

SARS-CoV-2 Sequencing Update 08 September 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) on 08 September 2023 at 08h45



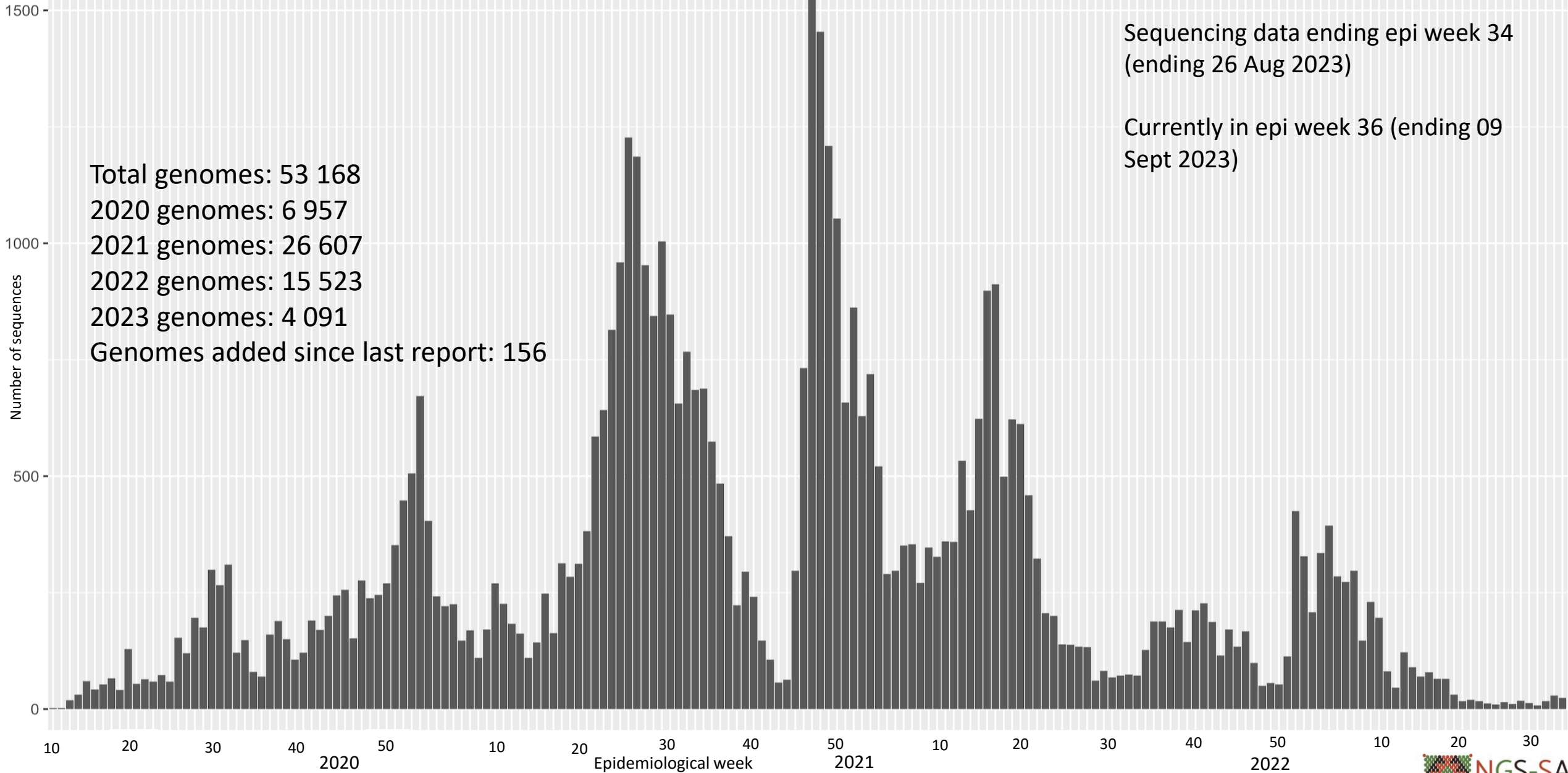
Data license: <https://www.gisaid.org/registration/terms-of-use/>

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

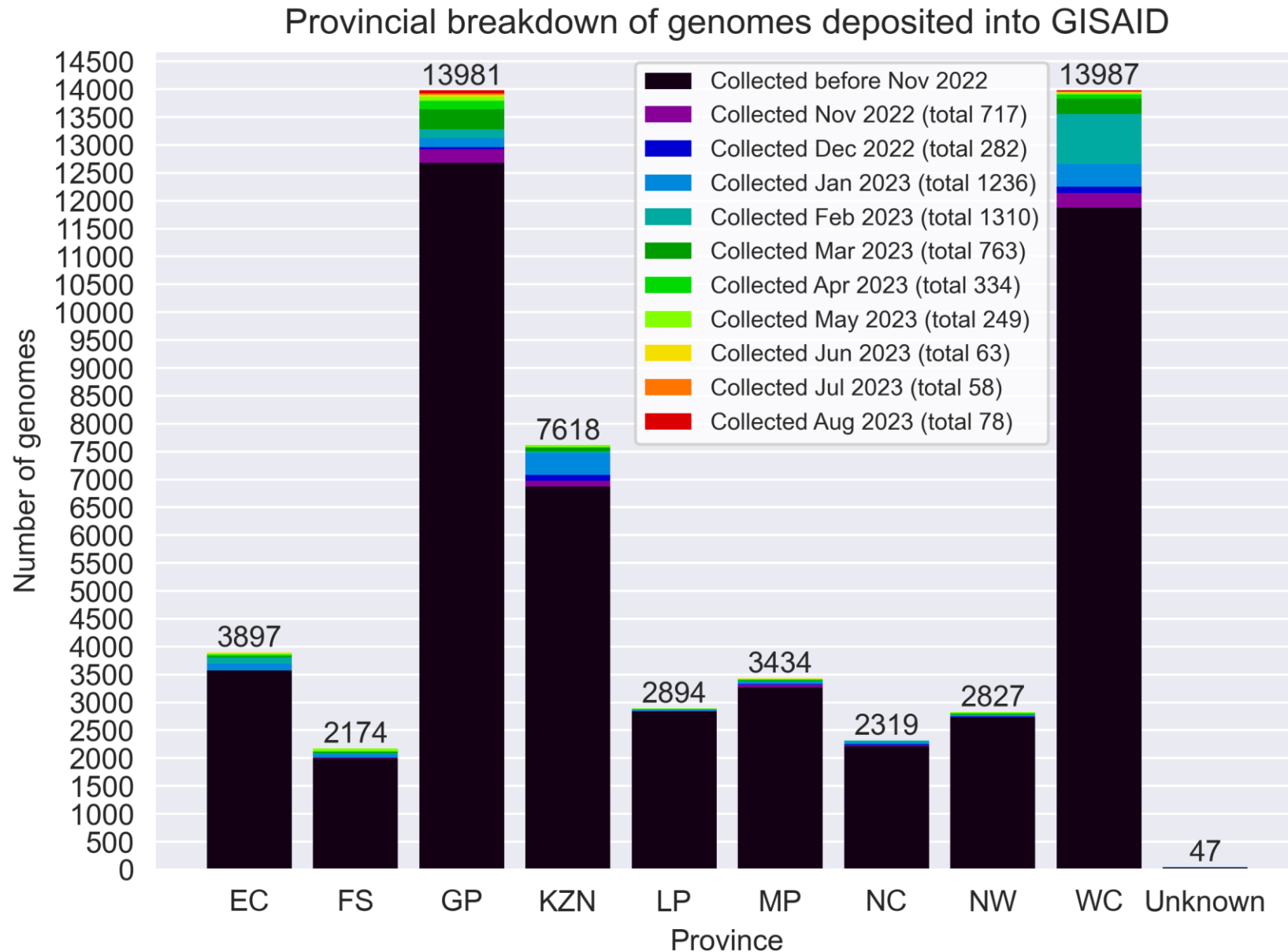
Number of South African genomes deposited on GISAID, by specimen collection week, 2020 – 2023

(N=53 178*)

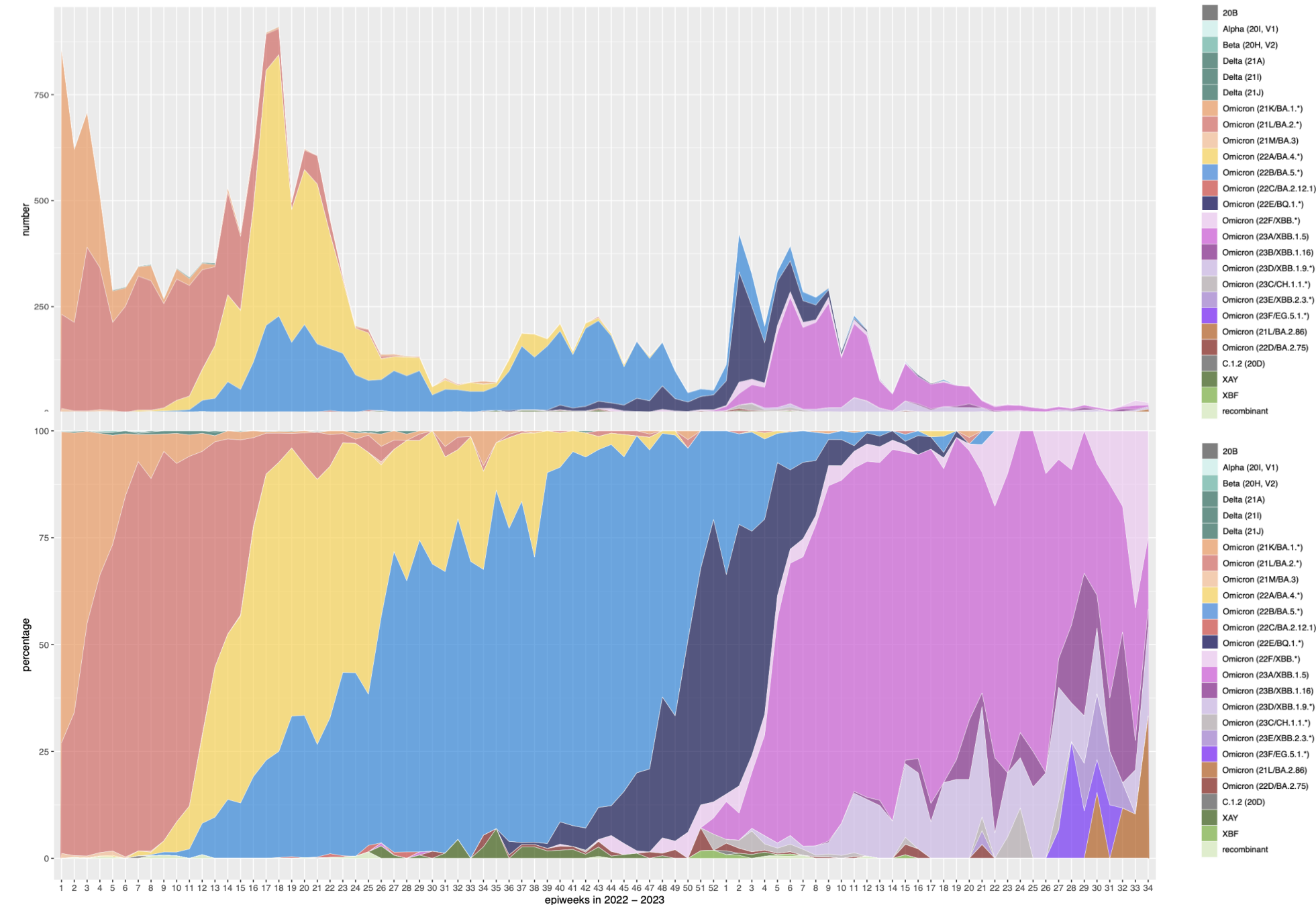


*This represents the cleaned, de-duplicated dataset of unique **National and Pneumonia Surveillance** sequences. This dataset will be used for all further figures

