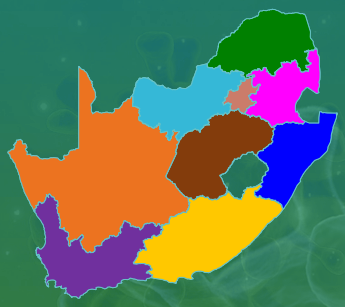
COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

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

SOUTH AFRICA | WEEK 11 2021

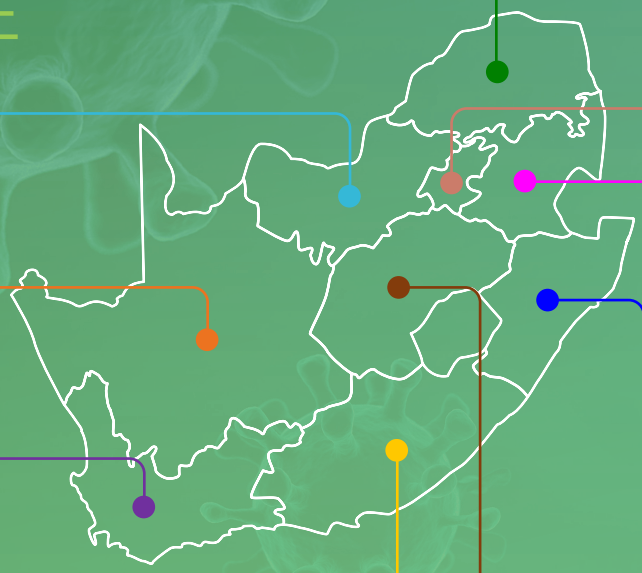
CUMULATIVE DATA FROM

03 MARCH 2020 ▶ 20 MARCH 2021



CASES	PERSONS
1 537 852 IN TOTAL	2 579,3 INCIDENCE RISK*
6 444 THIS WEEK**	40 MEDIAN AGE

PROVINCES AT A GLANCE



NORTH WEST
CASES: 62 856 IN TOTAL | 1 529,8 /100,000*

NORTHERN CAPE
CASES: 35 622 IN TOTAL | 2 755,4 /100,000*

WESTERN CAPE
CASES: 281 223 IN TOTAL | 4 014,2 /100,000*

EASTERN CAPE
CASES: 194 886 IN TOTAL | 2 894,1 /100,000*

LIMPOPO
CASES: 62 892 IN TOTAL | 1 074,6 /100,000*

GAUTENG
CASES: 411 428 IN TOTAL | 2 656,4 /100,000*

MPUMALANGA
CASES: 73 835 IN TOTAL | 1 577,7 /100,000*

KWAZULU-NATAL
CASES: 332 945 IN TOTAL | 2 887,2 /100,000*

FREE STATE
CASES: 82 165 IN TOTAL | 2 805,3 /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 20 March 2021 (week 11 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 20 March 2021, a total of 1 537 852 laboratory-confirmed COVID-19 cases had been detected in South Africa. Of these, 8 432 were cases reported since the last report (week 10 of 2021). There was a 14.0% decrease in number of new cases detected in week 11 of 2021 (6 444) compared to the number of new cases detected in week 10 of 2021 (7 495), possibly related in part to delays in reporting.
- An additional 785 deaths were reported since the last report. The overall case-fatality ratio is 3.4% (52 111/1 537 852).
- In the past week, the Gauteng Province reported the highest proportion of the new cases detected (1 846/6 444, 28.6%), followed by the Western Cape Province (874/6 444, 13.6%), and the KwaZulu-Natal Province (794/6 444, 12.3%).
- In the past week, two provinces reported an increase in weekly incidence risk, the North West Province (0.3 cases per 100 000 persons, 2.2% increase) and the Northern Cape Province (10.7 cases per 100 000 persons, 25.5% increase), and other provinces continued reporting a decrease in weekly incidence risk, compared to the previous week. The decrease ranged from 0.2 cases per 100 000 persons (9.4% decrease) in the Eastern Cape Province to 5.5 cases per 100 000 persons (20.6% decrease) in the Free State Province.
- In the past week, the Northern Cape Province reported the highest weekly incidence risk (52.5 cases per 100 000 persons), followed by the Free State Province (21.2 cases per 100 000 persons), and the Mpumalanga Province (15.7 cases per 100 000 persons).

INCIDENCE RISK FOR CURRENT WEEK

10,8

CASES PER 100 000 PERSONS

28,6%

OF CASES REPORTED IN GAUTENG IN CURRENT WEEK

IN CURRENT WEEK, THE HIGHEST WEEKLY INCIDENCE RISK WAS IN CASES AGED 80+ YEARS (20,8 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. 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 20 March 2021, a total of 1 537 852 laboratory-confirmed COVID-19 cases were reported in South Africa (Figures 1 and 2). This is 8 432 more cases than the number reported in the last report (week 10 of 2021 report). The number of new cases detected in week 11 of 2021 (6 444) was lower than the number of new cases detected in week 10 of 2021 (7 495), this represented a 14.0% 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 (1 846/6 444, 28.6), followed by the Western Cape Province (874/6 444, 13.6%) and the KwaZulu-Natal Province (794/6 444, 12.3%) (Table 1). Five provinces, Gauteng (411 428/1 537 852, 26.8%), KwaZulu-Natal (332 945/1 537 852, 21.7%), Western Cape (281 223/1 537 852, 18.3%), Eastern Cape (194 886/1 537 852, 12.7%), and Free State (82 165/1 537 852, 5.3%) continued to report the majority (1 302 647/1 537 852, 84.7%) 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 10 to week 11 of 2021.

The cumulative incidence risk for the country increased from 2 568.5 cases per 100 000 persons in week 10 of 2021 to 2 579.3 cases per 100 000 persons in week 11 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 (4 014.2 cases per 100 000 persons), followed by the Eastern Cape Province (2 894.1 cases per 100 000 persons), the KwaZulu-Natal Province (2 887.2 cases per 100 000 persons), the Free State Province (2 805.3 cases per 100 000 persons), the Northern Cape Province (2 755.4 cases per 100 000 persons), and the Gauteng Province (2 656.4 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 (1 074.6 cases per 100 000 persons).

Similar to the past five weeks, the Northern Cape Province reported the highest weekly incidence risk (52.5 cases per 100 000 persons) in week 11 of 2021, followed by the Free State Province (21.2 cases per 100 000 persons), and the Mpumalanga Province (15.7 cases per 100 000 persons). In the past week, two provinces reported an increase in weekly incidence risk, the North West Province (0.3 cases per 100 000 persons, 2.2% increase) and the Northern Cape Province (10.7 cases per 100 000 persons, 25.5% 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 0.2 cases per 100 000 persons (9.4% decrease) in the Eastern Cape Province to 5.5 cases per 100 000 persons (20.6% decrease) in the Free State Province (Figure 4). Some of the reductions in week 11 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 10 of 2021, the estimated doubling time of number of cases increased in all provinces, except the Free State Province which reported a decrease in estimated doubling time (from 563.3 days to 461.6 days, 18.1% decrease). The doubling time increased in the Eastern Cape Province increased (from 4 334.6 days to 6 178.2 days, 42.5% increase), the KwaZulu-Natal Province (from 1 009.1 days to 1 298.8 days, 28.7% increase), the Western Cape Province (from 982.6 days to 1 123.5 days, 14.3% increase), and the Gauteng Province (from 799.0 days to 840.3 days, 5.2% increase) (Figure 5).

The case-fatality ratio (CFR) was 3.4% (52 111/1 537 852); an additional 785 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, 785 deaths compared to 648 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.

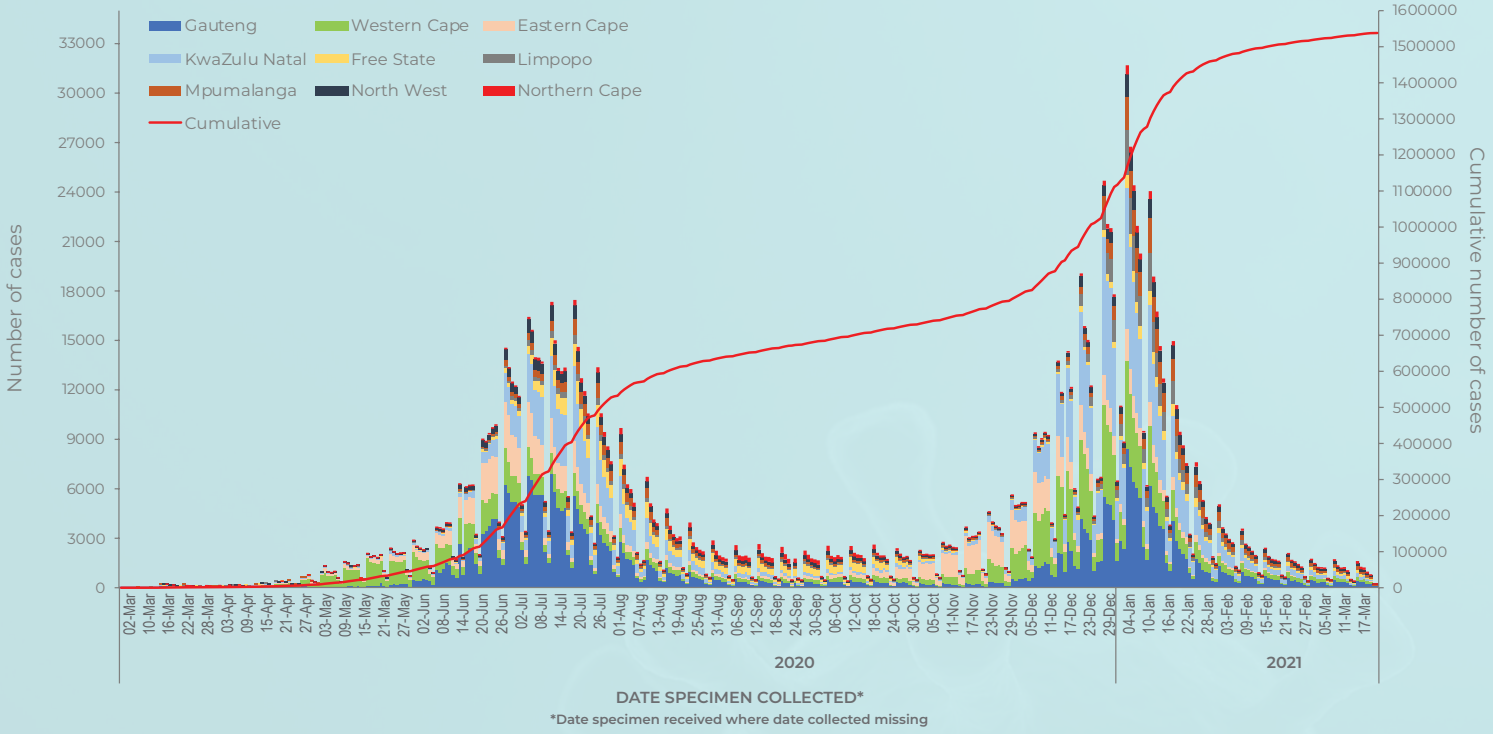


Figure 1. Number and cumulative number of laboratory-confirmed cases of COVID-19 by province and date of specimen collection, South Africa, 3 March 2020 – 20 March 2021 (n=1 537 852)

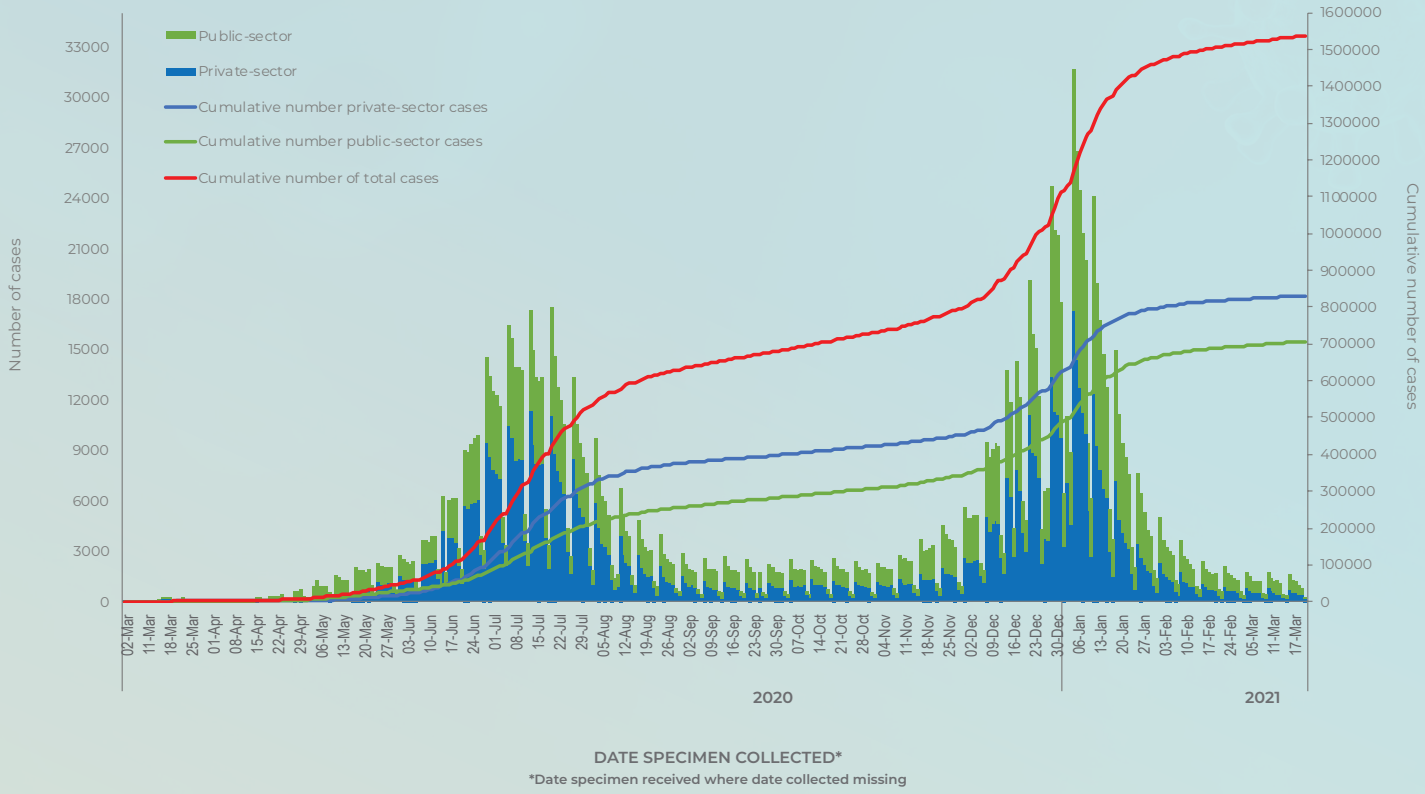


Figure 2. Number and cumulative number of laboratory-confirmed cases of COVID-19, by testing laboratory sector and date of specimen collection, South Africa, 3 March 2020 –20 March 2021 (n=1 537 852)

