

## Phases for response to Omicron

	Phase One	Phase Two	Phase Three
Testing	<ul style="list-style-type: none"> <li>PCR for symptomatic people and close contacts via GP or CTC.</li> <li>Existing surveillance testing continues</li> <li>PCR testing for border workers and international arrivals entering MIQ</li> <li>Mixed model of RAT and PCR testing for healthcare workers</li> <li>PCR testing to confirm diagnosis if positive RAT</li> <li>Introduction of 'Close Contact Exemption Scheme' if needed for asymptomatic critical workers who are close or household contacts using daily RATs</li> <li>Distribution of additional supplies of RATs to community providers (in readiness - no change in use as yet)</li> <li>Engage stakeholders on testing plan and prepare for changes</li> </ul>	<ul style="list-style-type: none"> <li>PCR testing for symptomatic people and close contacts where possible. RATs used instead of PCR testing for symptomatic and close/household contacts in regions with high testing demand.</li> <li>Move ongoing asymptomatic surveillance testing to RATs e.g., healthcare workers, discontinue other asymptomatic surveillance testing unless recommended by the Ministry of Health</li> <li>Transitioning border workforce to RATs, beginning with Northern Region</li> <li>International arrivals entering MIQ PCR testing (frequency changes as of 28 February), RAT for self-isolation from 28 February</li> <li>Engage stakeholders to prepare for transition to Phase Three</li> <li>Clear and consistent public messaging re changes</li> <li>'Close Contact Exemption Scheme' if needed for asymptomatic critical workers who are close or household contacts using daily RATs</li> <li>PCR testing to confirm diagnosis if positive RAT</li> </ul>	<ul style="list-style-type: none"> <li>Focus PCR testing on those who are unwell and more susceptible to the effects of COVID-19, including members of priority populations</li> <li>Border workforce regular RATs</li> <li>International arrivals entering MIQ PCR testing (frequency changes as of 28 February), RAT for self-isolation from 28 February</li> <li>Positive RAT results do not need to be confirmed with a PCR test unless this is advised</li> <li>'Close Contact Exemption Scheme' if needed for asymptomatic critical workers who are household contacts using daily RATs</li> <li>RATs available at a variety of locations, depending on reason for testing, including Community Testing Centres/Pick Up Points, GPs, pharmacies, community providers or workplaces</li> </ul>
Case investigation and contact tracing	<p>Cases:</p> <ul style="list-style-type: none"> <li>Identified via positive PCR.</li> <li>Notified by phone call and phone-based case investigation</li> </ul> <p>Contacts:</p> <ul style="list-style-type: none"> <li>Active management of close contacts in the NCTS with texts, emails or phone calls daily</li> <li>Test immediately and on days 5 and 8 post exposure</li> <li>Close contacts notified by phone call</li> <li>Push notifications through QR scanning, Bluetooth and locations of interest used to identify contacts</li> </ul> <p>Public health response:</p> <ul style="list-style-type: none"> <li>PHUs focus on high complexity cases investigation and medium-high risk settings.</li> <li>NCIS focus on case investigation in low-risk settings.</li> </ul>	<p>End to end electronic pathway for notifications and self-investigation utilised.</p> <p>Cases:</p> <ul style="list-style-type: none"> <li>Identified via positive PCR.</li> <li>Notified by text and directed to online self-investigation (this helps a case undertake their own case investigation)</li> <li>Self-investigation tool increasingly targeting high-risk exposures.</li> <li>Phone based interviews by public health case investigators where required.</li> <li>Symptomatic household contacts will become a probable case for reporting and case management purposes</li> <li>WGS prioritised based on PHU and MOH advice</li> </ul> <p>Contacts:</p> <ul style="list-style-type: none"> <li>Active management (daily checking of household contacts)</li> <li>Close contacts notified via text, directed to website, test on day 5 (non-household contacts self-manage)</li> <li>Push notifications through QR scanning, Bluetooth and locations of interest used to identify contacts</li> <li>'Close Contact Exemption Scheme' for critical infrastructure workers if needed</li> </ul> <p>Public health response:</p> <ul style="list-style-type: none"> <li>PHUs focus on high priority cases and medium-high risk settings.</li> <li>NCIS focus on case investigation and low to medium risk settings.</li> <li>Border case investigations stops.</li> </ul>	<p>End to end electronic pathway utilised and cases self-notify close contacts.</p> <p>Cases:</p> <ul style="list-style-type: none"> <li>Identified via positive PCR, RATs or symptoms.</li> <li>Upload positive RAT to My COVID Record</li> <li>Notified by text and directed to online self-investigation tool</li> <li>Self investigation tool will focus on household, very high-risk contacts eg, correctional facilities and residential care settings, thereby narrowing the numbers of contacts identified.</li> <li>WGS prioritised based on PHU and MOH advice and only on PCR results</li> </ul> <p>Household contacts:</p> <ul style="list-style-type: none"> <li>Notified via text if loaded into the online self-investigation tool by the case.