

SOUTH AFRICA WEEK 11 2022

OVERVIEW OF REPORT

This report summarises national laboratory testing for SARS-CoV-2, the virus causing COVID-19, in South Africa. This report is based on data for specimens reported up to 19 March 2022 (Week 11 of 2022).

HIGHLIGHTS

- The number of tests reported in week 11 of 2022 (151,351: 115,528 PCR and 35,823 antigen tests) was similar to the number of tests reported in the previous week.
- In week 11, the testing rate was highest in Gauteng (396 per 100,000 persons) and lowest in Limpopo (63 per 100,000 persons).
- In week 11, the percentage testing positive was 6.2%, which was 0.8% lower than the previous week.
- In week 11, compared to the previous week, the percentage testing positive decreased in all provinces.
- The percentage testing positive in week 11 was highest in the Western Cape (11.6%) and was <10% in all other provinces.
- The percentage testing positive was highest in the 10-14 years age group (12.6%).

SOUTH AFRICA | WEEK 11 2022

Executive Summary:

- In the period 1 March 2020 through 19 March 2022, 23,364,290 tests for SARS-CoV-2 have been reported nationally: 19,417,123 PCR and 3,947,167 antigen tests.
- The number of tests reported in week 11 of 2022 (n=151,351: 115,528 PCR and 35,823 antigen tests) was similar to the number of tests reported in the previous week.
- Gauteng reported the largest proportion of tests (41.1%), followed by KwaZulu-Natal (19.2%) and Western Cape (14.3%).
- The overall testing rate was similar to the previous week (249 per 100,000 persons in week 10 to 252 per 100,000 persons in week 11).
- In week 11, the testing rate were similar to the previous week in all provinces except in Gauteng, where a slight increase was observed. The testing rate was highest in Gauteng (396 per 100,000 persons) and lowest in Limpopo (63 per 100,000 persons).
- The testing rate in week 11 was highest in the ≥80 years age group (423 per 100,000 persons).
- In week 11, the percentage testing positive was 6.2%, which was 0.8% lower than the previous week (7.0% in week 10 to 6.2% in week 11, P<0.001).
- In the past week, the percentage testing positive decreased by 0.6% in the public sector (5.5% in week 10 to 4.9% in week 11, P<0.001) and by 1.2% in the private sector (8.1% in week 10 to 6.9% week 11, P<0.001).
- In week 11, compared to the previous week, the percentage testing positive decreased in all provinces.

- The percentage testing positive in week 11 was highest in the Western Cape (11.6%) and was <10% in all other provinces.
- Health sub-districts showing the highest percentage testing positive were concentrated in the Western Cape (n=18).
- In week 11, the percentage testing positive was highest in the 10-14 years age group (12.6%).
- Antigen tests accounted for 23.7% (35,823/ 151,351) of tests reported in week 11, however the number of antigen tests is likely underestimated due to under-reporting and delayed reporting of antigen tests.
- In week 11 the public sector accounted for 56.4% (20,189/35,823) of antigen tests reported. A decrease in the number of antigen tests reported was observed across all provinces in the past few weeks.
- The mean turnaround time for PCR tests reported in week 11 was 0.6 days; 1.0 day in the public sector and 0.5 days in the private sector. Turnaround times for public sector PCR tests decreased in Limpopo and remained at <2 days in all provinces.
- The mean turnaround time for antigen tests reported in week 11 was 22.3 days in the public sector and 0.1 days in the private sector.

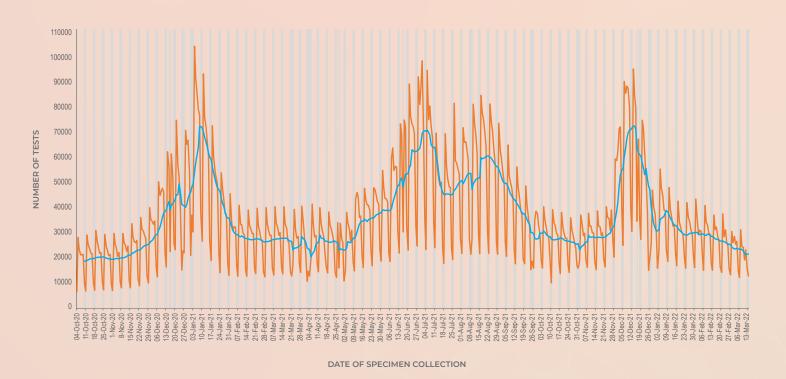


Figure 1. Number of SARS-CoV-2 tests reported by date of specimen collection, South Africa, 4 October 2020 – 19 March 2022. Blue line shows the 7-day moving average of the number of tests reported. Grey bars highlight weekend days and public holidays

