



## COVID-19 Weekly Testing Summary

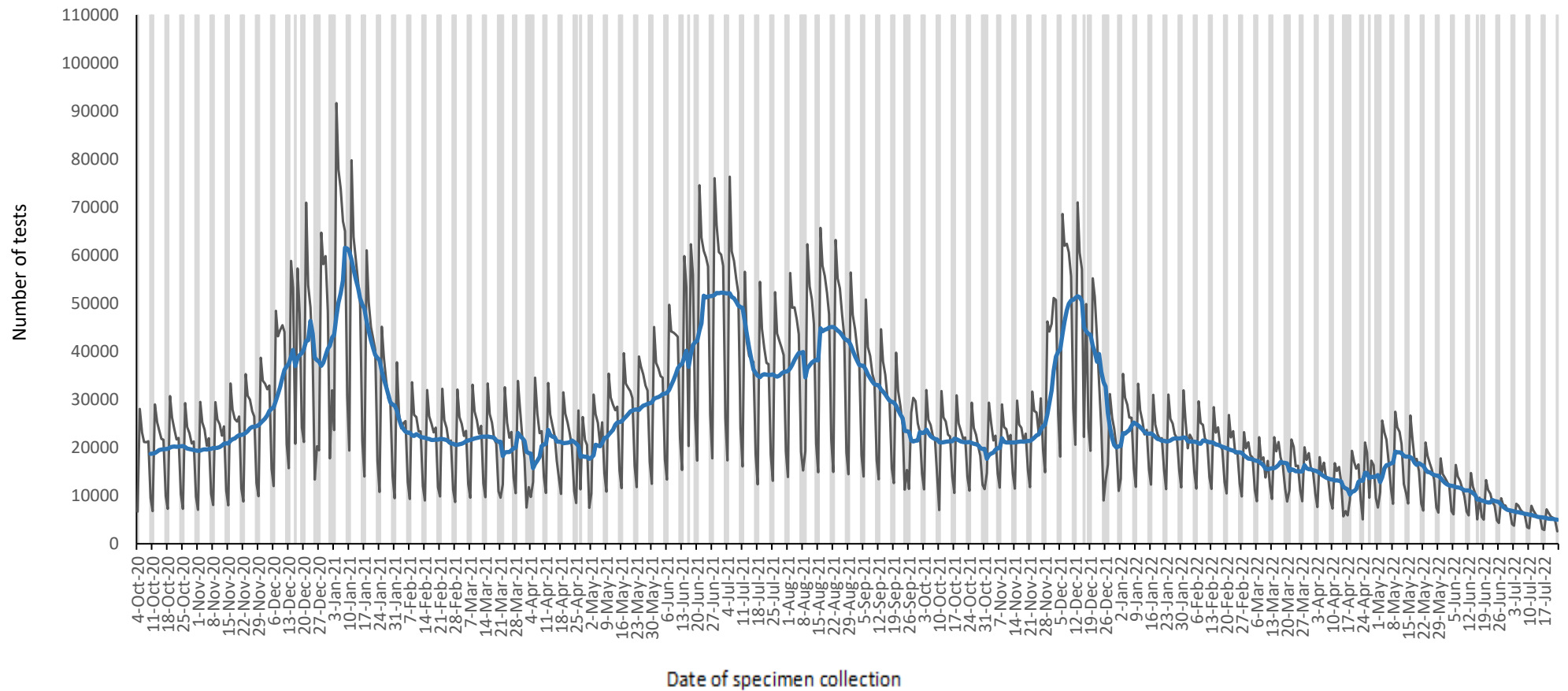
### Week 29 of 2022

This report summarises national laboratory PCR testing for SARS-CoV-2, the virus causing COVID-19, in South Africa. This report is based on data for specimens reported up to 23 July 2022 (Week 29 of 2022).

NOTE: From week 28 onwards, only PCR tests are included in the report (i.e. excluding antigen tests).

