

# Post-peak announcement - FAQs

This document answers some frequently asked questions about the post-peak announcement.

This information applies from 23 March 2022

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## **COVID-19 Protection Framework changes**

### **Q: What is happening?**

- From 11:59pm, Friday 25 March, a new and highly simplified traffic light system will be introduced:
  - At RED, face mask requirements remain the same for indoor venues but are no longer required outdoors. Indoor capacity limits where My Vaccine Pass is used increase up to 200 (or less based on 1m distancing) – and with no limit outdoors. There will no longer be capacity limits outdoors for public facilities, retail and tertiary (where My Vaccine Pass is required). Where My Vaccine Pass is not required, limits remain the same as previously – but only until 4 April, at which point capacity limits will become the same for everyone (no limits outdoors, and up to 200 indoors).
  - At ORANGE, all capacity limits are removed, but face masks are still required in many indoor settings.
  - At GREEN, there are no requirements, but we want people to keep up good health habits and look after those of us that are higher-risk.

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### **Q: Why is this happening?**

It's the right time to review the restrictions we have in place, as we approach the peak of the outbreak. A number of the tools that we developed to fight COVID-19 were designed to protect an unvaccinated population from earlier variants of the virus.

Our focus now is to make life simpler and closer to normal, but retain the things that have proven effective in reducing the spread of the virus. These are masks, and when an outbreak is particularly severe, indoor capacity limits.

### **Q: Is this safe?**

This change has been informed by public health advice, based on the latest evidence from here and overseas, and the advice of the Strategic COVID-19 Public Health Advisory Group. With our high vaccination rates, and the immunity acquired from the current outbreak, we can manage future waves of Omicron with less restrictive settings.

### **Q: Does this represent a change to our overall strategy, i.e. are we retaining 'minimise and protect'?**

The minimisation and protection strategy remains the best approach for the current phase of our response, with the virus continuing to evolve and new variants emerging around the world. Our strategy will continue to reflect the new and emerging evidence about the virus and the effectiveness of vaccines. As the virus has changed, so has our approach.

### **Q: Why are we retaining some restrictions?**

Many people will want to know why we are retaining some restrictions, albeit very simple ones, when countries around the world are removing all of theirs. The answer is that we are coming into winter. There will likely be further outbreaks of Omicron, seasonal flu, and the potential for the emergence of a new variant of concern. Keeping some systems in place helps us minimise this current outbreak and protect against future ones.

### **Q: Will these settings be enough, in the event of a second wave or a new variant/could they change?**

The public health measures we use are under constant review. We continue to be informed by public health advice and when the virus has changed, so has our approach. If another variant emerges that is more severe, we will take public health advice as to the best approach.

### **Q: Why are we not yet treating COVID-19 like the seasonal flu?**

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While COVID-19 and the seasonal flu are both contagious respiratory illnesses, they are significantly different. While the flu can cause serious illness in people, COVID-19 – especially the Omicron variant – is more transmissible, and has a much higher death rate. The World Health Organization estimates that 290,000 to 650,000 people die of flu-related causes each year worldwide. The estimated death toll from COVID-19 is 6 million.

### **Q: Will the current criteria for moving between (up/down) the COVID-19 Protection Framework settings stand?**

We are relooking at the criteria to ensure that they are fit for purpose in this new phase of the pandemic.

### **Q: When is the traffic light setting we are currently at next being reviewed?**

The next review of the traffic light settings – what colour each of the areas of New Zealand sits in – will happen on 4 April.

### **Q: Why are we not moving to Orange immediately?**

We are not yet over the peak of cases nationwide, and there is a continued need to limit the number of people who can come together to minimise spread, particularly indoors where the risk of transmission is highest. The updated Red setting is significantly less restrictive, however, allowing large outdoor events to go ahead and easing capacity limits indoors, in addition to the removal of MVP requirements. The next review of traffic light settings will be on 4 April.

### **Q: When will we get to Green?**

This is always subject to public health advice, but people should not expect this to happen before the end of winter. We know that there will be further outbreaks of Omicron and with our borders open, we are likely to see an increase in seasonal flu and other viruses that we have not experienced so severely for the last two years.

### **Q: Is this how we will manage COVID-19 for the foreseeable future?**

These settings are designed for Omicron. If another variant emerges that is more severe, we will take public health advice as to the best approach. The public health measures we use are under constant review and we will continue to be informed by public health advice. When the virus has changed, so has our approach.

