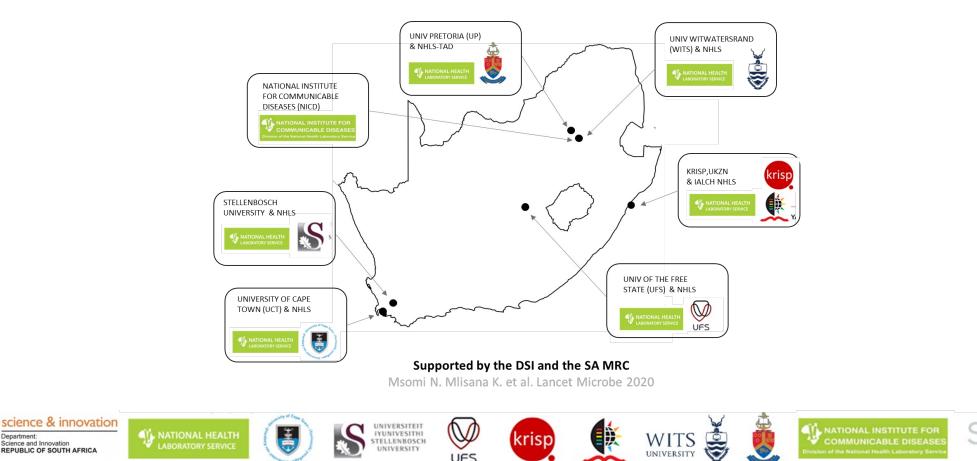


SARS-CoV-2 Sequencing Update **11 August 2023**



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

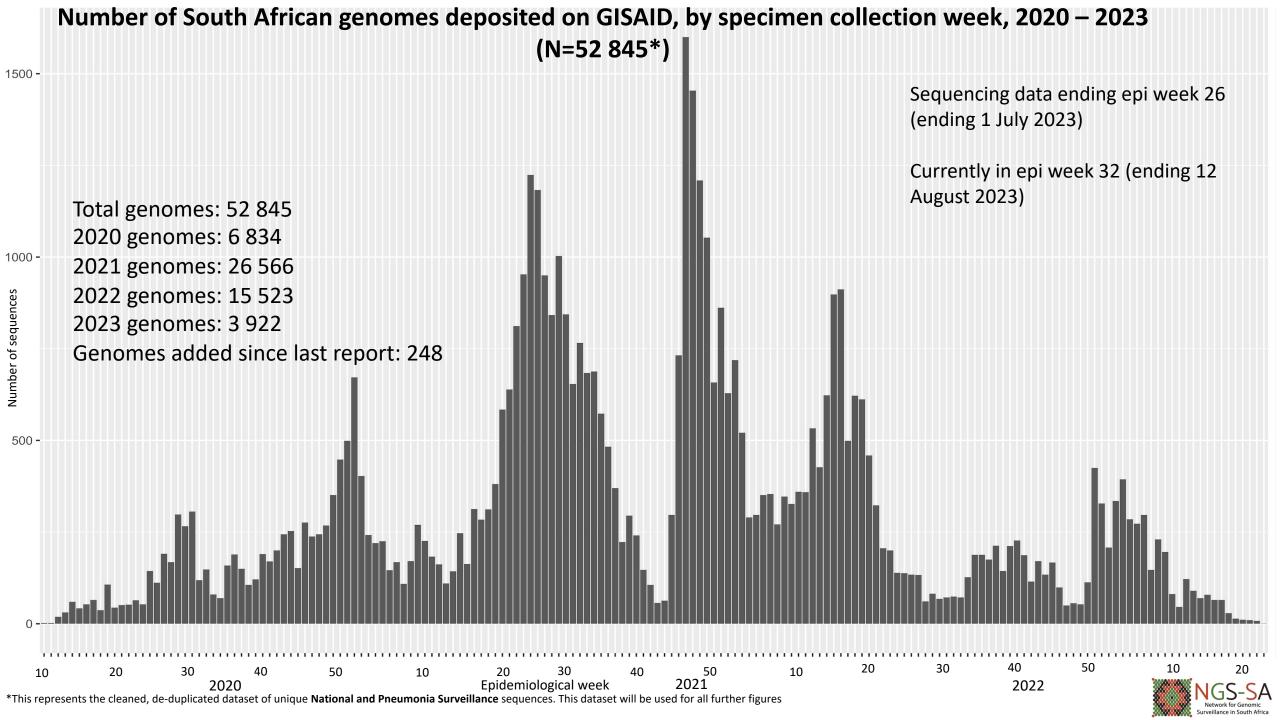
The genomic data presented here are based on South African SARS-CoV-2 sequence data downloaded from GISAID (www.gisaid.org) on 11 August 2023 at 08h00



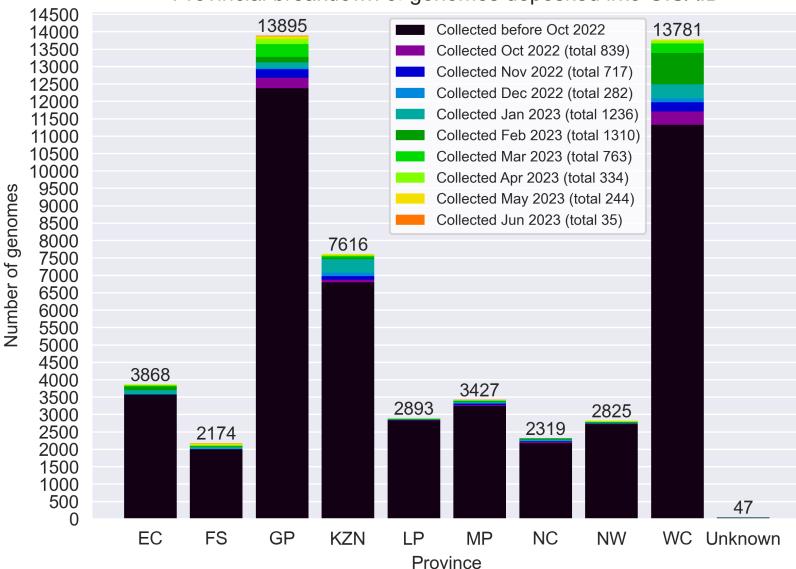
Data license: https://www.gisaid.org/registration/terms-of-use/

