MINISTRY OF HEALTH
MANATŪ HAUORA

Minutes: Technical Advisory Group for COVID-19

Date:	Friday 12 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, Dr Collin Tukuitonga **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, Louise Chamberlain
Guests	Maria Turley, Cathie McGachie
Apologies:	-

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 (5 June 2020) were accepted subject to the following correction being made to item 4.1 Managing respiratory illnesses over winter:

- ~~Many people do not have sick leave, so will not be able to stay home, regardless of messaging~~

  ~~Generally, Subgroups support the current guidance, but acknowledge compliance will be an issue and that communications need to be clear~~

- 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

2.0 Update on open actions

Open actions updated. Action 42 remains open. Actions 44 and 47 closed.

3.0 Ministry of Health update on COVID-19 response

On behalf of the Ministry, the Chair thanked and acknowledged TAG and Subgroup members for all the expertise, support and encouragement provided to the response to date.

The Chair gave an update on current issues being worked on in Ministry of Health, include:

- Ministry now planning resourcing and the strategy for preparedness phase of the pandemic the country is now entering. Considering lessons learnt as input into planning.
- All of Government (AOG) Team continue to focus on a range of complex issues including border management and control

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	○ Once scenarios have been confirmed desktop exercises are being planned to stress test various elements including contact tracing ○ MBIE lead Vaccine Task Force has now formally met. A Science and Technical Advisory Group is to be established to develop Vaccine Science Strategy across international research and funding organisations ○ A range of internal Ministry reviews are being considered including an Executive Leadership Team review of roles and responsibilities during the response.
4.0	**Healthcare workers return to work guidance** TAG was presented with return to work guidance for Healthcare Workers (HCW) infected with SARS-CoV-2 or who are close contacts with a person infected with SARS-CoV-2. Guidance has been developed by the Infection and Prevention Subgroup and contributed to by Clinical and Public Health Subgroups. Noted this is area experiencing rapidly changing advice in other countries. Recent recommendations from Public Health England and Australian PHLN have removed the need for PCR testing at the end of the isolation period. The group was asked if we should follow suit. Feedback sought from TAG on support of the removal of the requirement for 2nd PCR test at day 10 prior to release from isolation, except for HCW returning to work who: • provide direct patient care; • were close contacts of a confirmed case of COVID-19 infection and have been in quarantine for 14 days TAG feedback: • In favour of reducing number of PCR tests required • Positive PCRs add confusion, even when at high CT value • HCW and general public advice should be consistent and consider equity • Advice must be presented with simple easy to understand messaging eg: low prevalence; why to some people need to be tested and not others? • Risk of infectiousness becomes lower over time - there can be a gap between isolation release and returning to work for those with ongoing symptoms eg: do not want HCW returning to work still coughing but there would not be a requirement for them to be in strict isolation • Often ARC HCW are older women and on low income and cannot afford additional time off work if long stand down required • Target groups which may be more risk adverse, for groups where absolute confirmation is required TAG supported a further revision to the HCW RTW algorithm which will no longer include PCR testing at day 10. Updated algorithm to be circulated by email.
4.1	**Clinical algorithm** TAG was presented with a clinical algorithm, developed by the Public Health Subgroup. Has been developed as a tool to accompany the implementation of the changes in case definition and the implementation of the Testing Strategy; to demonstrate logic, confirm context, identify gaps and issues. Appreciation given to all Subgroups for their feedback and recommendations (taken as read), which have been incorporated into the algorithm. Any further feedback is invited to the Public Health Subgroup.

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	Primary Care: • Strong primary care sector feedback - If broad based surveillance testing is required, a statement is required on epidemiologic criteria (not ILI approach) • Surveillance testing capacity concerns through winter – need practical approach for general practice. Surveillance testing won't be done if not practically workable • People are now refusing tests; do not understand why testing is required as currently low risk of community transmission – urgent need for public communications **Action:** Discuss Surveillance Strategy communications and Primary Care operationalising concerns Laboratory: • Should second swab be done if separate diagnosis is being sought eg other virus/bacteria Should this be added back into algorithm or is that addressed in Testing Strategy? **Action:** Confirm if 2nd swab needs to be added for separate diagnosis purposes Epidemiology: • Subgroup happy to provide input **Action:** Epidemiology Subgroup to review the algorithm and provide feedback to Public Health Subgroup Clinical • Extensive testing for surveillance is not a usual clinical pathway. • Concerned about the prominence of shortness of breath in the clinical criteria • **Action:** Public Health Group to review symptoms Urutā • Welcome opportunity to provide feedback **Action:** Consider and provide feedback to Public Health Subgroup Ministry currently working on bringing together communications and operationalisation of changes to case definition, testing strategy, arrangements and opportunities for testing as a package to take effect within the next 2 weeks. Noted - Testing Strategy which has been reviewed by TAG includes asymptomatic testing and ILI surveillance.
5.0	**PPE requirements for COVID-19 Nasopharyngeal or Throat swabs** TAG was presented with PPE requirements for COVID-19 Nasopharyngeal or Throat swabs advice, developed by the IPC Subgroup. Advice is based on IPC best practice with staff safety being top priority. Subgroup also considered impacts of implementing and operationalising any advice. Noted Appendix 1: Current advice on Ministry website regarding PPE for staff taking NP/Throat swabs from people with suspected COVID-19 infection will be replaced with updated Level 1 advice which IPC Subgroup is currently developing. TAG feedback: Primary Care: • Require evidence base for full PPE requirements; what is the epidemiologic basis?

