Te Pou Hauora Tūmatanui
Public Health Agency

MANATŪ HAUORA
MINISTRY OF HEALTH

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12 December 2023

Al Johnson

By email: fyi-request-24663-40dfe213@requests.fyi.org.nz
Ref: H2023032995

Tēnā koe Mr Johnson

Partial response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to Manatū Hauora (the Ministry of Health) on 14 November 2023 for information regarding COVID-19. You requested:

> *The meetings held and associated minutes from the COVID-19 Vaccine Technical Advisory Group after the 11th of October 2022 meeting to the dissolution of this advisory group on the 25th of March 2023.*
>
> *The meetings held and associated minutes and any briefings or memos (or documents of a similar nature) produced by the Covid Technical Advisory Group after the 10th of February 2023 meeting.*

The COVID-19 Vaccine Technical Advisory Group met three times within the specified time period, on 8 November 2022, 6 December 2022 and 2 February 2023. The minutes for these meetings are attached (refer to documents 1-3).

The COVID-19 Technical Advisory Group met twice within the specified time period, on 10 March 2023 and 19 May 2023. The minutes for these meetings are attached (please refer to documents 4 and 5).

All documents are itemised in Appendix 1 and copies of the documents are enclosed. Where information is withheld, this is outlined in the Appendix and noted in the document itself. Where information is withheld under section 9 of the Act, I have considered the countervailing public interest in release in making this decision and consider that it does not outweigh the need to withhold at this time.

> *Any documentation or discussion as to who or what will review or make recommendations on Covid vaccines since the dissolution of the COVID-19 Vaccine Technical Advisory Group in March 2023. This could be memos or briefings or documents of a similar nature. The meetings held and associated minutes and any briefings or memos (or documents of a similar nature) produced by the Long COVID Expert Advisory Group since its formation in May 2022.*

Manatū Hauora has decided to extend the period of time available to respond to this part of your request under section 15A of the Act, as consultations are necessary to make a decision are such that a proper response this part of your request cannot reasonably be made within the original time limit. You can expect copies of the remaining documents on or before 22 December 2023.

You may also be interested to know that Manatū Hauora has made a range of information related to long COVID publicly available. This includes resources for health providers to support and manage long COVID symptoms and research that informs the ongoing response to long COVID in Aotearoa New Zealand. This information is available at the following links:

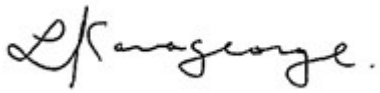
- www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-response-planning/long-covid-programme
- covid19.health.nz/advice/i-have-covid-19/long-covid
- www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-response-planning/covid-19-science-news#long-covid

I trust this information fulfils your request. If you wish to discuss any aspect of your request with us, including this decision, please feel free to contact the OIA Services Team on: oiagr@health.govt.nz.

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Manatū Hauora website at: www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests.

Nāku noa, nā



Louise Karageorge
Group Manager, Intelligence, Surveillance and Knowledge
Public Health Agency | Te Pou Hauora Tūmatanui

Appendix 1: List of documents for release

#	Date	Document details	Decision on release
1	8 November 2022	Minutes: COVID-19 Vaccine Technical Advisory Group	Some information withheld under the following sections of the Act: • 9(2)(a) – to protect the privacy of natural persons. • 9(2)(ba)(i) – to protect information that is subject to an obligation of confidence and making it available would likely prejudice the supply of similar information, or information from the same source and; • 9(2)(k) - to prevent the disclosure or use of official information for improper gain or advantage.
2	6 December 2022		Some information withheld under the following sections of the Act: • 9(2)(a) and; • 9(2)(k)
3	2 February 2023		Some information withheld under the following sections of the Act: • 9(2)(a); • 9(2)(k); • 9(2)(b)(ii) – where its release would likely unreasonably prejudice the commercial position of the person who supplied the information and; • 9(2)(g)(i) – to maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers and officers

#	Date	Document details	Decision on release
			and employees of any public service agency.
4	10 March 2023	Minutes: COVID-19 Technical Advisory Group	Some information withheld under sections of the Act: • 9(2)(a) and; • 9(2)(k) of the Act.
5	19 May 2023		

Document 1

MINISTRY OF HEALTH
MANATŪ HAUORA

MINUTES: COVID-19 Vaccine Technical Advisory Group

Date:	Tuesday 8 November 2022
Time:	11:00am to 12:00pm
Location:	S9(2)(k) [redacted]
Chair:	Ian Town
Members:	Danny de Lore, David Murdoch, Elizabeth Wilson, Helen Petousis-Harris, James Ussher, Nikki Turner, Owen Sinclair, Peter McIntyre, Sean Hanna
Ministry of Health Attendees:	S9(2)(a) [redacted]
Guests:	S9(2)(a) [redacted]
Apologies:	S9(2)(a) [redacted] Ian Frazer

