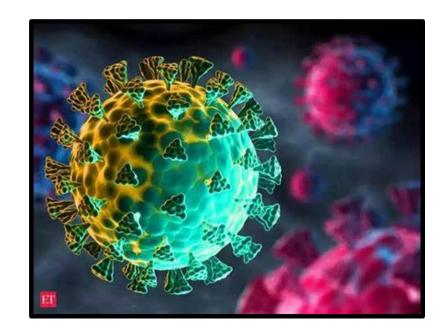




Omicron: What we know- EARLY evidence



- Highly infectious and moves quickly
 - Doubling every 1.5-3.0 days
- Evidence of less severe disease, especially milder disease in persons immunized by vaccination or prior infection.
- Studies in mice and hamsters suggest Omicron infection milder because it is focused in nose, throat and wind pipe rather than lungs.



Omicron: What we know- EARLY evidence



- Partial vaccine escape
 - Large number of vaccine breakthrough infections and reinfections
 - Booster increases immune response, but not at same level as Delta
 - Still thought to have some protection against severe disease
- Significantly lower efficacy of Monoclonal Antibody Therapy. One therapy (Sotrovimab) is effective but very low supplies nationally.



Omicron: What we know- EARLY evidence

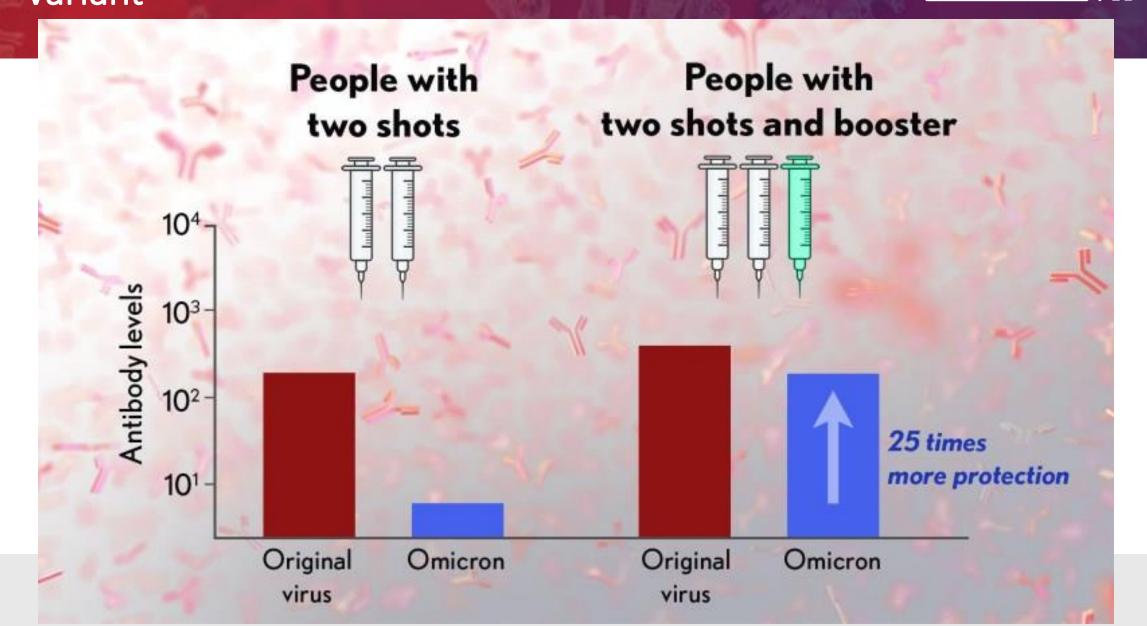


- Much higher attack rate. 2X + more infectious than Delta
- Shorter incubation period 3-5 days for omicron (5-7 days Delta)
- Infectious likely 2 days before symptoms occur and 3 days after symptoms



Vaccine protection for Original Virus and Omicron Variant





What are we seeing in Minnesota?



