

Federal Office of Public Health FOPH  
Public Health Directorate Communicable  
Diseases Division  
Schwarzenburgstrasse 157  
3003 Berne  
Switzerland

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Geneva Centre for  
Emerging Viral Diseases

Division of Infectious  
Diseases

Department of Medicine

Laboratory of virology

Division of Laboratory  
Medicine

Diagnostic Department

## SARS-CoV-2 genomic surveillance in Geneva: bi-weekly update

### Caveat:

- Since January 2023, only a limited number of samples (up to 30) from the Geneva area are sequenced weekly. Therefore, the biweekly data published by our laboratory might provide some trends regarding local epidemiology but are not optimally representative. Please note that in terms of representability, this data should be interpreted cautiously due to cluster effects.

### Highlights:

- **The number of tests done at our laboratory and the positivity rate continues to slowly but progressively decrease.** (Figure 1).
- **Hospitalization rates at the HUG are stable at low levels since mid-January and tend to progressively decrease over the last month.** For more information, please refer to the weekly CH-SUR report.
- **All sequences identified on specimen collected since the end of April were XBB.1.5-like variants.** (Figure 2)
- **XBB.1.16** sequences have been identified in 2 samples in mid-April, but does not appear to be replacing XBB.1.5 in the Geneva area.
- **XBB.1.9 sequences are progressively increasing in proportion since mid-April** and represented more than half of the identified sequences mid May.

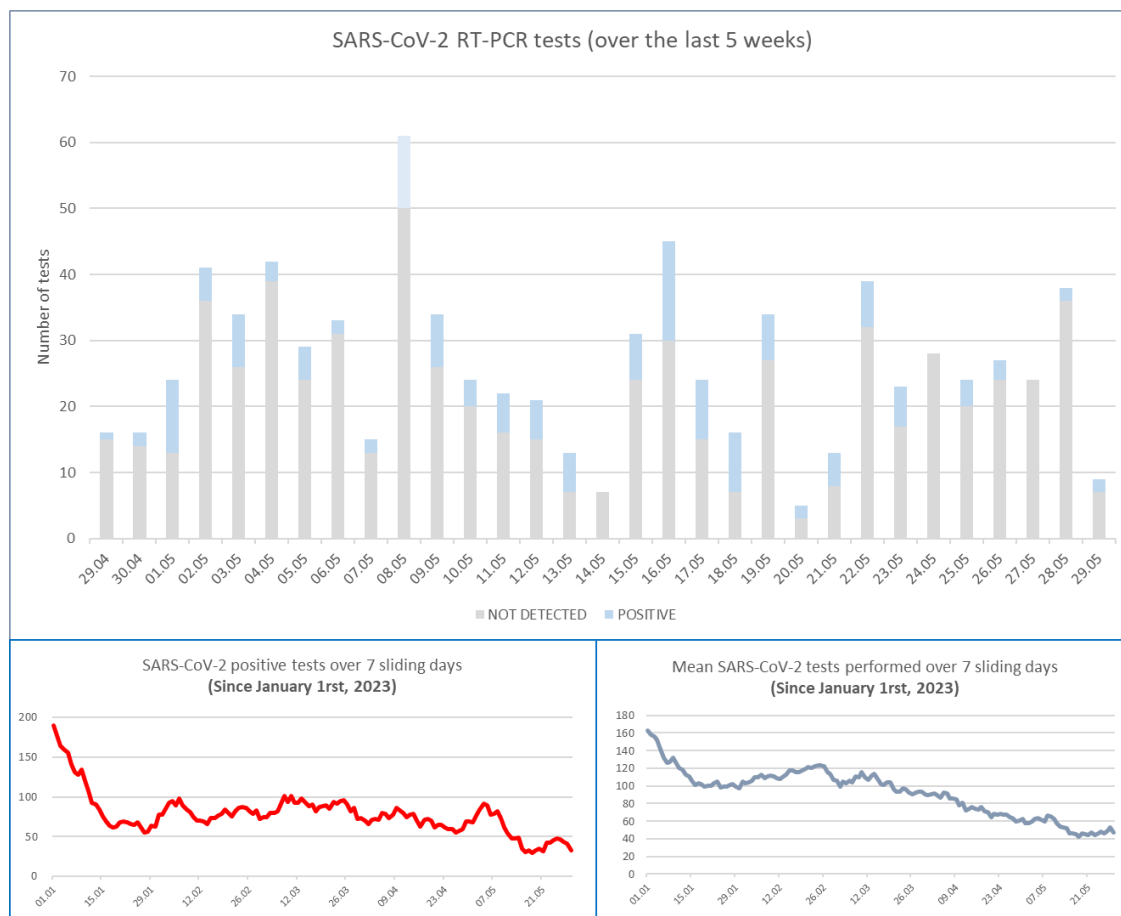
More information can be found in the monthly national surveillance report available at <https://www.hug.ch/centre-maladies-virales-emergentes/programme-sequencage-national-du-sars-cov-2>

**XBB** is a recombinant of two Omicron sublineages : A BA.2 sublineage (BJ.1) and a BA.2.75 (BM.1.1.1) sublineage. Its breakpoint is located on the spike protein's RBD domain (Receptor Binding Domain).

**XBB.1.5-like** These sublineages additionally acquired a mutation on the spike protein (486P) that increases its affinity to ACE-2 in vitro and therefore likely its transmissibility.

