COVID-19 Weekly Testing Summary

Week 20 of 2022

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 21 May 2022 (Week 20 of 2022).

<u>Highlights:</u>

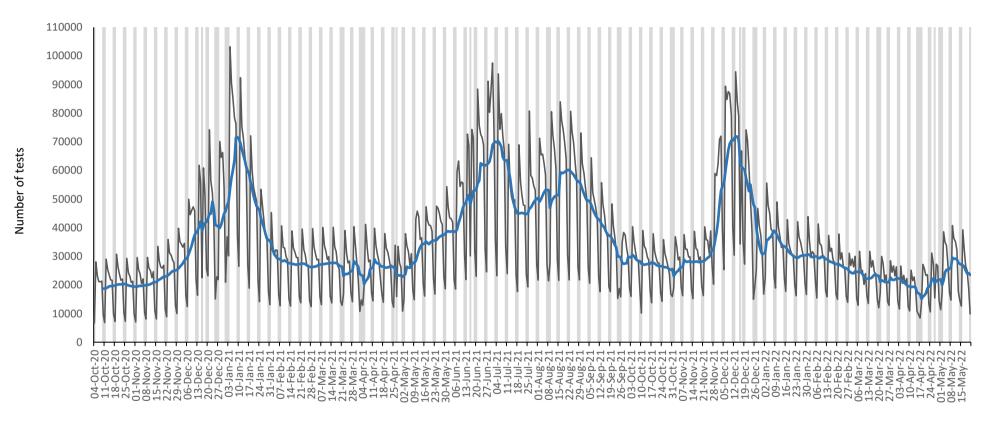
- The number of tests reported in week 20 of 2022 (164,406: 112,386 PCR and 52,020 antigen tests) was 14.2% lower than the number of tests reported in the previous week (n=191,652).
- In week 20, the testing rate was 273 per 100,000 persons; highest in Gauteng (428 per 100,000 persons) and lowest in Limpopo (40 per 100,000 persons).
- In week 20, the percentage testing positive was 22.0%, which was 3.1% lower than the previous week.
- In week 20, compared to the previous week, the percentage testing positive increased in the Northern Cape and decreased in the Free State, KwaZulu-Natal, Gauteng, North West and Limpopo provinces. The percentage testing positive was unchanged in the Western Cape, Eastern Cape and Mpumalanga.
- The percentage testing positive in week 20 was highest in the Northern Cape (34.9%) followed by the Western Cape (32.9%), and was between 20-30% in the Eastern Cape and Free State. The percentage testing positive was between 10-19% in all other provinces.
- In week 20, the percentage testing positive was highest in the ≥80 years age group (28.7%) followed by the 75-79 years age group (28.1%).

Executive Summary:

- In the period 1 March 2020 through 21 May 2022, 24,815,523 tests for SARS-CoV-2 have been reported nationally: 20,352,472 PCR and 4,463,051 antigen tests.
- The number of tests reported in week 20 of 2022 (n= 164,406: 112,386 PCR and 52,020 antigen tests) was 14.2% lower than the number of tests reported in the previous week (n=191,652 in week 19).
- Gauteng reported the largest proportion of tests (41.1%), followed by KwaZulu-Natal (18.9%) and Western Cape (14.2%).
- The overall testing rate decreased from the previous week (319 per 100,000 persons in week 19 to 273 per 100,000 persons in week 20).
- In week 20, testing rates decreased in Gauteng, KwaZulu-Natal and Free State provinces, and were similar to the previous week in all other provinces. The testing rate was highest in Gauteng (428 per 100,000 persons) and lowest in Limpopo (40 per 100,000 persons).
- The testing rate in week 20 was highest in the ≥80 years age group (573 per 100,000 persons).
- In week 20, the percentage testing positive was 22.0%, which was 3.1% lower than the previous week (25.1% in week 19 to 22.0% in week 20, P<0.001).

- In the past week, the percentage testing positive decreased by 2.6% in the public sector (19.5% in week 19 to 16.9% in week 20, P<0.001) and by 3.2% in the private sector (28.8% in week 19 to 25.6% in week 20, P<0.001).
- In week 20, compared to the previous week, the percentage testing positive increased in the Northern Cape and decreased in the Free State, KwaZulu-Natal, Gauteng, North West and Limpopo provinces. The percentage testing positive was unchanged in the Western Cape, Eastern Cape and Mpumalanga.
- The percentage testing positive in week 20 was highest in the Northern Cape (34.9%) followed by the Western Cape (32.9%), and was between 20-30% in the Eastern Cape and Free State. The percentage testing positive was between 10-19% in all other provinces.
- In week 20, health sub-districts showing the highest percentage testing positive were concentrated in the Western Cape (n=13) and Northern Cape (n=7).
- In week 20, the percentage testing positive was highest in the ≥80 years age group (28.7%) followed by the 75-79 years age group (28.1%). A decrease in the percentage testing positive was observed across all age groups in the past week.
- Antigen tests accounted for 31.6% (52,020/164,406) of tests reported in week 20, however the number of antigen tests is likely underestimated due to under-reporting and delayed reporting of antigen tests.
- In week 20 the public sector accounted for 50.0% (26,012/52,020) of antigen tests reported and a decrease in the number of antigen tests reported was observed in all provinces in the past week.
- The mean turnaround time for PCR tests reported in week 20 was 1.0 day; 1.3 days in the public sector and 0.8 days in the private sector. Turnaround times for public sector PCR tests decreased in the North West and were <2 days in all provinces.
- The mean turnaround time for antigen tests reported in week 20 was 6.1 days in the public sector and 0.1 days in the private sector.





