

SARS-CoV-2 variant data update, England

Version 25

25 March 2022

This edition provides an update on previous data noted within the technical <u>briefings and variant data updates</u> up to 11 March 2022.

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Part 1. Surveillance overview

This document uses the current variant classification system, and a new system will come into effect on 1 April 2022 as described in <u>Technical Briefing 38</u>. In accordance with the new variant classification system, relevant information from current surveillance will be presented in the variant Technical Briefing.

World Health Organization (WHO) nomenclature from 24 January 2022 is incorporated. Tables 1a and 1b show the current variants of concern (VOC), variants under investigation (VUI), and variants in monitoring (VIM) detected and not detected in the United Kingdom (UK) incorporating WHO designations with Phylogenetic Assignment of Named Global Outbreak Lineages (Pangolin lineages).

Table 1a. Variants detected in the UK in the past 12 weeks

Variants of concern	Variants under investigation	Variants in monitoring
Alpha (B.1.1.7) VOC-20DEC-01	VUI-21OCT-01 (AY.4.2)†	B.1.640
Delta (B.1.617.2 and sub-lineages) VOC-21APR-02	VUI-22JAN-01 BA.2††	BA.3
Omicron (B.1.1.529, and sub-lineages) VOC-21NOV-01		Delta and Omicron recombinant lineages (UK)
		BA.1/BA.2 Recombinant (with unique mutation C3583T)
		XE Recombinant
		XF Recombinant

[†] AY.4.2 is a sub-lineage within Delta that has been assigned as a distinct VUI.

Table 1b. Variants detected in GISAID, but not in the UK, in the past 12 weeks

Variants of concern	Variants under investigation	Variants in monitoring
Beta (B.1.351)	Mu (B.1.621)	AY.119.2/BA.1.1 Recombinant
VOC-20DEC-02	VUI-21JUL-01	
Gamma (P.1)	VUI-21APR-03	XD Recombinant
VOC-21JAN-02	(B.1.617.3)	

^{††} BA.2 is a sub-lineage within Omicron that has been assigned as a distinct VUI.

VOCs and VUIs are monitored weekly for observations within the last 12 weeks. If variants have not been detected in the UK within this period, they are moved to international status with continued monitoring. If a VOC or VUI has not been observed in the UK or international data sets within the preceding 12 weeks, it is designated as provisionally extinct, but monitoring remains in place. VUIs and signals in monitoring may also be removed from the grid if they show consistently low growth rates.

Sequencing coverage

<u>Figure 1</u> shows the proportion of COVID-19 cases that have linked to a valid sequencing result (sequences included have 50% of the genome with sufficient read coverage) or genotyping polymerase chain reaction (PCR) result over time. <u>Figure 2</u> shows the proportion of cases sequenced and genotyped over time by regions. <u>Figure 3</u> shows the proportion of cases sequenced and genotyped amongst cases who tested positive while in hospital.

Sequencing coverage is stable (<u>Figure 1</u>) and similar proportions are sequenced and genotyped across each region. Currently, the sequencing strategy for both Pillar 1 and 2 is:

- hospitalised cases and hospital staff
- cases among international travellers
- national core priority studies
- as near random a sample as possible from each region to the maximum coverage allowed by laboratory capacity.

Percentage of sequenced or genotyped episodes over time 170,000 100 160,000 90 150,000 140,000 80 130,000 120,000 110,000 100,000 90,000 -day rolling average 50 80,000 70,000 60,000 50,000 40,000 20 30,000 20,000 10 10,000 Oct 2020 Nov 2020Dec 2020 Jan 2021 Feb 2021Mar 2021 Apr 2021May 2021 Jun 2021 Jul 2021 Aug 2021Sep 2021Oct 2021 Nov 2021Dec 2021 Jan 2022 Feb 2022Mar 2022 Apr 2022 Specimen date Percentage sequenced or genotyped — Percentage sequenced — 7-day rolling average of total episodes

Figure 1. Coverage of sequencing with a valid result and genotyping over time (1 October 2020 to 20 March 2022)

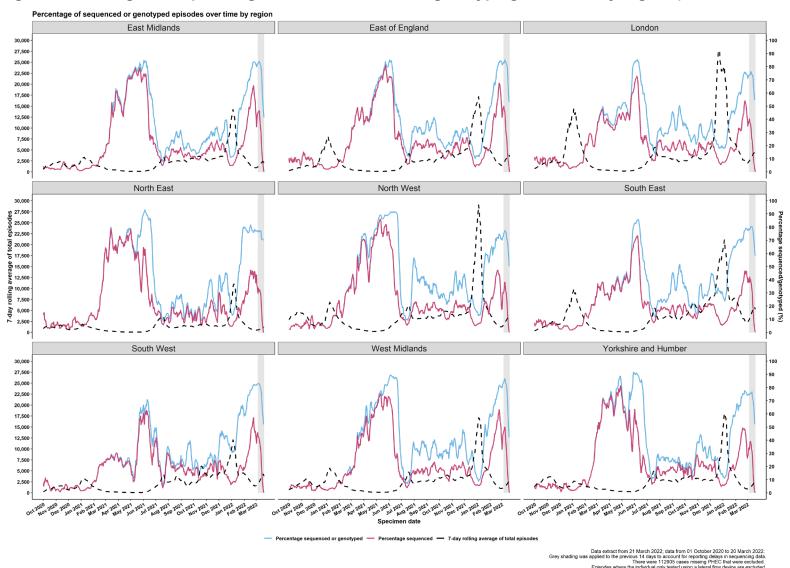
Data extract from 21 March 2022; data from 01 October 2020 to 20 March 2022.

