

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

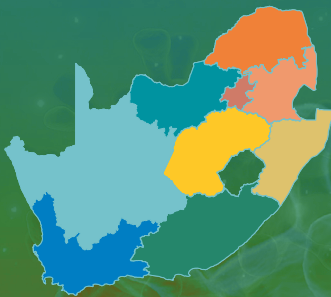


NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES

Division of the National Health Laboratory Service

SOUTH AFRICA WEEK 46 2020

CUMULATIVE DATA FROM



CASES

751 024
IN TOTAL

11 108
THIS WEEK

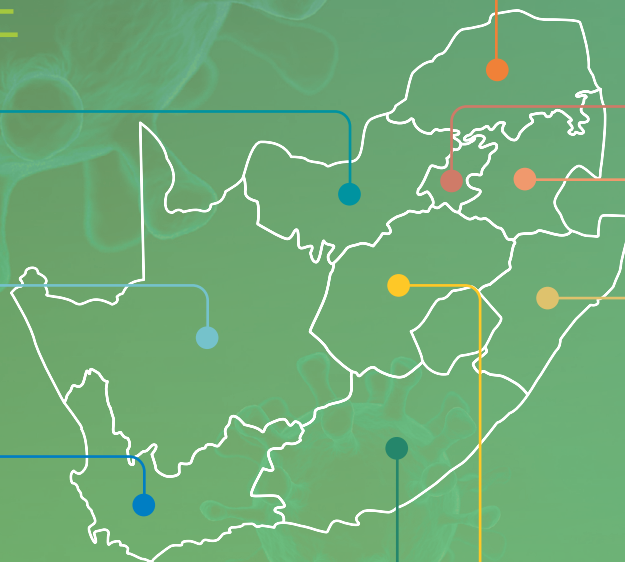


PERSONS

1 259,6
INCIDENCE RISK*

39
MEDIAN AGE

PROVINCES AT A GLANCE



* Incidence risk - cases per 100 000 persons
** based on samples collected/received in current reporting week

SUMMARY

Overview of report

Disease surveillance is a core function of the National Institute for Communicable Diseases (NICD), a division of the National Health Laboratory Service (NHLS). This report summarises data from a national laboratory-based surveillance system that is used to monitor the coronavirus disease 2019 (COVID-19) pandemic in South Africa. This report is based on data collected up to 14 November 2020 (week 46 of 2020). Note: COVID-19 is the name of the disease and SARS-CoV-2 is the name of the virus. Trends in numbers of new cases by province and age group may be affected by changes in testing practice and delays in testing of specimens. The numbers reported may change as more data become available.

Highlights

- As of 14 November 2020, a total of 751 024 laboratory-confirmed COVID-19 cases had been detected in South Africa. Of these, 13 746 were cases reported since the last report. There was a 3.1% decrease in number of new cases detected in week 46 (11 108) compared to the number of new cases detected in week 45 (11 459).
- An additional 432 deaths were reported since the last report. The overall case-fatality ratio was 2.7% (20 241/751 024).
- In the past week, Eastern Cape Province reported almost half of the new cases detected in week 46 (5 174/11 108, 46.6%), followed by Western Cape Province (2 331/11 108, 21.0%), and Gauteng Province (1 221/11 108, 11.0%).
- In week 46, all provinces reported a decline in weekly incidence risk, compared to week 45, except the Western Cape Province which reported an increase of 8.4 cases per 100 000 (34.0% increase). The reduction ranged from 13.0 cases per 100 000 persons (48.2% reduction) in the Free State Province to 0.5 cases per 100 000 persons (6.6% and 5.0% reduction) in KwaZulu-Natal Province and North West Province, respectively.
- In the past week, Eastern Cape Province (76.8 cases per 100 000 persons) followed by Western Cape Province (33.3 cases per 100 000 persons), Northern Cape Province (21.3 cases per 100 000 persons), and Free State Province (14.0 cases per 100 000 persons), reported the highest weekly incidence risk. The weekly incidence risk in all the other provinces was less than 10 cases per 100 000 persons.
- The increase in number of cases from Eastern Cape is mainly due to a resurgence in COVID-19 cases from Nelson Mandela Bay District, where the weekly incidence risk increased sharply from week 42 to week 45. Sarah Baartman District showed a gradual increase from week 39 to week 42, when it increased sharply to week 45. The apparent increase in number of cases and weekly incidence risk reported from these two districts in the past week is possibly due to delays in reporting.
- The increase in number of cases in Western Cape Province in recent weeks was driven by a resurgence in COVID-19 cases reported from Garden route where the weekly incidence risk increased gradually from week 40 until week 44 when it increased sharply to date.
- Provincial graphs by districts and age group can be accessed [here](#).

INCIDENCE
RISK FOR
WEEK 46

18,6
CASES PER
100 000
PERSONS

46,6%
OF CASES
REPORTED IN
EASTERN CAPE IN
WEEK 46

IN WEEK 45,
THE HIGHEST
WEEKLY
INCIDENCE
RISK WAS IN
CASES AGED 55-
59 YEARS (39.8
CASES PER 100
000 PERSONS)

Methods

Testing for SARS-CoV-2 began on 28 January 2020 at the NICD and after the first case was confirmed in early March 2020, testing was expanded to a larger network of private and NHLS laboratories. Respiratory specimens were submitted from persons under investigation (PUI). Initially, tested individuals were those who had travelled to countries with COVID-19 transmission but the PUI definition was changed over time. Community symptom screening and referral for PCR testing was implemented in April 2020 but the strategy was changed to a more targeted approach in May 2020. Community screening was largely discontinued and testing efforts then focussed on areas identified as hot spots and on investigating clusters. Contacts of cases were traced and tested if symptomatic. In some provinces and in certain circumstances (e.g. closed settings, workplaces), asymptomatic contacts were tested. In recent weeks, testing has been prioritised for healthcare workers and hospitalised patients. Laboratories used any one of several in-house and commercial PCR assays to test for the presence of SARS-CoV-2 RNA. We excluded specimens collected outside South Africa. Date of specimen receipt in the laboratory was used when date of specimen collection was missing. A case of COVID-19 was defined as any person, resident in South Africa, with a single positive SARS-CoV-2 PCR test. For reports published from week 41 onwards we used mid-year population estimates from Statistics South Africa for 2020 to calculate the incidence risk (cumulative or weekly incidence), expressed as cases per 100 000 persons. In historical reports published from epidemiologic week 10 (during the start of COVID-19 epidemic in South Africa) to week 40, 2019 mid-year population estimates were used. Aggregate data on the number of deaths by province were obtained from the Department of Health. Data on number of tests conducted in the past week as reported in the simultaneously-published COVID-19 weekly testing report was used to calculate tests conducted per 100 000 population. Data on province and district allocation was based on geocoding algorithm using in order of priority (i) completeness of patient data, (ii) submitting doctor's address, (iii) registering doctor's address and as final option, (iv) the guarantor's address data. The geocoding algorithm used the most complete data for assigning data on province and district where adequate information was provided on the lab request form at the time of sample collection. Data on district allocation may lag resulting in number of cases in recent weeks missing district allocation. Prevalence and incidence risk by districts should be interpreted with caution.

We estimated the time-varying (weekly) doubling time of the COVID-19 epidemic for the provinces with sufficient data and from weeks with sufficient number of cases and complete data (week 12 to the week before the current reporting period). The unit of analysis (epidemiological week) was defined from Sunday to the following Saturday. We first estimated the weekly growth rate of the epidemic by fitting a linear regression model to the logarithm of the daily cumulative number of laboratory-confirmed COVID-19 cases. We then estimated the doubling time for each week using the following formula $\log(2)/gr$ (where gr is the estimated weekly growth rate). An increase in the doubling time may suggest a slowing of transmission but this may also be affected by changes in testing strategy or care seeking. Until the week 29 report, new cases were defined as all cases reported since the last report, irrespective of when the sample was collected. Subsequent to the week 29 report, new cases are now defined as cases detected in the past epidemiologic week based on date of sample collection or sample receipt. It is therefore possible for numbers reported as new cases for the current reporting week not to tally with total additional cases reported since the last report. This will be the case when there was a delay in reporting of cases.

