

# Frequently Asked Questions

## Omicron Frequently Asked Questions

This document answers frequently asked questions about Omicron.

This information applies from 20 January 2022

Information can be used for any government, agency, local government or relevant sector and business communications.

This is a living document that will be updated frequently. Information that changes or is added between versions will be highlighted.

Please ensure you are using the most up to date version.

This version was current at **5:00pm, 20 January 2022.**

### Table of Contents

<u>OMICRON SITUATION UPDATE.....</u>	<u>2</u>
<u>WHAT HAPPENS IF I GET OMICRON.....</u>	<u>3</u>
<u>GOVERNMENT RESPONSE.....</u>	<u>4</u>
<u>TESTING.....</u>	<u>6</u>
<u>CARE IN THE COMMUNITY.....</u>	<u>7</u>
<u>SUPPLY CHAINS/BUSINESS CONTINUITY.....</u>	<u>8</u>
<u>ECONOMIC SUPPORT .....</u>	<u>9</u>
<u>RECONNECTING .....</u>	<u>10</u>

# Frequently Asked Questions

## Omicron situation update

### **Q. When is Omicron most likely to enter the country? When the borders open or after?**

Our intention is to keep it out for as long as possible. This will give us more time to increase our immunity through boosters and vaccination for 5-11's. We have to accept though that it could enter the community before then, and it will be difficult to control if it does.

### **Q. How quickly will it spread? Will we see spread like in Australia?**

It will spread quickly. International experience is showing us that Omicron is more transmissible than Delta. However, we will continue to use our CPF and expect to see that help bend/flatten the curve.

### **Q. How many people will get Omicron? How many will die?**

We don't know how many people will get Omicron. Everyone should be prepared and have a plan in case they do. We know from overseas that people are being hospitalised and dying at lower rates from Omicron than Delta.

But overall case numbers are much higher, meaning that health systems overseas have nonetheless come under pressure. More time is required in order to fully appreciate the expected impacts arising from a large number of Omicron cases.

### **Q. How likely are we to start seeing infection numbers at the level we are seeing in Australia? (e.g. 50,000 cases per day)**

The key observation from Australia is that case numbers can double every 2 to 4 days before levelling off. Some estimates predict that we could see a significant rise in case numbers in a matter of weeks from the first community case.

### **Q. Is it really more like the flu than measles?**

Comparison to either disease is neither appropriate or helpful. Omicron has its own disease profile and features, and our public health strategy and approach is tailored to that.

### **Q. Can our hospitals cope with a large outbreak?**

Currently planning is focussed on taking a preventative stance to keep Omicron at bay for as long as possible. By working to slow down the spread of Omicron we are therefore helping to support our healthcare system. Our hospitals are prepared for spread of COVID-19, and the CPF has been designed to keep the spread within the capacity of our hospital system. If absolutely necessary, we still have additional public health control measures such as localised lockdowns available in the response toolkit to protect people and the healthcare system.

### **Q. What does current modelling predict?**

# Frequently Asked Questions

The modelling is highly variable predicting anything from the thousands to tens of thousands of cases per day.

## What happens if I get Omicron?

### **Q. What do I need to do if I test positive via a PCR test?**

If you have a PCR test, you will be notified by your local public health unit of your test result. They will let you know next steps for investigating your case and notification of any contacts.

### **Q. What if I test positive on an at home or work supplied RAT?**

A digital solution is being developed for unsupervised tests so people can record the result of their test online. You will need to register as a case and complete the online portal that will be available to identify contacts.

### **Q. Do I need to complete isolation away from my family/flatmates? What does that mean for them?**

Yes, self-isolation involves isolating away from other members of your household (for example, having no physical contact and minimising time in shared spaces) whilst you remain in your own home. If you cannot manage with help from friends and family and need support, check the Ministry of Social Development [website](#) for information and helpline numbers.

### **Q. How do I know when or if I need to go to the hospital?**

Those that can safely self-manage at home will have a range of guidance to enable them to do this, including instructions on how to access emergency assessment should their condition deteriorate at any time.

### **Q. Are people who haven't had boosters at more risk?**

International evidence on the effectiveness of 'boosters' for protecting against infection, symptomatic disease, and severe illness/hospitalisation indicates increased protection against Omicron, though the evidence is still emerging.

## Government Response

### **Q. How will the Government respond to community transmission of Omicron?**

The initial response will depend on the circumstances of the case and an assessment will be made to consider if we will be effective in ring fencing the incursion, or not. Key factors will include whether or not the case has been isolation whilst infectious or not.

### **Q. What will the Government do if we have thousands of cases?**

Under the CPF and with the public health strategy of protection and its minimisation and protection, the government will make sure the right supports are in place for people affected.

# Frequently Asked Questions

## **Q. When is the optimal time to 'get' community transmission of Omicron?**

There is no "good" time to get community transmission of COVID-19. The more time we have for our young people to get vaccinated and for others to access their booster shots, the better.