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 –20 March 2021 (n=1 537 852)

Province	Cumulative cases (n) (percentage, n/ total cases in South Africa)	New cases[1] detected in week 11 (14-20 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 11 of 2021 (cases/100 000 persons)	Tests[4] per 100 000 persons, 14-20 Mar 2021
Eastern Cape	194 886 (12.7)	125 (1.9)	6 734 001	2 894.1	1.9	158.3
Free State	82 165 (5.3)	622 (9.7)	2 928 903	2 805.3	21.2	332.1
Gauteng	411 428 (26.8)	1 846 (28.6)	15 488 137	2 656.4	11.9	347.7
KwaZulu-Natal	332 945 (21.7)	794 (12.3)	11 531 628	2 887.2	6.9	318.1
Limpopo	62 892 (4.1)	166 (2.6)	5 852 553	1 074.6	2.8	73.3
Mpumalanga	73 835 (4.8)	735 (11.4)	4 679 786	1 577.7	15.7	209.7
North West	62 856 (4.1)	603 (9.4)	4 108 816	1 529.8	14.7	202.5
Northern Cape	35 622 (2.3)	679 (10.5)	1 292 786	2 755.4	52.5	512.8
Western Cape	281 223 (18.3)	874 (13.6)	7 005 741	4 014.2	12.5	388.4
Unknown						
Total	**1 537 852**	**6 444**	**59 622 350**	**2 579.3**	**10.8**	**280.4**

[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

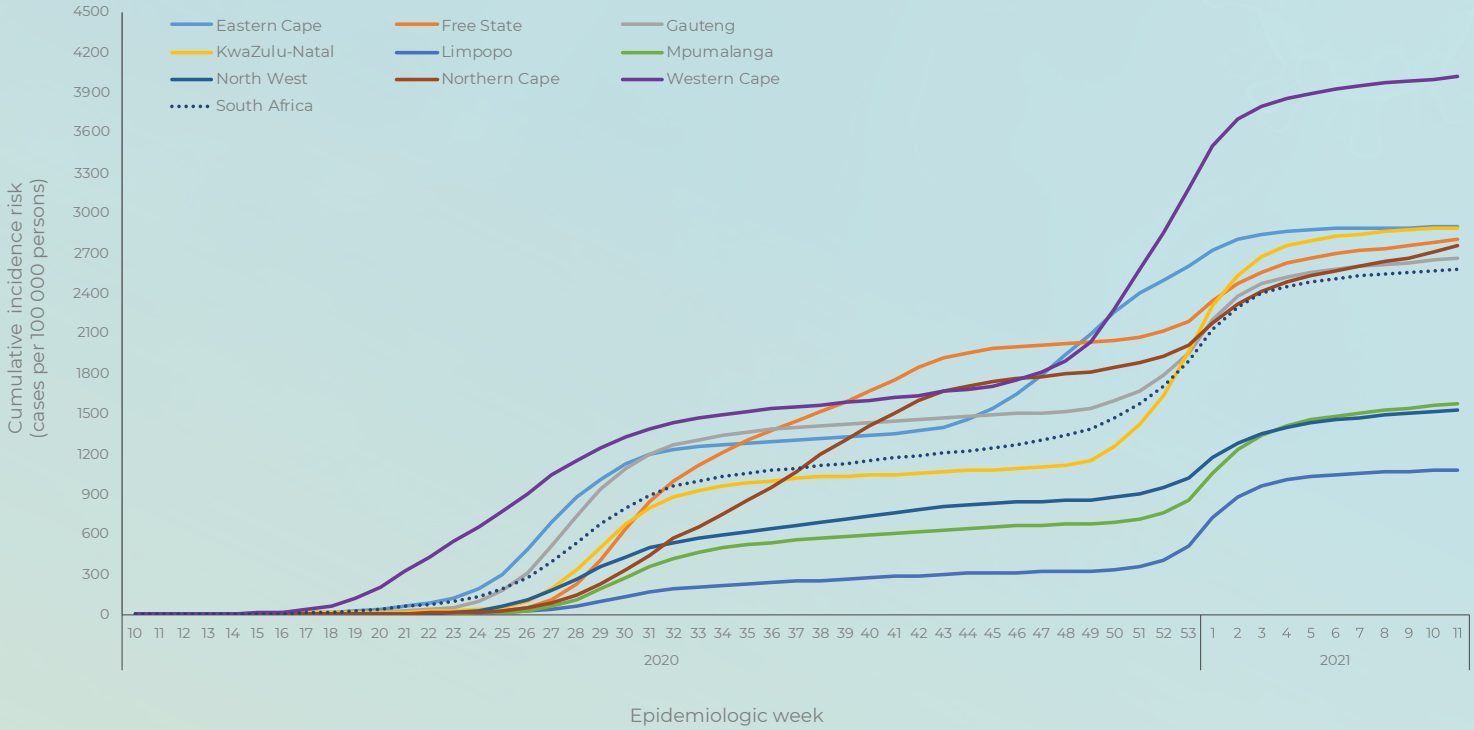


Figure 3. Cumulative incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week, South Africa, 3 March 2020 –20 March 2021 (n= 1 537 852)

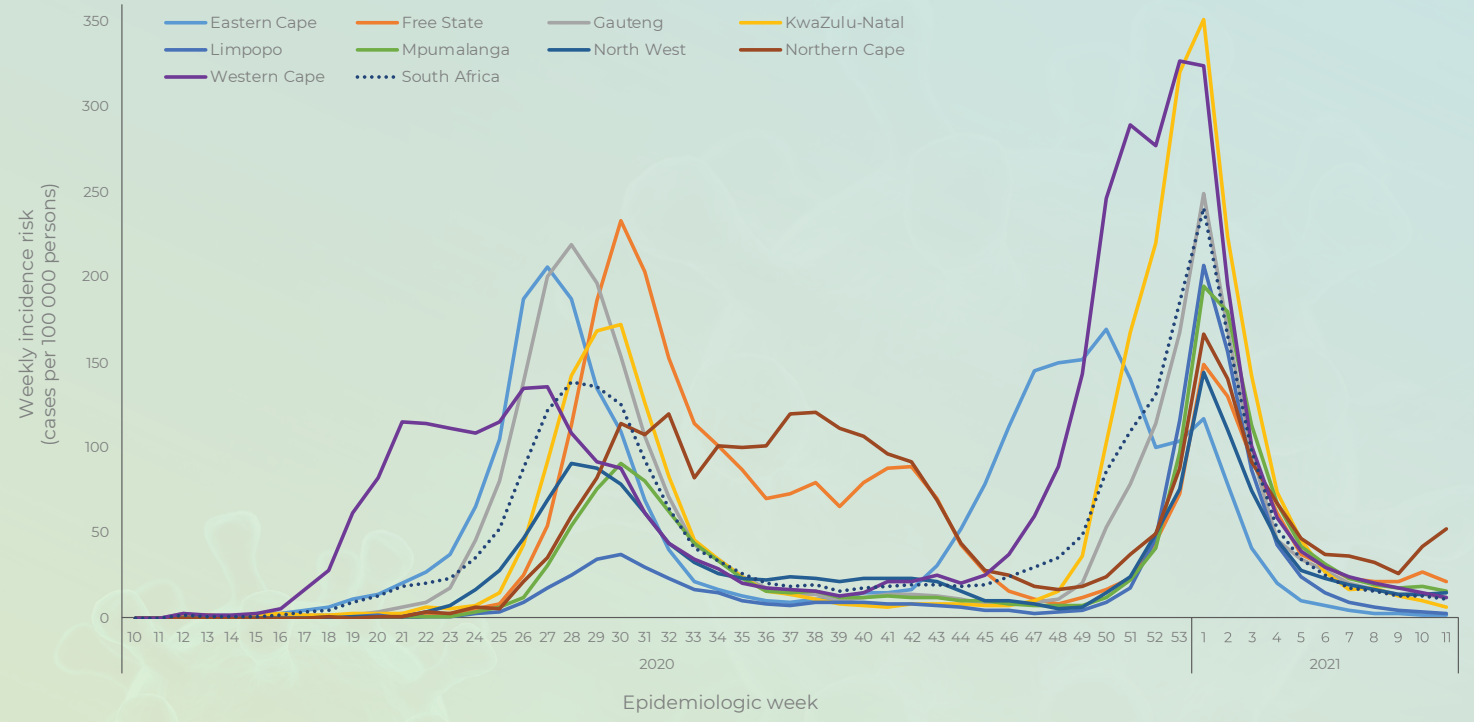


Figure 4. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week, South Africa, 3 March 2020 –20 March 2021 (n=1 537 852)

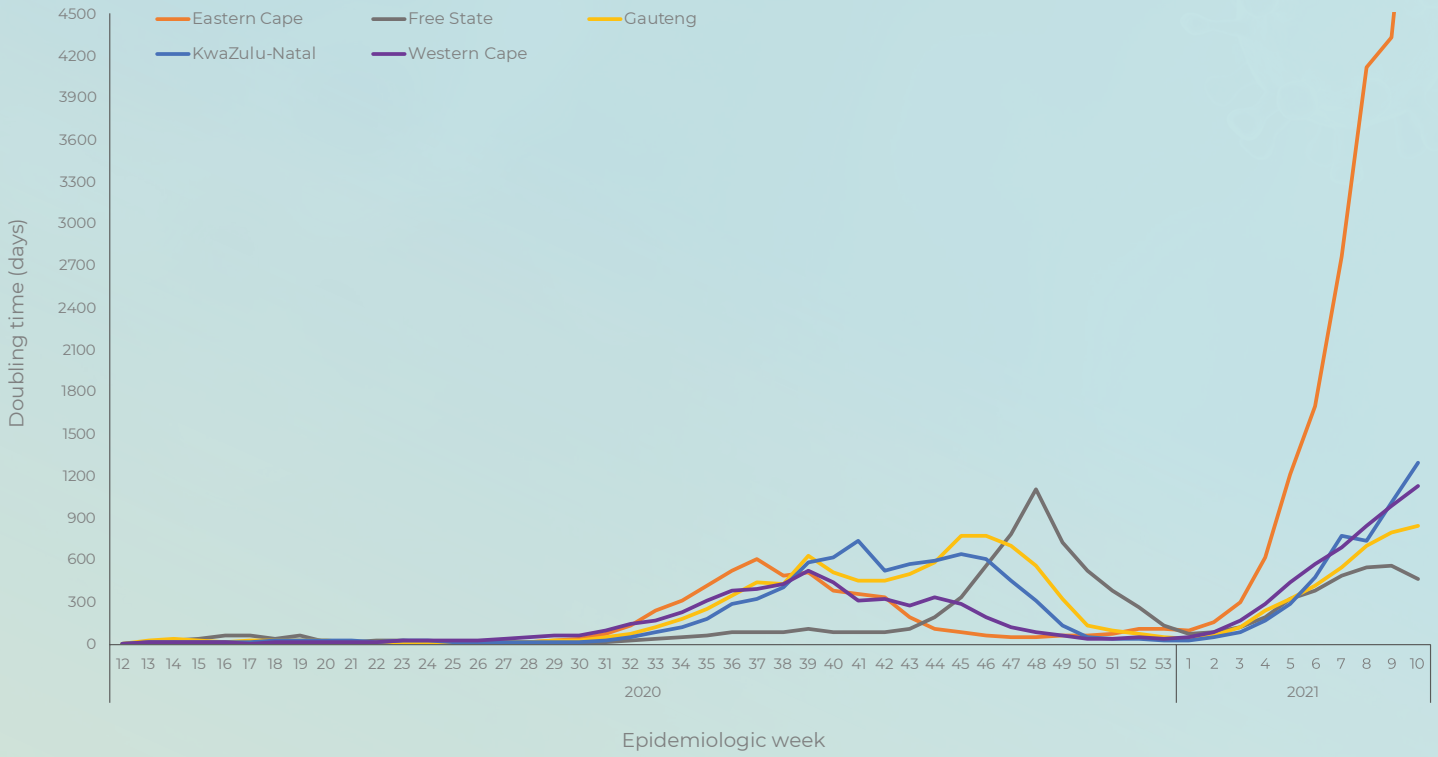


Figure 5. Doubling time of number of laboratory-confirmed cases of COVID-19 by province (for 5 provinces with the majority of cases) and epidemiologic week, South Africa, 23 March-2020 –13 March 2021 (n= 1 531 321)

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 (180 784/1 523 556, 11.9%) and 30-34-year (175 845/1 523 556, 11.5%) 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 (600/6 333, 9.5%) and the 30-34-year age group (594/6 333, 9.4%). The median age for cases reported in week 11 of 2021 was similar (38 years, IQR 25-53), to that of total cases (40 years). The highest cumulative incidence risk remained among cases aged 50-54 years (5 229.2 cases per 100 000 persons), followed by cases aged 55-59 years (5 172.0 cases per 100 000 persons) and ≥80 years (5 072.6 cases per 100 000 persons). The lowest cumulative incidence risk was reported in the younger age-groups, 320.4 cases per 100 000 persons and 397.7 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 11 of 2021 was reported in cases aged ≥80 years (20.8 cases per 100 000 persons), followed by cases in the 70-74-year age group (20.5 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) (Figure 8 and table 2).

To date, the majority of COVID-19 cases reported were female 57.8% (879 394/1 521 062). This trend continued in the past week where 56.1% (3 562/6 348) of cases were female. The cumulative incidence risk has remained consistently higher among females (2 858.9 cases per 100 000 persons) than among males (2 184.7 cases per 100 000 persons) (Figure 9). The peak cumulative incidence risk was in the 50-54-year-age group (5 471.1 cases per 100 000 persons) for females, and in the ≥80-year-age group (5 266.0 cases per 100 000 persons) for males (Figure 10). In week 11 of 2021, the highest weekly incidence risk was in the 50-54-year age group (19.6 cases per 100 000 persons) for females, and in the cases ≥80 years (24.7 cases per 100 000 persons) for males. 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.