Grey shading was applied to the previous 14 days to account for reporting delays in sequencing data.

Episodes where the individual only tested using a lateral flow device are excluded.

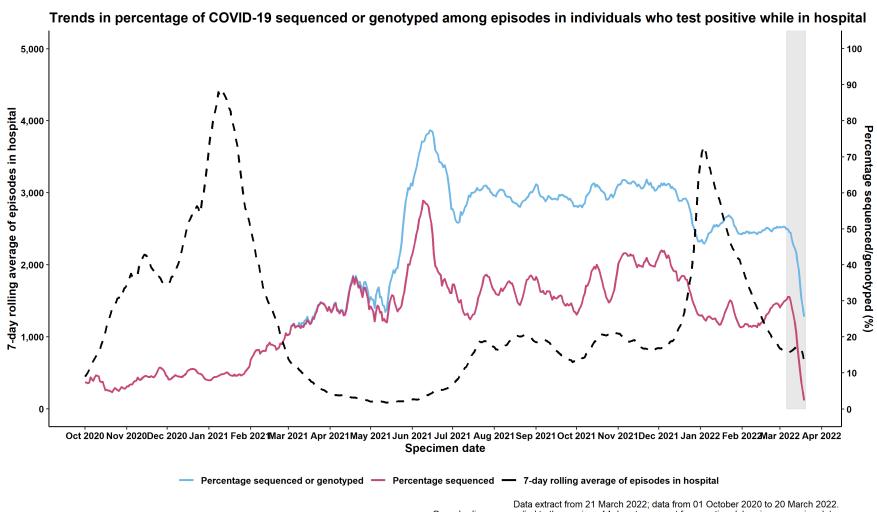
Episodes where the individual only tested using a lateral flow device are excluded. Grey shading was applied to the previous 14 days to account for reporting delays in sequencing data. (The data used in this graph can be found in the <u>accompanying spreadsheet</u>.)

Figure 2. Coverage of sequencing with a valid result and genotyping over time by region (1 October 2020 to 20 March 2022)



Episodes where the individual only tested using a lateral flow device are excluded. Grey shading was applied to the previous 14 days to account for reporting delays in sequencing data. (The data used in this graph can be found in the <u>accompanying spreadsheet</u>.)

Figure 3. Coverage of sequencing with valid result and genotyping for cases who test positive in hospital (1 October 2020 to 20 March 2022)



Grey shading was applied to the previous 14 days to account for reporting delays in sequencing data.

Episodes where the individual only tested using a lateral flow device are excluded.

Grey shading was applied to the previous 14 days to account for reporting delays in sequencing data.

Episodes where the individual only tested using a lateral flow device are excluded. Grey shading was applied to the previous 14 days to account for reporting delays in sequencing data. (The data used in this graph can be found in the <u>accompanying spreadsheet</u>.)

Part 2. Data on individual variants

Methodology note

As of 31 January 2022, COVID-19 surveillance data in England has been updated to recognise the possibility of a person being infected more than once. Positive SARS-CoV-2 tests more than 90 days apart are considered to be separate COVID-19 episodes. Consequently, in the tables and figures below, cases may be counted more than once if they have multiple episodes with sequencing or genotyping information. Figures may differ slightly from prior publications due to the changes in data processing.

Alpha – VOC-20DEC-01 (B.1.1.7)

This variant was designated VUI 202012/01 (B.1.1.7) on detection and on review re-designated as VOC-20DEC-01 (202012/01, B.1.1.7) on 18 December 2020. This was named Alpha by WHO on 31 May 2021.

Epidemiology

Table 2. Number of confirmed (sequencing) and probable (genotyping) Alpha - VOC-20DEC-01 (B.1.1.7) cases, by region of residence as of 22 March 2022

Region	Confirmed case number	Probable case number	Total case number	Case proportion
East Midlands	16,431	484	16,915	7.3%
East of England	20,064	190	20,254	8.8%
London	40,119	813	40,932	17.8%
North East	15,145	109	15,254	6.6%
North West	43,039	1,729	44,768	19.4%
South East	24,952	122	25,074	10.9%
South West	8,096	51	8,147	3.5%
West Midlands	19,524	1,314	20,838	9.0%
Yorkshire and Humber	35,990	892	36,882	16.0%
Unknown region	1,302	32	1,334	0.6%
Total	224,662	5,736	230,398	-

Figure 4. Confirmed (sequencing) and probable (genotyping) Alpha – VOC-20DEC-01 (B.1.1.7) cases by specimen date and region of residence as of 22 March 2022

