



133 Molesworth Street  
PO Box 5013  
Wellington 6140  
New Zealand  
T+64 4 496 2000

10 July 2024

s 9(2)(a)

Ref: H2024041324

Tēnā koe s 9(2)(a)

### 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 – Manatū Hauora (the Ministry) on 12 May 2024 for information regarding the reviews for the memorandum titled *Updated Public Health Risk Assessment for international arrivals transmitting COVID-19*. Please find a response to each part of your request below.

*Was this a formal “written” request for an Independent Review?  
Was the Peer Review tendered to other independent experts and if no why not?*

The peer reviews were requested through email correspondence from the Director General of Health to Professor Philip Hill (McAuley Professor of International Health at University of Otago) and Professor Antony Blakely (Professorial Fellow in Epidemiology at Melbourne University). Please refer to the attached documents. The Director General did not seek further advice elsewhere specifically regarding the peer reviews.

*Was Professor Blakely or Professor Hill remunerated for conducting the peer review?*

Professor's Blakely and Hill were not paid for these peer reviews. Both individuals were chosen as expert peer reviewers, who were independent and neither worked for the Ministry at the time.

It is important to note, this occurred at a time when many researchers and health professionals were offering their services to the COVID-19 response free of charge. The Ministry recognises the immense value gained from this, and we would like to extend our sincere gratitude to Professor Blakely, Professor Hill, and all of the scientists, professionals and businesses who contributed to the COVID-19 response.

*Given that Professor Blakely had publicly stated that, “it was the ‘big question’ of 2020 and remains so in 2021 – is an elimination strategy that tries to get rid of COVID-19 better than a suppression strategy that tries to control it? And the answer now agreed by all is YES.”*

*So given that Blakely was publicly, both through media and published research papers, clearly biased in the way that he believed Covid should be managed in the community setting why did Bloomfield appoint Blakely and Philip Hill who held similar opinions as “independent” consultants to conduct the peer review?*

*With respect to the peer review one would expect normal scientific rigor and that a Failure Mode Cause Effect Risk analysis FMCEA (risk Analysis) would have been conducted with risk priority numbers assigned to each option for the ongoing management of Covid which would form the basis of the final decisions made. Can you confirm that this was done?*

For context, in March 2020, New Zealand committed to an Elimination Strategy in response to the COVID-19 pandemic which provided a sustained approach to keep it out, find it and stamp it out. This was an important approach toward a continually evolving virus and to keeping New Zealanders safe from COVID-19.

The referred first quote from Professor Blakely comes from an article that was published on 9 August 2021. The first community case of the Delta variant in Aotearoa New Zealand was reported on 17 August 2021, after over 100 days of no community transmission of COVID-19.

It is important to note that many factors had changed on both the domestic and international situation during that 3.5-month period between the article being published and the peer reviews from Professors Blakely and Hill occurring on 19-22 November 2021. At that time in New Zealand, the COVID Protection Framework was due to be released and the Omicron variant was first reported to World Health Organisation from South Africa on 24 November 2021 and classified as a variant of concern on 26 November 2021.

While the Act allows New Zealanders to ask for information from Ministers and government agencies, there is no requirement for agencies to create new information, compile information they do not hold or provide or prove an opinion. Your questions and the statements that support them appear designed to engage in a debate about the Government's response to the COVID-19 pandemic, rather than a request for official information. The Act does not support requests where an opinion, comment, argument, or hypothetical statement is put to the Ministry for response, couched as a request for information. These parts of your request are therefore refused under section 18(g) of the Act on the grounds that it is not held by the Ministry.

*I would again request that you provide a copy of the peer review document or at the very least confirm that one exists. The information provided so far with respect to MIA refusal on the grounds "that it constituted protected "free and frank expression of opinions" by or between or to officials or ministers. Were these opinions documented and recorded with supporting documentation? And if so, may I please have a copy because this falls well within the realms of public interest.*

Please find the requested peer reviews attached to this document. The table in Appendix 1 outlines the grounds under which I have decided to withhold information. Where information is withheld, this is noted in the document itself. 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.

I trust this information fulfils your request. If you wish to discuss any aspect of your request with us, including this decision, please feel free to contact the OIA Services Team on: [oiagr@health.govt.nz](mailto:oiagr@health.govt.nz).

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.

Please note that this response, with your personal details removed, may be published on the Manatū Hauora website at: [www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests](http://www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests).

Nāku noa, nā



Phil Knipe  
**Chief Legal Advisor/Privacy Officer**  
**Government and Executive Services | Te Pou Whakatere Kāwanatanga**

## Appendix 1: List of documents for release

| #  | Date                  | Document details                                      | Decision on release   |
|----|-----------------------|---|---|
| 1  | 21 November 2021      | Email: Review from Professor Tony Blakely             | Released with some information withheld under the section 9(2)(a) of the Act, to protect the privacy of natural persons.<br><br>Released with some information information deemed out of scope of your request. |
| 1A |                       | Attachment: Slides from pandemic tradeoffs for NZ MOH | Released in full.   |
| 2  | 19 – 22 November 2021 | Email: Review from Professor Philip Hill              | Released with some information withheld under the section 9(2)(a) of the Act.   |
| 3  | 22 November 2021      | Review from Professor Philip Hill                     | Released in full.   |

**From:** Tony Blakely  
**Sent:** Sunday, 21 November 2021 3:26:17 PM  
**To:** Ashley Bloomfield;David Skegg;philip.hill@otago.ac.nz  
**Cc:** Caroline McElroy;Andrew Bichan;Angela Hassan-Sharp  
**Subject:** RE: Public health risk assessment of New Zealand's international border settings  
- request for your peer review  
**Attachments:** Slides from pandemic tradeoffs for NZ MoH.pptx

Hi Everyone,

Here are some structured comments from me.