1.0	**Welcome and Accept Previous Minutes** Dr Ian Town welcomed all members, attendees, and guests in his capacity as Chair of the COVID-19 Vaccine Technical Advisory Group (CV TAG). The mins had been circulated prior to CV TAG (with no changes suggested), however, weren't presented in the meeting.
2.0	**Vaccine Rollout** An update was provided on the vaccine rollout. Approximately 2.73 million booster doses have been administered and ~152,000 2nd paediatric doses. 648,000 people have received a second booster dose.
3.0	**Decision to Use the BA.4/5 vaccine** A brief overview of the RfA was given, summarising the limited safety and efficacy data currently available. Emerging immunogenicity data have been mixed, with some indicating benefit from the bivalent vaccine, whereas others suggesting little to no benefit. However, there is no evidence to date indicating that the bivalent vaccine would perform worse than the original vaccine. A brief outline of draft recommendations was provided with feedback requested. This included guidance around the use of bivalent vaccines as primary course vaccination if individuals are yet to complete the course. Comments and feedback on the document were encouraged via email over the coming days. Discussion from CV TAG members included: • There is a high proportion of people (e.g., those aged 30-49) that have had their last booster more than 8 months ago. This is particularly a concern with rising case numbers.

	• Consideration is needed about the timing of additional boosters, such as in Autumn, to coincide with flu season. A vaccine in Autumn would also allow time to acquire an updated vaccine. • Data available on bivalent vaccines remains limited. • S9(2)(ba)(i) [redacted]
4.0	**Interval Duration for Next COVID-19 Dose/Booster** This is discussed in item 3.0
5.0	**Moderna/Novavax as a Heterologous Booster** An overview of the use of heterologous boosters was given, this included using Novavax as this is already in the country and approved. Moderna was also mentioned as a possibility but not an option at this current time. The consensus from the Committee was to not over complicate guidelines. If people want an alternative vaccine to Pfizer, or if they have had a reaction to the previous Pfizer dose, then they can choose to have Novavax instead as their next dose.
6.0	**CV TAG Transition** This item was not discussed as there will be an additional TAG meeting on the 8th of December
7.0	**Under 5's Memo** The final memo was noted and distributed for to members to view. The memo summarises CV TAG's advice to not routinely recommend vaccination in under 5's and the data supporting this decision. Discussion from CV TAG members included: • The wording "not recommended" can have varied and incorrect interpretations and suggested that "not needed" OR "not required" be used as alternatives. • Suggestion that while ATAGI list is adequate, the Starship document may be more prudent, as this matched up to the New Zealand context more effectively. • Request for specificity around ICU admissions for under 5's, however noting that the data is limited and may not be possible. • The dosing interval requires further clarification once Medsafe has approved this vaccine and the stock has arrived in the country in the new year. • There was discussion around clarification on who could access the vaccine and where it can be accessed. As there is a limited number of children that will be eligible there needs to be a clear line on who is responsible and what guidelines should be followed. It was suggested that the best place for this would be at hospitals. **Action:** Revise memo in consideration of programme implementation and refer to Starship criteria for "severely immunocompromised" category.
8.0	**Second boosters for Māori and Pacific Peoples aged 40-49** A brief overview of this memo was given by the Chair. Thanks was given for mahi, and expertise provided to produce this advice. This memo has been sent to the Director General.
9.0	**Next Steps/Decisions Pending**
10.0	**Any Other Business**

11.0	**Agenda Items for Next Meeting**
12.0	**New Actions Raised During Meeting**

#	Agenda item	Actions	Action Owner	Updates
	Under 5's Memo	Revise memo in consideration of programme implementation and refer to Starship criteria for "severely immunocompromised" category	STA	Actioned opened: 08/11/22 Changes incorporated including amendment to remove word disability Action closed: Revised memo sent to DG on 24/11/22
	Decision to Use the BA.4/5 vaccine	Feedback requested from CV TAG	CV TAG	Action opened 08/11/22 CV TAG advice collated and incorporated. Memo sent to DG and accepted 18/11/22

Meeting closed at 11:50am

Next meeting: December 8th 2022

Open Actions:

#	Agenda item	Actions	Action Owner	Updates

Closed Actions Since Last Meeting:

#	Agenda item	Actions	Action Owner	Updates

Document 2

MINUTES: COVID-19 Vaccine Technical Advisory Group

Date:	Tuesday 6 December 2022
Time:	11:00am to 12:00pm
Location:	S9(2)(k) [redacted]
Chair:	Ian Town
Members:	Helen Petousis-Harris, Nikki Moreland, Nikki Turner, Owen Sinclair, Tony Walls
Ministry of Health Attendees:	S9(2)(a) [redacted]
Apologies:	S9(2)(a) [redacted] David Murdoch, Danny de Lore, Elizabeth Wilson, Hannah Hoang, Ian Frazer, James Ussher, Marion Leighton, Peter McIntyre, Sean Hanna Sue Crengle

