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Supplementary appendix

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**Coronavirus Disease 2019 Surveillance in Manhica and Magude Districts,
Southern Mozambique for a prompt and effective response against the
epidemic Acronym: MozCOVID**

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ABREVIATIONS

AIDS - Acquired immunodeficiency syndrome

BMGF - Bill & Melinda Gates Foundation

CDC - Center for Disease Control and Prevention

CISM - Centro de Investigação em Saúde de Manhiça

CHAMPS - Child Health and Mortality Prevention Surveillance

COVID-19 - Coronavirus Disease 2019

FIEBRE - Febrile illness evaluation in a broad range of endemicities

FNI - Fundo Nacional de Investigação

HDSS - Health Demographic Surveillance System

GAVI - Global Alliance for Vaccines and Immunization

HIV - Human immunodeficiency virus

IRB - Institutional review board

MDH - Manhiça District Hospital

MITS - Minimally Invasive Tissue Sampling

PCR - Polymerase chain reaction

RSV - Respiratory syncytial virus

SARS-CoV-2 - Severe acute respiratory syndrome coronavirus 2

TB - Tuberculosis

USAID - United States Agency for International Development

WHO- World Health Organization

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1. PROTOCOL SUMMARY

The current Coronavirus Disease 2019 (COVID-19) pandemic is the paradigmatic example on how infectious diseases may menace the world's health and economy, and particularly contribute to enhance current inequities in health related to wealth. Although Mozambique has so far had few confirmed cases of COVID-19, it is unknown if low testing rates and other factors such *as* the warm climatic conditions may explain the apparently low spread of the virus. The present study aims to rapidly gain an understanding of the epidemic curve and natural history of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in Manhiça district, a rural area in southern Mozambique, through a series of epidemiological indicators obtained at both the health facility and community levels, so as to provide evidence based recommendations for managing and mitigating the COVID19 epidemic. Age-specific incidence of severe COVID-19 obtained at health facilities during a period of 6 months together with seroprevalence data obtained from the community will be used to determine SARS-CoV-2 reproduction number and effects of interventions through mathematical modelling. Viral, serological and clinical progression will be assessed in a longitudinal cohort of symptomatic SARS-CoV-2 infected individuals. Community awareness of COVID-19 and of project aims will be fostered through engagement activities among community leaders and members. COVID-19 surveillance capacities in Mozambique will be strengthened by developing SARS-CoV-2 diagnostic approaches (molecular testing and an innovative immunoassay to detect antibodies against the virus), as well as SARS-CoV-2 genome sequencing approaches to identify transmission chains. Finally, the project will pursue the creation of a bank of serum, virus materials and data which will be open for immediate public health purposes, including the development of point-of-care diagnostic tests.

2. CONFIDENTIALITY STATEMENT

The information presented in this protocol is confidential. Therefore, it should not be disclosed or shared with third parties without specific permission provided in writing by the principal

investigators or when disclosure is required by regulatory authorities. This disclosure restriction shall also apply to information provided at a later date that is privileged or confidential.

Once printed and signed by the investigator(s) and other authorized subscribers, the protocol cannot be changed informally. Protocol amendments have the same need for approval and must follow all mandatory steps to be reviewed and approved before they are implemented.

By signing this document, the researcher undertakes to carry out the study according to the protocol, the applicable guidelines according to the Helsinki Declaration and in a manner consistent with international scientific standards, as well as all applicable regulatory requirements. The researcher also undertakes to demonstrate efforts to carry out the study within the designated deadlines.

Principal Investigator

Name PI: _____

Signature: _____

Date: _____

3. INTRODUCTION

It has been estimated that an unmitigated epidemic would lead to 17.6 million people needing hospitalization, 3.2 million of which sufficiently severe to need critical care (1). Although Sub-Saharan Africa has so far had few confirmed COVID-19 cases compared with most other parts of the world, with the number ranging from thousands (South Africa), to few hundreds (Cameroon and Burkina Faso) or dozens (Mozambique) by April 2020 (2), it is expected that the pandemic will hit the continent with unprecedented virulence and impact. Some factors that may explain the apparently low spread of the virus are the low level of urbanization, the warm climatic conditions, the very different population pyramids to those of China or Europe, the delays in the arrival and spread of cases in the continent giving countries more time to prepare, as well as a clear lack of testing capability. However, now that the virus has made its way into Africa, countries need to cautiously prepare for greater action to contain its spread, especially if it follows a seasonal pattern.

The fragility of the health systems in Africa, particularly in periurban and rural areas, is an enormous matter of concern with regards to how the countries will be able to deal with severe COVID-19 cases, and design their containment and emergency responses. Importantly, the previous experiences of the Ebola outbreaks point to the need for countries with high burden of co-existing infectious diseases (malaria, TB, HIV etc.) to consider preventive measures against not only the COVID-19 threat but also its likely impact on existing infectious diseases control efforts. The detection and spread of an emerging respiratory pathogen such as SARS-CoV-2 are accompanied by uncertainty over the key epidemiological, clinical and virological characteristics of the novel pathogen and particularly its ability to spread in the human population and its virulence. Research on early identified cases has led to estimates of key epidemiological parameters of COVID-19 disease, such as the basic reproduction number (2.2) (3), delays between infection and illness onset (5–6 days) (4), and case fatality ratios (1.414% among hospitalized cases (5; 6; 7). Case series studies (8) have illustrated different clinical and biological types of evolution of COVID-19 infection and disease, including symptomatic cases with high viral load, young mild cases progressing to pneumonia and severe disease by days 10–11, and older patient with a rapid evolution towards critical disease with a long and sustained persistence of SARS-CoV-2. Several factors could affect these epidemiological estimates, especially in contexts where interactions with other infectious (i.e., malaria) and non-infectious conditions (i.e, malnutrition) can affect the risk of infection and disease progression.

Therefore, there is a need for further research to more accurately characterize estimates for the epidemiological parameters underlying the transmission dynamics of COVID-19 in sub-Saharan Africa.

4. OBJECTIVES

Aim

The overall goal of this project is to rapidly gain an understanding of the epidemic dynamics and natural history of SARS-CoV-2 in Southern Mozambique through the evaluation of epidemiological clinical and laboratory-based indicators obtained at both the health facility and

community levels, so as to provide evidence-based recommendations for managing and mitigating the COVID19 epidemic in Manhiça, southern Mozambique.

Primary objectives

1. To set up a COVID-19 passive surveillance system at the health facility level to estimate age-specific incidence of COVID-19 cases and evaluate epidemic dynamics in the Manhiça area.
2. To determine the age-specific seroprevalence of IgM and IgG antibodies against SARS-CoV-2 infection in the general population at baseline and 6 months later.

Secondary objectives

1. To describe SARS-CoV-2 clinical presentation and associated mortality in all age patients, in the context of the existing co-morbidities endemic in the country.
2. To describe the viral, serological and clinical progression of symptomatic SARS-CoV-2 infected individuals, and to assess the potential prognostic capacity of a variety of plasmatic biomarkers on arrival in terms of predicting oxygen need and adverse outcomes.
3. To estimate SARS-CoV-2 basic reproduction number using mathematical modelling based in demographic Surveillance System (DSS) and surveillance data.
4. To establish a biorepository of viral RNA and plasma samples for future characterization of COVID-19 disease or immune response when new tools become available.
5. To track local transmission versus imported cases and identify local transmission chains through the whole genome sequencing of SARS-CoV-2 isolates.

5. METHODOLOGY

5.1. Project Setting

The study will be conducted by the Manhiça Health Research Centre (CISM) in the Manhiça District, a semi-rural area Southern Mozambique. The CISM has been conducting research there for more than 20 years which will facilitate the implementation of the project.

Since 1996, the CISM has been running a Health Demographic Surveillance System (HDSS) in the population living in Manhiça. Initially, the area under demographic surveillance was covering less than half of the district population. From 2014, the area under demographic

surveillance was expanded to cover the entire Manhiça district. Manhiça district has a total population of 204,357 and 47,061 households and 27,560 children under five years (CISM demography unpublished data). Each person living within the DSS study area is issued a unique Permanent Identification number that describes the geographic localization of his/her household. Some demographic indicators in 2015 are: birth cohort of 3,946, life expectancy at birth 51 years, neonatal, infant and under five mortalities are 22.5/1,000 live births, 55.8 and 99.0, respectively. Children under the age five represent 18% (29,700) of the total population (9).

In 1998, CISM established a morbidity surveillance system at Manhiça District Hospital (MDH) and five other peripheral health posts (10), to document paediatric morbidity and mortality. Morbidity surveillance includes the systematic collection (using standardized forms) of demographic, clinical history, clinical exam, outcome and treatments for all children <15 years of age visiting the outpatient department or being admitted to hospital. Data on over 75,000 paediatric admissions and > 1.2 million outpatient visits have been collected over the past 18 years. As part of this morbidity surveillance, malaria screening (for all children with documented fever $\geq 37.5^{\circ}\text{C}$ or a history of fever in the preceding 24 hours) and microbiological surveillance are also routinely conducted, and blood cultures are systematically collected for all admissions <2 years of age, and for older children with suspected severe disease. The COVID-19 will be integrated in the ongoing CISM morbidity surveillance.

Additionally, CISM has other ongoing studies that will serve as a platform for COVID-19 surveillance, namely:

Respiratory syncytial virus (RSV) infection in children and pregnant women in the Manhiça District (RESPIRE study): This is a health facility-based prospective observational study aimed to investigating the epidemiology of RSV, funded by La Marató TV3 Foundation using passive surveillance in all under-five children hospitalized with WHO-defined clinical criteria for severe pneumonia, and all pregnant women attending the outpatient, inpatient and ANC services with clinical signs of acute upper or acute lower respiratory infections.

Febrile illness evaluation in southern Mozambique (FIEBRE study): Patients (inpatient and outpatient) of all ages (two months and older) who present with fever at the Manhiça

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District Hospital are being included in this platform, funded by the UK Aid agency (DFID), with the objective of identifying the causes of fever, and the antimicrobial susceptibility of bacterial pathogens causing fever. Patients are being recruited if they present with tympanic or axillary temperature $\geq 37.5^{\circ}\text{C}$.

Child Health and Mortality Prevention Surveillance (CHAMPS): The CHAMPS study (funded by BMGF) in Manhiça has been prospectively conducting mortality surveillance in stillbirths and children < 5 for the past 3 years, using the innovative minimally invasive tissue sampling (MITS) post-mortem technique. We aim to expand the population under study to in-hospital adult deaths, either through MITS or a simplified postmortem oral/nasopharyngeal swabs

PCV impact assessment for pneumococcal disease (PNEUMO-PCV): CISM has carried out surveillance for invasive bacterial diseases, including *pneumococcus*, in children < 15 years of age since 2001 and for paediatric pneumonia < 5 years of age since 2004 at MDH.

Since 2019, this study includes pneumonia surveillance in all adults ≥ 15 years of age admitted to hospital with clinical signs of severe pneumonia.

This surveillance has been used for vaccine impact evaluations. It has been supported by funds from several partners such as Gavi, The Vaccine Alliance, USAID Mozambique mission, the Center for Disease Control and Prevention (CDC) and BMGF.

CISM is adjacent to Manhiça District Hospital (MDH). The hospital has a maternity ward, a surgery room (where caesarean sections can be performed, together with basic emergency surgery), a fully digital (film-free) X-ray machine, and a clinical trials unit. It has been estimated that around 85% of the deliveries in the area (± 5000 per year) are institutional deliveries, and a facility ("waiting home") is available at MDH for pregnant women with risk factors for a complicated delivery to settle by the hospital in attendance of labour, facilitating a supervised delivery. MDH's morgue, which has been recently refurbished, is where Minimally Invasive Tissue Sampling (MITS) procedures are routinely conducted for deaths occurring at the Manhiça District, as part of the Child Health and Mortality Prevention Surveillance (CHAMPS) project general procedures. The morgue has two dissection tables, and 9 body fridges for the conservation of corpses.

5.2. *Definitions*

COVID-19 Case definition and identification (11; 12)

Suspected case requiring diagnostic testing

1) A patient with acute respiratory tract infection (sudden onset of at least one of the following: cough, fever, shortness of breath) AND with no other aetiology that fully explains the clinical presentation AND with a history of travel or residence in a country/area reporting local or community transmission during the 14 days prior to symptom onset;

OR

2) A patient with any acute respiratory illness AND having been in close contact with a confirmed or probable COVID-19 case in the last 14 days prior to onset of symptoms;

OR

3) A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, fever, shortness breath) AND requiring hospitalization (SARI) AND with no other aetiology that fully explains the clinical presentation.

Probable case

A suspected case for whom testing for virus causing COVID-19 is inconclusive (according to the test results reported by the laboratory) or for whom testing was positive on a pancoronavirus assay.

Confirmed case

A person with laboratory confirmation of virus causing COVID-19 infection, irrespective of clinical signs and symptoms.

COVID-19-associated in-hospital mortality

The proportion of cases of COVID19 condition that are fatal within a specified time per total of confirmed cases.

5.3. Project Population

The COVID-19 surveillance will include persons residing in the Manhiça HDSS area.

5.4. Inclusion Criteria

The study has five components and therefore the inclusion criteria may vary from one component to another.

a) COVID-19 morbidity surveillance

- Individuals of any age admitted to MDH or pregnant women attending the Maragra health centre meeting the COVID-19 case definition as defined above after the project start date.
- Resident of Manhiça DSS area
- Written informed consent from a parent or guardian if a child, and from participant if an adult prior recruitment.

b) COVID-19 mortality surveillance

- All deaths in children under the age of 5 (including stillbirths), occurring at the health facility or at the community;
- In hospital adult deaths occurring at the MDH;
- Resident of Manhiça DSS area;
- Written informed consent from the relative of the dead person.

c) COVID-19 population-based serosurveys

- Individuals of all age groups residing in Manhiça DSS surveillance area
- Signed informed parental permission from a parent or guardian if a child and from participant if an adult.

d) Natural history of SARS-CoV-2 infection

- Participants who fulfil eligible criteria for activity a) and with laboratory confirmed SARS-CoV-2 infection.

e) Clinical presentation and factors associated with SARS-CoV-2

- Participants who fulfil eligible criteria for activity a) and c).

5.5. Exclusion Criteria

- Participation in an interventional clinical trial at the time of enrolment.
- For the biomarker component, patients <18 years of age

5.6. Study Design

COVID-19 morbidity surveillance

The study will be conducted through the passive detection of severe COVID-19 cases during a period of 6 months. All patients (or parents/guardians on behalf of minors) attending the Manhiça District Hospital (MDH) and pregnant women attending the Maragra Health Centre, with acute respiratory syndrome fulfilling severity criteria will be invited to participate in the study. Written informed consent will be obtained from patients (or parents/guardians on behalf of minors) prior to recruitment. Assent will be requested for parents or caretaker of participants aged 15-18 years old.

Pre-screening of patients attending sentinel health care will be carried out at the points of entry of the health unit, separately for adults and children. At each entry point, patients will be screened and then classified according to the WHO definition of a suspected case. In these places, the “cough agent”, receptionist or other personnel responsible for the reception will pre-screen all individuals seeking for health care for any reason (consultations, pharmacy and SMI, PAV, etc.). Individuals without respiratory symptoms will follow the normal circuit already known, separated from patients with respiratory symptoms. Patients with respiratory signs or symptoms will be taken to the waiting area for further observation at the “COVID office”. In this office, additional screening for COVID-19 and medical consultation will be carried out. The additional screening will consist of filling out a specific form to identify suspected cases of COVID-19. This form (in physical or electronic format), after being properly filled out, must be sent to CISM.

Regarding Child Morbidity Surveillance, the outpatient form (OPD) will be completed first by the receptionist to collect identification and demographic data. Then, the clinical component will be completed by clinicians in both offices (COVID and normal offices).

In patients with symptoms suggestive of COVID-19, on an outpatient basis, the identification of their contacts should be carried out, as well as the collection of samples from pre-identified places in the health unit. These samples must be sent to the CISM laboratory for COVID-19 testing in accordance with MISAU standards.

Patients with respiratory symptoms who present with signs of severity should be sent to a specific location, along with other patients on the respiratory forum. In these patients, in case of clinical suspicion of COVID-19, testing for COVID-19 should be performed. While waiting for the results, these patients must remain isolated and receive hospital treatment according to their clinical condition as recommended by MISAU. If the test is positive, patients should be transferred to referral centres for the treatment of COVID-19. If this is not possible, they should be isolated in pre-identified places at the health unit level. Patients with a negative test should follow normal clinical treatment according to their clinical condition.

In peripheral health facilities due to the small number of health professionals and limited space, all patients will be seen in the same office. Clinicians should observe all patients with respiratory symptoms using personal protection equipment (PPE) and ensure an airy environment in the room. Pre-screening should be done to separate the two groups in the waiting room. Patients with respiratory symptoms will be prioritized. During the consultation period, the clinician must frequently track newly arrived patients to the health unit.

COVID-19 mortality surveillance

All deaths in children under the age of 5 (including stillbirths), occurring at the health facility or at the community will be eligible for MITS, as part of the CHAMPS routine activities, and as such will be approached for consent. Moreover, in hospital adult deaths occurring at the MDH will have a much simpler post mortem procedure to screen for SARS-CoV-2 infection, based on obtaining a nasopharyngeal swab if no MITS agreed, but full MITS if agreed within

the first hours after death. Written informed consent from the relative of the dead person prior to any study procedure.

COVID-19 population-based serosurveys

The extent of age-specific infection and the fraction of asymptomatic infection will be estimated through four cross-sectional seroprevalence community surveys, one at the beginning of the study and the 2 after will have intervals of 2 months between (or at least 30 days), when we estimate most of the cases will have already occurred (Figure 4 in Annex), to monitor changes in transmission. ***The fourth cross-sectional will be implemented with an additional follow-up group of the seropositive participants from the third cross-sectional to evaluate the duration of SARS-CoV-2 antibodies previously detected in plasma***The sample of individuals from the community will be recruited using existing demographic surveillance system (DSS) infrastructure by generating a list of randomly selected people within the age group of interest. The list of potential participants will include the target sample size + 20% in case replacement is necessary due to potential refusals.

Natural history of SARS-CoV-2 infection

A cohort of SARS-CoV-2 acutely infected (RT-qPCR confirmed) symptomatic and asymptomatic individuals will be followed-up during 6 months. Participants of the activity a) mentioned above, with positive for SARS-CoV-2 in the RT-qPCR, as well as a same number of positive individuals with no symptoms at recruitment will be included in the sub-study. We will adapt the open-access questionnaires and procedures from the “International Severe Acute Respiratory and emerging Infection Consortium” (<https://isaric.org/>), supported by WHO (36), which will be updated in response to COVID-19.

Clinical presentation and factors associated with SARS-CoV-2

Sero-positivity, severe COVID19 and COVID-19-associated in-hospital mortality in Mozambican all-age patients will be analysed in the context of the existing comorbidities

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endemic in the country (malaria, TB, HIV, malnutrition, etc.). The information collected through the hospital surveillance (activity a) above) and the community surveys (activity c) above), which will include sociodemographic information, signs and symptoms, comorbidities (including malaria infection) and ongoing medication will be analysed to 1) describe the clinical presentation, and 2) assess factors associated with severe COVID-19 cases seropositivity and COVID-19-associated in-hospital mortality. These data will be complemented with information of community-based mortality captured through the DSS in placed at the Manhiça District, because were such data believed to under-represented in confirmed deaths at hospitals and health centres. In addition, we will assess on arrival a variety of plasmatic biomarkers with known predictive capacity for other respiratory infections, with the intention to evaluate their prognostic capacity to predict oxygen requirements, admission, severity and adverse outcomes.

***Rationale for the biomarker component:** Having the ability to prognosticate the need for supplemental oxygen (the main treatment available in a setting such as Manhiça) through measurement of parameters available at the time of arrival at a healthcare facility would strengthen the capability to identify those patients presenting with moderate symptoms that can be safely discharged away from the facility. Based on recent estimates, only 20% of all symptomatic patients with COVID-19 develop a requirement for supplemental oxygen.

Although existing prognostic scores have yielded disappointing results in patients with SARS-CoV-2 infection, a number of demographic, clinical and laboratory parameters are associated with a more severe disease course and worse patient outcomes. However, to our knowledge few studies have examined the performance of prognostic markers in patients who do not require supplemental oxygen at presentation. Only one of these studies included outpatient or ambulatory care settings and none were conducted in resource-limited settings. Hence, whether measurement of these parameters can inform the decision to safely discharge a patient away from a health facility is as yet unclear. We propose to assess the following biomarkers (see table) easily detectable in plasma to evaluate their prognostic role in COVID-19:

****Of note:** The prognostic biomarker component will only be assessed in adult participants aged 18 years or more, which are positive for SARS-CoV-2 infection and that were previously selected to the Natural History component.

Biomarker	Evidence in COVID-19	Stage of development for near-patient test
Neutrophil:Lymphocyte ratio (NLR)	Multiple studies have identified elevated neutrophil counts and/or decreased lymphocyte counts as poor prognostic indicators in patients with COVID-19. ^{4,9,20}	Quantitative near-patient tests such as the HemoCue WBC DIFF can measure differential leukocyte counts using 10µL of whole blood, with a turnaround time of 5 minutes.
C-reactive protein (CRP)	CRP has been found to be a poor prognostic indicator in hospitalised patients with COVID-19 in China and Germany. ^{9,10,21} Elevated CRP is being used to enrich study populations in trials of novel therapeutics (e.g. TACTIC trial: ISRCTN 11188345) and to inform access to newly licensed treatments (e.g. Remdesivir, UK MHRA).	Numerous commercial POCTs exist for quantitative measurement of CRP, for example the Nycocard CRP test manufactured by Alere, which has a 3 minute turnaround time and requires 5µL of whole blood. It is widely implemented in many resource-limited settings.
D-dimer	Coagulopathy, including multi-system arterial and venous thromboses, is emerging as an important component of COVID-19 pathophysiology. Several studies have established D-dimer as a predictor of poor outcomes in hospitalised patients with COVID-19 and measurement of D-dimer is recommended by the International Society of Thrombosis and Haemostasis in the triage of COVID-19 patients. ^{4,22-24}	Several commercial D-dimer POCTs are available. The RAMP D-dimer test is a quantitative lateral flow assay with a turnaround time of 15 minutes that can be run on whole blood. The DIAcheck C2 machine has also been validated for use in LMIC contexts.
Procalcitonin (PCT)	A number of studies including a recent meta-analysis have indicated that patients with elevated PCT levels at admission are more likely to have severe COVID-19 infection and require ICU admission, although questions remain as to whether raised PCT reflects the severity of SARS-CoV-2 infection or secondary bacterial infections. ²⁵⁻²⁷	There are a number of near-patient tests available for measurement of PCT that are compatible with whole blood samples and can deliver a quantitative result within 15 minutes.
Soluble urokinase-type plasminogen activator receptor (suPAR)	suPAR has demonstrated prognostic utility in adults with COVID-19 in the UK, Denmark and Greece. It has been shown to identify patients at high risk of respiratory failure and those safe for discharge from hospital. ^{11,28,29}	The suPARnostic® Quick Triage Test which is commercially available from Virogates measures suPAR quantitatively. The test needs 10µL of plasma. Each assay delivers a quantitative result in 25 minutes and costs USD 20.
Interleukin-6 (IL-6)	Several studies, including a recent meta-analysis, have demonstrated that elevated IL-6 levels predict the risk of severe COVID-19 infection, ARDS and respiratory failure. ^{4,10,27,30} In addition, IL-6 was identified as the best predictor of oxygen requirement in a cohort of Swiss patients (van Singer, in submission). Many clinical trials are investigating the utility of anti-IL-6 therapy in patients with COVID-19.	Quantitative IL-6 POCTs are available, for example the Milenia QuickLine IL-6 rapid lateral flow assay. Each test costs 20 USD, requires 100µL of plasma or serum and has a 20 minute turnaround time. The sensitivity of the Milenia IL-6 test is 50pg/mL, however some studies suggest that the threshold for predicting severe COVID-19 might be lower (e.g. 35pg/mL). Prototypes for other rapid assays are currently being evaluated. ³¹
Soluble triggering receptor expressed on myeloid cells-1 (sTREM-1)	sTREM-1 has been shown to predict respiratory failure in hospitalised patients with COVID-19 (van Singer, in submission).	Prototype quantitative lateral flow assays for sTREM-1 are being developed (FIND, personal communication).

Table 1: Table 1. Biochemical biomarkers for batched retrospective measurement in the study, and stage of readiness for point-of-care or near-patient tests. Green = test in routine use in LMIC settings; Orange = test available but not in routine use in LMIC settings; Red = prototype test available. A number of other biochemical markers (IL-1Ra, IL-8, IL-10, CXCL-10/IP-10 and Ang-2) have been identified as poor prognostic indicators in patients with COVID-19. Whilst near-patient tests do not yet exist for these markers, a number of them have shown promise as early markers of severity in patients with SARS-CoV-2 infections and we will include these on the multi-analyse panel used in this study.

5.7. Laboratory Sample Collection and Processing

5.7.1. Sample Collection

Using standardized methods, a nasopharyngeal (NP) swab will be collected from all children (2 months -14 years old) and adults, including pregnant women, at enrolment according to standard methodology. In infants less than 2 months of age a nasopharyngeal aspirate (NPA) will be collected using NPAK kits (M-Pro, Michigan, USA). Detection of SARCV-CoV-2 will be performed by RT-qPCR.

A Capillary blood, 500 uL will also be collected and placed in microtainer EDTA (13; 14) and will send to CISM laboratory for detection of IgM and IgG against SARS-CoV2.

To study prognostic biomarkers, a venous 10mL blood sample will be collected among participants attending the hospital and subject to clinical evaluation. To study the natural history of SARS-CoV-2 infection, a nasopharyngeal swab as well as fingerprick or venous blood (8ml) will be collected as indicated in the table below to detect and quantify viral load as well as IgM and IgG antibody titers against the virus and cellular immune responses. A peripheral blood sample will be collected at month 3 to 6 to assess the longevity of antibody responses. If feasible, saliva, urine and stool samples will be also collected, and together with blood fractions (plasma and immune cells) will be stored in the sample biorepository at CISM for COVID-19 research. Asymptomatic patients with two RT-PCR negative nasopharyngeal samples at least 48 h apart will be discharged. The sampling will be performed at the Manhica District Hospital for admitted patients or in the household for asymptomatic participants using adequate personal protective equipments for both healthcare and participants

	<i>Month</i>									<i>If qPCR+*</i>
	<i>1</i>				<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	
	<i>d0</i>	<i>d7</i>	<i>d14</i>	<i>d28</i>	<i>d56</i>	<i>d84</i>	<i>d112</i>	<i>d140</i>	<i>d168</i>	
<i>Nasopharyngeal swab</i>	X	X	X	X	X	X	X	X	X	X
<i>Venous blood (8 ml)</i>	X			X					X	
<i>Venous blood (10mL) for biomarkers (only adults)</i>	X									

<i>Fingerprick (microtainer)</i>		X	X		X	X	X	X		
<i>Saliva</i>	X	X	X	X	X	X	X	X	X	X
<i>Faeces</i>					X	X			X	
<i>Outcome ascertainment (possible through phone call)</i>										
<i>Extraction of information from clinical records</i>	X	X	X							

**7 days after any positive PCR*

MITS will be performed among hospitalized children with poor outcome. Nasopharyngeal swab and lung biopsy will be collected and shipped to CISM for laboratory for processing as previously described (15).

5.7.2. Sample Processing

Detection of SARCV-CoV-2 by RT-PCR

After extraction viral RNA from nasopharyngeal swabs using the QIAamp Viral RNA Mini Kit (QIAGEN), the TaqMan SARS-CoV-2 Assay Kit v2 (Thermo Fisher) and the Applied Biosystems 7500/7500 Fast Real Time PCR platforms will be used for the detection of viral RNA. This TaqMan® probe based multiplex RT-qPCR assay targets SARS-CoV-2 Orf1ab, S (spike) and N (nucleocapsid) genes, as well as the human RNase P gene (internal control). The multiplex format allows a reduction in the number of reactions to be set-up per sample, and increases the number of samples that can be tested in a single run (in the singleplex protocol, 4 wells are required per sample to test for all targets individually). To increase the throughput of the RT-qPCR, a pooling strategy will be considered after estimating the effectiveness of such strategy based on the expected viral positive rate and sensitivity of the approach.

