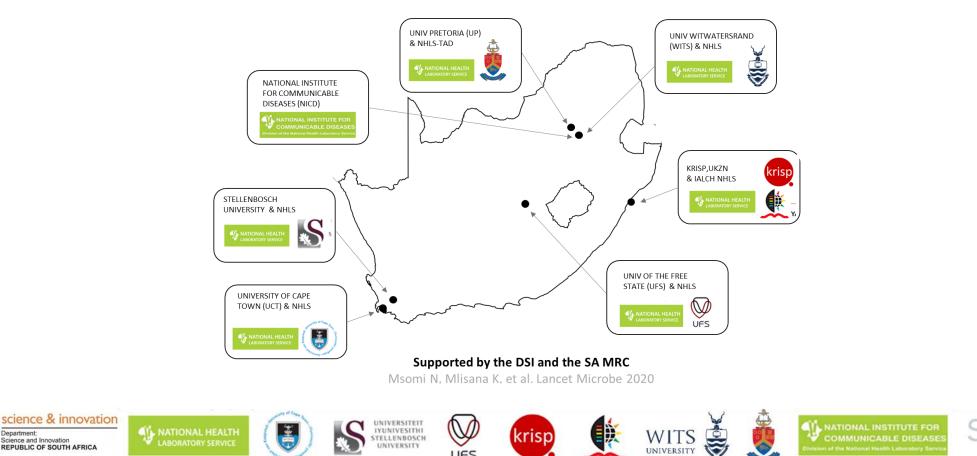


SARS-CoV-2 Sequencing Update 28 July 2023



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 July 2023 at 11h42.

No additional sequence data are available on GISAID since the previous report, and therefore data are unchanged from that reported on 14 July 2023.

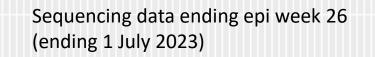


Data license: https://www.gisaid.org/registration/terms-of-use/

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

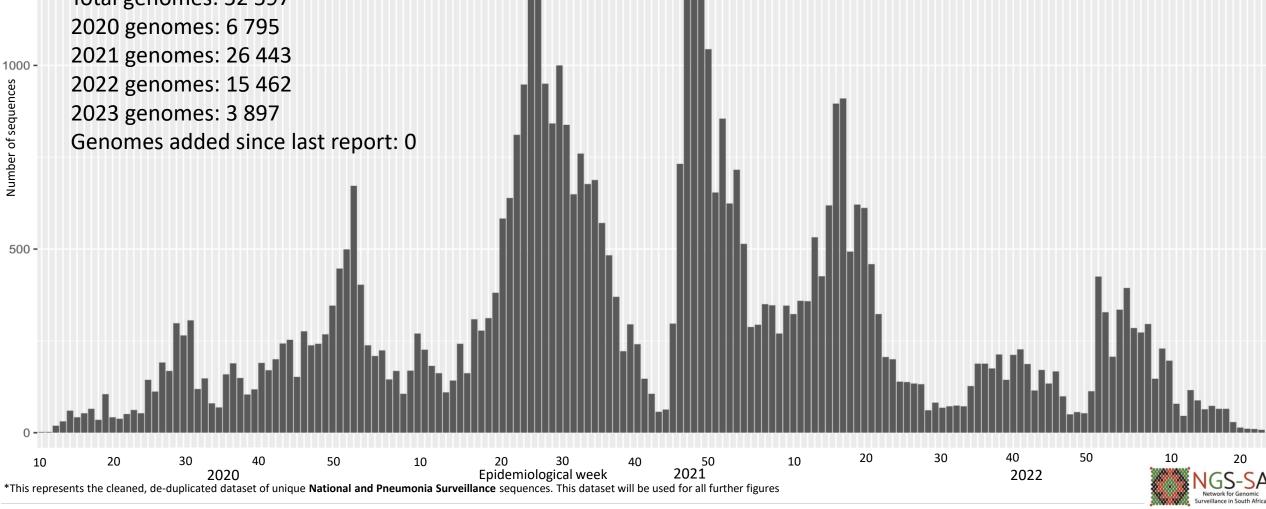
Number of South African genomes deposited on GISAID, by specimen collection week, 2020 – 2023 (N=52 597*)



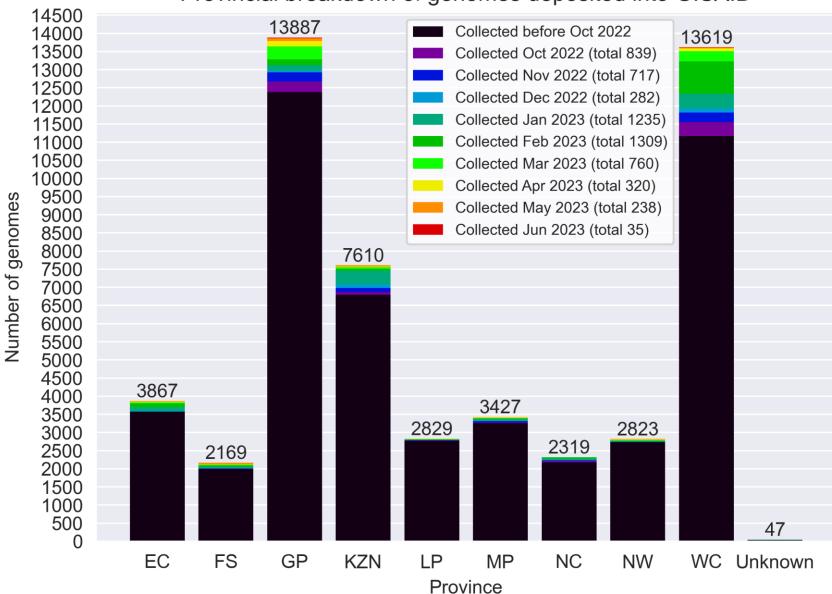
Currently in epi week 30 (ending 29 July 2023)