National and provincial trends of COVID-19 cases in South Africa

As of 14 November 2020, a total of 751 024 laboratory-confirmed COVID-19 cases were reported in South Africa. This is 13 746 more cases than the number reported in the last report. The number of new cases detected in week 46 (11 108) was slightly lower than the number of new cases detected in week 45 (11 459), this represented a 3.0% decrease in number of new cases compared to the previous week. In the past week, Eastern Cape Province reported the highest number of new cases (5 174/11 108, 46.6%), followed by Western Cape Province (2 331/11 108, 21.0%), and Gauteng Province (1 221/11 108, 11.0%) (Table 1). Five provinces, Gauteng (231 643/751 024, 30.8%), KwaZulu-Natal (124 897/751 024, 16.6%), Western Cape (121 817/751 024, 16.2%), Eastern Cape (108 313/751 024, 14.4%) and Free State (58 422/751 024, 7.8%) continued to report the majority (645 092/751 024, 85.9%) of total COVID-19 cases in South Africa. In keeping with the data reported in the previous weeks, there was minimal change in percent contribution of cases in the different provinces from week 45 to week 46. The cumulative incidence risk for the country increased from 1 236.6 cases per 100 000 persons in week 45 to 1 259.6 cases per 100 000 persons in week 46. The cumulative incidence risk varied by province over time (Figure 3). This is partly

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explained by testing differences by province (Table 1). The Free State Province reported the highest cumulative incidence risk (1 994.7 cases per 100 000 persons), followed by Northern Cape Province (1 757.1 cases per 100 000 persons), Western Cape Province (1 738.8 cases per 100 000 persons), Eastern Cape Province (1 608.4 cases per 100 000 persons), Gauteng Province (1 495.6 cases per 100 000 persons), and KwaZulu-Natal Province (1 083.1 cases per 100 000 persons). The other provinces continued to report cumulative incidence risk below 1 000 cases per 100 000 persons, with Limpopo Province reporting the lowest cumulative incidence risk (311.3 cases per 100 000 persons).

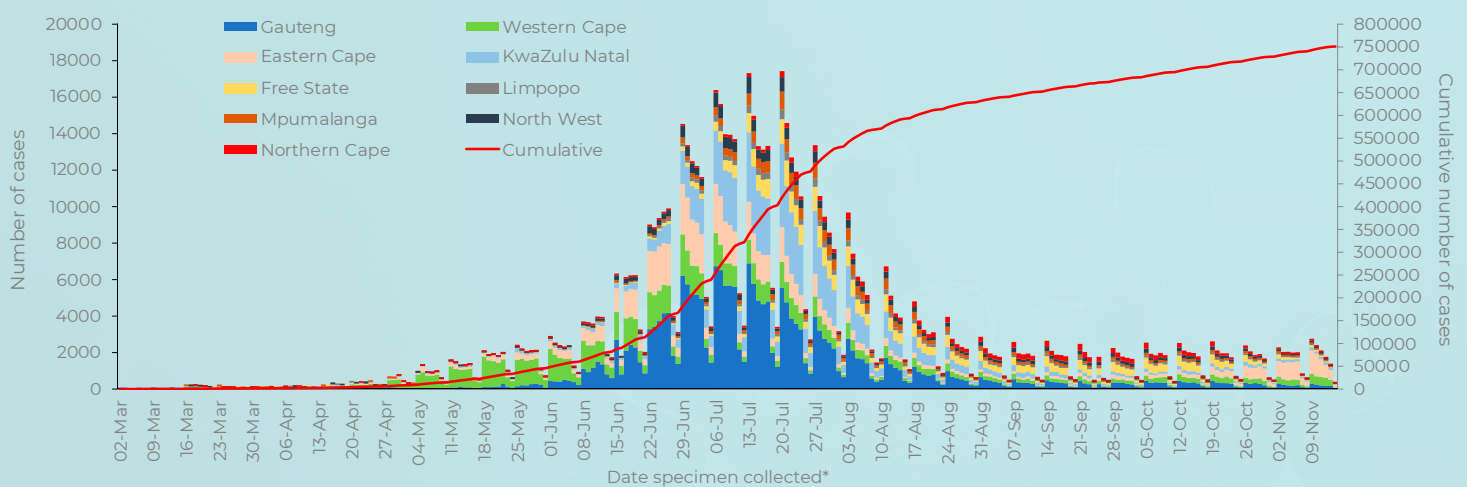
In the past week, Eastern Cape Province reported the highest weekly incidence risk (76.8 cases per 100 000 persons), followed by Western Cape Province (33.3 cases per 100 000 persons), Northern Cape Province (21.3 cases per 100 000 persons), and Free State Province (14.0 cases per 100 000 persons). The weekly incidence risk in all the other provinces remained below 10 cases per 100 000 persons. In the past week, all provinces reported a decline in weekly incidence risk, except for the Western Cape Province where weekly incidence risk increased by 8.4 cases per 100 000 persons (34.0% increase), compared to the previous week. The reduction in weekly incidence risk ranged from 13.0 cases per 100 000 persons (48.2% reduction) in the Free State Province to 0.5 cases per 100 000 persons (6.6% and 5.0% reduction) in KwaZulu-Natal Province and North West Province, respectively (Figure 4). Since the peak of weekly incidence risk experienced at different levels and weeks by the different provinces (Western Cape and Eastern Cape

peaked earlier in week 27 and Northern Cape peaked last in week 30) all the provinces except for Western Cape Province and Eastern Cape Province have been reporting an overall gradual decline in weekly incidence risk. The Eastern Cape Province reported a steep increase in number of new cases and weekly incidence risk in week 43 to 45, and the Western Cape has shown a gradual increase in number of new cases and weekly incidence risk from week 40 to date.

Among the five provinces reporting the majority of cases in South Africa to date, doubling time of number of cases varied with time. In week 45, the estimated doubling time of number of cases decreased in Eastern Cape Province (from 111.9 days to 78.3 days, 30.0% decrease), and Western Cape Province (from 337.5 days to 281.0 days, 16.7% decrease), compared to week 44 (Figure 5).

The case-fatality ratio was 2.7% (20 241/751 024); an additional 432 deaths were reported since the last report. The number of deaths reported in the past week was higher than the number reported in the previous week, 432 compared to 398. A crude case-fatality ratio (CFR) calculated in this way (number of deaths/number of diagnosed cases) is subject to numerous limitations. Because deaths are delayed in relation to cases, as case numbers decrease rapidly, the crude case fatality ratio may increase as a result of a more rapid reduction in the denominator compared to the numerator. The CFR may be an underestimate because deaths are more likely to be reported if a patient with COVID-19 died in hospital and deaths out of hospital may be missed; in addition, occurrence and reporting of deaths may be delayed to several weeks after case diagnoses.

Figure 1. Number and cumulative number of laboratory-confirmed cases of COVID-19 by province and date of specimen collection, South Africa, 3 March-14 November 2020 (n=751 024)

