

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

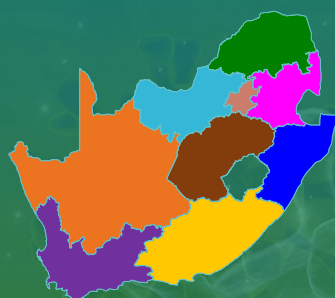


NATIONAL INSTITUTE FOR
COMMUNICABLE DISEASES

Division of the National Health Laboratory Service

SOUTH AFRICA WEEK 19 2021

CUMULATIVE DATA FROM



CASES

1 635 465
IN TOTAL

19 166
THIS WEEK**



PERSONS

2 743,0
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 22 May 2021 (week 20 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 22 May 2021, a total of 1 635 465 laboratory-confirmed COVID-19 cases had been detected in South Africa. Of these, 21 737 were cases reported since the last report (week 19 of 2021). There was a 5.1% increase in the number of new cases detected in week 20 of 2021 (19 166) compared to the number of new cases detected in week 19 of 2021 (18 229).
- An additional 592 deaths were reported since the last report. The overall case-fatality ratio is 3.4% (55 802/1 635 465).
- In the past week, the Gauteng Province reported the highest proportion of the new cases detected (8 324/19 166, 43.4%), followed by the Free State Province (2 403/19 166, 12.5%), and the Northern Cape Province (2 322/19 166, 12.1%).
- In the past week, five provinces reported an increase in weekly incidence risk (Eastern Cape, Gauteng, KwaZulu-Natal, Limpopo, and Mpumalanga), compared to the previous week. The increase in weekly incidence risk ranged from 0.5 cases per 100 000 persons (7.8% increase) in the KwaZulu-Natal Province to 9.6 cases per 100 000 persons (21.8% increase) in the Gauteng Province. Some of the reduction in weekly incidence in the past week maybe due to delayed reporting.
- In the past week, the Northern Cape Province reported the highest weekly incidence risk (179.6 cases per 100 000 persons), followed by the Free State Province (82.0 cases per 100 000 persons), the Gauteng Province (53.7 cases per 100 000 persons), and the North West Province (45.7 cases per 100 000 persons).
- From week 16 of 2021 to date, all the districts in the Northern Cape Province reported weekly incidence higher than that reported either in the first or second wave peak. In the Free State Province in week 19 of 2021 Xhariep District and Mangaung Metro reported weekly incidence risk higher than that reported in the second wave peaks.

INCIDENCE
RISK FOR
CURRENT WEEK

32,1
CASES PER
100 000
PERSONS

43,4%
OF CASES
REPORTED IN
GAUTENG IN
CURRENT WEEK

IN CURRENT
WEEK, THE
HIGHEST
WEEKLY
INCIDENCE RISK
WAS IN CASES
AGED 50-54
YEARS (85,6
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 22 May 2021, a total of 1 635 465 laboratory-confirmed COVID-19 cases were reported in South Africa (Figures 1 and 2). This is 21 737 more cases than the number reported in the last report (week 19 of 2021 report). The number of new cases detected in week 20 of 2021 (19 166) was higher than the number of new cases detected in week 19 of 2021 (18 229), this represented a 5.1% increase in the number of new cases compared to the previous week. In the past week, the Gauteng Province reported the highest number of new cases (8 324/19 166, 43.4%), followed by the Free State Province (2 403/19 166, 12.5%), and the Northern Cape Province (2 322/19 166, 12.1%) (Table 1). Five provinces, Gauteng (443 846/1 635 465, 27.1%), KwaZulu-Natal (338 853/1 635 465, 20.7%), Western Cape (291 457/1 635 465, 17.8%), Eastern Cape (197 093/1 635 465, 12.1%), and Free State (97 593/1 635 465, 6.0%) continued to report the majority (1 368 842/1 635 465, 83.7%) of total COVID-19 cases in South Africa. In keeping with the data reported in the previous weeks, there was minimal change in percent contribution of cases in the different provinces from week 19 to week 20 of 2021.

