

## PHASE ONE

### Response settings

Testing	<p><b>Current testing parameters continue</b></p> <ul style="list-style-type: none"> <li>• <b>Continue</b> PCR testing for symptomatic people and close contacts via GP or CTC</li> <li>• <b>Continue</b> existing surveillance testing</li> <li>• <b>Continue</b> PCR testing for border workers and international arrivals into MIQ</li> <li>• <b>Continue</b> mixed model of rapid antigen testing (RAT) and PCR testing for healthcare workers, as appropriate</li> <li>• <b>Continue</b> PCR testing to confirm diagnosis where positive RAT</li> <li>• <b>Change</b> - Introduction of 'test to return' to work, so asymptomatic close contact critical workforce can continue to work if no positive result from a RAT test</li> </ul> <p><b>Preparation for latter phases:</b></p> <ul style="list-style-type: none"> <li>• Pre-loading RAT supply to healthcare providers, community providers and (supervised testing and onward distribution of home testing for workforce use or distribution)</li> <li>• Monitor PCR demand and reporting timeframes, identifying need to redistribute samples regionally if this arises</li> <li>• Engage stakeholders on testing plan and new criteria for testing, and develop guidance on change to testing parameters</li> </ul>
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Case investigation and contact tracing	<p><b>Case notification and investigation:</b></p> <ul style="list-style-type: none"> <li>• Identified via positive PCR.</li> <li>• Notified by phone call and phone-based case investigation</li> <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> <li>• WGS is prioritised based on PHU requirements in consultation with MOH</li> </ul> <p><b>Contact categorisation:</b></p> <ul style="list-style-type: none"> <li>• Close contacts only</li> </ul> <p><b>Contact management:</b></p> <ul style="list-style-type: none"> <li>• Close contacts notified by phone call</li> <li>• Active management of close contacts in the NCTS with texts, emails or phone calls daily</li> </ul> <p><b>Isolation requirements for cases and contacts:</b></p> <ul style="list-style-type: none"> <li>• <b>Cases:</b> isolate for 14 days (release by health official)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Close contacts:</b> isolate for 10 days since exposure</li> </ul> <p><b>Testing:</b></p> <ul style="list-style-type: none"> <li>• <b>Case:</b> diagnostic PCR</li> <li>• <b>Close Contacts:</b> 1 PCR Test immediately and on days 5 and 8 post exposure</li> </ul> <p><b>Locations of interest (LOI) / push notifications:</b></p> <ul style="list-style-type: none"> <li>• Push notifications (through mandatory QR scanning), Bluetooth and locations of interest used to identify contacts</li> </ul> <p><b>Technology:</b></p> <ul style="list-style-type: none"> <li>• Automated digital pathway plus manual pathway as an option.</li> <li>• Electronic outbreak detection tool - technology solution to automate the detection of clusters and outbreaks</li> </ul> <p><b>Border case investigation:</b></p> <ul style="list-style-type: none"> <li>• No case investigations for border cases in a MIQF</li> </ul>
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Isolation & Quarantine	<p><b>Cases:</b></p> <ul style="list-style-type: none"> <li>• Isolate for 14 days (release by health official)</li> </ul> <p><b>Contacts:</b></p> <ul style="list-style-type: none"> <li>• Isolate for 10 days (test days 5 &amp; 8 unless symptomatic, then test immediately)</li> </ul> <p>Critical infrastructure/health workforce capacity will be supported by public health guidance to enable close contacts to work, this includes 'test to return'.</p> <p>Isolation in community encouraged for community cases, but some limited availability of MIQ to support</p>
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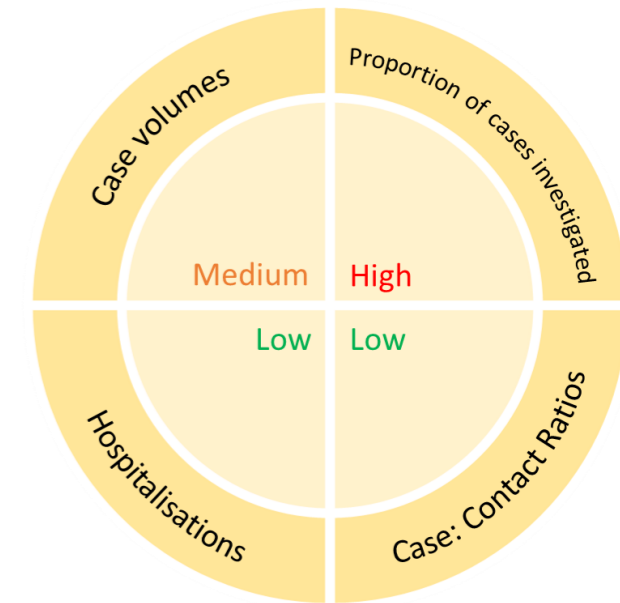
Care in the Community	<ul style="list-style-type: none"> <li>• Begin shift to self-service and automation.</li> <li>• Low proportion of positive cases using self-service tools.</li> <li>• Clinical care delivered by primary care teams, supported by the local care coordination hub.</li> <li>• All steps taken to support positive cases to isolate in their usual place of residence. Alternative accommodation options across the regions are 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>
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**Situation:** A few cases in community, but most cases connected