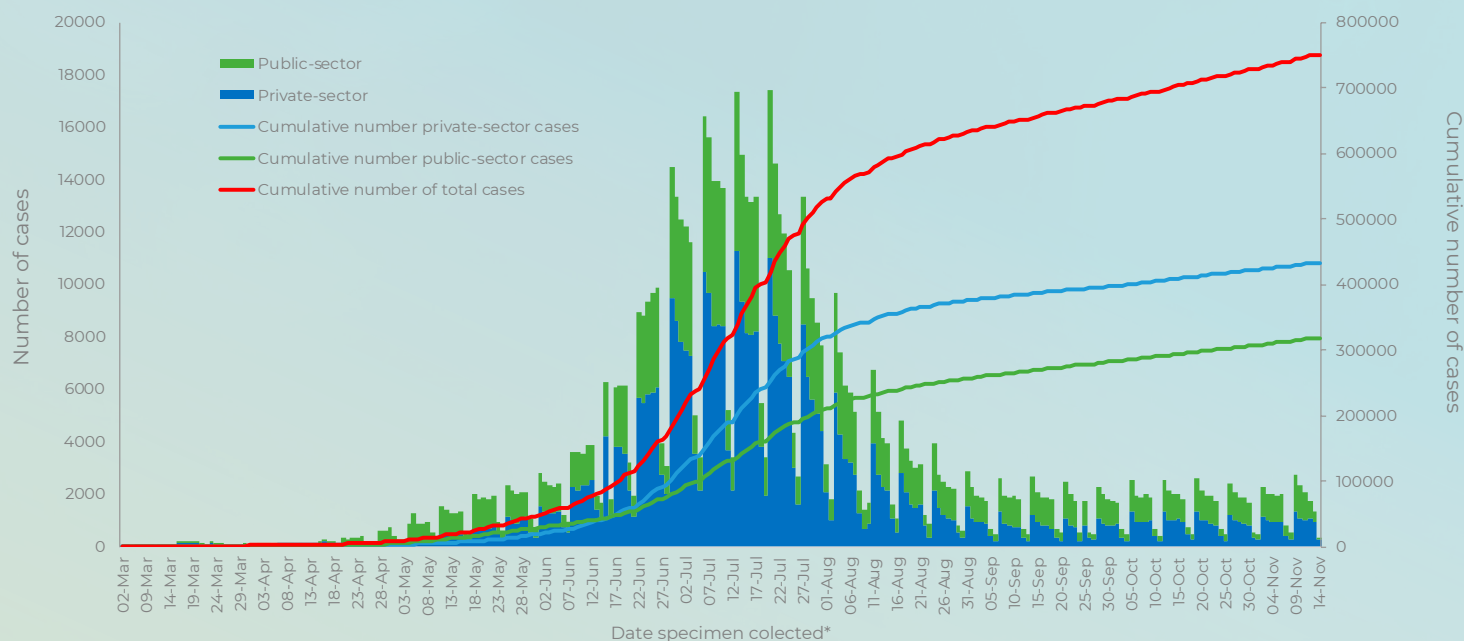


*Date specimen received where date collected missing

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Figure 2. Number and cumulative number of laboratory-confirmed cases of COVID-19, by testing laboratory sector and date of specimen collection, South Africa, 3 March-14 November 2020 (n=751 024)



*Date specimen receipt where collection date missing

Table 1. Number and cumulative/weekly incidence risk of laboratory-confirmed cases of COVID-19 and testing per 100 000 persons by province, South Africa, 3 March-14 November 2020 (n=751 024)

Province	Cumulative cases (n) (percentage, n/total cases in South Africa)	New cases ¹ detected in week 46 (8-14 November 2020), n (percentage ² , n/total)	Population in mid-2020 ³ , n	Cumulative incidence risk (cases per 100 000 persons)	Incidence risk of new cases detected in week 46 (cases/100 000 persons)	Tests ⁴ per 100 000 persons, 8-14 November 2020
Eastern Cape	108 313 (14.4)	5 174 (46.6)	6 734 001	1 608.4	76.8	247.5
Free State	58 422 (7.8)	410 (3.7)	2 928 903	1 994.7	14.0	230.4
Gauteng	231 643 (30.8)	1 221 (11.0)	15 488 137	1 495.6	7.9	198.2
KwaZulu-Natal	124 897 (16.6)	756 (6.8)	11 531 628	1 083.1	6.6	135.4
Limpopo	18 220 (2.4)	246 (2.2)	5 852 553	311.3	4.2	38.6
Mpumalanga	30 676 (4.1)	313 (2.8)	4 679 786	655.5	6.7	107.7
North West	34 320 (4.6)	381 (3.4)	4 108 816	835.3	9.3	89.9
Northern Cape	22 716 (3.0)	276 (2.5)	1 292 786	1 757.1	21.3	232.8
Western Cape	121 817 (16.2)	2 331 (21.0)	7 005 741	1 738.8	33.3	274.6
Unknown	0	0	0			
Total	751 024	11 108	59 622 350	1 259.6	18.6	172.7

¹New cases refer to cases whose samples were collected or received in the current reporting week; ²Percentage=n/total number of new cases (specimen collected or received in current reporting week); ³2020 Mid-year population Statistics South Africa ⁴Data on number of tests conducted sourced from COVID-19 weekly testing report of the same reporting week

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Figure 3. Cumulative incidence risk of PCR-confirmed cases of COVID-19 by province and epidemiologic week, South Africa, 3 March-14 November 2020 (n=751 024)

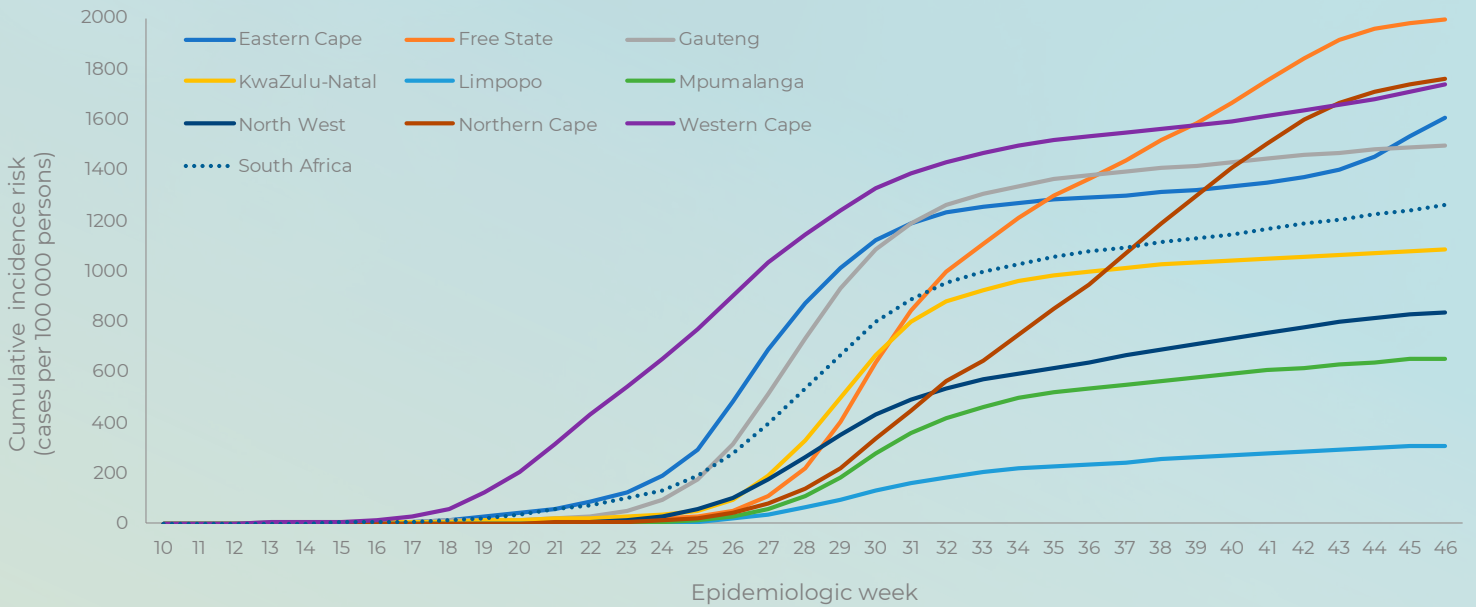


Figure 4. Weekly incidence risk of PCR-confirmed cases of COVID-19 by province and epidemiologic week, South Africa, 3 March-14 November 2020 (n=751 024)

