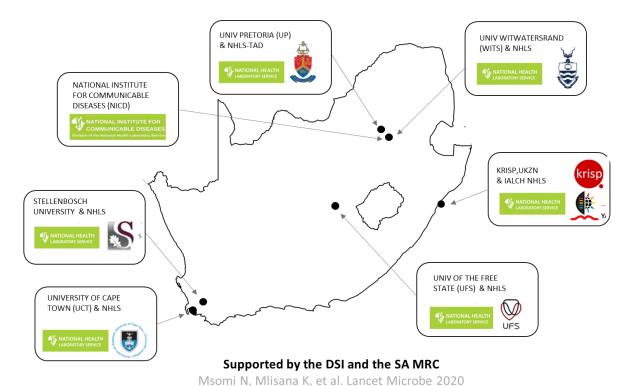


GS-SA Network for Genomic Surveillance in South Africa (NGS-SA)

SARS-CoV-2 Sequencing Update 10 February 2023

























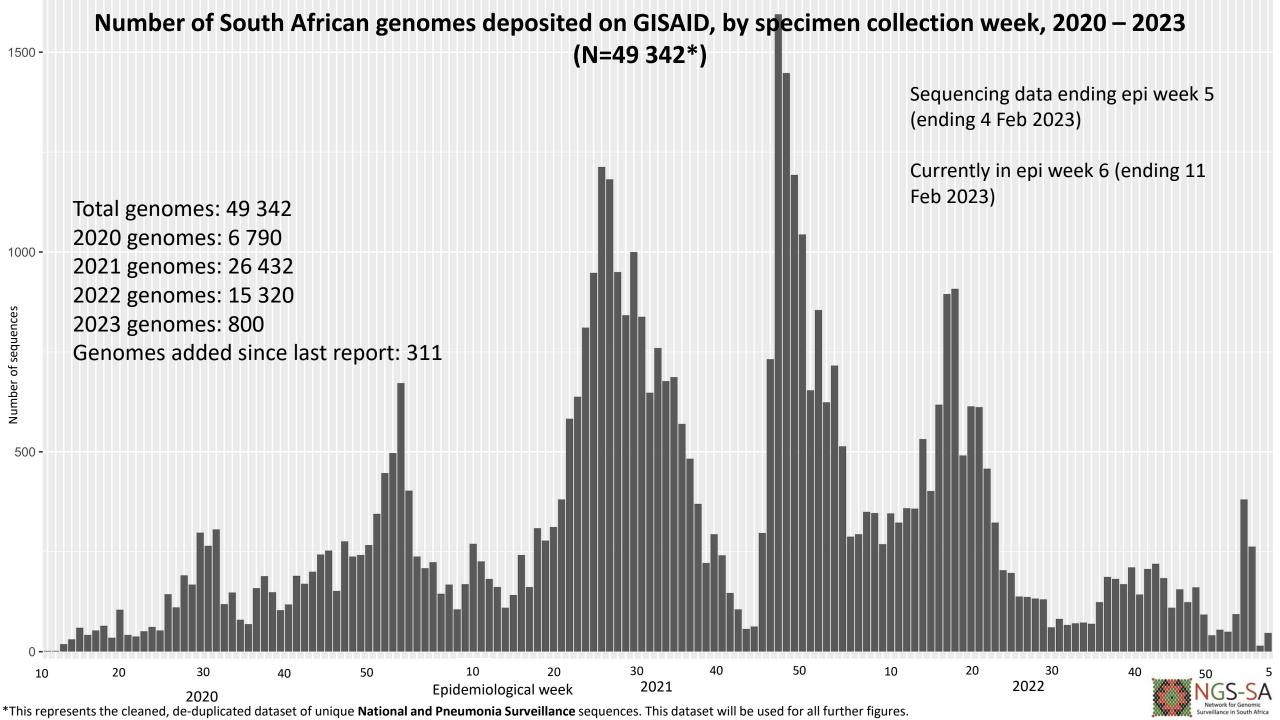
The genomic data presented here are based on South African SARS-CoV-2 sequence data downloaded from GISAID (www.gisaid.org) on 10 February 2023 at 13h33



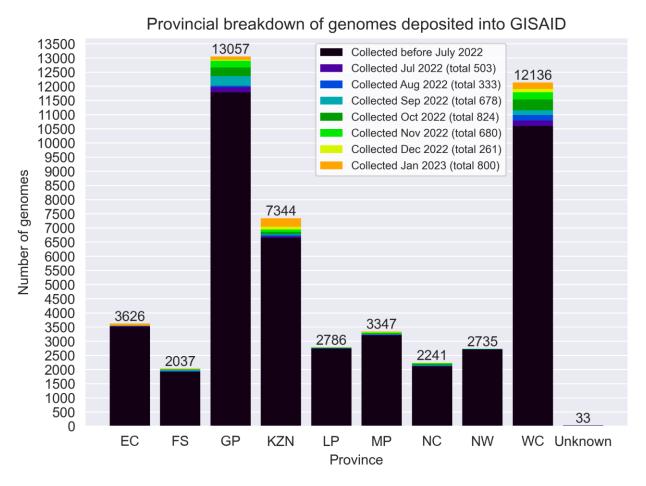
Data license: https://www.gisaid.org/registration/terms-of-use/

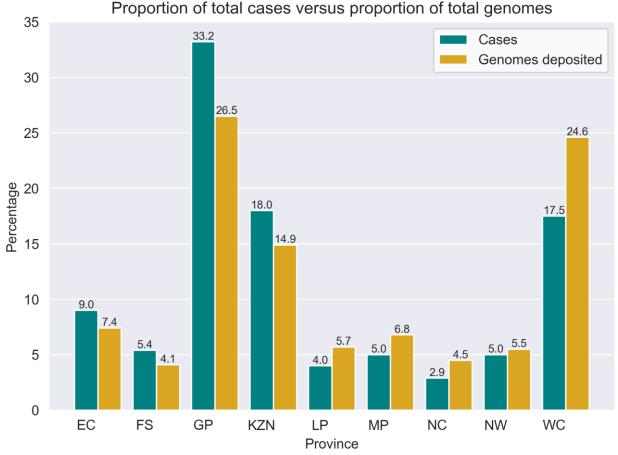
Elbe, S., and Buckland-Merrett, G. (2017) Data, disease and diplomacy: GISAID's innovative contribution to global health. Global Challenges, 1:33-46. DOI: 10.1002/gch2.1018 PMCID: 31565258

