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**COVID-19 Omicron Variant –
Advisory Update 1**

29 November 2021



Purpose

This update provides initial information and advice concerning the Omicron SARS-CoV-2 Variant of Concern.

Current Context for COVID-19

The World Health Organization's main priorities recently in COVID-19 control have been coordination of global surveillance and response to the pandemic, with a particular focus on quickly lifting vaccination rates in the developing world.

Many countries in the northern hemisphere are starting to see building waves of COVID-19 associated with the start of winter. Richer countries are currently aiming to maximise vaccination rates and commencing booster programs. Asia-Pacific, Australia, Japan, South Korea and New Zealand are in the process of opening up following prolonged isolation-based policies and recent achievement of high vaccination rates.

Corporations are in the process of maturing their COVID-19 control policy suites, with a recent focus on vaccine encouragement and mandates, a return to office work, while retaining some flexibility to work from home, and planning for and increasing rates of travel (domestic and international) in 2022.

The Omicron SARS-CoV-2 Variant of Concern

On 26 November 2021, the WHO named a new variant of concern ‘Omicron’¹ that came to light in Botswana and South Africa, with cases now being identified in many countries around the world.

The Omicron variant has a series of mutations to the spike protein that has given SARS-CoV-2 its distinctive ability to infect humans and cause disease. Omicron is a variant of concern because it has been able to rapidly infect large numbers of people in southern Africa.

These mutations may have implications for its infectivity, the symptoms and severity of illness it causes, its susceptibility to vaccine-derived immunity, and its capacity to infect people who have previously had COVID-19. We expect informative evidence on each of these implications to emerge in the next few weeks, coordinated by the WHO.

Omicron is readily detected by laboratory-based Polymerase Chain Reaction (PCR) testing. The WHO has noted that for one widely used PCR test, one of the three target genes is not detected (called ‘S gene dropout’). This feature can therefore be used as a marker for this variant on PCR testing, but may make Omicron less detectable on some rapid antigen tests (RAgT).

Implications

The general public is showing anxiety about the emergence of the Omicron variant. There is uncertainty about re-infections, vaccine effectiveness and that Omicron may be more contagious.

Governments are invoking the precautionary principle, so rapid policy responses can be expected as the understanding of Omicron develops and government responses may become more evidence based over time.

Travel

Governments around the world are moving to reduce incoming international arrivals from African countries where Omicron is circulating. Quarantine, isolation and testing requirements are being increased. A consensus approach to this has yet to emerge; however, it is possible that an initial precautionary period of tightening restrictions on international travel (including disruption to end of year and January holiday travel) is followed by a return to the trajectory of increasing travel in 2022.

Australian Government responses

From 28 November 2021, the Australian Government has stopped people (other than Australian citizens) from travelling to Australia from a list of southern African countries where the Omicron variant is circulating (<https://www.health.gov.au/news/additional-border-security-measures-to-protect-australians-from-the-new-omicron-covid-19-variant>) and imposed quarantine requirements for citizens arriving from these countries.

¹ [https://www.who.int/news/item/26-11-2021-classification-of-omicron-\(b.1.1.529\)-sars-cov-2-variant-of-concern](https://www.who.int/news/item/26-11-2021-classification-of-omicron-(b.1.1.529)-sars-cov-2-variant-of-concern)

In addition, NSW, Victoria and the ACT have introduced 72-hour isolation requirements for all vaccinated international arrivals. SA, WA, NT, Queensland and Tasmania continue to require 14-day quarantine for all international arrivals. Interstate travel requirements are likely to be updated in the near future to take account of the changing risks.

A National Cabinet meeting has been called for later this week to discuss additional border measures.

Vaccines and antivirals

It is highly likely that current vaccines for COVID are effective against Omicron, although they may be less effective than against the original virus they were developed specifically for. It will take around five to six months before a vaccine tuned to the Omicron variant is available on the market .

The emerging antiviral drugs and combinations, effective for treating people with COVID-19, are likely to be effective against the Omicron variant, although monoclonal antibody-based treatments may need to be re-engineered for this variant.

Infection prevention and control

Departments of health are advising not to do anything different in current infection prevention and control measures, at this time.

Corporate responses

Corporations should stay abreast of developments in travel, public health directions and general situational awareness about the COVID-19 pandemic. They should reconsider international travel in the short term and, if needed, build in flexibility to respond to travel disruption and the potential for quarantine orders.

All businesses should renew efforts and re-engage COVID-safe management plans, continue to encourage full vaccination for workforce (including rapid uptake of the third dose). They may wish to seek expert support for establishment of vaccination policy and any other COVID-safe system development and protocols. Some businesses may consider delaying return-to-office plans until further guidance on this is available. Businesses should test and mitigate building ventilation to ensure risk of transmission indoors is reduced (see https://ozsage.org/wp-content/uploads/2021/10/Creating-safe-workplaces_OzSAGE1.pdf).

Businesses should review continuity plans relevant to employee and community COVID-19 infection. The plans may need to be updated if the Omicron variant substantially changes the dynamic of the pandemic (as the Delta variant did). Consider risk management treatments for critical staff cohorts, including surveillance through RAgT (using tests sensitive to the Omicron variant) where appropriate and where COVID-19 is prevalent. Review escalation plans in the event of a positive case, including being prepared for deep cleaning if required, and understand requirements for close contacts and consider incorporating an in-house contact tracing plan.

Managers need to ensure information flow is accurate and does not fuel anxiety by being alarmist. Employee anxiety may be high regarding potential lockdowns and new restrictions and this needs to be recognised as companies monitor and respond to the mental health needs of their staff. Ensure there is open communication about these matters and provide professional support to employees who need it.

Conclusion

The Omicron variant of the SARS-CoV-2 virus is the first Variant of Concern to emerge since the Delta variant was found in October 2020. Identification by South African scientists, recognition by the WHO and responses by many governments have been swift. Scientific networks have heightened surveillance efforts, and while there are currently many unknowns, useful information about the virus, its transmissibility, the severity of the disease it causes and its susceptibility to vaccines, will emerge rapidly.

Community anxiety and media interest in Omicron has been high. Many authorities have taken a precautionary approach with new travel restrictions, and quarantine and testing requirements are still emerging. These are likely to be modified quickly as policy-relevant evidence becomes available, and we still expect there to be an expansion of international travel in 2022.

Current mainstream COVID-19 control measures will continue to be effective against the Omicron variant, including vaccination, physical distancing, hand hygiene, and the wearing of masks. Testing, contact tracing and isolation will continue to be mainstays in outbreak control.

As with government responses, corporate response to the new variant should aim to do more good than harm. Travellers should be closely aware of changing restrictions and be prepared for disruption. General COVID-19 controls should be carefully adhered to. Business continuity plans should be kept at the ready. Employee welfare should be front of mind, recognising anxiety may be high as Omicron cases are diagnosed in the community and workplaces.

At this stage, the implications of the emergence of the Omicron variant are unclear. It remains possible that it only emerges at low levels compared to Delta; or that it becomes commonplace, but its behaviour is similar to Delta in relation to its transmission and severity; or that – like the Delta variant did – it changes the course of the pandemic in unpredictable ways.

Aspen Medical will provide further updates on the Omicron variant and its implications for business as new information becomes available.

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