

COVID-19 Variant of Concern Case Report

February 13, 2022

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 being monitored (VBM), 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. Only a small proportion of COVID-19 cases have been sequenced 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 from specimen collection to reporting of approximately 3-4 weeks.

CDC is monitoring one VOC currently in the US, Omicron. All other VOCs and VOIs are now classified as VBMs due to their low prevalence including Delta, Alpha, Beta, Gamma, Epsilon, Eta, Iota, Kappa, Zeta, and Mu. CDC designated Omicron a VOC on November 30, 2021. To date, 17,366 confirmed cases of Omicron have been sequenced in NM. Since the week of January 24, 2022, Omicron represented approximately 100% of sequenced samples in New Mexico. Sequenced specimens reported from January 2 to January 30, 2023 are incomplete but indicate a continued predominance of Omicron. Additional Omicron sublineages have been included in this report. To date, we have sequenced and identified 123 BA.4.6, 20 BF.11, 313 BF.7, 35 BN.1, 847 BQ.1, 367 BQ.1.1, 18 XBB, 23 XBB.1.5, 36 BA.5.2.6, and 14 CH.1.1 in New Mexico. DOH is monitoring these sublineage variants closely to ensure they are not causing increased cases or worse health outcomes. CDC Nowcast predictive modeling forecasts Omicron to represent 100% of US positive cases the week of February 11, 2023.⁴ Studies indicate that vaccines and vaccine booster doses, including the new bivalent booster, authorized for use in the US are effective at preventing transmission, severe illness, and death caused by VOCs and are the recommended measure to slow the emergence of new variants.

NM COVID-19 Variant Epidemiologic Interpretation

CDC VARIANTS OF CONCERN (VOC)

Name	First Identified	Attributes ¹	New Mexico ²
Omicron (B.1.1.529 and descendant sublineages)	South Africa	-May increase transmissibility -May reduce effectiveness of antibody treatments -May reduce natural and vaccine immunity	-Omicron became the dominant variant 12/27/21 representing 66% of cases. -17,366 confirmed cases of Omicron have been sequenced in NM.

CDC VARIANTS BEING MONITORED (VBM)

Name ³	First Identified	Attributes ¹	New Mexico ²
Delta (B.1.617.2 and AY sublineages)	India	-Increased transmissibility -May reduce effectiveness of antibody treatments -May cause more severe illness in unvaccinated persons -May reduce natural and vaccine immunity	-Delta remained the dominant variant from the week of 6/28/21 (56%) to 12/20/21 (72%). -The first Delta was sequenced the week of 4/19/21 and has not been observed in NM since 2/21/22
Alpha (B.1.1.7 and Q lineages)	United Kingdom	-50% more transmissible -Potential to cause more severe cases and deaths	-Alpha remained the dominant variant from the week of 3/29/21 (50%) to 6/21/21 (51%). -The first Alpha was sequenced the week of 12/28/20 and has not been observed in NM since 8/16/21.
Beta (B.1.351 and descendent lineages)	South Africa	-50% more transmissible -Reduced effectiveness of antibody treatments -Reduced response of natural and vaccine induced immunity	- Least reported VOC in NM. -Has not been observed in NM since 7/19/21.
Gamma (P.1 and descendent lineages)	Japan/Brazil	-Reduced effectiveness of some antibody treatments -Reduced response of natural and vaccine immunity	-First case sequenced in NM the week of 3/22/21 and has not been observed since 8/9/2021; Gamma peaked at 9% of sequenced NM specimens the week of 6/21/2021. -Currently has the highest proportion of hospitalizations (24%); oversampling of severe cases may skew these results.
Epsilon (B.1.427, and B.1.429)	California	-Downgraded from a VOI on September 21, 2021	-First case sequenced in NM the week of 10/12/20 and has not been observed since 6/7/21; Epsilon peaked at 27% of sequenced NM specimens the week of 3/15/21.
Iota (B.1.526)	U.S.	-Downgraded from a VOI on September 21, 2021	-First case sequenced in NM the week of 2/08/21 and has not been observed since 7/19/21; Iota peaked at 14% of sequenced NM specimens the week of 5/10/21
Mu (B.1.621, and B.1.621.1)	Colombia	-Designated a VBM on September 21, 2021	-First case sequenced in NM the week of 5/3/21 and has not been observed since 9/27/21; Mu peaked at 7% of sequenced NM specimens the week of 6/7/21.

