

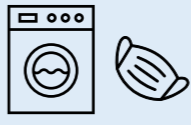


PHASE ONE

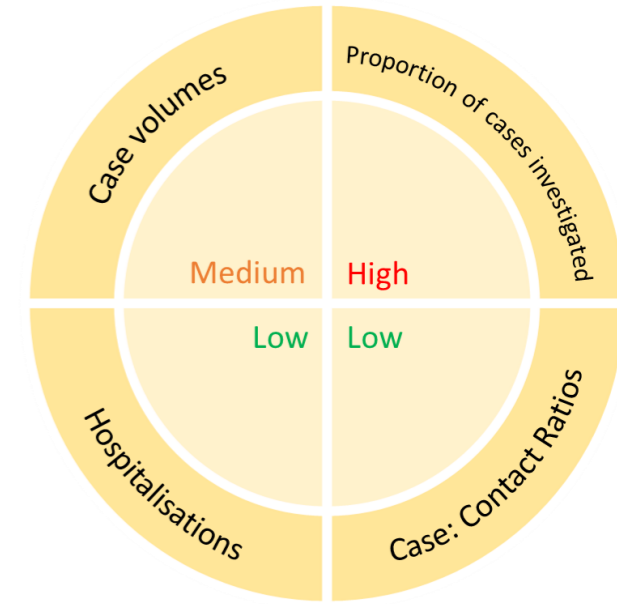
	Response settings
Testing	<p>Current testing parameters continue</p> <ul style="list-style-type: none"> Continue PCR testing for symptomatic people and close contacts via GP or CTC Continue existing surveillance testing Continue PCR testing for border workers and international arrivals into MIQ Continue 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', so asymptomatic close contact critical workforce can continue to work if no positive result from a RAT <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 Close 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>Contact categorisation:</p> <ul style="list-style-type: none"> Household Close Contacts and Close Contacts only <p>Contact management:</p> <ul style="list-style-type: none"> Close contacts notified by phone call Active management of close contacts in the NCTS with texts, emails or phone calls daily <p>Isolation requirements for cases and contacts:</p> <ul style="list-style-type: none"> Cases: isolate for 14 days (release by health official) Household Close Contacts: Isolate until case released AND for an additional 10 days post case release
Isolation & Quarantine	<p>Cases:</p> <ul style="list-style-type: none"> Isolate for 14 days (release by health official) <p>Household Close Contacts:</p> <ul style="list-style-type: none"> Isolate until case released AND for an additional 10 days post case release (Test on days 5 and 8 post case release) <p>Close Contacts:</p> <ul style="list-style-type: none"> Isolate for 10 days from last exposure (test immediately and on days 5 and 8) <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> <p>Isolation in community encouraged for community cases, but some limited availability of MIQ to support</p>
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 positive cases to isolate in their usual place of residence. Alternative accommodation options across the regions are 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.

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

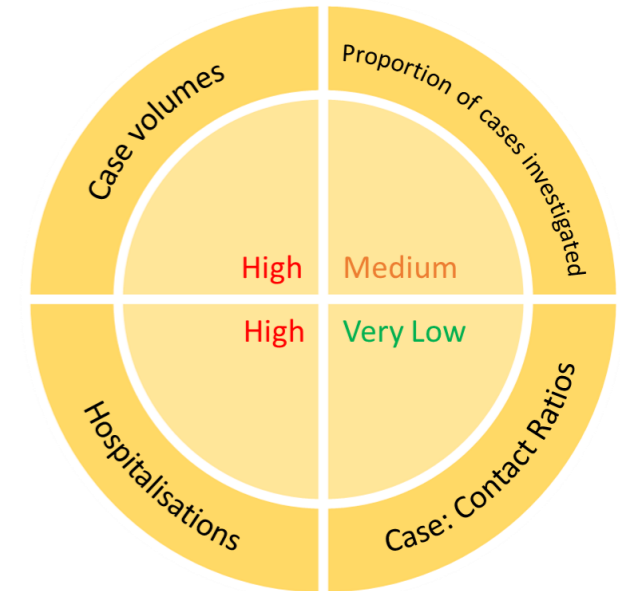
	Response settings	
Testing	<p>Some testing parameters continue, others begin to change. Ensure clear and consistent public messaging re changes</p> <ul style="list-style-type: none"> Continue PCR testing for symptomatic people and close contacts. RATs may be used in addition to PCR testing for symptomatic and close contact priority populations Continue PCR testing for border workforce and international arrivals entering MIQ (frequency changes as of 28 February) 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 'Close Contact Exemption Scheme' if needed for asymptomatic critical workforce 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 Close 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)
Isolation & Quarantine	<p>Cases:</p> <ul style="list-style-type: none"> Isolate for 10 days (self release after day 10) <p>Household Close Contacts:</p> <ul style="list-style-type: none"> Isolate from day that case receives positive test. 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>	
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. 	

