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We also recommend referencing the paper [20210529] Memorandum:				
			Pacific (except in those aged 0–24) since mid-February 2021.	
			W/s also recommend of the size all a recommend of	
A COMMINATOR CONTROL TO THE COMMINIST UNION TO A COMMINISTA UNION TO A C			We also recommend referencing the paper [20210529] Memorandum: Swabbing for COVID-19 in Community Pharmacies, which looks at using	
the outreach of Māori pharmacies to target Māori communities. As part				
of the wider workplan to explore the feasibility of swabbing for COVID-19				
in community pharmacies, the Ministry is currently working with Ngā				
Kaitiaki o te Puna Rongoā o Aotearoa (MPA) to explore the development				
of a pro-equity COVID-19 testing model which would aim to improve				
access to testing for COVID-19 for Māori.				
The MPA is proposing to engage with community pharmacies and to				
develop a "hy Māori" community outreach programme for	1		develop a "by Māori, for Māori" community outreach programme for	I
			angle of the control	
delivery in areas with high Māori populations			angle of the control	

		<u>Vaccine</u>	
		This briefing [20210314] outlines the Māori strategy for implementing	
		the COVID-19 Vaccine and Immunisation Programme. The strategy	
		includes:	
		a strategy underpinned by illustrating Te Tiriti o Waitangi, and	
		equity in action	
		Engaging Māori throughout the governance and	
		technical/advisory structures for the programme	
		Invests directly in Māori initiatives	
		This work will continue to evolve as the national vaccine programme is	
		rolled out.	
Include a clear response to Māori	Updated COVID-19 Māori Health Response Plan –	See above comments.	
and Pacific needs and have an	July 2020:	The second secon	
equity prioritisation map		In addition, the Directorate works closely with the Ministry's Maori and	
embedded in the plans.	https://www.health.govt.nz/system/files/document	Pacific Health teams. We have a Māori COVID-19 action plan and a Pacific	
	s/publications/updated-covid-19-maori-health-	plan in place, and these are available on the Ministry's website.	
	response-plan-jul20.pdf	The Directorate also has a one page supposed to a suit.	
	Response to Māori and Pacific needs is also	The Directorate also has a one-page summary on our approach to equity that we would be happy to share.	
	described in the COVID-19 Surveillance Strategy:	that we would be happy to share.	
	Ç,		
	https://www.health.govt.nz/our-work/diseases-and-		
	conditions/covid-19-novel-coronavirus/covid-19-		
	response-planning/covid-19-surveillance-strategy		
The Briefing doesn't go into detail	[20210642] Strengthening frontline border worker	There are a number of other Health Reports and Border Orders in this	Testing guidance is updated on a regular basis, individual health reports are
of the frequency of testing, which	testing to support early identification of COVID-19	area which review who, when and why people should be tested. This	topic specific and do not necessarily provide the full context.
is specifically key at the border,	(March 2021)	programme has evolved and developed over time. Since December, we	topic specific and do not necessarily provide the rail context.
and how testing will change as	(have introduced pre-departure testing, day 0/1 testing for returnees, and	The Ministry will review testing frequency in the next Testing Plan
vaccinations are rolled out.	[20210610] Briefing: Analysis of Effectiveness of Pre-	enhanced testing for our border workers. There are Health Reports and	
	Departure Testing (11 March 2021)	advice from DPMC covering the introduction of the changes to the	
		testing regimes.	
	Testing implementation details are also set by the COVID-19 Testing Plan and Testing Guidance:	For example, report [20210642] considers the need to strengthen	
	the COVID-19 Testing Plan and Testing Guidance.	surveillance testing for COVID-19 of frontline workers at the border and	
	https://www.health.govt.nz/our-work/diseases-and-	recommends that voluntary saliva testing is rolled out to all frontline	
	conditions/covid-19-novel-coronavirus/covid-19-	border workers.	
	response-planning/covid-19-testing-plan-and-		
	testing-guidance	The Ministry continues to review the science as more information	
		becomes available and the global context evolves. For example, we have	
		reported directly on the effectiveness of pre-departure testing in [20210610].	
