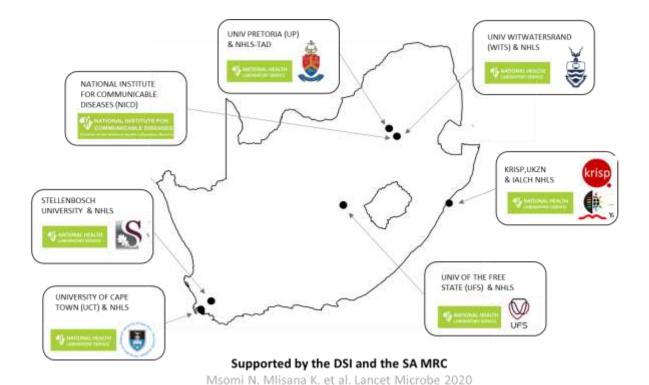


Network for Genomic Surveillance South Africa (NGS-SA)

SARS-CoV-2 Sequencing Update 12 November 2021

























The genomic data presented here are based on South African SARS-CoV-2 sequence data downloaded from GISAID (www.gisaid.org) on 12 November at 09h10

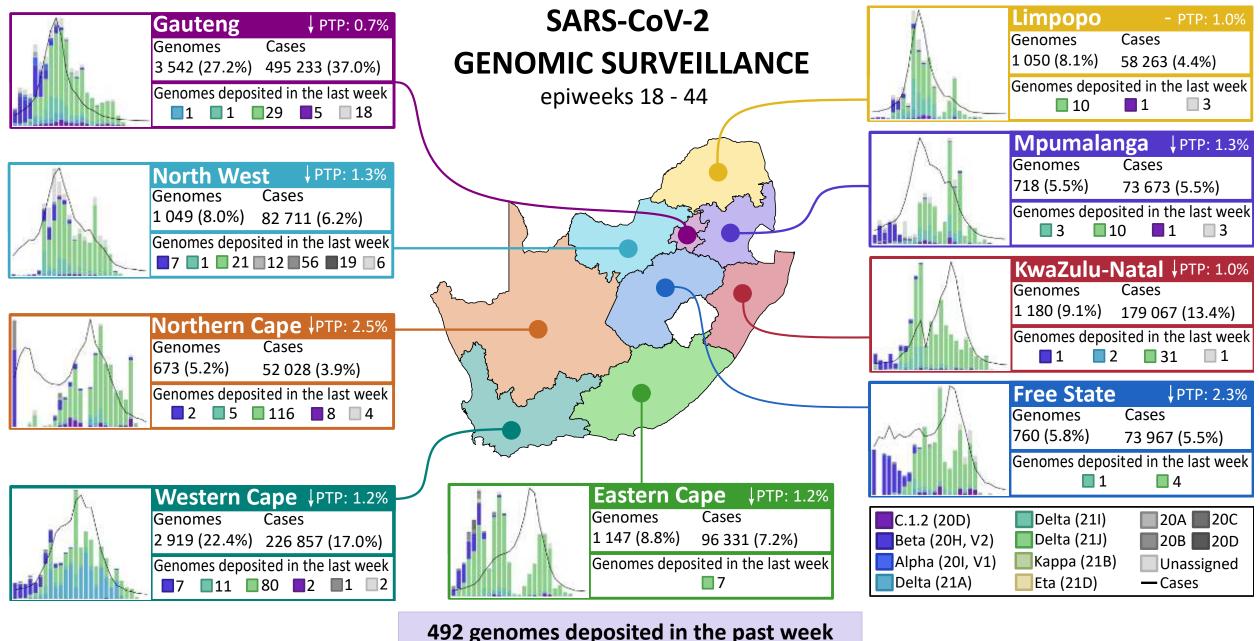


Data license: https://www.gisaid.org/registration/terms-of-use/

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

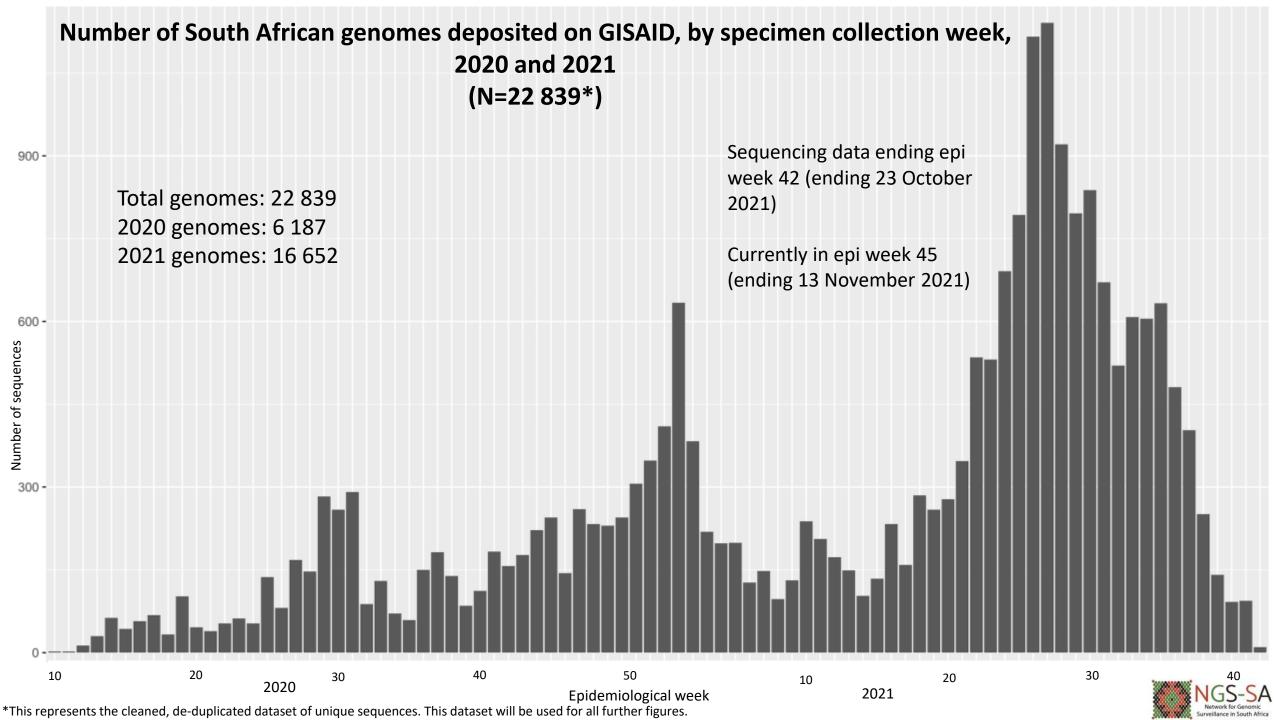
Case data is based on specimen collection date. Cases from https://www.nicd.ac.za/diseases-a-z-index/diseases-a-z-index/diseases-a-z-index/diseases-a-z-index/diseases-a-z-index-covid-19/surveillance-reports/weekly-testing-summary/



