

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

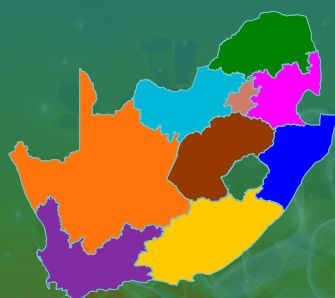


NATIONAL INSTITUTE FOR
COMMUNICABLE DISEASES

Division of the National Health Laboratory Service

SOUTH AFRICA WEEK 13 2021

CUMULATIVE DATA FROM



CASES

1 551 964
IN TOTAL

5 713
THIS WEEK**

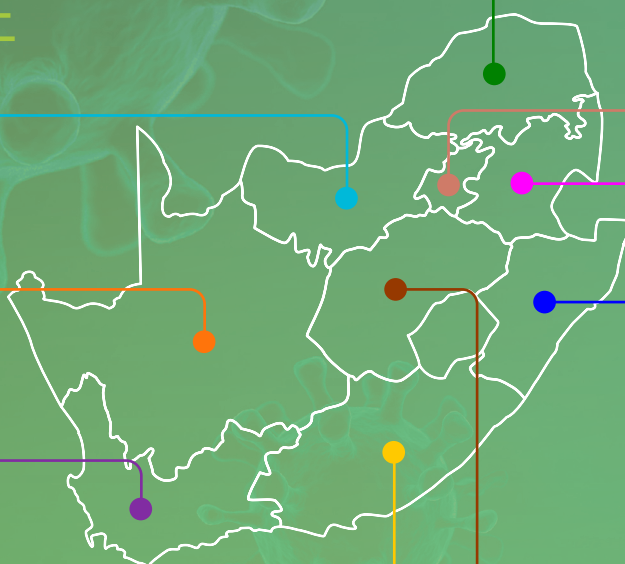


PERSONS

2 603,0
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 3 April 2021 (week 13 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 3 April 2021, a total of 1 551 964 laboratory-confirmed COVID-19 cases had been detected in South Africa. Of these, 6 533 were cases reported since the last report (week 12 of 2021). There was a 13.7% decrease in number of new cases detected in week 13 of 2021 (5 713) compared to the number of new cases detected in week 12 of 2021 (6 620), possibly related in part to delays in reporting.
- An additional 324 deaths were reported since the last report. The overall case-fatality ratio is 3.4% (52 987/1 551 964).
- In the past week, the Gauteng Province reported the highest proportion of the new cases detected (1 705/7 513, 29.8%), followed by the Western Cape Province (853/7 513, 14.9%), and the Mpumalanga Province (668/7 513, 11.7%).
- In the past week, all provinces reported a decrease in weekly incidence risk, except the Eastern Cape Province which reported an increase in weekly incidence risk (0.3 cases per 100 000 persons, 14.3% increase), compared to the previous week. The decrease ranged from 0.6 cases per 100 000 persons (10.1% decrease) in the KwaZulu-Natal Province to 4.7 cases per 100 000 persons (17.5% decrease) in the Free State Province.
- In the past week, the Northern Cape Province reported the highest weekly incidence risk (33.6 cases per 100 000 persons), followed by the Free State Province (22.4 cases per 100 000 persons), and the Mpumalanga Province (14.3 cases per 100 000 persons).

INCIDENCE
RISK FOR
CURRENT WEEK

9,6
CASES PER
100 000
PERSONS

29,8%
OF CASES
REPORTED IN
GAUTENG IN
CURRENT WEEK

IN CURRENT
WEEK, THE
HIGHEST
WEEKLY
INCIDENCE
RISK WAS IN
CASES AGED
80+ YEARS (20,4
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 3 April 2021, a total of 1 551 964 laboratory-confirmed COVID-19 cases were reported in South Africa (Figures 1 and 2). This is 6 533 more cases than the number reported in the last report (week 12 of 2021 report). The number of new cases detected in week 13 of 2021 (5 713) was lower than the number of new cases detected in week 12 of 2021 (6 620), this represented a 13.7% 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 (1 705/5 713, 29.8%), followed by the Western Cape Province (853/5 713, 14.9%) and the Mpumalanga Province (668/5 713, 11.7%) (Table 1). Five provinces, Gauteng (415 424/1 551 964, 26.8%), KwaZulu-Natal (334 512/1 551 964, 21.6%), Western Cape (283 369/1 551 964, 18.3%), Eastern Cape (195 494/1 551 964, 12.6%), and Free State (83 674/1 551 964, 5.4%) continued to report the majority (1 312 473/1 551 964, 84.6%) 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 12 to week 13 of 2021.

The cumulative incidence risk for the country increased from 2 593.4 cases per 100 000 persons in week 12 of 2021 to 2 603.0 cases per 100 000 persons in week 13 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

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the highest cumulative incidence risk (4 044.8 cases per 100 000 persons), followed by the Eastern Cape Province (2 903.1 cases per 100 000 persons), the KwaZulu-Natal Province (2 900.8 cases per 100 000 persons), the Free State Province (2 856.8 cases per 100 000 persons), the Northern Cape Province (2 830.1 cases per 100 000 persons), and the Gauteng Province (2 682.2 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 (1 080.9 cases per 100 000 persons). Similar to the past six weeks, the Northern Cape Province reported the highest weekly incidence risk (33.6 cases per 100 000 persons) in week 13 of 2021, followed by the Free State Province (22.4 cases per 100 000 persons), and the Mpumalanga Province (14.3 cases per 100 000 persons). In the past week, all provinces reported a decrease in weekly incidence risk, except the Eastern Cape Province which reported an increase in weekly incidence risk (0.3 cases per 100 000 persons, 14.3% increase), compared to the previous week. The decrease in weekly incidence risk ranged from 0.6 cases per 100 000 persons (10.1% decrease) in the KwaZulu-Natal Province to 4.7 cases per 100 000 persons (17.5% decrease) in the Free State Province (Figure 4). Some of the reductions in week 13 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 12 of 2021, the estimated doubling time of number of cases increased in all provinces, except the Free State Province (from 469.0 days to 422.8 days, 9.9% decrease) and Western Cape Province (from 1 283.7 days to 1 159.9 days, 9.6% decrease) which reported a decrease in the estimated doubling time. The doubling time in the Eastern Cape Province increased (from 6 516.5 days to 7 012.7 days, 7.6% increase), the KwaZulu-Natal Province (from 1 559.7 days to 2 121.4 days, 36.0% increase), and the Gauteng Province (from 860.8 days to 895.1 days, 4.0% increase) (Figure 5).

The case-fatality ratio (CFR) was 3.4% (52 987/1 551 964); an additional 324 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, 324 deaths compared to 552 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.

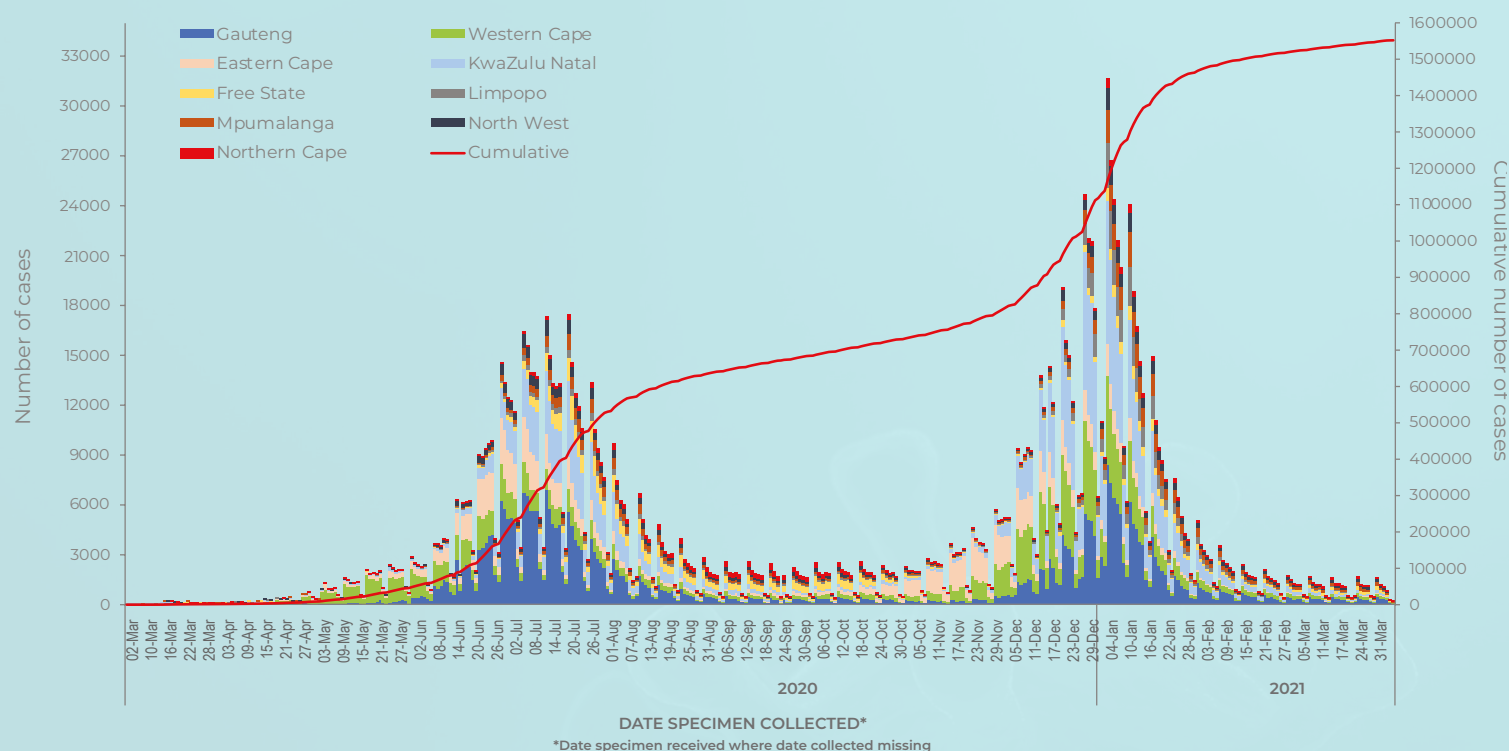


Figure 1. Number and cumulative number of laboratory-confirmed cases of COVID-19 by province and date of specimen collection, South Africa, 3 March 2020 – 3 April 2021 (n=1 551 964)

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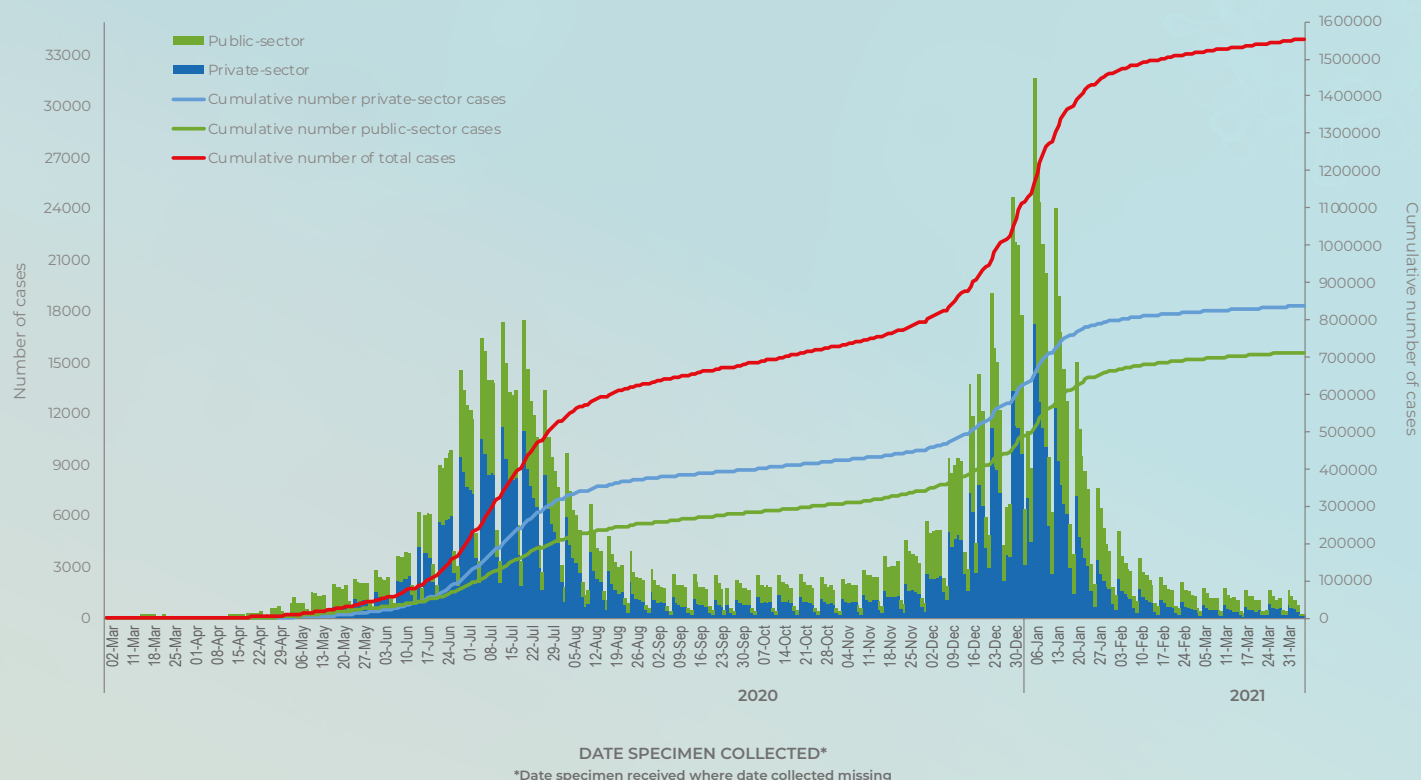


Figure 2. Number and cumulative number of laboratory-confirmed cases of COVID-19, by testing laboratory sector and date of specimen collection, South Africa, 3 March 2020 –3 April 2021 (n=1 551 964)

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 –3 April 2021 (n=1 551 964)