The cumulative incidence risk for the country increased from 2 710.9 cases per 100 000 persons in week 19 of 2021 to 2 743.0 cases per 100 000 persons in week 20 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

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reported the highest cumulative incidence risk (4 160.3 cases per 100 000 persons), followed by the Northern Cape Province (3 670.3 cases per 100 000 persons), the Free State Province (3 332.1 cases per 100 000 persons), the KwaZulu-Natal Province (2 938.5 cases per 100 000 persons), the Eastern Cape Province (2 926.8 cases per 100 000 persons), and the Gauteng Province (2 865.7 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 (1 108.1 cases per 100 000 persons).

Since February 2021, the Northern Cape Province continued to report the highest weekly incidence risk (179.6 cases per 100 000 persons) in week 20 of 2021, followed by the Free State Province (82.0 cases per 100 000 persons), the Gauteng Province (53.7 cases per 100 000 persons), and the North West Province (45.7 cases per 100 000 persons). In the past week, five provinces reported an increase in weekly incidence risk (Eastern Cape, Gauteng, KwaZulu-Natal, Limpopo, and Mpumalanga), and other provinces reported a decrease in weekly incidence risk, compared to the previous week. The increase in weekly incidence risk ranged from 0.5 cases per 100 000 persons (7.8% increase) in the KwaZulu-Natal Province to 9.6 cases per 100 000 persons (21.8% increase) in the Gauteng Province (Figure 4). From week 18 of 2021 to date, the Northern Cape Province reported weekly incidence risk higher than that reported in the first and second wave peaks (current peak 179.6 vs 120.0 and 167.0 cases per 100 000 persons in wave 1 and

wave 2 respectively). Some of the reductions in weekly incidence risk in the past week maybe due to delayed reporting.

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 19 of 2021, the estimated doubling time of number of cases decreased in all provinces. The estimated doubling time decreased in the Eastern Cape Province (from 5 105.6 days to 2 486.7 days, 51.3% decrease), the KwaZulu-Natal Province (from 2 292.3 days to 2 214.0 days, 3.4% decrease), the Western Cape Province (from 965.5 days to 754.5 days, 21.9% decrease), the Gauteng Province (from 454.8 days to 269.0 days, 40.9% decrease), and the Free State Province (from 156.6 days to 131.6 days, 16.0% decrease) (Figure 5).

The case-fatality ratio (CFR) was 3.4% (55 802/1 635 465); an additional 592 deaths were reported since the last report. The number of deaths reported in the past week was higher than the number reported in the previous week, 592 deaths compared to 475 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.

