

## SARS-CoV-2 Sequencing Update 15 June 2023



Supported by the DSI and the SA MRC

Msomi N, Mlisana K, et al. Lancet Microbe 2020

The genomic data presented here are based on South African SARS-CoV-2 sequence data downloaded from GISAID ([www.gisaid.org](http://www.gisaid.org)) on 15 June 2023 at 08h26



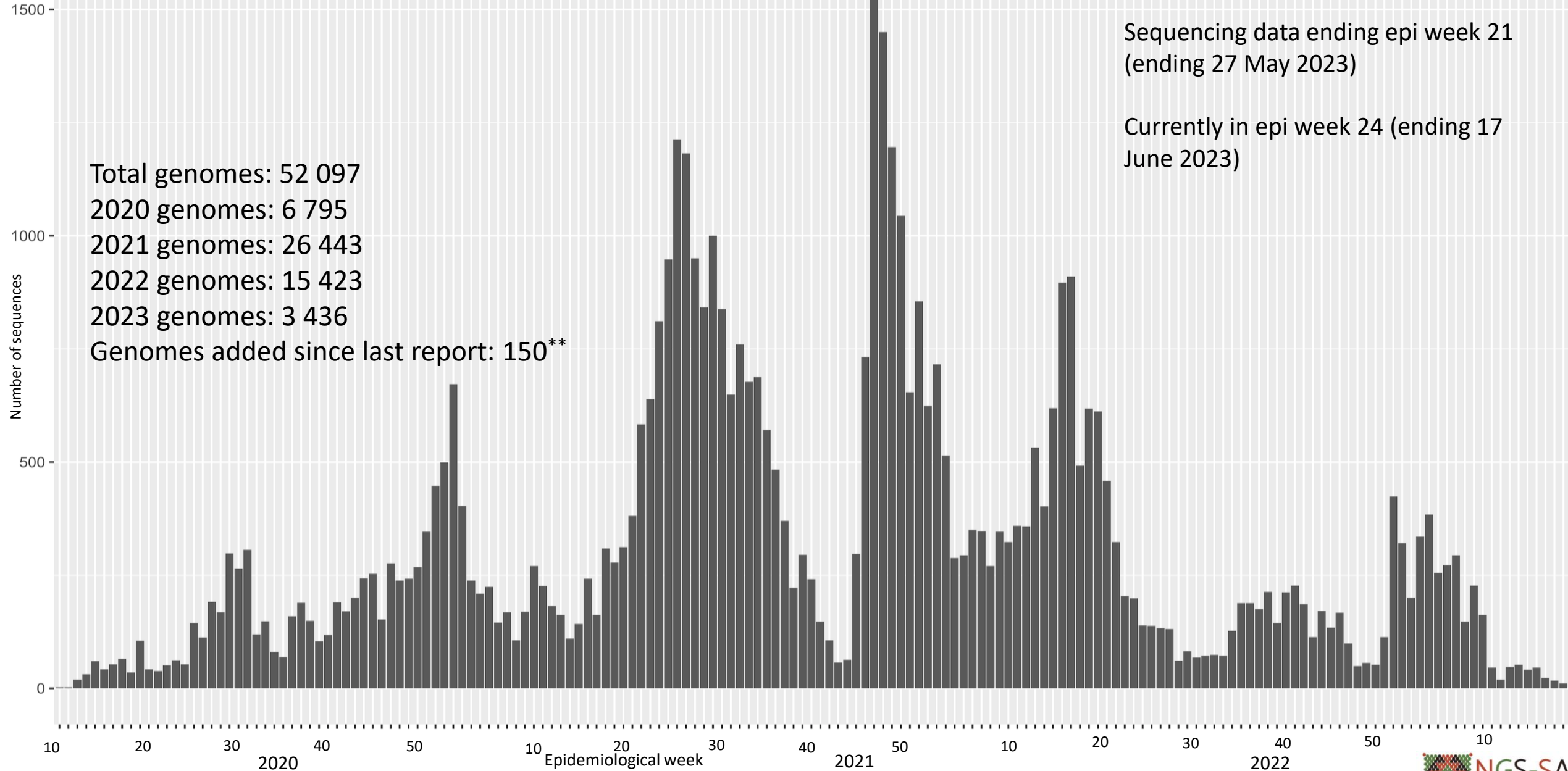
Data license: <https://www.gisaid.org/registration/terms-of-use/>

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

# Number of South African genomes deposited on GISAID, by specimen collection week, 2020 – 2023

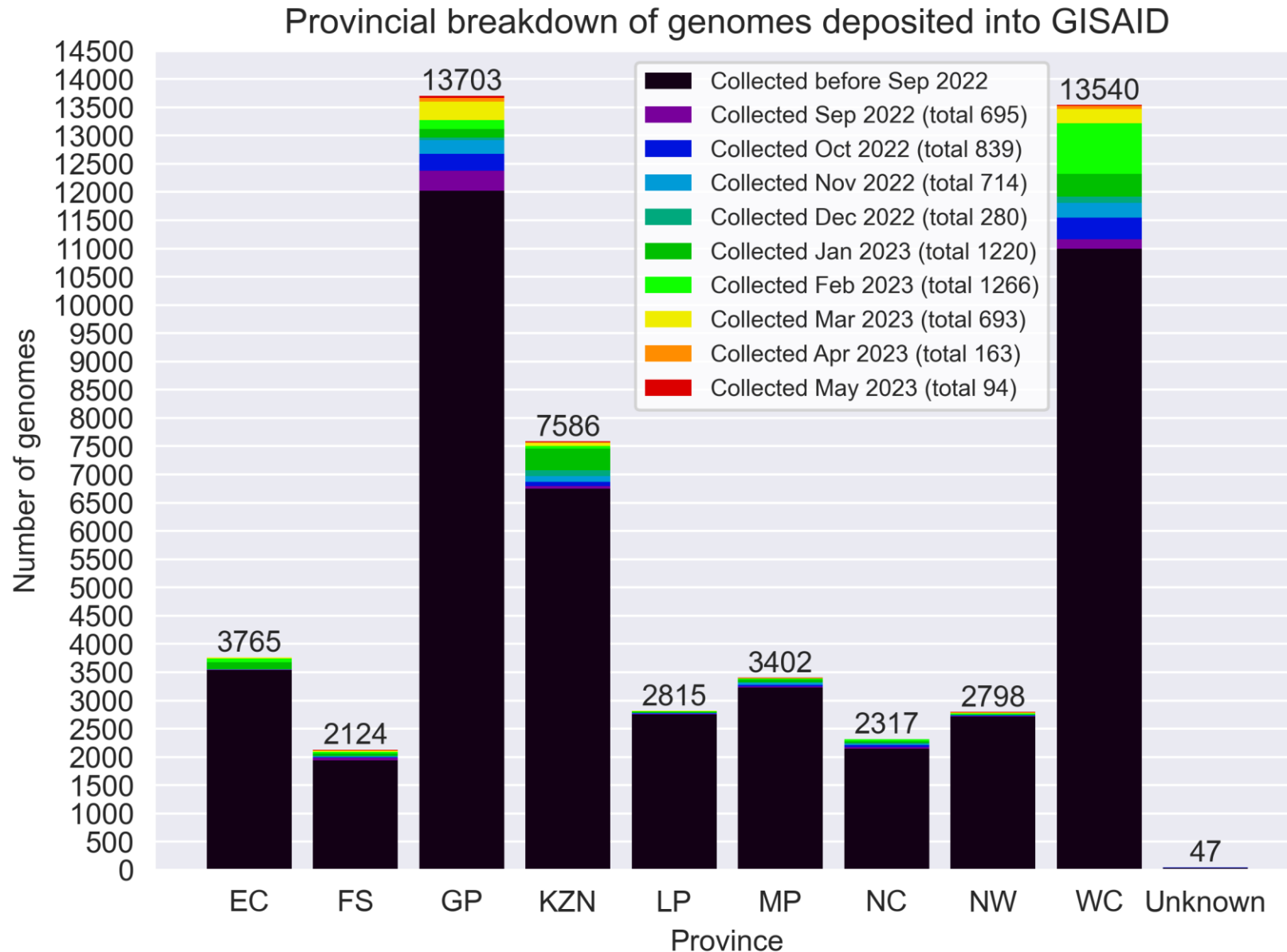
(N=52 097\*)



