

COVID-19 SENTINEL HOSPITAL SURVEILLANCE UPDATE

SOUTH AFRICA WEEK 41 2020

OVERVIEW

This report summarises data of COVID-19 cases admitted to sentinel hospital surveillance sites in all provinces. The report is based on data collected from 5 March to 10 October 2020.

HIGHLIGHTS

- As of 10 October, 87565 COVID-19 admissions were reported from 584 facilities (340 public-sector and 244 private-sector) in all nine provinces of South Africa. DATCOV coverage is now 96% of public and 100% of private hospitals that have had COVID-19 admissions. There was an increase of 71 additional public hospitals reporting and 16973 additional admissions reported since the last report, although these mainly reflect historic admissions and not new admissions. There were 40003 (46%) and 47562 (54%) admissions reported in public and private sector respectively. The majority of COVID-19 admissions were reported from four provinces, Gauteng (27903, 32%), followed by Western Cape (18880, 22%), KwaZulu-Natal (13413, 15%) and Eastern Cape (11481, 13%). Hospital admissions peaked in South Africa in week 29 and 30.
- Of the 87565 admissions, 6370 (7%) patients were in hospital at the time of this report, 66417 (76%) patients were discharged alive or transferred out and 14778 (17%) patients had died. There were 2163 additional deaths since the last report.
- Of the 79820 COVID-19 patients who had recorded in-hospital outcome (died and discharged), the case fatality ratio (CFR) was 19%. On multivariable analysis, factors associated with in-hospital mortality were older age groups; male sex; Black African, Coloured and Indian race; admission in the public sector; and having comorbid hypertension, diabetes, chronic cardiac disease, chronic renal disease, malignancy, HIV, current tuberculosis alone or both current and past tuberculosis, and obesity. Compared to the Western Cape Province, individuals hospitalised in Eastern Cape, Free State, Gauteng, KwaZulu-Natal, Limpopo, North West and Northern Cape provinces were more likely to die in-hospital.

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METHODS

DATCOV, sentinel hospital surveillance for COVID-19 admissions, was initiated on the 1 April 2020. Data are submitted by public and private hospitals that have agreed to report COVID-19 admissions through DATCOV surveillance in all nine provinces of South Africa. A COVID-19 case was defined as a person with a positive reverse transcriptase polymerase chain reaction (RT-PCR) assay for SARS-CoV-2 who was admitted to a DATCOV sentinel hospital. An individual was defined as having severe disease if treated in high care or intensive care unit (ICU), or ventilated or diagnosed with acute respiratory distress syndrome (ARDS). Case fatality ratio (CFR) was calculated for all closed cases, i.e. COVID-19 deaths divided by COVID-19 deaths plus COVID-19 discharges, excluding individuals who are still admitted in hospital.

Data are received from all private hospitals nationally. As new hospitals join the surveillance system, they have retrospectively captured all admissions recorded although there may be some backlogs in retrospective data capture. There were 71 additional public hospitals reporting COVID-19 admissions since the last report. As of 10 October 2020, a total of 584 facilities submitted data on hospitalised COVID-19 cases, 340 from public sector and 244 from private sector (Table 1). This reflects 96% and 100% coverage of all public and private hospitals respectively that have had COVID-19 admissions.

Table 1. Number of hospitals reporting data on COVID-19 admissions by province and sector, South Africa, 5 March-10 October 2020

Name of province	Public Sector	Private Sector
Eastern Cape	81	17
Free State	33	20
Gauteng	38	88
KwaZulu-Natal	58	45
Limpopo	32	6
Mpumalanga	24	9
North West	9	12
Northern Cape	9	7
Western Cape	56	40
South Africa	340	244

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RESULTS

Epidemiological and geographic trends in admissions

From 5 March to 10 October, a total of 87565 COVID-19 admissions (16973 additional from last report) were reported from 584 facilities in all nine provinces of South Africa. Of these admissions, 40003 (45.7%) and 47562 (54.3%) were reported in public and private sector, respectively. Initially, most admissions were reported in the private sector; from week 16 a higher proportion of total admissions was reported in the public sector; and since week 27 a higher proportion was again reported in the private sector. There has been a decrease in reported COVID-19 admissions since the peak in weeks 29 and 30 (Figure 1).

