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Respiratory Pathogen Surveillance

Programme Descriptions

Programme	Influenza-like illness (ILI)	Viral Watch	National syndromic surveillance for pneumonia	Private hospital consultations
Start year	2012	1984	2009	2002
Provinces*	KZ NW WC**	EC FS GP LP MP NC NW WC	GP KZ MP NW WC	EC FS GP LP MP NW WC
Type of site	Primary health care clinics	General practitioners	Public hospitals	Private hospitals
Case definition	An acute respiratory illness with a temperature ($\geq 38^{\circ}\text{C}$) and cough, & onset ≤ 10 days	An acute respiratory illness with a temperature ($\geq 38^{\circ}\text{C}$) and cough, & onset ≤ 10 days	Acute or chronic lower respiratory tract infection	ICD codes J10-J18
Specimens collected	Oropharyngeal & nasopharyngeal swabs	Throat and/or nasal swabs or Nasopharyngeal swabs	Oropharyngeal & nasopharyngeal swabs	Not applicable
Main pathogens tested***	INF RSV BP	INF RSV BP	INF RSV BP	Not applicable

Epidemic Threshold

Thresholds are calculated using the Moving Epidemic Method (MEM), a sequential analysis using the R Language, available from: <http://CRAN.R-project.org/web/package=mem>) designed to calculate the duration, start and end of the annual influenza epidemic. MEM uses the 40th, 90th and 97.5th percentiles established from available years of historical data to calculate thresholds of activity. Thresholds of activity for influenza and RSV are defined as follows: Below seasonal threshold, Low activity, Moderate activity, High activity, Very high activity. For influenza, thresholds from outpatient influenza like illness (Viral Watch Programme) are used as an indicator of disease transmission in the community and thresholds from pneumonia surveillance are used as an indicator of impact of disease.

* EC: Eastern Cape; FS: Free State; GP: Gauteng; KZ: KwaZulu-Natal; LP: Limpopo; MP: Mpumalanga; NC: Northern Cape; NW: North West; WC: Western Cape

**Started in 2019

***INF: influenza virus; RSV: respiratory syncytial virus; BP: *Bordetella pertussis*

Respiratory Pathogen Surveillance

Reporting period 01/01/2020 to 01/03/2020

Results until end of epidemiologic week 9 (2020)

Comments:

Influenza

The 2019 season started in week 16 (week ending 21 April) when influenza detection in the Viral Watch programme rose above the seasonal threshold, as determined by the Moving Epidemic Method. The 2019 season ended in week 33 (week ending 18 August) after which transmission dropped below seasonal threshold levels. The 2020 season has not yet started although sporadic detections of influenza have been made, mostly from Western Cape Province, in all surveillance programmes.

ILI programme: In 2020 to date, specimens from 234 patients were received from 4 ILI sites. Influenza was detected in 27 specimens (all from Western Cape province), 16 (7%) were identified as influenza A(H1N1)pdm09, 9 (4%) as influenza B(Victoria) and two (1%) B lineage inconclusive.

Viral Watch programme: During the same period, specimens were received from 100 patients from Viral Watch sites in 8 provinces. Influenza was detected in 52 patients (51 from Western Cape and one from Gauteng provinces), of which 50 (50%) were influenza A(H1N1)pdm09, one (1%) influenza A(H3N2) and one (1%) influenza B(Victoria). These positive cases have been identified as from week 2 (week ending 12 January) and seven (13%; 7/52) had history of international travel.

Pneumonia surveillance: Since the beginning of 2020, specimens from 511 patients with severe respiratory illness (SRI) were received from the 6 sentinel sites. Influenza was detected in six patients (all from Western Cape province), of which four (<1%) were influenza A(H1N1)pdm09 and two (<1%) influenza B(Victoria).

Respiratory syncytial virus

The 2019 RSV season which started in week 8 (week starting 18 February) when RSV detections in pneumonia surveillance rose above the seasonal threshold as determined by the Moving Epidemic Method and ended in week 25 (week starting 17 June). The 2020 RSV season has not yet started. However, sporadic detections of RSV are being made.

In 2020 to date, 234 specimens were tested and RSV was not detected in ILI programme.

Pneumonia surveillance: 511 specimens were tested and RSV was detected in specimens of 14 (3%) patients.

Viral Watch programme: 100 specimens were tested and RSV was not detected.

Bordetella pertussis

ILI programme: From 1 January 2020 to date, combined nasopharyngeal and oropharyngeal specimens were tested from 225 patients for *B. pertussis*, one (<1%) tested positive.

Pneumonia surveillance: During the same period, combined nasopharyngeal and oropharyngeal specimens were tested from 480 patients for *B. pertussis*, which was detected in five (1%) specimens.

In addition, *B. pertussis* was not detected in 12 specimens from patients who met suspected *B. pertussis* case definition but did not meet the pneumonia/ILI surveillance case definition.