REGARDING THE MEMO AS ATTACHED TO EMAIL BELOW

- I agree with the analyses/comments that:
  - NZ is ready to start transitioning to some form of opening borders up
  - The level of infection in Auckland (whilst not that high by international standards) is higher than in many countries from whence returnees to NZ come and are required to have 14 day MIQ – which is a now unacceptable double standard
  - Home quarantine can become more common, but I would argue not the 'standard' (see below)

REGARDING MODELLING WE HAVE DONE ADDRESSING BORDERS

- Please see our 2022 *Will be Better* report (<https://mispgh.unimelb.edu.au/news-and-events/covid-19-pandemic-trade-offs-report>) and our accompanying webtool ([www.pandemictradeoffs.com](http://www.pandemictradeoffs.com))
- In a nutshell:
  - It uses an agent-based model to quantify daily infections, and hospitalizations and deaths, and time in lock down, in a dynamic model as though the Dir of Pub Health lives inside the model and (de)escalates PHSMs as needed depending on case numbers.
  - For the NZ setting now, I suggest focusing on scenarios for:
    - $R_0 = 6.5$
    - Loose suppression in-country (I suspect NZ will not shift to bare suppression for another few months)
    - Vaccine coverage of 90% and 80% (the latter to account for waning immunity that is not explicitly in the model [we are building it in now]), and adults only vaccinated.
  - Note that the model is for a mix of Pfizer and AZ. There is a sensitivity analysis in the Report for Pfizer only (☐☉ fewer hospitalisations and less time in lockdown).
- **The results you are interested in though is how things vary depending on the number of vaccinated but infected people that sneak through and get into NZ/Australia. We have model runs for 0.2, 1 and 5 per day getting in.**
  - To put this in context, about 2 weeks ago for 750 people coming in from the UK, given their infection rates in-country then and vaccination rates in country then, if they were all PCR tested 3 days before departure and all vaccinated, we would expect 1 vaccinated but infected person to sneak through out of the starting 750.
    - This risk could be further reduced by RAT on arrival in NZ
    - Conversely, this risk is probably greater than our calculator suggests due to waning immunity of the UK residents travelling. (e.g. if their protection had on average reduced from 80% against any infection to 60%, then 2 per 750 people would sneak through.



Over the medium term, boosters will make us more resilient in-country, and if required of travelers arriving will reduce the risk. The math may change.

Out of scope

The Doherty-led modelling group has launched about 2 weeks ago some really useful modelling that is also applicable to NZ. Go here: <https://www.doherty.edu.au/our-work/institute-themes/viral-infectious-diseases/covid-19/covid-19-modelling/modelling>. The attachment of most relevance here is "[Final Report - Attachment E Work Package 3 Borders](#)". They have a really nice Force of Infection approach for border scenarios. And it will scale exactly off our 0.2, 1 and 5 infected arrivals per day. E.g. if they say the Force of Infection is halved with RAT on arrival, it will halve what our calculator puts out as infected per day. Also see their work on Aboriginal and Torres Strait Islander – speaking to my friends in NZ, it sounds like the same applies for Maori in Hokianga and the north. Also, the modelling on schools is very useful – but you need a strong coffee before reading that one.

Finally, a Masters student Nick Wilson and I are supervising is about to release modelling for NZ using our model (i.e. all of the above, but just for Pfizer). And if you require more analysis, we can do that – but it would have to be on contract.

Hope this is useful,  
Best, Tony

---

**From:** Ashley Bloomfield <Ashley.Bloomfield@health.govt.nz>

**Sent:** Friday, 19 November 2021 11:59 AM

**To:** Tony Blakely <antony.blakely@unimelb.edu.au>; David Skegg <david.skegg@otago.ac.nz>; philip.hill@otago.ac.nz

**Cc:** Caroline McElnay <Caroline.McElnay@health.govt.nz>; Andrew Bichan <Andrew.Bichan@health.govt.nz>; Angela Hassan-Sharp <Ange.Hassan-Sharp@health.govt.nz>

**Subject:** [EXT] Public health risk assessment of New Zealand's international border settings - request for your peer review

**External email: Please exercise caution**

---

Kia ora David, Tony and Philip

The Ministry has been considering the Managed Isolation and Quarantine (MIQ) settings for travellers entering New Zealand across the Air Border and I would value your review and feedback before we proceed with advising Ministers.

Attached please find a public health risk assessment that I received recently, which was led by Dr Caroline McElnay it concludes that the risk presented by cases arriving at the border has changed such that routine Managed Isolation for most travellers is no longer justified on public health grounds. The memo also sets out a range of considerations for developing policy advice on potential changes and I am particularly interested in whether we have captured the range of relevant issues including:

- The evolving public health settings, particularly noting the changes proposed around the Auckland boundary and moving to the Covid-19 Protection Framework
- How the situation may change in future scenarios, particularly if the number of people returning across the border increased, if there are new (vaccine-resistant) variants, or at different levels of community transmission
- The overall population implications, including impacts where there aren't community cases and in vulnerable communities
- Any public health risks of transitioning to a self-isolation model.

Given the significant implications of this, the Ministry team is working to provide initial advice to Minister Hipkins next Tuesday. If you are able to, I would appreciate your views to me, Dr Caroline McElroy and Angela Hassan-Sharp by 3pm on Monday 22 November.

Please feel free to call me or Caroline to discuss, and thank you very much for this.

Ngā mihi nui

Ashley

**Dr Ashley Bloomfield**

Te Tumu Whakarae mō te Hauora

Director-General of Health

Pronouns: He/Him

email: [ashley.bloomfield@health.govt.nz](mailto:ashley.bloomfield@health.govt.nz)

Mobile: s (9)(2)(a)

[www.health.govt.nz](http://www.health.govt.nz)

\*\*\*\*\*

Statement of confidentiality: This e-mail message and any accompanying attachments may contain information that is IN-CONFIDENCE and subject to legal privilege.

If you are not the intended recipient, do not read, use, disseminate, distribute or copy this message or attachments.

If you have received this message in error, please notify the sender immediately and delete this message.

