

27 April 2022

M.R.M

By email: [fyi-request-18644-f824e624@requests.fyi.org.nz](mailto:fyi-request-18644-f824e624@requests.fyi.org.nz)  
Ref: H202203012

Tēnā koe M.R.M

### Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health (the Ministry) on 23 February 2022 for:

*Can you please provide me with all documentation relevant to the government's decision to provide free packs of 3 RAT's for travellers incoming to N.Z. effective from 21/2/22. This is to include all related financial information ... costings, budgets, etc.  
Please provide me with the name of the RAT supplier.*

One document, titled "*Briefing 20212663 – Testing regime and escalation pathway for medium-risk travellers*" has been identified within scope of your request and is attached to this letter as Document 1. Where information is withheld, this is noted in the document itself. Where information is withheld under section 9 of the Act, I have considered the countervailing public interest in release in making this decision and consider that it does not outweigh the need to withhold at this time.

Please note, RATs provided to incoming travellers can be one of many which have been authorised for use in New Zealand by the Director-General of Health. A list of the approved RATs for use in New Zealand is available at: [www.health.govt.nz/covid-19-novel-coronavirus/covid-19-health-advice-public/assessment-and-testing-covid-19/rapid-antigen-testing-rat#regulatory](http://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-health-advice-public/assessment-and-testing-covid-19/rapid-antigen-testing-rat#regulatory).

I have been advised that the Cabinet paper, '*Reconnecting New Zealanders: Commencing phased reopening of the international border*' has also been identified in scope of your request; however, the release of this document is more closely aligned with the functions of the office of the Minister for COVID-19 Response, Hon Chris Hipkins. For this reason, I have decided to transfer the decision on releasing this document to Minister Hipkins' office under section 14(b)(ii) of the Act. You can expect a response from his office in due course.

I trust this information fulfils your request. Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: [info@ombudsman.parliament.nz](mailto:info@ombudsman.parliament.nz) or by calling 0800 802 602.

Nāku noa, nā



Darryl Carpenter  
**Group Manager COVID-19 Testing and Supply**  
**COVID-19 Health System Response**

# Briefing

## Testing regime and escalation pathway for medium-risk travellers

**Date due to MO:** 2 December 2021      **Action required by:** 3 December 2021

**Security level:** IN CONFIDENCE      **Health Report number:** 20212663

**To:** Reconnecting New Zealanders Ministerial Group

### Contact for telephone discussion

Name	Position	Telephone
<b>Dr Ashley Bloomfield</b>	Director-General of Health	s 9(2)(a)
<b>Bridget White</b>	Deputy Chief Executive, COVID-19 Health System Response	s 9(2)(a)

### Minister's office to complete:

- Approved
- Decline
- Noted
- Needs change
- Seen
- Overtaken by events
- See Minister's Notes
- Withdrawn

Comment:

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# Testing regime and escalation pathway for medium-risk travellers

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**Security level:** IN CONFIDENCE                      **Date:** 2 December 2021

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**To:** Reconnecting New Zealanders Ministerial Group

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## Purpose of report

1. This report provides advice on options for the COVID-19 testing regime and how symptomatic arrivals will be managed for the medium-risk traveller pathway.

## Summary

2. The Reconnecting New Zealanders approach will see increasing numbers of arrivals through the medium-risk traveller pathway, with up to 75,000 arrivals per week expected once Step 3 is in place by the end of April 2022. The Government has agreed the broad requirements for the medium-risk traveller pathway, including a day 0/1 test on arrival and a subsequent test on day 5/6 prior to release from self-isolation.
3. While two PCR tests would provide the greatest assurance that we are detecting most cases of COVID-19 among arrivals, a combination of a PCR test and serial Rapid Antigen Testing (RAT) is recommended. The PCR test should be administered as the day 0/1 arrival test to ensure a higher degree of compliance from travellers also noting that the majority of positive cases in managed isolation and quarantine (MIQ) are identified on day 0/1 testing.
4. Each airport receiving international arrivals will have trained healthcare staff present to identify and manage symptomatic passengers. If a symptomatic passenger is able to continue their journey to their final destination for self-isolation via private transport they will be released and advised to undergo the same testing regime as any other traveller. If a judgement is made that the passenger is unable to transport themselves to self-isolation safely, they will be referred to a managed isolation facility. Officials are considering options to address the issue around managing passengers arriving at Queenstown Airport due to the absence of secondary or tertiary health facilities and no managed isolation facility.
5. An individual who tests positive during their period of self-isolation will be advised to immediately contact Healthline and will be managed according to COVID-19 Care in the Community model.
6. Work is underway to determine how arriving passengers who are in breach of their conditions of entry will be dealt with, including an appropriate public health response

and compliance and enforcement measures. Further advice will be provided to you on this issue.