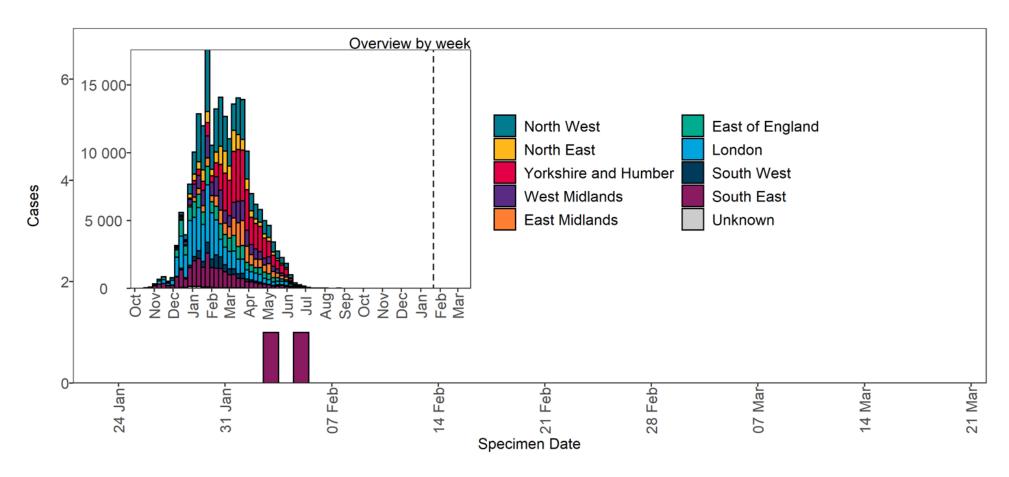


Figure 5. Confirmed (sequencing) and probable (genotyping) Alpha - VOC-20DEC-01 (B.1.1.7) cases by specimen date and detection method as of 22 March 2022

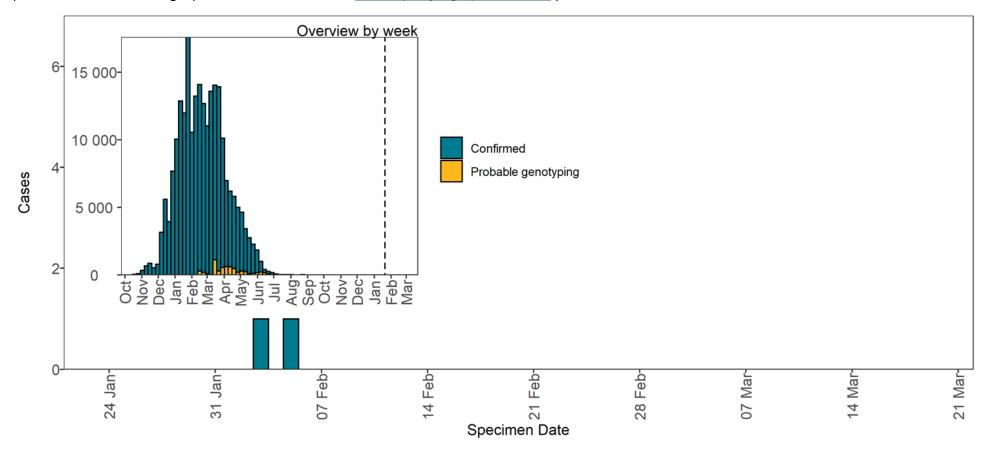
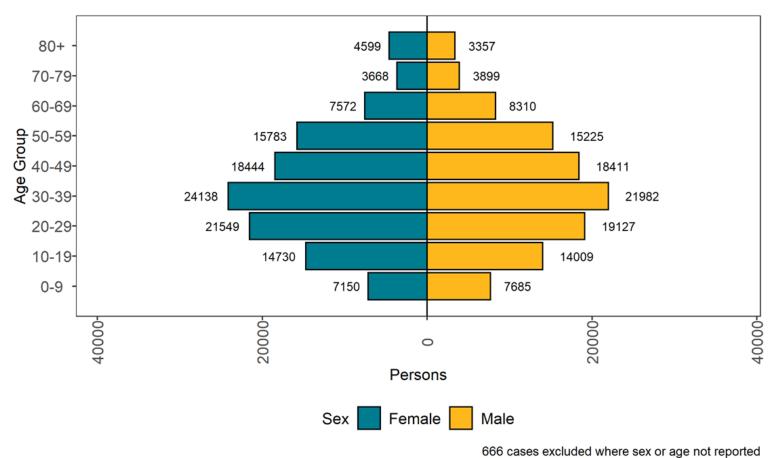


Figure 6. Age-sex pyramid of Alpha - VOC-20DEC-01 (B.1.1.7) cases as of 22 March 2022



Beta - VOC-20DEC-02 (B.1.351)

B.1.351 variant was designated VUI on detection and on review re-designated as VOC-20DEC-02 (B.1.351) on 24 December 2020. It was named Beta by WHO on 31 May 2021.