SARS-CoV2 genome sequencing rRNA obtained from patient samples confirmed by RT-qPCR (those with Ct values below 27 to ensure enough viral RNA for sequencing) will be retrotranscribed using random hexamers. cDNA will be then amplified using 2 overlapping

primers pools to guarantee the maximum genome coverage. Depending on the number of viral isolates, we will use Oxford Nanopore Technologies (MinION) third generation sequencers or second-generation Illumina sequencers (MiSeq) available in the Institute of Biomedicine of Valencia, IBV-CSIC (Dr Iñaki Comas, Spain), which leads the Spanish sequencing effort for SARS-CoV-2, the later having a longer work-around preparation time (of about 5 days) but a huge multiplexing power. Primary data analysis will be carried out using ARTIC Network bioinformatics protocol (<https://artic.network/ncov-2019>), a global initiative funded by the Wellcome Trust which is making available molecular biology and bioinformatic protocols. Reads will be mapped against the last reference genome (SARS-CoV-2 isolate Wuhan-Hu-1. GenBank: MN908947.3), followed by variant and consensus calling. The consensus genome sequence of the virus obtained will be aligned and compared against reference sequences from a global database (GISAID) using the Nextstrain workflow to identify imported versus local transmission events. Local transmission chains will be identified as monophyletic groups consisting in very closely related genomes all belonging to Mozambique cases. Phylogenetic dating and phylodynamic approaches will be used to identify the earliest introduction in Mozambique and the age of the local transmission groups. The genomic data produced will be shared with the community through public repositories and uploaded to GISAID coupled with automatic analysis in Nextstrain.

For post mortem diagnosis MITS will be performed under the CHAMPS protocol as described elsewhere (16). Briefly, the body is transported to a designated MITS procedure room within a local facility, and a series of tissue (i.e, both lungs,) and nontissue specimens (i.e, blood, respiratory secretions via nasopharyngeal/oropharyngeal swabs) are collected.

Biomarker panel determination for prognostic determination

Venous blood samples will be collected via venepuncture upon recruitment by research staff. The maximum total blood volume collected will be 10 ml. Samples will be collected in EDTA tubes and stored at 2-8°C. Full blood count samples will be batched and run retrospectively within 24 hours. Biochemical biomarker samples will be stored for a maximum of four hours prior to centrifugation. Within 24 hours, centrifuged plasma will be stored at -20°C or below without freeze-thaw. Sample aliquots will be thawed overnight at between 2-8°C and aliquoted

at room temperature prior to assay performance. We will attempt to measure samples at CISM laboratories. For this, samples will be batched and biochemical biomarkers will be quantitatively measured using an instrumented multi-analyte immunoassay on the Ella platform. suPAR will also be measured using a quantitative near-patient lateral flow assay. Should CISM's laboratory not receive the equipment (ELLA machine) on time to analyse samples locally, samples will be sent to an outside laboratory for centralized analysis.

Should it finally be required to ship samples abroad, samples will be sent to:

Mahidol Oxford Tropical Medicine Research Unit (MORU),
Faculty of Tropical Medicine, Mahidol University,
3/F, 60th Anniversary Chulalongkornrajavidyalaya Building, 420/6 Rajvithi Road,
Bangkok 10400 Thailand

Detection of IgM and IgG against SARS-CoV2

We will use the XMAP technology (Luminex) for the detection of IgGs (marker of exposure and immunity) and IgMs (marker of acute infection) against the viral spike (S, including the Receptor Binding Domain RBD in S1), membrane (M), envelope (E) and/or nucleocapsid (N). Antigens (in house produced by Dr. Luis Izquierdo at ISGlobal or available commercially or by collaboration) will be coupled to magnetic microspheres and an immunoassay optimized following in-house methods previously developed and established at ISGlobal laboratories (Figure 2 in Annex) (13; 14). Antigens from *P. falciparum* will be added to the array in order to simultaneously detect active and recent exposure to malaria parasites (17). Plasmas from confirmed positive patients will be used to standardize the immunoassay and plasmas from unexposed individuals will be used to establish the positivity threshold (mean plus three standard deviations).

After genome sequencing of the virus the leftover rRNA or cDNA, serum or plasma samples will be stored up to 20 years for further characterization as currently little is known about this new emerging virus.

5.8 Patient follow up for outcome determination in prognostic biomarker component
Participants will be followed-up telephonically at day 7 (window period: +2 days) and day 14 (window period: +4 days) from date of enrolment to determine outcome, with the primary endpoint being development of an oxygen requirement (reported and/or documented peripheral oxygen saturation \leq 93% or respiratory rate $>$ 30 breaths per minute or clinical indication to give supplemental oxygen). Participants who are admitted at the study site will be followed-up daily during admission to determine whether they progress to meet the primary endpoint.

If telephone contact attempts are unsuccessful for the D14 follow-up, a home visit will be attempted and/or relevant information will be extracted from their medical record if they have sought care since enrolment, or have been transferred elsewhere. If the outreach visit for the D14 follow-up is unsuccessful participants will be declared lost-to-follow-up (LTFU) and further follow-up attempts will not be made. However, if it is established that the reason for inability to contact the participant is that they have been admitted to a health care facility, they will not be declared LTFU until the study team are able to establish contact and determine if the participant has met the primary endpoint or not (i.e. received or required oxygen supplementation).

5.9. Data Collection Forms, Data Entry and Data Analysis

5.9.1. Data collection forms and data entry

Prior to any study procedure, consent will be sought (Appendix A 1, 2, 3, 4 and 5). Clinical information will be extracted from the outpatient (Appendix B) and inpatients (Appendix C) questionnaire for children or specific form for identification of covid-19 suspected cases in children and adults (Appendix D). These forms will contain information on demographics, clinical history and physical exam at admission, underlying conditions, and laboratory results. At hospitals, appendix B and C, which contains clinical data for children, will be collected using paper forms. All data collection forms will be sent to CISM data centre to be double entered into a computerized database in OpenClinica open source software, version 3.0. Copyright© OpenClinica-LLC. The original questionnaire will be stored locally at CISM for

data cleaning. All other clinical data will be collected using standardized questionnaires integrated into ODK program for tablets.

For the three time points of patient contact in the prognostic biomarker component (baseline, D7 and D14), clinical data will be abstracted from clinical records, if available, and outcome data will be verified with the DSS databases. Data will be collected using specific standardized questionnaires. Similarly, specific questionnaires will be developed for COVID-19 population-based serosurveys and all the household members will be asked whether they have had contacts with suspected people during the past 30 days. After this baseline survey, the community members will be asked to phone the Call Centre at CISM's office in Manhiça to notify the study team in case they had a contact with a person that had symptoms of respiratory illness. The Call centre personnel will have a questionnaire to fill in, and advises to give to the participants

CISM laboratory data on SARS-CoV-2 detection will be directly entered in an electronic database where specific data of the study will be extracted for data analysis. An electronic copy containing all study data will be maintained by CISM investigator on a secure computer. Only project personnel will have access to the data, and data available for analysis will be de-identified.

5.8.2. Data Analysis

All statistical analyses will be specified a priori in a formally developed Statistical Analysis Plan.

In brief, the age-specific incidence of severe COVID-19 in the MDH catchment area population will be estimated as the weighted number of cases (weighted by the month specific positivity rate among the collected swabs, see details in the sample size section) over the total number of person-time under surveillance during the study period. Negative binomial regression models will be estimated to identify characteristics associated to COVID-19 positivity and mortality among patients with severe acute respiratory syndrome attending to the hospital. The age-specific seroprevalence of IgM and IgG antibodies against SARS-CoV-2 infection in the general population will be assessed by the proportion of seropositive subjects recruited through the two cross-sectional seroprevalence community surveys. All estimations will be presented with 95% CIs for each age-group and overall.

Mathematical modelling

- a) Reproduction number estimation: Estimates of COVID-19 incidence, prevalence and seroprevalence will be used to estimate ongoing transmission and effects of interventions within the local area, with analyses adjusted to the availability of data and stage of the pandemic. Branching process-based estimators of the effective reproduction number will be applied to temporal patterns within the data (particularly number of observed COVID-19 deaths per day). These estimates will be calibrated to data on the timings of interventions and data on movement patterns from sources such as DSS mortality data including pre-COVID period (2015 – 2020) and google community mobility reports (18; 19). Comparing data on observed mortality within the health system and that reported within the community will allow adjustment for under-reporting of deaths and provide insight into national level trends.

- b) Refining projections of severity and need for ongoing mitigation measures: Data on patterns of severity by age and according to potential comorbidities such as HIV, malaria and malnutrition, will be integrated into models being developed at Imperial College to provide much more granular model projections of severity at both a national and, regional and continental level (18; 19; 20; 21; 22). In particular, estimates of seroprevalence will be used to understand the denominator population of infections from which severe cases and deaths are being observed (incorporating models of the delay between infections, symptom onset and death which are being increasingly well characterized across a multitude of contexts). This will allow both much more accurate estimation of the stage of the epidemic and the extent to which non-pharmaceutical interventions such as social distancing remain necessary in Mozambique and other settings with similar demographics and where such interventions, if maintained, are highly likely to be causing high economic and societal costs.

5.9. Sample Size Estimation

Sample size for PCR in nasopharyngeal swabs: The objective of the COVID-19 morbidity surveillance is to estimate age specific (<15 and ≥15 years) incidence of severe COVID-19 in

the MDH catchment area population. However, given that a) we do not know how the epidemic curve will evolve and it is difficult to estimate the number of patients with severe acute respiratory syndrome that will attend the hospital each week, and b) we have a limited budget that only covers around 2500 PCRs, we might have to select a sub-sample of nasopharyngeal swabs every month to be analysed by PCR. Should there be months during which the numbers of swabs we collect is larger than the number of PCRs we can conduct, we will estimate the number of severe COVID-19 cases by multiplying the number of patients with severe acute respiratory syndrome by the positivity rate (calculated in those samples that can be analysed by PCR). The positivity rate of the PCR will be calculated by month and age group (<15 and ≥15 years), for which we estimate that a sample size of 200 samples per month and age group will allow to be 95% confident that the positivity rate of SARS-Cov-2 infection by PCR is 10-90% with a maximum admissible error of 4-7% (halfwidth of the confidence interval). Those 400 samples per month will be distributed to ensure we obtain around 100 samples per week (50 per age-group and week). Thus, during weeks during which the number of severe acute respiratory syndrome patients is less than 100, we will analyse all swabs by PCRs, and during weeks where the number is more than 100, we will only analyse the first 100, although the number of unanalysed samples will be counted for the weighted analysis.

Sample size for COVID-19 population-based serosurveys: The sampling will be stratified by age group (<15 and ≥15 years) and will be done by simple random sampling using the demographic surveillance system database as the sampling frame. The age specific group categories might be extended to **0-19, 20-39, 40-59 and ≥60** if additional co-funding is secured by World Health Organization. For each survey, a **sample size of 300 individuals** per age group will be recruited to estimate an age-specific seroprevalence of 10-90% with 3-5% precision and 95% confidence level. ***In the 4th survey will have additionally to the 1200 participants, the number of participants who tested positive in the 3rd survey to do a follow-up visit, totalizing 1900 participants for this 4th serosurvey.*** Randomly selected individuals will be approached and invited to participate in the study. The objectives and procedures of the study will be explained and participants will be included after signing an informed consent. After informed consent a standardized questionnaire will be administered to participants to

collect socio-demographic information, questions about signs and symptoms suggestive of COVID-19 during the previous 2 months, comorbidities and ongoing medication. A finger-prick sample will also be collected onto filter papers for serological determinations.

Sample size for the study the natural history of SARS-CoV-2 infection: A sample size of 43 infected patients and same asymptomatic individuals will allow to estimate the mean time (weeks) to viral load clearance (PCR negativisation) per groups with 95% confidence while the marginal error in estimate does not exceed 2 days (0.30 weeks) assuming the range of PCR-positivity in the population is 2-6 weeks.

Assuming a loss to follow up of 15%, we will recruit 50 patients in each of the two groups (symptomatic and asymptomatic individuals).

6. CAPACITY BUILDING

The present project will strengthen the diagnostics capacities at CISM for the detection of SARS-CoV-2 RNA, the use of XMAP technology for the quantification of antibodies against the virus, and for the interpretation of genomic data. The capacity building process will start with a start-up stage to train CISM personnel on the study specific procedures and requirements. In addition, training will be performed on a regular basis to ensure that Good Clinical Practices (GCP) guidelines are followed and that study procedures are correctly implemented. In addition, laboratory training for COVID 19 PCR testing will be provided to the staff by the National Institute of Health (Instituto Nacional de Saúde – INS) of Mozambique. This will include the inter-laboratory comparison to ensure the quality control.

7. RESULTS SHARING AND DISSEMINATION

Results for immediate action will be shared with the Ministry of Health through COVID-19 data reporting platform. The participants will be notified for the results according to procedures established by the Ministry of Health for COVID-19 ensuring that infected individuals are followed accordingly as established at the District health authorities. Residency identification will be collected to facilitate the location of positive cases for proper follow up.

Results of this study will be presented to and discussed with public-health officials, policymakers, health professionals within the Ministry of Health in Mozambique, international public health organization, partners and other relevant institutions, at scientific meetings, presentations and publications. The Instituto Nacional de Saúde, will be coordinating the regular data meetings for data sharing with the Ministry of Health and other key local stakeholders

Results will also be disseminated through scientific meetings in Mozambique and outside country. Manuscripts of the results finding, will be written within 12 months of study finalization, led by local authors and respecting the definition for authorship as described by the International Committee of Medical Journal Editors (ICMJE).

8. PROTECTION OF HUMAN SUBJECTS

The protocol, consent form and data collection tools for this surveillance will be reviewed and approved by the CISM Institutional Bioethic Committee for Health (CIBS-CISM) and Mozambican Bioethic committee for health (CNBS).

The HDSS data collection has ethical approval from CIBS-CISM and the CNBS, (see annexes 2 and 3). In addition, all the heads of households and household members in Manhiça district have voluntarily agreed and signed a written detailed informed consent for providing their demographic and socio-economic data, including that of their households and their young dependants (children under de age of 18 years), in the context of HDSS. To protect confidentiality, all the data that may lead to the identification of the study participant or their relative will not be used during the publication or presentation of the results of this study.

A. All documents and databases will be maintained in locked cabinets and on a password accessible computer, to limit access to authorized study personnel.

B. Risk and strategies to minimize risks

We are aware of the existence of several studies underway at the MDH. However, due to the relevance of the study to the control of the COVID-19 epidemic in the country and the unique conditions existing in this hospital that we mentioned above, we believe it is the ideal place to carry out the study. So, if an individual is participating in other studies that are not clinical trials, we will offer informed consent to participate in this study. To reduce unnecessary discomfort to participants, we will share samples with ongoing studies.

There are no physical risks to the participants involved beyond normal clinical care at hospital. However, participants and/or parents or guardian of participants may feel embarrassed or uncomfortable over interview when discuss sensitive topics, such as past medical or vaccination history, etc.

- Questions and physical exam will be conducted in private areas.
- All documents and databases will be maintained in locked cabinets and on a password-accessible computer, to limit access to authorized study personnel.
- The evaluation presents minimal risk to the participants especially over blood and swab collection, which would cause light pain in the nose or site of blood collection.
- Enrollment of children or adults in the study will not result in a loss of privacy or confidentiality for the family. All health problems identified in the participants will be management properly according to the Good Clinical Practices.

C. Biosecurity procedures

Prevention of COVID-19 infection in investigation personnel: Samples will be collected following biosafety guidelines such as the use of masks and protective clothes. All personnel involved in the investigation will be trained in procedures for infection prevention and control. Samples will be transported in cool boxes from the point of collection to the testing laboratory. Shipment of samples to external laboratories for whole genome sequencing will follow standard recommendations (23).

All biological samples for detection of COVID-19 will be tested at CISM following international biosecurity recommendations (24; 25). CISM is equipped with Biosafety Level II Laboratory suitable for the diagnosis of COVID-19. All technical staff will use personal protective equipment. Furthermore, all procedures suspect to generate aerosols will be carried out in a validated class II Biosafety cabinet. Infectious waste material will be autoclaved following incineration according to the waste management procedure.

D. Benefits

The individual participant will not receive any direct personal benefit from participating in this research. However, the results of this study has the potential to produce an immediate beneficial public health impact at both regional and global level improving disease

management, prevention and control of COVID-19 outbreak in Mozambique, and other subSaharan African countries, by providing evidence-based information for translation into policy.

9. BUDGET

The estimated budget for the proposed project is \$566,654.

ACTIVITES	YEAR 1	YAER 2	TOTAL
Personnel	\$127,288.24	\$27,357.38	\$154,646
Consumables	\$132,496.77	\$126,749.56	\$259,246
Equipment	\$9,583.53	\$0.00	\$9,584
Travel	\$0.00	\$0.00	\$0.00
Other Direct Costs	\$30,261.02	\$18,474.92	\$48,736
Subtotal Direct Cost	\$299,629.56	\$172,581.86	\$472,211.42
Indirect Cost	\$59,925.91	\$34,516.37	\$94,442.28
Total Budget	\$359,555	\$207,098	\$566,654

10. TIMELINE

Key Activities		Year 1						Year 2											
		J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
1	IRB Submission CCI																		
2	IRB Submission and approval CIBS																		
3	IRB Submission and approval CNBS																		
4	Administrative approval																		
5	Stand forms and databases																		
6	Staff identification																		
7	Training staff																		
8	Begin of study implementation																		
Study specific activities																			
9	COVID-19 morbidity surveillance																		
10	COVID-19 mortality surveillance																		
11	COVID-19 population-based serosurveys																		
12	Longitudinal cohort of SARS-CoV-2 acutely infected symptomatic individuals																		
13	Sample processing at CISM laboratory																		
14	Data management and data entry regular cleaning																		
15	Result dissemination to share with MOH/EPI																		
16	Shipment of specimens for SARS-CoV-2 sequencing to ISGlobal																		
17	Result dissemination to share with MOH/EPI																		
18	Finally analysis																		
19	Dissemination results and publications																		

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12. APPENDICES

Appendix A.1: Informed consent for parent/guardian of children

Appendix A.2: Informed consent for adult

Appendix A.3: Assent for children 12-17 years of age

Appendix B: Inpatient form for children (INPD4)

Appendix C: Outpatient form for children (OPD5)

Appendix D: Form for identification of covid-19 suspected cases

Appendix E: Questionnaire for community survey

ORIGINAL

CÓPIA

20. Tosse seca Sim Não N° de dias
21. Tosse produtiva Sim Não N° de dias
22. Dificuldade respiratória/falta de ar Sim Não N° de dias

Sintomas adicionais

23. Dores musculares Sim Não N/A N° de dias
24. Dores articulares Sim Não N/A N° de dias
25. Dores de garganta Sim Não N/A N° de dias
26. Dores de cabeça Sim Não N/A N° de dias
27. Coriza/rinorreia Sim Não N/A N° de dias
28. Fraqueza geral Sim Não N/A N° de dias
29. Perda de olfato ou paladar Sim Não N/A N° de dias
30. Náuseas ou vômitos Sim Não N/A N° de dias
31. Diarreias Sim Não N/A N° de dias
32. Outros, especificar: _____

HISTÓRICO CLÍNICO DE COVID-19

33. Já foi diagnosticado de COVID? Sim Não
34. Se sim, data de diagnóstico? /|/|
35. Já foi internado num hospital ou centro de saúde? Sim Não
36. Se sim, data de internamento? /|/|
37. Quantos dias de internamento?
38. Já foi diagnosticado sem ter tido sintomas? Sim Não
39. Se sim, data do diagnóstico? /|/|
40. Já foi vacinado contra COVID-19? Sim Não N/A
41. Se sim, data de vacinação? /|/|
42. Teve alguma reacção adversa? Sim Não
43. Se sim, especifique _____

FACTORES DE RISCO

44. Esteve em contacto com um caso confirmado por laboratório.
 Sim Não Desconhece
45. Esteve em contacto com casos considerados suspeitos ou prováveis? *Não confirmado por laboratório*
 Sim Não Desconhece
46. Esteve em um país com casos confirmados?
 Sim Não Desconhece
46.1. Se sim, indique o país?
 África do Sul
 Eswatini
 Portugal
 Outro, especificar: _____
47. Esteve em contacto com indivíduos provenientes de países com casos confirmados?
 Sim Não Desconhece
47.1. Se sim, indique o país?
 África do Sul

ORIGINAL

- Eswatini
 Portugal
 Outro, especificar: _____

48. Participou em um evento ou esteve em local com mais de 10 pessoas nos últimos 14 dias?

- Sim Não Desconhece

48.1 Se sim, especifica:

- Mercado
 Igreja
 Cerimônias fúnebres
 Meios de transporte (chapas ou machimbombo)
 Hospitais/centros de saúde
 Outro, especificar: _____

49. Esteve em contacto com um doente com infecção respiratória nos últimos 14 dias?

- Sim Não Desconhece

49.1 Se sim, indique a provável patologia?

- Infecção respiratória não complicada, sem internamento hospitalar
 Infecção respiratória que foi necessário internamento hospitalar
 Tuberculose
 Outra, especificar: _____

50. Participação em cerimónias fúnebres do falecido com infecção respiratória

- Sim Não Desconhece

51. Tem doenças crónicas conhecidas:

- HIV-SIDA
 Tuberculose
 Hipertensão
 Diabetes mellitus
 Asma
 Outra, especificar: _____

52. Tem critérios de testagem laboratorial?

- Sim Não

Devem ser testados todos casos suspeitos e casos prováveis para COVID-19, segundo as definições abaixo.

Considerar **caso suspeito** para COVID-19, se apresentar sintomas respiratórios &

- História de contacto com casos confirmados; **OU**
- História de contacto com casos suspeitos ou prováveis; **OU**
- Em indivíduos que estiveram em países com casos confirmados; **OU**
- Em indivíduos que estiveram em contacto com pessoas provenientes de países com casos confirmados; **OU**
- Sem outra etiologia que justifique os sintomas; **OU**

*Considerar **caso provável** para COVID-19, ao caso suspeito de COVID19 em que o teste não pode ser realizado por algum motivo ou cujo resultado tenha sido inconclusivo

53. Colheu amostra respiratória? Sim Não

a Se sim, data: _____/_____/_____

ORIGINAL

CÓPIA

- b Tipo de amostras:
- Zaragatoa nasofaríngea
 - Zaragatoa orofaríngea
 - Outra, especificar: _____

54. NIDA _____

55. Foram colhidas outras amostras? Sim Não
- a Se sim, data: |_|_|/|_|_|/|_|_|_|_|
- b Especificar tipo de amostras _____

56. Foi feito teste de malária? Sim Não
- a Se sim, tipo de teste: TDR-malaria microscopia
- b Resultado: Positivo Negativo Indeterminado

Se não for contacto de um caso positivo, responder abaixo:

57. Diagnóstico na triagem:
- a _____
- b _____
- c _____
- d _____

58. Destino após a triagem:
- Banco de socorro ou ICD
 - Alta
 - Abandono

59. Diagnóstico no ICD ou Banco de socorro:
- a _____
- b _____
- c _____

60. Destino após ICD ou banco de socorro:
- Internamento
 - Transferência
 - Óbito
 - Alta
 - Abandono

61. Código, assinatura e data: |_|_|_|_|_| _____ |_|_|/|_|_|/|_|_|_|_|

REVISÃO FINAL DO FORMULÁRIO

62. Código, Assinatura e data: |_|_|_|_|_| _____ |_|_|/|_|_|/|_|_|_|_|

Data	COV05933	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-05	RNA	10,3	0,967	1631	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703983021	EPJ_ISL_1707581	Female	<15	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,48	2	Asfinna
Data	COV05934	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-05	RNA	15,83	0,980	1427	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703983021	EPJ_ISL_1707582	Female	<15	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,20	1,2	Asfinna
Data	COV05940	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-05	RNA	14,97	0,979	1465	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703949201	EPJ_ISL_1707583	Female	31-45	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	97,97	1,25	HVSDA
Data	COV05942	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-06-28	RNA	4,41	0,987	1395	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703942021	EPJ_ISL_1707584	Female	>=60	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,45	3	HVSDA
Data	COV05943	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-06-28	RNA	28,28	0,980	80	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703942021	EPJ_ISL_1707585	Female	<15	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,4	1,4	Asfinna
Data	COV05947	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-07	RNA	29,7	0,968	1237	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703947021	EPJ_ISL_1707586	Female	<15	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,31	1,3	NA
Data	COV05949	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-09	RNA	21,6	0,967	1244	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703949021	EPJ_ISL_1707587	Female	>=60	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,32	NA	NA
Data	COV05950	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-09	RNA	19,8	0,968	1392	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703949021	EPJ_ISL_1707588	Female	<15	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,38	1,4	HVSDA
Data	COV05951	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-06-28	RNA	22,07	0,986	1299	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703951021	EPJ_ISL_17118743	Male	15-30	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	93,98	NA	NA
Data	COV05952	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-09	RNA	19,8	0,967	1297	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703952021	EPJ_ISL_1707589	Male	15-30	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,42	NA	NA
Data	COV05953	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-09	RNA	23	0,964	1384	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703953021	EPJ_ISL_1707590	Female	<15	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,47	1,3	Asfinna
Data	COV05955	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-09	RNA	28	0,977	1425	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703955021	EPJ_ISL_1707590	Female	15-30	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,01	NA	NA
Data	COV05957	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-08	RNA	24,79	0,969	1479	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703956021	EPJ_ISL_1707591	Female	31-45	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,46	1,4	HVSDA
Data	COV05957	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-08	RNA	24,6	0,968	1542	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703957021	EPJ_ISL_1707592	Female	15-30	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,43	1,245	Asfinna
Data	COV05958	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-08	RNA	23,4	0,967	1238	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703958021	EPJ_ISL_1707594	Female	15-30	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,54	1,2	Asfinna
Data	COV05958	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-08	RNA	23,9	0,987	1230	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703958021	EPJ_ISL_1707594	Female	15-30	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,41	1,4	HVSDA
Data	COV05960	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-08	RNA	20,5	0,968	1239	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703960021	EPJ_ISL_1707594	Male	31-45	Marjo	Maapto	Maazimie	AV6	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,39	NA	NA
Data	COV05981	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-08	RNA	18	0,912	1382	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703981021	EPJ_ISL_1707594	Female	31-45	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,51	2,45	None
Data	COV05982	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-08	RNA	24	0,959	1311	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703982021	EPJ_ISL_1707594	Male	46-60	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,65	2,4	HVSDA
Data	COV05983	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-28	RNA	19	0,968	1328	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703983021	EPJ_ISL_1707594	Female	31-45	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,05	3,4	HVSDA
Data	COV05984	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-06-18	RNA	22	0,955	939	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703984021	EPJ_ISL_1707594	Female	15-30	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	47,38	1,33	None
Data	COV05986	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-08	RNA	26,4	0,968	1395	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703986021	EPJ_ISL_1707595	Male	31-45	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,49	1	None
Data	COV05989	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-08	RNA	21,1	0,959	1281	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703989021	EPJ_ISL_1707591	Male	15-30	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,35	1,3	None
Data	COV05990	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-08	RNA	23,98	0,956	954	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703990021	EPJ_ISL_1707592	Female	31-45	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	92,43	NA	NA
Data	COV05992	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-01	RNA	3,34	0,968	1363	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703992021	EPJ_ISL_1707593	Female	46-60	Marjo	Maapto	Maazimie	AV6	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,38	1,25	HVSDA
Data	COV05993	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-01	RNA	4,55	0,967	1213	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703993021	EPJ_ISL_1707594	Male	15-30	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,35	1	None
Data	COV05994	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-01	RNA	21,51	0,914	1131	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703994021	EPJ_ISL_17117979	Male	31-45	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,9	1,3	Asfinna
Data	COV05995	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-01	RNA	5,24	0,969	1342	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703995021	EPJ_ISL_1707595	Female	15-30	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,27	1,24	None
Data	COV05996	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-01	RNA	4,08	0,967	1204	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703996021	EPJ_ISL_1707596	Female	15-30	Marjo	Maapto	Maazimie	AV6	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,34	1,2	None
Data	COV05997	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-01	RNA	23,66	0,938	992	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703997021	EPJ_ISL_1707597	Female	<15	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	97,23	2	None
Data	COV05983	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-01	RNA	5,98	0,966	795	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703983021	EPJ_ISL_1707590	Female	<15	Marjo	Maapto	Maazimie	AV6	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,2	2	None
Data	COV05994	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-01	RNA	9,91	0,916	1123	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703984021	EPJ_ISL_1707591	Female	<15	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,8	2	None
Data	COV05995	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-02	RNA	26,4	0,967	1297	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703986021	EPJ_ISL_1707590	Female	31-45	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,79	2	None
Data	COV05986	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-02	RNA	7,15	0,979	1389	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703988021	EPJ_ISL_1707593	Male	15-30	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,48	1,245	Asfinna
Data	COV05987	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-03	RNA	13,28	0,963	983	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703988021	EPJ_ISL_1707594	Female	15-30	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,15	1,25	Asfinna
Data	COV05987	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-03	RNA	8,84	0,967	1194	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703989021	EPJ_ISL_1707595	Female	15-30	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,71	3	Asfinna
Data	COV05991	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-13	RNA	18	0,963	1044	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703991021	EPJ_ISL_1707596	Female	31-45	Marjo	Maapto	Maazimie	AV6	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,71	1,35	Asfinna
Data	COV05992	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-13	RNA	21,3	0,987	1454	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703992021	EPJ_ISL_1707597	Female	31-45	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,8	1,3	Asfinna
Data	COV05993	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-17	RNA	15	0,967	1561	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703993021	EPJ_ISL_1707598	Female	15-30	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,66	1,35	Asfinna
Data	COV05994	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-06-24	RNA	0	0,968	1201	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703994021	EPJ_ISL_1707596	Female	15-30	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,97	1,45	None
Data	COV05995	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-13	RNA	22,9	0,987	1225	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703995021	EPJ_ISL_1707597	Female	15-30	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,65	1,4	HVSDA
Data	COV05997	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-13	RNA	23,9	0,911	418	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703996021	EPJ_ISL_1707597	Female	15-30	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,11	3	None
Data	COV05998	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-28	RNA	17,8	0,967	1142	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703998021	EPJ_ISL_1707597	Female	15-30	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,61	2	None
Data	COV05999	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-01	RNA	11,89	0,965	1179	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0703999021	EPJ_ISL_1707597	Female	31-45	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,47	1,2	None
Data	COV06000	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07-05	RNA	14,86	0,973	883	Runna Mies	ARTTCV4 + Neuvio Flex	NCov-19SaakoeqM2M-IBV-0704000021	EPJ_ISL_1707597	Male	46-60	Marjo	Maapto	Maazimie	B.1.1.72	DE140_3H1_0A142R_3H1_0A2P8R_3H1_0	98,63	3,5	None
Data	COV06001	Instituto de Saúd Gobal - ISGOBAl (CAT...)	2021-07																		

