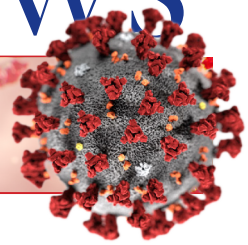
THE PATHCARE NEWS



FREQUENTLY ASKED QUESTIONS:
SARS-COV-2 B.1.1.529 / OMICRON VARIANT

29/11/2021 Update

On 26 November 2021 the WHO designated the new SARS-CoV-2 lineage B.1.1.529, now named Omicron, a variant of concern.

Much is still unknown about Omicron and it is expected that the variant's real world impact will become clearer over the next weeks.

What is Omicron? In late November a group of closely related viruses was identified from Southern Africa which harboured a unique set of mutations, not previously seen with other variants such as Beta or Delta. At the time of writing, Omicron has also been detected in European countries, the Middle East, the United Kingdom and the Asia-Pacific region.

Does it spread more easily? It is not yet clear whether Omicron spreads more easily from person to person compared to other variants. While there have been increases in case numbers in South Africa around the time Omicron was identified, the exact impact of the variant is still unknown.

Does the clinical presentation differ? It is not yet clear whether Omicron causes more severe disease compared to previous variants. There is currently no information to suggest that symptoms associated with Omicron are different from those from other variants.

Can currently available tests detect Omicron? Yes. The variant was detected through the use of routine PCRs and there is no indication that available PCRs cannot detect the variant. Assays targeting the S-gene of the virus may be able to predict that a sample contains the Omicron variant without sequencing data, but an absence of this proxy signal does not exclude infection with Omicron. The utility of this proxy is therefore limited to surveillance purposes. Furthermore, as this proxy is not available with all commercial assays and the clinical management of Omicron is unchanged from other variants, laboratory reports will not differentiate between Omicron and other circulating variants. Antigen testing is expected to perform as previously as most assays target the nucleocapsid (N) protein, not the S protein.

Is reinfection with Omicron likely? According to the WHO update of 27 November, Preliminary evidence suggests there may be an increased risk of reinfection with Omicron (i.e., people who have previously had COVID-19 could become reinfected more easily with Omicron), as compared to other variants of concern, but information is limited.

How effective are vaccines? Data is still limited. Based on the mutation seen in Omicron it is possible that partial immune escape might happen but this was also true for previous variants, where vaccines continued to provide high levels of protection against hospitalisation and death. Vaccines as a crucial measure of risk reduction therefore remains highly recommended.

What now? While data on this variant is awaited, it is key that non-pharmaceutical interventions, like social distancing, masking, ventilation and sanitising, continue to be followed and that vaccine uptake is encouraged.

Prepared by: Dr Jean Maritz and Nickie Goedhals, Clinical virologists, PathCare Laboratory