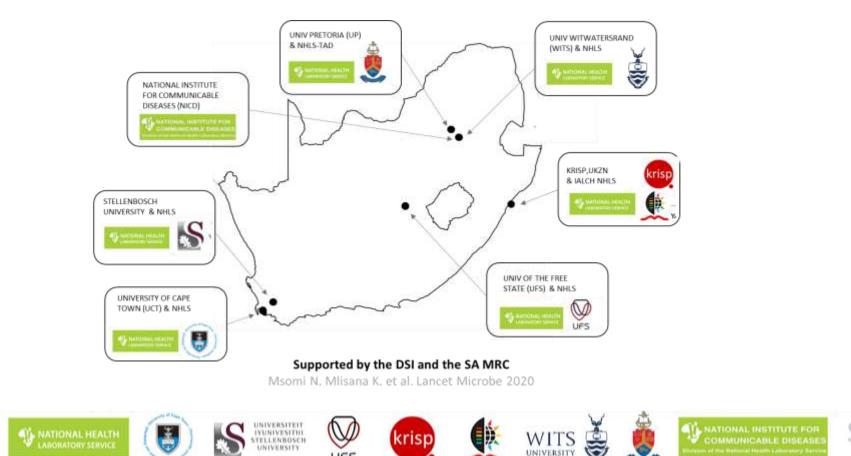


SARS-CoV-2 Sequencing Update 02 September 2022



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)

science & innovation

Department

cience and Innovation

REPUBLIC OF SOUTH AFRICA

The genomic data presented here are based on South African SARS-CoV-2 sequence data downloaded from GISAID (www.gisaid.org) on 01 September 2022 at 08h37



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

Number of South African genomes deposited on GISAID, by specimen collection week, 2020 – 2022 (N=45 025*)

Sequencing data ending epi week 33 (ending 20 Aug 2022)

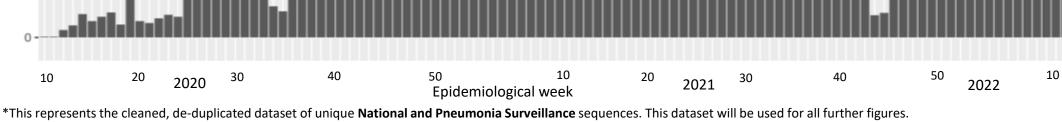
Total genomes: 45 025Curre2020 genomes: 6 7423 Sep2021 genomes: 26 0532022 genomes: 12 230Genomes added since last report: 321

Currently in epi week 35 (ending 3 Sep 2022)

Number of sequences

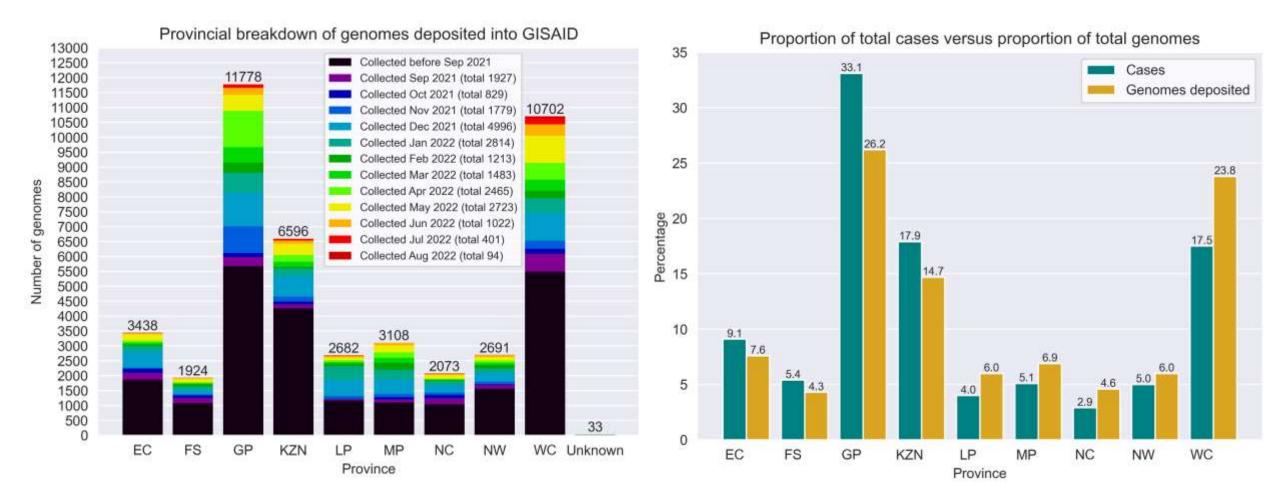
500 -

1500 -



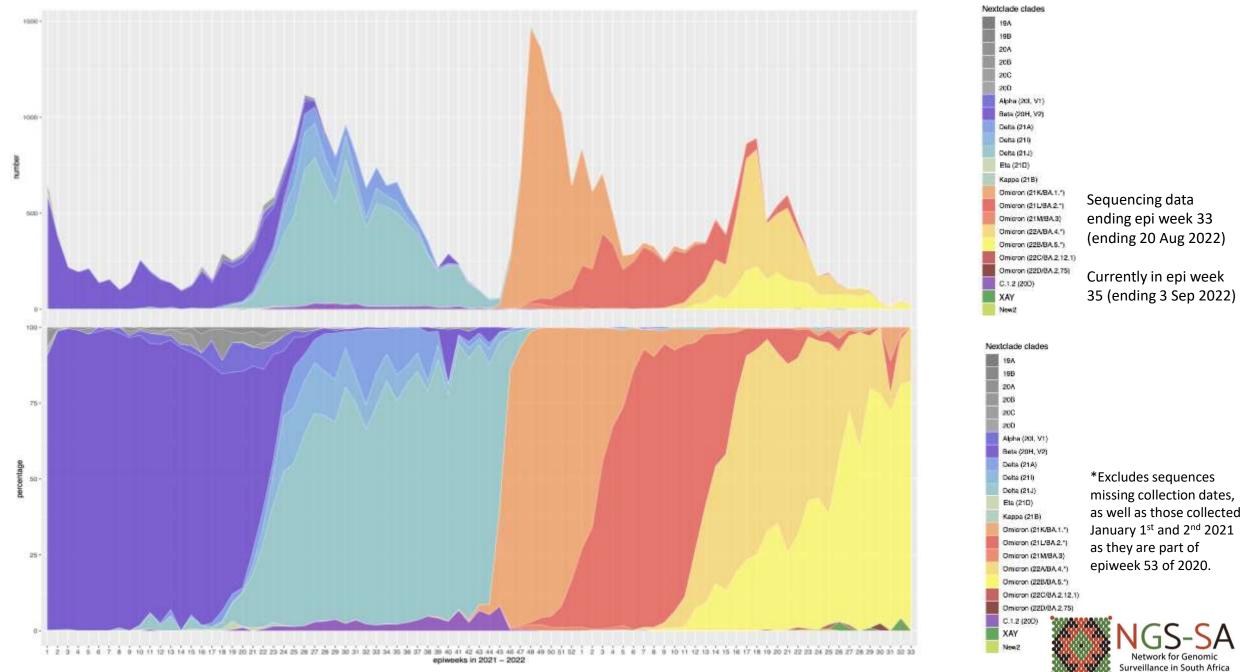


GISAID genomes vs total cases, 2020 – 2022 (N=45 025)



