

48-hour Review of Travel Restrictions

Purpose

- To provide health advice on continued requirements for travel restrictions. This is the **twelfth** such review and is current at 1400 on **28** February 2020.

Key messages

- The Ministry recommends that the current travel restrictions **remain in place** due to:
 - no evidence of a sustained decrease in the number of confirmed cases and deaths
 - no softening of risk assessment levels or lifting of travel restrictions in other countries.
 - following a Cabinet meeting on 24 February 2020, Prime Minister has confirmed the travel restrictions around China will be extended for another eight days.

Further information


- On 28 February it is recommended that current travel restrictions **remain in place** due to:
 - the continuing rising number of cases in mainland China. (24 hour increase of **433** confirmed cases)
 - the increasing number of deaths in mainland China. (24 hour increase of **29** deaths of which **26** are from Hubei province)
 - the increasing number of cases outside of mainland China. There have been **3,797** confirmed cases reported outside of mainland China, an increase of **752**. This includes a reported **1,766** confirmed cases in South Korea of which **505** are new (**13** deaths), a reported **400** confirmed cases in Italy of which **78** are new (**12** deaths), a reported **141** confirmed cases in Iran (note the table below uses more recent data for Iran) of which **46** are new cases (**22** deaths).
 - a number of cases in Australia and the wider Western Pacific Region suggesting risk in the Pacific region remains high.
- Our case definition is broad and adopts a cautious, pre-emptive approach.
- There have been no confirmed cases in New Zealand. COVID-19 became a notifiable disease on 31 January 2020.
- The international picture continues to be monitored and the risk remains high.

Our assessment against the high-level review criteria is:

Factors for consideration for border measures review

#	High-level considerations	Factors for consideration <i>NB: these factors have not been weighted or prioritised</i>	Indicate if there has been a change in this factor since the last assessment	Overall comment
1	Readiness of New Zealand's health system to respond to cases and/or outbreak	<i>Appropriate guidance documents and management processes available for the health system</i>	There is guidance available on the Ministry of Health website for the health sector and the general public. Regular border advisories are being issued and protocols for the management of the first case and subsequent cases in New Zealand have been developed. A COVID-19 Strategic Response Plan is currently being developed.	<p>The overall status of readiness of New Zealand's health system to respond is good. The DHBs have been asked to provide response plans to the Ministry.</p> <p>On 27 February 2020 the epidemiological criteria for case definition was adjusted. It now includes two categories for countries or areas of concern. Category One countries which currently include mainland China require travellers to self-isolate for 14 days. Category Two countries are countries or areas with suspected or confirmed sustained transmission. These countries include Hong Kong, Iran, Italy, Japan, Republic of Korea, Singapore and Thailand. People who have travelled from or via countries listed in category two who develop symptoms of fever, cough or shortness of breath should seek medical advice.</p>
		<i>Scenario planning for potential impact on New Zealand's health system</i>	There has been no change.	
		<i>Current response aims (e.g. stage of NZIPAP)</i>	No Indicative health sector alert code has been issued. NZ preparedness measures are currently being guided by the 'Keep it Out' phases of the NZIPP.	
		<i>Acceptability and feasibility of current measures for key stakeholders</i>	There has been an increased concern regarding international students and whether an	

			exemption should be considered for selected groups.	<p>The Ministry's Chief Medical Officer has engaged widely with clinical colleagues in the sector to identify issues, which are being managed actively.</p> <p>Management of the supply chain for PPE supplies for the wider sector is being established.</p> <p>Officials are preparing advice for Ministers with the power to act concerning possible exemptions for tertiary students.</p>
		<i>Workforce sustainability of current and/or proposed measures</i>	There have been isolated instances of workforce issues regarding self-isolation.	
2	Evolving epidemiology of the outbreak	<i>Epidemiology in China and worldwide e.g. containment or sustained transmission, direct travel pathways to New Zealand and Australia from major travel hubs</i>	<p>Sustained transmission is ongoing in mainland China. In most other areas, there is more limited transmission although some areas have suspected or confirmed sustained transmission.</p> <p>There is a rapid daily increase in cases and clear evidence of international spread from Iran. Known exported case counts and air travel links between Iran and other countries are used to estimate the COVID-19 outbreak size in Iran. This model estimates that over 18,000 cases would have had to occur in Iran, over a 1.5 month period in order to observe the three internationally exported cases (UAE, Lebanon and Canada).</p>	<p>The increasing cases of community transmission in a range of countries are significant changes to the epidemiology.</p> <p>There have been increasing reports of cases and deaths outside of China, including cases with no clear epidemiological link to Hubei.</p> <p>There has been a steady increase in the number of deaths, but the number of laboratory confirmed cases has started to slow down while the number of recovered cases has increased.</p> <p>Of particular concern is the situation in Iran. There have been cases identified in a number of countries who have had recent travel history to Iran.</p> <p>s 9(2)(g)(i)</p>

