

# MINUTES: Technical Advisory Group COVID-19

**Date:** Friday 20 August 2021

**Time:** 10.30 am – 12:00 pm

**Location:** **Meeting URL:** s 9(2)(k)  
**Meeting ID:** 838 4804 8739  
**Passcode:** Covid19TAG or **Numeric Passcode:** 6481015800

**Chair:** Ian Town

**Members:** Bryan Betty, Erasmus Smit, Matire Harwood, Michael Baker, Nigel French, Nigel Raymond, Sally Roberts, Shanika Perera, Virginia Hope

**Ministry of Health Attendees:** Andi Shirtcliffe, Daniel Bernal, Jeremy Tuohy, Anne Buckley, Christian Marchello

**Guests:** Stephen Harris, Susan Morpeth

**Apologies:** Anja Werno, Caroline McElnay, Collin Tukuitonga, Emma Hickson

<b>1.0</b>	<p><b>Welcome and Previous Minutes</b></p> <p>Dr Ian Town welcomed all members, attendees, and guests in his capacity as Chair of the COVID-19 Technical Advisory Group.</p> <p>Minutes of the last meeting (23 July 2021) were approved.</p> <p>The meeting was shortened to one hour due to urgent matters requiring the attention of the Chair.</p>
<b>2.0</b>	<p><b>Ministry of Health Update on COVID-19 Response</b></p> <p>The Chair provided an update on the Ministry of Health COVID-19 Response.</p> <ul style="list-style-type: none"> <li>• The Chair outlined the current situation, with community cases identified in Auckland and Wellington and the expectation that this number will increase. At the time of the meeting a decision had not been made regarding the duration of the level four lockdown, but it was acknowledged that with the identification of cases outside Auckland that the current situation should be considered a nationwide outbreak and a continuation of a nationwide lockdown was likely.</li> <li>• The potential issues with health staffing particularly in the Auckland region were noted with many hospital staff being off duty due to contact with a case.</li> <li>• Testing staff and contact tracing staff may also be affected.</li> <li>• Testing capacity – looking to stand up additional capacity and consideration of the increased use of saliva testing</li> <li>• Working on clear messaging about who is priority for testing and to contact Healthline – to manage capacity</li> <li>• Vaccinations will continue, and pivot towards vaccinating as many individuals as possible with their first dose to ensure some protection to as many people as quickly as possible.</li> </ul>

	<p>Comments from the group included:</p> <ul style="list-style-type: none"> <li>Concerns that there was not yet a consistent national pathway for management of COVID-19 in the community, for example the ability to deploy pulse oximetry widely to ensure cases with worsening disease are identified promptly</li> </ul> <p>ACTION: Guidance on community management needed (particularly use of pulse oximetry). Follow up with Justine Lancaster.</p> <ul style="list-style-type: none"> <li>Concerns that supply of necessary items such as swabs was a potential problem and would require close monitoring.</li> <li>A wide ranging discussion was held on the availability of therapeutics. The topics included which medicines are useful in managing COVID-19, are these medicines available in New Zealand, what regulatory requirements are needed to ensure these medicines are available and are the clinical guidelines for the use of the medicines (developed at Middlemore Hospital) both available and tailored to the New Zealand system.</li> </ul> <p>ACTION: a therapeutics advisory group will be established with an initial point of contact in the Science and Technical Advisory Team</p> <ul style="list-style-type: none"> <li>It was suggested that testing and vaccination for essential workers is prioritised where possible.</li> <li>Need for isolation policy for vaccinated and unvaccinated essential workers raised. Chair advised Andrew Connolly preparing this advice (S70 notice).</li> <li>Comments were also made in relation to mask wearing and the necessity to engage with the younger and most mobile members of the community to ensure they understand the requirement to strictly adhere to the lockdown.</li> </ul>
<p><b>3.0</b></p>	<p><b>Science Updates</b></p> <p>Three COVID Science Updates (CSUs) were included with the agenda for information.</p> <ul style="list-style-type: none"> <li>CSU 43 – Increased transmission of Delta variant: higher viral load and shorter incubation period and Mask-wearing and HEPA (High Efficiency Particulate Air) filters reduce exposure to aerosols able to carry SARS-CoV-2</li> <li>CSU 44 – Variants of Concern key info summary and Guillan Barré Syndrome after COVID-19 Vaccination</li> <li>CSU 45 – COVID-19_Mortality_in_Children.</li> </ul>
<p><b>4.0</b></p>	<p><b>Infectious Period/Release from Isolation Criteria</b></p> <p>A document outlining the available evidence for any change in the diagnosis of the infectious period and release from isolation had been circulated.</p> <p>An outline of the rationale for this review was presented. In brief this was due to changes made in Australia due to a possible case of transmission after a full 14-day isolation in MIQ (Managed Isolation and Quarantine) in Brisbane and due to an increase in the ability to culture live Delta variant virus after 14 and 18.</p> <p>The review did not identify a rationale for changing the current criteria for the infectious period or release from isolation.</p> <p>Comments from the group included:</p> <ul style="list-style-type: none"> <li>Surrogates for infectivity will require development and further assessment as it is not feasible to gauge the efficacy of changes to managed isolation based on the number of cases causing infection in the community after leaving MIF (Managed Isolation &amp; Quarantine Facility).</li> </ul>