Province	Cumulative cases (n) (percentage, n/total cases in South Africa)	New cases ¹ detected in week 13 (28 Mar-3 Apr 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 13 of 2021 (cases/100 000 persons)	Tests ⁴ per 100 000 persons, 28 Mar-3 Apr 2021
Eastern Cape	195 494 (12.6)	136 (2.4)	6 734 001	2 903.1	2.0	135.2
Free State	83 674 (5.4)	657 (11.5)	2 928 903	2 856.8	22.4	308.0
Gauteng	415 424 (26.8)	1 705 (29.8)	15 488 137	2 682.2	11.0	331.2
KwaZulu-Natal	334 512 (21.6)	611 (10.7)	11 531 628	2 900.8	5.3	246.8
Limpopo	63 261 (4.1)	128 (2.2)	5 852 553	1 080.9	2.2	53.5
Mpumalanga	75 497 (4.9)	668 (11.7)	4 679 786	1 613.3	14.3	179.9
North West	64 146 (4.1)	520 (9.1)	4 108 816	1 561.2	12.7	210.9
Northern Cape	36 587 (2.4)	435 (7.6)	1 292 786	2 830.1	33.6	318.9
Western Cape	283 369 (18.3)	853 (14.9)	7 005 741	4 044.8	12.2	353.1
Unknown						
Total	1 551 964	5 713	59 622 350	2 603.0	9.6	246.5

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

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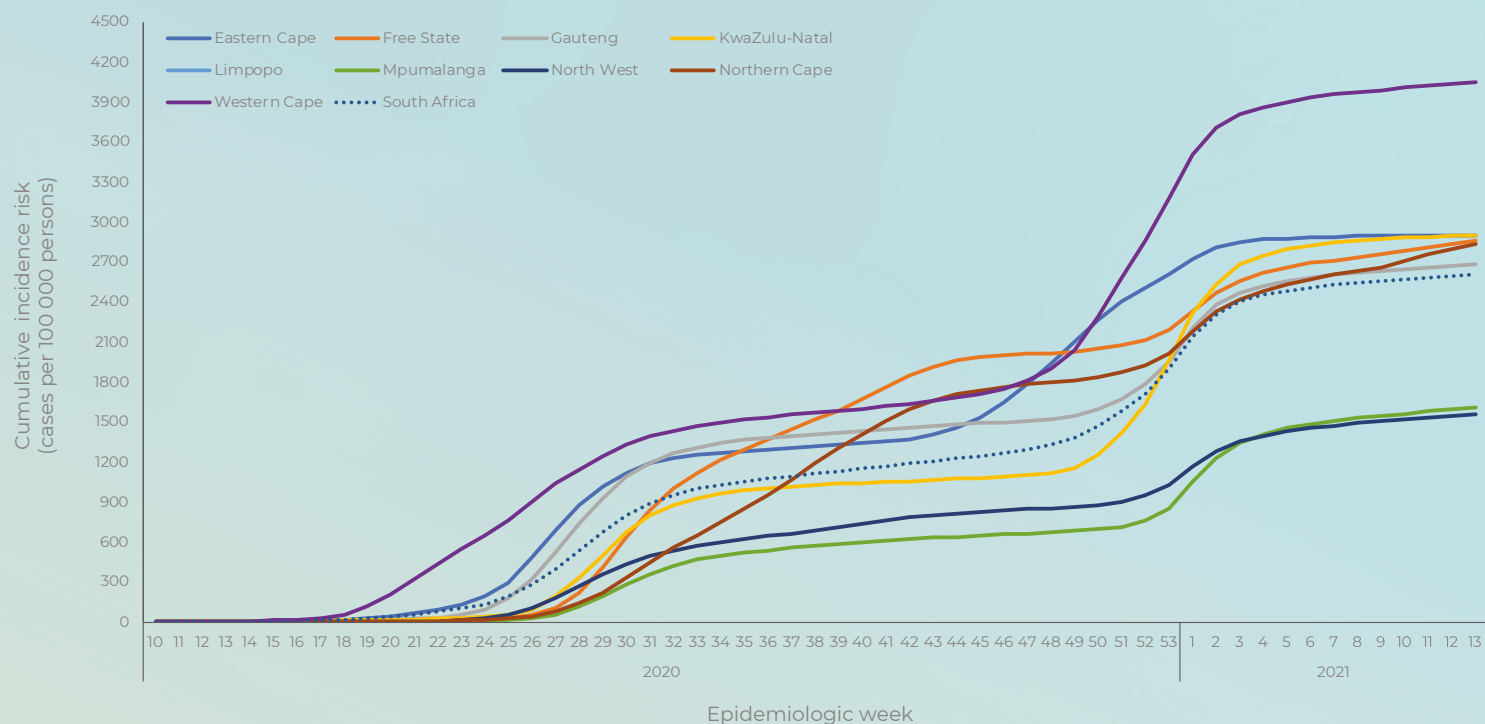


Figure 3. Cumulative incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week, South Africa, 3 March 2020 – 3 April 2021 (n=1 551 964)

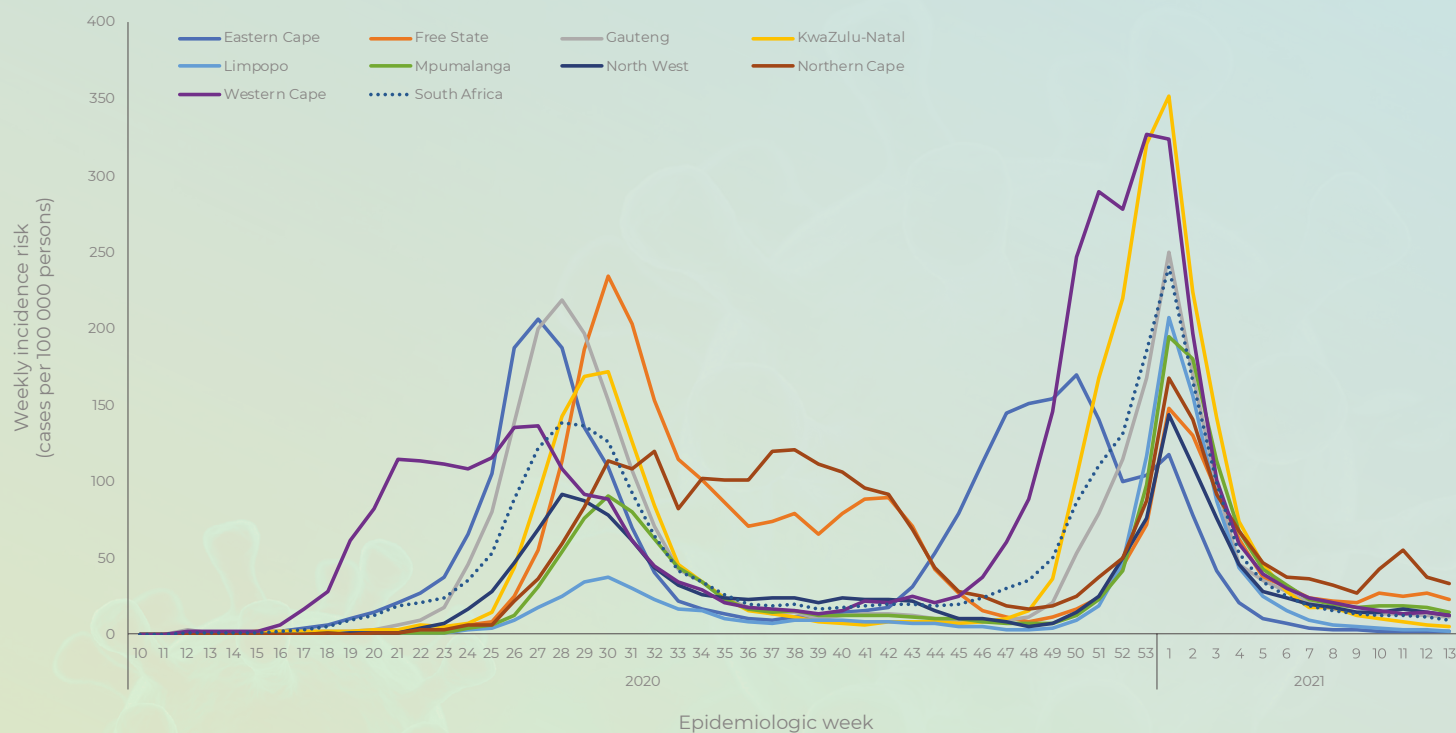


Figure 4. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week, South Africa, 3 March 2020 – 3 April 2021 (n=1 551 964)

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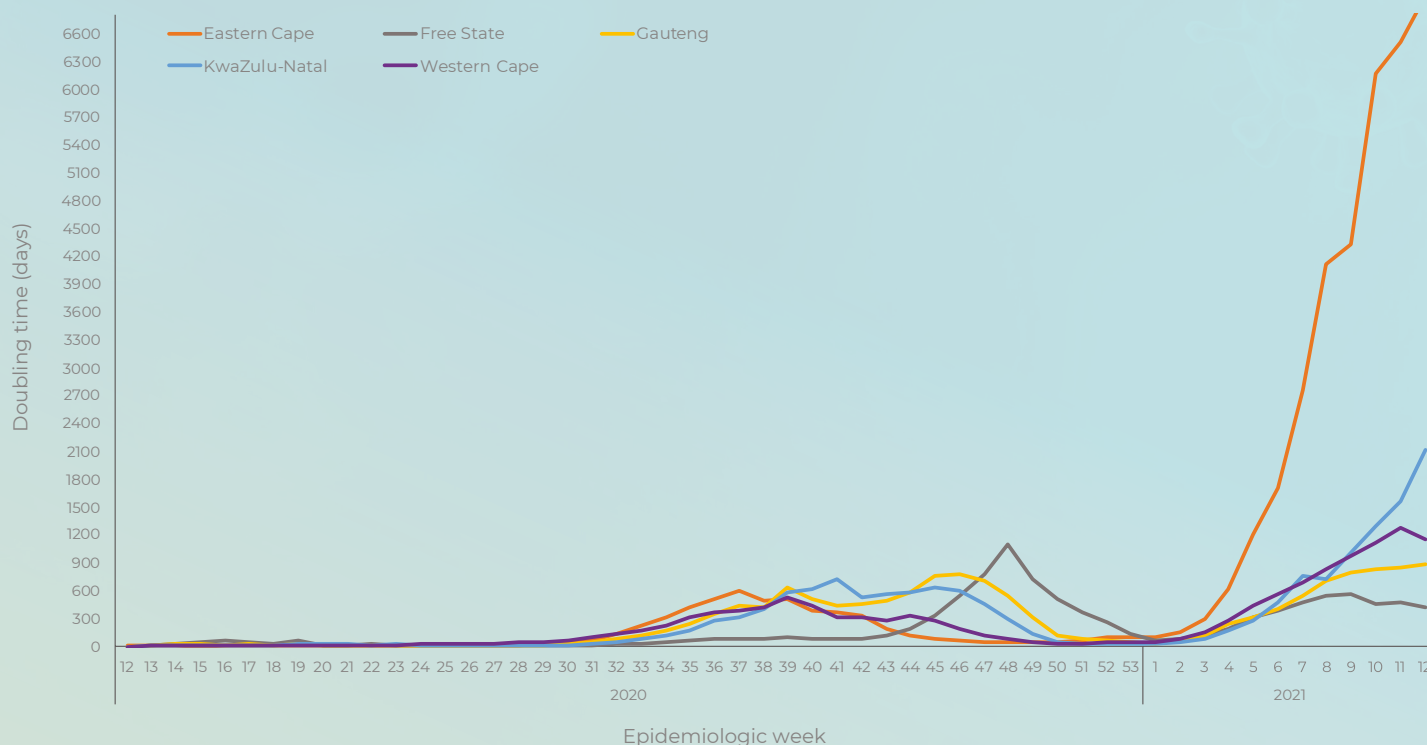


Figure 5. Doubling time of number of laboratory-confirmed cases of COVID-19 by province (for 5 provinces with the majority of cases) and epidemiologic week, South Africa, 23 March-2020 –27 March 2021 (n= 1 546 164)

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 (182 140/1 537 452, 11.8%) and 30-34-year (177 136/1 537 452, 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 (556/5 636, 9.9%) and the 40-44-year age group (507/5 636, 9.0%). The median age for cases reported in week 13 of 2021 was the same (40 years, IQR 26-54), to that of total cases (40 years). The highest cumulative incidence risk remained among cases aged 50-54 years (5 273.2 cases per 100 000 persons), followed by cases aged 55-59 years (5 216.4 cases per 100 000 persons) and ≥80 years (5 127.6 cases per 100 000 persons). The lowest cumulative incidence risk was reported in the younger age-groups, 323.8 cases per 100 000 persons and 401.7 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 13 of 2021 was reported in cases aged ≥80 years (20.4 cases per 100 000 persons), followed by cases in the 70-74-year age group (18.7 cases per 100 000 persons), and the lowest weekly

incidence risk was in the 0-4-year age group (1.3 cases per 100 000 persons) (Figure 8 and table 2).

To date, the majority of COVID-19 cases reported were female 57.8% (887 219/1 535 039). This trend continued in the past week where 55.5% (3 142/5 661) of cases were female. The cumulative incidence risk has remained consistently higher among females (2 884.2 cases per 100 000 persons) than among males (2 205.5 cases per 100 000 persons) (Figure 9). The peak cumulative incidence risk was in the 50-54-year-age group (5 513.4 cases per 100 000 persons) for females, and in the ≥80-year-age group (5 326.7 cases per 100 000 persons) for males (Figure 10). In week 13 of 2021, the highest weekly incidence risk was in the 60-64-year group (18.2 cases per 100 000 persons) for females and ≥80 age (25.2 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.