## Recommendations

We recommend you:

- a) **Note** that Step 1 of the Reconnecting New Zealanders Strategy is due to commence on 16 January 2022. **Noted**
- b) **Note** that management of returnees under the medium-risk pathway will be based on a high-trust, low-touch model. **Noted**
- c) **Note** that on 24 November 2021, the Cabinet Social Wellbeing Committee (SWC-21-MIN-0200 refers) agreed the broad requirements for the medium-risk air traveller pathway, including a day 0/1 and day 5/6 COVID-19 test. **Noted**
- d) **Note** that the Ministry of Health has considered options for the day 0/1 and day 5/6 COVID-19 test. **Noted**
- e) **Note** that the Ministry of Health recommends a combination of a PCR test and serial Rapid Antigen Testing is the most effective testing modality for medium-risk pathway arrivals. **Noted**
- f) **Agree** that arrivals under the medium-risk air traveller pathway be required to submit a PCR test on day 0/1 and complete a series of at least three (days 3, 5, and 7) self-administered Rapid Antigen Tests before leaving self-isolation. **Yes/No**
- g) **Note** that BEB are providing further details on the operationalisation of day 0/1 PCR test for returnees at the Reconnecting New Zealanders Ministerial Group Meeting on Friday 3 December 2021. **Noted**
- h) **Agree** that temperature scanning at the border for any pathways is stopped as evidence shows this has very little benefit in enhancing controls at the airport. **Yes/No**
- i) **Agree** that any escalation judgement for symptomatic people be made through a test, possibly a RAT test conducted by a health practitioner present at the border. **Yes/No**
- j) **Agree** that symptomatic returnees who test positive at the border can go home or to their place of quarantine and undergo a confirmatory day 0/1 PCR test, pending an assessment that they can safely and privately transport themselves to their location. **Yes/No**
- k) **Agree** that if symptomatic returnees are unable to transport themselves safely and privately to their place of isolation, they will be referred into a managed isolation facility until they meet the existing low risk indicators. **Yes/No**
- l) **Note** that there are still outstanding issues around management of people who return a positive test at Queenstown Airport. **Noted**
- m) **Note** that returnees who test positive during their period of self-isolation will be managed under the COVID-19 Care in the Community model. **Noted**


- n) **Note** that officials are still considering management of returnees who fail to meet their public health conditions for entry. **Noted**
- o) **Note** that a digital testing system is under development to capture testing information of returnees including RAT test results. **Noted**



Dr Ashley Bloomfield  
Te Tumu Whakarae mō te Hauora  
**Director-General of Health**  
Date: 2 December 2021

Rt Hon Jacinda Ardern  
**Prime Minister**  
Date:

Hon Grant Robertson  
**Minister of Finance**  
Date:



Hon Chris Hipkins  
**Minister for COVID-19 Response**  
Date: [7/12/2021](#)

Hon Nanaia Mahuta  
**Minister of Foreign Affairs**  
Date:

Hon Kris Faafoi  
**Minister of Immigration**  
Date:

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Hon Michael Wood  
**Minister of Transport**

Date:

Hon Peeni Henare  
**Associate Minister of Health**

Date:

Hon Dr Ayesha Verrall  
**Associate Minister of Health**

Date:

Hon Aupito William Sio  
**Associate Minister of Health**

Date:

Hon Meka Whaitiri  
**Minister of Customs**

Date:

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# Testing regime and escalation pathway for medium-risk travellers

## Background

7. Following the implementation of the Reconnecting New Zealanders (RNZ) Strategy we expect to see a managed increase in the number of people crossing the border from the middle of January. The RNZ Strategy will be implemented in three steps:
  - a. Step 1 (Jan 2022): New Zealanders in Australia (~5,000 arrivals per week anticipated)
  - b. Step 2 (Feb 2022): New Zealanders in the rest of the world (~20,000 arrivals per week anticipated)
  - c. Step 3 (April 2022): Non-New Zealanders (~75,000 arrivals per week anticipated).
8. Laboratory capacity is expected to have reached 60,000 tests per day by the time Step 3 is implemented. The figures for Step 1 and Step 2 in the tables below have been calculated based on the existing capacity of around 40,000 tests per day.

