The STAG-IH met today for an update from the Secretariat on the SARS-CoV-2 variants widely circulating in UK and South Africa (SA). The data from South Africa demonstrated how the new variant rapidly replaced the previously circulating multiple lineages and is today the dominant strain.

The hypothesis in South Africa is that the initial rapid spread of this strain was linked to superspreading event or events including end of the school year, and spread by the mobile young graduates who attended the event and then returned home for summer break; and from funerals and night clubs.

Hospital bed and ICU occupancy are high in the Western Cape, Kwazulu Natal and Eastern Cape, where increased transmission of this strain is thought to have begun, and the strain is now moving inland including to the most populous province, Gauteng. Investigations underway have not demonstrated any unusual clinical manifestations to date, and the strain on hospital beds is thought to be a manifestation of intense transmission, not because of a change in clinical manifestation. There is concern that over the Christmas period, when many migrant workers travel home, that there could be spread to neighboring countries. While South Africa is the centre for many regional laboratory support services, there has been little genomic testing by the SA laboratories for other African countries to date, but there is a network of regional laboratories that could work together on this.

The situation, described by a STAG-IH member as ‘a phenomenon’, is best explained at present by a combination of the emergence of the new, possibly more fit strain, and the behavioral characteristics of the population.

The STAG-IH endorses the WHO risk assessment, and suggests the DG consider calling an ad hoc Emergency Committee meeting so that issues such as travel bans and pre-departure screening can be re-assessed, and at the same time determine whether there is a need for any further international measures on travel and trade.

The STAG-IH also recommends the following:

a. Continued epidemiological analysis of age, occupation, and other characteristics of those infected with the new virus variants of concern including the natural history of infection, paying close attention to infections in individuals with a history of prior COVID-19 and infections in individuals who have been vaccinated.

b. Neutralization studies of the new variants of concern with sera from vaccinees and from those who have history of previous infection.
c. Activation of regional laboratory networks to support countries in genetic sequencing and associated sample shipment networks.
d. Support for evaluation of diagnostic test performance and raising awareness among all diagnostic labs that changes in assay sensitivity or failure to detect all targets in an assay should raise suspicion of emergence of a new variant.
e. Continued facilitation of virus sharing among countries.
f. Encouragement of continued study of vaccine efficacy and therapeutic performance including monoclonal antibody preparations and antivirals.

Finally, the STAG-IH has noted the clear communications on the current situation from the EXD and DG and is ready to support in any way useful.

David L. Heymann, STAG-IH Chair
Johan Giesecke, STAG-IH Vice-Chair
on behalf of STAG-IH