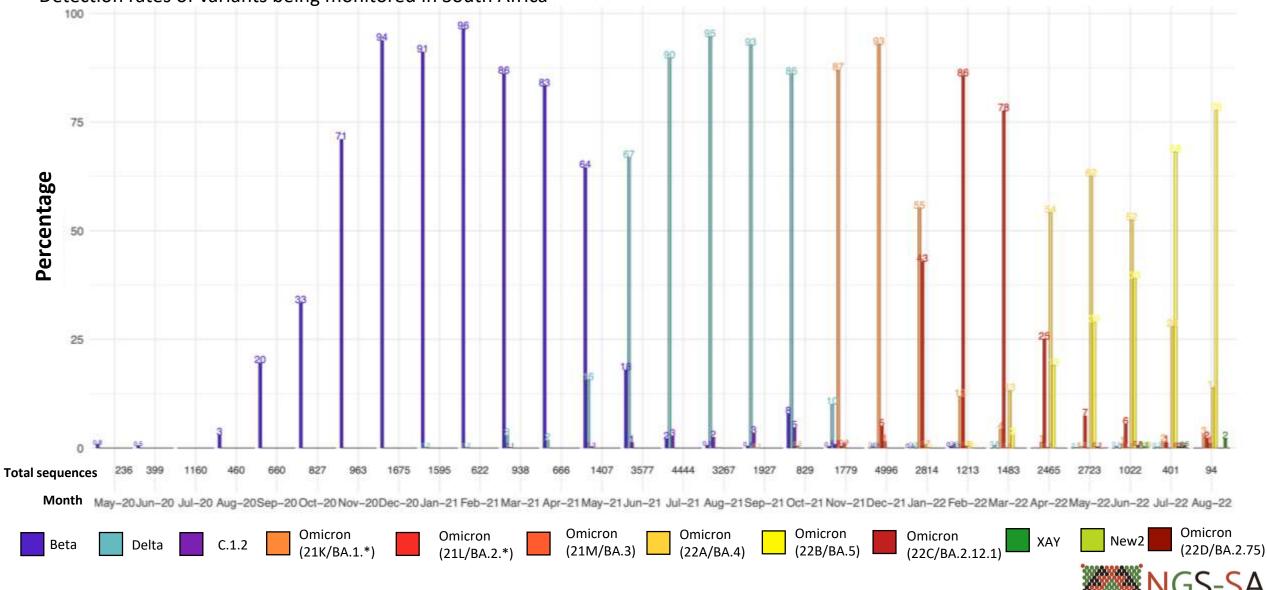


Number and percentage of clades by epiweek in South Africa, 2021 – 2022 (38 196*)



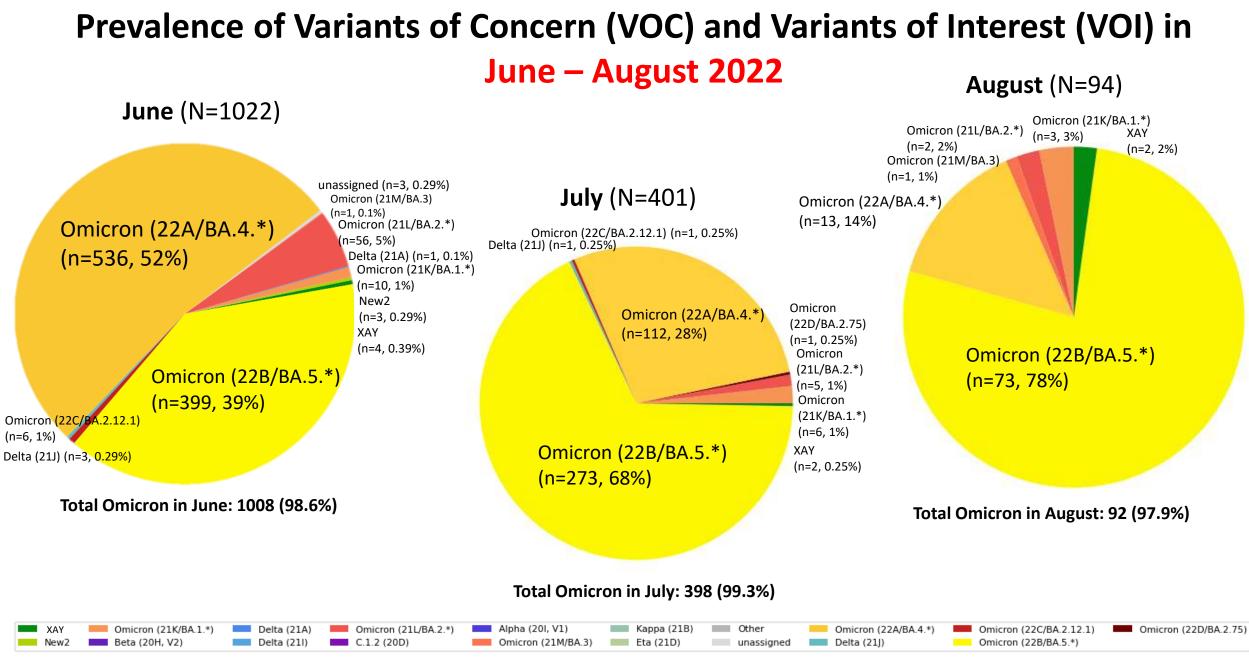
Detection Rates: Beta, Delta, C.1.2 and Omicron