#### Highlights:

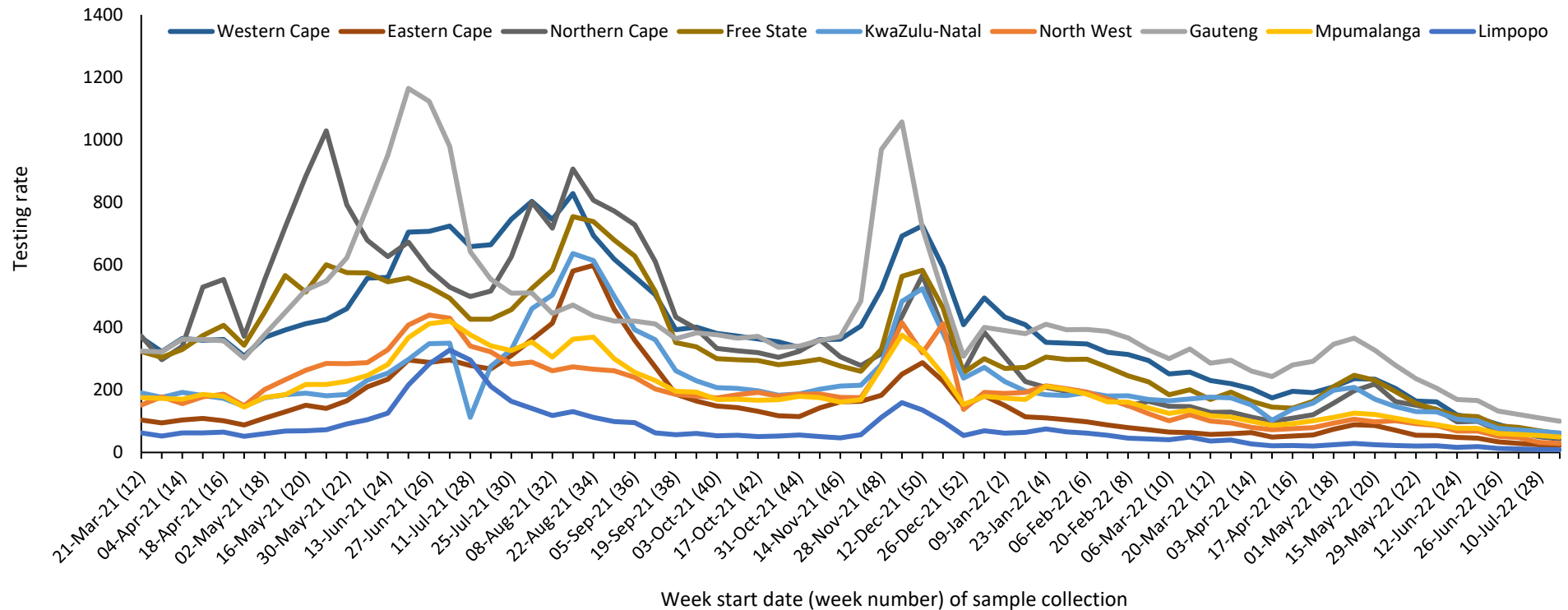
- In the period 1 March 2020 through 23 July 2022, 20,906,517 PCR tests for SARS-CoV-2 have been reported nationally. The number of PCR tests reported in week 29 of 2022 (n=35,004) was 8.8% lower than the number of PCR tests reported in the previous week (n=38,376 in week 28).
- In week 29, the PCR testing rate was 58 per 100,000 persons. The overall PCR testing rate decreased from the previous week (64 per 100,000 persons in week 28).
- The PCR testing rate in week 29 was highest in Gauteng (100 per 100,000 persons) and lowest in Limpopo (9 per 100,000 persons).
- In week 29, the percentage testing positive was 4.6%, which was slightly lower than the previous week (4.8% in week 28,  $P=0.085$ ).
- The percentage testing positive in week 29 was highest in the Limpopo (7.5%), followed by Western Cape (6.7%) and Eastern Cape (5.9%). The percentage testing positive was <5.0% in all other provinces.
- In week 29, compared to the previous week, the percentage testing positive decreased significantly in Gauteng, and was unchanged in all other provinces.
- In week 29, the percentage testing positive was highest in the 75-79 years age group (8.8%).



