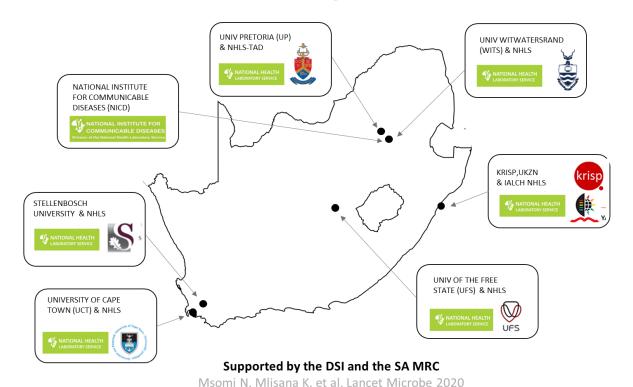


GS-SA Network for Genomic Surveillance in South Africa (NGS-SA)

SARS-CoV-2 Sequencing Update 19 May 2023

























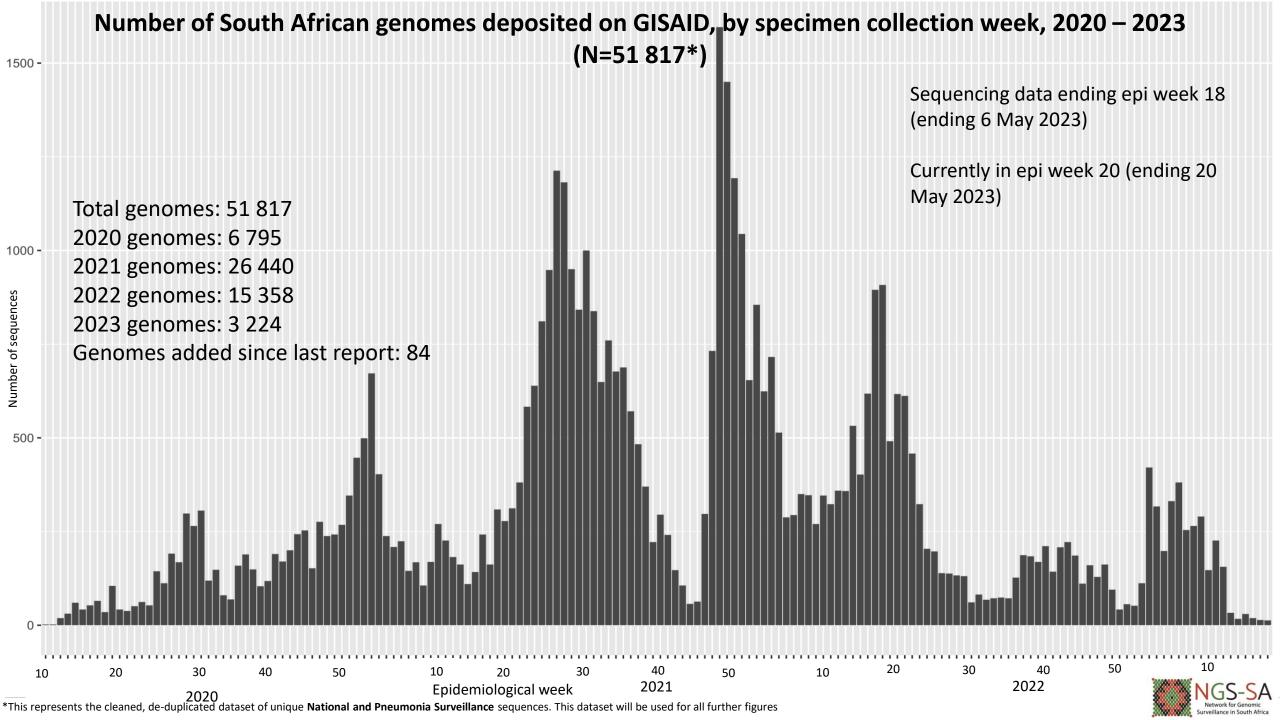
The genomic data presented here are based on South African SARS-CoV-2 sequence data downloaded from GISAID (www.gisaid.org) on 19 May 2023 at 08h45



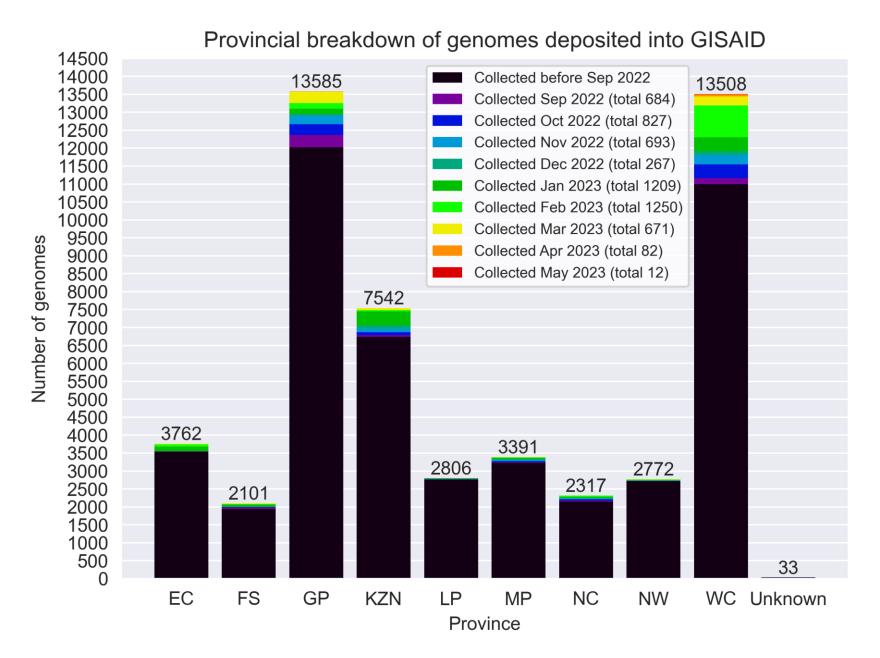
Data license: https://www.gisaid.org/registration/terms-of-use/

