

COVID-19 HOSPITAL SURVEILLANCE UPDATE

SOUTH AFRICA WEEK 10 2021

OVERVIEW

This report summarises data of COVID-19 cases admitted to hospital in all provinces. The report is based on data collected from 5 March 2020 to 13 March 2021.

HIGHLIGHTS

- As of 13 March 2021, 223,589 COVID-19 admissions were reported from 643 facilities (392 public-sector and 251 private-sector) in all nine provinces of South Africa. DATCOV coverage is now 100% of public and private hospitals that have had COVID-19 admissions. There were 116,877 (52.3%) and 106,712 (47.7%) admissions reported in public and private sector respectively. The majority of COVID-19 admissions were reported from four provinces, Gauteng (60,397, 27.0%), followed by Western Cape (45,812, 20.5%), KwaZulu-Natal (43,690, 19.5%) and Eastern Cape (29,599, 13.2%).
- Of the 223,589 admissions, 4,726 (2.1%) patients were in hospital at the time of this report, 168,773 (75.5%) patients were discharged alive or transferred out, 222 (0.1%) died non-COVID, 49,868 (22.3%) patients died of COVID and 797 (0.4%) died after discharge.
- Of the 214,207 COVID-19 patients who had recorded in-hospital outcome (died and discharged), the case fatality ratio (CFR) was 23.3%. On multivariable analysis, factors associated with in-hospital mortality were older age groups; male sex; Black African, Coloured and Indian race; admission in the public sector; and having comorbid hypertension, diabetes, chronic cardiac disease, chronic renal disease, malignancy, HIV, current and past tuberculosis, and obesity. Compared to the Western Cape Province, individuals hospitalised in Eastern Cape, Free State, Gauteng, Limpopo and Northern Cape provinces were more likely to die in-hospital.

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METHODS

DATCOV hospital surveillance for COVID-19 admissions, was initiated on the 1 April 2020. Data are submitted by public and private hospitals that have agreed to report COVID-19 admissions through DATCOV surveillance in all nine provinces of South Africa. A COVID-19 case was defined as a person with a positive reverse transcriptase polymerase chain reaction (RT-PCR) assay for SARS-CoV-2 or a person who had a positive SARS-CoV-2 antigen test who was admitted to hospital. An individual was defined as having severe disease if treated in high care or intensive care unit (ICU), or ventilated or diagnosed with acute respiratory distress syndrome (ARDS) or if dead. Case fatality ratio (CFR) was calculated for all closed cases, i.e. COVID-19 deaths divided by COVID-19 deaths plus COVID-19 discharges, excluding individuals who are still admitted in hospital.

Data are submitted by public and private hospitals that have agreed to report COVID-19 admissions through DATCOV surveillance in all nine provinces of South Africa. On 15 July 2020, the National Health Council decided that all hospitals should report to DATCOV. As of 13 March 2021, a total of 643 facilities submitted data on hospitalised COVID-19 cases, 392 from public sector and 251 from private sector (Table 1). This reflects 100% coverage of all public and private hospitals that have had COVID-19 admissions to date.

Table 1. Number of hospitals reporting data on COVID-19 admissions by province and sector, South Africa, 5 March 2020 to 13 March 2021

Name of province	Public Sector	Private Sector
Eastern Cape	85	18
Free State	35	20
Gauteng	38	91
KwaZulu-Natal	69	45
Limpopo	41	7
Mpumalanga	31	9
North West	17	12
Northern Cape	17	8
Western Cape	59	41
South Africa	392	251

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RESULTS

Epidemiological and geographic trends in admissions

From 5 March 2020 to 13 March 2021, a total of 223,589 COVID-19 admissions were reported from 643 facilities in all nine provinces of South Africa. Of these admissions, 116,877 (52.3%) and 106,712 (47.7%) were reported in public and private sector, respectively. There was a resurgence of the second wave in both public and private sector from week 40 2020; the peak weekly numbers of admissions at the peak of the second wave surpassed the numbers during the peak of the first wave in both sectors (Figure 1). Since week 1 2021, there have been decreases in numbers of admissions in both public and private sector. Decreases in the most recent week may reflect delays in data submission.