Data	COV08111	Instituto de Salud Global - ISGLOBAL (CAT_IJSO)	2021-07-13	RNA		27		0.9967	1015	Rumana Mbeq	ARTICV4 + Nucleia Flex	ICoV-19/Maazambiqe/MZ-L-BV-0703011/2021	EP1_ISL_1707954		Female	31-45	Manhpa	Maputo	Mozambique	AY6	D614G_S1_08L452R_S1_0JAP681R_S1_0	98.78	1.35	None	
Data	COV08112	Instituto de Salud Global - ISGLOBAL (CAT_IJSO)	2021-07-17	RNA		27		0.9813	1286	Rumana Mbeq	ARTICV4 + Nucleia Flex	ICoV-19/Maazambiqe/MZ-L-BV-0703012/2021	EP1_ISL_1707955		Male	<15	Manhpa	Maputo	Mozambique	AY6	D614G_S1_08L452R_S1_0JAP681R_S1_0	97.4	NA	NA	
Data	COV08113	Instituto de Salud Global - ISGLOBAL (CAT_IJSO)	2021-07-01	RNA		27.42		0.9839	1224	Rumana Mbeq	ARTICV4 + Nucleia Flex	ICoV-19/Maazambiqe/MZ-L-BV-0703013/2021	EP1_ISL_1707956		Male	<15	Manhpa	Maputo	Mozambique	B.1.617.2	D614G_S1_08L452R_S1_0JAP681R_S1_0	97.85	1	None	
Other	COV05225	Instituto de Salud Global - ISGLOBAL (CAT_IJSO)	2021-02-12	RNA		18		0.9979	893	Rumana Mbeq	ARTICV3 + Nucleia Flex	ICoV-19/Maazambiqe/MZ-L-BV-0702325/2021	EP1_ISL_2442102	ERR6018091	Male	31-45	Manhpa	Maputo	Mozambique	B.1.1.375	D614G_S1_0	82.83	NA	NA	
Other	COV05228	Instituto de Salud Global - ISGLOBAL (CAT_IJSO)	2021-02-12	RNA		15		15.2	0.9274	1194	Rumana Mbeq	ARTICV3 + Nucleia Flex	ICoV-19/Maazambiqe/MZ-L-BV-0702329/2021	EP1_ISL_2442105	ERR6018094	Male	31-45	Manhpa	Maputo	Mozambique	B.1.1.375	D614G_S0_999	93.07	NA	NA
Other	COV05263	Instituto de Salud Global - ISGLOBAL (CAT_IJSO)	2021-01-25	RNA		6		238	0.9966	1234	Rumana Mbeq	ARTICV3 + Nucleia Flex	ICoV-19/Maazambiqe/MZ-L-BV-0702635/2021	EP1_ISL_2442121	ERR6018125	Male	15-30	Manhpa	Maputo	Mozambique	B.1.1.375	D614G_S1_0	99.19	NA	NA
Other	COV05279	Instituto de Salud Global - ISGLOBAL (CAT_IJSO)	2021-01-25	RNA		17.83		92.5	0.9811	1773	Rumana Mbeq	ARTICV3 + Nucleia Flex	ICoV-19/Maazambiqe/MZ-L-BV-0702637/2021	EP1_ISL_2442134	ERR6018146	Female	15-30	Manhpa	Maputo	Mozambique	B.1.1.375	D614G_S1_0	98.87	NA	NA
Other	COV05404	Instituto de Salud Global - ISGLOBAL (CAT_IJSO)	2020-12-31	RNA		11.97		188	0.9813	1420	Rumana Mbeq	ARTICV3 + Nucleia Flex	ICoV-19/Maazambiqe/MZ-L-BV-0702644/2020	EP1_ISL_2442151	ERR6018177	Male	15-30	Manhpa	Maputo	Mozambique	B.1.1.375	D614G_S1_0	98.88	NA	NA
Other	COV05406	Instituto de Salud Global - ISGLOBAL (CAT_IJSO)	2020-12-30	RNA		16.26		146	0.9812	1477	Rumana Mbeq	ARTICV3 + Nucleia Flex	ICoV-19/Maazambiqe/MZ-L-BV-0702646/2020	EP1_ISL_2442153	ERR6018182	Male	15-30	Manhpa	Maputo	Mozambique	B.1.1.375	D614G_S1_0	98.77	NA	NA
Other	COV05407	Instituto de Salud Global - ISGLOBAL (CAT_IJSO)	2021-01-09	RNA		17.14		114	0.9813	1732	Rumana Mbeq	ARTICV3 + Nucleia Flex	ICoV-19/Maazambiqe/MZ-L-BV-0702647/2021	EP1_ISL_2442154	ERR6018187	Male	48-60	Manhpa	Maputo	Mozambique	B.1.1.375	D614G_S1_0	98.53	NA	NA
Other	COV05435	Instituto de Salud Global - ISGLOBAL (CAT_IJSO)	2020-11-03	RNA		23.88		68	0.9889	1288	Rumana Mbeq	ARTICV3 + Nucleia Flex	ICoV-19/Maazambiqe/MZ-L-BV-0702649/2020	EP1_ISL_2442180	ERR6018206	Female				Mozambique	B.1.1.54	D614G_S1_0	98.89	NA	NA
Other	COV05438	Instituto de Salud Global - ISGLOBAL (CAT_IJSO)	2020-11-04	RNA		23.7		67.5	0.9888	1238	Rumana Mbeq	ARTICV3 + Nucleia Flex	ICoV-19/Maazambiqe/MZ-L-BV-0702649/2020	EP1_ISL_2442181	ERR6018273	Male	31-45	Manhpa	Maputo	Mozambique	B.1	D614G_S1_0	98.17	NA	NA
Other	COV05437	Instituto de Salud Global - ISGLOBAL (CAT_IJSO)	2020-10-02	RNA		18.81		181	0.9899	1599	Rumana Mbeq	ARTICV3 + Nucleia Flex	ICoV-19/Maazambiqe/MZ-L-BV-0702647/2020	EP1_ISL_2442182	ERR6018275	Male	>60	Manhpa	Maputo	Mozambique	C.1.1	D614G_S1_0	98.99	NA	NA
Other	COV05438	Instituto de Salud Global - ISGLOBAL (CAT_IJSO)	2020-11-23	RNA		18.37		169	0.9838	1977	Rumana Mbeq	ARTICV3 + Nucleia Flex	ICoV-19/Maazambiqe/MZ-L-BV-0702648/2020	EP1_ISL_2442183	ERR6018277	Male	15-30	Manhpa	Maputo	Mozambique	B.1.1.375	D614G_S1_0	98.71	NA	NA
Other	COV05439	Instituto de Salud Global - ISGLOBAL (CAT_IJSO)	2020-11-20	RNA		30.29		7.5	0.9888	1205	Rumana Mbeq	ARTICV3 + Nucleia Flex	ICoV-19/Maazambiqe/MZ-L-BV-0702649/2020	EP1_ISL_2442184	ERR6018278	Female	48-60	Manhpa	Maputo	Mozambique	B.1.1.375	D614G_S1_0	99.89	NA	NA
Other	COV05441	Instituto de Salud Global - ISGLOBAL (CAT_IJSO)	2020-11-05	RNA		19.37		131.5	0.9772	1446	Rumana Mbeq	ARTICV3 + Nucleia Flex	ICoV-19/Maazambiqe/MZ-L-BV-0702644/2020	EP1_ISL_2442186	ERR6018288	Female	15-30	Manhpa	Maputo	Mozambique	B.1.1	D614G_S1_0	98.81	NA	NA
Other	COV05442	Instituto de Salud Global - ISGLOBAL (CAT_IJSO)	2020-11-09	RNA		33.35		1	0.9921	187	Rumana Mbeq	ARTICV3 + Nucleia Flex	ICoV-19/Maazambiqe/MZ-L-BV-0702644/2020	EP1_ISL_2442187	ERR6018291	Male	31-45	Manhpa	Maputo	Mozambique	C.6	D614G_S1_0	98.35	NA	NA
Other	COV05443	Instituto de Salud Global - ISGLOBAL (CAT_IJSO)	2020-11-04	RNA		31.98		32	0.9948	922	Rumana Mbeq	ARTICV3 + Nucleia Flex	ICoV-19/Maazambiqe/MZ-L-BV-0702643/2020	EP1_ISL_2442188	ERR6018292	Male	>60	Manhpa	Maputo	Mozambique	B.1.1.1	D614G_S1_0	87.14	NA	NA
Other	COV05444	Instituto de Salud Global - ISGLOBAL (CAT_IJSO)	2020-10-02	RNA		17.7		144	0.9827	1397	Rumana Mbeq	ARTICV3 + Nucleia Flex	ICoV-19/Maazambiqe/MZ-L-BV-0702644/2020	EP1_ISL_2442189	ERR6018297	Female	15-30	Manhpa	Maputo	Mozambique	B.1.1.375	D614G_S1_0	98.71	NA	NA
Other	COV05447	Instituto de Salud Global - ISGLOBAL (CAT_IJSO)	2020-11-03	RNA		19.18		20	0.9792	1382	Rumana Mbeq	ARTICV3 + Nucleia Flex	ICoV-19/Maazambiqe/MZ-L-BV-0702647/2020	EP1_ISL_2442190	ERR6018301	Female	31-45	Manhpa	Maputo	Mozambique	B.1.1.375	D614G_S1_0	97.84	NA	NA
Other	COV05448	Instituto de Salud Global - ISGLOBAL (CAT_IJSO)	2020-11-10	RNA		24.61		47.5	0.988	1838	Rumana Mbeq	ARTICV3 + Nucleia Flex	ICoV-19/Maazambiqe/MZ-L-BV-0702649/2020	EP1_ISL_2442192	ERR6018305	Male	48-60	Manhpa	Maputo	Mozambique	B.1.1.448	D614G_S1_0	98.71	NA	NA
Other	COV05449	Instituto de Salud Global - ISGLOBAL (CAT_IJSO)	2020-11-23	RNA		22.11		79.5	0.9795	1321	Rumana Mbeq	ARTICV3 + Nucleia Flex	ICoV-19/Maazambiqe/MZ-L-BV-0702649/2020	EP1_ISL_2442191	ERR6018306	Female	>60	Manhpa	Maputo	Mozambique	B.1.1.375	D614G_S1_0	98.36	NA	NA
Other	COV05451	Instituto de Salud Global - ISGLOBAL (CAT_IJSO)	2020-11-09	RNA		14.68		152.5	0.9845	1938	Rumana Mbeq	ARTICV3 + Nucleia Flex	ICoV-19/Maazambiqe/MZ-L-BV-0702645/2020	EP1_ISL_2442192	ERR6018308	Male	31-45	Manhpa	Maputo	Mozambique	B.1.1.375	D614G_S1_0	98.89	NA	NA
Other	COV05841	Instituto de Salud Global - ISGLOBAL (CAT_IJSO)	2021-04-28	RNA		5.52		0.9811	1929	Rumana Mbeq	ARTICV4 + Nucleia Flex	ICoV-19/Maazambiqe/MZ-L-BV-0705841/2021	EP1_ISL_1718742		Female	>60	Manhpa	Maputo	Mozambique	C.1.2	E484K_S1_0AN891Y_S1_0J02614G_S1_0AT7718_S1_0AH655Y_S1_0AR1905_S1_0	98.24	4	None	
Other	COV05896	Instituto de Salud Global - ISGLOBAL (CAT_IJSO)	2021-07-03	RNA		10.18		0.9809	1128	Rumana Mbeq	ARTICV4 + Nucleia Flex	ICoV-19/Maazambiqe/MZ-L-BV-0705896/2021	EP1_ISL_1718744		Female	31-45	Manhpa	Maputo	Mozambique	C.1.2	E484K_S1_0AN891Y_S1_0J02614G_S1_0AT7718_S1_0AH655Y_S1_0AR1905_S1_0	98.45	NA	NA	
Other	COV08004	Instituto de Salud Global - ISGLOBAL (CAT_IJSO)	2021-03-15	RNA		14.35		0.994	951	Rumana Mbeq	ARTICV4 + Nucleia Flex	ICoV-19/Maazambiqe/MZ-L-BV-0708004/2021	EP1_ISL_1707879		Female	>60	Manhpa	Maputo	Mozambique	B.1	L18F_S0_74AF484R_S0_73J8601Y_S0_89ACD14G_S1_0JAMMA_MP229_S0_79AAT01Y_S0_88K417N_S0_89AL452R_S0_13JAP681R_S0_23	94.21	None	Hypertension	
Other	COV08060	Instituto de Salud Global - ISGLOBAL (CAT_IJSO)	2021-08-30	RNA		9.15		0.9858	1836	Rumana Mbeq	ARTICV4 + Nucleia Flex	ICoV-19/Maazambiqe/MZ-L-BV-0708060/2021	EP1_ISL_1718748		Female	31-45	Manhpa	Maputo	Mozambique	C.1.2	E484K_S1_0AN891Y_S1_0J02614G_S1_0AT7718_S1_0AH655Y_S1_0AR1905_S1_0	99.72	2.45	None	
Other	COV08068	Instituto de Salud Global - ISGLOBAL (CAT_IJSO)	2021-07-09	RNA		23		0.981	1860	Rumana Mbeq	ARTICV4 + Nucleia Flex	ICoV-19/Maazambiqe/MZ-L-BV-0708066/2021	EP1_ISL_1718750		Male		Manhpa	Maputo	Mozambique	C.1.2	E484K_S1_0AN891Y_S1_0J02614G_S1_0AT7718_S1_0AH655Y_S1_0AR1905_S1_0	98.41	1.3	None	

