

United Kingdom COVID-19 variant reaches New Zealand

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Despite New Zealand's fabricated reputation as a haven from the global coronavirus pandemic, its isolation facilities are now housing the highly-transmissible UK variant of COVID-19 and another strain associated with South Africa.

Twenty-eight new COVID-19 cases arrived in four days last week. An earlier spike of 35 cases up to January 11 included people who had arrived from India, the UK, Zimbabwe, Austria, Russia, Poland, Ukraine and the US. Nineteen cases are from a group of 190 international mariners who arrived from Singapore and the UAE early this month.

As of January 17, the total number of active cases is 82, from a total of 1,900. Almost a quarter of live cases are the UK variant, with that number expected to sharply increase. At least 19 cases in official isolation are linked to this variant, which is believed to be up to 70 percent more infectious than the previous strain.

The Ministry of Health reported the first case of the South African variant on January 10, although it had arrived at the border on December 26. While less is known about this strain, it is considered more transmissible than the original but less so than the UK variant.

The surge in more infectious strains echoes the situation in Australia where Brisbane, the third largest city, recently enforced a three-day emergency lockdown after a cleaner contracted the UK COVID-19 variant from inside the hotel quarantine system. Repeated failures to implement basic preventive measures have seen multiple clusters erupting from quarantine hotels into the general population.

While no community cases have been reported in New Zealand since November, health experts have expressed alarm about the arrival of the new variants. Auckland University microbiologist Siouxsie Wiles

warned that the new strains "would spread like wildfire." Wiles told the *New Zealand Herald* the UK variant has a "founder effect." That is, a mutant takes off not because it is more infectious, but because it is the one that people who are infectious have. According to reports from Britain, much younger patients are becoming very ill very fast.

Epidemiologist Michael Baker also warned of an increased risk of community transmission. "As soon as you have a variant that's more infectious it means those with it are more likely to infect people on the flight to New Zealand, more likely to infect other people in managed isolation and the staff that work there," he said.

This underscores the global nature of the virus, which cannot be contained within national borders. According to Baker the strain, which has now been reported in over 50 countries, was always going to make it to New Zealand. "This new variant will become dominant all over the world over the next couple of weeks and months because it's more infectious," Baker said.

Modelling expert Shaun Hendy declared that a new community outbreak would need a level 4 lockdown to bring it under control. "Level 3 was effective back in August ... but I think if you take into account the extra infectiousness of these new variants, level 3 is probably not strong enough," Hendy said. Epidemiologist Nick Wilson told Radio NZ the government should consider banning flights from certain countries and look at fast-tracking vaccinations for border control workers.

From this week, people arriving from America and the UK have to show they have tested negative less than 72 hours before departing. While the Labour-Greens government has tightened international travel restrictions, it insists the protocols governing managed isolation and quarantine (MIQ) facilities do not need to

be upgraded.

However, a crisis already exists over the inadequate supply of facilities for new arrivals. Existing MIQ hotels have a combined operational capacity of 4,500 rooms. In the next 14 days, 4,299 of these rooms will be full with 5,627 people, but the government has no plans to establish new facilities.

A Christchurch-based MIQ worker told *Stuff* on Saturday that an outbreak could happen at any time, due to inadequate measures to prevent the more contagious strains getting into the community. Workers at the facility highlighted control “gaps” such as a lack of social distancing, the possible spread of the virus through a hotel’s ventilation system and inadequate contact tracing and testing for staff.

Nurses have previously raised concerns about staff shortages. A Ministry of Health audit in October admitted shortages and roster problems in MIQ facilities. The ministry said the matters have since been addressed, but health care professionals working at border facilities have publicly disagreed.

Nursing trade unions have sat on the growing crisis. Nurses Society director David Wills said the union surveyed members working in MIQ facilities last month, and 44 percent had experienced inadequate staffing. A NZ Nurses Organisation spokesperson said members raised concerns before Christmas, which the union had dealt with “on an individual basis.”

The Unite union, which covers hotel workers, has lauded union-controlled health and safety committees for “working closely” with government departments at some MIQ sites. Unite spokesman Gerard Hehir said any COVID outbreaks to date were the “result of procedures not being followed”—in other words, the fault of workers.

The unions have played the key role in buttressing the Labour-led government and enforcing the continuation of work under increasingly dire conditions. As with previous complaints about lack of supplies of personal protective equipment (PPE), the unions have organised no industrial campaign or strike action to fight the staff shortages and overwork.

There is growing anger among workers. Last year primary health care nurses began taking strike action for pay parity with their District Health Board (DHB) counterparts, following widespread strikes over pay and conditions in 2018-19, which the unions sold out.

As elsewhere globally, Prime Minister Jacinda Ardern’s government has responded to the health emergency by prioritising financial considerations. Returning citizens are now charged a \$3,000 upfront fee to secure a place in an MIQ facility. Thousands of citizens, along with displaced migrant workers and foreign students with residency visas, have been tossed into limbo.

The wider public health system remains ill-equipped to deal with a new COVID-19 surge. A \$4 billion cash injection following the COVID-19 lockdown last March failed to address the crisis in the system, which is falling apart. Underfunded and resourced for decades, the country’s 20 DHBs are millions of dollars in the red. Health Minister Andrew Little has promised to “reform” the health bureaucracy, but has not promised any more money.



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