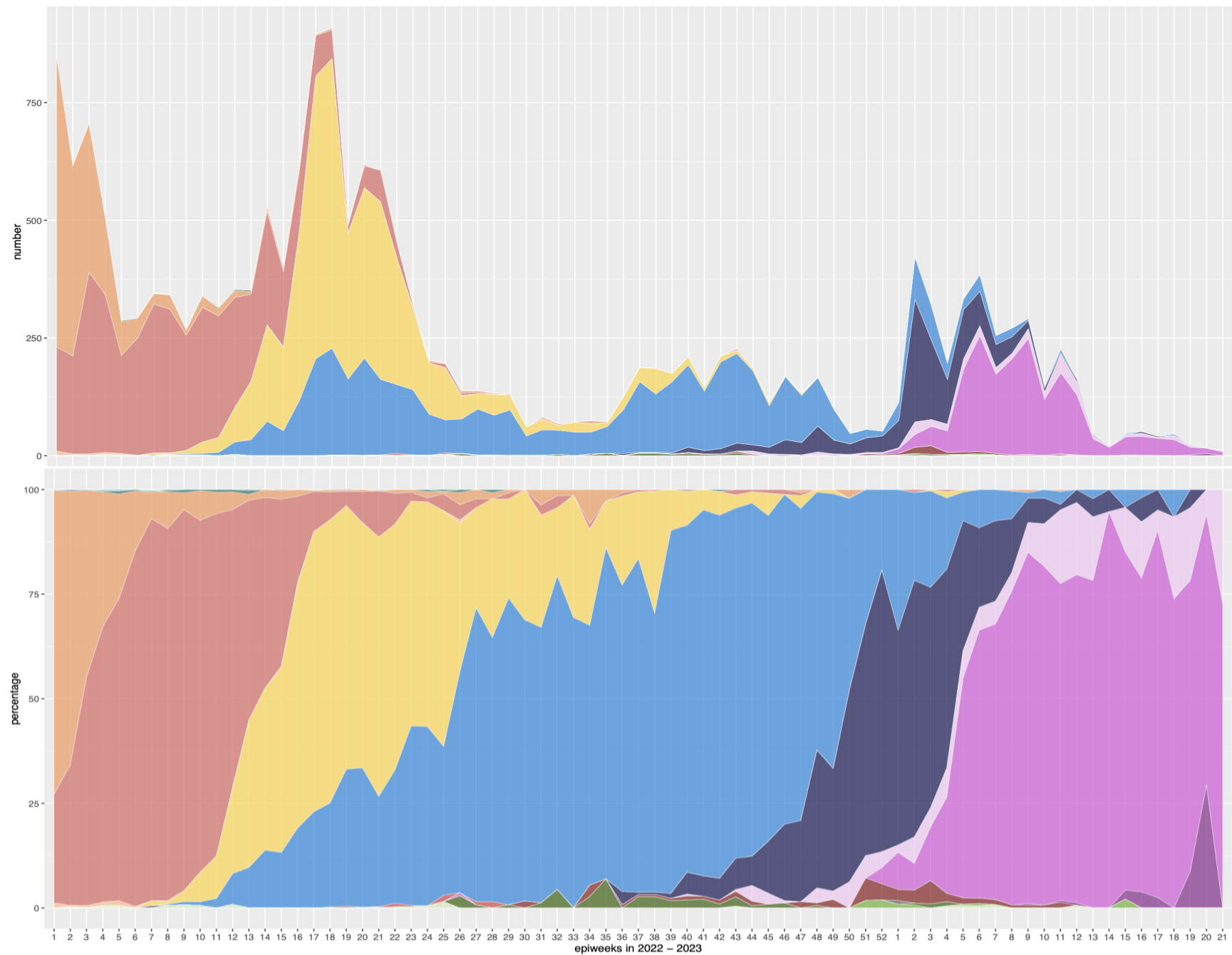
\*This represents the cleaned, de-duplicated dataset of unique **National and Pneumonia Surveillance** sequences. This dataset will be used for all further figures

\*\* Province was unknown for 14 sequences

# GISAID genomes vs total cases, 2020 – 2023 (N= 52 097)



# Number and percentage of clades by epiweek in South Africa, 2022-2023 (18 816\*)

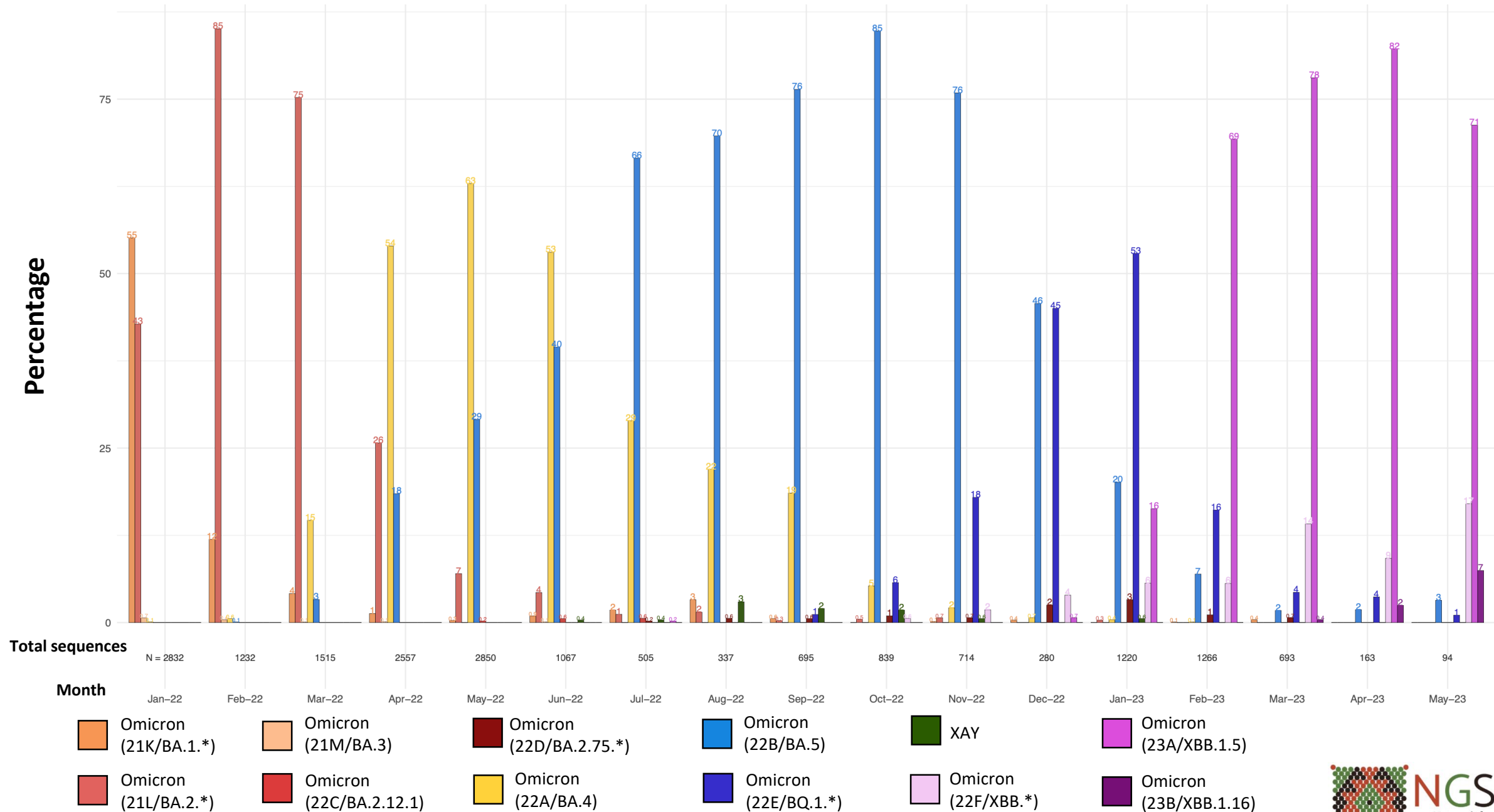


Sequencing data  
ending epi week 21  
(ending 27 May 2023)