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



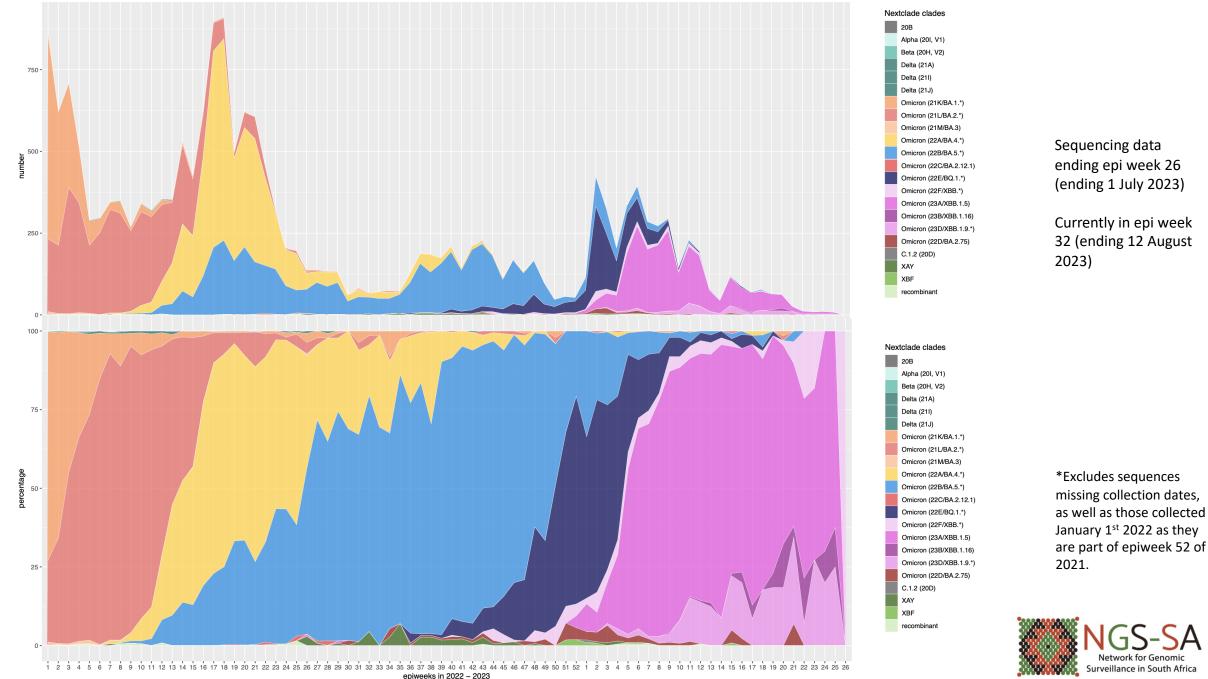
GISAID genomes vs total cases, 2020 – 2023 (N= 52 845)

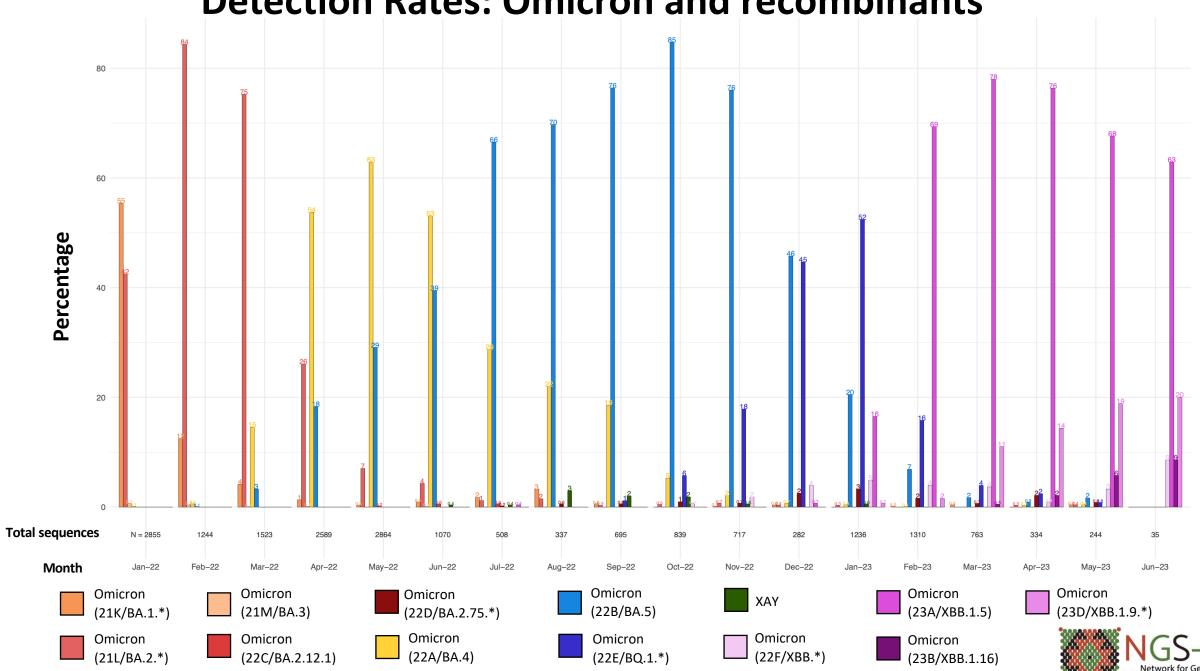


Provincial breakdown of genomes deposited into GISAID



Number and percentage of clades by epiweek in South Africa, 2022-2023 (19 402*)



