



31 October 2022

by email: [REDACTED]

Ref: OIA-2022/23-0158

Dear [REDACTED]

Official Information Act request relating to advice on the removal of the COVID-19 Protection Framework

Thank you for your Official Information Act 1982 (the Act) request received on 19 September 2022. You requested:

“Under the Official Information Act, I am requesting any advice relating to the removal of the Covid-19 Protection Framework at 11.59pm Monday 12 September.”

I understand that you have also made this request to the Offices of the Prime Minister and Minister for COVID-19 Response. While ordinarily I would partially transfer your request under section 14(b)(ii) for information held by those offices, I instead refer you to their responses.

I am releasing to you the following documents within scope of your request:

Document title
Post-winter Announcement: Briefing Pack for Ministers and officials, 12 September 2022
Post-winter Approach: Questions and answers, 12 September 2022
Post-winter announcement: Reactive Q&A
Post-Winter Approach: Key Messages, 13 October 2022

Please note that the information in these documents is indicative of the advice at the time and is no longer up to date.

It is also important to note that the questions in the Reactive Q&As are hypothetical and a best guess at questions from the media that the Prime Minister and the Minister for COVID-19 Response might have had to address on 12 September. They do not reflect Government policy and are not drawn from actual queries submitted to the Government.

You have the right to ask the Ombudsman to investigate and review my decision under section 28(3) of the Act.

This response will be published on the Department of the Prime Minister and Cabinet's website during our regular publication cycle. Typically, information is released monthly, or as otherwise determined. Your personal information including name and contact details will be removed for publication.

Yours sincerely



Katrina Casey
Deputy Chief Executive
COVID-19 Response

PROACTIVELY RELEASED

PROHIBITIVELY RELEASED

Post-winter announcement

Briefing Pack for Ministers and officials

12 September 2022



Context

- Since the start of the pandemic, the objective of New Zealand's COVID-19 response has been simple – to save lives and livelihoods. This remains the objective in the next phase of COVID-19 management.
- A special thank you to Iwi and Māori Health providers, Pasifika organisations, aged care providers, businesses and schools that have made extraordinary efforts to protect people.
- As has been the case throughout the pandemic, we keep learning and adjusting our response.
- We are now at a new stage:
 - Low daily case numbers and hospitalisations
 - We have high levels of vaccination and natural immunity across the country
 - Second booster doses are available to eligible people
 - Effective antiviral medication is available and the eligibility criteria for antiviral medication have been expanded
- Public health advice indicates that with cases reducing, a highly-vaccinated population, and access to antivirals, New Zealand can safely remove most extraordinary measures.

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What measures are changing?



From 11:59pm on 12 September 2022, the COVID-19 Protection Framework will be removed



Face masks only need to be worn when visiting certain healthcare facilities (hospitals, GPs, aged care and disability residential facilities, pharmacies)



Household contacts of COVID-19 cases will not be required to isolate unless they test positive



All remaining Government workforce vaccine mandates will end from 11:59pm, 26 September



Vaccination requirements for all travellers arriving into New Zealand will end from 11:59 on 12 September

People arriving in New Zealand from overseas will be recommended but not required to test

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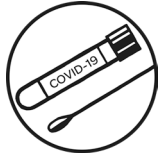
What measures are staying in place?



The 7 day isolation period for people who test positive for COVID-19 stays in place



Antiviral medications remain readily available for eligible people



Follow-up PCR tests and genome sequencing of positive cases in travellers will continue



Face masks will be required in most healthcare settings



Rapid Antigen Tests and face masks will continue to be available for free



Leave support payments will continue to be available for COVID-19 cases

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More information is available on government websites

- **Unite against COVID-19**

- www.Covid19.govt.nz

- **Ministry of Health**

- www.health.govt.nz/covid-19-novel-coronavirus

- **Karawhiua**

- www.karawhiua.nz

- **MBIE**

- www.mbie.govt.nz/coronavirus-covid-19/

Unite
against
COVID-19



**MINISTRY OF BUSINESS,
INNOVATION & EMPLOYMENT**
HĪKINA WHAKATUTUKI

PROACTIVELY RELEASED

Post-winter Approach

Questions and answers

Post-winter Approach

Q&A

This version was current at 12:00pm 12 September 2022.

Table of Contents

ANNOUNCEMENT	1
COVID-19 PROTECTION FRAMEWORK	4
ISOLATION	5
VACCINE MANDATES	8
MASK WEARING	9
BORDER REQUIREMENTS	12
LONG COVID	14

Announcement

Q: What is happening?

A: From 11:59pm, 12 September 2022, the COVID-19 Protection Framework will end, along with several other COVID-19 public health measures. The COVID-19 response will remain active and operating in the background, with fewer restrictions on individuals.

The key changes are:

- All mask requirements removed, except for visitors in certain healthcare settings. Masks are still required for visitors to certain healthcare facilities (including primary care, urgent care, hospitals, aged residential care, disability-related residential care and pharmacies but not in counselling, mental health and addiction services). Some settings may keep mask requirements in place based on a health and safety assessment.
- Household contacts no longer required to isolate, but instead asked to test daily for 5 days.
- All vaccination requirements for travellers into New Zealand are removed.

- Vaccine mandates for the health and disability sector are removed, effective 11:59pm 26 September 2022. Some workplaces may retain vaccine requirements based on a health and safety risk assessment.

Q: Why is this happening?

A: With cases falling, our highly vaccinated population, and a good availability of RATs, masks, and anti-viral medicines to slow the spread of the virus and protect our vulnerable populations, now is the right time to move from emergency arrangements to a long-term, sustainable way of managing the pandemic.

Q: What measures might be brought back, and for how long?

A: New Zealand has systems in place to monitor COVID-19 at home and internationally and if public health advice says more measures are required, we can re-introduce some measures like additional mask-wearing.

If needed, we can quickly draw on our toolkit of measures that have effectively slowed the spread of the virus over the past two years. Any decision to re-introduce measures would be taken carefully and based on public health advice. We will continue to rely on a multi-layered system of defence to minimise the impact of COVID-19 and protect vulnerable populations while balancing economic and social considerations.

Additional measures would only be used again if a new variant of COVID-19 arrives in New Zealand that is substantially more contagious, has even more serious health impacts, or causes a substantial rise in case numbers that threatens to overwhelm our health system.

How long they could be used for would be based on public health advice at the time.

Q: Why are some restrictions still in place?

A: The public health advice is that some measures are still needed to protect vulnerable communities and the health system. That is why important aspects of the response will continue - including the 7-day isolation of positive cases, and mask requirements in healthcare settings (including aged residential care). Both of these are important ways to reduce transmission.

Additionally, all New Zealanders continue to be encouraged to practice good health behaviours to keep themselves, and their communities, safe.

Vulnerable communities are encouraged to keep up to date with their vaccinations, including boosters; wear masks if they can; access free RATs; and talk to their healthcare provider to see if they are eligible for antiviral prescriptions.

Q: Does this mean the end of the 'minimise and protect' strategy?

A: Since the start of the pandemic, the objective of New Zealand's COVID-19 response has been simple – to save lives and livelihoods. This remains the objective. As we move from COVID-19 crisis management to a phase of long-term, sustainable management of the virus, the Government's focus continues to be on minimising the virus' spread and protecting our most vulnerable communities and the health system. New Zealand has new tools to do so, that allow for fewer restrictions on individuals. This includes high vaccination rates, and good availability of RATs, masks, and antiviral medicines.

Q: How will the new approach affect communities that are vulnerable, for example Māori, Pasifika and disabled people?

A: There is always a risk that COVID-19 can disproportionately impact some groups, but unlike the broad-based rules in the COVID-19 Protection Framework, protections are now targeted to the most vulnerable.