Table 1. Weekly number of SARS-CoV-2 tests and positive tests reported, South Africa, 3 January 2021 – 19 March 2022

Week number	Week beginning	No. of tests n (%)	No. of positive tests	Percentage testing positive (%)		
	03-Jan-21	501383 (2.1)	151073	30.1		
2	10-Jan-21	418299 (1.8)	104825	25.1		
3	17-Jan-21	327531 (1.4)	63282	19.3		
4	24-Jan-21	249622 (1.1)	34652	13.9		
5	31-Jan-21	203796 (0.9)	22380	11.0		
6	07-Feb-21	193340 (0.8)	16476	8.5		
7	14-Feb-21	190711 (0.8)	12191	6.4		
8	21-Feb-21	184729 (0.8)	10390	5.6		
9	28-Feb-21	189730 (0.8)	8695	4.6		
10	07-Mar-21	193454 (0.8)	8341	4.3		
11	14-Mar-21	185526 (0.8)	8156	4.4		
12	21-Mar-21	173273 (0.7)	7356	4.2		
13	28-Mar-21	163974 (0.7)	7063	4.3		
<u></u> 14	04-Apr-21	180873 (0.8)	7292	4.0		
15	11-Apr-21	185349 (0.8)	8847	4.8		
<u></u> 16	18-Apr-21	184920 (0.8)	9471	5.1		
<u></u>	25-Apr-21	160024 (0.7)	9182	5.7		
	02-May-21	193972 (0.8)		6.9		
<u></u>	09-May-21	240292 (1.0)	19939	8.3		
	16-May-21	248488 (1.1)		9.7		
<u></u>	23-May-21	262636 (1.1)	29778	11.3		
22	30-May-21	270303 (1.2)	36106	13.4		
	06-Jun-21	337911 (1.4)	59453	17.6		
	13-Jun-21	370985 (1.6)		23.7		
25	20-Jun-21	432588 (1.9)	118653	27.4		
	27-Jun-21	490245 (2.1)	146636	29.9		
<u>20</u> 27	04-Jul-21	443837 (1.9)	141460	31.9		
		320668 (1.4)	100954	31.5		
	18-Jul-21	313092 (1.3)	88443	28.2		
<u></u>	25-Jul-21	350485 (1.5)	88355	25.2		
<u></u>	01-Aug-21	372223 (1.6)		23.7		
32	08-Aug-21	359516 (1.5)	83378	23.2		
<u></u>	15-Aug-21	420836 (1.8)	95388	22.7		
<u></u>	22-Aug-21	391467 (1.7)		20.0		
	29-Aug-21	345227 (1.5)	55093	 		
<u></u>	05-Sep-21	300460 (1.3)				
	12-Sep-21	260660 (1.1)		9.2		
	19-Sep-21	209030 (0.9)	14011			
	26-Sep-21	207754 (0.9)	9491	 4.6		
40	03-Oct-21	197576 (0.8)	6450			
40 41	10-Oct-21	<u>197576 (0.8)</u> 191610 (0.8)	643U 5043	<u>3.3</u> 26		
		13.13.13 (3.13)	33.3			
42 43	17-Oct-21	185314 (0.8)	3412	1.8 		
<u>43</u> 44	24-Oct-21	177118 (0.8)	<u>2566</u>	<u>1.4</u>		
	31-Oct-21	182833 (0.8)	2104	1.2		
45	07-Nov-21	196614 (0.8)	2320	1.2		
46	14-Nov-21	196439 (0.8)	4809	2.4		
47	21-Nov-21	224205 (1.0)	18972	8.5		
48	28-Nov-21	380977 (1.6)	98367	25.8		
49	05-Dec-21	492448 (2.1)	174975	35.5		
50	12-Dec-21	424092 (1.8)	154758	36.5		
<u>51</u>	19-Dec-21	336746 (1.4)	117527	34.9		
52	20-Dec-21	214664 (0.9)	65815	30.7		
1	02-Jan-22	269673 (1.2)	60924	22.6		
2	09-Jan-22	228692 (1.0)	35045	15.3		

3	16-Jan-22	203841 (0.9)	23938	11.7	
4	23-Jan-22	208747 (0.9)	25704	12.3	
5_	24-Jan-22	205868 (0.9)	22870	11.1	
6	06-Feb-22	198958 (0.9)	20316	10.2	
7	13-Feb-22	186778 (0.8)	18993	10.2	
8	14-Feb-22	177135 (0.8)	16210	9.2	
9	27-Feb-22	164714 (0.7)	13007	7.9	
10	06-Mar-22	149636 (0.6)	10522	7.0	
11	13-Mar-22	151351 (0.6)	9325	6.2	
	Total	23,364,290 (100.0)	4,030,665		