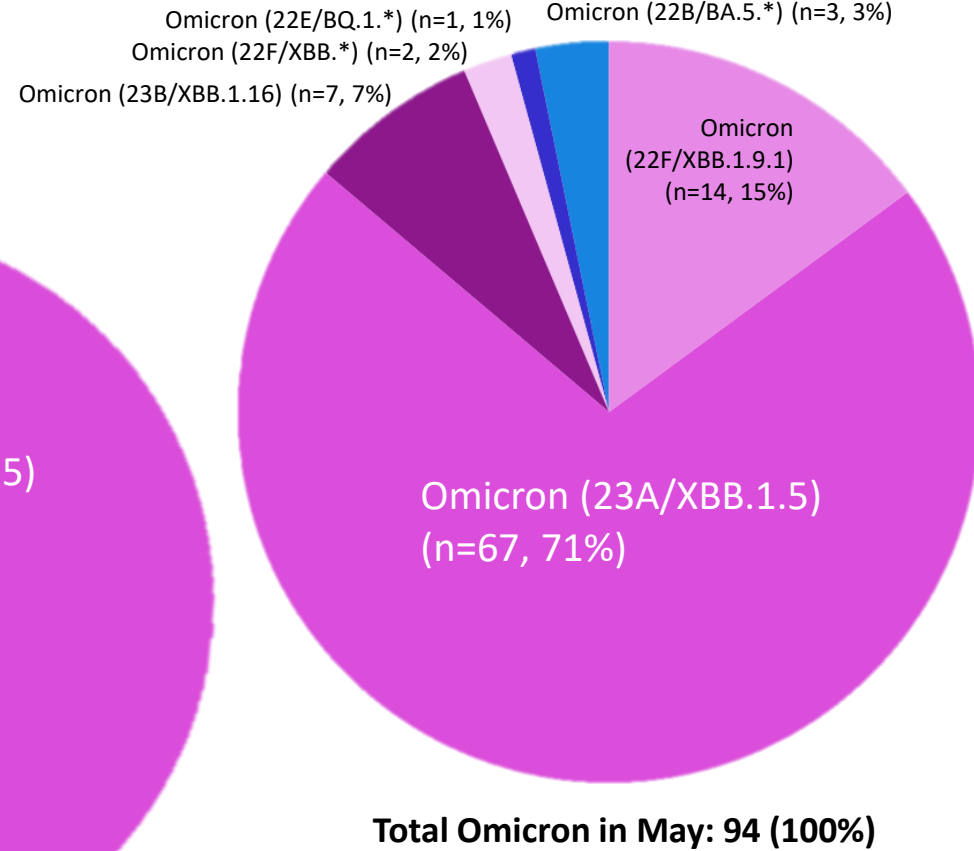
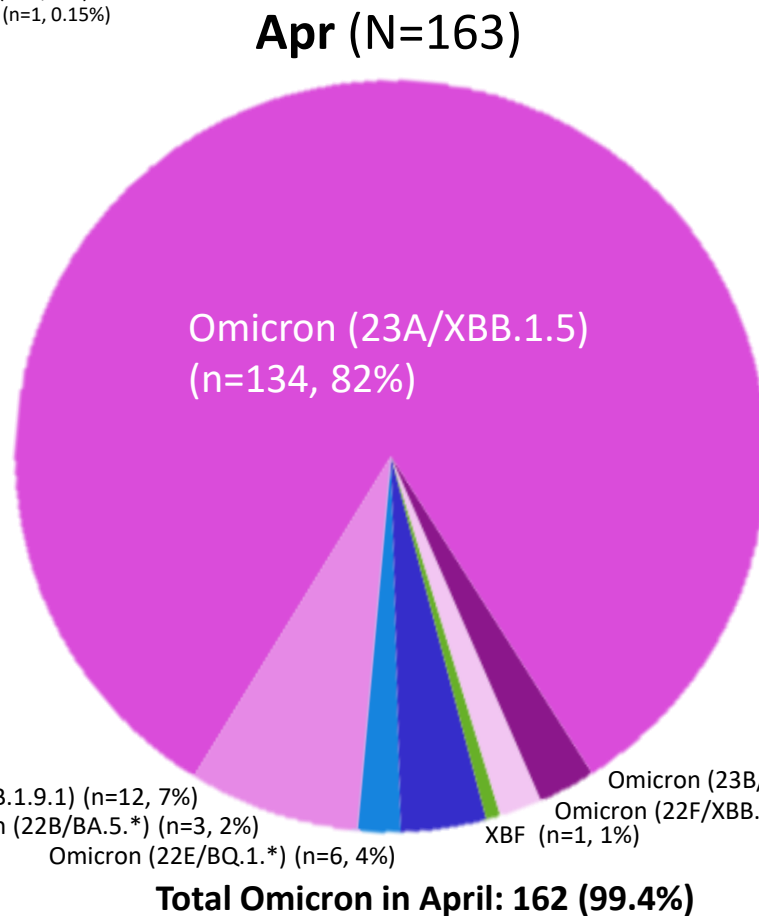
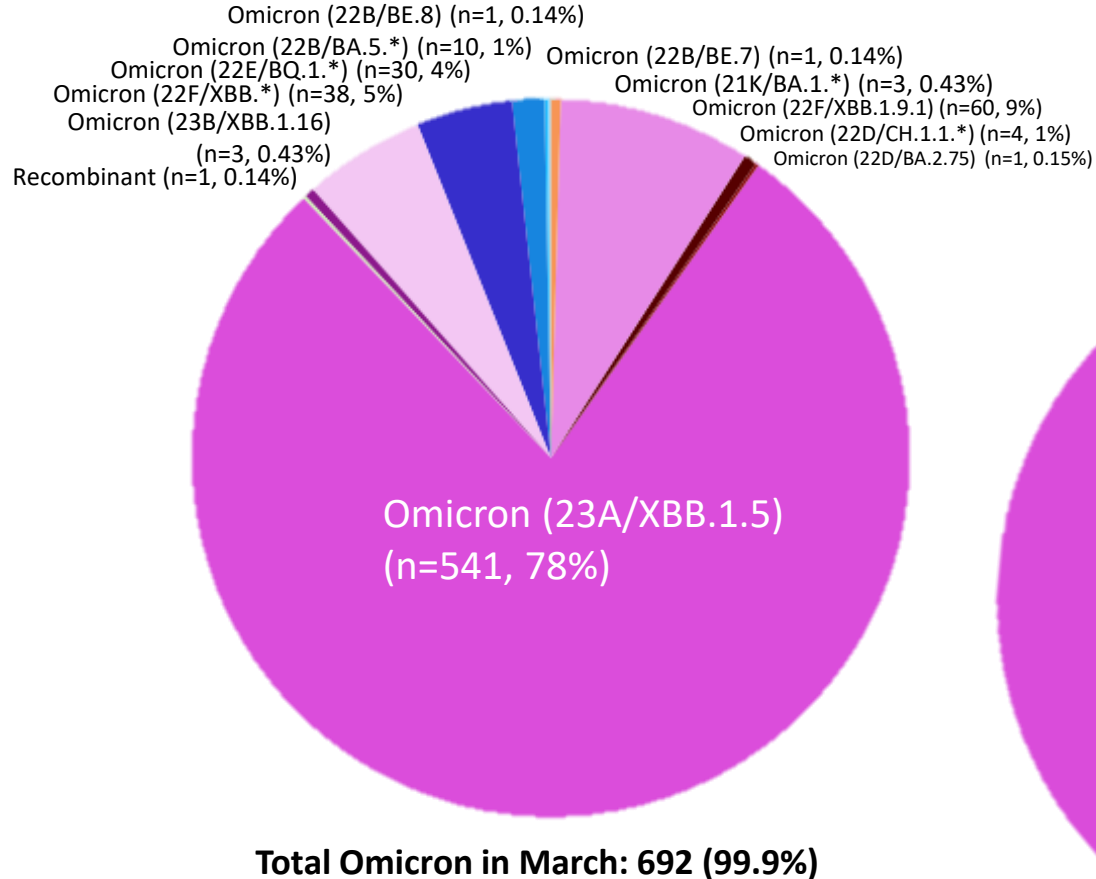
Currently in epi week  
24 (ending 17 June  
2023)

\*Excludes sequences  
missing collection dates,  
as well as those collected  
January 1<sup>st</sup> 2022 as they  
are part of epiweek 52 of  
2021.

# Detection Rates: Omicron and recombinants



# Prevalence of Variants of Concern (VOC) and Variants of Interest (VOI) in Mar (N=693) Mar – May 2023 May (N=94)



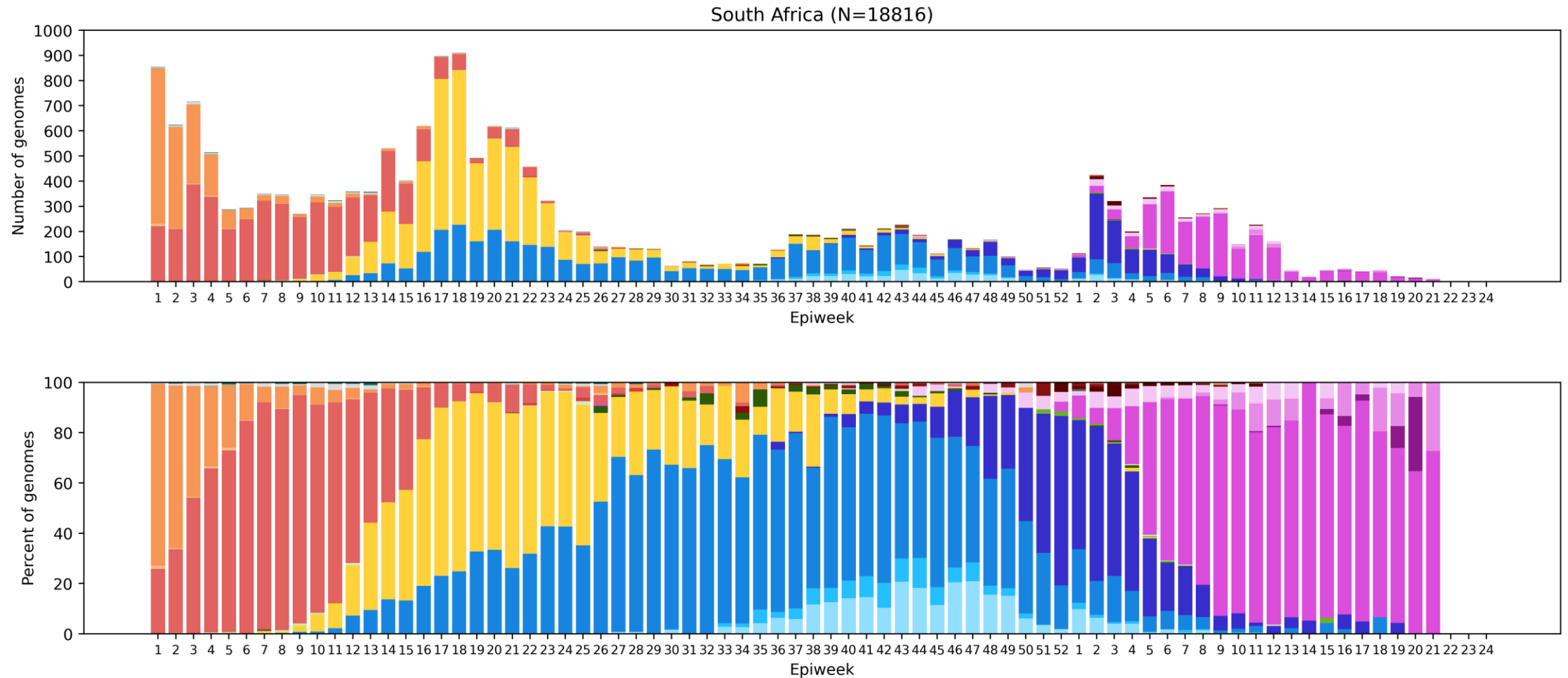
Clade key (bar graph)

XAY	Omicron (23B/XBB.1.16)	Omicron (22F/XBB.*)	Omicron (22C/BA.2.12.1)	Omicron (21M/BA.3)	Omicron (22B/BE.8)	Alpha (20I, V1)	C.1.2 (20D)
XBF	Omicron (23A/XBB.1.5)	Omicron (21K/BA.1.*)	Omicron (22D/BA.2.75)	Omicron (22A/BA.4.*)	Omicron (22B/BA.5.*)	Beta (20H, V2)	20B
recombinant	Omicron (22F/XBB.1.9.1)	Omicron (21L/BA.2.*)	Omicron (22D/CH.1.1.*)	Omicron (22B/BE.7)	Omicron (22E/BQ.1.*)	Delta (21A, 21I, 21J)	unassigned

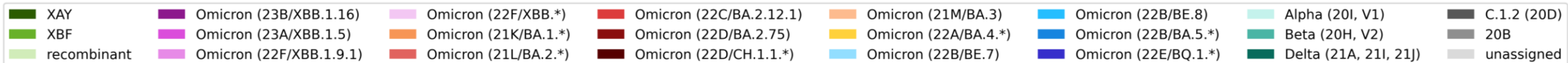
Note: XBF is an Omicron-Omicron recombinant and so is counted in the total number of Omicrons.



