SARS-CoV-2 genomic surveillance in Geneva: monthly update
Weeks 29 to 32 (mid-July to mid-August) 2023

Caveat:
- Data published by our laboratory might reveal some trends regarding local epidemiology but are not optimally representative, as the number of available sequences has been low since the beginning of 2023. In terms of representability, this data should be interpreted cautiously due to possible cluster effects.

Highlights:
- The number of positive tests performed by our laboratory progressively increased over the last 5 weeks. (Figure 1). The mean positivity rate progressively increased to reach 15% again during week 33.
- In parallel, the number of hospitalizations directly due to COVID increased again at the HUG during weeks 32 and 33. For more information, please refer to the weekly CH-SUR report.
- XBB.1.5-like, XBB.1.19 and XBB.1.16 variants and their derivatives are co-circulating in the Geneva area. (Figure 2)
- BQ.1 and BQ.1.1 have been again identified in the last sequencing batch, in patients presenting with acute infection.
- The first EG.5 derivative sequence (EG.5.1) identified in the Geneva area was collected at the end of July.
- Of note, no BA.2.86 has yet been retrieved in the Geneva area nor in Switzerland in a clinical specimen. However, BA.2.86 was detected in wastewater surveillance in Laupen (BE), at the beginning of August.

More information can be found in the monthly national surveillance report available at

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). Different XBB sublineages are circulating worldwide, mainly XBB.1.5-like (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 (similar genetic profile as XBB.1.5, with additional mutations (E180V and K478R) in the spike protein), and XBB.1.9 (main differences with XBB.1.5 are mutations in the ORF1a gene, with XBB1.9 displaying two additional mutations (G1819S, T4175I)).

EG.5, a variant under monitoring with an increasing global prevalence, is an XBB.1.9.2 derivative that carries the additional mutation F456L.

BA.2.86 is descendent of BA.2. Despite the low number of sequences retrieved worldwide (n=9 as of August, 24, 2023), it has been appointed a new variant under monitoring on August 17, 2023 due to its high number of mutations leading to antigenic change and its identification in wide geographic area in the context of a decreased global genomic surveillance. Its origin is still unknown, as basal BA.2 has not been circulating for one year, worldwide.
Follow-up of previous updates in Geneva

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 80% (210/264), 84% (214/255), 86% (242/280) and 87% (369/426) of the total number of tests performed in the canton of Geneva during weeks 29, 30, 31 and 32 of 2023, respectively. Roughly 44% (12/27), 56% (14/25), 75% (21/28) and 75% (55/73) of the positive specimens collected in the Geneva area were processed at HUG during weeks 29, 30, 31 and 32, 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)).

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.
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 ≤ 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 CoV Spectrum 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.

Geraldine Duc for the Geneva Cantonal Physician team.