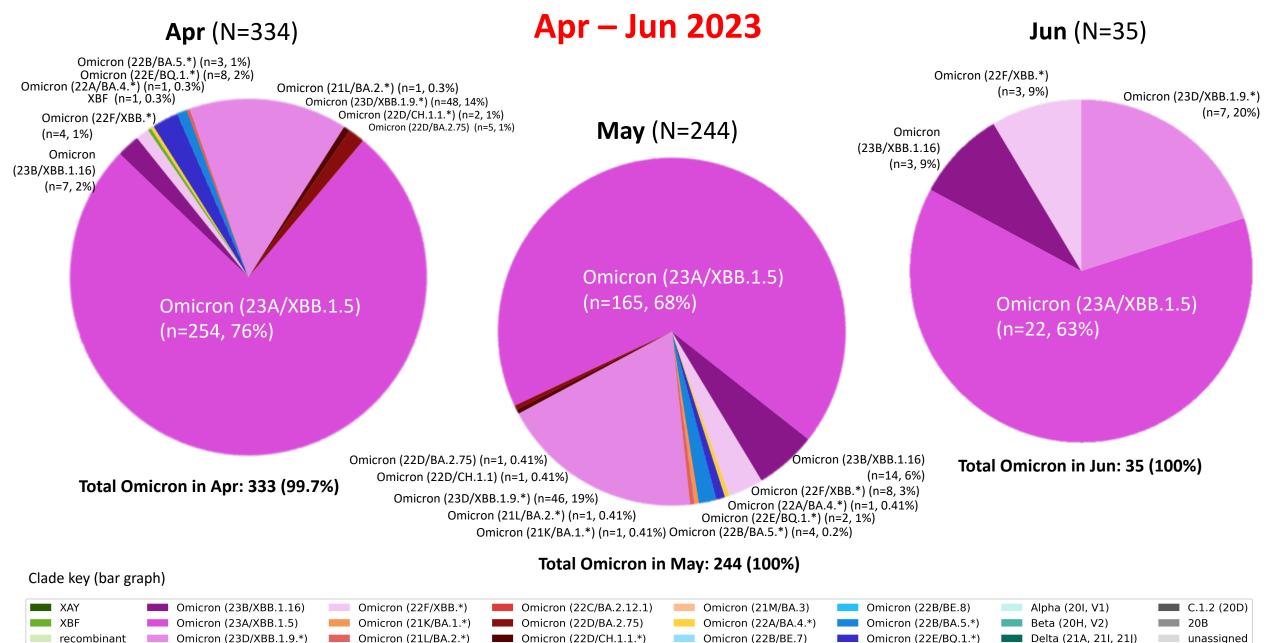


Surveillance in South Africa

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

Detection Rates: Omicron and recombinants

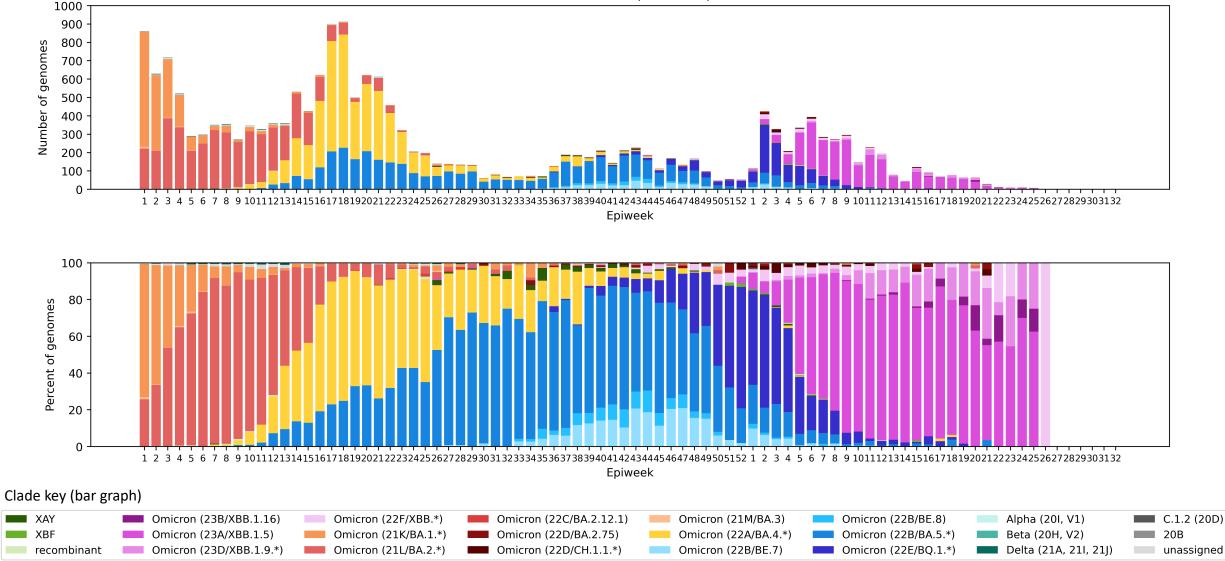
Prevalence of Variants of Concern (VOC) and Variants of Interest (VOI) in



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

South Africa, 2022-2023, n = 19 402*

South Africa (N=19402)