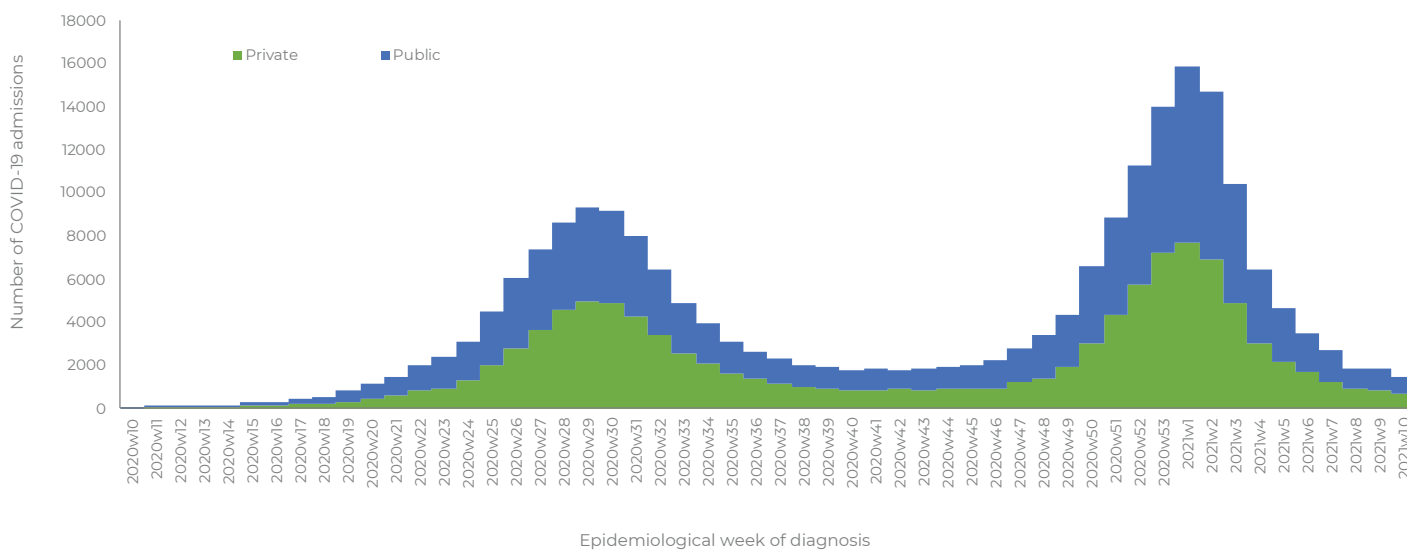


Figure 1. Number of reported COVID-19 admissions by health sector and epidemiological week of diagnosis, 5 March 2020-13 March 2021, n= 223,589

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The majority of admissions (175,761/ 223,589, 78.6%) were recorded in four provinces, with the highest number reported in Gauteng (60,397, 27.0%), followed by Western Cape (45,812, 20.5%), KwaZulu-Natal (43,690, 19.5%) and Eastern Cape (29,599, 13.2%) provinces (Figure 2).

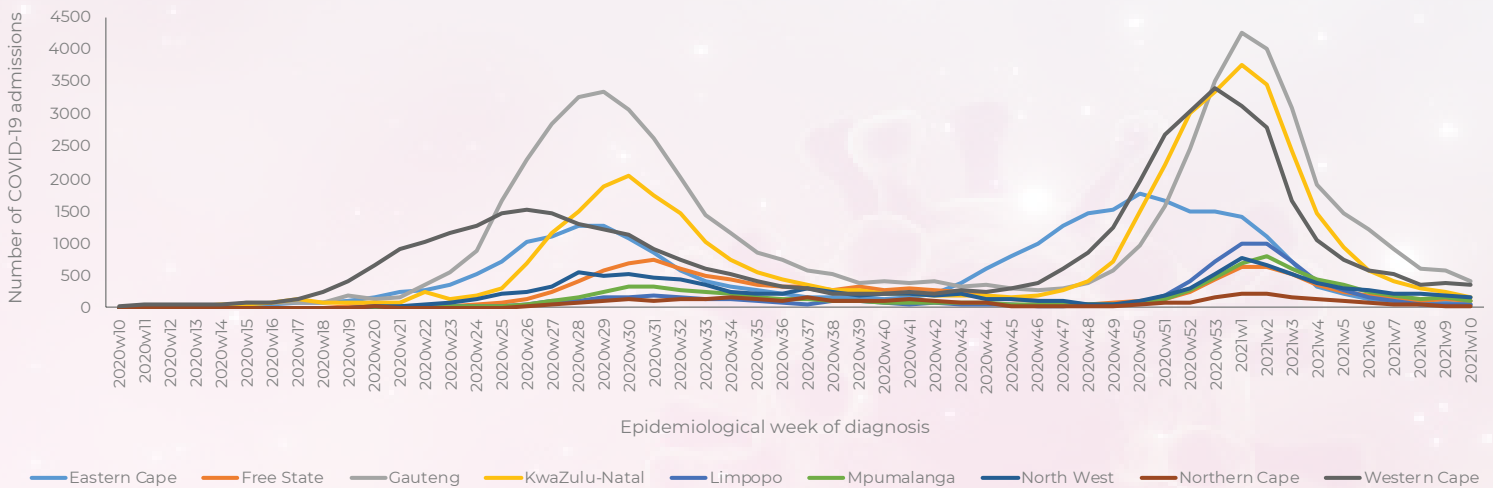


Figure 2. Number of reported COVID-19 admissions, by province and epidemiological week of diagnosis, South Africa, 5 March 2020-13 March 2021, n= 223,589

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DEMOGRAPHIC AND CLINICAL CHARACTERISTICS OF COVID-19 ADMISSIONS

The median age of COVID-19 admissions was 53 years (interquartile range [IQR] 40 – 65). There were 8,847 (4.0%) admissions in patients 18 years and younger and 38,060 (17.0%) in patients older than 70 years. Among admitted individuals with COVID-19, 124,634 (55.7%) were female. Females were more common than males in all age groups except in individuals younger than 10 years (Figure 3).



Figure 3. Number of reported COVID-19 admissions by age, sex and percentage of males, South Africa, 5 March 2020-13 March 2021, n= 223,589

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Of the 149,762 (66.9%) patients for whom race was known, 117,393 (78.4%) were Black African, 10,424 (7.0%) were Coloured, 8,758 (5.9%) were Indian, 12,796 (8.5%) were White and 391 (0.3%) were classified as Other race group. There were 7,084 (3.2%) health care workers (HCW) that were reported to be hospitalised. Among the 51,087 admissions in females of child-bearing age 15-50 years, there were 5,536 (10.8%) females admitted who were pregnant or within 6 weeks post-partum.