It is unclear what the approach is	Set by COVID-19 testing guidance and Air Border	See above comments.	
to testing arrivals from places with	Orders:		
high rates of COVID-19 infection,		Our testing regime has developed and strengthened substantially	
particularly where that is	https://www.health.govt.nz/our-work/diseases-and-	throughout 2021, with the introduction of pre-departure testing, day 0/1	
translating to high rates of positive	conditions/covid-19-novel-coronavirus/covid-19-	testing, and the new approach to country risk assessment. This is under	
cases.	response-planning/covid-19-testing-plan-and-	continuous review, with the efficacy review and reported on in early April	
	testing-guidance	2021.	
	https://www.health.govt.nz/our-work/diseases-and-		
	conditions/covid-19-novel-coronavirus/covid-19-		
	response-planning/covid-19-epidemic-notice-and-		
	orders#air		

There is also also seems of the			This is an about Advance and a second and a sill be included in
There is also the question of what			This is on the future work programme to be addressed and will be included in
the testing regime was for the			the forthcoming review of Surveillance Strategy.
arrivals who tested positive in New			The Maintain of Health because the invited for material in flight toronit and
Zealand after they had been			The Ministry of Health has protocols in place for potential in flight, transit and
vaccinated in their country of			in-MIF transmission. These are available for your review.
origin.			There is a back of soul annual to an almost the address this massive of the
			There is a body of work currently underway to address this question of the
			impact of vaccinated people. The Ministry is actively monitoring the situation as
			the global science continues to evolve. Policy and modelling work has been
			commissioned to address this as the science becomes clearer. This work links to
	COVID 40.0		the DPMC pathway to reopening the border programme.
The question of whether we need	COVID-19 Surveillance Strategy:	The Surveillance Strategy takes into account the evolving local and global	The Ministry of Health has an approach to ring-vaccination in place as an
to maintain a higher level of		context. Weekly reviews of emerging scientific and public health trends	interim measure. Further advice is being developed with CVTAG on how this
surveillance, testing and surge	https://www.health.govt.nz/system/files/document	are undertaking and our advice and positions evolve to ensure they are	can be applied more broadly.
capacity post-vaccination in South	s/pages/covid19-surveillance-strategy-	always led by the best available information.	This is to be addressed in the section before Constilling Dis
Auckland and other border points	<u>26jan2021.pdf</u>		This is to be addressed in the refresh of the Surveillance Plan.
should also be explored.			The Minister, of the label is now at 1915 CO. In 1915 CO. In 1915 CO.
Thought should be given to how			The Ministry of Health is partnering with ESR and other key stakeholders. The
the focus on COVID-19 testing			focus to date has been on management of COVID-19 surveillance, but the
impacts surveillance for other			intent of the Directorate has always been to create legacy systems and
infectious diseases, especially post			processes that can be used more broadly to strengthen New Zealand's public
quarantine-free travel, particularly			health capacity and capability.
for diseases such as influenza and			77
measles, where there are			We continue to work closely with partners across the Ministry, including
remaining population immunity			Communicable Diseases, the Office of the Director of Public Health, and the
gaps and increases in pressure on			Public Health Group to develop these wider surveillance programmes.
an already stretched public health			The Address of the full collection of the first state of the full collection of the full co
system.			The Ministry of Health will soon be consulting on a general Public Health
C-II There	The Minister of Health has a small at the fall of the	The Maintain has a state of the desire of the state of th	Surveillance Strategy, led by the Public Health Group.
Saliva testing: There are	The Ministry of Health has completed the following	The Ministry has completed numerous reports on saliva testing over the	Our advice continues to be updated and develop as the science and evidence
inconsistencies with the advice on	7 briefings to the Minister on saliva testing over the	past 9 months as the science and situation has evolved.	base evolves. The reference mentioned has been considered in developing the
saliva testing and what is emerging	past 9 months:	Daniel (20210C42) verside the latest annual and advice to Ministers	advice. The Australian Public Health group and New Zealand Micro networks do
in recent evidence which show that	10 4 2020 20201252 1-1	Report [20210642] provides the latest approach and advice to Ministers.	not support this position.
it has performance characteristics	10 August 2020 - 20201353 - Laboratory surge	The report considers the need to strengthen surveillance testing for	
very similar to nasopharyngeal	capacity and alternative testing options: this report	COVID-19 of frontline workers at the border and recommends that	
testing. For example: see The Sensitivity and Costs of Testing for	included information on the work by ESR to provide laboratories with cultured inactive COVID-19 saliva	voluntary saliva testing is rolled out to all frontline border workers.	
