

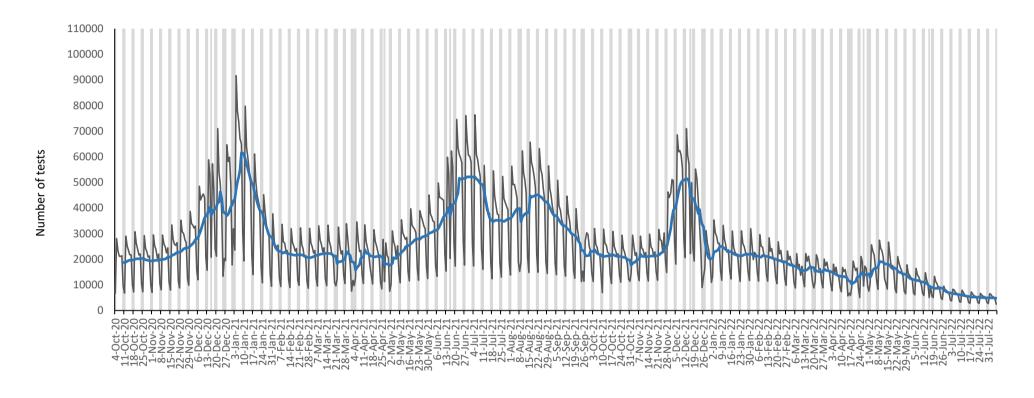
# COVID-19 Weekly Testing Summary Week 31 of 2022

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 6 August 2022 (Week 31 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 6 August 2022, 20,976,407 PCR tests for SARS-CoV-2 have been reported nationally. The number of PCR tests reported in week 31 of 2022 (n=33,339) was 3.6% lower than the number of PCR tests reported in the previous week (n=34,595 in week 30).
- In week 31 the PCR testing rate was 55 per 100,000 persons. The overall PCR testing rate did not change from the previous week (55 per 100,000 persons in week 30).
- The PCR testing rate in week 31 was highest in Gauteng (91 per 100,000 persons) and lowest in Limpopo (9 per 100,000 persons).
- In week 31, the percentage testing positive was 4.0%, which decreased from the previous week (4.6% in week 30, p < 0.05).
- The percentage testing positive in week 31 was highest in Limpopo (10.4%), followed by Western Cape (5.2%). The percentage testing positive was <5.0% in all other provinces.
- In week 31, compared to the previous week, the percentage testing positive decreased in KwaZulu-Natal (p=0.02) and Gauteng (p = 0.009) and increased in Limpopo (p = 0.003).
- In week 31, the percentage testing positive was highest in the 80+ year's age group (8.2%).



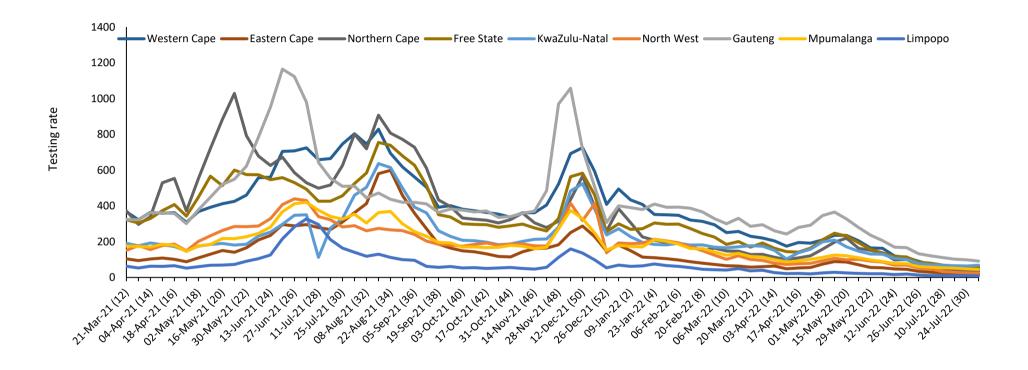
## Date of specimen collection

**Figure 1.** Number of SARS-CoV-2 PCR tests reported by date of specimen collection, South Africa, 4 October 2020 – 6 August 2022. Blue line shows the 7-day moving average of the number of PCR tests reported. Grey bars highlight weekend days and public holidays.



