

Minutes: Technical Advisory Group for COVID-19

Date:	Friday 24 July 2020
Time:	10.30am – 12.00pm
Location:	Meeting URL: Out of scope Meeting ID: 948 2567 1811 Password: TAG or Numeric Password: 498734
Chair:	Dr Ian Town
Members:	Dr Anja Werno, Professor David Murdoch, Dr Erasmus Smit, Dr Matire Harwood, Professor Michael Baker, Dr Nigel Raymond, Assoc Prof Patricia Priest, Dr Sally Roberts, Professor Stephen Chambers, Dr Virginia Hope
Ministry of Health Attendees:	Asad Abdullahi, Dr Harriette Carr, Dr Juliet Rumball-Smith, Louise Chamberlain, Dr Niki Stefanogiannis, Dr Richard Jaine, Sarah Mitchell
Guests:	
Apologies:	Dr Bryan Betty, Dr Caroline McElnay, Dr Collin Tukuitonga, Andi Shirtcliffe, Dr Shanika Perera, Margareth Broodkoorn, Dr Tomasz Kiedrzyński

1.0	<p>Welcome and Previous Minutes</p> <p>Dr Ian Town welcomed all Members and Attendees in his capacity as Chair of the Technical Advisory Group for COVID-19.</p> <p>Minutes of the last meeting (10 July 2020) were accepted.</p>
2.0	<p>Update on open actions</p> <p>There are no open actions.</p>
3.0	<p>Ministry of Health update on COVID-19 response</p> <p>The Chair gave an update on current issues being worked on in the Ministry:</p> <ul style="list-style-type: none"> • Ministry is following Alert Level 1 protocols, focusing on planning and readiness. • New Minister of Health continue to be very engaged and has become quite familiar with the political, scientific and strategic issues around the COVID-19 response. In Parliament, questions are answered clearly and factually, and the minister is working closely with the Director General of Health to ensure the communications are aligned as far as they can be. • A new Directorate has been established within the Ministry to focus on the COVID response and is being populated with qualified people to support the preparedness and the resurgence response. • A detailed review of the COVID-19 response amongst the Executive Leadership Team was undertaken last week facilitated by the Emergency Manager. Free and frank discussions about improvements included bringing data and intelligence in a timely manner; a better

strategic understanding of surveillance; a more formal structure in place for coordinating the response across all the government agencies including the adoption of the CIMS structure.

- Vaccine Strategy is a fundamental part of the long-term planning for NZ and has a direct impact on borders, economy, tourism and travel. The science platform for the Vaccine Strategy has been approved in principal (led by Professor Graham Le Gros from Malaghan Institute of Medical Research and Associate Professor James Ussher from the University of Otago). The Platform will progress some NZ candidates for a vaccine, working with various other global bodies to ensure NZ Science program is understood and integrated with work developed by other countries.
- Scientists from NZ, UK, Singapore and Australia are considering working collaborations discussing manufacturing and supply chain issues. The Ministry's Immunisation Group has been activated with urgency to advise the government about priorities of vaccine deployment.
- A meeting to discuss the initial advice on a prioritisation framework for a COVID-19 vaccination was held on July 17, 2020. A good example of the new process of engaging key members of the wider TAG network supporting Ministry discussions.
- The Ministry has been asked to provide updated advice on the use of face masks in the community, including timing of implementation, type of masks (e.g. medical-grade and handmade cloth masks), manufacturing and distribution. This will occur as part of Resurgence Planning.
- Members of the Ministry Public Health team have been in regular contact with Australian colleagues. More specifically around the Australian situation, it is been interesting to see how useful genomics have been in determining that just two MIQ cases were responsible for the rapid escalation of outbreaks.
- Poor training and understanding IPC basic principles and other protocols have allowed for rapid dissemination amongst the community, along with over confidence in testing and contact tracing capability. Some of these risks have been identified in the context of an outbreak in NZ.

TAG feedback:

- Query about the number staff being tested in Australian facilities compared to the NZ plan.
- Dr Sally Roberts and Margareth Broodkoon, MoH Chief Nursing Office been in touch with colleagues from Sydney who are running the IPC advice in Australia. The situation in Australia showed that hotels have developed their own IPC processes, highlighting the importance the current work being done to standardise and monitor the IPC advice and processes across NZ.
- It was suggested that a working group to examine the community part of the testing strategy, trying to anticipate where the breaches at MIQ facilities will occur.
 - Ministry agrees that the immediate and urgent response to contact tracing point of view is crucial.