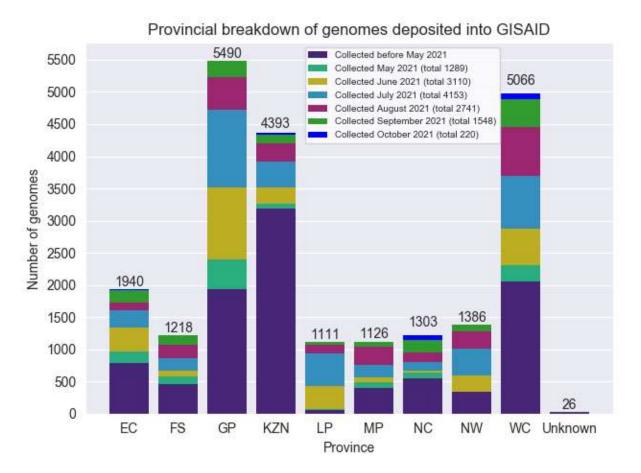
492 genomes deposited in the past week

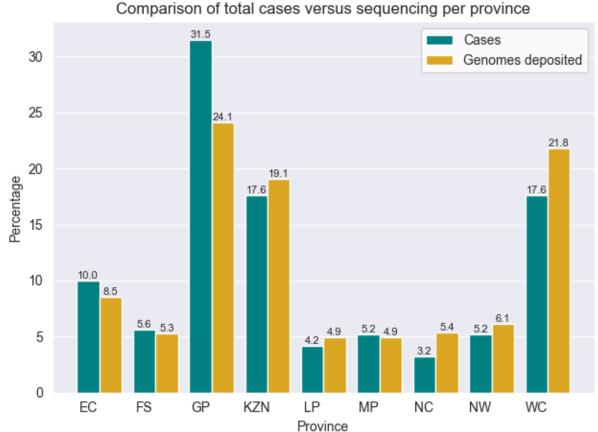
Bar graphs represent genomes sequenced per epiweek, with lines representing cases by collection date (weeks 18 – 44) Genomes and cases presented as provincial total (percentage of national total) for epiweeks 18 – 44 PTP: percentage testing positive in week 44 (31 Oct – 6 Nov); the arrow indicates direction of change since the previous week (24 – 30 Oct)





GISAID genomes vs total cases, 2020 and 2021 (N=22 839)

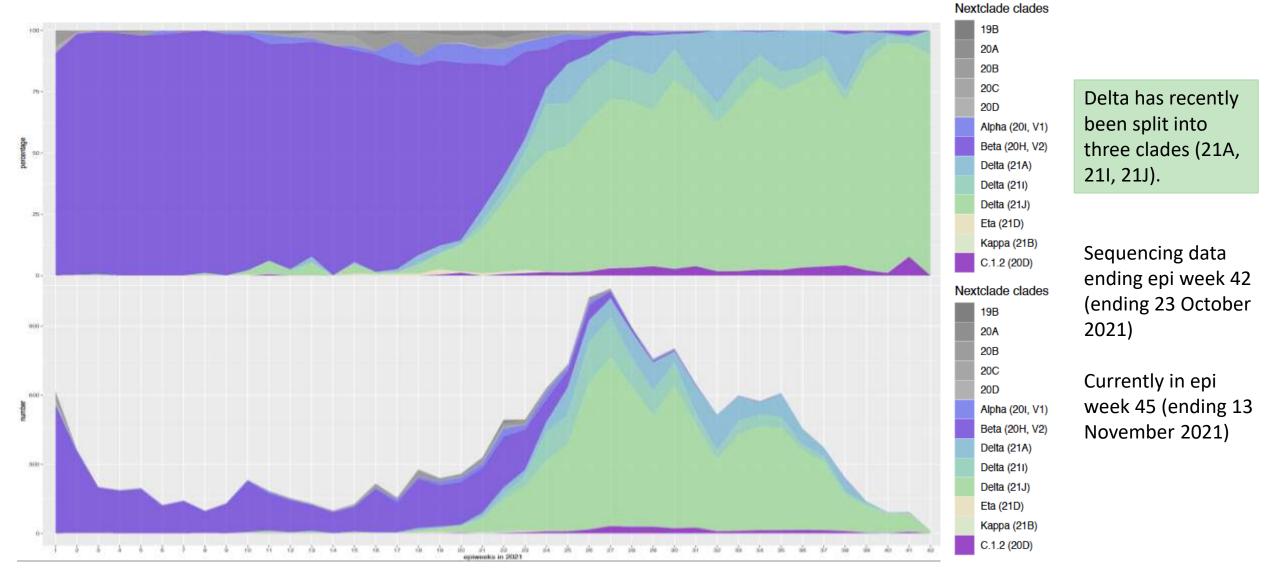




All provinces, apart from GP, KZN, NC and WC, have comparable percentage of overall cases and overall sequenced genomes



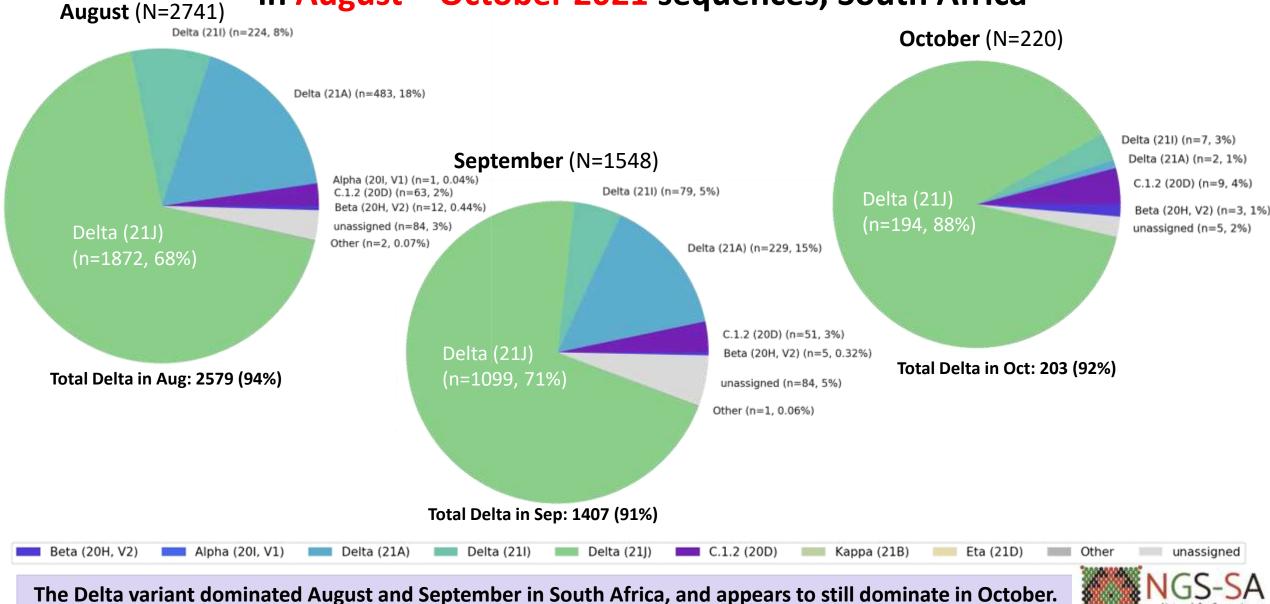
Distribution and number of clades in South Africa, 2021 (N= 16 652)