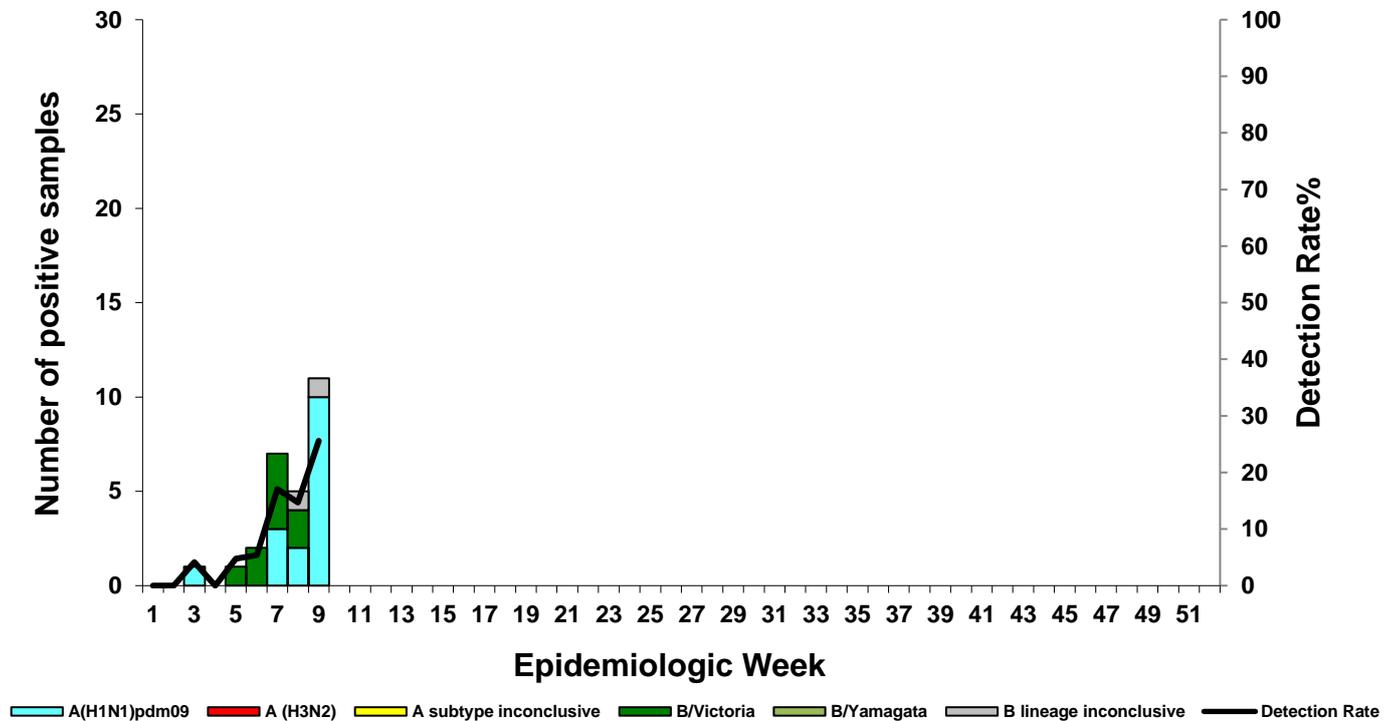
Respiratory Pathogen Surveillance

Reporting period 01/01/2020 to 01/03/2020

Results until end of epidemiologic week 09 (2020)

Influenza-like illness (ILI) surveillance primary health care clinics

Figure 1. Number of positive samples* by influenza subtype and lineage and detection rate by week**



*Specimens from patients with influenza-like illnesses at 3 sentinel sites in 3 provinces

**Only reported for weeks with >10 specimens submitted

Inconclusive: insufficient viral load in sample and unable to characterise further

Table 1. Cumulative number of influenza subtype and lineage and total number of samples tested by clinic and province

Clinic (Province)	A(H1N1)pdm09	A(H3N2)	A subtype inconclusive	B/Victoria	B/Yamagata	B lineage inconclusive	Total samples
Eastridge (WC)	15	0	0	9	0	2	103
Edendale Gateway (KZ)	0	0	0	0	0	0	50
Jouberton (NW)	0	0	0	0	0	0	49
Mitchell's Plain (WC)	1	0	0	0	0	0	32
Total:	16	0	0	9	0	2	234

KZ: KwaZulu-Natal; NW: North West; WCP: Western Cape

Inconclusive: insufficient viral load in sample and unable to characterise further

