

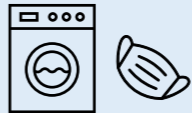


PHASE ONE

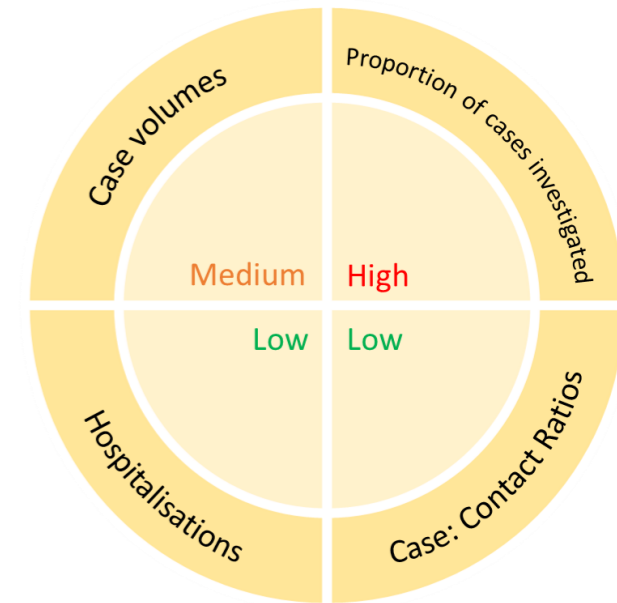
	Response settings	
Testing	<p>Current testing parameters continue</p> <ul style="list-style-type: none"> • Continue PCR testing for symptomatic people and close contacts via GP or CTC • Continue existing surveillance testing • Continue PCR testing for border workers and international arrivals into MIQ • Continue mixed model of rapid antigen testing (RAT) and PCR testing for healthcare workers, as appropriate • Continue PCR testing to confirm diagnosis where positive RAT • Change - Introduction of 'Close Contact Exemption Scheme' if needed for asymptomatic critical workers who are close or household contacts using daily RATs <p>Preparation for latter phases:</p> <ul style="list-style-type: none"> • Pre-loading RAT supply to healthcare providers, community providers and (supervised testing and onward distribution of home testing for workforce use or distribution) • Monitor PCR demand and reporting timeframes, identifying need to redistribute samples regionally if this arises • Engage stakeholders on testing plan and new criteria for testing, and develop guidance on change to testing parameters 	
	Case investigation and contact tracing	<p>Case notification and investigation:</p> <ul style="list-style-type: none"> • Identified via positive PCR. • Notified by phone call and phone-based case investigation • PHUs focus on high complexity cases investigation and medium-high risk settings. • NCIS focus on case investigation in low-risk settings. • WGS is prioritised based on PHU requirements in consultation with MOH <p>Close contacts: isolate for 10 days since exposure</p> <p>Testing:</p> <ul style="list-style-type: none"> • Case: diagnostic PCR • Household contacts: 1 PCR test immediately and on case's day 5 (Test on day 5 and 8 post case release) • Close Contacts: 1 PCR Test immediately and on days 5 and 8 post exposure <p>Locations of interest (LOI) / push notifications:</p> <ul style="list-style-type: none"> • Push notifications (through mandatory QR scanning), Bluetooth and locations of interest used to identify contacts <p>Technology:</p> <ul style="list-style-type: none"> • Automated digital pathway plus manual pathway as an option. • Electronic outbreak detection tool - technology solution to automate the detection of clusters and outbreaks <p>Border case investigation:</p> <ul style="list-style-type: none"> • No case investigations for border cases in a MIQF
Isolation & Quarantine	<p>Case notification and investigation:</p> <ul style="list-style-type: none"> • Identified via positive PCR. • Notified by phone call and phone-based case investigation • PHUs focus on high complexity cases investigation and medium-high risk settings. • NCIS focus on case investigation in low-risk settings. • WGS is prioritised based on PHU requirements in consultation with MOH <p>Close contacts: isolate for 10 days since exposure</p> <p>Testing:</p> <ul style="list-style-type: none"> • Case: diagnostic PCR • Household contacts: 1 PCR test immediately and on case's day 5 (Test on day 5 and 8 post case release) • Close