1.0	**Welcome and Accept Previous Minutes** Dr Ian Town Welcomed all Members, Attendees, and Guests in his Capacity as Chair of the COVID-19 Vaccine Technical Advisory Group (CV TAG). Minutes of the Last Meeting were accepted.
2.0	**Thank you** - Diana Sarfati / Chair CV TAG members were thanked for the invaluable advice and guidance they have provided over the past two years. Their expertise and insights have been critical in helping the country and informing the government on COVID-19 decisions, ultimately playing a key role in the success of the pandemic response. The DG expressed her gratitude on behalf of the ministry for their dedication and commitment to sharing their knowledge
3.0	**Vaccine Rollout** An update on the vaccine rollout numbers was provided. – 2.74 million people have received a booster dose – 685,00 people have revived a second booster dose – 153,000 paediatric second doses have been administered – The overall vaccination of the New Zealand population is 79%.
4.0	**NZ and Australia Meeting on COVID-19 Vaccines** The Chair invited the members to attend the future meeting with Australia in February to provide their invaluable advice and input. The chair mentioned that as ATAGI members are busy with the Australia response in twice weekly meetings, there will be limited times NZ will be able to meet with the Australia representatives.

	The ATAGI members and Australian representatives have provided invaluable advice on their rollout of the COVID-19 bivalent vaccine. This included a brief summary of data collected and early findings from the bivalent rollout. This is to be shared amongst CV TAG members only. The meeting covered - The similarities between NZ and Australia with vaccines uptake, inequities and high infection rates were highlighted - The focus on increasing uptake in specific populations groups e.g., based on age and indigenous population groups - Simplifying a 2023 strategy such as an annual booster as well as refining the criteria. - Currently ATAGI do not recommend 5th doses based on current data on hybrid immunity, with potential for duration of protection against severe disease/death lasting beyond a year - The role of T-cells in the immune response and the subsequent protection against several disease from COVID-19 is not well understood. - The value of bivalent boosters in the changing environment of COVID-19 variant. Noting that current data shows marginal benefits. There is a need to avoid varirent chasing and focus on preventing severe disease. - The roll of vaccination in prevention of long-covid and the value of next generations of vaccines, such as the Novavax Nanoflu (Covid-19+Flu) and mucosal vaccines. - The need to share more information to benefit both sides such as ATAGIs rollout and the serosurveys There was discussion on the bivalent vaccine and the input ATAGI members had provided further validated CV TAG's thinking on this matter. It was also mentioned that the ancestral strain vaccine still has significant value. A member inquired about their expanded eligibility criteria and the uptake of vaccines since introduced.
5.0	**Dosage Intervals RFA** An evidence brief is being drafted on dosing Intervals, which require CV TAG input. Advice requested include: - What is the recommended minimum interval between the last dose received and an additional dose (excluding exceptional circumstances)? - What is the recommended minimum interval between a covid-19 infection and an additional dose? - Will these intervals vary by population group? Key considerations here will be hybrid immunity and its duration of protection. The Ministry's current strategy is focused on preventing severe disease outcomes rather than transmission however, there may be some utility in a vaccination drive to reduce some transmission. The coverage can be grouped into 3 populations - **High-Risk**: From poor outcomes, Elderly and immunocompromised - **Moderate-Risk:** Of poor outcomes from COVID-19 and low risk of poor vaccination outcomes, these would be the 30-50 year olds. - **Low-Risk**: Of poor outcomes, this would include under 30s, but would also have a low risk of vaccine adverse outcomes. A member noted that the current general recommendation of a minimum of 6 months is an ample length of time, but there needs to be allowance for more flexibility. Flexibility is already seen in the immunisation schedule, where there is already a large amount of flexibility on when you can give a vaccine dose. The NACI wording is a good example, allowing for both shortening to 3 months and lowering the 8-week interval to 3 months in context of immunological risk.

	The combination flu and COVID-19 vaccines were mentioned, as these are two different infections. It is important to highlight that the flu has a different burden in children than COVID-19. A member raised the issue of how people will be informed about hybrid immunity and how they will know if they have it. This needs to be considered.
6.0	**Expanding Eligibility of Second Boosters to:** CV TAG briefly discussed the current eligibility criteria and if there is need to adjust this. The general feedback was that there is no need to extend the eligibility currently, based on vaccination rates and levels of hybrid immunity (noting that many might be unaware of a previous infection resulting in hybrid immunity). Nevertheless, members noted having flexibility around a second booster for those who would prefer to have one. The criteria surrounding pregnant people was raised. One member commented that if more than 12 months had passed since the last vaccination, pregnant people should be able to get a booster.
7.0	**Boosters For 5-11** Medsafe have approved the booster formulation for the Pfizer vaccines in 5–11-year-olds. A brief summary of vaccinations in 5- to 11-year-olds was given, noting that this groups is at the lowest risk of adverse outcomes compared to other age groups. CV TAG advice and feedback was to not recommend boosters to 5- to 11-year-olds. Members agreed that this should not be required but may be offered to children who are severely immunocompromised or severely disabled, who may be at greater risk of death/disease from COVID-19 (considered to be normal clinical care using judgment of risk by the attending health professional). Focus should be in achieving full coverage of a primary series.
8.0	**Vaccine Safety Surveillance Studies** An overview and summary of the self-control case studies on Myocarditis and pericarditis following vaccination and infection with COVID-19 was presented to members.
9.0	**Next Steps/Decisions Pending** Quorum was not achieved at this meeting, and therefore information above should be taken as general guidance, rather than robust recommendations. CV TAG was advised that additional advice may be sought early in 2023, in regards to roll out of bivalent vaccines, and expanding booster eligibility.
10.0	**Any Other Business** None