Among 171,235 (76.6%) patients for whom comorbid conditions were known, 77,933 (45.5%) had no comorbid condition reported, 49,366 (28.8%) had one comorbid condition reported, 32,756 (19.1%) had two comorbid conditions and 11,180 (6.5%) had three or more comorbid conditions reported. The most commonly reported comorbidities were hypertension (62,314, 36.4%) and diabetes (44,587, 26.0%); there were 14,230 (8.3%) patients who were HIV-infected, 2,828 (1.7%) patients with active tuberculosis (TB) and 4,630 (2.7%) patients with previous history of TB (Table 2). Obesity, defined by body mass index where available or by the subjective opinion of the attending HCW, while not consistently recorded for all reported COVID-19 admissions, was recorded as a risk factor in 8,702 (3.9%) of all patients hospitalised.

Table 2. Reported comorbid conditions among COVID-19 admissions, South Africa, 5 March 2020 to 13 March 2021, n=171,235*

Comorbid disease*	n	%
Hypertension	62,314	36.4
Diabetes mellitus	44,587	26.0
Chronic cardiac disease	4,151	2.4
Chronic pulmonary disease/ Asthma	10,628	6.8
Chronic renal disease	4,179	2.4
Malignancy	1,158	0.7
HIV	14,230	8.3
Active tuberculosis	2,828	1.7
Previous history of tuberculosis	4,630	2.7

* Multiple comorbid conditions are counted more than once so the total number may be more than the total number of individuals reporting comorbid conditions.

** Presence of a comorbid condition includes only the conditions reported in the table; obesity is not included.

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OUTCOMES

Of the 223,589 admitted individuals, 4,726 (2.1%) were currently in hospital, 164,339 (73.5%) were discharged alive, 4,434 (2.0%) were transferred out to either higher-level care or step-down facilities, 222 (0.1%) died non-COVID, 49,868 (22.3%) died in hospital of COVID and 797 (0.4%) died after discharge. Of the 206,470 COVID-19 patients who had recorded in-hospital outcome (died and discharged), the case fatality ratio (CFR) was 23.3%.

EPIDEMIOLOGICAL AND GEOGRAPHIC TRENDS IN MORTALITY

The peak numbers of weekly deaths were higher in the second wave than the first wave. The CFR was higher in the public health sector (27.4%) than in the private health sector (18.9%) ($p < 0.001$). There has been a decrease in reported COVID-19 deaths since week 1 of 2021 (Figure 4).

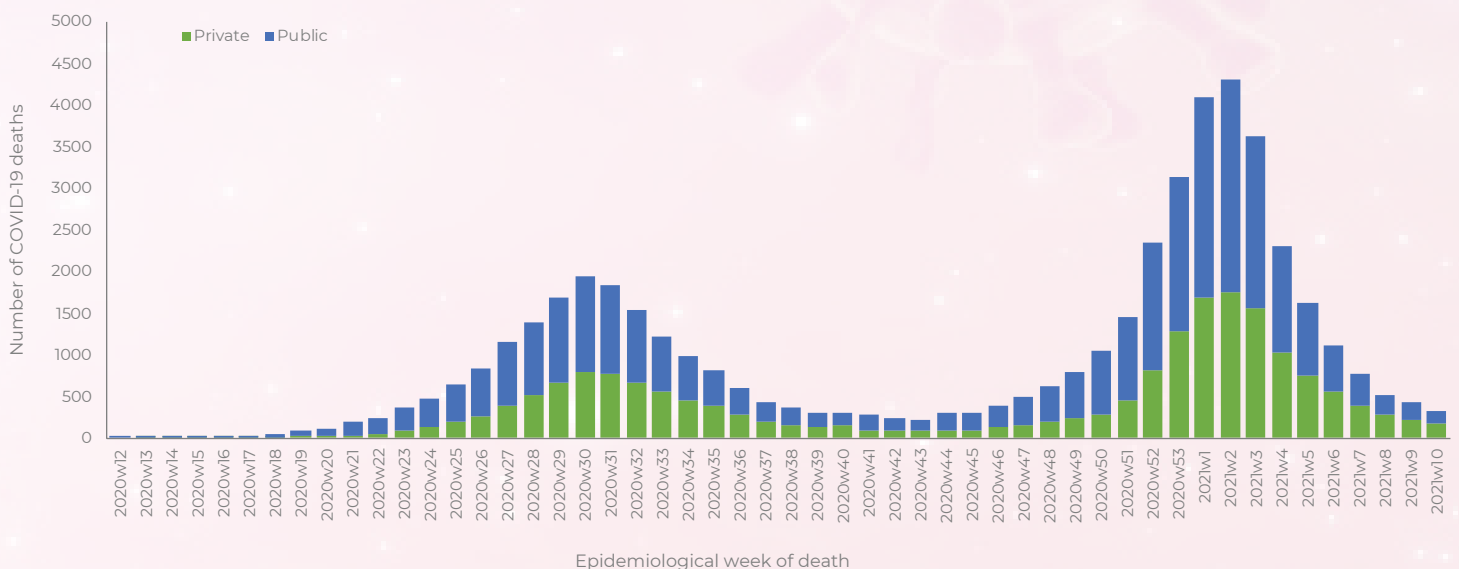


Figure 4: Number of COVID-19 deaths reported per week by health sector and epidemiologic week, South Africa, 5 March 2020-13 March 2021, n = 49,868

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Most deaths were reported in Gauteng (11,573, 20.0%), followed by Western Cape (9,640, 21.5%), Eastern Cape (9,312, 32.7%) and KwaZulu-Natal (10,081, 24.3%) (Figure 5).

