

Briefing

Implementing saliva testing within the border workforce testing regime

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|------------------------|---|------------------------------|----------|
| Date due to MO: | 18 May 2021 | Action required by: | N/A |
| Security level: | IN CONFIDENCE | Health Report number: | 20211161 |
| To: | Hon Chris Hipkins, Minister for COVID-19 Response | | |
| Cc: | Hon Dr Ayesha Verrall, Associate Minister of Health | | |

Contact for telephone discussion

| Name | Position | Telephone |
|-------------------------|--|-----------|
| Sue Gordon | Deputy Chief Executive – COVID-19 Health System Response | s 9(2)(a) |
| Darryl Carpenter | Group Manager – Testing and Supply | s 9(2)(a) |

Minister's office to complete:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Decline | <input type="checkbox"/> Noted |
| <input type="checkbox"/> Needs change | <input type="checkbox"/> Seen | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn | |

Comment:

Implementing saliva testing within the border workforce testing regime

Security level: IN CONFIDENCE

Date: 18 May 2021

To: Hon Chris Hipkins, Minister for COVID-19 Response

Purpose of report

1. This report provides an overview of the next steps to implement saliva PCR testing as a supplementary component of the mandatory testing regime, beginning with workers currently subject to testing every seven days using nasopharyngeal swabs.
2. This report discloses all relevant information and implications.

Summary

3. On 5 May 2021, you agreed to implement an alternative option for workers subject to mandatory testing every seven days, consisting of a single nasopharyngeal PCR test every fortnight supplemented with saliva PCR tests every two to three days in the intervening period (HR20210642 refers). Further work will also be undertaken over the coming weeks on confirming the approach for border workers currently on a 14-day testing requirement.

Phased approach to implementing saliva PCR testing within the mandatory testing regime

4. Officials have scoped an implementation plan (Appendix 1) that sets out a phased and incremental approach to roll out of saliva testing, beginning in managed isolation and quarantine facilities (MIQFs), then to port locations and other airports over the following six weeks. A programme of work associated with this implementation has commenced. This approach will ensure that any implementation issues that arise are addressed and processes are suitably refined.
5. Commencement will begin with the workers at Jet Park and Auckland Airport who are currently required to be tested every seven days. In total this will impact approximately 1500 workers.
6. As part of the development of the implementation plan and embedding the new process, we will also aim to build our understanding of:
 - a. acceptability compliance behaviours and barriers to testing, i.e. behaviour insights, 'testing fatigue', and
 - b. evolving domestic and international science and the public health value and impact of saliva testing.
7. Negotiations are continuing this week with a preferred provider of saliva testing services, with a target to have a contract signed by 21 May 2021.
8. Officials estimate that implementing saliva testing for this group of border workers will require a minimum lead in time of eight weeks. The Ministry will provide weekly updates on progress against the plan.

Engaging with the sector and other agencies to work through implementation issues and finalise process and system design

9. Given a key rationale for this change is to support ongoing compliance with testing and to 'testing fatigue', it will be important to consider the testing process from a worker's perspective.
10. The Ministry is establishing a cross agency project team to engage with key stakeholders and relevant agencies to develop user journeys, which will inform system design to ensure the testing requirements can be effectively operationalised across a variety of environments and working arrangements. This will be an important step in ensuring that the practical implications of the changes in frequency of testing are understood and what is developed works on the ground.
11. Key implementation issues to be resolved through further engagement with key stakeholders and other agencies include:
 - a. Testing frequency – establishing the right testing frequency that works across a variety of different work environments (e.g. airports, MIFs) and working arrangements (e.g. shift work, standard work week, several days on and off). Including coming to an agreed position on whether workers who aren't at work or rostered on will be required to undertake saliva testing.
 - b. Operationalising multiple testing approaches and options in a way that is not complex or confusing for workers, persons conducting business or undertaking (PCBUs) and public health units (PHUs).
12. We understand that you plan to announce the use of saliva PCR testing as part of the mandatory testing regime on Wednesday 19 May 2021. A draft press release and talking points are attached for your consideration as Appendices two and three respectively.
13. To date, there has not been engagement with private sector PCBUs in the aviation and maritime sectors about the introduction of saliva PCR testing for workers on a 7-day testing frequency, and we expect they will have a number of questions and issues to work through about the feasibility of the new approach.
14. Before an announcement is made, we recommend that key messages about what is proposed are provided to these PCBUs. The Ministry of Health will prepare these and will work with the Ministry of Transport to provide a 'heads up' to some key stakeholders, e.g. Air New Zealand, ahead of your announcement this week.
15. The COVID-19 Public Health Response (Required Testing) Order 2020 will need to be amended to reflect the process and system design following engagement with key stakeholders and relevant agencies.
16. We will work with agencies on the above implications and implementation planning and issue drafting instructions to the Parliamentary Counsel Office once system and process design has been finalised.
17. We expect to provide you with a draft of the Amendment to the Required Testing Order for Ministerial consultation by 18 June 2021.


