

ARPHS: Phase 2 (Focused control: elimination strategy)

Brief evolving outbreak status	<p>The current public health response is becoming unsustainable due to:</p> <ul style="list-style-type: none"> • Increasing wide transmission and case numbers • Multiple locations of interest • Large numbers of 'contact groups' • Increasing complexities in source finding and case linking • Increasing number of close contacts needing follow up due to the current more widely applied 'close contact' definition
Key aims Phase 2	<p>Typically in Phase 1 of an Outbreak Strategy, the aim would be to 'Keep it Out'; focusing on prevention (e.g. vaccination, education) and border detection measures.</p> <p>In Phase 2 (Focused Control), where there is a need to <u>focus existing resources</u> to control an outbreak, the aims are:</p> <ul style="list-style-type: none"> • Prevent further transmission to high-risk contacts and within high risk settings, recognising that public health response needs to prioritise high risk populations • Contact management and management of locations of interest cannot always be personalised (depends on risk) • Support sustainability of critical workforce • Ensure health equity across populations and upholding te Tiriti o Waitangi • Streamline case interviewing to focus on key details and identify any possibilities for on-going transmission/public health control

Case Management

Isolation	<ul style="list-style-type: none"> • ARPHS to maintain all regional case management. Manage as per usual protocol • All cases to be in isolation and move to a MIQF¹ (Jet Park). Follow capacity of MIQF to have community cases.
Interview, counselling, education about COVID19	<ul style="list-style-type: none"> • Interview by phone. Focus remains on: <ul style="list-style-type: none"> ○ Identification of household and other close contacts who are essential workers ○ Rapidly identify institutions/ high risk LOIs through a 'usual daily patterns' interview particularly where there is high likelihood or impact of spread (high risk² settings) ○ source investigation- but rapidly move from this if source is known ○ Focus on required fields • Ensure adequate social and welfare support (focus on culturally appropriate supports)

¹ MIQF: Managed Isolation Quarantine Facility

² **High Risk Settings:** They are considered High Risk settings based on consequences of a poorly controlled/managed outbreak from the onset e.g. Aged Residential Care (ARC), Corrections Facilities, Places of Worship, and Marae.

Contact management

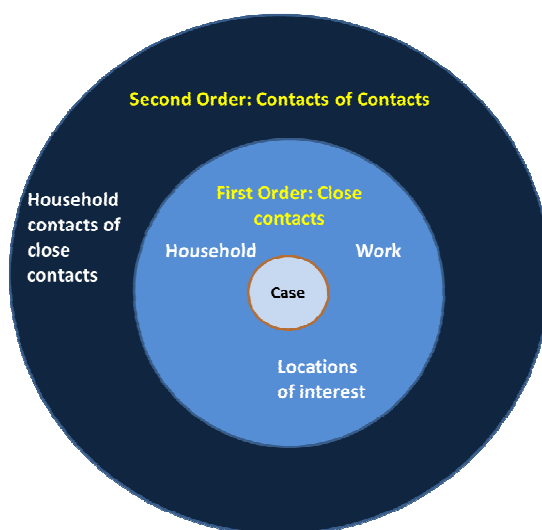


Figure 1: Picture of current First Order and Second Order contacts for Delta COVID19 variant approach

Close contacts (first order ³) based on setting ⁴	Description	Approach
Household contacts/ whānau contacts	All household/ whānau contacts with likely direct exposure to a confirmed case. Managed by ARPHS	<ul style="list-style-type: none"> • Contact management to be done by ARPHS for all household contacts of a confirmed case. • HH close contacts that cannot safely isolate can go to an MIQF (Holiday Inn) under a section 70 • Minimise symptom checks: After initial first phone call and contact interview, ARPHS will only proactively check for symptoms/welfare on Days 3, 7 and 14 by phone call/texts/emails (preferred method). <ul style="list-style-type: none"> ○ Contacts will be risk assessed at initial call to assess welfare and vulnerability and ability to isolate safely. Information packs detailing what to expect, what to do and who to contact will be shared. ○ If ARPHS has any concerns, staff may phone contacts daily. This will minimise inequitable outcomes. ○ Testing will be as per MoH recommendations • Household /whānau pack to be developed and used/sent to ensure good communication and key messages maintained.
Non-high risk settings	The place where the case studies	<ul style="list-style-type: none"> • ARPHS to initially support organisations identified from case interviews inc. providing appropriate information

³ First order contacts: refer to Figure 1. Contacts that may have had direct exposure with a confirmed case

