Churches & Omicron: February 2022
Summary Notes

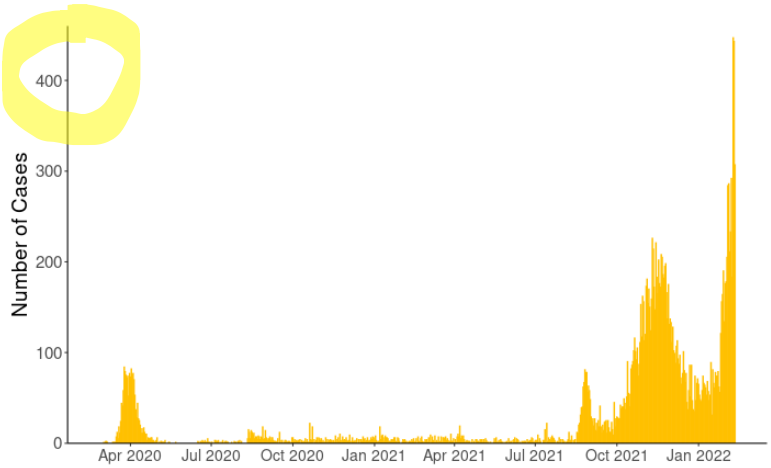
Two gatherings were held on the 10th and 15th of February at Legacy Community Church, for church leaders to meet with health officials to discuss and understand what the Omicron outbreak in NZ means for us here.
Caution: These notes are summarised by Nigel Ripley; not the CDHB guests. All effort has been made to accurately reflect information provided at the gatherings, but these notes are not intended to be considered formal medical advice. Please seek advice from your trusted health professional.

CDHB Guests:
Dr. Sarah Berger
Nursing Director | CDHB Infection Prevention & Control Service

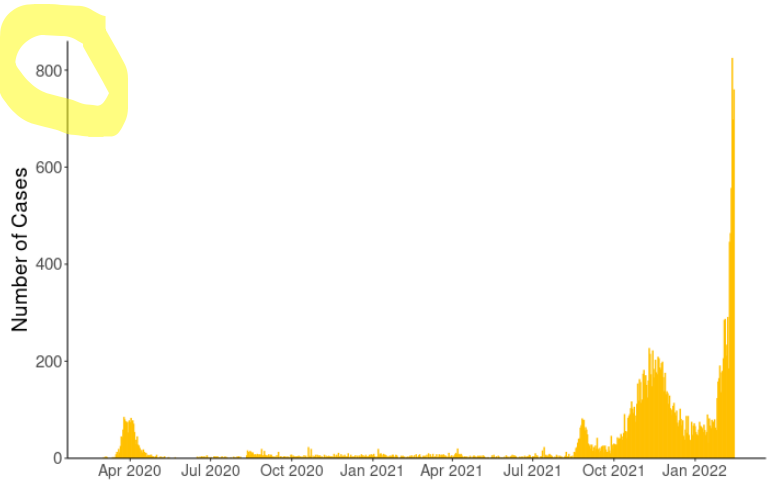
Dr Matthew Reid
Medical Officer of Health

Key Change in Pandemic Response:
- Before Christmas, the plan was an 'ELIMINATION' strategy.
- In the New Year, it became a 'SUPRESSION' strategy. That is, we aren't going to keep Omicron out; it will infect our communities. We're now aiming to slow the spread in order to avoid overloading the health system.

Projected Numbers for Canterbury:
At the peak, it's expected we will see 2000-5000 cases a day, with 120 p/day admitted to hospital.
Once Omicron has established in the community, the outbreak may only last 3 months, due to the speed of transmission.



Case numbers on Saturday 1pm



Case numbers today at 1pm (doubled)

The first community case of Omicron in NZ was: 30 Dec'.
Currently: 6309 cases in NZ. Only 38 in hospital (= .06% hospitalized)

Delta is still around in small numbers, but being 'taken over' by Omicron. E.g.
If all the CoVID 19 variants were in a race, Omicron would always win.
So, where Delta has been in NZ, if Omicron is now present, Omicron will take over from Delta because it transmits much more quickly than the other variants.