**Objectives:** Contain and eliminate

### Recommended mask use

General public		<ul style="list-style-type: none"> <li>• Reusable well-fitted mask (3 layer minimum) or disposable medical mask</li> </ul>
Critical workers including general health workers:		<ul style="list-style-type: none"> <li>• Certified well-fitting medical mask</li> </ul>
Higher risk health workers or border staff		<ul style="list-style-type: none"> <li>• P2/N95 particulate respirators - fit tested</li> </ul>



### Impact of management strategies

Omicron management strategies	Vaccination	Electronic case notification	Case investigation (whole population)	Case investigation (vulnerable population)	Case and contact self-management	Relative focus on vulnerable settings	Locations of interest and push notifications	Border response	Testing - PCR	Testing - RATs
Stamp it out	++	+	++	+	+	+	+	+	+++	+

Key: +++ Significant, ++ Moderate, + Minor, - N/A

### Testing plan

	MoH supplied RAT for self-testing		MoH supplied supervised RAT		MoH funded PCR testing	
	Asymptomatic	Symptomatic	Asymptomatic	Symptomatic	Asymptomatic	Symptomatic
<b>Prioritised cohorts</b>						
Critical workers	In some settings	No	No	No	In some settings	Yes
Patients	No	No	In some settings	No	In some settings	Yes
Border workers	No	No	No	No	Yes	Yes
Priority populations	No	No	In some settings	In some settings	In some settings	Yes
General population	No	No	In some settings	No	No	Yes
Close contacts	No	No	No	No	Yes	Yes
Education	No	No	No	No	No	Yes
Healthcare visitors	No	No	In some settings	No	In some settings	Yes
International arrivals	Starts with RNZ	Starts with RNZ	No	No	Yes	Yes
International departures	No	No	No	No	No	Yes
Other businesses	No	No	No	No	No	Yes

## PHASE TWO

### Response settings

**Testing**

**Some testing parameters continue, others begin to change. Ensure clear and consistent public messaging re changes**

- Continue** PCR testing for symptomatic people and close contacts. RATs may be used in addition to PCR
- Continue** PCR testing for border workers and international arrivals into MIQ (possibly on a different or reduced regime)
- Continue** PCR testing to confirm diagnosis if positive RAT
- Change** - Move ongoing asymptomatic surveillance testing to RATs e.g., healthcare workers, discontinue other asymptomatic surveillance testing unless recommended by the Ministry of Health
- Change** - Enable 'test to return' to work if needed for asymptomatic critical workforce who are close contacts using RATs

**Preparation for latter phase**

- Continue pre-loading RAT supply to healthcare providers and community providers (supervised testing and home testing for workforce use or distribution)
- Commence distribution to other critical workforces (as defined by MBIE and DPMC)
- Engage stakeholders to prepare for transition to Phase Three
- Confirm plans with prioritised groups for changes to testing, including CTCs' transition to new testing plan
- Monitor PCR demand and reporting timeframes, informed by changing incidence. Identify need to redistribute samples regionally if this arises

**Case notification and investigation:**

End to end electronic pathway for notifications and self-investigation utilised.