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



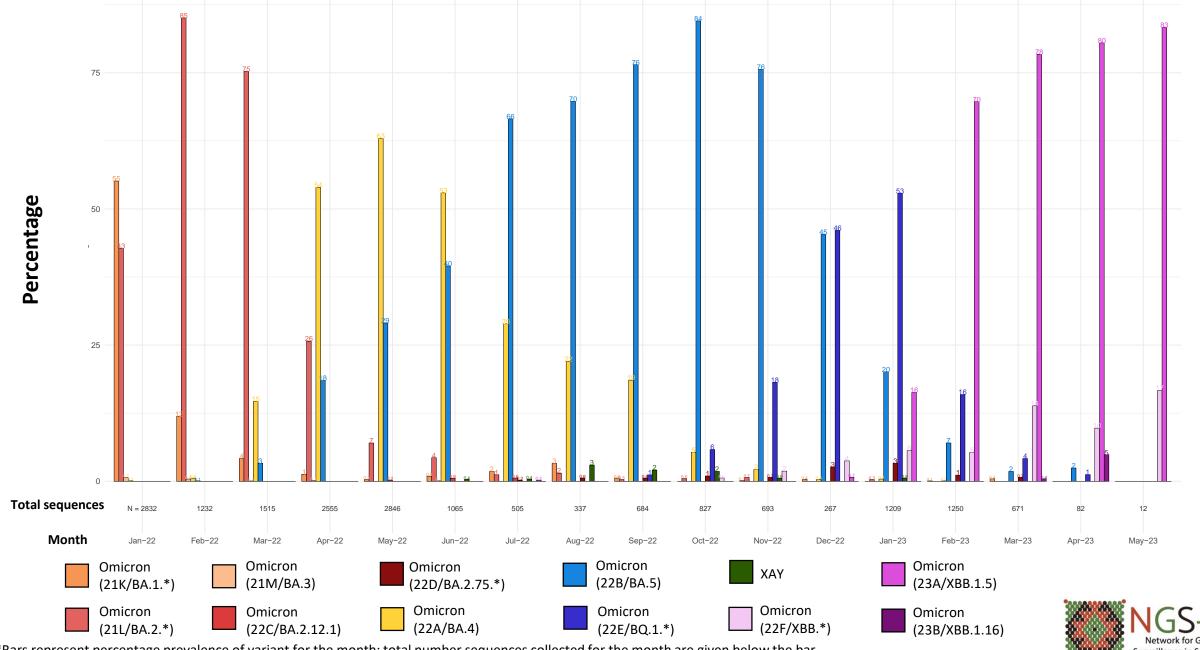
GISAID genomes vs total cases, 2020 - 2023 (N= 51 817)



