

STAY SAFE MN

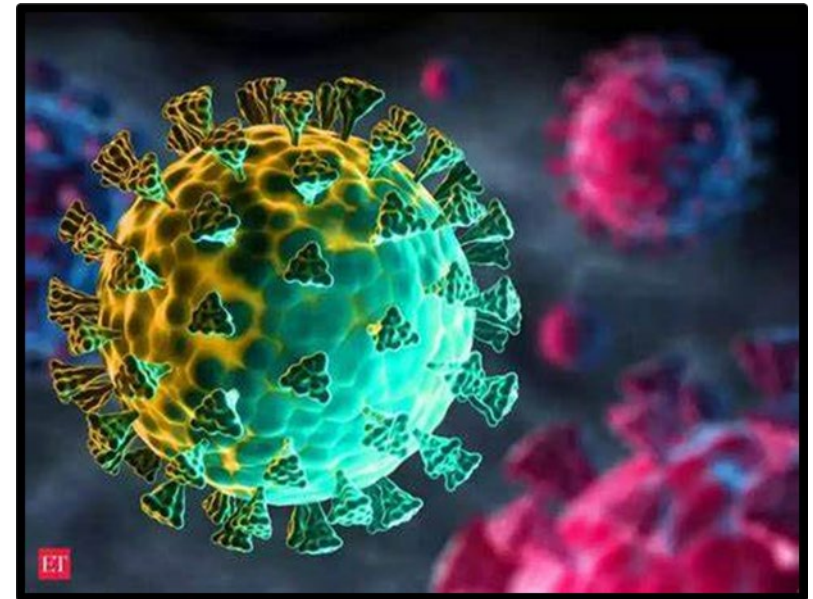
Omicron Update

mn MINNESOTA

Omicron: What we know- EARLY evidence

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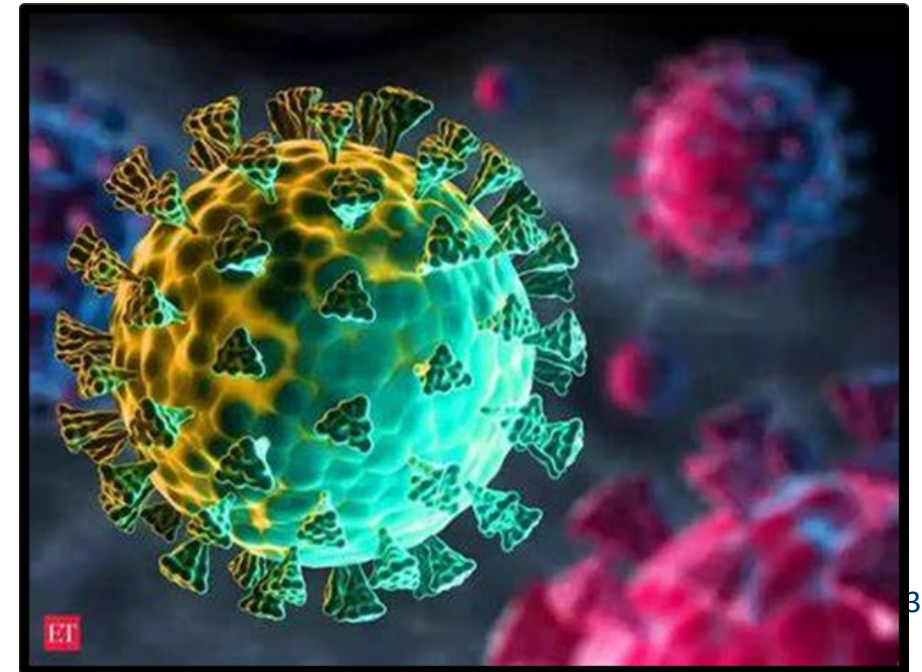
- Highly infectious and moves quickly
- Evidence of less severe disease, especially milder disease in persons immunized by vaccination or prior infection.
- Studies in mice and hamsters suggest Omicron infection milder because it is focused in nose, throat and wind pipe rather than lungs.



