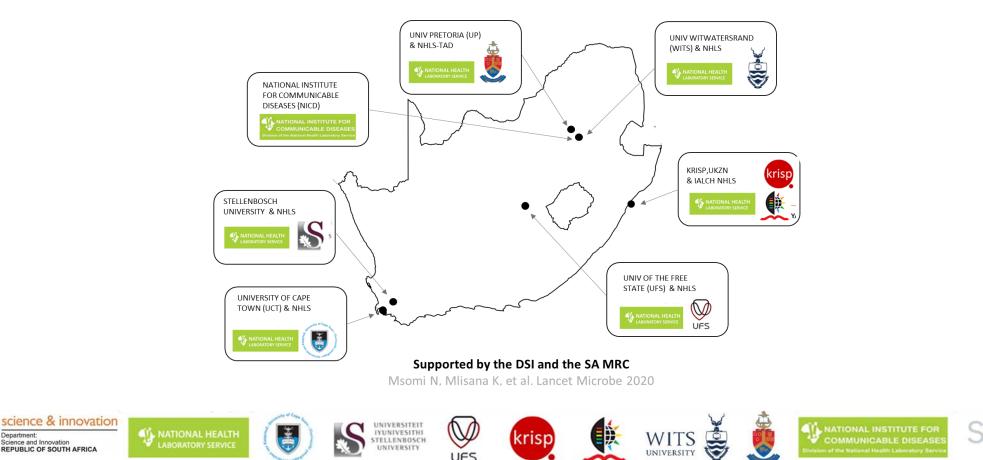


## **SARS-CoV-2** Sequencing Update **28 October 2022**



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)

Department

Science 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 28 October 2022 at 14h10



#### Data license: <a href="https://www.gisaid.org/registration/terms-of-use/">https://www.gisaid.org/registration/terms-of-use/</a>

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=46 559\*)

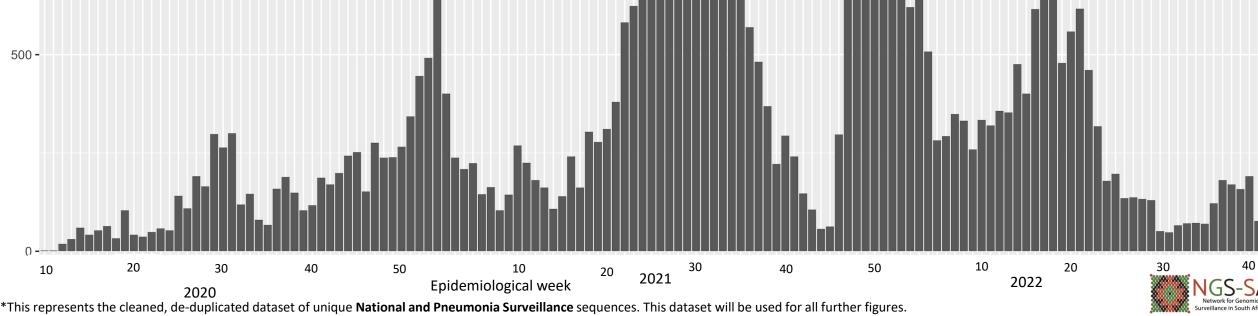
Sequencing data ending epi week 42 (ending 22 Oct 2022)

Currently in epi week 43 (ending 29 Oct 2022)

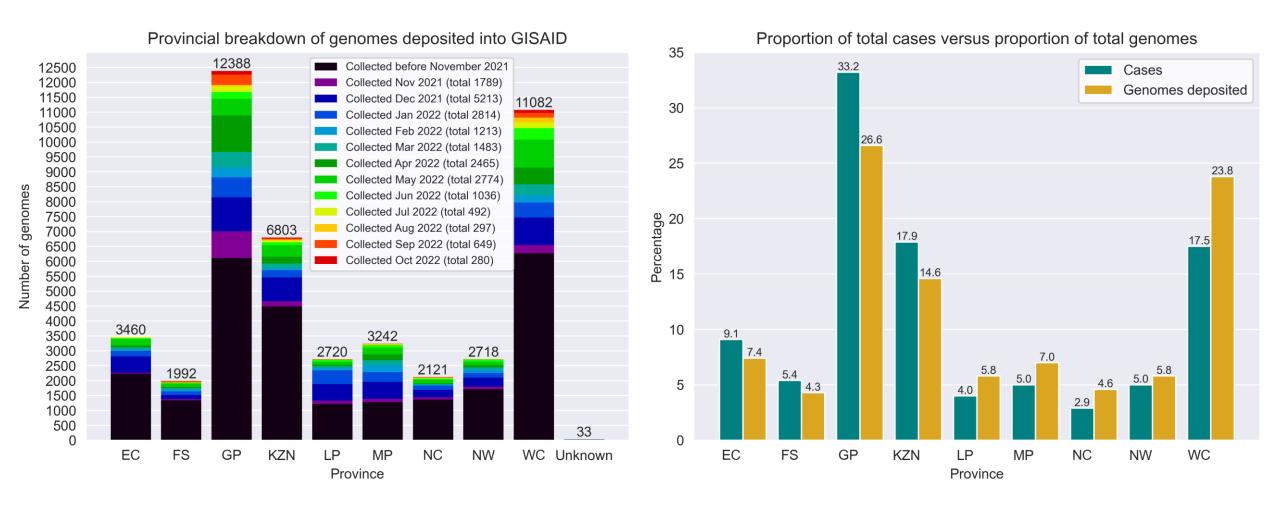
Total genomes: 46 55929 Oct 2022020 genomes: 6 7422021 genomes: 26 2992022 genomes: 13 518Genomes added since last report: 260