Detection rates of variants being monitored in South Africa



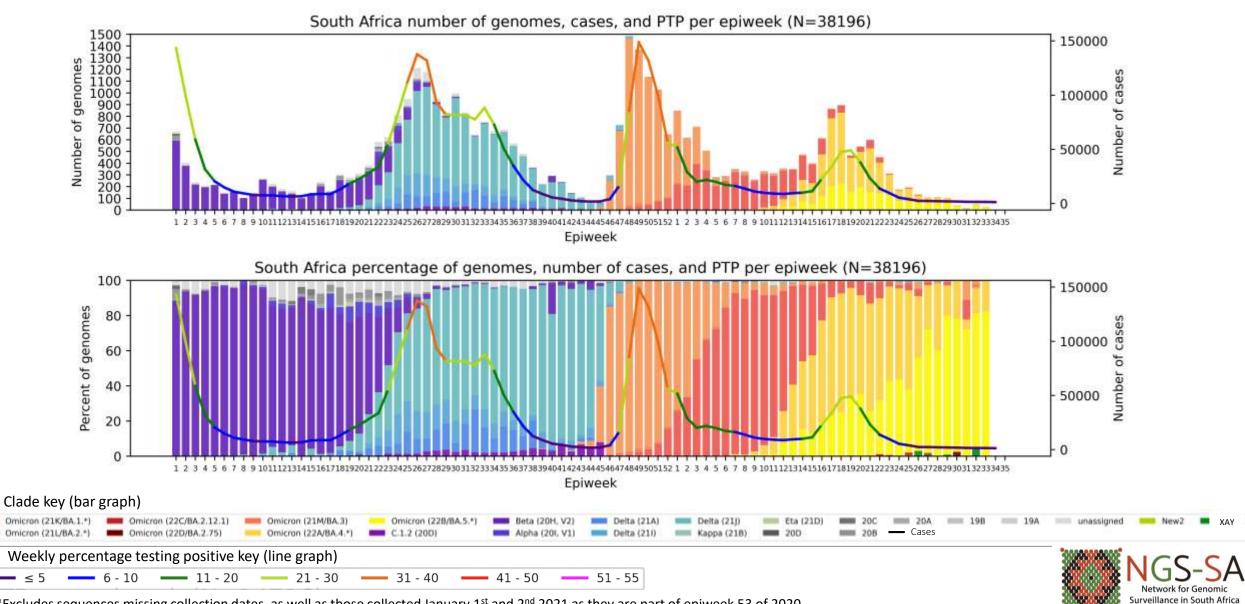
Surveillance in South Africa

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





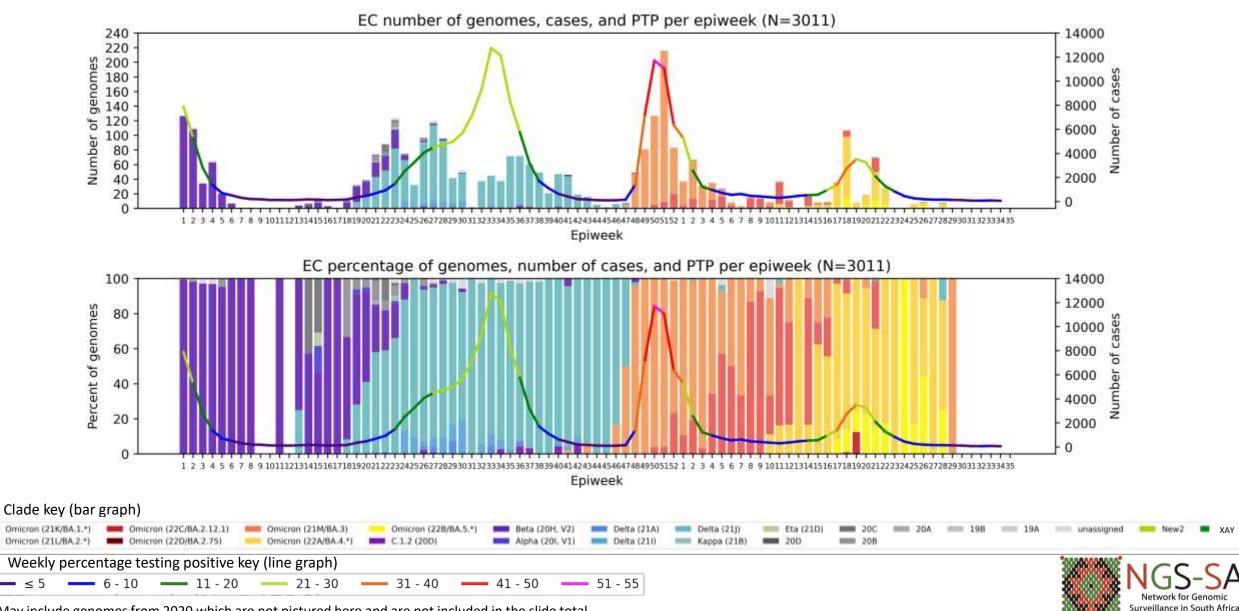
South Africa, 2021-2022, n = 38 196*



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

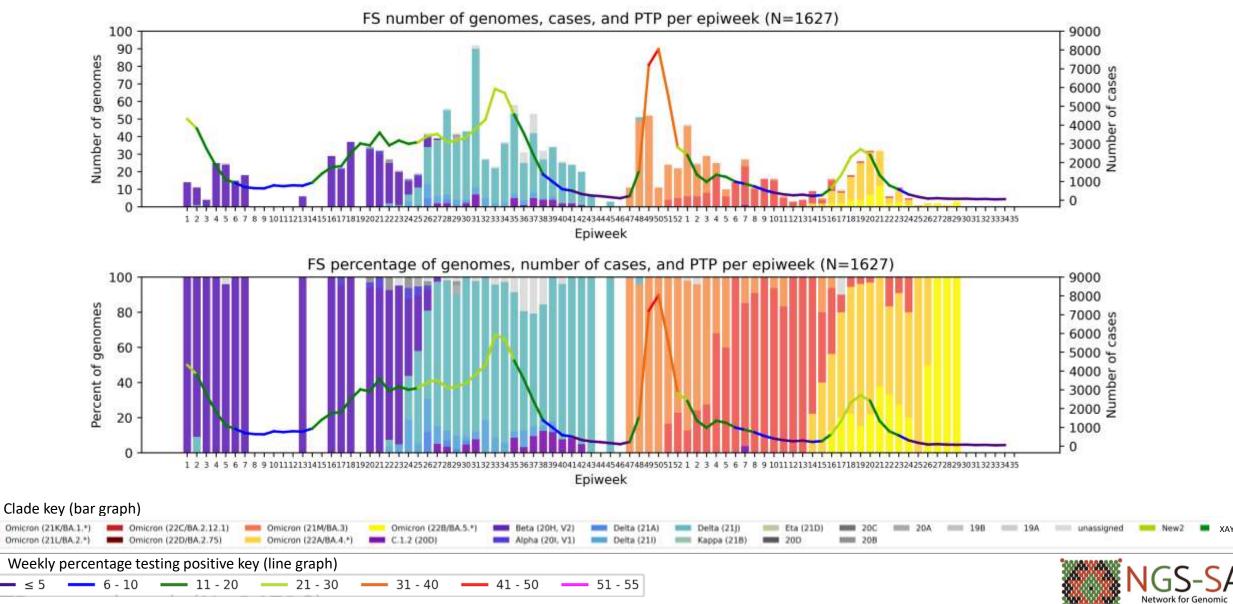
Eastern Cape Province, 2021-2022, n = 3011

