

Dagmar Vitek

From: Cindy Burnett <cburnett@utah.gov>
Sent: Saturday, January 16, 2021 6:50 PM
To: eocevent506@cdc.gov
Cc: Ilene Risk; Dagmar Vitek; Malaykhone Kiphibane; Keegan McCaffrey; Melissa Stevens Dimond; Sam LeFevre; Kelly Oakeson; Tom Hudachko; Angela Dunn; qsy8@cdc.gov; Bree Barbeau; Rachelle Boulton; Nicole Roberts
Subject: Re: IMPORTANT - SARS-CoV-2 Variant Request

CaseID	State (Two letter state abbreviation)	Variant of Interest (B.1.1.7 or B.1.351)
20212552321	UT	20212552321 B.1.1.7

This patient's record has been updated with the requested information in EpiTrax. We will be piloting onboarding of PUI data to CDC through NNDSS next week. Utah also submits PUI data to CDC through DCIPHER.

I was able to interview the patient and his likely source contact (antigen + only). Neither traveled outside Utah during their exposure periods. His source contact does not know where he was exposed. He had no high risk exposures.

Please let us know if you need any additional information.

Thank you,

Cindy

Cindy Burnett, MPH

Program Manager - Disease Response, Evaluation, Analysis, and Monitoring Program
Bureau of Epidemiology, Division of Disease Control and Prevention

Utah Department of Health
288 N 1460 W
Salt Lake City, UT 84116

Work: (801) 538-6692
Cell: (385) 249-0195
Fax: (801) 538-9923
cburnett@utah.gov

On Fri, Jan 15, 2021 at 7:55 AM Angela Dunn <acd@utah.gov> wrote:

Good morning,

Please see below additional information the CDC would like on the individual diagnosed with the variant. Will you guys please let us know if you want the Utah Department of health to take on any of these tasks?

Thank you,
Angela

Sent from my iPhone

Begin forwarded message:

From: "Ngulefac, Veneranda (CDC/DDID/NCEZID/DPEI)" <qsy8@cdc.gov>
Date: January 15, 2021 at 7:12:35 AM MST
To: Angela Dunn <ACD@utah.gov>
Cc: jbecker@utah.gov, Betsy Coleman <betsycoleman@utah.gov>, "Springer, Yuri Paris (CDC/DDID/NCIRD/DVD)" <ykh3@cdc.gov>, "Ewetola, Raimi (CDC/DDID/NCEZID/DPEI)" <hcx6@cdc.gov>, Richard Saunders <rsaunders@utah.gov>, "Villanueva, Julie M. (CDC/DDID/NCEZID/DPEI)" <jfv3@cdc.gov>, "Byrkit, Ramona (CDC/DDID/NCEZID/DPEI)" <gpa1@cdc.gov>, "CDC IMS 2019 NCOV Response Health Dept Liaison Unit (CDC)" <eocevent375@cdc.gov>, Nikki Campbell <ncampbell@utah.gov>, "Borski, Heather (CDC utah.gov)" <hborski@utah.gov>
Subject: IMPORTANT - SARS-CoV-2 Variant Request

Dear Dr. Dunn,

CDC is aware of one or more cases of COVID-19 involving a SARS-CoV-2 variant of interest (e.g., B.1.1.7) that may have been confirmed by genetic sequencing in Utah. For the interim, CDC is conducting enhanced surveillance to learn as much as possible about these variants, including the transmissibility and clinical severity of cases caused by each variant; we would welcome the opportunity to support or collaborate on your case investigation.

For national surveillance, CDC is requesting the following information from all states or other public health jurisdictions in which one or more cases of COVID-19 involving a SARS-CoV-2 variant of interest (e.g., B.1.1.7) has been confirmed by genomic sequencing:

1. Using the attached Human Infection with Coronavirus Disease 2019 (COVID-19) Surveillance Worksheet as a guide, collect surveillance data on each case and transmit these data to CDC via NNDSS as quickly as possible upon learning of each case involving a variant of interest. In particular, please endeavor to complete all priority fields highlighted in the attached Surveillance Worksheet. Do not submit a hard copy of the completed Surveillance Worksheet to CDC.
2. Submit the case identifier for each case to CDC via an email to eocevent506@cdc.gov. Case identifiers should be either the NNDSS ID or the CDC 2019-nCoV ID assigned to each case. Submit this information in tabular line list format as shown here:

CaseID	State (Two letter state abbreviation)	Variant of Interest (B.1.1.7 or B.1.351)

CDC will continue to send notification if additional cases involving variants of interest are confirmed by genomic sequencing; in some jurisdictions, notifications may come from sources other than CDC. Upon learning of each new sequence-confirmed case involving a variant of interest, CDC requests submission of an updated line list via email as described above. A single line list can be submitted at the end of each day on which one or more new cases involving a variant of interest was sequence-confirmed. Updated line lists should be **cumulative** and include all sequence-confirmed cases involving variants of interest previously reported by your jurisdiction.

