

Post-peak announcement - FAQs

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

That which is highlighted **yellow** is a new addition to the document since the previous version.

This information applies from 25 March 2022

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Announcement

Summary:

- From 11.59pm this Friday, traffic light settings will be simplified.
- Changes to Red that will be effective from this weekend are:
 - Capacity limits removed for all outdoor events
 - Indoor capacity limits for the likes of bars and restaurants increased from 100 to 200
 - Outdoor face mask requirements removed
- All restrictions other than mask wearing requirements will be removed at Orange, and there are no restrictions at Green.
- The requirement to scan in will be removed for all settings from 11.59pm this Friday.
- Mandatory use of My Vaccine Pass ends from 11:59pm on 4 April.

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- All vaccine mandates will be removed from 11:59pm 4 April, except for health and disability, aged care, prison and border workforces.

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 11:59pm 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.

Q: Why is this happening?

It's the right time to review the restrictions we have in place, with the outbreak nearing its peak. 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: What colour of the traffic light system are we now?

We are at Red. This will be reviewed on 4 April.

Q: Are these changes safe?

This change has been informed by public health advice, based on the latest evidence from here and overseas. With our high vaccination rates, and the immunity acquired from

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the current outbreak, we can manage the virus with less restrictive settings. We do not envisage a significant change to hospitalisations or case numbers as a result of these changes.

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: Does this mean the COVID-19 Protection Framework wasn't fit-for-purpose for Omicron, and settings have been too restrictive?

The COVID-19 Protection Framework held us in good stead through the outbreak minimising transmission in an outbreak with a highly transmissible variant and has provided extra layers of protection for our at-risk communities. It also meant we could slow down transmission in the early stages of the outbreak while we continued to roll out the booster, and vaccination for 5 to 11-year-olds.

Now that we are nearing the peak of the current outbreak, and combined with our high vaccination rates, more people will have immunity than ever before. This means that some changes can be made to the way the COVID-19 Protection Framework operates.

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. Impacts on the health system will be the primary consideration.

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.

Q. What does this mean for mask use in health settings?

If people need to visit a health facility like a hospital or a general practice during Red or Orange, they will need to comply with the face mask requirements specified by that health facility. Health workers will similarly continue to follow guidance from the applicable DHB regarding mask use. This is because they are working in premises with a heightened transmission risk and because they often work with vulnerable people. DHBs are in the best position to identify the appropriate type of face mask for use in health settings.

Q. What does this mean for mask use in education settings?

Masks are still required indoors at education settings.

When at Red:

- all school students aged 8 years or over, or in Year 4 and up, must wear face masks indoors, and on public and school transport
- all school staff and teachers teaching and supporting children in Years 4 and up must wear a face mask when indoors.
- all visitors to early learning services (including parents) must wear face masks indoors.
- all adults attending certified playgroups must wear face masks indoors.

When at Orange and Green:

- The use of face masks is encouraged, but not a requirement.

At tertiary settings mask use is still a requirement indoors at Red and encouraged at Orange and Green.

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

Please see the latest advice at the [Unite Against COVID-19 website](#).

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Q. Do the seated and separated rules for events serving food and drink, and food and drink businesses, still apply at Red?

Seated and separated/food and drink rules still apply at Red, but only to indoor premises.

This means:

- that if your activity is outdoors, you don't have to be seated and separated to consume food and drink.
- you can go up to order drinks at outdoors on-licenses, rather than be served via table service.
- if you're in a venue operating both indoor and outdoor spaces, you consume food and drink wherever you like within the outdoor space of the venue.

[this one was still subject to final drafting, so not to be issued before we have the Order]

Q. What are the seated and separated rules at red for outdoor events serving food and drink and outdoor food and drink businesses?

Restrictions on food and beverage service outdoors have been loosened:

- there are no capacity limits
- there are no seating requirements
- there are no facemask requirements
- entry is vaccine pass required and workers must be vaccinated up until 11.59pm 4 April

Q. What happens if my venue is both indoors and outdoors?

Some venues are made up of indoor and outdoor spaces. The activity that occurs in these indoor spaces should determine what capacity limit applies – the rule follows the activity.

This means that:

- Retail capacity limits (capacity based on 1m distancing) generally apply to the indoor places in which people:
 - travel directly through to get to an outdoor space; and/or
 - need to enter so they can purchase things (for example food, to eat when back outdoors); and/or
 - need to go to use the bathroom.
- Indoor capacity limits (of up to 200 people based on 1m distancing) generally apply to indoor spaces if people are using the space for purposes other than those listed directly above. For example, if there is entertainment or dining occurring indoors
- You can still manage different spaces under the 'defined spaces' rule, with capacity limits applying to each defined space.

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Q. Is my venue indoors or outdoors?

