COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division of the National Health Laboratory Service

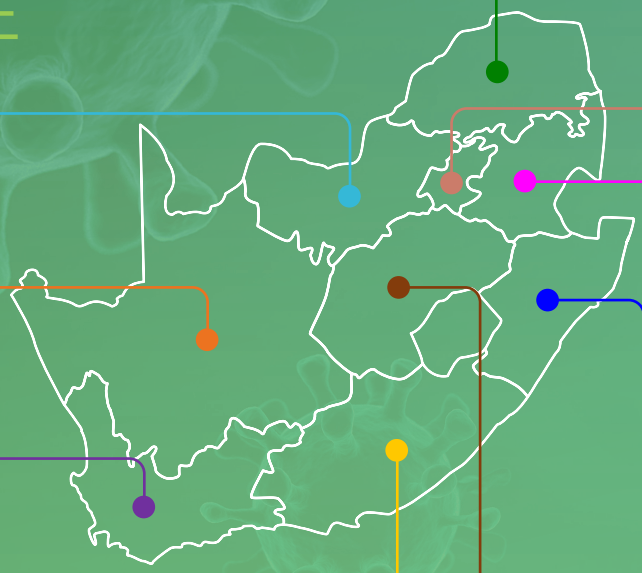
SOUTH AFRICA | WEEK **10** 2021

CUMULATIVE DATA FROM

03 MARCH 2020 — 13 MARCH 2021

CASES	PERSONS
1 529 420 IN TOTAL	2 565,2 INCIDENCE RISK*
6 599 THIS WEEK**	40 MEDIAN AGE

PROVINCES AT A GLANCE



NORTH WEST
CASES: 62 158 IN TOTAL | 1 512,8 /100,000*

NORTHERN CAPE
CASES: 34 894 IN TOTAL | 2 699,1 /100,000*

WESTERN CAPE
CASES: 280 031 IN TOTAL | 3 997,2 /100,000*

EASTERN CAPE
CASES: 194 333 IN TOTAL | 2 885,8 /100,000*

LIMPOPO
CASES: 62 685 IN TOTAL | 1 071,1 /100,000*

GAUTENG
CASES: 409 173 IN TOTAL | 2 641,8 /100,000*

MPUMALANGA
CASES: 72 878 IN TOTAL | 1 557,3 /100,000*

KWAZULU-NATAL
CASES: 331 854 IN TOTAL | 2 877,8 /100,000*

FREE STATE
CASES: 81 414 IN TOTAL | 2 779,7 /100,000*

* **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 13 March 2021 (week 10 of 2021). 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 13 March 2021, a total of 1 529 420 laboratory-confirmed COVID-19 cases had been detected in South Africa. Of these, 8 352 were cases reported since the last report (week 9 of 2021). There was a 14.4% decrease in number of new cases detected in week 10 of 2021 (6 599) compared to the number of new cases detected in week 9 of 2021 (7 712), possibly related in part to delays in reporting.
- An additional 648 deaths were reported since the last report. The overall case-fatality ratio is 3.4% (51 326/1 529 420).
- In the past week, the Gauteng Province reported the highest proportion of the new cases detected (1 865/6 599, 28.3%), followed by the Western Cape Province (1 019/6 599, 15.4%), and the KwaZulu-Natal Province (995/6 599, 15.1%).
- In the past week, two provinces reported an increase in weekly incidence risk, the Free State Province (1.4 cases per 100 000 persons, 6.4% increase) and the Northern Cape Province (11.6 cases per 100 000 persons, 43.6% increase), and other provinces continued reporting a decrease in weekly incidence risk, compared to the previous week. The decrease ranged from 0.6 cases per 100 000 persons (4.5% decrease) in the North West Province to 4.1 cases per 100 000 persons (32.2% decrease) in the KwaZulu-Natal Province.
- In the past week, the Northern Cape Province reported the highest weekly incidence risk (38.2 cases per 100 000 persons), followed by the Free State Province (22.6 cases per 100 000 persons), and the Western Cape Province (14.5 cases per 100 000 persons).

INCIDENCE RISK FOR CURRENT WEEK

11,1

CASES PER 100 000 PERSONS

28,3%

OF CASES REPORTED IN GAUTENG IN CURRENT WEEK

IN CURRENT WEEK, THE HIGHEST WEEKLY INCIDENCE RISK WAS IN CASES AGED 55-59 YEARS (22,7 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. Testing for SARS-CoV-2 using rapid antigen-based tests was implemented during November 2020. 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 or antigen test. For reports published from week 41 of 2020 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 of 2020, 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 of 2020 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 13 March 2021, a total of 1 529 420 laboratory-confirmed COVID-19 cases were reported in South Africa (Figures 1 and 2). This is 8 352 more cases than the number reported in the last report (week 9 of 2021 report). The number of new cases detected in week 10 of 2021 (6 599) was lower than the number of new cases detected in week 9 of 2021 (7 712), this represented a 14.4% decrease in the number of new cases compared to the previous week, possibly in part related to delays in reporting. In the past week, the Gauteng Province reported the highest number of new cases (1 865/6 599, 28.3), followed by the Western Cape Province (1 019/6 599, 15.4%) and the KwaZulu-Natal Province (995/6 599, 15.1%) (Table 1). Five provinces, Gauteng (409 173/1 529 420, 26.8%), KwaZulu-Natal (331 854/1 529 420, 21.7%), Western Cape (280 031/1 529 420, 18.3%), Eastern Cape (194 333/1 529 420, 12.7%), and Free State (81 414, 5.3%) continued to report the majority (1 296 805/1 529 420, 84.8%) 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 9 to week 10 of 2021.

The cumulative incidence risk for the country increased from 2 554.1 cases per 100 000 persons in week 9 of 2021 to 2 565.2 cases per 100 000 persons in week 10 of 2021. The cumulative incidence risk varied by province over time (Figure 3). This is partly explained by testing differences by province (Table 1). The Western Cape Province reported

the highest cumulative incidence risk (3 997.2 cases per 100 000 persons), followed by the Eastern Cape Province (2 885.8 cases per 100 000 persons), the KwaZulu-Natal Province (2 877.8 cases per 100 000 persons), the Free State Province (2 779.7 cases per 100 000 persons), the Northern Cape Province (2 699.1 cases per 100 000 persons), and the Gauteng Province (2 641.8 cases per 100 000 persons). The other provinces continued to report cumulative incidence risk below 2 000 cases per 100 000 persons, with Limpopo Province reporting the lowest cumulative incidence risk (1 071.1 cases per 100 000 persons).

Similar to the past four weeks, the Northern Cape Province reported the highest weekly incidence risk (38.2 cases per 100 000 persons) in week 10 of 2021, followed by the Free State Province (22.6 cases per 100 000 persons), and the Western Cape Province (14.5 cases per 100 000 persons). In the past week, two provinces reported an increase in weekly incidence risk, the Free State Province (1.4 cases per 100 000 persons, 6.4% increase) and the Northern Cape Province (11.6 cases per 100 000 persons, 43.6% increase), and other provinces continued reporting a decrease in weekly incidence risk, compared to the previous week. The decrease in weekly incidence risk ranged from 0.6 cases per 100 000 persons (4.5% decrease) in the North West Province to 4.1 cases per 100 000 persons (32.2% decrease) in the KwaZulu-Natal Province (Figure 4). Some of the reductions in week 10 of 2021 weekly incidence risk could be as a result of reporting delays.

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 9 of 2021, the estimated doubling time of number of cases increased in all provinces. The doubling time increased in the Eastern Cape Province (from 4 105.5 days to 4 327.2, 5.4% increase), the KwaZulu-Natal Province (from 732.3 days to 1 010.5 days, 38.0% increase), the Western Cape Province (from 836.3 days to 981.6 days, 17.4% increase), Gauteng Province (from 705.3 days to 798.2 days, 13.2% increase), and Free State Province (from 547.8 days to 561.8 days, 2.6%% increase) (Figure 5).

The case-fatality ratio (CFR) was 3.4% (51 326/1 529 420); an additional 648 deaths were reported since the last report. The number of deaths reported in the past week was lower than the number reported in the previous week, 648 deaths compared to 685 deaths. A 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 CFR may increase as a result of a more rapid reduction in the denominator compared to the numerator. The CFR may be an underestimate as deaths in hospital are more likely to be reported than deaths out of hospital. In addition, occurrence and reporting of deaths may be delayed to several weeks after case diagnoses.

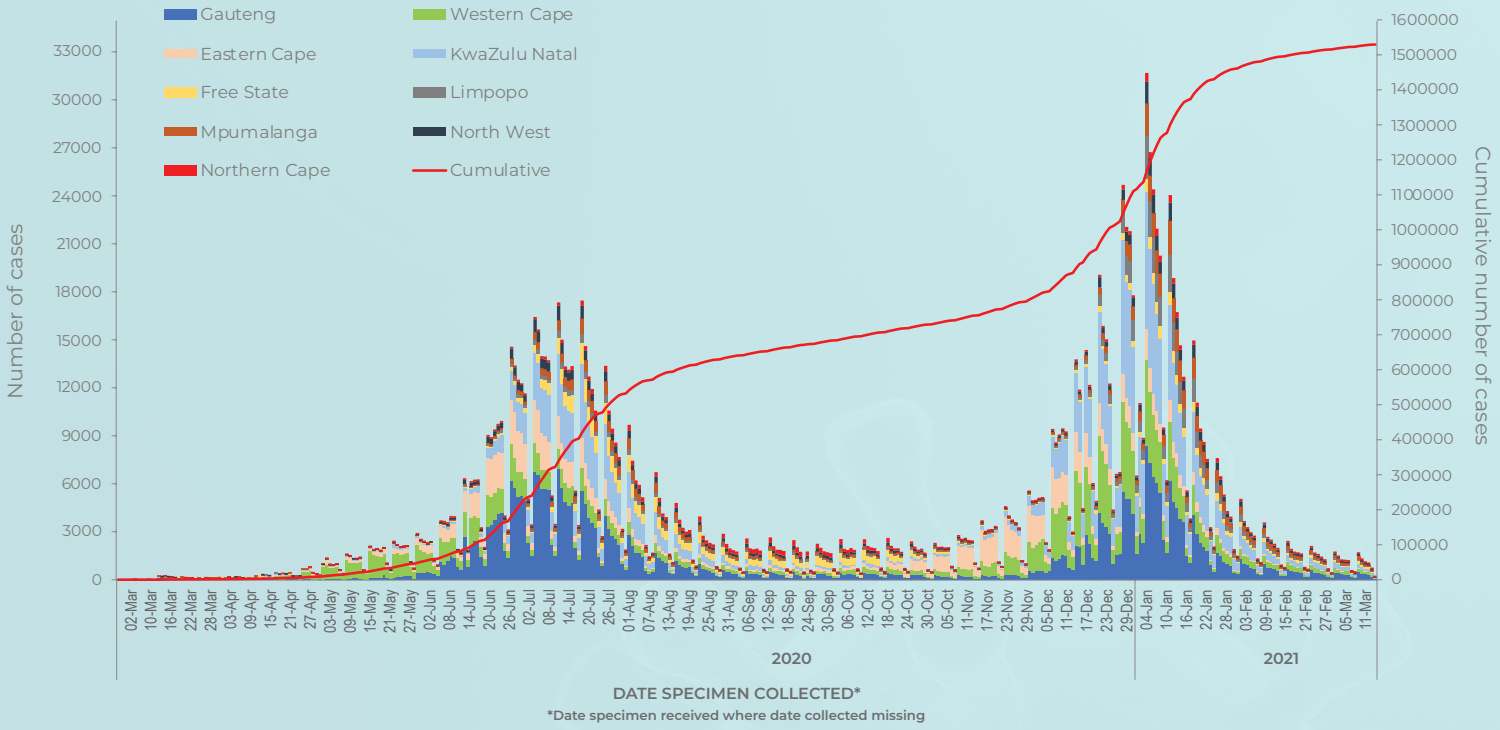


Figure 1. Number and cumulative number of laboratory-confirmed cases of COVID-19 by province and date of specimen collection, South Africa, 3 March 2020 – 13 March 2021 (n=1 529 420)

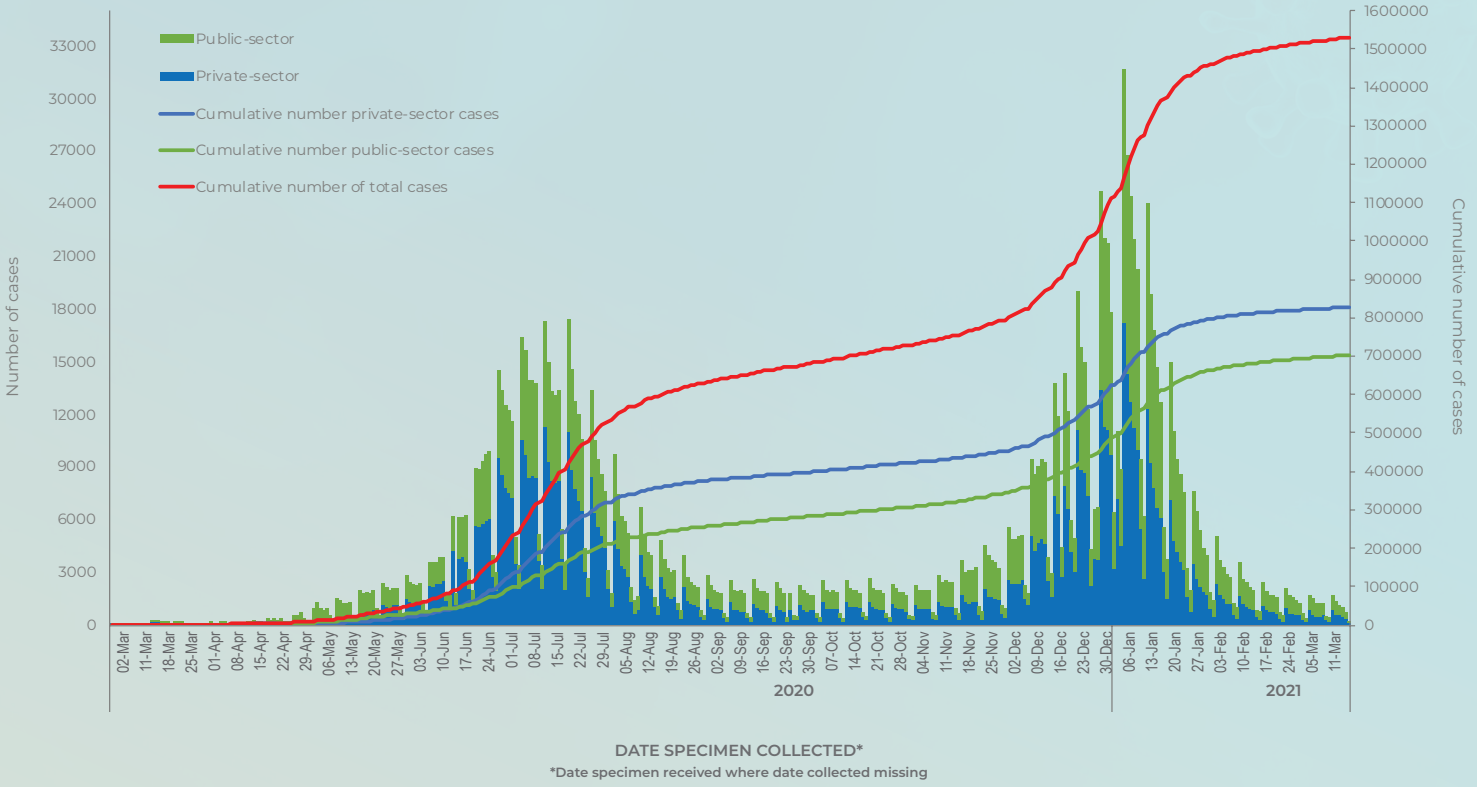


Figure 2. Number and cumulative number of laboratory-confirmed cases of COVID-19, by testing laboratory sector and date of specimen collection, South Africa, 3 March 2020 – 13 March 2021 (n=1 529 420)