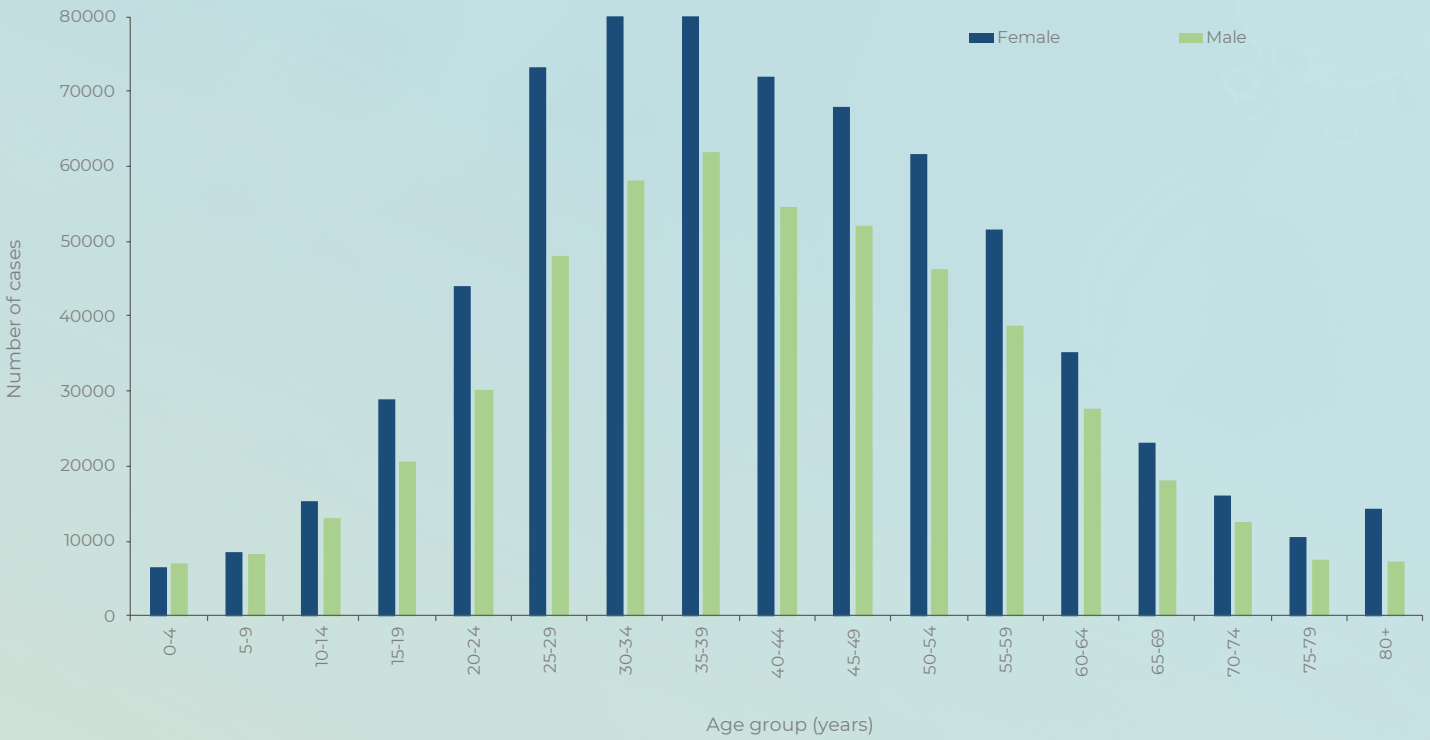


Figure 6. Number of laboratory-confirmed cases of COVID-19 by age group and sex, South Africa, 3 March 2020 –20 March 2021 (n = 1 508 130, sex/age missing for 29 722)

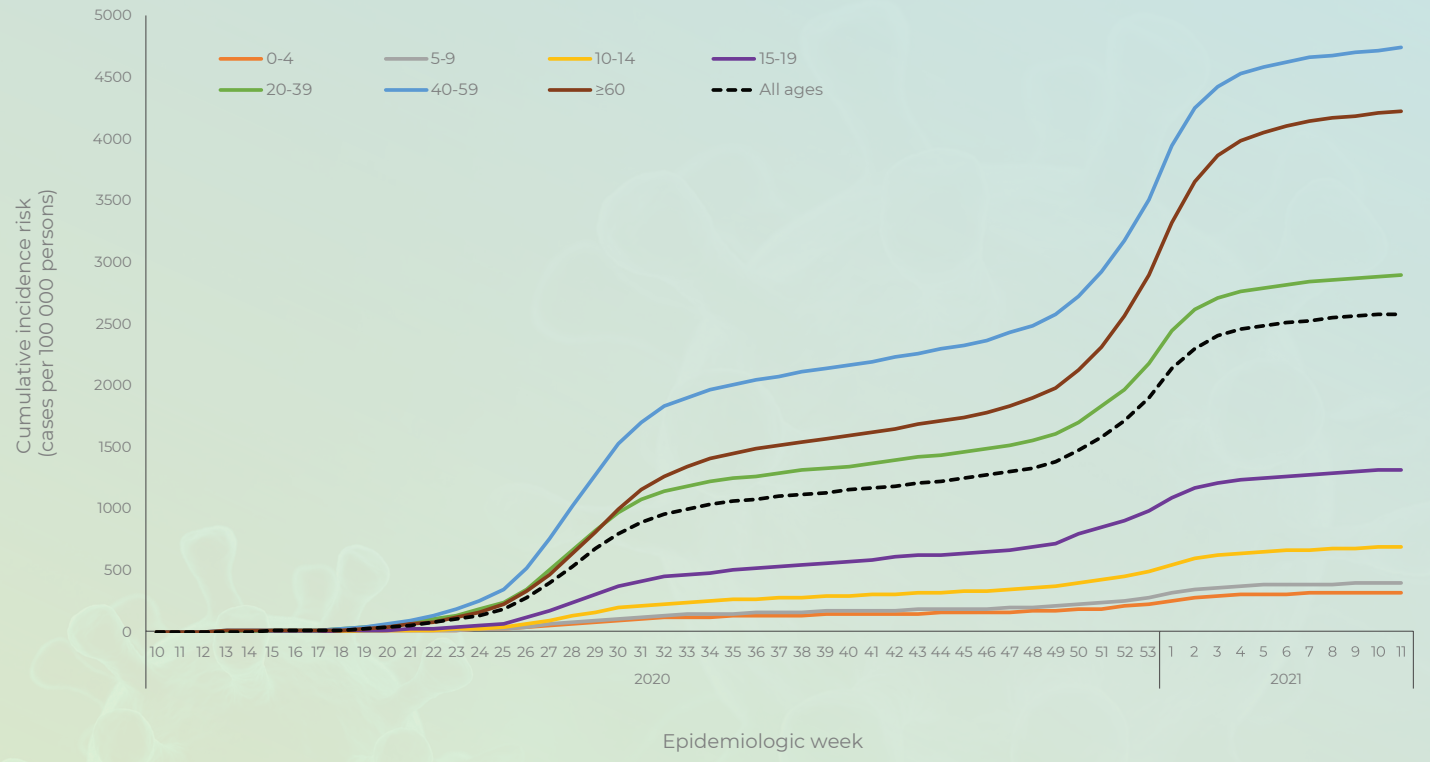


Figure 7. Cumulative incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, South Africa, 3 March 2020-20 March 2021 (n=1 523 556, 14 296 missing age)

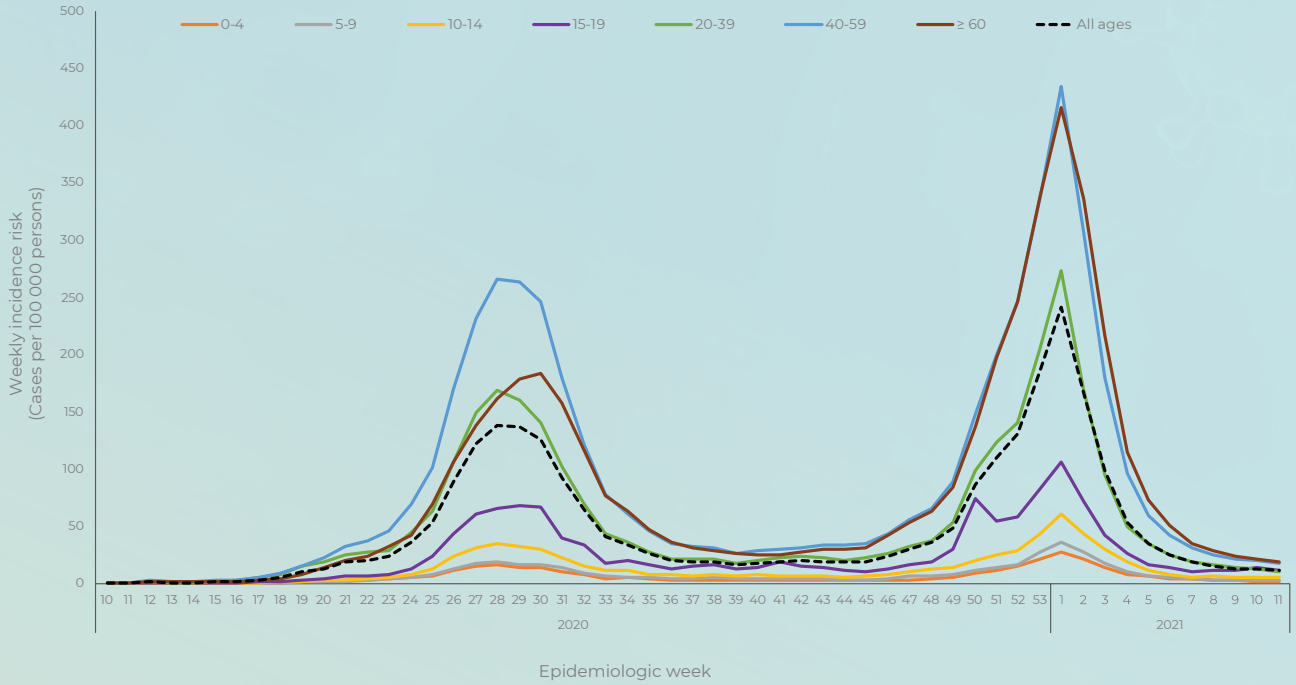


Figure 8. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, South Africa, 3 March 2020 -20 March 2021 (n=1 523 556, 14 296 missing age)

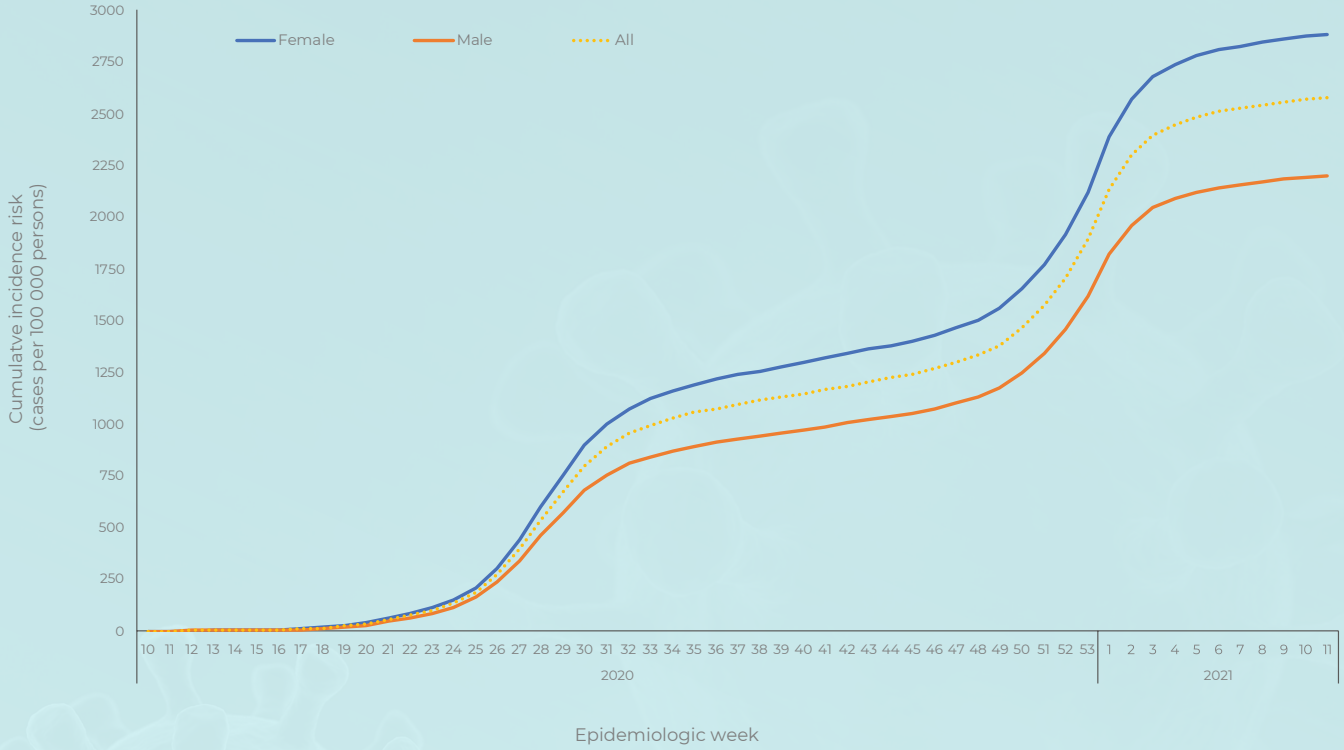


Figure 9. Cumulative incidence risk by sex and epidemiologic week, South Africa, 3 March 2020 –20 March 2021 (n=1 521 062, sex missing for 16 790)

Table 2. Number of laboratory-confirmed cases of COVID-19 and cumulative/weekly incidence risk by age group, South Africa, 3 March 2020 –20 March 2021, n= 1 523 556, 14 296 missing age)

Age group (years)	Cumulative cases (n) (percentage, n/ total cases in South Africa)	New cases[1] detected in week 11 (14-20 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 11 of 2021 (cases/100 000 persons)
0-4	18 404 (1.2)	107 (1.7)	5 743 450	320.4	1.9
5-9	22 734 (1.5)	187 (3.0)	5 715 952	397.7	3.3
10-14	38 419 (2.5)	310 (4.9)	5 591 553	687.1	5.5
15-19	62 924 (4.1)	525 (8.3)	4 774 579	1 317.9	11.0
20-24	92 539 (6.1)	416 (6.6)	4 823 367	1 918.6	8.6
25-29	148 699 (9.8)	565 (8.9)	5 420 754	2 743.1	10.4
30-34	175 845 (11.5)	594 (9.4)	5 641 750	3 116.9	10.5
35-39	180 784 (11.9)	600 (9.5)	4 798 293	3 767.7	12.5
40-44	156 396 (10.3)	528 (8.3)	3 733 942	4 188.5	14.1
45-49	148 503 (9.7)	531 (8.4)	3 169 648	4 685.2	16.8
50-54	134 457 (8.8)	510 (8.1)	2 571 263	5 229.2	19.8
55-59	114 370 (7.5)	449 (7.1)	2 211 309	5 172.0	20.3
60-64	81 996 (5.4)	341 (5.4)	1 796 316	4 564.7	19.0
65-69	54 917 (3.6)	241 (3.8)	1 408 665	3 898.5	17.1
70-74	38 926 (2.6)	206 (3.3)	1 007 174	3 864.9	20.5
75-79	24 360 (1.6)	103 (1.6)	637 062	3 823.8	16.2
≥80	29 283 (1.9)	120 (1.9)	577 273	5 072.6	20.8
Unknown	14 296	111			
Total	**1 537 852**	**6 444**	**59 622 350**	**2 579.3**	**10.8**