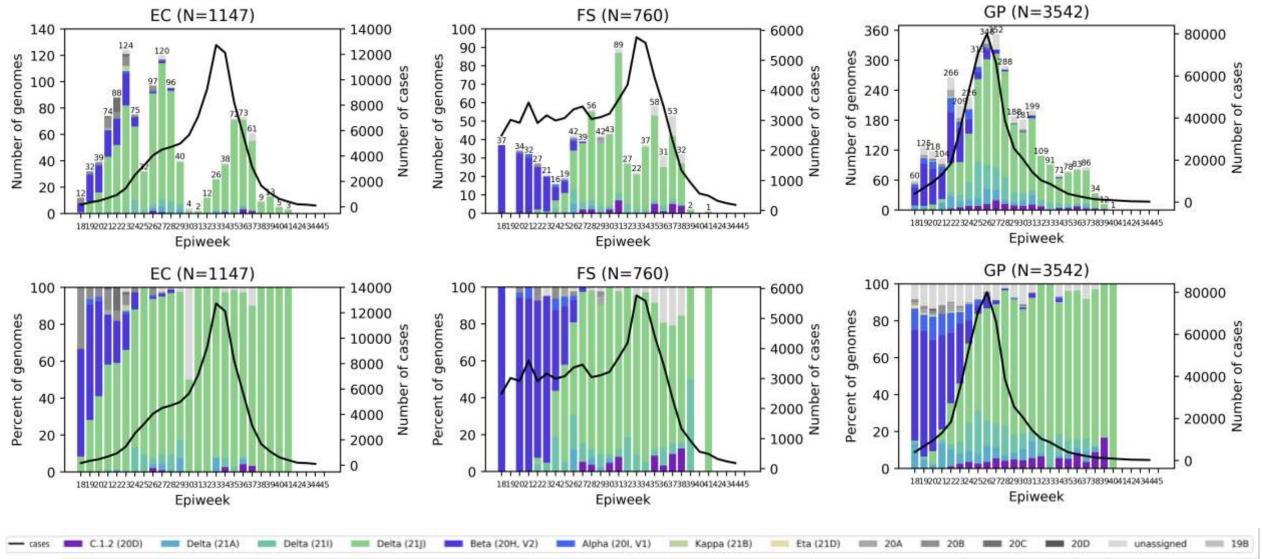
Delta came to dominate by end June at >65%, in July at >85% and in August and September at >90% C.1.2 present at <4% frequency since March



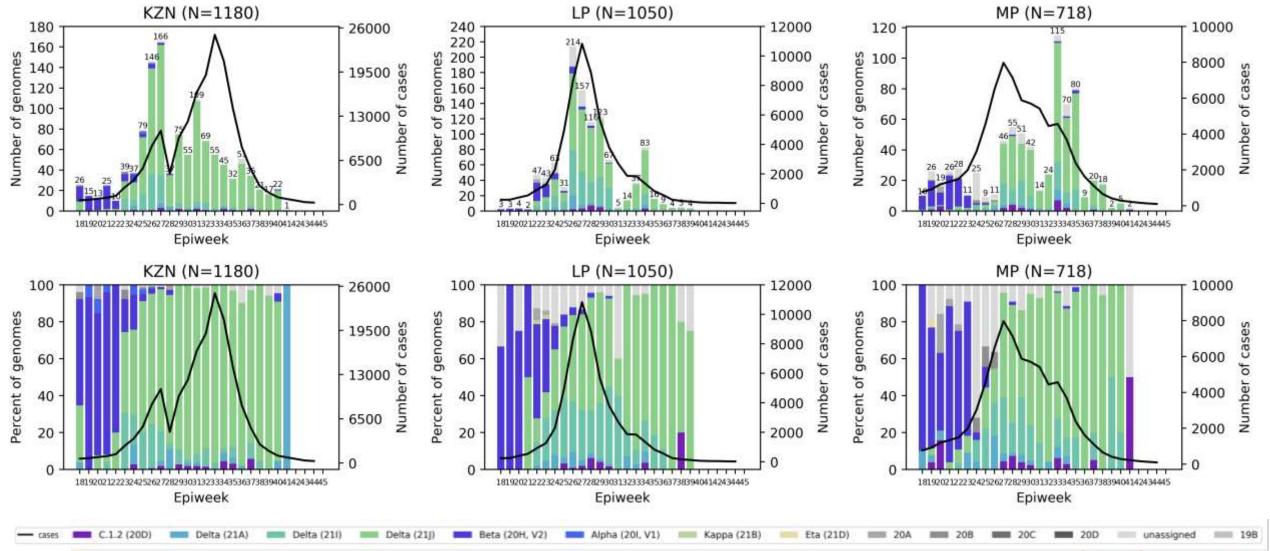
Prevalence of Variants of Concern (VOC) and Variants of Interest (VOI) in August – October 2021 sequences, South Africa



