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Health Alert
SARS-CoV-2 virus variant of concern B.1.1.529 (Omicron)
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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 Surveillance including [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 if not fully vaccinated, 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 \(ca.gov\)](#)

Health care providers should ask patients about travel history. The CDPH requests that health care providers collect and submit specimens for whole genome sequencing from individuals with SARS-CoV-2 infection who meet at least one the following criteria:

- Recent international travel (or exposure to persons with recent international travel) especially to those 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 the Pfizer or Moderna mRNA vaccines or one dose of the Johnson & Johnson vaccine), including boosted individuals.

CDPH encourages continued vigilance for rapid increase in cases or outbreaks that have high attack rates or severity of illness. 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 and report suspected or confirmed Omicron variant cases 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. LHDs should use existing guidelines for isolation and quarantine and provide guidance to cases and contacts that includes the importance of adherence to masking and physical distancing. All

close contacts should be tested upon identification and 5-7 days after exposure, regardless of vaccination status. Close contacts in sensitive occupations or situations are encouraged to test more frequently if feasible.

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: Eswatini, Lesotho, Botswana, Malawi, Mozambique, Namibia, South Africa, and Zimbabwe. Travelers who have been in one of the above eight countries within the last 14 days will be identified by the Centers for Disease Control and Prevention (CDC) and communicated to state health departments. CDPH will send local health departments update lists of returning travelers daily. On December 2, CDC updated a [requirement for proof of negative COVID-19 test](#) to occur within one day of flight for all air passengers arriving in the United States.

For the most current information about travel recommendations and requirements, see CDC recommendations for [International Travel](#).

- CDC & CDPH continue to recommend:
 - All travelers should get a COVID-19 viral test 3-5 days after arrival.
 - Travelers who are not fully vaccinated should self-quarantine for 7 days, even if their test is negative.
 - Travelers should monitor for [COVID-19 symptoms](#), test if any develop, and self-isolate if test positive.

BACKGROUND

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 in early November. On November 30, 2021, the U.S. SARS-CoV-2 Interagency Group (SIG) classified the Omicron variant as a Variant of Concern. On December 1, the first case in California and the United States was reported from a traveler from South Africa. By December 2, the Omicron variant had also been detected in over 40 countries, with some areas reporting community transmission of Omicron.

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, clinical and therapeutic impacts of these of 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 and/or impact response to some monoclonal antibody products.

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

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