# South Africa, 2022-2023, n = 18 816\*



## Clade key (bar graph)



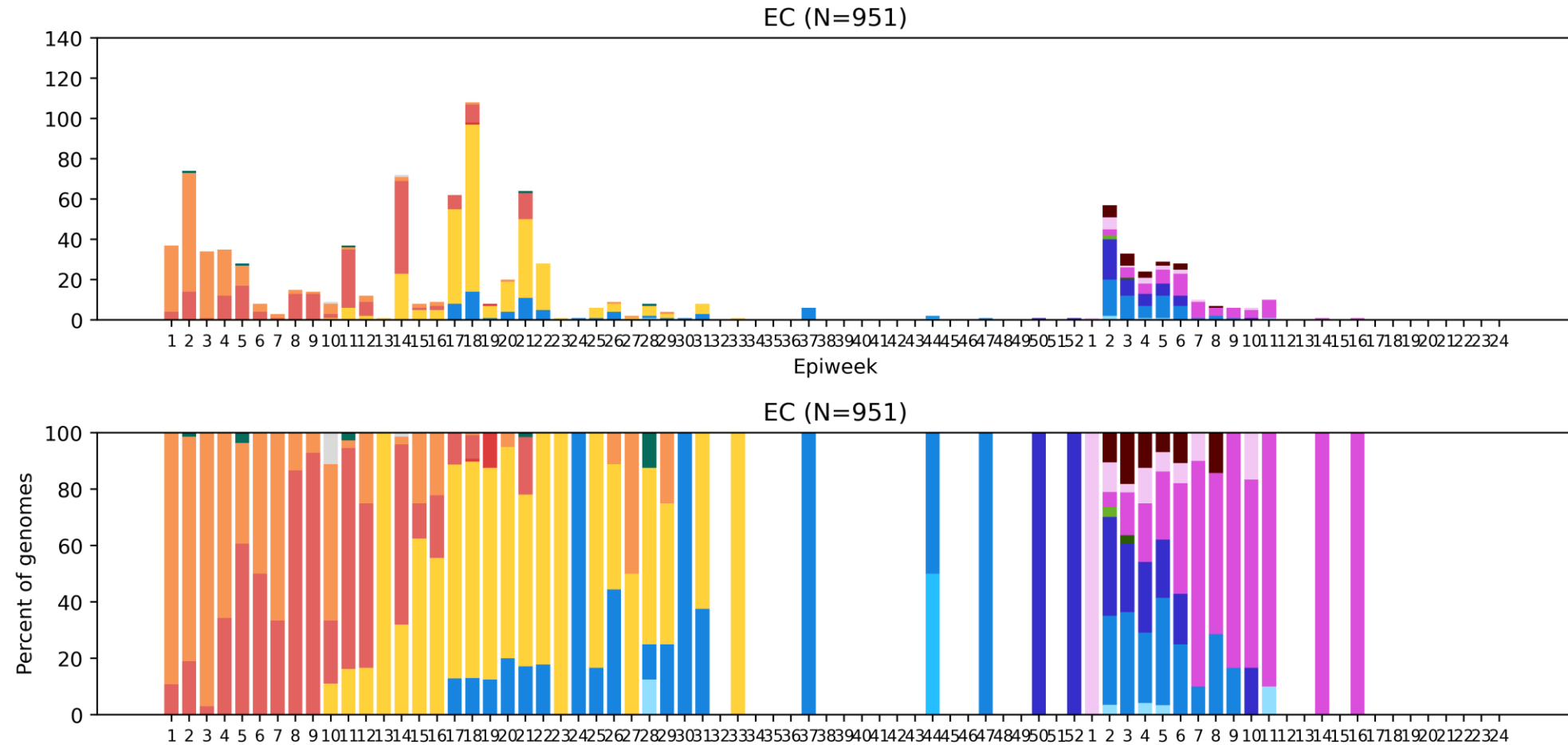
\*Excludes sequences missing collection dates. Lineages of particular interest (mainly WHO Omicron subvariants under monitoring) are separate from the main clade groupings.

#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.

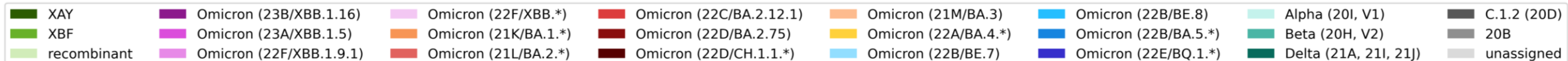


# Eastern Cape Province, 2022-2023, n = 951

Genomes added since last report: 0\*



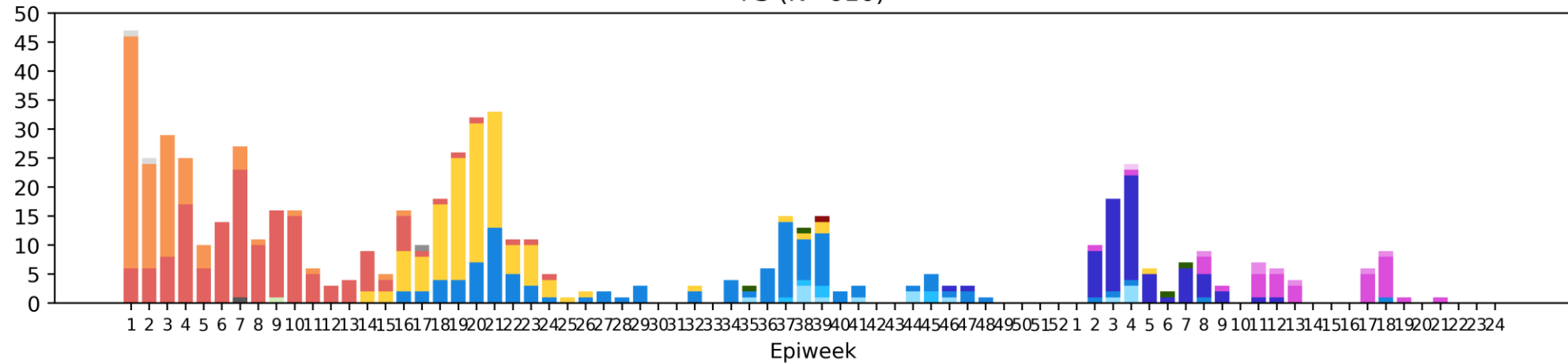
Clade key (bar graph)



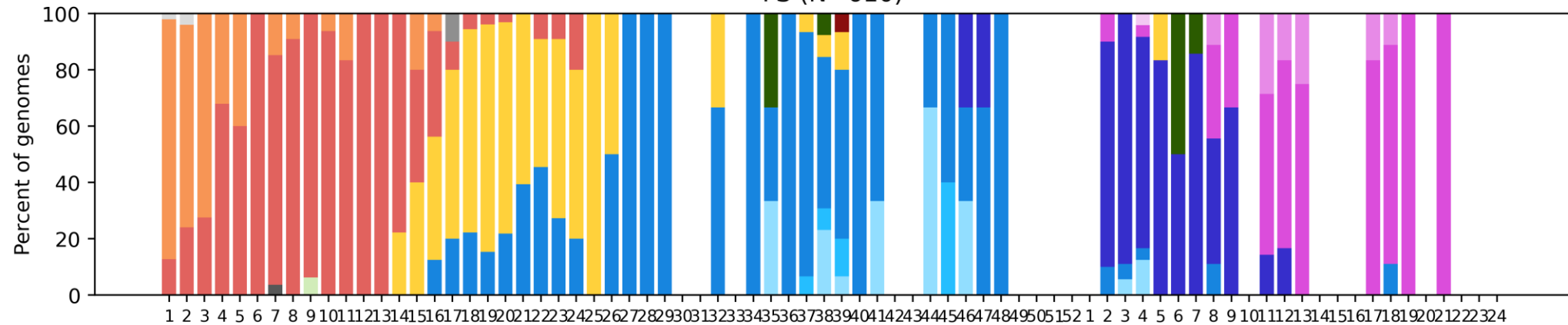
# Free State Province, 2022-2023, n = 610

Genomes added since last report: 17\*

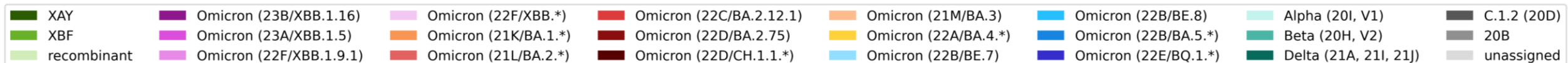
FS (N=610)



FS (N=610)



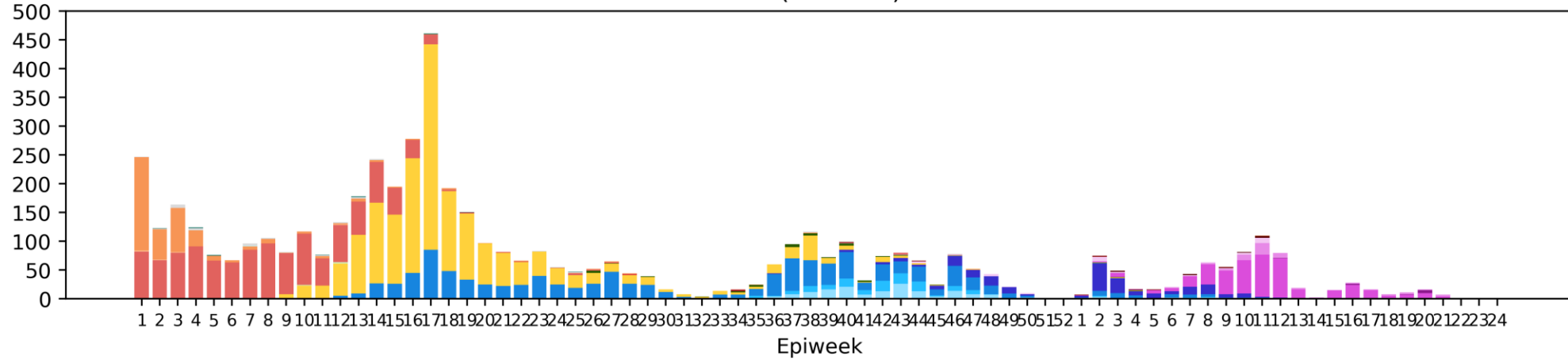
Clade key (bar graph)



