

## CORRIGENDA (28 February 2022)

### Contact tracing and quarantine in the context of the Omicron SARS-CoV-2 variant: interim guidance, 17 February 2022

(WHO/2019-nCoV/Contact\_tracing\_and\_quarantine/Omicron\_variant/2022.1)

#### Page 3, lines 42–47 and page 4, lines 1–2

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Current data on vaccine effectiveness (VE) against Omicron are available from observational studies, most of which are not yet peer reviewed, for four COVID-19 vaccines, and from five countries (Canada, Denmark, South Africa, the United Kingdom of Great Britain and Northern Ireland and the United States of America.<sup>16,19,21,22,29-39</sup> As of 7 February 2022, results from studies evaluating VE consistently show limited VE against Omicron infection or symptomatic disease after the primary series, and a higher VE against infection following boosting.<sup>6,40</sup> The vaccine-induced neutralizing antibodies immune response has been shown to wane over time, although cellular immunity appears more long-lasting; currently no clear threshold of any biological indicator is available to use as a correlate of protection.<sup>6,41</sup>

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#### Page 4, lines 10–20

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Individuals previously infected with pre-Omicron variants are at risk for infection with Omicron, although there appears to be reduced risk as compared to those without prior infection.<sup>43</sup> Although two consecutive infections with Omicron have not been reported so far, it is expected that reinfection with Omicron would be possible after a period of immune waning or, for example, if there are differences in the immune escape potential of Omicron sub-lineages (e.g. BA.1 versus BA.2).<sup>49</sup> Thus, contacts who have been infected in a context where Omicron is the dominant variant (i.e. whose infection was likely caused by Omicron) could quarantine for a shorter period, as they could be considered a lower priority in settings where contact tracing and quarantine capacities are stretched. There is as yet no evidence on the specific duration of infection-derived immunity against Omicron, but based on prior variants, immunity is expected to persist at least 90 days<sup>44</sup>, so this conservative estimate could be applied. Individuals whose prior confirmed SARS-CoV-2 infection (regardless of the variant) is more distant should be treated the same as contacts with no known history of infection.

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#### **Page 4, lines 22–28**

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WHO continues to advise that health workers who have had high risk of SARS-CoV-2 exposure should refrain from work and follow quarantine policies to avoid risking exposure to patients, colleagues, their families and contacts in the community.<sup>44-46</sup> However, in the context of widespread community transmission of SARS-CoV-2 (any variant), the incidence of health worker infections may rise from higher amounts of exposure in the workplace and the community, resulting in reduced capacity to respond to case surges and maintain essential health services.<sup>3</sup> Consequently, the considerations and strategies proposed above regarding quarantine in a high caseload environment are particularly relevant for health workers.

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#### **Page 4, lines 29–36**

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Based on these considerations, quarantine may be shortened to seven days for an exposed health worker who is asymptomatic and tests negative (either by RT-PCR or Ag-RDT) on day 7 following exposure, or to 10 days following exposure without testing. In addition, vaccination status and previous COVID-19 could be considered when setting policies for modifying quarantine criteria for health workers. In particular, when the health system is under extreme pressure because of a high caseload and when many health workers are off work due to exposures or infections, health workers who have had high-risk exposure but have received a vaccination booster or recovered from SARS-CoV-2 infection within 90 days<sup>30,37,42</sup> may continue to work with no quarantine if they are asymptomatic. Ideally, frequent testing with an Ag-RDT should be performed up to day 14 after exposure.<sup>45</sup>

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Health workers with shortened quarantine or who are continuing to work following high-risk exposure must continue to follow all recommended infection IPC precautions, including continuously wearing either a well-fitted medical mask or a respirator at all times<sup>47</sup>, self-monitoring for symptoms and getting tested, if possible. Ideally and if compatible with service delivery needs, these health workers should not provide care or have contacts with immunosuppressed patients or other high-risk patients (e.g. those with co-morbidities or who are elderly).

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## **Page 5, lines 2–5**

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This interim guidance was developed based on available evidence on the Omicron variant current at the time of development of this guidance. A small group of WHO experts with relevant background and expertise undertook a rapid review of evidence on the Omicron variant. The search for the rapid review was conducted on the [WHO COVID-19 Global literature database<sup>48</sup>](#), which includes peer reviewed publications, pre-print articles and grey literature

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## **Pages 6–9**

The list of references on pages 6–9 of the document has been updated to reflect changes in the text. A copy of the new list can be found at the end of this corrigenda.

These corrections have been incorporated into the electronic file.

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