18. Following Ministerial consultation, a final version of the Amendment would likely be ready for your signature on 7 July 2021. This timing would allow the Amendment to come into force at 11:59 pm on 14 July 2021.

Recommendations

We recommend you:

- a) **Note** that you have previously agreed to implement saliva testing as a supplementary component of the mandatory testing regime for border workers on seven-day testing cycles, with a view to reducing the frequency of nasopharyngeal swabbing **Noted**
- b) **Note** that there are significant changes required that cover process design, border worker testing register changes, regulatory, delivery implications and contractual arrangements **Noted**
- c) **Note** that an implementation timeframe of at least eight weeks (i.e. go-live on 14 July 2021) is recommended to ensure these changes are made appropriately **Noted**
- d) **Agree** that the commencement date be in eight weeks (14 July 2021) to ensure these changes are made appropriately **Yes** ☒ **No**
- e) **Note** that a project team is being established with representatives from the key border sector agencies and stakeholders to work through issues, develop user journeys, and progress implementation of saliva testing **Noted**
- f) **Note** a draft amendment of the COVID-19 Public Health Response (Required Testing) Order 2020 will be provided for your approval by 18 June 2021 **Noted**
- g) **Note** that a detailed project plan to support that implementation is being developed and will be provided to your office. **Noted**


Sue Gordon
Deputy Chief Executive
COVID-19 Health System Response
Date:


Hon Chris Hipkins
Minister for COVID-19 Response
Date: 19/05/2021

The timeframe being proposed here is unreasonably long. I want to see much faster progress. Please provide a revised timeline and plan by early next week. CH

Implementing saliva testing within the border workforce testing regime

Purpose

1. This report provides an overview of the next steps to implement saliva PCR testing as a supplementary component of the mandatory testing regime, beginning with workers currently subject to testing every seven days using nasopharyngeal swabs.

Background

Supporting compliance with the mandatory testing regime by adopting alternative testing approaches

2. Currently the approved testing methods for border workers subject to mandatory testing are either (i) a nasopharyngeal PCR swab or (ii) dual oropharyngeal and anterior nasal (lower nostril) swab.
3. Recent concerns have been raised in relation to compliance with the border worker testing regime, and the impact this may have on the effectiveness of identifying cases promptly at the border. At the same time, the context in which border worker testing operates has changed. As the border workforce is vaccinated, individuals are less likely to be symptomatic if infected, and so more frequent testing may be necessary.
4. The Ministry is developing a multi-pronged approach to improve and maintain compliance and effectiveness across our testing regime, which includes investigating ways to increase the available testing options, including less invasive methods such as PCR saliva testing.
5. On 5 May 2021, you agreed to implement an alternative option for workers subject to mandatory testing every seven days, consisting of a single nasopharyngeal PCR test every fortnight supplemented with saliva PCR tests every two to three days in the intervening period (HR20210642 refers). Further work will also be undertaken over the coming weeks on confirming the approach for border workers currently on a 14-day testing requirement. Further work will also be undertaken over the coming weeks on confirming the approach for border workers currently on a 14-day testing requirement.

