

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

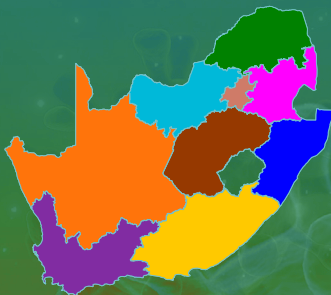


NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES

Division of the National Health Laboratory Service

SOUTH AFRICA WEEK 8 2021

CUMULATIVE DATA FROM



CASES

1 513 393
IN TOTAL

8 322
THIS WEEK**

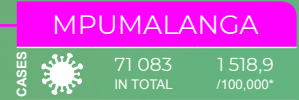
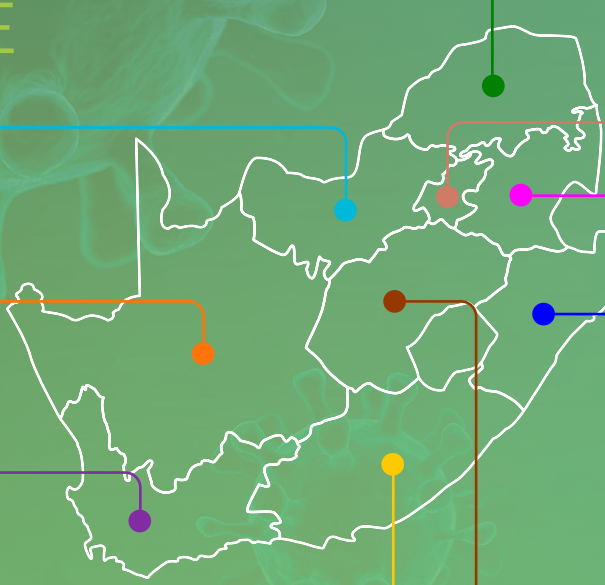
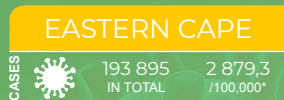


PERSONS

2 538,3
INCIDENCE RISK*

40
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 27 February 2021 (week 8 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 27 February 2021, a total of 1 513 393 laboratory-confirmed COVID-19 cases had been detected in South Africa. Of these, 9 597 were cases reported since the last report (week 7 of 2021). There was a 22.7% decrease in number of new cases detected in week 8 of 2021 (8 322) compared to the number of new cases detected in week 7 of 2021 (10 767), possibly related in part to delays in reporting.
- An additional 940 deaths were reported since the last report. The overall case-fatality ratio is 3.3% (49 993/1 513 393).
- In the past week, the Gauteng Province reported the highest proportion of the new cases detected (2 330/8 322, 28.0%), followed by the KwaZulu-Natal Province (1 794/8 322, 21.6%), and the Western Cape Province (1 352/8 322, 16.2%).
- In keeping with past six weeks, in the past week, all provinces reported a decrease in weekly incidence risk, compared to the previous week. The decrease in weekly incidence risk ranged from 1.6 cases per 100 000 persons (9.5% decrease) in the KwaZulu-Natal Province to 8.2 cases per 100 000 persons (22.4% decrease) in the Northern Cape Province.
- In week 8, Northern Cape Province reported the highest weekly incidence risk (28.4 cases per 100 000 persons), followed by the Free State Province (20.0 cases per 100 000 persons), and the Western Cape Province (19.3 cases per 100 000 persons).

INCIDENCE
RISK FOR
CURRENT WEEK

14,0
CASES PER
100 000
PERSONS

28,0%

OF CASES
REPORTED IN
GAUTENG IN
CURRENT WEEK

IN CURRENT
WEEK, THE
HIGHEST
WEEKLY
INCIDENCE
RISK WAS IN
CASES AGED
80+ YEARS (29,6
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 27 February 2021, a total of 1 513 393 laboratory-confirmed COVID-19 cases were reported in South Africa (Figures 1 and 2). This is 9 597 more cases than the number reported in the last report (week 7 of 2021 report). The number of new cases detected in week 8 of 2021 (8 322) was lower than the number of new cases detected in week 7 of 2021 (10 767), this represented a 22.7% 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 (2 330/8 322, 28.0%), followed by the KwaZulu-Natal Province (1 794/8 322, 21.6%), and the Western Cape Province (1 352/8 322, 16.2%) (Table 1). Five provinces, Gauteng (404 639/1 513 393, 26.7%), KwaZulu-Natal (329 163/1 513 393, 21.8%), Western Cape (277 668/1 513 393, 18.3%), Eastern Cape (193 895/1 513 393, 12.8%), and Free State (80 065/1 513 393, 5.3%) continued to report the majority (1 285 430/1 513 393, 84.9%) 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 7 to week 8 of 2021.

The cumulative incidence risk for the country increased from 2 524.3 cases per 100 000 persons in week 7 of 2021 to 2 538.3 cases per 100 000 persons in week 8 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

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 8 2021

the highest cumulative incidence risk (3 963.4 cases per 100 000 persons), followed by the Eastern Cape Province (2 879.3 cases per 100 000 persons), the KwaZulu-Natal Province (2 854.4 cases per 100 000 persons), the Free State Province (2 733.6 cases per 100 000 persons), the Northern Cape Province (2 630.1 cases per 100 000 persons), and the Gauteng Province (2 612.6 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 (1 058.6 cases per 100 000 persons). Similar to the past three weeks, the Northern Cape Province reported the highest weekly incidence risk (28.4 cases per 100 000 persons) in week 8 of 2021, followed by the Free State Province (20.0 cases per 100 000 persons), and the Western Cape Province (19.3 cases per 100 000 persons). The weekly incidence risk in all the other provinces were below 19 cases per 100 000 persons. In the past week, all provinces reported a decrease in weekly incidence risk compared to the previous week. The decrease in weekly incidence risk ranged from 1.6 cases per 100 000 persons (9.5% decrease) in the KwaZulu-Natal Province to 8.2 cases per 100 000 persons (22.4% decrease) in the Northern Cape Province (Figure 4). Some of the reductions in week 8 of 2021 weekly incidence risk could be as a result of reporting delays. The second wave peaked nationally in week 1, the weekly number of new cases detected has been declining since week 51 of 2020 in the

Eastern Cape and since week 2 of 2021 in all the other provinces. 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 7 of 2021, the estimated doubling time of number of cases increased in all five provinces, Gauteng Province (from 411.4 days to 553.1 days, 34.4% increase), the Free State Province (from 383.9 days to 472.8 days, 23.2% increase), Eastern Cape Province (from 1 698.7 days to 2 751.2 days, 62.0% increase), Western Cape Province (from 570.8 days to 692.2, 21.3% increase), and the Kwazulu-Natal Province (from 474.0 days to 770.3, 62.5% increase) (Figure 5).

The case-fatality ratio (CFR) was 3.3% (49 993/1 513 393); an additional 940 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, 940 death compared to 1 154 death. 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.

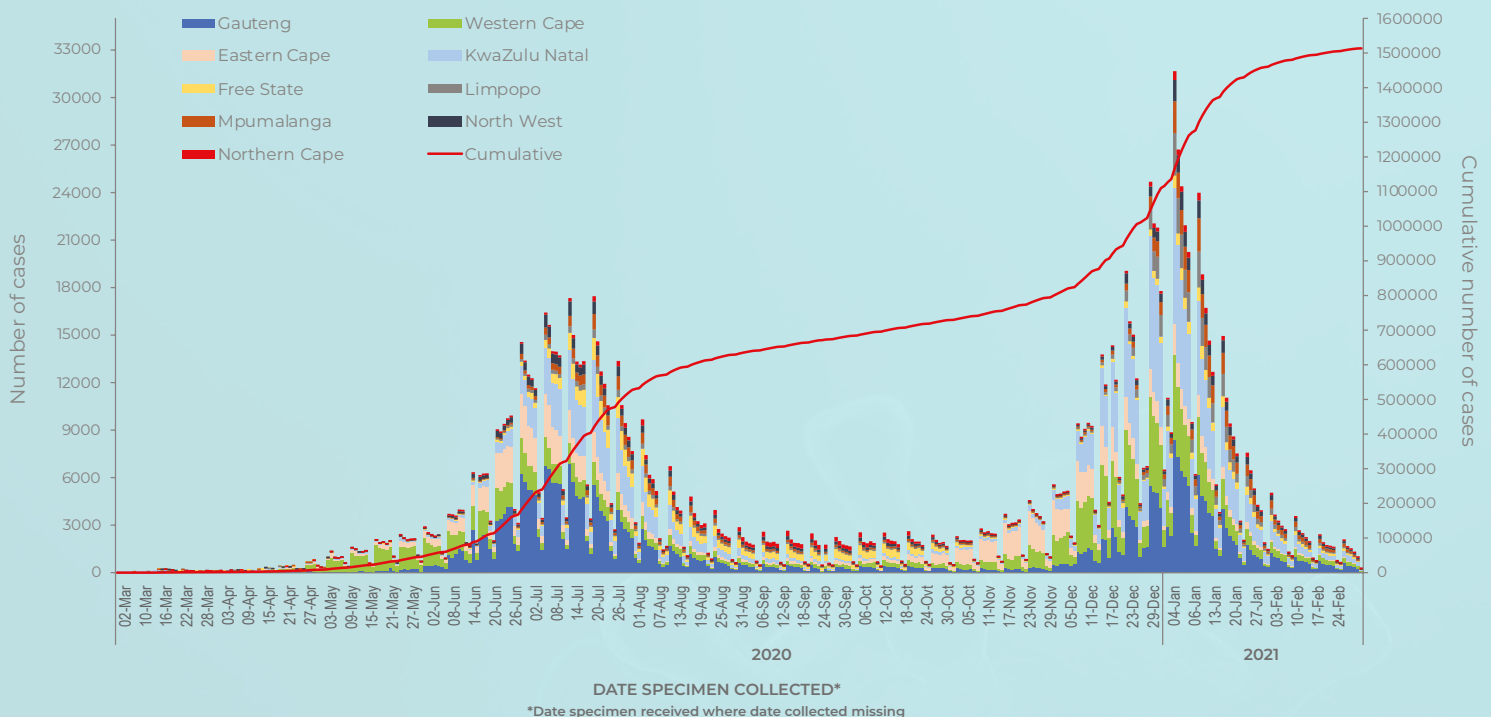


Figure 1. Number and cumulative number of laboratory-confirmed cases of COVID-19 by province and date of specimen collection, South Africa, 3 March 2020 – 27 February 2021 (n=1 513 393)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 8 2021

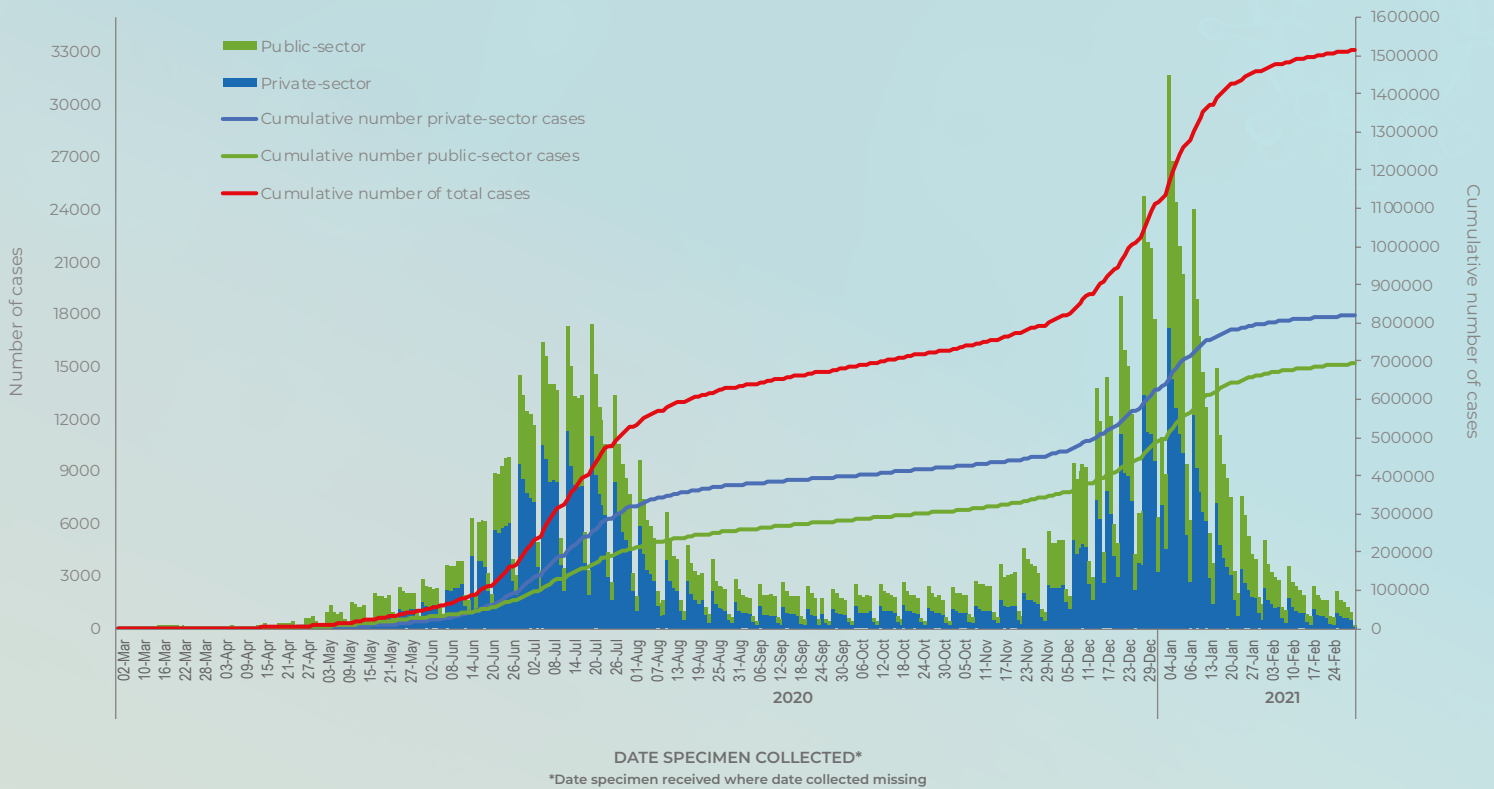


Figure 2. Number and cumulative number of laboratory-confirmed cases of COVID-19, by testing laboratory sector and date of specimen collection, South Africa, 3 March 2020 – 27 February 2021 (n=1 513 393)

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 - 27 February 2021 (n=1 513 393)