\*\*\*\*\*

---

This e-mail message has been scanned for Viruses and Content and cleared by the Ministry of Health's Content and Virus Filtering Gateway

---

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982



# Slides from pandemic tradeoffs for NZ MoH

Tony Blakley

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Sample subset: After borders c v    Display average: Hopsitalisator v    Minimum restrictions: Stage 1 v

|                     |         |           | 95% vaccinated |        |        | 90% vaccinated |        |        | 80% vaccinated |        |        | 70% vaccinated |        |        |
|---------------------|---------|-----------|----------------|--------|--------|----------------|--------|--------|----------------|--------|--------|----------------|--------|--------|
| Infected arrivals ⓘ |         |           | 0.2            | 1      | 5      | 0.2            | 1      | 5      | 0.2            | 1      | 5      | 0.2            | 1      | 5      |
| Policy 1 ⓘ          | R0: 5   | VK: Yes ⓘ | 25             | 140    | 360    | 34             | 190    | 380    | 96             | 270    | 420    | 200            | 350    | 450    |
|                     |         | VK: No ⓘ  | 140            | 280    | 410    | 180            | 310    | 410    | 240            | 380    | 440    | 320            | 420    | 490    |
|                     | R0: 6.5 | VK: Yes ⓘ | 170            | 340    | 450    | 270            | 400    | 490    | 350            | 460    | 550    | 500            | 560    | 620    |
|                     |         | VK: No ⓘ  | 390            | 510    | 540    | 470            | 510    | 550    | 550            | 590    | 650    | 630            | 670    | 670    |
|                     | R0: 8   | VK: Yes ⓘ | 380            | 470    | 540    | 450            | 530    | 630    | 630            | 650    | 660    | 750            | 690    | 740    |
|                     |         | VK: No ⓘ  | 610            | 610    | 600    | 720            | 620    | 690    | 810            | 780    | 780    | 940            | 850    | 920    |
| Policy 2 ⓘ          | R0: 5   | VK: Yes ⓘ | 26             | 140    | 1,100  | 34             | 260    | 1,500  | 150            | 1,200  | 1,900  | 1,000          | 1,800  | 2,600  |
|                     |         | VK: No ⓘ  | 620            | 1,200  | 2,100  | 740            | 1,600  | 2,200  | 1,500          | 2,000  | 2,600  | 2,200          | 2,700  | 3,100  |
|                     | R0: 6.5 | VK: Yes ⓘ | 780            | 1,500  | 2,300  | 1,300          | 1,900  | 2,500  | 3,100          | 3,000  | 3,000  | 3,500          | 3,700  | 3,800  |
|                     |         | VK: No ⓘ  | 2,600          | 3,000  | 3,300  | 2,900          | 3,400  | 3,500  | 3,900          | 4,000  | 3,900  | 4,600          | 4,700  | 4,500  |
|                     | R0: 8   | VK: Yes ⓘ | 2,500          | 3,000  | 3,300  | 2,900          | 3,500  | 3,800  | 4,300          | 4,300  | 4,400  | 5,700          | 5,700  | 5,000  |
|                     |         | VK: No ⓘ  | 4,500          | 4,700  | 4,000  | 4,700          | 5,000  | 4,500  | 5,700          | 6,000  | 5,300  | 6,300          | 6,500  | 5,700  |
| Policy 3 ⓘ          | R0: 5   | VK: Yes ⓘ | 26             | 140    | 3,100  | 34             | 260    | 4,500  | 150            | 4,900  | 9,200  | 6,900          | 10,000 | 14,000 |
|                     |         | VK: No ⓘ  | 3,400          | 6,400  | 10,000 | 5,500          | 8,300  | 12,000 | 11,000         | 13,000 | 17,000 | 17,000         | 19,000 | 22,000 |
|                     | R0: 6.5 | VK: Yes ⓘ | 3,600          | 8,400  | 11,000 | 8,800          | 11,000 | 15,000 | 20,000         | 21,000 | 24,000 | 29,000         | 29,000 | 32,000 |
|                     |         | VK: No ⓘ  | 20,000         | 21,000 | 23,000 | 25,000         | 26,000 | 28,000 | 32,000         | 34,000 | 38,000 | 44,000         | 42,000 | 48,000 |
|                     | R0: 8   | VK: Yes ⓘ | 18,000         | 20,000 | 21,000 | 26,000         | 26,000 | 30,000 | 39,000         | 40,000 | 39,000 | 50,000         | 57,000 | 52,000 |
|                     |         | VK: No ⓘ  | 41,000         | 40,000 | 43,000 | 46,000         | 48,000 | 46,000 | 57,000         | 58,000 | 60,000 | 69,000         | 66,000 | 65,000 |

But this is not smart, as having no minimal PHSM (i.e. allowing society back to Stage 1 or Alert level 1 when things are good) means you are yo-yoing like crazy in and out of lockdown (in this model, lockdowns in place in some regions of NZ 50% to two thirds of the time!) So..... [see next slide...]

3101

Sample subset: After borders c v      Display average: Hopsitalisatior v      Minimum restrictions: Stage 2 v

