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Contents lists available at ScienceDirect

Journal of Pediatric Nursing

journal homepage: www.pediatricnursing.org

The effects of the silence on south African children and adolescents against a global alert on the newly identified coronavirus variant: Omicron



The discovery of a new variant of the coronavirus potentially more communicable by South African health authorities has sparked concern for poor, marginalized, and anonymous children and adolescents in countries with a strong tendency towards vulnerability and social risk (Brasil et al., 2021). In this context, the World Health Organization – WHO (2021) designated the newly identified variant of the coronavirus, B.1.1.529, as Omicron. In addition to South Africa, the newly identified variant has been detected in Botswana, Hong Kong, Belgium, and recently the UK. As children and adolescents in South Africa, due to the precarious conditions in which they live and the health crisis that surround them, signal a global alert, as they feel more quickly, deeply, and prolonged the effects that the variant can cause, resulting in immune evasion. As the variant is spreading very fast and acting differently, it is proving to be more contagious than even the Delta (Centre for Disease Control – CDC, 2021) variant. In this sense, this variant is considered as worrying in the spaces of conflicts and its repercussions on the financial difficulties of families, as it expresses a problem of multidimensional poverty, where the position of children and adolescents face levels of responses, reactions, effects, confrontations in the systems and social protection and health programs (Genomic Surveillance of SARAS-CoV-2 in Belgium, 2021). Therefore, there is a concern in children and youth spaces that this variant may have higher potential than previous variants.

The new version of the virus was detected on November 22 in Gauteng province, whose capital is Johannesburg. The new variant carries a series of mutations that have already been seen but not matched. Seeing them together is what elevates it to being a variant under surveillance. Not so much because there is data that it is actually more transmissible or puts the immune system at risk, but due to what it may have the potential to do so (El Pais, 2021). The National Institute of Infectious Diseases of South Africa said, on Friday, that no unusual symptoms related to cases of the variant had been detected. What is happening now is inevitable, it is the result of the world's failure to vaccinate equitably, urgently and quickly. It is the result of the accumulation [of vaccines] by the world's high-income countries, and quite frankly, it is unacceptable (African Union, 2021). Children and adolescents may complain mainly of body aches and tiredness, extreme tiredness (BBC News, 2021). The mutation profile is worrying, but now we need to understand the meaning of this variant and what it means for the health of children and adolescents (Callaway, 2021). Even as the South African variant becomes more widespread and dominant, it is important that the mRNA (Pfizer–BioNTech and Modern) and adenovirus vector (Oxford–Astrazeneca and Russian Sputnik V) vaccines can be modified to be more suitable and effective against this variant in a few months.

The 'South African variant' carries a mutation in the spike protein called E484K, which is not present in the 'UK strain'. The E484K mutation has been shown to reduce antibody recognition (Aljazeera, 2021; Centre for Disease Control – CDC, 2021). We urgently need a properly informed debate. The global appeal is in terms of vaccinations in the African region, particularly that vaccines are distributed there because, as we know, the variants do not stay in one country. Before detecting the new variant, authorities predicted a fourth wave to hit South Africa. It is paramount to reflect that South Africa has the highest number of pandemics in Africa, with approximately 2.95 million cases, of which 89,657 were fatal (Aljazeera, 2021).

The National Institute of Communicable Diseases of South Africa extended COVID-19 vaccination to adolescents aged 12 to 17 years. For the week of 10 to 16 October 2021, this age group accounted for 14.7% of newly reported cases of COVID-19, compared to a peak of about 20% midway through the third resurgence. In the middle of October, children aged 10 to 19 years accounted for 9.2% of all COVID-19 cases reported since the start of the pandemic. It is particularly important for adolescents with underlying illnesses – such as diabetes, cancer, HIV, and obesity 10. In this context, adolescents with these underlying illnesses are at greater risk of death from COVID-19 compared to adolescents without underlying illnesses. These underlying conditions accounted for 22% of adolescents admitted to the hospital with COVID-19, but 60% of those who died from it (African Union, 2021; Aljazeera, 2021; National Institute for Communicable Diseases –NICD, 2021).

We must provide visibility to these children and adolescents who are victims of different experiences, located at the intersection of a series of markers that produce inequality and asymmetry in the health/disease relationships. *The structural injustice facing this group raises an important place in the production of scientific knowledge. What would be the real truth?*

Funding

School of Medicine Estácio/FMJ from Juazeiro do Norte (Productivity Scholarship Program) and Brazilian National Council for Scientific and Technological Development (CNPq) – institution linked to the Brazilian Department of Science, Technology and Innovation to encourage research in Brazil.

Conflict of interests

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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Acknowledgments

The authors would like to thank the School of Medicine Estácio/FMJ from Juazeiro do Norte (Productivity Scholarship Program).

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