MINUTES: Technical Advisory Group COVID-19

Date:	Friday 05 February 2021
Time:	10.30 am – 12:00 pm
Location:	s 9(2)(k) [redacted]
Chair:	Dr Ian Town
Members:	Dr Bryan Betty, Dr Erasmus Smit, Professor Michael Baker, Dr Shanika Perera, Dr Nigel Raymond, Professor Nigel French
Ministry of Health Attendees:	Andi Shirtcliffe, Dr Caroline McElnay, Michael Bunce, Sarah Mitchell
Guests:	Stephen Harris
Apologies:	Dr Anja Werno, Dr Collin Tukuitonga, Dr Sally Roberts, Dr Virginia Hope, Dr Matire Harwood, Daniel Bernal, Assoc Prof Patricia Priest

1.0	**Welcome and Previous Minutes** Dr Ian Town welcomed all Members and Attendees in his capacity as Chair of the Technical Advisory Group for COVID-19. Minutes of the last meeting (27 November 2020) were accepted. TAG Members were asked to send any edits to TAG Secretariat. Nigel French, a new member of the group providing Epidemiology expertise, was introduced. Stephen Harris, who is leading policy work related to updating the Elimination Strategy, was introduced.
	Update on Open Actions There are no open actions.
2.0	**Update on the Elimination Strategy** The 'A3' documents in the agenda are the current version of the high-level strategy. It was explained that following the 2020 review of the Elimination Strategy (ES), further updates are now required. Changing context over summer (with new more transmissible variants, etc) highlighted that the Strategy needs to enable quicker responses. Further updates will be driven by Public Health priorities but acknowledging the All of Government (AoG) effort. Noted that much Interagency processes and public and media attention has focused on 'Keep if Out' (Pillar 1). There is a particular interest in gaining an understanding of how science communities can

help with 'Stamp it Out' and 'Prepare for It' pillars e.g. through modelling, contact tracing and testing protocols, emerging technologies, and ensuring that debate around Alert Level responses is grounded in what will be effective.

The A3 does not include the 'Manage the Impacts' pillar but this will be a focus slightly further down the track e.g. readiness of health system infrastructure and the workforce, how we best engage communities for equity, access and learnings.

Internal discussion ongoing as to how to best represent and integrate vaccine activity into the Elimination Strategy.

Fine-tuning the Elimination Strategy will be an ongoing area of work over the next month and will be brought back to a future TAG meeting for further discussion (or via email).

TAG members were asked to provide feedback on fine-tuning the Elimination Strategy based on the provided overview.

TAG feedback included:

- It is timely to focus on revisiting the Elimination Strategy
- Sense of complacency as vaccines roll out is one of many threats
- Shift to require pre-travel testing likely to have had a small but useful impact. The Ministry is developing a trend report tracking arrivals.
- A common difficulty is not having enough evidence, or not putting processes in place to try to collect evidence e.g. by conducting pilot studies. The complex distributed MIQ environment has made the evaluation of changes challenging.

Pillar 1: Keep it Out

- There could be a strong role for modelling in Pillar 1. Including variables such as numbers of travellers, duration of quarantine, R, incorporating changes with new variants etc.
- The current focus seems to be on 'keeping it out' of the community, but not necessarily MIQ. Would like improved understanding of the cases coming into New Zealand and how they are being acquired, e.g. before flight vs on flight. More in depth case studies are needed.
- Ministry attendees noted that in-depth Public Health assessments are carried out but where the virus was acquired is difficult to determine. Information from case investigations, EpiSurv and genetic sequencing is being pulled together to help answer these questions.
- Even with detailed source investigations – determining exactly source/ transmission route is not always possible.
- Every incident of potential in facility transmission is investigated through an incident review process which has been standardised in recent weeks.
- Suggestion to shift focus in border management to more offshore settings – for example, Australia has significantly reduced the allowed number of arrivals. NZs high numbers of arrivals makes us vulnerable.
- The Pullman cluster and Christchurch cases last year demonstrate that post-isolation requirements need to be reconsidered.
- Management of quarantine free travel zones – if people from 'quarantine free zones' are in contact with people from other countries in airports, there is still a potential risk

	Group was reassured that a very wide range of options/suggestions for improving border controls was being explored at pace. Aspirational goal of having no cases arrive in NZ is highly desirable – suggestion to require quarantining in airport hotel or home in origin country prior to travel. Suggestion to carry out research – e.g. ask a sample of people about what would make it easier to alter their pre-travel behaviour. Noting it seems logical to focus on the people incoming on flights rather than the whole NZ population. Chair noted that such measures are extremely hard to impose/ensure compliance, and that overseas hotels may be a potential transmission risk. *Pillar 2: Prepare for It* • Feedback from community providers: concern that overall rates of community testing have dropped – need for continued vigilance should be highlighted. • It was noted that the Surveillance Strategy is going to be carefully reviewed • The UK experience indicates new variants may have arisen in a chronically infected individual so understanding genetic variation, particularly in the spike protein, will help inform vaccine choices and understanding of whether vaccine updates are needed • Would like to see greater alignment between genomic epi modelling and TPM modelling • This Pillar should include reference to 'correlates of protection' – we need to understand what the correlates of protection are post-vaccination, and how to test for them (e.g. we may need a certain level of antibody response to deem that a person is protected from infection). It is possible that some people arriving into the country who have been vaccinated may still not be protected from infection. • Current messaging abut testing – e.g. get tested when you have compatible symptoms, stay away from work –puts the onus on the individual. It may be beneficial to also have onus on workplaces to support this Members were asked to send further feedback to TAG Secretariat.
3.0	**Update on Vaccines** The COVID-19 Vaccine Programme is an end-to-end sub-directorate within the COVID-19 Health System Response Directorate, with over 100 people working on planning for acquiring, storage and distributing vaccines. The initial 50,000 Pfizer vaccine doses are expected to arrive in the next 2-3 weeks. Rollout will begin across North Island MIQ facilities, followed by healthcare workers and age residential care staff. The South Island roll-out will run about a week later. Medsafe has provisionally approved Pfizer vaccine. The Ministry and the COVID-19 Vaccine TAG has advised that the vaccine is considered safe to deploy. Questions about other vaccines continue to be worked on, but we are not expecting delivery of these until later in the year. NZ has advanced purchased a total of 18 million doses – if they all land, there will be a surplus. There is a proposal to consider how these might be re-distributed. Dr Collin Tukuitonga will soon be vising the Cook Islands to carry out a site assessment for vaccine rollout, to be supported by New Zealand and Australia logistics. TAG feedback included:

	• Rollout of COVID-19 vaccine will be a huge resource ask, and the vital need for clear concise communication from the Ministry was raised. The chair noted Ministry work is underway regarding questions about MMR and influenza vaccines, and acutely aware of pinch points in timing, workforce, and burden on primary care. • The possibility of an increased risk of incursion around time of vaccine rollout was raised, especially as the impact of the vaccines on transmission is unknown. There are concerns that having the vaccine may result in border workers becoming more complacent with IPC practices. It was noted that an education package is being prepared for the border workforce, highlighting the need for continued vigilance even after receiving the vaccine. Testing of staff will continue throughout.
4.0	**Māori Health Perspectives** No update given.
5.0	**Pacific Health Perspectives** No update given.
6.0	**Any Other Business** • The role of TAG in the overall decision-making process was questioned given lack of consultation with the group despite increased global risks over summer. The group was reassured that their engagement is very much appreciated and work highly trusted. Recent MIQ breaches have raised concerns about basic PPE supplies and ramping up the community medical response, for example use of N95 vs surgical mask with new variants – essentially, are we prepared for a major outbreak of a new variant and how does PPE look for that. The chair noted that PPE is being reviewed daily, and the Ministry is aware of need to update advice to frontline staff. A widening of the use of N95 masks in MIQ has recently been instigated. • The issue of management of the vaccinated population (in terms of needing them to continue to adhere to Public Health measures) was raised. This is a next area of significant policy work for the Ministry and will likely come to TAG and Epidemiology experts for comment • The term 'casual plus' is now being used more often, but people are confused about what this refers to. It was noted that the Ministry website has been updated, and a rainbow chart shared with PHUs – this will be forwarded to the TAG group. • There was some discussion about the idea of not rolling out the influenza vaccine this year. The chair confirmed that a key concern is ensuring NZ does not lose pace with regular vaccinations. It was noted the Immunisation team owns this piece of work and has planned communications with primary care next week re influenza and MMR.
7.0	**Agenda Items for Next Meeting**
	New Action Items Raised During Meeting

Action #	Agenda item	Actions	Action Owner
59	Any Other Business	Circulate paper on MIQ circumstances when ready	Michael Baker

	60	Any Other Business	Circulate the Rainbow Chart the TAG	Caroline McElnay

Meeting closed at **11:30am**

Next meeting **Friday 19 February 2021 – 10:30am – 12:00pm**

Open Actions:

Action #	Agenda item	Actions	Action Owner	Updates	Status
59	Any Other Business	Circulate paper on MIQ circumstances when ready	Michael Baker	05/02 - Action raised	Open
60	Any Other Business	Circulate the Rainbow Chart the TAG	Caroline McElnay	05/02 - Action raised	Open

MINISTRY OF HEALTH
MANATŪ HAUORA

MINUTES: Technical Advisory Group COVID-19

Date:	Friday 19 February 2021
Time:	10.30 am – 12:00 pm
Location:	s 9(2)(k) [redacted]
Chair:	Dr Ian Town
Members:	Dr Bryan Betty, Dr Erasmus Smit, Dr Matire Harwood, Professor Michael Baker, Professor Nigel French, Dr Nigel Raymond, Dr Sally Roberts, Dr Virginia Hope
Ministry of Health Attendees:	Andi Shirtcliffe, Daniel Bernal, Professor Michael Bunce, Assoc Prof Patricia Priest, Sarah Mitchell
Guests:	Stephen Harris, George Whitworth, Tara Swadi, Susan Morpeth, Pam Doole
Apologies:	Dr Anja Werno, Emma Hickson, Dr Collin Tukuitonga, Dr Caroline McElnay, Dr 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 (5 February 2021) were accepted. Members were asked to send any edits to TAG Secretariat. Susan Morpeth, the new chair of the New Zealand Microbiology Network (NZMN), was introduced. She was standing in for Dr Anja Werno at the TAG meeting today. George Whitworth from DPMC was introduced. Pam Doole was introduced. She is acting Chief Nursing Officer, standing in for Emma Hickson.
2.0	**Ministry of Health Update on Progress with the Current Outbreak Response** • Another additional case in the community has been identified • Cluster is focused on Papatoetoe High School and their wider community. All will be tested prior to returning to school next week • Some key questions continue to be investigated, including a possible link to a MIQ returnee, potential for transmission at laundry service etc. All lines of enquiry are being vigorously pursed to help determine the origin of this outbreak • The significant work of those in Auckland, particularly labs and ESR, was acknowledged • Decision to relax wider controls indicates confidence in the system

	• Sir Peter Gluckman's recently published commentary was mentioned, which contains thoughtful questions for what COVID-19 means for New Zealand in the future (TAG secretariat will circulate). • The Director-General of Health and the Chief Science Advisor are to be interviewed by the IPPR Committee co-chaired by Rt Hon Helen Clarke • Last week the PM, Ministers and Ministry staff met with business leaders in Auckland to provide insights and commentary on the management of COVID-19 and impacts on business/the economy • An in-depth dive into the potential of using saliva testing as a screening tool is underway. Note that the NZMN is having a special meeting about saliva testing on Monday – can see the appeal of saliva testing for surveillance purposes. Will report back to TAG.
3.0	**Recent Changes in Mask Use in MIQ and Primary Care** An update was provided on changes in MIF/Qs in terms of the use of N95/P2 masks. • Change has resulted from a number of factors, including: emergence of new variants with possibly increased transmissibility; further consideration of the risk in confined spaces where some staff are interacting with returnees; growing evidence of transmission of COVID-19 via aerosolised particles, particularly in closed spaces with poor ventilation. All these factors were considered by several stakeholders, who agreed that a change was indicated for staff with close interactions with returnees. TAG Feedback included: • There needs to be some clarification of the new community mask guidance. Communications to GPs and urgent medical care facilities (about changes allowing use of N95/P2 for these facilities in specific contexts) was not as clear as it could have been. • Importance of proper fit testing – and clarifying who pays for it • Eventually the guidance will need to evolve so it is related to risk, site and function, and not profession-specific
4.0	**Progress with Elimination Strategy Review** Stephen Harris thanked the group for following up after the last meeting with specific and useful feedback and welcomed further communications of ideas. The Weekly Update ('Horizon Scan') is intended to be a mechanism for providing regular feedback to Ministers and to each other about what is going on across the whole of government sphere. Unfortunately, a Ministerial strategy session had to be postponed this week due to the outbreak, so have been unable to engage Ministers as hoped. TAG Feedback included: • The A3 is a useful and concise visual layout • For 'Keep it out' – a query was raised if there was an overall decline in the number of incoming people testing positive, and could this be a consequence of pre-departure testing ○ A report is being put together on the positivity numbers and rates at different time points and in relation to testing regimes and will be interested to see if PDT has reduced the influx of cases. This report will be shared with the group once completed. ○ The Chair agreed that the risk to New Zealand is proportional to the number of incoming cases. The Ministry is interested in monitoring trends, though this is not easily available as the way information is collected requires several data feeds to be integrated.