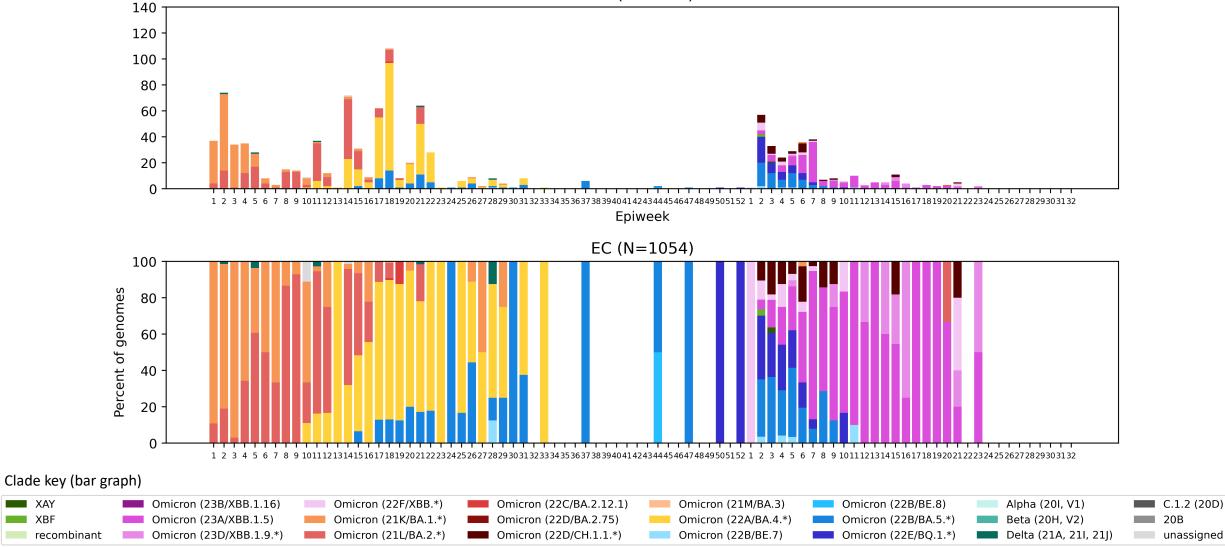


*Excludes sequences missing collection dates. Lineages of particular interest (mainly WHO Omicron subvariants under monitoring) are separate from the main clade groupings. #Recombinants include all recombinant lineages (viruses consisting of segments of two different lineages) detected in South Africa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

Eastern Cape Province, 2022-2023, n = 1054

Genomes added since last report: 1*

EC (N=1054)



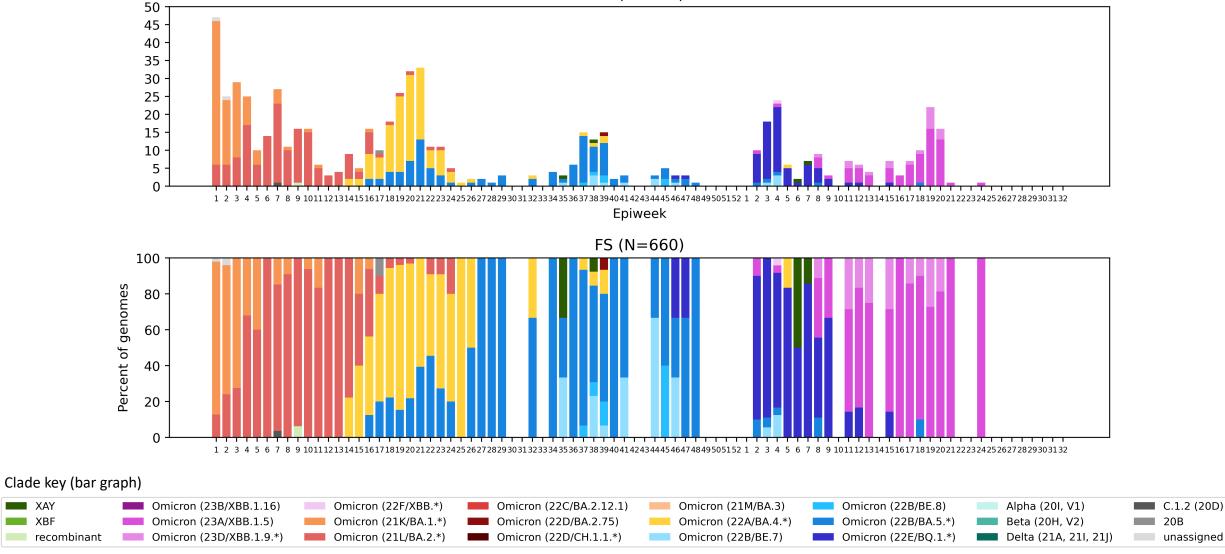
Network for Genomic Surveillance in South Africa

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

XAY

Free State Province, 2022-2023, n = 660

Genomes added since last report: 5* FS (N=660)



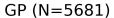
Network for Genomi Surveillance in South Africa

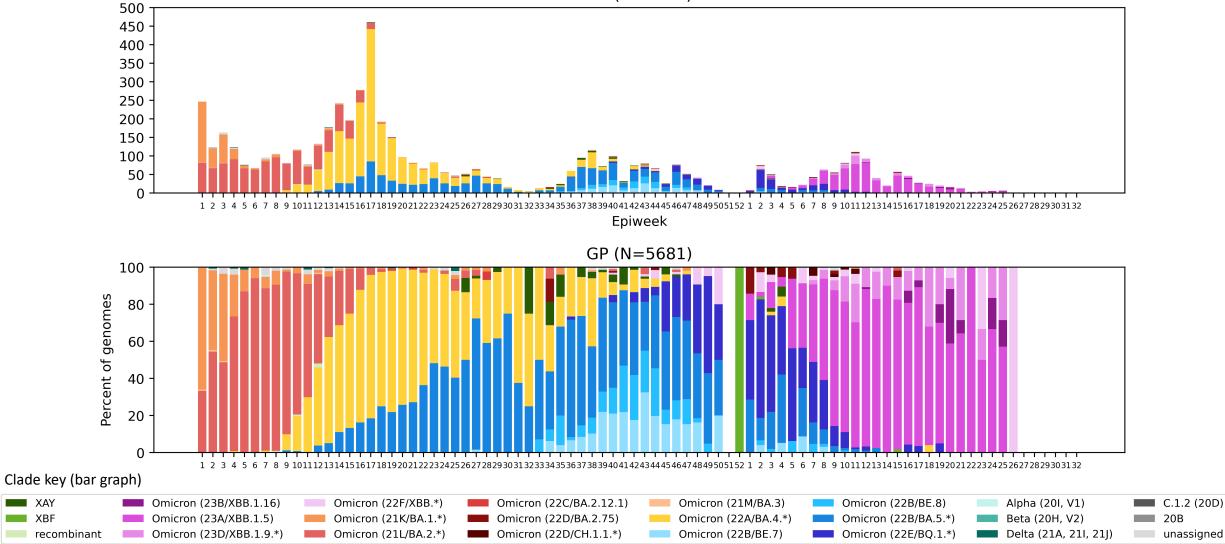
*May include genomes from 2020 and 2021 which are not pictured here and are not included in the slide total.

