WEEKLY RESPIRATORY **PATHOGENS SURVEILLANCE** REPORT

SOUTH AFRICA WEEK 46 2020

COMMUNICABLE DISEASES

, NATIONAL INSTITUTE FOR

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HIGHLIGHTS: WEEK 46

RSV detections • The breached the low threshold in week 39 (week starting 21 September) as determined by Moving Epidemic Method, activity remained low until week 43 when it started to decrease and has been below threshold since week 44.

• The 2020 influenza season has not yet started. Only one detection of influenza A(H1N1)pdm09 has been made in week 24 (week starting 8 June 2020), since the localised outbreak of influenza A(H1N1)pdm09 and to a lesser extent influenza B(Victoria) in the Western Cape Province, in the first three months of the year.

• To date, 669 cases have been detected from all surveillance programmes. Of the 469 hospitalised COVID-19 cases with available data on outcome, 61 (13%) died.

CUMULATIVE DATA FROM





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PROGRAMME DESCRIPTIONS

Programme	Influenza-like illness (ILI)	Viral Watch	National syndromic surveillance for pneumonia
Start year	2012	1984	2009
Provinces*	KZ NW WC** MP***	EC FS GP LP MP NC NW WC	GP KZ MP NW WC
Type of site	Primary health care clinics	General practitioners	Public hospitals
Case definition	An acute respiratory illness with a temperature (≥38°C) and cough, & onset ≤10 days	An acute respiratory illness with a temperature (≥38°C) and cough, & onset ≤10 days	Acute (symptom onset≤10 days) or chronic (symptom onset >10) lower respiratory tract infection
Specimens collected	Oropharyngeal & nasopharyngeal swabs	Throat and/or nasal swabs or Nasopharyngeal swabs	Oropharyngeal & nasopharyngeal swabs
Main pathogens tested***	INF**** RSV**** BP**** SARS-CoV-2*****	INF RSV BP SARS-CoV-2	INF RSV BP SARS-CoV-2

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

***Started in November 2020

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

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

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COMMENTS

Influenza

The 2020 influenza season has not yet started although sustained detections of influenza A(H1N1)pdm09 and to a lesser extent influenza B(Victoria) were made from Western Cape Province, in all surveillance programmes from week 2 to week 15. In week 24 (week ending 14th June), one influenza case was detected in Gauteng province.

ILI programme: In 2020 to date, specimens from 1294 patients were received from 4 ILI sites. Influenza was detected in 52 specimens (all from Western Cape province), 36 (69%) were identified as influenza A(H1N1) pdm09, one (2%) influenza A subtype inconclusive, 12 (23%) as influenza B (Victoria) and three (6%) B lineage inconclusive (Figure1 and Table 1).

Viral Watch programme: During the same period, specimens were received from 379 patients from Viral Watch sites in 8 provinces. . Influenza was detected in 78 patients and five are imported cases detected in the first weeks of the year. Of the 73 local cases, all were influenza A(H1N1)pdm09. (Figure 6 and Table 4).

Pneumonia surveillance: Since the beginning of 2020, specimens from 3770 patients with severe respiratory illness (SRI) were received from the 6 sentinel sites. Influenza was detected in 26 patients (all from Western Cape Province), of which 21 (81%) were influenza A(H1N1) pdm09, one (4%) influenza A subtype inconclusive and four (15%) influenza B(Victoria) (Figure 9 and Table 6).

Respiratory syncytial virus

The RSV detections breached the low threshold in week 39 (week starting 21 September) as determined by Moving Epidemic Method, activity remained low until week 43 when it started to decrease and has been below threshold since week 44 to date.

ILI programme: In 2020 to date, 1294 specimens were tested and RSV was detected in specimens of 62 (5%) patients.

Viral Watch programme: During the same period, 379 specimens were tested and RSV was detected in two (<1%) patients.

Pneumonia surveillance: Since the beginning of 2020, 3770 specimens were tested and RSV was detected in specimens of 454 (12%) patients..

