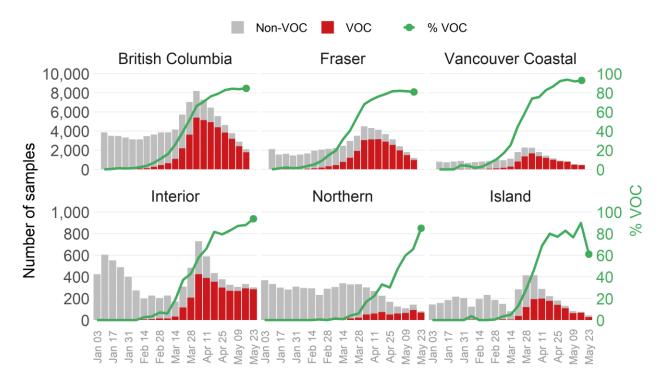
Weekly update on Variants of Concern (VOC)

Jun 03, 2021

Of all positive samples tested in epi week 21 (May 23 - May 29) in BC, \sim 85% were presumptive VOCs (Figure 1). VOC prevalence was similar across Health Authorities, except in Island Health, where it was lower, at 61%.

Figure 1. Prevalence of presumptive VOC, by epi week in BC and Health Authorities, Jan 3 – May 23 2021

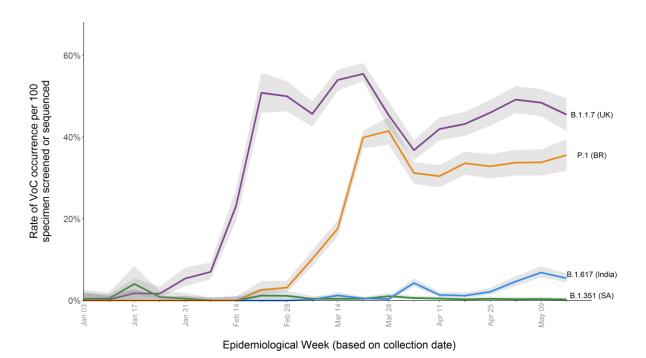


Epidemiological week (based on collection date)

Data from the PLOVER system at the BCCDC Public Health Lab.

The main circulating variants are B.1.1.7 and P.1, respectively accounting for ~ 54 % and ~ 42 % of positive specimens screened or sequenced. Please note that the estimate of distribution of VOC lineages (Figure 2) in BC for latest epi week 20 (May 16 - May 22) may change as more sequencing results are analyzed.

Figure 2. Estimated Sample prevalence[^] of VOCs by lineage by epi week of collection date, Jan 3 - May 23 2021.



^ Sample prevalence is calculated as the rate of occurrence of a given VOC lineage per 100 positive lab samples. It is estimated from the proportion of presumptive VOC from screening and the proportion of confirmed VOC via sequencing (excluding outbreaks and targeted surveillance). As of week 13 (March 28, 2021), based on current prevalence, VOC screening results with both E484K and N501Y mutations are assumed to be P.1, given a very low prevalence of B.1.351 in BC. The variant B.1.617 has been classified as Variant of Concern by the World Health Organization as of May 12, 2021.

Table 1. Presumptive VOC prevalence and approximate distribution by VOC lineage in BC and Health Authorities, latest available estimates. VOC counts are generated from VOC qPCR and WGS data.

		veek 21 5 - May 29)		Epi we	eek20^ (May 16 - May 22)			
Dogian	Total	%	Sample prevalence VOCs§ Relative Proportion of VOC**					VOC**
Region	positive tests	presumptive VoC*	%B.1.1.7***	%B.1.617#	%P.1****	%B.1.1.7	%B.1.617	%P.1
ВС	2,096	85	46	6	36	54	4	42
FHA	1,187	81	47	6	34	55	5	40
IHA	302	94	58	7	25	65	6	28
NHA	81	85	51	0	2	97	0	3
VCH	479	93	32	5	55	36	3	61
VIHA	43	61	33	0	54	38	0	62

[^] Note that because sequencing results take longer to be analyzed, relative distribution of VOCs is more delayed than % VOC estimate.

Note that B.1.617 has been further divided into 3 sub lineages (B.1.617.1, B.1.617.2, and B.1.617.3) - This variant has been classified as Variant of Concern by the World Health Organization as of May 10, 2021

^{*} estimated from the proportion of screened samples testing positive for N501Y or E484K mutation.

[§] Sample prevalence is calculated as the rate of occurrence of a given VOC lineage per 100 positive lab samples. It is estimated from the proportion of presumptive VOC from screening and the proportion of confirmed VOC via sequencing (excluding outbreaks and targeted surveillance).