### **Q. How are the face masks requirements changing?**

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Under the changes to the COVID-19 Protection Framework, wearing of face masks will no longer be required at any outdoor settings during the Red and Orange settings but they will be required at indoor locations like restaurants, shops and other premises. Face masks will continue to be required by workers at indoor events, hospitality venues and gatherings during Red and this requirement has been extended to include Orange. In the Green setting, face masks will be recommended but not required.

### **Q. Why are masks still required?**

Face masks demonstrably help reduce the spread of COVID-19, especially in indoor settings. This is supported by a significant body of international evidence.

## **Vaccine mandate changes**

### **Q: What is happening?**

On 4 April, vaccine mandates will be removed for all sectors except health and disability workers (which includes aged care workers), prison staff, and border workers. All businesses, however, will retain the ability to voluntarily introduce workforce vaccination requirements following their own health and safety risk assessments.

### **Q: Why is this happening?**

A number of the tools that we developed to fight COVID-19 were designed to protect an unvaccinated population from earlier variants of the virus.

Vaccine mandates remain for certain workforces because health and care workers and prison staff come into contact with a lot of people who are at high risk of serious illness from COVID-19, and for our border workers because they are the first people that would likely be exposed to any new variant of concern that emerges internationally.

### **Q: Why have we removed vaccine mandates for the teaching workforce?**

Now that Omicron is circulating widely in the community, the relative risk to children of contracting COVID-19 at school (compared to other locations) or from school workers (compared to the community) has reduced compared to when the vaccine mandate was originally introduced. Children are also now eligible to be vaccinated.

### **Q: How many businesses do you expect to voluntarily use them? How many workers will this impact?**

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We have already seen many workplaces implement vaccine requirements in sectors where there was not a government mandate in place. We imagine that many of these businesses may continue with this policy in the short term and, as they review their risk assessments as public health guidance changes, may remove the policy when it is appropriate to do so for their workers and communities.

MBIE and WorkSafe will provide updated guidance to support this, reflecting current public health advice.

### **Q: Could vaccine mandates be reinstated in the future?**

We will keep a range of public health measures in our toolkit, so if they are required in the future, they can be deployed. Our decisions are always informed by public health advice and when the virus has changed so has our approach. If another variant emerges that is more severe, we will take public health advice as to the best approach.

## **My Vaccine Pass changes**

### **Q: What is happening?**

On April 4, all My Vaccine Pass requirements will be removed. Businesses currently using My Vaccine Pass requirements can voluntarily retain them if they wish.

### **Q: Why is this happening?**

My Vaccine Pass was an extremely useful tool in our fight against Delta and while we were getting the country vaccinated, but with around 95% of the eligible population at least double dosed, we no longer need this. Businesses that are currently using My Vaccine Pass will still be able to use the system if they would like to, but from 4 April it won't be required.

### **Q. Should people remove the My Vaccine Pass from their phone/get rid of their hard copy?**

No. The current expiry date on MVPs is mid-May or 1 June at the latest. The infrastructure will be maintained so if businesses choose to use it, they can. People should keep their My Vaccine Pass on their phone or in hard copy.

### **Q: Will international travellers still be required/encouraged to apply for an MVP, given some businesses may choose to require them?**

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International travellers will be provided information about the public health measures they can expect to see while they are in New Zealand as part of their welcome pack. Importantly, only vaccinated international travellers will be coming here (noting unvaccinated New Zealand citizens can enter).

## Testing, Tracing, Isolation and Quarantine

### **Q: What is happening?**

At all levels of the revised Framework, the testing and isolation requirements remain as they are now. If you have symptoms or someone in your household tests positive, isolate and get tested. The isolation period for both positive cases and household contacts is still 7 days; this will be regularly reviewed.

However, there will now be no requirement on businesses to ensure customers scan or sign-in and QR codes will no longer need to be displayed.

### **Q: Why is this happening?**

The isolation of cases and their household contacts continues to be a key tool in managing COVID-19, by preventing onwards chains of transmission. This is in line with our minimisation and protection strategy.

As with any infectious disease, it is important to keep those who are infectious away from others to minimise the spread of the virus.

We will continue to review isolation requirements including the need for household contacts to isolate.

In relation to scanning, Omicron is now widespread, individual cases are no longer being contact traced. This means we can remove the obligation on businesses and the public to maintain records for contact tracing purposes.

### **Q. Will people still have to undertake RATs and if so, will RATs continue to be free?**

Access to RATs for the community remains the same, via testing centres/collection sites for symptomatic, and continue to be available for surveillance purposes at high risk places. They will also continue to be available in schools.

RATs have also been proactively supplied to the disability sector and aged care facilities to increase ease of access.

