

# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF



NATIONAL INSTITUTE FOR  
COMMUNICABLE DISEASES

Division of the National Health Laboratory Service

SOUTH AFRICA WEEK 1 2022

## CUMULATIVE DATA FROM



CASES

3 526 054  
IN TOTAL

46 680  
THIS WEEK\*\*

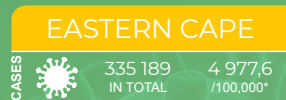
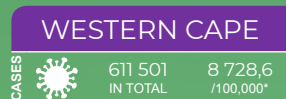
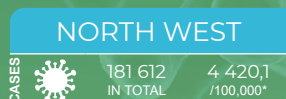


PERSONS

5 914,0  
INCIDENCE RISK\*

39  
MEDIAN AGE

## PROVINCES AT A GLANCE



\* Incidence risk - cases per 100 000 persons  
\*\* based on samples collected/received in current reporting week

## SUMMARY

### Overview of report

Disease surveillance is a core function of the National Institute for Communicable Diseases (NICD), a division of the National Health Laboratory Service (NHLS). This report summarises data from a national laboratory-based surveillance system that is used to monitor the coronavirus disease 2019 (COVID-19) pandemic, caused by the SARS-CoV-2 virus, in South Africa. This report is based on data collected up to 8 January 2022 (week 1 of 2022). Note: Trends in numbers of new cases by province and age group may be affected by changes in testing practice and delays in testing of specimens and numbers are updated weekly as new data become available. The methods and data sources can be found at the end of the report.

### Highlights

- As of 8 January 2022, a total of 3 526 054 laboratory-confirmed COVID-19 cases had been detected in South Africa. Of these, 53 631 were cases reported since the last report (week 52 of 2021). There was a 13.9% decrease in the number of new cases detected in week 1 of 2022 (46 680) compared to the number of new cases detected in week 52 of 2021 (54 191).
- In the past week, the Western Cape Province reported the highest number of cases detected (12 316/46 680, 26.4%), followed by the KwaZulu-Natal (10 712/46 680, 22.9%) and Gauteng (9 970/46 680, 21.4%) provinces, with other provinces reporting below 11% each.
- In the past week, a decrease in weekly incidence risk was observed in all provinces, except the Gauteng (1.4 cases per 100 000 persons, 2.2% increase) and Northern Cape (21.9 cases per 100 000 persons, 18.3% increase) provinces which reported an increase. The percentage decrease in weekly incidence risk ranged from 2.0% in North West Province (0.9 cases per 100 000 persons decrease) to 26.4% in KwaZulu-Natal Province (33.4 cases per 100 000 persons decrease). Some of the reduction could be due to decreased SARS-CoV-2 testing during the holiday period and delayed reporting.
- The increase in the Northern Cape was mainly driven by Namaqua District, which showed an increase in incidence week on week since week 49 of 2021 to date.
- In the past week, the Western Cape Province reported the highest weekly incidence risk (175.8 cases per 100 000 persons), followed by the Northern Cape Province (141.5 cases per 100 000 persons), and KwaZulu-Natal Province (92.9 cases per 100 000 persons). The other provinces reported below 75 cases per 100 000 persons.
- The highest weekly incidence risk among cases detected in week 1 of 2022 was reported in the ≥80-year age group (248.6 cases per 100 000 persons), and the lowest weekly incidence risk was in the 5-9-year age group (20.2 cases per 100 000 persons).

INCIDENCE  
RISK FOR  
CURRENT WEEK

**78,3**  
CASES PER  
100 000  
PERSONS

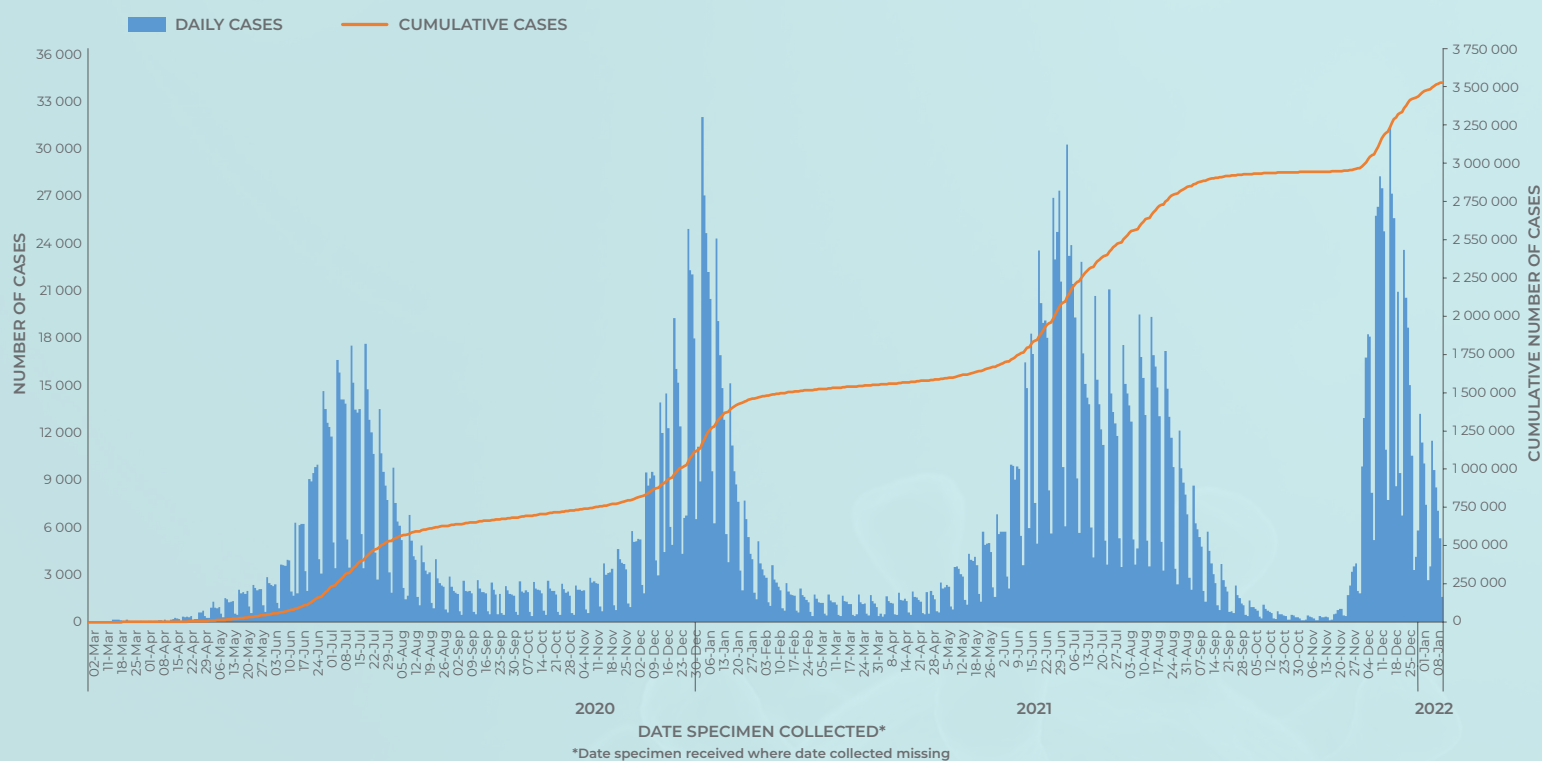
**26,4%**  
OF CASES  
REPORTED IN  
WESTERN CAPE IN  
CURRENT WEEK

IN CURRENT  
WEEK, THE  
HIGHEST  
WEEKLY  
INCIDENCE RISK  
WAS IN CASES  
AGED 80+  
YEARS (248,6  
CASES PER 100  
000 PERSONS)



# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 1 2022



**Figure 1.** Number and cumulative number of laboratory-confirmed cases of COVID-19 by date of specimen collection, South Africa, 3 March 2020 – 8 January 2022 (n= 3 526 054)

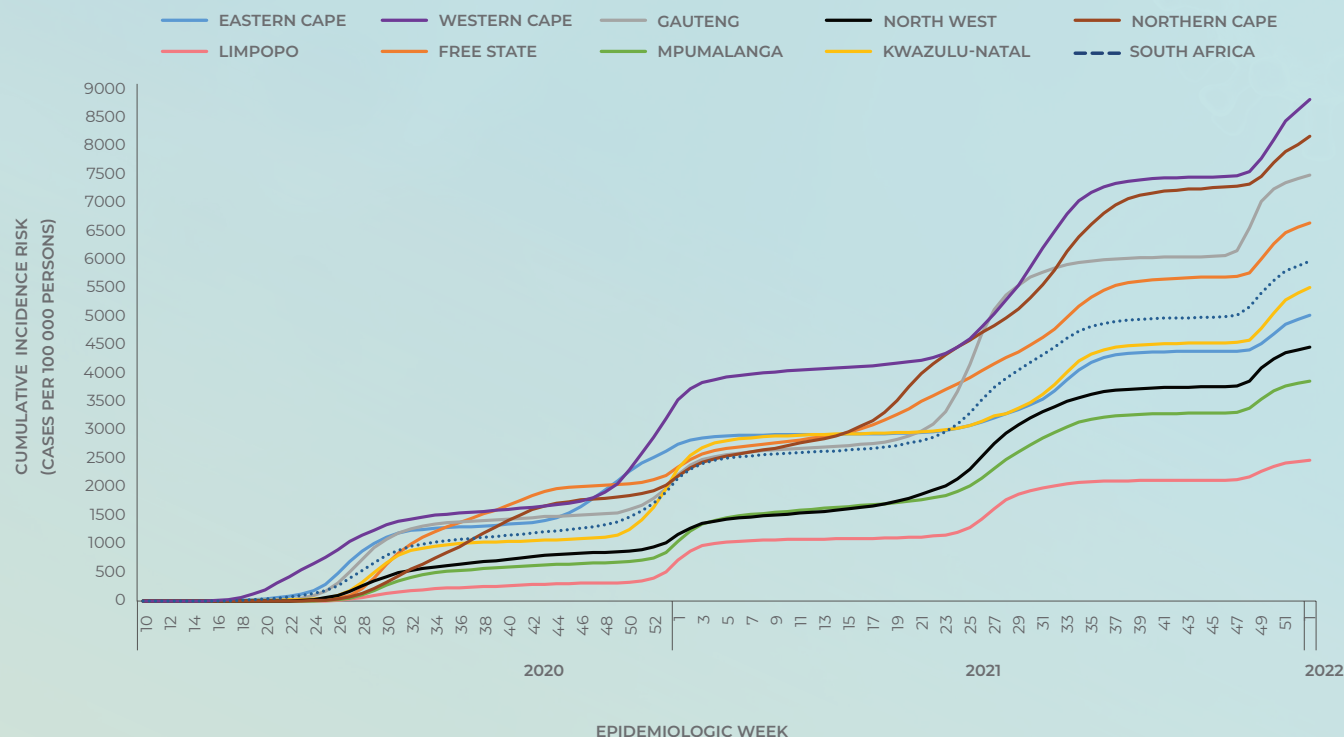
**Table 1.** Number and cumulative/weekly incidence risk of laboratory-confirmed cases of COVID-19 and testing per 100 000 persons by province, South Africa, 3 March 2020 – 8 January 2022 (n = 3 526 054)

