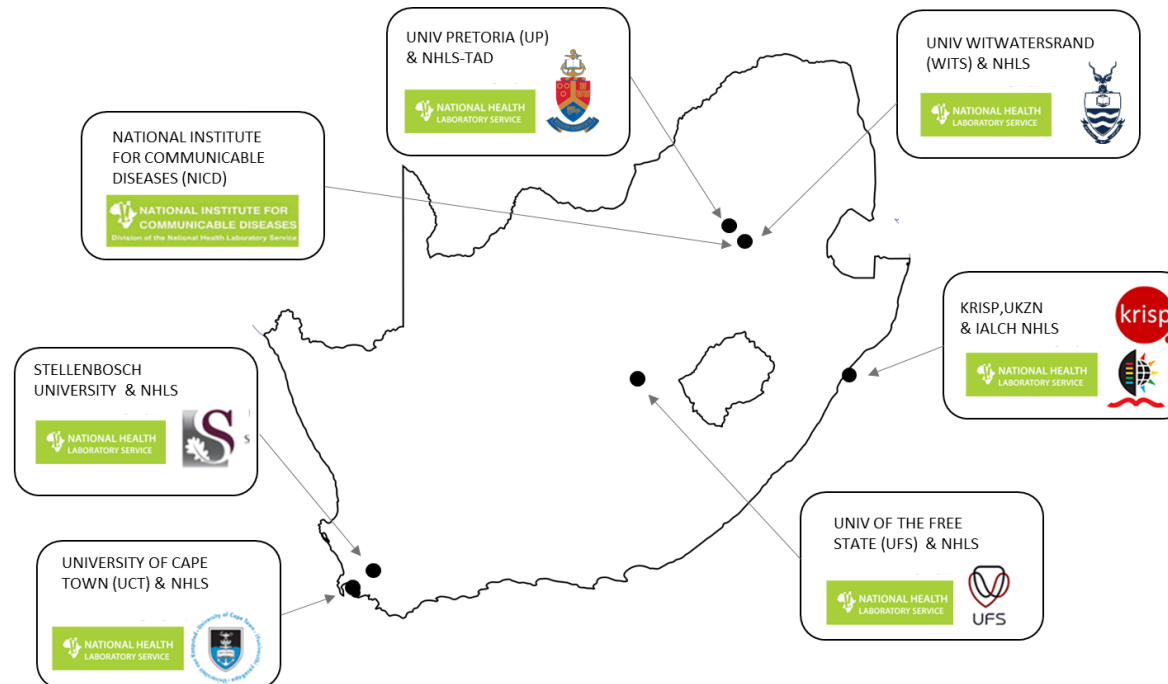


SARS-CoV-2 Sequencing Update 18 February 2022



Supported by the DSI and the SA MRC

Msomi N, Mlisana K, et al. Lancet Microbe 2020

The genomic data presented here are based on South African SARS-CoV-2 sequence data downloaded from GISAID (www.gisaid.org) on 18 February 2022 at 10h07



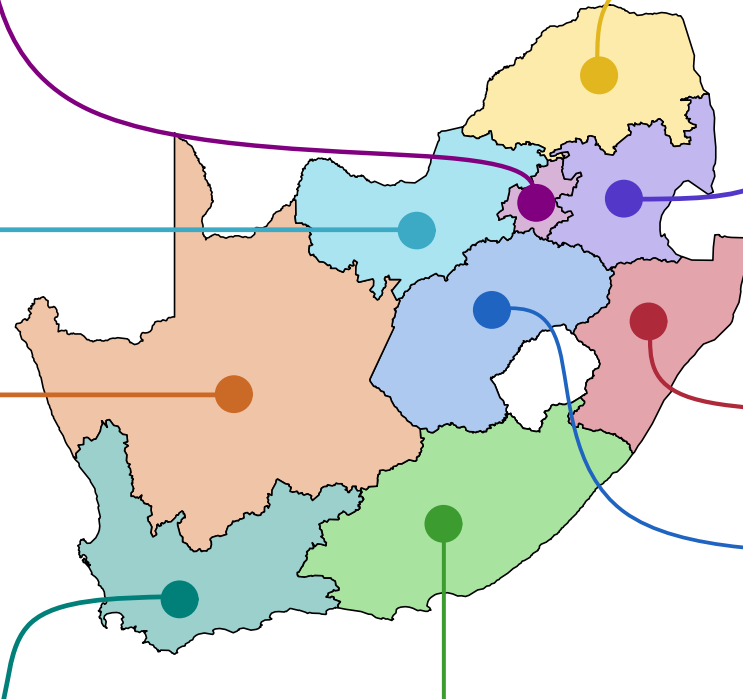
Data license: <https://www.gisaid.org/registration/terms-of-use/>

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 PMID: 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 PMID: PMC5388101

SARS-CoV-2

GENOMIC SURVEILLANCE epiweeks 39 (2021) - 6 (2022)



Gauteng ↓ PTP: 9.6%

Genomes Cases
2 085 (27.5%) 256 540 (35.5%)

Genomes deposited in the last week

104 33 63 3 6 1 1

North West ↓ PTP: 11.8%

Genomes Cases
368 (4.8%) 36 904 (5.1%)

Genomes deposited in the last week

14 3 12 1

Northern Cape ↓ PTP: 12.4%

Genomes Cases
479 (6.3%) 17 268 (2.4%)

Genomes deposited in the last week

1 4 5

Western Cape - PTP: 12.0%

Genomes Cases
1 506 (19.8%) 121 923 (16.8%)

Genomes deposited in the last week

38 10 13 45 1 3 1 1 2

Eastern Cape ↓ PTP: 5.4%

Genomes Cases
620 (8.2%) 52 039 (7.2%)

Genomes deposited in the last week

76 16 24 1

Limpopo ↓ PTP: 15.5%

Genomes Cases
402 (5.3%) 30 517 (4.2%)

Genomes deposited in the last week

100 17 41 2

Mpumalanga ↓ PTP: 18.8%

Genomes Cases
558 (7.4%) 36 973 (5.1%)

Genomes deposited in the last week

49 13 28 5

KwaZulu-Natal ↓ PTP: 8.1%

Genomes Cases
1 191 (15.7%) 134 659 (18.6%)

Genomes deposited in the last week

59 2 53 1

Free State ↓ PTP: 9.5%

Genomes Cases
380 (5.0%) 36 772 (5.1%)

Genomes deposited in the last week

1 1

Omicron (BA.1) Beta (20H, V2) 20A 20C
 Omicron (BA.1.1) Alpha (20I, V1) 20B 20D
 Omicron (BA.2) Delta (21A) C.1.2 Unassigned
 Omicron (BA.3) Delta (21I) Delta (21J) Cases

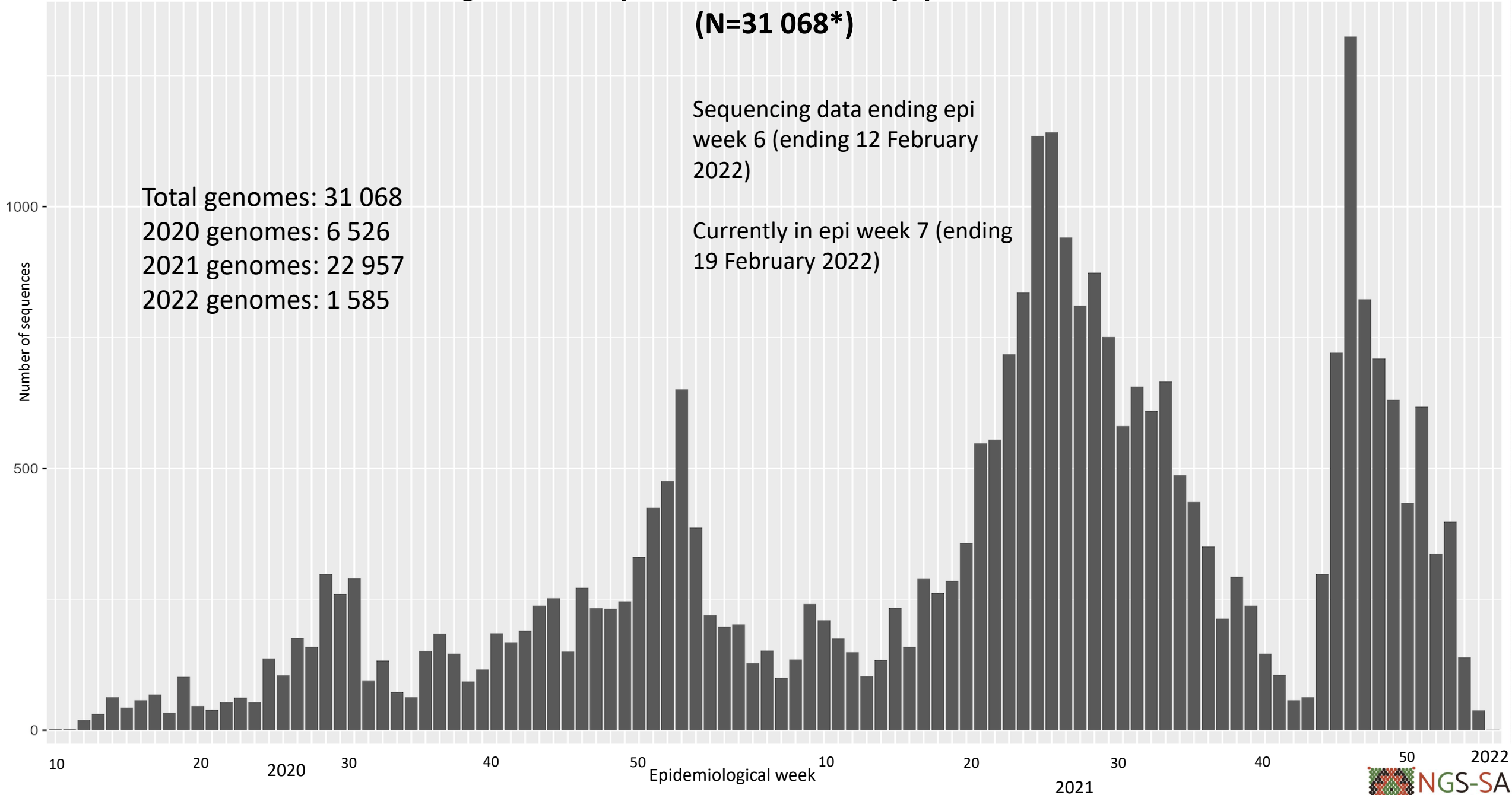
863 genomes deposited in the past week

Bar graphs represent genomes sequenced per epiweek, with lines representing cases by collection date (weeks 39 [2021] – 6 [2022])

Genomes and cases presented as provincial total (percentage of national total) for epiweeks 39 (2021) – 6 (2022)