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Figure 6. Number of laboratory-confirmed cases of COVID-19 by age group and sex, South Africa, 3 March 2020 –3 April 2021 (n = 1 521 905, sex/age missing for 30 059)

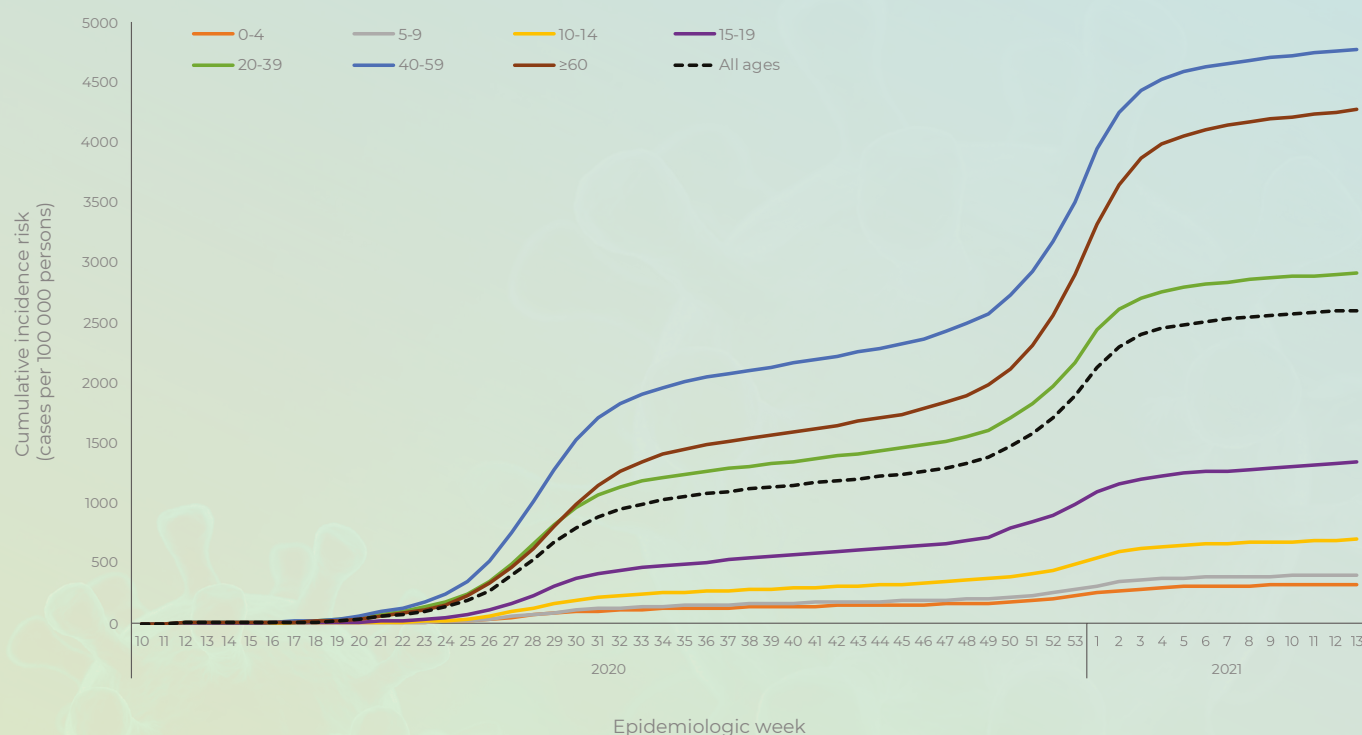


Figure 7. Cumulative incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, South Africa, 3 March 2020-3 April 2021 (n=1 537 452, 14 512 missing age)

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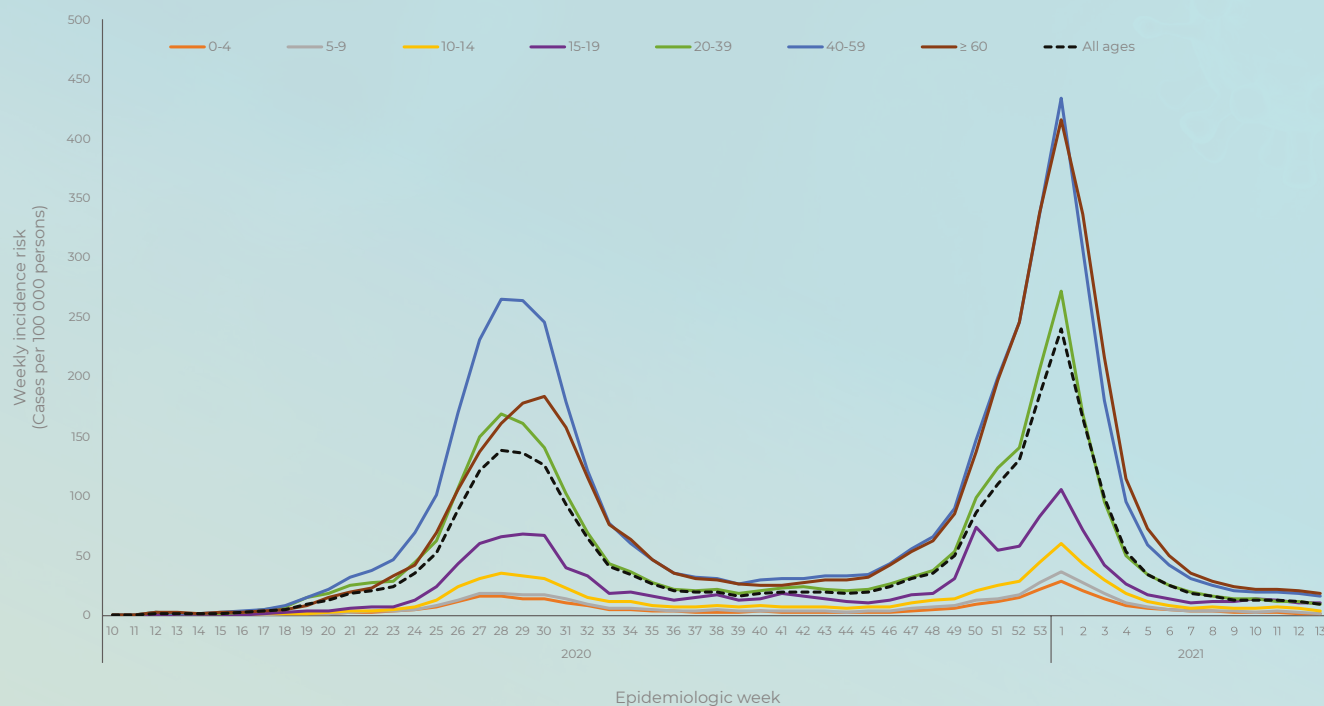


Figure 8. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, South Africa, 3 March 2020 -3 April 2021 (n=1 537 452, 14 512 missing age)

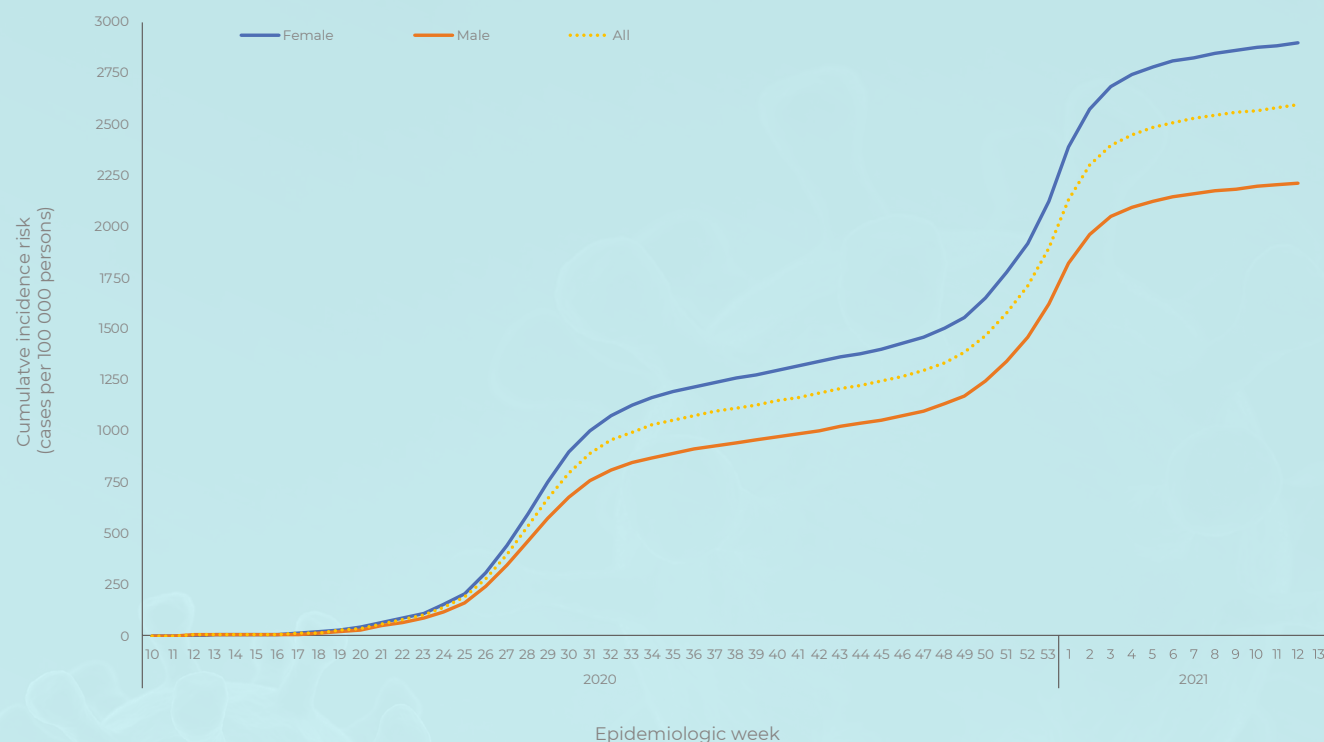


Figure 9. Cumulative incidence risk by sex and epidemiologic week, South Africa, 3 March 2020 -3 April 2021 (n=1 535 039, sex missing for 16 925)

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Table 2. Number of laboratory-confirmed cases of COVID-19 and cumulative/weekly incidence risk by age group, South Africa, 3 March 2020 – 3 April 2021, n = 1 537 452, 14 512 missing age)

Age group (years)	Cumulative cases (n) (percentage, n/total cases in South Africa)	New cases ¹ detected in week 13 (28 Mar- 3 Apr 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 13 of 2021 (cases/100 000 persons)
0-4	18 595 (1.2)	74 (1.3)	5 743 450	323.8	1.3
5-9	22 961 (1.5)	87 (1.5)	5 715 952	401.7	1.5
10-14	38 993 (2.5)	206 (3.7)	5 591 553	697.4	3.7
15-19	64 058 (4.2)	509 (9.0)	4 774 579	1 341.6	10.7
20-24	93 666 (6.1)	460 (8.2)	4 823 367	1 941.9	9.5
25-29	149 847 (9.7)	468 (8.3)	5 420 754	2 764.3	8.6
30-34	177 136 (11.5)	488 (8.7)	5 641 750	3 139.7	8.6
35-39	182 140 (11.8)	556 (9.9)	4 798 293	3 795.9	11.6
40-44	157 576 (10.2)	507 (9.0)	3 733 942	4 220.1	13.6
45-49	149 670 (9.7)	474 (8.4)	3 169 648	4 722.0	15.0
50-54	135 588 (8.8)	440 (7.8)	2 571 263	5 273.2	17.1
55-59	115 350 (7.5)	384 (6.8)	2 211 309	5 216.4	17.4
60-64	82 762 (5.4)	325 (5.8)	1 796 316	4 607.3	18.1
65-69	55 480 (3.6)	234 (4.2)	1 408 665	3 938.5	16.6
70-74	39 363 (2.6)	188 (3.3)	1 007 174	3 908.3	18.7
75-79	24 667 (1.6)	118 (2.1)	637 062	3 872.0	18.5
≥80	29 600 (1.9)	118 (2.1)	577 273	5 127.6	20.4
Unknown	14 512	77			
Total	1 551 964	5 713	59 622 350	2 603.0	9.6

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

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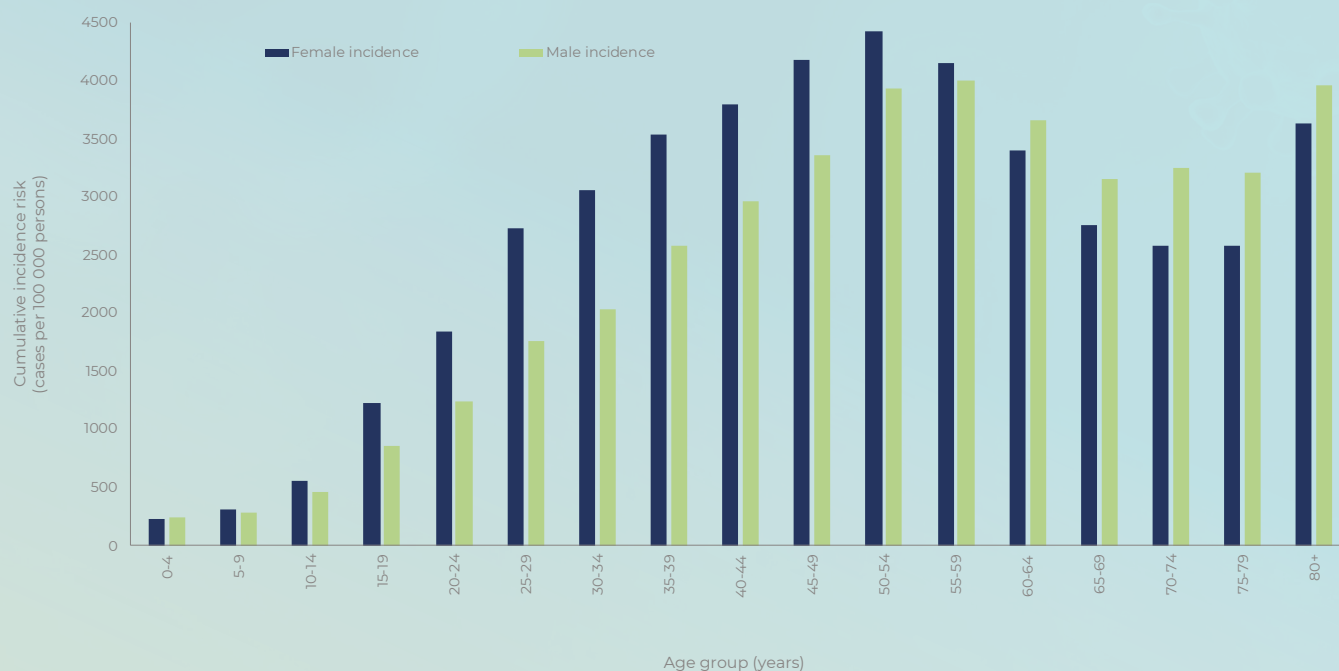


Figure 10. Cumulative risk by age group and sex, South Africa, 3 March 2020 – 3 April 2021 (n=1 521 905, sex/age missing for 30 059)

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 week 11, North West in week 11 of 2021, and the Eastern Cape Province in week 13 of 2021. Changes in trends by district and age group for each province are presented below.