	Any additional information of relevance to be emailed to STA team.															
5.0	<p><b>Elimination Strategy/Reconnect Aotearoa New Zealand</b></p> <p>An overview of Reconnect Aotearoa New Zealand / Elimination strategy was presented. The outline of this work was recently presented to the public by the Prime Minister and discussed in a public forum last week. Key points included:</p> <ul style="list-style-type: none"> <li>• The Government is still following an elimination strategy</li> <li>• Re-opening ANZ will include three lanes, Quarantine free travel, current MIQ and a middle lane which is still under development.</li> <li>• Details of the middle lane are yet to be finalised, may take some time to develop and need to respond to developing circumstances.</li> <li>• The government is planning a series of pilots to assess the options for reconnecting Aotearoa NZ. One of these may be a trial of isolation at home.</li> </ul>															
6.0	<p><b>Māori Health Perspectives</b></p> <p>No update given</p>															
7.0	<p><b>Pacific Health Perspectives</b></p> <p>No update given</p>															
8.0	<p><b>Any Other Business</b></p> <p>None noted.</p>															
9.0	<p><b>Agenda Items for Next Meeting</b></p>															
10.0	<p><b>New Action Items Raised During Meeting</b></p> <table border="1"> <thead> <tr> <th>#</th> <th>Agenda item</th> <th>Action</th> <th>Action Owner</th> </tr> </thead> <tbody> <tr> <td>69</td> <td>Ministry of Health Update on COVID-19 Response</td> <td>Guidance on community management needed (particularly use of pulse oximetry). Follow up with Justine Lancaster.</td> <td>STA</td> </tr> <tr> <td>70</td> <td>Ministry of Health Update on COVID-19 Response</td> <td>Establish a therapeutics advisory group with an initial point of contact in the Science and Technical Advisory Team.</td> <td>STA</td> </tr> </tbody> </table>				#	Agenda item	Action	Action Owner	69	Ministry of Health Update on COVID-19 Response	Guidance on community management needed (particularly use of pulse oximetry). Follow up with Justine Lancaster.	STA	70	Ministry of Health Update on COVID-19 Response	Establish a therapeutics advisory group with an initial point of contact in the Science and Technical Advisory Team.	STA
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70	Ministry of Health Update on COVID-19 Response	Establish a therapeutics advisory group with an initial point of contact in the Science and Technical Advisory Team.	STA													
<p>Meeting closed at 11:25am</p> <p>Next meeting <b>Friday 17 September 2021 – 10:30am – 12:00pm</b></p>																

### 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 preliminary 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
69	Ministry of Health Update on COVID-19 Response	Guidance on community management needed (particularly use of pulse oximetry). Follow up with Justine Lancaster.	STA	20/08 – Action raised
70	Ministry of Health Update on COVID-19 Response	Establish a therapeutics advisory group with an initial point of contact in the Science and Technical Advisory Team.	STA	20/08 – 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.

