COVID-19 Variant of Concern Case Report

September 18, 2023

The COVID-19 Variant of Concern Case Report will be published monthly on the third Tuesday of each month.

Current Variant of Concern (VOC) Quick Facts in New Mexico:

- There is a 3–4-week lag time from specimen collection to reporting.
- Omicron and its sublineages are the only VOCs in circulation.
- Vaccines are the recommended method of slowing the emergence of new variants.
- In NM, Omicron became the dominant VOC on 12/27/21 and 21,102 cases have been sequenced and reported to NMDOH.
- For more information about VOCs and their current levels of circulation please visit the following CDC links:
  - SARS-CoV-2 Variant Classifications and Definitions (cdc.gov)
  - CDC COVID Data Tracker: Variant Proportions

Cumulative number of specimens sequenced and matched to case investigations*
February 20, 2023 – September 17, 2023

Lineage	Sequenced Cases	Matched Cases*	Percent Matched
BA.5 (Omicron)	12	11	92%
BQ.1 (Omicron)	13	13	100%
BQ.1.1 (Omicron)	34	34	100%
XBB (Omicron)	41	41	100%
XBB.1.9.1 (Omicron)	78	74	95%
XBB.1.5 (Omicron)	1477	1376	93%
XBB.1.5.1 (Omicron)	27	27	100%
XBB.2.3 (Omicron)	28	28	100%
FD.2 (Omicron)	39	33	85%
EG.5 (Omicron)	47	45	96%
XBB.1.16 (Omicron)	88	82	93%
Total	1899	1778	94%

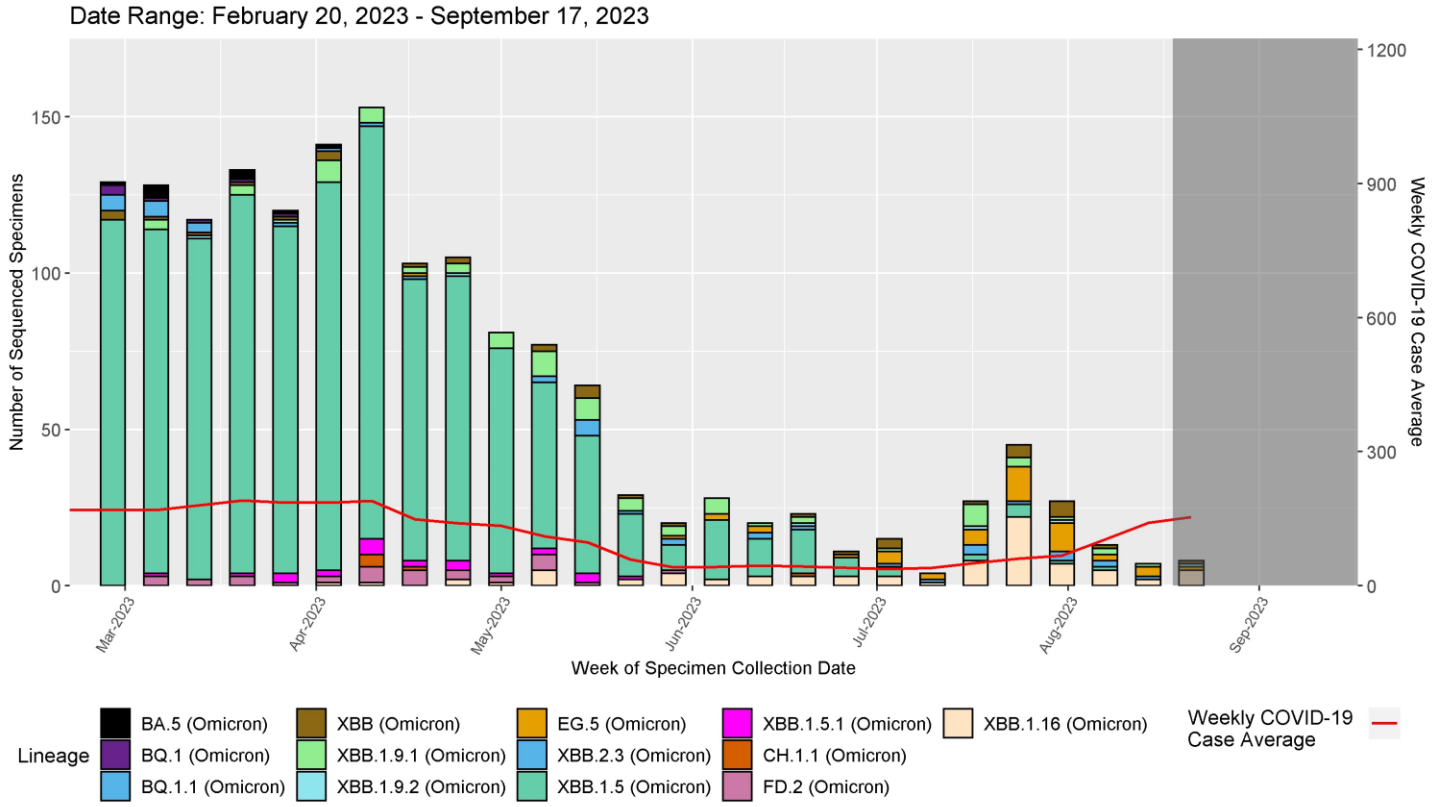
*The following sublineages of Omicron have been removed from this table due to low numbers (<10): BA.2 (1), BN.1 (1), XBB.1.9.2 (7), and CH.1.1 (6).