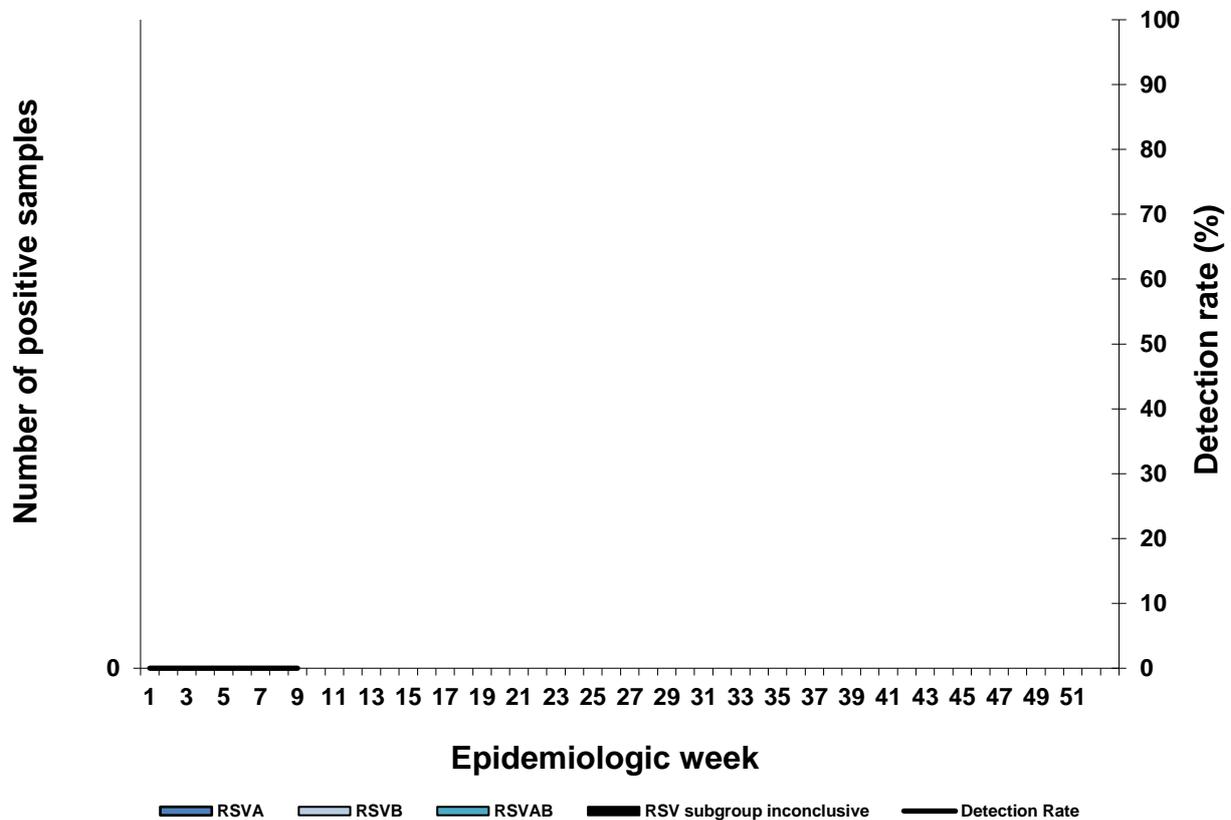
Respiratory Pathogen Surveillance

Reporting period 01/01/2020 to 01/03/2020

Results until end of epidemiologic week 09 (2020)

Influenza-like illness (ILI) surveillance primary health care clinics

Figure 2. Number of samples testing positive for respiratory syncytial virus by subgroup and detection rate by week



Inconclusive: insufficient viral load in sample and unable to characterise further
 RSV AB: Both RSV A and B subgroup identified

Table 2. Cumulative number of respiratory syncytial virus subgroups identified and total number of samples tested by clinic and province

Clinic (Province)	RSVA	RSVB	RSVAB	RSV subgroup inconclusive	Total samples
Eastridge (WC)	0	0	0	0	103
Edendale Gateway (KZ)	0	0	0	0	50
Jouberton (NW)	0	0	0	0	49
Mitchell's Plain (WC)	0	0	0	0	32
Total	0	0	0	0	234

KZ: KwaZulu-Natal; NW: North West; WC: Western Cape
 Inconclusive: insufficient viral load in sample and unable to characterise further
 RSV AB: Both RSV A and B subgroup identified

Reporting period 01/01/2020 to 01/03/2020

Results until end of epidemiologic week 09 (2020)

Influenza-like illness (ILI) surveillance primary health care clinics

Figure 3. Number of samples testing positive for *B. pertussis* and detection rate by month

