

Indian COVID-19 variant found in 44 countries: WHO

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Covid variants are seen as more dangerous than the original version of the virus because they are either more transmissible, deadly or able to get past some vaccine protections

The World Health Organization said Wednesday that a variant of

COVID-19 behind the acceleration of India's explosive outbreak has been found in dozens of countries all over the world.

The UN health agency said the B.1.617 variant of COVID-19, first found in India in October, had been detected in more than 4,500 samples uploaded to an open-access database "from 44 countries in all six WHO regions".

"And WHO has received reports of detections from five additional countries," it said in its weekly epidemiological update on the pandemic.

Outside of India, it said that Britain had reported the largest number of COVID cases caused by the variant.

Earlier this week, the WHO declared B.1.617—which counts three so-called sub-lineages with slightly different mutations and characteristics—as a "variant of concern".

It was therefore added to the list containing three other variants of COVID-19—those first detected in Britain, Brazil and South Africa.






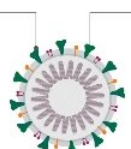
The variants are seen as more dangerous than the original version of the virus because they are either being more transmissible, deadly or able to get past some vaccine protections.

'Rapid increase'

The WHO explained Wednesday that B.1.617 was added to the list because it appears to be transmitting more easily than the original virus, pointing to the "rapid increases in prevalence in multiple countries".

Coronavirus variants of concern

Mutations are natural and to be expected in any virus. Several variants of SARS-CoV-2 have been detected

B.1.1.7	B.1.351	P.1	B.1.617
<p>First record: September 2020</p>  <p>Country of first detection: United Kingdom</p>	<p>First record: October 2020</p>  <p>Country of first detection: South Africa</p>	<p>First record: December 2020</p>  <p>Country of first detection: Brazil</p>	<p>First record: October 2020</p>  <p>Country of first detection: India</p>
<p>Key mutations in the spike protein</p> <p><i>N501Y</i> All three variants have mutations in this receptor-binding domain on the spike protein</p>	 <p>SARS-CoV-2</p>		<p><i>E484Q</i> and <i>L452R</i> Mutations seen in B.1.351 and P.1</p> 
<p>Main concerns</p>			
<p>Transmissibility</p> <p>The B.1.1.7 and B.1.351 variants appear to spread more easily and quickly</p> <p>Any change on the spike can <i>potentially affect how easily a virus can infect a cell</i></p>	<p>Severity of illness</p> <p>Studies on B.1.1.7 submitted to the UK's NERVTAG* in January suggested there <i>could be a link to increased risk of death</i></p> <p><small>*New and Emerging Respiratory Virus Threats Advisory Group</small></p>	<p>Vaccine efficacy</p> <p>Some studies have suggested B.1.351 and P.1 may have mutations that prevent antibodies working as well, <i>though more research is needed</i></p> <p>Other lab studies have shown that <i>vaccines retain effectiveness</i> against B.1.351 and B.1.1.7</p>	<p>The Indian outbreak</p> <p>While it is unknown if the variant is driving the huge India wave, a WHO official has said that there is <i>"some available information to suggest increased transmissibility"</i></p> <p>There is also some suggestion of <i>"reduced neutralisation"</i>; but it is <i>too early to say if vaccines are compromised</i></p>

Source: [cdc.gov/science/mediacentre.org/cidrap.umn.edu/WHO.int/science/news.org/Birmingham Uni Turnkey lab/NERVTAG/Imperial College London/ostozeneca.com/New Scientist](https://www.cdc.gov/science/mediacentre/ocidrap.umn.edu/WHO.int/science/news.org/Birmingham%20Uni%20Turnkey%20lab/NERVTAG/Imperial%20College%20London/ostozeneca.com/New%20Scientist)



Factfile on SARS-CoV-2 variants of concern or interest, including B.1.617 circulating widely in India.

WHO also pointed to "preliminary evidence" that the variant was more resistant to treatment with the monoclonal antibody Bamlanivimab, and also highlighted early lab studies indicating "limited reduction in neutralisation by antibodies".

It stressed, though, that "real-world impacts" on the effectiveness of vaccines against the variant for instance "may be limited".

WHO said the spread of B.1.617, alongside other more transmittable variants, appeared to be one of several factors fuelling India's dramatic surge in new cases and deaths.

India—a country of 1.3 billion people—is the world's second-most

infected after the United States with nearly 23 million COVID-19 cases, and is currently recording more than 300,000 new cases and close to 4,000 deaths each day.

The new surge in cases has ravaged [major cities](#), including the capital New Delhi and financial hub Mumbai, pushing hospitals to breaking point and leading to severe shortages in oxygen and beds.



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"WHO found that resurgence and acceleration of COVID-19 transmission in India had several potential contributing factors, including increase in the proportion of cases of SARS-CoV-2 variants with potentially increased transmissibility," it said.

It also pointed to "several religious and political mass gathering events which increased social mixing; and, under-use of and reduced adherence to [public health](#) and social measures".

"The exact contributions of each of these factors on increased

transmission in India are not well understood."

WHO stressed that so far, only 0.1 percent of positive COVID tests in India had been genetically sequenced and uploaded to the GISAID database to identify the variant in question.

By the end of April, B.1.617.1 and B.1.617.2 accounted for 21 and seven percent respectively of all sequenced samples from India, it said.

In addition, other more contagious variants are also spreading in the country, including B.1.1.7, which was first detected in Britain.

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