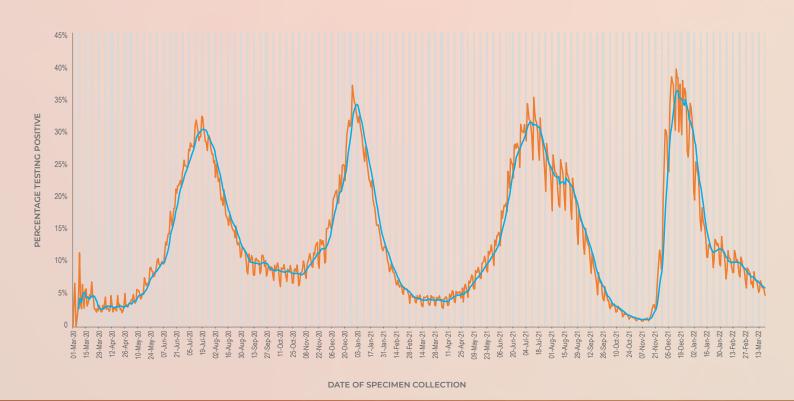


Figure 2. Percentage of tests positive for SARS-CoV-2 by date of specimen collection, South Africa, 1 March 2020 - 19 March 2022. Blue line shows the 7-day moving average of the percentage testing positive. Grey bars highlight weekend days and public holidays.

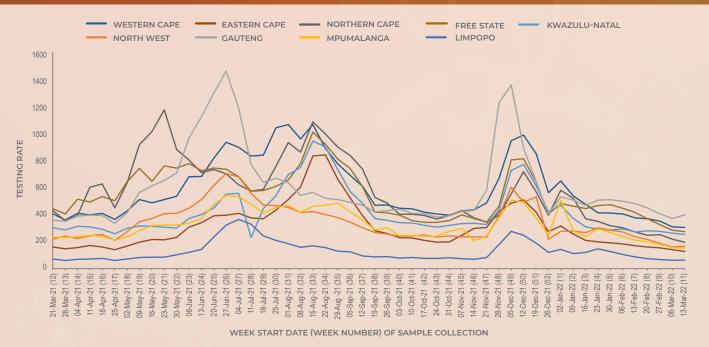


Figure 3. Testing rate per 100,000 persons by province and week of specimen collection, South Africa, 21 March 2021 – 19 March 2022

Table 2. Weekly number of tests and positive tests reported by province, South Africa, 27 February – 19 March 2022

		27 Feb	- 5 Mar 2022	6-12	Mar 2022	13-19	Mar 2022	12	
Province	Population ^a	No. of tests	No. positive tests (%)	No. of tests	No. positive tests (%)	No. of tests	No. positive tests (%)	Tests per 100,000 persons	Change in percentage positive ^b
Western Cape	7113776	24940	2894 (11.6)	21821	2678 (12.3)	21639	2507 (11.6)	304	-0.7%
Eastern Cape	6676590	10145	504 (5.0)	9285	414 (4.5)	8382	294 (3.5)	126	-1.0%
Northern Cape	1303047	3247	253 (7.8)	2818	208 (7.4)	2530	152 (6.0)	194	-1.4%
Free State	2932441	9471	660 (7.0)	8295	437 (5.3)	7991	304 (3.8)	273	-1.5%
KwaZulu-Natal	11513575	31555	2135 (6.8)	30191	1782 (5.9)	28986	1582 (5.5)	252	-0.4%
North West	4122854	7654	681 (8.9)	6579	476 (7.2)	6830	330 (4.8)	166	-2.4%
Gauteng	15810388	63729	4827 (7.6)	58340	3741 (6.4)	62673	3610 (5.8)	396	-0.7%
Mpumalanga	4743584	8463	726 (8.6)	7395	530 (7.2)	7294	337 (4.6)	154	-2.5%
Limpopo	5926724	3967	250 (6.3)	3685	193 (5.2)	3712	147 (4.0)	63	-1.3%
Unknown		1543	77 (5.0)	1227	63 (5.1)	1314	62 (4.7)		
Total	60142978	164714	13007 (7.9)	149636	10522 (7.0)	151351	9325 (6.2)	252	-0.8%



Figure 4. Weekly percentage testing positive by province, South Africa, 27 February – 19 March 2022. The horizontal blue line shows the national mean for week 11, beginning 13 March 2022