Open Actions:

#	Agenda item	Actions	Action Owner	Updates

Closed Actions Since Last Meeting:

#	Agenda item	Actions	Action Owner	Updates

Document 3

MINUTES: COVID-19 Vaccine Technical Advisory Group

Date:	Thursday 2 February 2023
Time:	3:04pm to 3:54pm
Location:	S9(2)(k) [redacted]
Chair:	Ian Town
Members:	Elizabeth Wilson, Helen Petousis-Harris, James Ussher, Nikki Moreland, Nikki Turner, Owen Sinclair, Sue Crengle, Tony Walls
Ministry of Health Attendees:	S9(2)(a) [redacted]
Guests:	S9(2)(a) [redacted]
Apologies:	S9(2)(a) [redacted] Ian Frazer, S9(2)(a) [redacted]

1.0	**Welcome and Accept Previous Minutes** Dr Ian Town welcomed all members, attendees, and guests in his capacity as Chair of the COVID-19 Vaccine Technical Advisory Group (CV TAG). Minutes of the last meeting were accepted.
2.0	**BA.4/5 Bivalent Vaccine Update** *Update on bivalent vaccines* S9(2)(b)(ii) [redacted] CV TAG advice on bivalents have been received by the Minister, reaffirming that there is full support on acquisition of the bivalent and switching out the current monovalent with the new bivalent vaccine for booster doses. S9(2)(g)(i) [redacted] S9(2)(b)(ii) [redacted] The BA.4/5 bivalent vaccine was approved by Medsafe as a booster in December 2022 and will be available for administration in mid-March. This would allow for ample time to check quality assurance checks, train the staff on correct administration procedures, and communicate information to the public. *Benefits of bivalent vaccines* Members commented that data to date suggest the BA.4/5 bivalent vaccine appear equivalent and potentially superior to the monovalent vaccine. It may be wise to use similar language at this time until

more information and data becomes available. Additionally, it was noted that in the field of medicine, treatments are often changed for marginal improvements, and this is a common practice.

Members remarked that the new bivalent vaccine does not require dilution, thus minimising waste, making it easier to store and administer.

Considerations for programme implementation

CV TAG discussed the potential for a targeted campaign with the new and improved bivalent vaccine to increase uptake and readiness among Māori and Pacific Peoples who are yet to get a booster shot. Members agreed that it is potentially unethical and problematic to offer a split booster campaign (i.e. S9(2)(b)(ii), S9(2)(ba)(i) [redacted] This could initially be targeted for those who have not yet received a booster, which include a large proportion of Māori and Pacific Peoples. Then, once eligibility is broadened, the bivalent booster can continue to be offered to the wider population.

Although the monovalent vaccine is set to be phased out, it can still be useful for the small proportion of individuals who have not yet received a primary course. S9(2)(ba)(i) [redacted]

To avoid confusion, it will be crucial to communicate clearly that the BA.4/5 bivalent vaccines, contain both the original Wuhan strain and the new BA.4/5 strain. Many people may mistake it for a completely new vaccine if this information is not provided clearly.

3.0 **Vaccination Intervals and Expanding Booster Eligibility**

Update on booster eligibility and intervals

A summary of the draft advice on intervals between boosters, and expanding eligibility was presented, drawing on previous input from CV TAG. The summary noted that some individuals may require an additional vaccine dose due to waning immunity and risk of severe disease. However, the appropriate interval for an additional dose has not yet been determined, and input from CV TAG was requested.

Safety concerns regarding myocarditis in younger people were also conveyed. Additionally, there was a need for clarity on expanding 2nd booster eligibility, particularly among those aged 30-49 and pregnant people.

Expanding vaccine eligibility criteria (for 2nd boosters)

Aligning at-risk criteria with the flu vaccine eligibility criteria

During the meeting, members suggested aligning the high-risk COVID-19 vaccination criteria (i.e., those "recommended" to receive the vaccine) with the eligibility criteria for the flu vaccine, except for children.

Expanding to all individuals aged 30+, and pregnant people

CV TAG members agreed that second boosters should be available to individuals aged 30 years and over, while noting the limited data available on the efficacy of boosters for those aged 30-49. They also discussed a recent safety study that found a relatively high incidence of pericarditis in those under 18 years old, but reassuring data for most other age groups, with no increased risk of myocarditis or pericarditis in those aged 30 years and above.

The members acknowledged that younger males face a certain level of risk, but they also highlighted that there is a rigorous and transparent process in place to inform them of the potential risks when they present at the clinic.

