

Division of the National Health Laboratory Service

SOUTH AFRICA

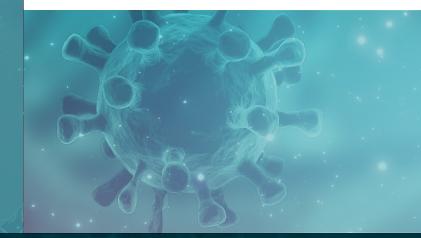
WEEK 29 2020

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#### **HIGHLIGHTS: WEEK 29**

- The reduction in total numbers of respiratory hospitalisations as a result of the lockdown has reversed and numbers are now exceeding those preceding the national lockdown.
- Sustained increase in proportion of respiratory hospitalisations among 5-19, 20-49 and ≥50 years and in all four provinces evaluated likely reflects increasing respiratory cases including COVID-19 cases. The proportion of respiratory consultations in individuals aged 5-19 years is increasing and has reached the moderate level.
- This report includes a new indicator of casualty visits. Increasing percentage of casualty visits coded as respiratory is observed, reaching very high levels in individuals aged 20-49 years and ≥50 years.
- Differences by province and age group should be interpreted with caution due to low numbers in some groups.



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#### PROGRAMME DESCRIPTIONS

Inpatient data from a large national private hospital group and outpatient data from a general practitioner network linked to the same hospital group were received for the last week. Data were obtained from eight provinces (Eastern Cape, Free State, Gauteng, Limpopo, KwaZulu-Natal, Mpumalanga, North West, Western Cape). Sufficient numbers for province-level reporting were available for four of these (bold). Consultations and admissions were coded based on discharge diagnosis using the International Classification of Diseases and Related Health Problems, 10th revision (ICD-10). Data were analysed using the indicator: All respiratory and confirmed or suspected COVID-19 (J00-J99 & U07.1 & U07.2)/Total consultations. Data on the indicator Pneumonia and Influenza (J10-J18)/Total consultations are available on request but were not included in this report.

Data were categorised in the following age groups: All ages, <5 years, 5-19 years, 20-49 years, ≥50 years

#### **Epidemic Threshold**

Thresholds were calculated using the Moving Epidemic Method (MEM), a sequential analysis using the R Language, available from: <a href="http://CRAN.R-project.org/web/package=mem">http://CRAN.R-project.org/web/package=mem</a>, designed to calculate the duration, start and end of the annual influenza epidemic. MEM uses the 40th, 90th and 97.5th percentiles established from historical data (2015-2019 for inpatients, 2016-2019 for outpatients) to calculate thresholds of activity, defined as follows:

- Epidemic threshold: Median of weekly values for all baseline years
- · Low activity: Between epidemic threshold including 40th percentile
- · Moderate activity: Between 40th and 90th percentile
- · High activity: Between 90th and 97.5th percentile
- · Very high activity: 97.5th percentile and above

Hospitalization data for recent weeks are adjusted for delayed reporting (diagnosis codes assigned on discharge delayed for prolonged hospitalisations). Adjustment accounts for the probability of being admitted, but not yet discharged at the time of data drawdown using the age- and syndrome-specific probability distribution of duration of admission obtained from all hospitalizations that occurred during 2015-2019 and applied to the most recent weeks in 2020.

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### INTERPRETATION OF DATA PRESENTED

**Total respiratory admissions** reduced from week 13 when lockdown was implemented. After week 18, when restrictions moved to level 4, there was a modest increase in total admissions. In week 26 admissions reached similar levels to before the lockdown and continue to increase since then, now reaching almost double the level before the lockdown. The proportion of admissions coded as confirmed COVID-19 (out of suspected) increased from week 15, exceeding 60% from week 26.

**Total outpatient (general practitioner) consultations** reduced from week 13 but recovered to levels similar to those preceding the lockdown. The proportion of general practitioner consultations coded as confirmed COVID-19 (out of suspected) increased from week 15.

**Total outpatient (casualty) consultations –** reduced from week 13 but recovered to levels similar to those preceding the lockdown. The proportion of casualty consultations coded as confirmed COVID-19 (out of suspected) increased from week 15, exceeding 50% from week 25.