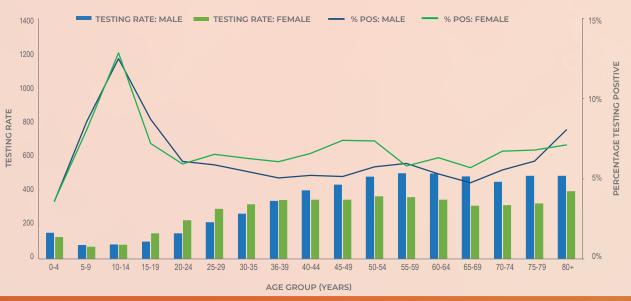


Figure 5. Testing rates per 100,000 persons and percentage testing positive by age group and sex, South Africa, week 11, 13-19 March 2022

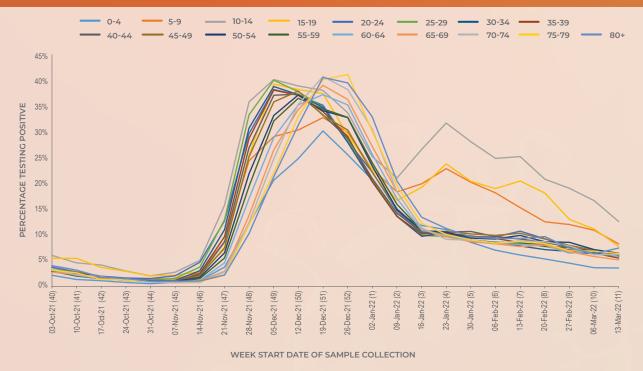


Figure 6. Percentage testing positive by age group and week of specimen collection, South Africa, 3 October 2021 – 19 March 2022

SOUTH AFRICA | WEEK 11 2022

Table 3. Health sub-districts with the highest proportion testing positive based on public and private sector data for the week of 13-19 March 2022

Health district or sub-district	Province	PTP (95% CI)	Previous week
Swartland	Western Cape	0.340 (0.199-0.482)	0.200 (0.074-0.325)
Karoo Hoogland	Northern Cape	0.231 (0.093-0.369)	0.270 (0.122-0.418)
Randfontein	Gauteng	0.228 (0.193-0.263)	0.315 (0.275-0.354)
Saldanha Bay	Western Cape	0.222 (0.176-0.267)	0.177 (0.138-0.216)
CT Northern	Western Cape	0.192 (0.171-0.212)	0.173 (0.154-0.192)
CT Eastern	Western Cape	0.187 (0.164-0.209)	0.147 (0.127-0.166)
Matzikama	Western Cape	0.166 (0.097-0.234)	0.167 (0.110-0.224)
Overstrand	Western Cape	0.164 (0.124-0.205)	0.137 (0.102-0.171)
Lephalale	Limpopo	0.163 (0.112-0.213)	0.099 (0.063-0.135)
Ga-Segonyana	Northern Cape	0.155 (0.049-0.260)	0.053 (0.008-0.098)
CT Tygerberg	Western Cape	0.153 (0.138-0.167)	0.159 (0.145-0.174)
uPhongolo	KwaZulu-Natal	0.151 (0.105-0.197)	0.074 (0.045-0.102)
Drakenstein	Western Cape	0.150 (0.124-0.177)	0.144 (0.120-0.168)
Knysna	Western Cape	0.150 (0.101-0.200)	0.136 (0.087-0.185)
Mamusa	North West	0.141 (0.026-0.255)	0.040 (0.000-0.094)
Mossel Bay	Western Cape	0.138 (0.104-0.172)	0.104 (0.075-0.134)
Swellendam	Western Cape	0.137 (0.053-0.221)	0.191 (0.100-0.282)
Breede Valley	Western Cape	0.132 (0.092-0.172)	0.196 (0.152-0.240)
George	Western Cape	0.132 (0.106-0.158)	0.157 (0.131-0.183)
Witzenberg	Western Cape	0.132 (0.033-0.230)	0.165 (0.076-0.255)
Stellenbosch	Western Cape	0.129 (0.101-0.157)	0.171 (0.141-0.201)
Nqutu	KwaZulu-Natal	0.129 (0.080-0.177)	0.088 (0.050-0.126)
CT Western	Western Cape	0.126 (0.116-0.137)	0.122 (0.112-0.132)
Oudtshoorn	Western Cape	0.125 (0.072-0.178)	0.135 (0.075-0.195)
Langeberg	Western Cape	0.122 (0.050-0.193)	0.121 (0.053-0.189)

95% CI: 95% confidence interval; PTP: adjusted positive test proportion; Elements marked in red have current week proportions testing positive that are higher than, and CIs that do not overlap with, the previous week proportions and CIs. Elements marked in the have current week proportions testing positive that are than, and CIs that do not overlap with, the previous week proportions and CIs.