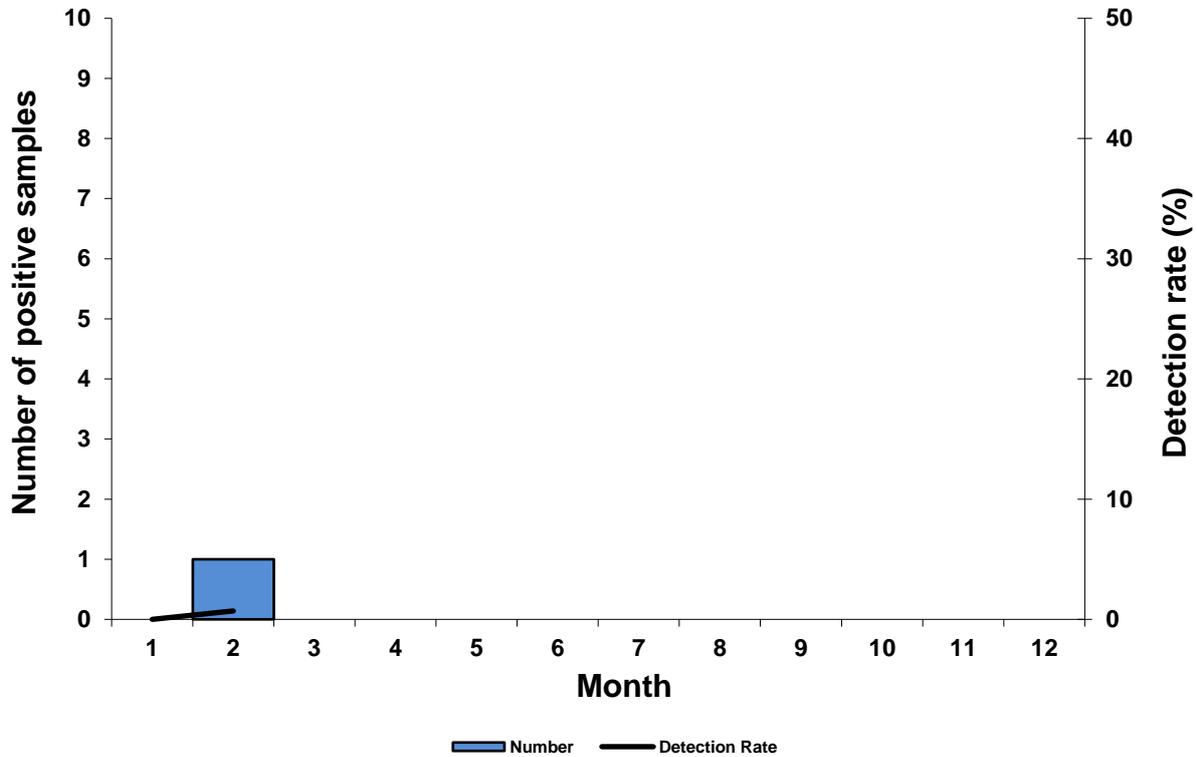


Table 3. Cumulative number of *B. pertussis* identified and total number of samples tested by province**

Clinic (Province)	<i>B. pertussis</i> Positive**	Total samples
Eastridge (WC)	0	98
Edendale Gateway (KZ)	0	50
Jouberton (NW)	1	48
Mitchell's Plain (WC)	0	29
Total:	1	225

