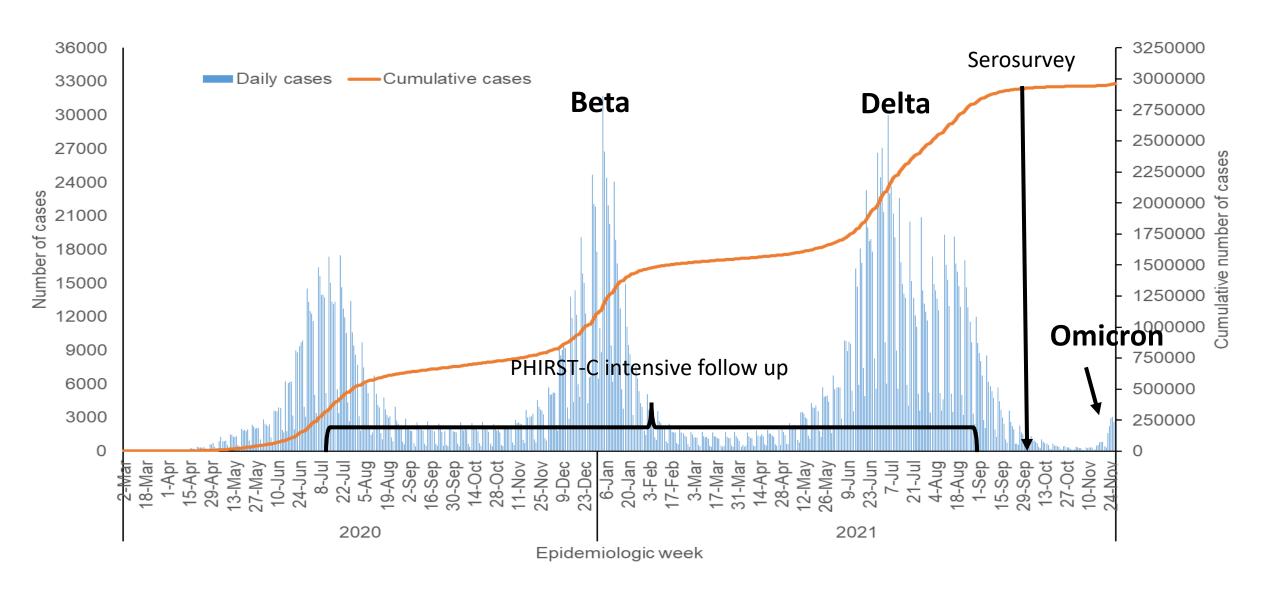


Epidemiology of SARS-CoV-2 in South Africa including Omicron

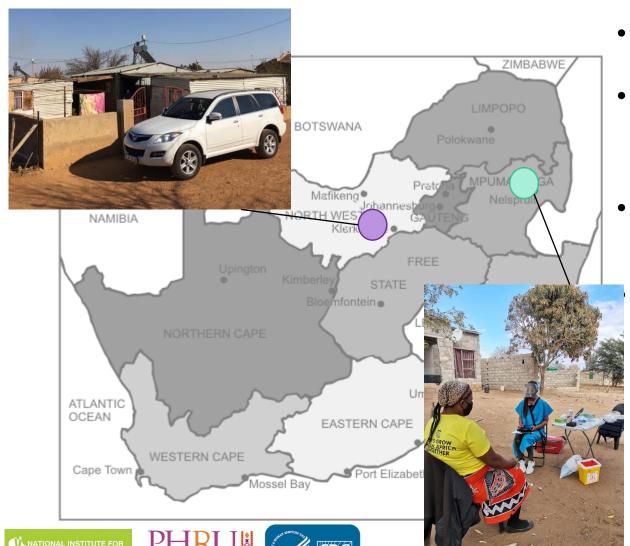
Cheryl Cohen
National Institute for Communicable Diseases
National Health Laboratory Service

cherylc@nicd.ac.za

Number and cumulative number of laboratory-confirmed cases of COVID-19 by province and date of specimen collection, South Africa, 3 March 2020 – 22 May 2021 (n=1 635 465)



PHIRST-C Study design and recruitment



- Prospective household-level community cohort
- 2 sites: Agincourt Demographic Surveillance Site (rural) and Jouberton in Klerksdorp (urban)
- Random selection of ~100 households at each site >500 individuals per site (>1000 total) – from previous PHIRST cohort (new households if needed)
- Verify eligibility and baseline data, baseline blood (serology), HIV status and viral load, underlying illness

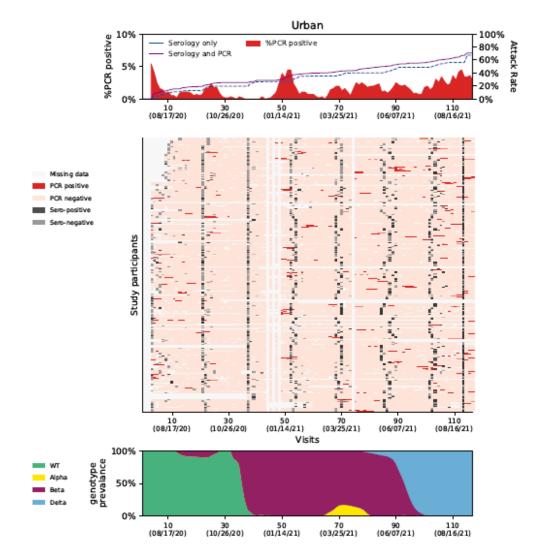
Intense 14 months follow up - July 2020 to end August 2021

- Twice weekly household visit (Monday to Wednesday and Thursday to Saturday), midturbinate nasal swab (Seegene real-time reverse transcriptase PCR – SARS-CoV-2, Flu, RSV), data on symptoms and healthcare seeking
- Two monthly blood draw (serology ELISA Roche Elecsys and neutralising antibodies)

