On November 26, 2021, the World Health Organization designated a new variant, B.1.1.529 (Omicron) as a variant of concern (VOC). The Omicron variant was first identified by health authorities in Botswana and South Africa, and it has now been reported in at least 14 countries. Most isolates have been found in Botswana and South Africa, and travel-associated cases have been identified in Hong Kong, Israel, the United Kingdom, Belgium, Germany, Netherlands, Italy, Australia, Spain, and Canada. The Omicron variant has not yet been identified in the United States, including California. On November 26, the U.S. Government issued a proclamation imposing new travel restrictions for persons who are not U.S. citizens or legal permanent residents coming to the U.S. from eight countries: the Kingdoms of Eswatini and Lesotho; and Republics of Botswana, Malawi, Mozambique, Namibia, South Africa, and Zimbabwe. Travelers who have been in one of the above eight countries within the last 14 days must follow the Centers for Disease Control and Prevention (CDC) recommendations to get tested 3-5 days after arrival and quarantine for 7 days even if testing negative. Because there may be increased risk for post-vaccination infection, individuals should follow the CDC guidance for unvaccinated travelers even if vaccinated or previously infected with COVID-19. If COVID-19 testing is positive or symptoms develop, individuals should follow CDC guidance and isolate for 10 days. Contacts of cases due to the Omicron variant should be quarantined for 10 days, monitored for quarantine adherence, and tested at least once during the quarantine period, optimally at day 5-7.

The Omicron variant has approximately 50 mutations when compared to the original SARS-CoV-2 virus, and over 30 mutations are within the spike protein of the virus. At this time, information about the epidemiologic, diagnostic, and clinical impacts of these mutations is limited. However, some mutations present in the Omicron variant have been associated with an increase in infectiousness and immune escape which could result in lower vaccine effectiveness. Anecdotal reports from South Africa have indicated that patients may present with symptoms that are atypical from those associated with infection due to other SARS-CoV-2 variants, such as no loss of smell/taste or extreme fatigue. However, it is yet unclear if the Omicron variant has any impact on severity of disease or the effectiveness of currently available treatments.

One of the mutations in the Omicron variant results in S gene target failure (SGTF) in the ThermoFisher TaqPath SARS-CoV-2 Combo RT-PCR assay. More than 99% of strains currently circulating in the U.S. are from the Delta lineage, which does not have SGTF with this assay. Thus, SGTF with this assay may be indicative of the Omicron variant. However, whole genome sequencing must be performed to definitively identify the Omicron variant, and all

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specimens with SGTF should be sent for sequencing as soon as possible.

The California Department of Public Health (CDPH) is taking several measures in response to the Omicron variant including:

- Monitoring for detection of the Omicron variant and other VOCs through the California SARS-CoV-2 Whole Genome Sequencing Initiative called COVIDNet. COVIDNet is a public-private partnership to provide California with genomic sequencing data for epidemiological efforts to control the spread of COVID-19.
- Recommending international travelers follow the CDC guidance to test for COVID-19 within 3-5 days after arrival, quarantine for 7 days, and isolate and repeat testing if COVID-19 symptoms develop.
- Emphasizing the importance of COVID-19 vaccination and booster efforts for all persons aged five years and older. COVID-19 vaccination remains the most important strategy to prevent serious illness and death from COVID-19.
- Reminding the public to mask in indoor places regardless of vaccination status, and optimize mask fit and filtration. Get the Most out of Masking (ca.gov)

The CDPH would like to remind health care providers to please ask patients about travel history especially during this winter respiratory virus season. Additionally, the CDPH requests that health care providers collect and submit specimens from individuals with SARS-CoV-2 virus infection who meet at least one the following criteria:

- Recent international travel especially to those countries in which the Omicron variant has been detected;
- Exposure to persons with recent international travel especially to countries in which the Omicron variant has been detected;
- Specimens that show S gene target failure/dropout (also called SGTF) by polymerase chain reaction;
- Possible re-infection (i.e., recurrence of symptoms with positive molecular testing at least 90 days after initial infection); or
- Infection >14 days after completing a vaccination series (i.e., two doses of a mRNA Pfizer or Moderna vaccines or one dose of the Johnson and Johnson vaccine).

CDPH encourages continued vigilance for rapid increase in cases or outbreaks that have high attack rates. Specimens can be submitted to local public health laboratories and the CDPH Viral and Rickettsial Disease Laboratory (VRDL) for whole genome sequencing and analysis. Please contact your local health department (LHD) for assistance in both evaluation and specimen submission. Cases of COVID-19 suspected or due to the Omicron variant should be reported to the LHD immediately.

CDPH also recommends that LHDs prioritize COVID-19 cases due to the Omicron variant for case investigation and contact tracing to assess the degree of transmission and limit spread as much as possible. Guidance regarding isolation for cases and quarantine for contacts including the importance of adherence to non-pharmaceutical interventions including masking and physical distancing should be provided. COVID-19 cases due to the Omicron variant should be monitored for isolation adherence.

CDPH will continue to issue and post updates and guidance during this rapidly evolving situation here: Main Page (ca.gov)