		<p>The Countries outside of China with the highest number of cases (WHO figures) are:</p> <p>South Korea (1,766 cases, with 505 new cases reported in the past 24 hours).</p> <p>Italy (400 cases, with 78 new cases reported in the past 24 hours).</p> <p>Iran (141 cases with 46 new cases reported in the past 24 hours).</p> <p>Japan (157 cases).</p> <p>Singapore (90 cases).</p> <p>There have now been 48 deaths outside of China (11 new deaths), 26 in Iran, 13 in the South Korea, 12 in Italy, three on the Diamond Princess and one each in the Philippines, France, and Japan.</p> <p>9 new countries have reported confirmed cases of COVID-19 (Brazil, Denmark, Estonia, Georgia, Norway, Pakistan, Romania and Macedonia)</p>	<p>s 9(2)(g)(i)</p>	
		<p><i>Risk to NZ from geographical areas of sustained transmission e.g. New Zealand's immediate neighbours and/or areas of high travel volume</i></p>	<p>Risk to New Zealand remains high despite introduction and implementation of border measures.</p>	

		<i>Risk assessment update</i>	The risk of importation and transmission remains constant for New Zealand.	
		<i>Relevant modelling data</i>	New Zealand specific modelling work is currently underway.	
3	Emerging evidence about transmissibility	<i>Basic reproduction number (R0)*</i>	Early studies indicate reproductive rate of between 2 and 3.1 (increased from 1.4)	There is still uncertainty about the transmissibility of COVID-19. As more case data is being released from mainland China and other countries, more accurate assessments on the transmissibility will be made.
		<i>Infectiousness</i>	Virus is spread through contact with respiratory droplets in the air and on inanimate objects (surfaces)	
		<i>Incubation period</i>	Estimates of the median incubation period are 5-6 days (range 0-14 days) and estimates of serial interval range from 4.4-7.5 days.	
4	Emerging evidence about severity of illness	<i>Case fatality risk</i>	The fatality rate within China is currently 2.3% and is lower outside of China.	The emerging evidence about the severity of the illness has remained constant since the first case details were released from mainland China. There is inadequate severe case data available for the global situation because the numbers are small compared with the numbers in mainland China.
		<i>Severe disease risk or hospitalisation rate</i>	There isn't enough data about the number of severe cases apart from the situation in mainland China which has remained steady ~14 percent.	
5	WHO advice	<i>Travel restrictions advice</i>	WHO still advises travel restrictions are not appropriate.	WHO advice has remained the same.

		<i>Other advice</i>	The overall advice and risk assessment from WHO has remained static since the last review.	<p>Australia has recently announced it will lift travel restrictions for a small number of school children from China.</p> <p>Other countries such as Bahrain, Kiribati and Samoa have added additional travel restrictions for individual countries.</p>
6	Public health measures in other countries	<i>Disease control measures in other countries/territories</i>	The disease control measures have remained the same.	There have been noteworthy changes in the public health measures in other countries.
		<i>Exit screening measures at source countries/territories</i>	The measures have remained the same.	The US CDC has in place the following travel alerts:
		<i>Measures to prevent or delay virus entering Pacific Island countries/territories</i>	The measures have remained the same.	<p>China and South Korea: level 3, Avoid nonessential Travel,</p> <p>Japan, Italy and Iran: level 2, Practice enhanced precautions,</p> <p>Hong Kong: Level 1, practice usual precautions.</p> <p>CDC also considers there to be community spread in Singapore, Taiwan, Thailand and Vietnam, but that the extent of spread is not yet sustained or widespread enough to meet the criteria for a travel notice.</p> <p>Public Health England (PHE) current advice - Category 1: Travellers should self-isolate, even if asymptomatic and inform NHS of recent travel (Category 1 includes Wuhan City and Hubei Province, Iran, Daegu or Cheongdo (Republic of Korea), Italian towns under containment</p>

				measures). PHE currently have no border restrictions. Australia has not recommended additional border restrictions at this stage.
7	Other	<i>Effectiveness of current measures</i>	The effectiveness of current measures has stayed the same as there are still no confirmed cases in NZ.	The current measures have been effective in the current phase of the NZIPAP. "i.e keep it out."
		<i>Feasibility of implementing other control measures</i>	More stringent border control and public health measures can be considered if needed.	
		<i>Cost-benefit assessment</i>	No change in the cost-benefit assessment.	

* The R0 is the average number of other people that one infected person will infect, in a completely non-immune population

- This advice has been reviewed by the Ministry's and Prime Minister's Chief Science Advisors, Dr Ian Town and Professor Juliet Gerrard.