COVID-19 Variant of Concern (VOC) Case Report July 26, 2021

Cases reported here include cases with specimens sequenced at the Scientific Laboratory Division (SLD), University of New Mexico, Centers for Disease Control and Prevention (CDC), Aegis, LabCorp, Fulgent, and Gravity Genetics. Variants of concern (VOC) are defined by Centers for Disease Control and Prevention: https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/variant-surveillance/variant-info.html.

COVID-19 Genomic Surveillance

Monitoring COVID-19 variants is an important part of epidemiologic surveillance to track the accumulation of SARS-CoV-2 mutations, which naturally occur over time. As the virus evolves, many variants will emerge and be identified; however, only a small minority will be classified as variants of interest (VOI) or variants of concern (VOC). Variants are classified in these groups depending on whether the new mutations cause changes in transmissibility (i.e., how well the virus spreads between people), disease severity, detection by current diagnostic tests, or ability to evade monoclonal antibody treatments, natural immunity, or vaccine-induced immunity. To date there are no variants that have demonstrated the ability to evade vaccine or natural immunity. Only a small proportion of COVID-19 cases have been sequenced to identify whether they are a VOC since readily available diagnostic tests do not test for specific variant strains and must be sent to a lab for sequencing. Genetic sequencing requires coordinated effort and time, therefore there is a lag time in from specimen collection to reporting of approximately 3-4 weeks.

CDC has identified four VOCs in the US. In New Mexico, all four SARS-CoV-2 VOCs have been detected: 1) B.1.1.7 (Alpha), 2) B.1.351 (Beta), 3) B.1.617.2 (Delta), and 4) P.1 (Gamma). As of June 21, 2021, B.1.617.2 (Delta) represented approximately 40% of sequenced samples in New Mexico. Observations from other countries and model projections predict that the proportion will continue to grow and will likely become the dominant variant in the US and New Mexico. On July 6, 2021, the CDC announced that sublineage variants AY.1, AY.2, and AY.3 will be reported in combination with B.1.617.2 (Delta). Studies indicate that vaccines authorized for use in the US are effective at preventing transmission of COVID-19 VOCs, including B.1.617.2 (Delta), and are the recommended measure to slow the emergence of new variants.

Cumulative number of Specimens Sequenced and Matched to Case Investigations

Lineage	Sequenced Cases	Matched Cases*	Percent Matched
B.1.1.7 (Alpha)	1468 974		66%
B.1.351 (Beta)	3	0	0%
P.1 (Gamma)	61	49	80%
B.1.617.2 (Delta)	129	109	84%
Other lineage	4459	3299	74%
Total	6120	4431	72%

^{*}Cases are matched to NMDOH case investigation data to provide demographic, disease outcome, and other clinical information. This table includes 76 sequences from patients who were tested at New Mexico facilities but reside outside New Mexico. These have been removed from the subsequent tables and figures.

NM COVID-19 VOC Epidemiologic Interpretation

Name	First Identified	Attributes ¹	New Mexico ²
B.1.1.7 (Alpha)	United Kingdom	-50% more transmissible -Potential to cause more severe cases and deaths	-Dominant strain in NM but proportionally declining from 80% the week of 5/17/21 to 55% of samples collected the week of 6/21/21.
B.1.351 (Beta)	South Africa	-50% more transmissible -Reduced effectiveness of antibody treatments -Reduced response of natural and vaccine induced immunity	- Least reported VOC in NM.
B.1.617.2 (Delta)	India	-Increased transmissibility -May reduce effectiveness of antibody treatments -May reduce natural and vaccine immunity	-Of total specimens sequenced, Delta increased from 16% on 6/14/21 to 39% on 6/21/21. -Proportion of deaths among cases caused by this variant have decreased from 4% to 3%.
P.1 (Gamma)	Japan/Brazil	-Reduced effectiveness of some antibody treatments -Reduced response of natural and vaccine immunity	-Has varied between 1% and 9% since the week of 3/29/21, and may be decliningCurrently has the highest proportion of hospitalizations (29%); oversampling of severe cases may skew these results.