Total genomes: 52 597 2020 genomes: 6 795 2021 genomes: 26 443 2022 genomes: 15 462 2023 genomes: 3 897

1500 -



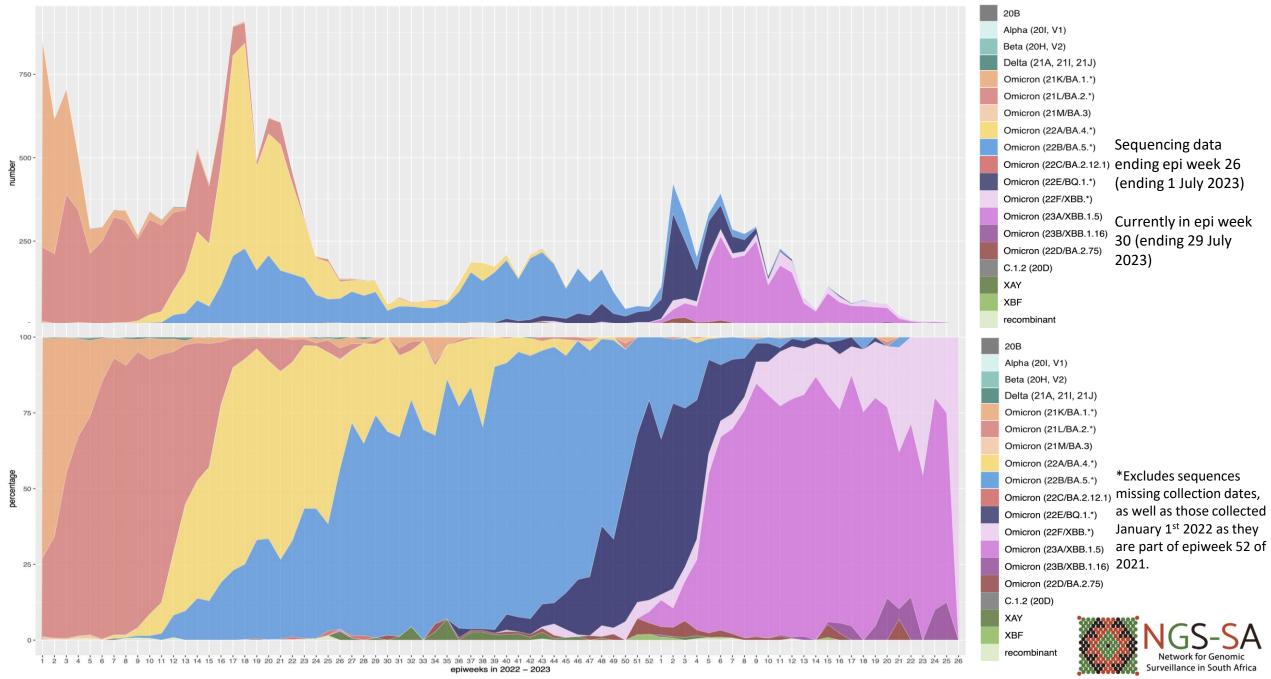
GISAID genomes vs total cases, 2020 – 2023 (N= 52 597)



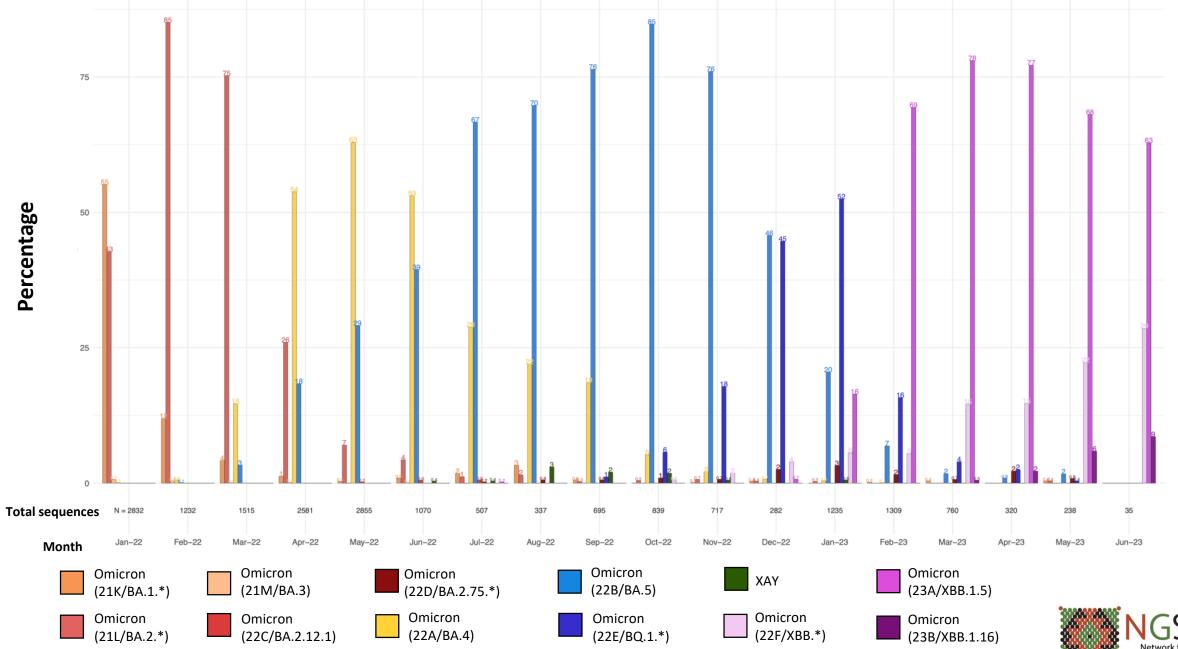
Provincial breakdown of genomes deposited into GISAID



