



COVID-19 Weekly Epidemiology Brief: Week ending 9 July 2022 (Week 27 of 2022)

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 9 July 2022 (week 27 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 9 July 2022, a total of 3 997 895 laboratory-confirmed COVID-19 cases have been detected in South Africa. Of these, 2 604 were cases reported since the last report (week 26 of 2022). There was a 11.1% decrease in the number of new cases detected in week 27 of 2022 (2 096) compared to the number of new cases detected in week 26 of 2022 (2 358).
- In the past week, Gauteng Province reported the highest weekly incidence risk (6.1 cases per 100 000 persons), followed by Western Cape Province (4.5 cases per 100 000 persons). The other provinces reported weekly incidence below 4.0 cases per 100 000 persons.
- In the past week, except for Free State and KwaZulu-Natal provinces, all other provinces continue to report a decrease in weekly incidence risk as the previous week. The decrease ranged from 0.1 cases per 100 000 persons (1.4% decrease) in Gauteng Province to 2.1 cases per 100 000 persons (58.7% decrease) in Northern Cape Province.
- Weekly incidence increased by 0.1 cases per 100 000 persons (5.4% increase) in KwaZulu-Natal and 0.5 cases per 100 000 persons (18.0% increase) in Free State province.
- Highest weekly incidence risk among cases detected in week 27 of 2022 was reported in the ≥80-year age group (13.4 cases per 100 000 persons), and the lowest weekly incidence risk was in the 5-9-year age group (0.5 cases per 100 000 persons).

National and provincial trends of COVID-19 cases in South Africa

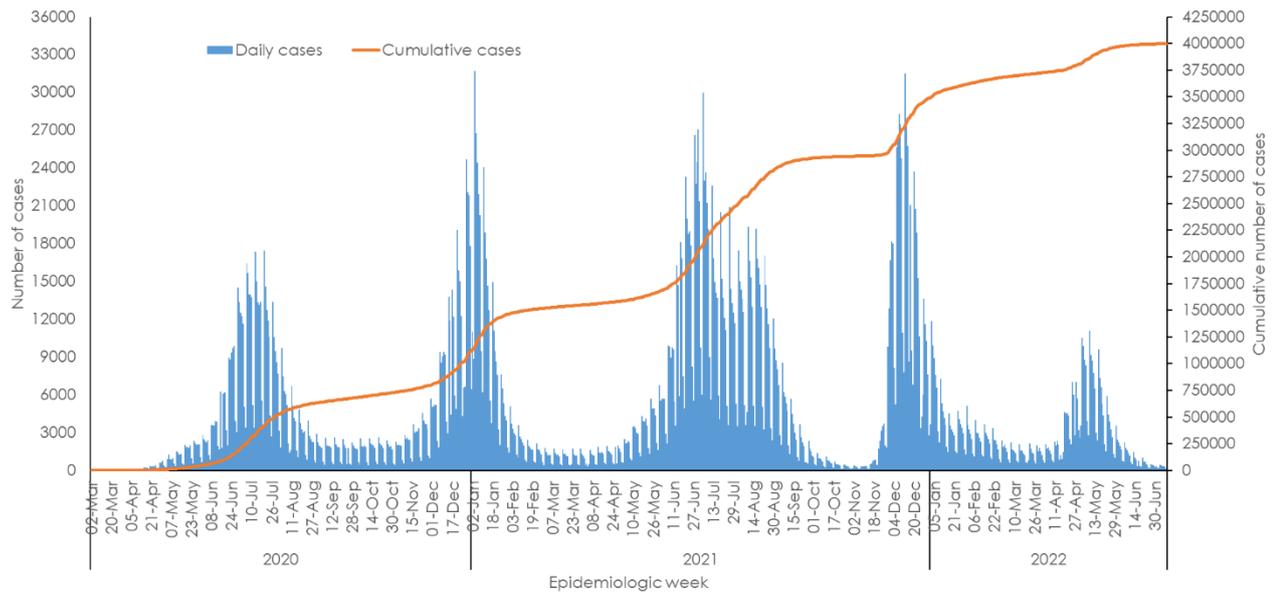


Figure 1. Number and cumulative number of laboratory-confirmed cases of COVID-19 by date of specimen collection, South Africa, 3 March 2020 – 9 July 2022 (n= 3 997 895)

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 – 9 July 2022 (n = 3 997 895)

Province	Cumulative cases (n) (percentage, n/total cases in South Africa)	New cases ¹ detected in week 27 of 2022 (3 July - 9 July), 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 27 of 2021 (cases/100 000 persons)	Tests ⁴ per 100 000 persons, 3 July - 9 July 2022
Eastern Cape	363 784 (9.1)	135 (6.4)	6 676 590	5 448.6	2.0	62.8
Free State	215 884 (5.4)	105 (5.0)	2 932 441	7 361.9	3.6	82.8
Gauteng	1 322 871 (33.1)	965 (46.0)	15 810 388	8 367.1	6.1	135.7
KwaZulu-Natal	716 262 (17.9)	314 (15.0)	11 513 575	6 221.0	2.7	119.0
Limpopo	159 514 (4.0)	41 (2.0)	5 926 724	2 691.4	0.7	15.1
Mpumalanga	201 876 (5.0)	117 (5.6)	4 743 584	4 255.8	2.5	50.3
North West	201 821 (5.0)	79 (3.8)	4 122 854	4 895.2	1.9	61.4
Northern Cape	115 177 (2.9)	19 (0.9)	1 303 047	8 839.1	1.5	79.2
Western Cape	700 706 (17.5)	321 (15.3)	7 113 776	9 850.0	4.5	78.3
Unknown						
Total	3 997 895	2 096	60 142 978	6 647.3	3.5	90.3

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 ⁴Data on number of tests conducted sourced from COVID-19 weekly testing report of the same reporting week

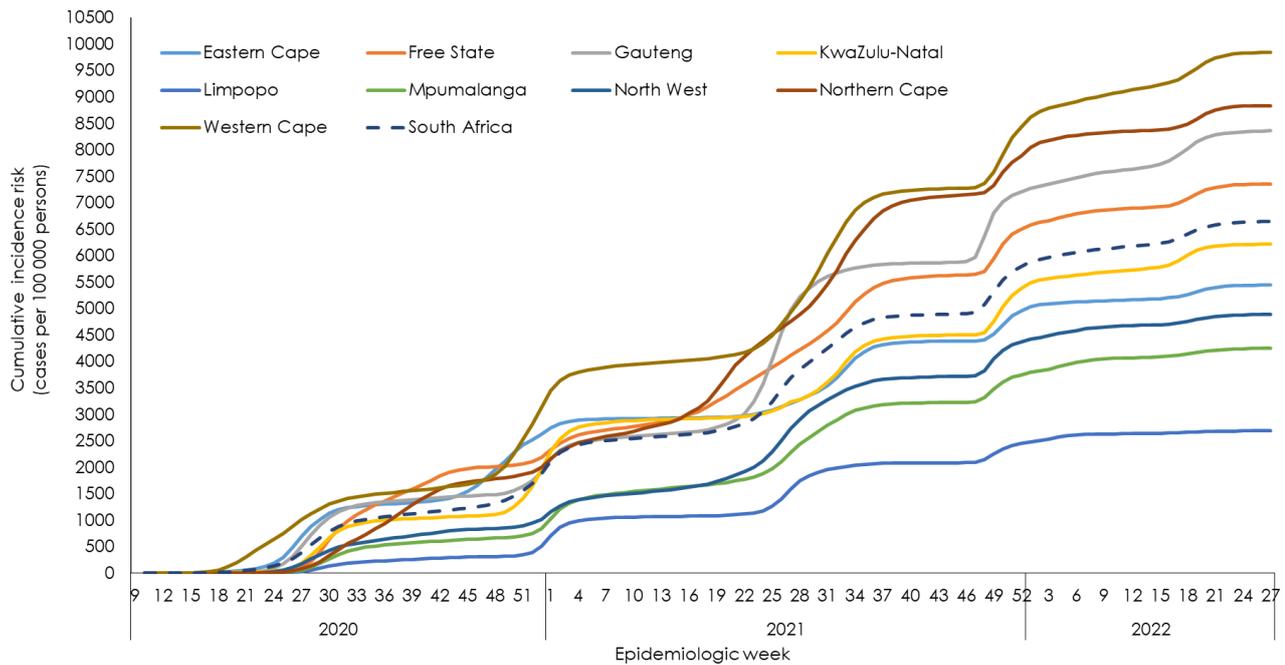


Figure 2: Cumulative incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week South Africa 3 March 2020 – 9 July 2022 (n = 3 997 895)