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



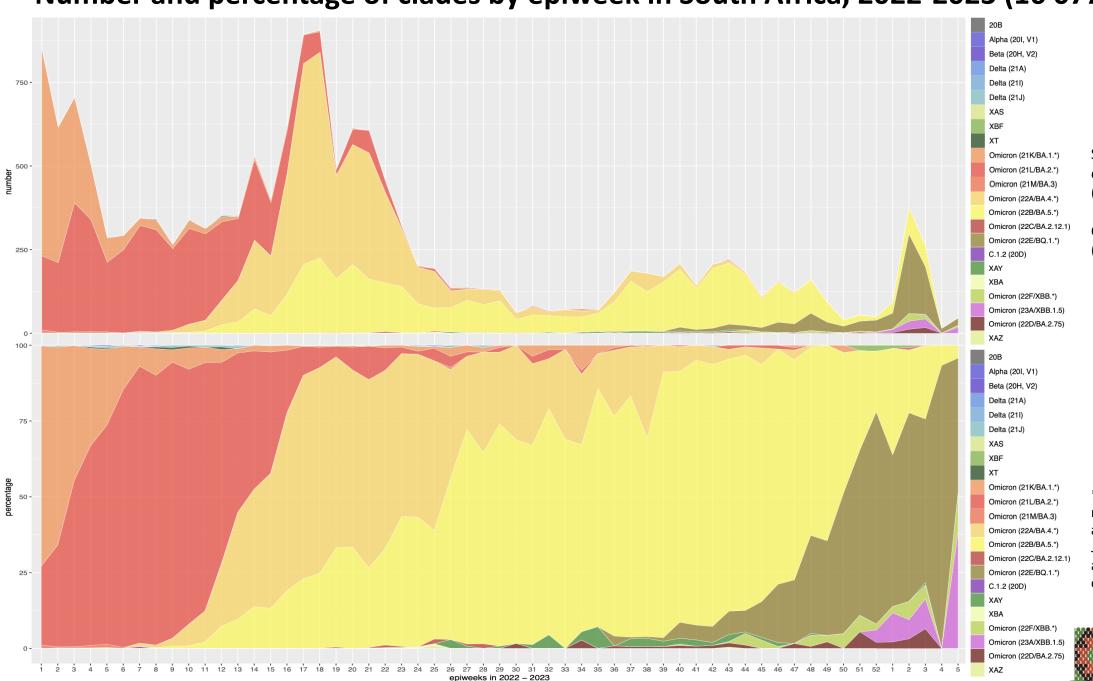
GISAID genomes vs total cases, 2020 – 2023 (N=49 342)







Number and percentage of clades by epiweek in South Africa, 2022-2023 (16 077*)



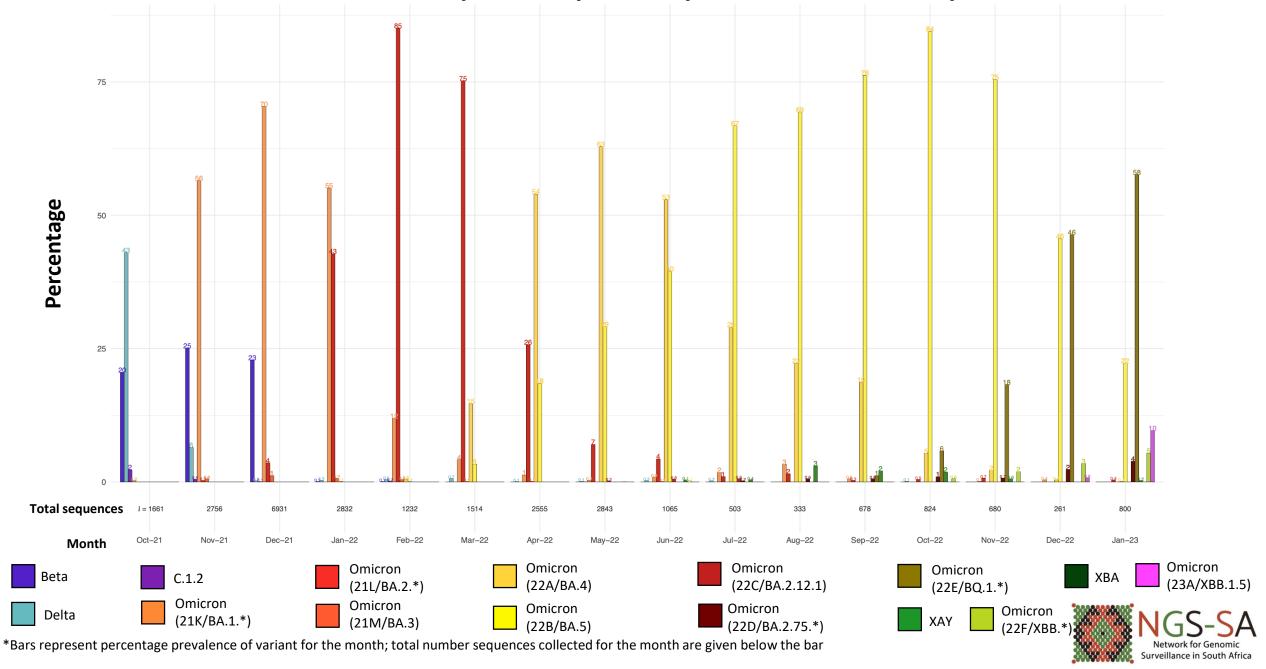
Sequencing data ending epi week 5 (ending 4 Feb 2023)

Currently in epi week 6 (ending 11 Feb 2023)

