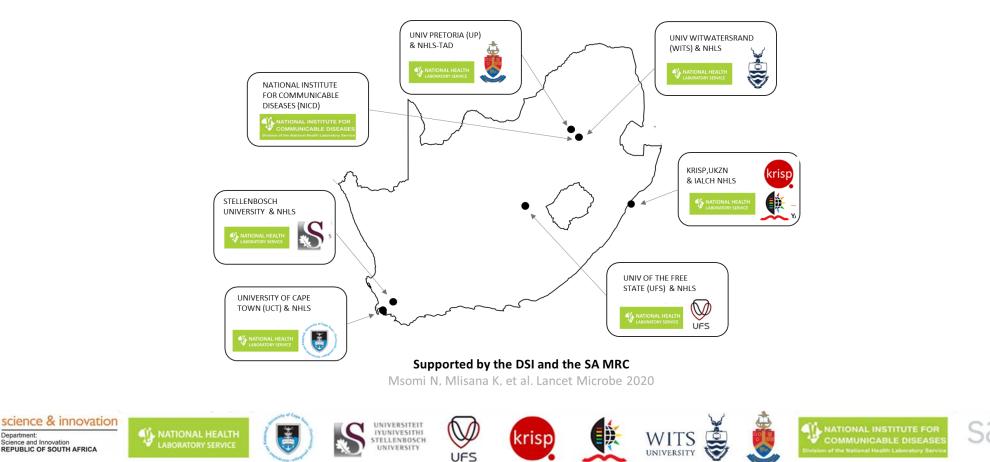


SARS-CoV-2 Sequencing Update **09 September 2024**



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 09 September 2024 at 11h30

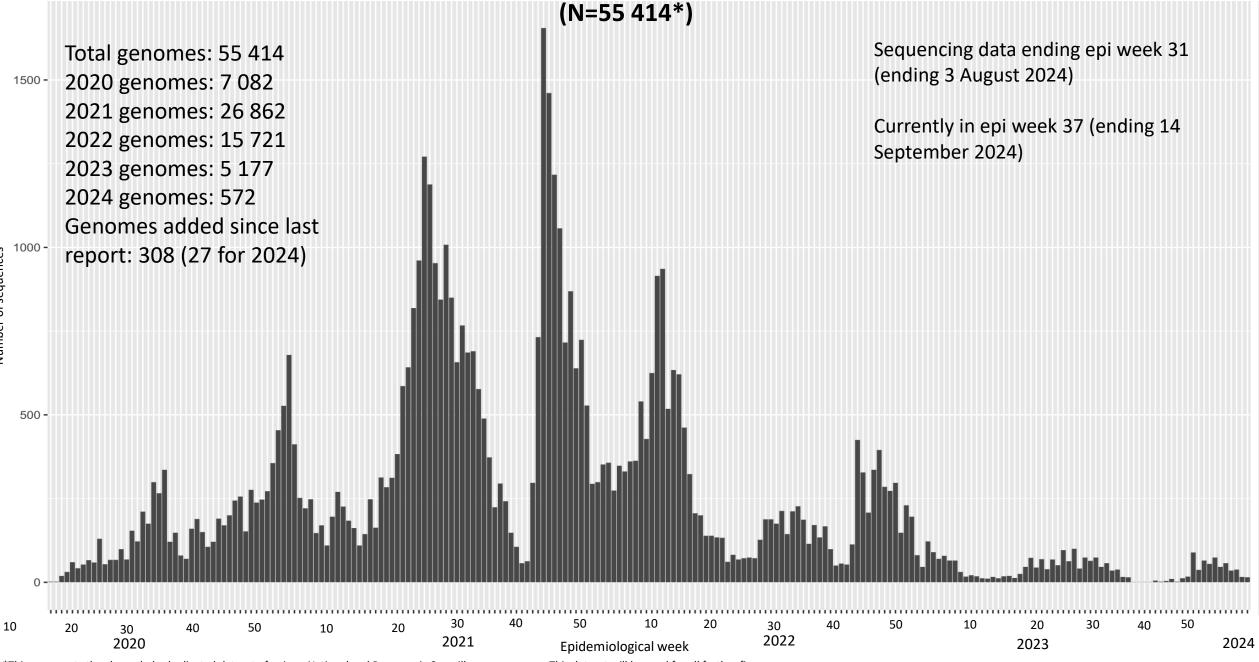


Data license: https://www.gisaid.org/registration/terms-of-use/

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

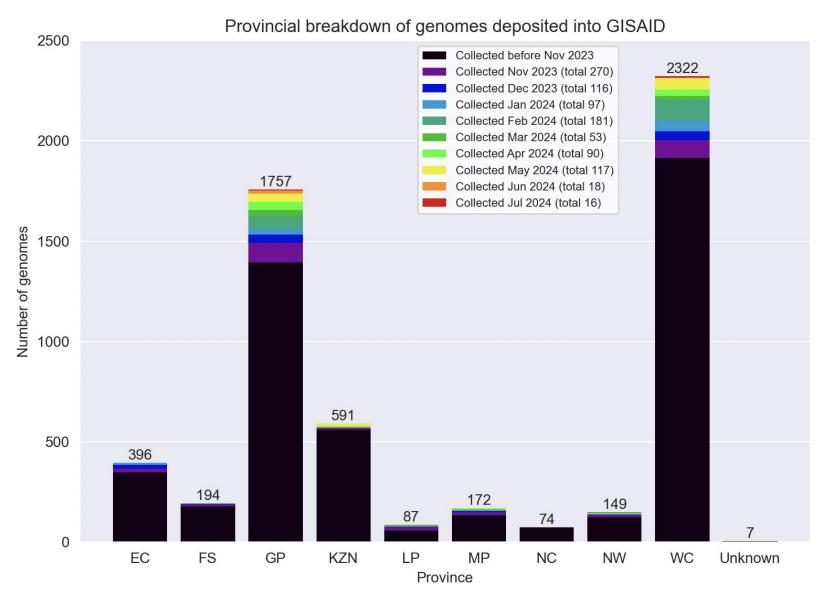
Number of South African genomes deposited on GISAID, by specimen collection week, 2020 – 2024