GISAID genomes vs total cases, 2020 – 2023 (N= 53 178)



Number and percentage of clades by epiweek in South Africa, 2022-2023 (19 571*)

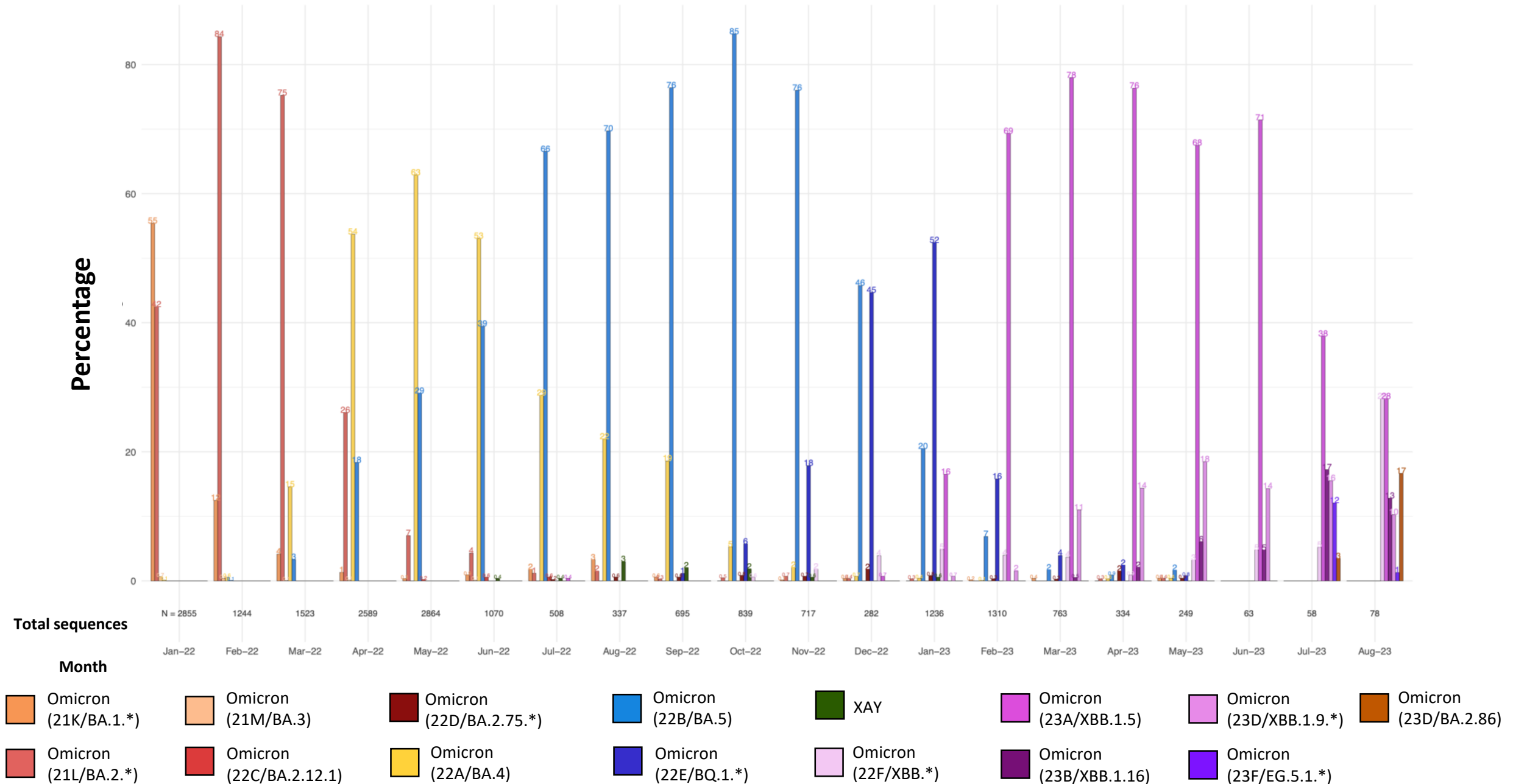


Sequencing data
ending epi week 34
(ending 26 Aug 2023)

Currently in epi week
36 (ending 09 Sept
2023)

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

Detection Rates: Omicron and recombinants

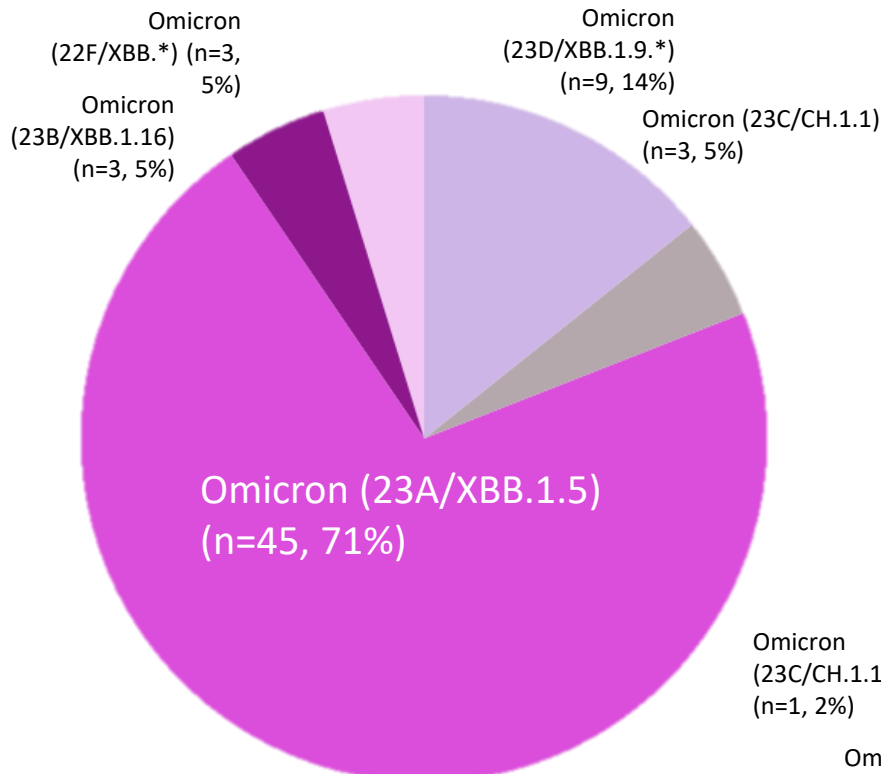


*Bars represent percentage prevalence of variant for the month; total number sequences collected for the month are given below the bar

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

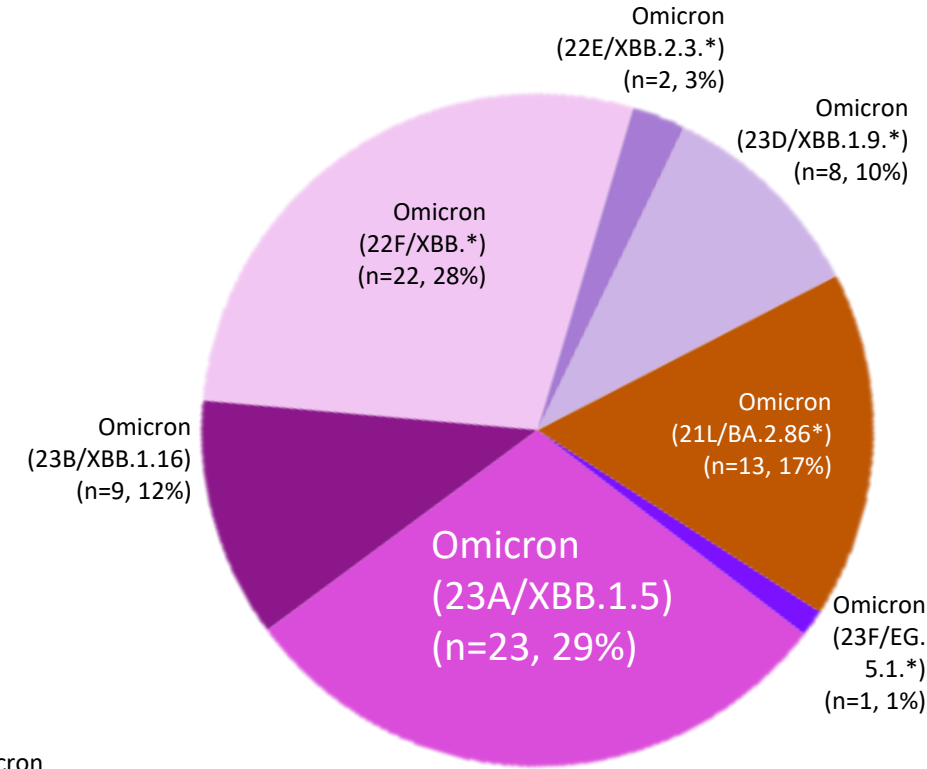
June – August 2023

June (N=63)