- Cases identified via positive PCR
- Cases are notified via text message 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.
- PHUs focus on high priority cases and medium-high risk settings.
- NCIS focus on case investigation and low to medium risk settings.
- Symptomatic household contacts will become a probable case for reporting and case management purposes.
- WGS is prioritised based on PHU and MOH advice

**Case notification and investigation:**

- 'Test to return' for asymptomatic critical infrastructure workers if needed

**Isolation requirements for cases and contacts:**

- Cases:** isolate for 10 days, (self-release after day 10 if asymptomatic for 72 hours (under review)).
- Close Contacts:** isolate for 7 days since exposure (Test day 5)

**Testing:**

- Cases:** PCR test or RATs is used to diagnose COVID depending on availability. PCR testing to confirm diagnosis if positive RAT.
- Close Contacts:** PCR test on Day 5
- 'Test to Return' to work for critical workforce utilising RATs

**Locations of interest (LOI) / push notifications:**

- Push notifications (through mandatory QR scanning), Bluetooth and locations of Interest used to identify contacts.

**Technology:**

- Automated digital pathway with limited manual pathway.

**Border case investigation:**

- Not completed.

**Case investigation and contact tracing**

**Contact categorisation:**

- Close contacts only – no change to definition.

**Contact management:**

- Active management (daily checking of household contacts)
- Close contacts notified via text, directed to website, test on day 5 (non-household contacts self-manage)

**Isolation & Quarantine**

**Cases:**

- Isolate for 10 day (self-release after day 10 if asymptomatic for 72 hours (under review)).

**Contacts:**

- isolate 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'.

**Care in the Community**

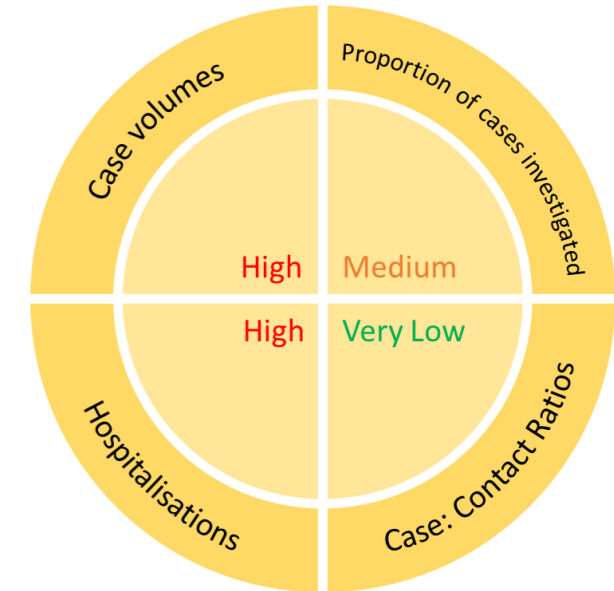
- Transition to cases using self-service and automation.
- Other people with lower clinical risks, but with welfare needs may instead present directly to MSD or external providers.
- Clinical care delivered by primary care teams, supported by the local care coordination hub for those with a requirement 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.

**Situation:** Case numbers increasing significantly, growing pressure on health system (but manageable)

**Objectives:** Reduce rates of community transmission and transition system responses

### Recommended mask use

<b>General public</b>		<ul style="list-style-type: none"> <li>Reusable well-fitted mask (3 layer minimum) or disposable medical mask</li> </ul>
<b>Critical workers</b>		<ul style="list-style-type: none"> <li>Certified well-fitting medical mask</li> </ul>
<b>General health workers</b>		<ul style="list-style-type: none"> <li>Certified medical mask -Type II R or Level 2 – 3</li> </ul>
<b>Higher risk health workers or border staff</b>		<ul style="list-style-type: none"> <li>P2/N95 particulate respirators – fit tested</li> </ul>



