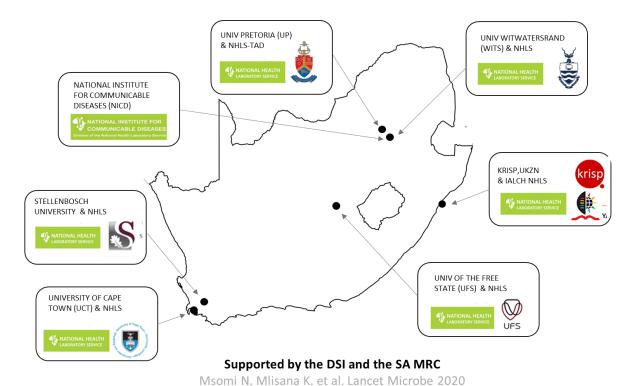


GS-SA Network for Genomic Surveillance in South Africa (NGS-SA)

SARS-CoV-2 Sequencing Update 14 April 2023

























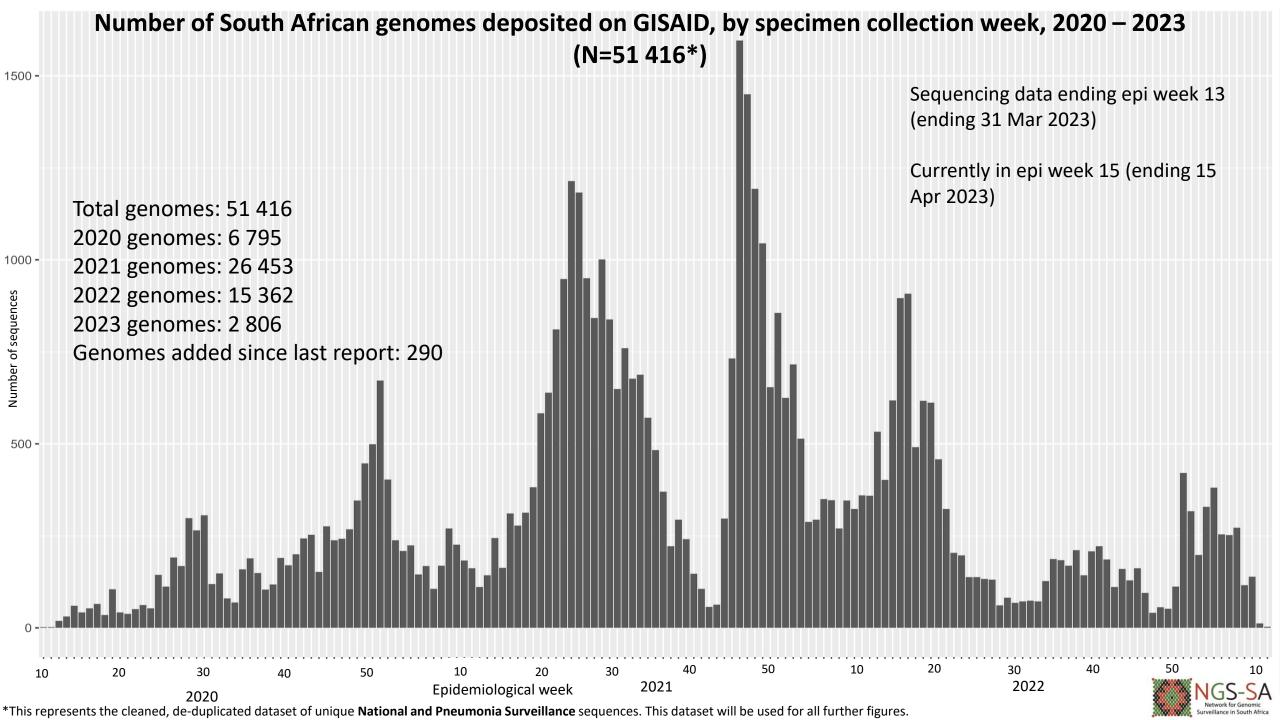
The genomic data presented here are based on South African SARS-CoV-2 sequence data downloaded from GISAID (www.gisaid.org) on 14 April 2023 at 08h43



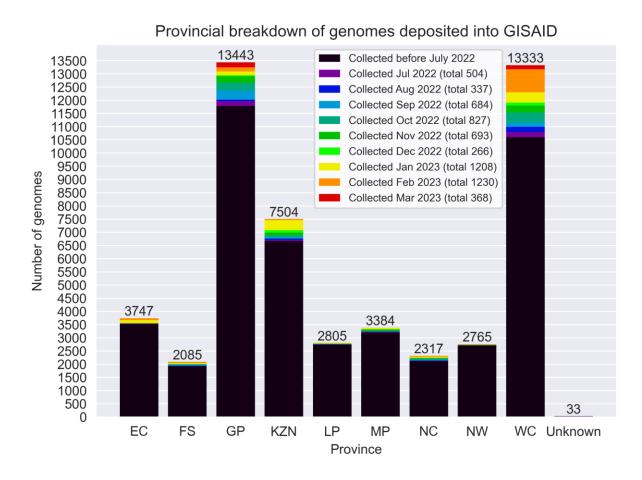
Data license: https://www.gisaid.org/registration/terms-of-use/

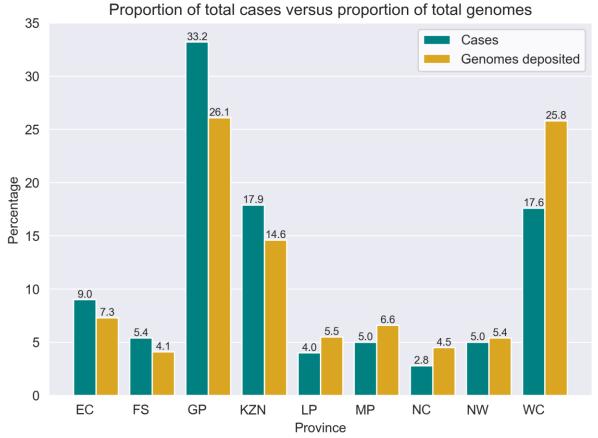
Elbe, S., and Buckland-Merrett, G. (2017) Data, disease and diplomacy: GISAID's innovative contribution to global health. Global Challenges, 1:33-46. DOI: 10.1002/gch2.1018 PMCID: 31565258