Cohen et al Lancet Global Health, 2021; Cohen et al Infl Other Resp Virus 2021

High attack rate, mostly asymptomatic, some severe

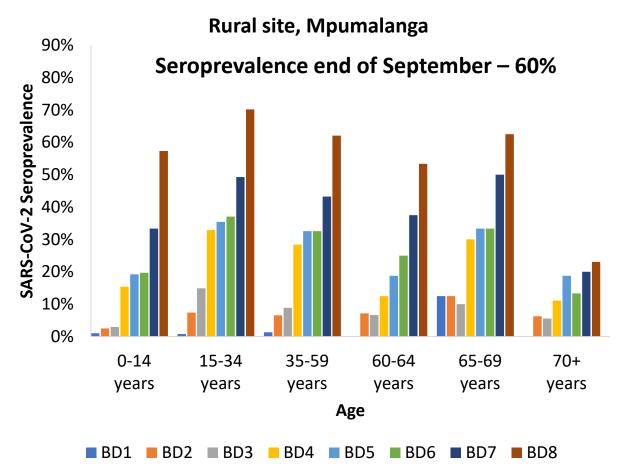
- Of 125,088 potential follow-up visits July 2020 - 28 August 2021
 - 115,759 (93%) nasal swabs tested,
- 62% (749/1200) individuals at least one infection
 - 12% reinfection rate
- 90% (200/222) households at least one infection
- 15% (96/662) of infection episodes had symptoms
 - 6 (6%) attended outpatient clinic
 - 9 (9%) hospitalised
 - 2 (2%) died (IFR 0.3% (95% CI 0.03%-1%)
- 25% (213/856) of susceptible household contacts acquired infection
 - Beta variant 4 times and Delta 15 times more infectious than wild type virus

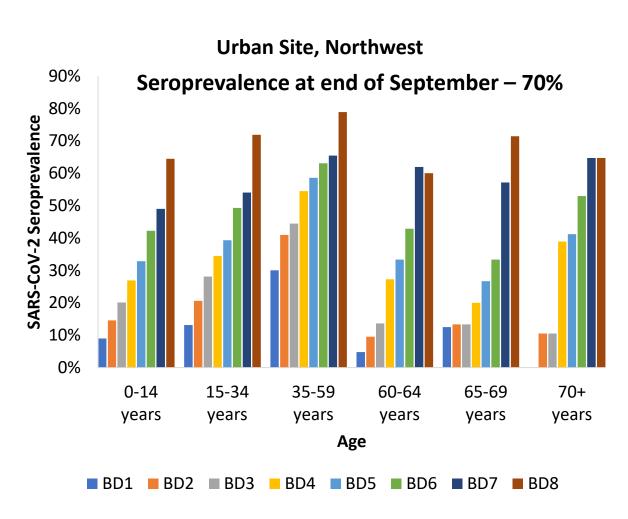


Cohen et al Submitted and MedXRiv 2021

High proportion of individuals with previous natural infection after third wave

4-6% of infections diagnosed in South Africa
Age standardised infection fatality ratios 0.1-0.4% in 1st wave



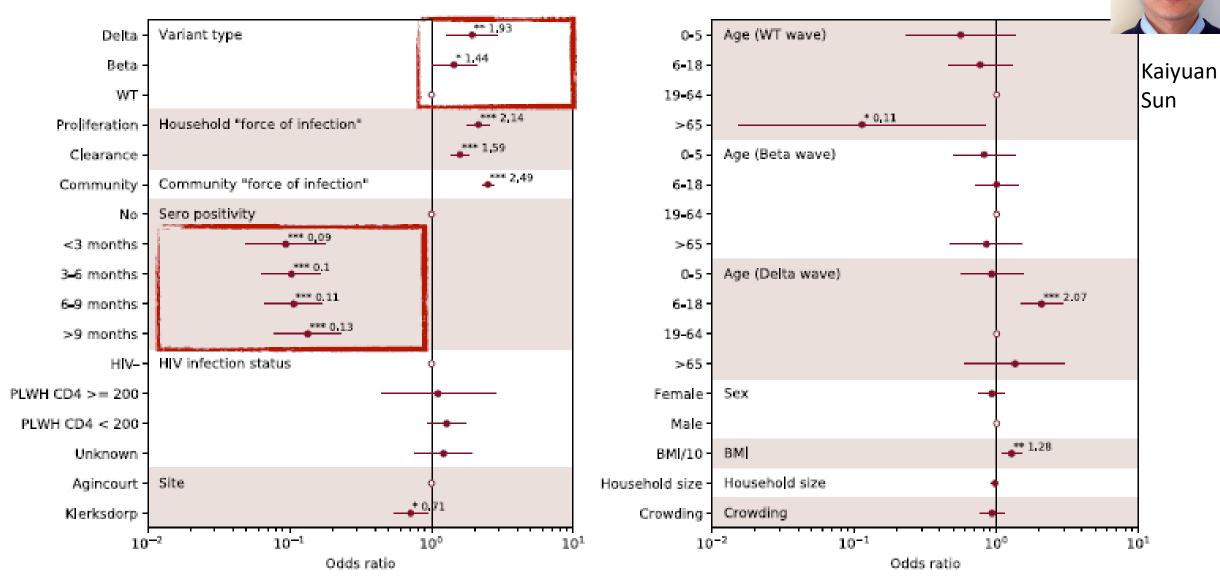


PHIRST-C SARS-CoV-2 Seroprevalence, 20 July 2020 – 25 September 2021, South Africa

