

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

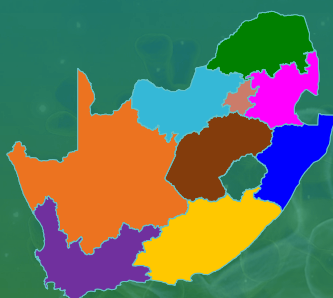


NATIONAL INSTITUTE FOR
COMMUNICABLE DISEASES

Division of the National Health Laboratory Service

SOUTH AFRICA WEEK 3 2022

CUMULATIVE DATA FROM



CASES

3 581 359
IN TOTAL

18 241
THIS WEEK**

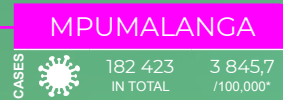
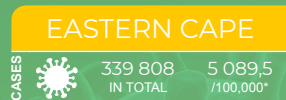


PERSONS

5 954,7
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 22 January 2022 (week 3 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. From week 2 of 2022, we changed from using 2020 mid-year population estimates to using 2021 mid-year estimates and this may result in some changes to previously reported estimates.

Highlights

- As of 22 January 2022, a total of 3 581 359 laboratory-confirmed COVID-19 cases had been detected in South Africa. Of these, 22 129 were cases reported since the last report (week 2 of 2022). There was a 36.5% decrease in the number of new cases detected in week 3 of 2022 (18 241) compared to the number of new cases detected in week 2 of 2022 (28 707).
- In the past week, the Gauteng Province reported the highest number of cases detected (4 863/18 241, 26.7%), followed by the Western Cape (3 924/18 241, 21.5%) and KwaZulu-Natal (3 108/18 241, 17.0%) provinces, with other provinces reporting below 8% each.
- In the past week, a decrease in weekly incidence risk was observed in all provinces, except the Limpopo Province which reported an increase in weekly incidence risk, 3.3 cases per 100 000 persons (18.3% increase), compared to previous week. The decrease in weekly incidence risk ranged from 1.9 cases per 100 000 persons (6.2% decrease) in North West Province to 47.5 cases per 100 000 persons (46.3% decrease) in Western Cape Province. Some of the reduction could be due to delayed reporting.
- The increase reported in the Limpopo Province in the past week was observed in all the districts, except the Sekhukhune District, which reported a decrease in weekly incidence risk. The increase ranged from 1.7 cases per 100 000 persons (8.7% increase) in Mopani District to 6.0 cases per 100 000 persons (28.1% increase) in Waterberg District compared to week 2.
- In the past week, the Western Cape Province reported the highest weekly incidence risk (55.2 cases per 100 000 persons), followed by the Northern Cape Province (45.4 cases per 100 000 persons). The other provinces reported below 31 cases per 100 000 persons.
- The highest weekly incidence risk among cases detected in week 3 of 2022 was reported in the ≥80-year age group (81.8 cases per 100 000 persons), and the lowest weekly incidence risk was in the 0-4-year age group (13.5 cases per 100 000 persons).

INCIDENCE
RISK FOR
CURRENT WEEK

30,3

CASES PER
100 000
PERSONS

26,7%

OF CASES
REPORTED IN
GAUTENG IN
CURRENT WEEK

IN CURRENT
WEEK, THE
HIGHEST
WEEKLY
INCIDENCE
RISK WAS IN
CASES AGED
80+ YEARS (81,8
CASES PER 100
000 PERSONS)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

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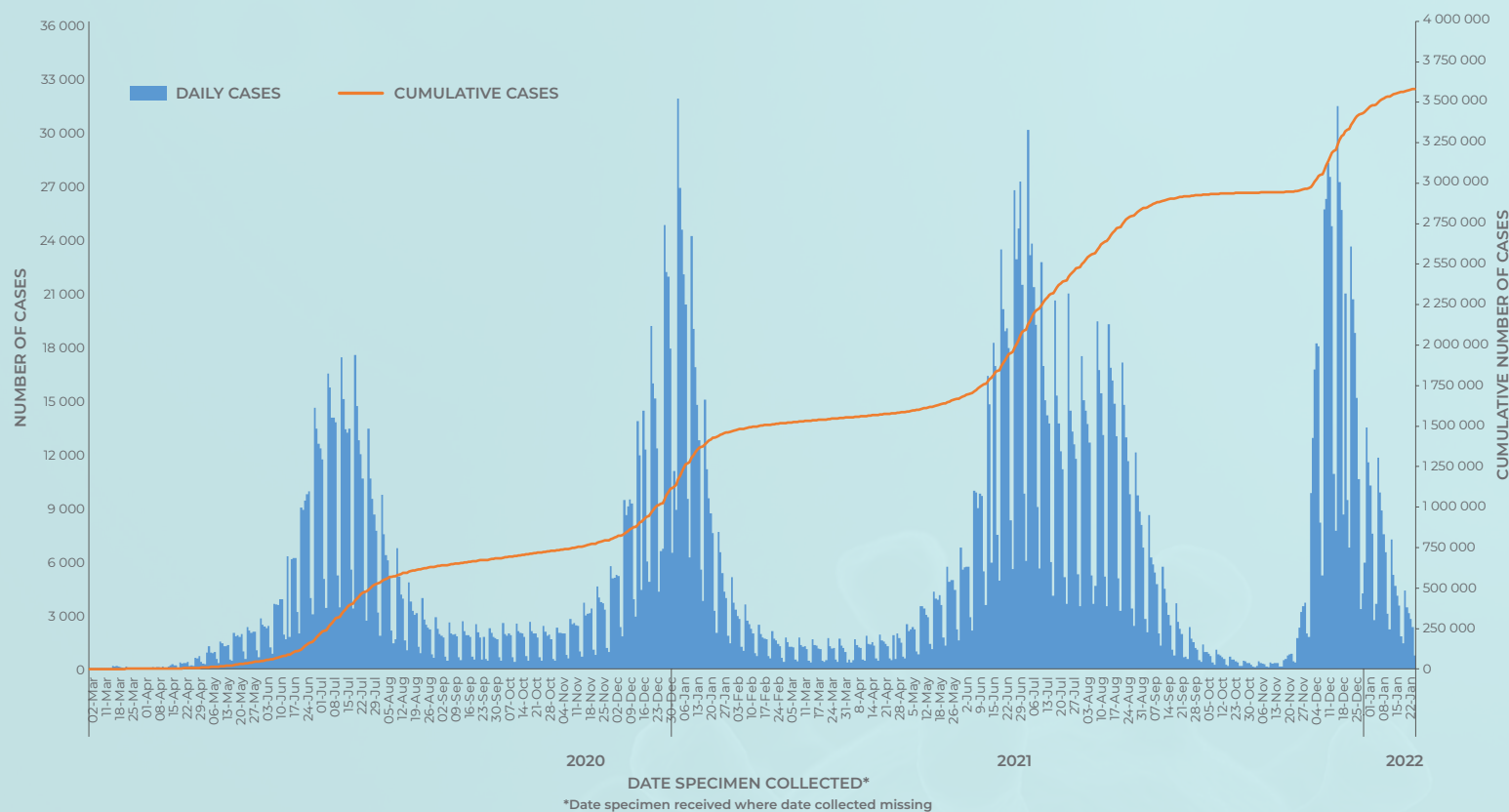


Figure 1. Number and cumulative number of laboratory-confirmed cases of COVID-19 by date of specimen collection, South Africa, 3 March 2020 – 22 January 2022 (n=3 581 359)

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 – 22 January 2022 (n = 3 581 359)

Province	Cumulative cases (n) (percentage, n/ total cases in South Africa)	New cases ¹ detected in week 3 of 2022 (16-22 Jan), n (percentage ² , n/total)	Population in mid-2021 ³ , n	Cumulative incidence risk (cases per 100 000 persons)	Incidence risk of new cases detected in week 3 of 2022 (cases/100 000 persons)	Tests ⁴ per 100 000 persons, 16-22 Jan 2022
Eastern Cape	339 808 (9.5)	1 154 (6.3)	6 676 590	5 089.5	17.3	191.2
Free State	195 314 (5.5)	873 (4.8)	2 932 441	6 660.5	29.8	398.5
Gauteng	1 160 814 (32.4)	4 863 (26.7)	15 810 388	7 342.1	30.8	448.8
KwaZulu-Natal	639 644 (17.9)	3 108 (17.0)	11 513 575	5 555.6	27.0	290.3
Limpopo	148 050 (4.1)	1 274 (7.0)	5 926 724	2 498.0	21.5	100.0
Mpumalanga	182 423 (5.1)	1 244 (6.8)	4 743 584	3 845.7	26.2	203.2
North West	184 347 (5.1)	1 210 (6.6)	4 122 854	4 471.3	29.3	243.5
Northern Cape	106 463 (3.0)	591 (3.2)	1 303 047	8 170.3	45.4	334.2
Western Cape	624 496 (17.4)	3 924 (21.5)	7 113 776	8 778.7	55.2	459.5
Unknown						
Total	3 581 359	18 241	60 142 978	5 954.7	30.3	318.4

¹New cases refer to cases whose samples were collected or received in the current reporting week; ²Percentage=n/total number of new cases (specimen collected or received in current reporting week); ³2021 Mid-year population Statistics South Africa ⁴Data on number of tests conducted sourced from COVID-19 weekly testing report of the same reporting week