- **Definition of indoors:** Indoor spaces are generally considered to be venues that are enclosed by a ceiling and walls, or other similar structures, **and** which don't have much, if any, flow of fresh air. Examples include many gyms, nightclubs, restaurants, and halls.
- **Definition of outdoors:** Outdoor spaces are generally considered to be places that have good ventilation, with a decent amount of free flowing, fresh air coming into the space. For example, this could be because the venue does not have a roof, has less than four walls, or because its walls don't go all the way up and still allow a significant amount of air flow.

Vaccine mandate changes

Q: What is happening?

At 11:59pm, 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?

We are seeing case numbers start to decline, and it's the right time to review the restrictions we have in place. 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 these people 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: What is the justification for continuing to enable businesses to voluntarily use workforce vaccination requirements, if the health rationale for them has fallen away?

We are moving back to normal employment, and work health and safety laws applying (or continuing to apply). This means each business or service will undertake health and safety assessments, and/or consider their operational needs, and make a decision that is

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appropriate for their staff and customers. The usual consultation requirements will apply. MBIE and WorkSafe will provide updated guidance to support this, reflecting current public health advice from the Ministry of Health.

What is the advice for employers wanting to maintain vaccination requirements?

MBIE and WorkSafe are currently preparing updated guidance on the recommended approach to work health and safety risk assessments, reflecting updated public health advice and changes to the COVID-19 Protection Framework. This guidance will be published shortly.

Vaccination (including boosters) is still strongly recommended as one of the key public health measures and does provide significant benefits.

Public health advice was that government vaccination mandates were no longer justified in a number of areas, but have been retained in some areas where there is still a public health rationale.

Employers/persons in control of businesses or undertakings (PCBUs) may still be able to maintain vaccination requirements, where these continue to be supported by a work health and safety risk assessment, but these circumstances are likely to be more limited than they have in the past.

Q: Could voluntarily retaining vaccination requirements for workers create legal issues for employers/Persons Conducting a Business or Undertaking (PCBUs)?

MBIE and WorkSafe are currently preparing guidance on the recommended approach and this will be published shortly. Employers/persons in control of businesses or undertakings (PCBUs) may still be able to maintain vaccination requirements, where these continue to be supported by a work health and safety risk assessment, but these circumstances are likely to be more limited than they have in the past.

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

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.

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

Q: What do these changes mean for the education sector?

The vaccination mandate has been removed for the sector. Given the current context, including that their workforce is highly vaccinated, schools and early learning services will need to consider what work, if any, will continue to need to be undertaken by a vaccinated worker.

There may be some specific roles where vaccination is needed in order to provide the greatest level of protection for those most vulnerable. An example of this may be where staff work in close contact with an immunocompromised child or young person. There may also be other work that, after careful consideration, requires vaccination.

It is unlikely that many schools or early learning services would determine through this risk assessment process, that all workers (paid and unpaid) will need to be vaccinated. Tertiary education organisations, including universities, may also choose to retain their own vaccine policies or restrictions.

However, the removal of MVPs from the COVID-19 Protection Framework means that tertiary providers need to relook at whether their own vaccination policies are still appropriate, based on either work health and safety risk assessments or rules about access to places.

If tertiary providers wish to continue their own vaccine policies or restrictions, they need to ensure these are consistent with an updated work health and safety risk assessment and their normal responsibilities. They will also need to be able to justify this, taking into account updated public health advice. The MVP infrastructure will remain available should businesses or tertiary providers choose to use MVPs.

Mandates have also been removed for certified playgroups operating as close proximity services.

Settings, where use of MVPs is currently prohibited, continue to apply (for example, when accessing school or early learning education, health and disability services, dairies, or pharmacies).

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

Mandates remain in place only for those workforces supporting vulnerable populations in health and aged care, and/or working in high-risk environments where spread would be rapid or the exposure to new variants is high. New Zealand is now able to move to

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measures that reflect our high vaccination rates coupled with increasing natural immunity, to protect those most vulnerable such as those who are immunocompromised, and those with disabilities.

The education profession was already a highly vaccinated community prior to the mandate and it is anticipated this will continue to be the case as we move into our next phase of the response.

Children aged 5+ are also now eligible to be vaccinated which creates added protection in school settings.

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?

From 11:59pm 4 April, 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 11:59pm, 4 April it won't be required.

Q: Could voluntarily retaining MVP requirements for customers create legal issues for businesses?

Businesses that wish to continue to use My Vaccine Passes as a condition of entry for customers can - but they will need to be able to justify doing so, taking into account updated public health advice.

Generally, businesses can restrict entry based on vaccination status, unless:

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- the traffic light system prohibits My Vaccine Passes from being requested at these locations e.g. supermarkets or pharmacies.
- asking for My Vaccine Passes is prevented by contractual provisions, for example, requirements of a landlord or under a franchise agreement.
- asking for My Vaccine Passes is contrary to legislative provisions, for example, prohibitions on discrimination under the Human Rights Act 1993.