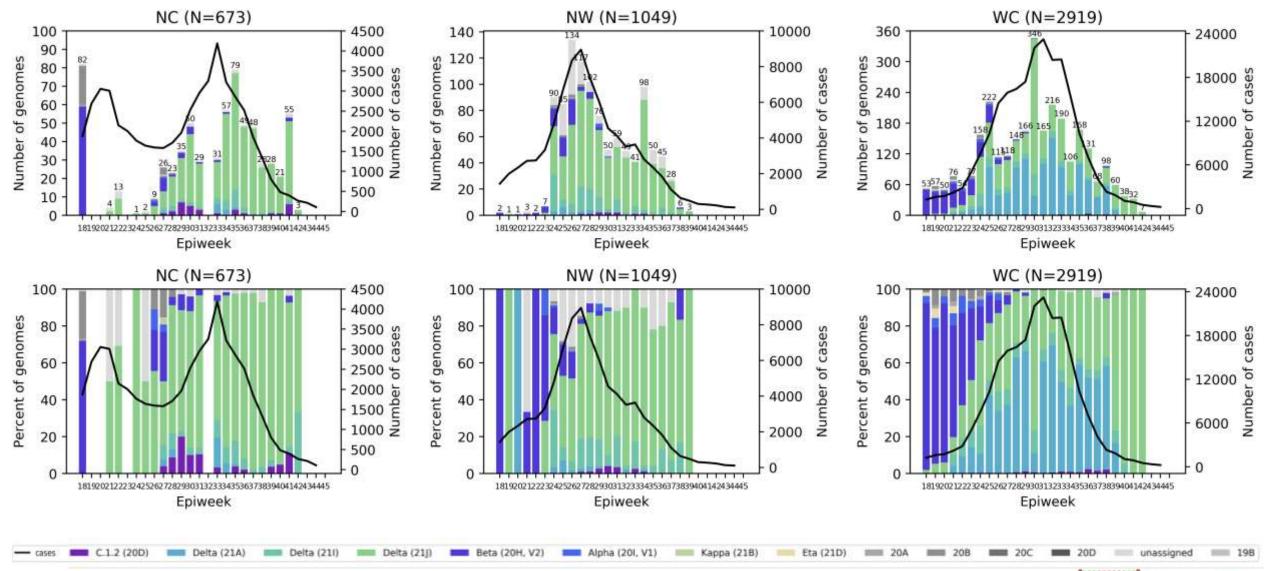
Genomes sequenced from specimens collected in May to October 2021 (epiweeks 18 – 45) from Eastern Cape, Free State and Gauteng Provinces



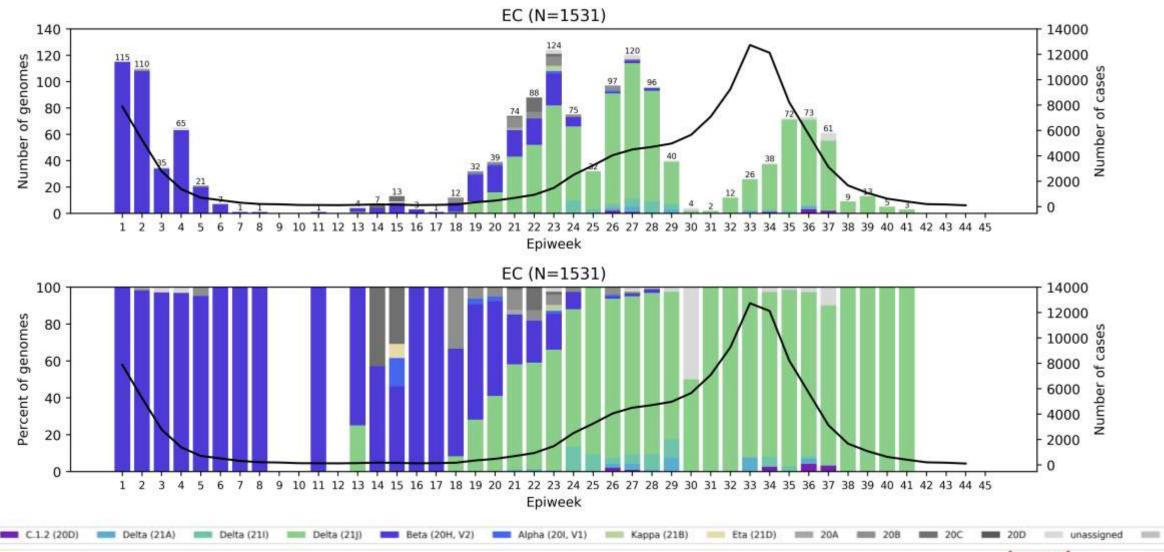
Genomes sequenced from specimens collected in May to October 2021 (epiweeks 18 – 45) from KwaZulu-Natal, Limpopo and Mpumalanga Provinces



Genomes sequenced from specimens collected in May to October 2021 (epiweeks 18 – 45) from Northern Cape, North West, and Western Cape Provinces