Epidemiology

Table 3. Number of confirmed (sequencing) and probable (genotyping) Beta - VOC-20DEC-02 (B.1.351) cases, by region of residence as of 22 March 2022

Region	Confirmed case number	Probable case number	Total case number	Case proportion
East Midlands	46	3	49	5.2%
East of England	78	2	80	8.4%
London	406	28	434	45.7%
North East	17	6	23	2.4%
North West	79	9	88	9.3%
South East	112	4	116	12.2%
South West	30	1	31	3.3%
West Midlands	67	1	68	7.2%
Yorkshire and Humber	28	6	34	3.6%
Unknown region	24	3	27	2.8%
Total	887	63	950	-

Figure 7. Confirmed (sequencing) and probable (genotyping) Beta - VOC-20DEC-02 (B.1.351) cases by specimen date and region of residence as of 22 March 2022

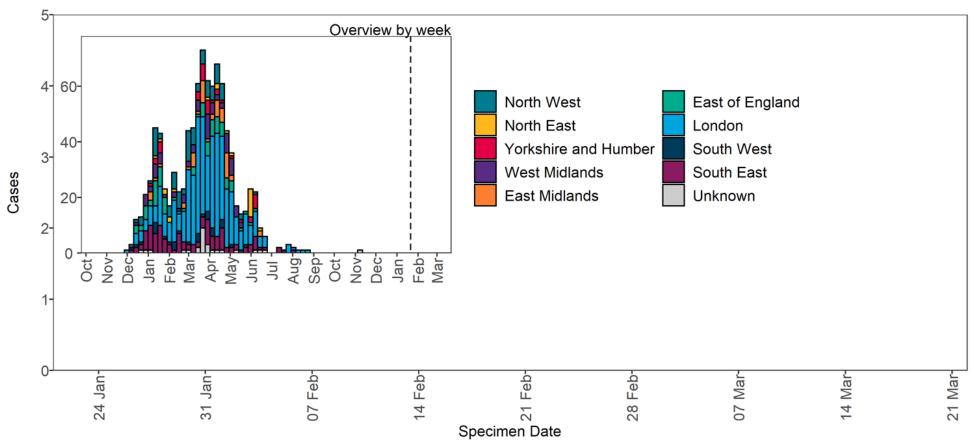


Figure 8. Confirmed (sequencing) and probable (genotyping) Beta - VOC-20DEC-02 (B.1.351) cases by specimen date and detection method as of 22 March 2022

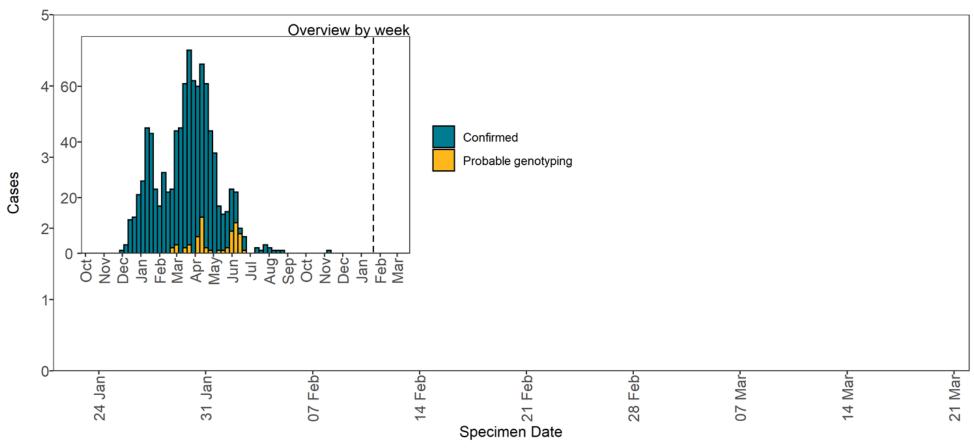
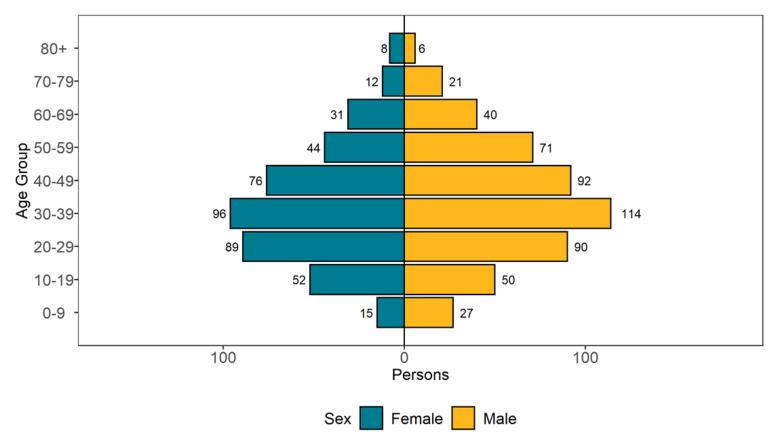


Figure 9. Age-sex pyramid of Beta - VOC-20DEC-02 (B.1.351) cases as of 22 March 2022



15 cases excluded where sex or age not reported

Gamma - VOC-21JAN-02 (P.1)

The P.1 lineage is a descendant of B.1.1.28. This variant was designated VUI on detection and on review re-designated as VOC-21JAN-02 (P.1) on 13 January 2021. This was named Gamma by WHO on 31 May 2021.