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 2020 – 13 March 2021 (n=1 529 420)

Province	Cumulative cases (n) (percentage, n/ total cases in South Africa)	New cases[1] detected in week 10 (7-13 Mar 2021), 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 10 of 2021 (cases/100 000 persons)	Tests[4] per 100 000 persons, 7-13 Mar 2021
Eastern Cape	194 333 (12.7)	128 (1.9)	6 734 001	2 885.8	1.9	168.9
Free State	81 414 (5.3)	662 (10.0)	2 928 903	2 779.7	22.6	340.5
Gauteng	409 173 (26.8)	1 865 (28.3)	15 488 137	2 641.8	12.0	379.3
KwaZulu-Natal	331 854 (21.7)	995 (12.1)	11 531 628	2 877.8	8.6	334.2
Limpopo	62 685 (4.1)	229 (3.5)	5 852 553	1 071.1	3.9	76.8
Mpumalanga	72 878 (4.8)	673 (10.2)	4 679 786	1 557.3	14.4	185.5
North West	62 158 (4.1)	534 (8.1)	4 108 816	1 512.8	13.0	218.3
Northern Cape	34 894 (2.3)	494 (7.5)	1 292 786	2 699.1	38.2	467.9
Western Cape	280 031 (18.3)	1 019 (15.4)	7 005 741	3 997.2	14.5	388.5
Unknown			0			
Total	**1 529 420**	**6 599**	**59 622 350**	**2 565.2**	**11.1**	**291.9**

[1]New cases refer to cases whose samples were collected or received in the current reporting week; [2]Percentage=n/total number of new cases (specimen collected or received in current reporting week); [3]2020 Mid-year population Statistics South Africa [4]Data on number of tests conducted sourced from COVID-19 weekly testing report of the same reporting week

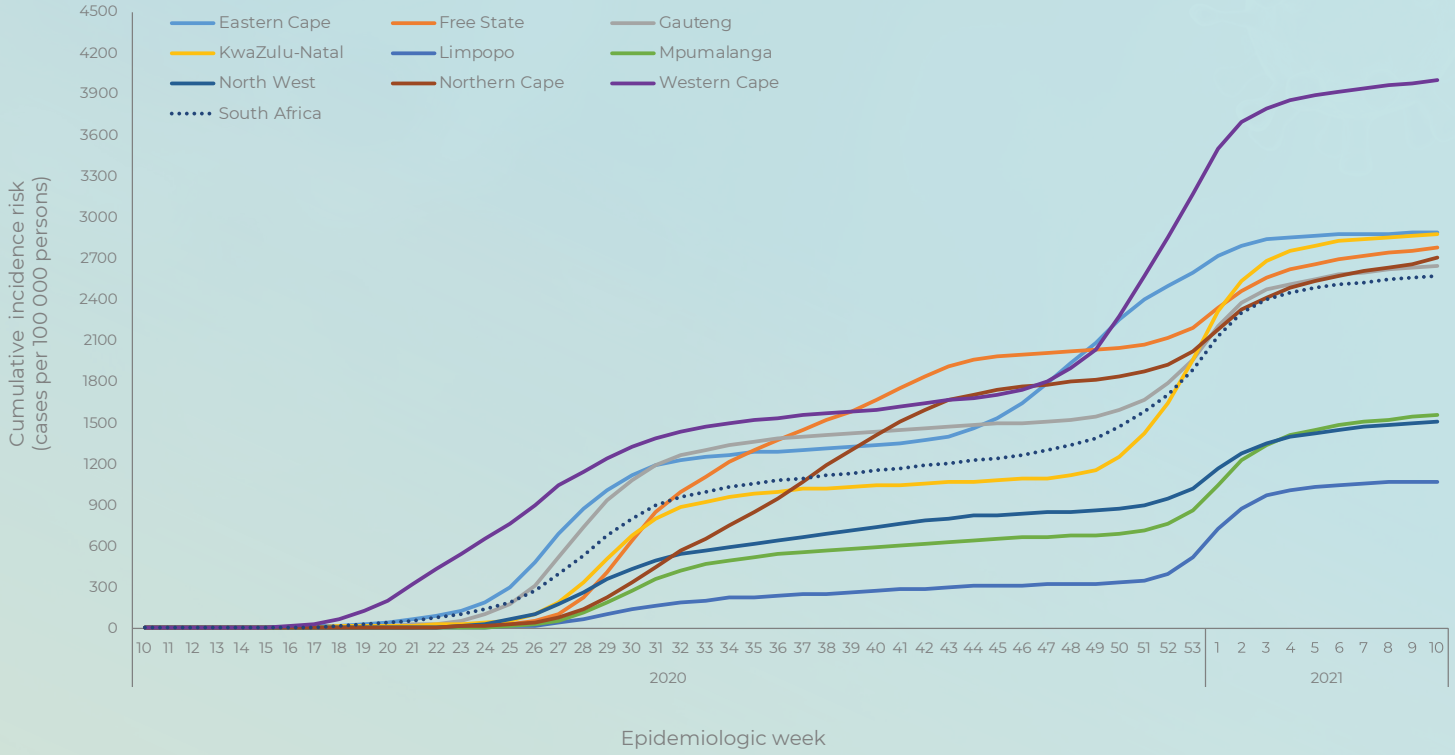


Figure 3. Cumulative incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week, South Africa, 3 March 2020 – 13 March 2021 (n= 1 529 420)

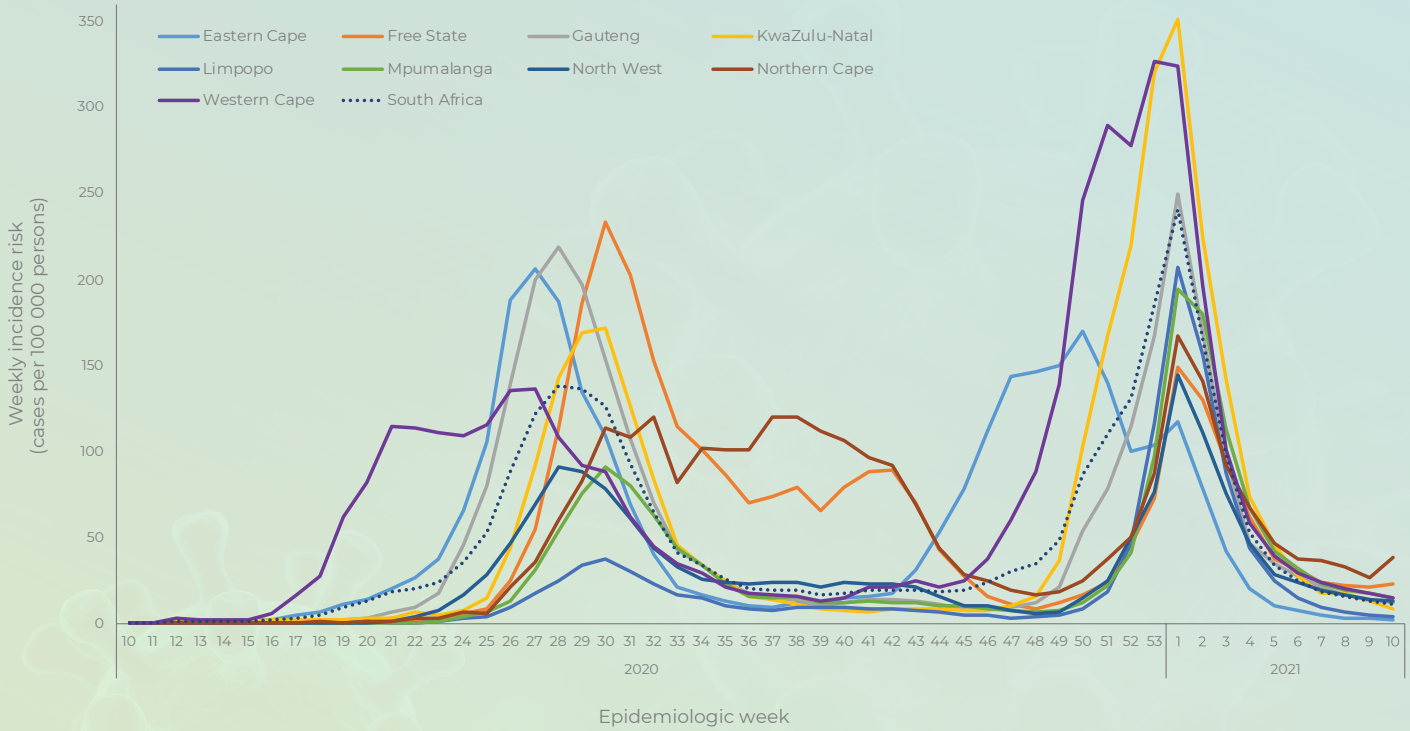


Figure 4. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week, South Africa, 3 March 2020 – 13 March 2021 (n=1 529 420)

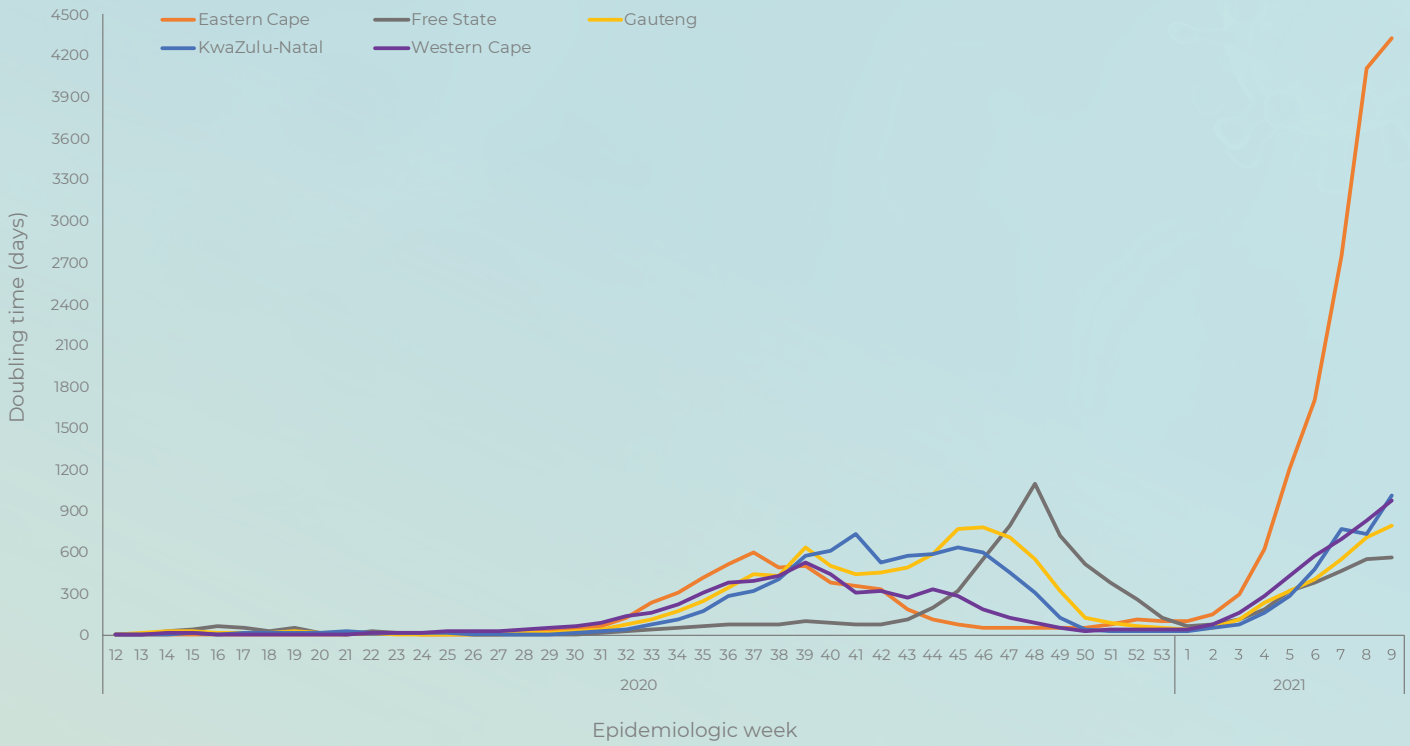


Figure 5. Doubling time of number of laboratory-confirmed cases of COVID-19 by province (for 5 provinces with the majority of cases) and epidemiologic week, South Africa, 23 March-2020 – 6 March 2021 (n= 1 522 745)

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 40 years with an interquartile range (IQR) of 29-53 years. The distribution of cases varied by age, with highest number of all cases to date in the 35-39-year (179 983/1 515 268, 11.9%) and 30-34-year (175 037/1 515 268, 11.6%) age groups (Figure 6). Similarly, among the cases reported in the past week, the highest number of cases was in the 30-34-year-age group (705/6 510, 10.8%) and the 35-39-year age group (644/6 510, 9.9%). The median age for cases reported in week 10 of 2021 was similar (38 years, IQR 26-53), to that of total cases (40 years). The highest cumulative incidence risk remained among cases aged 50-54 years (5 203.7 cases per 100 000 persons), followed by cases aged 55-59 years (5 146.2 cases per 100 000 persons) and ≥80 years (5 043.5 cases per 100 000 persons). The lowest cumulative incidence risk was reported in the younger age-groups, 318.2 cases per 100 000 persons and 393.9 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 10 of 2021 was reported in cases aged 55-59-years (22.7 cases per 100 000 persons), followed by cases in the ≥80-year-age group (21.8 cases per 100 000 persons), and the lowest weekly incidence risk was in the 0-4-year age group (1.8 cases per 100 000 persons) (Figure 8 and table 2).

To date, the majority of COVID-19 cases reported were female 57.8% (874 662/1 512 763). This trend continued in the past week where 57.1% (3 711/6 503) of cases were female. The cumulative incidence risk has remained consistently higher among females (2 843.6 cases per 100 000 persons) than among males (2 172.6 cases per 100 000 persons) (Figure 9). The peak cumulative incidence risk was in the 50-54-year-age group (5 445.1 cases per 100 000 persons) for females, and in the ≥80-year-age group (5 232.7 cases per 100 000 persons) for males (Figure 10). In week 10 of 2021, the highest weekly incidence risk was in the 55-59-year-age group (22.0 cases per 100 000 persons) and (23.5 cases per 100 000 persons) for females and males, respectively. The higher prevalence and incidence risk among females compared to males 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.