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The testing strategy for the post peak period is currently under development.

### **Q: What does this mean for the close contact exemption scheme?**

There are no changes for the close contact exemption scheme, or bubble of one, which allows household contacts to return to work under certain circumstances.

### **Q. Does this change what a business should do if an employee or a customer tells them they have COVID-19?**

The rules remain the same.

A person with COVID-19 cannot return to the workplace until seven days after their symptoms started or the date they were tested, and will (generally) need to inform their employer. Businesses may not require a worker to return to work during their isolation period (7 days). Employers will need to provide sick leave in accordance with their policies, employment agreements and minimum rights, and the leave support scheme is also available to support payment of workers during this absence.

Businesses may choose to undertake contact tracing of potential close contacts in the workplace, if they consider it is useful, for example, to maintain business continuity. However, this is not a requirement, and does not need to be reported to health officials. There is no obligation on customers to report they have COVID to a business they visited while infectious.

### **Q: With the relaxation of rules are you expecting businesses to ask staff to test regularly to show they don't have COVID-19?**

There is no expectation that businesses will need to implement surveillance testing. There are a range of actions a business can take to minimise the risks at their workplaces; this advice is available on [business.govt.nz](https://business.govt.nz)

### **Q: Where can I find more information?**

In the first instance, the Unite Against COVID-19 website will have further information about the rules for operation, testing, and isolation.

Guidance for businesses will be updated on [business.govt.nz](https://business.govt.nz) as changes come into effect. Likewise, employment guidance will be found at [employment.govt.nz](https://employment.govt.nz).

Guidance on work health and safety risk assessments will be found at [WorkSafe.govt.nz](https://WorkSafe.govt.nz).

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# **Strategic COVID-19 Public Health Advisory Group** **Advice**

### **Q: Why is the Strategic COVID-19 Public Health Advisory Group recommending the retention of some vaccine mandates?**

Health workers are more likely to be exposed to COVID-19, and are liable to transmit the virus to at-risk patients in their care. Aged care facilities and prisons are also places where at-risk people may be exposed to large outbreaks. Border and MIQ workers are likely to be the first people in our community to be exposed to new variants of COVID. It is important to minimise their risk of becoming infected and passing the infection on to others.

### **Q: Why has the Strategic COVID-19 Public Health Advisory Group recommended dropping some vaccine mandates now?**

While vaccination remains critically important in protecting New Zealanders from COVID-19 several of the vaccine mandates could be dropped once the Omicron peak has passed. Mandates for workers in Education and Fire and Emergency could be dropped but need to be replaced by national advice on how staff can be protected and reduce the spread of disease to others. Such measures should include clear recommendations for vaccinations and other public health measures that reduce the transmission of respiratory infections. In some cases, it would be appropriate for vaccination to be a condition for new employment.

### **Q: How successful have vaccine mandates been in New Zealand, according to the Strategic COVID-19 Public Health Advisory Group?**

The application of vaccine mandates has been one of the factors contributing to the achievement of New Zealand's excellent overall vaccination coverage. Along with other public health measures, this prevented what could have been a disastrous wave of disease caused by the Delta variant. As we now deal with a large Omicron outbreak, vaccination is undoubtedly reducing the numbers of people who are becoming seriously ill and require hospital treatment.

Evidence is also mounting about the delayed effects of infection with long Covid. By reducing the risk of such complications, vaccination benefits both the individual and the community.

### **Q: How effective will vaccinations be in dealing with new variants, according to the Strategic COVID-19 Public Health Advisory Group?**

A new variant of the virus may well displace Omicron in the coming months. Such a new variant could be more or less virulent in causing human disease. Experience with

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previous variants suggests that current vaccines would be likely to retain at least some of their effectiveness. It is also possible that new vaccine formulations would be developed that further reduce the risk of infection and transmission, particularly in the case of a dangerous new variant.

### **Q: What are we going to do with the Strategic COVID-19 Public Health Advisory Group's recommendation for more action to protect children?**

The Group notes that while COVID-19 is generally less severe in children than in adults, some children suffer serious early and longer-term effects. Outbreaks of COVID-19 in schools also have significant social consequences for many children. Sir David recommends a comprehensive plan to address this and that this could be incorporated into a broader plan for protection against respiratory disease. We will consider the best way of doing this.

### **Q: What are we going to do with the Group's recommendation for more action to protect children?**

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## Other

### **Q: Is there expected to be a rollout of a fourth COVID-19 vaccine dose?**

The COVID-19 Vaccine Technical Advisory Group (CV-TAG) is currently reviewing the evidence on whether further doses of vaccine are recommended after someone has had their primary course plus their booster. For most people this would be a 4<sup>th</sup> dose. We are waiting on that advice and expect it will include advice on who a further dose is recommended for and the recommended timing since the booster dose.