Omicron: What we know- EARLY evidence

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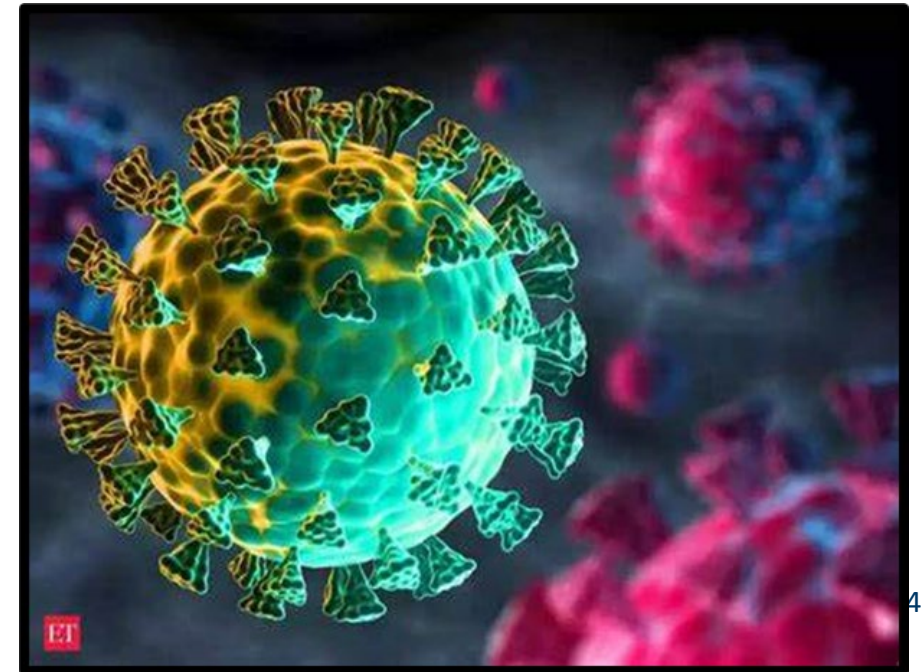
- Partial vaccine escape
 - Large number of vaccine breakthrough infections and reinfections
 - Booster increases immune response, but not at same level as Delta
 - Still thought to have some protection against severe disease
- Significantly lower efficacy of Monoclonal Antibody Therapy. One therapy (Sotrovimab) is effective but very low supplies nationally.



Omicron: What we know- EARLY evidence

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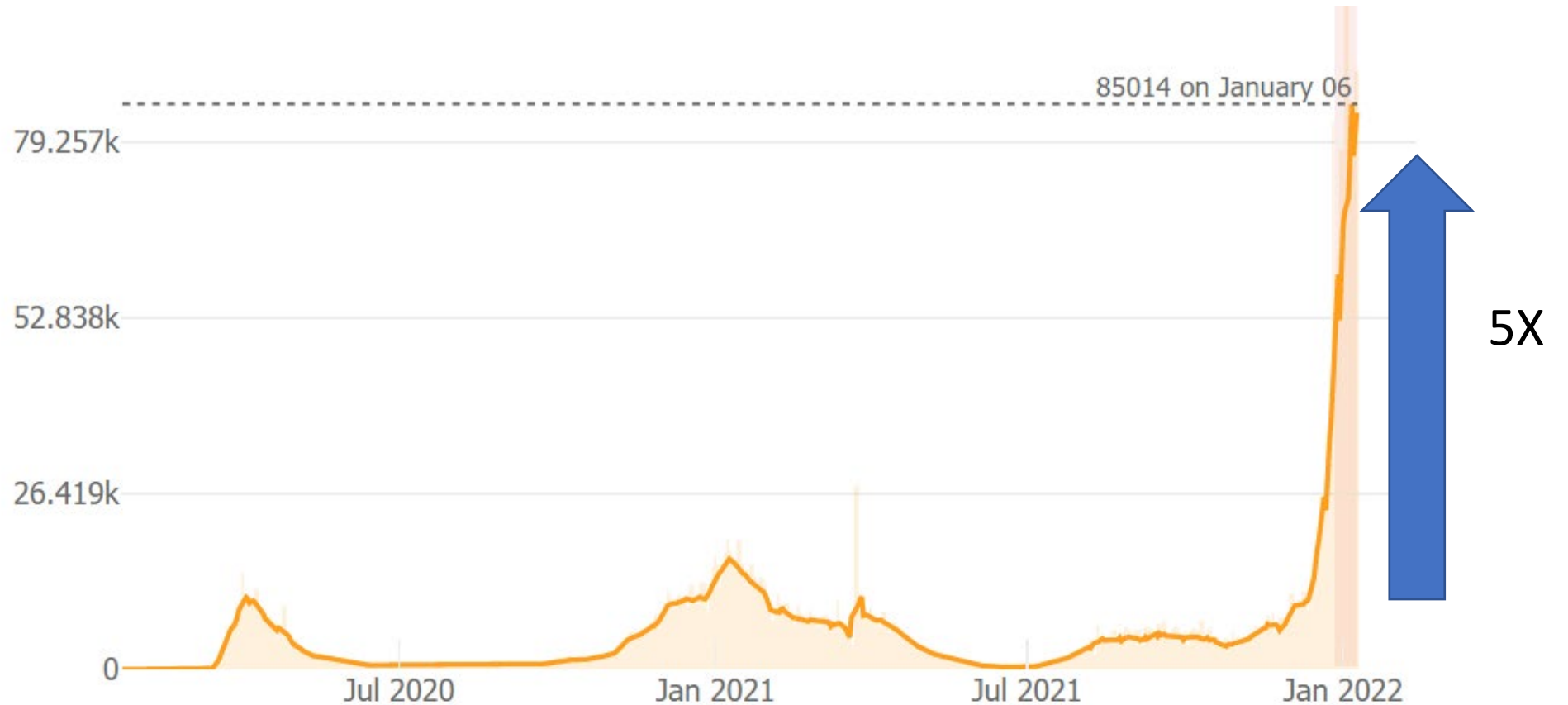
- Much higher attack rate. 2X + more infectious than Delta
- Shorter incubation period 3-5 days for omicron (5-7 days Delta)
- Infectious likely 2 days before symptoms occur and 3 days after symptoms



