



Aide-Memoire

OMICRON: UPDATE ON WORK IN PROGRESS AND NEXT STEPS

To	Hon Dr Ayesha Verrall, Acting Minister for COVID-19 Response and Associate Minister for Health Hon Grant Robertson, Deputy Prime Minister	Report No	DPMC-2021/22-1173
From	Peter Mersi, Acting Chair of National Response Leadership Team	Date	7/01/2022

Purpose

1. This aide memoire provides an update on the current Managed Isolation and Quarantine (MIQ) capacity challenges and work being carried out to prepare for OMICRON cases in the community. The memo also sets out a suggested timeline to begin positioning high level messaging to prepare the AoG system and the wider public for the shift from management of the Delta variant to that of OMICRON.

Background

2. As global cases of the OMICRON variant continue to rise exponentially the number of positive cases at our border have also increased, placing significant pressure on our MIQ system.
3. It is widely agreed that OMICRON is significantly more transmissible than previous variants, increasing the risk of in-facility transmission leading to a community outbreak. It is thus inevitable that at some point OMICRON will move into the community and community cases will quickly exceed those presenting at the border.
4. The Ministry of Health has been closely following international experiences with OMICRON, and commenced a review of the Testing, Tracing, Isolation, Quarantine (TTIQ) and the Care in the Community (CIC) model accordingly. While work is currently underway, there are still significant details to be worked through and preparations to be made for the wider system to respond to any change in approach. Central to this is a communication strategy for the New Zealand public that proactively signals the change in approach to managing COVID-19 that will be required when we have OMICRON in the community.

Work completed to date

5. The MIQ system has been the first line of defence against OMICRON and has so far succeeded in preventing cases in the community. There is significant pressure on the MIQ system as a result of OMICRON, and if positive cases at the border continue at similar rates as currently and or increase further, additional measures will be needed for quarantine

purposes. Investigation of additional measures is underway to shore up the quarantine capacity of MIQ. This includes converting two hotels previously used for quarantine back from isolation to do so. Other measures under consideration include allocating isolation space based on arrival of high-risk flights, feasibility of dual use facilities for both isolation and quarantine and considering other isolation options for several large groups due into the country, for example Defence personnel, sports teams, Antarctic workers, and refugees that are travelling as cohorts. While these measures will provide temporary capacity to manage cases at the border, the stress on the system will remain significant as does the inevitable leaking of OMICRON into the community at some point.

6. The Ministry of Health is currently progressing work on managing OMICRON in the community. A proactive approach to managing Omicron (and other variants) community transmission is critical in retaining the integrity of the health system, the health system response, and public confidence. The current Omicron strategy is to keep it at the border, detect and rapidly response to any Omicron cases in the community, strengthen protection through vaccination with a focus on vulnerable populations whilst continually reviewing and strengthening public health measures and the health systems' capability and capacity.
7. Once Omicron is seeded in the community it is likely the strategy will become one of protecting the most vulnerable from severe disease and / or death, ensuring equity, and limiting the impact on society through the protection of critical infrastructure and workforces.
8. The Ministry of Health is reviewing the testing, tracing, isolation and quarantine paradigm (TTIQ) in light of Omicron. Tracing in this paradigm includes case investigation and management. They are using three scenarios to develop the proposed TTIQ model, based on international evidence and experience to date. It is likely that the timeframe between low incidence and high incidence could be as short as 1-2 weeks based on overseas experience. The health sector and other agencies will need to pivot fast to manage the shift to the high setting as contact tracing will be ineffective and testing will also be overwhelmed.
9. The scenarios are:
 - a. **Low-incidence (current state): up to 1,000 cases per day**
Situation: Widespread community transmission occurring with large numbers of unconnected cases with no known source.
 - b. **Medium-incidence: 1,000-5,000 cases per day**
Situation: Case numbers have increased significantly across NZ. Contact tracing increasingly shifting to self-identification and management.
 - c. **High-incidence: 5,000-50,000+ cases per day**
Situation: Case numbers continue to grow rapidly, significant changes to testing, contact tracing and outbreak management, mounting pressure on health services.
10. Draft planning assumptions based on international evidence will be confirmed shortly and include:
 - Incubation period for Omicron is on average 3- 4 days but can vary with some reports up to 8 days
 - Omicron has a growth advantage over Delta. Current evidence suggests R0 for Omicron is greater than 6, and probably greater than 10.