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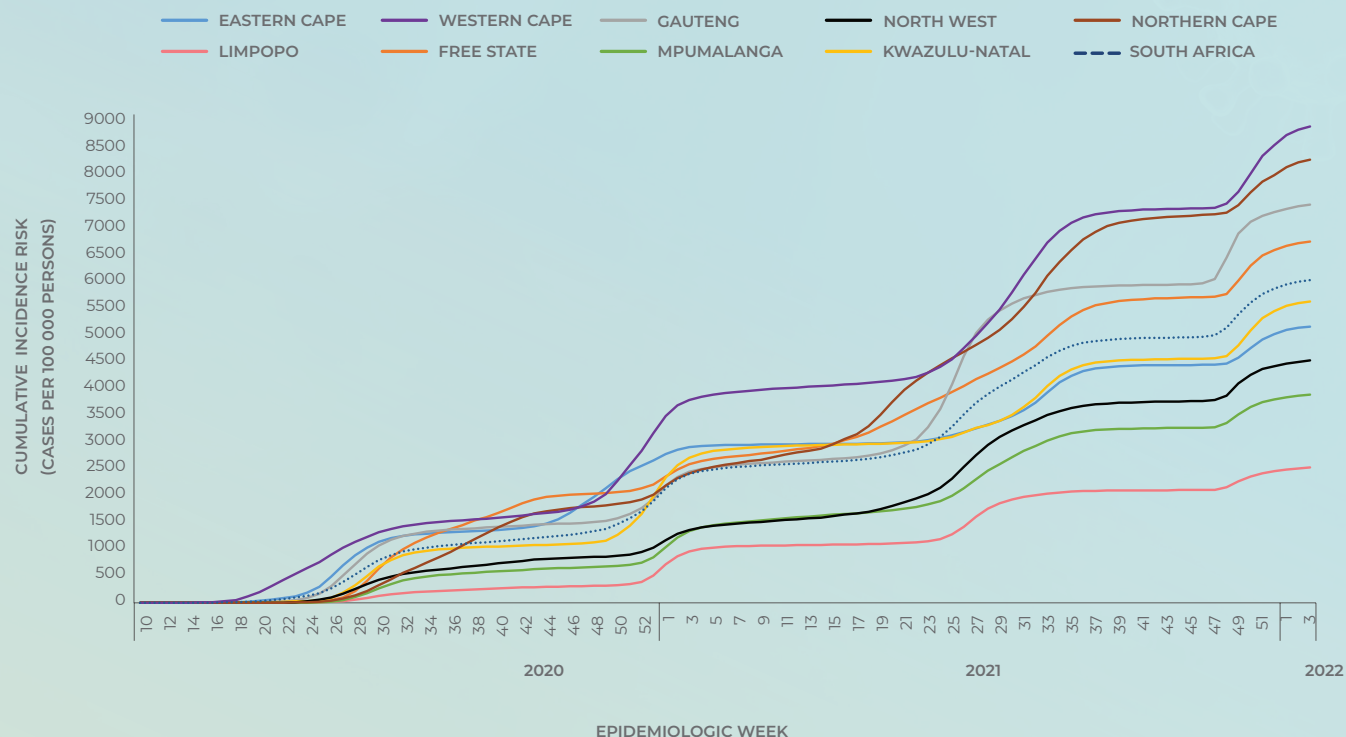


Figure 2. Cumulative incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week South Africa 3 March 2020 – 22 January 2022 (n = 3 581 359)

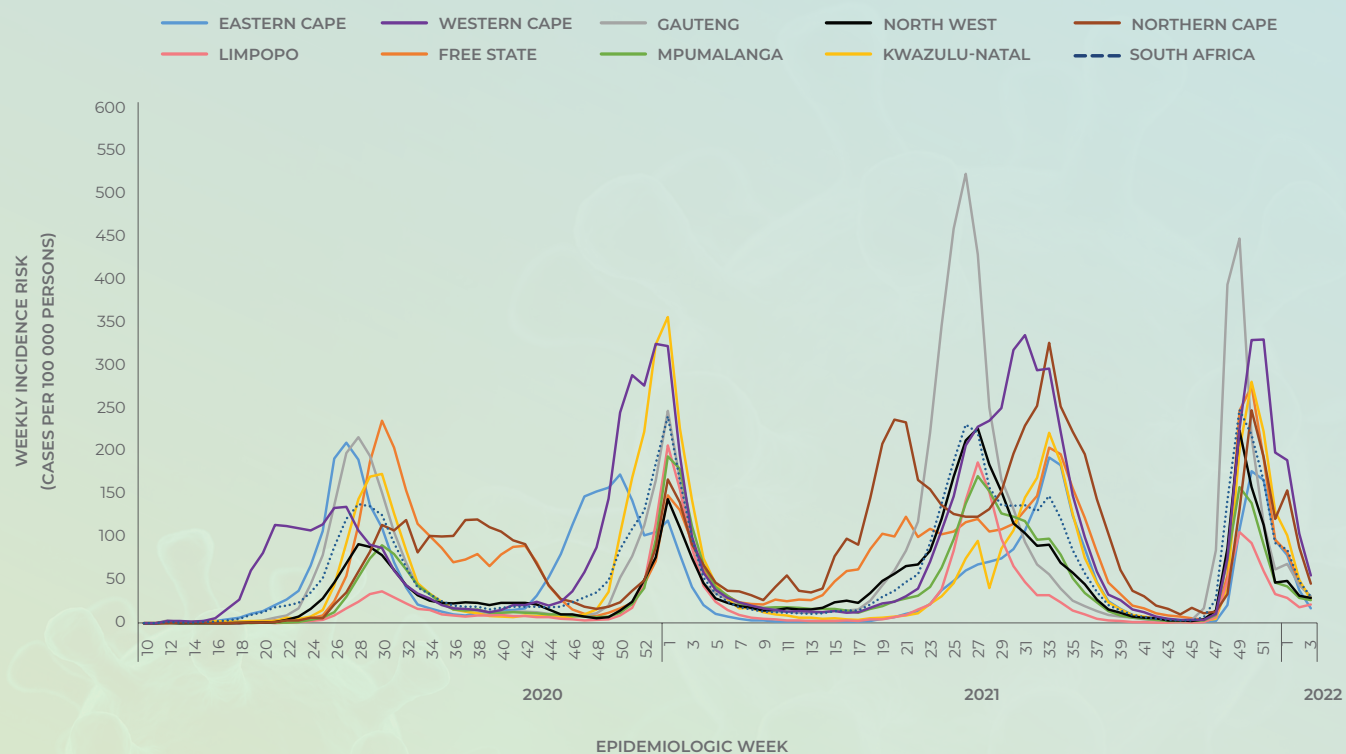


Figure 3. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week South Africa 3 March 2020 – 22 January 2022 (n = 3 581 359)

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

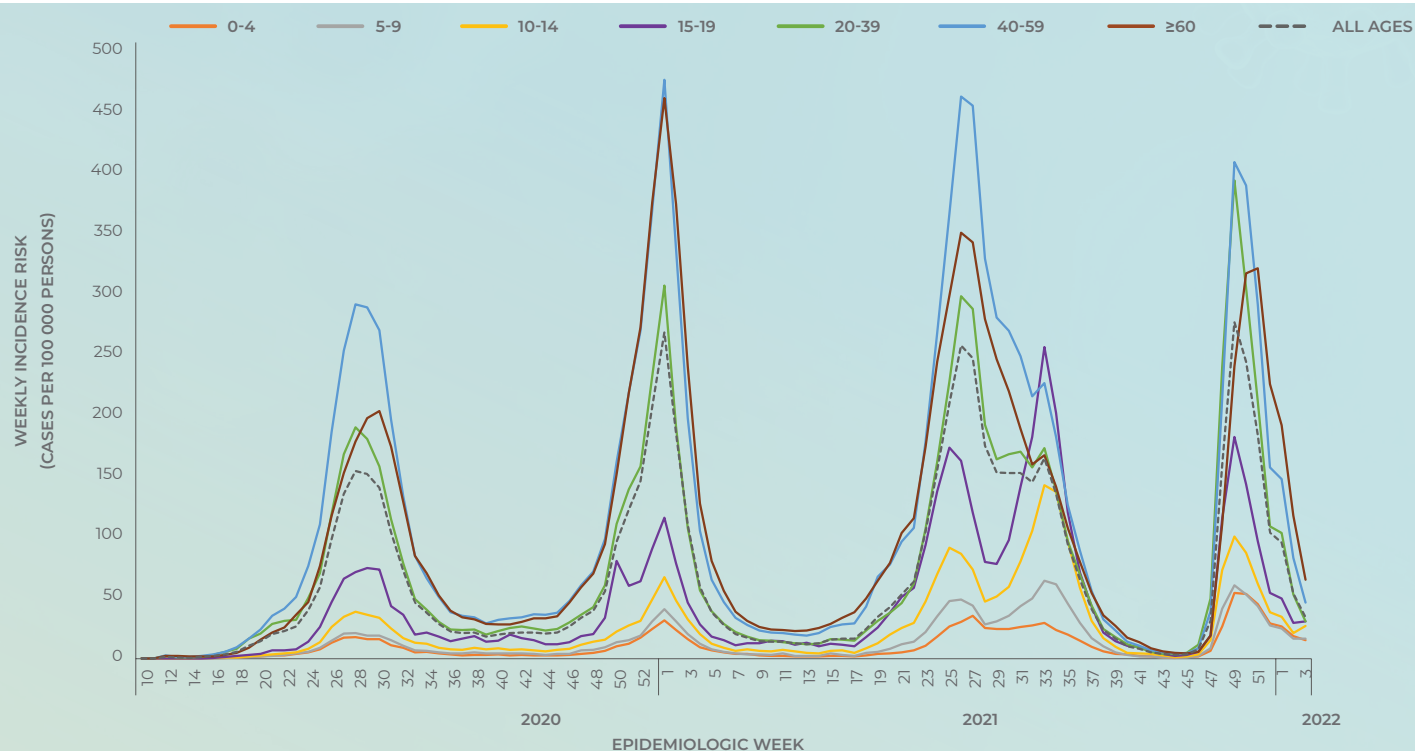


Figure 4. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week South Africa 3 March 2020 – 22 January 2022 (n = 3 547 532, 33 827 missing age)

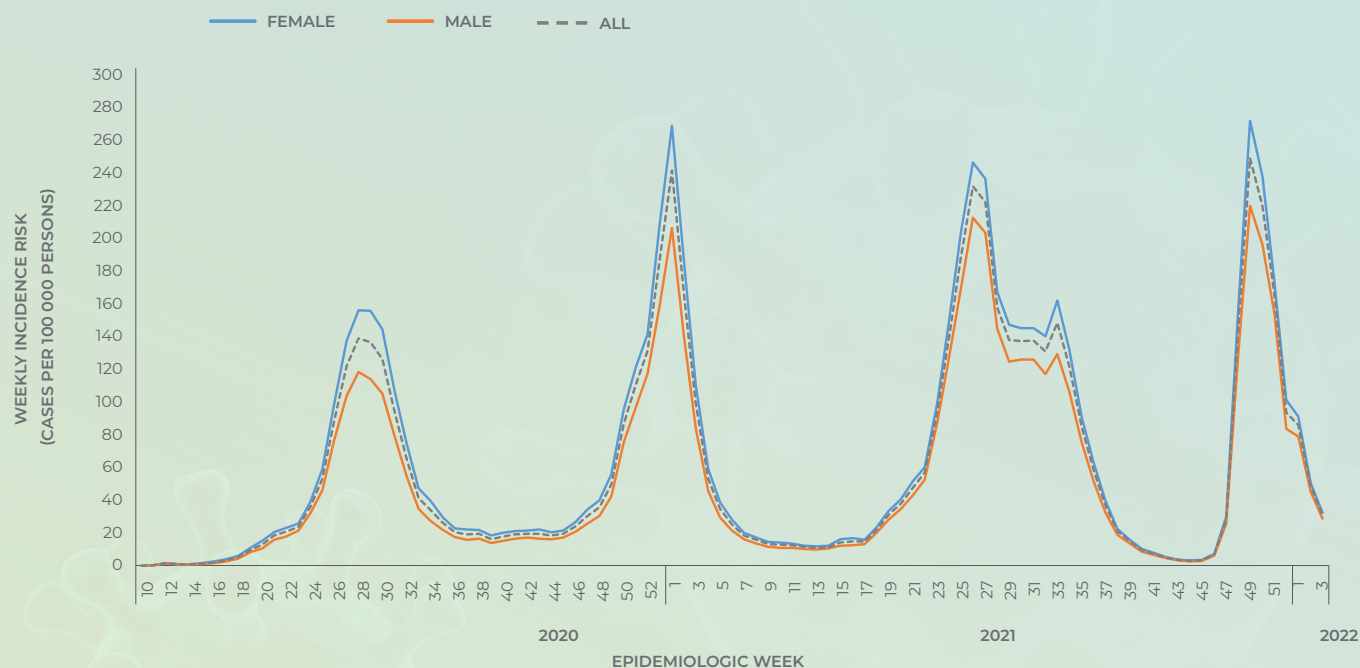


Figure 5. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by sex and epidemiologic week South Africa 3 March 2020 – 22 January 2022 (n = 3 542 747, sex missing for 38 612)