New York is at its highest daily case count ever

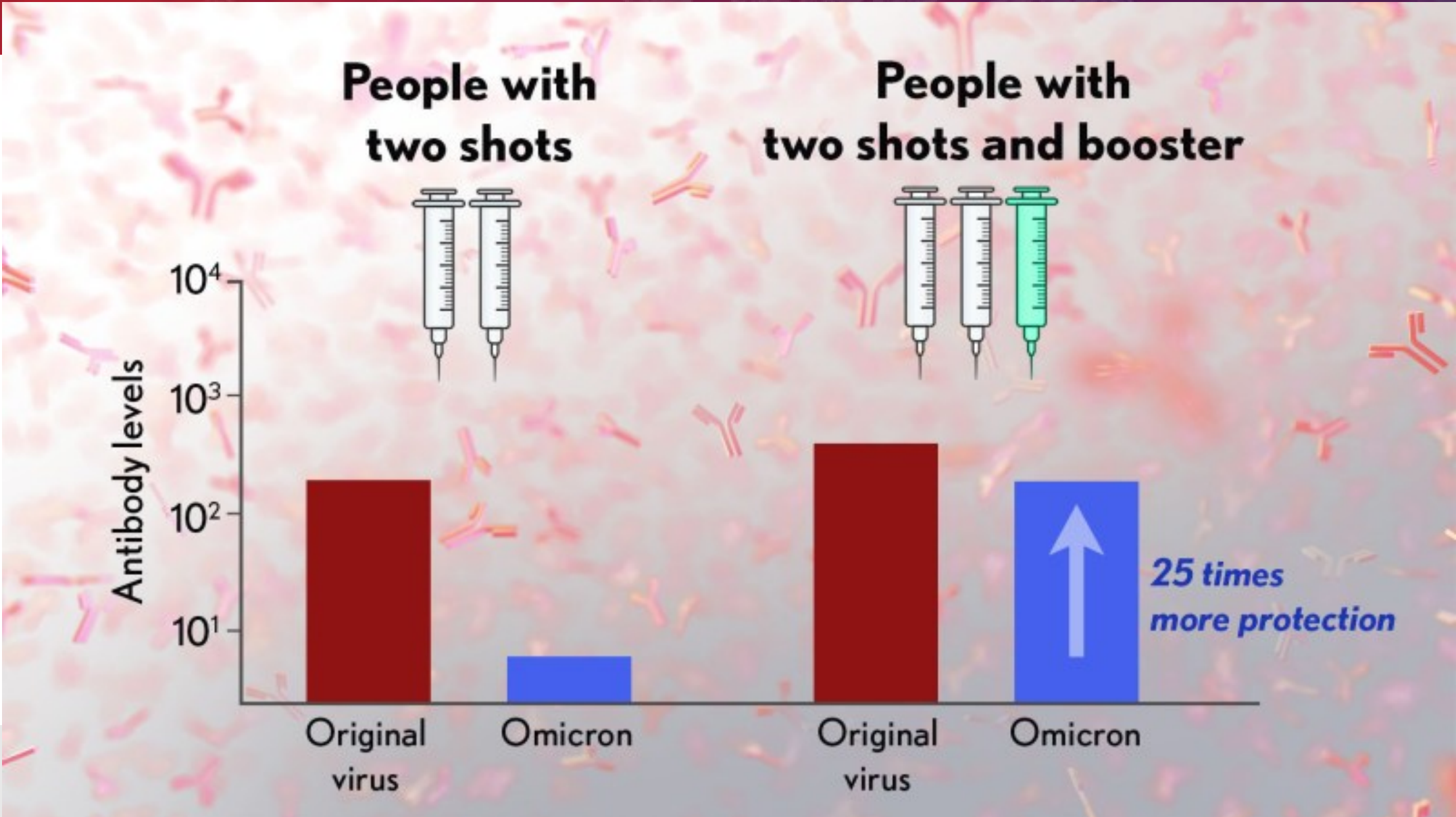
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**Exceeded
previous peak
on Dec. 17.
5x daily case
increase**