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

Testing for SARS-CoV-2 was initiated in all three surveillance programmes in week 10 (week starting 2 March 2020).

ILI programme: In 2020 to date, specimens from 1071 patients were tested and SARS-CoV-2 was detected in 154 (14%) patients.

Viral Watch programme: In 2020 to date, specimens were tested from 274 patients and SARS-CoV-2 was detected in 37 (14%) patients.

Pneumonia surveillance: In 2020 to date, specimens from 3291 patients with severe respiratory illness (SRI) were tested and SARS-CoV-2 was detected in 478 (15%) patients.

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INFLUENZA-LIKE ILLNESS (ILI) SURVEILLANCE PRIMARY HEALTH CARE CLINICS

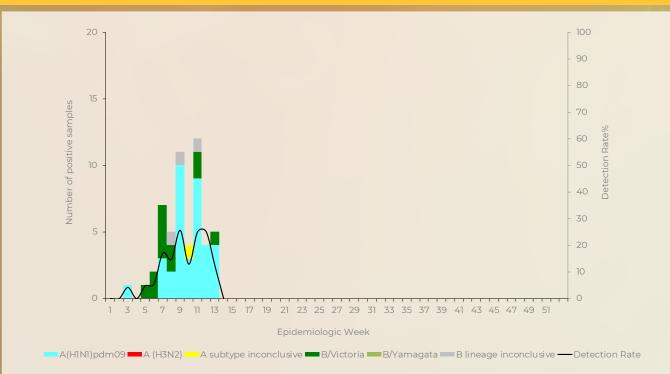


Figure 1. Number of positive samples* by influenza subtype and lineage and detection rate** by week

*Specimens from patients with influenza-like illnesses at 4 sentinel sites in 3 province

**Only reported for weeks with >10 specimens submitte

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)	33	0		12	0	3	518
Edendale Gateway (KZ)	0	О	О	0	Ο	Ο	159
Jouberton (NW)	0	О	Ο	0	О	Ο	317
Mitchell's Plain (WC)	3	0	0	0	О	0	300
Total:	36	0	1	12	0	3	1294

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

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

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INFLUENZA-LIKE ILLNESS (ILI) SURVEILLANCE PRIMARY HEALTH CARE CLINICS

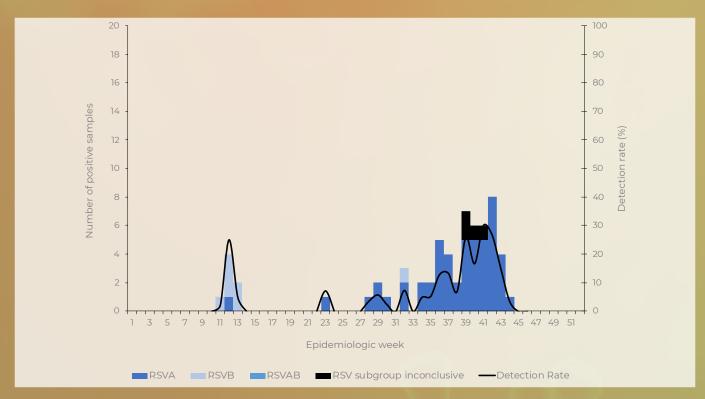


Figure 2. Number of samples testing positive for respiratory syncytial virus by subgroup and detection rate by week

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)	33	2	О	2	518
Edendale Gateway (KZ)		5	0	0	159
Jouberton (NW)		0	0	2	317
Mitchell's Plain (WC)	16	0	0	0	300
Total	51	7	Ο	4	1294

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

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

RSV AB: Both RSV A and B subgroup identified

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INFLUENZA-LIKE ILLNESS (ILI) SURVEILLANCE PRIMARY HEALTH CARE CLINICS