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

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

³All other VBMs have either not been observed in NM or have had <10 sequenced specimens and are not included in this table.

⁴[CDC COVID Data Tracker](#)

Cumulative number of specimens sequenced and matched to case investigations

Lineage	Sequenced Cases	Matched Cases*	Percent Matched
BA.1 (Omicron)	7240	6826	94%
BA.2 (Omicron)	3279	2669	81%
BA.4 (Omicron)	423	351	83%
BA.5 (Omicron)	4628	3772	82%
BA.4.6 (Omicron)	123	105	85%
BF.11 (Omicron)	20	18	90%
BF.7 (Omicron)	313	269	86%
BN.1 (Omicron)	35	30	86%
BQ.1 (Omicron)	847	752	89%
BQ.1.1 (Omicron)	367	321	87%
XBB (Omicron)	18	17	94%
XBB.1.5 (Omicron)	23	19	83%
BA.5.2.6 (Omicron)	36	32	89%
CH.1.1 (Omicron)	14	11	79%
B.1.617.2 (Delta)	15653	14355	92%
B.1.1.7 (Alpha)	1870	1595	85%
B.1.351 (Beta)	10	5	50%
P.1 (Gamma)	108	91	84%
B.1.427/B.1.429 (Epsilon)	526	440	84%
B.1.525 (Eta)	5	5	100%
B.1.526 (Iota)	200	173	86%
B.1.617.1 (Kappa)	2	2	100%
P.2 (Zeta)	3	2	67%
B.1.621/B.1.621.1 (Mu)	35	32	91%
Other lineage	4128	3297	80%
Total	39906	35189	88%

*Cases are matched to NMDOH case investigation data to provide demographic, disease outcome, and other clinical information. This table includes 345 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.

**Sublineage variants BA.4.6, BF.11, BF.7, BN.1, BQ.1, BQ.1.1, XBB, XBB.1.5, BA.5.2.6, and CH.1.1 have been reaggregated into their parent lineages in the following tables due to small numbers.