[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

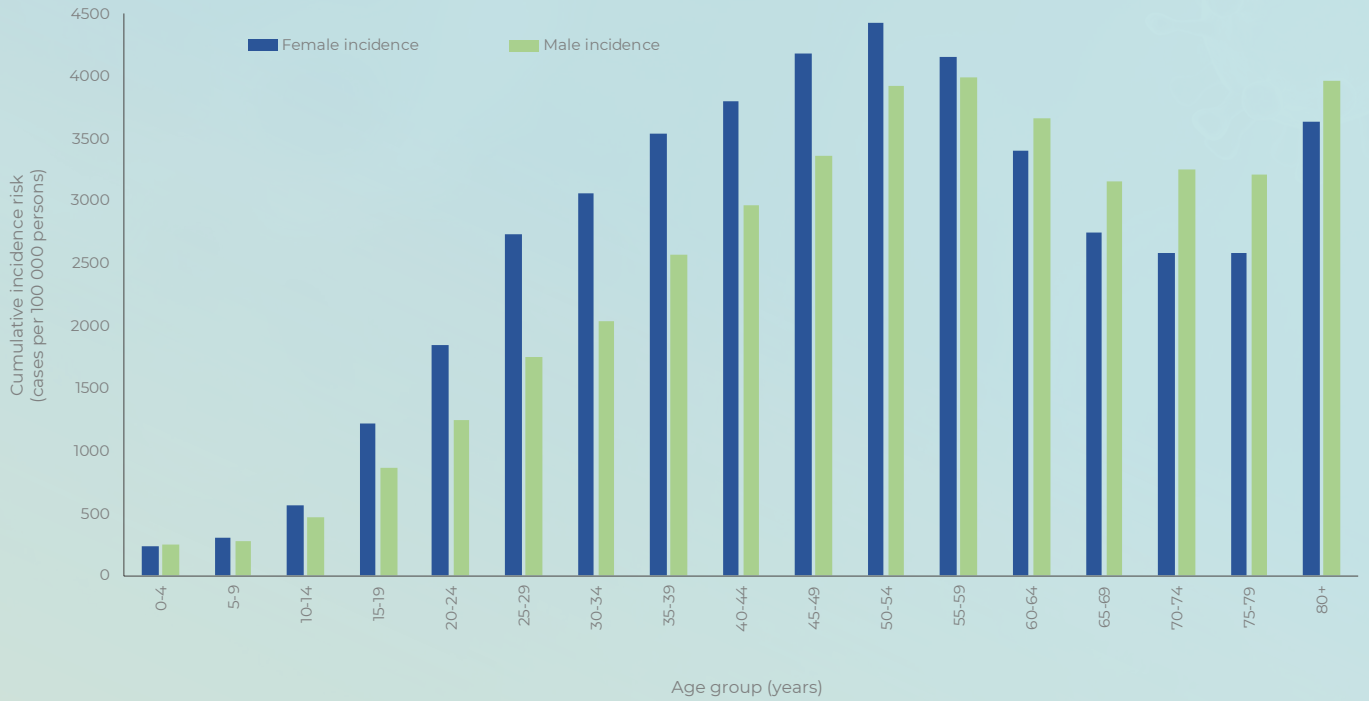


Figure 10. Cumulative risk by age group and sex, South Africa, 3 March 2020 –20 March 2021 (n=1 508 130, sex/age missing for 29 722)

Provincial trends of COVID-19 cases

All provinces have been reporting a decline in number of new cases since week 2 of 2021, except Northern Cape which reported an increase from week 10 of 2021 to date and North West in week 11 of 2021. Changes in trends by district and age group for each province are presented below.

Eastern Cape Province

Of the 194 886 cases reported from the Eastern Cape Province, 172 792 (88.7%) cases had allocation by district. In the past week, two districts reported an increase in weekly incidence risk, the Nelson Mandela Bay Metro (0.5 cases per 100 000 persons, 22.2% increase) and Buffalo City Metro (1.6 cases per 100 000 persons, 81.3% increase), compared to the previous week (Figure 11).
The majority of cases from the Eastern Cape Province were in the 40-59-year age group (70 053/192 844, 36.3%) followed by the 20-39-year age group (66 155/192 844, 34.3%). In the past week, three age groups reported an increase in weekly incidence risk 5-9-year age (0.1 cases per 100 000 persons, 100.0% increase), 0-4-year (0.3 cases per 100 000 persons, 100.0% increase) and 15-19-year (0.3 cases per 100 000 persons, 22.2% increase) age groups, while 10-14-year age group showed no change in weekly incidence risks, compared to the previous week (Figure 12).

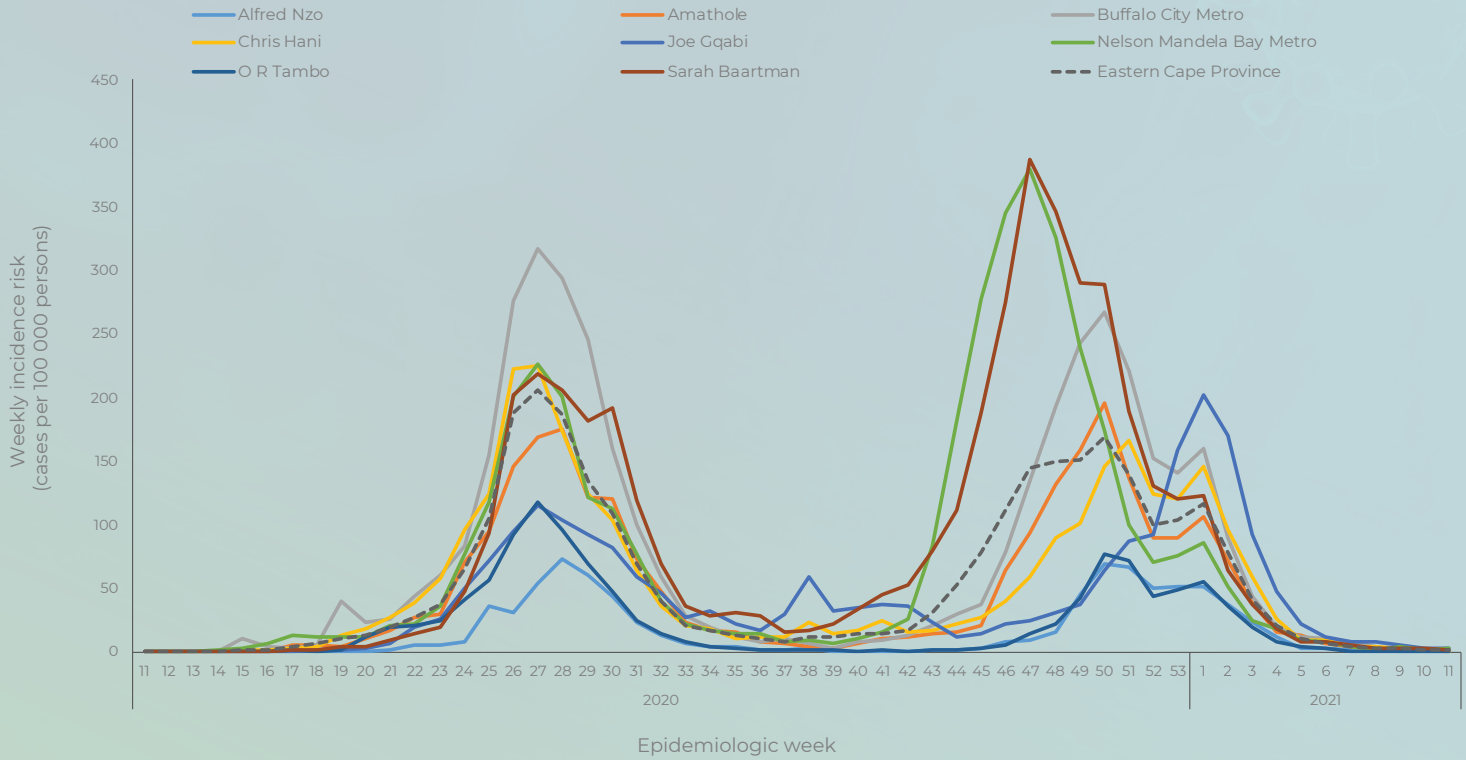


Figure 11. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Eastern Cape Province, 3 March 2020 –20 March 2021 (n=172 792, 22 094 missing district)

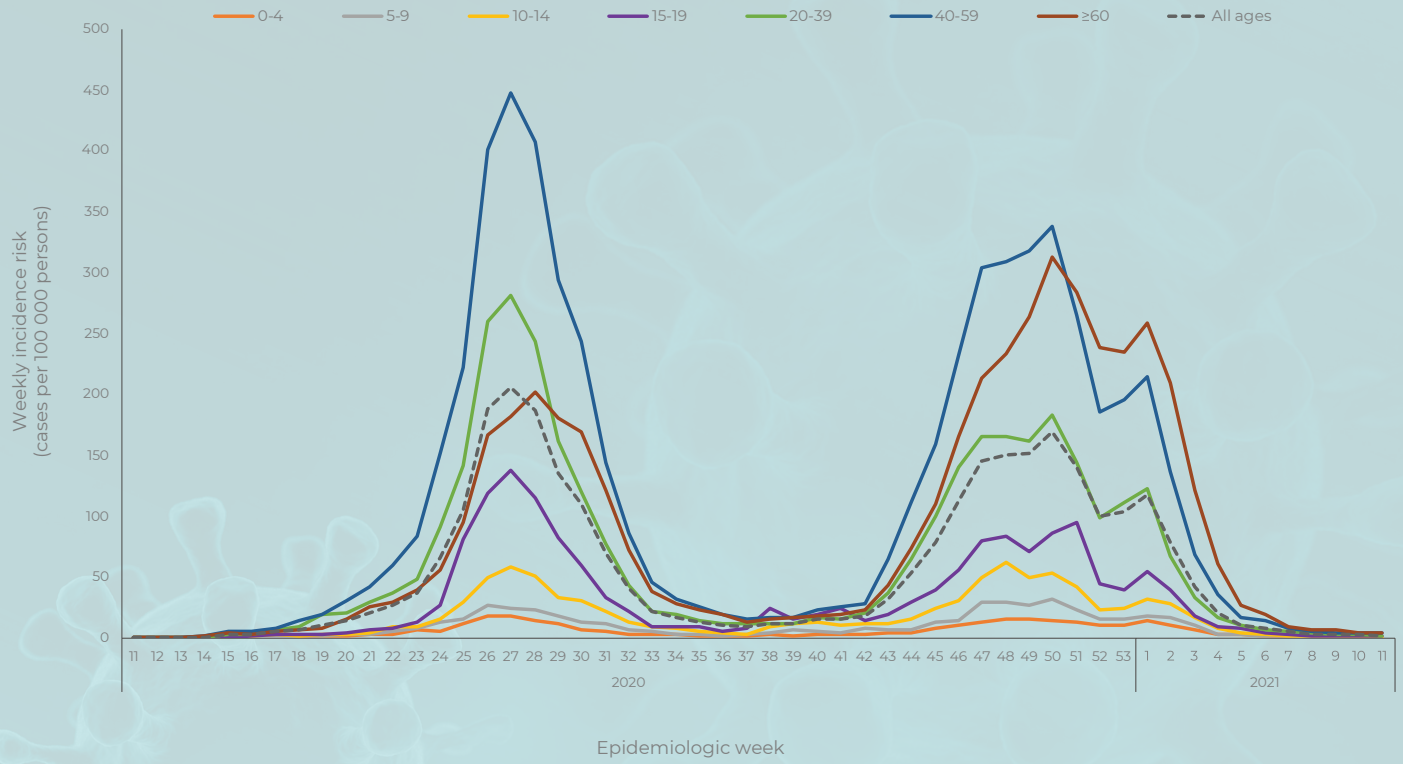


Figure 12. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Eastern Cape Province, 3 March 2020 –20 March 2021 (n=192 844, 2 042 missing age)

Western Cape Province

Of the 281 223 cases reported from the Western Cape Province, 263 180 (93.6%) cases had allocation by district. In week 11 of 2021, all the districts reported a decrease in weekly incidence risk, compared to the previous week (Figure 13).

The majority of cases from the Western Cape Province were in the 20-39-year-age group (111 189/280 265, 39.7%), followed by the 40-59-year-age group (104 615/280 265, 37.3%). In the past week, all age groups reported a decrease in weekly incidence risk, except the 0-4-year age group which showed no change in weekly incidence risk, compared to the previous week (Figure 14).