Figure 6. Number of laboratory-confirmed cases of COVID-19 by age group and sex, South Africa, 3 March 2020 – 13 March 2021 (n = 1 499 965, sex/age missing for 29 455)

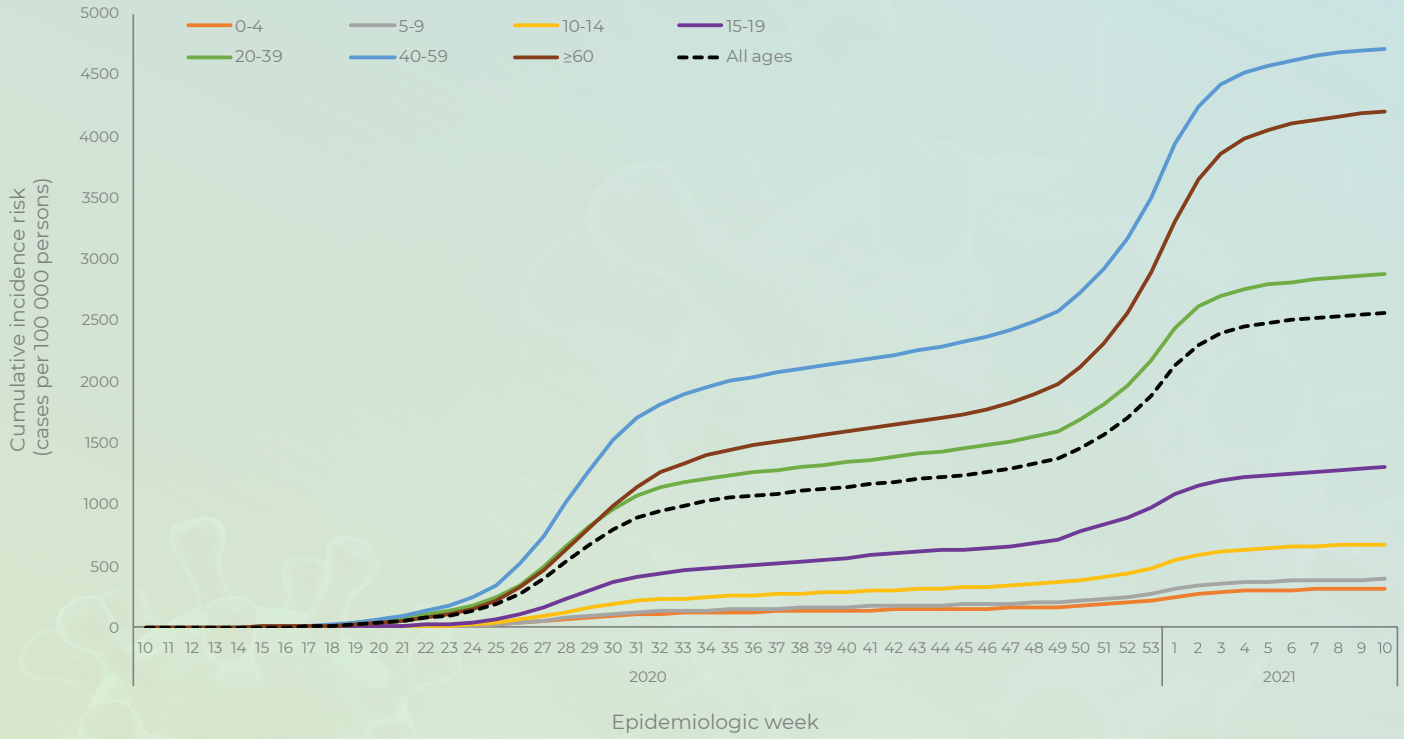


Figure 7. Cumulative incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, South Africa, 3 March 2020-13 March 2021 (n=1 515 268, 14 152 missing age)

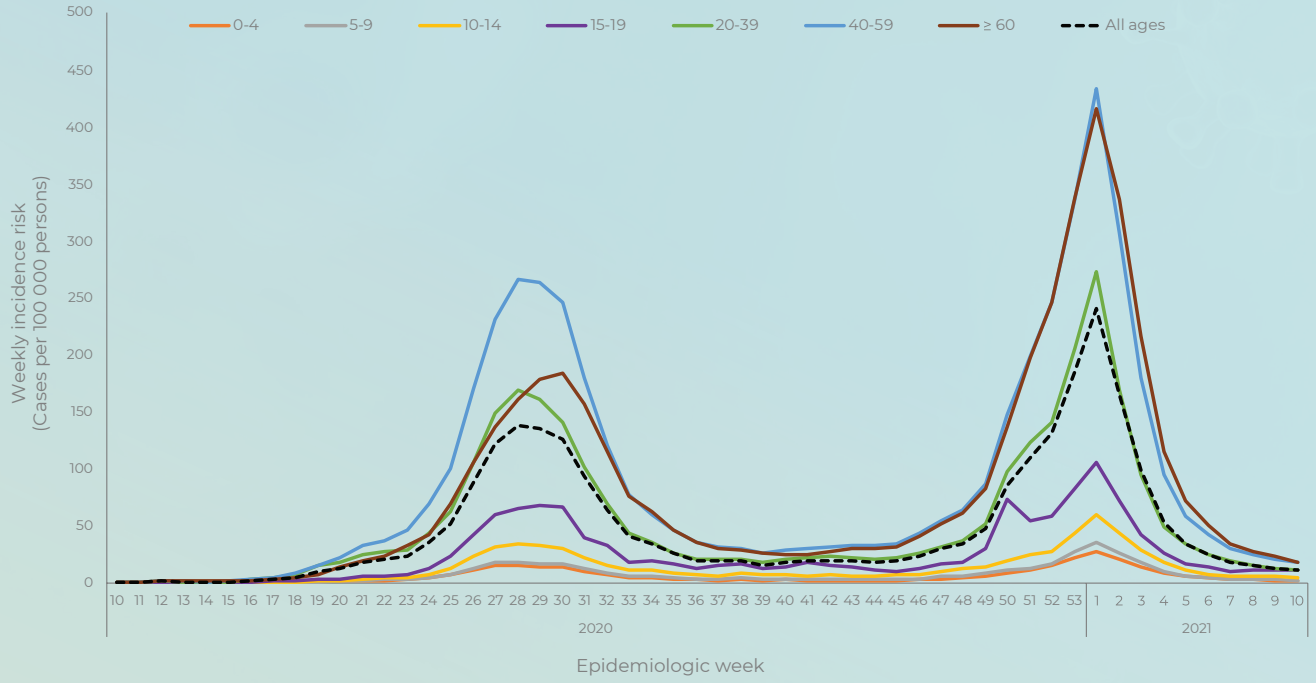


Figure 8. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, South Africa, 3 March 2020 -13 March 2021 (n= 1 515 268, 14 152 missing age)

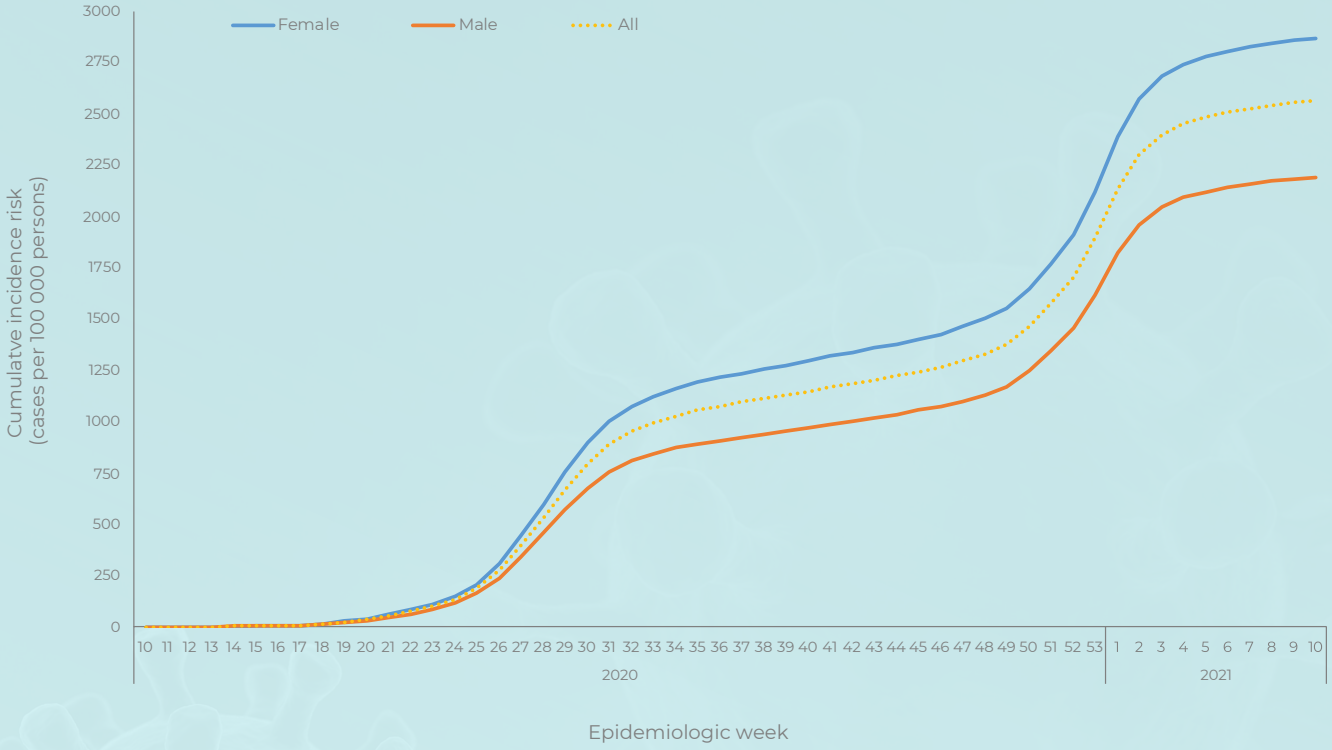


Figure 9. Cumulative incidence risk by sex and epidemiologic week, South Africa, 3 March 2020 –13 March 2021 (n= 1 512 763, sex missing for 16 657)

Table 2. Number of laboratory-confirmed cases of COVID-19 and cumulative/weekly incidence risk by age group, South Africa, 3 March 2020 – 13 March 2021, n= 1 515 268, 14 152 missing age)

Age group (years)	Cumulative cases (n) (percentage, n/ total cases in South Africa)	New cases[1] detected in week 10 (7-13 Mar 2021), 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 10 of 2021 (cases/100 000 persons)
0-4	18 276 (1.2)	103 (1.6)	5 743 450	318.2	1.8
5-9	22 517 (1.5)	136 (2.1)	5 715 952	393.9	2.4
10-14	38 037 (2.5)	263 (4.0)	5 591 553	680.3	4.7
15-19	62 230 (4.1)	522 (8.0)	4 774 579	1 303.4	10.9
20-24	91 971 (6.1)	470 (7.2)	4 823 367	1 906.8	9.7
25-29	147 956 (9.8)	605 (9.3)	5 420 754	2 729.4	11.2
30-34	175 037 (11.6)	705 (10.8)	5 641 750	3 102.5	12.5
35-39	179 983 (11.9)	644 (9.9)	4 798 293	3 751.0	13.4
40-44	155 701 (10.3)	511 (7.8)	3 733 942	4 169.9	13.7
45-49	147 807 (9.8)	557 (8.6)	3 169 648	4 663.2	17.6
50-54	133 800 (8.8)	484 (7.4)	2 571 263	5 203.7	18.8
55-59	113 799 (7.5)	503 (7.7)	2 211 309	5 146.2	22.7
60-64	81 543 (5.4)	348 (5.3)	1 796 316	4 539.5	19.4
65-69	54 603 (3.6)	250 (3.8)	1 408 665	3 876.2	17.7
70-74	38 664 (2.6)	171 (2.6)	1 007 174	3 838.9	17.0
75-79	24 229 (1.6)	112 (1.7)	637 062	3 803.2	17.6
≥80	29 115 (1.9)	126 (1.9)	577 273	5 043.5	21.8
Unknown	14 152	89			
Total	**1 529 420**	**6 599**	**59 622 350**	**2 565.2**	**11.1**

[1]New cases refer to cases whose samples were collected or received in the current reporting week; [2]Percentage=n/total number of new cases (specimen collected or received in current reporting week); [3]2020 Mid-year population Statistics South Africa

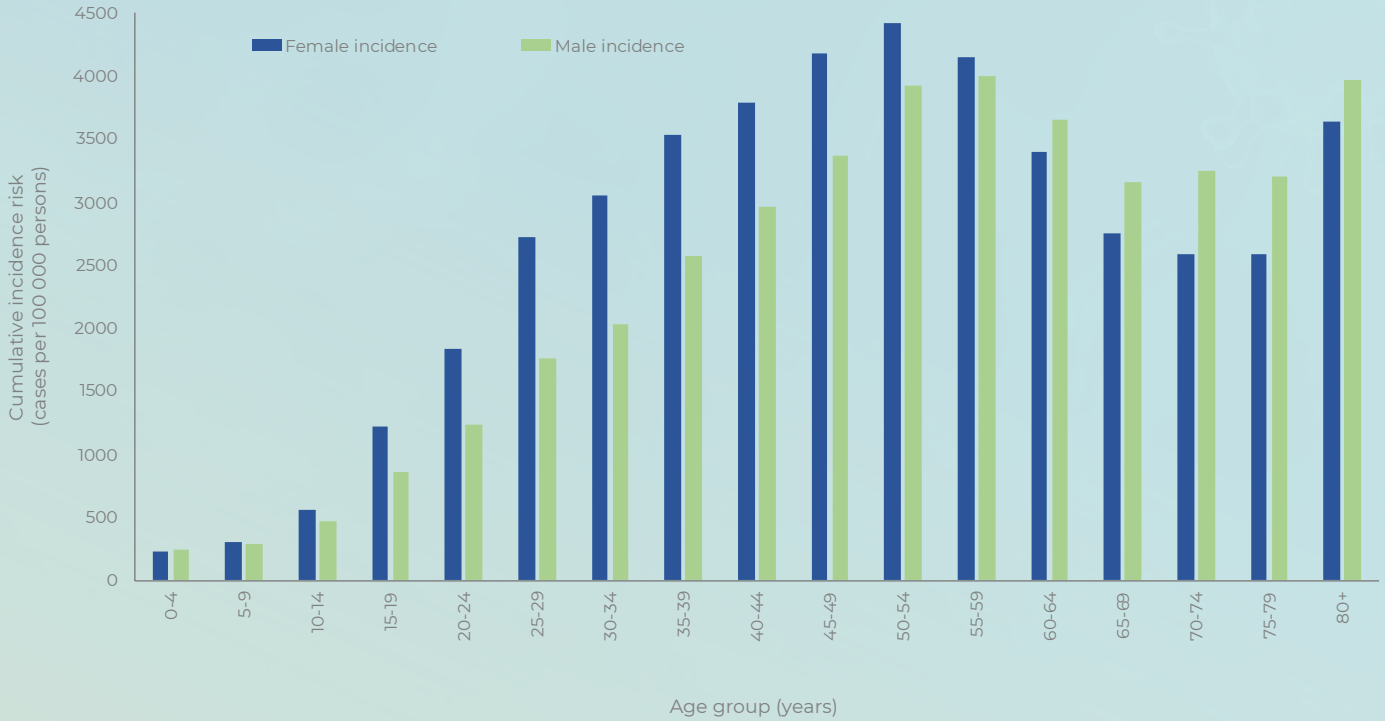


Figure 10. Cumulative risk by age group and sex, South Africa, 3 March 2020 – 13 March 2021 (n=1 499 965, sex/age missing for 29 455)

Provincial trends of COVID-19 cases

All provinces have been reporting a decline in number of new cases since week 2 of 2021, except Free State and Northern Cape provinces which reported an increase in week 10 of 2021. Trends by district and age group for each province are presented below.

