

CLINICAL UPDATE

29th November 2021

Omicron – Variant of Concern (VOC)

Despite data still emerging on Omicron (variant B.1.1.529), World Health Organisation and the United Kingdom have deemed this a Variant of Concern (VOC) with evidence of a number of mutations compared to that of the Delta variant. In line with government guidance, the following information has been provided and instruction with immediate effect:

- On Thursday 25th November, South Africa, Botswana, Lesotho, Eswatini, Zimbabwe and Namibia were added to the UK's travel red list along with that from 4am on Sunday 28th November, Malawi, Mozambique, Zambia and Angola were also added to the travel red list.
- Anyone who has returned from those areas in the past 10 days from the 28th November onwards will be required to quarantine – regardless of whether they have booked or used a lateral flow device, and regardless of its result. UKHSA (formally known as Public Health England) is actively following up with these individuals.
 - [Red list of countries and territories - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/red-list-of-countries-and-territories)
 - [Prime Minister sets out new measures as Omicron variant identified in UK: 27 November 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/prime-minister-sets-out-new-measures-as-omicron-variant-identified-in-uk)
- Healthcare workers who return from any travel overseas to countries not on the travel red list should not return to work until they have had an initial negative PCR on day 2. They should also do daily lateral flow test until day 10 after return
 - [Travel to England from another country during coronavirus \(COVID-19\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/travel-to-england-from-another-country-during-coronavirus-covid-19)

With regard to patient contact,

- **For operational clinicians** – if international travel is identified when taking the travel history of your patient, take particular note. If the patient has returned in the past 10 days and are required to be conveyed to a receiving hospital/unit, please ensure any information is passed to ensure a side room or other isolation facility is reserved for your arrival. On arrival, the clinician driving the ambulance should enter the department and further await instruction before the patient enters.

The following information should be ascertained where possible

- Has the patient returned from international travel within the last 10 days?
- Where did they travel from?
- When did they return to the UK?
- Date and result of any recent PCR test?

- **For AOC clinicians** - if travel is identified when taking the travel history of your patient, take particular note. If the patient has returned in the past 10 days and are required to make their own way to a receiving unit, please ensure any information is passed to the relevant facility to ensure a side room or other isolation facility is reserved for their arrival.

The following information should be ascertained where possible

- Has the patient returned from international travel within the last 10 days?
- Where did they travel from?
- When did they return to the UK?
- Date and result of any recent PCR test?

- There are no current indications of changes in transmission mode, *therefore*
 - ***the current standard levels of PPE are appropriate when dealing with patients.***
 - Level 2 PPE should be used as minimum for all patient contacts.
 - Level 3 PPE must be used when conducting aerosol generating procedures with all patients.
 - The standard decontamination methods should continue, including the thorough post patient decontamination using vehicle based disinfectant wipes as a minimum.

Whilst the red countries of greater concern are listed toward the top of this document, it is important to note that travel restrictions and isolation requirements have been put in place for all international travel and as such we will hand over any travel information.

Further updates will distributed as new guidance or information emerges.

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