1. Fever
2. Dry cough
3. Productive cough
4. Shortness of breath
5. Loss of smell/taste

Beta transmission groups									
Group	samples_Mz	cluster_size	samples_NewIBV	%Mz	%Mz_New_IBV	Likely_geographical_origin	Likely_introduction_period	Samples_included	
G01	2	2	2	100.0	100.0	71% SouthAfrica, 39 % Zimbabwe	2020-11-02; 2021-01-05	Mozambique/MZ-L-IBV-97025423/2021_EPI_ISL_2442169_2021-01-19, Mozambique/MZ-L-IBV-97025426/2021_EPI_ISL_2442172_2021-01-05	
G02	2	2	2	100.0	100.0	SouthAfrica	2020-12-21; 2021-01-21	Mozambique/MZ-L-IBV-97025378/2021_EPI_ISL_2442133_2021-01-23, Mozambique/MZ-L-IBV-97025413/2021_EPI_ISL_2442159_2021-01-21	
G03	2	2	2	100.0	100.0	SouthAfrica	2021-01-26; 2021-03-03	Mozambique/MZ-L-IBV-97025279/2021_EPI_ISL_3246530_2021-03-04, Mozambique/MZ-L-IBV-97025281/2021_EPI_ISL_2442087_2021-03-03	
G04	2	2	0	100.0	0.0	SouthAfrica	2021-01-07; 2021-03-09	Mozambique/CERI-KRISP-K015022/2021_EPI_ISL_2617103_2021-03-11, Mozambique/CERI-KRISP-K015005/2021_EPI_ISL_2617102_2021-03-09	
G05	2	2	0	100.0	0.0	England	2020-12-15; 2020-12-23	Mozambique/INS-K007911/2020_EPI_ISL_887439_2020-12-26, Mozambique/INS-K007936/2020_EPI_ISL_887446_2020-12-23	
G06	2	2	0	100.0	0.0	SouthAfrica	2021-01-11; 2021-03-09	Mozambique/CERI-KRISP-K015047/2021_EPI_ISL_2617166_2021-03-17, Mozambique/CERI-KRISP-K015006/2021_EPI_ISL_2617111_2021-03-09	
G07	2	2	0	100.0	0.0	SouthAfrica	2020-12-22; 2021-02-05	Mozambique/CERI-KRISP-K015060/2021_EPI_ISL_2617107_2021-03-17, Mozambique/INS-K011880/2021_EPI_ISL_2396985_2021-02-05	
G08	2	2	0	100.0	0.0	Undetermined	before 2020-10-31	Mozambique/INS-K011825/2020_EPI_ISL_2396930_2020-11-01, Mozambique/INS-K011823/2020_EPI_ISL_2396928_2020-10-31	
G09	2	2	2	100.0	100.0	75% SouthAfrica, 25% Canada	2020-12-23; 2021-02-24	Mozambique/MZ-L-IBV-97025327/2021_EPI_ISL_2442104_2021-02-24, Mozambique/MZ-L-IBV-97025299/2021_EPI_ISL_2442091_2021-03-04	
G10	2	2	2	100.0	100.0	43% SouthAfrica, 43% Malawi, 14% Zimbabwe	2020-12-18; 2021-02-12	Mozambique/MZ-L-IBV-97025302/2021_EPI_ISL_2442092_2021-02-20, Mozambique/MZ-L-IBV-97025308/2021_EPI_ISL_2442096_2021-02-12	
G11	2	2	2	100.0	100.0	SouthAfrica	2020-12-28; 2021-01-15	Mozambique/MZ-L-IBV-97025433/2021_EPI_ISL_2442178_2021-01-15, Mozambique/MZ-L-IBV-97025430/2021_EPI_ISL_2442176_2021-01-15	
G12	2	2	0	100.0	0.0	SouthAfrica	2021-05-24; 2021-05-29	Mozambique/COV-2332-A1981/2021_EPI_ISL_5822556_2021-05-29, Mozambique/COV-2329-A1978/2021_EPI_ISL_5822554_2021-05-29	
G13	2	2	2	100.0	100.0	SouthAfrica	2021-01-11; 2021-01-23	Mozambique/MZ-L-IBV-97025367/2021_EPI_ISL_2442125_2021-01-23, Mozambique/MZ-L-IBV-97025377/2021_EPI_ISL_2442132_2021-01-23	
G14	2	2	0	100.0	0.0	62.5% UK, 37.5% SouthAfrica	2020-12-15; 2021-03-13	Mozambique/CERI-KRISP-K015063/2021_EPI_ISL_2617105_2021-03-18, Mozambique/CERI-KRISP-K015039/2021_EPI_ISL_2617112_2021-03-13	
G15	2	2	0	100.0	0.0	SouthAfrica	2021-02-16; 2021-02-22	Mozambique/CERI-KRISP-K015033/2021_EPI_ISL_2617097_2021-03-12, Mozambique/INS-K011862/2021_EPI_ISL_2396967_2021-02-22	
G16	2	2	2	100.0	100.0	SouthAfrica	2021-01-02; 2021-01-17	Mozambique/MZ-L-IBV-97025345/2021_EPI_ISL_2442109_2021-02-09, Mozambique/MZ-L-IBV-97025421/2021_EPI_ISL_2442167_2021-01-17	
G17	2	2	0	100.0	0.0	50% SouthAfrica, 50% Denmark	2020-12-23; 2021-01-10	Mozambique/INS-K008163/2021_EPI_ISL_964940_2021-01-14, Mozambique/INS-K008775/2021_EPI_ISL_1132822_2021-01-10	
G18	2	2	0	100.0	0.0	88% SouthAfrica, 12% Ireland	2020-12-14; 2021-03-10	Mozambique/COV-2354-A2003/2021_EPI_ISL_5822561_2021-05-22, Mozambique/CERI-KRISP-K015016/2021_EPI_ISL_2617184_2021-03-10	
G19	2	2	0	100.0	0.0	Undetermined	Before 2021-04-20	Mozambique/COV-2293-A1941/2021_EPI_ISL_5822565_2021-05-31, Mozambique/CERI-KRISP-K016068/2021_EPI_ISL_3447998_2021-04-20	
G20	3	3	1	100.0	33.3	SouthAfrica	2020-12-21; 2020-12-27	Mozambique/MZ-L-IBV-97025453/2021_EPI_ISL_2442194_2021-01-18, Mozambique/INS-K007918/2020_EPI_ISL_887440_2020-12-27, Mozambique/COV-2340-A1989/2021_EPI_ISL_5822557_2021-05-05	
G21	3	3	0	100.0	0.0	Undetermined	before 2021-05-31	Mozambique/COV-2298-A1946/2021_EPI_ISL_5822566_2021-05-31, Mozambique/COV-2252-A1900/2021_EPI_ISL_5822552_2021-05-31, Mozambique/COV-2349-A1998/2021_EPI_ISL_5822560_2021-05-31	
G22	2	3	0	66.7	0.0	SouthAfrica	2020-12-28; 2021-01-10	Portugal/PT2925/2021_EPI_ISL_1414437_2021-02-07, Mozambique/INS-K008773/2021_EPI_ISL_1132820_2021-01-10, Mozambique/INS-K011853/2021_EPI_ISL_2396958_2021-02-21	
G23	3	3	0	100.0	0.0	Undetermined	Before 2021-05-10	Mozambique/COV-2334-A1983/2021_EPI_ISL_5822680_2021-05-10, Mozambique/COV-2346-A1995/2021_EPI_ISL_5822559_2021-05-29, Mozambique/COV-2330-A1979/2021_EPI_ISL_5822555_2021-05-29	
G24	3	3	1	100.0	33.3	SouthAfrica	2021-01-05; 2021-01-13	Mozambique/INS-K008130/2021_EPI_ISL_964935_2021-01-16, Mozambique/CERI-KRISP-K015044/2021_EPI_ISL_2617114_2021-03-16, Mozambique/MZ-L-IBV-97025401/2021_EPI_ISL_2442148_2021-01-13	
G25	2	3	0	66.7	0.0	Portugal	2021-03-04; 2021-03-17	Mozambique/CERI-KRISP-K015052/2021_EPI_ISL_2617116_2021-03-17, Mozambique/COV-2341-A1990/2021_EPI_ISL_5822674_2021-05-04, Mozambique/NICD-N8409/2021_EPI_ISL_2695754_2021-05-06	
G26	2	3	0	66.7	0.0	SouthAfrica	2020-12-21; 2021-01-23	Mozambique/COV-2139-A1786/2021_EPI_ISL_5822549_2021-06-22, Mozambique/CERI-KRISP-K015998/2021_EPI_ISL_3447976_2021-03-31, India/TG-RFCH00858_CIB3170/2021_EPI_ISL_6877896_2021-01-23	
G27	2	3	1	66.7	50.0	SouthAfrica	2020-12-21; 2021-01-28	Mozambique/MZ-L-IBV-97025280/2021_EPI_ISL_2442096_2021-03-03, Angola/KRISP-K009740/2021_EPI_ISL_1347913_2021-01-28, Mozambique/COV-2362-A2011/2021_EPI_ISL_5822562_2021-05-23	
G28	3	3	0	100.0	0.0	Angola	2021-01-28; 2021-04-26	Mozambique/COV-2287-A1935/2021_EPI_ISL_5822695_2021-05-01, Mozambique/COV-2326-A1975/2021_EPI_ISL_5822553_2021-04-26, Mozambique/COV-2301-A1949/2021_EPI_ISL_5822567_2021-04-28	
G29	3	3	0	100.0	0.0	SouthAfrica	2020-11-19; 2021-01-08	Mozambique/INS-K008157/2021_EPI_ISL_964933_2021-01-14, Mozambique/INS-K008145/2021_EPI_ISL_964930_2021-01-15, Mozambique/INS-K008126/2021_EPI_ISL_964924_2021-01-08	
G30	3	4	0	75.0	0.0	SouthAfrica	2020-12-21; 2021-02-24	Mozambique/CERI-KRISP-K015064/2021_EPI_ISL_2617104_2021-03-18, Mozambique/CERI-KRISP-K015032/2021_EPI_ISL_2617121_2021-03-12, Mozambique/UP-K012897-KRISP/2021_EPI_ISL_2727289_2021-02-24, hCoV-19/Mozambique/INS-K011886/2021_2021-02-08_2021-06-03	
G31	4	4	0	100.0	0.0	SouthAfrica	2021-02-16; 2021-03-31	Mozambique/COV-2376-A2025/2021_EPI_ISL_5822677_2021-03-31, Mozambique/CERI-KRISP-K016049/2021_EPI_ISL_3447996_2021-04-16, Mozambique/CERI-KRISP-K016082/2021_EPI_ISL_3447977_2021-04-20, Mozambique/CERI-KRISP-K016059/2021_EPI_ISL_3447979_2021-04-19	
G32	4	4	0	100.0	0.0	SouthAfrica	2020-12-09; 2021-01-07	Mozambique/INS-K007985/2021_EPI_ISL_887452_2021-01-07, Mozambique/INS-K007988/2021_EPI_ISL_887453_2021-01-07, Mozambique/INS-K007984/2021_EPI_ISL_887451_2021-01-07, Mozambique/INS-K007986/2021_EPI_ISL_887433_2021-01-07	
G33	4	4	4	100.0	100.0	Zimbabwe	2020-12-17; 2021-02-28	Mozambique/MZ-L-IBV-97025278/2021_EPI_ISL_2442085_2021-03-03, Mozambique/MZ-L-IBV-97025465/2021_EPI_ISL_3246529_2021-02-28, Mozambique/MZ-L-IBV-97025464/2021_EPI_ISL_2442201_2021-02-28, Mozambique/MZ-L-IBV-97025463/2021_EPI_ISL_2442200_2021-02-28	
G34	5	5	4	100.0	80.0	SouthAfrica	2020-12-09; 2021-01-07	Mozambique/INS-K007999/2021_EPI_ISL_887454_2021-01-07, Mozambique/MZ-L-IBV-97025352/2021_EPI_ISL_2442115_2021-01-12, Mozambique/MZ-L-IBV-97025375/2021_EPI_ISL_3246526_2021-01-23, Mozambique/MZ-L-IBV-97025398/2021_EPI_ISL_3246531_2021-01-25, Mozambique/MZ-L-IBV-97025416/2021_EPI_ISL_2442162_2021-01-15	
G35	5	5	0	100.0	0.0	SouthAfrica	2020-12-21; 2021-03-12	Mozambique/CERI-KRISP-K015048/2021_EPI_ISL_2617126_2021-03-17, Mozambique/CERI-KRISP-K015029/2021_EPI_ISL_2617094_2021-03-12, Mozambique/CERI-KRISP-K015072/2021_EPI_ISL_2617119_2021-03-18, Mozambique/CERI-KRISP-K016085/2021_EPI_ISL_3447991_2021-04-20, Mozambique/CERI-KRISP-K015034/2021_EPI_ISL_2617128_2021-03-12	
G36	6	6	6	100.0	100.0	Malawi	2021-01-12; 2021-01-19	Mozambique/MZ-L-IBV-97025403/2021_EPI_ISL_2442150_2021-01-21, Mozambique/MZ-L-IBV-97025359/2021_EPI_ISL_2442119_2021-02-09, Mozambique/MZ-L-IBV-97025342/2021_EPI_ISL_2442107_2021-02-09, Mozambique/MZ-L-IBV-97025347/2021_EPI_ISL_2442111_2021-02-25, Mozambique/MZ-L-IBV-97025425/2021_EPI_ISL_2442171_2021-01-19, Mozambique/MZ-L-IBV-97025310/2021_EPI_ISL_2442098_2021-02-17	
G37	6	6	0	100.0	0.0	Undetermined	Before 2020-08-26	Mozambique/INS-K011854/2021_EPI_ISL_2396959_2021-02-19, Mozambique/INS-K011840/2020_EPI_ISL_2396945_2020-11-04, Mozambique/INS-K011842/2020_EPI_ISL_2396947_2021-11-04, Mozambique/INS-K011872/2020_EPI_ISL_2396991_2020-08-26, Mozambique/INS-K011855/2021_EPI_ISL_2396960_2021-02-08, Mozambique/INS-K011871/2021_EPI_ISL_2396976_2021-02-23	
G38	7	7	6	100.0	85.7	SouthAfrica	2020-12-28; 2021-01-24	Mozambique/MZ-L-IBV-97025394/2021_EPI_ISL_2442144_2021-01-24, Mozambique/MZ-L-IBV-97025391/2021_EPI_ISL_2442142_2021-01-24, Mozambique/CERI-KRISP-K016070/2021_EPI_ISL_3447978_2021-04-20, Mozambique/MZ-L-IBV-97025370/2021_EPI_ISL_2442126_2021-01-24, Mozambique/MZ-L-IBV-97025418/2021_EPI_ISL_2442164_2021-01-24, Mozambique/MZ-L-IBV-97025380/2021_EPI_ISL_2442135_2021-01-24, Mozambique/MZ-L-IBV-97025387/2021_EPI_ISL_2442139_2021-01-24	
G39	8	10	0	80.0	0.0	Undetermined	Before 2020-08-25	SouthAfrica/KRISP-K011947/2021_EPI_ISL_2397052_2021-03-03, Mozambique/INS-K011877/2021_EPI_ISL_2396982_2021-02-05, Mozambique/INS-K011805/2020_EPI_ISL_2396910_2020-10-10, Mozambique/INS-K011847/2021_EPI_ISL_2396952_2021-02-05, Mozambique/INS-K011778/2020_EPI_ISL_2396892_2020-08-25, Mozambique/INS-K011883/2021_EPI_ISL_2396951_2021-02-08, Mozambique/INS-K011841/2020_EPI_ISL_2396946_2020-11-05, Mozambique/INS-K011837/2020_EPI_ISL_2396942_2020-11-04, Mozambique/INS-K011839/2020_EPI_ISL_2396944_2020-11-04, Mozambique/INS-K011879/2021_EPI_ISL_2396984_2021-02-05	
G40	9	11	0	81.8	0.0	SouthAfrica	2020-12-21; 2021-01-22	Mozambique/INS-K008797/2021_EPI_ISL_1132836_2021-01-22, Mozambique/CERI-KRISP-K015061/2021_EPI_ISL_2617117_2021-03-17, Mozambique/CERI-KRISP-K015011/2021_EPI_ISL_2617172_2021-03-10, Mozambique/CERI-KRISP-K015038/2021_EPI_ISL_2617124_2021-03-12, Mozambique/CERI-KRISP-K015062/2021_EPI_ISL_2617098_2021-03-17, Mozambique/CERI-KRISP-K016047/2021_EPI_ISL_3447986_2021-04-16, Mozambique/CERI-KRISP-K015999/2021_EPI_ISL_3447975_2021-03-31, Mozambique/CERI-KRISP-K015014/2021_EPI_ISL_2617172_2021-03-10, Mozambique/CERI-KRISP-K015012/2021_EPI_ISL_2617110_2021-03-10, MW/MLW02046/2021_O1779176.1_2021-03-26, Malawi/MLW-00095/2021_EPI_ISL_6963027_2021-03-26	
G41	10	15	0	66.7	0.0	Undetermined	Before 2020-10-10	Mozambique/INS-K011866/2021_EPI_ISL_2396971_2021-02-08, Mozambique/INS-K011793/2020_EPI_ISL_2396898_2020-10-10, Mozambique/INS-K011818/2020_EPI_ISL_2396923_2020-10-21, SouthAfrica/KRISP-K012085/2021_EPI_ISL_2397094_2021-03-18, Mozambique/INS-K011810/2020_EPI_ISL_2396915_2020-10-10, SouthAfrica/KRISP-K011939/2021_EPI_ISL_2397044_2021-03-09, Mozambique/INS-K011845/2021_EPI_ISL_2396950_2021-02-07, SouthAfrica/KRISP-K014586/2021_EPI_ISL_2494531_2021-04-27, SouthAfrica/KRISP-K014593/2021_EPI_ISL_2494613_2021-04-20, Mozambique/INS-K011844/2020_EPI_ISL_2396949_2020-11-03, SouthAfrica/KRISP-K011932/2021_EPI_ISL_2397037_2021-03-08, Mozambique/INS-K011846/2021_EPI_ISL_2396951_2021-02-06, Mozambique/INS-K011841/2020_EPI_ISL_2396946_2020-11-05, Mozambique/INS-K011837/2020_EPI_ISL_2396942_2020-11-04, Mozambique/INS-K011839/2020_EPI_ISL_2396944_2020-11-04, Mozambique/INS-K008160/2021_EPI_ISL_964926_2021-01-15, Mozambique/INS-K008785/2021_EPI_ISL_1132831_2021-01-18, Mozambique/MZ-L-IBV-97025303/2021_EPI_ISL_2442093_2021-02-17, Mozambique/MZ-L-IBV-97025285/2021_EPI_ISL_2442088_2021-02-01, Mozambique/MZ-L-IBV-97025395/2021_EPI_ISL_2442145_2021-01-24, Mozambique/MZ-L-IBV-97025396/2021_EPI_ISL_2442146_2021-01-24, Mozambique/MZ-L-IBV-97025381/2021_EPI_ISL_2442136_2021-01-24, Mozambique/MZ-L-IBV-97025389/2021_EPI_ISL_3246528_2021-01-24, Mozambique/MZ-L-IBV-97025396/2021_EPI_ISL_2442146_2021-01-24, Mozambique/MZ-L-IBV-97025351/2021_EPI_ISL_2442196_2021-02-02, SouthAfrica/NIDA-KRISP-K00850/2020_EPI_ISL_2442196_2021-02-02, Mozambique/MZ-L-IBV-97025455/2021_EPI_ISL_3246527_2021-02-02, Mozambique/INS-K008149/2021_EPI_ISL_964921_2021-01-22, Mozambique/INS-K008161/2021_EPI_ISL_964938_2021-01-22, Mozambique/MZ-L-IBV-97025341/2021_EPI_ISL_3246522_2021-02-09, Senegal/2027667/2021_EPI_ISL_8527645_2021-01-09	
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Beta unique sequences			
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Mozambique/CERI-KRISP-K014990/2021_EPI_ISL_2492957_2021-03-05	Eswatini/SouthAfrica	2021-02-16 ; 2021-03-05	no
Mozambique/CERI-KRISP-K014995/2021_EPI_ISL_2492976_2021-03-05	SouthAfrica	2021-01-04 ; 2021-03-05	no
Mozambique/CERI-KRISP-K014997/2021_EPI_ISL_2492968_2021-03-05	SouthAfrica	2021-01-06 ; 2021-03-05	no
Mozambique/CERI-KRISP-K014998/2021_EPI_ISL_2492997_2021-03-05	SouthAfrica	2021-02-04 ; 2021-03-05	no
Mozambique/CERI-KRISP-K015003/2021_EPI_ISL_2617135_2021-03-08	Kenya	2021-03-03 ; 2021-03-08	no
Mozambique/CERI-KRISP-K015004/2021_EPI_ISL_2617118_2021-03-09	SouthAfrica	2021-01-11 ; 2021-03-09	no
Mozambique/CERI-KRISP-K015007/2021_EPI_ISL_2617168_2021-03-09	undetermined	before 2021-03-09	no
Mozambique/CERI-KRISP-K015008/2021_EPI_ISL_2617095_2021-03-09	SouthAfrica	2021-01-09 ; 2021-03-09	no
Mozambique/CERI-KRISP-K015010/2021_EPI_ISL_2617125_2021-03-09	SouthAfrica/Ghana	2021-01-15 ; 2021-03-09	no
Mozambique/CERI-KRISP-K015017/2021_EPI_ISL_2617162_2021-03-11	SouthAfrica	2021-01-12 ; 2021-03-11	no
Mozambique/CERI-KRISP-K015018/2021_EPI_ISL_2617159_2021-03-11	undetermined	before 2021-03-11	no
Mozambique/CERI-KRISP-K015020/2021_EPI_ISL_2617109_2021-03-11	SouthAfrica	2021-01-12 ; 2021-03-11	no
Mozambique/CERI-KRISP-K015021/2021_EPI_ISL_2617185_2021-03-11	undetermined	before 2021-03-11	no
Mozambique/CERI-KRISP-K015026/2021_EPI_ISL_2617115_2021-03-12	undetermined	before 2021-03-12	no
Mozambique/CERI-KRISP-K015035/2021_EPI_ISL_2617120_2021-03-12	Malawi	2021-03-05 ; 2021-03-12	no
Mozambique/CERI-KRISP-K015036/2021_EPI_ISL_2617130_2021-03-12	Angola	2021-01-28 ; 2021-03-12	no
Mozambique/CERI-KRISP-K015042/2021_EPI_ISL_2617131_2021-03-16	SouthAfrica	2021-01-12 ; 2021-03-16	no
Mozambique/CERI-KRISP-K015046/2021_EPI_ISL_2617154_2021-03-17	SouthAfrica/Angola	2021-02-04 ; 2021-03-17	no
Mozambique/CERI-KRISP-K015059/2021_EPI_ISL_2617132_2021-03-18	SouthAfrica	2021-03-14 ; 2021-03-18	no
Mozambique/CERI-KRISP-K015065/2021_EPI_ISL_2617122_2021-03-18	undetermined	before 2021-03-18	no
Mozambique/CERI-KRISP-K015068/2021_EPI_ISL_2617113_2021-03-18	SouthAfrica	2021-03-14 ; 2021-03-18	no
Mozambique/CERI-KRISP-K015069/2021_EPI_ISL_2617096_2021-03-18	Malawi	2021-03-05 ; 2021-03-18	no
Mozambique/CERI-KRISP-K015075/2021_EPI_ISL_2617099_2021-03-18	SouthAfrica	2021-02-16 ; 2021-03-18	no
Mozambique/CERI-KRISP-K015076/2021_EPI_ISL_2617144_2021-03-18	SouthAfrica/Angola	2021-02-04 ; 2021-03-18	no
Mozambique/CERI-KRISP-K015079/2021_EPI_ISL_2617136_2021-03-18	undetermined	before 2021-03-18	no

Mozambique/CERI-KRISP-K015081/2021_EPI_ISL_2617106_2021-03-18	SouthAfrica/Angola	2021-02-04 ; 2021-03-18	no
Mozambique/CERI-KRISP-K015086/2021_EPI_ISL_2617127_2021-03-21	Gabon	2021-02-09 ; 2021-03-21	no
Mozambique/CERI-KRISP-K015087/2021_EPI_ISL_2617123_2021-03-21	Qatar	2021-02-20 ; 2021-03-21	no
Mozambique/CERI-KRISP-K015088/2021_EPI_ISL_2617129_2021-03-21	France	2021-01-20 ; 2021-03-21	no
Mozambique/CERI-KRISP-K016000/2021_EPI_ISL_3447988_2021-04-02	undetermined	before 2021-04-02	no
Mozambique/CERI-KRISP-K016001/2021_EPI_ISL_3447993_2021-03-30	SouthAfrica	2021-02-16 ; 2021-03-30	no
Mozambique/CERI-KRISP-K016003/2021_EPI_ISL_3447989_2021-03-30	undetermined	before 2021-03-30	no
Mozambique/CERI-KRISP-K016004/2021_EPI_ISL_3447992_2021-03-25	undetermined	before 2021-03-25	no
Mozambique/CERI-KRISP-K016005/2021_EPI_ISL_3447994_2021-03-25	SouthAfrica	2021-02-16 ; 2021-03-25	no
Mozambique/CERI-KRISP-K016006/2021_EPI_ISL_3447995_2021-03-31	undetermined	before 2021-03-31	no
Mozambique/CERI-KRISP-K016015/2021_EPI_ISL_3447980_2021-04-01	undetermined	before 2021-04-01	no
Mozambique/CERI-KRISP-K016042/2021_EPI_ISL_3447990_2021-04-13	undetermined	before 2021-04-13	no
Mozambique/CERI-KRISP-K016046/2021_EPI_ISL_3447981_2021-04-14	undetermined	before 2021-04-14	no
Mozambique/CERI-KRISP-K016053/2021_EPI_ISL_3447982_2021-04-16	SouthAfrica	2021-02-17 ; 2021-04-16	no
Mozambique/CERI-KRISP-K016054/2021_2021-04-18	undetermined	before 2021-04-18	no
Mozambique/CERI-KRISP-K016056/2021_EPI_ISL_3447984_2021-04-13	undetermined	before 2021-04-13	no
Mozambique/CERI-KRISP-K016058/2021_EPI_ISL_3447997_2021-04-16	undetermined	before 2021-04-16	no
Mozambique/CERI-KRISP-K016071/2021_EPI_ISL_3447987_2021-04-20	SouthAfrica	2021-03-14 ; 2021-04-20	no
Mozambique/CERI-KRISP-K016074/2021_EPI_ISL_3447974_2021-04-20	SouthAfrica/Portugal	2021-03-04 ; 2021-04-20	no
Mozambique/CERI-KRISP-K016077/2021_EPI_ISL_3447983_2021-04-20	SouthAfrica	2021-03-14 ; 2021-04-20	no
Mozambique/CERI-KRISP-K018287/2021_EPI_ISL_2688576_2021-04-20	Portugal	2021-02-26 ; 2021-04-20	no
Mozambique/CERI-KRISP-K018292/2021_EPI_ISL_2688578_2021-04-22	undetermined	before 2021-04-22	no
Mozambique/CERI-KRISP-K027176/2021_EPI_ISL_8799665_2021-07-15	undetermined	before 2021-07-15	no
Mozambique/COV-2140-A1787/2021_EPI_ISL_5822550_2021-06-18	Botswana/SouthAfrica	2021-05-18 ; 2021-06-18	no
Mozambique/COV-2185-A1832/2021_EPI_ISL_5822551_2021-06-21	undetermined	before 2021-06-21	no
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Mozambique/COV-2306-A1954/2021_EPI_ISL_5822697_2021-05-18	undetermined	before 2021-05-18	no
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Mozambique/COV-2344-A1993/2021_2021-04-30_2021-11-01	SouthAfrica	2021-03-14 ; 2021-04-30	no

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Mozambique/COV-2373-A2022/2021_EPI_ISL_5822563_2021-04-29	SouthAfrica	2021-04-12 ; 2021-04-29	no
Mozambique/COV-2374-A2023/2021_EPI_ISL_5822564_2021-04-01	undetermined	before 2021-04-01	no
Mozambique/INS-K007976/2021_EPI_ISL_887448_2021-01-07	SouthAfrica	2020-12-28 ; 2021-01-07	no
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Mozambique/INS-K007980/2021_EPI_ISL_887419_2021-01-06	SouthAfrica	2020-12-18 ; 2021-01-06	no
Mozambique/INS-K007981/2021_EPI_ISL_887450_2021-01-06	undetermined	before 2021-01-06	no
Mozambique/INS-K007989/2021_EPI_ISL_887427_2021-01-07	SouthAfrica	2020-12-15 ; 2021-01-07	no
Mozambique/INS-K008128/2021_EPI_ISL_964934_2021-01-16	Zimbabwe	2020-12-29 ; 2021-01-16	no
Mozambique/INS-K008131/2021_EPI_ISL_964922_2021-01-16	SouthAfrica	2020-12-09 ; 2021-01-16	no
Mozambique/INS-K008132/2021_EPI_ISL_964936_2021-01-16	UK	2021-01-09 ; 2021-01-16	no
Mozambique/INS-K008143/2021_EPI_ISL_964929_2021-01-15	SouthAfrica/UK	2020-12-21 ; 2021-01-15	no
Mozambique/INS-K008146/2021_EPI_ISL_964931_2021-01-15	SouthAfrica	2020-11-20 ; 2021-01-15	no
Mozambique/INS-K008147/2021_EPI_ISL_964925_2021-01-16	undetermined	before 2021-01-16	no
Mozambique/INS-K008154/2021_EPI_ISL_964932_2021-01-14	SouthAfrica/Ireland	2020-11-20 ; 2021-01-14	no
Mozambique/INS-K008162/2021_EPI_ISL_964939_2021-01-15	SouthAfrica	2021-01-02 ; 2021-01-15	no
Mozambique/INS-K008166/2021_EPI_ISL_964927_2021-01-17	SouthAfrica	2020-12-15 ; 2021-01-17	no
Mozambique/INS-K008170/2021_EPI_ISL_964941_2021-01-14	SouthAfrica	2020-12-26 ; 2021-01-14	no
Mozambique/INS-K008173/2021_EPI_ISL_964942_2021-01-16	SouthAfrica	2020-12-30 ; 2021-01-16	no
Mozambique/INS-K008771/2021_EPI_ISL_1132818_2021-01-14	Eswatini/SouthAfrica	2020-11-23 ; 2021-01-14	no
Mozambique/INS-K008772/2021_EPI_ISL_1132819_2021-01-28	Malawi	2021-01-12 ; 2021-01-28	no
Mozambique/INS-K008774/2021_EPI_ISL_1132821_2021-01-10	undetermined	before 2021-01-10	no
Mozambique/INS-K008777/2021_EPI_ISL_1132824_2021-01-30	SouthAfrica	2020-12-21 ; 2021-01-30	no
Mozambique/INS-K008778/2021_EPI_ISL_1132825_2021-01-30	SouthAfrica	2020-12-12 ; 2021-01-30	no
Mozambique/INS-K008781/2021_EPI_ISL_1132828_2021-01-30	undetermined	before 2021-01-30	no
Mozambique/INS-K008783/2021_EPI_ISL_1132829_2021-01-13	SouthAfrica	2020-12-27 ; 2021-01-13	no
Mozambique/INS-K008791/2021_EPI_ISL_1132834_2021-01-10	SouthAfrica	2020-12-21 ; 2021-01-10	no
Mozambique/INS-K008809/2021_EPI_ISL_1132841_2021-01-16	SouthAfrica	2020-12-21 ; 2021-01-16	no
Mozambique/INS-K011781/2020_EPI_ISL_2396895_2020-08-22	undetermined	before 2020-08-22	no
Mozambique/INS-K011807/2020_EPI_ISL_2396912_2020-11-10	undetermined	before 2020-11-10	no

Mozambique/INS-K011809/2020_EPI_ISL_2396914_2020-10-10	undetermined	before 2020-10-10	no
Mozambique/INS-K011819/2020_EPI_ISL_2396924_2020-10-30	undetermined	before 2020-10-30	no
Mozambique/INS-K011822/2020_EPI_ISL_2396927_2020-10-31	undetermined	before 2020-10-31	no
Mozambique/INS-K011831/2020_EPI_ISL_2396936_2020-11-03	undetermined	before 2020-11-03	no
Mozambique/INS-K011834/2020_EPI_ISL_2396939_2020-11-05	undetermined	before 2020-11-05	no
Mozambique/INS-K011848/2021_EPI_ISL_2396953_2021-02-06	SouthAfrica	2020-12-21 ; 2021-02-06	no
Mozambique/INS-K011849/2021_EPI_ISL_2396954_2021-02-19	SouthAfrica/Slovenia	2020-12-24 ; 2021-02-19	no
Mozambique/INS-K011856/2021_EPI_ISL_2396961_2021-02-06	SouthAfrica	2021-01-01 ; 2021-02-06	no
Mozambique/INS-K011857/2021_EPI_ISL_2396962_2021-02-08	SouthAfrica	2020-12-21 ; 2021-02-08	no
Mozambique/INS-K011859/2021_2021-02-08	Zimbabwe/SouthAfrica	2020-12-17 ; 2021-02-08	no
Mozambique/INS-K011868/2021_EPI_ISL_2396973_2021-02-22	SouthAfrica	2021-01-04 ; 2021-02-22	no
Mozambique/INS-K011872/2021_EPI_ISL_2396977_2021-02-08	undetermined	before 2021-02-08	no
Mozambique/INS-K011881/2021_EPI_ISL_2396986_2021-02-19	SouthAfrica/UK	2021-01-11 ; 2021-02-19	no
Mozambique/INS-K011884/2021_EPI_ISL_2396989_2021-02-08	SouthAfrica	2020-12-21 ; 2021-02-08	no
Mozambique/INS-K011888/2021_2021-02-09	undetermined	before 2021-02-09	no
Mozambique/INS-K011889/2021_2021-02-08	undetermined	before 2021-02-08	no
Mozambique/INS-K011891/2021_EPI_ISL_2396996_2021-02-02	SouthAfrica	2021-01-13 ; 2021-02-02	no
Mozambique/INS-K011893/2021_2021-02-06	undetermined	before 2021-02-06	no
Mozambique/INS-K011894/2021_EPI_ISL_2396999_2021-02-08	India	2021-02-02 ; 2021-02-08	no
Mozambique/MZ-L-IBV-97025276/2021_EPI_ISL_2442084_2021-02-01	SouthAfrica	2020-12-24 ; 2021-02-01	yes
Mozambique/MZ-L-IBV-97025290/2021_EPI_ISL_2442089_2021-02-01	SouthAfrica	2020-12-24 ; 2021-02-01	yes
Mozambique/MZ-L-IBV-97025296/2021_EPI_ISL_2442090_2021-02-20	SouthAfrica/Gabon	2020-12-28 ; 2021-02-20	yes
Mozambique/MZ-L-IBV-97025304/2021_EPI_ISL_2442094_2021-02-19	Angola	2021-01-28 ; 2021-02-19	yes
Mozambique/MZ-L-IBV-97025309/2021_EPI_ISL_2442097_2021-02-17	SouthAfrica	2021-01-03 ; 2021-02-17	yes
Mozambique/MZ-L-IBV-97025311/2021_EPI_ISL_2442099_2021-02-12	Zimbabwe/SouthAfrica	2020-12-14 ; 2021-02-12	yes
Mozambique/MZ-L-IBV-97025315/2021_EPI_ISL_2442100_2021-02-12	SouthAfrica	2021-01-11 ; 2021-02-12	yes
Mozambique/MZ-L-IBV-97025321/2021_2021-02-12	undetermined	before 2021-02-12	yes
Mozambique/MZ-L-IBV-97025326/2021_2021-02-18	undetermined	before 2021-02-18	yes
Mozambique/MZ-L-IBV-97025343/2021_EPI_ISL_2442108_2021-02-02	SouthAfrica	2021-01-05 ; 2021-02-02	yes
Mozambique/MZ-L-IBV-97025346/2021_EPI_ISL_2442110_2021-02-01	SouthAfrica	2020-12-21 ; 2021-02-01	yes

Mozambique/MZ-L-IBV-97025351/2021_EPI_ISL_2442114_2021-01-12	SouthAfrica	2020-12-07 ; 2021-01-12	yes
Mozambique/MZ-L-IBV-97025354/2021_EPI_ISL_2442117_2021-01-14	SouthAfrica	2020-12-27 ; 2021-01-14	yes
Mozambique/MZ-L-IBV-97025356/2021_EPI_ISL_3246523_2021-01-12	SouthAfrica	2020-12-30 ; 2021-01-12	yes
Mozambique/MZ-L-IBV-97025357/2021_EPI_ISL_2442118_2021-01-08	SouthAfrica	2020-12-30 ; 2021-01-08	yes
Mozambique/MZ-L-IBV-97025358/2021_EPI_ISL_3246524_2021-02-09	SouthAfrica	2021-01-06 ; 2021-02-09	yes
Mozambique/MZ-L-IBV-97025364/2021_EPI_ISL_2442122_2021-01-23	SouthAfrica	2020-12-21 ; 2021-01-23	yes
Mozambique/MZ-L-IBV-97025365/2021_EPI_ISL_2442123_2021-01-23	SouthAfrica	2020-12-24 ; 2021-01-23	yes
Mozambique/MZ-L-IBV-97025374/2021_EPI_ISL_2442130_2021-01-23	undetermined	before 2021-01-23	yes
Mozambique/MZ-L-IBV-97025393/2021_2021-01-25	undetermined	before 2021-01-25	yes
Mozambique/MZ-L-IBV-97025399/2021_EPI_ISL_2442147_2021-01-22	SouthAfrica	2020-12-15 ; 2021-01-22	yes
Mozambique/MZ-L-IBV-97025402/2021_EPI_ISL_2442149_2021-01-19	undetermined	before 2021-01-19	yes
Mozambique/MZ-L-IBV-97025409/2021_EPI_ISL_2442155_2021-01-13	SouthAfrica	2021-01-03 ; 2021-01-13	yes
Mozambique/MZ-L-IBV-97025410/2021_EPI_ISL_2442156_2021-01-13	SouthAfrica	2020-12-21 ; 2021-01-13	yes
Mozambique/MZ-L-IBV-97025412/2021_EPI_ISL_2442158_2021-01-13	SouthAfrica	2020-12-18 ; 2021-01-13	yes
Mozambique/MZ-L-IBV-97025414/2021_2021-01-13	SouthAfrica	2020-12-15 ; 2021-01-13	yes
Mozambique/MZ-L-IBV-97025415/2021_EPI_ISL_2442161_2021-01-13	SouthAfrica	2020-12-07 ; 2021-01-13	yes
Mozambique/MZ-L-IBV-97025419/2021_EPI_ISL_2442165_2021-01-18	undetermined	before 2021-01-18	yes
Mozambique/MZ-L-IBV-97025422/2021_EPI_ISL_2442168_2021-01-19	SouthAfrica/UK	2020-12-15 ; 2021-01-19	yes
Mozambique/MZ-L-IBV-97025424/2021_EPI_ISL_2442170_2021-01-19	SouthAfrica	2020-11-20 ; 2021-01-19	yes
Mozambique/MZ-L-IBV-97025427/2020_EPI_ISL_2442173_2020-12-30	SouthAfrica	2020-12-28 ; 2020-12-30	yes
Mozambique/MZ-L-IBV-97025428/2021_EPI_ISL_2442174_2021-01-14	SouthAfrica	2020-12-30 ; 2021-01-14	yes
Mozambique/MZ-L-IBV-97025431/2021_EPI_ISL_2442177_2021-01-14	SouthAfrica	2020-12-01 ; 2021-01-14	yes
Mozambique/MZ-L-IBV-97025440/2021_EPI_ISL_2442185_2021-01-08	SouthAfrica	2021-01-04 ; 2021-01-08	yes
Mozambique/MZ-L-IBV-97025454/2021_EPI_ISL_2442195_2021-02-01	SouthAfrica	2020-12-24 ; 2021-02-01	yes
Mozambique/MZ-L-IBV-97025458/2021_EPI_ISL_2442197_2021-02-02	SouthAfrica	2020-12-11 ; 2021-02-02	yes
Mozambique/MZ-L-IBV-97025459/2021_EPI_ISL_2442198_2021-02-01	SouthAfrica	2020-12-15 ; 2021-02-01	yes
Mozambique/MZ-L-IBV-97025461/2021_EPI_ISL_2442199_2021-02-02	SouthAfrica	2020-12-21 ; 2021-02-02	yes
Mozambique/MZ-L-IBV-97025466/2021_EPI_ISL_2442202_2021-02-26	SouthAfrica	2020-12-27 ; 2021-02-26	yes
total_Mozambican_seqs_uniques		145	
new_seqs_uniques		40	

