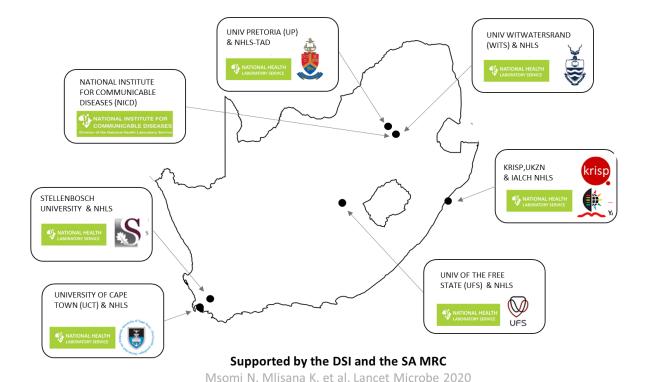


GS-SA Network for Genomic Surveillance in South Africa (NGS-SA)

SARS-CoV-2 Sequencing Update 21 October 2022

























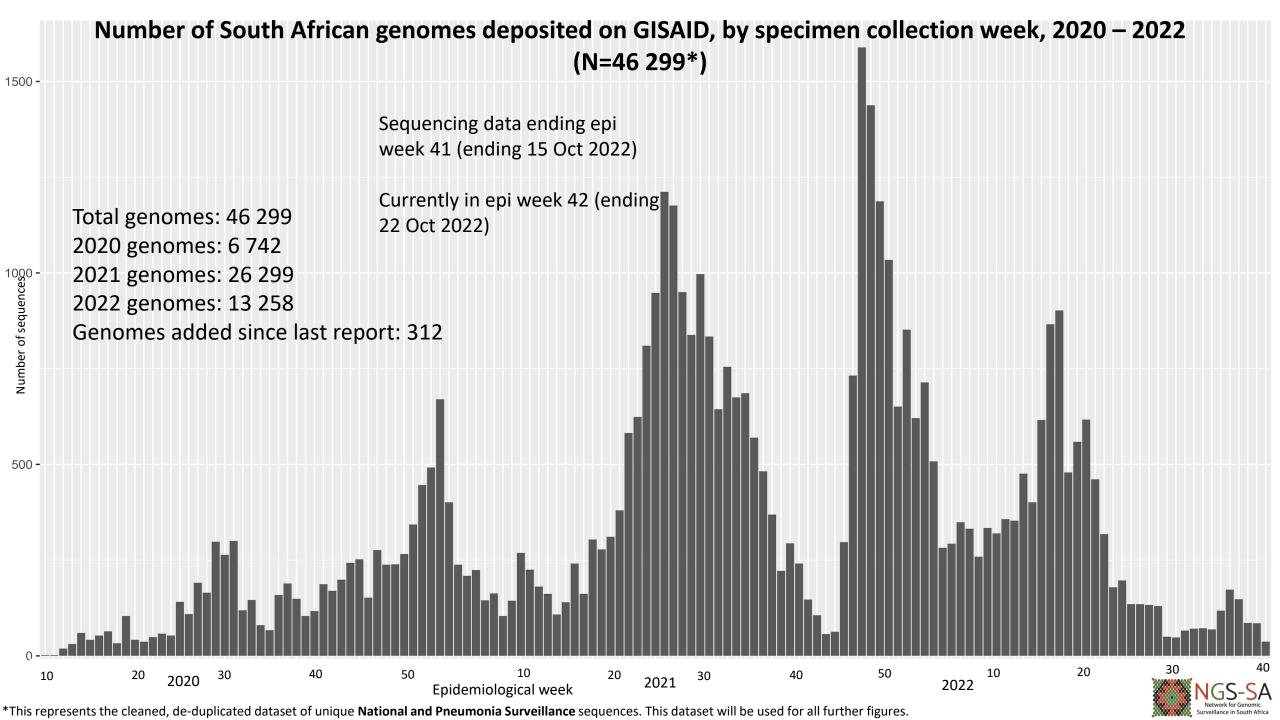
The genomic data presented here are based on South African SARS-CoV-2 sequence data downloaded from GISAID (www.gisaid.org) on 21 October 2022 at 11h06



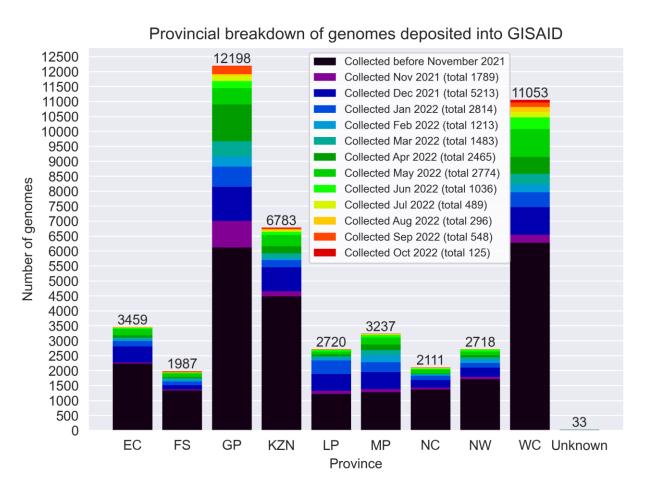
Data license: https://www.gisaid.org/registration/terms-of-use/

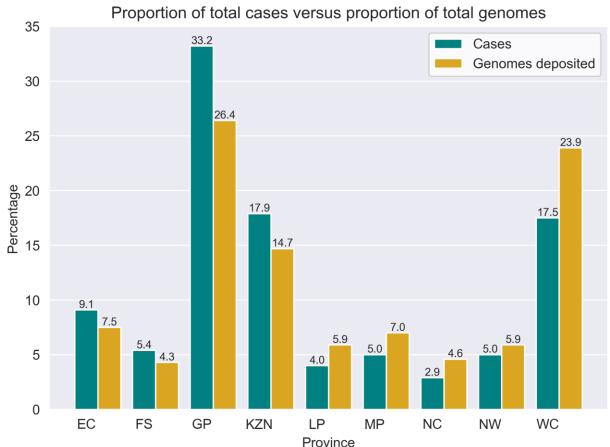
Elbe, S., and Buckland-Merrett, G. (2017) Data, disease and diplomacy: GISAID's innovative contribution to global health. Global Challenges, 1:33-46. DOI: 10.1002/gch2.1018 PMCID: 31565258