# MINUTES: Technical Advisory Group COVID-19

**Date:** Friday 17 September 2021

**Time:** 10.30 am – 12:00 pm

**Location:**

**Meeting URL:** s 9(2)(k)

**Meeting ID:** 838 4804 8739

**Passcode:** Covid19TAG or **Numeric Passcode:** 6481015800

**Chair:** Ian Town

**Members:** Anja Werno, Bryan Betty Erasmus Smit, Matire Harwood, Michael Baker, Nigel French, Nigel Raymond, Virginia Hope

**Ministry of Health Attendees:** Andi Shirtcliffe, Daniel Bernal, Jeremy Tuohy, Phoebe Currie

**Guests:** Stephen Harris

**Apologies:** Collin Tukuitonga, Sally Roberts, Shanika Perera, Caroline McElnay, Emma Hickson

<b>1.0</b>	<p><b>Welcome and Previous Minutes</b></p> <p>Dr Ian Town welcomed all members, attendees, and guests in his capacity as Chair of the COVID-19 Technical Advisory Group.</p> <p>Minutes of the last meeting (20 August 2021) were approved.</p>
<b>2.0</b>	<p><b>Ministry of Health Update on COVID-19 Response</b></p> <ul style="list-style-type: none"> <li>• The Chair provided a verbal update about the ongoing Auckland outbreak response.</li> <li>• It was noted that the COVID-19 Testing Technical Advisory Group and the COVID-19 Therapeutics Technical Advisory Group had been established.</li> <li>• Modelling is being undertaken to assess the interaction of aspects such as vaccination coverage, public health controls, alert levels and the number of people coming across border.</li> <li>• It was noted that there are challenges in reaching communities who may have low trust in Government, work is being done to consider vaccination options for these groups in the future, such as the Janssen vaccine.</li> <li>• There was wide ranging discussion about vaccination and in particular the need for high rates to mitigate widespread community transmission.</li> <li>• Concerns were raised by the group about the preparedness to manage higher caseloads of COVID-19 in the community outside of MIQ and the potential impacts on the health care sector. It was noted that there was an ongoing work programme progressing this matter.</li> </ul>

