

## FAQs – Reconnecting New Zealanders to the World

This document answers frequently asked questions about the Reconnecting New Zealanders to the World announcement.

**This information applies from 10am 12<sup>th</sup> August.**

Information can be used for any government, agency, local government or relevant sector and business communications.

This is a living document, updated frequently.

Please ensure you are using the most up to date version.

**This version was current at 10am 12<sup>th</sup> August**

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## Reconnecting New Zealanders to the World

### Q: What is happening?

On 12 August 2021, the Government announced its next steps in reconnecting New Zealanders to the world, based on the advice from our Public Health Advisory Group, led by Professor David Skegg. The virus is changing. It will continue to evolve, and we need to prepare for it to become more transmissible. Protecting New Zealand against COVID-19 remains the priority as we look to rebuild contact with the world.

A new framework for travel was announced, which will involve gradually shifting our border settings from where New Zealand is now with travel based on country-to-country arrangements, to a risk-based travel approach based on a number of factors, including vaccine status.

To support this, the Government announced the development of a new traveller health declaration system to provide information on individual passengers prior to arrival in New Zealand and ensure that they are in the correct entry pathway according to their risk.

To stamp COVID out at the border, we will continue to utilise pre-departure testing, and work is underway to develop a range of border testing options for all three pathways on arrival in New Zealand.

A pilot to safely test self-isolation for the medium risk pathway will take place this year with a selected group of vaccinated travellers from New Zealand. The trial will start small with approved people being able to return and self-isolate for 14 days at a location away from families and other people.

### Q: What does 'individual traveller risk' mean?

Current quarantine free travel arrangements streamline access to New Zealand by allowing entry without the use of quarantine to those originating from a country with which we have a quarantine-free arrangement. We have used that model with the Cook Islands and Australia, but recent experiences with Australia has also shown the limits of the country-country approach.

When New Zealand moves to open its borders more broadly, an individual traveller may undergo different levels of isolation and testing requirements, dependent on their vaccination status and the situation in the country they are travelling from.

## Q: How will this work?

Under the new framework, the two entry pathways into New Zealand currently available to travellers (quarantine-free and 14-day MIQ) will be expanded to three entry pathways based on individual traveller risk.

These three pathways would be for low, medium, and high-risk travellers. The entry pathway that a traveller takes would largely be based on their vaccination status, and where the traveller has been in the 14 days prior to arrival in New Zealand.

Travellers in each category would be subject to vaccination, testing and isolation requirements in proportion to the risk posed by their travel:


- 1. Low-risk travel** would be quarantine free entry for vaccinated travellers who have been in low risk countries.
- 2. Medium-risk travel** would include a combination of self-isolation and/or reduced MIQ for vaccinated travellers who have been in medium-risk countries. Further work is needed to determine what testing and isolation requirements will apply.
- 3. High risk travel** would include full 14 days MIQ and testing for unvaccinated travellers and those travellers who have been in high-risk or very-high risk countries

This will be a phased process. Ultimately our goal will be to move to a system where as many vaccinated travellers as possible to enter quarantine-free, supported by ongoing testing and health measures.

## Q: When will this happen?

The advice we have received is clear that we shouldn't make any significant changes to our border settings until everyone in New Zealand has had the opportunity to be vaccinated. We will start small, safe and gradually change border and managed isolation options so they are robust and can adjust to changes in risk.

A high level of vaccination coverage and strong public health measures such as rapid testing and contact tracing will need to be in place to make it easier to stamp COVID out with a short, sharp response if COVID-19 breaks through our border.



Expert advice suggests that, at this stage of the pandemic, the details of this phased re-opening cannot be decided more than six months in advance, because the nature of the pandemic is changing so rapidly.

We are looking to move to these new travel pathways in the first quarter of 2022. The government will use the remainder of 2021, as the mass vaccination programme rolls out, to do the work needed to make border reopening successful and safe. This means developing critical tools and systems, testing and piloting so New Zealand is well-prepared moving forward.

**Q: Is this safe?**

Safety remains our priority.

COVID-19 remains the biggest threat to the health of New Zealanders and our economy, and as we have seen recently, some countries that have moved too soon are seeing rising cases of the Delta variant.


Therefore, New Zealand will reconnect gradually, changing our border settings to new groups when it is safe to do so. Taking a gradual approach will allow the government to test and learn as we implement new systems and as the domestic and global situation changes.