The continuing protections are:

- free vaccinations
- free medical masks for eligible people
- free RATs (rapid antigen tests)
- free antiviral medication for eligible people, and also widening eligibility criteria to all New Zealanders 65 and over, all Māori and Pacific peoples aged 50 and over and those with three high-risk medication conditions. New criteria will be updated here: [COVID-19 medicines | Ministry of Health NZ](#)
- free boosters for eligible people

Additionally, all New Zealanders continue to be encouraged to continue to practice good health behaviours to keep themselves, and their communities, safe. Importantly, we will be able to bring back other measures if a new variant of COVID-19 that is substantially more contagious or with even more serious health impacts arrives in New Zealand.

Vulnerable communities are encouraged to continue to keep up to date with their vaccinations, including boosters; access free RATs; and talk to their healthcare provider to see if they are eligible for antiviral prescriptions.

Q: Where can I go for more information about the new rules?

A: The Unite against Covid website (covid19.govt.nz) and the Ministry of Health (health.govt.nz) website are being updated.

Q: What is the modelling on the impact of these changes, on cases, hospitalisations and deaths?

A: Modelling was undertaken for a range of scenarios, focused on the changes in mask and self-isolation requirements. All scenarios were generally similar to our current

trajectory, with small increases in hospital bed admissions and daily deaths, but still much smaller than recent peaks. Modelling always includes many assumptions, including how effective current measures are at reducing transmission.

Q: What support for business, such as the leave support scheme, will remain?

A: The Leave Support, Small Business Cashflow Loan and Event Transition schemes remain available to those eligible, you can find more information on the [business.govt.nz website](https://business.govt.nz).

Q: What support will there be for individuals and their family/whānau if they become unwell?

A: As has been the case through the Omicron outbreak, many people with COVID-19 will have only mild symptoms and will be able to safely self-isolate in the community to ensure our hospitals are available for those who really need them.

Care in the Community will continue to ensure that supports are available for low-income households impacted by COVID-19 to recover quickly.

Shifting to the new approach and the removal of measures, including the requirement for household contacts to isolate, will likely reduce the number of households requiring assistance.

The Care in the Community framework provides central guidance to ensure that people with COVID-19 receive the support they need through a regionally coordinated, locally led approach.

COVID-19 Protection Framework

Q: What is happening?

From 11:59pm 12 September 2022, the COVID-19 Protection Framework will end.

Q: Why is this happening?

A: The COVID-19 Protection Framework was designed to operate with COVID-19 circulating in the community, slowing the spread of the virus through our highly vaccinated population and protecting our vulnerable populations and health system. We adjusted the COVID-19 Protection Framework so that it was appropriate for the management of Omicron, ensuring that while our health system faced significant pressure it was not overwhelmed through winter. Post-winter, with cases low, is the right time to remove the CPF and safely move to a long-term, sustainable way of managing the pandemic.

Q: What is the public health advice for ending the CPF?

A: The public health advice is that some measures are still needed to protect vulnerable communities and the health system. Therefore, important aspects of the response will continue to keep vulnerable New Zealanders safe. These include the continued isolation of positive cases and mask requirements in many healthcare settings (including aged residential care). Additionally, all New Zealanders continue to be encouraged to practice good health behaviours to keep themselves, and their communities, safe. Importantly, we will be able to bring back other measures if a new variant of COVID-19 that is substantially more contagious or with even more serious health impacts arrives in New Zealand.

Q: Why didn't we just go to Green, which has no restrictions?

A: Public health advice is that some measures are still needed to protect vulnerable communities and the health system, including mask requirements in some healthcare settings. Green would have removed all mask-wearing requirements.

Isolation

Q: What is happening?

From 11:59pm 12 September 2022 Household Contacts, including those who have not had COVID-19 in the past 90 days, do not need to isolate for 7 days. Instead, household contacts are recommended to test daily for 5 days from when the case in their household tests positive. If they subsequently test positive they will be considered a 'case' and be required to complete 7 days of isolation.

People with COVID-19 must continue to self-isolate for 7 days.

Q: Why is this happening?

A: Removing the requirement to automatically isolate for household contacts will reduce disruption, particularly on larger households. Given the current outbreak context, overseas experience and on the basis of proportionality, recommended daily negative testing of household contacts is considered enough to minimise the risk.

Q: Who is a household contact?

A: You are a household contact if you live with or have spent a night or day (more than 8 hours) with someone who tests positive for COVID-19.

The Government has announced household contacts of a confirmed case of COVID-19 will no longer need to isolate with them. Instead, the household contacts should test daily for five days.

If any of the daily results are positive, the household contact will need to isolate for seven days from that point.

There are no changes for anyone who has tested positive for COVID-19. The seven-day isolation requirement remains in place for cases.

Detailed advice for household contacts

- If you live with someone who has tested positive for COVID-19 then you no longer need to isolate with them. Instead, you should test daily for five days. If any result is positive, then you must isolate for seven days.
- Whether positive or negative you should report the results of your RATs. You can do this through [My Covid Record](#) or call 0800 222 478.
- You should avoid or minimise contact with the person with COVID-19 during their isolation period.
- To protect yourself, your whānau, and your community it's important to keep up the healthy habits that we know. Get vaccinated and boosted, and stay home when you are unwell.
- If you develop COVID-19 like symptoms at any time, or are unwell, test and stay at home until 24 hours after your symptoms resolve. If positive you will need to isolate for seven days.
- You can get free rapid antigen tests (RATs) from a range of locations, collection sites, marae and some pharmacies. Find out where to get a test at [Rapid antigen testing \(RAT\) | Ministry of Health NZ](#) or by calling 0800 222 478.

Q: What does the public health advice say about the impact of this change?

A: While an increase in cases may occur as a result of these changes, recommended daily testing is considered enough to minimise the risk. With household contacts not being required to isolate and just encouraged to test, it is expected workforce disruptions caused by the virus will decrease, not increase.

Q: What happens for people who are already isolating when this change comes into effect?

A: Positive cases must continue to isolate for 7 days. Household contacts isolating can follow the new self-isolation guidelines on 13 September. If they test negative and are asymptomatic, they do not need to self-isolate.

Q: Will single parents still be able to drop their children off at school, if isolating?

A: Although we don't generally encourage people to leave their house while isolating with COVID-19, there are some exceptional circumstances where people may need to. In circumstances where the isolating adult is the only person available to drop off and pick up their child from school they will be able to do so, but we expect them to wear a mask and practice physical distancing. This is only the case for attending school, and is not

recommended for taking children to friends' houses, extracurricular activities, or picking up groceries.

Q. Do students / staff have to disclose to the school that they are a Household Contact?

A: Students and staff will not be required to disclose whether they're a household contact.

Q. Do I have to disclose to my employer that I'm a household contact?

A: Employees need to act in good faith ([Good faith » Employment New Zealand](#)) in all dealings with their employers, which includes being responsive and communicative, and not acting in a misleading or deceptive way.

While employees should disclose that they are a household contact, this does not require them to self-isolate. However, an employer and employee should discuss how they will approach this situation including whether additional risk-management actions are appropriate or where the employee wishes to work from home for [health and safety reasons](#).

Q: Apart from daily testing, what else do household contacts have to do?

A: By taking a daily RAT for 5 days and returning a negative result, household contacts are unlikely to be capable of passing on the virus. They present no greater risk to the community than any other person. Accordingly, they will not be required to undertake any extra measures aside from the daily RAT. Provided the test is negative they can go about their usual business, but are recommended to wear a mask.

Q: What does a household contact do if they test negative?