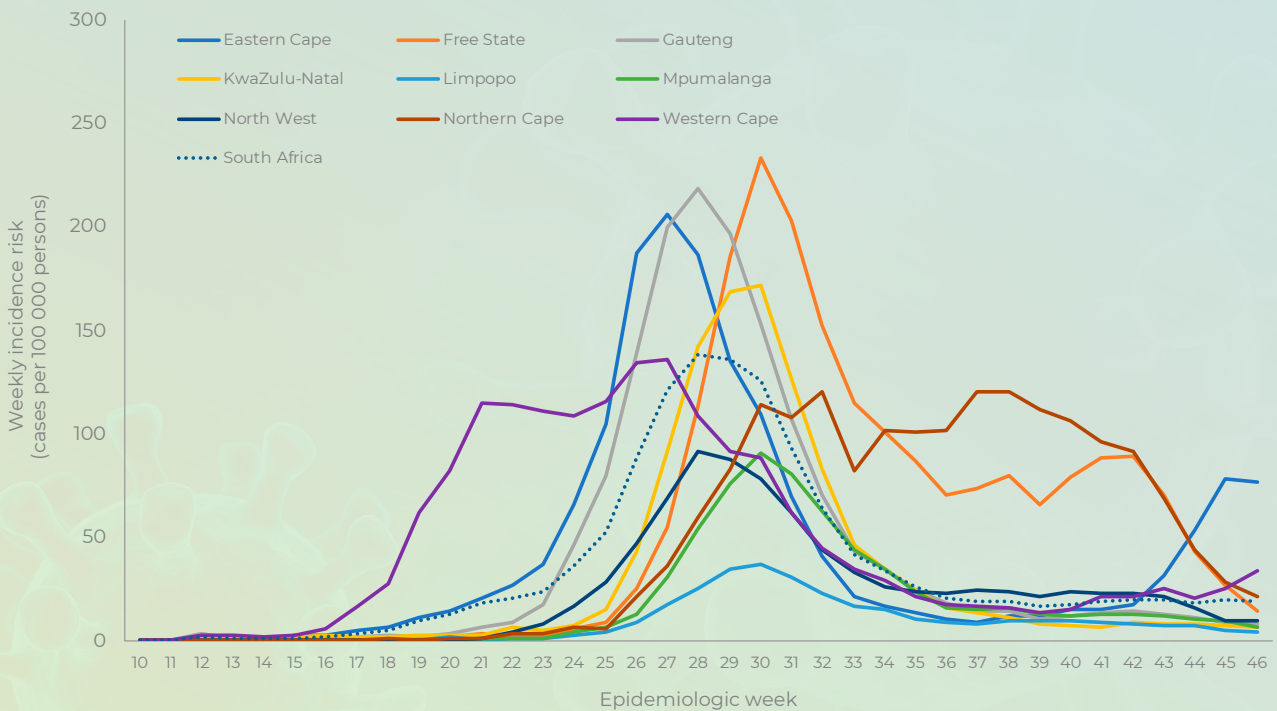
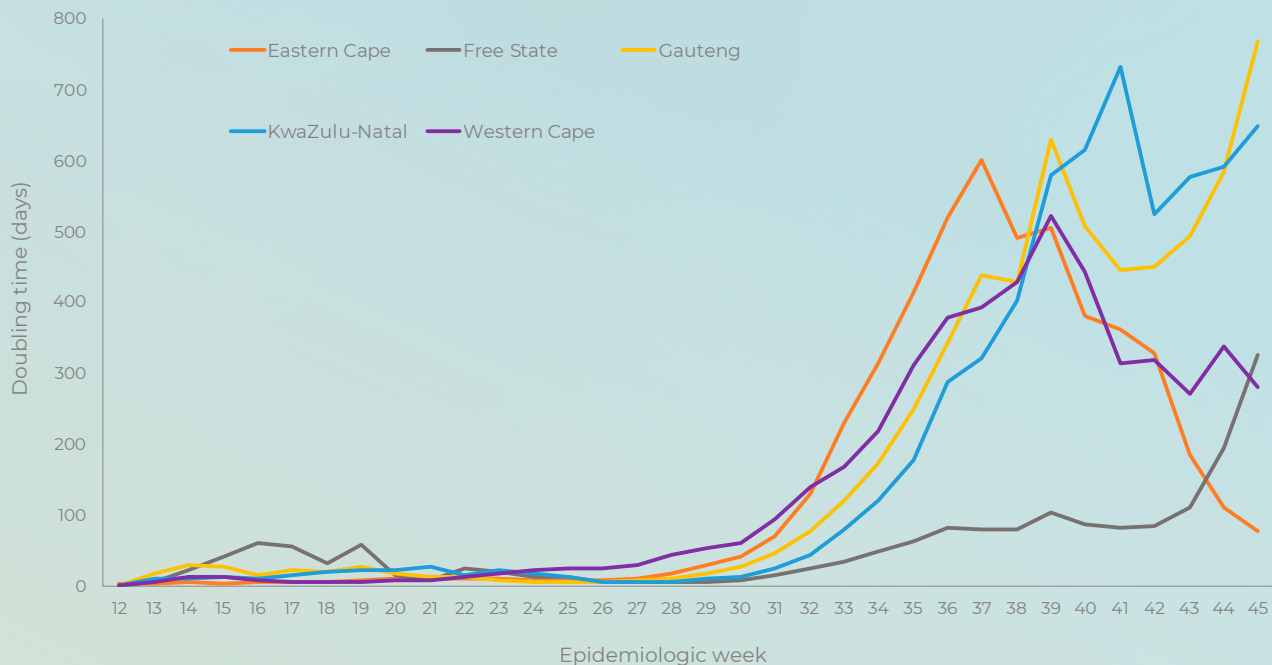


Figure 5. Doubling time of number of PCR-confirmed cases of COVID-19 by province (for 5 provinces with the majority of cases) and epidemiologic week, South Africa, 23 March-7 November 2020 (n=739 916)



Characteristics of COVID-19 cases in South Africa by age and sex

Cases of COVID-19 were reported across all age groups. The median age of COVID-19 cases in South Africa to date was 39 years with an interquartile range (IQR) of 29-52 years. The distribution of cases varied by age, with highest number of all cases to date in the 35-39-year (93 658/745 288, 12.6%) and 30-34-year (91 826/745 288, 12.3%) age groups (Figure 6). Similarly, among the cases reported in the past week, the highest number of cases was in the 35-39-year-age group (1 277/11 034, 11.6%) followed by the 30-34-year age group (1 211/11 034, 11.0%). The median age for cases reported in week 46 was similar (41 years, IQR 29-54), to that of total cases (39 years). The highest cumulative incidence risk remained among cases aged 50-54 years (2 572.6 cases per 100 000 persons), followed by 55-59 years (2 451.1 cases per 100 000 persons) and 45-49 years (2 360.8 cases per 100 000 persons). The lowest cumulative incidence risk was reported in the younger age-groups, 154.9 cases per 100 000 persons and 187.7 cases per 100 000 persons in the 0-4- and 5-9-year age groups, respectively (Figure 7 and Table 2). The highest weekly incidence risk among cases detected in week 46 was reported in cases aged, 55-59 years (39.8 cases per 100 000 persons), followed by cases in the 50-55-year age group (38.9 cases per 100 000 persons) and the lowest weekly incidence risk was in the 0-4-year age group

(1.9 cases per 100 000 persons).

To date, the majority of COVID-19 cases reported were female (58.2%, 433 064/744 557). This trend continued in the past week where 56.3%, (6 219/11 049) of cases were female. The cumulative incidence risk has remained consistently higher among females (1 410.3 cases per 100 000 persons) than among males (1 062.0 cases per 100 000 persons) (Figure 8). The peak cumulative incidence risk was in the same age group in both males and females; 50-54 years (2 711.8 cases per 100 000 persons in females and 2 379.6 cases per 100 000 persons in males) (Figure 9). In week 46, the highest weekly incidence risk for both males and females was in the same age group, 55-59-year- age group (38.8 cases per 100 000 persons in males, and 40.2 cases per 100 000 persons in females). The high prevalence and incidence risk among females could be explained by the fact that females are likely to be more represented in occupations which put them in close proximity to others and thus exposing them to a higher risk of infection (e.g. teaching and health). This may also be partly explained by varying testing practices by age and sex (data not shown) and by different health seeking behaviour.