Province	Cumulative cases (n) (percentage, n/total cases in South Africa)	New cases <sup>1</sup> detected in week 1 of 2022 (2-8 Jan), n (percentage <sup>2</sup> , n/total)	Population in mid-2020 <sup>3</sup> , n	Cumulative incidence risk (cases per 100 000 persons)	Incidence risk of new cases detected in week 1 of 2022 (cases/100 000 persons)	Tests <sup>4</sup> per 100 000 persons, 2-8 Jan 2022
Eastern Cape	335 189 (9.5)	4 749 (10.2)	6 734 001	4 977.6	70.5	278.8
Free State	192 754 (5.5)	2 149 (4.6)	2 928 903	6 581.1	73.4	426.5
Gauteng	1 148 061 (32.6)	9 970 (21.4)	15 488 137	7 412.5	64.4	506.4
KwaZulu-Natal	629 101 (17.8)	10 712 (22.9)	11 531 628	5 455.4	92.9	392.6
Limpopo	143 847 (4.1)	1 304 (2.8)	5 852 553	2 457.9	22.3	109.2
Mpumalanga	179 484 (5.1)	1 787 (3.8)	4 679 786	3 835.3	38.2	226.0
North West	181 612 (5.2)	1 864 (4.0)	4 108 816	4 420.1	45.4	250.8
Northern Cape	104 505 (3.0)	1 829 (3.9)	1 292 786	8 083.7	141.5	515.0
Western Cape	611 501 (17.3)	12 316 (26.4)	7 005 741	8 728.6	175.8	617.1
Unknown						
<b>Total</b>	<b>3 526 054</b>	<b>46 680</b>	<b>59 622 351</b>	<b>5 914.0</b>	<b>78.3</b>	<b>389.3</b>

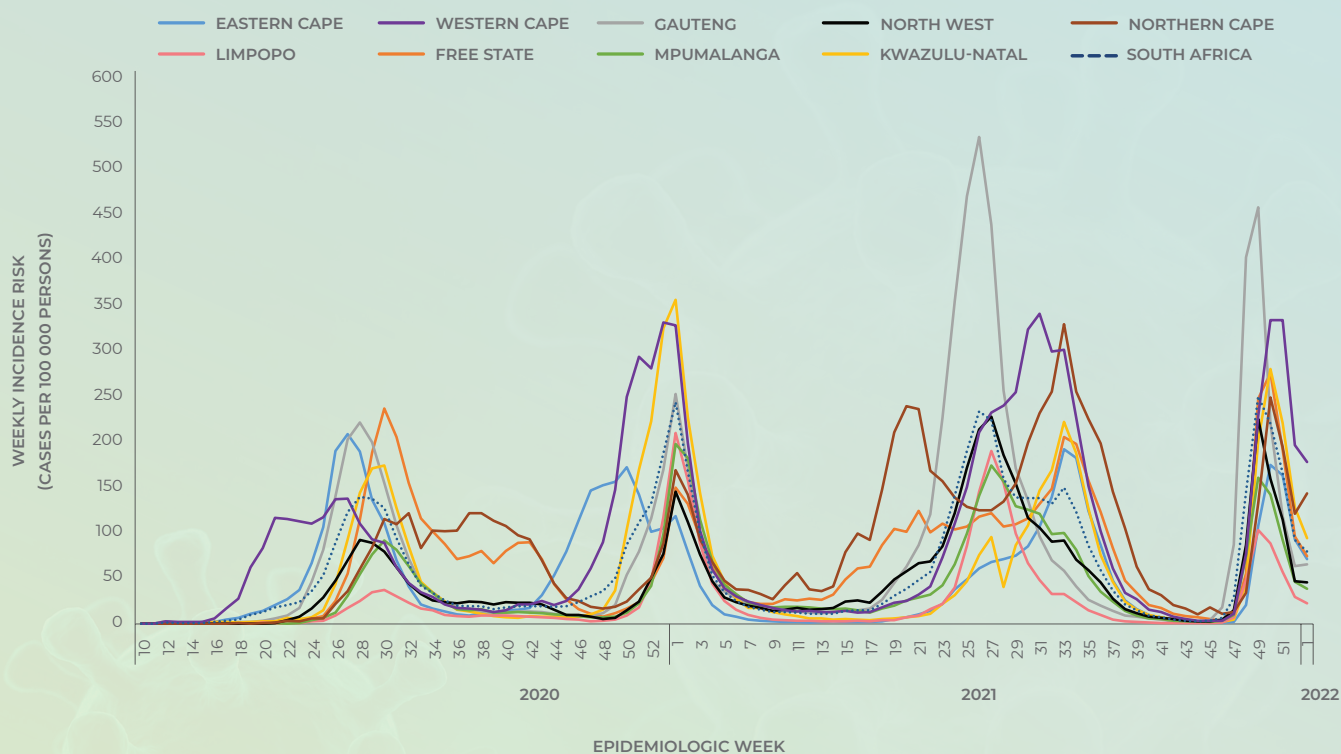
<sup>1</sup>New cases refer to cases whose samples were collected or received in the current reporting week; <sup>2</sup>Percentage=n/total number of new cases (specimen collected or received in current reporting week); <sup>3</sup>2020 Mid-year population Statistics South Africa <sup>4</sup>Data on number of tests conducted sourced from COVID-19 weekly testing report of the same reporting week

# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 1 2022



**Figure 2.** Cumulative incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week South Africa 3 March 2020 – 8 January 2022 (n = 3 526 054)

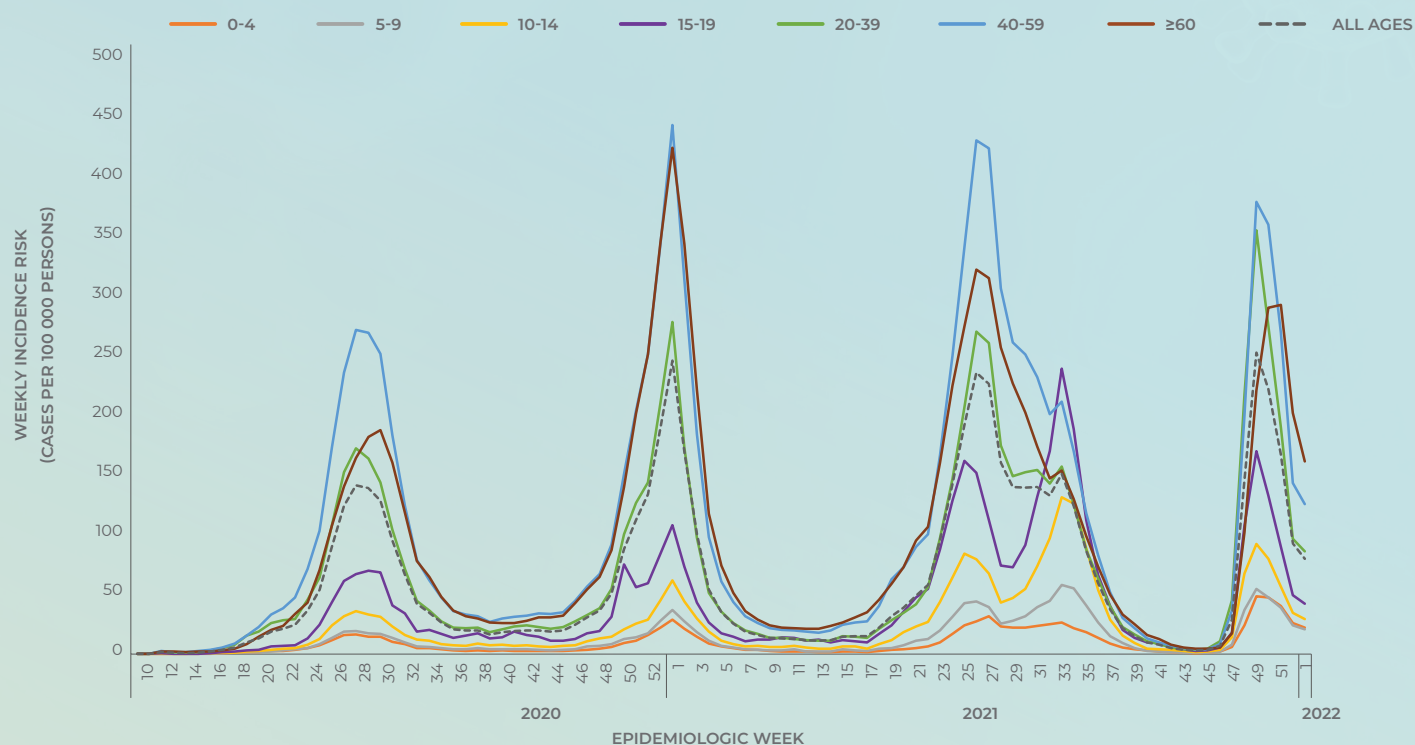


**Figure 3.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week South Africa 3 March 2020 – 8 January 2022 (n = 3 526 054)

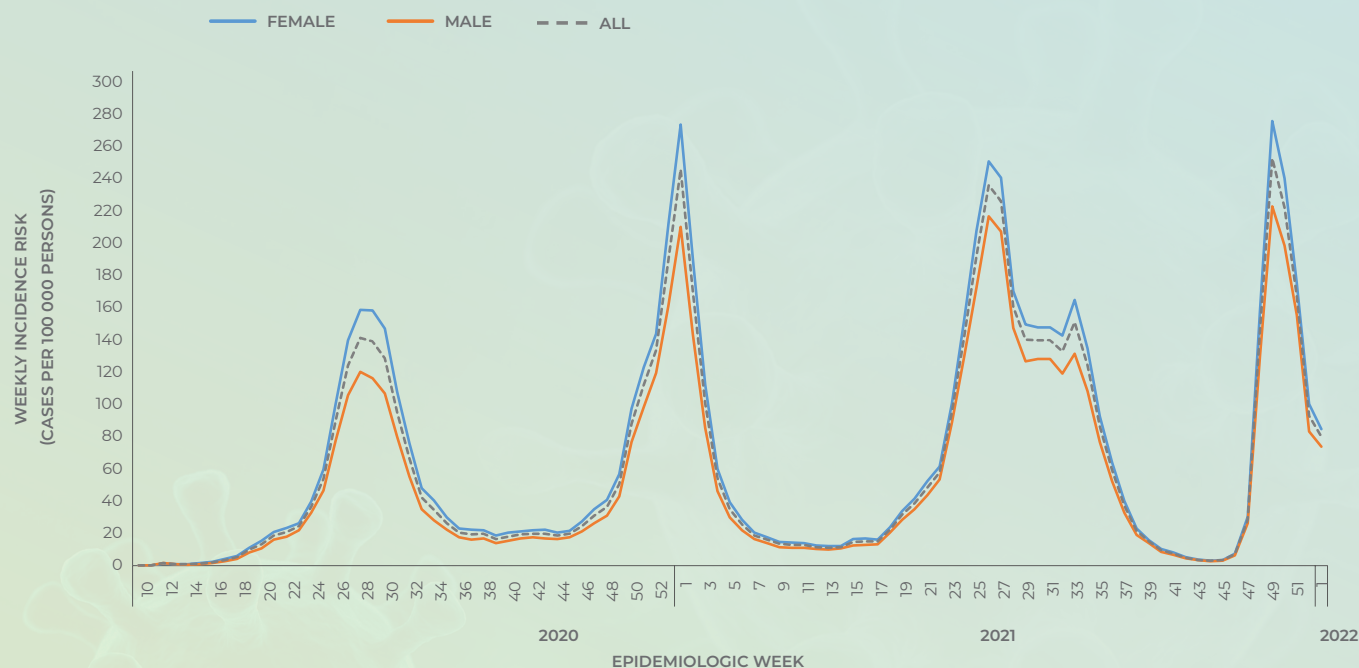
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 1 2022