</li> <li>Household contacts provided information to self-manage</li> <li>RAT test on Case's Day 3 and 10 of isolation and if symptomatic.</li> <li>Upload positive RAT to My COVID Record</li> </ul> <p>Public health response:</p> <ul style="list-style-type: none"> <li>QR scanning to remain to support case investigation</li> <li>Locations of interest won't be published and no push notifications</li> <li>Close Contact Exemption Scheme using RATS for asymptomatic healthcare and critical infrastructure workforce who are household contacts</li> <li>The contact tracing system will manage cases, and high-risk exposure events including: <ul style="list-style-type: none"> <li>Residential housing (Transitional housing, boarding houses, youth justice, soup kitchens, homeless shelter)</li> <li>Faith based places of worship</li> <li>Aged residential care</li> <li>Marae / Tangihanga</li> </ul> </li> </ul> <p>Public health response:</p> <ul style="list-style-type: none"> <li>PHUs focus on outbreak management and very high-risk settings.</li> <li>NCIS provide a supporting role to PHUs.</li> </ul>
Isolation & Quarantine	<p>Cases:</p> <ul style="list-style-type: none"> <li>Isolate for 14 days (release by health official)</li> </ul> <p>Household contacts:</p> <ul style="list-style-type: none"> <li>Isolate until case released AND for an additional 10 days post case release (Test on days 5 and 8 post case release)</li> </ul> <p>Close contacts:</p> <ul style="list-style-type: none"> <li>Isolate for 10 days from last exposure (test immediately and on days 5 and 8)</li> </ul> <ul style="list-style-type: none"> <li>Critical infrastructure/health workforce capacity will be supported by public health guidance to enable close contacts to work, this includes the 'Close Contact Exemption Scheme'.</li> <li>Isolation in community encouraged for community cases, but some limited availability of MIQ to support</li> </ul>	<p>Cases:</p> <ul style="list-style-type: none"> <li>Isolate for 10 days (self release after day 10)</li> </ul> <p>Household contacts:</p> <ul style="list-style-type: none"> <li>Isolate with case (test when symptoms develop or when the case reaches day 3 and day 8 of isolation). Release on the same day as the case (after the case has completed 10 days isolation) provided no new or worsening symptoms AND negative day 8 test</li> </ul> <p>Close contacts:</p> <ul style="list-style-type: none"> <li>Isolate for 7 days (test on day 5)</li> </ul> <ul style="list-style-type: none"> <li>Critical infrastructure/health workforce capacity will be supported by public health guidance to enable close contacts to work, this includes 'test to return'.</li> </ul>	<p>Cases:</p> <ul style="list-style-type: none"> <li>Isolate for 10 days (self release after day 10)</li> </ul> <p>Household contacts:</p> <ul style="list-style-type: none"> <li>Isolate with case (test when symptoms develop or when the case reaches day 3 and day 10 of isolation). Release on the same day as the case (after the case has completed 10 days isolation) provided no new or worsening symptoms AND negative day 10 test. Testing with RATs provided by community.</li> </ul> <p>Close contacts:</p> <ul style="list-style-type: none"> <li>Not required to self-isolate. Self-monitor for 10 days and test if symptomatic</li> </ul> <ul style="list-style-type: none"> <li>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</li> </ul>
Care in the Community	<ul style="list-style-type: none"> <li>Begin shift to self-service and automation</li> <li>Low proportion of positive cases using self-service tools</li> <li>Clinical care delivered by primary care teams, supported by the local care coordination hub</li> <li>All steps taken to support cases to isolate in their usual place of residence, with alternative accommodation options across the regions identified and being utilised</li> <li>Preparedness activities progressing, including scaling community connector service, bringing forward tagged provider funding where appropriate</li> <li>Community providers designated as a critical workforce</li> </ul>	<ul style="list-style-type: none"> <li>Transition to cases using self-service and automation</li> <li>Other people with lower clinical risks, but with welfare needs may still require support through the welfare response</li> <li>Clinical care delivered by primary care teams, supported by the local care coordination hub for those with a requirement for ongoing clinical care</li> <li>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</li> <li>Close engagement with all-of-government providers to ensure access to services is provided from a range of entry points</li> <li>Community providers designated as a critical workforce</li> </ul>	<ul style="list-style-type: none"> <li>Majority of positive cases are self-managed</li> <li>Clinical care is focused on those with high needs</li> <li>Wraparound health and welfare support services will focus on those with high needs</li> <li>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</li> <li>Lower risk individuals and households with welfare needs may present through other channels/services (such as community providers) as case numbers reach very high levels</li> <li>Community providers designated as a critical workforce</li> </ul>