Minutes: Technical Advisory Group for COVID-19

Date:	Friday 5 June 2020
Time:	10.30am – 11.30am
Location:	Zoom Meeting
Chair:	Dr Ian Town
Members:	Dr Sally Roberts, Prof Michael Baker, Dr Nigel Raymond, Dr Virginia Hope, Dr Shanika Perera, Prof David Murdoch, Dr Bryan Betty, Prof Stephen Chambers, Dr Matire Harwood, Dr Anja Werno, Dr Patricia Priest, Dr Erasmus Smit **Ministry of Health staff** - Dr Caroline McElnay, Dr Harriette Carr, Dr Tomasz Kiedrzynski, Dr Juliet Rumball-Smith, Dr Niki Stefanogiannis, Dr Richard Jaine, Andi Shirtcliffe, Asad Abdullahi, Margaret Broodkoorn, Fiona Gillam (Secretariat)
Guests	Mary Van Andel
Apologies:	Dr Collin Tukuitonga, Louise Chamberlain

1.0	**Welcome and Previous Minutes** Dr Ian Town welcomed all Members, Attendees and Guests in his capacity as Chair of the Technical Advisory Group for COVID-19. Minutes of the last meeting (29 May 2020) were accepted.
2.0	**Update on open actions** Open actions updated. Actions 42, 44 remain open. Actions 37, 38, 41, 43, 45, 46 closed.

3.0	**Ministry of Health update on COVID-19 response**
	
	The Chair gave an update on current issues being worked on in Ministry of Health, which include:
	• Ministry has now finalised advice on the move to Level 1 for Monday 8 June Cabinet meeting
	• NZ remains close to achieving the initial milestone in the Elimination Strategy ie, being confident chains of community transmission have been eliminated for at least 28 days
	• Details of last community transmission cases are now all known
	• Ministry conscious of the need to improve a number of systems and processes, including data management and providing clear information; and will be addressing this
	• ELT considering commissioning an external review of the Ministry response to date
	• All of Government (AOG) Team considering:
	  • Border management
	  • Trans Tasman bubble - Trans Tasman Working Group have provided reports to AU and NZ PMs on pathways to consider
	  • Possible scenarios in a Level 1 environment eg: outbreaks, lapses in quarantine

	• Vaccine Strategy has been formally announced – MBIE lead task force and establishing a science platform TAG discussion: **Border control:** • Acceptance that new cases linked to border are inevitable. Effectiveness of Public Health measures, identification and management will be critical • All entry currently through Auckland; capacity has been reached with existing managed isolation and quarantine facilities • Pressure to stand up Christchurch quarantine and isolation facilities; option of taking Auckland overflow has been raised • Discussion underway on whether the present more formal quarantine approach is sustainable, and how to have confidence in effective quarantine measures, given the larger number of arrivals in the future, and whether some form of monitored self isolation management can be implemented Serology testing: • PCR testing at border for all those going into a managed quarantine facility is part of current PH approach • AU have been testing everyone coming into quarantine and isolation and are planning on using PCR results to step down from managed facility into self isolation for those testing negative and who are asymptomatic after 48 hours TAG feedback: • Serology testing has now developed to enable specificity testing or confirmatory testing. If PCR is negative and antibodies are positive there may be no need for quarantine ○ See item 6.0 Testing Strategy for further discussion on serology testing Risk assessment: • Work required to develop risk assessment framework and identify different levels of risk during this phase of the pandemic; bringing together a range of policies and procedures across agencies • To be formalised in an overarching policy which Ministry of Health informs but does not lead (MBIE, NZTA and Customs also involved in border management) • Maori and Pacific equity will be addressed • Framework will be brought to TAG ○ Noted queries are being received from general practitioners on risk assessments for breaches and significant breaches of border controls, particularly over the next 12 months
4.0	**Review of suspect case definition** Appreciation given for TAG contribution to the review of suspect case definition and subsequent input into operationalising. Since last TAG meeting update, date for proposed change coming into effect has changed to 15 June, to align with Testing Strategy implementation. Communications and impacts to sector are being considered for 15 June change and in the event the country moves to Level 1 before 15 June.