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Figure 6. Number of laboratory-confirmed cases of COVID-19 by age group and sex, South Africa, 3 March-14 November 2020 (n=744 557, sex/age missing for 6 467)

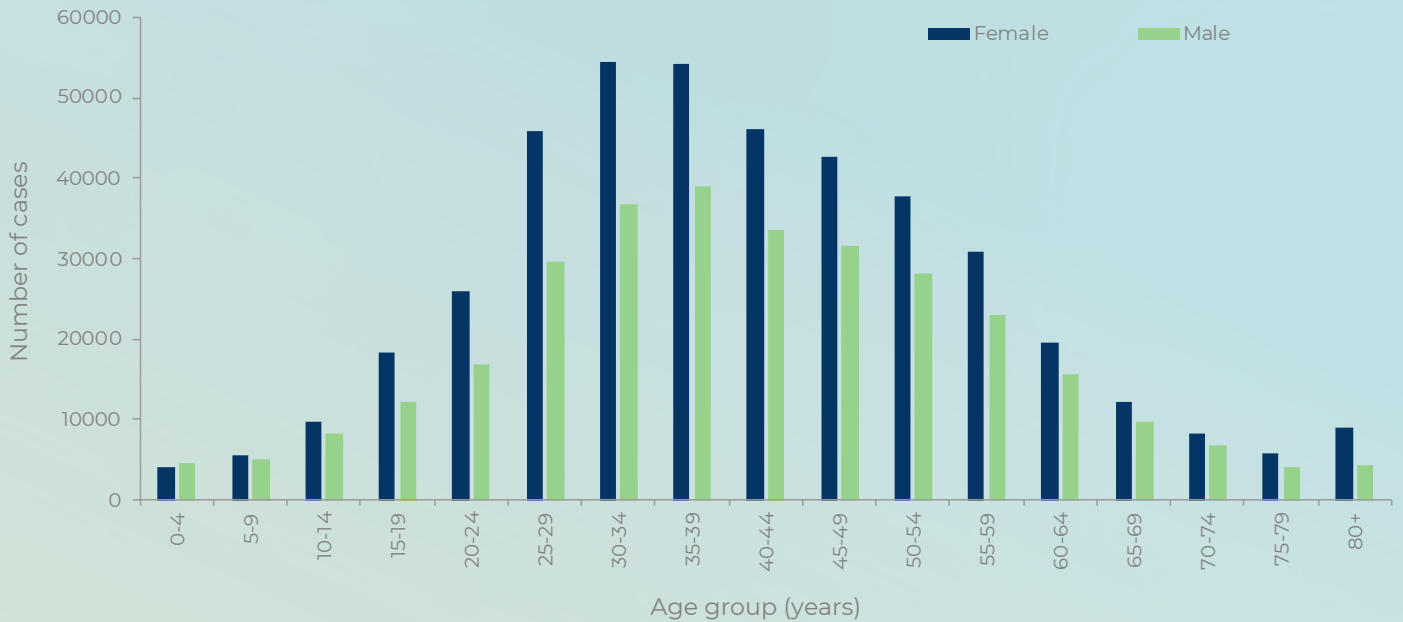
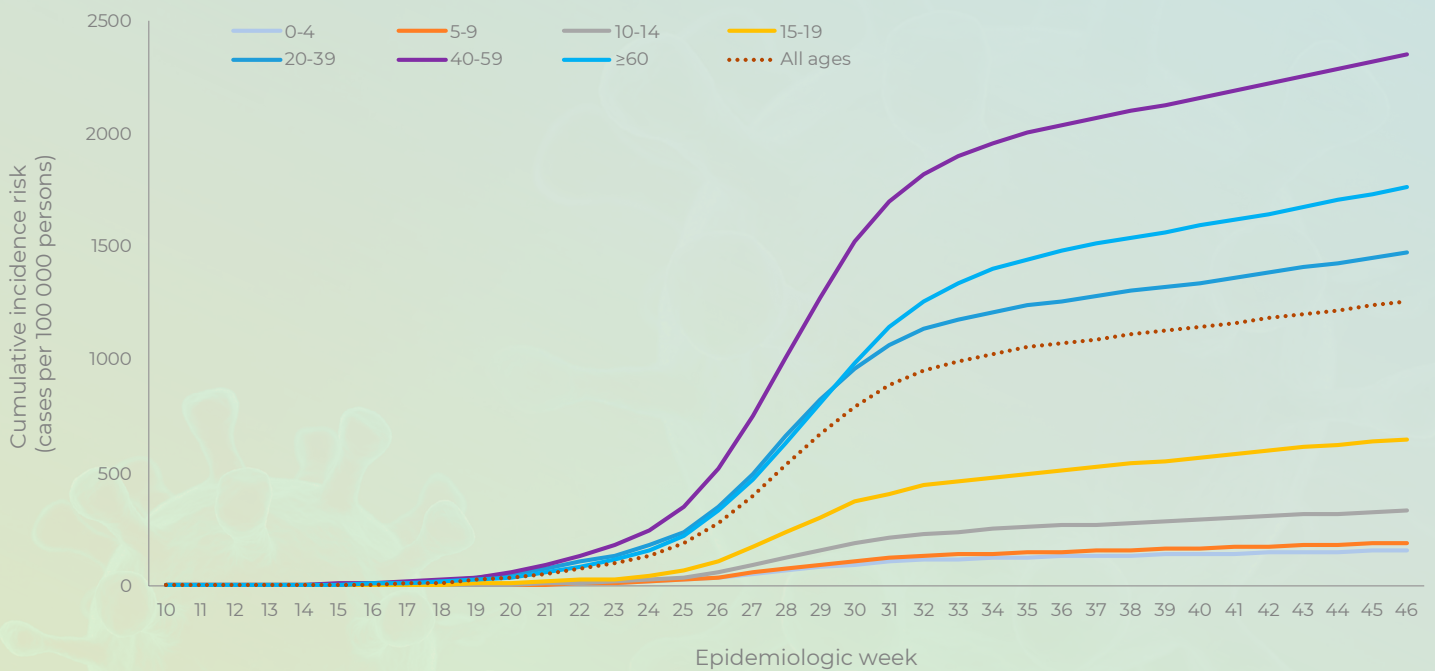


Figure 7. Cumulative incidence risk of PCR-confirmed cases of COVID-19 by age group in years and epidemiologic week, South Africa, 3 March-14 November 2020 (n=745 288, 5 736 missing age)



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Figure 8. Cumulative incidence risk by sex and epidemiologic week, South Africa, 3 March-14 November 2020 (n=744 557, sex missing for 6 467)