	• Manage the Impact - would like to see something about equity outside impacts on small business.
	  ○ Equity is going to become more and more prominent across all the pillars – one of the 'load bearing cables' of the elimination strategy.
	  ○ There is a new Māori advisor in the Policy Team
	• For Keep it Out pillar – could there be an explicit bullet point about communications pre-travel, regarding what the Ministry wants people to do during the week prior to travel and during travel before they arrive in New Zealand, aiming to minimize their risk of acquiring COVID-19 which then manifests after arrival?
	
	In the next few weeks there will be a gear shift in the way the Elimination Strategy is addressed. Within the directorate, there is a dedicated team of half a dozen people who will meet and parcel out areas of particular focus for revolving pairs, who will go out and consult with people, eliciting information and further granularity. This will represent a shift to a more proactive mode. More regular dialogue with TAG members individually and as a group is anticipated, to give some confidence around the evolving uncertainties.
	• Michael Baker to provide a written commentary directly to Stephen Harris and Chair on potential Alert levels (and steps proposed)
	• Intended approach in the medium and longer term is a fundamental question that will guide activity this year
	
	George Whitworth from DPMC introduced another part of the Elimination Strategy work, which is currently underway, repeating the COVID-19 scenarios exercise. This involves considering different scenarios we may need to prepare for in the next 6-18 months, using health, social and economic lenses and carrying out foresight analyses to help AoG navigate challenges and make decisions with a longer timeframe in mind. Some draft material will be shared with TAG for the next meeting. Welcomed input from the group, particularly any under-appreciated aspects/ risks.

5.0	**Surveillance Update** An update was provided on the Surveillance Strategy: • Late 2020 there was a review of the Surveillance Plan, which resulted in some terminology being changed slightly. New documents have been available on the Ministry of Health website since late January • The Surveillance Strategy provides a high-level understanding of what we are trying to do, roles of different organisations, and a list of guidance documents. It is intended to be reviewed at least every 6 months • Sitting under this is the Testing Plan, which is reviewed more frequently, to ensure we are carrying out the best type of testing to answer questions in the current context • Testing guidelines are put out by the Testing Operations team and are updated every couple of weeks, providing guidance as to exactly who needs to be tested and who needs to isolate while awaiting test results • Over the last couple weeks the focus has been pulling together a surveillance update into the Testing Plan - tabulating who will be tested in particular epidemiological contexts, (e.g. no comm transmission/ small amount of community transmission/ widespread transmission) and which kinds of test technologies might be used (where they fit in different contexts and are most usefully deployed). Once this document is finalised, will be moving into process of looking

	closely at all components of the Surveillance Strategy and how they need to change as we have a partially vaccinated population. • A lot depends on the what we think about whether people who are vaccinated are less infectious • A suite of documents is being prepared, and these will be circulated for information to TAG • Recent experiences have shown us that regional responses can be useful. For example, repeatedly negative tests from sewerage sampling in Northland helped provide reassurance that there was no undetected community transmission occurring

6.0	**Update on Vaccines and Immunisation**
	• COVID-19 vaccines are a hot topic in the media
	• A large team is are working on the rollout. The first New Zealander is to be vaccinated on Friday 19th – a small group of vaccinators
	• Working with Northern DHBs, Māori and Pacific providers to provide an integrated rollout.
	• Noted that the programme will be easier in the controlled environment of MIQs compared to community rollout
	• Over the next 4-6 weeks, vaccines will be delivered to MIQ workers across the North Island and then to Canterbury – wherever there is an MIQ. All workers, family and whanau will be offered the vaccine
	• Tier 1 will receive the Pfizer vaccine, which is stored in freezers in Auckland and Christchurch
	• After Tier 1 rollout, vaccines will be offered to a wider group health care workers etc
	• There has been an active period of discussion with Pacific and Māori leaders over the last couple of days about the potential to bring forward access to vaccines for these populations, in addition to the age and vulnerability criteria
	• The rollout to the general population is expected from mid-year. A large amount of work is going into this rollout, with the scale and logistical challenges being unprecedented.
	• The Ministry of Health is also focused on literature about effectiveness and safety of vaccines, information about variants, and potential for vaccines to be adjusted for new variants.
	• There is a specific COVID-19 Vaccine TAG, but TAG will also be kept informed and may be asked questions, or there may be things that the group would like to raise.
	
	Discussion from the group:
	• It was noted that perceptions about the efficacy of the different vaccines will need to be carefully managed. The Chair noted that Minister Verrall is following developments
	• The Ministry of Health is very aware of the need to ensure that no-one feels they are getting a 'lesser' vaccine.
	• A question was raised as to whether vaccination of border workers is being accompanied by increased frequency of testing.
	  ○ The Minister has said there will be no reduction in testing
	  ○ Discussions are underway regarding whether more frequent saliva testing may have a role to ramp up assurances.

	• Comment that it is great that the Pfizer vaccine is being rolled out to MIQ staff in an early timely way. Even though there is limited information about potential impact on transmission, it is likely that there will be a significant effect.
	• Suggestion for some better communications about reactogenicity with this vaccine (e.g. headache, fatigue, and fever are common). This may help everyone take this in their stride rather than generate mistruths
	  ○ It was noted that information sheets for MIQ workers and managers are being fine-tuned and trying to front foot this issue. The Ministry is in daily contact with border Chief Executives
	• Question raised as to how public perceptions/ acceptability of vaccine are tracking, as news of both vaccine success and news about side effects are common. Will there be a larger ongoing study?
	  ○ The Ministry of Health has commissioned Horizons Research to do a fortnightly survey on vaccine attitudes, which are critically important. The first results were released yesterday in a Q&A media session
	  ○ The Ministry of Health also has team monitoring social media chat and responding to questions and comments

7.0	**COVID-19 Duration of Infection** Background: The UK variant accounts for about 50% of cases coming into New Zealand. There is solid evidence that it is more transmissible. There is mixed evidence about viral load – it typically appears to be higher, but there is a large natural variation. Some viral loads are extremely high, representing 2-16 x more viral RNA. A pre-print from Harvard was provided to TAG for background reading. It described a cohort of 65 patients who underwent daily surveillance to investigate infection dynamics and duration. Only 7 were genotyped as B.1.1.7 (under-powered for the variant). It reported that duration of infection is potentially longer with UK variant compared to wildtype (though virus culture was not carried out, so we don't really know if the viral loads are synonymous with infectious particles). The study is underpowered for the variant, but the underpinning methods appear solid. The preliminary indication that B.1.1.7 samples have higher viral loads is consistent with other recent reports. In contrast, the preliminary conclusion that B.1.1.7 necessitates longer periods of isolation is not consistent with the science advice coming out of the UK which has not observed (or reported) the need for extended isolation periods. The question for TAG was how solid the evidence should be for a higher viral load before changes are recommended. The main significant implication is the duration of infection and whether we need to change the recovered case definition – i.e. Is 10 days still adequate, especially considering that exit screening is not carried out for people who have tested positive? Is there any indication of a need to extend quarantine for those who test positive, especially for those with variants? Noting also fails on genome sequencing are common, which also raises the question of whether any change in policy should apply to all who test positive. TAG feedback included: • There is good evidence for a higher viral load • People are most infectious around the time symptoms develop, or just before, so the first week of infection is likely to be the most problematic • Using symptoms for de-escalating IPC can be very inaccurate • Extending isolation to 14 days after symptoms develop could be a good idea

	• Risk stratification – not helpful putting everyone under same restrictions (e.g. people who are historic cases) • Recommend avoiding re-testing people, as a lot of people have 'long tails' of RNA detection but would no longer be infectious • Another paper is contradictory, showing variant cases are positive for less time • The one-week period after people leave MIQ needs to be thought about more actively • s 9(2)(f)(iv) [redacted] s 9(2)(f)(iv) [redacted]
8.0	**Māori Health Perspectives** Focus at the moment is on vaccines. Likely to take a similar approach to Native Americans, framing the vaccine as 'your right to good health'
9.0	**Pacific Health Perspectives** A program of engagement is underway for Pacific peoples using established networks and providers
10.0	**Any Other Business**
11.0	**Agenda Items for Next Meeting**

12.0 **New Action Items Raised During Meeting**

Action #	Agenda item	Actions	Action Owner
61	Recent Changes in Mask Use in MIQ and Primary Care	Ensure issues with community guidance for N95/P2 masks are addressed	Dan Bernal Pam Doole
62	Progress with Elimination Strategy Review	Confirm what information is provided to incoming travellers about expectations in MIQs	STA Team
63	COVID-19 Duration of Infection	Raise the suggestion of requiring people to be vaccinated 1-2 weeks prior to travel to New Zealand, with the Immunisation team	Tara Swadi
64	COVID-19 Duration of Infection	Draft some options for reducing risk associated with new variants in MIQs	Michael Bunce Tara Swadi

Meeting closed at **12pm**

Next meeting **Friday 05 March 2021 – 10:30am – 12:00pm**

Open Actions:

Action #	Agenda item	Actions	Action Owner	Updates
59	Any Other Business	Circulate paper on MIQ circumstances when ready	Michael Baker	05/02 - Action raised
61	Recent Changes in Mask Use in MIQ and Primary Care	Ensure issues with community guidance for N95/P2 masks are addressed	Dan Bernal Pam Doole	19/02 – Action raised
62	Progress with Elimination Strategy Review	Confirm what information is provided to incoming travellers about expectations in MIQs	STA Team	19/02 – Action raised
63	COVID-19 Duration of Infection	Raise the suggestion of requiring people to be vaccinated 1-2 weeks prior to travel to New Zealand, with the Immunisation team	Tara Swadi	19/02 – Action raised

64	COVID-19 Duration of Infection	Draft some options for reducing risk associated with new variants in MIQs	Michael Bunce Tara Swadi	19/02 – Action raised

Closed Actions:

Action #	Agenda item	Actions	Action Owner	Updates
60	Any Other Business	Circulate the Rainbow Chart the TAG	Caroline McElnay	05/02 - Action raised 17/02 – Document circulated

MINISTRY OF HEALTH
MANATŪ HAUORA

MINUTES: Technical Advisory Group COVID-19

Date:	Friday 05 March 2021
Time:	10.30 am – 12:00 pm
Location:	s 9(2)(k) [redacted]
Chair:	Dr Ian Town
Members:	Dr Anja Werno, Dr Collin Tukuitonga, Dr Erasmus Smit, Dr Matire Harwood, Professor Michael Baker, Dr Nigel Raymond, Dr Sally Roberts, Dr Virginia Hope
Ministry of Health Attendees:	Andi Shirtcliffe, Dr Caroline McElnay, Daniel Bernal, Emma Hickson, Professor Michael Bunce, Brooke Hollingshead
Guests:	Dr Amanda Kvalsvig, Jacinda Lean
Apologies:	Dr Bryan Betty, Professor Nigel French, Assoc Prof Patricia Priest, Dr Shanika Perera, Stephen Harris, George Whitworth

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 (19 February 2021) were accepted. Members were asked to send any edits to TAG Secretariat. Dr Amanda Kvalsvig (University of Otago) was introduced. She has worked on the Alert Level Options paper. Jacinda Lean was introduced. Brooke Hollingshead was introduced. She is standing in for Sarah Mitchell (Science and Technical Advisory) to take minutes.
	Update on Open Actions Action 59: M Baker to circulate the paper on MIQ breaches Action 61: Mask use in MIQ and Primary Care • Mask advice has been updated and gone to the sector. • Clarifications and refinements continue to be made to bring consistency to the use of N95/P2 masks when certain circumstances arise. It will be an iterative process to work through some issues. • Community guidance will continue to extend further to other sites and settings wider than general practice and urgent providers.