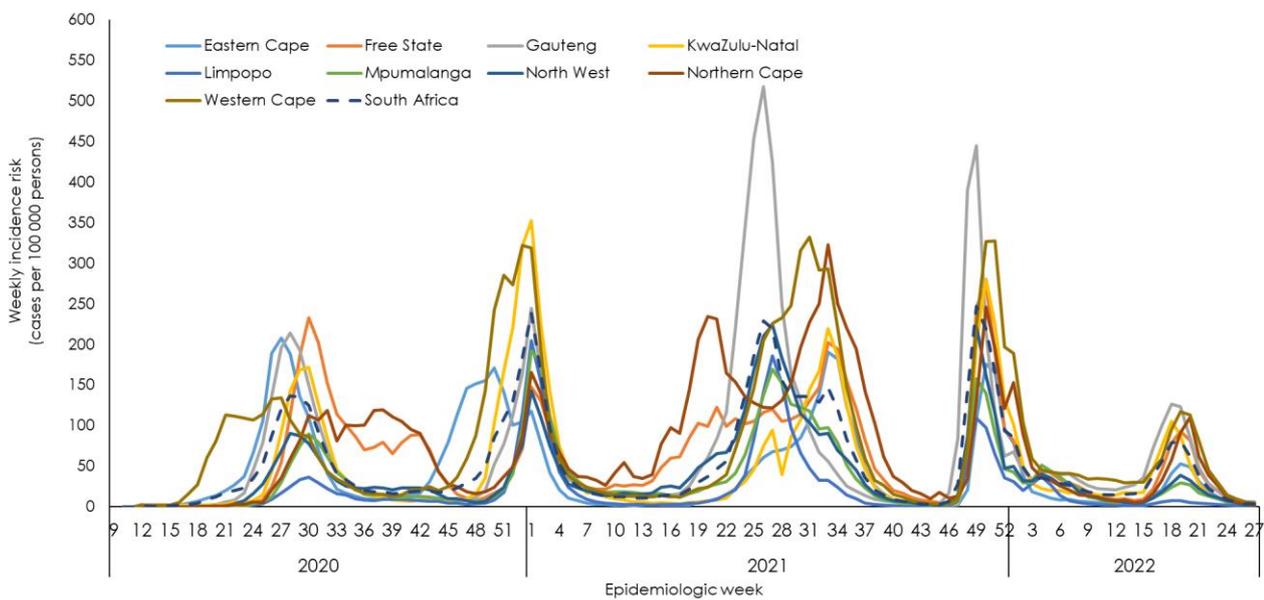


Figure 3: Weekly incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week South Africa 3 March 2020 – 9 July 2022 (n = 3 997 895)

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

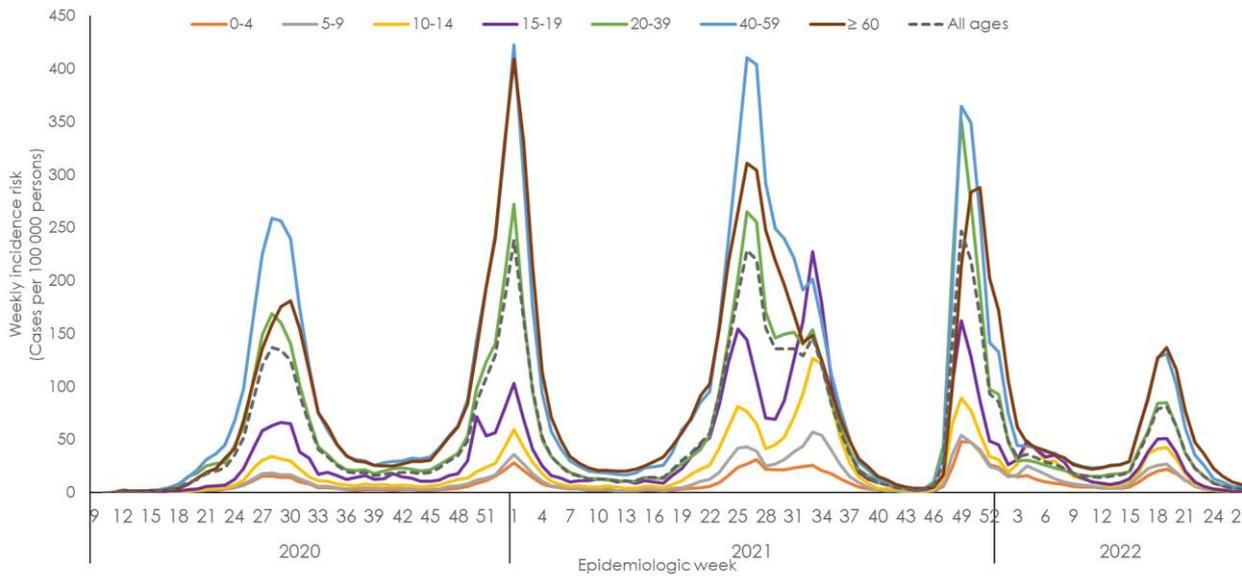


Figure 4: Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week South Africa 3 March 2020 – 9 July 2022 (n = 3 961 129, 36 766 missing age)

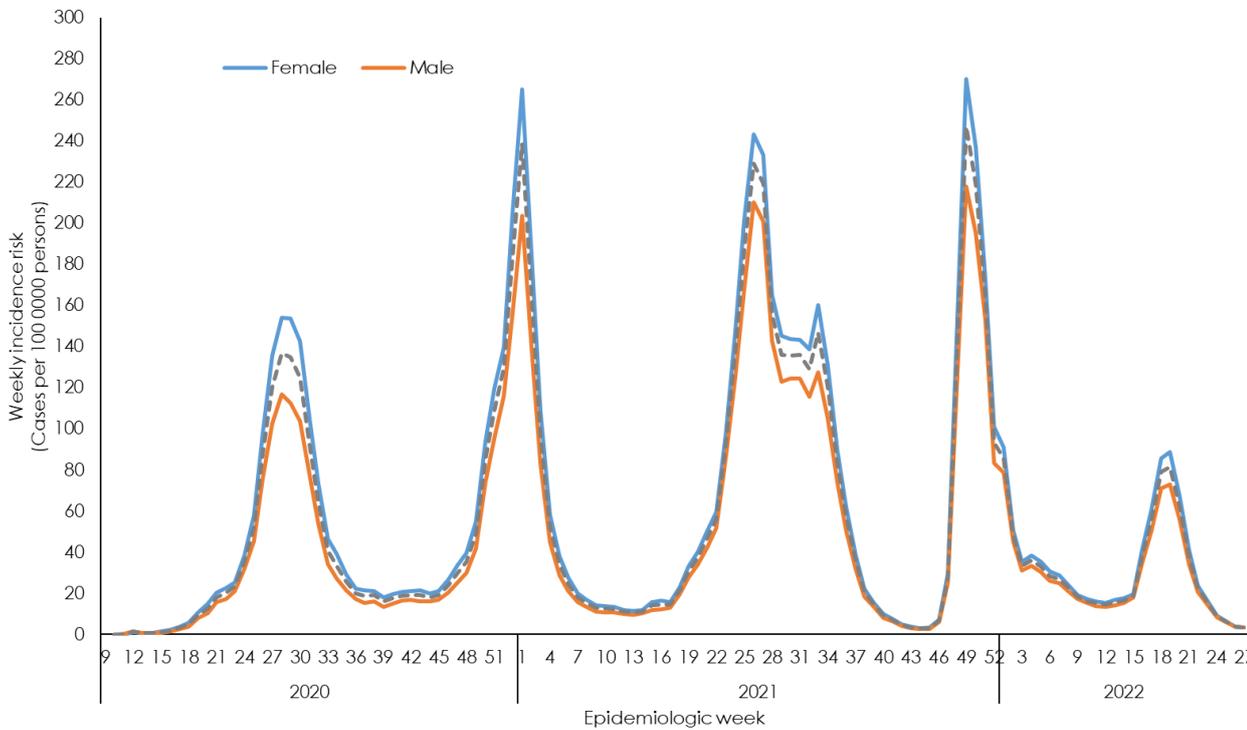


Figure 5. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by sex and epidemiologic week South Africa 3 March 2020 – 9 July 2022 (n = 3 956 779, sex missing for 41 116)