Date of specimen collection

Figure 1. Number of SARS-CoV-2 tests reported by date of specimen collection, South Africa, 4 October 2020 – 21 May 2022. Blue line shows the 7-day moving average of the number of tests reported. Grey bars highlight weekend days and public holidays

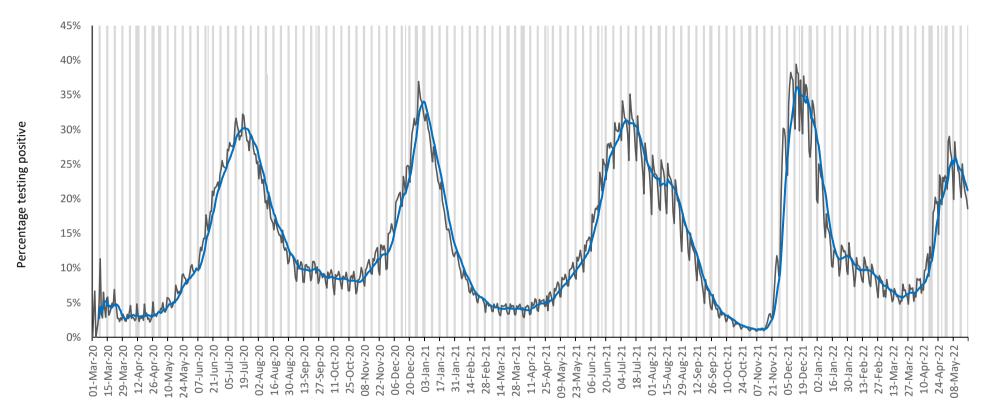
3

No. of tests Week Week No. of positive Percentage testing number beginning positive (%) n (%) tests 1 03-Jan-21 501386 (2.0) 151074 30.1 2 10-Jan-21 418300 (1.7) 104825 25.1 3 327534 (1.3) 17-Jan-21 63283 19.3 4 24-Jan-21 249623 (1.0) 34652 13.9 5 31-Jan-21 11.0 203797 (0.8) 22380 6 07-Feb-21 8.5 193340 (0.8) 16476 7 14-Feb-21 190714 (0.8) 12192 6.4 8 5.6 21-Feb-21 184731 (0.7) 10390 9 4.6 28-Feb-21 189730 (0.8) 8695 4.3 10 07-Mar-21 8341 193454 (0.8) 11 14-Mar-21 185527 (0.7) 8156 4.4 4.2 12 21-Mar-21 173275 (0.7) 7356 13 28-Mar-21 4.3 163975 (0.7) 7063 14 04-Apr-21 180875 (0.7) 7292 4.0 15 11-Apr-21 185350 (0.7) 8847 4.8 16 18-Apr-21 184922 (0.7) 9471 5.1 17 25-Apr-21 160025 (0.6) 9183 5.7 18 02-May-21 13464 6.9 193977 (0.8) 19 09-May-21 8.3 240329 (1.0) 19939 20 16-May-21 248497 (1.0) 24212 9.7 21 23-May-21 262638 (1.1) 29778 11.3 22 30-May-21 270321 (1.1) 36111 13.4 17.6 23 06-Jun-21 337915 (1.4) 59453 24 13-Jun-21 370990 (1.5) 23.7 88087 25 20-Jun-21 27.4 432622 (1.7) 118654 26 27-Jun-21 490249 (2.0) 146638 29.9 27 04-Jul-21 444061 (1.8) 141464 31.9 28 11-Jul-21 320773 (1.3) 100958 31.5 29 18-Jul-21 313232 (1.3) 88447 28.2 30 25-Jul-21 350617 (1.4) 88360 25.2 31 01-Aug-21 372296 (1.5) 88132 23.7 32 08-Aug-21 23.2 359599 (1.4) 83382 33 15-Aug-21 22.7 420919 (1.7) 95390 34 22-Aug-21 392615 (1.6) 78198 19.9 35 29-Aug-21 346106 (1.4) 55097 15.9 36 05-Sep-21 300488 (1.2) 38858 12.9 37 9.2 12-Sep-21 260673 (1.1) 24018

Table 1. Weekly number of SARS-CoV-2 tests and positive tests reported, South Africa, 3 January 2021- 21 May 2022

38	19-Sep-21	209089 (0.8)	14011	6.7
39	26-Sep-21	207816 (0.8)	9491	4.6
40	03-Oct-21	197893 (0.8)	6453	3.3
41	10-Oct-21	191734 (0.8)	5044	2.6
42	17-Oct-21	185608 (0.7)	3412	1.8
43	24-Oct-21	177189 (0.7)	2566	1.4
44	31-Oct-21	182910 (0.7)	2106	1.2
45	07-Nov-21	196673 (0.8)	2323	1.2
46	14-Nov-21	197166 (0.8)	4813	2.4
47	21-Nov-21	224594 (0.9)	18976	8.4
48	28-Nov-21	381931 (1.5)	98401	25.8
49	05-Dec-21	493187 (2.0)	175094	35.5
50	12-Dec-21	424482 (1.7)	154912	36.5
51	19-Dec-21	337055 (1.4)	117656	34.9
52	20-Dec-21	216544 (0.9)	66088	30.5
1	02-Jan-22	272505 (1.1)	61113	22.4
2	09-Jan-22	234365 (0.9)	35133	15.0
3	16-Jan-22	208393 (0.8)	24053	11.5
4	23-Jan-22	212504 (0.9)	25804	12.1
5	24-Jan-22	210074 (0.8)	22947	10.9
6	06-Feb-22	203109 (0.8)	20412	10.0
7	13-Feb-22	191163 (0.8)	19086	10.0
8	14-Feb-22	180701 (0.7)	16304	9.0
9	27-Feb-22	172533 (0.7)	13135	7.6
10	06-Mar-22	155311 (0.6)	10679	6.9
11	13-Mar-22	163521 (0.7)	9866	6.0
12	20-Mar-22	146197 (0.6)	9448	6.5
13	27-Mar-22	156349 (0.6)	10238	6.5
14	03-Apr-22	136883 (0.6)	10571	7.7
15	10-Apr-22	119476 (0.5)	12262	10.3
16	17-Apr-22	135480 (0.5)	24078	17.8
17	24-Apr-22	152796 (0.6)	33720	22.1
18	01-May-22	179692 (0.7)	47384	26.4
19	08-May-22	191652 (0.8)	48018	25.1
20	15-May-22	164406 (0.7)	36183	22.0
	Total	24,815,523 (100.0)	4,265,041	