SARS-CoV-2 Infection With Saliva	samples and to begin sourcing positive saliva	We note there are numerous considerations required to operationalise	
	A THE STATE OF THE		
Versus Nasopharyngeal Swabs: A Systematic Review and Meta-	samples from managed quarantine facilities to support validation efforts.	this decision.	
analysis (Ann Intern Med. 2021 Jan	support validation enorts.		
12:M20-6569. doi: 10.7326/M20-	29 August 2020 20201544 Undata		
6569. PMID: 33428446).	28 August 2020 - 20201544 - Update on emerging		
0303. FIVIID. 33420440).	technology for SARS-CoV-2: this report provided the Minister with an indication of two key emerging		
	technologies of interest for testing of SARS-CoV-2,		
	and the stage of development of each. It included		
	and the stage of development of each. It included an indication of the potential utility and limitations		
	of these emerging technologies in supporting		
	current best practice.		
	4 December 2020 – 20202191 - Information on		
	saliva testing for SARS-CoV-2: Information outlining the work required to implement saliva testing in		
	New Zealand.		
	INEW Zealallu.		

18 January 2021 - 20210045 - COVID-19 Testing Suite in New Zealand: Current Situation and Next Steps: this memo set out the suite of COVID-19 testing available for testing individuals and considers whether additional testing modalities could be meaningfully used to further strengthen our measures, particularly at the border, in response to the increasing global prevalence of COVID-19 and the emergence of variants with enhanced transmissibility. 19 January 2021 - 20210062 - Implementation of COVID-19 Saliva Testing as part of Border Workforce Testing in New Zealand: this report outlined a process to implement saliva-based RT-PCR testing for high risk border workers and provided options for implementation, in response to the increasing global prevalence of COVID-19 and the emergence of variants with enhanced transmissibility. 23 February 2021 - 20200351 - Saliva testing for COVID-19 in New Zealand: the purpose of this memo is to provide an update on a meeting held between the Ministry of Health (the Ministry) and Rako Science on 18 February 2021, and the potential implications for the roll out of saliva testing in New Zealand. March 2021 - 20210642 - Strengthening frontline border worker testing to support early identification of COVID-19: this report considers the need to strengthen surveillance testing for COVID-19 of frontline workers at the border and recommends that voluntary saliva testing is rolled out to all frontline border workers. There is a strong case for adopting [20210722] Briefing: Advice on rapid testing for See comments above COVID-19 in Trans-Tasman quarantine-free travel for saliva testing as the main method This report [20210722] responds to the Minister's request for further for testing in New Zealand, inbound passengers (25 March 2021) particularly given that less invasive advice on rapid testing at the airport for passengers arriving from testing is likely to enhance Australia via the Trans-Tasman Quarantine-Free Travel (QFT). This follows participation independent of Cabinet's recent consideration of pre-departure testing in the quarantine-free travel context in the Cabinet paper on Safe Travel whether people are vaccinated or Initiatives: Australia. The advice considers saliva testing for surveillance. Salvia testing using the PCR method is not rapid but is less invasive than nasopharyngeal samples. However, saliva testing has lower sensitivity than nasopharyngeal samples. Saliva testing is less likely to detect low viral loads, this means the virus is typically detected later in saliva testing than in nasopharyngeal testing, although this limitation can be overcome by more frequent testing. However, the primary limitation of saliva testing is that it can return a false negative result where a nasopharyngeal sample would have been positive.

The Ministry and experts in Australia and New Zealand Nove balanch may be a passed in surrellines from the first diagnosts. A proceedings of the settings of the testing in CPC method may have a place in surrellines for the diagnosts. A proceedings of the setting of the setting shall be a processed on the setting shal				
Point of Care testing: Similar to salive steffing, there appears to be from the properties of the same of the salive steffing, there appears to be salive steffing, there appears to be contained and passengers of the salive steffing, there appears to be contained and passengers of the salive steffing, there appears to be contained and passengers of the salive steffing, there appears to be contained and passengers of the salive steffing, there appears to be contained and passengers of the salive steffing, there appears to be contained and passengers of the salive steffing, there appears to be contained and passengers of the salive steffing, there appears to be contained and passengers of the salive steffing, there appears to be surelineare event of passengers (2007-03) in his hounding passengers (2007-03) and pa			same position on saliva testing. Saliva testing using PCR method may have a place in surveillance but not for diagnosis. Routine diagnostic saliva testing may be more appropriate in high prevalence countries than in the context of New Zealand's current epidemiological situation and testing strategy.	