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



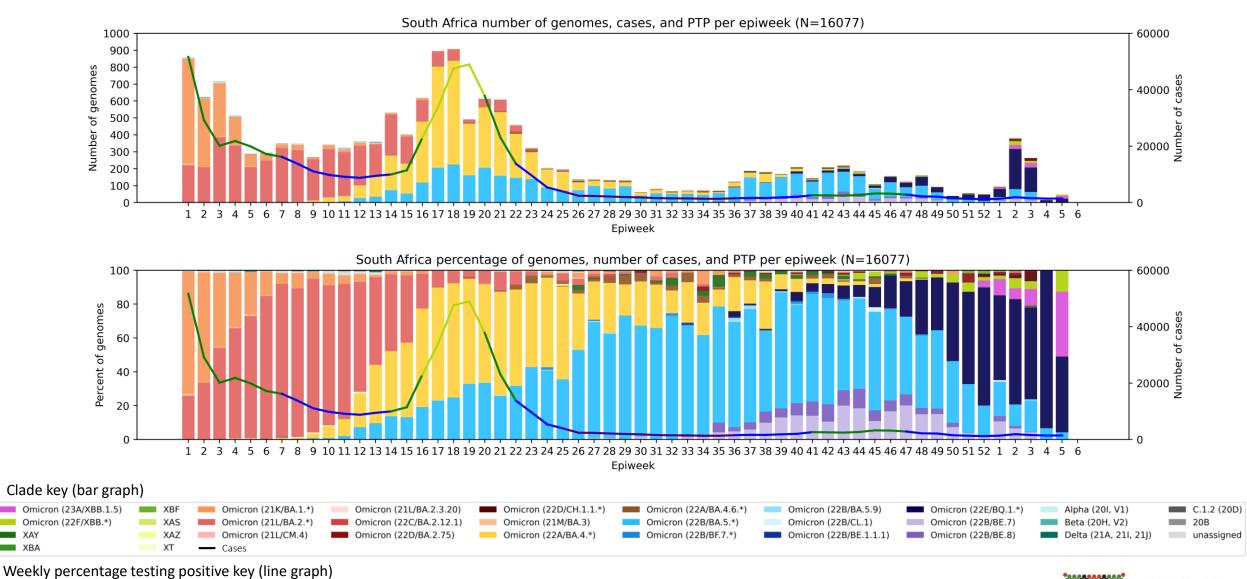
Detection Rates: Beta, Delta, C.1.2, recombinants, and Omicron



Prevalence of Variants of Concern (VOC) and Variants of Interest (VOI) in Jan (N=800) Nov 2022- Jan 2023 Omicron (22A/BA.4.6) (n=1, 0.12%) **Nov** (N=680) XAY (n=2, 0.25%) XBF (n=4, 5%) Omicron (21K/BA.1.*) (n=1, 0.15%) Omicron (21L/BA.2.*) (n=3, 0.44%) Omicron (22B/BE.8) Omicron (22F/XBB.*) (n=43, 5%) (n=46, 7%) Omicron (21L/BA.2.3.20) (n=2, 0.29%) **Dec** (N=261) Omicron Omicron (22D/BA.2.75.*) (n=5, 0.75%) (22B/BE.7) Omicron (22F/XBB.*) (n=13, 2%) (n=116, 17%) Omicron (XBB.1.5) (n=77, 10%) XAY (n=4, 0.6%) Omicron (22A/BA.4.6) (n=7, 1%) Omicron (22D/BA.2.75.*) Omicron (22A/BA.4.*) (n=8, 1%) (n=8, 1%) Omicron (22E/BQ.1.*) Omicron (22D/CH.1.1.*) (n=461, 58%) (n=23, 3%) Omicron Omicron (21L/BA.2*) (22E/BQ.1.*) (n=3, 0.38%) (n=124, 18%) Omicron (22E/BQ.1.*) Omicron (22B/BA.5.*) Omicron (22B/BE.7) (n=121, 46%) (n=91, 35%) (n=46, 6%) **Omicron** Omicron (22B/BE.8) (22B/BA.5.*) Omicron (22B/BF7.*) (n=9, 1%) Omicron (22B/BA.5.*) (n=120, 15%) (n=2, 0.32%) (n=344, 51%) Omicron (22B/BA.5.9) (n=2, 0.32%) Omicron (22B/BE.1.1.1) Omicron (22B/CL.1) (n=3, 0.46%) Omicron (22B/CL.1) (n=2, 0.25%) (n=1, 0.12%) **Total Omicron in January: 794 (99.3%) Total Omicron in November: 676 (99.4%)** Omicron (22B/BE.8) (n=5, 2%) Omicron (22A/BA.4.*) (n=1, 0.44%) Omicron (22B/BE.7) (n=23, 9%) XBF (n=2, 1%) Omicron (22F/XBB.*) (n=9, 3%) Omicron (21K/BA.1.*) (n=1, 0.38%) Omicron (XBB.1.5) (n=2, 1%) Omicron (22D/CH.1.1.*) (n=1, 0.38%) Omicron (22D/BA.2.75.*) (n=5, 2%) **Total Omicron in December: 259 (99.2%)** Omicron (21L/BA.2.3.20) Omicron (22D/CH.1.1.*) Omicron (22A/BA.4.6.*) Omicron (22B/BA.5.9) Omicron (22E/BQ.1.*) Alpha (20I, V1) C.1.2 (20D) Omicron (21K/BA.1.*)



