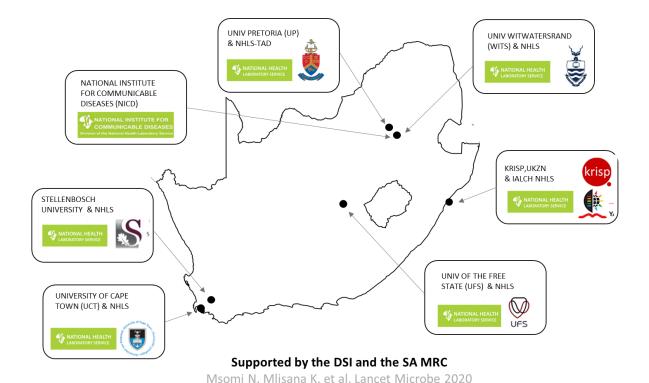


GS-SA Network for Genomic Surveillance in South Africa (NGS-SA)

SARS-CoV-2 Sequencing Update 26 November 2021

























The genomic data presented here are based on South African SARS-CoV-2 sequence data downloaded from GISAID (www.gisaid.org) on 25 November at 16h01

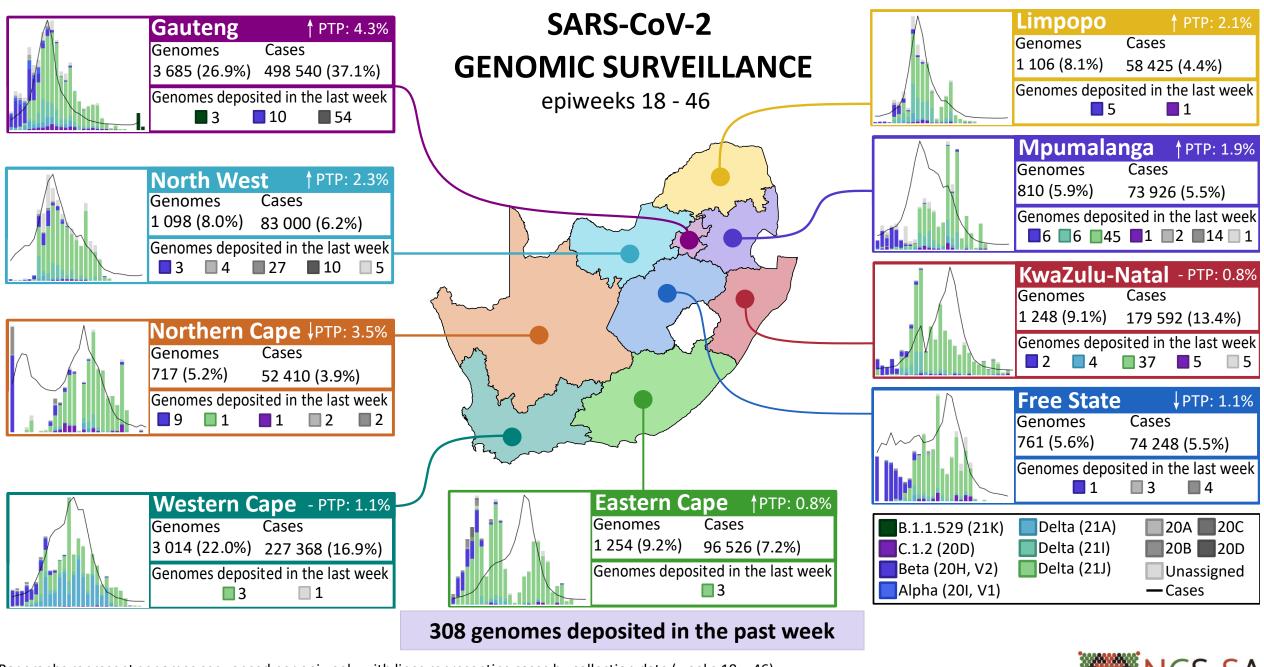


Data license: https://www.gisaid.org/registration/terms-of-use/

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

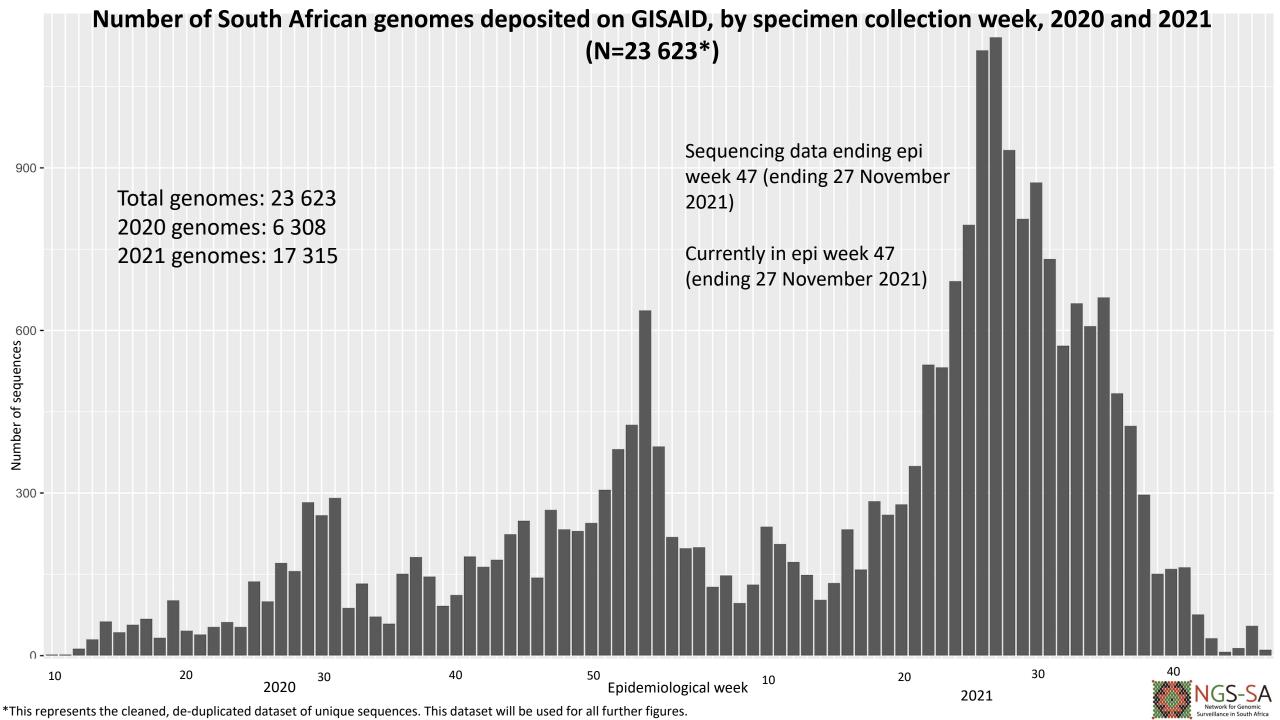
Shu, Y., McCauley, J. (2017) GISAID: Global initiative on sharing all influenza data – from vision to reality. EuroSurveillance, 22(13) DOI: 10.2807/1560-7917.ES.2017.22.13.30494 PMCID: PMC5388101