|                     |         |           | 95% vaccinated |        |        | 90% vaccinated |        |        | 80% vaccinated |        |        | 70% vaccinated |        |        |
|---------------------|---------|-----------|----------------|--------|--------|----------------|--------|--------|----------------|--------|--------|----------------|--------|--------|
| Infected arrivals ⓘ |         |           | 0.2            | 1      | 5      | 0.2            | 1      | 5      | 0.2            | 1      | 5      | 0.2            | 1      | 5      |
| Policy 1 ⓘ          | R0: 5   | VK: Yes ⓘ | 10             | 45     | 230    | 13             | 51     | 250    | 18             | 87     | 300    | 26             | 140    | 350    |
|                     |         | VK: No ⓘ  | 18             | 97     | 300    | 20             | 120    | 300    | 30             | 160    | 350    | 53             | 210    | 400    |
|                     | R0: 6.5 | VK: Yes ⓘ | 24             | 120    | 350    | 29             | 170    | 370    | 73             | 250    | 440    | 160            | 330    | 500    |
|                     |         | VK: No ⓘ  | 99             | 250    | 430    | 130            | 270    | 460    | 220            | 350    | 530    | 280            | 400    | 600    |
|                     | R0: 8   | VK: Yes ⓘ | 59             | 260    | 450    | 130            | 290    | 490    | 260            | 410    | 560    | 360            | 500    | 660    |
|                     |         | VK: No ⓘ  | 300            | 400    | 560    | 320            | 450    | 600    | 430            | 510    | 660    | 520            | 620    | 830    |
| Policy 2 ⓘ          | R0: 5   | VK: Yes ⓘ | 10             | 45     | 250    | 13             | 51     | 310    | 17             | 86     | 570    | 26             | 150    | 1,000  |
|                     |         | VK: No ⓘ  | 18             | 95     | 570    | 21             | 120    | 850    | 30             | 250    | 1,100  | 50             | 620    | 1,400  |
|                     | R0: 6.5 | VK: Yes ⓘ | 23             | 130    | 760    | 30             | 190    | 1,100  | 69             | 800    | 1,700  | 600            | 1,500  | 2,100  |
|                     |         | VK: No ⓘ  | 120            | 950    | 1,700  | 360            | 1,300  | 1,900  | 1,200          | 1,700  | 2,400  | 1,900          | 2,200  | 2,800  |
|                     | R0: 8   | VK: Yes ⓘ | 80             | 650    | 1,700  | 300            | 1,200  | 2,000  | 1,700          | 2,000  | 2,700  | 2,600          | 3,200  | 3,500  |
|                     |         | VK: No ⓘ  | 1,800          | 2,100  | 2,700  | 2,200          | 2,500  | 3,000  | 3,200          | 3,400  | 3,800  | 4,000          | 4,200  | 4,700  |
| Policy 3 ⓘ          | R0: 5   | VK: Yes ⓘ | 10             | 45     | 250    | 13             | 51     | 310    | 17             | 86     | 580    | 26             | 150    | 2,100  |
|                     |         | VK: No ⓘ  | 18             | 95     | 620    | 21             | 120    | 1,000  | 30             | 260    | 3,900  | 50             | 1,600  | 5,500  |
|                     | R0: 6.5 | VK: Yes ⓘ | 23             | 130    | 770    | 30             | 190    | 2,600  | 69             | 2,900  | 7,100  | 1,600          | 8,000  | 11,000 |
|                     |         | VK: No ⓘ  | 120            | 3,500  | 7,200  | 390            | 5,900  | 9,000  | 6,500          | 10,000 | 13,000 | 12,000         | 13,000 | 17,000 |
|                     | R0: 8   | VK: Yes ⓘ | 80             | 1,100  | 6,900  | 300            | 6,000  | 8,900  | 8,900          | 11,000 | 15,000 | 17,000         | 18,000 | 21,000 |
|                     |         | VK: No ⓘ  | 11,000         | 12,000 | 15,000 | 13,000         | 14,000 | 17,000 | 20,000         | 21,000 | 22,000 | 28,000         | 34,000 | 29,000 |

3102

Now have moderate PHSMs as minimum to stop the virus taking off as quickly when it pops up here and there. And now you see quite a gradient in hospitalisations over the year, from 1200 to 2400 over the year from 0.2 to 5 vaccinated but infected arrivals per day (go to website to get uncertainty by hovering over these values

Sample subset: After borders c v    Display average: Hopsitalisatior v    Minimum restrictions: Stage 2 v

|                     |         |           | 95% vaccinated |        |        | 90% vaccinated |        |        | 80% vaccinated |        |        | 70% vaccinated |        |        |
|---------------------|---------|-----------|----------------|--------|--------|----------------|--------|--------|----------------|--------|--------|----------------|--------|--------|
| Infected arrivals ⓘ |         |           | 0.2            | 1      | 5      | 0.2            | 1      | 5      | 0.2            | 1      | 5      | 0.2            | 1      | 5      |
| Policy 1 ⓘ          | R0: 5   | VK: Yes ⓘ | 10             | 45     | 230    | 13             | 51     | 250    | 18             | 87     | 300    | 26             | 140    | 350    |
|                     |         | VK: No ⓘ  | 18             | 97     | 300    | 20             | 120    | 300    | 30             | 160    | 350    | 53             | 210    | 400    |
|                     | R0: 6.5 | VK: Yes ⓘ | 24             | 120    | 350    | 29             | 170    | 370    | 73             | 250    | 440    | 160            | 330    | 500    |
|                     |         | VK: No ⓘ  | 99             | 250    | 430    | 130            | 270    | 460    | 220            | 350    | 530    | 280            | 400    | 600    |
|                     | R0: 8   | VK: Yes ⓘ | 59             | 260    | 450    | 130            | 290    | 490    | 260            | 410    | 560    | 360            | 500    | 660    |
|                     |         | VK: No ⓘ  | 300            | 400    | 560    | 320            | 450    | 600    | 430            | 510    | 660    | 520            | 620    | 830    |
| Policy 2 ⓘ          | R0: 5   | VK: Yes ⓘ | 10             | 45     | 250    | 13             | 51     | 310    | 17             | 86     | 570    | 26             | 150    | 1,000  |
|                     |         | VK: No ⓘ  | 18             | 95     | 570    | 21             | 120    | 850    | 30             | 250    | 1,100  | 50             | 620    | 1,400  |
|                     | R0: 6.5 | VK: Yes ⓘ | 23             | 130    | 760    | 30             | 190    | 1,100  | 69             | 960    | 1,700  | 600            | 1,500  | 2,100  |
|                     |         | VK: No ⓘ  | 120            | 950    | 1,700  | 360            | 1,300  | 1,900  | 1,200          | 1,700  | 2,400  | 1,900          | 2,200  | 2,800  |
|                     | R0: 8   | VK: Yes ⓘ | 80             | 650    | 1,700  | 300            | 1,200  | 2,000  | 1,700          | 2,000  | 2,700  | 2,600          | 3,200  | 3,500  |
|                     |         | VK: No ⓘ  | 1,800          | 2,100  | 2,700  | 2,200          | 2,500  | 3,000  | 3,200          | 3,400  | 3,800  | 4,000          | 4,200  | 4,700  |
| Policy 3 ⓘ          | R0: 5   | VK: Yes ⓘ | 10             | 45     | 250    | 13             | 51     | 310    | 17             | 86     | 580    | 26             | 150    | 2,100  |
|                     |         | VK: No ⓘ  | 18             | 95     | 620    | 21             | 120    | 1,000  | 20             | 260    | 2,000  | 50             | 1,600  | 5,500  |
|                     | R0: 6.5 | VK: Yes ⓘ | 23             | 130    | 770    | 30             | 190    | 2,600  | 69             | 2,900  | 7,100  | 1,600          | 8,000  | 11,000 |
|                     |         | VK: No ⓘ  | 120            | 3,500  | 7,200  | 390            | 5,900  | 9,000  | 8,000          | 10,000 | 10,000 | 12,000         | 13,000 | 17,000 |
|                     | R0: 8   | VK: Yes ⓘ | 80             | 1,100  | 6,900  | 300            | 6,000  | 8,900  | 8,900          | 11,000 | 15,000 | 17,000         | 18,000 | 21,000 |
|                     |         | VK: No ⓘ  | 11,000         | 12,000 | 15,000 | 13,000         | 14,000 | 17,000 | 20,000         | 21,000 | 22,000 | 28,000         | 34,000 | 29,000 |