	In addition, they agreed that the vaccine should also be made available to pregnant people and those planning to conceive, as there is strong evidence supporting the safety and efficacy of boosters in this group. However, the members emphasized that this should not be promoted as a "recommendation", but rather presented as an option for those who choose to receive it. There was a brief note that people who have had their primary course plus a booster and infection are sufficiently protected, however there are still people who remain infection free who may find comfort in additional protection. However, this should still not extend to those aged below 30. *Healthcare professionals* One of the members noted that prioritising the vaccination of healthcare professionals may have minimal impact, as the vaccine primarily offers personal protection against severe illness and does not significantly contribute to patient care. While there is potential to offer this as an individual choice, it was emphasised that the importance of PPE should not be overlooked in controlling disease transmission. **Additional boosters (e.g., third booster)** In light of the approaching winter campaign, the question is being raised as to whether people who have already received second boosters are eligible to receive another, noting that many will have hybrid immunity from recent infection. CV TAG members agreed that there is insufficient evidence at this stage to recommend additional boosters (e.g., third boosters) to at-risk groups. Future considerations could include an annual booster being offered in line with the pre-winter vaccination campaign, with at least a 3-month interval (ideally 6 months) post infection. This would simplify messaging and eliminate confusion, allowing for a better focus on high-risk groups such as the elderly and those with comorbidities.
4.0	**Next Steps/Decisions Pending** To finalise the Intervals and booster eligibility memo
5.0	**Any Other Business** None

Open Actions:

#	Agenda item	Actions	Action Owner	Updates

Closed Actions Since Last Meeting:

#	Agenda item	Actions	Action Owner	Updates

Document 4

MINUTES: COVID-19 Technical Advisory Group

Date:	Friday 10 March 2023
Time:	10.30 am – 12:00 pm
Location:	S9(2)(k) [redacted]
Chair:	Nicholas Jones
Members:	Bryan Betty, Michael Baker, Michelle Balm, Nigel French, Nigel Raymond, Sally Roberts, Virginia Hope
Ministry of Health Attendees:	S9(2)(a) [redacted]
Guests:	S9(2)(a) [redacted]
Apologies:	Anja Werno, Collin Tukuitonga, Erasmus Smit, Matire Harwood, Nikki Turner, Shanika Perera

1.0	**Welcome and accept previous minutes** Minutes of the last meeting (10 February 2023) were approved subject to the following amendments (in *italics*) on item **5.0 Policy choices for the ongoing management of COVID-19** Intro: 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 *no* longer have a separate ministerial portfolio for COVID-19. **5.0 Policy choices for the ongoing management of COVID-19** Feedback from the members: • 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 *Molnupiravir* did not alter hospitalisation number, however, they shortened the period of viral shedding and reduced some symptoms.
2.0	**Trends and Insights** A member from the Intel & Analytics team reported a slight increase in COVID-19 case rates, however, hospitalisation rates have remained steady. Feedback from the members:

	• Based on clinical and wastewater whole-genome-sequencing (WGS) the proportion of sublineage XBB.1.5 ('Kraken') continues to increase and is expected to overtake BA.2.75 to become the dominant variant next week.
3.0	**COVID-19 cases and hospitalisation rates in areas affected by cyclone Gabrielle** Reported COVID-19 cases in cyclone-affected areas seem to have dropped, however, this could be a result of limited data from affected areas, including Tairawhiti and Hawke's Bay, making it hard to calculate the effects of the cyclone. For example, the decrease in numbers might be a result of restricted access to infrastructure and lack of wastewater testing in the aftermath of the cyclone, rather than a decrease in infections. Additionally, available numbers are too small to have statistical power.
4.0	**PHRA update** The review of three current orders will be on the agenda at the next Public Health Risk Assessment (PHRA) meeting on 16 March 2023. **4.1 Mask wearing in health care settings** A member of the Manatū Hauora Policy team commented on the public health policies and strategies which will be up for review in the upcoming PHRA meeting. In relation to masks, staff in hospitals and residential aged care facilities have reported fatigue, with staff in pharmacies reporting difficulties in being able to distinguish between a patient and a visitor. However, the aim of the order is the need to protect at risk populations and mask use is easier to enforce with a mandate in place. Feedback from members: • Mask use is an issue for GPs who cannot differentiate between patients and visitors. The College of General Practitioners recommends mask use in waiting areas (especially considering winter will likely bring an expected increase in influenza and other viral diseases). However, this recommendation does not apply to one-on-one interactions in the examination room. • Healthcare workers in residential aged care facilities would like to have their own direction rather than a one size fits all approach. • A member from the Ministry's Infection Prevention and Control (IPC) team reported that the IPC Sub-TAG will seek input regarding mask use from the COVID-19 Clinical Outbreak Group. • The size of groups who support the order and those who do not is unknown, however, it might be likely that those in favour of keeping the order are less vocal. • One member noted that the overview table of 'Recommendations for minimum PPE requirements based on risk assessment' on the last page of the printed version of the updated Mask wearing in health care settings Feb- May 2023 require further clarification. • There have been difficulties receiving updated advice from COVID-19 TAG, since the transfer of operational and IPC groups to Te Whatu Ora. The dissemination process and who is leading it seem to be unclear. • Universal mask use is difficult to enforce, however, the ability to introduce mass masking as a prevention tool should be taken into consideration **4.2 Isolation** Policy team is currently awaiting modelling data. Feedback from members included: • If order were to become a guidance, a question was raised on whether people isolating would still be eligible to receive leave support. Financial support can be crucial for people to isolate. • What impact would isolation guidance have on absenteeism? Would it change the current trend of sick people staying at home?