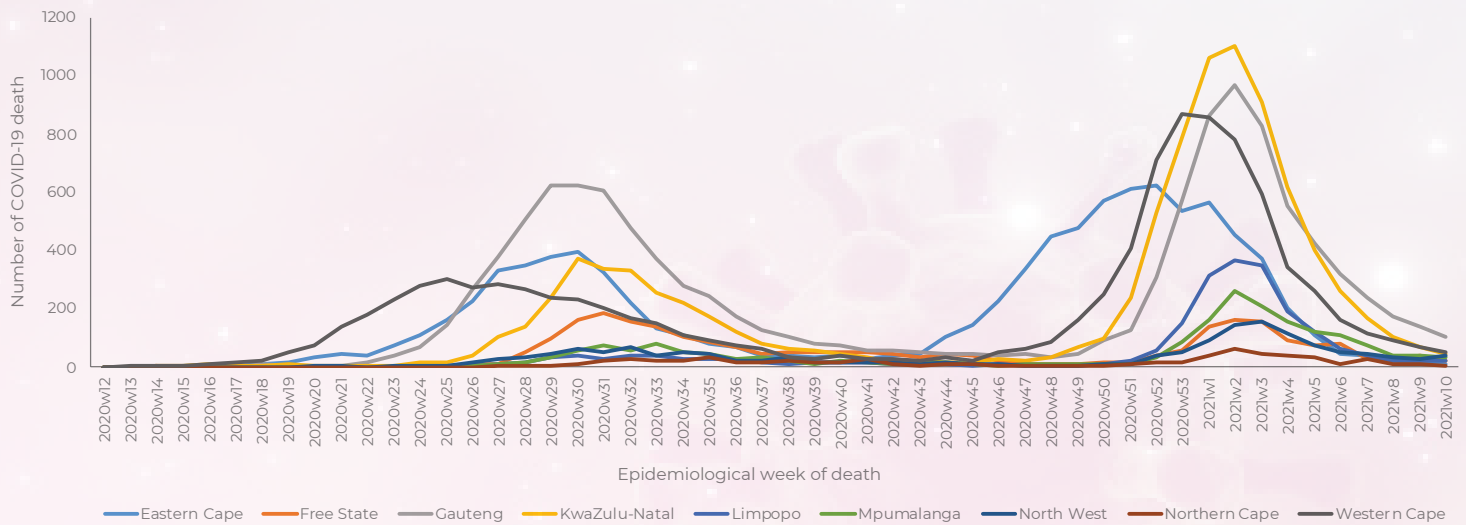


Figure 5: Number reported COVID-19 deaths, by province and epidemiological week of death, South Africa, 5 March 2020-13 March 2021, n = 49,868

DEMOGRAPHIC CHARACTERISTICS OF DEATHS

The median age of patients who died was 63 (IQR 53 – 72) years, and for those who were discharged alive was 50 (IQR 37 – 61) years. There were 345 (0.6%) deaths in children aged ≤ 18 years, many of these deaths were in children with serious underlying comorbid conditions. There were 3,410 (6.8%) deaths in patients younger than 40 years (Figure 6). The CFR was higher in males (25.3%) than females (21.7%) ($p < 0.001$).

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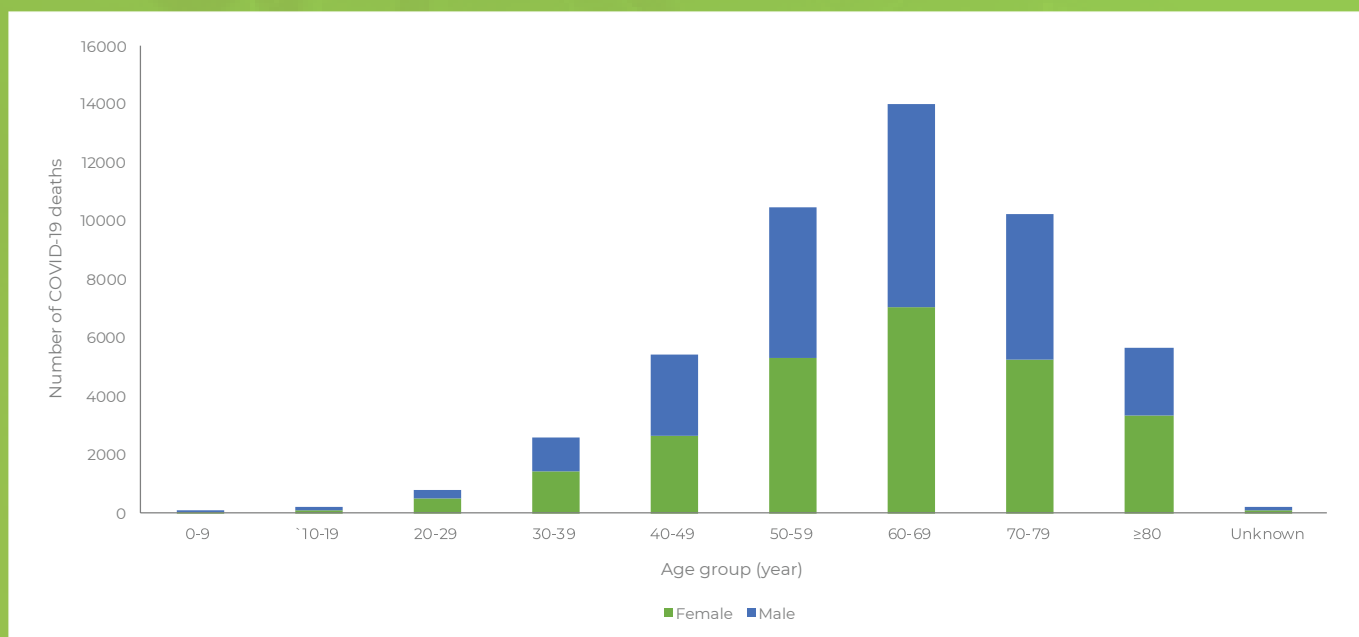


Figure 6: Number of reported COVID-19 deaths by age and gender, South Africa, 5 March 2020-13 March 2021, n= 49,868

COMMON COMORBIDITIES REPORTED AMONG DEATHS

In all age groups older than 40 years, hypertension and diabetes were most commonly reported comorbidities among patients who died. In patients between 20 and 60 years, HIV, tuberculosis and obesity were commonly reported (Figure 7).