4.1	**Managing respiratory illnesses over winter** TAG advice sought on whether current guidance should be changed • Current guidance to stay at home for 48 hours after symptoms have resolved was developed when country had lower testing capacity • Testing capacity now allows for anyone with respiratory symptoms to be tested. Should the advice now be simplified to be to 'stay home if you are sick'? or kept at the 48 hours? TAG feedback: • Remains important to have a 2 tier system – borders and identification of cases in the community. Essential for adults with acute respiratory infection to be tested (surveillance and the greater public good). Messaging needs to change as no longer a clinical indication, but needs to be de-linked from infection control measures. Need to have a system for respiratory illness in general rather than just COVID-19 specific • Traditional guidance has been to stay at home for 24 hours • Simpler messaging to say 'stay home if you are sick' but there is a risk this guidance won't be followed • Any guidance must have simple messaging • Many people do not have sick leave, so will not be able to stay home, regardless of messaging. Financial support should be provided if necessary, for people to stay home when sick or while awaiting a test result Generally, Subgroups support the current guidance, but acknowledge people's ability to comply will vary. Communications need to be clear
5.0	**Publication of Elimination Strategy** Elimination Strategy has been published on Ministry website and will continue to be updated as required. TAG feedback: • Some countries communicate the last known date of community transmission. Adding this date to the Ministry website would be useful to communicate how the country is tracking towards the Elimination Strategy target
6.0	**Testing Strategy** TAG was presented with the final working draft of the Testing Strategy which is one of the key pillars of the Surveillance Strategy. Appreciation given for all who have contributed. • A Cabinet paper will be developed over the coming week to introduce the Testing Strategy and wider surveillance approach • Testing Strategy is a strategic framework (for both diagnostic and surveillance purposes); contains high level approach and designed to be flexible; considers testing developments that will occur • Contains five surveillance components (as read) and is for the next period ie, to end of August • A new Surveillance Testing Working Group will be meeting weekly to develop operational plans and activities TAG feedback: • Clinical input from clinical and primary care groups will be useful, particularly as implementing testing in the community has a practical dimension

	• Provide an explanation of why testing is being done at days 3 and 12 for new arrivals • Consider obligations under Te Tiriti and to Pacific populations and strengthen that language • Strengthen language around 'taking the testing to communities'; particularly as many DHBs have introduced mobile testing centres and are considering their ongoing use, and including this in Strategy will benefit the cases of those DHBs seeking to keep mobile units in place • Consider the use of serological testing in some populations eg: pilots, to assess levels of exposure – useful to know how different barrier methods functioning Serology testing: • ESR has been evaluating serology tests, body of evidence is suggesting they are successful especially if confirming positives. Estimate serology testing will be available in NZ in a couple of weeks. • Mindful that at early stages, about ⅓ of cases thought to not serologically convert Rapid review testing: • ESR has been evaluating easy to perform (point of care) tests. • The Public Health Subgroup are developing a clinical algorithm to support implementation of the new approach to testing and implementation of the higher index of suspicion classification. Consultation with other Subgroups on logic, content and operationalising including PPE and notification requirements is underway Longer term Testing Strategy to be developed. Developments in serology and rapid review testing are of particular importance. **Action:** Seek involvement of Laboratory Subgroup in development of longer term Testing Strategy, particularly in relation to serology and rapid review testing Any further feedback on the Testing Strategy is welcomed
7.0	**Maori perspectives** • Ensure any formal reviews of COVID-19 response have Maori and Pacific representation • Hospitalisation issue - concern of inequities for Maori - data showing 66-70% drop in heart failure admissions compared to same time last year. Currently seeing large number of severely ill hospital admissions, many did not seek care during earlier alert levels. Working with DHBs on diagnostics and seeing people early
9.0	**Subgroup verbal updates** Primary Care Feedback to IPC Subgroup • Infected HCW return to work guidance – query as to why differentiation has occurred, shouldn't HCW and other workers be treated the same? • Different DHBs have different requirements for the use of PPE – national guidance required Public Health • Developing clinical algorithms and will be seeking advice from other Subgroups Clinical • Suggest begin planning a Strategy for COVID-19 treatment; although there are currently no drugs which have had an effect so far, some drugs are showing weak effectiveness