A: If they test negative and are asymptomatic, they do not need to self-isolate. If they test negative but have COVID-19 symptoms they should stay at home. Anyone feeling unwell should stay home until they feel better and avoid contact with people who are vulnerable to COVID-19. They should retest every day while their symptoms continue, up to 5 days.

Q: What does a household contact do if they test positive?

A: If your result is positive, then you must isolate as a case for seven days (from the date your symptoms developed or the date of your first positive test, whichever comes first).

Q. What should I do if I test negative on my last day of testing but start to feel unwell?

A: If a test on any of the 5 days is negative, but the household contact presents with COVID-19 symptoms, the advice is to stay at home. Anyone feeling unwell should stay

home until they feel better and avoid contact with people who are vulnerable to COVID-19. It is recommended that people continue to test for COVID-19 during this time.

Q. How will you monitor whether people are testing? Is it mandatory to test?

A. It is not mandatory to test, it is a recommendation to limit the spread of COVID-19 to others in the community. As long as the household contact tests negative and has no symptoms, they do not need to isolate. It is also important that Household Contacts who have COVID-19 symptoms stay home regardless of the result of their RAT. This additional precaution reduces the likelihood of further transmission should they be in the early stages of COVID-19 disease.

Q. What if a household contact is unable or unwilling to test daily?

A. Daily testing is recommended not required. Household contacts who are unable or unwilling to test are recommended to stay home for five days.

Q. What is happening with the Close Contact Exemption Scheme?

A: As household contacts will no longer be required to isolate, this scheme will end.

Q: Are RATs still free for the public?

A: Yes.

Q: Will the same number of testing/collections sites remain?

A: The number and location of the CTC/collection sites is defined by the districts based on operational activity and identified demand. The network of CTC/collection sites, and changes to this network, can be found on [Healthpoint](#).

Q: When can people with COVID-19 who have been self-isolating return to work?

A: After finishing their 7 days of isolation.

Vaccine mandates

Q: What is happening?

A: The remaining vaccine mandates, namely those for the health and disability sector, are being removed effective from 11:59pm, 26 September. Some employers may still require workers to be vaccinated due to their responsibilities under health and safety legislation.

Q: Why is this happening?

A: COVID-19 vaccination rates among our health workforce are very high, and the public health advice is that there is no longer a rationale for continued mandates for the sector. It was in place to help prevent transmission between workers and vulnerable people they look after, and workers in public-facing jobs. Since then, there have been changes in population immunity, very high vaccination rates among the affected workforce, and COVID-19 variants which have all had an impact on the risk of COVID-19 infection.

Q: Can employers still require COVID-19 vaccination?

A: Workplaces may still consider that a vaccination requirement is possible based on a work health and safety assessment. Given the public health advice, it is appropriate that these decisions are made by workplaces based on specific circumstances not by the Government.

WorkSafe advises that employers should take care when considering measures such as requiring employees to be vaccinated or asymptomatic testing of employees for surveillance reasons.

Employers should complete a risk assessment and must engage with workers and their representatives in good faith. This includes when they are developing, implementing or reviewing an employer vaccination requirement or other COVID-19 controls.

Q: Does this increase the risk for vulnerable people?

A: COVID-19 vaccination rates among our health workforce are very high, and the public health advice is that there is no longer a rationale for continued mandates for the sector. It was in place to help prevent transmission between workers and vulnerable people they look after, and workers in public-facing jobs. Since then, there have been changes in population immunity, very high vaccination rates among the affected workforce, and COVID-19 variants which have all had an impact on the risk of COVID-19 infection.

Vulnerable communities are encouraged to keep up to date with their vaccinations, including boosters; access free RATs; and talk to their healthcare provider to see if they are eligible for antiviral prescriptions.

Q: Will further boosters become more widely available to people?

A: The Ministry of Health's COVID-19 Vaccine Technical Advisory Group will continue to review new information on COVID-19 and vaccines and will make further recommendations on eligibility criteria as necessary.

Mask wearing

Q: What is happening?

A: From 11:59pm 12 September 2022 all mask requirements will be removed, except for visitors in some healthcare settings.

Q: Why is this happening?

A: Retaining masks for visitors in certain healthcare facilities (including primary care, urgent care, hospitals, pharmacies, aged residential care and disability-related residential care, but excluding counselling, mental health and addition services) will help protect those who are sick and particularly vulnerable.

Q: Will masks still be encouraged?

A: The Ministry of Health will also continue to provide guidance on mask use and will continue to encourage them in confined places such as public transport, or when visiting vulnerable people. Full guidance will be available on the Ministry of Health website.

Q: What is the public health advice for changing mask wearing requirements?

A: Masks must be worn by visitors in certain healthcare facilities to protect those who are sick and particularly vulnerable.

Q: If workers in healthcare settings have to wear masks do they need to be medical grade masks?

A: Workers in healthcare settings should continue to wear the masks that they are directed to wear by their employers.

Q: Will medical grade masks be provided free to vulnerable people?

A: Yes, free medical and P2/N95 particulate respirator face masks will continue to be made available to vulnerable people through participating healthcare providers, community organisations and some rapid antigen test collection sites.

Q: Will those organisations currently being supplied with masks still be supplied? For how long?

A: Te Whatu Ora – Health New Zealand’s Central Supply sources and distributes PPE in accordance with the Principles of Supply. Te Whatu Ora will be reviewing the principles in light of the changes to response settings. Should there be any changes to the provision of PPE in the future, this will be consulted and communicated at an appropriate time.

Q: Does the mask exemption scheme still operate?

A: Mask exemptions are still in place for locations where people are required by law to wear face masks. For some people it is not suitable for them to wear a face mask because of a physical illness, a mental illness, a condition or a disability. For those people, it is important that they can continue to access the same services as everyone else. The face mask exemption legislation and the official pass that can be shown as proof of exemption, enable them to do this.

Q: Do mask exemptions apply to places which have retained mask requirements but are not covered by mandated requirements?

A: The mask exemption pass and other mask exemptions (eg for people under 12) only apply in settings where mask-wearing is mandated by the new mask order. The pass and other exemptions don't apply when businesses have imposed their own mask requirement (although businesses could still choose to rely on the exemption pass).

Q: Why do the mask requirements apply to just visitors to hospitals and not patients and healthcare workers too?

A: The new mask order applies only to visitors to some health care settings. Masks for health and disability care workers are covered by the Ministry of Health Infection Prevention and Control Guidance. This guidance is more nuanced than the visitors' mask requirements and includes details of the types of masks, face shields and other personal protective equipment that health and disability care workers must use. Pharmacy workers are the only workers required to wear masks under the order, as well as workers at food and drink or retail businesses on the premises of a health service (eg a cafe or florist in a hospital).

Q: Why are visitors to counselling, mental health and addiction not required to wear masks by the government?

A: These types of health services are best placed to set the mask rules for visitors to their premises. The risks due to COVID-19 will depend on their location and their clients. In some instances, the risk will be similar to an office without COVID-19 vulnerable people present. If the service is located in a hospital or other setting where mask requirements remain in place, masks must be worn.

Q. Can employers require mask use?

A: All mask requirements will be removed, except for visitors in certain healthcare settings and workers in pharmacies.

A business or organisation might require face coverings to be worn by workers for health and safety reasons or as a condition of entry/carriage. If they are requiring masks for health and safety reasons, they should carry out a risk assessment.

A risk assessment should be carried out in good faith. More information can be found on the [WorkSafe](#) website.

Q. Will masks continue to be provided to schools?

A: Yes – they will continue to be provided to staff and for students/children whose families can't provide them, until the end of 2022 at this stage.

Q: Are masks still required on international flights to/from New Zealand?