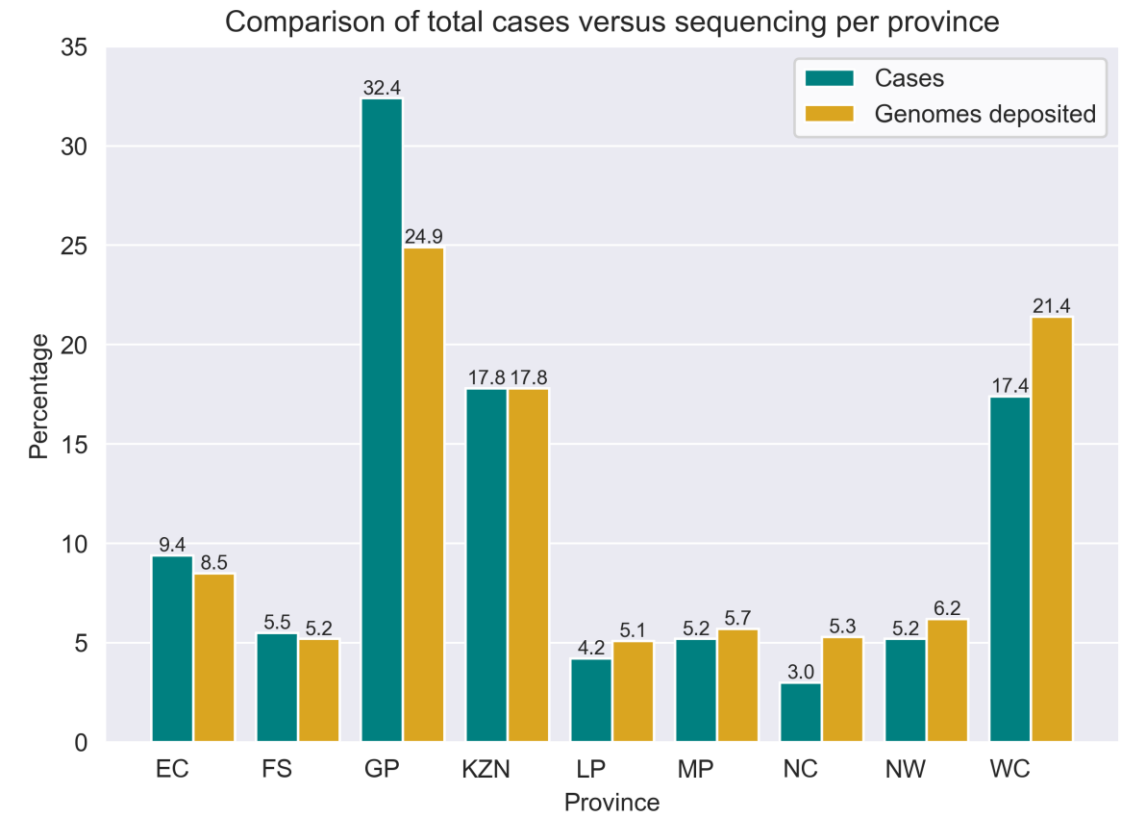
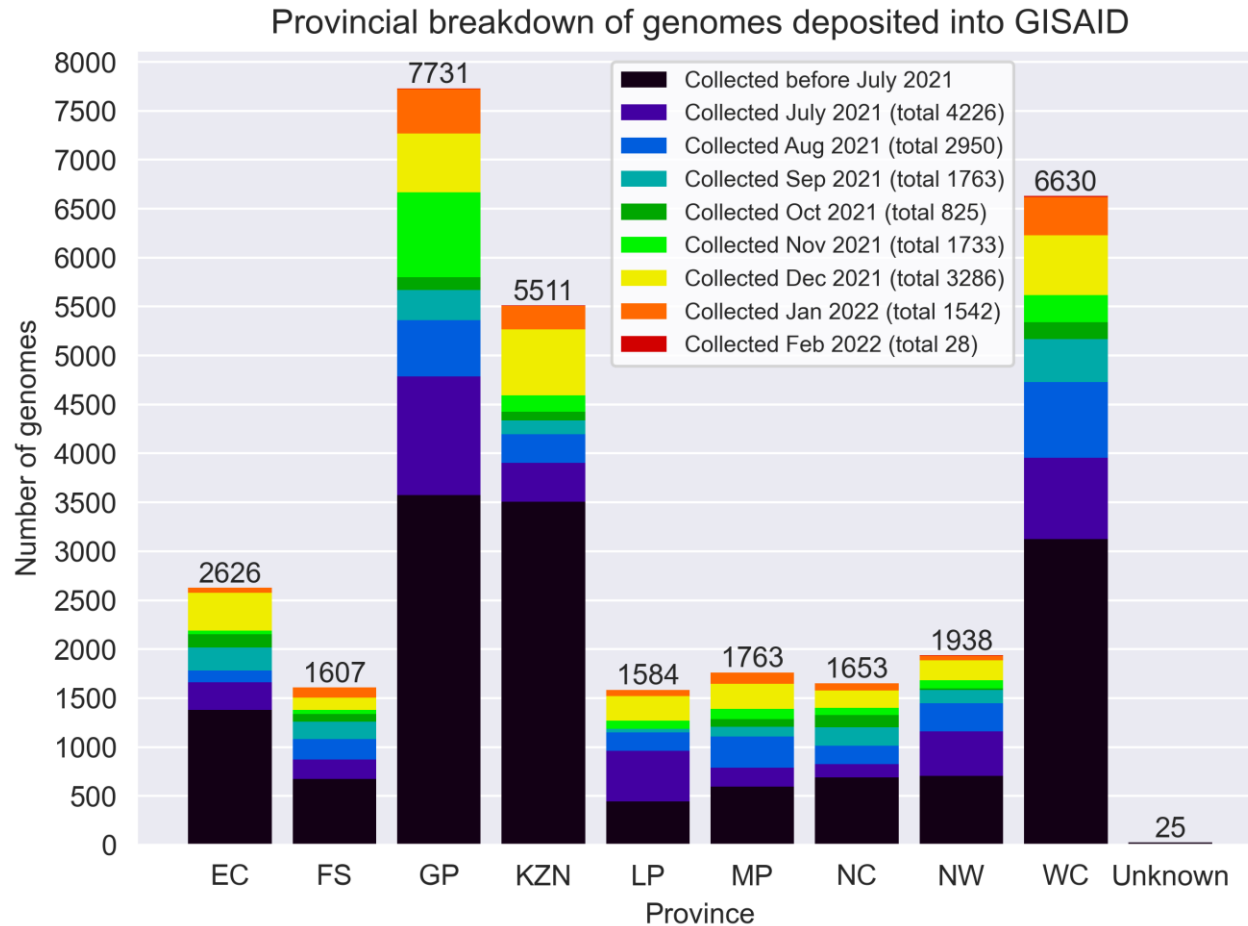
PTP: percentage testing positive in week 6 (6 Feb 2022 – 13 Feb 2022); the arrow indicates direction of change since the previous week (30 Jan 2022 – 5 Feb 2022)

Number of South African genomes deposited on GISAID, by specimen collection week, 2020 – 2022
(N=31 068*)



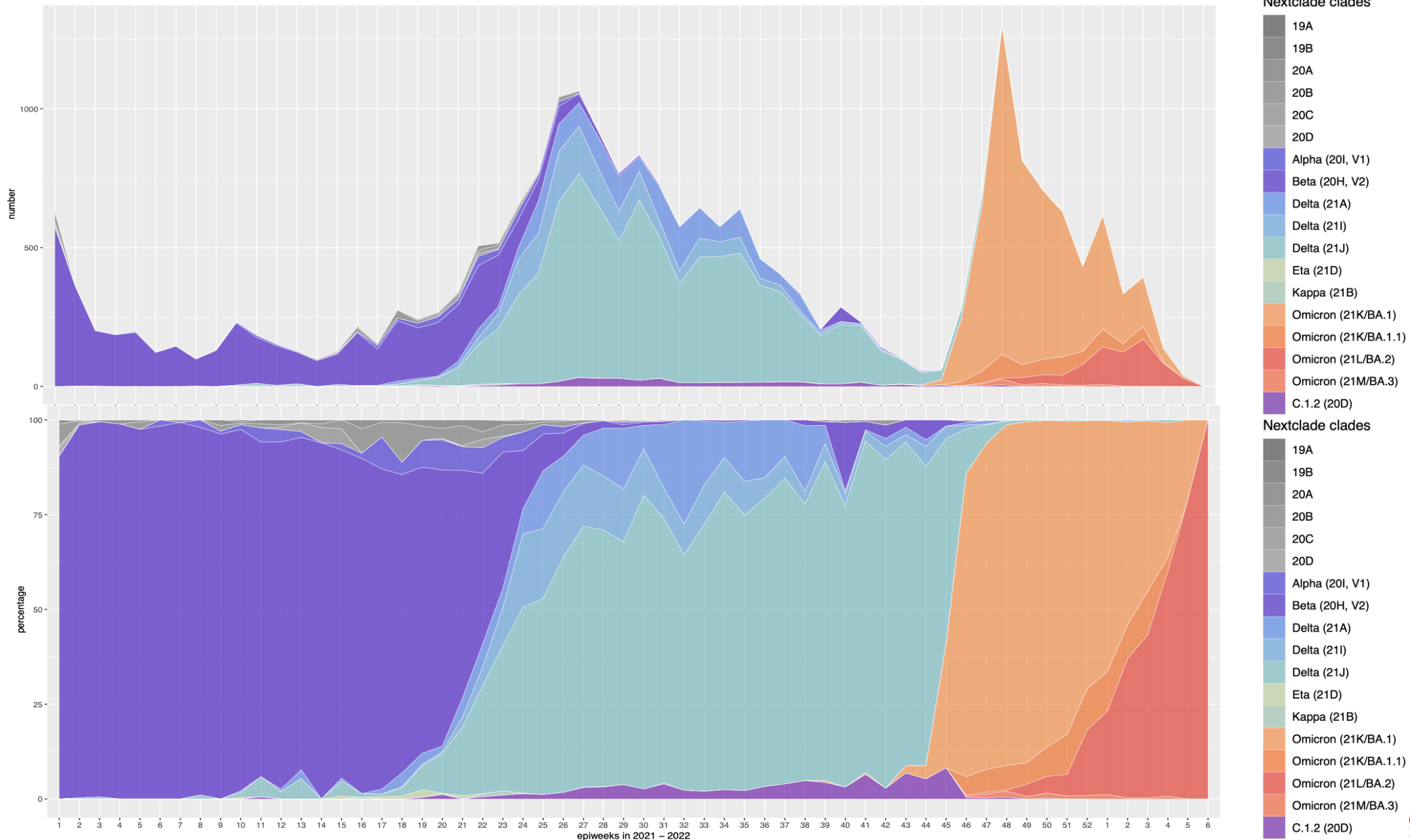
*This represents the cleaned, de-duplicated dataset of unique **National and Pneumonia Surveillance** sequences. This dataset will be used for all further figures.

