



in late January or early February 2020. Over a period of several months, the D614G mutation replaced the initial strain identified in China and by June 2020 became the dominant form of the virus circulating globally. Studies in human respiratory cells and in animal models demonstrated that compared to the initial virus strain, the strain with the D614G substitution has increased infectivity and transmission. The virus with the D614G substitution does not cause more severe illness or alter the effectiveness of existing laboratory diagnostics, therapeutics, vaccines, or public health preventive measures [8]. In August and September 2020, a variant linked to infection among farmed mink and subsequently transmitted to humans, was identified in North Jutland, Denmark. The variant, referred to as the cluster 5 variant by Danish authorities, has a combination of mutations not previously observed. Preliminary studies conducted in Denmark, suggests that this variant may result in reduced virus neutralization in humans, which could potentially decrease the extent and duration of immune protection following natural infection or vaccination. First, available information allows for the delineation of VOC B.1.617. B.1.617 viruses are divided in three lineages: B.1.617.1, B.1.617.2 and B.1.617.3. Available findings for lineages B.1.617.1 and B.1.617.2 were initially used to designate B.1.617 a global VOC on 11 May 2021. Since then, it has become evident that greater public health risks are currently associated with B.1.617.2, while lower rates of transmission of other lineages have been observed. To reflect this updated information, B.1.617 has been delineated as follows. B.1.617.2 remains a VOC and labelled variant delta – this variant showed increased transmissibility and a growing number of countries reporting outbreaks associated with this variant. Further studies to assess the impact of this variant remain a high priority. B.1.617.1 has been reclassified to a VOI and labelled variant kappa – while also demonstrated increased transmissibility (in specified locations), global prevalence appears to be declining. This variant will continue to be monitored and reassessed regularly. B.1.617.3 is no longer classified as either a VOI or VOC – relatively few reports of this variant have been submitted to date [9]. Second, variant B.1.616, which was first detected in France following investigations into an unusual cluster of cases in a hospital, is no longer classified as a VOI. Local authorities have reported that the outbreak has been controlled and no further detections within or outside of France have been reported since late-April 2021. Further local and regional monitoring remains prudent, given B.1.616 was associated with potential increased disease