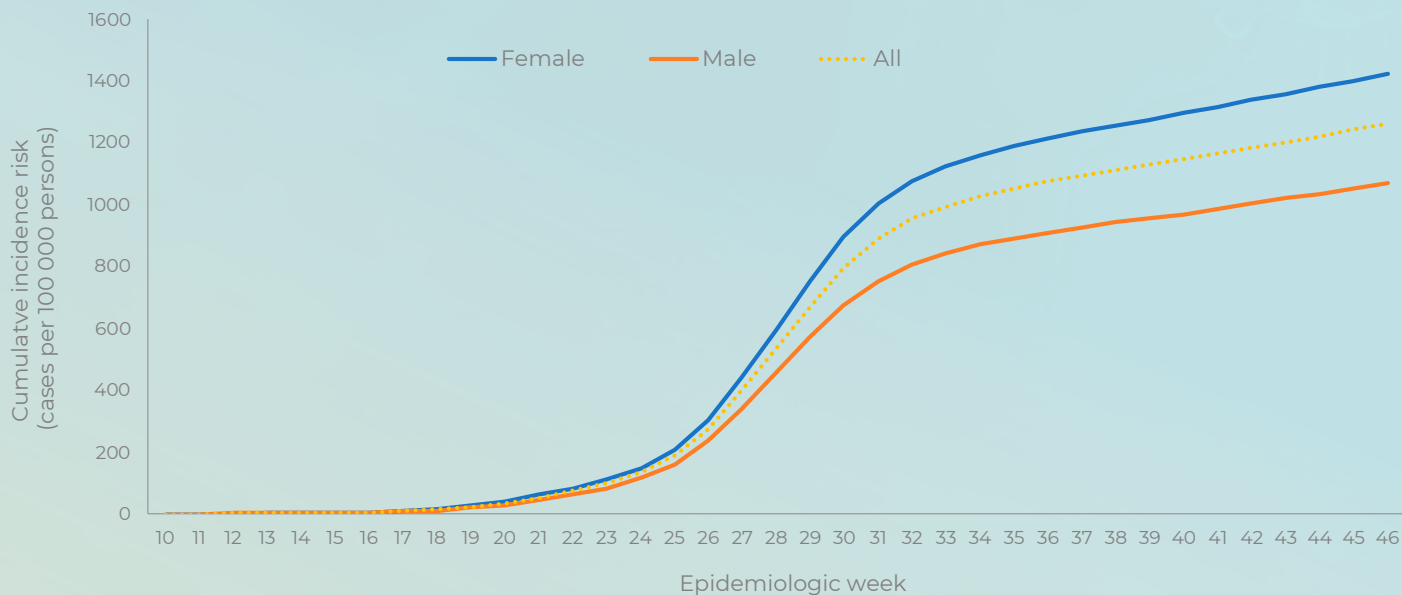
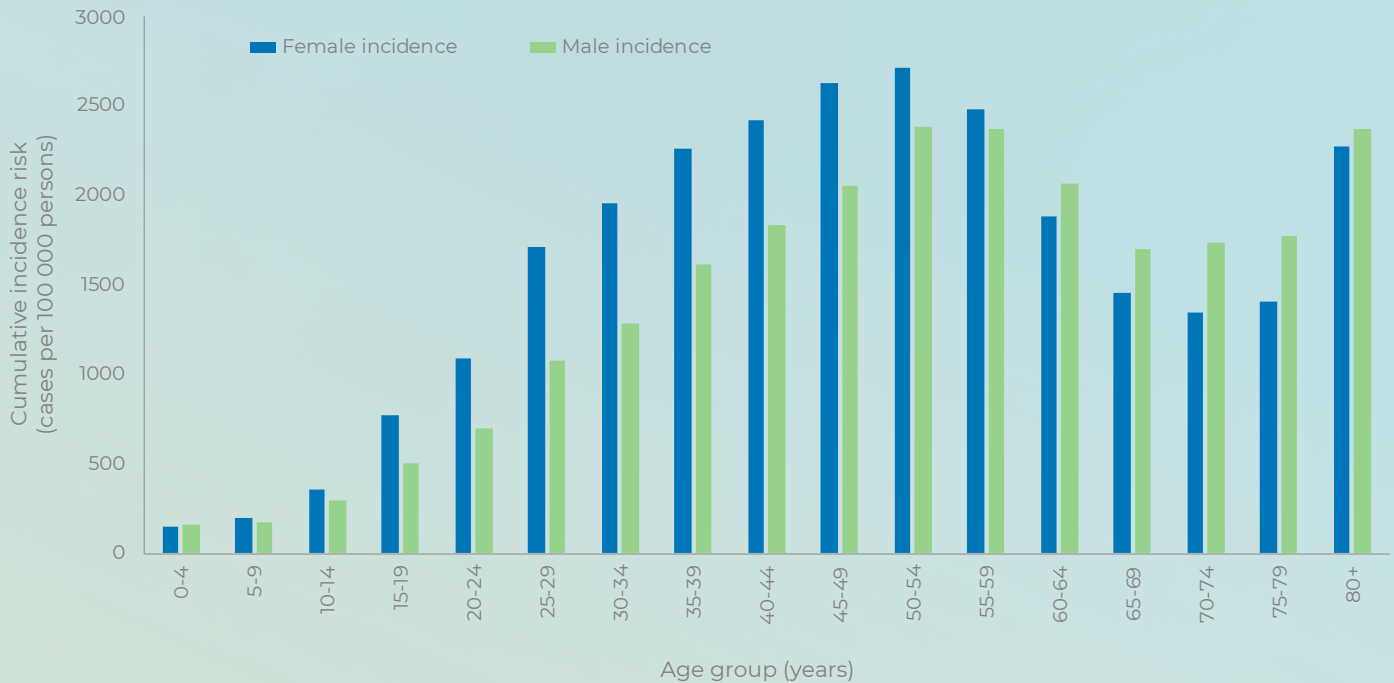


Table 2. Number of laboratory-confirmed cases of COVID-19 and cumulative/weekly incidence risk by age group, South Africa, 3 March-14 November 2020, n= 745 288, 5 736 missing age)

Age group (years)	Cumulative cases (n) (percentage, n/ total cases in South Africa)	New cases ¹ detected in week 46 (8-14 November 2020), n (percentage ² , n/ total)	Population in mid-2020 ³ , n	Cumulative incidence risk (cases per 100 000 persons)	Incidence risk of new cases detected in week 46 (cases/100 000 persons)
0-4	8 895 (1.2)	111 (1.0)	5743 450	154.9	1.9
5-9	10 729 (1.4)	150 (1.4)	5715 952	187.7	2.6
10-14	18 568 (2.5)	284 (2.6)	5591 553	332.1	5.1
15-19	30 839 (4.1)	431 (3.9)	4774 579	645.9	9.0
20-24	43 367 (5.8)	759 (6.9)	4823 367	899.1	15.7
25-29	76 096 (10.2)	1 059 (9.6)	5420 754	1 403.8	19.5
30-34	91 826 (12.3)	1 211 (11.0)	5641 750	1 627.6	21.5
35-39	93 658 (12.6)	1 277 (11.6)	4798 293	1 951.9	26.6
40-44	80 131 (10.8)	1 058 (9.6)	3733 942	2 146.0	28.3
45-49	74 829 (10.0)	1 104 (10.0)	3169 648	2 360.8	34.8
50-54	66 148 (8.9)	1 001 (9.1)	2571 263	2 572.6	38.9
55-59	54 201 (7.3)	881 (8.0)	2211 309	2 451.1	39.8
60-64	35 450 (4.8)	644 (5.8)	1796 316	1 973.5	35.9
65-69	22 101 (3.0)	411 (3.7)	1408 665	1 568.9	29.2
70-74	15 167 (2.0)	289 (2.6)	1007 174	1 505.9	28.7
75-79	9 874 (1.3)	177 (1.6)	637 062	1 549.9	27.8
≥80	13 409 (1.8)	187 (1.7)	577 273	2 322.8	32.4
Unknown	5 736	74			
Total	751 024	11 108	59 622 350	1 259.6	18.6

¹New cases refer to cases whose samples were collected or received in the current reporting week; ²Percentage=n/total number of new cases (specimen collected or received in current reporting week); ³2020 Mid-year population Statistics South Africa

Figure 9. Cumulative incidence risk by age group and sex, South Africa, 3 March-14 November 2020 (n=744 557, sex/age missing for 6 467)



Trends of COVID-19 cases in Eastern Cape and Western Cape Province

Eastern Cape Province and Western Cape Province have contributed 30.6% (230 130/ 751 024) of total cases in South Africa to date. In the past few weeks both provinces have reported an increase in number of new cases and weekly incidence risk.

Eastern Cape Province

Of the 108 313 cases reported from Eastern Cape Province, 95 663 (88.3%) had allocation by district. Nelson Mandela Bay District (27 476/95 663, 28.7%) followed by Buffalo City District (17 464/95 663, 18.3%) contributed the majority of cases in the Eastern Cape Province. In the past week, Nelson Mandela Bay District (263.4 cases per 100 000 persons), followed by Sarah Baartman District (181.1 cases per 100 000 persons), and Buffalo City District (54.3 cases per 100 000 persons) reported the highest weekly incidence risk. In week 46, four districts, the Buffalo City District (16.4 cases per 100 000, 43.1% increase), Alfred Nzo District (2.2 cases per 100 000 persons, 60.0% increase), O.R Tambo District (0.8 cases per 100 000 persons, 30.0% increase), and

Amathole District (0.4 cases per 100 000 persons, 1.8% increase) reported an increase in weekly incidence risk, and four other districts reported a decline in weekly incidence risk, compared to week 45. The decline in weekly incidence risk ranged from 14.3 cases per 100 000 persons in Nelson Mandela Bay District to 2.0 cases per 100 000 persons in Joe Gqabi District (Figure 10). The weekly incidence risk for Nelson Mandela Bay district increased sharply from week 42 to week 45. Sarah Baartman District showed a gradual increase from week 39 to week 42, when it increased sharply to week 45. The apparent decrease in number of cases and weekly incidence risk reported from these two districts in the past week is possibly due to delays in reporting. The majority of cases from Eastern Cape Province were in the 40-59-year age group (40 416/107 457, 37.6%) followed closely by the 20-39-year old age group (39 852/107 457, 37.1%). In the past week, individuals in the 40-59-year age group (166.2 cases per 100 000 persons), followed by ≥60-year age group (112.3 cases per 100 000 persons), 20-39-year-age group (94.5 cases per 100 000 persons), and 15-19-year-age group (33.9 cases per 100 000 persons) reported the highest weekly incidence risk, all other age groups reported weekly incidence risk below 20 cases per 100 000 persons. Compared to the

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previous week, two age groups (40-59 and ≥ 60 -year-age groups) reported an increase in weekly incidence risk, the increase ranged from 8.1 cases per 100 000 persons in the 40-59-year-age group (5.1% increase) to 3.0 cases per 100 000 persons (2.7% increase) in the ≥ 60 -year-age group (Figure 11).