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/

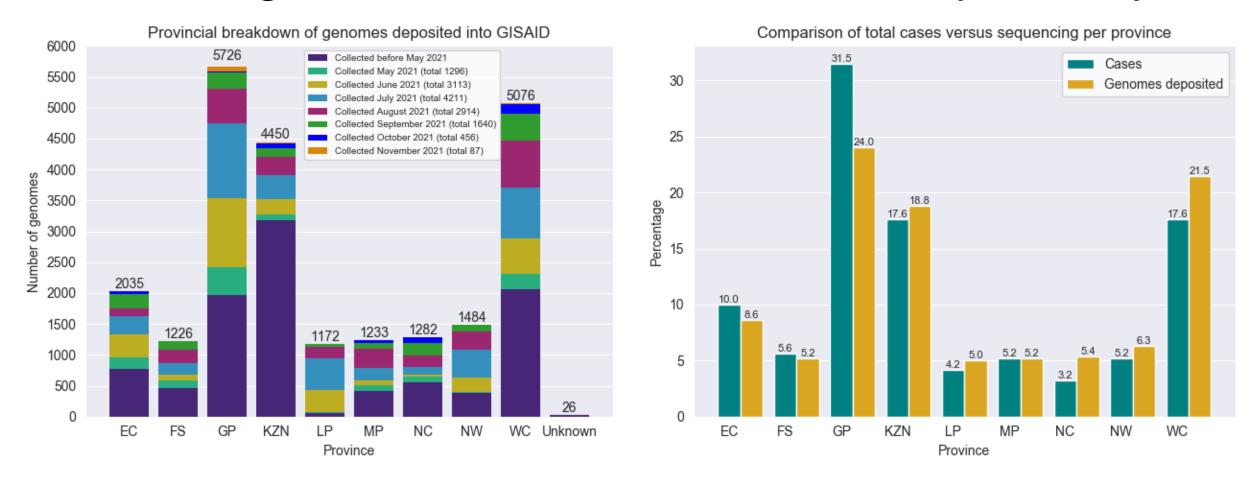


Bar graphs represent genomes sequenced per epiweek, with lines representing cases by collection date (weeks 18 – 46)
Genomes and cases presented as provincial total (percentage of national total) for epiweeks 18 – 46
PTP: percentage testing positive in week 46 (14 Nov – 20 Nov); the arrow indicates direction of change since the previous week (7 Nov – 13 Nov)





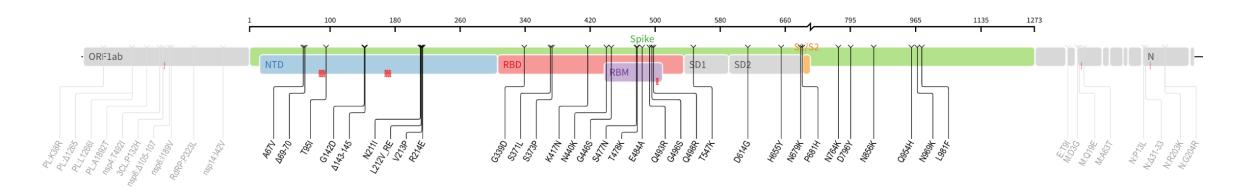
GISAID genomes vs total cases, 2020 and 2021 (N=23 623)



All provinces, apart from GP, KZN, NC and WC, have comparable percentage of overall cases and overall sequenced genomes. The majority of November sequencing data is from Gauteng.