Saliva testing uptake among border workers at Jet Park and dual-purpose managed isolation and quarantine facilities

6. Saliva PCR testing has been available to border workers at Jet Park and dual-purpose managed isolation and quarantine facilities since the end of January 2021. This has been in addition to the required seven-day nasopharyngeal testing, and participation has been voluntary. Uptake of voluntary saliva testing amongst this group of border workers has been very low and is diminishing over time. Anecdotal evidence is that the border workers have not found the collection process difficult but have chosen not to participate in saliva testing because they have not perceived there to be a need for this additional level of surveillance.

7. We anticipate that rates will improve when regular saliva PCR testing is used to supplement nasopharyngeal testing which will mean fortnightly rather than weekly testing for this group of border workers.

Implementation plan for supplementing fortnightly nasopharyngeal PCR test with saliva testing

Phased approach to implementation

8. Officials have developed an implementation plan that sets out a phased and incremental approach to roll out of saliva testing. This approach will ensure that any issues that arise are addressed and processes are suitably refined. Initial commencement will begin with the workers at Jet Park and Auckland Airport who are currently required to be tested every seven days.
9. After commencement, saliva testing will be rolled out progressively to managed isolation and quarantine facilities, then to the port locations and other airports over the following six weeks. At the end of that period, all borders workers currently (approximately 1500 workers) will have the option to supplement PCR testing with saliva testing. We are currently finalising the contract with a preferred provider, which will inform and provide further detail to the current timeline.
10. As part of the development of the implementation plan and embedding the new process, we will also aim to build our understanding of:
 - a. acceptability, compliance behaviours and barriers to testing, i.e. behaviour insights, 'testing fatigue', and
 - b. evolving domestic and international science and the public health value and impact of regarding saliva testing.
11. As signalled in HR20210642, further consideration will also be given to those lower risk border workers currently required to be tested every 14 days. Further advice will be provided on suitable testing frequencies which balance the efficacy of saliva and nasopharyngeal swab tests, the potential incubation period and transmission risk.

Contract negotiation progress with preferred provider of COVID-19 saliva testing services

12. Negotiations are continuing this week, with a target to have a contract signed by 21 May 2021. Should negotiations fail, for any reason, you will be updated on the implications for the timeline and implementation date.
13. The successful supplier will deliver end-to-end services for saliva testing meaning there is no additional workload for DHBs. Consideration will need to be given to how the saliva testing provider will work in conjunction with the DHBs and private laboratories processing existing nasopharyngeal PCR tests, including how any overlap can be minimised.
14. Following decisions regarding testing frequency, the cost implications and funding will also be confirmed. Officials estimate that implementing saliva testing for this group of border workers will require a minimum lead in time of eight weeks.

Process design

15. Given a key rationale for this change was to ensure ongoing compliance with testing and to avoid confusion or testing fatigue, it will be important to consider the testing process from a worker's perspective.
16. The Ministry will undertake a rapid exercise to engage with key stakeholders and relevant agencies to develop user journeys which will inform system design to ensure the testing requirements can be effectively operationalised across a variety of environments and working arrangements. This will be an important step in ensuring that the practical implications of the changes in frequency of testing are understood and what is developed works on the ground.
17. This collaborative design process will ensure that as we design the new testing process, it considers:
 - a. *the user experience* - through mapping the user journeys and that scenarios for the different work roles and locations at our border are mapped out, i.e. work rosters and processes may be different for workers at our ports when compared to workers within our MIQs
 - b. *behavioural insights* – that we are cognisant of and avoid complexity, confusion, user fatigue and dropping compliance over time with the testing regime.