A: Masks will not be required by the Government on international flights to or from New Zealand (or domestic flights within New Zealand) after 11:59pm 12 September 2022. Masks may however be required by airlines' conditions of carriage.

Q: Can airlines require passengers to wear masks after 12 Sept?

A: Yes, under their terms of carriage.

Border requirements

Q: What is happening?

A: From 11:59pm 12 September 2022:

- travellers arriving in New Zealand will no longer have to test on arrival
- travellers arriving at the border by air, including air crew, and at the maritime border will no longer have to prove their vaccination status. Air carriers and maritime vessels can still require evidence of vaccination as a requirement if they choose.
- travellers will no longer have to be COVID-19-symptom-free before they travel to New Zealand
- travellers can enter New Zealand even if they are subject to a public health direction in another country
- air travellers to New Zealand will still need to provide information for contact tracing purposes prior to departure.
- International arrivals are recommended to test for COVID-19 on day 0/1 and 5/6 and if symptomatic, and are required to isolate for seven days if positive.

Q: Why is this happening?

A: Air crew and arrivals vaccination requirements were introduced in November 2021 in the context of the Delta variant. At that time all arrivals entered MIQ, and the vaccine mandate was an additional tool to reduce transmission and the risk of COVID-19 being introduced into the community. As there is widespread COVID-19 in the community, the vaccine requirement has limited public health benefit in reducing the burden on the health system and is no longer proportionate.

Testing on arrival is no longer required, although it continues to be recommended, and travellers are no longer required to be symptom-free, due to diminished risk that positive cases coming in poses. New Zealand currently has 70,000 arrivals a week without seeing a related increase in community cases. Travellers' details will continue to be recorded for contact tracing purposes in case of new variants.

Q. Are any travellers to New Zealand required to be vaccinated against COVID-19?

A: Travellers to New Zealand are no longer required to be vaccinated against COVID-19.

Q: Can air carriers and maritime vessels, such as cruise ships, still require passengers to be vaccinated?

A: Yes, if they choose to require vaccination as a condition of carriage.

Q: What's the public health advice for allowing symptomatic people to enter New Zealand?

A: The symptoms for COVID-19 are similar to other conditions, such as hay fever, allergies and the common cold. With COVID-19 cases dropping and a highly vaccinated population, the public health advice is that it is no longer appropriate to prevent them from travel, or require them to get a supervised negative test result or a certificate from a medical professional.

Q: How does this affect our ability to check for new variants?

A: Contact tracing of everyone entering New Zealand from overseas will continue, along with wastewater testing. Wastewater testing can indicate how much virus is circulating in the community and can detect which variants are in the community. If a PCR test returns a positive result, whole genome testing can still be carried out.

Q. Will RAT kits still be available at airports?

Welcome Packs containing Rapid Antigen Test kits are available for collection at Biosecurity.

International arrivals are recommended to test for COVID-19 on day 0/1 and 5/6 and if symptomatic, and required to isolate for seven days if positive.

Q. What happens if travellers test positive on arrival in New Zealand?

A. People who test positive for COVID-19 should isolate for seven days. Household contacts do not need to isolate for 7 days. Instead, household contacts are recommended to test daily for 5 days. They can leave home every day if they test negative.

Q: Where can visitors go to find out what's required of them?

A: Visitors can find information about COVID-19 and what is required of them by visiting COVID19.govt.nz.

Long Covid

Q: What is the expected burden of Long Covid?

Although it is difficult to precisely predict the likely burden of long COVID in New Zealand, given the large number of people who have now had COVID-19 in New Zealand this may result in significant impacts to people and the healthcare system over time.

Q: What are we doing about long covid?

A: The Ministry of Health has established a long COVID programme with the goal of disseminating emerging models of care, clinical practice, patient self-management and digital enablement to support patients with long COVID-19 in a New Zealand context.

The programme is based on the following principles:

- giving effect to our obligations under Te Tiriti o Waitangi, including considering the interests and needs of Māori
- ensuring equity, which involves inclusiveness for all communities, particularly those most affected by COVID outbreaks i.e Māori and Pacific
- ensuring equity of access to services and outcomes,
- ensuring services are effective, timely and reflects best-practice as the evidence emerges
- ensuring services are patient centred, including patient self-management and digital enablement to support patients with Long COVID
- long COVID symptoms are investigated, treated, and funded in the same way as other long-term conditions.

Within the work programme, four workstreams are underway to support the development of the long COVID rehabilitation and service delivery guidance within an Aotearoa New Zealand context:

- Development of a service development toolkit (also known as a change package), including monitoring health districts with existing specific services for long COVID
- Establishing an expert advisory group to provide guidance and input into the long COVID rehabilitation guideline, with broad representation from Māori, Pacific peoples, researchers, clinicians, service providers and people with lived experience.
- Monitoring emerging evidence to inform clinical pathways to identify and manage long COVID
- Ongoing research to identify gaps that are particular to Aotearoa New Zealand and how options for how they might be addressed.

The Ministry has published revised guidelines for the acute phase of rehabilitation for people with or recovering from COVID-19.

- [Guidance for the Acute Phase of Rehabilitation of People with or Recovering from COVID 19 in Aotearoa New Zealand](#)

A separate programme of work is under way to develop a long COVID rehabilitation and service delivery guideline within an Aotearoa New Zealand context, which will be published later this year.

The Ministry has established the [Long COVID Expert Advisory Group](#) to assess the evidence on long COVID and apply it to the Aotearoa New Zealand context, to help inform recommendations for clinical practice and guidelines. The group will provide oversight, with broad representation from Māori, Pacifica, researchers consumers, clinicians, and service providers.

Teams within the Ministry of Health also produce a long COVID evidence brief which is updated over time. This document is accessible on the [COVID-19: Science News](#) page.

The Ministry is also funding research on the Impacts of COVID-19 in Aotearoa study, run by Victoria University of Wellington. This study aims to understand the experiences of people in Aotearoa New Zealand who have had COVID-19 and to learn about the short- and longer-term impacts of COVID-19 on the health and well-being of individuals, whānau and families. There is a particular focus on key subgroups including Māori, Pacific people, people with disabilities (including long COVID), and people who developed COVID-19 through their employment. The outcomes of the study will be used to advise health officials.

The results of this study are being analysed and results are expected later this year.

Q: How can I avoid long Covid?

The best way to prevent long COVID is to prevent infection with COVID-19. Vaccines reduce the risk of long COVID by lowering the chances of getting COVID-19 in the

first place. There is also some evidence that vaccination reduces the risk of people who do get COVID-19 going on to develop long COVID.

Q: What do I do if I think I have long Covid?

The long-term physiological and psychological effects of COVID-19 are not yet fully known. However, recovery from viral infections often requires rehabilitation for extended periods of time.

Managing and recovering from long COVID will be different for each person. The severity of symptoms can vary from mild to debilitating and fluctuate over time. In some cases, people begin to feel better before experiencing a return of symptoms such as fatigue.

For support with management and treatment of long COVID symptoms, people should seek the help of their GP or healthcare team, particularly if new symptoms arise or symptoms worsen.

People can also free call or text 1737 anytime of the day or night to speak with a trained counsellor.

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Post-winter announcement

Reactive Q&A

Post-winter announcement

Reactive Q&A

Q: Is the government letting COVID-19 'rip'?

A: That is not our approach to COVID-19. As we have seen internationally, letting the virus spread without measures to control and minimise spread leads to high numbers of deaths, overwhelmed health systems and economic disruption. Thanks to hard work of New Zealanders in following restrictions, we have managed to avoid the worst of what we saw overseas.