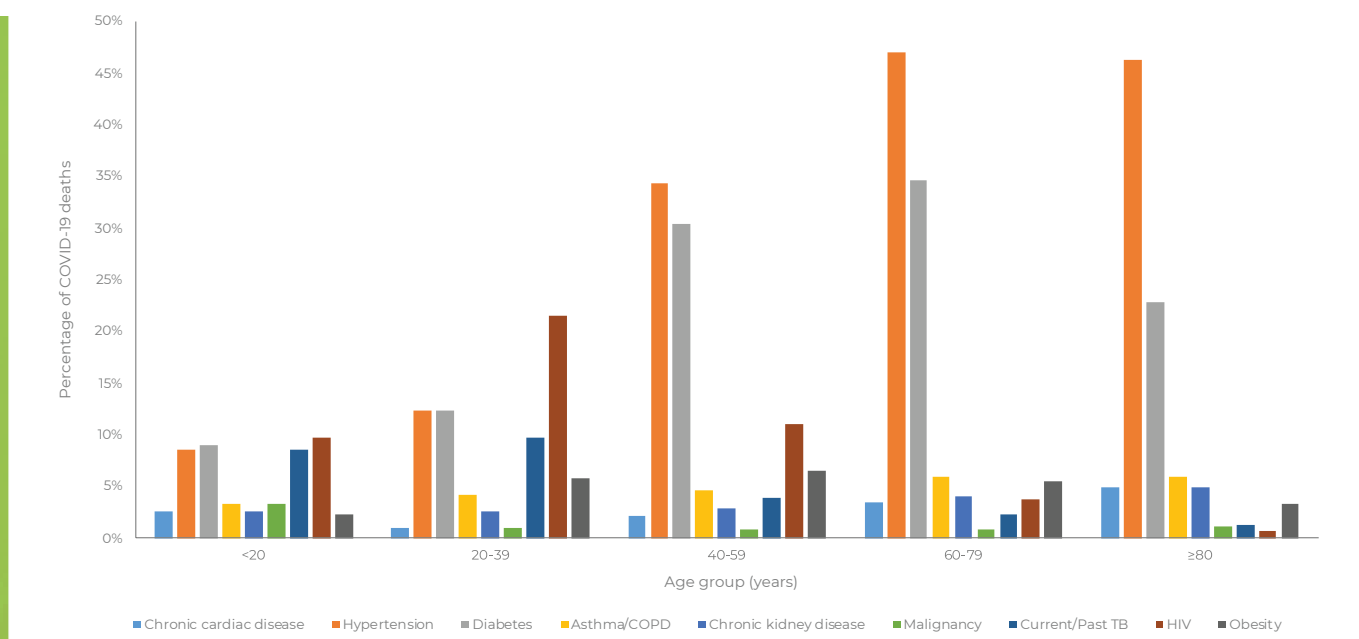


Figure 7: Frequency of comorbid conditions for reported COVID-19 deaths by age group, South Africa, 5 March 2020-13 March 2021, n= 49,868

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FACTORS ASSOCIATED WITH IN-HOSPITAL MORTALITY

On multivariable analysis, factors associated with in-hospital mortality were older age groups; male sex; Black African, Coloured and Indian race; admission in the public sector; and having comorbid hypertension, diabetes, chronic cardiac disease, chronic renal disease, malignancy, HIV, current tuberculosis alone or both current and past tuberculosis, and obesity. Compared to March 2020, CFR increased to the peak of wave 1 in July, decreased post-wave, then increased to the peak of wave 2 in January 2021, then decreased again. Compared to the Western Cape Province, individuals hospitalised in Eastern Cape, Free State, Gauteng, KwaZulu-Natal, Limpopo, Mpumalanga, North West and Northern Cape provinces were more likely to die in-hospital (Table 3 and Figure 8).

Table 3: Univariate and multivariable analysis of factors associated with mortality among 214,207 individuals with in-hospital outcome (discharges and deaths), South Africa, 5 March 2020 to 13 March 2021

