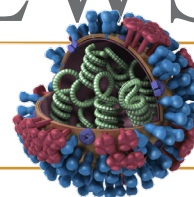


THE PATHCARE NEWS

UPDATE ON SARS-COV-2 VARIANTS



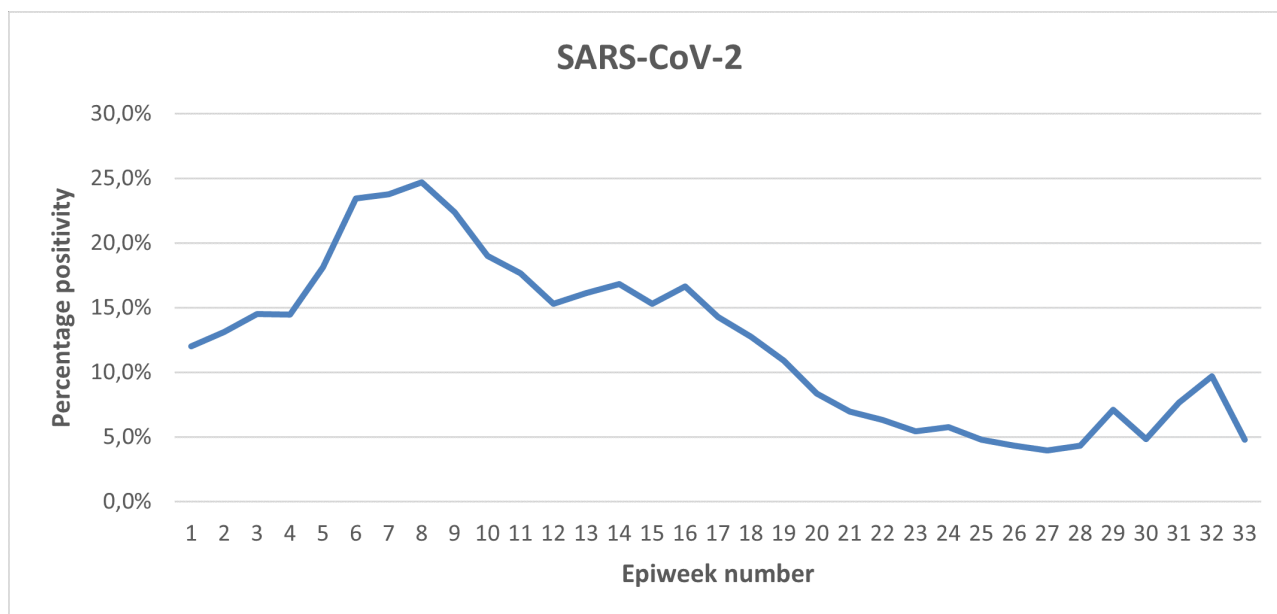
Two SARS-COV-2 variants are currently getting coverage in the press, namely BA.2.86 and EG.5. Both are subvariants or lineages of Omicron, however, renewed interest has stemmed from the large number of mutations detected in these viruses. For example, BA.2.86 has more than 30 additional mutations in comparison to BA.2 and more than 35 mutations in comparison to XBB.1.5, which has been the predominant SARS-CoV-2 variant circulating in South Africa in recent months.

As of 24 August, nine cases of BA.2.86 have been detected globally from Denmark (3 cases), USA (2 cases), Israel (1 case), United Kingdom (1 case), and most recently, South Africa (2 cases). Detection of BA.2.86 has also been reported from wastewater samples in Switzerland and Thailand. The lack of epidemiological linkage amongst cases and limited surveillance data available imply that this variant is likely circulating more widely than has currently been detected. Circulation of EG.5 is more widespread globally and it has been declared a variant of interest by the World Health Organization (WHO). The first reported detection was in February 2023 and subsequently over 10 000 EG.5 sequences from 53 countries have been reported, including South Africa where the first case was confirmed on 16 August 2023.

The CDC Risk Assessment Summary for BA.2.86 stated that, based on current knowledge, laboratory tests in use are effective at detecting this variant. While BA.2.86 may be more able to infect individuals with previous infection or vaccination, it is likely that vaccination will still protect against severe disease. Similarly, the WHO Risk Assessment for EG.5 indicated that despite an increase in prevalence of EG.5 in numerous countries, no changes in disease severity have been noted. However, experts have advised that caution is warranted and that surveillance efforts should be strengthened.

SARS-CoV-2 testing statistics

Fluctuating detection rates have been noted from weeks 29-33, but no consistent increase in the percentage of positive samples has been observed and detection rates have remained below 10% since week 20 (week ending 21 May).