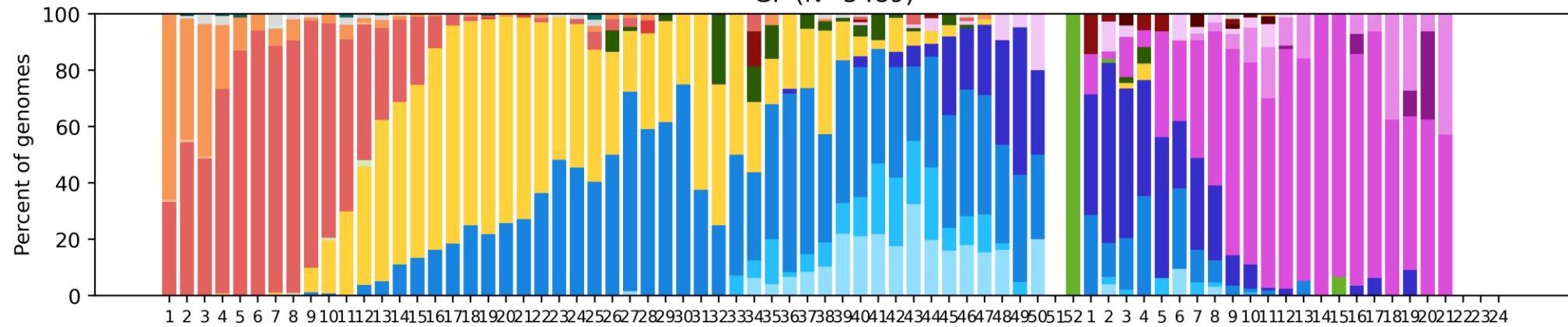
# Gauteng Province, 2022-2023, n = 5489

Genomes added since last report: 73\*

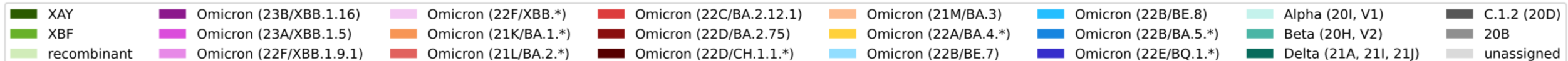
GP (N=5489)



GP (N=5489)



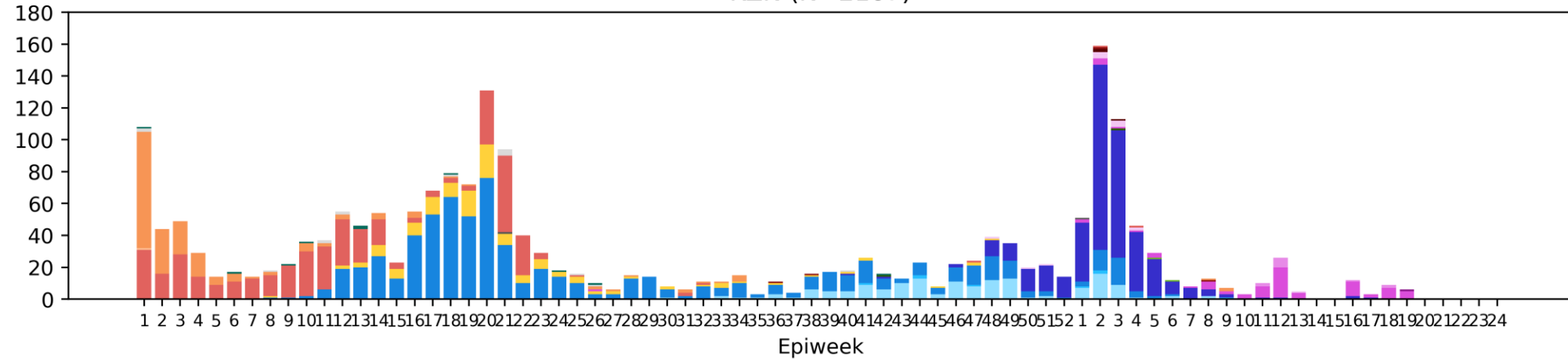
Clade key (bar graph)



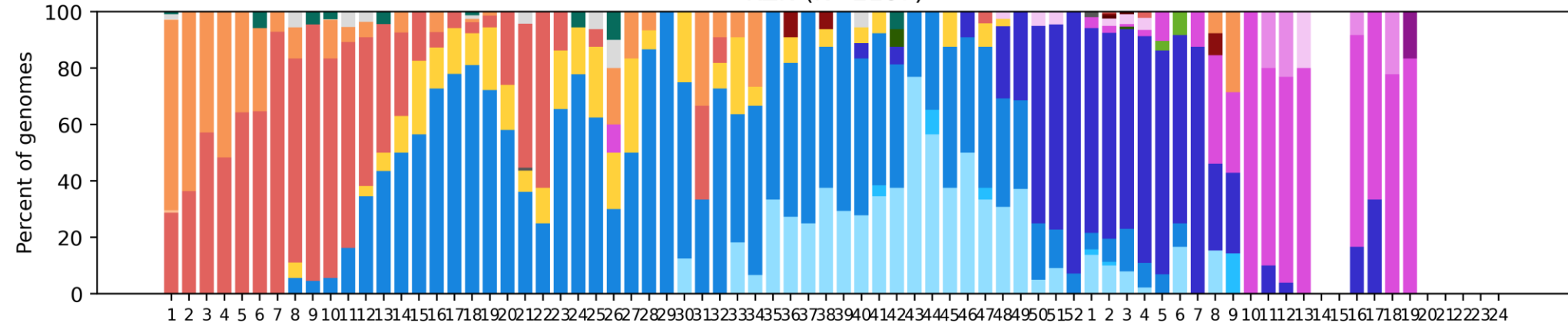
# KwaZulu-Natal Province, 2022-2023, n = 2107

Genomes added since last report: 26\*

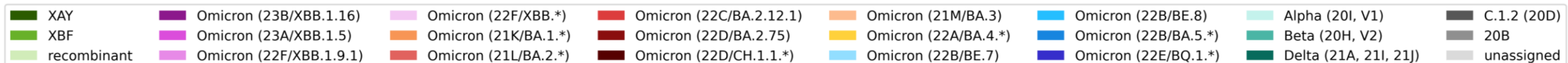
KZN (N=2107)



KZN (N=2107)



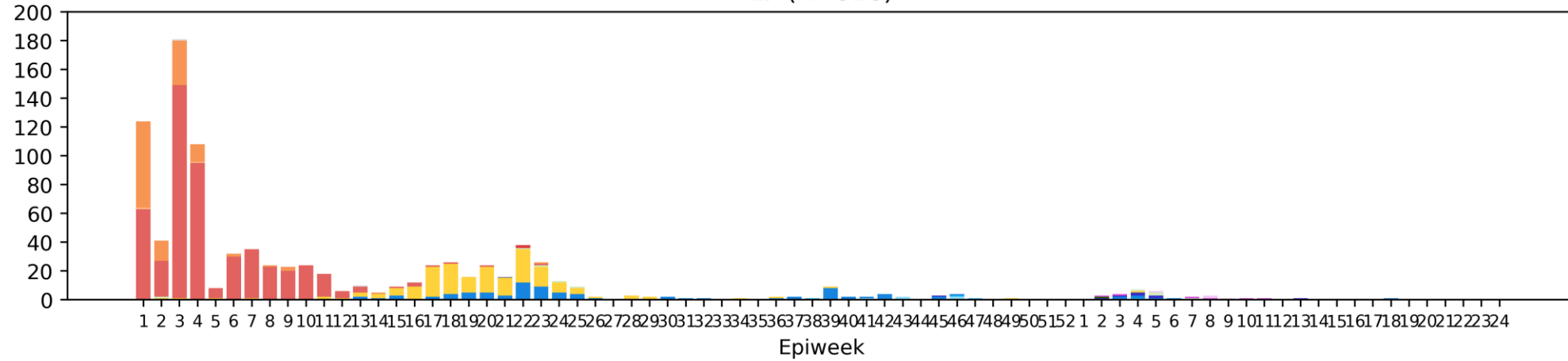
Clade key (bar graph)



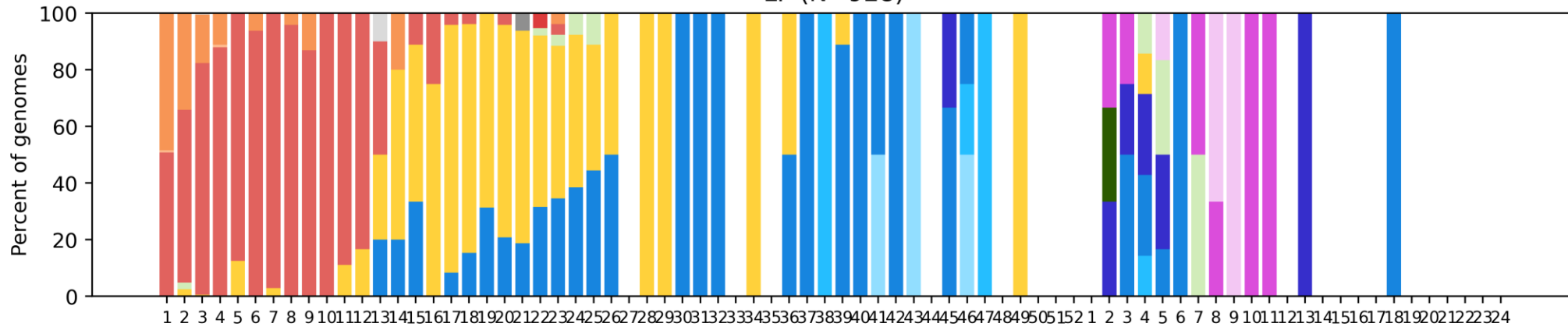
# Limpopo Province, 2022-2023, n = 928

Genomes added since last report: 1\*

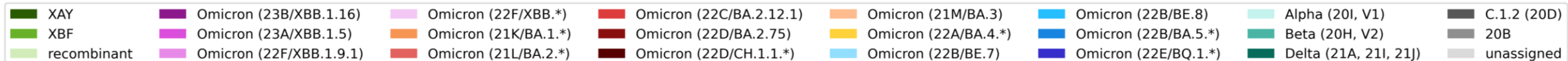
LP (N=928)



LP (N=928)



