Minutes
The Technical Advisory Group for COVID-19 Teleconference

MINISTRY OF HEALTH
MANATŪ HAUORA

Date:	13 February 2020
Time:	9:00 am- 10:00 am
Location:	National Health Coordination Centre (NHCC), 133 Molesworth St Wellington
Chair:	Dr Caroline McElnay
Attendees:	Dr Sally Roberts Professor Michael Baker Professor Stephen Chambers 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 Kiedrzynski Dr Geoffrey Roche Dr Juliet Rumball-Smith Dr Richard Jaine Dr Niki Stefanogiannis Andi Shirtcliffe Asad Abdullahi
Apologies:	Dr Anja Werno and Dr Erasmus Smit

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Documents tabled:

- Minutes of the last meeting (5 February 2020)
- Interim guidance for health staff implementing home care of people not requiring hospitalisation for COVID-19 infection, 11 February 2020
- Case definition of COVID-19 infection
- Caring for yourself and others who have, or may have COVID-19 infection
- The Technical Advisory Group for COVID-19 teleconference meeting agenda 13 February 2020

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Preliminaries

Correction for the minutes of the last meeting: David was not at that meeting. The Minutes were otherwise confirmed to be correct.
Follow-up on the actions in the last meeting.

Under “Query on testing of the Wuhan repatriated passengers” at Whangaparoa. “It was asked whether the repatriated passengers were having daily nasal pharyngeal samples being taken. Niki would follow up.”

It was asked what sampling was being taken, and what sampling should be taken before discharge. It was noted that sampling was not daily; samples had been taken upon arrival and all results were negative. A thorough examination had been taken out by physicians.
Current advice is to do both nasopharyngeal oropharyngeal swabs.

There was agreement that samples would be taken based on clinical symptoms and there is no intention to do regular screening of returnees. There would be no asymptomatic screening of guests before they are discharged from Whangaparoa, which is scheduled for Wednesday 19th February.
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Situation Update

A teleconference with public health chiefs from the United States of America, the United Kingdom, Australia and Canada at was held at midnight New Zealand time, 12-13 February. Border restrictions were discussed.
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<tr><td>Australia</td><td>Following the Lancet (Wu et. al.) modelling paper that predicts spread within mainland China; self-isolation facilities provided.</td></tr>
<tr><td>United States of America</td><td>Active screening at borders with different layers of management (primary, secondary, tertiary); formal questionnaires and tertiary screening for symptomatic cases. Applies to all of mainland China.</td></tr>
<tr><td>Canada</td><td>Alignment with WHO guidelines; reviewing epidemiological data; focus on Hubei Province as main risk area; handouts provided at airports; recommendation that anyone who has been to Hubei Province self-isolate for 14 days; those who have been to mainland China are provided with a</td></tr>
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	telephone number to call if they have symptoms. No travel restrictions.
United Kingdom	No border restrictions. 14 days self-isolation for travellers returning from Hubei Province. Other countries besides mainland China have been added to the case definition, including Hong Kong, Japan, Macau, Malaysia, Republic of Korea, Singapore, Taiwan or Thailand.

To date none of those individuals that had been repatriated from Wuhan to Canada, the UK and USA have been positive for COVID-19.

Pre-symptomatic transmission

UK public health representatives do not think that Presymptomatic transmission occurs; the United States believe it is unlikely but are concerned. Australia and New Zealand are taking a cautionary approach.

Discussion

There was discussion on whether self-isolation for those returning from mainland China was overly cautious.

It following were noted:

- The economic costs of maintaining isolation measures
- The disruptions for universities and students
- Flow on effects for students self-isolating in halls of residence (it was added that at least Otago University in Dunedin had been planning to manage this, by setting aside a residence for foreign students for this purpose)
- much of the decision depended on whether asymptomatic transmission was possible.

It was **agreed** that the Ministry would continue the current precautionary measures and advise 14 days self-isolation for those returning from mainland China.

Risk Assessment: Update

ESR prepared an update risk assessment on this day; the only part changed was ‘risk of transmission which has changed from low to potentially very high. Asad will distribute this text to the TAG.

Action: Asad to distribute ESR updated risk assessment.

2	Updates from the subgroups
2a	**Lab (Anja, Virginia)** Continuing from last minutes.
2b	**IPC (Niki and Sally)** Progress on reading documents and developing consistent wording for IPC hand cleaning campaigns, to be released to the public soon. The WHO has a good FAQ text for IPC that can be used.

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	There are challenges to get good IPC advice to health facilities. It was noted that many queries to the Ministry on nCoV concern IPC.
2c	**Public health (Harriette and Shanika)** Work on providing resources for PHUs and developing a resource repository on SIPHAN. There was discussion on the WHO's protocol for *the The First Few X (FFX) Cases*[1] *and Contact investigation protocol for COVID-19* and how regional partners would facilitate this.
3	**Review of Suspected Case Definition** Key decisions to make: • whether we would continue to update our case definition to align with that of Australia (who have changed theirs three times in the last ten days) • whether the epidemiological criteria specify "casual contact" rather than just "close contact" • whether we remove "sore throat" • whether "fever" be given a specific temperature The utility of making the case definition to be more sensitive, and the flow-on effects of any such changes (particularly lab workload), were considered. It was **agreed** that there be no changes to the case definition for the time being, and that it is fit for purpose. Change would be actively considered in the future; the case definition would be updated in the event that significant changes were warranted (as opposed to frequent changes made over a short period of time). It was suggested that any changes to guidelines be notified as a cohort, for efficiency.
4	**Interim guidance for homecare management of COVID-19 cases not requiring hospitalisation- two sets of guidance for:** • **Healthcare staff** • **Cases and their households.** There was discussion on whether patients be hospitalised or managed at home. Key issues were: • Cases who may be managed at home and who may deteriorate • Risk of nosocomial infection • Public perceptions, and need to protect the Chinese community • Management of cases where there may be immunocompromised individuals or pregnant women in the home, or a lack of community support, or amenities not available in the home • Whether strict mandates or rigid rules were required on this point. It was noted that the Interim guidance document tabled accounted for these issues (the box at the top of page 1).

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[1] https://www.who.int/publications-detail/the-first-few-x-(ffx)-cases-and-contact-investigation-protocol-for-2019-novel-coronavirus-(2019-ncov)-infection

	"The health team (DHB, PHU and primary care provider) should determine roles and responsibilities for community management of patients with 2019-nCoV. These may vary from region to region. The aims of community management of patients with 2019-nCoV are: • Ensure that the patient has adequate support (health, PPE and social/personal support) • Establish a clear pathway should the patient deteriorate and/or require reassessment • Minimise number of close contacts • Ensure close contacts are monitored • Limit risk to the community." It was **agreed** that assessment and support were required for those confirmed cases that were managed at their homes, and that decisions would be made on case by case basis. The Interim Guidance will be published today (13 Feb); attendees were invited to email through any amendments.
5	**Next meeting: 21 February 2020**
	Summary of recommendations. It was **agreed** that: 1. samples from repatriated guests would be taken only if the case was symptomatic. There would be no asymptomatic screening of guests before they are discharged from Whangaparoa, which is scheduled for Wednesday 19th February. 2. The Ministry would continue to advise self-isolation for those returning from China. 3. there be no changes to the case definition for the time being, and that it is fit for purpose. Change would be actively considered in the future; the case definition would be updated in the event that significant changes were warranted (as opposed to frequent changes made over a short period of time). 4. assessment and support were required for those confirmed cases that were managed at their homes, and that decisions would be made case by case.

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