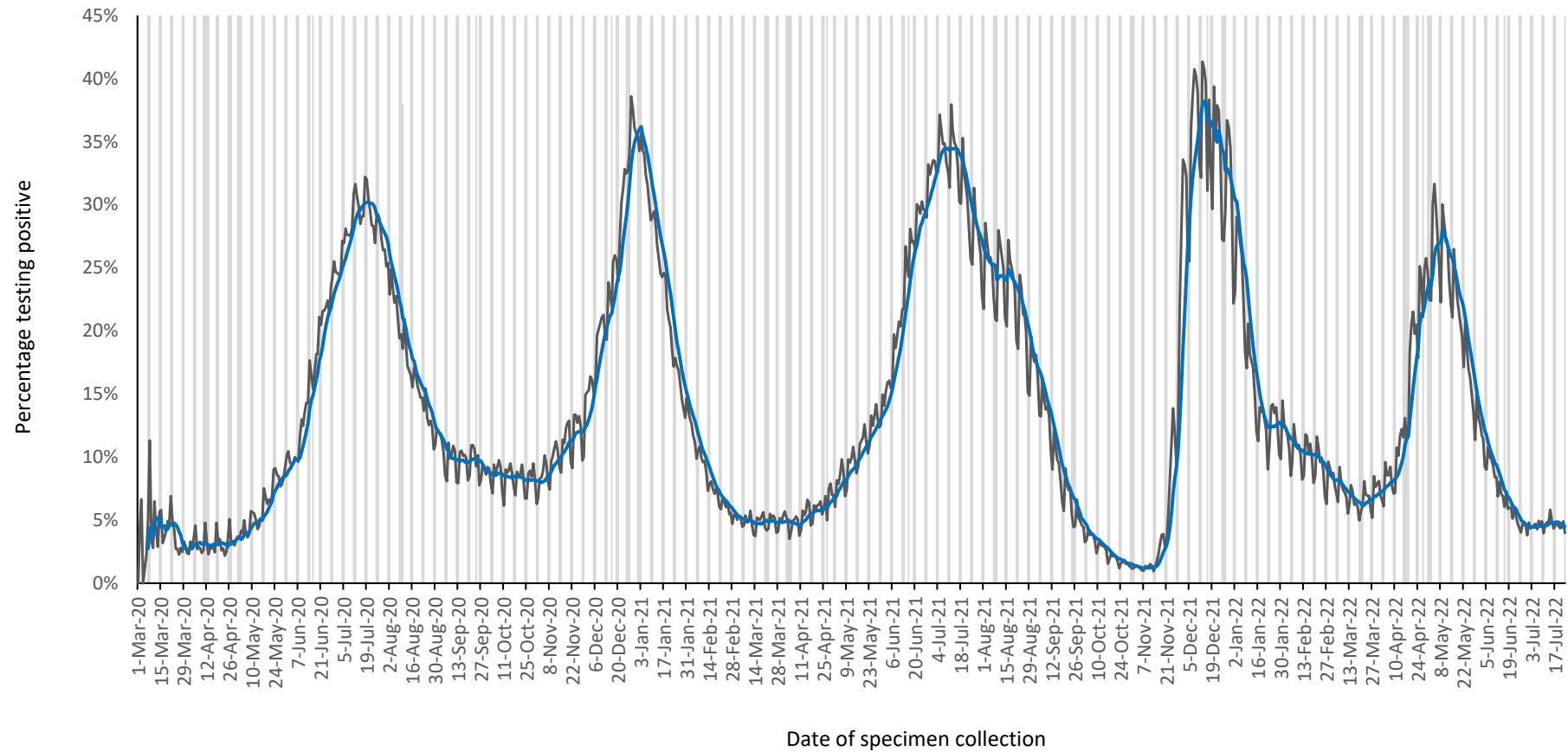
**Figure 1.** Number of SARS-CoV-2 PCR tests reported by date of specimen collection, South Africa, 4 October 2020 – 23 July 2022. Blue line shows the 7-day moving average of the number of PCR tests reported. Grey bars highlight weekend days and public holidays.