Proportion of admissions respiratory or suspected COVID-19 overall remained below threshold until week 21, following which it increased rapidly reaching the very high threshold in week 25 and remaining above the threshold to date. By age group, percent admissions respiratory or suspected COVID for 0-4 years, has increased in recent weeks, crossing the seasonal threshold in week 29. Among individuals aged 5-19 years, 20-49 years and ≥50 years, percent respiratory admissions has continuously increased since week 13, reaching very high level in all age groups.

Proportion of outpatient (general practitioner) consultations respiratory or suspected COVID-19 overall increased from week 11, peaking in week 13 then dropping well below the threshold, but showing an increasing trend in recent weeks, crossing the seasonal threshold in week 25. By age group, percent outpatient visits (general practitioner) showed similar trends for all age groups, and has breached the seasonal threshold among individuals aged 5-19 in week 27 and among individuals aged 20-49 years and ≥50 years from week 25.

**Proportion of outpatient (casualty) consultations respiratory or suspected COVID-19** overall dropped from week 13 during the lockdown but then increased from week 23 reaching very high levels in week 28. By age group, percent outpatient visits (casualty) showed similar trends, breaching the seasonal threshold in age group 5-19 years and reaching very high levels in individuals aged 20-49 years and ≥50 years.

Trends in proportion of admissions and outpatient consultations respiratory or COVID varied by **province** with proportion inpatients respiratory reaching very high levels in all provinces evaluated.

#### **Assessment**

The sustained increase in proportion of respiratory hospitalisations among 5-14, 20-49 and ≥50 years likely reflects increasing respiratory cases including COVID-19 cases. The proportion of respiratory hospitalisations in individuals aged 5-19 years is increasing and has now reached the very high level. Changes in health-seeking behaviours and/or effects of lockdown-related reductions may also have contributed. The reduction in total numbers of respiratory hospitalisations as a result of the lockdown has reversed and numbers are now exceeding those preceding the national lockdown.

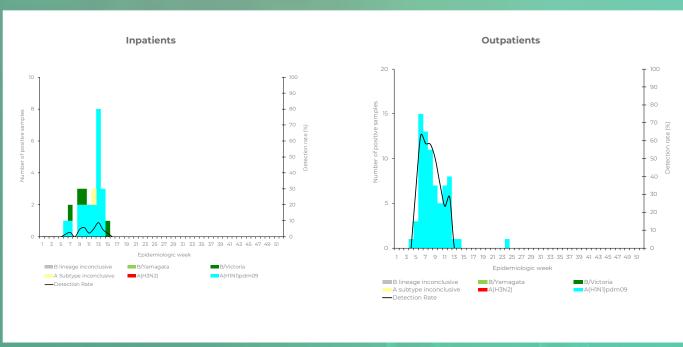
This report includes a new indicator of casualty visits. Increasing percentage of casualty visits coded as respiratory is observed, reaching very high levels in individuals aged 20-49 years and ≥50 years. Proportion outpatient visits to general practitioners are also showing increasing trends.

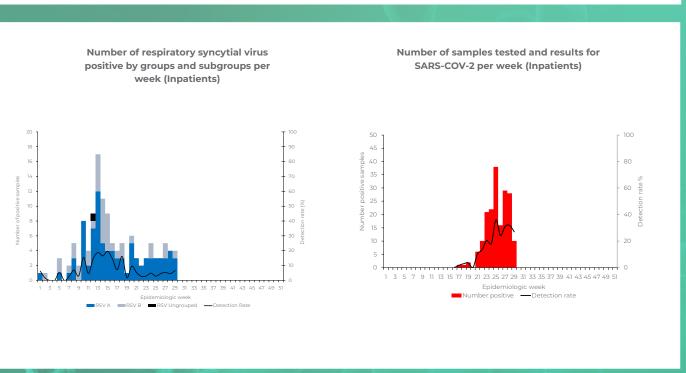
Differences by province and age group should be interpreted with caution due to low numbers in some groups.