GISAID genomes vs total cases, 2020 – 2022 (N=31 068)



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

Percentage and number of clades by epiweek in South Africa, 2021 - 2022 (N=24 496)



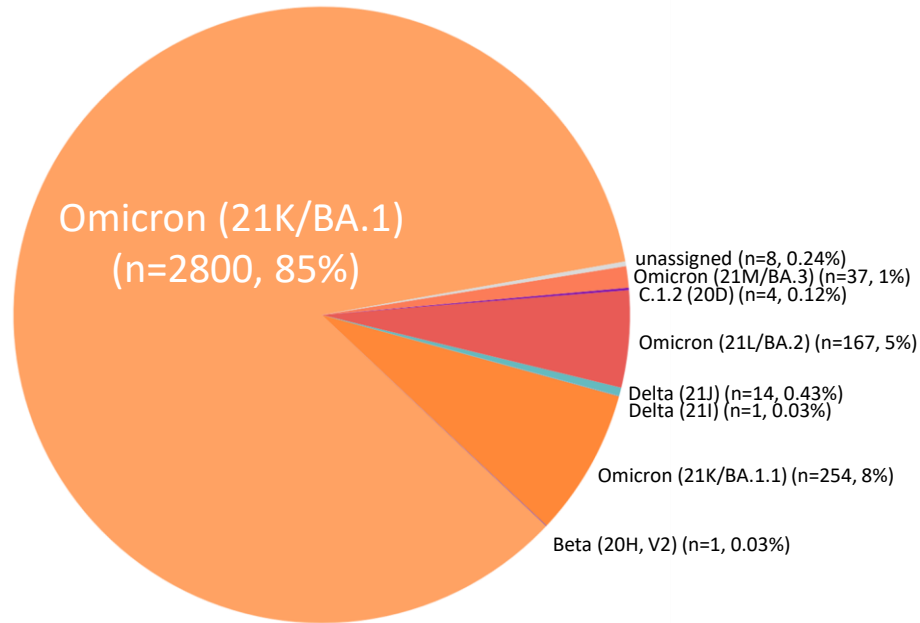
Sequencing data
ending epi week 6
(ending 12
February 2022)

Currently in epi
week 7 (ending 19
February 2022)

Delta dominated in South Africa until October at >80%. Omicron has dominated from November onwards.

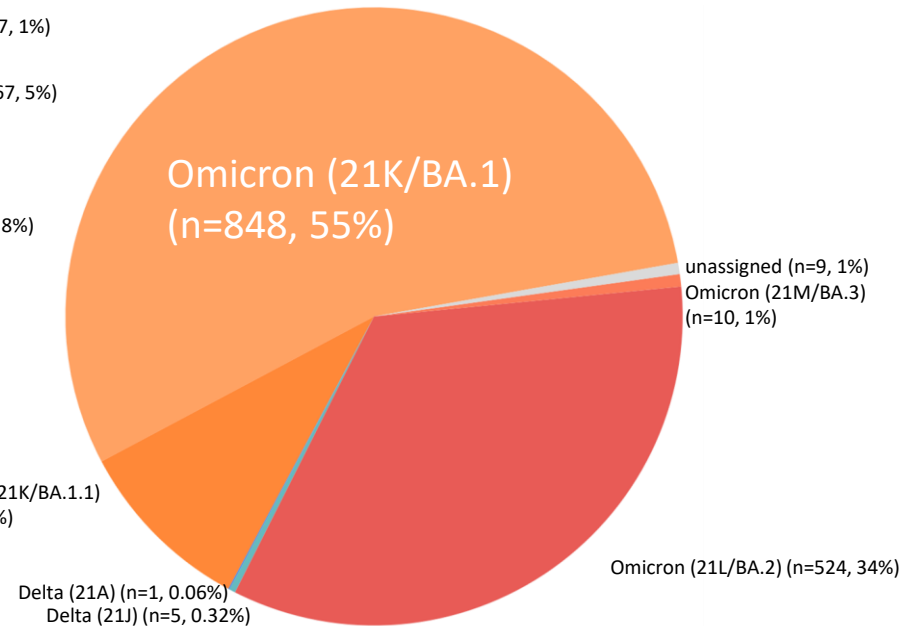
Prevalence of Variants of Concern (VOC) and Variants of Interest (VOI) in Dec 2021 – Feb 2022

December (N=3286)



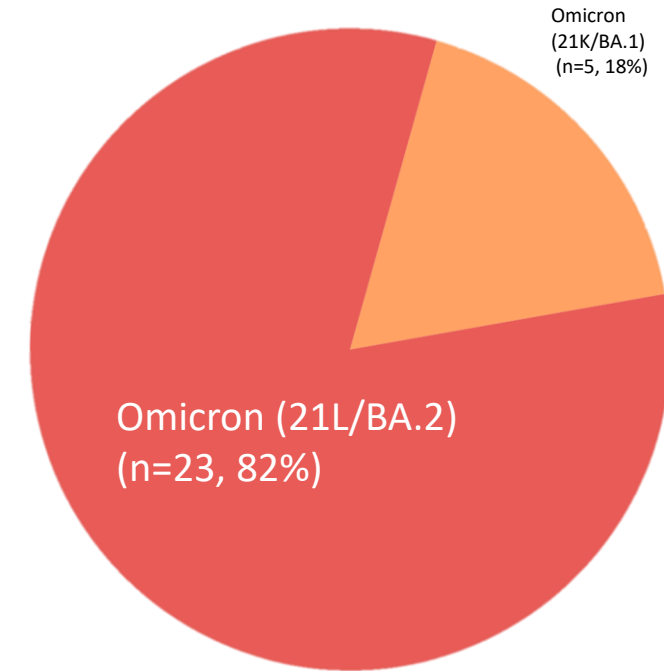
Total Omicron in Dec: 3258 (99.2%)

January (N=1542)



Total Omicron in Jan: 1527 (99.1%)

February (N=28)



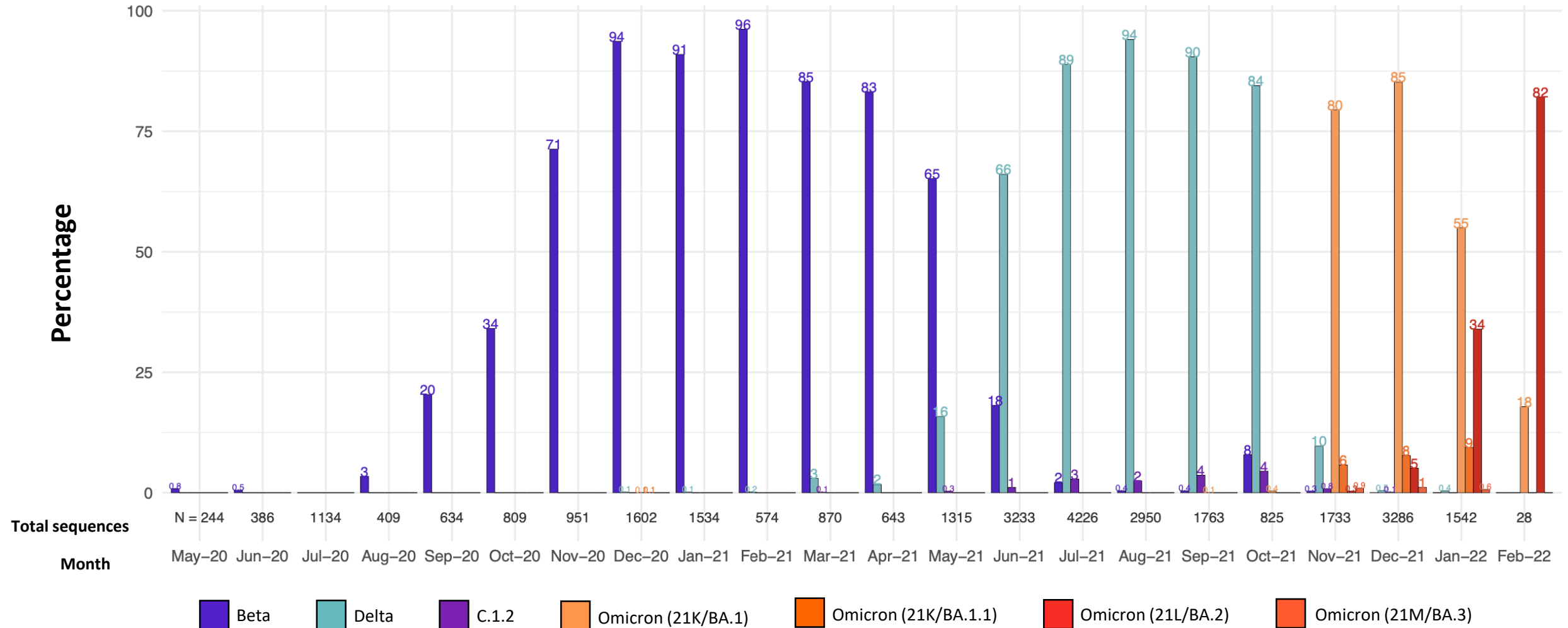
Total Omicron in Feb: 28 (100%)



Omicron dominated in December (99%, 3258/3286) and January (99%, 1527/1542), and continues to dominate in February (100%, 28/28) with sublineage BA.2 increasing in prevalence.

