Document 1

MINISTRY OF HEALTH
MANATŪ HAUORA

MINUTES: COVID-19 Technical Advisory Group

Date:	Friday 28 January 2022
Time:	10.30 am – 12:00 pm
Location:	s 9(2)(k)
Chair:	Ian Town
Members:	Anja Werno, Bryan Betty, Matire Harwood, Michael Baker, Nigel French, Nigel Raymond, Sally Roberts, Shanika Perera, Virginia Hope
Ministry of Health Attendees:	Andi Shirtcliffe, Jeremy Tuohy, Cheriyse Hope
Guests:	Steve Waldegrave
Apologies:	Collin Tukuitonga, Erasmus Smit, Caroline McElnay, Daniel Bernal, Emma Hickson

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1.0	**Welcome and Previous Minutes** Dr Ian Town welcomed all members, attendees, and guests in his capacity as Chair of the COVID-19 Technical Advisory Group. Minutes of the last meeting (10 December 2021) were approved.
2.0	**Ministry of Health Update on COVID-19 Outbreak Response** The Chair gave an update on the COVID-19 Outbreak Response: • Omicron is spreading in the community, and the cluster information gives a good indication of some superspreading events e.g., the Soundsplash festival. So far, the public have been very cooperative with public health measures. The origin of the outbreak has not been identified, but WGS data suggests several incursions. • It was noted that BA.1 and BA.2 subvariants of Omicron do not appear to be different clinically. • For modelling, a key driver in TPM model growth is the booster dose proportion. Gary Jackson has a new forecasting model that looks at short term growth in cases and hospital admissions. TAG feedback included: • The wedding in Auckland was large with guests from all over the country. Although there has been very good cooperation from the group, it is unlikely that this cluster will be controlled.

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	• Modelling seems to indicate there may be a lot of hospitalisations, but overall cases are milder. The main impact will probably be on non-ICU hospital events and on primary care, yet the focus has been on ICU beds. There are risks for both bed and staff availability. • Older people (outside ARC) have had a high uptake of the COVID-19 vaccine. However, it is important to emphasise they are still at risk of poor outcomes if they get COVID-19, otherwise there is a risk they may not seek appropriate care and potentially pass away at home. In addition, in the context of the outbreak, older people may be less likely to seek care for non-COVID-19 related illness. • Concerns were raised on how Māori and Pacific funding for immunisation and the covid response was not available to services and community trusts not considered Māori or Pacific providers, although they were providing for large number of high-risk Māori and pacific patients. This was leading to concerns about funding streams and may in fact be disadvantaging some Māori Pacific communities serviced by non-Māori or Pacific providers.
3.0	**Traffic Light System Implementation** The Chair provided some brief comments on the ongoing implementation of the traffic light system. However, the Omicron outbreak has impacted the settings for the system. Further discussion was undertaken within the next item. TAG feedback included: • A concern was raised that the traffic light system may not be fit for purpose.
4.0	**Response Strategy** An overview of the Response Strategy was given: • There are three stages depending on case numbers. The earliest stage is for containing the virus, aiming to keep case numbers low due to equity and hospital capacity concerns. When case numbers are high, the focus will be on managing the system using digital platforms and targeted support for the most vulnerable. • The overall aim is to minimise hospitalisations and deaths, as well as manage equity since certain groups will be disproportionately affected. • The public will experience the strategy differently, mainly through testing changes as the public shifts from PCR testing to RATs. In large numbers, cases will be self-managed, upload their own RAT tests digitally, and isolation times will decrease. • The red traffic light decreases some superspreading events due to capacity limits (<100 people indoors) TAG feedback included: • A member asked how other patient groups would be monitored to ensure they are not affected e.g., oncology patients. • A member asked if 10 days was too long to isolate, given that isolation times are reduced overseas. • A concern was raised about whether health workers need to be in isolation / away from work for 10 to 14 days. ○ The Ministry is looking at models for workers to be able to test to return to work, given how infectious they are, that also minimises the risk of spreading SARS-CoV-2.

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	○ Australia's supply chains suffered severely for a short period of time, so the Ministry is working to prevent this. • A member suggested that the frail / elderly should be added to the middle group (page 9) since "over 60s" is too broad. Palliative care in the community should also be added – we cannot assume people want to die in hospital. However, some palliative care services have stated that they will not see COVID-19 patients. • A member noted that the traffic light system gives people the impression it is safe to meet indoors at large gatherings if they have a vaccine pass. There is no mention of boosters. This is a concern since young people were the last group to be vaccinated and will not be getting their boosters for another 4 months. This is the demographic that will be going to these large events with a false sense of security, which will accelerate the spread of Omicron. ○ The first step towards fixing this is to change the definition of "fully vaccinated" to include the booster. ○ A member suggested that "fully vaccinated" could also include the length of time since the booster dose in the definition. ○ A member noted the booster should be moved from 4 months to 3 months since boosters are the single most effective measure for controlling the virus. • A member expressed there was also a false sense of security around testing (PCR and RATs). Sensitivities are particularly poor in first few days of infection, which most people are probably not aware of. ○ The chair stated an A3 has been developed to make this very clear. • A member raised concerns about equity when relying on digital tools through self-management. Reliance on this could cause inequitable outcomes.
5.0	**Science Updates** • It will be a while before the general extent of the difference between Omicron and Delta is clear, but so far it is very clear that Omicron is less severe and more infectious than Delta. • In regard to isolation times, there does not appear to be much difference between the duration of infectiousness between Delta and Omicron, but there is evidence that vaccination influences time to a positive test and symptoms. ○ A member noted that evidence shows that Omicron is cleared faster; viruses generally increase either transmission or virulence. • A member asked whether there is emerging evidence showing that the combined oral and nasal PCR test is better for confirming omicron. ○ Not enough data for this yet but the testing team are looking at this. ○ Moving to a different swab type would require more training and a lot more supply of these swabs; better to keep to nasopharyngeal.
6.0	**Māori Health Perspectives** • A member noted that many concerns had already been addressed in this meeting. • Access to masks has been an issue in South Auckland. • There was a query around the ICU prioritisation tools update