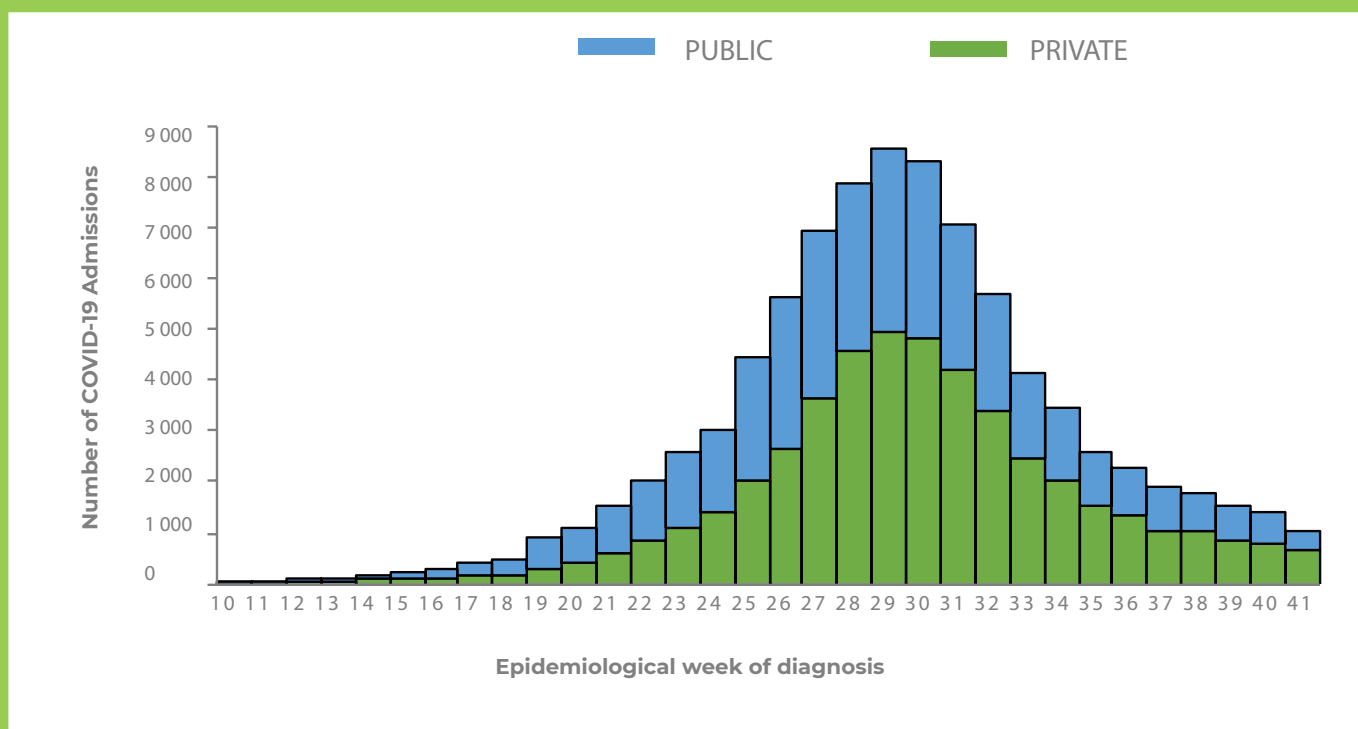


Figure 1. Number of reported COVID-19 admissions by health sector and epidemiological week of diagnosis, 5 March-10 October 2020, n=87565

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The majority of admissions (71677/87565, 81.9%) were recorded in four provinces, with the highest number reported in Gauteng (27903, 31.9%), followed by Western Cape (18880, 21.6%), KwaZulu-Natal (13413, 15.3%) and Eastern Cape (11481, 13.1%) provinces (Figure 2).

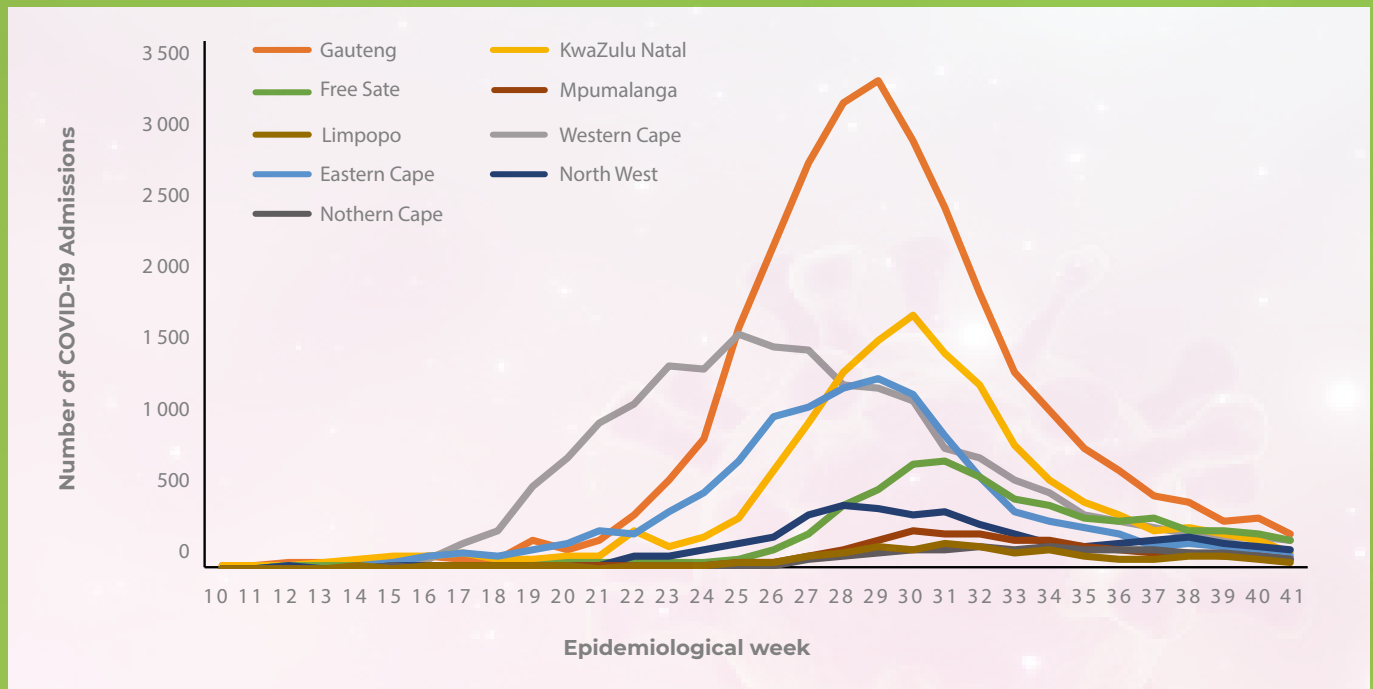


Figure 2. Number of reported COVID-19 admissions, by province and epidemiological week of diagnosis, South Africa, 5 March-10 October 2020, n=87565

Most patients admitted in the public sector, were admitted to district hospitals (13161, 39.2%), national central hospitals (7637, 22.7%), regional hospitals (6394, 19.0%), and provincial tertiary hospitals (4041, 12.0%) (Figure 3).