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### DATA FROM VIROLOGIC SURVEILLANCE PROGRAMMES TO AID IN INTERPRETATION OF CONSULTATION TRENDS

#### NUMBER OF INFLUENZA POSITIVE SAMPLES BY SUBTYPE/LINEAGE AND DETECTION RATE BY WEEK

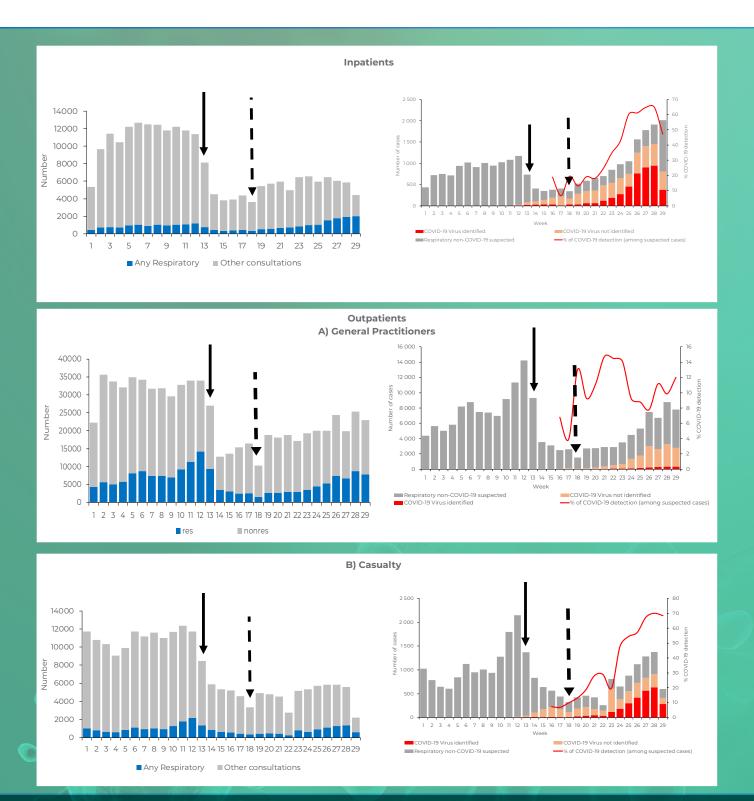




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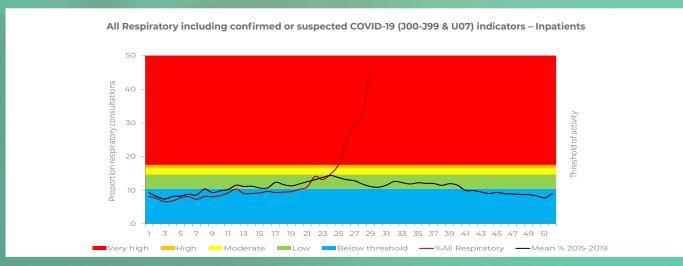
NUMBER OF CONSULTATIONS - ALL RESPIRATORY INCLUDING CONFIRMED OR SUSPECTED COVID-19 AND OTHER CONSULTATIONS BY WEEK

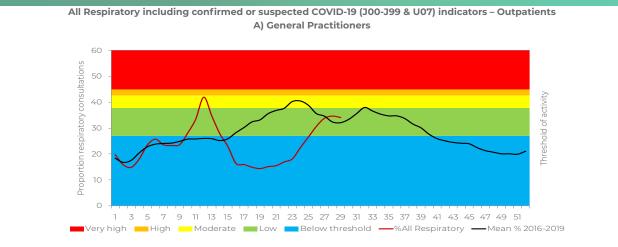
(SOLID ARROW INDICATES FIRST WEEK OF LOCKDOWN, DASHED ARROW FIRST WEEK OF LEVEL 4)