Detection Rates: Beta, Delta, C.1.2 and Omicron

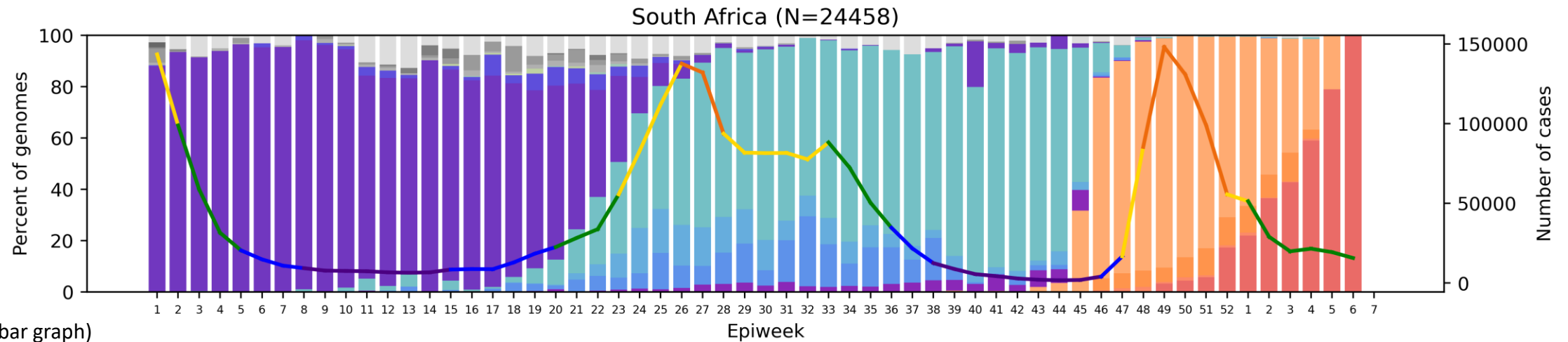
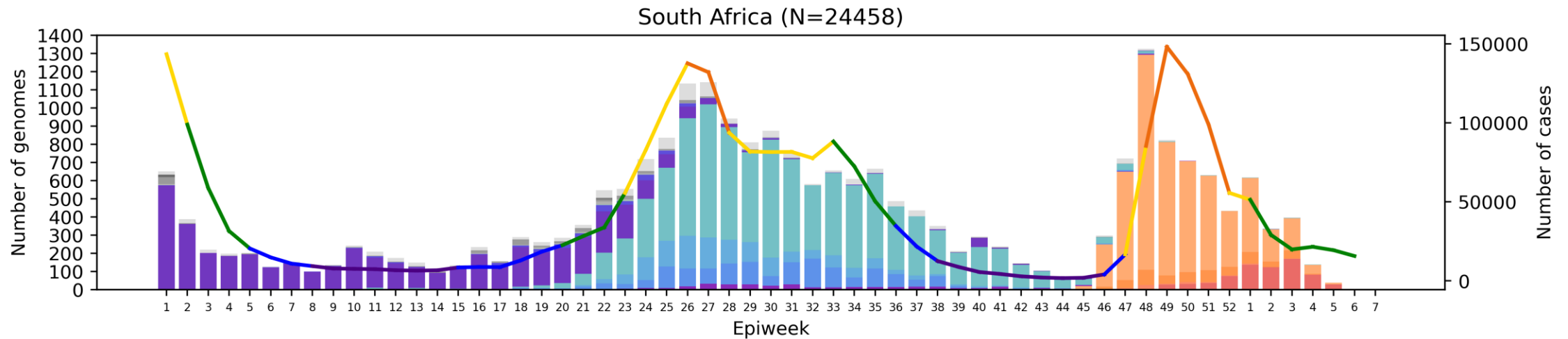
Detection rates of variants being monitored in South Africa*



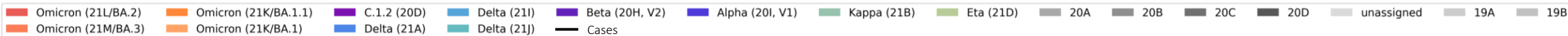
*Bars represent percentage prevalence of variant for the month; total sequences collected for the month are given below

Omicron has been dominant since November (>80% in November, >99% in December and January). BA.2 increased in frequency in January, making up 34% of genomes. BA.2 dominates in February (82%) but more sequencing data is required to confirm its prevalence.

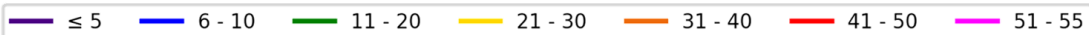
South Africa, 2021-2022, n = 24 458*



Clade key (bar graph)

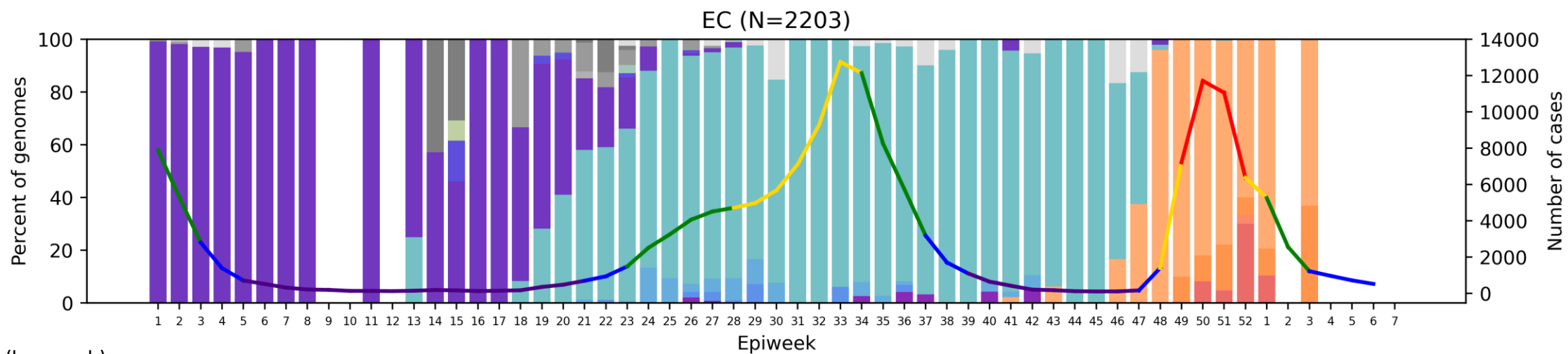
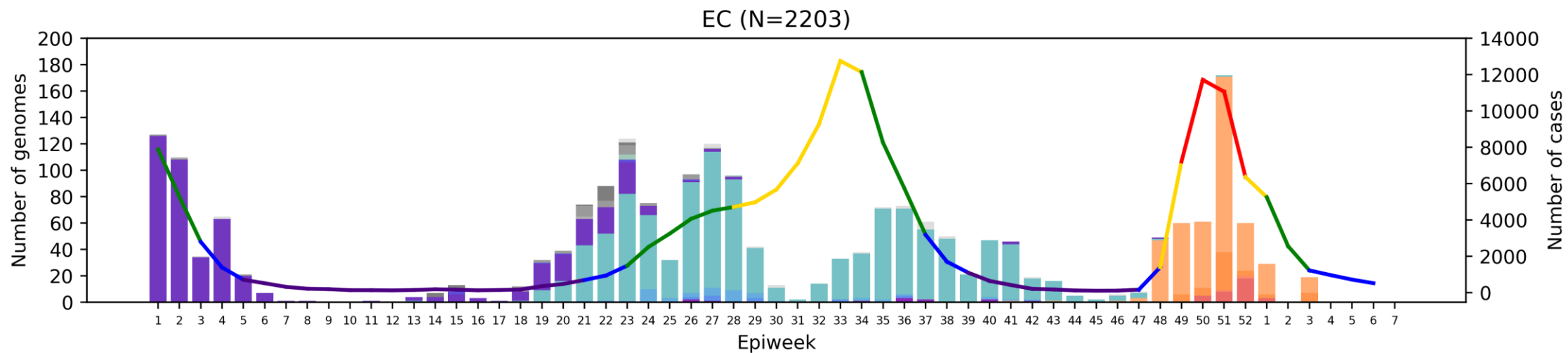


Weekly percentage testing positive key (line graph)

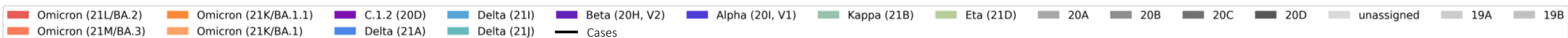


*Excludes sequences missing collection dates, as well as those collected January 1st and 2nd 2021 as they are part of epiweek 53 of 2020.

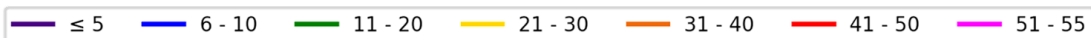
Eastern Cape Province, 2021-2022, n = 2203



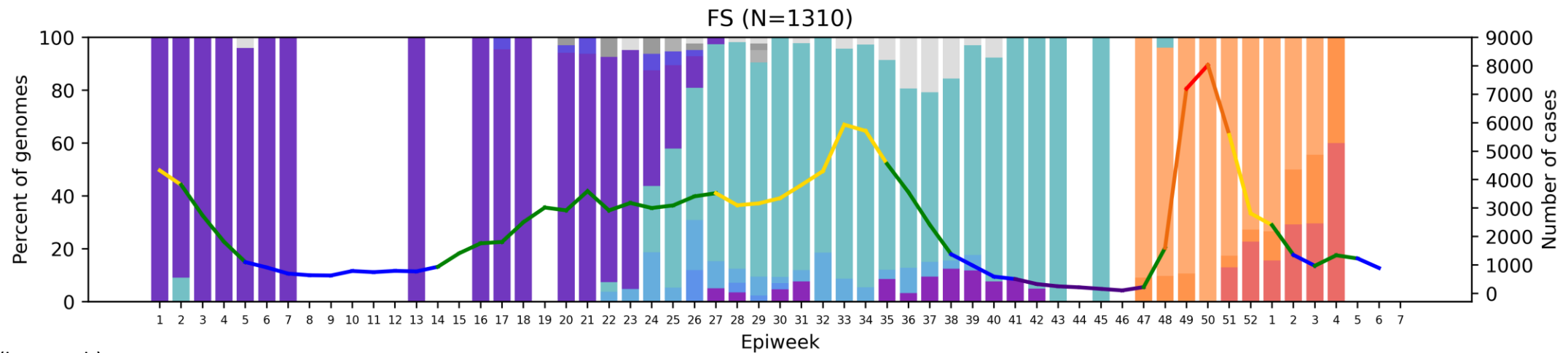
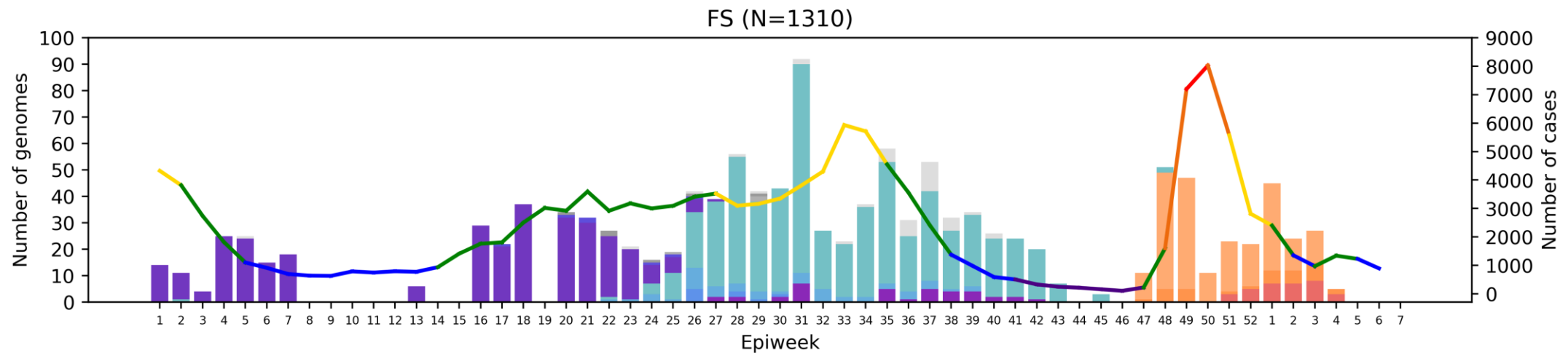
Clade key (bar graph)