XAY

Gauteng Province, 2022-2023, n = 5681

Genomes added since last report: 8*





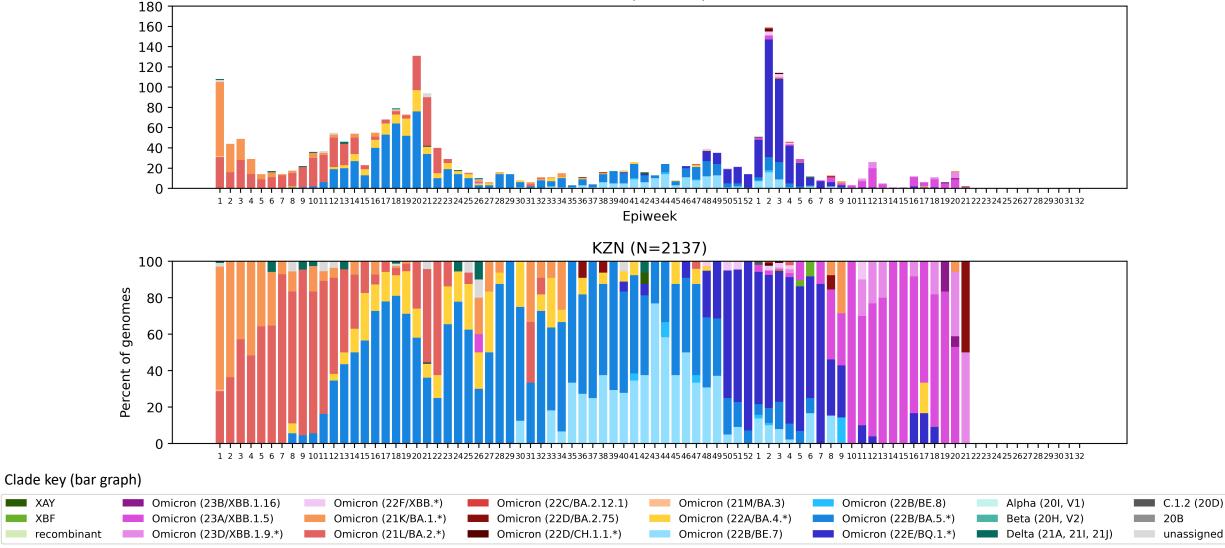


*May include genomes from 2020 and 2021 which are not pictured here and are not included in the slide total.

KwaZulu-Natal Province, 2022-2023, n = 2137

Genomes added since last report: 6*

KZN (N=2137)



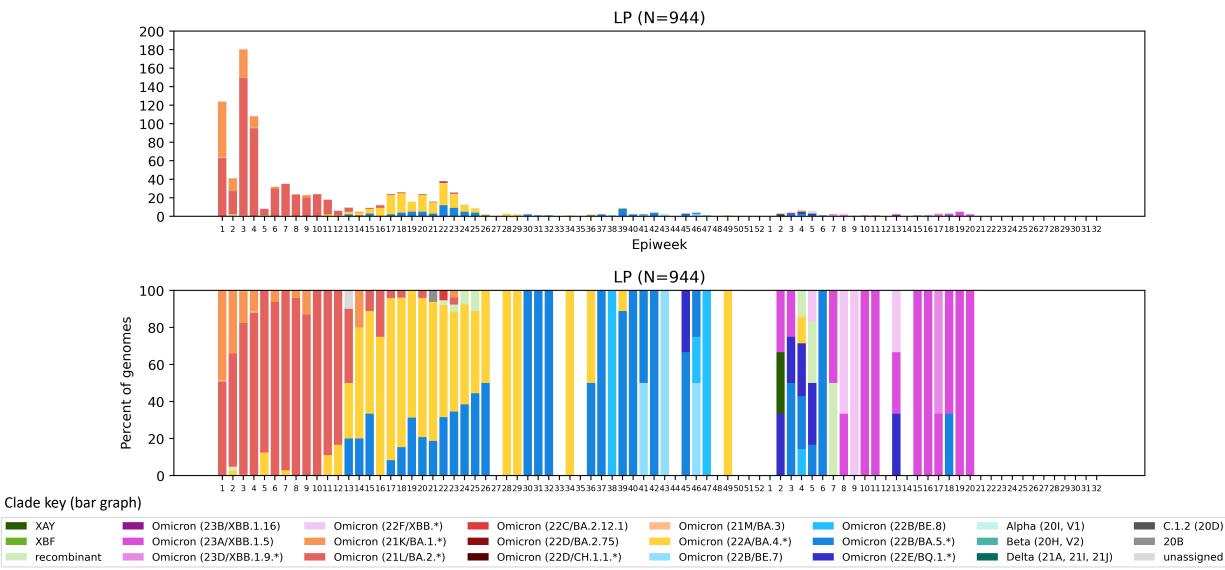
Network for Genomic Surveillance in South Africa