Evidence continues to emerge and the virus is constantly changing. This means that we may need to adjust our settings for the three entry pathways from time to time to ensure that we continue to keep New Zealanders safe from COVID-19.

New Zealand will have in place multiple layers of protection, from border settings such as rapid testing and the traveller health declaration, to vaccination and public health settings, to keep New Zealanders safe from COVID-19. Our systems for testing, tracing and surveillance will also be critical as we build more flexibility into our border settings. These systems will help to protect vulnerable communities and avoid wider restrictions.

**Q: Will we maintain our Elimination Strategy?**

Yes. The expert advice is that it is viable and optimal to continue with the goals of stamping COVID-19 out, meaning a focus on a zero-tolerance towards new cases. With new COVID-19 variants emerging Sir David Skegg's Group's advice is a 'Stamp it Out' strategy that gives us the ability to maintain our freedoms, even if a variant that is more transmissible in a vaccinated population emerges. It also protects our health system and vaccinations provide an opportunity to vary our settings.



The 'stamp it out' approach, does not mean our borders must remain as they are. The vaccine roll-out presents an opportunity to change these settings and apply a greater range of tools.

**Q: Will we still have the Alert Level system and lockdowns?**

Our alert level system remains, but the aim of these next steps is to reduce the need for lockdowns. Over time, high uptake of vaccination is likely to reduce New Zealand's reliance on higher Alert Levels and lockdowns to manage the virus. While we expect to be able to rely more on our other layers of protection, including contact tracing and testing to stamp out COVID-19, we will continue to respond to COVID-19 outbreaks quickly and in the most appropriate way possible to contain the spread.

**Q: Are people going to need vaccination certificates to be able to come here and leave?**

For those wanting to come to New Zealand and not enter MIQ, then vaccination status will be required when we move to the new pathways system.

Eligible New Zealanders are encouraged to get vaccinated, primarily for their protection, but also as it is expected that other countries will require evidence of a traveller's COVID-19 vaccination status.

Several agencies are looking into how a traveller health declaration would function in a practical sense. We need to consider what vaccines we will accept, how we would verify the vaccination certificate and match it to the individual, and how the system will work in practice.

**Q: What percentage of New Zealanders will need to be vaccinated before we can reopen?**

We want as many eligible people as possible to be vaccinated, as well as good vaccine coverage - in particular:

- Good regional spread of vaccination
- High rates in high-risk populations, such as older New Zealanders, immune compromised, those with co-morbidities
- Good uptake amongst younger adults, who have been identified as strong sources of transmission

Advice is that we shouldn't be focused on a percentage - just as many people as possible. The clear advice has been provided by the Public Health Advisory Group led by Sir David Skegg that New Zealand should not be making significant changes until everyone has the opportunity to be vaccinated. That will happen by the end of 2021.

## **Q: What does the recent suspension of QFT with Australia mean for reconnecting?**

New Zealand suspended trans-Tasman quarantine-free travel as a result of Australia's challenges in bringing the Delta variant under control. The eight-week suspension gives New Zealand the opportunity to direct our resources towards setting up a new approach and getting the tools and systems in place so that New Zealand can reopen to Australia again in the future safely. We will be reassessing our arrangements with Australia towards the end of September.

## **Q: When will the borders fully reopen?**

As the number of low-risk countries increases, and vaccination programmes roll out internationally, the risk-based approach will enable New Zealand to grow traveller volumes safely, primarily through a quarantine-free pathway. However, travel is unlikely to go back to the way it was and the timeframe for reopening borders fully, without restrictions for all travellers, cannot be specified in detail yet – the situation globally continues to evolve.

The opening of our borders will take a phased approach: we will consider our vaccination uptake, the profiles of current and future COVID-19 variants of concern, additional public health measures will be put in place and we will maintain a range of border controls to keep New Zealanders and visitors to our shores safe.

## **Q: What must happen for borders to reopen? (and what could stop it - e.g. variants)**

We need to pursue the highest levels of vaccination possible, in particular amongst at-risk communities. Further strengthening of our health systems for testing, scanning, contact tracing and surveillance will become even more important as we build more flexibility into our border settings and MIQ, as will our health system preparedness for managing any cases that may come in. These systems will help to protect all New Zealanders, including vulnerable communities, and to keep wider restrictions to a minimum.

The opening of our borders will be considered carefully with the health and well-being of New Zealanders top of mind.