Characteristic	Case-fatality ratio n/N (%)	Unadjusted (95% CI)	OR p-value	Adjusted (95% CI)	OR* p-value
Age group					
<20 years	345/8,272 (4.2)	Reference		Reference	
20-39 years	3,410/ 43,359 (7.8)	1.9 (1.8-2.2)	<0.001	2.7 (2.2-3.2)	<0.001
40-59 years	15,923/84,375(18.9)	5.3 (4.7-5.9)	<0.001	7.2 (6.0-8.7)	<0.001
60-79 years	24,263/64,474(37.6)	13.9 (12.4-15.5)	<0.001	17.3 (14.3-20.9)	<0.001
≥80 years	5,702/12,194 (46.8)	20.1 (18.0-22.6)	<0.001	30.4 (25.0-37.0)	<0.001
Unknown age	225/1,533 (14.7)	3.9 (3.3-4.7)	<0.001	5.1 (2.6-10.1)	<0.001
Sex					
Female	25,898/119,365 (21.7)	Reference		Reference	
Male	23,952 / 94,663 (25.3)	1.2 (1.2-1.3)	<0.001	1.3 (1.3-1.4)	<0.001
Race					
White	2,628 / 12,365 (21.3)	Reference		Reference	
Black	27,667 /111,103 (24.9)	1.2 (1.2-1.3)	<0.001	1.3 (1.2-1.4)	0.001
Coloured	2,268 / 9,902 (22.9)	1.1 (1.0-1.2)	0.003	1.2 (1.1-1.3)	<0.001
Indian	1,967/ 8,478 (23.2)	1.1 (1.0-1.2)	0.001	1.3 (1.2-1.4)	<0.001
Other	73/353 (20.7)	0.9 (0.7-1.3)	0.795	1.1 (0.7-1.8)	0.586
Unknown	15,265 /72,006 (21.2)	1.0 (0.9-1.1)	0.892	1.5 (1.4-1.6)	<0.001
Healthcare worker					
No	49,021/207,302 (23.7)	Reference			
Yes	847 /6,905 (12.3)	0.5 (0.4-0.5)	<0.001		
Peri-partum					
No	4,503/43,526 (10.4)	Reference			
Yes	177/ 5,388 (3.3)	0.3 (0.2-0.3)	<0.001		

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Comorbid condition						
No co-morbidity	12,802/75,046 (17.1)	Reference				
1 co-morbid condition	12,620/47,270 (26.7)	1.8 (1.7-1.8)	<0.001			
2 comorbid conditions	10,483/ 31,357 (33.4)	2.4 (2.4-2.5)	<0.001			
≥3 comorbid conditions	3,623/10,723 (33.8)	2.5 (2.4-2.6)	<0.001			
Unknown	10,340/ 47,811 (20.8)	1.3 (1.2-1.3)	<0.001			
Hypertension						
No	18,820 /99,983 (18.8)	Reference		Reference		
Yes	19,176/ 59,735 (32.1)	2.0 (1.9-2.1)	<0.001	1.1 (1.1-1.2)		<0.001
Diabetes mellitus						
No	22,332/113,402 (19.7)	Reference		Reference		
Yes	14,385/ 43,040 (33.4)	2.0 (2.0-2.1)	<0.001	1.4 (1.3-1.4)		<0.001
Chronic cardiac disease						
No	32,009/143,056 (22.4)	Reference		Reference		
Yes	1,437/ 3,885 (37.0)	2.0 (1.9-2.2)	<0.001	1.2 (1.1-1.3)		0.001
Chronic pulmonary disease/Asthma						
No	30,655/ 136,203 (22.5)	Reference				
Yes	2,574/ 10,296 (25.0)	1.1 (1.1-1.2)	0.001			
Chronic renal disease						
No	31,487 / 142,241 (22.1)	Reference		Reference		
Yes	1,743 / 4,003 (43.5)	2.7 (2.5-2.9)	<0.001	1.5 (1.4-1.6)		<0.001
Malignancy						
No	32,584/ 144,716 (22.5)	Reference		Reference		
Yes	416/ 1,083 (38.4)	2.1 (1.9-2.4)	<0.001	1.8 (1.5-2.0)		<0.001
HIV						
No	30,177 / 135,250 (22.3)	Reference		Reference		
Yes	3,292/ 13,325 (24.7)	1.1 (1.1-1.2)	<0.001	1.3 (1.3-1.4)		<0.001
Tuberculosis						
No	30,773 /138,388 (22.2)	Reference		Reference		
Previous	750 / 2,948 (25.8)	1.2 (1.1-1.3)	<0.001	1.1 (0.9-1.2)		0.257
Current	242 / 951 (25.5)	1.2 (1.0-1.3)	0.018	1.3 (1.1-1.6)		<0.001
Current and previous	299 / 1,245 (24.0)	1.1 (0.9-1.3)	0.133	1.5 (1.4-1.8)		<0.001
Obesity						
No	11,840 / 50,944 (23.4)	Reference		Reference		
Yes	2,641/ 8,099 (32.6)	1.6 (1.5-1.7)	<0.001	1.3 (1.2-1.4)		<0.001
Unknown	35,374/ 155,058 (22.8)	0.9 (0.9-1.0)	0.046	0.9 (0.9-1.0)		0.114