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Table 2. Number of laboratory-confirmed cases of COVID-19 and cumulative/weekly incidence risk by age group South Africa 3 March 2020 – 22 January 2022 n = 3 547 532, 33 827 missing age)

Age group (years)	Cumulative cases (n) (percentage, n/total cases in South Africa)	New cases ¹ detected in week 3 of 2022 (16-22 Jan), n (percentage ² , n/total)	Population in mid-2021 ³ , n	Cumulative incidence risk (cases per 100 000 persons)	Incidence risk of new cases detected in week 3 of 2022 (cases/100 000 persons)
0-4	52 870 (1.5)	768 (4.3)	5 708 956	926.1	13.5
5-9	72 115 (2.0)	836 (4.6)	5 663 296	1 273.4	14.8
10-14	129 780 (3.7)	1 354 (7.5)	5 671 023	2 288.5	23.9
15-19	194 599 (5.5)	1 345 (7.5)	4 909 941	3 963.4	27.4
20-24	237 178 (6.7)	998 (5.5)	4 739 305	5 004.5	21.1
25-29	348 505 (9.8)	1 333 (7.4)	5 324 134	6 545.8	25.0
30-34	401 324 (11.3)	1 629 (9.0)	5 630 643	7 127.5	28.9
35-39	406 366 (11.5)	1 684 (9.3)	4 985 251	8 151.4	33.8
40-44	344 276 (9.7)	1 415 (7.9)	3 881 731	8 869.1	36.5
45-49	328 182 (9.3)	1 269 (7.0)	3 254 138	10 085.1	39.0
50-54	294 837 (8.3)	1 154 (6.4)	2 625 390	11 230.2	44.0
55-59	245 242 (6.9)	1 068 (5.9)	2 243 823	10 929.6	47.6
60-64	170 723 (4.8)	927 (5.1)	1 815 810	9 402.0	51.1
65-69	117 240 (3.3)	739 (4.1)	1 422 604	8 241.2	51.9
70-74	85 220 (2.4)	569 (3.2)	1 024 345	8 319.5	55.5
75-79	55 057 (1.6)	445 (2.5)	647 265	8 506.1	68.8
≥80	64 018 (1.8)	487 (2.7)	595 323	10 753.5	81.8
Unknown	33 827 (0.0)	221 (0.0)			
Total	3 581 359 (100.0)	18 241 (100.0)	60 142 978	5 954.7	30.3

¹New cases refer to cases whose samples were collected or received in the current reporting week; ²Percentage=n/total number of new cases (specimen collected or received in current reporting week); ³2021 Mid-year population Statistics South Africa

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Provincial trends of COVID-19 cases

Eastern Cape Province

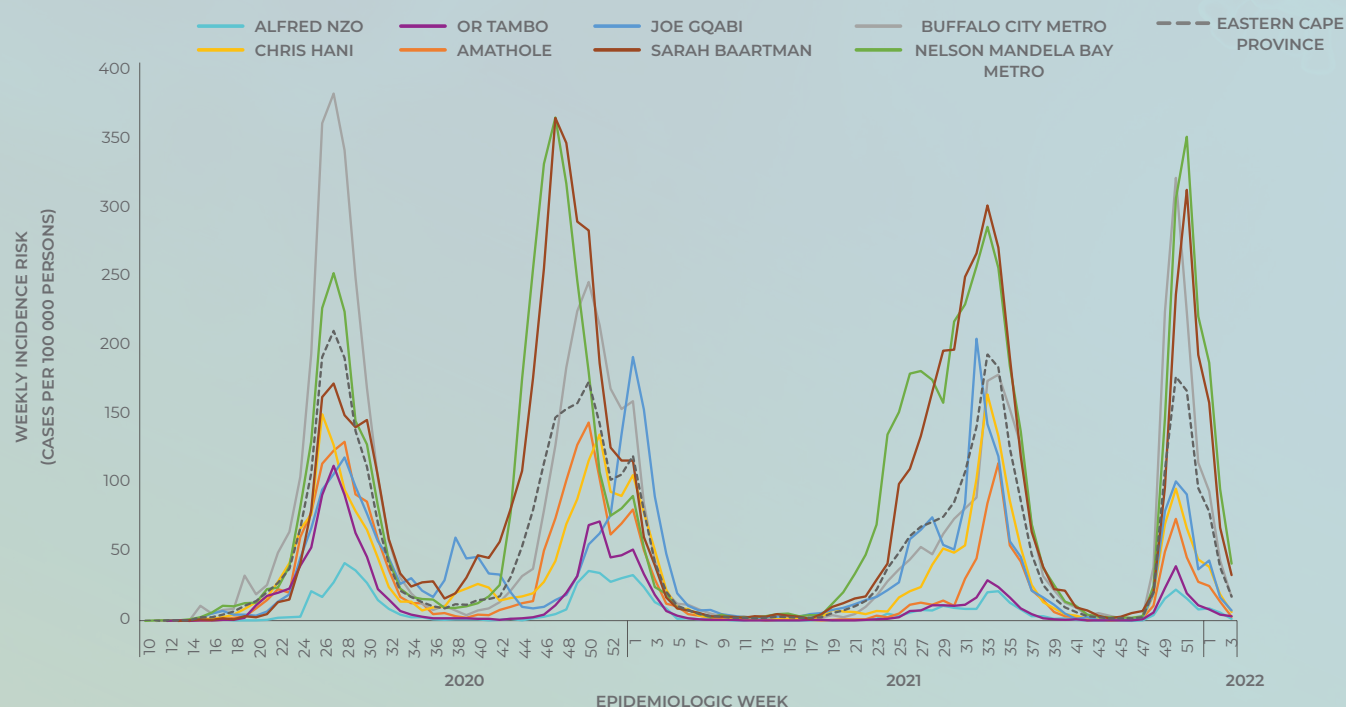


Figure 6. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Eastern Cape Province 3 March 2020 – 22 January 2022 (n = 271 113, 68 695 missing district)

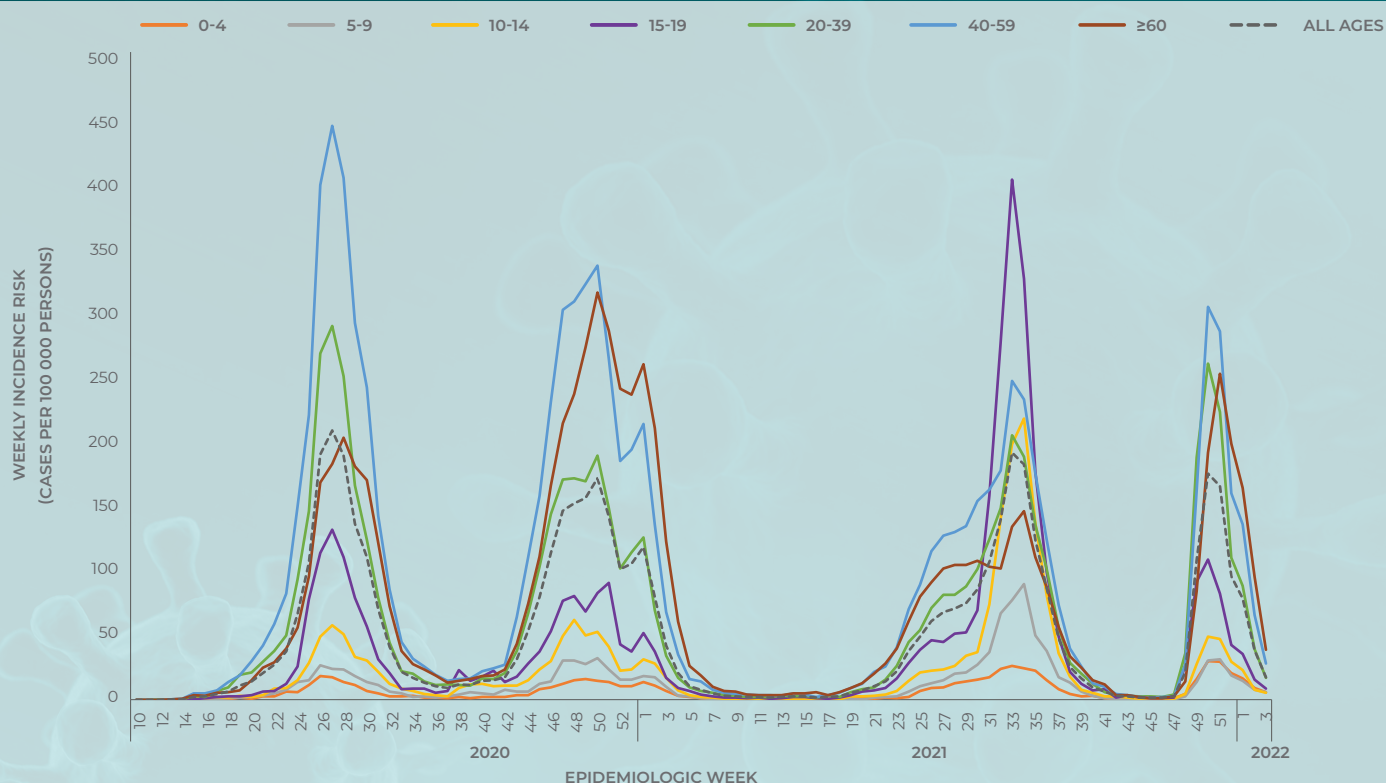


Figure 7. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Eastern Cape Province 3 March 2020 – 22 January 2022 (n = 336 198, 3 610 missing age)