Compliance, monitoring, and enforcement

18. Following the recent changes to the COVID-19 Public Health Response (Required Testing) Order 2020 (the Order) and the new requirement for all PCBUs to use the Border Workforce Testing Register (BWTR) the monitoring and compliance framework was reviewed and enhanced. The Ministry now undertakes active monitoring.
19. The compliance approach begins with an approach that focuses on education and informing individuals and PCBUs about their obligations. This includes escalation from warnings to infringement and prosecution when there has been sustained non-compliance. Depending on the frequency of testing, Officials will consider the implications and compliance approach where individuals have not complied with the required saliva testing frequency.
20. Over the next eight weeks, Officials will work on the appropriate process changes needed within the existing compliance approach to ensure that on a whole there is good compliance with the regime and that cases on repeated non-compliance are responded to appropriately. We do not anticipate implementing a formal enforcement regime until this work is complete.

System changes

21. The BWTR will need updating to implement changes to the testing regime. This will include, but not be limited to, categorising and capturing the two testing types, triggering alerts for the required testing at the right frequency, reducing lag in confirmation of tests being undertaken being record and shown in the system, and continue to address NHI matching.
22. There may be changes required within the BWTR to ensure that appropriate monitoring of compliance can be undertaken and where appropriate escalate to enforcement procedures already developed. Enforcement will become more complex with additional

testing at this frequency – the BWTR will need to cater to the increased volume and frequency of testing.

23. Officials will also need to consider the quarantine-free travel (QFT) implications of these changes. Currently border workers are encouraged to align their testing schedule with their travel plans, and not to travel pending test results. Given the frequency of testing, the time to get results and the imposition on workers who may wish to travel to QFT countries will need to be factored and the guidance revised if necessary.

Implementation issues to be worked through with sector stakeholders and other agencies

24. Implementing saliva PCR testing within the existing mandatory testing regime will require significant changes to current systems and processes. There are several complex implementation issues that need to be worked through. These issues will require engagement with sector stakeholders and other relevant agencies and will take time to resolve.
25. Key implementation issues to be resolved through further engagement with key stakeholders and other agencies are outlined in the table on the following page.

Table 1: Summary of implementation issues to be worked through with the sector and other agencies

| Issue | Implementation challenge | Possible options to be worked through with the sector and other agencies and next steps |
|--|---|---|
| Testing frequency | <p>Testing occurs across a number of different work environments across at our borders (e.g. at airports, MIQFs, and ports). Working arrangements differ by worker and environment, with some working standard work weeks and others working shifts.</p> <p>Ideally, testing frequency should:</p> <ul style="list-style-type: none"> • reflect the most current public health evidence • align with current testing cycles, and • enable operationalisation across a range of working environments and working arrangements (e.g. shift work, standard work week, etc). <p>A further decision will involve whether the worker is only required to be tested when they are at work or not. There are likely to be operational and financial considerations if workers are required to be tested (potentially more than once) when they are not working. There will also be implications for air crew who will be out of the country during the testing period.</p> | <p>There are a number of options in relation to supplementary saliva PCR testing:</p> <ul style="list-style-type: none"> • Testing on every third day. Testing on every third day does not align 'nicely' with a regular fortnightly testing pattern. This may lead to confusion as to testing requirements and require alerts and reminders to be built into the BWTR to ensure testing occurred on the correct days. • Testing on every second day. Conducting saliva PCR testing on every second day over a testing period would be simpler for workers to remember where they are in their testing cycle but will add an additional four tests within each fortnightly testing period, and therefore increased cost and burden on workers. • Testing no less than every two days and no more than every three days. A worker can get a test 'one day on, one day off', with an allowance for a two-day weekend. This approach would fit with a standard five-day work week roster. |
| Operationalising multiple testing approaches | <p>Operationalising three testing approaches may be unnecessarily complex and confusing for workers, PCBUs and the Public Health Units. As part of the process design work, engagement will occur with key sector stakeholders to understand whether additional options are desirable or if it would cause greater complexity.</p> | <p>One possible approach may be that the new option of nasopharyngeal PCR and the series of saliva PCR becomes the standard testing approach. The two other alternatives of nasopharyngeal PCR solely every seven days, or the dual swab would then be considered on an exceptions basis if there is a specific reason as to why the primary option is not suitable. Further work is needed following engagement with key stakeholders as to whether saliva PCR is feasible to implement in most contexts to inform this advice.</p> |

Changes to the regulatory framework to enable saliva PCR testing

26. The COVID-19 Public Health Response (Required Testing) Order 2020 will need to be amended to reflect the process and system design following rapid engagement with key stakeholders and relevant agencies.
27. Careful consideration will need to be given to the drafting of the Amendment to ensure that there is much clarity as possible for workers, so they are aware of their obligations and to avoid any confusion developing about their obligations for testing.

