

Minutes: Technical Advisory Group for COVID-19

Date:	Friday 26 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, Prof Stephen Chambers, Dr Matire Harwood, Dr Anja Werno, Dr Patricia Priest, Dr Erasmus Smit Ministry of Health staff - Dr Harriette Carr, Dr Tomasz Kedzinski, Dr Juliet Rumball-Smith, Dr Niki Stefanogiannis, Dr Richard Jaine, Asad Abdullahi, Margaret Broodkoorn, Louise Chamberlain
Guests	Dr Mary van Andel
Apologies:	Dr Caroline McElnay, Dr Bryan Betty, Dr Collin Tukuitonga, Andi Shirtcliffe

1.0	<p>Welcome and Previous Minutes</p> <p>Dr Ian Town welcomed all Members, Attendees and Guests in his capacity as Chair of the Technical Advisory Group for COVID-19.</p> <p>Minutes of the last meeting (12 June 2020) were accepted.</p>
2.0	<p>Update on open actions</p> <p>Open actions updated. Actions 42, 47, 48, 49, 50, 51, 52, 53, 54, 55 closed.</p>
3.0	<p>Ministry of Health update on COVID-19 response</p> <p>The Chair advised intense media and public attention on the Ministry's COVID-19 response is expected to continue, due to the current health and political environment and the upcoming general election.</p> <p>The Ministry will remain focused on the collective responsibility to maintain the COVID-19 response. Any commentary provided by the Ministry will be aligned with State Services Commission directive as is normal in the pre-election period.</p> <p>The Chair gave an update on current issues being worked on in the Ministry:</p> <ul style="list-style-type: none"> • Changes to case definition and Testing Strategy have been released. Acknowledgement and thanks given for the large amount of hard work from many individuals who have contributed to the development of this work in the current high-pressure environment. In general, the response from the wider medical and science sector has positive. • Maritime border control framework has been approved by Cabinet. <p>TAG feedback:</p>

	<p>Surveillance testing:</p> <ul style="list-style-type: none"> • Has been challenging to explain surveillance testing within primary care and operationalise this advice within normal clinical practice • Different areas of the sector do not necessarily have the same view/understanding of surveillance testing • Remains a gap in public and communications <ul style="list-style-type: none"> ○ Communications have been delayed to ensure alignment with the release of the revised case definition and testing strategy and will now be finalised • IPC assessment framework is a useful tool and is suitable to adapt for individual providers • Primary Care quick reference guide has been uploaded <p>Case definition:</p> <ul style="list-style-type: none"> • Concerns the removal of prioritised groups from suspect case definition may have equity impact • This has been removed as the updated case definition focuses on prioritising individuals and separating from testing strategy • Awhina app document link to be updated
4.0	<p>Results of TAG structure review</p> <p>TAG was presented with the initial outcome of a review of the TAG structure, requested by the COVID-19 Response Hub Leadership Team and was thanked for input into the review and the recent stocktake of advice and strategic priorities (item 5.0).</p> <p>A number of internal reviews of the COVID-19 response are being undertaken, covering the earlier, current and future response, leadership and funding.</p> <p>Leadership of COVID-19 Response Hub will shortly be taken over by Sue Gordon, as Keriana Brooking leaves the Ministry to take up a new role.</p> <ul style="list-style-type: none"> • New structure is designed to focus work on planned strategic priorities and support a work programme centred way of working. At the basis of work programme structure is the principle of an 'evidence-based' response • Current Subgroups will no longer be convened as committee-style meetings • Expert advisors will be brought together as required to complete specific pieces of work and/or as bespoke working groups based on the piece of work to be completed or monitored, removing the need for complicated movement of the advice between multiple subgroup meetings. <ul style="list-style-type: none"> ○ Noted that this system is already frequently used for the development of some advice eg: ARC, clozapine • Outcome of the working group will be the advice – there will no longer be minuted committee style meetings held. The development of advice can be supported by technically trained Ministry staff who can coordinate the consultation • Consultation and peer review mechanisms can be built in to process, dependent on type of advice eg: Ministry process, peer reviews, wider consultation <p>TAG feedback:</p> <ul style="list-style-type: none"> • CIMS has been used successfully in previous responses – helps with making a response operationally driven and adds a responsiveness to both operational drivers and strategic directions <ul style="list-style-type: none"> ○ Noted - currently the whole emergency response is being reviewed and the use of a CIMS structure is being actively considered