Contacts: 1 PCR Test immediately and on days 5 and 8 post exposure <p>Locations of interest (LOI) / push notifications:</p> <ul style="list-style-type: none"> • Push notifications (through mandatory QR scanning), Bluetooth and locations of interest used to identify contacts <p>Technology:</p> <ul style="list-style-type: none"> • Automated digital pathway plus manual pathway as an option. • Electronic outbreak detection tool - technology solution to automate the detection of clusters and outbreaks <p>Border case investigation:</p> <ul style="list-style-type: none"> • No case investigations for border cases in a MIQF 	<p>Case notification and investigation:</p> <ul style="list-style-type: none"> • Identified via positive PCR. • Notified by phone call and phone-based case investigation • PHUs focus on high complexity cases investigation and medium-high risk settings. • NCIS focus on case investigation in low-risk settings. • WGS is prioritised based on PHU requirements in consultation with MOH <p>Close contacts: isolate for 10 days since exposure</p> <p>Testing:</p> <ul style="list-style-type: none"> • Case: diagnostic PCR • Household contacts: 1 PCR test immediately and on case's day 5 (Test on day 5 and 8 post case release) • Close Contacts: 1 PCR Test immediately and on days 5 and 8 post exposure <p>Locations of interest (LOI) / push notifications:</p> <ul style="list-style-type: none"> • Push notifications (through mandatory QR scanning), Bluetooth and locations of interest used to identify contacts <p>Technology:</p> <ul style="list-style-type: none"> • Automated digital pathway plus manual pathway as an option. • Electronic outbreak detection tool - technology solution to automate the detection of clusters and outbreaks <p>Border case investigation:</p> <ul style="list-style-type: none"> • No case investigations for border cases in a MIQF
Care in the Community	<p>Case notification and investigation:</p> <ul style="list-style-type: none"> • Identified via positive PCR. • Notified by phone call and phone-based case investigation • PHUs focus on high complexity cases investigation and medium-high risk settings. • NCIS focus on case investigation in low-risk settings. • WGS is prioritised based on PHU requirements in consultation with MOH <p>Close contacts: isolate for 10 days since exposure</p> <p>Testing:</p> <ul style="list-style-type: none"> • Case: diagnostic PCR • Household contacts: 1 PCR test immediately and on case's day 5 (Test on day 5 and 8 post case release) • Close Contacts: 1 PCR Test immediately and on days 5 and 8 post exposure <p>Locations of interest (LOI) / push notifications:</p> <ul style="list-style-type: none"> • Push notifications (through mandatory QR scanning), Bluetooth and locations of interest used to identify contacts <p>Technology:</p> <ul style="list-style-type: none"> • Automated digital pathway plus manual pathway as an option. • Electronic outbreak detection tool - technology solution to automate the detection of clusters and outbreaks <p>Border case investigation:</p> <ul style="list-style-type: none"> • No case investigations for border cases in a MIQF 	