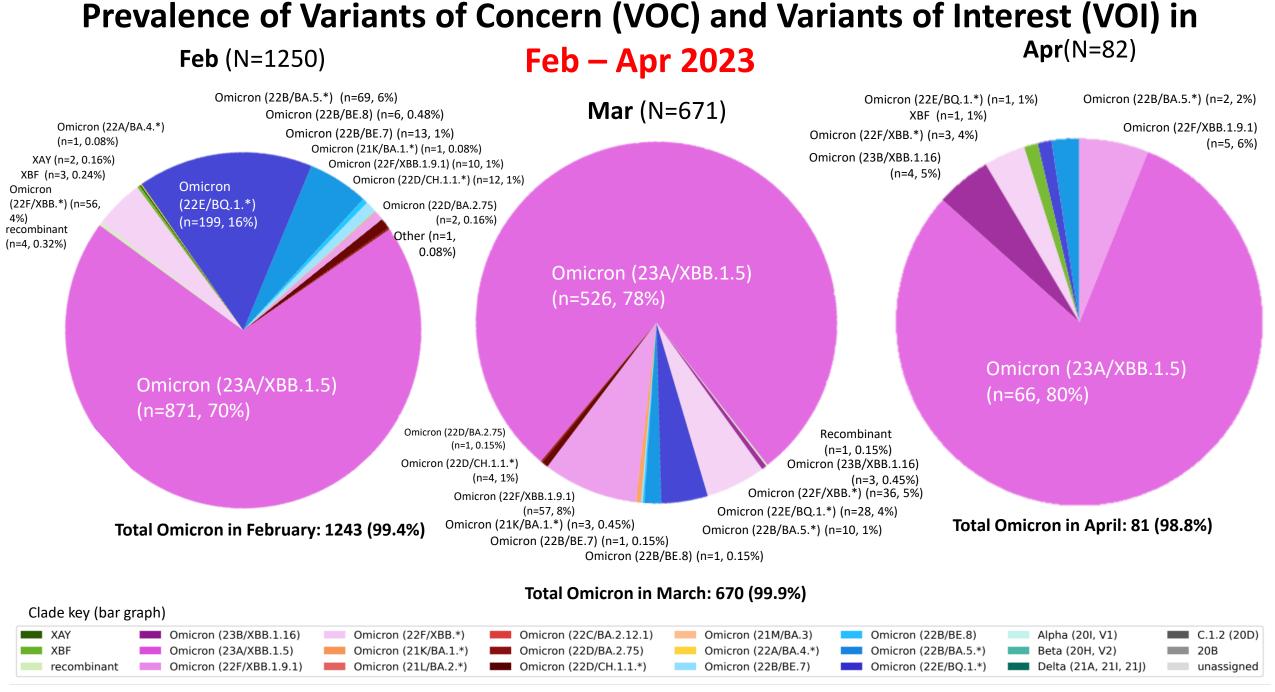


Number and percentage of clades by epiweek in South Africa, 2022-2023 (18 539*) Alpha (20I, V1) Beta (20H, V2) Delta (21A, 21I, 21J) Omicron (21K/BA.1.*) Omicron (21L/BA.2.*) Omicron (21M/BA.3) Omicron (22A/BA.4.*) Sequencing data Omicron (22B/BA.5.*) ending epi week 18 Omicron (22C/BA.2.12.1) Omicron (22E/BQ.1.*) (ending 6 May 2023) Omicron (22F/XBB.*) Omicron (23A/XBB.1.5) Currently in epi week Omicron (23B/XBB.1.16) 20 (ending 20 May Omicron (22D/BA.2.75) 2023) C.1.2 (20D) XAY XBF recombinant Alpha (20I, V1) Beta (20H, V2) Delta (21A, 21I, 21J) Omicron (21K/BA.1.*) Omicron (21L/BA.2.*) Omicron (21M/BA.3) Omicron (22A/BA.4.*) *Excludes sequences Omicron (22B/BA.5.*) missing collection dates, Omicron (22C/BA.2.12.1 as well as those collected Omicron (22E/BQ.1.*) January 1st and 2nd 2021 Omicron (22F/XBB.*) as they are part of Omicron (23A/XBB.1.5) epiweek 53 of 2020. Omicron (23B/XBB.1.16) Omicron (22D/BA.2.75) C.1.2 (20D) XAY XBF recombinant epiweeks in 2022 - 2023

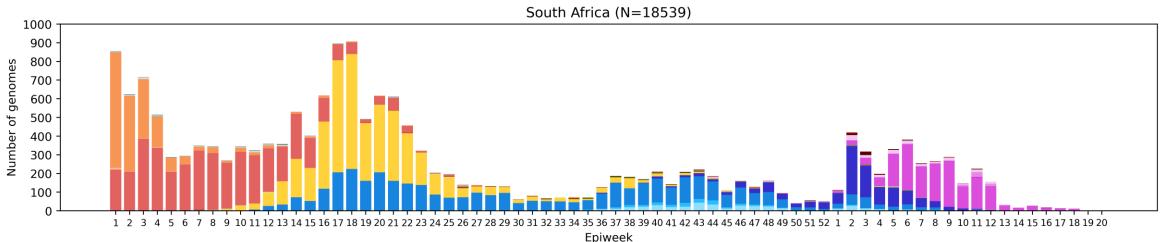
Detection Rates: Omicron and recombinants

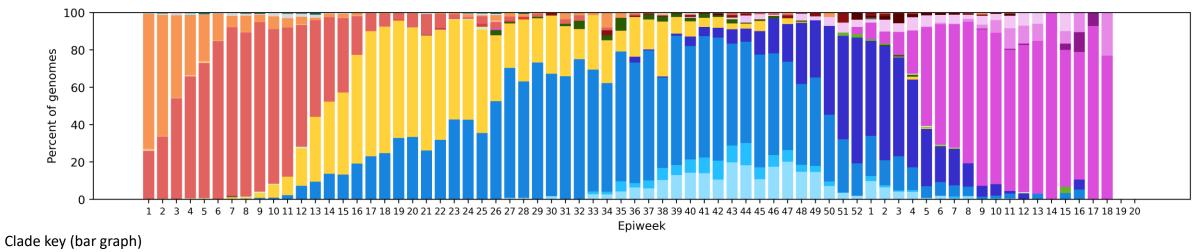


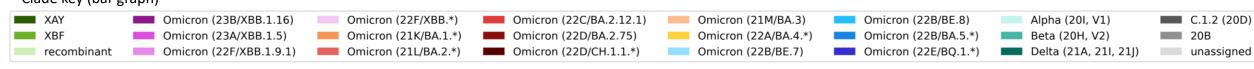
^{*}Bars represent percentage prevalence of variant for the month; total number sequences collected for the month are given below the bar