## **Q. What will the approach be for managing transmission of Omicron once it's in the community?**

Minimisation of cases and flattening the curve, and protecting our most vulnerable, the health system and critical supply chains and infrastructure.

## **Q. What do we expect the CPF to do:**

- a. In the initial stages of seeding; and
- b. At very high case levels

The CPF will help us reduce the transmission of Omicron. The Red level of the CPF limits higher risks gatherings and events.

## **Q. Is the vaccine still effective in protecting infection and transmission?**

Three doses of the Pfizer vaccine appear to provide good protection against Omicron, but the evidence is still emerging.

## **Q. Will there be lockdowns / boundaries?**

Lockdowns are not part of the COVID-19 Protection Framework. Localised lockdowns will be kept as a backup and if considered necessary but won't reappear in the way they did in 2020 and 2021. There are other methods to slowdown Omicron including – mask use, social distancing, reducing gathering sizes.

## **Q. Should we return to the Alert level system instead of persevering with the CPF?**

No. The protection framework was designed to help us reduce the transmission of COVID 19 in the community, without the need for large scale lockdowns.

## **Q. How will COVID-19 care be prioritised against other health services (including those that are non-urgent, but still important)?**

As it does now, the health system will continue to prioritise services based on capacity and clinical need. Planning is underway to support increased cases of COVID-19 in the community.

## **Q. Will there be changes to the public health approach?**

Case and contact management is under constant review and further changes to the case and contact isolation periods, as has been seen in Australia, may be recommended.

## **Q. Will contacts still have to isolate?**

The period of isolation for cases and contacts is being monitored and will be reviewed if we are seeing a high volume of cases.

# Frequently Asked Questions

## **Q. Will there be a change to how contacts are identified?**

MoH are anticipating that due to the high number of cases, there is a need to narrow the definition of a close contact. A review of contact definition has narrowed the definition to: "living with someone who has COVID 19, have spent 4 hours or longer with someone in a home or health or aged care environment or education setting since they developed COVID 19, or under exceptional circumstances determined by a Medical Officer of Health".

## **Q. Does that mean close contacts be required to go to work?**

We're working on a graduated system. That will be presented in the coming days.

## **Q. How many contacts will cases have? How many of them are usually infected?**

The number of contacts each case has varies greatly depending on the case's movements during the infectious period and their social environment. In general terms, household contacts (or household-like contacts) are the most likely to be infected. At this stage, locations interest will continue to be published, this will be reviewed if case numbers begins to increase significantly.

## **Q. Do we need to alter the definition of 'vaccinated' to include a booster/3rd shot?**

In the interim, double vaccinated people will be considered vaccinated however, as the rollout of booster shots progresses and more of the general population are eligible, careful consideration is being given to when a definition change may be required.

## **Q. What will you do to encourage uptake of boosters in the immediate term?**

Vaccination continues to be an important tool in our fight against COVID-19 and a booster shot will reinforce the effectiveness against Omicron. The Ministry is focussing on increasing vaccination and booster coverage, including for children, with a focus on vulnerable and high-risk populations.

As soon as someone is eligible for their booster they should book in and get it immediately and not wait until Omicron makes its way into the community. This will help offer the best protection against Omicron.

## Testing

### **Q. How do I get a rapid test?**

Rapid antigen testing sits within a range of testing modalities for detection and diagnosis of COVID-19 work is underway to further increase the availability of rapid antigen tests across a number of settings. Whether you need to complete a PCR or RAT test will depend on your exposure to a positive case and any symptoms you might be experiencing, and the volume of cases at the time.

### **Q. What will the general testing approach be during an omicron outbreak?**

PCR tests will not be able to be processed quickly enough for cases to be identified and isolated rapidly to contain the spread. Testing will shift to using supervised and

## Frequently Asked Questions

unsupervised Rapid Antigen Testing (RAT) in both clinical and non-clinical settings as results are available within minutes of taking a test.

### **Q. Who will rapid tests be available to? How do I know if I need a rapid or PCR test?**

In a situation of more than 1,000 cases a day, we expect Rapid Antigen Tests will be used more frequently. If you are symptomatic or need to be tested to access a workplace or service, you will be guided at the time on which test is best for you.

### **Q. What will happen if we run out of RAT tests?**

The Ministry of Health is constantly monitoring supply, and sourcing additional tests where needed.

### **Q. How many people will be getting rapid tests? Do we have supply of rapid tests in the country?**

The Ministry of Health are actively managing the supply of tests into the country.

### **Q. Will you have to be symptomatic to access a test?**

Generally, you need to be experiencing symptoms to meet the testing threshold, however if you work in a high-risk setting you or others may need to undertake surveillance testing.

### **Q. How will MoH manage capacity and capability across the Health system during an outbreak of Omicron?**

Prioritising and sharing hospital resources alongside building up of system capacity/capability will allow the health system to manage more cases and still provide a continuity of care during a community outbreak of Omicron.