## Testing regime for medium-risk pathway travellers

9. On 24 November 2021, the Cabinet Social Wellbeing Committee (SWC-21-MIN-0200 refers) agreed the following broad requirements for the medium-risk air traveller pathway:
  - a. a negative polymerase chain reaction (PCR), Loop-mediated Isothermal Amplification (LAMP), or antigen pre-departure test within 72 hours prior to boarding;
  - b. acceptable evidence of being “fully vaccinated” with an approved vaccine;
  - c. declaration of all required information (using Nau Mai Rā), including contact details (provided prior to boarding for contact tracing purposes), and that the individual has not been in a very high-risk country in the past 14 days;
  - d. a seven-day self-isolation requirement;
  - e. a day 0/1 test on arrival; and
  - f. a day 5/6 test prior to release from self-isolation.

## Day 0/1 and day 5/6 testing

10. The appropriate testing modality for medium-risk travellers depends on the objective of the testing regime. If we are attempting to detect and isolate cases of COVID-19 early in their infection, a testing regime that gives a high level of confidence that we are detecting most if not all cases of COVID-19 is appropriate. If the objective is limiting the exposure of COVID-19 in the community by providing some confidence that individuals are not infectious when they leave their isolation period, consistent with the COVID-19 Protection Framework, a regime that catches most but not all cases is acceptable.

11. In any scenario where Rapid Antigen Testing (RAT) is part of the testing modality, a single RAT on its own is unlikely to be effective in detecting all COVID-19 cases coming through the border. There is also an increased risk of false positives. For a RAT regime to be effective, serial testing will be necessary.
12. We have identified four options for a testing regime:
- Two PCR tests (day 0/1 and day 5/6)
  - Serial RAT (three times during the self-isolation period)
  - Serial RAT and a day 0/1 PCR test
  - Serial RAT and a day 5/6 PCR test.

*Option 1: Two PCR tests*

13. Day 0/1 and day 5/6 PCR tests will provide the greatest assurance that the majority of COVID-19 cases in travellers will be detected but will impose a significant burden on testing and laboratory capacity, even with the planned increase in laboratory capacity. Requiring multiple PCR tests is likely to also create equity issues as travellers will be self-isolating all over the country and may not be able to easily access PCR testing facilities.

*Option 1: Two PCR tests*

	Tests per week	Tests per day	Percentage of laboratory capacity
<b>Step 1</b> (5,000 returnees)	10,000	1,400	4%
<b>Step 2</b> (20,000 returnees)	40,000	5,700	14%
<b>Step 3</b> (75,000 returnees)	150,000	21,000	35%
<b>Laboratory Capacity</b>	<p>Testing required for this option would tie up over a third of our laboratory capacity when Step 3 is implemented. This would have a significant impact of turnaround time for symptomatic testing, especially if there is COVID-19 in the community and an increase in testing demand. Would impact ability for testing centres (CTCs and GPs) to focus on symptomatic people.</p> <p>Adding an additional 21,000 tests per day at Step 3 will have a significant impact on turnaround time.</p>		

*Option 2: RAT every two days*

14. Under Option 2 below, travellers would be issued with enough rapid antigen tests kits for 3 days and be instructed to undertake a test every two days (days 3, 5, and 7) during their self-isolation. To account for potential false positives and user error, a positive result would need to be replicated and then confirmed via a PCR test before any further action is taken.

*Option 2: RAT tests every two days (3 per person)*

	Tests per week	Tests per day	Percentage of laboratory capacity
<b>Step 1</b> (5,000 returnees)	15,000	2,100	0%
<b>Step 2</b> (20,000 returnees)	60,000	8,600	0%
<b>Step 3</b> (75,000 returnees)	230,000	33,000	0%
<b>Laboratory Capacity</b>	<p>No impact on laboratory network. If RATs are required to be performed under supervision, there would be workforce impacts and equity questions relating to access for those not living in close proximity to trained workforce.</p>		



*Option 3: A day 0/1 PCR test; RAT every two days (days 3, 5, 7/pre-release)*

15. Under Option 3, arrivals would be required to take a PCR test on day 0/1 and that would be supplemented with RAT every two days until the end of the self-isolation period. Arrivals could be given the option of providing a saliva sample at a collection point near the airport or at a community testing centre (CTC) once they had reached their final destination. A requirement to provide a saliva sample at or near the airport on arrival will support a high rate of compliance, especially considering that not all travellers will have easy access to a CTC at their final destination.
16. This option, as with option 4, imposes a lower burden on the testing and laboratory network than requiring two PCR tests.