¹https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-info.html

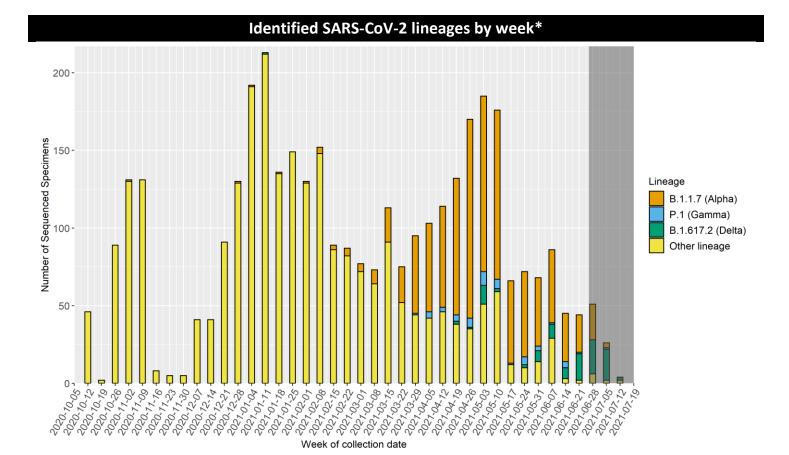
Cumulative number of VOC cases, hospitalizations and deaths

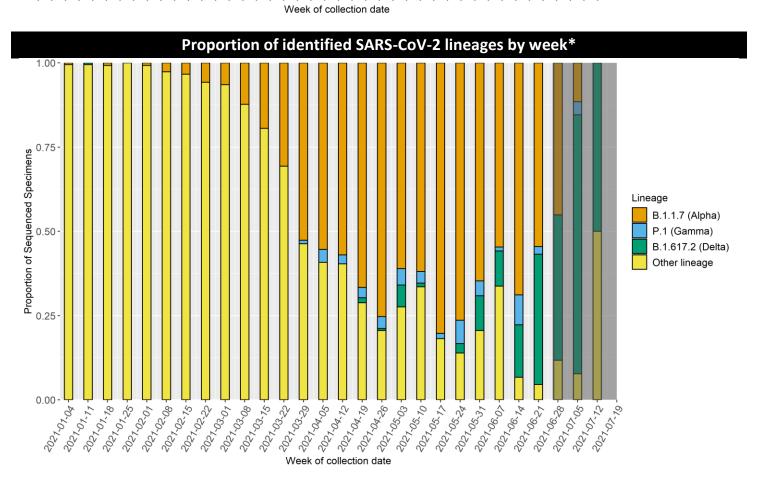
Lineage	Total Cases	Number Hospitalized	Percent Hospitalized	Number Died	Percent Died	Vaccine Breakthrough Cases*
B.1.1.7 (Alpha)	968	101	10%	13	1%	61
P.1 (Gamma)**	49	14	29%	2	4%	2
B.1.617.2 (Delta)	106	10	9%	3	3%	20
Other lineage	3232	184	6%	65	2%	30

^{*}A vaccine breakthrough (VBT) case is defined as a person who tests positive ≥14 days after completing the full series of an FDA-authorized COVID-19 vaccine and has not tested positive the prior 89 days. Because samples collected from VBT cases are more frequently sequenced compared to samples from other COVID-19 cases, these counts should not be used to evaluate the frequency with which VOCs cause vaccine breakthrough.

²NM interpretations based on data collected >4 weeks ago to allow for lag in genomic sequencing.