Genomes added since last report: 7*



Free State Province, 2021-2022, n = 1627

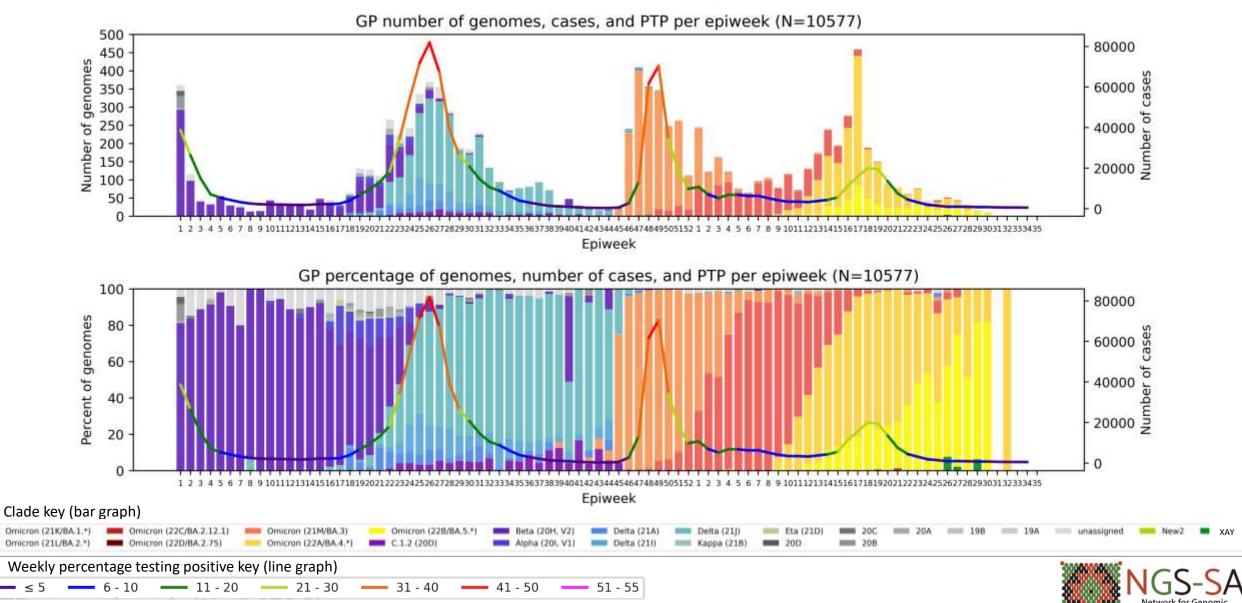
Genomes added since last report: 4*



Surveillance in South Africa

Gauteng Province, 2021-2022, n = 10 577

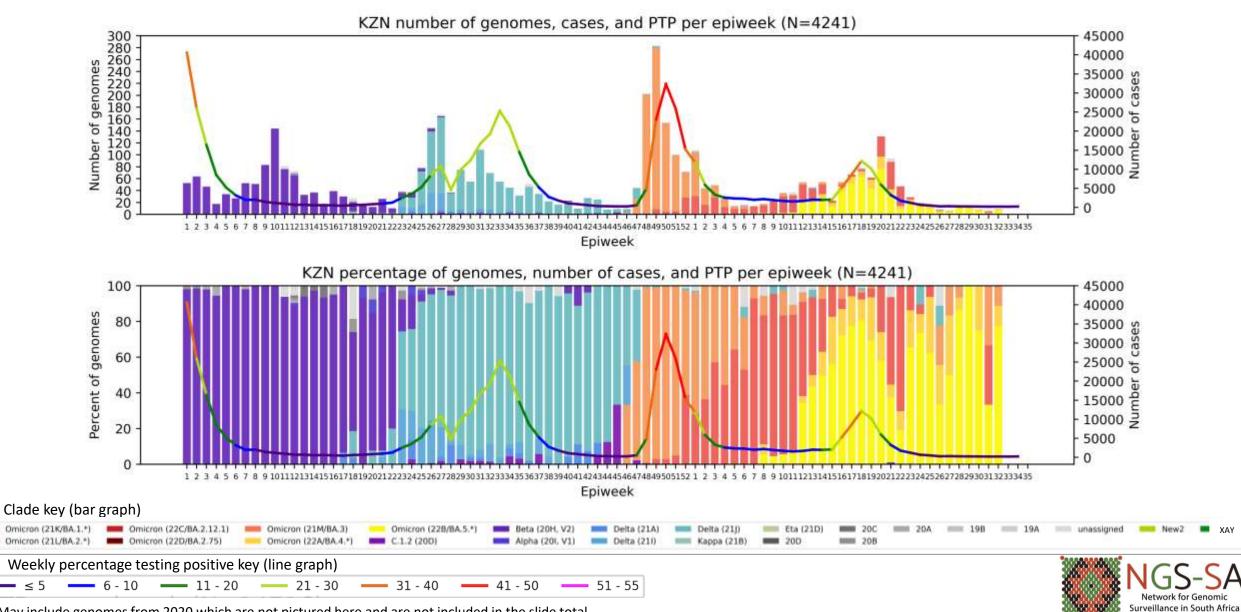
Genomes added since last report: 85*



Surveillance in South Africa