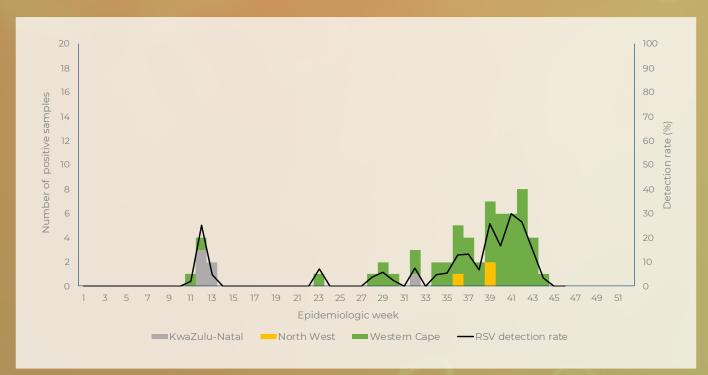


Figure 3. Number of samples testing positive for respiratory syncytial virus by province and detection rate by week

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INFLUENZA-LIKE ILLNESS (ILI) SURVEILLANCE PRIMARY HEALTH CARE CLINICS

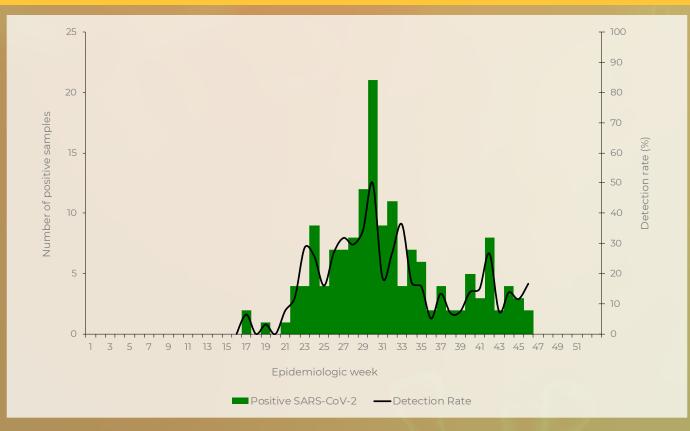


Figure 4. Number of samples testing positive for SARS-CoV-2*, and detection rate by week

*Specimens from patients with influenza-like illnesses at 5 sentinel sites in 4 provinces

Table 3. Cumulative number of SARS-CoV-2 identified and total number of samples tested by clinic and province

Clinic (Province)	SARS-CoV-2 positive	Total samples tested
Agincourt (MP)		5
Eastridge (WC)	26	415
Edendale Gateway (KZ)	24	113
Jouberton (NW)	64	270
Mitchell's Plain (WC)	39	268
Total:	154	1071

KZ: KwaZulu-Natal; NW: North West; WCP: Western Cape; MP: Mpumalanga (started enrolling on the 10th November 2020)

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INFLUENZA-LIKE ILLNESS (ILI) SURVEILLANCE PRIMARY HEALTH CARE CLINICS

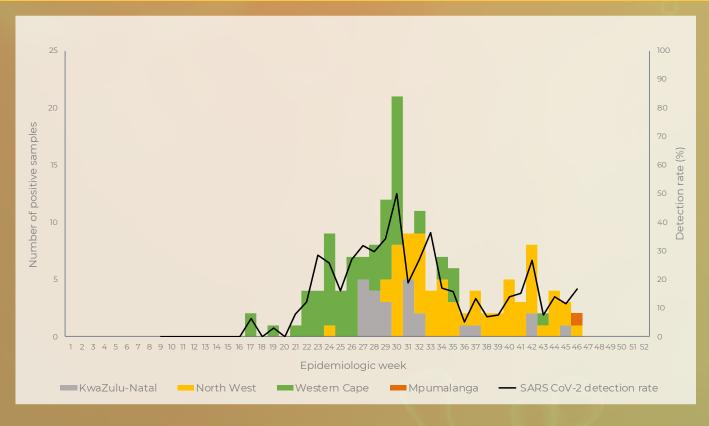


Figure 5. Number of samples testing positive for SARS-CoV-2* by province and detection rate by week

KZ: KwaZulu-Natal; NW: North West; WCP: Western Cape; MP: Mpumalanga (started enrolling on the 10th November 2020)