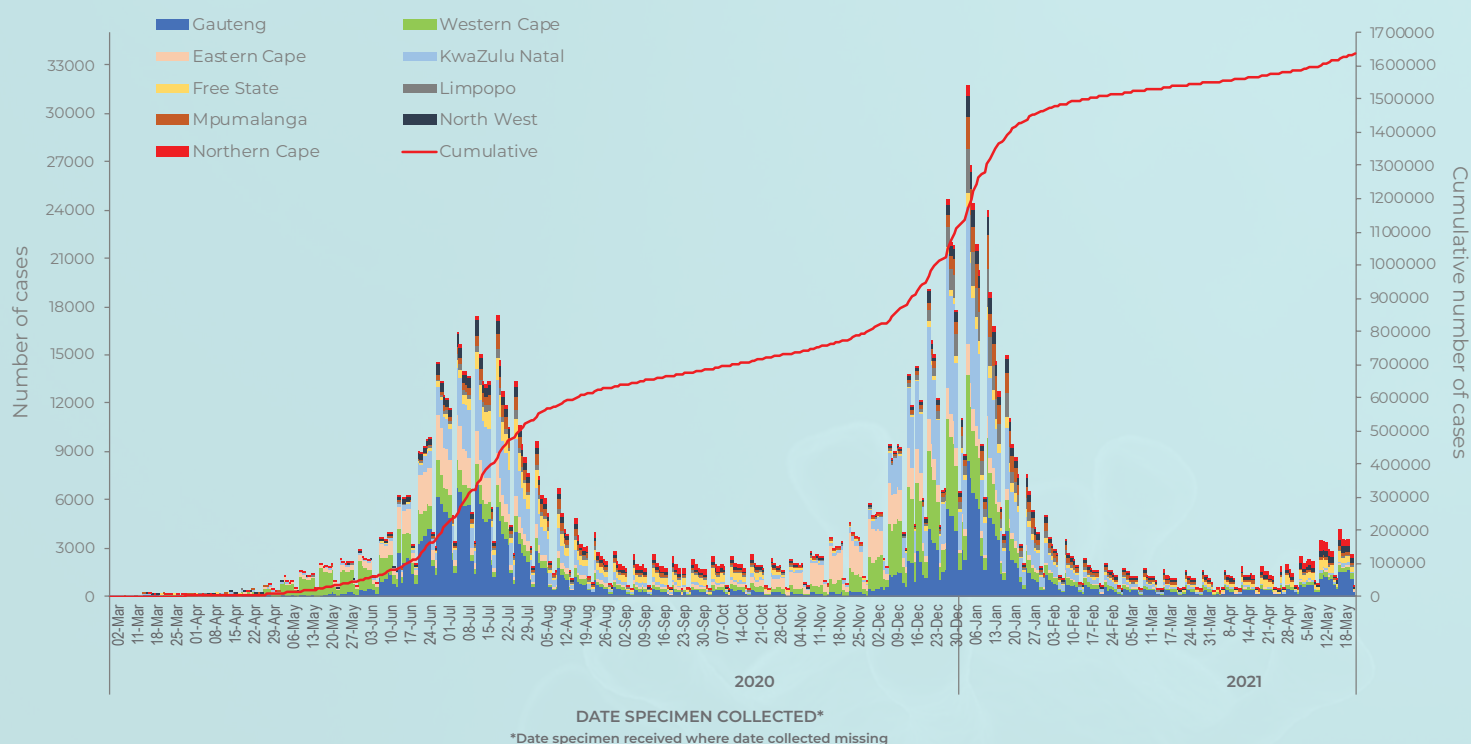


Figure 1. Number and cumulative number of laboratory-confirmed cases of COVID-19 by province and date of specimen collection, South Africa, 3 March 2020 –22 May 2021 (n=1 635 465)

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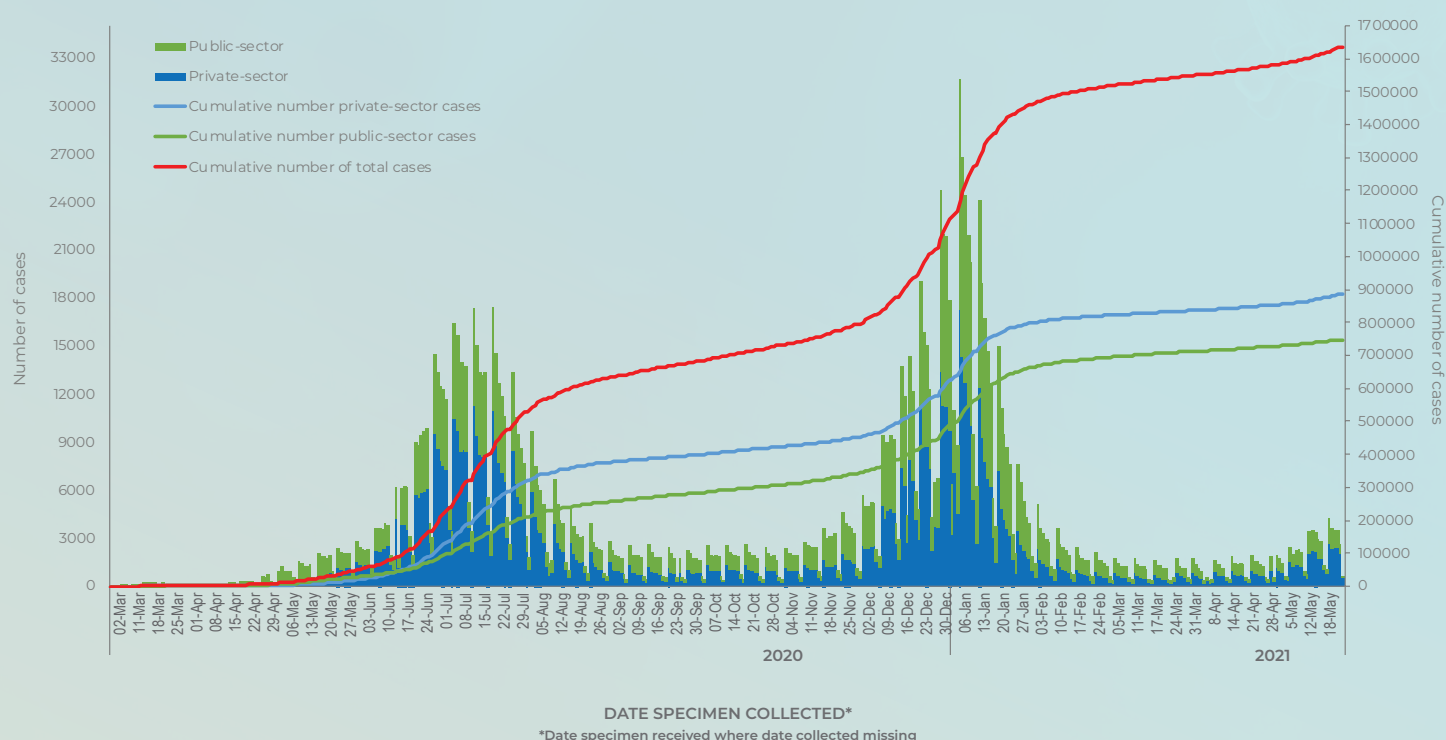