- 000 - Number of sequences

1500 -

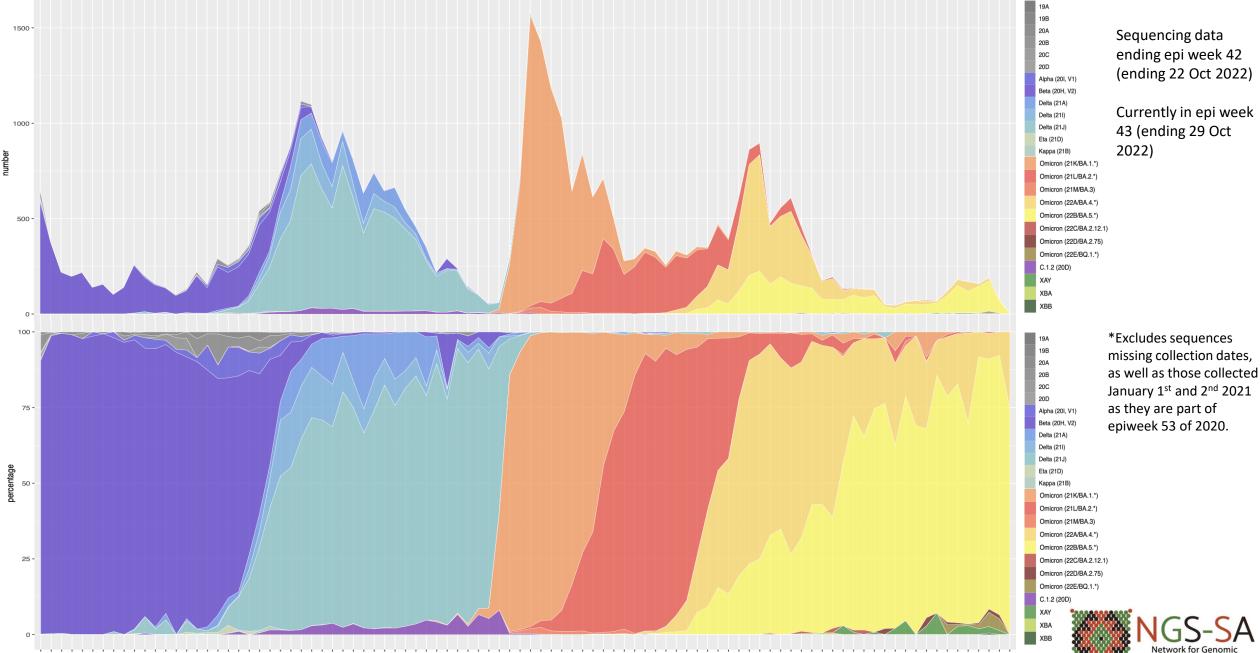


### GISAID genomes vs total cases, 2020 – 2022 (N=46 559)





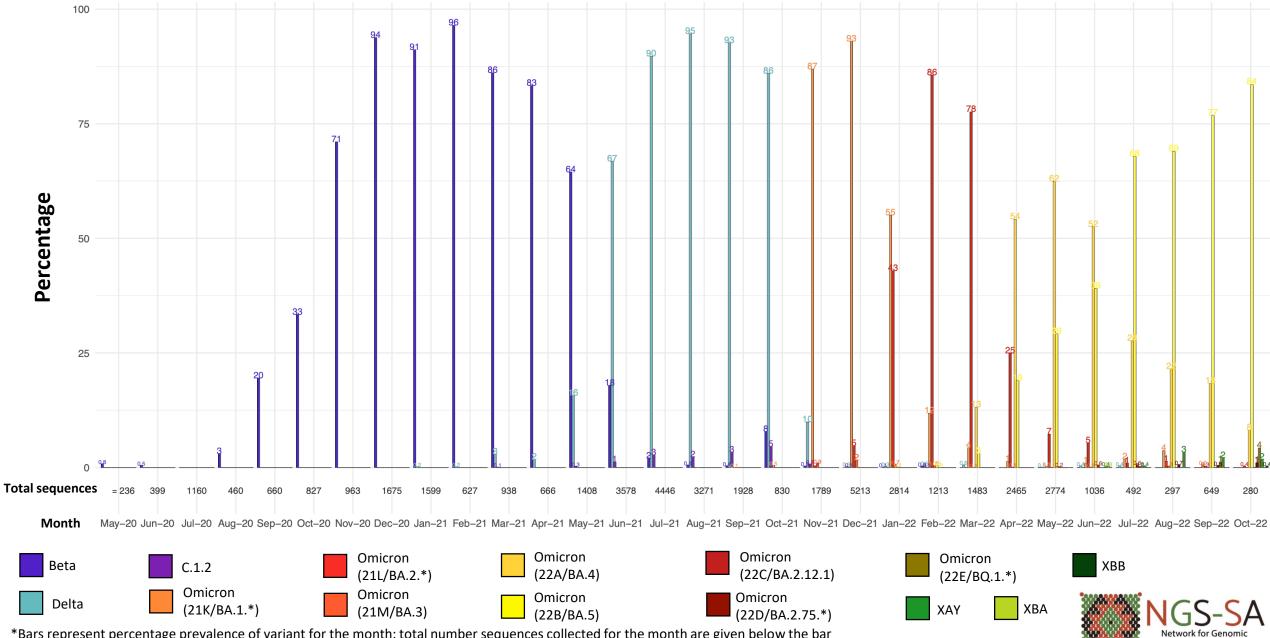
#### Number and percentage of clades by epiweek in South Africa, 2021 – 2022 (39 470\*)



Surveillance in South Africa

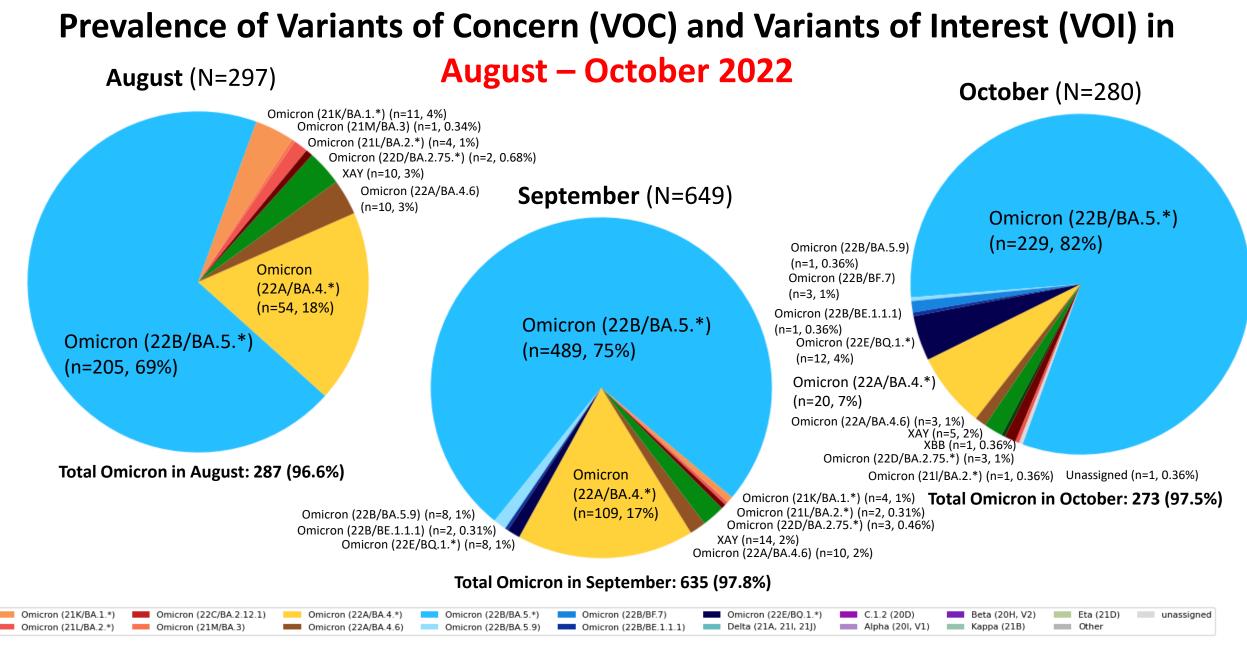
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 epiweeks in 2021 – 2022