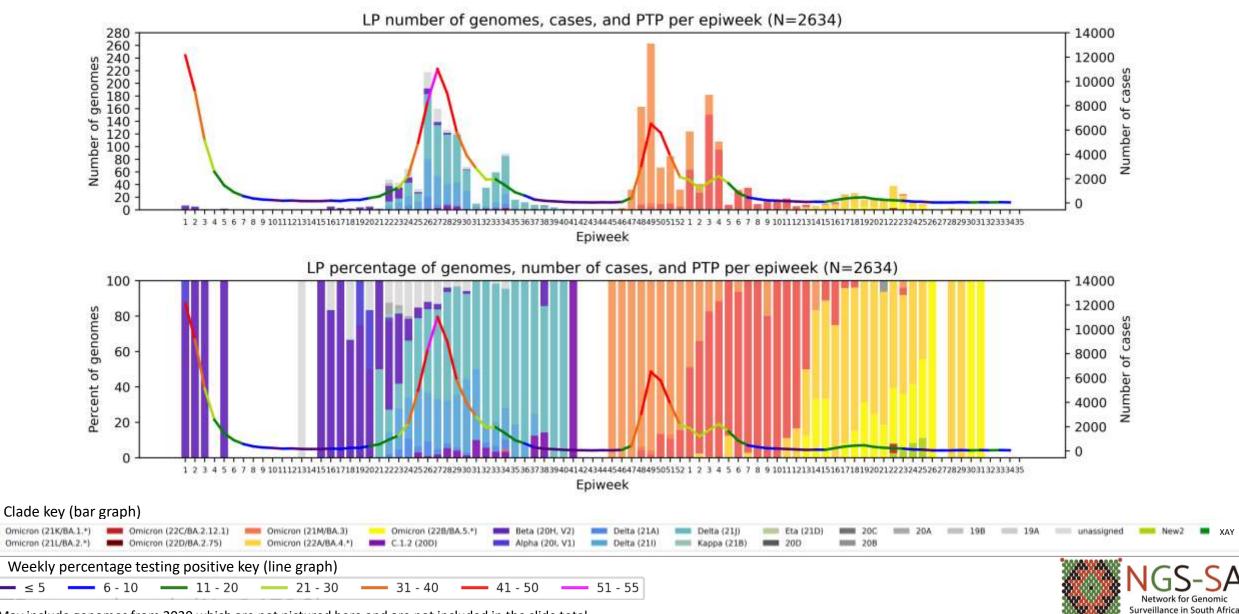
KwaZulu-Natal Province, 2021-2022, n = 4241

Genomes added since last report: 89*



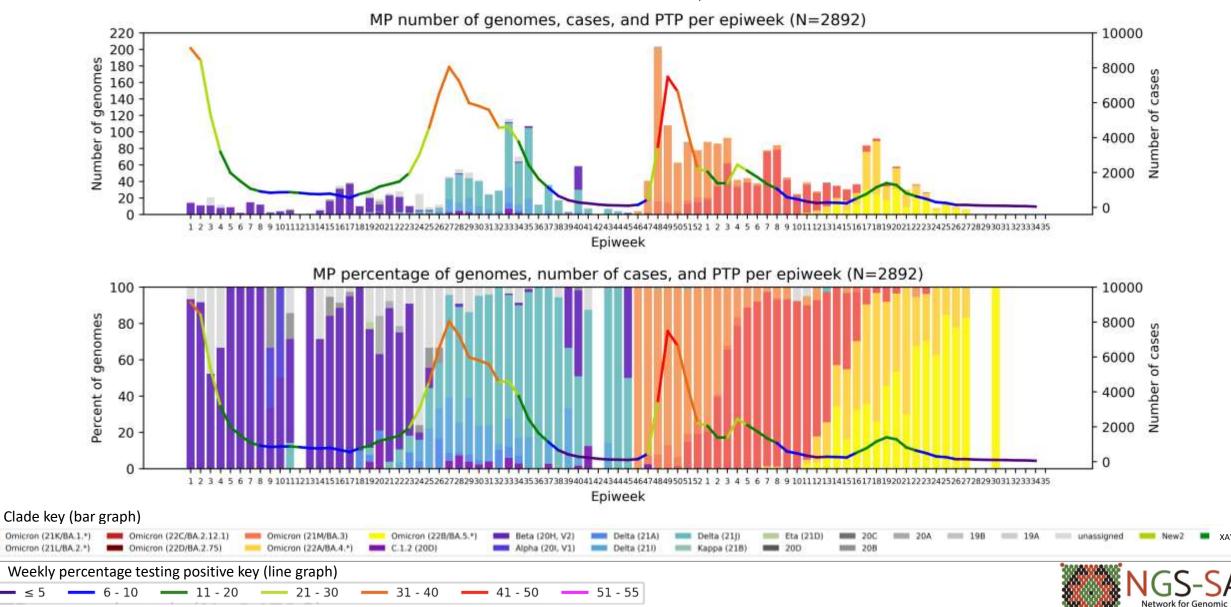
Limpopo Province, 2021-2022, n = 2634

Genomes added since last report: 24*



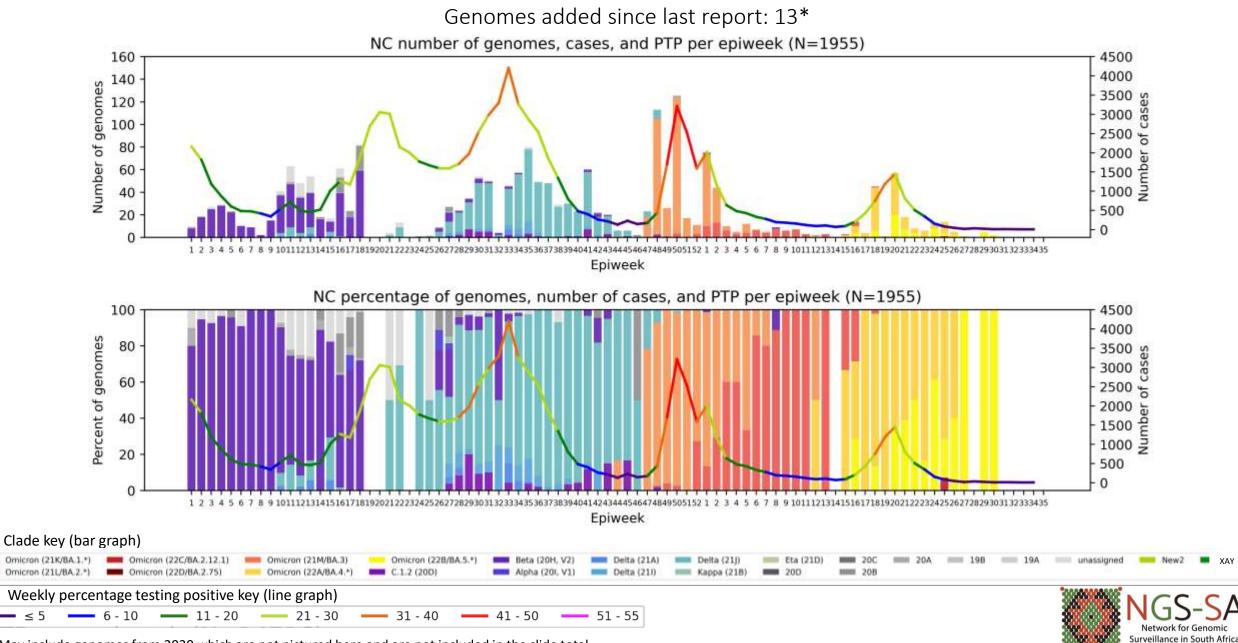
Mpumalanga Province, 2021-2022, n = 2892

