

MINUTES: COVID-19 Technical Advisory Group

Date: Friday 12 November 2021

Time: 10.30 am – 12:00 pm

Location: S9(2)(k) [REDACTED]

Chair: Ian Town

Members: Anja Werno, Bryan Betty, Michael Baker, Nigel French, Nigel Raymond, Sally Roberts, Shanika Perera, Virginia Hope

Ministry of Health Attendees: Andi Shirtcliffe, Daniel Bernal, Jeremy Tuohy, Sarah Mitchell

Guests: Steve Waldegrave

Apologies: Collin Tukuitonga, Erasmus Smit, Matire Harwood, Caroline McElnay, Emma Hickson

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 COVID-19 Technical Advisory Group.</p> <p>Minutes of the last meeting (22 October 2021) were approved.</p>
2.0	<p>Ministry of Health Update on COVID-19 Response</p> <ul style="list-style-type: none"> • The Chair presented some slides using data and modelling for Auckland and Northland • Shows pattern of continued increase in cases at 150-200 daily. Includes assumptions about protective vaccine effects as vaccine numbers increase by about 6000 per day • With opening of retail, we may see cases climb further • With this outbreak, less cases have been progressing to ICU, possibly due to the younger cohort and increased vaccination levels. The occupancy is still relatively low in Auckland metro ICUs • The modelling includes some raw predictions around beds and ICUs • Noted that testing and contact tracing capacity are at breaking point, and a more risk-based approach for these is needed • Community based care programmes and protocols are being developed using complex algorithms and risk assessment. <p>TAG feedback included</p> <ul style="list-style-type: none"> • In Auckland and Waikato, Public Health are stretched, with flow on effects to GPs.

	<ul style="list-style-type: none"> • There is an issue with lack of clarity regarding the risk vaccinated vs unvaccinated patients pose to staff and other patients in primary care, and how masking affects this. <ul style="list-style-type: none"> - The Chair noted that a protocol on this topic for secondary care has just been finished, and that this would be followed up for primary care <p>ACTION: confirm with the Chief Clinical Officer for Primary Care and COG that work is underway to support this request for primary care.</p> <ul style="list-style-type: none"> • Raised concern about the vaccine exemptions and how it was announced - an announcement was made, and then 3-4 weeks passed before there was a process in place. <ul style="list-style-type: none"> - The Chair noted that the vaccine order has been re-written and the exemption process posted. The new order is to be Gazetted on Monday. • With regard to the PowerPoint slide shown, the projections look quite encouraging in terms of the number of cases levelling off over time. However, it was questioned whether some factors had been considered, such as relaxation of restrictions around social mixing, waning of immunity post-vaccination, and the impact of boosters. <ul style="list-style-type: none"> - The Chair noted these are complex interactions, and further input from TAG would be welcome. Also noted that NZ data has informed some contact tracing decisions. • There was a comment that it would now be a good time to socialise what endemicity would mean for New Zealand. Even some health professionals are surprised to learn that literally every person will have to encounter the virus at some point. This message needs to be familiarised. We need awareness that this is something our immune systems will need to see on a fairly regular basis. <ul style="list-style-type: none"> - The Chair noted that this should be a key topic for the next TAG meeting to allow time for more in-depth discussion. • It was noted that other areas may be able to learn from Auckland's experience. Several anecdotes given in example of this.
3.0	<p>Science Updates</p> <p>Not discussed due to time constraints. Future science topic priorities for the Science and Technical Advisory will be discussed at a later meeting.</p>
4.0	<p>Protection Framework Processes</p> <ul style="list-style-type: none"> • An overview was given of the developing strategic thinking about how we take account of the proposed traffic light system to make sure this works in the context of broader public health measures. • Key questions proposed and TAG input sought: when exactly the shift will occur (likely early-mid December); how to protect the most vulnerable; how to keep the health system sustainable; how boundaries should work; and how contact tracing, testing case management and isolation should be managed. • A key question is how vulnerability should be defined and how vulnerable communities should be protected as the virus spreads. The Ministry of Health suggests a composite of indicators that balance vaccination, access to healthcare, deprivation, age profile – and to not just rely on the traffic light system. <p>TAG Feedback included:</p> <ul style="list-style-type: none"> • The benefits of limiting infection should not be underestimated. For example, the impact of long COVID is a big unknown that could profoundly alter the risk equation