Health outcomes of cumulative matched specimens

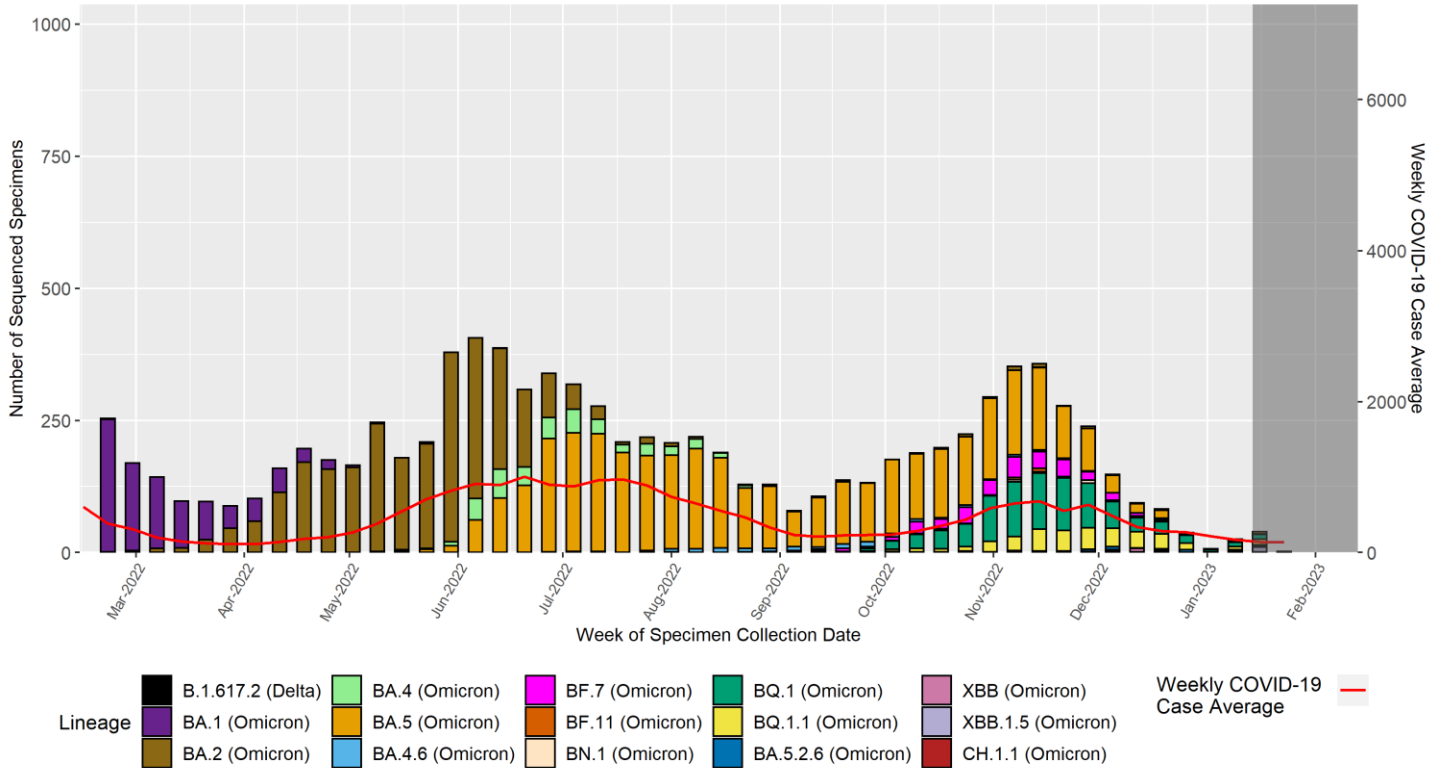
Lineage	Total Matched Cases	Number Hospitalized (%)	Number Died (%)	Number Vaccine Breakthrough (%)*
BA.1 (Omicron)	6779	323 (5%)	65 (1%)	3845 (57%)
BA.2 (Omicron)	2684	235 (9%)	26 (1%)	1922 (72%)
BA.4 (Omicron)	455	32 (7%)	4 (1%)	313 (69%)
BA.5 (Omicron)	5162	511 (10%)	57 (1%)	3581 (69%)
B.1.617.2 (Delta)	14251	1251 (9%)	456 (3%)	4404 (31%)
B.1.1.7 (Alpha)	1576	144 (9%)	20 (1%)	91 (6%)
B.1.351 (Beta)	5	0 (0%)	0 (0%)	0 (0%)
P.1 (Gamma)	89	21 (24%)	2 (2%)	4 (4%)
B.1.427/B.1.429 (Epsilon)	429	9 (2%)	2 (0%)	9 (2%)
B.1.525 (Eta)	5	0 (0%)	0 (0%)	0 (0%)
B.1.526 (Iota)	171	5 (3%)	1 (1%)	8 (5%)
B.1.617.1 (Kappa)	2	0 (0%)	0 (0%)	0 (0%)
P.2 (Zeta)	2	0 (0%)	0 (0%)	0 (0%)
B.1.621/B.1.621.1 (Mu)	32	1 (3%)	0 (0%)	5 (16%)
Other lineage	3202	191 (6%)	64 (2%)	47 (1%)

*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.