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



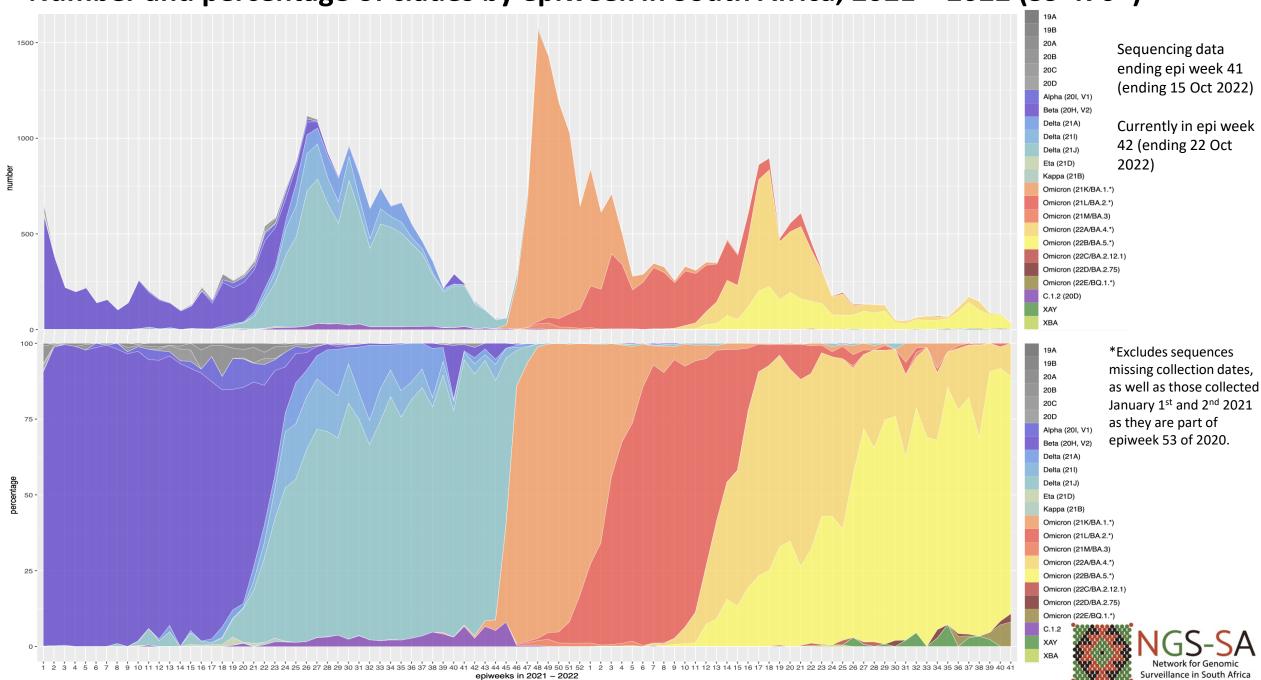
GISAID genomes vs total cases, 2020 - 2022 (N=46 299)



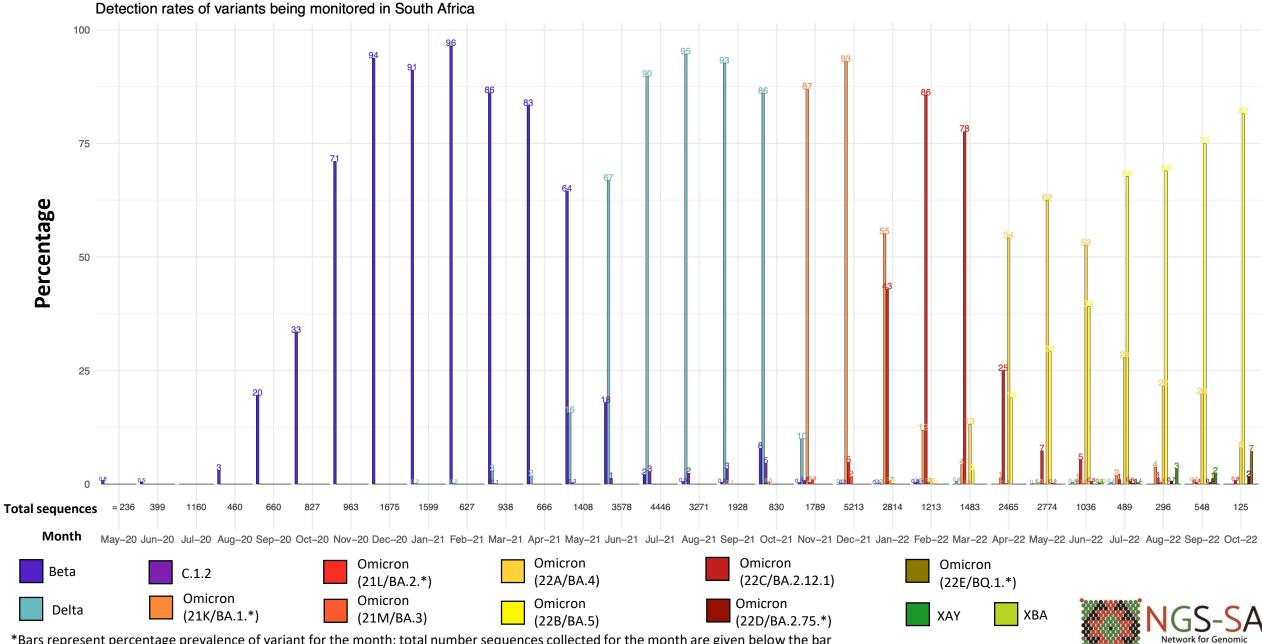




Number and percentage of clades by epiweek in South Africa, 2021 – 2022 (39 470*)