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



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

Cohort	Asymptomatic, not a contact	Asymptomatic close/household contact	Symptomatic
General population	No test	PCR tests on days 5 and 8 of isolation	PCR test immediately
Additional or alternative testing for specific cohorts (if blank, general population testing applies)			
Healthcare and emergency service workforce ¹	PCR/RAT surveillance testing of select groups or in specific circumstances ²	May use daily RAT to work as part of 'Close Contact Exemption Scheme' ³	
Critical service workforce ⁴			
Hospital inpatients/facility residents			
Hospital admissions/ facility arrivals	PCR/RAT screening as needed on arrival	PCR/RAT screening as needed on arrival	PCR/RAT screening as needed on arrival
Hospital/facility visitors	PCR/RAT screening as needed	No test as no entry in most cases	No test as no entry in most cases
Border workers	Daily/twice weekly/weekly/fortnightly PCR as per the Required Testing Order		
Priority populations			

¹ Includes DHBs, GPs, pharmacies, residential facilities (including ARC and disability facilities), police, corrections, first responders etc.

² Such as healthcare staff working with immunocompromised patients or corrections and residential facility staff

³ Where permitted by an exception to the direction under section 70 of the Health Act 1956 relating to Close Contacts and Locations of Interest

⁴ Critical services provide key infrastructure, and/or are part of critical supply chains

PHASE TWO

	Response settings
Testing	<p>Some testing parameters continue, others begin to change. Ensure clear and consistent public messaging re changes</p> <ul style="list-style-type: none"> Continue 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. Continue International arrivals entering MIQ PCR testing (frequency changes as of 28 February), RAT for self-isolation from 28 February Continue PCR testing to confirm diagnosis if positive RAT Change Transitioning border workforce to RATs, beginning with Northern Region 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 - 'Close Contact Exemption Scheme' if needed for asymptomatic critical workers who are close/household contacts using daily RATs <p>Preparation for latter phase</p> <ul style="list-style-type: none"> 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 investigation and contact tracing	<p>Case notification and investigation:</p> <p>End to end electronic pathway for notifications and self-investigation utilised.</p> <ul style="list-style-type: none"> 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 <p>Contact categorisation:</p> <ul style="list-style-type: none"> Household contacts and Close contacts only <p>Contact management:</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) 	<ul style="list-style-type: none"> 'Close Contact Exemption Scheme' for critical infrastructure workers if needed <p>Isolation requirements for cases and contacts:</p> <ul style="list-style-type: none"> Cases: isolate for 10 days, (self-release after day 10) Household contacts: Isolate from day that case receives positive test. Release on the same day as the case Close Contacts: isolate for 7 days since last exposure <p>Testing:</p> <ul style="list-style-type: none"> Cases: PCR test or RATs is used to diagnose COVID depending on availability. PCR testing to confirm diagnosis if positive RAT. Household contacts: test when symptoms develop or when the case reaches day 3 and day 8 of isolation Close Contacts: PCR test on Day 5 after last exposure <p>Locations of interest (LOI) / push notifications:</p> <ul style="list-style-type: none"> Push notifications (through mandatory QR scanning), Bluetooth and locations of Interest used to identify contacts. <p>Technology:</p> <ul style="list-style-type: none"> Automated digital pathway with limited manual pathway. <p>Border case investigation:</p> <ul style="list-style-type: none"> Not completed.
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Isolation & Quarantine	<p>Cases:</p> <ul style="list-style-type: none"> Isolate for 10 days (self release after day 10) <p>Household contacts:</p> <ul style="list-style-type: none"> 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. If another household member becomes positive, that household member would commence 10 days of isolation as a case, however the rest of the household, assuming negative tests, would still be released on the first case's day 10 <p>Close contacts:</p> <ul style="list-style-type: none"> Isolate for 7 days (test on day 5) <p>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'.</p>
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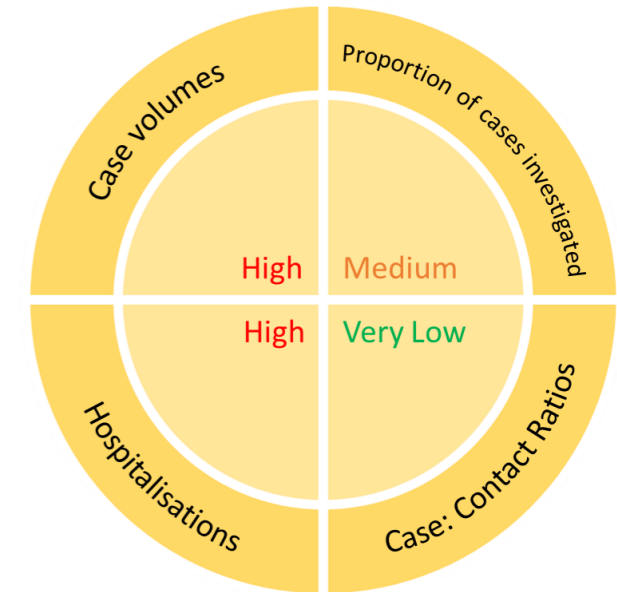
Care in the Community	<ul style="list-style-type: none"> Transition to cases using self-service and automation. Other people with lower clinical risks, but with welfare needs may instead present directly to MSD or external providers. Clinical care delivered by primary care teams, supported by the local 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.
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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