## Characteristics of COVID-19 cases in South Africa by age and sex



**Figure 4.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week South Africa 3 March 2020 – 8 January 2022 (n = 3 492 796, 33 258 missing age)



**Figure 5.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by sex and epidemiologic week South Africa 3 March 2020 – 8 January 2022 (n = 3 487 948, sex missing for 38 106)



# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 1 2022

**Table 2.** Number of laboratory-confirmed cases of COVID-19 and cumulative/weekly incidence risk by age group South Africa 3 March 2020 – 8 January 2022 n = 3 492 796, 33 258 missing age)

Age group (years)	Cumulative cases (n) (percentage, n/total cases in South Africa)	New cases <sup>1</sup> detected in week 1 of 2022 (2-8 Jan), n (percentage <sup>2</sup> , n/total)	Population in mid-2020 <sup>3</sup> , n	Cumulative incidence risk (cases per 100 000 persons)	Incidence risk of new cases detected in week 1 of 2022 (cases/100 000 persons)
0-4	50 938 (1.5)	1 230 (2.7)	5 743 450	886.9	21.4
5-9	70 288 (2.0)	1 153 (2.5)	5 715 952	1 229.7	20.2
10-14	127 101 (3.6)	1 603 (3.5)	5 591 553	2 273.1	28.7
15-19	191 625 (5.5)	1 975 (4.3)	4 774 579	4 013.4	41.4
20-24	233 816 (6.7)	3 169 (6.8)	4 823 367	4 847.6	65.7
25-29	343 941 (9.8)	4 354 (9.4)	5 420 754	6 344.9	80.3
30-34	396 063 (11.3)	4 985 (10.8)	5 641 750	7 020.2	88.4
35-39	401 042 (11.5)	4 908 (10.6)	4 798 293	8 358.0	102.3
40-44	339 671 (9.7)	4 097 (8.8)	3 733 942	9 096.8	109.7
45-49	323 832 (9.3)	3 797 (8.2)	3 169 648	10 216.7	119.8
50-54	290 982 (8.3)	3 497 (7.6)	2 571 263	11 316.7	136.0
55-59	241 649 (6.9)	2 983 (6.4)	2 211 309	10 927.9	134.9
60-64	167 690 (4.8)	2 460 (5.3)	1 796 316	9 335.2	136.9
65-69	114 786 (3.3)	1 917 (4.1)	1 408 665	8 148.6	136.1
70-74	83 342 (2.4)	1 612 (3.5)	1 007 174	8 274.8	160.1
75-79	53 635 (1.5)	1 135 (2.5)	637 062	8 419.1	178.2
≥80	62 395 (1.8)	1 435 (3.1)	577 273	10 808.6	248.6
Unknown	33 258 (0.0)	370 (0.0)			
<b>Total</b>	<b>3 526 054 (100.0)</b>	<b>46 680 (100.0)</b>	<b>59 622 350</b>	<b>5 914.0</b>	<b>78.3</b>

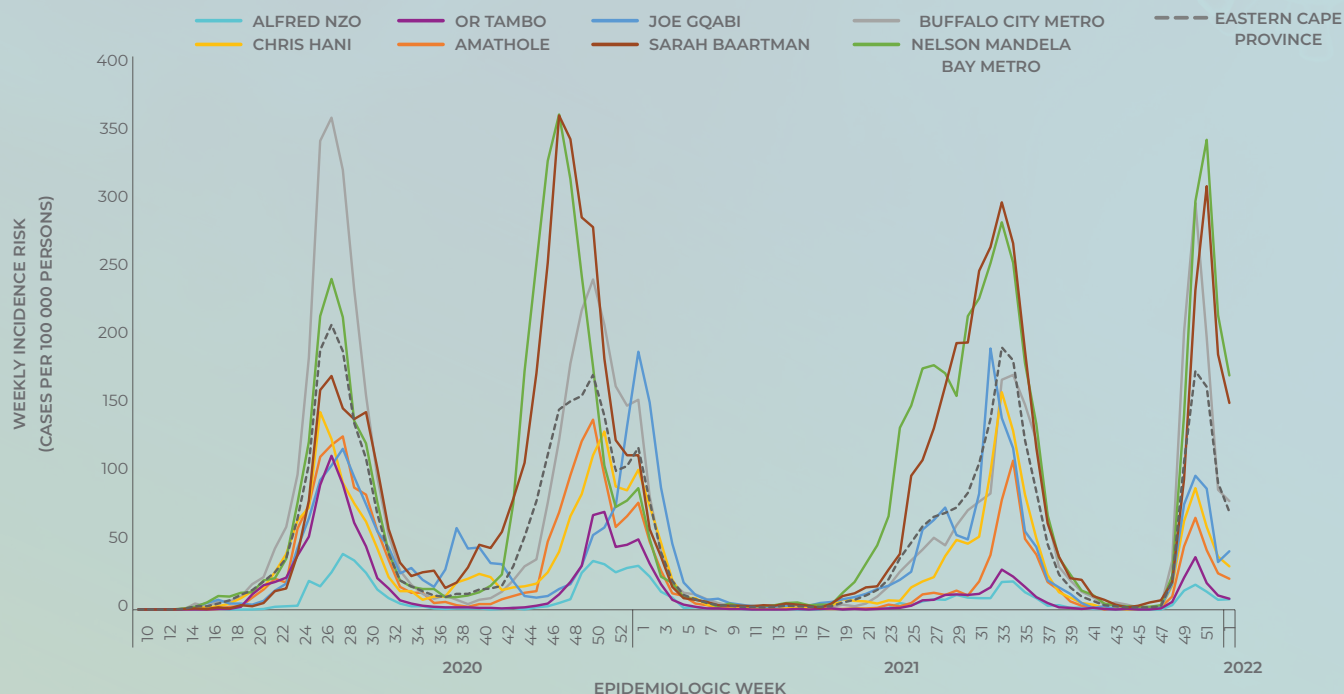
<sup>1</sup>New cases refer to cases whose samples were collected or received in the current reporting week; <sup>2</sup>Percentage=n/total number of new cases (specimen collected or received in current reporting week); <sup>3</sup>2020 Mid-year population Statistics South Africa

# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

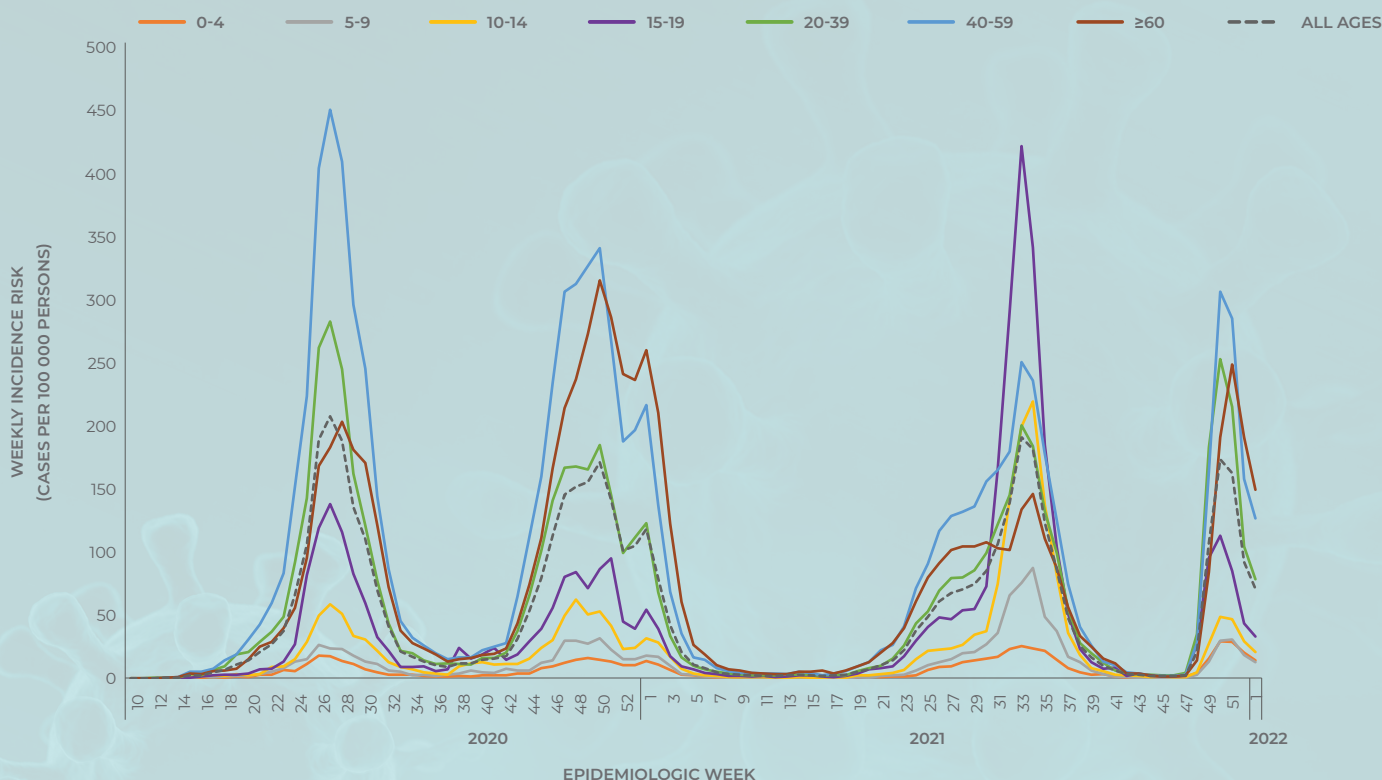
WEEK 1 2022

## Provincial trends of COVID-19 cases

### Eastern Cape Province



**Figure 6.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Eastern Cape Province 3 March 2020 – 8 January 2022 (n = 262 508, 72 681 missing district)