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INFLUENZA-LIKE ILLNESS (ILI) SURVEILLANCE VIRAL WATCH

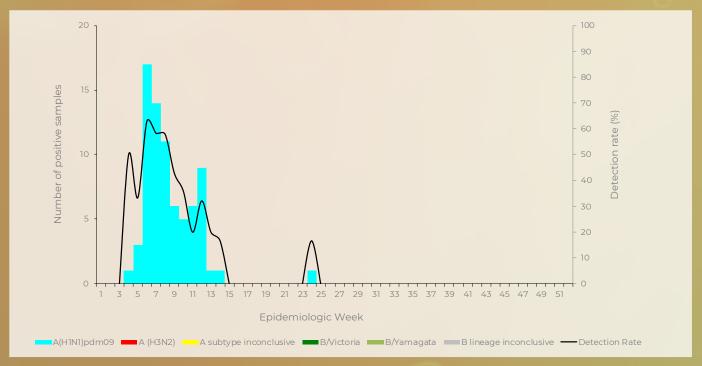


Figure 6. Number of positive samples* by influenza subtype and lineage and detection rate** by week

*Specimens from patients with Influenza-like illnesses at 92 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	5
Free State	О	0	О	0	О	О	14
Gauteng		0	Ο	0	О	Ο	167
Limpopo	О	0	Ο	0	О	Ο	3
Mpumalanga	О	0	О	0	0	0	7
North West	О	0	0	0	О	0	0
Northern Cape	0	0	Ο	0	О	0	
Western Cape	72	0	О	0	0	0	179
Total:	73	0	0	0	0	0	379

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.

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INFLUENZA-LIKE ILLNESS (ILI) SURVEILLANCE VIRAL WATCH

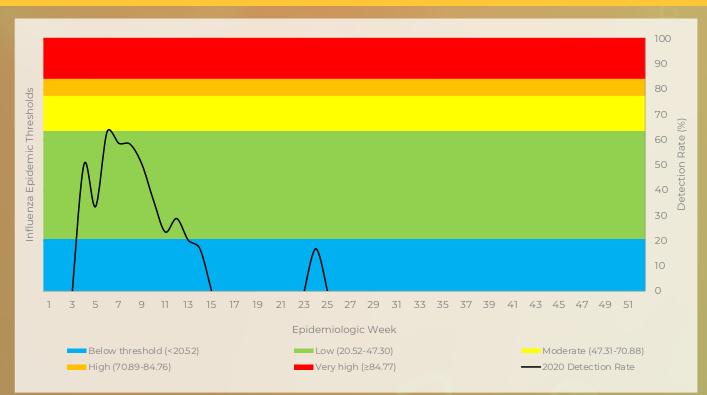


Figure 7. ILI surveillance (Viral Watch) percentage influenza detections and epidemic thresholds*

*Thresholds based on 2010-2019 data

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INFLUENZA-LIKE ILLNESS (ILI) SURVEILLANCE VIRAL WATCH

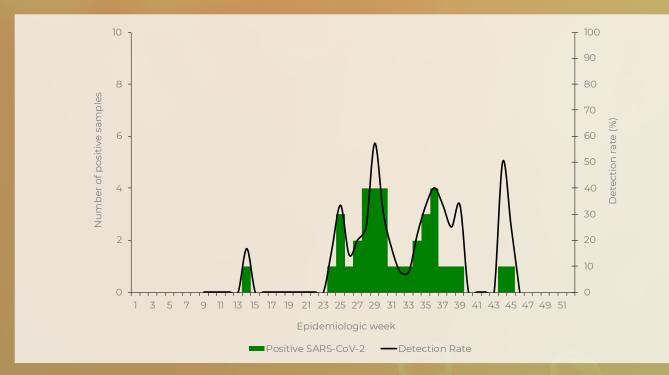


Figure 8. Number of samples testing positive for SARS-CoV-2*, and detection rate by week