How the New Zealand Bill of Rights Act 1990 applies to the mandatory testing regime

28. Increasing the frequency for mandatory testing of border workers will engage the New Zealand Bill of Rights Act 1990 (BORA). In particular, testing engages section 21 of BORA - the right to be secure against unreasonable search and seizure.
29. The public health rationale for any mandatory testing requirements needs to be clear to justify limits to rights under BORA. We need to consider the rationale for testing, the degree of intrusiveness and nature of search, and the frequency of testing of different groups. The rationale for testing remains unchanged – COVID-19 is largely uncontrolled outside of New Zealand and regular testing of border workers is likely to reduce the risk of transmission of COVID-19 into the community.
30. A limitation on a right should be no more than reasonably necessary. The degree of intrusiveness of possible test methods and nature of the search has been considered. Public health advice about the level of risk to the individual workers and potential transmission into the community, the efficacy of different testing methods and the degree of invasiveness have been considered.
31. We consider that, overall, there is a public health rationale for increasing the testing frequency where a less invasive testing type is utilised, to justify the limitations under BORA.
32. The BORA implications will continue to be reviewed as the process design work is progressed. The impact upon workers of the change in frequency of testing and the requirements for them when they are not at work will be assessed and balanced against the public health risk. Further advice on the BORA implications will be provided as the draft Amendment is prepared.

Amendment to the COVID-19 Public Health Response (Required Testing) Order 2020

33. We will work with agencies on the above implications and implementation planning and issue drafting instructions to the Parliamentary Counsel Office once system and process design has been finalised.
34. We expect to provide you with a draft of the Amendment to the Required Testing Order for Ministerial consultation by 18 June 2021.
35. Following Ministerial consultation, a final version of the Amendment would likely be ready for your signature on 7 July 2021. This timing would allow the Amendment to come into force at 11:59 pm on 14 July 2021.

Communication and Engagement

36. We understand that you plan to announce the use of saliva PCR testing as part of the mandatory testing regime on Wednesday 19 May 2021. A draft press release and talking points are attached for your consideration as Appendices 2 and 3 respectively.
37. Border sector agencies have highlighted the importance of collaborative engagement with the border stakeholders in operationalising this policy change. It will be important that system changes are designed with their involvement and that they are kept well informed as we move towards implementation.
38. As highlighted previously, the Ministry will undertake a rapid exercise to engage with key stakeholders and relevant agencies to develop user journeys which will inform system design to ensure the testing requirements can be effectively operationalised across a variety of environments and working arrangements.
39. Before an announcement is made, we recommend that key messages about what is proposed are provided to key PCBU stakeholders.

Equity

40. The impacts of COVID-19 fall very differently across New Zealand communities. Māori and Pacific communities and those living with disabilities, in lower socio-economic groups and crowded or institutional settings bear a greater portion of both health and economic impacts and risks if there is an outbreak of COVID-19 in the community.
41. The mandatory border worker testing regime has been a key part of the response to prevent the outbreak or spread of COVID-19 to the community, particularly those communities with many workers in border settings.
42. There is a higher proportion of Māori and Pacific individuals working at our borders when compared to the general population, and any changes to the testing regime will have a greater impact on this workforce. This will be factored into implementation.