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

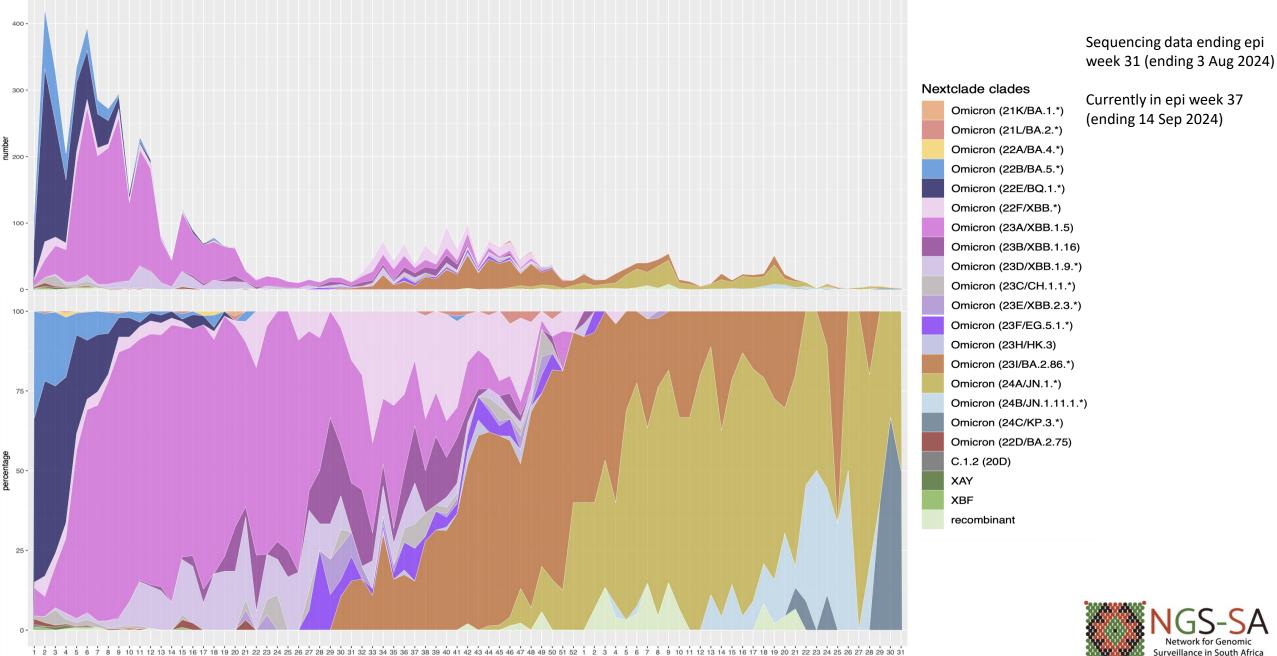
Number of sequences

Provincial breakdown of genomes deposited on GISAID, 2023 – 2024 (N=5749)

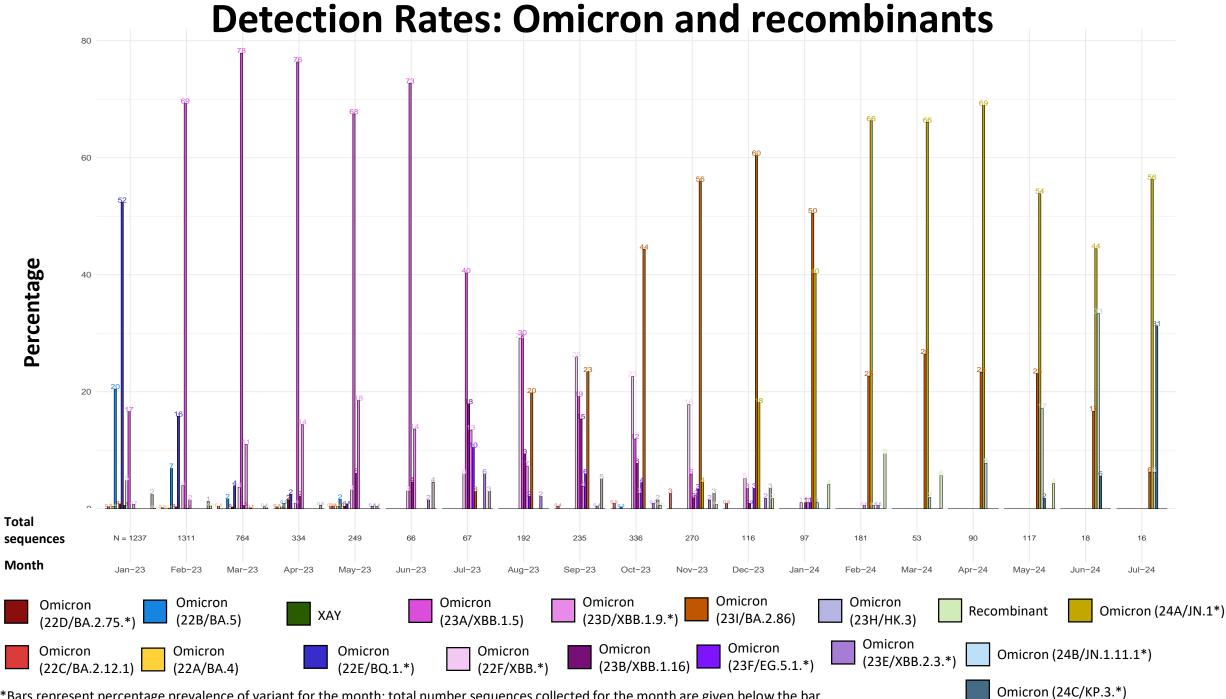




Number and percentage of clades by epiweek in South Africa, 2023-2024 (N=5749)