Good news: although Omicron spreads much faster than Delta, it is less virulent (not as severe in its symptoms).

https://www.health.govt.nz
'The most common symptoms reported for Omicron infection are **sore throat, cough, runny/stuffy nose, and fatigue**.
Recent UK survey data suggests 25% of people with Omicron infection may be asymptomatic.'

So, there will be some who will become significantly ill due to existing health issues, but for most, it will be a cold, or no symptoms at all.

About the Omicron Variant

Omicron spreads from the nose and mouth through respiratory droplets at close range. 'Droplets' are the cloud of breath you see outside on a frosty morning.
You become infected by inhaling/breathing in the respiratory droplets.
It is possible you can transmit the virus through body fluids. E.g. Sharing of a drink bottle. But it's not transmitted through touching surfaces where infected people have been. It is very fragile – easily destroyed. You really need to breathe it in.

Cleaning facilities is a good hygiene practice. It's not how we prevent transmission.

Therefore, the placing of ash on the forehead at Ash Wednesday, or use of water in rituals, won't transmit.

Best Protection against virus transmission:
1. Vaccines & Booster
2. Stay home if unwell, and get tested
3. Mask wearing
4. Ventilation
5. Contact tracing
6. Physical distancing
7. Hand hygiene (environmental hygiene is still good practise)

Meeting outdoors is always the most effective protection against the virus.

Although Omicron will cause far few hospitalisations, because there will be many more cases than Delta, the number needing to be treated in hospitals can remain the same. Simply due to the volume of cases in the community at the same time.
If the numbers put strain on hospitals, other hospital services will be affected, therefore, measures have been put in place to slow the spread, so hospitals will be able to cope effectively.

'Long covid' is still a possibility for a very small number. Long Covid is far worse than just a long cold. It affects a number of organs and systems of the body, and results in significant fatigue.
The impacts of Covid on people who are hospitalised are reasonably predictable, but Long Covid seems to be more random. It's hard to determine who may develop long covid.

Those most at risk of more significant illness from the Omicron variant, are still the unvaccinated and the health vulnerable, such as the elderly, and those with pre-existing immunity conditions.

Dr Sarah highlighted the need for people to "Find a balance in the new normal". CoVID 19 Omicron, is now endemic and will be something we will continue to manage, as we do, colds and the flu.

The first wave of Omicron will be the large one, but will provide a strong stimulus to the immune system.
When the borders open, we will need to expect to see influenza back again, so this needs to be considered and managed as well.
Future variants are possible.

Regarding Boosters:
In all vaccines, there is drop off in their effectiveness over time.
Also, the current CoVID 19 vaccines were developed for the earliest variants, before Delta and Omicron mutations.
Therefore, boosters are needed when there are new variants, and potentially if there are future 'waves' of transmission.

Ongoing Expectations:
After Omicron has 'peaked' and then dropped off, it will keep circulating, and like the flu each year, there may be surges/waves of infection to be managed long term. Therefore, contact tracing and some other measures will be needed to manage transmission rates to avoid any future overload of the health system, as well as to avoid unnecessary large transmission events.

In terms of advice for the elderly or those with relevant health conditions:
Avoid the risk of infection during peak of the first wave when health services will be most stretched.
You will likely have to face transmission at some time, but aim to physically isolate yourselves from the community during the initial spread and peak, and during winter.
As transmission takes off, elective procedures will be delayed in hospitals responding to CoVID 19 infections. I.e. So avoid getting ill around those times!

You can get CoVID 19 again, not just once. Immunity builds, but is not 100%. Just like other viruses.

Preparation is being made for 120 cases a day in our hospitals in CDHB, which is the number they predict is possible for admissions.

Advice for Church Ministers:
If you want to visit people at home, try to stay outside, mask up, keep your distance.
If you need to go inside to minister, use a N95 mask; protect neck up; a face shield with the mask could be good.
(Some trades stores will have dust masks that are N95.)