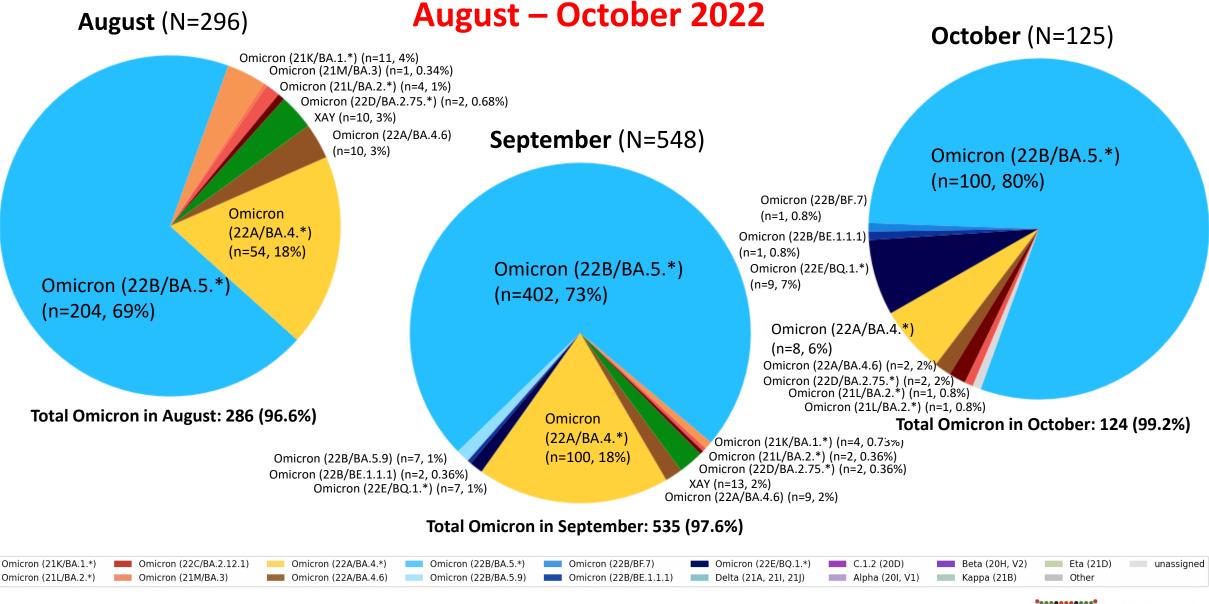


Detection Rates: Beta, Delta, C.1.2, XAY, XBA, and Omicron



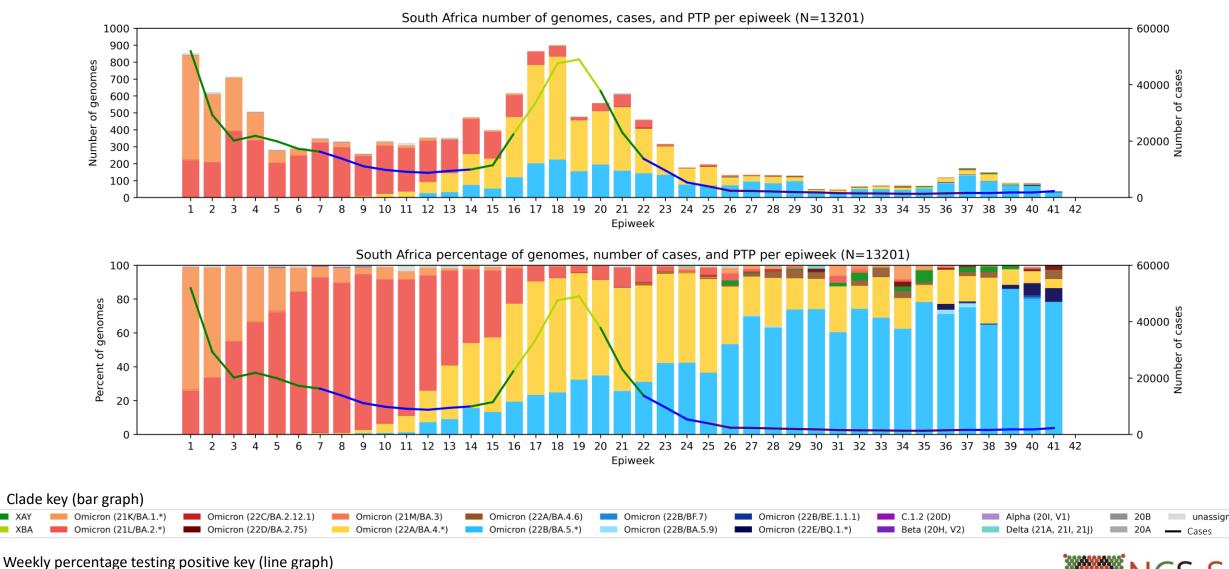
^{*}Bars represent percentage prevalence of variant for the month; total number sequences collected for the month are given below the bar

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





South Africa, 2022, n = 13 201*



*Excludes sequences missing collection dates. Lineages of particular interest (currently WHO Omicron subvariants under monitoring) are separate from the main clade groupings.

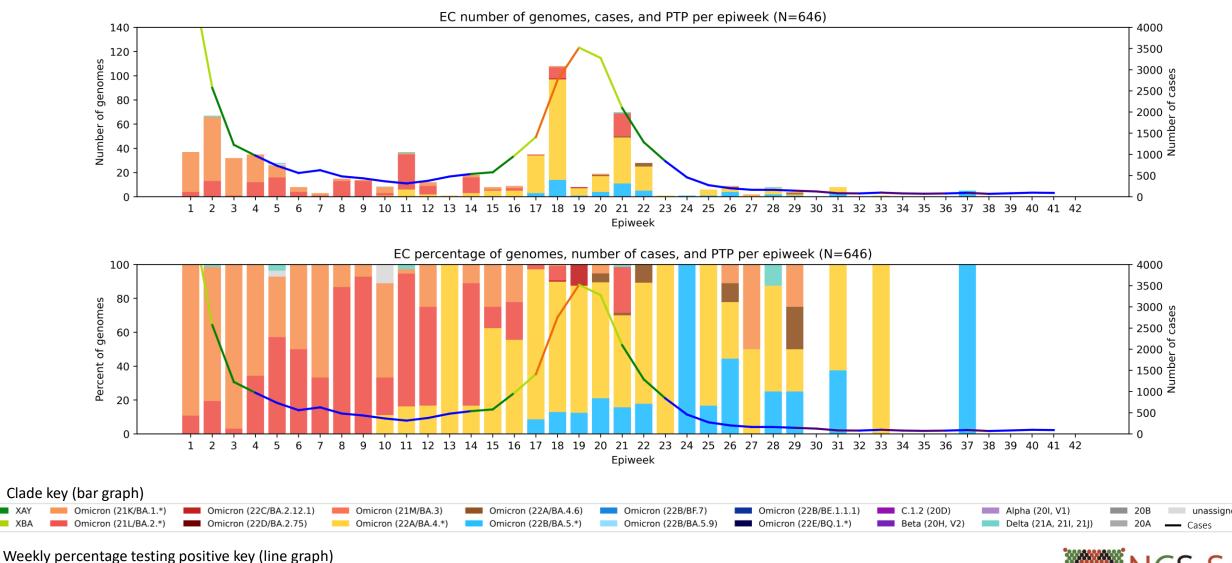
— 41 - 50

—— 31 - 40



Eastern Cape Province, 2022, n = 646

Genomes added since last report: 0*



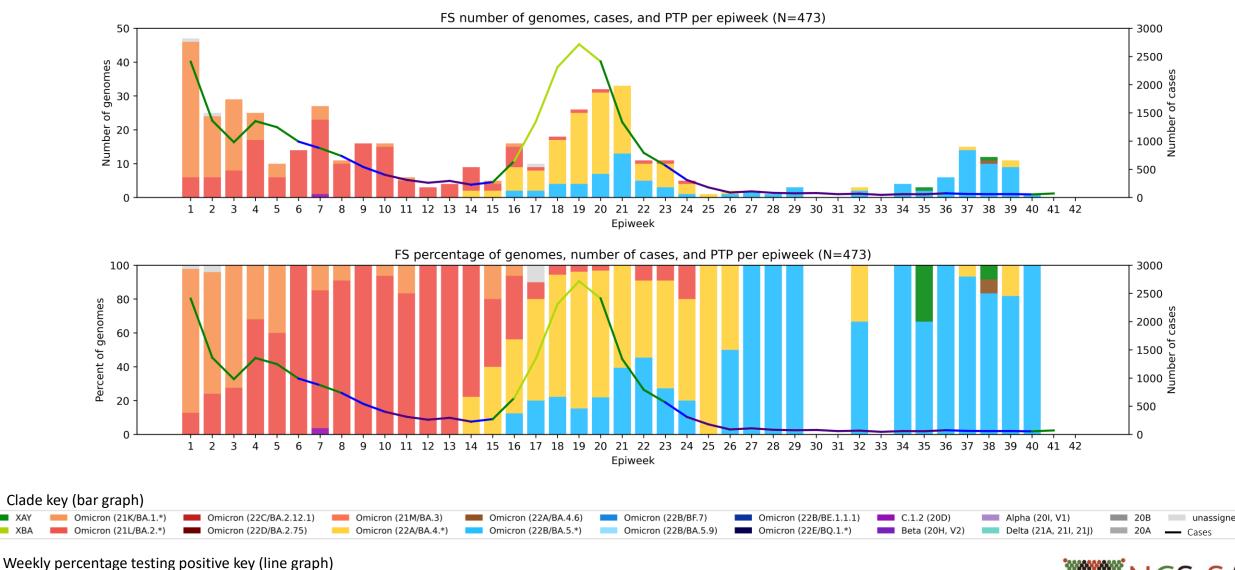
-- ≤ 5 -- 6 - 10 -- 11 - 20 -- 21 - 30 -- 31 - 40 -- 41 - 50 -- 51



^{*}May include genomes from 2020 which are not pictured here and are not included in the slide total.