*Option 4: RAT days 1 and 3 and a day 5/6 PCR test*

17. As noted above, a single day 0/1 RAT is unlikely to be effective on its own. As with a RAT only option, for Option 4 we have considered RAT testing supplemented by a single day PCR test, this time administered on day 5/6 rather than on day 0/1. This option is likely to detect most cases of infection, if complied with, as well as impose a small additional burden on the testing and laboratory network, for the first two steps.

*Options 3 and 4: One PCR and RAT tests every 2 days (3 per person)*

	<b>Tests per week</b>	<b>Tests per day</b>	<b>Percentage of laboratory capacity</b>
<b>Step 1</b> (5,000 returnees)	15,000 RAT 5,000 PCR	2,100 RAT 700 PCR	0% 2%
<b>Step 2</b> (20,000 returnees)	60,000 RAT 20,000 PCR	8,600 RAT 2,900 PCR	0% 7%
<b>Step 3</b> (75,000 returnees)	230,000 RAT 75,000 PCR	33,000 RAT 10,700 PCR	0% 18%
<b>Laboratory Capacity</b>	Less impact on laboratory and testing centres, but still imposes a significant burden as arrival numbers increase.		

18. All of the options presented here are consistent with the high-trust, light-touch approach to the management of persons of similar risk status within the New Zealand community under the COVID-19 Minimisation and Protection Framework.
19. **Option 3** is the Ministry's preferred option.
20. PCR day 0/1 is preferred as RAT test on day 0/1 cannot provide assurance that those infected the pre-departure PCR test and beginning of home isolation will be identified. Infected the traveller may not show up a positive RAT until after day 1 and any compliance issues with home isolation requirements (based on the high trust, light touch approach), increase risk of COVID-19 being seeded in the community.
21. The Omicron variant highlights that a case entering the community from overseas is still a risk. The risk from an overseas-acquired case also differs from locally acquired cases in that they may seed an outbreak cluster in a new population that is not affected by current regional outbreaks. PCR testing at the border reduces the chance of new variants entering New Zealand.

## Options for conducting Day 0/1 PCR test for returnees

22. Arrivals could be given the option of providing a saliva sample at a collection point at or close to the airport or at a CTC once they had reached their final destination. A requirement to provide a saliva sample at or near the airport on arrival is likely to ensure a higher rate of compliance, especially considering that not all travellers will have easy access to a CTC at their final destination. Passengers would be expected to provide the sample unsupervised and deposit it at a collection point prior to exiting the airport (though not necessarily airside).
23. It is not feasible to monitor the thousands of people who will be coming across the border, which is why we have a high trust model. Accepting that, if we want to limit the amount of risk as much possible a day 0/1 PCR test taken at the airport is the preferred option. The alternative option of a day 5/6 PCR test with serial RAT is likely to require significant resource to monitor and enforce with potentially thousands of arrivals every week needing to be followed up to confirm that they have taken a test.
24. We note that border agencies have identified significant challenges providing the facilities, people flow and compliance at the airport if samples for PCR day 0/1 test are taken in the airport, especially airside.
25. BEB will provide further details on the proposed operationalisation of the PCR day 0/1 test that will also be discussed at the Reconnecting New Zealanders Ministerial Group meeting on Friday 3 December 2021.

## Escalation pathway for managing returnees on arrival

### Managing symptomatic returnees at the border

26. At each airport a suitably trained health presence will be maintained to provide advice to travellers on RAT use and to respond to travellers presenting as symptomatic, to make escalation judgements.
27. The Ministry recommend that any escalation judgement for symptomatic people be made through a test, likely a RAT test conducted by a health practitioner present at the border. It is anticipated that volumes of symptomatic returnees will be low enough to be manageable and this already is conducted under the QFT settings.
28. The Ministry also recommends that temperature scanning at the border for any pathways is stopped as evidence shows this has very little benefit in enhancing controls at the airport and we are not aware of any cases that have been identified through random temperature checking. This will free-up health resources to be used to support implementation of RAT for returnees who are symptomatic on arrival.
29. The public health advice for managing returnees who test positive on arrival is that they are advised to go home or their place of quarantine and undergo a confirmatory day 0/1 PCR test (as expected of other returnees). The confirmatory PCR test is important given the limitations with this testing method particularly the lower sensitivity that can lead to false negatives and false positives. However, the option of going into self-isolation would only be available to those who can use private transport to get home.
30. The health practitioner would need to conduct rapid assessment wherein they can identify whether the symptomatic person/bubble can safely/privately transport themselves to their place of self-isolation.