Eastern Cape Province

Of the 194 333 cases reported from the Eastern Cape Province, 172 323 (88.7%) cases had allocation by district. The Nelson Mandela Bay Metro (47 362/172 323, 27.5%) followed by the Buffalo City Metro (31 220/172 323, 18.1%) contributed the majority of cases from the Eastern Cape. In week 10 of 2021, the Joe Gqabi District (2.9 cases per 100 000 persons) reported the highest weekly incidence risk (Figure 11). In the past week, all the districts reported a decrease in weekly incidence risk, compared to the previous week.

The majority of cases from the Eastern Cape Province were in the 40-59-year old age group (69 855/192 297, 36.3%) followed by the 20-39-year age group (65 974/192 297, 34.3%). In the past week, the ≥60-year age group (3.8 cases per 100 000 persons), followed by 40-59-year age group (3.7 cases per 100 000 persons) reported the highest weekly incidence risk. In the past week, all age groups reported a decrease in weekly incidence risk, compared to the previous week (Figure 12).

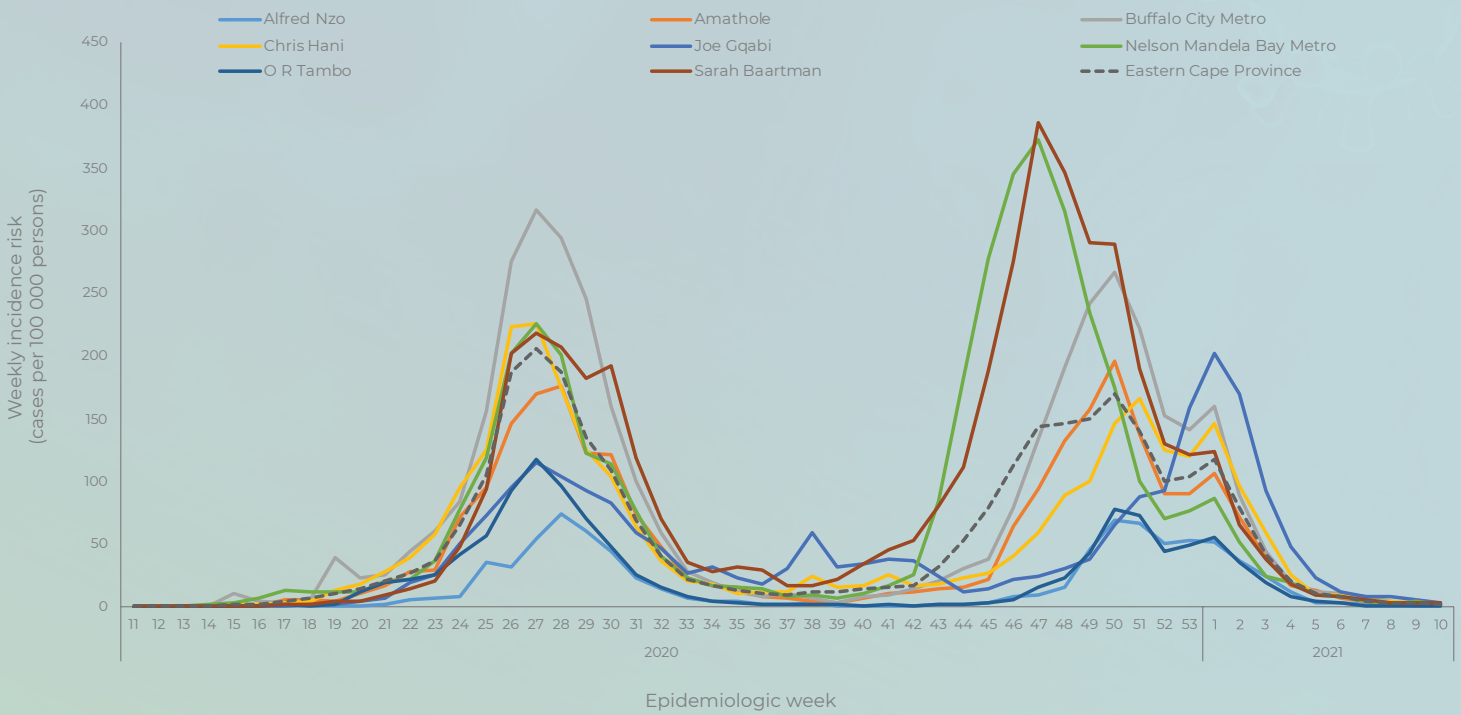


Figure 11. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Eastern Cape Province, 3 March 2020 – 13 March 2021 (n=172 323, 22 010 missing district)

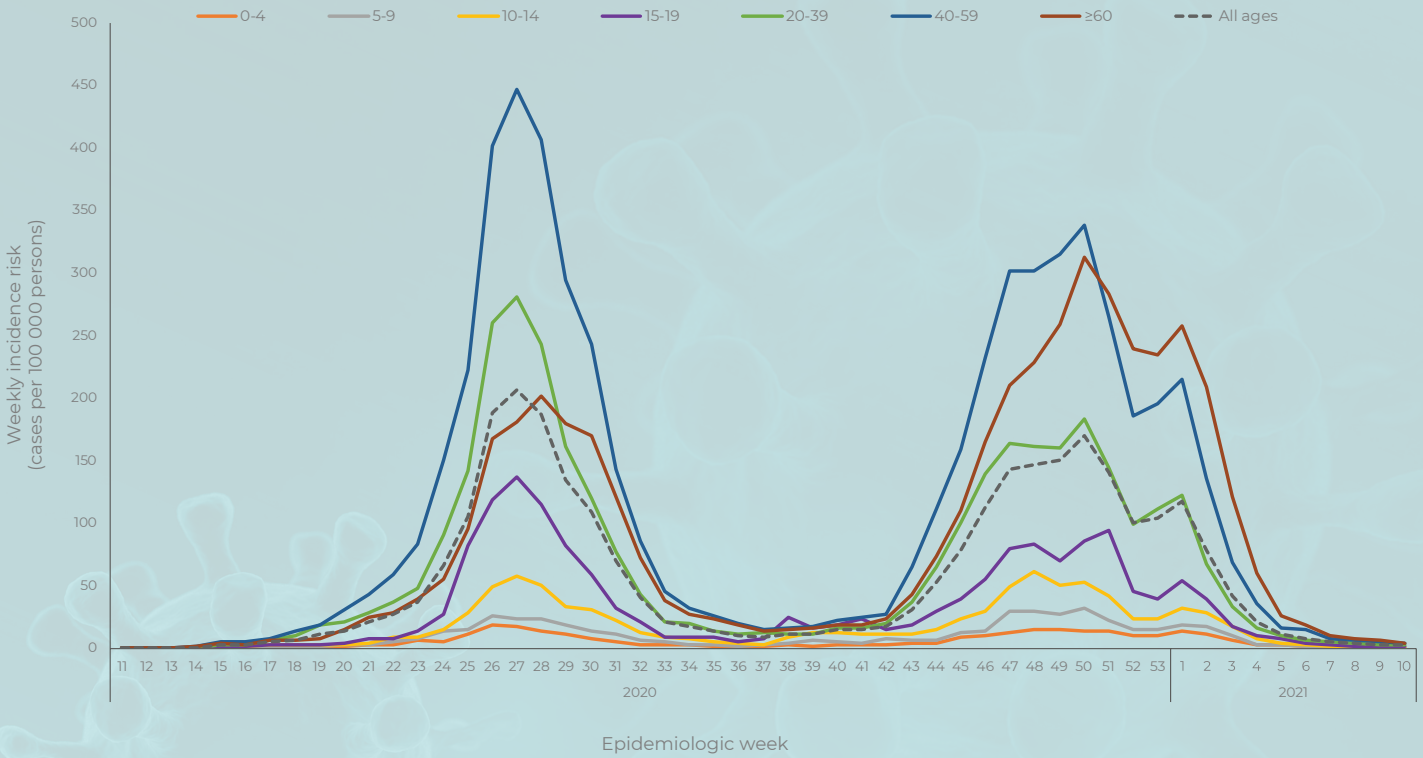


Figure 12. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Eastern Cape Province, 3 March 2020 – 13 March 2021 (n= 192 297, 2 036 missing age)

Western Cape Province

Of the 280 031 cases reported from the Western Cape Province, 262 075 (93.6%) cases had allocation by district. The City of Cape Town Metro (172 806/262 075, 65.9%) followed by the Cape Winelands District (32 426/262 075, 12.4%), and the Garden Route District (29 412/262 075, 11.2%) contributed the majority of cases. In the past week, the West Coast (22.1 cases per 100 000 persons) followed by the Overberg (17.3 cases per 100 000 persons) districts reported the highest weekly incidence risk (Figure 13). In week 10 of 2021, all the districts reported a decrease in weekly incidence risk, compared to the previous week.

The majority of cases from the Western Cape Province were in the 20-39-year-age group (110 673/279 076, 39.7%), followed by the 40-59-year-age group (104 254/279 076, 37.4%). In the past week, the ≥60-year age group (25.9 cases per 100 000 persons), followed by 40-59-year age group (19.9 cases per 100 000 persons) reported the highest weekly incidence risk. In the past week, two age groups 5-9-year (0.2 cases per 100 000 persons, 6.3% increase), and 15-19-year (1.8 cases per 100 000 persons, 16.4% increase) age groups reported an increase in weekly incidence risk, compared to the previous week (Figure 14).

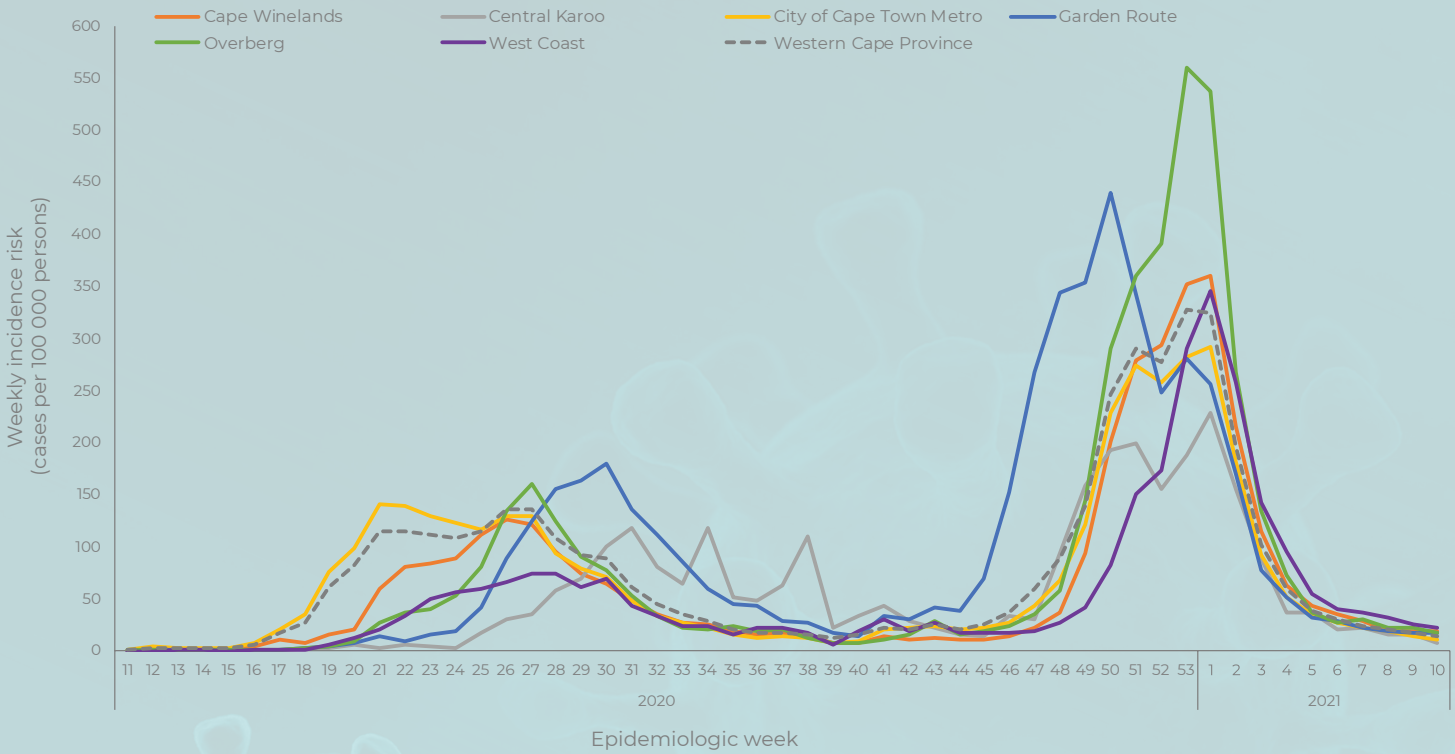


Figure 13. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Western Cape Province, 3 March 2020 –13 March 2021 (n= 262 075, 17 956 missing district)

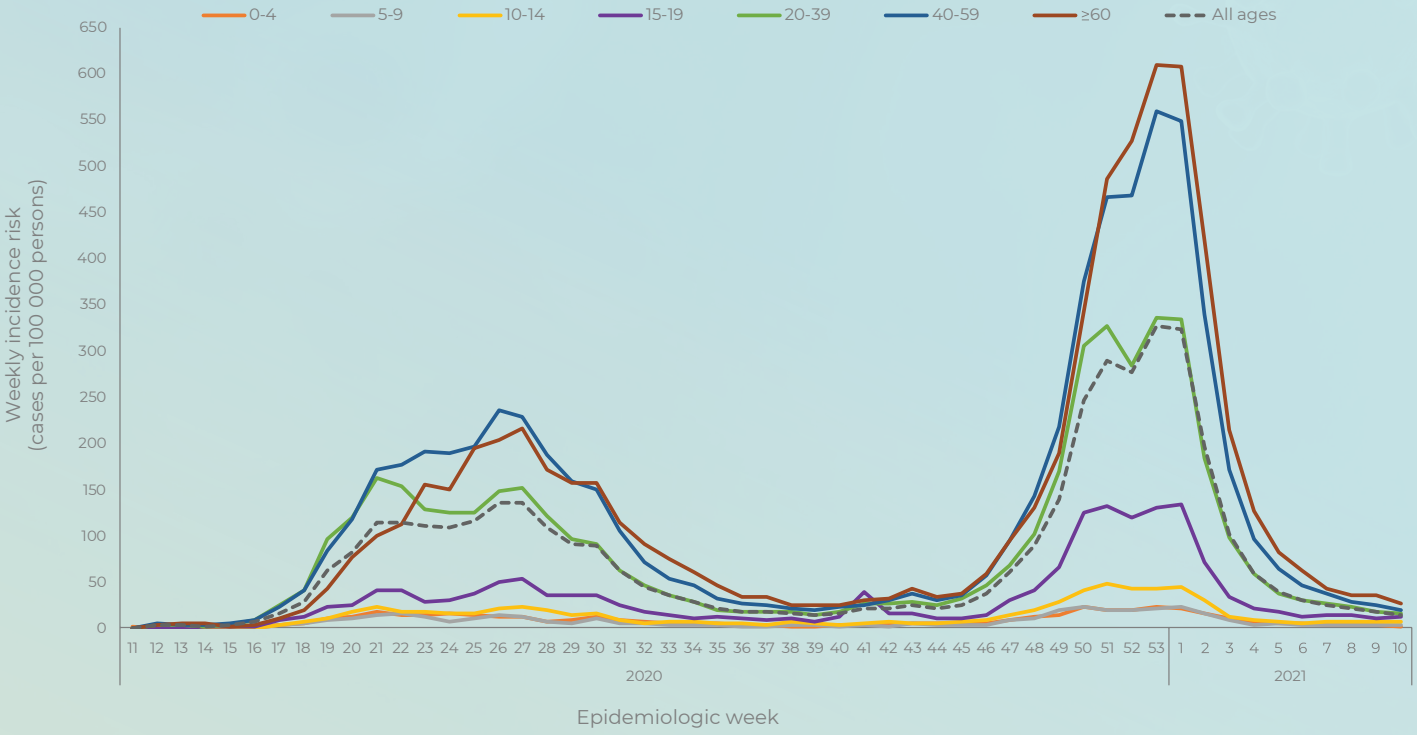


Figure 14. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Western Cape Province, 3 March 2020 – 13 March 2021 (n=279 076, 955 missing age)

Gauteng Province

Of the 409 173 cases reported from the Gauteng Province, 355 197 (86.8%) had allocation by district. The City of Johannesburg Metro (134 982/355 197, 38.0%), followed by the City of Tshwane Metro (96 300/355 197, 27.1%), and the Ekurhululeni Metro (74 515/355 197, 21.0%) contributed the majority of cases, all other districts contributed below 10% each. In week 10 of 2021, the Sedibeng (17.7 cases per 100 000 persons) followed by the West Rand (10.3 cases per 100 000 persons) districts reported the highest weekly incidence risk. In the past week, the Ekurhululeni Metro (0.2 cases per 100 000 persons, 1.8% increase) reported an increase in weekly incidence risk, compared to the previous week (Figure 15).