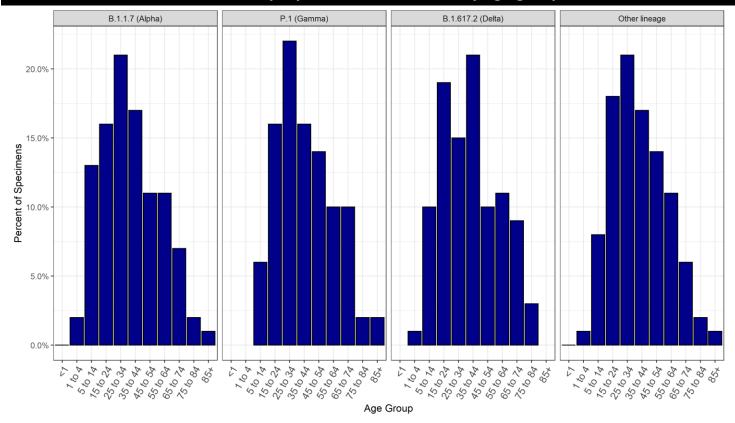
^{**}The specimen submission process for sequencing is not representative. A large proportion of P.1 (Gamma) cases were collected from a single hospital in San Juan County that submitted specimens on hospital admissions, rather than on a representative set of cases in the county. This is likely increasing the apparent severity of this VOC.



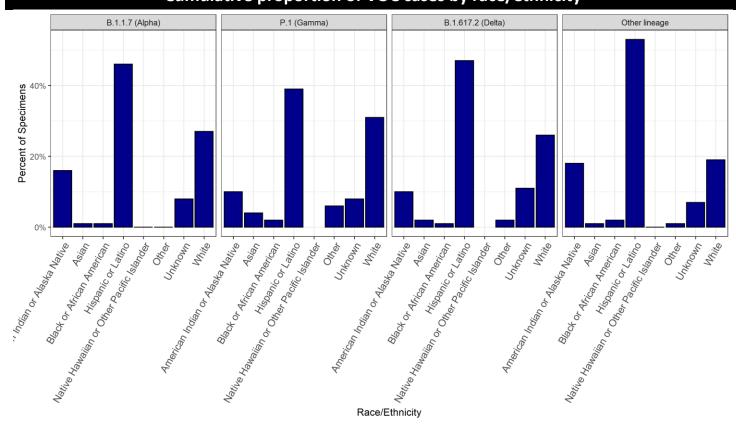


^{*}The dark grey shaded region in each of the figures on this page represents the lag period between specimen collection and genomic sequencing results such that the results may look different when all specimens available for sequencing have been reported.

Cumulative proportion of VOC cases by age group







Cumulative number of VOC cases by county of residence

Counties with less than 5 matched sequenced cases are not included in the table below.

County	B.1.1.7 (Alpha)	P.1 (Gamma)	B.1.617.2 (Delta)	Other lineage
Bernalillo	237	8	17	924
Chaves	11	0	1	58
Cibola	11	0	6	130
Colfax	20	0	0	27
Curry	8	0	1	32
Dona Ana	55	3	3	319
Eddy	16	0	2	84
Grant	12	1	0	32
Guadalupe	1	0	15	19
Lea	6	1	1	102
Lincoln	3	0	0	32
Los Alamos	8	0	4	21
Luna	9	0	1	14
McKinley	18	0	3	123
Otero	25	5	1	199
Rio Arriba	53	0	3	37
Roosevelt	0	0	0	11
San Juan	295	28	29	294
San Miguel	5	0	2	48
Sandoval	32	2	0	182
Santa Fe	74	0	9	297
Sierra	3	0	0	4
Socorro	3	0	0	27
Taos	10	0	4	36
Torrance	11	0	0	84
Valencia	39	0	4	92

Percentage of VOC cases reporting any symptoms

Lineage	No Symptoms	Unknown Symptoms	Yes Symptoms	Total Cases	Percent Symptomatic
B.1.1.7 (Alpha)	60	199	709	968	73%
P.1 (Gamma)	5	11	33	49	67%
B.1.617.2 (Delta)	3	23	80	106	76%
Other lineage	346	807	2079	3232	64%