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Western Cape Province

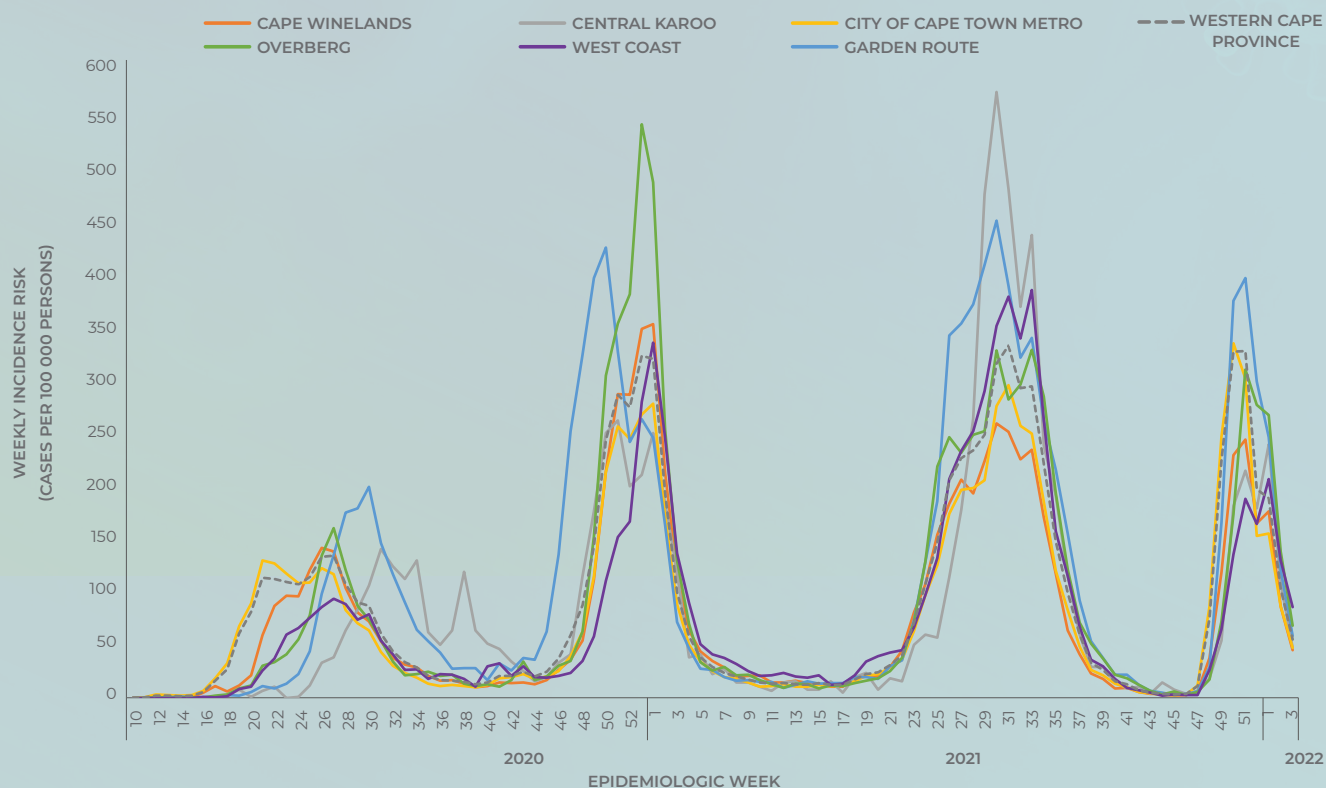


Figure 8. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Western Cape Province 3 March 2020 – 22 January 2022 (n = 573 927, 50 569 missing district)

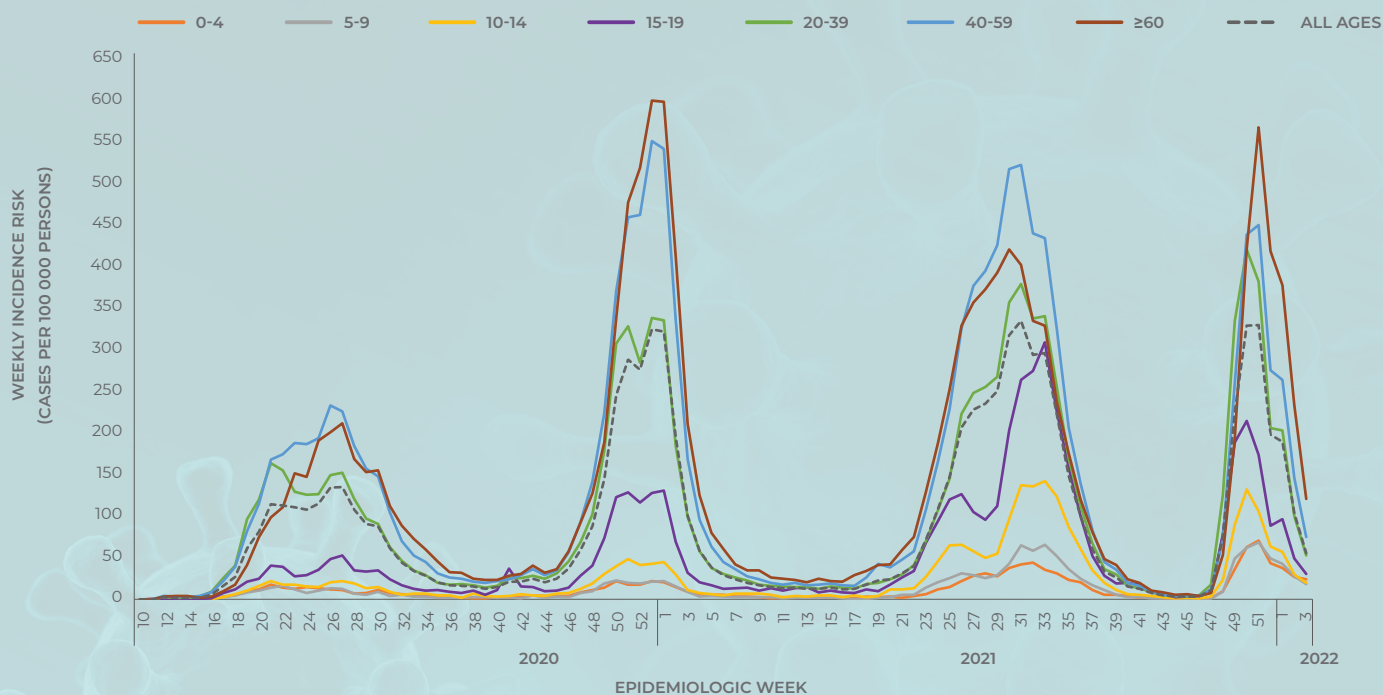


Figure 9. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Western Cape Province 3 March 2020 – 22 January 2022 (n = 622 765, 1 731 missing age)

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Gauteng Province

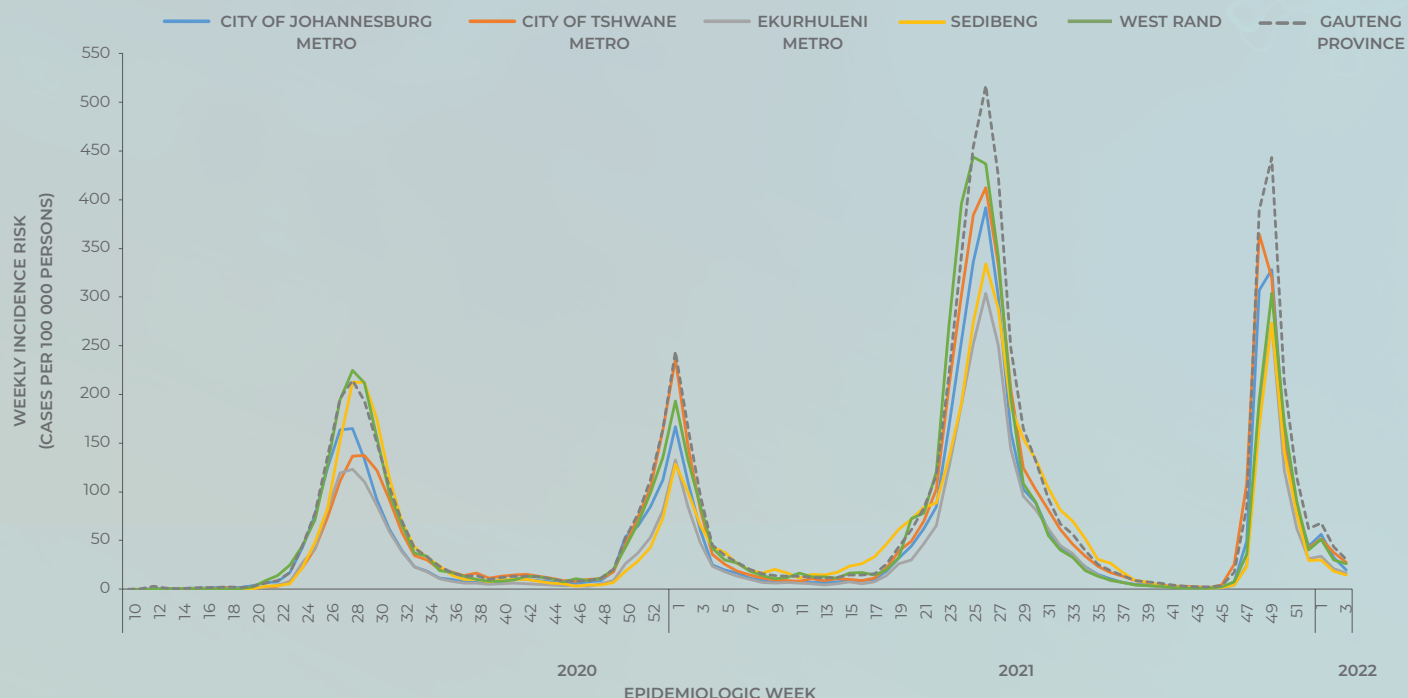


Figure 10. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Gauteng Province 3 March 2020 – 22 January 2022 (n = 821 499, 339 315 missing district)