<p>3.0</p>	<p><b>Science Updates</b></p> <p>COVID Science Updates (CSUs) 46 “Vaccination in pregnancy is not associated with miscarriage” was included with the agenda for information.</p>
<p>4.0</p>	<p><b>Elimination Strategy/Reconnect Aotearoa New Zealand</b></p> <ul style="list-style-type: none"> <li>• An update was provided on the draft ‘Elimination Strategy and COVID-19 Directorate Workstreams Priority Overview (2021)’. The fundamental principles have been discussed at previous meetings.</li> <li>• The Elimination Strategy remains integral to the health system response. Work is underway to consider the impact of ‘Reconnecting Aotearoa New Zealand’ while incorporating lessons from the Delta experience and understanding what this means for health system readiness.</li> <li>• The approach is moving towards reconnecting, with a cautious lens and greater sensitivity, noting the many interdependencies that exist.</li> <li>• The Chair noted that there are multiple pieces of work across agencies that are demonstrating the necessary agility in this changing environment such as the recently announced self-isolation pilot.</li> </ul> <p><b>TAG feedback included:</b></p> <ul style="list-style-type: none"> <li>• Concerns were raised about the ‘Manage the Impact’ pillar, particularly in relation to impacts on primary and secondary care. It was suggested that an addition is made to the document to reflect management in the community if COVID-19 becomes endemic.</li> <li>• Concerns were raised about the capacity of hospitals and ICUs and the associated staffing required. It was suggested that if the necessary hospital capacity was not available then there would likely be an increased need to use Nonpharmaceutical Interventions (NPIs) to manage COVID-19.</li> <li>• There was discussion around the language used in the Elimination Strategy in the context of reconnection. It was suggested there may be changes required, particularly in relation to vaccination coverage and community protection.</li> </ul> <p><b>ACTION:</b> Raise with Stephen Harris the questions regarding language, particularly noting the suggestion of an addition regarding community management of COVID-19.</p> <ul style="list-style-type: none"> <li>• A member raised a question regarding the language relating to natural immunity and boosters. The Chair noted that there is no formal messaging on this yet.</li> </ul> <p><b>ACTION:</b> STA to raise the topic of natural immunity and boosters with CV TAG.</p> <ul style="list-style-type: none"> <li>• It was suggested that the ‘Keep it Out’ pillar needs to reflect the risk of the much higher reproduction rate of COVID-19 and the risk to unvaccinated people.</li> </ul> <p><b>ACTION:</b> Andi Shirtcliffe to take offer of assistance to CVIP leadership and SRO leads across DHBs.</p> <ul style="list-style-type: none"> <li>• There was general discussion around vaccination, particularly regarding mandates, the importance of high uptake and increasing the messaging on the benefits of vaccination, focusing on reduced disease severity associated with vaccination.</li> <li>• Members noted the dynamic situation that COVID-19 presents, and that the situation could change rapidly. It was suggested that while continuing to progress the Elimination Strategy, and</li> </ul>

	<p>focusing on vaccination as a priority, there should also be planning for what comes next. It was suggested that a key consideration in this planning must be how to protect vulnerable people, especially if the situation changes quickly.</p> <p><b>ACTION:</b> Raise with Stephen Harris the suggestion of continuing to progress the Elimination Strategy, alongside planning for the future, particularly in relation to vulnerable people.</p>
<b>5.0</b>	<p><b>Māori Health Perspectives</b></p> <ul style="list-style-type: none"> <li>• Dr Matire Harwood provided a verbal update.</li> <li>• Increasing vaccination rates remains a key focus for Māori Health, particularly in Auckland. There are several initiatives aiming to increase accessibility to vaccination, including drive through centres and the newly established buses.</li> <li>• Another key focus is connecting with hard-to-reach and vulnerable communities, to assist with access to and knowledge about testing and vaccination.</li> <li>• Members raised the idea of concurrent testing and vaccination for hard-to-reach communities and/or areas of high prevalence, for which there was support.</li> <li>• The Chair noted this, acknowledging the potential risks such as a vaccination centre becoming a location of interest and needing to be stood down, and advised work is being done to understand community needs and that this would be followed up with the team.</li> </ul> <p><b>ACTION:</b> Provide feedback to TAG about concurrent testing and vaccination suggested by the group.</p> <ul style="list-style-type: none"> <li>• It was noted that some religious groups are encouraging their members not to be vaccinated. The success of the Elimination Strategy has meant some people don't believe they are at risk of encountering COVID-19.</li> <li>• The Chair responded that the Ministry is aware of this issue and the Ministry and Government are working hard to engage with these communities to promote vaccination.</li> </ul>
<b>6.0</b>	<p><b>Pacific Health Perspectives</b></p> <p>No formal update given, noting that Collin T is actively engaged in supporting the South Auckland response.</p>
<b>7.0</b>	<p><b>Any Other Business</b></p> <ul style="list-style-type: none"> <li>• Update on open action 68: The potential to change parameters in the App has limitations and modifications to the current settings could potentially have large scale unintended effects on Contact Tracing numbers by markedly increasing the number of brief episodes without a significant improvement in the efficacy of Contact Tracing.</li> </ul>
<b>8.0</b>	<p><b>Agenda Items for Next Meeting</b></p> <p>None noted</p>

