

# Minutes

## The Technical Advisory Group for 2019-nCoV Teleconference

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**Date:** 5 February 2020

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**Time:** 12:15-1:45pm

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**Location:** National Health Coordination Centre (NHCC), 133 Molesworth St Wellington

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**Chair:** Dr Caroline McElnay

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**Attendees:** Dr Sally Roberts  
Professor Michael Baker  
Professor Stephen Chambers  
Dr Erasmus Smit  
Dr Nigel Raymond  
Dr Virginia Hope  
Dr Shanika Perera  
Dr David Murdoch  
Dr Bryan Betty  
Ministry of Health staff:  
Dr Caroline McElnay  
Dr Harriette Carr  
Dr Tom Kiedrzyński  
Dr Geoffrey Roche  
Dr Juliet Rumball-Smith  
Dr Richard Jaine  
Dr Niki Stefanogiannis  
Asad Abdullahi

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**Apologies:** Dr Anja Werno

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**Documents tabled:**

- Minutes of the last meeting
- ESR Risk Assessment paper
- ECDC’s suspect case definition (for agenda item 2)

Item	Notes
0	<p><b>Preliminaries</b></p> <ul style="list-style-type: none"> <li>• Thanks to those who had assisted with the events of the weekend and the arrival of the Air New Zealand Wuhan evacuation flight.</li> <li>• Clarification of the role of the TAG in providing advice, and its relationship with the work of the NHCC and the broader government response.</li> </ul>
1	<p><b>Situation Update-including border measures taken to date.</b></p> <ul style="list-style-type: none"> <li>• <b>The day’s Ministry of Health sitrep (Sitrep 16, 1300 hrs 05 February 2020) was summarised.</b></li> </ul> <p>As at 14:00 04 February 2020, approximately 20,630 confirmed cases of 2019-nCoV have been reported globally. Of the confirmed cases reported globally, the case fatality rate is approximately 2%.</p> <p>There have been 20,471 cases reported in mainland China. Of these approximately 66% have been from Hubei Province. Of the confirmed cases in mainland China 2,788 (~14%) cases (not including the 425 reported deaths) have been reported as severe.</p> <p>Approximately 159 exported cases have been reported outside of China. Of the cases identified outside China, 14 were due to secondary transmission outside China. Of the remaining cases, travel history is available for 101 of them; all 101 had travelled to China in the 14 days before illness onset.</p> <p>There have been approximately 427 confirmed deaths, 425 within Mainland China, one from the Philippines and more recently one from Hong Kong. The Philippines death was a 44 year-old man who was a resident of Wuhan.</p> <p><b>Assisted Departure flight</b></p> <p>The Air New Zealand Charter flight departed Wuhan at 0645 hrs New Zealand time. It was expected to land in Auckland this evening around 1830 hrs.</p> <p>A total of 193 passengers boarded the plane in Wuhan. This included 100 New Zealand citizens and permanent residents, 23 Australian citizens and 70 foreign nationals, predominantly from Pacific Island countries including Papua New Guinea, Samoa, Kiribati, Tonga, Fiji and the Federated States of Micronesia</p> <p>No registrants were unable to board due to documentation and check-in processes. One person was stopped from boarding by Chinese authorities at the health pre-screening check.</p>

All passengers, apart from the Australian passengers, will be in isolation for 14 days in Whangaparaoa. Australian passengers on arrival into Auckland will be transferred directly to a charter flight to Australia.

### **Risk Assessment**

It was asked how up to date the global assessment of risk was, and how often it would be updated.

In response it was noted that ESR would be providing a daily updated global risk assessment to the MoH There was discussion on at what point the situation would be called a pandemic and what this would entail. There was discussion on two possible scenarios- the Coronavirus follows a 'SARS' type path (relatively low infectivity, contact tracing used), or a 'pandemic influenza' path, lower morbidity per individual but higher infectivity and higher number of deaths overall.

It was noted that Australia has not yet referred to the coronavirus situation as a pandemic, but they are reviewing it in the light of their pandemic plan.

It was suggested that statements on risk assessment be made with a note on what specifically they are referring to, i.e. for the near future or taking the long view.

The issue was addressed under Agenda Item 4, Forward Thinking.

### **Australian Situation**

Australia had reported 13 cases.

A number of suspected cases were awaiting test results, and a number were under investigation. Approaches to travel restriction and advice varied between states. One recently confirmed case had tested positive for another virus.

### **Modelling**

There was discussion on modelling, whether nationally or internationally. It was noted that John Hopkins University and Imperial College had conducted modelling. It was agreed to continue discussions offline and would be led by Richard, Virginia, and Michael. The modelling would inform an impact assessment

The importance of the Joseph Wu paper was discussed. (Joseph Wu, Kathy Leung, Gabriel M Leung. "Nowcasting and forecasting the potential domestic and international spread of the 2019-nCoV outbreak originating in Wuhan, China: a modelling study" *The Lancet* published online January 31, 2020). It was noted that the paper showed that the exponential curve is very gradual before it takes off.

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30260-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30260-9/fulltext)

### **Recommendations**

It was recommended that further work on modelling and assessment be progressed.

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**Clinical criteria to support decision-making re border measures including when to relax**  
**General discussion on border measures**

There was discussion on the border measures that took effect at midnight of 2nd February; preventing entry of non- New Zealand residents or citizens travelling from China. These measures would allow for ensuring that systems and processes are in place.

