

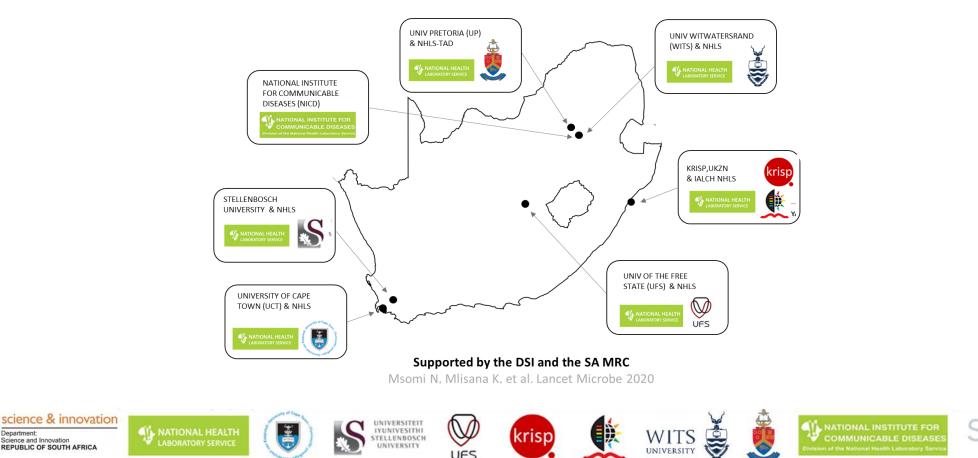
Department

Science and Innovation

REPUBLIC OF SOUTH AFRICA

Network for Genomic Surveillance South Africa (NGS-SA)

SARS-CoV-2 Sequencing Update **30 September 2021**



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)

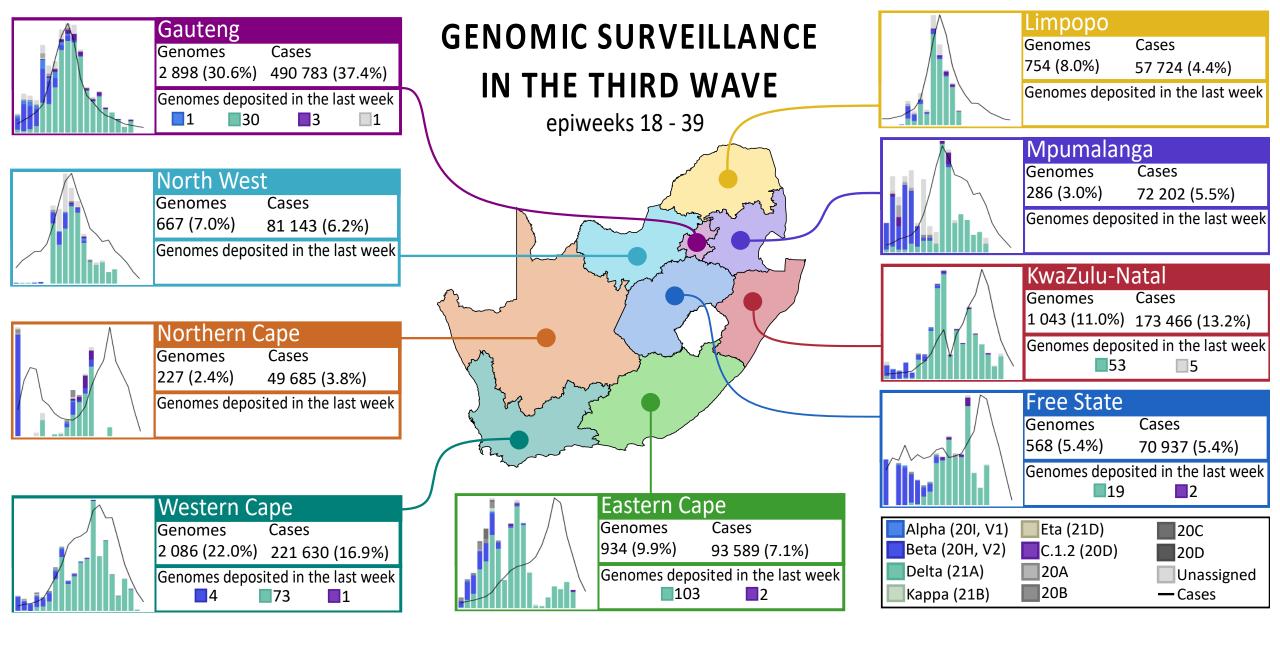
The genomic data presented here are based on South African SARS-CoV-2 sequence data downloaded from GISAID (www.gisaid.org) on 30 September at 09h00



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

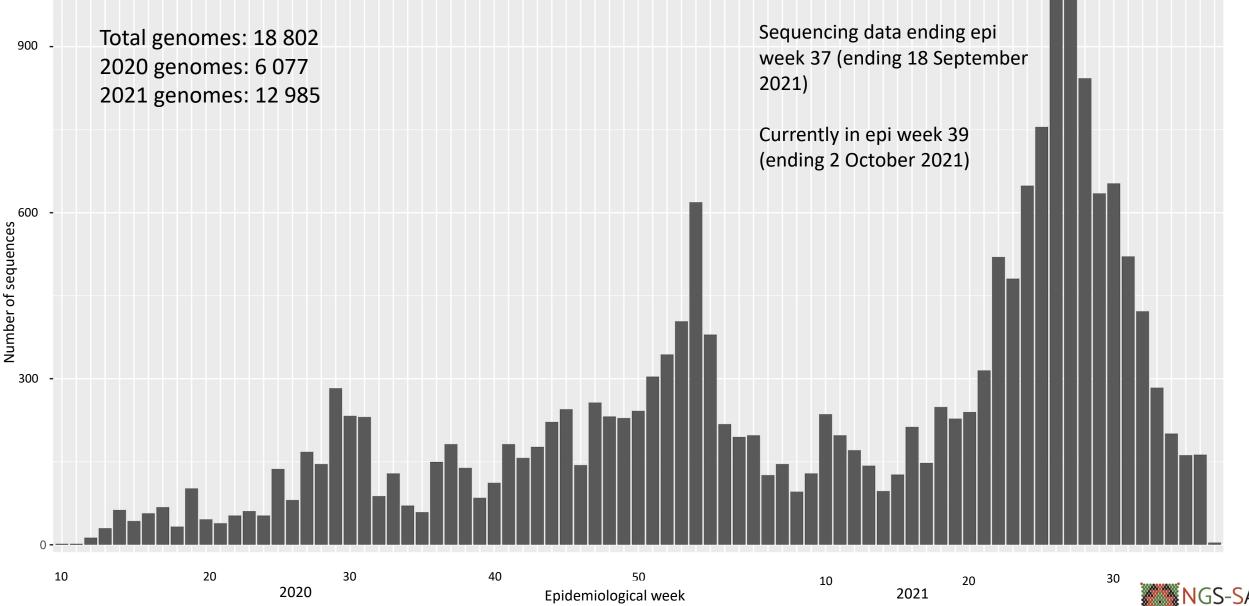
Case data is based on collection date. Case from https://www.nicd.ac.za/diseases-a-z-index/disease-index-covid-19/surveillance-reports/weekly-epidemiological-brief/





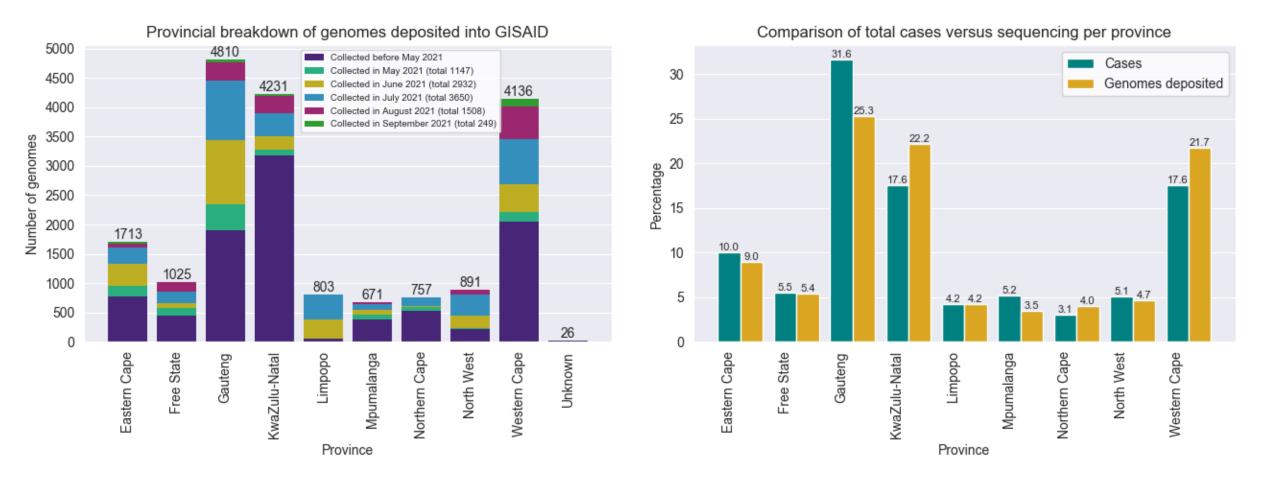
Bar graphs represent genomes sequenced per epiweek, with lines representing cases by collection date (weeks 18 – 39) Genomes and cases presented as provincial total (percentage of national total) for epiweeks 18 - 39

