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## HIGHLIGHTS: WEEK 36

- Numbers of respiratory hospitalisations continue to decline.
- The proportion of respiratory or COVID-19 hospitalisations in all ages is decreasing but remains at the very high level among individuals aged  $\geq 20$  years.
- Percentage of general practitioner and emergency department visits coded as respiratory is also declining.
- Differences by province and age group should be interpreted with caution due to low numbers in some groups.

# PRIVATE CONSULTATIONS SURVEILLANCE REPORT

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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: <http://CRAN.R-project.org/web/package=mem>, designed 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 admissions** reduced from week 13 when lockdown was implemented and have remained below pre-lockdown levels.

**Total respiratory admissions** reduced from week 13 when lockdown was implemented and slowly increased exceeding pre-lockdown levels in week 26 and continued to increase up to week 29 reaching approximately double the level before the lockdown. From week 30, the numbers started to decrease. The proportion of admissions coded as confirmed COVID-19 (out of suspected) increased from week 15, exceeding 60% from week 26, peaked at ~ 75% in week 30 and is coming down since then.

**Total and respiratory outpatient (general practitioner) consultations** reduced from week 13. Respiratory consultations recovered to levels slightly lower than those preceding the lockdown from week 26 and 28, with a gradual decrease since week 29. The proportion of general practitioner consultations coded as confirmed COVID-19 (out of suspected) increased from week 15, with a sharp increase from week 29 onwards, now reducing.

**Total and respiratory outpatient (casualty) consultations** reduced from week 13. Respiratory consultations recovered to levels similar to those preceding the lockdown from week 26. The proportion of emergency department consultations coded as confirmed COVID-19 (out of suspected) increased from week 15, exceeding 50% from week 25, now reducing.

**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 onwards with a decrease from week 29 reaching the moderate threshold in week 36. By age group, percent admissions respiratory or suspected COVID for 0-4 years, remained below the seasonal threshold. Among individuals aged 5-19 years, increased since week 18, reaching low levels of activity in week 26, then reducing. Among individuals 20-49 years and  $\geq 50$  years, percent respiratory admissions has continuously increased since week 13, reaching very high level from week 21, dropping since week 29 but remaining in the very high level.

**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, increased again crossing the seasonal threshold in week 25, peaked in week 30 and now below threshold. Among individuals aged 20-49 years and  $\geq 50$  years, percent outpatient visits (general practitioner) breached seasonal threshold in week 25, peaked in week 28 at moderate levels for individuals aged 20-49 years and at low levels for individuals aged  $\geq 50$  years, now below threshold.

**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, now decreasing to below threshold. By age group, percent emergency department visits showed similar trends, briefly breached the seasonal threshold in age group 5-19 years and reaching very high levels in individuals aged 20-49 years and  $\geq 50$  years now decreasing to low levels.

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. All four provinces evaluated experienced a downward trend, from week 28 in Eastern Cape and from week 30 in Gauteng, KwaZulu-Natal and Western Cape Provinces.

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## Limitations

Thresholds are established based on the proportion of consultations which are respiratory. If numbers of non-respiratory consultations drop substantially because of changes in health-seeking behaviour, this could lead to elevated respiratory proportions. Delays in coding of consultations may lead to changes in data from previous weeks.

## Assessment

The numbers of respiratory hospitalisations have been decreasing in the past three weeks. The proportion of respiratory hospitalisations among 20-49 and  $\geq 50$  years, remains at very high levels, with a downward trend the past weeks, suggesting a decrease in respiratory cases including COVID-19 cases. Changes in health-seeking behaviours and/or effects of lockdown-related reductions may also have contributed.

The percentage of emergency department visits coded as respiratory has decreased. Proportion outpatient visits to general practitioners are also showing a decline.

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

## Acknowledgement

We would like to acknowledge the contribution of the following individuals:

Dr Anchen Laubscher, Group Medical Director Netcare

Dr Caroline Maslo, Head of Infection Control Netcare

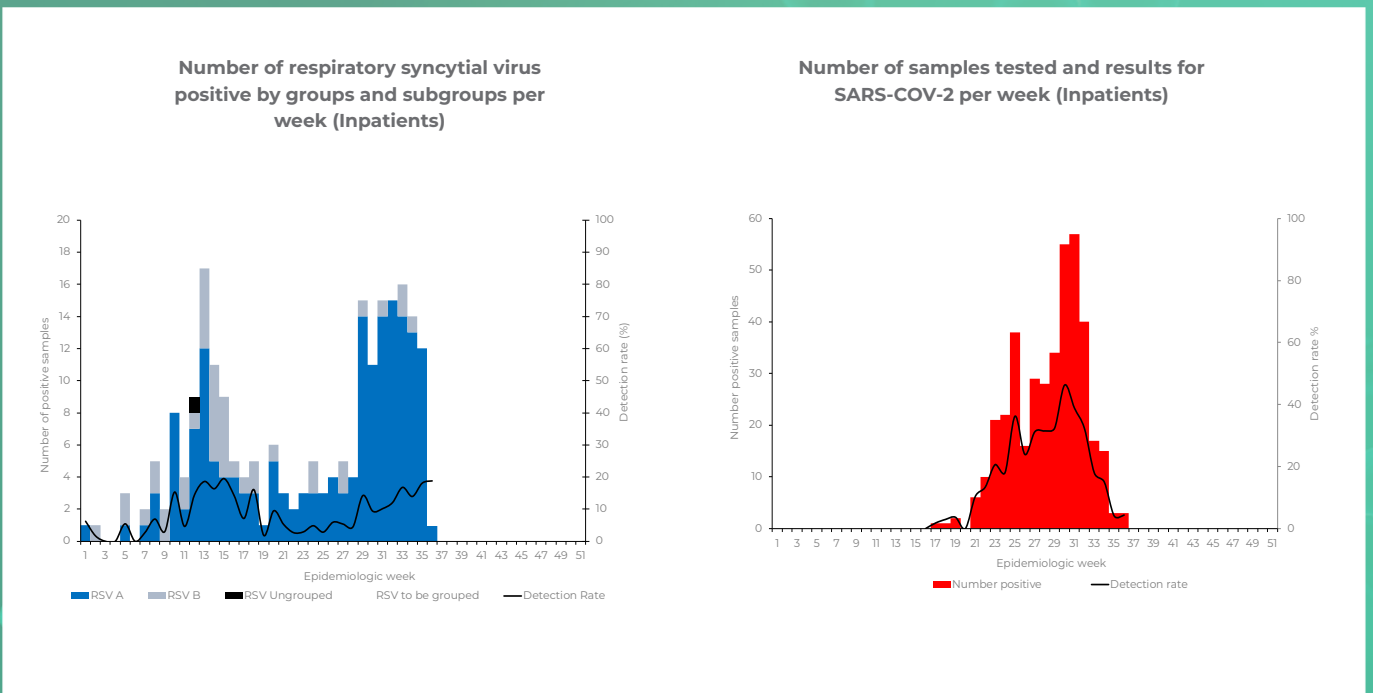
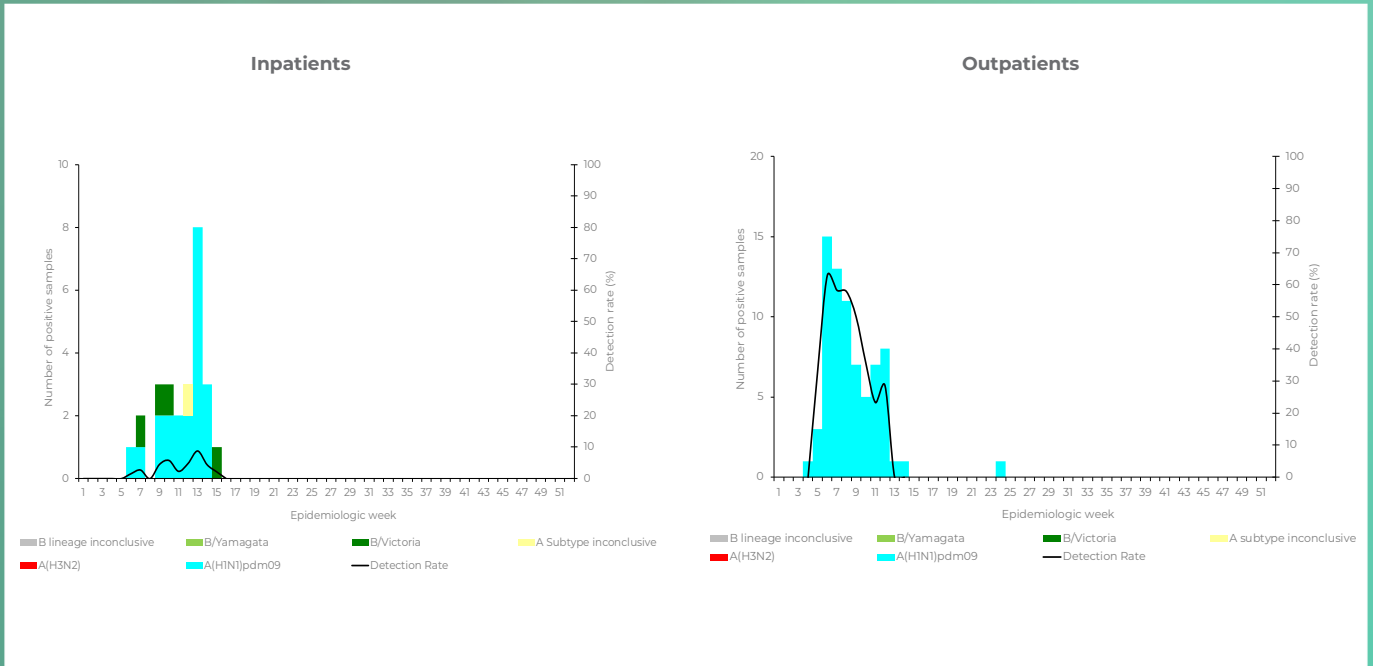
Mande Toubkin, General Manager Emergency, Trauma, Transplant CSI and Disaster Management Netcare

# PRIVATE CONSULTATIONS SURVEILLANCE REPORT

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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

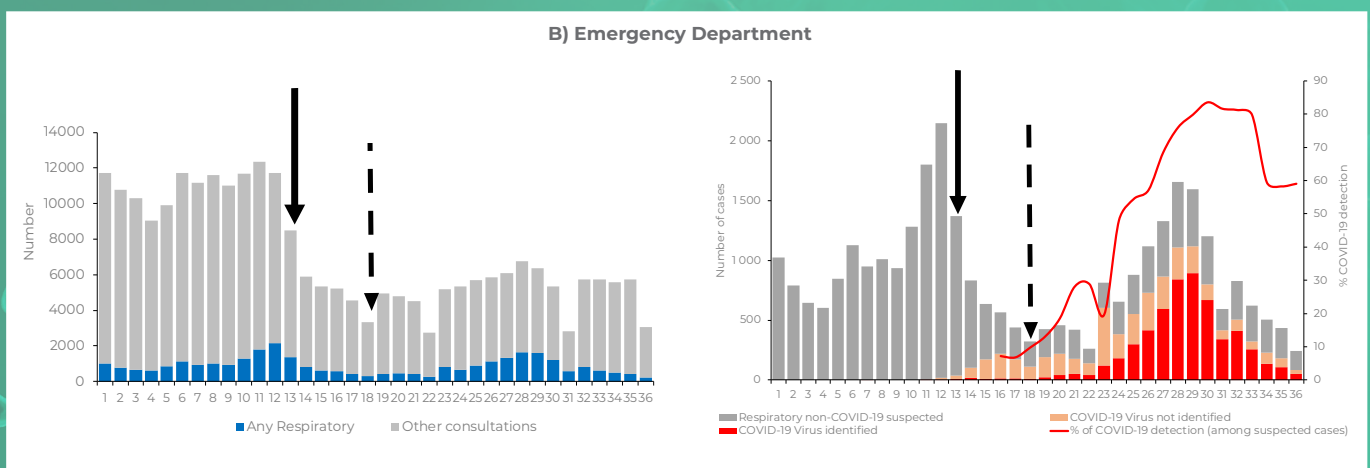
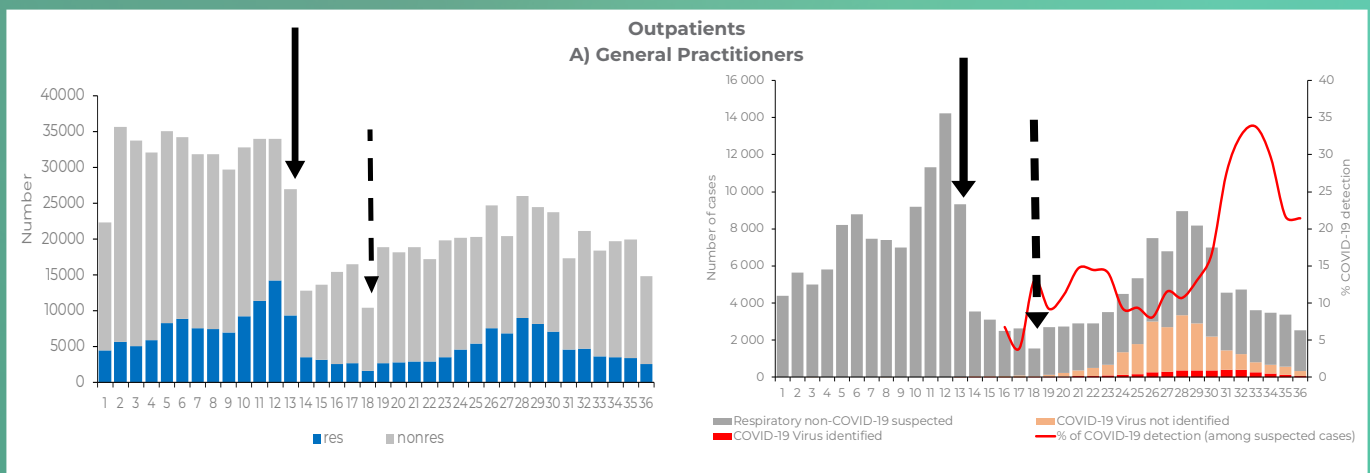
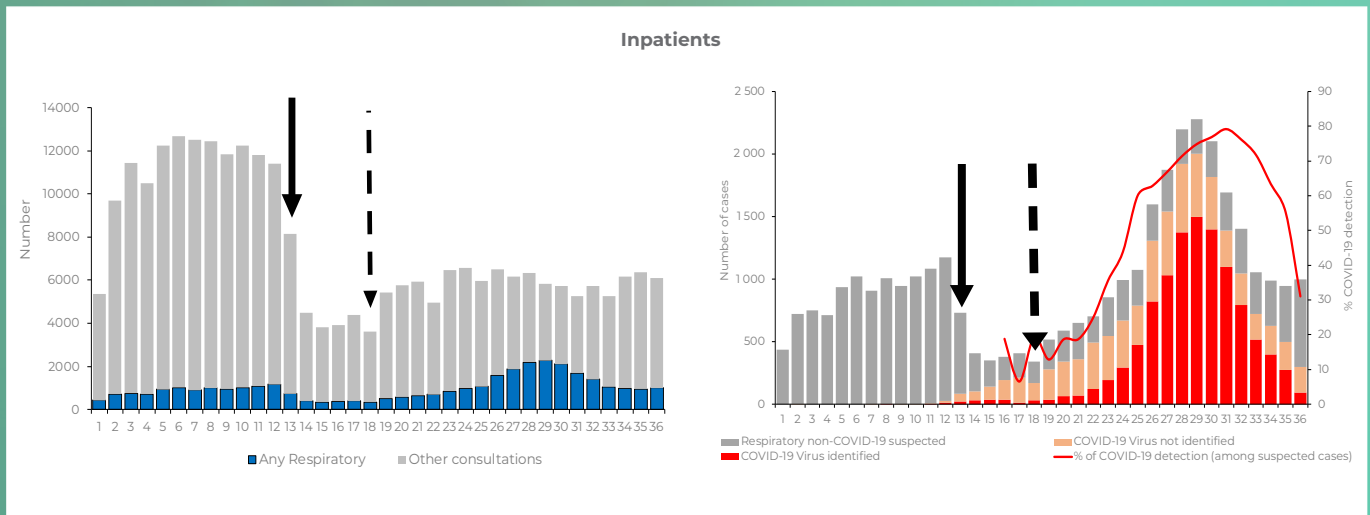