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	• This best sits with ICU doctors There is confusion about how to care for people in crowded households. When Omicron is in the community / household should the advice be to "just let it go" or isolate? ○ Advice depends on living dynamics and any co-morbidities. ○ Note that cannot necessarily stop the spread of Omicron in these settings even if you want to ○ Need to remember New Zealand still has the Delta variant in the community which tends to cause more severe illness – so the advice for community / household needs to be different depending on the strain. • A member asked whether we are still using MIQ for some positive cases in the community. ○ Regional hubs have been asked to provide advice about these contingencies for people at risk in unsuitable home arrangements; it is high on their agenda.
7.0	**Pacific Health Perspectives** No update given.
8.0	**Any Other Business** • A member noted MIQs have done outstandingly well, with no incursions despite large numbers of the highly transmissible Omicron variant. The border remains a big risk and is likely where Omicron came from. • Regarding the push for people to wear particulate respirators, it was noted that we need to reserve these for the front-line workers. • A member noted there are challenges with therapeutics in the community, such as defining who is at the highest risk. For example, treatment may need to be administered to 20-40 people to prevent one hospitalisation. Also, Paxlovid has many drug interactions and New Zealand is getting access to Ronapreve just as Delta disappears. Community protocols are being developed for the Care in the Community programme.
9.0	**Agenda Items for Next Meeting** None noted
10.0	**New Action Items Raised During Meeting** None
Meeting closed at **11:47am** Next meeting **25 February 2022**	

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Document 2

MINUTES: COVID-19 Technical Advisory Group

Date:	Friday 25 February 2022
Time:	10.30 am – 12:00 pm
Location:	s 9(2)(k)
Chair:	Ian Town
Members:	Bryan Betty, Erasmus Smit, Michael Baker, Nigel French, Nigel Raymond, Sally Roberts, Shanika Perera, Virginia Hope
Ministry of Health Attendees:	Andi Shirtcliffe, Caroline McElnay, Daniel Bernal, Emma Hickson, Jeremy Tuohy
Guests:	Steve Waldegrave, Susan Morpeth
Apologies:	Anja Werno, Collin Tukuitonga, Matire Harwood

1.0	**Welcome and Previous Minutes** Dr Ian Town welcomed all members, attendees, and guests in his capacity as Chair of the COVID-19 Technical Advisory Group. Minutes of the last meeting (28 January 2022) were approved.
2.0	**Ministry of Health Update on COVID-19 Outbreak Response** The Chair gave an update on the COVID-19 Outbreak Response: • the outbreak continues to be closely monitored, with infections now occurring within many residential settings and a move to phase three of the Omicron response as signalled • the focus of the response is now on protection of the health system, especially with the upcoming flu season, which will add to the burden on the health system when coupled with the Omicron wave • the National Immunisation Programme (NIP) will be transitioning from the COVID-19 vaccination register to a general immunisation register (providing an improvement compared with what is currently being used) which will capture both publicly funded and privately administered vaccinations. This move will be beneficial as there is a wealth of resources and knowledge that can be used for better monitoring and support. • The requirement for a booster to receive an updated vaccine pass is under consideration. The technology exists to do this relatively quickly and smoothly, but this needs to be addressed soon due to the deadlines of expiring vaccine passes. • the Director of Public Health noted that co-administration of the flu and COVID-19 vaccinations is being investigated, the current understanding being that they can and will

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be received together. The flu vaccination rollout will begin on 1 April 2022. Many important lessons have been learnt from the COVID-19 vaccine rollout, which can be applied to improve the flu vaccine strategy and implementation.

TAG feedback included:

- it was noted that the levels of anxiety amongst the public across the motu are rising, putting pressure on Healthline and compromising 'business as usual'. It was recommended media is used to calm and reassure New Zealanders
- the possibility of reducing the isolation period for household contacts was raised, noting that the response revolves around trying to titrate public health measures and societal and public health pressures. It is possible that the long isolation times may be causing more harm and discomfort than positive benefit
- it was noted that the value of scanning QR codes is now doubtful, considering that close contacts are not required to isolate and that the information is not being used
- it was noted that clearer communication of the plan for the next 2-3 months, particularly with regards to the vaccination programme, may relieve some of the anxiety within the public
- The Chair acknowledged that there seems to be some public concern surrounding the notion of the potential need for additional booster doses
- It was flagged that the vaccination processes for the flu and COVID-19 vaccines are very different, so in practice, co-administration may be challenging
- there was a concern raised that the beginning of the flu vaccine rollout may fall around the peak of the Omicron wave, which would put additional pressure on the health system capacity and workforce
- there was a comment that the hospitalisation impacts of COVID-19 are difficult to ascertain. This is not well measured by the number of people admitted as there is a lack of differentiation between admission *with* COVID-19 or *for* COVID-19. This data would be helpful, along with information regarding the comorbidities of admissions
- it was noted that work is needed to facilitate the uploading of RAT results.
- an issue was raised regarding the identification of high-risk events – these are currently identified by the sites rather than the event itself. If no official event is created or registered, then it becomes challenging to identify people who are at high risk of having been exposed. However, it was acknowledged that we are in a period of rapid transition and changes must be carefully considered, to balance the speed of change of guidelines and the frequency with which changes are made
- a member noted that the emerging increase in case numbers in vaccinated (rather than unvaccinated) individuals is likely confounded by the fact that a vaccinated person is more likely to get a test and report their results. it was raised that a booster is required for vaccine effectiveness against Omicron, and that this should be considered when determining whether an individual is 'fully vaccinated' – such an update to the definition would be well supported by the science
- it was noted that Omicron displays immune escape from current vaccines, but booster doses largely restore immunity. The evidence for the efficacy of vaccines in preventing onward transmission is evolving.
- a member emphasised the importance of being able to defend the decisions, guidelines, and allocation of resources during the COVID-19 response, which becomes easier when they are supported by science