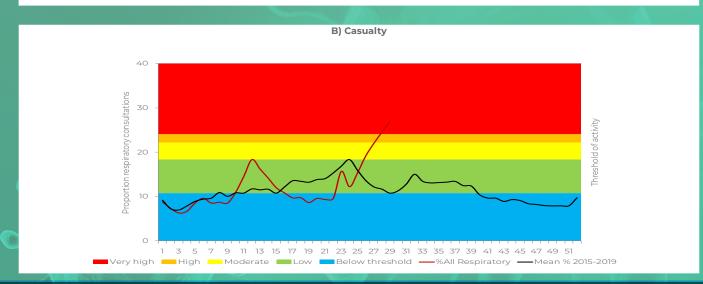


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#### **ALL AGES**

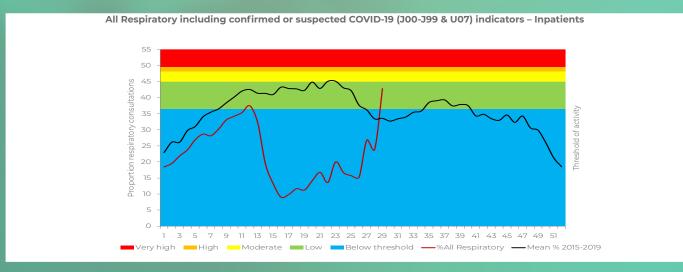


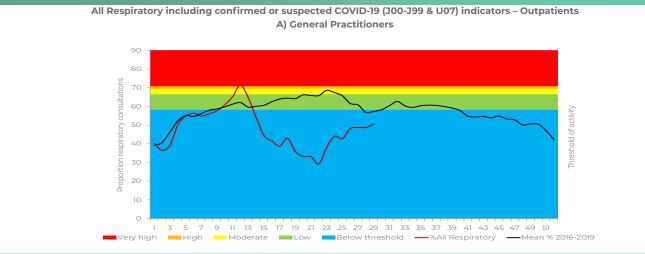


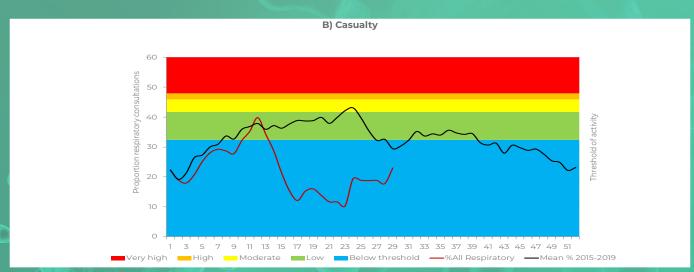


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#### 0-4 YEARS OF AGE

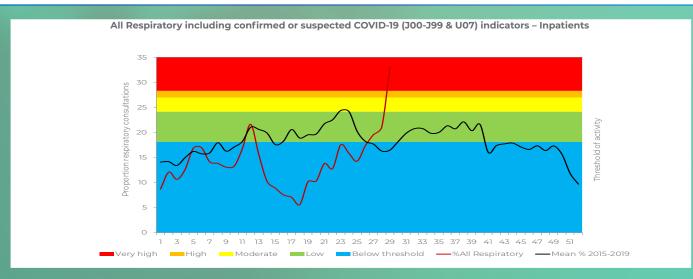


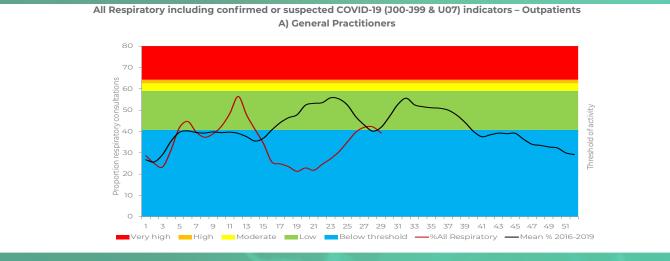


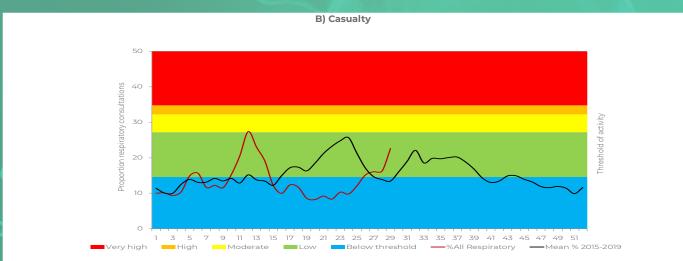


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#### 5-19 YEARS OF AGE

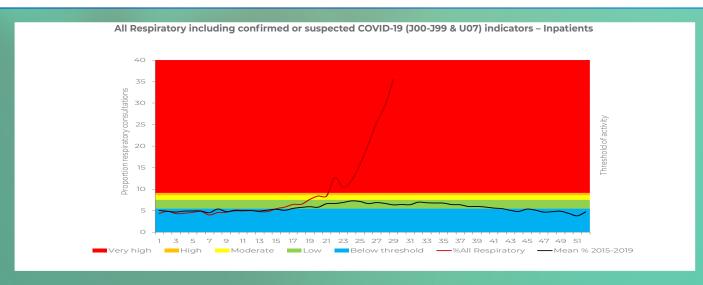