# PRIVATE CONSULTATIONS SURVEILLANCE REPORT

WEEK 36 2020

## 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)

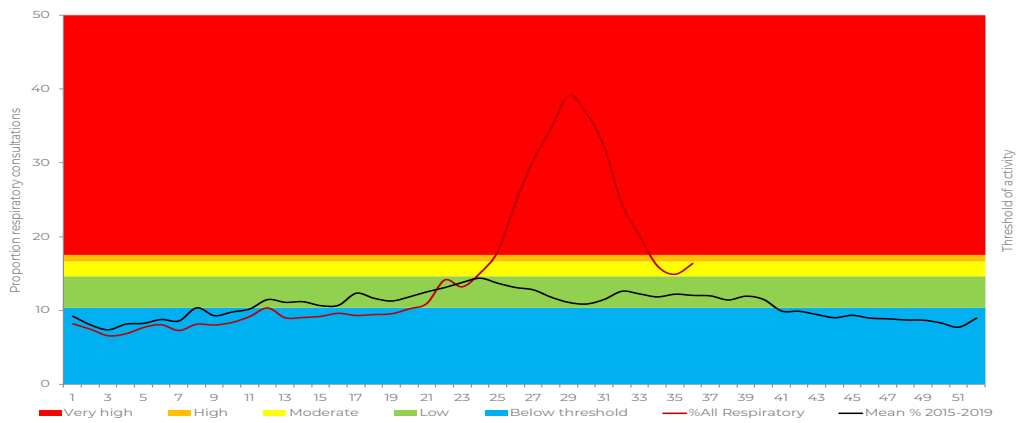


# PRIVATE CONSULTATIONS SURVEILLANCE REPORT

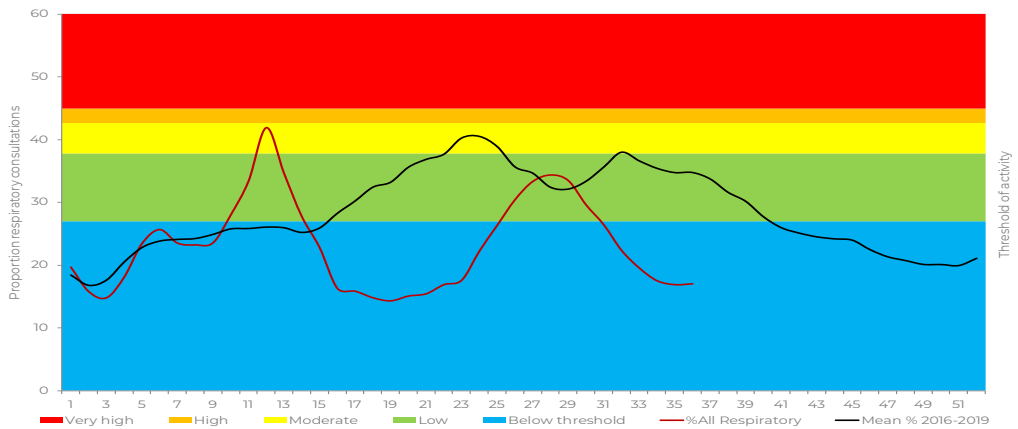
WEEK 36 2020

## ALL AGES

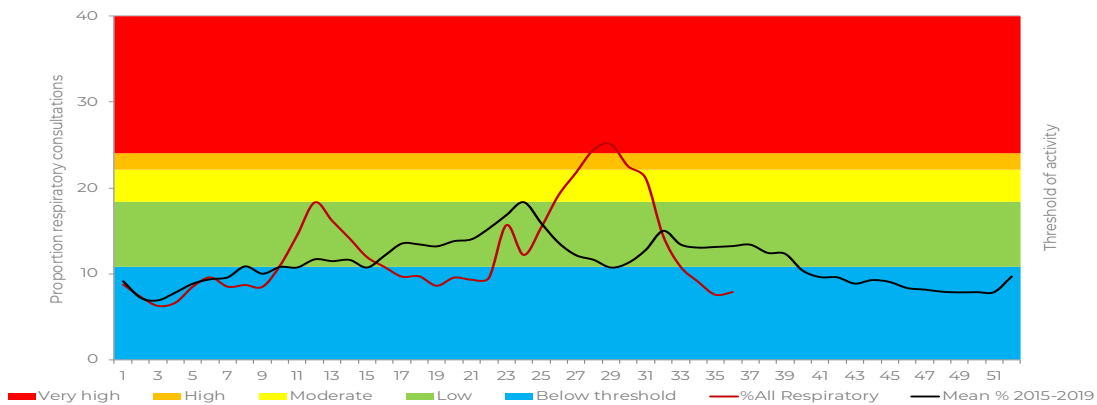
All Respiratory including confirmed or suspected COVID-19 (J00-J99 & U07) indicators – Inpatients



