

HEALTH

New XEC COVID-19 variant expected to become the dominant strain soon. What we know

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Editor's note: this story was updated to add new info about the availability of the 2024-2025 COVID-19 vaccine.

Following a COVID-19 surge this summer, a new variant is increasing in transmission as we approach flu season this fall.

As you plan holiday travel and schedule your upcoming vaccinations, here's what you need to know.

COVID transmission in recent months

“FLiRT,” a family of different variants – including KP.2, JN1.7 and any other variants starting with KP or JN – that appear to have independently picked up the same set of mutations, was the most circulated COVID variant this summer, according to the Johns Hopkins Bloomberg School of Public Health, before KP.3.1.1, known as deFLuQE, took over as the dominant variant.

The Centers for Disease Control and Prevention's Nowcast tracker shows that deFluQE accounts for more than half of COVID-19 cases in the United States as of Sept. 14, but experts now have their eyes on variants XEC and MV.1, which they believe will become the next dominant strains.

What is the XEC COVID variant?

XEC was first identified in Germany in June and has since been spotted in the U.S., Denmark, France, the Netherlands, Canada and the U.K., according to Mike Honey, a data integration specialist.

Newsweek reports that XEC is a rearrangement of the two “little-discussed” preexisting variants of KP.3.3 and KS.1.1. KP.3..3 belongs to the FLiRT variant group, along with the current dominant strain KP.3.1.1.

XEC has yet to be tracked by the CDC because it does not account for at least 1% of cases nationally, which must be the case for two weeks before the CDC includes it in its data, said Newsweek.

Experts who spoke with the publication said that while they remain cautious of the variant, it may be weeks or months away from “really taking hold.”

Scripps Research’s mutation tracker reported at least 26 cases of XEC detected in the U.S. as of Sept. 3.

Available soon: Free COVID-19 tests will be back at end of September

What is the MV.1 COVID variant?

Honey also reported that variant MV.1, first recorded in Maharashtra, India, in late June has spread to nine other countries, including the U.S. MV.1 cases in the U.S. have mostly been reported in the Northeast, according to Honey.

MV.1 is descended from Jn.1.49 by way of MB.1.1.1, according to Honey, who adds that MV.1 is growing just slightly slower than XEC’s global pace.

Fall 2024 COVID vaccine

In the spring, public health officials like the World Health Organization and the Food & Drug Administration were brainstorming the formula for updated vaccines that will be available in the coming fall, using recent infection rate information and research to determine the best virus strain to target. New variants can, and are likely to, pop up after a vaccine recommendation is made, but the overall goal of the vaccine is to match as many circulating variants as closely as possible.

In early June, the FDA and the WHO announced vaccine guidance for the fall 2024 COVID-19 vaccine.

The FDA reported a decrease in the effectiveness of the 2023-2024 COVID-19 vaccine formula, the vaccine still available to the public, against COVID-19 caused by JN.1 lineage viruses.

“Available data suggest that updating the current formula of COVID-19 vaccines to more closely match currently circulating JN.1 lineage viruses is warranted for the anticipated 2024-2025 respiratory virus season in the U.S.,” the FDA said.

The 2024-2025 COVID-19 vaccine was approved on August 22 by the FDA and is now available.

What to do if you are behind on COVID vaccinations

As the virus “continues to circulate and evolve with important genetic and antigenic evolution of the spike protein,” the WHO advises using a monovalent JN.1 lineage as the antigen in upcoming formulas of the COVID-19 vaccine.

The CDC recommended on Sept. 11 that everyone get an additional dose of the 2024-2025 COVID-19 vaccine if they last received one in the fall, especially if they belong to an at-risk group.

Children aged 6 months to 4 years old may need multiple doses of the vaccine to be up to date, including at least one dose of the updated 2024-2025 vaccine. Everyone aged 5 years old and older should get one dose of an updated COVID-19 vaccine.

People who are moderately or severely immunocompromised may get additional doses of the updated vaccine.

The agency adds that there is no “preferential recommendation” for one COVID-19 vaccine over another. Pfizer-BioNtech, Moderna and Novavax all have updated versions of the vaccine and are safe for use.

Got a tip or a story idea? Contact Krys'tal Griffin at kgriffin@delawareonline.com.