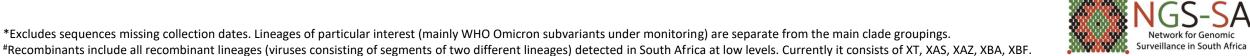


South Africa, 2022-2023, n = 18 539*



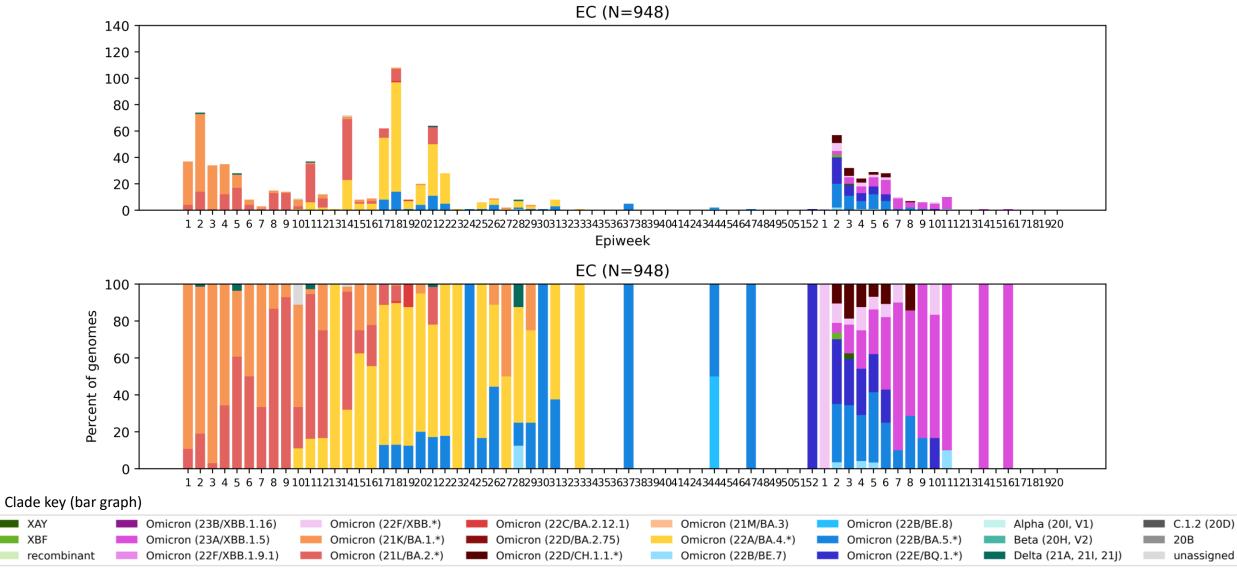






Eastern Cape Province, 2022-2023, n = 948

Genomes added since last report: 2*

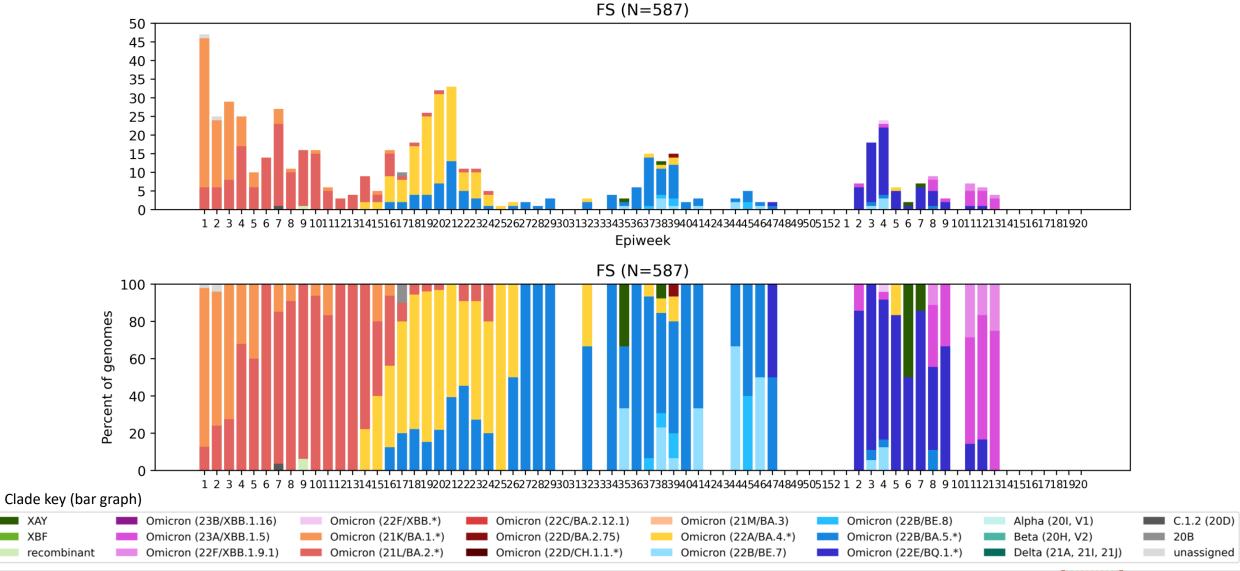




^{*}May include genomes from 2020 and 2021 which are not pictured here and are not included in the slide total.

Free State Province, 2022-2023, n = 587

Genomes added since last report: 0*

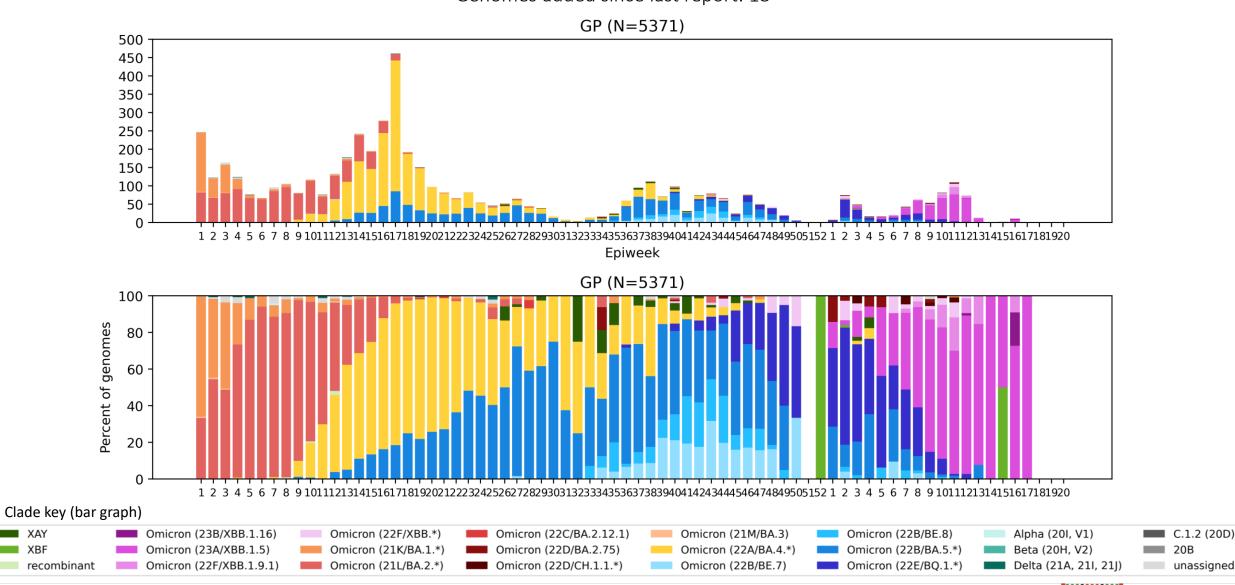




^{*}May include genomes from 2020 and 2021 which are not pictured here and are not included in the slide total.