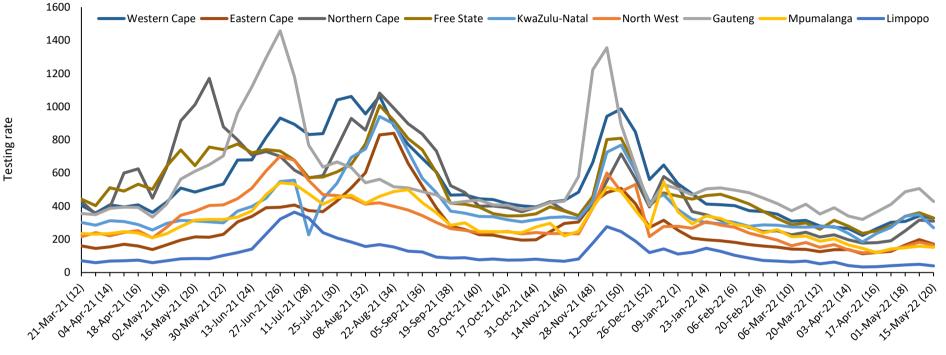


Date of specimen collection

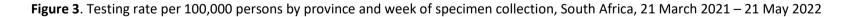
Figure 2. Percentage of tests positive for SARS-CoV-2 by date of specimen collection, South Africa, 1 March 2020 – 21 May 2022. Blue line shows the 7-day moving average of the percentage testing positive. Grey bars highlight weekend days and public holidays.

6





Week start date (week number) of sample collection



7

		1-7 No. of	May 2022 No. positive	8-14 No. of	4 May 2022 No. positive	No. of	15-21 May 20 No. positive	022 Testing rate per	Change in percentage positive from previous
Province	Population ^a	tests	tests (%)	tests	tests (%)	tests	tests (%)	100000	week ^b
Western Cape	7113776	21942	6685 (30.5)	24308	8104 (33.3)	23299	7666 (32.9)	328	-0.4%
Eastern Cape	6676590	11084	2717 (24.5)	13221	3326 (25.2)	11436	2912 (25.5)	171	0.3%
Northern Cape	1303047	3271	802 (24.5)	4121	1184 (28.7)	4034	1408 (34.9)	310	6.2%
Free State	2932441	9962	2334 (23.4)	10586	2692 (25.4)	9644	2316 (24.0)	329	-1.4%
KwaZulu-Natal	11513575	39118	11727 (30.0)	40268	9758 (24.2)	31085	5727 (18.4)	270	-5.8%
North West	4122854	6516	1237 (19.0)	7526	1585 (21.1)	6812	1242 (18.2)	165	-2.8%
Gauteng	15810388	76932	20049 (26.1)	80116	19323 (24.1)	67617	13242 (19.6)	428	-4.5%
Mpumalanga	4743584	7066	1152 (16.3)	7536	1362 (18.1)	7226	1226 (17.0)	152	-1.1%
Limpopo	5926724	2699	440 (16.3)	2941	464 (15.8)	2384	296 (12.4)	40	-3.4%
Unknown		1102	241 (21.9)	1029	220 (21.4)	869	148 (17.0)		
Total	60142978	179692	47384 (26.4)	191652	48018 (25.1)	164406	36183 (22.0)	273	-3.1%

Table 2. Weekly number of tests and positive tests reported by province, South Africa, 1 – 21 May 2022

^a 2021 Mid-year population Statistics SA

^bCurrent week compared to previous week

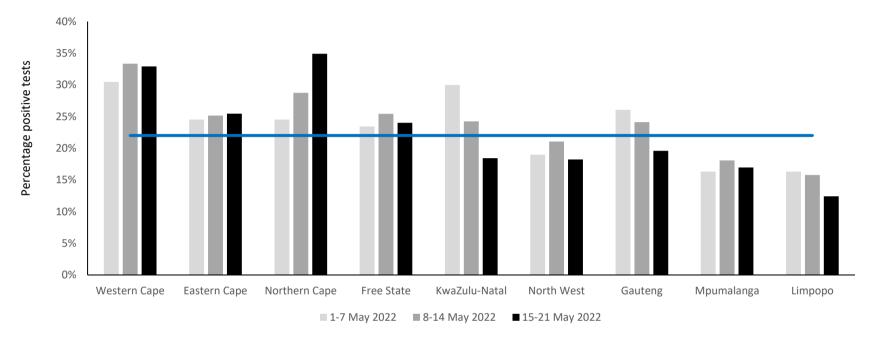
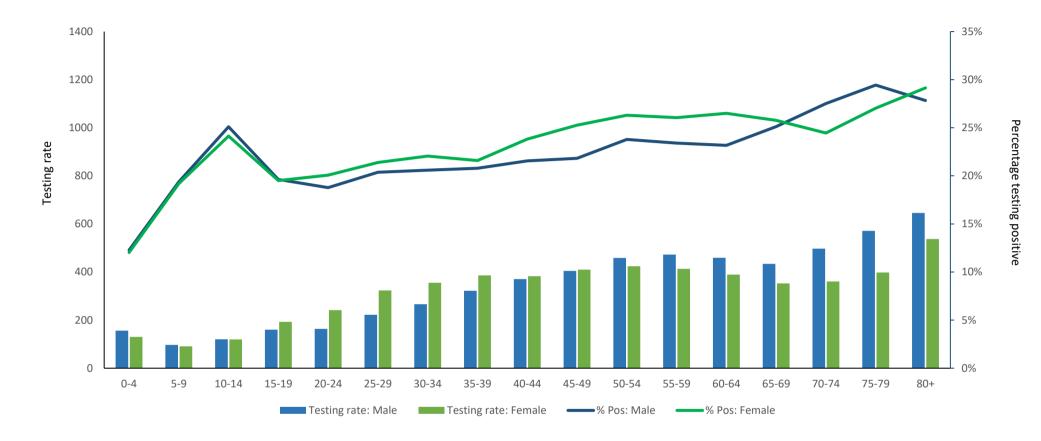