Next steps

43. Initial work on the steps towards implementation is provided in the table at Appendix 1. Work to understand the timeframe of each of the deliverables is underway.
44. Weekly update reports on progress with the project to implementation and go-live will be provided.
45. As previously highlighted, the Ministry is implementing a project team consisting of key agencies and key sector stakeholders to work through implications and implementation planning. The Ministry will undertake a rapid exercise to develop user journeys which will inform system design to ensure the testing requirements can be effectively operationalised across a variety of environments and working arrangements.
46. Following this, the Ministry will issue drafting instructions to the Parliamentary Counsel Office. We expect to provide you with a draft of the Amendment to the COVID-19 Public Health Response (Required Testing) Order 2020 for Ministerial consultation by 18 June 2021.

ENDS

Appendix 1: Indicative Implementation Plan

| Step | | Actions | | Status | Timeframe for completion |
|------|-------------------------------|--|---|-------------|-----------------------------|
| 1 | Secure provider | Contract negotiations with preferred supplier | | In progress | By 21 May |
| 2 | Project team | Establish multi-agency team for the project duration | | In progress | Week commencing 17 May 2021 |
| 3 | Develop Plan & Implementation | Clinical and operational considerations | Frequency of testing <ul style="list-style-type: none">When will nasopharyngeal PCR be conducted?Frequency of saliva PCR – every 2-3 days?[further work on workers who are currently subject to testing every 14 days] | In progress | Week commencing 17 May 2021 |
| | | | Map user journeys <ul style="list-style-type: none">process for different worker typesprocess for differing rostering arrangements and how they link to the frequency of testing | In progress | Week commencing 17 May 2021 |
| | | | Compliance <ul style="list-style-type: none">Expectation when individuals are not at work during the testing periodDesign and implement any changes to existing compliance and enforcement process | | |
| | | | Building knowledge base <ul style="list-style-type: none">Confirm process for pairing of samples and assessment by ESR & Ministry of relevant saliva testing methodologies for the NZ context | Underway | |
| | | Delivery / implementation | Supplier <ul style="list-style-type: none">Supplier to deliver implementation planMap supplier end to end processProcess to collect samples at multiple locations & transporting to laboratoriesReporting results to individuals and into BWTRProcess interface with DHB delivering the nasopharyngeal testingMonitoring of supply chain | | |
| | | | Sector stakeholders <ul style="list-style-type: none">Work with stakeholders to understand the impacts within their work environments and the changes that may need to be made to their internal processes and procedures | | |
| | | | Scaling up to all 1500 border workers (currently on 7 day testing) Develop plan for phased implementation over six weeks, to: (i) Jet Park and Auckland Airport; then (ii) MIQFs; then to (iii) Port locations. | | |

| | | | | | |
|----------|---|---|--|-------------|----------------|
| | | System changes | BWTR <ul style="list-style-type: none"> • Design and development of proposed process • Implementation of system changes • Work through any interface issues with E-Ordering, CIR, etc | | |
| | Implementation roll out | Stakeholder engagement | <ul style="list-style-type: none"> • Engaging with key border sector stakeholders • Collaborative system design where possible | | |
| | | Communication & guidance material developed | <ul style="list-style-type: none"> • Communication collateral prepared for each phase of implementation and sector groups • Training material prepared • Guidance material prepared | | |
| 4 | Regulatory Framework Amendment to the COVID-19 Public Health Response (Required Testing) Order 2020 | Any further policy and operational considerations to be finalised | | In progress | 19 May |
| | | Drafting instructions given to PCO | | | 26 May |
| | | PCO prepare draft Amendment (10 days) | | | 10 June |
| | | Consultation on draft Amendment (agency) | | | 15 June |
| | | Consultation on draft Amendment (Ministerial) | | | 25 June |
| | | Any further drafting & final Amendment provided to Minister for signing | | | 7 July |
| | | Final Amendment signed (9 July) and gazetted (12 July) | | | By 12 July |
| | | In force | | | 14 July |
| | D-G Approval | Director-General to approve and gazette method(s) by which saliva may be taken (cl 9) | | | By 14 July |
| 5 | GO LIVE | | Commencement (Amendment in force at 11:59 14 July) | | 15 July 2021 |
| 6 | Scale up | | Implementing the phased scale up over six weeks to all border workers currently on 7 day testing (approximate 1400 workers) | | 26 August 2021 |
| 7 | Further Policy & Implementation | | Providing further advice and then implementation, where appropriate, of option of saliva PCR testing for: <ul style="list-style-type: none"> • All border workers subject to mandatory testing • MIQ returnees | Ongoing | |