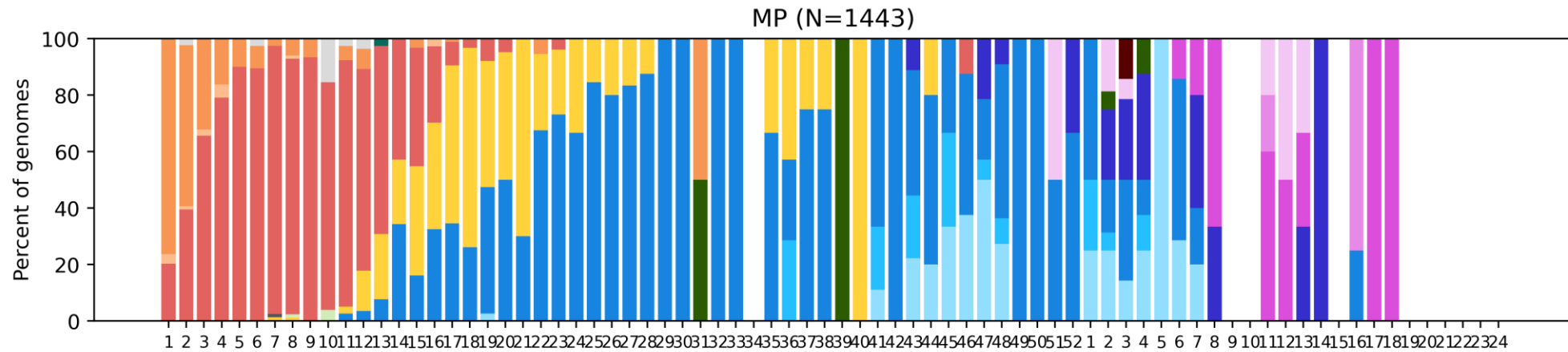
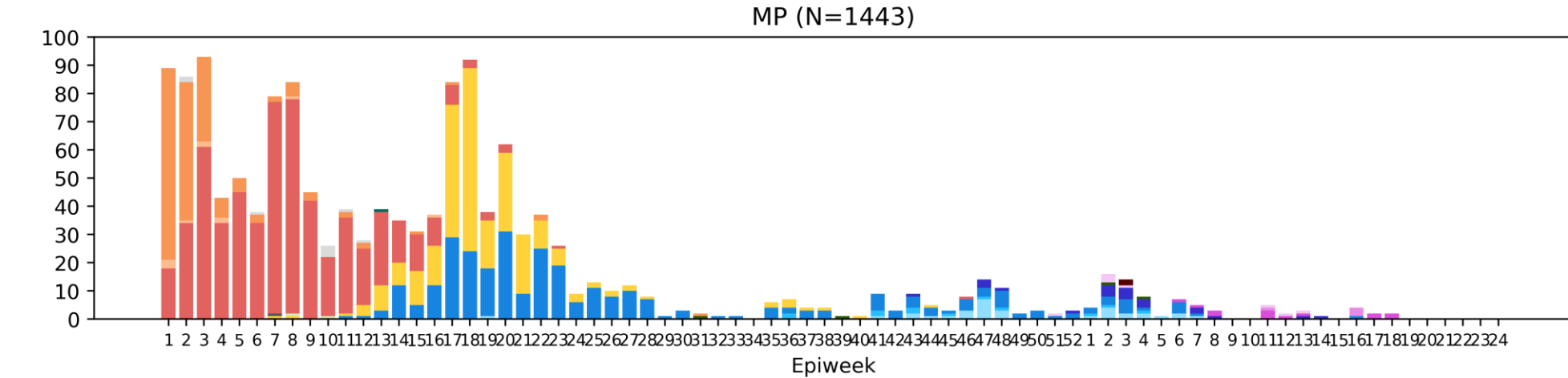
Clade key (bar graph)



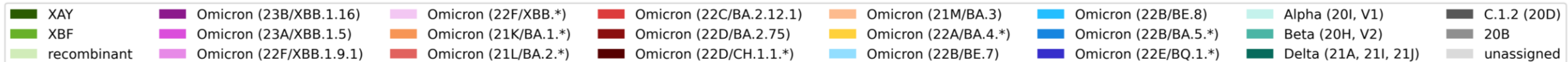
\*May include genomes from 2020 and 2021 which are not pictured here and are not included in the slide total.

# Mpumalanga Province, 2022-2023, n = 1443

Genomes added since last report: 5\*



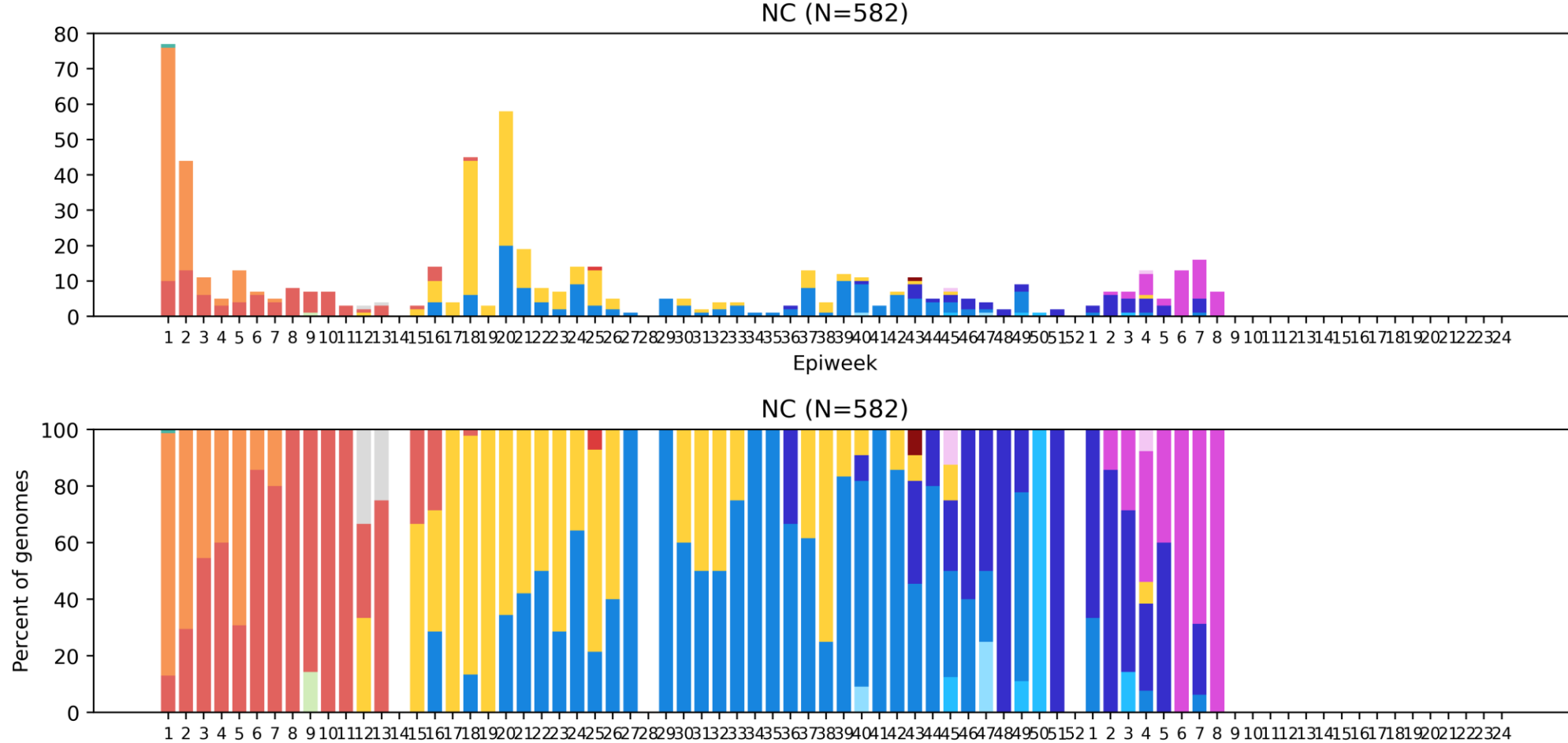
Clade key (bar graph)



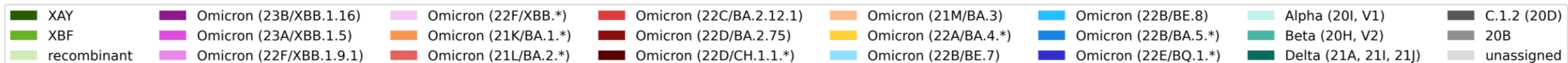
\*May include genomes from 2020 and 2021 which are not pictured here and are not included in the slide total.

# Northern Cape Province, 2022-2023, n = 582

Genomes added since last report: 0\*



Clade key (bar graph)



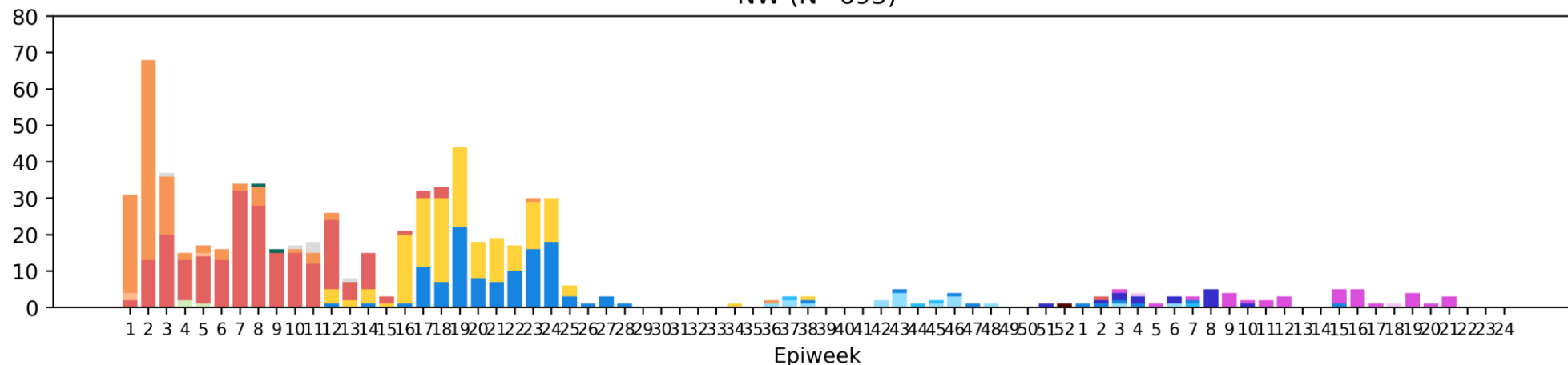
\*May include genomes from 2020 and 2021 which are not pictured here and are not included in the slide total.