*Specimens from patients with Influenza-like illnesses at 92 sentinel sites in 8 provinces

Table 5. Cumulative number of SARS-CoV-2 identified and total number of samples tested by province

Province	SARS-CoV-2 positive	Total samples tested
Eastern Cape	the second se	4
Free State		14
Gauteng	25	157
Limpopo	0	2
Mpumalanga		5
North West	0	0
Northern Cape	0	2
Western Cape	9	90
Total:	37	274

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NATIONAL SYNDROMIC SURVEILLANCE FOR PNEUMONIA

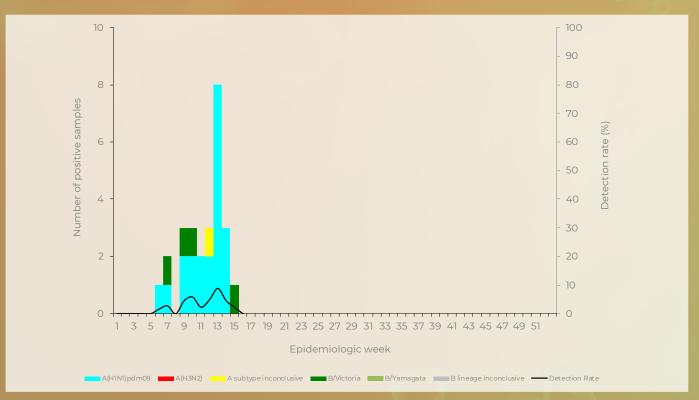


Figure 9. Number of positive samples* by influenza subtype and lineage and detection rate** by week

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

**Only reported for weeks with >10 specimens submittee

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

Table 6. Cumulative number of identified influenza subtype and lineage and total number of samples tested by hospital

			and the second secon				
Hospital (Province)	A(H1N1) pdm09	A(H3N2)	A subtype inconclusive	B/Victoria	B/ Yamagata	B lineage inconclusive	Total samples
Edendale (KZ)	0	0	0	0	0	Ο	645
Helen Joseph-Rahima Moosa (GP)	0	0	О	0	0	Ο	807
Klerksdorp-Tshepong (NW)	0	0	Ο	0	0	Ο	608
Mapulaneng-Matikwana (MP)	0	0	О	0	0	Ο	295
Red Cross (WC)	19	О	О	2	0	0	978
Mitchell's Plain (WC)	2	О	1	2	О	0	437
Total:	21	0	- / P () ()	4	0	0	3770

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

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

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NATIONAL SYNDROMIC SURVEILLANCE FOR PNEUMONIA



Figure 10. National syndromic surveillance for pneumonia percentage influenza detections and epidemic thresholds*

*Thresholds based on 2010-2019 data

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NATIONAL SYNDROMIC SURVEILLANCE FOR PNEUMONIA

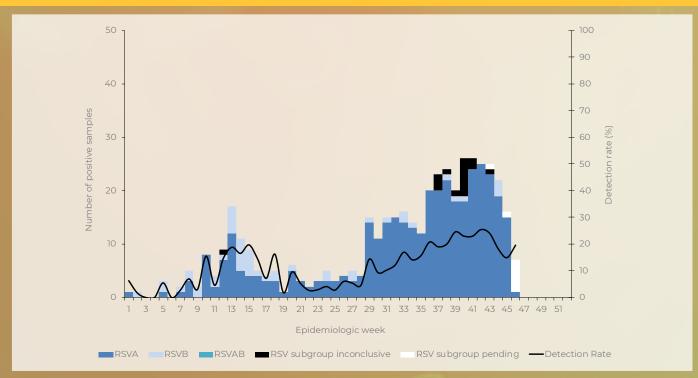


Figure 11. Number of samples testing positive for respiratory syncytial virus by subgroup and detection rate by week

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

Table 7: Cumulative number of respiratory syncytial virus subgroups identified and total number of samples tested by hospital