**Table 1.** Weekly number of SARS-CoV-2 PCR tests and positive tests reported, South Africa, 2 January – 23 July 2022

Week number	Week beginning	No. of PCR tests n (%)	No. of positive PCR tests	Percentage testing positive (%)
1	2-Jan-22	176306 (0.8)	45447	25.8
2	9-Jan-22	160308 (0.8)	27661	17.3
3	16-Jan-22	150034 (0.7)	19102	12.7
4	23-Jan-22	153461 (0.7)	20128	13.1
5	24-Jan-22	148515 (0.7)	17692	11.9
6	6-Feb-22	147883 (0.7)	16070	10.9
7	13-Feb-22	140045 (0.7)	14760	10.5
8	14-Feb-22	132981 (0.6)	13025	9.8
9	27-Feb-22	121515 (0.6)	10265	8.4
10	6-Mar-22	109446 (0.5)	8171	7.5
11	13-Mar-22	117602 (0.6)	7721	6.6
12	20-Mar-22	105311 (0.5)	7260	6.9
13	27-Mar-22	106345 (0.5)	7985	7.5
14	3-Apr-22	93773 (0.4)	7862	8.4
15	10-Apr-22	80633 (0.4)	8847	11.0
16	17-Apr-22	92531 (0.4)	17223	18.6
17	24-Apr-22	97807 (0.5)	23645	24.2
18	1-May-22	116927 (0.6)	32976	28.2
19	8-May-22	126843 (0.6)	34305	27.0
20	15-May-22	115147 (0.6)	26599	23.1
21	22-May-22	99371 (0.5)	17332	17.4
22	29-May-22	84310 (0.4)	10552	12.5
23	5-Jun-22	77752 (0.4)	7469	9.6
24	12-Jun-22	63175 (0.3)	4461	7.1
25	19-Jun-22	61426 (0.3)	3332	5.4
26	26-Jun-22	47842 (0.2)	2131	4.5
27	3-Jul-22	43034 (0.2)	1985	4.6
28	10-Jul-22	38376 (0.2)	1853	4.8
29	17-Jul-22	35004 (0.2)	1596	4.6



**Figure 2.** PCR testing rate per 100,000 persons by province and week of specimen collection, South Africa, 21 March 2021 – 23 July 2022