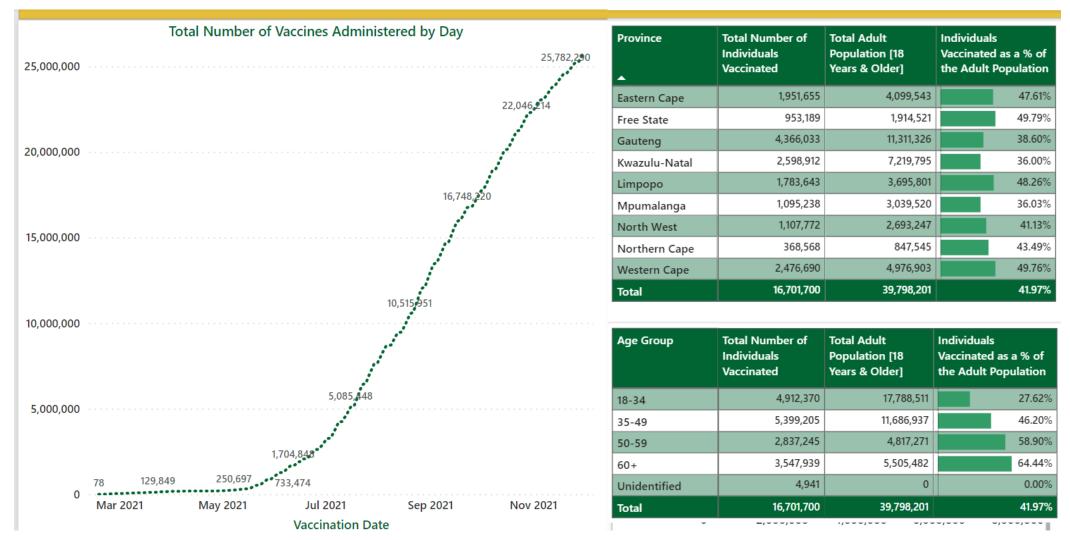
Blood draw (BD) 1: 20-Jul-20 to 17-Sep-20; BD 2: 21-Sep-20 to 10-Oct-20; BD 3: 23-Nov-20 to 12-Dec-20; BD 4: 25-Jan-21 to 21-Feb-21; BD 5: 22-Mar-21 to 11-Apr-21; BD 6: 20-May-21 to 09-Jun-21; BD 7: 19-Jul-21 to 05-Aug-21; BD 8: 13-Sep-21 to 25-Sep-21

Kleynhans et al EID 2021 and unpublished data

Risk factors associated with Transmission



COVID-19 vaccination in SA, 01 Dec 2021



NDoH, December 2021

https://sacoronavirus.co.za/latest-vaccine-statistics/

S gene target failure – proxy for 69-70del Thermo Fisher TagPath assay

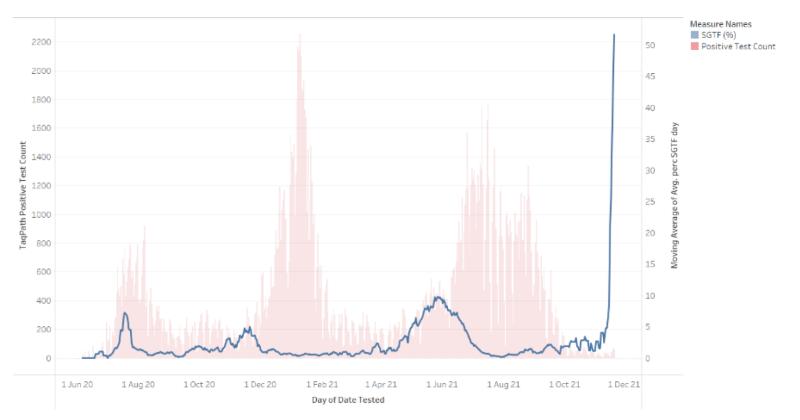
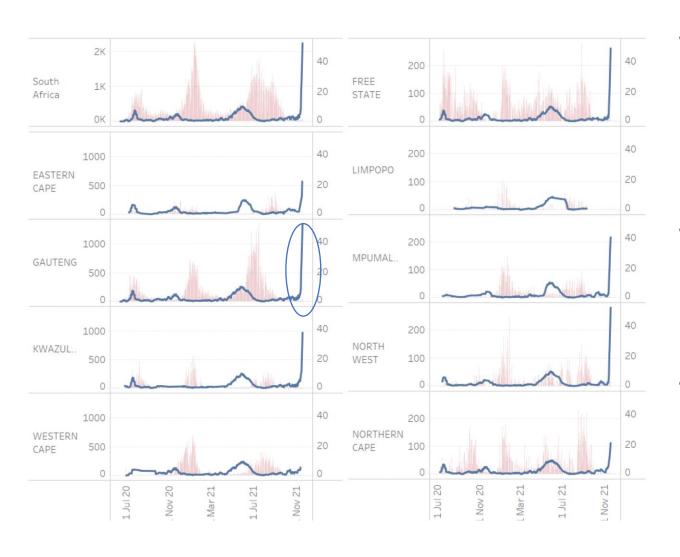


Figure 9: S-gene dropout (%) of cases with high VL (Ct value<30 for ORF or N gene). The red bars are the number of tests reporting the presence of SARS-CoV-2 (daily) on the TaqPath assay. The solid blue line is the moving median of S-gene dropout (%).