Eastern Cape Province

Of the 195 454 cases reported from the Eastern Cape Province, 173 298 (88.7%) cases had allocation by district. In the past week, four districts reported an increase in weekly incidence risk, the Chris Hani (0.1 cases per 100 000 persons, 9.1% increase), the Nelson Mandela Bay Metro (0.4 cases per 100 000 persons, 16.1% increase), the Buffalo City Metro (0.6 cases per 100 000 persons, 33.3% increase), and the Joe Gqabi District (1.4 cases per

100 000 persons, 100.0% increase), and the O.R Tambo District showed no change in weekly incidence risk, compared to the previous week, although numbers in all districts remained low compared to historical data (Figure 11).

In the past week, three age groups reported an increase in weekly incidence risk (5-9, 15-19 and 20-39-year age groups), and the 10-14-year age group showed no change in weekly incidence risk, compared to the previous week (Figure 12). The increase ranged from 0.1 cases per 100 000 persons (100.0% increase) in 5-9-year to 0.9 cases per 100 000 persons (41.9% increase) in the 20-39-year age groups.

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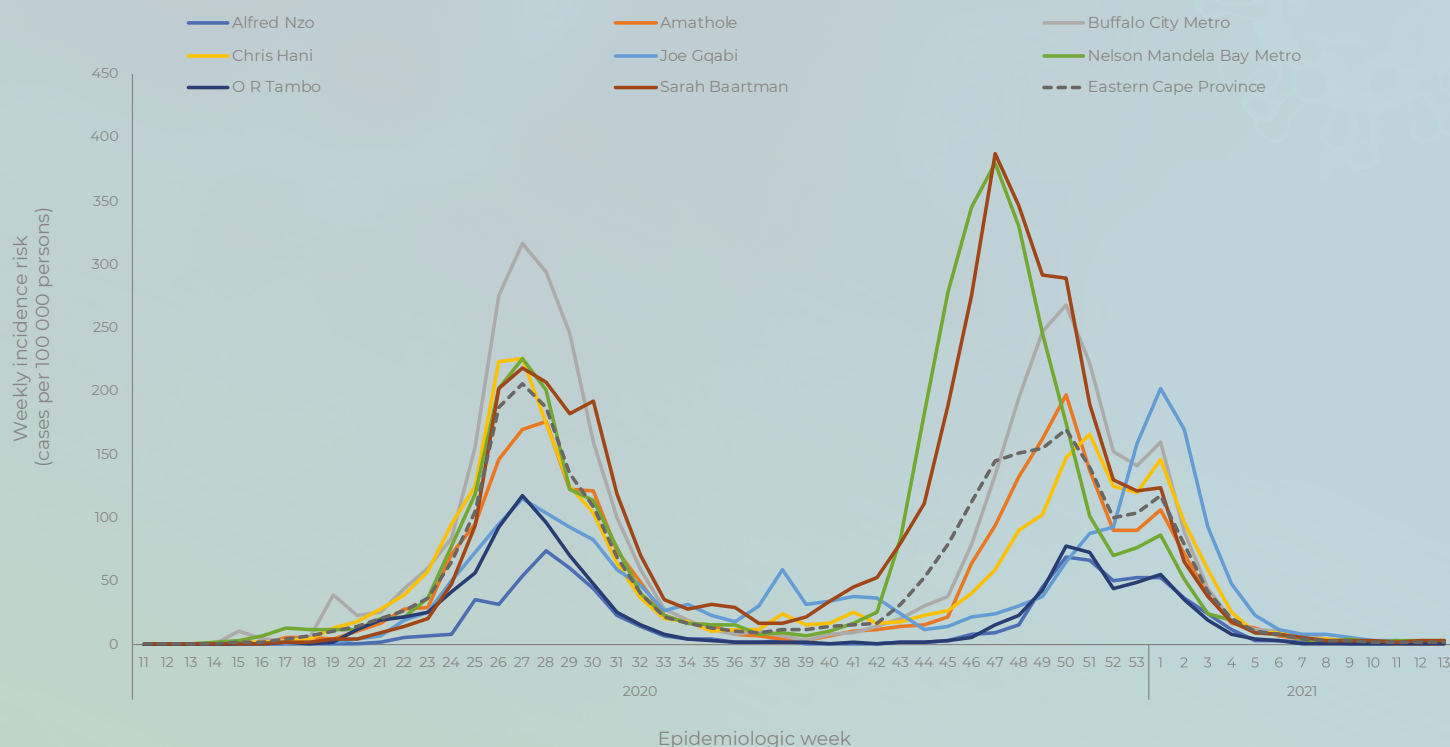


Figure 11. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Eastern Cape Province, 3 March 2020 –3 April 2021 (n=173 298, 22 196 missing district)

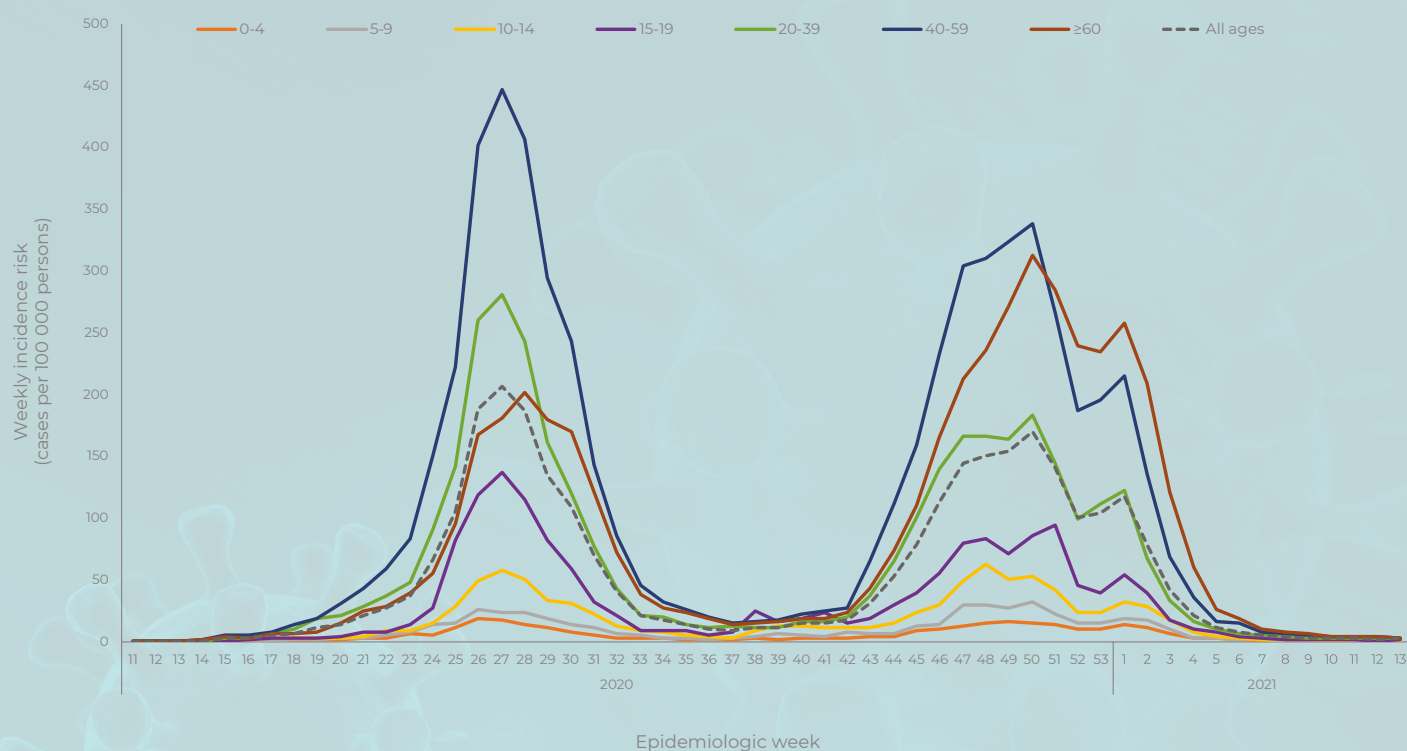


Figure 12. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Eastern Cape Province, 3 March 2020 –3 April 2021 (n=193 441, 2 053 missing age)

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Western Cape Province

Of the 283 369 cases reported from the Western Cape Province, 265 235 (93.6%) cases had allocation by district. In week 13 of 2021, the Overberg (1.0 cases per 100 000 persons, 10.0% increase) and the Garden Route (2.9 cases per 100 000 persons, 28.1% increase) districts reported an increase in weekly incidence risk, compared to the previous week (Figure 13).

In the past week, the 0-4-year (0.2 cases per 100 000 persons, 9.1% increase) and the 15-19-year age groups (1.0 cases per 100 000 persons, 7.4% increase) reported an increase in weekly incidence risk, and the 5-9-year age group showed no change in weekly incidence risk, compared to the previous week (Figure 14).

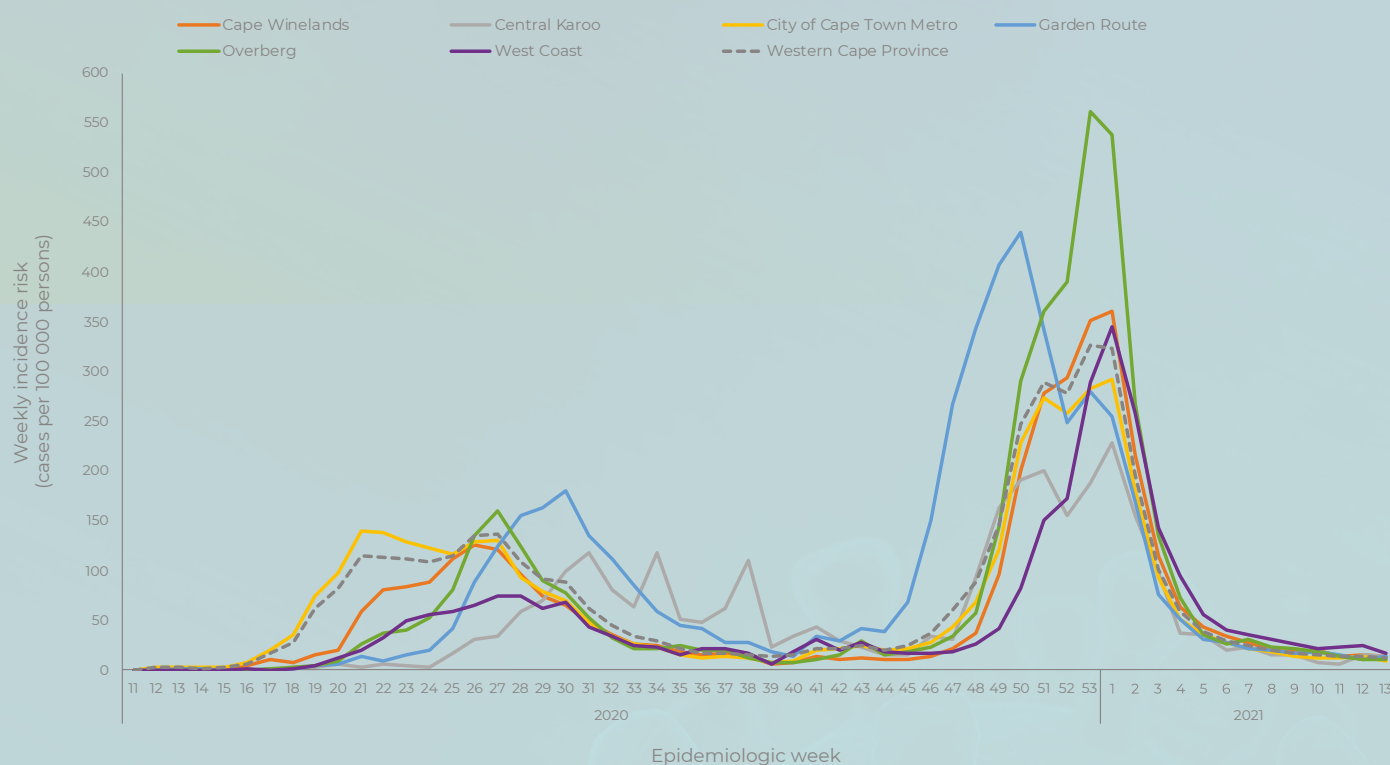


Figure 13. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Western Cape Province, 3 March 2020 – 3 April 2021 (n=265 235, 18 134 missing district)