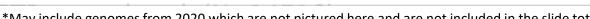
Free State Province, 2022, n = 473

Genomes added since last report: 28*



*May include genomes from 2020 which are not pictured here and are not included in the slide total.

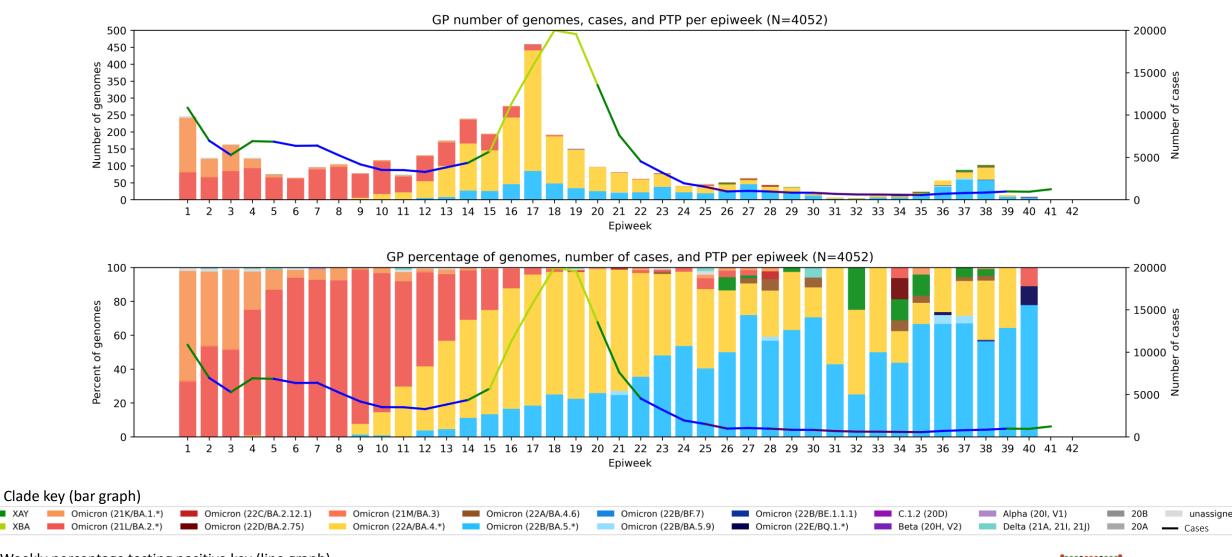
— 31 - 40 **—** 41 - 50





Gauteng Province, 2022, n = 4052

Genomes added since last report: 129*



Weekly percentage testing positive key (line graph)

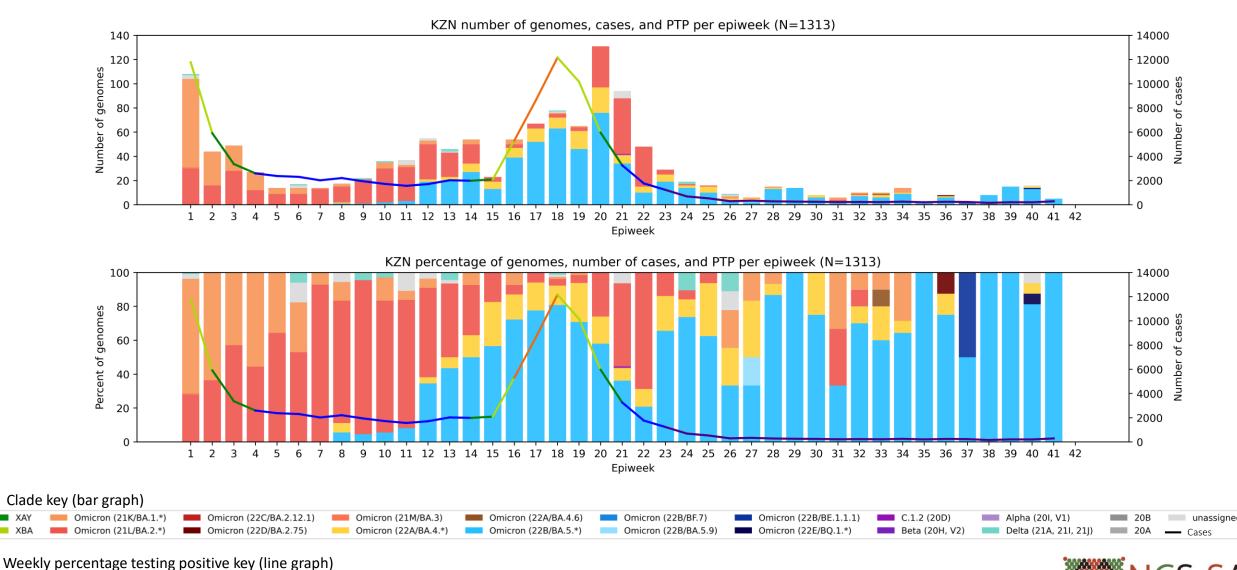
- ≤ 5 - 6-10 - 11-20 - 21-30 - 31-40 - 41-50 - 51-55

*May include genomes from 2020 which are not pictured here and are not included in the slide total.