Our COVID-19 response remains active but is now moving from a crisis management phase to long-term management. Now is the right time to remove the COVID-19 Protection Framework and take a new approach to managing COVID-19. Today's changes mean there are fewer restrictions on individuals, but the system will carry on operating in the background, monitoring wastewater, genome sequencing a proportion of positive PCR tests and keeping an eye on the international situation. Our population is highly vaccinated, and we have a good supply of RATs, masks, and anti-viral medicines (with expanded eligibility criteria) for our vulnerable populations. If needed, such as in the case of the arrival of a new variant of concern, we can quickly draw on our toolkit of measures that have effectively slowed the spread of the virus over the past two years. Any decision to re-introduce some measures would be taken carefully and based on public health advice.

The elimination strategy that we put in place in 2020 allowed us time to get our population highly vaccinated before the arrival of more contagious variants that couldn't be practicably controlled with elimination measures. The COVID-19 Protection Framework was designed to operate with COVID-19 circulating in the community, slowing the spread of the virus through our highly vaccinated population and protecting our vulnerable populations and health system.

We adjusted the COVID-19 Protection Framework so that it was appropriate to the management of Omicron, ensuring that while our health system faced significant pressure it was not overwhelmed through winter. With cases falling, our highly vaccinated population, and a good availability of RATs, masks, and anti-viral medicines to slow the spread of the virus and protect our vulnerable populations, now is the right time to move to a new way of handling the pandemic.

Under this new approach, we have the ability to scale up and down our response flexibly to align with the COVID-19 situation at the time. We have systems in place to monitor COVID-19 at home and internationally and if public health advice says additional controls on the virus are required, we can re-introduce some measures like additional mask-wearing.

Q: What was wrong with the COVID-19 Protection Framework?

A: The COVID-19 Protection Framework was designed to operate with COVID-19 circulating in the community, slowing the spread of the virus through our highly vaccinated population and protecting our vulnerable populations and health system. We adjusted the COVID-19 Protection Framework so that it was appropriate for the management of Omicron, ensuring that while our health system faced significant pressure it was not overwhelmed through winter. Now, as we exit winter, we are transitioning from crisis management to long-term management of the virus. With the tools we now have, we can manage the virus without as many requirements on individuals. The new approach also does not have fixed levels, thereby introducing the flexibility to bring back bespoke measures in the event of future outbreaks that are appropriate and proportional to the COVID-19 situation at the time.

Q: Are these just popular decisions, that will end up putting vulnerable people at further risk?

A: No. The changes announced today are informed by public health advice and will ensure New Zealand has a sustainable way of safely managing the virus long term.

The public health advice is that some measures are still needed to protect vulnerable communities and the health system. Therefore, important aspects of the response will continue to keep vulnerable New Zealanders safe. These include the continued isolation of positive cases and mask requirements in certain healthcare settings. Additionally, all New Zealanders continue to be encouraged to practice good health behaviours to keep themselves, and their communities, safe. Importantly, we will be able to bring back other measures if a new variant of COVID-19 that is substantially more contagious or with even more serious health impacts arrives in New Zealand.

Vulnerable communities are encouraged to keep up to date with their vaccinations, including boosters; access free RATs; and talk to their healthcare provider to see if they are eligible for antiviral prescriptions.

Q: Why are masks being removed when we know they're protecting vulnerable members of society?

A: The Ministry of Health is continuing to monitor the level of reported COVID-19 cases in the community and levels of COVID-19 in the wastewater. Public health advice is that with high population immunity due to a combination of vaccination and recent infection, and at the current level of virus circulating in the community, the impact of replacing existing mask mandates with guidance is likely to be small.

Masks are still required for visitors in certain healthcare facilities (including primary care, urgent care, hospitals, pharmacies, aged residential care and disability-related

residential care but excluding counselling, mental health and addiction services) to protect those who are sick and particularly vulnerable.

People may choose to wear a mask, particularly if they are vulnerable, but this is not a requirement other than in certain healthcare settings. For best protection, make sure you're fully vaccinated and wear a good quality mask that fits you well, in public indoor settings, poorly ventilated spaces, and when it is hard to physically distance from other people. It may also be beneficial for those in close contact with vulnerable people to wear a mask when spending time with them.

Q. Can employers require mask use?

A: All mask requirements will be removed, except for visitors in certain healthcare settings and for workers in pharmacies. A business or organisation might require face coverings to be worn by workers for health and safety reasons or as a condition of entry/carriage. If they are requiring masks for health and safety reasons, a risk assessment should be carried out and the employer must engage with workers and their representatives in good faith through that process. More information can be found on the WorkSafe website.

Q: Why do the mask requirements apply to just visitors to hospitals and not patients and healthcare workers too?

A: The new mask order applies only to visitors to some health care settings. Masks for health and disability care workers are covered by the Ministry of Health Infection Prevention and Control Guidance. This guidance is more nuanced than the visitors' mask requirements and includes details of the types of masks, face shields and other personal protective equipment that health and disability care workers must use. Pharmacy workers are the only workers required to wear masks under the order.

Q: Why are visitors to counselling, mental health and addiction not required to wear masks?

A: These types of health services are best placed to set the mask rules for visitors to their premises. The risks due to COVID-19 will depend on their location and their clients. In some instances, the risk will be similar to an office without COVID-19 vulnerable people present. If the service is located in a hospital or another setting where mask requirements remain in place, masks must be worn.

Q: Are you worried about vulnerable people becoming socially isolated/not wanting to go out?

A: While we understand people will assess their own risk and take precautions, we do not want to see people becoming socially isolated. There are layers of protection in

place, including high vaccination rates, immunity from prior infection, availability of free anti-viral medicines, boosters and medical grade masks that will support at-risk people to safely interact with their communities by reducing transmission and preventing serious illness.

For some people, COVID-19 has had a significant impact on how they interact with others and go about their lives. The stress, uncertainty and change caused by the pandemic can have significant and wide-reaching impacts on mental wellbeing such as creating feelings of loneliness and social isolation.

The Government is prioritising mental wellbeing through investment to ensure anyone who needs support, gets it – regardless of their location or age. This work includes:

- Ensuring services are appropriate and tailored to each community by working with people with lived experience to develop all mental health and addiction policy.
- Allowing counsellors to become accredited to work in publicly funded clinical roles, which includes schools and hospitals.
- Targeted programmes specifically for young people to provide support in these challenging times.
- Providing free primary mental health and addiction services across the country through the Access and Choice programme which has provided over 469,000 sessions. There are Kaupapa Māori, Pacific and youth services available.
- Budget 2022 invested \$90 million of funding for the Mana Ake programme to enable ongoing service delivery to primary and intermediate aged children in Northland, Counties Manukau, Bay of Plenty, Lakes Canterbury and Kaikoura and on the West Coast. Modelling shows this expansion will increase the estimated coverage of Mana Ake to around 195,000 primary and intermediate aged children.
- Alongside the Ministry of Education, we are delivering a \$25 million package over four years to expand mental health and wellbeing services for tertiary education students across the country.
- Budget 2019 invested \$19.6m over four years to expand School Based Health Services to decile 5 secondary schools. Three hundred decile 1-5 secondary schools, covering about 96,000 students, now have access to nurses who can support their mental wellbeing at school. The Ministry of Education has also recently expanded its counsellors in schools programme.
- Funding for telehealth and digital services like apps has been boosted to enable broad access to support, regardless of geographic location or physical isolation due to COVID-19 infection.
- Grants of more the \$1.4 million have been awarded specifically for community-led projects to support youth mental health, and specialist infant child and youth mental health services.

Q: Are you concerned about unvaccinated health professionals treating at-risk people?

