

Phases for response to Omicron

	Phase One	Phase Two	Phase Three
Testing	<ul style="list-style-type: none"> PCR for symptomatic people and close contacts via GP or CTC. Existing surveillance testing continues PCR testing for border workers and international arrivals entering MIQ Mixed model of RAT and PCR testing for healthcare workers PCR testing to confirm diagnosis if positive RAT Introduction of 'test to return' to work, so asymptomatic close contact critical workforce can continue to work if no positive result from a RAT 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 	<ul style="list-style-type: none"> RATs may be used in addition to PCR testing for symptomatic people and close contacts Move ongoing asymptomatic surveillance testing to RATs e.g., healthcare workers, discontinue other asymptomatic surveillance testing unless recommended by the Ministry of Health Continue use of PCR testing for border workforce and international arrivals entering MIQ (possibly with different timing/frequency) Engage stakeholders to prepare for transition to Phase Three Clear and consistent public messaging re changes 'Test to return' if needed for asymptomatic critical workforce who are close contacts using RATs PCR testing to confirm diagnosis if positive RAT 	<ul style="list-style-type: none"> Focus PCR testing on priority populations Continue use of PCR testing of border workforce Symptomatic people or priority populations may use a RAT for diagnosis 'Test to return' if needed for asymptomatic healthcare and critical workforce who are close contacts using RATs RATs available at GPs, Pharmacies, CTCs or workplaces for symptomatic or critical workers.
Case investigation and contact tracing	<p>Cases:</p> <ul style="list-style-type: none"> Identified via positive PCR. Notified by phone call and phone-based case investigation <p>Contacts:</p> <ul style="list-style-type: none"> 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 QR scanning, Bluetooth and locations of interest used to identify contacts <p>Public health response:</p> <ul style="list-style-type: none"> PHUs focus on high complexity cases investigation and medium-high risk settings. NCIS focus on case investigation in low-risk settings. 	<p>End to end electronic pathway for notifications and self-investigation utilised.</p> <p>Cases:</p> <ul style="list-style-type: none"> 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 for reporting and case management purposes WGS prioritised based on PHU and MOH advice <p>Contacts:</p> <ul style="list-style-type: none"> 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 QR scanning, Bluetooth and locations of interest used to identify contacts 'Test to return' for asymptomatic critical infrastructure workers if needed <p>Public health response:</p> <ul style="list-style-type: none"> 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. 	<p>End to end electronic pathway utilised and cases supported to self-notify close contacts.</p> <p>Cases:</p> <ul style="list-style-type: none"> 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 will focus on very high-risk contacts eg correctional facilities households and residential care settings, thereby narrowing the numbers of contacts identified. WGS prioritised based on PHU and MOH advice <p>Contacts:</p> <ul style="list-style-type: none"> Light touch support for contacts, who will be automatically notified from online self-investigation with an option for cases to self-notify their contacts. All close contacts provided information to self-manage, option to test if symptomatic. Only highest risk contacts will be traced and required to isolate Limited use of push notifications, locations of interest and Bluetooth notifications at high case numbers - QR scanning to remain 'Test to return' for contacts who are critical infrastructure workers <p>Public health response:</p> <ul style="list-style-type: none"> PHUs focus on outbreak management and very high-risk settings. NCIS provide a supporting role to PHUs.
Isolation & Quarantine	<p>Cases:</p> <ul style="list-style-type: none"> Isolate for 14 days (release by health official) <p>Contacts:</p> <ul style="list-style-type: none"> Isolate for 10 days (test days 5 & 8, if symptomatic, then test) <ul style="list-style-type: none"> 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 	<p>Cases:</p> <ul style="list-style-type: none"> Isolate for 10 day (self release after day 10 if asymptomatic for 72 hours (under review)). <p>Contacts:</p> <ul style="list-style-type: none"> Isolate for 7 days (test on day 5) <ul style="list-style-type: none"> Critical infrastructure/health workforce capacity will be supported by public health guidance to enable close contacts to work, this includes 'test to return'. 	<p>Cases:</p> <ul style="list-style-type: none"> Isolate for 10 days (self release after day 10 if asymptomatic for 72 hours (under Review)). <p>High risk Contacts:</p> <ul style="list-style-type: none"> Isolate for 7 days (test if symptomatic) <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 identified and being utilised Preparedness activities progressing, including scaling community connector service, bringing forward tagged provider funding where appropriate Community providers designated as a critical workforce 	<ul style="list-style-type: none"> Transition to cases using self-service and automation Other people with lower clinical risks, but with welfare needs may still require support through the welfare response 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 	<ul style="list-style-type: none"> Majority of positive cases are self-managed Clinical care is focussed on those with high needs Wraparound health and welfare 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 with welfare needs may present through other channels/services (such as community providers) as case numbers reach very high levels Community providers designated as a critical workforce