KwaZulu-Natal Province, 2022, n = 1313

Genomes added since last report: 31*



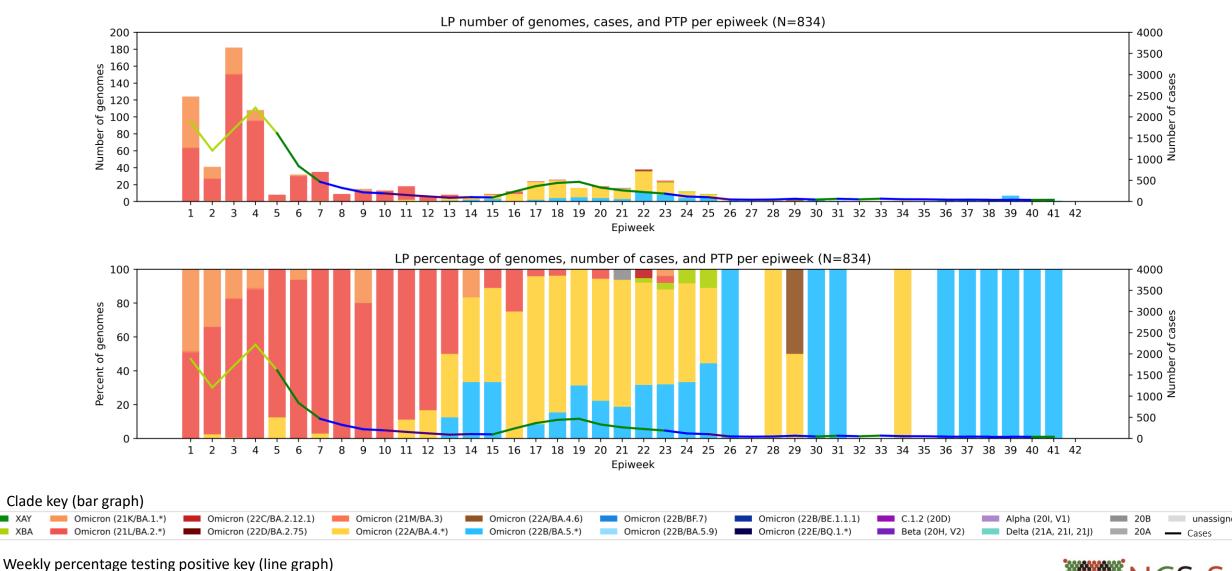
*May include genomes from 2020 which are not pictured here and are not included in the slide total.

—— 31 - 40



Limpopo Province, 2022, n = 834

Genomes added since last report: 6*



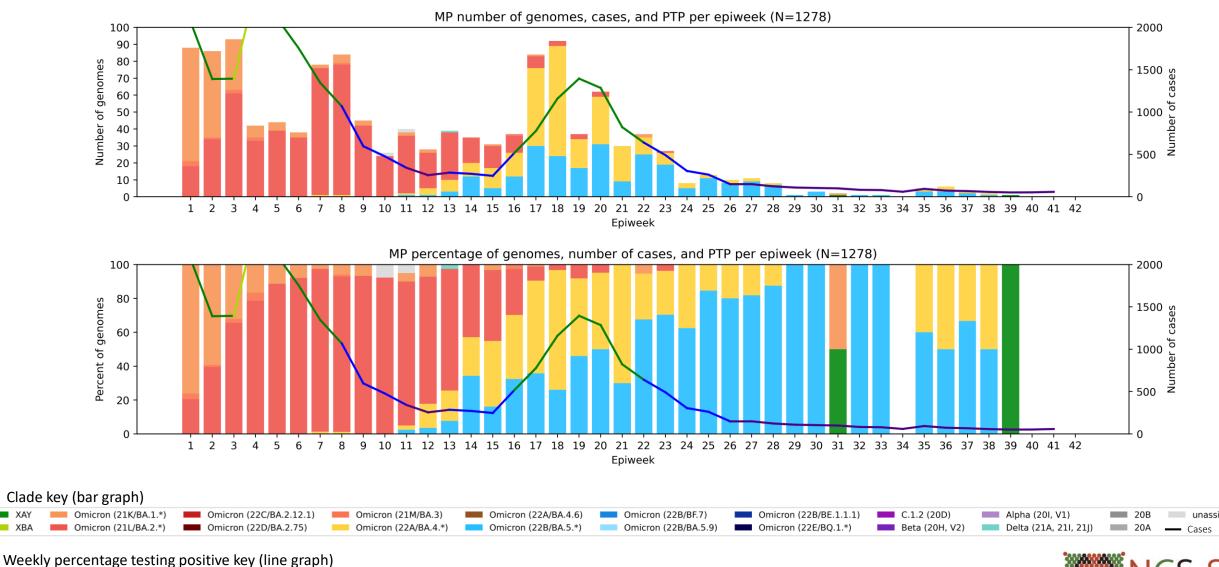
*May include genomes from 2020 which are not pictured here and are not included in the slide total.

— 31 - 40



Mpumalanga Province, 2022, n = 1278

Genomes added since last report: 5*



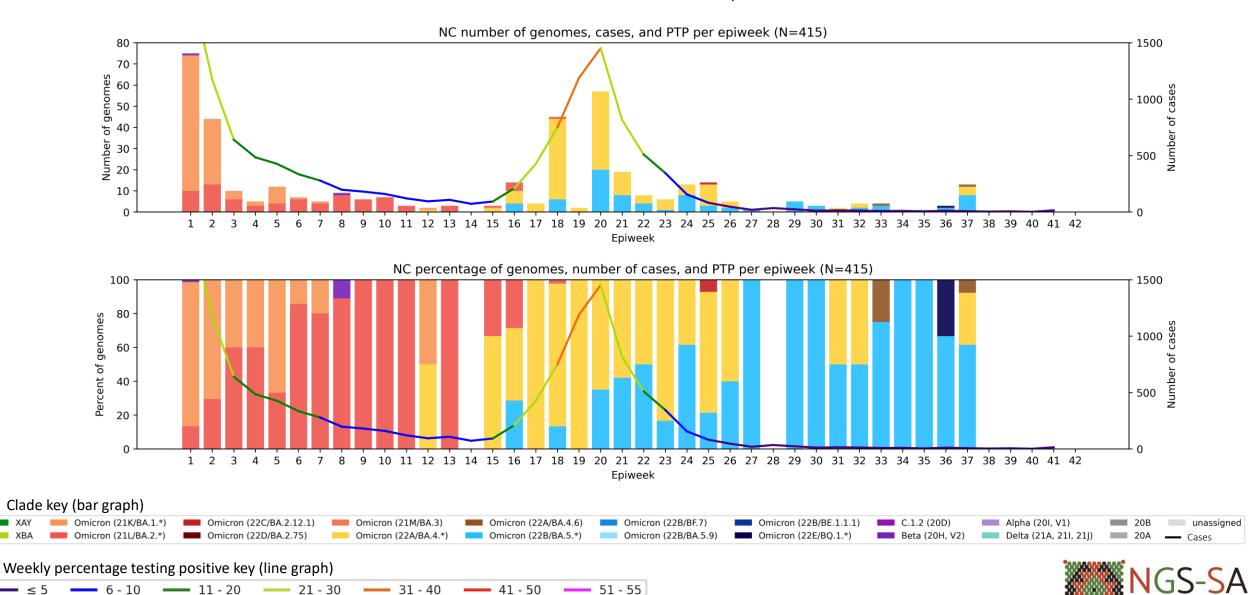
*May include genomes from 2020 which are not pictured here and are not included in the slide total.