References:

1. WHO COVID-19 Weekly Epidemiological Update, Edition 157, 25 August 2023. Available at <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---25-august-2023>
2. CDC Risk Assessment Summary for SARS-CoV-2 Sublineage BA.2.86. Available at <https://www.cdc.gov/respiratory-viruses/whats-new/covid-19-variant.html> (accessed 25 Aug 2023).
3. WHO EG.5 Initial Risk Evaluation, 9 August 2023. Available at https://www.who.int/docs/default-source/coronaviruse/09082023eg.5_ire_final.pdf?sfvrsn=2aa2dae_3



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Provincial Heads of Health

RE: RESPONDING TO A NEW SARS-COV-2 VARIANT UNDER MONITORING

Dear Colleagues

Although the WHO declared an end to the global COVID-19 public health emergency in May 2023, COVID-19 remains a potential threat as the virus which causes the disease is still circulating. People are still being infected and some are experiencing severe disease. As a result of continued transmission, with the potential of the virus mutating, public health authorities continue to monitor the development of these mutated variants of the SARS-CoV-2 virus. The WHO (World Health Organization) Technical Advisory Group on SARS-CoV-2 Virus Evolution meets regularly and as the need arises to review the distribution of variants, including the emergence of new variants.

The WHO designates variants at three levels. If a variant is detected which may pose future risks, it is designated as a variant under monitoring (VUM). If it appears to pose an increased risk of either easier transmission or severe disease, it is designated as a variant of interest (VOI). Variants that are circulating widely and have shown the ability to either spread more easily or cause severe disease are designated as variants of concern (VOC). Variants of concern are assigned a Greek alphabet name, such as Omicron.

On 17 August 2023, the WHO announced that a newly detected variant (scientifically labelled BA.2.86) had been declared a variant under monitoring (VUM). To date, only 9 cases have been detected in 5 countries (Denmark, Israel, the United Kingdom, the United States and South Africa). However, as these cases are unrelated, found in multiple countries and one had a recent travel history (from Japan to USA), it is likely that this VUM is already circulating more widely.

The genomes from the two South African cases were uploaded to GISAID on 22-August-2023 by the NICD. Both are from routine surveillance from private laboratories, one from Gauteng and the other from Mpumalanga. With the detection of the two genomes from South African cases, we will be increasing genomics surveillance and conducting detailed phylogenetic analysis.

At present, it is unknown whether BA.2.86 is associated with either easier transmission or more severe disease. It has therefore not been declared a variant of interest or a variant of concern, nor been assigned a new name. However, given the large number of mutations in this variant, caution is warranted.

All countries, including South Africa, are intensifying their efforts to further detect and characterize BA.2.86 and to monitor the number of cases of COVID-19 and the severity of such cases. Other VUMs and VOIs continue to be monitored. Public health measures can be implemented to assist with this effort and to protect the public while more information is gathered. South African scientists form part of the WHO Technical Advisory Group on SARS-CoV-2 Virus Evolution and continue to monitor genotyping of the current circulating viruses in South Africa.

At present, most of the virus circulating in South Africa is still the Omicron variant. There are still a small number of COVID-19 cases being reported, some of which are severe. **There is no evidence at this point of an increase in either the number of cases or their severity.** However, caution is needed. The public is therefore encouraged to take the following actions to protect themselves, their families and the community:

1. Anyone who has symptoms associated with COVID-19 (fever, cough, sore throat, loss of taste, body ache) should test for the virus. Diagnostic tests can be conducted by health professionals and self-tests are available in pharmacies. Tracking the cause of these flu-like symptoms is important for the general community and further monitoring of the virus.
2. Those who test positive for COVID-19 should, as before, self-isolate and seek immediate medical attention if their symptoms become worse.
3. In addition, anyone who tests positive using a rapid antigen test (Self-Test) should request a laboratory confirmation (a PCR test), which would allow for the isolated virus to be sequenced by the scientific laboratory to know which variant is circulating.
4. Anyone at high risk of serious COVID-19 (for example, patients over the age of 60, with compromised immune systems or underlying conditions including lung disease) should consider wearing a face mask when in crowded public spaces.
5. All those who are eligible for a COVID-19 vaccine should be fully vaccinated. Booster doses are available to everyone 6 months after the prior dose. This is particularly important for people at increased risk of severe COVID-19 (see '4' above).
6. Vaccine doses are available at many public sector health facilities, both Pfizer and J&J. The www.findmyjab.co.za application or: <https://sacoronavirus.co.za/active-vaccination-sites/> web site can be used to locate the closest and most convenient vaccination site.
7. At this time children aged less than 12 years, with a high-risk immunocompromised condition are being vaccinated as a priority population at sentinel referral paediatric sites in the Public Sector.
8. The public is urged to note further scientific information from official public health sources and be cautious about information circulated by individuals and organizations with no scientific authority.

The NDOH is actively engaging with the WHO and local scientists and clinicians. Input has also been obtained from the Ministerial Advisory Committee on COVID-19. Regular updates will be provided to the public. For the latest information on COVID-19 please refer to the NICD website @ <https://www.nicd.ac.za/diseases-a-z-index/disease-index-covid-19/>

Media statements will be released as and when appropriate.

Sincerely



DR SSS BUTHELEZI
DIRECTOR-GENERAL: HEALTH
Date: 23/08/2023