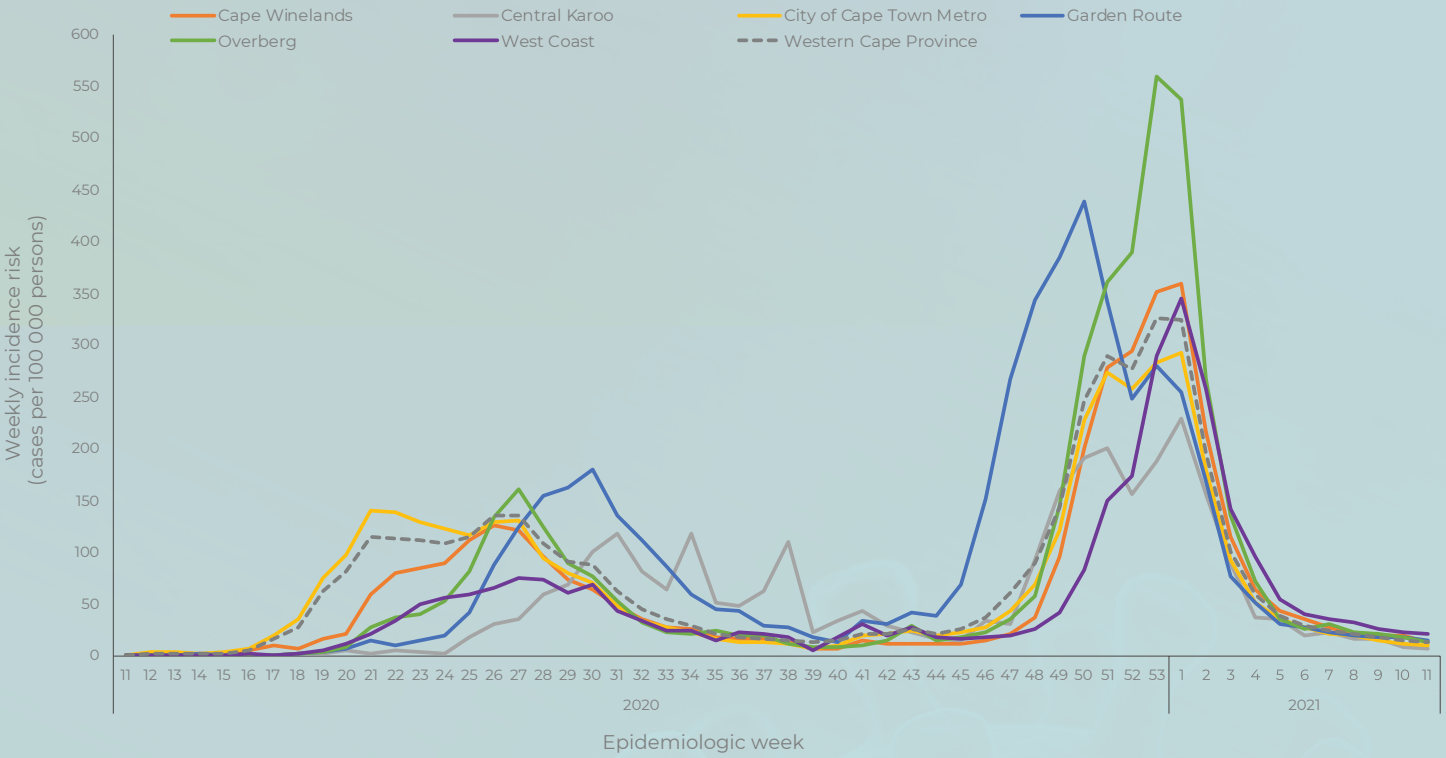


Figure 13. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Western Cape Province, 3 March 2020 –20 March 2021 (n=263 180, 18 043 missing district)

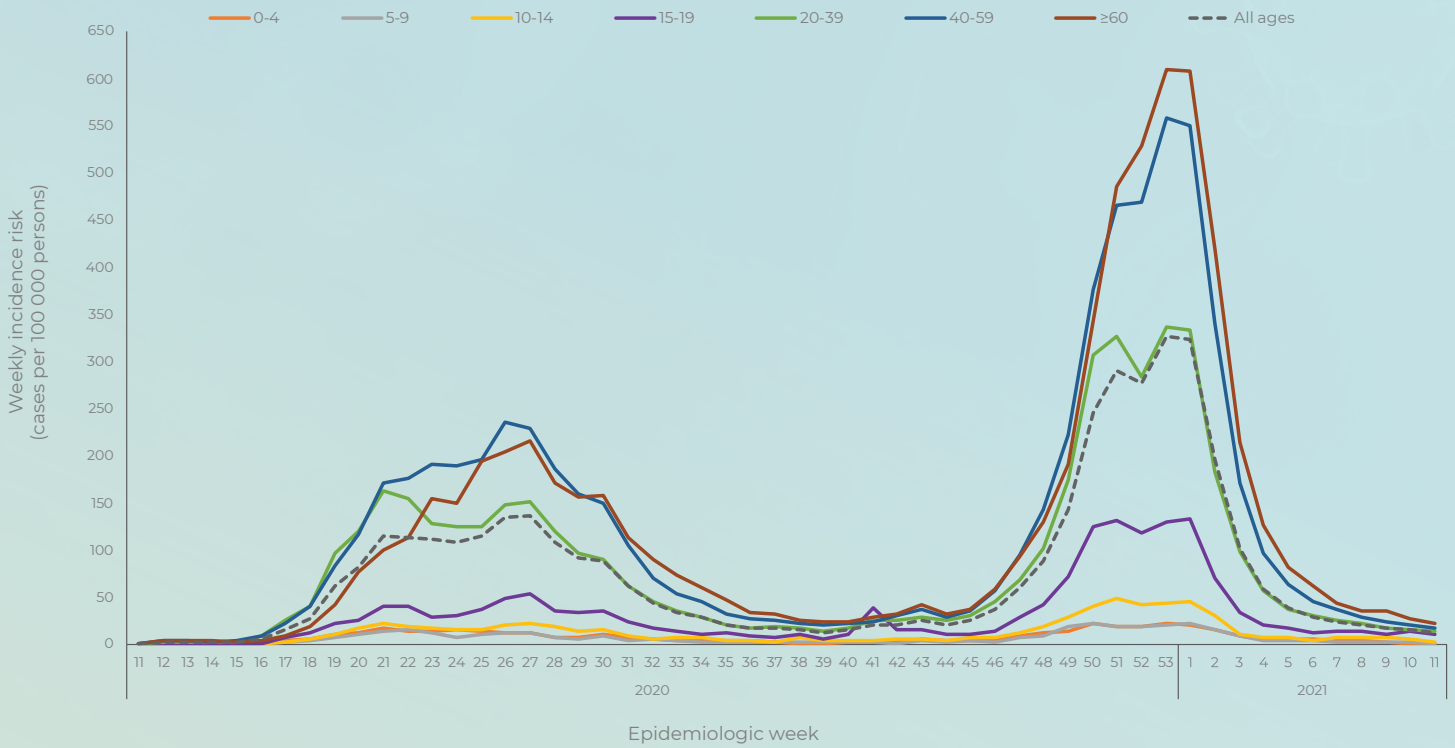


Figure 14. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Western Cape Province, 3 March 2020 –20 March 2021 (n=280 265, 958 missing age)

Gauteng Province

Of the 411 428 cases reported from the Gauteng Province, 356 918 (86.8%) had allocation by district. In the past week, two districts reported an increase in weekly incidence risk, City of Johannesburg Metro (0.1 cases per 100 000 persons, 1.6% increase) and West Rand District (2.1 cases per 100 000 persons, 16.8% increase), compared to the previous week (Figure 15).

In the past week, all age groups reported a decrease in weekly incidence risk, compared to the previous week (Figure 16).

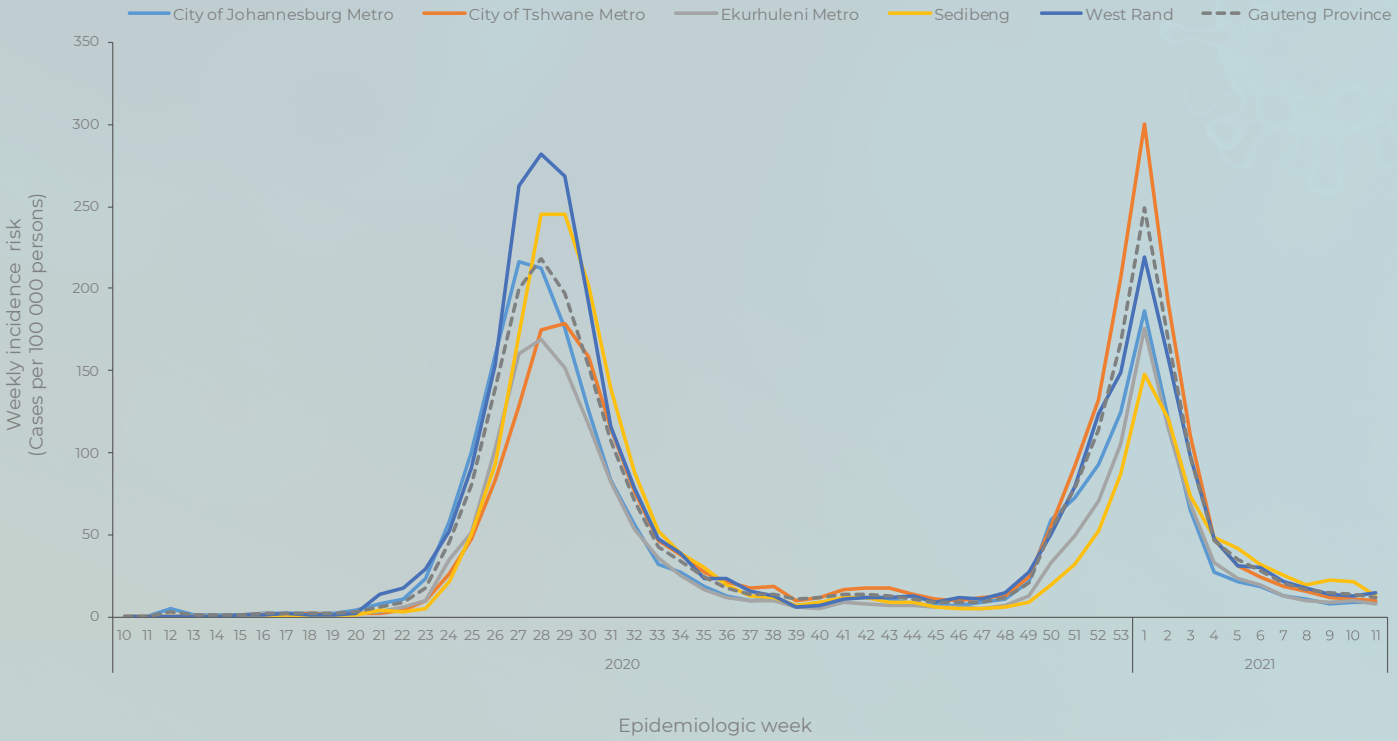


Figure 15. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Gauteng Province, 3 March 2020 –20 March 2021 (n=356 918, 54 510 missing district)

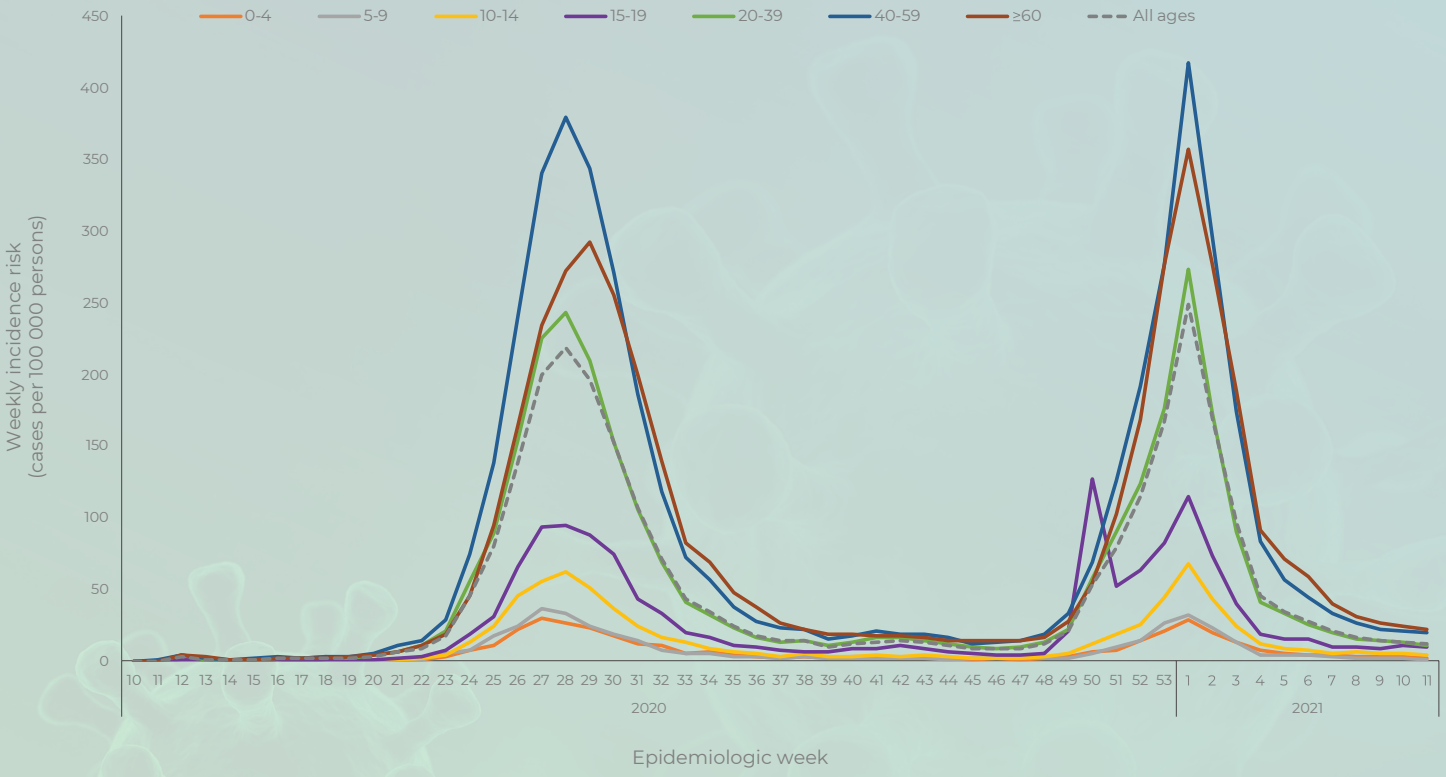


Figure 16. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Gauteng Province, 3 March 2020 -20 March 2021 (n=406 734, 4 694 missing age)

KwaZulu-Natal Province

Of the 332 945 cases reported from KwaZulu-Natal Province, 249 508 (74.9%) had allocation by district. In the past week, the uMkhanyakude District reported an increase in weekly incidence risk (2.0 cases per 100 000 persons, 34.1% increase), and the Amajuba District reported no change in weekly incidence risk, compared to the previous week (Figure 17).

The majority of cases from KwaZulu-Natal Province were in the 20-39-year-age group (126 019/329 484, 38.2%), followed by 40-59-year-age group (112 805/329 484, 34.2%). In week 11, 10-14-year age group reported an increase in weekly incidence risk (1.4 cases per 100 000 persons, 33.3% increase), compared to the previous week (Figure 18).