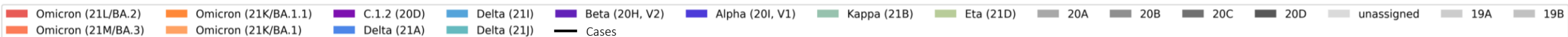
Weekly percentage testing positive key (line graph)



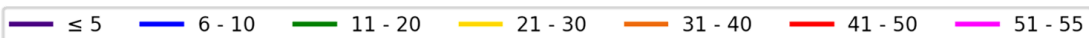
Free State Province, 2021-2022, n = 1310



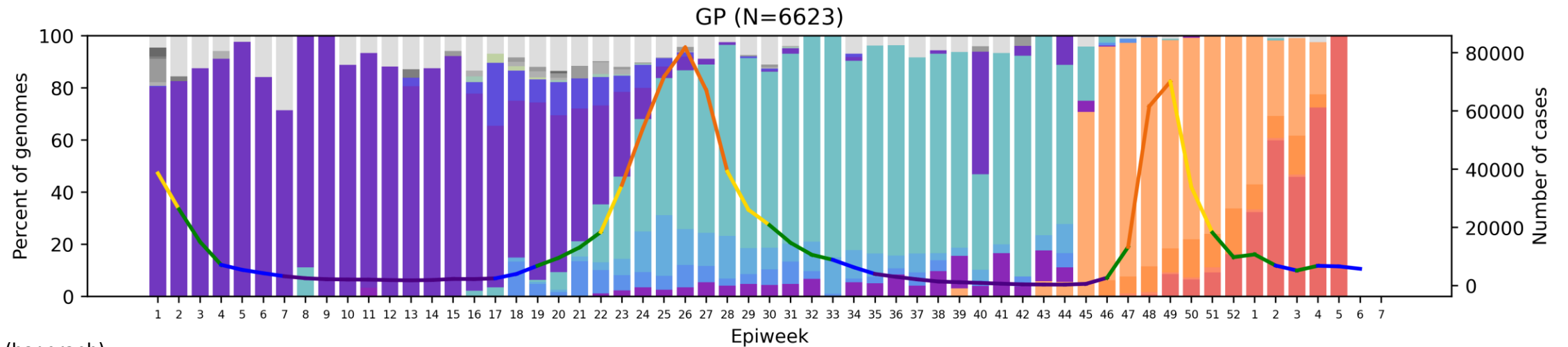
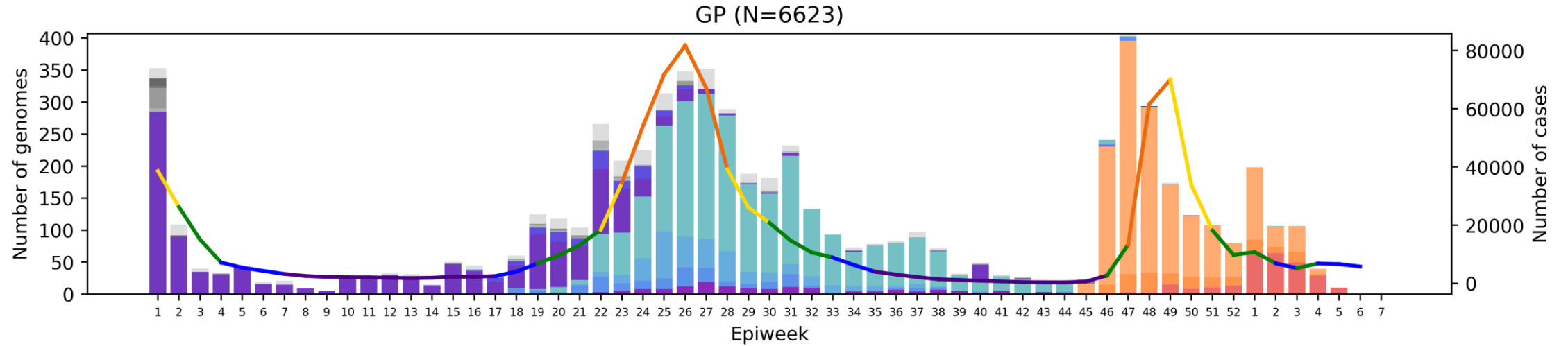
Clade key (bar graph)



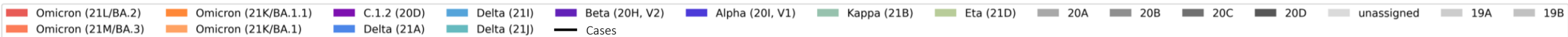
Weekly percentage testing positive key (line graph)



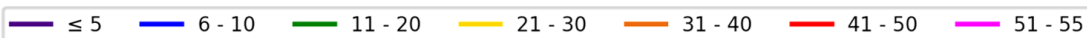
Gauteng Province, 2021-2022, n = 6623



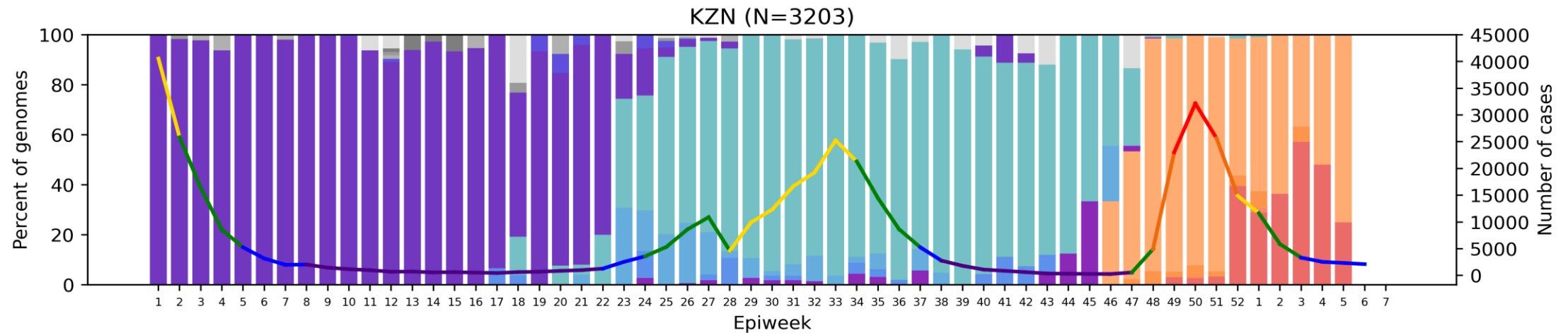
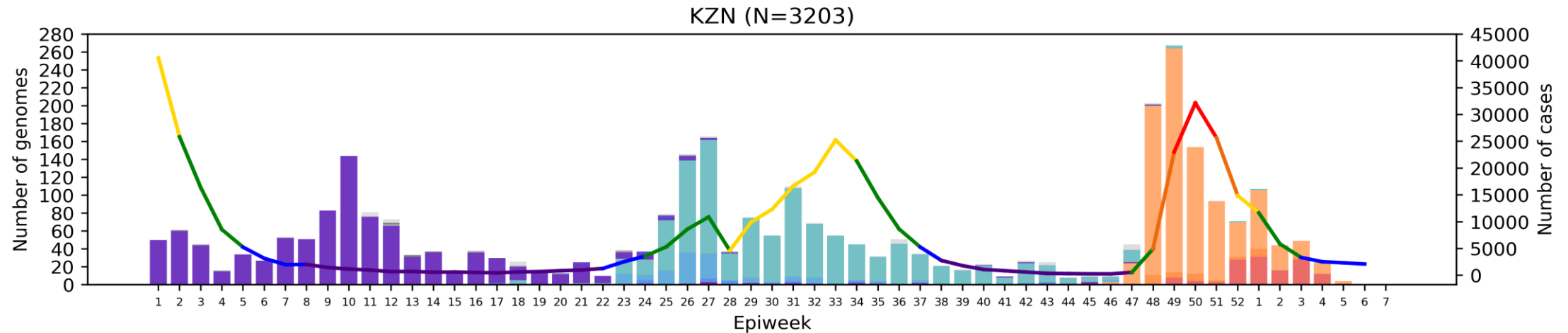
Clade key (bar graph)



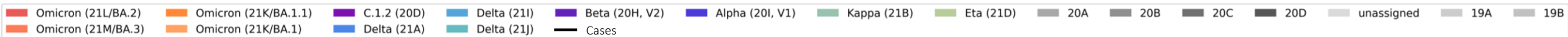
Weekly percentage testing positive key (line graph)



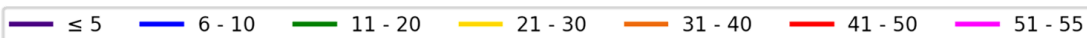
KwaZulu-Natal Province, 2021-2022, n = 3203



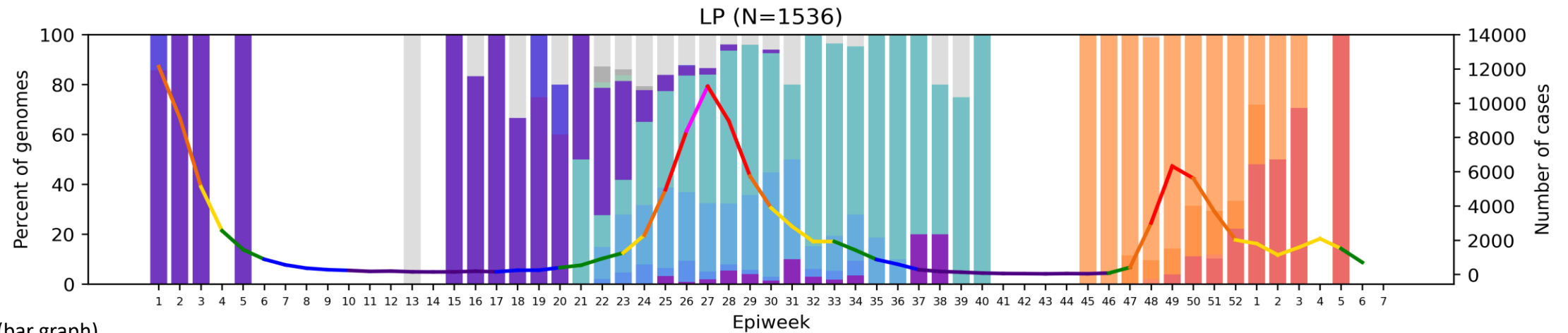
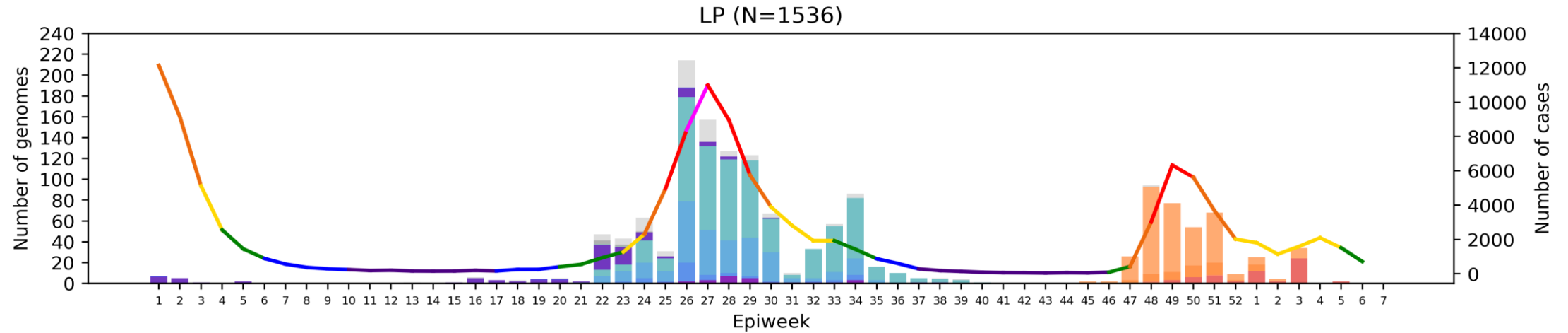
Clade key (bar graph)