2.0	**Ministry of Health Update** • The current outbreak has been interesting in that the virus has not behaved in the way that the B.1.1.7 variant was expected to, leading to questions on how dynamics of New Zealand's community context may differ. • The Ministry of Health has provided advice to Cabinet, and announcements on alert levels are expected this afternoon. • The extraordinary effort of those in Auckland was acknowledged, supported by contact tracing efforts from PHU colleagues around New Zealand. • Investigations into the origins of the outbreak continue with no source yet identified.
3.0	**Definition of Contacts** Background: • The outbreak has been well covered in the media in terms of the contacts, and the metrics used to monitor the operational management of the outbreak • A review had occurred earlier of the contact categories, which previously was limited to 'close' or 'casual' contacts. The Ministry of Health wanted to apply the lessons learned from prior outbreaks in the review process and developed this new technical document in November 2020. • Definitions of contact categories have been recently be expanded to five categories with contacts categories ranging from 'no contact' to 'close plus'. • The document is used by the Ministry of Health and Public Health Units to guide the assessments made by Medical Officers of Health when assessing groups of contacts, articulating what needs to happen for each type of contact category. The technical guidance is used in advice given to contacts and by Healthline to provide consistency across the health system, though adapting it to accessible language has been a challenge. A precautionary approach was taken given the knowledge that this was the B.1.1.7 variant, that the variant may have longer incubation periods, and that there were few population-level controls at the time. A decision was made therefore to not change the management but to re-categorise people from Kmart as 'close' or 'close plus'. The framework continues to be used by Public Health Units for their guidance. • Once this cluster is contained, there will be an in-depth epidemiological review of the framework looking at secondary attack rates, the impact of recategorisation on management, and the impact on public health and contact tracing services. TAG feedback included: • It was noted and acknowledged that the recategorization had an impact on workload. • The group agreed it was useful to have more categories than just casual and close. • It was noted the 'close plus' category needed some clarity, as household contacts of close contacts would be considered at risk. o The key distinction here is that it is a second order contact and isolation category (and therefore households are also in isolation). This is useful early on in an outbreak when there may be second or third chains of transmission. • A query was raised on how many days prior to symptoms contact tracers go back, as going back 5 days would find exposures and trace origins.

	○ Contact tracers go back 48 hours prior to symptoms to look for exposures. When there is no obvious source, a source investigation is also undertaken which goes back 14 days, however this is done by another team, so one team looks back and one team looks forward. • Discussions of this virus having a "long tail" were queried. It is the infectious period for which there is more evidence on it being longer, not the incubation period. ○ It was noted that what was more important to note here was the delay in getting tested by some, who had symptoms for 4-5 days before being tested. The atypical symptoms also contributed to this delay and therefore issues were aggregated. This led to the alert level change as a precautionary measure. • There have been some issues with translating the new contact categories into other languages and still capturing the subtle differences. • The strong community response and high-testing uptake within South Auckland was acknowledged.
4.0	**Elimination Strategy Update** It was noted that Policy and DPMC had been diverted from this due to the alert level changes, however an ongoing review is occurring of the Elimination Strategy and updates are iterative. Work is still underway, and a more formal and comprehensive update will be provided at the next meeting.
5.0	**Refinements to the Alert Level Options** A paper presenting possible refinements to alert level options was presented to the group. The Director-General of Health has asked to be updated on the group's thinking and is keen for feedback on the nuances within levels and for a risk-based response. The motivations behind the report were threefold: • To better manage outbreaks, as having four levels was argued to be weighted towards lockdown with little room to control spread below that. The paper expands Level 2 to be able to control community transmission without lockdown. • To incorporate new knowledge, evidence, and experience, in relation to transmission, masks, and superspreading aspects and what we know that a small group of people tend to contribute to the majority of cases of onward transmission. • Focus is also needed on equity and acknowledging the hardship many communities have faced over the past year. The suggested refinements use alert levels to complement contract tracing and public health efforts to avoid lockdowns, and to provide more nuance to ensure that levels are distinctly different. Discussion from the group: • The government has chosen to weave additional sub-controls into levels before, however these have been ad hoc thus far therefore it is difficult to see the broader framework. • The emphasis on strong public health messaging must also continue, for example on cough etiquette and hand hygiene. • IPC controls also need to increase in other residential facilities where there are risks of outbreaks, therefore there was a suggestion of adding further setting-specific advice. • There was some concern that the messaging would create confusion regarding large gatherings. Within this model we would cycle through alert levels more quickly, and this would be disruptive for planning of larger gatherings such as sport events.

	○ It was argued there is minimal evidence on the effectiveness of putting numbers on gatherings, with studies finding little in the way difference related to absolute size, and therefore focus should be on making sure environments are managed sufficiently with ventilation, or by being outdoors. • A question was raised on how this would change with wider vaccination rollout and knowledge of community immunity, and how further cases would be managed. • A question was raised on when the best time would be to bring new levels or nuances in. ○ It was argued that now may be the best time as people are paying attention due to the outbreak, and as we come down it is important that vigilance is maintained and there are some options provided that have their basis in science. • It was also argued that we already do have seven levels though they were just never defined (e.g. level 0 as normal activity and no public health treat, and level 2.5), therefore this would make the status quo more meaningful. • The government is committed to a framework with Alert Levels 1 to 4, and therefore any change would need to be expressed within that framework. • Aspects such as inter-region travel restrictions need further consideration. • Any changes would have implications for hospitals, as it has taken some time to set up systems and achieve consistency across the country. Any further feedback or observations can go directly to Dr Amanda Kvalsvig (amanda.kvalsvig@otago.ac.nz) for incorporation into the report and to further develop thinking. The team may come back with another version. The Ministry of Health will need to provide advice to the Director-General of Health on the report, and they will consult with the authors as the advice is prepared.
6.0	**Long-Term Strategy - Business Engagement** • Three weeks ago, the PM, Ministers and Ministry of Health staff met with business leaders in Auckland to provide insights and commentary on the management of COVID-19 and impacts on business/ the economy. • An article has been shared with the group from Sir David Skegg, Sir Peter Gluckman, and others from the COVID-19 Working Group to the International Science Council, an international think tank looking at future scenarios for the COVID-19 pandemic. • It is an appropriate time to be having these discussions as the vaccination rollout begins and therefore the commentary is well-timed. • Efforts are underway to engage with the business community more widely. • The sector is keen to hear what scenarios the government is considering, as this will have implications for the way businesses plan, for example in relation to the borders, travel, and tourism. • DPMC will be coordinating this work. TAG feedback included: • Opportunities for incremental improvements should be identified and rolled out, ensuring the system is flexible, versatile, and road-tested for the future. • There was a call for a public health agency to take us into the future, with concern that other crises will divert attention from the learnings. • There is a willingness to involve the private sector and get ideas from economic leaders into the mix on how business can be managed going forward.
7.0	**Māori Health Perspectives**

	Focus at the moment is on vaccines.
8.0	**Pacific Health Perspectives** Several meetings have occurred focussed on vaccination rollout and information sharing. A programme of engagement continues with Pacific peoples using established networks and providers.
9.0	**Any Other Business** The Chair shared that current lessons from the MIQF rollout will be applied to planning going forward. The Chair will provide periodic updates from CV TAG.
10.0	**Agenda Items for Next Meeting** Planning and progress on Elimination Strategy Review
11.0	**New Action Items Raised During Meeting** There were no new actions raised during this meeting
Meeting closed at **11:40pm** Next meeting **Friday 19 March 2021 – 10:30am – 12:00pm**	

Open Actions:

Action #	Agenda item	Actions	Action Owner	Updates
59	Any Other Business	Circulate paper on MIQ circumstances when ready	Michael Baker	05/02 - Action raised 05/03 – Paper will be sent to TAG secretariat for circulation

Closed Actions:

Action #	Agenda item	Actions	Action Owner	Updates
60	Any Other Business	Circulate the Rainbow Chart the TAG	Caroline McElnay	05/02 - Action raised 17/02 – Document circulated
61	Recent Changes in Mask Use in MIQ and Primary Care	Ensure issues with community guidance for N95/P2 masks are addressed	Dan Bernal Pam Doole	19/02 – Action raised 05/05 – Updated given

62	Progress with Elimination Strategy Review	Confirm what information is provided to incoming travellers about expectations in MIQs	STA Team	19/02 – Action raised 04/03 – Information shared along with the agenda for 05/03 meeting.
63	COVID-19 Duration of Infection	Raise the suggestion of requiring people to be vaccinated 1-2 weeks prior to travel to New Zealand, with the Immunisation team	Tara Swadi	19/02 – Action raised 05/03 – No update given
64	COVID-19 Duration of Infection	Draft some options for reducing risk associated with new variants in MIQs	Michael Bunce Tara Swadi	19/02 – Action raised 05/03 – No update given

MINISTRY OF HEALTH
MANATŪ HAUORA

MINUTES: Technical Advisory Group COVID-19

Date:	Friday 19 March 2021
Time:	10.30 am – 12:00 pm
Location:	s 9(2)(k) [redacted]
Chair:	Ian Town
Members:	Bryan Betty, Erasmus Smit, Michael Baker, Nigel French, Nigel Raymond, Shanika Perera, Virginia Hope
Ministry of Health Attendees:	Emma Hickson, Brooke Hollingshead, Christian Marchello
Guests:	Susan Morpeth
Apologies:	Stephen Harris, George Whitworth, Anja Werno, Collin Tukuitonga, Matire Harwood, Sally Roberts, Caroline McElnay, Patricia Priest, Andi Shirtcliffe, Daniel Bernal, Sarah Mitchell

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 (05 March 2021) were accepted.
2.0	**Ministry of Health Update on COVID-19 Response** The Chair provided an update: • The Papatoetoe High School cluster has now been closed. Chains of transmission did not extend into the community. No source was identified despite the genomic similarities with people from the Sheraton Four Points hotel in Auckland. Papatoetoe High School has re-opened and Auckland is now back to normal. • There was also no onward transmission from the aircrew member. • Having pockets of outbreaks and a response proportionate to the risk is likely to be the ongoing situation into the future, hopefully be less blunt in terms of lockdowns. • It was acknowledged that the outbreaks took many people working on broader strategies and policies, this work is now resuming. • There has been discussion within the Ministry of the paper presented to the March 5th TAG on alert level options by Professor Michael Baker and Dr Amanda Kvalsvig. The Minister and the Director General will be discussing next week. The Chair will be in touch with Michael and Amanda next week to debrief, however it was noted that while there was no appetite to change the number or colour of alert levels, elements within the

	alert levels could be integrated into existing levels and language, similar to the Level 2.5 option.
	
	Discussion from the group:
	
	• A question was raised on whether there would be any further investigation into the source of the Papatoetoe High School cluster and whether serology testing would shed more light. A question was also raised on whether serology testing of staff at the Sheraton Four Seasons was conducted.
	  ○ A decision was made not to investigate the source further and not to pursue serology testing within the School or Sheraton. The time and workload required to obtain blood samples was not deemed to be a risk proportionate response.
	  ○ Kits using finger pricks and laboratory ELISA testing are being considered to enable a more rapid response, though currently their sensitivity is lower than rapid POC testing from blood samples. There will likely be a role for serology in the future when looking at the impact on people with previous infection or vaccination.
	• It was argued that this year is the year for legacy and investments, and now is the best time to make changes for an enduring approach that is more versatile and responsive to change.
	• Clarification was requested on the functions of the new expert advisory group set up by the Minister to assist with quality assurance, led by Sir Brian Roche. The group has not formally been convened yet.

3.0	**Elimination Strategy Update** • Apologies have been sent by Stephen Harris, George Whitworth. Their team has been heavily focussed on travel free zones as intentions to open a travel bubble with Australia have been brought forward. The implications of this for border management will feed into the elimination strategy conversation. • Work continues on the Elimination Strategy, along with the request from business leaders for being part of the strategic approach. Each of these will come together in the coming months with the Prime Minister planning to give an update during parliamentary recess after Easter.
4.0	**Vaccine Rollout** The Chair provided an update: • Virtually all MIQ staff have now been administered their first dose, and second doses are underway. • There has been some difficulty getting interest in vaccination from families of the MIQ workers. • Different DHBs are at various stages of planning for the wider rollout. For example, Capital and Coast DHB only have two MIQ facilities with one not in use, they have already started vaccinating frontline healthcare workers. • Regarding the supply chain, larger amounts of the Pfizer vaccine are not expected until May/June, with the more general rollout still expected to be from July onwards. Attempts are underway to try to bring these larger deliveries forward. • Janssen have asked if New Zealand would like its contracted delivery brought forward. A process of complementary rollout could occur with dual effort for both vaccines and the Janssen vaccination could be given in a wider variety of contexts (e.g. pharmacies) as it

only requires a single dose though still has good efficacy. It is currently in the final stages of consideration by Medsafe and a discussion of complementary rollout of the vaccines will occur.