Number of South African genomes deposited on GISAID, by specimen collection week, 2020 and 2021 (N=19 063*)



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

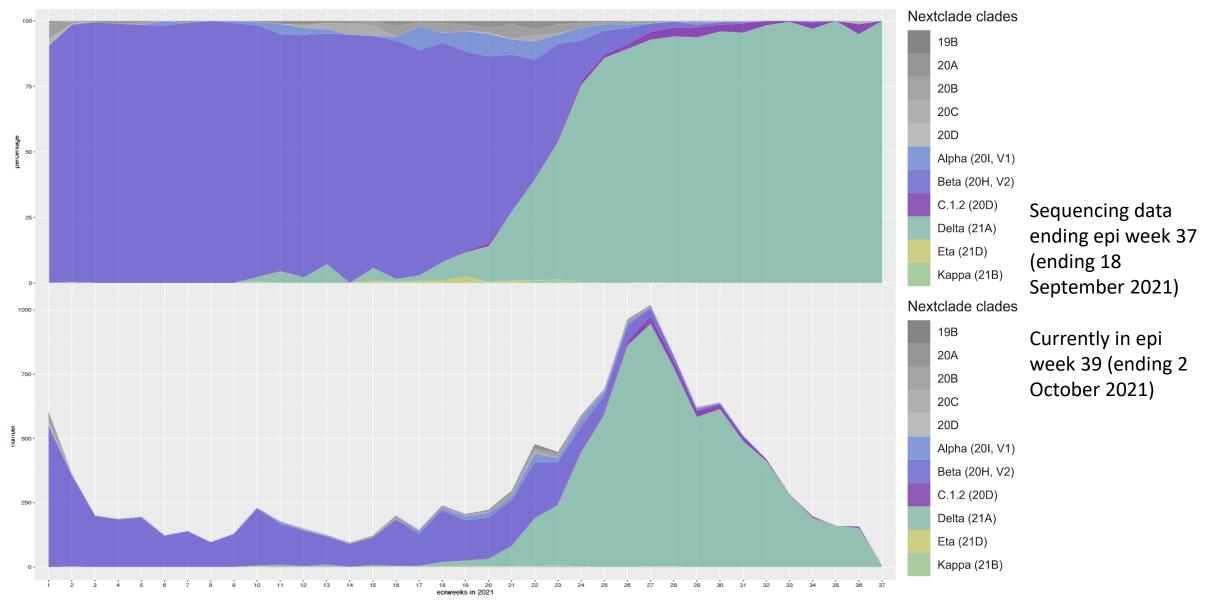
GISAID genomes vs total cases, 2020 and 2021 (N=19 063)



All provinces, apart from GP, KZN, and WC, have comparable percentage of overall cases and overall sequenced genomes



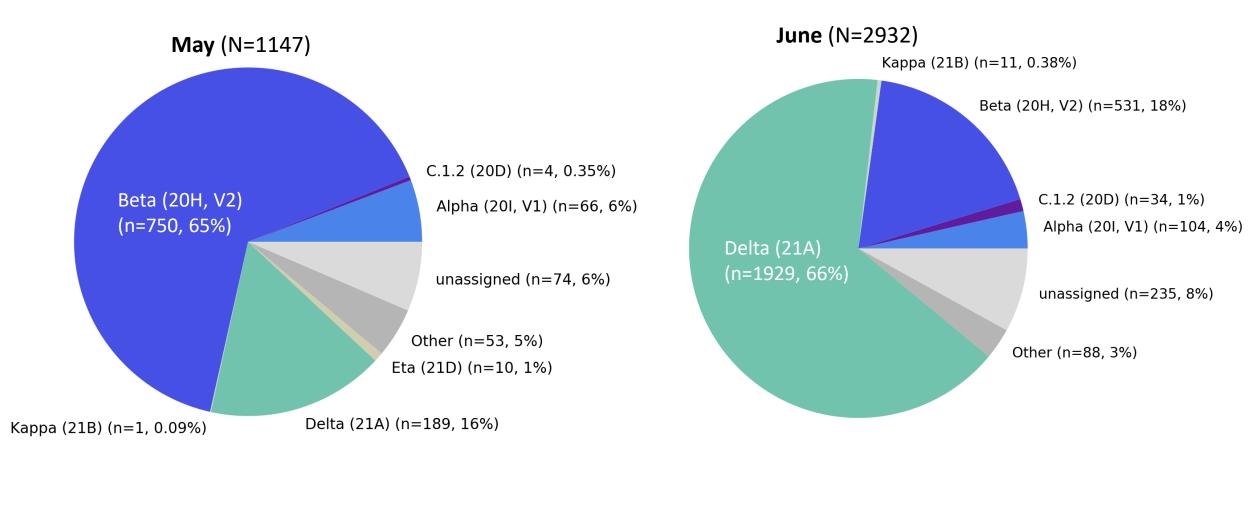
Distribution and number of clades in South Africa, 2021 (N= 12 985)



Delta came to dominate by end June at >65% , in July at >85% and in August and September at >90% C.1.2 present at <4% frequency since March



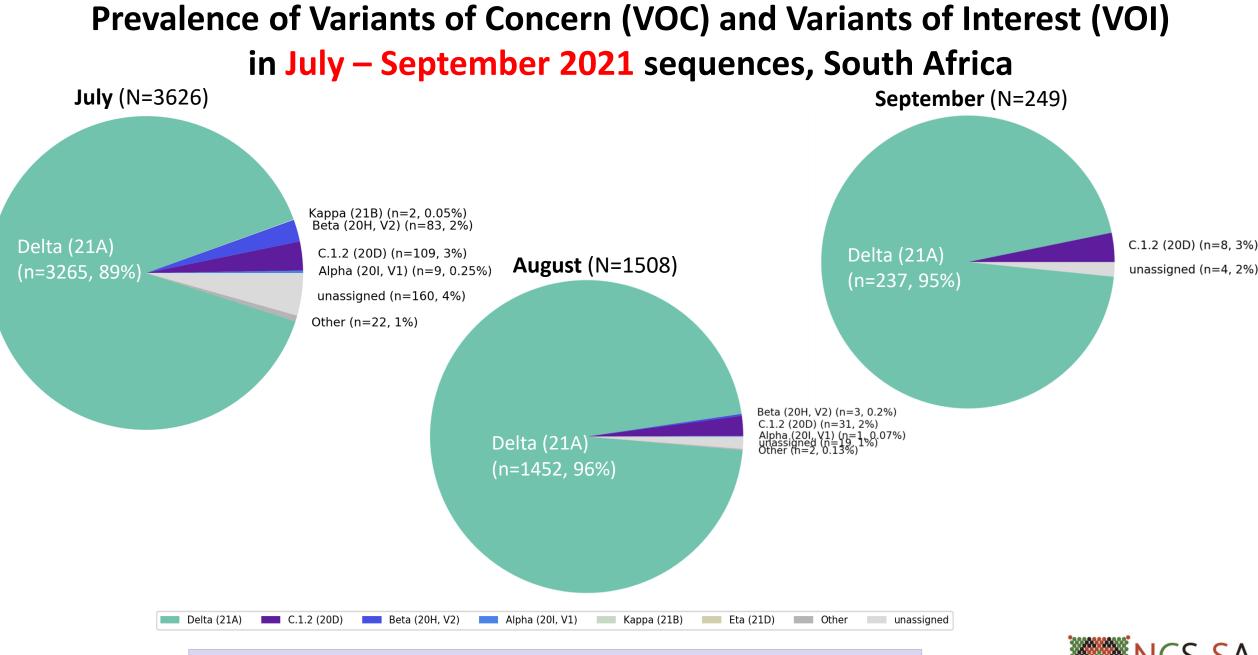
Prevalence of Variants of Concern (VOC) and Variants of Interest (VOI) in May and June 2021 sequences, South Africa