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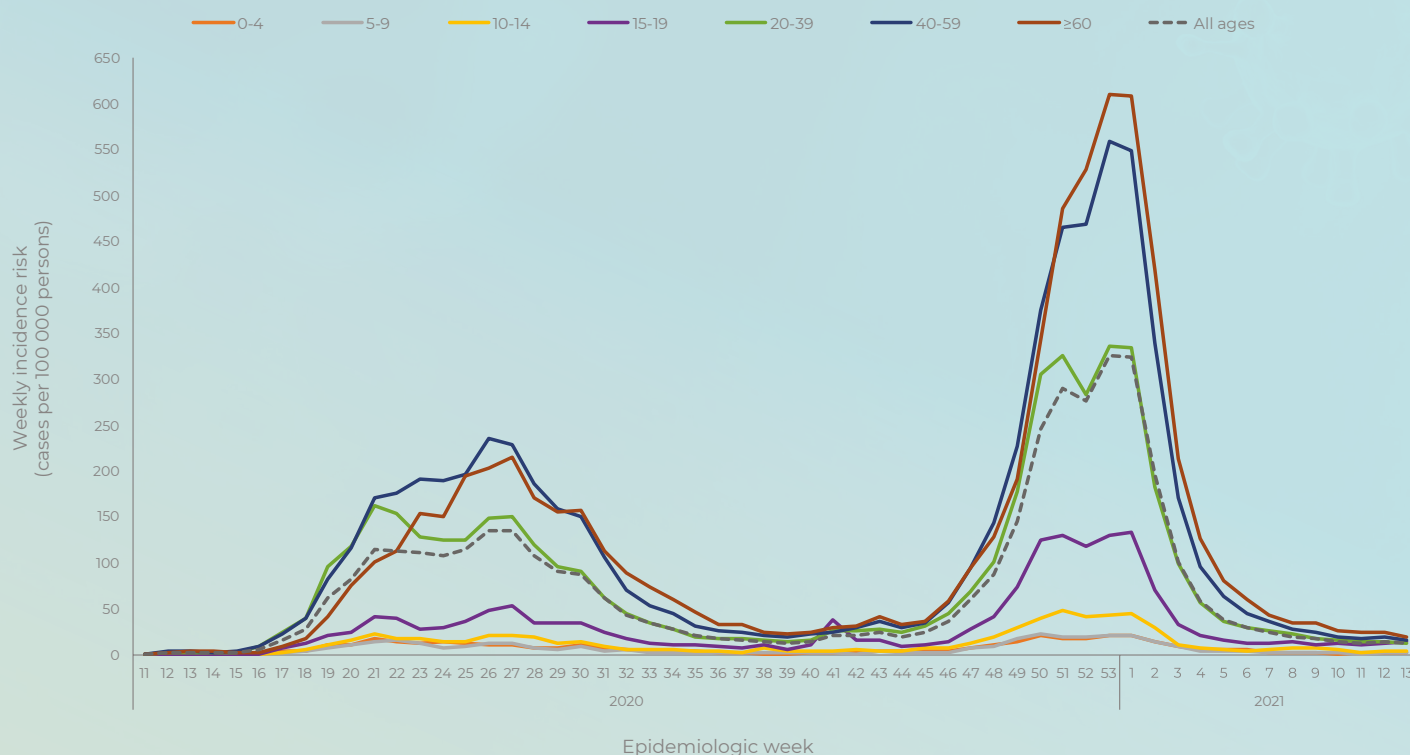


Figure 14. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Western Cape Province, 3 March 2020 –3 April 2021 (n=282 408, 961 missing age)

Gauteng Province

Of the 415 424 cases reported from the Gauteng Province, 360 021 (86.7%) had allocation by district. In the past week, all the districts reported a decrease in weekly incidence risk, compared to the previous week (Figure 15).

In the past week, the 15-19-year age group (0.1 cases per 100 000 persons, 0.7% increase) reported an increase in weekly incidence risk, compared to the previous week (Figure 16).

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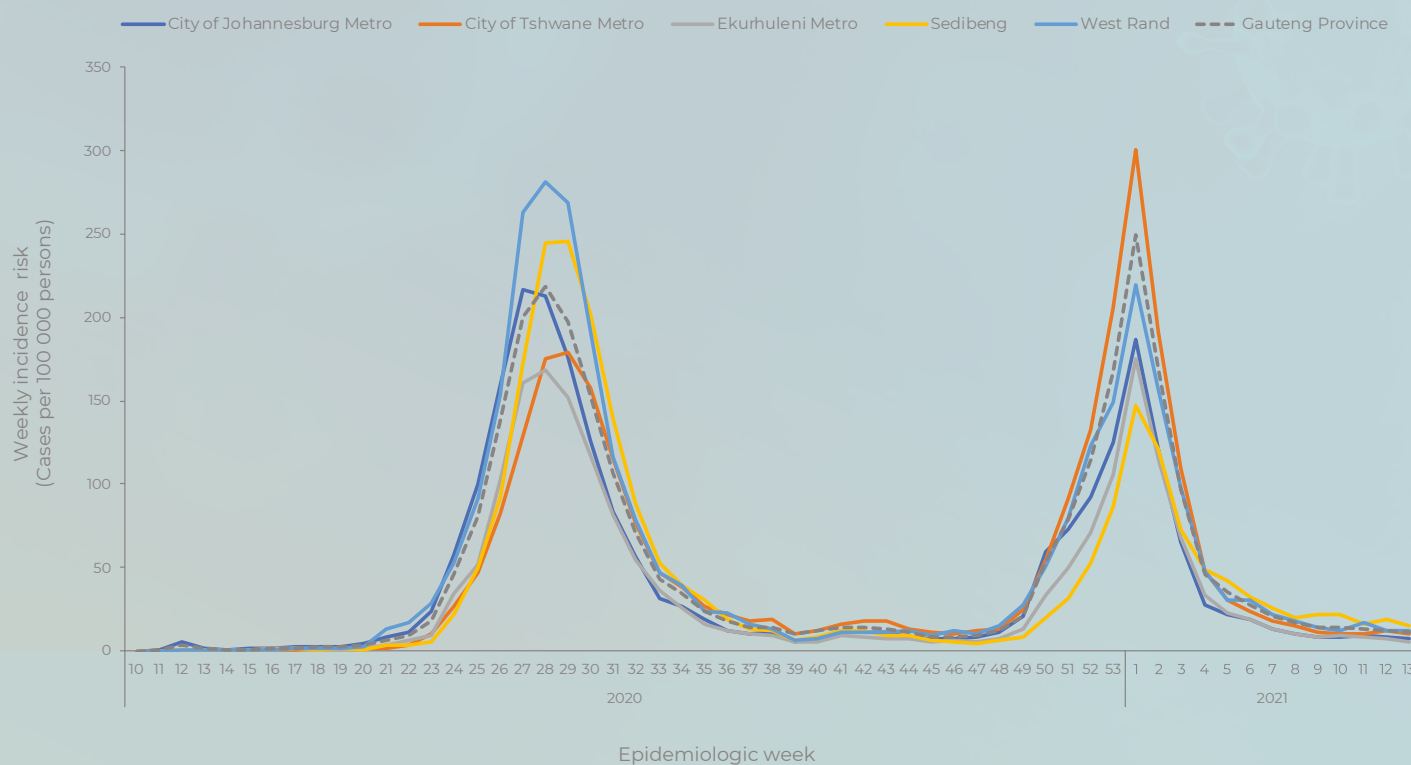


Figure 15. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Gauteng Province, 3 March 2020 –3 April 2021 (n=360 021, 55 403 missing district)

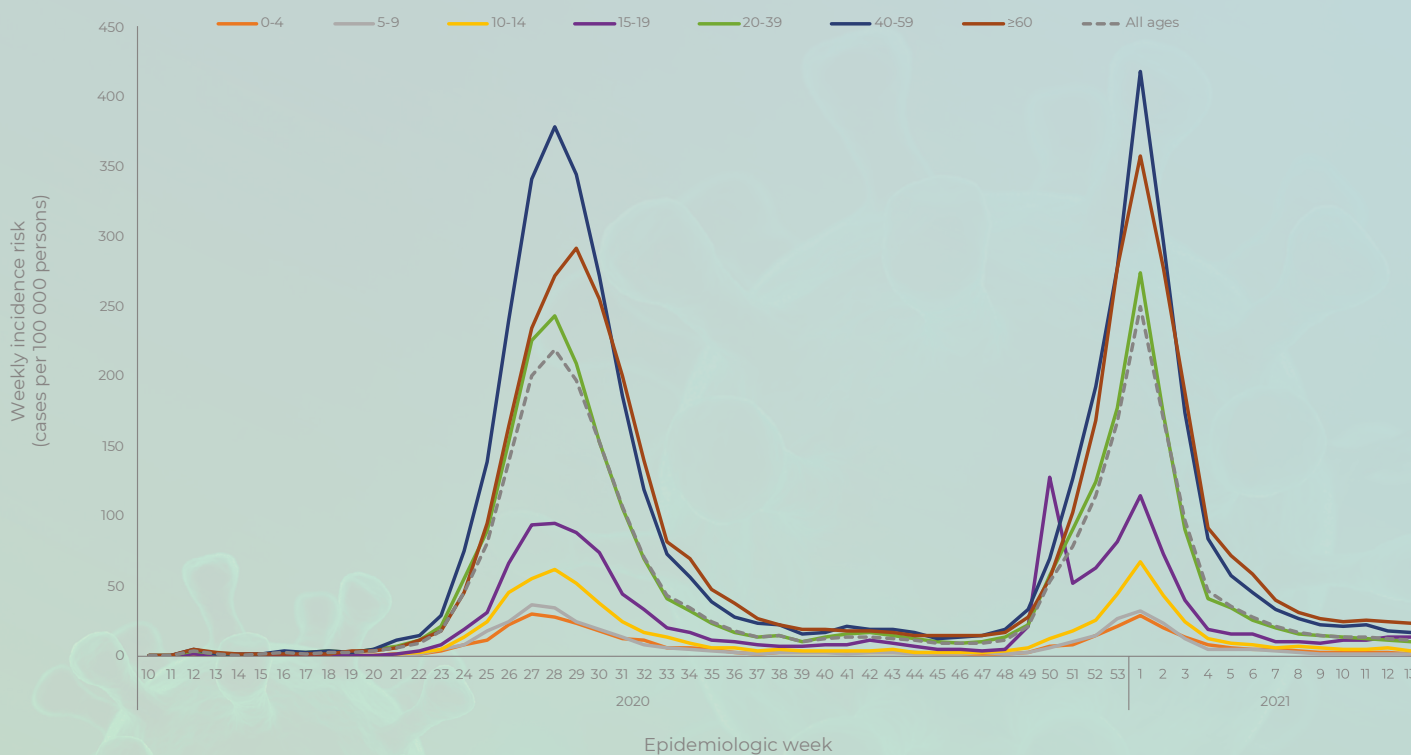


Figure 16. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Gauteng Province, 3 March 2020 –3 April 2021 (n=410 650, 4 774 missing age).

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KwaZulu-Natal Province

Of the 334 512 cases reported from the KwaZulu-Natal Province, 250 615 (74.9%) had allocation by district. In the past week, four districts (King Cetshwayo, uThukela, Ugu, and Zululand) reported an increase in weekly incidence risk, and the Harry Gwala District showed no change in weekly incidence risk, compared to the previous week (Figure 17). The increase ranged from

0.1 cases per 100 000 persons (5.0% increase) in the King Cetshwayo to 0.8 cases per 100 000 persons (11.3% increase) in the Zululand districts.

In week 13, the 10-14-year (1.4 cases per 100 000 persons, 35.6% increase) and the 15-19-year age groups (3.4 cases per 100 000 persons, 52.3% increase) reported an increase in weekly incidence risk, compared to the previous week (Figure 18).

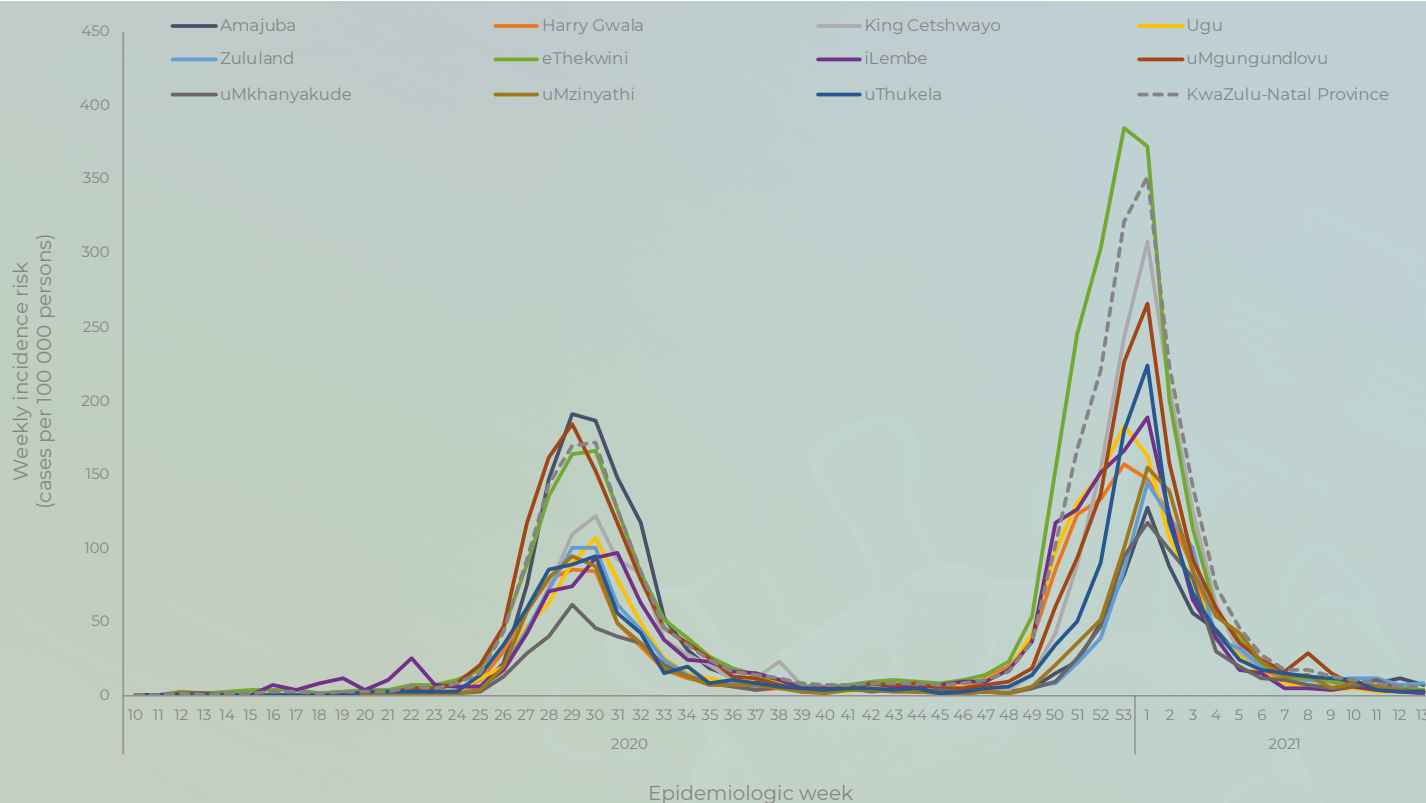


Figure 17. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, KwaZulu-Natal Province, 3 March 2020 –3 April 2021 (n=250 615, 83 897 missing district)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 13 2021