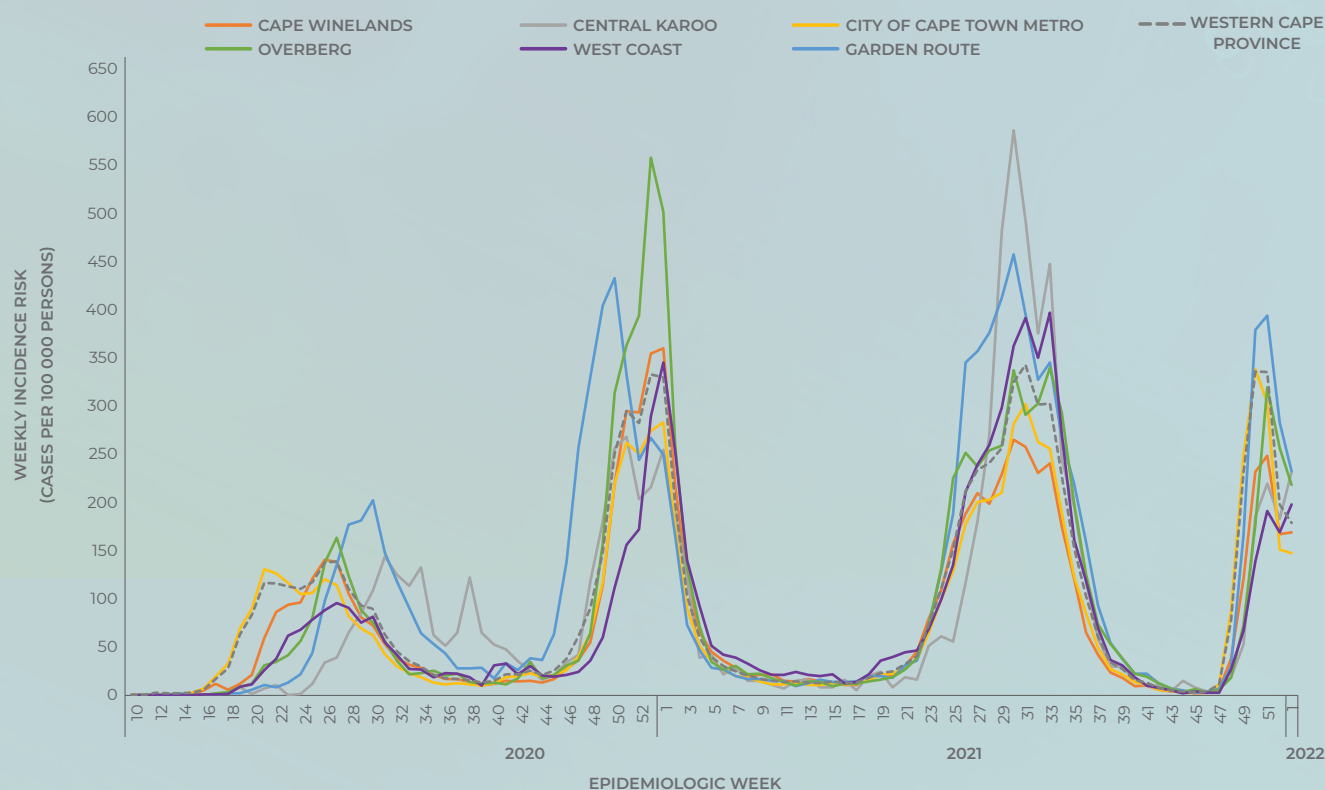


**Figure 7.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Eastern Cape Province 3 March 2020 – 8 January 2022 (n = 331 618, 3 571 missing age)

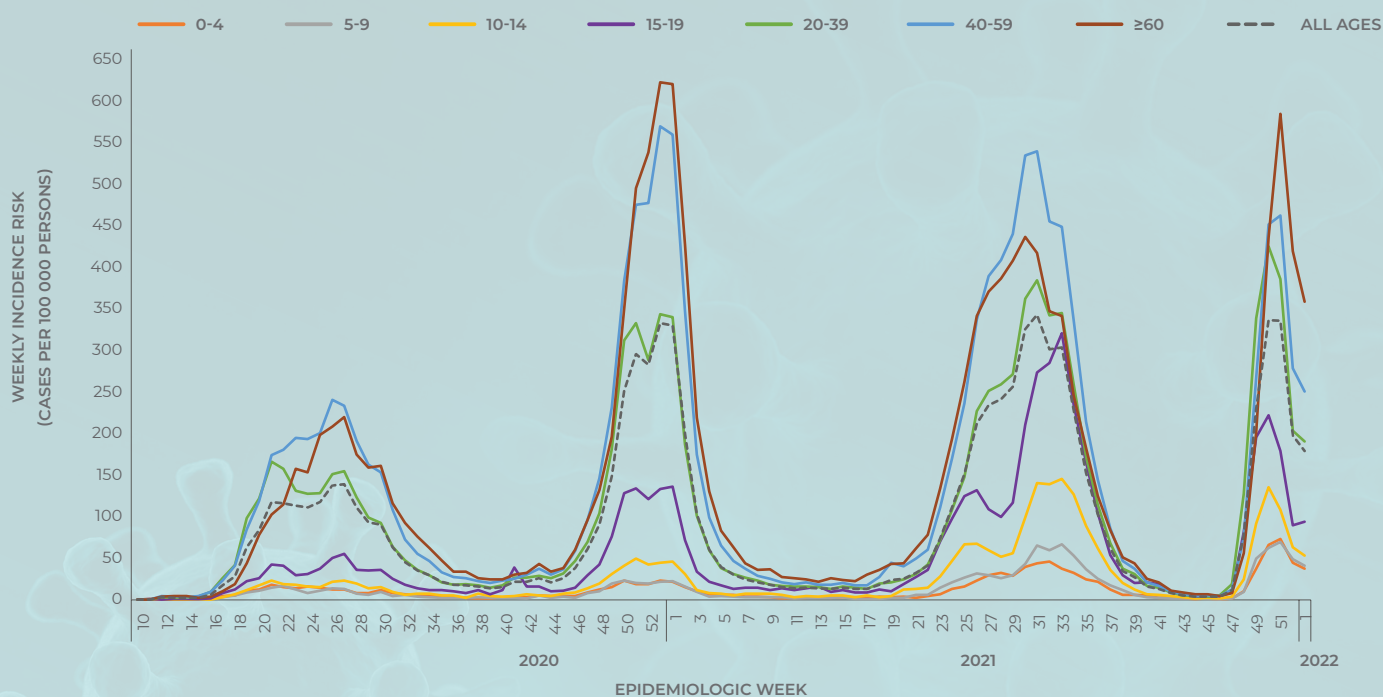
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 1 2022

## Western Cape Province



**Figure 8.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Western Cape Province 3 March 2020 – 8 January 2022 (n = 554 076, 57 425 missing district)



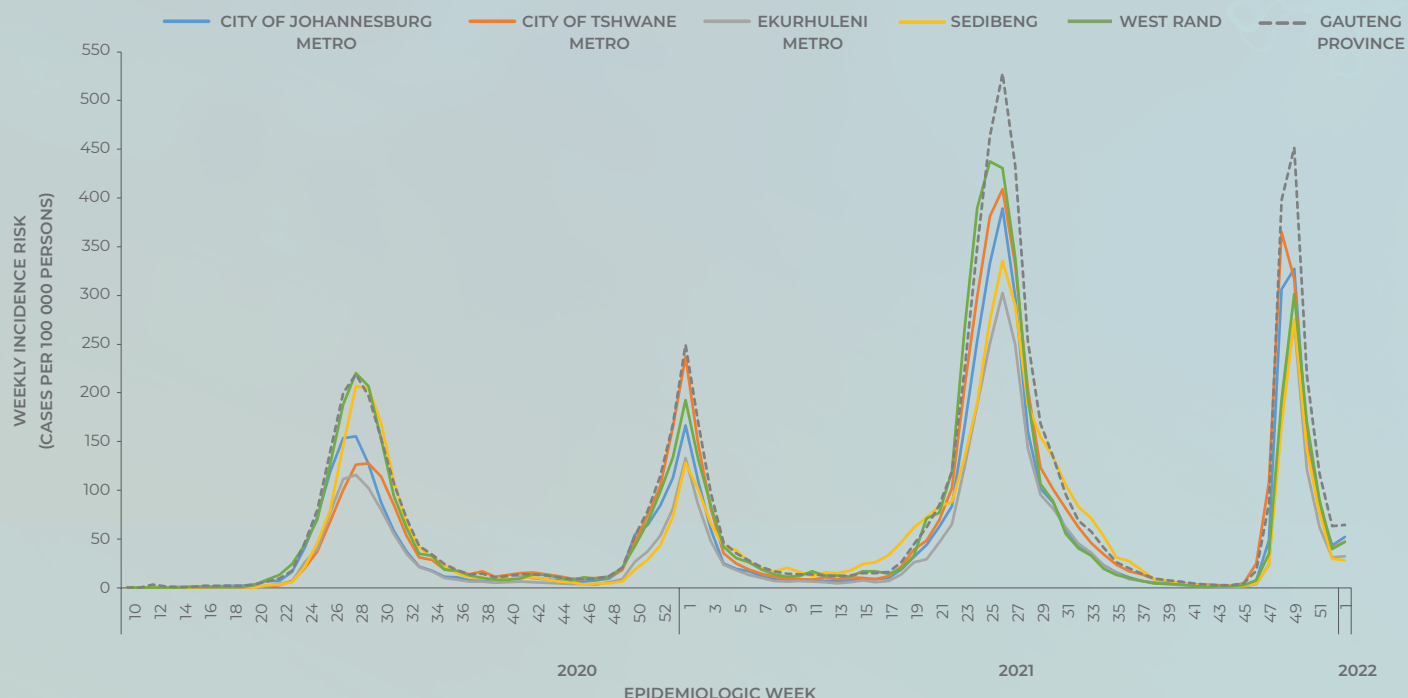
**Figure 9.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Western Cape Province 3 March 2020 – 8 January 2022 (n = 609 803, 1 698 missing age)



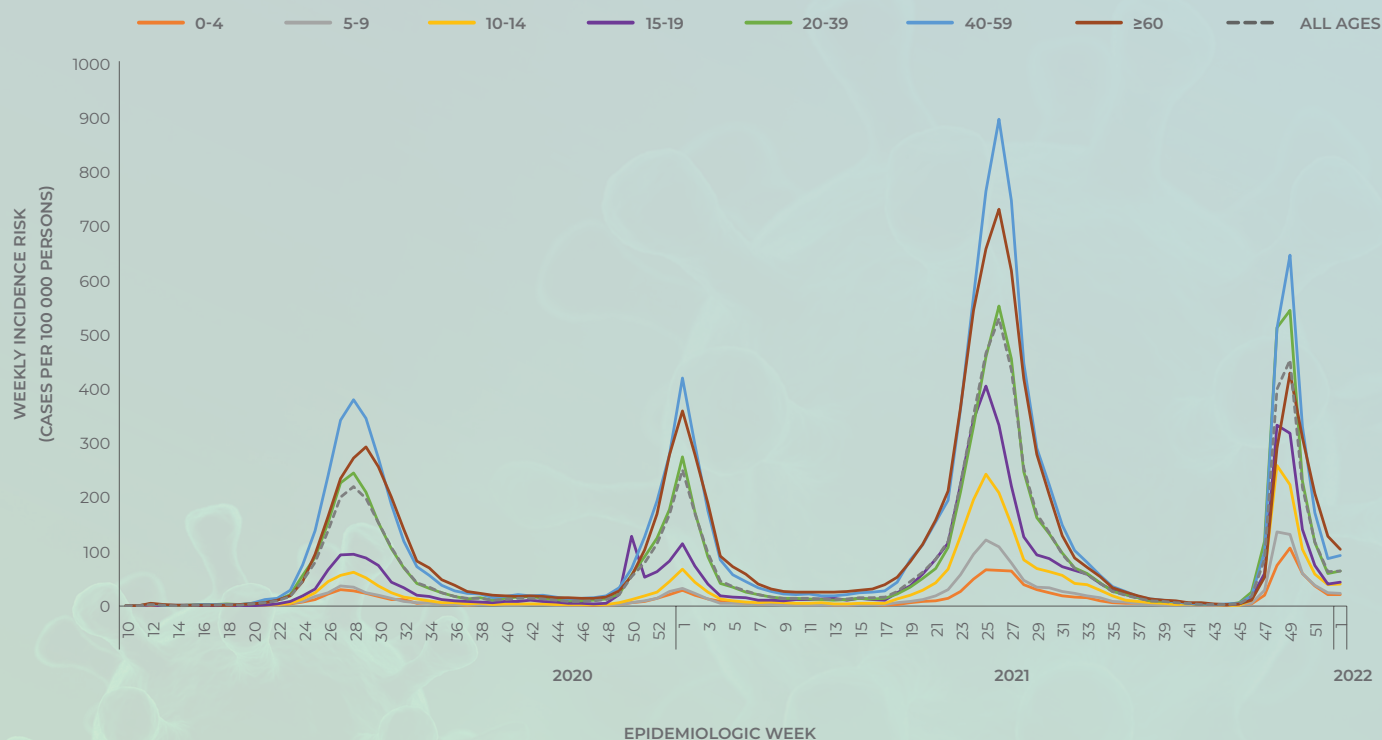
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 1 2022