- S gene target failure was a proxy marker for Alpha variant, which was introduced in SA before Delta but never took over
- New increase in SGTF noted very recently from mid-November
- ~20% of tests in public sector are TaqPath assay

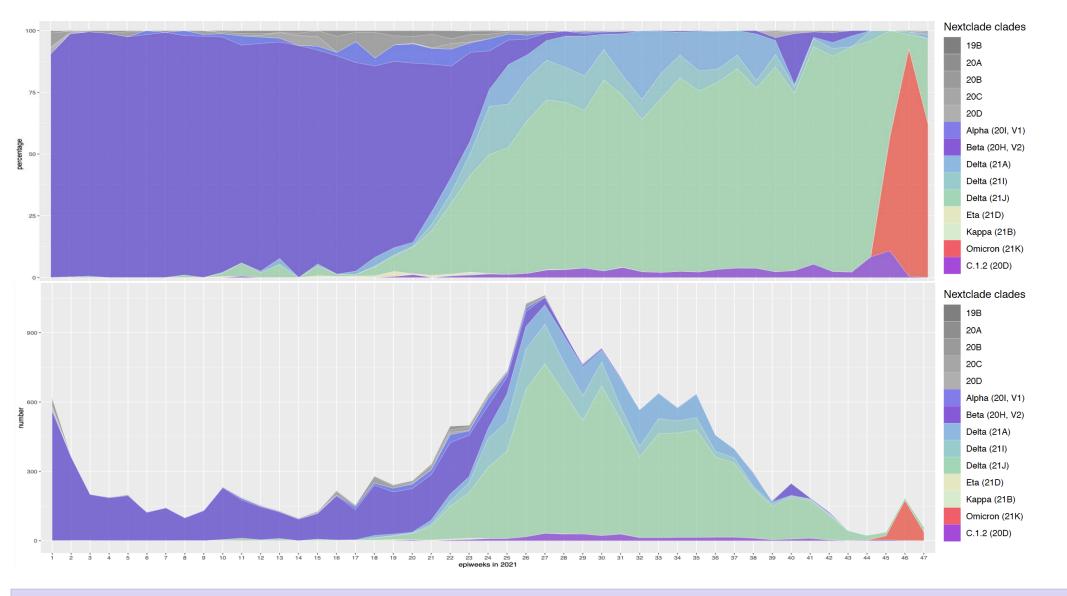
^{*}Current (end of Nov '21) dramatically increasing trend in the proportion of SGTF (Ct value<30 for ORF or N gene)

S gene target failure by province



- Rapid increase in proportion with SGTF noted across multiple provinces (caution low number of tests in most provinces)
- Many samples with SGTF sequenced from Gauteng (samples collected 14-16 Nov) - majority were B.1.1.529
- Hundreds of recently collected samples being sequenced currently by NGS-SA labs – results available by end of week

Proportion and number of clades by epiweek in South Africa, 2021 (N= 17 813)



Sequencing data ending epi week 47 (ending 27 November 2021)

Currently in epi week 48 (ending 4 December 2021)

Delta dominated South Africa's third wave with >80% frequency in October, with C.1.2 detection remaining <4%.

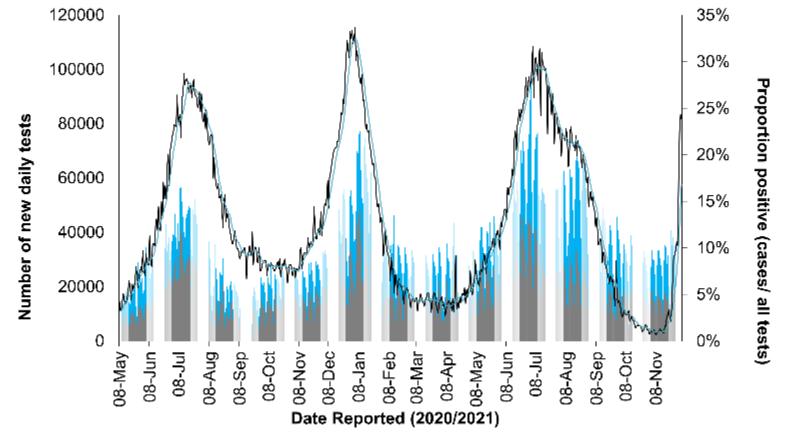
Omicron appears to dominate November sequencing data but sequencing is ongoing to determine its true prevalence.



https://www.nicd.ac.za/diseases-a-z-index/disease-index-covid-19/sars-cov-2-genomic-surveillance-update/

Testing – PCR and antigen

	Total tests				New tests			
Sector	No. tests	Percentage tested	No. positive	Percentage test positive	No. new tests	Percentage tested	No. positive	Percentage test positive
PRIVATE	10,630,898	53.8%	1,714,008	16.1%	35,052	75.0%	9,684	27.6%
PUBLIC	9,130,936	46.2%	1,525,242	16.7%	11,656	25.0%	3,157	27.1%
GRAND_TOTAL	19,761,834	100.0%	3,239,250	16.4%	46,708	100.0%	12,841	27.5%



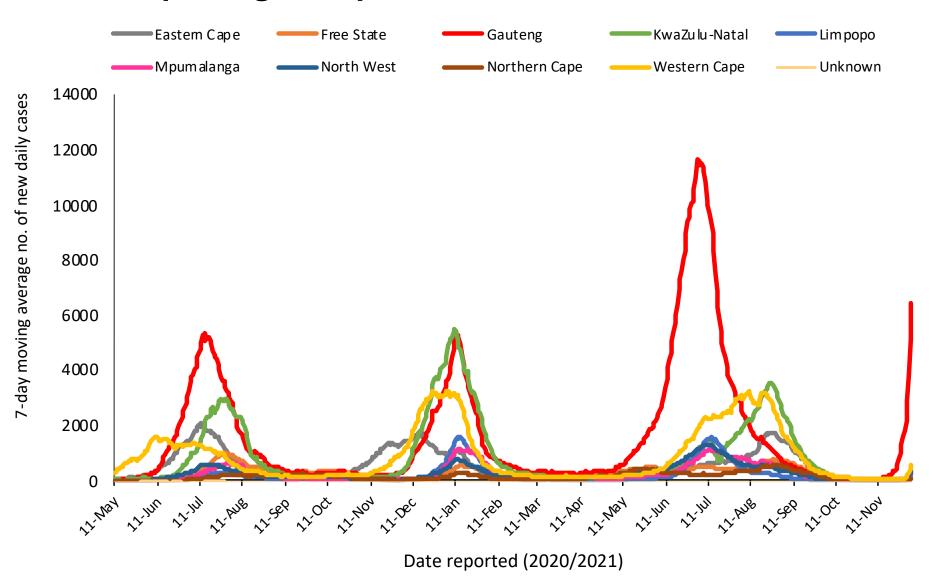
■Private lab tests ■Public lab tests −Proportion + (cases/ all tests) −7-day moving average proportion+