## **Q: What is the future of MIQ?**

As New Zealand progresses its reconnection with the world, demand for MIQ will shift, as more travellers are safe to enter New Zealand without managed isolation or for shorter periods of time. Options for future models of MIQ are being explored, with the expectation that some form of MIQ will still be needed for some time.

## **Q: How will the border be managed under risk-based travel?**

Customs officers follow a strict protocol of health and safety measures while working at the border, including: using PPE, physical distancing, physical screens and following good hygiene practices such as regular handwashing. The health and safety measures that our frontline staff follow are based on Ministry of Health advice and have kept our team members safe throughout the response to COVID-19.

The rigour of this approach at the border will be maintained and modified to adapt to changing requirements, including changing risk thresholds and health requirements and as technology advances are introduced. This will ensure the continued safety of border workers and travellers.

## **Q: Which vaccines will be recognised? (different countries are using different vaccine mixes, e.g. Sinovac)**

Key considerations for easing the border rules for vaccinated travellers would include our degree of confidence:

- in the authenticity of the vaccination certificate
- that the vaccine the person received meets our standards of efficacy
- that the holder of the certificate is the same person who received the vaccination


We are working through a process to determine: which vaccines we would recognise for inbound travellers; what “fully vaccinated” means (i.e. number of doses, dose intervals, and period of time before travel); and what form of proof we might accept.

## **Q: How will overseas vaccination documents be verified?**

Customs officials are working on a system that will include a pre-travel health declaration to collect information necessary for border agencies to process arriving travellers according to the level of COVID-19 risk.

Ideally, COVID-19 vaccination certificates would be verified digitally prior to travel, as the manual assessment of vaccination credentials is not only resource intensive but slows passenger flow through airports.

Digital verification of a test or vaccination certificate would involve scanning the QR code. This would reveal who the certificate is issued to, details around vaccination (ie



type of vaccine and doses administered, dates), along with a cryptographic digital signature confirming that the certificate was issued by a trusted entity. This ensures the information remains secure and provides confidence that the certificate is authentic and has not been tampered with.

**Q: As New Zealand reopens, will public health behaviours need to change?**

It will be even more important to be vaccinated to increase the population's level of protection from COVID-19 and variants of concern. Community vigilance and personal responsibility will be critical to detecting, containing and stamping out any incursions, and to managing the impacts on individuals, communities and the health system of any outbreaks. Among the things everyone can do is:

- wash hands thoroughly and regularly;
- wear face coverings on public transport or in crowded indoor spaces;
- QR scan using the COVID-19 app; enable Bluetooth and record visits manually if none of these electronic options is available;
- get tested immediately if symptoms appear and self-isolate until a negative test is received; and
- adhere rigorously to any conditions of any change in Alert Levels

**Q: What is the future of country to country bubbles?**

Cabinet has recently made the decision to work to open up one-way quarantine-free travel to New Zealand from Samoa, Tonga, and Vanuatu for RSE workers. The government will consider quarantine free bubbles and low risk based travel in the future. However the possible arrangements are limited given that only a small number of countries are likely to be considered low risk.


**Q: When will the maritime border open to non-commercial sectors i.e. tourists?**

The Maritime Border is not an aspect of the Reconnecting New Zealanders work at this time due to the higher risk large volumes of people, originating from and entering multiple ports, would pose. This may be reconsidered in 2022 when there is a higher vaccination uptake worldwide.

**Q: Is the health system ready to respond to a major outbreak of the Delta variant?**

The Ministry of Health has worked to support the health sector and system to deal with a range of scenarios as part of its COVID-19 response planning. In considering what Delta means for our overall response to COVID-19, this includes our ability to





surge our testing and contact tracing capacity to isolate cases rapidly and prevent further transmission.

What is clear is that an incursion of the Delta variant will require a swift and forceful response, and we are ensuring we are prepared for that – as highlighted in our response to the case in Wellington in June.

Covid-19 is an evolving situation which requires a continuous improvement approach therefore it is important that we update protocols as we encounter new incidents. We are confident we have fit for purpose standard operating procedures and protocols to enable an effective response to any outbreak tomorrow.

The New Zealand experience of managing COVID-19 has taught us that capacity is not a steady state measurement. Our approach to response management will adjust as an outbreak evolves, and capacity will be utilised where it will most effectively minimise the risk of onwards transmission.