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



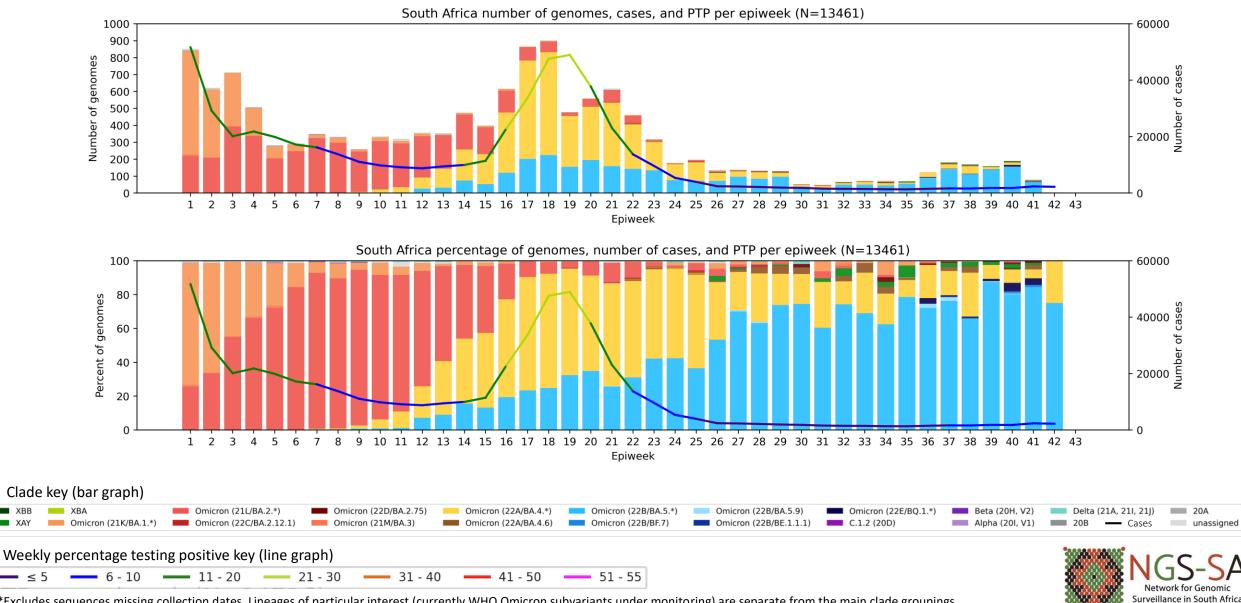
Surveillance in South Africa

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





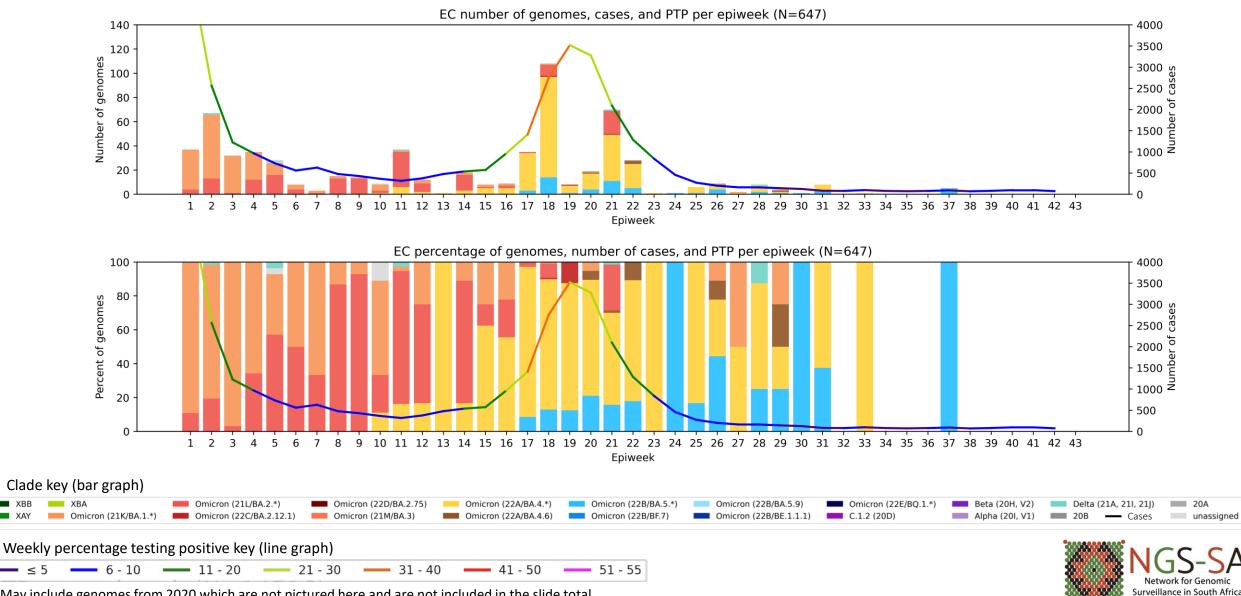
# South Africa, 2022, n = 13 461\*



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

### Eastern Cape Province, 2022, n = 647

Genomes added since last report: 1\*

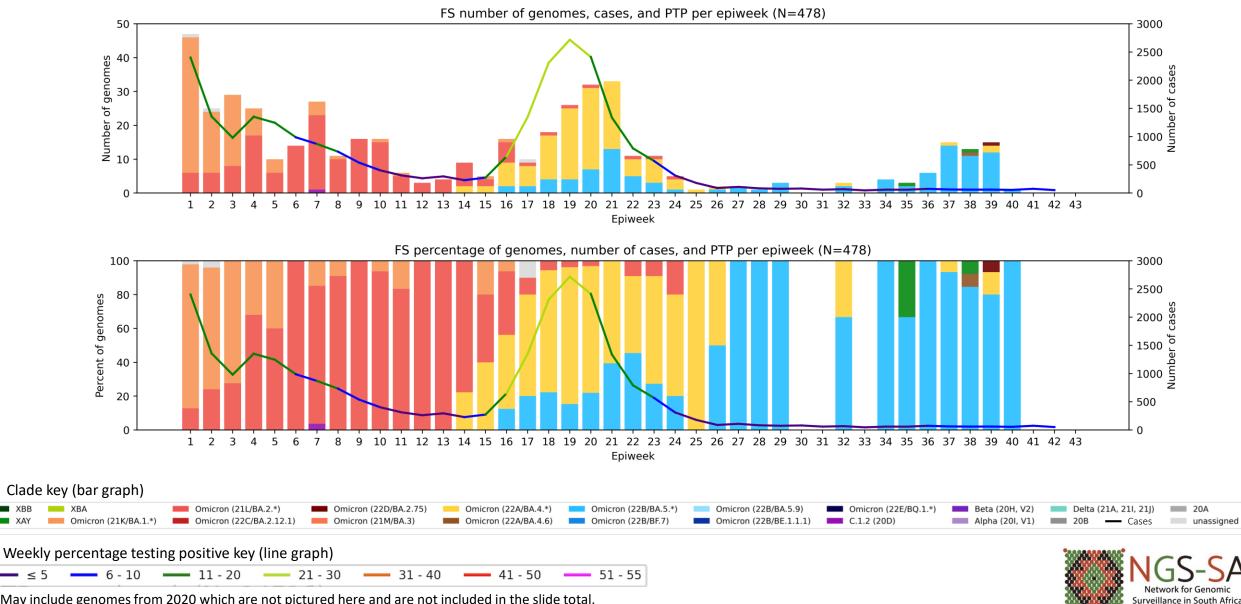


\*May include genomes from 2020 which are not pictured here and are not included in the slide total.

≤ 5

### **Free State Province**, **2022**, n = **478**

Genomes added since last report: 5\*

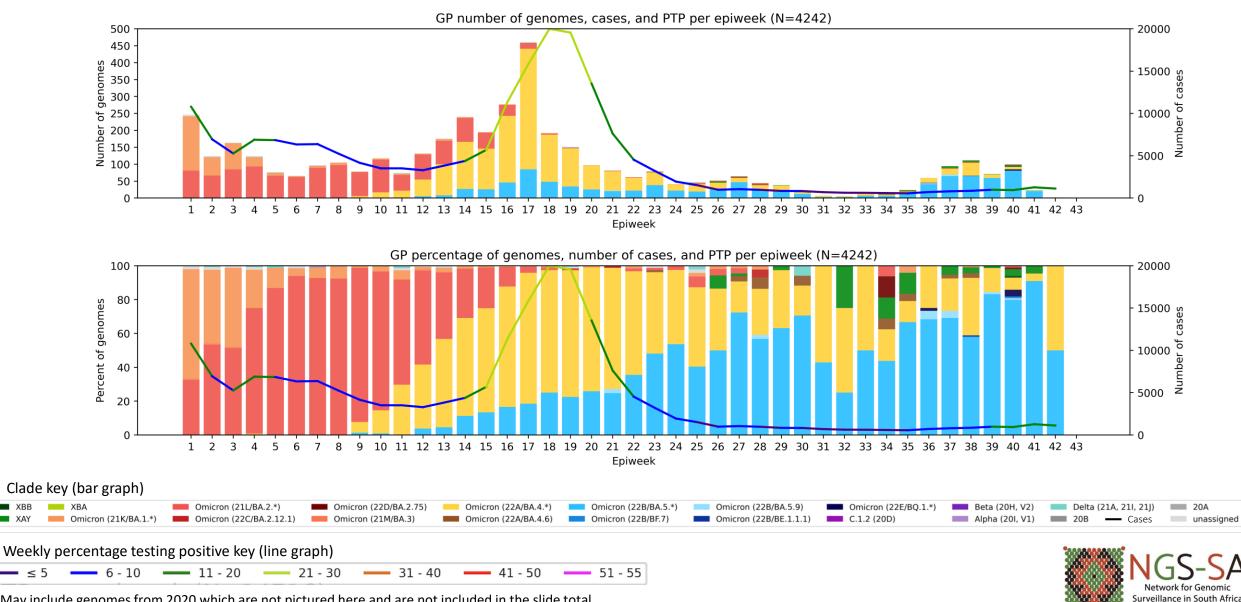


\*May include genomes from 2020 which are not pictured here and are not included in the slide total.