31. If they are unable to transport themselves safely and privately to their place of isolation, the public health advice is they are referred into a managed isolation and quarantine (MIQ) facility until they meet the existing low risk indicators. This option would ensure we can utilise existing services (e.g. transportation from airport to facility, testing, welfare and other support) in facilities to appropriately manage the returnee and the potential public health risk posed by them.
32. A specific issue around Queenstown needs to be resolved prior to starting Step 1 as we expect significant traffic coming via trans-Tasman connection. The issue is the result of there not being secondary or tertiary health facilities, and there not being an appropriate isolation facility. To address this, the following options can be considered:
  - i. No international arrivals to Queenstown at this time; or
  - ii. Developing an alternative accommodation option to MIQ to allow for escalation as required.
33. Other outstanding questions and concerns around this option include having an increased flight schedule on MIQ facilities including transportation, staffing etc. However, we expect the volume of travellers requiring MIQ under this circumstance (i.e. those who test positive at the airports) should be quite limited.
34. Officials will report on the specifics of managing symptomatic returnees who do not have appropriate private transportation to get to their place of isolation.

### **Managing returnees who test positive during their self-isolation period**

35. If a returnee receives a positive RAT result during their isolation period, a PCR test will be required for diagnostic purposes. The returnee will be advised to immediately contact Healthline to arrange a follow-up PCR test after a confirmed RAT test.
36. Following a confirmed positive PCR test (either day 0/1 or otherwise), a returnee will be contacted by Public Health. They will then be treated the same as a community case and will be managed under the COVID-19 Care in the Community model.
37. Under this model, people who test positive will receive an initial assessment within 24 hours of diagnosis to link them with care appropriate to their needs, including any clinical, welfare and other needs.
38. People who test positive for COVID-19 are required to isolate for at least 10 days in the first instance. They will receive ongoing clinical and welfare checks and support during this period, and it is expected that any household members isolate in accordance with current management of household contacts of community cases.
39. Further details of the model are outlined in the paper on COVID-19 Care in the Community paper that will be discussed at Cabinet on 20 December 2021.

### **Managing returnees who are in breach of their conditions upon entry**

40. There may be returnees who do not meet their public health conditions for entry, including vaccination requirements or pre-departure testing requirements. In this circumstance, a person cannot be considered medium risk as their public health risk status will be unknown and require further determination.
41. Under the trans-Tasman quarantine free travel arrangements, the vast majority of passengers who breached conditions struggled to meet the evidential requirements of

having a PDT (noting it was the one requirement linked with an evidential standard at the time). Once the Travel Health Declaration (THD) is operational on 31 March, evidence of meeting conditions will be assessed in advance of a passenger boarding. However, the THD will not be operational on 16 January 2022 when Step 1 commences.

42. Customs has indicated that there will be manual mechanisms in place (e.g. Airport Liaison Officers offshore and Customs Officers onshore) to check every single vaccination certificate and PDT for travellers under the medium-risk pathway. This should mean that only a very limited number of travellers are able to arrive without meeting the necessary public health requirements.
43. It is anticipated that a breach of requirements will be enforced through infringements or prosecutions. However, decisions need to be made about how to quantify and address the public health risk where a person is found to be in breach of public health requirements. Officials are considering an appropriate public health response to this circumstance and will provide further advice.

### **Linking end-of-isolation test results to travellers**

44. After analysis of potential solutions, we are proposing to use the testing system to capture testing information for assurance purposes. This will include capturing the result from the day 0/1 PCR test at a CTC, and the self-administered day 5/6 Rapid Antigen Test. We are exploring whether this could be connected to key documentation including My COVID Record, based on the identifiable information held in the testing system and Nau Mai Rā.
45. While developing the system is achievable, there is a potential for delays while we work through implementation challenges. We will also need early confirmation of key settings for Reconnecting New Zealanders to establish this system. In particular, this includes confirmation of detailed testing and compliance requirements to enable system design to start by December 7 due to a mandatory stop to any system changes between December 9, 2021 and January 17, 2022 that significantly limits development time. Given the complexity of the proposed system, we will also need time for connecting relevant databases and detailed testing.
46. We will note that returnee's monitoring and compliance during their self-isolation period is yet to be determined, particularly around how we monitor testing results and follow-up. Officials from Ministry of Business Innovation and Employment, Ministry of Health and Department of Prime Minister and Cabinet will provide advice on this urgently.

### **Next steps**

47. Officials will provide further briefings to the Minister for COVID-19 Response on:
  - a. Options for managing symptomatic arrivals in Queenstown
  - b. Options for managing symptomatic returnees who do not have appropriate private transportation to get to their place of isolation
  - c. Appropriate response for arrivals who are in breach of their entry requirements.

**ENDS.**