

7/2/2021

** NOTICE: This health alert provides written guidance for health care professionals and others who may need to take action to prevent or control a notifiable condition. It is not intended to provide guidance for the general public.*

SARS-CoV-2 Sequencing: Variants of Concern and other Emerging Variants

Actions Requested:

Raise your index of suspicion when seeing patients for COVID-19 illness to include case categories the Washington State Department of Health (DOH) is prioritizing for genome sequencing

- **Vaccine breakthrough cases** - the individual is fully vaccinated (≥ 14 days have elapsed between the final vaccine dose and the specimen collection date).
- Any **suspected reinfection case**, regardless of whether the prior sample is available. A suspected reinfection case is defined as a repeat PCR positive test ≥ 90 days after the initial PCR positive test.
- **Unusual clinical presentations** of COVID-19, such as critical illness or death in a previously healthy child or young adult, unusual symptoms or laboratory findings, or other unusual cases identified by clinicians.
- **Individuals reporting international travel** in the 14 days prior to symptom onset (or specimen collection date if the individual is asymptomatic).
- Suspected cases of **zoonotic transmission**
- **Outbreaks with a suspected variant of concern** based on features such as a linked case with a known variant of concern, recent travel, high attack rate, unexpected proportion of cases with severe illness, cases with reinfection or vaccine breakthrough, suspected unusual mechanism of transmission (e.g., longer-range airborne transmission, brief exposure to an infected individual, suspected outdoor transmission, suspected fomite or foodborne transmission, etc.), or other unusual features identified by clinicians, laboratorians, or other healthcare staff.

Contact Thurston County Public Health and Social Services at 360-867-2610 or email the COVID-19 Investigation Team on our secure email portal ([Coronavirus Secure Email Portal \(thurstoncountywa.gov\)](mailto:coronavirus@thurstoncountywa.gov)) to coordinate submission of a specimen for sequencing

Clinicians and healthcare facilities should contact Thurston County Public Health and Social Services Department to coordinate submission of a specimen for sequencing. Please note that **all cycle threshold (Ct) values must be < 30** to submit a specimen for sequencing (unless the test platform does not provide Ct values; in this situation any sample can be submitted). The following specimen types can be submitted for sequencing:

- RNA extract (preferred)
- Nasal swab, nasopharyngeal swab, or mid-turbinate swab in VTM/UTM or transport medium
- Lower respiratory tract fluid (BAL, tracheal aspirate, or sputum) if the patient is intubated



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All specimen types should be **frozen at <-70 °C** and shipped on dry ice.

Sequencing Results

Sequencing is conducted for public health surveillance using laboratory methods that are not CLIA-approved. Individual sequencing results will be available to public health authorities in the state reportable disease database (WDRS) but will not be reported to patients or clinicians. Aggregate results for the entire state are described weekly in a publicly accessible report.

Background:

The Washington State Department of Health (DOH) has increased whole genome sequencing capacity to track SARS-CoV-2 variants of concern and other emerging variants. DOH is working toward sequencing a geographically representative sample representing at least 5% of positive SARS-CoV-2 RT-PCR tests in Washington State. DOH has additional capacity to sequence individual specimens to investigate situations such as vaccine breakthrough cases, suspected reinfections, cases associated with international travel, outbreaks concerning for variants, and unusual clinical syndromes (e.g., unexpected symptoms or unexpectedly severe disease). See categories above. Whole genome sequencing can also be used to identify possible transmission patterns via phylogenetic analysis for complex outbreaks. Clinicians, clinical laboratory staff, and other healthcare staff can assist public health authorities by identifying cases for sequencing. It is often astute clinicians who connect the dots and identify the first cases of new infectious and noninfectious conditions. We appreciate your partnership as we learn more about genetic variants of SARS-CoV-2. We also encourage clinicians and laboratorians to review [recently updated CDC guidance on SARS-CoV-2 variants](#).

RESOURCES:

Centers for Disease Control and Prevention (CDC) Emerging SARS-CoV-2 Variants
<https://www.cdc.gov/coronavirus/2019-ncov/more/science-and-research/scientific-brief-emerging-variants.html>

Centers for Disease Control and Prevention (CDC) *Advanced molecular detection (AMD)*
<https://www.cdc.gov/amd/index.html>

THANK YOU FOR REPORTING

TO REPORT A NOTIFIABLE CONDITION IN THURSTON COUNTY	
Voice mail for reporting non-immediately reportable conditions (24 hours a day)	Phone: 360-786-5470 Fax: 360-867-2601
Day time immediately reportable conditions – Call detailed information to the 24-hour Notifiable Condition Reporting Line at 360-786-5470. Messages are picked up hourly. If a call back can't wait call 360-867-2500 and ask staff to locate a Communicable Disease staff.	Phone: 360-786-5470
After hours immediately and 24-hour reportable conditions or a public health emergency	Call 1-800-986-9050
No one is available with Thurston County Public Health and condition is immediately notifiable	1-877-539-4344

COMMUNICABLE DISEASE UPDATE

COMMUNICABLE DISEASE CONTROL AND PREVENTION SECTION
THURSTON COUNTY PUBLIC HEALTH AND SOCIAL SERVICES DEPARTMENT
412 LILLY RD NE
OLYMPIA, WA, 98506-5132
DISEASE REPORTING: (360)786-5470



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Communicable Disease Updates are posted online at: <http://bit.ly/CDUpdatePHSS>