

# 48-hour Review of Travel Restrictions

## Purpose

- To provide health advice on continued requirements for travel restrictions. This is the **tenth** such review and is current at 1400 on **24** 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.

## Further information

- On 24 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 **648** confirmed cases)
  - the increasing number of deaths in mainland China. (24 hour increase of **118** deaths)
  - There have been **1,875** confirmed cases reported outside of mainland China, an increase of **369**. This includes a reported **678** confirmed cases in international conveyance of which **323** are new.
  - 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 due to the severity of the illness.
- There have been no confirmed cases in New Zealand. Since becoming a notifiable disease on 31 January 2020
- The international picture has not significantly shifted from when the travel restrictions were announced. The risk remains high and there is no evidence of a sustained decrease in the number of reported cases in mainland China and internationally; and there is no suggestion that the overall risk profile is reducing.

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	<b>Readiness of New Zealand's health system to respond to cases and/or outbreak</b>	<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 in New Zealand have been 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>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>
		<i>Scenario planning for potential impact on New Zealand's health system</i>	No, there has been no change.	
		<i>Current response aims (e.g. stage of NZIPAP)</i>	No Indicative health sector alert code has been issued.	
		<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.	
		<i>Workforce sustainability of current and/or proposed measures</i>	There have been isolated instances of workforce issues regarding self-isolation.	

2	<b>Evolving epidemiology of the outbreak</b>	<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 other areas, there is more limited transmission. The Countries outside of China with the highest number of cases are the Republic of Korea (602 cases, with 256 new cases reported in the past 24 hours), Japan (132 cases), Singapore (89 cases) and Italy (76 cases).</p> <p>There have now been 17 deaths outside of China, five each in Republic of Korea and Iran, two each in Italy and on the Diamond Princess and one each in the Philippines, France, and Japan</p>	<p>The epidemiology of the outbreak has remained constant since the last review.</p> <p>There has been increasing reports of cases and deaths outside of China, including cases with no clear epidemiological link.</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>China has revised their case definition, removing the classification of clinically diagnosed and retaining only suspected and confirmed (requiring laboratory confirmation).</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>	Risk to New Zealand remains high despite introduction and implementation of border measures.	<p>Reviewing information from the cruise ship in Japan, it is noteworthy that a proportion of people who tested positive had no symptoms at the time of testing.</p>
		<i>Risk assessment update</i>	The risk of importation and transmission remains constant for New Zealand.	
		<i>Relevant modelling data</i>	Discussions about support from New Zealand academic institutions are underway with support from Australian modelling experts	

3	<b>Emerging evidence about transmissibility</b>	<i>Basic reproduction number (R0)*</i>	Early studies indicate reproductive rate of between 2 and 3.1 (increased from 1.4)	There is still a delay in emerging evidence about transmissibility of COVID-19. As more case data is being released from mainland China, 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	<b>Emerging evidence about severity of illness</b>	<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	<b>WHO advice</b>	<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.	

6	<b>Public health measures in other countries</b>	<i>Disease control measures in other countries/territories</i>	The disease control measures have remained the same.	There have been no 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 ECDC has updated their risk assessment following the cluster of cases reported in Italy. The risks of SARS-CoV-2 infection for people from the EU/EEA and UK is considered low to moderate.
		<i>Measures to prevent or delay virus entering Pacific Island countries/territories</i>	The measures have remained the same.	The US CDC has in place the following travel alerts  China: level 3, Avoid Nonessential Travel, last updated February 22; Japan and South Korea: level 2, Practice Enhanced Precautions, last updated February 22; Hong Kong: Level 1, Practice Usual Precautions, issued February 19. CDC also considers there to be community spread in Iran, 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
7	<b>Other</b>	<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.*