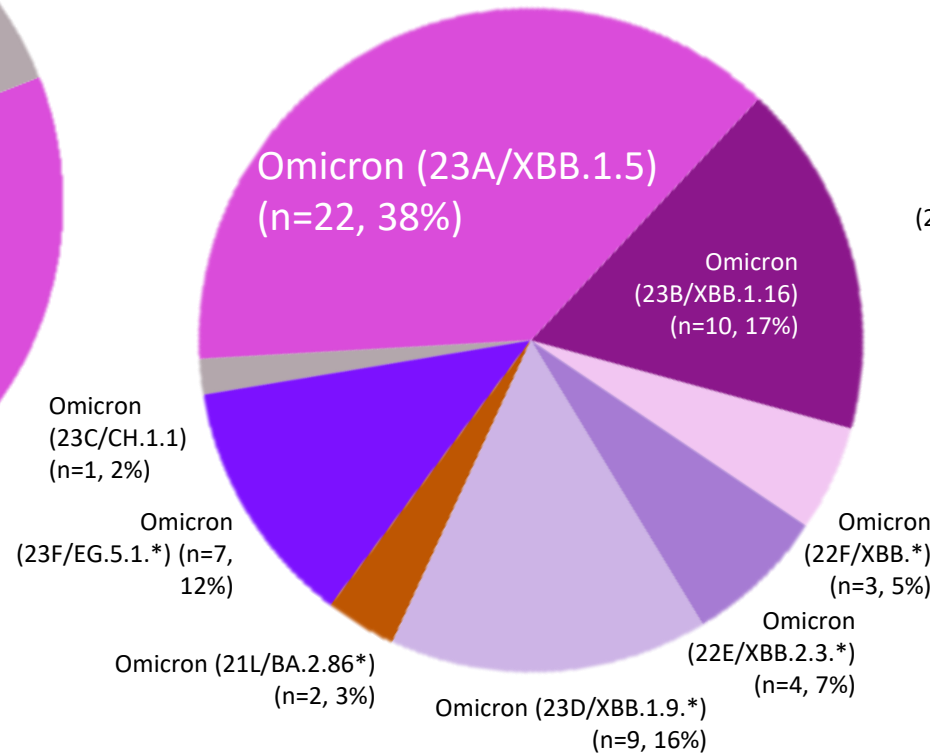
Total Omicron in June: 63 (100%)

August (N=78)



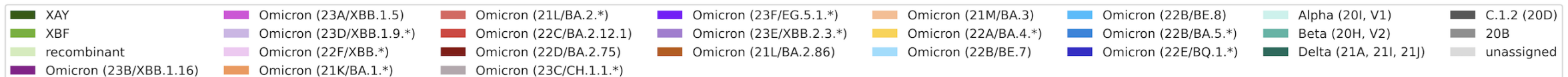
Total Omicron in August: 78 (100%)

July (N=58)



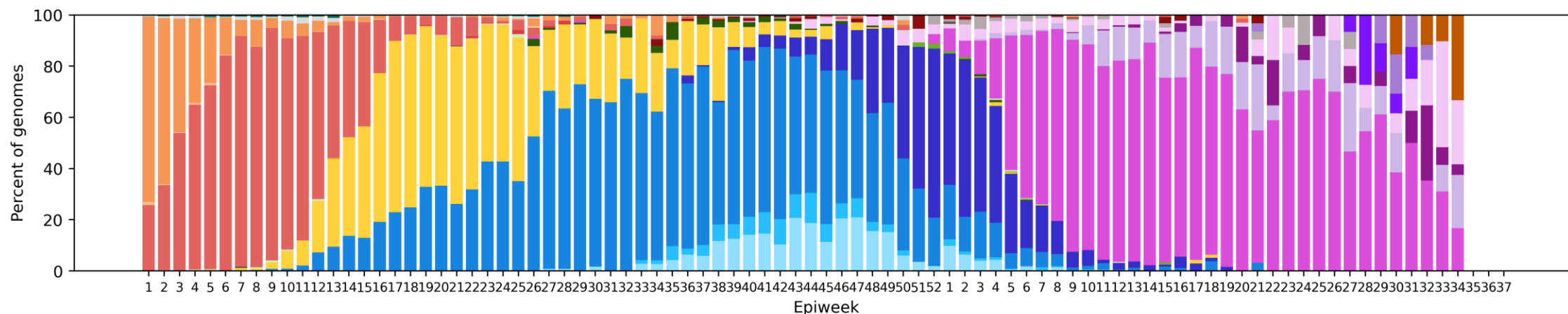
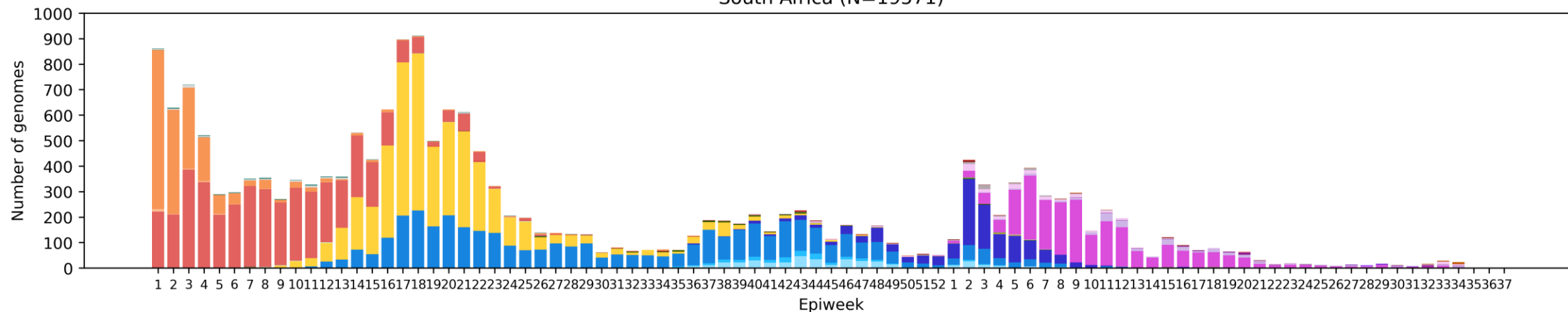
Total Omicron in July: 58 (100%)

Clade key (bar graph)

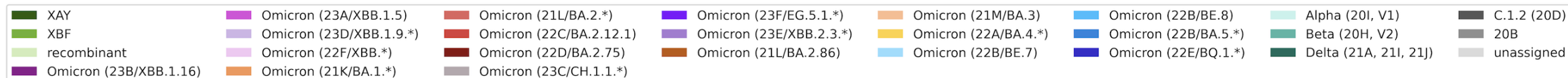


South Africa, 2022-2023, n = 19 571*

South Africa (N=19571)



Clade key (bar graph)



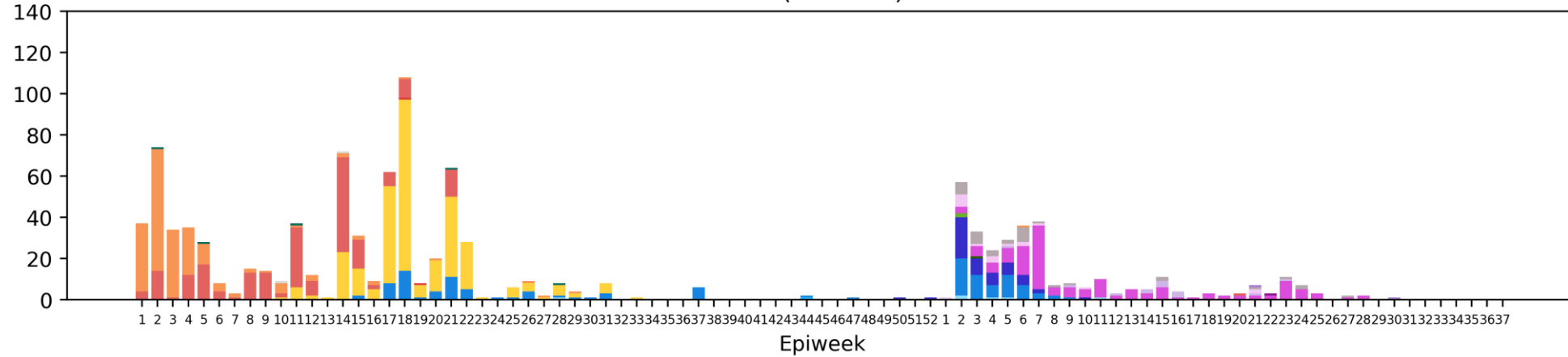
*Excludes sequences missing collection dates. Lineages of particular interest (mainly WHO Omicron subvariants under monitoring) are separate from the main clade groupings.

#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.

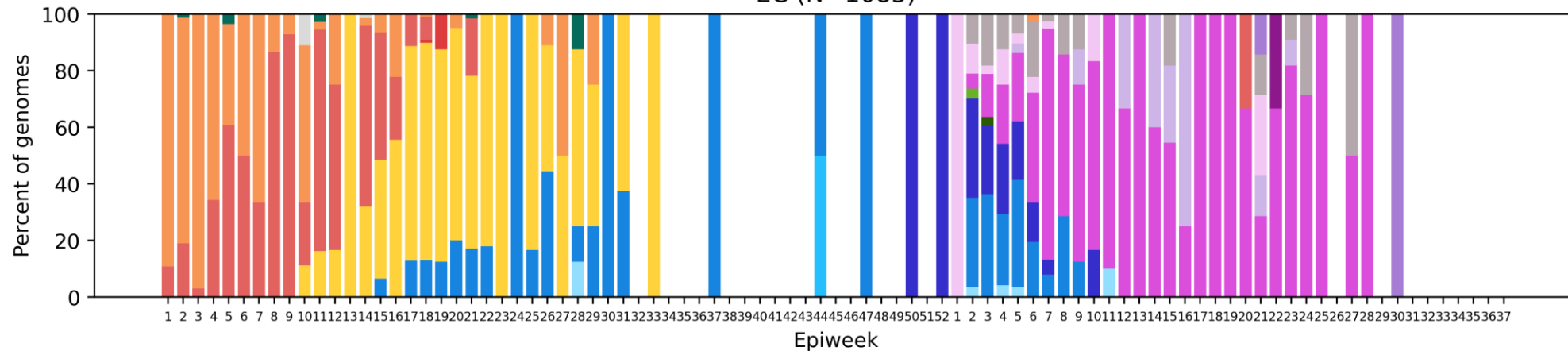
Eastern Cape Province, 2022-2023, n = 1083

Genomes added since last report: 1*

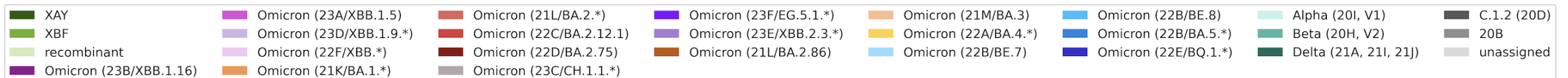
EC (N=1083)