^{**}Relative Proportion from the total VOC identified through background surveillance sequencing and nonoverlapping screened samples. The proportion for B.1.351 not shown in this table due to small numbers (equal or less than 0.5% in most regions except in IHA where the proportion is 1%)

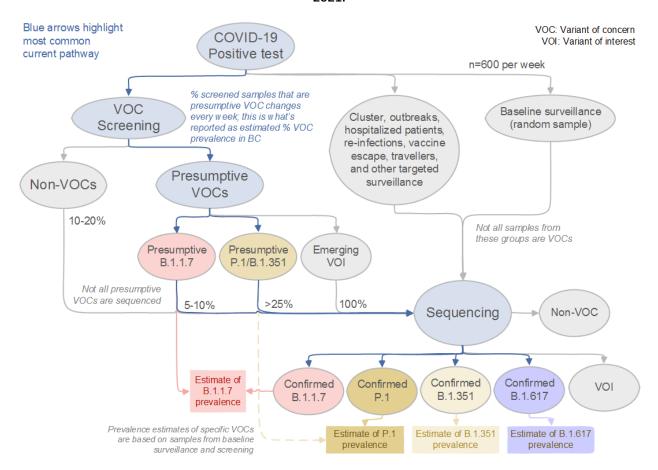
^{***}estimated from the distribution of sequenced samples from background surveillance and non-overlapping subset of screened samples.

^{****}estimated from the distribution of sequenced samples from background surveillance and non-overlapping subset of screened samples testing positive for both the N501Y and E484K mutation

Variants of Interests (VOI)

As illustrated in Figure 3 below, BCCDC Public Health Lab is continuously monitoring for both VOCs and VOIs. There are numerous VOIs, and they may not necessarily become VOCs. Once a VOI becomes a VOC, it will be added to our VOC reporting.

Figure 3. Overview of the screening and sequencing process applied to positive COVID-19 tests in BC, May 2021.



Please note the differences in turnaround time for screening and sequencing: screening results usually come back within 1-2 days, while sequencing results come back after approximately one week, but it could also take longer if there are lab backlogs.

Whole genome sequencing (WGS)

Whole genome sequencing was successfully performed on 31,458 specimens up to June 3, 2021, of which 17,667 came back as variants under closer observation. Table 2 presents the number of sequenced samples by variant category; it does not represent the number of variant COVID cases. Please note that the numbers in this table do not reflect true population prevalence of a given variant in BC nor can they be used to calculate it. As illustrated in Figure 3 above, WGS is performed for a variety of reasons, and the numbers in Table 2 are dependent on changes to sampling strategy and prioritization of particular categories over time.

Table 2: Frequencies of SARS-CoV-2 monitored genetic lineages confirmed by WGS

Identified Lineage* (Pangolin version 2.4.2/ PangoLEARN2021- 05-12)	Category**	First Detected/Alternate Name	TOTAL	
B.1.1.7	VOC	UK	9292	
B.1.351	VOC	South Africa	133	
P.1	VOC	Brazil/Japan	6797	
B.1.617.1#	VOC	India	260	
B.1.617.2#	VOC	India	501	
B.1.617.3#	VOC	India	4	
A.23.1	VOI	TBC	23	
B.1.427	VOI	California, USA	4	
B.1.429	VOI	California, USA	372	
B.1.1.318	VOI	Switzerland	12	
B.1.616	VOI	France	0	
P.3	VOI	Philippines	0	
B.1.526	VOI	New York, USA	9	
P.2	VOI	Brazil	147	
B.1.525	VOI	Nigeria	79	
B.1.526.1	ALM	New York, USA	8	
B.1.618	ALM	India; triple mutant	22	
P.1.1##	ALM	Brazil	4	
TOTAL			17667	

^{*} Lineage assignments are based on the use of Pangolin, an epidemiological lineage assignment tool (github.com/cov-lineages/pangolin); these may change with time as new SARS-CoV-2 genomic data becomes available

^{**} Categories: Variant of Concern (VOC), Variant of Interest (VOI) and Additional Lineages Monitored (ALM) # Note that B.1.617 has been further divided into 3 sub-lineages (B.1.617.1, B.1.617.2, and B.1.617.3) and is recognized as VOC by WHO. The sub-lineages are currently being reviewed in Canada and designation may change. ## Note that P.1 has been further divided into 2 lineages (P.1 and P.1.1).

BC Centre for Disease Control Provincial Health Services Authority