Table 2. Number of laboratory-confirmed cases of COVID-19 and cumulative/weekly incidence risk by age group South Africa 3 March 2020 – 9 July 2022 n = 3 961 129, 36 766 missing age)

Age group (years)	Cumulative cases (n) (percentage n/total cases in South Africa)	New cases ¹ detected in week 27 of 2022 (3 July - 9 July) 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 27 of 2022 (cases/100 000 persons)
0-4	65 334 (1.6)	100 (4.8)	5 708 956	1 144.4	1.8
5-9	87 403 (2.2)	28 (1.4)	5 663 296	1 543.3	0.5
10-14	155 752 (3.9)	37 (1.8)	5 671 023	2 746.5	0.7
15-19	220 314 (5.6)	59 (2.9)	4 909 941	4 487.1	1.2
20-24	261 138 (6.6)	133 (6.4)	4 739 305	5 510.0	2.8
25-29	383 627 (9.7)	185 (8.9)	5 324 134	7 205.4	3.5
30-34	443 306 (11.2)	212 (10.3)	5 630 643	7 873.1	3.8
35-39	449 073 (11.3)	229 (11.1)	4 985 251	9 008.0	4.6
40-44	380 916 (9.6)	169 (8.2)	3 881 731	9 813.0	4.4
45-49	362 439 (9.1)	180 (8.7)	3 254 138	11 137.8	5.5
50-54	326 070 (8.2)	163 (7.9)	2 625 390	12 419.9	6.2
55-59	270 553 (6.8)	155 (7.5)	2 243 823	12 057.7	6.9
60-64	190 647 (4.8)	101 (4.9)	1 815 810	10 499.3	5.6
65-69	131 512 (3.3)	79 (3.8)	1 422 604	9 244.5	5.6
70-74	96 529 (2.4)	96 (4.6)	1 024 345	9 423.5	9.4
75-79	63 119 (1.6)	62 (3.0)	647 265	9 751.6	9.6
≥80	73 397 (1.9)	80 (3.9)	595 323	12 328.9	13.4
Unknown	36 766 (0.0)	28 (0.0)			
Total	3 997 895 (100.0)	2 096 (100.0)	60 142 978	6 647.3	3.5

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

Provincial trends of COVID-19 cases

Eastern Cape Province

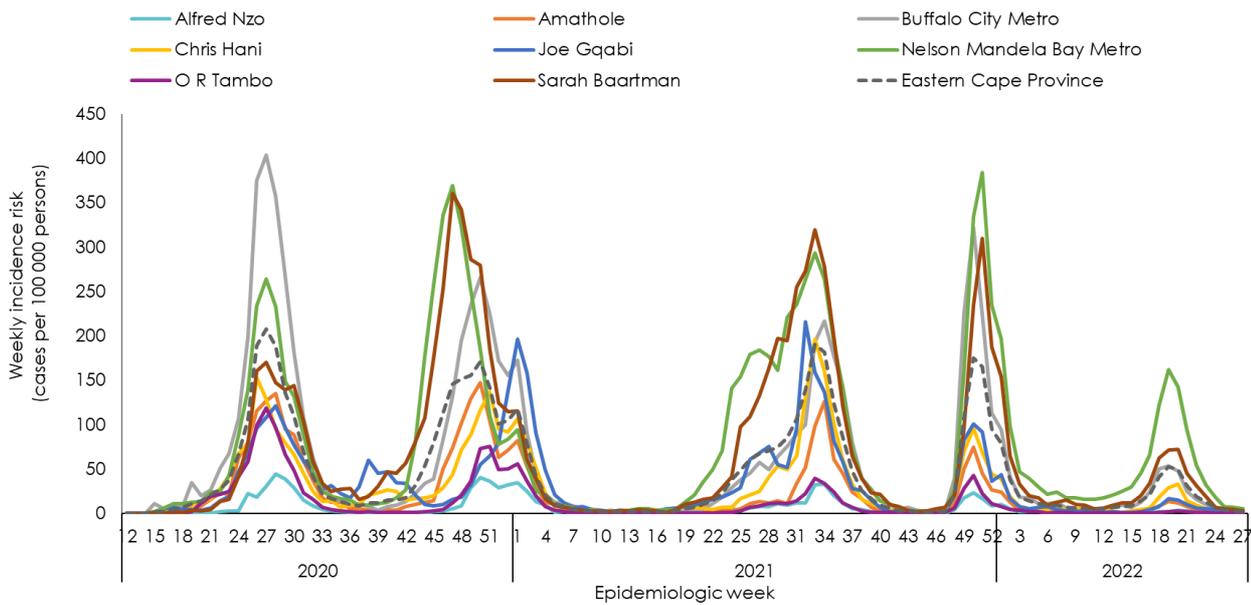


Figure 6: Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Eastern Cape Province 3 March 2020 – 9 July 2022 (n = 306 180, 57 604 missing district)

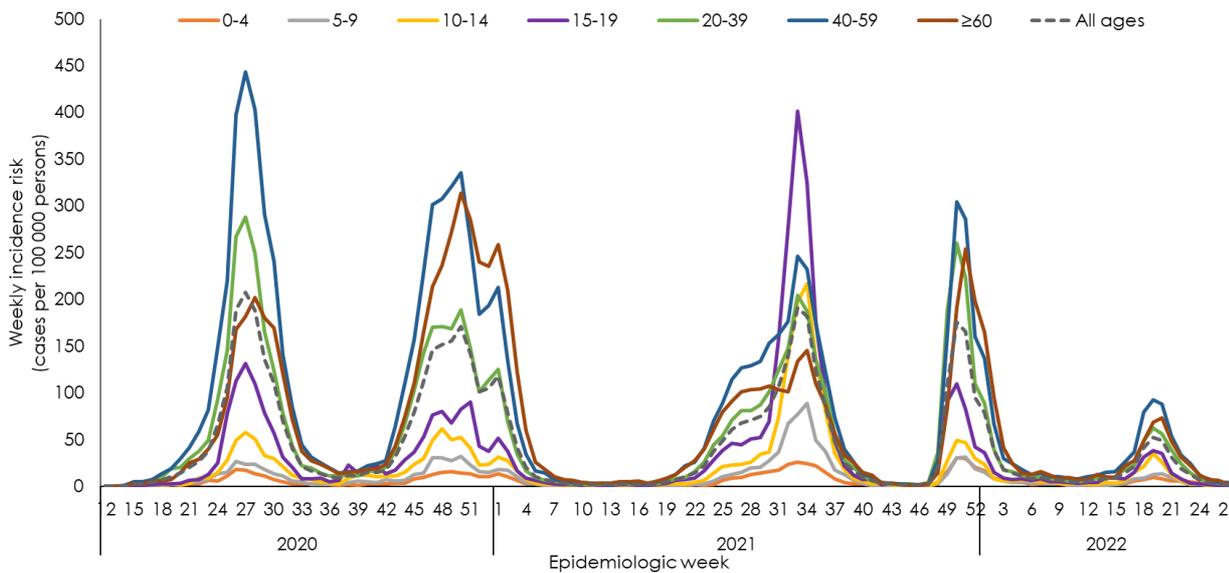


Figure 7: Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Eastern Cape Province 3 March 2020 – 9 July 2022 (n = 360 034, 3 750 missing age)

