INTERNATIONAL OUTBREAKS OF IMPORTANCE

Resurgence of COVID-19 cases in Eastern Cape Province, November 2020

The Eastern Cape Province, in South Africa, with an estimated population of 6 734 001 people in 2020, reported its first case of COVID-19 on 8 March 2020 (epidemiologic week 11). From 8 March through 21 November (week 47), there were 117 374 cases of COVID-19 reported from Eastern Cape Province, of which 104 134 (88.7%) had allocation by district. At the start of the pandemic the weekly incidence risk of cases was 0.01 cases per 100 000 persons and it increased steadily and peaked in week 27 (week ending on 4 July 2020) (206 cases per 100 000 persons). From week 28 there was a steady decline in weekly incidence risk until week 37 (8.9 cases per 100 000 persons). There has been a resurgence of cases from week 38 to 46 (11.6 to 99.4 cases per 100 000 persons), with a steep increase reported from week 43 to week 46 (Figure 2). The reduction in numbers in week 47 may be as a result of delayed reporting and it is unclear when the resurgence will peak.

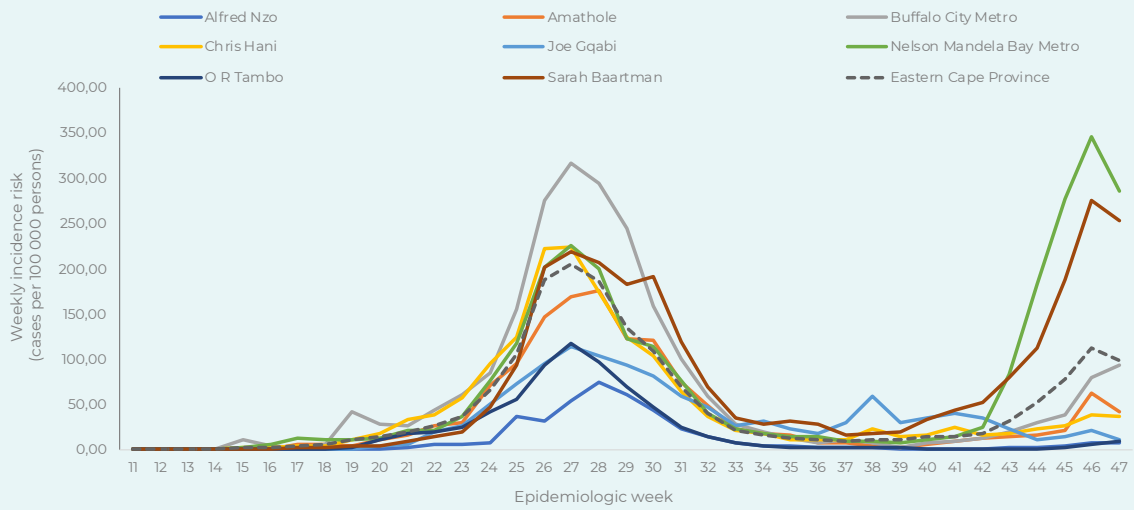

Figure 2. Weekly incidence risk of PCR-confirmed cases of COVID-19 by district and epidemiologic week, Eastern Cape Province, South Africa, 8 March-21 November 2020 (n=117 374, 13 240 missing district)

Almost half of the new cases detected in South Africa in week 47 (6 695/13 539, 49.4%), were from the Eastern Cape Province. The first wave in Eastern Cape peaked in week 27, incidence risk 205.5 cases per 100 000 persons with highest incidence risk reported in Buffalo City Metro (315.8 cases per 100 000), followed by Nelson Mandela Bay (225.6 cases per 100 000), and Chris Hani (224.6 cases per 100 000). The overall second peak in incidence risk of cases from the Eastern Cape in week 46 was lower (111.9 cases per 100 000) than the peak in week 27. However, the peak incidence risk reported in week 46 from two of the three districts contributing to the resurgence in cases was higher than that reported during the first peak, Nelson Mandela Bay (345.0 vs 266.0 cases per 100 000) and Sarah Baartman District (274.7 vs 218.1 cases per 100 000 persons). Buffalo City Metro (79.7 cases per 100 000) contributed the third highest incidence risk in week 46. (Table 1).

The majority of cases in the first wave (week 11-37) were in the 20-39- (32 622/87 499, 37.3%) and 40-59-year (33 199/87 499, 37.9%) age groups. Similarly during the resurgence in the past few weeks majority of cases were in the 20-39- (10 309/29 875, 34.5%) and 40-59-year (10 607/29 875, 35.5%) age groups.