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 in case businesses choose to use it, or if we need to bring them back at some point in the future – so 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?

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.

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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, with 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. Can I take my QR codes down from my business?

From 11.59pm 25 March businesses will be able to take down their QR code signage. However, it is recommended that businesses store these somewhere safe, in case they are needed in the future.

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.

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

Q. Will people still have to undertake pre-departure testing before travelling to New Zealand?

Yes, most travellers entering New Zealand must provide evidence of a negative COVID-19 result from one of these tests:

- a polymerase chain reaction (PCR) test administered no more than 48 hours before the scheduled departure of your first international flight to New Zealand, or
- a supervised rapid antigen test (RAT) no more than 24 hours before the scheduled departure of your first international flight to New Zealand, or
- a supervised loop-mediated isothermal amplification (LAMP) test no more than 24 hours before the scheduled departure of your first international flight to New Zealand.

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If travellers are required to provide a medical certificate because they cannot take a test due to medical reasons, they will also need to get this 48 hours before their flight.

More information

[Pre-departure tests to enter New Zealand | Unite against COVID-19 \(covid19.govt.nz\)](https://www.covid19.govt.nz/pre-departure-tests-to-enter-new-zealand)

Q: What is the expected ongoing impact on workforces and supply chains by retaining self-isolation requirements?

With lower numbers of cases, we will see reduced impact on workforces from isolation. The over-arching guidance for businesses and workers remains that they need to work together to keep each other safe. This means that normal obligations to keep in regular contact and to act in good faith are more important than ever. Help and support including financial support is available for people who are isolating. Both the Leave Support Scheme and Short-Term Absence Payment are available. In terms of supply issues, MBIE and other government agencies continue to keep a close watch on this.

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.

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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

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 as changes come into effect. Likewise, employment guidance will be found at employment.govt.nz. Guidance on work health and safety risk assessments will be found at WorkSafe.govt.nz.

Business support

Q: What do the changes to the COVID-19 Protection Framework mean for the Events Transition Support Payment COVID-19 Protection Framework?

Under the changes to the COVID-19 Protection Framework, the following changes have been introduced:

- the requirement for eligible Events Transition Support Payment events to use My Vaccine Pass is removed
- the Events Transition Support Payment cancellation triggers for events after April 3, 2022, will change to the following:
 - the event is in an area that is operating under COVID-19 Protection Framework restrictions, which explicitly prohibit the event from occurring or
 - the event is in an area that is operating under COVID-19 Protection Framework restrictions which explicitly prohibit the event from occurring at any point within the six-week period prior to the start of the event and there has been no explicit announcement yet regarding the settings for the specific date/s of the event; or
 - the lead artist/subject is required by the Ministry of Health to self-isolate over the period of the event and there is no available alternative artist;

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Q: Why has the Events Transition Support Payment scheme not been extended to include non-business events of less than 5000 attendees given the change to the COVID-19 Protection Framework settings?

Consistent with the current COVID-19 Protection Framework settings, it is not possible to target this support to all events of all sizes that may not be able to operate. The scheme is targeted at events that have the highest economic and social impacts in our communities, and professional organised events with large attendance obviously plays a big part in how widely these impacts are felt. The high cost of delivering these large-scale events means organisers are also the most likely to cancel if there is no financial support on offer if they're impacted by public health restrictions. At this point, the scheme is not being extended to include non-business events of fewer than 5,000 attendees.

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?

The Group advised that 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?

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The application of vaccine mandates has been one of the factors contributing to the achievement of New Zealand's excellent overall vaccination coverage, they advise. 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 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.

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 4th 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.

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Q. When will boosters be made available for 12-17 year-olds?

Pfizer has recently applied to Medsafe to reduce the age range for Pfizer boosters. This is being assessed as a priority and a decision is expected in April.

Q. What is happening with COVID vaccines for children under 5?

No COVID-19 vaccine in the world has been approved for children under the age of 5.

Research in COVID-19 vaccines for children under the age of 5 is on-going, with the trials in this age group including a third dose of a low-dose formulation as part of the primary course.

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: 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.

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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 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.

Post-peak announcement - FAQs

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: How is the hospital system coping?

The hospital system is under pressure, particularly due to the impact of COVID-19 on staff and their whānau. Staff across the system have been working extremely hard to keep essential services running.

Adaptations to Omicron numbers involve reduced planned care – for primary this takes the form of reduced immunisations, screening, and chronic care reviews. For Secondary /Tertiary this means reductions in elective surgery and outpatient visits.

As case numbers and hospitalisations decline planned activity will increase and the MOH is working with the sector on the best way to optimise recovery.

Q: How are we preparing for Winter 2022?

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

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.