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



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	++	++	+	++	++	++	-	-	++	++

Testing plan

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

Cohort	Asymptomatic, not a contact	Asymptomatic close/household contact	Symptomatic
General population	No test	PCR test on day 5 of isolation if a close contact or if a household contact, test when symptoms develop or when case reaches day 3 and day 8 (can use RAT instead of PCR in regions with high PCR demand)	PCR test immediately (can use RAT instead of PCR in regions with high PCR demand)
Additional or alternative testing for specific cohorts (if blank, general population testing applies)			
Healthcare and emergency service workforce ¹	PCR/RAT surveillance testing of select groups or in specific circumstances ²	May use daily RAT to work as part of 'Close Contact Exemption Scheme' ³	
Critical service workforce ⁴		May use daily RAT to work as part of 'Close Contact Exemption Scheme' ³	
Hospital inpatients/facility residents			
Hospital admissions/ facility arrivals	PCR/RAT screening as needed on arrival	PCR/RAT screening as needed on arrival	PCR/RAT screening as needed on arrival
Hospital/facility visitors	PCR/RAT screening as needed	No test as no entry in most cases	No test as no entry in most cases
Border workers	Regular RAT surveillance testing, beginning 19 February, roll out beginning in Northern Region		
Priority populations		RAT also available through community provider	RAT also available through community provider

¹ Includes DHBs, GPs, pharmacies, residential facilities (including ARC and disability facilities), police, corrections, first responders etc.

² Such as healthcare staff working with immunocompromised patients or corrections and residential facility staff

³ Where permitted by an exception to the direction under section 70 of the Health Act 1956 relating to Close Contacts and Locations of Interest

⁴ Critical services provide key infrastructure, and/or are part of critical supply chains

PHASE THREE

Response settings

Testing

Omicron testing plan is now in operation

- Change** - Focus PCR on those who are unwell and more susceptible to effects of COVID-19, including members of priority populations
- Continue** - 'Close Contact Exemption Scheme' if needed for asymptomatic critical workers who are household contacts using daily RATs
- Change** - Shift testing of most who are symptomatic from PCR to RATs. RATs available from GPs and community collection sites
- Change** - Positive RAT results do not need to be confirmed with a PCR test unless this is advised
- Continue** Border workforce regular 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

The contact tracing system will manage cases, and high-risk exposure events including:

- Residential housing (Transitional housing, boarding houses, youth justice, soup kitchens, homeless shelter)
- Faith based places of worship
- Aged residential care
- Marae / Tangihanga

Case notification and investigation:

- Identified via positive PCR, RATs or symptoms.
- Upload positive RAT to My COVID Record
- Notified by text and directed to online self-investigation tool
- 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.
- WGS prioritised based on PHU and MOH advice and only on PCR results

Contact categorisation:

- Household contacts and Close contacts only

Household contacts:

- Notified via text if loaded into the online self-investigation tool by the case.
- Household contacts provided information to self-manage
- RAT test on Case's Day 3 and 10 of isolation and if symptomatic.
- Upload positive RAT to My COVID Record

Close contacts:

- No longer required to isolate, should monitor for symptoms for 10 days from date of contact and test if symptomatic

Close contacts provided information to self-manage, option to test if symptomatic

Contact management:

- Only highest risk contacts will be traced and required to isolate
- 'Close Contact Exemption Scheme' using RATs for asymptomatic healthcare and critical infrastructure workforce who are household contacts.