- Some were very concerned about the prospect of opening Auckland soon and emphasised the benefits of delaying the spread of SARS-CoV-2, especially to more vulnerable areas.
 - The Ministry of Health is also concerned about Aucklanders travelling, and is advising strongly on the need to protect more vulnerable communities.
- The need to retain the ability to enact measures above and beyond the red level, such as lockdowns, was emphasised
 - The group was reassured that the Ministry of Health is putting forward strong advice about the importance of being able to move to lockdowns if necessary.
- The new system should take account of likely future events, such as flu season next winter, as well as a legacy point of view
- Therapeutics in hospital appear moderately good at preventing people needing ICU. In the community however, therapeutics are likely to have a more modest effect at least in the short term (due to factors such as price, likely small deliveries, and difficulties getting the treatment to people).
- There was a recommendation to make the need to minimise harm across the system more central to the strategy (more than just reducing hospitalisations associated with COVID-19), and the community sector should be better represented.
- One option to alleviate the pressure on primary care could be to have COVID-19 specific treatment centres available in the community, where people who don't require hospitalisation, but may only require 24-48 hours of close observation, can be looked after.
- There was feedback that when strategy is being developed, it needs to be better connected to operational planning and the reality of services on the ground. Before a change to a whole new system and opening of borders, there is a need to lock in some of this operational planning.
 - The Ministry of Health is unable to influence the decision to open before Christmas, so the focus is on trying to prepare to minimise potential harm. It was acknowledged that strategy in isolation from operations is not meaningful. Guidance is needed from the government on targets, definition of vulnerability, etc, and then it will be essential to ensure that connections with key people locally are being made to enable community level planning
- There is some evidence that vaccination rates pick up as COVID-19 becomes a more tangible threat to communities
 - There is some complexity around this, for example in Northland there was a jump in vaccinations originally but this dropped off second time around. This may particularly occur in communities that have a deep distrust of government
- There would need to be thought about how geographically adjacent areas would work together when at different colours (e.g. with workforces across areas)
- Managing demand of testing will be critical going forward. We are currently over-testing and should think about focusing on really important areas that give best value for money and allow the system to operate speedily
 - It was agreed that there is a need to focus resources tightly and this work is underway
- It was noted that there is a lag between the number of cases and the impact on hospitalisations and deaths. It would not be wise to just wait until we are at crisis point before moving to lockdowns – has thought been given to the triggers that should be used to determine moving to stronger measures?

	<ul style="list-style-type: none"> - Further thought on this is needed, and TAG could add significant value here. Initial thoughts include an early warning system that would allow tracking of demand vs capacity and alongside vulnerabilities. Further epidemiological advice would be welcome. • There was concern we may see a large spike in cases 7-14 days after Christmas, at a time when the public are still getting used to a new system <ul style="list-style-type: none"> - All indications are that the new system will be implemented from mid-December. It is agreed that it is extremely important to minimise harm as we shift to the new system at this time • The group advised being wary of the 'There Is No Alternative' (TINA) mindset: Health advice given to government should be based on the most health-promoting argument and not adapted to the Government's intended direction. There are huge benefits in delaying the virus spreading across the country, and also benefits for Auckland. It should be made clear that opening before Christmas is against public health advice. <ul style="list-style-type: none"> - There was reassurance that the Ministry's advice is free and frank, and always based on strong public and population health principles - The group was thanked for their valuable feedback
7.0	Māori Health Perspectives No update given.
8.0	Pacific Health Perspectives No update given.
9.0	Any Other Business None
10.0	Agenda Items for Next Meeting
11.0	New Action Items Raised During Meeting Confirm with Chief Clinical Officer for Primary Care and COG that work is underway to support this request for advice for management of unvaccinated vs vaccinated patients in primary care.
Meeting closed at 11:59am Next meeting Friday 10 December 2021 – 10:30am – 12:00pm	

Open Actions:

#	Agenda item	Action	Action Owner	Updates
76	Science Updates	Update CSU 47 – 'Risk of hospitalisation and severe outcomes from COVID-19 in children: Evidence from the Delta wave in the United States with further detail	STA	22/10 – Action raised

		before publishing on Ministry website.		
77	Ministry of Health Update on COVID-19 Response	confirm with the Chief Clinical Officer for Primary Care and COG that work is underway to support this request for primary care.	STA	12/11 – Action raised

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