South Africa, 2022-2023, n = 16 077*



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

— 31 - 40

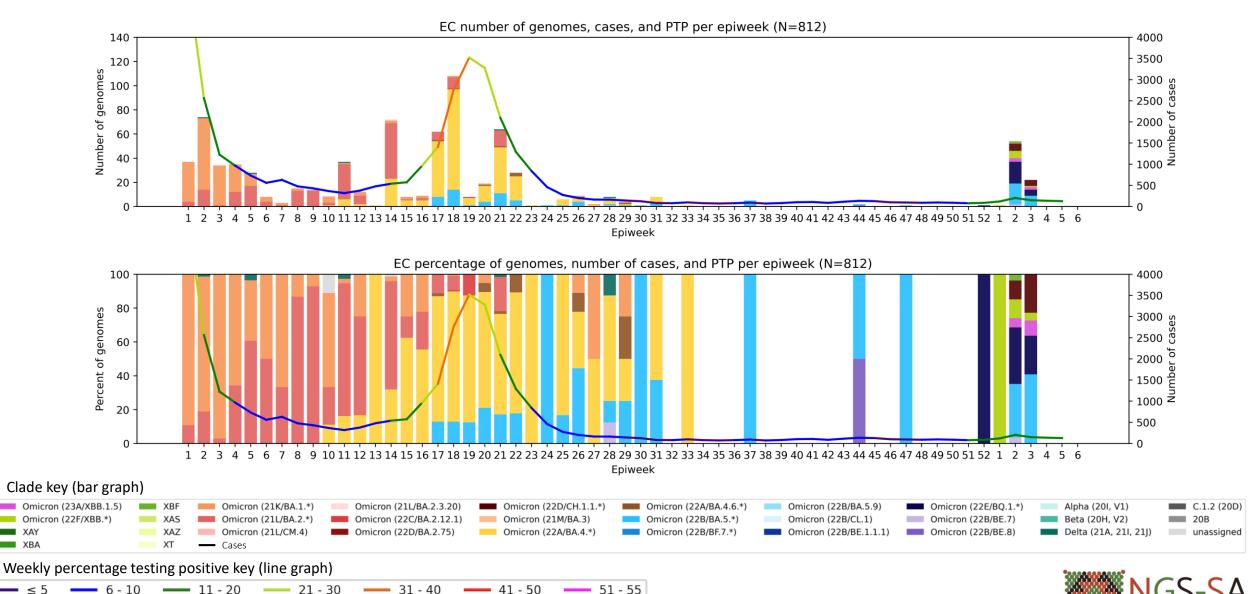
—— 11 - 20

—— 21 - 30



Eastern Cape Province, 2022-2023, n = 812

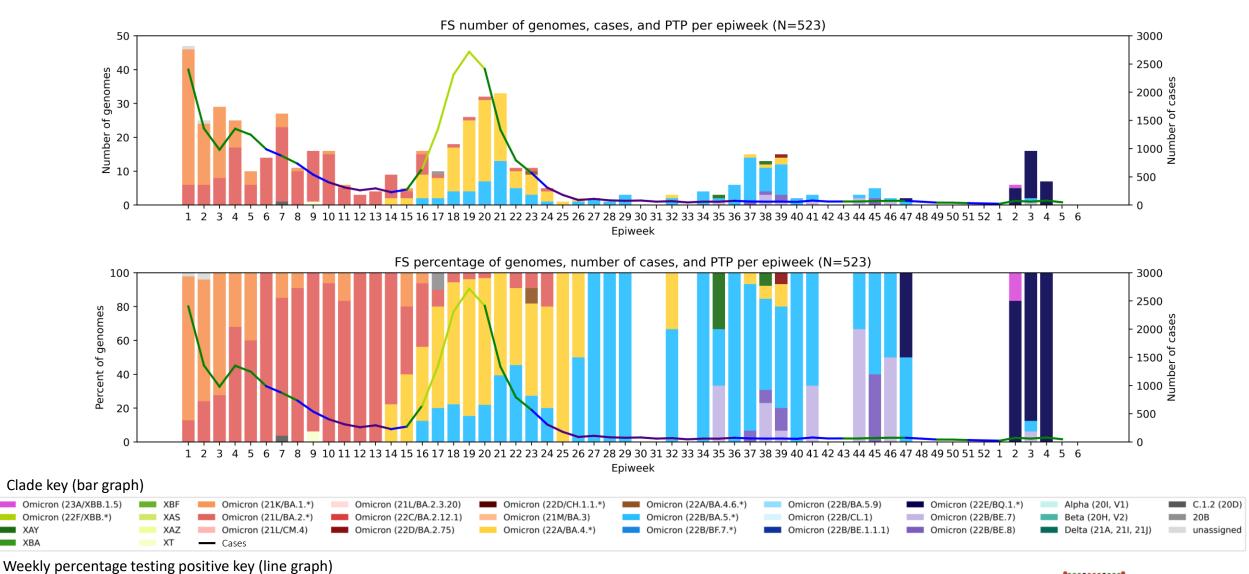
Genomes added since last report: 2*



^{*}May include genomes from 2020 and 2021 which are not pictured here and are not included in the slide total.

Free State Province, 2022-2023, n = 523

Genomes added since last report: 20*



— 31 - 40

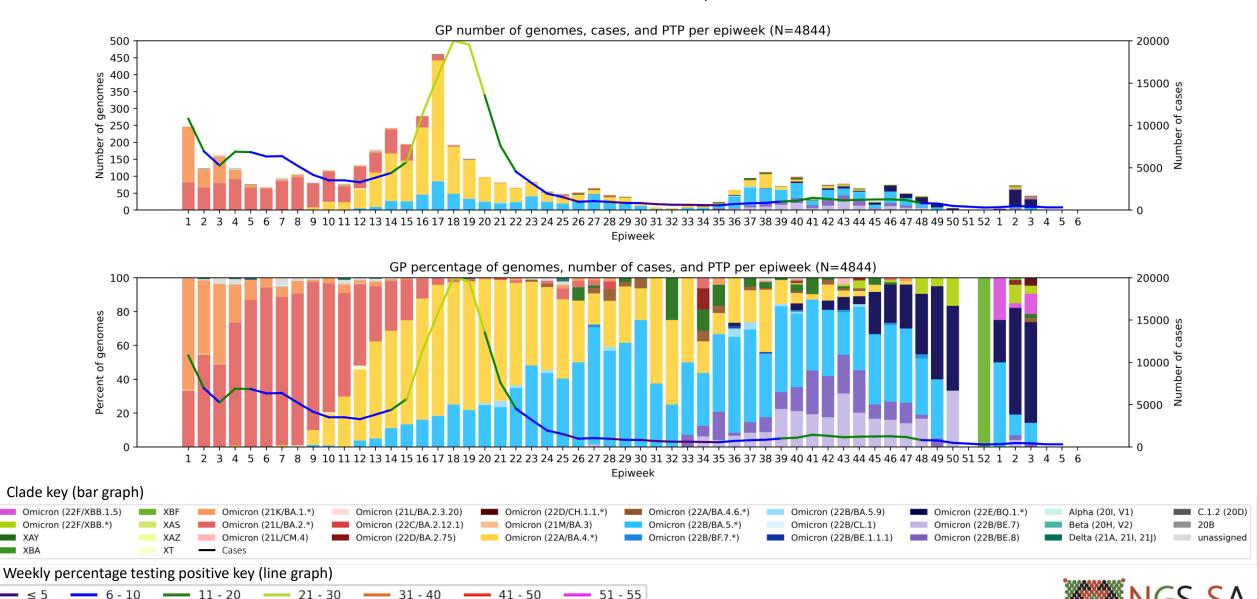
— 11 - 20



^{*}May include genomes from 2020 and 2021 which are not pictured here and are not included in the slide total.