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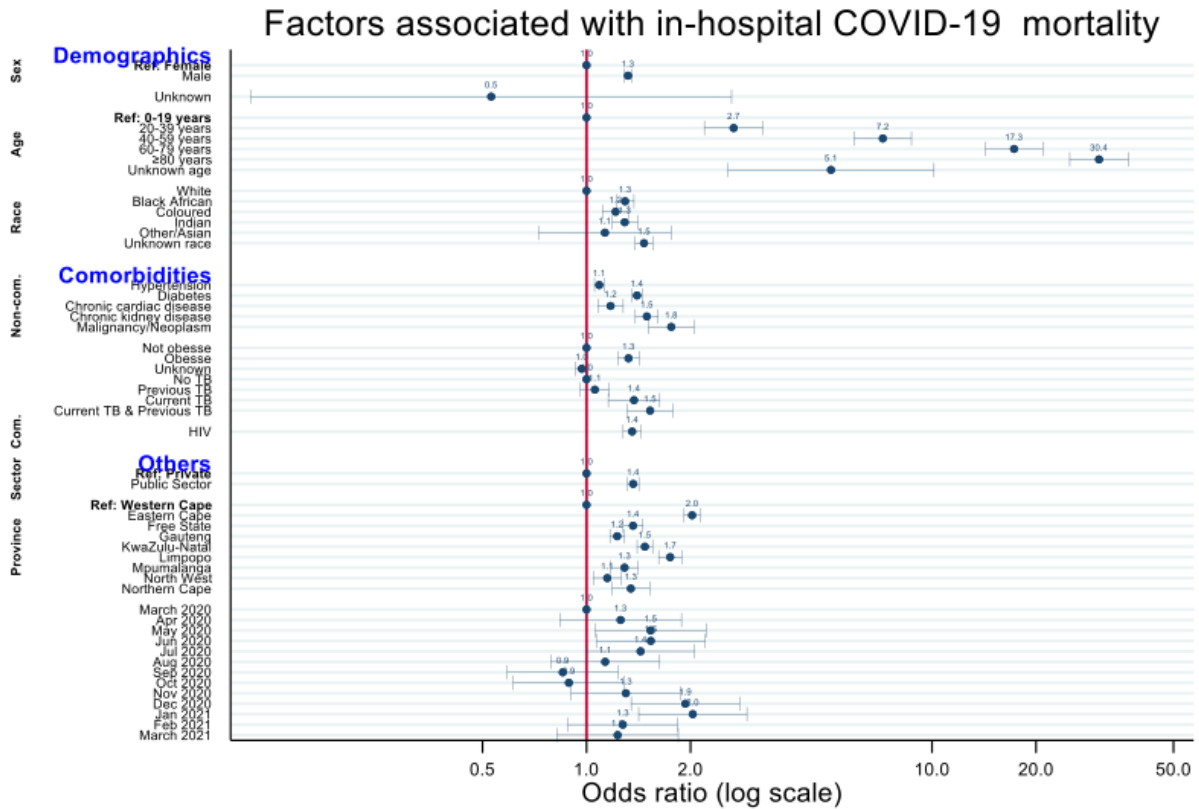
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Month of admission					
March 2020	44 /395 (11.1)	Reference		Reference	
April 2020	183/1,444 (12.8)	1.2 (0.8-1.7)	0.412	1.3 (0.8-1.9)	0.273
May 2020	1,073/ 5,786 (18.5)	1.9 (1.3-2.5)	<0.001	1.5 (1.1-2.2)	0.023
June 2020	3,677/ 18,111 (20.3)	2.0 (1.4-2.8)	<0.001	1.6 (1.1-2.2)	0.020
July 2020	8,235/ 37,960 (21.7)	2.2 (1.6-3.0)	<0.001	1.4 (0.9-2.1)	0.050
August 2020	3,675/ 19,504 (18.8)	1.9 (1.4-2.6)	<0.001	1.1 (0.8-1.6)	0.503
September 2020	1,309 / 8,782 (14.9)	1.4 (1.0-2.0)	0.040	0.9 (0.6-1.3)	0.402
October 2020	1,159/ 7,612 (15.2)	1.4 (1.0-2.0)	0.027	0.9 (0.6-1.3)	0.534
November 2020	2,502/ 11,042 (22.7)	2.3 (1.7-3.2)	<0.001	1.3 (0.9-1.8)	0.159
December 2020	10,469/ 39,188 (26.7)	2.9 (2.1-4.0)	<0.001	2.0 (1.4-2.8)	<0.001
January 2021	15,016/ 51,253 (29.3)	3.3 (2.4-4.5)	<0.001	2.0 (1.4-2.9)	<0.001
February 2021	2,247/ 11,476 (19.6)	1.9 (1.4-2.7)	<0.001	1.2 (0.9-1.8)	0.195
March 2021	273/1,603 (17.0)	1.6 (1.2-2.3)	0.004	1.2 (0.8-1.8)	0.315
Health sector					
Private sector	19,517/ 103,565 (18.9)	Reference		Reference	
Public sector	30,351/ 110,642 (27.4)	1.6 (1.6-1.7)	<0.001	1.4 (1.3-1.4)	<0.001
Province					
Western Cape	9,640/ 44,798 (21.5)	Reference		Reference	
Eastern Cape	9,312/ 28,523 (32.7)	1.8 (1.7-1.8)	<0.001	2.0 (1.9-2.1)	<0.001
Free State	2,537/ 11,375 (22.3)	1.0 (0.9-1.1)	0.070	1.3 (1.2-1.4)	<0.001
Gauteng	11,573 / 57,795 (20.0)	0.9 (0.9-0.9)	<0.001	1.2 (1.1-1.3)	<0.001
KwaZulu-Natal	10,081/ 41,570 (24.3)	1.2 (1.1-1.2)	<0.001	1.5 (1.4-1.6)	<0.001
Limpopo	2,377 / 7,873 (30.2)	1.6 (1.5-1.7)	<0.001	1.7 (1.6-1.9)	<0.001
Mpumalanga	2,088/ 7,949 (25.8)	1.3 (1.2-1.4)	<0.001	1.3 (1.2-1.4)	<0.001
North West	1,578 / 10,934 (14.4)	0.6 (0.6-0.7)	<0.001	1.1 (1.0-1.2)	0.003
Northern Cape	682/ 3,390 (20.1)	0.9 (0.8-1.0)	0.055	1.3 (1.2-1.5)	<0.001
Ever ICU					
No	35,100/ 184,846 (18.9)	Reference			
Yes	14,768 / 29,361 (50.3)	4.3 (4.2-4.4)	<0.001		
Ever High Care					
No	44,091/ 196,514 (22.4)	Reference			
Yes	5,777 / 17,693 (32.7)	1.7 (1.6-1.7)	<0.001		
Ever ventilated					
No	41,959/202,075 (20.8)	Reference			
Yes	7,909/12,132 (65.2)	7.1 (6.9-7.4)	<0.001		
Ever on oxygen					
No	22,698 /125,233 (18.1)	Reference			
Yes	27,170/88,974 (30.5)	2.0 (1.9-2.0)	<0.001		

* Multivariable model excluded all individuals with unknown comorbid conditions

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Data source: NICD-DATCOV19

Figure 8: Multivariable analysis of factors associated with mortality among 214,207 individuals with in-hospital outcome (discharges and deaths), South Africa, 5 March 2020 to 13 March 2021

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DISCUSSION

DATCOV currently includes 223,589 admissions from 643 public and private hospitals in all nine provinces in South Africa. It also includes 49,868 deaths that have occurred to date.