40

Testing Strategy

Communications regarding community testing for COVID-19 and ensuring access to testing facilities were sent out to the sector on Wednesday night. A copy has been included in the agenda circulated to TAG members.

- There has been concern around lower testing rates in the community resulted from some confusing advice, public perception around lower risk and reluctance to be tested.
- Low testing rate could impact the capacity to quickly identify border leakage.
- Teleconference held with multiple groups from the sector including members of the Royal New Zealand College of General Practitioners (RNZCGP), the Royal New Zealand College

	<p>of Urgent Care. (RNZCUC), Healthline, the Council of Medical Colleges along with members of the Ministry Public Health and Primary Care teams as well as DHB leads.</p> <ul style="list-style-type: none"> • The discussion was around how to properly support the Ministry's' surveillance response and there was a request clarity of the existing testing advice and the new approach, meaning our essential groups for testing remain plus offering and encouraging to swab all those with clinical criteria for COVID-19. • A table outlining the essential groups for community testing will be provided along with another piece around taking specimens. <p>TAG Feedback:</p> <ul style="list-style-type: none"> • Challenges as the definitions have changed. Concern of not having the capacity for regular testing where we know the risk is high - border and MIQ staff. • Clarification that the Higher Index of Suspicion (HIS) criteria have not changed and represent those who are our highest priority for testing, also, that there is a separate testing strategy for MIQ, and community testing is one subset of the Testing Strategy. • Query to what the turnaround time is, as the delay in receiving a response may lose the impact in the public perception. <ul style="list-style-type: none"> ○ The turnaround is the same and the priority to notifications remain for positive tests • Query to the denominator and reasoning for testing, as well as the testing costs and where we are getting the best risk-reduction value in terms of spending. <ul style="list-style-type: none"> ○ Cost of test is \$70 plus fees for the person taking the swab. The previous problem has been the multiplicity of referrals pathways for testing - captured in contact tracing. People coming through NZ borders will be assigned a National Health Index number (NHI number), also their tests will be loaded into the contact tracing system - currently 11 out of 12 PHUs are aligned with that, providing the denominator and reasoning for testing. • From an IPC point of view, the goal is protecting the staff. We have not seeing any community transmission and while the situation in Melbourne is quite complex, our processes are tight. <ul style="list-style-type: none"> ○ The biggest protection is still the '14 days'. In terms of Public Health interventions, it is the crucial backstop. Maintaining the standard level of service and keeping staff at their pick performance is real challenge.
<p>5.0</p>	<p>Resurgence Planning</p> <p>A copy of the Resurgence Planning Overview Brief to the Executive Leadership Team was included in the agenda circulated to TAG members.</p> <ul style="list-style-type: none"> • The document is the result of work started immediately after last TAG meeting and involved the review of the response structure and decision to adopt a more standard CMIS structure for any further resurgences. • Several scenarios for achieving preparedness have been developed by the All of Government (AoG) Team. • A more detailed plan will be brought to TAG members once available. <p>TAG feedback:</p> <ul style="list-style-type: none"> • Support of the CMIS approach. The degree of training within the sector may have changed significantly since it was last used in a major response. The sector may be familiar with CIMS Level 2 training. Perhaps some easily accessible introduction/ webinar/ podcast would be helpful. <ul style="list-style-type: none"> ○ There is a recognition of importance of training, understanding roles and responsibilities in the incident control. Training program will start next week.