Western Cape Province

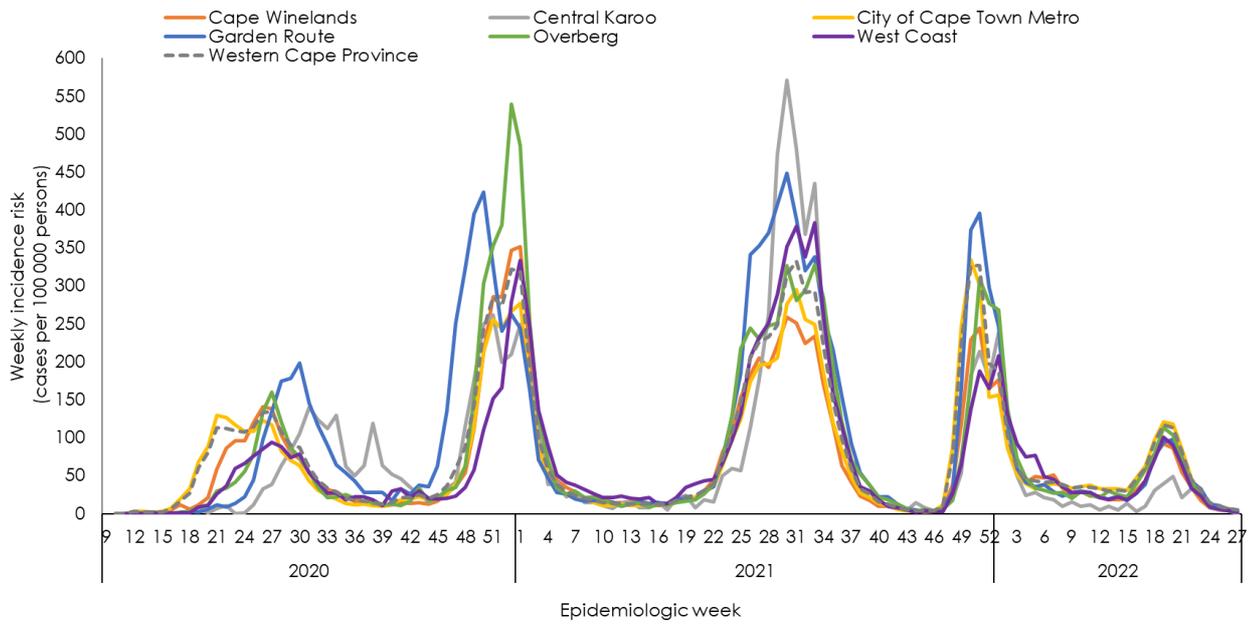


Figure 8: Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Western Cape Province 3 March 2020 – 9 July 2022 (n = 644 816, 55 890 missing district)

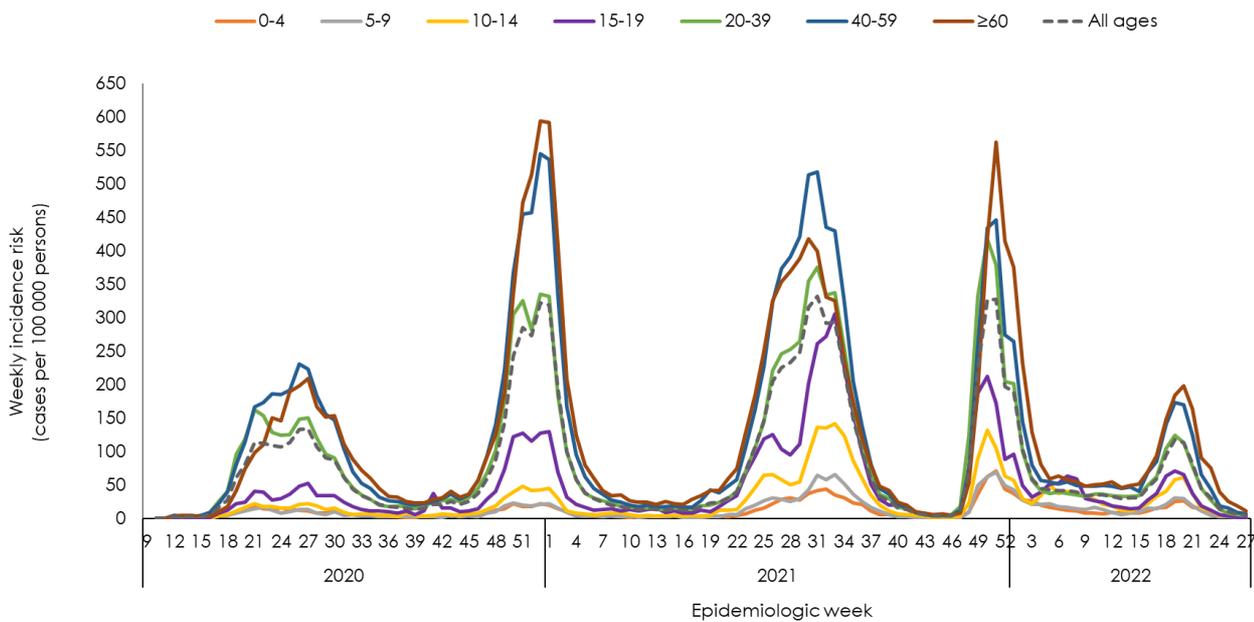


Figure 9: Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Western Cape Province 3 March 2020 – 9 July 2022 (n = 698 897, 1 809 missing age)

Gauteng Province

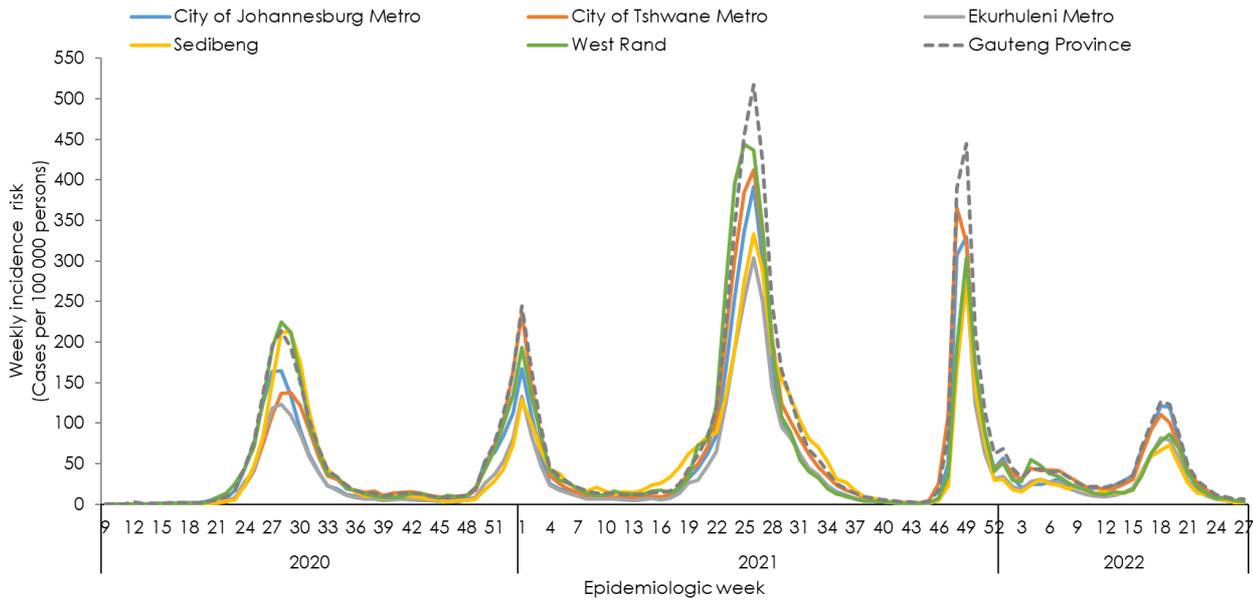


Figure 10: Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Gauteng Province 3 March 2020 – 9 July 2022 (n = 948 707, 374 164 missing district)

