

# Science & Technical Advisory

## Request for Advice (RfA)

This form contains the details relevant to the questions posed to the Science and Technical Advisory (STA) team. The STA will respond to the request using this form which will also be stored in the STA content management system for future reference.

This form, or parts of it, may also be forwarded to other relevant parties as appropriate.

Subject	Whether all close contacts of a confirmed case should have a Day 12 test before release from quarantine
Title	Day 12 PCR testing of close contacts

Out of scope

Released under the Official Information Act 1982

## Response to Request for Advice

Out of scope

### **Meeting summary – Day 12 PCR testing of close contacts** 18/08/2020

**Issue:** *whether all close contacts of a confirmed case should be required to have day 12 PCR testing prior to release from quarantine (currently only required for people in managed isolation facilities, and Health Care Workers as part of their return to work criteria). The main considerations are the utility and feasibility of undertaking day 12 PCR testing for close contacts, and whether it needs to be more nuanced – e.g. testing just household close contacts, vs all close contacts.*

#### **Other input:**

*The NZ Micro Network considered this from a lab perspective and suggest that asymptomatic close contacts should be tested at day 12:*

- *To provide consistency with MIF testing of incoming travellers*
- *Makes more sense that some other testing currently performed (population at higher risk)*
- *Low volumes, so wouldn't be a huge pressure on labs*
- *Note however that how/where these people will be tested may be an issue (e.g. for rural communities) if these people are not also in MIF or a specific local solution is not in place (e.g. one dedicated clinic or testing site).*
- *The opportunity to add alternative swabbing was also raised.*

*Little evidence was found for what other countries are doing in this space. In Tasmania they encourage close contacts to get a test around day 10-12.*

### **Meeting summary**

*In principle, there was general support for the concept of day 12 testing of all or some close contacts. However, it was noted that testing volumes for close contacts may not actually be low, and it could be quite complicated. There were also questions raised about whether this would be enforceable.*

*There was agreement that different types of close contacts are at different levels of risk. In particular, there was agreement that household close contacts are at particularly high risk (similar to those in MIFs) and should be tested twice. If there is a need to prioritise close contact testing this is where efforts should be concentrated.*

*It was suggested that testing of close contacts outside of the household level might be at the discretion of the PHU, based on an assessment of risk on a case by case basis. For example, if transmission is seen in a workplace (e.g. Americold cluster), day 12 testing should extend to all workers there.*

*There was a comment that there may be value in developing a three-level risk system to help determine who should be tested twice.*

*There was some discussion about whether children who are close contacts should also be tested. It was noted that at the moment there doesn't appear to be an issue with children having the second test.*

*However, there was some concern that having different recommendations for different types of close contacts may create confusion (among different types of close contacts, and for those making case by case decisions about testing). Any decision will need to be clearly communicated, including to Healthline.*

### Next Steps

Sarah Mitchell drafted an internal memo on 20 August based on the discussion, with further additions/ amendments made by Harriette Carr before approval by Caroline McElnay.

Note that **for the current Auckland based outbreak, the local Medical Officer of Health has recommended all close contacts have a day 12 test.**

See memo attached for reference (unsigned version)

## Memo



<b>Date:</b>	20.08.2020
<b>To:</b>	Caroline McElnay
<b>Copy to:</b>	Ian Town
<b>From:</b>	Harriette Carr
<b>Subject:</b>	Day 12 PCR testing of close contacts
<b>For your:</b>	Action Decision

**Background**

There is an urgent need for the Ministry to confirm in writing today whether close contacts of cases now require a negative day 12 swab before release from quarantine. All PHUs need to know as soon as possible as some close contacts of the Auckland cluster are now nearing 12 days since last exposure with a case while potentially infectious.

Currently there is little evidence internationally that other countries have implemented this (partly due to the current state of COVID-19 within other countries).

The NZMN network considered this from a lab perspective and suggested that asymptomatic close contacts should be tested at day 12:

- To provide consistency with MIF testing of incoming travellers
- Makes more sense that some other testing currently performed (population at higher risk)
- Low volumes, so wouldn't be a huge pressure on labs
- Note however that how/where these people will be tested may be an issue (e.g. for rural communities) if these people are not also in MIF or a specific local solution is not in place (e.g. one dedicated clinic or testing site).
- The opportunity to add alternative swabbing was also raised.

At a meeting between members of the previous Public Health TAG subgroup, ARPHS and MOH, there was support in principle for day 12 testing of some or all close contacts. However, it was noted that testing volumes for close contacts may not actually be low, and it could be quite complicated. There were also questions raised about whether this would be enforceable.

There was agreement that different types of close contacts are at different levels of risk. In particular, household close contacts are at particularly high risk and should be tested. If there is a need to prioritise close contact testing this is where efforts should be concentrated. Day 12 testing of close contacts outside of the household level could be based on an assessment of risk on a case by case basis. For example, if transmission is seen in a workplace, day 12 testing should extend to all workers there.

However, there was some concern that having different recommendations for different types of close contacts may create confusion (among different types of close contacts, and for those making case by case decisions about testing). Any decision will need to be clearly communicated.

Further consultation was undertaken with the clinical leads for both Homecare Medical and NITC (20 August) who affirmed that it could be difficult with the current outbreak to identify different classes of close contacts aside from household close contacts but could potentially be done.

ARPHS has subsequently (20 August) indicated that they will be advising all close contacts identified as part of the current outbreak to undertake a day 12 test.

### Summary

A decision needs to be communicated today as to whether close contacts of cases now require a negative day 12 swab before release from quarantine. All PHUs need to know as soon as possible as some close contacts of the Auckland cluster are now nearing 12 days since exposure.

The recommended advice is that Day 12 testing of close contacts is recommended for those at highest risk of exposure:

- a) all household close contacts
- b) others as determined by the local Medical Officer of Health e.g. when there are multiple cases at an institution or work premises.

For this current outbreak, the local Medical Officer of Health is recommending under b) above that all close contacts are tested at day 12 due to the difficulty categorising levels of contact for this particular outbreak.

If agreed, we will communicate this to ARPHS, other PHUs, NITC, Healthline, and CBG (who are also undertaking daily monitoring of close contacts) along with relevant internal teams and update the website accordingly.

At this stage, we are not proposing any extension to the quarantine period for close contacts if they refuse day 12 testing. We will strongly encourage day 12 testing in communications with close contacts as providing an added level of assurance for them and their family and community, however, unless there is cause for public health concern (eg that a person may not be disclosing symptoms) there would not be any enforcement of the recommendation. A suggested script offering day 12 testing and the benefits of it is being developed by NITC and ARPHS and will be shared with other agencies involved in daily monitoring of close contacts.

### Recommendations

It is recommended that you:

1.	agree	Day 12 testing of close contacts is recommended for those at highest risk of exposure: a) all household close contacts b) others as determined by the local Medical Officer of Health e.g. when there are multiple cases at an institution or work premises.	Yes/No
2.	note	For the current Auckland based outbreak, the local Medical Officer of Health has recommended all close contacts have a day 12 test	Yes/No
3.	note	The decision will be communicated to ARPHS, PHUs, NITC, Homecare Medical, CBG, and relevant internal teams	Yes/No

Signature \_\_\_\_\_

Date:

Name

Title