Province	Cumulative cases (n) (percentage, n/total cases in South Africa)	New cases ¹ detected in week 8 (21-27 Feb 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 8 of 2021 (cases/100 000 persons)	Tests ⁴ per 100 000 persons, 21-27 Feb 2021
Eastern Cape	193 895 (12.8)	196 (2.4)	6 734 001	2 879.3	2.9	166.6
Free State	80 065 (5.3)	586 (7.0)	2 928 903	2 733.6	20.0	310.3
Gauteng	404 639 (26.7)	2 330 (28.0)	15 488 137	2 612.6	15.0	374.5
KwaZulu-Natal	329 163 (21.8)	1 794 (21.6)	11 531 628	2 854.4	15.6	317.8
Limpopo	61 953 (4.1)	334 (4.0)	5 852 553	1 058.6	5.7	80.6
Mpumalanga	71 083 (4.7)	788 (9.5)	4 679 786	1 518.9	16.8	203.5
North West	60 925 (4.0)	575 (6.9)	4 108 816	1 482.8	14.0	173.7
Northern Cape	34 002 (2.2)	367 (4.4)	1 292 786	2 630.1	28.4	342.2
Western Cape	277 668 (18.3)	1 352 (16.2)	7 005 741	3 963.4	19.3	409.3
Unknown	0	0	0			
Total	1 513 393	8 322	59 622 350	2 538.3	14.0	284.7

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

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 8 2021

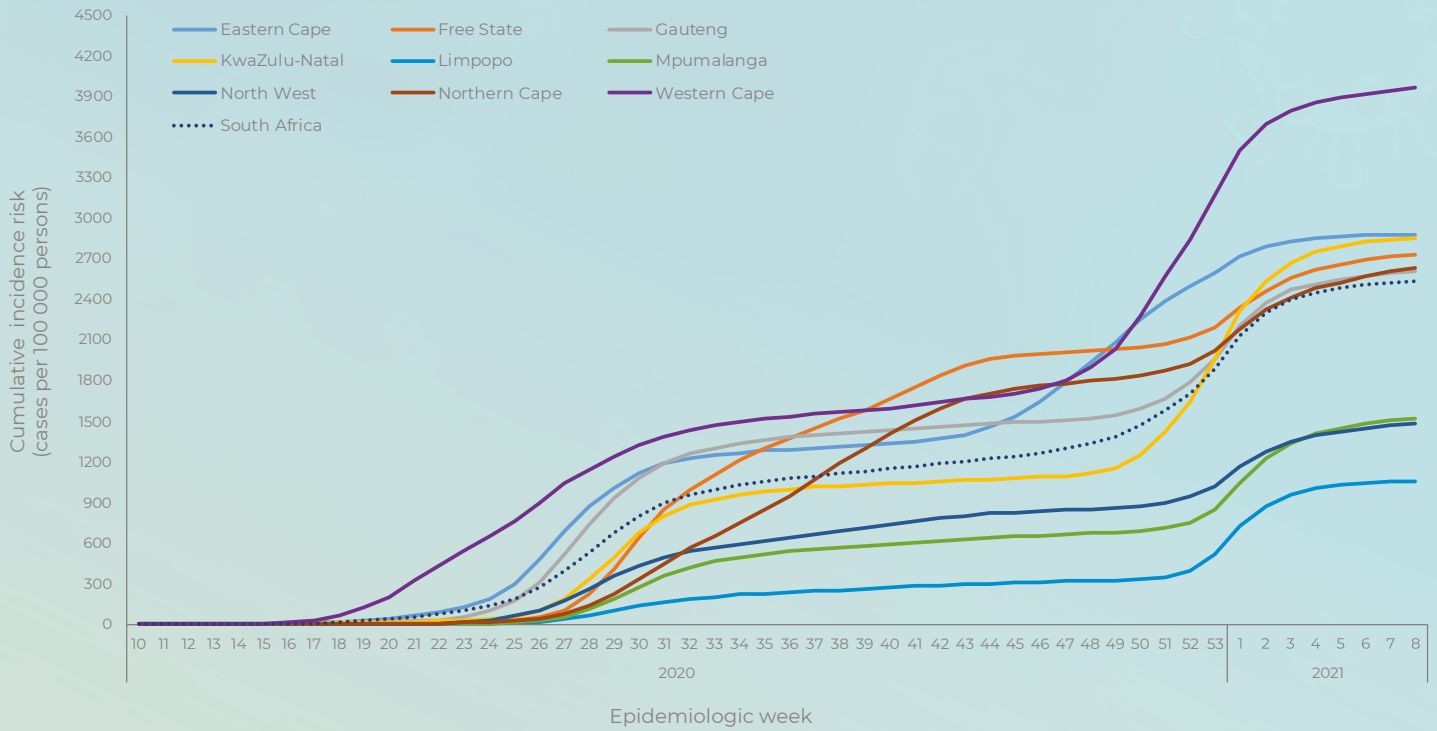


Figure 3. Cumulative incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week, South Africa, 3 March 2020 – 27 February 2021 (n= 1 513 393)

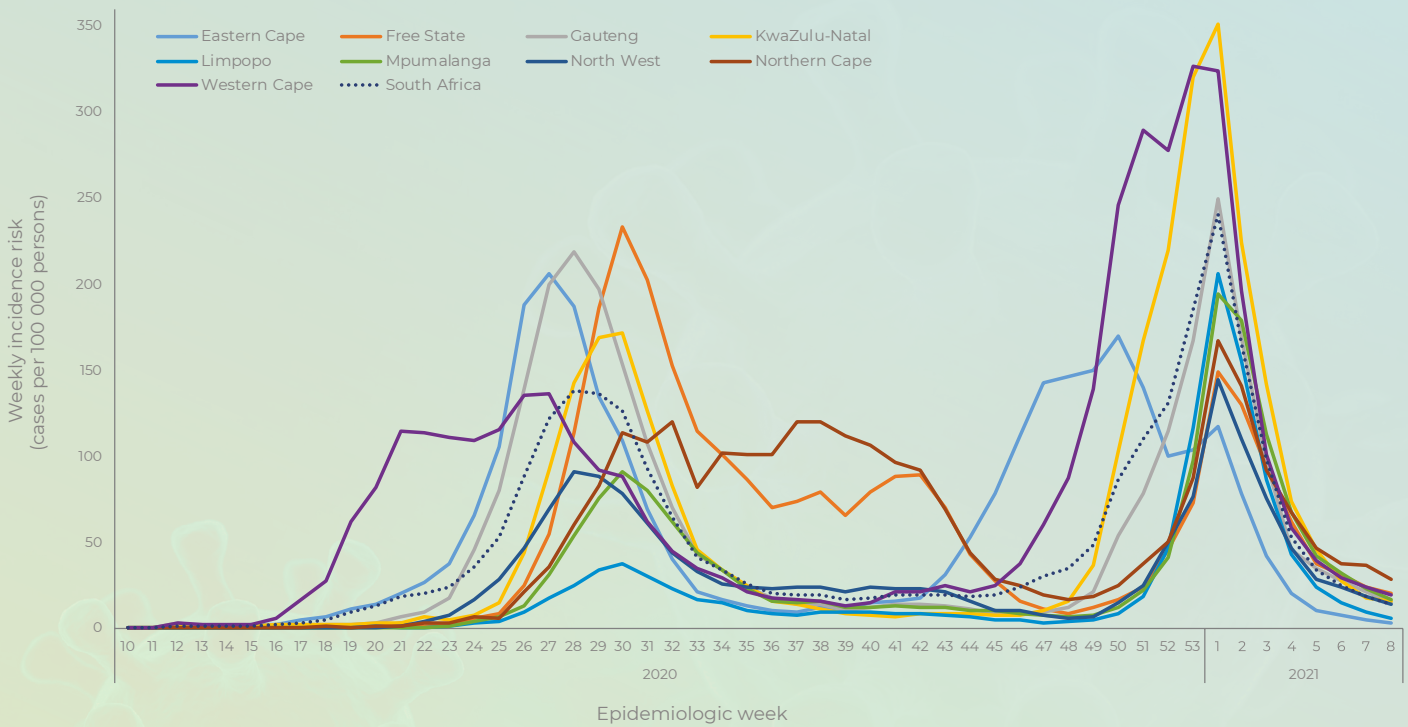


Figure 4. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week, South Africa, 3 March 2020 – 27 February 2021 (n=1 513 393)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 8 2021

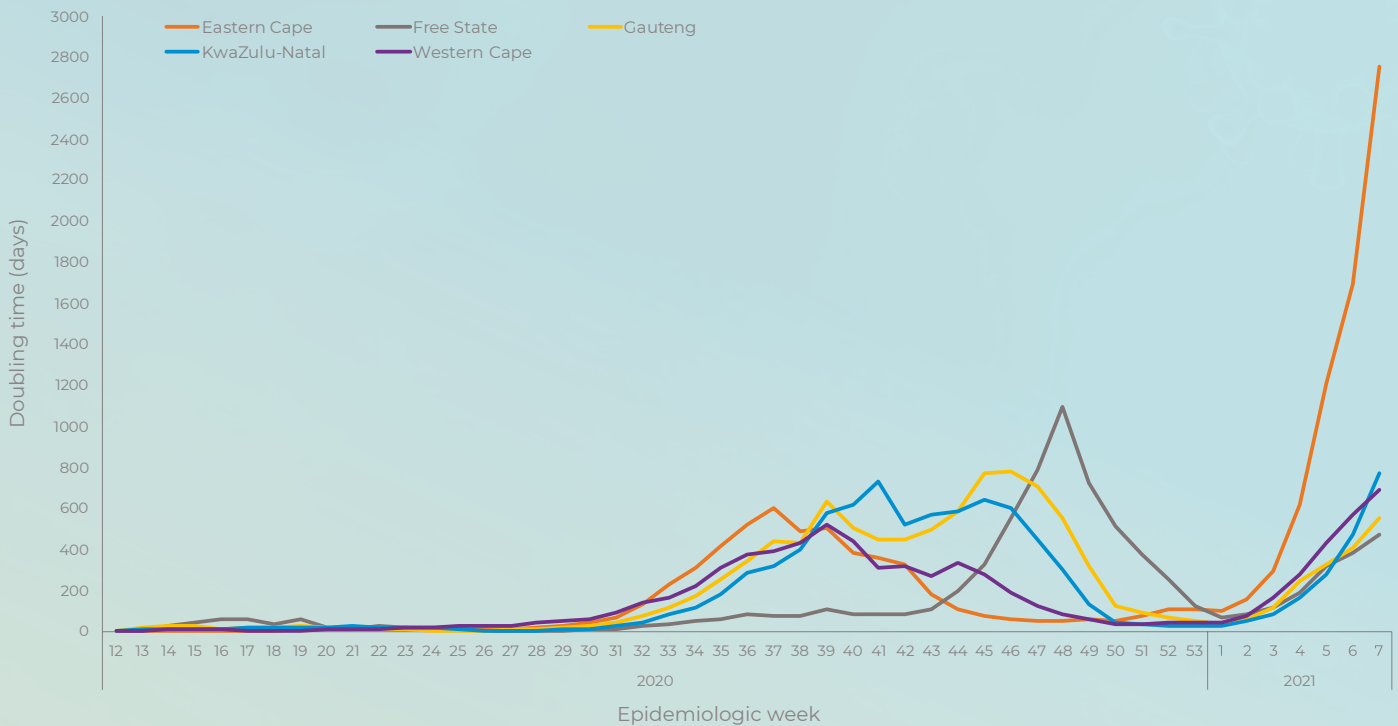


Figure 5. Doubling time of number of laboratory-confirmed cases of COVID-19 by province (for 5 provinces with the majority of cases) and epidemiologic week, South Africa, 23 March-2020 – 20 February 2021 (n= 1 504 984)

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 (178 404/1 499 483, 11.9%) and 30-34-year (173 367/1 499 483, 11.6%) 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 (893/8 210, 10.9%) and the 30-34-year age group (880/8 210, 10.7%). The median age for cases reported in week 8 of 2021 was similar (39 years, IQR 28-54), to that of total cases (40 years). The highest cumulative incidence risk remained among cases aged 50-54 years (5 157.2 cases per 100 000 persons), followed by cases aged 55-59 years (5 092.9 cases per 100 000 persons) and ≥ 80 years (4 985.3 cases per 100 000 persons). The lowest cumulative incidence risk was reported in the younger age-groups, 313.5 cases per 100 000 persons and 387.8 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 8 of 2021 was reported in cases aged ≥ 80 years (29.6 cases per 100 000 persons), followed by cases in the 55-59-year-age group (27.5 cases per 100 000 persons), and the lowest weekly incidence

risk was in the 0-4-year age group (2.9 cases per 100 000 persons) (Figure 8 and table 2).

To date, the majority of COVID-19 cases reported were female 57.8% (865 685/1 496 955). This trend continued in the past week where 56.7% (4 645/8 186) of cases were female. The cumulative incidence risk has remained consistently higher among females (2 814.5 cases per 100 000 persons) than among males (2 149.5 cases per 100 000 persons) (Figure 9). The peak cumulative incidence risk was in the 50-54-year-age group (5 398.4 cases per 100 000 persons) for females, and in the ≥ 80 -year-age group (5 174.2 cases per 100 000 persons) for males (Figure 10). In week 8 of 2021, the highest weekly incidence risk for females was in the ≥ 80 -year-age group (29.4 cases per 100 000 persons), and for males in the 70-74-year-age group (30.2 cases per 100 000 persons). 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.