Genomes added since last report: 56*



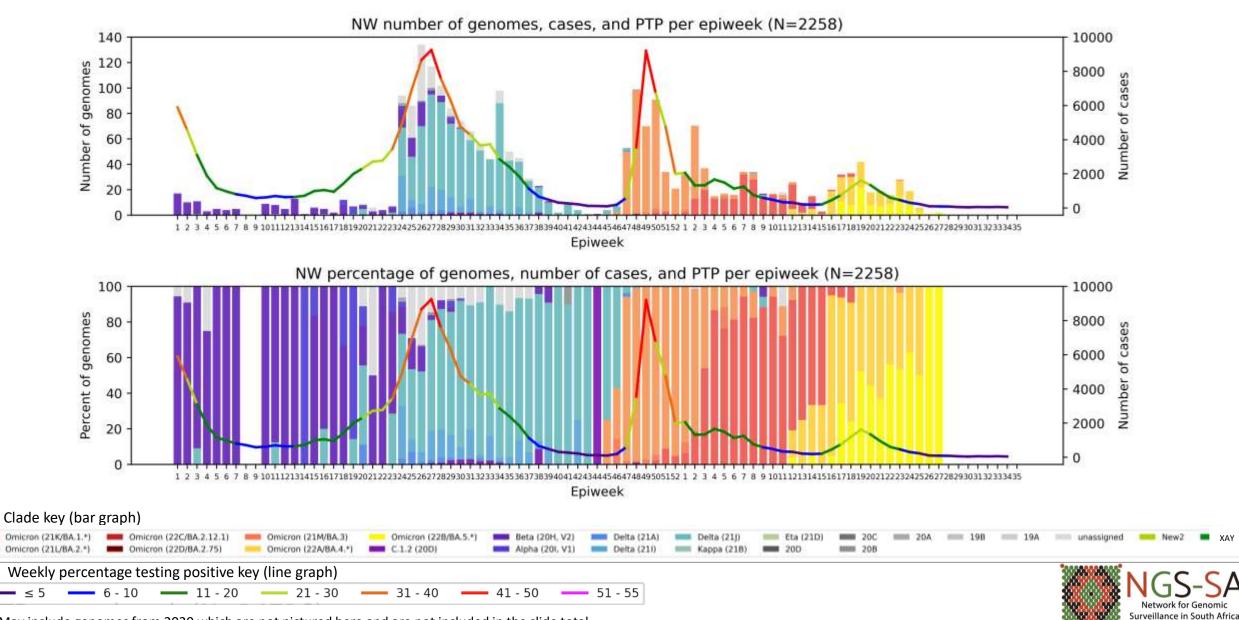
Surveillance in South Africa

Northern Cape Province, 2021-2022, n = 1955



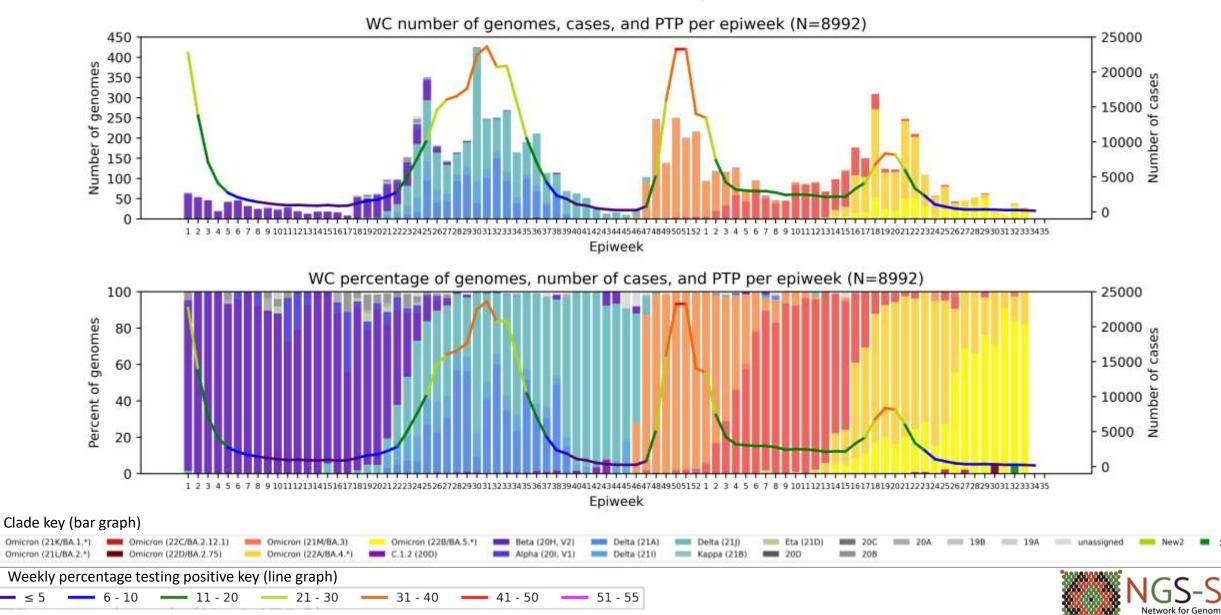
North West Province, 2021-2022, n = 2258

