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'Calling it the SA variant is a stigmatising approach' - Prof Salim Abdool Karim on 501Y.V2

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Health experts have spoken about potential stigma around how we speak about Covid-19.

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- The new coronavirus variant first discovered in SA and that later spread to other countries has unfairly been associated with SA.
- Scientists in SA are therefore taking a stand against this labelling, and explained to News24 why it is so damaging and should be stopped.
- Instead, SA should be recognised for its in-depth network of viral surveillance, said one expert.

In December 2020, scientists in South Africa identified the presence of a variant of concern (VOC) of the Covid-19 virus. Sequence data showed that this variant initially emerged in October 2020 in the Eastern Cape, and by January 2021 it was found in several provinces in the country.

The variant, named 501Y.V2, was soon considered to be the dominating variant, responsible for a large number of infections during the second wave in the country. But when 501Y.V2 was spread around the world, it quickly and infamously became known as "the South African variant" - an association that is unfair and damaging to SA.

EXPLAINER | Where are SA's Covid-19 vaccines coming from?

Speaking to News24, Professor Salim Abdool Karim, epidemiologist and infectious diseases specialist, and co-chairperson of the Covid-19 Ministerial Advisory Committee (MAC) said that South Africa is not responsible for this variant, and gave three reasons why we should refrain from calling it "the South African variant/virus".

Stigmatising

When we assign a geographical location to a name, it has the effect of stigmatising or tarnishing the place that it comes from, said Abdool Karim.

"If you take, for example, the Zika virus - it was named after the Zika forest where it was found. If you consider the Spanish flu, it never started in Spain, yet, up to this day, it is called the Spanish flu and the Spaniards are considered to be responsible for this flu that killed millions of people.

"And it was in that very vein that [former] President Trump deliberately called it 'the China virus'. It was his way of tarnishing and castigating the Chinese like they were responsible for this virus. It's in exactly that same way that South Africa is not responsible for this [variant]. So calling it the South African variant is a stigmatising approach."

Dr Harry Moultrie, senior medical epidemiologist: public health surveillance and geospatial modelling at the National Institute for Communicable Diseases (NICD) expressed similar sentiments:

"It's my understanding that the Spanish flu was mislabelled, and it had in fact originated in America, however, being first detected in Spain it became the nomenclature which to this day still resonates with us as the Spanish flu. And that does potentially allow for stigmatisation or discrimination based on area and location."

When lineages, or variants, are named, Moultrie said that we shouldn't refer to it as arising from a country: "I think it's as appalling as former President Trump referring to the 'China virus'. It resonates with that and... opens the door for similar discrimination and stigmatisation based on location.

PHASED APPROACH BASED ON AVAILABILITY OF VACCINES

Distribution will adjust as volume of vaccines increases, moving from targeted to broader population reach (approach)

Phase I Limited Doses Available	Phase II Larger Number of Doses Available	Phase III Continued Vaccination, Shift to Routine Strategy
<ul style="list-style-type: none"> Constrained supply Highly targeted administration required to achieve coverage in priority populations Front Line Health Care Workers 	<ul style="list-style-type: none"> Increased supply increases access Essential workers, persons in congregate settings, persons >40 years, persons >18 years with comorbidities 	<ul style="list-style-type: none"> Supply through contracted manufacturers Other persons >18 years
<ul style="list-style-type: none"> Tightly focused administration Administer vaccine in closed settings (places of work, schools, etc.) 	<ul style="list-style-type: none"> Administer through private settings, (pharmacies, doctors, work based vaccination) Administer through public health (hospitals, clinics, outreach, mobile clinics) 	<ul style="list-style-type: none"> Open vaccinations Administer through public and private sector, as per previous vaccinations, but with strong focus on primary health care.

VACCINE ROLLOUT

WATCH | Government unveils three-phase vaccine rollout plan, health workers to be targeted first

The health department has unveiled a three-phase vaccine rollout plan, with healthcare workers, the elderly, and people with comorbidities being targeted first.

"I think naming the lineages appropriately is important... it potentially has an impact not only on a macro-economic scale, or political scale of preventing travel from South Africa to other countries, but also on the lived experience perhaps of people who do travel from South Africa going forward, where they are perhaps treated differently and I think that level of discrimination is unwarranted and unjustified."

Recognising SA's surveillance network

Professor Willem Hanekom, director at the Africa Health Research Institute (and co-lead of a consortium of SA scientists looking into the new variant) also weighed in, saying that it's not an issue of location. Rather, it is due to South Africa's excellent network of viral surveillance, led by Professor Tulio de Oliveira, director of the Kwazulu-Natal Research Innovation and Sequencing Platform (KRISP) institute.

"The United States doesn't even have that. They only started setting this [surveillance] up after the British and the South Africans started finding these variants. I wouldn't be surprised if they find some more variants over there," said Hanekom.

Patient zero

Scientists first discovered the 501Y.V2 variant in a patient hospitalised in the Eastern Cape, but that patient is not "patient zero", said Abdool Karim. Patient zero is a term which refers to the patient identified as the first carrier in a disease outbreak.

"Because we now know, from testing earlier swabs, that this variant was already being transmitted in October last year in the Eastern Cape. So we don't know who patient zero is."