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



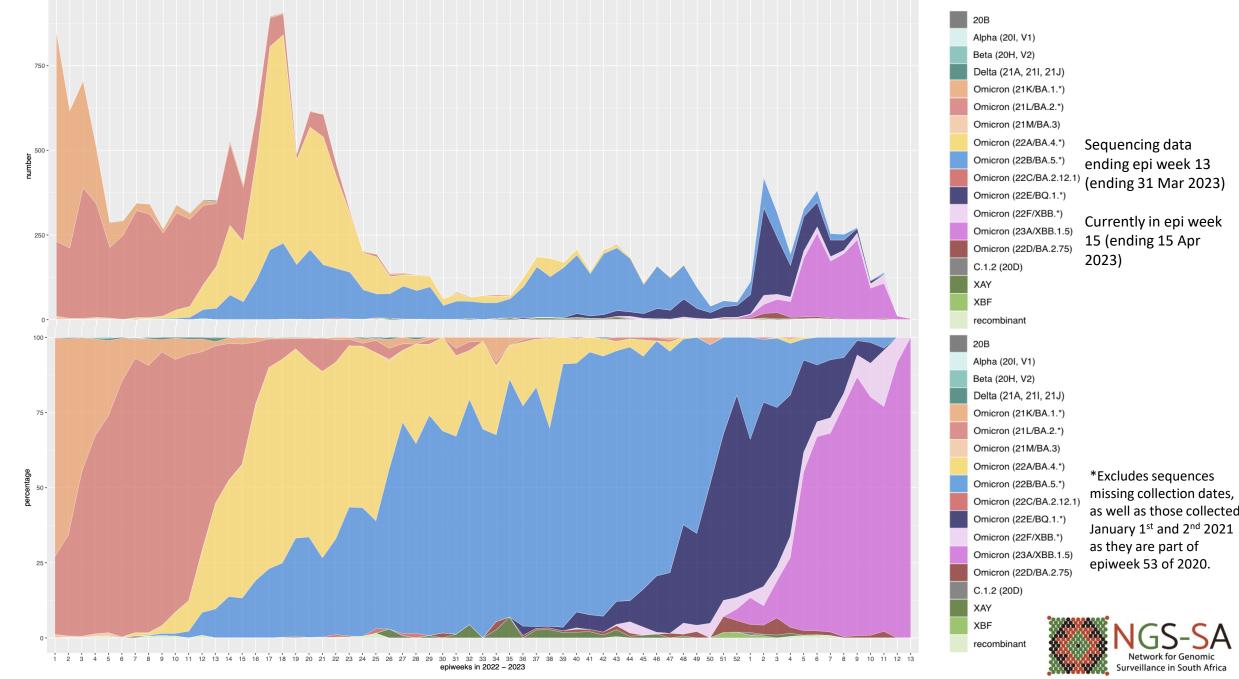
GISAID genomes vs total cases, 2020 - 2023 (N= 51 416)