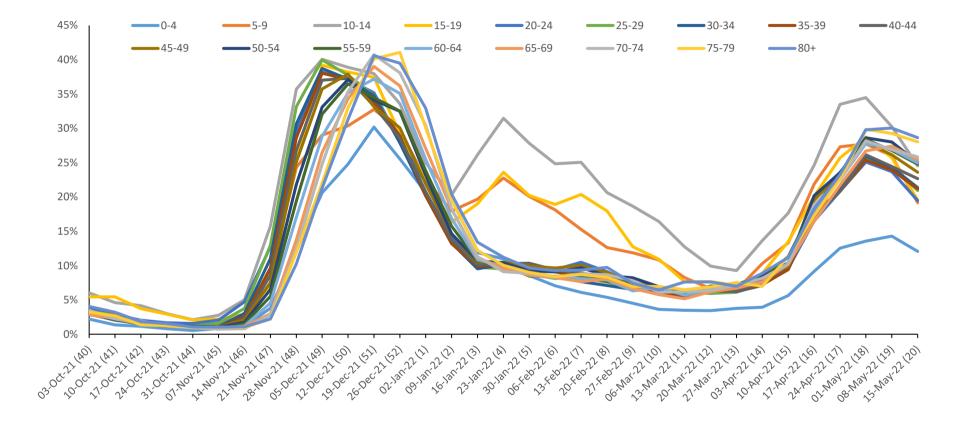
Figure 4. Weekly percentage testing positive by province, South Africa, 1-21 May 2022. The horizontal blue line shows the national mean for week 20, beginning 15 May 2022



Age group (years)

Figure 5. Testing rates per 100,000 persons and percentage testing positive by age group and sex, South Africa, week 20, 15-21 May 2022





Week start date (week number) of sample collection

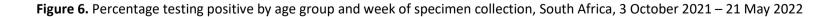


Table 3. Health sub-districts with the highest proportion testing positive based on public and privatesector data for the week of 15-21 May 2022

Health district or sub-district	Province	PTP (95% CI)	Previous week
Randfontein	Gauteng	0.554 (0.523-0.584)	0.654 (0.628-0.680)
Hantam	Northern Cape	0.528 (0.429-0.627)	
Inxuba Yethemba	Eastern Cape	0.525 (0.461-0.589)	0.461 (0.395-0.527)
Letsemeng	Free State	0.471 (0.339-0.603)	
Tsantsabane	Northern Cape	0.459 (0.324-0.594)	
Kai !Garib	Northern Cape	0.451 (0.345-0.556)	0.089 (0.057-0.120)
Saldanha Bay	Western Cape	0.449 (0.405-0.494)	0.510 (0.466-0.554)
Witzenberg	Western Cape	0.448 (0.348-0.548)	0.613 (0.511-0.714)
Siyancuma	Northern Cape	0.418 (0.318-0.518)	
Knysna	Western Cape	0.412 (0.305-0.519)	0.345 (0.253-0.437)
Kopanong	Free State	0.408 (0.319-0.497)	0.331 (0.260-0.402)
Drakenstein	Western Cape	0.398 (0.364-0.432)	0.425 (0.391-0.458)
Breede Valley	Western Cape	0.392 (0.346-0.437)	0.376 (0.329-0.422)
Oudtshoorn	Western Cape	0.379 (0.319-0.440)	0.493 (0.425-0.562)
CT Northern	Western Cape	0.378 (0.355-0.400)	0.391 (0.368-0.414)
Mossel Bay	Western Cape	0.377 (0.333-0.420)	0.346 (0.303-0.390)
CT Tygerberg	Western Cape	0.375 (0.357-0.393)	0.369 (0.351-0.387)
Emthanjeni	Northern Cape	0.371 (0.247-0.496)	0.372 (0.272-0.472)
Bitou	Western Cape	0.361 (0.264-0.459)	0.393 (0.306-0.479)
Swellendam	Western Cape	0.358 (0.282-0.433)	0.501 (0.421-0.581)
Nama Khoi	Northern Cape	0.356 (0.302-0.411)	0.128 (0.086-0.169)
CT Eastern	Western Cape	0.353 (0.327-0.380)	0.382 (0.355-0.408)
Phokwane	Northern Cape	0.349 (0.239-0.459)	0.367 (0.238-0.496)
CT Western	Western Cape	0.348 (0.334-0.361)	0.366 (0.353-0.379)
Kouga	Eastern Cape	0.347 (0.280-0.415)	0.304 (0.244-0.363)