Epidemiology

Table 4. Number of confirmed (sequencing) and probable (genotyping) Gamma - VOC-21JAN-02 (P.1) cases, by region of residence as of 22 March 2022

Region	Confirmed case number	Probable case number	Total case number	Case proportion
East Midlands	5	6	11	4.1%
East of England	14	7	21	7.8%
London	111	26	137	50.7%
North East	1	7	8	3.0%
North West	8	2	10	3.7%
South East	29	7	36	13.3%
South West	10	3	13	4.8%
West Midlands	8	3	11	4.1%
Yorkshire and Humber	2	9	11	4.1%
Unknown region	9	3	12	4.4%
Total	197	73	270	-

Figure 10. Confirmed (sequencing) and probable (genotyping) Gamma - VOC-21JAN-02 (P.1) cases by specimen date and region of residence as of 22 March 2022

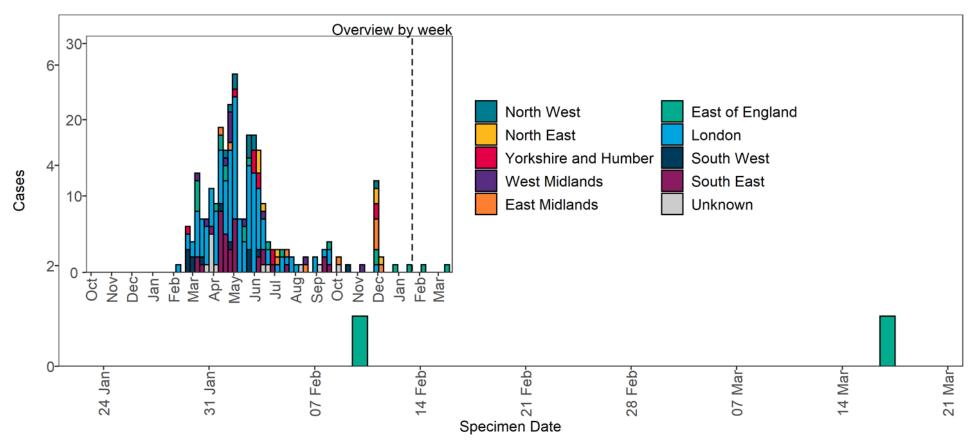


Figure 11. Confirmed (sequencing) and probable (genotyping) Gamma - VOC-21JAN-02 (P.1) cases by specimen date and detection method as of 22 March 2022

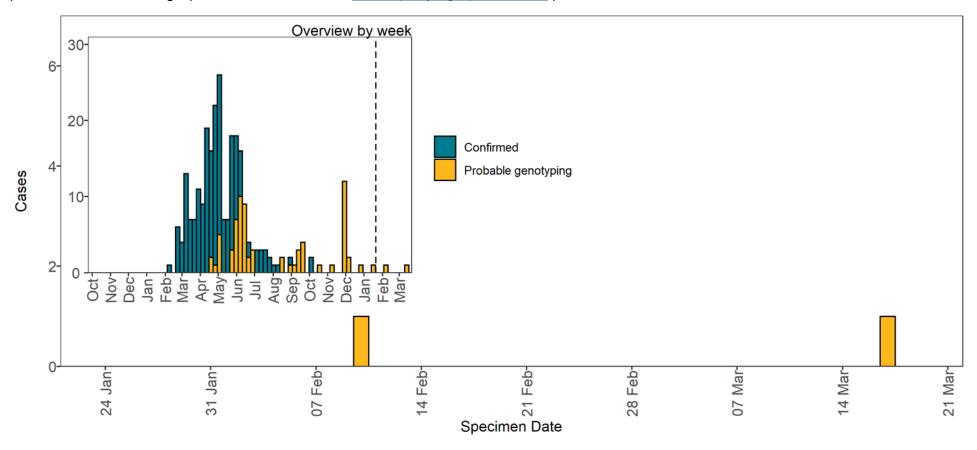
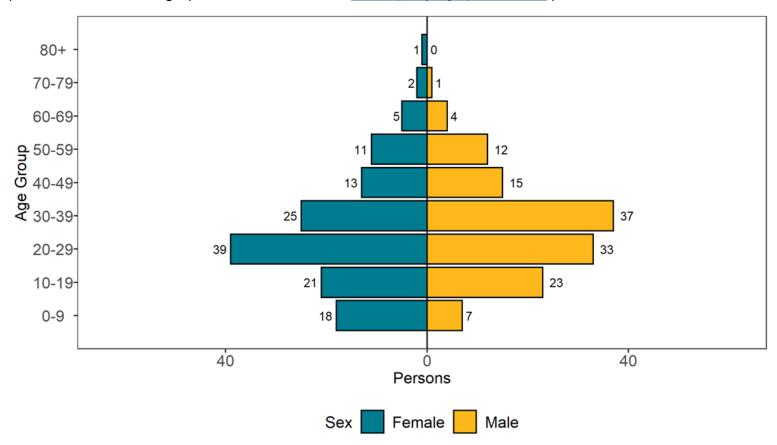


Figure 12. Age-sex pyramid of Gamma - VOC-21JAN-02 (P.1) cases as of 22 March 2022



3 cases excluded where sex or age not reported

Delta – VOC-21APR-02 (B.1.617.2)

The lineage B.1.617.2 was escalated to a variant of concern in the UK on 6 May 2021 (VOC-21APR-02). This variant was named Delta by WHO on 31 May 2021.