Gauteng Province, 2022-2023, n = 5371

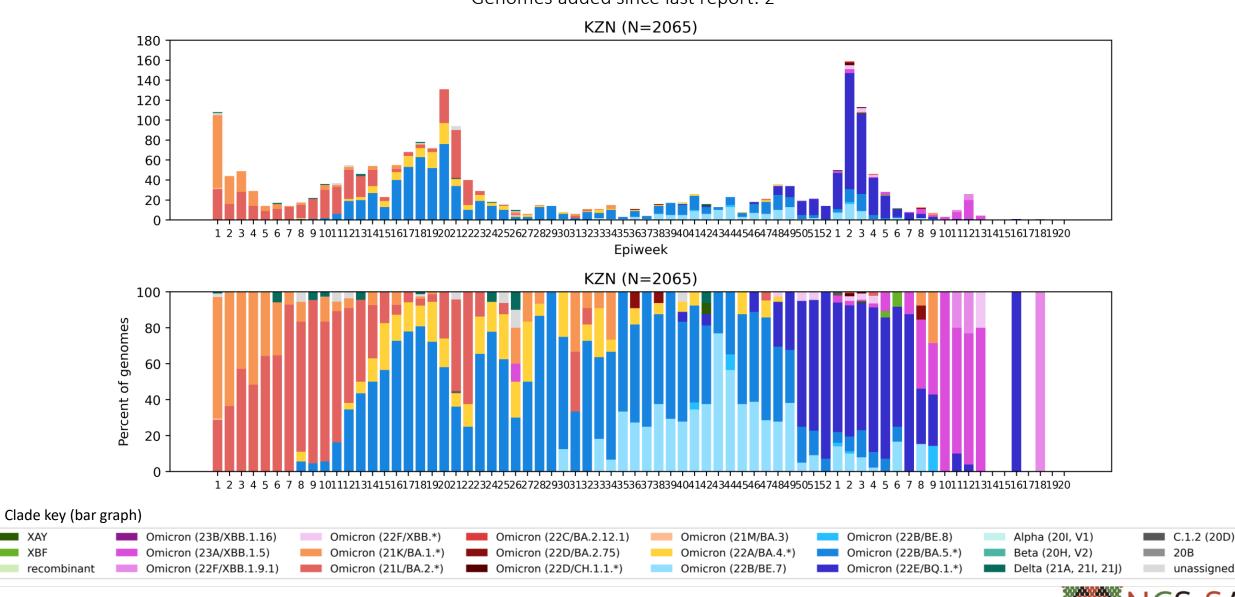
Genomes added since last report: 18*





KwaZulu-Natal Province, 2022-2023, n = 2065

Genomes added since last report: 2*



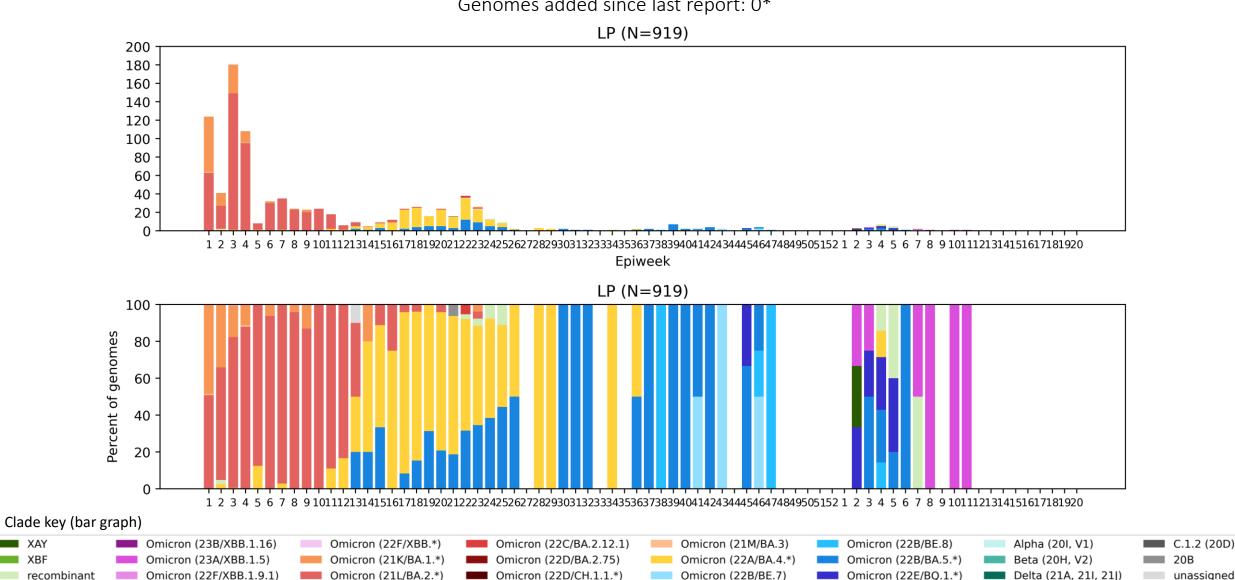


XBF

recombinant

Limpopo Province, 2022-2023, n = 919

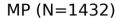
Genomes added since last report: 0*

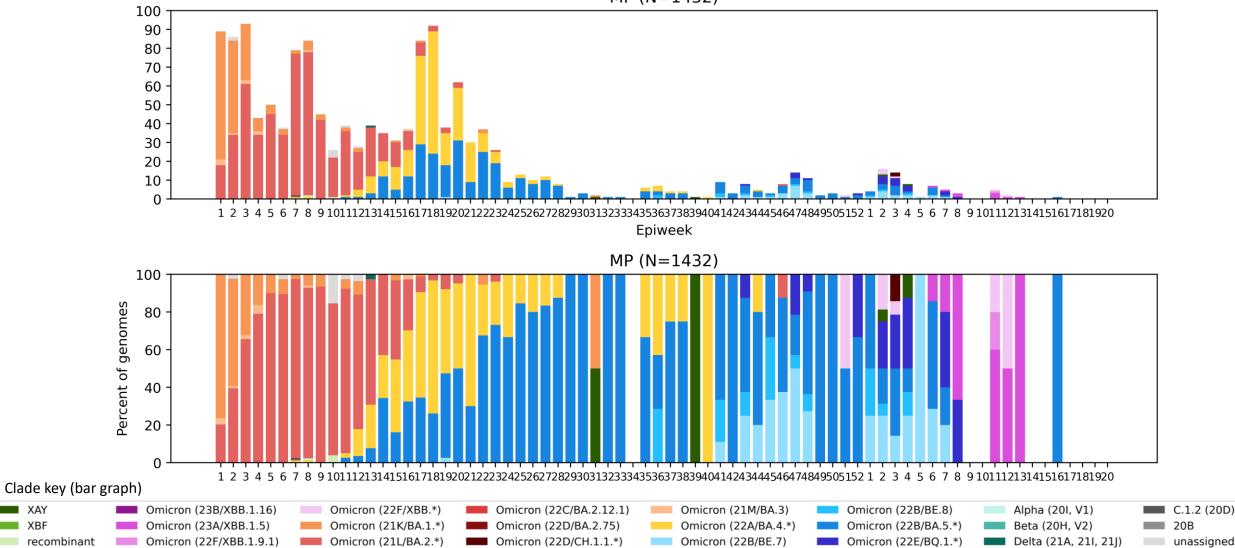




Mpumalanga Province, 2022-2023, n = 1432

Genomes added since last report: 1*





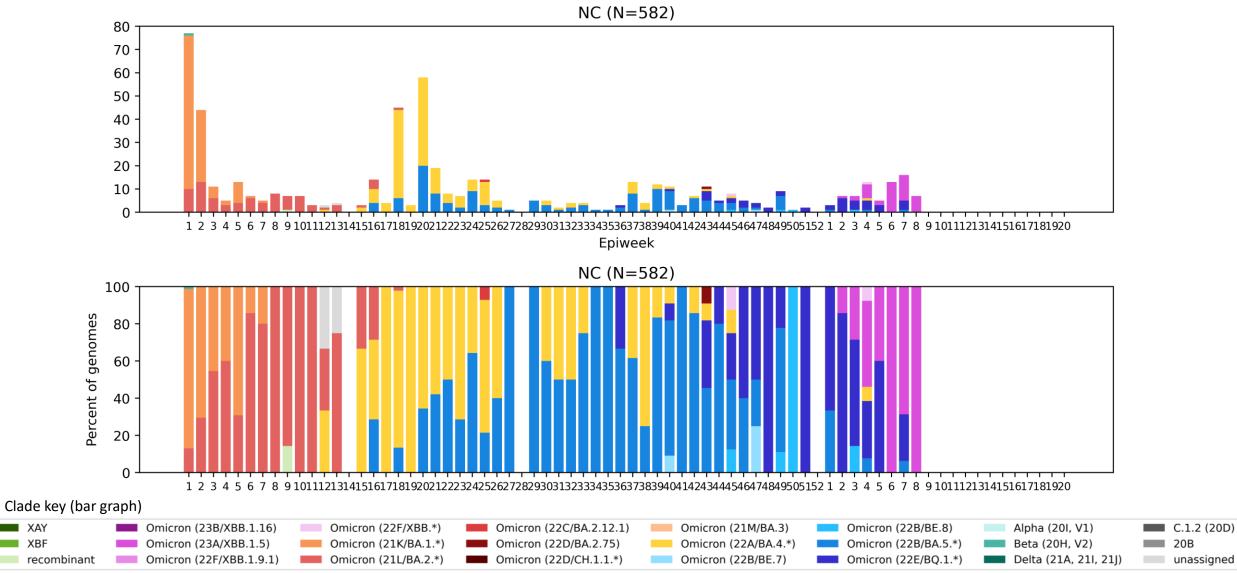


XBF

recombinant

Northern Cape Province, 2022-2023, n = 582

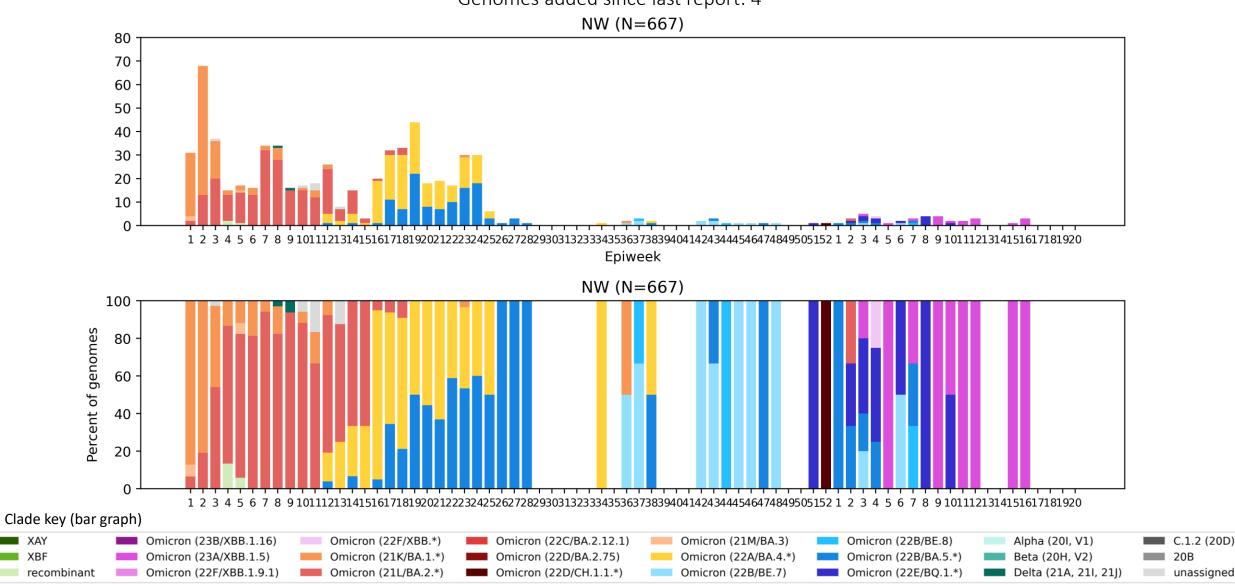