9.0	<b>New Action Items Raised During Meeting</b>			
	#	Agenda item	Action	Action Owner
	71	Elimination Strategy/Reconnect Aotearoa New Zealand	Raise with Stephen Harris the questions regarding language, particularly noting the suggestion of an addition regarding community management of COVID-19.	STA
	72	Elimination Strategy/Reconnect Aotearoa New Zealand	Raise the topic of natural immunity and boosters with CV TAG	STA
	73	Elimination Strategy/Reconnect Aotearoa New Zealand	Take offer of assistance to CVIP leadership and SRO leads across DHBs.	Andi Shirtcliffe
	74	Elimination Strategy/Reconnect Aotearoa New Zealand	Raise with Stephen Harris the suggestion of continuing to progress the Elimination Strategy, alongside planning for the future, particularly in relation to vulnerable people.	STA
75	Māori Health Perspectives	Provide feedback to TAG about concurrent testing and vaccination suggested by the group.	STA	
Meeting closed at 11:50am				
Next meeting Friday 15 October 2021 – 10:30am – 12:00pm				

### Open Actions:

#	Agenda item	Action	Action Owner	Updates
71	Elimination Strategy/Reconnect Aotearoa New Zealand	Raise with Stephen Harris the questions regarding language, particularly noting the suggestion of an addition regarding community management of COVID-19.	STA	17/09 – Action raised
72	Elimination Strategy/Reconnect Aotearoa New Zealand	Raise the topic of natural immunity and boosters with CV TAG	STA	17/09 – Action raised
73	Elimination Strategy/Reconnect Aotearoa New Zealand	Take offer of assistance to CVIP leadership and SRO leads across DHBs.	Andi Shirtcliffe	17/09 – Action raised



74	Elimination Strategy/Reconnect Aotearoa New Zealand	Raise with Stephen Harris the suggestion of continuing to progress the Elimination Strategy, alongside planning for the future, particularly in relation to vulnerable people.	STA	17/09 – Action raised
75	Māori Health Perspectives	Provide feedback to TAG about concurrent testing and vaccination suggested by the group.	STA	17/09 – Action raised

**Closed Actions Since Last Meeting:**

#	Agenda item	Action	Action Owner	Updates
69	Ministry of Health Update on COVID-19 Response	Guidance on community management needed (particularly use of pulse oximetry). Follow up with Justine Lancaster.	STA	20/08 – Action raised 27/08 – Action closed
70	Ministry of Health Update on COVID-19 Response	Establish a therapeutics advisory group with an initial point of contact in the Science and Technical Advisory Team.	STA	20/08 – Action raised 27/08 – Therapeutics TAG has been established. Action closed.
68	Science Updates	Progress discussions about changing settings on the COVID tracer app	Secretariat	23/07 – Action raised 17/09 – Update provided during meeting. Action closed.

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

# MINUTES: Technical Advisory Group COVID-19

**Date:** Friday 22 October 2021

**Time:** 10.30 am – 12:00 pm

**Location:** **Meeting URL:** s 9(2)(k)  
**Meeting ID:** 838 4804 8739  
**Passcode:** Covid19TAG or **Numeric Passcode:** 6481015800

**Chair:** Daniel Bernal

**Members:** Anja Werno, Bryan Betty, Collin Tukuitonga, Erasmus Smit, Matire Harwood, Michael Baker, Nigel French, Nigel Raymond, Sally Roberts, Shanika Perera, Virginia Hope