The majority of cases from Gauteng Province were in the 20-39-year-age group (172 199/404 521, 42.6%), followed by 40-59-year-age group (148 096/404 521, 36.6%). In the past week, the 15-19-year-age group (0.4 cases per 100 000 persons, 4.0% increase) reported an increase in weekly incidence risk, and 5-9-year-age group reported no change in weekly incidence risk, compared to the previous week (Figure 16).

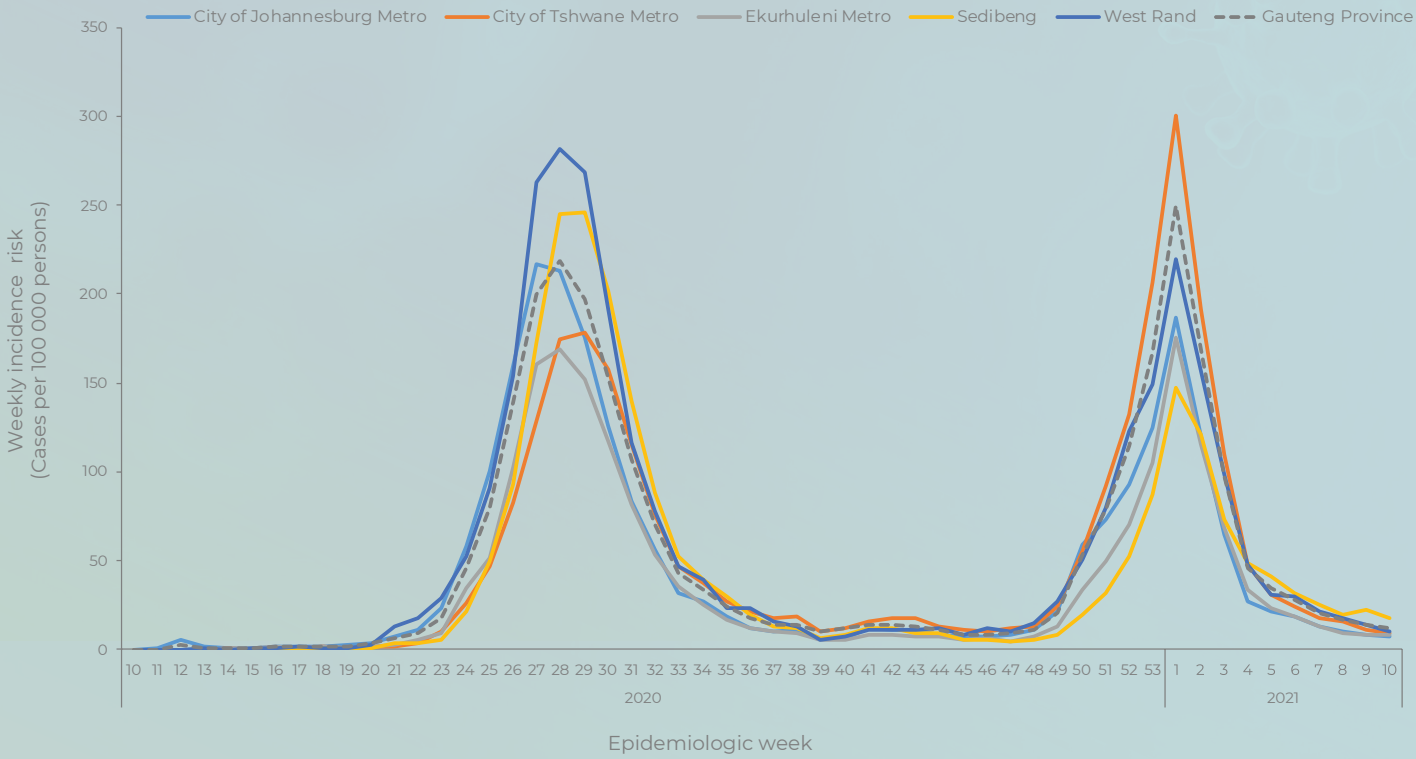


Figure 15. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Gauteng Province, 3 March 2020 –13 March 2021 (n= 355 197, 53 976 missing district)

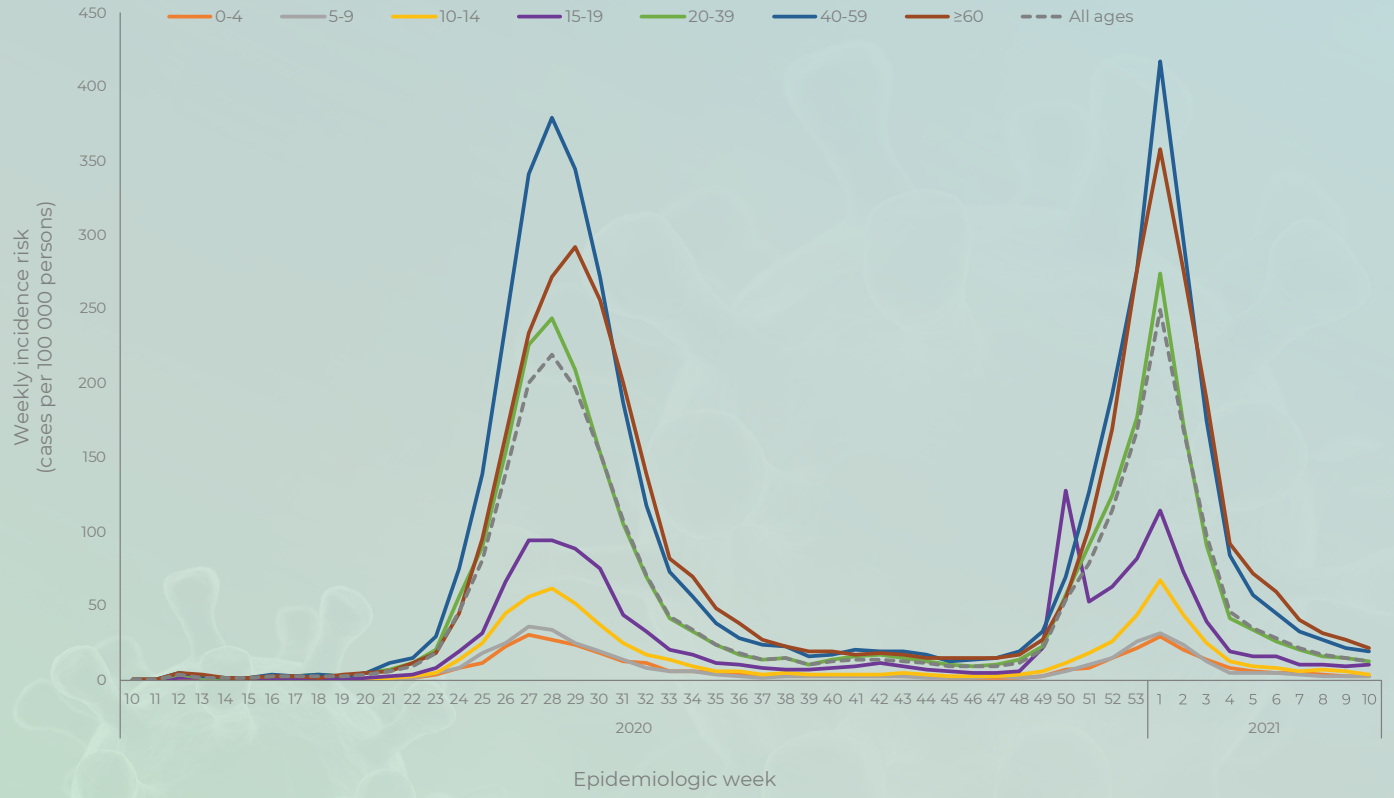


Figure 16. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Gauteng Province, 3 March 2020 -13 March 2021 (n= 404 521, 4 652 missing age)

KwaZulu-Natal Province

Of the 331 854 cases reported from KwaZulu-Natal Province, 248 752 (75.0%) had allocation by district. The eThekwini Metro (124 044/248 752, 49.9%) followed by uMgungundlovu Metro (26 749/248 752, 10.8%) contributed the majority of cases. In week 10 of 2021, uThukela District (7.4 cases per 100 000 persons), followed by uMzinyathi District (7.2 cases per 100 000 persons) reported the highest weekly incidence risk. In the past week, three districts reported an increase in weekly incidence risk, the Ugu (0.2 cases per 100 000 persons, 6.5% increase), the iLembe (0.7 cases per 100 000 persons, 18.5% increase), and the uMzinyathi (2.8 cases per 100 000 persons, 64.0% increase) districts, compared to the previous week (Figure 17). The decrease in other districts in week 10 of 2021 incidence is possibly due to reporting delays.

The majority of cases from KwaZulu-Natal Province were in the 20-39-year-age group (125 654/328 412, 38.3%), followed by 40-59-year-age group (112 548/328 412, 34.3%). In week 10, ≥60-age group (14.7 cases per 100 000 persons) reported the highest weekly incidence risk. All age groups reported a decrease in weekly incidence risk in week 10, compared to the previous week (Figure 18).

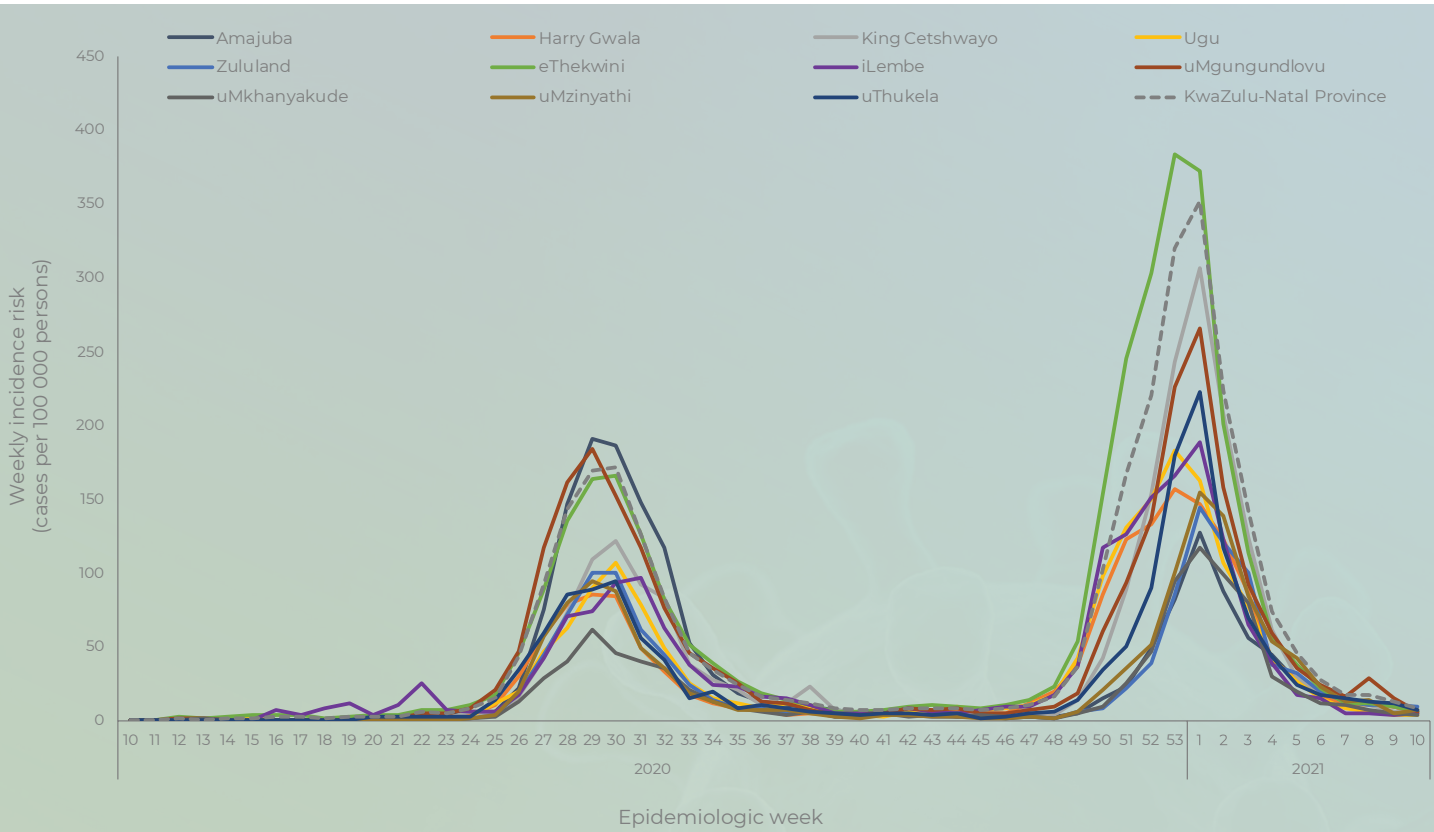


Figure 17. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, KwaZulu-Natal Province, 3 March 2020 – 13 March 2021 (n= 248 752, 83 102 missing district)

