

SARS-Cov-2 Omicron Variant and Public Health**Dhar BK^{1*}, Ayittey FK², Hossain J³ and Sarkar SM⁴**¹Assistant Professor, Yantai University, Shandong, China²Curtin Malaysia Research Institute, Curtin University, Malaysia³Department of Pharmacy, State University of Bangladesh, Bangladesh⁴Researcher, YWCA, Washington, DC, USA***Corresponding author:**

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1. Short Communication

Globally, there are multiple strains of the coronavirus that causes coronavirus disease 2019 (Covid-19), the virus causing the severe acute respiratory syndrome. SARS-CoV-2 new variants [Alpha (B.1.1.7, United Kingdom, Sep-2020), Beta (B.1.351, South Africa, May-2020), Gamma (P.1, Brazil, Nov-2020), Delta (B.1.617.2, India, Oct-2020)] [1] have rapidly become dominant within their countries and have aroused concerns. Among the new variants, B.1.1.529 has become quite effective since being reported first to the WHO on 24 November 2021.

A preliminary analysis of B.1.1.529 indicates it contains multiple spike protein mutations and is highly infectious [2]. As opposed to other variants of concern (VOC), preliminary evidence indicates that this variant has a higher risk of reinfection. Nearly all provinces in South Africa are experiencing an increase in this variant. Omicron is the name of the variant (B.1.1.529), designated by the WHO as a VOC as a result of evidence presented that this variation had a detrimental effect on COVID-19 epidemiology.

On 11 November, there were 274 national daily cases in South Africa. A fortnight later, there were 1000. South Africa's Gauteng province is currently home to more than 80 percent of its cases. Though B.1.1.529 was first discovered in South Africa, it has also been discovered in Belgium, Botswana, Germany, Hong Kong, Israel, Italy, and the United Kingdom, indicating that the variant has already spread worldwide. The introduction and possible further spread of

Omicron could have a VERY HIGH impact if the Delta variant is resurgent in the EU/EEA [3, 4].

Based on concerns regarding immune escape and potential increased transmissibility, European Centre for Disease Prevention and Control (ECDC) has classified Omicron as a VOC [5]. To stop any potential spread of a new variant in Europe as well as the world, it is imperative that immunity gaps in the adult population be closed and equitable coverage throughout all countries and regions. In light of COVID-19 vaccination programs targeting unvaccinated or not fully vaccinated individuals, countries are urged to provide the highest priority. Increased vaccination coverage of COVID-19 should remain a priority for public health authorities, in particular for the elderly, vulnerable, and healthcare workers.

In order to prevent or delay the spread of the new variant, public health authorities should identify individuals with an epidemiological link to cases of the new variant or who have travelled to any areas known to be affected [6, 7]. In addition to detecting variants of concern early, genomic surveillance will also provide information about the epidemiological trends of this new variant, which will guide response strategies. To fight against Omicron and ensure a safer public health situation, proper face mask use, teleworking, reducing crowds on public transportation, providing an adequate amount of ventilation in enclosed spaces, and taking immediate hygiene measures should be implemented. Otherwise, the world will have to pay more again.

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