The findings confirm factors associated with in-hospital mortality were older age groups; male sex; Black, Indian and Coloured race; and having comorbid hypertension, diabetes, chronic cardiac disease, chronic renal disease, malignancy, HIV, current and previous tuberculosis, and obesity. Increased risks for mortality have similarly been observed in non-white patients and in those from lower socio-economic groups in other countries (1)(2).

Trends in CFR over time and provincial differences may be affected by many factors such as hospital admission criteria, timeousness of closing cases, testing criteria in different provinces, and the severity of illness in admitted cases.

The availability of reliable surveillance data is of critical importance to gain a better understanding of the epidemiology of COVID-19 in South Africa, to monitor the COVID-19 epidemic and to respond with adequate control measures. It has been suggested that when local transmission is widespread and testing strategies change, hospital admission or mortality surveillance systems provide a more reliable picture of the epidemic progression than overall confirmed case numbers.

DATCOV provides real-time data and summary analyses, which inform modelling and reporting at a national level. It also addresses a knowledge gap, in the lack of data from low and middle income countries (LMIC), allowing for analysis of COVID-19 epidemiology in a country with a younger population, unique disease profile with epidemics of both infectious (HIV and tuberculosis) and non-communicable diseases, and an overburdened public health system.

LIMITATIONS

DATCOV now includes reporting from all hospitals with COVID-19 admissions but many hospitals are yet to reach complete submission of historic data. Data quality in a surveillance system is dependent on the information submitted by healthcare institutions. It is not possible for the NICD to verify or check the quality of all these data, however, the NICD has built-in data quality checks. Delays in reporting of admissions and deaths may affect the numbers reported in the most recent week. The National Department of Health have recruited data capturers in six provinces to support hospitals to improve data submission.

In patients with non-communicable diseases, the current data collection platform is not able to distinguish between those that had pre-existing disease and those that were newly-diagnosed; and between those with well or poorly controlled disease. New variables have been introduced to allow for this analysis. For obesity, the platform now also captures weight, height and BMI.

Data on socioeconomic status are not collected. Data on treatment and medical interventions have not been analysed because the data were incomplete. Efforts are ongoing to improve the quality and completeness of data on symptom of these data will be included in future reports.

As hospitals reached capacity, admission criteria may change and therefore influence trends and inferences about the progression of the epidemic. DATCOV only reports hospital-based admissions and deaths and therefore does not include deaths occurring outside hospitals. DATCOV now has a module to record out-of-hospital deaths.

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REFERENCES

1. Williamson E, Walker AJ, Bhaskaran KJ, Bacon S, Bates C, Morton CE, et al. OpenSAFELY: factors associated with COVID-19-related hospital death in the linked electronic health records of 17 million adult NHS patients. medRxiv. 2020:2020.05.06.20092999.
2. Pan D, Sze S, Minhas JS, Bangash MN, Pareek N, Divall P, et al. The impact of ethnicity on clinical outcomes in COVID-19: A systematic review. EClinicalMedicine. 2020;23.

ACKNOWLEDGEMENTS

All public and private sector hospitals submitting data to DATCOV

Private hospital groups submitting data to DATCOV:

- Netcare
- Life Healthcare
- Mediclinic Southern Africa
- National Hospital Network (NHN)
- Clinix Health Group
- Lenmed
- Joint Medical Holdings (JMH)

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APPENDIX

Table 4: Number of reported COVID-19 admissions and deaths by age and gender, South Africa, 5 March 2020 to 13 March 2021

ADMISSIONS					DEATHS			
Age (years)	Female	Male	Unknown	Total	Female	Male	Unknown	Total
00-4	1634	1930	7	3571	62	54	1	117
5-9	434	559	3	996	10	12	0	22
10-14	755	686	0	1441	32	24	0	56
15-19	2315	1235	3	3553	85	70	0	155
20-24	4043	2007	3	6053	162	113	0	275
25-29	6959	3130	6	10095	338	201	0	539
30-34	9565	5517	3	15085	610	447	0	1057
35-39	10700	7586	6	18292	838	735	0	1573
40-44	10340	8989	4	19333	1078	1121	1	2200
45-49	11865	10908	8	22781	1624	1660	2	3286
50-54	13891	12213	2	26106	2205	2217	1	4423
55-59	15194	13081	8	28283	3172	3011	1	6184
60-64	13509	12119	12	25640	3564	3673	1	7238
65-69	11094	9701	8	20803	3578	3326	2	6906
70-74	8874	7793	11	16678	3034	2934	4	5972
75-79	6338	5103	6	11447	2285	2075	1	4361
80-84	4604	3179	4	7787	1764	1347	1	3112
85-89	2393	1479	1	3873	958	693	0	1651
90-94	1073	502	1	1576	500	250	0	750
>=95	359	213	0	572	151	75	0	226
Unknown	831	670	99	1600	106	120	3	229
Total	136770	108600	195	245565	26156	24158	18	50332