Source: Centre for Respiratory Diseases and Meningitis, NICD-NHLS; cherylc@nicd.ac.za

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Table 1. Number and incidence risk (cumulative/weekly) of laboratory-confirmed cases of COVID-19, hospitalisations and deaths per 100 000 population during the first wave (week 11-37) and second wave (week 38-47) by district, Eastern Cape, South Africa, 3 March-21 November 2020 (n=117 374, 13 240 missing district)

District	Cumulative number of cases in Eastern Cape Province to date	Number of cases in weeks 11-37	Number of of cases in weeks 38-46	Population mid-2020*	First wave peak weekly incidence risk of cases per 100,000 population (week 27)	Second wave peak weekly incidence risk of cases per 100,000 population (week 46)	First wave peak weekly incidence risk of admissions** per 100 000 population (week 28)	Second wave peak weekly incidence risk of admissions per 100 000 population (week 46)	First wave peak weekly incidence risk of deaths** per 100,000 population (week 30)	Second wave peak weekly incidence risk of deaths** per 100 000 population (week 47)
Alfred Nzo	3 411	3 172	239	832 248	56.5	7.6	8.3	1.8	1.3	0.2
Amathole	11 073	9 544	1 529	799 205	169.2	62.6	11.0	3.9	3.4	0.4
Buffalo City Metro	18 415	15 990	2 425	800 874	315.8	79.7	43.3	13.6	12.5	3.5
Chris Hani	12 011	10 292	1 719	727 652	224.6	38.1	15.7	7.0	6.7	1.5
Joe Gqabi	4 112	3 139	973	344 967	114.8	20.9	3.8	0.3	2.0	0.0
Nelson Mandela Bay Metro	31 934	16 877	15 057	1 213 060	225.6	345.0	38.3	50.1	11.2	11.9
O R Tambo	10 565	10 136	249	1 532 174	117.4	5.6	5.2	1.6	1.7	0.5
Sarah Baartman	12 613	7 414	5 199	483 821	218.1	274.7	14.9	8.7	3.5	3.3
Unallocated	13 240	10 935	2 305	-	-	-	-	-	-	-
Grand Total	117 374	87 499	29 875	6 734 001	205.5	111.9	40.9	29.8	5.5	3.1

2020 Mid-year population Statistics South Africa;Data on hospital admissions and deaths sourced from DATCOV report published in week 47, hospitalisations and deaths are expected to be delayed in relation to cases, in addition there may be delays in reporting.*

Hospital admissions for COVID-19 cases in Eastern Cape peaked in week 28 (18.5 cases per 100 000 persons) and in week 46 (13.1 cases per 100 000 persons) during the first and second waves respectively. Nelson Mandela Bay and Buffalo City districts contributed the majority of hospital admissions in both waves. However the peak weekly incidence risk of admissions in Nelson Mandela Bay (50.1 cases per 100 000 persons) during the current resurgence was higher than that reported during the 1st peak (38.3 cases per 100 000 persons) in week 28. The peak incidence risk of hospitalisations in Buffalo City (13.6 cases per 100 000 persons) during the current resurgence was lower that reported during the first peak (43.3 cases per 100 000 persons). The peak weekly incidence risk of deaths reported in Eastern Cape Province was in weeks 30 and 47 for the first and second wave, respectively. Buffalo City and Nelson Mandela Bay districts reported the majority of deaths during both peaks. The peak incidence risk of deaths was lower during the second wave compared to the first wave in Buffalo City District (3.5 vs 12.5 cases per 100 000) and was similar in Nelson Mandala Bay Dstrict (11.9 vs 11.2 cases per 100 000). Testing rates peaked to 522.7 tests per 100 000 in week 26 (first wave) and to 253.0 tests per 100 000 in week 46 (second wave)[1].

This summary highlights an increase in the burden of COVID-19 cases in Eastern Cape Province currently, mainly driven by two districts, Nelson Mandela Bay Metro and Sarah Baartman Districts, with incidence risk of cases exceeding those reported during the first wave in some districts. In addition the incidence risk of hospitalisation in Nelson Mandela Bay was also much higher during the second wave[2]. To date in-hospital deaths reported during the second wave are lower compared to the first wave, however, this could be due to a delay in deaths and a delay in reporting of deaths. With increasing numbers of cases, strengthening the capacity of facilities to cope with increasing demand for admissions is recommended.

References

1.https://www.nicd.ac.za/wp-content/uploads/2020/11/COVID-19-Testing-Summary-Week-46-Nov-2020.pdf

2.https://www.nicd.ac.za/wp-content/uploads/2020/11/NICD-COVID-19-Weekly-Sentinel-Hospital-Surveillnace-update-Week-46-2020-updated.pdf

Source: Centre for Respiratory Diseases and Meningitis (CRDM), National Institute for Communicable Diseases, Johannesburg, South Africa.