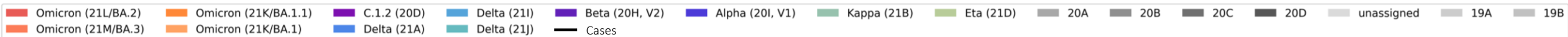
Weekly percentage testing positive key (line graph)



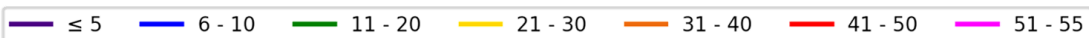
Limpopo Province, 2021-2022, n = 1536



Clade key (bar graph)

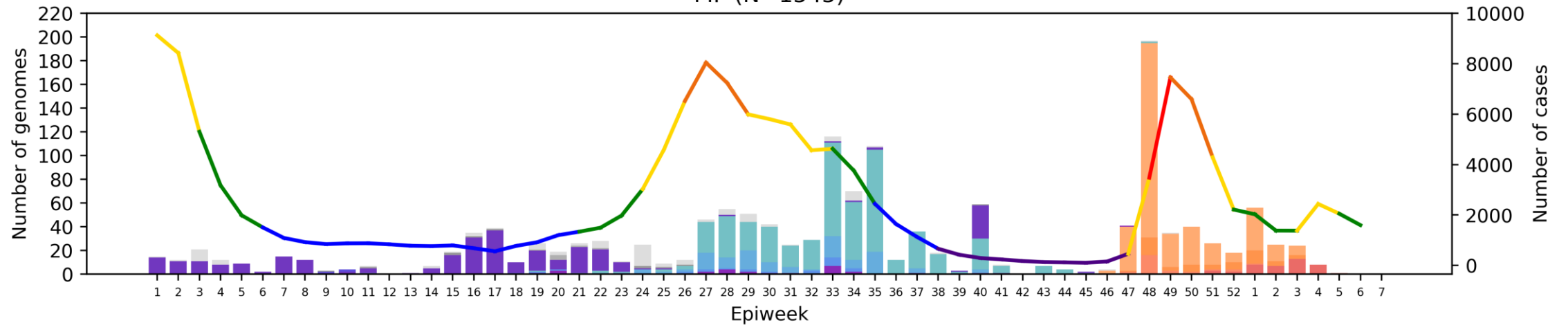


Weekly percentage testing positive key (line graph)

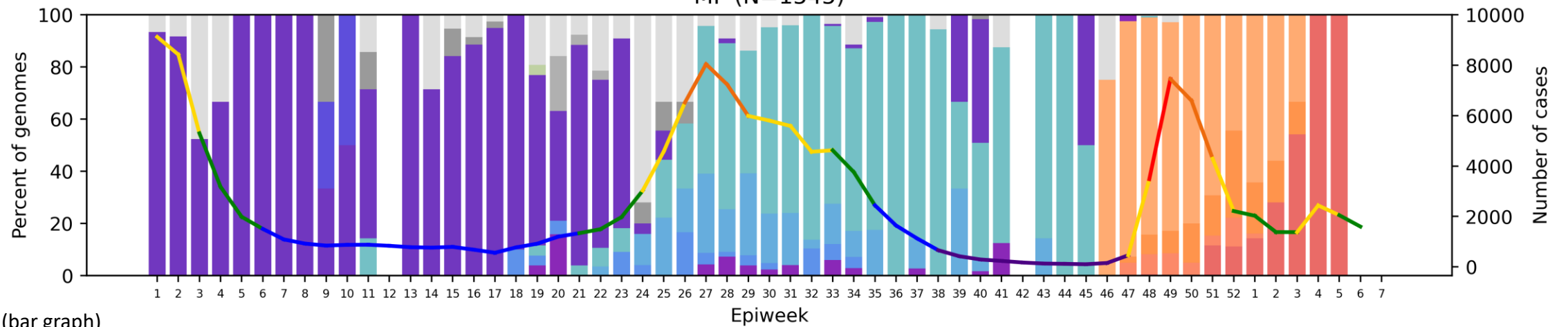


Mpumalanga Province, 2021-2022, n = 1545

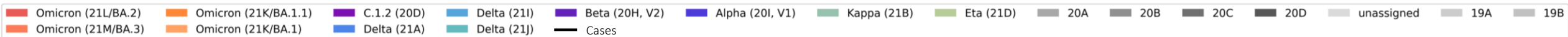
MP (N=1545)



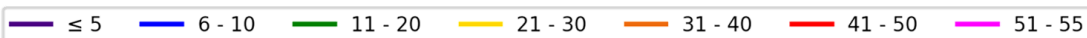
MP (N=1545)



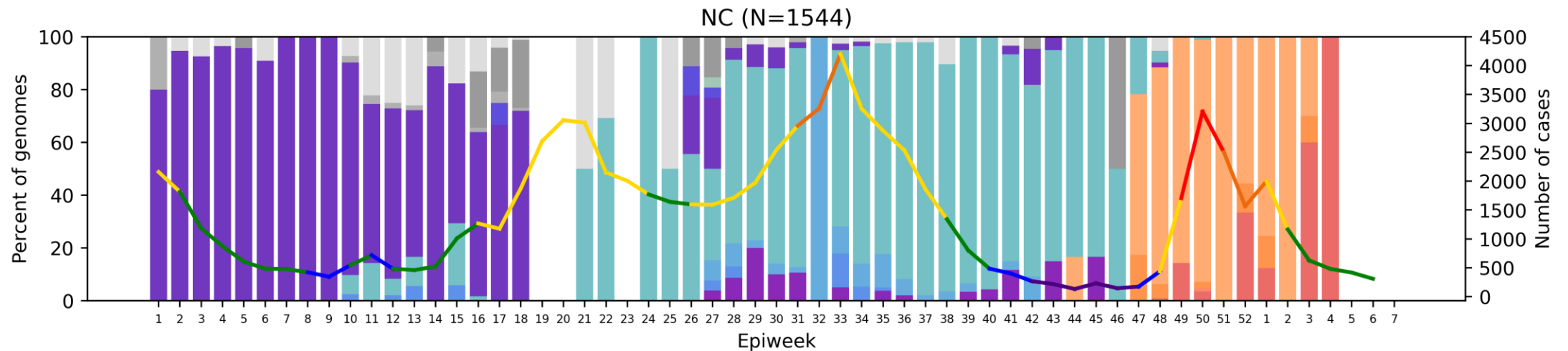
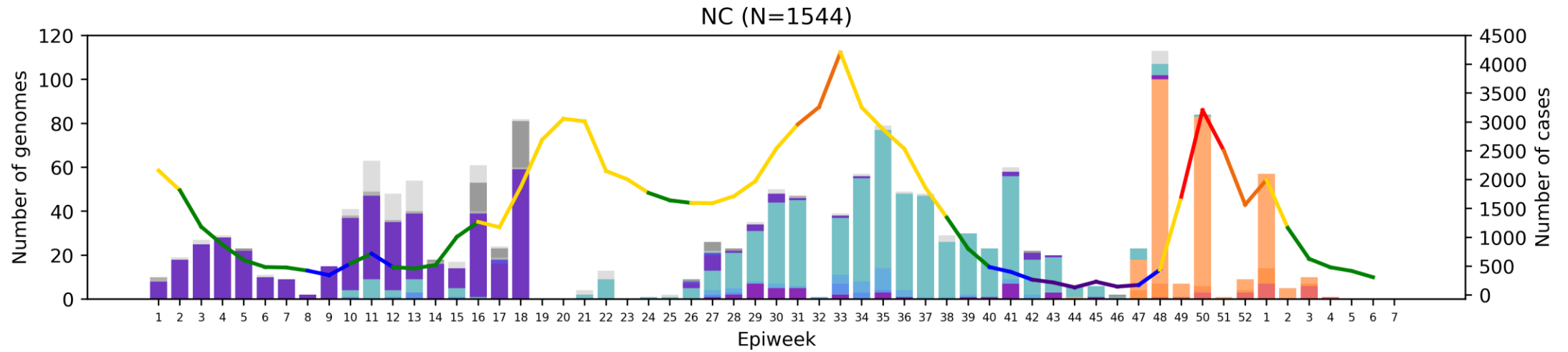
Clade key (bar graph)



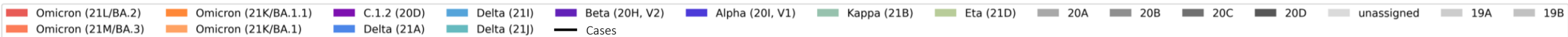
Weekly percentage testing positive key (line graph)



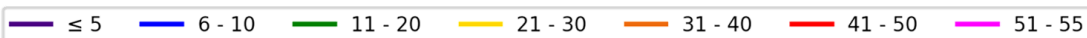
Northern Cape Province, 2021-2022, n = 1544