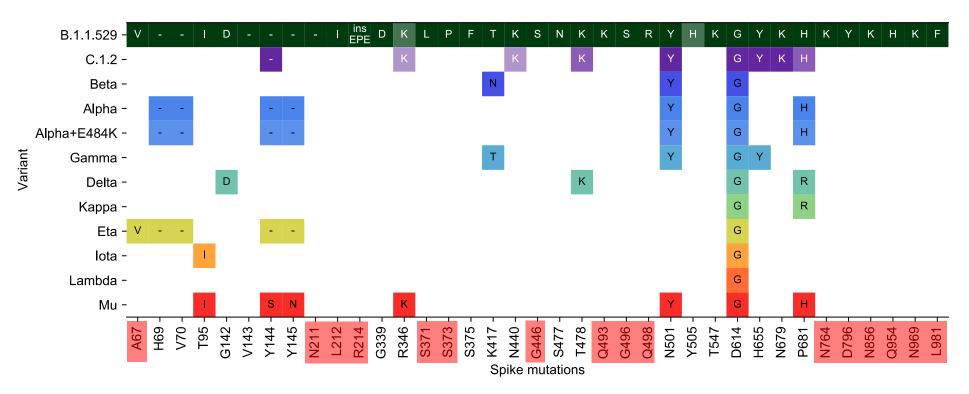
B.1.1.529 lineage mutation profile



- 45-52 amino acid changes (including deletions) across the whole GENOME
 - 26-32 changes in SPIKE
- Does <u>not possess</u> the RdRp G671S change associated with a decrease in Ct value for Delta variants
- Does possess the $\Delta 69-70$, which causes the S-Gene Target Failure (SGTF) and was previously seen in the Alpha VOC
- Sequences identified from Botswana, Hong Kong and South Africa



B.1.1.529 spike mutations compared to other VOC/VOIs

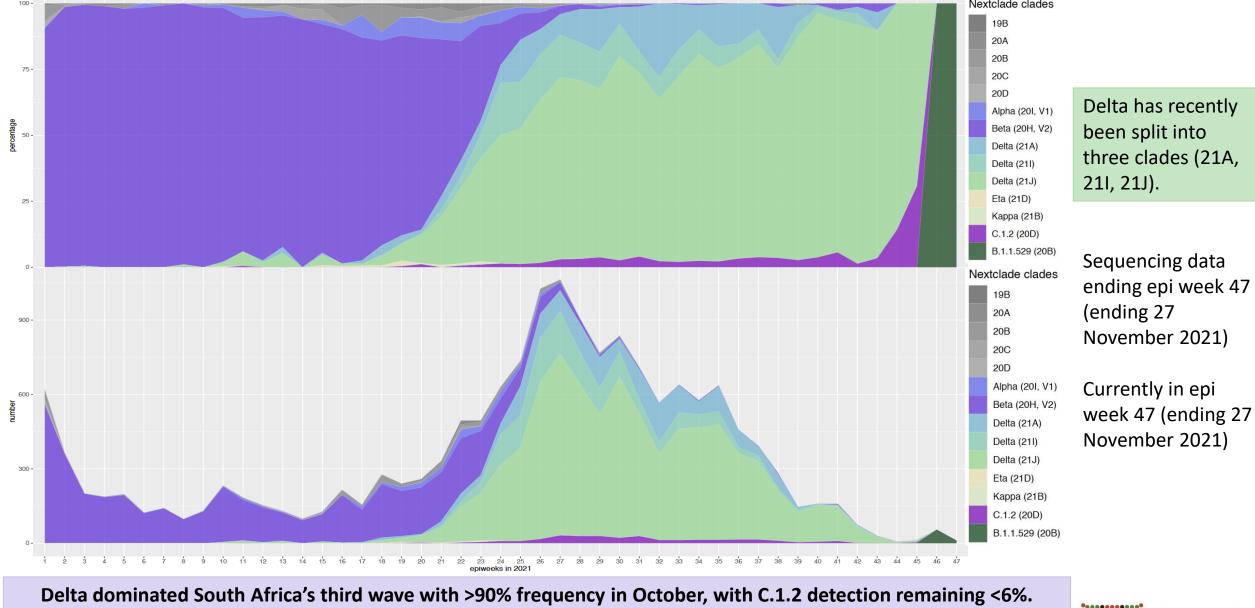


Mutations with unknown or unconfirmed impact

- Multiple changes within the two immunogenic regions in S1 (NTD and RBD)
 - including a three amino acid insertion
- Accumulation of mutations surrounding the furin cleavage site
 - Including combination of N679K and P681H
- Effect of most spike S2 subunit changes have not been defined



Proportion and number of clades by epiweek in South Africa, 2021 (N= 17 315)