	• Reported high levels of isolation compliance (75% in February) do not account for people who do not report and are therefore hard to measure. This raises the question of how big the gap might be. • The results of a recently published metanalysis on virus shedding in relation to Omicron supports shorter isolation periods. However, the review does not report on considerable variation in shedding times observed between individuals. • Asymptomatic people might have a similar infectious period. Infection can only be detected by testing and by that point asymptomatic people might already be 2-3 days into their course. • The review of the isolation period will be a trade-off between simplicity and proportionality • A comparison between hospitalisation rates in NZ given isolation order and rates in Australia with no isolation order should be considered. **4.3 Point of Care Testing (POCT)** The POCT order was primarily developed in context of a developing private market for rapid antigen tests (RAT). Subsequently, the government purchased large amounts of RATs. The Chair invited members to provide feedback on the implications of dropping the order. Feedback from members includes: • The testing team should link in to the POCT advisory group • Once the order disappears a mechanism should be put in place for continued regulation and support of devices in stock for post market monitoring. • Other tests, such as pregnancy tests, do not fall under the order and many bulk purchases are managed through Pharmac • The future Therapeutics Goods Bill and subsequent recommendations will be of importance for invitro devices • POCT should be used in a sensible way in the future • Pharmacy guild and pharmaceutical society can be consulted with on mask use within pharmacies (Billy Allen as the pharmacy manager at Te Whatu Ora) **ACTION:** • As part of the inquiry into the "Future of TAG", examine the role of COVID-19 TAG or future infectious diseases TAG within Manatū Hauora, in making recommendations regarding mask use. What role does this/ future TAG have in terms of reviewing, consulting, endorsing, or signing off on guidelines?
5.0	**COVID-19 Strategic Framework** The COVID-19 Strategic Framework (FW), replacing the current Variants of Concern FW, will be presented to Cabinet in early April. This high-level FW will inform the areas of activity in the more detailed plan. Feedback from members included: • A member asked for the reasoning to put vaccination under preparation and not under management. A member from the Manatū Hauora Policy team pointed out that the terms used in the draft FW are not identical to IPC terminology (e.g., prepare ≠ prevent, manage ≠ respond) • The FW is broad and can be applied to other threats which is consistent with transitioning the COVID-19 response in line with other infectious diseases. • A member underlined the importance of knowledge and surveillance across all stages.
6.0	**Hospitalisation admission rates per 100,000 of population by ethnicity and age** Document circulated prior to meeting. No discussion.
7.0	**Delay between admission and diagnosis of COVID-19**

	Document circulated prior to meeting. No discussion.
8.0	**Māori Health Perspectives** No update was given.
9.0	**Pacific Health Perspectives** No update was given.
10.0	**Any Other Business** **Future of TAG** • It is unclear at this stage which body will be asked to give guidance and who is responsible for signing off guidelines. Would COVID-19 TAG be in the position to provide advice or the Clinical COVID-19 Group in Te Whatu Ora? • Duplication should be avoided and if the Infectious Diseases Network were to function as a technical advisory group moving forward (i.e. taking over responsibilities that currently sit with COVID-19 TAG) then diversity of membership, as in COVID-19 TAG, should be represented and ESR should be linked in. **IPC – Terms of Reference** • The Ministry's role in terms of IPC is currently unclear, given that IPC sub-TAG was put to rest • IPC governance structures pose a real issue • COVD-19 TAG might have more of a role in general communication rather than technical advice specifically • Chair will follow up with Chief Medical Officer, Ministry of Health
11.0	**Agenda Items for Next Meeting**
12.0	**New Actions Raised During Meeting** **4.3 Point of Care Testing (POCT)** **ACTION:** • As part of the inquiry into the "Future of TAG", examine the role of COVID-19 TAG or future infectious diseases TAG within Manatū Hauora, in making recommendations regarding mask use. What role does this/ future TAG have in terms of reviewing, consulting, endorsing, or signing off on guidelines?
Meeting closed at **12:07pm** Next meeting: **21 April 2023**	

Open Actions:

	Agenda item	Actions	Action Owner	Updates
81	**3.0 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 Feb– Verbal update on the agenda for 10 Feb meeting

