

# **Minutes: Technical Advisory Group (TAG) for COVID-19**

Date:	Friday 21 August 2020					
Time:	10.30am – 11:30am					
Location:	Meeting URL: Out of scope  Meeting ID: 948 2567 1811 Password: TAG or Numeric Password: 498734					
Chair:	Dr Andrew Simpson					
Members:	Dr Anja Werno, Dr Bryan Betty, Dr Collin Tukuitonga Dr Erasmus Smit, Dr Matire Harwood, Professor Michael Baker, Dr Nigel Raymond, Assoc Prof Patricia Priest, Dr Sally Roberts, Dr Shanika Perera, Dr Virginia Hope					
Ministry of H	ealth Attendees: Andi Shirtcliffe, Asad Abdullahi, Louise Chamberlain, Dr Tomasz Kiedrzynski					
Guests:						
Apologies:	Dr Ian Town, Dr Juliet Rumball-Smith, Dr Richard Jaine, Sarah Mitchell, Dr Caroline McElnay, Dr Harriette Carr, Jeremy Tuohy, Margareth Broodkoorn, Dr Niki Stefanogiannis					
1.0	Welcome and Previous Minutes  Dr Andrew Simpson welcomed all Members and Attendees in his capacity as Acting Chair of the Technical Advisory Group for COVID-19.  Minutes of the last meeting (07 August 2020) were accepted.					
2.0	Update on open actions Open Actions updated. Action 57 remains open.					
3.0	Ministry of Health update on COVID-19 response  The Chair gave an update on current issues being worked on in the Ministry:  Case Update					
PELE	cluster. Two cases are still under investigation.					
	<ul> <li>Lab Testing Figures</li> <li>Lab tests processed have peaked to 24,000 in a day. On 20 August 2020 over 15,000 tests were processed, averaging over 20,000 tests per day over the last 7 days.</li> <li>Acknowledgement and appreciation given to the phenomenal effort of Lab workers.</li> <li>Contact Tracer App</li> </ul>					
	<ul> <li>Prior to 12 August 2020 the number of users of the NZ COVID Tracer app was 600,000; the most recent figure has surpassed 1,2 million registered users.</li> </ul>					

#### **Incident Management Team (IMT)**

- The IMT has been stood up on 12 August 2020 as part of the National Health Coordination Centre (NHCC) Response.
- Ongoing advice and decision making are happening on the Ministry and the Government levels. Alert levels are being considered further today.

## Science and Technical Advisory (STA)

- A piece of work is being developed around fomite transmission. Another work initiated by STA coordinating pieces already underway through the Institute of Environmental Science and Research Limited (ESR), Ministry for Primary Industries (MPI) as well some work done by the Auckland Regional Public Health Service (ARPHS).
- STA will be connecting more formally the members of the Expert Advisory Network (EAN)
  over the next couple of days.
- A formal request from some TAG members was received for an independent review of border protection measures.
- Testing modalities and emerging technologies is an area of great interest form All of Government (AoG).

# 4.0 Any other business

## **Emerging Technologies for Testing for COVID-19**

- There is a lot of development on the saliva testing and it is being considered crucial to increase patient acceptance of the COVID 19 test, potentially increasing voluntary testing of those who need repeat testing.
- It would be helpful to have direction from the Ministry of Health that newly diagnosed COVID-19 patients would have a repeat nasopharyngeal swab (NPS), saliva samples and blood for serology. This will help ensure no false positives have occurred (good laboratory and clinical practice) and provide evidence for the validation of saliva and blood sampling.
- Saliva samples taken at the same time as an NPS will be used for validation of the testing method and satisfy the regulation body, International Accreditation New Zealand (IANZ).
- Testing relies on actual saliva samples as it is difficult to develop artificial spike samples
  of saliva to send to laboratories, as saliva contain RNases, an enzyme that degrades
  RNA.

### TAG Feedback

- While ideal, the proposed addition of saliva and serology samples may be difficult to achieve with the current resources.
- Labs would prefer to ultimately switch to saliva as the easy obtainable sample and is important for the lab workers to get experience dealing with saliva as a different specimen.
- Query to international experience with the testing method and how well its performance has been assessed.
  - Internationally the problem in the past with the saliva studies was the use of different methods, but the meta-analysis of a couple of studies had shown that saliva testing is not as sensitive as NPS (about 90%). A recent publication from Yale, however, showed that if no buffers are added to stabilise the saliva sample, the SalivaDirect protocol, the sensitivity is comparable to an NPS.