EC (N=1083)

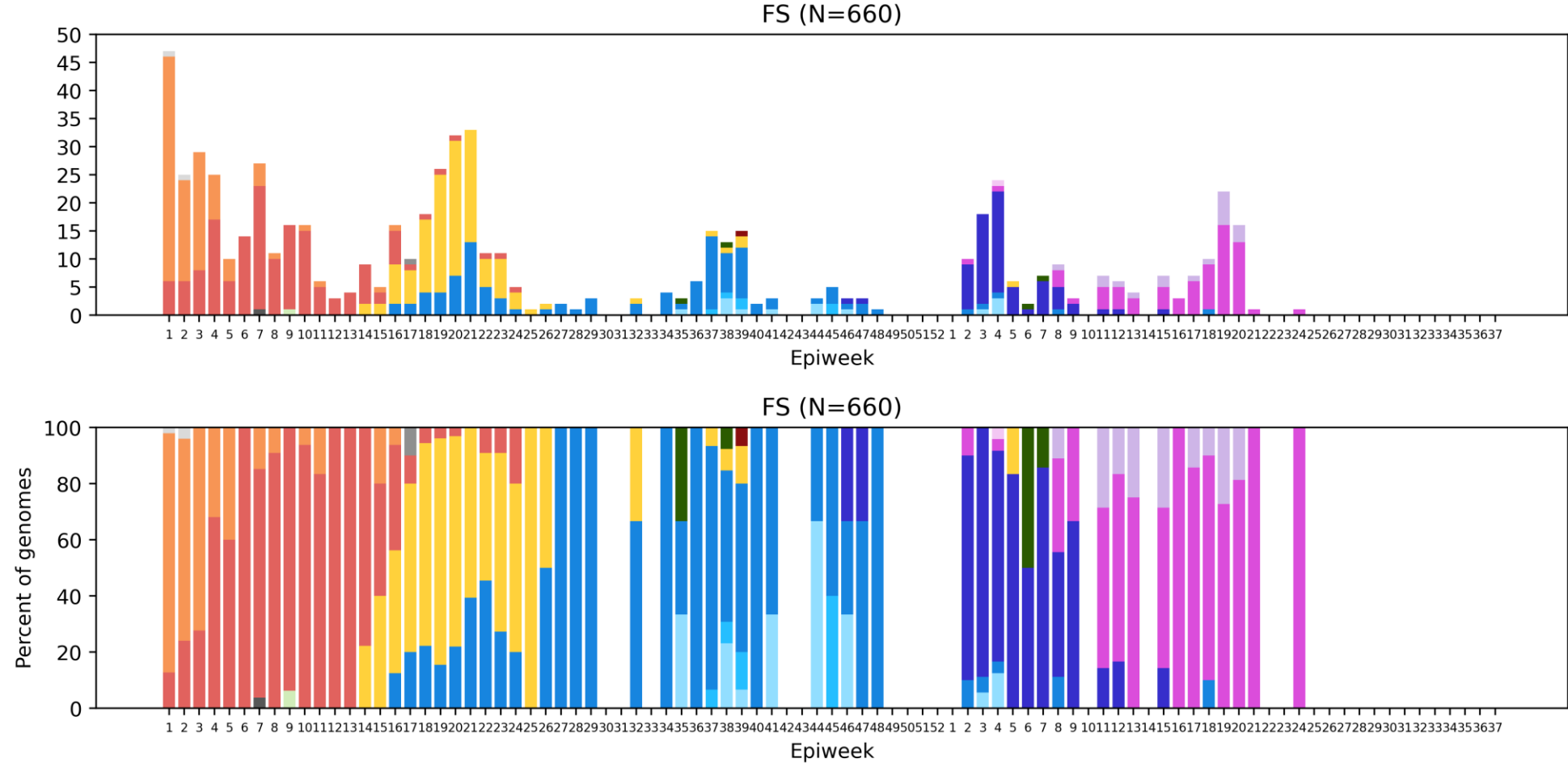


Clade key (bar graph)

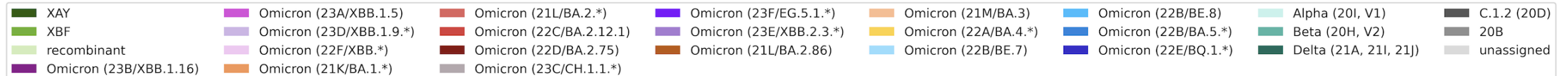


Free State Province, 2022-2023, n = 660

Genomes added since last report: 0*



Clade key (bar graph)

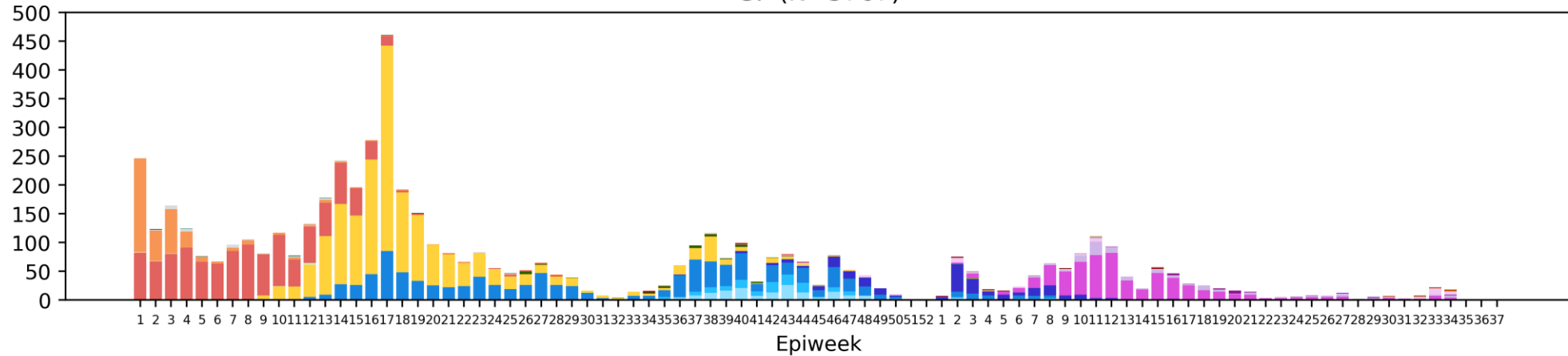


*May include genomes from 2020 and 2021 which are not pictured here and are not included in the slide total.

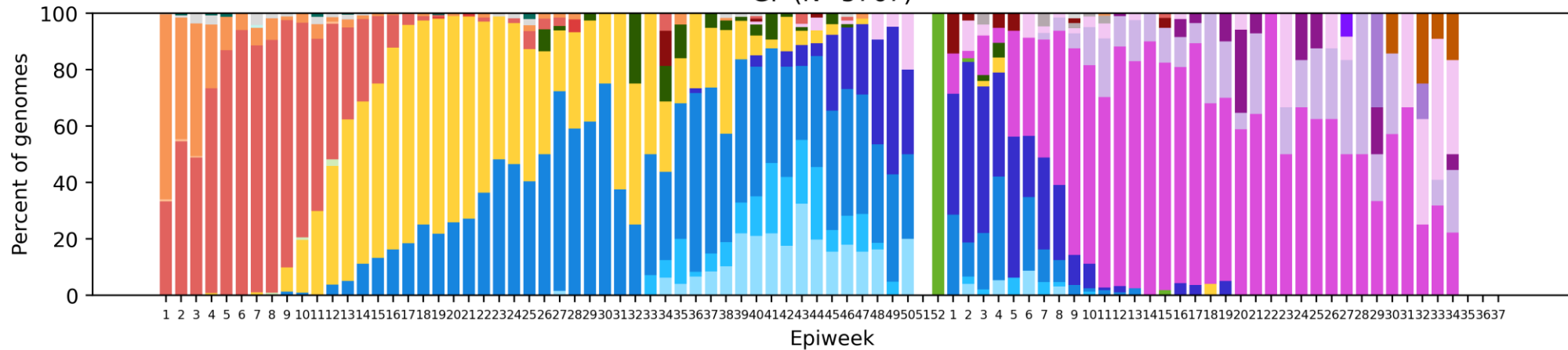
Gauteng Province, 2022-2023, n = 5767

Genomes added since last report: 51*

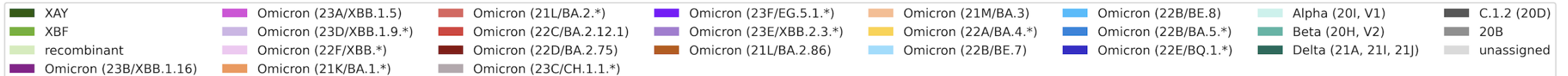
GP (N=5767)



GP (N=5767)