Genomes added since last report: 10*



Western Cape Province, 2021-2022, n = 8992

Genomes added since last report: 33*



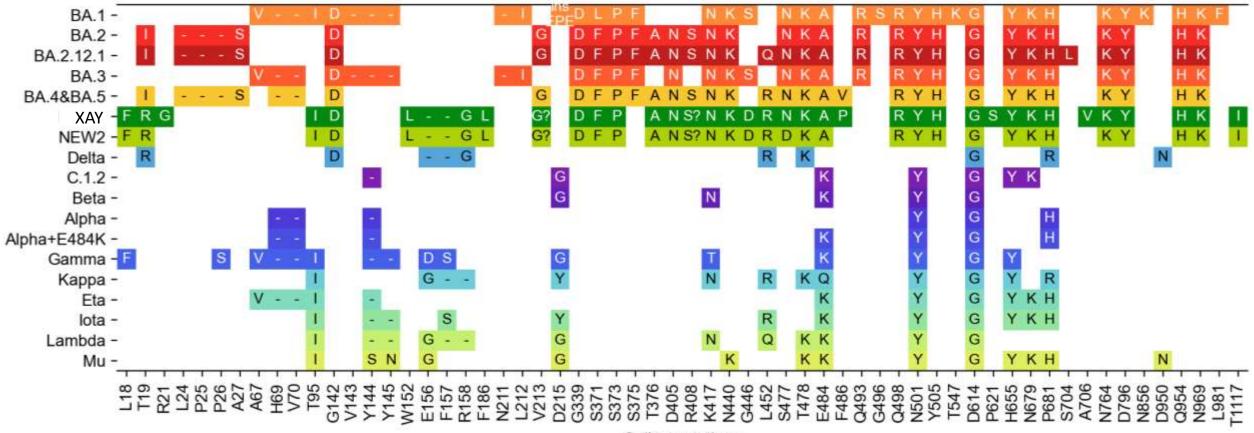
Surveillance in South Africa

Summary

- Sequencing update
 - All provinces have sequences for May, June and July. August sequences are from GP, KZN, LP and WC.
 - Omicron dominated in June (98.6%), July (99.3%) and August (97.9%).
- N=12 sequences with novel mutational profile
 - The designation of XAY has changed since the previous update. The New1 cluster (n = 8, predominantly from Gauteng) has been designated "XAY" while New2 cluster's numbers (n = 4) are still too low for designation¹.
 - One new XAY sequence has been detected since our last report, collected 18 July 2022 in Gauteng.
- Variant of Concern Omicron in South Africa
 - Dominates 2022 sequencing data at >98% of genomes.
 - While BA.1 was the predominant lineage in January (55%), BA.2 dominated in February (86%) and March (78%).
 - Omicron lineages BA.4 and BA.5 increased in prevalence in March (16%), and together are dominant in April (73%), May (91%), June (91%), July (96%) and August (92%).
 - BA.2.12.1 was detected in South Africa at low prevalence in May, June and July (<1%)
 - BA.2.75 was detected for the first time in South Africa in July (n=1).
- Low frequency of previously circulating variants such as Delta still detected in recent data.



Spike protein mutation* profile of Variants of Interest and Concern



Spike mutations

- 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

*Only mutations present in Omicron, Delta, or the new SGTP sequences are pictured