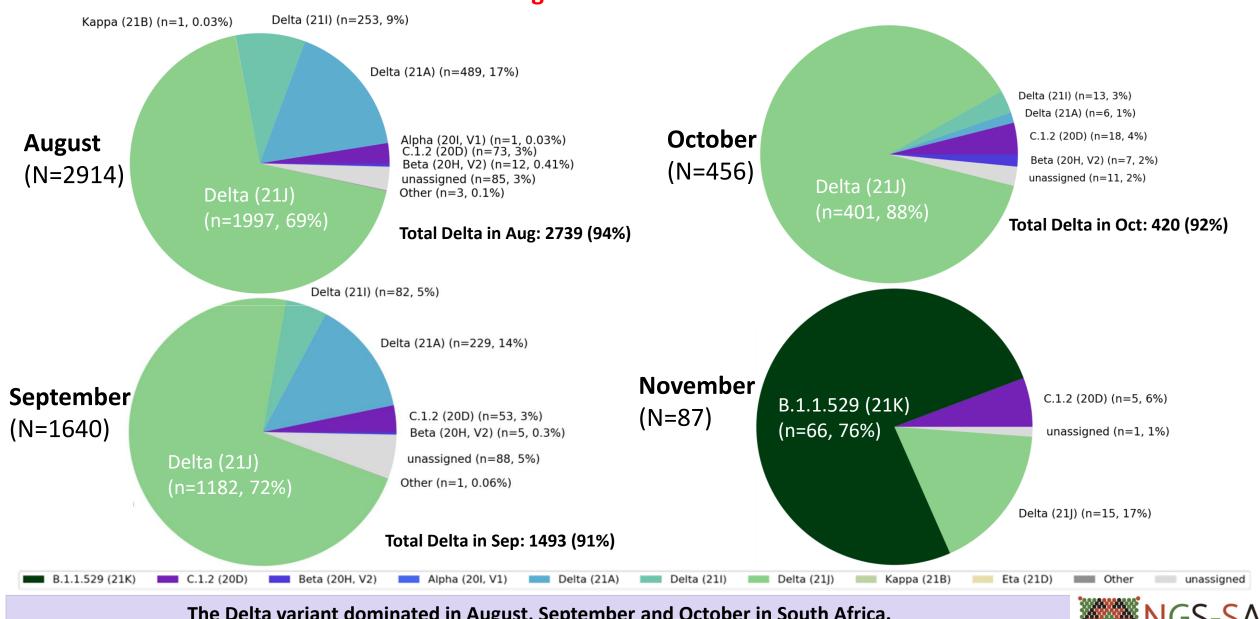


Delta dominated South Africa's third wave with >90% frequency in October, with C.1.2 detection remaining <6%. B.1.1.529 dominates November sequencing data but estimates are based on <100 sequences, with the majority of these sequences from Gauteng.



Prevalence of Variants of Concern (VOC) and Variants of Interest (VOI) in





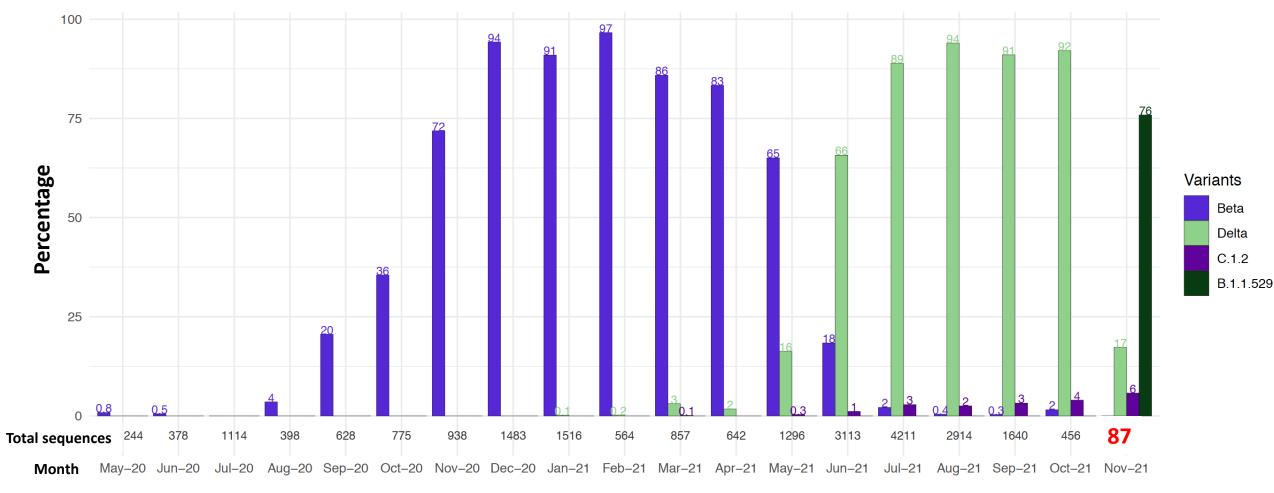
The Delta variant dominated in August, September and October in South Africa.

B.1.1.529 was first detected in South Africa in November, comprising 76% (66/87) of sequences.