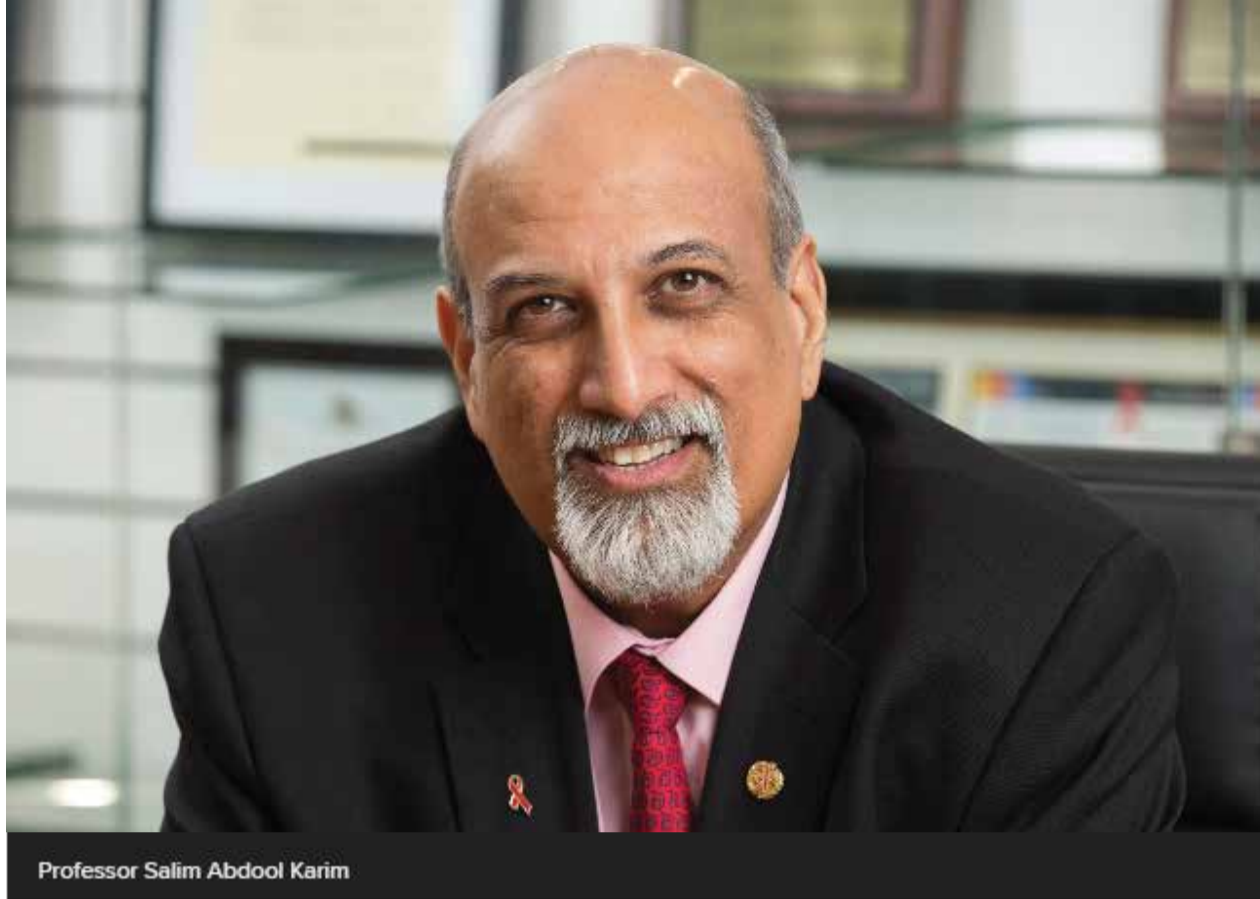
FULL SPEECH | Ramaphosa drops alcohol sale ban, opens beaches, changes curfew

While patient zero could be someone from South Africa, there is also a chance that it could be someone from another country who later entered SA, said Abdool Karim.

It is not meaningful to call it the South African variant

The third reason why 501Y.V2 should not be associated with South Africa is that it is practically meaningless to do so, said Abdool Karim, as the variant has already spread to 30 other countries (excluding South Africa).

"Calling it the South African variant when it is in these other countries is therefore meaningless," said Abdool Karim.



Professor Salim Abdool Karim

"So the first reason is that it is stigmatising, the second one is that it is inaccurate, and the third is that it's inappropriate because it's no longer a variant restricted to South Africa," he added.

Speaking about referring to it by its actual name, 501Y.V2, Karim said he "realise[s] it's not easy".

Why it was named 501Y.V2

When the variant was first identified in South Africa, Abdool Karim and de Oliveira thought long and hard about what they should label it. Due to the dominant mutation at the time, they thought it would be appropriate to include "501" in its name.

And since the UK had already identified a variant in their region by then and named it the 501Y.V1 (also known as B.1.1.7) variant, the scientist-duo thought it apt to label the one identified in South Africa as V2.

Hanekom also said that sometimes the referral to the variant by geography is not intentional, but it is "because the nomenclature of the virus is complex". However, both Hanekom and Abdool Karim explained that the World Health Organisation (WHO) is currently in the process of establishing a nomenclature - a standardised naming process for the variants.

Variants

New SARS-CoV-2 variants will continue to emerge for as long as the epidemic continues or the virus is allowed to spread in the community, and around the globe, said Hanekom.

"It's important to know that before 501Y.V2 was discovered in South Africa, there were around 30 different variants circulating globally. And this is what viruses do. They change continuously, and they try to adapt. If there's an advantage in their change, then that [variant] with the huge advantage will become much more common in society," explained Hanekom.

"And they do this because they make mistakes when they replicate and they don't actually have the machinery to fix those mistakes, whereas you and I, when our cells replicate, we have the machinery in our cells to correct the mistakes. If the advantage is for it to survive better, or to spread better, of course that virus is going to be more prevalent in the community than the other variants."

These "mistakes", Hanekom added, are called mutations, and when they have many mutations, they are known as variants of concern (VOC).

"And so the point about it is that for as long as the epidemic is not under control, these variants are going to emerge. That is why variants have emerged in Brazil, California, in the UK, here, and I'm sure if we were to look more intensely, globally, we will find more," he said.