Health outcomes of cumulative matched specimens*
June 11, 2023 – September 17, 2023

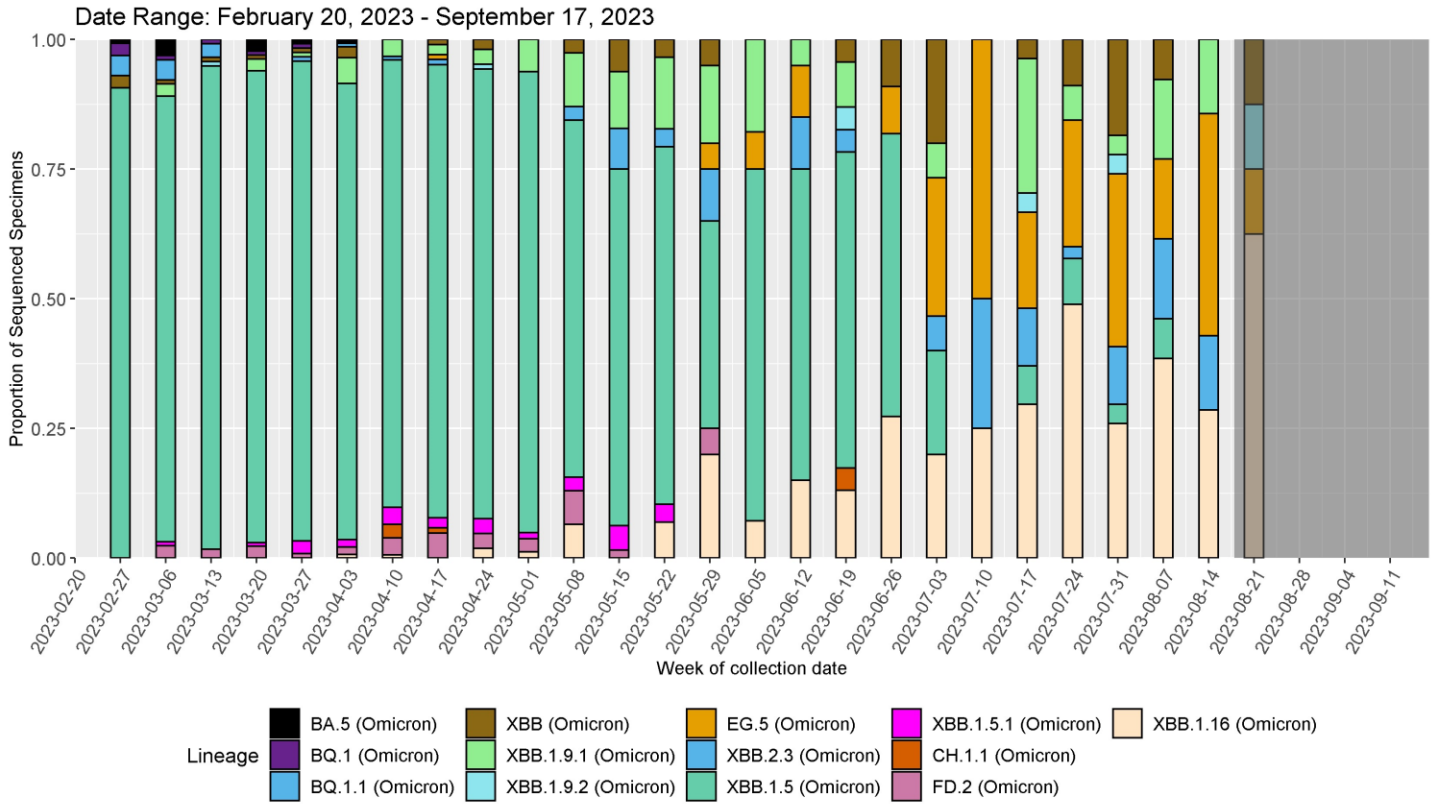
Lineage	Total Matched Cases	Number Hospitalized (%)	Number Died (%)	Number Covid-Reinfection (%)
EG.5 (Omicron)	41	15 (37%)	0 (0%)	8 (20%)
XBB (Omicron)	17	2 (12%)	0 (0%)	5 (29%)
XBB.1.16 (Omicron)	63	7 (11%)	0 (0%)	22 (35%)
XBB.1.5 (Omicron)	45	14 (31%)	0 (0%)	11 (24%)
XBB.1.9.1 (Omicron)	19	3 (16%)	0 (0%)	6 (32%)
XBB.2.3 (Omicron)	15	3 (20%)	0 (0%)	1 (7%)

*The following sublineages of Omicron have been removed from this table due to low numbers (<10): CH.1.1 (1), and XBB.1.9.2 (4).

Identified SARS-CoV-2 lineages by week*



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



*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.

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 monthly 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.