	<ul style="list-style-type: none"> • Subgroups currently include individuals with wide experience and expertise – want to ensure this expertise is retained • Meetings of full Subgroup have been advantageous, particularly when the full Subgroup membership provides a national lens and experience • At times, a strong evidence base for advice is not available, so advice needs to be developed through consensus and experience • Peer review or other mechanisms need to be part of process – required to protect individuals • There is a risk of narrow advice if only one subject matter expert involved in a working group • At times, Subgroup output may have not been requested by Ministry, but there have been items raised and discussed at Subgroups that have resulted in value to the Ministry <p>Next steps:</p> <ul style="list-style-type: none"> • STA leadership will consult with Subgroup Chairs next week to identify individuals with specific expertise who are interested in contributing • Any further feedback welcomed by email over the next week <p>Action: Provide any further feedback on outcome of TAG structure review within the next week</p>
5.0	<p>RfA – Science and Technical Advisory current and strategic priorities</p> <p>Science and Technical Advisory (STA) Programme Manager is now populating STA work programme with priorities to be followed by scoping of the work.</p>
6.0	<p>RfA – removal of nebulisation of medication from the AGP list</p> <p>TAG discussed the removal of nebulisation of medication from the AGP list.</p> <ul style="list-style-type: none"> • Both IPC and Clinical Subgroups support the removal • Risks raised by NZ Respiratory Clinical Leads are opinion and not evidence based eg: ARC setting; SARS experience was also related to IPC failures not always related to nebulisers • TAG agreed there are alternative ways of delivering bronchodilator therapy and in the current environment, the material risk of nebulisers is extremely low • Impact assessment received from a rural perspective is not evidence based • Chair will discuss with Respiratory Clinical Leads <p>TAG support the removal of nebulisation of medication from the AGP list, with caveats and risk-based advice.</p>
7.0	<p>Healthcare Worker infection review</p> <p>Ministry has been considering a review into COVID-19 transmission associated with healthcare workers. Initial meeting has been held.</p> <ul style="list-style-type: none"> • Several related reviews have already been conducted eg: Waitemata DHB, ARC facilities, Auditor General report into management of PPE • Some PHUs are currently conducting reviews, particularly ARC related • Gaps identified around social science research and the HCW experience. The Chair is discussing priorities and funding with HRC <p>Ministry will consider all the recommendations from the various reviews into a series of recommendations. Review will be shared with TAG for information and comments</p> <p>TAG feedback:</p> <ul style="list-style-type: none"> • Conversations held with DHBs recognise willingness to improve communications

8.0	Clinical algorithm <ul style="list-style-type: none"> • TAG noted final version of clinical algorithm 								
9.0	Māori health perspectives <ul style="list-style-type: none"> • Urutā is developing plan of action to facilitate better ways of working with Ministry, following meeting with Director General of Health and Maori Health Directorate • Positive feedback on clinical algorithm • Supports the TAG nebuliser recommendation • Concerns of isolation hotel worker safety, particularly regions with high proportion of Māori staff. Ministry aware and working through fine tuning the processes eg: transport, wider use of masks, physical distancing 								
10.0	Pacific health perspectives <ul style="list-style-type: none"> • No update given 								
9.0	Subgroup verbal updates Laboratory <ul style="list-style-type: none"> • The NZMN would like to contribute to topics including strategy for testing for surveillance and serology inclusion for testing at the borders 								
10.0	Any other business <ul style="list-style-type: none"> • No other business discussed 								
11.0	Agenda items for next meeting <ul style="list-style-type: none"> • No items discussed 								
12.0	New Action Items raised during meeting <table border="1"> <thead> <tr> <th>#</th> <th>Agenda Item</th> <th>Actions</th> <th>Owner</th> </tr> </thead> <tbody> <tr> <td>56</td> <td>Results of TAG structure review</td> <td>Provide any further feedback on outcome of TAG structure review to Louise Chamberlain via email within the next week</td> <td>All Members</td> </tr> </tbody> </table>	#	Agenda Item	Actions	Owner	56	Results of TAG structure review	Provide any further feedback on outcome of TAG structure review to Louise Chamberlain via email within the next week	All Members
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56	Results of TAG structure review	Provide any further feedback on outcome of TAG structure review to Louise Chamberlain via email within the next week	All Members						
13.0	Summary of TAG Recommendations <ul style="list-style-type: none"> • TAG support the removal of nebulisation of medication from the AGP list, with caveats and risk-based advice 								
14.0	Meeting closed at 11.30am Next meeting Friday 10 July 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	26/06 – Guidance development is nearing completion and will be provided to PC Subgroup Chair. Action closed 12/06 – IPC Subgroup continue to develop guidance 05/06 – Final version of guidance will be shared when complete. 29/05 – Action raised	Closed
47	Surveillance Strategy - epi criteria; testing capacity; public comms	Discuss Surveillance Strategy communications and Primary Care operationalising concerns	Dr Caroline McElnay / Dr Bryan Betty	26/06 - Discussed at Primary care subgroup and direct communications held. Action closed 12/06 – Action raised	Closed
48	Clinical algorithm / testing strategy 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 2 nd swab needs to be added for separate diagnosis purposes	Dr Caroline McElnay	26/06 – Current advice is to consider alternative diagnosis based on clinical symptoms and clinical judgement, Also Lab capacity to consider. No change required to clinical algorithm. Action closed 12/06 – Action raised	Closed
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	26/06 – Reviewed. Action closed 12/06 – Action raised	Closed
50	Clinical algorithm	Public Health Group to review symptoms	Dr Shanika Perera	26/06 – Clinical discretion applied. Action closed 12/06 – Action raised	Closed

	Concerned about the prominence of shortness of breath in the clinical criteria				
51	Clinical algorithm	Urutā to review the algorithm and provide feedback to Public Health Subgroup	Dr Matire Harwood	26/06 – Algorithm reviewed, feedback provided. Action closed 12/06 – Action raised	Closed
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	26/06 – Advice review, feedback provided. Action closed 12/06 – Action raised	Closed
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	26/06 – Advice provided. Action closed 12/06 – Action raised	Closed
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	26/06 – Data review will progress. Action closed 12/06 – Action raised	Closed
55	Border management	Raise Pacific health sector and community concerns with the COVID-19 Response team	Chair	26/06 – Concerns raised with COVID-19 Response team. Action closed 12/06 – Action raised	Closed

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