3103

If NZ moves to barely suppression policy (policy 3; aiming to keep daily cases < 500 per million per day), there is a marked variation in expected hospitalisations over the year depending on border policies.

Sample subset: After borders  Display average: Hopsitalisator  Minimum restrictions: Stage 2

|  |         |  | 95% vaccinated |        |        | 90% vaccinated |        |        | 80% vaccinated |        |        | 70% vaccinated |        |        |
|--|---------|--|----------------|--------|--------|----------------|--------|--------|----------------|--------|--------|----------------|--------|--------|
| Infected arrivals <input type="button" value="i"/> |         |  | 0.2            | 1      | 5      | 0.2            | 1      | 5      | 0.2            | 1      | 5      | 0.2            | 1      | 5      |
| Policy 1 <input type="button" value="i"/>          | R0: 5   | VK: Yes <input type="button" value="i"/> | 10             | 45     | 230    | 13             | 51     | 250    | 18             | 87     | 300    | 26             | 140    | 350    |
|  |         | VK: No <input type="button" value="i"/>  | 18             | 97     | 300    | 20             | 120    | 300    | 30             | 160    | 350    | 53             | 210    | 400    |
|  | R0: 6.5 | VK: Yes <input type="button" value="i"/> | 24             | 120    | 350    | 29             | 170    | 370    | 73             | 250    | 440    | 160            | 330    | 500    |
|  |         | VK: No <input type="button" value="i"/>  | 99             | 250    | 430    | 130            | 270    | 460    | 220            | 350    | 530    | 280            | 400    | 600    |
|  | R0: 8   | VK: Yes <input type="button" value="i"/> | 59             | 260    | 450    | 130            | 290    | 490    | 260            | 410    | 560    | 360            | 500    | 660    |
|  |         | VK: No <input type="button" value="i"/>  | 300            | 400    | 560    | 320            | 450    | 600    | 430            | 510    | 660    | 520            | 620    | 830    |
| Policy 2 <input type="button" value="i"/>          | R0: 5   | VK: Yes <input type="button" value="i"/> | 10             | 45     | 250    | 13             | 51     | 310    | 17             | 86     | 570    | 26             | 150    | 1,000  |
|  |         | VK: No <input type="button" value="i"/>  | 18             | 95     | 570    | 21             | 120    | 850    | 30             | 250    | 1,100  | 50             | 620    | 1,400  |
|  | R0: 6.5 | VK: Yes <input type="button" value="i"/> | 23             | 130    | 760    | 30             | 190    | 1,100  | 69             | 960    | 1,700  | 600            | 1,500  | 2,100  |
|  |         | VK: No <input type="button" value="i"/>  | 120            | 950    | 1,700  | 360            | 1,300  | 1,900  | 1,200          | 1,700  | 2,400  | 1,900          | 2,200  | 2,800  |
|  | R0: 8   | VK: Yes <input type="button" value="i"/> | 80             | 650    | 1,700  | 300            | 1,200  | 2,000  | 1,700          | 2,000  | 2,700  | 2,600          | 3,200  | 3,500  |
|  |         | VK: No <input type="button" value="i"/>  | 1,800          | 2,100  | 2,700  | 2,200          | 2,500  | 3,000  | 3,200          | 3,400  | 3,800  | 4,000          | 4,200  | 4,700  |
| Policy 3 <input type="button" value="i"/>          | R0: 5   | VK: Yes <input type="button" value="i"/> | 10             | 45     | 250    | 13             | 51     | 310    | 17             | 86     | 580    | 26             | 150    | 2,100  |
|  |         | VK: No <input type="button" value="i"/>  | 18             | 95     | 620    | 21             | 120    | 1,000  | 30             | 260    | 3,900  | 50             | 1,600  | 5,500  |
|  | R0: 6.5 | VK: Yes <input type="button" value="i"/> | 23             | 130    | 770    | 30             | 190    | 2,600  | 69             | 2,900  | 7,100  | 1,600          | 8,000  | 11,000 |
|  |         | VK: No <input type="button" value="i"/>  | 120            | 3,500  | 7,200  | 390            | 5,900  | 9,000  | 6,500          | 10,000 | 13,000 | 12,000         | 13,000 | 17,000 |
|  | R0: 8   | VK: Yes <input type="button" value="i"/> | 80             | 1,100  | 6,900  | 300            | 6,000  | 8,900  | 8,900          | 11,000 | 15,000 | 17,000         | 18,000 | 21,000 |
|  |         | VK: No <input type="button" value="i"/>  | 11,000         | 12,000 | 15,000 | 13,000         | 14,000 | 17,000 | 20,000         | 21,000 | 22,000 | 28,000         | 34,000 | 29,000 |

3104

If NZ keeps a loose suppression strategy but moves to 90% vacc coverage (given your advantage of Pfizer compared to our mixed AZ Pfizer in Aust, and by boosting vulnerable at (say) 4 months post primary course) hospitalisations are better – here ranging from only 30 a year to 1900 depending on whether kids vacc and border settings

And the expected median (across 100 simulations for each square in table) time in lock down (somewhere in NZ) is less for thee same 6 scenarios – but note variation by both border policy and whether kids vaccinated

|    |     |     |   |
|----|-----|-----|---|
| 0% | 0%  | 14% |   |
| 2% | 28% | 49% | 3 |

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

**From:** Philip Hill  
**Sent:** Monday, 22 November 2021 1:50:30 PM  
**To:** Ashley Bloomfield;antony.blakely;David Skegg  
**Cc:** Caroline McElnay;Andrew Bichan;Angela Hassan-Sharp  
**Subject:** RE: Public health risk assessment of New Zealand's international border settings  
- request for your peer review  
**Attachments:** ThoughtsonMemoHill.pdf

Hi Ashley,

Here are a few thoughts from me. I am sure my reasoning is not perfect nor my suggestions all useful.