A: COVID-19 vaccination rates among our health workforce are very high, and the public health advice is that there is no longer a rationale for continued mandates for the sector. It was in place to help prevent transmission between workers and vulnerable people they look after, and workers in public-facing jobs. Since then, there have been changes in population immunity, very high vaccination rates among the affected workforce, and COVID-19 variants which have all had an impact on the risk of COVID-19 infection. Mandates for the sector are no longer proportionate to the risk.

Q: Will people have a right to know their health professionals' vaccination status, or be able to request a vaccinated health professional?

A: New Zealand has now experienced two population wide epidemic waves giving people 'acquired immunity' and has high levels of vaccination. This makes vaccination status information less important as a way to predict the risk of health professionals infecting patients. Vaccination status is personal health information and although it might well be volunteered by individual practitioners there is no legal requirement for the practitioner to provide this health information. Patients can express a preference that their practitioner be vaccinated but cannot generally require their care to be provided by a vaccinated provider. Health professionals, like the rest of the population should stay home and get tested if they are feeling unwell, to protect those around them, regardless of their vaccination status. The ongoing use of masks by healthcare workers, and those entering certain healthcare settings, will also help to reduce risks to those being treated by them.

Q: Why are vaccine mandates coming off for the health/disability workforce, if they are required to be vaccinated for many other diseases?

A: The mandate was introduced to protect workers in high-risk settings from COVID-19 and help prevent transmission between workers and vulnerable people. The mandate is no longer needed now the affected workforce has a very high vaccination rate (estimated to be greater than 95 percent), and vaccination has a reduced overall efficacy against Omicron transmission. This makes vaccination status information less important as a way to predict the risk of a health professional infecting clients.

Employers and providers can take steps to manage the risks in particular healthcare settings e.g., through ventilation, masks, infection prevention and control measures, and potentially their own vaccination requirements for staff. Hence the mandate is no longer necessary to maintain the level of protection being provided.

Q: Can employers still require COVID-19 vaccination?

A: Workplaces may still consider that a vaccination requirement is needed based on a work health and safety assessment. Given the public health advice, it is appropriate that these decisions are made by workplaces based on specific circumstances not by the Government.

WorkSafe advises that employers should take care when considering measures such as requiring employees to be vaccinated or asymptomatic testing of employees for surveillance reasons.

Employers should complete a risk assessment, and must engage with workers and their representatives in good faith. This includes when they are developing, implementing or reviewing an employer vaccination requirement or other COVID-19 controls.

Q: What is the likely impact of these changes on Māori and Pacific communities?

A: There is always a risk that COVID-19 can disproportionately impact some groups. We now have a variety of protections able to be targeted to vulnerable groups, such as access to antivirals (and widened eligibility criteria for them for Māori and Pacific peoples), medical masks, and RATs.

Q: How will the government track that this new approach is working for disabled people?

A: The government will continue to engage with the disability community to understand how the new approach is working. The Ministry of Health is continuing to monitor the level of reported COVID-19 cases in the community and levels of COVID-19 in the wastewater. We have retained a range of tools to keep our at-risk communities safe, and our new approach builds in flexibility to reintroduce restrictions if needed, for example, if there is an outbreak of a new, more dangerous variant.

Q: What steps have agencies taken to consult directly with the disability community on how these changes will affect them?

A: Officials carried out engagement with representatives from nine disability groups.

Q: What happened with the disability community only receiving 24 hours' notice to provide feedback?

The Government has made it clear that the short turnaround time in this instance was not acceptable, and that consultation on COVID-19 going forward needs to be improved.

Q: Will the Ministry of Health apologise to the sector for the short consultation time given for the changes to the policies around masks?

A: The Ministry of Health aims to ensure that there is adequate time to consult whenever possible. Due to the nature of the pandemic and the fast-moving timeframes we have sometimes had, that has not always been possible.

Q: Will these changes result in deaths/hospitalisations that otherwise wouldn't have occurred?

COVID-19 cases and resulting deaths or hospitalisations depend on many factors, including the specific variants present in the community and how easily they spread and evade immunity, immunity levels in the community, in addition to public health measures in place at a given time. It's therefore difficult to quantify the impact of these changes. However, we are now at a point in time where we are well vaccinated as a population and have relatively higher levels of population immunity (due to vaccination and recent infection). We will continue to monitor the number of active cases in our community and the public health measures needed.

Q: How many more cases will result from these changes (particularly lifting of mask requirements in many places)?

A: It's difficult to quantify how many more cases we expect to see in the short and long term but in theory these changes could result in more cases. The reason it's hard to predict is that the number of COVID-19 cases in our community depend on many factors including the specific variants present and how easily they spread and evade immunity, in addition to the public health measures in place at a given time and the proportion of the population complying with them.

In lifting the mask mandate careful consideration was given to the setting in which masks are most important and the decision takes into account the exposure and vulnerability of people in that setting. The aim of requiring mask wearing in those settings is to reduce transmission to vulnerable people and reduce the likelihood of an outbreak in healthcare settings.

The main thing that will influence the number of cases we continue to see will be the level of immunity within the community. We will continue, as we have throughout the pandemic, to monitor the number of active cases in our community and the public health measures needed.

Overall, when making all of these changes the government has considered how proportionate the risks of changes are compared to the risks of continuing with restrictions.

Q: Why aren't we reducing isolation periods to 5 days like Australia?

A: Australia's isolation rules are very different to ours, and the 5-day isolation period only applies in limited circumstances, where cases have to be symptom-free and testing negative by day 5 (and not working in high-risk settings like aged care). Otherwise, cases can only be released from isolation seven days after their first positive test and if they are symptom-free, unlike New Zealand, which starts this timeline from when symptoms are first experienced. New Zealand's 7-day isolation period is simple, familiar and effective in reducing transmission of the virus.

Q: Was a 'Test to Release' policy considered for household contacts?

A: Based on the recommendation of the Director-General of Health, the requirement for household contacts to isolate for seven days will be replaced with a recommendation to test daily for five days. Other options were considered but this policy better reflects the current status of the outbreak in NZ.

Q: If household contacts no longer have to isolate, what's the risk that they will spread COVID-19, given that RATs don't pick up 100% of infections?

A: Given the current outbreak context, overseas experience and on the basis of proportionality, recommended daily negative testing of household contacts is considered enough to minimise the risk. By taking a daily RAT for 5 days and returning a negative result, household contacts are unlikely to be capable of passing on the virus. However, if they test negative but have COVID-19 symptoms they should stay at home and should retest every day while their symptoms continue, up to 5 days. Removing household isolation requirements would increase cases in the short term, but on balance it is marginal when considering the large impact of isolation - on larger households especially, and on wider society.

Q: Won't this worsen workforce disruptions?

A: While a bump in cases may occur as a result of these changes, with household contacts not being required to isolate and just encouraged to test, it is expected workforce disruptions caused by the virus will decrease, not increase.

Q: Given immunity declines over time, how will we keep the community safe? E.g. further vaccine doses

A: Post the COVID-19 Protection Framework we will have a range of measures in place to keep our community safe such as the requirement to wear a mask in certain healthcare settings along with isolation requirements for cases. We will also continue with wastewater surveillance testing to give an indication of the level of COVID-19 present in the community, and to allow us to detect new variants arising in the population. These measures, coupled with others that we could introduce should the need arise such as the detection of a new highly transmissible variant, mean that we have the ability to respond to the COVID-19 situation in our community as it changes.

To keep immunity levels high, the Government is encouraging New Zealanders to stay up to date with their vaccinations, according to their age and circumstances. For some this may include a first and second booster. Boosters provide an extra layer of protection to previous vaccination and help your immune system to respond to a COVID-19 infection. This is particularly important for those over 60 and those with other health conditions.

