48-hour Review of Travel Restrictions

Purpose

- To provide health advice on continued requirements for travel restrictions. This review is current at 1400 on **03 March** 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 daily confirmed cases and deaths
  - no reduction of risk assessment levels or lifting of travel restrictions in other countries.

Further information

- On 03 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 **202** confirmed cases) and Iran (24 hour increase of **143** confirmed cases)
  - the increasing number of deaths in mainland China (24 hour increase of **29** deaths of which **26** are from Hubei province) and Iran 34 (24 hour increase of **8** deaths)
  - the increasing number of cases outside of mainland China. There have been **8,778** confirmed cases reported outside of mainland China, an increase of 1602 in 24 hours. This includes a reported **4,212** confirmed cases in the Republic of Korea of which **476** are new cases (**22** deaths), a reported **1,689** confirmed cases in Italy of which **561** are new (**35** deaths), a reported **978** confirmed cases in Iran of which **385** are new cases (**54** deaths).
  - a number of cases in Australia and the wider Western Pacific Region suggesting risk in the Pacific region remains high.
- 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*	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.	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. There are travel restrictions in place for travellers from mainland China and Iran. Travellers returning from China, Iran, Northern Italy and the Republic of Korea should self-isolate for 14 days. Travellers from other countries or areas with suspected or confirmed sustained transmission are asked 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 the sector to identify issues, which are being managed actively.
		Scenario planning for potential impact on New Zealand's health system	There has been no change.	
		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.	
		Acceptability and feasibility of current measures for key stakeholders	There has been an increased concern regarding international students and whether an	

			exemption should be considered for selected groups. Ministers have decided against any exemptions.	Management of the supply chain for PPE supplies for the wider sector is being established.
		Workforce sustainability of current and/or proposed measures	There have been isolated instances of workforce issues regarding self-isolation. s 9(2)(g)(i) [redacted]	
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 has been decreasing in recent days. There is also a rapid daily increase in cases being reported from Northern Italy and the Republic of Korea. The Countries outside of China with the highest number of cases (WHO figures) are: Republic of Korea (4,212 cases, with 476 new cases reported in the past 24 hours). Italy (1689 cases, with 561 new cases reported in the past 24 hours). Iran (978 cases with 385 new cases reported in the past 24 hours). Japan (254 cases). Singapore (106 cases).	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 is a rapid daily increase in cases and clear evidence of international spread from Iran. Of particular concern is the situation in Iran. There have been several cases identified in a number of countries who have had recent travel history to Iran.

			There have now been 128 deaths outside of China, including 54 in Iran, 35 in Italy and 22 in the Republic of Korea,	
		Risk to NZ from geographical areas of sustained transmission e.g. New Zealand's immediate neighbours and/or areas of high travel volume	Risk to New Zealand remains high despite introduction and implementation of border measures.	
		Risk assessment update	The risk of importation and limited transmission remains high for New Zealand.	
		Relevant modelling data	New Zealand specific modelling work is currently underway.	
3	**Emerging evidence about transmissibility**	*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 China and other countries, more accurate assessments on the transmissibility will be made.
		Infectiousness	Virus is spread through contact with respiratory droplets in the air and on inanimate objects (surfaces)	
		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.	
4	**Emerging evidence about severity of illness**	*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

		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.
5	**WHO advice**	*Travel restrictions advice*	WHO still advises travel restrictions are not appropriate.	WHO advice has remained the same. There are 41 state parties officially reporting additional health measures that significantly interfere with international traffic Australia has recently announced it will lift travel restrictions for a small number of school children from China.
		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 regional level. The risk level for China remains very high.	
6	**Public health measures in other countries**	*Disease control measures in other countries/territories*	The disease control measures have remained the same.	There have been noteworthy changes in the public health measures in other countries. The US CDC has in place the following travel alerts: China and Iran: level 3, avoid nonessential travel, widespread community transmission, with restrictions on entry to the US South Korea and Italy; level 3, avoid nonessential travel, widespread community transmission Japan: level 2, practice enhanced precautions, sustained community transmission,;
		Exit screening measures at source countries/territories	The measures have remained the same.	
		Measures to prevent or delay virus entering Pacific Island countries/territories	The measures have remained the same.	

				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 measures). PHE currently have no border restrictions.** Australia has announced an extension of their existing travel restrictions to include travellers from Iran. The Australian Government considers Mainland China, Iran, Italy and South Korea to be at higher risk of COVID-19. Travellers returning from these countries are asked to monitor their health for 14 days. Travellers from China and Iran should self-isolate. Healthcare workers returning from Italy and South Korea should not attend regular work for 14 days.
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.
		Feasibility of implementing other control measures	More stringent border control and public health measures can be considered if needed.	
		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 the Ministry's Chief Science Advisor Dr Ian Town, Dr Caroline McElnay & Dr Richard Jaine*