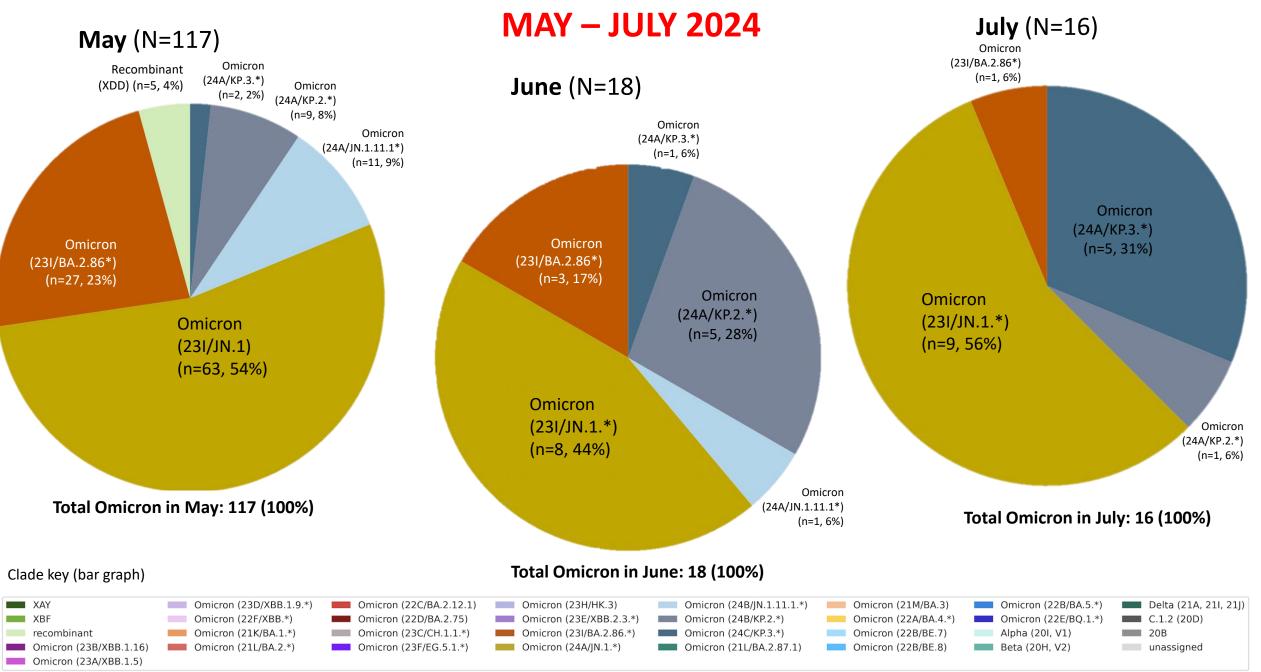


1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 epiweeks in 2023 - 2024

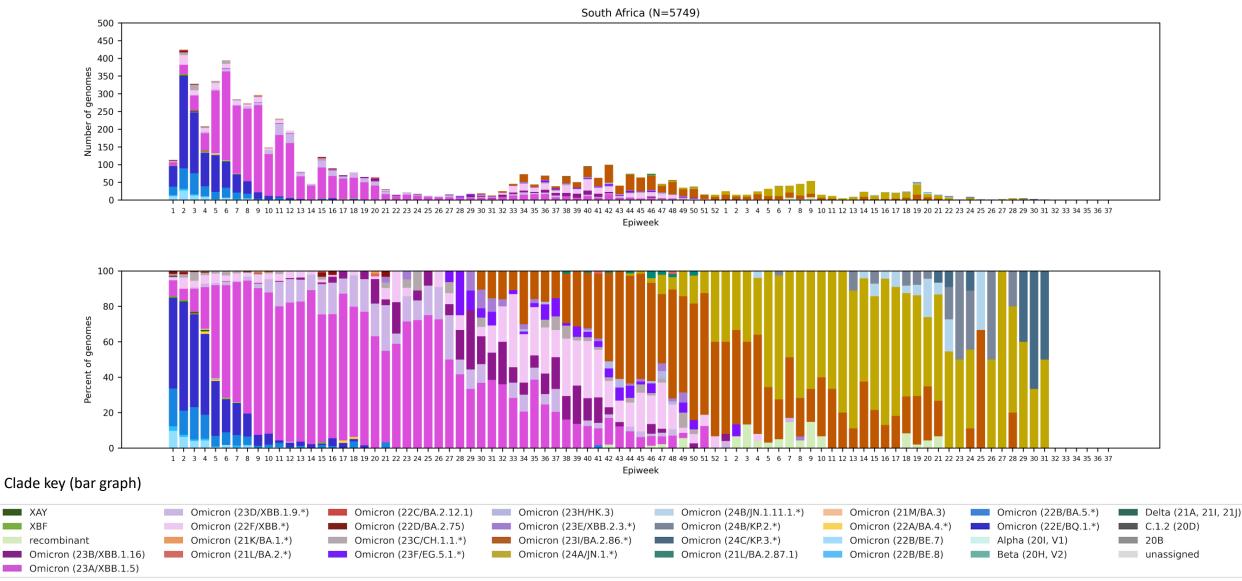


*Bars represent percentage prevalence of variant for the month; total number sequences collected for the month are given below the bar

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



South Africa, 2023-2024, N=5749*



*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.

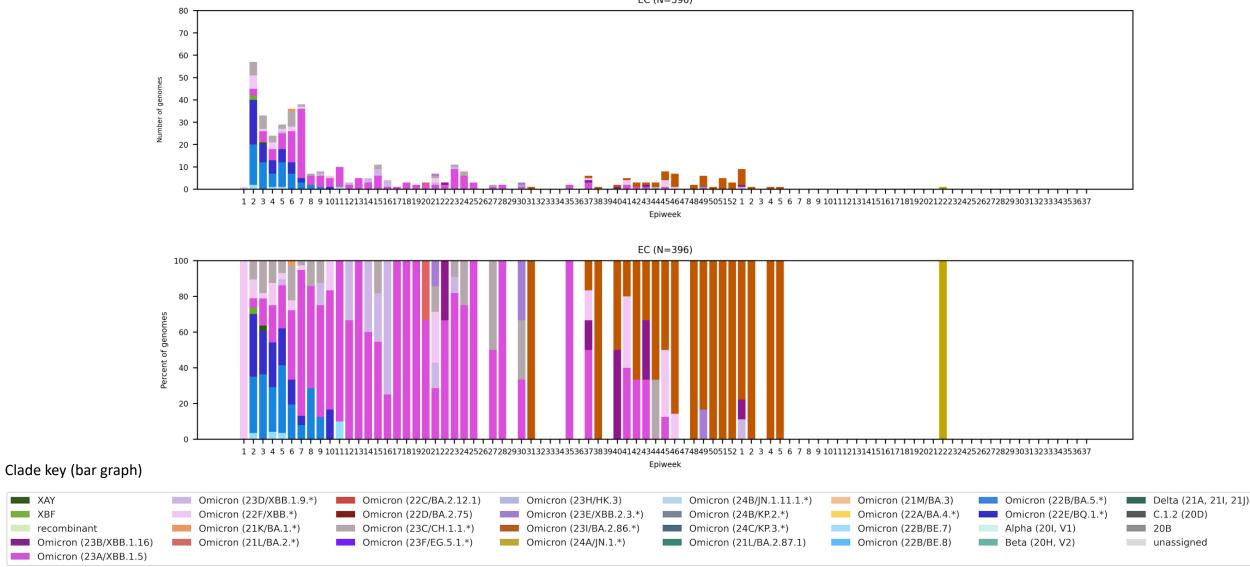
XAY

XBF

Network for Genomic Surveillance in South Africa

Eastern Cape Province, 2023-2024, N=396

Genomes added since last report: 1 EC (N=396)