Number and percentage of clades by epiweek in South Africa, 2022-2023 (19 316*)



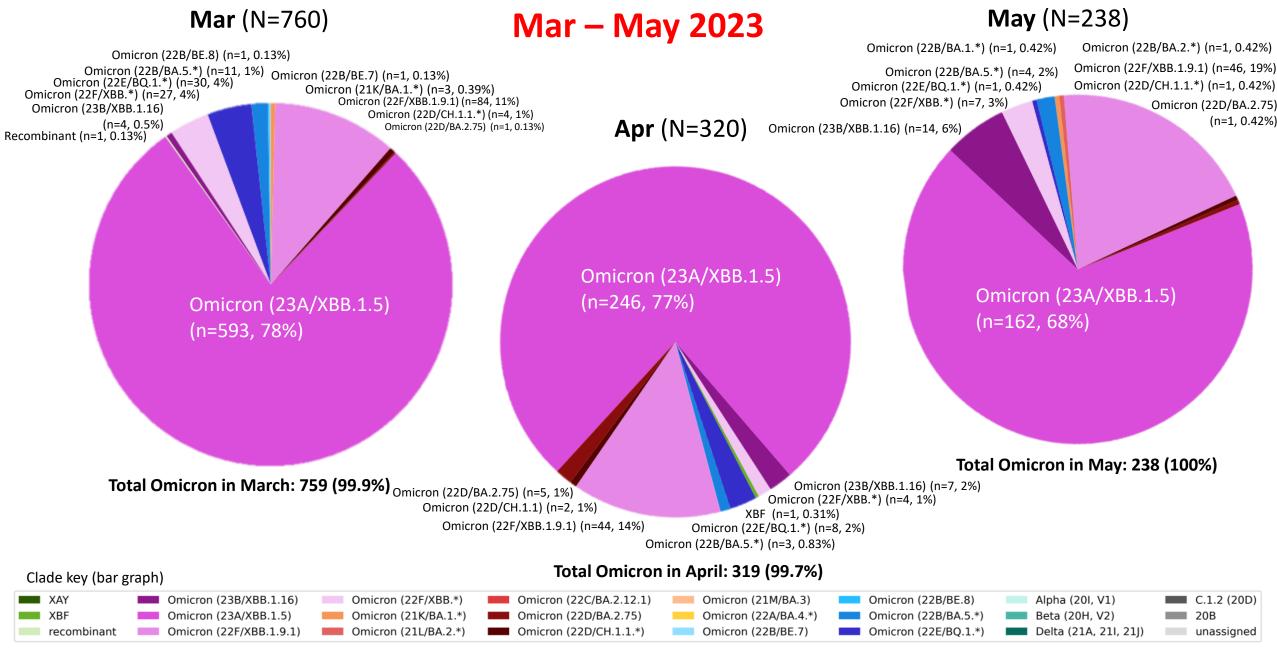
Detection Rates: Omicron and recombinants



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

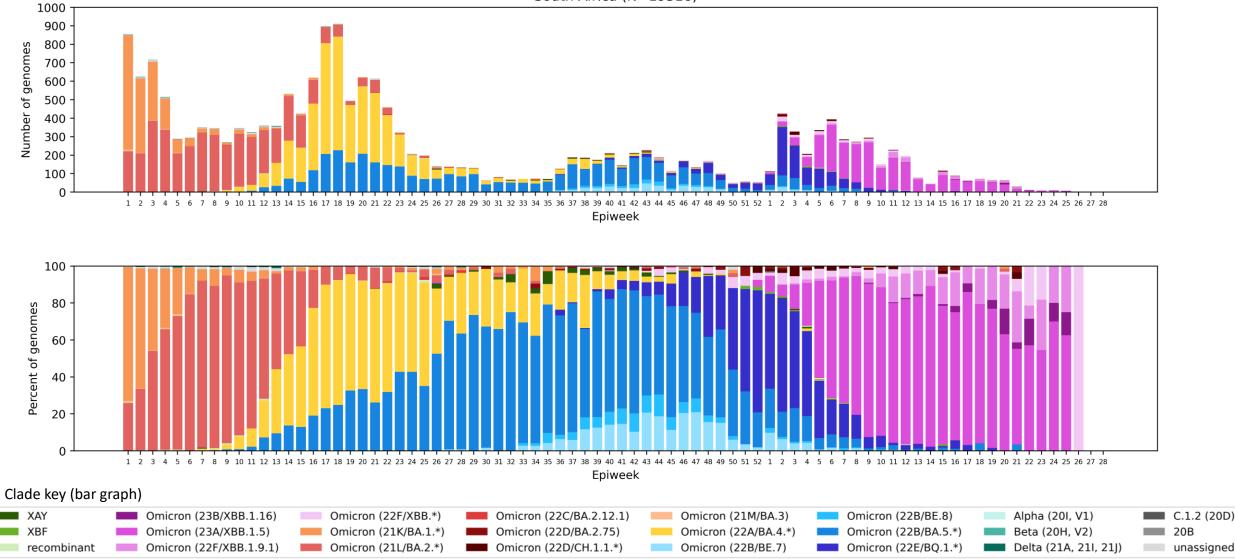
Prevalence of Variants of Concern (VOC) and Variants of Interest (VOI) in



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

South Africa, 2022-2023, n = 19 316*

South Africa (N=19316)