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

XAY

Limpopo Province, 2022-2023, n = 944

Genomes added since last report: 64*



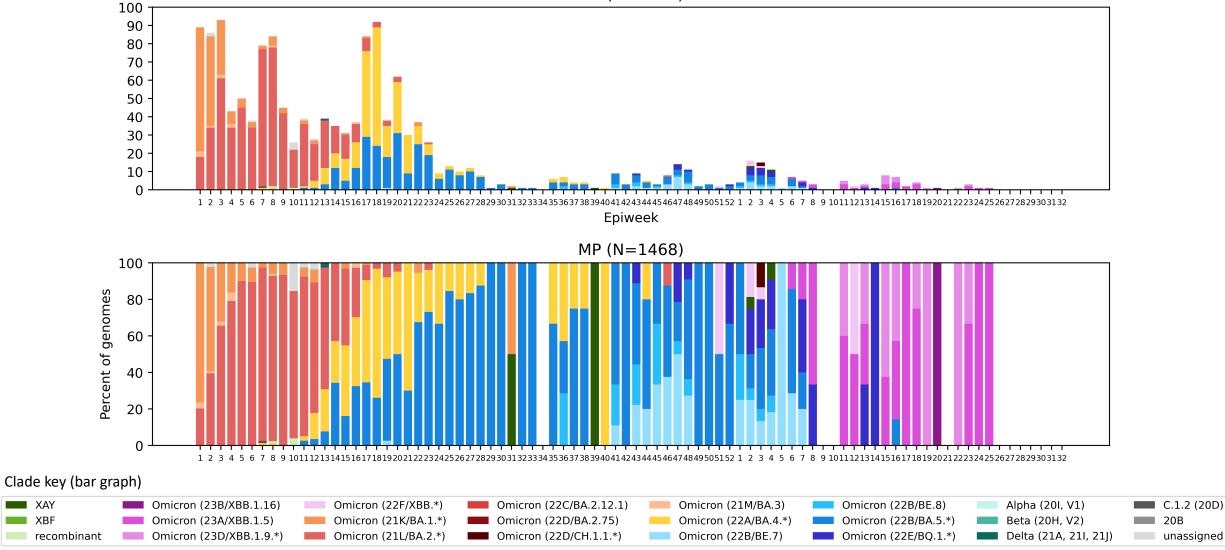


*May include genomes from 2020 and 2021 which are not pictured here and are not included in the slide total.

Mpumalanga Province, 2022-2023, n = 1468

Genomes added since last report: 0*

MP (N=1468)





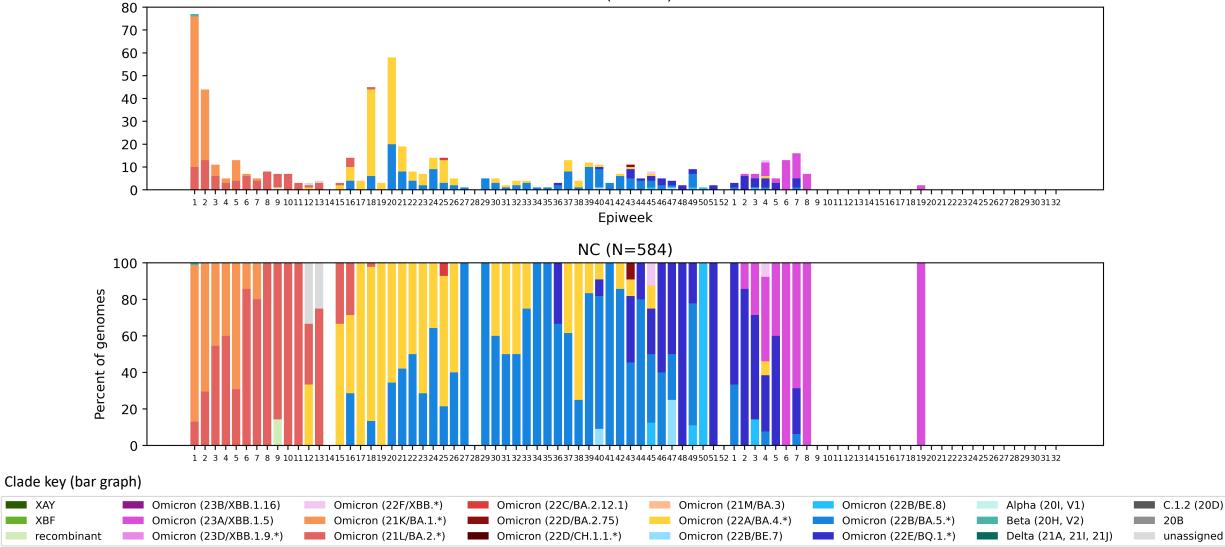
*May include genomes from 2020 and 2021 which are not pictured here and are not included in the slide total.

XAY

Northern Cape Province, 2022-2023, n = 584

Genomes added since last report: 0*

NC (N=584)



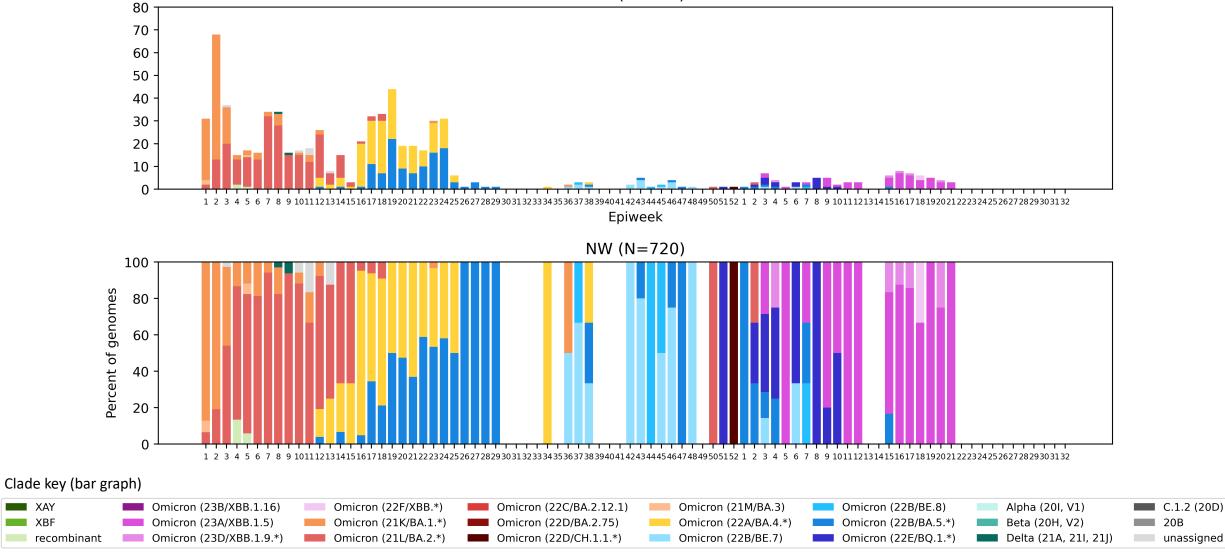
NGS-SA Network for Genomic Surveillance in South Africa

*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 = 720

Genomes added since last report: 2*

NW (N=720)