All Respiratory including confirmed or suspected COVID-19 (J00-J99 & U07) indicators – Outpatients  
A) General Practitioners



B) Emergency Department

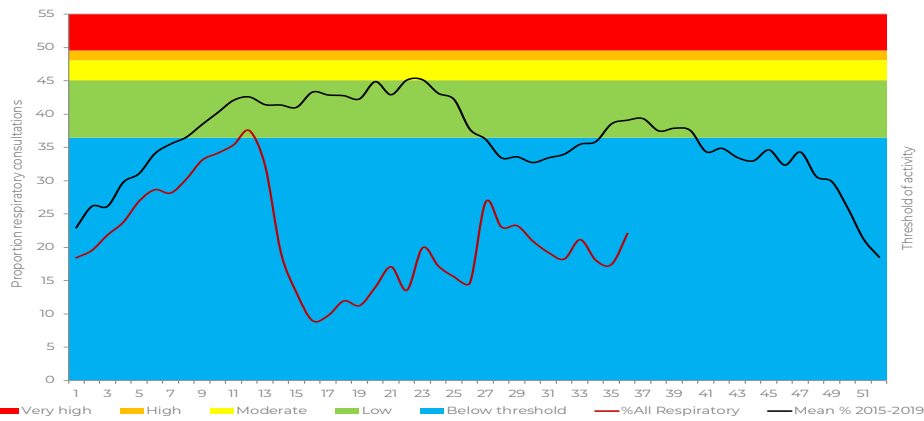


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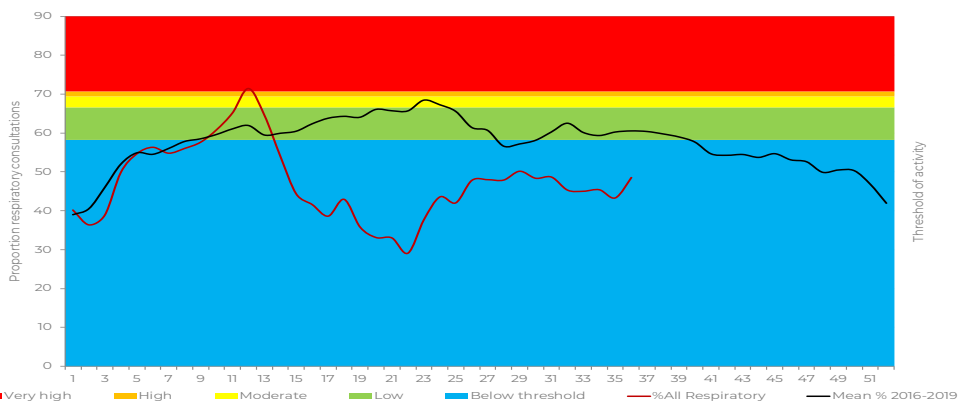
WEEK 36 2020

## 0-4 YEARS OF AGE

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B) Emergency Department

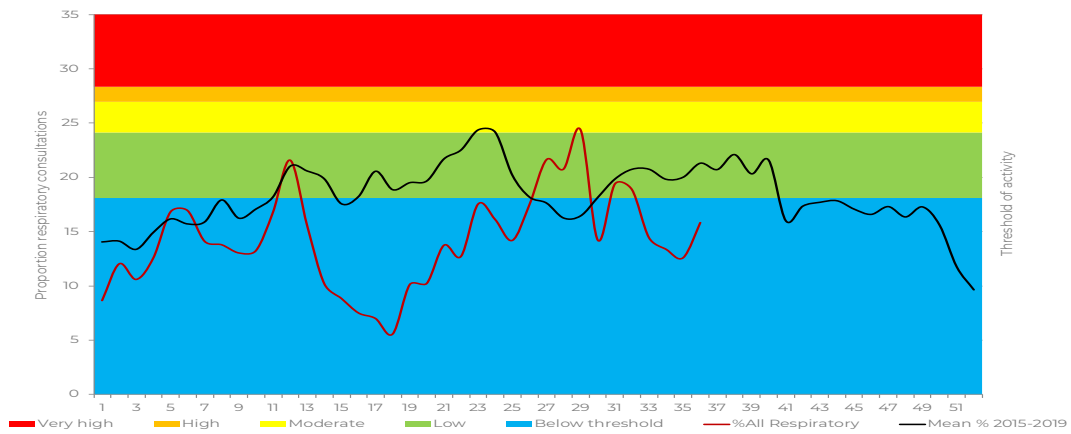


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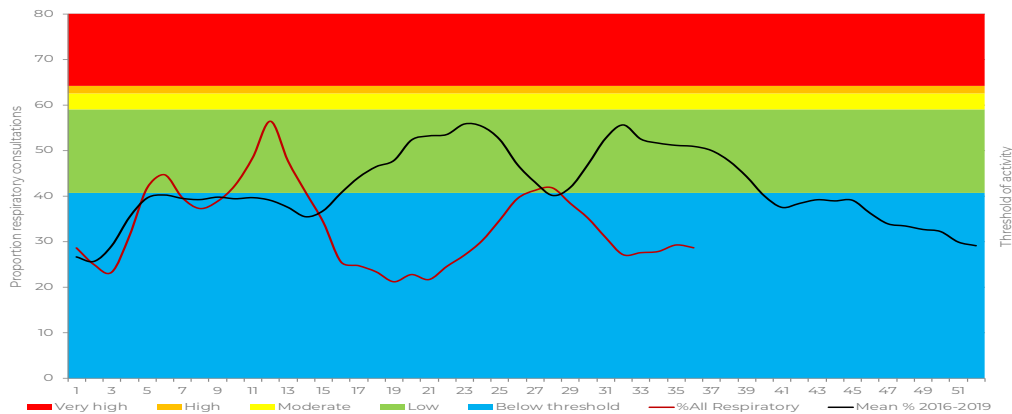
WEEK 36 2020