Hospital (Province)	RSVA	RSVB	RSVAB	RSV subgroup inconclusive	RSV subgroup pending*	Total samples
Edendale (KZ)	3	10	0			645
Helen Joseph-Rahima Moosa (GP)	42	10	0	0	4	807
Klerksdorp-Tshepong (NW)	2	2	0		0	608
Mapulaneng-Matikwana (MP)	О	0	0	0	Ο	295
Red Cross (WC)	255	25	0	9	3	978
Mitchell's Plain (WC)	81	0	0	5	0	437
Total:	383	47	0	16	8	3770

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

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

RSV AB: Both RSV A and B subgroup identifi

*RSV results for subgroups are pending

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NATIONAL SYNDROMIC SURVEILLANCE FOR PNEUMONIA

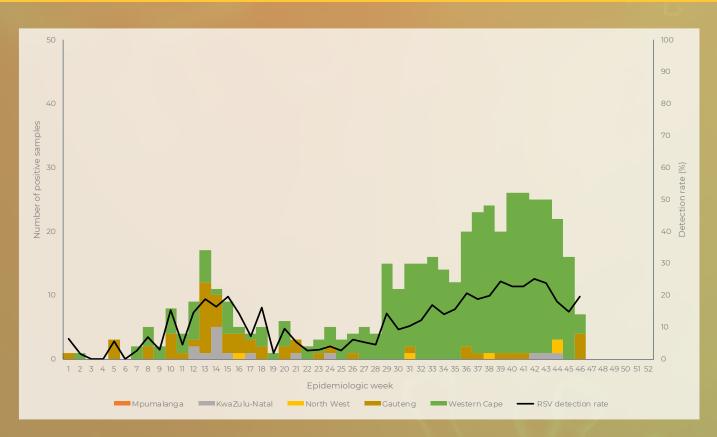


Figure 12. Number of samples testing positive for respiratory syncytial virus by province and detection rate by week GP: Gauteng; KZ: KwaZulu-Natal; NW: North West; MP: Mpumalanga; WC: Western Cape

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NATIONAL SYNDROMIC SURVEILLANCE FOR PNEUMONIA

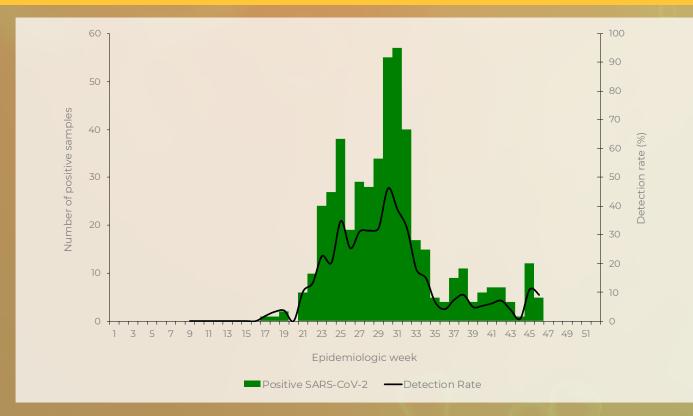


Figure 13. Number of samples testing positive for SARS-CoV-2*, and detection rate by week

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

Table 8. Cumulativenumber of identified SARS-CoV-2 and total number of samples tested by hospital

Hospital (Province)	SARS-CoV-2 positive	Total samples tested
Edendale (KZ)	104	580
Helen Joseph-Rahima Moosa (GP)	132	672
Klerksdorp-Tshepong (NW)	134	534
Mapulaneng-Matikwana (MP)	14	248
Red Cross (WC)	31	841
Mitchell's Plain (WC)	63	416
Total:	478	3291