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 blue have current week proportions testing positive that are lower than and CIs that do not overlap with the previous week proportions and CIs that do not overlap with the previous week proportions and CIs that do not overlap with the previous week proportions and CIs that do not overlap with the previous week proportions and CIs that do not overlap with the previous week proportions and CIs

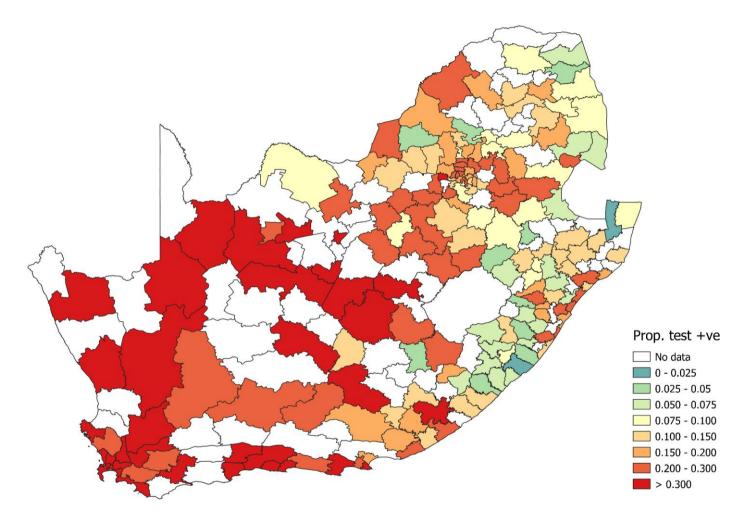


Figure 7. Proportion testing positive by health sub-district in South Africa for the week of 15-21 May 2022. Areas shaded white represent districts in which either (i) no tests were reported (ii) all tests were negative or (iii) the confidence interval exceeded 30%.

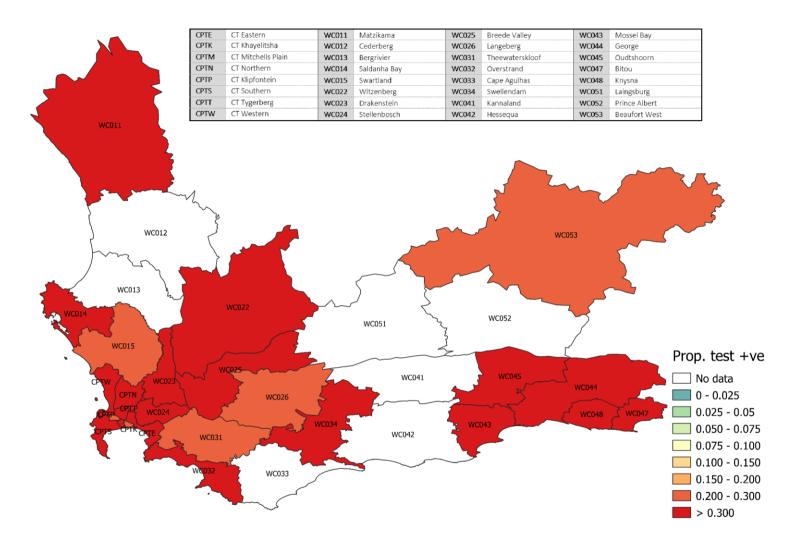


Figure 8. Proportion testing positive by health sub-district in the Western Cape Province for the week of 15-21 May 2022. Areas shaded white represent districts in which either (i) no tests were reported (ii) all tests were negative or (iii) the confidence interval exceeded 30%

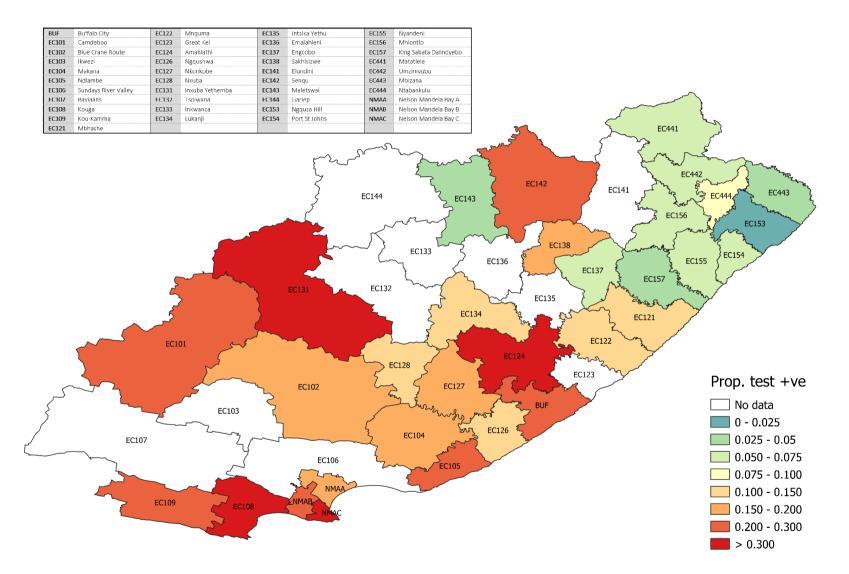


Figure 9. Proportion testing positive by health sub-district in the Eastern Cape Province for the week of 15-21 May 2022. Areas shaded white represent districts in which either (i) no tests were reported (ii) all tests were negative or (iii) the confidence interval exceeded 30%.