Figure 2. Number and cumulative number of laboratory-confirmed cases of COVID-19, by testing laboratory sector and date of specimen collection, South Africa, 3 March 2020 –22 May 2021 (n=1 635 465)

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 –22 May 2021 (n=1 635 465)

Province	Cumulative cases (n) (percentage, n/total cases in South Africa)	New cases ¹ detected in week 20 (16-22 May 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 20 of 2021 (cases/100 000 persons)	Tests ⁴ per 100 000 persons, 16-22 May 2021
Eastern Cape	197 093 (12.1)	455 (2.4)	6 734 001	2 926.8	6.8	200.8
Free State	97 593 (6.0)	2 403 (12.5)	2 928 903	3 332.1	82.0	511.0
Gauteng	443 846 (27.1)	8 324 (43.4)	15 488 137	2 865.7	53.7	572.8
KwaZulu-Natal	338 853 (20.7)	742 (3.9)	11 531 628	2 938.5	6.4	289.1
Limpopo	64 851 (4.0)	378 (2.0)	5 852 553	1 108.1	6.5	81.8
Mpumalanga	81 157 (5.0)	1 094 (5.7)	4 679 786	1 734.2	23.4	237.6
North West	73 166 (4.5)	1 878 (9.8)	4 108 816	1 780.7	45.7	328.5
Northern Cape	47 449 (2.9)	2 322 (12.1)	1 292 786	3 670.3	179.6	905.3
Western Cape	291 457 (17.8)	1 570 (8.2)	7 005 741	4 160.3	22.4	473.6
Unknown						
Total	1 635 465	19 166	59 622 350	2 743.0	32.1	377.1