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 8 2021

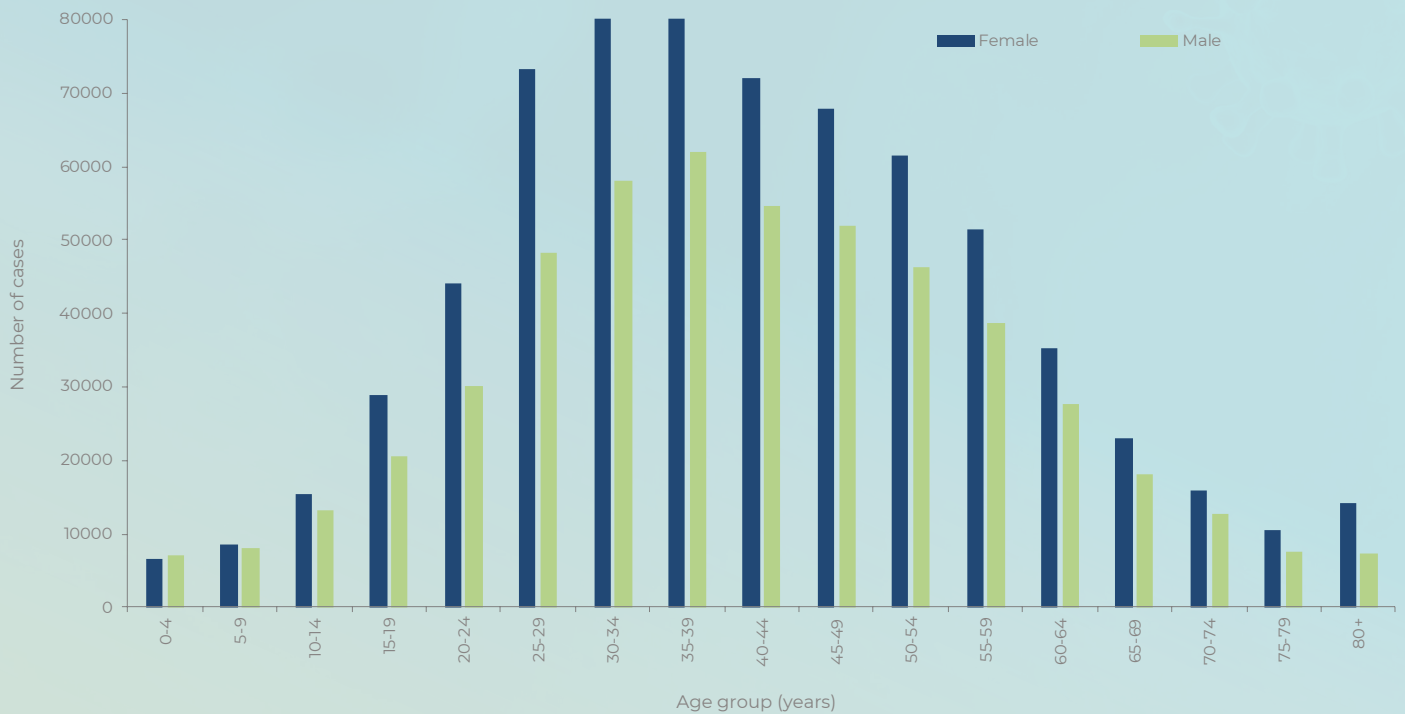


Figure 6. Number of laboratory-confirmed cases of COVID-19 by age group and sex, South Africa, 3 March 2020 – 27 February 2021 (n = 1 484 376, sex/age missing for 29 017)

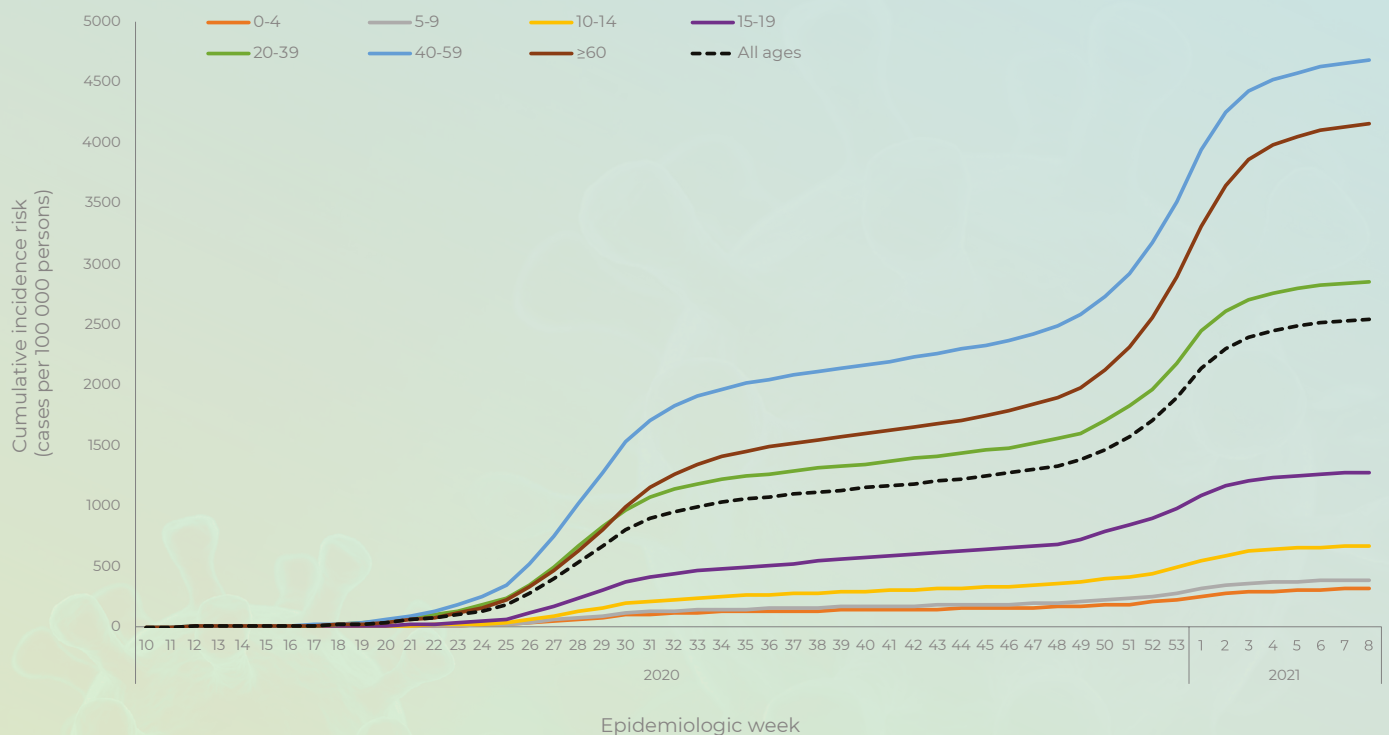


Figure 7. Cumulative incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, South Africa, 3 March 2020- 27 Feb 2021 (n= 1 499 483, 13 910 missing age)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 8 2021

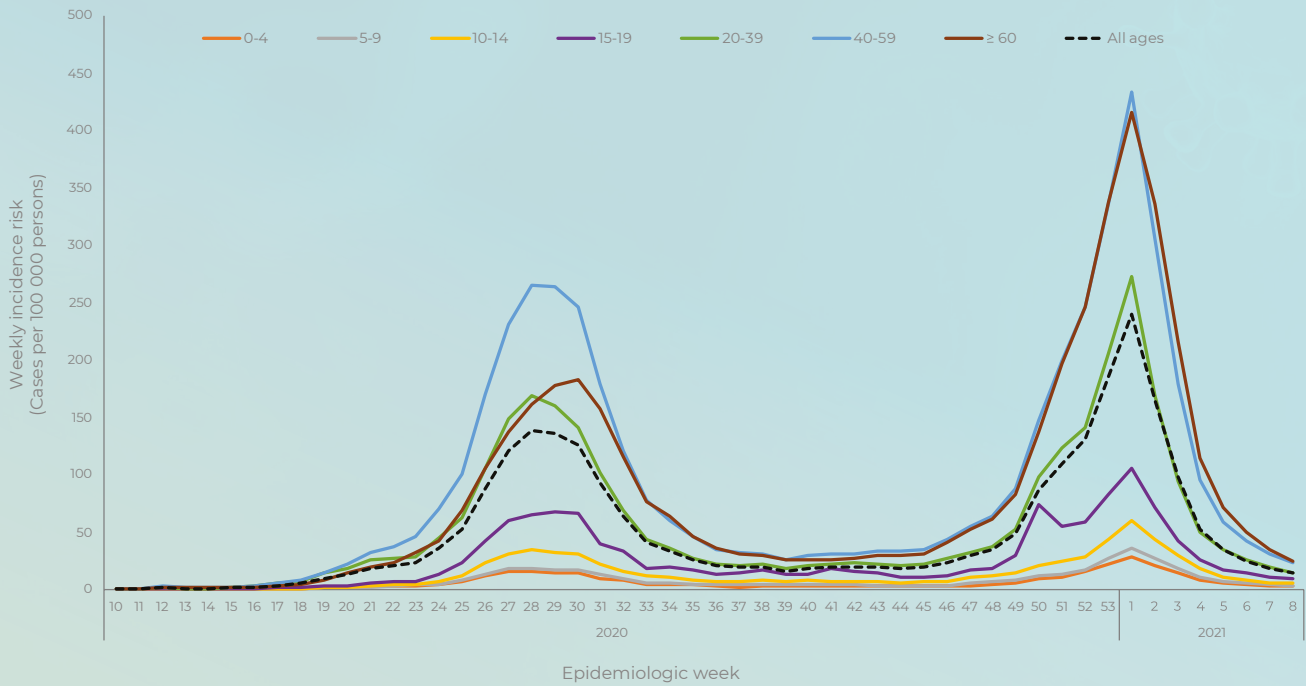


Figure 8. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, South Africa, 3 March 2020 -27 February 2021 (n=1 499 483, 13 910 missing age)

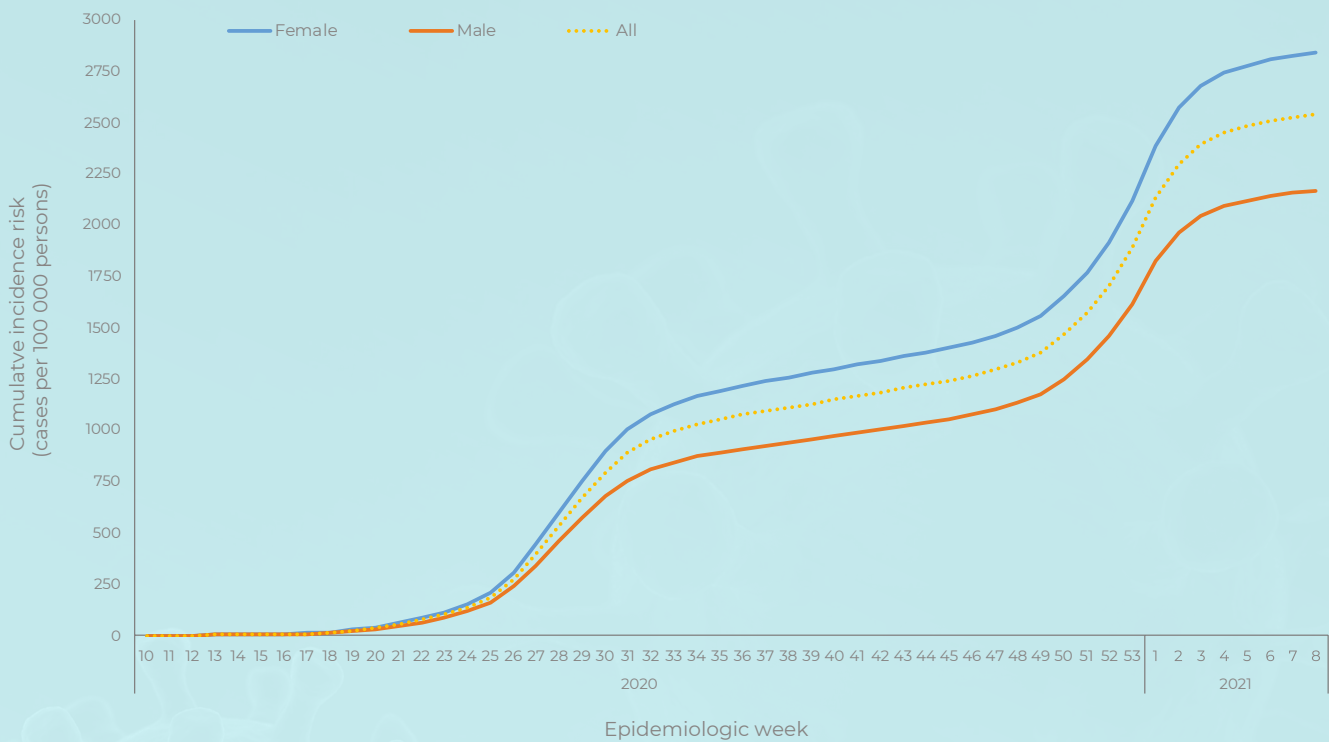


Figure 9. Cumulative incidence risk by sex and epidemiologic week, South Africa, 3 March 2020 –27 February 2021 (n= 1 496 955, sex missing for 16 438)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 8 2021

Table 2. Number of laboratory-confirmed cases of COVID-19 and cumulative/weekly incidence risk by age group, South Africa, 3 March 2020 – 27 February 2021, n= 1 499 483, 13 910 missing age)

Age group (years)	Cumulative cases (n) (percentage, n/total cases in South Africa)	New cases ¹ detected in week 8 (21-27 Feb 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 8 of 2021 (cases/100 000 persons)
0-4	18 003 (1.2)	164 (2.0)	5 743 450	313.5	2.9
5-9	22 166 (1.5)	152 (1.9)	5 715 952	387.8	2.7
10-14	37 377 (2.5)	298 (3.6)	5 591 553	668.5	5.3
15-19	61 064 (4.1)	464 (5.7)	4 774 579	1 278.9	9.7
20-24	90 880 (6.1)	572 (7.0)	4 823 367	1 884.2	11.9
25-29	146 508 (9.8)	701 (8.5)	5 420 754	2 702.7	12.9
30-34	173 367 (11.6)	880 (10.7)	5 641 750	3 072.9	15.6
35-39	178 404 (11.9)	893 (10.9)	4 798 293	3 718.1	18.6
40-44	154 351 (10.3)	773 (9.4)	3 733 942	4 133.7	20.7
45-49	146 510 (9.8)	711 (8.7)	3 169 648	4 622.3	22.4
50-54	132 604 (8.8)	632 (7.7)	2 571 263	5 157.2	24.6
55-59	112 620 (7.5)	608 (7.4)	2 211 309	5 092.9	27.5
60-64	80 719 (5.4)	441 (5.4)	1 796 316	4 493.6	24.6
65-69	53 988 (3.6)	361 (4.4)	1 408 665	3 832.6	25.6
70-74	38 207 (2.5)	241 (2.9)	1 007 174	3 793.5	23.9
75-79	23 936 (1.6)	148 (1.8)	637 062	3 757.2	23.2
≥80	28 779 (1.9)	171 (2.1)	577 273	4 985.3	29.6
Unknown	13 910	112			
Total	1 513 393	8 322	59 622 350	2 538.3	14.0

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

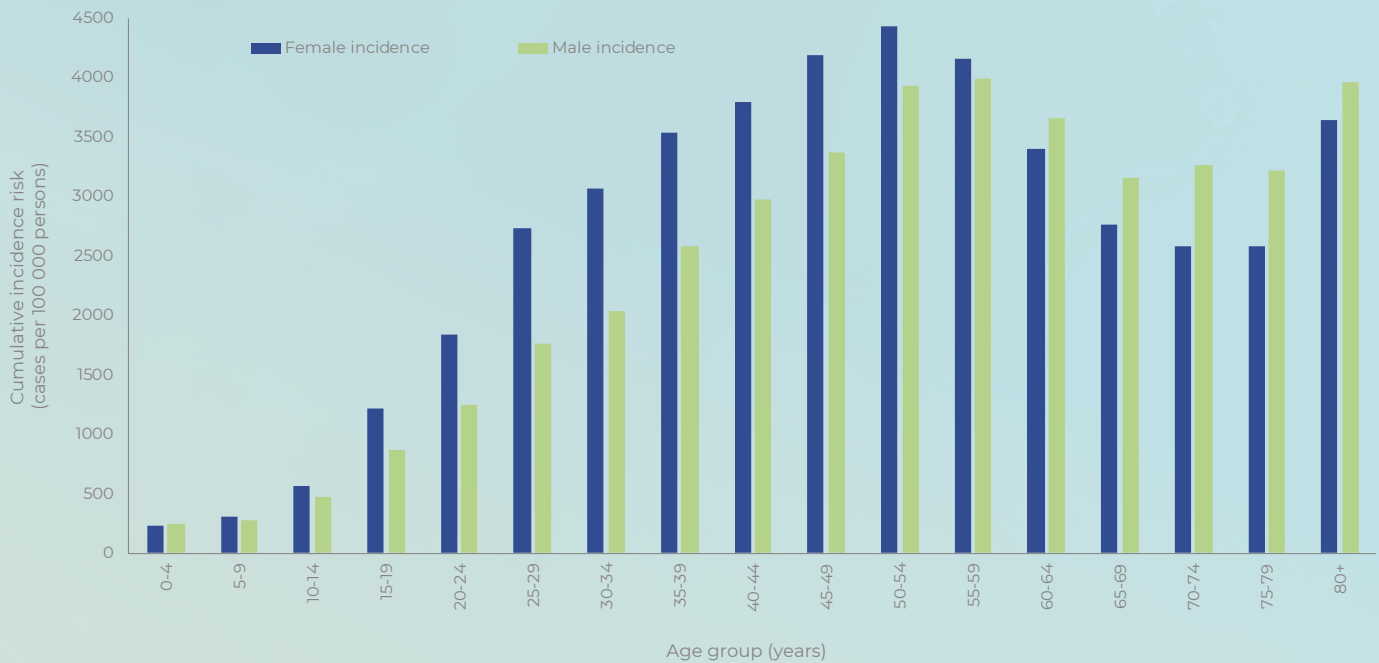


Figure 10. Cumulative risk by age group and sex, South Africa, 3 March 2020 – 27 February 2021 (n= 1 484 376, sex/age missing for 29 017)

Provincial trends of COVID-19 cases

All provinces have been reporting a decline in number of new cases since week 2 of 2021. Trends by district and age group for each province are presented below.

