Omicron in the community: what this means for you

January 2022

	Phases for response to Omicron		
	Phase One There are some cases in the community but we continue to stamp it out	Phase Two Cases have spread in the community so we need to minimise and slow further spread and assist our vulnerable communities	Phase Three There are thousands of cases per day: most people will self- manage and health and social services focus on families and communities that have the highest needs
Things you can do to protect yourself at ALL phases:	Get your COVID Booster shot 5-11 year olds first vaccination	Continue to Mask, Scan and Pass wherever you go	Good hygiene, physical distancing and stay home if unwell
Testing	 PCR test for people that have symptoms and close contacts at GP or Community Testing Centre PCR testing for international arrivals Find testing sites closest to you here: Healthpoint.co.nz 	 Rapid Antigen Tests (RAT) may be used in addition to PCR testing for symptomatic people and close contacts 'Test to return' if needed for asymptomatic healthcare and critical workforce who are close contacts using RATs. PCR testing to confirm diagnosis if positive RAT. 	 Due to so many cases per day, focus of PCR testing is on priority populations Symptomatic people or priority populations may use a RAT for diagnosis RATs available at GPs, Pharmacies, Community Testing Centres or workplaces for symptomatic or critical workers 'Test to return' for asymptomatic healthcare and critical workforce who are close contacts using RATs.
Case investigation and contact tracing	Cases: Identified via positive PCR test Notified by phone call and phone based case investigation Contacts: Active management of close contacts Close contacts notified by phone call Push notifications (QR scanning), Bluetooth and locations of interest used to identify contacts.	Digital technology is utilised more as cases grow – text via mobile phone and information via email. Support for those not digitally enabled. Cases: Identified via positive PCR test Notified by text and directed to online self-investigation Self-investigation tool increasingly targeting high-risk exposures (events or locations) Phone based interviews where required Symptomatic household contacts will become a probable case for management purposes. Contacts: Regular communication with household contacts Close contacts notified via text, directed to website, test on day 5 (non-household contacts self-manage) Push notifications (QR scanning), Bluetooth and Locations of Interest used to identify contacts 'Test to return' for critical infrastructure workers if needed.	 Digital technology continues – a self-serve model – with cases supported to self-notify close contacts. Focus on support for those not digitally enabled. Cases: Identified via positive PCR, RATs or symptoms Notified by text and directed to online self-investigation tool Self-investigation tool targets very high-risk exposures, narrowing the numbers of contacts identified Symptomatic household contacts a probable case, test not required. Contacts: Contacts: Contacts automatically notified from online self-investigation and option for cases to self-notify their contacts. Only highest risk contacts will be traced and required to isolate Limited use of push notifications, locations of interest or Bluetooth 'Test to return' for contacts who are health and critical infrastructure workers.
Isolation & Quarantine	Cases: Isolate for 14 days Contacts: Isolate for 10 days Extra support in place for health and critical workforces.	 Cases: Isolate for 10 days Contacts: Isolate for 7 days Extra support in place for health and critical workforces. 	Cases: Isolate for 10 days Contacts: Isolate for 7 days Extra support in place for health and critical workforces.
	 Begin shift to self-service - text/online Some positive cases using self-service tools, such as online contact forms Clinical care will be delivered by primary care teams, supported by the local care 	Cases using self-service where possible, ensure those with greatest need are being met Support by local care coordination but for those with a need for ongoing clinical care.	 Majority of positive cases are self-management. Clinical care is focused on anyone with high-needs Wranaround health and welfare support services will focus on those who need it



Health and social support - Care in the Community

- Clinical care will be delivered by primary care teams, supported by the local care
- All steps taken to support positive cases to isolate in their usual place of residence, with alternative accommodation options across the regions.
- Support by local care coordination hub for those with a need for ongoing clinical care.
- Other people with lower clinical risks, may contact external providers.
- Support for most positive cases to isolate in their usual place of residence. Alternative accommodation options across the regions are still available.
- Wraparound health and welfare support services will focus on those who need it
- Support for positive cases to isolate in their usual place of residence and unlikely there will be alternative accommodation capacity available for cases that are unable to safely isolate at home.