	<ul style="list-style-type: none"> • Importance of learning lessons from the situation in Victoria. It was suggested that the scenarios may need adjusting in the light of the Victoria situation. <ul style="list-style-type: none"> ○ TAG Chair has been in contact with the Chief Health Officers for Australia and Victoria. Effective public health control causing the least disruption to people's lives and the economy is the goal in any response.
<p>6.0</p>	<p>Review of TAG and Subgroup Structure</p> <p>The Science and Technical Advisory (STA) Manager presented the TAG and subgroup re-set.</p>  <p>Proposed TAG and subgroup re set 24.7.</p> <p>Highlights include:</p> <ul style="list-style-type: none"> • Aside from the structural changes, it was pointed out the type of work required has changed - more need for multi- and inter-disciplinary expertise. • The current model is administratively burdensome and time-consuming. • TAG is set up to have more detailed discussions at a more strategic level with longer, but less frequent meetings. • TAG membership will be refined • Subgroup Chairs will be asked to remain as SME leads • TAG subgroups disestablished as TAG-related committees, but: <ul style="list-style-type: none"> ○ Can continue to meet as non-TAG groups if wanted – but not under TAG administration ○ May be asked to convene for a request for advice if it is a 'single discipline' question ○ We will work with SME leads to identify whether the current members should be asked to stay on as expert advisors (anticipate that almost all current subgroup members will be asked to remain) ○ Temporary working groups can be convened with required expertise from the Ministry, 'pool' of expertise from previous TAG and subgroups, and specific new expertise that we don't currently have • 'Request for advice' is a question, issue, problem, area for investigation, something we want to know, and it can come from anywhere/anyone – internal Ministry work, Ministers, STA work programme (forecast of priority areas for investigation), and experts.
<p>7.0</p>	<p>Māori Health Perspectives</p> <ul style="list-style-type: none"> • Appreciation given to HRC for a recently announced focus on research into COVID-19 impacts on Maori • Clarification on the testing criteria is welcomed - it has been confusing for Māori health providers. • Census questions to ensure quality Māori ethnicity data. Impact of the lockdown still present, people's access to surgery, having to manage long-term conditions and chronic disease.
<p>8.0</p>	<p>Pacific Health Perspectives</p> <ul style="list-style-type: none"> • No update
<p>9.0</p>	<p>Subgroup Activity Updates</p> <p>Infections Prevention and Control</p> <ul style="list-style-type: none"> • Due to current workload, IPC Subgroup is still meeting twice a week. Work is being focused on MIQ, making sure the message from IPC perspective is consistent across NZ and reviewing Alert Levels Guidance Documents

	<p>Laboratory</p> <ul style="list-style-type: none"> • Raised concern regarding lab workforce. An increase in people coming down with other virus infections is putting pressure on the system. A colleague in Melbourne mentions the struggle in keeping the workforce together due to severe burnout. How could be a better structure to around securing some ability to backfill/provide leave for key staff <ul style="list-style-type: none"> ○ The Ministry has been looking into issues around workforce, potentially bringing people out of retirement that could contribute with other elements of the COVID-19 response. <p>Action: TAG Chair to be in contact with the Ministry's workforce team regarding the concern around lab workforce</p> <p>Clinical</p> <ul style="list-style-type: none"> • Clinical Subgroup members have been quite involved in medicine supply and treatments discussions with Dr Ken Clark of PHARMAC. Unsure if this has a home under the TAG re-set. Appreciation given to Andi Shirtcliffe and Prof Matthew Doogue for their role. 								
10.0	<p>Any other business</p> <ul style="list-style-type: none"> • No other business discussed 								
11.0	<p>Agenda items for next meeting</p> <ul style="list-style-type: none"> • No items discussed 								
12.0	<p>New Action Items raised during meeting</p> <table border="1" data-bbox="295 1151 1469 1361"> <thead> <tr> <th>Action #</th> <th>Agenda item</th> <th>Actions</th> <th>Action Owner</th> </tr> </thead> <tbody> <tr> <td>57</td> <td>Subgroup Activity Updates</td> <td>TAG Chair to be in contact with the Ministry's workforce team regarding the concern around lab workforce</td> <td>Chair</td> </tr> </tbody> </table>	Action #	Agenda item	Actions	Action Owner	57	Subgroup Activity Updates	TAG Chair to be in contact with the Ministry's workforce team regarding the concern around lab workforce	Chair
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13.0	<p>Summary of TAG Recommendations</p>								
<p>Meeting closed at 11 55am Next meeting Friday 07 August 2020 - 10.30am – 12:00pm</p>									

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Action #	Agenda item	Actions	Action Owner	Updates	Status
57	Subgroup Activity Updates	TAG Chair to be in contact with the Ministry's workforce team regarding the concern around lab workforce	Chair	24/07 - Action raised.	Open

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