



**Public Health Department**

Danette York, M.P.H., Director  
Robert Bernstein, M.D., Health Officer

**Community Health Division – Communicable Diseases/Oroville**

202 Mira Loma Drive  
Oroville, California 95965

T: 530.552.3929  
F: 530.538.5387

[buttecounty.net/publichealth](http://buttecounty.net/publichealth)

## Health Advisory

To: Healthcare Providers

From: Robert Bernstein, M.D. (signed original on file)

Date: March 9, 2021

Re: Coronavirus Disease 2019 (COVID-19): SARS-CoV-2 Virus Variant Identified in Butte County

---

Butte County Department of Public Health (BCPH) would like to alert providers that the B.1.1.7 variant of the SARS-CoV2 virus has been identified in Butte County.

### Background on SARS-COV-2 Variants

Multiple variants of the SARS-CoV-2 virus have been identified globally and nationally, including in California (see the Resource links at the end of this advisory for more details).

Variants are designated as variants of concern or variants of interest by the World Health Organization (WHO). A variant of concern (VOC) has mutations that result in:

- increases in transmissibility or virulence;
- detrimental changes in the epidemiology or clinical presentation;
- decreased effectiveness of public health, non-pharmaceutical interventions, diagnostics, or therapeutics; and
- is otherwise assessed to be a VOC.

### Current Variants of Concern

- **B.1.1.7** Originally identified in the United Kingdom (UK), this variant has a large number of mutations that result in increased transmissibility and possibly increased risk of death. Importantly, currently available evidence suggests no or minimal decrease in efficacy of the vaccines currently available in the US (Pfizer, Moderna, Janssen). However, there is some evidence that suggests that monoclonal antibodies may have reduced efficacy against the B.1.1.7 variant.
- **B.1.351** First identified in South Africa, this variant emerged independently of B.1.1.7 but shares some mutations with B.1.1.7. Currently available evidence suggests increased transmissibility and possible decreased efficacy of some vaccines. There is also some evidence that the B.1.351 variant has some resistance to neutralization by monoclonal and polyclonal antibodies.
- **P.1** This variant was first identified among travelers from Brazil. The P.1 variant contains a set of additional mutations that allow the virus to spread more easily and quickly than the other variants. Evidence also suggests that the P.1 variant may adversely affect the ability of antibodies from natural infection or vaccination to recognize and neutralize the virus, but additional studies are needed.

To date, in California, the B.1.1.7 (i.e., United Kingdom or UK) variant has been detected in 262 persons; B.1.351 in 3 persons. No cases of P1 have been identified in CA. However, it is important to keep in mind that only about 20% of all SARS-CoV-2 infections are reported; only about 25% of symptomatic SARS-CoV-2 infections are reported; whole genome sequencing to detect variants is done on only a small proportion of specimens; and we don't yet know the proportion of infections with variant strains that are detected and reported (see: [Estimated Disease Burden of COVID-19 | CDC](#)).

### **Current Variants of Interest**

WHO defines a variant of interest (VOI) as a variant that has phenotypic changes or genome mutations associated with established or suspected adverse implications:

- for the epidemiology, antigenicity, or virulence of the variant, OR
- for the effectiveness of diagnostics, vaccines, or therapeutics, OR
- for the effectiveness of non-pharmaceutical public health and social measures, AND
- has been identified to cause community transmission/multiple COVID-19 cases/clusters, OR
- has been detected in multiple countries, OR
- is otherwise assessed to be a VOI by WHO.

There are two VOIs, B.1.427 and B.1.429 (also known as the West Coast variants), currently circulating in California. These VOIs are being monitored for their infectiousness, transmissibility and clinical and epidemiologic characteristics to determine if they are variants of concern. As of March 4, the variant B.1.429 has been identified in 4076 cases and B.1.427 in 1652 cases in California. To date, neither VOI has been identified in Butte County.

More information about emerging variants can be found at: [Genomic Surveillance for SARS-CoV-2](#).

### **BCPH is Urging Providers to**

- Promote the continued use of non-pharmaceutical interventions (NPIs) as per the California Department of Public Health guidelines for vaccinated and unvaccinated persons, as variants of concern are more easily transmitted person to person.
- Promote vaccination for all Butte County residents, following eligibility guidelines. Residents can learn about eligibility at the BCPH website ([COVID-19 Vaccine Information for Butte County](#)) and can be referred for vaccination at [Vaccine Finder](#).
- Promote vaccination among healthcare staff.
- Arrange with BCPH to submit specimens for whole genome sequencing from individuals with SARS-CoV-2 virus infection who meet at least one the following criteria:
  - Recent international travel;
  - Exposure to persons with recent international travel;
  - Possible re-infection (i.e., recurrence of symptoms with positive molecular testing or at least 90 days after initial infection); and
  - Breakthrough infection after 14 days of a complete series of vaccination (i.e., two doses of an mRNA vaccine (Pfizer and Moderna) or 1 dose of the Janssen (aka Johnson & Johnson) vaccine).

Providers can contact BCPH for assistance in both evaluation and specimen submission during business hours Monday through Friday by calling (530) 552-3929. Providers should not directly contact the California Department of Public Health (CDPH) to request laboratory testing.

## **Reporting**

Providers should report any receipt of sequence data identifying a VOC or VOI to BCPH within one working day using a Confidential Morbidity Report submitted electronically or faxed to (530) 538-5387.

Under Title 17, California Code of Regulations (CCR), failure to report is a misdemeanor (Health and Safety Code § 120295) and is a citable offense under the Medical Board of California's Citation and Fine Program (Title 16, CCR, § 1364).

## **Resources**

World Health Organization: [COVID-19 Weekly Epidemiological Update](#)

Centers for Disease Control and Prevention: [US COVID-19 Cases Caused by Variants](#)

California Department of Public Health: [Tracking Variants](#)

Butte County Department of Public Health: [Confidential Morbidity Report](#)

### **Categories of urgency levels:**

**Health Alert:** conveys the highest level of importance; warrants immediate action or attention

**Health Advisory:** provides important information for a specific incident or situation; may not require immediate action

**Health Update:** provides updated information regarding an incident or situation; unlikely to require immediate action