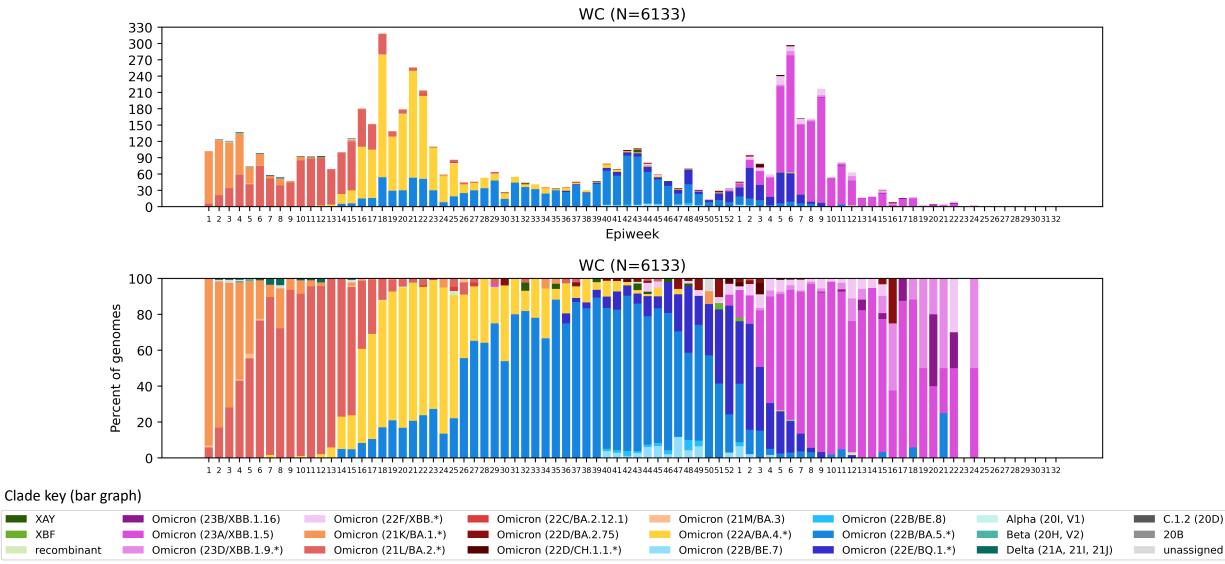


*May include genomes from 2020 and 2021 which are not pictured here and are not included in the slide total.

XAY

Western Cape Province, 2022-2023, n = 6133

Genomes added since last report: 162*



Network for Genomic 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

Summary

• Sequencing update

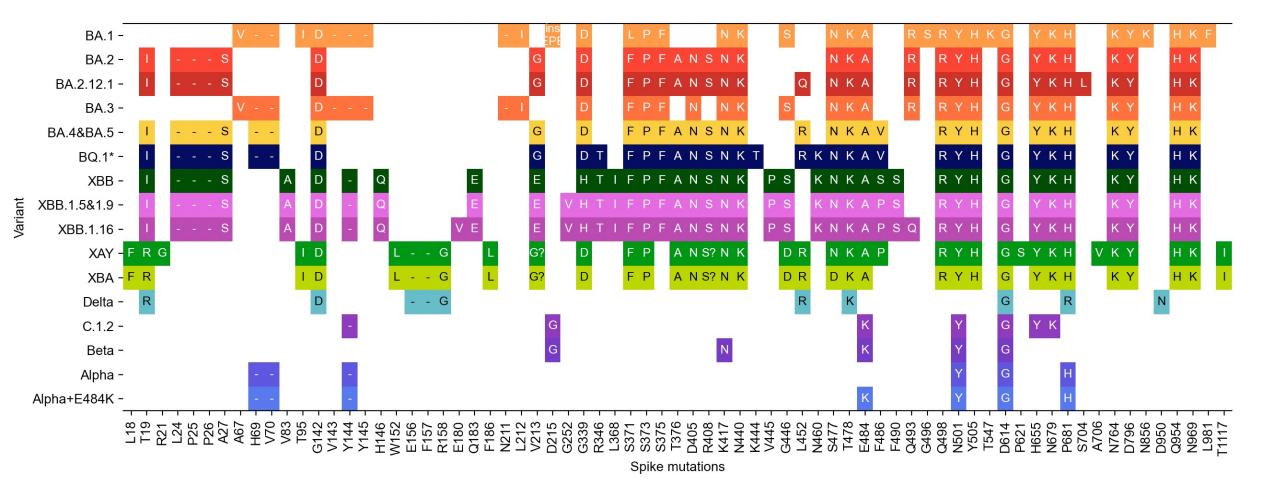
• All provinces, except the Northern Cape, have sequences for March and April. All provinces have data for May 2023. June sequences (n=35) are from the Eastern Cape, Free State, Gauteng, Mpumalanga, and the Western Cape.

• 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 (76%) 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.* (Newly designated clade 23D) was detected in sequences from March (11%), April (14%), May (19%) and June (20%)
- EG.5 lineage (XBB.1.9.2.5) has been added to the currently circulating variants of interest (VOIs) list. One sequence of the EG.5.2.3 lineage has been detected in Gauteng in June.



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 D1153Y S494P N856S Y144del F186S T240I N460K S477N P26del A27S H69del V70del Y145H P251L R346T S371F S373P S375F T376A D405N R408S K417N N440K K444T L452R T478K E484A F486V Q498R Y505H D614G N679K P681H N764K Q954H N969K T19I -24del ²25del G142D V213G G339D N501Y 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 Q954H D1118Y H146K S477N F140I Y144del 1771M L368I S373P S375F K417N G446S N460K E484A F490S Q498R P681H N764K L5F T19I L24del P25del P26del A27S K97T G142D H146Q V213E G339H S371F D405N N440K V445P T478K F486P Y505H L582F D614G Н655Ү N679K D796Y V83A Q183E G252V R346T T376A N501Y N969K *Only mutations present in $\geq 1\%$ of sequences are shown. **Mutation** *as of 28 July 2023

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

University of Stellenbosch & NHLS Tygerberg Virology



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Research and

Innovation Actions

under grant No

101046041

W

UKZN-Inkosi Albert Luthuli Central Hospital

UNIVERSITY OF KWAZULU-NATAL INYUVES YAKWAZULU-NATALI

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University of Cape Town, NHLS & Western Cape Government

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(m



Robert Wilkinson

Ntobeko Ntusi Rageema Joseph Sean Wasserman Linda Boloko

NHLS Greenpoint Annabel Enoch This project has eceived funding from the European Union's Horizon Europe



Darren Martin Nicola Mulder Samrce Wendy Burgers

CAPE TOWN HVTN

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NHLS Tshwane Prof Simnikiwe Mayaphi (HOD)

Funders:

.