< 5

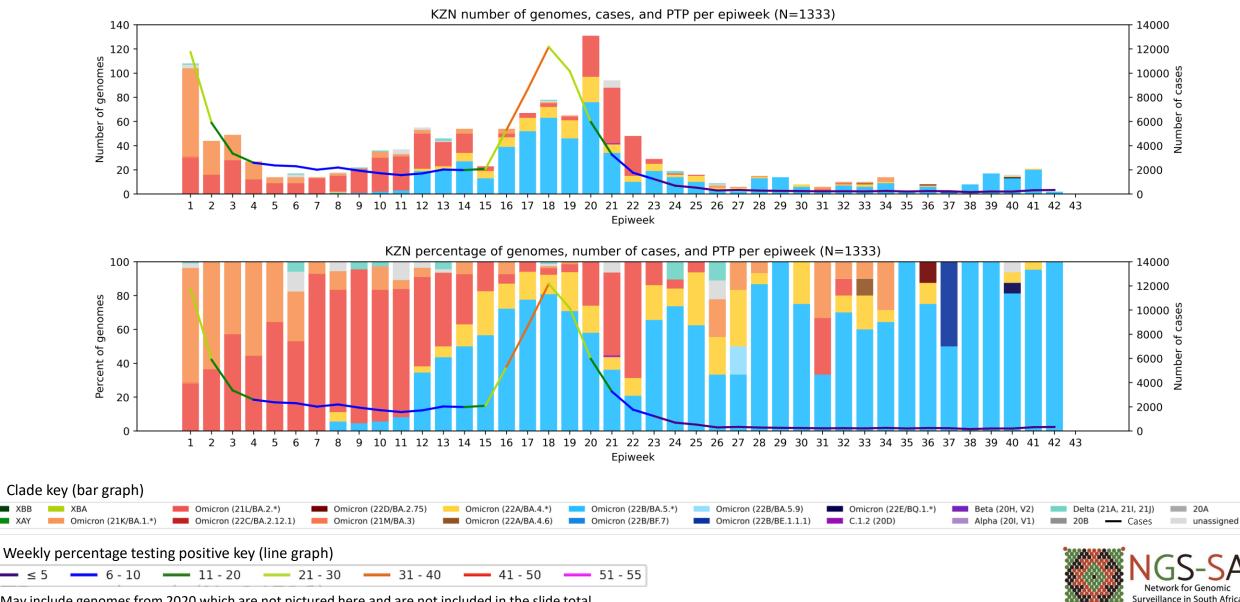
# Gauteng Province, 2022, n = 4242

Genomes added since last report: 190\*



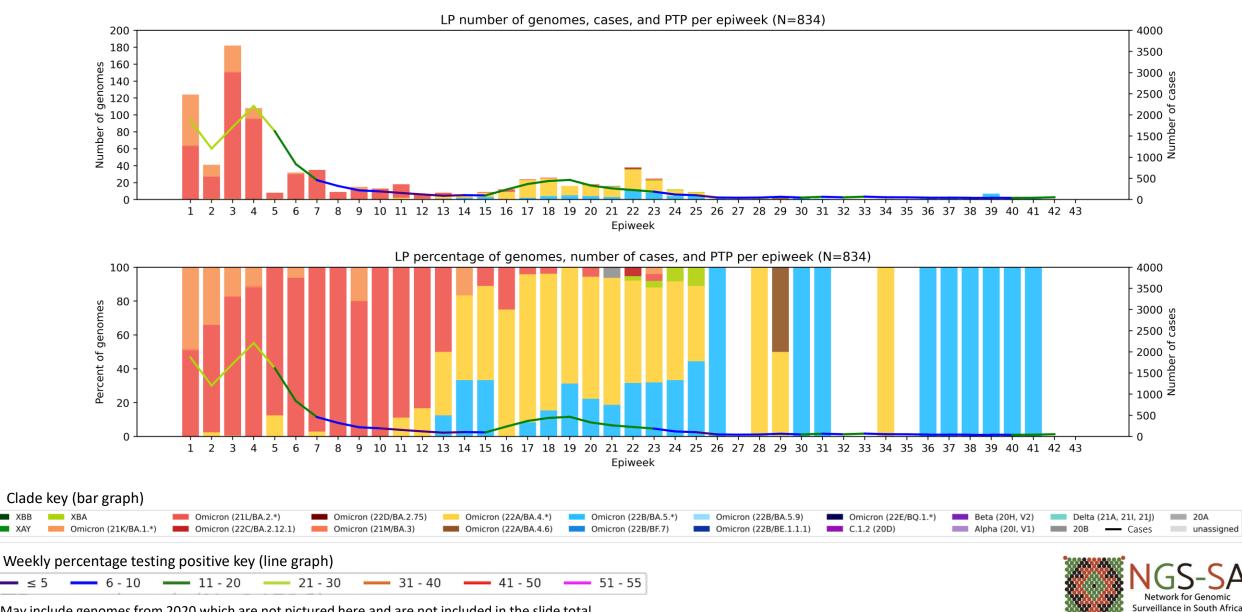
# KwaZulu-Natal Province, 2022, n = 1333