Epidemiology

Table 5. Number of confirmed (sequencing) and probable (genotyping) Delta VOC-21APR-01 (B.1.617.2) cases, by region of residence as of 22 March 2022

Region	Confirmed case number	Probable case number	Total case number	Case proportion
East Midlands	68,028	35,760	103,788	7.3%
East of England	95,037	52,703	147,740	10.4%
London	104,883	79,671	184,554	13.1%
North East	39,416	23,691	63,107	4.5%
North West	128,454	121,846	250,300	17.7%
South East	124,635	99,909	224,544	15.9%
South West	92,376	47,704	140,080	9.9%
West Midlands	80,113	78,620	158,733	11.2%
Yorkshire and Humber	87,736	44,397	132,133	9.3%
Unknown region	7,021	2,196	9,217	0.7%
Total	827,699	586,497	1,414,196	-

Figure 13. Confirmed (sequencing) and probable (genotyping) Delta VOC-21APR-01 (B.1.617.2) cases by specimen date and region of residence as of 22 March 2022

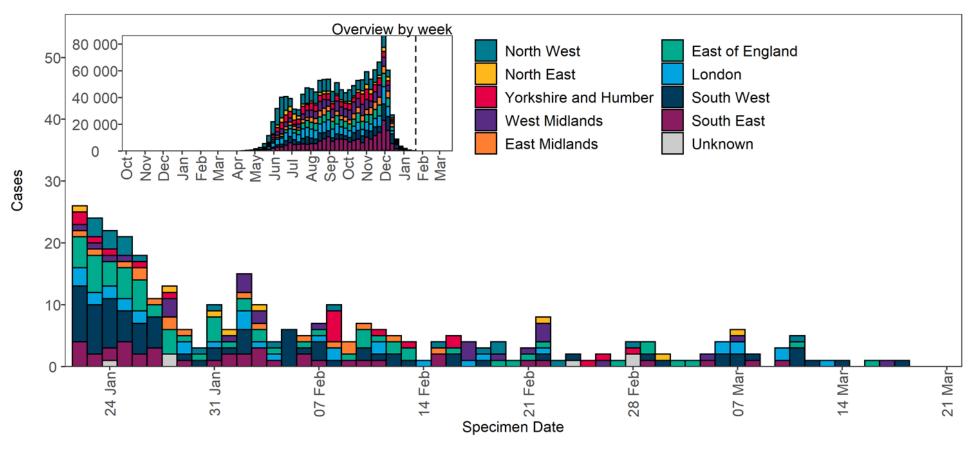


Figure 14. Confirmed (sequencing) and probable (genotyping) Delta VOC-21APR-01 (B.1.617.2) cases by specimen date and detection method as of 22 March 2022

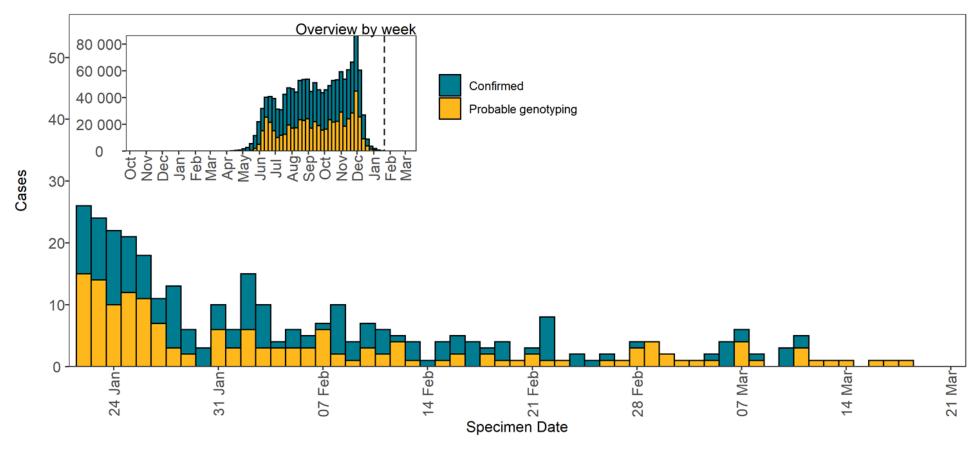
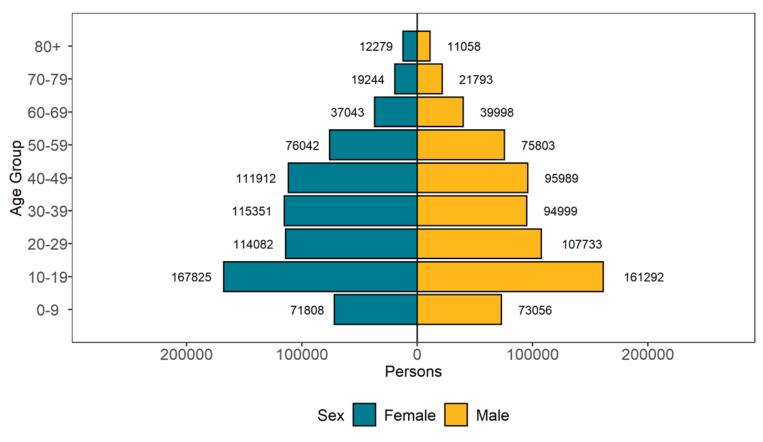