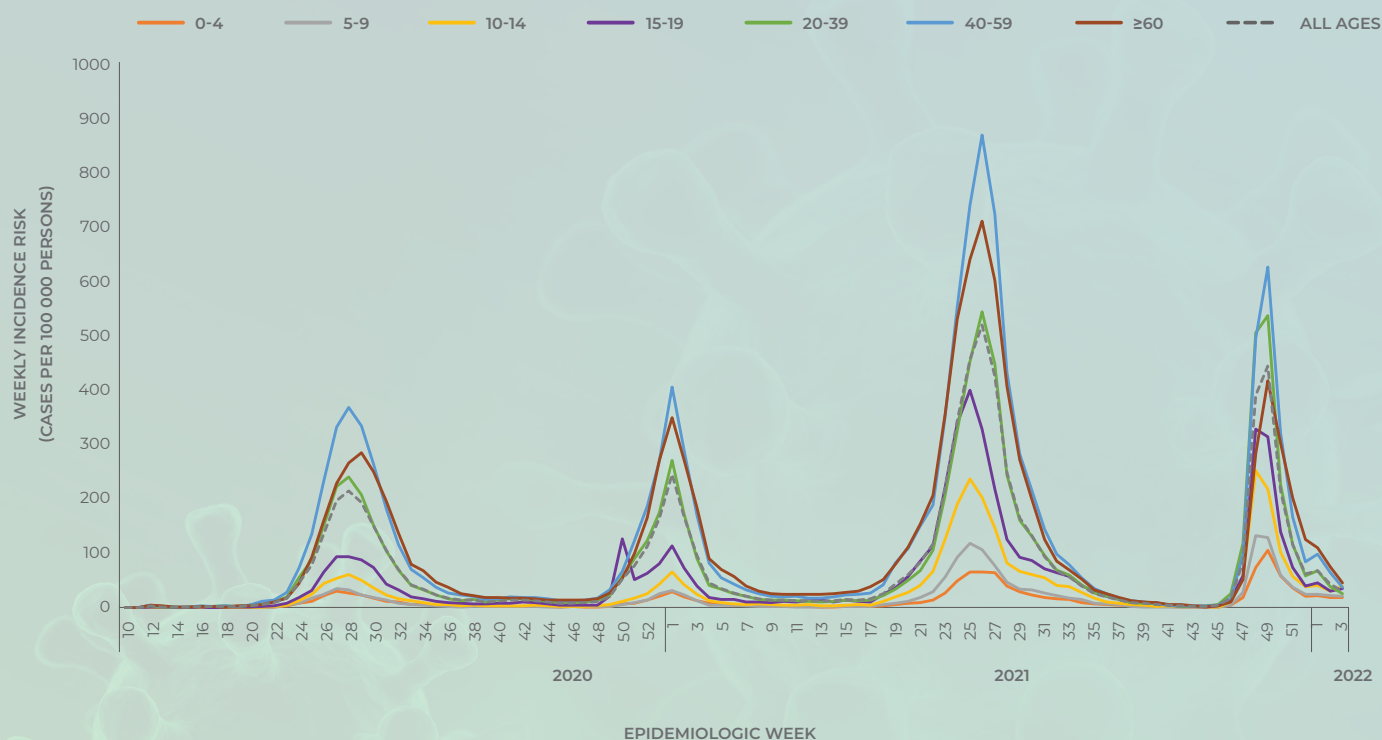


Figure 11. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Gauteng Province 3 March 2020 – 22 January 2022 (n = 1 148 969, 11 845 missing age)

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KwaZulu-Natal Province

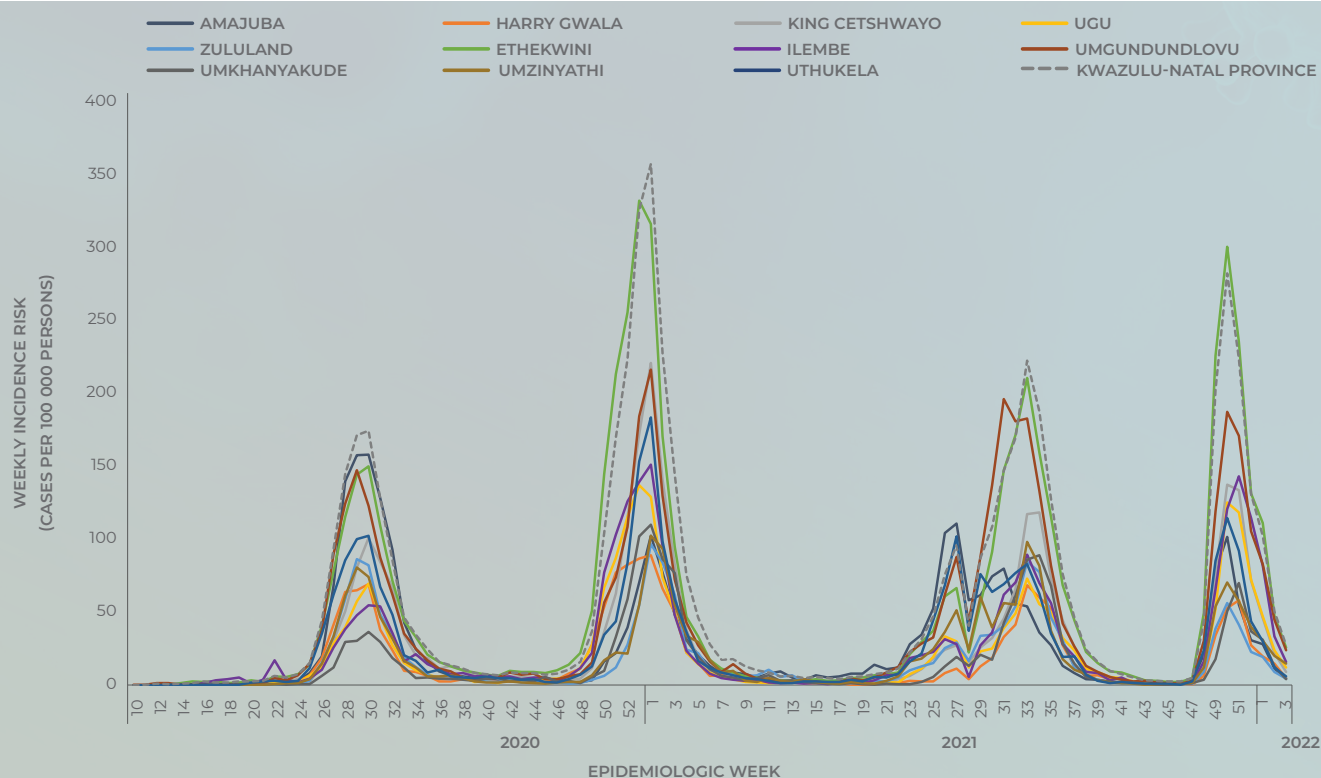


Figure 12. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week KwaZulu-Natal Province 3 March 2020 – 22 January 2022 (n = 390 617, 249 027 missing district)

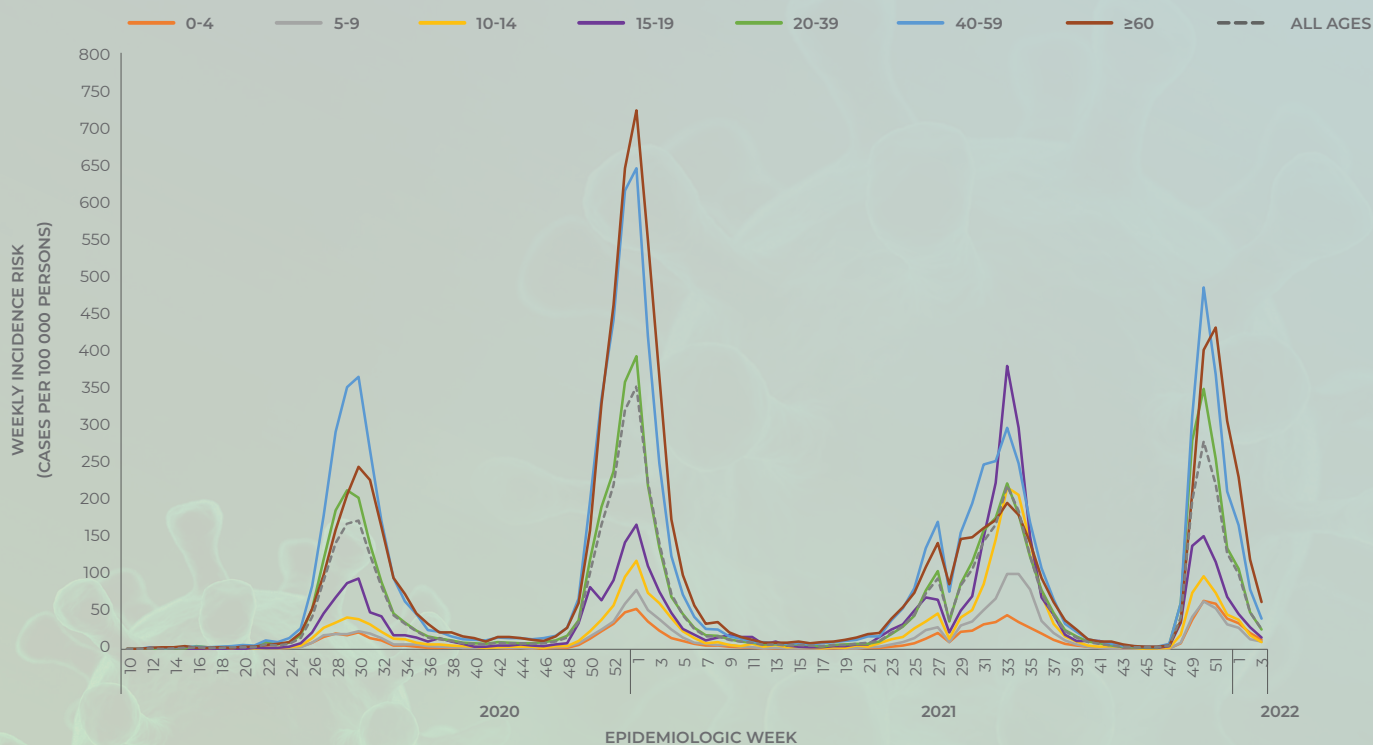


Figure 13. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week KwaZulu-Natal Province 3 March 2020 – 22 January 2022 (n = 631 436, 8 208 missing age)