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

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NATIONAL SYNDROMIC SURVEILLANCE FOR PNEUMONIA

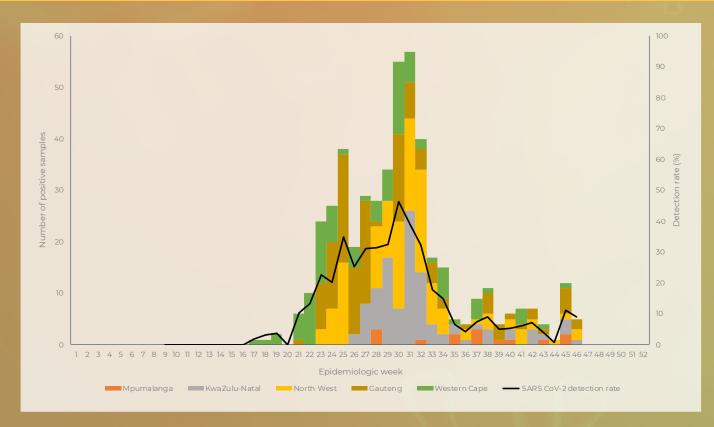


Figure 14. Number of samples testing positive for SARS-CoV-2* by province and detection rate by week

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

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SUMMARY OF LABORATORY CONFIRMED SARS-COV-2 CASES

Table 9. Characteristics of laboratory-confirmed cases of COVID-19, enrolled in influenza-like illness (ILI) and pneumonia surveillance programmes, South Africa, 2 March - 15 November 2020

Characteristic	Influenza-like illness (ILI), public-sector, n=154 (%)	Pneumonia, n=478 (%)
Age group		
0-9	23/154 (15)	41/478 (9)
10-19	12/154 (8)	4/478 (1)
20-39	73/154 (47)	97/478 (20)
40-59	35/154 (23)	178/478 (37)
60-79	11/154 (7)	150/478 (31)
≥80	0/154 (0)	8/478 (2)
Sex-female	84/154 (54)	289/478 (60)
Province*		
Gauteng	N/A	132/478 (28)
KwaZulu-Natal	25/154 (16)	104/478 (22)
Mpumalanga**	1/154 (1)	14/478 (3)
North West	63/154 (41)	134/478 (28)
Western Cape	65/154 (42)	94/478 (19)
Race		
Black	103/151 (68)	382/469 (82)
Coloured	47/151 (31)	63/469 (13)
Asian/Indian	0/151 (0)	20/469 (4)
Other	1/151 (1)	4/469 (1)
Presentation		
Fever	147/151 (97)	279/469 (59)
Cough	150/151 (99)	465/469 (99)
Shortness of breath	40/151 (26)	370/469 (79)
Chest pain	58/151 (38)	223/469 (48)
Diarrhoea	18/151 (12)	30/469 (6)

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Characteristic	Influenza-like illness (ILI), public-sector, n=154 (%)	Pneumonia, n=478 (%)	
Underlying conditions			
Hypertension	10/151 (7)	58/469 (12)	
Cardiac	0/151 (0)	8/469 (2)	
Lung disease	0/151 (0)	1/469 (<1)	
Diabetes	2/151 (1)	102/469 (22)	
Cancer	0/151 (0)	1/469 (<1)	
Tuberculosis	0/151 (0)	14/469 (3)	
HIV-infection	20/151 (13)	98/469 (21)	
Other ***	6/151 (4)	73/469 (16)	
Management			
Oxygen therapy	1/151 (<1)	302/469 (64)	
ICU admission	N/A	18/469 (4)	
Ventilation	N/A	15/469 (3)	
Outcome***			
Died	0/151 (0)	61/469 (13)	

*ILI surveillance not conducted in Gauteng province

**Mpumalanga (started enrolling on the 10th November 2020)

***Chronic lung, liver and kidney disease, organ transplant, pregnancy, malnutrition, obesity, tracheostomy, prematurity, seizure, stroke, anaemia, asplenia, burns, Systemic lupus erythematosus, seizures

****Outcome includes patients who are still hospitalised, have been discharged or referred, and those who died

Note: Children may be over-represented amongst hospitalised patients due to the inclusion of a large paediatric hospital in Cape Town.

Of the 61 patients who died, six were in the 20-39 year age group, 19 in the 40-59 year age group, and 36 were ≥60 years; 40/61 (66%) were female. All except four were known to have underlying medical conditions.

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