Percentage

L5F

T191

L24del

P25del

P26del

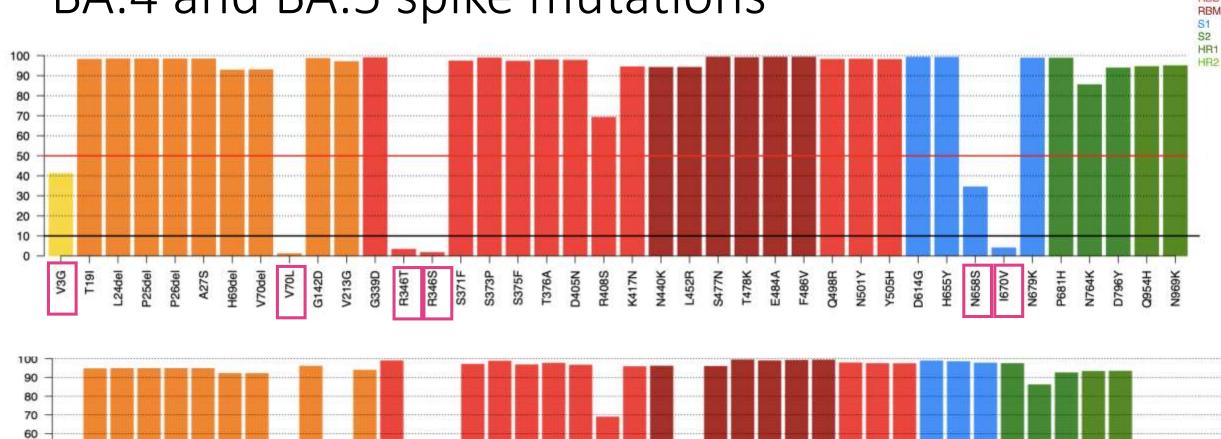
A27S

H69del

V70del

V70L

G142D



NTD

BA.4 and BA.5 spike mutations

Y144del

G339D

V213G

R346T R346I S371F

S373P

S375F

Mutation

R408S

K417N

N440K

D405N

T376A

K444N

L452R S477N T478K

E484A

F486V Q498R V505H

D614G

H655Y

P681H

N679K

N764K

C954H

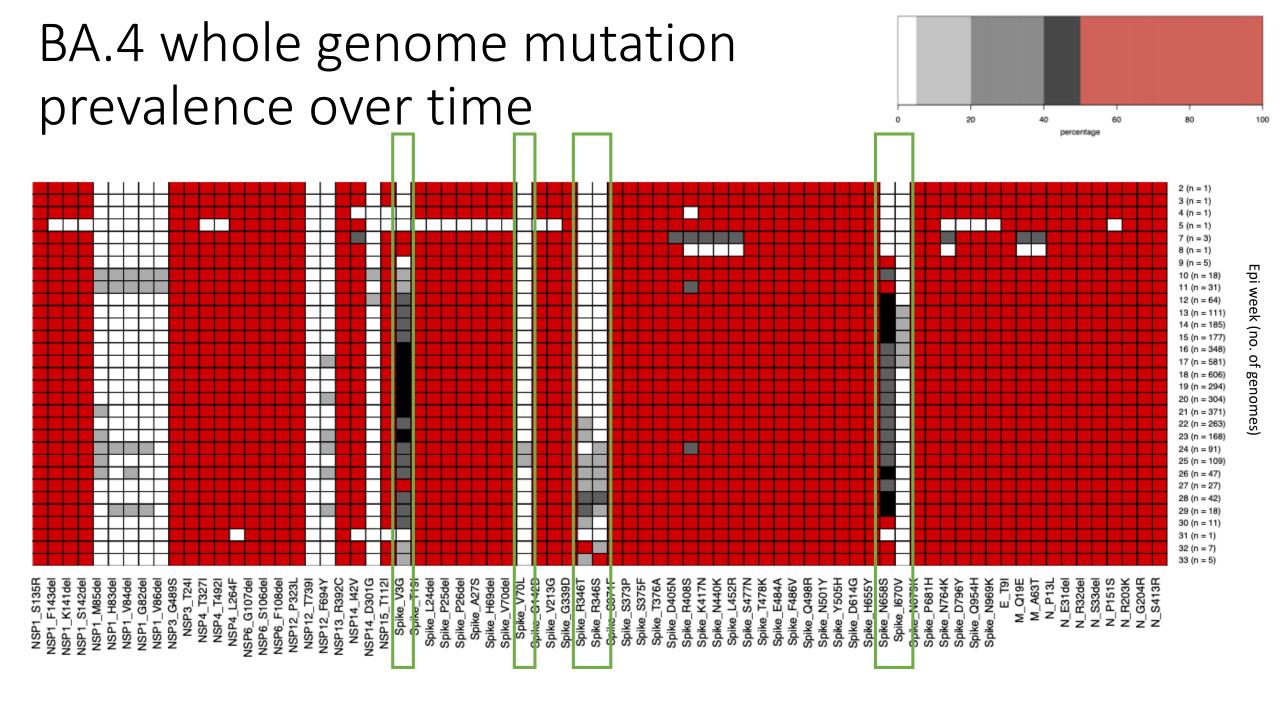
A1020S

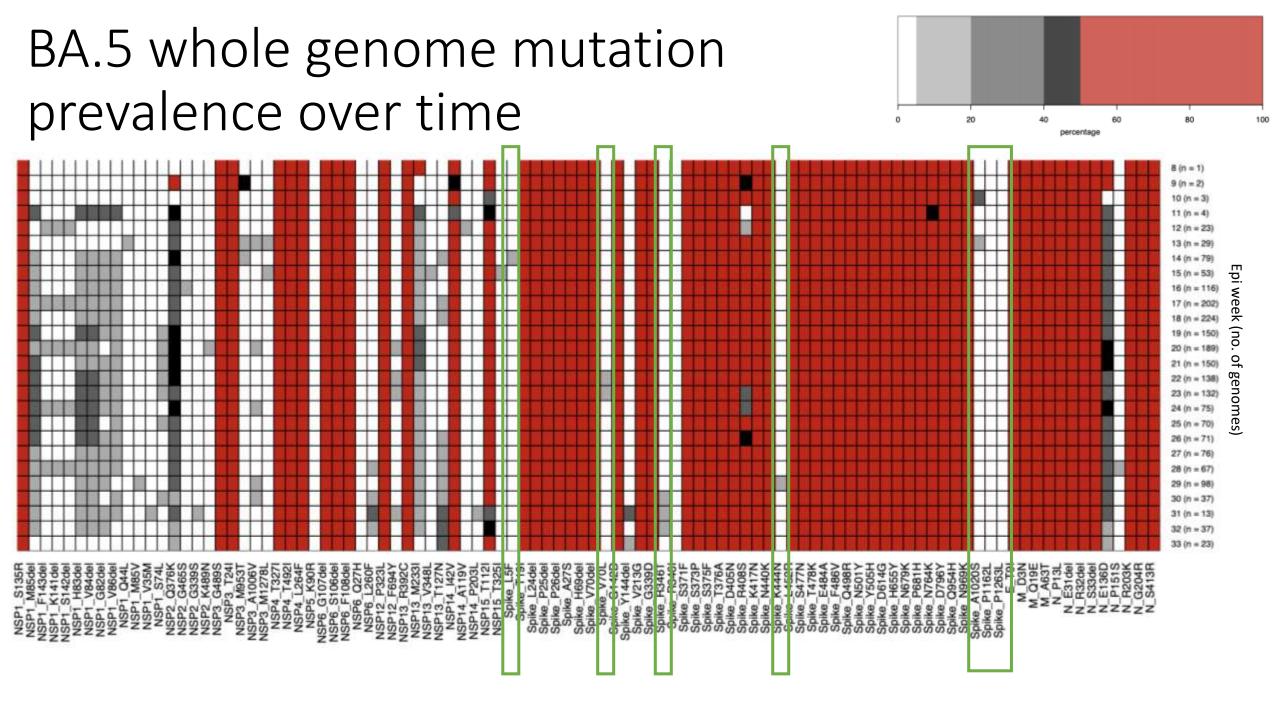
P1162L

P1263L

N969K

D796Y









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

MATIONAL HEALTH

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under grant No.

101046041

AA

EDCTP

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emerging infectious agents (ANDEMIA)

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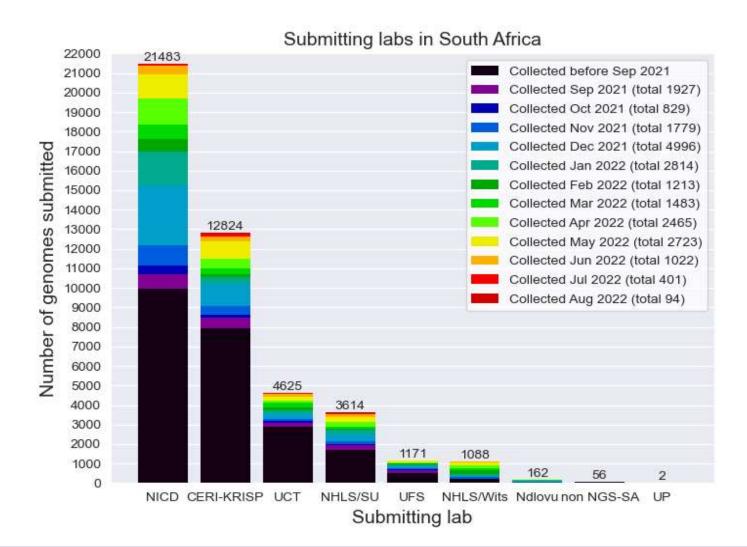








South African genomes submitted per submitting lab, 2020 - 2022 (N=45 025)



NGS-SA Labs

CERI: Centre for Epidemic Response and Innovation KRISP: KZN Research Innovation and Sequencing Platform NDLOVU: Ndlovu Research Laboratories 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.



Currently circulating Variants of Concern (VOC)

WHO label	Pango lineage∙	GISAID clade	Nextstrain clade	Additional amino acid changes monitored°	Earliest documented samples	Date of designation
Omicron*	B.1.1.529	GR/484A	21K, 21L, 21M, 22A, 22B, 22C, 22D	+S:R346K +S:L452X +S:F486V	Multiple countries, Nov-2021	VUM: 24-Nov-2021 VOC: 26-Nov-2021

* Includes BA.1, BA.2, BA.3, BA.4, BA.5 and descendent lineages. It also includes BA.1/BA.2 circulating recombinant forms such as XE. WHO emphasizes that these descendant lineages should be monitored as distinct lineages by public health authorities and comparative assessments of their virus characteristics should be undertaken.

• Only found in a subset of sequences

https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/ accessed 12 August 2022

Previously circulating Variants of Concern

WHO label	Pango lineage●	GISAID clade	Nextstrain clade	Earliest documented samples	Date of designation
Alpha	B.1.1.7	GRY	20I (V1)	United Kingdom, Sep-2020	VOC: 18-Dec-2020 Previous VOC: 09-Mar-2022
Beta	B.1.351	GH/501Y.V2	20H (V2)	South Africa, May-2020	VOC: 18-Dec-2020 Previous VOC: 09-Mar-2022
Gamma	P.1	GR/501Y.V3	20J (V3)	Brazil, Nov-2020	VOC: 11-Jan-2021 Previous VOC: 09-Mar-2022
Delta	B.1.617.2	G/478K.V1	21A, 21I, 21J	India, Oct-2020	VOI: 4-Apr-2021 VOC: 11-May-2021 Previous VOC: 7-Jun-2022

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

https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/ accessed 12 August 2022

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.)