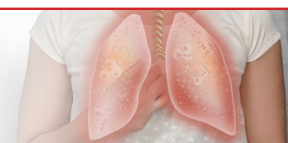


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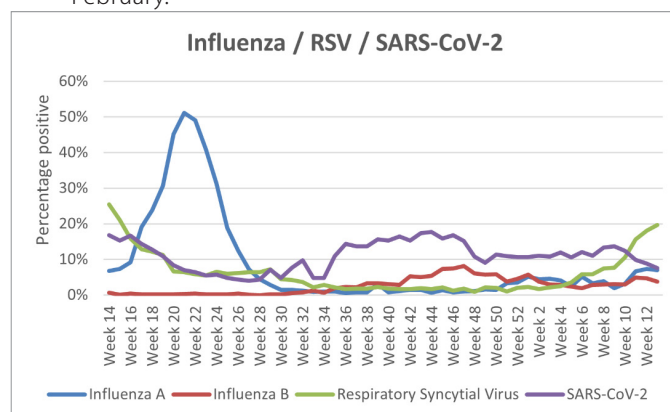
RESPIRATORY PATHOGEN STATISTICS: MARCH 2024



This report is a summary of the results obtained from various molecular respiratory panels performed across PathCare laboratories during March 2024 (epidemiological weeks 10-13). The data is dependent on submission of samples by clinicians and therefore may not be representative of the general population but is intended to identify trends in the circulation of these viruses which may be of clinical relevance.

INFLUENZA, RESPIRATORY SYNCYTIAL VIRUS AND SARS-COV-2

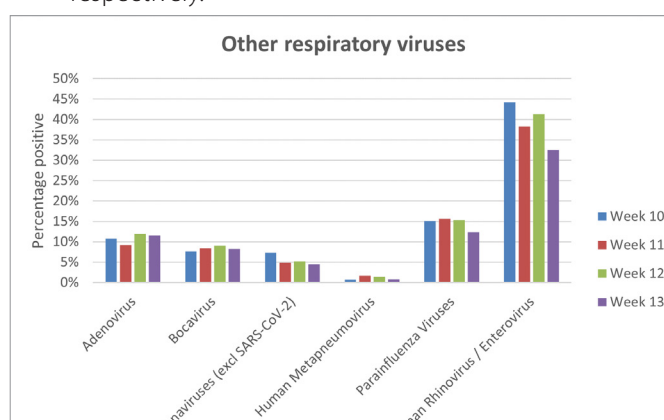
- RSV detection rates continued to increase during March, ranging from 11-20% overall. The increase in RSV positivity occurred predominantly in those aged <5 years, with this age group accounting for approximately 88% of RSV isolates during the reporting period. RSV percentage positivity in week 13 reached 55% in those aged <6 months, 51% in 6-12 month olds and 35% in 1-5 year olds.
- The National Institute for Communicable Diseases (NICD) recorded the start of the RSV season in week 6 (week starting 5 February) when the three week moving average of the detection rate in children <5 years from inpatient pneumonia surveillance in public hospitals remained above 15% for two consecutive weeks (NICD Weekly Respiratory Pathogens Surveillance Report Week 9).
- Influenza B detection rates remained ≤ 5%, while influenza A increased slightly to 7% in weeks 11-13.
- SARS-CoV-2 percentage positivity ranged from 12% in week 11 to 8% in week 13. As in February, the highest detection rates were noted in the Western Cape but decreased to 12% in week 13 as compared to 16-23% in February.



Other respiratory viruses

- Human rhinovirus/enterovirus detection rates remained above 30% throughout March.
- Percentage positivity of adenovirus, endemic coronaviruses and human metapneumovirus remained similar to the previous reporting period, while a slight increase in bocavirus positivity was noted (8-9% as compared to 4-6% in February).

- Amongst the endemic coronavirus detections for which typing was available, NL63 continued to be most prevalent and accounted for 87% of cases, followed by OC43 at 6%, and 229E and HKU1 at <4%.
- The percentage positivity for parainfluenza viruses was similar to the previous month, ranging from 12-15%. Amongst the parainfluenza viruses for which typing was available, type 2 and type 4 continued to predominate and accounted for 34% and 45% of parainfluenza isolates respectively.



Atypical bacteria

- *Mycoplasmoides pneumoniae* (formerly *Mycoplasma pneumoniae*) detection rates remained low in March ranging from 1-3%. *M. pneumoniae* rates in 2024 are much lower compared to 6-8% detected in the 3rd quarter of 2023.
- In contrast *Chlamydia pneumoniae* rates have increased from <1% in the second half of 2023 to 2-3% in both February and March 2024. The majority of cases occurred in Kwa-Zulu Natal and the Western Cape.
- *Bordetella pertussis* and *Bordetella parapertussis* detection rates were low (<1%).
- Three cases of *Legionella pneumophila* were detected during March, two from Gauteng and one from the Eastern Cape. Please note that the inconsistent increases in detection rates noted are related to the relatively small number of samples submitted for testing.