⁴ Settings based on where they live, work, study, worship, visit and play

<p>institutions contacts e.g. Workplace/ Educational Institution</p>	<p>or works at where contact exposure may have occurred directly.</p> <p>Educational institutions includes ECECs/Primary and Secondary Schools/Tertiary Institutions.</p> <p>Contacts managed by NITC</p>	<p>packs (e.g. whānau /educational/ business) and ARPHS SPOC⁵ advice</p> <ul style="list-style-type: none"> • Where appropriate, organisation(s) to identify staff/ clients who are close contacts, ARPHS to provide a template to be completed by organisation for this purpose, which will then be delegated to Healthline/NITC⁶ for bulk upload and on-going management <ul style="list-style-type: none"> ○ Main advice for these contacts: Isolate, get a test, and NITC/Health line will contact you. ○ NITC will follow using their processes and delegate to another PHU if appropriate ○ NITC may re-classify close contacts down to 'casual +'⁷ with more detailed exposure event/LOI risk assessment ○ NITC will prioritise what information needs to be summarised in the Locations Of Interest webpage ○ NITC will review the need for COVID tracker push notifications and deploy appropriately ○ NITC to provide advice on what HH contacts (second order) should do. Second order contacts to comply with Section 70 notice. ○ Currently, vaccination status does not influence decision making • Resources to be shared by ARPHS (with specific manāki advice, as well as linguistically and cultural appropriate messaging): <ul style="list-style-type: none"> ○ Whānau Pack ○ Educational Institutions Pack ○ Business/Workplace Pack • Ensure <i>ARPHS COVID-19 SOP: Case or Contact at a School or Early Learning Service</i> is up dated and current • At ARPHS discretion, some organisations may remain under ARPHS follow up if there is a higher perceived risk of greater case development within that cluster
<p>High Risk Setting: Places of Worship (e.g. Church/ Mosque)</p>	<p>Religious places where a localised outbreak is more likely to occur needing agile local response</p> <p>Managed by ARPHS</p>	<ul style="list-style-type: none"> • ARPHS to support organisations identified by: <ul style="list-style-type: none"> ○ Providing appropriate information packs (e.g. place of worship church/ mosque packs) ○ Ensure liaison with an ARPHS SPOC advice ○ Ensure liaison with Pacific Team as appropriate • Organisation to identify close contacts and provide list of close contacts back to ARPHS- that ARPHS will manage

⁵ SPOC: Single Point of Contact

⁶ NITC: National Investigation and Tracing Centre

⁷ Casual + contact: Contacts that may have been exposed to case but are not close contacts

		<ul style="list-style-type: none"> ○ Second order contacts will need to comply with Section 70 notice. ○ Currently, vaccination status does not influence decision making ● Resources to be shared by ARPHS (with specific manāki advice and culturally and linguistically appropriate messaging): <ul style="list-style-type: none"> ○ Whānau Pack ○ Place of Worship: Church Pack ○ Place of Worship: Mosque Pack
<p>High Risk Setting: Primary Healthcare / Private Secondary Care facilities/ A and E</p> <p>(Inc. Dentists/ Pharmacies/ Vaccination Clinics/ COVID Testing centres)</p>	<p>Close contacts attached to a Primary Healthcare / Private Secondary Care facilities/ A and E site (e.g. DHB hospital/OPC)</p> <p>Managed by NITC</p>	<ul style="list-style-type: none"> ● ARPHS to support organisations identified by: <ul style="list-style-type: none"> ○ Providing appropriate information packs (e.g. healthcare packs) <ul style="list-style-type: none"> ▪ Info for staff/ clients/patients/ visitors/ second order contacts ○ Ensure liaison with an ARPHS SPOC advice ○ Need to ensure ability to identify close contacts appropriately. Organisations may be able to triage their staff/clients. Staff in appropriate PPE gear who followed IPC procedures may be exempted from the quarantine and testing needed by other close contacts. ○ ARPHS to provide a template to be completed by organisation which is then given to Healthline/NITC for bulk upload ○ Main advice for these contacts: Isolate, get a test, and NITC/Health line will contact you. ● NITC will follow using their processes <ul style="list-style-type: none"> ○ NITC may re-classify close contacts down to 'casual +' with more detailed individual risk assessment (TBC) ○ NITC may delegate follow up to another PHU ○ NITC to provide advice on what their HH contacts (second order) should do. Second order contacts to comply with Section 70 notice. ○ Currently, vaccination status does not influence decision making ○ Second order contacts will need to comply with Section 70 notice. ● Resources to be shared by ARPHS (with specific manāki advice and cultural appropriate messaging): <ul style="list-style-type: none"> ○ Whānau Pack ○ Health Care Pack (with input from primary care and pharmacy via NRHCC⁸ and PHO clinical leads)