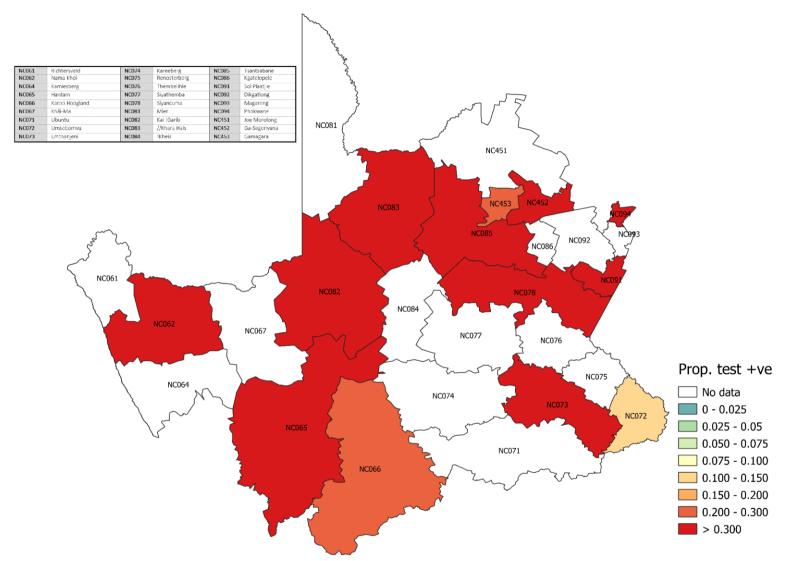


Figure 10. Proportion testing positive by health sub-district in Northern Cape Province for the week of 15-21 May 2022. Areas shaded white represent districts in which either (i) no tests were reported (ii) all tests were negative or (iii) the confidence interval exceeded 30%.

MAN	Mangaung	FS181	Masilonyana	FS191	Setsoto	FS196	Mantsopa
FS161	Letsemeng	FS182	Tokologo	FS192	Dihlabeng	FS201	Moqhaka
FS162	Kopanong	FS183	Tswelopele	FS193	Nketoana	FS203	Ngwathe
FS163	Mohokare	FS184	Matjhabeng	FS194	Maluti a Phofung	FS204	Metsimaholo
FS164	Naledi	FS185	Nala	FS195	Phumelela	FS205	Mafube

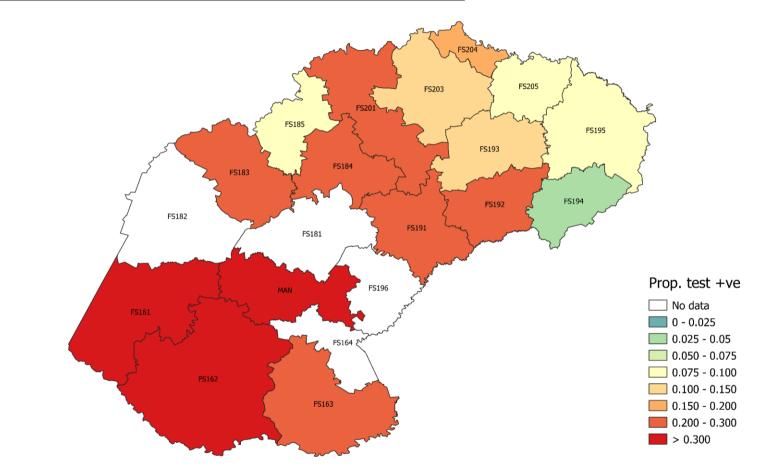


Figure 11. Proportion testing positive by health sub-district in Free State Province for the week of 15-21 May 2022. Areas shaded white represent districts in which either (i) no tests were reported (ii) all tests were negative or (iii) the confidence interval exceeded 30%.

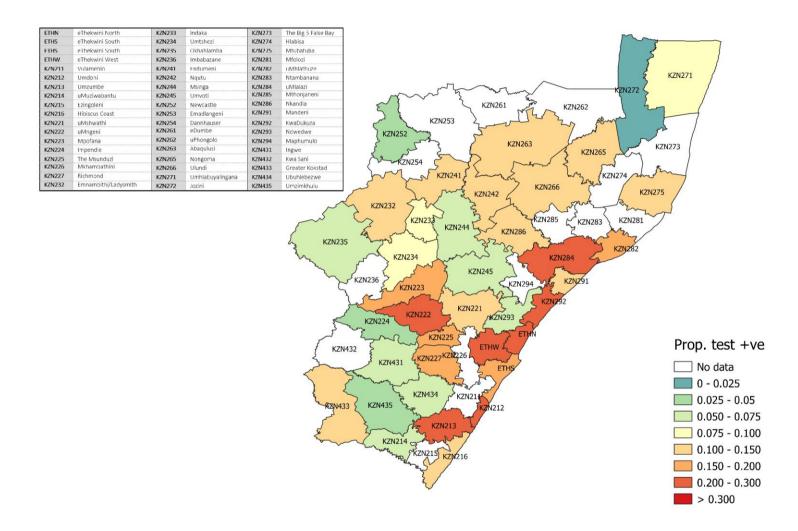


Figure 12. Proportion testing positive by health sub-district in KwaZulu-Natal Province for the week of 15-21 May 2022. Areas shaded white represent districts in which either (i) no tests were reported (ii) all tests were negative or (iii) the confidence interval exceeded 30%.