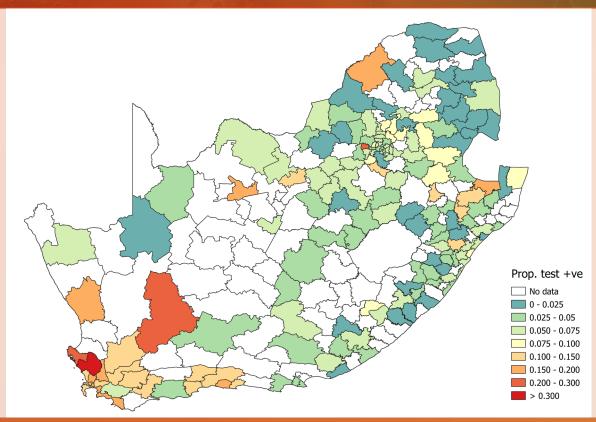


Figure 7. Proportion testing positive by health sub-district in South Africa for the week of 13-19 March 2022. Areas shaded white represent districts in which either (i) no tests were reported (ii) all tests were negative or (iii) the confidence interval exceeded 30%.

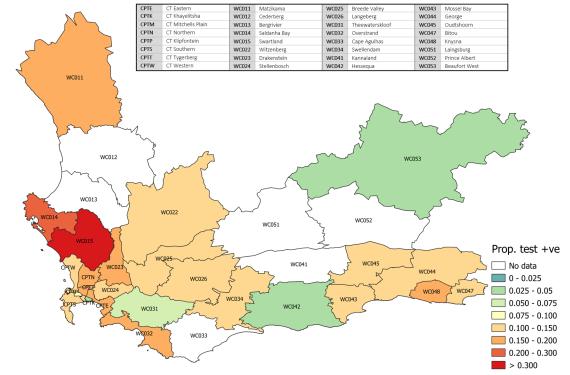


Figure 8. Proportion testing positive by health sub-district in the Western Cape Province for the week of 13-19 March 2022. Areas shaded white represent districts in which either (i) no tests were reported (ii) all tests were negative or (iii) the confidence interval exceeded 30%

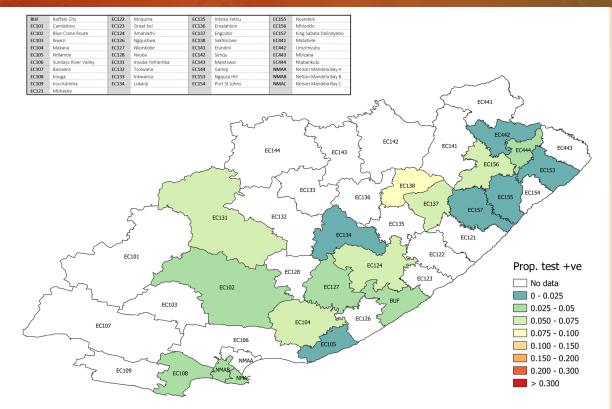


Figure 9. Proportion testing positive by health sub-district in the Eastern Cape Province for the week of 13-19 March 2022. Areas shaded white represent districts in which either (i) no tests were reported (ii) all tests were negative or (iii) the confidence interval exceeded 30%.

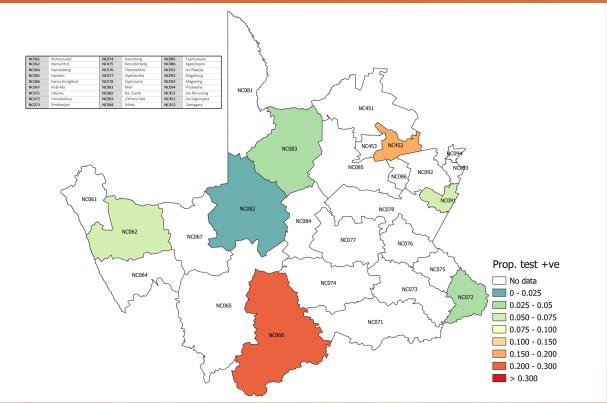


Figure 10. Proportion testing positive by health sub-district in Northern Cape Province for the week of 13-19 March 2022. Areas shaded white represent districts in which either (i) no tests were reported (ii) all tests were negative or (iii) the confidence interval exceeded 30%.