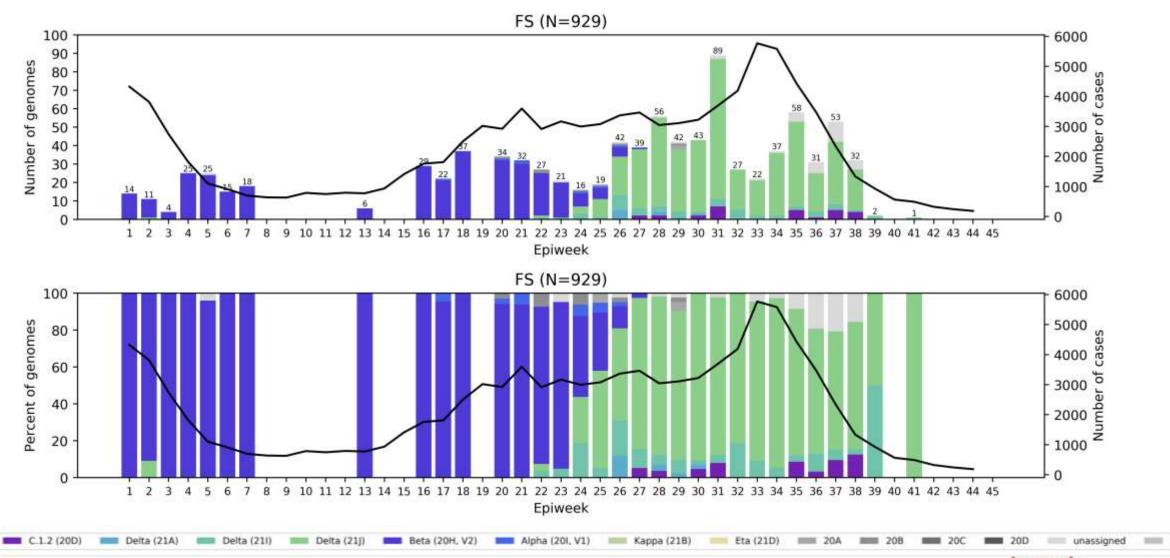


Eastern Cape Province, 2021, n = 1531



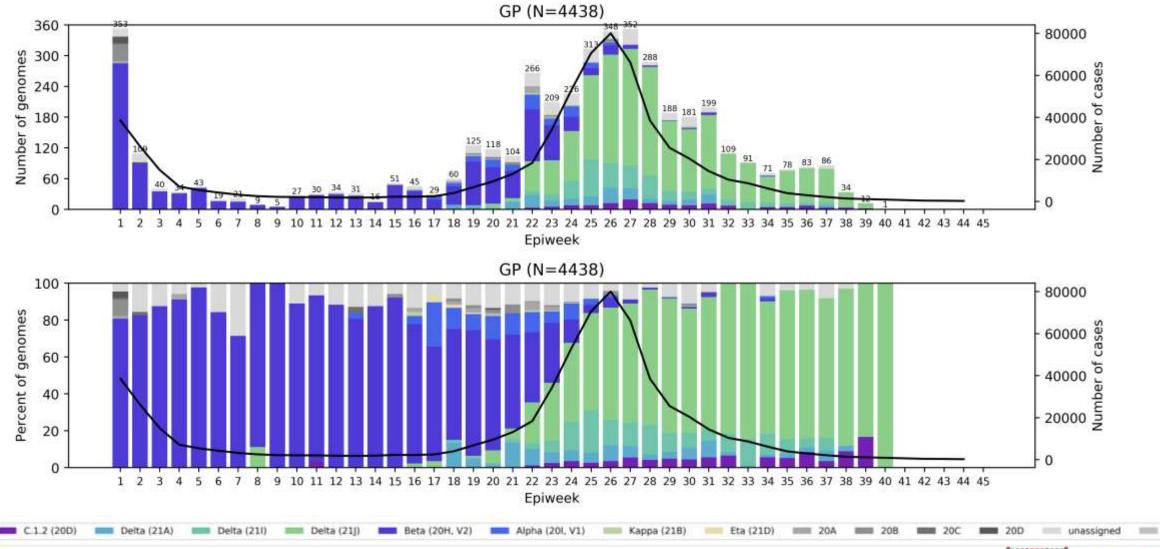


Free State Province, 2021, n = 929



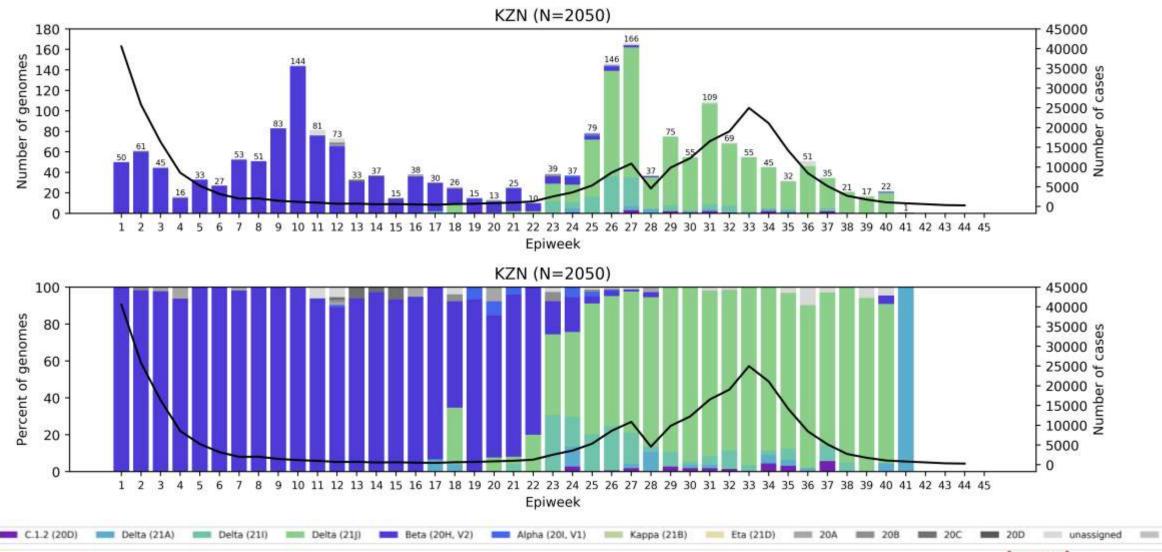


Gauteng Province, 2021, n = 4438



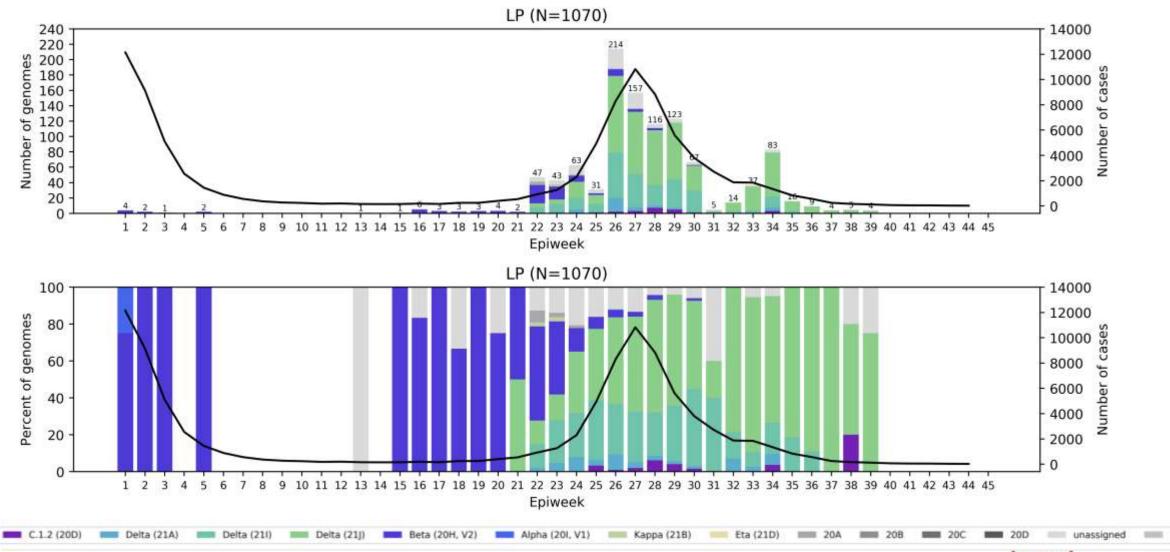


KwaZulu-Natal Province, 2021, n = 2050



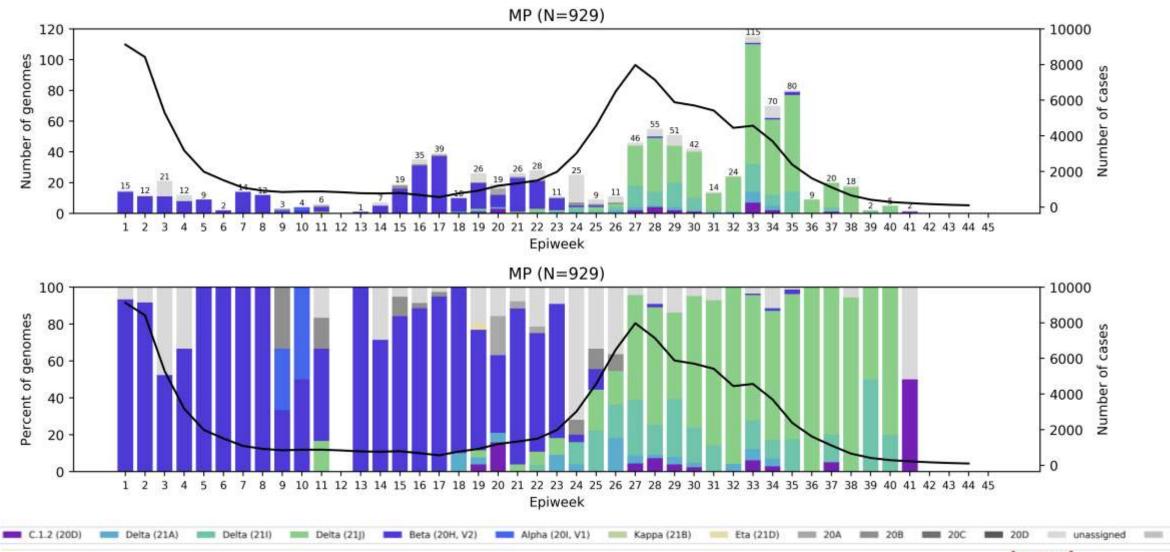


Limpopo Province, 2021, n = 1070



