

February 4th, 2022



<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

TRAVEL UPDATES:

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/international-travel/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

Do NOT travel if...

- You have been exposed to COVID-19, unless you are fully vaccinated or recovered from COVID-19 in the past 90 days.
- You are sick.
- You tested positive for COVID-19 and haven't ended isolation (even if you are fully vaccinated).
- You are waiting for results of a COVID-19 test. If your test comes back positive while you are at your destination, you will need to isolate and postpone your return until it's safe for you to end isolation. Your travel companions may need to self-quarantine.

How many doses of COVID-19 vaccine will I need to get?

The number of doses needed depends on which vaccine you receive. To get the most protection:

- Two Pfizer-BioNTech vaccine doses should be given 3 weeks (21 days) apart.
- Two Moderna vaccine doses should be given 1 month (28 days) apart.
- Johnson & Johnsons Jansen (J&J/Janssen) COVID-19 vaccine requires only one dose.

If you receive a vaccine that requires two doses, you should get your second shot as close to the recommended interval as possible. However, your second dose may be given up to 6 weeks (42 days)

after the first dose, if necessary.. You should not get the second dose earlier than the recommended interval.

For people with compromised immune systems, a third dose of coronavirus vaccine was not considered a “booster shot” but rather a part of their primary series of shots. The CDC endorsed a third dose of either Pfizer or Moderna vaccines for moderately or severely immunocompromised people in August. In October, the agency said that the group may get a fourth dose at least six months after getting their third shot. But the CDC recently shortened that recommended timeline to five months, meaning that those who got a third shot in August could be eligible for a fourth shot this week.

Calculating Isolation

Day 0 is your first day of symptoms or a positive viral test. **Day 1 is the first full day after your symptoms developed or your test specimen was collected.** If you have COVID-19 or have symptoms, isolate for at least 5 days.

**IF YOU
 Tested positive
 for COVID-19 or
 have
 symptoms,
 regardless of
 vaccination
 status**

Stay home for at least 5 days

Stay home for 5 days and isolate from others in your home.

Wear a well-fitted mask if you must be around others in your home.

Do not travel.

Ending isolation if you had symptoms

End isolation after 5 full days if you are fever-free for 24 hours (without the use of fever-reducing medication) and your symptoms are improving.

Ending isolation if you did NOT have symptoms

End isolation after at least 5 full days after your positive test.

If you were severely ill with COVID-19 or are immunocompromised

You should isolate for at least 10 days. Consult your doctor before ending isolation.

Take precautions until day 10

Wear a mask

Wear a well-fitted mask for 10 full days any time you are around others inside your home or in public. Do not go to places where you are unable to wear a mask.

Do not travel

Do not travel until a full 10 days after your symptoms started or the date your positive test was taken if you had no symptoms.

Avoid being around people who are at high risk

Monitoring Variant Proportions

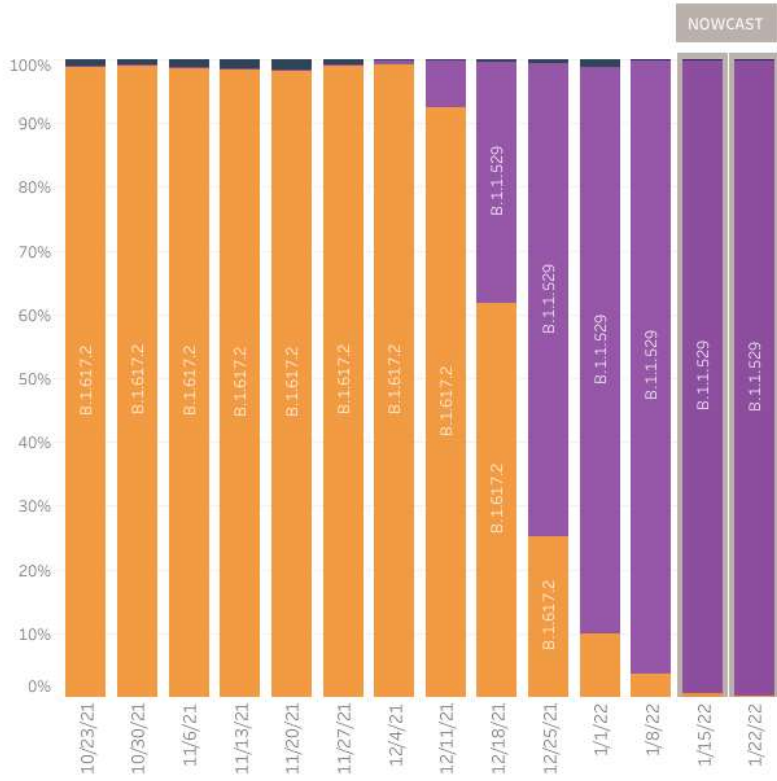
SARS-CoV-2, the virus that causes COVID-19, is constantly changing and accumulating mutations in its genetic code over time. New variants of SARS-CoV-2 are expected to continue to emerge. Some variants will emerge and disappear, while others will emerge and continue to spread and may replace previous variants.