Gauteng Province, 2022-2023, n = 4844

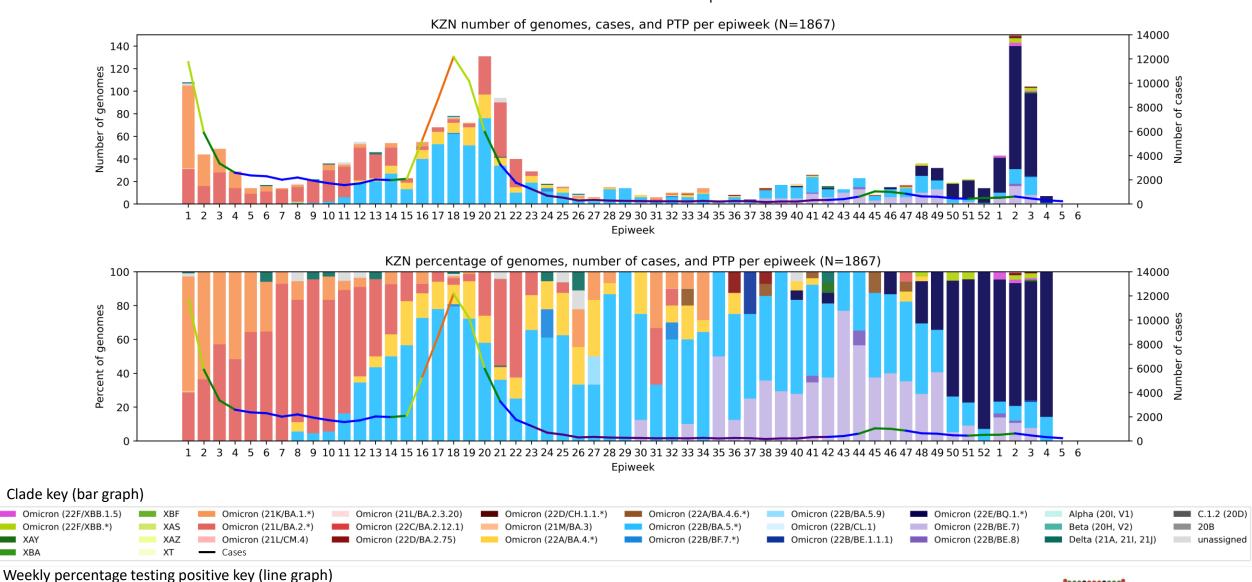
Genomes added since last report: 44*



^{*}May include genomes from 2020 and 2021 which are not pictured here and are not included in the slide total.

KwaZulu-Natal Province, 2022-2023, n = 1867

Genomes added since last report: 177*



*May include genomes from 2020 and 2021 which are not pictured here and are not included in the slide total.

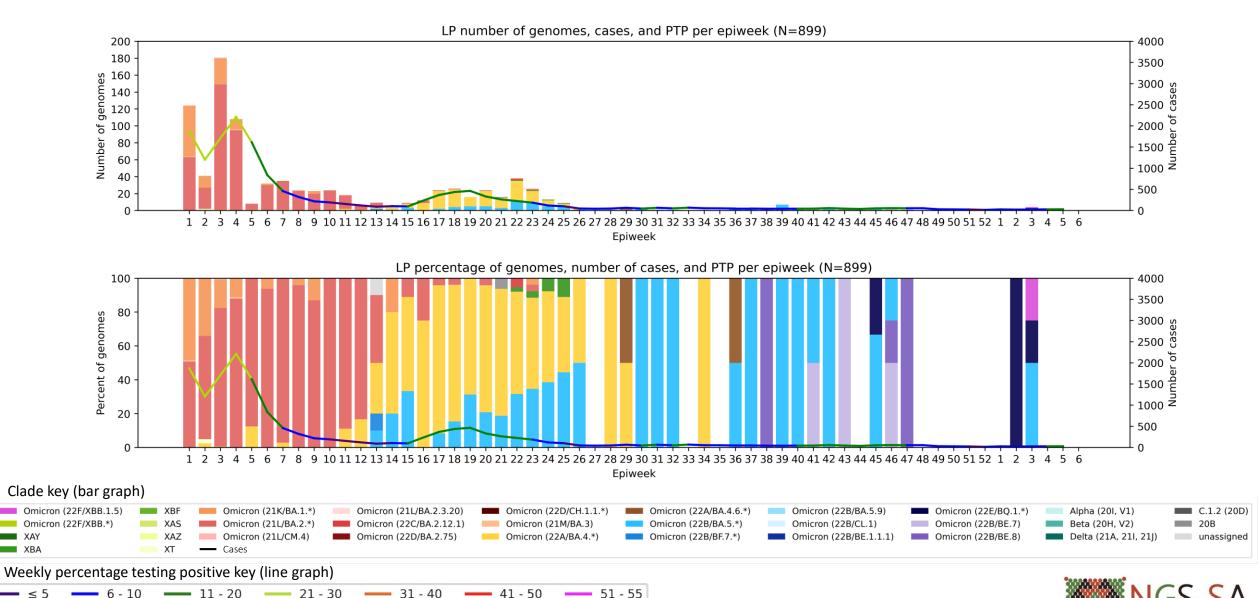
— 31 - 40

— 11 - 20



Limpopo Province, 2022-2023, n = 899

Genomes added since last report: 2*

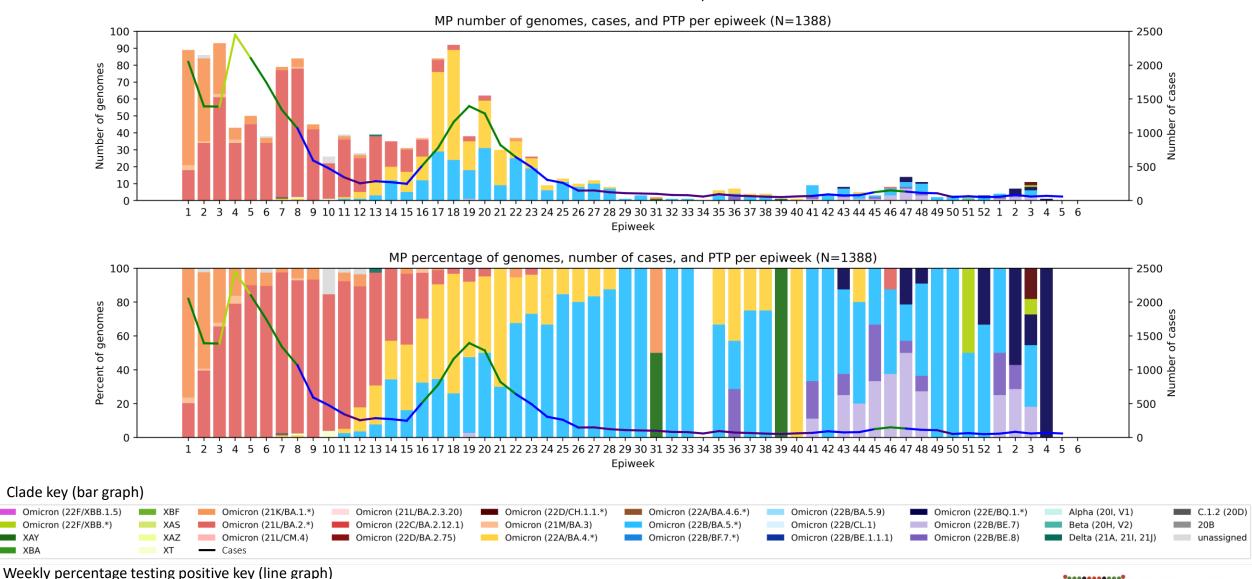


Surveillance in South Africa

^{*}May include genomes from 2020 and 2021 which are not pictured here and are not included in the slide total.