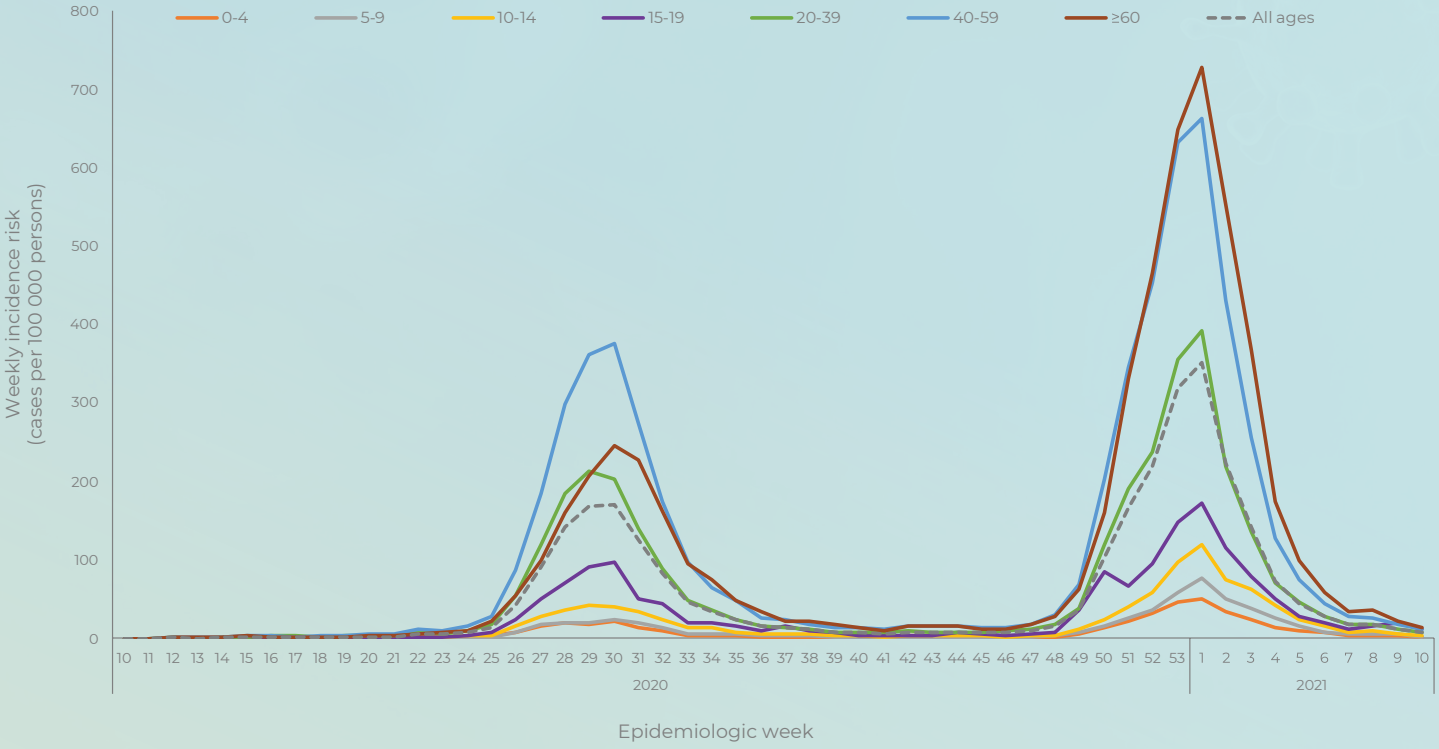


Figure 18. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, KwaZulu-Natal Province, 3 March 2020 –13 March 2021 (n= 328 412, 3 442 missing age)

Free State Province

Of the 81 414 cases reported from the Free State Province, 74 106 (91.0%) had allocation by district. The Mangaung Metro (27 501/74 106, 37.1%) followed by the Lejweleputswa District (17 529/74 106, 23.7%) contributed the majority of cases. In week 10, the Thabo Mofutsanyane District (33.6 cases per 100 000 persons) followed by the Mangaung Metro (19.2 cases per 100 000 persons) reported the highest weekly incidence risk. In the past week, the Thabo Mofutsanyane District (11.4 cases per 100 000 persons, 51.2% increase) reported an increase in weekly incidence risk, compared to the previous week (Figure 19).

The majority of cases from the Free State Province were in the 20-39-year age group (30 637/81 062, 37.8%), followed by 40-59-year age group (28 998/81 062, 35.8%). In week 10, 40-59-year-age group (35.4 cases per 100 000 persons) reported the highest weekly incidence risk. In the past week, all age groups reported an increase in weekly incidence risks, except the ≥60-year-age group reported a decrease (3.1 cases per 100 000 persons, 8.5% decrease) in weekly incidence, and 40-59-year-age group showed no change in weekly incidence risk, compared to the previous week (Figure 20). The increase ranged from (0.4 cases per 100 000 persons, 10.0% increase) in the 0-4-yearage group to (8.4 cases per 100 000 persons, 65.6% increase) in the 15-19-year age group.

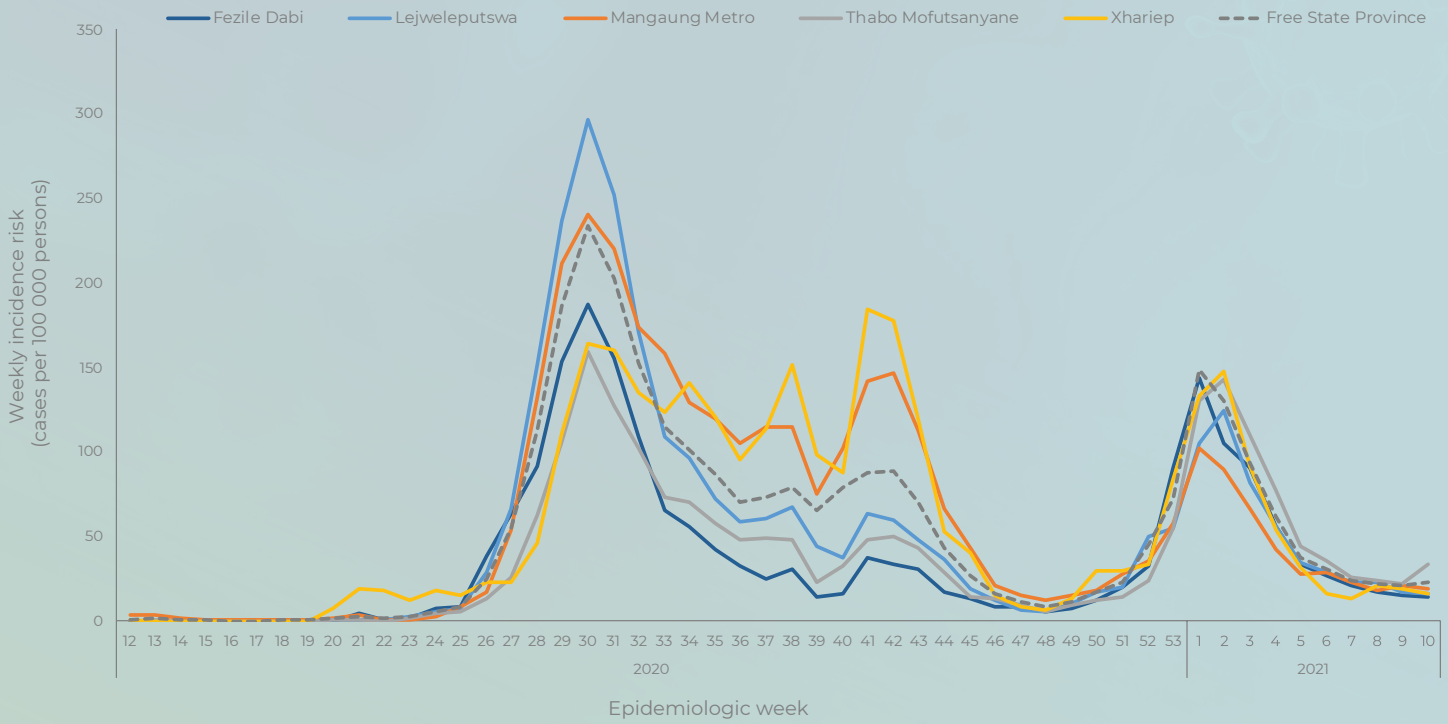


Figure 19. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Free State Province, 3 March 2020 –13 March 2021 (n= 74 106, 7 308 missing district)

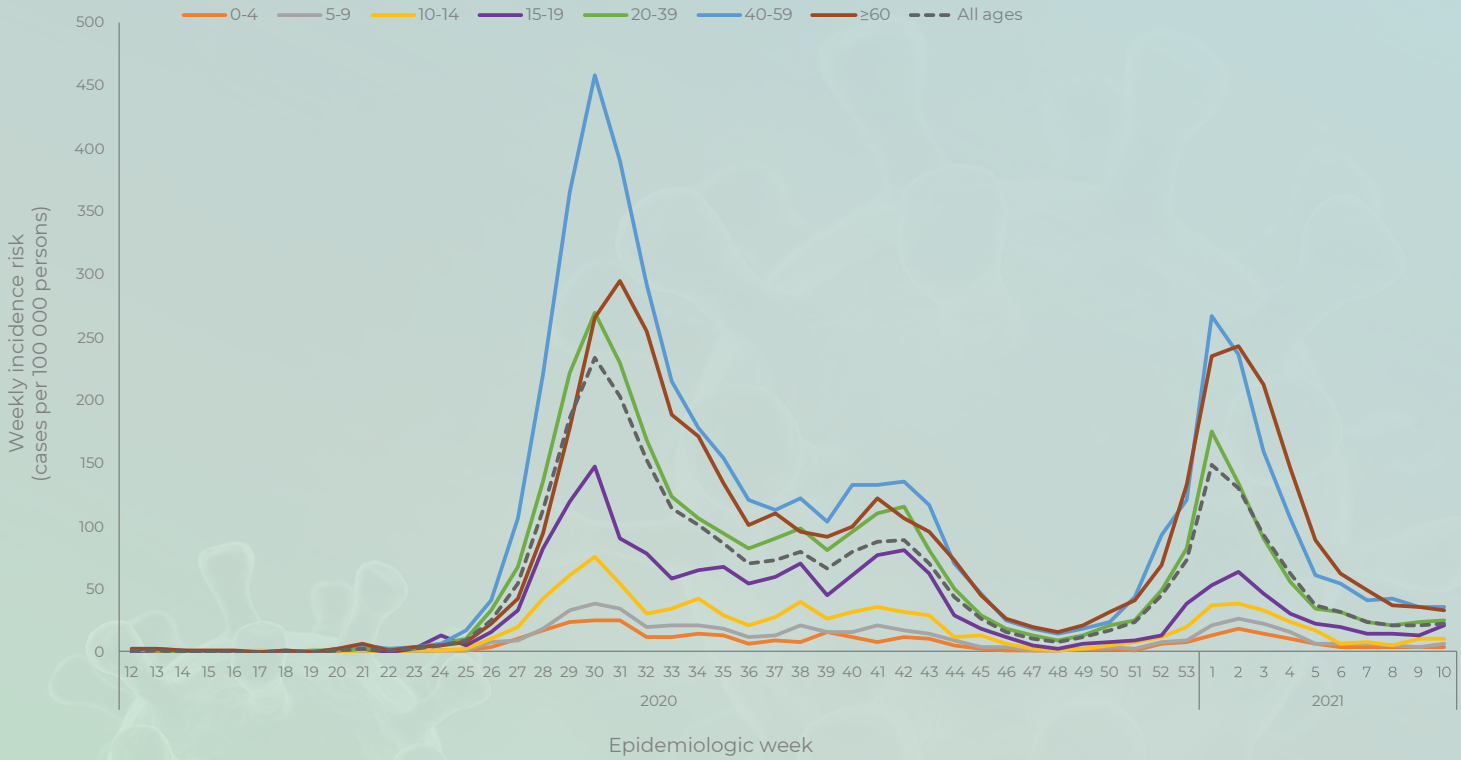


Figure 20. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Free State Province, 3 March 2020 –13 March 2021 (n= 81 062, 352 missing age)

Limpopo Province

Of the 62 685 cases reported from the Limpopo Province, 54 707 (87.3%) had allocation by district. The Capricorn (17 048/54 707, 31.2%), followed by the Vhembe (11 079/54 707, 20.3%) districts contributed the majority of cases, all other districts contributed below 20% each. In week 10 of 2021, the Waterberg District (8.2 cases per 100 000 persons) reported the highest weekly incidence risk. In the past week, two districts reported an increase in weekly incidence risk (0.1 cases per 100 000 persons) 2.0% and 3.2% increase in the Capricorn and Sekhukhune, respectively compared to the previous week (Figure 21).

The majority of cases from Limpopo Province were in the 40-59-year-age group (24 738/62 330, 39.7%), followed by 20-39-year-age group (23 636/62 330, 37.9%). In the past week, the 0-4-year age group (0.3 cases per 100 000 persons, 66.7% increase), and 20-39-year age group (0.7 cases per 100 000 persons, 16.3% increase) reported an increase in weekly incidence risk, compared to the previous week (Figure 22).

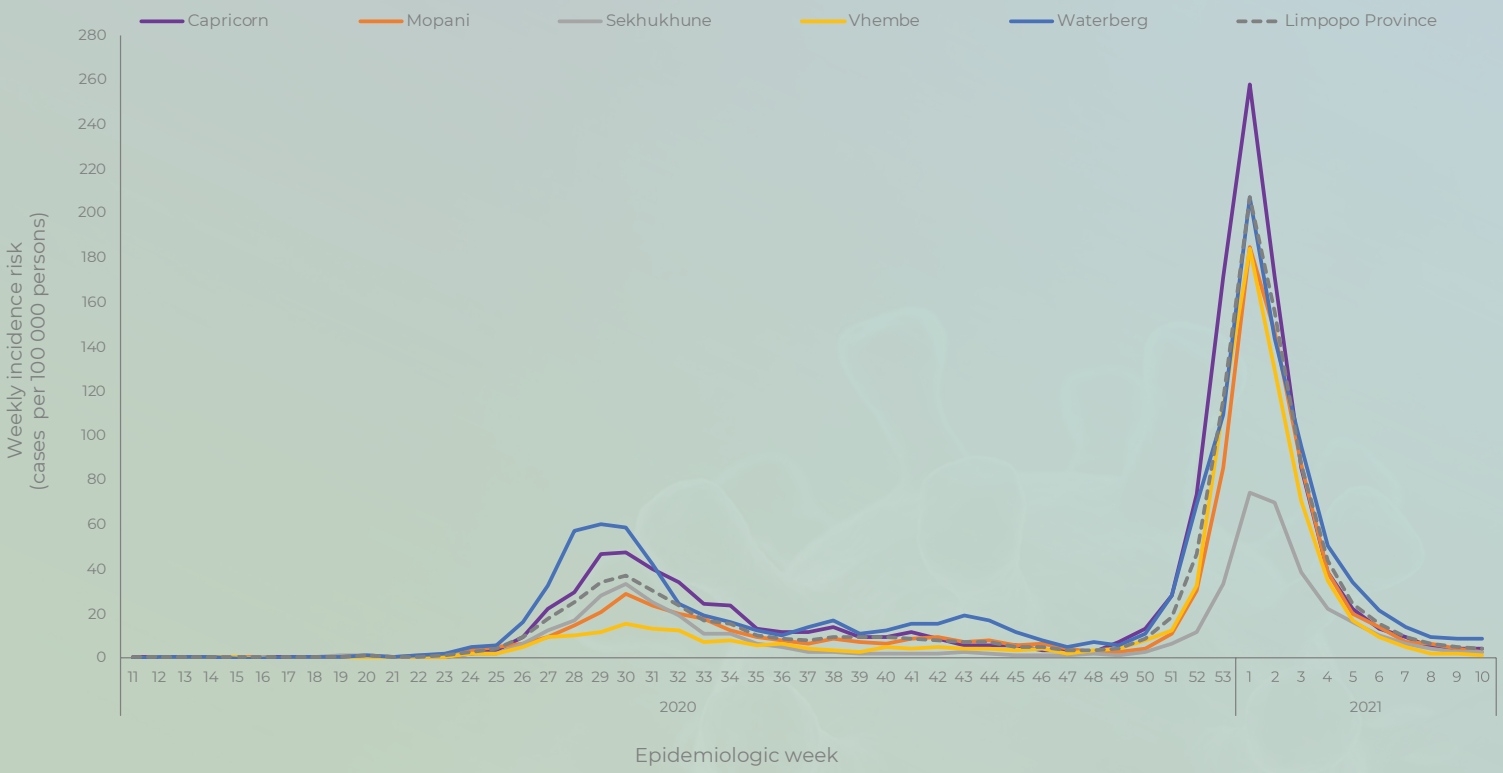


Figure 21. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Limpopo Province, 3 March 2020 –13 March 2021 (n=54 707, 7 978 missing district)

