 91 preliminary enquiries. Preliminary enquiries are cases where the Ombudsman requests the file to assess the complaint and determine next steps.



7. Border Executive Board Report

This update is provided to you as the responsible Minister for the Border Executive Board

7.1 Items to Note/Update

7.1.1 Border Executive Board Meeting

The Board met on 21 September 2022. Key decisions from the meeting were:

- agreeing the moderate scenario forecasts for air and sea passenger arrivals and sea cargo in order to inform the performance, planning and financial activities of border and transport agencies. The scenarios will be published online in the same manner as the May 2022 scenarios and will be updated in March 2023.
- endorsing the scenarios to manage large cases of COVID-19 on a cruise ship. This piece of assurance will be shared with you by the end of September 2022.
- seeking clarification on the lead agency for the possible environmental impact of cruise ships on the environment, particularly in scenic and remote parts of New Zealand such as the Bay of Islands and Milford Sound. It was noted this was beyond the scope of the BEB but had been raised by iwi with Board members.

The Board also received its monthly assurance on the New Zealand Traveller Declaration Programme and the fortnightly assurance on the Maritime Border Programme including the readiness for the return of cruise vessels in October. The Board received an update from the Director General of Primary Industry on Foot and Mouth Disease. No action was required from the Board.

8. New Zealand Customs Service Weekly Report



8.1 Items to Note/Updates

There are no issues that require your attention.

9. COVID-19 Chief Executives Board

The COVID-19 Chief Executives Board (CCB) met this week and received a roundtable update on the COVID-19 Response, and updates on the Post-Winter Announcement, the COVID-19 Group Transition, and the process for renewal of the epidemic notice.

10. Strategic COVID-19 Public Health Advisory Group

The Strategic Public Health Advisory Group (SPHAG) met this week, where they received an update on COVID-19 policy announcements made last week and current work underway. They also received a modelling update and discussed their draft advice to the COVID-19 Response Minister on proposed priorities for the vaccination programme. The Group will be meeting again on Friday 23 September to further discuss modelling with specialists in DPMC and other officials.

11. Upcoming Cabinet Papers

s9(2)(f)(iv)