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Free State Province

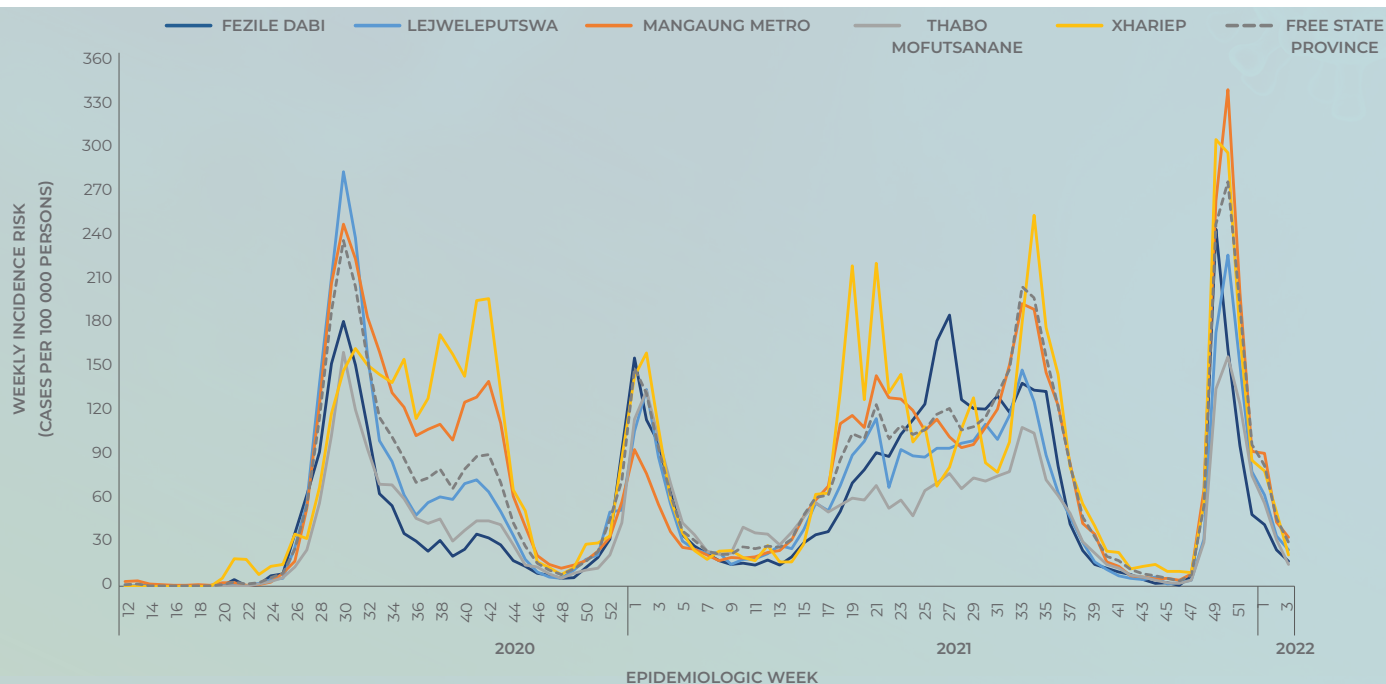


Figure 14. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Free State Province 3 March 2020 – 22 January 2022 (n = 166 503, 28 811 missing district)

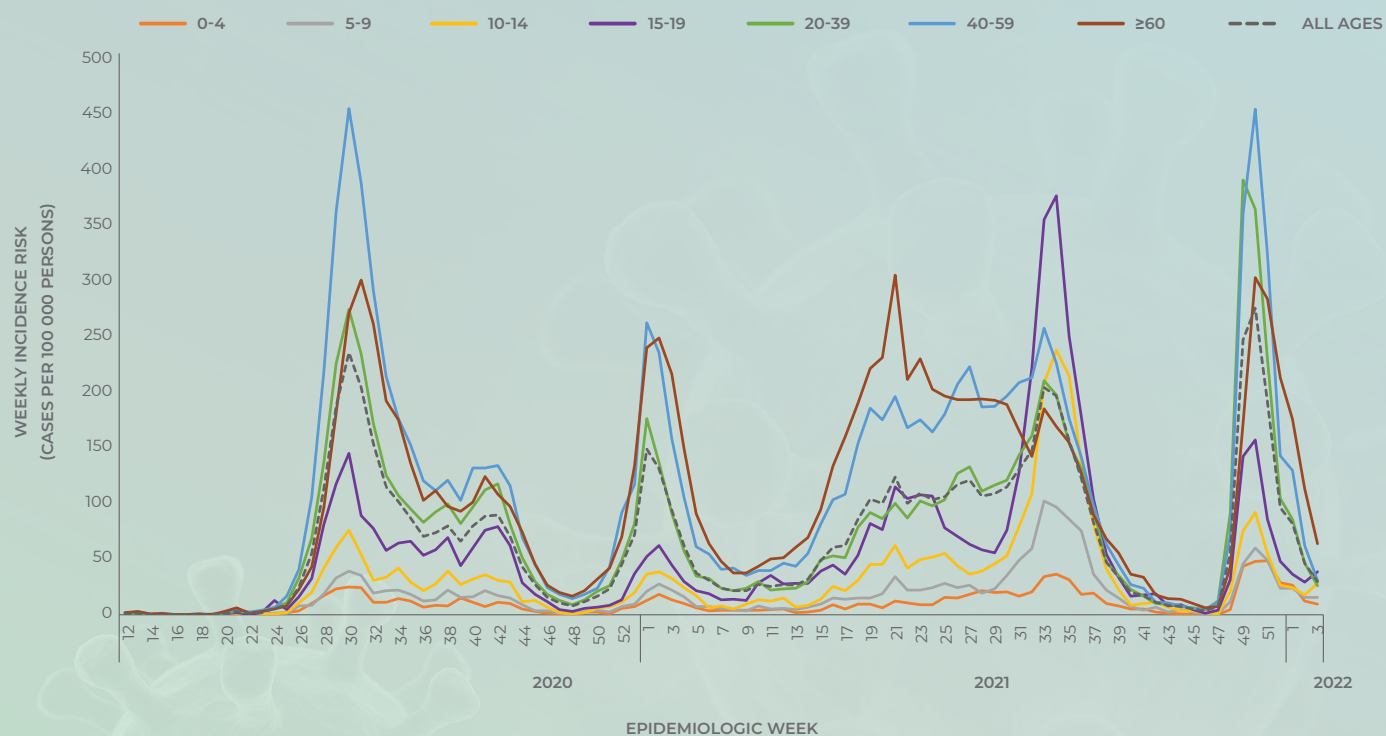


Figure 15. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Free State Province 3 March 2020 – 22 January 2022 (n = 194 529, 785 missing age)

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Limpopo Province

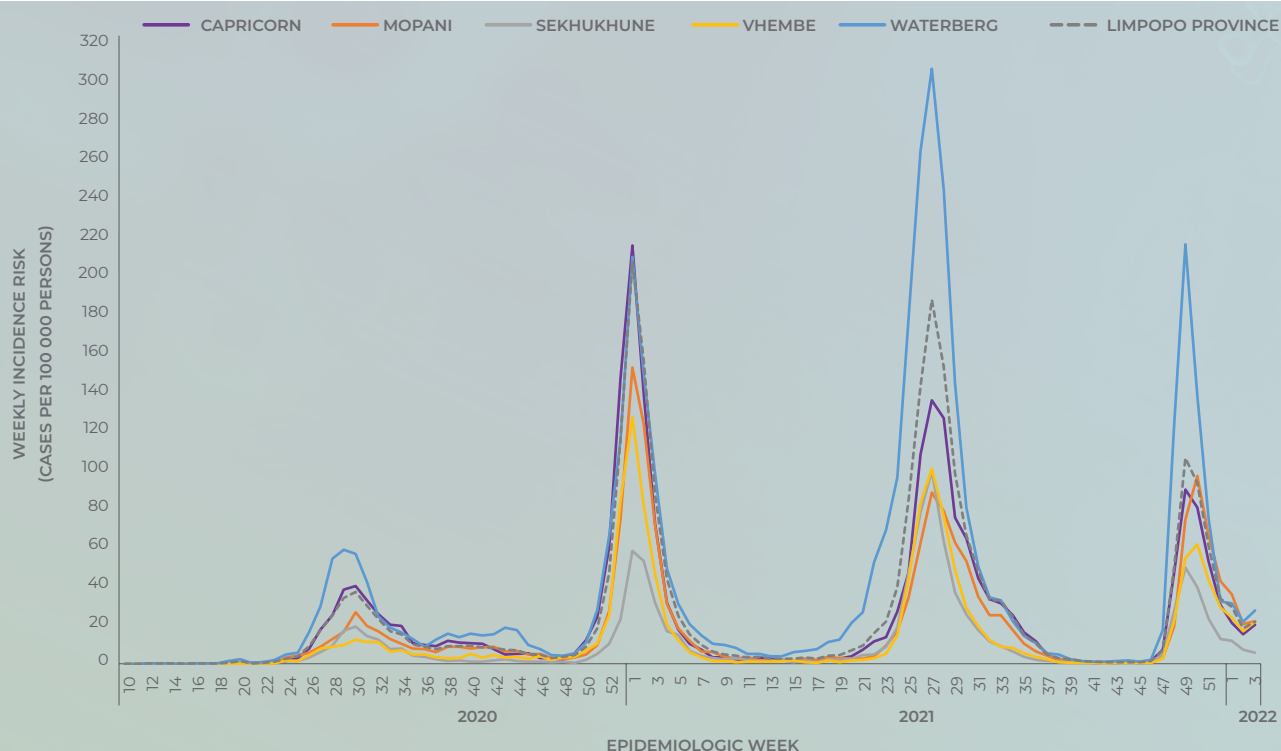


Figure 16. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Limpopo Province 3 March 2020 – 22 January 2022 (n = 108 807, 39 243 missing district)

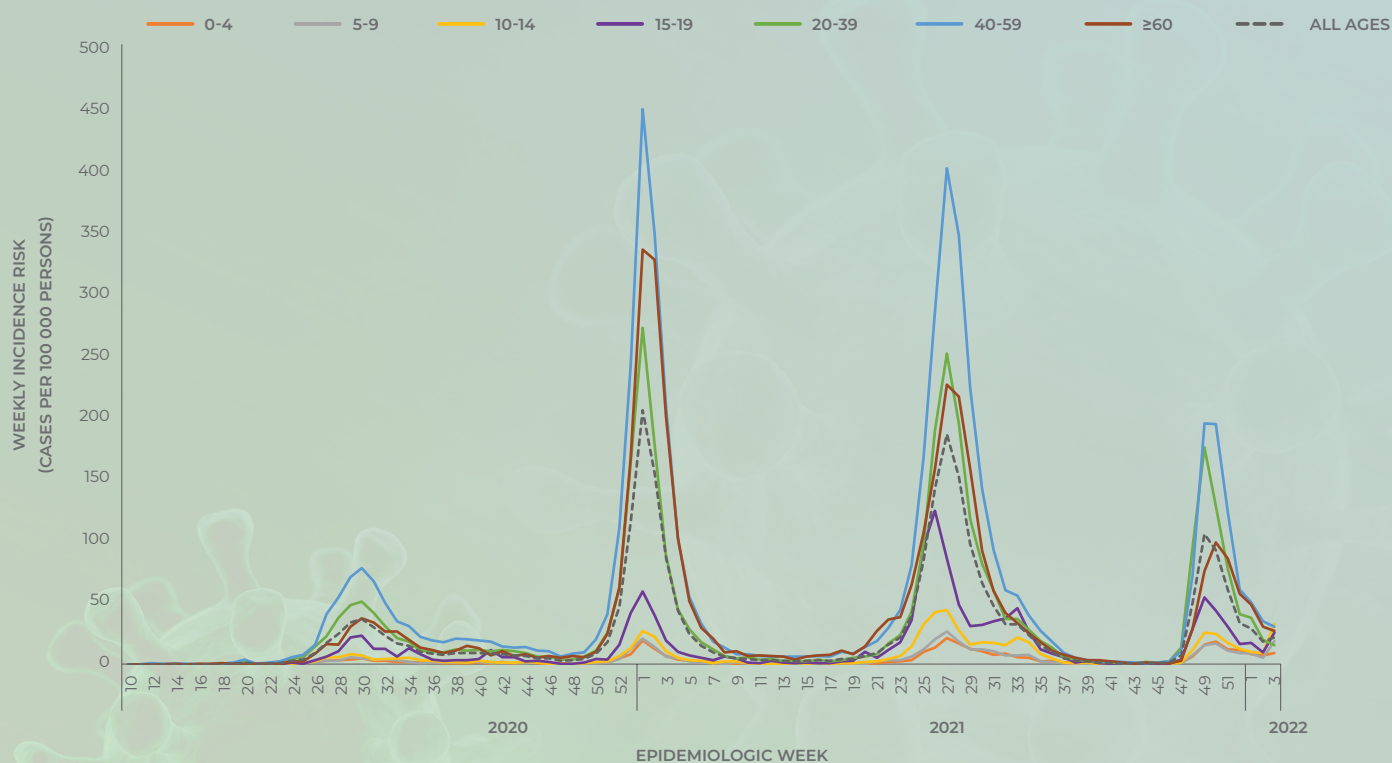


Figure 17. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Limpopo Province 3 March 2020 – 22 January 2022 (n = 147 342, 708 missing age)