💶 Delta (21A) 🔲 C.1.2 (20D) 💶 Beta (20H, V2) 💶 Alpha (20I, V1) 🔤 Kappa (21B) 🔲 Eta (21D) 🔲 Other 💷 unassigned



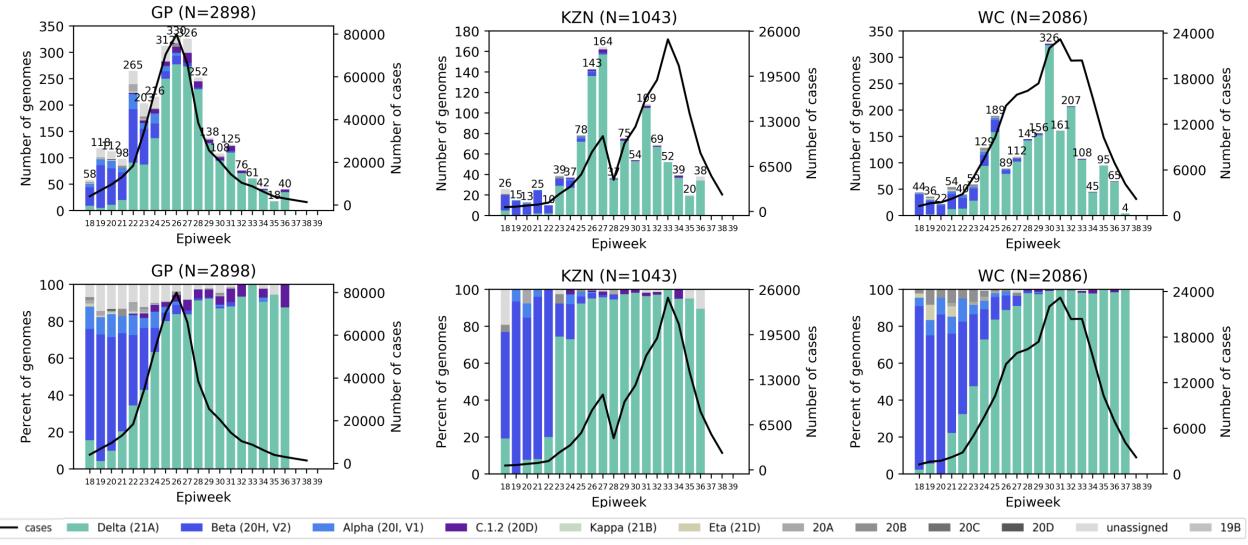
Beta variant dominated in May, but the Delta variant started to dominate in June



The Delta variant dominated in July and August in South Africa.



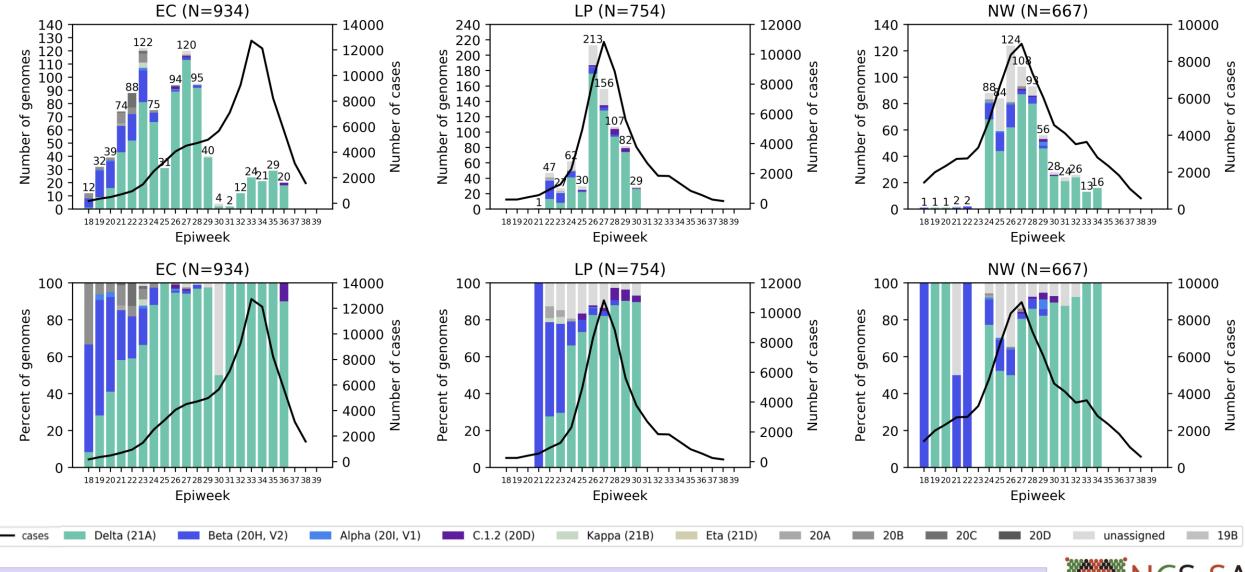
Genomes sequenced from specimens collected in May to mid-August 2021 (epiweeks 18 – 39) from KwaZulu-Natal, Gauteng, Western Cape Provinces



Delta dominates the third wave in Gauteng, KwaZulu-Natal and Western Cape provinces



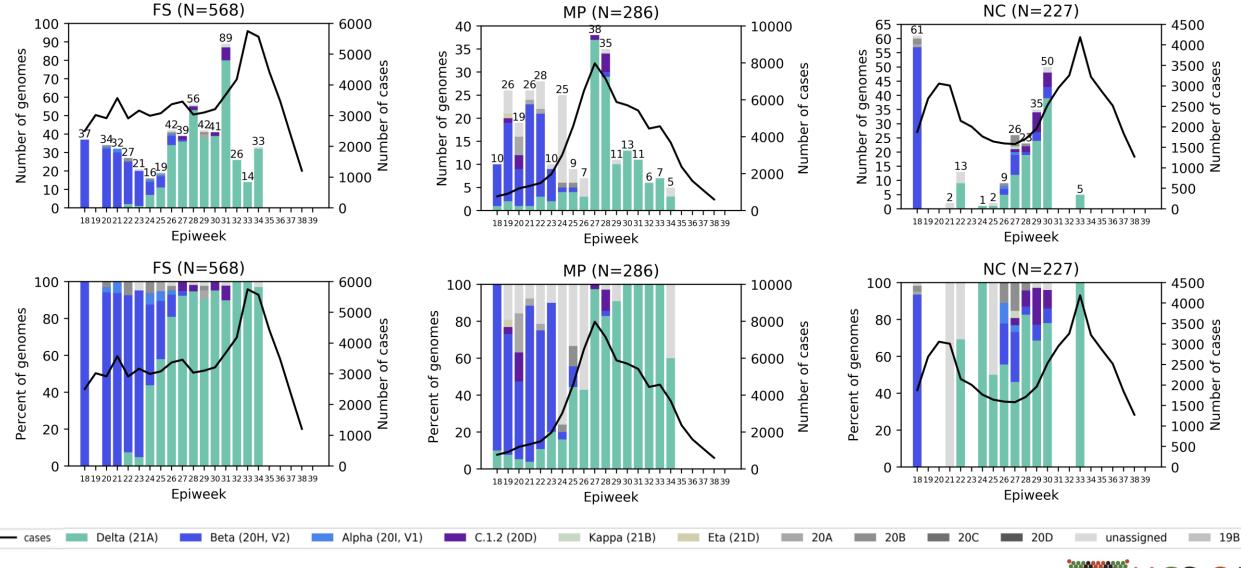
Genomes sequenced from specimens collected in May to mid-August 2021 (epiweeks 18 – 39) from Eastern Cape, Limpopo and North-West Provinces



Delta variant dominates the third wave in Eastern Cape, Limpopo and North-West Provinces