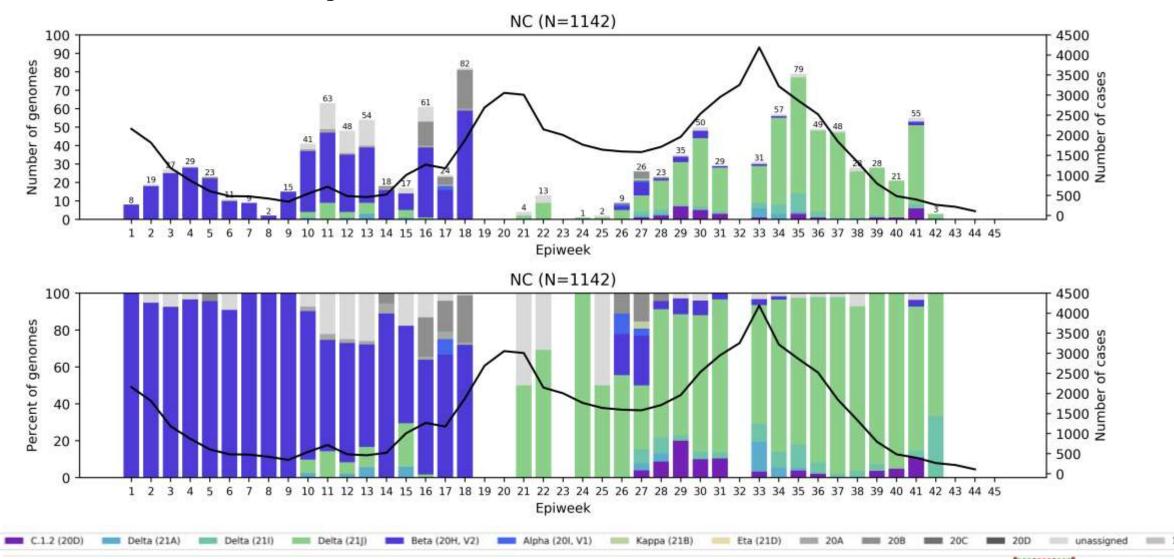


Mpumalanga Province, 2021, n = 929



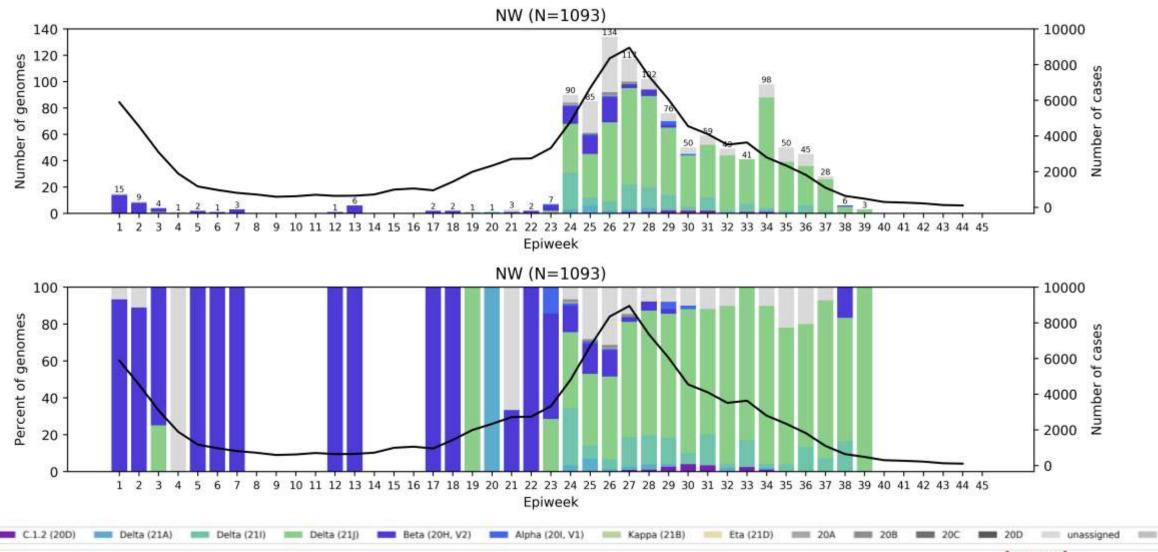


Northern Cape Province, 2021, n = 1142



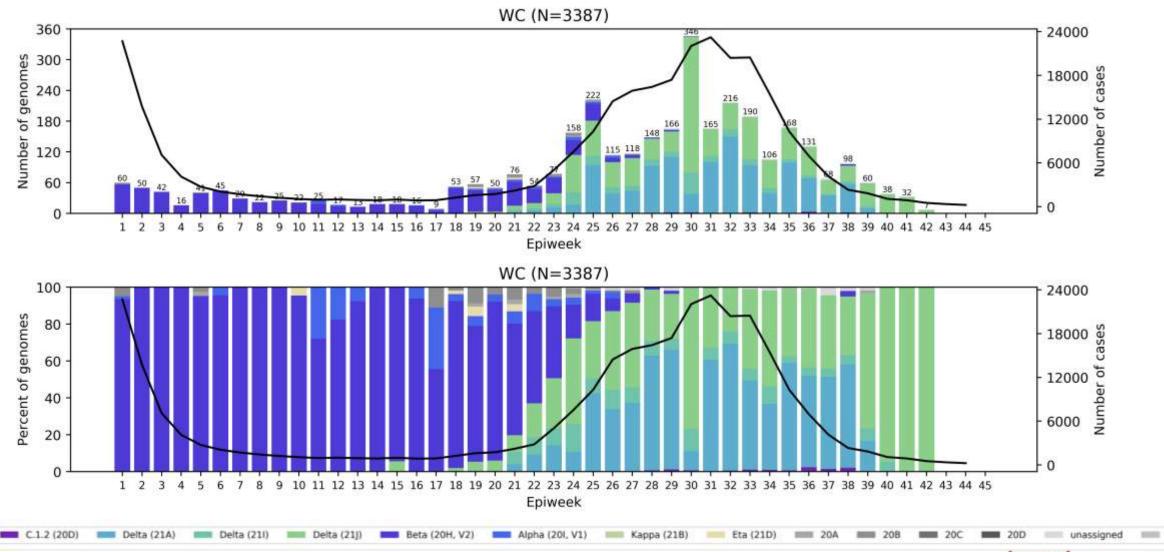


North West Province, 2021, n = 1093





Western Cape Province, 2021, n = 3387





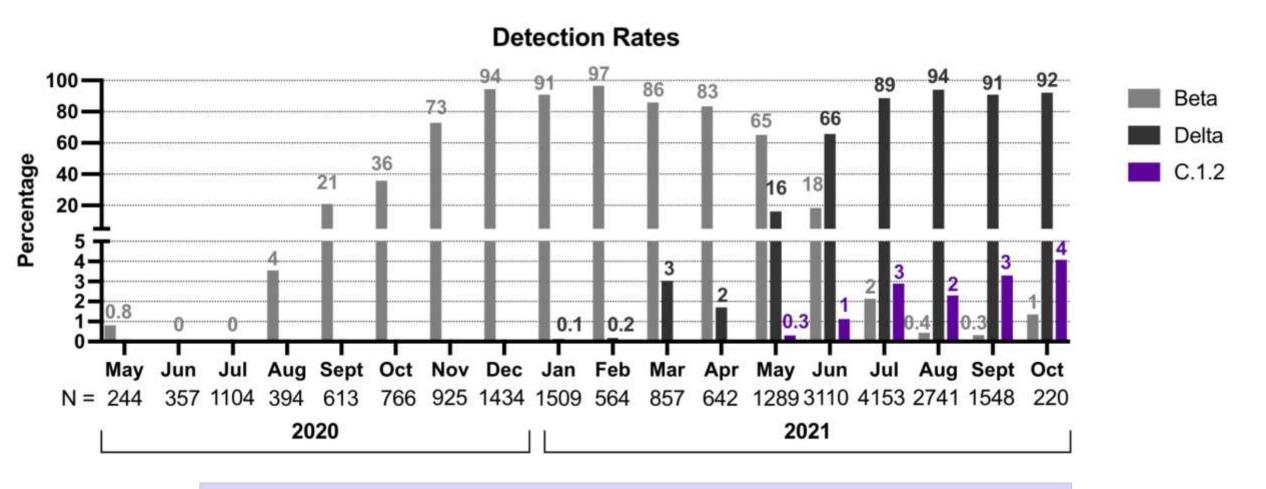
Percentage of sequences assigned C.1.2 in South Africa, May - October 2021 (n=283) LP: 2.19% (n=23)Percent