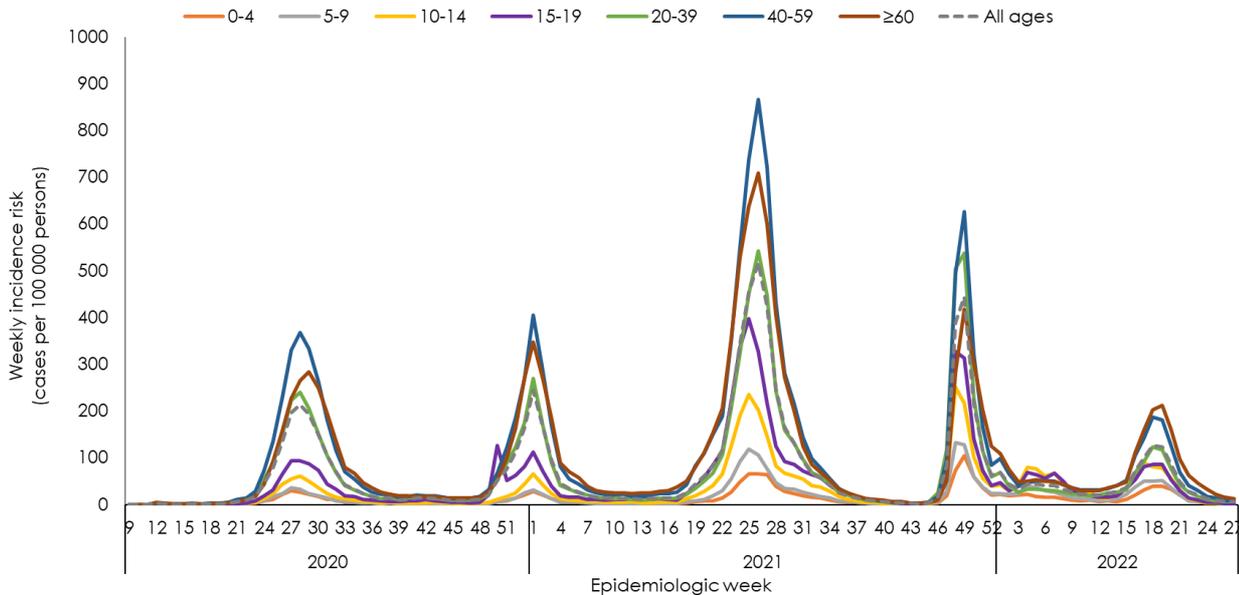


Figure 11: Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Gauteng Province 3 March 2020 – 9 July 2022 (n = 1 309 723, 13 148 missing age)

KwaZulu-Natal Province

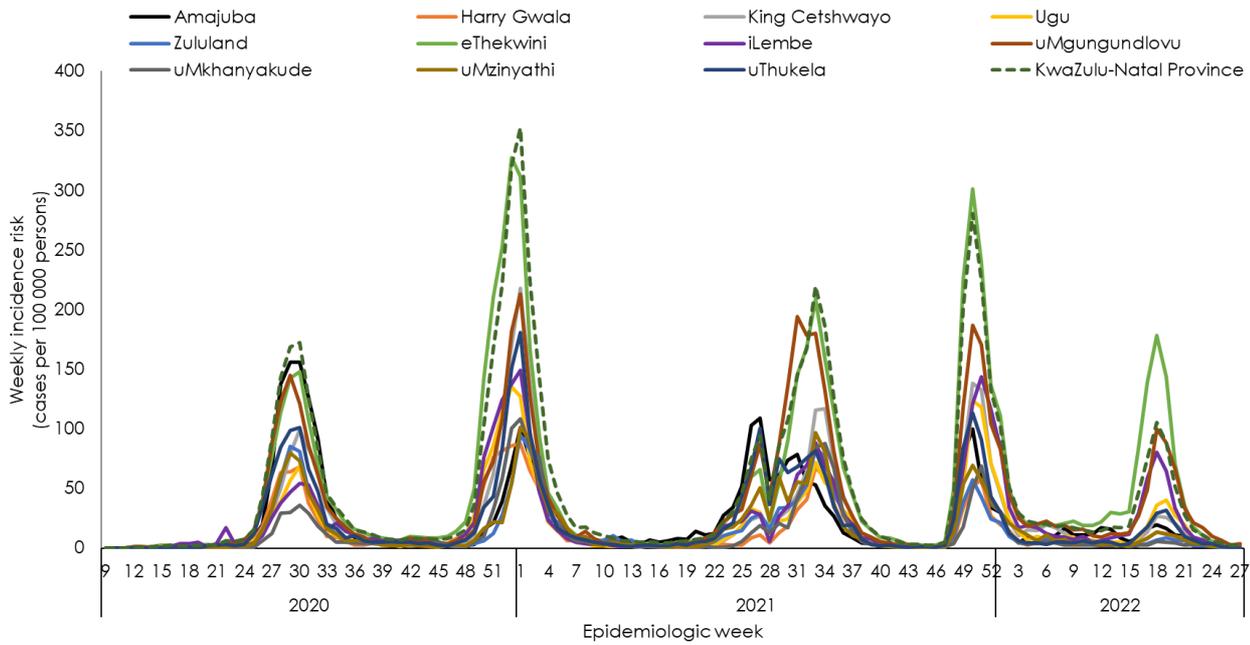


Figure 12: Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week KwaZulu-Natal Province 3 March 2020 – 9 July 2022 (n = 450 552, 265 710 missing district)

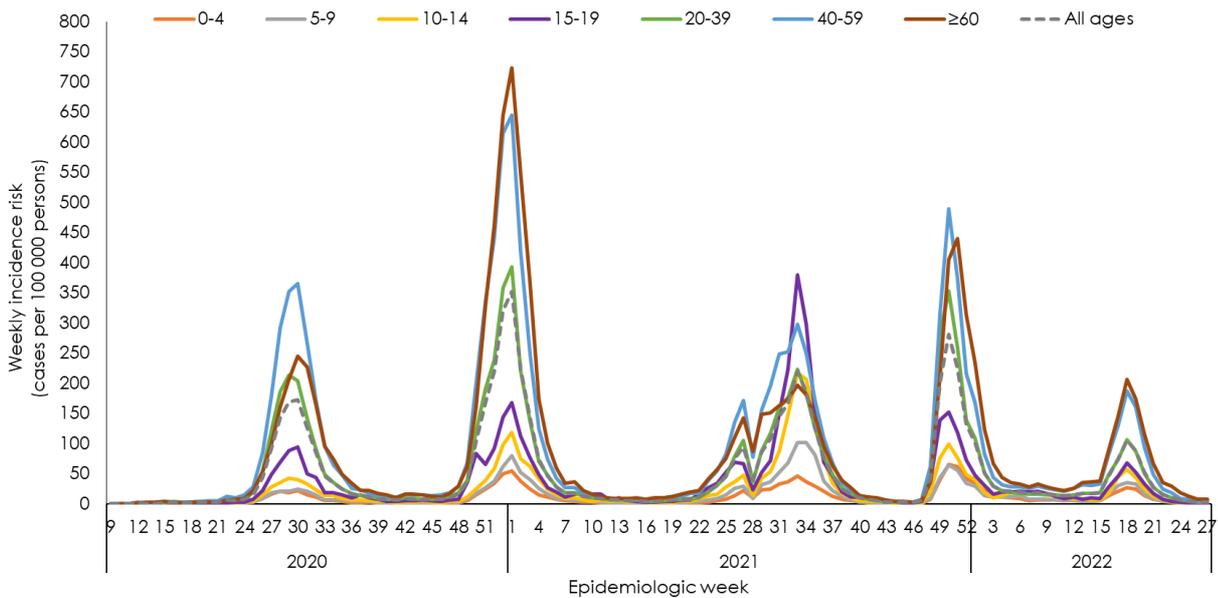


Figure 13: Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week KwaZulu-Natal Province 3 March 2020 – 9 July 2022 (n = 707 285, 8 977 missing age)