KZ: KwaZulu-Natal; NW: North West; WC: Western Cape

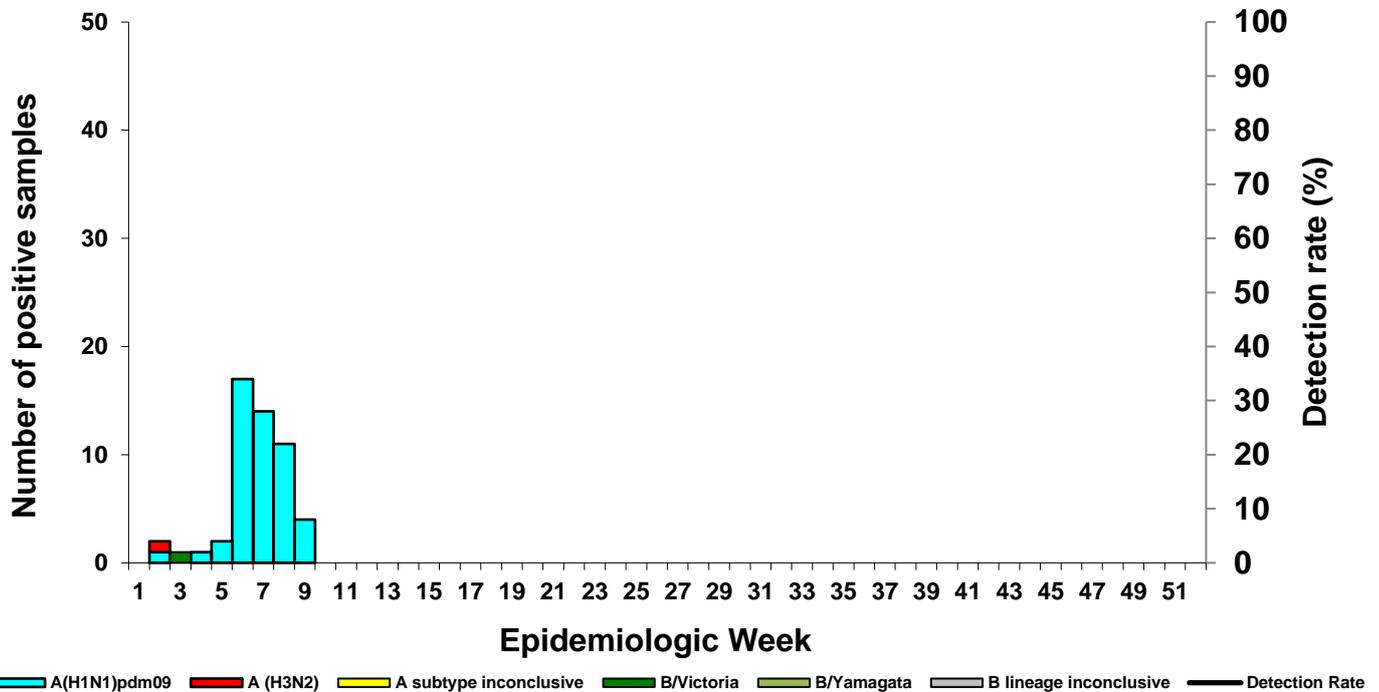
Respiratory Pathogen Surveillance

Reporting period 01/01/2020 to 01/03/2020

Results until end of epidemiologic week 09 (2020)

Influenza-like illness (ILI) surveillance Viral Watch

Figure 4. Number of positive samples* by influenza subtype and lineage and detection rate by week**



*Specimens from patients with Influenza-like illnesses at 90 sentinel sites in 8 provinces

** Only reported for weeks with >10 specimens submitted.

Inconclusive: insufficient viral load in sample and unable to characterise further

Table 4. Cumulative number of influenza subtype and lineage and total number of samples tested by province

Province	A(H1N1)pdm09	A(H3N2)	A subtype inconclusive	B/Victoria	B/Yamagata	B lineage inconclusive	Total samples
Eastern Cape	0	0	0	0	0	0	1
Free State	0	0	0	0	0	0	0
Gauteng	1	0	0	0	0	0	10
Limpopo	0	0	0	0	0	0	1
Mpumalanga	0	0	0	0	0	0	2
North West	0	0	0	0	0	0	0
Northern Cape	0	0	0	0	0	0	2
Western Cape	49	1	0	1	0	0	84
Total:	50	1	0	1	0	0	100

*Inconclusive: insufficient viral load in sample and unable to characterise further

From 01 January 2020 to date, 10 patients were tested for influenza at the time of entry into South Africa following travel abroad and influenza was detected in three patients, of which one influenza A(H1N1)pdm09 and two influenza A(H3N2).

Patients known to have acquired influenza abroad are not included in the table or epidemiological curve.