**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.

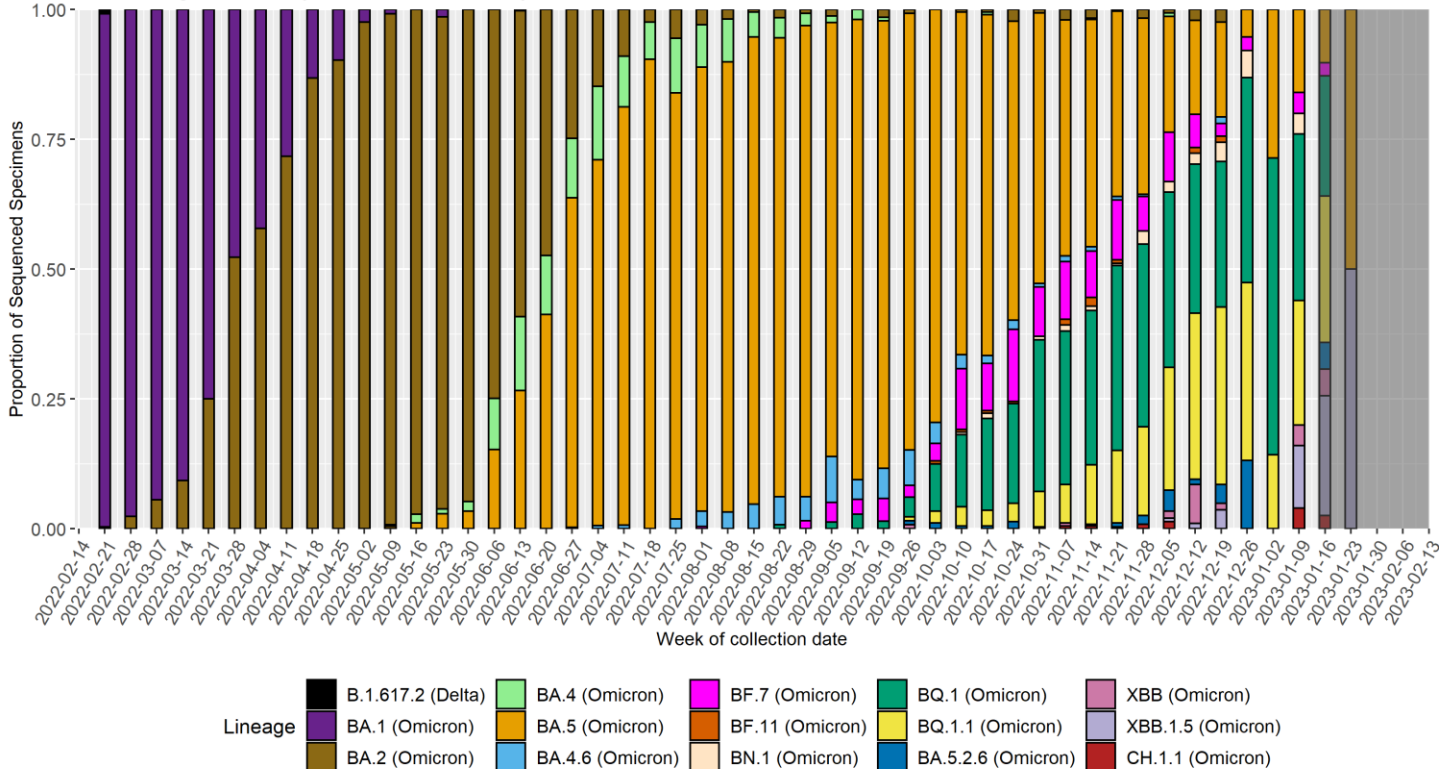
Identified SARS-CoV-2 lineages by week*

Date Range: February 13, 2022 - February 13, 2023