Mpumalanga Province, 2022-2023, n = 1388

Genomes added since last report: 12*



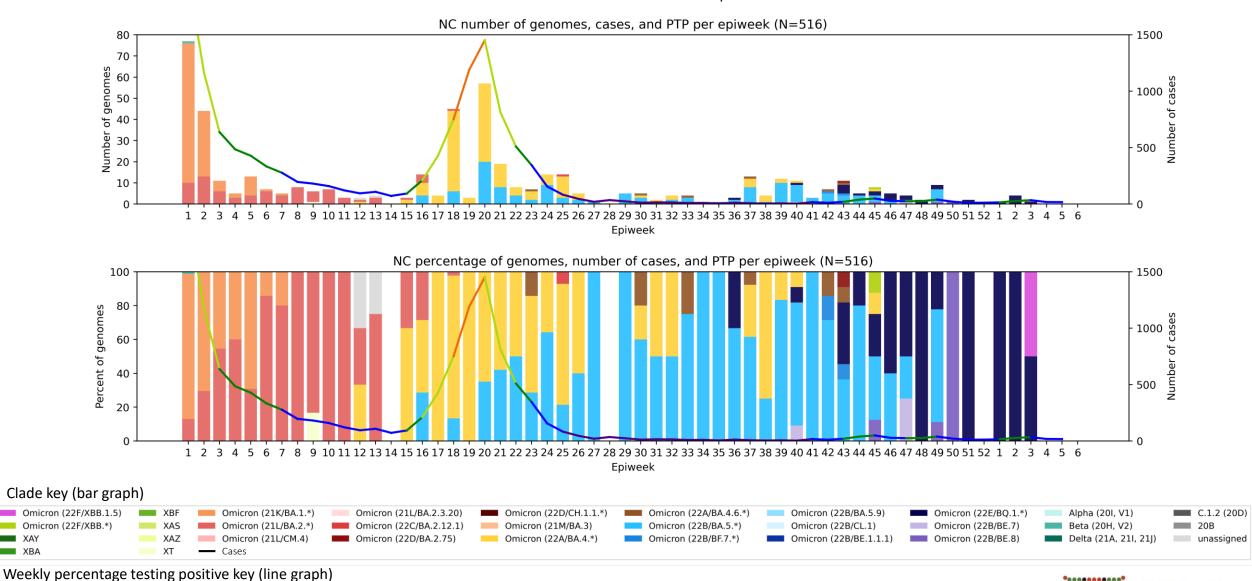
— 31 - 40

— 11 - 20

^{*}May include genomes from 2020 and 2021 which are not pictured here and are not included in the slide total.

Northern Cape Province, 2022-2023, n = 516

Genomes added since last report: 4*



Surveillance in South Africa

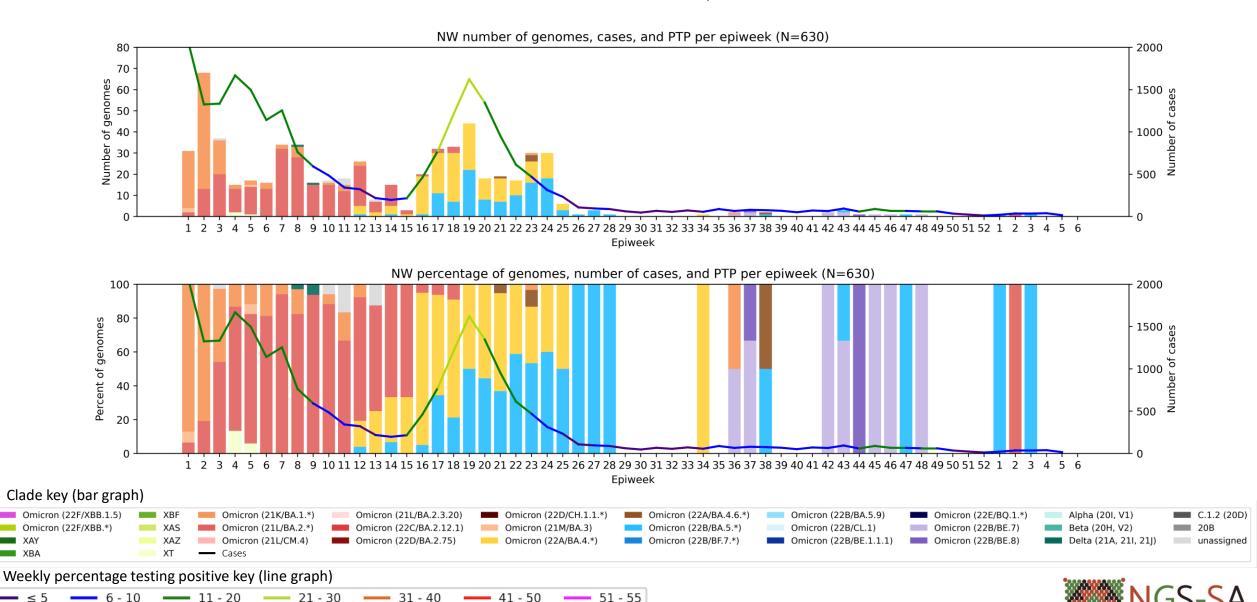
— 31 - 40

— 11 - 20

^{*}May include genomes from 2020 and 2021 which are not pictured here and are not included in the slide total.