XAY

XBF

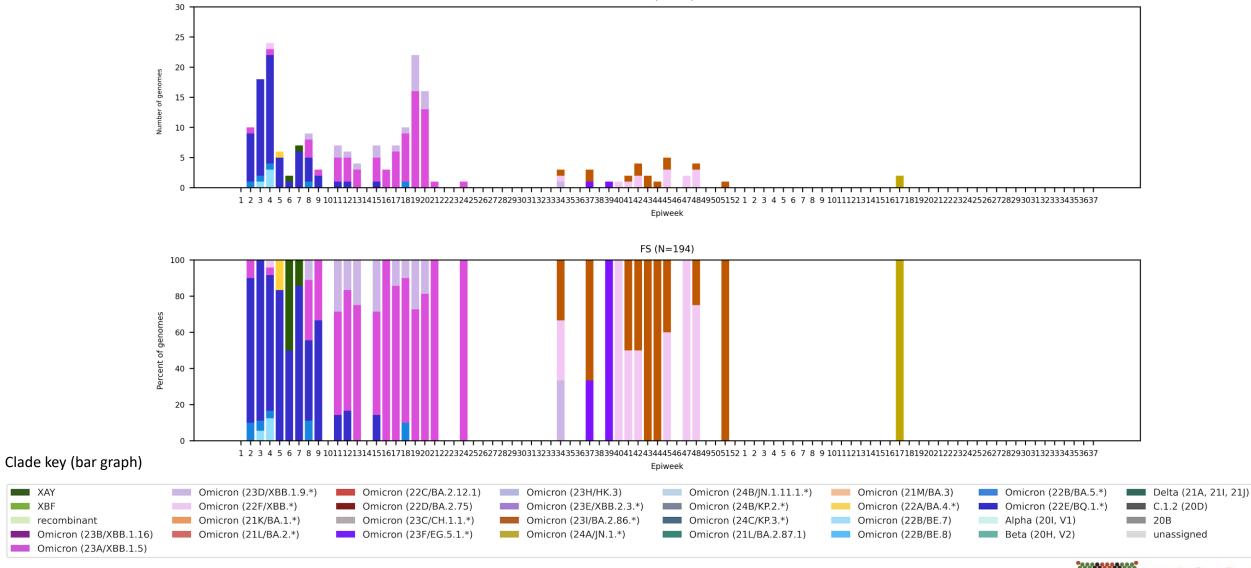
recombinant



Free State Province, 2023-2024, N=194

Genomes added since last report: 0

FS (N=194)



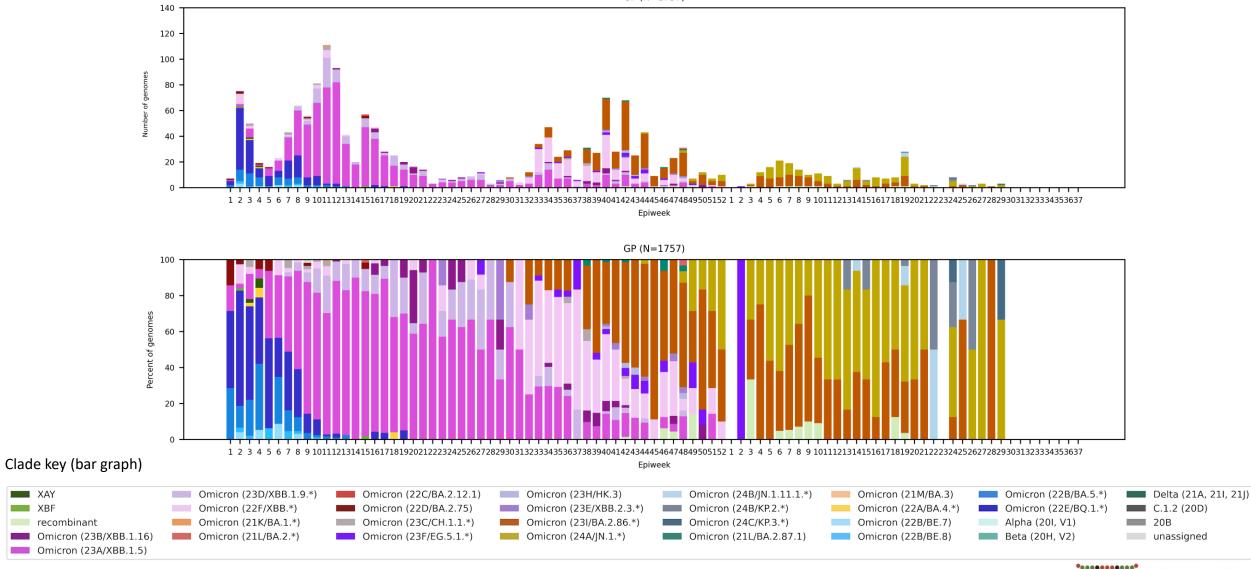
XAY



Gauteng Province, 2023-2024, N=1757

Genomes added since last report: 11

GP (N=1757)