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3.0	**RED Settings** The Chair provided an update on the current settings of the Omicron response: • it was noted that the primary aim of the settings is to balance the practical response in an effort to flatten the curve, while being conscious of the health system pressures. Currently, a range of options are still available to decrease the health burden of disease including mask mandates, limits on gathering sizes, and vaccine mandates • the future role of MIQ is also being reviewed. TAG feedback included: • there was also some discussion regarding the likely pattern of the outbreak after the initial peak. It was recognised that the decrease from the peak may be slow or consist of multiple peaks as it merges with winter influenza. Thus far there has been a focus on a 'peak' of the Omicron outbreak, but not much consideration around multiple peaks or the emergence of new variants • the burden of the Omicron outbreak is falling disproportionately on Pacific peoples, and additionally the regional burden is disproportionate as well. It has become clear that those that are highly deprived are more at risk, and therefore are more impacted. However, it was noted that the high transmission events within these communities and subsequent contact tracing may be contributing to over-representing this group. It is possible that a change in the notification process may reduce this, e.g., a shift toward self-notification of RAT results • at the current settings, the number of community cases far outweighs the number of border cases. Consideration should be given to whether the border settings should be adjusted • there was a comment that the 3rd vaccination ('booster') is not expected to last much longer than 3 months. Therefore, there may be another COVID-19 wave in winter • there was a suggestion to consider taking the same approach to COVID-19 as flu infections – adopting the mindset that people may have multiple infections throughout their lives (though noting that the issue here may be a higher death rate, which would take a number of years to bring down) • a member asked if the negative RAT results were being collected with sufficient accuracy to enable a reliable denominator estimating test performance. o The Chair noted that the extremely high number of cases during this initial wave inevitably results in a "light touch" system without verification. However, people are expected to notify both a positive and negative test result.
4.0	**Science Updates** No update given.
5.0	**Māori Health Perspectives** No update given.
6.0	**Pacific Health Perspectives** No update given.
7.0	**Any Other Business** None noted.

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8.0	**Agenda Items for Next Meeting** None raised.
9.0	**New Action Items Raised During Meeting** None.

Meeting closed at **11:46am**

Next meeting **25 March 2022**

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Document 3

MINISTRY OF HEALTH
MANATŪ HAUORA

MINUTES: COVID-19 Technical Advisory Group

Date:	Friday 25 March 2022
Time:	10.30 am – 11:30 pm
Location:	s 9(2)(k)
Chair:	Ian Town
Members:	Anja Werno, Bryan Betty, Collin Tukuitonga, Erasmus Smit, Michael Baker, Nigel French, Nigel Raymond, Sally Roberts, Virginia Hope
Ministry of Health Attendees:	Daniel Bernal, Emma Hickson, Jeremy Tuohy, Kayla Benjamin
Guests:	Aoife Kenny, Steve Waldegrave, Sarah Jefferies, Susan Morpeth, Alison Stringer
Apologies:	Matire Harwood, Shanika Perera, Andi Shirtcliffe, Caroline McElnay

1.0	**Welcome and Previous Minutes** Dr Ian Town welcomed all members, attendees, and guests in his capacity as Chair of the COVID-19 Technical Advisory Group. Minutes of the last meeting (25 February 2022) were approved.
2.0	**ESR Sentinel Surveillance** A proposal for a sentinel surveillance system was presented. The importance of implementing and maintaining a stable surveillance system that can persevere in the face of emergent events in the future was emphasised. With the border opening, resources need to be made available to systematically sample for the detection of SARS-CoV-2, influenza, and other respiratory pathogens It was noted that the current surveillance systems were seriously affected by the onset of the pandemic. The aim of the proposed system is to implement a simple and accessible approach that is as representative and equitable as possible, using the infrastructure that is already in place. **TAG feedback included:** • Members were supportive of the proposed surveillance system and commended the initiative • It was noted that respiratory viruses will be spreading slower within communities due to the COVID-19 measures in place and thus it was queried whether this system will be monitoring in real-time, noting this would depend on the sites that are doing the testing o The aim is for the system to be as real-time as possible • A member queried whether this system was designed with public health policy in mind

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	o The system is being designed to be robust and able to adapt to changes to public health policy and emergent events • Surveillance systems are put in place to inform action both in the short-term response and in the longer-term in the form of policy A member raised whether the primary function of this system would be focused on informing a response to each case or on tracking the distribution over time as these are different goals • It was recommended that more thought be given to the populations that are going to be sampled which would determine the site locations. For example, will there be a focus on high-risk populations or border populations? o At present, sampling is restricted by the location of the local laboratories being used, however, with time it can be identified where new sites are required to reach the certain desired populations o Emphasis was placed on the representativeness and equity in choosing the sampled populations • The possibility of utilising enhanced wastewater testing was raised to determine the sensitivity of the surveillance testing in the sentinel sites • A member noted that it would be helpful to have data linkage to work out who is at risk of coming to harm in these populations which would inform hospitalisation risk of individuals
3.0	**Traffic Light System Amendments, Vaccine Mandates and Passes** A presentation was given about the recent TLS amendments announced by the government and the implications these may have on future case numbers and pandemic management. Different areas of the country are experiencing their peak in case numbers at different times and in different ways which is likely to lead to a long tale of case numbers across the country. While the case numbers have begun to drop there is a delay in this being reflected in hospitalisation numbers. It is worth considering the possibility that due to the large proportion of cases being in younger people thus far, there has been fewer hospitalisations, but as older and more vulnerable communities have increased rates of infection, the rate of hospitalisation may increase. The importance and efficacy of booster vaccinations on transmission and hospitalisation was illustrated and the international evidence for the waning of immunity was raised. It was noted that the opening of the borders would expose the country to viruses that we have been protected from for the last couple of years, which would combine with the seasonal winter illnesses to put pressure on the public health system. The direct impacts of the removal of the public health measures that were incorporated into the TLS likely includes increased transmission, however, this will be difficult to ascertain as contact tracing is no longer being undertaken. Over time, the increased immunity waning and reduced vaccination adherence will also contribute to increased transmission, particularly in vulnerable populations. These factors have prompted the reassessment of the pandemic strategy, should the focus be on reducing transmission as well as severity? It was noted that other countries seem to have a much more targeted approach, and that this may be where the targeted testing and surveillance strategies come into play. **TAG feedback included:** • A concern was raised about loosening the TLS guidelines instead of moving down a level and that this approach may lead to a loss of trust in the system by the public. It was recommended that the face validity of the system should be made more robust and then adhered to without frequent adjustments or movement