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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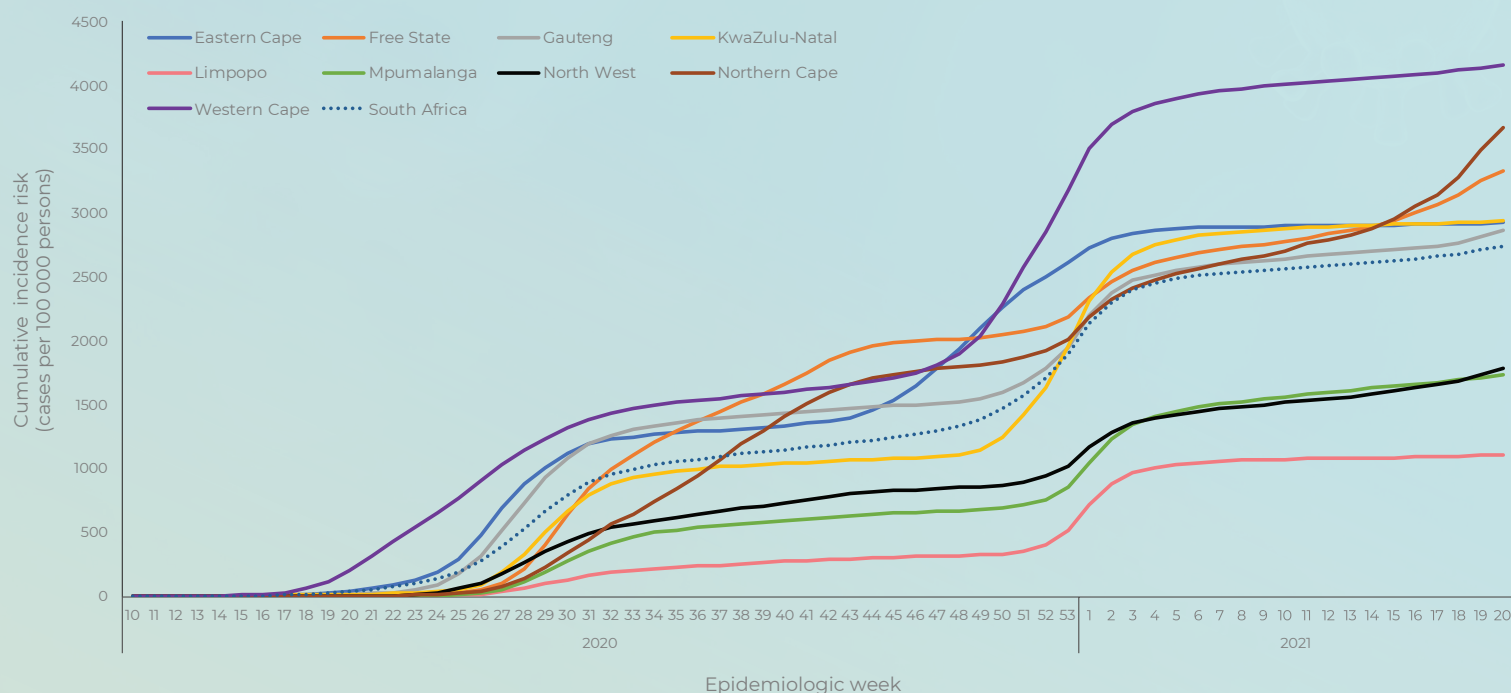


Figure 3. Cumulative incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week, South Africa, 3 March 2020 –22 May 2021 (n= 1 635 465)