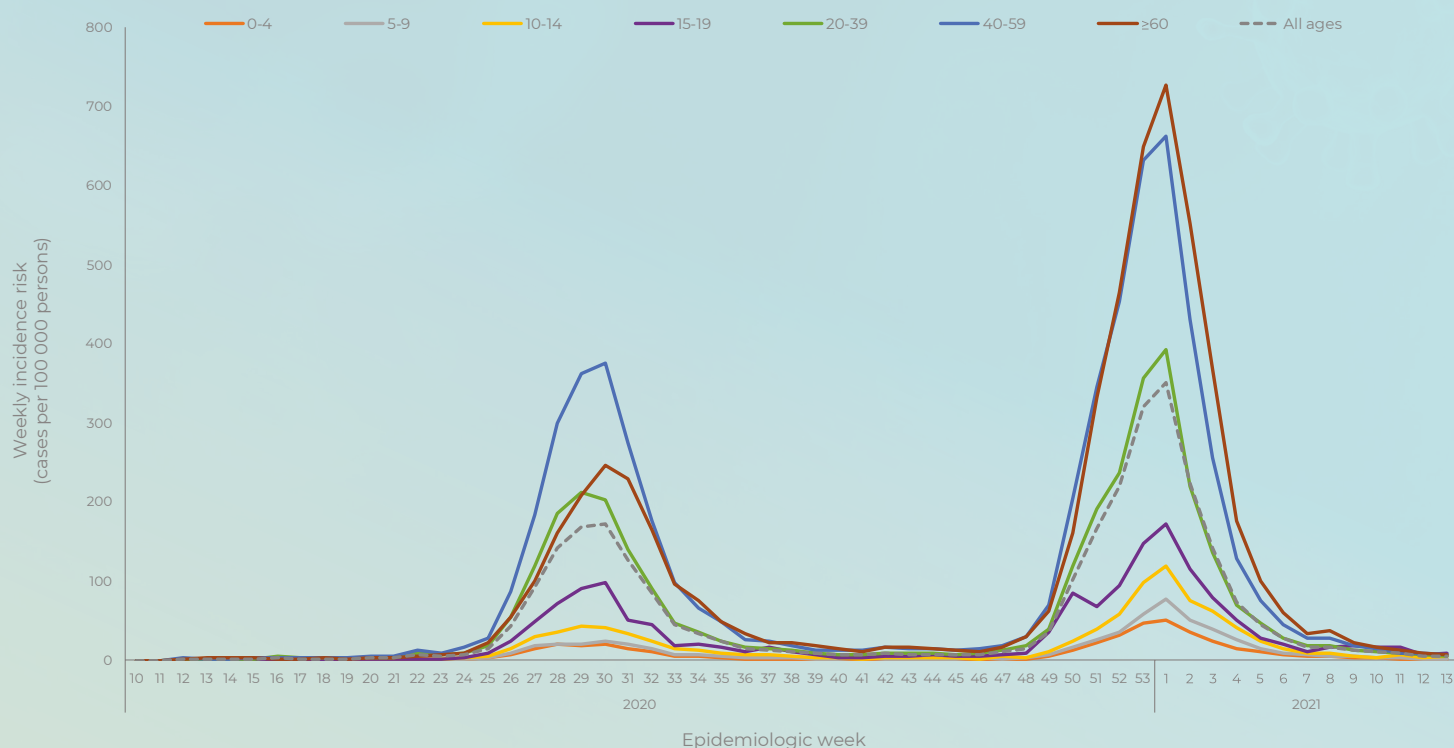


Figure 18. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, KwaZulu-Natal Province, 3 March 2020 – 3 April 2021 (n=331 023, 3 489 missing age)

Free State Province

Of the 83 674 cases reported from the Free State Province, 76 297 (91.2%) had allocation by district. In the past week, the Lejweleputswa District (1.1 cases per 100 000 persons, 4.8% increase) reported an increase in weekly incidence risk, compared to the previous week (Figure 19).

In the past week, all the age groups reported a decrease in weekly incidence risks, compared to the previous week (Figure 20)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 13 2021

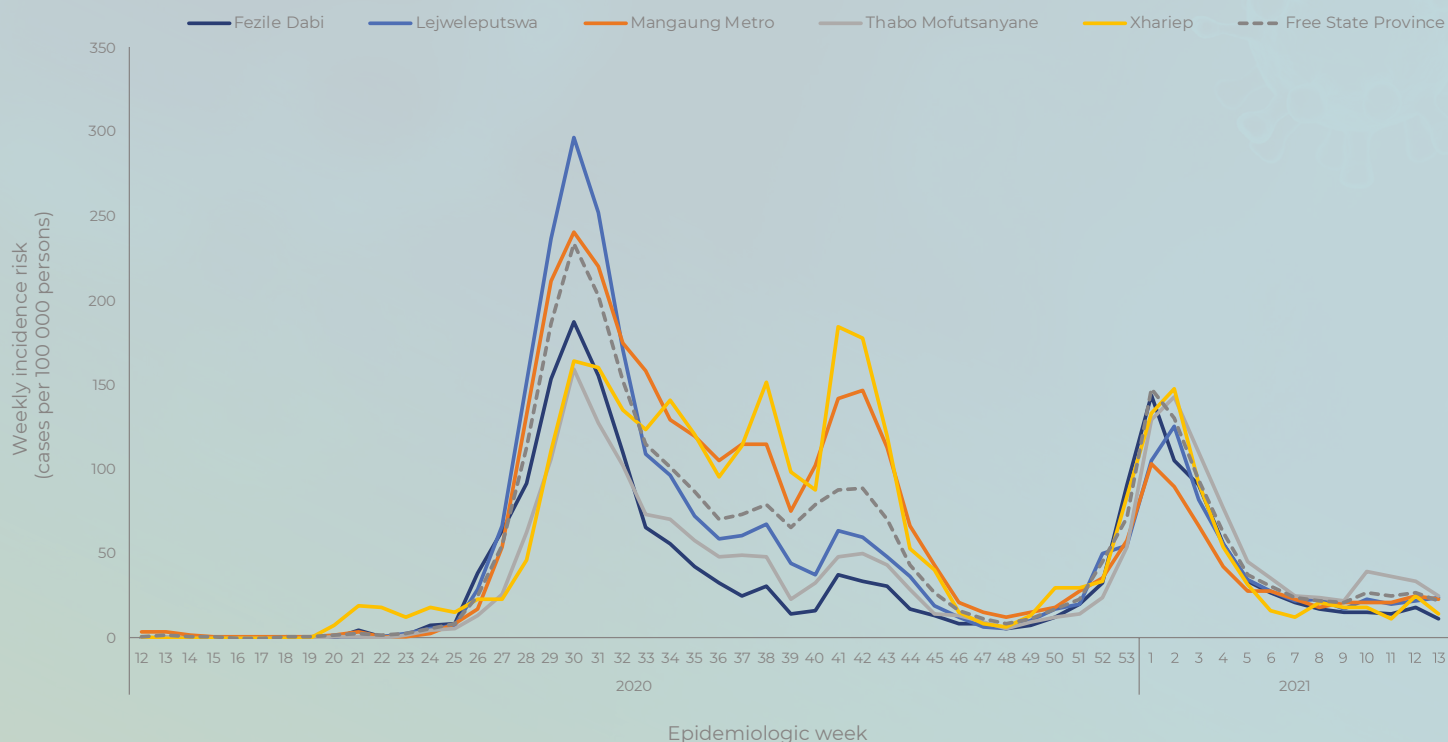


Figure 19. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Free State Province, 3 March 2020 –3 April 2021 (n=76 297, 7 377 missing district)

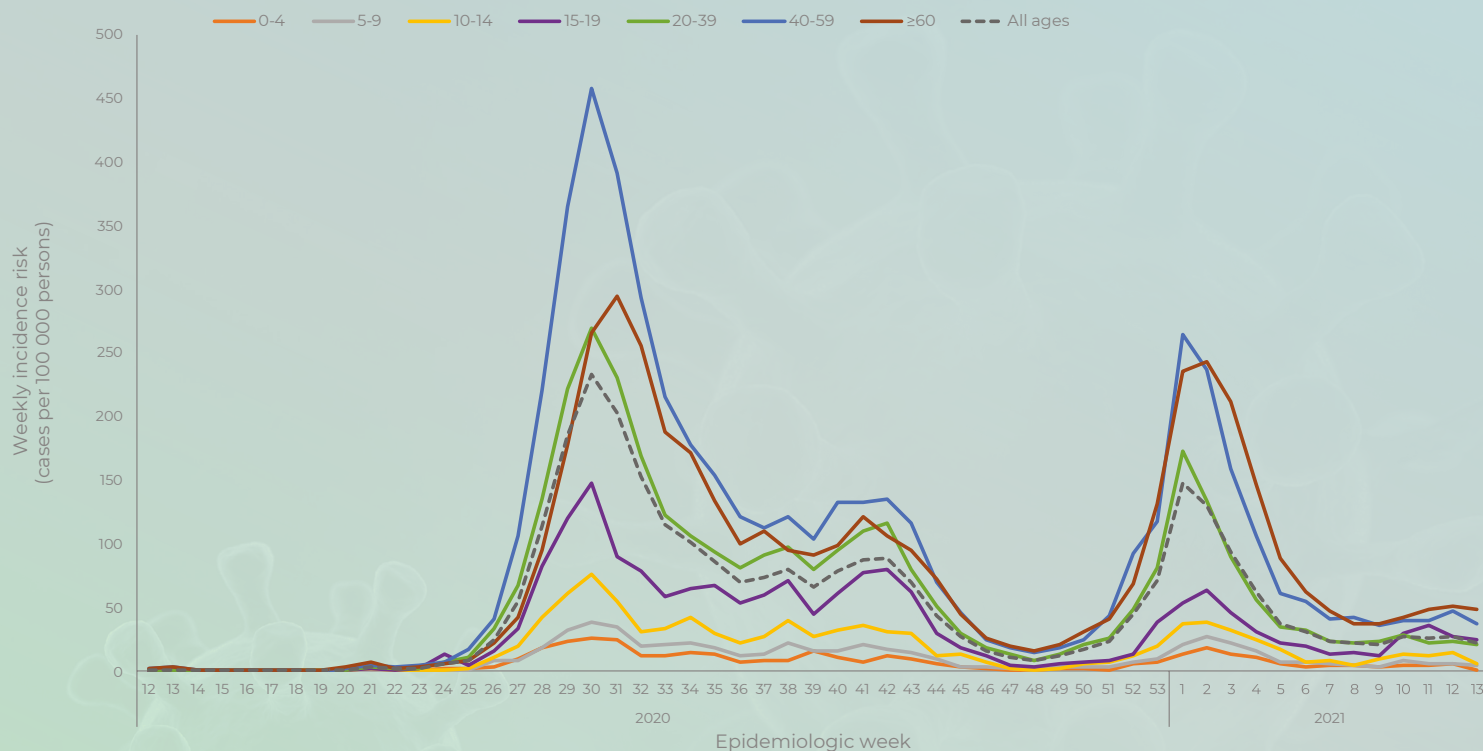


Figure 20. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Free State Province, 3 March 2020 –3 April 2021 (n=83 316, 358 missing age)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 13 2021

Limpopo Province

Of the 63 261 cases reported from the Limpopo Province, 55 170 (87.2%) had allocation by district. In the past week, all the districts reported a decrease in weekly incidence risk, except the Sekhukhune District which showed no change in weekly incidence risk, compared to the previous week (Figure 21).

In the past week, all the age groups reported a decrease in weekly incidence risk, except the 0-4 and 5-9-year age groups which showed no change in weekly incidence risk, compared to the previous week (Figure 22).

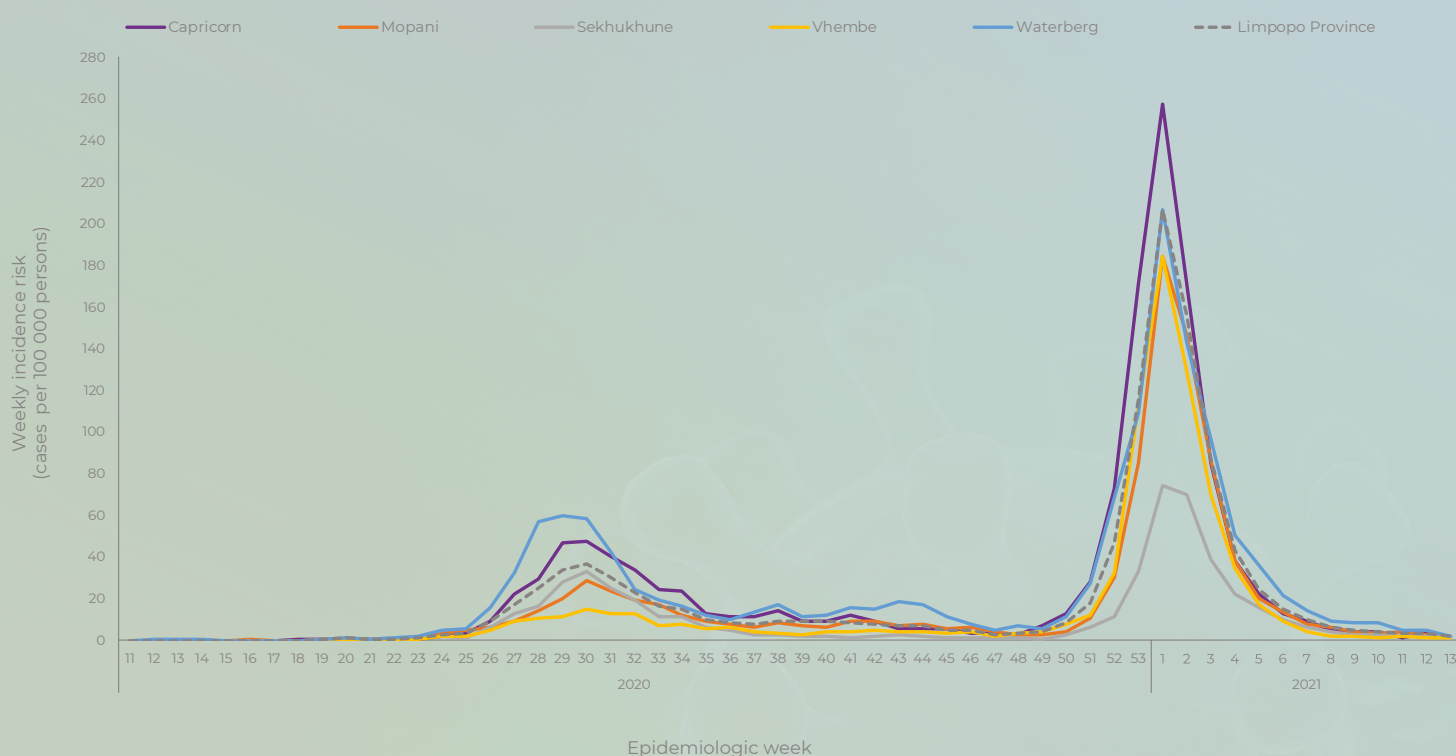


Figure 21. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Limpopo Province, 3 March 2020 –3 April 2021 (n=55 170, 8 091 missing district)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 13 2021