- The Director General and Chair were interviewed by the Health Select Committee on vaccine targets. The current advice remains that we should try to vaccinate as many people as possible, however there remains pressure from some MPs for a vaccination target.
- Studies are underway to monitor vaccine effectiveness among children. The Ministry of Health is monitoring developments, but this could provide an additional target population, initially 12 to15 year old.
- The high-risk categories used for flu vaccine prioritisation are being considered for COVID-19 vaccinations with some additions specific to COVID.

Discussion from the group:

- The borders may not open until everyone is vaccinated, and therefore a question was raised as to whether it may be better to vaccinate those who are high-risk later once there is broader population immunity and high antibody levels.
    - It was noted that the calls for vulnerable populations to be vaccinated are a higher priority
    - The Prime Minister is taking a precautionary approach to border openings, carefully calibrating opening against communication, and the trust and partnership with different states and territories in Australia. Australian Health Authorities have been quick to push pause, however once confidence builds and there is trust in the ability to track and trace cases then less interruptions may occur. The Ministry of Health is working hard to develop these protocols.
- There has been unease among GPs and in primary care on the scale and burden that vaccine rollout will have on routine care. It was argued that clarity and guidance is needed on expectations and roles. If we vaccinate two million people in the next four months, that is four million vaccination events, on top of the 1.5 million flu vaccination events, and therefore the impact of the system will be large. A question was also raised about the necessity to separate out the flu vaccination from COVID-19 vaccination by two weeks, and whether this could be changed to reduce the number of vaccination events and burden on the system.
    - The need to separate the flu vaccination from the COVID-19 vaccination is under active review by IMAC and the Public Health team, noting that there is a workload issue.
    - Work is underway to harmonise communications and connections between the Ministry of Health and DHBs, within DHBs, and with primary care. This has been raised in CIVP Steering Group and it is agreed that clarity is needed with the general population asking questions too.
- A question was also raised on whether flu vaccinations will be used this year, and what the Ministry of Health's position on this is.
    - The flu vaccination programme will go ahead.
- A question was raised about how population immunity is modelled and whether this was part of any upcoming work.
    - It was argued that the policy of 'zero tolerance' is unsustainable if borders open.
    - It was noted that there are likely to be regional variations in uptake and protection which will create vulnerabilities if there are outbreaks in pockets of the community where vaccine coverage is not high. In these instances, the Ministry of Health is

	relying upon local knowledge of DHB and community colleagues to identify particular strategies. ○ The Ministry of Health is continuing to use language of population protection and population immunity over herd immunity. • Questions were also raised on how vaccine rollout will be adapted with the emergence of new variants globally, as transmission is likely to continue for some time in other countries with large populations and low vaccine accessibility. ○ s 9(2)(b)(ii) [redacted] ○ s 9(2)(b)(ii) [redacted] • A question was raised about whether the goal remains to protect New Zealand from importing cases, and if so, then whether it might be possible to prioritise vaccinations among people going on short-term overseas trips. ○ An 'exit vaccination' strategy is being actively considered, not only for sports teams as well as with MFAT staff being deployed overseas. • Clarification was requested on the current state of a national immunisation register. ○ A new national register is currently in design, with it being revamped from being a basic database to a national immunisation solution. This will be a legacy investment from the COVID-19 vaccination response. Currently the back integration with NHI numbers and inter-operational requirements between DHBs and with primary care are being addressed, as the Ministry of Health wants to leverage existing infrastructure. • Clarification was also requested on what are the medium (next one to two years) to long-term strategies for the Ministry of Health, whether elimination will remain a focus, whether eradication may be pursued, or whether it is accepted that the virus may become endemic. It was argued that the public health impact must be minimised. ○ The Ministry of Health is continuing to pursue the elimination strategy would be most sensible, though this will need to be considered by Ministers. ○ Information from overseas on the extent to which vaccinations provide protection from transmission is being monitored as vaccination rollout continues. ○ Work is required to manage expectations and shift the dialogue slightly, as the opening of borders will inevitably result in an increase in cases. This must be accepted as a risk that can be managed, alongside building confidence that any cases that do emerge will be identified and isolated, and that ongoing chains of transmission are prevented as the system becomes more agile. Similarities were noted regarding how New Zealand handles measles.
5.0	**Māori Health Perspectives** No update given.
6.0	**Pacific Health Perspectives** No update given.
7.0	**Any Other Business** • Work on the national strategic direction and the ability of the government to apply learnings, adapt advice, and become more efficient are ongoing, and will continue to be discussed in future meetings.

	• The next meeting falls on Good Friday, and therefore will likely be moved until the following Friday. TAG Secretariat will confirm and send an invite.
8.0	**Agenda Items for Next Meeting** Surveillance testing tools will be a subject for a future agenda.
9.0	**New Action Items Raised During Meeting** There were no new actions raised during this meeting.
Meeting closed at **11:30am** Next meeting **Friday 16 April 2021 – 10:30am – 12:00pm**	

Closed Actions:

Action #	Agenda item	Actions	Action Owner	Updates
59	Any Other Business	Circulate paper on MIQ circumstances when ready	Michael Baker	05/02 - Action raised 05/03 - Paper will be sent to TAG secretariat for circulation 18/03 - Paper distributed.
60	Any Other Business	Circulate the Rainbow Chart the TAG	Caroline McElnay	05/02 - Action raised 17/02 – Document circulated
61	Recent Changes in Mask Use in MIQ and Primary Care	Ensure issues with community guidance for N95/P2 masks are addressed	Dan Bernal Pam Doole	19/02 – Action raised 05/05 – Updated given
62	Progress with Elimination Strategy Review	Confirm what information is provided to incoming travellers about expectations in MIQs	STA Team	19/02 – Action raised 04/03 – Information shared along with the agenda for 05/03 meeting.
63	COVID-19 Duration of Infection	Raise the suggestion of requiring people to be vaccinated 1-2 weeks prior to travel to New Zealand, with the Immunisation team	Tara Swadi	19/02 – Action raised 05/03 – No update given
64	COVID-19 Duration of Infection	Draft some options for reducing risk associated with new variants in MIQs	Michael Bunce Tara Swadi	19/02 – Action raised 05/03 – No update given

MINISTRY OF HEALTH
MANATŪ HAUORA

MINUTES: Technical Advisory Group COVID-19

Date:	Friday 16 April 2021
Time:	10.30 am – 12:00 pm
Location:	s 9(2)(k) [redacted]
Chair:	Ian Town
Members:	Anja Werno, Bryan Betty, Collin Tukuitonga, Erasmus Smit, Michael Baker, Nigel French, Nigel Raymond, Sally Roberts, Shanika Perera, Virginia Hope
Ministry of Health Attendees:	Caroline McElnay, Daniel Bernal, Emma Hickson, Jeremy Tuohy, Christian Marchello
Guests:	
Apologies:	Andi Shirtcliffe, Matire Harwood, Patricia Priest

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 (19 March 2021) were accepted.
2.0	**Ministry of Health Update on COVID-19 Response** The chair provided and update on: **Recent Outbreak in MIQ** • The March Border Worker MIQ cluster is about to be closed and IMT to stand down. The outbreak has identified factors that have enabled continued improvement in the functioning of the MIQ system. • The Ministry is working closely with MBIE to ensure compliance with the testing register. Overall, the testing compliance is high. • Mandatory vaccination for all border workers is being considered. • The November outbreak report has been examined by the assurance committee chaired by Sir Brian Roche. **TAG feedback included** • The solution to ensuring high levels of compliance should be sought through improved surveillance as opposed to altering the testing methods. • The border workforce includes a wide array of workers in areas other than MIQ/F. It is important to ensure that protocols for testing and vaccination cover all these workers who

	may have less frequent exposures but may still have exposures with significant risk of transmission. • Protocols for border workers may also be applicable to some healthcare workers. **Vaccine rollout** • The vaccine rollout has been a challenge. Overall, the coverage for Tier 1 has been good. The vaccine workforce will require further development, and this has a high priority. • The recent development of coagulation disorders associated with the AstraZeneca vaccine has caused major disruptions of vaccination programmes around the world. • It was noted that Australia has announced that there is likely to be a delay to full immunisation of the population which will not now occur this year as planned. • In New Zealand, the final approval of the Janssen vaccine has been delayed pending further information from the company about blood clotting issues. **TAG Feedback** • Concern was raised from the primary care sector regarding an apparent lack of communication regarding the vaccine rollout. This has been escalated to the Programme leads. • There was discussion regarding employment of non medically / health trained personnel undertaking vaccination and concerns that this could undermine confidence in the vaccination programme. • Regarding the clotting problem with AstraZeneca, it was noted that there will be intense competition for the Pfizer vaccine, and that pre-ordered doses may not be delivered. The possibility of individuals who want to travel purchasing vaccines was raised. • Messaging regarding the side effect of vaccines was discussed. Two points were raised. The first related to the way in which the details of the complications were presented to the public, via the media. Although there have been cases of cerebral venous sinus thrombosis, the rate of these complications is still very low. Presenting absolute numbers is more alarming than presenting rates per million or percentages (i.e., no denominators are being given). Although it is possible that there will be some complications identified with the Pfizer vaccine, it would be difficult to provide this information proactively without causing public concern. • The national immunisation solution which is being tested currently and will eventually replace the current national immunisation register. • There was some general discussion regarding the relationship between the vaccine rollout and changes to border controls.
3.0	**Elimination Strategy** • The Chair shared in confidence a slide of the draft plan for moving to open borders. The information was still at a high level and will be presented in more detail as the issues are worked through. • There was discussion regarding the goal with regards to elimination or accepting ongoing circulation of the virus, with the recognition that it was not yet possible to determine which outcome could or would be pursued. It was also noted that this is more a global than NZ or Australasian decision.
4.0	**Review on Alert Levels**

	• The Chair thanked Professor Baker, Dr Kvalsig and colleagues for their work on the reformatting of Alert levels. In particular, their excellent work in identifying the gap between levels 1 and 3 and the mooted L2.5.
5.0	**Ministerial Advisory Group** The Chair provided information for the group: • The Associate Minister (Hon Dr A Verrall) has appointed an independent advisory group. The group has not yet met. The Chief Science Advisor will be an observer on this group. The relationship between the Ministry and the Advisory Group is still being developed. • The Science and Insights Group will provide advice/ information for the advisory group.
6.0	**Māori Health Perspectives** • No update provided
7.0	**Pacific Health Perspectives** • Minister Sio has been energetically touring the country discussing the vaccination programme with remarkable success. It was also noted that Minister Henare had been busy engaging with Māori to discuss the vaccination programme.
8.0	**Any Other Business** • The role of passive immunisation using monoclonal antibodies or monoclonal antibody cocktails against SARS-CoV-2, particularly for those who are immunocompromised. The Chair requested that Science and Insights review the role of these therapeutics in the New Zealand context.
8.0	**Agenda Items for Next Meeting** • None noted
9.0	**New Action Items Raised During Meeting** • No actions raised during 16 April 2021 meeting
Meeting closed at **11:38am** Next meeting **Friday 30 April 2021 – 10:30am – 12:00pm**	

Closed Actions:

Action #	Agenda item	Actions	Action Owner	Updates
59	Any Other Business	Circulate paper on MIQ circumstances when ready	Michael Baker	05/02 - Action raised 05/03 - Paper will be sent to TAG secretariat for circulation 18/03 - Paper distributed.
60	Any Other Business	Circulate the Rainbow Chart the TAG	Caroline McElnay	05/02 - Action raised 17/02 – Document circulated