**XBB.1.16** is currently displacing XBB.1.5 in many countries. It has a similar genetic profile as XBB.1.15, with additional mutations (E180V and K478R) in the spike protein.

**XBB.1.9** is another variant displacing XBB.1.15 in many countries. The main differences in mutations lay in the ORF1a gene, with XBB1.9 displaying two additional mutations (G1819S, T4175I).

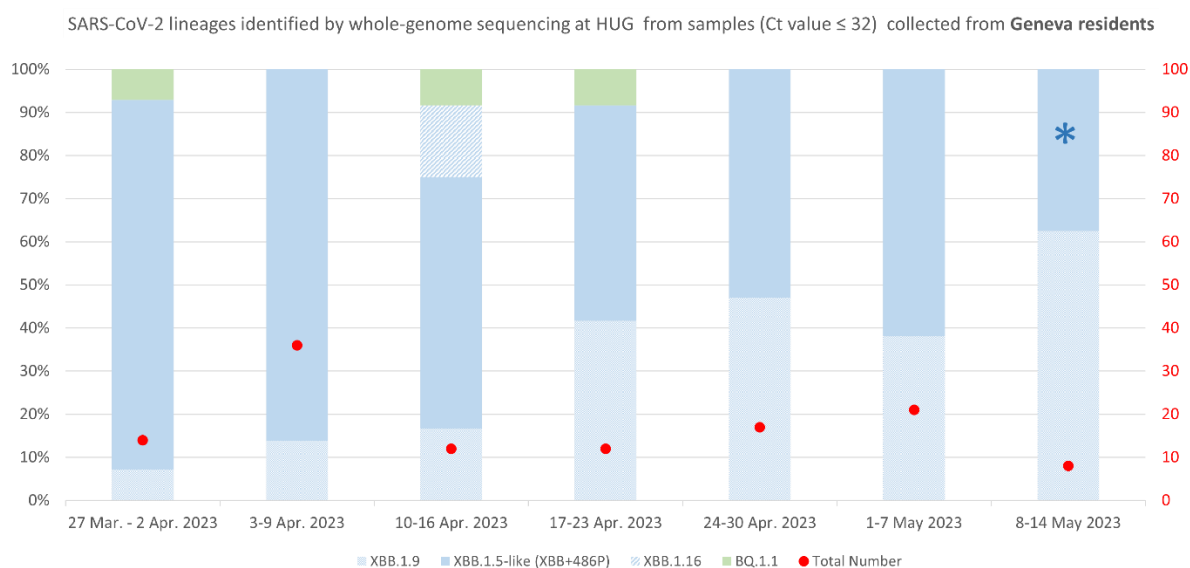


**Figure 1:** Number of SARS-CoV-2 tests performed at the HUG laboratory of virology (per day). Positive tests are displayed in light blue (top). Bottom left: SARS-CoV-2 positive tests over 7 sliding days. Bottom right: mean SARS-CoV-2 tests performed over 7 sliding days.

### The laboratory of virology of the Geneva University Hospitals as a sentinel site for the Geneva area

The number of tests (PCR and antigen tests) performed at the Geneva University Hospitals represented around 74% (311/420), and 84% (372/445) of the total number of tests performed in the canton of Geneva during weeks 20 and 21 of 2023, respectively. Roughly 62% (32/52) and 55% (41/75) of the positive specimens collected in the Geneva area were processed at HUG during weeks 20 and 21, respectively. Specimens analyzed at the HUG originate mainly from hospitalized patients.

The number of positive tests in the canton and the total number of tests done during the surveilled weeks are available on the website of the Federal Office of Public Health ([COVID-19 Suisse | Coronavirus | Dashboard \(admin.ch\)](https://www.admin.ch/gov/de/section/04600/index.html)).



**Figure 2:** SARS-CoV-2 lineages identified by whole-genome sequencing at HUG from samples (Ct-value  $\leq 32$ ) collected from Geneva residents (Sentinella specimens excluded). \* Sequencing is still ongoing for week 19. A total of 120 sequences were included in this analysis. Note that sequencing has been shifted towards hospitalized patients since the beginning of 2023.

## Methods and collaborations

WGS is conducted in close collaboration with the Health 2030 Genome Center in Geneva and Philippe Le Mercier from the Swiss Institute of Bioinformatics. The national genomic surveillance program has been ongoing in Switzerland since March 1, 2021, and includes specimens collected at the HUG with a Ct-value  $\leq 32$ . In some instances, sequencing can be done on specimens sent by other laboratories in Switzerland within the surveillance program or by request of the cantonal physician team. Phylogenetic analysis data are produced by Nextstrain in collaboration with Richard Neher's group at the University of Basel and analyzed by Emma Hodcroft, from the Geneva Centre for Emerging Viral Diseases and the University of Geneva. In addition, partial Sanger sequencing may be done by our laboratory.

Geographic distribution, transmission advantage estimates and exact numbers of available sequences over time in the canton of Geneva are available on the CoVSpectrum platform, run by Tanja Stadler's group at ETH Zurich.

These reports are produced in collaboration with the Geneva Cantonal Physician team, which provides information on epidemiological links. Please refer to the EpiScope report (EpiScope | ge.ch) for epidemiological data.

Laurent Kaiser, Samuel Cordey, Manuel Schibler, Francisco Perez Rodriguez and Pauline Vetter for the HUG and the Geneva Centre for Emerging Viral Diseases.  
Geraldine Duc for the Geneva Cantonal Physician team.