Eastern Cape Province

Of the 193 895 cases reported from the Eastern Cape Province, 171 988 (88.7%) cases had allocation by district. The Nelson Mandela Bay Metro (47 233/171 988, 27.5%) followed by the Buffalo City Metro (31 181/171 988, 18.1%) contributed the majority of cases from the Eastern Cape. In week 8 of 2021, the Joe Gqabi District (7.2 cases per 100 000 persons) district reported the highest weekly incidence risk (Figure 11). All districts reported a declining trend in numbers since week 2 of 2021, except Alfred Nzo which showed no change in weekly incidence risk in week 8, compared to the previous week.

The majority of cases from the Eastern Cape Province were in the 40-59-year old age group (69 711/191 866,

36.3%) followed by the 20-39-year age group (65 840/191 866, 34.3%). In the past week, the ≥60-year age group (6.4 cases per 100 000 persons), followed by 40-59-year age group (5.3 cases per 100 000 persons) reported the highest weekly incidence risk. In the past seven weeks, all age groups reported a decrease in weekly incidence risk (Figure 12).

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 8 2021

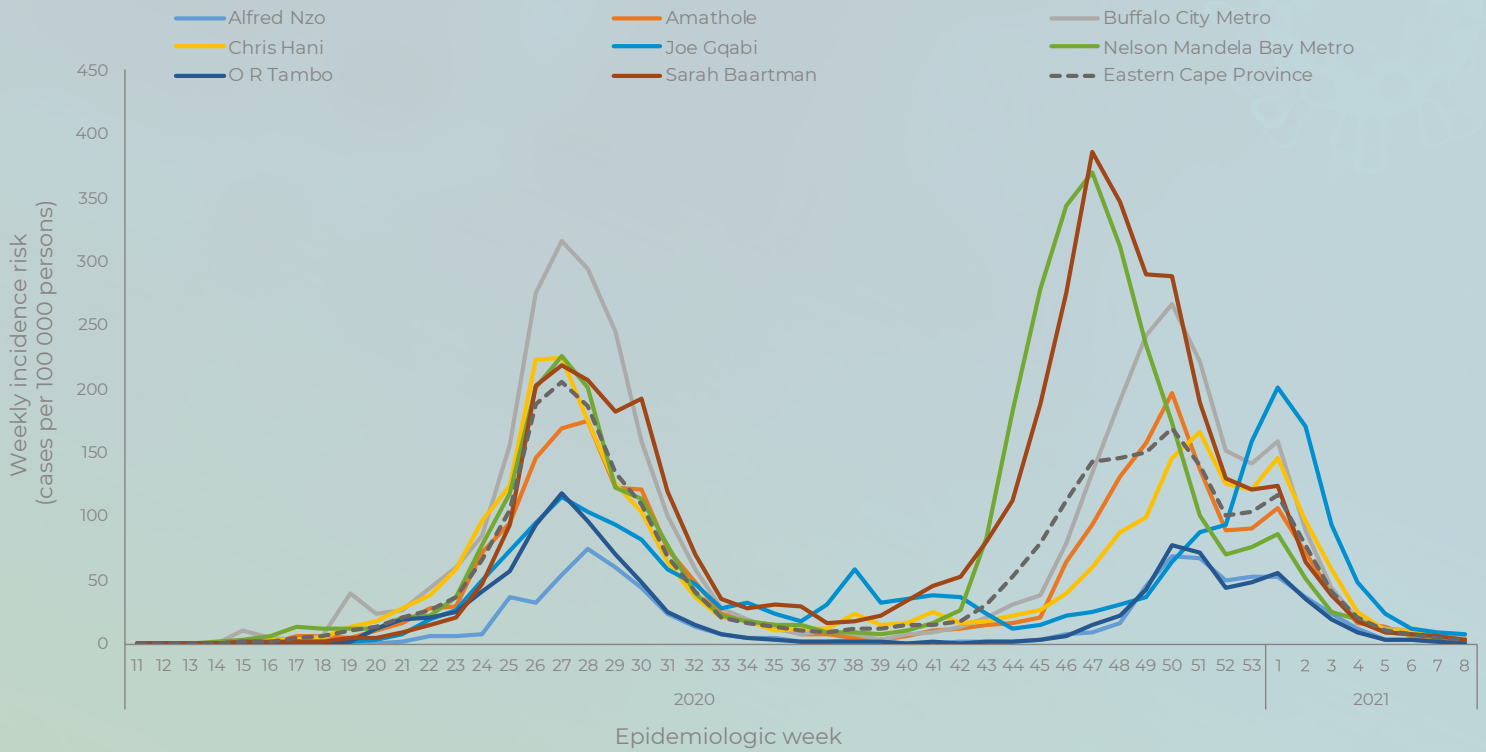


Figure 11. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Eastern Cape Province, 3 March 2020 - 27 February 2021 (n= 171 988, 21 907 missing district)

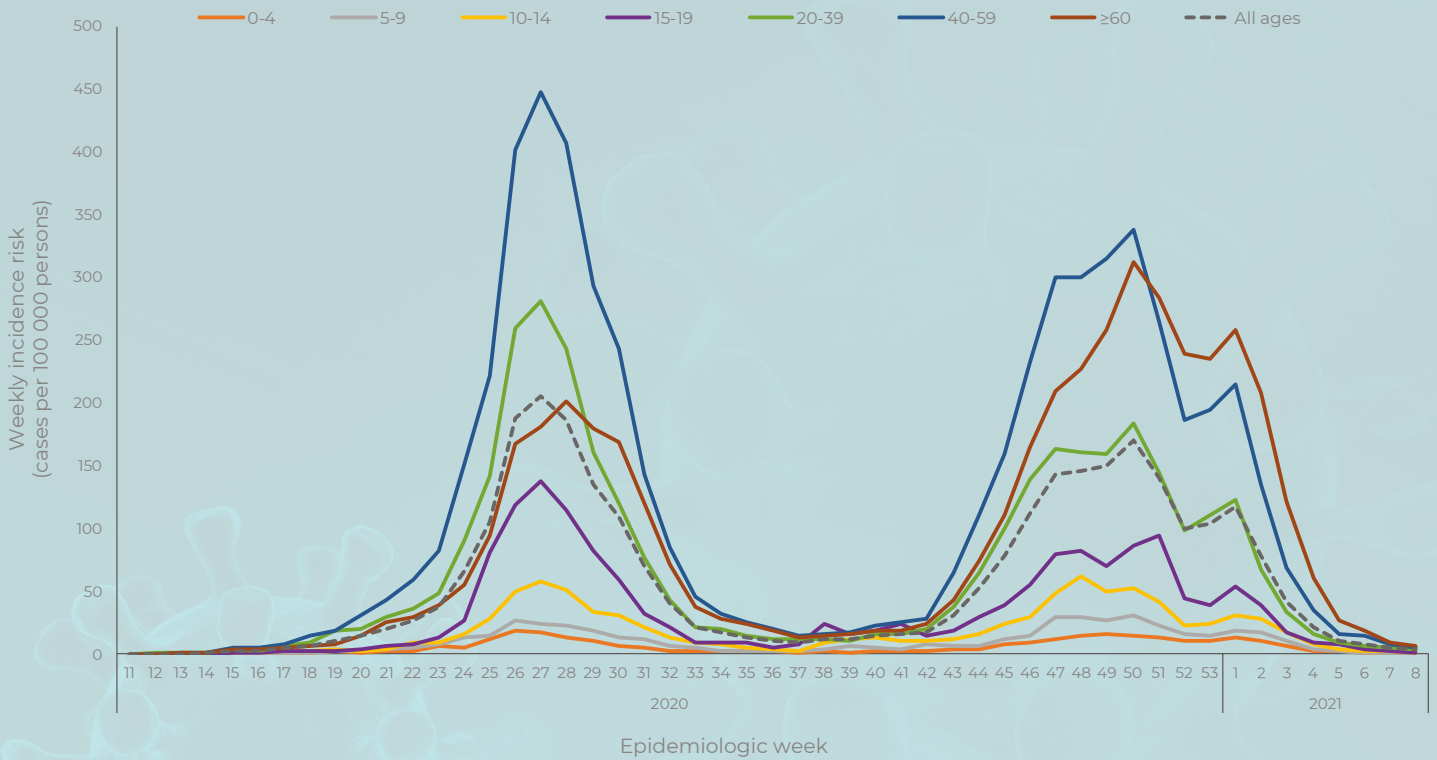


Figure 12. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Eastern Cape Province, 3 March 2020 – 27 February 2021 (n= 191 866, 2 029 missing age)

Western Cape Province

Of the 277 668 cases reported from the Western Cape Province, 259 837 (93.6%) cases had allocation by district. The City of Cape Town District (171 557/259 837, 66.0%) followed by the Cape Winelands District (32 062/259 837, 12.3%), and the Garden Route District (29 151/259 837, 11.2%) contributed the majority of cases. In the past week, the West Coast (30.4 cases per 100 000 persons) followed by the Overberg (22.3 cases per 100 000 persons) districts reported the highest weekly incidence risk (Figure 13). The second wave peaked in week 53 of 2020, however timing of the peaks varied by district, with all the districts reporting the highest weekly incidence risks from week 50 of 2020 to week 2 of 2021, higher than the peaks in the first wave. In week 8, 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 old age group (109 790/276 717, 39.7%), followed by the 40-59-year age group (103 505/276 717, 37.4%). In the past week, the ≥60-year age group (33.2 cases per 100 000 persons), followed by 40-59-year age group (26.9 cases per 100 000 persons), and 20-39-year age group (21.7 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 the past week, three age groups (5-9-year-age, 10-14-year-age, and 15-19-year-age) reported no change in weekly incidence risk, compared to the previous week (Figure 14).

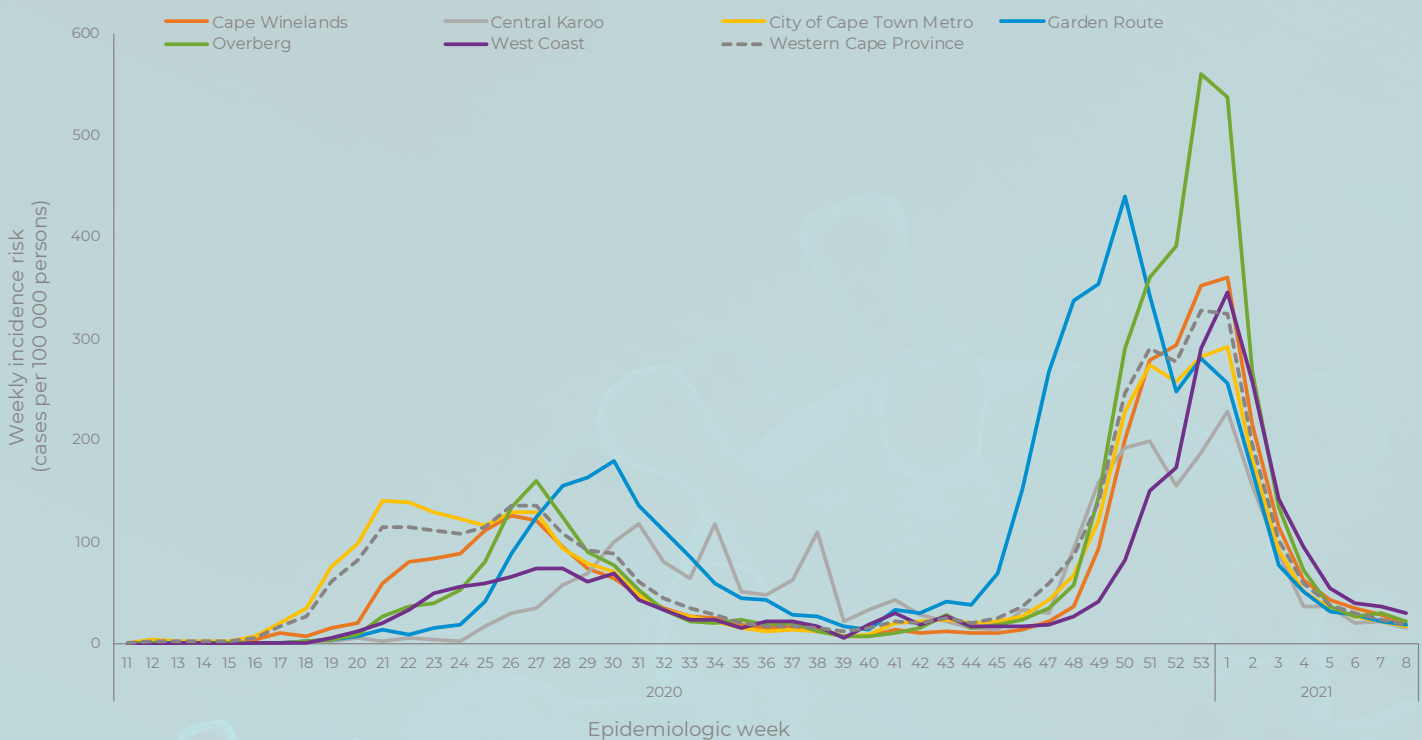


Figure 13. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Western Cape Province, 3 March 2020 – 27 February 2021 (n= 259 837, 17 831 missing district)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 8 2021