⁸ NRHCC: Northern Region Health Coordination Centre

		<ul style="list-style-type: none"> At ARPHS discretion, some organisations may remain under ARPHS follow up if there is a need for greater local involvement
<p>High Risk Setting: Public Secondary Care - DHB sites</p>	<p>Close contacts attached to a public secondary health care site (e.g. DHB hospital/OPC)</p> <p>These organisations are used to dealing with health matters and already have pre-existing coordinated shared response plans</p> <p><i>Managed in combination by DHB IMT, ARPHS and NITC</i></p>	<ul style="list-style-type: none"> ARPHS to initially alert the organisations and support them with a SPOC. All contact management to be done as per agreed SOP (ARPHS has a <i>COVID-19 SOP: DHB Staff, Contractor or Patient as a Case or Contact</i>) between the regional DHBs (Occ Health, Infec Control) and ARPHS. DHBs to ensure lists of close contacts shared with ARPHS. ARPHS to upload into NCTS. If close contact becomes a case, their follow up is transferred to ARPHS by the DHB team. ARPHS will be notified of discharged patients, visitors or staff that no longer work for the DHB. ARPHS will delegate these contacts to be managed by NITC. Resources to be shared by ARPHS: <ul style="list-style-type: none"> Whānau Pack- that DHB can use if appropriate Ensure regional SOP remains current (i.e. updated to take into account delta variant) Currently, vaccination status of ‘close contact’ does not influence decision making Second order contacts will need to comply with Section 70 notice.
<p>High Risk Setting: ARC</p>	<p>Close contacts attached to an ARC</p> <p>High risk setting due to morbidity and mortality risks. Likely multiple stakeholders regionally</p> <p><i>Managed by ARPHS</i></p>	<ul style="list-style-type: none"> ARPHS to support organisations identified by: <ul style="list-style-type: none"> Activating any pre-agreed SOP (ARPHS has a <i>COVID-19 SOP: Residential Care Facility Case, Alert and Outbreak Management</i>) Ensure liaison with an ARPHS SPOC advice Organisation to identify close contacts (staff/patients/visitors) and provide list of close contacts back to ARPHS- that ARPHS will manage <ul style="list-style-type: none"> Second order contacts will need to comply with Section 70 notice. Currently, vaccination status does not influence decision making Currently, vaccination status of ‘close contact’ does not influence decision making Second order contacts will need to comply with Section 70 notice. Resources to be shared by ARPHS: <ul style="list-style-type: none"> Whānau Pack- that DHB can use if appropriate Ensure regional SOP remains current (i.e. updated to take into account delta variant)
<p>High Risk setting: Corrections</p>	<p>Close contacts attached to a</p>	<ul style="list-style-type: none"> ARPHS to support organisations identified by: <ul style="list-style-type: none"> Activating any pre-agreed SOP (ARPHS has a

<p>Facilities</p>	<p>Corrections Facility</p> <p>High risk setting due to physical environment (high risk transmission) Likely multiple stakeholders regionally</p> <p>Managed by ARPHS</p>	<p>COVID- 19 SOP: Prison case, Contact and Outbreak Management)</p> <ul style="list-style-type: none"> ○ Ensure liaison with an ARPHS SPOC advice ● Organisation to identify close contacts (staff/clients/visitors) and provide list of close contacts back to ARPHS- that ARPHS will manage <ul style="list-style-type: none"> ○ Second order contacts will need to comply with Section 70 notice. ○ Currently, vaccination status does not influence decision making ● Currently, vaccination status of 'close contact' does not influence decision making ● Second order contacts will need to comply with Section 70 notice. ● Resources to be shared by ARPHS: <ul style="list-style-type: none"> ○ Whānau Pack- that DHB can use if appropriate ○ Ensure SOP remains current (i.e. updated to take into account delta variant)
<p>High Risk Setting: Marae</p>	<p>Mārae where a localised outbreak is more likely to occur needing agile local response</p> <p>Managed by ARPHS</p>	<ul style="list-style-type: none"> ● ARPHS to support organisations identified by: <ul style="list-style-type: none"> ○ Providing appropriate information packs (e.g. whānau pack/ mārae pack) ○ Ensure liaison with an ARPHS SPOC advice ○ Ensure liaison with Pae Ora team ● Organisation to identify close contacts and provide list of close contacts back to ARPHS- that ARPHS will manage <ul style="list-style-type: none"> ○ Second order contacts will need to comply with Section 70 notice. ○ Currently, vaccination status does not influence decision making ● Resources to be shared by ARPHS (with specific manāki advice and cultural appropriate messaging): <ul style="list-style-type: none"> ○ Whānau Pack ○ Mārae Pack
<p>All other 'locations of interest' (LOI) where exposure warrants contacts being made 'close'</p>	<p>Close contacts who have been at a LOI that a confirmed case has been at during their infec. period</p> <p>Non high- risk setting (may get cases but may be managed by NITC)</p>	<p>Manage as per '<i>Non-high risk settings institutions</i>' above.</p>