Free State Province

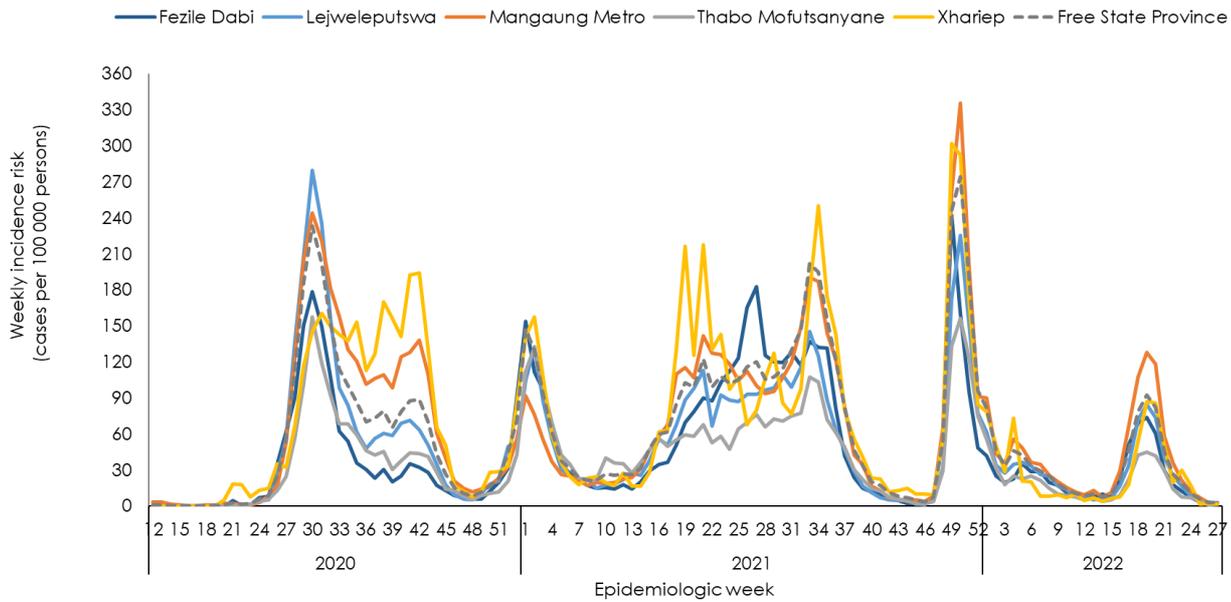


Figure 14: Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Free State Province 3 March 2020 – 9 July 2022 (n = 184 954, 30 930 missing district)

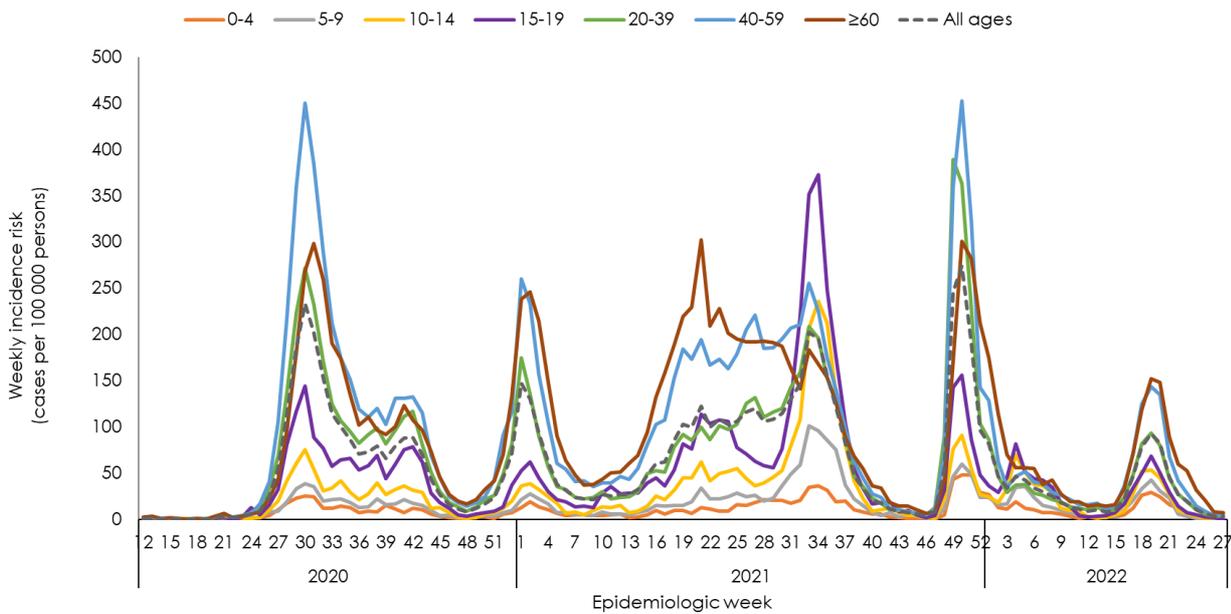


Figure 15: Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Free State Province 3 March 2020 – 9 July 2022 (n = 215 026, 858 missing age)

Limpopo Province

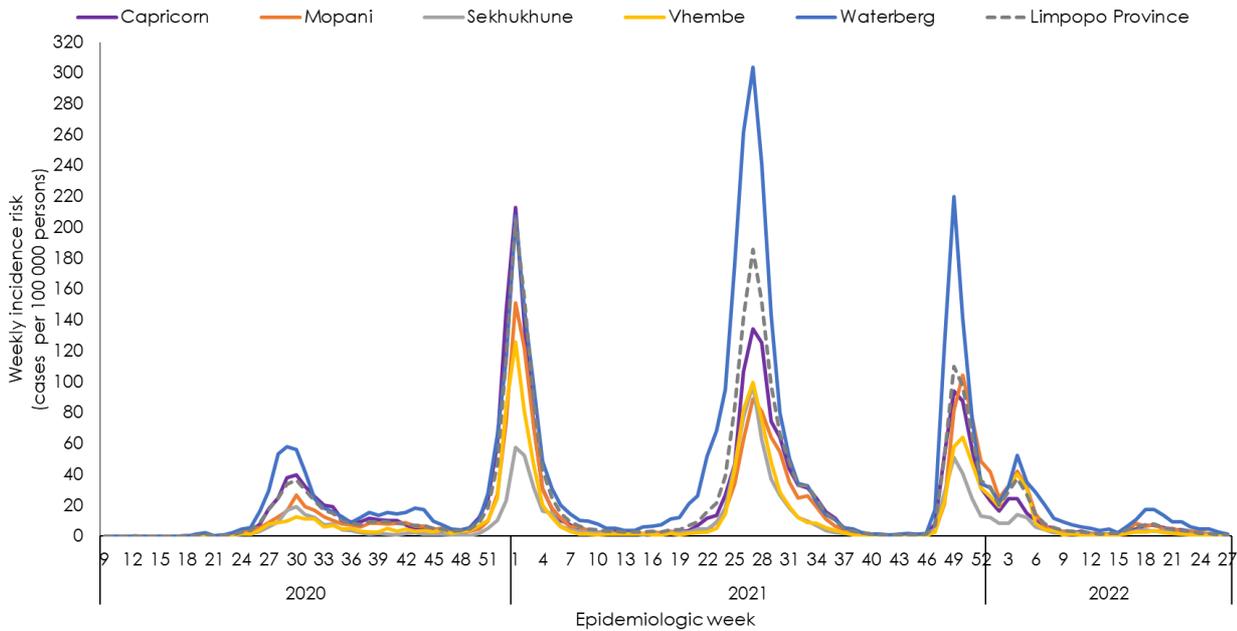


Figure 16: Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Limpopo Province 3 March 2020 – 9 July 2022 (n = 119 113, 40 401 missing district)