Proportion of identified SARS-CoV-2 lineages by week*

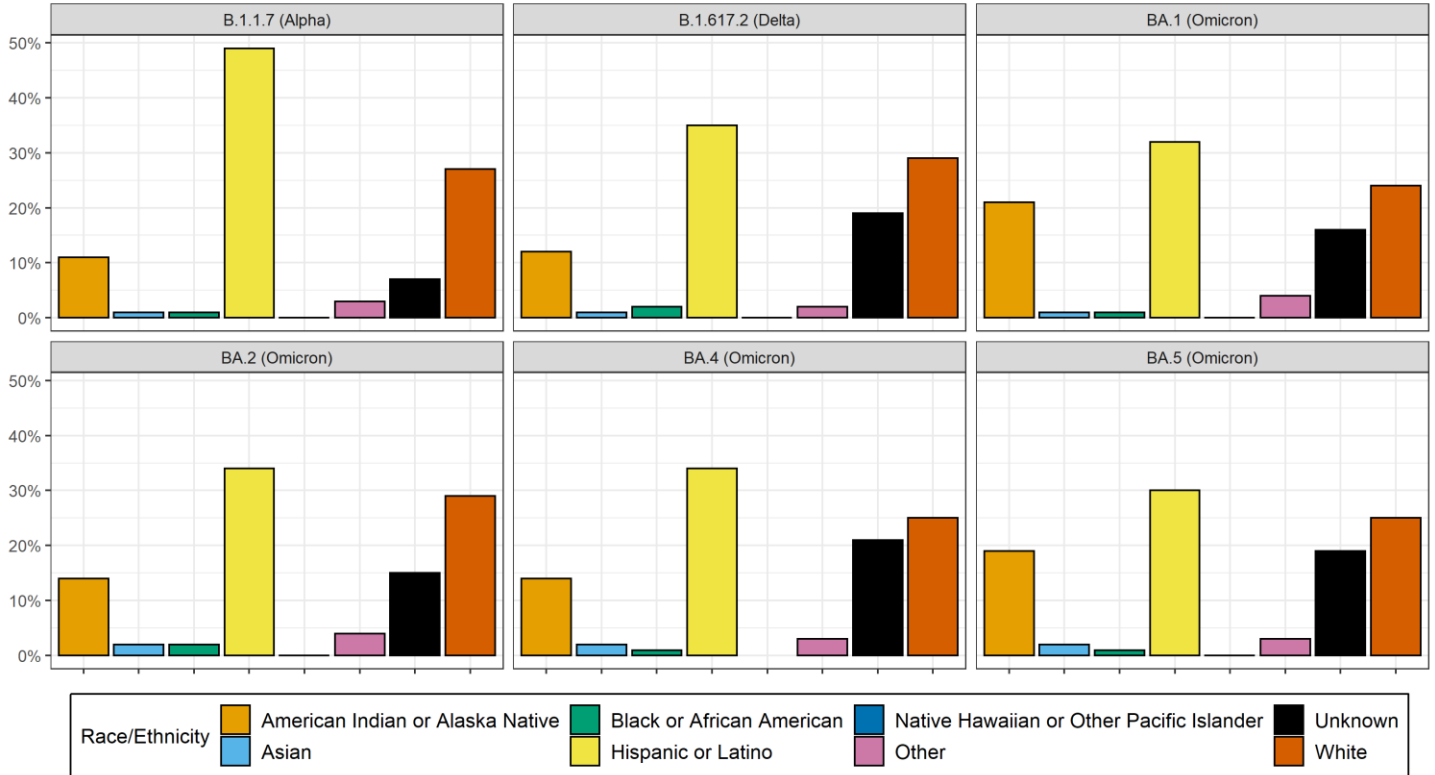
Date Range: February 13, 2022 - February 13, 2023



*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.