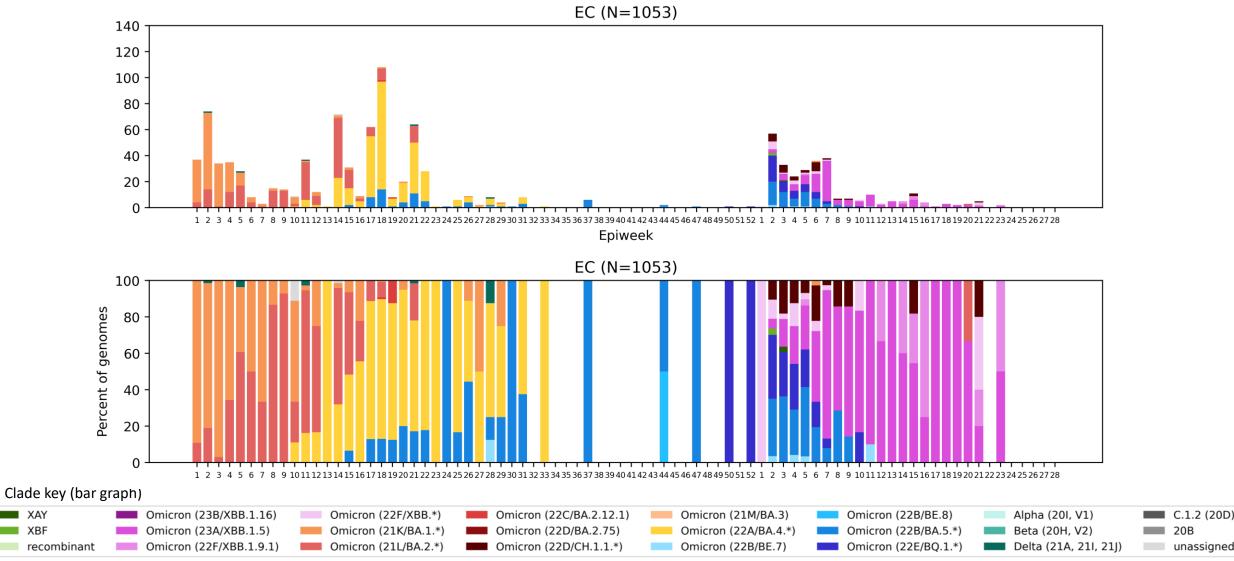


*Excludes sequences missing collection dates. Lineages of particular interest (mainly WHO Omicron subvariants under monitoring) are separate from the main clade groupings. #Recombinants include all recombinant lineages (viruses consisting of segments of two different lineages) detected in South Africa at low levels. Currently it consists of XT, XAS, XAZ, XBA, XBF.

NGS-SA Network for Genomic Surveillance in South Africa

Eastern Cape Province, 2022-2023, n = 1053

Genomes added since last report: 0*

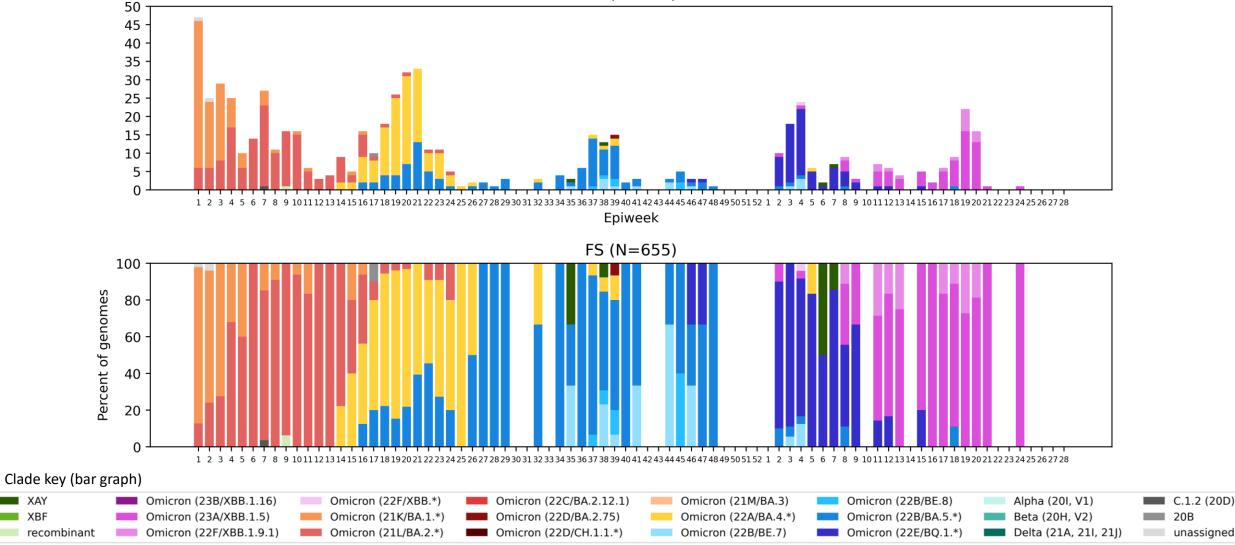




Free State Province, 2022-2023, n = 655

Genomes added since last report: 0*

FS (N=655)