Genomes added since last report: 0*





North West Province, 2022-2023, n = 667

Genomes added since last report: 4*

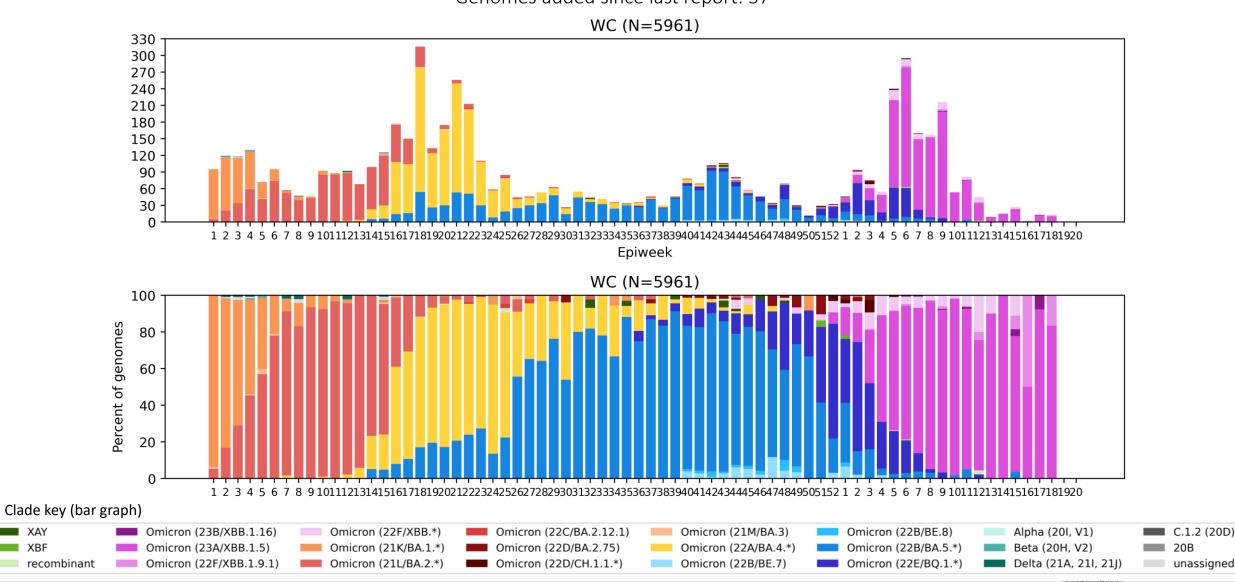




^{*}May include genomes from 2020 and 2021 which are not pictured here and are not included in the slide total.

Western Cape Province, 2022-2023, n = 5961

Genomes added since last report: 57*





Summary

Sequencing update

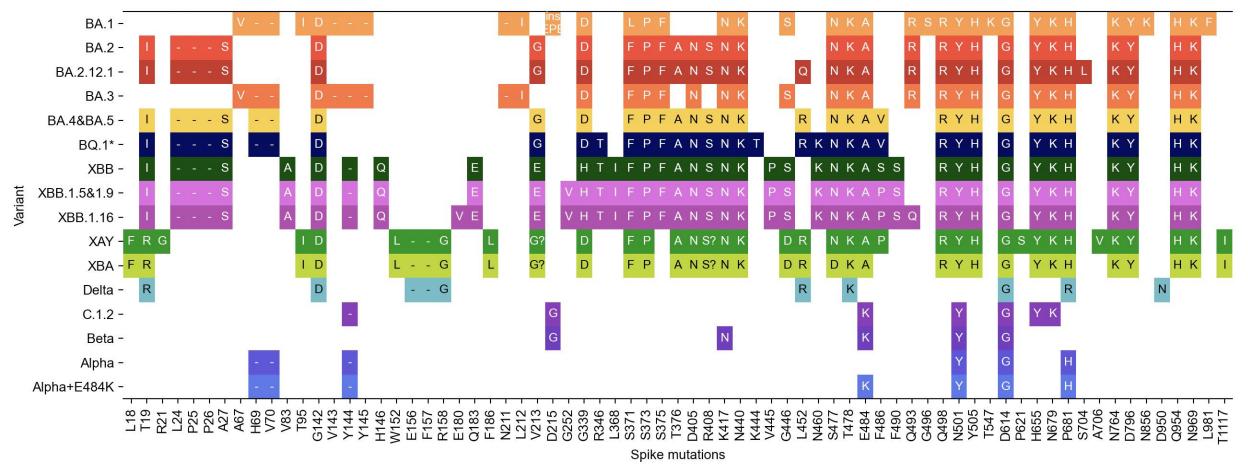
• All provinces have sequences for February 2023. March sequences are from all provinces, except the Northern Cape. April sequence data are from six provinces (excluding Limpopo, Northern Cape and Free State) and May sequence data are from the Western Cape