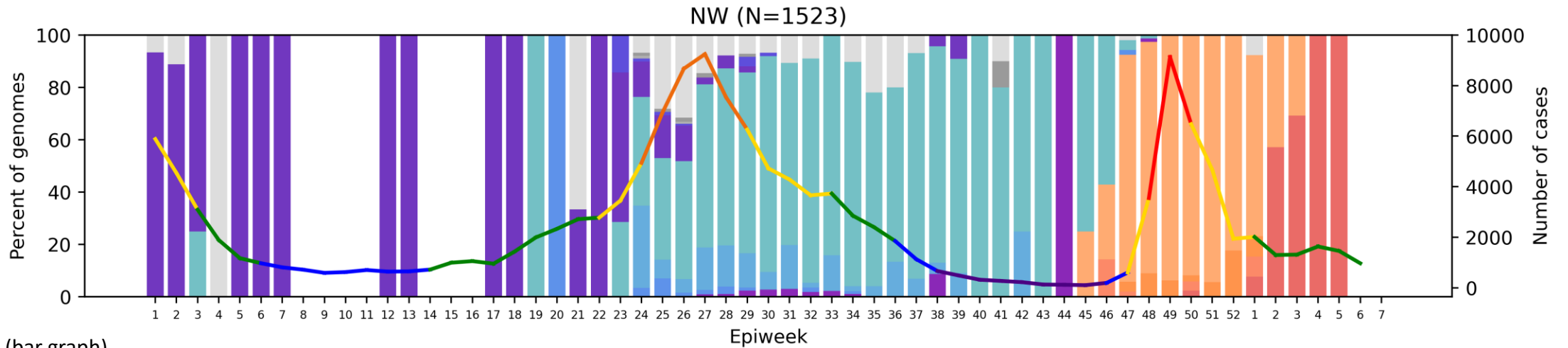
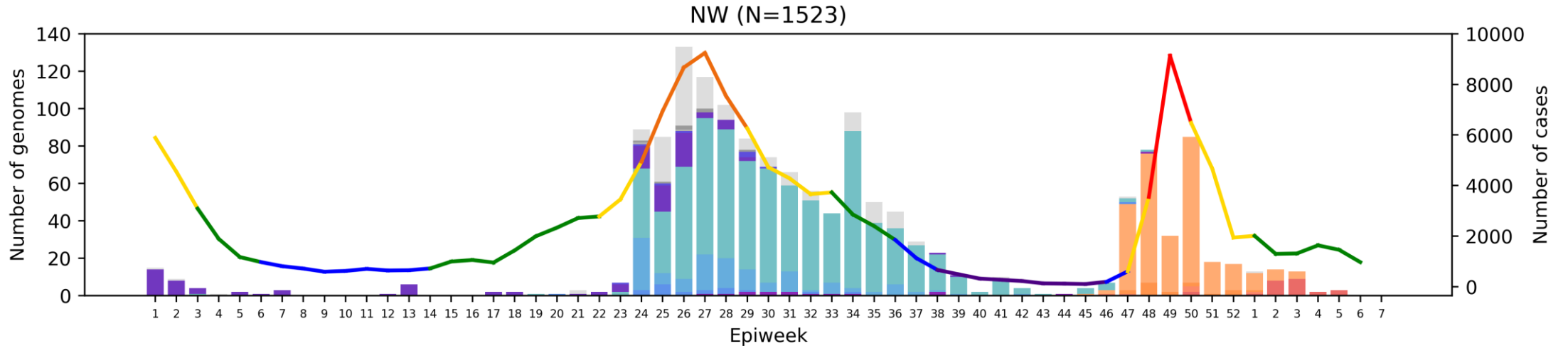
Clade key (bar graph)



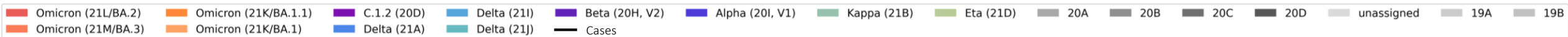
Weekly percentage testing positive key (line graph)



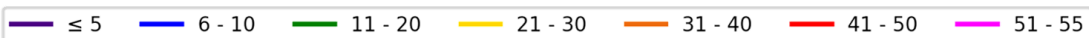
North West Province, 2021, n = 1523



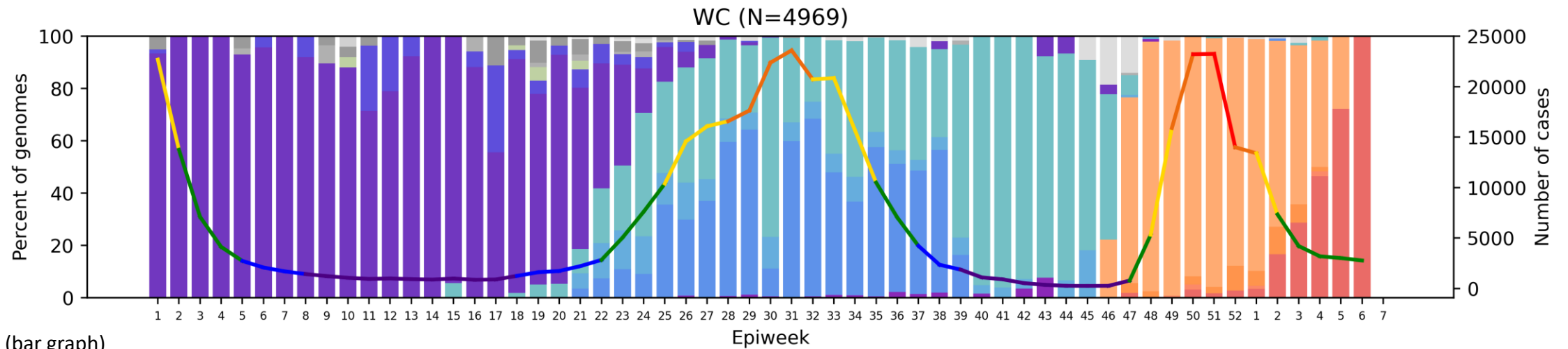
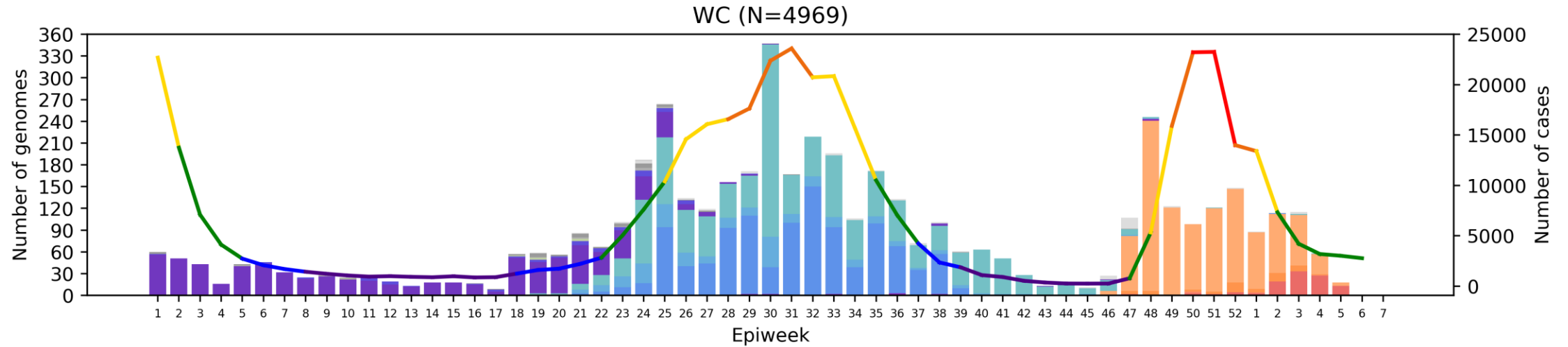
Clade key (bar graph)



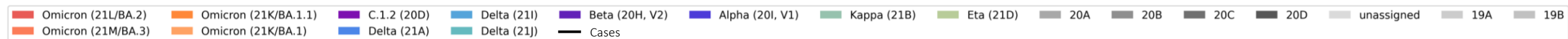
Weekly percentage testing positive key (line graph)



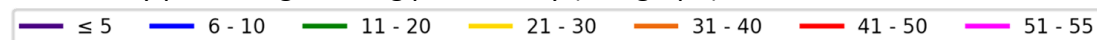
Western Cape Province, 2021-2022, n = 4969



Clade key (bar graph)



Weekly percentage testing positive key (line graph)

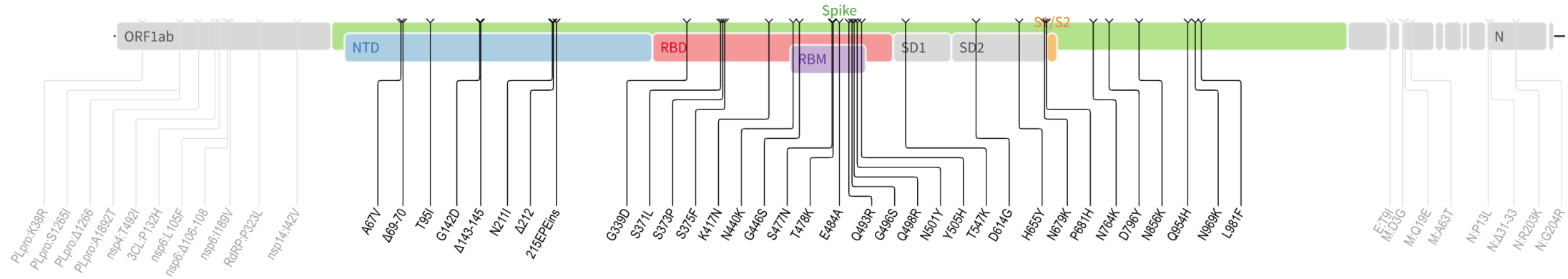


Summary

- **Variant of Concern Omicron**
 - Detected in at least 145 countries and dominating globally
 - Split into different lineages based on different mutational profiles: BA.1 (21K), BA.1.1 (21K, BA.1+spike R346K), BA.2 (21L), BA.3 (remains in 21M as does not meet requirements for new clade), B.1.1.529 (parent lineage, 21M)
 - South Africa (detected in all provinces):
 - Dominated December, January and February sequencing data at >99% of genomes
 - While BA.1 was the predominant sublineage in December (85%) and January (55%), the proportion of BA.2 increased from 5% in December and 34% in January to 82% in February
- Low frequency of previously circulating variants such as Delta still detected in recent data

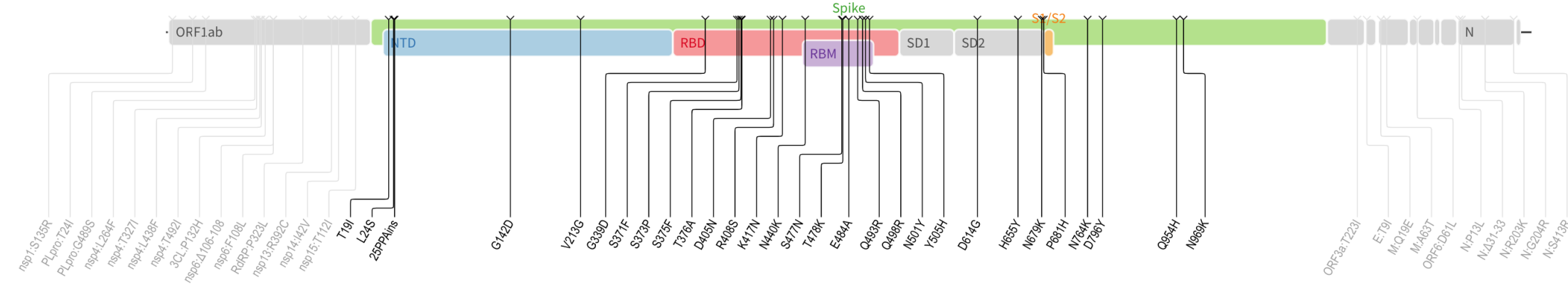
Omicron sub-lineage spike mutation profiles