Detection Rates: Beta, Delta, C.1.2 and B.1.1.529

Detection rates of variants being monitored in South Africa

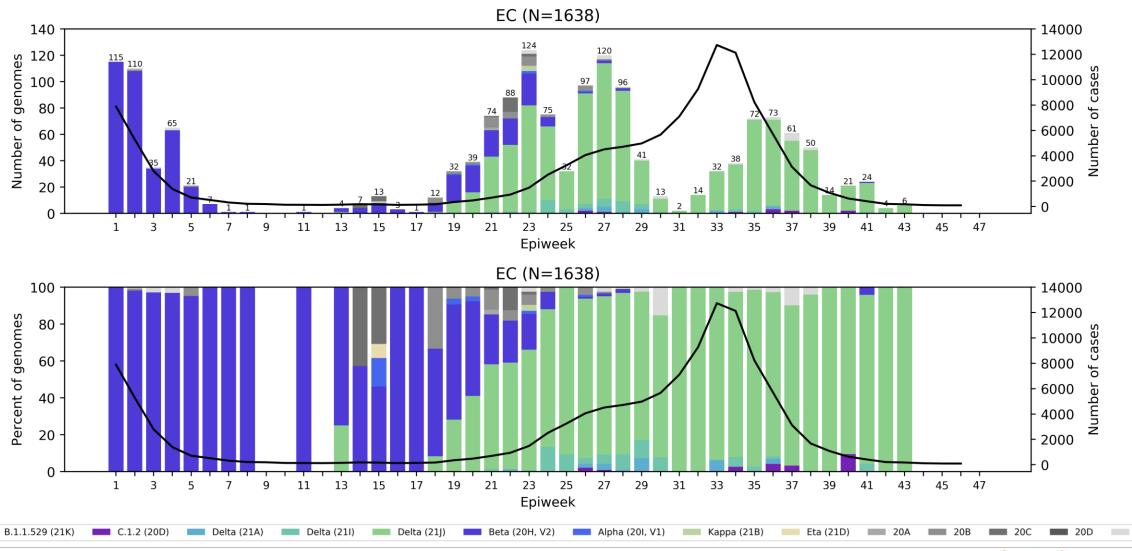


C.1.2 has been detected at ≤ 6% of sequences monthly.

B.1.1.529 was first detected in South Africa on November 14th. It makes up 76% (n=66/87) of November sequences released on GISAID.