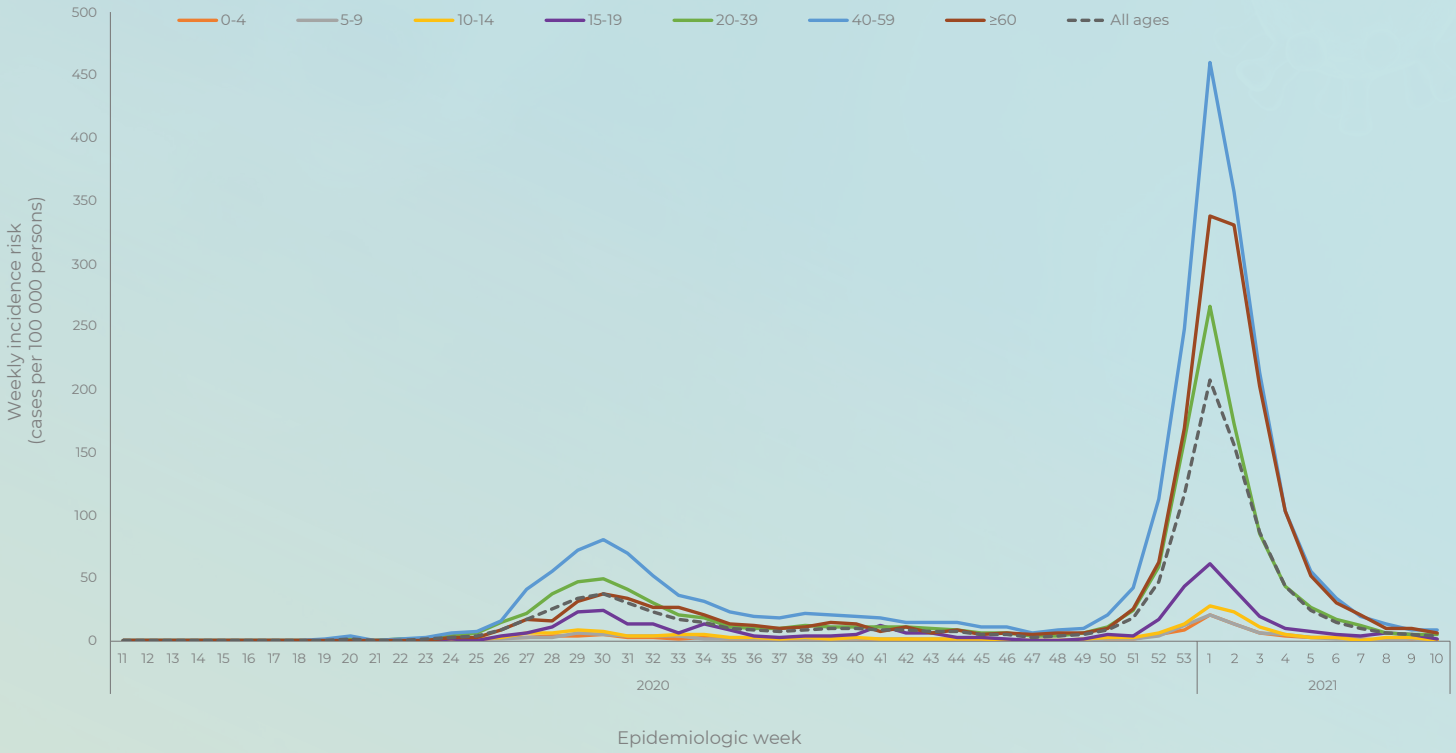


Figure 22. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Limpopo Province, 3 March 2020 –13 March 2021 (n= 62 330, 355 missing age)

Mpumalanga Province

Of the 72 878 cases reported from the Mpumalanga Province, 58 872 (80.8%) had allocation by district. All the districts contributed similar number of cases, Ehlanzeni (23 480/58 872, 39.9%), Nkangala (18 958/58 872, 32.2%) and the Gert Sibande (16 434/58 872, 27.9%) districts. In week 10 of 2021, the Gert Sibande District (14.8 cases per 100 000 persons) reported the highest weekly incidence risk. In the past week, Nkangala District (0.6 cases per 100 000 persons, 9.9% increase) reported an increase, compared to the previous week (Figure 24).

The majority of cases from Mpumalanga Province were in the 20-39 year-age group (29 686/71 542, 41.5%), followed by 40-59-year-age group (25 624/71 542, 35.8%). In the past week, all age groups reported a decrease in weekly incidence risk, compared to the previous week (Figure 23).

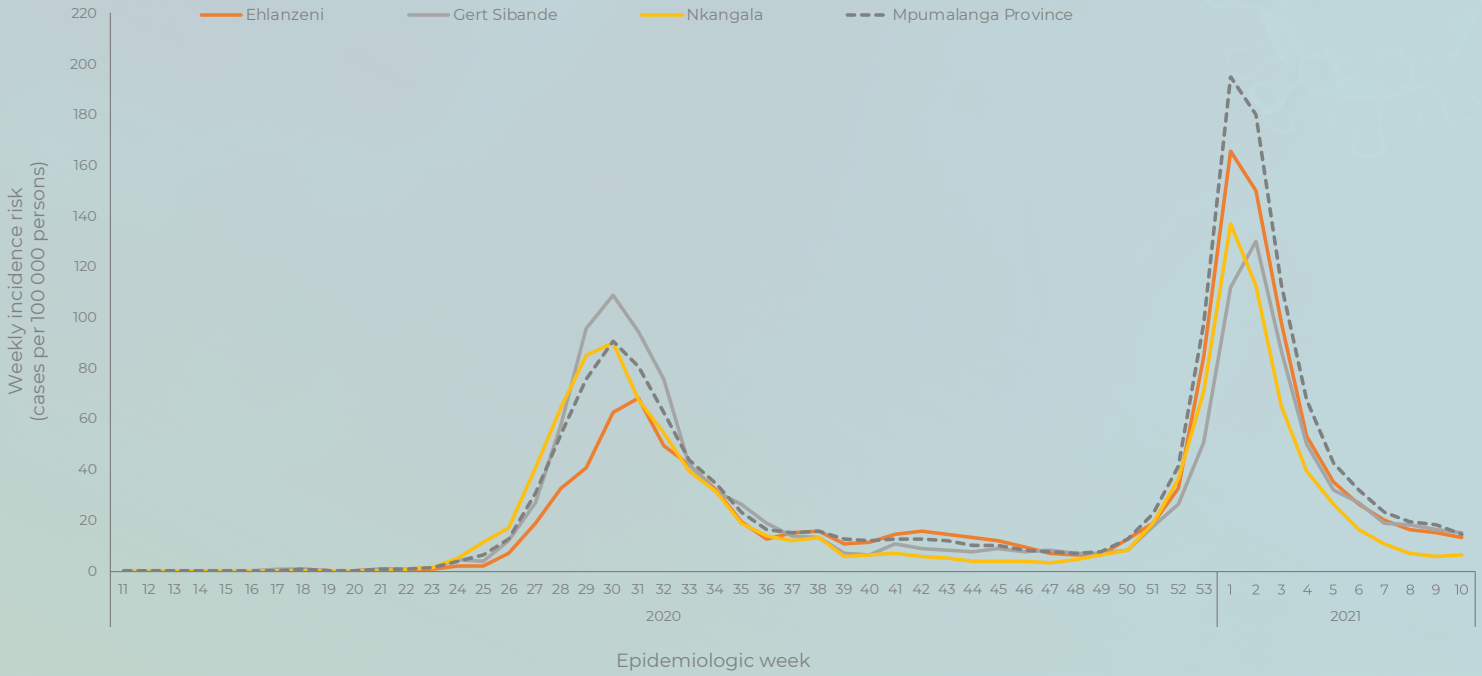


Figure 23. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Mpumalanga Province, 3 March 2020 -13 March 2021 (n= 58 872, 14 006 missing district)

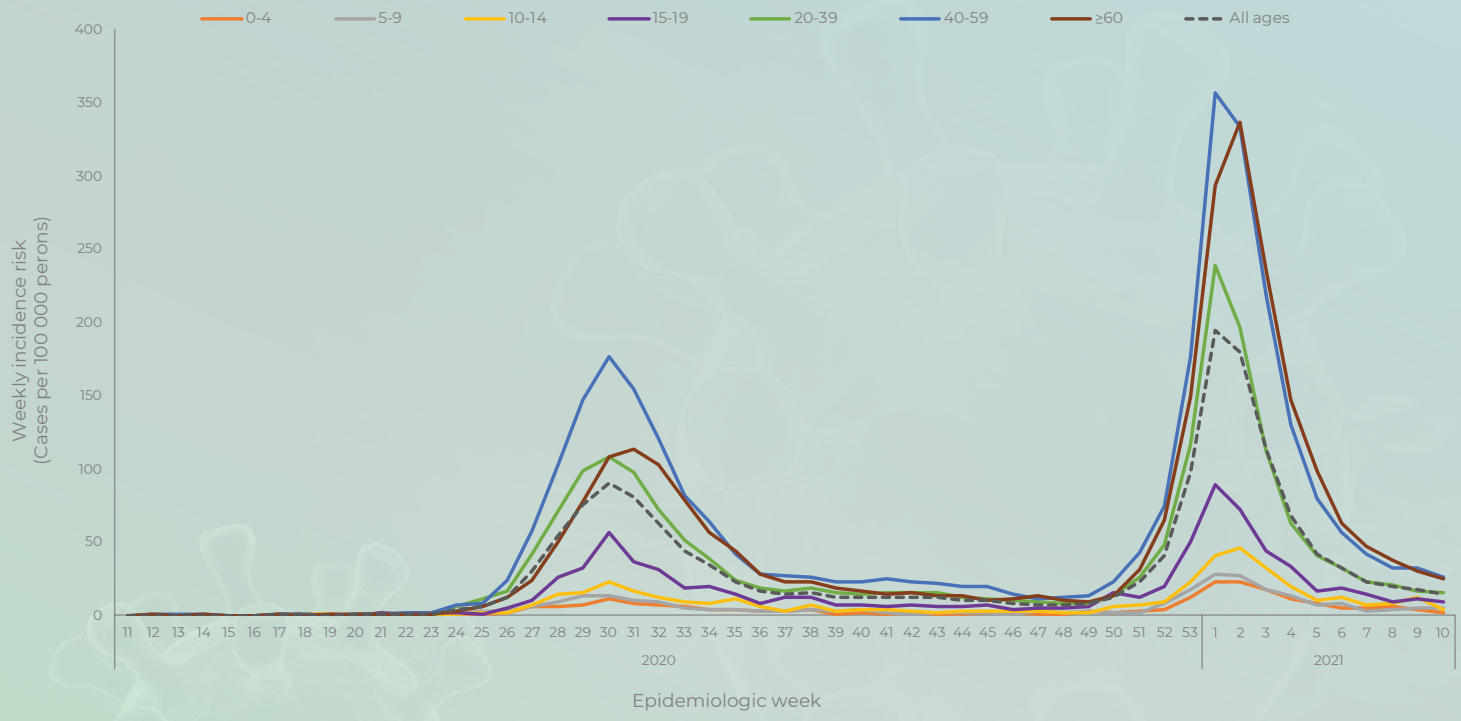


Figure 24. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group and epidemiologic week, Mpumalanga Province, 3 March 2020 -13 March 2021 (n= 71 542, 1 336 missing age)

North West Province

Of the 62 158 cases reported from the North West Province, 51 362 (82.6%) had allocation by district. The Bojanala Platinum District (25 746/51 362, 50.1%), followed by the Dr Kenneth Kaunda District (12 707/51 362, 24.7%) contributed the majority of cases, all other districts contributed below 20% each. In week 10, Dr Kenneth Kaunda District (20.4 cases per 100 000 persons) reported the highest weekly incidence risk. In the past week, the Dr Kenneth Kaunda (0.1 cases per 100 000 persons, 0.6% increase), and the Dr Ruth Segomotsi (3.0 cases per 100 000 persons, 93.3% increase) districts reported an increase in weekly incidence risk, compared to the previous week (Figure 25).

The majority of cases from the North West Province were in the 40-59-year-age group (25 242/61 441, 41.1%), followed by 20-39-year-age group (23 175 /61 441, 37.7%). In the past week, three age groups 10-14-year-age (1.2 cases per 100 000 persons, 41.7% increase), 0-4-year-age (1.7 cases per 100 000 persons, 175.0% increase), and ≥60-year-age (4.3 cases per 100 000 persons, 20.3% increase) reported an increase in weekly incidence risk, compared to the previous week (Figure 26).