**BA.1
21K**

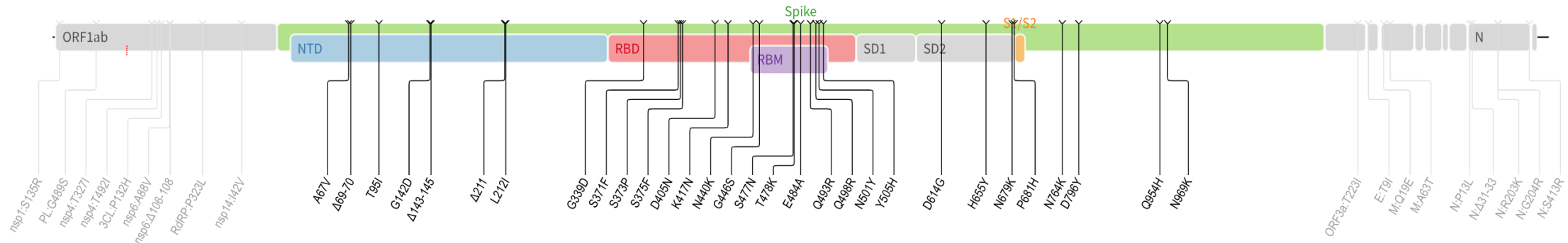


**BA.2
21L**

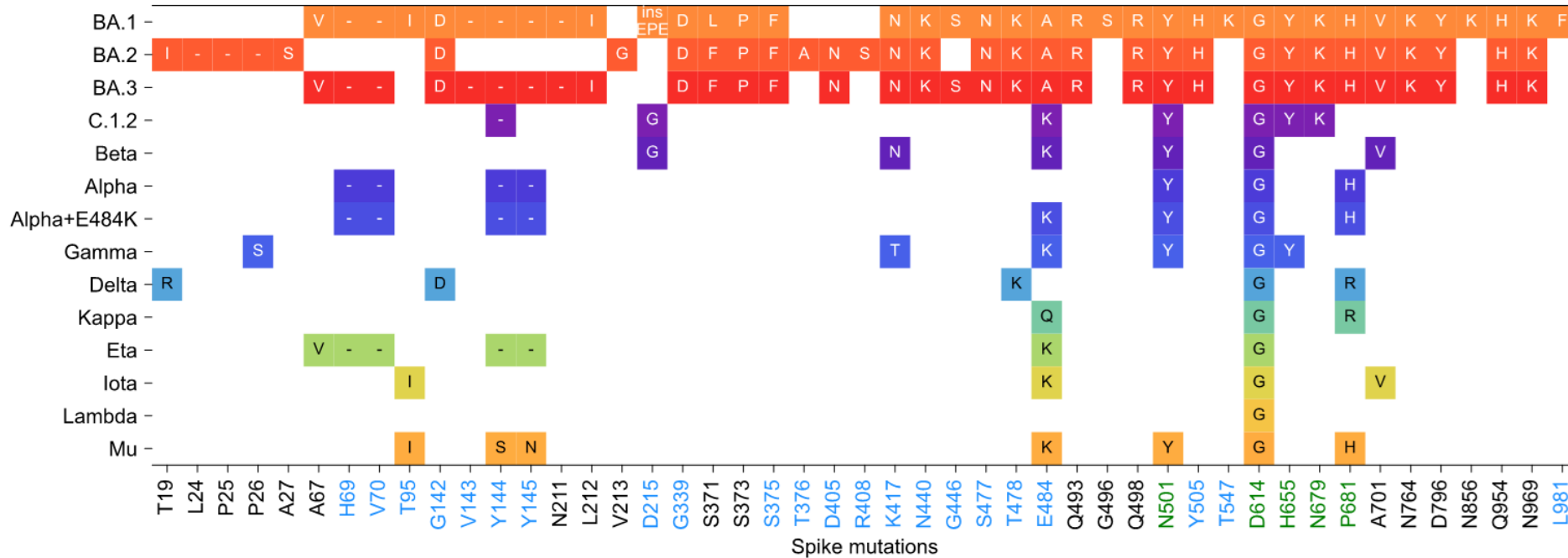
Lacks 69-70del
Not detectable by
S-Gene Target
Failure



**BA.3
21M**



Omicron spike mutations compared to other VOC/VOIs



Only lineage-defining mutations are pictured here. Low prevalence mutations can be seen on the following slide.

Mutation impact key

- Unknown or unconfirmed impact
- Known/predicted immune escape
- Enhanced infectivity

- 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, but may be linked to immune escape



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA



UNIVERSITEIT
YUNIBESITHI
STELLENBOSCH
UNIVERSITY



science & innovation
Department:
Science and Innovation
REPUBLIC OF SOUTH AFRICA



WITS
UNIVERSITY



UNIVERSITY OF
KWAZULU-NATAL
INYUVESI
YAKWAZULU-NATALI



EDCTP

This project (RIA2020EF-3030) is part of the EDCTP2 programme supported by the European Union



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 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
The COVID-19 Bench team

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



AHRI
Alex Sigal
Sandile Cele
Willem Hanekom

University of Cape Town, NHLS & Western Cape Government



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

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

NHLS Greenpoint
Annabel Enoch



UCT, IDM and CIDRI-Africa

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

Robert Wilkinson
Darren Martin
Nicola Mulder
Wendy Burgers
Ntobeko Ntusi
Rageema Joseph
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)
Carien van Niekerk



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



**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
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
Phillip Senzo Mtshali
Mushal Allam
Florah Mnyameni
Arshad Ismail



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



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
Raquel Viana

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

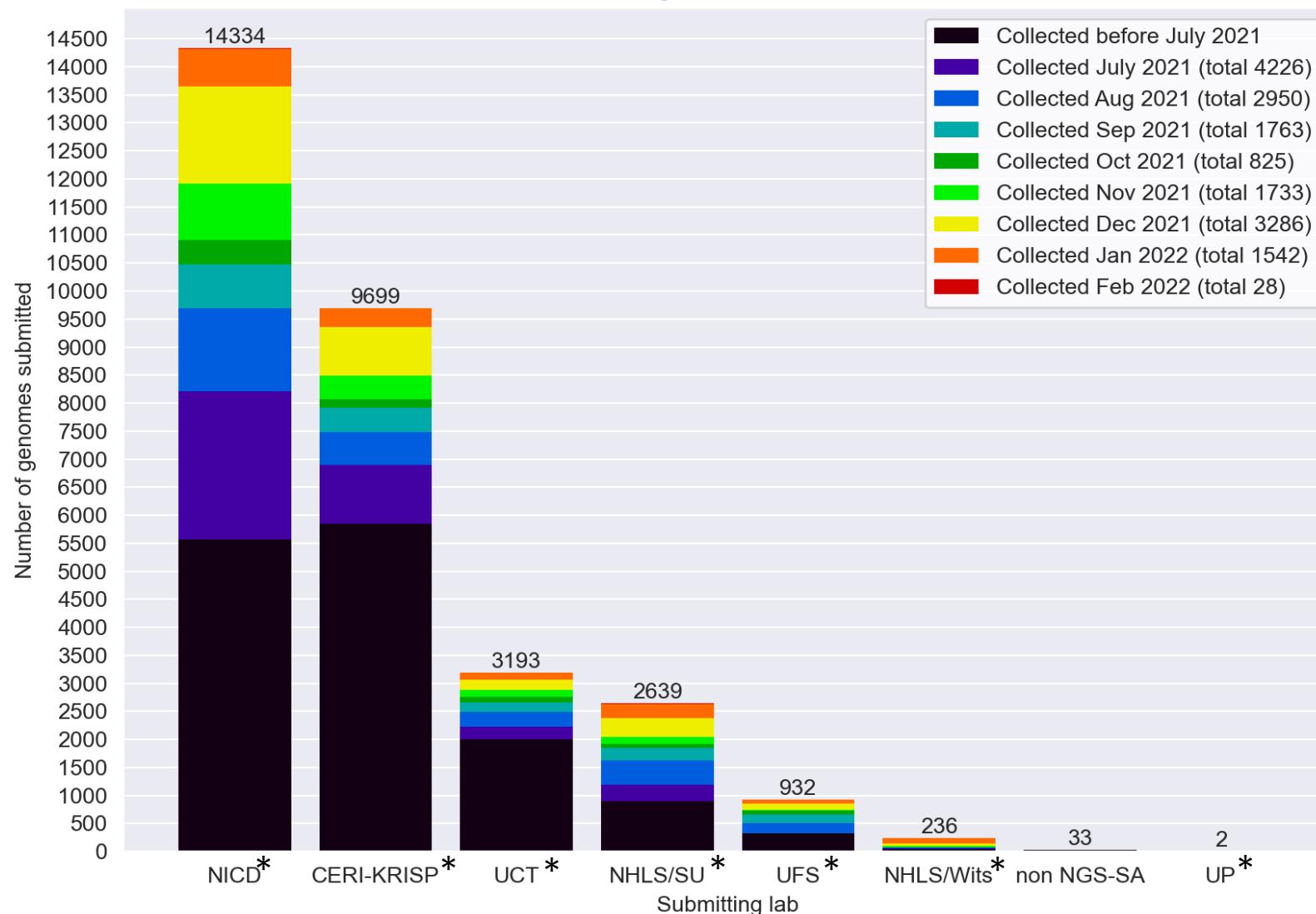
SA MRC

Glenda Gray



South African genomes submitted per submitting lab, 2020 - 2022 (N=31 068)

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

Multiple labs from NGS-SA and collaborating public and private laboratories are contributing to sequencing, both as originating and as submitting (pictured here) laboratories.

Variants of Concern (VOC)

WHO label	Pango lineage•	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 +S:E484K	India, Oct-2020	VOI: 4-Apr-2021 VOC: 11-May-2021
Omicron*	B.1.1.529	GRA	21K, 21L, 21M	+S:R346K	Multiple countries, Nov-2021	VUM: 24-Nov-2021 VOC: 26-Nov-2021

<https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/> accessed 14 January 2022

• Includes all descendant lineages. See the cov-lineages.org and the Pango network websites for further details.

* See TAG-VE statement issued on 26 November 2021

° Only found in a subset of sequences

Currently designated Variants of Interest (VOI)

WHO label	Pango lineage*	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 17 December 2021

* Includes all descendant lineages. See the cov-lineages.org and the Pango network websites for further details.

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.)