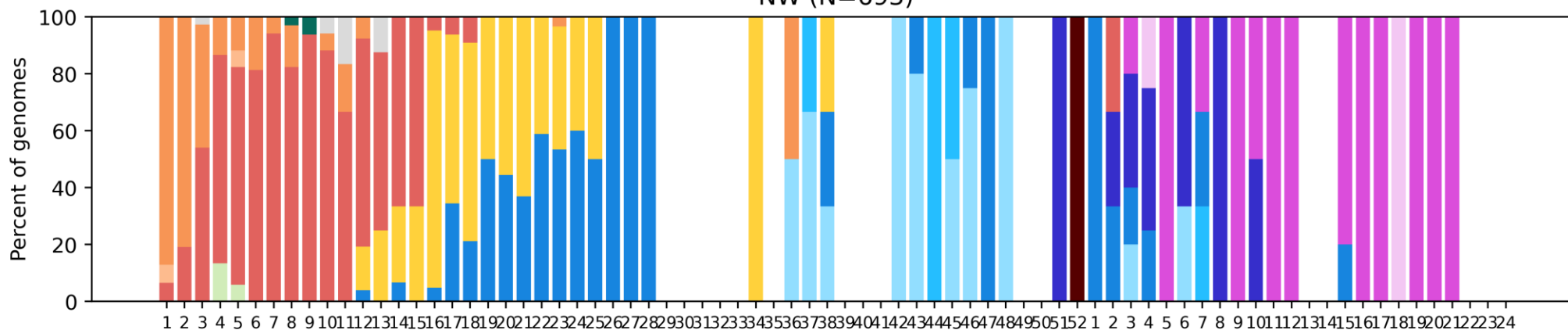
# North West Province, 2022-2023, n = 693

Genomes added since last report: 10\*

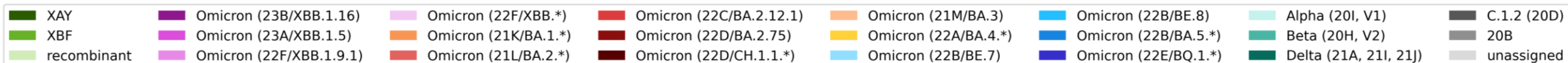
NW (N=693)



NW (N=693)



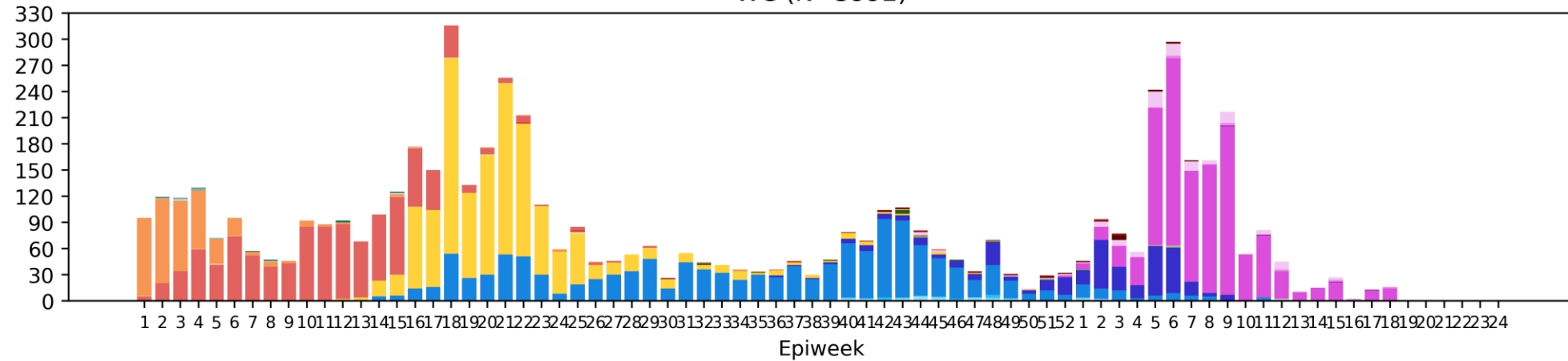
Clade key (bar graph)



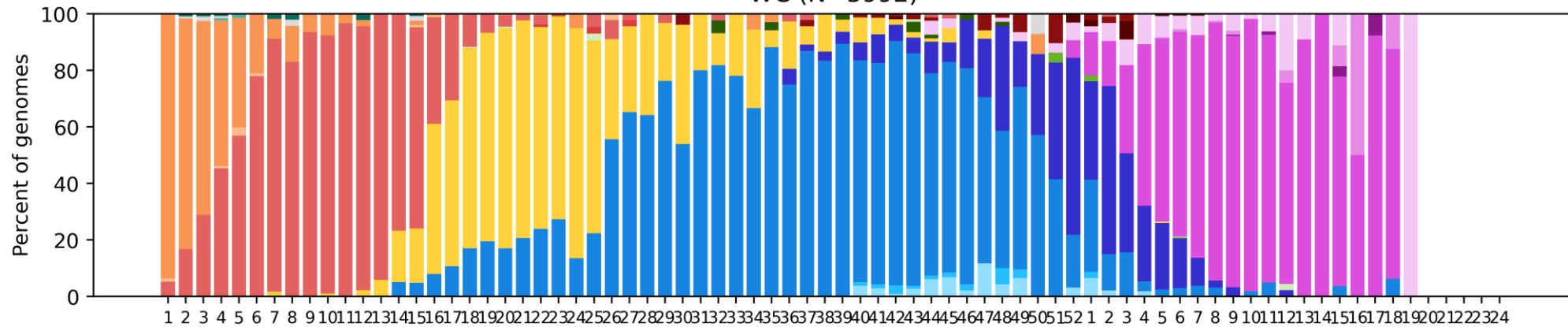
# Western Cape Province, 2022-2023, n = 5992

Genomes added since last report: 4\*

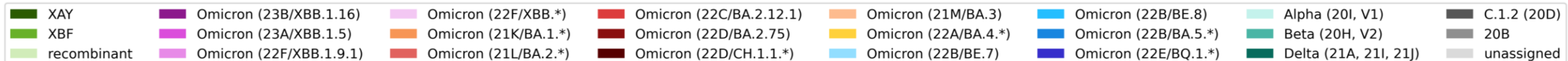
WC (N=5992)



WC (N=5992)



Clade key (bar graph)



# Summary

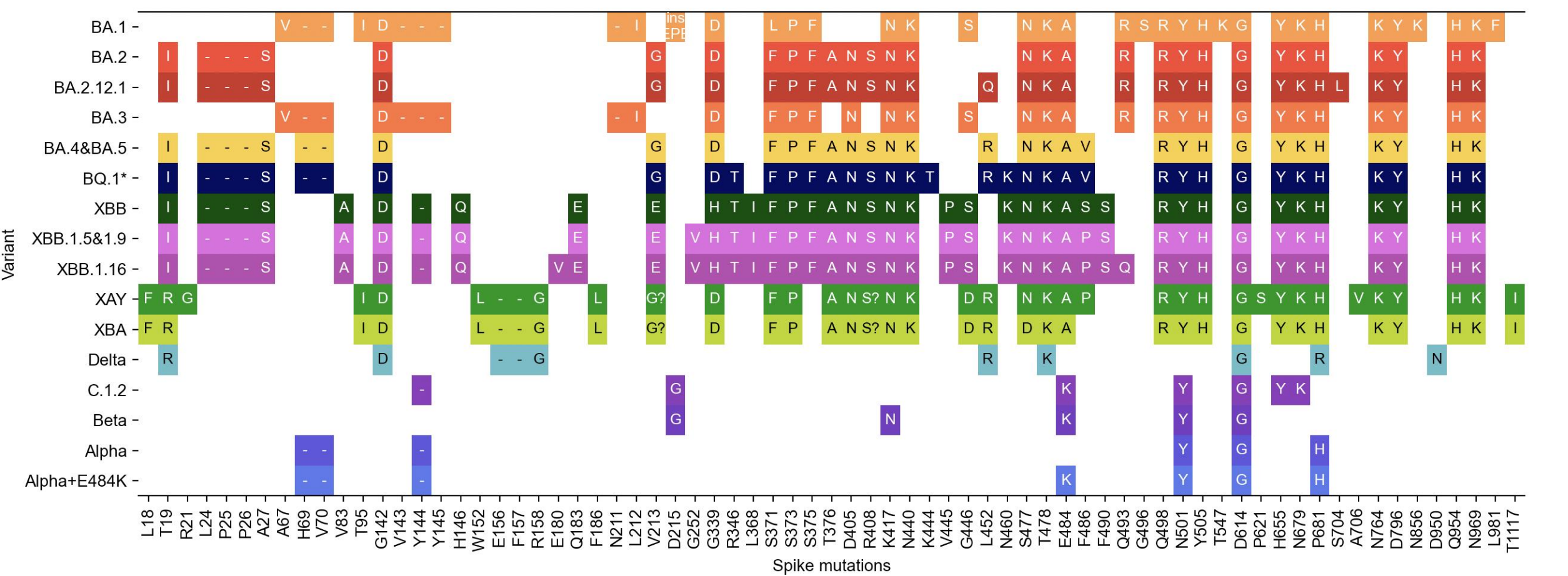
- **Sequencing update**

- All provinces have sequences for March 2023, except the Northern Cape. April sequence data are from seven provinces (excluding Limpopo and the Northern Cape), and May sequence data are from all provinces except for the Northern Cape and the Eastern Cape