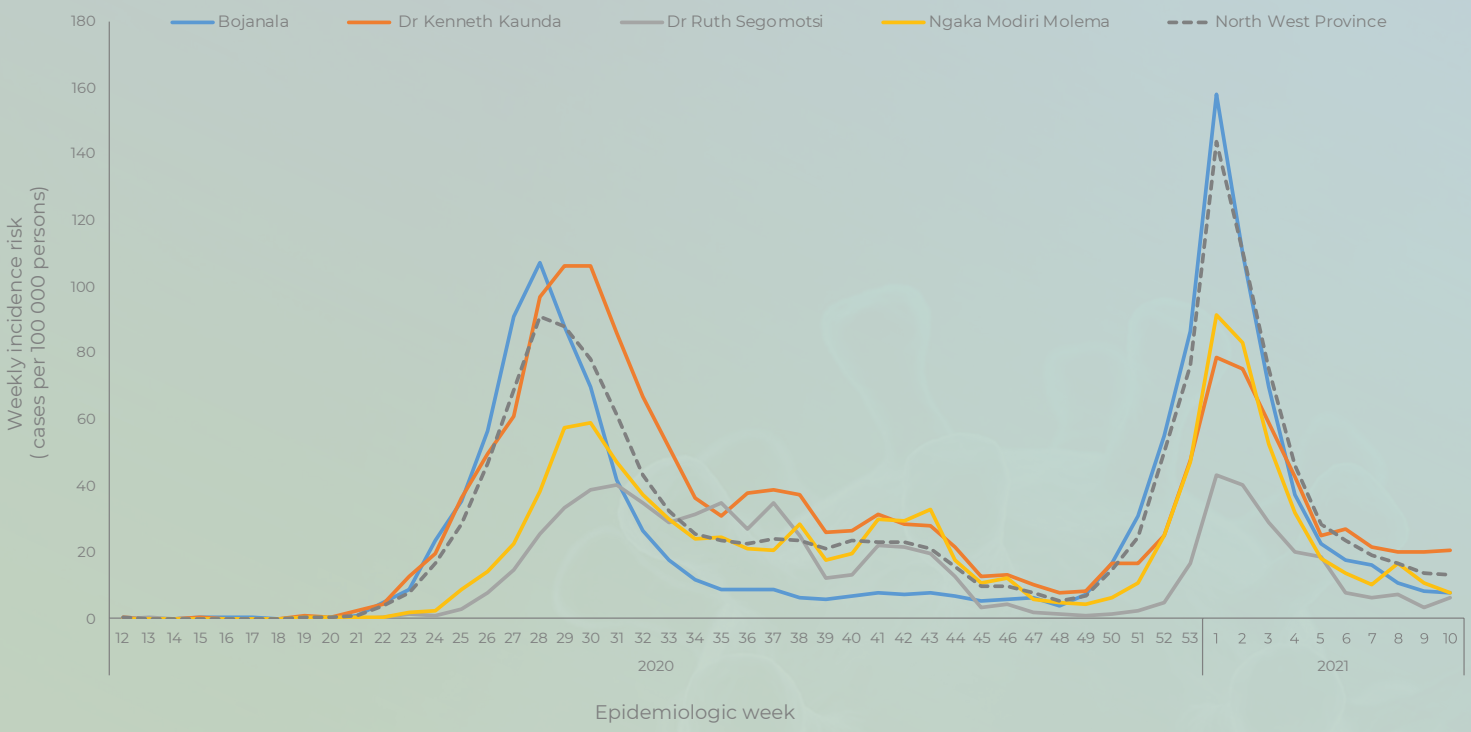


Figure 25. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, North West Province, 3 March 2020 -13 March 2021 (n= 51 362, 10 796 missing district)

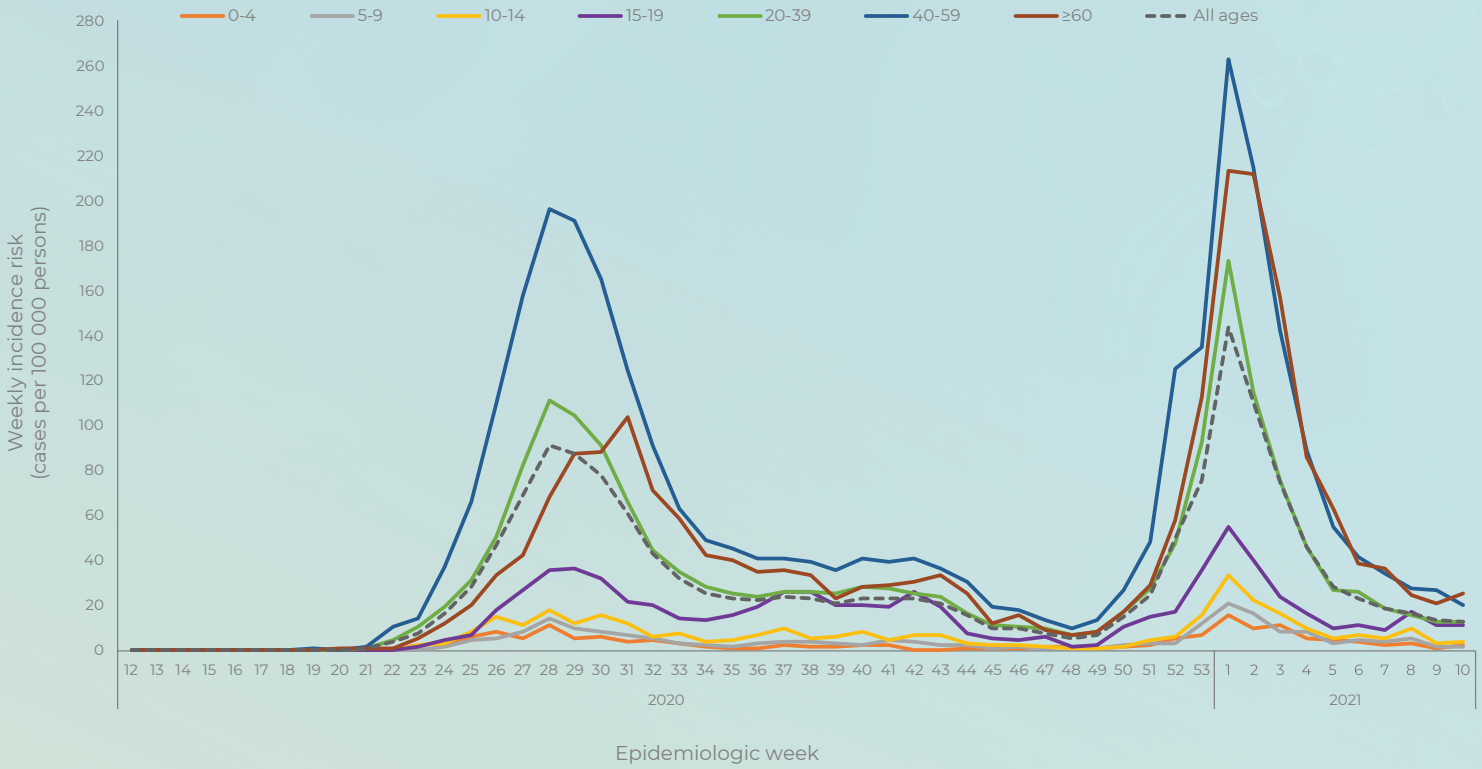


Figure 26. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, North West Province, 3 March 2020 –13 March 2021 (n= 61 441, 717 missing age)

Northern Cape Province

Of the 34 894 cases reported from the Northern Cape Province, 29 156 (83.6%) had allocation by district. The Frances Baard (10 044/29 156, 34.5%), followed by the Pixley ka Seme (7 230/29 156, 24.8%) districts contributed the majority of cases, all other districts contributed below 20% each. In week 10, the Namakwa (162.6 cases per 100 000 persons) and Pixley ka Seme (30.3 cases per 100 000 persons) districts reported the highest weekly incidence risk. In the past week, all the districts reported an increase in weekly incidence risk, except the John Taolo Gaetsewe District which continued to report a decline in weekly incidence risk. The increase ranged from 2.5 cases per 100 000 persons (14.0% increase) in the ZF Mgcawu to 97.7 cases per 100 000 persons (150.7% increase) in the Namakwa districts, compared to the previous week (Figure 27).

The majority of cases from Northern Cape Province were in the 20-39-year-age group (13 313/34 587, 38.5%), followed by 40-59-year-age group (11 752/34 587, 34.0%). In the past week, all age groups reported an increase in weekly incidence risk, except 0-4-year-age and the ≥60-year-age groups which continued reporting a decrease in weekly incidence. The increase in weekly incidence ranged from 3.9 cases per 100 000 persons (9.5% increase) in 40-59-year age group to 46.6 cases per 100 000 persons (347.1% increase) in the 10-14-year-age group, compared to the previous week (Figure 28).

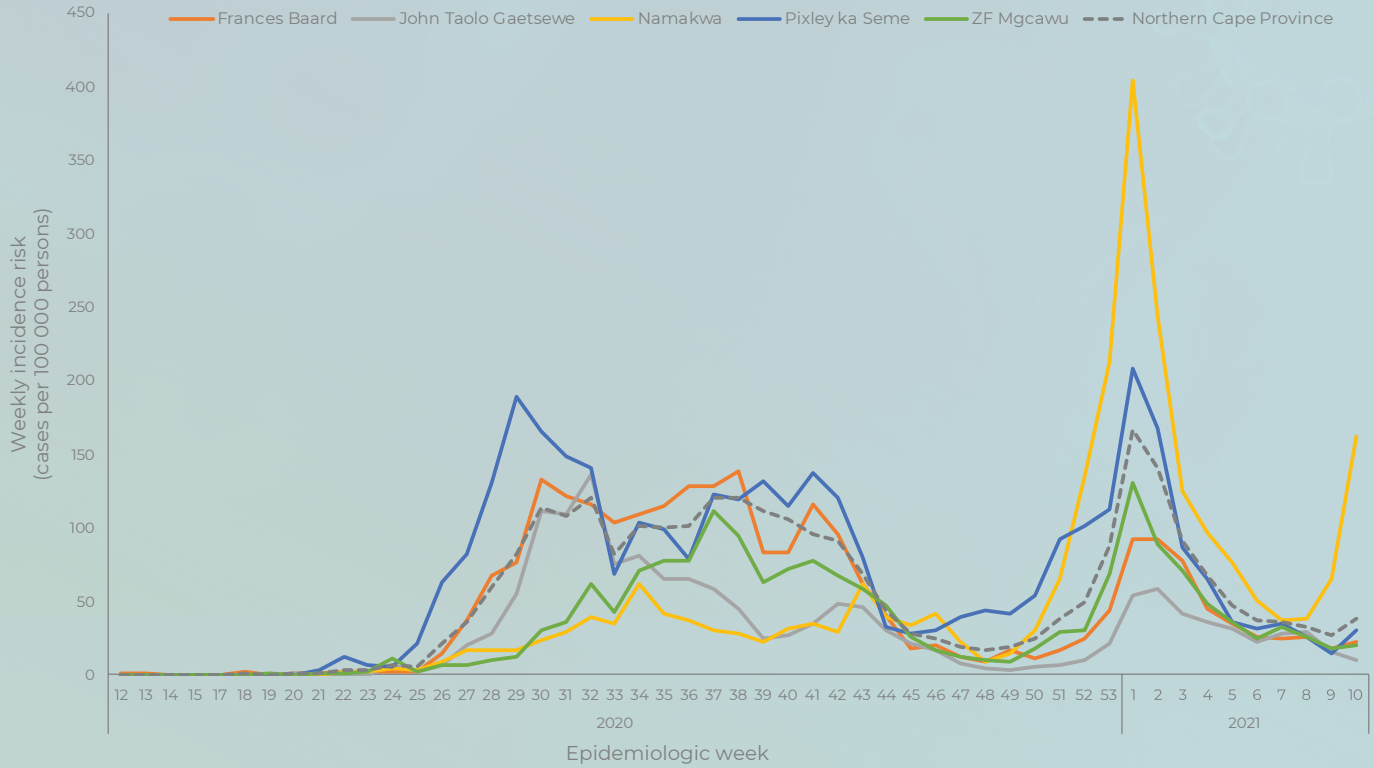


Figure 27. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Northern Cape Province, 3 March 2020 -13 March 2021 (n= 29 156, 5 738 missing district)

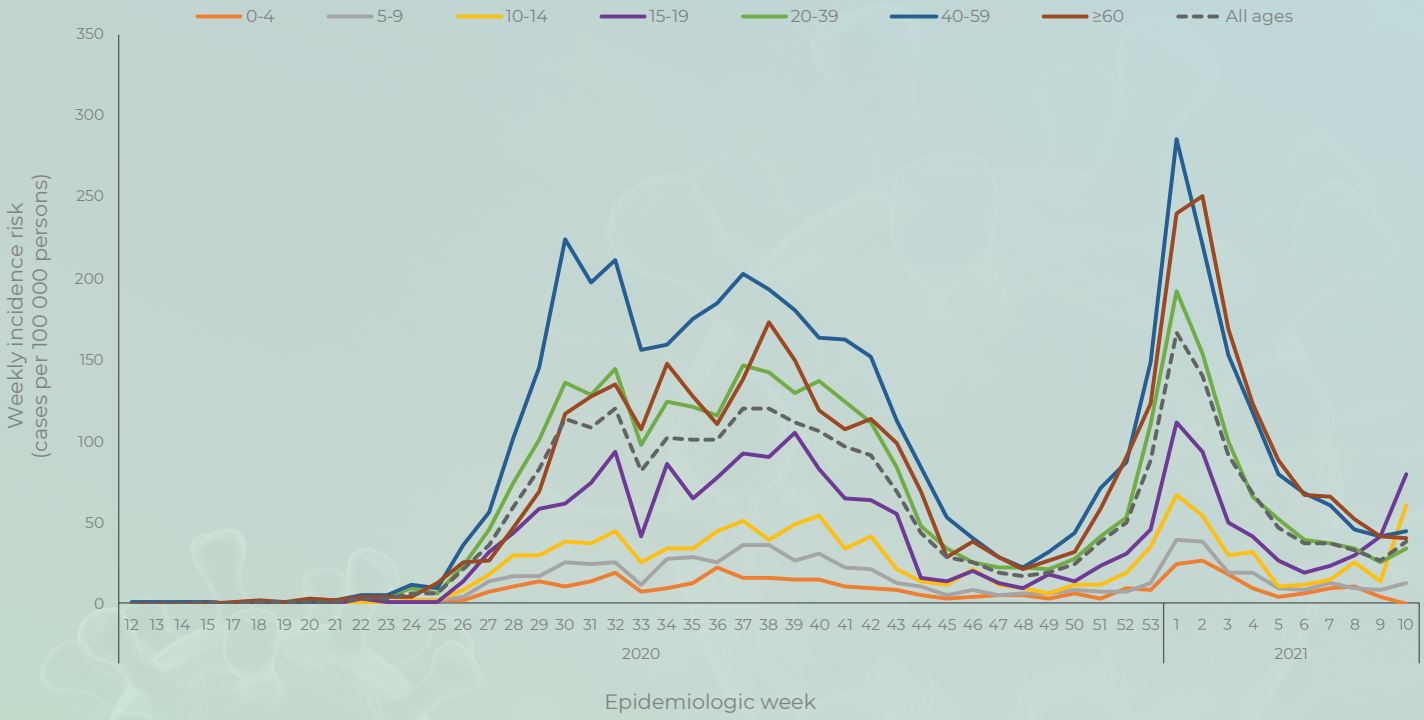


Figure 28. Weekly incidence risk of laboratory-confirmed cases ofCOVID-19 by age group in years and epidemiologic week, Northern Cape Province, 3 March 2020 – 13 March 2021 (n= 34 587, 307 missing age)

Limitations

This report is based on laboratory-based surveillance of laboratory-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 CFR 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

To date, 1 529 420 cases, including 51 326 deaths have been reported. The increase in number of new cases and weekly incidence risk reported in the Northern Cape and the Free State provinces among the younger age groups in the past week is possibly due to clusters or outbreaks in school-going children. Individual clusters are investigated by local epidemiologic teams. Demographic trends have remained unchanged this reporting period, children aged <10 years had the lowest incidence risk and individuals aged 40-59 years had the highest incidence. The decreasing trends in other provinces in numbers of new cases in the last week may be in part as a result of delay in reporting or changes in testing practices in the different provinces. In addition, number of confirmed cases diagnosed on antigen tests maybe underestimated as they are used in a number of different settings and results may not be fully reported yet.