Appendix 2 – Draft Press Release for Minister Hipkins - Expansion of Saliva Testing

Saliva testing being rolled out to some frontline border workers from late August

Around 1500 of New Zealand's border workers can now look forward to less frequent invasive COVID-19 testing with saliva testing being rolled out as part of the mandatory testing requirements for frontline border workers.

Internationally many countries have been using saliva as an alternative way of sampling and there have been calls for this less invasive test sample, which can be self-collected, to become available as an option in New Zealand. To date in New Zealand voluntary saliva testing has been available to workers in quarantine and dual-purpose managed isolation and quarantine facilities.

"Currently border workers, and some other people who have frequent testing report a level of discomfort with frequent nasopharyngeal swabbing.

At the same time, with the border workforce now vaccinated they feel more protected and are less likely to get infected but also less likely to be symptomatic if they do. The addition of more frequent saliva testing is designed to address this. Expert advice is that while saliva testing is not as sensitive as nasopharyngeal testing, it will work well in terms of detecting any cases in border workers where it is appropriately complemented by nasopharyngeal swabs.

"The saliva collection won't be a replacement for the current nasopharyngeal swabbing but will reduce the frequency that it needs to be carried out for some workers.

"A phased roll-out will take place over the next 8-12 weeks, with higher risk border workers who are tested weekly, prioritised first. This includes all workers in quarantine facilities, healthcare workers within both managed isolation and quarantine facilities along with others working on international flights and in some parts of our seaports. These workers will have a nasopharyngeal test only once every 14 days, instead of weekly as it is currently. Saliva tests will be done every 2 to 3 days in between nasopharyngeal tests. This increased frequency will improve our surveillance.

We are working through what is needed to deliver this phased roll out, including the necessary system changes, reporting and assurance activities and how to support both workers and employers to understand what the changes mean for them.

"This will complement and strengthen the current testing which is proving successful at keeping COVID-19 out of our communities and helping keep our community safe," says XX.

"Following the roll-out to these groups an assessment will be carried out to determine how saliva testing can best be rolled out to other workers who are currently subject to mandatory testing every 14 days.

The announcement follows a Request for Proposal for COVID-19 saliva testing services released by the Ministry of Health.

The successful tenderer for the delivery of testing services at the border is xxxx. xxxx provides a wide range of pathology services to 75 percent of New Zealand's population and has more than 2,000 staff across its network of 25 laboratories and 150 collection centres. The Group has been heavily involved in New Zealand's response to COVID-19, processing a third of all tests carried out in New Zealand to date.

"One of the important considerations in awarding this contract is that the successful tenderer could provide the total service from the point of collection to providing automated notification for negative test results, without drawing on the current health workforce to achieve that.

“We will continue to assess emerging COVID-19 testing options to ensure our pandemic response testing programme is effective and adapt if needed.

“As with all our COVID-19 testing, processing will be carried out by appropriately accredited New Zealand laboratories. From the beginning, testing has been an essential part of our elimination strategy and the key starting point for identifying and containing the spread of COVID-19. Thank you to frontline workers and all New Zealanders who take COVID-19 tests. This really does help to keep New Zealand safe.”