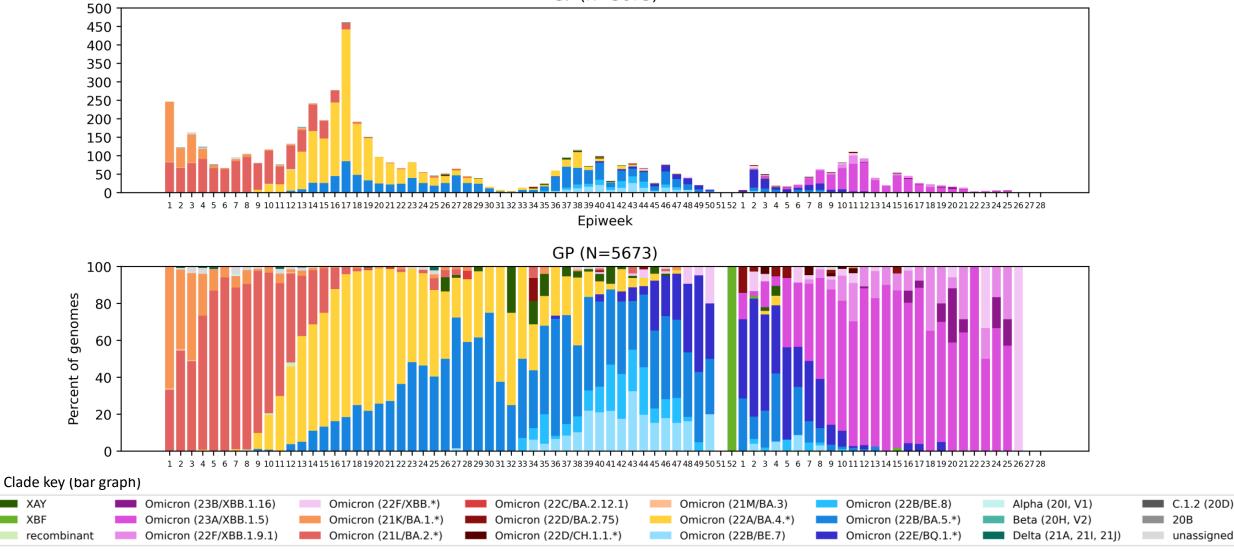


NGS-SA Network for Genomic Surveillance in South Africa

Gauteng Province, 2022-2023, n = 5673

Genomes added since last report: 0*

GP (N=5673)



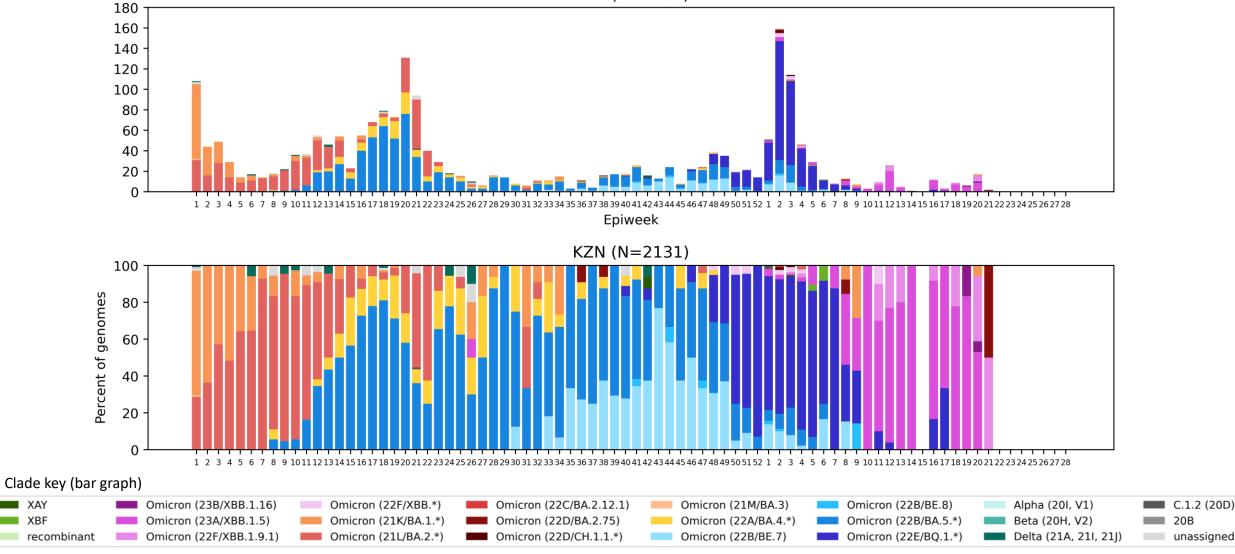
Network for G

Surveillance in South Africa

KwaZulu-Natal Province, 2022-2023, n = 2131

Genomes added since last report: 0*

KZN (N=2131)

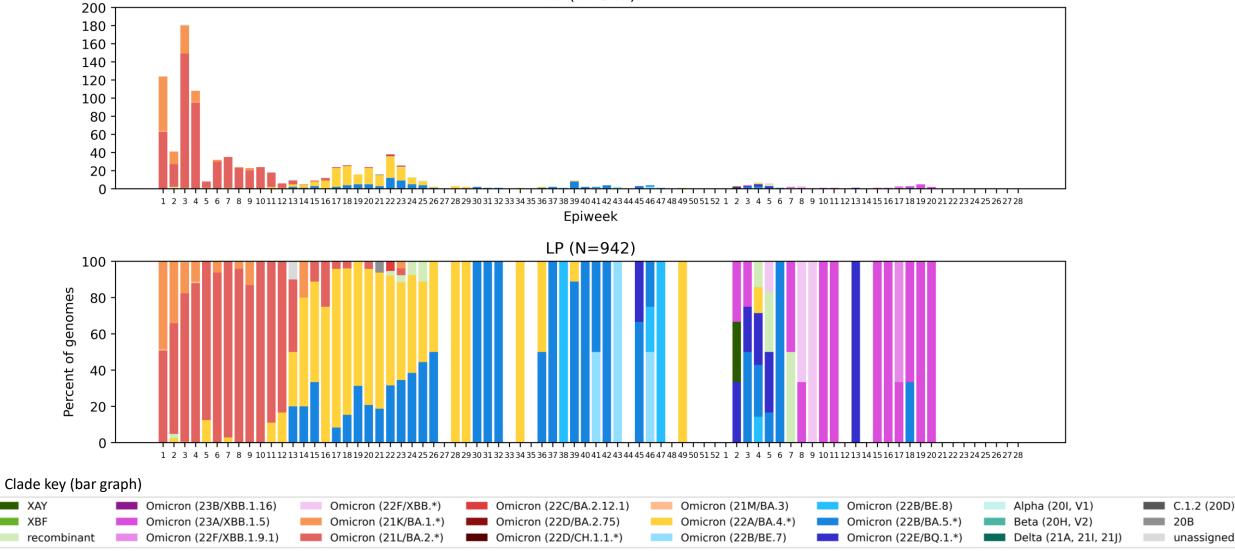


Surveillance in South Africa

Limpopo Province, 2022-2023, n = 942

Genomes added since last report: 0*

LP (N=942)