Number of new daily tests for SARS-CoV-2 and proportion positive by date of reporting and health sector, and 7-day moving average proportion positive, 6 April 2020 to date, South Africa

Week number	Week beginning	Percentage testing positive (%)	
20	16-May-21	9.7	
21	23-May-21	11.3	
22	30-May-21	13.4	
23	06-Jun-21	17.6	
24	13-Jun-21	23.7	
25	20-Jun-21	27.4	
26	27-Jun-21	29.9	
27	04-Jul-21	31.9	
28	11-Jul-21	31.5	
29	18-Jul-21	28.2	
30	25-Jul-21	25.2	
31	01-Aug-21	23.7	
32	08-Aug-21	23.3	
33	15-Aug-21	22.7	
34	22-Aug-21	20.0	
35	29-Aug-21	16.0	
36	05-Sep-21	13.0	
37	12-Sep-21	9.3	
38	19-Sep-21	6.7	
39	26-Sep-21	4.6	
40	03-Oct-21	3.3	
41	10-Oct-21	2.6	
42	17-Oct-21	1.8	
43	24-Oct-21	1.5	
44	31-Oct-21	1.1	
45	07-Nov-21	1.2	
46	14-Nov-21	2.5	
47	21-Nov-21	8.5	
48	28-Nov-21	24.9	

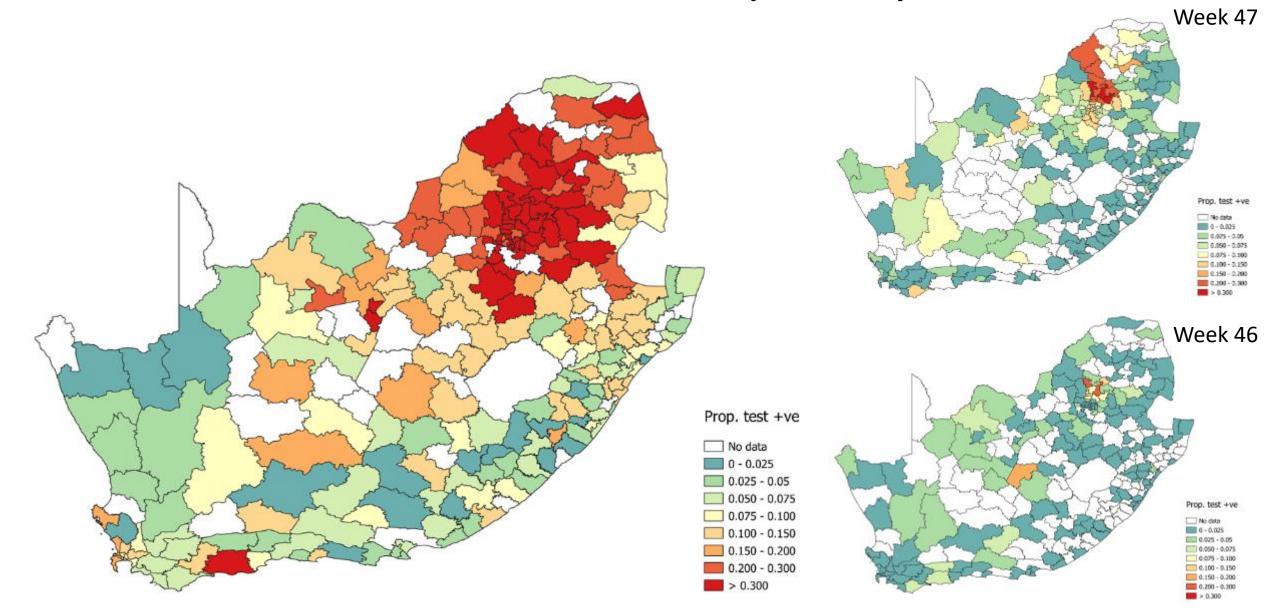
In week 48 the percentage testing positive was 24.9%, which was 16.4% higher than the previous week.

7-day moving average number of new cases by province and date of reporting, 12 April 2020 to date, South Africa