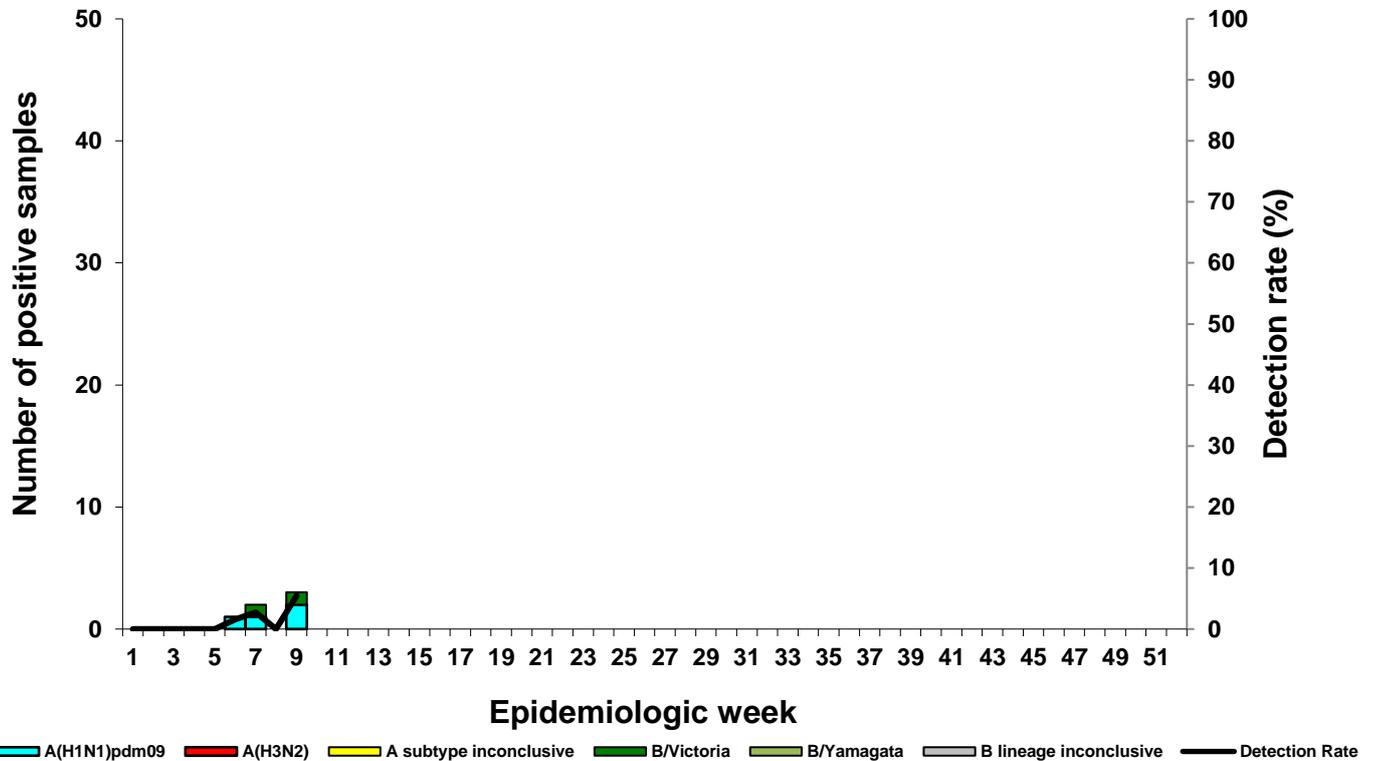
Respiratory Pathogen Surveillance

Reporting period 01/01/2020 to 01/03/2019

Results until end of epidemiologic week 09 (2020)

National syndromic surveillance for pneumonia

Figure 5. Number of positive samples* by influenza subtype and lineage and detection rate by week**



*Specimens from patients hospitalised with pneumonia at 6 sentinel sites in 5 provinces

**Only reported for weeks with >10 specimens submitted

Inconclusive: insufficient viral load in sample and unable to characterise further

Table 5. Cumulative number of identified influenza subtype and lineage and total number of samples tested by hospital

Hospital (Province)	A subtype					B lineage inconclusive	Total samples
	A(H1N1)pdm09	A(H3N2)	inconclusive	B/Victoria	B/Yamagata		
Edendale (KZ)	0	0	0	0	0	0	70
Helen Joseph-Rahima Moosa (GP)	0	0	0	0	0	0	132
Klerksdorp-Tshepong (NW)	0	0	0	0	0	0	74
Mapulaneng-Matikwana (MP)	0	0	0	0	0	0	47
Red Cross (WC)	4	0	0	1	0	0	142
Mitchell's Plain (WC)	0	0	0	1	0	0	46
Total:	4	0	0	2	0	0	511

GP: Gauteng; KZ: KwaZulu-Natal; NW: North West; MP: Mpumalanga; WC: Western Cape

Inconclusive: insufficient viral load in sample and unable to characterise further

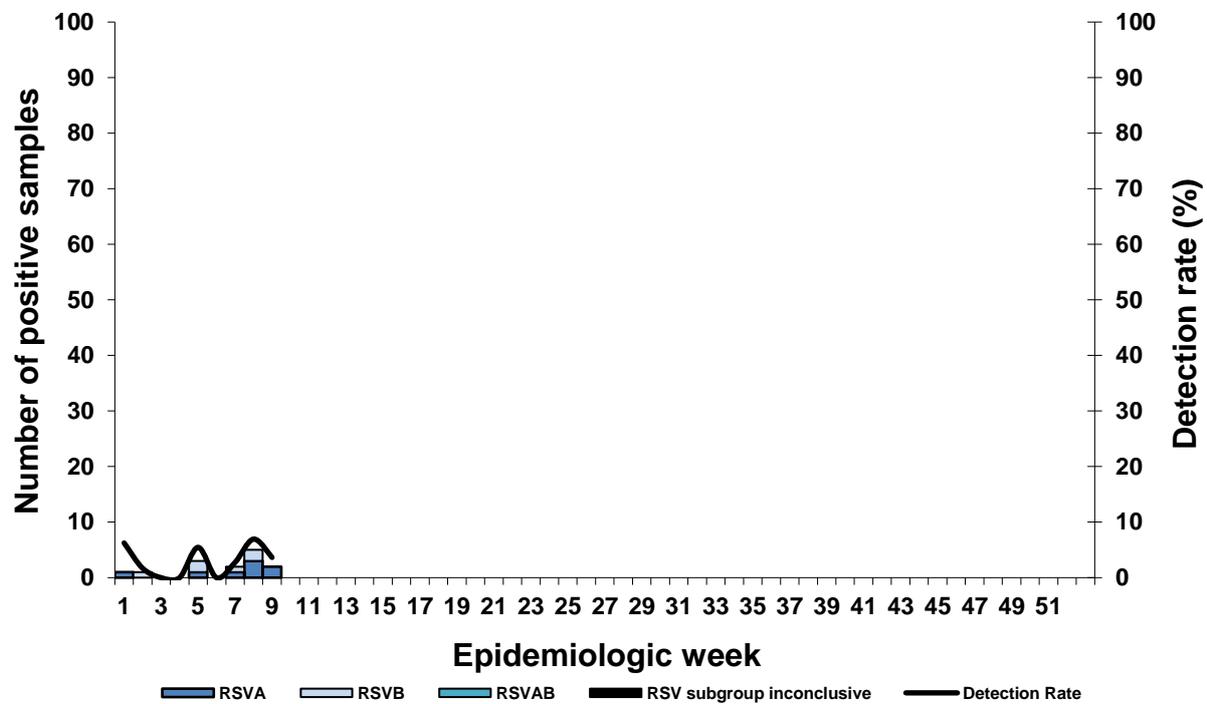
Respiratory Pathogen Surveillance

Reporting period 01/01/2020 to 01/03/2020

Results until end of epidemiologic week 09 (2020)