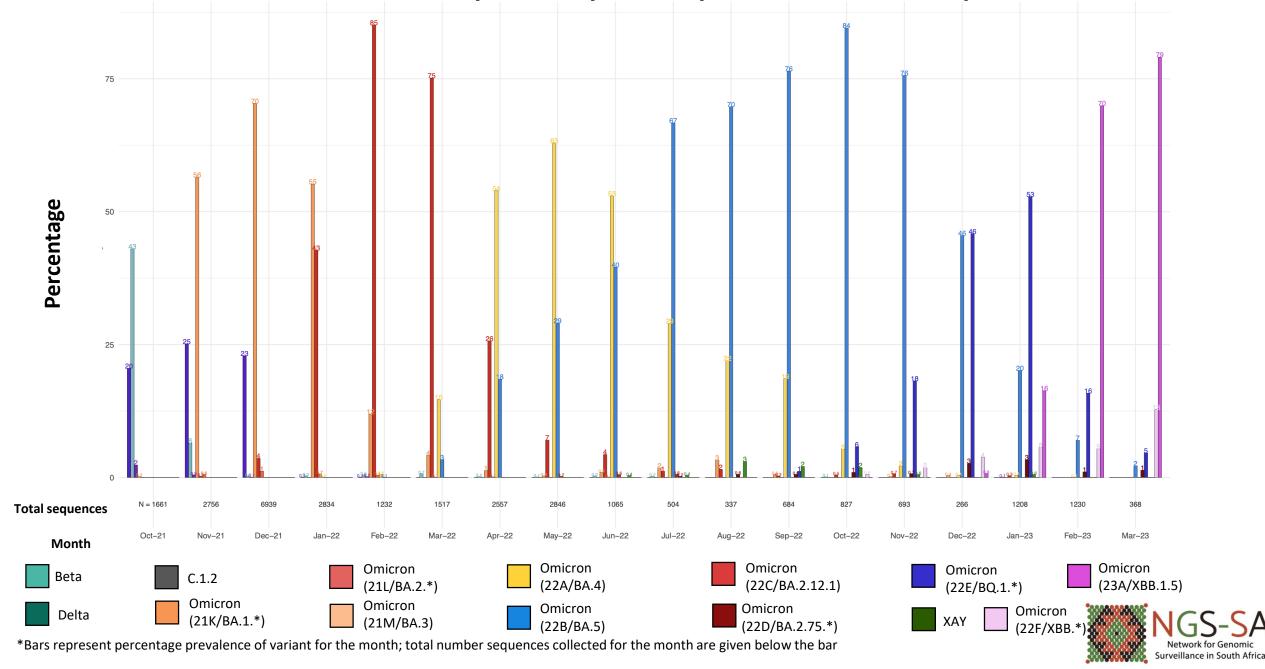


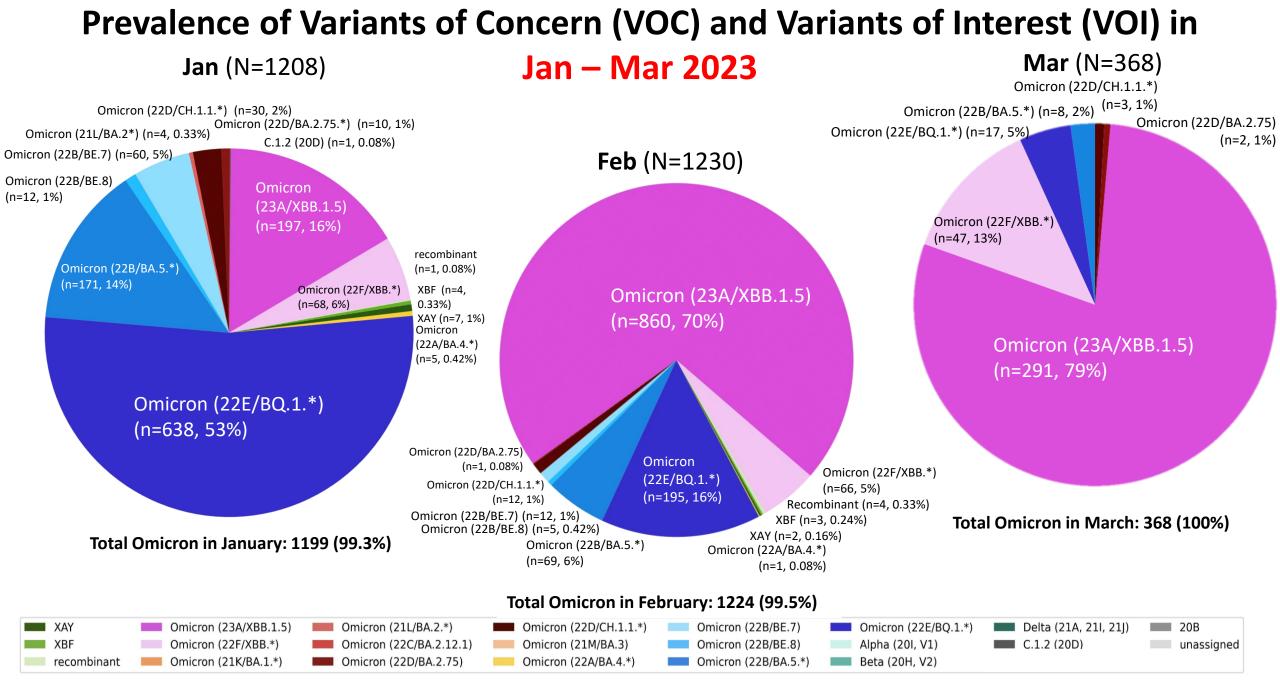


Number and percentage of clades by epiweek in South Africa, 2022-2023 (18 125*)

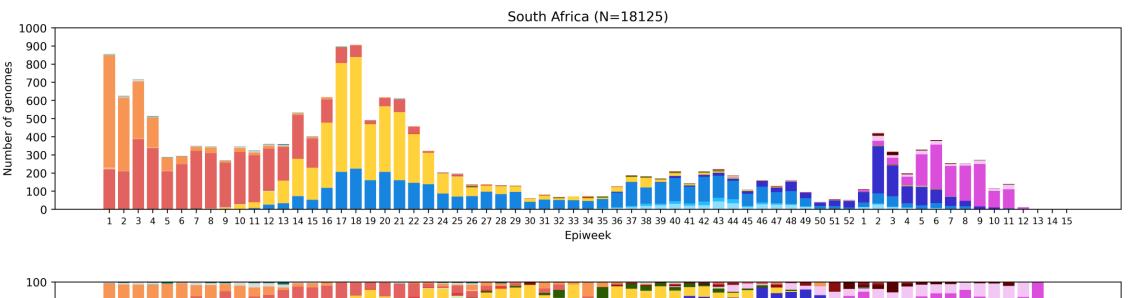


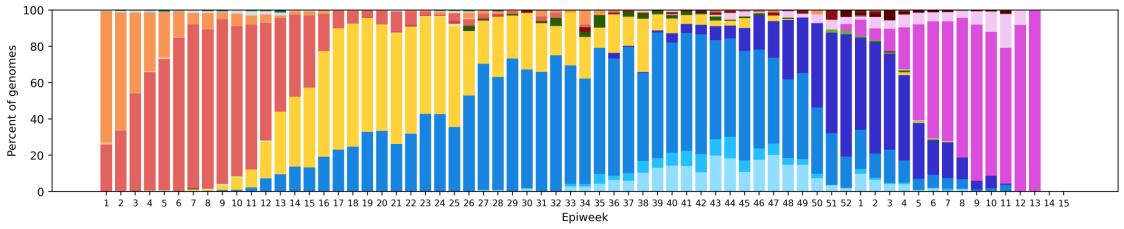
Detection Rates: Beta, Delta, C.1.2, recombinants, and Omicron