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	• Effective PPE use is linked to Surveillance Strategy and how that is operationalised - strong feedback received from sector particularly within community medicine
	• Must consider the practicalities of supply, capacity and efficiencies in a primary care setting eg:
	    ○ Some DHBs have now stopped PPE supply into general practice
	    ○ CBACs are now being reduced
	    ○ Donning and doffing requirements
	    ○ Some DHBs are now publishing their own contrary advice
	
	Action: Primary Care Subgroup review advice and provide feedback to IPC Subgroup
	
	Action: Primary Care Subgroup to provide advice to Ministry on operationalisation and communication of this advice and the wider Surveillance Strategy

6.0	**Infected Healthcare Worker data analysis** TAG was presented with infected healthcare work data analysis, following feedback given on a previous version. Analysis summary: • Over half HCW infections were likely to be contracted in the workplace • Most HCW did not transmit infection to others • The majority of all transmissions between HCW, patient, resident occurred in ARC • Key finding – as most infections were in ARC facilities there were not many instances of transmission via HCW to other health professionals • Analysis is currently quantitative TAG feedback: • Query whether the number of contact exposures had been defined, considering the closeness of contact in ARC facilities ○ This couldn't be picked up through current quantitative data (EpiSurv) and would need to be part of further review eg: interviews • IPC Subgroup interested in reviewing data on HCW who acquired the infection in the healthcare setting; this will inform system error themes • **Action:** ODPH is planning a more detailed review of the data over the next 3 months with support from the Clinical Subgroup
7.0	**Māori health perspectives** • Many Māori health providers have concerns around PPE and IPC • Continuing to advocate for swabs for children. Level of testing remains inconsistent • Continue to monitor the impact of lockdown / deferred care ○ Previous feedback provided on this issue has resulted in specific questions being added to a NZ Health Survey on Deferred Care, commissioned by Director General of Health
	Pacific health perspectives • There is some confusion among the Pacific health sector and wider community about border management ie: borders are closed but many people are returning; managed isolation breaches are being reported; flights beginning to Japan. Clarification guidance is required

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	- Pacific offers an alternative to a Trans-Tasman bubble – how are 'opening up' decisions being prioritised?
	  ○ Border management and the interface with Foreign Affairs and Trade is which involves multiple agencies
	  Action: Raise Pacific heath sector and community concerns with the COVID-19 Response team
	    ▪ Ministry has developed a high level risk assessment as input to a well-constructed approach on risk assessment of opening borders

9.0	**Subgroup verbal updates** - No verbal updates due to time constraints
10.0	**Any other business** - The structure and functions of the TAG and Subgroups is to be reviewed as part of a Ministry wide review of response functions - Subgroup Chairs will be contacted next week as part of this review - There will be no TAG meeting held next week while this review occurs - Report and outcomes due once the review has been completed
11.0	**Agenda items for next meeting** - No items discussed
12.0	**New Action Items raised during meeting**

#	Agenda Item	Actions	Owner
47	Clinical algorithm - Surveillance Strategy - epi criteria; testing capacity; public comms	Discuss Surveillance Strategy communications and Primary Care operationalising concerns	Dr Caroline McElnay / Dr Bryan Betty
48	Clinical algorithm - Should second swab be done if separate diagnosis is being sought eg other virus/bacteria Should this be added back into algorithm or is that addressed in Testing Strategy?	Confirm if 2nd swab needs to be added for separate diagnosis purposes	Dr Caroline McElnay
49	Clinical algorithm - Epidemiology Subgroup happy to provide input	Epidemiology Subgroup to review the algorithm and provide feedback to Public Health Subgroup	Dr Patricia Priest
50	Clinical algorithm - Concerned about the prominence of shortness of breath in the clinical criteria	Public Health Group to review symptoms	Dr Shanika Perera

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	51	Clinical algorithm	Urutā to review the algorithm and provide feedback to Public Health Subgroup	Dr Matire Harwood
	52	PPE requirements for COVID-19 Nasopharyngeal or Throat swabs advice	Primary Care Subgroup review advice and provide feedback to IPC Subgroup	Dr Bryan Betty
	53	PPE requirements for COVID-19 Nasopharyngeal or Throat swabs advice	Primary Care Subgroup to provide advice to Ministry on operationalisation and communication of this advice and the wider Surveillance Strategy	Dr Bryan Betty / Dr Sally Roberts / Dr Caroline McElnay
	54	Infected Healthcare Worker data analysis	ODPH is planning a more detailed review of the data over the next 3 months with support from the Clinical Subgroup	Dr Niki Stefanogiannis
	55	Border management	Raise Pacific heath sector and community concerns with the COVID-19 Response team	Chair
13.0	**Summary of TAG Recommendations** • Healthcare workers return to work guidance - TAG supported a further revision to the HCW RTW algorithm which will no longer include PCR testing at day 10			
14.0	Meeting closed at 11.30am Next meeting Friday 26 June 10.30am – 11.30am			

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Action #	Agenda item	Actions	Action Owner	Updates	Status
42	National IPC guidelines	Provide published national IPC guidelines to PC Subgroup Chair	Dr Sally Roberts	12/06 – IPC Subgroup continue to develop guidance 05/06 – Final version of guidance will be shared when complete. 29/05 – Action raised	Open
44	Healthcare Workers return to work guidance	Seek feedback from NZ ASID and Occupational Health Network	Dr Nigel Raymond / Prof Stephen Chambers	12/06 – Occ Health Network feedback provided. Action closed 05/06 – NZ ASID feedback provided. Occ Health in progress 29/05 – Action raised	Closed
47	Testing Strategy	Seek involvement of Laboratory Subgroup in development of longer-term Testing Strategy, particularly in relation to serology and rapid review testing	Dr Caroline McElnay	12/06 – Serology and rapid review testing developments will be provided through Laboratory Subgroup. Rapid review testing trial research project being conducted in Southland. Action closed 05/06 – Action raised	Closed

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