Best wishes for the process ahead.

Kind regards

Philip

McAuley Professor of International Health,  
Co-Director, Centre for International Health,  
Department of Preventive and Social Medicine,  
Otago Medical School,  
Co-Director, Otago Global Health Institute,  
University of Otago  
PO Box 56, Dunedin 9054,  
New Zealand  
Adjunct Professor,  
Communicable Diseases Research Centre,  
Fiji National University

Ph [REDACTED] s (9)(2)(a)

Fax +64 3 479 7298

[www.otago.ac.nz/internationalhealth](http://www.otago.ac.nz/internationalhealth)

---

**From:** Ashley Bloomfield <Ashley.Bloomfield@health.govt.nz>

**Sent:** Sunday, 21 November 2021 8:24 p.m.

**To:** Philip Hill <philip.hill@otago.ac.nz>; antony.blakely <antony.blakely@unimelb.edu.au>

**Cc:** Caroline McElnay <Caroline.McElnay@health.govt.nz>; Andrew Bichan <Andrew.Bichan@health.govt.nz>; Angela Hassan-Sharp <Ange.Hassan-Sharp@health.govt.nz>

**Subject:** RE: Public health risk assessment of New Zealand's international border settings - request for your peer review

Kia ora korua ano

Thanks both for your willingness to review and provide feedback. I will be talking with Tony shortly. The policy team provided me with the attached memo outlining initial thinking on a range of matters related to the issues the PHRA raises.

Philip this provides initial response to the issues of risk and timing; I daresay on the latter, the timing is somewhat set – and indeed regarding travellers returning from Australia, which is currently set to commence mid-January, this may well be brought forward a month. So the key question then becomes what do we need to make sure we have in place to mitigate (as much as possible) any increased risk from moving to a self isolation approach rather than MIQ.

I take and agree with your point that a number of new 'pepper potted' cases, especially outside Auckland and especially in places with lower vaccination rates currently are a greater risk than

additional domestic cases linked to the current outbreak – of which most are still household and other close contacts.

Please note this memo has confidential information (including legal advice) so please do not quote or circulate it further

Ngā mihi nui

Ashley

**Dr Ashley Bloomfield**

Te Tumu Whakarae mō te Hauora

Director-General of Health

Pronouns: He/Him

email: [ashley.bloomfield@health.govt.nz](mailto:ashley.bloomfield@health.govt.nz)

Mobile: s (9)(2)(a)

[www.health.govt.nz](http://www.health.govt.nz)

---

**From:** Philip Hill <[philip.hill@otago.ac.nz](mailto:philip.hill@otago.ac.nz)>

**Sent:** Friday, 19 November 2021 3:50 pm

**To:** Ashley Bloomfield <[Ashley.Bloomfield@health.govt.nz](mailto:Ashley.Bloomfield@health.govt.nz)>; antony.blakely <[antony.blakely@unimelb.edu.au](mailto:antony.blakely@unimelb.edu.au)>; David Skegg <[david.skegg@otago.ac.nz](mailto:david.skegg@otago.ac.nz)>

**Cc:** Caroline McElnay <[Caroline.McElnay@health.govt.nz](mailto:Caroline.McElnay@health.govt.nz)>; Andrew Bichan <[Andrew.Bichan@health.govt.nz](mailto:Andrew.Bichan@health.govt.nz)>; Angela Hassan-Sharp <[Ange.Hassan-Sharp@health.govt.nz](mailto:Ange.Hassan-Sharp@health.govt.nz)>

**Subject:** RE: Public health risk assessment of New Zealand's international border settings - request for your peer review

Hi Ashley

I will be happy to give you feedback by 3pm Monday.

At an initial browse, however, it looks like there is no analysis of relative risks or of the optimal timing for a change.

If these could be provided, that would make it possible to provide a useful critique.

I understand that there may be higher risk than many appreciate from new cases entering from the border, as they tend to spark new outbreaks in groups that are not infected, rather than adding an extra case to a group already having an outbreak. It would be good to see the team's analysis related to this issue. This is not so much about there being some cases in all parts of Auckland and all populations. It is more about a cluster-epidemic type growth.

It would certainly be great if Kiwis can be home safely for Christmas, so should be actively explored.

Regards and wishing everyone a good weekend.

Philip

McAuley Professor of International Health,  
Co-Director, Centre for International Health,  
Department of Preventive and Social Medicine,  
Otago Medical School,  
Co-Director, Otago Global Health Institute,  
University of Otago  
PO Box 56, Dunedin 9054,  
New Zealand  
Adjunct Professor,  
Communicable Diseases Research Centre,  
Fiji National University

s (9)(2)(a)



Fax +64 3 479 7298

[www.otago.ac.nz/internationalhealth](http://www.otago.ac.nz/internationalhealth)

**From:** Ashley Bloomfield <[Ashley.Bloomfield@health.govt.nz](mailto:Ashley.Bloomfield@health.govt.nz)>

**Sent:** Friday, 19 November 2021 1:59 p.m.

**To:** antony.blakely <[antony.blakely@unimelb.edu.au](mailto:antony.blakely@unimelb.edu.au)>; David Skegg <[david.skegg@otago.ac.nz](mailto:david.skegg@otago.ac.nz)>; Philip Hill <[philip.hill@otago.ac.nz](mailto:philip.hill@otago.ac.nz)>

**Cc:** Caroline McElnay <[Caroline.McElnay@health.govt.nz](mailto:Caroline.McElnay@health.govt.nz)>; Andrew Bichan

<[Andrew.Bichan@health.govt.nz](mailto:Andrew.Bichan@health.govt.nz)>; Angela Hassan-Sharp <[Ange.Hassan-Sharp@health.govt.nz](mailto:Ange.Hassan-Sharp@health.govt.nz)>

**Subject:** Public health risk assessment of New Zealand's international border settings - request for your peer review

Kia ora David, Tony and Philip

The Ministry has been considering the Managed Isolation and Quarantine (MIQ) settings for travellers entering New Zealand across the Air Border and I would value your review and feedback before we proceed with advising Ministers.