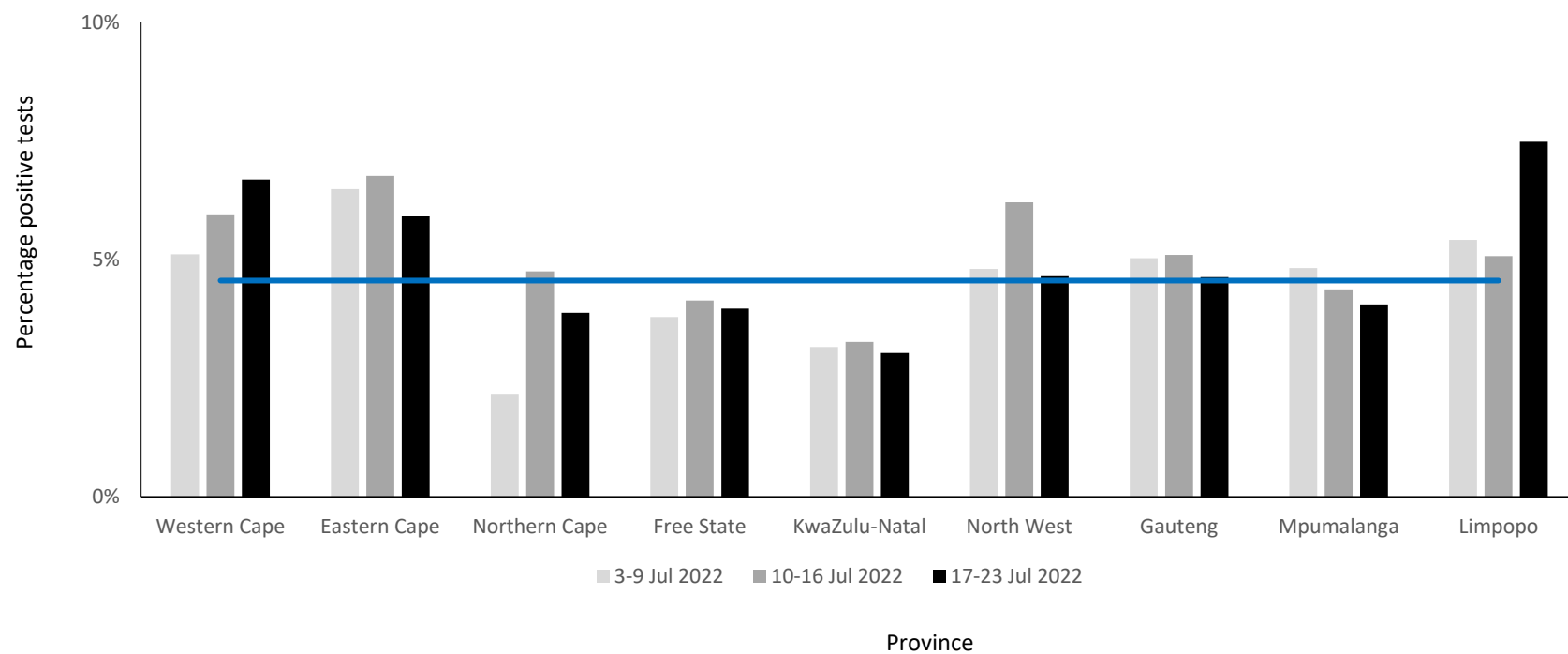
**Figure 3.** Percentage of PCR tests positive for SARS-CoV-2 by date of specimen collection, South Africa, 1 March 2020 – 23 July 2022. Blue line shows the 7-day moving average of the percentage testing positive. Grey bars highlight weekend days and public holidays.