61	Recent Changes in Mask Use in MIQ and Primary Care	Ensure issues with community guidance for N95/P2 masks are addressed	Dan Bernal Pam Doole	19/02 – Action raised 05/05 – Updated given
62	Progress with Elimination Strategy Review	Confirm what information is provided to incoming travellers about expectations in MIQs	STA Team	19/02 – Action raised 04/03 – Information shared along with the agenda for 05/03 meeting.
63	COVID-19 Duration of Infection	Raise the suggestion of requiring people to be vaccinated 1-2 weeks prior to travel to New Zealand, with the Immunisation team	Tara Swadi	19/02 – Action raised 05/03 – No update given
64	COVID-19 Duration of Infection	Draft some options for reducing risk associated with new variants in MIQs	Michael Bunce Tara Swadi	19/02 – Action raised 05/03 – No update given

MINISTRY OF HEALTH
MANATŪ HAUORA

MINUTES: TECHNICAL ADVISORY GROUP COVID-19

Date:	Friday 30 April 2021
Time:	10.30 am – 12:00 pm
Location:	s 9(2)(k) [redacted]
Chair:	Ian Town
Members:	Anja Werno, Bryan Betty, Erasmus Smit, Michael Baker, Nigel French, Nigel Raymond, Sally Roberts, Shanika Perera, Virginia Hope
Ministry of Health Attendees:	Andi Shirtcliffe, Daniel Bernal, Emma Hickson, Sarah Mitchell, Christian Marchello
Guests:	Stephen Harris, George Whitworth
Apologies:	Caroline McElnay, Collin Tukuitonga, Matire Harwood, Patricia Priest

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. It was noted that the key focus of the meeting would be reconnecting with colleagues from Policy and DPMC, for discussion about the documents provided relating to the Elimination Strategy and Reconnecting New Zealand. Minutes of the last meeting (16 April 2021) were accepted.
2.0	**Ministry of Health Update on COVID-19 Response** • No update provided
3.0	s 9(2)(f)(iv) [redacted]

s 9(2)(f)(iv)

[redacted]

s 9(2)(f)(iv)

[redacted]

	s 9(2)(f)(iv) [redacted]
4.0	**Māori Health Perspectives** • No update given
5.0	**Pacific Health Perspectives** • No update given
6.0	**Any Other Business** • None noted
7.0	**Agenda Items for Next Meeting** • None noted
8.0	**New Action Items Raised During Meeting** • No actions raised during 30 April 2021 meeting

Meeting closed at **11:40am**

Next meeting **Friday 14 May 2021 – 10:30am – 12:00pm**

Closed Actions:

Action #	Agenda item	Actions	Action Owner	Updates
59	Any Other Business	Circulate paper on MIQ circumstances when ready	Michael Baker	05/02 - Action raised 05/03 - Paper will be sent to TAG secretariat for circulation 18/03 - Paper distributed.
60	Any Other Business	Circulate the Rainbow Chart the TAG	Caroline McElnay	05/02 - Action raised 17/02 – Document circulated
61	Recent Changes in Mask Use in MIQ and Primary Care	Ensure issues with community guidance for N95/P2 masks are addressed	Dan Bernal Pam Doole	19/02 – Action raised 05/05 – Updated given
62	Progress with Elimination Strategy Review	Confirm what information is provided to incoming travellers about expectations in MIQs	STA Team	19/02 – Action raised 04/03 – Information shared along with the agenda for 05/03 meeting.
63	COVID-19 Duration of Infection	Raise the suggestion of requiring people to be vaccinated 1-2 weeks prior to travel to New Zealand, with the Immunisation team	Tara Swadi	19/02 – Action raised 05/03 – No update given
64	COVID-19 Duration of Infection	Draft some options for reducing risk associated with new variants in MIQs	Michael Bunce Tara Swadi	19/02 – Action raised 05/03 – No update given

MINISTRY OF HEALTH
MANATŪ HAUORA

MINUTES: Technical Advisory Group COVID-19

Date:	Friday 28 May 2021
Time:	10.30 am – 12:00 pm
Location:	s 9(2)(k) [redacted]
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, Daniel Bernal, Emma Hickson, Christian Marchello, Brooke Hollingshead, Fiona Callaghan
Guests:	Stephen Harris
Apologies:	Anja Werno, Caroline McElnay, Collin Tukuitonga, George Whitworth, 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 (30 April 2021) were accepted subject to a correction being made to Item 3.0 Elimination Strategy, in reference to R_0 being less than zero. It should be worded as reducing the effective R value to less than 1 (the threshold for herd immunity).
2.0	**Ministry of Health Update on COVID-19 Response** • The situation in Melbourne has been dominant over the last few days, with thinking on the implications for New Zealand and border management. The Ministry of Health attends regular meetings with Australian counterparts to discuss QFT management. Hon Minister Hipkins is the decision maker for pausing QFT but suspension requires a Cabinet decision. • There is mounting concern by Victorian health authorities about the nature of the outbreak. There appears to be quite rapid spread into 2 different geographical locations. Nearly 15,000 people have returned to New Zealand since 11 May and they have been asked to get tested to allay concerns it may have spread to New Zealand. There will be increased messages to use the COVID-19 Tracer app, with use currently at very low-levels. • The Ministry is also watching the Taiwan situation, where one case triggered a major outbreak. The public response in Taiwan has been critical of the decision to reduce quarantine requirements for pilots. New Zealand stands ready with resurgence plans and is advising people to be alert to symptoms. **TAG feedback included:**

	• It was commented that surveillance testing advice is not fit for purpose anymore. Feedback from GPs is that patients are presenting late in respiratory illness as they do not want to have to isolate. New Zealand would benefit from pushing a surveillance programme that emphasises getting tested on day 1-2 of respiratory illness, using masks, social distancing, and use of the COVID-19 Tracer app, rather than advising people to isolate. This would make it more accessible because the current isolation recommendation is being ignored by the general population. Work needs to be done on 'fit for purpose' advice, as surveillance strategy has not been updated since last year.
	• The surveillance plan is being reviewed.
	
	Vaccine rollout
	• The Chair gave an update on the vaccine rollout. It was noted that Melbourne pivoted their rollout quickly.
	• New Zealand is very dependent on Pfizer at the moment. Pfizer's Global Allocation Model will run on 1 June, and we will know then how we will receive the next shipment towards the 450,000 doses ordered. Supply chain issues have prompted a shift in communications by the government to note Group 4 can now be expected to start from the end of July.
	• Discussions are occurring on how to onboard other vaccines, which are a work in progress and there is no current rollout plan for these.
	
	TAG feedback included:
	• A comment was raised on the confusion in the community and among GPs about Group 3.
	  ○ Communication about delivery and access can only be started when we know how much vaccine we have on shore, otherwise there is a risk of further confusion. The actual criteria for who is in Group 3 has now being clarified, and there will be greater communication and clarity over the next week or two.
	• A comment was raised wondering if it would be helpful for the criteria for Group 3 to harmonise with the influenza criteria, and whether there was sufficient different to warrant separate criteria for both.
	  ○ Communications are being actively worked on and tidied up by clinical colleagues in the Ministry.
	• A comment was raised about when there might be approval of the vaccine for 12-16-year olds.
	  ○ Medsafe is considering the recent data from Pfizer

2.0	**Science Updates** **Products and Services on Ministry of Health webpage** (https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-resources-and-tools/covid-19-science-news) • An overview was provided on how the Ministry has been trying to make their work more accessible with the creation of a Science News page. It is hoped it could be helpful to practitioners in the health sector. The Ministry hopes to share more with TAG on the breadth of the work being done to raise awareness, but to also seek input from TAG members in these pieces of work. • Kōrero Pūtaiao/Science Chat is where the team tackles topics that could be coming up in GP or pharmacies to generate informed discussion. It is meant to not be too technical but not overly lay. The next one coming out will be on saliva testing. • COVID-19 Science Update: A summary of the latest science and opinion. The next topic uploaded will be on airborne transmission, and more will be coming soon.

- Variants of Concern Update: A short high-level summary of what is happening with the new variants emerging. Full report with references is also available and has detailed information on each VOC.
- The Pātaka Knowledge Hub was also shared to show TAG the internal Ministry science outputs which collates key facts and figures about the virus. The Ministry will try to make this available through a secure link to TAG members, and work is being with IT to enable this.
- Thanks was given to all in TAG who assisted the Ministry team with this and who responded quickly when things needed peer review. The expansion of the Science and Technical Advisory Team meant good progress was being made to summarise the science quickly and effectively, and it is hoped that increasingly the team can support the wider public being informed too.

3.0

Elimination Strategy/Reconnect Aotearoa New Zealand

An update on the Elimination Strategy and progress on Reconnect Aotearoa New Zealand was provided:

- It has been four weeks since TAG was last provided an update on this work, and there has been intensive work to progress it since then.
- The Prime Minister is the now the lead Minister on the Reconnecting Aotearoa New Zealand work because reconnection touches all portfolios. The PM will be taking a paper to Cabinet in June to explain what work is being done to ease border restrictions. The Melbourne situation reminds us that the pathway to reconnection is not always straight and there will be pauses along the way.
- The Reconnection framework was drafted alongside the Elimination Strategy. The paper that will be taken to Cabinet will also update on where the Elimination Strategy is currently and how it has evolved. The Reconnection framework and Elimination Strategy are considered to be joint and presented together, with a single narrative document that links policy and operations and enables support of public conversations.

TAG feedback included:

- A question was raised about forward planning with Australia and how New Zealand can plan in conjunction with what they are doing.
    - Ministry colleagues join the Australian Public Health Committee meetings, and New Zealand is a key partner in the conversations about risk assessment. The reciprocity of conversations and bilateral risk assessment has been constructive and collegial and enables faster decision making
- It was noted that for incoming travellers, most of the cases at the border are picked up at day 0/1 and it is unknown what proportion are asymptomatic or symptomatic. More information on this would be helpful. It was proposed that one area of research could be testing for antibodies with a cohort of incoming travellers, and that onshore research could be helpful. The pre-departure testing protocol would also need to be reviewed for its sensitivity in picking up cases.
    - Finger prick antibody and serology tests may mean this is a possibility, and this was considered useful analysis.
- It was noted that New Zealand is still in the phase of preventing circulating virus (i.e. elimination) and interrupting transmission. From a health and economic perspective, there have been advantages to this even though we are uncertain about the long-term goal. It is currently impossible to know what the 'final state' will look like as much more data and insight is needed.
    - The Ministry of Health is advising caution, slow steps and to wait for further evidence before decisions are made, especially after setbacks in Australia, Singapore, and Taiwan.

- A question was raised asking if there has there been any research on community and hospital preparedness.
    - Resurgence plans need to be reviewed. There is a tension and high workload as the same people rolling out the vaccine are the ones planning for resurgence. The Chair acknowledges this concern and has asked senior leadership to look into these areas

Action: Draft a proposal for researching serology testing at the border.

Science Questions underpinning the Reconnecting Framework

- An overview was provided on the science questions underpinning the framework and how they fit in, and what will be assessed.
- The Risk Assessment Framework lists the levers that could be pulled based on the science. It looks at science questions categorised by context e.g. international/ border/ overseas, MIEQ, or community.
- Feedback was requested from TAG members to identify gaps in the science questions currently being answered.

TAG feedback included:

- It was noted that https://outbreak.info/ is a great resource for looking at VOCs. The emergence of VOCs will be heavily dependent on global prevalence of infection and rates of transmission.
- The ESR vaccination model and TPM vaccine model show promise for addressing the questions under the 'vaccination' section. The models are similar and seem to be reaching similar conclusions. This will enable decisionmakers to examine the effects of a range of things including the emergence of VOCs with different R_0 values, vaccine efficacy against disease and transmission, varying number of infected individuals coming across the border, different vaccine roll-out strategies etc
- It was noted that for contact tracing, an assessment of close contacts and whether vaccination changes their contact management will need to occur, and this should take into account whether people from high risk and unvaccinated groups will require other restrictions.
- A question was raised on whether the Government is closer to developing a research and development strategy.
    - It was noted that there has not been any progress on this topic to date.
- It was noted that the resilience of health workforce needs to be captured within the framework, and that this was an opportunity to catch system errors. Human behaviour is major risk factor that is not being reviewed. Manpower and training of primary and secondary care health workforce is lacking.
    - TAG members were informed that the Ministry now has a Manager leading Behavioural Insights within the Science and Insights group. The Manager is just starting and will be taking a stronger lead on this. Will try to bring them to TAG to expand on their work further.
- It was suggested that a broader discussion is needed on therapeutics, where there is a role for national clinical guidance/ clinical guidelines.
    - There needs to be a degree of administrative infrastructure and a mandate to do this work, which is currently done through professional networks. The Ministry also hopes for this dialogue to occur. Initial policy conversations are occurring with Pharmac. Leadership and administrative support would be needed from the Ministry, Pharmac and specialist bodies. This will be added to the Action Plan to work through.
- The Chair requested TAG members to take a deeper look at the shared documents and send responses to TAG Secretariat.