Q: What is the future direction regards COVID-19 vaccinations (what we are doing to source new vaccinations)

A: The New Zealand Government continues to monitor developments in the COVID-19 vaccine space, including potential new versions of vaccines and expansions to wider eligible population groups.

Officials continue to work closely with vaccine suppliers to ensure New Zealanders have timely access to COVID-19 vaccines.

An application for a COVID-19 vaccine for under-5s has recently been received by Medsafe from Pfizer, and is being assessed as a priority.

However, as with any new medicines application, it is subject to a number of steps before it can be approved, with timing dependent on this process. The application may also be declined at any of these stages.

Provisional approval by MedSafe is only the first step in the process. Subsequent steps include seeking COVID-19 Vaccine Technical Advisory Group science and technical advice, followed by a recommendation for consideration by the Director-General of Health. Ministerial agreement would then need to be reached on a decision to use before the vaccine could be rolled out.

In the meantime, Medsafe is working with Pfizer on their plans to submit data to NZ on variant vaccines. This is expected to happen over the coming months.

Medsafe will be assessing this data as a priority once received.

Q: Will further boosters become more widely available to people?

A: The Ministry of Health's COVID-19 Vaccine Technical Advisory Group will continue to review new information on COVID-19 and vaccines and will make further recommendations on eligibility criteria as necessary.

Q: Will this put more pressure on our already overstretched hospital system?

A: Modelling suggests that the changes will be broadly similar to our current trajectory, and public health advice was that this is the appropriate time to remove measures.

Q: If COVID-19 isn't moving towards seasonality, why are we approaching the pandemic differently post-winter?

A: We are approaching the pandemic differently because the situation has changed rather than because the season has changed.

Cabinet has met frequently throughout the pandemic to review the Ministry of Health's advice along with the public health protection measures in place, and our response at each stage has been proportionate. There are a number of factors that have been considered when deciding to remove the COVID-19 Protection Framework. We are now in a different position to where we were at earlier this year, with not only lower levels of COVID-19 in the community, but also lower levels of other viruses such as influenza and RSV. More people have had their boosters and many people have had COVID-19 at least once, we have new medicines to treat COVID-19, and more people have access to them. It's important to continue to ensure our response is proportionate to the risk and that is what has prompted the government to make these changes.

Q: We're still dealing with Omicron, so why are we moving away from system we've used to deal with that variant over the past 6 months? Is this an admission it didn't work all along?

A: The CPF was designed for Delta, and adjusted so that it was appropriate for the management of Omicron, ensuring that while our health system faced significant pressure it was not overwhelmed through winter. Post-winter, we have a new approach which is more flexible, and which can introduce measures proportionate to the risk to the community.

Q: Green setting of the CPF was never used. Was it ever fit for purpose?

It has become clear that some measures are still needed to protect vulnerable communities and the health system, including mask requirements in healthcare settings. Green would have removed all mask-wearing requirements, for instance. Our new way of managing COVID-19 will allow us to have bespoke restrictions based on the COVID-19 situation at the time, rather than fixed levels.

Q: Will further waves of Omicron result in bringing back restrictions?

A: This would depend on the impact of such waves. The benefit of our new system is being able to introduce bespoke settings proportionate to the risk. Bringing back any restrictions would be informed by public health advice.

Q: What exactly is the threshold for bringing back more restrictions?

A: The threshold for bringing back future measures would be guided by the situation and public health advice at the time. The systems and tools that we have in place from midnight Monday will mean that any future variants have as minimal disruption for our population, businesses, the economy and country as possible. It's unlikely we would have to close the border again, nor impose lockdowns. We will continue to rely on a multi-layered system of defence to minimise the impact of COVID-19 and protect vulnerable populations while balancing economic and social considerations.

By the time a new variant of such significant concern to justify border closures was detected overseas, it would likely already be in our communities and spreading. Putting in place highly restrictive measures at that point within the country and at the border would most likely not be justifiable.

If a variant was not yet in the country and it was feasible to keep it out to develop a more effective response through the use of domestic measures or vaccines, we may adopt an elimination approach. However, the threshold for this is likely to be particularly high.

Q: We had 'minimise and protect'. What is our official strategy now?

A: We are now transitioning away from COVID-19 crisis management, to a phase of long-term, sustainable management of the virus. Our new approach continues to be underpinned by the objectives of minimising the virus' spread, protecting our most vulnerable and the health system. Now, however, we have different tools in order to do so, that allow for fewer restrictions on individuals. This includes high vaccination rates and good availability of RATs, masks, and anti-viral medicines.

Q: Is the government caving to campaigns like voices for freedom?

A: No. Now is the right time to relax restrictions with cases coming down. The decisions today are based on public health advice that New Zealand can do this safely.

Q: How can you stop a new variant coming in through the border if people with symptoms, unvaccinated and untested people can now enter?

A: We constantly monitor overseas COVID-19 developments. The most likely outlook for New Zealand is that we will experience waves of infection and re-infection, as seen internationally.

We need to be flexible in our approach, while balancing the need to keep our vulnerable communities safe, and to protect our longer-term health, economic and social outcomes. While there is no longer public health justification for requiring post-arrival testing and screening (although this is still being recommended) we will continue with surveillance testing, for example wastewater testing, that will detect any new variants. If a highly transmissible variant was identified, it is likely that community transmission would have already occurred and been detected, including through PCR results from hospitals.

We can also bring back other measures, such as shutting the borders, if a variant of concern justifies it. Travellers still need to provide contact information in case they need to be traced quickly.

Q: Why still contact trace people coming into New Zealand?

A: We are currently not undertaking routine contact tracing of arrivals, public health advice was that it is important for us to maintain the ability to do so in case of new variants.

Q: Is getting rid of post-arrival testing about the cost? How much does it cost?

A: No, it is based on the public health advice that it is no longer proportionate for the current COVID-19 situation with widespread COVID-19 in the community. It is estimated by Manatū Hauora-Ministry of Health to cost just over \$2 million a week to provide RATs for about 70,000 arrivals. We continue to recommend that arrivals test on day 0/1 and 5/6 and continue to provide free RATs to arriving passengers.

Q: The traveller post-arrival testing requirement had no enforcement and was a high-trust model – how successful was it?

A: Compliance with post-arrival RAT testing, on Day 0/1 and Day 5/6, was high, averaging 90 per cent.

Q: When will an inquiry into COVID-19 be announced?

A: Today we are ending our COVID-19 crisis response and moving to long-term management. Part of this, as the Government has indicated, may be an inquiry into the COVID-19 response.

Q: What are we doing to prepare for a variant of concern?

A: We know the pandemic has some way to run and the potential emergence of a new, more dangerous variant remains. The Government has prepared for that.

The Ministry of Health has developed a 'Variants of Concern Strategic Framework' to ensure that here in Aotearoa New Zealand we are as prepared as possible, and can activate the appropriate public health responses, for a significantly different variant – be that more transmissible or one that causes more severe outcomes for those infected.

The Variants of Concern Strategic Framework consists of five scenarios covering potential new variants with differing severity and degree of transmissibility. It includes a worse-case scenario of a variant that causes severe disease and evades immunity.

The public health responses to these scenarios are built on scientific research, global responses to date and operational considerations.

The plan outlines different public health measures and how they would differ based on each of the variant scenarios. For example, what would happen regarding contact tracing, isolation and testing. These public health responses are built on scientific research, global responses to date and operational considerations.

Despite border restrictions being lifted, we will continue with surveillance testing, for example wastewater testing, that will detect any new variants. If a highly

transmissible variant was identified, it is likely that community transmission would have already occurred and been detected, including through PCR results from hospitals.