Attached please find a public health risk assessment that I received recently, which was led by Dr Caroline McElnay it concludes that the risk presented by cases arriving at the border has changed such that routine Managed Isolation for most travellers is no longer justified on public health grounds. The memo also sets out a range of considerations for developing policy advice on potential changes and I am particularly interested in whether we have captured the range of relevant issues including:

- The evolving public health settings, particularly noting the changes proposed around the Auckland boundary and moving to the Covid-19 Protection Framework
- How the situation may change in future scenarios, particularly if the number of people returning across the border increased, if there are new (vaccine-resistant) variants, or at different levels of community transmission
- The overall population implications, including impacts where there aren't community cases and in vulnerable communities
- Any public health risks of transitioning to a self-isolation model.

Given the significant implications of this, the Ministry team is working to provide initial advice to Minister Hipkins next Tuesday. If you are able to, I would appreciate your views to me, Dr Caroline McElnay and Angela Hassan-Sharp by 3pm on Monday 22 November.

Please feel free to call me or Caroline to discuss, and thank you very much for this.

Ngā mihi nui

Ashley

**Dr Ashley Bloomfield**

Te Tumu Whakarae mō te Hauora

Director-General of Health

Pronouns: He/Him

email: [ashley.bloomfield@health.govt.nz](mailto:ashley.bloomfield@health.govt.nz)

Mobile: s (9)(2)(a)

[www.health.govt.nz](http://www.health.govt.nz)

\*\*\*\*\*

Statement of confidentiality: This e-mail message and any accompanying attachments may contain information that is IN-CONFIDENCE and subject to legal privilege.

If you are not the intended recipient, do not read, use, disseminate, distribute or copy this message or attachments.

If you have received this message in error, please notify the sender

immediately and delete this message.

\*\*\*\*\*

---

This e-mail message has been scanned for Viruses and Content and cleared by the Ministry of Health's Content and Virus Filtering Gateway

---

\*\*\*\*\*

Statement of confidentiality: This e-mail message and any accompanying attachments may contain information that is IN-CONFIDENCE and subject to legal privilege.

If you are not the intended recipient, do not read, use, disseminate, distribute or copy this message or attachments.

If you have received this message in error, please notify the sender immediately and delete this message.

\*\*\*\*\*

---

This e-mail message has been scanned for Viruses and Content and cleared by the Ministry of Health's Content and Virus Filtering Gateway

---

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

**To Dr Ashley Bloomfield and Ministry of Health Officials**

**From: Philip Hill, University of Otago**

**Date: 22 November, 2021**

**Re: (Memo) Updated public health risk assessment for international arrivals transmitting COVID-19, 12 November, 2021**

Dear Ashley,

I am pleased to provide my thoughts on this memo in response to your request last Friday.

**Summary of the Memo:**

This memo proposes to develop policy options for a shift in MIQ settings, clarify legal issues and develop a transitional plan.

**Key arguments (partly paraphrased and summarised)**

Noting the current situation with COVID-19 and New Zealand, and the ongoing requirement to consider the public health rationale and legislative restrictions:

The risk from international arrivals transmitting COVID-19 is no longer higher than the domestic transmission risk of COVID-19

Managed isolation for border returnees would therefore no longer be justified on public health grounds as the default for people travelling to New Zealand.

Outside of quarantine free travel arrangements, a period of home isolation is a more proportionate management measure.

Home isolation should replace managed isolation as the primary means of minimising the spread of COVID-19.

This transition may need to happen faster than the 'Reconnecting New Zealanders with the World' cabinet paper currently envisages, which is for changes starting in the first quarter, 2022.

**Assumptions (partly paraphrased and summarised)**

- Ongoing community transmission in Auckland
- High vaccination coverage in Auckland
- Signalled transition to the new COVID-19 protection framework (including removing the Auckland boundary)
- Vaccination requirements for non-NZ citizens entering NZ
- Reducing case numbers in returnees (0.2-0.3% - although previous %s not provided)

**Other key points made (paraphrased/summarised)**

Reduced likelihood of importing COVID-19 across the international border.

The level of vaccination achieved in New Zealand offers a higher degree of protection should a case emerge [from the border]. Concurrently, the ongoing community transmission within Auckland means that there is now a higher proportionate risk of domestic transmission within New Zealand.

The low likelihood of new cases from the border is likely to be manageable – because of high vaccination coverage.

A small number of people are likely to require some form of Managed isolation/quarantine.

We now manage cases and contacts, where possible, in the community.

There will need to be a carefully managed transition.

Public health social and economic factors and operational feasibility are already part of the planned transition.

Residual risk needs to be understood in an ongoing fashion.

There is a need for alignment with the timeframes of other key interlocking workstreams, such as The Traveller Health Declaration system, vaccine certification, and other preparedness.

There will be Whole Genome Sequencing of all positive returnee cases to monitor new variants.

Testing of arrivals is anticipated to be at least once.

Modelling has not clarified the level of the increase in the absolute number of cases imported and the widespread 'seeding' from these, especially to COVID-naïve locations, and the impact on the health system and quarantine arrangements for those who need them.

The current requirements for testing for those leaving Auckland to other parts of New Zealand are less than the requirements for people coming in from overseas from lower prevalence populations.