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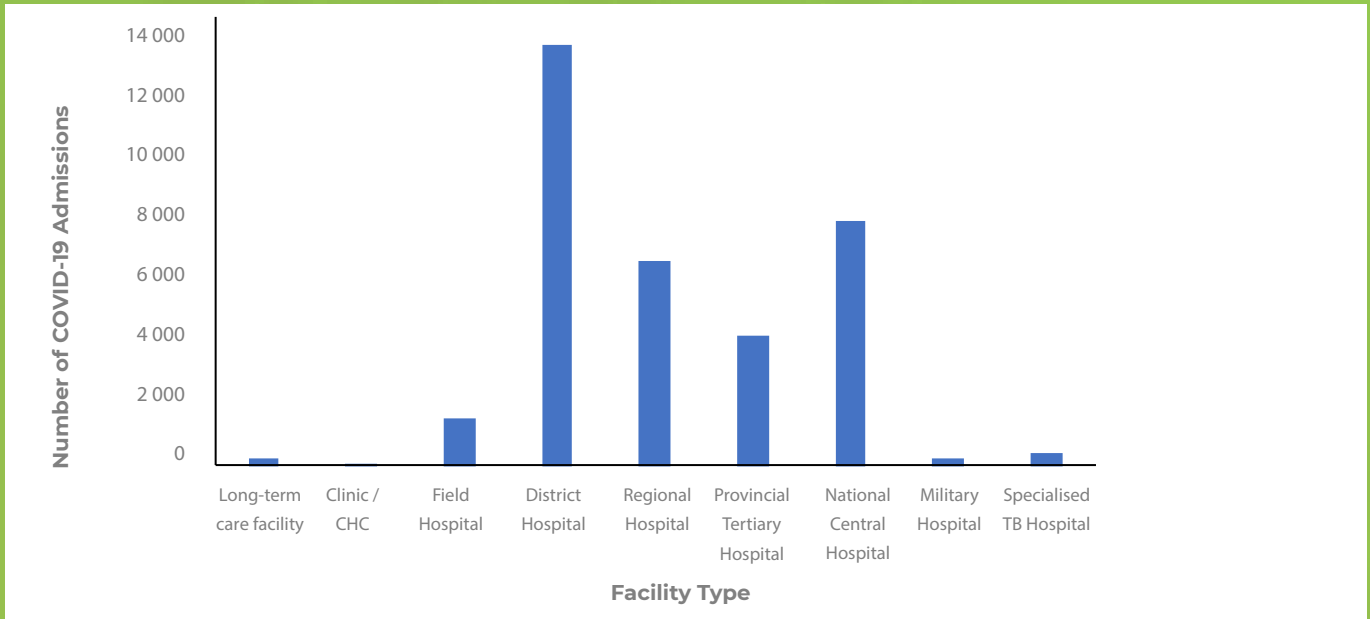


Figure 3. Cumulative numbers of reported COVID-19 admissions, by facility type in public sector, South Africa, 5 March-10 October 2020, n=33582

DEMOGRAPHIC AND CLINICAL CHARACTERISTICS OF COVID-19 ADMISSIONS

The median age of COVID-19 admissions was 52 years (interquartile range [IQR] 39 – 63). There were 2989 (3.4%) admissions in patients 18 years and younger and 13171 (15.0%) in patients older than 70 years. Among admitted individuals with COVID-19, 48568 (55.5%) were female. Females were more common than males in all age groups except in individuals younger than 10 years (Figure 4).

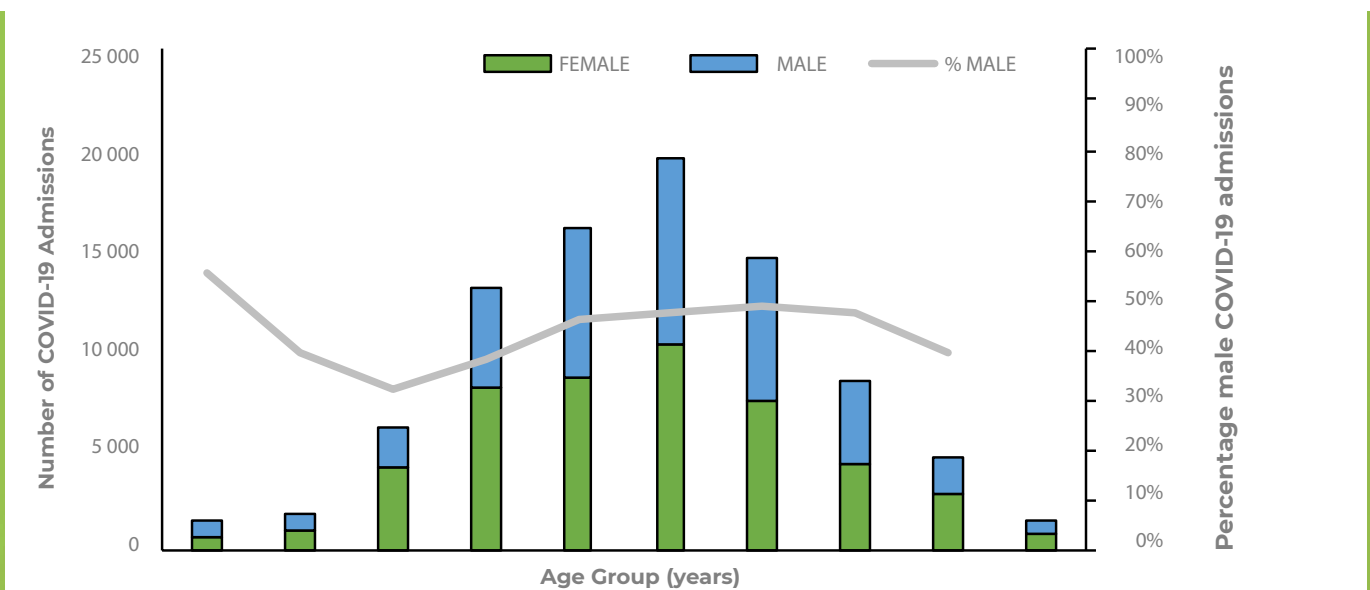


Figure 4. Number of reported COVID-19 admissions by age, gender and percentage of males, South Africa, 5 March-10 October 2020, n=87565

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Of the 57759 (66.0%) patients for whom race was known, 45221 (78.3%) were Black African, 3820 (6.6%) were Coloured, 3313 (5.7%) were Indian, 5282 (9.1%) were White and 123 (0.2%) were classified as Other race group. There were 4177 (4.8%) health care workers (HCW) that were reported to be hospitalised. Among the 21819 admissions in females of child-bearing age 15-50 years, there were 1770 (8.1%) females admitted who were pregnant or within 6 weeks post-partum.

Among 67574 (77.2%) patients for whom comorbid conditions were known, 38265 (56.6%) had no comorbid condition reported, 15931 (23.6%) had one comorbid condition reported, 9603 (14.2%) had two comorbid conditions and 3775 (5.6%) had three or more comorbid conditions reported. The most commonly reported comorbidities were hypertension (18017, 26.7%) and diabetes (13936, 20.6%); there were 5444 (8.1%) patients who were HIV-infected, 815 (1.2%) patients with active tuberculosis (TB) and 1472 (2.2%) patients with previous history of TB (Table 2). Obesity, defined by body mass index where available or by the subjective opinion of the attending HCW, while not consistently recorded for all reported COVID-19 admissions, was recorded as a risk factor in 2495 (3.2%) of all patients hospitalised.

