



Briefing Note

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Event **Prioritisation of B.1.351 (VOC 20DEC-02) for health protection activities**

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For distribution: PHE health protection and microbiology cascades; NHS Trusts; Primary Care providers, Local Authority Directors of Public Health

Background and Interpretation

The variant B.1.351 (VOC 20DEC-02), first detected in South Africa, was declared a Variant of Concern in December 2020 on the basis of multiple spike mutations and preliminary evidence supporting some degree of escape from immunity.

In subsequent weeks, the epidemiology of this variant has changed and the results of new studies have become available:

- B.1.351 is now widespread internationally, including causing large outbreaks in Europe
- It is regularly detected in imports to the UK from multiple countries, but the overall UK prevalence remains low at present.
- There is laboratory evidence that antibodies generated by vaccination work less well on B.1.351, compared to the main circulating virus in the UK (B.1.1.7). Of the variants studied so far, B.1.351 shows the largest drop in effect in these studies, including when compared to P.1, the variant first detected in Manaus, Brazil.
- There is clinical trial evidence that vaccines have decreased efficacy in preventing mild to moderate infections with B.1.351, although there is insufficient evidence to know whether they may still protect from severe disease and death after B.1.351 infection.
- There is still insufficient data to judge whether B.1.351 has altered transmissibility or severity.

Based on both epidemiology and virology, at present, B.1.351 is judged to be the variant most likely to impair successful control of COVID-19 by vaccination. The strategic approach chosen is to suppress transmission of this variant within the UK at the current time.

This briefing note contains instructions for the **prioritisation of B.1.351 for all health protection and infection control activities in the community and in healthcare settings.**



Implications for PHE Regions

Regional Health Protection Teams receive daily line-lists of VOCs, VUIs, and E484K mutations, which include notifications of cases of B.1.351 in their area. The list of countries that have reported cases of B.1.351 continues to increase; individuals (except those on the exempt lists) coming to the UK are required to isolate in Managed Quarantine Facilities or at home and perform PCR tests on Day 2 and Day 8.

Cases without a travel history may be an early indicator of community transmission and these cases need to be urgently investigated.

Recommendations to PHE Regions

Health Protection Teams should prioritise the investigation of cases of B.1.351 until further notice. This includes:

1. Active follow-up of cases and their contacts as set out in the [VOC/VUI manual](#) [**Note:** the link to the manual is only accessible by PHE colleagues]
2. Identify whether cases with travel history have evidence of non-compliance with isolation and take necessary actions to control onward transmission
3. Activate targeted case finding for cases without travel history to contain transmission, including assessing whether settings where cases may have visited require access to testing
4. Through the regional partnership team, work with local authorities to identify additional control measures and public health actions
5. Health Protection Teams to share this briefing note with Local Authority Directors of Public Health through the Regional Partnership Teams, and with NHS Regions for NHS Trusts and primary care providers.

Implications and recommendations for Local Authorities

Local Authority Directors of Public Health should note the concerns about B.1.351 and raise awareness amongst senior officers and elected members.

They should actively engage in multi-agency Incident Management Teams to implement public health actions required to respond to cases of the variant in their communities.

Case detection (through symptomatic and asymptomatic testing) and active contact tracing of cases is the most effective measure to reduce case numbers and drive down transmission in the community.

Implications and recommendations for healthcare providers (including hospitals and care homes)

Healthcare providers should be aware of the guidance on managing suspected or confirmed variant cases. <https://www.gov.uk/government/publications/sars-cov-2-voc-investigating-and-managing-individuals-with-a-possible-or-confirmed-case>.

Patients with a travel history or confirmed B.1.351 infections should be prioritised for isolation over other known or suspected COVID-19 variants.

All PCR positive samples from NHS laboratories should be sent for sequencing at the current prevalence of infection, through their local COG-UK site or PHE; this is particularly important for individuals with re-infection, post vaccine infection and those who are immunocompromised.

Information and resources

SARS-CoV-2 variants of concern and variants under investigation in England:

Technical briefing document [Investigation of novel SARS-CoV-2 Variants of Concern - GOV.UK \(www.gov.uk\)](#)

Variants: distribution of cases data: [Variants: distribution of cases data - GOV.UK \(www.gov.uk\)](#)

Advice on the investigation and management of patients who may be infected with a new SARS-CoV-2 Variant of Concern: [SARS-CoV-2 VOC and VUI: investigating and managing individuals with a possible or confirmed case - GOV.UK \(www.gov.uk\)](#)

Guidance on how 'surge testing' and genomic sequencing is being used in locations in England where COVID-19 variants have been identified: [Surge testing for new coronavirus \(COVID-19\) variants - GOV.UK \(www.gov.uk\)](#)