Q: What is the omicron variant?
A: The omicron variant is the first new COVID-19 variant of concern since the highly infectious Delta variant. The World Health Organization deemed the strain, B.1.1.529, a variant of concern on Nov. 26. Researchers and scientists are currently analyzing the 30+ mutations in omicron’s spike protein — the part of the virus that vaccines train the body to recognize and fight against — to learn more about it.

Q: What do we know about the detection and spread of omicron?
A: Scientists are getting data each day about the spread and detection of omicron, and here’s what we know right now:
- It was first detected in South Africa.
- It has since been detected in other countries, including some parts of Europe, Asia and Canada.
- The omicron variant has been confirmed in all 50 states, roughly three weeks after it was first detected in the U.S., and has overtaken delta as the dominant variant.
- It contains a lot of mutations, some of which are concerning or present in other variants.

Q: Have we seen any cases of the omicron variant at Houston Methodist?
A: Yes. Our genome sequencing team has now discovered more than 460 patient cases of omicron. Omicron became the cause of the majority of new Houston Methodist cases in less than three weeks. Comparing the rise of omicron to that of delta over the summer, delta took about three months to surpass 80% after initial detection. At Houston Methodist, we sequence the viral genome of every positive COVID-19 sample collected from our patients and have sequenced over 60,000 SARS-CoV-2 virus genomes since the beginning of the pandemic. These massive sequencing efforts help us track the prevalence of different variants in our community and help us quickly detect new variants.

Q: Is the omicron variant more concerning than the delta variant?
A: It will take a few weeks of observation before it becomes clear just how concerning omicron is or isn’t, however, the transmissibility of the omicron variant is very real. Omicron is proving to be more infectious than the other variants. We still have a lot to learn about this variant, but what we do know is that the symptoms seem to be milder – cough, fatigue and a runny nose. We are hopeful reports from other countries that the disease is much milder are true in the U.S.

Q: Can existing COVID-19 tests detect the omicron variant?
A: Based on preliminary reviews, the FDA believes high-volume polymerase chain reaction (PCR) and antigen (rapid) tests widely used in the U.S. show a low likelihood of being impacted and continue to work to detect the new strain. However, the FDA will continue to closely review and adjust testing recommendations as needed.
**OMICRON VARIANT FAQ**

**Q:** Do the COVID-19 vaccines and boosters protect against the omicron variant?

**A:** People who are vaccinated are more protected from severe outcomes and hospitalization with the delta variant, and while the vaccines also offer protection from severe illness with omicron, data suggests the Pfizer vaccine offers less defense against infection from omicron and reduced, but still good, protection from hospitalization. Reports out of South Africa, Israel and from Pfizer show three doses of the Pfizer COVID-19 vaccine are needed for better protection against omicron and help prevent more serious infection with this new variant. Moderna recently came out with preliminary data showing their booster also is effective at increasing antibody levels against the omicron variant. Regardless of which variant is currently circulating, the best way to stay safe from COVID-19 is to be aware of your surroundings and exercise the COVID-19 precautions that we know work, including:

- Getting vaccinated, which now means also getting a COVID-19 booster shot
- Getting your COVID-19 booster
- Wearing a mask while in public or around those who are more vulnerable
- Social distancing in indoor public spaces
- Avoiding indoor crowds
- Trying to keep gatherings outdoors or employing good ventilation measures while indoors
- While at work, wearing a mask and face shield when treating or interacting with any patient, COVID-19 or non COVID-19, as well as when you are not able to be at least six feet apart due to work settings

**Q:** Should you wait on getting a COVID-19 booster until there’s an omicron-specific shot?

**A:** No. We strongly urge all employees to get a booster as soon as possible, regardless of any omicron developments. In a recent statement, CDC Director Dr. Rochelle Walensky specifically cited omicron as a reason why everyone should get their boosters. And the longer you wait, the more you risk getting infected by any of the COVID-19 variants — including Delta, which remains dangerous. Preliminary evidence suggests that omicron may increase the risk of reinfection for people who have already had COVID-19, according to the WHO.

**HOUSTON METHODIST VACCINE SCIENTIFIC COMMITTEE RECOMMENDATIONS**

**Q:** What should we do differently, if anything, with omicron on the horizon?

**A:** We must be more careful because there may be less margin for error. Masks, distancing and ventilation of indoor spaces all work against all COVID-19 variants — and the bonus is that they protect against ALL respiratory viruses. Consider using face shields for patient encounters until we know more and encourage friends and family to get vaccinated and boosted.

**Q:** What does this mean for us?

**A:** Nothing dramatically new yet, but we may have less margin of safety. Again, we need to be extra diligent about existing measures until we understand more.

**Q:** What if I have had COVID-19. Should I get a booster?

**A:** Yes. Boosters restore antibody levels and protection from infection. According to the CDC, you should be vaccinated regardless of whether you already had COVID-19, because research has not yet shown how long you are protected from getting it again after you recover. Vaccination helps protect you even if you’ve already had the infection. The protection from prior infection is less consistent and reliable than that from vaccination. Prior infection followed by full vaccination seems to produce very strong immunity; it is not known if infection after vaccination has the same effect. Anyone who has had prior infection is still eligible to receive a booster and we recommend it.
Q: Should patients and employees get tested for antibodies?
A: The FDA and the CDC do not recommend antibody testing. We concur with their opinions and also do not recommend routine antibody testing. There are few, if any, indications for otherwise healthy individuals to have antibody testing outside of a research setting.