Table 2. Reported comorbid conditions among COVID-19 admissions with available data, South Africa, 5 March-10 October 2020, n=67574*

Comorbid disease*	n	%
Hypertension	18017	26.7
Diabetes mellitus	13936	20.6
Chronic cardiac disease	1105	1.6
Chronic pulmonary disease/ Asthma	3651	5.4
Chronic renal disease	1434	2.1
Malignancy	438	0.6
HIV	5444	8.1
Active tuberculosis	815	1.2
Previous history of tuberculosis	1472	2.2

* Multiple comorbid conditions are counted more than once so the total number may be more than the total number of individuals reporting comorbid conditions.

** Presence of a comorbid condition includes only the conditions reported in the table; obesity is not included.

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OUTCOMES

Of the 87565 admitted individuals, 6370 (7.3%) were currently in hospital, 65042 (74.3%) were discharged alive, 1375 (1.6%) were transferred out to either higher-level care or step-down facilities, 14778 (16.9%) had died in hospital. There were 2163 additional deaths since the last report. Of the 79820 COVID-19 patients who had recorded in-hospital outcome (died and discharged), the case fatality ratio (CFR) was 18.5%.

EPIDEMIOLOGICAL AND GEOGRAPHIC TRENDS IN MORTALITY

In the first few weeks of the outbreak most deaths were reported in the private sector, since week 17 a higher proportion of reported deaths was in the public sector, and since week 31 again most deaths were reported in the private sector. The CFR was higher in the public health sector (25.9%) than in the private health sector (15.7%) ($p < 0.001$). There has been a decrease in reported COVID-19 deaths since week 30 (Figure 5).

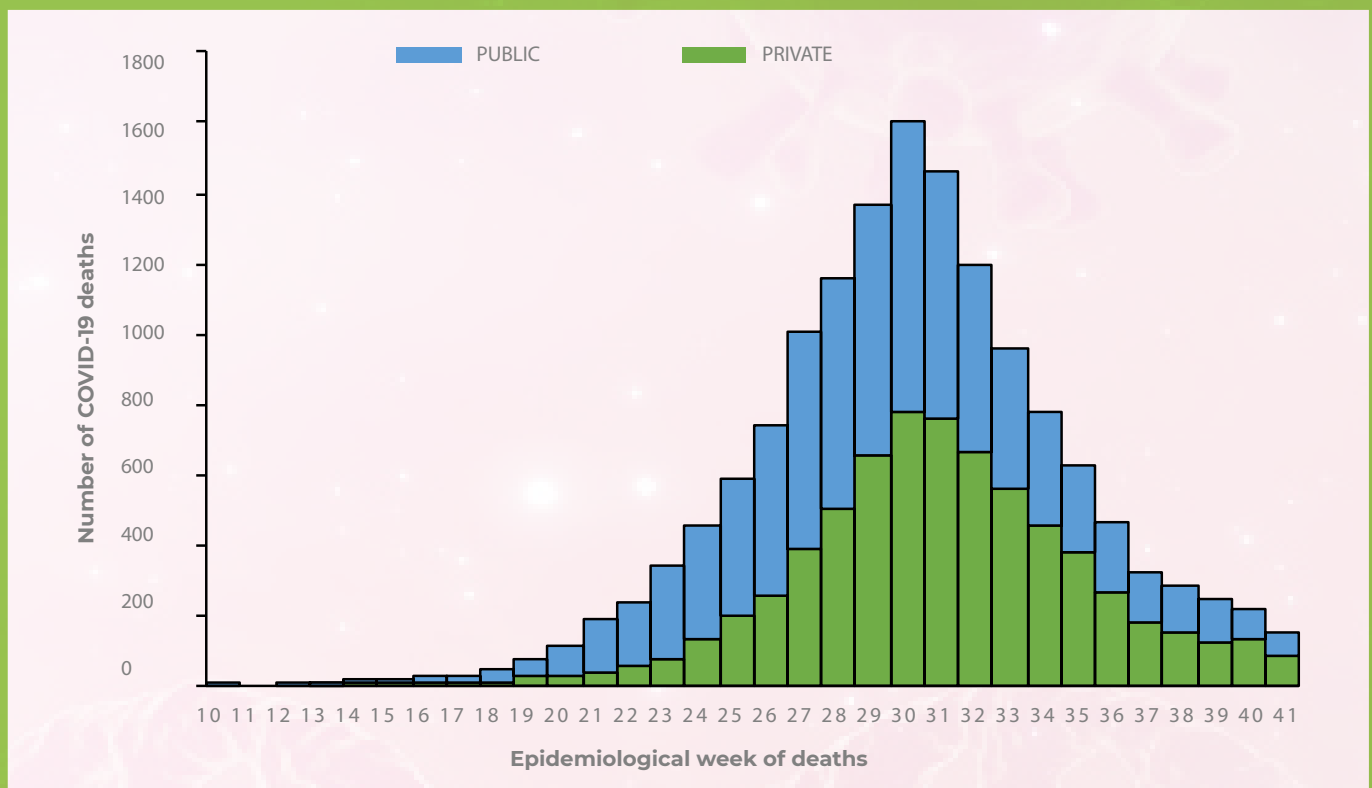


Figure 5: Number of COVID-19 deaths reported per week by health sector and epidemiologic week, South Africa, 5 March-10 October 2020, n=14778

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Most deaths were reported in Gauteng (3618, 24.5%), followed by Western Cape (3580, 24.2%), Eastern Cape (3172, 21.5%) and KwaZulu-Natal (2088, 14.1%) (Figure 6).