Beta unclassified sequences	
Sample_name	new_seq
Mozambique/INS-K007927/2020_EPI_ISL_887443_2020-12-26	no
Mozambique/INS-K011804/2020_EPI_ISL_2396909_2020-11-09	no
Mozambique/INS-K011833/2020_EPI_ISL_2396938_2020-11-04	no
Mozambique/INS-K011824/2020_EPI_ISL_2396929_2020-10-31	no
Mozambique/INS-K011817/2020_EPI_ISL_2396922_2020-10-16	no
Mozambique/INS-K011821/2020_EPI_ISL_2396926_2020-10-27	no
Mozambique/INS-K011826/2020_EPI_ISL_2396931_2020-11-02	no
Mozambique/INS-K011830/2020_EPI_ISL_2396935_2020-11-04	no
Mozambique/INS-K011829/2020_EPI_ISL_2396934_2020-11-03	no
Mozambique/INS-K011828/2020_EPI_ISL_2396933_2020-11-03	no
Mozambique/INS-K011820/2020_EPI_ISL_2396925_2020-10-27	no
Mozambique/INS-K011876/2021_EPI_ISL_2396981_2021-02-06	no
Mozambique/INS-K011869/2021_EPI_ISL_2396974_2021-02-05	no
Mozambique/INS-K011776/2020_EPI_ISL_2396890_2020-08-25	no
Mozambique/INS-K011865/2021_EPI_ISL_2396970_2021-02-05	no
Mozambique/INS-K011861/2021_EPI_ISL_2396966_2021-02-08	no
Mozambique/INS-K011851/2021_EPI_ISL_2396956_2021-02-08	no
hCoV-19/Mozambique/INS-K011850/2021_2021-02-08_2021-06-03	no
hCoV-19/Mozambique/INS-K011870/2021_2021-02-05_2021-06-03	no
Mozambique/INS-K011864/2021_EPI_ISL_2396969_2021-02-18	no
hCoV-19/Mozambique/INS-K011852/2021_2021-02-04_2021-06-03	no
Mozambique/INS-K011863/2021_EPI_ISL_2396968_2021-02-19	no
Mozambique/INS-K011835/2020_EPI_ISL_2396940_2020-11-04	no
Mozambique/INS-K011836/2020_EPI_ISL_2396941_2020-11-04	no
Mozambique/MZ-L-IBV-97025417/2021_EPI_ISL_2442163_2021-01-14	yes
Mozambique/INS-K008790/2021_EPI_ISL_1132833_2021-01-18	no
Mozambique/INS-K007925/2020_EPI_ISL_887442_2020-12-26	no

Mozambique/MZ-L-IBV-97025452/2021_EPI_ISL_2442193_2021-01-18	yes
Mozambique/MZ-L-IBV-97025353/2021_EPI_ISL_2442116_2021-01-14	yes
Mozambique/MZ-L-IBV-97025349/2021_EPI_ISL_2442112_2021-02-01	yes
Mozambique/MZ-L-IBV-97025361/2021_EPI_ISL_2442120_2021-01-12	yes
Mozambique/INS-K007928/2020_EPI_ISL_887444_2020-12-16	no
Mozambique/MZ-L-IBV-97025368/2021_EPI_ISL_2442127_2021-01-23	yes
Mozambique/MZ-L-IBV-97025376/2021_EPI_ISL_2442131_2021-01-23	yes
Mozambique/MZ-L-IBV-97025371/2021_EPI_ISL_2442128_2021-01-23	yes
hCoV-19/Mozambique/MZ-L-IBV-97025386/2021_2021-01-24_2021-06-07	yes
Mozambique/INS-K007922/2020_EPI_ISL_887441_2020-12-26	no
hCoV-19/Mozambique/MZ-L-IBV-97025366/2021_2021-01-20_2021-06-07	yes
hCoV-19/Mozambique/INS-K011885/2021_2021-02-08_2021-06-03	no
Mozambique/INS-K011867/2021_EPI_ISL_2396972_2021-02-08	no
Mozambique/INS-K008133/2021_EPI_ISL_964937_2021-01-16	no
Mozambique/INS-K011890/2021_EPI_ISL_2396995_2021-02-08	no
Mozambique/INS-K011827/2020_EPI_ISL_2396932_2020-11-15	no
Mozambique/INS-K011875/2021_EPI_ISL_2396980_2021-02-05	no
Mozambique/INS-K011860/2021_EPI_ISL_2396965_2021-02-08	no
Mozambique/INS-K011878/2021_EPI_ISL_2396983_2021-02-09	no
hCoV-19/Mozambique/INS-K011882/2021_2021-02-08_2021-06-03	no
Mozambique/INS-K011838/2020_EPI_ISL_2396943_2020-11-04	no
Mozambique/MZ-L-IBV-97025405/2021_EPI_ISL_2442152_2021-01-05	yes
Mozambique/MZ-L-IBV-97025350/2021_EPI_ISL_2442113_2021-01-14	yes
Mozambique/MZ-L-IBV-97025420/2021_EPI_ISL_2442166_2021-01-19	yes
Mozambique/INS-K007930/2020_EPI_ISL_887445_2020-12-14	no
Mozambique/MZ-L-IBV-97025373/2021_EPI_ISL_2442129_2021-01-23	yes
hCoV-19/Mozambique/MZ-L-IBV-97025383/2021_2021-01-24_2021-08-05	yes
Mozambique/MZ-L-IBV-97025411/2021_EPI_ISL_2442157_2021-01-13	yes
hCoV-19/Mozambique/MZ-L-IBV-97025362/2021_2021-01-06_2021-08-05	yes
Mozambique/INS-K011874/2021_EPI_ISL_2396979_2021-02-08	no

COV035981	yes
Mozambique/CERI-KRISP-K014985/2021_EPI_ISL_2492927_2021-01-01	no
Mozambique/INS-K007939/2020_EPI_ISL_887447_2020-12-26	no
Mozambique/INS-K008150/2021_EPI_ISL_964923_2021-01-15	no
Mozambique/INS-K008171/2021_EPI_ISL_964928_2021-01-16	no
Mozambique/INS-K008779/2021_EPI_ISL_1132826_2021-01-30	no
Mozambique/INS-K008780/2021_EPI_ISL_1132827_2021-01-30	no
Mozambique/INS-K008805/2021_EPI_ISL_1132840_2021-01-16	no
Mozambique/INS-K008810/2021_EPI_ISL_1132842_2021-01-16	no
Mozambique/INS-K011780/2020_EPI_ISL_2396894_2020-08-25	no
Mozambique/INS-K011801/2020_EPI_ISL_2396906_2020-10-09	no
Mozambique/INS-K011815/2020_EPI_ISL_2396920_2020-10-31	no
Mozambique/INS-K011816/2020_EPI_ISL_2396921_2020-10-30	no
Mozambique/INS-K011832/2020_EPI_ISL_2396937_2020-11-03	no
Mozambique/INS-K011887/2021_2021-02-08	no
Mozambique/INS-K011892/2021_EPI_ISL_2396997_2021-02-05	no
Mozambique/MZ-L-IBV-97025305/2021_2021-02-17	yes
Mozambique/MZ-L-IBV-97025340/2021_EPI_ISL_2442106_2021-02-01	yes
Mozambique/MZ-L-IBV-97025385/2021_EPI_ISL_2442137_2021-01-24	yes
Mozambique/MZ-L-IBV-97025429/2021_EPI_ISL_2442175_2021-01-14	yes
Mozambique/MZ-L-IBV-97025434/2021_EPI_ISL_2442179_2021-01-15	yes
total_Mozambican_seqs	78
new_seqs	23

Delta transmission groups										
Group	samples_Mz	cluster_size	samples_NewIBV	%Mz	%Mz_New_IBV	Likely_geographical_origin	Likely_introduction_period	lineage	Samples_included	Comments

G1	60	97	11	61.86	18.33	UK	2021-04-19 ; 2021-05-27	AY.6	<p>Canada/QC-L00364010001/2021_EPI_ISL_3459078_2021-06-30</p> <p>France/GES-HMN-21112050571/2021_EPI_ISL_6250920_2021-10-29</p> <p>France/GES-HMN-21112190219/2021_EPI_ISL_7213624_2021-11-05</p> <p>France/IDF-CERBAHC-10315989/2021_EPI_ISL_6261337_2021-10-27</p> <p>France/IDF-HMN-21112090420/2021_EPI_ISL_6436900_2021-10-26</p> <p>France/IDF-HMN-21112160414/2021_EPI_ISL_7289904_2021-10-29</p> <p>France/IDF-IPP32538/2021_EPI_ISL_6424932_2021-10-26</p> <p>France/IDF-IPP3696/2021_EPI_ISL_6699391_2021-10-28</p> <p>France/NAQ-HCL021154029801/2021_EPI_ISL_4320475_2021-08-24</p> <p>hCoV-19/Guinea/IPG-24116/2021_2021-08-30_2022-02-24</p> <p>hCoV-19/Guinea/IP-GNC_22792/2021_2021-07-16_2021-09-07</p> <p>hCoV-19/Malawi/NHRL-COVseq0114/2021_2021-09-09_2021-11-24</p> <p>hCoV-19/Mozambique/COV-2177-A1824/2021_2021-06-17_2021-11-01</p> <p>Malawi/CERI-KRISP-K024691/2021_EPI_ISL_4474382_2021-07-26</p> <p>Malawi/CERI-KRISP-K024698/2021_EPI_ISL_4474388_2021-07-26</p> <p>Malawi/CERI-KRISP-K027022/2021_EPI_ISL_6422344_2021-09-02</p> <p>Malawi/CERI-KRISP-K027067/2021_EPI_ISL_6511739_2021-09-13</p> <p>Malawi/MLW-00130/2021_EPI_ISL_6963056_2021-06-17</p> <p>Malawi/MLW-00173/2021_EPI_ISL_6963100_2021-08-19</p> <p>Malawi/MLW-00260/2021_EPI_ISL_6963179_2021-08-24</p> <p>Malawi/NHRL-COVseq0015/2021_EPI_ISL_4857733_2021-05-27</p> <p>Mozambique/CERI-KRISP-K021220/2021_EPI_ISL_3663608_2021-07-14</p> <p>Mozambique/CERI-KRISP-K025859/2021_EPI_ISL_5425739_2021-07-07</p> <p>Mozambique/CERI-KRISP-K025888/2021_EPI_ISL_5425757_2021-07-06</p> <p>Mozambique/CERI-KRISP-K025913/2021_EPI_ISL_5425745_2021-06-28</p> <p>Mozambique/CERI-KRISP-K025924/2021_EPI_ISL_5425651_2021-07-01</p> <p>Mozambique/CERI-KRISP-K026093/2021_EPI_ISL_5942733_2021-06-30</p> <p>Mozambique/CERI-KRISP-K026094/2021_EPI_ISL_5942754_2021-06-29</p> <p>Mozambique/CERI-KRISP-K026098/2021_EPI_ISL_5942793_2021-07-02</p> <p>Mozambique/CERI-KRISP-K026113/2021_EPI_ISL_5942762_2021-07-22</p> <p>Mozambique/CERI-KRISP-K026123/2021_EPI_ISL_5942826_2021-07-19</p> <p>Mozambique/CERI-KRISP-K026127/2021_EPI_ISL_5942713_2021-07-20</p> <p>Mozambique/CERI-KRISP-K026128/2021_EPI_ISL_5942665_2021-07-22</p> <p>Mozambique/CERI-KRISP-K026139/2021_EPI_ISL_5942740_2021-07-16</p> <p>Mozambique/CERI-KRISP-K026153/2021_EPI_ISL_5942672_2021-07-14</p> <p>Mozambique/CERI-KRISP-K027169/2021_EPI_ISL_8799658_2021-07-07</p> <p>Mozambique/CERI-KRISP-K027175/2021_EPI_ISL_8799664_2021-07-13</p> <p>Mozambique/CERI-KRISP-K027179/2021_EPI_ISL_8799668_2021-07-23</p> <p>Mozambique/CERI-KRISP-K027183/2021_EPI_ISL_8799671_2021-07-27</p> <p>Mozambique/CERI-KRISP-K027540/2021_EPI_ISL_9084393_2021-09-08</p> <p>Mozambique/CERI-KRISP-K027542/2021_EPI_ISL_9084395_2021-09-08</p> <p>Mozambique/CERI-KRISP-K027976/2021_EPI_ISL_7417469_2021-09-01</p> <p>Mozambique/CERI-KRISP-K027987/2021_EPI_ISL_7417442_2021-09-15</p> <p>Mozambique/CERI-KRISP-K027991/2021_EPI_ISL_7417429_2021-09-14</p> <p>Mozambique/CERI-KRISP-K027993/2021_EPI_ISL_7417243_2021-09-13</p> <p>Mozambique/CERI-KRISP-K030796/2021_EPI_ISL_6795170_2021-09-30</p> <p>Mozambique/CERI-KRISP-K030803/2021_EPI_ISL_6795173_2021-10-18</p> <p>Mozambique/CERI-KRISP-K030807/2021_EPI_ISL_6795175_2021-08-30</p> <p>Mozambique/CERI-KRISP-K030827/2021_EPI_ISL_6795185_2021-09-02</p> <p>Mozambique/CERI-KRISP-K032760/2021_EPI_ISL_7715458_2021-11-27</p> <p>Mozambique_COV035972</p> <p>Mozambique_COV035974</p> <p>Mozambique_COV036014</p> <p>Mozambique_COV036025</p> <p>Mozambique_COV036031</p> <p>Mozambique_COV036032</p> <p>Mozambique_COV036053</p> <p>Mozambique_COV036059</p> <p>Mozambique_COV036090</p> <p>Mozambique_COV036095</p> <p>Mozambique/COV-2084-A1707/2021_EPI_ISL_5822570_2021-06-21</p> <p>Mozambique/COV-2089-A1712/2021_EPI_ISL_5822573_2021-06-21</p> <p>Mozambique/COV-2137-A1784/2021_EPI_ISL_5822696_2021-06-17</p> <p>Mozambique/COV-2175-A1822/2021_EPI_ISL_5822658_2021-06-21</p> <p>Mozambique/COV-2208-A1855/2021_EPI_ISL_5822609_2021-06-21</p> <p>Mozambique/COV-2210-A1857/2021_EPI_ISL_5822662_2021-06-17</p> <p>Mozambique/COV-2210-A1898/2021_EPI_ISL_5822616_2021-06-21</p> <p>Mozambique/COV-2224-A1871/2021_EPI_ISL_5822618_2021-06-21</p> <p>Mozambique/COV-2225-A1872/2021_EPI_ISL_5822857_2021-06-16</p> <p>Mozambique/COV-2226-A1873/2021_EPI_ISL_5822819_2021-06-21</p> <p>Mozambique/COV-2233-A1881/2021_EPI_ISL_5822826_2021-06-17</p> <p>Mozambique/COV-2238-A1886/2021_EPI_ISL_5822831_2021-06-17</p> <p>Mozambique/COV-2243-A1891/2021_EPI_ISL_5822700_2021-06-21</p> <p>MWI/MLW00101/2021_OL779041.1_2021-02-23</p> <p>MWI/MLW00231/2021_OL779161.1_2021-06-22</p> <p>SouthAfrica/CERI-KRISP-K023390/2021_EPI_ISL_4336915_2021-08-25</p> <p>SouthAfrica/CERI-KRISP-K023403/2021_EPI_ISL_4336926_2021-08-25</p> <p>SouthAfrica/CERI-KRISP-K025152/2021_EPI_ISL_4877015_2021-09-14</p> <p>SouthAfrica/KRISP-K020391/2021_EPI_ISL_3261982_2021-07-19</p> <p>SouthAfrica/KRISP-K024947/2021_EPI_ISL_4505655_2021-09-09</p> <p>SouthAfrica/NHLS-UCT-AM-Z060/2021_EPI_ISL_3690639_2021-06-30</p> <p>SouthAfrica/NICD-N16542/2021_EPI_ISL_5196414_2021-08-31</p> <p>USA/CO-CDC-FG-110871/2021_OK106110.1_2021-08-30</p> <p>USA/TX-CDC-STM-000731165/2021_OL528706.1_2021-09-10</p> <p>USA/WY-WYPHIL-21065673/2021_EPI_ISL_5405564_2021-08-24</p> <p>USA/WY-WYPHIL-21068071/2021_EPI_ISL_4440778_2021-08-27</p> <p>France/IDF-HMN-21112180284/2021_EPI_ISL_6781557_2021-11-02</p> <p>Mozambique/CERI-KRISP-K025934/2021_EPI_ISL_5425737_2021-07-10</p> <p>Mozambique/CERI-KRISP-K026110/2021_EPI_ISL_5942761_2021-07-19</p> <p>Mozambique/CERI-KRISP-K027155/2021_EPI_ISL_8799652_2021-07-20</p> <p>Mozambique/CERI-KRISP-K027956/2021_EPI_ISL_7417212_2021-09-17</p> <p>Mozambique/CERI-KRISP-K027963/2021_EPI_ISL_7417415_2021-09-08</p> <p>Mozambique_COV036056</p>	Samples with dates on February were not considered, since those dates disagree with the reported time of Delta wave
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G2	39	64	5	60.94	12.82	UK	before 2021-06-16	AY.6	DRC/INRB-RDC-598/2021_EPI_ISL_9570873_2021 France/BRE-IPP22834/2021_EPI_ISL_3999704_2021-08-10 Guinea/LFHVG-G0426/2021_EPI_ISL_9569771_2021-07-16 hCoV-19/Guinea/Conakry_22559/2021_2021-07-06_2021-09-07 hCoV-19/Guinea/Conakry_22551/2021_2021-07-07_2021-09-07 hCoV-19/Mozambique/CERI-KRISP-K021145/2021_2021-07-07_2021-08-25 hCoV-19/Mozambique/COV-2098-A1721/2021_2021-06-17_2021-11-01 Mozambique/CERI-KRISP-K025844/2021_EPI_ISL_5425637_2021-07-07 Mozambique/CERI-KRISP-K025862/2021_EPI_ISL_5425734_2021-08-07 Mozambique/CERI-KRISP-K025867/2021_EPI_ISL_5425815_2021-07-10 Mozambique/CERI-KRISP-K025915/2021_EPI_ISL_5425719_2021-06-28 Mozambique/CERI-KRISP-K025928/2021_EPI_ISL_5425808_2021-07-02 Mozambique/CERI-KRISP-K025937/2021_EPI_ISL_5425763_2021-06-25 Mozambique/CERI-KRISP-K026088/2021_EPI_ISL_5942839_2021-07-02 Mozambique/CERI-KRISP-K026155/2021_EPI_ISL_5942816_2021-07-16 Mozambique/CERI-KRISP-K027545/2021_EPI_ISL_9084398_2021-09-09 Mozambique/CERI-KRISP-K027960/2021_EPI_ISL_7417021_2021-09-08 Mozambique/CERI-KRISP-K027968/2021_EPI_ISL_7417044_2021-09-27 Mozambique/CERI-KRISP-K027979/2021_EPI_ISL_7417051_2021-09-08 Mozambique/CERI-KRISP-K027981/2021_EPI_ISL_7417365_2021-09-03 Mozambique_COV036018 Mozambique_COV036058 Mozambique_COV036067 Mozambique_COV036088 Mozambique_COV036112 Mozambique/COV-2063-A1706/2021_EPI_ISL_5822569_2021-06-21 Mozambique/COV-2093-A1716/2021_EPI_ISL_5822576_2021-06-21 Mozambique/COV-2155-A1802/2021_EPI_ISL_5822866_2021-05-04 Mozambique/COV-2165-A1812/2021_EPI_ISL_5822590_2021-06-21 Mozambique/COV-2180-A1827/2021_EPI_ISL_5822597_2021-06-16 Mozambique/COV-2192-A1839/2021_EPI_ISL_5822602_2021-06-21 Mozambique/COV-2193-A1840/2021_EPI_ISL_5822603_2021-06-17 Mozambique/COV-2200-A1847/2021_EPI_ISL_5822605_2021-06-21 Mozambique/COV-2205-A1852/2021_EPI_ISL_5822607_2021-06-17 Mozambique/COV-2209-A1856/2021_EPI_ISL_5822610_2021-06-20 Mozambique/COV-2217-A1864/2021_EPI_ISL_5822614_2021-06-21 Mozambique/COV-2223-A1870/2021_EPI_ISL_5822617_2021-06-21 Mozambique/COV-2231-A1879/2021_EPI_ISL_5822624_2021-06-18 Mozambique/COV-2232-A1880/2021_EPI_ISL_5822625_2021-06-21 Mozambique/COV-2239-A1887/2021_EPI_ISL_5822632_2021-06-17 Mozambique/COV-2242-A1890/2021_EPI_ISL_5822672_2021-06-21 Mozambique/COV-2257-A1905/2021_EPI_ISL_5822639_2021-06-25 SouthAfrica/CERI-KRISP-K025252/2021_EPI_ISL_5098720_2021-09-13 SouthAfrica/CERI-KRISP-K025256/2021_EPI_ISL_5098853_2021-09-13 SouthAfrica/CERI-KRISP-Tyg1734/2021_EPI_ISL_3827608_2021-07-27 SouthAfrica/CERI-KRISP-Tyg1819/2021_EPI_ISL_3827731_2021-07-28 SouthAfrica/KRISP-K022376/2021_EPI_ISL_3939076_2021-08-13 SouthAfrica/NHLS-UCT-GS-AE75/2021_EPI_ISL_6436444_2021-10-22 SouthAfrica/NICD-N11985/2021_EPI_ISL_3451123_2021-06-28 SouthAfrica/NICD-N14306/2021_EPI_ISL_4651026_2021-07-27 SouthAfrica/NICD-N15584/2021_EPI_ISL_4652360_2021-08-25 SouthAfrica/NICD-N18514/2021_EPI_ISL_6201695_2021-09-14 SouthAfrica/NICD-N21351/2021_EPI_ISL_7456411_2021-11-08 SouthAfrica/NICD-R11724/2021_EPI_ISL_3644037_2021-08-03 SouthAfrica/NICD-R13126/2021_EPI_ISL_4891862_2021-09-02 SouthAfrica/Tygerberg_2465/2021_EPI_ISL_4250506_2021-07-07 SouthAfrica/Tygerberg_2716/2021_EPI_ISL_4750281_2021-09-13 Guinea/LFHVG-G0428/2021_EPI_ISL_9569773_2021-07-16 Mozambique/CERI-KRISP-K030806/2021_EPI_ISL_6795174_2021-08-14 Mozambique/COV-2194-A1841/2021_EPI_ISL_5822665_2021-06-21 SouthAfrica/KRISP-UFS-K022171/2021_EPI_ISL_4003500_2021-07-11 SouthAfrica/NICD-N17111/2021_EPI_ISL_5477785_2021-07-27 SouthAfrica/NICD-N18041/2021_EPI_ISL_5918126_2021-09-11 SouthAfrica/NICD-R11988/2021_EPI_ISL_3644064_2021-08-12
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G3	34	35	18	97.14	52.94	undetermined	before 2021-06-29	AY.122	<p>Mozambique/CERI-KRISP-K021121/2021_EPI_ISL_3663551_2021-07-02</p> <p>Mozambique/CERI-KRISP-K021126/2021_EPI_ISL_3663556_2021-07-01</p> <p>Mozambique/CERI-KRISP-K021147/2021_EPI_ISL_3663560_2021-07-06</p> <p>Mozambique/CERI-KRISP-K021153/2021_EPI_ISL_3663563_2021-07-10</p> <p>Mozambique/CERI-KRISP-K021196/2021_EPI_ISL_3663593_2021-07-14</p> <p>Mozambique/CERI-KRISP-K021202/2021_EPI_ISL_3663599_2021-07-12</p> <p>Mozambique/CERI-KRISP-K021211/2021_EPI_ISL_3663605_2021-07-16</p> <p>Mozambique/CERI-KRISP-K025868/2021_EPI_ISL_5425736_2021-07-10</p> <p>Mozambique/CERI-KRISP-K026101/2021_EPI_ISL_5942764_2021-07-02</p> <p>Mozambique/CERI-KRISP-K026102/2021_EPI_ISL_5942685_2021-07-26</p> <p>Mozambique/CERI-KRISP-K026103/2021_EPI_ISL_5942675_2021-06-29</p> <p>Mozambique/CERI-KRISP-K026129/2021_EPI_ISL_5942669_2021-07-16</p> <p>Mozambique/CERI-KRISP-K027543/2021_EPI_ISL_9084396_2021-09-09</p> <p>Mozambique/CERI-KRISP-K027962/2021_EPI_ISL_7417328_2021-09-09</p> <p>Mozambique_COV035927</p> <p>Mozambique_COV035934</p> <p>Mozambique_COV035935</p> <p>Mozambique_COV035939</p> <p>Mozambique_COV035943</p> <p>Mozambique_COV035951</p> <p>Mozambique_COV035956</p> <p>Mozambique_COV035988</p> <p>Mozambique_COV035999</p> <p>Mozambique_COV036002</p> <p>Mozambique_COV036030</p> <p>Mozambique_COV036043</p> <p>Mozambique_COV036045</p> <p>Mozambique_COV036074</p> <p>Mozambique_COV036075</p> <p>Mozambique_COV036076</p> <p>Mozambique_COV036113</p> <p>SouthAfrica/NICD-N16720/2021_EPI_ISL_5416281_2021-08-02</p> <p>Mozambique/CERI-KRISP-K021122/2021_EPI_ISL_3663552_2021-07-02</p> <p>Mozambique/CERI-KRISP-K021203/2021_EPI_ISL_3663600_2021-07-14</p> <p>Mozambique_COV035942</p>
G4	26	34	1	76.47	3.85	UK	before 2021-06-16	AY.6	<p>Mozambique/CERI-KRISP-K025846/2021_EPI_ISL_5425755_2021-07-07</p> <p>Mozambique/CERI-KRISP-K025849/2021_EPI_ISL_5425761_2021-07-07</p> <p>Mozambique/CERI-KRISP-K025850/2021_EPI_ISL_5425724_2021-07-07</p> <p>Mozambique/CERI-KRISP-K025860/2021_EPI_ISL_5425687_2021-08-07</p> <p>Mozambique/CERI-KRISP-K025863/2021_EPI_ISL_5425738_2021-08-07</p> <p>Mozambique/CERI-KRISP-K025890/2021_EPI_ISL_5425735_2021-07-06</p> <p>Mozambique/CERI-KRISP-K025895/2021_EPI_ISL_5425784_2021-07-07</p> <p>Mozambique/CERI-KRISP-K026096/2021_EPI_ISL_5942709_2021-06-29</p> <p>Mozambique/CERI-KRISP-K026116/2021_EPI_ISL_5942666_2021-07-19</p> <p>Mozambique/CERI-KRISP-K026134/2021_EPI_ISL_5942798_2021-07-17</p> <p>Mozambique/CERI-KRISP-K027140/2021_EPI_ISL_8799647_2021-07-27</p> <p>Mozambique/CERI-KRISP-K027167/2021_EPI_ISL_8799656_2021-07-01</p> <p>Mozambique/CERI-KRISP-K027532/2021_EPI_ISL_9084390_2021-08-07</p> <p>Mozambique/CERI-KRISP-K030812/2021_EPI_ISL_6795178_2021-09-20</p> <p>Mozambique/CERI-KRISP-K030823/2021_EPI_ISL_6795182_2021-08-31</p> <p>Mozambique/CERI-KRISP-K032761/2021_EPI_ISL_7715459_2021-11-04</p> <p>Mozambique_COV036111</p> <p>Mozambique/COV-2270-A2130/2021_EPI_ISL_5822678_2021-06-17</p> <p>Mozambique/COV-2276-A1924/2021_EPI_ISL_5822692_2021-06-24</p> <p>Mozambique/COV-2305-A2131/2021_EPI_ISL_5822681_2021-06-16</p> <p>Mozambique/COV-2318-A1966/2021_EPI_ISL_5822670_2021-06-16</p> <p>Mozambique/COV-2382-A2031/2021_EPI_ISL_5822679_2021-06-16</p> <p>Portugal/PT11406/2021_EPI_ISL_2989327_2021-07-06</p> <p>Portugal/PT11407/2021_EPI_ISL_2988994_2021-07-06</p> <p>SouthAfrica/KRISP-K025069/2021_EPI_ISL_4572346_2021-09-10</p> <p>SouthAfrica/NICD-N20407/2021_EPI_ISL_6327803_2021-10-15</p> <p>SouthAfrica/NICD-N22255/2021_EPI_ISL_7605578_2021-11-27</p> <p>SouthAfrica/NICD-N25253/2021_EPI_ISL_8799219_2021-12-13</p> <p>Spain/GA-CHUVI-34178039/2021_EPI_ISL_4273610_2021-08-23</p> <p>USA/TX-CDC-LC0104101/2021_MZ787485.1_2021-07-06</p> <p>Mozambique/CERI-KRISP-K021195/2021_EPI_ISL_3663592_2021-07-14</p> <p>Mozambique/CERI-KRISP-K025907/2021_EPI_ISL_5425787_2021-06-30</p> <p>Mozambique/CERI-KRISP-K030808/2021_EPI_ISL_6795176_2021-09-01</p> <p>Mozambique/COV-2249-A1897/2021_EPI_ISL_5822635_2021-06-18</p>