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Mpumalanga Province

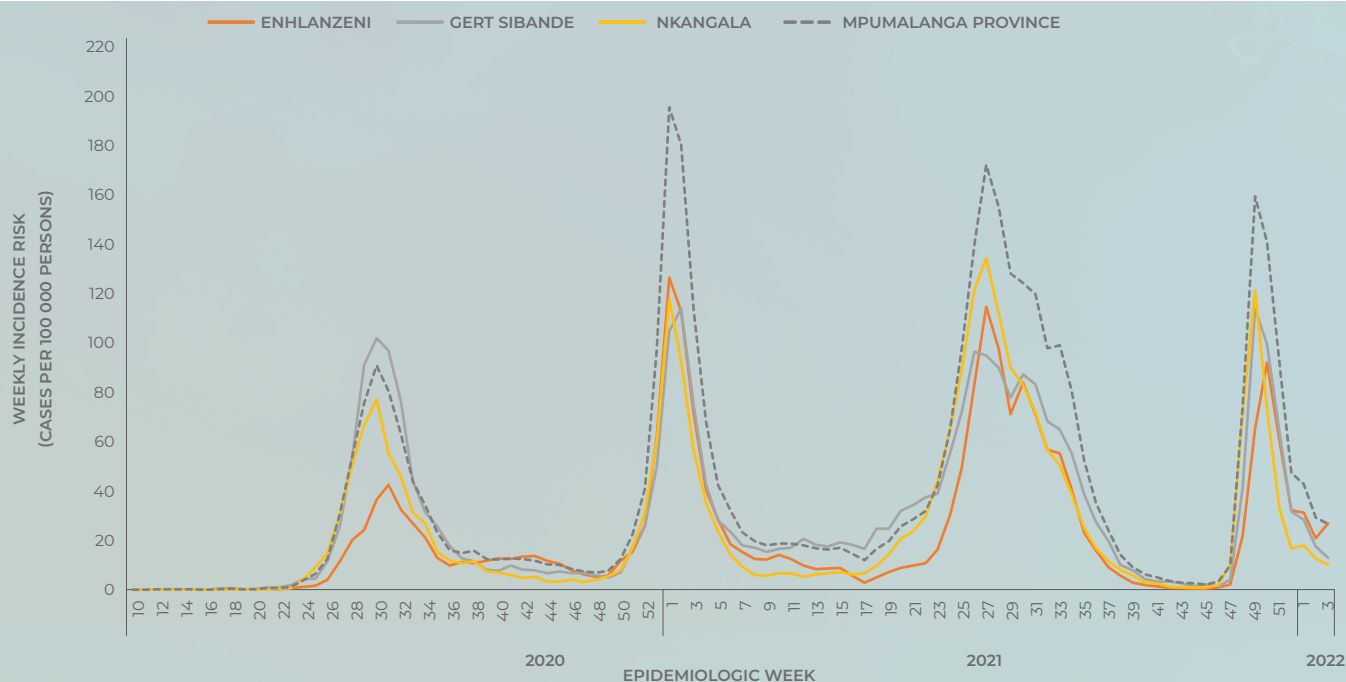


Figure 18. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Mpumalanga Province 3 March 2020 – 22 January 2022 (n = 118 289, 64 134 missing district)

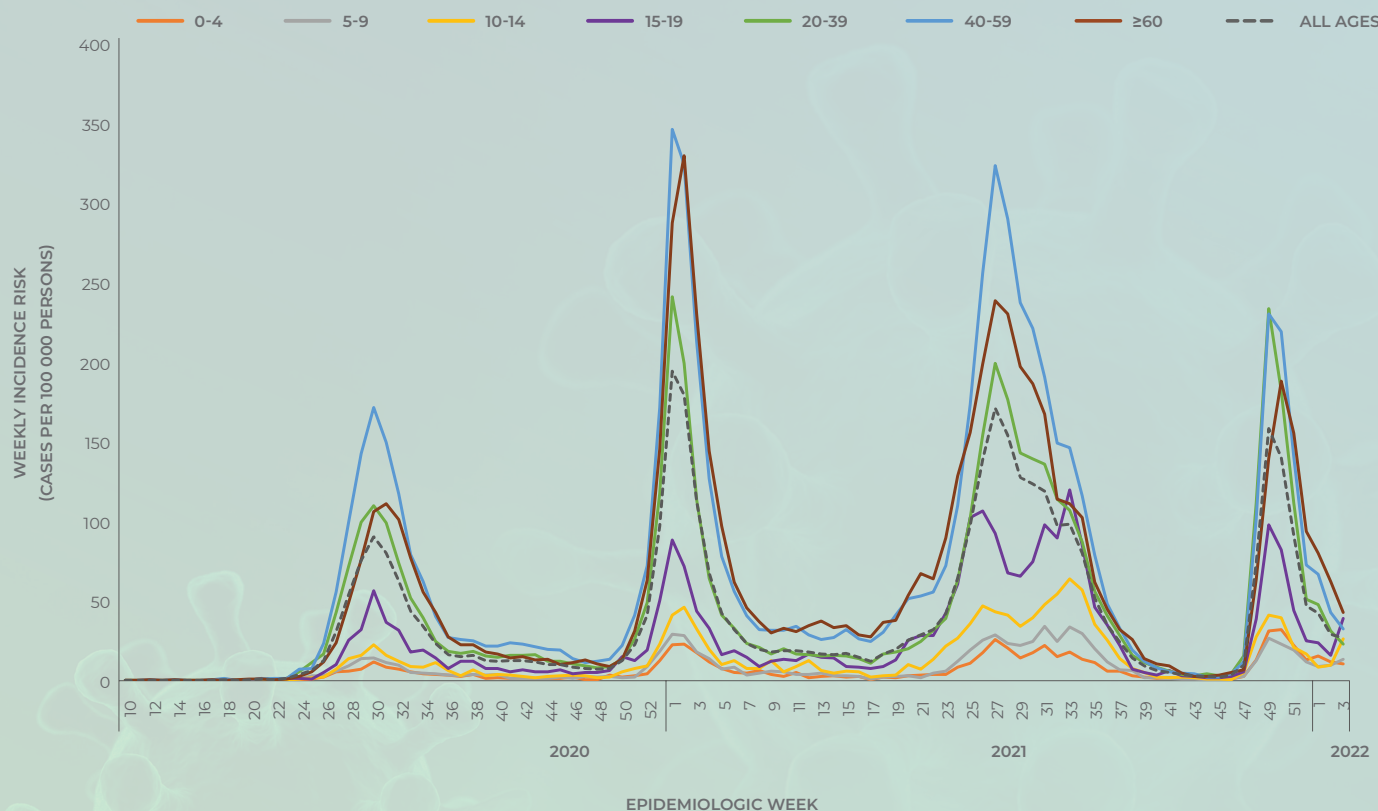


Figure 19. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group and epidemiologic week Mpumalanga Province 3 March 2020 – 22 January 2022 (n = 178 566, 3 857 missing age)

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North West Province

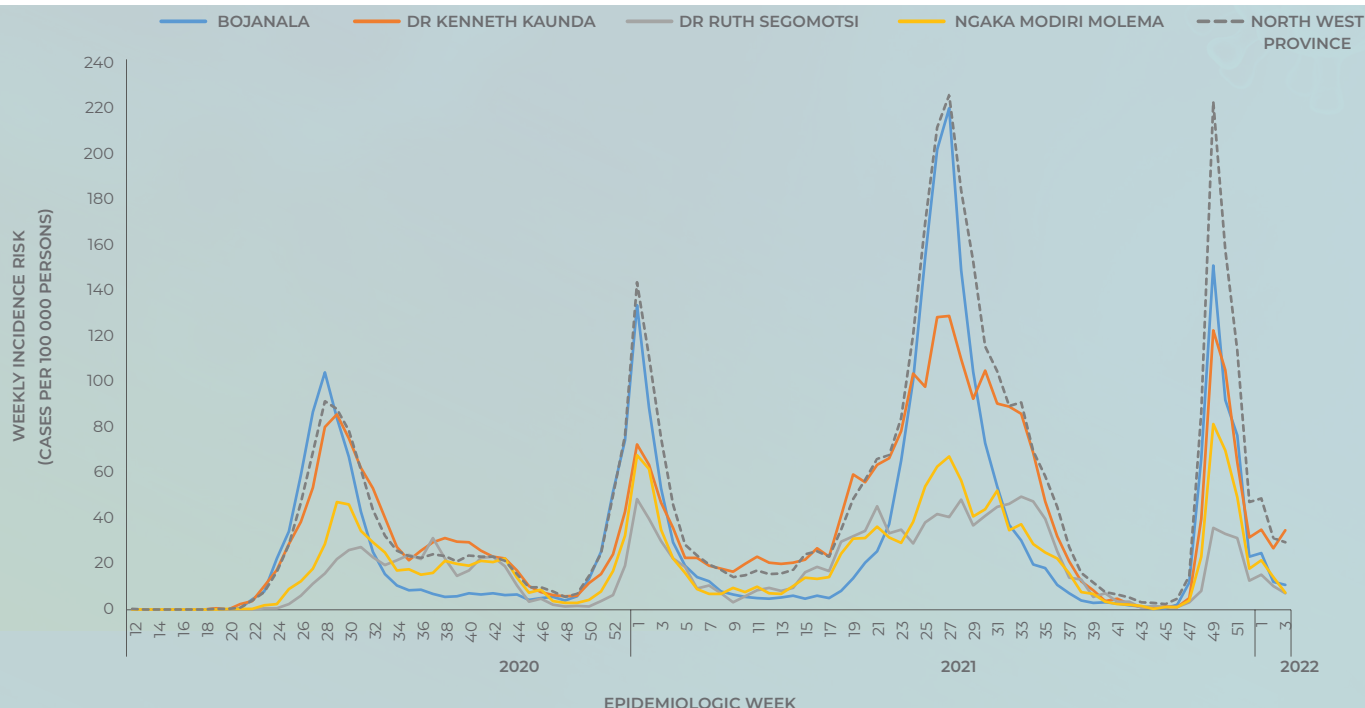


Figure 20. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week North West Province 3 March 2020 – 22 January 2022 (n = 113 136, 71 211 missing district)