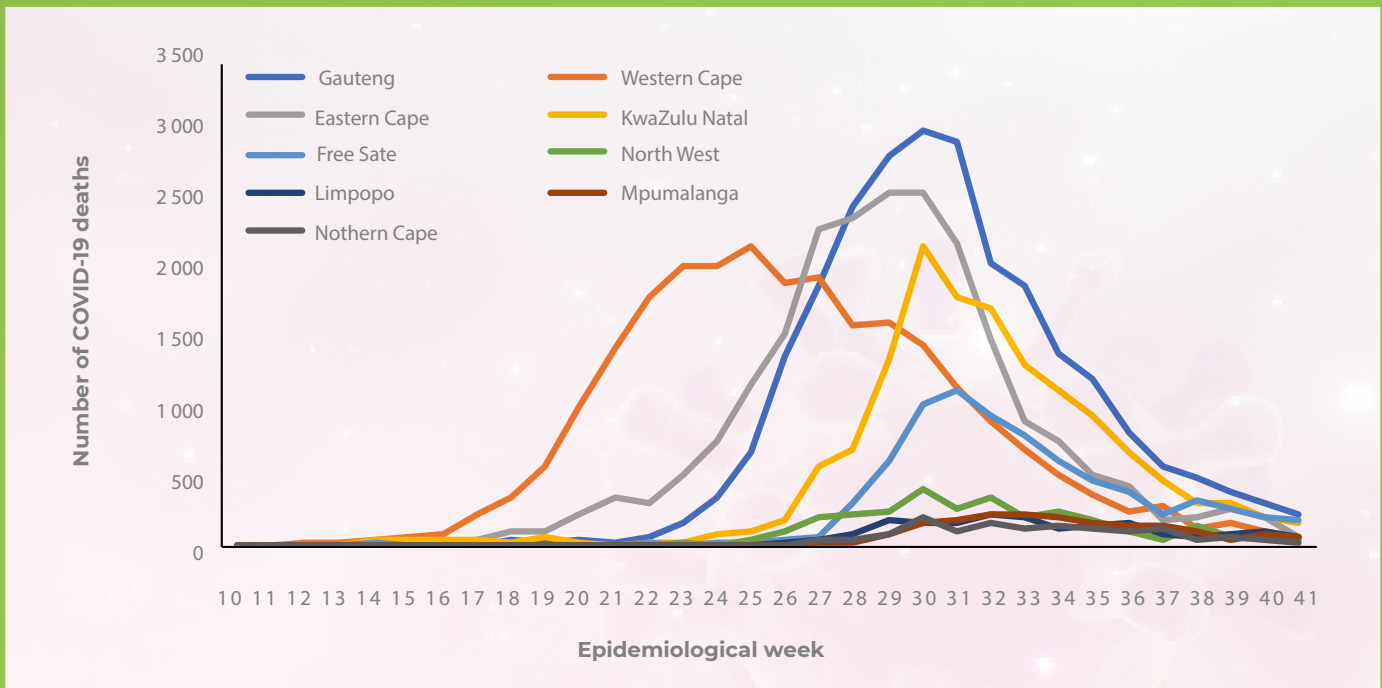


Figure 6: Number of reported COVID-19 deaths, by province and epidemiological week of death, South Africa, 5 March-10 October 2020, n=14778

DEMOGRAPHIC CHARACTERISTICS OF DEATHS

The median age of patients who died was 63 (IQR 53 – 73) years, and for those who were discharged alive was 49 (IQR 37 – 60) years. There were 83 (0.6%) deaths in children aged ≤ 18 years, many of these deaths were in children with serious underlying comorbid conditions. There were 1063 (7.2%) deaths in patients younger than 40 years (Figure 8). The CFR was higher in males (21.4%) than females (16.2%) ($p < 0.001$).

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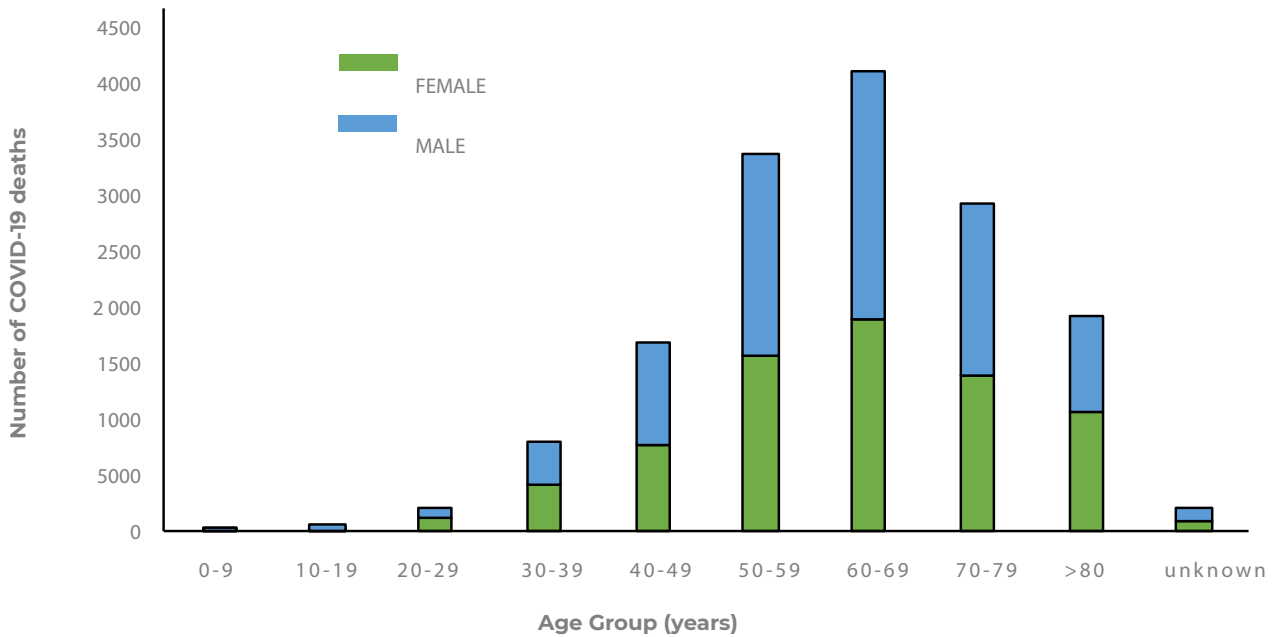


Figure 8: Number of reported COVID-19 deaths by age and gender, South Africa, 5 March-10 October 2020, n=14778

COMMON COMORBIDITIES REPORTED AMONG DEATHS

In all age groups older than 40 years, hypertension and diabetes were most commonly reported comorbidities among patients who died. In patients between 20 and 60 years, HIV, tuberculosis and obesity were commonly reported (Figure 9).

