

48-hour Review of Travel Restrictions

Purpose

To provide health advice on continued requirements for travel restrictions. This is the
thirteenth such review and is current at 1400 on 01 March 2020.

Key messages

- The Ministry recommends that the current travel restrictions remain in place due to:
 - o 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.

Further information

- On 01 March 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 435 confirmed cases) and Iran (24 hour increase of 143 confirmed cases)
 - o the increasing number of deaths in mainland China (24 hour increase of **29** deaths of which **26** are from Hubei province), Italy 21 (increase of 4 deaths), Republic of Korea 17 (increase of 4) and Iran 34 (increase of 8 deaths)
 - the increasing number of cases outside of mainland China. There have been **6,009** confirmed cases reported outside of mainland China, an increase of 1318 in 24 hours. This includes a reported **3,150** confirmed cases in the Republic of Korea of which **813** are new (17 deaths), a reported **888** confirmed cases in Italy of which **238** are new (21 deaths), a reported **388** confirmed cases in Iran of which 143 are new cases (**34** deaths)
 - o 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.
- On 28 February, the first confirmed cases in New Zealand was reported in a person returning from Iran. 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 NB: these factors have not been weighted or prioritised	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	Appropriate guidance documents and management processes available for the health system Scenario planning for potential impact on New Zealand's health system	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. There has been no change.	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. The epidemiological criteria for case definition now includes two categories for countries or areas of concern. Category One countries which currently include mainland China and Iran require travellers to self-isolate for 14 days. Category Two countries are countries or areas with suspected or confirmed sustained transmission. These countries include
		Current response aims (e.g. stage of NZIPAP)	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. This applies despite the confirmation of one case in New Zealand	Hong Kong, 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. The Ministry's Chief Medical Officer has engaged widely with clinical colleagues in



		Acceptability and feasibility of current measures for key stakeholders Workforce sustainability of current and/or proposed measures	Officials recently provided advice on the potential for an exemption for international students from China. Ministers decided not to pursue this option. There have been isolated instances of workforce issues regarding self-isolation.	the sector to identify issues, which are being managed actively. Management of the supply chain for PPE supplies for the wider sector is being established.
2	Evolving epidemiology of the outbreak	Epidemiology in China and worldwide e.g. containment or sustained transmission, direct travel pathways to New Zealand and Australia from major travel hubs	Sustained transmission is ongoing in mainland China. In most other areas, there is more limited transmission although 16 countries outside of China are reporting local transmission. 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). There is also a rapid daily increase in cases being reported from	The increasing cases of community transmission in a range of countries and increased exports from countries outside of China are significant changes to the epidemiology. There have been increasing reports of cases and deaths outside of China, including cases with no clear epidemiological link to Hubei. 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. S 9(2)(g)(i)



		Northern Italy and the Republic of	Of particular concern is the situation in
		Korea.	Iran. There have been cases identified in a
			number of countries who have had recent
		The Countries outside of China	travel history to Iran.
		with the highest number of cases	davernistory to man.
		(WHO figures) are:	
		Republic of Korea (3,150 cases,	
		with 813 new cases reported in the	
		past 24 hours).	
		Italy (888 cases, with 238 new cases	
		reported in the past 24 hours).	
		Iran (388 cases with 143 new cases	
		reported in the past 24 hours).	
		Japan (230 cases).	
		Singapore (98 cases).	
		There have now been 86 deaths	
		outside of China (19 new deaths),	
	\(\frac{1}{1}\)	including 34 in Iran, 21 in Italy and	
		17 in the Republic of Korea,	
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	Risk to NZ from geographical areas of sustained	Risk to New Zealand remains high	
	transmission e.g. New Zealand's immediate	despite introduction and	
	neighbours and/or areas of high travel volume	implementation of border	
	_'()	measures.	
	Risk assessment update	The risk of importation and	
		transmission remains high for New	
		Zealand.	



		Relevant modelling data	New Zealand specific modelling work is currently underway.	
		Basic reproduction number (R0)*	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
3	Emerging evidence about transmissibility	Infectiousness	Virus is spread through contact with respiratory droplets in the air and on inanimate objects (surfaces)	China and other countries, more accurate assessments on the transmissibility will be made.
		Incubation period	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.	
		Case fatality risk	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
4	Emerging evidence about severity of illness	Severe disease risk or hospitalisation rate	There isn't enough data about the number of severe cases apart from the situation in mainland China which has remained steady ~14 percent.	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.
		Travel restrictions advice	WHO still advises travel restrictions are not appropriate.	WHO advice has remained the same. There are 41 state parties officially
5	WHO advice	Other advice	The WHO has increased the assessment of the risk of spread and risk of impact of COVID-19 to very high at the global and	reporting additional health measures that significantly interfere with international traffic



		Disease control measures in other	regional level. The risk level for China remains very high. The disease control measures have	Australia has recently announced it will lift travel restrictions for a small number of school children from China. There have been noteworthy changes in
		countries/territories Exit screening measures at source countries/territories	remained the same. The measures have remained the same.	the public health measures in other countries. The US CDC has in place the following travel alerts:
6 n	Public health measures in other countries	Measures to prevent or delay virus entering Pacific Island countries/territories	The measures have remained the same.	China, South Korea, Italy and Iran: level 3, avoid nonessential travel, widespread community transmission; Japan: level 2, practice enhanced precautions, sustained community transmission,; Hong Kong: Level 1, practice usual precautions. CDC also considers there to be community spread in Singapore, Taiwan, and Thailand, but that the extent of spread is not yet sustained or widespread enough to meet the criteria for a travel notice 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



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					measures). PHE currently have no border restrictions. Australia has announced an extension of their existing travel restrictions to include travellers from Iran. Australia have also raised the travel advice level to exercise a high degree of caution for Northern Italy, Japan, South Korea (Daegu and Cheongdo) and Mongolia.	
	7	Other:	Effectiveness of current measures	The current measures are still considered effective at slowing the importation of cases into New Zealand.	The current measures have been effective in slowing the importation of cases into New Zealand. Public health officials are undertaking contact tracing from the recently	
	7	Other	Feasibility of implementing other control measures	More stringent border control and public health measures can be considered if needed.	diagnosed case.	
			Cost-benefit assessment	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 Dr Ian Town, The Ministry's Chief Science Advisor