The virus needs a host – it can't live for long outside of someone. Therefore, a mask, can potentially be cleaned, or left in a paper bag for a few days and then be re-used.

Phases of Omicron Management in the Community

See detailed information at:
https://covid19.govt.nz/prepare-and-stay-safe/about-covid-19/our-response-to-omicron/

As of February 16th, NZ has moved to Phase 2.
Phase 2: This means:
As cases grow, we will use digital technology more. We may communicate using text or email. There will be support for people who do not have access to or are not confident using technology.
Cases will:

- be identified through a positive PCR test

- be notified by text message and given an online contact tracing form that will focus on high-risk exposures — events or locations
- need to self-isolate at home for 10 days.

Household contacts live with someone who is positive and will also need to immediately self-isolate for 10 days. Household contacts will need to get tests on day 3 and on day 8. If all tests are negative, the whole household can complete isolation at the same time.

Close Contacts who are not household contacts will:
- be notified by text, push notification or Bluetooth alert
- need to isolate at home for 7 days from the last time they were exposed to someone with COVID-19
- need to get tested on day 5 after they were exposed to someone with COVID-19 or if symptoms develop
- be 'tested to return' for critical infrastructure workers, if needed.

Some people who are Close Contacts and critical workers will still be able to go to work, if they are asymptomatic and have a negative RAT before going to work. Your employer will let you know if this applies to you.

<u>Phase 3</u>
TESTING:
When there are thousands of cases a day, we will need to focus PCR testing on priority groups.
- People with symptoms or in a priority group can use RATs for diagnosis.
- Symptomatic and critical workers can get a RAT from a doctor, pharmacy, Community Testing Centre or workplace.
- Healthcare workers and critical workers who are a Close Contact but asymptomatic can use 'test to return' RATs.

Case Investigation
There will be self-service tools available for people to provide information for contact tracing and case investigation. People who test positive will be supported to notify their Close Contacts. Our focus will be on supporting people who do not have access to or are not confident using technology.
Cases will be:
- identified by positive PCR or RATs, or if they have symptoms
- notified by text message and given an online self-investigation tool that will focus on very high-risk exposures to narrow the numbers of contacts identified.

Household contacts of a case will not need to get tested. If they become symptomatic, they will become a probable case.
Contacts will:
- be contacted automatically through the online self-investigation tool, with the option for people who test positive to notify their contacts themselves
- only be traced and required to isolate if they are a high-risk contact
- 'test to return' if they are a health or critical worker.

There will be limited use of push notifications, locations of interest or Bluetooth tracing.

Churches and Gatherings

Scenario 1 - Church case:
A recent case in a church gathering in NZ:
- $40m^2$ room, with 30+ people.
- Some mask use but inconsistent.
- 3 hours, singing, little ventilation

All participants had to be made 'close contacts' and needed to isolate at home for 10 days.

Scenario 2 – Our meeting:
- Larger room with only 15 people
- All masked
- Talking, no singing

- 1.5 hours, but ventilated, with good cross-flow of air

It's likely if there was only one masked, infected person, all others would only become 'casual contacts', not 'close contacts'.

However, each is a case-by-case basis. If possible to identify who a transmitted person sat with and spoke to, some people could become 'close contacts' without all becoming close contacts. In other scenarios, all people in a gathering may be designated 'close contacts', including leaders and team.

Effective Mask use and good ventilation are a key. I.e. Fresh air in, and used air out.
A/C units don't bring in fresh air. Open windows/doors and 'fresh air' systems are needed.

- If used air lingers, this increases the likelihood of transmission and people becoming close contacts.
- If used air drifts into other rooms, this also increases the chances of transmission and people in other rooms becoming close contacts.

Therefore, you can have two different groups in the same venue, but if people or used air travels from one group to the other, both groups are at risk of transmission and all becoming close contacts.

It's important for churches to continue operating, connecting people, caring for people. It will be very important to have churches helping those most disconnected from health services and health measures. Especially those who aren't registered with a GP, or those who struggle with technology like mobile phone use, and website use.