## 5-19 YEARS OF AGE

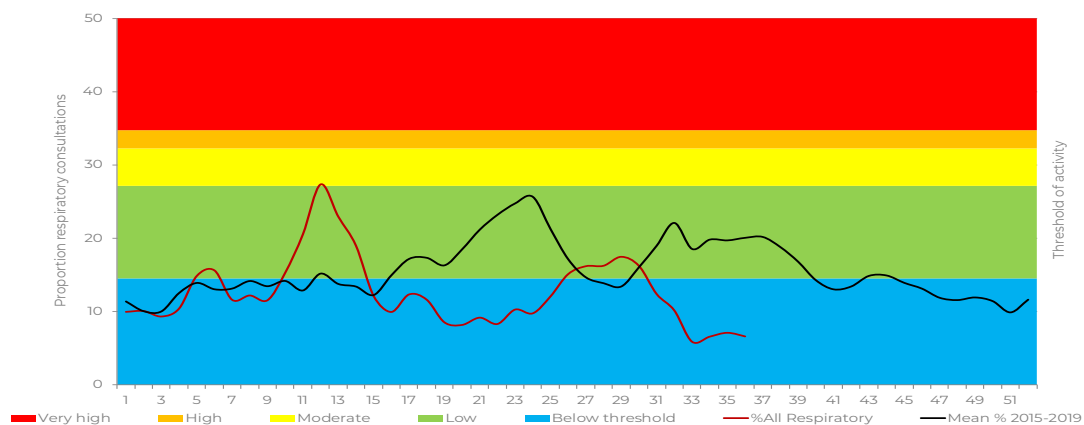
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A) General Practitioners



B) Emergency Department

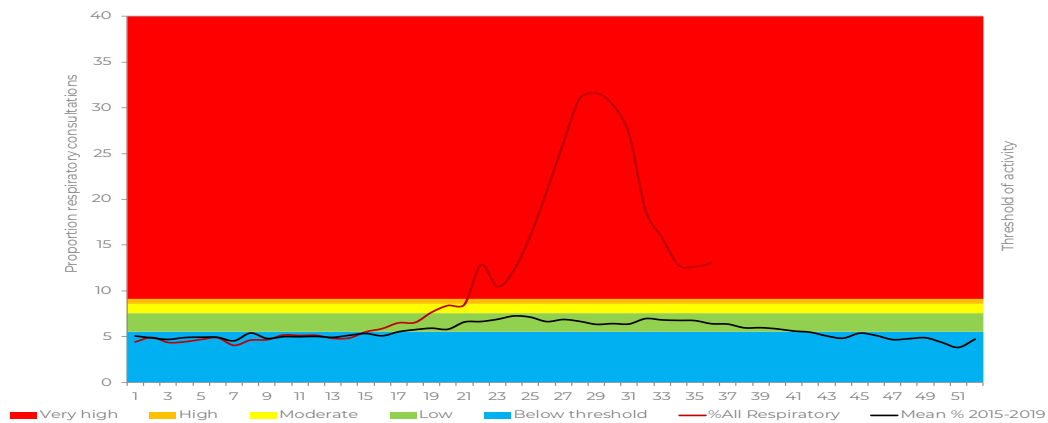


# PRIVATE CONSULTATIONS SURVEILLANCE REPORT

WEEK 36 2020

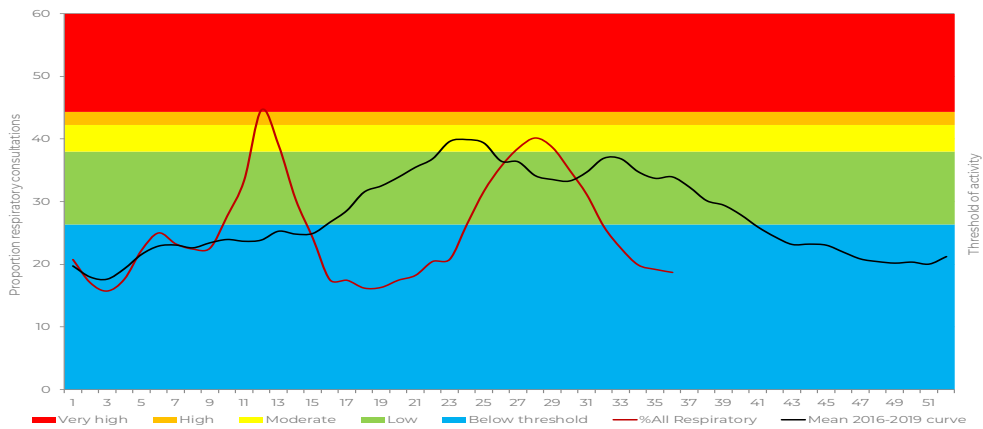
## 20-49 YEARS OF AGE

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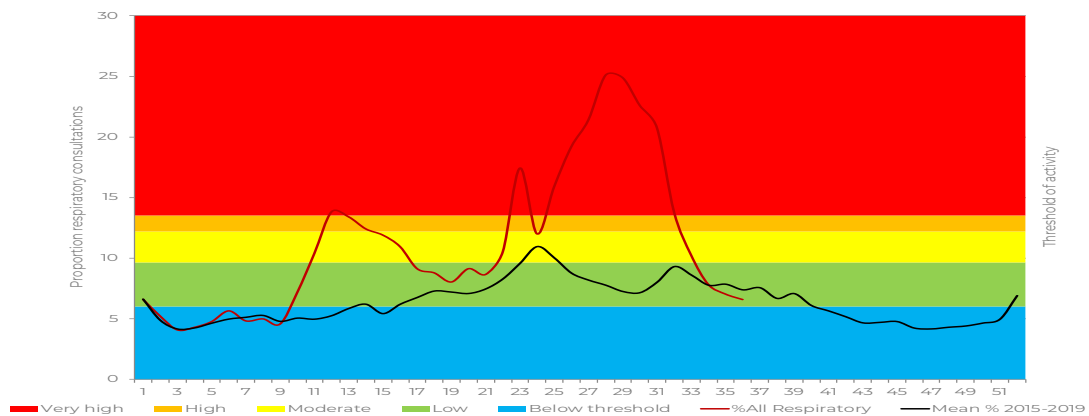


All Respiratory including confirmed or suspected COVID-19 (J00-J99 & U07) indicators – Outpatients