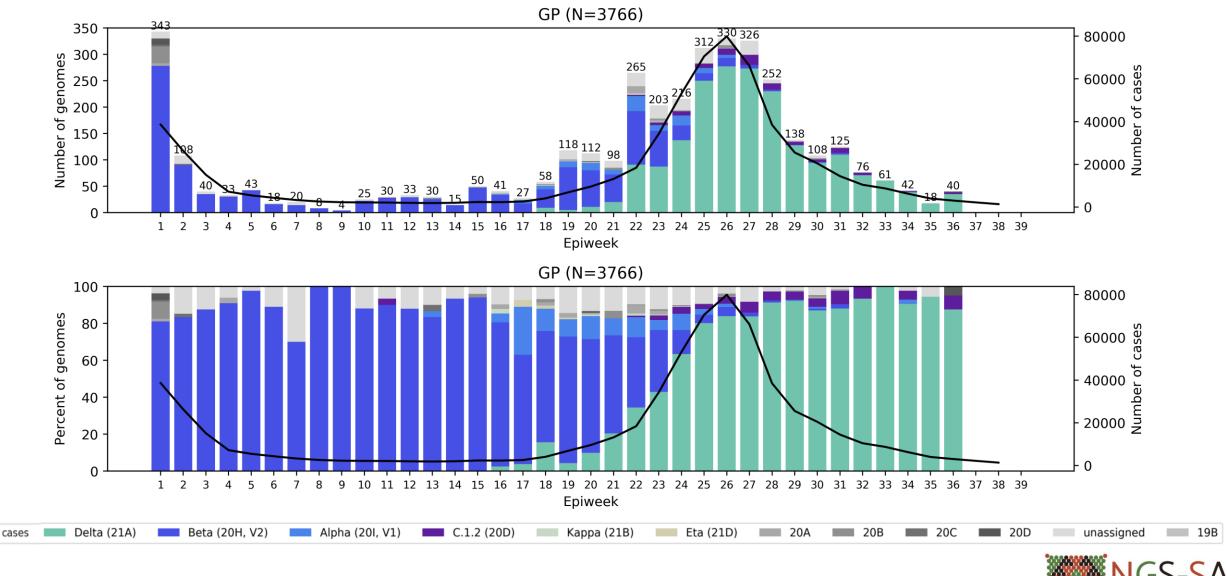
Genomes sequenced from specimens collected in May to mid-August 2021 (epiweeks 18 – 38) from Free State, Mpumalanga and Northern Cape Provinces



Delta dominates the third wave in Free State, Mpumalanga and Northern Cape provinces