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National Institute for Communicable Diseases

Centre for HIV and STIs



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



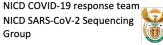
Jinal Bhiman Zamantungwa Khumalo Cathrine Scheepers Annie Chan **Constantinos Kurt Wibmer** Morne du Plessis Thandeka Movo Stanford Kwenda **Tandile Hermanus** Phillip Senzo Mtshali Frances Ayres Mushal Allam Zanele Molaudzi Florah Mnvameni Arshad Ismail

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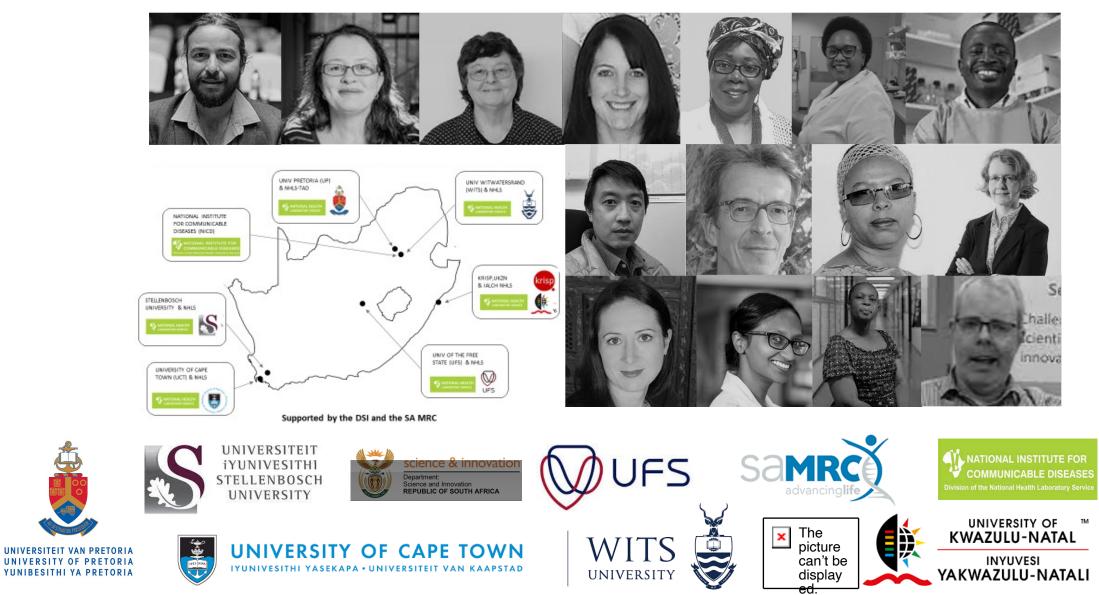










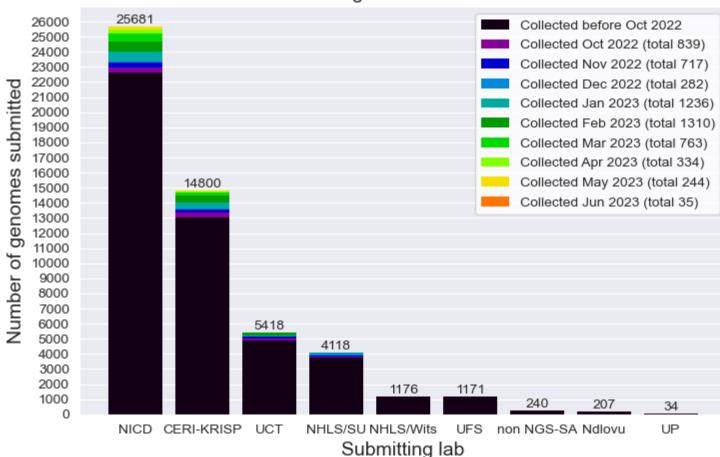


This project (RIA2020EF-3030) is part of the EDCTP2 programme supported by the European Union"

ЕDСТР

NATIONAL HEALTH LABORATORY SERVICE

South African genomes submitted per submitting lab, 2020 - 2023 (N= 52 845)



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 09 Aug 2023

Pango lineage	Nextstrain clade	Genetic features	Earliest documented samples	Date of designation and risk assessments
XBB.1.5	23A	Recombinant of BA.2.10.1 and BA.2.75 sublineages, i.e. BJ.1 and BM.1.1.1, with a breakpoint in S1. XBB.1 + S:F486P (similar Spike genetic profile as XBB.1.9.1)	21-10-2022	11-01-2023 XBB.1.5 Rapid Risk Assessment, 11 January 2023 XBB.1.5 Updated Rapid Risk Assessment, 25 January 2023 XBB.1.5 Updated Risk Assessment, 24 February 2023 XBB.1.5 Updated Risk Assessment, 20 June 2023
XBB.1.16	23В	Recombinant of BA.2.10.1 and BA.2.75 sublineages, i.e. BJ.1 and BM.1.1.1 XBB.1 + S:E180V, S:K478R and S:F486P	09-01-2023	17-04-2023 XBB.1.16 Initial Risk Assessment, 17 April 2023 XBB.1.16 Updated Risk Assessment, 05 June 2023
EG.5	Not assigned	XBB.1.9.2 + S:F456L Includes EG.5.1: EG.5 + S:Q52H	17-02-2023	09-08-2023 <u>EG.5 Initial Risk</u> <u>Evaluation, 09 August</u> <u>2023</u>

https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/ accessed 11 Aug 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 https://www.who.int/en/activitie

https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/ 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.)