North West Province, 2022-2023, n = 630

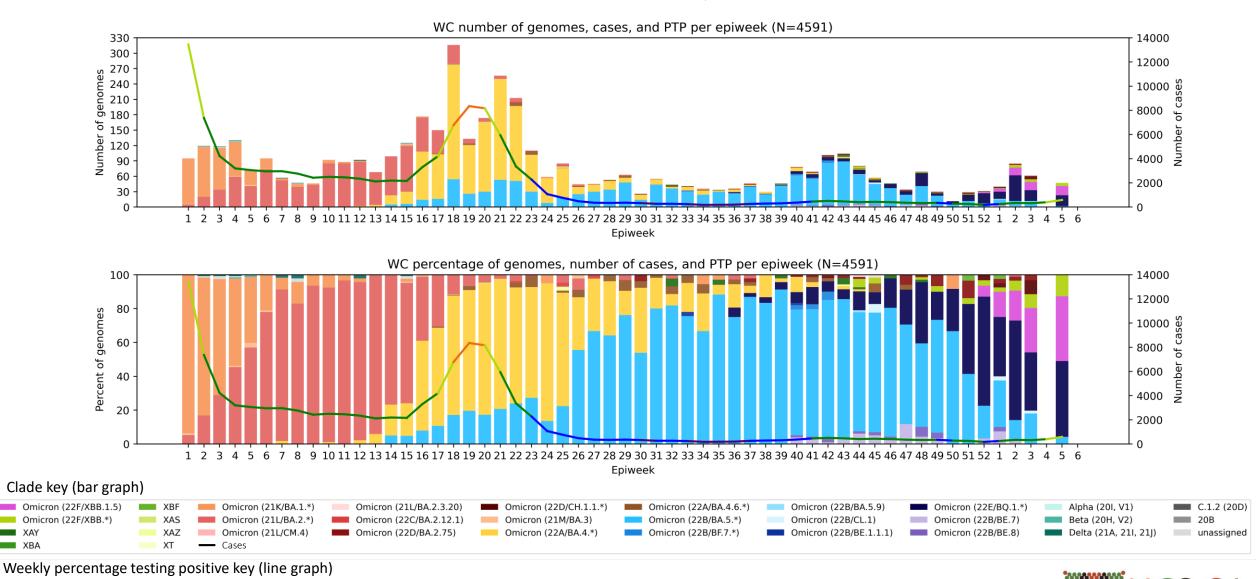
Genomes added since last report: 0*



^{*}May include genomes from 2020 and 2021 which are not pictured here and are not included in the slide total.

Western Cape Province, 2022-2023, n = 4591

Genomes added since last report: 50*



Surveillance in South Africa

— 31 - 40

—— 21 - 30

— 11 - 20

^{*}May include genomes from 2020 and 2021 which are not pictured here and are not included in the slide total.

Summary

Sequencing update

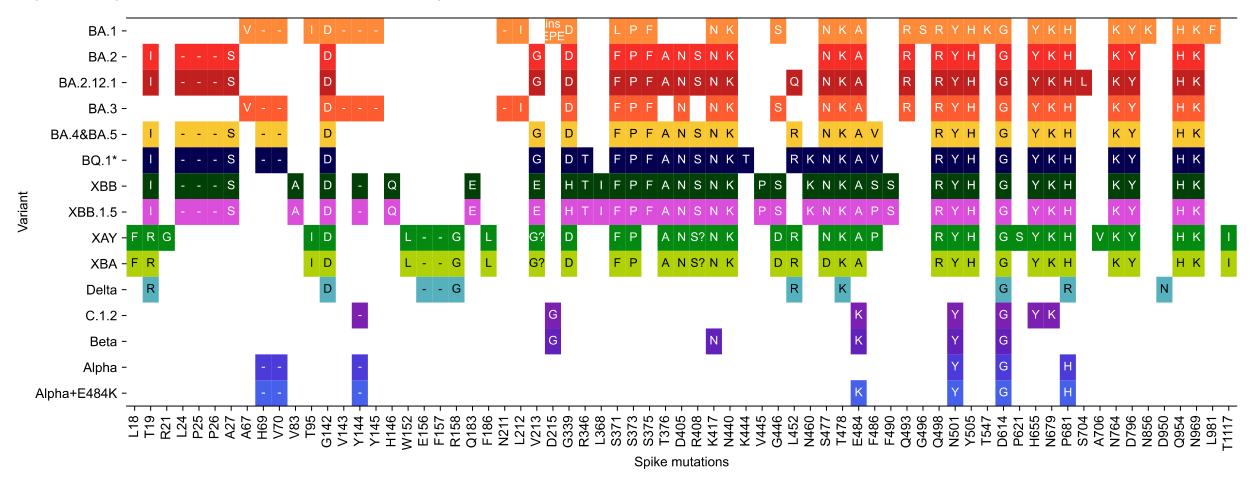
• Eastern Cape, Gauteng, KwaZulu-Natal, Mpumalanga, the Northern Cape and the Western Cape have sequences for December 2022. All provinces have sequences for January 2023

Variant of Concern Omicron in South Africa

- Omicron continued to dominate in November (99%), December (99%) and makes up 99% of January sequences
- BQ.1 and sub-lineages increased in prevalence in October (6%), November (18%) and December (46%), and are currently the dominant Omicron lineage in January (58%)
- XBB.1.5 has been detected in December 2022 (n=2, 1%) and January 2023 (n=77, 10%)
 - (n=5 in the Eastern Cape, n=1 in the Free State, n=8 in Gauteng, n=6 in KwaZulu-Natal, n=1 in Limpopo, n=1 in the Northern Cape, and n=57 in the Western Cape)
- BA.2.75.* has been detected in July through January at a low prevalence (<4%)