Variant of Concern Omicron in South Africa

- Omicron continued to dominate in February (99.4%), March (99.9%) and April (98.8%)
- XBB.1.5 was detected in December 2022 (0.8%) and January 2023 (16%), and was the dominant lineage in February (70%), March (78%), and April (80%). It is currently dominant in May (83%), although this is based on low numbers (n=12)
- XBB.1.16 has been detected at a low prevalence in March and April (≤5%) in Gauteng (n=3) and the Western Cape (n=4)
- BA.2.75.* was detected at a low prevalence in January through March (≤1%)



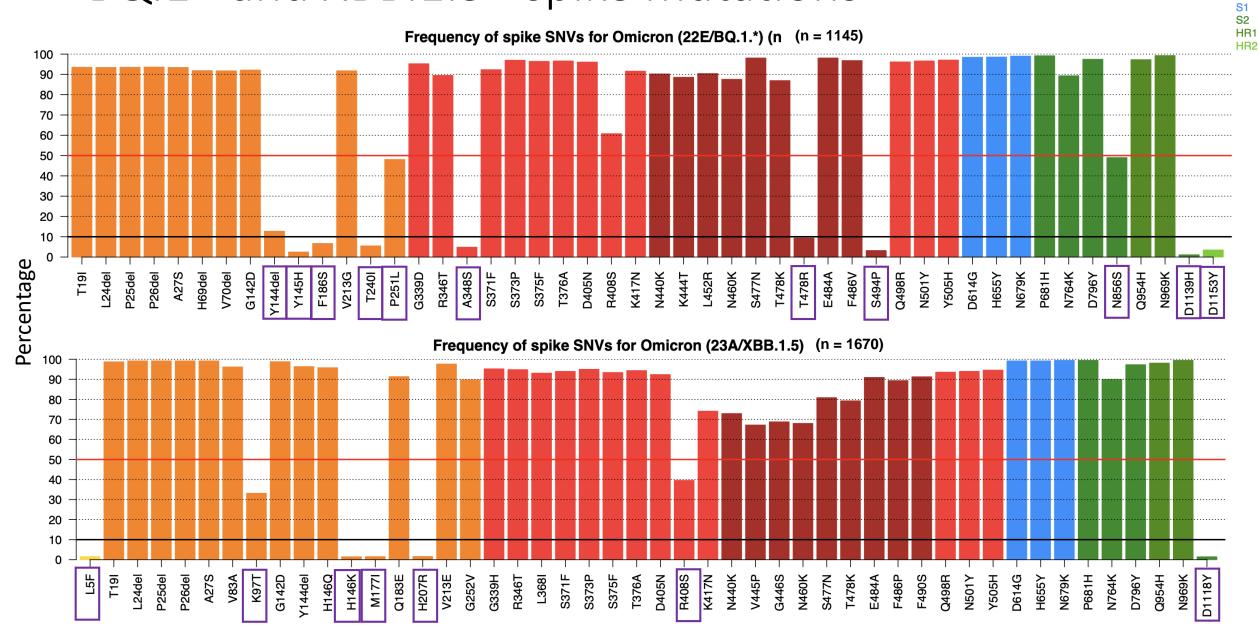
Spike protein mutation* profile of Variants of Interest and Concern



