

## Minutes

## The Technical Advisory Group for COVID-19 Teleconference

Date:	21 February 2020
Time:	9:00 am- 10:00 am
Location:	National Health Coordination Centre (NHCC), 133 Molesworth St Wellington
Chair:	Dr Caroline McElnay
	Professor Stephen Chambers Dr Virginia Hope Dr Shanika Perera Dr David Murdoch Dr Erasmus Smit Dr Shanika Perera Ministry of Health staff: Dr Caroline McElnay Dr Harriette Carr Dr Tom Kiedrzynski Dr Geoffrey Roche
EAS	Dr Richard Jaine Dr Niki Stefanogiannis Andi Shirtcliffe Lucia Anselmi Asad Abdullahi Laura Seary (delegate for Dr Juliet Rumball-Smith)
Apologies:	Dr Bryan Betty, Dr Juliet Rumball-Smith, Dr Nigel Raymond, Dr Sally Roberts

## **Documents tabled:**

- Minutes of the last meeting (13 February 2020)
- Agenda for this meeting
- David L. Heymann and Nahoko Hindo on behalf of the WHO Scientific and Technical Advisory Group for Infectious Hazards. "COVID-19: what is next for public health? *The Lancet*. Feb 12, 2020.

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1	Minutes of last meeting – Thursday, 13 February 2020
	Draft circulated – any corrections as soon as possible.
	Matters arising:
	Case definition:
	It had been agreed that there would be no changes to the case definition for the time being.
	It was noted that all passengers of the cruise ship <i>Diamond Princess</i> currently in Yokohama Bay would be considered "close contacts of a confirmed case", owing to concerns that infection prevention and control measures were compromised. Those passengers will be in quarantine upon return to New Zealand.
	Situation Report distribution
	It was confirmed that daily distribution of the Situation Reports was appreciated by TAG members.
	Risk assessment template
	Asad to re-circulate the new ESR draft risk assessment template for comment. – Actioned.
2	Situation Report
2	<i>Diamond Princess</i> cruise ship in quarantine, Yokohama Bay, Yokohama, Japan.
	Caroline provided an update on the quarantine and case management of passengers aboard the <i>Diamond Princess.</i> There has been considerable liaison with colleagues internationally to discuss the removal of passengers and their management upon return to their home countries. Australia
	sent Paul Armstrong on Saturday night (15 <sup>th</sup> February). The emerging consensus is that quarantine was not effectively maintained and that passengers were still being exposed to the virus, hence a recommendation that New Zealanders be removed from the ship and go into self-isolation. This approach is consistent across Canada, the United States, the UK and Australia.
	Other key points from the discussion on the Diamond Princess:

	<ul> <li>Japanese authorities include asymptomatic people who have tested positive as cases.</li> <li>Around 52% of confirmed cases were asymptometic. No further information has been</li> </ul>
	Around 53% of confirmed cases were asymptomatic. No further information has been given on the clinical progression of disease in these cases
	<ul> <li>Final figures on all those who had been tested are not yet available. There is currently no</li> </ul>
	summary of all passengers and what proportion had tested positive.
	Quarantine aboard the ship is understood to have been a request to passengers to stay
	in their rooms; it is assumed that ship board activities such as food preparations continued as usual, and crew moved about. Food was left outside passenger rooms, and
	rooms were not cleaned by crew.
	<ul> <li>Paul Armstrong had reported that there may have been two transmission waves; the first</li> </ul>
	soon after the quarantine period began, and a second when a number of crew became ill.
	<ul> <li>Data is being published online by the Japanese Ministry of Health Labour and Welfare.<sup>1</sup></li> </ul>
	New Zealand passengers brought back from Japan
	Six New Zealanders from the Diamond Princess arrived in Auckland last night; two other New
	Zealanders tested positive before they could leave Japan and were not permitted to board by
	Japanese authorities. Australia had around 20 or 30 passengers who were not able to board; 170 boarded the flight, 6 were moderately symptomatic.
	Discussion
	The group discussed whether testing of the passengers in Whangaparoa was necessary if they
	were asymptomatic. The group <b>AGREED</b> that the six ex- <i>D</i> amond Princess passengers at Whangaparaoa did not need to be tested if they did not have symptoms. The daily health checks
	would continue and only those with symptoms would be tested.
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<sup>&</sup>lt;sup>1</sup> <u>https://www.niid.go.jp/niid/en/2019-ncov-e/9407-covid-dp-fe-01.html</u>

	ESR will be assessing point-of-care tests.
4b	IPC (Niki and Sally)
	Main points:
	The IPC subgroup met on Wednesday 19 <sup>h</sup> February to discuss cleaning protocols for non-healt settings, following multiple requests from non-health sectors, including camper vans used for quarantine at Whangaparaoa, schools, student accommodation etc.
	The group is developing guidelines for both DHBs and primary care and will present to the TAG at the next meeting. The guidelines for primary care will be clear on what types of masks should be used.
	Action
	The IPC subgroup will provide the guidelines for DHBs and primary care to the TAG for consideration at the next TAG meeting (Thursday 27 February).
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4c	Public health (Harriette and Shanika)
	<ul> <li>a repository of materials has been set up on SIPHAN, and public health units have been invited to upload materials.</li> </ul>
	<ul> <li>Tom and Craig are developing health professional advice, which involves collating existing materials.</li> </ul>
	• Further work required on realistic capacity of public health units for contact tracing and contact management.
4d	Enidemiologys (Bishard Michael and Virginia)
40	Epidemiology (Richard, Michael and Virginia)
	General
	• Discussions are underway on what information would support the Ministry's approach to risk assessment of countries with sustained community transmission.
$\langle \rangle$	Modelling of impact of COVID-19 New Zealand
5.	University of Otago (Michael Baker) has been requested to replicate recent Australian modellin on the impact of COVID-19 for New Zealand. Report will be shared with TAG.
5	Any Other Business
	Request for inputs on what needs to be addressed by the MoH

	Caroline invited any suggestions on what needed to be addressed to be emailed to her, or fo members to telephone her directly.
	Need to coordinate research activity and ensure that it is aligned with operational need
	Key points:
	• The need to ensure that research activities aligned with operational needs was noted funding for research alone would not be strategically helpful if utility was not establish
	It was noted that the Health Research Council was capable of mobilising resources quickly, such as at the time of the 2019 Christchurch shootings.
	<ul> <li>Further subgroups</li> <li>A clinical subgroup and a primary care subgroup will be set up involving relevant clinicians from TAG. Andrew Simpson, MoH Chief Medical Officer, will also be involved.</li> </ul>
	Students from mainland China and border restrictions
	<ul> <li>No decision has been made on international students returning from China for the 202 academic year.</li> </ul>
	<ul> <li>Border restrictions will be reviewed on Monday 24 February.</li> </ul>
	<ul> <li>Health sector readiness</li> <li>TAG to consider what factors are applicable in considering whether to open or close borders, in its advice to Government especially how to assess health sector readiness</li> </ul>
	Suggested agenda items for the next meeting: 1. What data was needed to inform pandemic management decisions
	2. IPC advice for primary care
	3. Update on any supply chain issues for essential medicines
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6	Next meeting: Thursday 27 February 2020, 9:00 – 10:30am