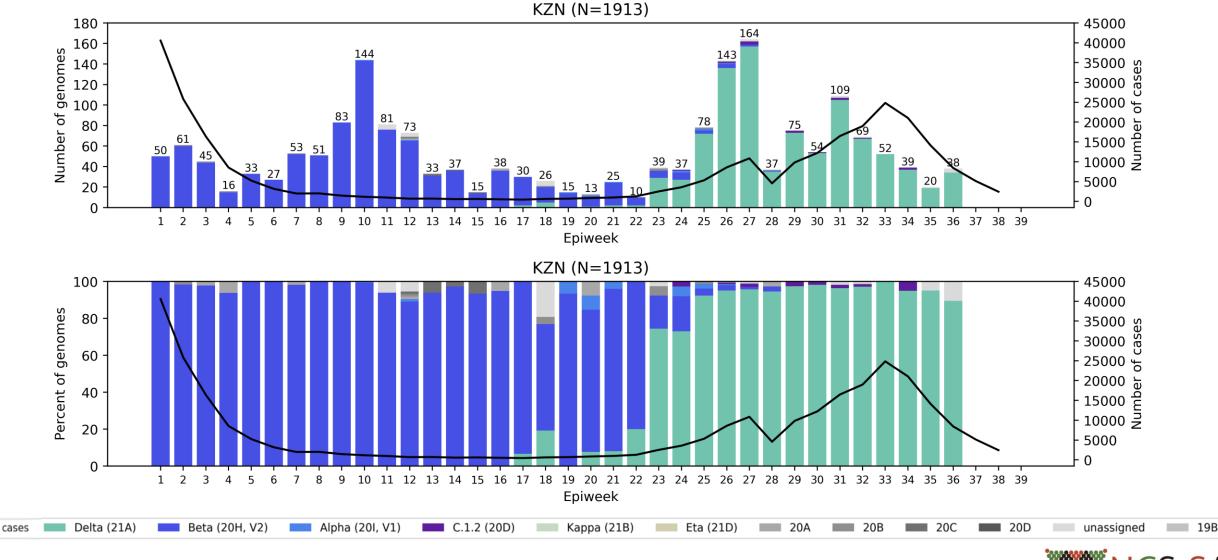


Gauteng Province, 2021, n = 3562

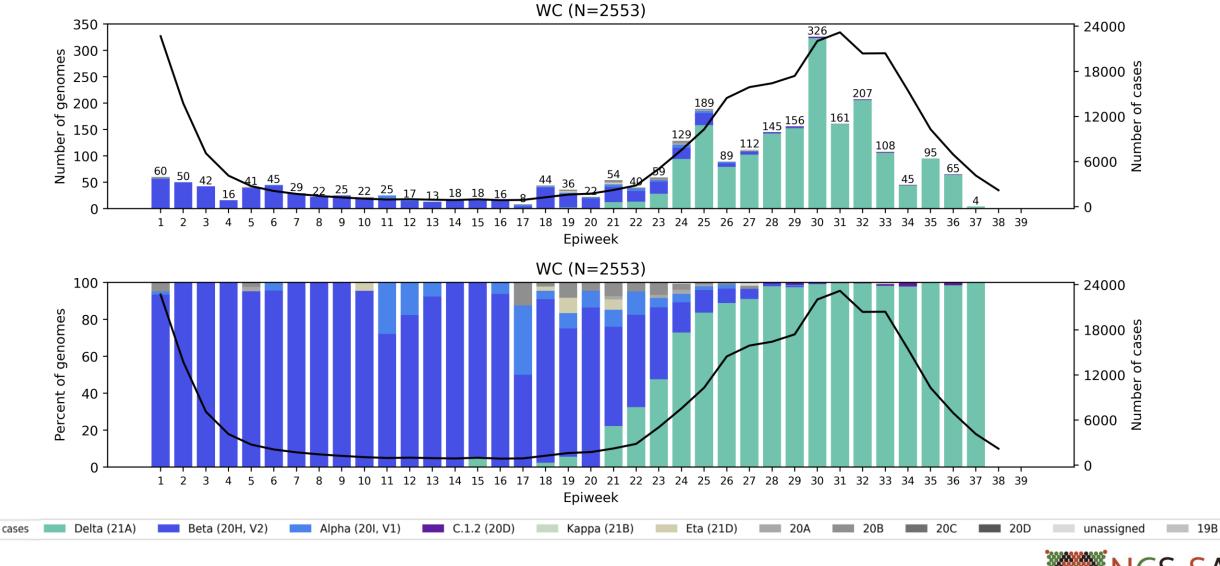


Surveillance in South Africa

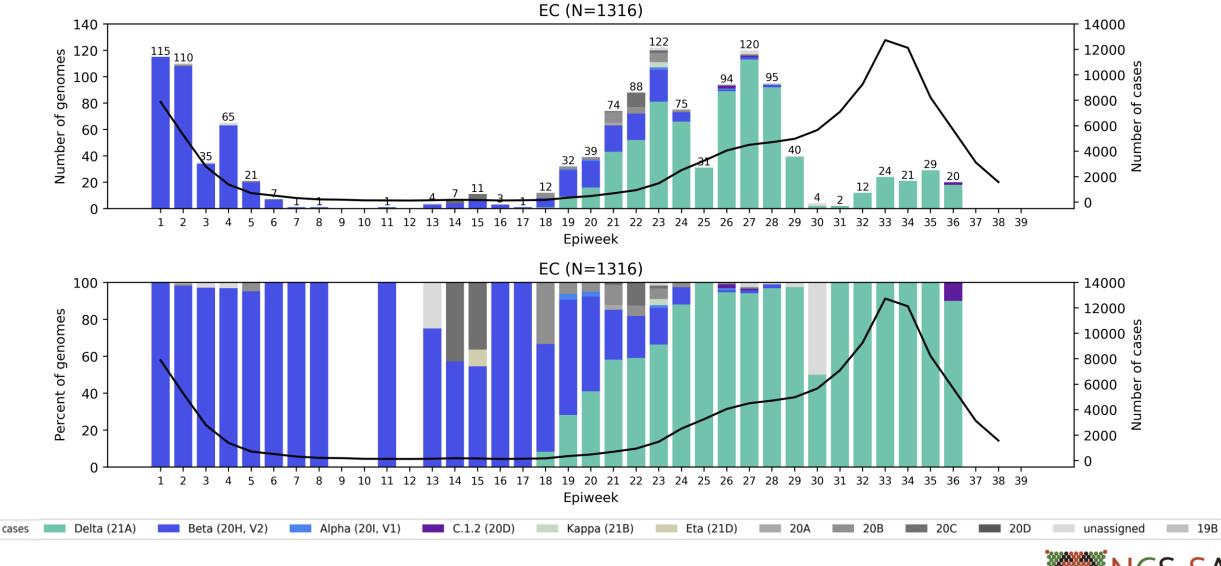
KwaZulu-Natal Province, 2021, n = 1913



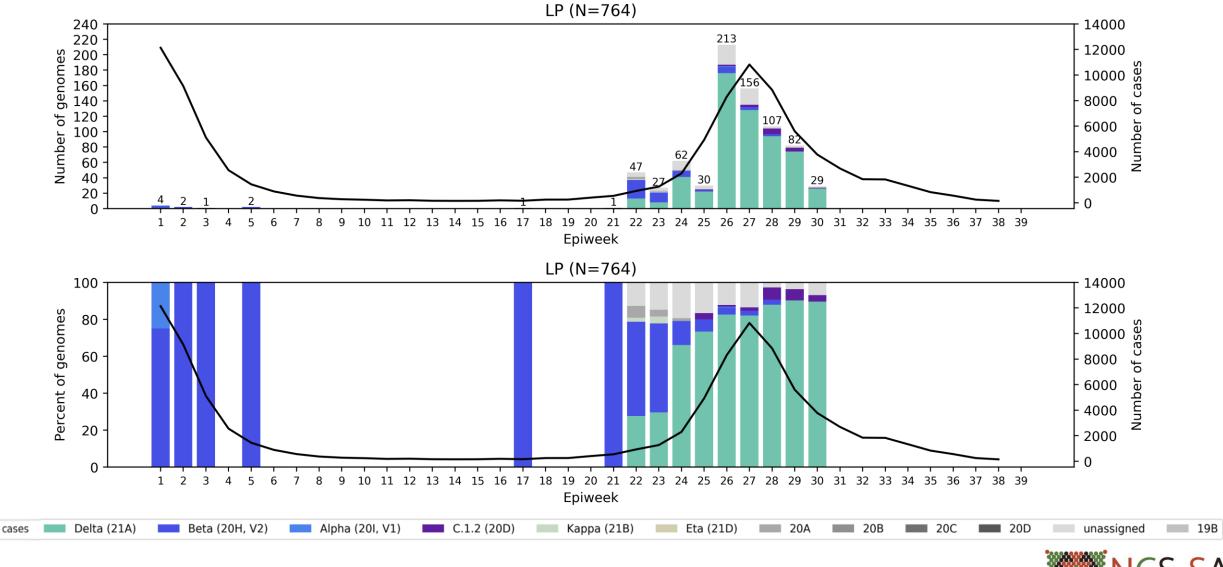
Western Cape Province, 2021, n = 2553



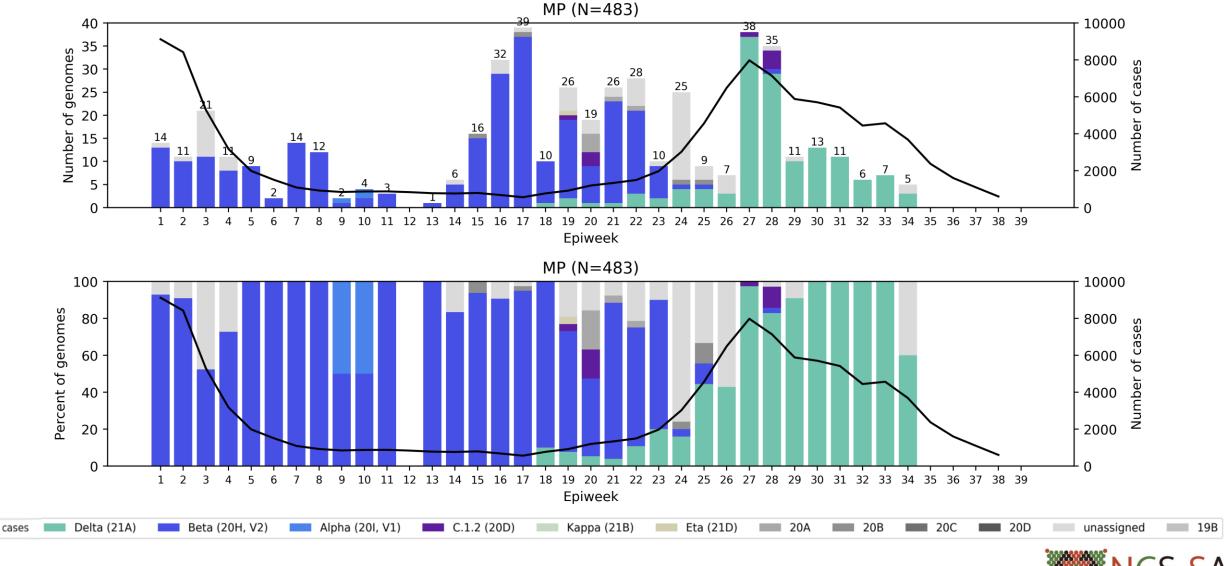
Eastern Cape Province, 2021, n = 1316



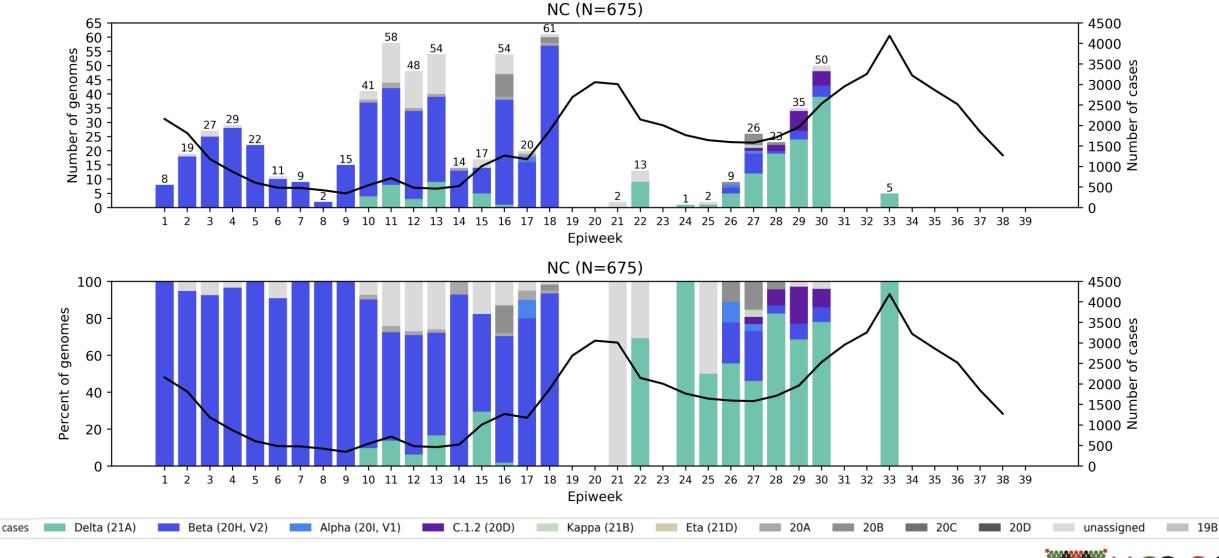
Limpopo Province, 2021, n = 764



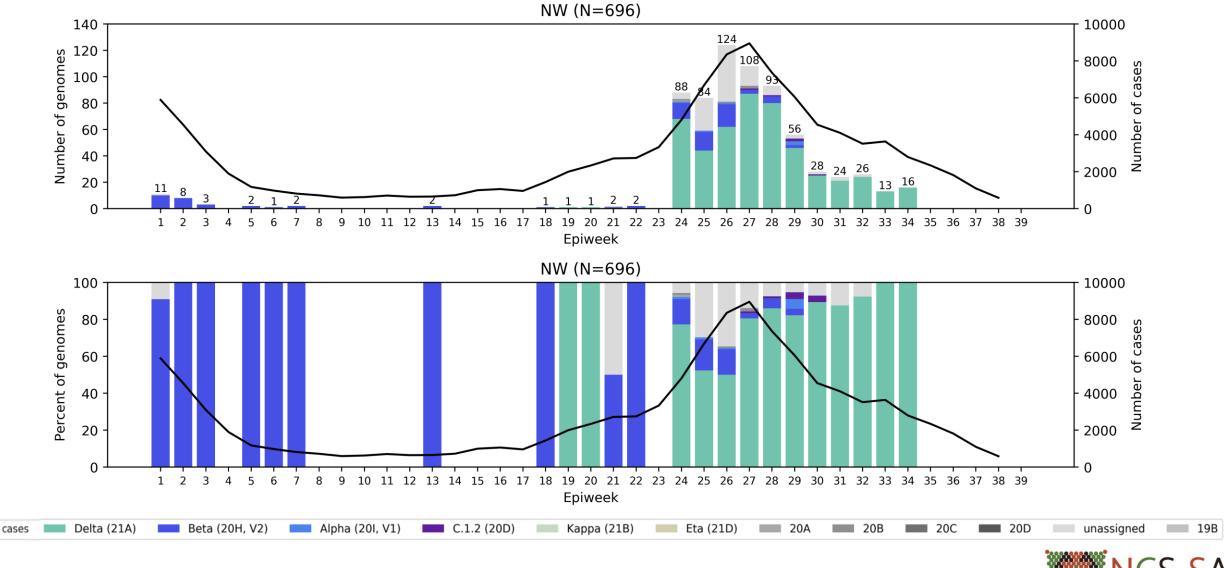