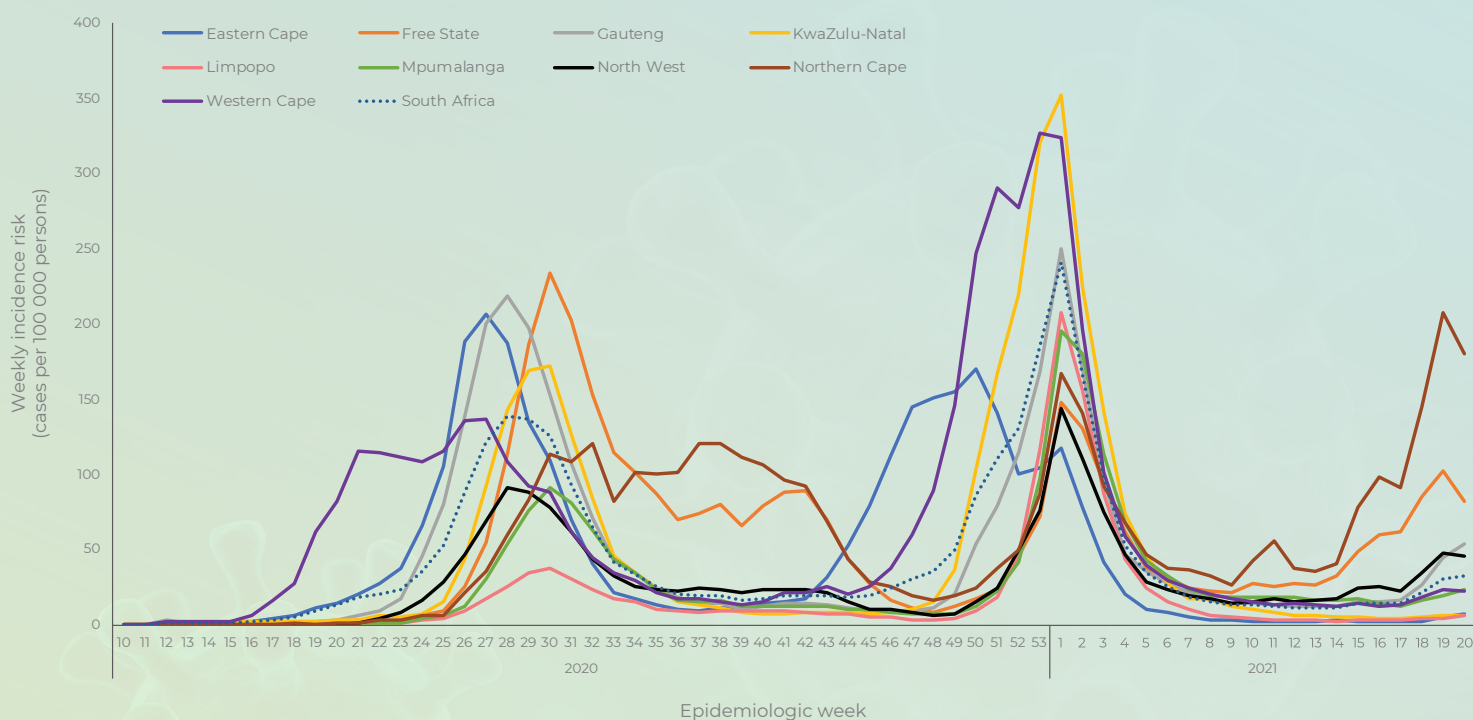


Figure 4. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week, South Africa, 3 March 2020 –22 May 2021 (n=1 635 465)