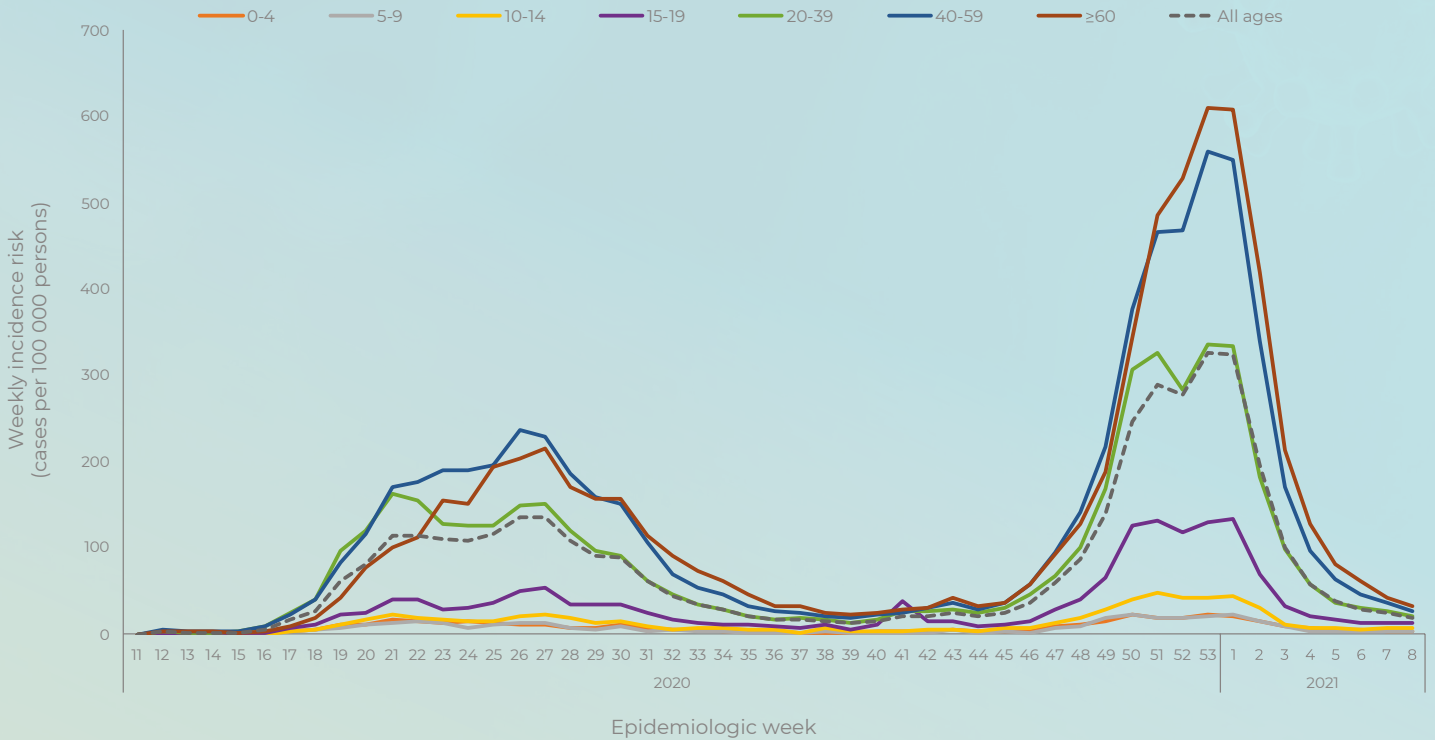


Figure 14. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Western Cape Province, 3 March 2020 - 27 February 2021 (n=276 717, 951 missing age)

Gauteng Province

Of the 404 639 cases reported from the Gauteng Province, 351 831 (87.0%) had allocation by district. The City of Johannesburg Metro (133 867/351 831, 38.1%), followed by the City of Tshwane Metro (95 452/351 831, 27.1%), and the Ekurhuleni Metro (73 769/351 831, 21.0%) contributed the majority of cases, all other districts contributed below 10% each. In week 8 of 2021, the Sedibeng (17.2 cases per 100 000 persons) followed by the West Rand (16.8 cases per 100 000 persons) district reported the highest weekly incidence risk. From week 2 of 2021, numbers reported from all districts have been decreasing (Figure 15).

The majority of cases from Gauteng Province were in the 20-39-year-age group (170 426/400 075, 42.6%), followed by 40-59-year-age group (146 580/400 075, 36.6%). Similar to the previous six weeks, in the past week, all age groups reported a decrease in weekly incidence risk, compared to the previous week (Figure 16).

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 8 2021

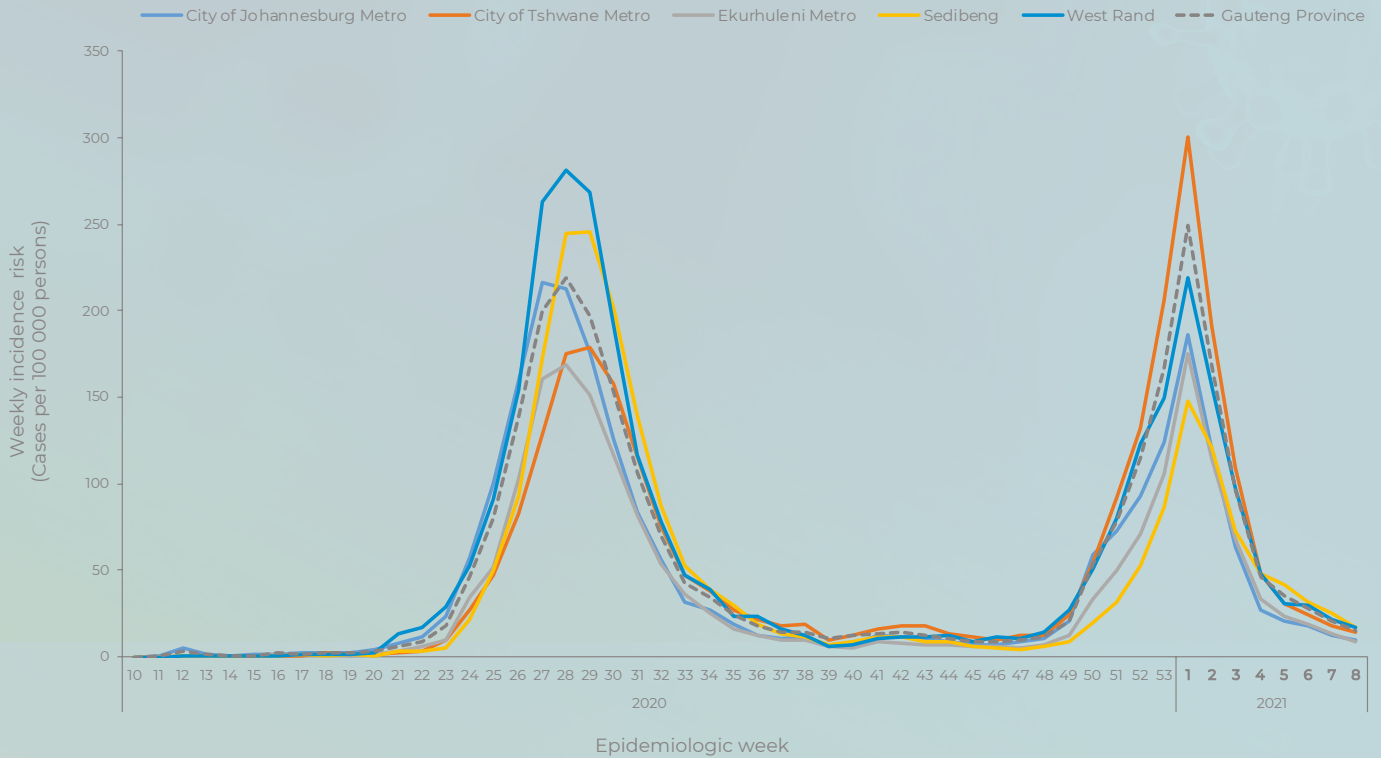


Figure 15. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Gauteng Province, 3 March 2020 –27 February 2021 (n= 351 831, 52 808 missing district)

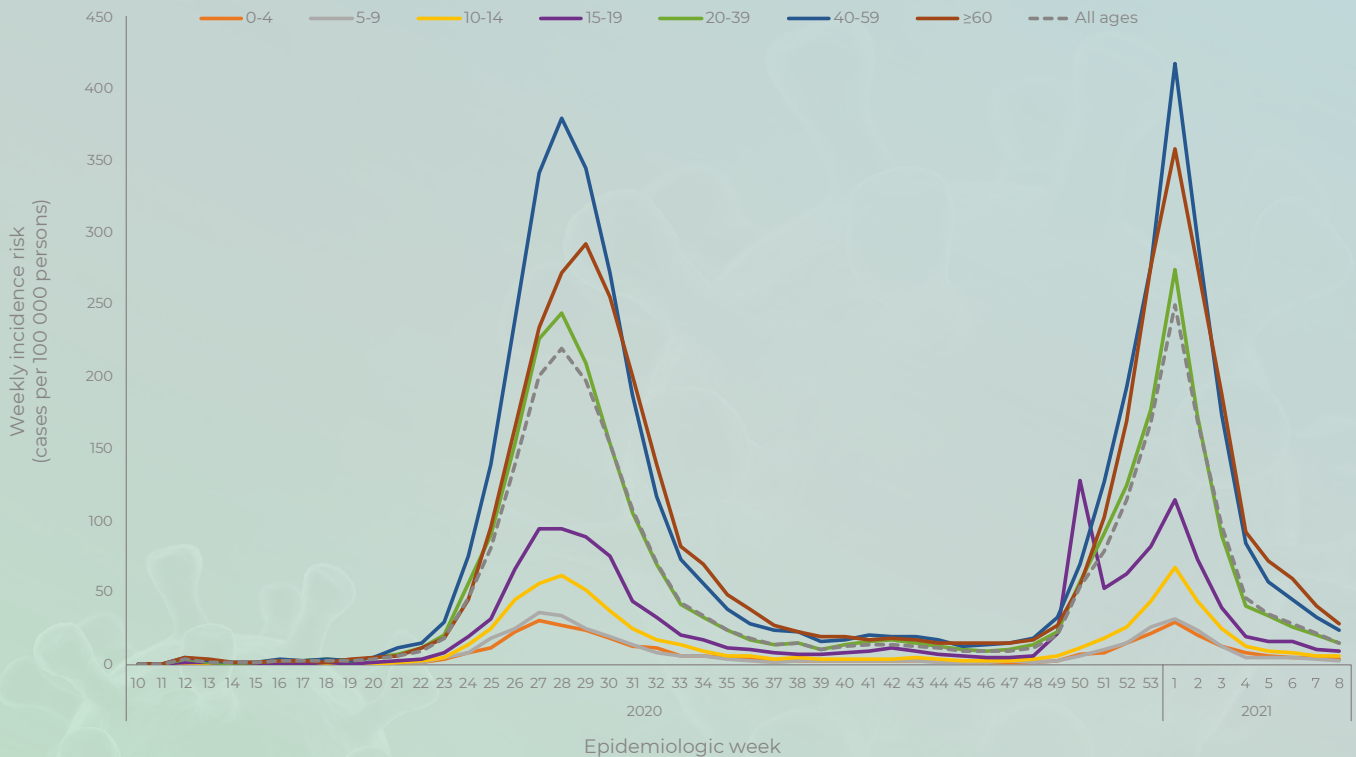


Figure 16. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Gauteng Province, 3 March 2020 –27 February 2021 (n= 400 075, 4 564 missing age).

KwaZulu-Natal Province

Of the 329 163 cases reported from KwaZulu-Natal Province, 246 930 (75.0%) had allocation by district. The eThekweni Metro (123 395/246 930, 50.0%) followed by uMgungundlovu Metro (26 486/246 930, 10.7%) contributed the majority of cases. In week 8 of 2021, uMgungundlovu Metro (27.8 cases per 100 000 persons), followed by uMzinyathi District (11.8 cases per 100 000 persons) reported the highest weekly incidence risk. In the past seven weeks, all districts reported a decrease in weekly incidence risk, except uMgungundlovu Metro (12.2 cases per 100 000 persons, 78.2% increase) which

reported an increase in weekly incidence risk in week 8, compared to the previous week (Figure 17). The decrease in week 8 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 (124 732/325 765, 38.3%), followed by 40-59-year-age group (111 889/325 765, 34.3%). In week 8, the 15-19-year-age group (2.6 cases per 100 000 persons, 22.0% increase) reported an increase in weekly incidence risk, compared to the previous week. From week 2 of 2021 to date, all other age groups reported a decrease in weekly incidence risk (Figure 18).

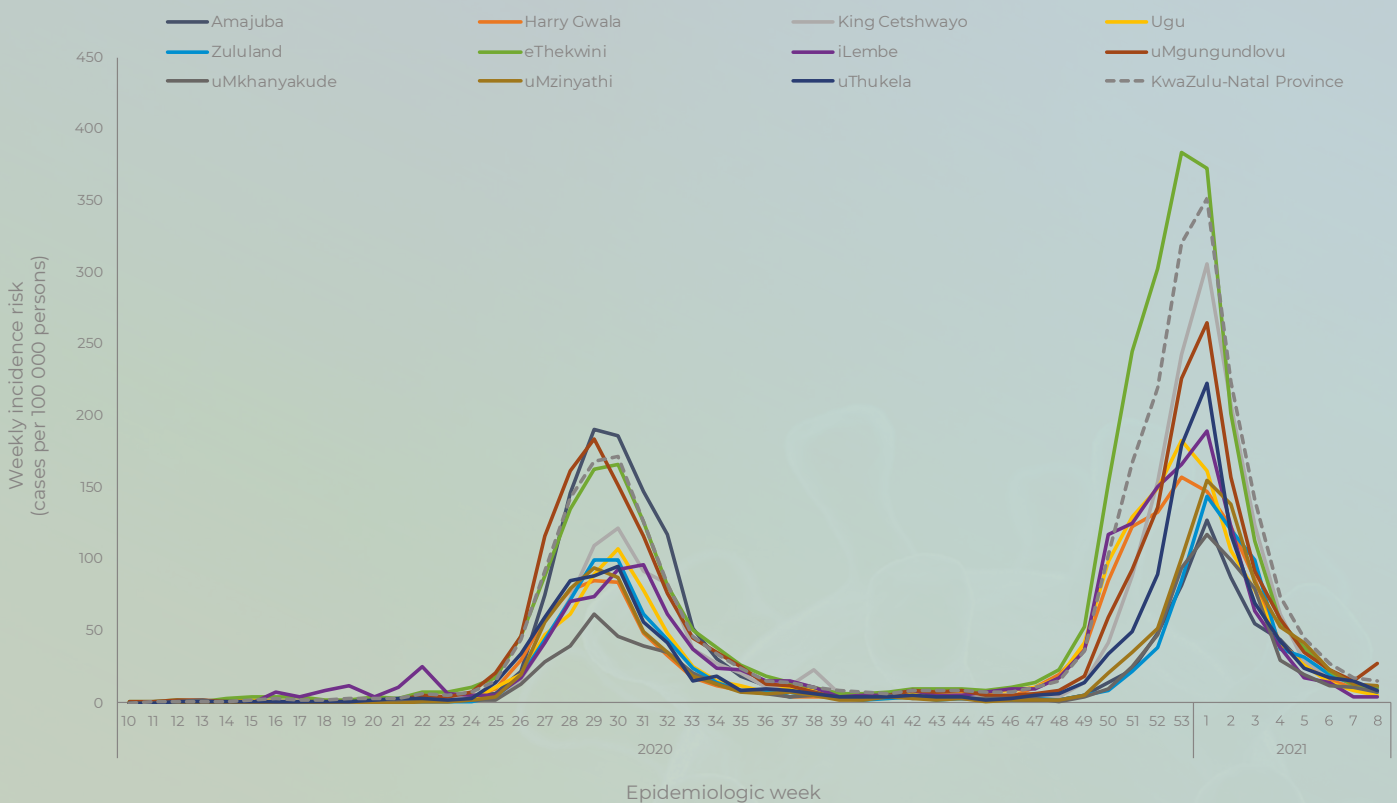


Figure 17. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, KwaZulu-Natal Province, 3 March 2020 - 27 February 2021 (n= 246 930, 82 233 missing district)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 8 2021

