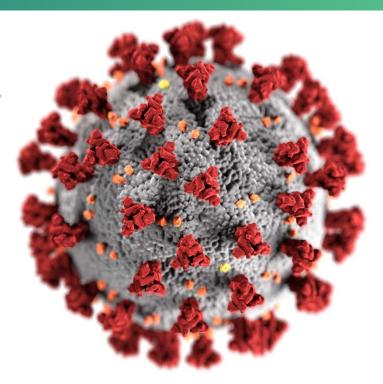
Detecting and prioritizing SARS-CoV-2 variants

COVID-19 Genomic Epidemiology Toolkit: Module 2.6: Detecting & prioritizing variants

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Toolkit map

Part 1: Introduction

- 1.1 What is genomic epidemiology?
- 1.2 The SARS-CoV-2 genome
- 1.3 How to read phylogenetic trees
- 1.4 Emerging variants of SARS-CoV-2

Part 2: Case Studies

- 2.1 SARS-CoV-2 sequencing in Arizona
- 2.2 Healthcare cluster transmission
- 2.3 Community transmission
- 2.4 Superspreading event
- 2.5 Confirming reinfection
- 2.6 Detecting & prioritizing variants
- 2.7 Wastewater-based variant tracking

Part 3: Implementation

- 3.1 Getting started with Nextstrain
- 3.2 Getting started with MicrobeTrace
- 3.3 Phylogenetics with UShER
- 3.4 Walking through Nextstrain trees
- 3.5 Public data repositories
- 3.6 Sequencing strategies



CDPHE sequencing capacity

- Funded PulseNet Regional Lab www.cdc.gov/pulsenet/index.html
- State support for COVID-19 specific positions and additional instrumentation

 CDC/State funded cloud computing resources for genome sequence analyses





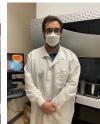


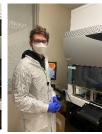








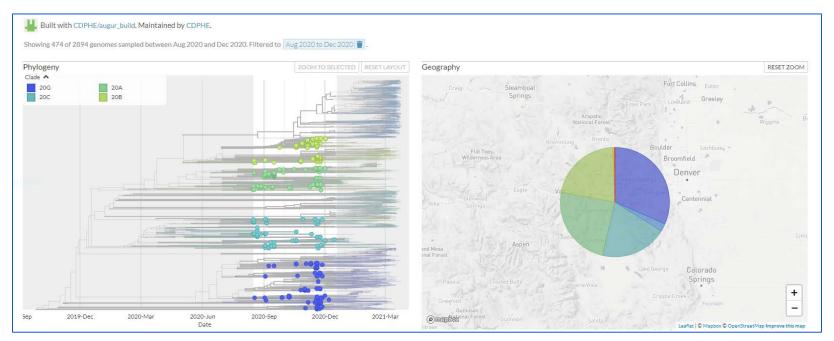






CDPHE sequencing priorities: August – December 2020

- First run completed in August 2020
- > 450 sequences supporting more than 100 individual investigations



https://nextstrain.org/groups/spheres/ncov/colorado?c=clade_membership&dmax=2020-12-31&dmin=2020-08-01&f_division=Colorado&p=full

CDPHE sequencing priorities: August – December 2020

• Initial focus on congregate living facilities for:

- 1. Outbreak investigation
 - Was virus introduced into a facility by one transmission event or many?
- 2. Confirming reinfection
 - Was a particular resident reinfected, or was the viral shedding from a previous infection?

 This information informed cohorting and contact tracing in subsequent outbreaks at similar facilities.

Emergence of VOC B.1.1.7

- First described in December 2020
- Classified as Variant of Concern (VOC)
- Deletion within spike (S) gene
- Produces a characteristic S Gene Target Failure (SGTF) on the ThermoFisher TaqPath RT-PCR assay.
- Module 1.4 Emerging variants of SARS-CoV-2

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment data/file/959426/Variant of Concern VOC 202012 01 Technical Briefing 5.pdf



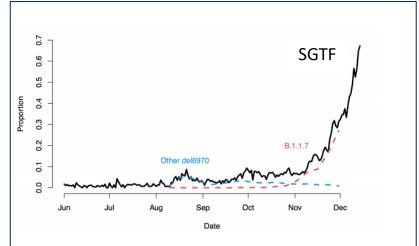
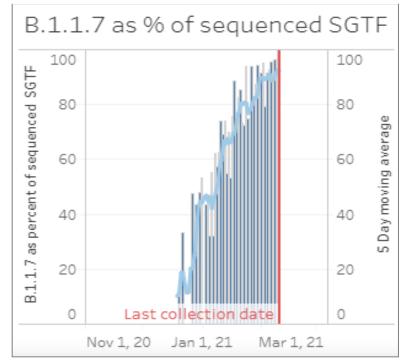


Figure 2. The solid black line shows the proportion of positive tests with S dropout at the Milton Keynes Lighthouse lab, the dashed red line shows the proportion of all Lighthouse sequences that are B.1.1.7, and the blue dashed line shows the proportion of sequences that are other variants with $\Delta 69\text{-}70$.