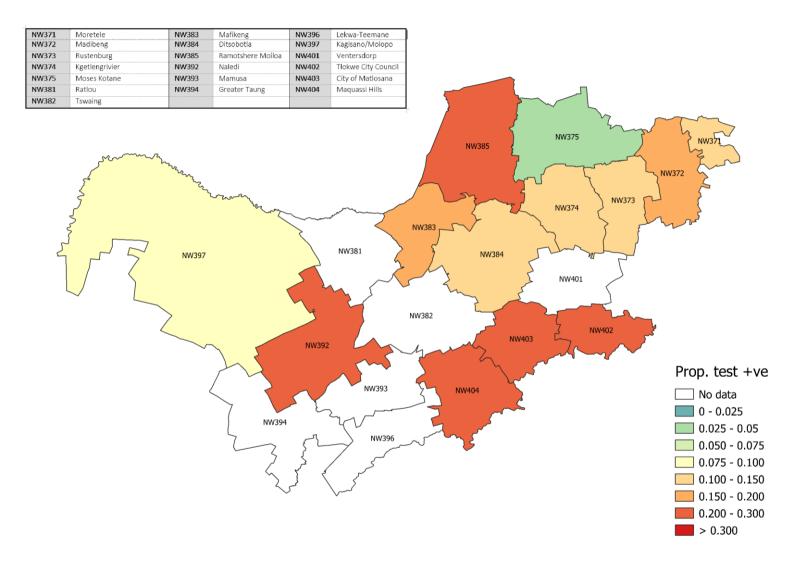


Figure 13. Proportion testing positive by health sub-district in North West Province for the week of 15-21 May 2022. Areas shaded white represent districts in which either (i) no tests were reported (ii) all tests were negative or (iii) the confidence interval exceeded 30%.

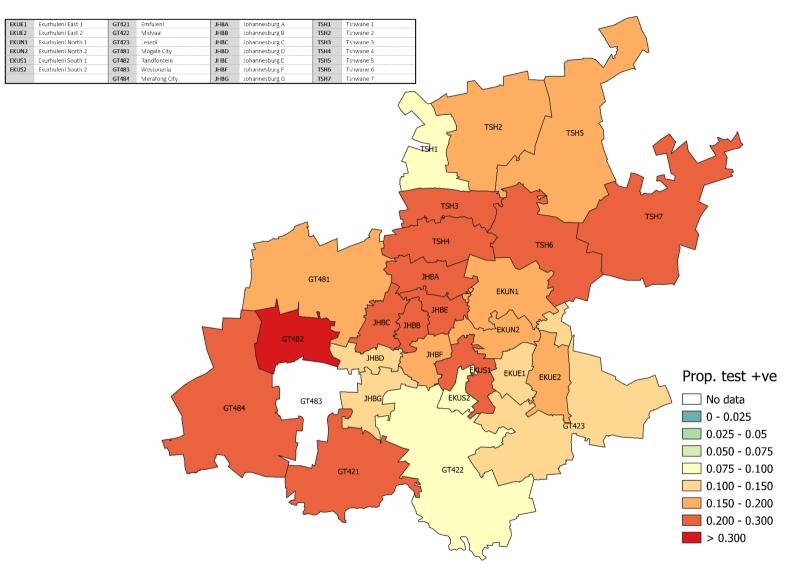


Figure 14. Proportion testing positive by health sub-district in Gauteng Province for the week of 15-21 May 2022. Areas shaded white represent districts in which either (i) no tests were reported (ii) all tests were negative or (iii) the confidence interval exceeded 30%.

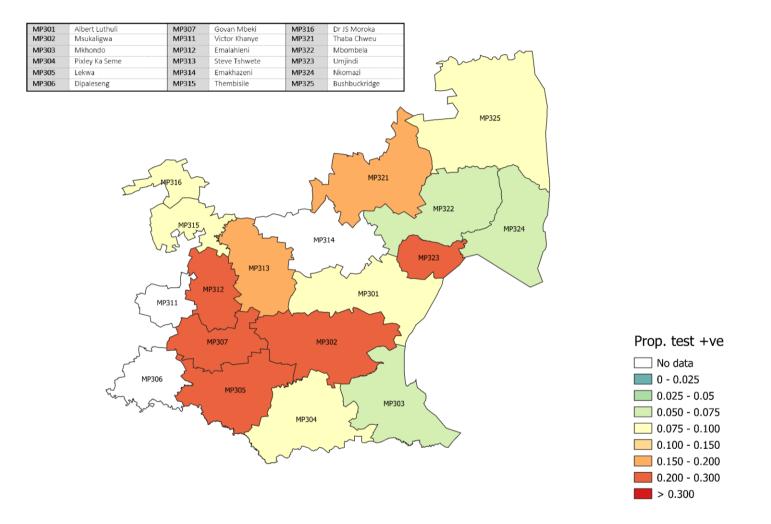


Figure 15. Proportion testing positive by health sub-district in Mpumalanga Province for the week of 15-21 May 2022. Areas shaded white represent districts in which either (i) no tests were reported (ii) all tests were negative or (iii) the confidence interval exceeded 30%.