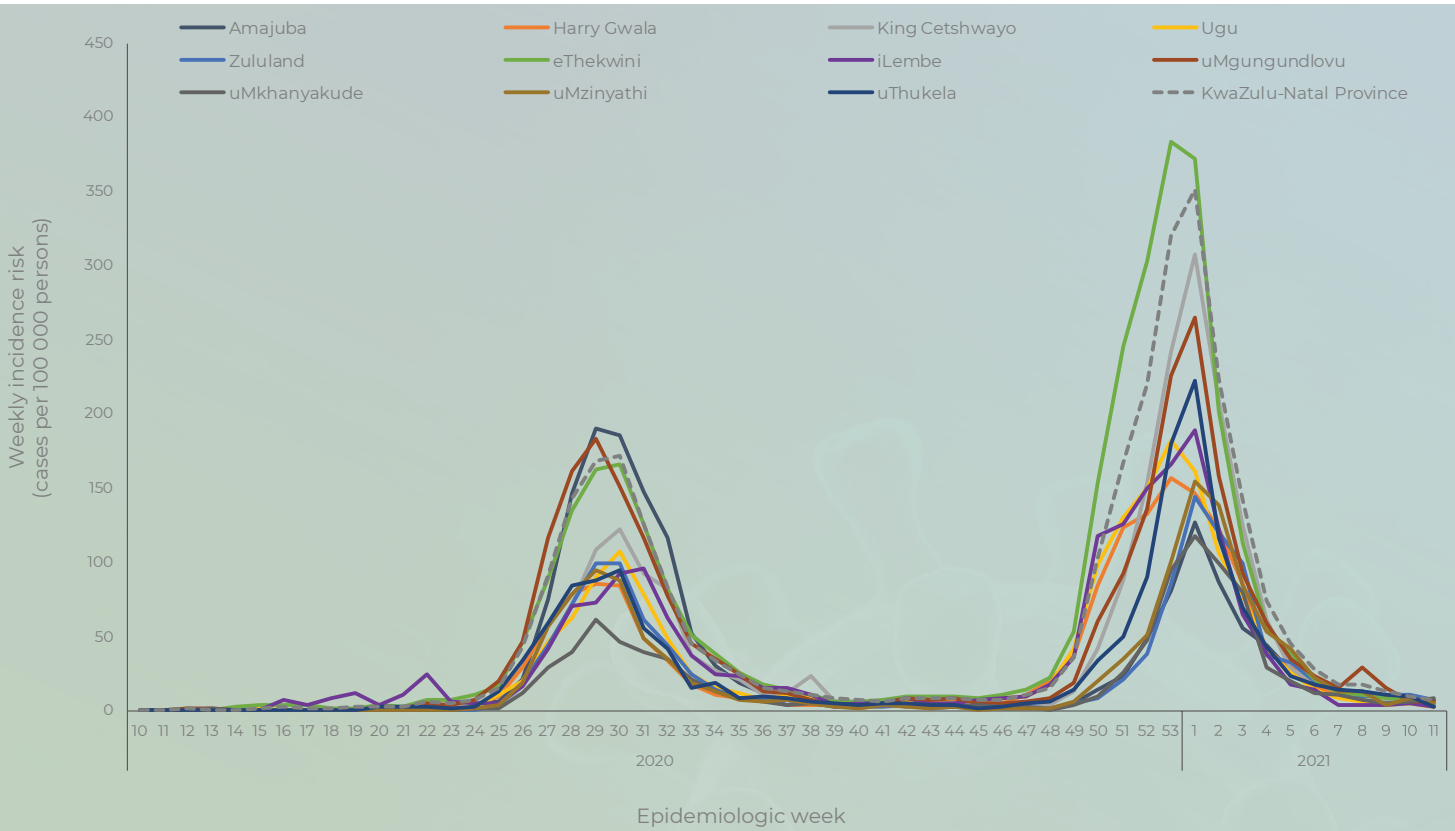


Figure 17. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, KwaZulu-Natal Province, 3 March 2020 –20 March 2021 (n=249 508, 83 437 missing district)

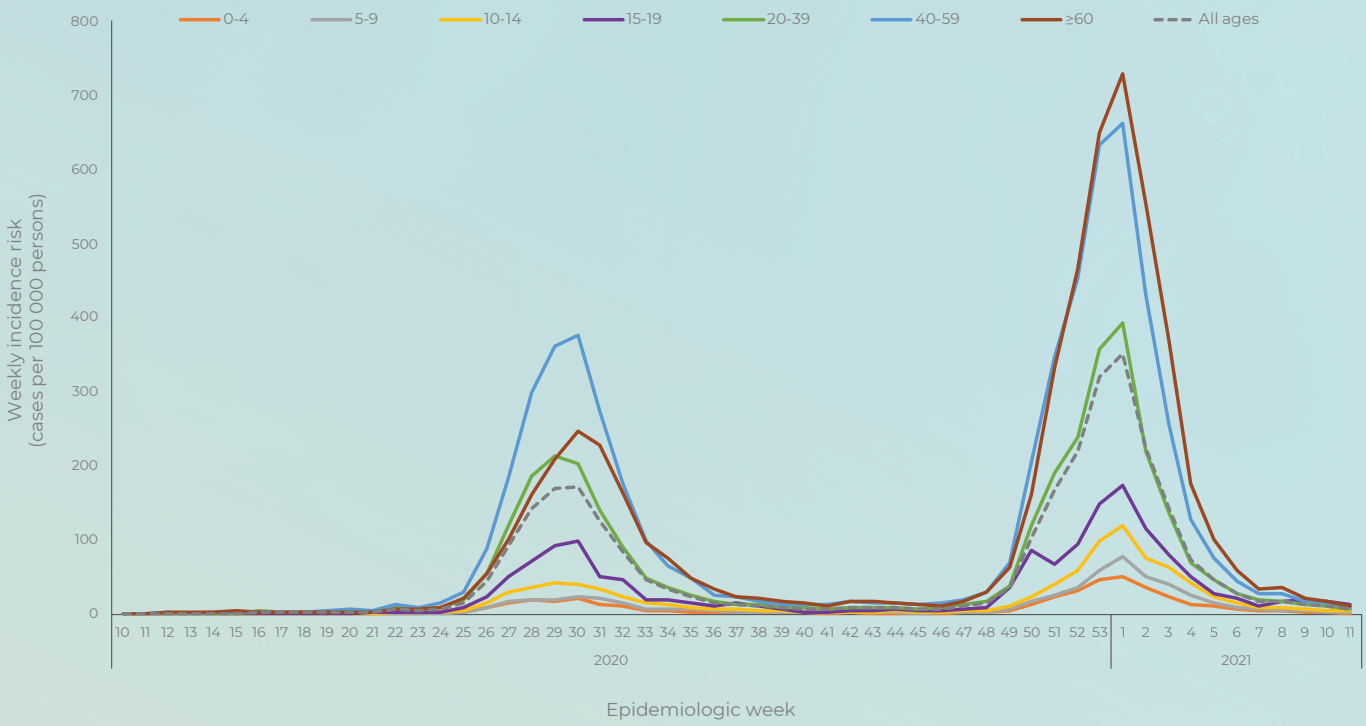


Figure 18. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, KwaZulu-Natal Province, 3 March 2020 –20 March 2021 (n=329 484, 3 461 missing age)

Free State Province

Of the 82 165 cases reported from the Free State Province, 74 803 (91.0%) had allocation by district. In the past week, all the districts reported a decrease 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 (30 852/81 811, 37.7%), followed by 40-59-yearp age group (29 237/81 811, 35.7%). In the past week, all age groups reported a decrease in weekly incidence risks, except the ≥60-year-age group which reported an increase (0.3 cases per 100 000 persons, 0.8% increase) in weekly incidence, compared to the previous week (Figure 20)

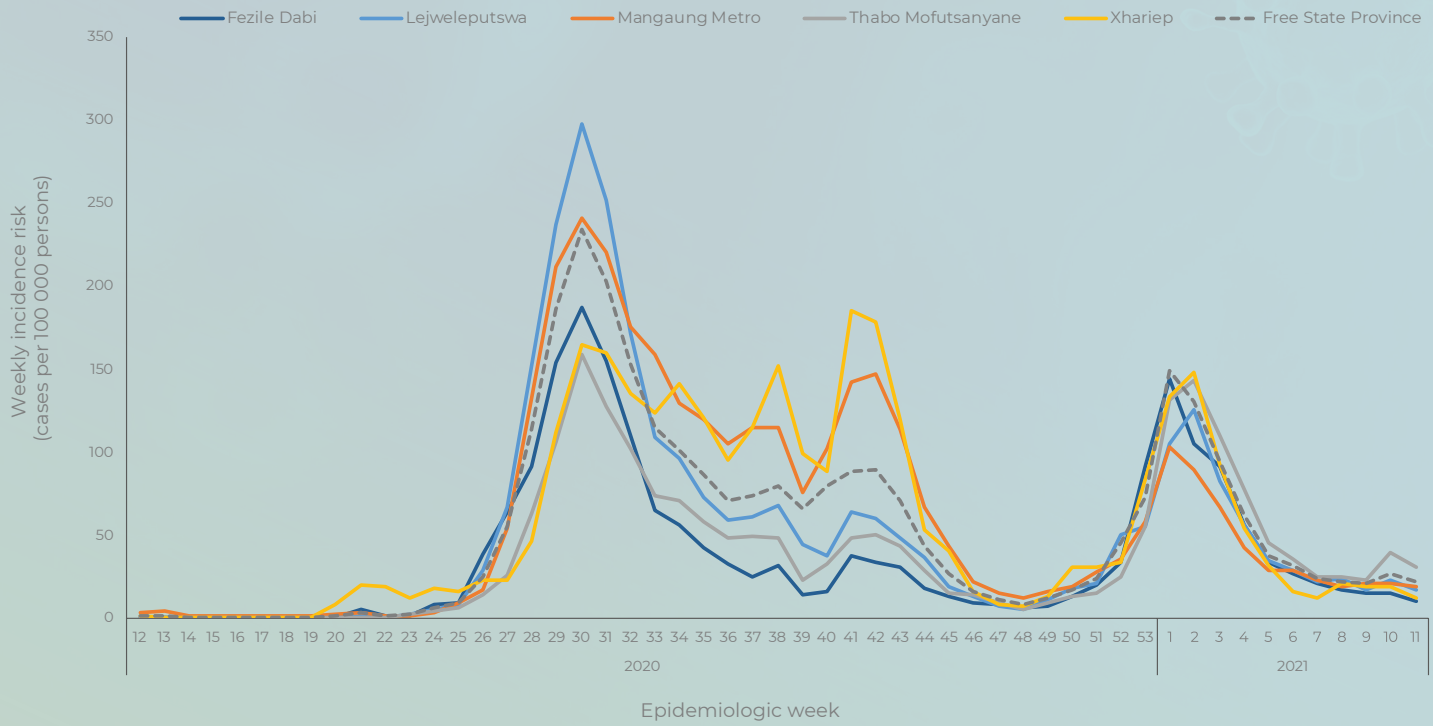


Figure 19. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Free State Province, 3 March 2020 –20 March 2021 (n=74 803, 7 362 missing district)

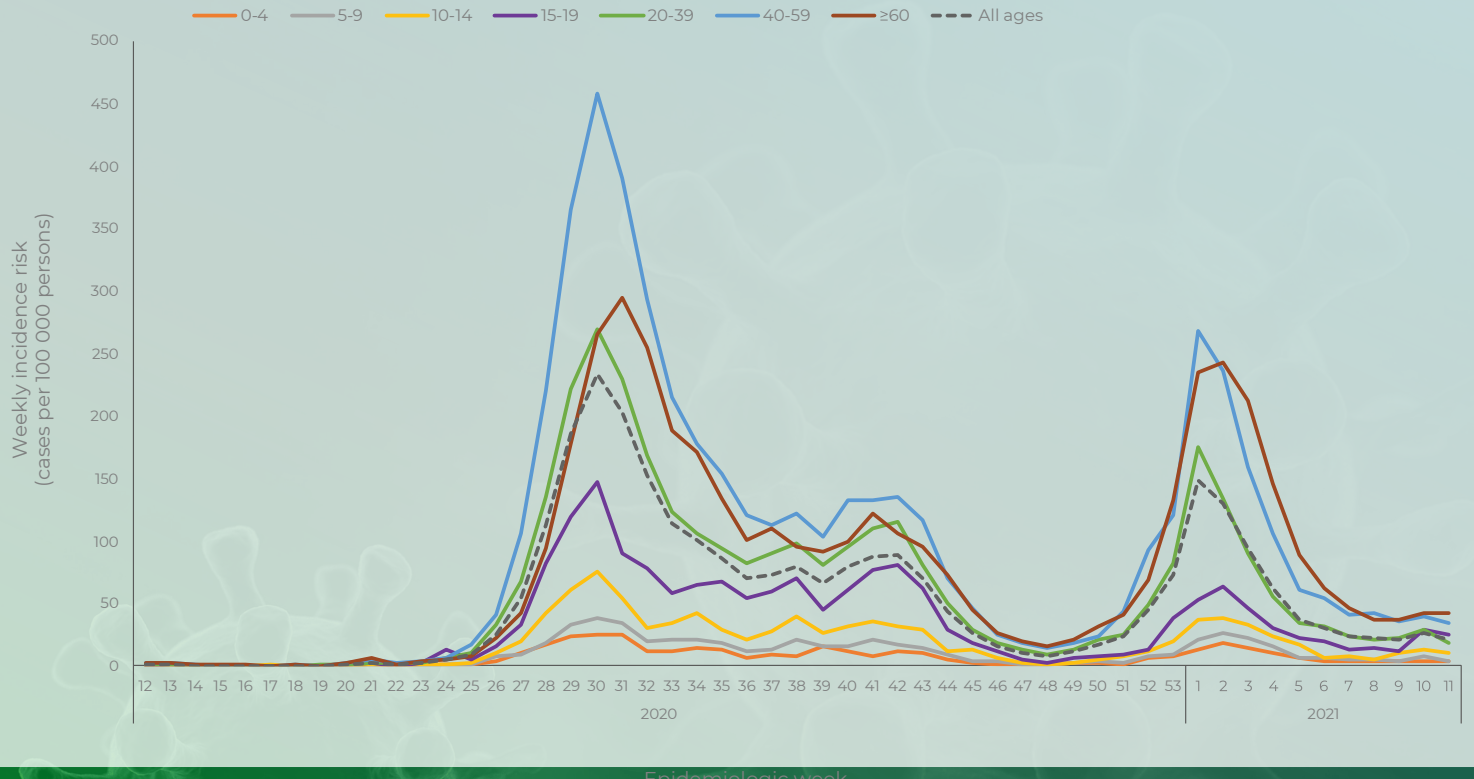


Figure 20. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Free State Province, 3 March 2020 –20 March 2021 (n=81 811, 354 missing age)

Limpopo Province

Of the 62 892 cases reported from the Limpopo Province, 54 861 (87.2%) had allocation by district. In the past week, two districts reported an increase in weekly incidence risk, the Mopani (0.3 cases per 100 000 persons, 10.8% increase) and the Vhembe (0.4 cases per 100 000 persons, 33.3% increase) districts, compared to the previous week (Figure 21).

The majority of cases from Limpopo Province were in the 40-59-year-age group (24 810/62 536, 39.7%), followed by 20-39-year-age group (23 723/62 536, 37.9%). In the past week, all age groups reported a decrease in weekly incidence risk, compared to the previous week (Figure 22).