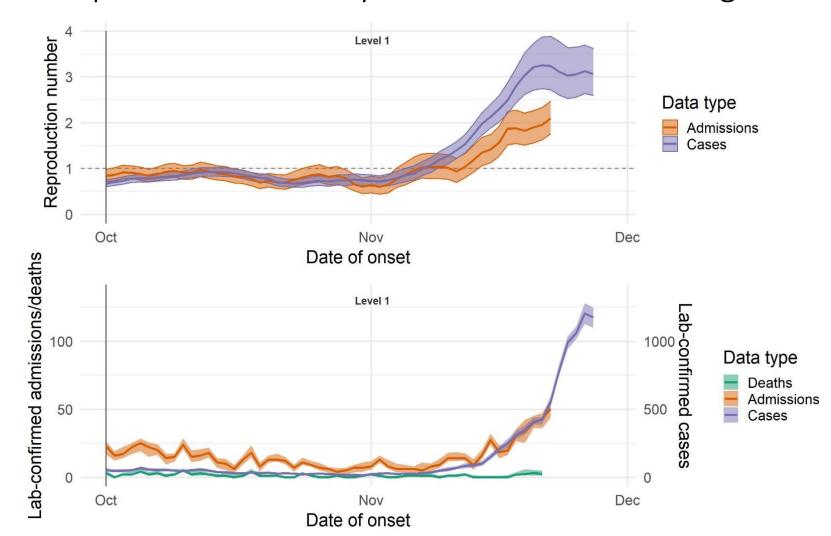


The 7-day moving average daily number of cases has increased

Proportion testing positive by health sub-district in South Africa for the week of 28 November – 3 December 2021 (Week 48)



Upper panel: Estimated daily reproduction number (R), with 95% confidence intervals Gauteng (last date included in the estimation: 29 November 2021). Lower panel: estimated number of laboratory-confirmed COVID-19 cases and hospital admissions by onset date with missing data imputed.

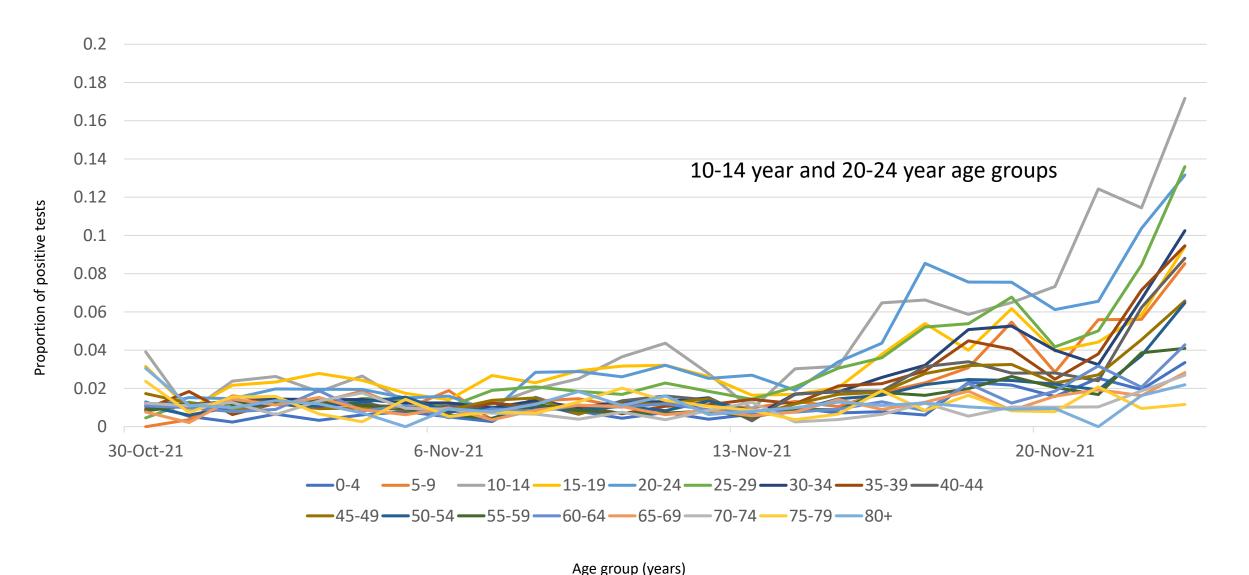


https://www.nicd.ac.za/diseases-a-z-index/disease-index-covid-19/surveillance-reports/covid-19-special-reports/the-initial-and-daily-covid-19-effective-reproductive-number-in-south-africa/

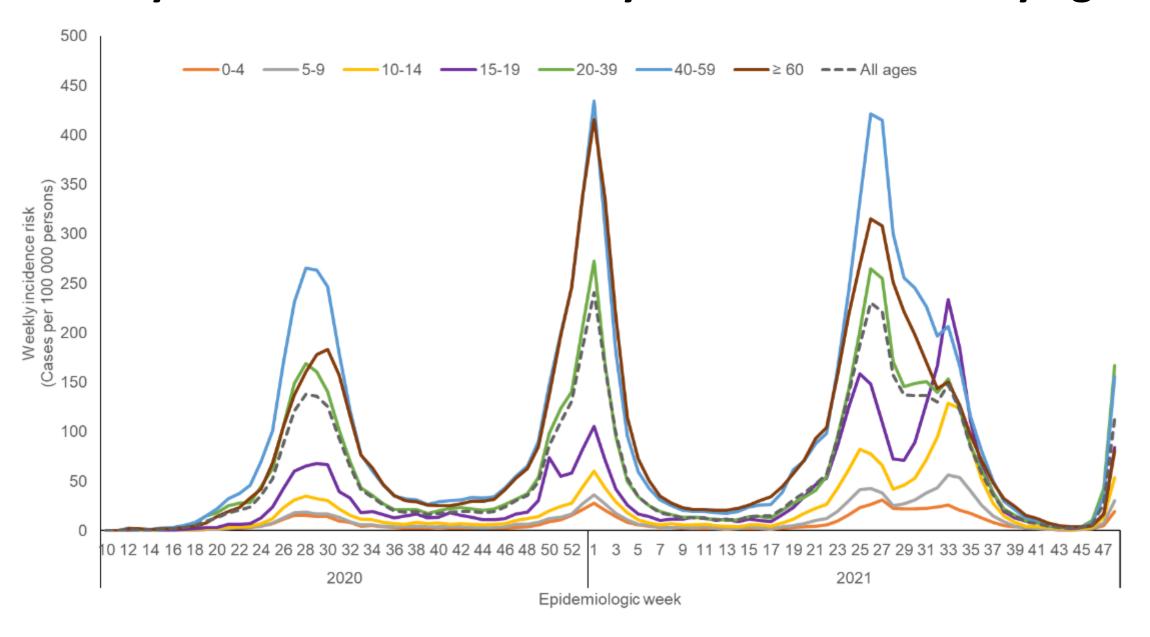
Trade off between:

- Transmission per unit contact
- Contact patterns
- Population immunity (immune escape)

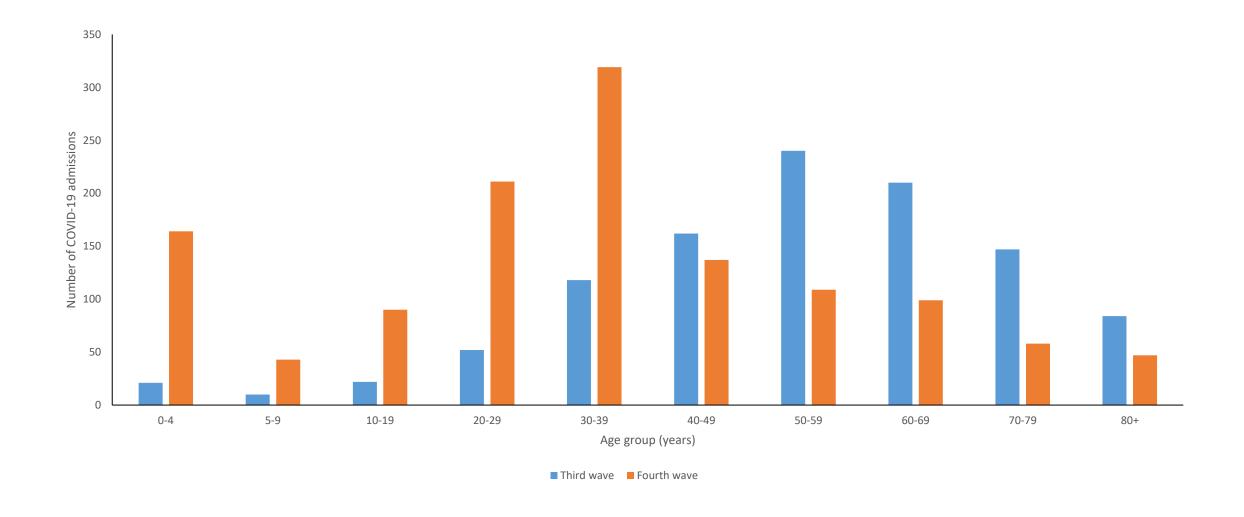
Weekly proportion testing positive by age group, South Africa, 31 October – 20 November 2021



Weekly incidence of laboratory-confirmed cases by age



Number of COVID-19 admissions in first two weeks of third and fourth wave, by age group in years, City of Tshwane Metro, 9-29 May 2021 and 14 November-4 December 2021



Percentage of COVID-19 admissions with severe disease, by age group, Tshwane Metro, 5 March 2020 – 4 December 2021

Age group	Total percentage severe n/N (%)	November 2021 percentage severe n/N (%)	
<20 years	291/1,039 (28.0%)	24/139 (17.3%)	
20-34 years	750/2,108 (35.6%)	15/8114 (13.2%)	
35-59 years	6,347/9,704 (65.4%)	35/154 (22.7%)	
≥60 years	5,889/7,563 (77.9%)	45/88 (51.1%)	
All ages	13,277/20,414 (65.0%)	119/495 (24.0%)	

Clinician impressions milder illness More in-depth analyses underway Severe = ARDS, Oxygen, Ventilation, ECMO, ICU, High care, Died Intrinsic bias around phase of wave Early and late wave less severity Incidental testing positive when admitted for surgery etc More likely to admit mild patient early when beds available Time to accumulate admissions and outcomes Limitations of the data Proxy indicator for severity Data quality and delays, note private sector more reliable daily update No data on vaccination or previous infection

Acknowledgement

Staff at CRDM, NICD

NICD COVID-19 response team

NICD DATCOV team

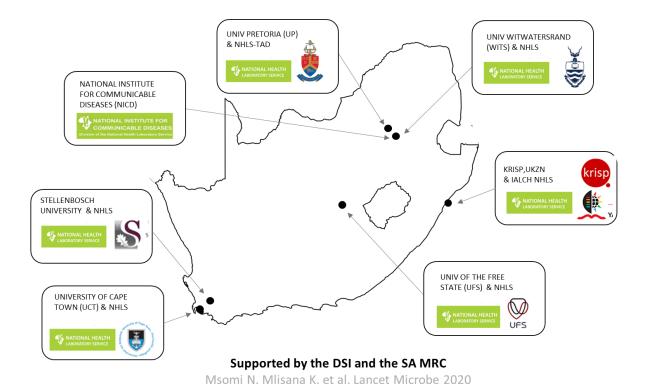
Many volunteers supporting NICD COVID-19 response





GS-SA Network for Genomic Surveillance in South Africa (NGS-SA)

SARS-CoV-2 Sequencing Update 26 November 2021

























NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES

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Fortunate Ngobeni

Ngonidzashe Ngwarai

Portia Mabaso

Mildred Mashego

Percella Tebane

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Floidy Wafawanaka

Data management

Daniel Ohene-Kwofie

Chodziwadzima Kabudula

A Prospective Household study of SARS-CoV-2, Influenza, and Respiratory Syncytial virus community burden, Transmission dynamics and viral interaction in South Africa (PHIRST-C Study)