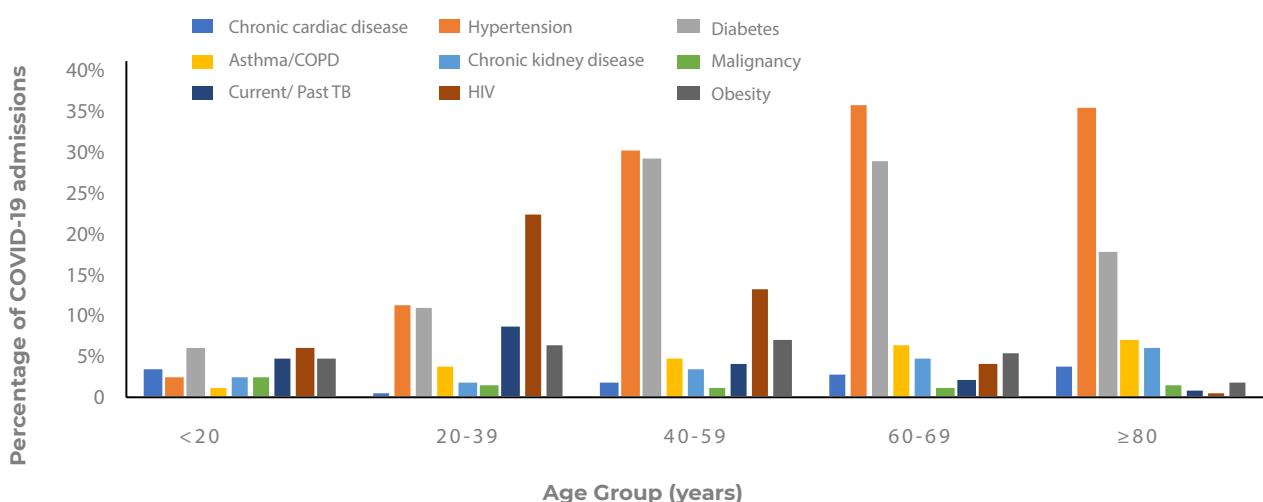


Figure 9: Frequency of comorbid conditions for reported COVID-19 deaths by age group, South Africa, 5 March-10 October 2020, n=14778

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FACTORS ASSOCIATED WITH IN-HOSPITAL MORTALITY

On multivariable analysis, factors associated with in-hospital mortality were older age groups; male sex; Black African, Coloured and Indian race; admission in the public sector; and having comorbid hypertension, diabetes, chronic cardiac disease, chronic renal disease, malignancy, HIV, current tuberculosis alone or both current and past tuberculosis, and obesity. Compared to the Western Cape Province, individuals hospitalised in Eastern Cape, Free State, Gauteng, KwaZulu-Natal, Limpopo, North West and Northern Cape provinces were more likely to die in-hospital (Table 3 and Figure 10).

Table 3: Univariate and multivariable analysis of factors associated with mortality among 56914 individuals with in-hospital outcome (discharges and deaths), South Africa, 5 March-10 October 2020

Characteristic	Case-fatality ratio n/N (%)	Unadjusted (95% CI)	OR	p-value	Adjusted (95% CI)	OR*	p-value
Age group							
<20 years	89/2914 (3.1)	Reference			Reference		
20-39 years	974/17432 (5.6)	1.9 (1.5-2.3)		<0.001	2.5 (1.8-3.5)		<0.001
40-59 years	4873/32695 (14.9)	5.6 (4.5-6.9)		<0.001	7.0 (5.1-9.8)		<0.001
60-79 years	6785/21139 (32.1)	15.0 (12.1-18.6)		<0.001	18.3 (13.2-25.4)		<0.001
≥80 years	1854/4390 (42.2)	23.2 (18.6-28.9)		<0.001	37.6 (27.0-52.4)		<0.001
Unknown age	203/1250 (16.2)	6.2 (4.7-8.0)		<0.001	16.0 (5.8-44.1)		<0.001
Sex							
Female	7179/44203 (16.2)	Reference			Reference		
Male	7597/35575 (21.4)	1.4 (1.4-1.5)		<0.001	1.5 (1.4-1.5)		<0.001
Race							
White	1000/5012 (20.0)	Reference			Reference		
Black	7988/41622 (19.2)	1.0 (0.9-1.0)		0.197	1.3 (1.2-1.4)		<0.001
Coloured	683/3476 (19.7)	1.0 (0.9-1.1)		0.731	1.4 (1.2-1.6)		<0.001
Indian	645/3173 (20.3)	1.0 (0.9-1.1)		0.679	1.4 (1.2-1.6)		<0.001
Other	20/101 (19.8)	1.0 (0.6-1.6)		0.970	1.3 (0.7-2.4)		0.469
Unknown	4442/26436 (16.8)	0.8 (0.8-0.9)		<0.001	1.2 (1.1-1.3)		0.001
Healthcare worker							
No	14427/75975 (19.0)	Reference					
Yes	351/3845 (9.1)	0.4 (0.4-0.5)		<0.001			
Peri-partum							
No	1286/18031 (7.1)	Reference					
Yes	31/1728 (1.8)	0.2 (0.2-0.3)		<0.001			

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Comorbid condition						
No co-morbidity	5729/35141 (16.3)	Reference				
1 co-morbid condition	3094/15170 (20.4)	1.3 (1.3-1.4)	<0.001			
2 comorbid conditions	2492/9289 (26.8)	1.9 (1.8-2.0)	<0.001			
≥3 comorbid conditions	1160/3667 (31.6)	2.4 (2.2-2.6)	<0.001			
Unknown	2303/16553 (13.9)	0.8 (0.8-0.9)	<0.001			
Hypertension						
No	7959/45756 (17.4)	Reference				
Yes	4502/17445 (25.8)	1.7 (1.6-1.7)	<0.001	1.1 (1.1-1.2)		<0.001
Diabetes mellitus						
No	8762/49639 (17.7)	Reference		Reference		
Yes	3699/13563 (27.3)	1.7 (1.7-1.8)	<0.001	1.5 (1.4-1.5)		<0.001
Chronic cardiac disease						
No	12117/62125 (19.5)	Reference		Reference		
Yes	339/1072 (31.6)	1.9 (1.7-2.2)	<0.001	1.3 (1.1-1.4)		0.002
Chronic pulmonary disease/Asthma						
No	11677/59639 (19.6)	Reference				
Yes	779/3557 (21.9)	1.2 (1.1-1.3)	0.001			
Chronic renal disease						
No	11881/61796 (19.2)	Reference		Reference		
Yes	577/1402 (41.2)	2.9 (2.6-3.3)	<0.001	1.6 (1.4-1.8)		<0.001
Malignancy						
No	12294/62778 (19.6)	Reference		Reference		
Yes	163/419 (38.9)	2.6 (2.1-3.2)	<0.001	2.3 (1.8-2.8)		<0.001
HIV						
No	9704/52020 (18.7)	Reference		Reference		
Yes	1091/4964 (22.0)	1.2 (1.1-1.3)	<0.001	1.6 (1.5-1.8)		<0.001
Tuberculosis						
No	12037/61492 (19.6)	Reference		Reference		
Previous	233/930 (25.1)	1.4 (1.2-1.6)	<0.001	1.1 (0.9-1.3)		0.158
Current	72/293 (24.6)	1.3 (1.0-1.7)	0.032	1.8 (1.4-2.5)		<0.001
Current and previous	114/480 (23.8)	1.3 (1.0-1.6)	0.022	1.7 (1.4-2.2)		<0.001
Obesity						
No	7889/41534 (19.0)	Reference		Reference		
Yes	762/2152 (35.4)	2.3 (2.1-2.6)	<0.001	2.1 (1.9-2.3)		<0.001
Unknown	6127/36134 (17.0)	0.9 (0.8-0.9)	<0.001	1.0 (0.9-1.0)		0.339