Vaccine protection for Original Virus and Omicron Variant

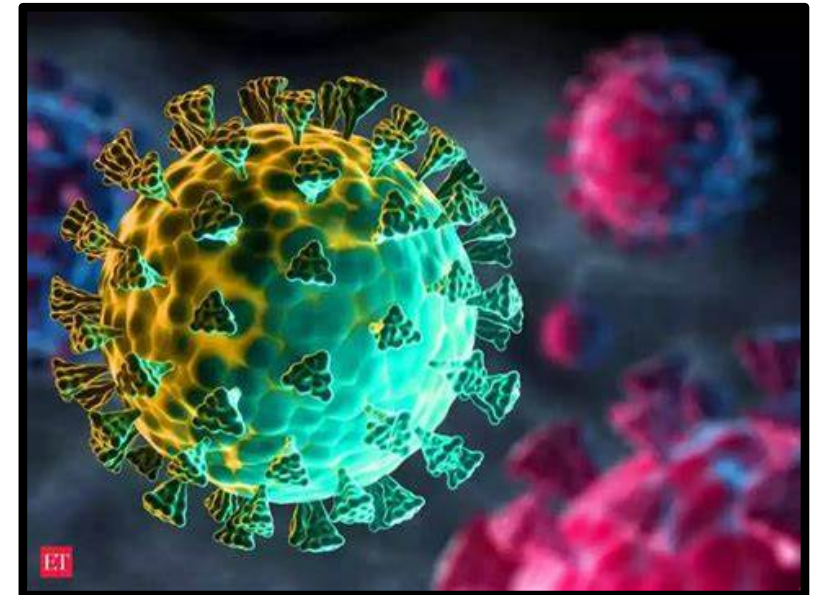
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What are we seeing in Minnesota?

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- Latest MN cases suggest widespread community transmission; metro and greater MN. Estimated 99% of current cases likely attributable to Omicron.
- Increase in cases will likely be very significant, though we won't have complete counts due to OTC testing; increase in hospitalizations will follow
- Significant case backlog resulting in underreporting daily cases. Estimate we are at 17,000 cases/day (excluding at home tests)