Mpumalanga Province, 2021, n = 483



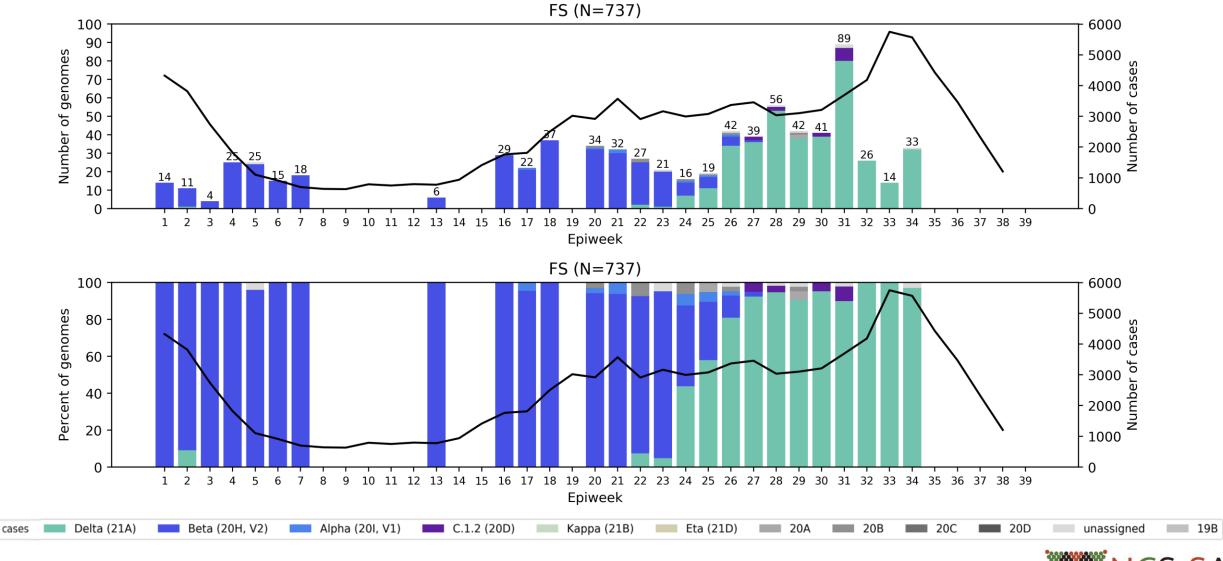
Northern Cape Province, 2021, n = 675



North West Province, 2021, n = 696



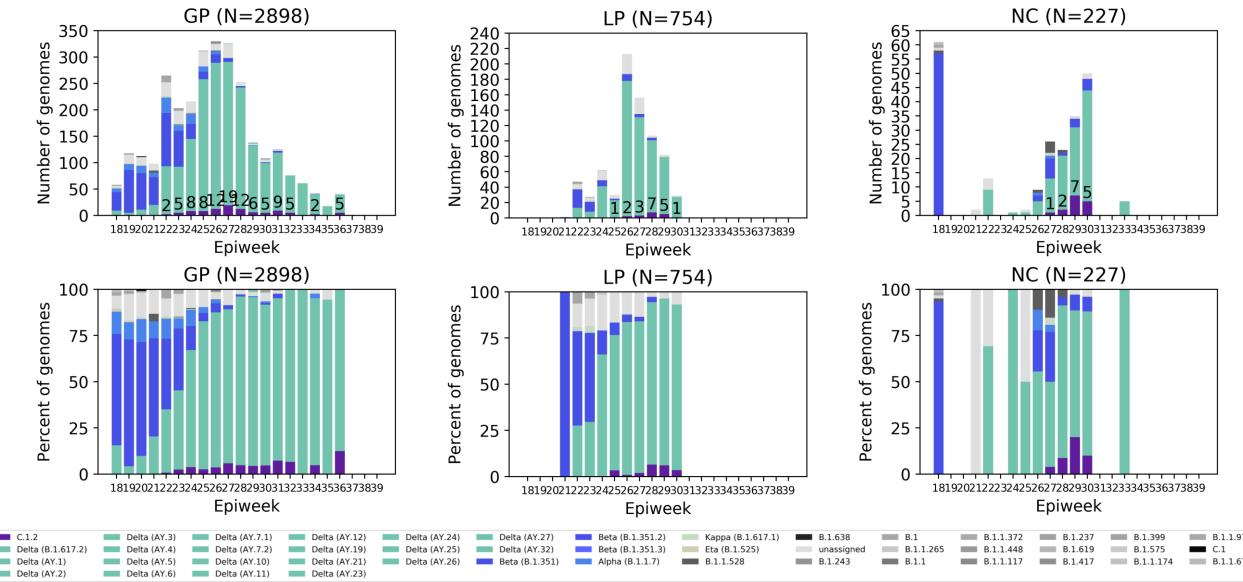
Free State Province, 2021, n = 737





C.1.2 (n=186 in SA) in May – August 2021 by epiweek

Number of C.1.2 samples indicated above bar



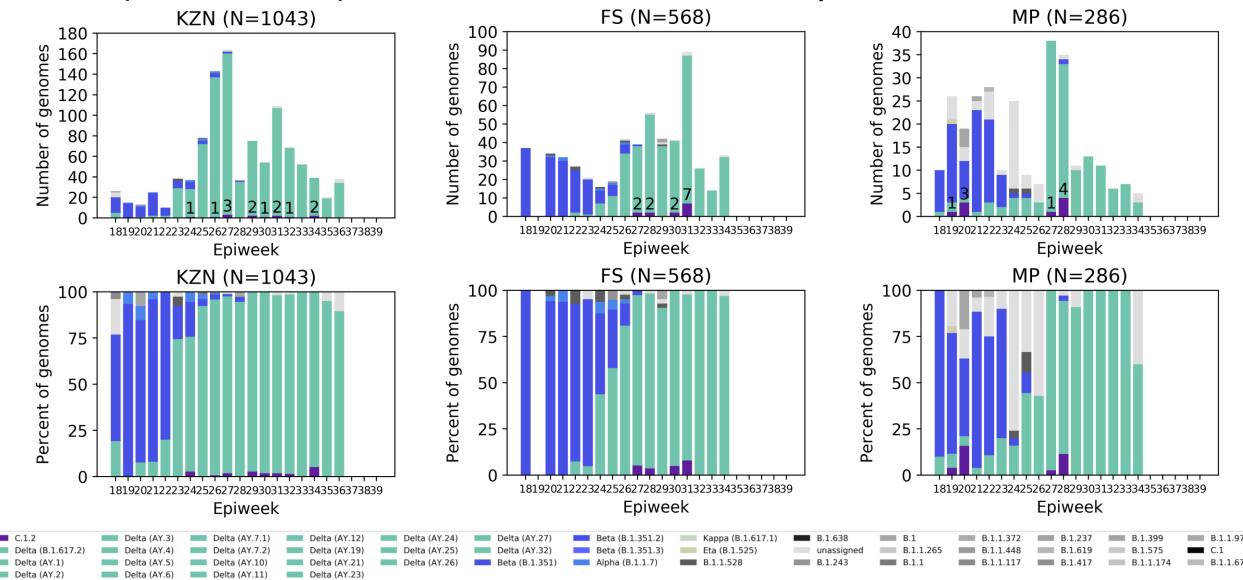
The majority of C.1.2 sequences have been detected in Gauteng (n=98), followed by Limpopo (n=19) and the Northern Cape (n=15).