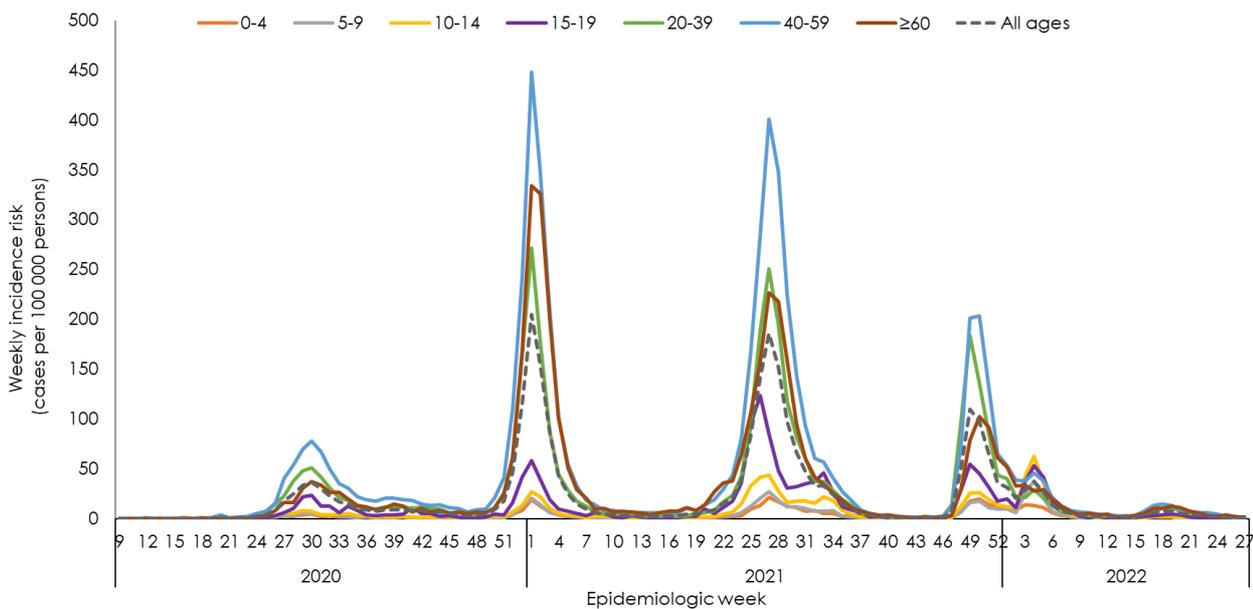


Figure 17: Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Limpopo Province 3 March 2020 – 9 July 2022 (n = 158 798, 716 missing age)

Mpumalanga Province

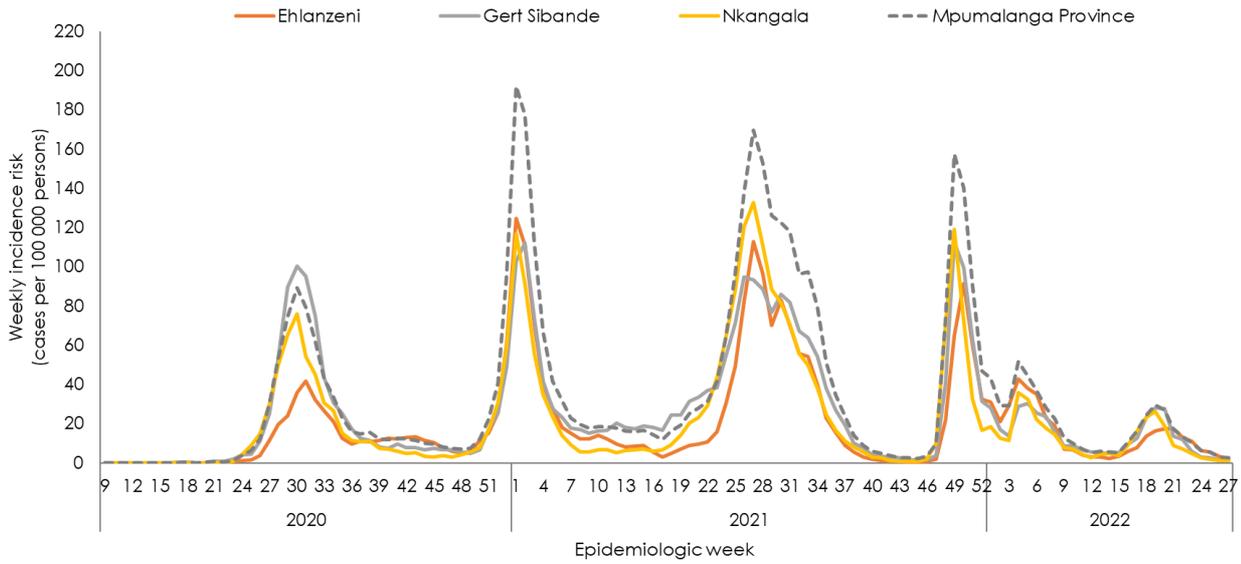


Figure 18: Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Mpumalanga Province 3 March 2020 – 9 July 2022 (n = 132 729, 69 147 missing district)

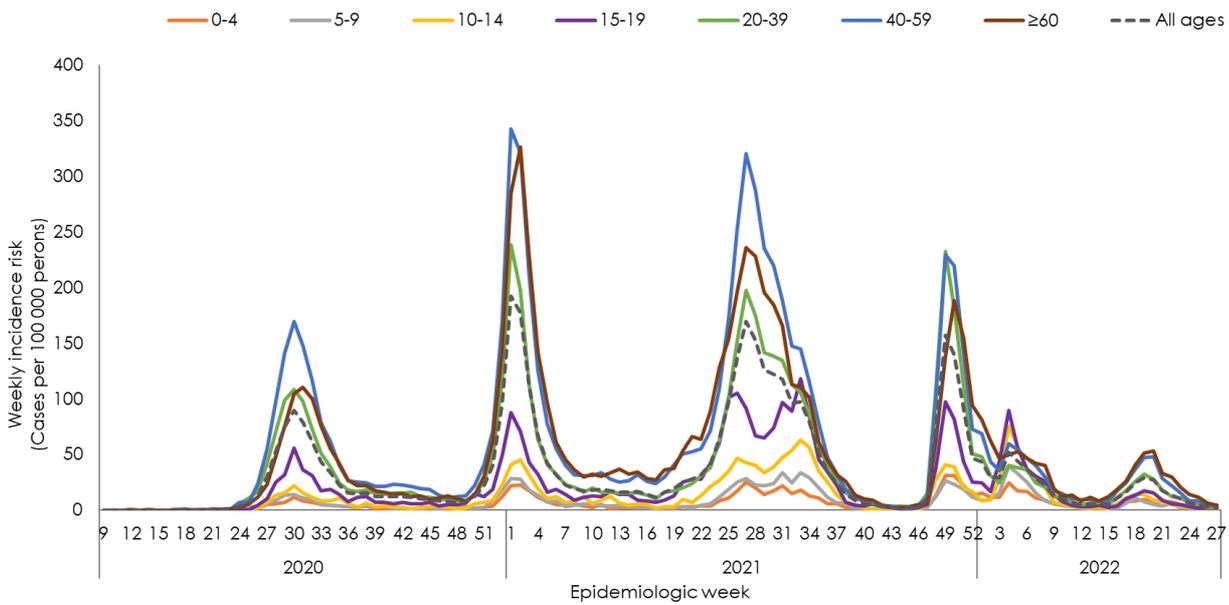


Figure 19: Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group and epidemiologic week Mpumalanga Province 3 March 2020 – 9 July 2022 (n = 197 679, 4 197 missing age)

North West Province

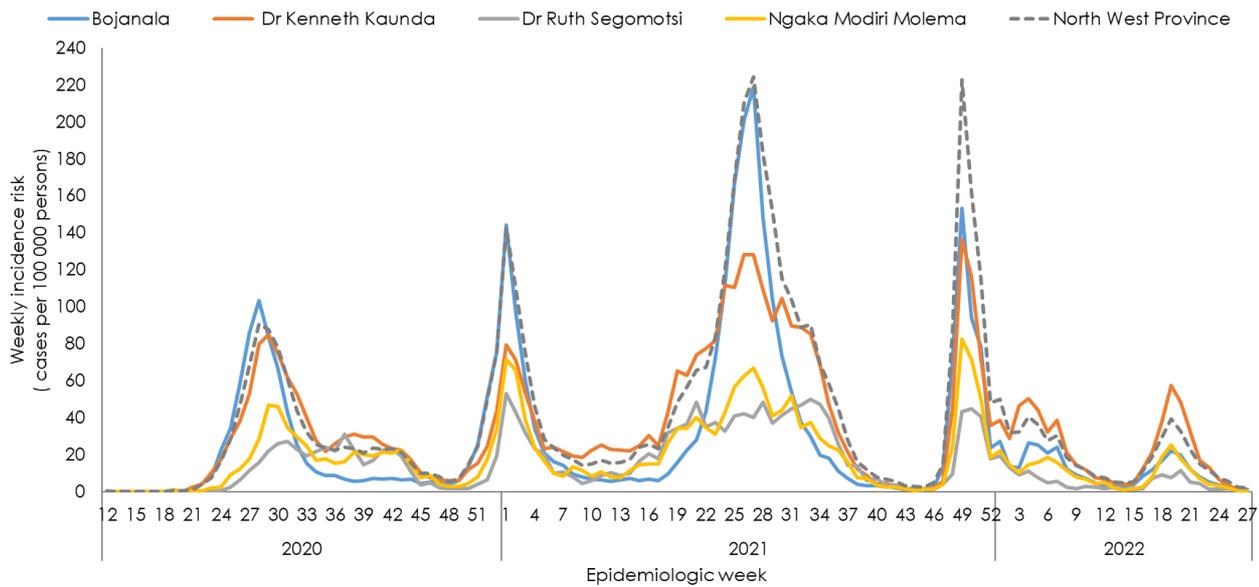


Figure 20: Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week North West Province 3 March 2020 – 9 July 2022 (n = 129 206, 72 615 missing district)