of genomes NW: 1.0% (n=28)assigned C.1.2 (n=10)KZN: 1.4% FS: 3.7% (n=16)(n=28)3 NC: 4.6% 2 (n=31)EC: 1.1% (n=9)WC: 0.5%

The majority of C.1.2 sequences have been detected in Gauteng, followed by the Northern Cape, the Free State, Mpumalanga, and Limpopo.

(n=16)



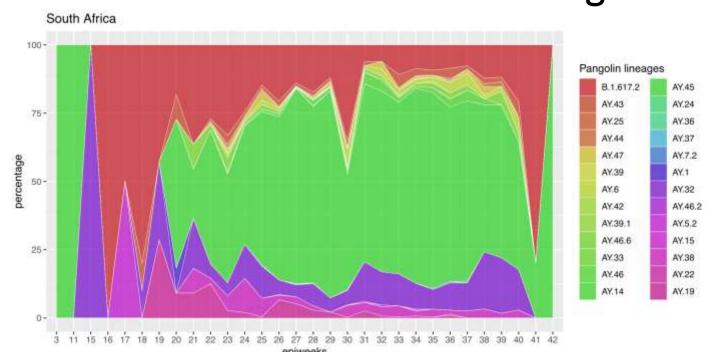
C.1.2 growth compared to Beta and Delta



C.1.2 continues to be detected at low levels (≤ 4% of genomes per month)