G5		9	15	4	60.00	44.44	India	2021-04-26 ; 2021-06-18	AY.122	Canada/AB-ABPHL-27710/2021_EPI_ISL_4053167_2021-08-07 Germany/SN-RKI-I-200017/2021_EPI_ISL_3499658_2021-07-25 IMS-10023-CVDP-A5996BAB-590F-4EC1-A780-DB6741DCCC24_OU570326.1_2021-07-25 Mozambique/CERI-KRISP-K021198/2021_EPI_ISL_3663595_2021-07-13 Mozambique/CERI-KRISP-K026121/2021_EPI_ISL_5942746_2021-07-20 Mozambique/CERI-KRISP-K027996/2021_EPI_ISL_7417402_2021-10-06 Mozambique_COV035922 Mozambique_COV035995 Mozambique_COV036005 Mozambique_COV036080 Mozambique/COV-2274-A1922/2021_EPI_ISL_5822646_2021-06-18 SouthAfrica/NICD-N13205/2021_EPI_ISL_3643946_2021-07-15 SouthAfrica/NICD-N14396/2021_EPI_ISL_4651279_2021-07-12 England/QEUIH-18D197B/2021_OU437211.1_2021-07-08 Mozambique/CERI-KRISP-K027971/2021_EPI_ISL_7417145_2021-09-25
G6		13	14	0	92.86	0.00	UK	before 2021-07-05	AY.6	Mozambique/CERI-KRISP-K027192/2021_EPI_ISL_8799677_2021-07-14 Mozambique/CERI-KRISP-K027185/2021_EPI_ISL_8799673_2021-07-27 Mozambique/CERI-KRISP-K027184/2021_EPI_ISL_8799672_2021-07-26 Malawi/CERI-KRISP-K027104/2021_EPI_ISL_6511749_2021-09-10 Mozambique/CERI-KRISP-K027206/2021_EPI_ISL_8799681_2021-07-14 Mozambique/CERI-KRISP-K027195/2021_EPI_ISL_8799678_2021-07-14 Mozambique/CERI-KRISP-K027171/2021_EPI_ISL_8799660_2021-07-12 Mozambique/CERI-KRISP-K027216/2021_EPI_ISL_8799683_2021-07-12 Mozambique/CERI-KRISP-K027160/2021_EPI_ISL_8799655_2021-07-20 Mozambique/CERI-KRISP-K027173/2021_EPI_ISL_8799662_2021-07-13 Mozambique/CERI-KRISP-K027191/2021_EPI_ISL_8799676_2021-07-14 Mozambique/CERI-KRISP-K027168/2021_EPI_ISL_8799657_2021-07-05 Mozambique/CERI-KRISP-K027170/2021_EPI_ISL_8799659_2021-07-12 Mozambique/CERI-KRISP-K027214/2021_EPI_ISL_8799682_2021-07-12
G7		14	14	1	100.00	7.14	UK	before 2021-06-17	AY.6	Mozambique/COV-2229-A1877/2021_EPI_ISL_5822622_2021-06-21 Mozambique/COV-2235-A1883/2021_EPI_ISL_5822628_2021-06-21 Mozambique/COV-2241-A1889/2021_EPI_ISL_5822633_2021-06-21 Mozambique/CERI-KRISP-K027131/2021_EPI_ISL_6511763_2021-07-27 Mozambique/CERI-KRISP-K027126/2021_EPI_ISL_6511758_2021-07-26 Mozambique_COV036069 hCoV-19/Mozambique/CERI-KRISP-K025848/2021_2021-07-07_2021-10-22 hCoV-19/Mozambique/CERI-KRISP-K025938/2021_2021-06-28_2021-10-22 Mozambique/COV-2135-A1782/2021_EPI_ISL_5822584_2021-06-22 hCoV-19/Mozambique/COV-2087-A1710/2021_2021-06-21_2021-11-01 Mozambique/COV-2099-A1722/2021_EPI_ISL_5822581_2021-06-21 Mozambique/COV-2138-A1785/2021_EPI_ISL_5822587_2021-06-22 Mozambique/COV-2228-A1876/2021_EPI_ISL_5822621_2021-06-21 Mozambique/COV-2236-A1884/2021_EPI_ISL_5822629_2021-06-17
G8		8	9	5	88.89	62.50	undetermined	before 2021-08-09	AY.122	hCoV-19/Mozambique/CERI-KRISP-K021192/2021_2021-07-08_2021-08-25 hCoV-19/Mozambique/CERI-KRISP-K027546/2021_2021-07-20_2022-01-25 Mozambique_COV035931 Mozambique_COV036011 Mozambique_COV036008 Mozambique_COV035961 Mozambique_COV035955 hCoV-19/Mozambique/COV-2261-A1909/2021_2021-06-24_2021-11-01 hCoV-19/Portugal/PT13248/2021_2021-07-26_2021-08-09
G9		7	7	0	100.00	0.00	undetermined	before 2021-08-31	AY.122	Mozambique/CERI-KRISP-K030802/2021_EPI_ISL_6795172_2021-10-18 Mozambique/CERI-KRISP-K030824/2021_EPI_ISL_6795183_2021-08-31 Mozambique/CERI-KRISP-K030833/2021_EPI_ISL_6795187_2021-09-01 Mozambique/CERI-KRISP-K030828/2021_EPI_ISL_6795186_2021-09-02 hCoV-19/Mozambique/CERI-KRISP-K025886/2021_2021-07-09_2021-10-22 hCoV-19/Mozambique/CERI-KRISP-K025870/2021_2021-07-10_2021-10-22 hCoV-19/Mozambique/CERI-KRISP-K025884/2021_2021-07-08_2021-10-22
G10		7	7	0	100.00	0.00	UK	before 2021-07-16	AY.6	Mozambique/CERI-KRISP-K027186/2021_EPI_ISL_8799674_2021-07-30 Mozambique/CERI-KRISP-K027182/2021_EPI_ISL_8799670_2021-07-20 Mozambique/CERI-KRISP-K027180/2021_EPI_ISL_8799669_2021-07-23 Mozambique/CERI-KRISP-K027177/2021_EPI_ISL_8799666_2021-07-19 Mozambique/CERI-KRISP-K027174/2021_EPI_ISL_8799663_2021-07-16 Mozambique/CERI-KRISP-K027541/2021_EPI_ISL_9084394_2021-09-08 Mozambique/CERI-KRISP-K027964/2021_EPI_ISL_7417032_2021-09-08
G11		5	7	0	71.43	0.00	UK	before 2021-06-21	AY.6	Mozambique/COV-2204-A1851/2021_EPI_ISL_5822606_2021-06-21 Mozambique/CERI-KRISP-K025911/2021_EPI_ISL_5425638_2021-07-01 SouthAfrica/NICD-N15597/2021_EPI_ISL_4651407_2021-08-18 Mozambique/CERI-KRISP-K026163/2021_EPI_ISL_5942670_2021-07-30 Mozambique/CERI-KRISP-K026157/2021_EPI_ISL_5942751_2021-07-22 SouthAfrica/NICD-N13798/2021_EPI_ISL_6202812_2021-07-28 hCoV-19/Mozambique/CERI-KRISP-K025892/2021_2021-07-07_2021-10-22
G12		6	6	1	100.00	16.67	UK	before 2021-05-24	AY.6	Mozambique/CERI-KRISP-K026111/2021_EPI_ISL_5942809_2021-07-19 Mozambique/COV-2359-A2008/2021_EPI_ISL_5822652_2021-05-24 hCoV-19/Mozambique/CERI-KRISP-K021200/2021_2021-07-13_2021-08-25 hCoV-19/Mozambique/CERI-KRISP-K021157/2021_2021-07-09_2021-08-25 hCoV-19/Mozambique/CERI-KRISP-K021166/2021_2021-07-12_2021-08-25 Mozambique_COV035960
G13		3	3	0	100.00	0.00	India	2021-03-23 ; 2021-06-05	B.1.617.2	Mozambique/COV-2256-A1904/2021_EPI_ISL_5822638_2021-06-22 Mozambique/COV-2234-A1882/2021_EPI_ISL_5822627_2021-06-21 Mozambique/COV-2197-A1844/2021_EPI_ISL_5822604_2021-06-21

G14		5	5	0	100.00	0.00	undetermined		before 2021-05-20	B.1.617.2	Mozambique/COV-2302-A1950/2021_EPI_ISL_5822654_2021-05-20 Mozambique/COV-2280-A1928/2021_EPI_ISL_5822648_2021-06-24 Mozambique/COV-2272-A1920/2021_EPI_ISL_5822645_2021-06-17 hCoV-19/Mozambique/COV-2279-A1927/2021_2021-06-24_2021-11-01 hCoV-19/Mozambique/CERI-KRISP-K021162/2021_2021-07-09_2021-08-25	
G15		5	5	5	100.00	100.00	SouthAfrica		2021-06-17 ; 2021-07-08	B.1.617.2	Mozambique_COV035968 Mozambique_COV036028 Mozambique_COV036051 Mozambique_COV036052 Mozambique_COV035969	
G16		5	5	0	100.00	0.00	undetermined		before 2021-10-22	AY.122	hCoV-19/Mozambique/CERI-KRISP-K025894/2021_2021-07-06_2021-10-22 hCoV-19/Mozambique/CERI-KRISP-K025877/2021_2021-07-08_2021-10-22 hCoV-19/Mozambique/CERI-KRISP-K026108/2021_2021-07-10_2021-11-05 hCoV-19/Mozambique/CERI-KRISP-K026130/2021_2021-07-17_2021-11-05 hCoV-19/Mozambique/CERI-KRISP-K026135/2021_2021-07-19_2021-11-05	
G17		3	3	3	100.00	100.00	SouthAfrica		before 2021-06-30	AY.45	Mozambique_COV036101 Mozambique_COV036057 Mozambique_COV036083	
G18		5	5	0	100.00	0.00	UK		before 2021-06-28	AY.6	Mozambique/CERI-KRISP-K025939/2021_EPI_ISL_5425762_2021-06-29 Mozambique/CERI-KRISP-K025925/2021_EPI_ISL_5425786_2021-07-01 Mozambique/CERI-KRISP-K025930/2021_EPI_ISL_5425780_2021-06-28 Mozambique/CERI-KRISP-K025864/2021_EPI_ISL_5425778_2021-08-07 Mozambique/CERI-KRISP-K026141/2021_EPI_ISL_5942760_2021-07-16	
G19		3	4	1	75.00	33.33	undetermined		before 2021-07-02	AY.122	Mozambique/CERI-KRISP-K026100/2021_EPI_ISL_5942714_2021-07-02 Mozambique/CERI-KRISP-K026106/2021_EPI_ISL_5942673_2021-07-09 SouthAfrica/CERI-KRISP-K025336/2021_EPI_ISL_5099155_2021-09-06 Mozambique_COV035938	
G20		2	2	0	100.00	0.00	Germany		2021-07-03 ; 2021-07-09	AY.122	Mozambique/CERI-KRISP-K021163/2021_EPI_ISL_3663572_2021-07-09 Mozambique/CERI-KRISP-K021160/2021_EPI_ISL_3663570_2021-07-09	
G21		3	3	3	100.00	100.00	SouthAfrica		before 2021-07-01	AY.45	Mozambique_COV035973 Mozambique_COV036078 Mozambique_COV036027	
G22		2	3	0	66.67	0.00	SouthAfrica		2021-06-21 ; 2021-06-29	AY.45	Mozambique/CERI-KRISP-K021204/2021_EPI_ISL_3663601_2021-07-07 Mozambique/CERI-KRISP-K021124/2021_EPI_ISL_3663554_2021-06-29 Canada/AB-ABPHL-27711/2021_EPI_ISL_4053168_2021-08-05	
G23		3	3	2	100.00	66.67	SouthAfrica		before 2021-06-24	AY.45	Mozambique/COV-2262-A1910/2021_EPI_ISL_5822643_2021-06-24 Mozambique_COV035963 Mozambique_COV035964	
G24		3	3	3	100.00	100.00	SouthAfrica		before 2021-07-30	AY.45	Mozambique_COV036040 Mozambique_COV036041 Mozambique_COV036042	
G25		3	3	3	100.00	100.00	SouthAfrica		before 2021-07-05	AY.45	Mozambique_COV036006 Mozambique_COV036073 Mozambique_COV036055	
G26		3	3	0	100.00	0.00	undetermined		before 2021-07-19	AY.116	hCoV-19/Mozambique/CERI-KRISP-K026154/2021_2021-07-19_2021-11-05 Mozambique/CERI-KRISP-K026161/2021_EPI_ISL_5942745_2021-07-20 hCoV-19/Mozambique/CERI-KRISP-K026164/2021_2021-07-31_2021-11-05	
G27		2	2	0	100.00	0.00	SouthAfrica		2021-07-12 ; 2021-07-19	AY.6	Mozambique/CERI-KRISP-K026160/2021_EPI_ISL_5942712_2021-07-20 Mozambique/CERI-KRISP-K026149/2021_EPI_ISL_5942711_2021-07-19	
G28		2	2	0	100.00	0.00	UK		2021-06-30 ; 2021-07-10	AY.6	Mozambique/CERI-KRISP-K025885/2021_EPI_ISL_5425772_2021-07-10 Mozambique/CERI-KRISP-K025874/2021_EPI_ISL_5425726_2021-07-10	
G29		2	2	0	100.00	0.00	UK		2021-07-09 ; 2021-07-26	AY.6	Mozambique/CERI-KRISP-K027127/2021_EPI_ISL_6511759_2021-07-26 Mozambique/CERI-KRISP-K027124/2021_EPI_ISL_6511756_2021-07-26	
G30		3	3	0	100.00	0.00	India		2021-08-26 ; 2021-09-06	AY.6	Mozambique/CERI-KRISP-K030815/2021_EPI_ISL_6795180_2021-09-29 Mozambique/CERI-KRISP-K030814/2021_EPI_ISL_6795179_2021-09-21 Mozambique/CERI-KRISP-K030810/2021_EPI_ISL_6795177_2021-09-06	
G31		3	3	0	100.00	0.00	UK		before 2021-10-22	AY.6	hCoV-19/Mozambique/CERI-KRISP-K025854/2021_2021-07-07_2021-10-22 hCoV-19/Mozambique/CERI-KRISP-K025879/2021_2021-07-08_2021-10-22 hCoV-19/Mozambique/CERI-KRISP-K025856/2021_2021-07-07_2021-10-22	
G32		2	2	2	100.00	100.00	UK		2021-05-01 ; 2021-07-01	AY.6	Mozambique_COV035983 Mozambique_COV035976	
G33		2	2	0	100.00	0.00	Malawi		2021-06-24 ; 2021-07-15	B.1.617.2	Mozambique/CERI-KRISP-K021221/2021_EPI_ISL_3663609_2021-07-15 Mozambique/CERI-KRISP-K021214/2021_EPI_ISL_3663607_2021-07-14	
G34		2	2	0	100.00	0.00	undetermined		before 2021-07-02	AY.122	Mozambique/CERI-KRISP-K026136/2021_EPI_ISL_5942728_2021-07-21 Mozambique/CERI-KRISP-K026104/2021_EPI_ISL_5942720_2021-07-02	
G35		2	2	2	100.00	100.00	undetermined		before 2021-06-21	AY.122	Mozambique_COV036104 Mozambique_COV035966	
G36		2	2	2	100.00	100.00	UK		2021-07-01 ; 2021-07-19	AY.122	Mozambique_COV036020	Mozambique_COV035928
G37		2	2	0	100.00	0.00	undetermined		before 2021-07-09	AY.122	Mozambique/CERI-KRISP-K021179/2021_EPI_ISL_3663584_2021-07-12 Mozambique/CERI-KRISP-K021168/2021_EPI_ISL_3663577_2021-07-09	
G38		2	2	0	100.00	0.00	SouthAfrica		2021-07-22 ; 2021-08-08	AY.122	Mozambique/CERI-KRISP-K027538/2021_EPI_ISL_9084392_2021-08-08 Mozambique/CERI-KRISP-K027972/2021_EPI_ISL_7417340_2021-09-25	
G39		2	2	0	100.00	0.00	undetermined		before 2021-08-25	AY.122	hCoV-19/Mozambique/CERI-KRISP-K021174/2021_2021-07-09_2021-08-25 hCoV-19/Mozambique/CERI-KRISP-K021186/2021_2021-07-14_2021-08-25	
G40		2	2	1	100.00	50.00	undetermined		before 2021-07-09	AY.122	Mozambique_COV035992 Mozambique/CERI-KRISP-K021152/2021_EPI_ISL_3663562_2021-07-09	
G41		2	2	1	100.00	50.00	SouthAfrica		2021-07-11 ; 2021-07-15	AY.45	Mozambique_COV036001 Mozambique/CERI-KRISP-K021224/2021_EPI_ISL_3663610_2021-07-15	
G42		2	2	0	100.00	0.00	SouthAfrica		before 2021-07-14	AY.45	hCoV-19/Mozambique/CERI-KRISP-K021210/2021_2021-07-14_2021-08-25 hCoV-19/Mozambique/CERI-KRISP-K021212/2021_2021-07-14_2021-08-25	

G43	2	2	2	100.00	100.00	SouthAfrica	before 2021-07-05	AY.45	Mozambique_COV035940 Mozambique_COV035952
G44	2	2	2	100.00	100.00	SouthAfrica	before 2021-06-30	AY.45	Mozambique_COV036070 Mozambique_COV036046
G45	2	2	0	100.00	0.00	UK	before 2021-06-29	AY.6	Mozambique/CERI-KRISP-K025929/2021_EPI_ISL_5425722_2021-06-29 Mozambique/CERI-KRISP-K025881/2021_EPI_ISL_5425754_2021-07-08
G46	2	2	0	100.00	0.00	UK	before 2021-06-24	AY.6	Mozambique/CERI-KRISP-K026147/2021_EPI_ISL_5942763_2021-07-16 Mozambique/CERI-KRISP-K025936/2021_EPI_ISL_5425800_2021-06-24
G47	2	2	0	100.00	0.00	UK/Wales	2021-08-10;2021-09-08	AY.6	Mozambique/CERI-KRISP-K027544/2021_EPI_ISL_9084397_2021-09-08 Mozambique/CERI-KRISP-K027961/2021_EPI_ISL_7417274_2021-09-09
G48	2	2	0	100.00	0.00	undetermined	before 2021-06-28	AY.116	Mozambique/CERI-KRISP-K025917/2021_EPI_ISL_5425740_2021-06-28 Mozambique/CERI-KRISP-K025883/2021_EPI_ISL_5425788_2021-07-12
G49	2	2	0	100.00	0.00	India	2021-05-13 ; 2021-07-14	undetermined	Mozambique/CERI-KRISP-K027159/2021_EPI_ISL_8799654_2021-08-07 Mozambique/CERI-KRISP-K027205/2021_EPI_ISL_8799680_2021-07-14
total_sampl	324		78						

Delta unique sequences			
Strain	Likely_geographical_origin	Likely_introduction_period	new_seq
hCoV-19/Mozambique/CERI-KRISP-K021115/2021_2021-06-28_2021-08-25	India	2021-04-05;2021-06-28	no
hCoV-19/Mozambique/CERI-KRISP-K021117/2021_2021-06-30_2021-08-25	India	2021-04-05;2021-06-30	no
hCoV-19/Mozambique/CERI-KRISP-K021118/2021_2021-06-30_2021-08-25	India	2021-04-05;2021-06-30	no
hCoV-19/Mozambique/CERI-KRISP-K021119/2021_2021-06-30_2021-08-25	India	2021-04-19;2021-06-30	no
hCoV-19/Mozambique/CERI-KRISP-K021125/2021_2021-07-01_2021-08-25	India	2021-04-05;2021-07-01	no
hCoV-19/Mozambique/CERI-KRISP-K021167/2021_2021-07-12_2021-08-25	India	2021-06-11;2021-07-12	no
hCoV-19/Mozambique/CERI-KRISP-K021169/2021_2021-07-08_2021-08-25	India	2021-04-05;2021-07-08	no
hCoV-19/Mozambique/CERI-KRISP-K021175/2021_2021-07-12_2021-08-25	India	2021-04-30;2021-08-25	no
hCoV-19/Mozambique/CERI-KRISP-K021199/2021_2021-07-14_2021-08-25	India	2021-05-14;2021-08-25	no
hCoV-19/Mozambique/CERI-KRISP-K021205/2021_2021-07-15_2021-08-25	UK	2021-05-01;2021-07-15	no
hCoV-19/Mozambique/CERI-KRISP-K025876/2021_2021-07-09_2021-10-22	India	2021-04-30;2021-07-09	no
hCoV-19/Mozambique/CERI-KRISP-K025896/2021_2021-07-09_2021-10-22	India	2021-05-04;2021-07-14	no
hCoV-19/Mozambique/CERI-KRISP-K025904/2021_2021-07-02_2021-10-22	India	2021-04-05;2021-07-02	no
hCoV-19/Mozambique/CERI-KRISP-K025931/2021_2021-07-02_2021-10-22	undetermined	Before 2021-07-02	no
hCoV-19/Mozambique/CERI-KRISP-K026083/2021_2021-07-03_2021-11-05	undetermined	Before 2021-07-03	no
hCoV-19/Mozambique/CERI-KRISP-K026118/2021_2021-07-16_2021-11-05	undetermined/South Africa	Before 2021-07-16	no
hCoV-19/Mozambique/CERI-KRISP-K026124/2021_2021-07-19_2021-11-05	undetermined	Before 2021-07-19	no
hCoV-19/Mozambique/CERI-KRISP-K026133/2021_2021-07-20_2021-11-05	undetermined	Before 2021-07-20	no
hCoV-19/Mozambique/CERI-KRISP-K026144/2021_2021-07-15_2021-11-05	USA	2021-07-10;2021-07-15	no
hCoV-19/Mozambique/CERI-KRISP-K027529/2021_2021-08-02_2022-01-25	India	2021-04-12;2021-08-02	no
hCoV-19/Mozambique/CERI-KRISP-K027973/2021_2021-09-08_2021-12-09	undetermined	Before 2021-09-08	no
hCoV-19/Mozambique/CERI-KRISP-K027980/2021_2021-09-02_2021-12-09	UK	2021-05-01;2021-09-02	no
hCoV-19/Mozambique/CERI-KRISP-K030798/2021_2021-10-07_2021-11-27	South Africa	2021-09-04;2021-10-07	no
Mozambique_COV035923	undetermined	Before 2021-06-14	yes
Mozambique_COV035924	South Africa	2021-06-29;2021-07-07	yes
Mozambique_COV035925	undetermined/South Africa	Before 2021-06-28	yes
Mozambique_COV035926	South Africa	2021-05-26;2021-07-26	yes

Mozambique_COV035929	undetermined	Before 2021-08-12	yes
Mozambique_COV035937	South Africa	2021-06-15;2021-06-28	yes
Mozambique_COV035950	undetermined/South Africa	Before 2021-07-09	yes
Mozambique_COV035953	undetermined	Before 2021-07-09	yes
Mozambique_COV035957	UK	2021-07-01;2021-07-08	yes
Mozambique_COV035958	undetermined	Before 2021-07-08	yes
Mozambique_COV035959	undetermined	Before 2021-07-08	yes
Mozambique_COV035962	undetermined/South Africa	Before 2021-10-07	yes
Mozambique_COV035965	undetermined/South Africa	Before 2021-08-09	yes
Mozambique_COV035967	undetermined	Before 2021-08-10	yes
Mozambique_COV035984	undetermined	Before 2021-07-01	yes
Mozambique_COV035986	UK	2021-07-01;2021-07-02	yes
Mozambique_COV035991	UK	2021-05-01;2021-07-13	yes
Mozambique_COV035993	UK	2021-07-01;2021-07-27	yes
Mozambique_COV035997	undetermined	Before 2021-07-13	yes
Mozambique_COV036007	undetermined	Before 2021-07-19	yes
Mozambique_COV036010	undetermined	Before 2021-07-12	yes
Mozambique_COV036013	South Africa	2021-06-17;2021-07-14	yes
Mozambique_COV036016	undetermined	Before 2021-07-19	yes
Mozambique_COV036017	undetermined	Before 2021-07-13	yes
Mozambique_COV036022	undetermined	Before 2021-08-11	yes
Mozambique_COV036024	Portugal	2021-07-02;2021-07-22	yes
Mozambique_COV036029	undetermined	Before 2021-06-30	yes
Mozambique_COV036035	undetermined	Before 2021-08-11	yes
Mozambique_COV036037	undetermined	Before 2021-08-12	yes
Mozambique_COV036044	undetermined	Before 2021-07-30	yes
Mozambique_COV036049	undetermined/South Africa	Before 2021-07-31	yes
Mozambique_COV036050	undetermined	Before 2021-07-31	yes
Mozambique_COV036061	undetermined/South Africa	Before 2021-06-30	yes
Mozambique_COV036081	undetermined	Before 2021-07-22	yes