				09 March – On hold. PHA to assess TAG needs.
82	**2.0 Trends & Insights, Variants of Concern, and Long COVID**	Look at those hospitalised and find out whether they had antivirals.	STA	02 Dec – Action raised 08 Feb – Data still preliminary. 09 March – Hospitalisation analysis is underway.
85	**6.0 Infection / Seroprevalence Surveys**	Circulate draft memo on pros and cons	Surveillance, ISK	02 Dec – Action raised 09 March – Update on this action will be provided by next meeting
86	**6.0 Infection / Seroprevalence Surveys**	Members are asked to provide feedback	Surveillance, ISK	02 Dec – Action raised 09 March – Update on this action will be provided by next meeting
89	**4.0 PHRA update** **4.3 Point of Care Testing (POCT)**	As part of the inquiry into the "Future of TAG", examine the role of COVID-19 TAG or future infectious diseases TAG within Manatū Hauora, in making recommendations regarding mask use. What role does this/ future TAG have in terms of reviewing, consulting, endorsing, or signing off on guidelines?	STA	10 Mar – Action raised

Document 5

MINUTES: COVID-19 Technical Advisory Group

Date:	Friday 19 May 2023
Time:	10.30 am – 12:00 pm
Location:	S9(2)(k) [redacted]
Chair:	Nicholas Jones
Members:	Bryan Betty, Collin Tukuitonga, Erasmus Smit, Michael Baker, Michelle Balm, Nigel French, Nigel Raymond, Nikki Turner, Sally Roberts, Shanika Perera, Virginia Hope
Ministry of Health Attendees:	S9(2)(a) [redacted]
Guests:	S9(2)(a) [redacted]
Apologies:	Anja Werno, S9(2)(a) [redacted], Matire Harwood, Michael Baker

1.0	**Welcome and accept previous minutes** Minutes of the last meeting (10 March 2023) were approved. Feedback included: • An assessment of requirements for future expert and technical advice is currently underway by Public Health Agency (PHA). This review will consider which government entity (e.g., Te Whatu Ora or PHA) should be leading convention of certain TAGs, such as IPC Sub-TAG. A member requested that this process consider representation and inclusion of expertise from general practice and community sectors.
2.0	**The effect of COVID-19 oral antivirals on hospitalisation and mortality in Aotearoa New Zealand** A Manatū Hauora representative presented on the preliminary analysis of oral antivirals and their effect on hospitalisation and mortality in Aotearoa New Zealand. Feedback from the members included: • Very few cases of hospitalisations appear to be the result of adverse reaction to antiviral treatment and therefore unlikely to have an impact on the findings. • It is also noteworthy that real world studies can be majorly impacted by biases and confounding. • The way antivirals are used makes it difficult to control behaviours and risks associated with hospitalisation. Caution needs to be exerted against interpreting early analysis as strong evidence between antiviral usage and reducing risk of hospitalisation. • The risk of death and harm appears to be concentrated in older people. The target groups have shifted to older age groups and those with comorbidities of concern.

	• Members noted that the prescription of Paxlovid can almost be seen as a marker that a GP views the individual as having high risk of severe disease if untreated • Severity measures may be more useful and less biased than hospitalisation rates. • The presenter indicated that when stratified by various factors, there was initial evidence of potential effect modification, for example by age for Molnupiravir, and by age-residential care status (data not presented). Preliminary analyses have not shown substantial confounding by vaccination status. • A case control study may be of use in the future as a different methodology if resources were available.
3.0	**PHRA – update and discussion** A representative from the Science and Technical Advisory team provided an update of the national COVID-19 situation. **Masking** The representative presented a range of evidence on the benefits of masking and highlighted the utility to protect against a range of viral infectious diseases in the upcoming winter months. The mask mandate in healthcare settings was then reviewed by the COVID-19 TAG members. <u>Feedback from the members:</u> • With the start of winter, it does not seem to be the right time to remove the mask wearing mandate of visitors in health care settings. • A strong central recommendation is most likely required as the most pragmatic and workable approach. However, residential care facilities believe they can manage outbreaks and develop their own policies for IPC guidance rather than using the COVID-19 specific mandate. • Masking can be a polarising issue and staff don't want to have to be responsible to enforce this. Additionally, appropriate risk assessments prior to patient interaction can be challenging for some healthcare workers. • The winter communication campaigns needs to be highlight to visitors that masks need to remain on throughout all areas of the hospital including at patient's bed sides. For health care worker the message should focus on mask use in health care facilities due to increasing winter rates of viral respiratory illnesses. • A mask-wearing fatigue can be noted among patients, visitors and staff and the distinction of visitors and patients can be challenging in environments such as pharmacies, residential aged care facilities and general practices. • Mask use requirements of visitors in health care setting should be aligned to seasonal epidemics. In general practices, policy requires the use of masks for patients and visitors; however, in a 1:1 setting a more pragmatic approach can be noted and mask usage appears to be dependent on the patient's concern. • A shift away from focus on an individual disease towards viral disease management would be welcomed. • While masking as means of protection against influenza and RSV was neglected pre-COVID-19 pandemic, all three pathogens and their seasonality need to be considered • The way hospitals operate should be reviewed and needs to include measures beyond mask wearing such as increasing ventilation and improving hand hygiene. **Self-isolation: test-to-return**