Figure 10. Weekly incidence risk of PCR-confirmed cases of COVID-19 by district and epidemiologic week, Eastern Cape Province, 3 March-14 November 2020 (n= 95 663, 12 650 missing district)

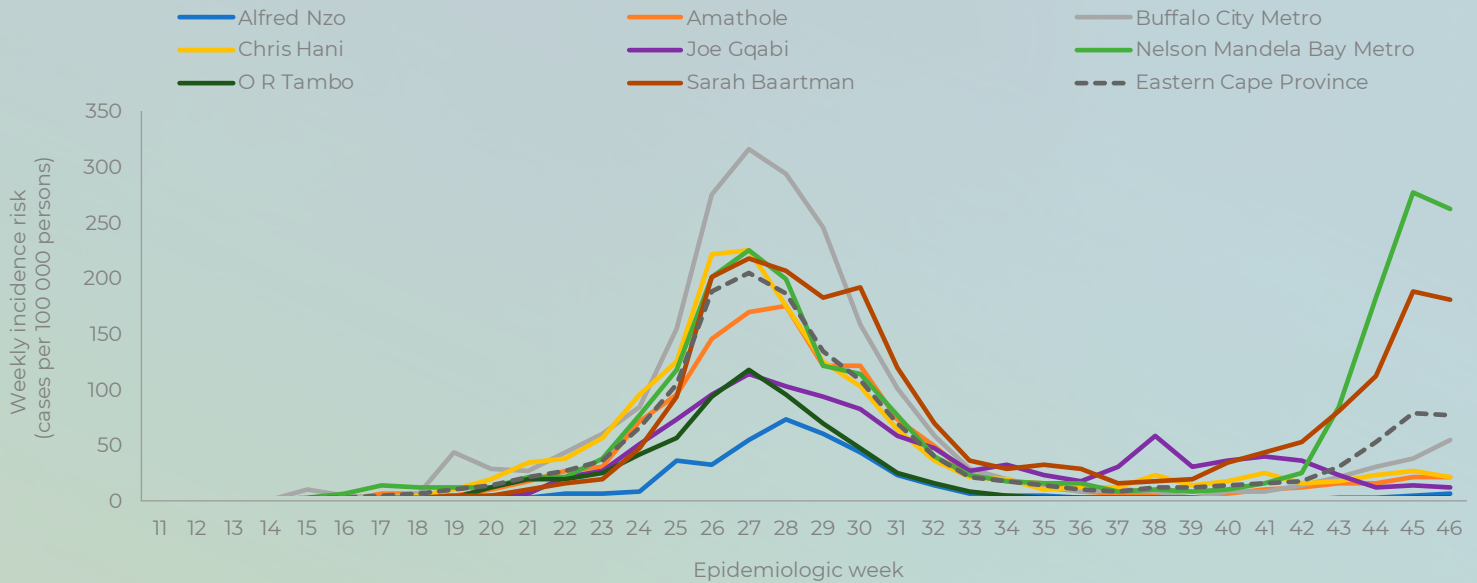
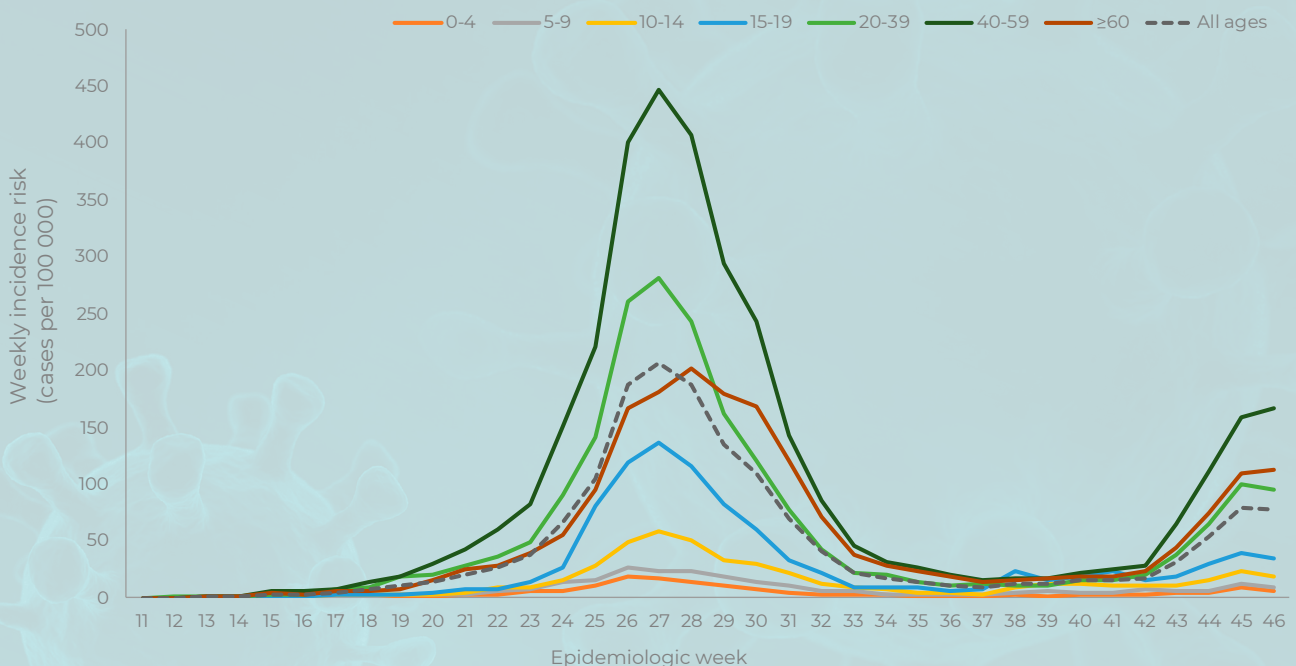


Figure 11. Weekly incidence risk of PCR-confirmed cases of COVID-19 by age group in years and epidemiologic week, Eastern Cape Province, 3 March-14 November 2020 (n= 107 457, 856 missing age)



Western Cape Province

Of the 121 817 cases reported from Western Cape Province, 110 898 (91.0%) of cases had allocation by district. City of Cape Town District (79 731/110 898, 71.9%) followed by Cape Winelands District (11 677/110 898, 10.5%) contributed the majority of cases, all other districts contributed <10% each. The highest weekly incidence risk in week 46 was reported by Garden Route District (131.8 cases per 100 000 persons) followed by Central Karoo District (30.6 cases per 100 000 persons), and City of Cape Town District (25.4 cases per 100 000 persons) (Figure 12). The number of new cases in Garden Route District increased sharply from week 44 to date, whereas other districts showed a gradual increase from week 45.

The majority of cases from Western Cape Province were in the 20-39-year old age group (50 797/121 373, 41.9%) followed by the 40-59-year age group (44 837/121 373, 36.9%). In the past week, the 40-59-year age group (51.5 cases per 100 000 persons), followed by ≥60-year age group (50.3 cases per 100 000 persons), and 20-39-year age group (40.6 cases per 100 000 persons) reported the highest weekly incidence risk. The weekly incidence risk in all other age groups was below 15 cases per 100 000 persons. In week 46, four age groups (40-59-year-age, 20-39-year-age, 15-19-year-age and ≥60-year-age groups) reported an increase in weekly incidence risk, compared to week 45. The increase ranged from 16.2 cases per 100 000 persons (45.8% increase) in 40-59-year age group to 2.6 cases per 100 000 persons (24.5% increase) in 15-19-year age group (Figure 13).