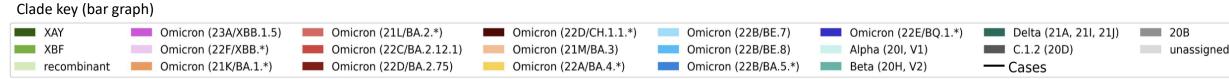




South Africa, 2022-2023, n = 18 125*







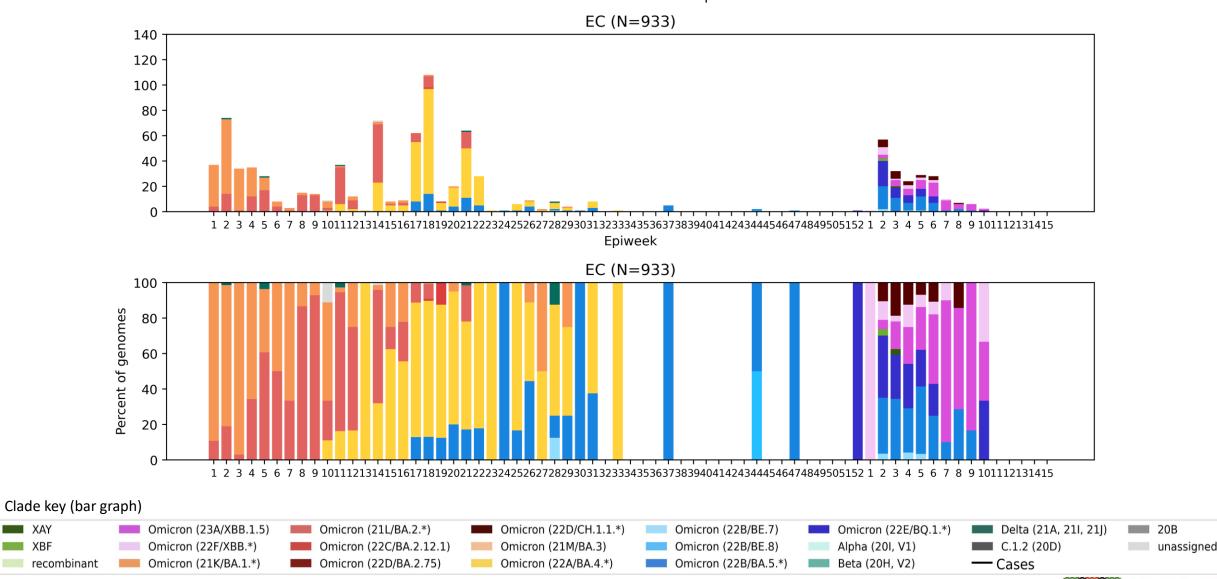
^{*}Excludes sequences missing collection dates. Lineages of particular interest (mainly WHO Omicron subvariants under monitoring) are separate from the main clade groupings.

#Recombinants include all recombinant lineages (viruses consisting of segments of two different lineages) detected in South Africa at low levels. Currently it consists of XT, XAS, XAZ, XBA, XBF.



