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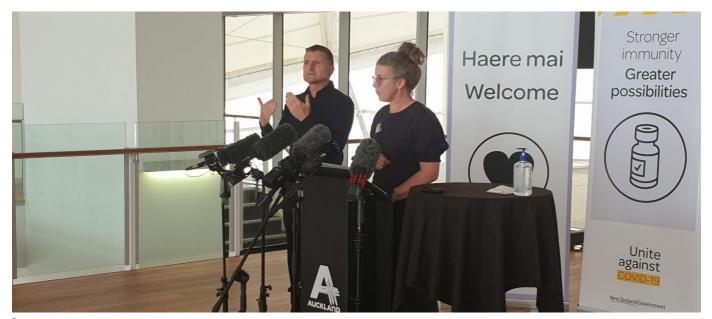
Omicron: Primary care recognised for keeping many out of hospital



Martin Johnston mjohnston@nzdoctor.co.nz

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Friday 11 March 2022, 04:01 PM 2 minutes to Read



Christine McIntosh, primary care clinical leader at Whānau HQ, acknowledged the hard work of Auckland primary care in the Omicron outbreak

"It's pretty stretched...The crunch is on in the system"

Auckland health officials acknowledged today how stretched primary care is by the Omicron wave, but also how the sector's hard work is keeping many cases out of hospital.

And they repeated their optimism, first expressed last Friday, that the region's case numbers may have peaked.

"We continue with the same cautious optimism we talked about here last week," Andrew Old, the chief clinical officer of the Northern Region Health Coordination Centre, told a media conference at The Cloud in downtown Auckland.

Daily COVID-19 case numbers, Auckland and New Zealand

Date	Auckland	NZ
1 March	12 530	19 566
2 March	13 231	22 152
3 March	13 237	23 183
4 March	13 252	22 527
5 March	9789	18 833
6 March	7226	15 161
7 March	7639	17 522
8 March	9881	23 894
9 March	8529	22 454
10 March	7234	21 015
11 March	7172	20 989

Primary care pressure acknowledged

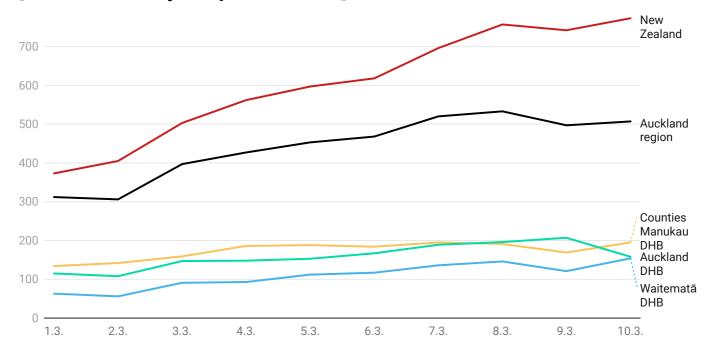
Christine McIntosh, primary care clinical leader at Whānau HQ, the region's home isolation hub, acknowledged the pressure practices are under from the high numbers of cases they are caring for and from the COVID-related absences of many staff. Many were working long hours.

"It's pretty stretched...The crunch is on in the system," she said. But the efforts of primary care were helping to keep the hospitalisation rate of COVID cases to a relatively low level.

Dr McIntosh has received no reports of practices having to close for parts of the day because of staff absences. She was unable to provide any data on the number of primary care staff absent but undertook to do so.

"We have a primary care resilience tool to indicate where there are pressures. We are working with primary care to give them the tools to manage the load where possible." She said the community was becoming more comfortable with the home isolation system. Not every family in isolation would receive a call from a health worker as the focus was on those most in need, but she emphasised that people with worsening symptoms should not hesitate to seek medical help.

[COVID-19 daily hospital census]



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Testing and hospital data



Andrew Old, the chief clinical officer of the Northern Region Health Coordination Centre

Dr Old said there are 856 COVID cases in hospital nationally today, including 601 in Auckland. There are 20 in ICU/HDU nationally including 10 in Auckland. Seven deaths were reported today, including five in Auckland.

In support of his cautious optimism for Auckland having peaked, he cited the region's three-day average of cases, which stands at about 8500, compared with a peak in early March of about 14,000.

"Although we know we are not detecting all the cases out there, we have good testing coverage of our population, with about 15 per cent of everyone enrolled with a general practice having been tested in the past fortnight. And our daily test registrations remain high at about 30,000 per day.

"However, given the bumpy outbreaks we have seen overseas, it's certainly too early to call it definitively, but as I say [we] remain cautiously optimistic."

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RAT positivity rates

Dr Old says more than two million RAT tests have been distributed in Auckland since 1 March through community testing centres and RAT collection sites. More than 500,000 RAT results have been recorded, 240,000 of them in the last seven days. The positivity rates were 28 per cent for supervised RATs and 46 per cent for self-reported samples, the latter reflecting the smaller proportion of negative results that were being reported.

Dr Old described how some DHB employees are working in different areas from usual to help hospitals cope with the high pressure from case numbers and staff absences – for instance legal staff working in security, allied health helping orderlies, public health nurses working in hospital roles, and anaesthetists working in phlebotomy.

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