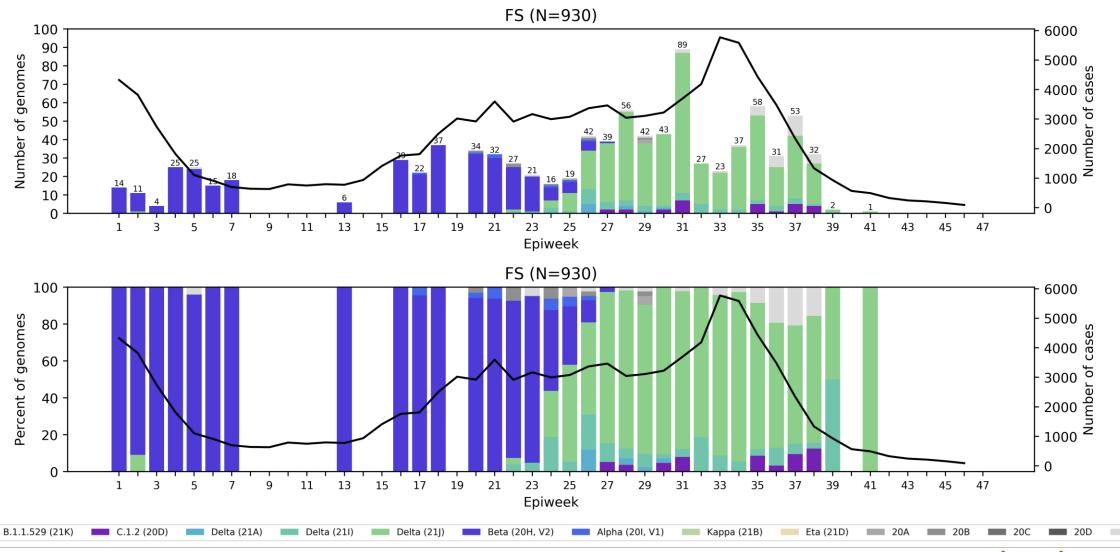


Eastern Cape Province, 2021, n = 1638



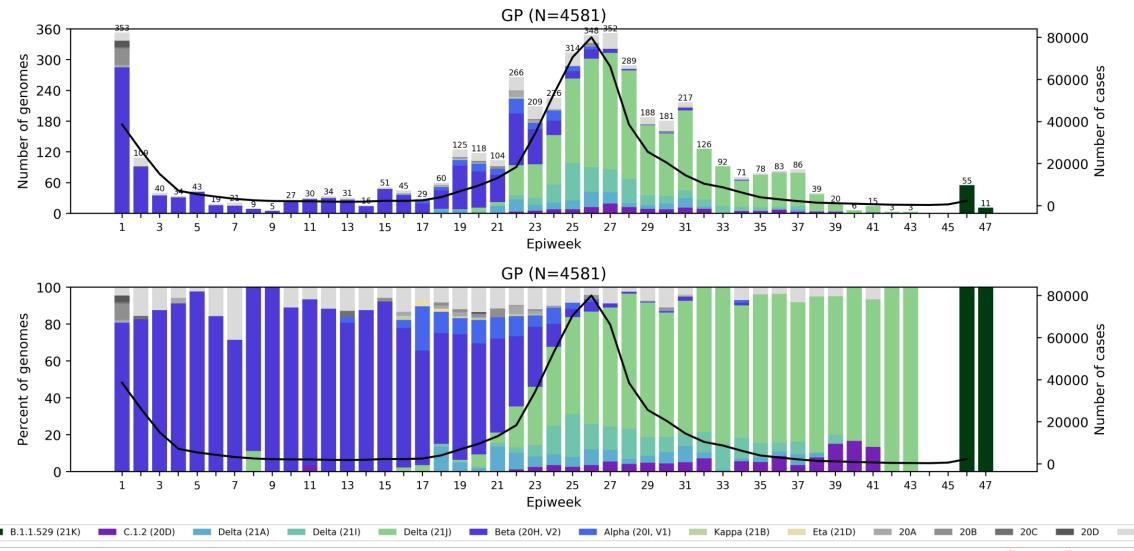


Free State Province, 2021, n = 930



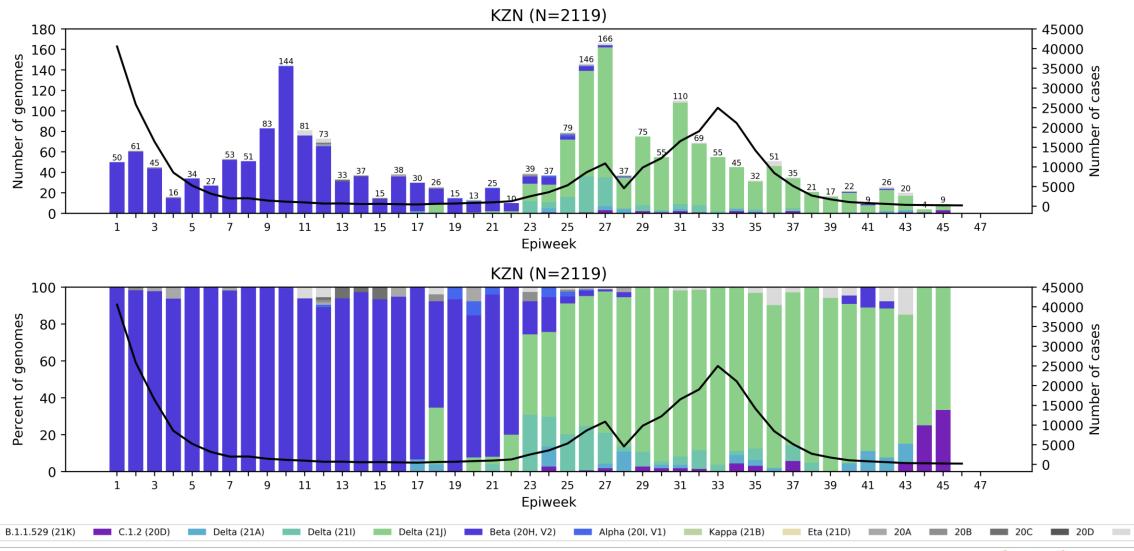


Gauteng Province, 2021, n =4581



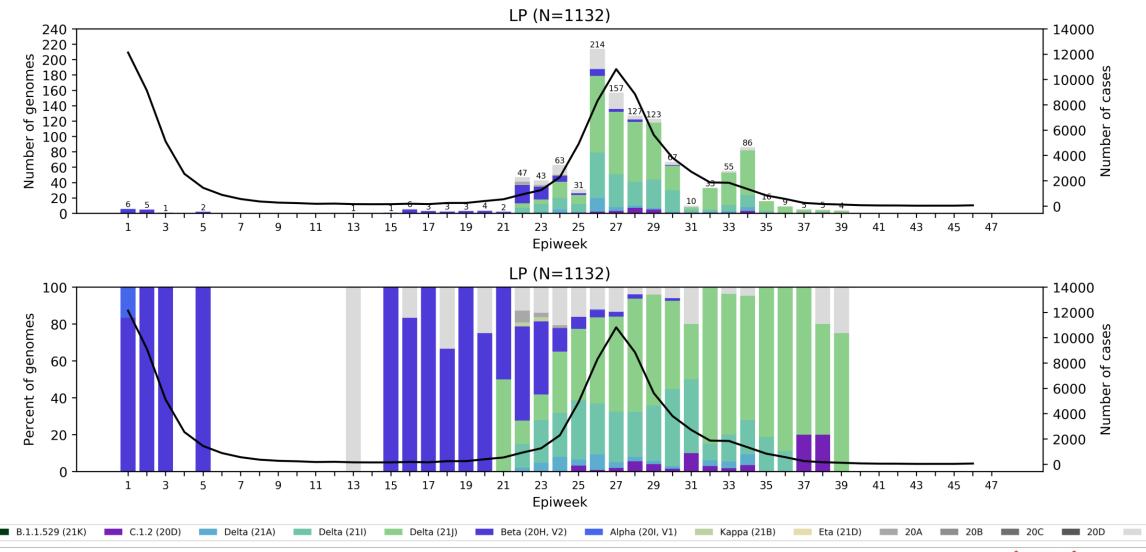


KwaZulu-Natal Province, 2021, n = 2119



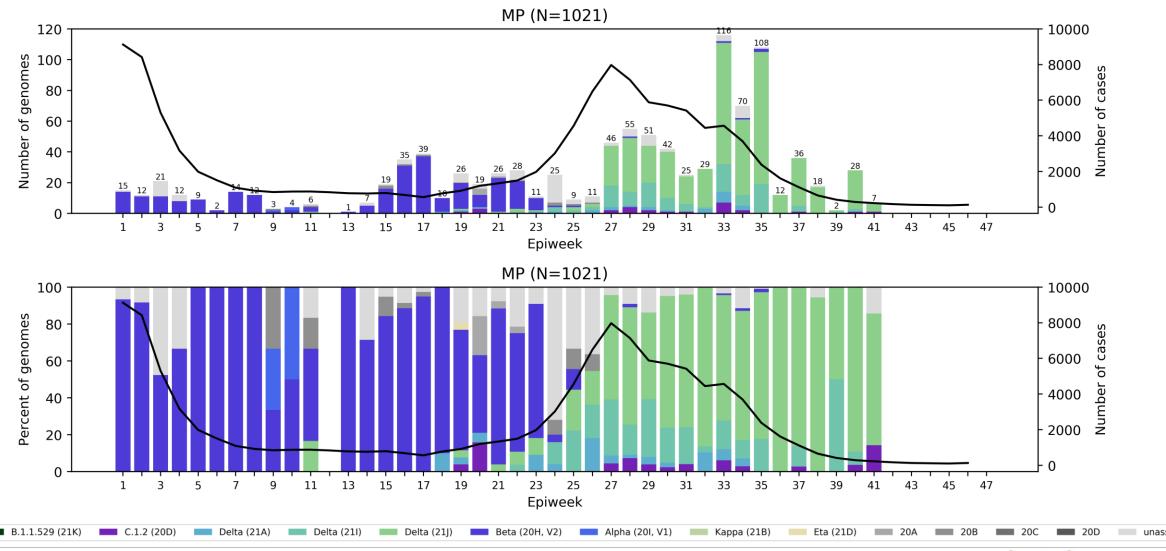


Limpopo Province, 2021, n = 1132



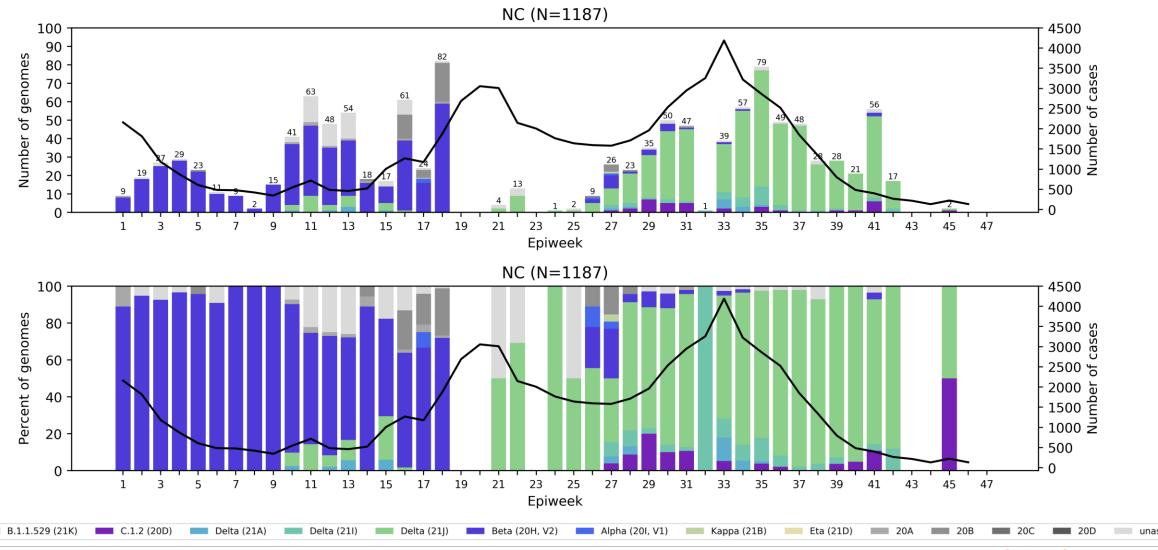


Mpumalanga Province, 2021, n = 1021



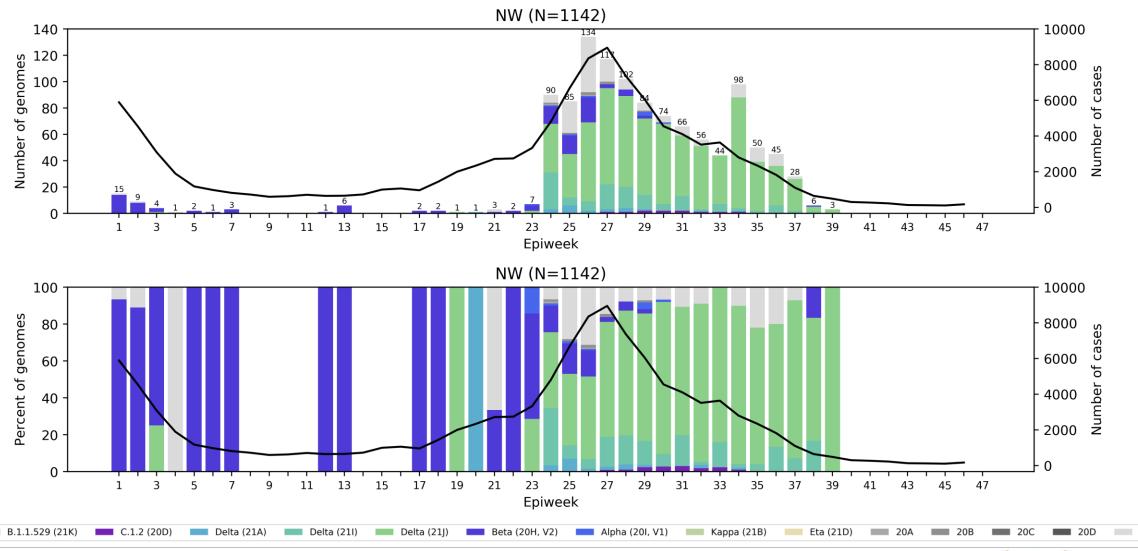


Northern Cape Province, 2021, n = 1187



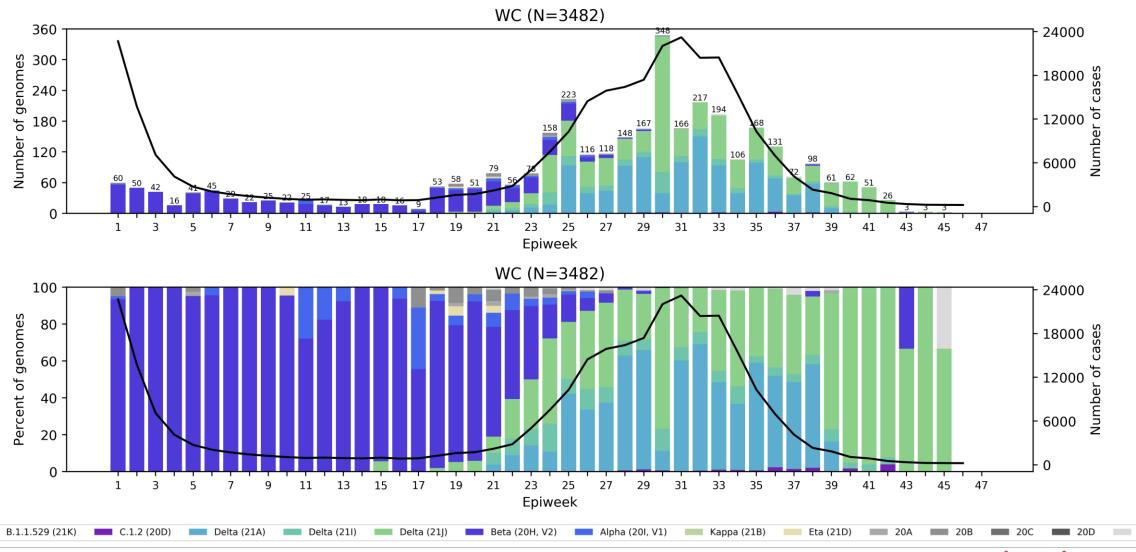


North West Province, 2021, n = 1142





Western Cape Province, 2021, n = 3482