**Table 2.** Weekly number of PCR tests and positive tests reported by province, South Africa, 3-23 July 2022

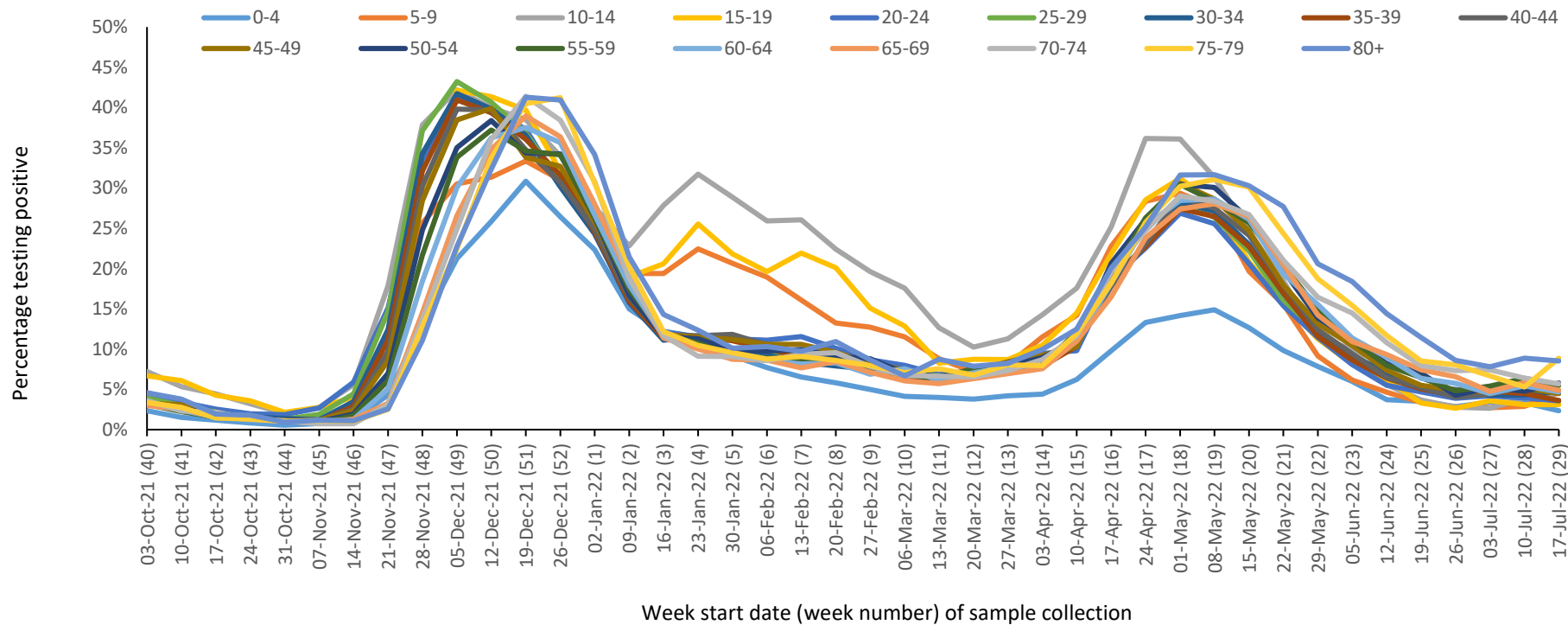
Province	Population <sup>a</sup>	3-9 Jul 2022		10-16 Jul 2022		17-23 Jul 2022		Testing rate per 100,000	Change in percentage positive from previous week <sup>b</sup>
		No. of tests	No. positive tests (%)	No. of tests	No. positive tests (%)	No. of tests	No. positive tests (%)		
Western Cape	7113776	5083	260 (5.1)	4251	253 (6.0)	4069	272 (6.7)	57	0.7%
Eastern Cape	6676590	1959	127 (6.5)	1657	112 (6.8)	1586	94 (5.9)	24	-0.8%
Northern Cape	1303047	835	18 (2.2)	652	31 (4.8)	567	22 (3.9)	44	-0.9%
Free State	2932441	2348	89 (3.8)	2029	84 (4.1)	1738	69 (4.0)	59	-0.2%
KwaZulu-Natal	11513575	8253	261 (3.2)	7748	253 (3.3)	7179	218 (3.0)	62	-0.2%
North West	4122854	1956	94 (4.8)	1337	83 (6.2)	1183	55 (4.6)	29	-1.6%
Gauteng	15810388	19170	965 (5.0)	17518	893 (5.1)	15802	732 (4.6)	100	-0.5%
Mpumalanga	4743584	2716	131 (4.8)	2559	112 (4.4)	2340	95 (4.1)	49	-0.3%
Limpopo	5926724	665	36 (5.4)	591	30 (5.1)	521	39 (7.5)	9	2.4%
Unknown		49	4 (8.2)	34	2 (5.9)	19	0 (0.0)		
<b>Total</b>	<b>60142978</b>	<b>43034</b>	<b>1985 (4.6)</b>	<b>38376</b>	<b>1853 (4.8)</b>	<b>35004</b>	<b>1596 (4.6)</b>	<b>58</b>	<b>-0.2%</b>

<sup>a</sup> 2021 Mid-year population Statistics SA

<sup>b</sup> Current week compared to previous week



**Figure 4.** Weekly percentage testing positive (PCR tests only) by province, South Africa, 3-23 July 2022. The horizontal blue line shows the national mean for week 29, beginning 17 July 2022



**Figure 5.** Percentage testing positive (PCR tests only) by age group and week of specimen collection, South Africa, 3 October 2021 – 23 July 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 17<sup>th</sup> 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 and results of reported rapid antigen-based tests were included in this report until the week 27 report (week starting 3 July 2022). However, as of the week 28 report (week starting 10 July 2022), this report was updated to only include reported PCR tests due to incomplete and delayed reporting of antigen-based tests.

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 of 2020 to week 40 of 2021, 2020 estimates were used from week 41 of 2021 to week 1 of 2022, and 2021 estimates were used from week 2 of 2022 onwards). Categorical variables were compared using the chi-squared test, with a P-value<0.05 considered statistically significant.

## 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.