**Q: Have you consulted widely with different sectors, and with Māori, Pacific Peoples and other communities?**

Preparations are underway continuing to meet with a wide range of sectors and community groups, including with the Māori and Pasifika communities, over the coming months.

**Q: How will we ensure the reopening is equitable for all New Zealanders?**


It will be critical to achieve as high as possible vaccination coverage for eligible individuals across population groups. DHBs have equity plans to support the prioritisation of access to the vaccine for Māori, Pacific and disabled people. A variety of delivery methods supports a focus on equity, including whānau-based approaches, local initiatives, workplace vaccinations and support for Māori and Pacific providers.

**Traveller health declaration**

**Q: What is it and what role will it play in reconnection?**

A traveller health declaration will be needed to provide information on each traveller prior to arrival and ensure that they are in the correct entry pathway according to their risk. The eventual, digital system will include proof of vaccination certificates (both New Zealand and other countries), pre-departure test certificates, and traveller declared data such as contact details and travel history.

It is likely that the initial solution for the traveller health declaration will be manual, with a digital tool phased in over time as it is developed. It is intended that the



platform will eventually provide a single place for passengers to make their complete travel declaration, removing the need for a physical arrival card.

## **Pilot of self-isolation**

### **Q: What is the self-isolation pilot?**

A pilot to safely test self-isolation for the medium risk pathway will take place this year with a selected group of vaccinated New Zealand citizens and residents travelling from New Zealand. The trial will start small with nominated people being able to return and self-isolate for 14 days at a location away from families and other people.

### **Q: Will it be safe?**

As the domestic vaccination rollout will still be underway at the time of the pilot, stringent processes and protections will need to be in place. The pilot will be designed so that there is low risk and that this risk is carefully managed. It is intended to be a small-scale pilot of a model that will ultimately scale up to possibly part of the medium-risk entry pathway in future.

### **Q: What is the testing requirements?**


Advice from the Strategic COVID-19 Public Health Advisory Group is that both pre-departure and arrival testing may be required to safely enable entry of vaccinated travellers, and they specifically recommended the piloting of testing on arrival at airports.

Officials are currently exploring which type of test to use for screening travellers when they arrive at a New Zealand airport. A number of such tests, both rapid PCR tests and antigen tests, have been implemented around the world.

## **Vaccine dose timing announcement**

### **Q: Why are we doing this?**

We are moving to a six-week gap between first and second doses because it allows us to give one dose (partial protection) to a larger number of people faster.



Early findings from a small number of well-designed studies show that an extended duration between doses of the Pfizer vaccine gives a robust immune response.

**Q: Will this impact the timing of the overall roll out?**

Moving to a six week period between doses will mean that more people can get their first dose quicker. We are bringing forward the dates that bookings open up for the remaining age bands. As already announced, 50 plus will be open from Friday 13<sup>th</sup> August. We are now also opening up 40 plus from Wednesday 18<sup>th</sup> August, and 30 plus on Wednesday 25<sup>th</sup> August. From 1<sup>st</sup> September, we will be open for all eligible ages.

DHBs continue to add capacity to their vaccination programmes and we are opening age bands sooner than expected due to high uptake.

**Q: I have already been vaccinated and my doses were closer than six weeks apart. Am I still protected? Is this safe?**

If you have already had both your doses three-weeks apart you have received your best protection against COVID-19. We know the three-week gap is highly effective.

**Q: Can I get my second dose less than six weeks after my first dose?**


Six weeks is the new standard time between doses, but this won't suit everyone's personal circumstances. Getting your second vaccine dose earlier than this is safe and effective. Two doses of the vaccine is your best protection. However, vaccine doses must be at least 21 days apart.

**Q: How does this align with what other countries are doing?**

This guidance is in line with other international programmes using the Pfizer vaccine. For example, Denmark and Norway range between 6 and 12 weeks. The USA uses 3 weeks but allows 42 days (6 weeks). ATAGI (Australia) recommend 3-6 weeks.

**Q: What about those people who are at higher risk, should they still wait 6 weeks?**

Those at higher risk of contracting COVID-19 like border workers may be advised to have their doses at three weeks apart. Some people (such as those about to start immunosuppression therapy) may need to have their doses closer together to be



fully vaccinated before their treatment. However, vaccine doses must be at least 21 days apart.

**Q: I already have a booking. Can I change it?**

If you already have a booking, you can reschedule it at [bookmyvaccine.nz](https://bookmyvaccine.nz). If you need assistance, call the COVID Vaccination Healthline 0800 28 29 26 (8am – 8pm, 7 days).