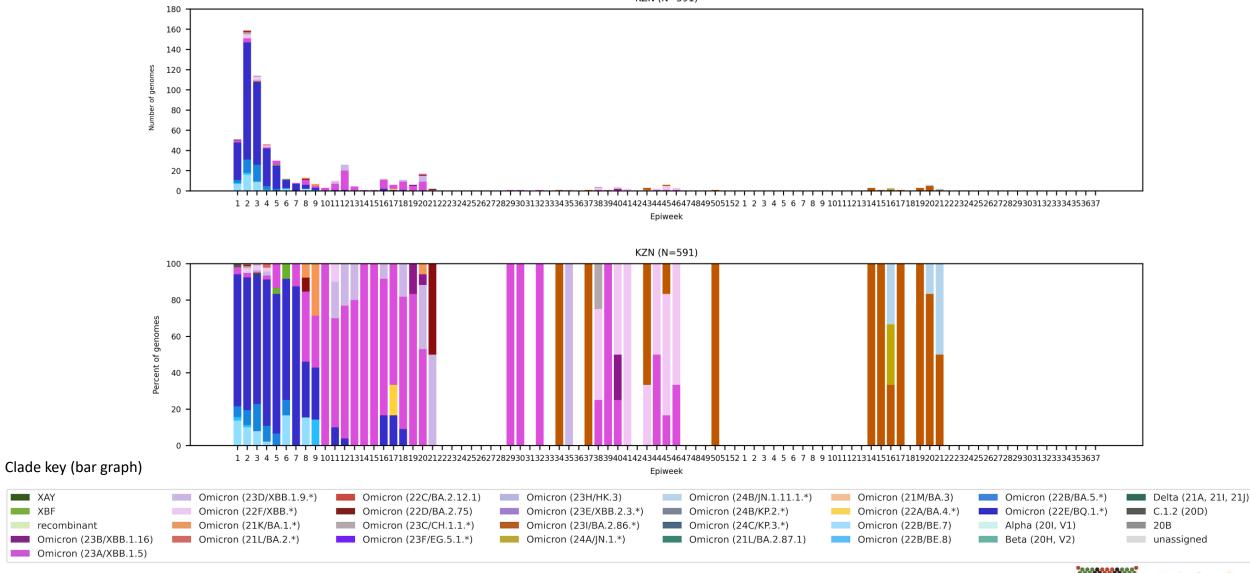
Network for Surveillance in South Africa

XAY

KwaZulu-Natal Province, 2023-2024, N=591

Genomes added since last report: 0

KZN (N=591)



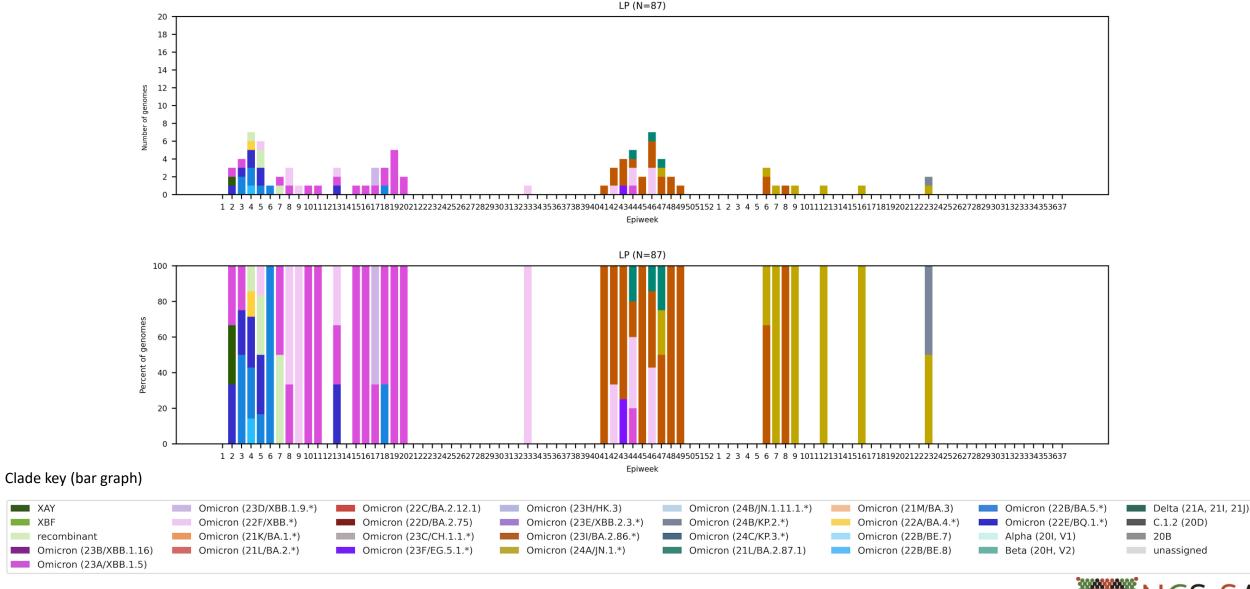
XAY



Limpopo Province, 2023-2024, N=87

Genomes added since last report: 0

LP (N=87)