Genomes added since last report: 20\*



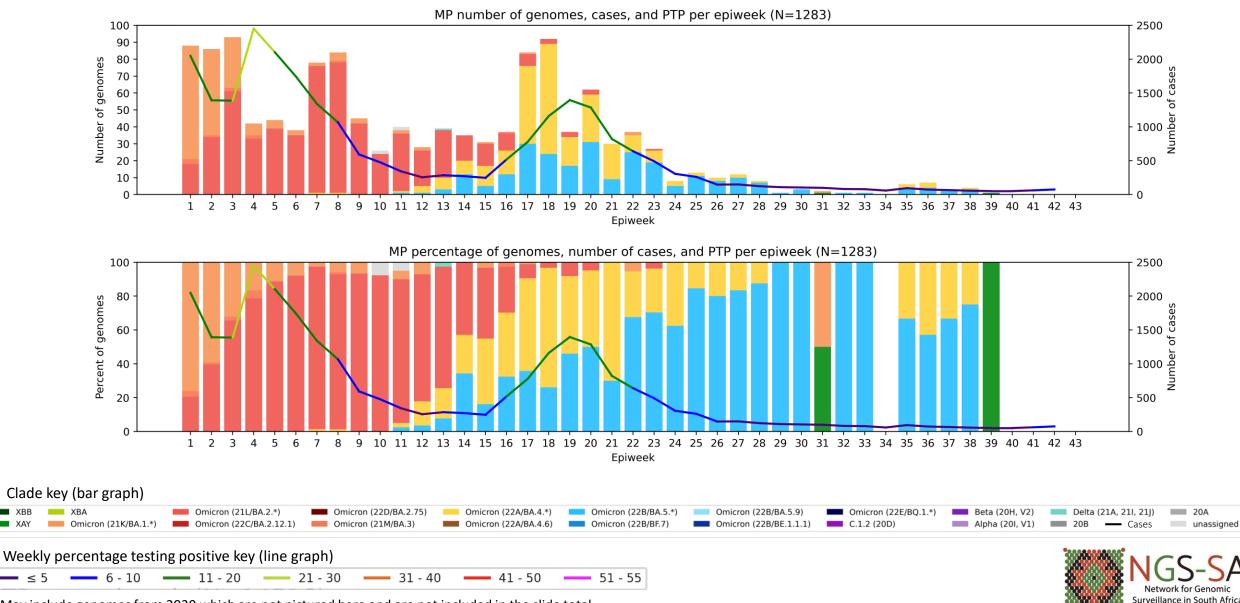
### Limpopo Province, 2022, n = 834

Genomes added since last report: 0\*



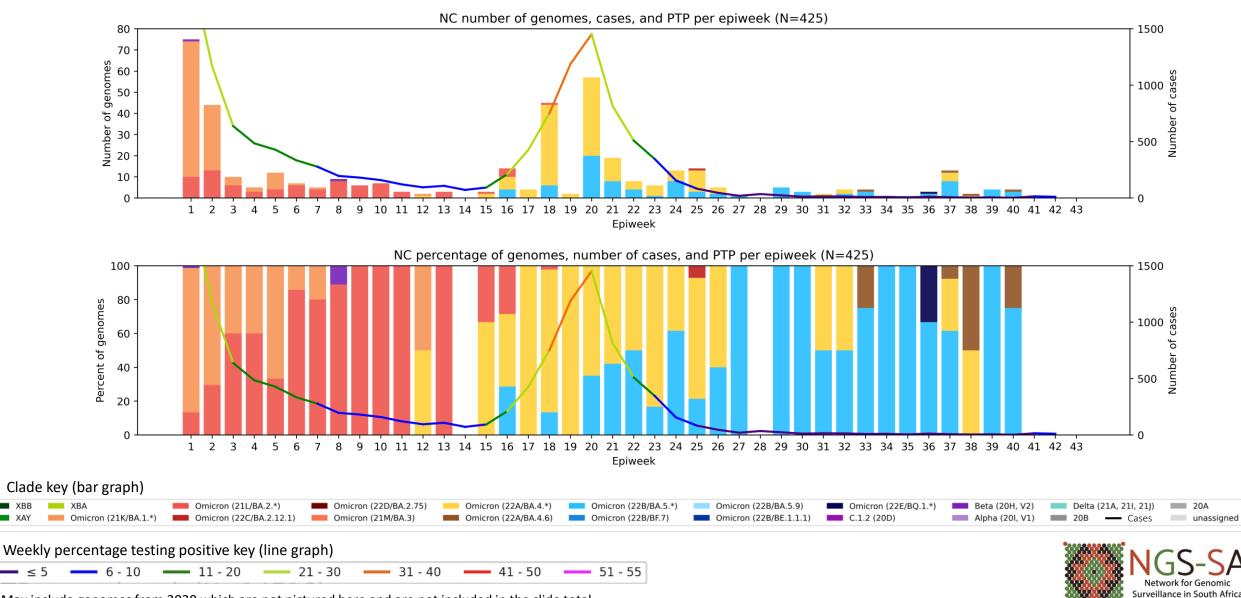
### Mpumalanga Province, 2022, n = 1283

Genomes added since last report: 5\*



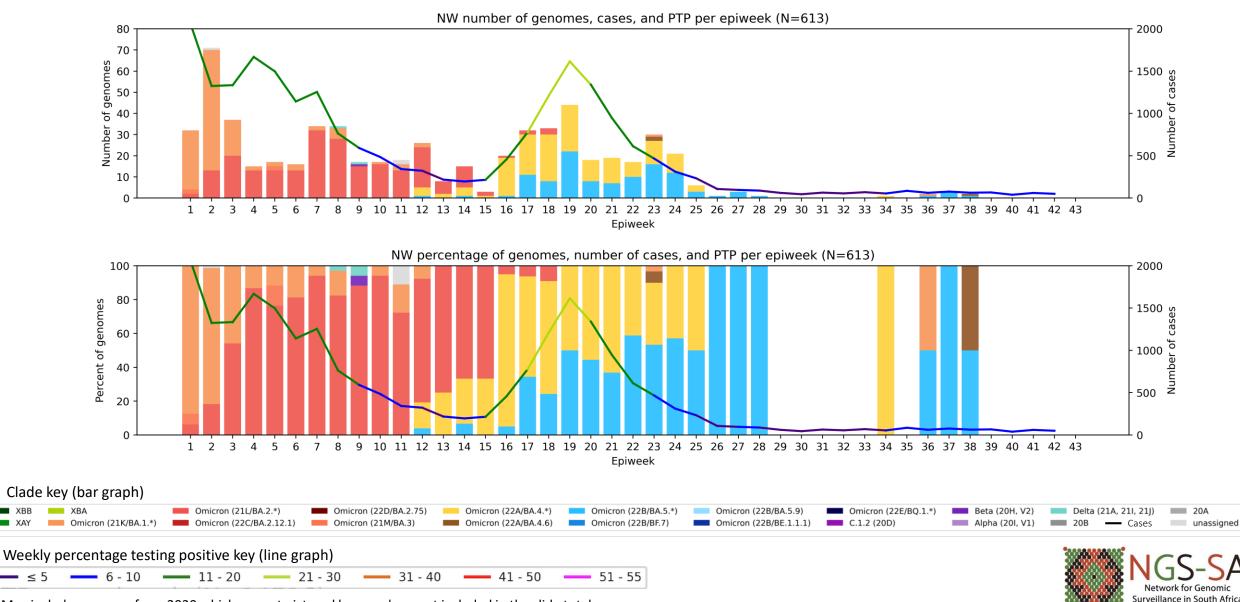
# Northern Cape Province, 2022, n = 425

Genomes added since last report: 10\*



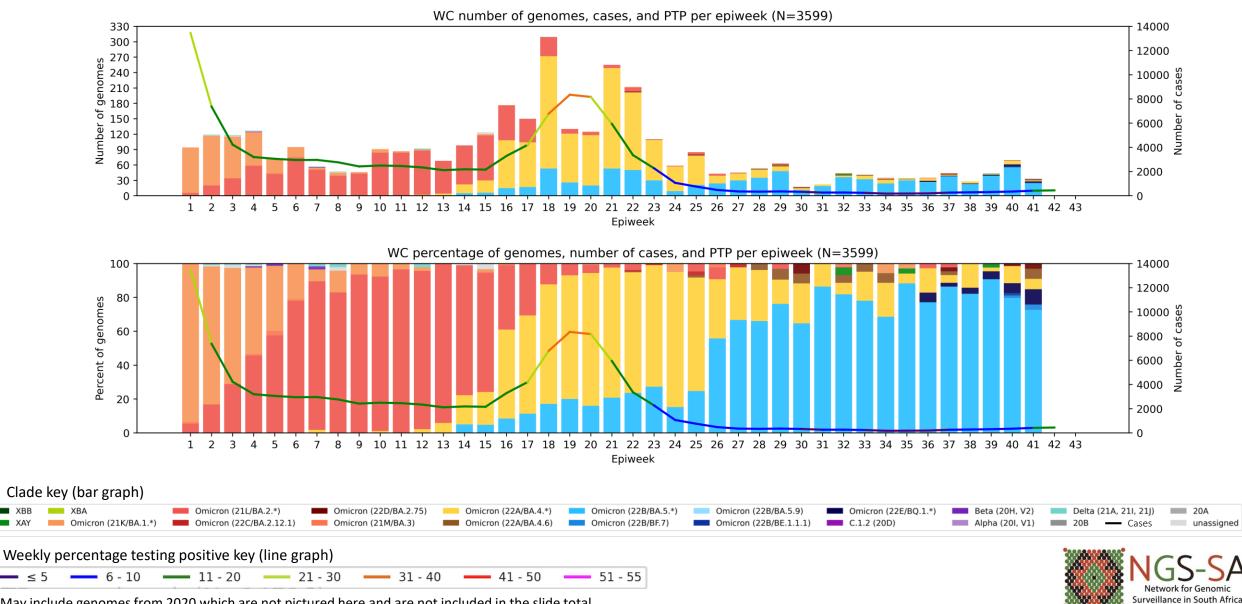
### North West Province, 2022, n = 613

Genomes added since last report: 0\*



### Western Cape Province, 2022, n = 3599

Genomes added since last report: 29\*

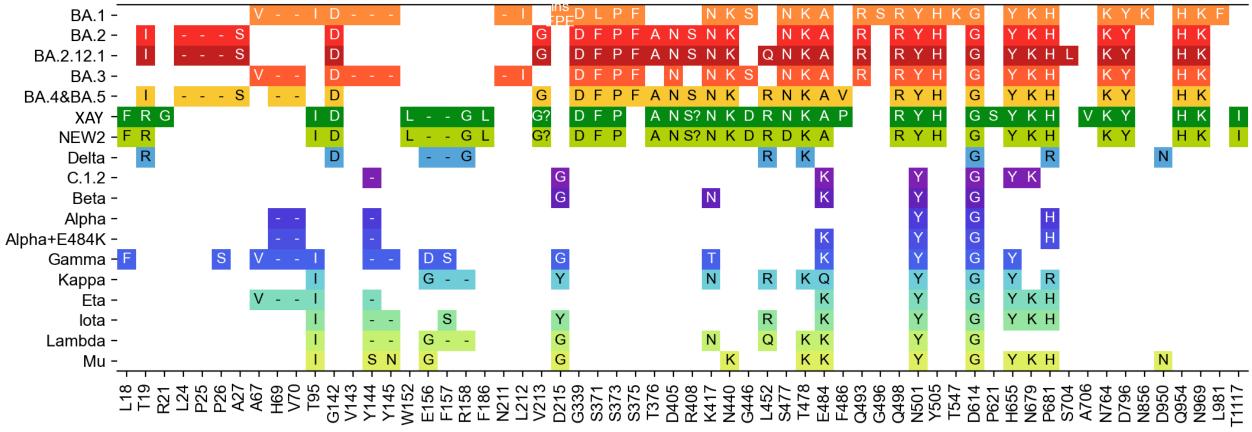


# Summary

- Sequencing update
  - All provinces have sequences for August and September.
  - Free State, Gauteng, KwaZulu-Natal, Limpopo, the Northern Cape 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 98% of October sequences.
  - Omicron BA.5 and sub-lineages were dominant in August (69%), September (77%) and currently make up 88% 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 (≤1%).
  - XAY continues to be detected at a low prevalence (n=35, predominantly from Gauteng)
    - XAY has also been detected in Denmark (n=9), Israel (n=2) 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=4 in the Western Cape; BQ.1.1: n=1 in Gauteng, n=2 in the Western Cape
    - October (4%) BQ.1: n=1 in KwaZulu-Natal, n=1 in Gauteng, n=5 in the Western Cape; BQ.1.1: n=3 in Gauteng, n=2 in the Western Cape
  - XBB has been detected in South Africa in October (n=1, Gauteng)
- Low frequency of previously circulating variants such as Delta not detected since July.