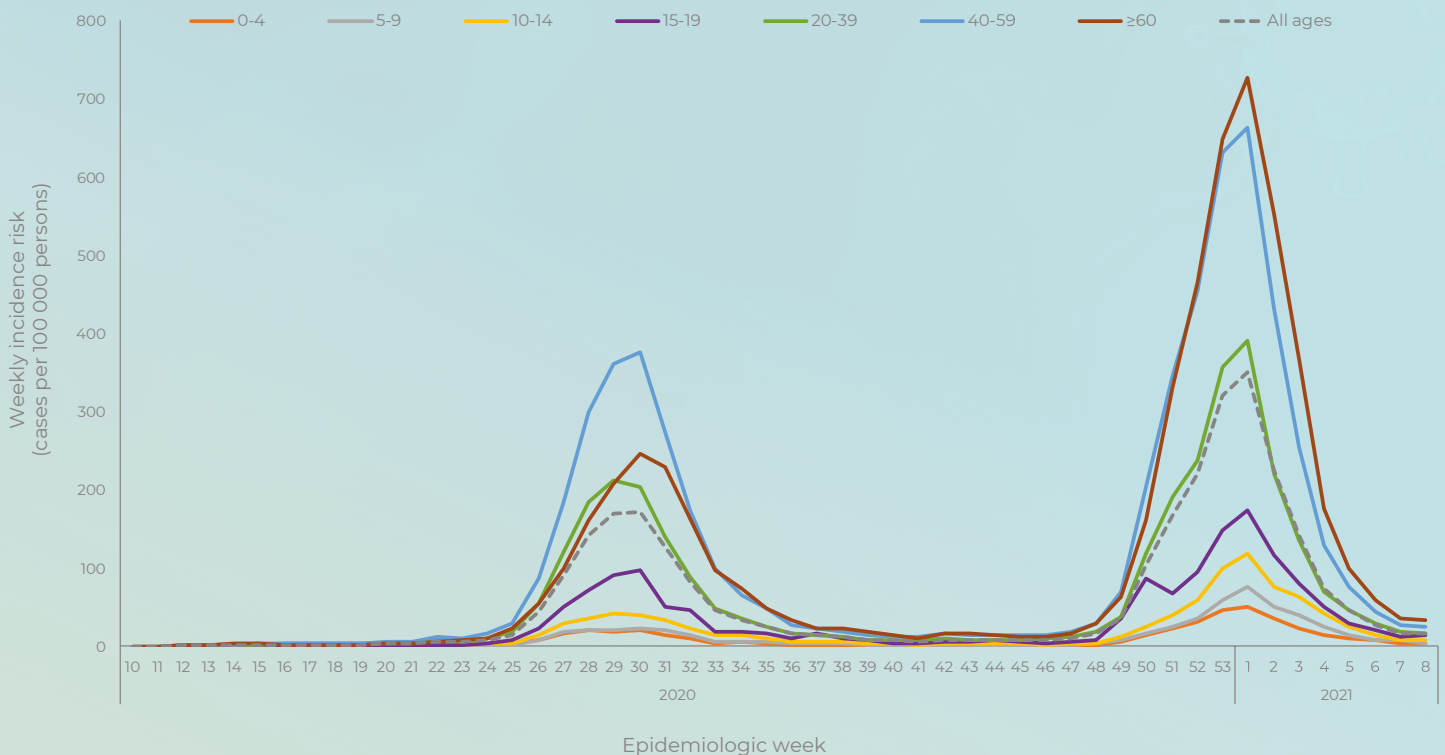


Figure 18. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, KwaZulu-Natal Province, 3 March 2020 – 27 February 2021 (n= 325 765, 3 398 missing age)

Free State Province

Of the 80 065 cases reported from the Free State Province, 72 865 (91.0%) had allocation by district. The Mangaung Metro (27 141/72 865, 37.3%) and Lejweleputswa (17 295/72 865, 23.7%) district contributed the majority of cases. In week 8, the Thabo Mofutsanyane District (22.4 cases per 100 000 persons) and the Lejweleputswa District (21.1 cases per 100 000 persons) reported the highest weekly incidence risk. The second wave in Free State peaked in week 2 of 2021, with districts reaching second wave peaks at different times. However, in the past six weeks, all districts reported a decreasing trend in number of new cases, except Xhariep District (6.2 cases per 100 000 persons, 47.1% increase) which reported an increase week 8, compared to the previous week (Figure 19).

The majority of cases from the Free State Province were in the 20-39-year-age group (30 148/79 716, 37.8%), followed by 40-59-year-age group (28 559/79 716, 35.8%). In week 8, 40-59-year-age group (39.0 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 20).

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 8 2021

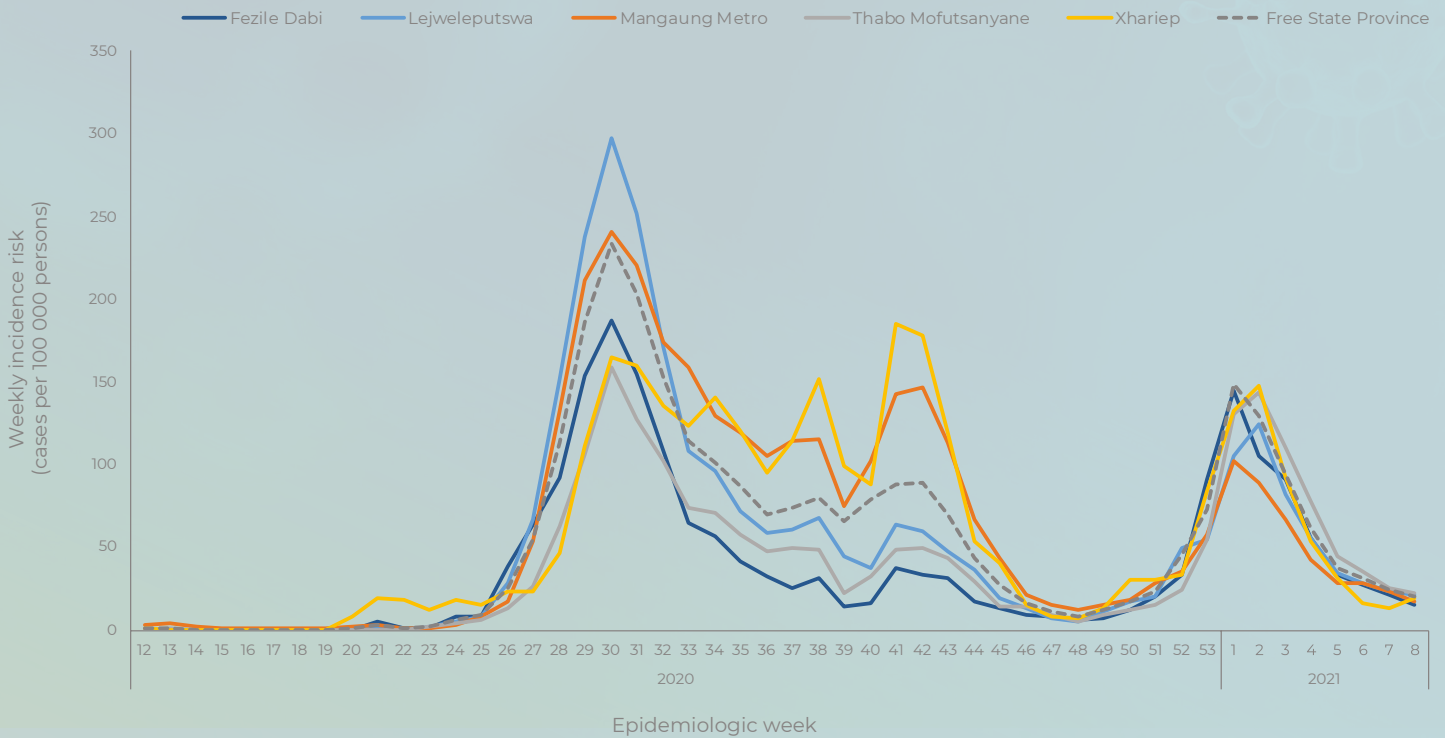


Figure 19. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Free State Province, 3 March 2020 – 27 February 2021 (n= 72 865, 7 200 missing district)

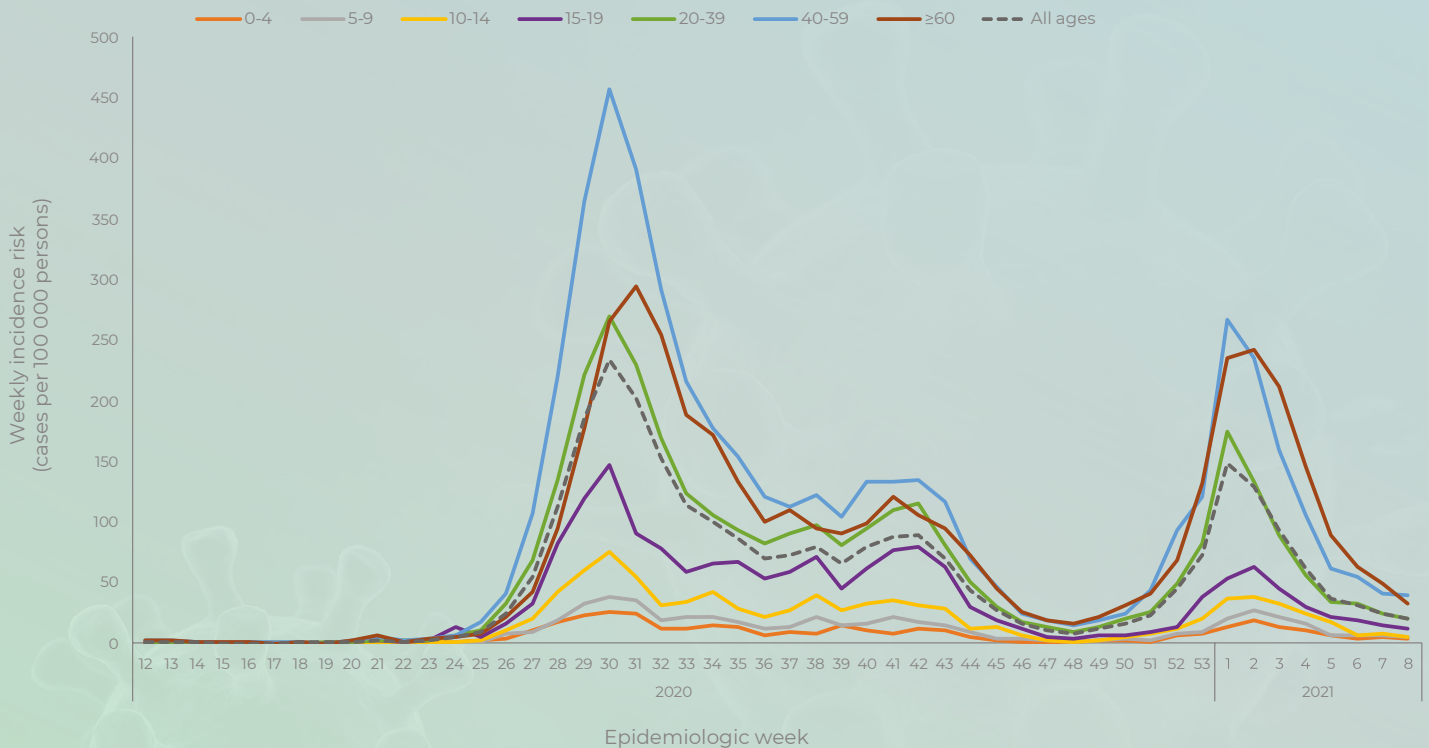


Figure 20. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Free State Province, 3 March 2020 - 27 February 2021 (n= 79 716, 349 missing age)

Limpopo Province

Of the 61 953 cases reported from the Limpopo Province, 54 098 (87.3%) had allocation by district. The Capricorn (16 905/54 098, 31.3%), followed by the Vhembe (11 029/54 098, 20.4%) districts contributed the majority of cases, all other districts contributed below 20% each. In week 8 of 2021, the Waterberg (8.9 cases per 100 000 persons), followed by the Mopani (6.1 cases per 100 000 persons) districts reported the highest weekly incidence risk. The

second wave in Limpopo peaked in week 1 of 2021 with all districts reporting decreasing numbers since week 2 of 2021 (Figure 21).

The majority of cases from Limpopo Province were in the 40-59-year-age group (24 469/61 601, 39.7%), followed by 20-39-year-age group (23 369/61 601, 37.9%). In the past week, the 15-19-year-age group (2.2 cases per 100 000 persons, 66.7% increase) reported an increase in weekly incidence risk, compared to the previous week (Figure 22).