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	• Members recommended a greater emphasis be placed on equity. Consideration should be given on how to strengthen the approach to caring for the most vulnerable, particularly with this change in guideline and pandemic management • It was noted that the increase in viral exposure following border opening will pose a complex problem as GP's are currently operating at 15 to 30% over capacity in terms of what they were this time last year. This relates to vulnerable patients not getting access to the medical care that they require, an issue that has been noted throughout the pandemic. It was urged that consideration be given to addressing deferred care in the next 12 months and giving vulnerable patients the critical care that they have missed out on.
4.0	**Vaccine Rollout** No update given.
5.0	**Pandemic Management** Members were asked to provide feedback on the Trends and Insights report that the Ministry composes and publishes internally. Work is underway to make this report more widely available, and feedback will help shape what additional information is included. • A member requested more guidance be given from the Ministry around the desired PCR testing capacity retention in the event of a future variant arising
6.0	**Surveillance Strategy** An update on the wider surveillance strategy was presented and members were asked for any additional feedback. The Ministry is wanting to place more emphasis on targeted surveillance in groups that are not currently using the public health system. The Ministry is in the process of developing an external advisory group that will utilize outside expertise to both guide the strategy as well as provide new input **TAG feedback included:** • It was noted that the surveillance strategy that is used should be robust enough to keep up with the dynamic nature of the pandemic response, and that this will likely need fresh input/advice from external perspectives to keep the strategy fresh ○ It was confirmed that the strategy was adapted and refreshed twice in the last year. The external group that is being developed will assist in providing this advice • It was requested that more focus be assigned to analysing the information around disengaged patients – those that are not enrolled in public healthcare. We should have data to show where they are in the country, predominant age groups, ethnicity etc •
7.0	**Science Updates** TAG members have been informed that the next Variants of Concern (VoC) will be available on the Ministry's COVID-19: Science news page by Tuesday 29 March 2022.
8.0	**Māori Health Perspectives** No update given.
9.0	**Pacific Health Perspectives** No update given.

10.0	**Any Other Business** None.
11.0	**Agenda Items for Next Meeting** None raised.
12.0	**New Action Items Raised During Meeting**

Meeting closed at **11:31am**

Next meeting **22 April 2022**

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Document 4

MINISTRY OF HEALTH
MANATŪ HAUORA

MINUTES: COVID-19 Technical Advisory Group

Date:	Friday 20 May 2022
Time:	10.30 am – 11:30 am
Location:	s 9(2)(k) [redacted]
Chair:	Ian Town
Members:	Bryan Betty, Michael Baker, Nigel Raymond, Sally Roberts, Virginia Hope
Ministry of Health Attendees:	Andi Shirtcliffe, Daniel Bernal, Emma Hickson, Jeremy Tuohy, Frances Graham, Kayla Benjamin, Sharon Sime
Guests:	Alison Stringer
Apologies:	Erasmus Smit, Nigel French, Anja Werno, Collin Tukuitonga, Matire Harwood, Shanika Perera, Jim Miller, James Entwisle, Jim Millar

1.0	**Welcome and Previous Minutes** Dr Ian Town welcomed all members, attendees, and guests in his capacity as Chair of the COVID-19 Technical Advisory Group. Minutes of the last meeting (25 March 2022) were approved.
2.0	**Variants of Concern Scenario Planning** A Ministry of Health attendee gave an update to TAG members regarding the Draft COVID-19 Variants of Concern Document. This document sets out five planning scenarios that reflect the likely characteristics of new variants and the approaches for each scenario. While the focus of the document is on the national-level response, the Ministry is actively engaging with a wider range of stakeholders including Māori/Pacific providers, DHBs, clinical colleagues around operational work. **TAG feedback included:** • the reference to community organisations should be framed under a separate heading in addition to Māori involvement in planning, governance and implementation. Community organisations captured under this heading would include GP clinics, pharmacies, care in the community providers, ambulance services etc • more emphasis is needed on the sustainability of NZ's hospital workforce noting that there have been reports of reduced capacity in some hospitals to account for COVID-related illness. This has been a critical challenge across all hospitals, community services as well as in laboratories undertaking COVID related testing in response to the latest Omicron outbreak

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	• the laboratory sector needs a profile particularly around infection/prevention control (eg, antimicrobial resistance and emergence of other diseases such as monkey pox). Infection prevention/control positions are critical to every hospital making this an important consideration in optimal recruitment • risk assessment on variants is still missing within the context of long-term effects and impacts of COVID (eg, reinfection). **ACTIONS:** • The Chair will write to Health NZ, post the announcement of the leadership team in July, to express concern about IPC in hospitals.
3.0	**Science Updates** TAG members were informed that the next Variants of Concern (VoC) update will be available on the Ministry's COVID-19: Science news page by Monday 23 May 2022. Members were advised that there has not been extra detection of sub lineages in the past three weeks (ie, not a significant change in the New Zealand situation due to good links to WGS via ESR).
4.0	**Trends and Insights Report** A copy of the *Trends and Insights Report* produced by the Ministry's Intelligence and Analytics team has been included in the agenda for members information. The purpose of this report is to provide a broad national and regional overview with key insights based on the quantitative trends in the NZ COVID-19 epidemic including trends and scale of infection and diagnosis as well as morbidity and mortality. The Chair advised members that Science, Surveillance & Insights Group (SS&I) have been working with Stats NZ to develop an explainer about mortality data Definitions have been a key focus (ie, providing clarity in reporting those who died with verses those who died from COVID). **TAG feedback included:** • data visualisation is excellent (ie, graphs but absence of rates noted in some areas) • hospitalisation is the one of the main measures of adverse health outcomes so reporting needs to articulate what the drivers are that result in people being admitted. For example, the Waikato DHB is finalising a report (audit) commissioned by the Ministry (N=500) which focuses on drivers for COVID related hospitalisations. • antivirals and the need for them to be targeted is important (eg, low uptake of eligible individuals receiving prescriptions). Concern was raised about the side-effects of antivirals (ie, are symptoms associated with treatment being monitored).
5.0	**Māori Health Perspectives** The representative was not in attendance, so no update was given.
6.0	**Pacific Health Perspectives** The representative was not in attendance, so no update was given.
7.0	**Any Other Business** None raised.
8.0	**Agenda Items for Next Meeting** None raised.
9.0	**New Action Items Raised During Meeting**

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#	Agenda item	Actions	Action Owner
57	Budgeting for IPC in hospitals	Chair to write to Health NZ, post the announcement of the leadership team in July, to express concern about IPC in hospitals	Chair

Meeting closed at **11:28am**

Next meeting **17 June 2022**

Open Actions:

#	Agenda item	Actions	Action Owner	Updates
57	Budgeting for IPC in hospitals	Chair to write to Health NZ, post the announcement of the leadership team in July, to express concern about IPC in hospitals	Chair	20/06/22 – Action raised