Mozambique_COV036082	undetermined	Before 2021-07-13	yes
Mozambique_COV036084	undetermined	Before 2021-07-30	yes
Mozambique_COV036085	undetermined/South Africa	Before 2021-07-30	yes
Mozambique_COV036091	South Africa	2021-05-16;2021-07-12	yes
Mozambique_COV036097	undetermined/South Africa	Before 2021-08-31	yes
Mozambique_COV036100	India	2021-04-19;2021-07-05	yes
Mozambique_COV036109	undetermined	Before 2021-07-27	yes
Mozambique_COV036110	undetermined/South Africa	Before 2021-07-27	yes
Mozambique/CERI-KRISP-K021127/2021_EPI_ISL_3663557_2021-07-01	India	2021-04-26;2021-07-01	no
Mozambique/CERI-KRISP-K021151/2021_EPI_ISL_3663561_2021-07-06	undetermined	Before 2021-07-06	no
Mozambique/CERI-KRISP-K021155/2021_EPI_ISL_3663565_2021-07-07	India	2021-04-05;2021-07-07	no
Mozambique/CERI-KRISP-K021158/2021_EPI_ISL_3663568_2021-07-09	Bahrain	2021-04-08;2021-07-09	no
Mozambique/CERI-KRISP-K021159/2021_EPI_ISL_3663569_2021-07-09	undetermined/UK	Before 2021-07-09	no
Mozambique/CERI-KRISP-K021164/2021_EPI_ISL_3663573_2021-07-12	undetermined	Before 2021-07-12	no
Mozambique/CERI-KRISP-K021165/2021_EPI_ISL_3663574_2021-07-09	undetermined	Before 2021-07-09	no
Mozambique/CERI-KRISP-K021176/2021_EPI_ISL_3663581_2021-07-13	India	2021-04-26;2021-07-13	no
Mozambique/CERI-KRISP-K021177/2021_EPI_ISL_3663582_2021-07-10	India	2021-04-05;2021-07-10	no
Mozambique/CERI-KRISP-K021178/2021_EPI_ISL_3663583_2021-07-13	India	2021-05-19;2021-07-19	no
Mozambique/CERI-KRISP-K021190/2021_EPI_ISL_3663588_2021-07-08	UK	2021-05-01;2021-07-08	no
Mozambique/CERI-KRISP-K021193/2021_EPI_ISL_3663590_2021-07-13	India	2021-04-19;2021-07-13	no
Mozambique/CERI-KRISP-K021194/2021_EPI_ISL_3663591_2021-07-10	India	2021-04-05;2021-07-10	no
Mozambique/CERI-KRISP-K025853/2021_EPI_ISL_5425648_2021-05-07	undetermined/UK	Before 2021-05-07	no
Mozambique/CERI-KRISP-K025858/2021_EPI_ISL_5425649_2021-07-07	UK	2021-05-01;2021-07-07	no
Mozambique/CERI-KRISP-K025861/2021_EPI_ISL_5425680_2021-08-07	undetermined	Before 2021-08-07	no
Mozambique/CERI-KRISP-K025865/2021_EPI_ISL_5425792_2021-07-10	undetermined	Before 2021-05-10	no
Mozambique/CERI-KRISP-K025875/2021_EPI_ISL_5425701_2021-07-08	undetermined	Before 2021-07-08	no
Mozambique/CERI-KRISP-K025889/2021_EPI_ISL_5425756_2021-07-09	UK	2021-05-24;2021-07-09	no
Mozambique/CERI-KRISP-K025898/2021_EPI_ISL_5425779_2021-07-07	UK	2021-05-01;2021-07-07	no
Mozambique/CERI-KRISP-K025905/2021_EPI_ISL_5425714_2021-07-06	undetermined/South Africa	Before 2021-07-06	no
Mozambique/CERI-KRISP-K025909/2021_EPI_ISL_5425658_2021-07-02	undetermined	Before 2021-07-02	no

Mozambique/CERI-KRISP-K025912/2021_EPI_ISL_5425639_2021-06-25	India	2021-04-30;2021-06-28	no
Mozambique/CERI-KRISP-K025916/2021_EPI_ISL_5425650_2021-06-28	India	2021-04-30;2021-06-28	no
Mozambique/CERI-KRISP-K025918/2021_EPI_ISL_5425789_2021-06-28	undetermined	Before 2021-06-28	no
Mozambique/CERI-KRISP-K025920/2021_EPI_ISL_5425710_2021-07-02	Israel	2021-06-28;2021-07-02	no
Mozambique/CERI-KRISP-K025922/2021_EPI_ISL_5425723_2021-06-30	undetermined	Before 2021-06-30	no
Mozambique/CERI-KRISP-K025923/2021_EPI_ISL_5425760_2021-07-05	undetermined/South Africa	Before 2021-07-05	no
Mozambique/CERI-KRISP-K025926/2021_EPI_ISL_5425641_2021-07-05	undetermined/UK	Before 2021-07-05	no
Mozambique/CERI-KRISP-K025927/2021_EPI_ISL_5425721_2021-06-30	undetermined/UK	Before 2021-06-30	no
Mozambique/CERI-KRISP-K025933/2021_EPI_ISL_5425693_2021-06-25	undetermined	Before 2021-06-25	no
Mozambique/CERI-KRISP-K026080/2021_EPI_ISL_5942708_2021-07-05	undetermined	Before 2021-07-05	no
Mozambique/CERI-KRISP-K026085/2021_EPI_ISL_5942696_2021-07-05	India	2021-04-30;2021-07-05	no
Mozambique/CERI-KRISP-K026090/2021_EPI_ISL_5942674_2021-07-06	undetermined	Before 2021-07-06	no
Mozambique/CERI-KRISP-K026109/2021_EPI_ISL_5942786_2021-07-10	South Africa	2021-07-07;2021-07-10	no
Mozambique/CERI-KRISP-K026112/2021_EPI_ISL_5942710_2021-07-19	undetermined	Before 2021-07-19	no
Mozambique/CERI-KRISP-K026131/2021_EPI_ISL_5942698_2021-07-16	undetermined/South Africa	Before 2021-07-16	no
Mozambique/CERI-KRISP-K026137/2021_EPI_ISL_5942773_2021-07-19	India	2021-04-30;2021-07-19	no
Mozambique/CERI-KRISP-K026140/2021_EPI_ISL_5942707_2021-07-15	undetermined/South Africa	Before 2021-07-14	no
Mozambique/CERI-KRISP-K026143/2021_EPI_ISL_5942815_2021-07-15	undetermined	Before 2021-07-15	no
Mozambique/CERI-KRISP-K026145/2021_EPI_ISL_5942741_2021-07-15	Brazil	2021-07-14;2021-07-15	no
Mozambique/CERI-KRISP-K026148/2021_EPI_ISL_5942671_2021-07-19	Brazil	2021-07-14;2021-07-19	no
Mozambique/CERI-KRISP-K026166/2021_EPI_ISL_5942752_2021-07-26	Zambia/Malawi	2021-05-29;2021-07-26	no
Mozambique/CERI-KRISP-K026167/2021_EPI_ISL_5942825_2021-07-31	undetermined	Before 2021-07-31	no
Mozambique/CERI-KRISP-K027119/2021_EPI_ISL_6511754_2021-07-27	UK	2021-07-01;2021-07-27	no
Mozambique/CERI-KRISP-K027123/2021_EPI_ISL_6511755_2021-07-27	India	2021-06-01;2021-07-27	no
Mozambique/CERI-KRISP-K027125/2021_EPI_ISL_6511757_2021-07-26	undetermined	Before 2021-07-26	no
Mozambique/CERI-KRISP-K027128/2021_EPI_ISL_6511760_2021-07-26	India	2021-04-05;2021-07-26	no
Mozambique/CERI-KRISP-K027129/2021_EPI_ISL_6511761_2021-07-26	India	2021-04-05;2021-07-26	no
Mozambique/CERI-KRISP-K027130/2021_EPI_ISL_6511762_2021-07-26	undetermined/UK	Before 2021-07-26	no
Mozambique/CERI-KRISP-K027132/2021_EPI_ISL_6511764_2021-07-28	India	2021-04-05;2021-07-28	no
Mozambique/CERI-KRISP-K027133/2021_EPI_ISL_6511765_2021-07-27	UK	2021-07-01;2021-07-27	no

Mozambique/CERI-KRISP-K027134/2021_EPI_ISL_6511766_2021-07-26	South Africa	2021-06-29;2021-07-26	no
Mozambique/CERI-KRISP-K027135/2021_EPI_ISL_8799642_2021-07-26	undetermined	Before 2021-07-26	no
Mozambique/CERI-KRISP-K027136/2021_EPI_ISL_8799643_2021-07-27	India	2021-04-19;2021-07-27	no
Mozambique/CERI-KRISP-K027137/2021_EPI_ISL_8799644_2021-07-27	undetermined	Before 2021-07-27	no
Mozambique/CERI-KRISP-K027138/2021_EPI_ISL_8799645_2021-07-27	Uganda	2021-06-15;2021-07-27	no
Mozambique/CERI-KRISP-K027139/2021_EPI_ISL_8799646_2021-07-27	India	2021-04-05;2021-07-27	no
Mozambique/CERI-KRISP-K027141/2021_EPI_ISL_8799648_2021-07-27	India	2021-04-05;2021-07-27	no
Mozambique/CERI-KRISP-K027143/2021_EPI_ISL_8799650_2021-07-12	India	2021-06-01;2021-07-12	no
Mozambique/CERI-KRISP-K027151/2021_EPI_ISL_8799651_2021-07-08	South Africa	2021-06-17;2021-07-08	no
Mozambique/CERI-KRISP-K027158/2021_EPI_ISL_8799653_2021-10-07	India	Before 2021-10-07	no
Mozambique/CERI-KRISP-K027172/2021_EPI_ISL_8799661_2021-07-13	UK	2021-05-01;2021-07-13	no
Mozambique/CERI-KRISP-K027178/2021_EPI_ISL_8799667_2021-07-21	undetermined/UK	Before 2021-07-21	no
Mozambique/CERI-KRISP-K027187/2021_EPI_ISL_8799675_2021-07-13	undetermined	Before 2021-07-13	no
Mozambique/CERI-KRISP-K027200/2021_EPI_ISL_8799679_2021-07-14	India	2021-05-07;2021-07-14	no
Mozambique/CERI-KRISP-K027528/2021_EPI_ISL_9084388_2021-08-04	France	2021-07-05;2021-08-04	no
Mozambique/CERI-KRISP-K027537/2021_EPI_ISL_9084391_2021-08-11	undetermined	Before 2021-08-11	no
Mozambique/CERI-KRISP-K027553/2021_EPI_ISL_9084400_2021-08-11	undetermined	Before 2021-08-11	no
Mozambique/CERI-KRISP-K027945/2021_EPI_ISL_7417350_2021-09-02	undetermined/UK	Before 2021-09-02	no
Mozambique/CERI-KRISP-K027969/2021_EPI_ISL_7417295_2021-09-25	South Africa	2021-08-13;2021-09-25	no
Mozambique/CERI-KRISP-K027970/2021_EPI_ISL_7417303_2021-09-24	Portugal	2021-08-09;2021-09-04	no
Mozambique/CERI-KRISP-K027975/2021_EPI_ISL_7417221_2021-09-01	undetermined/South Africa	Before 2021-09-01	no
Mozambique/CERI-KRISP-K027983/2021_EPI_ISL_7417061_2021-09-03	South Africa	2021-08-19;2021-09-03	no
Mozambique/CERI-KRISP-K027988/2021_EPI_ISL_7417314_2021-09-13	undetermined	Before 2021-09-13	no
Mozambique/CERI-KRISP-K027990/2021_EPI_ISL_7417073_2021-09-13	India	2021-04-24;2021-09-13	no
Mozambique/CERI-KRISP-K030819/2021_EPI_ISL_6795181_2021-08-31	India	2021-06-16;2021-08-31	no
Mozambique/CERI-KRISP-K030826/2021_EPI_ISL_6795184_2021-09-01	Malawi	2021-09-01;2021-09-01	no
Mozambique/COV-2090-A1713/2021_EPI_ISL_5822687_2021-06-21	undetermined/UK	Before 2021-06-21	no
Mozambique/COV-2092-A1715/2021_EPI_ISL_5822575_2021-06-21	undetermined/UK	Before 2021-06-21	no
Mozambique/COV-2095-A1718/2021_EPI_ISL_5822578_2021-06-21	undetermined/UK	Before 2021-06-21	no
Mozambique/COV-2096-A1719/2021_EPI_ISL_5822579_2021-06-21	India	2021-04-30;2021-06-28	no

Mozambique/COV-2097-A1720/2021_EPI_ISL_5822580_2021-06-21	UK	2021-05-01;2021-06-21	no
Mozambique/COV-2100-A1723/2021_EPI_ISL_5822582_2021-06-18	UK	2021-05-01;2021-06-18	no
Mozambique/COV-2146-A1793/2021_EPI_ISL_5822588_2021-06-21	South Africa	2021-05-26;2021-06-21	no
Mozambique/COV-2159-A1806/2021_EPI_ISL_5822589_2021-06-17	undetermined	Before 2021-06-17	no
Mozambique/COV-2167-A1814/2021_EPI_ISL_5822592_2021-06-21	UK	2021-05-01;2021-06-21	no
Mozambique/COV-2169-A1816/2021_EPI_ISL_5822593_2021-06-16	India	2021-04-30;2021-06-28	no
Mozambique/COV-2176-A1823/2021_EPI_ISL_5822690_2021-06-17	undetermined/UK	Before 2021-06-17	no
Mozambique/COV-2181-A1828/2021_EPI_ISL_5822598_2021-06-17	undetermined/UK	Before 2021-06-17	no
Mozambique/COV-2182-A1829/2021_EPI_ISL_5822599_2021-06-14	undetermined	Before 2021-06-14	no
Mozambique/COV-2187-A1834/2021_EPI_ISL_5822688_2021-06-22	undetermined/UK	Before 2021-06-22	no
Mozambique/COV-2190-A1837/2021_EPI_ISL_5822600_2021-06-18	undetermined/UK	Before 2021-06-18	no
Mozambique/COV-2191-A1838/2021_EPI_ISL_5822601_2021-06-16	UK	2021-06-01;2021-06-06	no
Mozambique/COV-2195-A1842/2021_EPI_ISL_5822693_2021-06-18	India	2021-04-30;2021-06-28	no
Mozambique/COV-2212-A1859/2021_EPI_ISL_5822611_2021-06-18	undetermined/UK	Before 2021-06-18	no
Mozambique/COV-2216-A1863/2021_EPI_ISL_5822613_2021-06-21	undetermined/UK	Before 2021-06-21	no
Mozambique/COV-2218-A1865/2021_EPI_ISL_5822615_2021-06-21	undetermined/UK	Before 2021-06-21	no
Mozambique/COV-2220-A1867/2021_EPI_ISL_5822675_2021-06-21	undetermined/UK	Before 2021-06-21	no
Mozambique/COV-2230-A1878/2021_EPI_ISL_5822623_2021-06-21	undetermined/UK	Before 2021-06-21	no
Mozambique/COV-2237-A1885/2021_EPI_ISL_5822630_2021-06-21	undetermined/UK	Before 2021-06-21	no
Mozambique/COV-2244-A1892/2021_EPI_ISL_5822634_2021-06-21	UK	2021-05-01;2021-06-21	no
Mozambique/COV-2254-A1902/2021_EPI_ISL_5822636_2021-06-17	South Africa	2021-06-15;2021-06-17	no
Mozambique/COV-2255-A1903/2021_EPI_ISL_5822637_2021-06-17	undetermined/South Africa	Before 2021-06-17	no
Mozambique/COV-2260-A1908/2021_EPI_ISL_5822641_2021-06-24	undetermined	Before 2021-06-24	no
Mozambique/COV-2310-A1958/2021_EPI_ISL_5822655_2021-06-22	UK	2021-05-01;2021-06-22	no
total_Mozambican_seqs		171	
new_seqs		42	

Delta unclassified sequences	
Sample_name	new_seq
hCoV-19/Mozambique/CERI-KRISP-K021116/2021_2021-06-29_2021-08-25	no
hCoV-19/Mozambique/CERI-KRISP-K021123/2021_2021-07-02_2021-08-25	no
hCoV-19/Mozambique/CERI-KRISP-K021142/2021_2021-07-05_2021-08-25	no
hCoV-19/Mozambique/CERI-KRISP-K021180/2021_2021-07-13_2021-08-25	no
hCoV-19/Mozambique/CERI-KRISP-K021183/2021_2021-07-13_2021-08-25	no
hCoV-19/Mozambique/COV-2157-A1804/2021_2021-05-05_2021-11-01	no
hCoV-19/Mozambique/COV-2314-A1962/2021_2021-06-16_2021-11-01	no
Mozambique_COV035932	yes
Mozambique_COV035947	yes
Mozambique_COV035949	yes
Mozambique_COV035975	yes
Mozambique_COV035977	yes
Mozambique_COV035985	yes
Mozambique_COV035987	yes
Mozambique_COV035994	yes
Mozambique_COV035998	yes
Mozambique_COV036000	yes
Mozambique_COV036003	yes
Mozambique_COV036012	yes
Mozambique_COV036019	yes
Mozambique_COV036026	yes
Mozambique_COV036033	yes
Mozambique_COV036036	yes
Mozambique_COV036047	yes
Mozambique_COV036064	yes
Mozambique_COV036071	yes
Mozambique_COV036079	yes

Mozambique/CERI-KRISP-K021120/2021_EPI_ISL_3663550_2021-07-01	no
Mozambique/CERI-KRISP-K021207/2021_EPI_ISL_3663603_2021-07-13	no
Mozambique/CERI-KRISP-K025914/2021_EPI_ISL_5425640_2021-06-28	no
Mozambique/CERI-KRISP-K026146/2021_EPI_ISL_5942719_2021-07-15	no
Mozambique/CERI-KRISP-K027142/2021_EPI_ISL_8799649_2021-07-27	no
Mozambique/COV-2086-A1709/2021_EPI_ISL_5822571_2021-06-17	no
Mozambique/COV-2088-A1711/2021_EPI_ISL_5822572_2021-06-16	no
Mozambique/COV-2091-A1714/2021_EPI_ISL_5822574_2021-06-21	no
Mozambique/COV-2094-A1717/2021_EPI_ISL_5822577_2021-06-17	no
Mozambique/COV-2101-A1724/2021_EPI_ISL_5822676_2021-06-21	no
Mozambique/COV-2133-A1780/2021_EPI_ISL_5822583_2021-06-17	no
Mozambique/COV-2136-A1783/2021_EPI_ISL_5822586_2021-06-17	no
Mozambique/COV-2166-A1813/2021_EPI_ISL_5822591_2021-06-21	no
Mozambique/COV-2179-A1826/2021_EPI_ISL_5822596_2021-06-21	no
Mozambique/COV-2207-A1854/2021_EPI_ISL_5822608_2021-06-18	no
Mozambique/COV-2214-A1861/2021_EPI_ISL_5822612_2021-06-21	no
Mozambique/COV-2258-A1906/2021_EPI_ISL_5822698_2021-06-24	no
Mozambique/COV-2259-A1907/2021_EPI_ISL_5822640_2021-06-24	no
Mozambique/COV-2263-A1911/2021_EPI_ISL_5822644_2021-06-06	no
Mozambique/COV-2278-A1926/2021_EPI_ISL_5822647_2021-06-25	no
Mozambique/COV-2281-A1929/2021_EPI_ISL_5822649_2021-06-21	no
Mozambique/COV-2292-A1940/2021_EPI_ISL_5822653_2021-05-31	no
Mozambique/COV-2356-A2005/2021_EPI_ISL_5822650_2021-05-27	no
Mozambique_COV035970	yes
Mozambique_COV036021	yes
Mozambique_COV036034	yes
Mozambique/CERI-KRISP-K021154/2021_EPI_ISL_3663564_2021-07-07	no
Mozambique/CERI-KRISP-K021156/2021_EPI_ISL_3663566_2021-07-12	no
Mozambique/CERI-KRISP-K021197/2021_EPI_ISL_3663594_2021-07-10	no
Mozambique/CERI-KRISP-K021201/2021_EPI_ISL_3663598_2021-07-07	no

Mozambique/CERI-KRISP-K026165/2021_EPI_ISL_5942667_2021-07-30	no
Mozambique/COV-2178-A1825/2021_EPI_ISL_5822595_2021-06-17	no
Mozambique/COV-2227-A1874/2021_EPI_ISL_5822620_2021-06-21	no
Mozambique/COV-2264-A1912/2021_EPI_ISL_5822659_2021-06-05	no
Mozambique/COV-2265-A1913/2021_EPI_ISL_5822660_2021-06-18	no
Mozambique/COV-2266-A1914/2021_EPI_ISL_5822664_2021-06-17	no
Mozambique/COV-2357-A2006/2021_EPI_ISL_5822651_2021-05-29	no
total_Mozambican_seqs	64
new_seqs	23

Benchmarking customized approach vs RASP		
Transmission group	Sample of origin of the introduction	Distance to sample of origin (# SNPs)
G02	SouthAfrica/VIDA-KRISP-V001012/2020_EPI_ISL_940882_2020-12-21	2
G03	SouthAfrica/NICD-N2063/2021_EPI_ISL_2662470_2021-01-26	6
G04	SouthAfrica/VIDA-KRISP-K008043/2021_EPI_ISL_940852_2021-01-07	4
G05	England/QEUAH-CAF17D/2020_OD913545.1_2020-12-15	3
G06	SouthAfrica/UFS-VIRO-NGS-261/2021_EPI_ISL_1818892_2021-01-11	4
G07	SouthAfrica/VIDA-KRISP-K012605/2021_EPI_ISL_2494367_2020-12-22	4
G10	Malawi/CERI-KRISPK015750/2021_EPI_ISL_2609570_2021-01-25, SouthAfrica/NICD-N2063/2021_EPI_ISL_2662470_2021-01-26	3
G13	SouthAfrica/PFE_00003/2021_EPI_ISL_3800565_2021-01-11	5
G14	England/NORW-F24BA/2020_OU815065.1_2020-12-29 / SouthAfrica/KRISP-K007823/2021_EPI_ISL_860592_2021-01-02	2
G15	hCoV-19/South_Africa/NICD-N4543/2021_2021-02-16_2021-05-13	1
G16	SouthAfrica/KRISP-K007823/2021_EPI_ISL_860592_2021-01-02	2
G17	Denmark/DCGC-28407/2021_EPI_ISL_844979_2021-01-04, SouthAfrica/PFE_00003/2021_EPI_ISL_3800565_2021-01-11	4
G20	SouthAfrica/KRISP-K010009/2020_EPI_ISL_1250468_2020-12-23	2
G22	SouthAfrica/NICD-N19798/2020_EPI_ISL_6906491_2020-12-28	3
G26	SouthAfrica/KRISP-K010026/2020_EPI_ISL_1250494_2020-12-21	1
G31	SouthAfrica/N4543/2021_EPI_ISL_2086954_2021-02-16	3
G32	SouthAfrica/VIDA-KRISP-K010570/2020_EPI_ISL_2360368_2020-12-09	3
G33	Zimbabwe/CERI-KRISP-K011611/2020_EPI_ISL_2492651_2020-12-17	8
G36	Malawi/KRISP-K010214/2021_EPI_ISL_1407164_2021-01-12	1
G38	SouthAfrica/N2311/2021_EPI_ISL_2582749_2020-12-28	4
G42	SouthAfrica/N00899/2020_EPI_ISL_1239287_2020-11-17	1

Origin proportion according to RASP (%)	
More than 95% South Africa	
More than 95% South Africa	
More than 95% South Africa	
68.13 South Africa, 15.40 United Kingdom, 12.37 Eswatini, 1.93 South Africa / United Kingdom, 1.55 South Africa / Eswatini, 0.62 United Kingdom / Eswat	
More than 95% South Africa	
More than 95% South Africa	
41.81 Malawi, 40.55 South Africa, 14.21 South Africa / Malawi, 1.02 Mozambique, 3.43 from different mixed origins	
More than 95% South Africa	
92.29 South Africa, 4.34 United Kingdom/South Africa, 2.73 Mozambique, 0.64 United Kingdom	
89.22 South Africa, 3.57 South Africa / Mozambique, 2.38 South Africa / Eswatini, 1.54 Mozambique, 1.03 Eswatini, 2.26 from different mixed origins	
More than 95% South Africa	
95.85 South Africa, 1.66 South Africa / Mozambique, 0.82 South Africa / Denmark, 0.57 Mozambique, 0.28 Denmark, 0.72 from different mixed origins	
More than 95% South Africa	
More than 95% South Africa	
More than 95% South Africa	
More than 95% South Africa	
More than 95% South Africa	
91.74 South Africa, 6.27 South Africa / Zimbabwe, 1.16 Zimbabwe, 0.83 from different mixed origins	
99.63 South Africa, 0.16 South Africa/Malawi, 0.21 from different mixed origins	
More than 95% South Africa	
More than 95% South Africa	

Supplementary File

Extended methods

Study design

This genomic epidemiology study covered Mozambique, a South African country with 31,616,078 inhabitants and a population density of 40 inhabitants per Km² in 2022.¹ The SARS-CoV-2 samples used in this study were obtained from the MozCOVID study and the National Surveillance System, which were prospective and retrospective studies, respectively (appendix, pp 1-35). In the MozCOVID study, all individuals attending the Manhica District Hospital were pre-screened in the outpatient consultation or urgencies, by a medical doctor, and if they fulfilled the criteria for testing they were sent to the SARS-CoV-2 testing unit. In the unit, if the patient presented respiratory symptoms and resided in the Manhica District, a medical technician of the study was notified and asked the patient to be part of the study and a questionnaire was filled (appendix, pp 36-39). All individuals not meeting the inclusion criteria for the study were tested in the normal circuit for the national surveillance. In addition, only subjects with their first documented SARS-CoV-2 infection were recruited. The consents for the study research were then administered by a medical technician of the study. Additional cases also living in Manhica District were recruited from the National Surveillance Program. Medical technicians and nurses used tablets to collect demographic data which, after revision by a medical doctor to check inconsistencies and errors, were introduced in RedCap.

A laboratory requisition was filled in a paper form and then introduced in a sample management software (ServoLab), where all laboratory results were introduced, including CT values. Questionnaires from the National Surveillance System were not available for inclusion in this study.

qPCR for SARS-CoV-2 detection

Nasopharyngeal swabs were collected from all patients to detect SARS-CoV-2 by Real-Time Polymerase Chain Reaction (qPCR), using either Abbot RealTime SARS-CoV-2 with dual target assay for the RdRp and N genes (Abbot Molecular Inc., Illinois, USA) or TaqMan™ 2019 nCoV Assay Kit v1 with orf1ab, spike (S) gene, nucleocapsid (N) gene, RNase P target assay (Thermo Fisher Scientific, Massachusetts, USA) according to the manufacturer's instructions. From positive samples (N=2,259), only those with cycle threshold less than 27 were selected for sequencing (N=384).

NGS sequencing

RNA was retro-transcribed into cDNA, then the SARS-CoV-2 complete genome amplification was performed in two multiplex PCR, accordingly to openly available protocol developed by the ARTIC network using the V3 multiplex primers scheme.² Two resulting amplicon pools were combined and used for library preparation. Genomic libraries were constructed with the Nextera DNA Flex Sample Preparation kit (Illumina Inc., San Diego, USA) according to the manufacturer's protocol with five cycles for indexing PCR. Whole genome sequencing was carried out in the Illumina MiSeq platform (Illumina Inc., San Diego, USA) using 2×200 cycles paired-end run. Library preparation and sequencing was performed at Instituto de Biomedicina de Valencia (IBV, CSIC). Sequences with low genome coverage (<0.90, N=99) and replicates from the same patient were excluded (N=5). We obtained 280 good quality new SARS-CoV-2 sequences after the inclusion criteria. In addition, we included 652 Beta and Delta public sequences from Mozambique (Figure 2). Inclusion criteria and sample source are detailed in Figure 3A.

Genomic analysis

Sequence data was analysed following the SeqCOVID-Spain consortium pipeline already published,³ and available in the lab repository.⁴ Briefly: 1) human reads were removed with Kraken ; 2) fastq files were filtered with fastp v 0.20.1 5 (arguments: --cut tail, --cut-window-size, --cut-mean-quality , -max_len1 , -max_len2); 3) bwa and iVar v1.2 were used for mapping, variant calling and consensus generation (variant calling cut-offs: minimum quality for SNP calling=20, minimum frequency to call a SNP=0.05, minimum depth for calling a SNP=20, consensus construction cut-offs: minimum quality

for consensus calling=20, minimum frequency to consider fixed a SNP=0.8, minimum position depth=30 (ambiguous base otherwise)). The Pangolin tool (version v.3.1.16) was run on the obtained consensus sequences for lineage assessment (Supplementary Figure 1) using the nomenclature of PANGO-designation database (v.1.2.93, release 2021-11-09).^{5,6} Reads were mapped against the SARS-CoV-2 reference genome Wuhan-Hu-1 (GenBank: MN908947.3). Graphics were performed with *ggplot2* package from R. Scripts were coded in R and python (libraries: doParallel, foreach, treeio, stringr, castor, writexl).