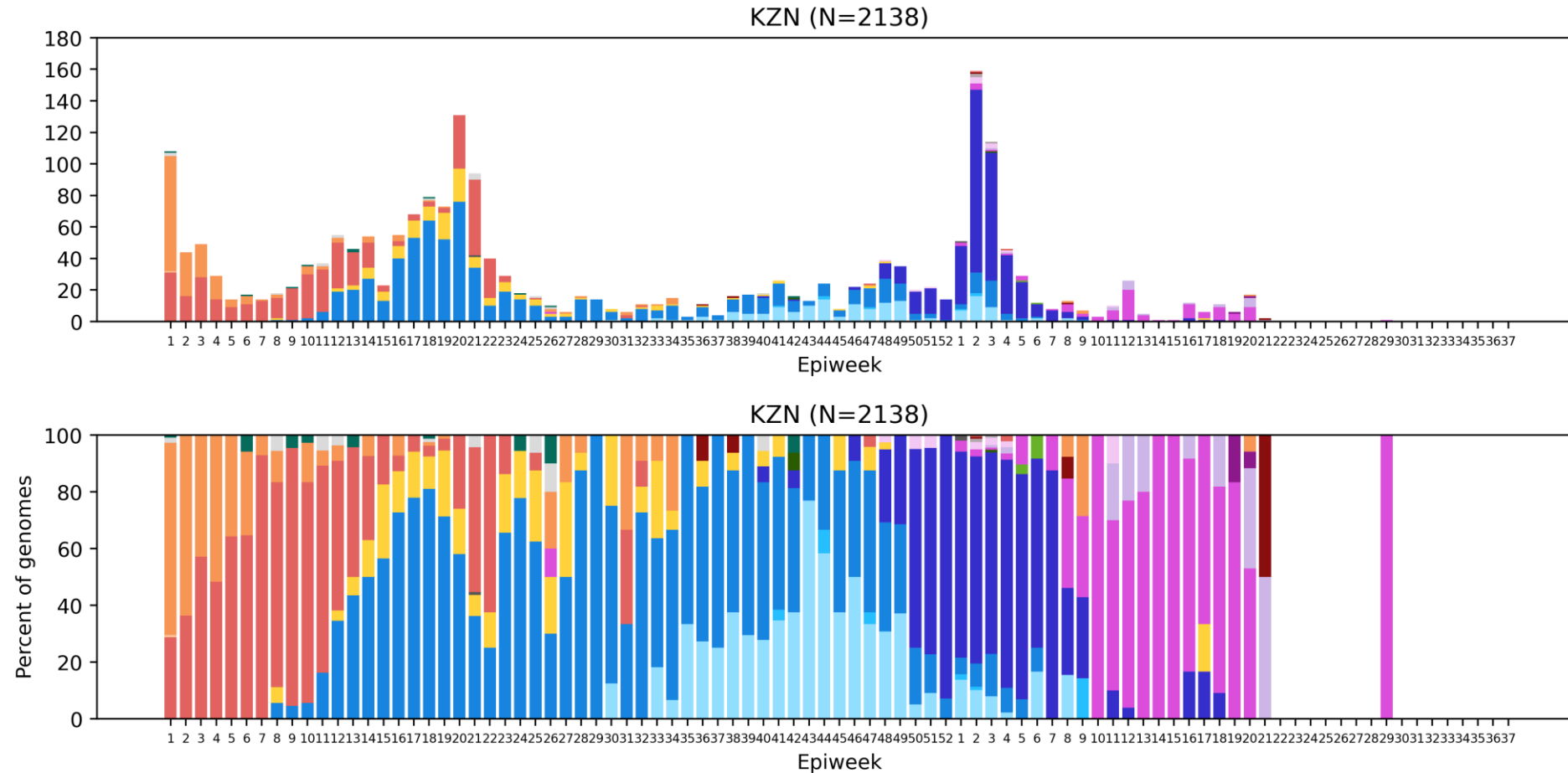


Clade key (bar graph)

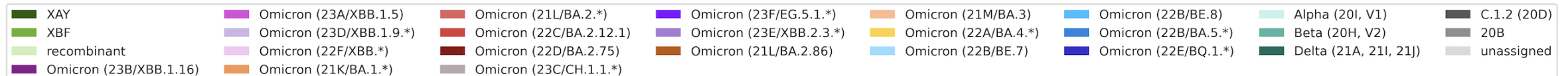


KwaZulu-Natal Province, 2022-2023, n = 2138

Genomes added since last report: 0*

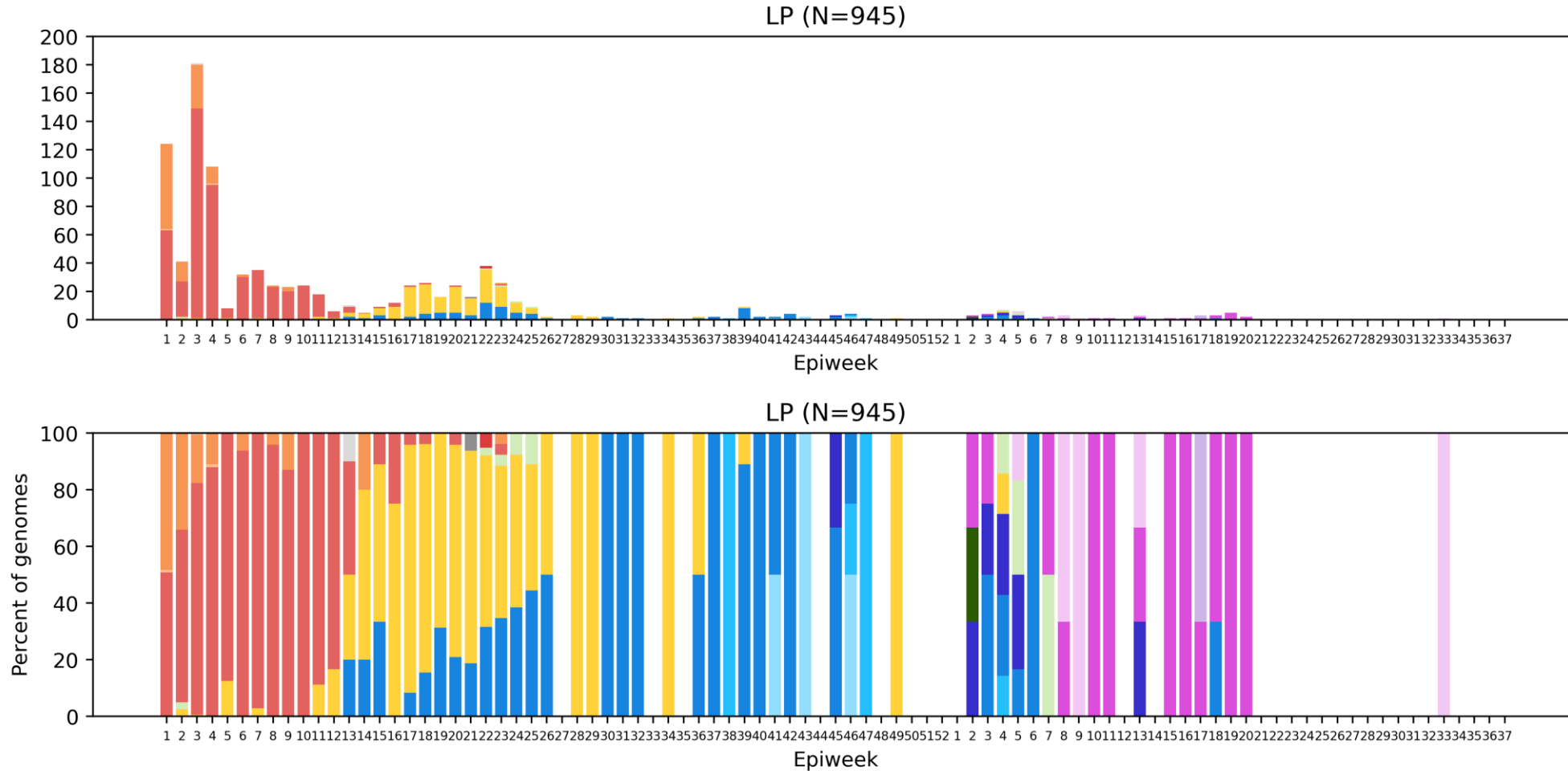


Clade key (bar graph)

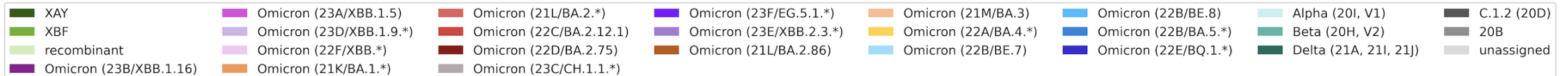


Limpopo Province, 2022-2023, n = 945

Genomes added since last report: 1*



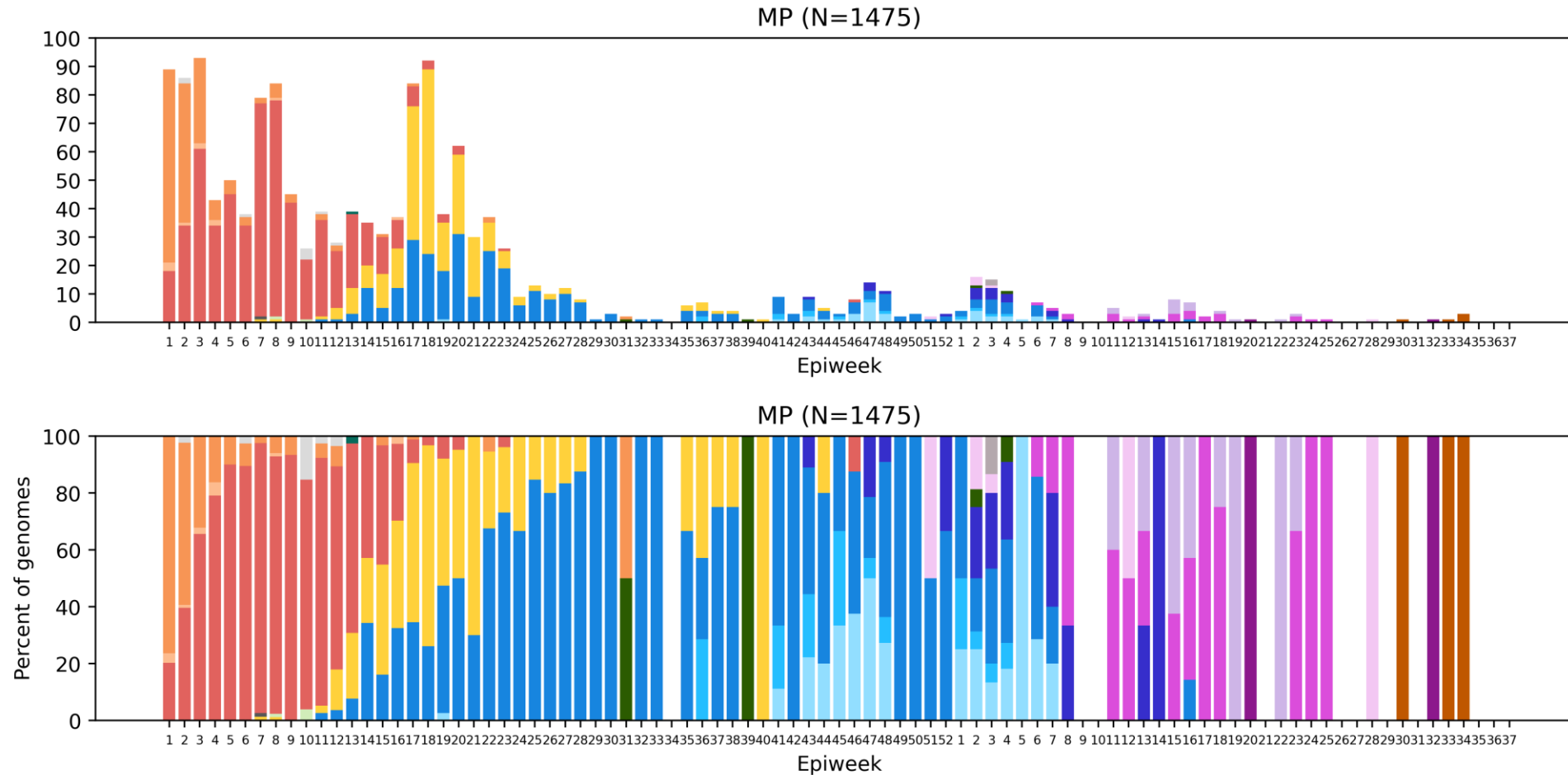
Clade key (bar graph)



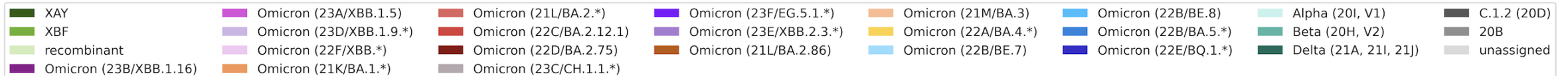
*May include genomes from 2020 and 2021 which are not pictured here and are not included in the slide total.