## Gauteng Province



**Figure 10.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Gauteng Province 3 March 2020 – 8 January 2022 (n = 784 467, 363 594 missing district)

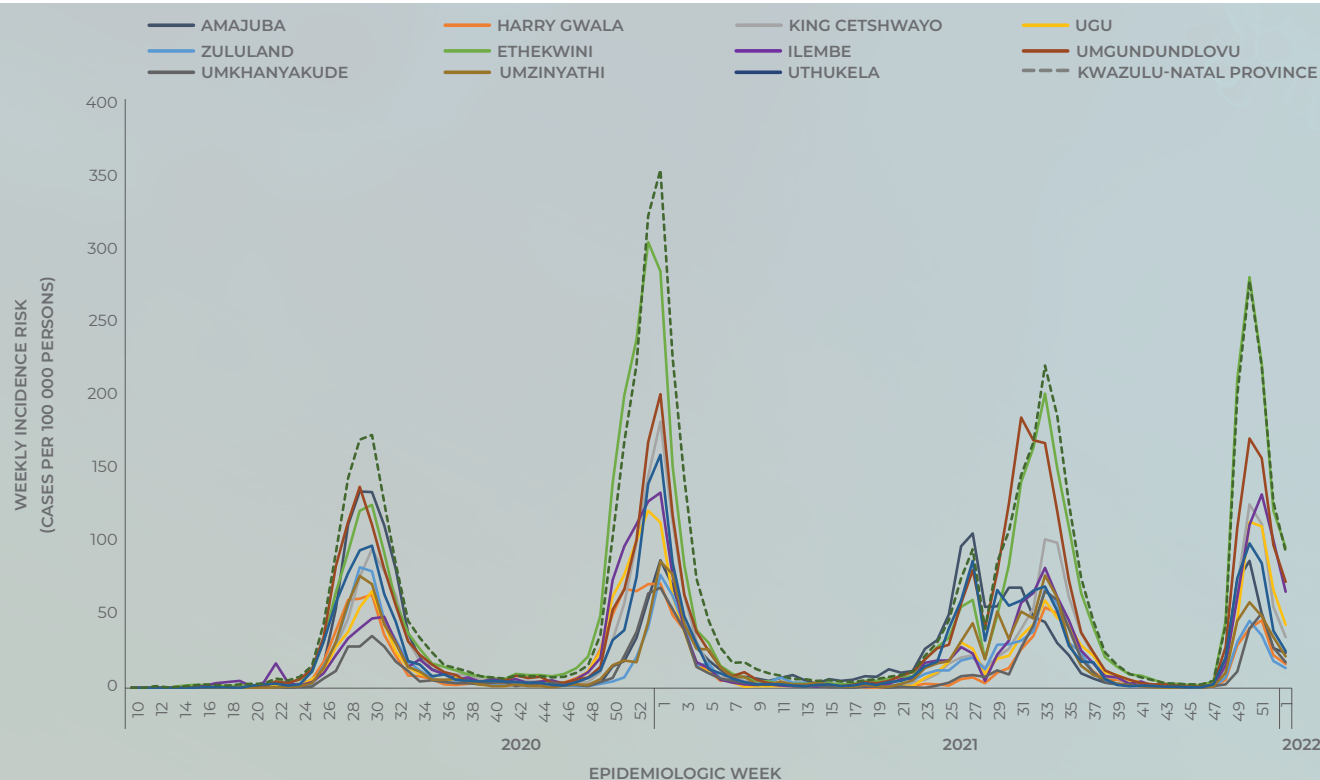


**Figure 11.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Gauteng Province 3 March 2020 – 8 January 2022 (n = 1 136 363, 11 698 missing age)

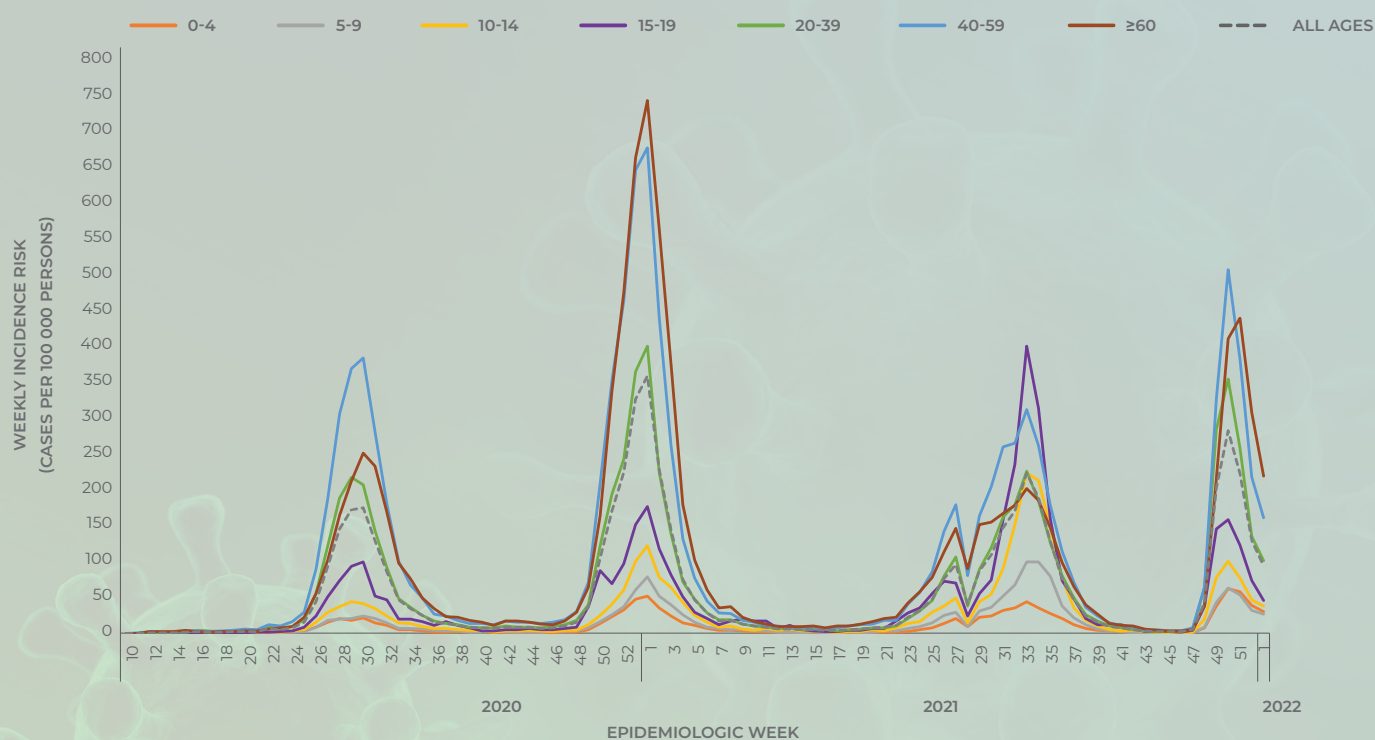
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 1 2022

## KwaZulu-Natal Province



**Figure 12.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week KwaZulu-Natal Province 3 March 2020 – 8 January 2022 (n = 346 564, 282 537 missing district)

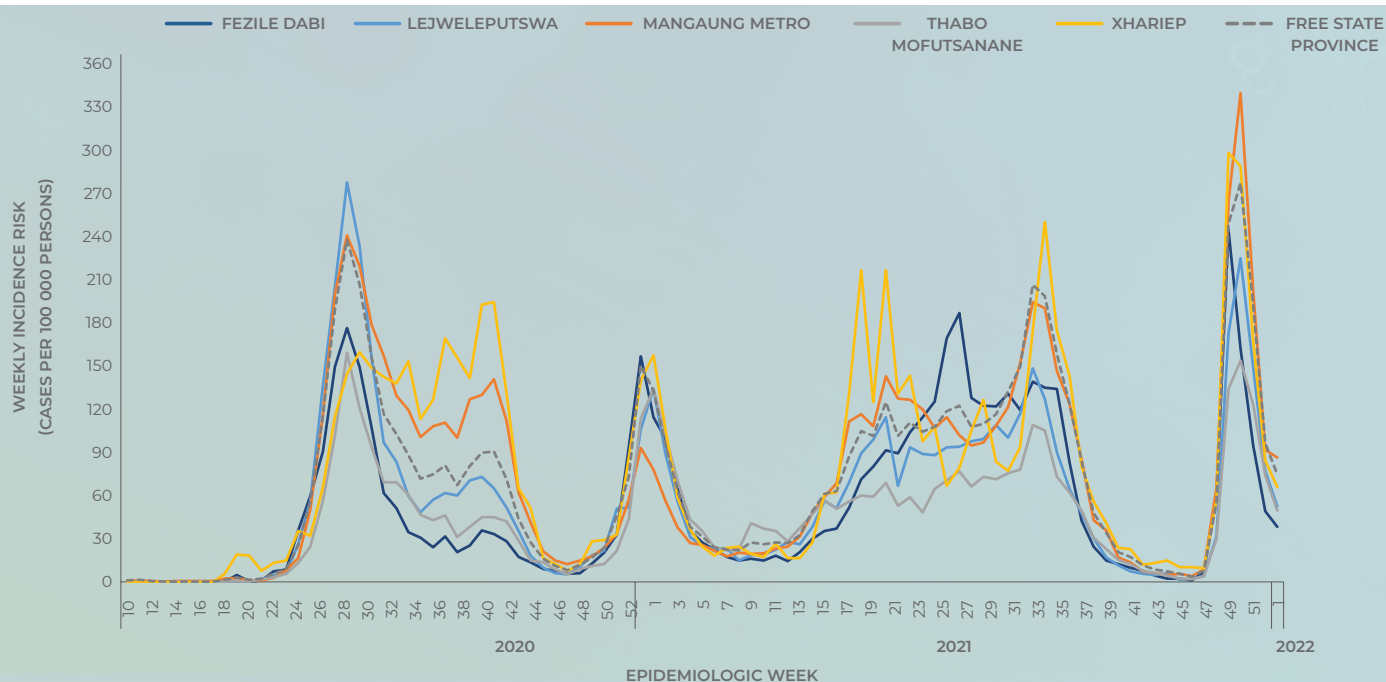


**Figure 13.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week KwaZulu-Natal Province 3 March 2020 – 8 January 2022 (n = 621 094, 8 007 missing age)