### A) General Practitioners



### B) Emergency Department

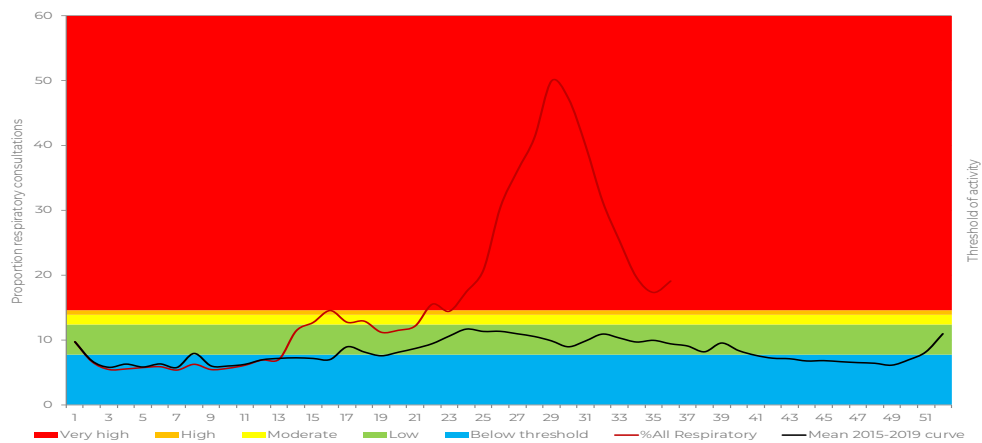


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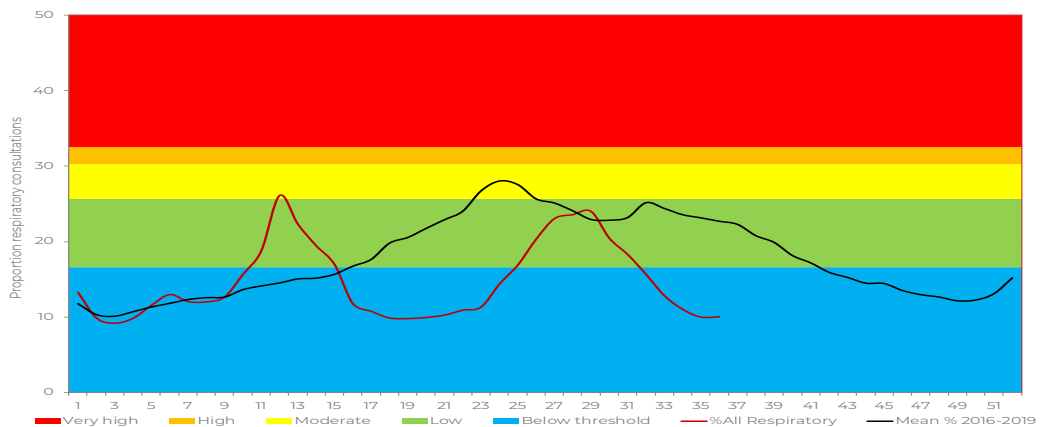
WEEK 36 2020

## ≥50 YEARS OF AGE

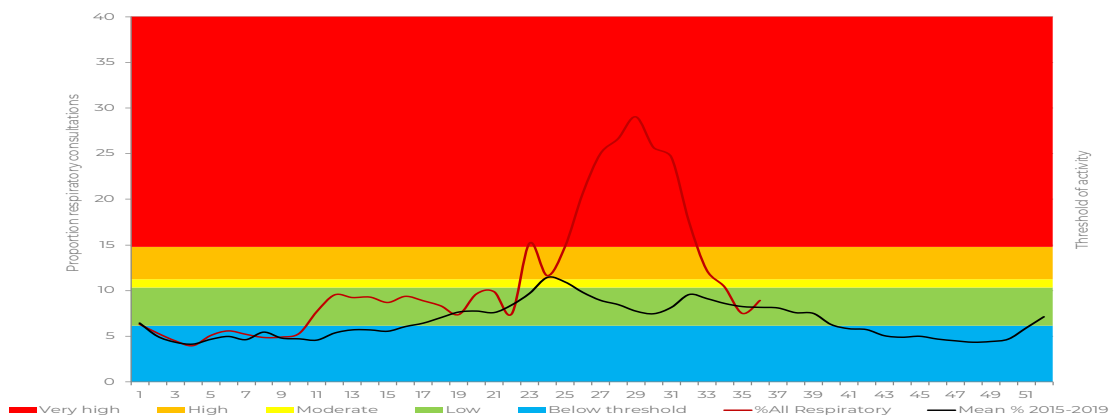
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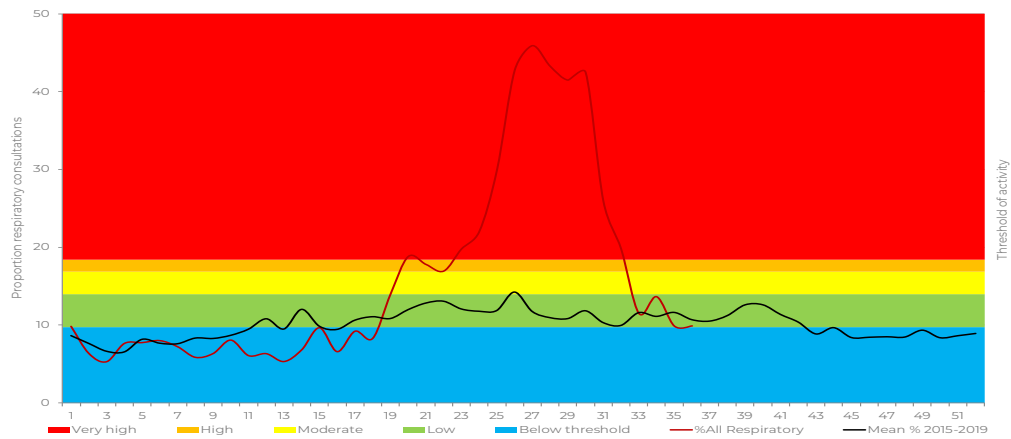


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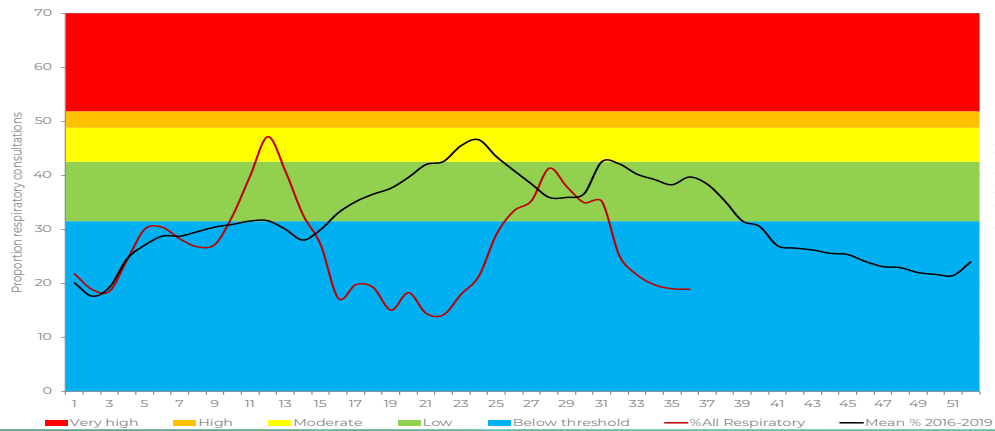
WEEK 36 2020