Mpumalanga Province, 2022-2023, n = 1475

Genomes added since last report: 5*

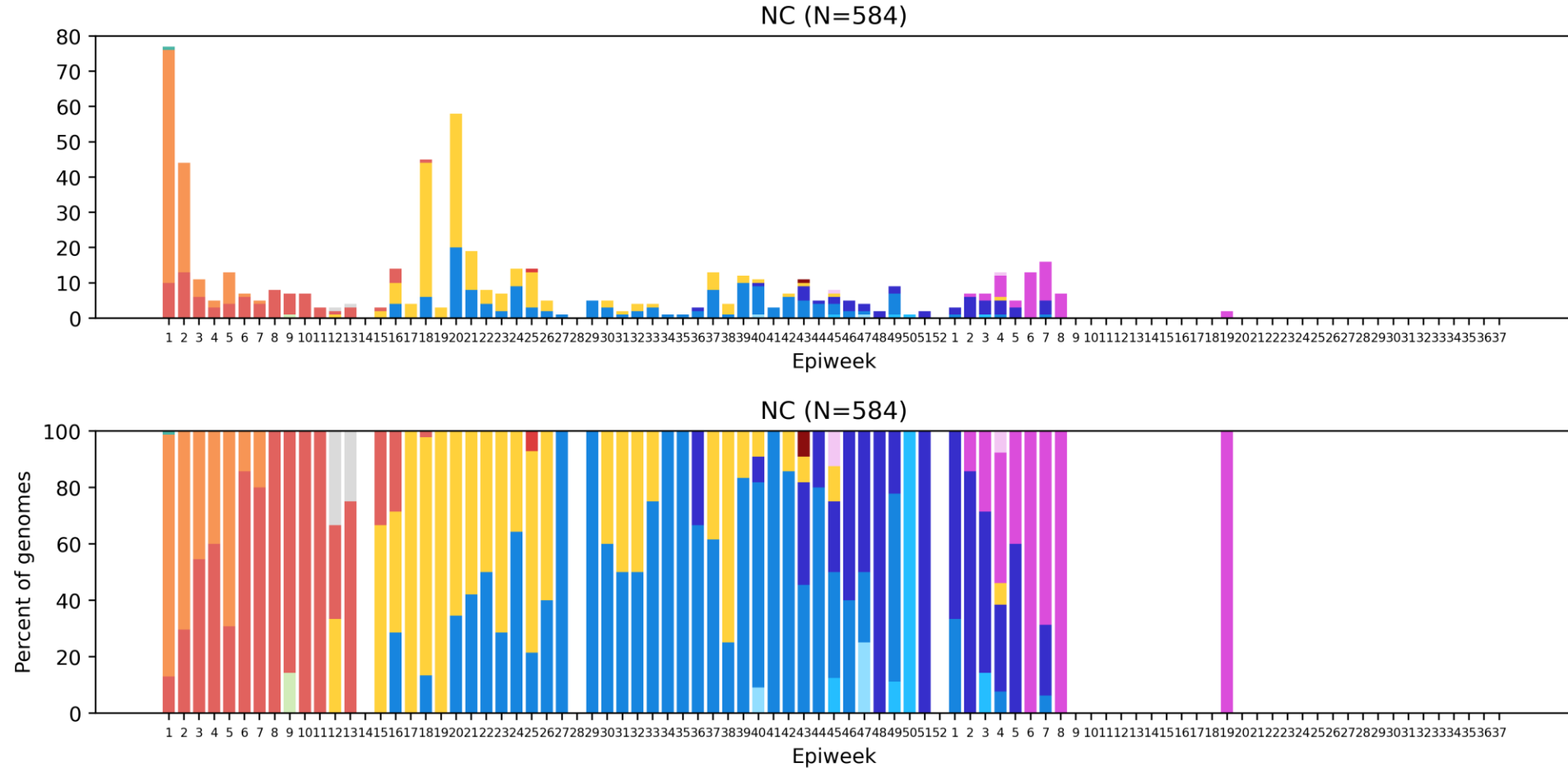


Clade key (bar graph)

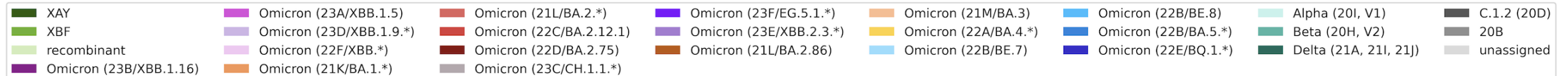


Northern Cape Province, 2022-2023, n = 584

Genomes added since last report: 0*



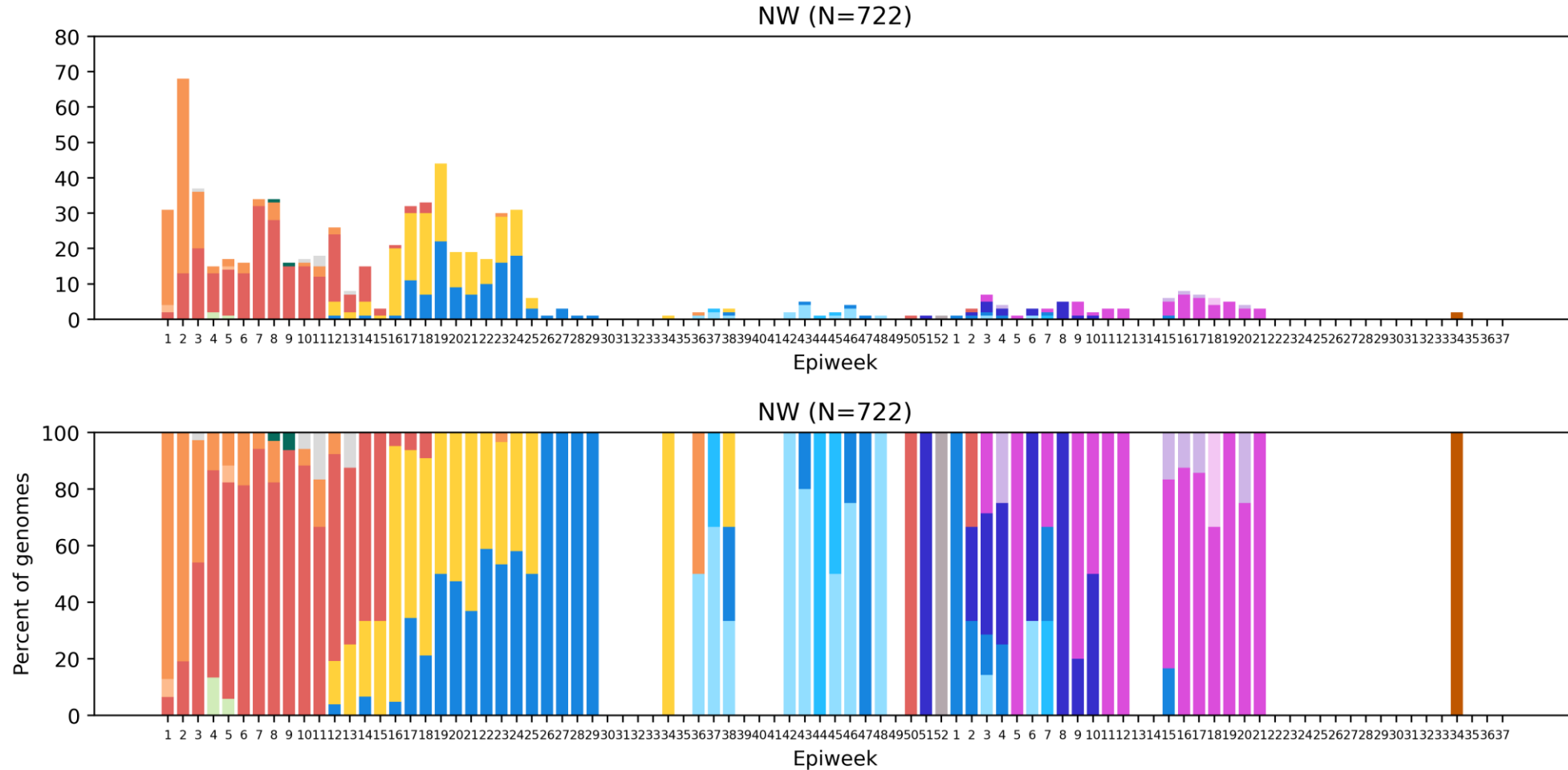
Clade key (bar graph)



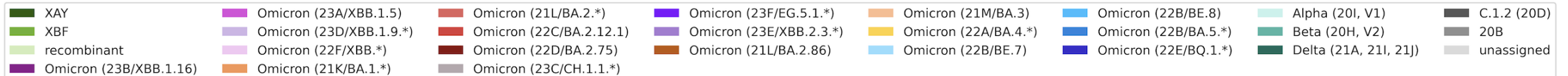
*May include genomes from 2020 and 2021 which are not pictured here and are not included in the slide total.