—— 31 - 40



Northern Cape Province, 2022, n = 415

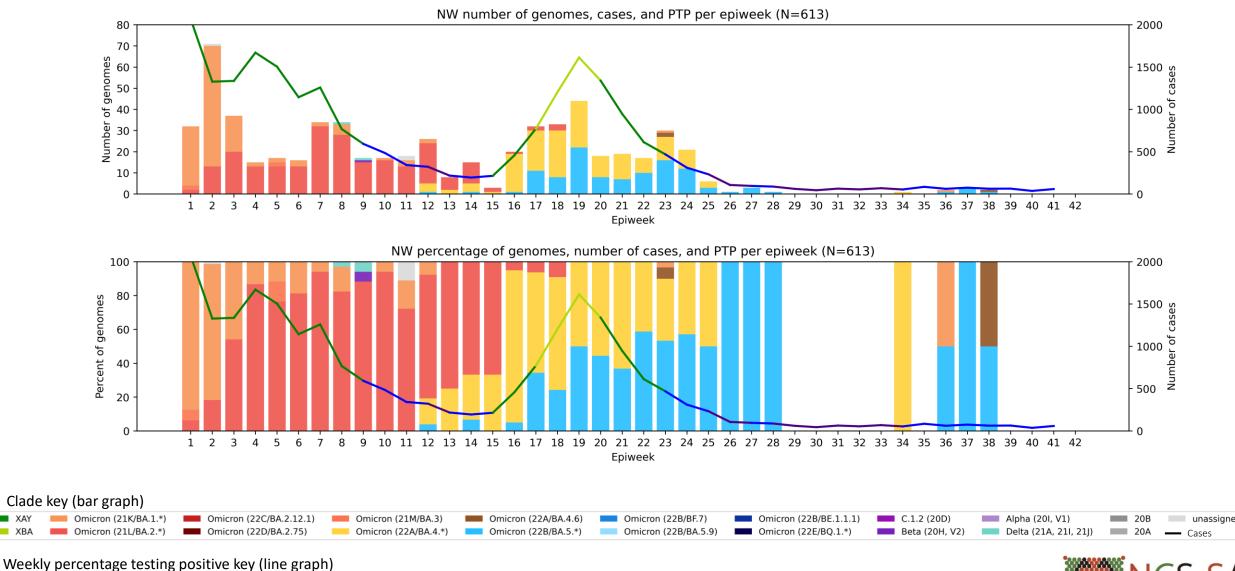
Genomes added since last report: 1*



*May include genomes from 2020 which are not pictured here and are not included in the slide total.

North West Province, 2022, n = 613

Genomes added since last report: 3*



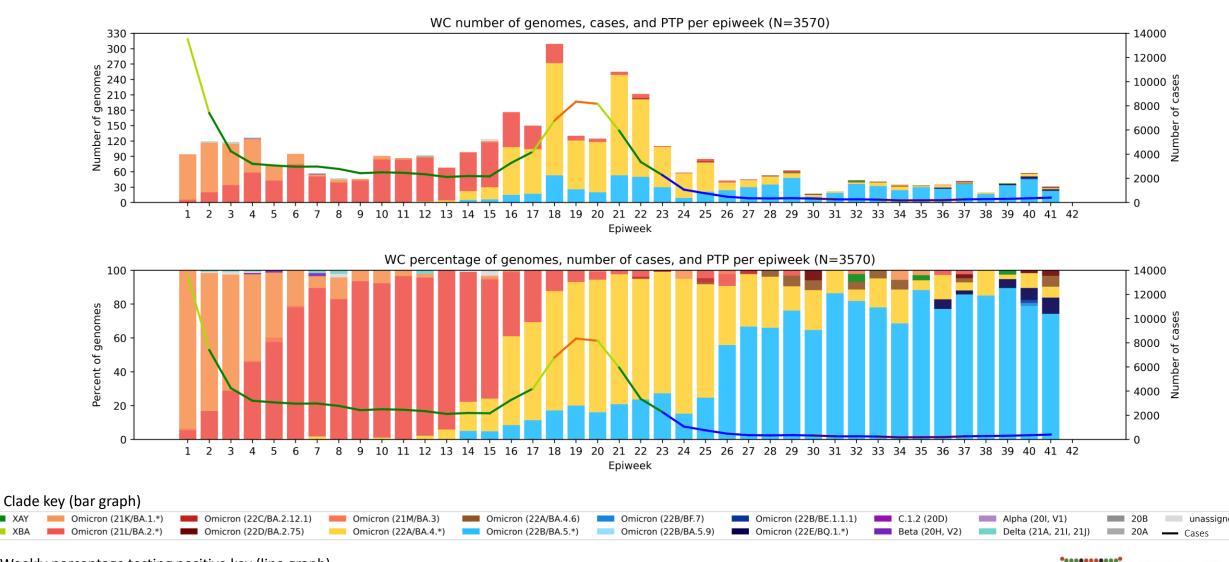
*May include genomes from 2020 which are not pictured here and are not included in the slide total.

—— 31 - 40



Western Cape Province, 2022, n = 3570

Genomes added since last report: 109*



Weekly percentage testing positive key (line graph)

— ≤ 5 — 6 - 10 — 11 - 20 — 21 - 30 — 31 - 40 — 41 - 5

NGS-SA
Network for Genomic
Surveillance in South Africa

^{*}May include genomes from 2020 which are not pictured here and are not included in the slide total.

Summary

Sequencing update

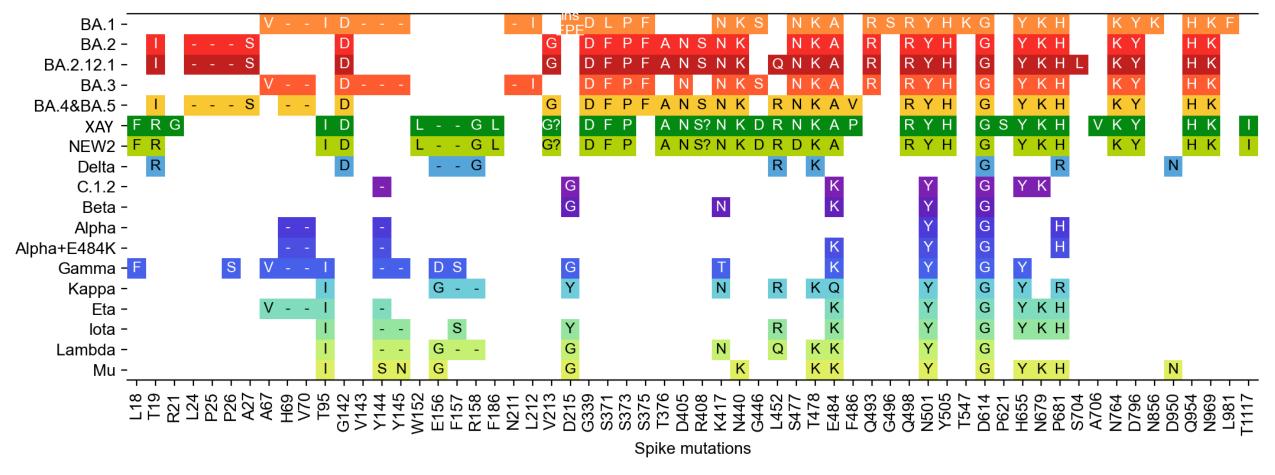
- All provinces have sequences for August and September.
- Free State, Gauteng, KwaZulu-Natal, Limpopo, and the Western Cape have sequences for October.