## EASTERN CAPE PROVINCE

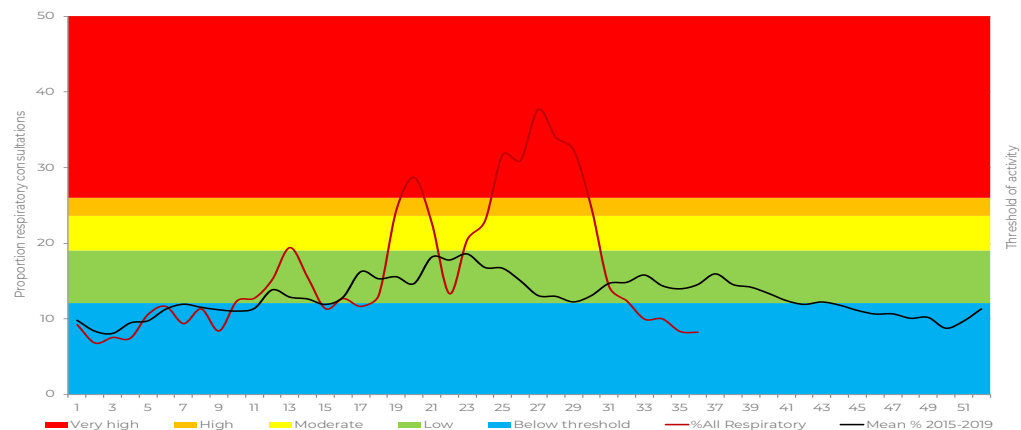
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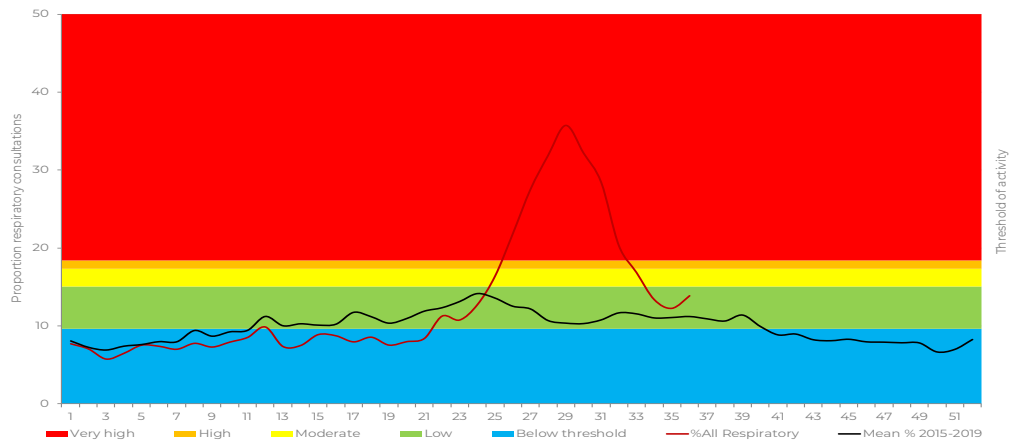


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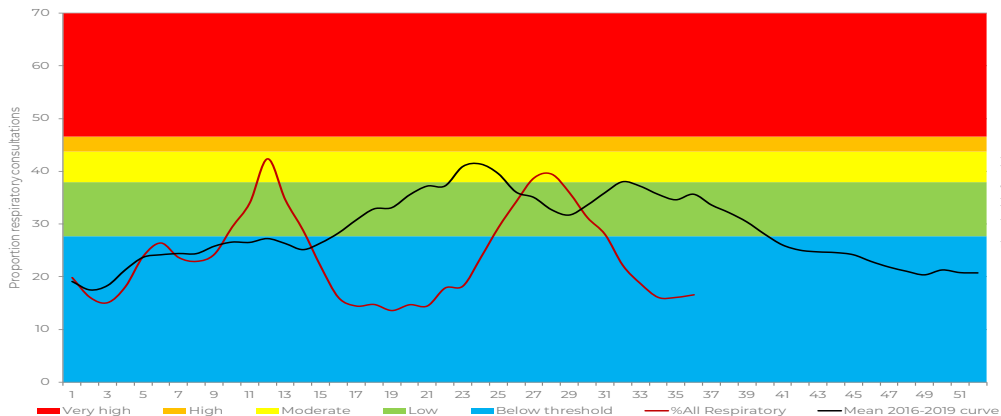
WEEK 36 2020

## GAUTENG

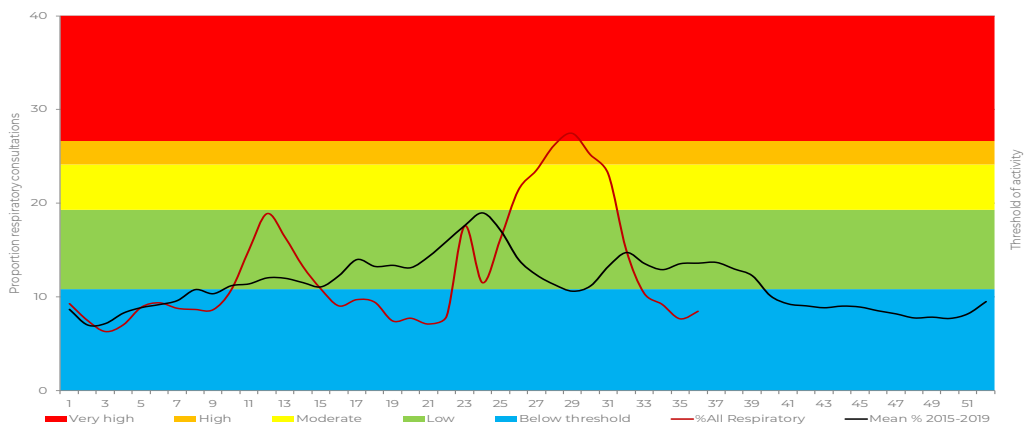
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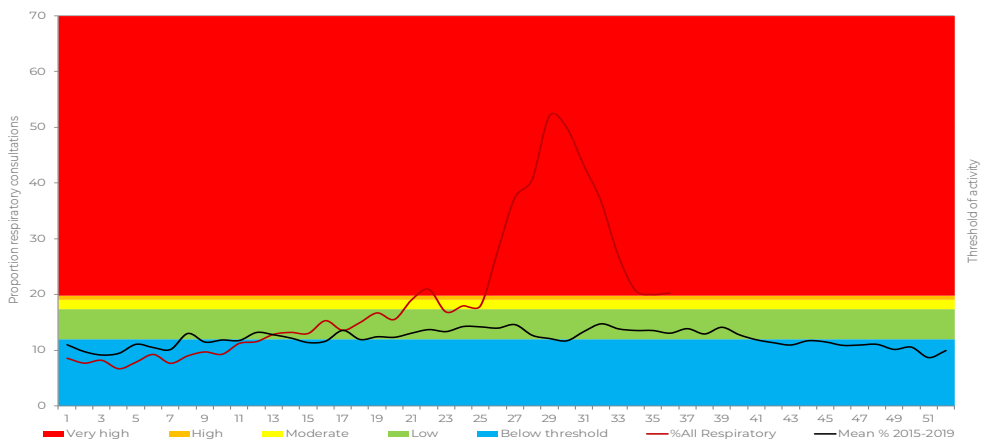