North West Province, 2022-2023, n = 722

Genomes added since last report: 2*



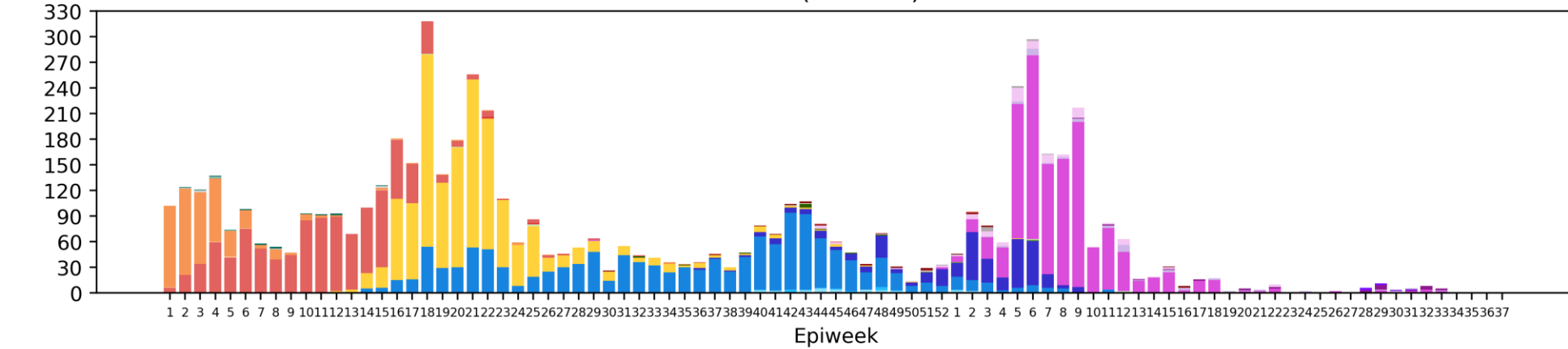
Clade key (bar graph)



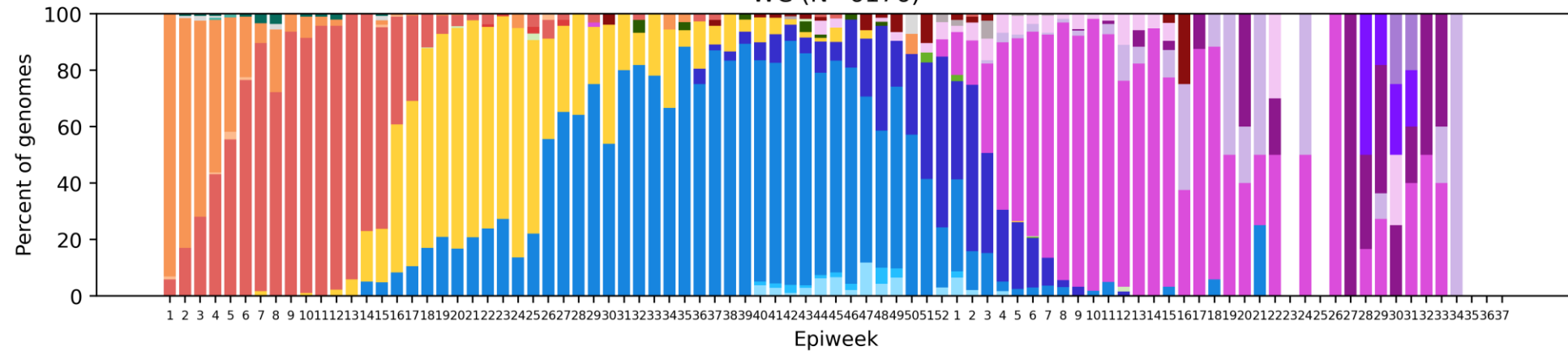
Western Cape Province, 2022-2023, n = 6176

Genomes added since last report: 96*

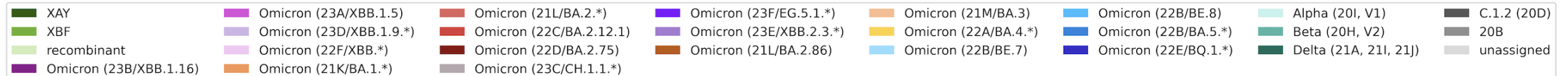
WC (N=6176)



WC (N=6176)



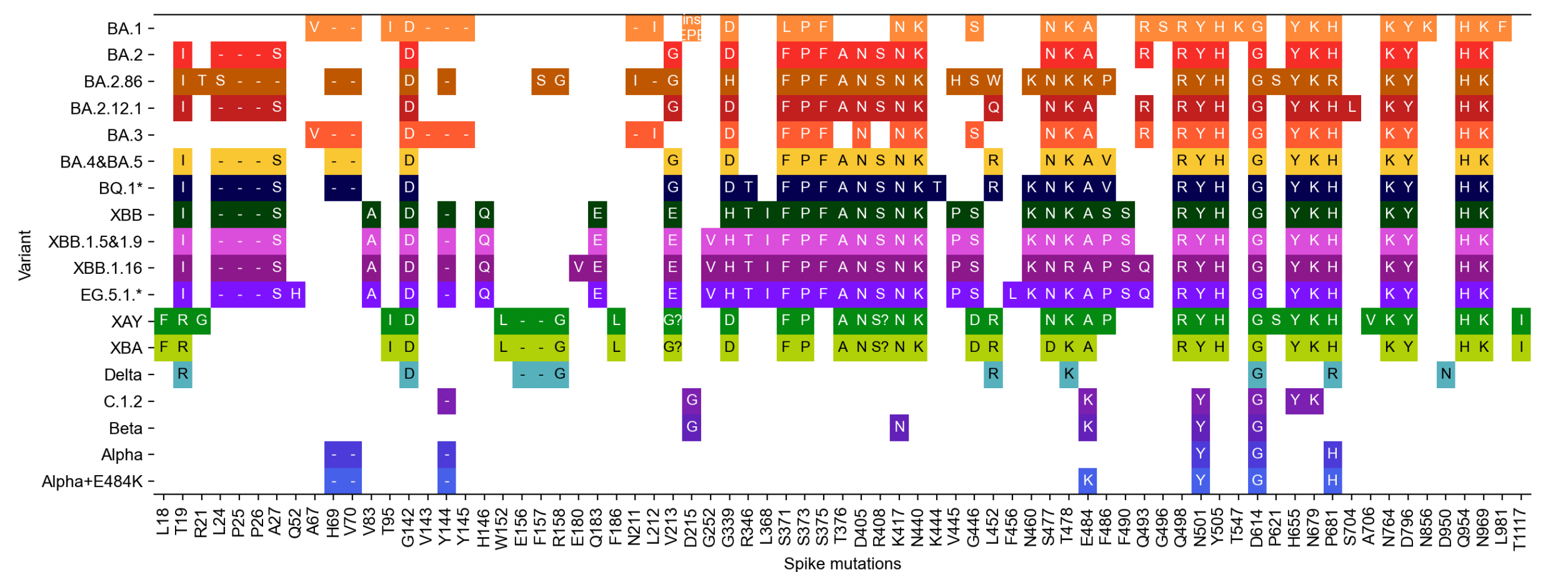
Clade key (bar graph)



Summary

- **Sequencing update**
 - June sequences (n=63) are from the Eastern Cape, Free State, Gauteng, Mpumalanga, and the Western Cape. July sequences (n=58) are from the Eastern Cape, KwaZulu-Natal, Gauteng, Mpumalanga, and the Western Cape. August sequences (n=78) are from Gauteng, Limpopo, Mpumalanga, North West and the Western Cape
- **Variant of Concern Omicron in South Africa**
 - Omicron dominated in June (100%), July (100%) and August (100%)
 - XBB.1.5 was the dominant lineage in June (71%), but constituted only 38% of July and 29% of August sequences
 - XBB.1.16 has been detected in June (5%), July (17%) and August (12%)
 - XBB.1.9.* (newly designated clade 23D) was detected in sequences from June (14%), July (16%) and August (10%)
 - Eight sequences of the EG.5.1.* lineage (newly designated clade 23F) have been detected in Gauteng (n=1) and the Western Cape (n=7) in July (n=7) and August (n=1)
 - Fifteen sequences of the BA.2.86 lineage have been detected in Gauteng (n=8), Mpumalanga (n=5) and North West (n=2) in July (n=2) and August (n=13)

Spike protein mutation* profile of Variants of Interest and Concern

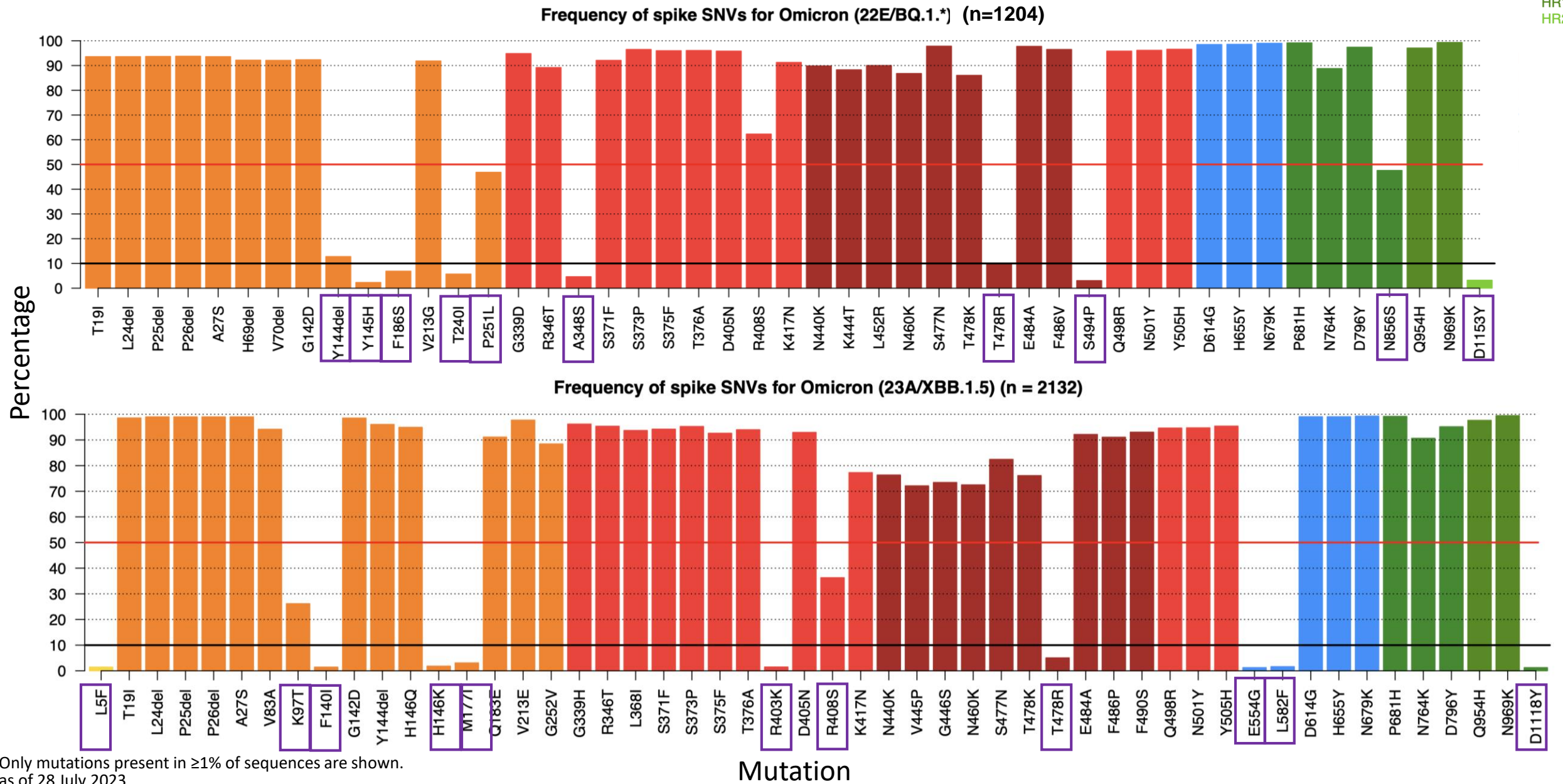


- Multiple changes within the two immunogenic regions in S1 (NTD and RBD)
 - Including a three amino acid insertion
- Accumulation of mutations surrounding the furin cleavage site
 - Including combination of N679K and P681H
- Effect of most spike S2 subunit changes have not been defined, but may be linked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