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Month of admission						
March	23/206 (11.2)	Reference		Reference		
April	187/1257 (14.9)	1.4 (0.9-2.2)	0.161	1.3 (0.8-2.2)		0.279
May	1027/5774 (17.8)	1.7 (1.1-2.7)	0.015	1.4 (0.9-2.3)		0.175
June	3276/17199 (19.1)	1.9 (1.2-2.9)	0.005	1.5 (0.9-2.4)		0.104
July	6543/32799 (20.0)	2.0 (1.3-3.1)	0.002	1.6 (0.9-2.6)		0.054
August	2787/15849 (17.6)	1.7 (1.1-2.6)	0.017	1.3 (0.8-2.2)		0.233
September	852/6109 (14.0)	1.3 (0.8-2.0)	0.257	1.0 (0.6-1.5)		0.845
October	83/620 (13.4)	1.2 (0.8-2.0)	0.409	1.2 (0.7-2.1)		0.520
Health sector						
Private sector	7025/45356 (15.5)	Reference		Reference		
Public sector	7753/34464 (22.5)	1.6 (1.5-1.6)	<0.001	1.7 (1.6-1.8)		<0.001
Province						
Western Cape	3580/18337 (19.5)	Reference		Reference		
Eastern Cape	3172/10656 (29.8)	1.7 (1.7-1.8)	<0.001	1.8 (1.7-2.0)		<0.001
Free State	1112/5564 (20.0)	1.0 (0.9-1.1)	0.447	1.3 (1.2-1.4)		<0.001
Gauteng	3618/24293 (14.9)	0.7 (0.7-0.8)	<0.001	1.2 (1.1-1.3)		<0.001
KwaZulu-Natal	2088/12662 (16.5)	0.8 (0.7-0.9)	<0.001	1.2 (1.1-1.3)		<0.001
Limpopo	282/1438 (19.6)	1.0 (0.9-1.2)	0.936	1.7 (1.4-2.0)		<0.001
Mpumalanga	275/2046 (13.4)	0.6 (0.6-0.7)	<0.001	1.1 (0.9-1.3)		0.453
North West	431/3473 (12.4)	0.6 (0.5-0.7)	<0.001	1.2 (1.1-1.4)		0.002
Northern Cape	220/1351 (16.3)	0.8 (0.7-0.9)	0.004	1.3 (1.1-1.6)		0.003
Type of facility						
National central	1559/6550 (23.8)	Reference				
Community Health	3/6 (50.0)	3.2 (0.6-15.9)	0.154			
District hospital	2589/10317 (25.1)	1.1 (0.9-1.2)	0.057			
Field hospital	66/884 (7.5)	0.3 (0.2-0.3)	<0.001			
Long-term facility	4/120 (3.3)	0.1 (0.0-0.3)	<0.001			
Military hospital	30/235 (12.8)	0.5 (0.3-0.7)	<0.001			
Private general	7023/45350 (15.5)	0.6 (0.6-0.6)	<0.001			
Provincial tertiary	895/3260 (27.5)	1.2 (1.1-1.3)	0.028			
Regional hospital	1674/4955 (33.8)	1.6 (1.5-1.8)	<0.001			
Specialised TB hospital	28/348 (8.1)	0.3 (0.2-0.4)	<0.001			
Ever ICU						
No	9830/69477 (14.2)	Reference				
Yes	4948/10343 (47.8)	5.6 (5.3-5.8)	<0.001			