### **Q: What is the expected impact on case numbers and hospitalisations of these changes?**

Due to the timing of these changes in the outbreak and the highly vaccinated and boosted population, and continuation of mask wearing, we do not envisage a significant change to hospitalisations or case numbers.

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### **Q: What do we define as being the Omicron peak?**

We would define the peak of Omicron as being a downward slope in hospitalisations across our network of DHBs.

The peak in case numbers and peak hospitalisations will occur at different times in different regions around the country with hospitalisations expected to peak approximately 1-2 weeks following the peak in cases. It appears that the Auckland region is past its peak case numbers. It is too early at this stage to say with any certainty that other regions have reached their peak case numbers.

### **Q: What health behaviours do we still want people to continue with?**

The CPF remains in place to tackle future variants or risks. There are certain health behaviours that we want the public to continue with under the simplified CPF that is being announced today.

This includes wearing masks, social distancing, staying home when sick and good hygiene measures. Another important health behaviour we want people to continue with (which is not compulsory for people unless they work in mandated sectors like health) is to get as vaccinated as possible because this is a key defence against COVID-19.

### **Q: How well has New Zealand performed in its hospitalisation rates compared to overseas?**

To date, New Zealand has seen lower rates of hospitalisation than those seen in many other jurisdictions. Continuing high rates of vaccination, ongoing public health measures and strong border controls have contributed to these rates.

### **Q: How do we protect people at higher risk?**

The best way to protect at-risk people from getting seriously ill with COVID-19 is to get vaccinated and ensure health measures such as mask use, staying home if you're sick, improving air ventilation indoors, physical distancing and using basic hygiene. Individuals who are severely immunocompromised, aged 12 and over, can access a third primary dose of the Pfizer COVID-19 vaccine – this is different to a booster dose for the general population. This third primary dose has been offered via specialists or local healthcare providers.

Resources are available for those who may be more at risk - <https://www.healthnavigator.org.nz/health-a-z/c/covid-19-and-people-with-weakened-immune-systems/> and Te Aho O Te Kahu (Cancer Control Agency) has this video <https://teaho.govt.nz/cancer/covid19> There are also a range of video resources

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available on <https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-health-advice-public/advice-people-covid-19> including a video on [How to reduce the spread of infection in the home](#).

If people get sick, there are several ways they can be identified as at-risk. The COVID-19 contact tracing form - the form people get sent once they have their positive test confirmed - asks health-specific questions that will help identify who may have underlying health conditions or other health-related concerns such as pregnancy and who may require additional health support while sick with COVID-19. There is work underway to enhance the clinical information collected in this form to enable better identification of, and care for, people at high risk.

For people who cannot use a digital device, or do not want to use a digital device, our assisted channels script allows them to identify those who may be at high risk or requiring additional support.

Care community hubs and primary care use our risk score for call prioritisation to identify and prioritise follow-ups of new cases that have not completed the online self-assessment. The score uses population data (age, ethnicity, and vaccination status) and is not used for clinical decision-making.

The Ministry of Health and COVID-19 Health Hub websites have consistent messaging for clinical needs.

### **Q: Is there a self-assessment tool that people can use themselves?**

The Ministry of Health is currently developing enhancements to the COVID-19 Health Hub to enable people to interactively assess their symptoms and get the appropriate advice, including escalation points for concerning symptoms.

### **Q: Should I continue to use My COVID Record?**

Yes, this is an important record of your COVID vaccinations. It should continue to be used as a record of COVID tests, including RATs.

My COVID Record can also be used to apply for an International Vaccine Travel Certificate.

### **Q: How are we preparing for Winter 2022?**

Flu vaccinations, surveillance (to monitor other infectious diseases), and efforts to increase uptake of childhood vaccinations.

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Additionally, many of the precautions put in place to reduce transmission of COVID-19 will help reduce transmission of other winter illnesses e.g. ventilation improvements in some settings, and people being used to staying at home if unwell, cover coughs and sneezes, and so on.

### **Q: How effective will vaccinations be in dealing with new variants?**

A new variant of the virus may well displace Omicron in the coming months. Such a new variant could be more or less virulent in causing human disease. Experience with previous variants suggests that current vaccines would be likely to retain at least some of their effectiveness. It is also possible that new vaccine formulations would be developed that further reduce the risk of infection and transmission, particularly in the case of a dangerous new variant.