The protocol for making decisions to reopen the border was outlined, as well as possible decisions applying to countries other than China.

#### Discussion

- Emailed comments on this matter from Virginia and Michael were noted.
- Information that would inform such decisions would include data on transmission, evidence of control measures, what other countries are doing, changes in reproductive number, time frames of implementation, and any changes in the governments' goals. The capacity to control the border was also noted as an issue.
- It was noted that New Zealand had reported to the WHO its justification of its decision on border control.
- Another factor for New Zealand was the need to do what was possible to prevent spread to Pacific Island nations. Auckland is an important hub for this relationship.
- MFAT is reviewing border restrictions in other jurisdictions.
- It was reported that direct flights from China to Fiji had ceased.
- The need for a measured, calm and proportional response, and clear messaging for the public, was emphasised.
- Impacts on trade and the potentially long duration of the situation (as long as a year or more) were discussed

#### Recommendations

It was recommended that further work be done with urgency on the factors for consideration for closure and re-opening of borders.

It was recommended that an updated summary of border closures and commercial aviation system changes would be useful.

It was recommended that the 2020 influenza vaccination programme was an important component of protecting vulnerable people and should be aligned with the coronavirus work.

3	<b>Updates from the subgroups:</b>
3a	<b>Lab (Anja Virginia)</b>  Canterbury Health Laboratories can now provide coronavirus testing.
3b	<b>IPC (Niki and Sally)</b>

	<p>PPE general advice on facemasks was published on the Ministry website last week; separate advice was provided for different work settings. IPC advice and requirements for the Wuhan evacuation flight and the quarantine facilities in Auckland was provided. Work is ongoing with St John Ambulance.</p> <p>The IPC Working Group includes Nikki Grae (HQSC) and Caroline Clissold (Capital and Coast DHB).</p> <p><b>Discussion</b></p> <p>It was recommended that more advice on cleaning primary care consultation rooms was required. Sally noted that Northern region had such advice and was able to share.</p>
3c	<p><b>Public health (Harriette and Shanika)</b></p> <p>The PH working group includes Ramon Pink (CPH), Craig Thornley (RPH) and Greg Simmons (TDHB) has met once. Discussions have taken place on how the group would interact with other public health units.</p> <p>General advice on contact tracing and management, allowing for regional variations, has been prepared. The need to canvas regional resources was noted.</p> <p>The question of whether there should be one national generic resource, or a range of resources developed by DHBs that are reviewed for overall consistency has been raised</p> <p>An initial set of ARPHS resources has been provided to Harriette for review.</p>
4	<p><b>Forward thinking</b></p> <p><b>There was a discussion on what scenarios needed to be prepared for.</b></p> <ul style="list-style-type: none"> <li>• It was noted that clear and concise messaging was needed for the winter season. It was noted that practices in Porirua were overwhelmed during the swine flu pandemic (2009). There is already anecdotal evidence of people phoning in with anxiety about having travelled in China.</li> <li>• The need to avoid stigmatising of Chinese people was noted.</li> <li>• The potential for high pressures on the laboratory system was also noted.</li> <li>• Supply chain logistics for face masks and vaccinations would need to be reviewed.</li> <li>• The need for community-based assessment centres was suggested.</li> <li>• Planning in aged care facilities.</li> <li>• The need for defined trigger-points from phase to phase, in particular the transition to full cluster control (i.e. testing everyone).</li> <li>• Clarification on at what point school closures would be needed</li> <li>• Advice for health professionals such as pharmacists and midwives.</li> <li>• Access to chest X-rays.</li> </ul> <p><b>Discussion on efficacy of home quarantine</b></p> <p>It was asked how effective home quarantine was; one estimate was 30% compliance with instructions. Current advice is voluntary self-isolation. People are not currently being</p>

	<p>quarantined (with the exception of the Wuhan flight repatriated passengers). There is currently no system of following up; there would be follow up of suspected cases.</p> <p>Work is underway on an improved system for monitoring and supporting people in self-isolation.</p> <p><b>Advice being prepared</b></p> <p>Advice is being prepared for mass gatherings and cases being managed in the community.</p> <p><b>Case definition updating</b></p> <p>It was asked whether temperature would be removed from the case definition. It was noted that any changes to the case definition would be formally considered by the TAG</p> <p><b>Query on testing of the Wuhan repatriated passengers</b></p> <p>It was asked whether the repatriated passengers were having daily nasal pharyngeal samples being taken. Niki would follow up.</p>
5	<p><b>Dates for the next three meetings</b></p>
	<p>Asad to send out potential dates and to confirm as soon as possible</p>
	<p><b>Summary of recommendations</b></p> <ol style="list-style-type: none"> <li>1. that further work on modelling and assessment be progressed</li> <li>2. that further work be done with urgency on the factors for consideration for closure and re-opening of borders.</li> <li>3. that an updated summary of existing border closures and commercial aviation system changes would be useful.</li> <li>4. that the 2020 influenza vaccination programme was an important component of protecting vulnerable people and should be aligned with the coronavirus work.</li> <li>5. that more advice on cleaning of consultation rooms was required</li> <li>6. that further work be done on planning for future scenarios and preparation required</li> </ol>

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