Summary

- Delta variant dominated in all provinces until end October
 - The Delta sub-lineages vary by province
- C.1.2 lineage detected in all provinces of South Africa with prevalence of <6% of genomes, with increases detected in KZN and NC in November
- New B.1.1.529 lineage first detected from specimens collected in Gauteng on 12 November
 - B.1.1.529 dominates November sequencing data at 76% of genomes (n=66/87). However, total number sequences for November are low.
 - Sequencing is ongoing to determine prevalence of B.1.1.529 in other provinces.
 - Additional detections reported in Botswana and Hong Kong
 - B.1.1.529 has been assigned as NextStrain clade 21K
 - More information can be found at https://www.nicd.ac.za/frequently-asked-questions-for-the-b-1-1-529-mutated-sars-cov-2-lineage-in-south-africa/



























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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



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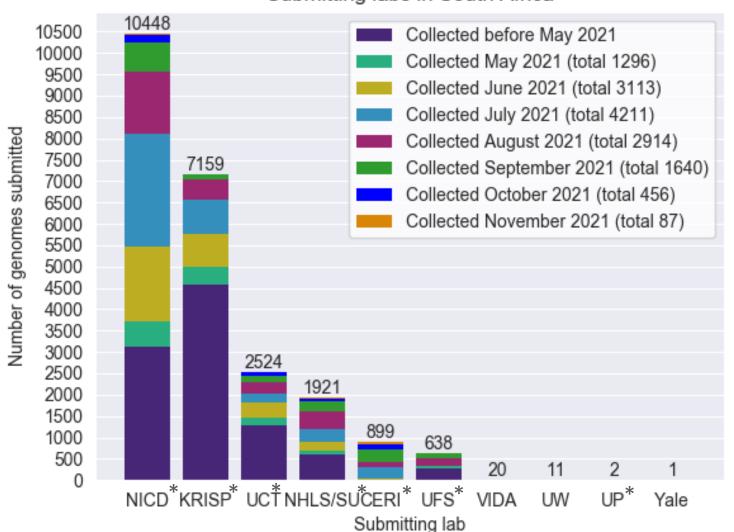








South African genomes submitted per submitting lab, 2020 and 2021 (N=23 623) Submitting labs in South Africa



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

UP: University of Pretoria

*NGS-SA laboratories



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 labe	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.)