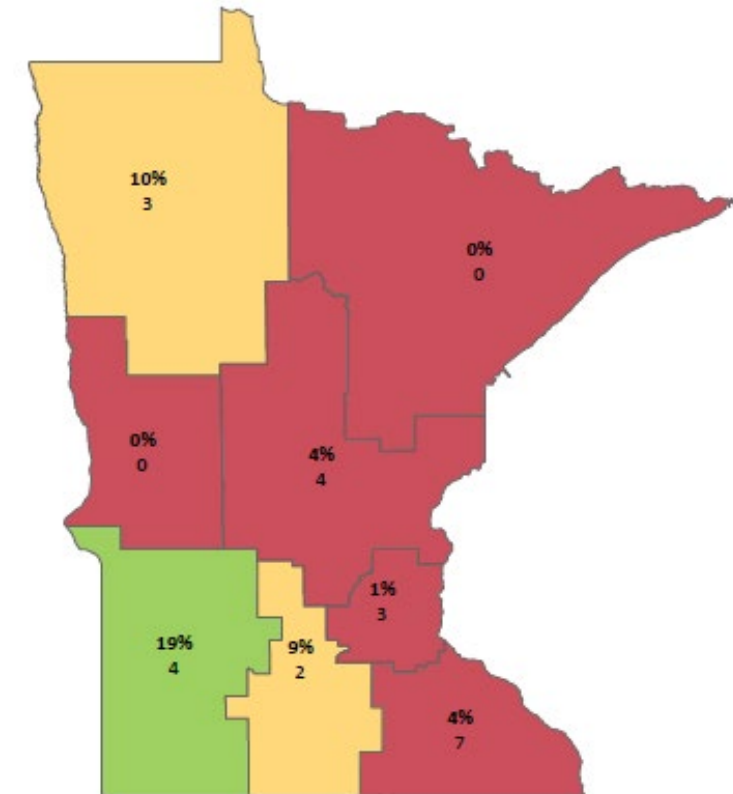


Specific Concerns

- Healthcare capacity (both acute and long-term care) already stretched and very likely to worsen
 - Omicron wave will result in some severe disease, even if proportion is less than Delta
 - Influenza cases rising, population significantly under-vaccinated
 - Illness among HCW and families, childcare closures, will further exacerbate already strained staffing

Adult ICU Beds Available

Jan 13, 2021



Bridge: Prevention Strategies to Slow Spread of Omicron Until Immunity Kicks In

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- Get vaccinated and boosted
- Masking (correctly and with better masks)
- Stay home if feeling sick
- Adherence to isolation and quarantine
- Limiting contacts with people of unknown vaccination and test status
- Improve ventilation



Importance of Continuity of Operations Planning (COOP)

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- Businesses should plan for possible disruptions.
 - Many workplaces created pandemic influenza plans or have continuity of operations plans (COOP). Be prepared to use.
- Absenteeism could be high.
- Businesses should plan for how they will continue to provide critical services in the event of a high level (25%+) of absenteeism due to Omicron.



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Latest CDC Guidance on Isolation and Quarantine

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Following apply in all cases

- Must be able to safely mask at all times when with others (30% still infectious at day 6)
- Need to avoid immunocompromised and higher risk individuals
- Shortened time allows return to work, school, essential activities
 - Should lay low during early release to avoid unnecessary exposure to others
- If test positive during quarantine move to isolation
- Some sector-specific guidance is in development

Quarantine: If exposed to someone infected with COVID

Vaccinated and up to date with booster? No Quarantine.

- ≥12 yo: Received all doses of vaccine including boosters
- 5-11 yo: completed primary series of vaccine
- Had confirmed COVID in past 90 days



10 Days
Monitor symptoms
Mask

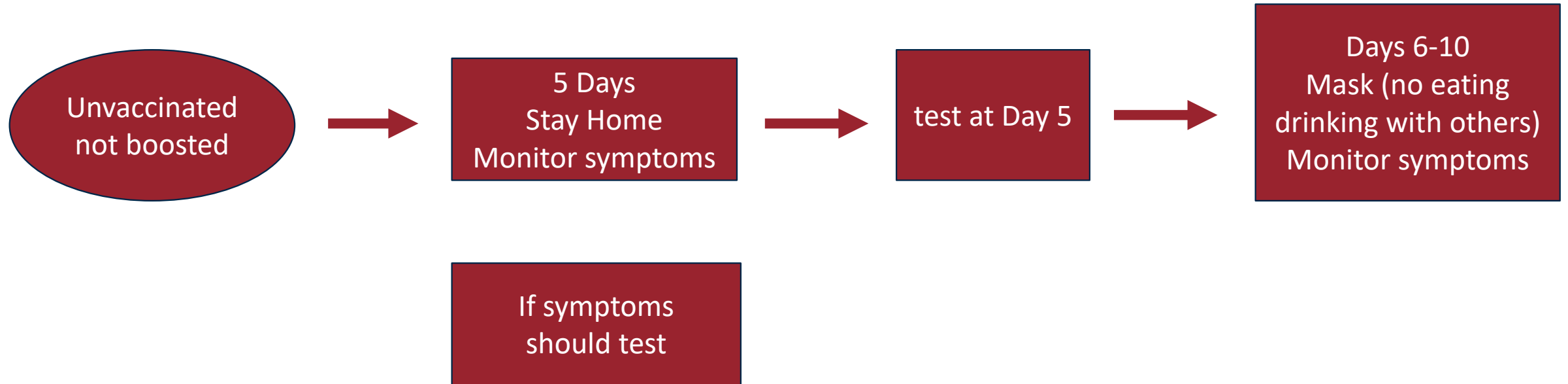
Test at Day 5

If symptoms develop:

1. Isolate
2. Get tested
 - a. If positive move to isolation guidelines
 - b. If negative return to above guidance

Quarantine: If exposed to someone infected with COVID

- Unvaccinated, or not up to date with booster



- **Isolation:** If test positive for COVID or have symptoms and awaiting test result

