#### **NGS-SA SARS-CoV-2 Sequencing Update**

### 29 July 2021

#### Network for Genomic Surveillance South Africa (NGS-SA)



Prepared by the National Institute for Communicable Diseases (NICD) of the National Health Laboratory (NHLS) on behalf of the Network for Genomics Surveillance in South Africa (NGS-SA)

#### **Network for Genomic Surveillance in South Africa (NGS-SA)**



Department:



The genomic data presented here are based on South African SARS-CoV-2 sequence data downloaded from GISAID (www.gisaid.org) on 29 July at 08h15



Data license: https://www.gisaid.org/registration/terms-of-use/

Elbe, S., and Buckland-Merrett, G. (2017) Data, disease and diplomacy: GISAID's innovative contribution to global health. Global Challenges, 1:33-46. DOI: 10.1002/gch2.1018 PMCID: 31565258

Shu, Y., McCauley, J. (2017) GISAID: Global initiative on sharing all influenza data – from vision to reality. EuroSurveillance, 22(13) DOI: 10.2807/1560-7917.ES.2017.22.13.30494 PMCID: PMC5388101

# Variants of Concern (VOC)

WHO label	Pango lineages	GISAID clade	Nextstrain clade	Additional amino acid changes monitored*	Earliest documented samples	Date of designation
Alpha	B.1.1.7	GRY	20I (V1)	+S:484K +S:452R	United Kingdom, Sep-2020	18-Dec-2020
Beta	B.1.351 B.1.351.2 B.1.351.3	GH/501Y.V2	20H (V2)	+S:L18F	South Africa, May-2020	18-Dec-2020
Gamma	P.1 P.1.1 P.1.2	GR/501Y.V3	20J (V3)	+S:681H	Brazil, Nov-2020	11-Jan-2021
Delta	B.1.617.2 AY.1 AY.2	G/478K.V1	21A	+S:417N	India, Oct-2020	VOI: 4-Apr-2021 VOC: 11-May-2021

https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/ accessed 29 July 2021

\*Notable spike (S) amino acid changes under monitoring, which are currently reported in a minority of sequenced samples

# **Currently designated Variants of Interest (VOI)**

WHO label	Pango lineages	GISAID clade	Nextstrain clade	Earliest documented samples	Date of designation
Eta	B.1.525	G/484K.V3	21D	Multiple countries, Dec-2020	17-Mar-2021
lota	B.1.526	GH/253G.V1	21F	United States of America, Nov-2020	24-Mar-2021
Карра	B.1.617.1	G/452R.V3	21B	India, Oct-2020	4-Apr-2021
Lambda	C.37	GR/452Q.V1	21G	Peru, Dec-2020	14-Jun-2021

https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/ accessed 29 July 2021

### Number of South African genomes deposited on GISAID, by specimen collection week, 2020 and 2021 (N=12 661\*, downloaded 28 July)



\*This represents the cleaned, de-duplicated dataset of unique sequences. This dataset will be used for all further figures.

### GISAID genomes vs total cases, 2020 and 2021 (N=12 661)



### All provinces, apart from Gauteng (less) and KZN (more), have a similar percentage of overall cases as overall sequenced genomes.

Case data from https://www.nicd.ac.za/wp-content/uploads/2021/07/COVID-19-Weekly-Epidemiology-Brief-week-28-2021.pdf

### South African genomes submitted per sequencing lab, 2020 and 2021 (N=12 661)



Multiple labs from NGS-SA are contributing to the sequencing effort. Sequencing efforts have increased with the third wave.

#### Distribution and number of clades in South Africa, 2021 (N=6 631)



Alpha, Delta and Eta variant frequency increasing as of the beginning of May (epi-week 18, 2 May). Delta becoming dominant by end of June (340/439, 77% in week 24; 347/398, 87% in week 25; 354/384, 92% in week 26; 126/134, 94% in week 27 – excluding unassigned sequences)

#### Prevalence of Variants of Concern (VOC) and Variants of Interest (VOI) in May 2021 sequences, South Africa (N=1 025)



Beta variant dominated in May in South Africa

#### Prevalence of Variants of Concern (VOC) and Variants of Interest (VOI) in June 2021 sequences, South Africa (N=1 904)



Delta variant dominated in June in South Africa

#### Prevalence of Variants of Concern (VOC) and Variants of Interest (VOI) in July 2021 sequences, South Africa (N=417)



Delta variant appears to dominate in July in South Africa so far, but more high quality sequence data is required to confirm this

diversity

#### Genomes sequenced from specimens collected in May – July 2021



#### Genomes sequenced from specimens collected in May – July 2021



All provinces with good sequencing coverage show a similar trend: Delta is present at low frequency in May, but rapidly increases to become dominant by June.