	Action: Chair to provide an update at the next meeting on therapeutics and what is being done to support national clinical guidance.
4.0	**Māori Health Perspectives** • No update given
5.0	**Pacific Health Perspectives** • No update given
6.0	**Any Other Business** • None noted
7.0	**Agenda Items for Next Meeting** • None noted
8.0	**New Action Items Raised During Meeting**

#	Agenda item	Action	Action Owner
65	Elimination Strategy/Reconnect Aotearoa New Zealand	Draft a proposal for researching serology testing at the border	Erasmus Smit Dan Bernal
66	Elimination Strategy/Reconnect Aotearoa New Zealand	Provide an update at the next meeting on therapeutics and what is being done to support national clinical guidance	Chair

Meeting closed at **11:45am**

Next meeting **Friday 11 June 2021 – 10:30am – 12:00pm**

Open Actions:

#	Agenda item	Action	Action Owner	Updates
65	Elimination Strategy/Reconnect Aotearoa New Zealand	Draft a proposal for researching serology testing at the border	Erasmus Smit Dan Bernal	28/05 – Action raised
66	Elimination Strategy/Reconnect Aotearoa New Zealand	Provide an update at the next meeting on therapeutics and what is being done to support national clinical guidance	Chair	28/05 – Action raised

Document 1

MINISTRY OF HEALTH
MANATŪ HAUORA

MINUTES: Technical Advisory Group COVID-19

Date:	Friday 25 June 2021
Time:	10.30 am – 12:00 pm
Location:	s 9(2)(k) [redacted]
Chair:	Ian Town
Members:	Anja Werno, 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, Jeremy Tuohy
Guests:	James Harris, Stephen Harris, Aoife Kenny
Apologies:	Collin Tukuitonga Sarah Mitchell, Matire Harwood, Emma Hickson

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 May 2021) were accepted.
2.0	**Ministry of Health Update on COVID-19 Response** • Due to competing commitments, Item 4 was moved ahead of item 2. Item 2 was covered within other business.
3.0	**Science Updates** • The science updates were included with the agenda. The Ministry of Health is attempting to ensure that these documents are made available to appropriate teams and Ministry advisors. This includes the Medical Officers of Health and also the Technical Advisory Groups. It was noted that these documents are produced primarily to provide information for the Director General of Health to be kept up to date with the latest science issues. **TAG feedback included:** • It was raised that in a new and rapidly changing field, there would need to be a close watch that the information within these documents and other Ministry advice be kept up to date and consistent. • The Chair responded that the Ministry of Health was cognizant of the requirement for ongoing curation and alignment of the information for practitioners and the public.

	• There was also an issue raised that the evidence-base for the recommendations for vaccination in pregnancy had not been circulated to the primary health care services. To be checked and actioned following the meeting.
4.0	s 9(2)(f)(iv) [redacted]
5.0	**Surveillance Strategy Update** • An update about the surveillance strategy was presented to TAG. The revised surveillance strategy includes five main components 1. identify cases for public health management, 2. evaluate the effectiveness of public health response 3, generate knowledge about disease risks and patterns 4, monitor to ensure equity and 5. engender public and stakeholder confidence and participation in the response. An additional component, 'Identify and monitor the conditions to enable reconnecting Aotearoa New Zealand' is to be added. This update outlined some of the planning around the intent to fully review the strategy now, noting several new additions since the previous strategy, but also to develop the review into more of a rolling nature over six-week cycles. The team will circulate initial drafts for TAG comment. **TAG feedback included:** • TAG members noted the changes and the approach. It was recommended that the wording be updated so that each of the objectives are defined as an action.
6.0	**Māori Health Perspectives** • No update given
7.0	**Pacific Health Perspectives** • No update given
8.0	**Any Other Business** **Recent COVID-19 exposure event in Wellington** • An update on the outbreak case investigations underway in Wellington was provided by the Director of Public Health. At this stage all tests from contacts have returned as negative. The case had been partly vaccinated and it has been confirmed that the SARS-CoV-2 was the delta variant.

	s 9(2)(f)(iv) [redacted]
9.0	**Agenda Items for Next Meeting** • None noted
10.0	**New Action Items Raised During Meeting**

#	Agenda item	Action	Action Owner
67	Science Updates	To confirm distribution of the Evidence base for vaccination in pregnancy	Secretariat

Meeting closed at **11:51am**

Next meeting **Friday 23 July 2021 – 10:30am – 12:00pm**

Open Actions:

#	Agenda item	Action	Action Owner	Updates
65	Elimination Strategy/Reconnect Aotearoa New Zealand	Draft a proposal for researching serology testing at the border	Erasmus Smit Dan Bernal	28/05 – Action raised 25/06 – Work is in early stages of development and will be brought up to TAG at a future date.
67	Science Updates	To confirm distribution of the Evidence base for vaccination in pregnancy	Secretariat	25/06 – Action raised

Closed Actions Since Last Meeting:

#	Agenda item	Action	Action Owner	Updates
66	Elimination Strategy/Reconnect Aotearoa New Zealand	Provide an update at the next meeting on therapeutics and what is being done to support national clinical guidance	Chair	28/05 – Action raised 25/06 – Update provided. Action closed.

MINUTES: Technical Advisory Group COVID-19

Date:	Friday 23 July 2021
Time:	10.30 am – 12:00 pm
Location:	s 9(2)(k) [redacted]
Chair:	Ian Town
Members:	Bryan Betty, Erasmus Smit, Michael Baker, Nigel French, Nigel Raymond, Sally Roberts, Virginia Hope
Ministry of Health Attendees:	Daniel Bernal, Sarah Mitchell
Guests:	James Harris; Richard Jaine, Susan Morpeth
Apologies:	Shanika Perera, Andi Shirtcliffe, Anja Werno, Collin Tukuitonga, Matire Harwood Caroline McElnay, Emma Hickson, Jeremy Tuohy

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 June 2021) were accepted subject to the following corrections: Item 3.0 There was also an issue raised that ~~the evidence base for the recommendations for vaccination in pregnancy had not been circulated to the primary health care services~~. there were no references posted on the Ministry of Health website for positions taken such as the COVID-19 vaccine for pregnancy, and it was requested for references to be put on the website so there was easy access clinicians. To be checked and actioned following the meeting. Item 4.0 There was ongoing discussion about the vaccination settings and the epidemiological behaviour of the virus, in particular the increased transmissibility of the Delta variant, which may dictate what options are practical.
2.0	**Ministry of Health Update on COVID-19 Response** The Chair provided an update on the Ministry of Health COVID-19 Response. The topics included: • Quarantine Free Travel with Australia – announcement due today • On the topic of the process for Reconnecting Aotearoa New Zealand, the Ministry is providing advice to DPMC in this space and the SPHAG is also advising the Government. • Saliva testing is now being rolled out for some of the border workforce, currently as an evaluation pilot in Christchurch. Saliva testing may soon be an alternative option to nasopharyngeal or combined oropharyngeal/ nasal swab tests for border workers. TAG feedback included:

	• There was a question about whether saliva testing is going to become mandatory, noting that it seems very few people want to participate. • The Chair noted that there have been a range of issues with communications and engagement with border workforce agencies and their unions, but this has improved since the requirement for a nasal swab as well the saliva testing was removed.
3.0	**Science Updates** Three COVID Science Updates (CSUs) were included with the agenda. • CSU 40 included the topics of additional doses of COVID-19 vaccine to improve vaccine efficacy in people who are immunocompromised. • CSU 41 on fleeting contact stepwise explains the differences between Alpha and Delta variants and delves into the idea of fleeting contact. • CSU 42 covers therapeutics that are available, or close to being available, for COVID-19, and categorises them into 'likely to be beneficial, 'showing promise' or 'unsupported by current evidence'. The topic of therapeutics is one of the most common enquiries from the public and others, so this CSU is helpful as a basis for a standard response. TAG feedback included: • Having access to these Science Updates was welcomed • There are some RCTs of therapeutics (such as nafamostat) taking place in New Zealand which should be kept on the radar ○ It was noted that the Science and Technical Advisory are evaluating a horizon scanning product from the UK on therapeutics. Will need to make sure New Zealand trials are included and highlighted. • A question was raised about whether there is an active PHARMAC group looking at therapeutics for approval. ○ The Chair noted that a therapeutics group is in the process of being established and will probably be hosted by the Ministry with representation from PHARMAC and Medsafe. • There was a suggestion to change the settings on the COVID tracing app (currently thought to be set at 15 minutes) in light of the potential for shorter encounters to result in transmission. ○ To be actioned by STA
4.0	**Reconnect Aotearoa New Zealand (RANZ) Science Round-up 4** Details of the 4th RANZ Science Round-up were included with the agenda. Scientific confidence about different sub-topic areas is increasingly shifting into 'moderate' and 'high' categories. It was noted that the Science Round-up cycles into the fortnightly policy roundup, to help link the evidence base for particular approaches they may be considering. TAG feedback included: • TAG feedback on the science round-up was generally positive noting that topics are usually driven by requests for health advice.
5.0	**Surveillance Strategy** A thorough review of the surveillance strategy has been completed and is now in the final stages of editing. The intention is to review more frequently in the months ahead. This will likely involve a shift

	from the 6-monthly cycle to a 12-weekly cycle. TAG members were thanked for reviewing the documents and providing detailed comments. TAG feedback included: • Te Tiriti o Waitangi and equity should be separated as there is currently mixed messaging. • Refugees are a key group missing from this document. • Suggestions of an Australian academic/response advisor to critique the strategy.
6.0	**Māori Health Perspectives** No update given
7.0	**Pacific Health Perspectives** No update given

8.0	**Any Other Business**
	
	• Previous TAG feedback regarding increasing mask wearing and scanning of QR codes was relayed to senior officials and government. The Ministry have been asked to provide further Alert Level advice.
	
	• There was a comment that we will need to revisit laboratory capacity, noting that the most we could test during the August cluster was 25,000 a day and this was not sustainable.
	  ○ ESR to continue this discussion with Ministry of Health testing leads.
	
	• TAG highlighted the need for a R&D strategy with potential for formal evaluation and review to guide on improved use of resources in future
	  ○ The Chair noted this is greatly needed. Some evaluations and small pilot studies looking at implementation and grants from HRC have taken place, but a wider strategy is lacking. There are conversations with the manager of Science and Insights as to how this might develop. It was also noted that the funding of a long-term study on COVID-19 outcomes will be announced soon.
	  ○ Some data is being gathered through border worker testing, but this is more set up for monitoring and compliance than for research.
	
	• It was noted that ESR is working towards a generic HDEC in order to do more studies in MIFs and MIQs, so that focused question amendments can be bolted on to the HDEC approval
	
	• Feedback was relayed from the sector about the complexities of general practice getting involved in the vaccine rollout, noting that now is a key time to seek to address these issues if possible.
	  ○ The Chair agreed that as vaccination of Group 4 gets underway, a wider engagement of pharmacy and primary care teams will be needed. The CVIP team has oversight of this.

9.0	**Agenda Items for Next Meeting**

	None noted
10.0	**New Action Items Raised During Meeting** See table below

#	Agenda item	Action	Action Owner
68	Science Updates	Progress discussions about changing settings on the COVID tracer app	Secretariat

Meeting closed at **11:28am**

Next meeting **Friday 20 August 2021 – 10:30am – 12:00pm**

Open Actions:

#	Agenda item	Action	Action Owner	Updates
65	Elimination Strategy/Reconnect Aotearoa New Zealand	Draft a proposal for researching serology testing at the border	Erasmus Smit Dan Bernal	28/05 – Action raised 25/06 – Work is in early stages of development and will be brought up to TAG at a future date.
68	Science Updates	Progress discussions about changing settings on the COVID tracer app	Secretariat	23/07 – Action raised

Closed Actions Since Last Meeting:

#	Agenda item	Action	Action Owner	Updates
66	Elimination Strategy/Reconnect Aotearoa New Zealand	Provide an update at the next meeting on therapeutics and what is being done to support national clinical guidance	Chair	28/05 – Action raised 25/06 – Update provided. Action closed.
67	Science Updates	To confirm distribution of the Evidence base for vaccination in pregnancy	Secretariat	25/06 – Action raised 29/06 – Confirmation received it was sent to RNZCGP, NZCOM and RANZCOG. Action closed.