- **Variant of Concern Omicron in South Africa**

- Omicron continued to dominate in March (99.9%), April (99.4%) and May (100%)
- XBB.1.5 was the dominant lineage in March (78%) and April (82%), and continued to be dominant in May (71%)
- XBB.1.16 has been detected at a low prevalence in March (<1%), April (2%) and May (7%)
- XBB.1.9.1 was detected in sequences from March (9%), April (7%) and May (15%)

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

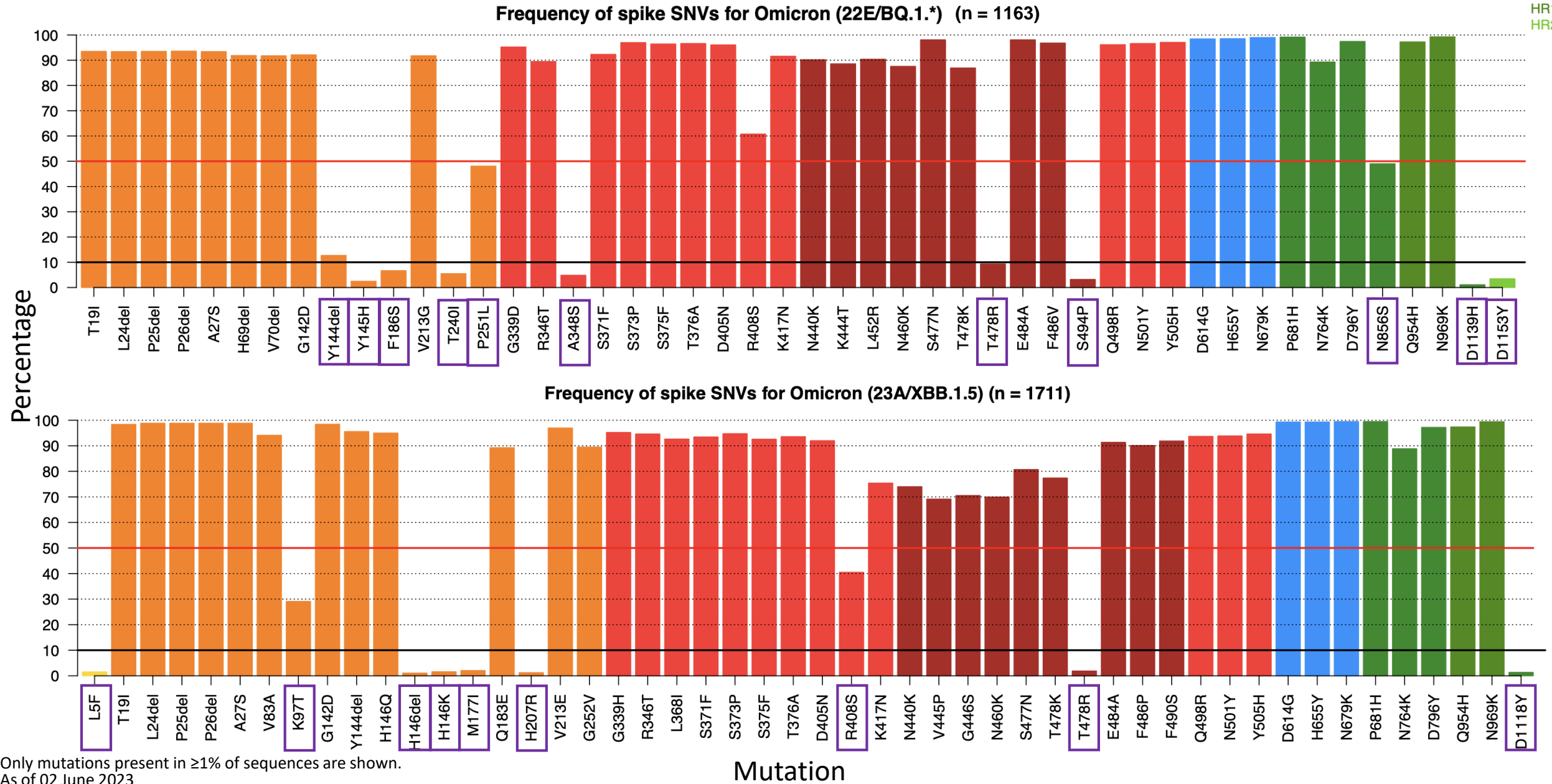


- Multiple changes within the two immunogenic regions in S1 (NTD and RBD)
  - Including a three amino acid insertion
- Accumulation of mutations surrounding the furin cleavage site
  - Including combination of N679K and P681H
- Effect of most spike S2 subunit changes have not been defined, but may be linked to immune escape

\*Only mutations present in Omicron, Delta, or recombinant sequences are pictured

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

SP  
NTD  
RBD  
RBM  
S1  
S2  
HR1  
HR2





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Supported by the DSI and the SA MRC



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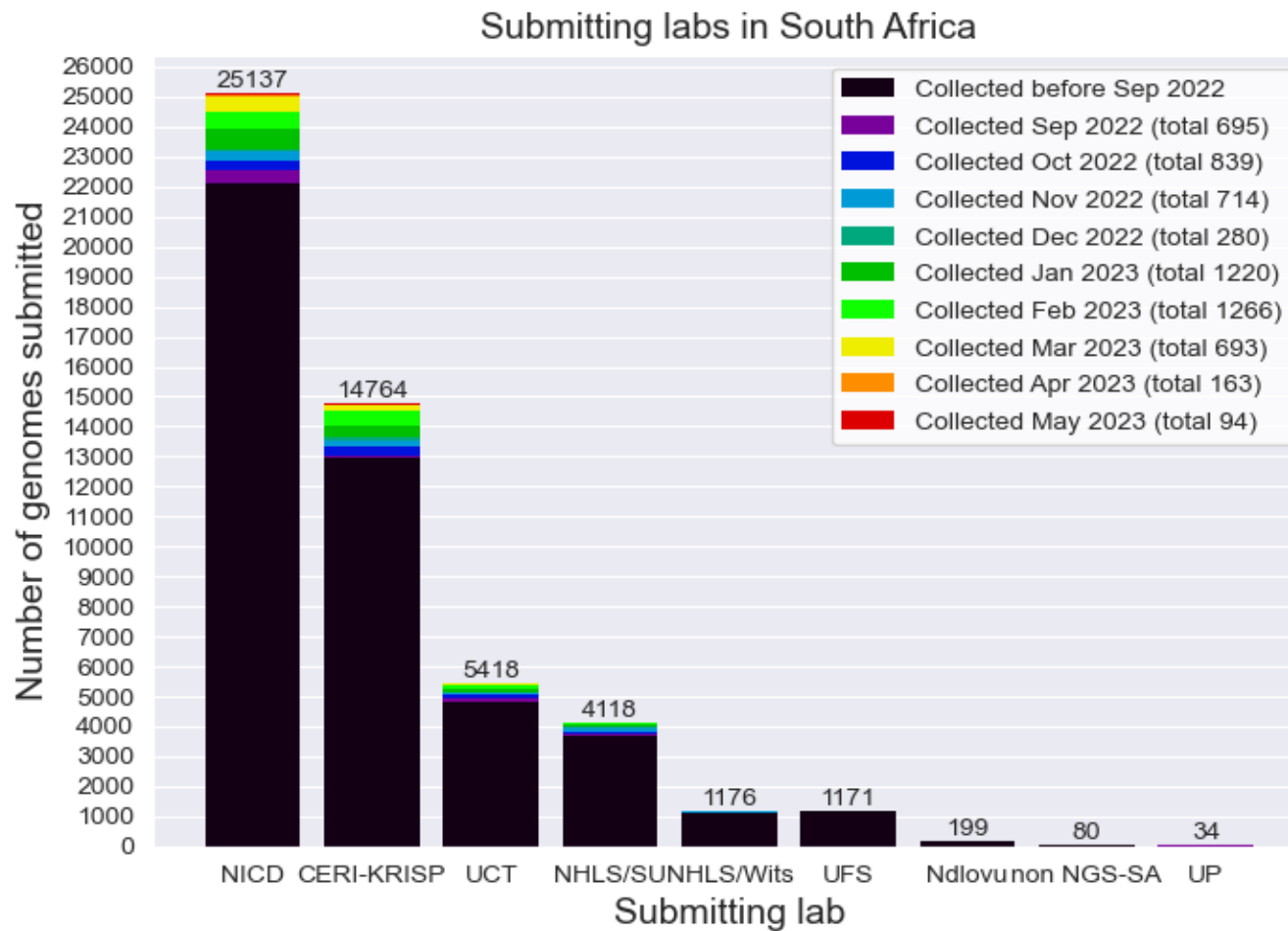
EDCTP

This project (RIA2020EF-3030) is part of the EDCTP2 programme supported by the European Union



NATIONAL HEALTH  
LABORATORY SERVICE

# South African genomes submitted per submitting lab, 2020 - 2023 (N=52 097)



## 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 Interest (VOI) as of 5 June 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 genetic profile as XBB.1.9.1)	05-01-2022	11-01-2023 <a href="#">XBB.1.5 Rapid Risk Assessment, 11 January 2023</a>  <a href="#">XBB.1.5 Updated Rapid Risk Assessment, 25 January 2023</a>  <a href="#">XBB.1.5 Updated Risk Assessment, 24 February 2023</a>
XBB.1.16	23B	Recombinant of BA.2.10.1 and BA.2.75 sublineages, i.e. BJ1 and BM.1.1.1  XBB.1 + S:E180V, S:K478R and S:F486P	09-01-2023	17-04-2023  <a href="#">XBB.1.16 Initial Risk Assessment 17 April 2023</a>  <a href="#">XBB.1.16 Updated Risk Assessment, 05 June 2023</a>

# Currently circulating variants under monitoring (VUMs)

Pango lineage <sup>#</sup> (+ 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
XBB*	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

\* Excludes XBB sublineages listed here as VOIs and VUMs

# 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 ( $\geq 14$  days after vaccine), especially if hospitalised and clinically severe
- Suspected re-infection ( $\geq 90$  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.)