If your booking is through your GP, pharmacy or other primary health care provider, you should contact them to discuss changing your booking.

If you have any health-related questions or concerns, you can discuss them with your primary care provider or Healthline.

**Q: My whānau wants to get vaccinated together, do we all have to wait six weeks?**

A whānau-centred approach to vaccinations continues - that means whānau and aiga can still be vaccinated as a roopu. We suggest this is done at a six-week interval between doses.

**Q: What impact does this have on the rollout to the Realm countries (Cook Islands, Niue, Tokelau)?**


Niue has finished its vaccination roll out. Cook Islands and Tokelau vaccine roll outs are currently underway. Their governments will decide how they wish to implement this guidance.

**Q: What does this mean for people already in the system – Group 1, 2, 3 and 4**

If you already have a booking, you can choose to reschedule it at [bookmyvaccine.nz](https://bookmyvaccine.nz) or by phoning the COVID Vaccination Healthline 0800 28 29 26 (8am – 8pm, 7 days). If your booking is through your GP, pharmacy or other primary health care provider, you should contact them to discuss changing your booking.

There will be situations where the timeframe between doses will differ from the recommendation for example, someone travelling overseas may require their doses sooner. This is ok too – it's better to get two doses of the vaccine than to wait.

**Q: Will this impact the second mass vaccination event in Manukau?**



This won't have any impact. A 6-week gap between doses was booked for all those who attended the first mass vaccination in South Auckland.

**Q: What is the latest advice about myocarditis?**

It has been concluded by Medsafe, other regulators and Pfizer that myocarditis is a rare side effect of vaccination with the Pfizer COVID-19 vaccine.

Globally, the rate appears to be highest in younger men (18-24 years old) and after the second dose.

Most people with myocarditis reported after vaccination recover completely, without treatment, and have no lasting symptoms or complications.

Since the majority of cases are mild and require no specific treatment, the benefits of vaccination continue to out-weigh the risk of experiencing this or the other known side effects.

In New Zealand, there have been only 20 events of myocarditis reported to the Centre for Adverse Reactions Monitoring (CARM) (as at 10 August).

**Q: What are the symptoms of myocarditis?**

The symptoms of myocarditis following vaccination usually occur within 7 days following dose 2, and include chest pain, shortness of breath and racing pulse. Consumers with these symptoms should be advised to seek medical attention immediately.


The risk of myocarditis after being vaccinated is rare. You need to still receive two doses of vaccine, to give you the best protection.

**Q: Does this change how the vaccine is administered?**

The CIR (Covid Immunisation Register) has been updated to include a prompt for people receiving their second vaccination with a gap of less than six weeks.

The system will prompt vaccinators to ask if the person is happy to receive their vaccination outside the recommended timeframe (the six-week gap).

If yes, go ahead as usual. If no, the person can reschedule their vaccination at [BookMyVaccine.nz](https://www.bookmyvaccine.nz) or by phoning the COVID Vaccination Healthline (0800 28 29 26).



Two doses of the vaccine is the best protection. Vaccine doses must be at least 21 days apart.

**Q: I have already been vaccinated and my doses were closer than six weeks apart. Am I still protected? Is this safe?**

Those at higher risk of contracting COVID-19 are advised to have their doses with a shorter gap. The two doses of the Pfizer vaccine must be given at least 3-weeks apart. We know the three-week gap is highly effective and safe.

If you have already had both your doses three-weeks apart you have received your best protection against COVID-19.

## Further questions

### DPMC:

- Will this change the situation for migrant workers separated from family?
- What will this mean for international students overseas, looking to return?
- Will the current QFT arrangements change?
- How often will you review the risk-rating of countries?
- How will airports be managed?
- When will we reopen closed and paused visa categories?
- When will international tourists and visitors come back?
- What about a person from a low risk country who isn't vaccinated – what's the pathway? Is there any?


### Customs:

- How will the border be managed under risk-based travel?
- How will people be tested at the border, and who pays?

### Immigration:

- Will immigration settings change?
- How will opening the border strengthen the health and social services workforce?

### MIQ:

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- What does this mean for the MIQ system – including booking?
  - If government consider investing in purpose-built MIQ facilities?
  - If self-isolation becomes a requirement for some travellers, how will you make sure people self-isolate?
  - Will there be penalties/consequences for those breaking self-isolation?