MINISTRY OF HEALTH
MANATŪ HAUORA

MINUTES: COVID-19 Technical Advisory Group

Date:	Friday 12 November 2021
Time:	10.30 am – 12:00 pm
Location:	s 9(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	**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 (22 October 2021) were approved.
2.0	**Ministry of Health Update on COVID-19 Response** • 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 contract 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. **TAG feedback included** • In Auckland and Waikato, Public Health are stretched, with flow on effects to GPs.

	• 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.
	  - 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
	
	ACTION: confirm with the Chief Clinical Officer for Primary Care and COG that work is underway to support this request for primary care.
	
	• 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.
	  - 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.
	  - The Chair noted these are complex interactions, and further input from TAG would be welcome. Also noted that NZ data has informed some contract 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.
	  - 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	**Science Updates** Not discussed due to time constraints. Future science topic priorities for the Science and Technical Advisory will be discussed at a later meeting.
4.0	**Protection Framework Processes** • 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. **TAG Feedback included:** • 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?

	- 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 - 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. - 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 Sates 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

MINISTRY OF HEALTH
MANATŪ HAUORA

MINUTES: COVID-19 Technical Advisory Group

Date:	Friday 10 December 2021
Time:	10.30 am – 12:00 pm
Location:	s 9(2)(k) [redacted]
Chair:	Ian Town
Members:	Anja Werno, Bryan Betty, Erasmus Smit, Matire Harwood, Michael Baker, Nigel French, Nigel Raymond, Sally Roberts, Shanika Perera
Ministry of Health Attendees:	Andi Shirtcliffe, Caroline McElnay, Daniel Bernal Emma Hickson, Jeremy Tuohy, Sarah Mitchell
Guests:	Steve Waldegrave
Apologies:	Collin Tukuitonga, Virginia Hope

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 November 2021) were approved.
2.0	**Ministry of Health Update on COVID-19 Response** The Chair and the Director of Public Health gave an update on the COVID-19 Response: • The national management of COVID continues to evolve rapidly, particularly in relation to reconnecting New Zealand. • The R value is currently below one, and community transmission in Auckland is stable or decreasing. However, some communities such as Māori and Pacific and those in extended households have continued to experience higher rates of disease than other communities. Waikato cases have seeded from Auckland connections. Cases outside Auckland are usually connected and have been able to be contained. • We have seen benefits of a highly vaccinated population and good contact tracing responses. However, there are some populations who are not highly vaccinated. Māori vaccination rates are rising. • The programme for care of COVID in the community has been implemented extremely quickly. It is a major change shifting the emphasis from MIQ to home isolation and management. It has been noted that this adds a large burden on primary care. There have been some communication issues, and instances of people not getting the care they need promptly. MSD will be assisting with the community programme to help with support to

families isolating at home, including provision of advice, food, and access to other services.

- There is a lot at stake with the community programme – Auckland has thousands of people monitoring at home. Additional call centres have been set up to ensure regular checks and that action is taken in a timely way when needed.
- An audit of the first 35 COVID patients being managed in primary care has been undertaken. The majority were unvaccinated and had multiple generations living at home, so the infection spread quickly. Those who were vaccinated had less severe disease and didn't require hospitalisation. There was less spread into households where cases or contacts were vaccinated. Oximeters were difficult to obtain, but some were donated. Supporting patients through primary care felt manageable and it was seen as positive to be able to provide wrap around care and check in with patients.
- There has been a strong push for first and second vaccination doses to be administered to people who may not have had access at a suitable vaccination site. Equity leads at the Ministry have made significant progress specially to ensure that funding is flowing to providers.
- There have been worrying reports of individual medical practitioners issuing fake/ unfounded vaccine exemptions. The Medical Council and Police are investigating these reports.
- The Ministry is still working through residual high court procedures addressing opposition to the use of the vaccine. The STA team is supporting these proceedings through detailed affidavits.

TAG feedback included:

- Concern was raised about the emergence of the Omicron variant, and initial evidence about immune escape. The current evidence is limited. However, booster doses will likely be necessary to provide good protection.
- The successful transition to the traffic light system was noted
- The scope of the traffic light system seems quite limited in terms of advice about indoor environments it covers. For example, holiday accommodation (and temporary accommodation in general) is not covered. This could be a real issue over summer. The Alert Levels covered all transmission settings.
- With the Auckland boundary about to open, it would be helpful to have more detailed guidance available to enable people to stay safe while travelling.
- Rapid Antigen Tests are becoming available, though they have questionable performance compared with PCR. It was suggested that RATs should be available for testing children under 12 tested before visiting vulnerable relatives.
- It was noted that one of the most vulnerable populations are people with alcohol and drug dependency. Their vaccination rates are lower than for Māori, but there is no explicit strategy for them. This is an extremely difficult group to reach, and they don't have a strong voice.
    - The Chair noted that most of these issues have been raised, and the vaccine program has several strategies around using tailored efforts to engage with those yet to be vaccinated.
- A question was raised about whether work has been done to predict the speed of spread to areas of low vaccination.

	• A question was raised about whether there have been thoughts to remove the term 'HIS criteria' from the nomenclature – it has implications for high-risk patients and PPE requirements. Primary care is still awaiting PPE advice for vaccinated vs unvaccinated patients, and what the approach to children should be as COVID becomes more widespread. Advice is not clear on these issues and should consider the many types of GP set ups. The Chair agreed that vaccination reach and coverage has exceeded expectations. There is now a big push to schedule boosters and catch up on other vaccines, especially measles. • COVID-19 therapeutics seem moderately effective in hospital but not so useful in the community.
3.0	**Science Updates** • The emergence of Omicron is concerning, and the Ministry is closely following developments. • Four papers about neutralisation studies have been published. • Vaccine escape is a theoretical concern. Neutralisation studies give some indication of potential risk, but performance of the vaccine in the real world, even against Delta, has been better than predicted. T cell immunity also helps to protect against severe disease. • Health risk assessments are being carried out to consider what measures need to be in place. Recent advice given by the Ministry is to reduce the number of countries designated as very high risk (currently 9 southern African countries), and to consider shortening pre-departure testing timeframes to within 48 hours of travel for PCR and within 24 hours for RAT. This is considering the apparent increased transmissibility of Omicron. • New Zealand is fortunate to still have MIQ in place. However, it is anticipated that Omicron will reach New Zealand from a country that has not been designated very high risk, so the advice has been to take a more universal approach and make sure MIQ facilities are completely on point with protocols. TAG feedback included: • Agreement that it is a relief we still have functioning border controls. A question was raised about whether Omicron would alter plans to relax border controls early next year which are unlikely to be compatible with prevention of community transmission of Omicron. • If travel volumes are small, preventing the arrival of Omicron into the community should be manageable, but if they are large, then any variant is likely to arrive. Therefore, should the policy of home isolation may need to be be reconsidered. - The Chair noted that the Reconnecting Aotearoa New Zealand work is impacted by concerns about Omicron. There are unlikely to be decisions until the New Year, as successful implementation of the Protection Framework and preparing for summer in the sector will be top priorities. Parliament stops sitting at the end of next week. • Further assessments will be undertaken next week about what other factors need to be considered for RNZ, especially with Australia, which is the first link due to happen. An update on testing was given. Omicron has two lineages: BA.1 and BA.2. Australia has been trying to identify new community infections very quickly by looking for the S gene target dropout. However, not all Omicron variants have this deletion. • A key factor determining vaccine effectiveness is time since vaccination. New Zealand currently has a well-protected population. Current evidence indicates that Omicron has significant vaccine escape compared to previous variants. In association with waning vaccine immunity, the proportion of individuals susceptible to Omicron by winter could be very high in the absence of either natural infection or further vaccination

	• A statement from a German expert indicates they are very worried, and notes without exposure to the virus you lose the opportunity for natural boosting and generating immunity to multiple antigens. If we want the virus to become endemic, we need to be exposed to it. - The Chair commented that the case for allowing widespread exposure has been made by a few experts based on the assumption that the disease will be mild, and the community will rapidly develop natural immunity. • The importance of getting rapid genome sequencing of all cases in MIQ to detect new variants arriving at the border was emphasised. All recent cases in MIQ have been Delta, which is encouraging. - It was questioned whether MIQs could be used for people with mild disease but high risk of deteriorating, or those who for social reasons we aren't sure they can be monitored safely. - It was noted that the experience of trying to get extra healthcare interventions into MIQs has been difficult, and so this would not be an option.
4.0	**What Endemicity Would Mean for New Zealand** The Chair gave some opening statements for this topic: • There are important differences between elimination and tight suppression, and how these play out in a highly vaccinated population. We haven't seen the explosive outbreaks we might have feared in pre-vaccine area. • We are heading towards new territory every day and needing to keep ahead of the science. It was noted that politicians have repeatedly made decisions that are even more cautious than Ministry advice, and it seems likely they will continue with tight suppression if possible. TAG feedback included: • The best approach is a significant source of debate. • Thus far, countries that have taken a precautionary approach, such as New Zealand, have been very successful. • Some TAG members felt we should avoid SARS-CoV-2 circulating widely now, and noted a relevant editorial in the NZMJ. • However, on the other hand it is possible that allowing the virus to circulate could be the best biological way of managing it. However, some felt there was significant uncertainty associated with this idea. • The biggest gap in our knowledge is with long COVID. Even if 1-2% of cases have ongoing health impacts, we would be more inclined to want to eliminate the virus. • Some TAG members felt we do not have enough knowledge to identify an optimal strategy and the cautious approach is still preferable. •
5.0	**COVID-19 Protection Framework** TAG members were thanked for their extremely helpful advice this year, and an overview of the COVID-19 Protection Framework (CPF) and processes was given: • The Government's strategy with the CPF is based on high levels of vaccination, and the premise that the vaccine will reduce transmission and severity of illness.

- The CPF itself is not the full spectrum of measures we had with the alert levels. It stops at about the equivalent of alert level 2.5.
- The overarching objective is to minimise hospitalisations and deaths. Important facets of this include suppressing SARS-CoV-2 spread, protecting the health system, protecting at-risk communities, and continuing non-COVID healthcare.
- The Ministry of Health's COVID-19 Protection Framework Assessment Committee meets fortnightly to advise on traffic light settings. The Assessment Committee includes members with not only medical and virological expertise, but also significant knowledge about the communities involved, which enriches the assessment.
- DHB representatives also attended the second assessment, which provided additional detail about what is going on across regions.
- The CPF focuses on whether the health system can cope rather than eliminate the virus. A range of measures have been incorporated into a table to aid assessment.
- The outcomes of the first and second traffic light assessments by the CPF Assessment Committee were similar. The Government chose an even more cautious approach.
- Considerations when recommending 'colours' for regions include vaccination rates overall, and for Māori in particular; self-assessments by DHBS; location of cases and current setting; suggested colour if all things were rated equal; suggested colour given specific contexts, e.g., the Auckland boundary about to open and upcoming significant changes in terms of travel. All factors are put together to provide a basis for robust discussion.
- The CPF does not exclude the possibility that localised lockdowns may still be required but there would be a very high bar to do so (e.g., if there are very high hospitalisations and/or deaths, or if it becomes evident that Omicron causes very severe disease as well as being very transmissible). This is unlikely to happen over the holiday period, but the tools are there if needed.
- The aim is to improve the methodology of assessments over time. The first assessment used lag rather than lead indicators and did not have as much quality control due to time constraints. The second assessment introduced the notion of lead indicators e.g., housing disadvantage, and case numbers could be predicting hospitalisations and deaths. It was informed by DHBs providing a richer set of information, with lots more background on how they were feeling.
- A CPF Expert Assurance Group (CPF EAG) has been set up to ensure the methodology used by the CPF Assessment Committee is more robust and repeatable. They will meet every 6-7 weeks.
- It was noted that Cabinet wanted advice on a regional basis but did not specify how this should be defined. Various parts of Government use different boundaries (e.g., DHBs vs territorial authorities, etc). For the assessment, the aim is to investigate more granular levels of data (at least territorial authorities) because there is variation at local levels that may not be obvious at regional levels.