CDPHE sequencing priorities: Dec 2020 – present

- Pivot priority to SGTF
 - SGTF specimens identified at clinical and commercial labs routed to CDPHE
 - First U.S. case of B.1.1.7
 detected in Colorado, Dec 2020
 - Unlike other locations, 100% of SGTF specimens sequenced in CO from Dec 2020 - Jan 2021 were B.1.1.7

B.1.1.7 as % of sequenced SGTF US Data,
Illumina-Helix

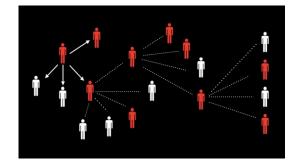


www.helix.com/pages/helix-covid-19-surveillance-dashboard

Variant detection and response prioritization

Variant emergence increased statewide engagement for a broad surveillance program

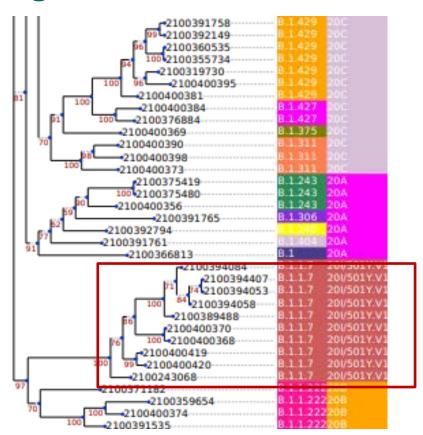
- Case investigation and contract tracing (CI/CT):
 - Daily meetings
 - Communicate sequence data as needed
- Epidemiology feedback:
 - Helps with contact tracing
 - Consistently detects secondary positive cases
 - Limited by turnaround time



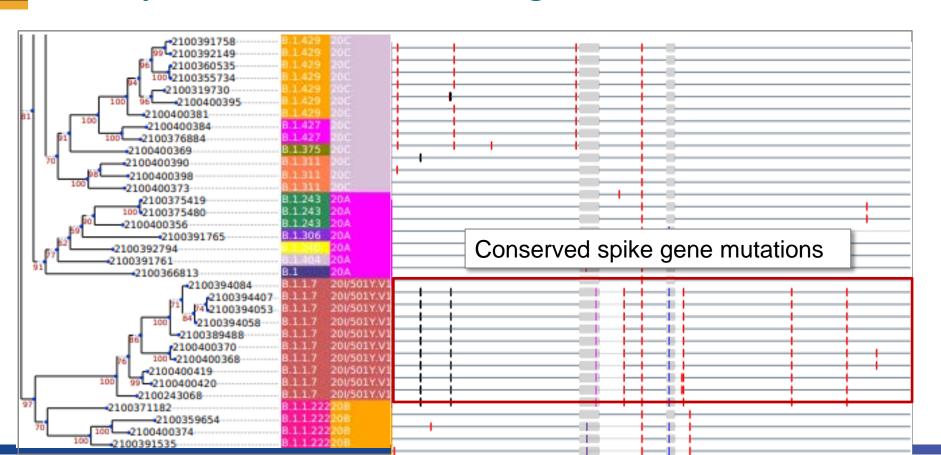
Example B.1.1.7 cluster investigation

 Individual specimen with SGTF identified at a commercial laboratory

- Index specimen unavailable for sequencing
- But CI/CT identified 10 additional B.1.1.7 cases among family and coworkers



Example B.1.1.7 cluster investigation



Detecting other variants with sentinel surveillance

- Surveillance by convenience sampling
 - Random sampling: 30 positive specimens per week from each clinical laboratory within statewide sentinel surveillance network
 - CDPHE-tested: all positive specimens identified at the state lab

■ Better surveillance sampling → sequencing increased > 5-fold:

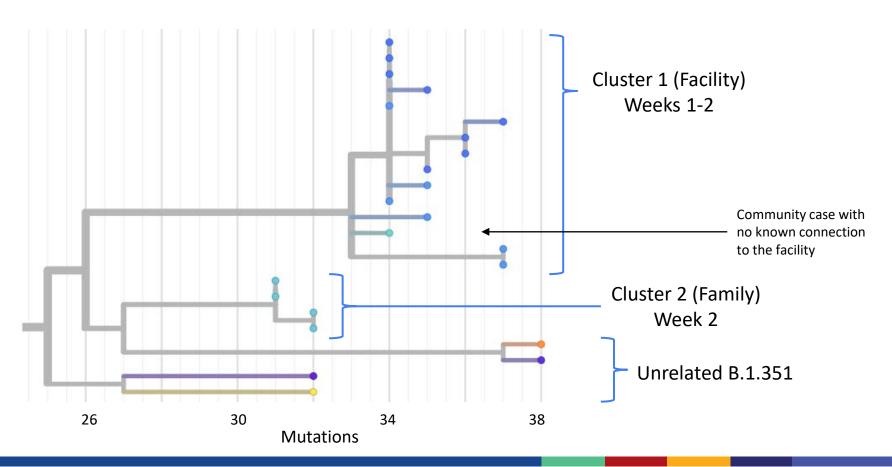
December 2020: 180 specimens / week

April 2021: 1,000 – 1,200 specimens / week

Detecting other variants with sentinel surveillance

- Surveillance sequencing led to the detection of the first B.1.351 in Colorado
 - Multiple positives were identified as B.1.351 from the same county and connected to a congregate living facility (March 1, 2021)
 - Case investigation and contact tracing at the facility identified additional cases of B.1.351
 - The following week (March 8, 2021), multiple specimens from another county were identified among members of a single family

Two B.1.351 clusters identified in March 2021

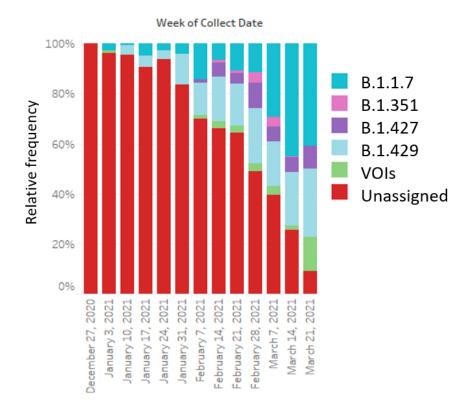


Tracking proportions of VOC/VOI

- CO continues to track VOC/VOI (Variant of Interest) proportions
- Excludes all:
 - Known SGTF submissions
 - Known VOC/VOI investigations
 - Special studies with CDC

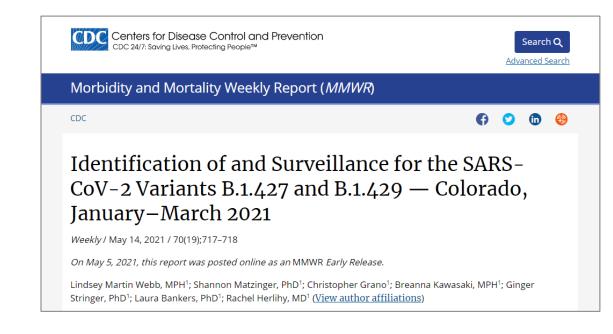
CDC COVID Data Tracker:

https://covid.cdc.gov/covid-data-tracker/#variant-proportions



Sequencing supports understanding virus transmission and COVID-19 severity

- VOC B.1.427/B.1.429
 MMWR
- Vaccine breakthrough
- Reinfection
- Wastewater surveillance
 - See Module 2.7



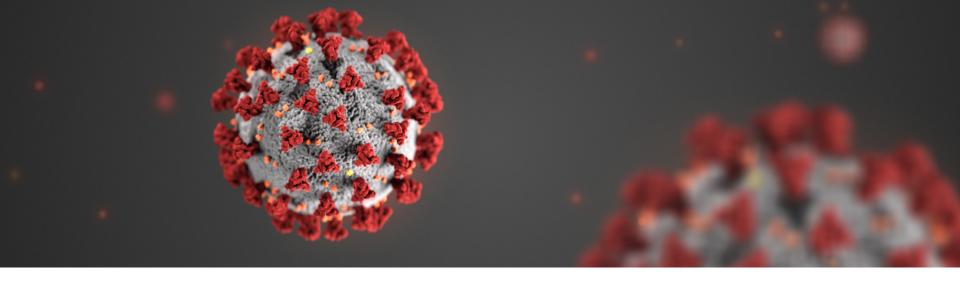
Summary

- Sequencing efforts support both national and statewide characterization of SARS-CoV2 transmission and COVID-19 severity.
- Sequencing adds valuable information for case investigation, contact tracing, and outbreak response
 - Most VOC cases identified by sequencing have led to detection and quarantine of secondary positives.
- Contribution of SGTF investigation to overall surveillance in CO
 - Layered approach to balance investigation of all SGTFs
 - Continue to monitor whether targeted surveillance impacts overall surveillance
- Detecting emerging variants
 - Unbiased, statewide surveillance is necessary to monitor and detect emerging VOCs not associated with SGTFs.

Learn more

- Other modules
 - Emerging variants of SARS-CoV-2 Module 1.4
 - Distinguishing workplace from community transmission Module 2.3
- COVID-19 Genomic Epidemiology Toolkit
 - Find further reading
 - Subscribe to receive updates on new modules as they are released
 - go.usa.gov/xAbMw





For more information, contact CDC 1-800-CDC-INFO (232-4636) TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