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Document 5

MINUTES: COVID-19 Technical Advisory Group

Date:	Friday 17 June 2022
Time:	10.30 am – 11:30 am
Location:	s 9(2)(k)
Chair:	Ian Town
Members:	Anja Werno, Bryan Betty, Erasmus Smit, Michael Baker, Nigel French, Nigel Raymond, Sally Roberts, Virginia Hope
Ministry of Health Attendees:	Daniel Bernal, Emma Hickson, Euan Russell, Harriette Carr, Kayla Benjamin, Pete Hanl
Guests:	Cat Edwards, Michelle Balm, Antoinette Righarts
Apologies:	Andi Shirtcliffe, Collin Tukuitonga, Jim Miller, Jeremy Tuohy, Matire Harwood, Shanika Perera

1.0 Welcome and Previous Minutes

Dr Ian Town welcomed all members, attendees, and guests in his capacity as Chair of the COVID-19 Technical Advisory Group. The Chair congratulated Sir Collin Tukuitonga on his knighthood and Bryan Betty as a recipient of this year's New Zealand Operational Service Medal.

Minutes of the last meeting (20 May 2022) were approved.

2.0 Wastewater Based Epidemiology 12-month Plan

A Ministry employee presented the wastewater-based epidemiology (WBE) plan to assess value from a science-led perspective. The plan will go to the DG beginning of week 20 June.

ESR (Institute of Environmental Science and Research) and Nigel French (Massey University) declared a conflict of interest.

TAG feedback included:

- The need for increased monitoring of particular pathogens
  - Antimicrobial resistance (AMR) genes were mentioned by several members – they should be monitored, if possible, given their likely introduction due to opening borders; currently only measured at hospitals, not community level
  - Carbapenem-resistant gram-negative bacteria are also of particular concern
- The paper should be clearer on describing the purpose and practical implications of WBE, including:
  - What decision will be informed by this data?
  - How can WBE be used for RSV?

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How can WBE be used as a surveillance tool and integrated with other tools?
What could we do with it in the future?

The need for sketching out usefulness and limitations of WBE including:

Pathogens listed for further testing require a feasibility study to determine how useful the data would be (e.g., influenza and RSV are shed at rather low rates and therefore may not yield useful results)
Needing to understand coverage, particularly in reaching priority populations. One million people in NZ are not connected to reticulated wastewater systems which is important to consider when interpreting results
WBE might not give a useful indication with regards to community-transmission (positive result could be linked to tourists passing through). Consideration needed as to how WBE can change the management of community outbreaks
Whether WBE can be used for early warning to indicate where viruses are beginning to circulate (such as influenza and RSV)

Need for validation: normalising of wastewater catchments to population and relative case numbers, duration of infectiousness and period of shedding (latent period)
Incorporate lessons from COVID-19

The approach needs to consider new variants, such as rapidly developing sensitive and specific assays in a timely manner (good system with COVID-19, and it needs to be impeccable and practical)
There needs to be more exploration into what WBE can do using quantification. Critical role of WBE during the elimination stage, but harder to understand the value now (particularly absence/presence) with high case levels of COVID-19

Re-examination of methods

NZ is out of step with Australia's approach to focus on metropolitan areas and few rural sites. Consideration needed as to whether fewer sites but more in-depth testing would be more useful than a scattered approach

The need for an Infection prevalence survey (although self-reported testing fatigue might set in) allowing for more direct variables to be captured

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Surveillance – Proposed Surveys
The Chair gave a verbal update on the proposed infection and seroprevalence survey, both close to being finalised.
For the infection survey, a decision has been made to use the New Zealand Health survey platform, an existing framework that can be readily implemented and is more cost-effective for the Ministry.
Recruitment will be extended to priority populations, wider geographic areas, Māori and Pacific peoples to increase the number of participants and enable real time information.
Statisticians are currently finetuning the group to be surveyed.
Decisions regarding numbers and costing are under consideration. Once these are approved the infection study will be underway.
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4.0	**Reinfection Guidance** The memo "COVID-19 'New Infection' Guidance Testing Options for those with a suspected New and/or Reinfection with COVID-19" was shared with the TAG members prior to the meeting for discussion. **TAG feedback included:** • Retest should be more pronounced: false positives can become an issue when prevalence is dropping and there is now good evidence to show repeat RATs could help counter this effect • Re-positive tests within 28 days in a DHB setting could be problematic, however, DHBs have existing guidance and protocols to support this. • Genome sequencing can be very helpful to confirm whether the infection is a repeat infection (e.g. if it is a new variant) • Immunocompromised groups with persistent infection should be ruled out Re-testing needs to be spelled out; clauses need to be included to avoid a rigid interpretation. **Note:** STA to consult as needed with the Ministry's COVID-19 Clinical Oversight Group (COG) on whether DHB's protocol aligns with this guidance to enable ongoing operation and appropriate recognition of reinfection.
5.0	**Science Updates** Proportions of BA.4, BA.5 and BA.2.12.1. are increasing. A previous infection with BA.1. doesn't provide as much protection as BA.2 against the emerging sub-variants. **TAG feedback included:** • Modelling suggests that BA.5 will become the dominant variant in NZ in late July (doubling time of cases being 5-14 days) • Inequitable access: Care for COVID-19 has been funded unlike similar symptoms stemming from other winter illnesses which end up putting pressure on emergency departments (e.g., respiratory viral testing) • Suggestion to publish more information on variant tracking on the Ministry's website. Plain English explanations would be helpful with regards to mortality and excess mortality (be clear what can be attributed to COVID-19) • The Chair noted the feedback and added that there are several 'deeper dives' into mortality currently occurring. One of these is being presented to the next Strategic Public Health Advisory Group on 29 June. • Circulating viruses, especially influenza, are adding pressure on primary care and hospitals **ACTION**: • Chair to follow up regarding funding across COVID-19 versus non-COVID-19 influence-like illnesses.
6.0	**Trends and Insights Report** The latest report from 10 June 2022 has been circulated prior to the meeting. **TAG feedback included:** • We can no longer keep new variants out, but more focus is needed on how the spread can be delayed • Concerns regarding the abolishment of pre-departure testing, particularly given 2% of arrivals have recorded positive RATs