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

UKZN-Inkosi Albert Luthuli Central Hospital



Dr Khanyi Msomi
Dr Kerusha Govender
Dr Pravi Moodley
Dr Aabida Khan
Dr Lili Gounder
Dr Kerri Francois
Dr Cherise Naicker
Dr Joedene Chetty

Dr Neli Ngcaba
Dr Tshepiso Mosito
Mr Malcolm Ellapen
Mr Kubendran Reddy
The COVID-19 Bench team

University of KwaZulu-Natal & Africa Health Research Institute



KRISP at UKZN:
Tulio de Oliveira
Richard Lessels
Houriiyah Tegally
Eduan Wilkinson
Jennifer Giandhari
Sureshnee Pillay
Emmanuel James San



AHRI
Alex Sigal
Sandile Cele
Willem Hanekom

University of Cape Town, NHLS & Western Cape Government



NHLS-UCT
Carolyn Williamson
Nei-yuan Hsiao
Diana Hardie
Kruger Marais
Stephen Korsman
Ziyaad Valley-Omar

WCG-UCT
Mary-Anne Davies
Hannah Hussey
Andrew Boule
Masudah Paleker
Theuns Jacobs
Erna Morden

NHLS Greenpoint
Annabel Enoch

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Zoonotic arbo and respiratory virus program Centre for Viral Zoonoses Department Medical Virology/ NHLS Tshwane Academic division University of Pretoria



ZARV research program/UP
Marietjie Venter (Head: ZARV)
Adriano Mendes (Postdoc)
Amy Strydom (Postdoc)
Michaela Davis (MSc, intern medical scientist)
Carien van Niekerk



NHLS Tshwane
Prof Simnikiwe Mayaphi (HOD)

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National Institute for Communicable Diseases



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

Centre for HIV and STIs

Jinal Bhiman
Cathrine Scheepers
Constantinos Kurt Wibmer
Thandeka Moyo
Tandile Hermanus
Frances Ayres
Zanele Molaudzi
Bronwen Lambson
Tandile Hermanus
Mashudu Madzivhandila
Prudence Kgagudi
Brent Oosthuysen
Penny Moore
Lynn Morris

NICD Groups

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

Sequencing Core Facility

Zamantungwa Khumalo
Annie Chan
Morne du Plessis
Stanford Kwenda
Phillip Senzo Mtshali
Mushal Allam
Florah Mnyameni
Arshad Ismail



science & technology
Department:
Science and Technology
REPUBLIC OF SOUTH AFRICA



University of the Free State



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



NHLS Division of Virology
Sabeehah Vawda
Felicity Burt
Thokozani Mkhize
Diagnostic laboratory staff



Additional support and collaborators



NHLS

Koleka Mlisana
Zinhle Makatini
Eugene Elliot
Florette K. Treurnicht
Kathleen Subramoney
Oluwakemi Laguda-Akingba
Shareef Abrahams
Greta Hoyland
Gloria Selabe
Elias Bereda
Jeannette Wadula

Hyrax Biosciences

Simon Travers

Cape Town HVTN Laboratory

Erica Anderson-Nissen
Anneta Naidoo

Ndlovu Research

Hugo Tempelman
CJ Umunnakwe

Lancet

Allison J. Glass
Raquel Viana

Ampath

Terry Marshall
Cindy van Deventer
Eddie Silberbauer

Pathcare Vermaak

Andries Dreyer
Howard Newman
Riaan Writes
Marianne Wolfaardt
Warren Lowman

Bridge-the-Gap

Raymond Rott

Cytespace Africa Laboratories

Christa Viljoen

ARC-OVI

Lia Rotherham

CAPRISA

Salim Abdool Karim
Nigel Garret

UKZN - Big Data

Francesco Pettruccione
Ilya Sinayskiy

University of Oxford

José Lourenço

FioCruz, Brazil

Vagner Fonseca
Marta Giovanetti
Luiz Carlos Junior Alcantara

Africa CDC and Africa PGI

John Nkengasong
Sofonias Tessema

Netcare

Richard Friedland
Craig Murphy
Caroline Maslo
Liza Sitharam

DSI

Glaudina Loots

SA MRC

Glenda Gray

Pathcare N1 City

Jean Maritz
Nadine Cronje
Petra Raimond
Kim Hoek





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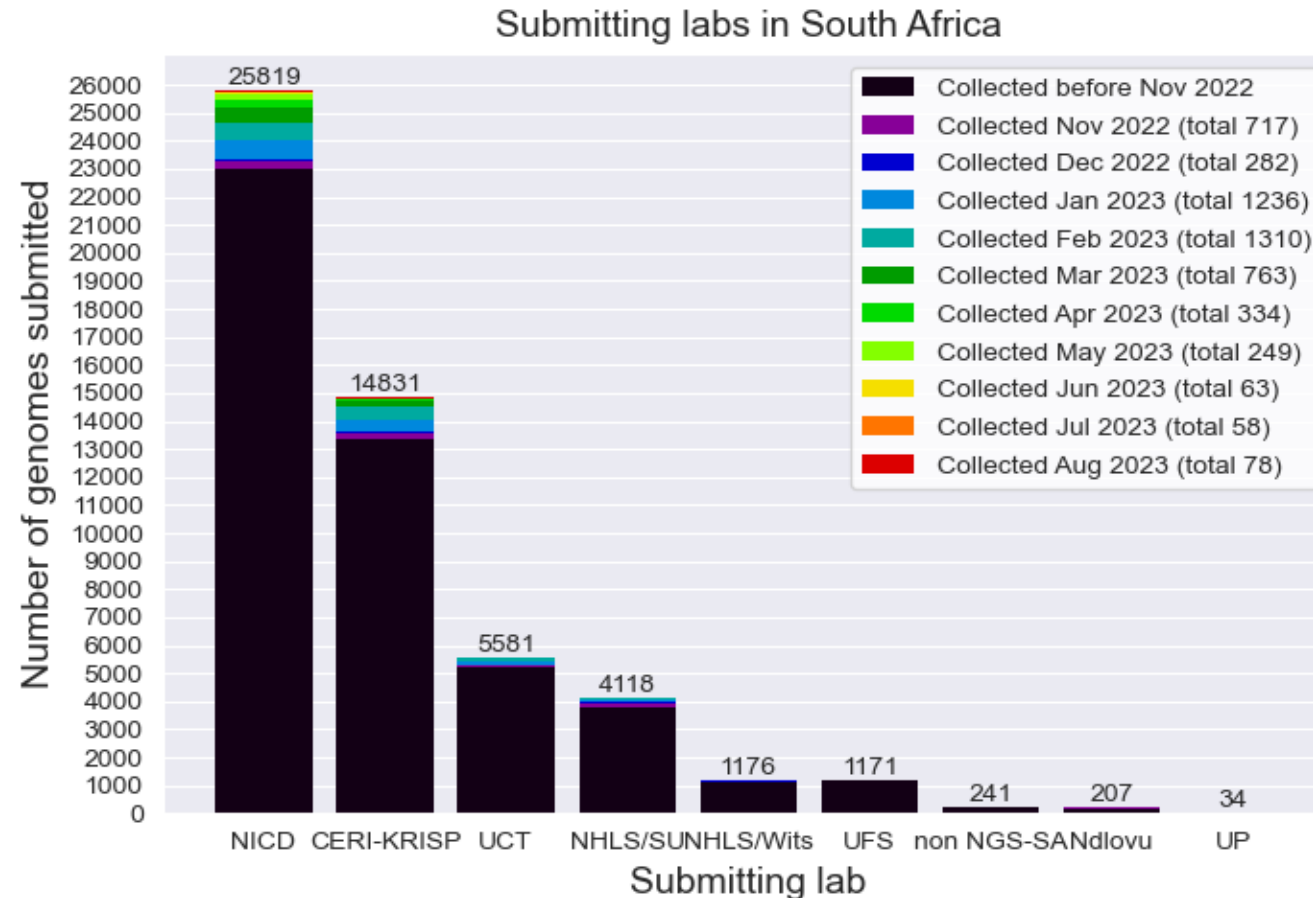
EDCTP

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= 53 178)



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	<p>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.</p> <p>XBB.1 + S:F486P (similar Spike genetic profile as XBB.1.9.1)</p>	21-10-2022	<p>11-01-2023</p> <p>XBB.1.5 Rapid Risk Assessment, 11 January 2023</p> <p>XBB.1.5 Updated Rapid Risk Assessment, 25 January 2023</p> <p>XBB.1.5 Updated Risk Assessment, 24 February 2023</p> <p>XBB.1.5 Updated Risk Assessment, 20 June 2023</p>
XBB.1.16	23B	<p>Recombinant of BA.2.10.1 and BA.2.75 sublineages, i.e. BJ.1 and BM.1.1.1</p> <p>XBB.1 + S:E180V, S:K478R and S:F486P</p>	09-01-2023	<p>17-04-2023</p> <p>XBB.1.16 Initial Risk Assessment, 17 April 2023</p> <p>XBB.1.16 Updated Risk Assessment, 05 June 2023</p>
EG.5	Not assigned	<p>XBB.1.9.2 + S:F456L</p> <p>Includes EG.5.1: EG.5 + S:Q52H</p>	17-02-2023	<p>09-08-2023</p> <p>EG.5 Initial Risk Evaluation, 09 August 2023</p>

<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	23D	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	23D	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	22E	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
BA.2.86	Not assigned	Mutations relative to putative ancestor BA.2	24-07-2023	17-08-2023

* 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 (≥ 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.)