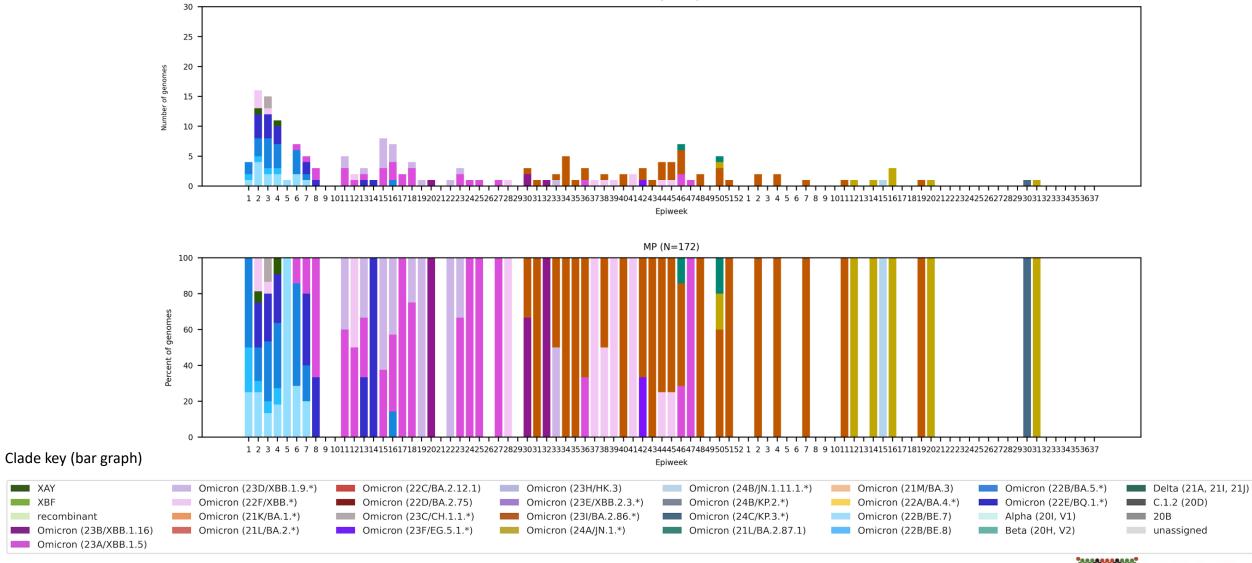
XAY



Mpumalanga Province, 2023-2024, N=172

Genomes added since last report: 2

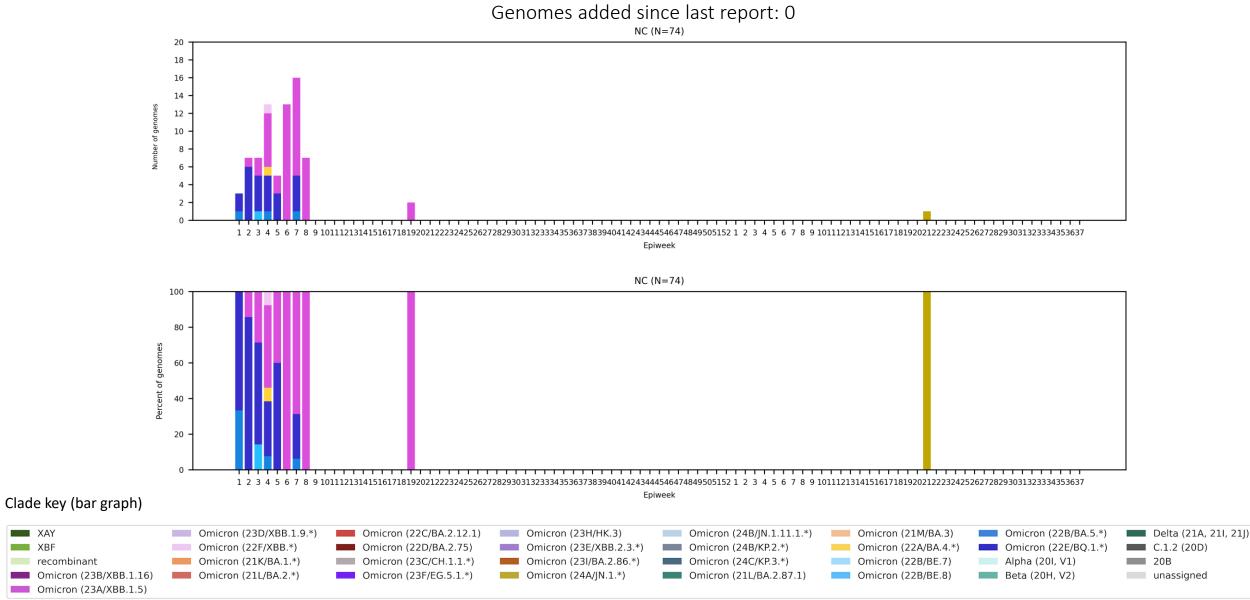
MP (N=172)



XAY



Northern Cape Province, 2023-2024, N=74



XAY

XBF

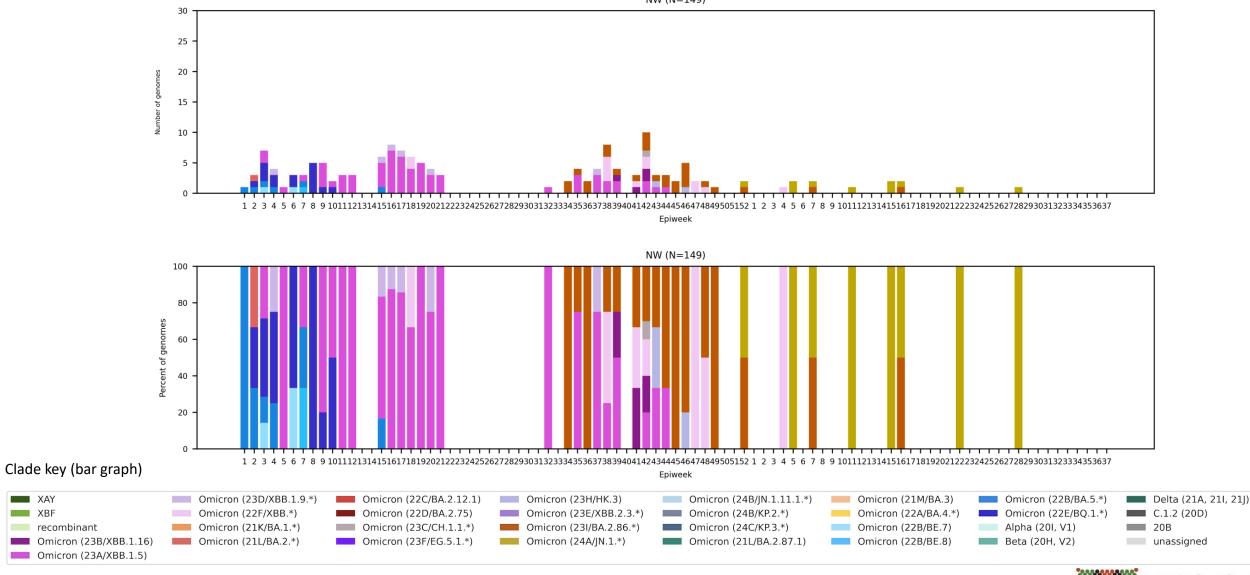
recombinant



North West Province, 2023-2024, N=149

Genomes added since last report: 1

NW (N=149)