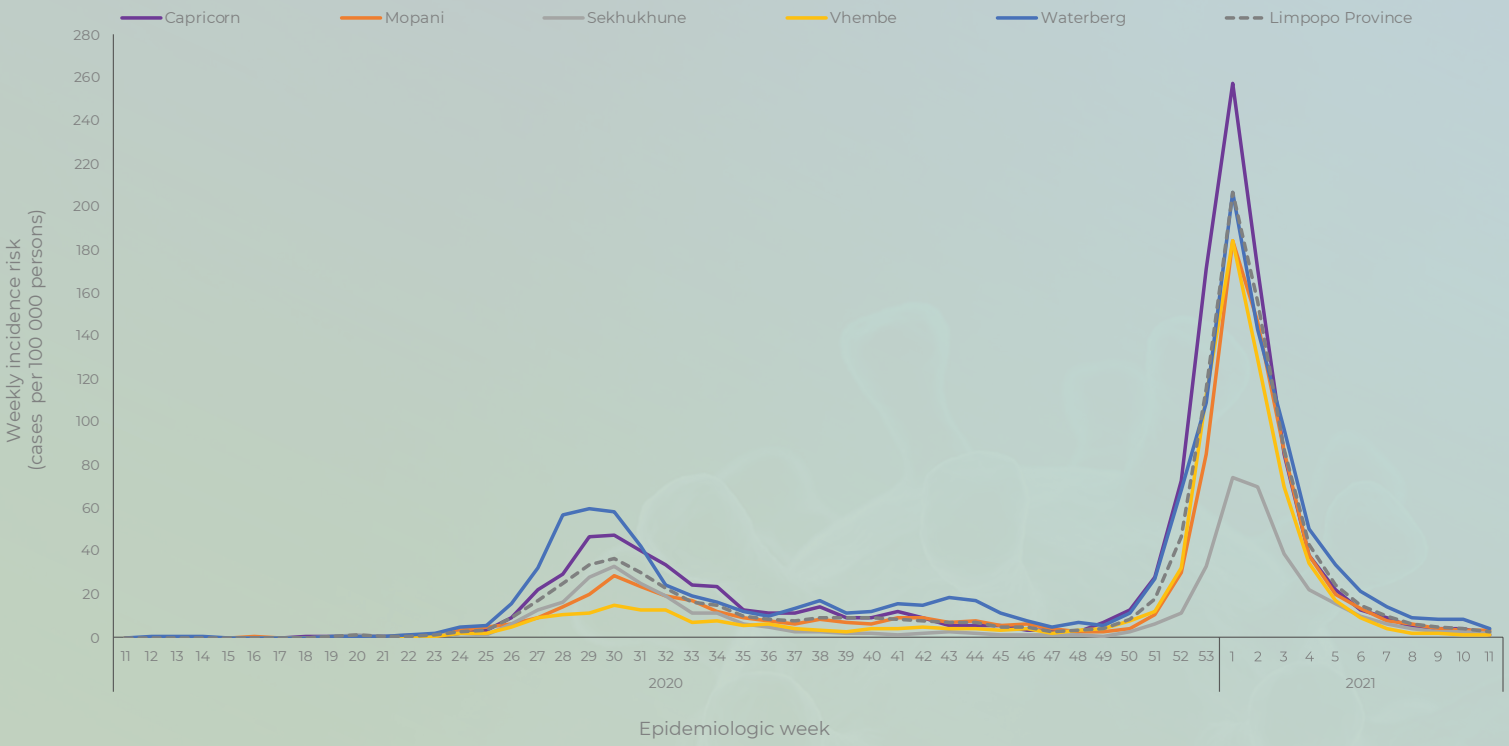


Figure 21. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Limpopo Province, 3 March 2020 –20 March 2021 (n=54861, 8 031 missing district)

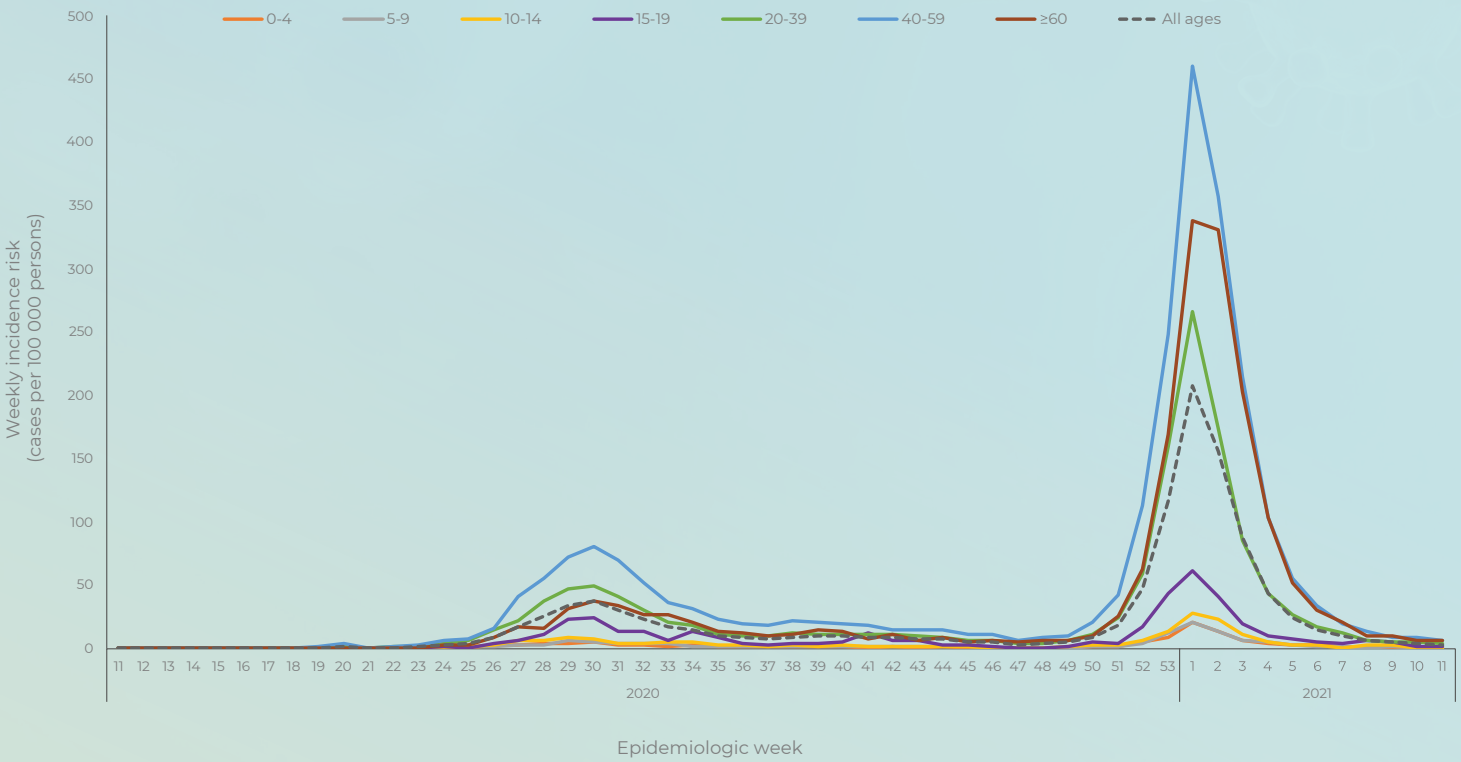


Figure 22. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Limpopo Province, 3 March 2020 –20 March 2021 (n= 62 536, 356 missing age)

Mpumalanga Province

Of the 73 835 cases reported from the Mpumalanga Province, 59 547 (80.6%) had allocation by district. In the past week, all the districts reported a decrease in weekly incidence risk, compared to the previous week (Figure 24).

The majority of cases from Mpumalanga Province were in the 20-39 year-age group (29 990/72 446, 41.4%), followed by 40-59-year-age group (25 951/72 446, 35.8%). In the past week, two age groups reported an increase in weekly incidence risk, the 10-14-year age (1.3 cases per 100 000 persons, 23.1% increase) and 0-4-year age (1.8 cases per 100 000 persons, 66.7% increase), compared to the previous week (Figure 23).

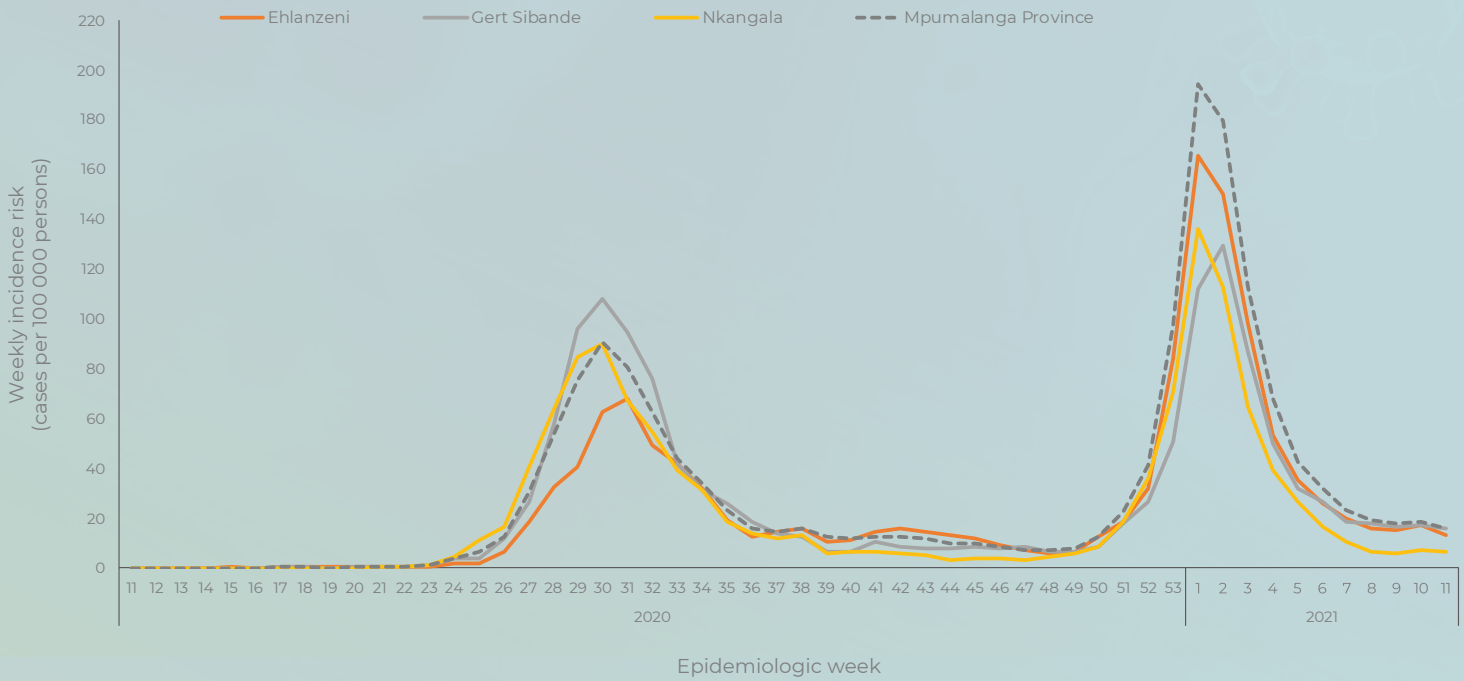


Figure 23. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Mpumalanga Province, 3 March 2020 -20 March 2021 (n=59 547, 14 288 missing district)

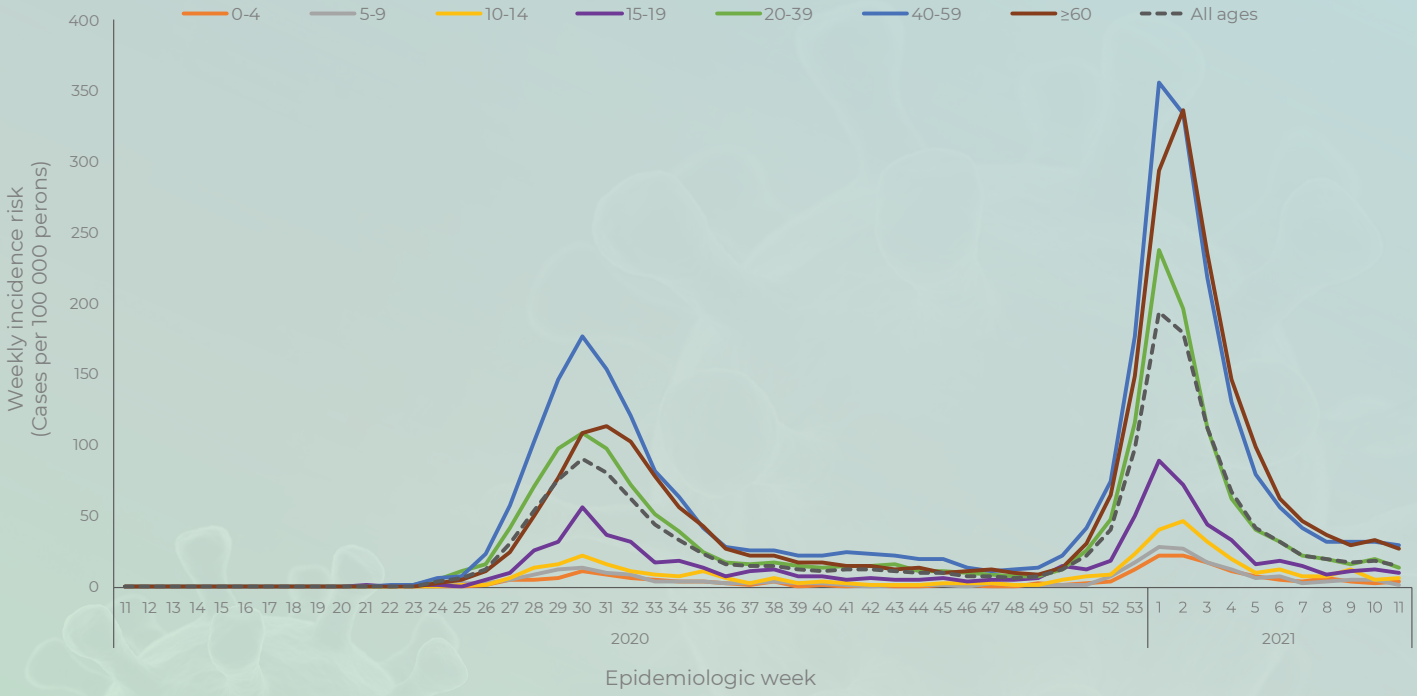


Figure 24. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group and epidemiologic week, Mpumalanga Province, 3 March 2020 -20 March 2021 (n=72 446, 1 389 missing age)

North West Province

Of the 62 856 cases reported from the North West Province, 51 877 (82.5%) had allocation by district. In the past week, the Dr Kenneth Kaunda (1.1 cases per 100 000 persons, 4.7%% increase), and the Ngaka Modiri Molema (3.4 cases per 100 000 persons, 41.3% 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 (25 461/62 125, 41.0%), followed by 20-39-year-age group (23 403/62 125, 37.7%). In the past week, four age groups (5-9, 15-19, 20-39 and 40-59-year age groups) reported an increase in weekly incidence risk, compared to the previous week (Figure 26). The increase ranged from 0.5 cases per 100 000 persons (22.2% increase) in the 5-9-year age group to 4.3 cases per 100 000 persons (31.8% increase) in the 15-19-year age group.

