

From: [Jimmie D. Woodall](#)
To: [Deb Fuller](#)
Subject: Fwd: B.1.1.7 Variant Identified: Eaton
Date: Thursday, March 4, 2021 10:44:18 AM
Attachments: [image001.png](#)

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From: Taylor Olsabeck <TOlsabeck@bedhd.org>
Sent: Monday, February 8, 2021 2:11:01 PM
To: Henderson, Tiffany (DHHS) <HendersonT1@michigan.gov>; Jackie Anderson <JAnderson@bedhd.org>; Colette Scrimger <CScrimger@bedhd.org>; Jimmie D. Woodall <JWoodall@bedhd.org>
Cc: Weinberg, Meghan (DHHS) <WeinbergM1@michigan.gov>; Collins, Jim (DHHS) <CollinsJ12@michigan.gov>; Johnson, Shannon (DHHS) <JohnsonS61@michigan.gov>; Henderson, Justin (DHHS) <HendersonJ4@michigan.gov>; LyonCallo, Sarah (DHHS) <lyoncallos@michigan.gov>; Soehnlén, Marty (DHHS) <SoehnlénM@michigan.gov>
Subject: RE: B.1.1.7 Variant Identified: Eaton

Good afternoon,

We have been able to make contact with the case you identified as a variant. She was not forthcoming with information and took a lot of prodding to get what information we did collect. Most important to note she is a MDOC employee who works at Bellamy Creek Corrections. This case is a bit confusing because she had a positive test from 1/4. Per the case she was told by MDOC that this test was a false positive. She did not isolate at the time of this test. Then she had a known exposure to a coworker on 1/26—xxxxxxxxx. After being notified of her exposure she went and got tested on 1/27. She also stated she developed symptoms on 1/27. Once she was notified on 1/26 of her exposure she said she quarantined and did not go anywhere. xxxxxxxxxxxx identified 3 close contacts.

- Contact #1 xxxxxxxxxxxx is also positive for COVID-19 and is inpatient at Sparrow. We have notified Sparrow IP of this. They have been advised to send the lab collected from this person to BOL for sequencing. This case had the same contacts as xxxxxxxxxxxx
- Contact #2 – 13 yo daughter who is a virtual student at Grand Ledge Schools. Has been in quarantine
- Contact #3 20 yo daughter who is virtual student at unidentified university. Also has been quarantined at home

The case is willing to get the two daughters tested at Sparrow.

Please let me know if there is any additional information you need. We are working on documenting all our information into MDSS currently.

Taylor Olsabeck, MS

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From: Henderson, Tiffany (DHHS) [mailto:HendersonT1@michigan.gov]

Sent: Sunday, February 7, 2021 8:03 PM

To: Jackie Anderson <JAnderson@bedhd.org>; Taylor Olsabeck <TOlsabeck@bedhd.org>; Colette Scrimger <CScrimger@bedhd.org>; Jimmie D. Woodall <JWoodall@bedhd.org>

Cc: Weinberg, Meghan (DHHS) <WeinbergM1@michigan.gov>; Collins, Jim (DHHS) <CollinsJ12@michigan.gov>; Johnson, Shannon (DHHS) <JohnsonS61@michigan.gov>; Henderson, Justin (DHHS) <HendersonJ4@michigan.gov>; LyonCallo, Sarah (DHHS) <lyoncallos@michigan.gov>; Soehnlén, Marty (DHHS) <SoehnlénM@michigan.gov>

Subject: B.1.1.7 Variant Identified: Eaton

Importance: High

Good Evening,

As you know, using genetic sequencing, we've been actively looking for variant of COVID-19 infections from specimens across the state. Today, we were notified by the MDHHS Bureau of Labs of additional B.1.1.7 variants in Michigan. Notes on the variant case in Eaton Co are included below:

MDSS Investigation ID: xxxxxxxxxxxx

Onset Date: Not available

Specimen collection date: 01/27/2021

While we know that the variant is in Michigan, we continue to advise on aggressive public health response to reduce spread while collectively we work to distribute vaccines.

On January 26, MDHHS shared a Health Alert Network message about the introduction of the B.1.1.7 variant to Michigan's population that included the following messaging:

The SARS-CoV-2 B.1.1.7 variant is thought to have emerged in the United Kingdom and has since been detected in many countries and states. This variant is concerning because it is associated with increased transmissibility. Compared to the wild-type virus, the B.1.1.7 variant is approximately 50 percent more transmissible, leading to faster spread of the virus and potentially increasing numbers of cases, hospitalizations, and deaths. Therefore, additional levels of public health intervention are required once the variant has been identified.

Fundamentally, this is a race for coverage of our population; a race that pits vaccination efforts against the transmission of infections. In this effort, public health is

working to minimize both the known serious consequences of COVID-19 infections, as well as the over-all impacts on our limited healthcare resources. The B.1.1.7 variant offers the infection a speed boost in this race, which must be accounted for in our public health response. Efforts to slow transmission will allow for more of our population to be protected through vaccination.

Public health mitigation measures aimed to minimize the impact of this variant strain in our communities include the following recommendations.

When evaluating a confirmed or probable COVID-19 case or a contact with any possible epidemiologic links to a confirmed variant case, variant infection should be assumed -- an assumption that requires immediate and decisive action involving case isolation, identification of all possible contacts, and quarantine.

- The collection of all travel, exposure, and contact information during case investigations is critical in evaluating risk of variant infection.
- Strictly enforce isolation and quarantine protocols

During the isolation of B.1.1.7 variant infections and the quarantine of associated contacts, enhanced monitoring, including twice daily check-ins, is strongly recommended. Cases and close contacts should be educated about the increased risk of transmission with the variant strain.

Strict enforcement and assurance of full 14-day quarantine period with monitoring, regardless of the symptom status of any close contacts of possible variant infections. Employ active efforts to identify all possible contacts of cases with consideration to expanding the infectious period based on symptoms and testing. The inclusion of an extra day before onset may help identify additional persons infected with the variant virus.

- Emphasize testing in affected areas
- Expand testing capacity in areas where the variant has been detected.
- Work closely with affected communities on messaging around testing.
- Actively work to obtain testing for exposed individuals, particularly those that are known to have been exposed to the variant strain.
- Promote submission of isolates for genetic sequencing
 - Guidance and forms supporting specimen collection have been provided to Michigan Laboratory Directors and are attached to this communication.
 - Appropriate Specimens for Sequencing
 - SARS-CoV-2 residual samples, at least 500 ul, to be frozen and sent to the state laboratory in the specimen tube on a weekly basis.
 - Acceptable specimens for the Novel 2019 Coronavirus (SARS-CoV-2) sequencing analysis are
 - Nasopharyngeal swabs in viral transport medium, Amies Transport Media, or PBS;
 - Nasal swabs in viral transport medium, Amies Transport Media, or PBS;
 - OP swabs in viral transport medium, Amies Transport Media, or PBS;
 - Nasal aspirates;
 - Mid-turbinate swabs in viral transport medium, Amies

Transport Media, or PBS;

- Sputum.
- Promote testing of individuals who have traveled out of Michigan in last 14 days, especially to areas in which the new variants are widely circulating. This should be emphasized in all regions, even those in which the variant has not yet been identified.

Fundamentally, we are again asking that you re-visit the investigation, confirm isolation was met appropriately, re-check for contacts, actively confirm quarantine and collect specimens from close contacts for testing/sequencing. At the MDHHS we are of course, available to discuss further at your convenience.

Thank you,
Tiffany

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