C.1.2 (n=186 in SA) in May – August 2021 by epiweek

Number of C.1.2 samples indicated above bar

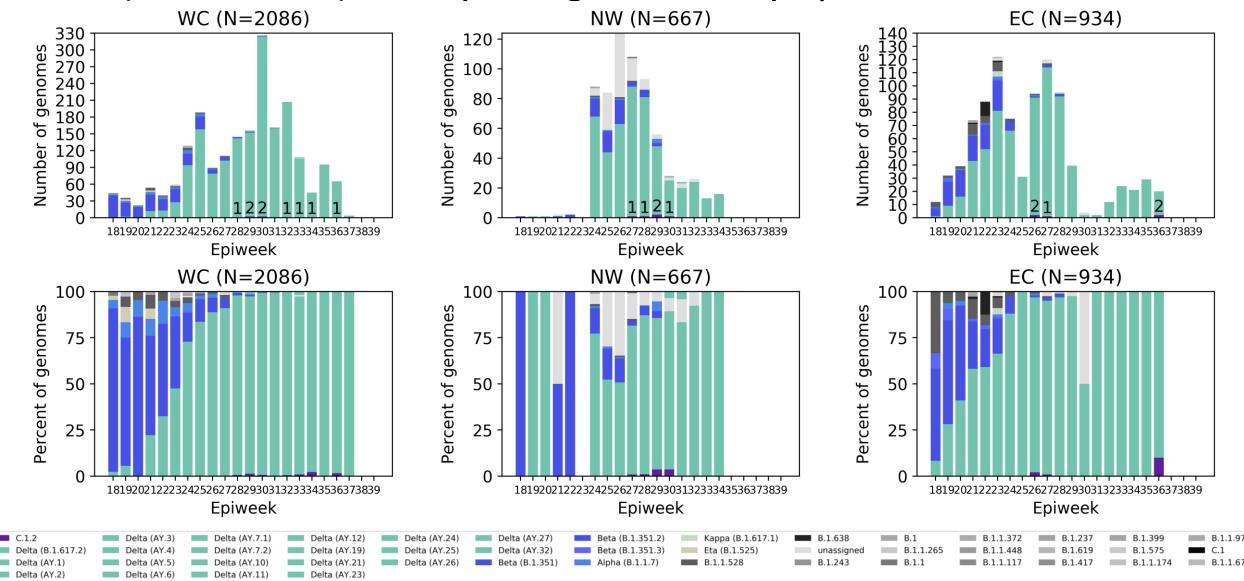
Surveillance in South Africa



13 C.1.2 sequences have been detected in KwaZulu-Natal and the Free State, and 9 in Mpumalanga.

C.1.2 (n=186 in SA) in May – August 2021 by epiweek

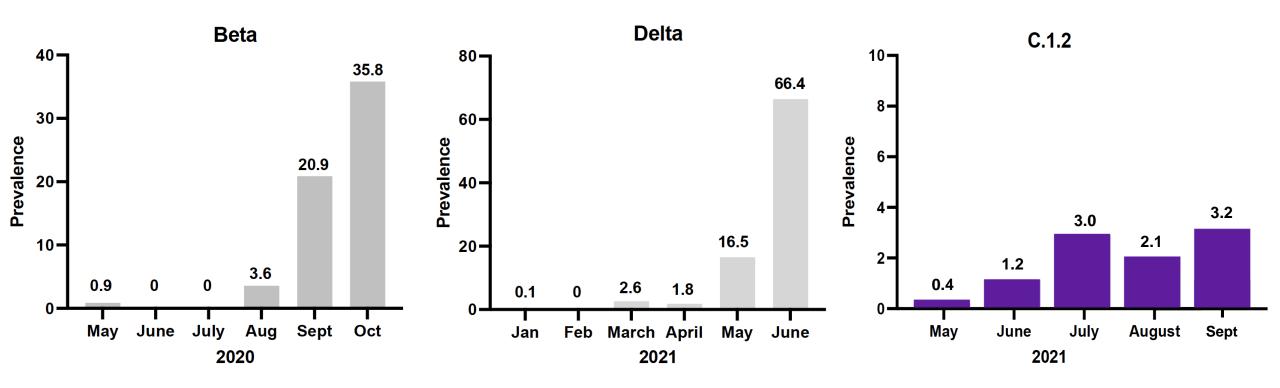
Number of C.1.2 samples indicated above bar



The Western Cape has 9 sequences, the North West Eastern Cape each have 5 detections of C.1.2.



C.1.2 growth compared to Beta and Delta



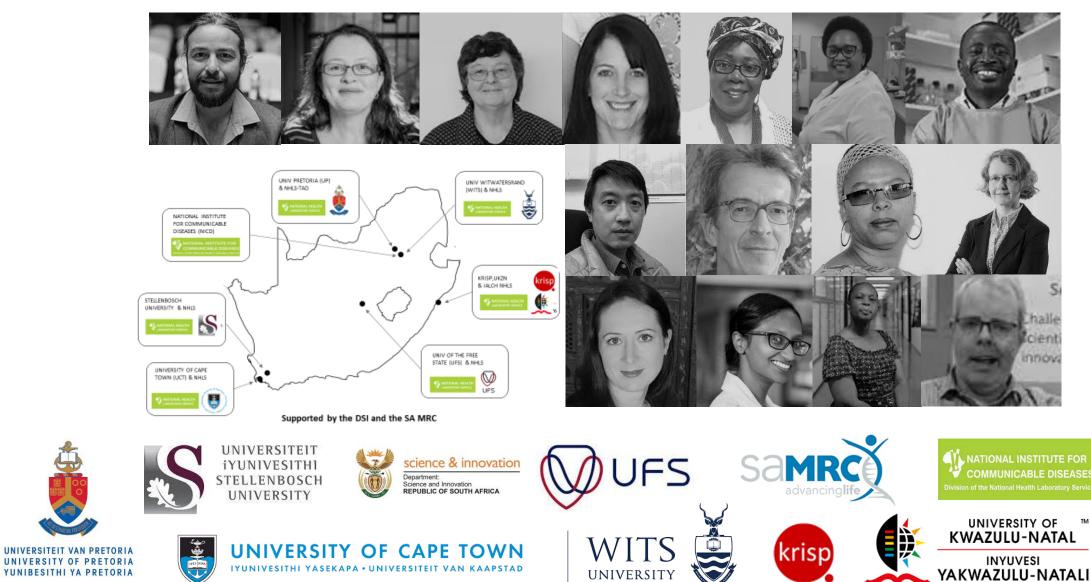
C.1.2 is being continually monitored and is currently detected at low levels

Summary

- Delta continues to dominate in all provinces from specimens collected in September
- Overall diversity of lineages decreased as Delta became dominant
- Mutated C.1.2 lineage has now been detected in all provinces of South Africa
 - The frequency of C.1.2 at less than 3% of genomes from May through August. C.1.2 has been detected at 3.2% frequency in September.
- Lambda and Mu variants not detected in South Africa







NATIONAL HEALTH LABORATORY SERVICE

UKZN-Inkosi Albert Luthuli Central Hospital



UNIVERSITY OF KWAZULU-NATAL INYUVESI YAKWAZULU-NATALI

Dr Khanyi Msomi Dr Kerusha Govender Dr Pravi Moodley Dr Aabida Khan Dr Lili Gounder Dr Kerri Francois Dr Cherise Naicker Dr Joedene Chetty Dr Neli Ngcaba Dr Tshepiso Mosito Mr Malcolm Ellapen Mr Kubendran Reddy