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	• Health Care Workers: concern was raised over the way the vaccination order has been worded and/or its interpretation resulting in some workers being unexpectedly found unable to work. **ACTION**: • Michelle Balm to follow-up with response managers to seek clarification regarding the vaccination order and implications for health care works being unexpectedly found unable to work
7.0	**Māori Health Perspectives** The representative was not in attendance, so no update was given.
8.0	**Pacific Health Perspectives** The representative was not in attendance, so no update was given.
9.0	**Any Other Business** None raised.
10.0	**Agenda Items for Next Meeting** None raised.
11.0	**New Action Items Raised During Meeting**

#	Agenda item	Actions	Action Owner
58	Science update	Follow up regarding COVID-19 vs other respiratory illness and access to care (noting this is a Health NZ funding issue)	Chair
59	Trends and Insights	Follow-up with response managers to seek clarification regarding the vaccination order and implications for health care works being unexpectedly found unable to work	Michelle Balm

Meeting closed at **11.34 am**

Next meeting: **15 July 2022**

Open actions:

57	Budgeting for IPC in hospitals	Chair to write to Health NZ, post the announcement of the leadership team in July, to express concern about IPC in hospitals	Chair	20/06/22 – Action raised

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MINUTES: COVID-19 Technical Advisory Group

Date:	Friday 15 July 2022
Time:	10.30 am – 11:30 am
Location:	s 9(2)(k)
Chair:	Ian Town
Members:	Anja Werno, Bryan Betty, Erasmus Smit, Michael Baker, Michelle Balm, Nigel French, Nigel Raymond, Virginia Hope
Ministry of Health Attendees:	Daniel Bernal, Harriette Carr, Jeremy Tuohy, Kayla Benjamin
Guests:	Fiona Callaghan
Apologies:	Andi Shirtcliffe, Claire Whelen, Collin Tukuitonga, Emma Hickson, Matire Harwood, Sally Roberts, Shanika Perera

1.0 Welcome and Previous Minutes

Dr Ian Town welcomed all members, attendees, and guests in his capacity as Chair of the COVID-19 Technical Advisory Group.

Minutes of the last meeting (17 June 2022) were approved.

2.0 Update on the pandemic response

The Chair gave a summary of the restructure of the Ministry of Health and the COVID-19 directorate:

Many of the roles within the COVID-19 response have moved into Health New Zealand. The Public Health Agency (PHA) sits within the Ministry and Dr Andrew Old has been appointed to the role of Deputy Director-General (DDG). The new director of public health is Dr Nick Jones. The Intelligence, Surveillance and Knowledge (ISK) group is a fundamental part of the PHA.

TAG feedback included:

- A member asked for clarification around how TAG feedback will be addressed and fed into the wider system.
  - The members were assured that their advice and feedback will still be appropriately addressed and fed through to the strong leadership within the PHA retained from the COVID-19 directorate.
- The Chair noted that a discussion is being progressed with new DDG about the future direction of TAGs.
- It was raised that IPC needs to have a place in planning and should not be forgotten.
- It was noted that the Infectious Diseases Network could be engaged in a more coherent way and it should be explored how this can be utilized to respond to other emerging infectious diseases.

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	ACTION: Chair to invite the PHA DDG to attend next meeting to discuss the role of TAGs within the Ministry
3.0	**Winter Measures Health Report** The data currently shows NZ is experiencing a sharp rise in BA.5 infections/cases. A winter measures health report was presented by a ministry guest. Key points from presentation were: • wastewater results show we may be under-reporting cases by up to 50% • the eligibility for second booster is currently being reviewed • almost 1 million eligible New Zealanders have not yet had their first booster **TAG feedback included:** There was a discussion surrounding the concerns and benefits of pharmacists providing antiviral medicines for COVID-19 patients. • Concern from rural health and prescribing pharmacists whether the system can safely undertake pharmacy prescription of COVID-19 treatments. • This response and advice involved in increasing the availability of therapeutics for COVID-19 seems rushed and it was noted that more extensive consultation should have been undertaken. • Therapeutics TAG are supportive of the wider access criteria that have been announced, particularly for the elderly. It was noted that working out the risk of hospitalisation due to Omicron infection has become much more difficult with the high vaccination rates within NZ. The benefit is felt in elderly over 80. • In rural areas, pharmacies are usually much more available than a GP, making access to these treatments more equitable in these regions. • It was noted that there is a robust training process and the need to act quickly, in addition to reducing the risk of hospitalisation, outweighs the risks of poor outcomes Regarding Ventilation • A member noted that when it comes to reducing transmission, ventilation is a great strategy but takes a long time to implement, particularly in winter. It was raised that the education sector is critical when it comes to mask wearing and it was questioned whether the exclusion of mandating masks in schools in this report is a missed opportunity. • It was noted that there was feedback from the Ministry of Education that the mandating of masks in schools is not without consequences within education, for example, engagement from students is reduced, students with hearing disabilities and students for whom English is a second language are particularly impacted due to the lack of visual clues, and specific subjects like drama and dance are particularly impacted by mask use. • It was also noted that on wet days, students often eat and spend lunch time inside without masks on but are asked to wear masks during class time in the same room which is contradictory, particularly for younger children. • It was raised that we are in the midst of an environmental crises just as much as a health crises and disposable masks are not helping the environment and it is potentially not widely enough known that masks can be washed repeatedly without impacting the effectiveness. • Regarding increasing mask use and noting the logistical difficulty with policing mask use, the question was raised whether mandating is the most effective course of action to increase use. Encouraging positive use of masks and reiterating the team of 5 million mindset rather than to reintroduce mandates may have a better result.
4.0	**VoC Threat Assessment** A presentation was shared regarding BA.4/5. The severity and hospitalisation risk is still largely unknown.