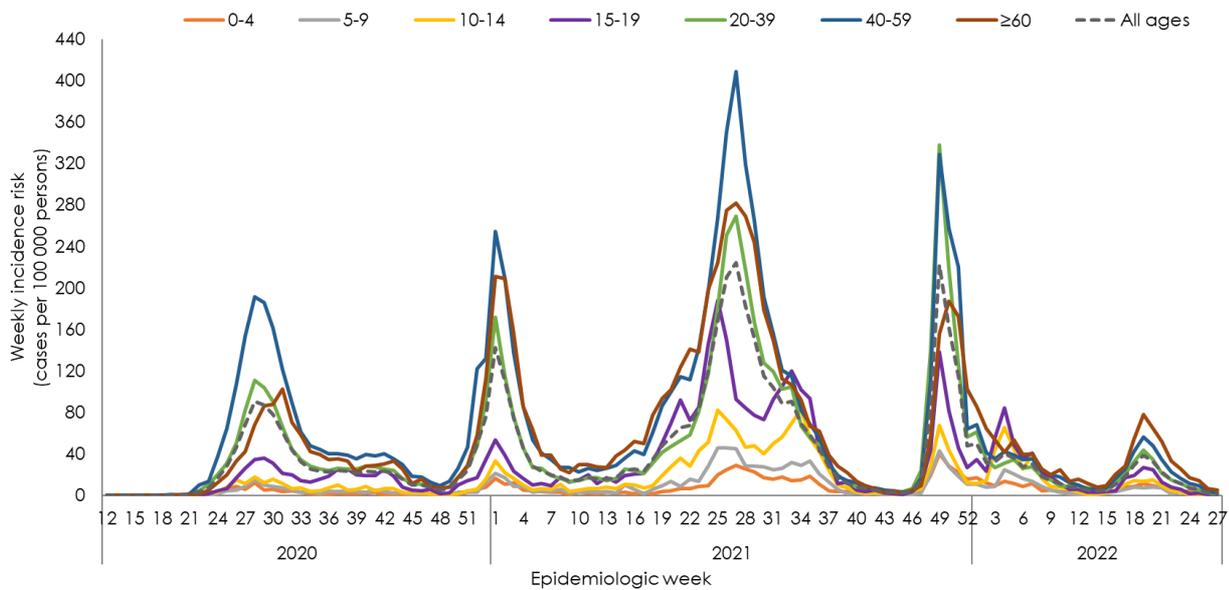


Figure 21: Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week North West Province 3 March 2020 – 9 July 2022 (n = 199 252, 2 569 missing age)

Northern Cape Province

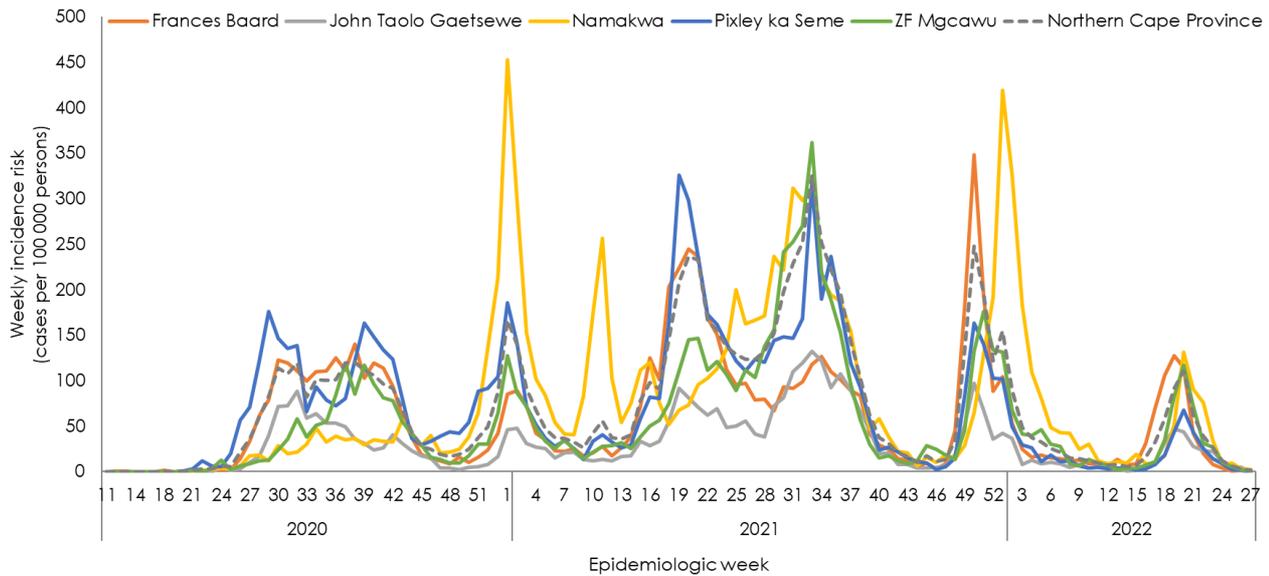


Figure 22: Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Northern Cape Province 3 March 2020 – 9 July 2022 (n = 88 580, 26 597 missing district)

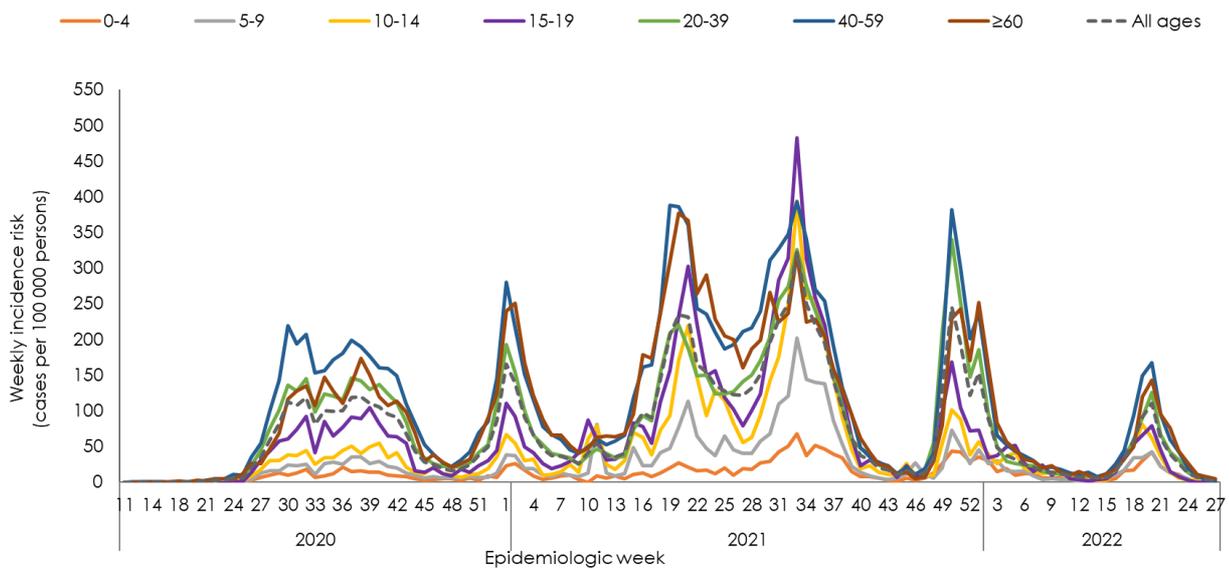


Figure 23: Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Northern Cape Province 3 March 2020 – 9 July 2022 (n = 114 435, 742 missing age)

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.