### Spike protein mutation\* profile of Variants of Interest and Concern



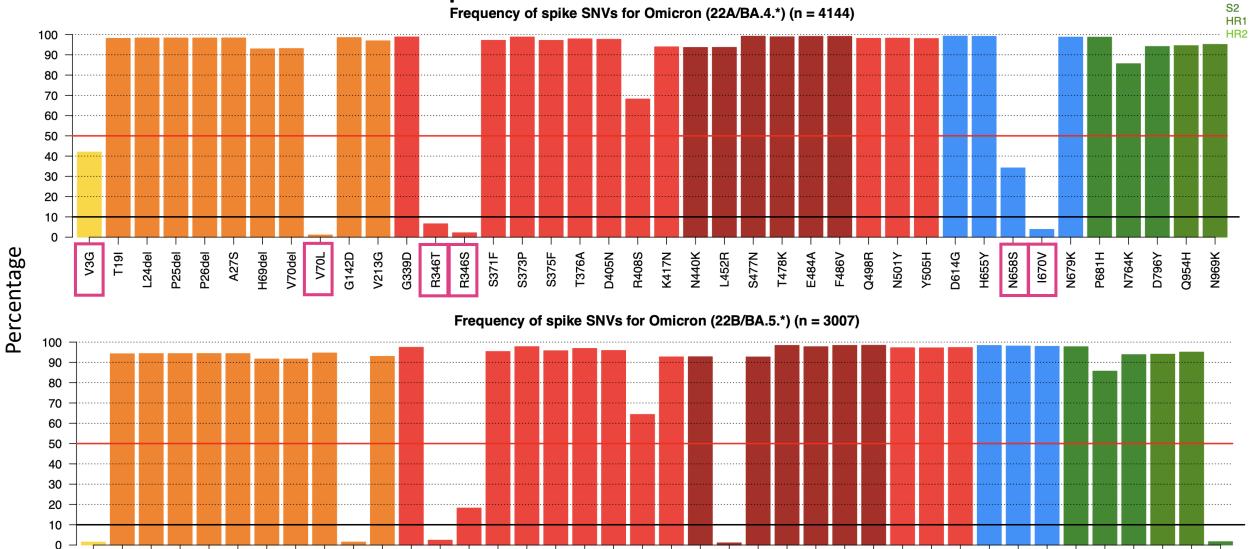
Spike mutations

- 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



# BA.4 and BA.5 spike mutations\*



NTD

RBD RBM S1

A1020S

N969K

Q954H

N764K

D796Y

D614G

Н655Ү

N679K

P681H

L24del

L5F

T19I

P25del

P26del

Y144del

V213G

G339D

G142D

H69del

A27S

V70del

R346I

R346T

S371F

S373P

S375F

T376A

Mutation

R408S

K417N

N440K

D405N

K444N

L452R

S477N

T478K

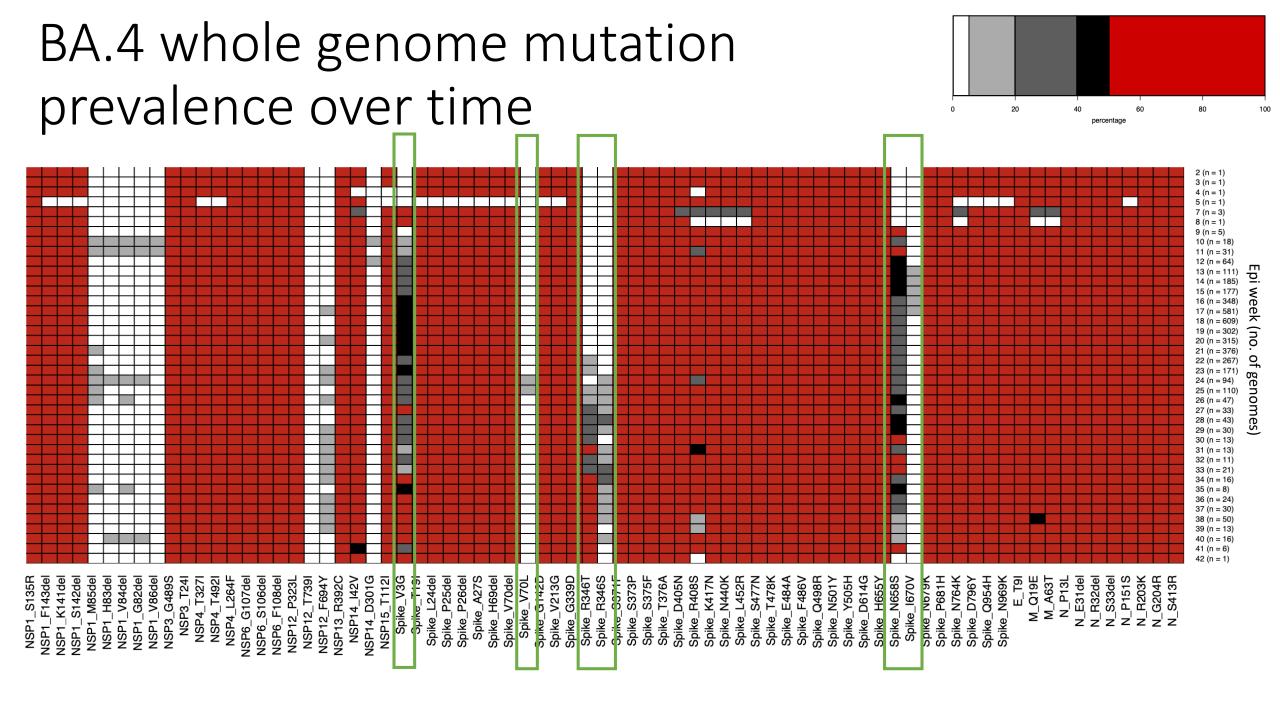
E484A

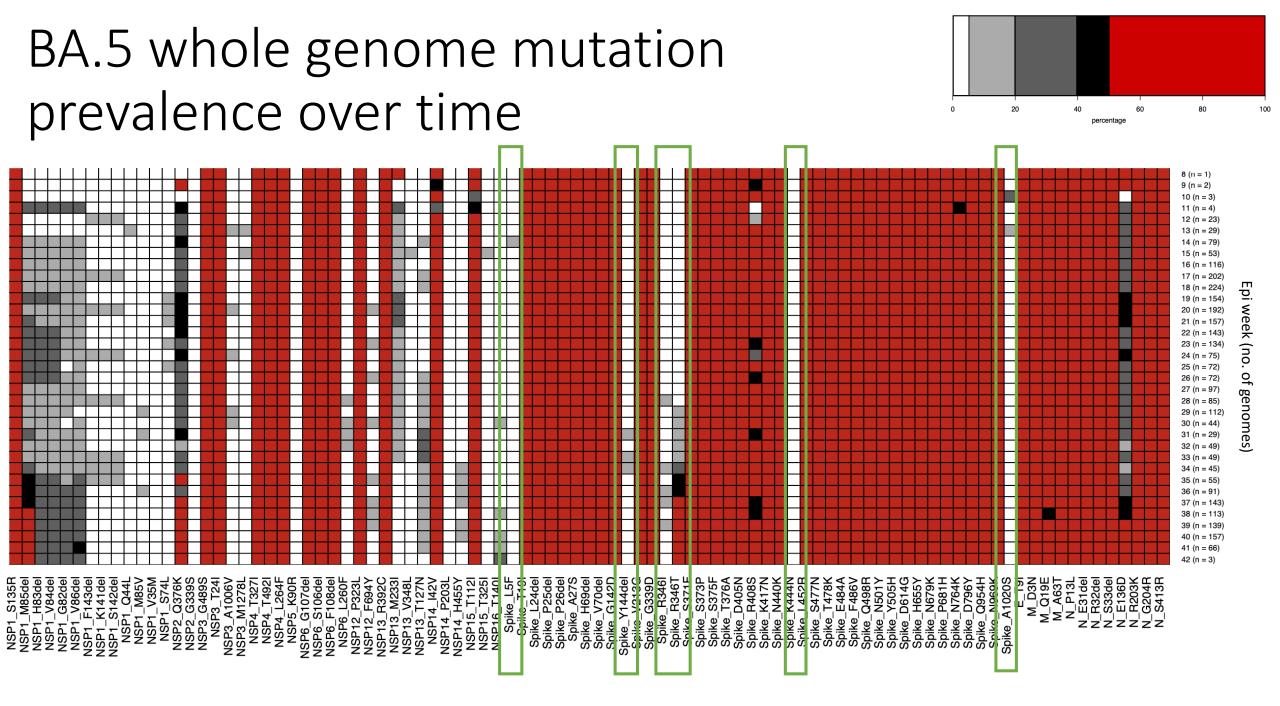
F486V

Q498R

N501Y

Y505H









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**X**X

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NHLS Greenpoint Annabel Enoch This project has ceived funding from he European Union's Horizon Europe Ì Research and Erna Morden Innovation Actions under grant No.