 New Zealand is different than other countries as being keen on test sensitivity in a way not to miss any cases, even low-positive ones.

### **Activity Updates**

**Primary Care:** The demand put on General Practices and frontline is concerning; Never seen such a sense of fatigue. Other issues raised from the Sector are:

- Inter-regional travel with private community providers.
  - Ministry has held discussions on the inter-regional travel for health workers with Police and AoG.
- More clarity around the advice on mask use in GP waiting rooms in the different Alert
- Some Pacific GPs from South Auckland concerned about social providers at CBACs providing support, such as food packages, not wearing PPE.
- Rural doctors and essential health care workers coming from overseas being required to pay the \$3000 quarantine fee.
- 80% of GPs across the country are COVID-swabbing on top of providing basic routine care is a real challenge.

**Epi:** Recent meeting to discuss incubation and infectiousness periods and the relationship with ideal quarantine times in support of a review being developed by the Science and Technical Advisory.

Involvement with the Te Punaha Matatini (TPM) Modelling Group and their need for information about the of proportion of people with symptoms currently being tested.

In relation to the non-PCR testing and the potential benefit of the less sensitive but more frequent tests is more relevant on places with high community transmission, but it is important to think about them in anticipation of the need for them would be worth investment of time and effort.

**Clinical:** The members of the former Clinical Subgroup are meeting informally and continue working on medicine supply issues, bringing attention to the lack of structure in New Zealand for critical medicine guidelines; the proposal of an independent review of border protection measures.

**Pacific Health:** Three quarters of the current cases in the Auckland cluster are Pacific and show the impressive response from the community.

Importance of continuing to provide as much information as possible and appealing to church ministers to stop having church service during Alert Level 3.

Access to testing largely being resolved.

**Infection Prevention and Control:** The IPC team is working exceptionally hard to provide evidence-based and principle-based guidance.

**Laboratory:** The main issue is around workforce and how to get through the work. Lab workers have done a stellar effort across the country in getting through thousands upon thousands of samples, but this testing volume is not sustainable. Not from a workforce point of view neither from consumables supply point of view.

The request for a surveillance program that ensures a deliberate and non-reactive approach is been reiterated.

A comment from an ADHB perspective has been made of how important it is to fully comprehend that the Lab work is highly technical, and the amount of expertise required to support this amount of testing. o Comments from Primary Care and Māori Health perspectives have been made, echoing the need for proactive surveillance program and strategy. The Epi Subgroup had intermittent involvement with the development of the current Surveillance Strategy. The observation is that it was hard to identify who was responsible for the work and who should the group be advising. Not enough feedback on how the advice was being used was provided by the Ministry and that could be improved. Commentary will be fed back to the Ministry and the Executive Leadership Team. Public Health: Public Heath teams have been very involved in the outbreak response, not only in terms of containment but also in terms of source ascertainment. An issue raised is the shared processes between the National Investigation and Tracing Centre (NITC) and other PHUs not been yet aligned and some testing protocols (i.e. testing of close contacts) not being finalised. Communications need to be streamlined and consistent across multiple entities providing management. Institute of Environmental Science and Research Limited: ESR aims to have referrals of specimens for genomic analyses completed as rapidly as possible and appreciation was given to those sending the referrals. Epidemiological information assists with contextualizing the genomics but there were some difficulty entering cases rapidly into EpiSurv. ESR is also collating information from different sources across at least four different databases and it has been challenging. ESR has been asked about environmental sampling information. Agenda items for next meeting 5.0 No items discussed New Action Items raised during meeting 6.0 No new actions raised on 21 August 2020 meeting Summary of TAG Recommendations

Meeting closed at 11:34am

7.0

Next meeting Friday 04 September 2020 - 10.30am - 12:00pm

Action #	Agenda item	Actions	Action Owner	Updates	Status	
57	Subgroup Activity Updates	TAG Chair to be in contact with the Ministry's workforce team regarding the concern around lab workforce	Chair	21/08 - Ongoing 06/08 - Ongoing 24/07 - Action raised	Open	
		ASED UNDER THE	FICIALINFO	RINATION		
	PEL	E.A.S				