Percentage of specific symptoms reported by symptomatic VOC cases

The table below includes data ONLY from symptomatic cases

Symptom	B.1.1.7 (Alpha)	P.1 (Gamma)	B.1.617.2 (Delta)	Other lineage
Fever (Measured or Subjective)	47% (329)	56% (18)	51% (41)	44% (905)
Chills	46% (322)	78% (25)	50% (40)	45% (921)
Muscle Aches	57% (399)	69% (22)	70% (56)	56% (1151)
Runny Nose	56% (387)	47% (15)	51% (41)	53% (1095)
Sore Throat	45% (316)	47% (15)	48% (38)	42% (870)
Cough	75% (518)	84% (27)	71% (57)	64% (1322)
Shortness of Breath	31% (215)	47% (15)	28% (22)	25% (520)
Nausea/Vomiting	28% (193)	41% (13)	30% (24)	23% (475)
Headache	67% (463)	56% (18)	70% (56)	65% (1336)
Abdominal Pain	17% (116)	9% (3)	24% (19)	15% (301)
Diarrhea	29% (203)	28% (9)	35% (28)	27 (548)
Fatigue	70% (489)	84% (27)	69% (55)	66% (1350)
Loss of Appetite	39% (272)	44% (14)	51% (41)	37% (758)
Loss of Taste or Smell	39% (268)	41% (13)	49% (39)	45% (918)

Percentage of VOC cases reporting underlying conditions

Lineage	No	Unknown	Yes	Total Cases	Percent with underlying conditions
B.1.1.7 (Alpha)	415	215	338	968	35%
P.1 (Gamma)	17	11	21	49	43%
B.1.617.2 (Delta)	32	26	48	106	45%
Other lineage	1066	1293	873	3232	27%

Percentage of specific underlying conditions reported by VOC cases

Data below includes ONLY cases who report having a pre-existing condition.

Condition	B.1.1.7 (Alpha)	P.1 (Gamma)	B.1.617.2 (Delta)	Other lineage
Chronic Lung Disease	25% (83)	26% (5)	28% (12)	27% (222)
Chronic Liver Disease	3% (11)	0% (0)	0% (0)	4% (34)
Chronic Renal Disease	4% (13)	11% (2)	5% (2)	4% (36)
Diabetes Mellitus	19% (63)	21% (4)	14% (6)	22% (185)
Cardiovascular Disease	33% (109)	37% (7)	30% (13)	27% (221)
Autoimmune Disease	7% (22)	11% (2)	9% (4)	5% (39)
Neurological Disability	7% (22)	21% (4)	2% (1)	9% (75)
Current or Former Smoker	56% (187)	63% (12)	51% (22)	49% (404)

^{*} Note: One P.1 variant case reported an underlying condition that is not included on the list above.

Data Sources

COVID-19 data

- New Mexico Electronic Disease Surveillance System (NM-EDSS), Infectious Disease Epidemiology Bureau, Epidemiology and Response Division, New Mexico Department of Health.
- Salesforce/MTX COVID-19 Case Investigation Platform.

Sequencing data

- New Mexico Department of Health (NMDOH) receives sequencing data for specimens sequenced at the NMDOH Scientific Laboratory Division (SLD), University of New Mexico, Centers for Disease Control and Prevention (CDC), Aegis, LabCorp, Fulgent Genetics, and Gravity Genetics
- Variants of concern (VOC) are defined by Centers for Disease Control and Prevention:
 https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/variant-surveillance/variant-info.html.

Data Notes

- The data reported in this weekly update may not match the daily numbers that are reported in the New Mexico Department of Health (NMDOH) press releases and/or the NMDOH COVID-19 data dashboard.
 This may be due to variation in the date and time of data extraction from NM-EDSS, corrections after quality assurance review, and differences in the exclusion criteria.
- New Mexico Electronic Disease Surveillance System (NM-EDSS). Disease incidence data are derived from reports of notifiable infectious diseases. NMDOH relies on health care providers, laboratories, hospitals, clinics, institutions and individuals to report suspected and confirmed notifiable infectious diseases in accordance with New Mexico Administrative Code 7.4.3.13. Under-reporting can occur due to of lack of awareness about reporting requirements or lack of compliance with those requirements. Not all cases of infectious diseases can be detected for various reasons including lack of access to health care services, lack of laboratory testing or concerns about confidentiality. Specific and standardized national case definitions are used to classify disease reports by case status.
- Race/Ethnicity. Race/Ethnicity are reported as a single variable according to the selection of the case. Any case who is Hispanic is in the Hispanic category and all other races are non-Hispanic.