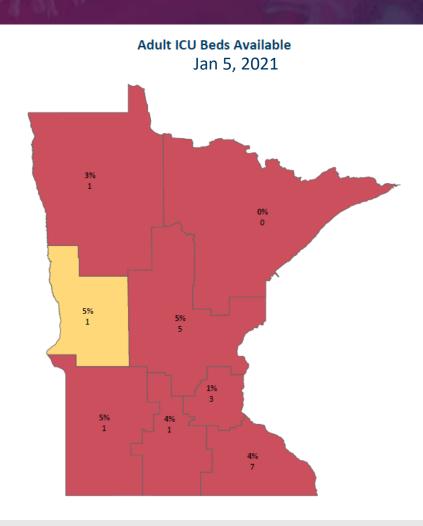
- Latest MN cases suggest widespread community transmission; metro and greater MN. Estimated 90% of current cases likely attributable to Omicron.
- Increase in cases will likely be very significant, though we won't have complete counts due to OTC testing; increase in hospitalizations will follow
- Significant case backlog resulting in underreporting daily cases. Estimate we are at 15,000 cases/day (excluding at home tests)



Specific Concerns

STAY SAFE N

- Healthcare capacity (both acute and long-term care) already stretched and very likely to worsen
 - Omicron wave will result in some severe disease, even if proportion is less than Delta
 - Influenza cases rising, population significantly undervaccinated
 - Illness among HCW and families, childcare closures, will further exacerbate already strained staffing



Bridge: Prevention Strategies to Slow Spread of Omicron Until Immunity Kicks In



- Get vaccinated and boosted
- Masking (correctly and with better masks)
- Stay home if feeling sick
- Adherence to isolation and quarantine
- Limiting contacts with people of unknown vaccination and test status
- Improve ventilation



Importance of Continuity of Operations Planning (COOP)



- Businesses should plan for possible disruptions.
 - Many workplaces created pandemic influenza plans or have continuity of operations plans (COOP). Be prepared to use.
- Absenteeism could be high.
- Businesses should plan for how they will continue to provide critical services in the event of a high level (25%+) of absenteeism due to Omicron.







New Quarantine and Isolation Guidance



Following apply in all cases

- Must be able to safely mask at all times when with others (30% still infectious at day 6)
- Need to avoid immunocompromised and higher risk individuals
- Shortened time allows return to work, school, essential activities
 - Should lay low during early release to avoid unnecessary exposure to others
- If test positive during quarantine move to isolation
- Some sector-specific guidance is in development

Quarantine: If exposed to someone infected with COVID



Vaccinated and up to date with booster? No Quarantine.

- ≥18 yo: Received all doses of vaccine including boosters
- 5-17 yo: completed primary series of vaccine
- Had confirmed COVID in past 90 days

10 Days Monitor symptoms Mask

Test at Day 5

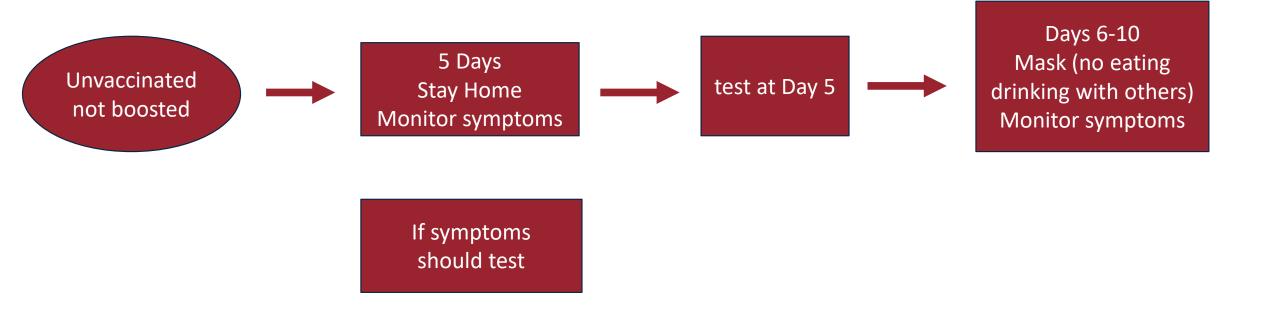
If symptoms develop:

- 1. Isolate
- 2. Get tested
 - a. If positive move to isolation guidelines
 - b. If negative return to above guidance

Quarantine: If exposed to someone infected with COVID



• Unvaccinated, 18 and older and vaccinated but not boosted





 Isolation: If test positive for COVID or have symptoms and awaiting test result

5 Days
Stay Home
Monitor symptoms
Isolate from household

No fever

Symptoms improve or asymptomatic

Days 6-10 Mask) Monitor symptoms

May test at Day 5

No travel
No eating or drinking
with others
No gym