



Ministry of Health COVID-19 response - Science and Technical Advisory

Request for independent advice and response

Deliverable	Advice		
ID reference #	STA: 47 EMIS: 2639	Title	Testing frequency of asymptomatic border workers, and testing of incoming passengers on arrival

Out of scope

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Response to request for advice

Question 1:

What is the most appropriate frequency for COVID-19 testing of staff in high-risk areas - the 'Stream 4 - Border Testing [workforce]' population? This includes Managed Isolation and Quarantine facility staff; International Airport staff (all border agencies, cleaners, air-side retailers); and Maritime Port staff (including maritime pilots and crew). This may or may not extend to air crew, who are also included in this population but managed under a different schedule of testing. Is there any support for a move from monthly rolling testing to weekly testing?

Group position

It is important to be clear about the purpose of testing, and the consequent principles for decision-making. Asymptomatic testing is essentially screening, and it may be helpful to consider it as such when thinking about principles¹. On the other hand, a risk assessment and prioritisation approach (as used in occupational health) may be useful, identifying where people are most likely to be exposed, and how.

When assessing the value of more frequent testing of asymptomatic people, any potential benefits must outweigh the various technical, logistic, personal and social risks associated with the more frequent application of the test. These considerations are similar to the standard ethical considerations that are taken into account for the introduction of any screening test. Although the border does present the biggest risk to New Zealand, increasing asymptomatic testing frequency may not be advisable. As described as background information in the meeting, the current testing procedure (nasopharyngeal swab) is regarded as an unpleasant process and the opportunity to be tested is not universally accepted at the current frequency. Increasing opportunities for testing may not necessarily increase the demand. There are also logistical difficulties in achieving weekly testing, and the opportunity cost of doing so should be considered. Most important to note, is the risk that increasing asymptomatic testing may reduce symptomatic testing (which is much more important to encourage in this context). The main priorities should remain getting symptomatic people tested, and high-quality contact tracing.

¹ Refer: National Health Committee Screening Programme Assessment Criteria
https://www.nsu.govt.nz/system/files/resources/screening_to_improve_health.pdf

If the testing frequency is increased, additional measures also need to be in place: further monitoring, incentivisation of testing, analysis of the outcomes of the current testing regime, exploration of alternative testing approaches/ techniques, and audits of why people do not take up the offer of testing. In addition, it would be important to ensure there are no financial disincentives for testing/ negative consequences of returning a positive test. This includes working with employers to ensure that staff are not required to use limited sick or annual leave provisions to meet requirements that result from any testing.

Further considerations

- Protecting the sustainability of the testing programme is important – people in these high-risk occupations need to be willing to continue to be tested in future, potentially for many months and especially when the risk of infection is rising.
- There is a need to ensure that it is very easy for border facing staff to get a test if they have symptoms, or are feeling unwell in any way, including when they are asked not to attend work when unwell.
- We need to be mindful of the risk of over-testing in these environments as it conveys a message that we don't think people are safe, despite PPE, IPC etc.
- Blanket voluntary asymptomatic testing is unlikely to be helpful – testing could be focused where the risk is highest and benefit most likely. Different people will have different levels of risk of acquiring the virus, based on exposure (including PPE/ length of interaction, role at the border, environmental context, etc). Cleaning staff at airports and isolation/ quarantine facilities, as well as bus drivers, were seen to be among the highest risk based on overseas research. If workers move between different workplaces/ facilities this would be another area of higher risk.
- If prioritising of different sites of testing is needed, incoming ships that have been at sea without symptoms in the crew/ passengers for 28 days or more could be one situation where testing could be foregone (assuming no new crew or passengers had joined the ship in that time).
- Robust data analysis is needed to evaluate the effectiveness of any policy. Testing of a sample of higher risk people could be a way of providing some reassurance/ auditing any policy.
- Note that many Iwi were very proactive about ensuring their communities had reduced risk of COVID-19 (e.g checks at Iwi boundaries etc), because of concern about heightened vulnerability to adverse outcomes from COVID-19. Māori workers may have similar attitudes and be more open to asymptomatic testing.

Suggestions

- Make it as easy as possible for border facing workers to get a test. For example, consider designated testing stations for border facing workers. Workers in high risk populations shouldn't have to justify getting a test. In addition, remove disincentives to testing e.g. unlimited sick leave for high-risk workers who are symptomatic or who have to isolate following a test.
- If a returnee is found to test positive, usual public health processes (i.e. via the local Medical Officers of Health as part of their process) should be followed to identify any staff who may have come in contact with them who need to be tested (including bus drivers etc). Contact tracing for positive cases remains essential for identifying infected staff.
- It may be opportune to review current intelligence on testing and prevention of spread at the border as a whole rather than these specific aspects so that any changes are

comprehensive. Successful prevention includes multiple environmental and management strategies.

- Consider the potential to trial less aversive tests in high-risk occupational groups, as these tests become available. Explore options of saliva testing (although not an immediate option) and modified regimes for self-swabbing, which may be more acceptable. Staff could be administered swabs and media ahead of time so that they could self-swab and contact an agency for pick up (e.g. from a letterbox) if unwell at home.

Question 2:

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