For the interim, CDC is poised to 1) develop/maintain a national line list on confirmed variants of interest; and, 2) support targeted investigations, where we may be able to elucidate transmission dynamics or other key epidemiologic events.

We would be happy to schedule a call to discuss this further. Please do not hesitate to contact me with any questions.

Sincerely,

Ven.

Veneranda (Ven) Ngulefac, RN, MSN, NP-c.

Health Department Liaison Officer, Region 8 (UT, WY)

STLT Taskforce/ Health Department Section,

COVID-19 Response.

Division of Preparedness and Emerging Infections (DPEI)

Centers for Disease Control and Prevention (CDC)

Personal inbox: gsy8@cdc.gov

Eoevent439@cdc.gov Regions 7-10 Email Box

Eoevent375@cdc.gov Heath Department Task Force Email Box

Cell: 678-428-2022 | Office: 404-639-0024 | Telework: Monday - Friday

Further CDC Resources:

[COVID-19 What's New](#)

[CDC Health Alert Network \(HAN\)](#)

[CDC Vaccines](#)

[CDC Clinician Outreach and Communication Activity \(COCA\)](#)

***** IMPORTANT MESSAGE *****

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Dagmar Vitek

From: Ilene Risk
Sent: Thursday, January 14, 2021 8:20 PM
To: Angela Dunn
Cc: Dagmar Vitek; Malaykhone Kiphibane
Subject: UK Variant Report

Hi-will the index case specimen be sequenced to identify if this person has the B117 strain? I am not sure if an option since it looks like the index case was positive via antigen/Fairground testing. Is there a specific type of investigation form that needs to be completed for variant case? I assume this case will be discussed during the UDOH call tomorrow and it would be great to include discussion from UPHL about process to select candidates for variant testing and challenges. Thanks

Dagmar Vitek

From: Malaykhone Kiphibane
Sent: Thursday, January 14, 2021 8:23 PM
To: Ilene Risk
Cc: Dagmar Vitek
Subject: Re: Report of UK Variant in SLCo

Thank you for sharing this information. I will let the assigned investigator know as well.

Sent from my iPhone

On Jan 14, 2021, at 8:08 PM, Ilene Risk <IRisk@slco.org> wrote:

UPHL confirmed that a Salt Lake Co resident was infected with SARS-CoV-2 UK variant B.1.1.7. The Epi Trax CMR is 20212552321. This individual is a 28-year-old male who was tested at an IHC Instacart while symptomatic on 12/31. He is a contact to a person tested at the Fairgrounds 20202514380 and who was investigated by UDOH. While this is the first one in Utah 76 B117 variant cases have been reported nationally.

Dagmar Vitek

From: Ilene Risk
Sent: Thursday, January 14, 2021 9:35 PM
To: Dagmar Vitek
Subject: Re: UK Variant Report

That would be a good approach. Index case symptom onset was 12-27.

I don't think UPHL can sequence anything outside of PCR tests using the ThermoFisher. It's a good thing major labs in Utah use this assay.

On Jan 14, 2021, at 9:25 PM, Dagmar Vitek <DVitek@slco.org> wrote:

Maybe we could collect PCR. And it mentioned he was exposed to a positive case? Collecting that specimen would be good.

On Jan 14, 2021, at 9:24 PM, Ilene Risk <IRisk@slco.org> wrote:

I don't think they can sequence, but it would be interesting.

Begin forwarded message:

From: Ilene Risk <IRisk@slco.org>
Date: January 14, 2021 at 8:20:00 PM MST
To: Angela Dunn <acd@utah.gov>
Cc: Dagmar Vitek <DVitek@slco.org>, Malaykhone Kiphibane <MKiphibane@slco.org>
Subject: UK Variant Report

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Dagmar Vitek

From: Angela Dunn <acd@utah.gov>
Sent: Friday, January 15, 2021 7:58 AM
To: Alessandro Rossi
Cc: Andreas Rohrwasser; Kelly Oakeson; Cindy Lewis Burnett; Keegan McCaffrey; Ilene Risk; Dagmar Vitek; Malaykhone Kiphibane
Subject: Re: UK Variant Report

Thanks, Alessandro. Including our Salt Lake County colleagues here.