19 in inbound passengers at the border, but it could play a role in our surveillance model.			drink should be consumed for at least 30 minutes, and preferably an	
salva testing, there appears to be some high performance PCC testing emerging. For example, Sir Peter Giluchman has executely per reviewed a paper for the irish subject titled of the Rapid SARS-CoV2 and Considered as part of the ongoing improvement to the part of the control to the Rapid SARS-CoV2 and Considered as part of the ongoing improvement to the part of the control to the Rapid SARS-CoV2 and Considered as part of the ongoing improvement to the part of the control to the Rapid SARS-CoV2 and Considered as part of the ongoing improvement to the part of the control to the Rapid SARS-CoV2 and Considered as part of the ongoing improvement to the part of the control to the control to the Rapid SARS-CoV2 and Considered as part of the ongoing improvement to the part of the Cover and Considered as part of the ongoing improvement to the part of the Cover and Considered as part of the ongoing improvement to the part of the Cover and Considered as part of the ongoing improvement to the part of the Cover and Considered as part of the ongoing improvement to the part of the Cover and Considered as part of the ongoing improvement to the part of the Cover and Considered as part of the ongoing improvement to the part of the Cover and Considered as part of the ongoing improvement to the part of the Cover and Considered as part of the ongoing improvement to the part of the Cover and Considered as part of the ongoing improvement to the part of the Cover and Cover an			19 in inbound passengers at the border, but it could play a role in our	
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the 'sensitivity' at level 1 of passive case detection through routine testing. Furthermore, it has poor specificity as it cannot distinguish viable organism from unviable viral fragments and as a consequence is likely to have very little utility in an outbreak in the areas where there have been known cases found already.		Memo [20210845] outlines the process for responding to SARS-CoV-2 RNA test results in wastewater samples obtained by the Institute of Environmental Science & Research (ESR). This memo acknowledges that wastewater testing is an emerging science and requires specialised equipment and expertise. Acknowledging this complexity, the current centralised testing of wastewater for SARS-CoV-2 RNA at ESR is necessary to provides robust quality control. Wastewater testing will continue to be centralised, pending further validation. The memo also notes the Ministry and ESR will continue to review how wastewater testing is used as a surveillance tool as the strategy to the COVID-19 pandemic evolves. Wastewater testing is currently being used in the context of an elimination strategy, where we expect samples to test negative. However, as the strategy to managing COVID-19 evolves, for example as vaccination is implemented, borders open and some cases, including historical cases from overseas, appear in the community, the utility of wastewater testing for COVID-19 surveillance must also be reviewed and changed accordingly. Wastewater testing is now being operationalised for use in early detection of unrecognised COVID-19 cases, surveillance of trends over time and supporting the investigation of community outbreaks. Wastewater testing is expected to provide added reassurance that can augment current COVID-19 case finding methods.	
Air sample testing: as with wastewater testing, there may be limited utility value in air sample testing where it is likely to be 'after the transmission period'. Identifying pathogens in aerosols is very difficult and often not standardised. It is likely that aerosols related to a specific exposure are specific to the point in time when there was transmission. It is therefore often too late to do air sampling for aerosols related to specific cases, and as such it could be very low yield between these rare transmission events. Setting basic standards for ventilation and enforcing them may be more useful.	Internal memo to the Clinical Oversight Group: Air Sampling in Managed Isolation - Beyond the Jetpark Trial	The Ministry is actively working on the feasibility of air sampling in MIQs. Our weekly science updates have also been monitoring and reporting on aerosol transmission. Research is underway into aerosol transmission. An internal memo on "Air Sampling in Managed Isolation - Beyond the Jetpark Trial" has gone to the Clinical Oversight Group. The purpose of this research is to assess the ability to identify virus in air samples a trial is being undertaken to assess the ability of two different methods (air sampling devices and settle plates) of collecting airborne virus samples in managed isolation. There is work underway across the Ministry and MBIE (MIQ) to undertake both desk based and on-site reviews of ventilation systems in our MIQs. A Technical Advisory Group is convened for all in-MIF transmissions. We continue to actively monitor the topic of air sample testing.	Agreed. We may deploy air sampling as part of an MIQ research trial – new technologies are emerging which are more accurate.