Figure 12. Weekly incidence risk of PCR-confirmed cases of COVID-19 by district and epidemiologic week, Western Cape Province, 3 March-14 November 2020 (n= 110 898, 10 919 missing district)

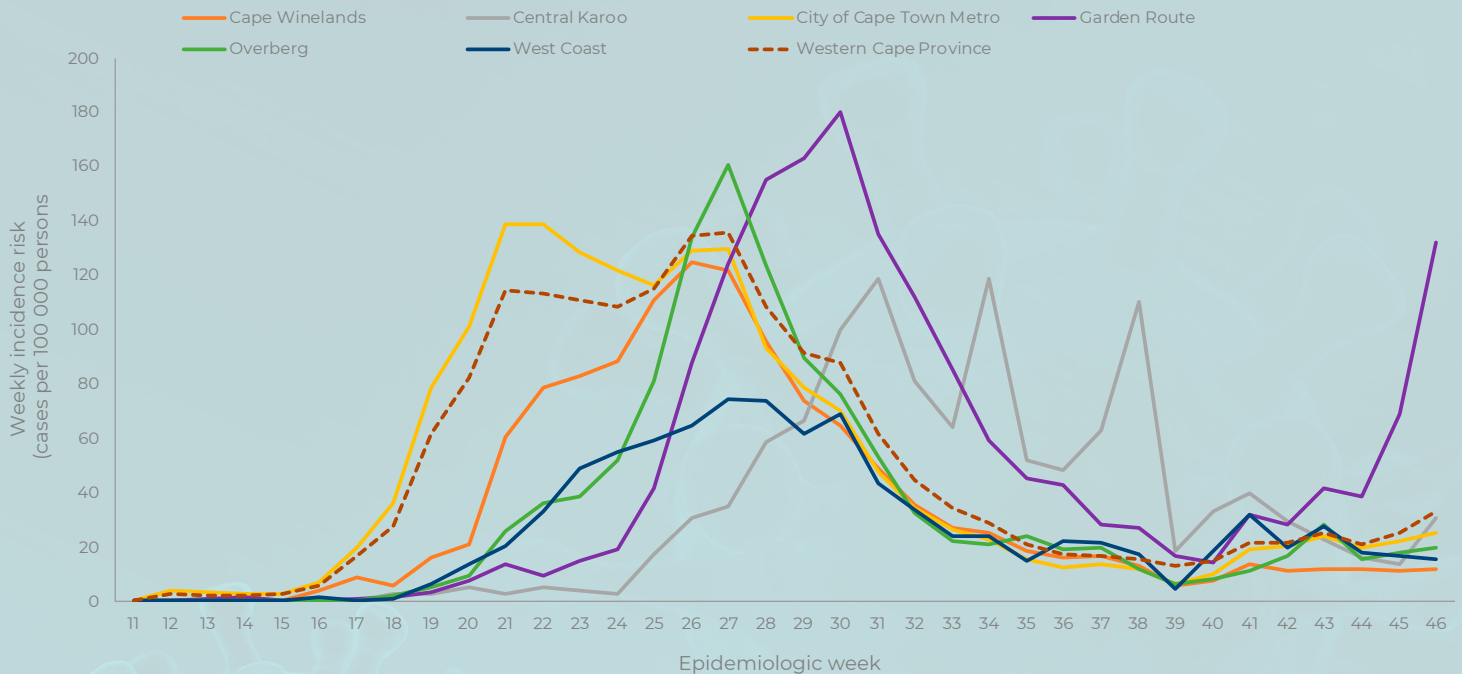
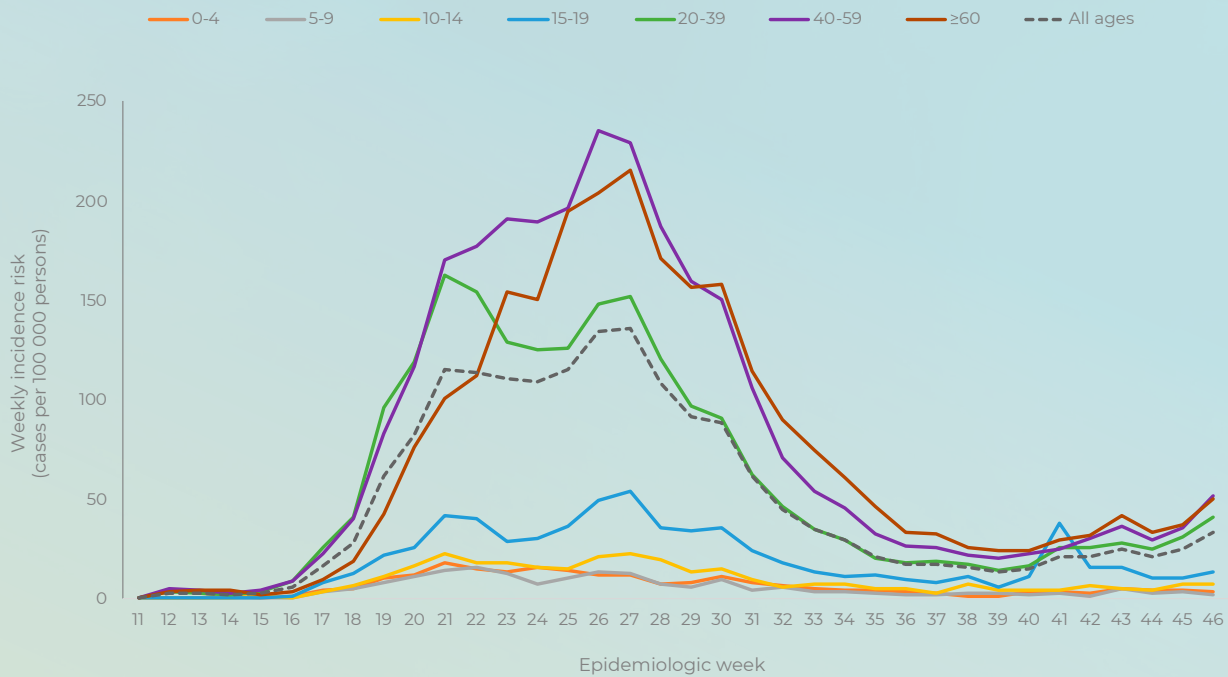


Figure 13. Weekly incidence risk of PCR-confirmed cases of COVID-19 by age group in years and epidemiologic week, Western Cape Province, 3 March-14 November 2020 (n= 121 373, 444 missing age)



Limitations

This report is based on laboratory-based surveillance of PCR-confirmed cases. The number of reported cases is heavily dependent on testing practices. Although trends over time and comparisons by geographic area are presented in this report, changes in testing practices over time or differences by region may partially explain the results. The crude case-fatality ratio reported here is subject to numerous limitations: it is likely to be an underestimation as reporting of deaths may be delayed and deaths which occurred outside health facilities may be missed. Differences in health-seeking behaviour by age group and sex could also contribute to observed differences in case numbers between groups. The reported doubling time estimates are affected by the number of tests conducted; if fewer tests are performed, this will also increase the doubling time estimate.

Delays in reporting may result in incomplete data for recent weeks, leading to an apparent reduction in number of cases.

Conclusions

The number of newly detected laboratory-confirmed cases of COVID-19 in South Africa continued to decrease week on week, since week 28 in seven provinces. In the Eastern Cape Province a steep increase in number of new cases and weekly incidence risk was reported from week 43 to week 45, which seems to have stabilised in week 46, possibly related to reporting delays. From week 40 to date, the Western Cape Province showed a gradual increase in number of new cases and weekly incidence risk.

To date, 751 024 cases, including 20 241 deaths have been reported. The weekly incidence risk of cases per 100 000 persons continued to decrease compared to the preceding week, except for Western Cape Province which reported an increase, however delays in reporting could possibly have masked increases in other provinces.