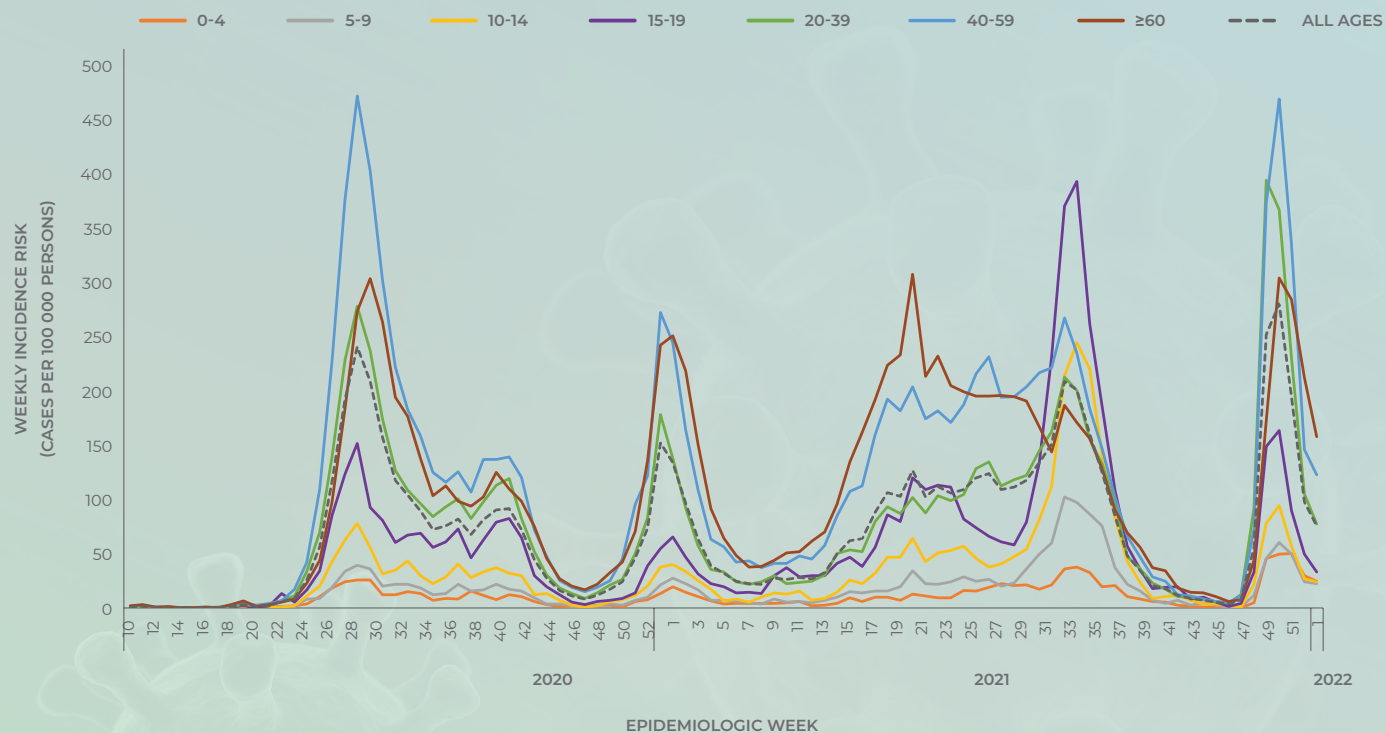
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 1 2022

## Free State Province



**Figure 14.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Free State Province 3 March 2020 – 8 January 2022 (n = 162 458, 30 296 missing district)



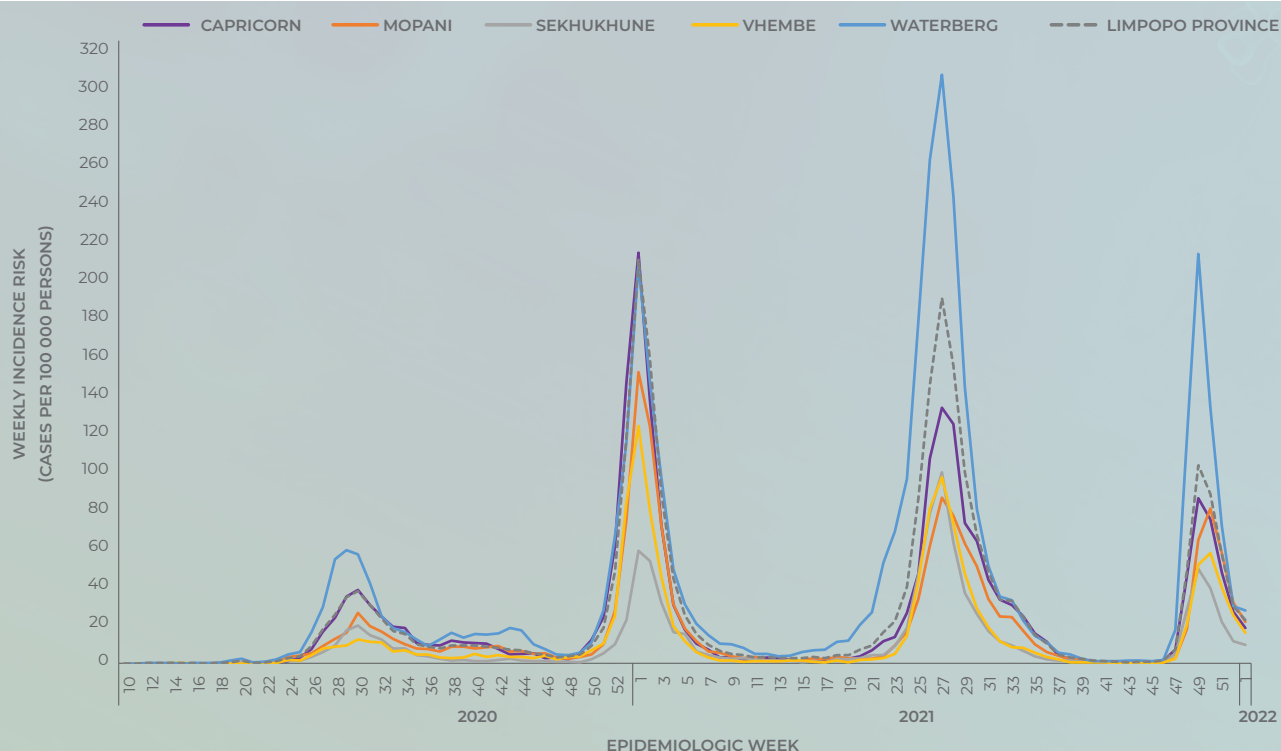
**Figure 15.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Free State Province 3 March 2020 – 8 January 2022 (n = 191 984, 770 missing age)



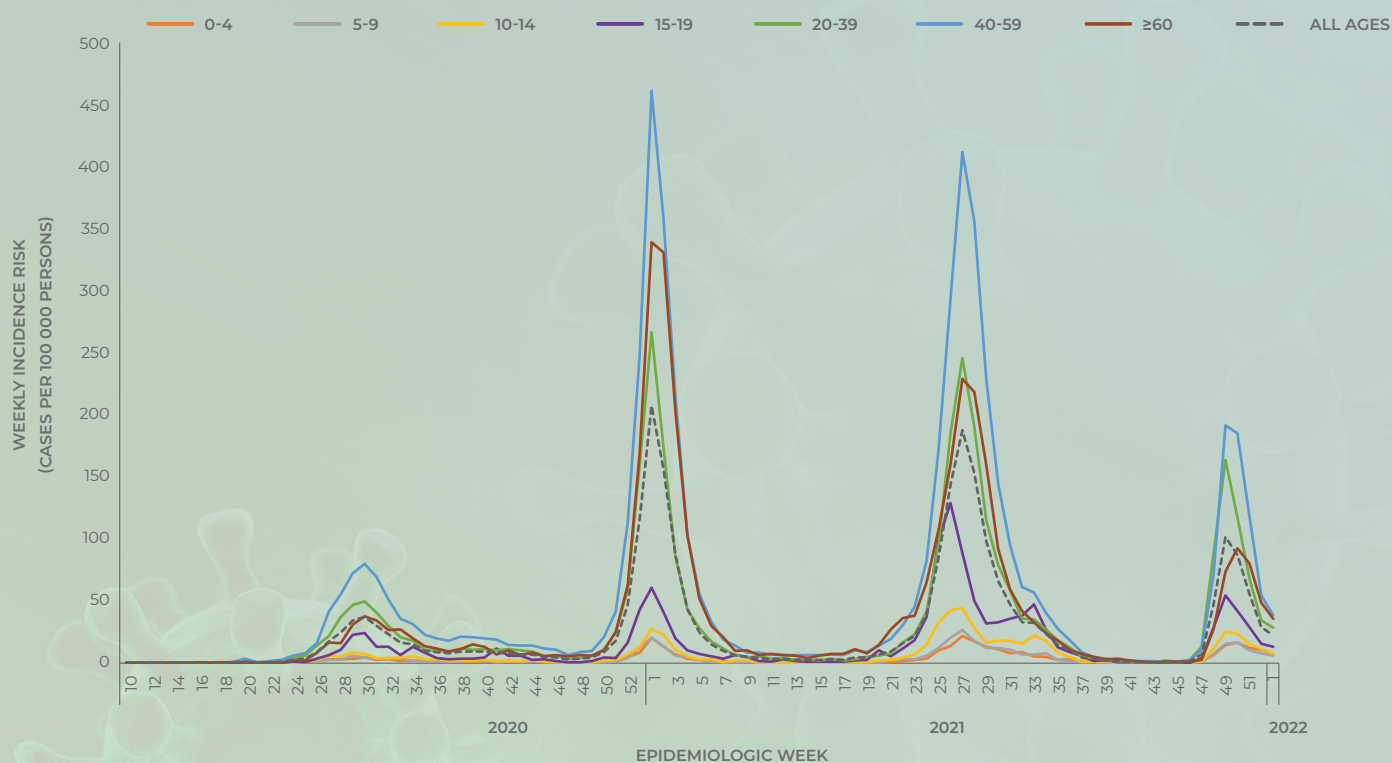
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 1 2022

## Limpopo Province



**Figure 16.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Limpopo Province 3 March 2020 – 8 January 2022 (n = 102 620, 41 227 missing district)

