

Strategic COVID-19 Public Health Advisory Group

(DPMC, 2021c)
[10 Jun 2021]

10 June 2021

Hon Dr Ayesha Verrall
Associate Minister of Health (Public Health)
Parliament Buildings
Wellington

Dear Minister

Future of the Elimination Strategy

1. Our group has been asked to address the question: *“Is an elimination strategy still viable as international travel resumes and/or are we going to need to accept a higher level of risk and more incidence of COVID in the community?”*
2. We are pleased to deal with this issue, because it is fundamental to decisions about when and how to re-open New Zealand’s borders. In order to make wise choices over the coming months, we must know where we want to be in a year or two’s time. Otherwise hasty decisions could close off options for ever.

Progress of the COVID-19 pandemic

3. The global pandemic is far from over. Attention is often focused on countries such as the United Kingdom and the USA, which have suffered a devastating toll but are now benefiting from relatively high vaccination coverage. Yet new waves of COVID-19 are appearing in many parts of the world, and the tragic situation in India over recent months is likely to be mirrored in other low or middle income countries in the future.
4. The rapid development of highly effective vaccines was a brilliant scientific achievement. Sadly this achievement has not been matched by success in scaling up production and providing adequate supplies of vaccines to the places where they are most needed. The Director-General of the World Health Organization, referring in January to the inequitable distribution of vaccines, said that “the world is on the brink of a catastrophic moral failure”. In addition to the profound ethical issue, unchecked replication of the SARS-CoV-2 virus in many countries is sparking the emergence of new variants that threaten us all. Some of these variants are significantly more transmissible, leading to the rapid growth of outbreaks, while others have been shown to be less responsive to particular vaccines. Natural selection will favour variants of the virus that can escape vaccine-induced immunity.
5. No-one knows what the outcome of this pandemic will be, in say 3–5 years’ time. The most optimistic scenario is that COVID-19 will have become a far less serious

pursued an elimination strategy has experienced “Zero COVID” for a prolonged period. Even with border restrictions and quarantine, incursions of the virus occur from time to time; these can lead to clusters of infected people in the community, and occasionally to large outbreaks. Several of the countries that have been most successful, such as Taiwan, Vietnam, and Australia, are dealing with such outbreaks at present.

10. The description of elimination quoted in paragraph 6 was an action-oriented definition, which acknowledged that some community transmission of the virus will occur, although steps will be taken to stamp it out. So elimination does not necessarily mean zero transmission or incidence. In April 2020, the Director-General of Health (Dr Ashley Bloomfield) stated: “***The elimination approach focuses on zero-tolerance towards new cases, rather than a goal of no new cases***”. In approaching the present question, our group is happy to follow this interpretation, which treats elimination as a ***process***, rather than as a permanent ***outcome***. We will return to the naming of this strategy later in this report.

Reviewing our approach

- P. 11. There are two reasons why it is timely to review the case for holding to an elimination strategy. One is the advent of safe vaccines that have been shown to have high efficacy (in clinical trials) and effectiveness (in national programmes). The other is that there are calls to start re-opening our borders to travellers other than citizens and residents, and to allow more quarantine-free entry.
12. Quarantine-free entry is likely to be restricted, at least initially, to travellers from approved countries and to individuals who pass a pre-flight test (as at present) and possibly a further rapid test on arrival. Despite the most rigorous precautions, however, it is inevitable that people carrying the virus will enter New Zealand on a regular basis.
13. By the end of 2021, we hope that a high proportion of adult New Zealanders (aged 16 and over) will have been immunised with the Pfizer-BioNTech vaccine. This should mean that, during an outbreak of COVID-19, fewer people will become infected, and even those who are infected will be less likely to require hospital treatment or to die. Nevertheless, there is now emerging evidence that this vaccine may generate a weaker immune response against certain new variants of SARS-CoV-2, even though it appears to be superior to several other vaccines in this respect. It is not inconceivable that, by the end of the year, there could be an established variant that is significantly resistant to the vaccine.
14. Modelling studies suggest that likely levels of vaccination coverage, both in New Zealand and overseas countries, will not be sufficient to cross the herd immunity threshold – by which we mean the point at which an infection will stop spreading through a population simply because a sufficient proportion of people are immune. But high vaccine-induced immunity should certainly make it easier to stamp out outbreaks of COVID-19, using the public health and social measures that have been so important over the last year. A successful vaccination programme