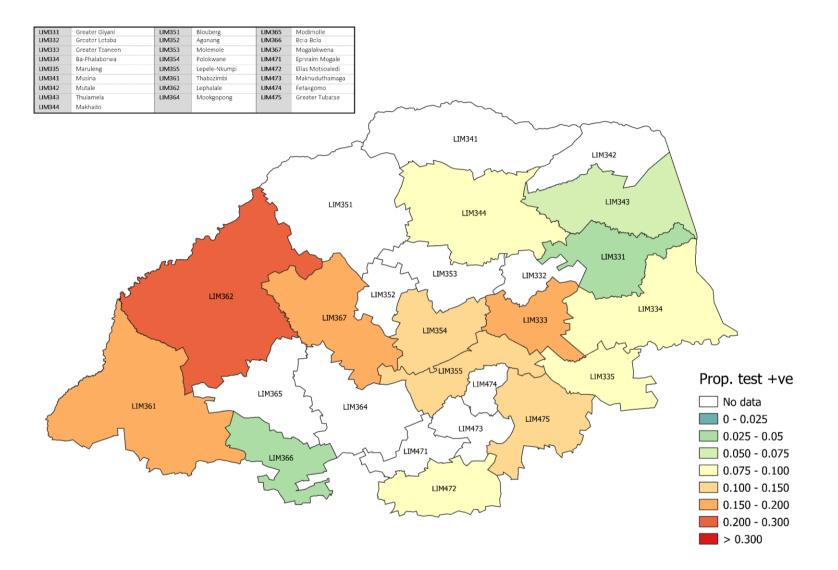
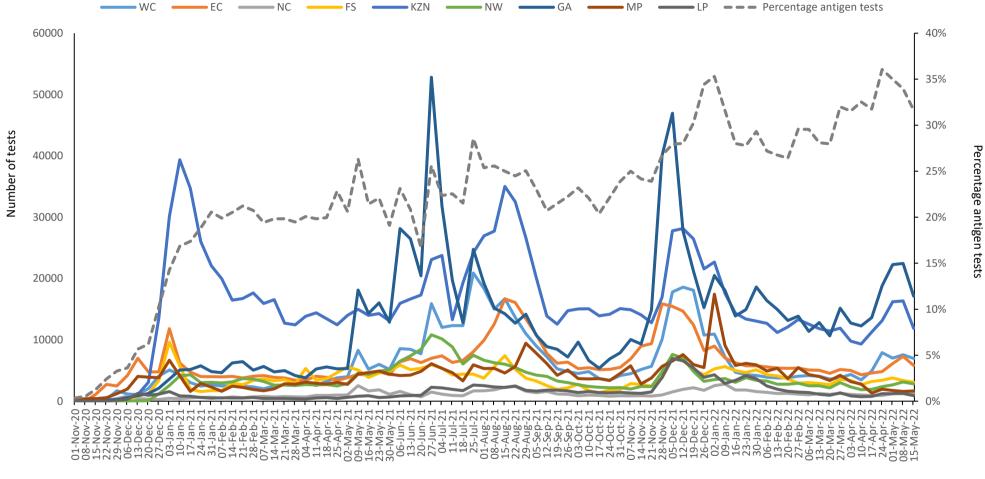


Figure 16. Proportion testing positive by health sub-district in Limpopo Province for the week of 15-21 May 2022. Areas shaded white represent districts in which either (i) no tests were reported (ii) all tests were negative or (iii) the confidence interval exceeded 30%.



Week start date of specimen collection

Figure 17. Number of antigen tests by province and overall percentage antigen tests, South Africa, 1 November 2020 – 21 May 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

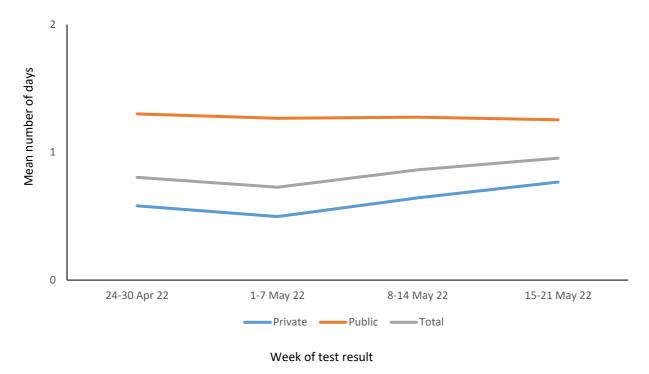


Figure 18. Mean number of days between date of specimen collection and date of test result for PCR tests by week of test result, South Africa, 24 April - 21 May 2022.

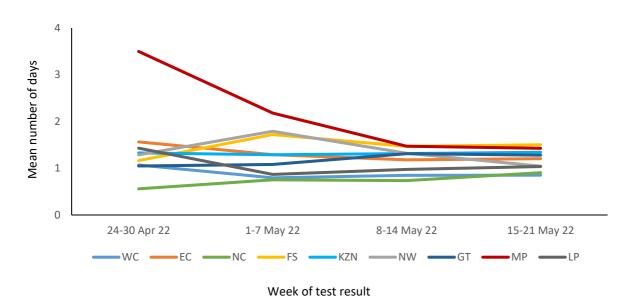


Figure 19. Mean number of days between date of specimen collection and date of test result for PCR tests in the public sector by week of test result and province, South Africa, 24 April - 21 May 2022. WC Western Cape; EC Eastern Cape; FS Free State; KZN KwaZulu-Natal; GT Gauteng; NC Northern Cape; NW North West; MP Mpumalanga; LP Limpopo

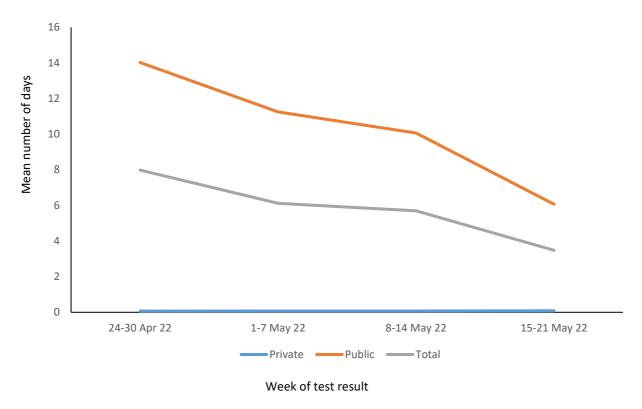


Figure 20. Mean number of days between date of specimen collection and date of test result for antigen tests by week of test result, South Africa, 24 April - 21 May 2022.

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 97% of public sector facilities in the country) and private (approximately 76% 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. antigen-based 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.