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	TAG feedback included: • It was noted that over 50% of cases are now a combination of BA.4 and BA.5. • It was noted that the subvariant BA.2.75 has been identified in India but that it is unlikely to become as prominent in New Zealand as it is competing with BA.4 and BA.5 whereas in India, BA.2.75 is competing against BA.2. • The Chair noted that ICU admission rate is low, more people are in hospital with influenza than with COVID-19. • The Chair later noted that the Variants of Concern plan included one scenario of a variant that had a much more severe clinical impact.
5.0	**Science Updates** The latest SARS-CoV-2 Variants of Concern update dated 7 July 2022 was circulated with members and attendees for their information.
6.0	**Trends and Insights Report** The latest report dated 8 July 2022 was circulated with members and attendees for their information. **TAG feedback included:** • Regarding the number of deaths reported, it was noted that work continues to improve data collection for deaths due to COVID-19 and deaths with COVID-19. A small number of deaths in the community were not accounted for in the total number of deaths in the country but that is being fixed currently which will lead to a further change in the way the Ministry reports deaths. • There was strong support from the members regarding increased transparency and improved data quality.
7.0	**Māori Health Perspectives** The representative was not in attendance, so no update was given.
8.0	**Pacific Health Perspectives** The representative was not in attendance, so no update was given.
9.0	**Any Other Business** It was raised that COVID-19 is not the only infectious disease that poses a significant health risk and whether there is an opportunity to build on testing for COVID-19 and to expand the testing to include other infectious disease (including influenza) in the long-term so that therapies could be more accurately targeted. It was noted that the meningococcal cases in Northland which have tested positive for influenza creating a false impression that influenza was the underlying cause of illness. It was raised that COVID-19 is being prioritised for treatment and funding which is negatively impacting the recognition and treatment of other viral illnesses. It was noted that some Districts have already moved from COVID-19 committees to winter virus committees to adequately address the impacts that other winter illnesses are having on the system.
10.0	**Agenda Items for Next Meeting** None raised.

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11.0	New Action Items Raised During Meeting			
	#	**Agenda item**	**Actions**	**Action Owner**
	60	Update on the pandemic response	Chair to invite the PHA DDG to attend next meeting to explore/discuss the role of TAGs within the Ministry	Chair

Meeting closed at **11.47 am**

Next meeting: **12 August 2022**

Open actions:

57	Budgeting for IPC in hospitals	Chair to write to Health NZ, post the announcement of the leadership team in July, to express concern about IPC in hospitals	Chair	20/05/22 – Action raised
58	Science update	Follow up regarding COVID-19 vs other respiratory illness and access to care (noting this is a Health NZ funding issue)	Chair	17/06/2022 – Action raised
59	Trends and Insights	Follow-up with response managers to seek clarification regarding the vaccination order and implications for health care works being unexpectedly found unable to work	Michelle Balm	17/06/2022 – Action raised 15/06/2022 – The conversation has progressed
60	Update on the pandemic response	Chair to invite the PHA DDG to attend next meeting to explore/discuss the role of TAGs within the Ministry	Chair	15/07/2022 – Action raised 21/07/2022 – Invite sent to PHA DDG by the Chair 21/07/2022 – Action closed

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MINISTRY OF HEALTH
MANATŪ HAUORA

MINUTES: COVID-19 Technical Advisory Group

Date:	Friday 12 August 2022
Time:	10.30 am – 11:30 am
Location:	s 9(2)(k)
Chair:	Ian Town
Members:	Anja Werno, Erasmus Smit, Michael Baker, Michelle Balm, Nigel French, Sally Roberts, Virginia Hope
Ministry of Health Attendees:	Andi Shirtcliffe, Daniel Bernal, Harriette Carr, Jeremy Tuohy, Kayla Benjamin, Pete Hanl
Guests:	Andrew Old, Fiona Callaghan, Maria Cotter, Seamus Brady
Apologies:	Bryan Betty, Collin Tukuitonga, Matire Harwood, Nigel Raymond, Shanika Perera

1.0	**Welcome and Previous Minutes** Dr Ian Town welcomed all members, attendees, and guests in his capacity as Chair of the COVID-19 Technical Advisory Group. Minutes of the last meeting (15 July 2022) were approved subject to the following amendments (in italics) on item **9.0 Any Other Business;** 'It was raised that COVID-19 is being prioritised for treatment and funding which is negatively impacting the recognition and treatment of *other illnesses and health outcomes, to an unknown degree*.'
2.0	**Round of introductions – DDG PHA** The Chair welcomed and introduced Dr Andrew Old, the recently appointed Deputy Director-General of the Public Health Agency (PHA). Dr Old was welcomed by the TAG members, many of whom he has worked with over the years.
3.0	**Future of TAG** The Chair reiterated the important role the COVID-19 TAG has played throughout the pandemic, the value placed by the Minsters on the guidance and collective wisdom of the group and the anticipation that the group would continue to fulfil its current role.
4.0	**Outbreak Strategy** A presentation of the direction of the Outbreak Strategy was provided by Ministry of Health officials. The four principles guiding the strategy were described as follows:

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- to reduce the mandatory public health measures where necessary to ensure public health interventions were proportionate
- to rely upon voluntary measures to reduce the impact of COVID-19
- to remain vigilant and be prepared
- to manage COVID-19 as other infectious diseases are managed.

The aim is therefore to integrate the management of COVID-19 into the "BAU" of the healthcare system.

TAG feedback included

- Mandating some measures (e.g., masks), ensures that those most vulnerable are protected in public.
- It was emphasised that mask wearing does not have just a personal impact but is a behaviour which can impact other individuals. Therefore, these public health measures can be placed into the same category as behaviour on the roads, which is regulated to ensure safety for all.
- It is necessary to think beyond COVID-19 to manage the healthcare system effectively.
- The future impact of COVID-19 on the community is not clear and will be strongly influenced by the emergence of new variants. In addition, it is increasingly difficult to predict the impact of new variants on the New Zealand population for a range of reasons.

The Chair responded that the management of waves of infectious disease is not a new problem, but one that the health system must deal with. Although there are multiple measures which can be used to assess the impact of COVID-19 or other illnesses on the health service, it is very difficult to identify a single threshold at which to introduce, or re-introduce public health measures.

5.0 Infection/Seroprevalence Surveys

A Ministry of Health Official presented a verbal overview of the current state of the survey, which is now at the end of design and testing state and is with the Ethics Committee.

The three objectives include Testing (PCR), seroprevalence and questionnaires. Individuals will be invited to be involved in any or all of these three facets.

TAG feedback included:

- Members enquired whether the samples will provide information for other diseases

The Ministry official replied that the draft survey is still under review by an epidemiologist to ensure that the incidence and prevalence data was robust and that testing for other conditions in addition to COVID-19 is in the protocol.

6.0 Mortality Review

The PHA, within Manatū Hauora, are conducting an analysis of the mortality risk by ethnicity, comorbidities, age, vaccination, and other factors. This work will be peer-reviewed by external academics, and made publicly available on the Ministry's website, in order to inform, and provide context for the other mortality data statistics.

TAG feedback included:

- The group endorsed the value of this work.

7.0 Science Updates

The latest SARS-CoV-2 Variants of Concern (VOC) update dated 28 July 2022 was circulated with members and attendees for their information.