Eastern Cape Province, 2022-2023, n = 933

Genomes added since last report: 3*

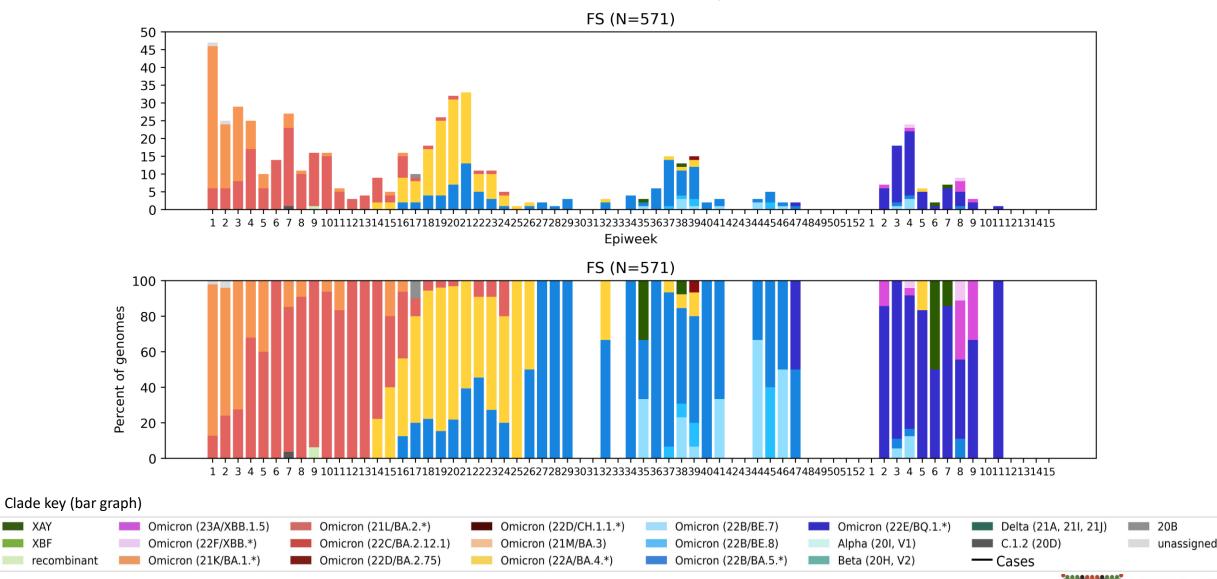




XBF

Free State Province, 2022-2023, n = 571

Genomes added since last report: 2*



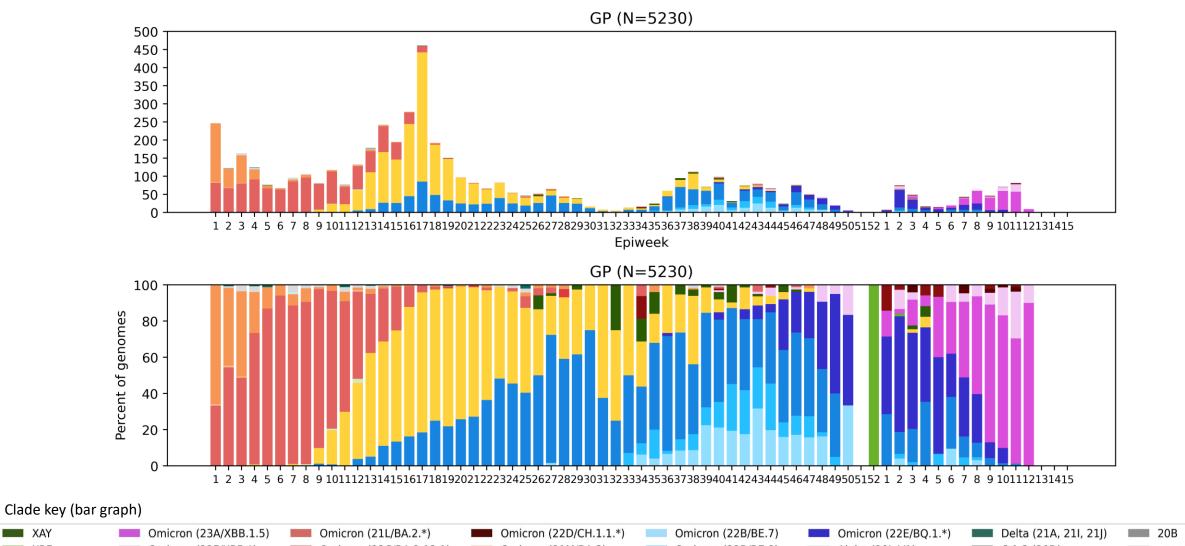


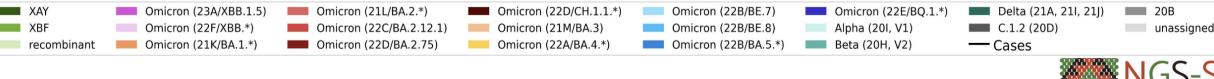
XBF

^{*}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 = 5230

Genomes added since last report: 104*

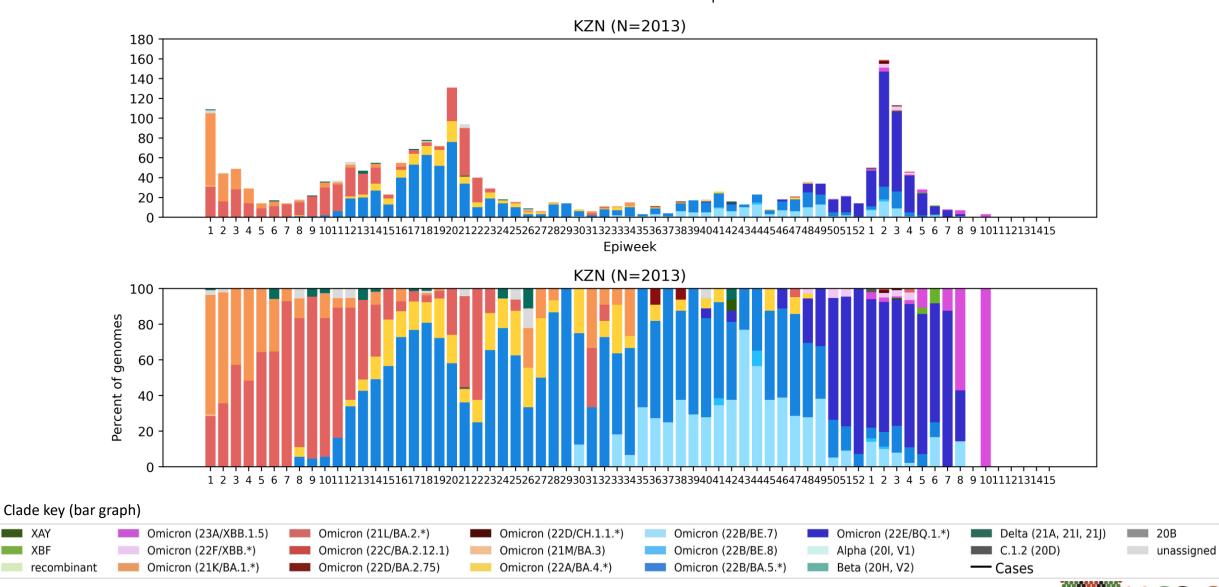






KwaZulu-Natal Province, 2022-2023, n = 2013

Genomes added since last report: 20*