Photographic opportunities

- *Saliva sample being processed for COVID-19, Southern Community Laboratories (SCL), Wellington – including Lambton Quay. This would have to be set up as the number of voluntary saliva samples currently being processed is very low.*
- *Saliva sample being collected – Jet Park, Auckland is currently carrying out saliva testing, but the voluntary uptake has been very low and would also need to be set up. For that reason, the Grand Mercure, Wellington, which will be carrying out saliva testing once this new contract is implemented could be set up for a photo.*

PROACTIVELY RELEASED

Appendix 3 – Draft Talking Points on Saliva Testing for Minister Hipkins 19 May 2021

Opening

- From the beginning, accurate PCR testing has been an essential part of our elimination strategy and the key starting point for identifying and containing the spread of COVID-19.
- We've now completed more than 2 million COVID-19 tests. Many of the samples analysed come from our health workers and other frontline staff who are working hard to keep us safe at our borders.
- Today I'm announcing that we will be expanding the roll out of saliva testing to a number of our frontline border workers and others who, through the nature of their work, have to undergo frequent mandatory testing. This will complement the current testing using nasopharyngeal swabs which is proving successful at keeping COVID-19 out of our communities and making us the envy of many other countries.

Background

- In New Zealand nasopharyngeal swabs are the preferred "gold standard" collection method for COVID-19 PCR testing because they are highly sensitive when it comes to detecting the virus. Qualified New Zealand laboratories that meet accreditation standards undertake the analysis of the swabs.
- Some people who have frequent testing, such as frontline border workers, find having a swab inserted in the nose very uncomfortable and hard to tolerate.
- Internationally many countries have been using saliva as an alternative sample type for testing and there have been calls for this less invasive sample, which can be self-collected, to become available as an option in New Zealand.
- In New Zealand to date voluntary saliva testing has only been available to border workers in quarantine and dual-purpose managed isolation and quarantine facilities.
- Saliva samples undergo the same rigorous laboratory analysis as nasopharyngeal swabs – it's just the sample type and collection method that's different.
- When used widely as a surveillance tool saliva testing may not be as sensitive as nasopharyngeal testing.
- While we gain experience with this approach and to avoid the risk of missing a person who may be infectious, we will start with a mixture of nasopharyngeal and saliva samples.
- Instead our scientists and laboratories been working behind the scenes to further investigate the benefits of saliva testing in New Zealand and how it could be introduced safely with the correct processes in place.
- Their conclusion was that saliva testing could be introduced as an option for surveillance testing of asymptomatic frontline border workers who have to undergo regular testing, to be provided as an addition to less frequent nasopharyngeal testing. In other words, saliva testing would complement current testing, not totally replace it.
- At the same time, with the border workforce now vaccinated they feel more protected and are less likely to get infected but also less likely to be symptomatic if they do. The addition of more frequent saliva testing is designed to address this.
- On 12 March the Ministry of Health released a Request for Proposals to seek suitably accredited and operationally ready suppliers to provide a saliva testing service from the point of collection through to notification of results.

Request for Proposal criteria

- A stand-alone saliva sample collection service that does not need to draw on the existing health and disability workforce to run it.
- A process that is quick and efficient for people being tested.
- Processing to be undertaken by a New Zealand laboratory accredited to ISO 15189 for the type of testing required.
- IT systems able to be integrated with the national public health response systems to enable submission of testing results as soon as they are available.
- Offers an automated solution that notifies the person being tested with negative results as soon as they are available.

Implementation

- Over the next 8-12 weeks a phased roll-out will take place, with healthcare workers in Managed Isolation and Quarantine facilities, and workers in quarantine facilities and then to all border workers.
- This includes others working on international flights and in some parts of our seaports.
- These workers will have a nasopharyngeal test once every 14 days, instead of weekly as it is currently, and a saliva test every 2 to 3 days in between nasopharyngeal tests. Both test types will be mandatory. Combined oropharyngeal/anterior nasal swabs will continue to be offered as an alternative swab type when nasopharyngeal swabs cannot be tolerated.
- Our laboratory and testing experts will carefully monitor and review this approach.
- Following the initial roll-out to these workers we will consider if and how saliva testing can best be rolled out to other workers, for example workers in Managed Isolation facilities who are currently subject to mandatory testing every 14 days.

Closing

- We will continue to assess emerging COVID-19 testing options to ensure our pandemic response testing programme is effective and able to adapt if needed.
- Thank you to frontline workers and all New Zealanders who take COVID-19 tests. This really does help to keep New Zealand safe.