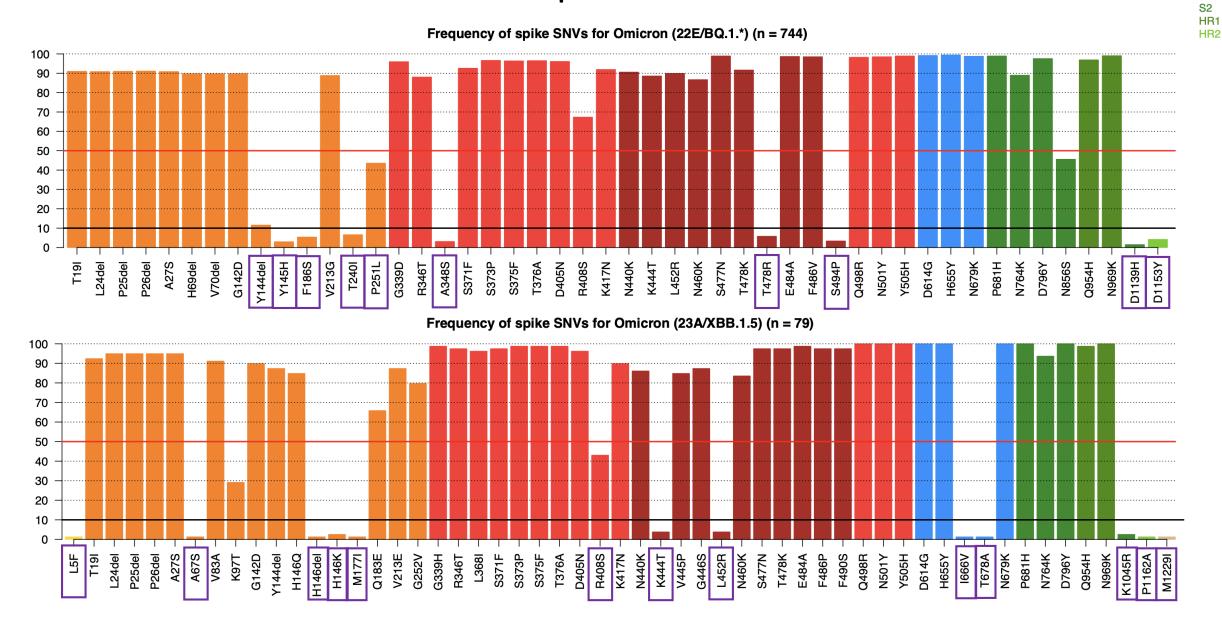
Spike protein mutation* profile of Variants of Interest and Concern



- 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



XBB.1.5* and BQ.1* spike mutations*



NTD

RBD RBM S1

Percentage









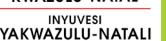








UNIVERSITY OF ™ KWAZULU-NATAL





3030) is part of the

European Union"

EDCTP2 programme supported by the









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 Kerri Francois

Dr Cherise Naicker

Dr Joedene Chetty



Dr Khanvi Msomi Dr Neli Ngcaba Dr Kerusha Govender Dr Tshepiso Mosito Dr Pravi Moodlev Mr Malcolm Ellapen Dr Aabida Khan Mr Kubendran Reddy Dr Lili Gounder The COVID-19 Bench team **University of KwaZulu-Natal & Africa Health Research Institute**

KRISP at UKZN:

Tulio de Oliveira

Richard Lessels

Houriivah Tegally

Eduan Wilkinson

Sureshnee Pillav

Jennifer Giandhari

Emmanuel James San



AHRT AFRICA
RESEARCH
RESEARCH
RESEARCH
RESEARCH

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

Zivaad Valley-Omar

+

health WCG-UCT

Mary-Anne Davies Hannah Hussey Andrew Boulle Masudah Paleker Theuns Jacobs Erna Morden













Samrce

UCT, IDM and CIDRI-Africa

Deelan Doolabh Arash Iranzadeh Lynn Tyers Innocent Mudau Nokuzola Mbhele Fezokuhle Khumalo Thabang Serakge Bruna Galvão Arghavan Alisoltani

(U. California)

Robert Wilkinson Darren Martin Nicola Mulder Wendy Burgers Ntobeko Ntusi Rageema Joseph



CAPETOWN HYTN 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

Jinal Bhiman

Centre for HIV and STIs **Sequencing Core Facility** Zamantungwa Khumalo **Cathrine Scheepers** Annie Chan Constantinos Kurt Wibmer Morne du Plessis Thandeka Movo Stanford Kwenda **Tandile Hermanus** Phillip Senzo Mtshali Frances Ayres Mushal Allam Zanele Molaudzi Florah Mnyameni Bronwen Lambson Arshad Ismail **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









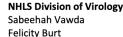
University of the **Free State**



UFS

Dominique Goedhals Armand Bester Martin Myaga Peter Mwangi **Emmanuel Ogunbayo** Milton Mogotsi Makgotso Maotoana Lutfiyya Mohamed





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

Hyrax Biosciences

Jeannette Wadula

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

Pathcare N1 City

Jean Maritz Nadine Cronje Petra Raimond Kim Hoek











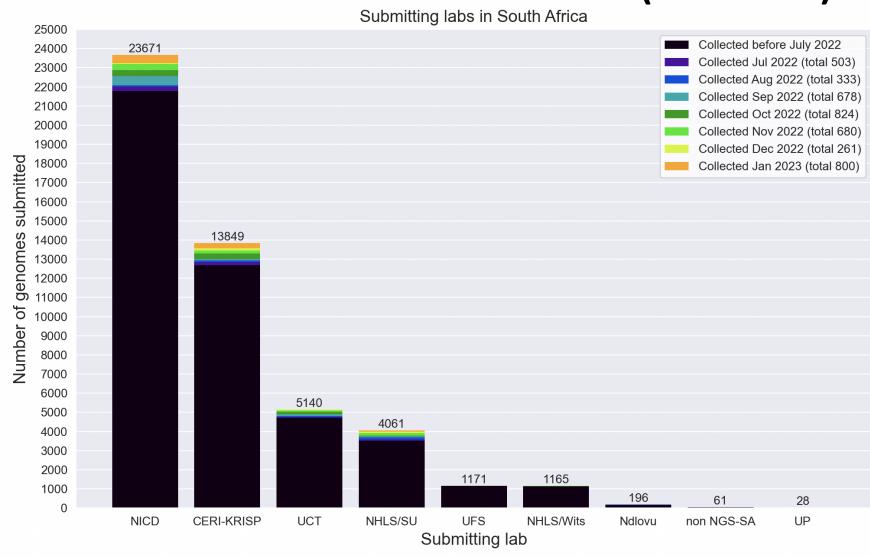








South African genomes submitted per submitting lab, 2020 - 2023 (N=49 342)



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

Omicron subvariants under monitoring

Pango lineage [#] (+ mutation)	GISAID clade	Nextstrain clade	Relationship to circulating VOC lineages	Spike genetic features	Earliest documented samples
BF.7*	GRA	22B	BA.5 sublineage	BA.5 + S:R346T	24-01-2022
BQ.1\$	GRA	22E	BA.5 sublineage	BQ.1 and BQ.1.1: BA.5 + S:R346T, S:K444T, S:N460K	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

^{*} 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 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.

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.)