### **Additional memo**

After requesting further information from you to help interact with this issue, you sent me a memo from 19 November to you from the Group Manager of the COVID-19 policy response. Two pieces of information were particularly relevant from this memo:

Firstly: “...the first step is likely to increase arrivals from 2000 to 9000 people per week, and step 2 of the re-opening plan will be significantly higher. Given the scale of these arrivals, the likelihood of Air Border transmission is likely to increase significantly without appropriate mitigations. Our modelling indicates that an additional 24,000 – 50,000 non-New Zealander arrivals each week are estimated to bring in 40 – 67 additional community cases. To manage these community cases will require the proposed public health measures that were outlined in a memo to you on 18 November (including testing vaccination and isolation) to mitigate this risk. In the fortnight from 1 November, of the 3131 people entering Managed Isolation, 2434 were vaccinated (this includes under 12s) and there were 11 cases.”

Secondly, it is clear that the legal basis for the current arrangements has been under significant attack (eg the Bolton case) and may be shaky in the evolving risk context.

### **My thoughts**

#### **Context**

1. The advice from the Strategic Public Health Ministerial Advisory Group, chaired by Professor Sir David Skegg was that a careful phased re-opening of the border should occur after the vaccination programme rollout has been completed. Most people would agree that the vaccination coverage achieved in New Zealand is outstanding. However, it is clear that

coverage targets have not yet been met across the whole country and that Māori vaccination coverage may not meet the targets until first quarter of next year, if at all.

2. It is reasonable to consider changing the MIQ settings as part of a continuum with phased re-opening, as it potentially changes the risk from the border.
3. The advice from the Continuous improvement Ministerial Advisory Group, chaired by Sir Brian Roche, was that health system readiness is absolutely critical to a successful transition to the new COVID-19 protection framework and that achieving system readiness should be properly planned and structured, assessed and proven.
4. The proportion of cases in those entering New Zealand has fluctuated over time. It is also difficult to compare the risks across countries of origins. For example, on reported numbers it appears that India has fewer cases per population at present than Auckland, but there is likely to be far more under-reporting in India. It also appears that there is another upsurge in cases occurring in Europe heading into the Northern hemisphere winter.
5. With the move to community-based isolation and care and quarantine, at least in Auckland, the risk profile in the community has changed. However, there are difficulties in comparing risk from travellers with risk in the New Zealand community and the application to how to manage both groups.
6. It is perhaps more important to consider whether the risk to New Zealanders and our health system and economy is increased or decreased by a change at the border in the context of the current level of vaccination coverage and the readiness of the systems. The risk at the border is far more adjustable/controllable than the risk in the community. The risk from the border changes with the level of vaccination in returnees, the infection prevalence in returnees, the numbers of returnees per time period, and the success of measures to stop infectious spread from returnees to the community.
7. With a cluster-based infection, infected people arriving from overseas are liable to seed new clusters. These 'seedings' will have an unpredictable effect, depending on which group they initially infect and how that group interacts with others. Seeding a new cluster into a population that is not receiving cases from current clusters, is very different from adding a new case to an existing cluster.
8. The potential of new variants of the virus is of significant concern.
9. In 2020, my understanding is that self-isolation of cases coming across the border was associated with unacceptable levels of poor compliance.
10. New Zealand appears to have an acute problem of tens of thousands of New Zealanders being stuck overseas, as well as a need to make a cautious transition at the border.

### Specific Comments on parts of the Memo

Noting my context comments above, I think that the risk-based judgements in the memo are certainly debatable and over-simplify the situation. However, the statement about the timeline envisaged by Reconnecting New Zealanders is justified, at least by the fact that vaccination coverage has reached high levels earlier than envisaged.

The assumptions are reasonably sound, except that it is implied that the proportion of cases in returnees is decreasing and will remain on that trajectory. In addition, it should be noted that the numbers of cases entering is the crucial thing, which will increase dramatically with increasing numbers of people entering the country.

Several of the other points made probably need adjustment. For example, while noting that you are proposing to produce a detailed document, the statements about the likelihood of protection from

transmission, manageable case numbers etc, are very weak. Given the numbers that are predicted from the other memo, it is easy to be a bit nervous about vague statements.

It is not really clear how the shift to self-isolation from Managed isolation relates to the phased re-opening in terms of expected numbers entering the country over time. I assume that the shift to self-isolation is proposed to occur before phased re-opening and before vaccine rollout is completed.

### **Suggestions for the way forward**

1. There is an opportunity that should be taken to look at moving phased re-opening of the border forward to take into account of the fact that the vaccination programme rollout may be completed earlier than anticipated.
2. Given the special obligations to protect Māori, the timing of the beginning of phased border re-opening and its components should be in consultation with Māori, who should be trusted to take into account all factors that need to be considered.
3. It would seem sensible to seek the advice of the Skegg and Roche committees before finalising the plan.
4. Irrespective of the comparative risk with that already within New Zealand and any change in numbers arriving, a shift to self-isolation before phased border re-opening would be expected to, of itself, provide increased risk to New Zealanders. This is because it is unlikely that compliance with self-isolation would be greater than with MIQ. As such, there is a strong imperative to show how this risk is justified and will be minimised. This should take into account the people coming in and the populations they will be going into.
5. There should be clarity around how the change to isolation requirements affects the number of people crossing the border over time.
6. It should be clear whether there will be changes to the capacity of the MIQ system and over what timeframe.
7. The acute problem of tens of thousands of New Zealanders being 'stuck' overseas at present might be considered separately to the formal phased re-opening. For example:
  - a. Would it be possible to consult with Air New Zealand and other airlines about organising special/increased flights with specific public health requirements pre-departure and post-arrival, with self-isolation?
  - b. While the border around Auckland is in place, and taking into account the situation in other parts of the country, could those coming back to Auckland be considered differently to those coming to other parts of the country?
8. System-wide readiness should be very much at the forefront of the plans for changing MIQ settings and re-opening. This includes the requirements pre-departure, on arrival, and post-arrival, for testing and self-isolation. Proof of readiness would seem to be an essential pre-requisite for phased re-opening to start.
9. There should be clear evidence around the likely compliance with the system for self-isolation that is proposed and how it is informed by the current self-isolation pilot.
10. It would be helpful, in the plan, to very clearly show how the Reconnecting New Zealanders rollout, the change to MIQ settings to have a default of self-isolation, and phased re-opening of the borders fit together.

I hope that some of these thoughts may be helpful in your planning.

Philip Hill