COVID-19

Operational changes to respond to Omicron

25 January 2022

Phases for response to Omicron

	Phase One – Stamp It Out	Phase Two – Flatten The Curve	Phase Three – Manage it (high volumes)
Testing	• Current testing parameters continue. • PCR for symptomatic and close contacts. • Existing surveillance testing continues (focus on health and border workforce. • Distribution of additional supplies of RATs to community providers (in readiness - no change in use as yet) • Engage stakeholders on testing plan and prepare for changes	• PCR testing for symptomatic people and close contacts • Move ongoing asymptomatic surveillance testing to RATs e.g., healthcare workers. Continue use of PCR testing for border workforce • Engage stakeholders to prepare for transition to Phase Three • Clear and consistent public messaging re changes • Enablement of 'test to return' if needed for asymptomatic critical workforce who are close contacts using RATs • PCR testing to confirm diagnosis if positive RAT	• Omicron testing plan is now in operation. • Focus on testing priority populations, HCW and critical workforces. • Asymptomatic surveillance testing of HCW continues • Shift from testing of most people who are symptomatic from PCR to RATs as diagnostic test • Continuation of 'test to return' if needed for asymptomatic critical workforce who are close contacts using RATs at home
Case investigation and contact tracing	Cases: • Identified via positive PCR. • Notified by phone call and phone-based case investigation Contacts: • Active management of close contacts in the NCTS with texts, emails or phone calls daily • Test immediately and on days 5 and 8 post exposure • Close contacts notified by phone call • Push notifications (through mandatory QR scanning), Bluetooth and locations of interest used to identify contacts Public health response: • PHUs focus on high complexity cases investigation and medium-high risk settings. • NCIS focus on case investigation in low-risk settings.	End to end electronic pathway for notifications and self-investigation utilised. Cases: • Identified via positive PCR. • Notified by text and directed to online self-investigation (this helps a case undertake their own case investigation) • Self-investigation tool increasingly targeting high-risk exposures. • Phone based interviews by public health case investigators where required. • Symptomatic household contacts will become a probable case - test not required Contacts: • Active management (daily checking of household contacts) • Close contacts notified via text, directed to website, test on day 5 (non-household contacts self-manage) • Push notifications (through mandatory QR scanning), Bluetooth and locations of Interest used to identify contacts • 'Test to return' for critical infrastructure workers if needed Public health response: • PHUs focus on high priority cases and medium-high risk settings. • NCIS focus on case investigation and low to medium risk settings. • Border case investigations stops.	End to end electronic pathway utilised and cases supported to self-notify close contacts. Cases: • Identified via positive PCR, RATS or symptoms. • Symptomatic household contacts will become a probable case - test not required • Notified by text and directed to online self-investigation tool • Self-investigation tool targets very high-risk exposures, therefore narrowing the numbers of contacts identified. Contacts: • Contacts automatically notified from online self-investigation and option for cases to self-notify their contacts. • All close contacts self-manage, option to test if symptomatic. • Push notifications, locations of interest and Bluetooth notifications paused at high case numbers (QR scanning to remain mandatory) • 'Test to return' for critical infrastructure workers Public health response: • PHUs focus on outbreak management and very high-risk settings. • NCIS provide a supporting role to PHUs.
Isolation & Quarantine	Cases: • Isolate for 14 days (release by health official) Contacts: • Quarantine for 10 days (test days 5&8, if symptomatic, then test immediately) • Critical infrastructure/health workforce capacity will be supported by public health guidance to enable close contacts to work, this includes 'test to return'. • Isolation in community encouraged for community cases, but some limited availability of MIQ to support	Cases: • Isolate for 10 day (self-release after day 10 if asymptomatic for 72 hours) Contacts: • Quarantine for 7 days. (Test on day 5) • Critical infrastructure/health workforce capacity will be supported by public health guidance to enable close contacts to work, this includes 'test to return'.	Cases: • Isolate for 10 days (self-release after day 10 if asymptomatic for 72 hours). Contacts: • Quarantine for 7 days. (Test if symptomatic) • Critical infrastructure/health workforce capacity will be supported by public health guidance to enable contacts and if appropriate cases to work, which may include asymptomatic surveillance testing using RATs
Care in the Community	• Begin shift to self-service and automation. • Low proportion of positive cases using self-service tools. • Clinical care delivered by primary care teams, supported by the local care coordination hub. • All steps taken to support cases to isolate in their usual place of residence, with alternative accommodation options across the regions are identified and being utilised. • Preparedness activities progressing, including scaling community connector service, bringing forward tagged provider funding where appropriate	• Transition to cases using self-service and automation • Other people with lower clinical risks, but with welfare needs may instead present directly to MSD or external providers. • Clinical care delivered by primary care teams, supported by the local care coordination hub for those with a requirement for ongoing clinical care. • Support for positive cases to isolate in their usual place of residence. Alternative accommodation options across the regions are identified and being utilised, with some areas becoming stressed. • Close engagement with all-of-government providers to ensure access to services is provided from a range of entry points. • Community providers designated as a critical workforce.	• Majority of positive cases are self-managed. • High touch clinical care is focussed on those with high needs • Wraparound government support services will focus on those with high needs • 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. • Lower risk individuals and households will likely present directly through other channels/services (such as community providers) as case numbers reach very high levels
The use of masks and face coverings	• All public indoor spaces and public transport, at all times • General public: reusable well-fitting mask, multiple layers (three layer minimum) or disposable medical mask that meets the recognised NZ standard • Critical workers including general health workers: Certified well-fitting medical mask • Higher risk health workers or border staff: P2/N95 particulate respirators – fit tested	• All public indoor spaces and public transport, at all times • General public: Reusable well-fitting mask, multiple layers (three layer minimum) or disposable medical mask that meets the recognised NZ standard • Critical workers: Certified well-fitting medical mask • General health workers: Certified medical mask -Type II R or Level 2 – 3 • Higher risk health workers or border staff P2/N95 particulate respirators – fit tested	• All public indoor spaces, and public transport, at all times • General public: medical mask that meets NZ standard with option of layering with a reusable face mask on top to create an improved fit • Critical workers Certified medical mask • General health workers: Certified medical mask -Type II R Level 2 – 3 or in specific circumstances P2/N95 particulate respirator • Higher risk health workers or border staff: P2/N95 particulate respirators – fit tested