### **Q. Should elective surgeries at DHBs be pre-emptively cancelled?**

Planning is underway to ensure continuity of non-COVID care (e.g. planned care, elective surgeries, cancer treatment, breast screening) during an outbreak of Omicron.

## Care in the community

### **Q. What is the current capacity of the model?**

Officials estimate the current model can support a reasonable increase in the amount of new cases a week.

### **Q. How do I get groceries or other services while I'm isolating?**

If you cannot manage with help from friends and family and need support, your COVID-19 welfare guide and the COVID-19 welfare phone line can help you. More information and contact information can be found on the Ministry of Social Development [website](#).

### **Q. What will the bar for support be? Who qualifies for what kind of support?**

The Welfare response under the Care in Community model is specifically targeted towards those who are directed to self-isolate and who are assessed as requiring welfare support through an initial rapid assessment.

# Frequently Asked Questions

## Supply chains/business continuity

### **Q. How will we protect services critical to supply chains and essential services?**

Work is underway to identify infrastructure and services that will be critical during an outbreak, and support sector preparedness. These services will be supported to maintain business continuity where necessary.

### **Q. What will be defined as critical infrastructure and services?**

These are infrastructure and key sectors where disruption of service would result in significant adverse impacts felt across New Zealand, or large parts of our communities. Work is proceeding at pace to precisely define these, and to consider what supports may be appropriate to facilitate their continued operation.

### **Q. How confident are you that critical lifeline services can continue to function through Omicron?**

Work is focussed on ensuring these critical services can do so.

### **Q. What guidance will be provided to businesses/support for preparedness?**

Guidance is already available for Businesses on MoH and Business.govt websites. As more detail is finalised it will be distributed via existing channels and through proactive engagement with sector representatives.

## Economic supports

### **Q. What does the future of economic supports look like under Omicron? Will these be able to be operationalised quickly?**

Support to business through previous COVID outbreaks has taken a range of forms and functions and work is underway to consider whether and how this support could be used for the anticipated Omicron outbreak.

## Reconnecting

### **Q. What does Omicron mean for re-opening? What if it gets in sooner?**

We delayed reopening because of Omicron to allow us to progress the rollout of the booster and paediatric vaccine. We are looking at all the evidence now and will take a decision in the coming weeks on when to start reopening the border.

In the meantime, we continue to do our best to keep Omicron out of the community and are preparing our response and healthcare systems for a potential outbreak.

### **Q. Why are we delaying re-opening if Omicron is milder?**

In December, we delayed the initial stages of reopening to allow us more time to learn about Omicron and for the rollout of boosters to progress.

# Frequently Asked Questions

What we see from overseas is that while the proportion of people that will end up in hospital with Omicron is lower, the actual number could be the same or higher than for Delta, just because so many people get infected.

## **Q. Should we delay reopening until we reach certain targets for kids to be vaccinated and people to receive boosters?**

We are looking at what we need in place to make reopening as safe as possible and will let you know when Cabinet has taken a decision.

## Key contacts for official advice

### **Immigration**

Visit [www.immigration.govt.nz/about-us/covid-19](http://www.immigration.govt.nz/about-us/covid-19) or call the Immigration Contact Centre (6am – 10pm, Monday – Friday (NZST) from landlines only on 0508 558 855, or Auckland 09 914 4100, Wellington 04 910 9915, or from overseas +64 9 914 4100

### **Kiwis returning from overseas**

Managed Isolation and Quarantine [www.miq.govt.nz](http://www.miq.govt.nz) or call on +64 4 888 1670 if you're overseas (rates will apply) or 0800 476 647 if you're in New Zealand (calls are free). Hours are 0800 to 2200 hours (NZST), seven days a week.

All New Zealanders overseas are encouraged to see the advice and register on [www.safetravel.govt.nz](http://www.safetravel.govt.nz)

**Healthline** 0800 358 5453 or +64 9 358 5453

### **Translations**

For resources in other languages, visit <https://covid19.govt.nz/updates-and-resources/translations/>

### **Accessible information**

Information and advice in other formats for people with particular accessibility needs <https://covid19.govt.nz/updates-and-resources/accessible-information/>

### **Pacific communities**

For information to support Pacific communities, visit <https://www.facebook.com/MinistryforPacificPeoples/>

### **Transport**

For information on transport go to [www.transport.govt.nz/about/covid-19](http://www.transport.govt.nz/about/covid-19) or email [essentialtravel@transport.govt.nz](mailto:essentialtravel@transport.govt.nz)

### **Unite Against Covid 19**

Website [www.covid19.govt.nz](http://www.covid19.govt.nz)

Facebook <https://www.facebook.com/UniteAgainstCOVID19/>

LinkedIn <https://www.linkedin.com/company/uniteagainstcovid19/>

Instagram <https://www.instagram.com/uniteagainstcovid19/>

# Frequently Asked Questions

Twitter <https://twitter.com/covid19nz>

Newsletter <https://confirmsubscription.com/h/t/6925B3D1925FFCCF>