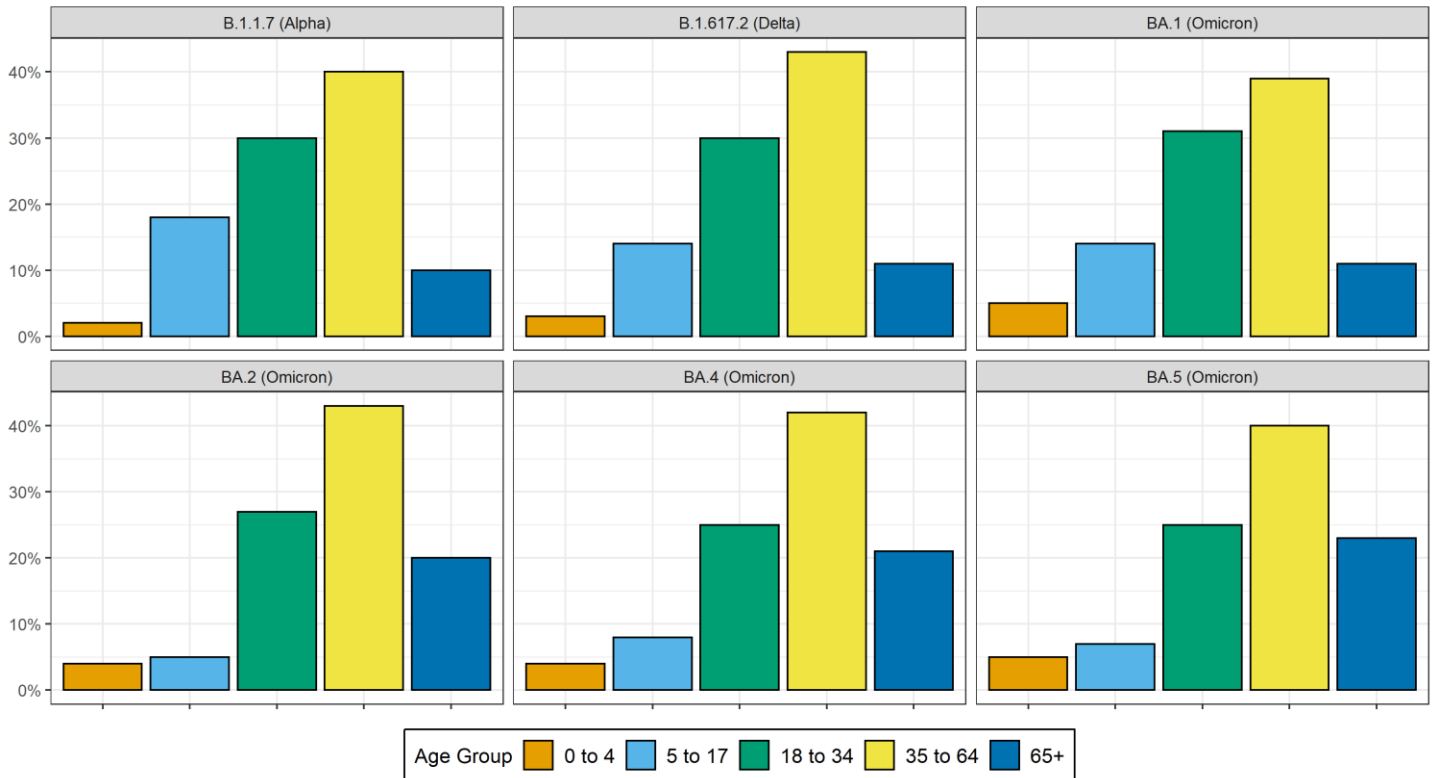
Cumulative proportion of variant cases by race/ethnicity

Cumulative up to February 13, 2023



Cumulative proportion of variant cases by age group

Cumulative up to February 13, 2023



Cumulative number of variant cases by county of residence*

County	BA.1 (Omicron)	BA.2 (Omicron)	BA.4 (Omicron)	BA.5 (Omicron)	B.1.617.2 (Delta)	B.1.1.7 (Alpha)
Bernalillo	2628	1111	202	2154	4809	465
Chaves	57	10	9	80	354	12
Cibola	213	131	17	105	293	14
Colfax	40	7	1	9	224	28
Curry	113	81	16	114	336	28
Dona Ana	319	142	30	244	911	81
Eddy	68	10	2	28	374	21
Grant	84	57	4	25	135	16
Guadalupe	22	0	0	2	65	1
Hidalgo	11	2	0	12	27	0
Lea	32	3	1	9	223	16
Lincoln	46	36	5	82	117	6
Los Alamos	34	17	2	13	49	9
Luna	67	19	2	13	59	14
McKinley	343	6	2	66	346	17
Otero	218	40	7	40	741	27
Quay	12	6	3	25	79	4
Rio Arriba	114	90	10	128	199	95
Roosevelt	17	3	1	8	79	1
San Juan	982	209	39	814	1656	319
San Miguel	76	36	1	50	158	10
Sandoval	457	259	39	467	967	77
Santa Fe	369	246	42	359	742	101
Sierra	31	15	3	29	124	5
Socorro	19	17	0	46	92	9
Taos	48	35	2	46	233	17
Torrance	48	15	1	15	176	16
Valencia	265	62	13	147	567	70

* Counties with less than 50 matched sequenced cases are not included in the table below. Excludes all VBMs other than Alpha and Delta.

Percentage of variant cases reporting any symptoms

Lineage	Total	Total Investigated (%)	No	Yes	Percent Symptomatic
BA.1 (Omicron)	6779	2368 (35%)	142	2226	94%
BA.2 (Omicron)	2684	1371 (51%)	66	1305	95%
BA.4 (Omicron)	455	188 (41%)	3	185	98%
BA.5 (Omicron)	5162	1480 (29%)	95	1385	94%
B.1.617.2 (Delta)	14251	5689 (40%)	389	5300	93%
B.1.1.7 (Alpha)	1576	1208 (77%)	115	1093	90%

Percentage of specific symptoms reported by symptomatic variant cases

The table below includes data only from symptomatic cases.