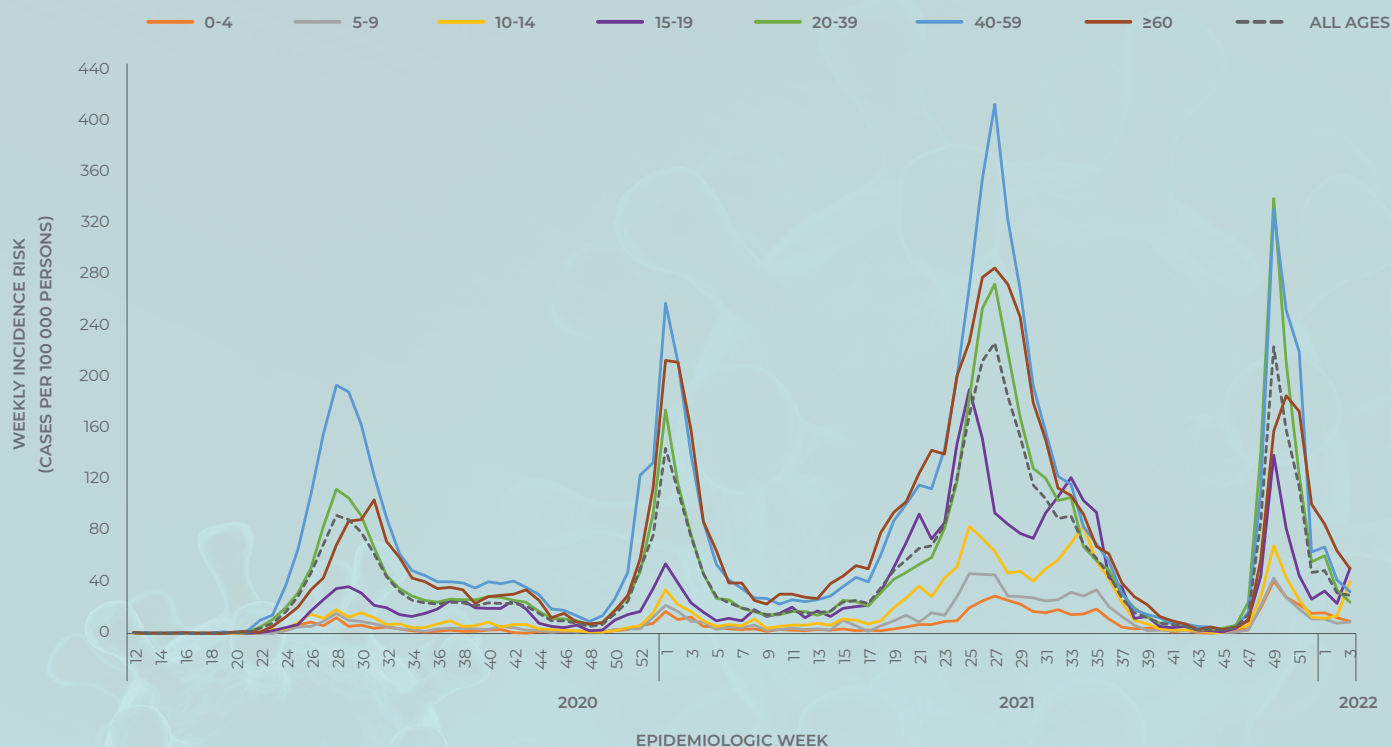


Figure 21. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week North West Province 3 March 2020 – 22 January 2022 (n = 181 967, 2 380 missing age)

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Northern Cape Province

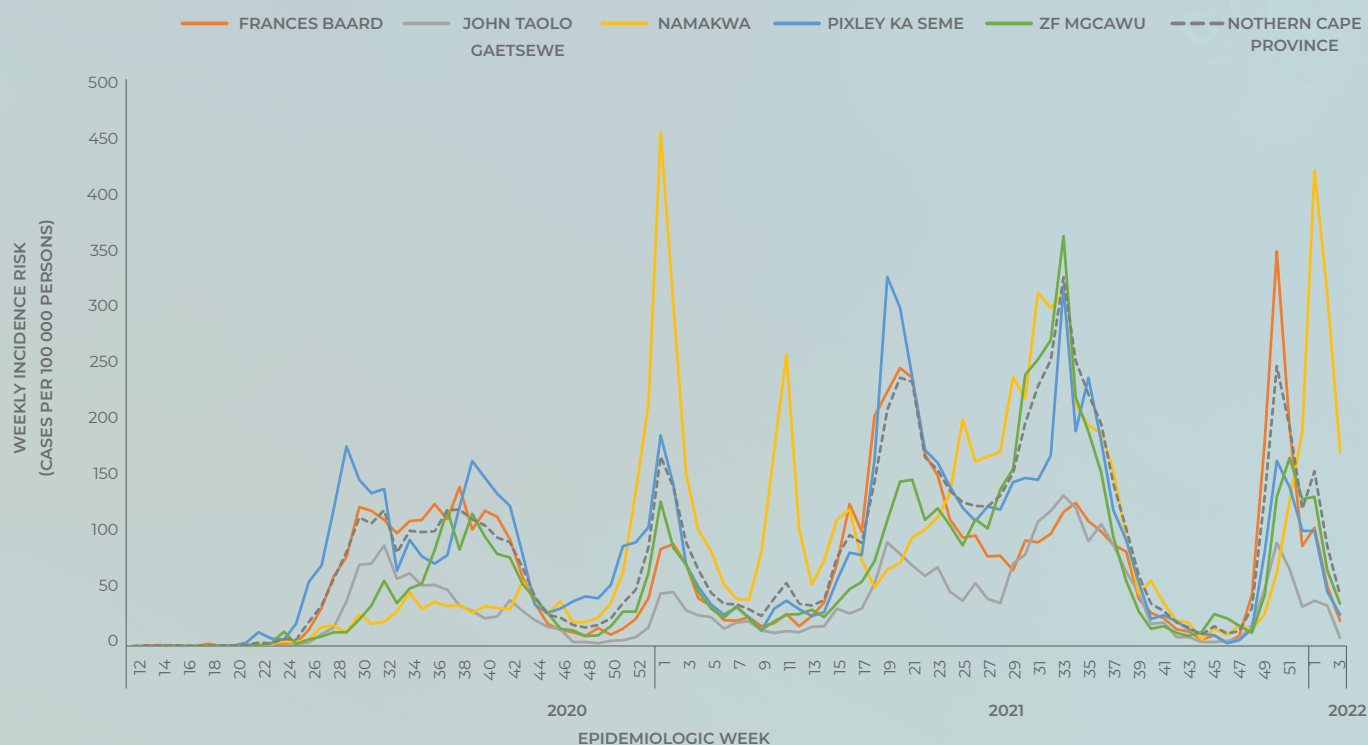


Figure 22. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Northern Cape Province 3 March 2020 – 22 January 2022 (n = 81 329, 25 134 missing district)

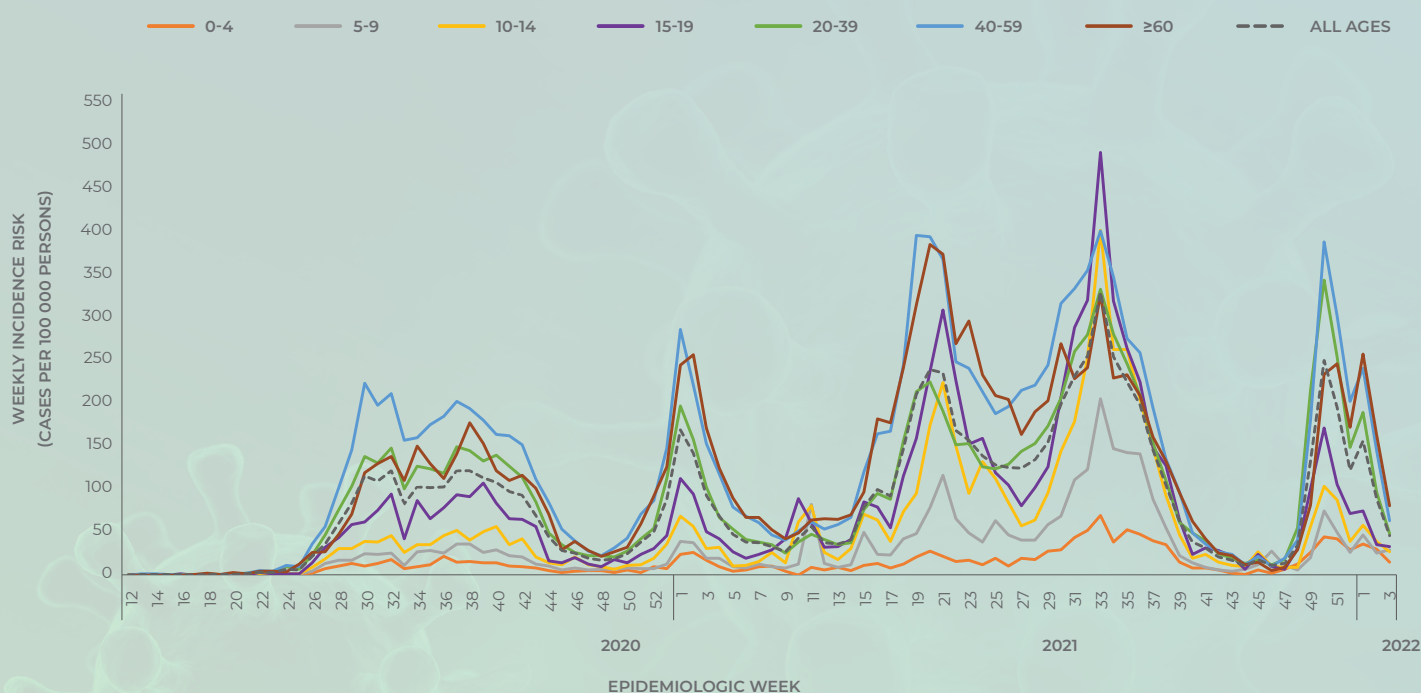


Figure 23 Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Northern Cape Province 3 March 2020 – 22 January 2022 (n = 105 760, 703 missing age)

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 2 of 2022 onwards, we used 2021 mid-year population estimates to calculate incidence risk (cumulative and weekly incidence). For historical reports published from week 41 of 2020 to week 1 of 2022, 2020 mid-year population estimates were used, and 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 of 2020 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.