**Ministry of Health Attendees:** Andi Shirtcliffe, Jeremy Tuohy, Phoebe Currie, Harriette Carr

**Guests:** Sharon Sime

**Apologies:** Ian Town, Caroline McElnay, Emma Hickson

<b>1.0</b>	<p><b>Welcome and Previous Minutes</b></p> <p>Dan Bernal welcomed all members, attendees, and guests in his capacity as Acting Chair of the COVID-19 Technical Advisory Group.</p> <p>Minutes of the last meeting (17 September 2021) were approved.</p>
<b>2.0</b>	<p><b>Update on Open Actions</b></p> <p>Actions updated in table below.</p>
<b>3.0</b>	<p><b>Ministry of Health Update on COVID-19 Response</b></p> <ul style="list-style-type: none"> <li>• The Chair thanked the members for convening as part of a wider group that was consulted last week. There was a question regarding the notes for that meeting. These were being managed through the administration of that group and were subsequently distributed.</li> <li>• There was discussion around booster doses and several members agreed that it was also important to focus on providing a second vaccine option for those who are hesitant about mRNA vaccines. This was noted by the Chair.</li> <li>• It was noted that there was an announcement detailing the Protection Framework by the Prime Minister occurring concurrently to the meeting which would further guide our response in future.</li> </ul>
<b>4.0</b>	<p><b>Science Updates</b></p> <p>COVID-19 Science Updates (CSU) 47 – COVID-19 outcomes in children with Delta was included with the agenda for information.</p>

	<ul style="list-style-type: none"> <li>• A member raised that this information would be useful for the community. The Chair noted that CSUs are usually published on the Ministry website after progressing through internal review processes.</li> <li>• A member suggested that the risk of severe outcomes in children could be more nuanced by a more granular detail regarding the details, such as co-morbidities, and outcomes of the children involved in the studies, the aim of this would be to increase understanding and allay fears regarding this highly emotive issue.</li> <li>• It was suggested that there are many reasons to vaccinate children, one of the most compelling is to reduce the transmission in the population. The Chair noted that consideration of vaccinating children is dependent on MedSafe receiving an application on this matter.</li> </ul> <p>ACTION: Update CSU 47 – ‘Risk of hospitalisation and severe outcomes from COVID-19 in children: Evidence from the Delta wave in the United States with further detail before publishing on Ministry website.</p>
5.0	<p><b>Risk Assessment and Categorisation of Healthcare Workers Exposed to COVID-19</b></p> <ul style="list-style-type: none"> <li>• Proposed changes to the Risk Assessment and Categorisation of Healthcare Workers Exposed to COVID-19 were presented to the group.</li> <li>• The matrix has already received endorsement from the Public Health Advisory Group.</li> <li>• The NRHCC has requested that the requirement for using P2/N95 masks as source control be removed and medical masks be used instead. Based on data from the current outbreak there is evidence to suggest the risk associated with this change would be low given that staff are highly vaccinated and familiar with PPE protocols.</li> <li>• It was noted that the guidance is a living document and further adjustments can be made in the future as required.</li> </ul> <p><b>TAG Feedback included:</b></p> <ul style="list-style-type: none"> <li>• There was general discussion around the proposed changes, the group agreed with the suggestions and provided feedback.</li> <li>• It was suggested that the wording should explain the reasoning and efficacy evidence for the use of medical masks and note the option to wear an N95 is still available if preferred. Managing the perceptions of the change is important to ensure this is not incorrectly perceived as due to a restriction of PPE availability.</li> <li>• A question was raised whether the changes would extend to HCW in the community. It was noted that although Community HCW were in favour of these changes being applied in the community and extension of these provisions to those groups would be appropriate, the first priority was to address the impact on the Hospital based workforce.</li> <li>• A member suggested that the ‘high risk exposure’ column be edited so that the ‘Lab worker handling COVID-19 specimens’ sentence is more specific to an exposure event as lab staff are usually wearing full PPE and not in frequent contact with patients so aren’t considered high risk.</li> </ul>
6.0	<p><b>Categorisation and Management of Contacts</b></p> <ul style="list-style-type: none"> <li>• A memo provided with the agenda summarised the proposed change in approach, endorsement of the proposed changes is sought.</li> <li>• Due to the expectation of large numbers of cases and contacts, it will be necessary to make some alterations to our Contact Tracing processes and guidance.</li> </ul>