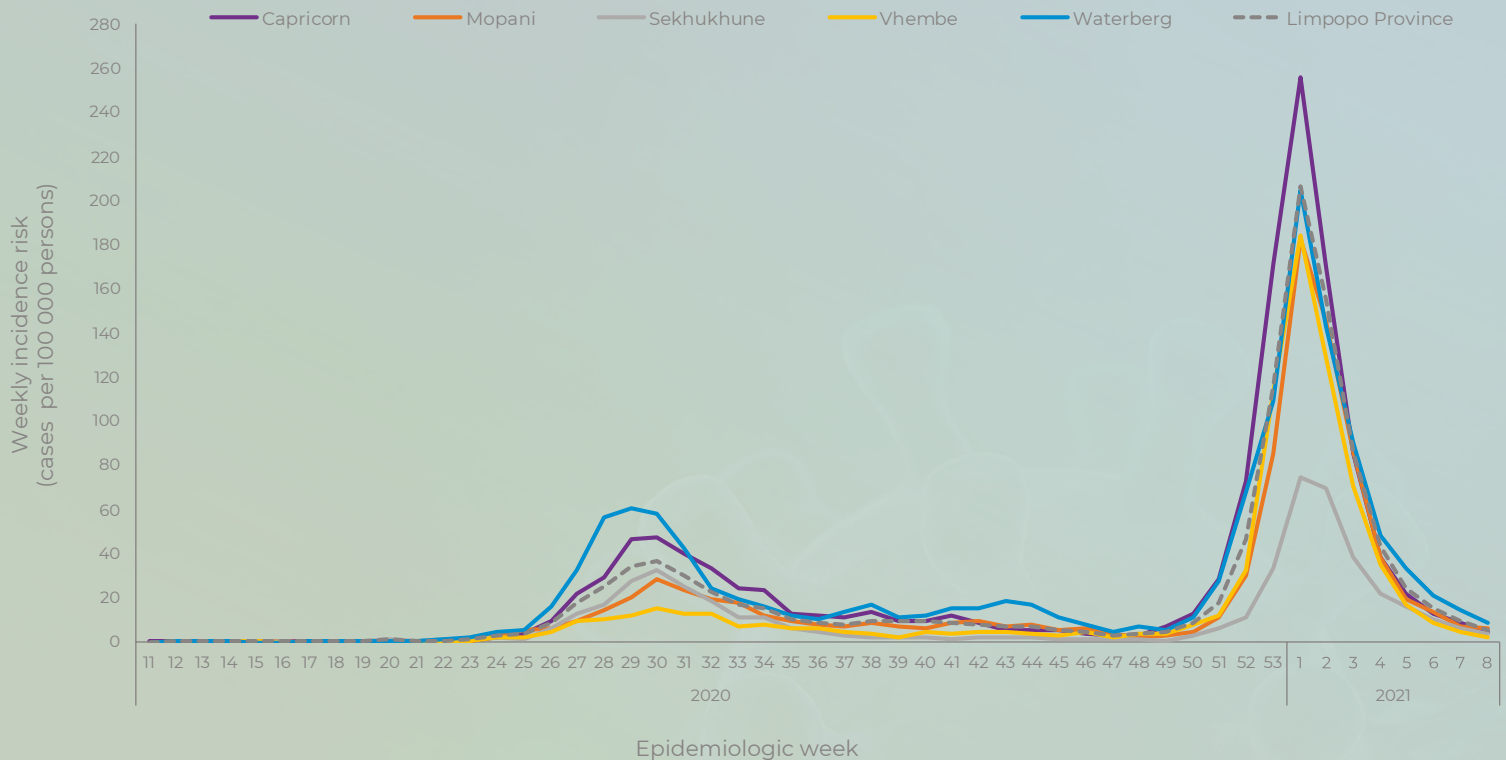


Figure 21. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Limpopo Province, 3 March 2020 – 27 February 2021 (n= 54 098, 7 855 missing district)

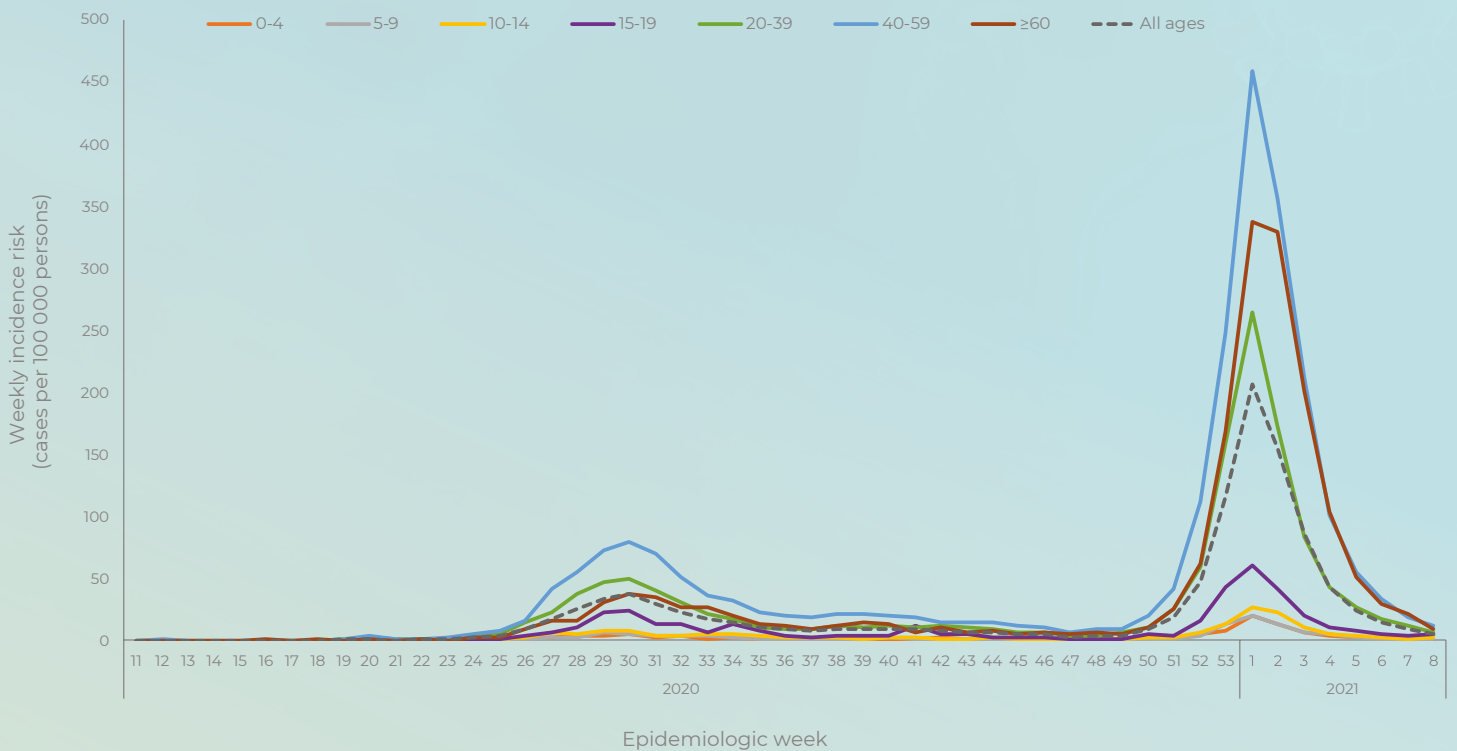


Figure 22. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Limpopo Province, 3 March 2020 – 27 February 2021 (n= 61 601, 352 missing age)

Mpumalanga Province

Of the 71 083 cases reported from the Mpumalanga Province, 57 565 (81.0%) had allocation by district. All the districts contributed similar number of cases, Ehlanzeni (22 888/57 565, 39.8%), Nkangala (18 679/57 565, 32.5%) and the Gert Sibande (15 998/57 565, 27.8%) districts. In week 8 of 2021, the Gert Sibande District (16.0 cases per 100 000 persons) reported the highest weekly incidence risk. The second wave in Mpumalanga peaked in week 1 of 2021, with all districts reporting decreasing numbers since week 3 of 2021 (Figure 24).

The majority of cases from Mpumalanga Province were in the 20-39 year-age group (29 027/69 795, 41.6%), followed by 40-59-year-age group (25 039/69 795, 35.9%). In the past week, 5-9-year-age group (0.2 cases per 100 000 persons, 7.7% increase) reported an increase in weekly incidence risk, and the 0-4-year-age group reported no change in weekly incidence risk, compared to the previous week (Figure 23).

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 8 2021

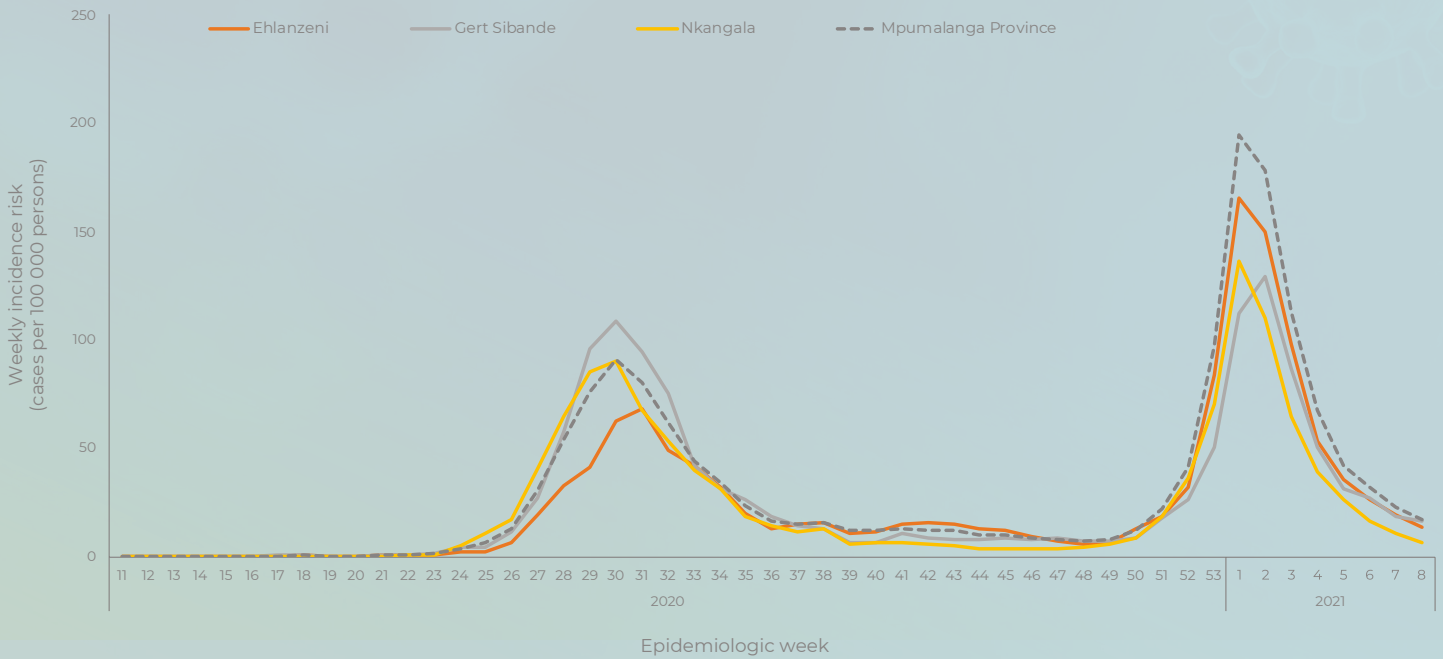


Figure 23. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Mpumalanga Province, 3 March 2020 -27 February 2021 (n= 57 565, 13 518 missing district)

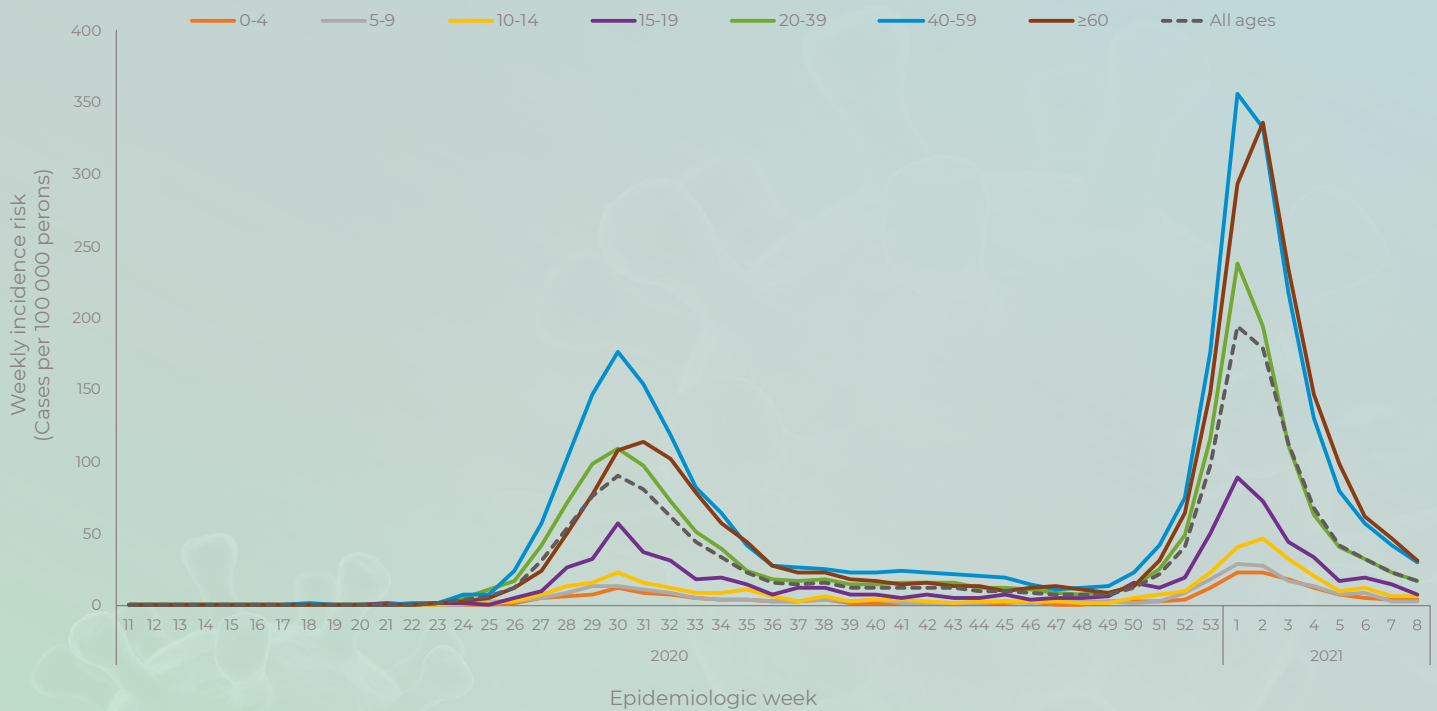


Figure 24. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group and epidemiologic week, Mpumalanga Province, 3 March 2020 -27 February 2021 (n= 69 795, 1 288 missing age)

North West Province

Of the 60 925 cases reported from the North West Province, 50 186 (82.4%) had allocation by district. The Bojanala Platinum District (25 265/50 186, 50.3%), followed by the Dr Kenneth Kaunda District (12 358/50 186, 24.6%) contributed the majority of cases, all other districts contributed below 20% each. In week 8, Dr Kenneth Kaunda (19.1 cases per 100 000 persons) district reported the highest weekly incidence risk. The second wave in North West peaked in week 1 of 2021. In week 8, compared to the previous week, the Dr Ruth Segomotsi District (0.6 cases per 100 000 persons, 10.3% increase)

reported an increase in weekly incidence risk, and all other districts continued to report a decline in number of new cases since week 2 of 2021 (Figure 25).

The majority of cases from North West Province were in the 40-59-year-age group (24 815/60 243, 41.2%), followed by 20-39-year-age group (22 784/60 243, 37.8%). In the past week, the 5-9-year-age group (2.0 cases per 100 000 persons, 72.7% increase) reported an increase in weekly incidence risk, and 10-14-year-age group reported no change in weekly incidence risk, compared to the previous week (Figure 26).