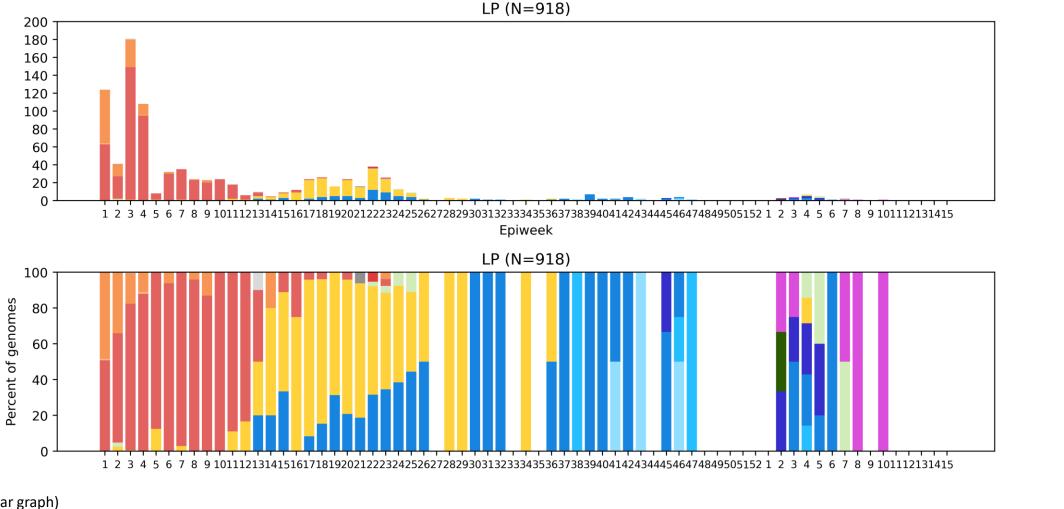


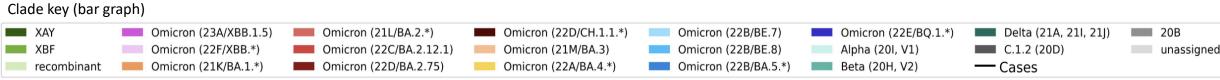
XBF

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

Limpopo Province, 2022-2023, n = 918

Genomes added since last report: 1*

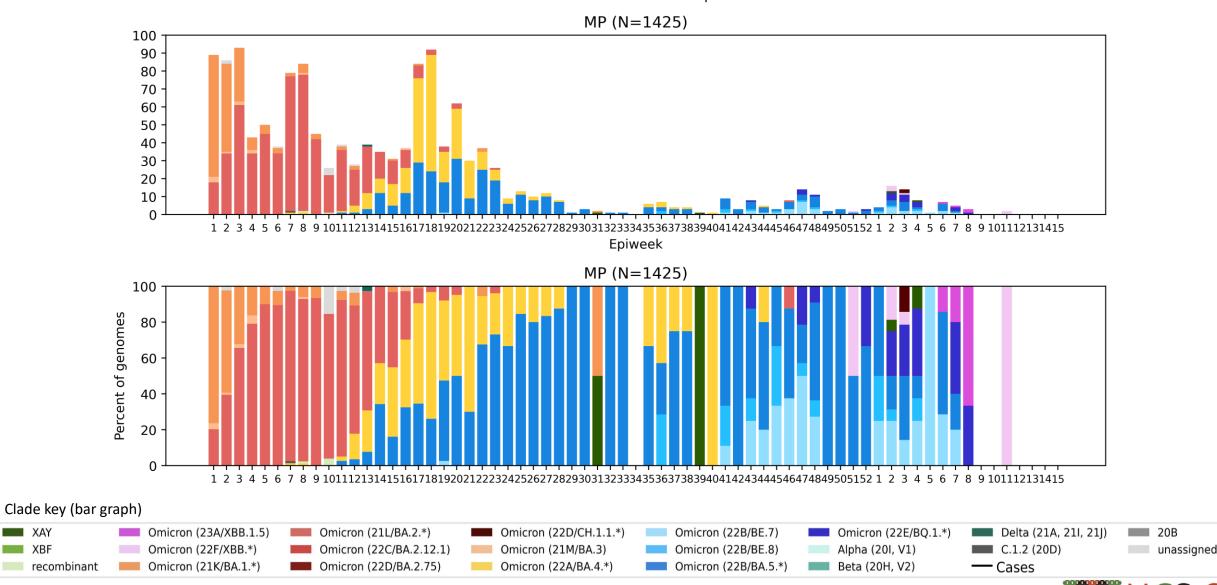






Mpumalanga Province, 2022-2023, n = 1425

Genomes added since last report: 3*

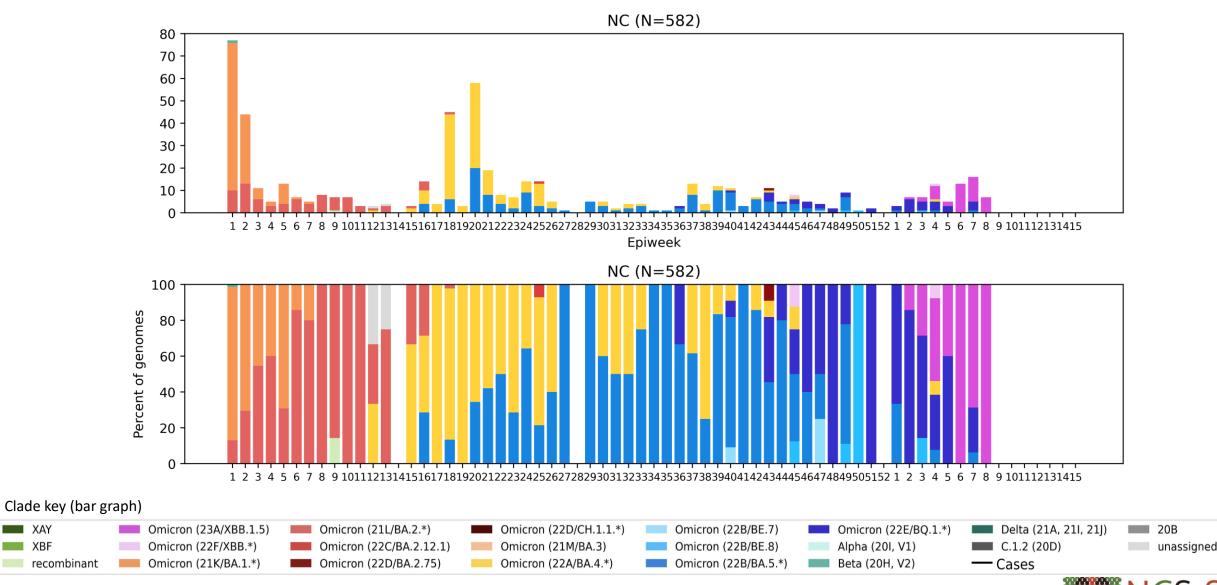




XBF

Northern Cape Province, 2022-2023, n = 582

Genomes added since last report: 0*

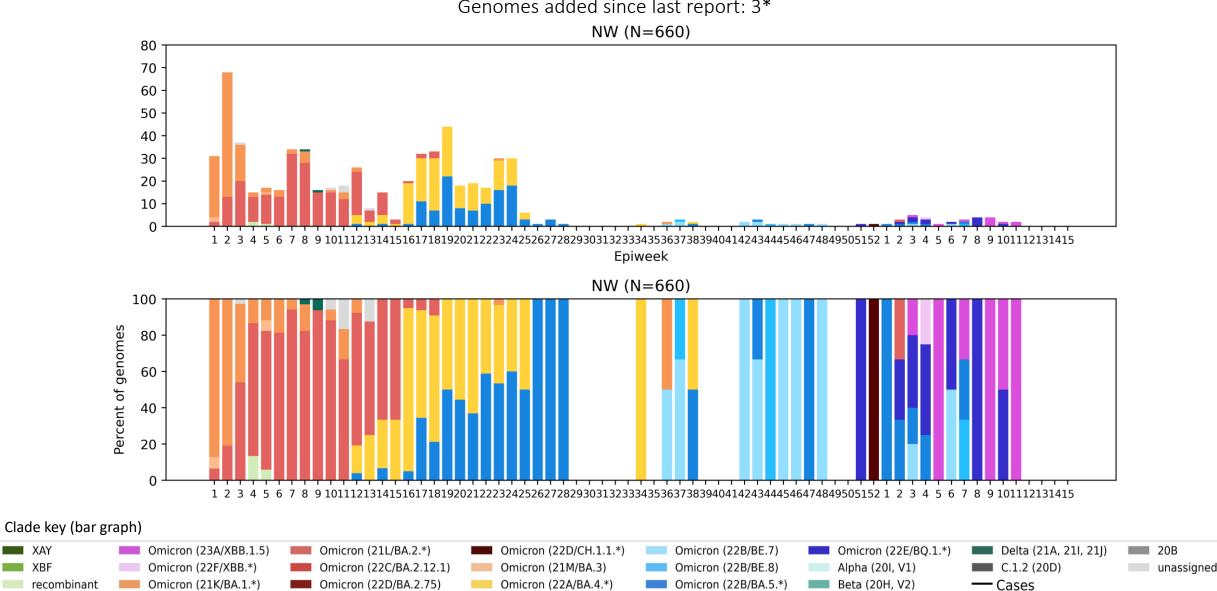




XBF