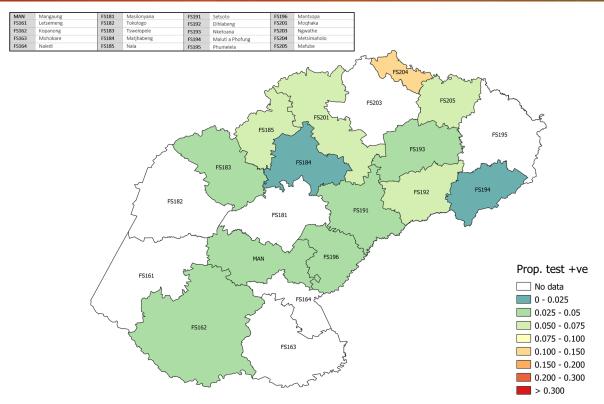


Figure 11. Proportion testing positive by health sub-district in Free State Province for the week of 13-19 March 2022. Areas shaded white represent districts in which either (i) no tests were reported (ii) all tests were negative or (iii) the confidence interval exceeded 30%.

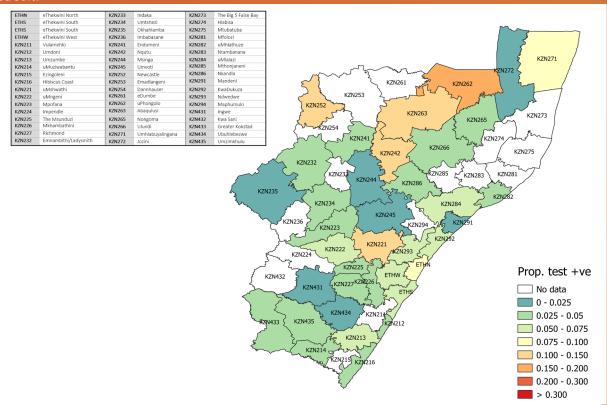


Figure 12. Proportion testing positive by health sub-district in KwaZulu-Natal Province for the week of 13-19 March 2022. Areas shaded white represent districts in which either (i) no tests were reported (ii) all tests were negative or (iii) the confidence interval exceeded 30%.

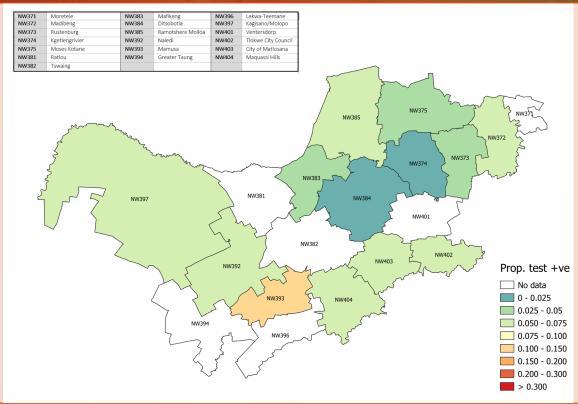


Figure 13. Proportion testing positive by health sub-district in North West Province for the week of 13-19 March 2022. Areas shaded white represent districts in which either (i) no tests were reported (ii) all tests were negative or (iii) the confidence interval exceeded 30%.

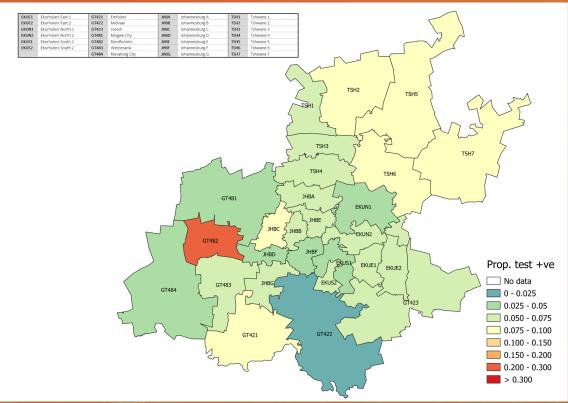


Figure 14. Proportion testing positive by health sub-district in Gauteng Province for the week of 13-19 March 2022. Areas shaded white represent districts in which either (i) no tests were reported (ii) all tests were negative or (iii) the confidence interval exceeded 30%.

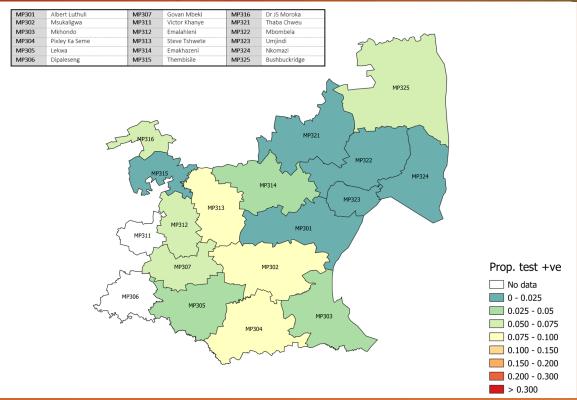


Figure 15. Proportion testing positive by health sub-district in Mpumalanga Province for the week of 13-19 March 2022. Areas shaded white represent districts in which either (i) no tests were reported (ii) all tests were negative or (iii) the confidence interval exceeded 30%.