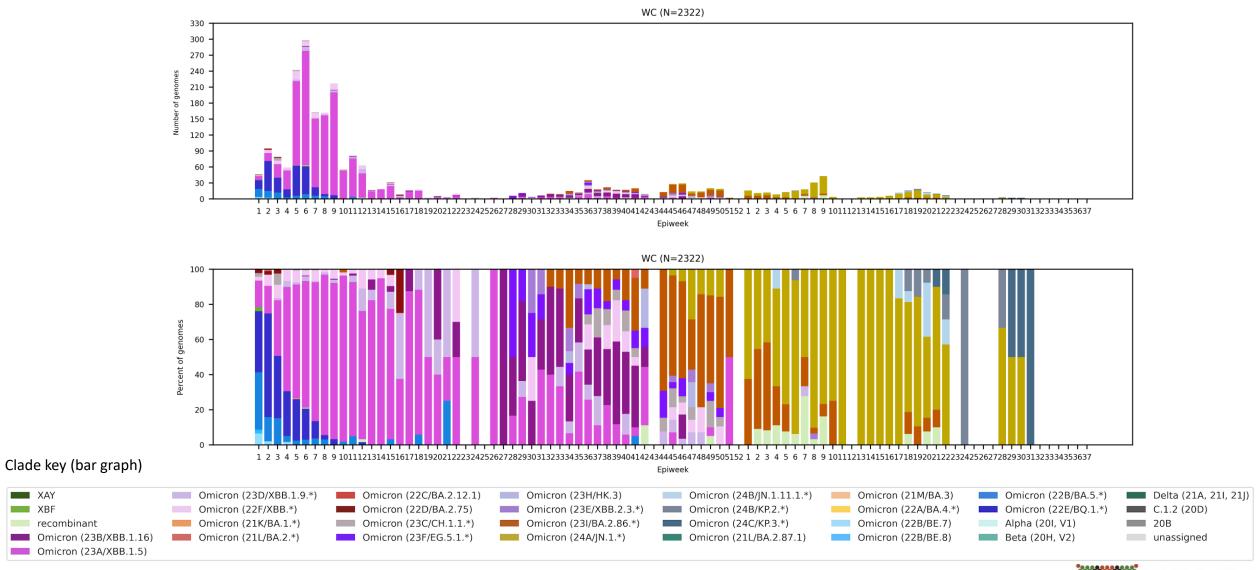


XAY



Western Cape Province, 2023-2024, N=2322

Genomes added since last report: 12



XAY

XBF

recombinant



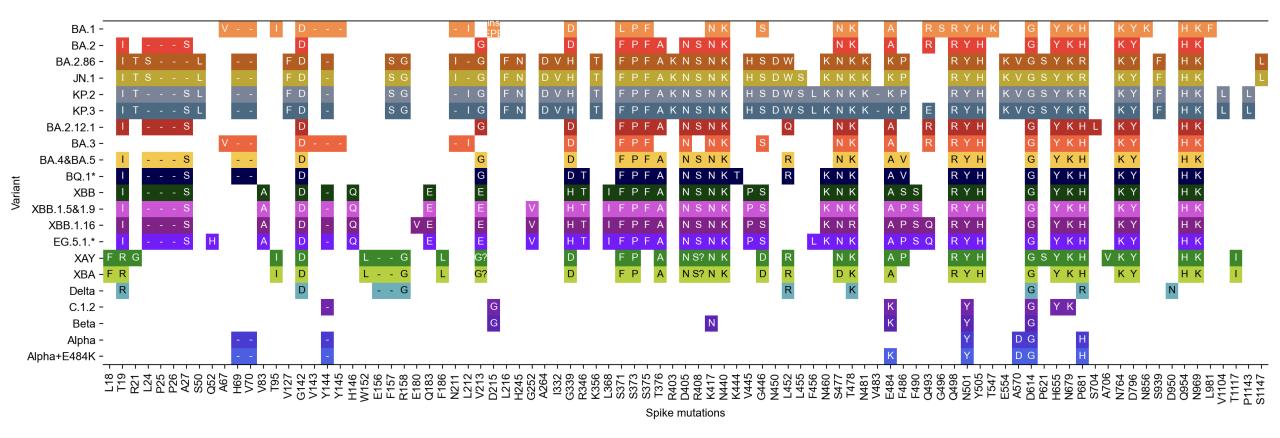
Summary

- Sequencing update
 - Testing for SARS-CoV-2 throughout the whole country is very low, and as a result few specimens are being submitted for sequencing
 - SARS-CoV-2 detections remain stable from systematic testing in sentinel syndromic surveillance (<u>WEEKLY</u> <u>RESPIRATORY PATHOGENS SURVEILLANCE REPORT</u>)
- Variant of Concern Omicron in South Africa
 - The JN.1 lineage is the dominant lineage, accounting for 54% of sequences in May, 44% in June and 56% in July. BA.2.86 lineages (parent lineage of JN.1) continue to be detected, but have declined in prevalence
 - Variants under monitoring (VUM) KP.2 (n=18) and KP.3 (n=8), have been detected in Gauteng, Limpopo, Mpumalanga and the Western Cape between February and July. Both VUMs have increased in prevalence in the recent months
 - Recombinant XDD.1.1 (EG.5.1.1 and JN.1.1) has been detected in Gauteng (n=6) and the Western Cape (n=22). It
 has a cumulative prevalence of <0.5% worldwide.

 Going forward this SARS-CoV-2 NGS-SA report will no longer be generated, however circulating SARS-CoV-2 lineages will continue to be monitored and will be reported in the Weekly Respiratory Pathogens Surveillance Report (<u>https://www.nicd.ac.za/diseases-a-z-index/disease-index-covid-19/surveillance-reports/weekly-respiratory-pathogenssurveillance-report-week/</u>)



Spike protein mutation* profile of Variants of Interest and Concern

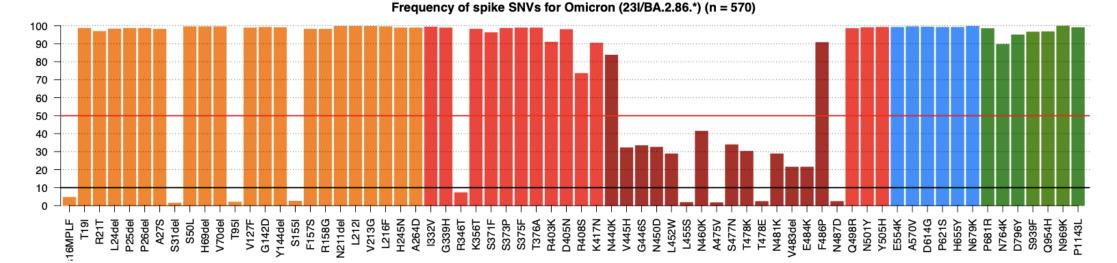


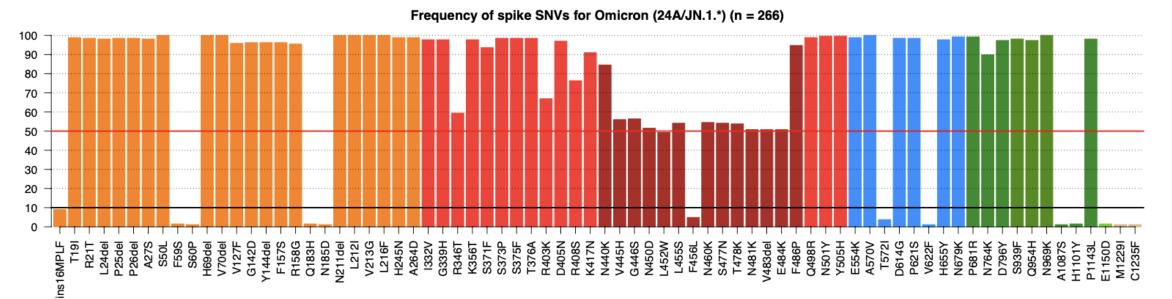
- Multiple changes within the two immunogenic regions in S1 (NTD and RBD)
 - Including a three amino acid insertion
- Accumulation of mutations surrounding the furin cleavage site
 - Including combination of N679K and P681H
- Effect of most spike S2 subunit changes have not been defined, but may be linked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

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



BA.2.86.* and JN.1.* spike mutations*





*Only mutations present in ≥1% of sequences are shown.