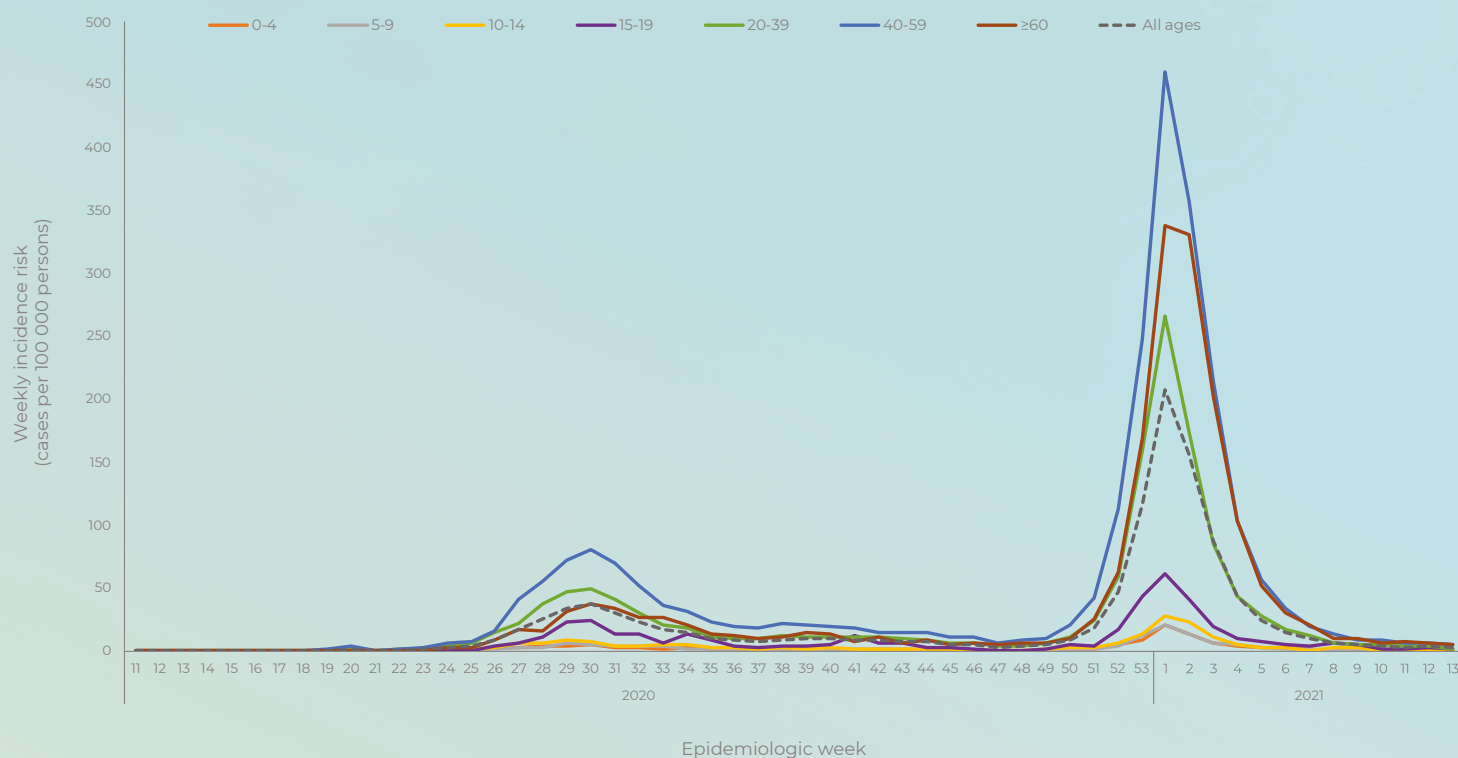


Figure 22. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Limpopo Province, 3 March 2020 –3 April 2021 (n=62 902, 359 missing age)

Mpumalanga Province

Of the 75 497 cases reported from the Mpumalanga Province, 60 669 (80.4%) 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).

In the past week, the 0-4-year age group (0.7 cases per 100 000 persons, 50.0% increase) reported an increase in weekly incidence risk, and 5-9-year age group showed no change in weekly incidence risk, compared to the previous week (Figure 23).

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 13 2021

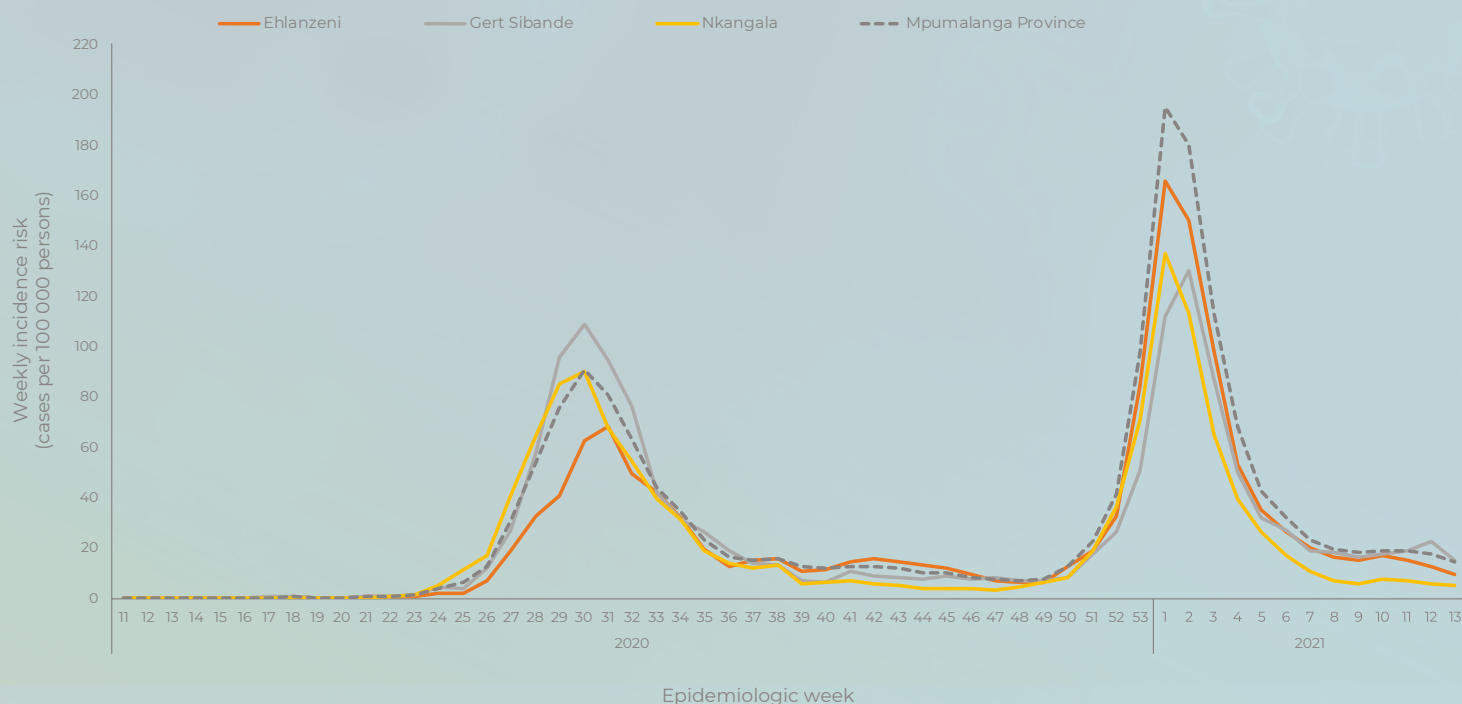


Figure 23. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Mpumalanga Province, 3 March 2020 -3 April 2021 (n=60 669, 14 828 missing district)

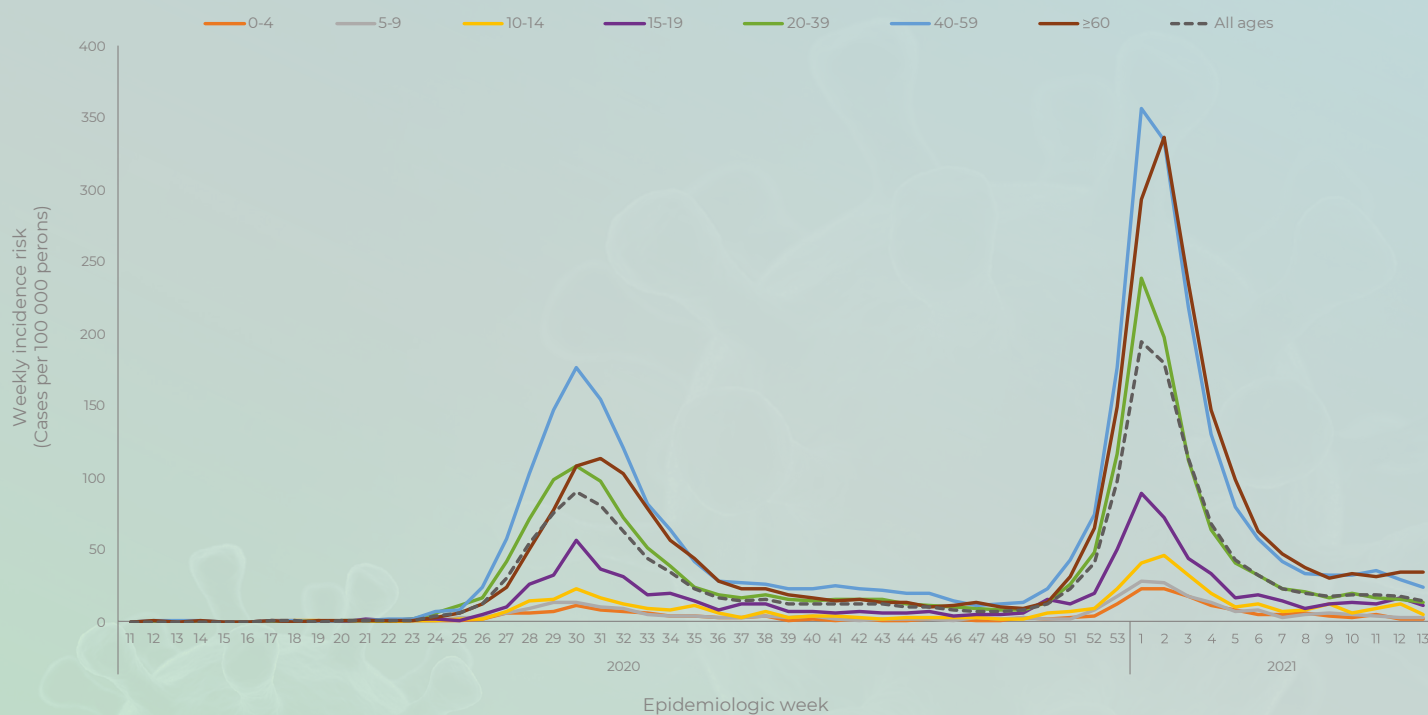


Figure 24. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group and epidemiologic week, Mpumalanga Province, 3 March 2020 -3 April 2021 (n=74 050, 1 447 missing age)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 13 2021

North West Province

Of the 64 146 cases reported from the North West Province, 52 817 (82.3%) had allocation by district. In the past week, all the districts reported a decrease in weekly incidence risk, compared to the previous week (Figure 25).

In the past week, the 0-4-year (0.7 cases per 100 000 persons, 50.0% increase) and the 15-19-year (1.5 cases per 100 000 persons, 13.9% increase) age groups reported an increase in weekly incidence risk, compared to the previous week (Figure 26).