A Ministry official informed the group that the VOC document is being revised to improve readability. This has been necessary due to the large accumulation of information collated into this document. The key message from the VOC is that there has been the continued emergence of new variants, which have arrived

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	rapidly into New Zealand, due to a marked decrease in genomic testing overseas and the ongoing opening of the New Zealand border.
8.0	**Trends and Insights Report** The latest report dated 5 August 2022 was circulated with members and attendees for their information. The key issues were that there continues to be a decline in the number of cases and hospitalisations. **TAG feedback included** • It was urged that the Trends and Insights reports should be made public more quickly than at the current pace. • It was noted that although hospitalisations are falling, the case numbers remain high and that the impact of long COVID on the healthcare system is of concern. A Ministry representative indicated that the aim was to improve public access to the information and insights produced by the Ministry of Health and that while significant improvements in this area have already been achieved, there are more planned.
9.0	**Māori Health Perspectives** The representative was not in attendance, so no update was given.
10.0	**Pacific Health Perspectives** The representative was not in attendance, so no update was given.
11.0	**Any Other Business** None noted.
12.0	**Agenda Items for Next Meeting** None raised.
Meeting closed at **11.39 am** Next meeting: **9 September 2022**	

Actions:

57	Budgeting for IPC in hospitals	Chair to write to Health NZ, post the announcement of the leadership team in July, to express concern about IPC in hospitals	Chair	20/05/22 – Action raised **12/08/22 - Action closed**
58	Science update	Follow up regarding COVID-19 vs other respiratory illness and access to care (noting this is a Health NZ funding issue)	Chair	17/06/2022 – Action raised **12/08/22 - Action closed**
59	Trends and Insights	Follow-up with response managers to seek clarification regarding the vaccination order and implications for health care works being unexpectedly found unable to work	Michelle Balm	17/06/2022 – Action raised 15/06/2022 – The conversation has progressed **12/08/22 - Action closed**

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MINUTES: COVID-19 Technical Advisory Group

Date:	Friday 9 September 2022
Time:	10.30 am – 11:30 am
Location:	s 9(2)(k)
Chair:	Ian Town
Members:	Anja Werno, Bryan Betty, Erasmus Smit, Michael Baker, Michelle Balm, Nigel French, Nigel Raymond, Virginia Hope
Ministry of Health Attendees:	Andi Shirtcliffe, Daniel Bernal, Euan Russell, Harriette Carr, Jeremy Tuohy, Kayla Benjamin, Nicholas Jones
Guests:	Antoinette Righarts, Stephen Glover
Apologies:	Andrew Old, Collin Tukuitonga, Matire Harwood, Sally Roberts, Shanika Perera

1.0	**Welcome and Previous Minutes** Dr Ian Town welcomed all members, attendees, and guests in his capacity as Chair of the COVID-19 Technical Advisory Group. Minutes of the last meeting (12 August 2022) were approved.
2.0	**CPF Adaption Update** A representative from Policy presented proposed COVID policy guidelines developed with DPMC. Guidelines proposed to Cabinet, were largely centred around removing the majority of COVID controls. Policy noted that traffic light system has served its purpose and that with relatively high levels of population immunity from a combination of vaccination and infection rates, it is an appropriate time to consider a future system. Future COVID guidelines will manage COVID-19 like other infectious diseases and rely on good voluntary compliance and ability to increase restrictions and add layers as required/needed. Key principles of strategy to be maintain stability, be protective, resilient, and an emphasis on being prepared. **TAG feedback included** • Members of TAG commented that changes to the guidelines were sensible given the current stage of the pandemic and that this is the time to enshrine legacy benefits from the COVID response by systematically communicating risk to public. • Comments on shifting behaviours from mandate to culture which will yield a better 'normal' with respect to other infectious diseases.

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3.0	**Infection/Seroprevalence Surveys** • The Chair commented that proposed infection survey is due to get underway. Feedback on the written protocol was welcomed by email. • TAG members commented that it would be beneficial to strengthen and expand use of New Zealand Health Survey rather than doing repeated surveys. This would also open opportunities to investigate long-COVID and other COVID related questions.
4.0	**Science Updates** The latest SARS-CoV-2 Variants of Concern (VOC) update dated 19 August 2022 was circulated with members and attendees for their information. • A representative from STA gave a brief overview of updates and changes to the VoC.
5.0	**Trends and Insights Report** The latest report dated 2 September 2022 was circulated with members and attendees for their information. A representative from Intelligence, Surveillance and Knowledge (ISK), gave a brief overview of the key trends. The key updates were consistent decreases across all case metrics and wastewater. Cases are tracking well against the predicted model. Deaths are declining in elderly and all ethnicities, including Pacific people.
6.0	**Mortality Report Findings** A representative from ISK gave a brief overview of the draft mortality report. An external reviewer has provided feedback and report will be made public in the coming weeks. It was noted that throughout the pandemic, we are unsure how effectively the public have understood the impact age and vaccination status have on risk so mortality report could help to highlight this further to promote the benefits of vaccination. The key themes were Māori and Pacific people have higher mortality risk, independent of age. After accounting for vaccination, risk of death is halved if people have had at least two doses of the vaccine. Co-morbidities represented highest risk factor for those under the age of 60. Next report will be on hospitalisation. **TAG feedback included:** • Recommended presenting draft report to Therapeutics TAG. • Members commented that biggest modifier was vaccination and this should be clearly communicated wider to the public as it is in the New Zealand context. • Members also commented likely some deaths are missed. Many deaths caused by circulatory issues will be COVID-associated. Also noted that elderly COVID-associated deaths usually present with delirium before progressing. • Members would appreciate a comparison of mortality risk to other countries.
7.0	**Future of COVID-19 TAG and Incoming Chair** The Chair (Dr Ian Town) formally announced the transition of Chair to Dr Nicholas Jones. Dr Town paid tribute to STA and commented that he has moved to the Research and Innovation Directorate of the Ministry as part of the Health Reforms. Dr Town also thanked all members of the TAG for their very valuable contributions throughout the pandemic.
8.0	**Māori Health Perspectives** The representative was not in attendance, so no update was given.

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9.0	**Pacific Health Perspectives** The representative was not in attendance, so no update was given.
10.0	**Any Other Business** None noted.
11.0	**Agenda Items for Next Meeting** None raised.
Meeting closed at **11.52 am** Next meeting: **7 October 2022**	

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