Changes to list of SARS-CoV-2 variants of concern, variants of interest, and variants under monitoring

ECDC reviews the variants list at least weekly and if changes are indicated, these are detailed here. When not listed, it indicates that the weekly review did not result in any changes.

20 January 2022
- Changed Transmission in EU/EEA for Omicron from Community to Dominant.
- Added references (5 references) for Evidence impact on severity for Omicron and changed assessment from Unclear to Reduced severity
- Changed footnotes for both Evidence on transmission and severity for Omicron

5 January 2022
- Changed Transmission in EU/EEA for Delta from Dominant to Community.
- Added references for Evidence impact on transmissibility and severity for Omicron
- Changed category annotations to increased, reduced, similar, unclear, or no evidence

13 December 2021
- Changed Transmission in EU/EEA for B.1.1.529 from Sporadic/Travel to Community.

3 December 2021
- Added reference for Evidence for impact on immunity for Omicron

26 November 2021
- Added B.1.1.529 as a variant of concern

25 November 2021
- Added B.1.1.529 as a variant of interest

11 November 2021
- Clarified the Description of the tables regarding categories within a category
- Re-classified AY.4.2 from a variant under monitoring to a variant of interest
- Added B.1.640 as a variant under monitoring
- Updated the list of references

20 October 2021
- Added B.1.617.2+ Q677H as a variant under monitoring
- Added AY.4.2 as a variant under monitoring
- Expanded B.1.617.2+E484Q monitoring to include all amino acid substitutions of position 484

8 October 2021
- Changed classification of B.1.620 from VOI to De-escalated variants
- Changed classification of AT.1 from VUM to De-escalated variants

3 September 2021
- Changed classification of B.1.1.7 (Alpha) and B.1.1.7+E484K from VOC to De-escalated variants
• Added WHO naming to C.1.2 (Mu).

26 Aug 2021
• Added B.1.617.2+E484Q as a variant under monitoring
• Added B.1.617.2+Q613H as a variant under monitoring
• Added clarification that listed lineages also include all sublineages unless otherwise specified
• Added links to the Pango lineage website, specific for each lineage.

29 July 2021
• Added C.1.2 as a variant under monitoring

22 July 2021
• Changed classification of C.37 (Lambda) from VUM to VOI. Added references to pre-print publications for evidence of impact on immunity for C.37.
• Added a new category of variants (De-escalated variants)
• Changed classification of B.1.427/B.1.429 (Epsilon) from VOI to De-escalated variants
• Changed classification of B.1.616 from VOI to De-escalated variants

24 June 2021
• Added B.1.617.2+K417N as a variant under monitoring

18 June 2021
• Added WHO naming to C.37 (Lambda)
• Added references on vaccine escape for B.1.617.2 (Delta)

03 June 2021
• Changed classification of B.1.617.3 from VOI to the variant under monitoring (VUM) category
• P.1+P681H added to the variant under monitoring (VUM) category

24 May 2021
• Changed classification of B.1.617.2 from VOI to VOC
• Added reference to pre-print for evidence for immunity for B.1.617.2
• Added reference to UK technical briefing 12 to evidence for B.1.617.2

20 May 2021
• Mutations affecting the S1 part of the spike protein S1/S2 junction domain (residues 613-705) have been added to the mutations of interest lists for each variant. The mutations of interest now include changes to spike protein residues 319-541 and 613-705, and any additional unusual changes specific to the variant.
• Changed Transmission in EU/EEA for B.1.617.2 from Sporadic/Outbreak to Community.
• Added reference to Public Health England technical briefing 11 to the evidence for increased transmissibility for B.1.617.2.
• Added reference to pre-print publications for evidence of impact on immunity for B.1.617.1.
• Added B.1.1.519 (first detected in Mexico) and AV.1 (first detected in the UK) to the monitoring category.

11 May 2021
• Added references to Public Health England technical briefings 9-10 to the evidence for increased transmissibility for B.1.617.2.