

Indicator	RAG*	Confidence	Assessment and rationale
Transmissibility between humans			Insufficient information This variant includes the furin cleavage site mutation P681H seen in Alpha and postulated to be related to transmission. There are no <i>in vitro</i> data at present related to transmission. VUI-21JUL-01 has transmitted successfully in South America, even whilst Alpha was present, and is showing spread in both the Americas and Europe, but as far as can be ascertained this is not particularly rapid. At present there is no evidence that VUI-21JUL-01 is outcompeting the Delta variant and it appears unlikely that it is more transmissible.
Infection severity			Insufficient information There are no data available. There are a very small number of hospitalised cases in the UK.
Naturally acquired immunity		LOW	Experimental evidence of evasion of naturally acquired immunity This variant contains mutations associated with antigenic change, including E484K. The clade more prevalent in the UK also has K417N, so the mutation profile has similarities with Beta. There is evidence of reduction in neutralisation with convalescent sera from individuals with previous Delta infections in the UK.
Vaccine-derived immunity		LOW	Experimental evidence of evasion of vaccine derived immunity There are no real-world data on vaccine effectiveness. Pseudovirus data from the UK indicates a reduction in neutralisation by vaccinee sera, which is at least as great as that seen with Beta. It is noted that there were high neutralising titres in a small number of sera tested from individuals who were fully vaccinated and had recent Delta infection.
Overall assessment of level and nature of risk, and level of confidence			Laboratory findings for VUI-21JUL-01 are so far similar to Beta, which raises the possibility that it may manifest similar immune escape properties. The level of threat from such a variant depends on its growth and expansion. There is very low certainty around growth estimates at present, however in the current context there is no indication that it is out-competing Delta. Immune escape may contribute to future changes in growth. Epidemiological effects, such as importation and spreading events, may also influence whether it becomes established in the UK. The priority investigations are live virus neutralisation with further convalescent and vaccinee sera, laboratory assessments of fitness, and continued assessment for early warning signals of growth.

The therapeutics risk assessment is under review for all variants and is not included.

* Refer to scale and confidence grading slide.