Mutation

University of Stellenbosch & NHLS Tygerberg Virology



Wolfgang Engelbrecht Gert van Zvl Tongai Maponga Tania Stander Mathilda Classen **Diagnostic laboratory staff** Tulio de Oliveira Eduan Wilkinson Houriivah Tegally Monika Moir Lucious Chabuka Derek Tshiabuila Yeshnee Naidoo

Stellenbosch | CER

Centre for Epidemic

University of Cape Town, NHLS & Western Cape Government



Bruna Galvão Linda Boloko Arghavan Alisoltani (U. California)







Š

CAPE TOWN HVTN

cience & innovation ce and innevation IBLIC OF SOUTH AFRICA

UKZN-Inkosi Albert Luthuli Central Hospital

INYUVES



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

Emerging Viral Threats & One Health (EVITOH) division, Infectious Disease and Oncology Research Institute (IDORI). University of the Witwatersrand:

Centre for Emerging and Reemerging Arbo & Respiratory virus research (CEARV), **Department Medical Virology, University of** Pretoria

> Maritjie Venter Caitlin MacIntvre Gadean Brecht

> > BILL& MELINDA GATES foundation

NHLS Tshwane NATIONAL HEAL 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 Bill and Melinda Gates Foundation

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



Tulio de Oliveira Richard Lessels Houriivah Tegally Eduan Wilkinson Jennifer Giandhari Sureshnee Pillav

KRISP at UKZN:





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 Dikeledi Kekana Buhle Ntozini health

Department: Health REPUBLIC OF SOUTH AFRICA

7

Centre for HIV and STIs Sequencing Core Facility Zamantungwa Khumalo Annie Chan Morne du Plessis Stanford Kwenda Phillip Senzo Mtshali

Mushal Allam Florah Mnvameni Arshad Ismail













University of the

Free State

Dominique Goedhals

Emmanuel Ogunbayo

Makgotso Maotoana

NHLS Division of Virology

Diagnostic laboratory staff

Lutfiyya Mohamed

Sabeehah Vawda

Thokozani Mkhize

Felicity Burt

Armand Bester

Martin Myaga

Peter Mwangi

Milton Mogotsi

UNIVERSITY OF THE FREE STATE UNIVERSITEIT VAN DIE VRYSTAAT YUNIVESITHI YA FREISTATA

UFS

National Institute for Communicable Diseases





Mashudu Madzivhandila

NICD COVID-19 response team

NICD SARS-CoV-2 Sequencing

Prudence Kgagudi

Brent Oosthuysen

Penny Moore

Lynn Morris

NICD Groups

AFRICA CDC

Group



HYRAX CAPE TOWN HVTN PATHOLOGISTS

AMPATH

LABORATORIES

1

PathCare

Vermaak

africa

aboratorie

FIOCRUZ



NHLS

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 Drever 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

Additional support and collaborators

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























NATIONAL HEALTH LABORATORY SERVICE

XX

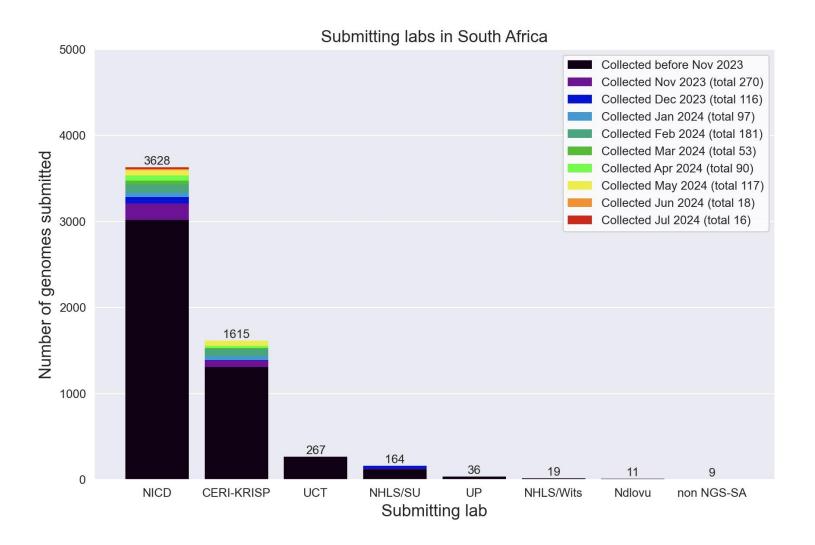
ЕDСТР

3030) is part of the

European Union"

EDCTP2 programme supported by the

South African genomes submitted per submitting lab, 2023 - 2024 (N=5749)



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 (VOIs) (as of 28 June 2024)

Pango lineage	Next strain clade	Genetic features	Earliest documented samples	Date of designation and risk assessments
BA.2.86 ^{\$}	231	Mutations relative to BA.2	24-07-2023	21-11-2023 BA.2.86 Initial Risk Evaluation, 21 November 2023
JN.1#	24A	BA.2.86 + S:L455S	25-08-2023	18-12-2023 JN.1 Initial Risk Evaluation 18 December 2023 JN.1 Updated Risk Evaluation 9 February 2024 JN.1 Updated Risk Evaluation 15 April 2024

Currently circulating variants under monitoring (VUMs) (as of 19 July 2024)

Pango lineage	Next strain clade	Genetic features	Earliest documented samples	Date of designation
JN.1.7	Not assigned	JN.1 + S:T572I, S:E1150D	25-09-2023	03-05-2024
KP.2	24B	JN.1 + S:R346T, S:F456L, S:V1104L	02-01-2024	03-05-2024
KP.3	24C	JN.1 + S:F456L, S:Q493E, S:V1104L	11-02-2024	03-05-2024
KP.3.1.1	24C	KP.3 + S:S31-	27-03-2024	19-07-2024
JN.1.18	Not assigned	JN.1 + S:R346T	02-11-2023	03-05-2024
LB.1	Not Assigned	JN.1 + S:S31-, S:Q183H, S:R346T, S:F456L	26-02-2024	28-06-2024

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

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.)