- 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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The COVID-19 Bench team

University of KwaZulu-Natal & Africa Health Research Institute



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RESEARCH
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University of Cape Town, NHLS & Western Cape Government



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+

Carolyn Williamson Nei-yuan Hsiao Diana Hardie Kruger Marais Stephen Korsman Zivaad Valley-Omar

health

WCG-UCT

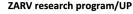
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NHLS Greenpoint Annabel Enoch



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







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Centre for Viral Zoonoses Department Medical Virology/ NHLS

Tshwane Academic division

University of Pretoria

Carien van Niekerk



UCT, IDM and CIDRI-Africa

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National Institute for Communicable Diseases

Centre for HIV and STIs



Centre for Respiratory Diseases & Meningitis

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NICD COVID-19 response team NICD SARS-CoV-2 Sequencing Group

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University of the

UFS

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















Additional support and collaborators













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Jean Maritz Nadine Cronje Petra Raimond Kim Hoek





Pathcare N1 City



NDLOVU

AFRICA CD



 $ARC \cdot LNR$

NET*C*ARE

& technology

















UNIVERSITY





INYUVESI YAKWAZULU-NATALI



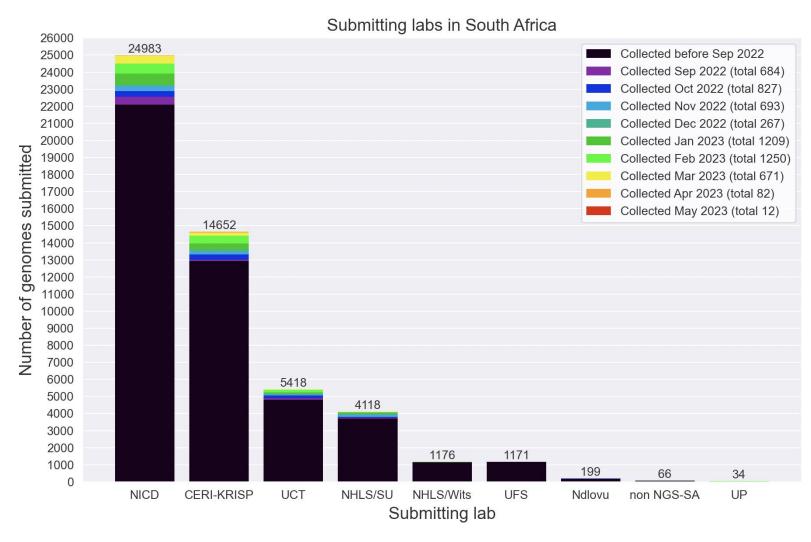


ΛΛ





South African genomes submitted per submitting lab, 2020 - 2023 (N=51 817)



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

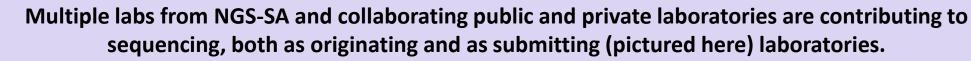
Service

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. XBB.1 + S:F486P (similar Spike	05-01-2022	11-01-2023 XBB.1.5 Rapid Risk Assessment, 11 January 2023 XBB.1.5 Updated Rapid Risk Assessment, 25 January 2023
		genetic profile as XBB.1.9.1)		XBB.1.5 Updated Risk Assessment, 24 February 2023
XBB.1.16	23B	Recombinant of BA.2.10.1 and BA.2.75 sublineages, i.e. BJ1 and BM.1.1.1	09-01-2023	17-04-2023 XBB.1.16 Initial Risk
		XBB.1 + S:E180V, S:K478R and S:F486P		Assessment 17 April 2023

Currently circulating variants under monitoring (VUMs)

Pango lineage [#] (+ mutation)	Nextstrain clade	Spike genetic features	Earliest documented samples	Date of designation and risk assessments
BA.2.75	22D	BA.2 + S:K147E, S:W152R, S:F157L, S:I210V, S:G257S, S:D339H, S:G446S, S:N460K, S:Q493R reversion	31-12-2021	06-07-2022
CH.1.1	22D	BA.2.75 + S:L452R, S:F486S	27-07-2022	08-02-2023
BQ.1	22E	BA.5 + S:R346T, S:K444T, S:N460K	07-02-2022	21-09-2022
ХВВ	22F	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	12-10-2022
XBB.1.9.1	Not assigned	Recombinant of BA.2.10.1 and BA.2.75 sublineages, i.e. BJ1 and BM.1.1.1 XBB.1 + S:F486P (similar Spike genetic profile as XBB.1.5)	05-12-2022	30-03-2022
XBB.1.9.2	Not assigned	Recombinant of BA.2.10.1 and BA.2.75 sublineages, i.e. BJ1 and BM.1.1.1 XBB.1 + S:F486P, S:Q613H	05-12-2022	26-04-2023
XBB.2.3	Not assigned	Recombinant of BA.2.10.1 and BA.2.75 sublineages, i.e. BJ1 and BM.1.1.1 XBB + S:D253G, S:F486P, S:P521S	09-12-2022	17-05-2023

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.)