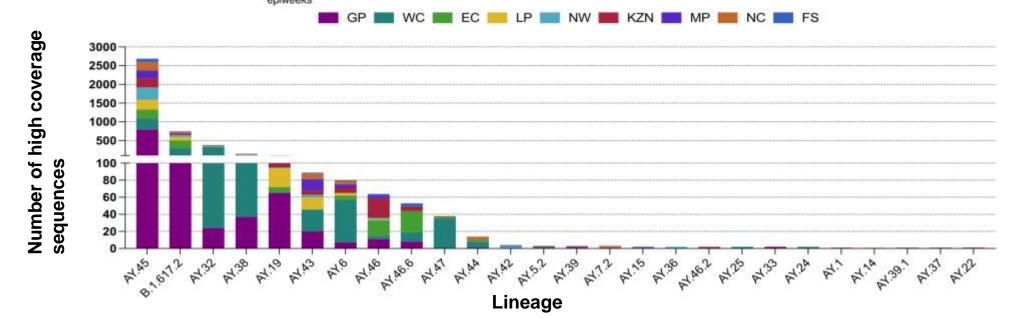


Delta sub-lineages* in South Africa



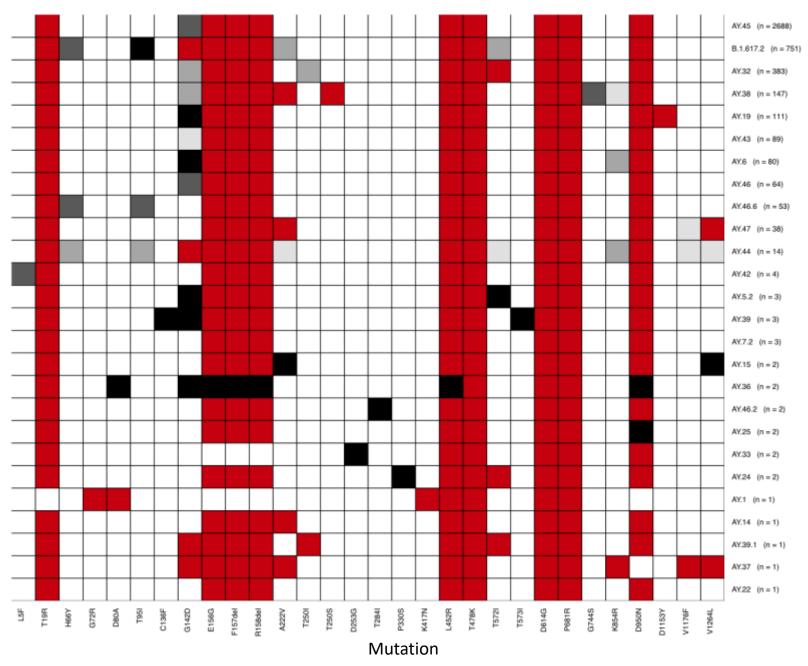
Delta in South Africa is dominated by the AY.45, B.1.617.2, AY.32, AY.38 and AY.19 sublineages, although the dominance of sublineages varies with province. None of these are known to have a fitness advantage.

*Data sourced from the GISAID variant surveillance file, downloaded 12 Nov 2021 at 10:30, high coverage sequences only, lineages assigned using lineages version 2021-10-18

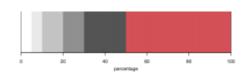




Mutations observed in Delta lineages circulating in South Africa



Sub-lineage



Summary

- Delta continues to dominate in all provinces from specimens collected in September and October
 - Delta has recently been split into three clades.
 - New clades have been assigned due to >20% global circulation of particular sequences for more than 2 months
 - All SA Delta samples have been updated
 - Delta 21J is the dominant clade globally and in SA
 - The Delta sub-lineages vary by province
 - Based on updated definitions of AY.4.2^{1,2}, this sub-lineage has not been detected in the country
- Mutated C.1.2 lineage detected in all provinces of South Africa at less than 5% of genomes
- Lambda and Mu variants not detected in South Africa





























University of Stellenbosch & NHLS Tygerberg Virology





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

UKZN-Inkosi Albert Luthuli Central Hospital



Dr Kerri Francois

Dr Cherise Naicker

Dr Joedene Chetty



Dr Khanyi Msomi Dr Neli Ngcaba Dr Kerusha Govender Dr Tshepiso Mosito Dr Pravi Moodley Mr Malcolm Ellapen Dr Aabida Khan Mr Kubendran Reddy Dr Lili Gounder The COVID-19 Bench team

University of KwaZulu-Natal & Africa **Health Research Institute**



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



Alex Sigal Sandile Cele Willem Hanekom

University of Cape Town, NHLS & WCG

bealth 🅶



NHLS-UCT

Carolyn Williamson Nei-yuan Hsiao Diana Hardie Kruger Marais

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

Erna Morden









Robert Wilkinson Darren Martin Nicola Mulder Samrc Wendy Burgers Ntobeko Ntusi Rageema Joseph CAPE TOWN HYTN Sean Wasserman Linda Boloko

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)



NHLS Tshwane

Prof Simnikiwe Mayaphi (HOD)

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Centre for Respiratory Diseases & Meningitis

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

health

Cheryl Cohen

Centre for HIV and STIs

Jinal Bhiman 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

Florah Mnyameni

Mushal Allam

Arshad Ismail

Phillip Senzo Mtshali





University of the Free State



UFS

Dominique Goedhals Armand Bester Martin Myaga Peter Mwangi Emmanuel Ogunbayo Milton Mogotsi Makgotso Maotoana Lutfiyya Mohamed













Additional support and collaborators











NHLS Koeleka Mlisana

Zinhle Makatini **Eugene Elliot**

Florette K. Treurnicht Kathleen Subramoney

Oluwakemi Laguda-Akingba

Shareef Abrahams

Greta Hoyland

Gloria Selabe Elias Bereda

Jeannette Wadula

Hyrax Biosciences

Simon Travers

Cape Town HVTN Laboratory

Erica Anderson-Nissen

Anneta Naidoo

Ndlovu Research

Hugo Tempelman CJ Umunnakwe

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

Richard Friedland

Craig Murphy

Caroline Maslo

Liza Sitharam

Glaudina Loots





SA MRC

Glenda Gray



NDLOVU

AFRICA CD

NET*C*ARE

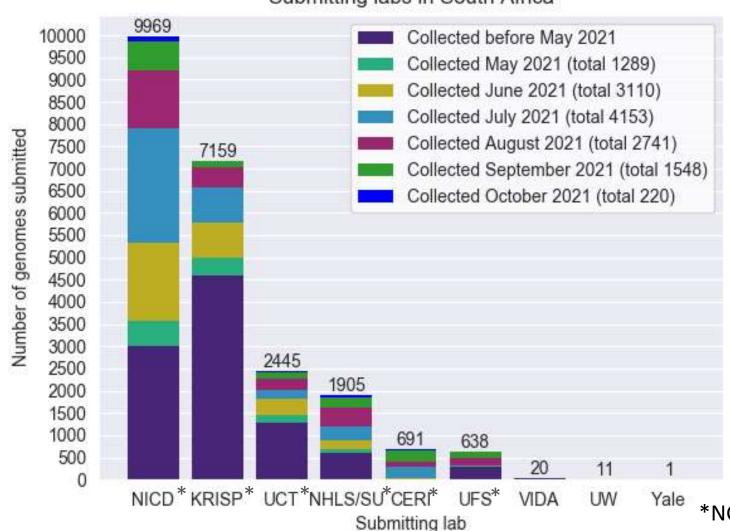
& technolog





South African genomes submitted per sequencing lab, 2020 and 2021 (N=22 839)

Submitting labs in South Africa



NGS-SA Labs

CERI: Centre for Epidemic Response

and Innovation

KRISP: KZN Research Innovation and

Sequencing Platform

NICD: National Institute for

Communicable Diseases

NHLS: National Health Laboratory

Service

SU: Stellenbosch University

UCT: University of Cape Town

UFS: University of the Free State

*NGS-SA laboratories

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



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 11 November 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 11 November 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.)