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

Flatten the curve	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 close/household contact	Symptomatic
General population	No test	PCR test on day 5 of isolation if a close contact or day 8 if a household contact	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		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	Daily/twice weekly/weekly/fortnightly PCR as per the Required Testing Order		
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	<p>Omicron testing plan is now in operation</p> <ul style="list-style-type: none"> 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 may use RAT as diagnostic test - positive results do not need to be confirmed with a PCR test unless this is advised. RATs available from GPs and community collection sites Continue PCR testing for border workers. Continue 'Close Contact Exemption Scheme' if needed for asymptomatic critical workforce using daily RATs <p>Sustaining new approach to testing</p> <ul style="list-style-type: none"> 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	<p>Case notification and investigation:</p> <p>End to end electronic pathway utilised and cases supported to self-notify close contacts.</p> <ul style="list-style-type: none"> 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 <p>Contact categorisation:</p> <ul style="list-style-type: none"> Household Close Contacts and Close Contacts only <p>Contact management:</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 Close Contacts provided information to self-manage, option to test if symptomatic Only highest risk contacts will be traced and required to isolate 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 Close Contacts: Isolate from day that case receives positive test. Release on the same day as the case Close Contacts: not required to self-isolate <p>Testing:</p> <ul style="list-style-type: none"> Cases: PCR test or RATs is used to diagnose COVID-19 depending on availability. If PCR is not available, a positive RAT and COVID-19 symptoms will constitute a case Household Close Contacts: test when symptoms develop or when the case reaches day 3 and day 8 of isolation Close Contacts: If COVID-19 symptoms develop, get a test <p>Locations of interest (LOI) / push notifications:</p> <ul style="list-style-type: none"> Limited use of push notifications, locations of interest and Bluetooth notifications at high case numbers - QR scanning to remain. <p>Technology:</p> <ul style="list-style-type: none"> Self-registration of cases but no case investigation completed. <p>Border case investigation:</p> <ul style="list-style-type: none"> N/A
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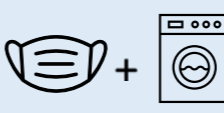

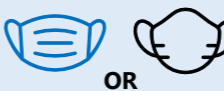
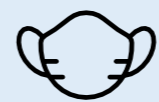
Isolation & Quarantine	<p>Cases:</p> <ul style="list-style-type: none"> Isolate for 10 days (self release after day 10) <p>Household Close Contacts:</p> <ul style="list-style-type: none"> Isolate from day that case receives positive test. Release on the same day as the case (after the case has completed 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"> Not required to self-isolate <p>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.</p>
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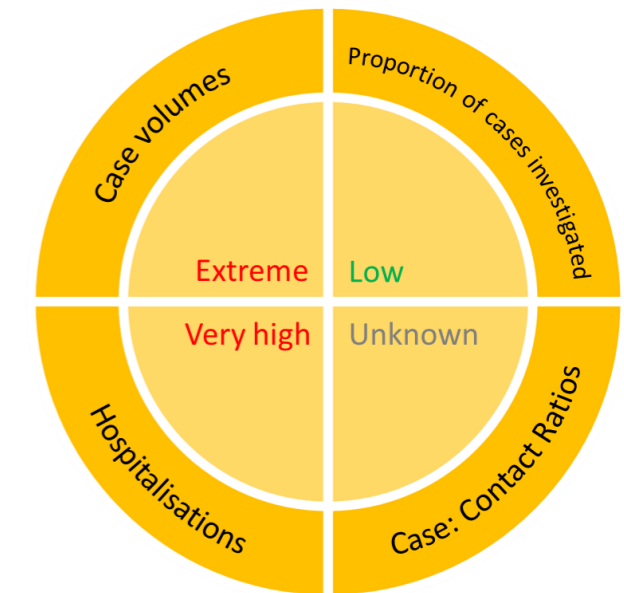
Care in the Community	<ul style="list-style-type: none"> Majority of positive cases are self-managed. Clinical care is focussed on those with high needs. Wraparound health and welfare support services will focus on those with high needs. Support for positive cases to isolate in their usual place of residence and unlikely there will be alternative accommodation capacity available for cases that are unable to safely isolate at home. Lower risk individuals and households 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.
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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

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 close/household contact	Symptomatic
General population	No test	No test	RAT immediately 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	Daily/twice weekly/weekly/fortnightly PCR as per the Required Testing Order		
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