

GUIDELINES FOR MANAGEMENT OF CONFIRMED AND SUSPECTED COVID-19 OMICRON VARIANT IN HOSPITAL

1. Introduction of COVID-19 Omicron Variant

- i. Based on World Health Organization, Omicron is a highly divergent variant with a high number of mutations, including 26-32 in the spike, some of which are concerning and may be associated with immune escape potential and higher transmissibility. However, there are still considerable uncertainties.
- ii. The main uncertainties are how transmissible the variant is and whether any increases are related to immune escape, intrinsic increased transmissibility, or both; how well vaccines protect against infection, transmission, clinical disease of different degrees of severity and death; and does the variant present with a different severity profile.
- iii. This guideline is based on current information and will be updated as more evidences are available.
- iv. The flowchart for the Management of Confirmed and Suspected COVID-19 Omicron Variant is shown in Appendix 1.

2. Suspected COVID-19 Omicron Variant

A person who meets the clinical AND epidemiological criteria:

Clinical criteria:

Acute onset of fever AND cough;

OR

Acute onset of any two or more of the following signs and symptoms (fever, cough, general weakness/fatigue¹, headache, myalgia, sore throat, coryza, dyspnea, anorexia/nausea/vomiting¹, diarrhea, altered mental status)

AND

Epidemiological criteria:

Travel to or reside in affected countries² in the past 14 days before the onset of illness

OR

Close contact in the past 14 days before illness onset with a confirmed case of COVID-19 Omicron variant

¹ Signs separated with slash (/) are to be counted as one sign.

² As determined by National CPRC

3. Admission Criteria

i. Suspected COVID-19 Omicron Variant

- a. Suspected COVID-19 Omicron variant who is clinically ill
- b. Suspected COVID-19 Omicron variant with uncontrolled medical conditions, immunocompromised status, pregnant women, extremes of age (< 2 or > 65 years old)
- c. Close contact of a confirmed COVID-19 Omicron variant case who is clinically ill

ii. Confirmed COVID-19 with suspected Omicron variant

- a. Laboratory confirmed COVID-19 Omicron variant case
- b. Travelers from affected countries with confirmed COVID-19

NOTE:

- Confirmed COVID-19 cases with Omicron variant or suspected to have Omicron variant who are stable and already placed in a proper isolation and quarantine facility can be allowed to continue isolation in the facility.
- Assessment and monitoring should be done regularly through My Sejahtera and virtual CAC.

4. Criteria for Discharge from Infectious Disease Ward for Confirmed COVID-19 Omicron Variant

- i. Patients with mild illness (category 1-3) and not severely immunocompromised*:

At least 14 days have passed since symptom onset.

AND

At least 24 hours have passed since resolution of fever without the use of fever-reducing medications.

AND

Other symptoms such as dyspnoea, cough have improved.

- ii. Patients infected with SARS-CoV-2 Omicron Variant who never develop COVID-19 symptoms:

Maybe discharged 14 days after the date of their first positive RT-PCR test for SARS-CoV-2 (i.e., date the sample was taken)

- iii. Patients with severe/critical illness (category 4-5) or severely immunocompromised*:

At least 14 days and up to 20 days have passed since symptoms first appeared.

AND

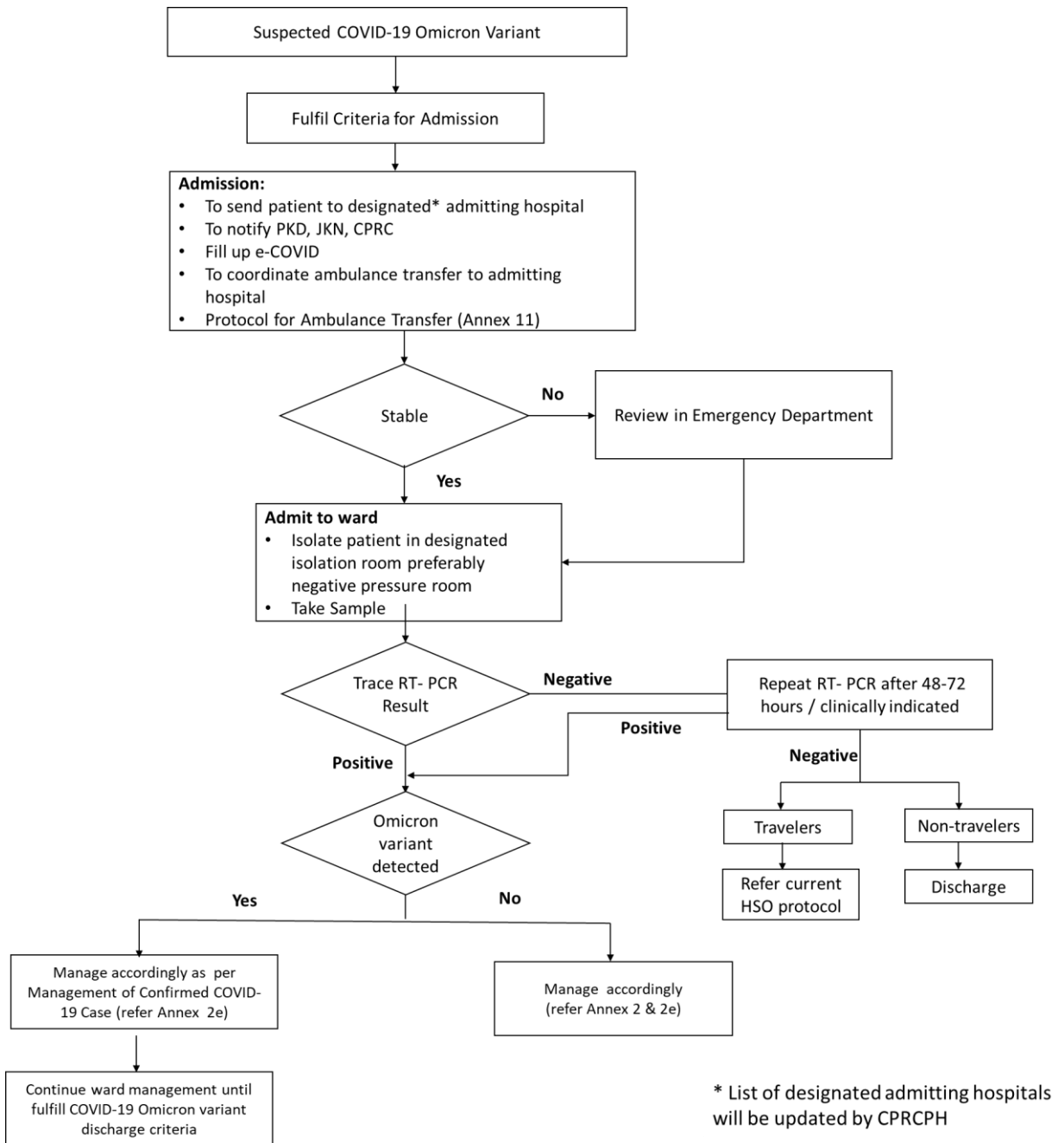
At least 24 hours have passed since resolution of fever.

AND

Clinical improvement in other symptoms.

* Severely immunocompromised - Patient on chemotherapy for cancer, being within one year out from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days.

Management of Confirmed and Suspected COVID-19 Omicron Variant



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