To identify and track [SARS-CoV-2 variants](#), CDC uses [genomic surveillance](#). CDC's national genomic surveillance system collects SARS-CoV-2 specimens for sequencing through the National SARS-CoV-2 Strain Surveillance (NS3) program, as well as SARS-CoV-2 sequences generated by commercial or academic laboratories contracted by CDC and state or local public health laboratories. Virus genetic sequences are analyzed and classified as a particular variant. The proportion of variants in a population are calculated nationally, by HHS region, and by jurisdiction. The thousands of sequences analyzed every week through CDC's national genomic sequencing and bioinformatics efforts fuel the comprehensive and population-based U.S. surveillance system established to identify and monitor the spread of variants.

Rapid virus genomic sequencing data combined with phenotypic data are further used to determine whether COVID-19 tests, treatments, and vaccines authorized or approved for use in the United States will work against emerging variants. [Nowcast](#) is a model that estimates more recent proportions of circulating variants and enables timely public health action. [CDC is providing weekly Nowcast estimates which will be updated every week on Tuesday.](#)

United States: 10/17/2021 – 1/22/2022

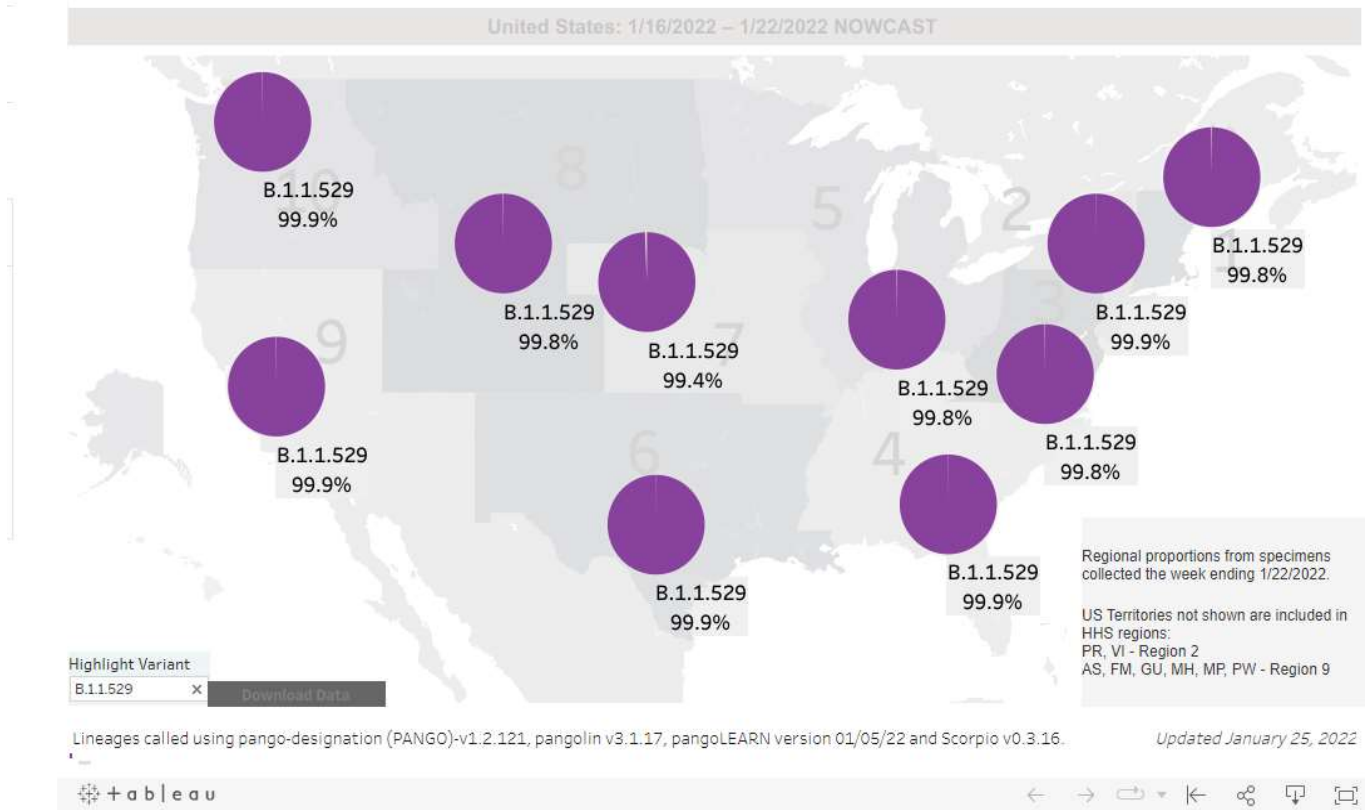
United States: 1/16/2022 – 1/22/2022 NOWCAST



USA				
WHO label	Lineage #	US Class	%Total	95%PI
Omicron	B.1.1.529	VOC	99.9%	99.8-99.9%
Delta	B.1.617.2	VOC	0.1%	0.1-0.2%
Other	Other*		0.0%	0.0-0.0%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.
 ** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates
 # AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1, BA.2 and BA.3 are aggregated with B.1.1.529.

OMICRON Variant



RESOURCE

Additional information, links to community and local resources, MCOR’s updated COVID-19 tracking grid and more is available at:

WWW.MCOR.ORG