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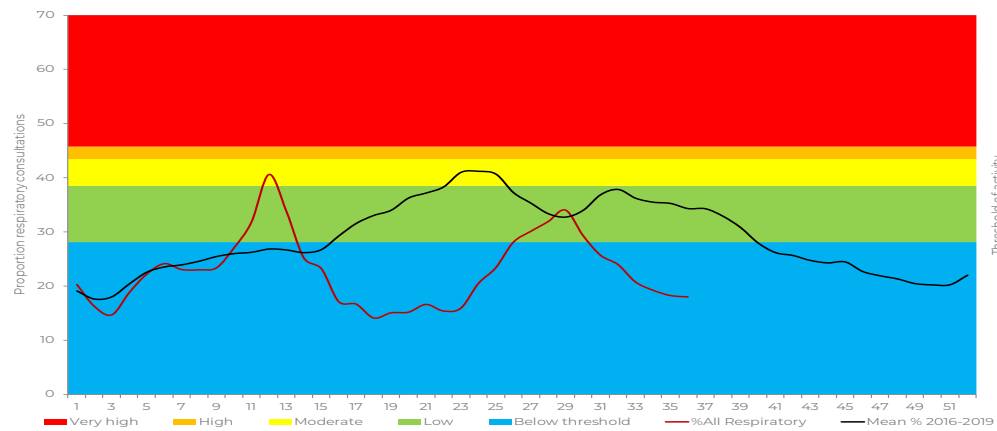
WEEK 36 2020

## KWA ZULU NATAL

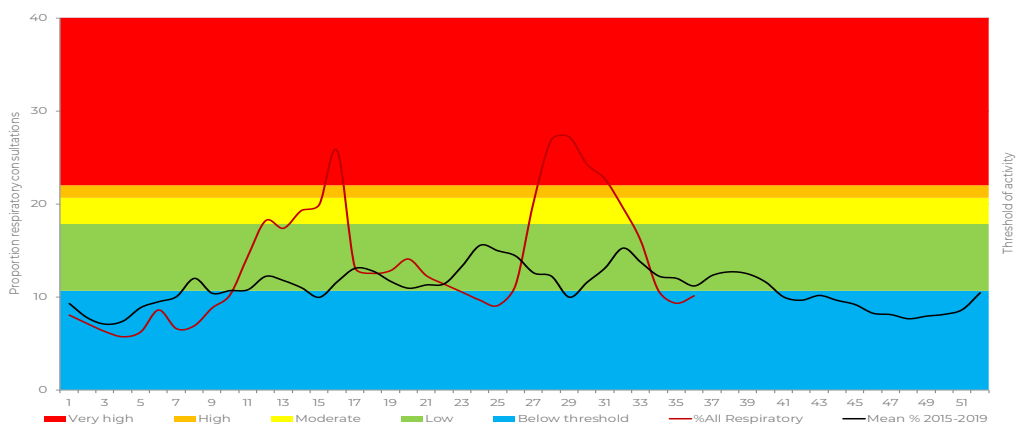
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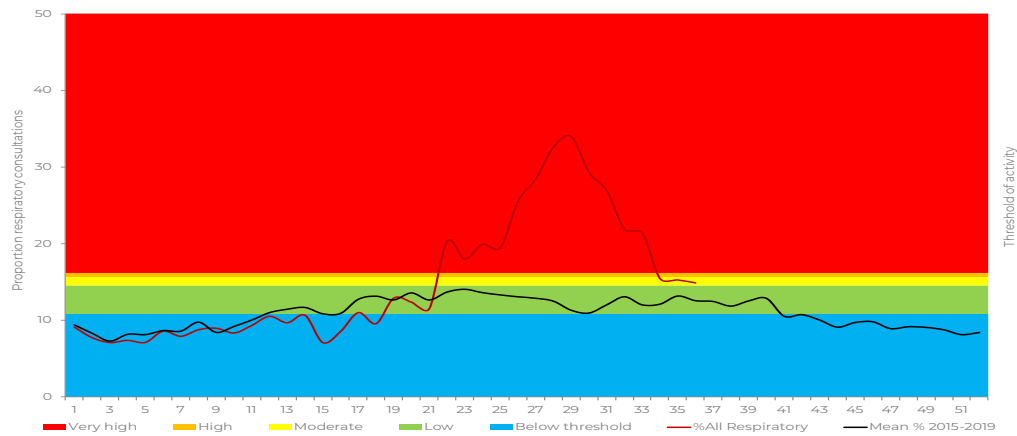


# PRIVATE CONSULTATIONS SURVEILLANCE REPORT

WEEK 36 2020

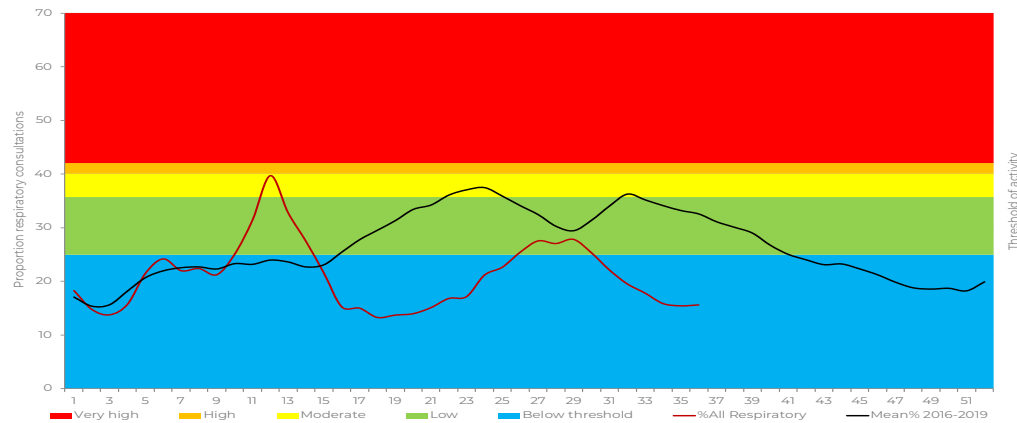
## WESTERN CAPE PROVINCE

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All Respiratory including confirmed or suspected COVID-19 (J00-J99 & U07) indicators – Outpatients

### A) General Practitioners



### B) Emergency Department