Delta has been detected in the latest epiweek for which data is available in all provinces. More high quality data is needed to fully establish levels of dominance in some provinces.

#### Genomes sequenced from specimens collected in May – July 2021 from KwaZulu-Natal, Gauteng, Western Cape Provinces



Beta dominates in all provinces in May, however following its detection in week 18, Delta rapidly begins to dominate in all three provinces by mid-June

#### Genomes sequenced from specimens collected in May – July 2021 from Eastern Cape, Limpopo and North-West Provinces



#### Delta variant dominating in Eastern Cape, Limpopo and North-West Provinces

#### Genomes sequenced from specimens collected in May – July 2021 from Free State, Mpumalanga and Northern Cape Provinces



#### Recent data is required from these provinces to estimate the dominance of Delta

# Gauteng Province, 2021, n = 2 138



# KwaZulu-Natal Province, 2021, n = 1 103





# Western Cape Province, 2021, n = 998



# Eastern Cape Province, 2021, n = 671





# Limpopo Province, 2021, n = 380





# Mpumalanga Province, 2021, n = 301



# Northern Cape Province, 2021, n = 355



# North West Province, 2021, n = 298



### Free State Province, 2021, n = 309



### C.1 (n=19) in May, June and July 2021 by epiweek

Total number of C.1 for each epiweek indicated above bar



C.1 continues to be detected in GP and has now been detected in WC at the most recent timepoint (epiweek 28, July 14<sup>th</sup>)

# Summary

- In June, Delta increases significantly and dominates in most provinces with recent data available.
- Delta remains dominant in July, but additional sequencing data required to confirm these estimates.
- Variant diversity appears to have decreased with the dominance of Delta.
- C.1 lineage continues to be detected in Gauteng and has now also been detected in WC.

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#### NICD COVID-19 response team COVID Incident Management Team



#### Department: Health REPUBLIC OF SOUTH AFRICA



#### science & technology

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# Multi-institute, multi-disciplinary NGS team

#### Network for Genomic Surveillance in South Africa (NGS-SA)



#### **Contributors of samples to NICD:**

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- Diagnostic laboratory staff

# Submission of routine specimens for sequencing

- representative of multiple geographic regions (provinces/districts/health facilities) from individuals of
  - all ages
  - over as many time periods during the SARS-CoV-2 epidemic in South Africa
- requested that testing laboratories in both the private and public sectors, submit respiratory samples to the NICD (or their closest NGS-SA sequencing laboratory\*) on a routine basis (ideally every week) as follows, depending on the capacity of the testing laboratory:
  - All positives samples should be sent every week (NICD will perform random sampling as described below) OR
  - A weekly selection of approximately 10%-20% of randomly selected positive samples should be sent every week. Number of selected samples will depend on the size of laboratory and how many other laboratories are drained by the submitting laboratory.

# Submission of special interest specimens for sequencing

In addition to routine samples mentioned above, please send specimens separately to above and clearly marked if:

- Suspected vaccine breakthrough (≥14 days after vaccine), especially if hospitalised and clinically severe
- Suspected re-infection (≥90 days after previous episode), especially if hospitalised and clinically severe
- Prolonged shedding with high SARS-CoV-2 viral loads (i.e. Ct values less than 30 for more than 1 month post-primary diagnosis) in immunocompromised individuals
- Possible animal-to-human transmission
- Suspected cases of importation from another country, especially countries known to harbour SARS-CoV-2 variants of concern or countries with little available information
- Clusters of "unusual" cases (e.g., in terms of disease presentation, patient groups affected, etc.)