<p>*Essential workers (including HCWs)</p>	<p>Close contacts who are identified as essential workers who have likely had <u>direct exposure with the case</u></p>	<ul style="list-style-type: none"> • Manage as per above settings- as all considered close contacts • Currently, vaccination status does not influence decision making
<p>*At risk persons</p>	<p>Close contacts who are identified as elderly, pregnant, immune compromised</p>	<ul style="list-style-type: none"> • Manage as per above settings based scenarios.
<p>*Vaccinated individuals</p>	<p>Anyone identified as a close contact who has been fully/partially vaccinated</p>	<ul style="list-style-type: none"> • Manage the same as all close contacts regardless of vaccination status. • Currently vaccination status does not change management of close contacts
<p>Household contacts of contacts (Second Order)</p>	<p>Description</p>	<p>Approach</p>
<p>Usually household members of a close contact</p>	<p>These are household contacts of a close contact</p>	<ul style="list-style-type: none"> • ARPPHS does not need to be notified of their details. • They need to follow section 70 requirements from MoH/ Government: <ul style="list-style-type: none"> ○ do not need a swab ○ minimum of 5 days quarantine at home until the Day 5 results of the actual close contact being tested is negative and they remain asymptomatic (and the whole HH is also asymptomatic) <u>or</u> ○ until after an earlier negative test result if contact between the two people in the household had ceased and they remain asymptomatic (and the whole HH is also asymptomatic) • This information must be captured in any information packs/ website resources at ARPHS
<p>Vaccinated (fully) second order contacts who are essential HCWs in a DHB</p>	<p>Anyone who works in health from primary to secondary including ARC facilities – Inc. cleaners/ lab</p>	<ul style="list-style-type: none"> • The direction under section 70 does not apply to persons who are required to provide an essential health service (being a service provided for the purpose of assessing, improving, protecting, or managing the physical or mental health of individuals or groups of individuals) as long as the following conditions are met: <ol style="list-style-type: none"> 1. The person is fully COVID 19 vaccinated (e.g.

	<p>staff/ etc.- anyone who the organisation deems as essential to the running of the service</p> <p>Aim: to maintain safe delivery of care</p>	<p>having received 2 injections of the Pfizer/BioNTech COVID-19 vaccine);</p> <ol style="list-style-type: none"> 2. The close contact of the household member has been tested for COVID-19 following the exposure event and has received a negative result; 3. The negative test result must be from a RT-PCR test (a test for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) viral ribonucleic acid using reverse transcription polymerase chain reaction); and 4. No household members have symptoms of COVID-19. <ul style="list-style-type: none"> • Hence, if the close contact in the HH has their first test come back negative, remains asymptomatic, and everyone in the household remains asymptomatic and the fully vaccinated HCW is also asymptomatic, the HCW can return to work and must follow their organisation’s guidance. <ul style="list-style-type: none"> ○ HCW must inform employer and get agreement to return to work ○ HCW to follow any instructions inc. PPE use as requested by their employer • Partially vaccinated/ unvaccinated staff must otherwise follow Section 70 requirements
Casual (+) contacts		
<p>This usually covers contacts that may have had some exposure but not enough to warrant them being a close contact</p>	<p>These are people who may/may not have had fleeting exposure at a location of interest (but not within specified timelines)</p>	<ul style="list-style-type: none"> • At Level 4 lockdown, everyone is to remain home. • Test as per MoH recommendations • Quarantine while day 5 test result is pending. • If symptoms develop after day 5, test and stay at home while test result is pending.