- Omicron case numbers will grow rapidly, and the variant will be predominant in New Zealand with 2-4 weeks of being seeded in the community. A 10-case outbreak would reach 1000 new cases per day in 6-12 days.
- Evidence is low that the young are disproportionately affected. Other reasons, such as the location of exposure (i.e., schools) or vaccine coverage, might explain the current international findings that cases are younger.
- The need for hospitalisation as a proportion of Omicron cases might be lower than for Delta but in absolute terms, due to increased numbers of cases, there could be similar or more daily hospitalisations and deaths.
- There will be potentially more underreporting of cases as 1) Omicron spreads very quickly, and 2) there are possibly more asymptomatic and mildly symptomatic cases.
- Vaccine effectiveness can be assumed to still offer some protection but is expected to be lower than compared with Delta. A booster shot restores protection against hospitalisation and symptom severity, but it is unclear for how long.
- Waning of immunity is assumed to be faster for Omicron after 2 doses compared with Delta. Waning will still occur with a booster dose, but the speed is not yet known. A safe assumption would be to assume that waning for the booster dose follows the same trajectory as after the second dose.
- Adherence and compliance with public health measures will decrease overtime.
- Healthcare system frontline staff behaviours will be critical to the resilience of the system
- Priority populations are most at risk for both transmission and outcomes e.g., Māori and Pacific communities, Disability, residential settings, healthcare staff, older people and those with Health co-morbidities.

11. The TTIQ model for Omicron will be provided to Minister Verrall and the Director-General of Health mid-late next week for feedback and discussion. Once approved, the TTIQ model will be shared across agencies and inform agencies planning, and communications. DPMC will lead the development of all-of-Government communications to ensure the public and businesses understand what to expect at the medium and high incidence levels where a higher degree of self-management is required in response to an outbreak.

Upcoming Policy work

12. DPMC will lead the development of a paper for Ministers to take to Cabinet [in late January] that sets out options for managing community transmission of OMICRON and what the system impacts and mitigations of widespread transmission could be. This, or a separate paper, would also set out implications for Reconnecting New Zealanders and whether in the short term we need to consider tightening border controls to reduce the number of COVID-19 cases arriving in New Zealand.

Communications strategy

Public and industry communications

13. Early and clear public communication on any change in approach will be critical to preparing the New Zealand public. Right now this revolves around a “no regrets” high-level messaging around booster vaccinations, vaccinations for 5-11 year olds and acknowledgement that this variant is very different from Delta as well as signalling the work underway. The latter point is particularly important as context for the likely changes in settings for the management of OMICRON.
14. High level messaging will be developed and provided for Ministers by Thursday 13 January 2022.
15. Detailed messaging will be prepared alongside the work the Ministry of Health is undertaking as well as that of other agencies so that it is ready when Ministers make decisions on specific settings for the management of OMICRON. It would be desirable to have specific messaging available for businesses and industries within the fortnight. It will be important to learn from the experience of other countries where critical services (such as health, food supply and essential services) have been disrupted because the systems didn't respond fast enough to the fact Omicron works differently. However this will depend on decisions and when these are made. It should still be possible to at least provide some form of messaging prior to that which would give business and industries a basis for their own preparations and planning.
16. The DPMC will lead a cross-agency workshop in the week of 10 Jan 2022 to identify the operational impacts of OMICRON and any change in the Health approach across the system on the shift towards management of the new variant particularly considering the Reconnecting New Zealanders step 1 at the end of February.

Recommendation

17. It is recommended that you note the contents of this aide-memoire.

P. Mersi

Peter Mersi,

Acting Chair of the National
Response Leadership Team

NOTED

None

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