Symptom	BA.1 (Omicron)	BA.2 (Omicron)	BA.4 (Omicron)	BA.5 (Omicron)	B.1.617.2 (Delta)	B.1.1.7 (Alpha)
Upper Respiratory (Runny nose, sore throat)	1901 (85%)	1116 (86%)	155 (84%)	1035 (75%)	3468 (65%)	732 (67%)
Lower Respiratory (Cough, shortness of breath)	1827 (82%)	1114 (85%)	158 (85%)	1201 (87%)	4175 (79%)	829 (76%)
Gastrointestinal (Nausea/vomiting, abdominal pain, diarrhea)	917 (41%)	543 (42%)	92 (50%)	654 (47%)	2349 (44%)	467 (43%)
Systemic (Fever, chills, muscle aches, headache, fatigue, loss of appetite)	2003 (90%)	1186 (91%)	170 (92%)	1209 (87%)	4706 (89%)	965 (88%)
Loss of Taste and Smell	480 (22%)	255 (20%)	45 (24%)	289 (21%)	2558 (48%)	425 (39%)

* Excludes all VBMs other than Alpha and Delta.

Percentage of variant cases reporting underlying conditions

Lineage	Total	Total Investigated (%)	No	Yes	Percent Underlying Conditions
BA.1 (Omicron)	6327	1939 (31%)	1439	500	26%
BA.2 (Omicron)	2103	795 (38%)	212	583	73%
BA.4 (Omicron)	321	58 (18%)	13	45	78%
BA.5 (Omicron)	4419	731 (17%)	123	608	83%
B.1.617.2 (Delta)	14251	5594 (39%)	4303	1291	23%
B.1.1.7 (Alpha)	1576	1201 (76%)	621	580	48%

Percentage of specific underlying conditions reported by variant cases

Data below includes ONLY cases who report having a preexisting condition.

Symptom	BA.1 (Omicron)	BA.2 (Omicron)	BA.4 (Omicron)	BA.5 (Omicron)	B.1.617.2 (Delta)	B.1.1.7 (Alpha)
Chronic Lung Disease	119 (28%)	138 (30%)	9 (23%)	135 (28%)	247 (24%)	133 (26%)
Chronic Liver Disease	16 (4%)	22 (5%)	2 (5%)	29 (6%)	54 (5%)	16 (3%)
Chronic Renal Disease	51 (12%)	49 (10%)	3 (8%)	84 (17%)	124 (12%)	18 (3%)
Diabetes Mellitus	121 (29%)	118 (25%)	12 (31%)	175 (36%)	393 (38%)	90 (17%)
Cardiovascular Disease	162 (39%)	189 (40%)	14 (36%)	209 (43%)	378 (36%)	167 (32%)
Autoimmune Disease	12 (3%)	20 (4%)	2 (5%)	23 (5%)	58 (6%)	39 (7%)
Neurological Disability	52 (12%)	55 (12%)	7 (18%)	82 (17%)	77 (7%)	29 (6%)
Current or Former Smoker	178 (43%)	216 (46%)	15 (38%)	179 (37%)	354 (34%)	280 (54%)

* Excludes all VBMs other than Alpha and Delta.

** Beginning January 2022, case investigation interviews conducted via webform survey no longer collected underlying conditions, and have been excluded from the underlying conditions tables.

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**
 - Cases reported here include cases with specimens sequenced at the Scientific Laboratory Division (SLD), the University of New Mexico, and the following partnering labs with the Centers for Disease Control and Prevention (CDC): Aegis Sciences Corporation, Fulgent Genetics, Gravity Diagnostics, Helix/Illumina, LabCorp, Quest Diagnostics, and Infinity BiologiX (Sampled).
- **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>.
- **CDC COVID Data Tracker:** [CDC COVID Data Tracker](#)

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.
- **Gender.** Gender refers to a person's internal sense of being male, female, some combination of male and female, or neither male nor female. Sex refers to the biological anatomy of an individual's reproductive system, and secondary sex characteristics.