University of KwaZulu-Natal & Africa Health Research Institute



KRISP at UKZN: Tulio de Oliveira Richard Lessels Houriiyah Tegally Eduan Wilkinson Jennifer Giandhari Sureshnee Pillay Emmanuel James San

AFRICA HEALTH RESEARCH INSTITUTE

AHRI Alex Sigal Sandile Cele

Willem Hanekom

University of Stellenbosch & NHLS Tygerberg Virology



UNIVERSITEIT

NATIONAL HEALTH

Susan Engelbrecht Wolfgang Preiser Gert van Zyl Tongai Maponga Bronwyn Kleinhans Shannon Wilson Karabo Phadu Tania Stander Kamela Mahlakwane Mathilda Claassen Diagnostic laboratory staff



University of Cape Town, NHLS & WCG

NATIONAL HEALTH LABORATORY SERVICE



NHLS-UCT Carolyn Williamson Nei-yuan Hsiao Diana Hardie Kruger Marais Stephen Korsman Ziyaad Valley-Omar

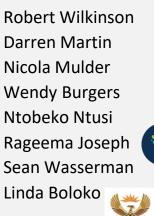
WCG-UCT Mary-Anne Davies Hannah Hussey Andrew Boulle Masudah Paleker Theuns Jacobs Erna Morden





UCT, IDM and CIDRI-Africa

Deelan Doolabh Arash Iranzadeh Lynn Tyers Innocent Mudau Nokuzola Mbhele Fezokuhle Khumalo Thabang Serakge Bruna Galvão Arghavan Alisoltani (U. California)





AA

EDCTP





science & innovation

Department

Science and Innovation REPUBLIC OF SOUTH AFRICA

University of the Free State



UFS Dominique Goedhals Armand Bester Martin Myaga Peter Mwangi

Emmanuel Ogunbayo Milton Mogotsi Makgotso Maotoana Lutfiyya Mohamed



NHLS Division of Virology Sabeehah Vawda Felicity Burt Thokozani Mkhize Diagnostic laboratory staff



National Institute for Communicable Diseases

NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES Division of the National Health Laboratory Service

Centre for Respiratory Diseases & Meningitis Jinal Bhiman Anne von Gottberg Thabo Mohale Daniel Amoako Josie Everatt Boitshoko Mahlangu Noxolo Ntuli Anele Mnguni Amelia Buys Cardia Fourie Noluthando Duma Linda de Gouveia Jackie Kleynhans Nicole Wolter Sibongile Walaza Mignon du Plessis Stefano Tempia Mvuyo Makhasi **Cheryl Cohen**



Centre for HIV and STIs
Cathrine Scheepers
Constantinos Kurt Wibmer
Thandeka Moyo
Tandile Hermanus
Frances Ayres
Zanele Molaudzi
Bronwen Lambson
Tandile Hermanus
Mashudu Madzivhandila
Prudence Kgagudi
Brent Oosthuysen
Penny Moore
Lynn Morris

NICD Groups

NICD COVID-19 response team NICD SARS-CoV-2 Sequencing Group



Sequencing Core Facility Zamantungwa Khumalo Annie Chan Morne du Plessis Stanford Kwenda Phillip Senzo Mtshali Mushal Allam Florah Mnyameni Arshad Ismail







Zoonotic arbo and respiratory virus program Centre for Viral Zoonoses Department Medical Virology/ NHLS Tshwane Academic division University of Pretoria



ZARV research program/UP Marietjie Venter (Head: ZARV)

Adriano Mendes (Postdoc) Amy Strydom (Postdoc) Michaela Davis (MSc, intern medical scientist)

NATIONAL HEALTH LABORATORY SERVICE

NHLS Tshwane Prof Simnikiwe Mayaphi (HOD)

Funders:

GIZ/BMBF: African Network for Improved diagnostics and epidemiology of common and emerging infectious agents (ANDEMIA) G7 Global Health fund, Robert Koch Institute, Dr Fabian Leendertz



NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES Division of the National Health Laboratory Servici

NHLS

Koeleka Mlisana

Zinhle Makatini

Florette K. Treurnicht

Kathleen Subramoney

Shareef Abrahams

Jeannette Wadula

Hyrax Biosciences

Cape Town HVTN Laboratory

Erica Anderson-Nissen

Simon Travers

Greta Hoyland

Gloria Selabe

Elias Bereda

Oluwakemi Laguda-Akingba

Eugene Elliot



BathCare Vermaak



FIOCRUZ

Ndlovu Research Hugo Tempelman CJ Umunnakwe

Anneta Naidoo

Additional support and collaborators

Lancet Allison J. Glass

Ampath Terry Marshall Cindy van Deventer Eddie Silberbauer

Pathcare Vermaak Andries Dreyer Howard Newman Riaan Writes Marianne Wolfaardt Warren Lowman

Bridge-the-Gap Raymond Rott

Cytespace Africa Laboratories Christa Viljoen

ARC-OVI Lia Rotherham **CAPRISA** Salim Abdool Karim Nigel Garret

UKZN - Big Data Francesco Pettruccione Ilya Sinayskiy

University of Oxford José Lourenço

FioCruz, Brazil Vagner Fonseca Marta Giovanetti Luiz Carlos Junior Alcantara Africa CDC John Nkengasong Sofonias Tessema

Netcare: Richard Friedland Craig Murphy Caroline Maslo Liza Sitharam

DSI Glaudina Loots

SA MRC Glenda Gray







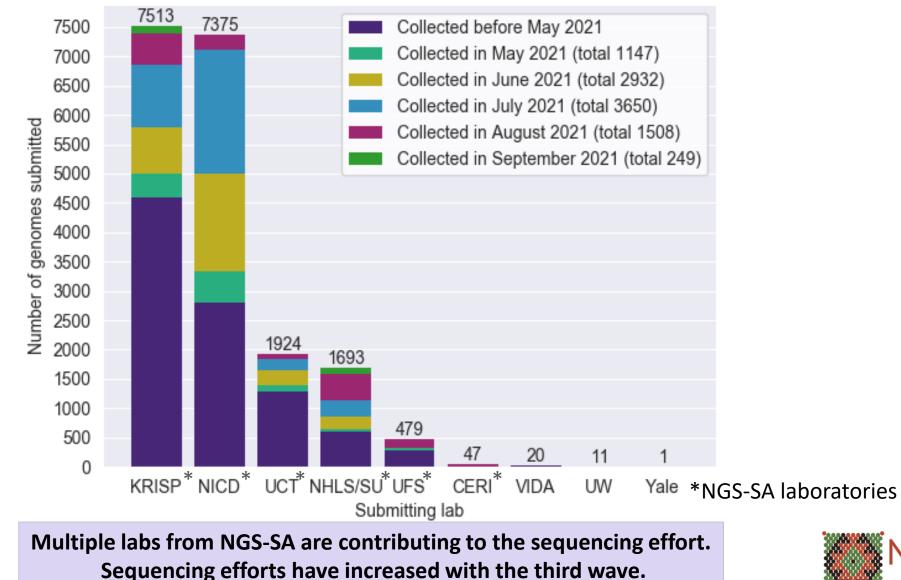








South African genomes submitted per sequencing lab, 2020 and 2021 (N=19 063) Submitting labs in South Africa





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	GH/501Y.V2	20H (V2)	+S:L18F	South Africa, May-2020	18-Dec-2020
Gamma	P.1	GR/501Y.V3	20J (V3)	+S:681H	Brazil, Nov-2020	11-Jan-2021
Delta	B.1.617.2 [§]	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 17 September 2021

*Notable spike (S) amino acid changes under monitoring, which are currently reported in a minority of sequenced samples *Includes all descendant lineages.

[#]Includes all Q.* lineages in the PANGO nomenclature system.

[§]Includes all AY.* lineages in the PANGO nomenclature system.

Currently designated Variants of Interest (VOI)

WHO label	Pango [*] lineages	GISAID clade	Nextstrain clade	Earliest documented samples	Date of designation
Lambda	C.37	GR/452Q.V1	21G	Peru, Dec-2020	14-Jun-2021
Mu	B.1.631	GH	21H	Colombia, Jan-2021	30-Aug-2021

https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/ accessed 27 September 2021

^{*}Includes all descendant lineages.

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 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 (NGS-SA laboratory 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.)