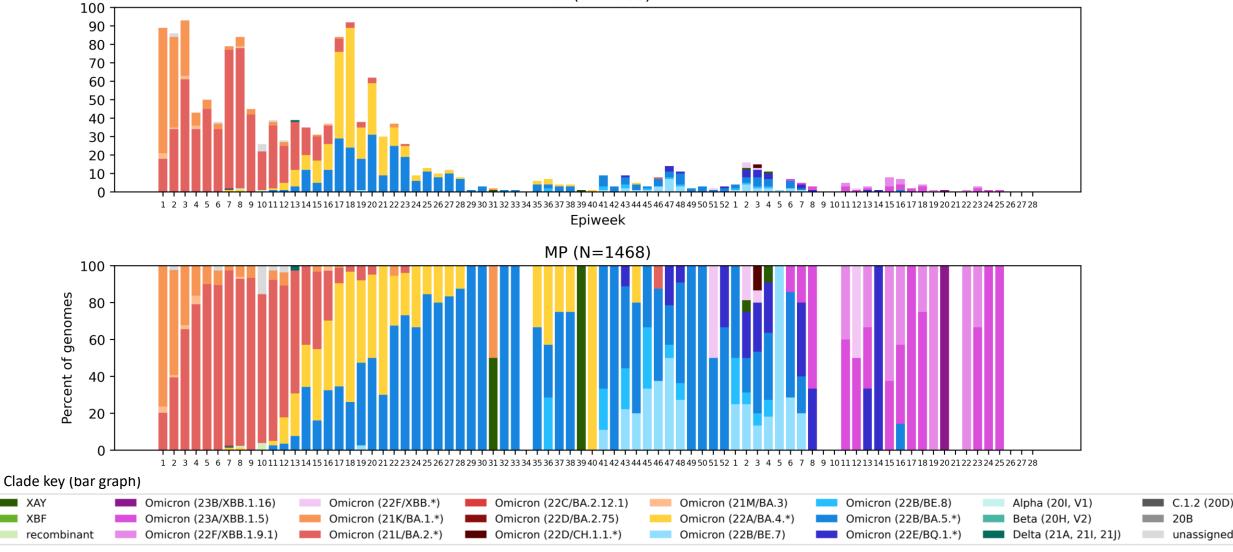


NGS-SA Network for Genomic Surveillance in South Africa

Mpumalanga Province, 2022-2023, n = 1468

Genomes added since last report: 0*

MP (N=1468)

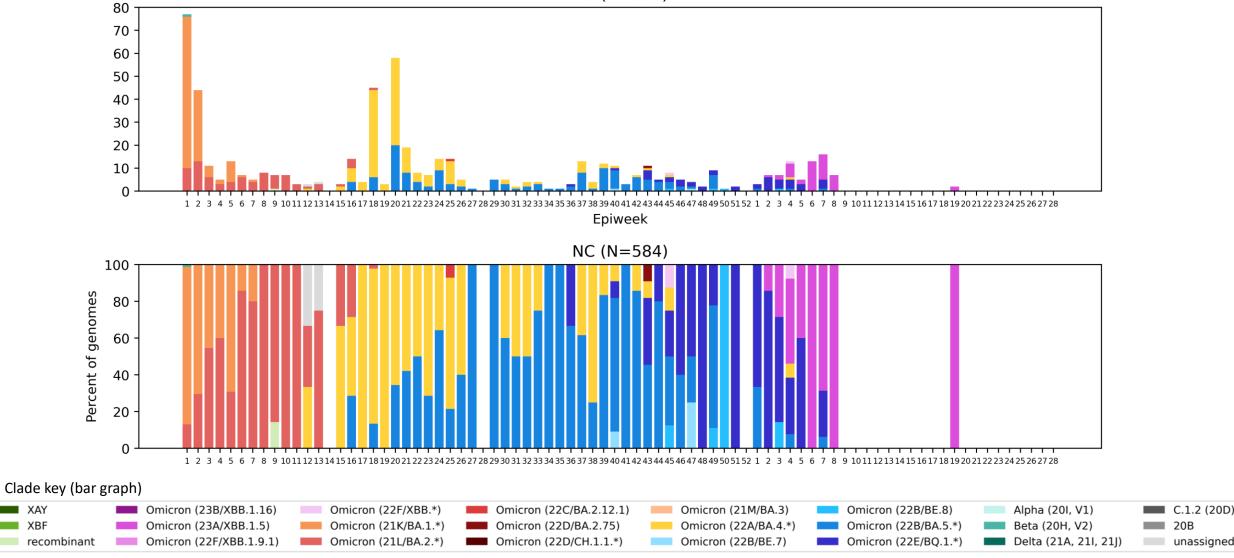


NGS-SA Network for Genomic Surveillance in South Africa

Northern Cape Province, 2022-2023, n = 584

Genomes added since last report: 0*

NC (N=584)