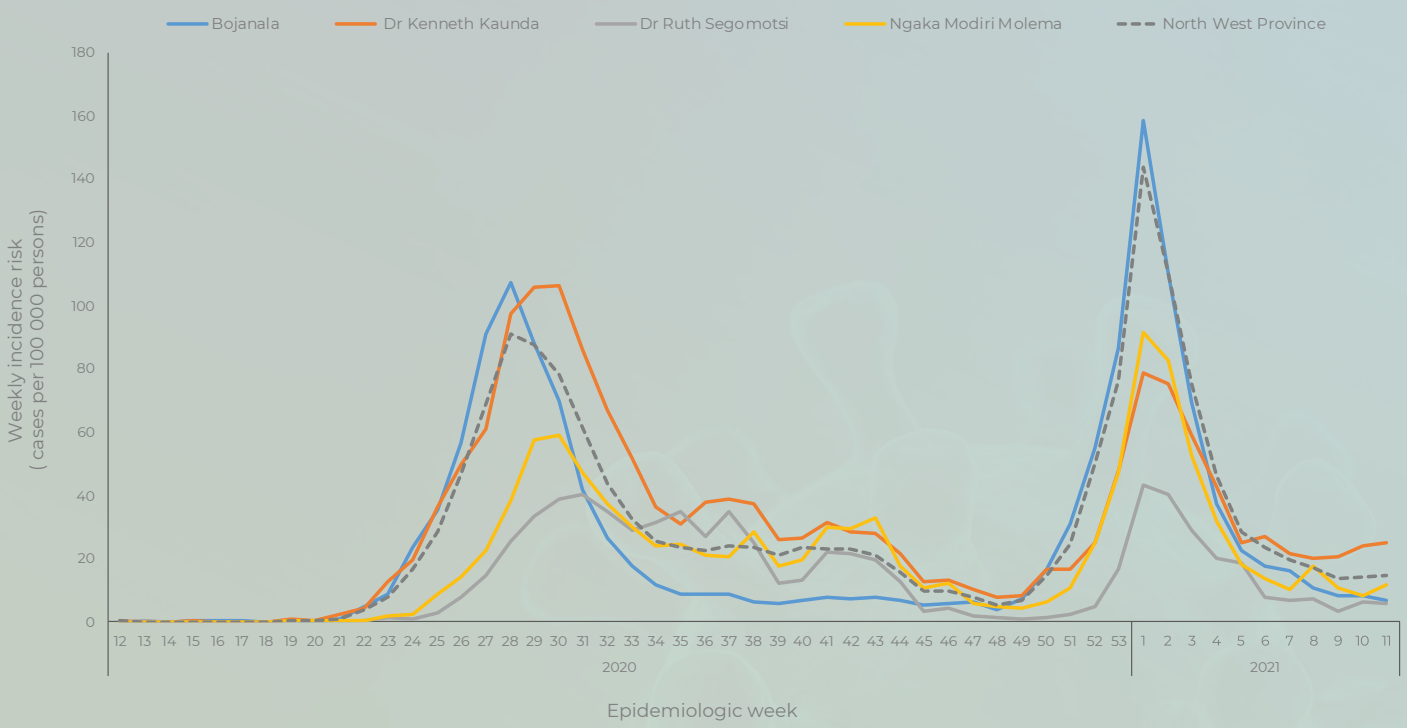


Figure 25. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, North West Province, 3 March 2020 -20 March 2021 (n= 51 877, 10 979 missing district)

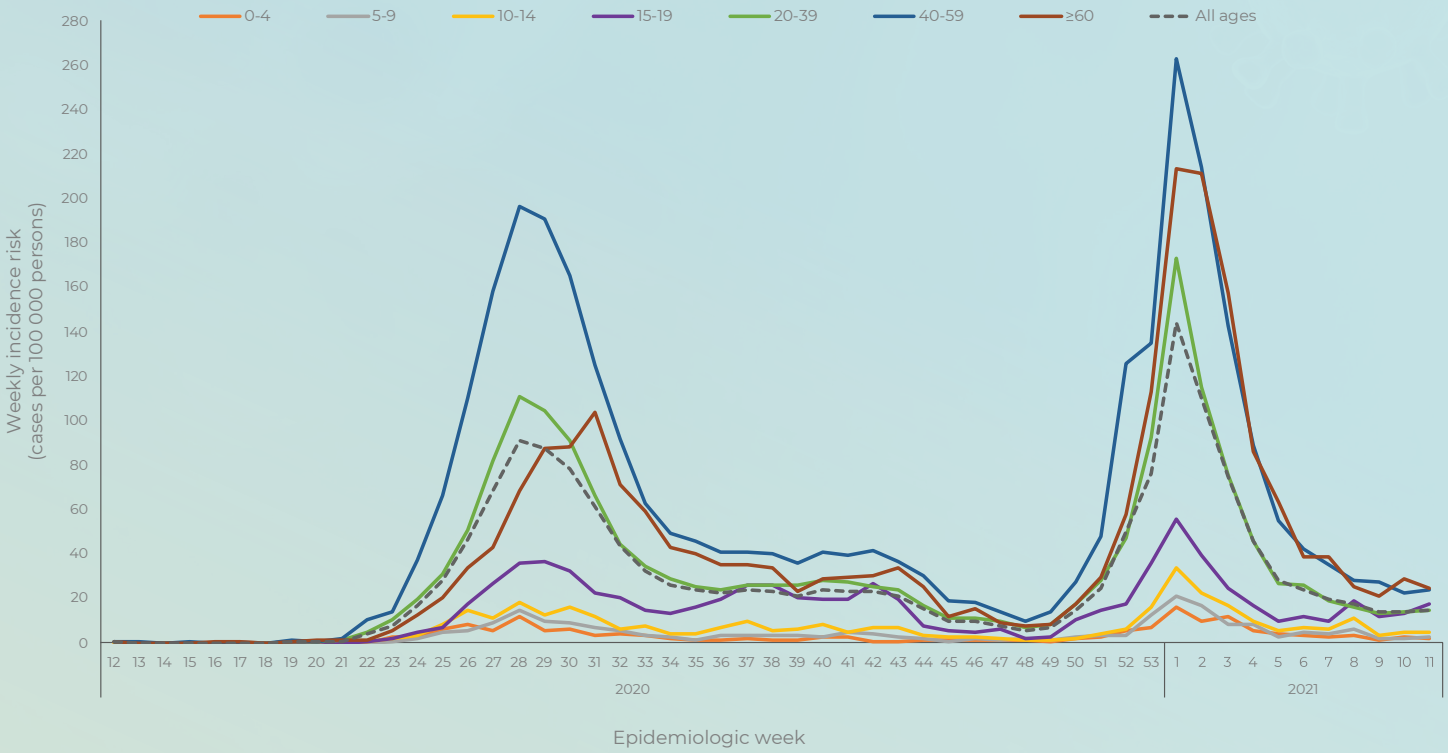


Figure 26. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, North West Province, 3 March 2020 –20 March 2021 (n=62 125, 731 missing age)

Northern Cape Province

Of the 35 622 cases reported from the Northern Cape Province, 29 793 (83.6%) had allocation by district. In the past week, all the districts reported an increase in weekly incidence risk, compared to the previous week (Figure 27). The increase ranged from 2.8 cases per 100 000 persons (8.0% increase) in the Pixley ka Seme to 74.4 cases per 100 000 persons (43.9% increase) in the Namakwa districts.

The majority of cases from Northern Cape Province were in the 20-39-year-age group (13 511/35 311, 38.3%), followed by 40-59-year-age group (11 915/35 311, 33.7%). In the past week, all age groups reported an increase in weekly incidence risk, except 15-19-year age group which reported a decrease in weekly incidence. The increase in weekly incidence ranged from 5.4 cases per 100 000 persons (14.5% increase) in the 40-59-year age group to 69.0 cases per 100 000 persons (537.5% increase) in the 5-9-year age group, compared to the previous week (Figure 28).

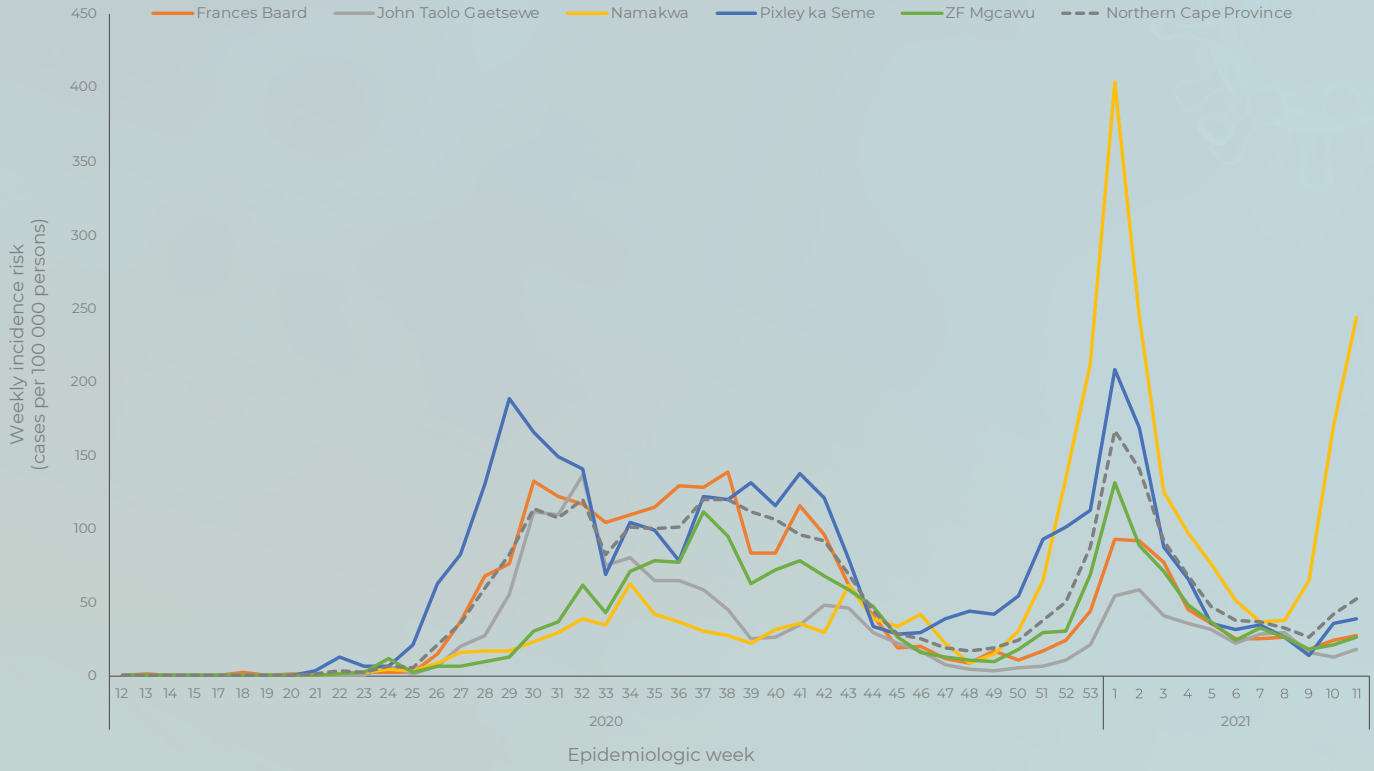


Figure 27. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Northern Cape Province, 3 March 2020 -20 March 2021 (n=29 793, 5 829 missing district)

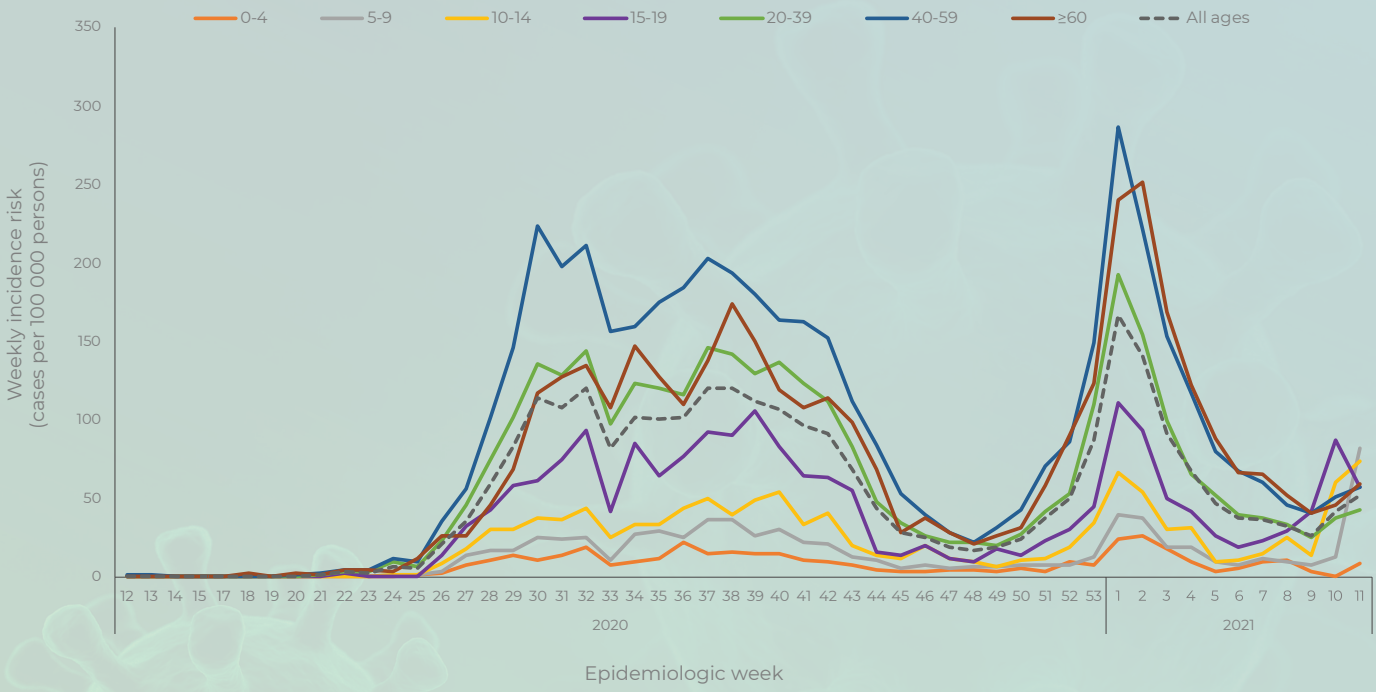


Figure 28. Weekly incidence risk of laboratory-confirmed cases ofCOVID-19 by age group in years and epidemiologic week, Northern Cape Province, 3 March 2020 –20 March 2021 (n=35 311, 311 missing age)

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, 1 537 852 cases, including 52 111 deaths have been reported. The increase in number of new cases and weekly incidence risk reported in the Northern Cape Province in the past two weeks is possibly due to community transmission and localised outbreaks/ clusters in school-going age groups. The decrease in the 15-19 year age group in the last week maybe due to delays in reporting. 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.