National syndromic surveillance for pneumonia

Figure 6. Number of samples testing positive for respiratory syncytial virus by subgroup and detection rate by week



Inconclusive: insufficient viral load in sample and unable to characterise further
 RSV AB: Both RSV A and B subgroup identified

Table 6. Cumulative number of respiratory syncytial virus subgroups identified and total number of samples tested by hospital

Hospital (Province)	RSVA	RSVB	RSVAB	RSV subgroup inconclusive	Total samples
Edendale (KZ)	0	0	0	0	70
Helen Joseph-Rahima Moosa (GP)	4	3	0	0	132
Klerksdorp-Tshepong (NW)	0	0	0	0	74
Mapulaneng-Matikwana (MP)	0	0	0	0	47
Red Cross (WC)	0	0	0	0	142
Mitchell's Plain (WC)	4	3	0	0	46
Total:	8	6	0	0	511

GP: Gauteng; KZ: KwaZulu-Natal; NW: North West; MP: Mpumalanga; WC: Western Cape
 Inconclusive: insufficient viral load in sample and unable to characterise further
 RSV AB: Both RSV A and B subgroup identified

Respiratory Pathogen Surveillance

Reporting period 01/01/2020 to 01/03/2020

Results until end of epidemiologic week 09 (2019)

National syndromic surveillance for pneumonia

Figure 7. Number of samples testing positive for *B. pertussis* and detection rate by month

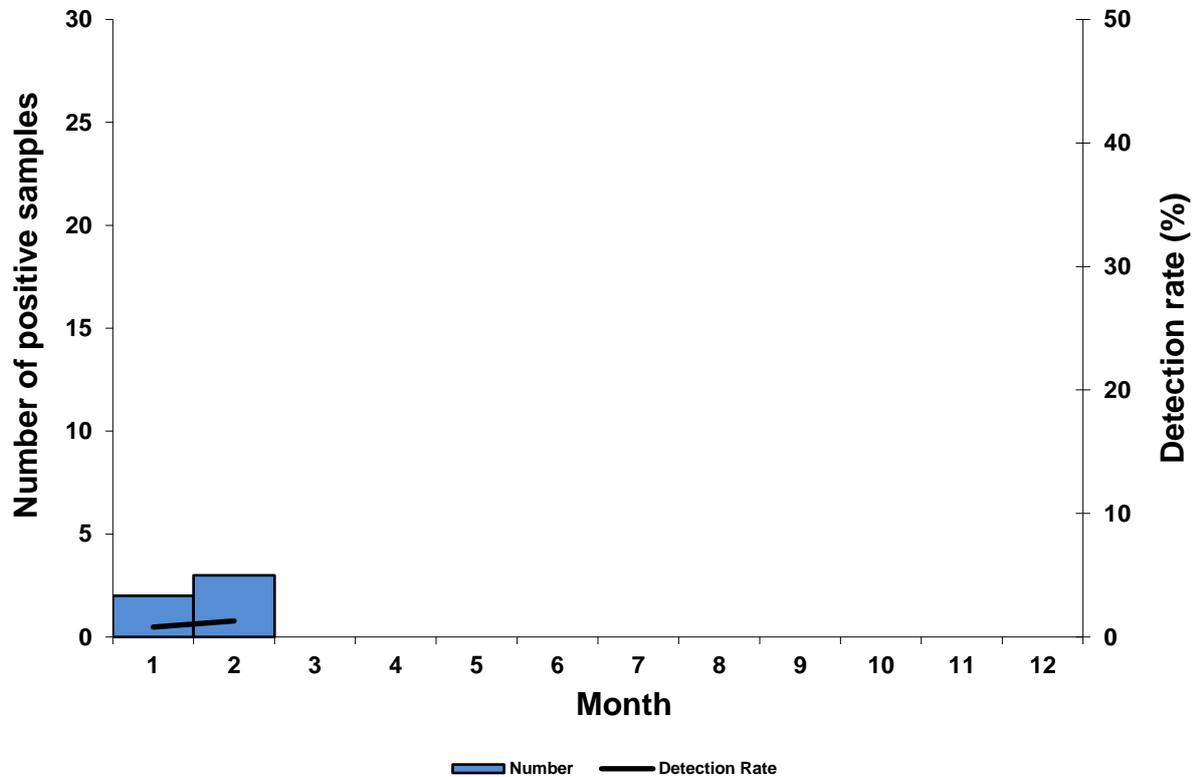


Table 7. Cumulative number of *B. pertussis* identified and total number of samples tested by hospital and province