Sent from my iPhone

On Jan 14, 2021, at 9:59 PM, Alessandro Rossi <arossi@utah.gov> wrote:

The only remote possibility to demonstrate a link to the index is if he/she still shedding some virus. If he/she is kind enough to get NP swabbed or provide saliva or sputum (I think early papers show longer persistence in the lower respiratory tract) we can try.

Alessandro

On Thu, Jan 14, 2021 at 8:44 PM Angela Dunn <acd@utah.gov> wrote:

Hey all - any input for Ilene? Kelly - can you discuss this on tomorrow's 11 am call during the update?

Angela

----- Forwarded message -----

From: Ilene Risk <IRisk@slco.org>
Date: Thu, Jan 14, 2021 at 8:20 PM
Subject: UK Variant Report
To: Angela Dunn <acd@utah.gov>
Cc: Dagmar Vitek <DVitek@slco.org>, Malaykhone Kiphibane <MKiphibane@slco.org>

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--

Alessandro Rossi, Ph.D., D (ABMM)

Chief Scientist
Infectious Diseases Laboratory
Utah Public Health Lab

Tel. 801-9652554

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Dagmar Vitek

From: Dagmar Vitek
Sent: Thursday, January 14, 2021 9:24 PM
To: Ilene Risk
Subject: Re: Report of UK Variant in SLCo

This is confusing to me. I thought not even all PCRs can detect variants. Can rapids do that?

On Jan 14, 2021, at 8:08 PM, Ilene Risk <IRisk@slco.org> wrote:

UPHL confirmed that a Salt Lake Co resident was infected with SARS-CoV-2 UK variant B.1.1.7. The Epi Trax CMR is 20212552321. This individual is a 28-year-old male who was tested at an IHC Instacart while symptomatic on 12/31. He is a contact to a person tested at the Fairgrounds 20202514380 and who was investigated by UDOH. While this is the first one in Utah 76 B117 variant cases have been reported nationally.

Dagmar Vitek

From: Dagmar Vitek
Sent: Thursday, January 14, 2021 9:26 PM
To: Ilene Risk
Subject: Re: UK Variant Report

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Date: January 14, 2021 at 8:20:00 PM MST
To: Angela Dunn <acd@utah.gov>
Cc: Dagmar Vitek <DVitek@slco.org>, Malaykhone Kiphibane <MKiphibane@slco.org>
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Dagmar Vitek

From: Dagmar Vitek
Sent: Friday, January 15, 2021 6:45 AM
To: Gary Edwards; Nicholas Rupp
Subject: Fwd: Report of UK Variant in SLCo

Fyi

Begin forwarded message:

From: Ilene Risk <IRisk@slco.org>
Date: January 14, 2021 at 8:08:37 PM MST
To: Malaykhone Kiphibane <MKiphibane@slco.org>
Cc: Dagmar Vitek <DVitek@slco.org>
Subject: Report of UK Variant in SLCo

UPHL confirmed that a Salt Lake Co resident was infected with SARS-CoV-2 UK variant B.1.1.7. The Epi Trax CMR is 20212552321. This individual is a 28-year-old male who was tested at an IHC Instacart while symptomatic on 12/31. He is a contact to a person tested at the Fairgrounds 20202514380 and who was investigated by UDOH. While this is the first one in Utah 76 B117 variant cases have been reported nationally.

Dagmar Vitek

From: Dagmar Vitek
Sent: Friday, January 15, 2021 6:47 AM
To: Ilene Risk; Angela Dunn
Cc: Malaykhone Kiphibane
Subject: Re: Report of UK Variant in SLCo

Do we need to do more thorough investigation? Collect PCR on him and contacts, sequence, look at all his contacts?

On Jan 14, 2021, at 8:08 PM, Ilene Risk <IRisk@slco.org> wrote:

UPHL confirmed that a Salt Lake Co resident was infected with SARS-CoV-2 UK variant B.1.1.7. The Epi Trax CMR is 20212552321. This individual is a 28-year-old male who was tested at an IHC Instacart while symptomatic on 12/31. He is a contact to a person tested at the Fairgrounds 20202514380 and who was investigated by UDOH. While this is the first one in Utah 76 B117 variant cases have been reported nationally.