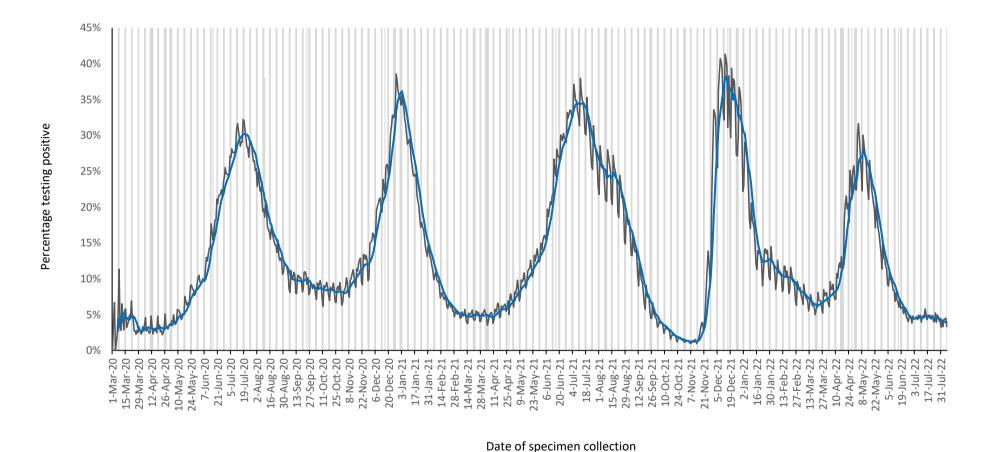
**Table 1.** Weekly number of SARS-CoV-2 PCR tests and positive tests reported, South Africa, 2 January – 6 August 2022

Week	Week	No. of PCR tests	No. of positive	Percentage testing	
number	beginning	n (%)	PCR tests	positive (%)	
1	2-Jan-22	176307 (0.8)	45447	25.8	
2	9-Jan-22	160309 (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	148517 (0.7)	17693	11.9	
6	6-Feb-22	147883 (0.7)	16070	10.9	
7	13-Feb-22	140046 (0.7)	14760	10.5	
8	14-Feb-22	132984 (0.6)	13025	9.8	
9	27-Feb-22	121516 (0.6)	10265	8.4	
10	6-Mar-22	109448 (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	93774 (0.4)	7863	8.4	
15	10-Apr-22	80637 (0.4)	8849	11.0	
16	17-Apr-22	92533 (0.4)	17224	18.6	
17	24-Apr-22	97809 (0.5)	23645	24.2	
18	1-May-22	116936 (0.6)	32981	28.2	
19	8-May-22	126849 (0.6)	34307	27.0	
20	15-May-22	115149 (0.5)	26599	23.1	
21	22-May-22	99382 (0.5)	17334	17.4	
22	29-May-22	84401 (0.4)	10561	12.5	
23	5-Jun-22	77844 (0.4)	7473	9.6	
24	12-Jun-22	63237 (0.3)	4463	7.1	
25	19-Jun-22	61512 (0.3)	3337	5.4	
26	26-Jun-22	47925 (0.2)	2135	4.5	
27	3-Jul-22	43096 (0.2)	1989	4.6	
28	10-Jul-22	38471 (0.2)	1863	4.8	
29	17-Jul-22	36265 (0.2)	1656	4.6	
30	24-Jul-22	34595 (0.2)	1560	4.5	
31	31-Jul-22	33339 (0.2)	1326	4.0	



Week start date (week number) of sample collection

Figure 2. PCR testing rate per 100,000 persons by province and week of specimen collection, South Africa, 21 March 2021 – 6 August 2022



**Figure 3.** Percentage of PCR tests positive for SARS-CoV-2 by date of specimen collection, South Africa, 1 March 2020 – 6 August 2022. Blue line shows the 7-day moving average of the percentage testing positive. Grey bars highlight weekend days and public holidays.