Variant of Concern Omicron in South Africa

- Omicron continued to dominate in August (97%), September (98%) and currently makes up 99% of October sequences.
- Omicron BA.5 and sub-lineages were dominant in August (69%), September (75%) and currently make up 89% of October data.
- BA.2.12.1 was detected in South Africa at low prevalence in May, June and July (<1%).
- BA.2.75.* has been detected in July through October at a low prevalence (≤2%).
- XAY (New1) continues to be detected at a low prevalence (n=29, predominantly from Gauteng)
 - XAY has also been detected in Denmark (n=9) and the USA (n=2)
- BQ.1 and BQ.1.1 have been detected in South Africa in September and October
 - September (1%) BQ.1: n=1 in the Northern Cape, n=3 in the Western Cape; BQ.1.1: n=1 in Gauteng, n=2 in the Western Cape
 - October (7%) BQ.1: n=1 in KwaZulu-Natal, n=5 in the Western Cape; BQ.1.1: n=1 in Gauteng, n=2 in the Western Cape
- Low frequency of previously circulating variants such as Delta not detected since July.



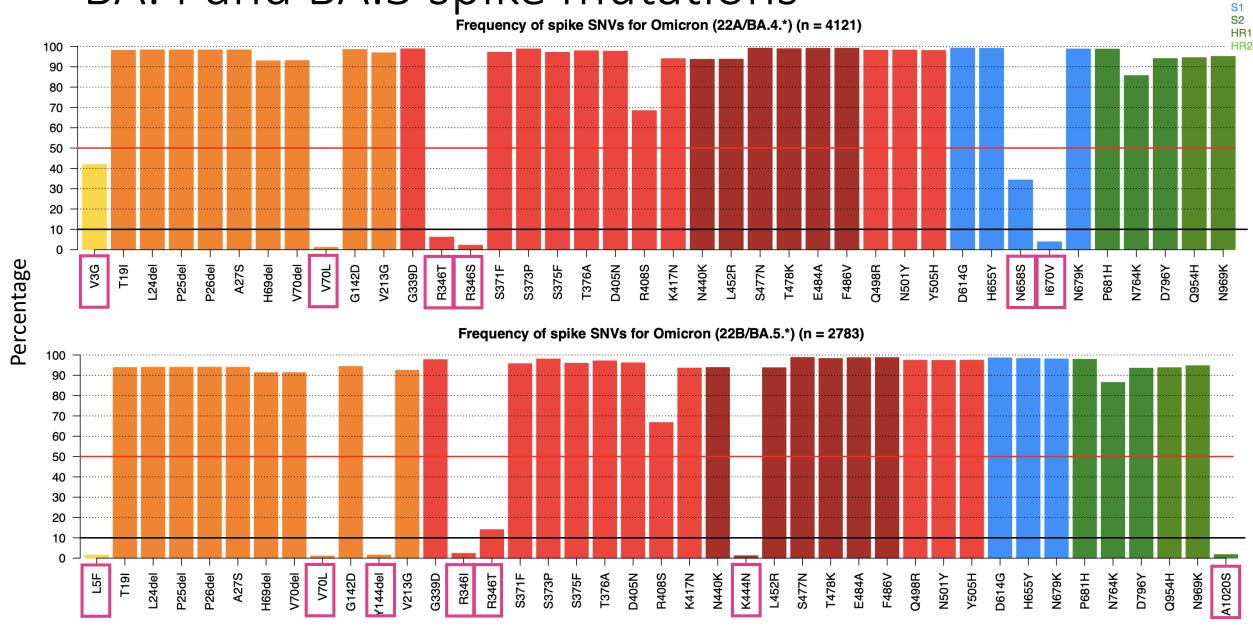
Spike protein mutation* profile of Variants of Interest and Concern