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Key to Diagnostic Excellent

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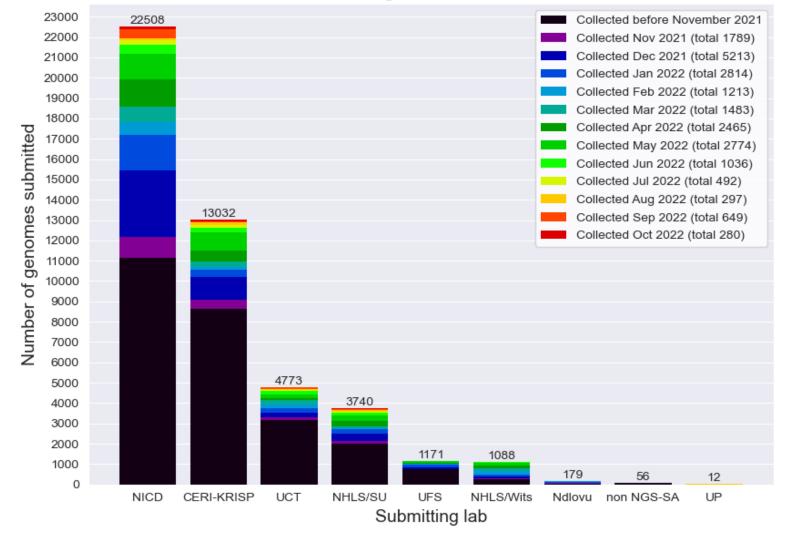






### South African genomes submitted per submitting lab, 2020 - 2022 (N=46 559)

Submitting labs in South Africa



#### **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

## **Omicron subvariants under monitoring**

Pango lineage <sup>#</sup> (+ mutation)	GISAID clade	Nextstrain <b>clade</b>	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
ХВВ <sup>\$</sup>		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 <sup>§</sup>	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:M1156l, 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

<sup>\$</sup> 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

#### https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/ accessed 14 October 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.)