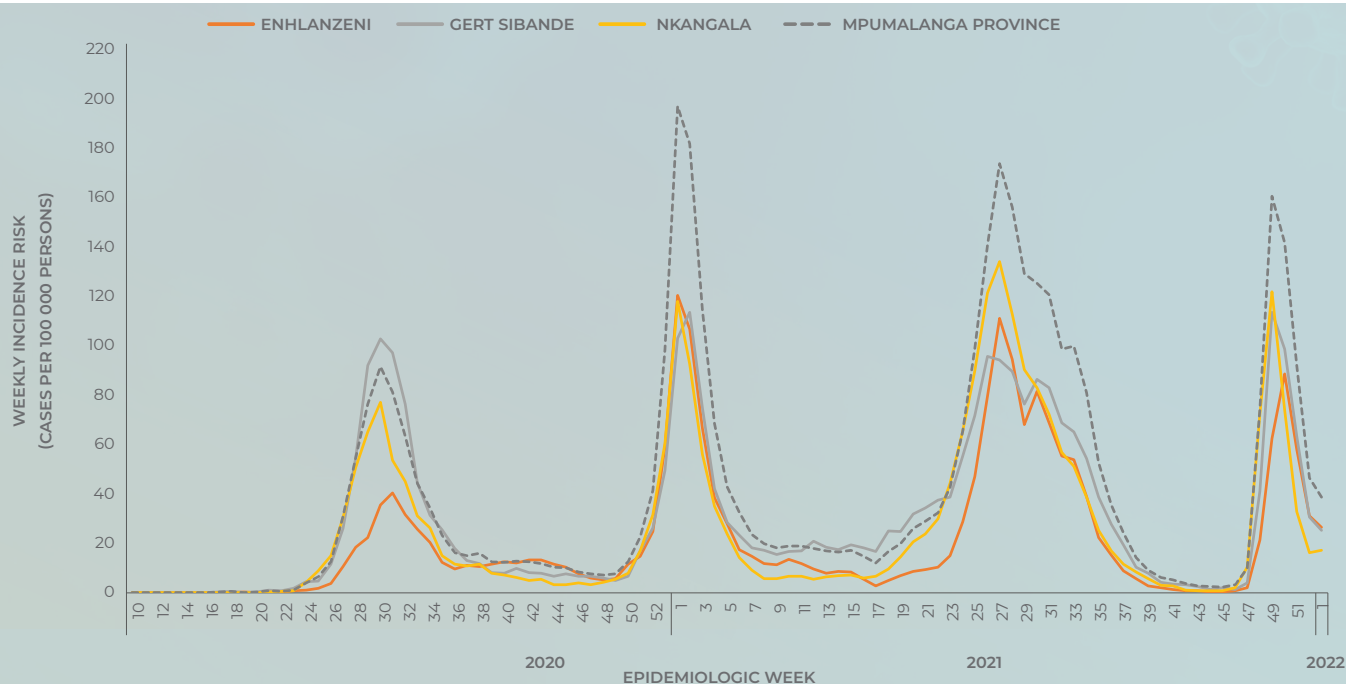


**Figure 17.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Limpopo Province 3 March 2020 – 8 January 2022 (n = 143 140, 707 missing age)

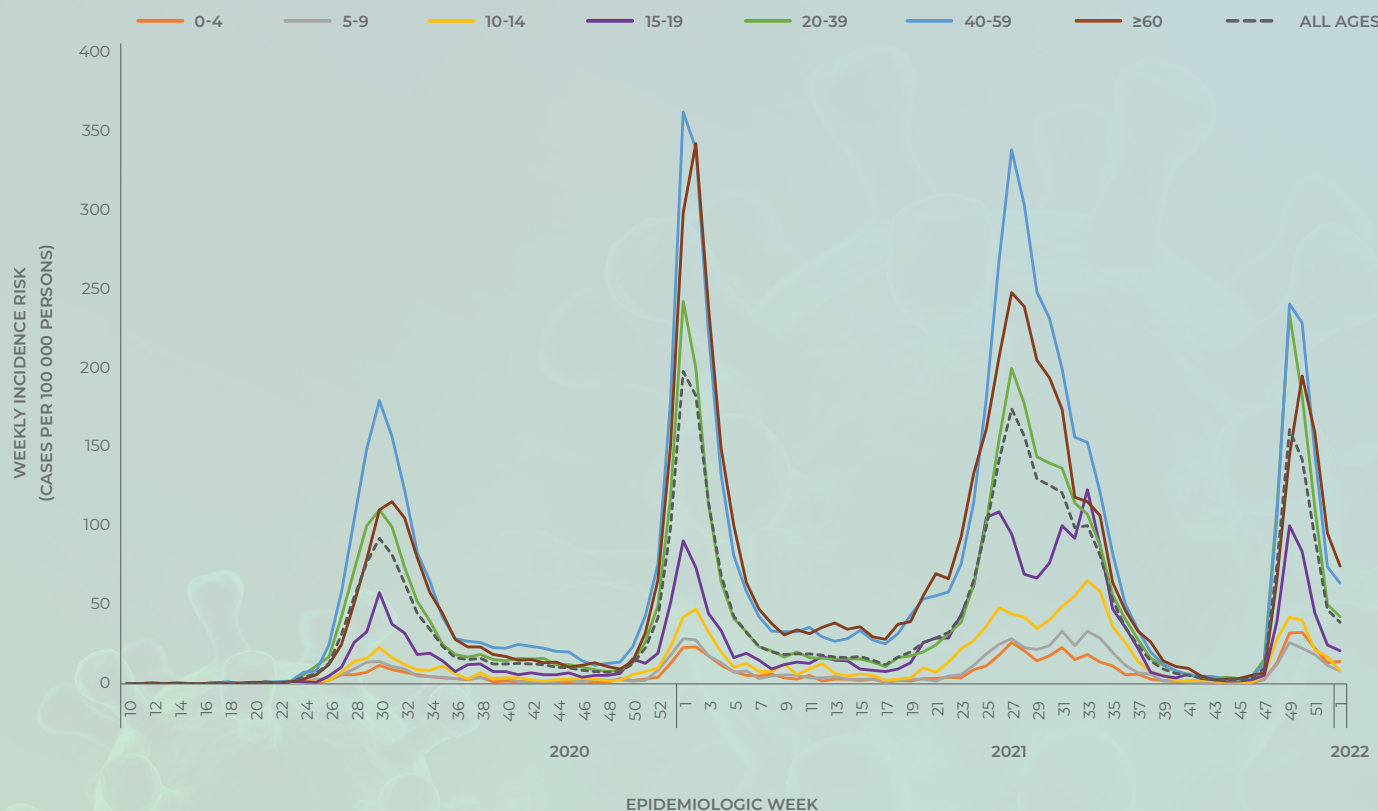
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 1 2022

## Mpumalanga Province



**Figure 18.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Mpumalanga Province 3 March 2020 – 8 January 2022 (n = 113 850, 65 634 missing district)

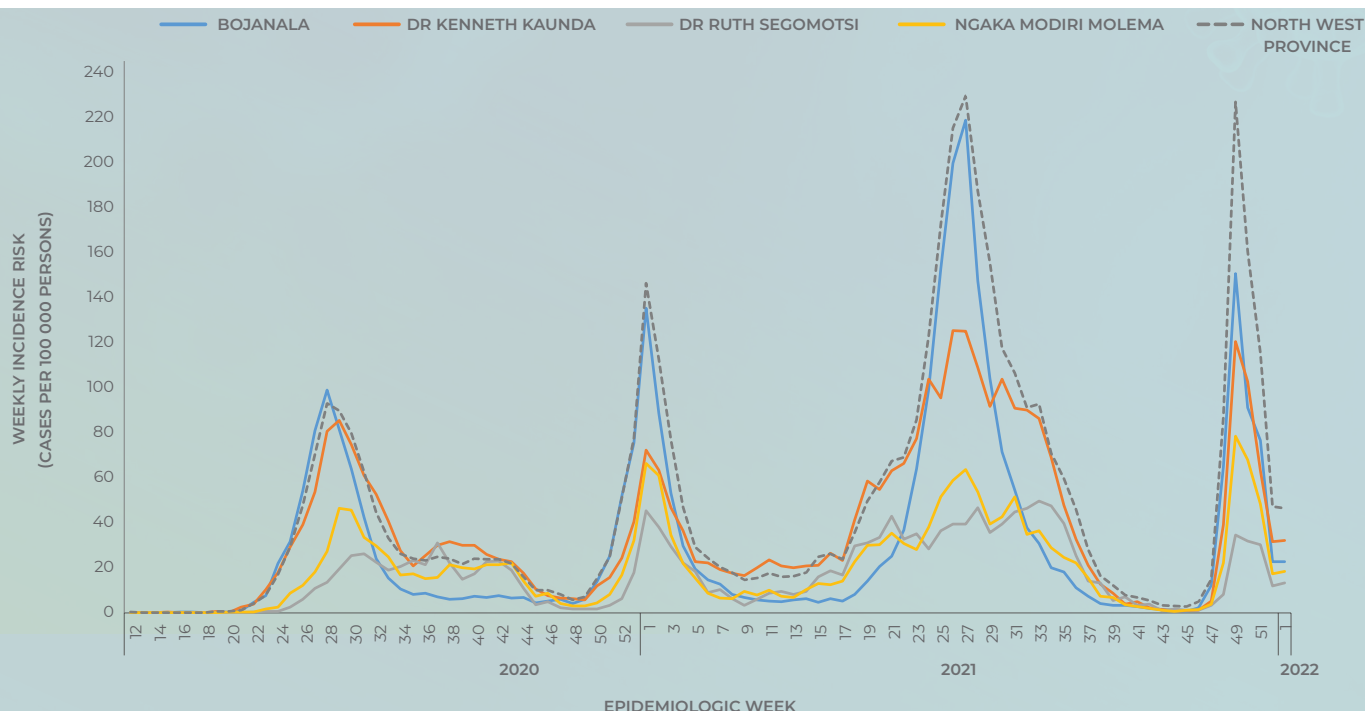


**Figure 19.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group and epidemiologic week Mpumalanga Province 3 March 2020 – 8 January 2022 (n = 175 703, 3 781 missing age)

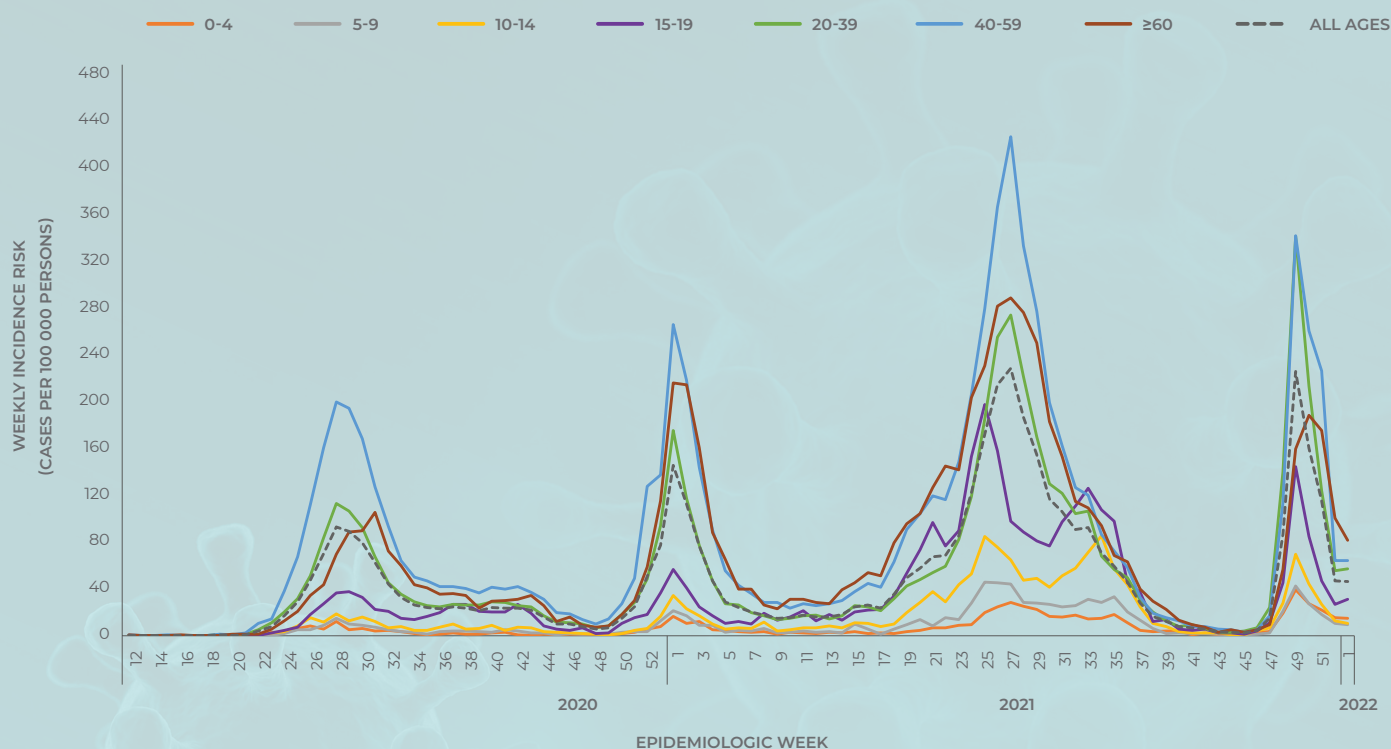
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 1 2022