Environmental swabbing: Environmental swabbing of produce is likely to be operationally prohibitive particularly given likely the need to meet the requirements of the multiple countries we export to.	Report from ESR: Potential for SARS-CoV-2 Transmission via Fabrics	The Ministry of Health continues to work with the Ministry for Primary Industries (MPI) on the science and efficacy of environment swabbing. The Technical Advisory Group (TAG) continues to be engaged on this issue. We have also received advice from ESR, which looks at the potential for SARS-CoV-2 transmission via fabrics. We encourage you to talk to MPI about insights.	This would only be undertaken in very specific settings such as food preparation sites

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Serology testing: the use of serology tests to validate vaccine passports is a good idea.			We are not planning to do this as it would be classified as research in the first instance.
Mapping system to prioritise regions for testing: the Group were unable to provide comment on the recently launched mapping system to prioritise regions for testing based on the level of information in the Briefing. They have recommended however that this is subjected to external peer review.		Initial versions of the mapping system referred to have already been subject to external review and work continues to be developed in this area, which will be incorporated into the surveillance strategy.	This is work in progress and will be reviewed once complete
CRAIG response to Memorandum -	Swabbing for COVID-19 in Community Pharmacies [HRZ	20210529]	
There is not a clear description of follow through on the next steps identified in November 2020 beyond the engagement step.	[20210529] further advice providing detail on the outcome of the project (25 March 2021) [20201895] initial briefing outlining the potential of swabbing in pharmacies	We disagree strongly. There have been numerous reports and advice, reflecting substantive work and a programme of activity on swabbing in both community pharmacies and to enhance Māori swabbing rates. This includes: 3 pieces of advice sent to the Minister's office: • HR20201895 – initial briefing outlining the potential of swabbing in pharmacies • An email to the Minister's office on 13 December 2020 providing a status update • HR20210529 – further advice providing detail on the outcome of the project. 2 project management artefacts: • the Project Closure Report – detailing how the project was run and decisions made • the draft Feasibility Discussion Paper – addressing questions raised and learnings on feasibility canvassed during discussions with the Operating Working Group. The paper you reviewed was the outcome of this significant body of	The Deputy Chief Executive COVID-19 Health System Response has previously asked DPMC and the CRAIG to ensure that the appropriate body of work is read in conjunction with any single briefing. We ask that your comments be reviewed in light of this body of work.
The Memo does not include any evidence of scoping/review of operational issues that might exist, or a proposal for a trial in accordance with those steps. Conversations have been ongoing for some time on this matter and given the passage of time in particular, there may not be any benefit in continued conversations.	[20201895] Briefing Swabbing for COVID-19 within community pharmacies (6 November 2020) Swabbing for COVID-19 within community pharmacies project closure report	This briefing [20201895] provides advice on the potential of swabbing for COVID-19 within community pharmacies. With regards to operational issues, the briefing acknowledges that establishing swabbing via some pharmacies is likely feasible however further work is required before it can be implemented. It notes that some pharmacies are better setup (can establish swabbing processes without impacting on core work) or better located (situated in places with better foot traffic or higher people throughput). The briefing acknowledges that: • wider engagement with sector representatives would be required before implementing any testing approach. • Wider engagement with general practice would also be required to ensure competition for swabbing is not inadvertently introduced as a result of community pharmacies establishing capacity.	A "swabbing for COVID-19 within community pharmacies project closure report" has also been prepared. The Report's purpose is to obtain approval from the Group Manager Testing and Supply and the Manager COVID-19 Testing Operations to close the national roll-out of the Swabbing in Community Pharmacies project, but to continue exploring implementation with a reduced scope and: • approve the Ministry to continue working with the pharmacy representatives and facilitate conversations with the DHBs who indicated an interest in potentially using pharmacies to assist in their testing programmes (Lakes District Health, Southern DHB and West Coast DHB), and • approve the Ministry to continue to work with the Māori Pharmacist Association (MPA), iwi and DHBs to consider implementation of a community outreach programme for delivery in areas with high Māori populations.

Engagement with laboratories will also be required to consider how they will interface community pharmacies and address any logistics challenges that may arise. As per the comments above, there has been active consideration of the points made by the Advisory Group.	This document contains: a project overview – why did the work take place? a review of the project performance against key deliverables a review of how the project was conducted, project outcomes and decisions project closure and future work.