# Household Survey to Monitor the Seroprevalence of SARS-CoV-2 infection in Adults in the City of São Paulo, Brazil.

Cross-sectional study with probabilistic sampling conducted in the city of São Paulo, Brazil between July 20 and 29, 2020 (21 weeks after the city's first recorded case)

## Phase 3 Partial Results

Project SoroEpi MSP: https://www.monitoramentocovid19.org/



Approved by the CEP/CONEP system under Brazilian Ethics Certification of Human Studies number: 31032620.0.0000.5474

# Executive Summary

In the 35 days that separated Phase 2 from Phase 3 (data collection started on June 15 and July 20, respectively), it was not possible to detect significant changes in the seroprevalence of SARS-CoV-2 infection. If there has been any change, the estimate is within the confidence interval of the measurement. The differences in seroprevalence between races and educational levels are still statistically significant.

In Phase 3, we introduced a second type of serological test, which was also administered to all 1,470 analyzed individuals. This new test detects antibodies against other SARS-CoV-2 epitopes and can detect a greater number of those infected, increased the seroprevalence in 56% in the city of São Paulo. This result demonstrates that a single test is not sufficient to identify all seropositive individuals in a population.

- Seroprevalence in the municipality (considering the two tests combined): 17,9%
  - Seroprevalence in the strata with the highest average income: 9,4%
  - Seroprevalence in the strata with average middle income: 18,4%
  - Seroprevalence in the strata with the lowest average income: 22,0%

Assuming a seroprevalence of 17,9 % considering the population of the municipality of São Paulo 18 years and older, 8,4 million inhabitants, the number of adults already infected with SARS-CoV-2 is around 1,5 million.

There were 1,470 blood samples from participants in 115 census sectors analyzed to measure seroprevalence in the city of São Paulo. 12 households were drawn in each census sector



**Methodology Summary:** The City of São Paulo has a population of 8,407,202 inhabitants 18 years old or over. Two strata were created in the city: districts with the highest income and districts with the lowest income, each of which corresponds to about half of the surveyed population. (figure on the left)

To analyze the results, the city was also divided into three strata based on the average income of the census sectors where interviews were conducted (figure on the right).

The sample was obtained by probabilistic sampling with a two-stage drawing: census sector and household. In the first stage, 115 census sectors were drawn. In the second stage, 12 households were drawn in each sector. Any resident in the selected households over the age of 18 was invited to participate.

After answering a questionnaire, a blood sample was taken from the participants by venipuncture. The amount of anti-SARS-CoV-2 antibodies (IgG and IgM) was measured using chemiluminescence and a second test using electrochemiluminescence (total Ig).

Project details can be found at: https://www.monitoramentocovid19.org/projeto In the 35 days that separated Phase 2 from Phase 3, it was not possible to identify statistically significant changes in seroprevalence in the municipality of São Paulo. If there has been change, is within the confidence interval of the measurement

## Districts

PHASE 2 (June 15-24)

Estratos	n=1183	Prevalência	IC	Valor de p		
	%	%	95%			
Total	100	11,4	9,2 - 13,6			
Distritos mais ricos	48	6,5	4,4 - 8,5	<0.0001		
Distritos mais pobres	52	16,0	12,2 - 19,8			
*teste quiquadro com ajuste de Rao-Scott						

### Sectors

#### PHASE 2 (June 15-24)\*

Estratos	Renda do estrato	n=1183	Prevalência	IC	Valor
		%	%	95%	р
Total		100	11,4	9,2 - 13,6	
Setores de maior renda	R\$ 6.740 e mais	27	6,2	3,0 - 9,4	0,0014
Setores de renda intermediária	R\$ 2.797 a R\$ 6.739	32	9,9	6,3 - 13,4	
Setores de menor renda	até R\$ 2.796	41	16,1	11,9 - 20,2	
*teste quiquadro com ajuste de Rao-Scott					

### PHASE 3 (July 20-29)

Estratos	n=1470 %	Prevalência %	IC 95%	Valor de p
Total	100	11.5	9.1 - 13.9	
			, ,	
Distritos mais ricos	48	10,7	8,1 - 13,4	0,5195
Distritos mais pobres	52	12,3	8,4 - 16.2	
****				

