

Omicron and the Role in Children

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To the Editor

Omicron (B.1.1.529) was first reported by the South African Department of Health on November 24, 2021, and was declared a “variant of concern” (VOC) by World Health Organization (WHO) on November 26, 2021. Phylogenetic studies show that Omicron arose independently of the currently dominant Delta variant. It has an unusually high number of approximately 30 amino acid changes in the spike protein compared to the original severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) from Wuhan, including those with known phenotypic impact (increase in transmission, immune evasion, and transmissibility), but also many mutations whose significance is unclear. The variant has already been detected in several countries worldwide, including Germany [2, 3]. Three thousand one hundred ninety-eight coronavirus disease 2019 (COVID-19) cases are assigned to Omicron to date (December 23, 2021). This represents a 34% increase in cases (+810 cases) from the previous day. To date of December 8, 2021, only 15 cases of Omicron infections were determined from the Robert Koch Institute in Berlin (EU/EEA total 337 cases) and on December 23, 3,198 infections with Omicron variants (VOC) [1]. Concerning the age of children infected with Omicron, 66 cases were found in 0 - 4 years old, 288 cases in 5 - 14 years old and 1,501 infected patients from 15 to 34 years (till December 23, 2021) [1]. Reinfections with Omicron were found in two patients (5 - 14 years old age group) [1]. No Omicron infection in child was fatal in any case till Christmas 2021 [1]. So far, the variant is not known to be more contagious. The number of infected persons and thus also of children will increase dramatically. However, it is not yet clear whether Omicron also leads more frequently to severe courses of disease. Even if Omicron makes people less ill, it is still possible that, in absolute terms, more children will end up needing to be hospitalized than is the case now, simply because of the high number of infected people. The statement by Health Minister Karl Lauterbach that the Omicron variant is particularly dangerous for children and would lead to high hospitalization rates is obviously not supported by facts. Lauterbach is appar-

ently referring to a study from South Africa and its reception in Indian media. According to virologist Klaus Stohr, with whom the Berliner Zeitung spoke on the subject, the study was pre-published on December 5 and then excerpts were also presented at a meeting of the WHO on December 7 (WHO announcement here: “Omicron spreading, but number of severe cases in South Africa remains low”). The very limited data from the study would suggest that the course of the disease may well be milder. This is concluded because very many patients, including many children and adolescents, tested positive for corona only at the hospital on admission but were actually admitted for other reasons. The New York Times reported that. The proportion of asymptomatic and mild disease was therefore apparently much higher than in previous waves, according to initial observations. The portrayal that children were more affected by Omicron misses the data. The Indian media are also very cautious about drawing conclusions. The current data worldwide do not yet say anything reliable about the dangerousness of the variant or the degree of hospitalization. In conclusion, Omicron is a new viral variant with an unpredictable outcome. Time will show further severity in the pediatric population.

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Conflict of Interest

None to declare.

Data Availability

The authors declare that data supporting the findings of this study are available within the article.

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