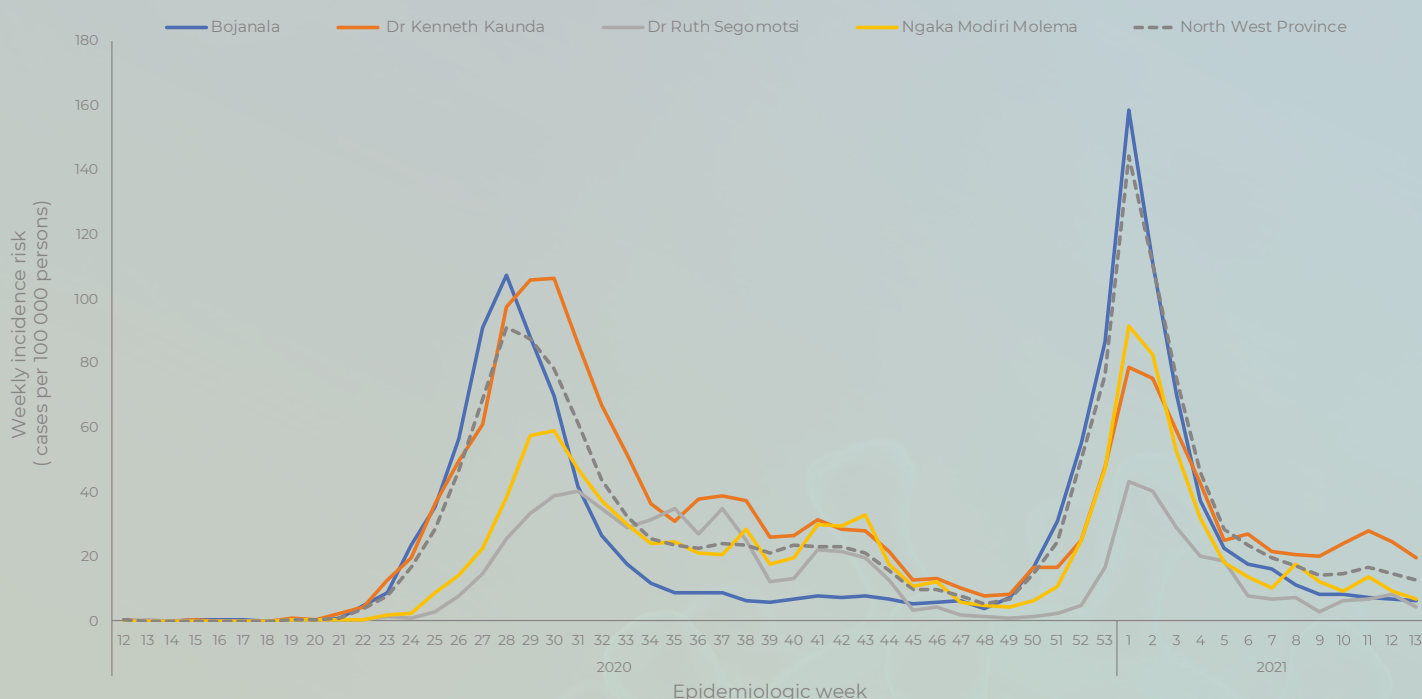


Figure 25. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, North West Province, 3 March 2020 -3 April 2021 (n= 52 817, 11 329 missing district)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 13 2021

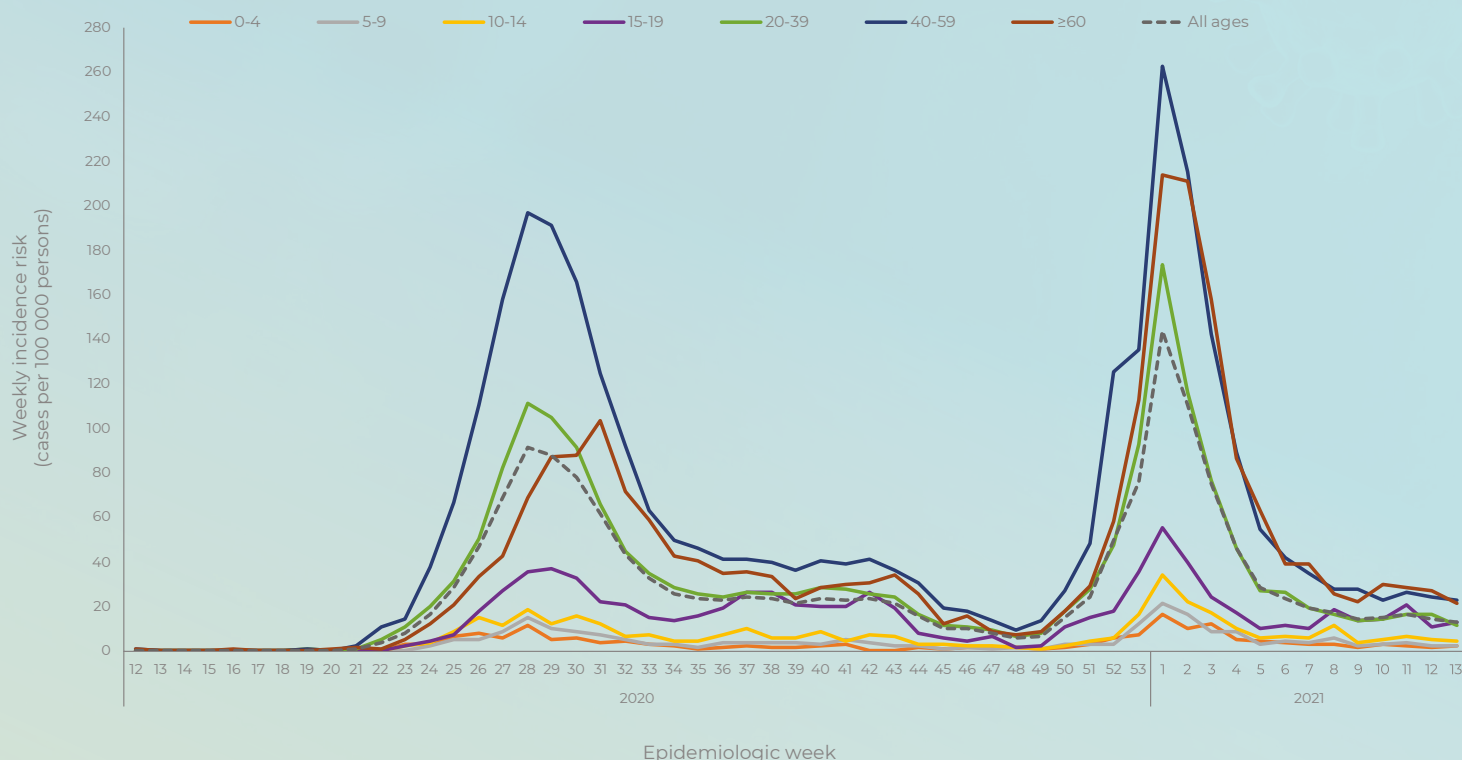


Figure 26. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, North West Province, 3 March 2020 –3 April 2021 (n=63 388, 758 missing age)

Northern Cape Province

Of the 36 587 cases reported from the Northern Cape Province, 30 586 (83.6%) had allocation by district. In the past week, the ZF Mgcawu (0.4 cases per 100 000 persons, 1.3% increase), the John Taolo Gaetsewe (0.4 cases per 100 000 persons, 2.2% increase), and the Frances Baard (8.7 cases per 100 000 persons, 45.0% increase) districts reported an increase in weekly

incidence risk, compared to the previous week (Figure 27).

In the past week, the 40-59-year (0.4 cases per 100 000 persons, 0.7% increase), the 0-4-year (1.6 cases per 100 000 persons, 28.6% increase), and the 15-19-year (2.8 cases per 100 000 persons, 9.1% increase) age groups reported an increase in weekly incidence risk, compared to the previous week (Figure 28).

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 13 2021

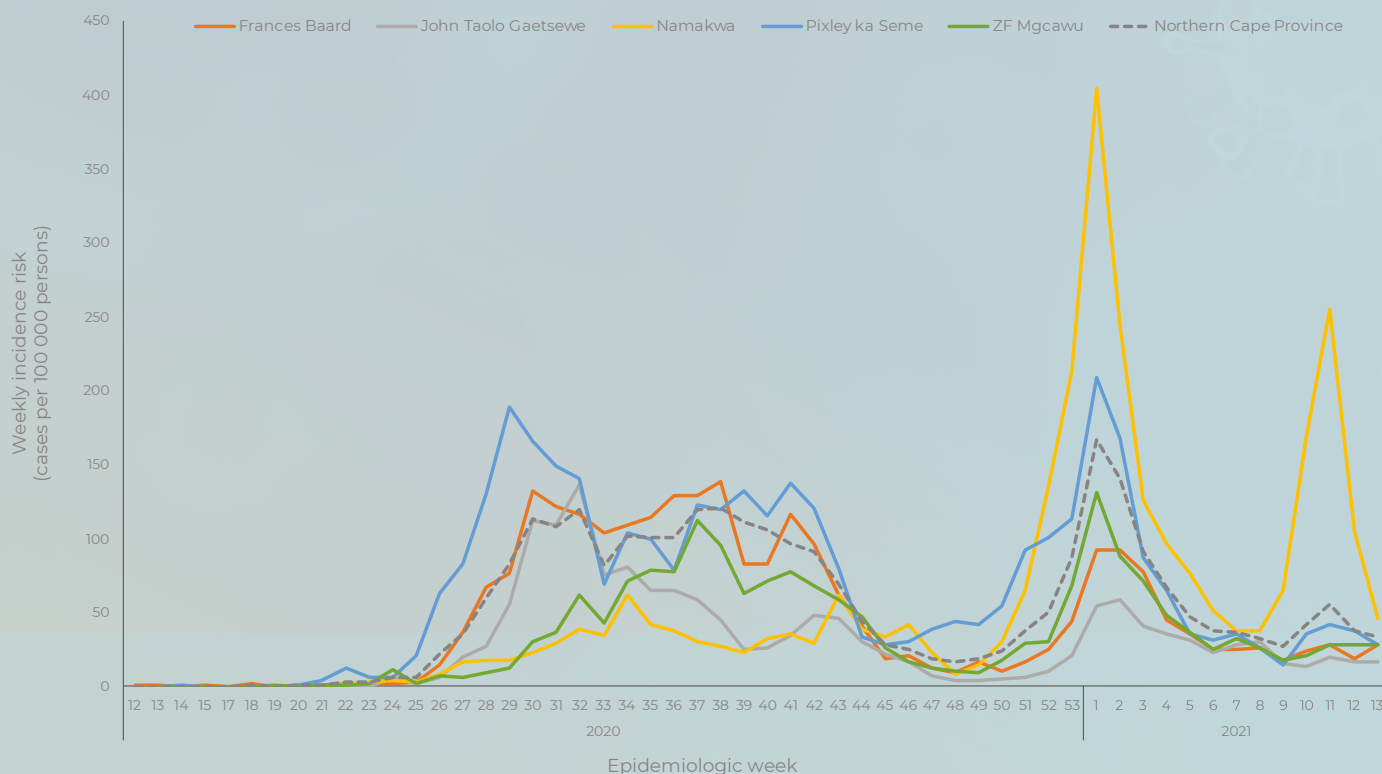


Figure 27. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Northern Cape Province, 3 March 2020 -3 April 2021 (n=30 586, 6 001 missing district)

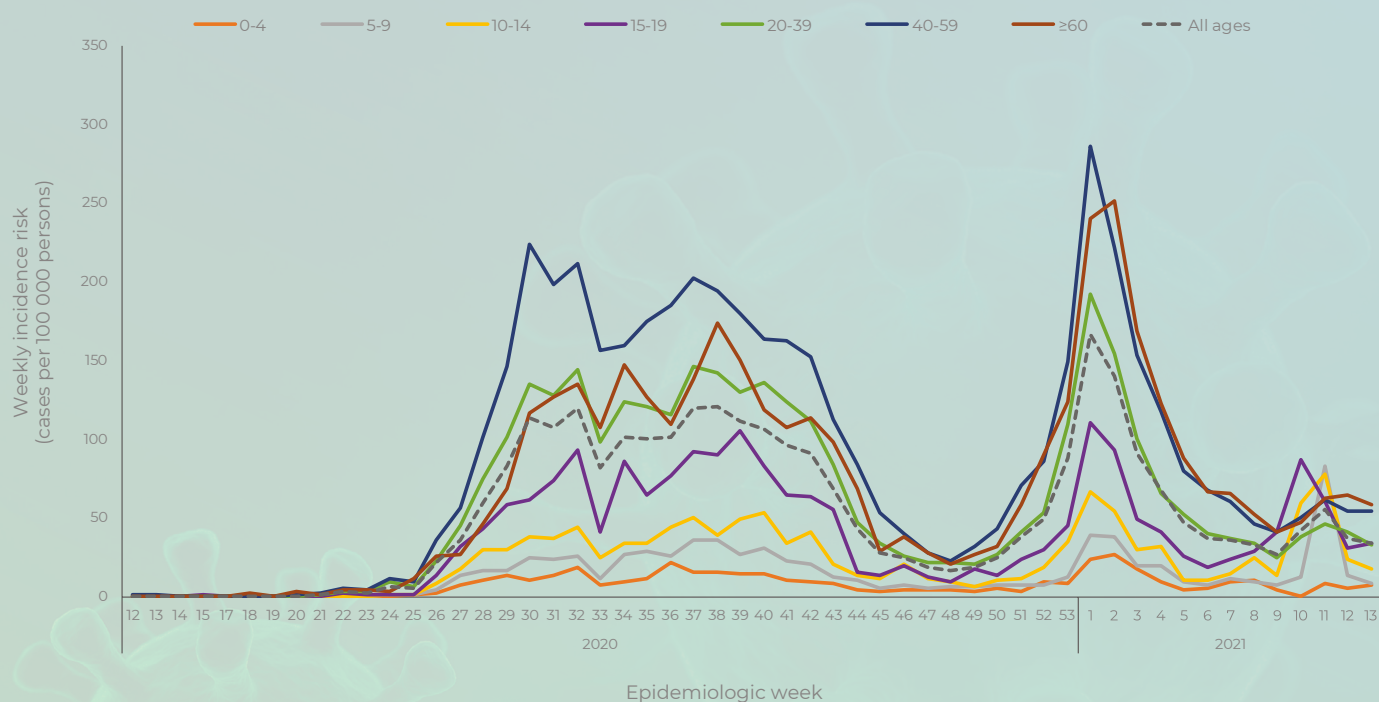


Figure 28. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Northern Cape Province, 3 March 2020 -3 April 2021 (n=36 274, 313 missing age)

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, 1 551 964 cases, including 52 987 deaths have been reported. The increase in number of new cases and weekly incidence risk reported in the Northern Cape Province in week 10 and week 11 was possibly due to community transmission and localised outbreaks/clusters in school-going age groups. Individual clusters are investigated by local epidemiologic teams. Numbers of cases in the Northern Cape Province have been decreasing in recent weeks following these increases. 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. There have been generally decreasing trends in other provinces in numbers of new cases in the last week with small increases noted in some districts. Ongoing monitoring of cases numbers is important following the Easter Festive Period where there may have been increased social mixing associated with SARS-CoV-2 transmission. In addition, number of confirmed cases diagnosed on antigen tests may be underestimated as they are used in a number of different settings and results may not be fully reported yet.