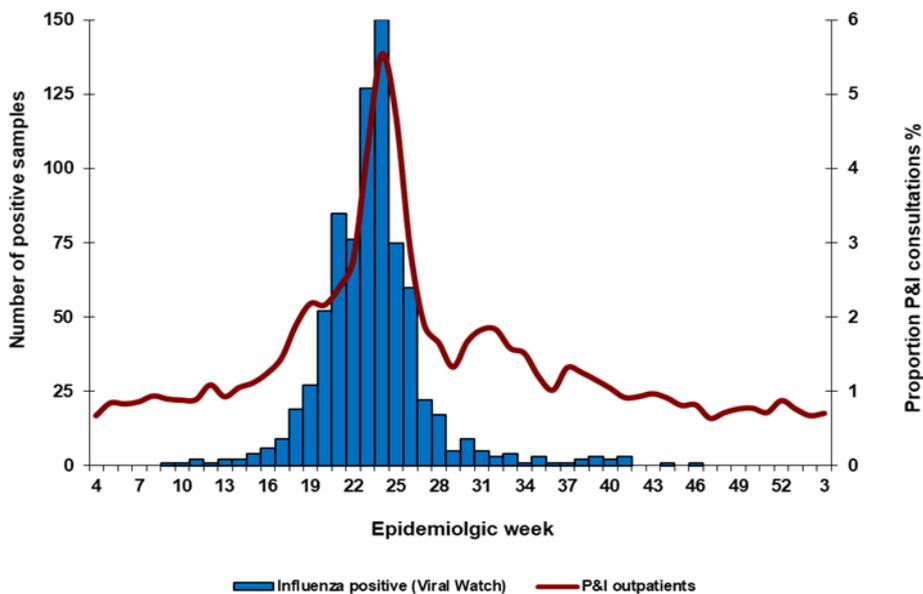
Hospital (Province)	<i>B. pertussis</i> Positive**	Total samples
Edendale (KZ)	1	70
Helen Joseph-Rahima Moosa (GP)	1	125
Klerksdorp-Tshepong (NW)	0	69
Mapulaneng-Matikwana (MP)	0	39
Red Cross (WC)	2	131
Mitchell's Plain (WC)	1	46
Total:	5	480

GP: Gauteng; KZ: KwaZulu-Natal; NW: North West; MP: Mpumalanga; WC: Western Cape

**12 cases met the suspected pertussis case definition but did not meet Pneumonia Surveillance case definition. These are not included in the table and epidemiologic curve.

Private hospital consultations

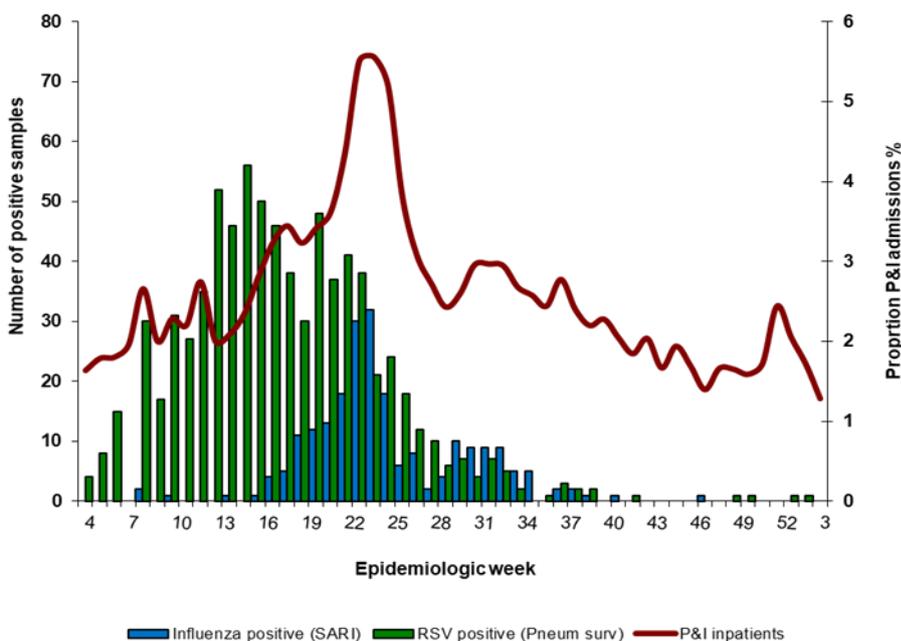
Figure 8. Number of private hospital outpatient consultations* with a diagnosis of pneumonia and influenza (P&I) and viral isolates**



* Hospital outpatient data from weekly reports of consultations to the Netcare hospital group. Discharge diagnosis is according to International Statistical Classification of Diseases and Related Health Problems coding by clinicians and does not represent laboratory confirmation of aetiology

** Influenza positive specimens from the Viral Watch surveillance programme

Figure 9. Number of private hospital admissions* with a discharge diagnosis of pneumonia and influenza (P&I) and viral isolates**



*Hospitalisation admission data from weekly reports of consultations to the Netcare hospital group. Discharge diagnosis is according to International Statistical Classification of diseases and Related Health Problems/ ICD by clinicians and does not represent laboratory confirmation of aetiology ** Influenza positive specimens from the national syndromic surveillance for pneumonia.