### Impact of management strategies

Omicron management strategies	Vaccination	Electronic case notification	Case investigation (whole population)	Case investigation (vulnerable population)	Case and contact self-management	Relative focus on vulnerable settings	Locations of interest and push notifications	Border response	Testing - PCR	Testing - RATs
Flatten the curve	++	++	+	++	++	++	-	-	++	++

Key: +++ Significant, ++ Moderate, + Minor, - N/A

### Testing plan

	MoH supplied RAT for self-testing		MoH supplied supervised RAT		MoH funded PCR testing	
	Asymptomatic	Symptomatic	Asymptomatic	Symptomatic	Asymptomatic	Symptomatic
<b>Prioritised cohorts</b>						
Critical workers	In some settings/if close contact	No	No	No	By exception	Yes
Patients	No	No	In some settings	No	In some settings	Yes
Border workers	No	No	No	No	Yes	Yes
Priority populations	No	No	In some settings	In some settings	In some settings	Yes
General population	No	No	In some settings	No	No	Yes
Close contacts	No	No	No	No	Yes	Yes
Education	No	No	No	No	No	Yes
Healthcare visitors	No	No	In some settings	No	In some settings	Yes
International arrivals	Starts with RNZ	Starts with RNZ	No	No	Yes	Yes
International departures	No	No	No	No	No	Yes
Other businesses	No	No	No	No	No	Yes

\*indicative table content

## PHASE THREE

### Response settings

#### Testing

**Omicron testing plan is now in operation**

- Change** - Focus PCR testing on priority populations
- Continue** - Continuation of 'test to work' if needed for asymptomatic healthcare and critical workforce who are close contacts using RATs
- Change** - Shift from testing of most who are symptomatic via PCR to RATs
- Change** - Symptomatic people or priority populations may use a RAT for diagnosis without the need for PCR confirmation, unless this is necessary for clinical management. RATs available Pharmacies, CTCs or workplaces for symptomatic or critical workers
- Continue** PCR testing for border workers.
- Continue** 'test to return' to work if needed for asymptomatic critical workforce who are close contacts using RATs

**Sustaining new approach to testing**

- Continue to supply RATs to healthcare and other critical workforces to meet demand
- Monitor PCR demand and reporting timeframes following changes to testing plan and in light of changing incidence
- Monitor supply/demand and where required recommend action to re-prioritise.

#### Case investigation and contact tracing

**Case notification and investigation:**

End to end electronic pathway utilised and cases supported to self-notify close contacts.

- Cases identified via positive PCR, RATs or symptoms.
- Notified by text and directed to online self-investigation tool
- Self investigation tool will focus on very high-risk contacts e.g., correctional facilities households and residential care settings, thereby narrowing the numbers of contacts identified
- PHUs focus on outbreak management and very high-risk settings
- NCIS provide a supporting role to PHUs.
- WGS is prioritised based on PHU and MOH advice

**Contact categorisation:**

- Close contacts only – no change to definition.

**Contact management:**

- Light touch support for contacts, who will be automatically notified from online self-investigation with an option for cases to self-notify their contacts
- Close contacts provided information to self-manage, option to test if symptomatic
- Only highest risk contacts will be traced and required to isolate

**Isolation requirements for cases and contacts:**

- Cases:** isolate for 10 days, (self-release after day 10 if asymptomatic for 72 hours (under review))
- Close Contacts:** isolate for 7 days since exposure (Test day 5)

**Testing:**

- Cases:** PCR test or RATs is used to diagnose COVID depending on availability. If PCR is not available, a positive RAT and COVID-19 symptoms will constitute a case
- Close Contacts:** Symptomatic contacts considered probable cases without diagnostic test. If negative RATs, consider not a case.
- 'Test to Return' to work for critical workforce utilising RATs

**Locations of interest (LOI) / push notifications:**

- Limited use of push notifications, locations of interest and Bluetooth notifications at high case numbers - QR scanning to remain.

**Technology:**

- Self-registration of cases but no case investigation completed.

**Border case investigation:**

- N/A

#### Isolation & Quarantine

**Cases:**

- Isolate for 10 days (self-release after day 10 if asymptomatic for 72 hours (under review)).

**High Risk Contacts:**

- Isolate 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.