North West Province, 2022-2023, n = 660

Genomes added since last report: 3*



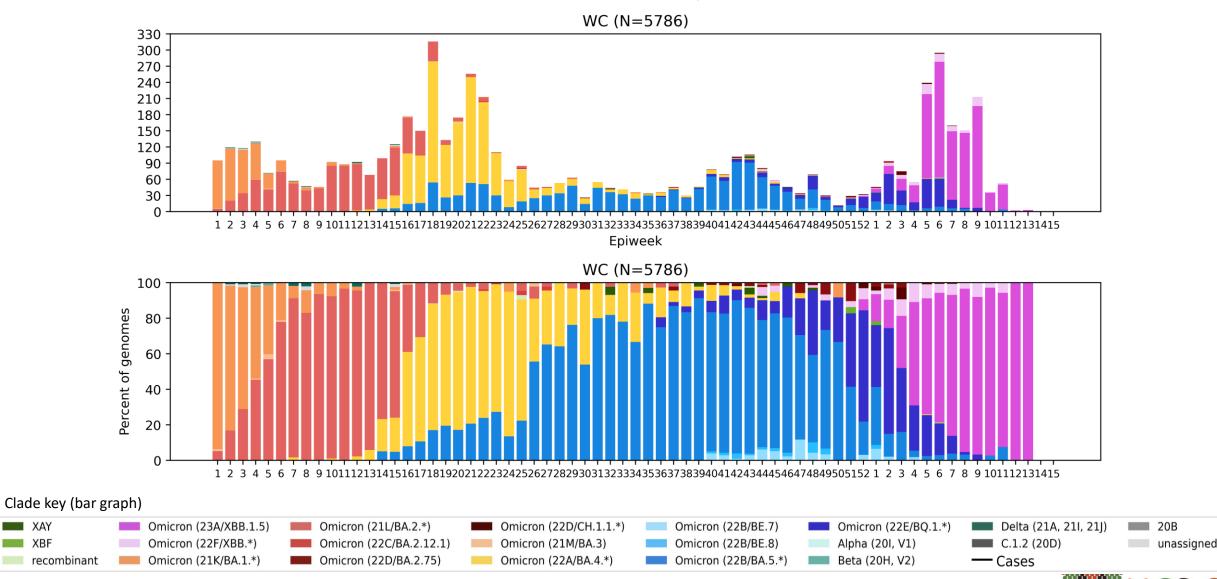


XBF

^{*}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 = 5786

Genomes added since last report: 154*





XBF

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

Summary

Sequencing update

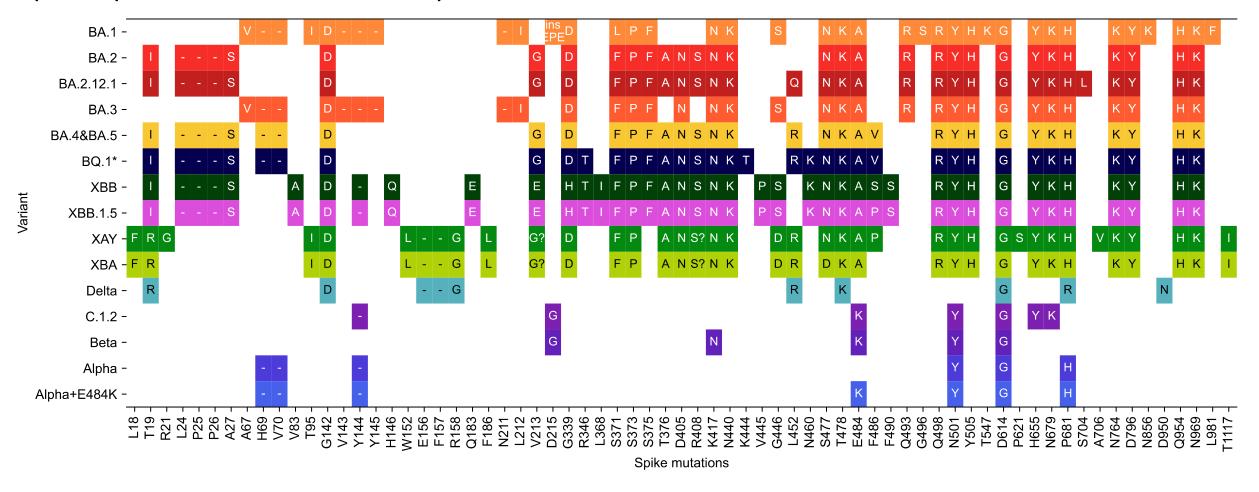
• All provinces have sequences for January and February 2023. March sequences are from all provinces, except the Northern Cape. There are no sequence data for specimens collected in April.