	The representative informed the members that test-to-return (TTR) has been proposed as an alternative to required isolation lengths. Evidence suggests that most cases of Omicron are infectious for up to five days following symptom onset and internationally self-isolation requirements vary. The members were asked to review TTR, which has been used since March 2022. A TTR pathway would likely reduce the isolation period by two days but may also increase number of people in community who are infectious which going into winter can increase transmission and hospitalisation Feedback from the members: • The NZ modelling is produced from an aggregated distribution of infectiousness and does not account for individuals who are less infectious by day five. Evidence shows that infectiousness by day five is a range which can vary even between household contacts • The impact of prior COVID-19 exposure or vaccination is probably quite small on the period of infectiousness in subsequent illnesses • Current data shows that the current seven-day-system is still exposing vulnerable groups who later become cases or require hospitalisation. • The current isolation period solely focuses on COVID-19, however, public health measures should focus on a broader context, such as including influenza and RSV. • The message of "if you are sick stay at home" has only risen during the COVID-19 pandemic, with previously prevalent cultural expectations of people returning to work while still unwell. On the other hand, many staff take up to ten days of sick leave which highlights to need to encourage people to return to work wearing a mask if well. • Isolation is a social issue and mandates do not have any effect on people who don't want to isolate as they won't test. Having a shorter isolation of five day might encourage people to isolate for the shorter period. • A transition is required and the removal of requirement for self-isolation likely is needed but now is not the right time due to a lack of protection for vulnerable group
4.0	**Pathways for removal of mandates** A member from the Policy team asked the COVID-19 TAG members what types of policies/ strategies will need to be in place to support both COVID and general infectious disease response when these self-isolation restrictions are removed. The public attitude towards COVID-19 is changing and pathways towards the removal of restrictions are being explored Feedback from the members included: • The primary need should be better protection for vulnerable groups and that both public health system responses and polices should have a wider focus to include other viral respiratory diseases • Areas to focus on would include improving mask usage and increasing ventilation in health care settings and to then investigate changes • Many members stated that the start of winter is not the right time for a transition • Evidence from other countries following the removal of mandates could be used to shape the New Zealand transition. This needs to be communicated to the public clearly.
5.0	**Māori Health Perspectives** • No update was given.

6.0	**Pacific Health Perspectives** • No update was given.
7.0	**Any Other Business** • There is a proposed change of the meeting date from Fridays to Wednesdays. • One member indicated that they are not available on Wednesday. • Another member noted that every other Wednesday there is a COVID-19 clinical advisory group meeting with Te Whatu Ora which may clash. ACTION: • Chair noted that a list of possible suitable times will be sent out to COVID-19 TAG members to check for availability.
	Briefing H2023019508: Setting the Future Direction of the Prevalence Surveys • No update was given.
8.0	**Agenda Items for Next Meeting** • No items were raised.
9.0	**New Actions Raised During Meeting** • Nothing was noted
Meeting closed at **12:01pm** Next meeting: TBD (July/ August).	

Open Actions:

	Agenda item	Actions	Action Owner	Updates
	7.0 Any Other Business	Chair noted that a list of possible suitable times will be sent out to COVID-19 TAG members to check for availability.	STA	We are seeking to schedule the next meeting prior to the PHRA session in July/ August. Once the date for PHRA is confirmed, options for suitable times with be sent out.

Closed Actions

	Agenda item	Actions	Action Owner	Updates
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				09 March – On hold. PHA to assess TAG needs. 17 May – ISK is leading the work on the role of the various TAGs and assess how expert advice can be used in the future. Action closed.
82	**2.0 Trends & Insights, Variants of Concern, and Long COVID**	Look at those hospitalised and find out whether they had antivirals.	STA	02 Dec – Action raised 08 Feb – Data still preliminary. 09 March – Hospitalisation analysis is underway. 17 May – Presentation included on the agenda for 19 May meeting. Action closed.
85	**6.0 Infection / Seroprevalence Surveys**	Circulate draft memo on pros and cons	Surveillance, ISK	02 Dec – Action raised 09 March – Update on this action will be provided by next meeting 17 May – Information included on the agenda for 19 May meeting for noting. Action closed.
86	**6.0 Infection / Seroprevalence Surveys**	Members are asked to provide feedback	Surveillance, ISK	02 Dec – Action raised 09 March – Update on this action will be provided by next meeting 17 May – Information included on the agenda for 19 May meeting for noting. Action closed.
89	**4.0 PHRA update** **4.3 Point of Care Testing (POCT)**	As part of the inquiry into the "Future of TAG", examine the role of COVID-19 TAG or future infectious diseases TAG within Manatū Hauora, in making recommendations regarding mask use. What role does this/ future TAG have in terms of reviewing, consulting, endorsing, or signing off on guidelines?	STA	10 Mar – Action raised 17 May – ISK is leading the work on the role of the various TAGs and assess how expert advice can be used in the future. Action closed.