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Ever High Care

No	13002/72963 (17.8)	Reference	
Yes	1776/6857 (25.9)	1.6 (1.5-1.7)	<0.001

Ever ventilated

No	11765/75171 (15.7)	Reference	
Yes	3013/4649 (64.8)	9.9 (9.3-10.6)	<0.001

Ever on oxygen

No	9899/63500 (15.6)	Reference	
Yes	4879/16320 (29.9)	2.3 (2.2-2.4)	<0.001

* Multivariable model excluded all individuals with unknown comorbid conditions

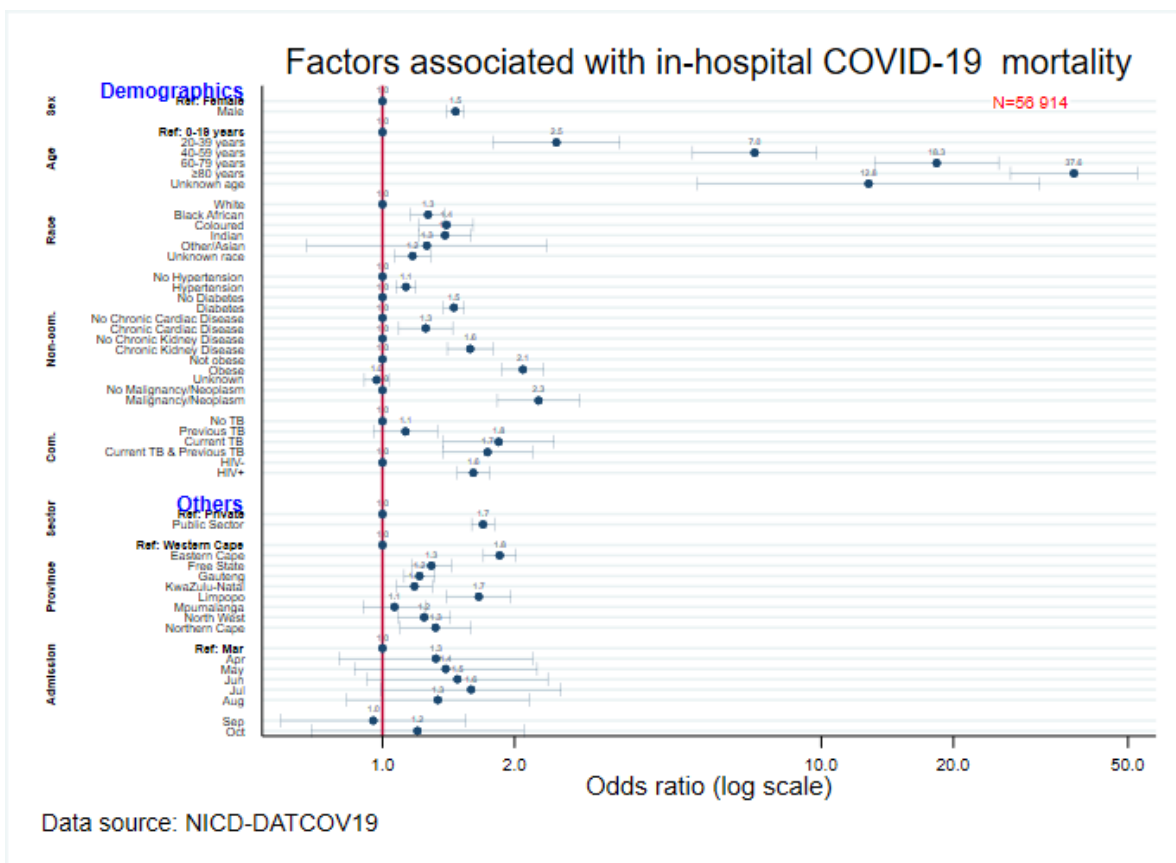


Figure 10: Multivariable analysis of factors associated with mortality among 56914 individuals with in-hospital outcome (discharges and deaths), South Africa, 5 March-10 October 2020

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DISCUSSION

DATCOV currently includes 87565 admissions from 584 public and private hospitals in all nine provinces in South Africa. It also includes 14778 deaths that have occurred to date.

The findings confirm factors associated with in-hospital mortality were older age groups; male sex; Black, Indian and Coloured race; and having comorbid hypertension, diabetes, chronic cardiac disease, chronic renal disease, malignancy, HIV, current tuberculosis alone or both current and previous tuberculosis, and obesity. Increased risks for mortality have similarly been observed in non-white patients and in those from lower socio-economic groups in other countries (1)(2).

Trends in CFR over time and provincial differences may be affected by many factors such as hospital admission criteria, timeousness of closing cases, testing criteria in different provinces, and the severity of illness in admitted cases.

The availability of reliable surveillance data is of critical importance to gain a better understanding of the epidemiology of COVID-19 in South Africa, to monitor the COVID-19 epidemic and to respond with adequate control measures. It has been suggested that when local transmission is widespread and testing strategies change, hospital admission or mortality surveillance systems provide a more reliable picture of the epidemic progression than overall confirmed case numbers.

DATCOV provides real-time data and summary analyses, which inform modelling and reporting at a national level. It also addresses a knowledge gap, in the lack of data from low and middle income countries (LMIC), allowing for analysis of COVID-19 epidemiology in a country with a younger population, unique disease profile with epidemics of both infectious (HIV and tuberculosis) and non-communicable diseases, and an overburdened public health system.

LIMITATIONS

DATCOV is a sentinel surveillance system and does not include all hospitals with COVID-19 admissions and therefore may not be truly representative of hospital admissions for COVID-19 throughout South Africa. DATCOV only reports hospital-based admissions and deaths and therefore does not include deaths occurring outside hospitals. Data quality in a surveillance system is dependent on the information submitted by healthcare institutions. It is not possible for the NICD to verify or check the quality of all these data, however, the NICD has built-in data quality checks.

In patients with non-communicable diseases, the current data collection platform is not able to distinguish between those that had pre-existing disease and those that were newly-diagnosed; and between those with well or poorly controlled disease. New variables have been introduced to allow for this analysis. For obesity, the platform now also captures weight, height and BMI.

Data on socioeconomic status are not collected. Data on treatment and medical interventions have not been analysed because the data were incomplete. Efforts are ongoing to improve the quality and completeness of data on symptom of these data will be included in future reports.

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2. Pan D, Sze S, Minhas JS, Bangash MN, Pareek N, Divall P, et al. The impact of ethnicity on clinical outcomes in COVID-19: A systematic review. EClinicalMedicine. 2020;23.

ACKNOWLEDGEMENTS

All public and private sector hospitals submitting data to DATCOV

Private hospital groups submitting data to DATCOV:

- Netcare
- Life Healthcare
- Mediclinic Southern Africa
- National Hospital Network (NHN)
- Clinix Health Group
- Lenmed
- Joint Medical Holdings (JMH)

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APPENDIX

Table 4: Number of reported COVID-19 admissions and deaths by age and gender, South Africa, 5 March-10 October 2020

ADMISSIONS				DEATHS				
Age (years)	Female	Male	Unknown	Total	Female	Male	Unknown	Total
0-4	510	634	2	1146	15	17	0	32
5-9	153	197	0	350	2	5	0	7
10-14	265	260	0	525	5	8	0	13
15-19	819	458	1	1278	12	25	0	37
20-24	1388	719	1	2108	41	29	0	70
25-29	2786	1253	2	4041	88	53	1	142
30-34	3881	2120	2	6003	167	103	0	270
35-39	4295	2895	3	7193	251	241	0	492
40-44	4135	3373	8	7516	305	350	0	655
45-49	4515	4007	7	8529	453	511	0	964
50-54	5113	4545	2	9660	636	715	0	1351
55-59	5129	4730	4	9863	890	1013	0	1903
60-64	4220	4051	3	8274	921	1141	0	2062
65-69	3265	3035	0	6300	917	991	0	1908
70-74	2503	2351	1	4855	723	809	0	1532
75-79	1918	1681	1	3600	623	660	0	1283
80-84	1421	1047	1	2469	487	426	0	913
85-89	915	553	0	1468	328	259	0	587
90-94	413	228	0	641	178	120	0	298
>95	89	49	0	138	41	15	0	56
Unknown	835	662	111	1608	96	106	1	203
	48568	38848	149	87565	7179	7597	2	14778