Isolation requirements for cases and contacts:

- Cases:** isolate for 10 days, (self-release after day 10)
- Household contacts:** Isolate from day that case receives positive test. Release on the same day as the case
- Close contacts:** not required to self-isolate

Testing:

- Cases:** PCR or RAT or symptoms used to diagnose COVID-19
- Household contacts:** RAT when symptoms develop or when the case reaches day 3 and day 10 of isolation. Testing with RATs provided by community.
- Close contacts:** Self-monitor and test if symptomatic

Locations of interest (LOI) / push notifications:

- QR scanning to remain to support case investigation
- Locations of interest won't be published and no push notifications

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)

Household contacts:

- 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 RAT. If another household member becomes positive, that household member would commence 10 days of isolation as a case, however the rest of the household, assuming negative tests, would still be released on the first case's day 10

Close contacts:

- Not required to self-isolate. Self-monitor and 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.

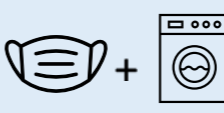

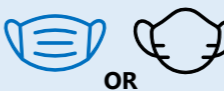
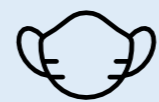
Care in the Community

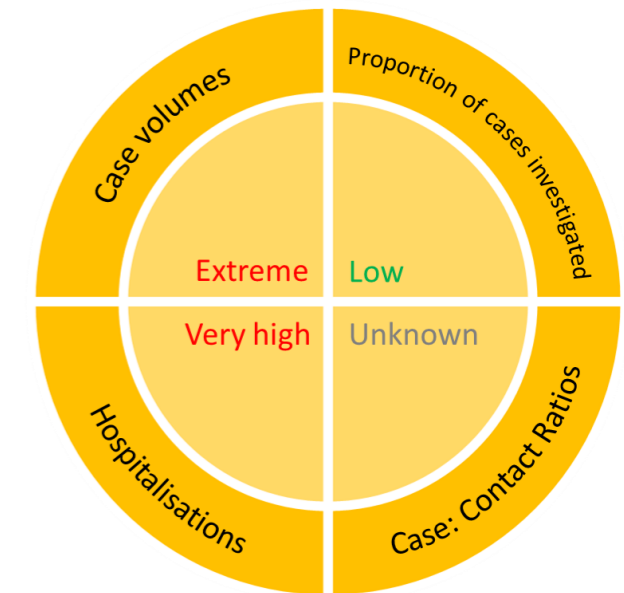
- Majority of positive cases are self-managed.
- Clinical care is focussed on those with high needs.
- Wraparound health and welfare support services will focus on those with high needs.
- Support for positive cases to isolate in their usual place of residence and unlikely there will be alternative accommodation 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

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



Impact of management strategies

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

Cohort	Asymptomatic, not a contact	Asymptomatic household contact	Symptomatic
General population	No test	Household Contacts test when symptoms develop or when case reaches day 3 and day 10	RAT immediately. Repeat if negative result but symptoms persist. PCR by clinical discretion
Additional or alternative testing for specific cohorts (if blank, general population testing applies)			
Healthcare and emergency service workforce ¹	PCR/RAT surveillance testing of select groups or in specific circumstances ²	May use daily RAT to work as part of 'Close Contact Exemption Scheme' ³	
Critical service workforce ⁴		May use daily RAT to work as part of 'Close Contact Exemption Scheme' ³	
Hospital inpatients/facility residents		RAT/PCR by clinical discretion	PCR as well as RAT by clinical discretion
Hospital admissions/ facility arrivals	PCR/RAT screening as needed on arrival	PCR/RAT screening as needed on arrival	PCR/RAT screening as needed on arrival
Hospital/facility visitors	PCR/RAT screening as needed	No test as no entry in most cases	No test as no entry in most cases
Border workers	Regular RAT surveillance testing		
Priority populations		RAT also available through community provider	RAT also available through community provider

¹ Includes DHBs, GPs, pharmacies, residential facilities (including ARC and disability facilities), police, corrections, first responders etc.

² Such as healthcare staff working with immunocompromised patients or corrections and residential facility staff

³ Where permitted by an exception to the direction under section 70 of the Health Act 1956 relating to Close Contacts and Locations of Interest

⁴ Critical services provide key infrastructure, and/or are part of critical supply chains