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- There are several cases of people who have been granted border exemptions for compassionate or medical reasons turning up at hospital without any warning. This risk has been relayed to the COVID-19 HUB Response Team and Border Response Team

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<tr><td>10.0</td><td>Any other business

- No other business discussed

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<tr><td>11.0</td><td>Agenda items for next meeting

- No items discussed

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<tr><td>12.0</td><td>New Action Items raised during meeting
<table>
<tr><th>#</th><th>Agenda Item</th><th>Actions</th><th>Owner</th></tr>
<tr><td>47</td><td>Testing Strategy</td><td>Seek involvement of Laboratory Subgroup in development of longer term Testing Strategy, particularly in relation to serology and rapid review testing</td><td>Dr Caroline McElnay</td></tr>
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<tr><td>13.0</td><td>Summary of TAG Recommendations

- Support for testing strategy
- Support for dropping the term suspect case
- Monitoring brief on serological testing developments

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<tr><td>14.0</td><td>Meeting closed at 11.30am
Next meeting Friday 12 June 10.30am – 11.30am</td></tr>
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Action #	Agenda item	Actions	Action Owner	Updates	Status
37	Suspect case definition and testing criteria for COVID-19	Ministry develop advice on changes to suspect case definition and testing criteria, with consideration of Subgroup feedback	Dr Caroline McElnay	04/06 - Now surpassed by action 41. Action closed 29/05 – Verbal update provided (item 4.0). Approval being sought for proposed change. 22/05 – Action raised	Closed
38	COVID-19 HUB structure	Seek changes to org structure diagrams to include Maori and Equity pathways	Louise Chamberlain	04/06 – Remains in progress as part of development of COVID-19 HUB Terms of Reference, which will be published when finalised. Action closed. 29/05 – In progress. Welcome questions 22/05 – Action raised	Closed
41	Proposed change to suspect case definition and testing criteria	Consider the following and provide feedback to Public Health Subgroup: ○ IPC – what are the implication of proposed changes for IPC? eg: presenting to primary care with respiratory illness and advice for higher risk group – within a health care setting ○ PC – how would advice be operationalised in a primary care setting? ○ Clinical – how would advice be operationalised in a hospital setting? ○ PH – are casual contacts of a confirmed case with symptoms considered high risk or not?	Subgroup Chairs	04/06 – Subgroups have considered and are providing feedback to PH Subgroup (see item 4.0). Action closed 29/05 – Action raised	Closed
42	National IPC guidelines	Provide published national IPC guidelines to PC Subgroup Chair	Dr Sally Roberts	04/06 – Final version of guidance will be shared when complete. 29/05 – Action raised	Open

43	Healthcare Workers return to work guidance	Consider guidance and provide feedback to IPC Subgroup	Subgroup Chairs	04/06 – Feedback has been provided from Subgroups and assistance provided from PH Subgroups. Action closed 29/05 – Action raised	Closed
44	Healthcare Workers return to work guidance	Seek feedback from NZ ASID and Occupational Health Network	Dr Nigel Raymond / Prof Stephen Chambers	04/06 – NZ ASID feedback provided. Occ Health in progress 29/05 – Action raised	Open
45	Aerosol generating procedures	Share rural hospital feedback/issues with IPC Subgroup	Dr Juliet Rumball-Smith	04/06 – Feedback shared. Action closed 29/05 – Action raised	Closed
46	Ministry lead work on HCW infection data and analysis	Discuss requirements and Clinical Subgroup involvement for this piece of work	Dr Caroline McElnay / Dr Nigel Raymond	04/06 – Ministry is keen to support a further review and development of related policy. Gap in IPC knowledge and practice across healthcare system acknowledged. Public Health Registrar has been identified and will work with Clinical and other Subgroups. Action closed 29/05 – Action raised	Closed