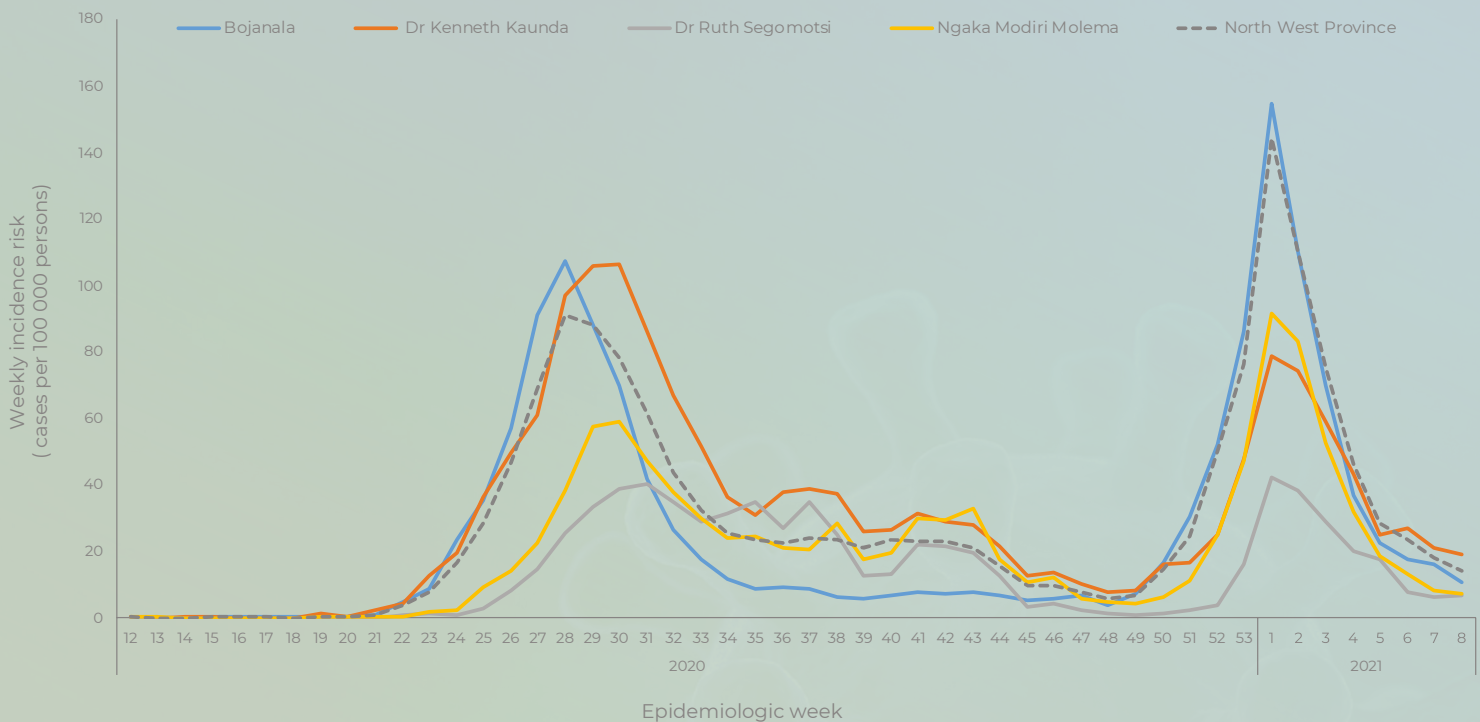


Figure 25. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, North West Province, 3 March 2020 -27 February 2021 (n= 50 186, 10 739 missing district)

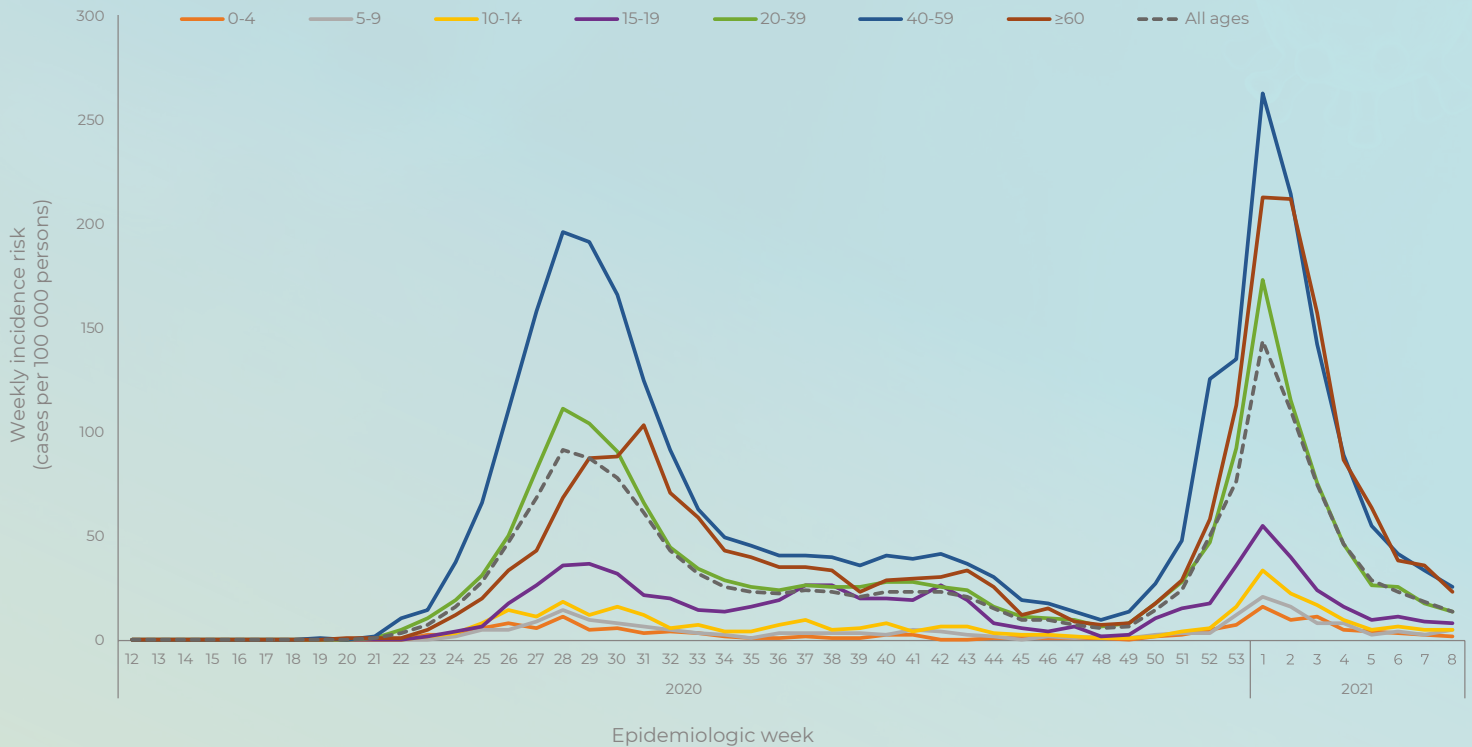


Figure 26. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, North West Province, 3 March 2020 –27 February 2021 (n= 60 243, 682 missing age)

Northern Cape Province

Of the 34 002 cases reported from the Northern Cape Province, 28 408 (83.5%) had allocation by district. The Frances Baard (9 872/28 408, 34.8%), followed by the Pixley ka Seme (7 126/28 408, 25.1%) districts contributed the majority of cases, all other districts contributed below 20% each. In week 8, the Namakwa (35.5 cases per 100 000 persons) and Frances Baard (25.1 cases per 100 000 persons) districts reported the highest weekly incidence risk. The second wave in Northern Cape Province peaked in week 1 of 2021. In the past week, the Frances Baard District (0.2 cases per 100 000 persons, 1.0% increase) reported an increase in weekly incidence, compared to the previous week (Figure 27).

The majority of cases from Northern Cape Province were in the 20-39-year-age group (13 043/33 705, 38.7%), followed by 40-59-year-age group (11 518/33 705, 34.2%). In the past week, two age groups (0-4-year-age, and 10-14-year-age) reported an increase in weekly incidence risks, while 15-19-year-age group reported no change in weekly incidence risk, compared to the previous week (Figure 28).

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 8 2021

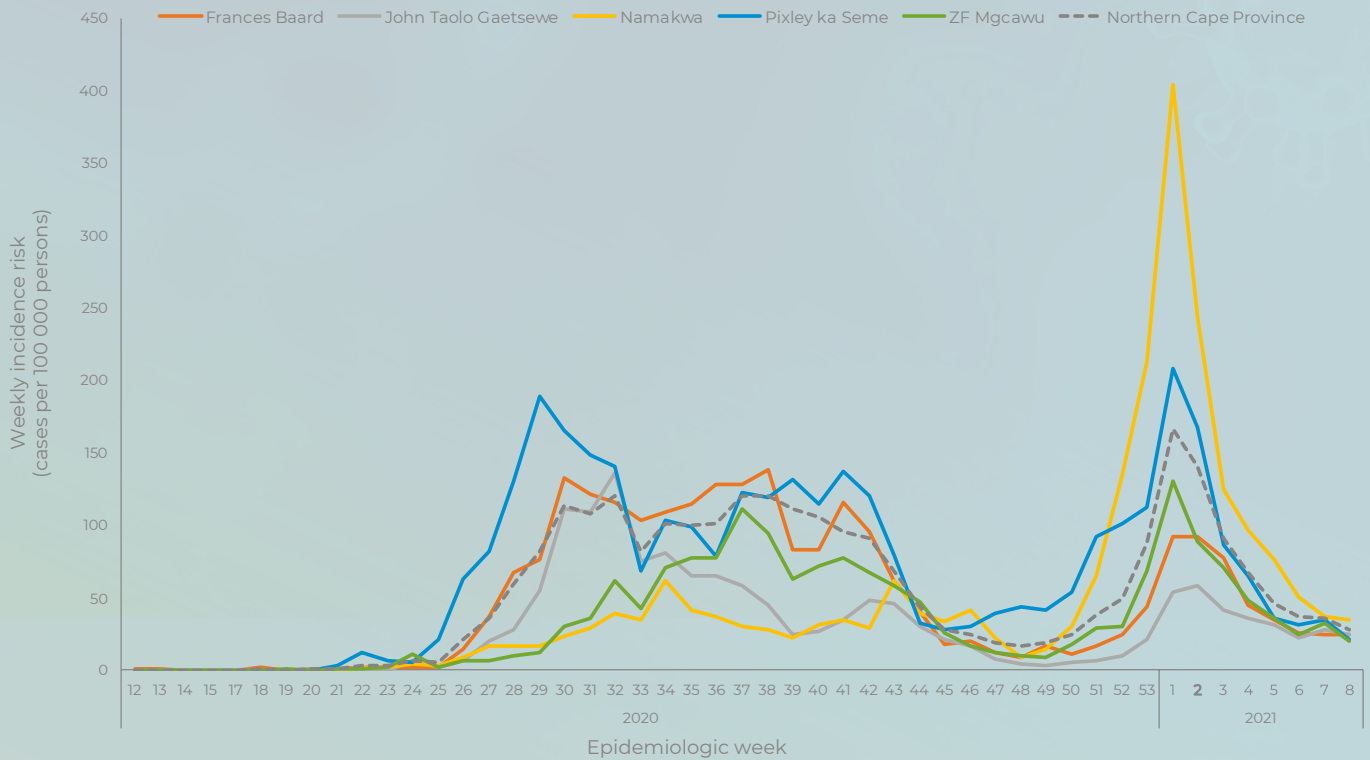


Figure 27. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Northern Cape Province, 3 March 2020 - 27 February 2021 (n= 28 408, 5 594 missing district)

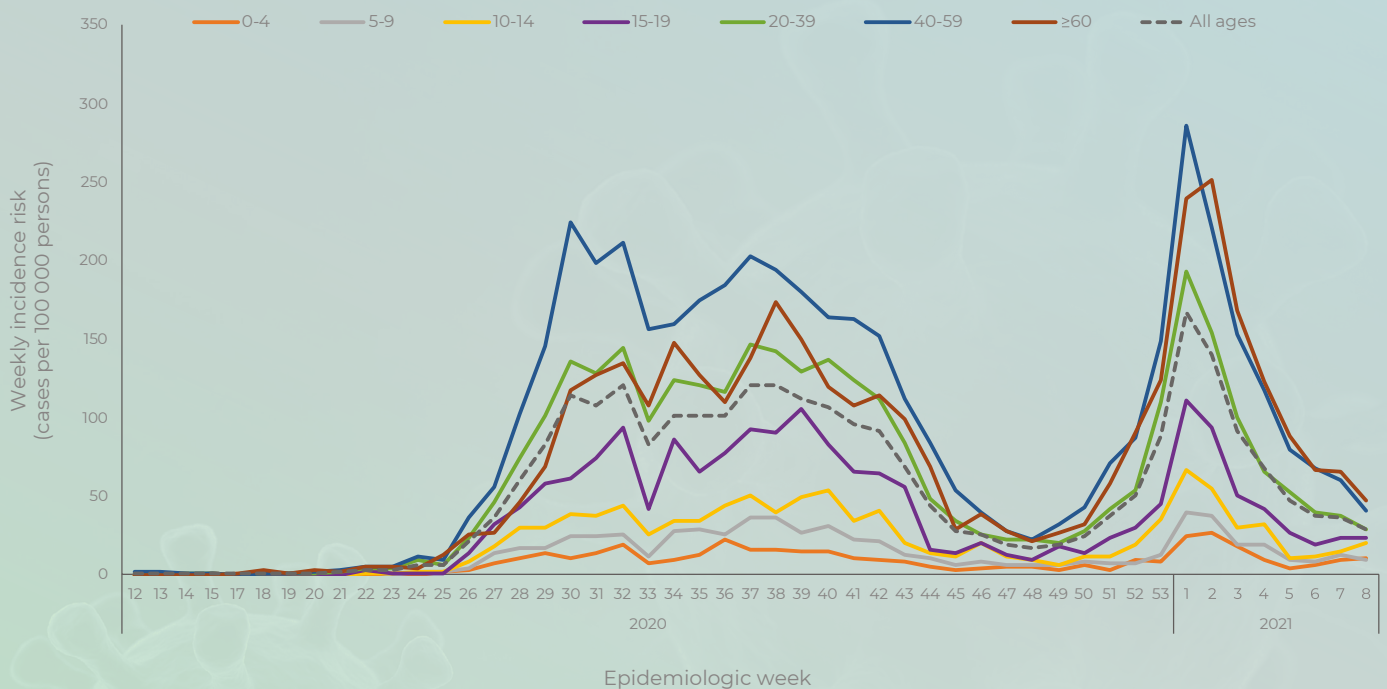


Figure 28. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Northern Cape Province, 3 March 2020 - 27 February 2021 (n= 33 705, 297 missing age)

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, 1 513 393 cases, including 49 993 deaths have been reported. The second wave, increase in cases initially reported from the Eastern Cape Province in week 43, peaked in week 1 of 2021, with all provinces reporting a decrease in numbers of new cases and incidence risk reported since week 2 of 2021. All districts of South Africa reported a decrease in number of new cases from week 3 of 2021 to week 6 of 2021. The slight increase in weekly incidence risk reported from Frances Baard in the Northern Cape, Dr Ruth Segomotsi in the North West, uMgungundlovu in the KwaZulu-Natal, and Xhariep in Free State provinces in week 8 was probably due to delays in reporting. 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 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.