Surveillance in South Africa

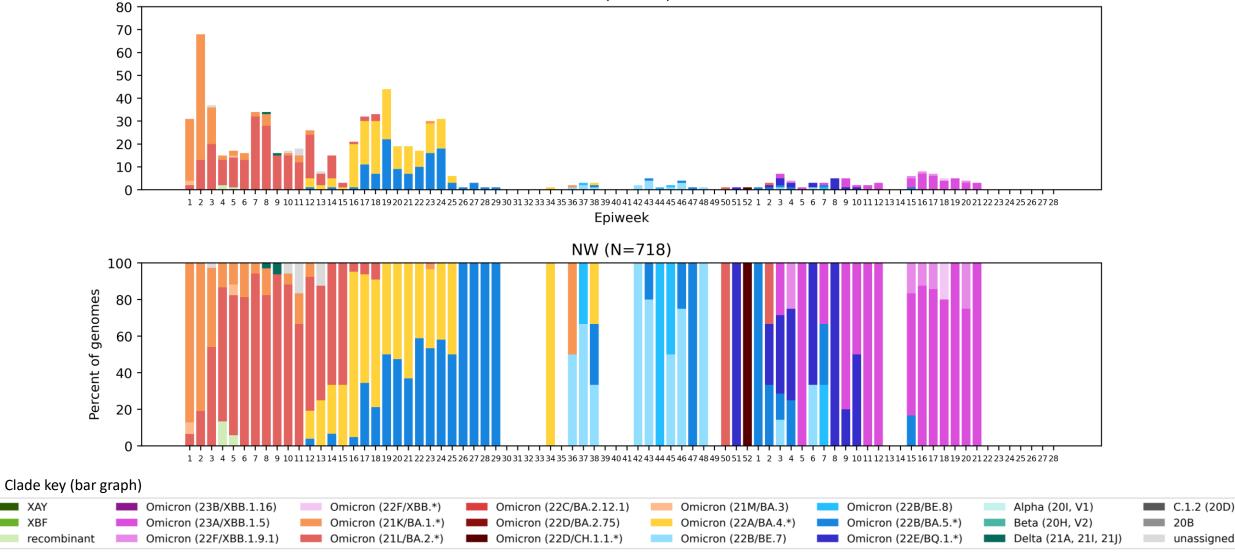
*May include genomes from 2020 and 2021 which are not pictured here and are not included in the slide total.

XAY XBF

North West Province, 2022-2023, n = 718

Genomes added since last report: 0*

NW (N=718)



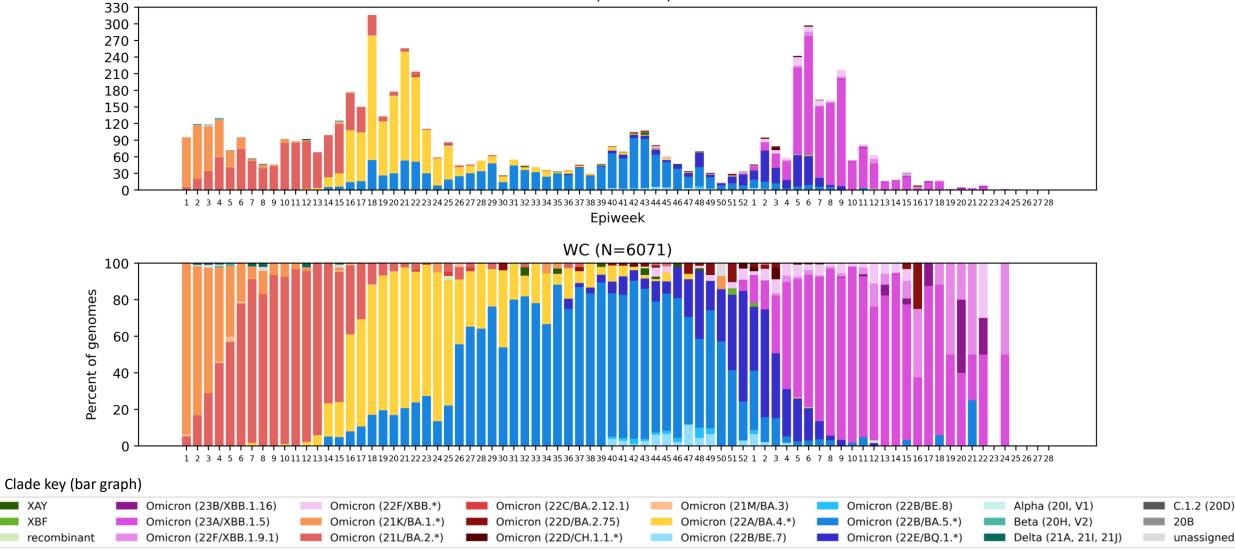


*May include genomes from 2020 and 2021 which are not pictured here and are not included in the slide total.

XAY XBF

Western Cape Province, 2022-2023, n = 6071

Genomes added since last report: 0* WC (N=6071)



Surveillance in South Africa

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

XAY XBF

Summary

• Sequencing update

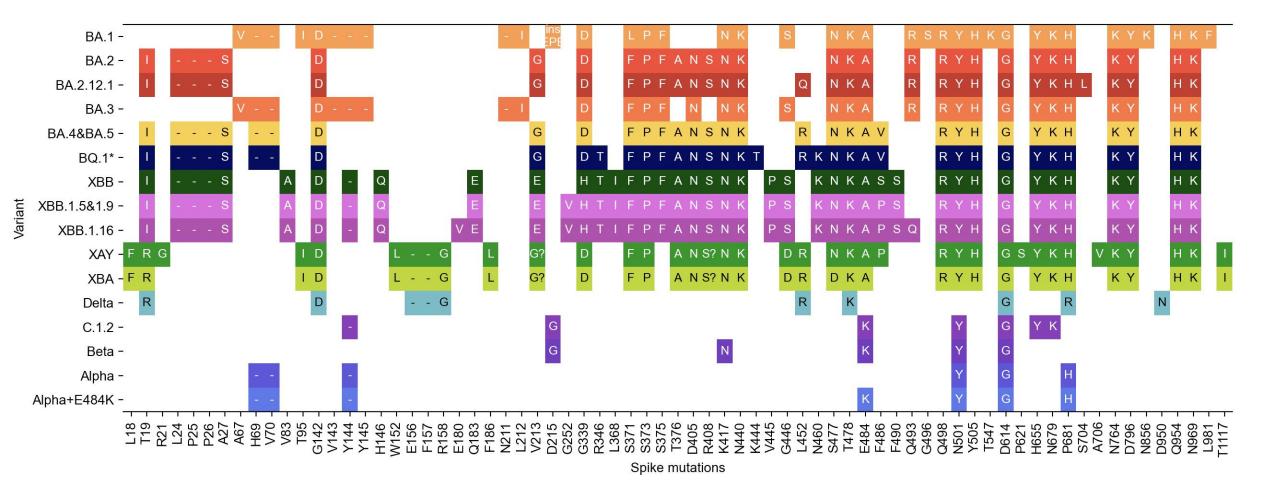
• All provinces, except the Northern Cape, have sequences for March and April. All provinces have data for May 2023. June sequences (n=35) are from the Eastern Cape, Free State, Gauteng, Mpumalanga, and the Western Cape.