Dagmar Vitek

From: CDC 2019 NCOV Response Lab TF Strain Surveillance Coord <eocevent506@cdc.gov>
Sent: Wednesday, January 20, 2021 7:47 PM
To: kchrste@utah.gov
Cc: Ilene Risk; Dagmar Vitek; Malaykhone Kiphibane; Keegan McCaffrey; Melissa Stevens Dimond; LaFevre, Sam (CDC utah.gov); Oakeson, Kelly (CDC utah.gov); Tom Hudachko; Angela Dunn; Ngulefac, Veneranda (CDC/DDID/NCEZID/DPEI); Bree Barbeau; Boulton, Rachelle (CDC utah.gov); Nicole Roberts; Cindy Burnett; Dugan, Vivien (CDC/DDID/NCIRD/ID); Lee, Justin (CDC/DDID/NCEZID/DSR); CDC 2019 NCOV Response Lab TF Strain Surveillance Coord; SARSseq (CDC)
Subject: RE: IMPORTANT - SARS-CoV-2 Variant Request
Attachments: GFAT-5.1-NS3.xlsx; NS3_SupplementaryForm_v1.0.xlsx

Hello Dr. Christensen and UT colleagues,

I'm reaching out regarding the B.1.1.7 variant reported below. We appreciate your collaboration on our efforts to characterize the 'B.1.1.7 variant' you have circulating in your jurisdictions. We'd like to request submission of the associated clinical specimen for Sars-Cov-2 whole genome sequencing at the CDC.

Please use the attached excel files to enter de-identified metadata associated with this sample (do not include any personally identifiable information). Please enter data for as many of the fields as you have. It is no problem if there are blank fields because you don't have some of the requested information. Please only submit samples with Ct values < 28 since our sequencing workflow does not yield good results with low viral copy number samples.

For sending the sample, it would be ideal if you can send at least 500 ul of original specimen in clearly labeled tube. More volume is always better. Please ship overnight on dry ice and include a printout of the excel file in the package.

Please return the filled-out forms (GFAT + Supplemental Form) and tracking information to the following email (sarsseqshipping@cdc.gov) when you ship the specimens so that we can prepare for the arrival of the package.

For additional submission information, please refer to the 'revised guidance' document [here](#).

Shipping address:

TRL Unit 66
ATTN: STATT LAB
Centers for Disease Control and Prevention
1600 Clifton Rd, NE
Atlanta, GA 30329-4027
(404) 649-3931
dsrstat@cdc.gov

Please let us know if you have any questions.

Gillian McAllister

Strain Surveillance and Emerging Variant Coordination Team
Laboratory and Testing Task Force
COVID-19 Emergency Response
Centers for Disease Control and Prevention

20212552321	UT	B.1.1.7

This patient's record has been updated with the requested information in EpiTrax. We will be piloting onboarding of PUI data to CDC through NNDSS next week. Utah also submits PUI data to CDC through DCIPHER.

I was able to interview the patient and his likely source contact (antigen + only). Neither traveled outside Utah during their exposure periods. His source contact does not know where he was exposed. He had no high risk exposures.

Please let us know if you need any additional information.

Thank you,

Cindy

Cindy Burnett, MPH

Program Manager - Disease Response, Evaluation, Analysis, and Monitoring Program
Bureau of Epidemiology, Division of Disease Control and Prevention
Utah Department of Health
288 N 1460 W
Salt Lake City, UT 84116

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Cell: (385) 249-0195
Fax: (801) 538-9923
cburnett@utah.gov

On Fri, Jan 15, 2021 at 7:55 AM Angela Dunn <acd@utah.gov> wrote:

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We would be happy to schedule a call to discuss this further. Please do not hesitate to contact me with any questions.

Sincerely,

Ven.

Veneranda (Ven) Ngulefac, RN, MSN, NP-c.

Health Department Liaison Officer, Region 8 (UT, WY)

STLT Taskforce/ Health Department Section,

COVID-19 Response.

Division of Preparedness and Emerging Infections (DPEI)

Centers for Disease Control and Prevention (CDC)

Personal inbox: gsy8@cdc.gov

Eoevent439@cdc.gov Regions 7-10 Email Box

Eoevent375@cdc.gov Health Department Task Force Email Box

Cell: 678-428-2022 | Office: 404-639-0024 | Telework: Monday - Friday

Further CDC Resources:

Dagmar Vitek

From: Linda Bogdanow
Sent: Wednesday, January 20, 2021 11:27 AM
To: Dagmar Vitek
Cc: Ilene Risk
Subject: RE: Variant

Will do

-----Original Message-----

From: Dagmar Vitek <DVitek@slco.org>
Sent: Wednesday, January 20, 2021 10:46 AM
To: Linda Bogdanow <LBogdanow@slco.org>
Cc: Ilene Risk <IRisk@slco.org>
Subject: Variant

Hi Linda, could you report more on what we know about P1 in your report?
Thx!