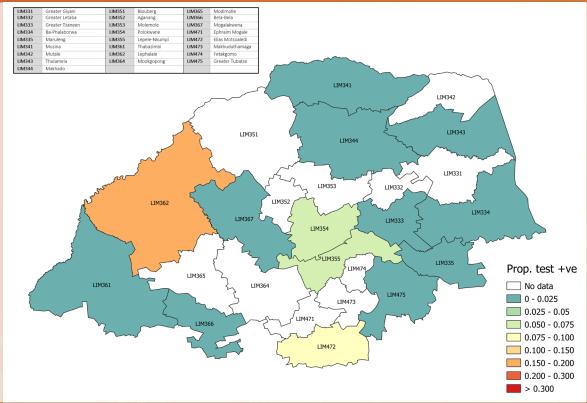


Figure 16. Proportion testing positive by health sub-district in Limpopo Province for the week of 13-19 March 2022. Areas shaded white represent districts in which either (i) no tests were reported (ii) all tests were negative or (iii) the confidence interval exceeded 30%.

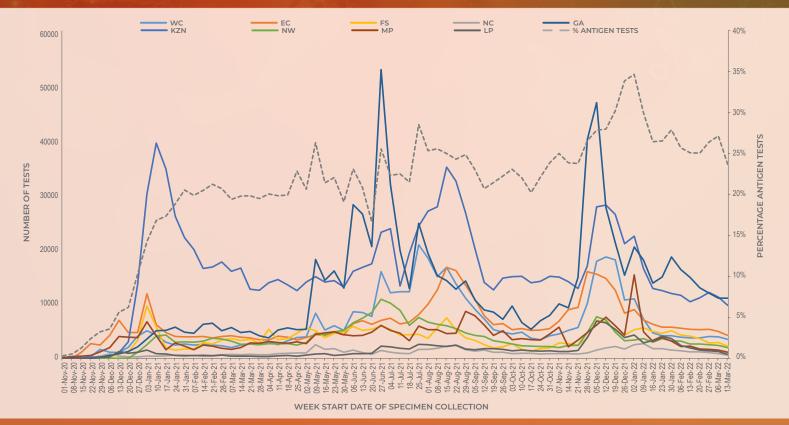


Figure 17. Number of antigen tests by province and overall percentage antigen tests, South Africa, 1 November 2020 – 19 March 2022. WC Western Cape; EC Eastern Cape; FS Free State; KZN KwaZulu-Natal; GA Gauteng; NC Northern Cape; NW North West; MP Mpumalanga; LP Limpopo

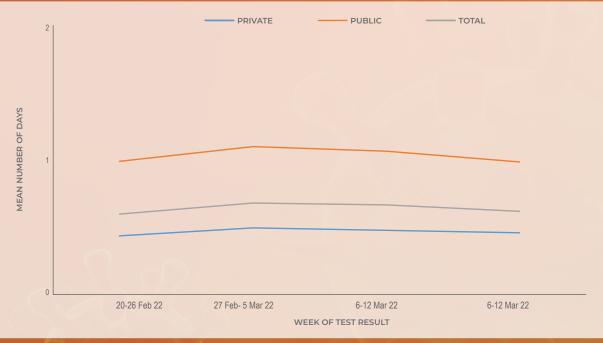


Figure 18. Mean number of days between date of specimen collection and date of test result for PCR tests by week of test result, South Africa, 20 February - 19 March 2022.