• Variant of Concern Omicron in South Africa

- Omicron continued to dominate in March (99.9%), April (99.7%) and May (100%), and appears to dominate in June (100%), although this is based on low numbers (n=35)
- XBB.1.5 was the dominant lineage in March (78%), April (77%) and May (68%) and continued to be dominant in June (63%)
- XBB.1.16 has been detected at a low prevalence in March (<1%), April (2%), May (6%) and June (9%)
- XBB.1.9.1 was detected in sequences from March (11%), April (14%), May (19%) and June (20%)



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*

100 90 80 70 60 50 40 30 20 10 0 Percentage T478R A348S S494P N856S D1153Y Y144del P681H P26del A27S H69del V70del F186S T240I P251L R346T S371F S373P S375F T376A D405N R408S K417N N440K K444T L452R N460K S477N T478K E484A F486V Q498R N501Y Y505H D614G N679K N764K Q954H N969K T19I -24del P25del G142D Y145H V213G G339D Н655Ү D796Y Frequency of spike SNVs for Omicron (23A/XBB.1.5) (n = 2132) 100 90 80 70 60 50 40 30 20 10 0 R403K R408S T478R E554G D1118Y H146K S477N F140I Y144del H146Q L368I G446S F490S Q498R Q954H L5F T19I -24del P25del P26del **A27S** G142D 177 LW V213E G339H S371F S373P S375F D405N K417N N440K V445P N460K T478K E484A L582F D614G N679K P681H N764K D796Y N969K V83A K97T Q183E G252V R346T T376A F486P N501Y Y505H Н655Ү *Only mutations present in $\geq 1\%$ of sequences are shown. **Mutation**

Frequency of spike SNVs for Omicron (22E/BQ.1.*) (n=1204)

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**

This project has

Horizon Europe

Research and

under grant No.

101046041

UKZN-Inkosi Albert Luthuli Central Hospital

UNIVERSITY OF INYUVES YAKWAZULU-NATALI

Dr Khanvi Msomi Dr Neli Ngcaba Dr Kerusha Govender Dr Tshepiso Mosito Dr Pravi Moodley Mr Malcolm Ellapen Dr Aabida Khan Mr Kubendran Reddy Dr Lili Gounder The COVID-19 Bench team Dr Kerri Francois Dr Cherise Naicker Dr Joedene Chetty

University of KwaZulu-Natal & Africa **Health Research Institute**



Tulio de Oliveira Richard Lessels Houriivah Tegally Eduan Wilkinson Jennifer Giandhari Sureshnee Pillav **Emmanuel James San**

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Nicola Mulder Samrc Wendy Burgers Ntobeko Ntusi CAPE TOWN HVTN Rageema Joseph Sean Wasserman

> cience & innovation epartment: dense and knowation EPUBLIC OF SOUTH AFRICA

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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

Cathrine Scheepers Thandeka Movo

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UFS

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Penny Moore







NICD Groups

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















Lynn Morris

Arshad Ismail





Key to Diagnostic Excellence

ΑΜΡΑΤΗ

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1

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NATIONAL HEALTH LABORATORY SERVICE

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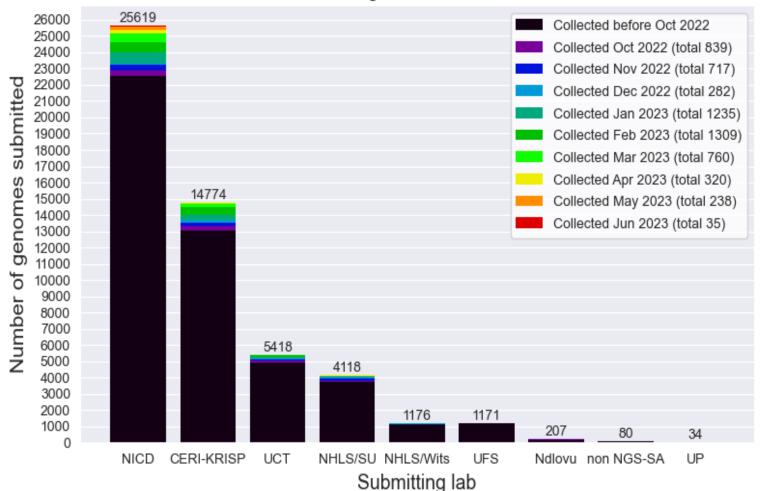
ЕDСТР

3030) is part of the

European Union"

EDCTP2 programme supported by the

South African genomes submitted per submitting lab, 2020 - 2023 (N=52 597)



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 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.	05-01-2022	11-01-2023 <u>XBB.1.5 Rapid Risk</u> <u>Assessment, 11 January 2023</u> <u>XBB.1.5 Updated Rapid Risk</u> <u>Assessment, 25 January 2023</u>
		XBB.1 + S:F486P (similar Spike 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 XBB.1 + S:E180V, S:K478R and S:F486P	09-01-2023	17-04-2023 <u>XBB.1.16 Initial Risk</u> <u>Assessment 17 April 2023</u> <u>XBB.1.16 Updated Risk</u> Assessment, 05 June 2023

https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/ accessed 15 June 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
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 <u>https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/</u> accessed 15 June 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.)