

FAQ

COVID-19 OMICRON SUBVARIANT BA.2

What is the Omicron Variant BA.2?

The Omicron Variant (B.1.1.529) currently accounts for the majority of new infections in the United States. The strain was originally identified in Botswana and South Africa in November 2021. A new subvariant, BA.2 has a high affinity for hACE2 receptors and does have higher transmission rates (30% more transmissible) than previous variants of concern. Subvariant BA.2 has replaced BA.1 as the predominant strain in many areas of the globe, causing about 20% of all infections worldwide.

What are the key characteristics of the Omicron Subvariant BA.2?

All Omicron variants appear to evade certain immune pathways in the body and are associated with a higher reinfection risk in patients previously infected with other coronavirus strains. Reinfection is possible, but rare. An individual with past COVID-19 infection, including other subvariants or Delta can be infected with BA.2, but primarily among the unvaccinated. The resulting infection is generally mild. There were no hospitalizations or death among BA.2 reinfections. Danish and South African studies indicate that increased transmissibility has NOT led to increased numbers of hospitalizations or death.

Currently, monoclonal antibodies are ineffective against Subvariant BA.2 infections. Novel agents Paxlovid and Molnupirovir appear to remain effective at preventing disease progression, hospitalization, or death from infection.

Are the symptoms different?

While BA.2 may spread more easily, preliminary data demonstrates similar disease severity as BA.1. Headache, sore throat, myalgias, fatigue and runny nose are among the

most frequently reported symptoms. Fever and cough are generally less severe. Vaccinated patients report much milder symptoms. Taste and smell abnormalities do not seem to be nearly as common as seen with previous strains. Omicron and its subvariants can also cause a wide range of symptoms which cannot be differentiated from other variants or other respiratory viruses.

Are vaccines still effective?

Vaccines remain effective but concerns of waning immunity in those having received a primary vaccination series have led to widespread recommendations of boosting with an additional dose of mRNA vaccine (Moderna/Pfizer). Preliminary studies show a roughly 30% vaccine efficacy increased to over 70% against Omicron variant after receiving a booster. Regardless, vaccines show a clear role in preventing severe symptoms and hospitalization. Efforts to increase boosters have become a clear CDC objective and should be strongly considered by those eligible.

Does Omicron require different testing?

Currently all known variants and subvariants of interest and concern are detectable with existing approved tests. Although the levels of sensitivity and specificity vary across the different testing platforms and modalities, these tests do not need to be altered to detect Omicron subvariant BA.2. A handful of nucleic acid testing modalities were unable to detect the variant; they are currently being held by distributors. Home testing can detect Omicron with similar ability as for other strains.

If I'm fully vaccinated, what can I do (per CDC)?

- If eligible, a booster is recommended by the CDC.
- If infected, discuss new treatment options with your healthcare provider. These seem particularly effective in preventing milder infections from becoming more severe and reducing hospitalization.
- Resume domestic travel and refrain from testing before or after travel and from self-quarantine after travel.
- Refrain from testing before leaving the United States for international travel (unless required by the destination) and refrain from self-quarantine after arriving back in the United States.
- Refrain from routine screening testing if feasible.

What precautions do I need to take even if vaccinated (per CDC)?

- Follow local health department recommendations regarding masking.
 - › Fully vaccinated people might choose to mask regardless of the level of transmission, particularly if they or someone in their household is immunocompromised or at increased risk for severe disease, or if someone in their household is unvaccinated. People who are at increased risk for severe disease include older adults and those who have certain medical conditions, such as diabetes, obesity, and heart conditions.
- Get tested if experiencing COVID-19 symptoms.
- Newer recommendations for quarantine and isolation after infection and exposure were released by the CDC December 27, 2021. These apply to the general population with a separate list for healthcare providers.
- Follow any applicable federal, state, local, tribal, or territorial laws, rules and regulations.