## North West Province



**Figure 20.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week North West Province 3 March 2020 – 8 January 2022 (n = 107 953, 73 659 missing district)



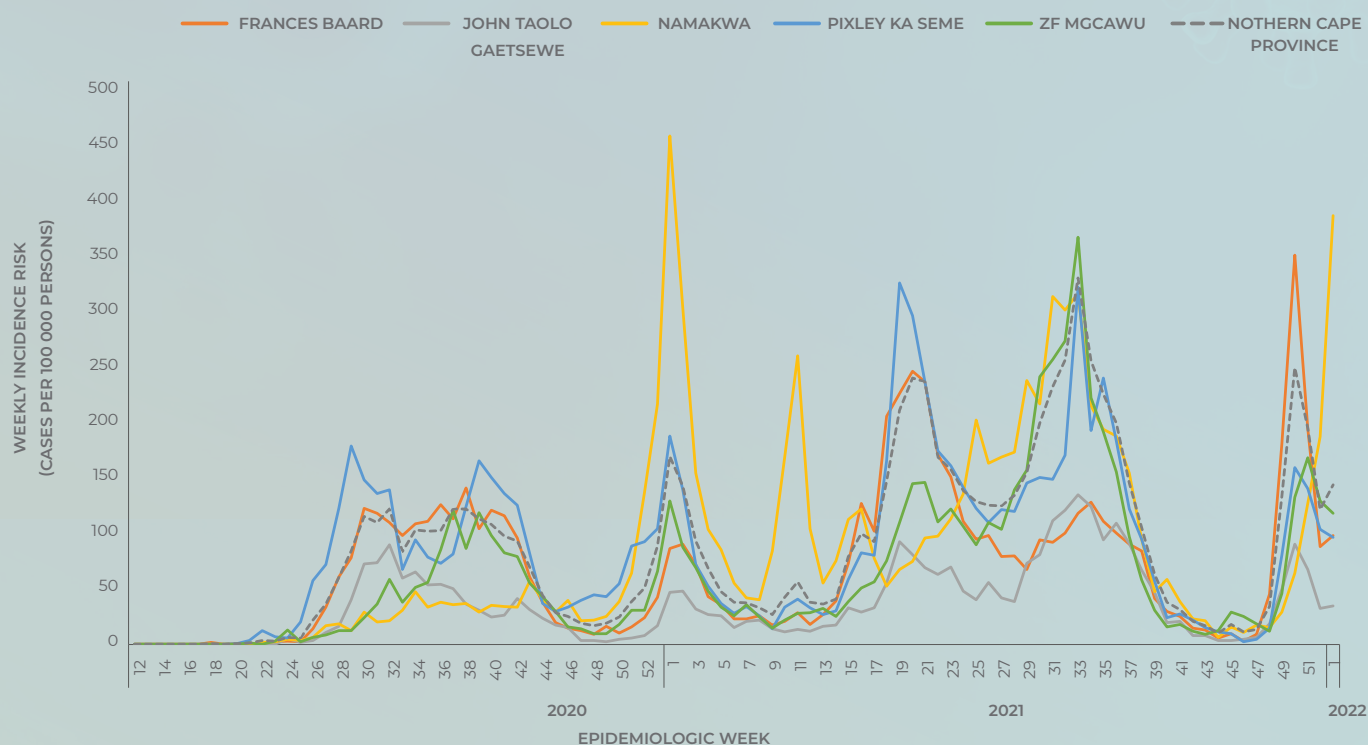
**Figure 21.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week North West Province 3 March 2020 – 8 January 2022 (n = 179 282, 2 330 missing age)



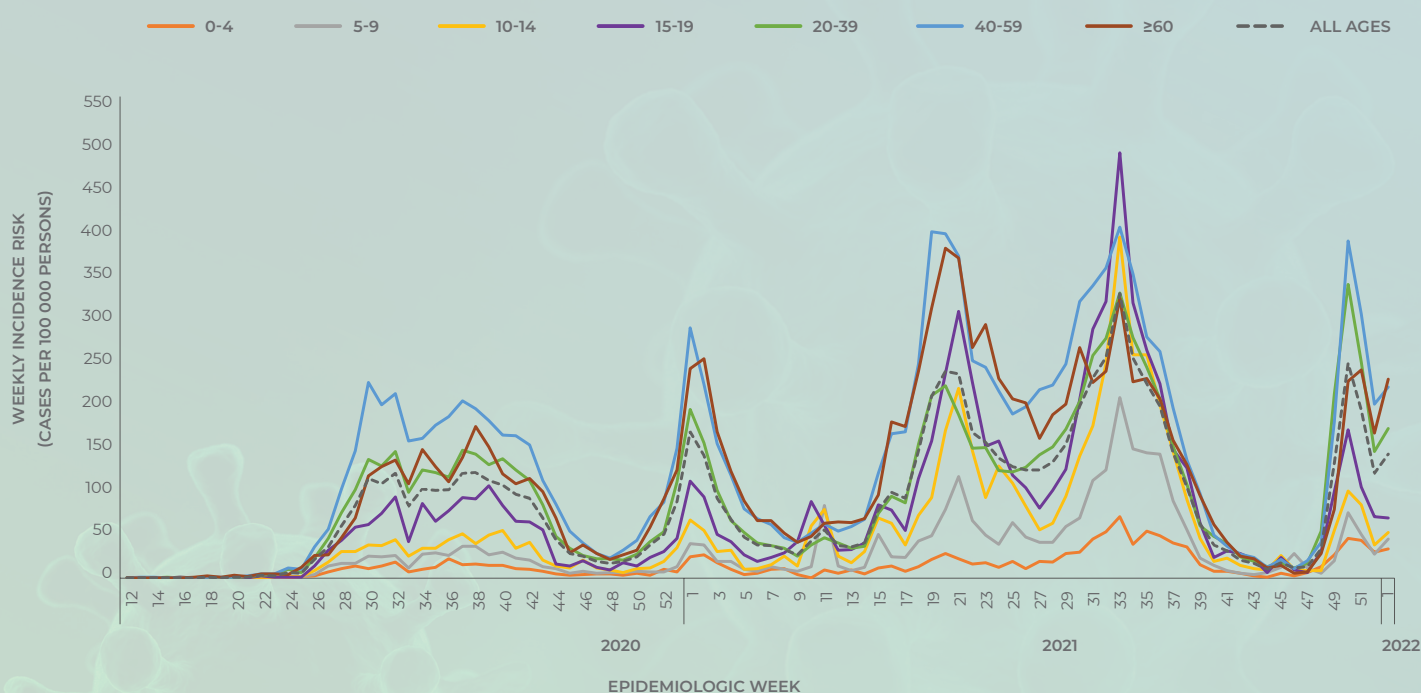
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 1 2022

## Northern Cape Province



**Figure 22.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Northern Cape Province 3 March 2020 – 8 January 2022 (n = 79 035, 25 470 missing district)



**Figure 23** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Northern Cape Province 3 March 2020 – 8 January 2022 (n = 103 809, 698 missing age)

### Methods

Testing for SARS-CoV-2 began on 28 January 2020 at the NICD and after the first case was confirmed in early March 2020, testing was expanded to a larger network of private and NHLS laboratories. Respiratory specimens were submitted from persons under investigation (PUI). Initially, tested individuals were those who had travelled to countries with COVID-19 transmission but the PUI definition was changed over time. Community symptom screening and referral for PCR testing was implemented in April 2020 but the strategy was changed to a more targeted approach in May 2020. Community screening was largely discontinued and testing efforts then focussed on areas identified as hot spots and on investigating clusters. Contacts of cases were traced and tested if symptomatic. In some provinces and certain circumstances (e.g. closed settings, workplaces), asymptomatic contacts were tested. In recent weeks, testing has been prioritised for healthcare workers and hospitalised patients. Laboratories used any one of several in-house and commercial PCR assays to test for the presence of SARS-CoV-2 RNA. Testing for SARS-CoV-2 using rapid antigen-based tests was implemented during November 2020. We excluded specimens collected outside South Africa. Date of specimen receipt in the laboratory was used when date of specimen collection was missing. A case of COVID-19 was defined as any person, resident in South Africa, with a single positive SARS-CoV-2 PCR or antigen test. For reports published from week 41 of 2020 onwards, we used mid-year population estimates from Statistics South Africa for 2020 to calculate the incidence risk (cumulative or weekly incidence), expressed as cases per 100 000 persons. In historical reports published from epidemiologic week 10 (during the start of COVID-19 epidemic in South Africa) to week 40 of 2020, 2019 mid-year population estimates were used. Data on number of tests conducted in the past week as reported in the simultaneously-published COVID-19 weekly testing report was used to calculate tests conducted per 100 000 persons. Data on province and district allocation was based on geocoding algorithm using in order of priority (i) completeness of patient data, (ii) submitting doctor's address, (iii) registering doctor's address and as final option, (iv) the guarantor's address data. The geocoding algorithm used the most complete data for assigning data on province and district where adequate information was provided on the lab request form at the time of sample collection. Data on district allocation may lag resulting in number of cases in recent weeks missing district allocation. Prevalence and incidence risk by districts should be interpreted with caution.

Until the week 29 report, new cases were defined as all cases reported since the last report, irrespective of when the sample was collected. Subsequent to the week 29 of 2020 report, new cases are now defined as cases detected in the past epidemiologic week based on date of sample collection or sample receipt. It is therefore possible for numbers reported as new cases for the current reporting week not to tally with total additional cases reported since the last report. This will be the case when there was a delay in reporting of cases.

### Limitations

This report is based on laboratory-based surveillance of laboratory-confirmed cases. The number of reported cases is heavily dependent on testing practices. Although trends over time and comparisons by geographic area are presented in this report, changes in testing practices over time or differences by region may partially explain the results. Differences in health-seeking behaviour by age group and sex could also contribute to the observed differences in case numbers between groups. Delays in reporting may result in incomplete data for recent weeks, leading to an apparent reduction in number of cases. Changes in testing strategy during the different times of the epidemic may also affect the number of cases reported, leading to a decrease in number of positive cases if testing is only conducted for severe cases or certain risk groups.