- 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

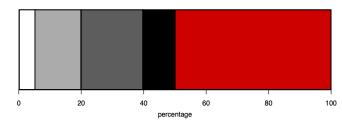


BA.4 and BA.5 spike mutations*

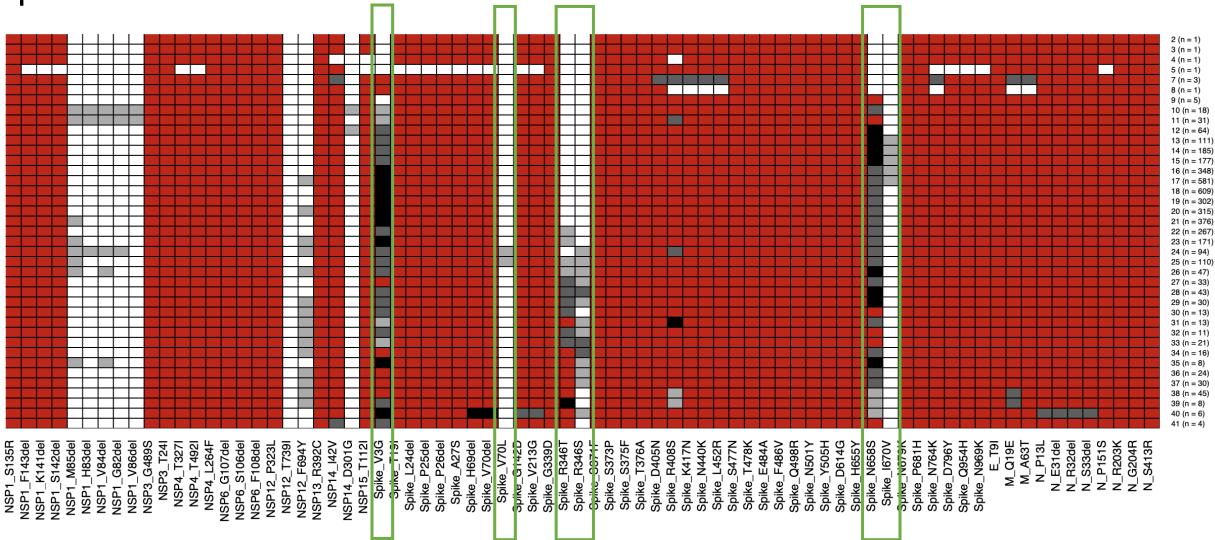


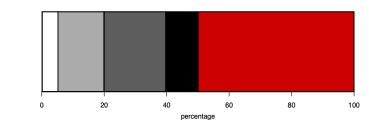
NTD

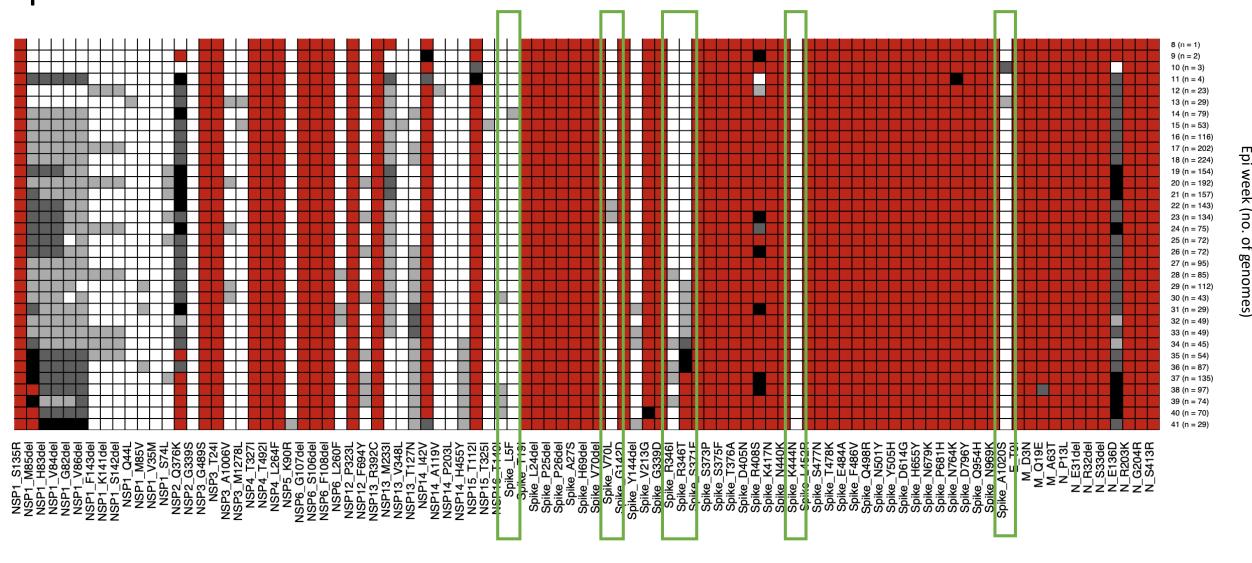
RBD RBM BA.4 whole genome mutation prevalence over time



on)























UNIVERSITY OF ™ KWAZULU-NATAL

INYUVESI YAKWAZULU-NATALI



ΛΛ

EDCTP







University of Stellenbosch & NHLS Tygerberg Virology



NHLS Greenpoint

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 $\Lambda \Lambda$

EDCTP

Samrce

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NHLS Tshwane

Prof Simnikiwe Mayaphi (HOD)

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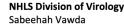
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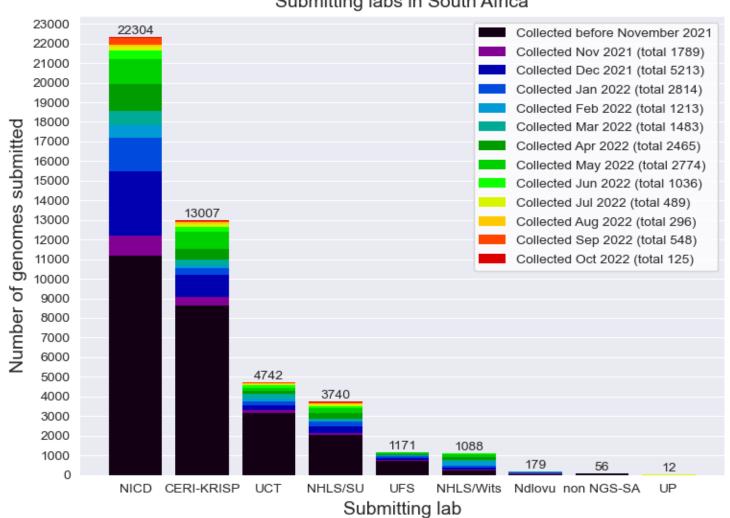






South African genomes submitted per submitting lab, 2020 - 2022 (N=46 299)





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

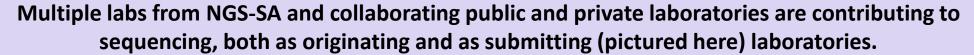
Service

SU: Stellenbosch University

UCT: University of Cape Town

UFS: University of the Free State

UP: University of Pretoria





Currently circulating Variants of Concern (VOC)

WHO label	Pango Iineage•	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

Omicron subvariants under monitoring

Pango lineage [#] (+ mutation)	GISAID clade	Nextstrain clade	Relationship to circulating VOC lineages	Spike genetic features	Earliest documented samples
BA.5** (+R346X or +K444X or +V445X or +N450D or +N460X)	GRA	22B	BA.5 sublineages (e.g. BF.7, BF.14, BQ.1)	BA.5 + one or more of these mutations: S:R346X, S:K444X, S:V445X , S:N450D or S:N460X	07-02-2022
BA.2.75***	GRA	22D	BA.2 sublineage	BA.2.75: BA.2 + S:K147E, S:W152R, S:F157L, S:I210V, S:G257S, S:D339H, S:G446S, S:N460K, S:Q493R reversion BA.2.75.2: BA.2.75 + S:R346T, S:F486S, S:D1199N	31-12-2021
BJ.1****	GRA	21L	BA.2 sublineage (B.1.1.529.2.10.1.1)	BA.2+S:V83A, S:Y144-, S:H146Q, S:Q183E, S:V213E, S:G339H, S:R346T, S:L368I, S:V445P, S:G446S, S:V483A, S:F490V, S:G798D, S:S1003I	06-09-2021
BA.4.6	GRA	22A	BA.4 sublineage	BA.4+S:R346T, S:N658S	20-07-2020
XBB ^{\$}		recombinant	Recombinant of BA.2.10.1 and BA.2.75 sublineages, i.e. BJ1 and BM.1.1.1, with a breakpoint in S1	BA.2+ S:V83A, S:Y144-, S:H146Q, S:Q183E, S:V213E, S:G252V, S:G339H, S:R346T, S:L368I, S:V445P, S:G446S, S:N460K, S:F486S, S:F490S	13-08-2022
BA.2.3.20 [§]	GRA	21L	BA.2 sublineage	BA.2+ S:M153T, S:N164K, S:H245N, S:G257D, S:K444R, S:N450D, S:L452M, S:N460K, S:E484R	15-08-2022

^{*} these subvariants are tracked under Omicron unless/until sufficient evidence arises that the virus characteristics are substantially different from what is known about the VOC they belong to. If this evidence arises, WHO will decide, in consultation with the TAG-VE, if designation of the emerging variant warrants a separate WHO label.

[#] includes descendent lineages

^{**} additional mutations outside of the spike protein: N:G30-, N:S33F, N:E136D, ORF1a:Q556K, ORF1a:L3829F, ORF1b:Y264H, ORF1b:M1156I, ORF9b:P10F, ORF9b:D16G, ORF9b:M26-, ORF9b:A29I, ORF9b:V30L.

^{***} additional mutation outside the spike protein: ORF1a:S1221L, ORF1a:P1640S, ORF1a:N4060S; ORF1b:G662S; E:T11A

^{****} additional mutations outside of the spike protein: Mutations: M:D3Y, N:T282I, ORF1a:K47R, ORF1b:G662S, ORF1b:S959P, ORF7a:I110T

^{\$} additional mutations outside of the spike protein: E:T11A, ORF1a:K47R, ORF1b:G662S, ORF1b:S959P, ORF8:G8*

[§] additional mutations outside of the spike protein: ORF1a:T727I, ORF1a:I1714T, ORF1a:M2169V, ORF1a:T2174I, ORF1a:T2648I, ORF1a:A2909V, ORF1a:Q3922R, ORF1b:T1404M, ORF3a:L140F, ORF9b:D89E

Previously circulating Variants of Concern

WHO label	Pango Iineage•	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.)