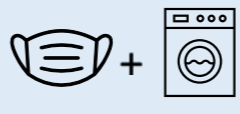

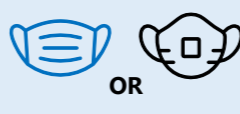

#### Care in the Community

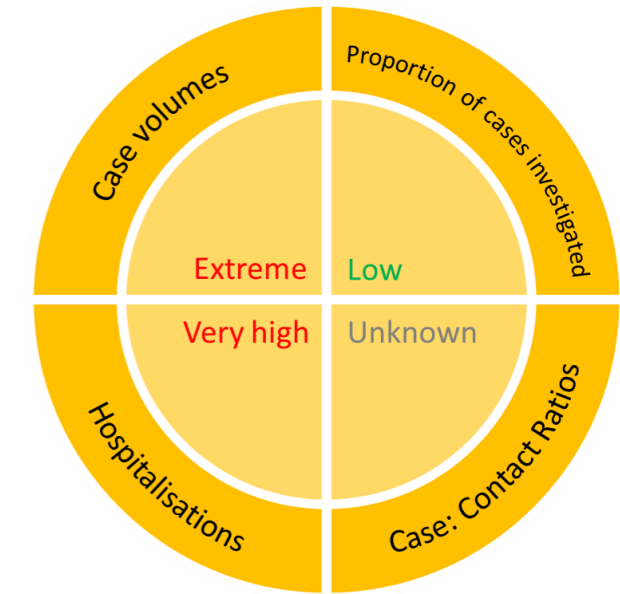
- Majority of positive cases are self-managed.
- Clinical care is focussed on those with high needs.
- Wraparound health and welfare support services will focus on those with high needs.
- Support for positive cases to isolate in their usual place of residence and unlikely there will be alternative accommodation capacity available for cases that are unable to safely isolate at home.
- Lower risk individuals and households will likely present directly through other channels/services (such as community providers) as case numbers reach very high levels.
- Community providers designated as a critical workforce.

**Situation:** Widespread community cases, need to change tack to manage pressure on health services

**Objectives:** Preserve (protect vulnerable communities and critical services and infrastructure)

### Recommended mask use

<b>General public</b>		<ul style="list-style-type: none"> <li>Medical mask that meets NZ standard with option of layering reusable face mask on top</li> </ul>
<b>Critical workers</b>		<ul style="list-style-type: none"> <li>Certified medical mask</li> </ul>
<b>General health workers</b>		<ul style="list-style-type: none"> <li>Certified medical mask – Type IIR Level 2-3 or in specific circumstances P2/N95</li> </ul>
<b>Higher risk health workers or border staff</b>		<ul style="list-style-type: none"> <li>P2/N95 particulate respirators – fit tested</li> </ul>



### Impact of management strategies

Manage it	Omicron management strategies	Vaccination	Electronic case notification	Case investigation (whole population)	Case investigation (vulnerable population)	Case and contact self-management	Relative focus on vulnerable settings	Locations of interest and push notifications	Border response	Testing - PCR	Testing - RATs
	++	+++	-	+++	+++	+++	-	-	+	+++	

Key: +++ Significant, ++ Moderate, + Minor, - N/A

### Testing plan

	MoH supplied RAT for self-testing		MoH supplied supervised RAT		MoH funded PCR testing	
	Asymptomatic	Symptomatic	Asymptomatic	Symptomatic	Asymptomatic	Symptomatic
<b>Prioritised cohorts</b>						
Critical workers	If close contact/by exception	Yes	No	No	By exception	By exception
Patients	No	Yes	In some settings	Yes	In some settings	In some settings
Border workers	No	Yes	No	No	Yes	Yes
Priority populations	No	Yes	In some settings	Yes	No	In some settings
General population	No	Yes	In some settings	In some settings	No	Clinical discretion
Close contacts	No	Yes	No	No	No	By exception
Education	No	Yes	No	No	No	No
Healthcare visitors	No	Yes	In some settings	Yes	No	By exception
International arrivals	Starts with RNZ	Starts with RNZ	No	No	Yes	Yes
International departures	No	Yes	No	No	No	No
Other businesses	No	Yes	No	No	No	No