National readiness exercises are also run to test our readiness to respond to possible COVID-19 scenarios. These exercises ensure that systems and processes are in place to make sure New Zealand is prepared for possible scenarios.

Q: When will the self-isolation and mask requirements be reviewed?

A: These measures, along with the Epidemic Notice, will be reviewed in October.

Q: Why is the Epidemic Notice being renewed when cases are so low?

A: While COVID-19 has fallen from its peaks earlier this year, there is a level of unpredictability about the progress of the pandemic. The number of cases and hospitalisations due to COVID-19 is expected to continue to change in ways that cannot always be accurately predicted through modelling, particularly if changes are made to the public health measures.

The Director General of Health has advised ministers that in the absence of public health measures, particularly seven days isolation of COVID-19 cases, significant disruption to health services and other essential services is likely. She therefore recommended renewing the Epidemic notice for five weeks as a precautionary approach, to allow these public health measures to remain in place. Ministers have accepted that advice.

Q: Why has the Epidemic Notice been renewed for five weeks only and not three months?

A: The Epidemic Notice has been renewed every three months since March 2020. The renewal of the Epidemic notice today is made on the basis that there remains a level of unpredictability about the progress of the pandemic as we exit the latest Omicron outbreak, to the Health sector in particular. Given the downward trajectory of infections, cases, hospitalisations, and deaths, a shorter renewal period of five weeks is appropriate. The Epidemic Notice and the remaining public health measures will be reviewed in October to provide advice on whether they should be further renewed or revoked.

Q: What is the Epidemic Notice and why does it need to be renewed?

A: The Epidemic Notice enables a range of powers and legal instruments to prevent and manage outbreaks of quarantinable diseases, such as COVID-19. It can only be renewed if the Prime Minister is satisfied that the effects of an outbreak of COVID-19 are likely to disrupt or continue to disrupt essential governmental and business activity in New Zealand (or stated parts of New Zealand) significantly. If not renewed, the Epidemic notice expires every 3 months. The Epidemic Notice first came into force in March 2020, and has been renewed 9 times since.

Q: When was the public health advice on these changes received?

The public health risk assessment was undertaken on 17 August. The final memo was received 23 August, and the public health advice was fine-tuned and updated after that.

Q: Why has it taken so long to act on the public health advice, and to announce the strategy?

A: Public health advice is considered by ministers and discussed by Cabinet. Any legislation that comes out of a Cabinet decision takes time to implement. 12 September was the earliest the legislation could be prepared.

PROACTIVELY RELEASED

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Post-Winter Approach

Key Messages

About this document

This document provides high level key messages relating to the New Zealand Government's 12 September 2022 announcement of the removal of the COVID-19 Protection Framework (traffic light system).

Detailed Q+A is available from the DPMC COVID-19 Group. Email: covid19media@dpmc.govt.nz.

This document is current as at: **13/10/2022 16:34**

Summary of announcements

- From 11:59pm on 12 September 2022, the COVID-19 Protection Framework (the 'traffic lights') will be removed.
- Only people who test positive for COVID-19 will be required to isolate for seven days. Household contacts are recommended to take a RAT test every day for five days. So long as they test negative, they will be able to go about daily life as normal.
- Masks will not be required anywhere, except when visiting certain healthcare facilities like hospitals, GPs, pharmacies and aged care residential facilities. Some places like workplaces or marae may ask people to wear a mask.
- All remaining Government vaccine mandates will now end. The last workforce with a Government vaccine mandate is health and disability workers. This will end on 11:59pm, 26 September 2022. Some employers may still require workers to be vaccinated due to their responsibilities under health and safety legislation.
- Vaccination and testing requirements for all travellers arriving into New Zealand will also end, including air crew, from 11:59pm, 12 September. People arriving in New Zealand from overseas will continue to receive free RATs at the airport and will be encouraged to test on day 0/1 and 5/6.
- Anti-viral medicines will be available for free to any New Zealander 65 and over who tests positive for COVID-19. For Māori and Pacific peoples, these medicines will be available for free to anyone aged 50 and over. In addition, anyone with three high-risk conditions is eligible for free anti-viral medicines.
- 40,000 additional courses of anti-viral medicines have been purchased by the Government and they are expected to enter New Zealand in the coming weeks.

Top line messages

- With cases and hospitalisations low, access to new medicines, and high vaccination levels, it's now safe to move on from the COVID-19 Protection Framework (traffic light system).

- Protecting lives and livelihoods remains the goal of the Government's COVID-19 response. We can now do that and provide greater certainty for people, their whānau, and businesses at the same time
- The efforts of Kiwis through the pandemic have saved thousands of lives. Alongside individuals and families following the rules, Iwi and Māori Health providers, Pasifika organisations, aged care providers, businesses and schools have made extraordinary efforts to protect people.

Isolation

- The only requirements New Zealanders need to remember is to isolate for 7 days if they test positive for COVID-19 and to wear a mask when visiting healthcare facilities.
- Isolation is the key tool that remains to manage the spread of the virus. It is the most effective way to keep case numbers low and so remains a requirement for everyone who tests positive. To support this the leave support payments for COVID cases will continue.
- It is recommended household contacts test daily for five days from when the case in their household tests positive.

Masks

- Because masks are still an effective tool for reducing the spread of COVID and other respiratory illnesses, the Government will continue to supply them for free when picking up RATs and in many other sites.
- The Ministry of Health will also continue to provide guidance on mask use and will continue to encourage the use of masks in confined places such as public transport or when visiting vulnerable people.
- Masks will only be required by law when visiting certain healthcare facilities like hospitals, GPs, pharmacies and aged care residential facilities.
- Some places, such as workplaces, special events, or marae may ask people to wear a mask as a condition of entry. This will be at their discretion and no longer a Government requirement. People are encouraged to respect those who continue to keep wearing masks for the protection they offer against COVID-19.
- During the five days that they are testing, household contacts are encouraged to wear a mask whenever they leave home, particularly if visiting vulnerable people, like elderly or immunocompromised people, using public transport, or when in a crowded indoor space.
- Full guidance on when people will be required and recommended to wear a mask will be available on the Ministry of Health website.

Protecting vulnerable people and communities

- Public health advice indicates that with cases reducing, a highly-vaccinated population, and comprehensive access to anti-viral medicines, New Zealand can safely remove most extraordinary measures.
- The Government acknowledges that disability communities and other groups have expressed concern about the removal of the COVID-19 Protection Framework. High vaccination rates, availability of free anti-viral medicines to any New Zealander aged 65+ and Māori and Pacific peoples 50+ who needs them, free boosters, free medical grade masks and ongoing isolation requirements for positive cases will help protect at risk people and communities from the virus.
- In addition, the Government will keep monitoring wastewater, genome sequence cases to check for new variants and monitor the international situation.

International travel

- Vaccination and testing requirements for all travellers arriving into New Zealand will also end, including air crew, from 11:59pm, 12 September. People arriving in New Zealand from overseas will continue to receive free RATs at the airport and will be encouraged to test on day 0/1 and 5/6.
- New Zealand currently has 70,000 arrivals a week without seeing a related increase in community cases. High rates of vaccination and COVID-19 cases globally mean many people coming here are vaccinated and have had the virus so pose less risk.
- The Government will continue to use follow-up PCR tests and genome sequencing of positive cases in travellers to monitor for variants and use targeted surveillance at the border to monitor for the arrival of any potential new variants.

Mental health support

- COVID-19 has taken a toll on everyone, particularly people's mental health. There has been significant innovation in effective and evidence-based digital mental health tools. People can access more information about these tools at www.covid19.govt.nz/mentalhealth