Variant of Concern Omicron in South Africa

- Omicron continued to dominate in January (99%), February (100%) and makes up 100% of March sequences
- BQ.1 and sub-lineages were the dominant Omicron lineage in December (46%) and January (53%)
- XBB.1.5 was detected in December 2022 (0.8%) and January 2023 (16%), and were the dominant lineage in February (70%) and March (79%)
- BA.2.75.* continued to be detected at a low prevalence in January through March (≤1%)



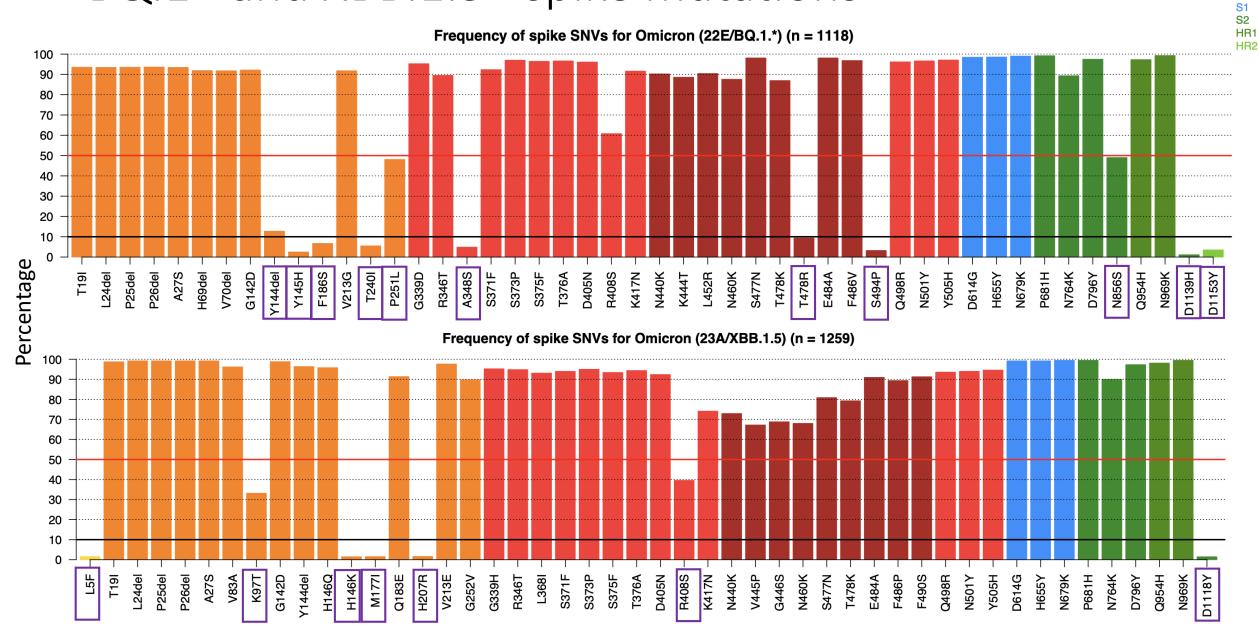
Spike protein mutation* profile of Variants of Interest and Concern



- 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



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



NTD RBD RBM

University of Stellenbosch & NHLS Tygerberg Virology





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NHLS-UCT

+

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health

WCG-UCT

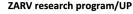
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This project has ceived funding from he European Union's Horizon Europe Research and Innovation Actions under grant No.







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program

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Tshwane Academic division

University of Pretoria

Carien van Niekerk



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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 HIV and STIs



Centre for Respiratory Diseases & Meningitis

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Mignon du Plessis

Stefano Tempia

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 $ARC \bullet LNR$

NET*C*ARE













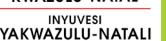








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3030) is part of the

European Union"

EDCTP2 programme supported by the



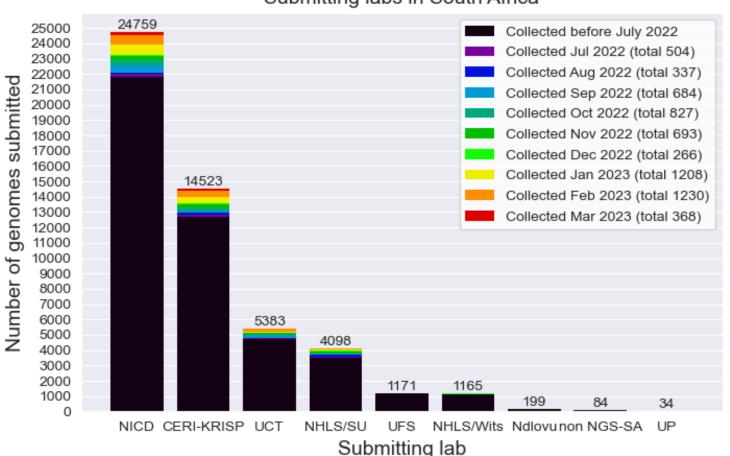






South African genomes submitted per submitting lab, 2020 - 2022 (N=51 416)





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 Interest (VOI) as of 15 March 2023

| Pango lineage• | Nextstrain clade | Genetic features | Earliest documented samples | Date of designation |
|-------------------|------------------|---|-----------------------------------|---------------------|
| XBB.1.5 | 23A | Recombinant of BA.2.10.1 and BA.2.75 sublineages, i.e. BJ1 and BM.1.1.1, with a breakpoint in S1. | 05-01-2022 | 11-Jan-2023 |
| | | XBB + S:F486P | | |

Omicron subvariants under monitoring

| Pango lineage [#] (+ mutation) | GISAID clade | Nextstrain clade | Relationship to circulating VOC lineages | Spike genetic features | Earliest documented samples |
|---|-----------------|---------------------|---|---|-----------------------------------|
| 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 | 31-12-2021 |
| CH.1.1 [§] | GRA | 22D | BA.2 sublineage | BA.2.75 + S:L452R, S:F486S | 27-07-2022 |
| XBB ^μ | GRA | 22F | 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 |
| XBF | GRA | | Recombinant of BA.5.2.3 and CJ.1 (BA.2.75.3 sublineage) | BA.5 + S:K147E, S:W152R, S:F157L, S:I210V, S:G257S, S:G339H, S:R346T, S:G446S, S:N460K, S:F486P, S:F490S | 27-07-2022 |

[#] includes descendent lineages

^{\$} additional mutation outside the spike protein: ORF1a: Q556K, L3829F, ORF1b: Y264H, M1156I, N1191S, N: E136D, ORF9b: P10F

[§] additional mutations outside of the spike protein: ORF1a: S1221L, P1640S, N4060S, ORF1b: G662S, E: T11A

μ additional mutations outside of the spike protein: ORF1a: K47R, ORF1b: G662S, S959P, E: T11A, ORF8: G8*

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.)