#### PHASE 3 (July 20-29)\*

Estratos	Renda do estrato	n=1470	Prevalência	IC	Valor
		%	%	95%	р
Total		100	11,5	9,1 - 13,9	
Setores de maior renda	R\$ 5.541 e mais	22	6,3	3,4 - 9,1	0,0014
Setores de renda intermediária	R\$ 3.350 a R\$ 5.540	37	12,4	8,3 - 16,5	
Setores de menor renda	até R\$ 3.349	42	13,4	9,3 - 17,5	
*teste guiguadro com ajuste de Rao-Scott					

\*Post-stratification by average income in the census sector: census sectors were arranged from the largest to the smallest average income of the sector, and one-third of the sectors were allocated to each stratum.

In Phase 3, we introduced a new serological test capable of detecting antibodies to other SARS-CoV-2 epitopes. Thus, considering the combination of the two tests, seroprevalence increased by 56% (from 11,5% to 17,9%) in relation to the measurement found using the previous methodology.

PHASE 3 (July 20-29)

Estrato	n=1470 %	Teste Anterior Prevalência IC 95%		Teste Novo Prevalência IC 95%		Combinação dos Testes Prevalência IC 95%	
Total	100	11,5	9,1 - 13,9	14,8	12,1 - 17,6	17,9	15,0 – 20,9
Setores de maior renda	22	6,3	3,4 - 9,1	6,8	3,4 - 10,2	9,4	6,0- 12,8
Setores de renda intermediária	37	12,4	8,3 - 16,5	15,2	10,4 - 19,9	18,4	13,3 - 23,4
Setores de menor renda	42	13,4	9,3 - 17,5	18,7	14,3 - 23,0	22,0	17,2 - 26,7

Old Test: Maglumi IgM and IgG Manufacturer: Snibe Method: Chemiluminescence Detects IgG and IgM separately Antigen: Spike Protein and Nucleo Capsid Protein

New Test: Elecsys SARS-CoV-2 Manufacturer: Roche Method: Electrochemiluminescence Detects total antibodies Antigen: Nucleo Capsid Protein



The diagram above shows that although both tests identified 127 of the seropositive individuals, the old test identified 46 individuals who were not identified by the new test and the new test identified 89 individuals who were not identified by the old test.

# Differences in seroprevalence between educational levels and between races/color are statistically significant

Variável		FAS		
		Prevalência (%)	IC 95%	Valor p
Total		17,9	15,0 20,9	
	Setores de maior renda Setores de renda intermediária Setores de menor renda	9,4 18,4 22,0	6,0 12,8 13,3 23,4 17,2 26,7	0,0014
Sexo	Masculino Feminino	17,8 18,4	14,2 22,1 15,2 22,1	0,7992
Idade	18-29 30-39 40-49 50-59 60 e +	19,2 15,8 22,0 17,8 15,8	14,3 25,2 12,1 20,3 16,5 28,6 11,4 26,8 11,7 20,9	0,4031
Escolaridade	Menos que Fundamental Ensino Fundamental Ensino Médio Ensino Superior	22,5 23,7 17,5 12,0	17,228,516,832,313,921,89,115,5	0,0033
Raça/cor	Preta e Parda Branca Outras	20,8 15,4 14,0	17,025,212,319,27,125,8	0,0430

SARS-CoV-2 Mapping Group

- Dr. Beatriz HC Tess, University of São Paulo Medical School
- Dr. Maria Cecília Goi Porto Alves, State Secretary of Health (São Paulo)
- Dr. Fernando Reinach

This study was financed by Instituto Semeia, Grupo Fleury, IBOPE Inteligência, and Todos pela Saúde

- Dr. Celso F. H. Granato, Grupo Fleury and UNIFESP
- Dr. Edgar Gil Rizzati, Grupo Fleury
- Dr. Maria Carolina Pintão, Fleury Group
- Marcia Cavallari Nunes, IBOPE Inteligência

We would like to thank: Pedro Luiz Barreiros Passos, Guilherme Passos, Carlos Marinelli, Arthur Hernandez, Aline Resende, Diego Freitas, Fernando Pieroni, Joice Tolentino, Stefanie Silva, Vera Alves Frascino, William Malfatti, Rosi Rosendo, Helio Neves, Sofia Reinach, Adriano Borges da Costa, Carolina Lázari, and Regina Bernal