Klerksdorp Clinical Team Khumbelo Ramutsindela Matebejana Moroe Thibelo Mokoena Yoliswa Mphetshwa Daniel Marungwane Lesgeo Tshwaro Nakedi Maredi Tshepo Holele Ipeleng Mokgwetsi Keitumetse Nyatela Othusitse Mosweu Elizabeth Loeto Mpho Seedie Livhawani Tshikhudo Lebogang Masetone **Busissiwe Masombuka** Masedi Bojani **Precious Khumalo** Nomthandazo Khanyile Samkelisiwe Buso Lerato Marettlwe Motshewa Lichakane



Nalukege Kato-kalule

Abram Nhlapo

Lorraine Thobakgale

Sizakele Mkhaliphi

Rebiditshe Leketi

Kgaugelo Kgasago

Tumelo Molontoa





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Scientific committee: Ben Cowling (Division of Epidemiology and Biostatistics, Hong Kong University), Kanta Subbarao (Director of WHO collaborating Centre for Reference and Research on influenza, University of Melbourne Australia), Juliet Pulliam (Director of SACEMA, University of Stellenbosch), Melissa Rolfes (CDC), Mosa Moshabela (Dean and Head of School of Public Health & Nursing at UKZN)

Safety committee: Andrew Whitelaw (NHLS), June Fabian (Wits Donald Gordon Medical Centre Wits University), Jennifer Verani (CDC), Lindiwe Qwabe (Community representative Agincourt site), Banele Faku (Community representative Klerksdorp site), Saheen Methar (Infection Control Africa Network (ICAN) and University of Stellenbosch)

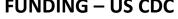
Laboratory teams

CRDM: Maimuna Carrim, Cardia Fourie, Naume Tebeila, Retshidisitswe Kotane, Azwifarwi Mathunjwa, Thabo Mohale, Lorens Maake, Cayla Reddy, Nokuthula Linda, Noxolo Ntuli, Boitshoko Mahlangu, Boitumelo Mathiba, Khululiwe Gigaba, Malusi Ndlovu, Nkosingiphile Thabete, Sam Yongama, Zenzile Tshabalala, Nthabeleng Makakole, Ronewa Madzivha, Noluthando Duma, Charlotte Yaldwyn

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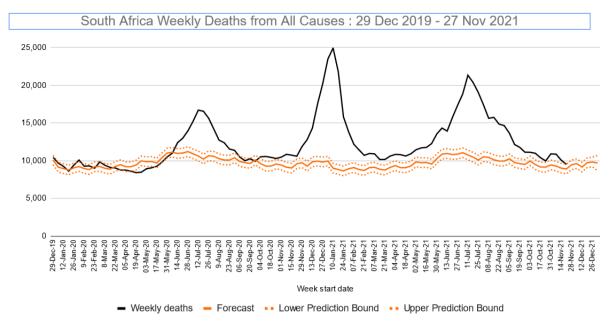




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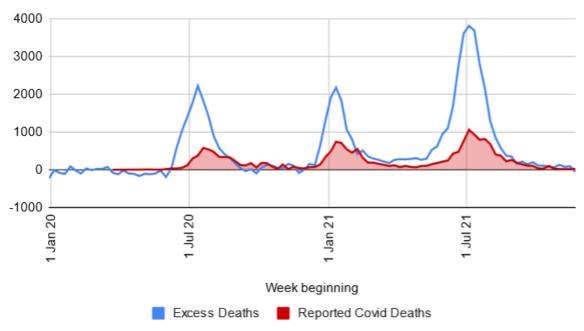
Report on Weekly Deaths in South Africa



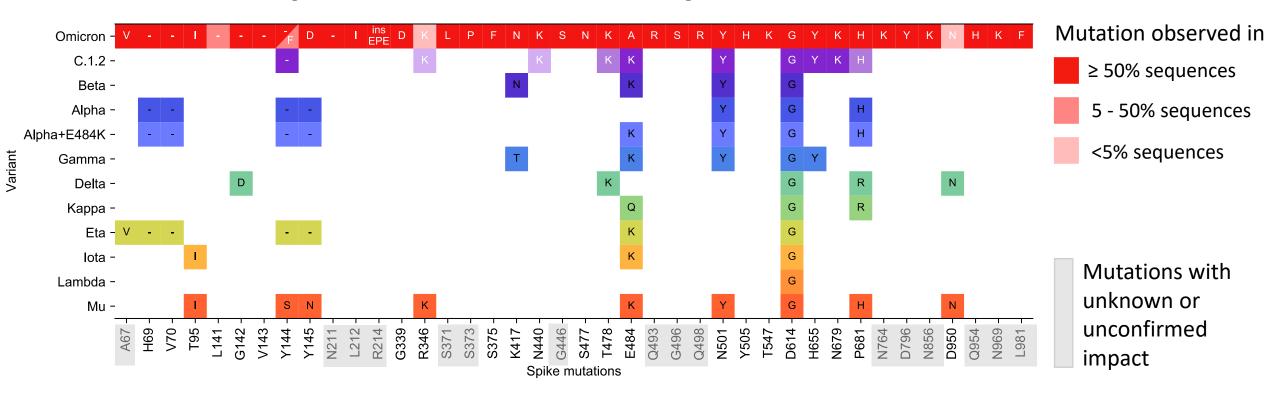
Excess deaths 3 May 2020-27 Nov 2021 N=273,239 Age-standardise rate - 459 per 100,000 population

Gauteng Province





Omicron spike mutations compared to other VOC/VOIs



- Multiple changes within the two immunogenic regions in S1 (NTD and RBD)
 - including a three amino acid insertion
- Accumulation of mutations surrounding the furin cleavage site
 - Including combination of N679K and P681H
- Effect of most spike S2 subunit changes have not been defined