Figure 15. Age-sex pyramid of Delta VOC-21APR-01 (B.1.617.2) cases as of 22 March 2022



Omicron- VOC-21NOV-01 (B.1.1.529/BA.1)

A new variant with a novel combination of mutations was detected on GISAID on 23 November 2021 and designated B.1.1.529 on 24 November 2021. This variant was designated VUI-21NOV-01 by the UK Health Security Agency (UKHSA) Variant Technical Group and on review re-designated as VOC-21NOV-01 on 27 November 2021.

VOC-21NOV-01 currently refers specifically to the Omicron BA.1 lineage, as the BA.2 lineage is now recognized as VUI-22JAN-01. However, as genotyping cannot distinguish between BA.1 and BA.2, genotyped figures presented here will likely include BA.2 cases.

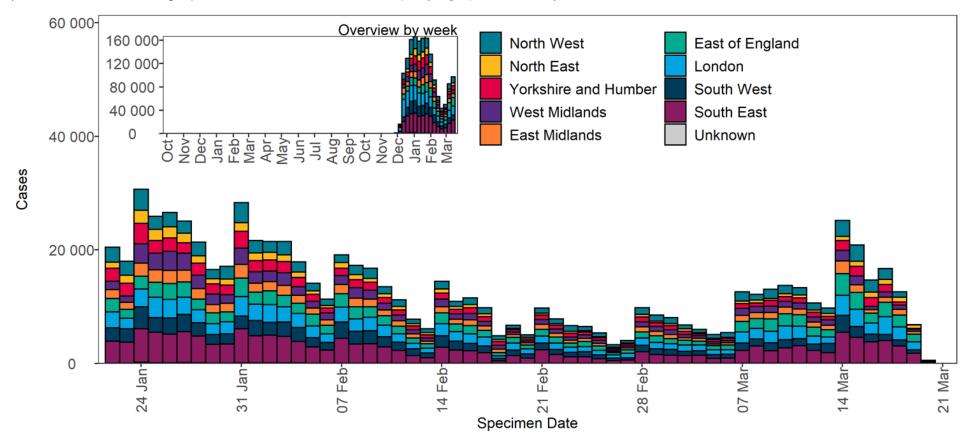
Epidemiology

Table 6. Number of confirmed (sequenced) and probable (genotyping) Omicron VOC-21NOV-01 (B.1.1.529/BA.1) cases, by region of residence as of 22 March 2022

Region	Confirmed case number	Probable case number	Total case number	Case proportion
East Midlands	49,121	74,254	123,375	7.6%
East of England	63,475	97,799	161,274	9.9%
London	93,647	170,574	264,221	16.2%
North East	29,822	55,952	85,774	5.3%
North West	73,100	127,956	201,056	12.3%
South East	83,225	243,403	326,628	20.0%
South West	53,521	130,382	183,903	11.3%
West Midlands	58,686	80,658	139,344	8.5%
Yorkshire and Humber	51,674	82,723	134,397	8.2%
Unknown region	7,613	2,440	10,053	0.6%
Total	563,884	1,066,141	1,630,025	-

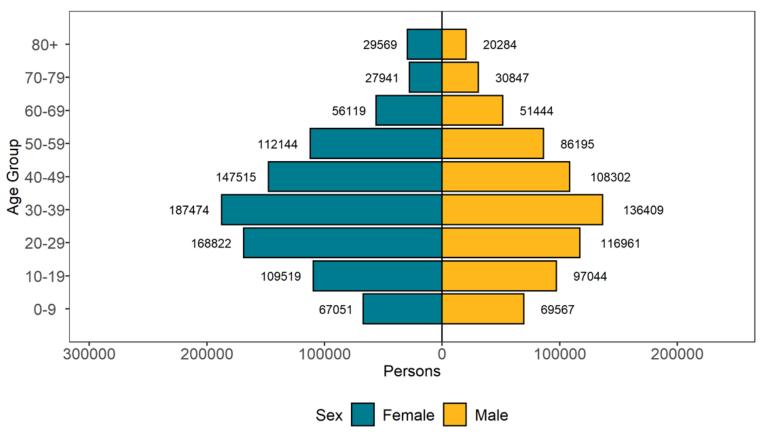
^{*} Genotyped Omicron figures include BA.2.

Figure 16. Confirmed (sequencing) and probable (genotyping*) Omicron VOC-21NOV-01 (B.1.1.529/BA.1) cases by specimen date and region of residence as of 22 March 2022



^{*} Genotyped Omicron figures include BA.2.

Figure 17. Age-sex pyramid of Omicron VOC-21NOV-01 (B.1.1.529/BA.1) cases as of 22 March 2022*



5653 cases excluded where sex or age not reported

^{*} Genotyped Omicron figures include BA.2.