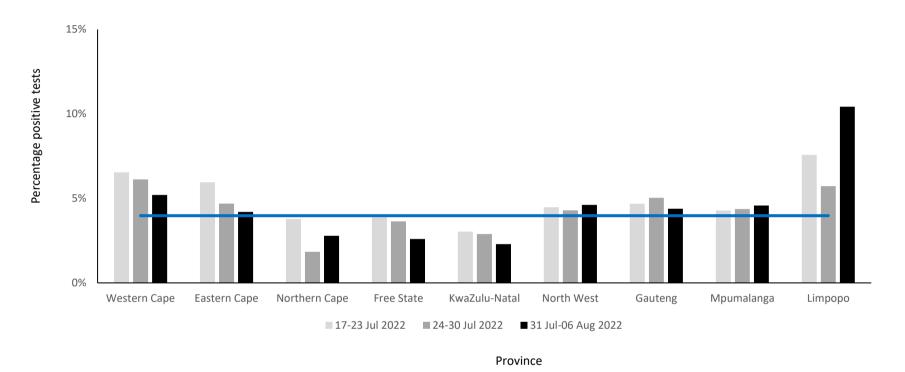


**Table 2.** Weekly number of PCR tests and positive tests reported by province, South Africa, 10 – 6 August 2022

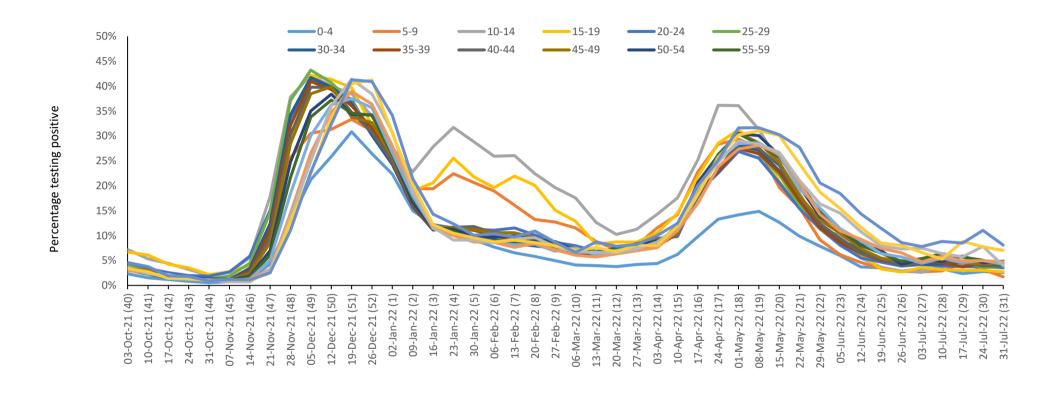
		17-23 Jul 2022		24-30 Jul 2022		31 Jul-06 Aug 2022		Change in percentage positive	
Province	Population <sup>a</sup>	No. of tests	No. positive tests (%)	No. of tests	No. positive tests (%)	No. of tests	No. positive tests (%)	Testing rate per 100,000	from previous week <sup>b</sup>
Western Cape	7113776	4217	276 (6.5)	3888	238 (6.1)	3746	195 (5.2)	53	-0.9%
Eastern Cape	6676590	1680	100 (6.0)	1513	71 (4.7)	1358	57 (4.2)	20	-0.5%
Northern Cape	1303047	581	22 (3.8)	490	9 (1.8)	466	13 (2.8)	36	1.0%
Free State	2932441	1855	72 (3.9)	1811	66 (3.6)	1733	45 (2.6)	59	-1.0%
KwaZulu-Natal	11513575	7546	229 (3.0)	7356	213 (2.9)	7883	181 (2.3)	68	-0.6%
North West	4122854	1229	55 (4.5)	1070	46 (4.3)	1019	47 (4.6)	25	0.3%
Gauteng	15810388	16160	757 (4.7)	15548	782 (5.0)	14464	635 (4.4)	91	-0.6%
Mpumalanga	4743584	2450	105 (4.3)	2264	99 (4.4)	2119	97 (4.6)	45	0.2%
Limpopo	5926724	528	40 (7.6)	629	36 (5.7)	537	56 (10.4)	9	4.7%
Unknown		19	0 (0.0)	26	0 (0.0)	14	0 (0.0)		
Total	60142978	36265	1656 (4.6)	34595	1560 (4.5)	33339	1326 (4.0)	55	-0.5%

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

<sup>&</sup>lt;sup>b</sup>Current week compared to previous week



**Figure 4.** Weekly percentage testing positive (PCR tests only) by province, South Africa, 10 – 6 August 2022. The horizontal blue line shows the national mean for week 31, beginning 31 July 2022



Week start date (week number) of sample collection

Figure 5. Percentage testing positive (PCR tests only) by age group and week of specimen collection, South Africa, 3 October 2021 – 6 August 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 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.