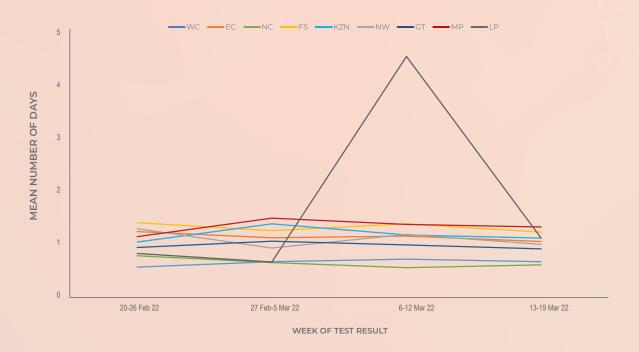


Figure 19. Mean number of days between date of specimen collection and date of test result for PCR tests in the public sector by week of test result and province, South Africa, 20 February – 19 March 2022. WC Western Cape; EC Eastern Cape; FS Free State; KZN KwaZulu-Natal; GT Gauteng; NC Northern Cape; NW North West; MP Mpumalanga; LP Limpopo

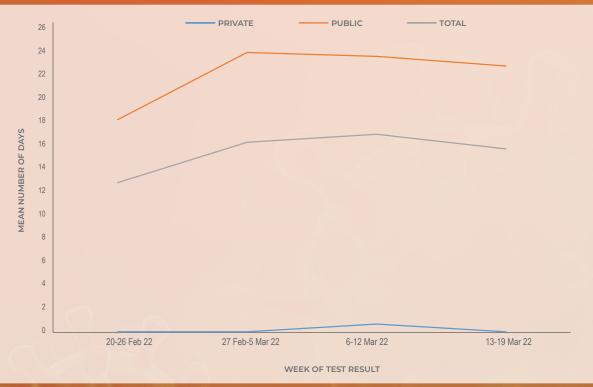


Figure 20. Mean number of days between date of specimen collection and date of test result for antigen tests by week of test result, South Africa, 20 February – 19 March 2022.

SOUTH AFRICA | WEEK 11 2022

Methods

Testing for SARS-CoV-2 began on 28 January 2020 at the NICD and after the first case was confirmed on 5th March 2020, testing was expanded to a larger network of private and NHLS laboratories. Laboratory testing was conducted for people meeting the case definition for persons under investigation (PUI). This definition was updated several times over the reporting period but at different times included (i) symptomatic individuals seeking testing, (ii) hospitalised individuals for whom testing was done, (iii) individuals in high-risk occupations, (iv) individuals in outbreak settings, and (v) individuals identified through community screening and testing (CST) programmes which were implemented in April 2020 and was discontinued from the week beginning 17th May. CST was implemented differently in different provinces, and ranged from mass screening approaches (including asymptomatic individuals) to screening of individuals in contact with a confirmed case to targeted testing of clusters of cases. Respiratory specimens were submitted to testing laboratories. Testing was performed using reverse transcriptase real-time PCR, which detects SARS-CoV-2 viral genetic material. 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 towards the end of October 2020. Results of reported rapid antigen-based tests are included in this report, however data are incomplete and efforts are ongoing to improve data completeness.

Test results were automatically fed into a data warehouse after result authorisation. We excluded specimens collected outside South Africa and duplicate entries of the same test for an individual. From week 49 of 2020 onwards, test data were reported from the Notifiable Medical Conditions Surveillance System (NMCSS). Date of specimen receipt in the laboratory was used when date of specimen collection was missing. Proportion testing positive (PTP) was calculated as the number of positive tests/total number of tests and presented as percentage by multiplying with 100. Testing rates were calculated using mid-year population estimates from Statistics South Africa and expressed as tests per 100,000 (2019 estimates were used from week 10 - 40 of 2020, 2020 estimates were used from week 41 2021

to week 1 of 2022 and 2021 estimates were used from week 2 of 2022 and onwards). Laboratory turnaround times were calculated as the mean number of days between specimen collection and reporting of the result. Categorical variables were compared using the chi-squared test, with a P-value<0.05 considered statistically significant.

Health district and sub-district (in the metros) level results were mapped based on geo-locatable public (approximately 98% of public sector facilities in the country) and private (approximately 78% of private testing facilities) sector testing facilities. Estimates of overall prevalence were derived using regression techniques. Estimates were adjusted to produce district-specific positive test prevalences based on the national average age and sex profile of testing for that week. This adjustment allows more accurate comparison of the proportion testing positive across districts. Districts with fewer than 20 tests reported during the week have been excluded from the analysis.

Limitations

- A backlog in testing of samples by laboratories affects the reported number of tests. As a result, numbers tested during this period may change in subsequent reports.
- If higher-priority specimens were tested preferentially this would likely result in an inflated proportion testing positive.
- Different and changing testing strategies (targeted vs. mass testing, PCR vs. antigenbased tests or prioritisation of severe or at-risk cases during epidemic waves) used by different provinces makes percentage testing positive and number of reported tests difficult to interpret and compare.
- Health district and sub-district level were mapped based on the testing facility and not place of residence.
- Patient admission status was categorised based on the reported patient facility and may not reflect whether the patient was actually admitted to hospital.
- Antigen tests may be underestimated as they are used in a number of different settings and results may not be reported.