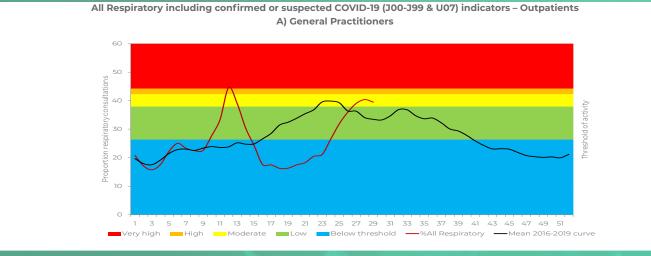


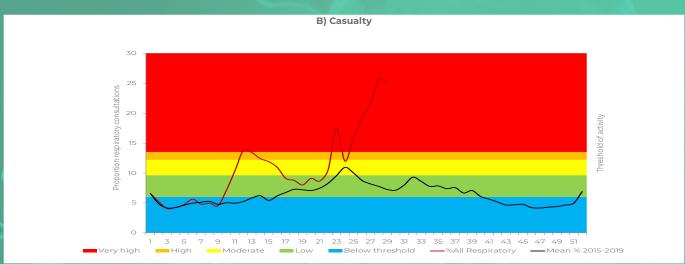


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#### 20-49 YEARS OF AGE

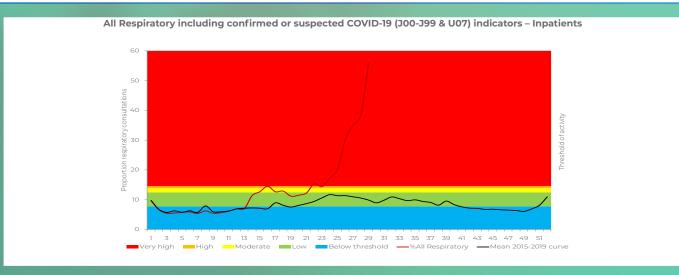


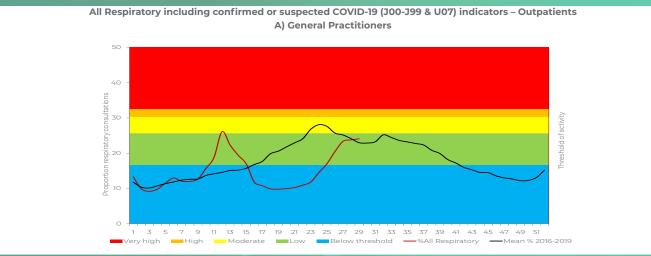


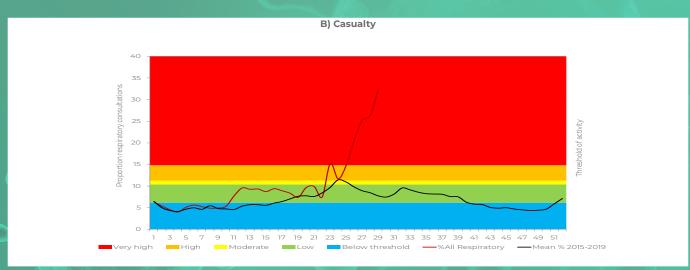


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#### ≥50 YEARS OF AGE

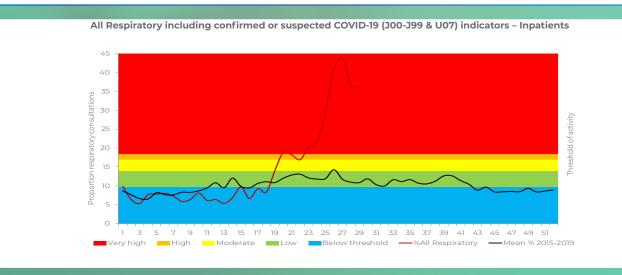


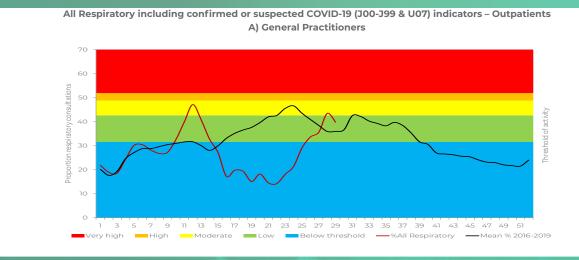


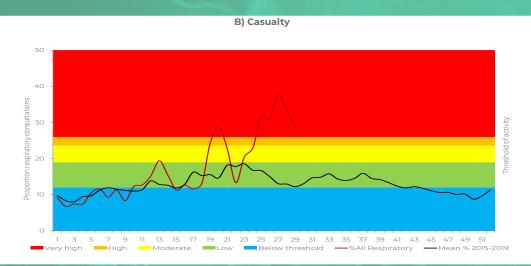


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#### **EASTERN CAPE PROVICE**