VUI-21OCT-01 (AY 4.2)

New sub-lineages of Delta are regularly identified and designated. The Delta sub-lineage AY.4.2 was designated VUI-21OCT-01 on 20 October 2021.

Epidemiology

Table 7. Number of confirmed (sequencing) VUI-21OCT-01 cases, by region of residence as of 22 March 2022

Region	Total case number	Confirmed case number	Case proportion
East Midlands	7,426	7,426	7.9%
East of England	11,750	11,750	12.5%
London	10,555	10,555	11.2%
North East	3,006	3,006	3.2%
North West	9,658	9,658	10.3%
South East	19,133	19,133	20.4%
South West	13,592	13,592	14.5%
West Midlands	10,368	10,368	11.0%
Yorkshire and Humber	8,004	8,004	8.5%
Unknown region	518	518	0.6%
Total	94,010	94,010	-

Figure 18. Confirmed (sequencing) VUI-21OCT-01 (AY 4.2) cases by specimen date and region of residence as of 22 March 2022

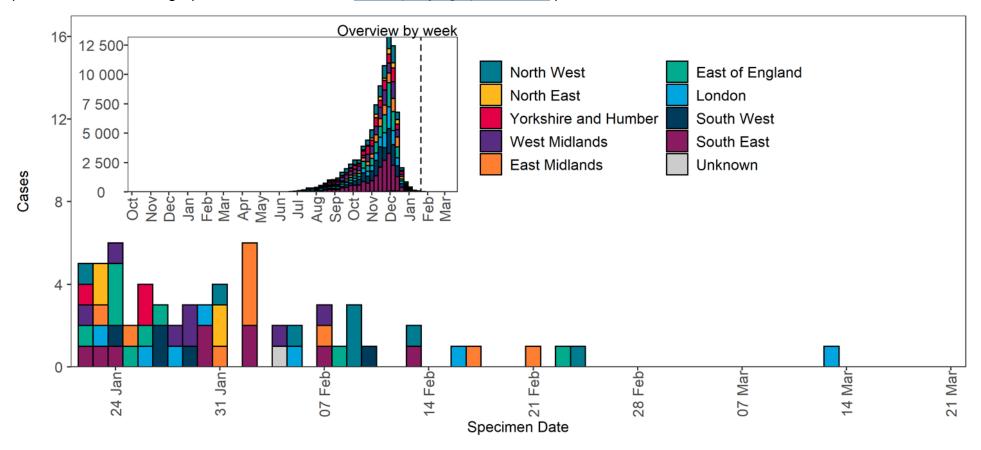
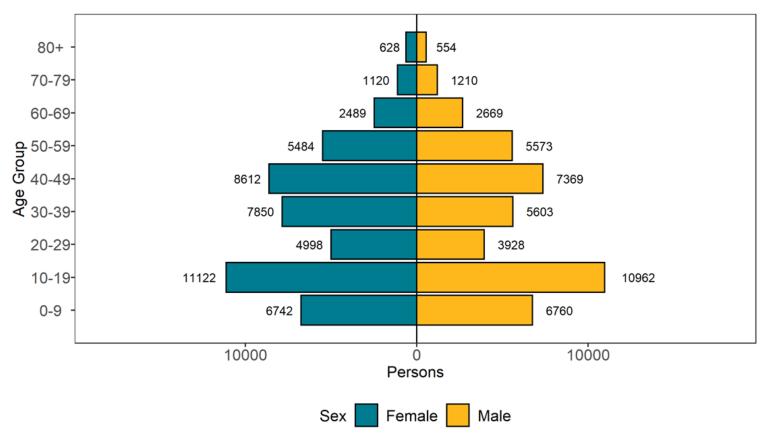


Figure 19. Age-sex pyramid of VUI-21OCT-01 (AY 4.2) cases as of 22 March 2022



304 cases excluded where sex or age not reported

Sources and acknowledgments

Data sources

Data used in this investigation is derived from the COG-UK data set, the UKHSA Second Generation Surveillance System (SGSS), NHS Test and Trace, the Secondary Uses Service (SUS) data set and Emergency Care Data Set (ECDS). Data on international cases is derived from reports in GISAID.

Repository of human and machine-readable genomic case definitions

A repository containing the up-to-date genomic definitions for all VOC and VUI as curated by Public Health England was created on 5 March 2021. The repository can be accessed on GitHub. They are provided to facilitate standardised VOC and VUI calling across sequencing sites and bioinformatics pipelines and are the same definitions used internally at UKHSA. Definition files are provided in YAML format so are compatible with a range of computational platforms. The repository will be regularly updated. The genomic and biological profiles of VOC and VUI are also detailed on first description in prior technical briefings.

Variant Technical Group

Authors of this report

UKHSA Genomics Cell UKHSA Outbreak Surveillance Team UKHSA Epidemiology Cell

The UKHSA Variant Technical Group includes representation from the following organisations: UKHSA, Department of Health and Social Care, Department for Business Energy and Industrial Strategy, Public Health Wales, Public Health Scotland, Public Health Agency Northern Ireland, Imperial College London, London School of Hygiene and Tropical Medicine, University of Birmingham, University of Cambridge, University of Edinburgh, University of Liverpool, the Wellcome Sanger Institute.

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About the UK Health Security Agency

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