	<ul style="list-style-type: none"> <li>• The proposed changes to categorisation and management of contacts reflect the additional protection vaccination status can provide.</li> <li>• Contact tracing will continue to have a strong focus on the highest risk settings and management and monitoring of those settings and whether they need to be reviewed.</li> <li>• The group endorsed the memo and provided feedback.</li> </ul> <p><b>TAG Feedback included:</b></p> <ul style="list-style-type: none"> <li>• A member raised a question regarding the criteria of self-management and concerns around messaging and understanding what level of involvement is expected from primary care. Feedback was provided to consider some individual circumstances that may bring additional challenges to proposed self-isolation pathways and that linkages between primary care, PHUs and the NITC would be important.</li> <li>• It was noted that there was ongoing work between the Ministry and NRHCC around this. As the approach moves towards a community model of care, there is a shift away from PHUs doing daily monitoring for every case.</li> <li>• There was general discussion regarding vaccination status being used to categorise the contact initially, and then determine the management pathway. Vaccination status is an important variable for how contacts are likely to be managed in the future state.</li> <li>• A member raised a question regarding mask use in the matrix and it was noted that establishing the masking status for every exposure is often difficult, and this is an additional reason for vaccination status becoming the primary determinant for how a contact is managed.</li> <li>• Further feedback may be provided by the group via email, regarding the use of categorisations in particular settings, such as by Police.</li> <li>• National application of these changes was queried due to varying prevalence across the country.</li> </ul>
7.0	<p><b>Māori Health Perspectives</b></p> <ul style="list-style-type: none"> <li>• There is a further Māori leadership group being established which will aim to increase vaccination rates and provide further input into the COVID-19 response going forward.</li> <li>• There is a focus on increasing vaccination rates, and new initiatives to assist with this, for example door to door vaccination in some areas in South Auckland which are known to have low rates.</li> </ul>
8.0	<p><b>Pacific Health Perspectives</b></p> <p>No update given.</p>
9.0	<p><b>Any Other Business</b></p> <p>None</p>
10.0	<p><b>Agenda Items for Next Meeting</b></p> <p>None noted.</p>

11.0	<b>New Action Items Raised During Meeting</b>			
	#	Agenda item	Action	Action Owner
	76	Science Updates	Update CSU 47 – ‘Risk of hospitalisation and severe outcomes from COVID-19 in children: Evidence from the Delta wave in the United States with further detail before publishing on Ministry website.	STA
Meeting closed at 11:38am				
Next meeting Friday 12 November 2021 – 10:30am – 12:00pm				

### Open Actions:

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

### Closed Actions:

#	Agenda item	Action	Action Owner	Updates
71	Elimination Strategy/Reconnect Aotearoa New Zealand	Raise with Stephen Harris the questions regarding language, particularly noting the suggestion of an addition regarding community management of COVID-19.	STA	17/09 – Action raised 22/10 – Action closed.
72	Elimination Strategy/Reconnect Aotearoa New Zealand	Raise the topic of natural immunity and boosters with CV TAG	STA	17/09 – Action raised 22/10 – This topic hasn't been considered by CVTAG yet, work is ongoing and evidence will be considered at a later date. Action closed.
73	Elimination Strategy/Reconnect Aotearoa New Zealand	Take offer of assistance to CVIP leadership and SRO leads across DHBs.	Andi Shirtcliffe	17/09 – Action raised 09/11 – Action closed

74	Elimination Strategy/Reconnect Aotearoa New Zealand	Raise with Stephen Harris the suggestion of continuing to progress the Elimination Strategy, alongside planning for the future, particularly in relation to vulnerable people.	STA	17/09 – Action raised 22/10 – Action closed
75	Māori Health Perspectives	Provide feedback to TAG about concurrent testing and vaccination suggested by the group.	STA	17/09 – Action raised 22/10 – Work is progressing within the Ministry, further information is expected to be released next week. Action closed.

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982