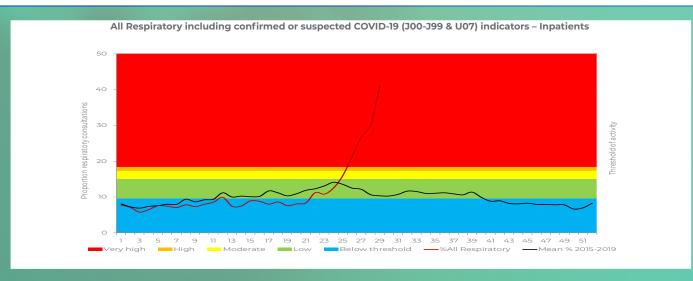


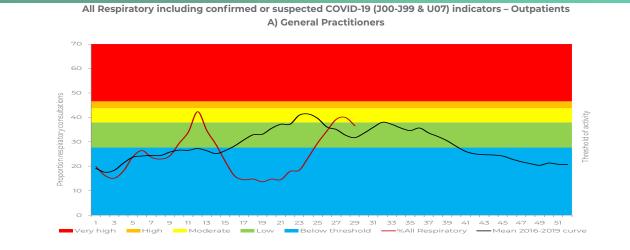


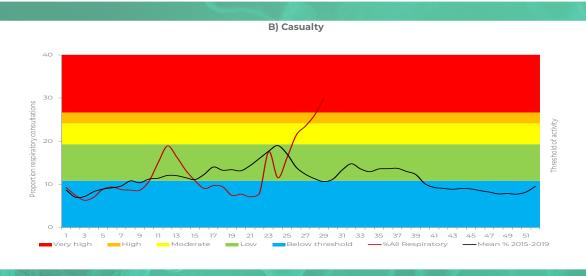


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#### **GAUTENG**

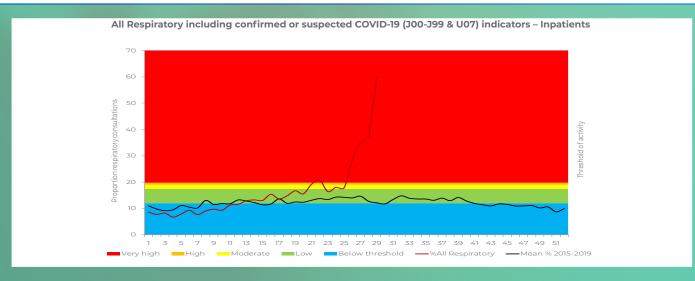


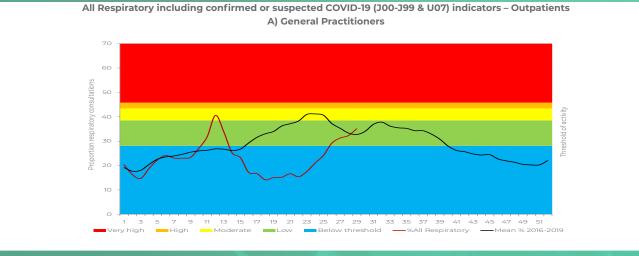


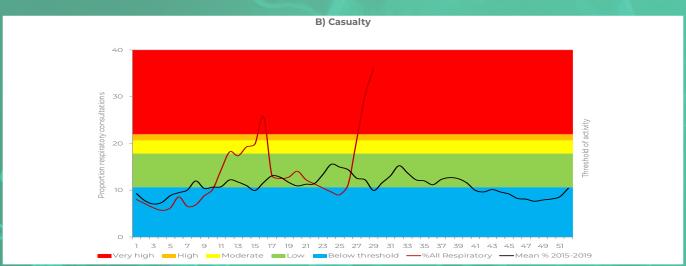


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#### **KWA ZULU NATAL**







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#### **WESTERN CAPE PROVINCE**