Phylogenetic placement of sequences using USHER

USHER is a phylogenetic tool that allows rapid sample placement in a pre-existing phylogeny using a maximum parsimony score.⁷ We downloaded a global pre-built or existing phylogenetic tree (eTree) generated by The University of California Santa Cruz Genomic Institute stored at their FTP server, on February 9, 2022.⁸ The phylogeny included 7,657,161 global SARS-CoV-2 sequences, including all variants described until February 9, 2022. Since we aimed to have all sequenced samples in the phylogeny, we searched for sequences deposited in GISAID belonging to those lineages present in our dataset that were not included in the eTree.⁹ The lineages of interest were B.1.351, or Beta, and the following Delta lineages: AY.10, AT.19, AY.29, AY.37, AY.6, B.1.617.2, AY.111, AY.112, AY.116, AY.121, AY.122, AY.25.3, AY.38, AY.43, AY.45, AY.65, AY.75, AY.87, AY.88, and AY.91. We downloaded a total of 1,971 and 85,560 missing Beta and Delta sequences, respectively. We then performed the phylogenetic placement of these sequences, along with the new ones obtained in this study, by applying the methodology described by Turakhia et al.,¹⁰ also available at the USHER wiki.¹¹ Briefly, separately for Beta and Delta lineages' samples we aligned all consensus sequences against the SARS-CoV-2 Wuhan-Hu-1 reference genome (GenBank: MN908947.3) using a script developed by Robert Lanfear.¹² Then, we added the reference genome to the alignment and obtained the variants in VCF format using *faToVcf* with the argument “-maskSites”, so we can mask those positions suspected to be problematic for phylogenetic inference.¹³ Finally we used both the phylogeny and the VCF as inputs for USHER to perform the placement. Once we had both phylogenies, we used *MatUtils* to convert them into a format suitable for their visualisation on Taxonium,^{14,15} so we could choose the clades enriched in Beta and Delta. We cut these clades off their corresponding tree by using *ape* package from R. Eventually, we obtained a Beta subtree with 45,831 samples (373 from Mozambique, 112 of them were generated in this study), and a Delta subtree with 4,403,383 samples (559 from Mozambique, 143 of them were generated in this study).

Identification of transmission groups and unique sequences

We used the classification proposed by López et al.³ where transmission groups were defined as monophyletic clades enriched in Mozambican sequences (i.e containing minimum 60% of Mozambican sequences), and a basal/ancestral sequence also from Mozambique. They likely represent strains in transmission within Mozambique and, in some cases, later exported to other countries. Unique sequences were defined as sequences that do not share an immediate common ancestor with any other Mozambican sequence, but are genetically differentiated from the closest sequences by at least one SNP, and no more than 10. Any sequence not meeting those criteria was defined as unclassified (Supplementary Figure 2). We developed a custom code that scans Beta and Delta subtrees and classifies all the sequences in one of these categories.¹⁶ Ambiguous sequences were manually inspected.

Phylogenetic reconstruction of Beta (lineage B.1.351)

We evaluated the accuracy of our approach by comparing the results obtained by the phylogenetic placement versus using a phylogeny reconstructed with IQ-TREE.¹⁷ All sequences in GISAID classified as B.1.351 as of December 14, 2021 (n=34,051) were aligned against the reference genome (MN908947.3) using Robert Lanfear's *global_alignment_profile.sh* script as aforementioned.¹² As described in the literature, some positions within the SARS-CoV-2 genome are suspected to be problematic for phylogenetic inference. To avoid spurious phylogenetic relations,

these positions were masked using `mask_alignment.sh` script, also designed by Robert Lanfear. Later, we used the multisequence alignment file to run IQ-TREE as detailed in the `MozCOVID_commands` file in Git repository). We reconstructed a maximum-likelihood (ML) phylogeny, rooted with the SARS-CoV-2 sequence obtained in Wuhan on 24/12/2019 (GISAID ID: EPI_ISL_402123).

Introduction identification and origin

To investigate the potential origin of the introductions, we sought the closest non-Mozambique sequence in the phylogeny for each transmission group and unique sequence, separated by minimum 1 SNP and no more than 10 SNPs; and with a diagnosis date happening within 3 months prior to the first case of the transmission group or unique sequence. If there was more than one possible country of origin, but all possibilities were African countries, we defined the origin as African. Introductions were considered as undetermined if the closest sequence had been collected earlier than 3 months, or if many origins at the same minimal distance were equally possible.

Benchmark between IQ-TREE and UShER

To further assess the robustness between both methods, we compared the topologies of the Beta subtree obtained with UShER against the Beta phylogeny reconstructed with IQ-TREE by performing the Shimodaira-Hasegawa test (SH test) with IQ-TREE (as detailed in the `MozCOVID_commands` file in Git repository),¹⁸ which tests whether the Maximum-Likelihood score (ML score) is significantly different between a set of trees, given a reference alignment.

Origin of introduction benchmark

With the aim of further evaluating the accuracy of our methodology in identifying introductions from huge phylogenies, we performed a comparison using RASP4 software.¹⁹ By choosing among different statistical methods, the user is able to reconstruct the ancestral state for the nodes of a given phylogeny, which can be used to estimate the geographical origin of a transmission group only with the phylogeny and the geographical origin of the tips as input. In this case we used the Bayesian Binary Markov Chain Monte Carlo model with 500,000 cycles and 10 chains, as previously described.²⁰ For this comparison we used the Beta variant phylogeny. Since the high saturation of the phylogeny and the presence of numerous polytomies hinders any classical statistical analysis due to the low divergence between samples and the unbearable amount of sequences, we opted for a small-scale analysis using the identified transmission groups. For each of these groups, we tried to obtain subtrees containing all samples collected within 3 months before, up to 300 sequences, since RASP execution time increases exponentially according to the number of samples.

Extended results

Benchmarking UShER against IQ-TREE to estimate accuracy of phylogenetic placements

The first aim of our study is to compare the Mozambique sequences generated against all deposited sequences to minimise the sampling bias associated with SARS-CoV-2 phylogeographic studies. Large-scale phylogenies, in the order of millions of sequences, can be approached using recently developed phylogenetic placement methods. Our approach involved the phylogenetic placement implemented in UShER. First we placed all sequences from Beta ($n=1,971$) and Delta ($n=85,560$) variants obtained until February 9, 2022 that were not present in the backbone phylogeny provided by UShER ($n=7,657,161$), including the 280 generated in this study. As a total we analysed $\approx 46,000$ Beta sequences and $\approx 4.4M$ Delta sequences. To test the accuracy of UShER placements we compared the transmission groups, unique and unclassified sequences identified for Beta maximum-likelihood phylogeny constructed with IQ-TREE as our gold standard. Overall, from the 361 common Beta sequences (Supplementary Figure 3) from Mozambique (12 out of the 373 sequences in UShER were not included in IQ-TREE, and another UShER sequence also present in IQ-TREE was discarded since it is located in a clade with a mixture of lineages), we obtain a match of 129 unique, 57

unclassified, and 133 in-transmission sequences between both methods (Supplementary Figure 3), accounting for a total of 319 (88.4%) sequences equally classified between IQ-TREE and UShER.

The script identified 39 transmission groups in the IQ-TREE phylogeny and 42 in the UShER phylogeny. Both methods share 29 groups with identical samples (74.3% of coincidence). There are 5 more groups that have a > 60% of similarity, whose discrepancies are due to the addition of one or a few samples in one method in comparison with the other. Finally, 3 IQ-TREE transmission groups have no equivalent in the UShER phylogeny. If we consider all Mozambique samples in clusters for both IQ-TREE and UShER phylogenies, we obtain that 133 of them are equally classified as part of a transmission group.

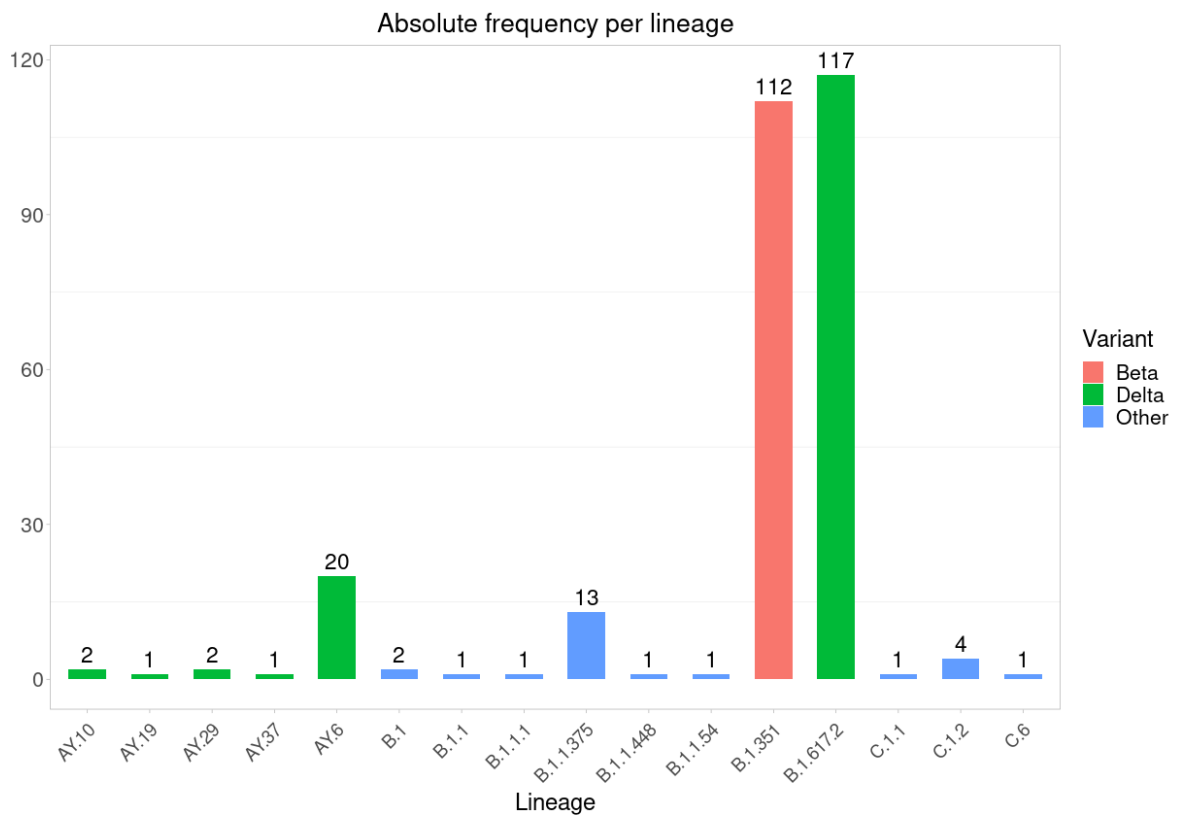
Our script identified 143 unique sequences from Mozambique in the IQ-TREE phylogeny and 139 in the UShER phylogeny. Both sets share a total of 129 samples, accounting for 90.20% of coincidence. Of the remaining 14 IQ-TREE sequences, 5 are catalogued as unclassified by UShER and 9 appear in clusters.

Regarding the unclassified samples, our script identifies 64 unclassified samples in the IQ-TREE phylogeny and 77 in the case of UShER. These two sets share 57 of the sequences, which accounts for a coincidence of 89.1%. Of the 7 remaining IQ-TREE samples, 3 appear in a group and 4 are unique introductions.

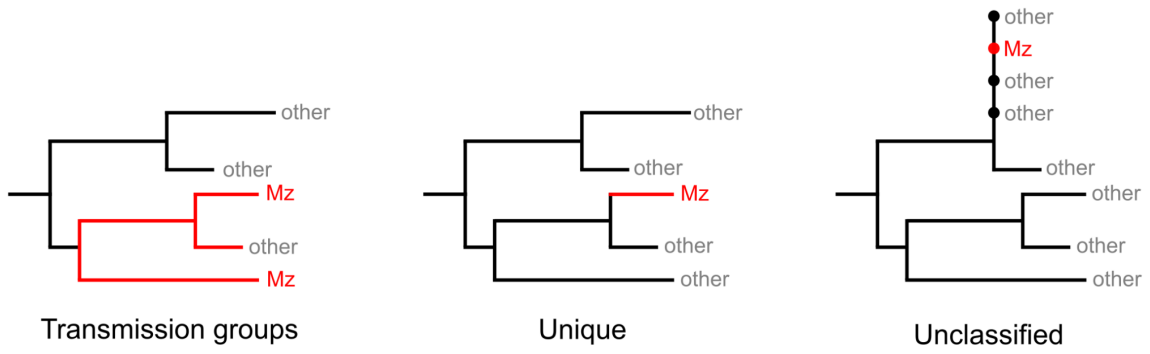
SH test p-value was 0.251 for UShER tree, as detailed in Supplementary Table 1, meaning that UShER phylogeny is not significantly different to IQ-TREE phylogeny. Furthermore, log-Likelihood of UShER tree was higher, which suggests that phylogenies reconstructed with this tool are more accurate.

Origin of introductions benchmark results

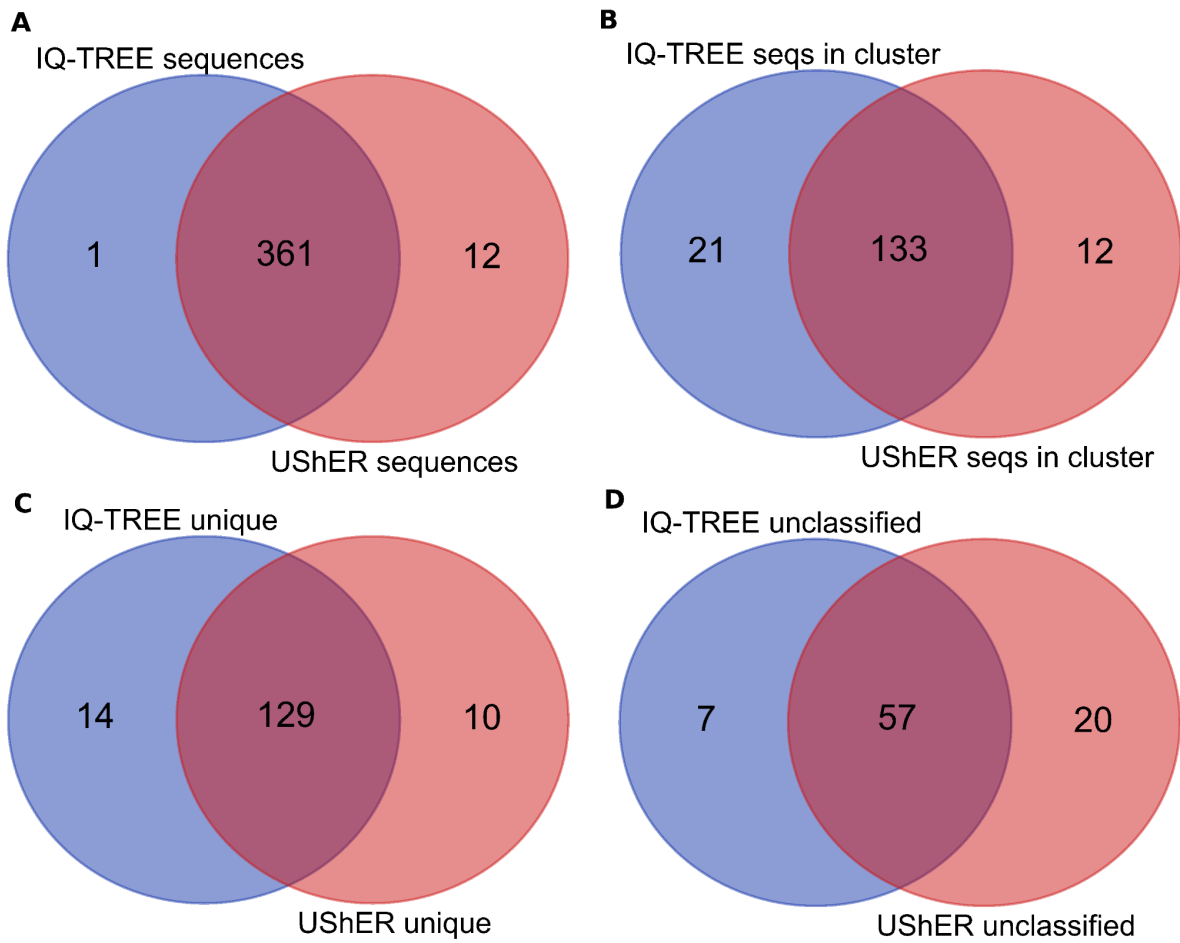
We managed to obtain subtrees for 21 of the 42 transmission groups (Appendix 3, Supp Table 8) as the other 21 were surrounded by polytomies that surpassed the limit of 300 sequences, forcing us to preselect the sequences used. The country of origin of the introductions was equally identified for 16 of the 21 groups (76.2% of match). It is important to highlight that RASP cannot take the date of the samples into account for its analysis, but only their phylogenetic relationship and the geographical origin given as input. Thus, since some of the groups come from a country with only one or few samples in the tree, RASP will not be able to consider it as a potential origin, even if it's the most probable one due to genetic distance and time, which may explain the mismatches. All samples identified as potential origins of the introductions laid in a maximum of 10 SNPs of difference with the transmission group.



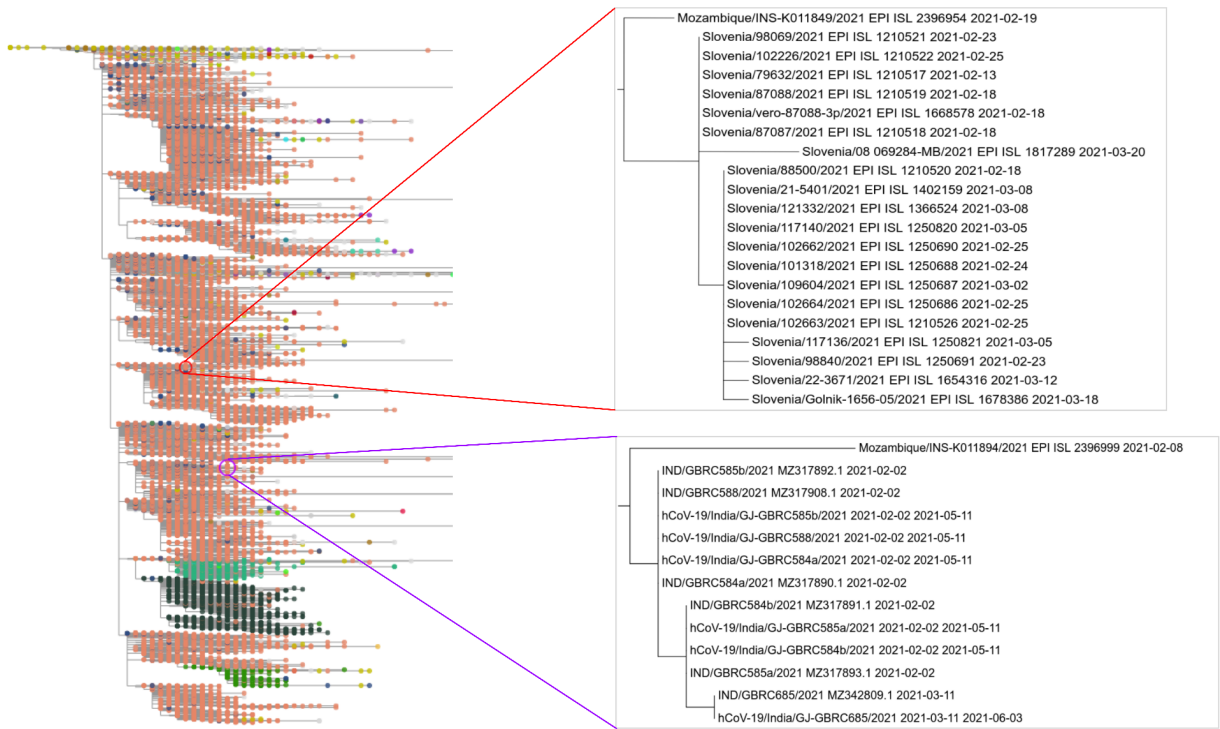
Supplementary Figure 1. SARS-CoV-2 lineage distribution in the samples sequenced from Mozambique. Y axis represents absolute frequencies.



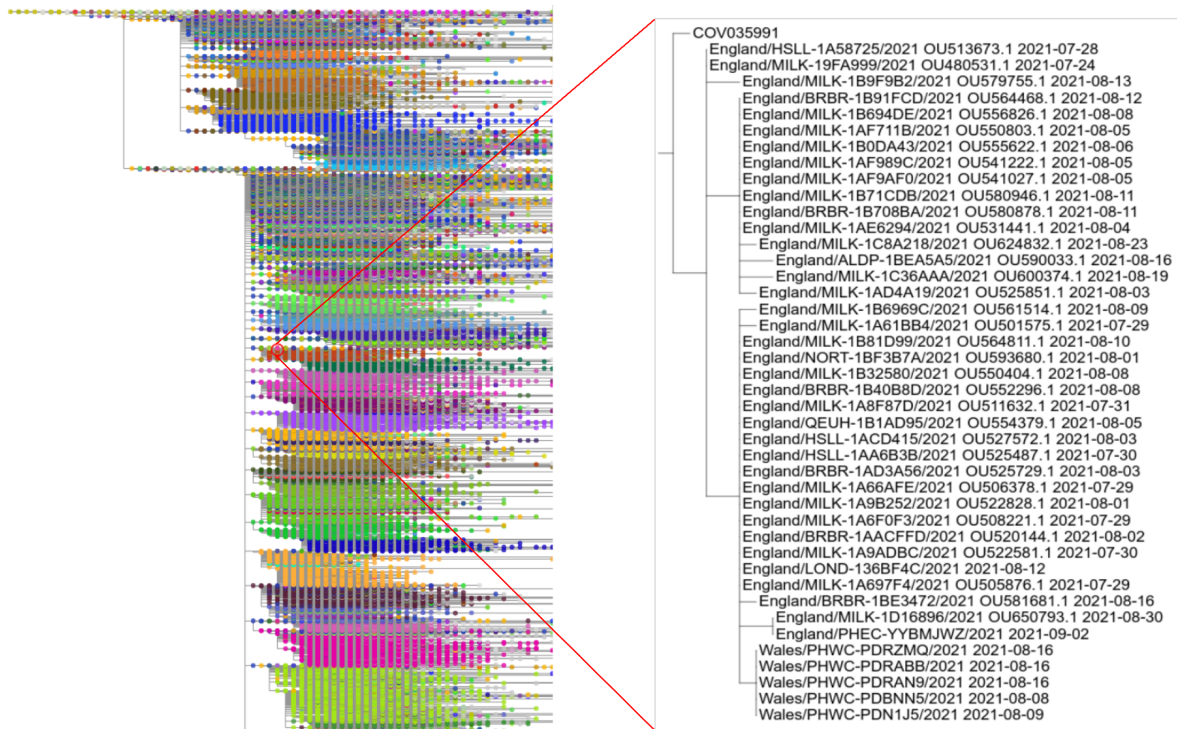
Supplementary Figure 2. Schema describing the definition used for transmission groups, unique and unclassified sequences. Mz, Mozambique



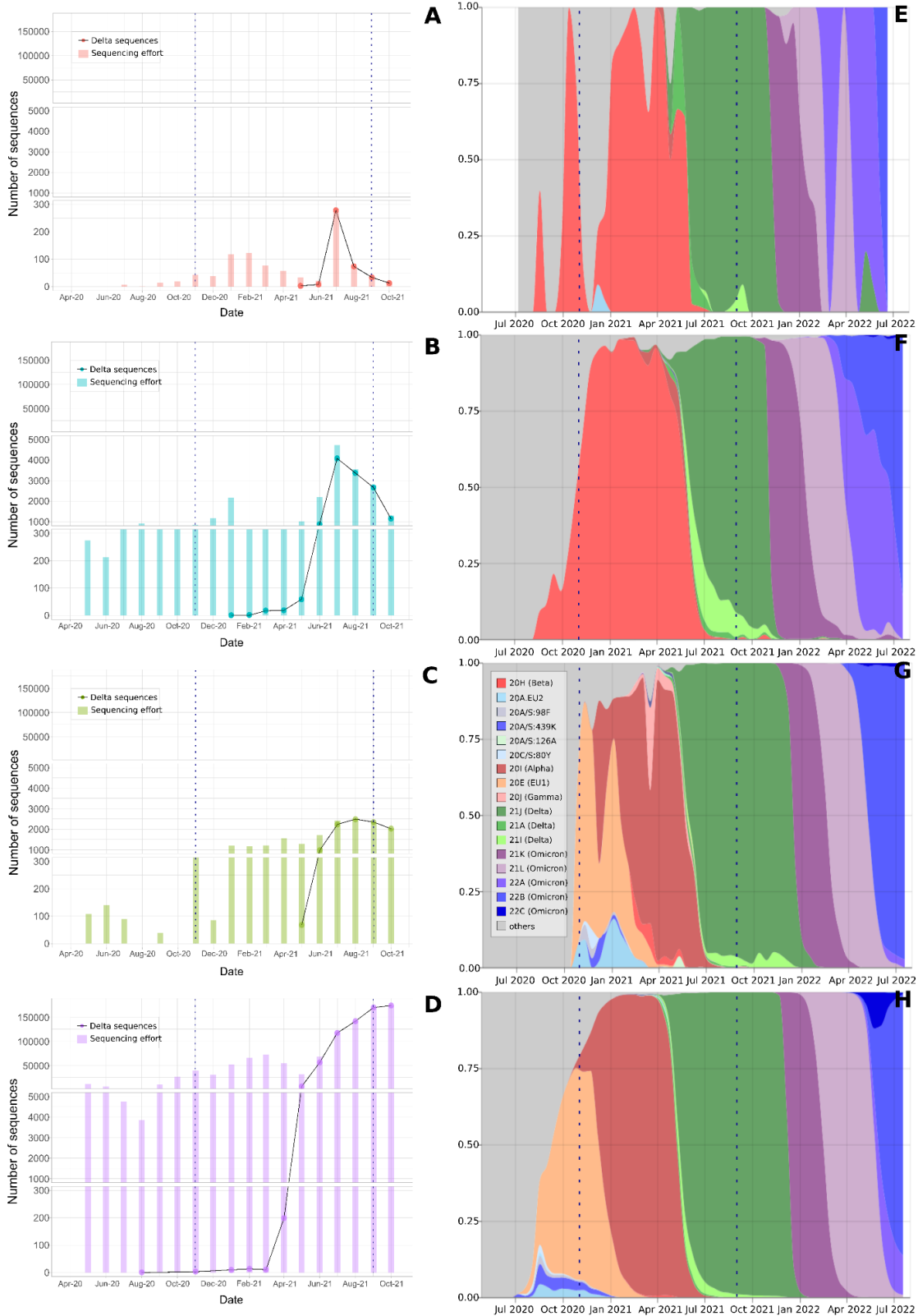
Supplementary Figure 3. IQ-TREE vs UShER results for each type of introduction



Supplementary Figure 4. Possible Beta exportations from Mozambique to Slovenia and India



Supplementary Figure 5. Possible Delta exportation from Mozambique to the United Kingdom



Supplementary Figure 6. Sequencing efforts and frequency of SARS-CoV-2 variants between July 2020 and August 2022. A-D. Sequencing effort in terms of the number of total sequences generated by different countries (bars) and the number of sequences belonging to the Delta variant (line). E-H. Variants' profiles as frequency of the different variants circulating in each country between July 2020 - August 2022. A-E. Mozambique. B-F. South Africa. C-G. Portugal. D-H. UK. Dotted lines indicate the study period. E-H plots have been obtained from <https://covariants.org/>.

Supplementary table 1. Shimodaira-Hasegawa test results for IQ-TREE and UShER phylogenies

Tree	logL	p-SH
IQ-TREE	-550,169.7985	1
UShER	-552,089.4476	0.251

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