TAG feedback included:

- The traffic light system is narrow scope in terms of indoor environments e.g., it does not cover temporary accommodation and holiday motorhome parks. Is there a plan to expand scope?
- It was noted that the CPF itself is owned by DPMC, and the Ministry of Health provide public health advice. The Ministry has been working closely with DPMC to help clarify some of the detail. A review of the performance of the CPF has been initiated, but it is unlikely to provide feedback before the summer holidays Feedback from TAG can be sent

	through to the Group Manager of COVID-19 Policy who will feedback to DPMC. It was heartening to see maintenance of community services is a key part of considerations. It was noted that GP and community services in many parts the country are at breaking point. In the UK, they have recently removed some expectations around BAU. The expectations on the system to deliver BAU plus the COVID response in a context of constrained resources needs to be thought about very carefully. - It was agreed that primary care is under immense pressure and work is underway at both local and national levels to address this issue. • A question was raised regarding implementation of the CPF for individuals travelling between regions with different settings. - The CPF provides a background set of rules which will be fine-tuned by other providers such as travel and accommodation providers.
6.0	**Māori Health Perspectives** It was noted that the Waitangi Tribunal hearing is closing today but looks like there will be a recommendation for the establishment of a new structure to coordinate all Māori stakeholders. Objectives prior to Christmas are likely to be the paediatric vaccine roll-out, boosters, rollout to those with alcohol and drug dependency, messaging around the pandemic response and traffic light system. Both the main claimant and the Crown have agreed to that. This is a good outcome from that process.
7.0	**Pacific Health Perspectives** No update given.
8.0	**Any Other Business** TAG members were thanked again for their significant contributions of valuable advice throughout the pandemic to date.
9.0	**Agenda Items for Next Meeting** None noted.
10.0	**New Action Items Raised During Meeting** None noted.
Meeting closed at **11:57am** Next meeting **28 January 2022**	

Closed 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 Sates with further detail before publishing on Ministry website.	STA	22/10 – Action raised 16/12 – Action closed

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/ Emma Hickson	12/11 – Action raised 10/12 -The IPC PPE discussion regarding vaccinated vs unvaccinated patients in primary care will be taken to the IPCsubTAG for further review. Action closed.

MINUTES: COVID-19 Technical Advisory Group

Date:	Friday 10 February 2023
Time:	10.30 am – 12:00 pm
Location:	s 9(2)(k) [redacted]
Chair:	Nicholas Jones
Members:	Anja Werno, Bryan Betty, Erasmus Smit, Michael Baker, Michelle Balm, Nigel Raymond, Sally Roberts, Virginia Hope
Ministry of Health Attendees:	Andi Shirtcliffe, Brooke Hollingshead, Chris Hedlund, Jane Pryer, Jeremy Tuohy, Kirsten Beynon, Pete Hanl,
Guests:	Stephen Glover, Carolyn Clissold, Antoinette Righarts
Apologies:	Nigel French, Collin Tukuitonga, Matire Harwood, Shanika Perera, Peter Abernethy, Fiona Callaghan, Shama Kukkady

1.	**Welcome and Accept Previous Minutes** Dr Nicholas Jones welcomed all members, attendees, and guests in his capacity as Chair of the COVID-19 Technical Advisory Group (COVID-19 TAG). The minutes of the last meeting (Friday 2 December 2022) were accepted.
2.	**Trends and Insights** Infection cases were less than expected in modelling. **Variants of Concern** A link to the latest SARS-CoV-2 Variants of Concern (VoC) on the Ministry's website was shared prior to the meeting. While the variants in circulation have not changed substantially, the expected rise in XBB.1.5 has not materialised yet. Feedback from members included: • The lack of a single globally dominant variant and differences in circulating variants in other countries result in a more complex situation. However, unless one variant takes over (like Omicron did), the differences between emerging and converging mutations are not significant enough to deviate resources from other important issues such as antimicrobial resistance (AMR) and invasive Group A streptococcus (IGAS).
3.	**PHRA update** The Chair informed the TAG that the Public Health Risk Assessment committee discussed the opening of Chinese borders alongside the transition away from their elimination policy. It was

decided that instead of requiring pre-departure test from only one specific country, passengers are asked to test voluntarily upon arrival.

Point of care testing order, case isolation and face mask use were discussed, and all three requirements were recommended to be kept in place.

The current risk is considered to be low and expected to remain low for the next two months. However, there is no standard way of describing risk at the moment.

Feedback from members included:

- Since the Chinese population is relative naive, it is not expected that new variants will emerge during the first wave.

POCT order:

- How long will regulatory function be retained? How will significant stock of testing kits in NZ be managed?
- Current order only covers COVID-19 tests, however, multiplex devices testing for influenza and RSV should also be considered (triple target space for it in primary care).

Case isolation:

- How will asymptomatic people or people who might not self-test to avoid self-isolation be accounted for?
- Can isolation period be safely reduced from 7 to 5 days? A more realistic/pragmatic approach needs to consider people who are asymptomatic or do not test/report to avoid isolation
- What would the provisions look like when isolation is no longer mandatory and what impacts will this have on financial aid.

Face mask:

- Several members commented on issues arising from the fact that the current mask mandate applies to visitors only, not for patients in health settings.
- Distinction between visitors and patients can lead to tensions, especially in settings such as pharmacies, hospitals and primary care. Therefore, in general practice the effect of the existing mandate is to result in everyone being required to wear a mask.
- Can the mandate for visitors be reviewed? The mandate is often not being applied well, and visitors remove masks as soon as they enter the patient's room.
- Can there be more flexibility for health care workers (HCW) by moving away from a general recommendation to the individual's responsibility to assess the situation? It was stated that HCW are already making their own decisions regarding mask use.
- Feedback from HCW on recommendations to wear masks included:
    - that the risk is perceived as being low and
    - mask use can negatively impact on communication (such as the doctor-patient relationship or communication with children, elderly, or patients with mental health issues)
- Communication regarding mask use needs to be clearer, and balancing the pros and cons of mask use need to be considered
- While some organisations/institutions in health care settings want to set up their own rules, others prefer the government to provide guidance which makes it easier to impose.
- Nosocomial rate of COVID-19 infections, such as how many people come up with COVID-19 on day 6 after hospital admission to hospital, would be helpful to inform decisions on mask use. However, finding the source of infection (visitor, staff, other patients) is not available and data extremely hard to obtain.

	• It needs to be acknowledged that mask use is a complex matter and whatever outcome a revision will bring, there will be people vocally expressing their concerns/non-approval in response to it. **ACTION**: • Hospitalisation rates based on ethnicity (JT will ask Sidd Mehta) • Delay between admission and diagnosis of COVID (JT to ask Antoinette) • IPC guidelines should be tied in the review of the next risk assessment (Michelle)
4.	**Future of COVID-19 TAG and Terms of Reference** The Chair informed members that before continuing with the discussions of the future of the COVID-19 TAG, the Public Health Agency (PHA) Deputy Director-General is considering the needs for a Technical Advisory Group for the PHA more generally, particularly focusing on communicable and infectious diseases.
5.	**Policy choices for the ongoing management of COVID-19** The COVID-19 Policy group manager presented the current strategic approach and choices for the ongoing management of COVID-19 which will be presented to Cabinet in April 2023. The management will shift from an all-of-government response to increasingly considering COVID-19 alongside other health issues. This coincides with the decision to longer have a separate ministerial portfolio for COVID-19. The strategic framework will be revisited to provide a clear narrative of how COVID-19 will be managed. Preparedness, protection, resilience and stability will be broad principles of the overarching strategy to ensure equitable outcomes, protect those most at risk and manage pressures on health system, so that all parts of the system can continue to operate effectively. The three key measures will be: • Vaccination: actively encouraging people to stay up to date • Antivirals: broad eligibility criteria to reduce serious outcomes when people are infected and to reduce the number of hospital admissions • Case isolation <u>Feedback from the members:</u> • The upcoming change in COVID-19 funding for GPs and primary should be monitored carefully. This change will result in reverting a currently very proactive system to a reactive system where the onus is completely on the patient to initiate contact. • To avoid singular thinking, the changes should reflect systemwide interconnection and allow for lateral thinking. s 9(2)(g)(i) [redacted] • The role of antivirals should be considered carefully when planning making access to antivirals as broad as possible. Generally, vaccines are more effective than antivirals and the focus should remain on vaccines. A large UK study among 25,000 people of moderate risk shows that antivirals did not alter hospitalisation number, however, they shortened the period of viral shedding and reduced some symptoms.

	• Ideally other infectious diseases would be treated more like COVID-19 instead of treating COVID-19 like other infectious diseases. Finding a middle ground would improve the default options applied to other respiratory pathogens. • One member suggested that although vaccines and antivirals can help minimise the consequences of infection, the strategy should still aim at minimising infections. This raises the questions whether transmission should be key objective (reduce population transmission vs transmission of the more vulnerable population) • Surveillance systems should provide integrated information on disease burden, equity of access and use of interventions. Sentinel sites could help provide high quality information. • The COVID-19 strategy needs to link back to the nationwide immunisation strategy. This is an opportunity to focus more heavily on other vaccine preventable diseases to make the space future proof. • Access to PCR test for elderly people is retained (RATs can provide false negative results if not used correctly). • Preparedness should involve having good IPC teams in the centre and the regions (where not in place at beginning of COVID-19)
6.	**Reinfection evidence update** A representative from the Science and Technical Advisory team provided updated information regarding the risks of reinfection. The risk of serious outcomes is decreased in people who have had a previous infection, but protection is greater if an individual has been vaccinated and has experienced previous infection (hybrid immunity). Severe outcomes will continue to occur in those with multiple comorbidities.
7.	**Patient care guidelines from WHO** While WHO continues to strongly recommends mask use in community settings in high-risk situations, recommendations regarding case isolation have been updated: people who are asymptomatic should isolate for 5 days, those with symptoms should isolate for a maximum of 10 days with RATs used to reduce the period of isolation. <u>Feedback from members included:</u> • Since RATs have proven to be more predictive of infectivity than symptoms, de-emphasising symptoms and testing to release makes sense. However, the current New Zealand system of 7 days is simple and allows communication to be clear and less confusing. • If the current New Zealand isolation requirements are to change, clarity of the message is important. • Limited evidence on pre-symptomatic, asymptomatic or non-compliant transmission makes it hard to determine how effective isolation of compliant symptomatic individuals alone is in the reduction of transmission. • Transmission risk is dynamic, i.e., with low incidence of infection in community, some places as general practice waiting rooms might not be places of high risk. • People infected with COVID-19 should not be pushed to return to work despite strained work force coverage. **Updated IPC guideline**

	The clinical management guideline of COVID-19 from 13 January 2022 focusses on suppressing transmission, providing optimised care and minimising the impact of COVID-19.
8.	**Māori Health Perspectives** No update was given.
9.	**Pacific Health Perspectives** No update was given.
10.	**Any Other Business** None raised
11.	**Agenda Items for Next Meeting** • Next meeting on 10 March • Masks settings and review of requirements of visitors in health settings and HCW
12.	**Closing and Karakia**
	New Actions Raised During Meeting

#	Agenda item	Actions	Action Owner
	PHRA Assessment	Hospitalisation rates based on ethnicity	STA
	PHRA Assessment	Delay between admission and diagnosis of COVID (JT to ask Antoinette)	STA

Meeting closed at **12:30pm**

Open Actions:

	Agenda item	Actions	Action Owner	Updates
81	**Terms of Reference: Review**	Draft option paper on the future Terms of Reference before next COVID-19 TAG meeting	STA	04 Nov – Action raised 08 – Verbal update on the agenda for 10 Feb meeting
82	**Variants of Concern**	look at those hospitalised and find out whether they had antivirals.	STA	02 Dec – Action raised 08 Feb – Data still preliminary.
85	**Infection / Seroprevalence Surveys**	Circulate draft memo on pros and cons	STA	02 Dec – Action raised
86	**Infection / Seroprevalence Surveys**	Members are asked to provide feedback	STA	02 Dec – Action raised

87	**PHRA Assessment**	Hospitalisation rates based on ethnicity	STA	10 Feb – Action raised
88	**PHRA Assessment**	Delay between admission and diagnosis of COVID (JT to ask Antoinette)	STA	10 Feb – Action raised

Closed Actions:

	Agenda item	Actions	Action Owner	Updates
79	**Terms of Reference: Review**	Share minutes from Therapeutics and Vaccine TAGs	STA	04 Nov – Action raised 08 Feb – Action closed
84	**Testing Plan**	Share framework for POCT (Chief Advisor Testing)	PHA	02 Dec – Action raised 08 Feb - Action closed
83	**Re-infection Evidence**	The issue of re-infection is being actively investigated by the PHA. An update on this issue will be available for the next meeting.	ISK	02 Dec – Action raised 08 Feb – Include on the agenda for 10 Feb meeting. Action closed.