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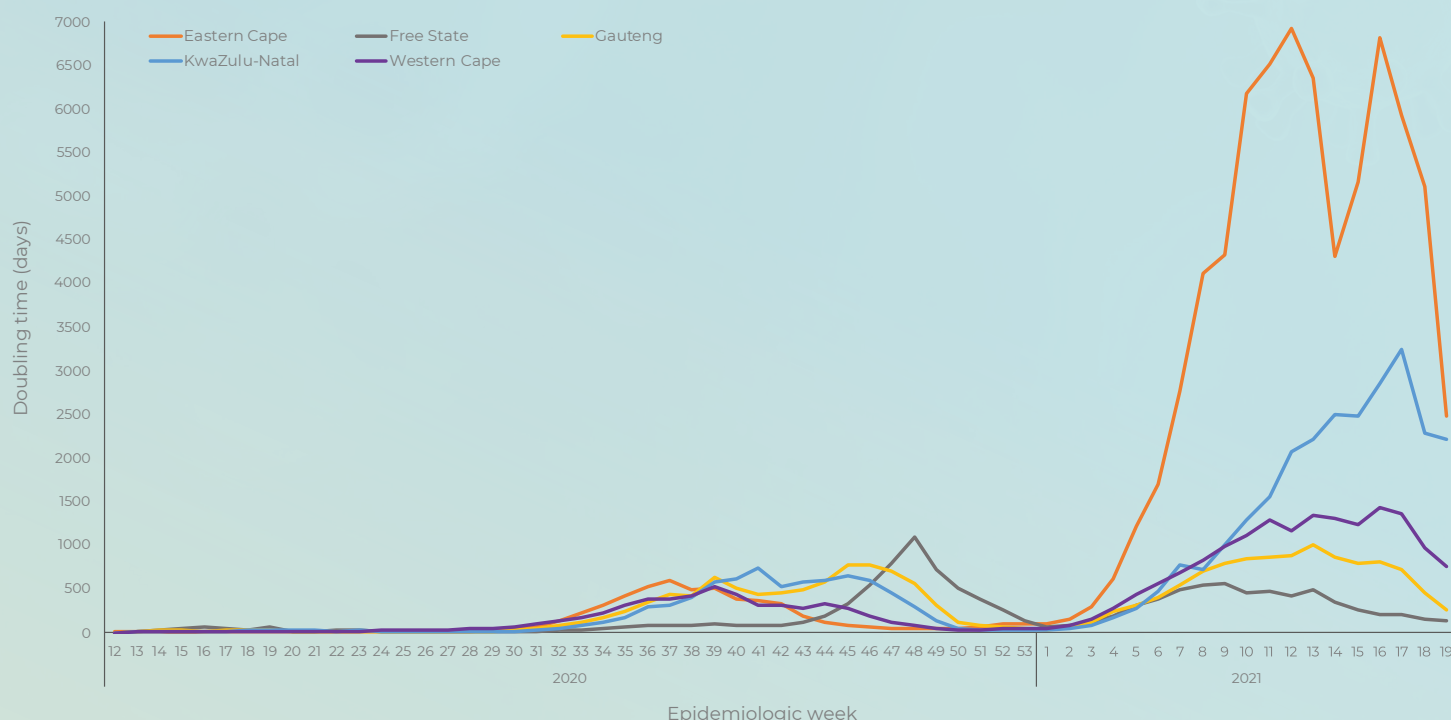


Figure 5. Doubling time of number of laboratory-confirmed cases of COVID-19 by province (for 5 provinces with the majority of cases) and epidemiologic week, South Africa, 23 March-2020 –15 May 2021 (n= 1 616 212)

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 (189 918/1 620 089, 11.7%) and 30-34-year (184 456/1 620 089, 11.4%) age groups (Figure 6). Similarly, among the cases reported in the past week, the highest number of cases was in the 50-54-year (2 201/19 019, 11.6%) age group. The median age for cases reported in week 20 of 2021 was the same (40 years, IQR 28-53), as that of total cases (40 years). The highest cumulative incidence risk remained among cases aged 50-54 years (5 626.8 cases per 100 000 persons), followed by cases aged 55-59 years (5 499.2 cases per 100 000 persons) and cases ≥80 years (5 457.9 cases per 100 000 persons). The lowest cumulative incidence risk was reported in the younger age-groups, 340.2 cases per 100 000 persons and 427.1 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 20 of 2021 was reported in the 50-54-year age group (85.6 cases per 100 000 persons), followed by cases ≥80 years (71.7 cases per 100 000 persons), and the lowest weekly incidence risk was in the 0-4-year age group (3.4 cases per

100 000 persons) (Figure 8 and Table 2).

To date, the majority of COVID-19 cases reported were female 57.7% (933 432/1 617 847). This trend continued in the past week where 54.7% (10 414/19 022) of cases were female. The cumulative incidence risk has remained consistently higher among females (3 034.2 cases per 100 000 persons) than among males (2 330.0 cases per 100 000 persons) (Figure 9). The peak cumulative incidence risk was in the 50-54-year-age group (5 866.0 cases per 100 000 persons) for females, and in the ≥80-year-age group (5 687.5 cases per 100 000 persons) for males (Figure 10). In week 20 of 2021, the highest weekly incidence risk was in the 50-54-year age group (82.3 cases per 100 000 persons) and (89.1 cases per 100 000 persons) for both females and males, respectively. The higher prevalence and incidence risk among females compared to males could be explained by the fact that females are likely to be more represented in occupations, which put them in close proximity to others and thus exposing them to a higher risk of infection (e.g. teaching and health). This may also be partly explained by varying testing practices by age and sex (data not shown) and by different health seeking behaviour.

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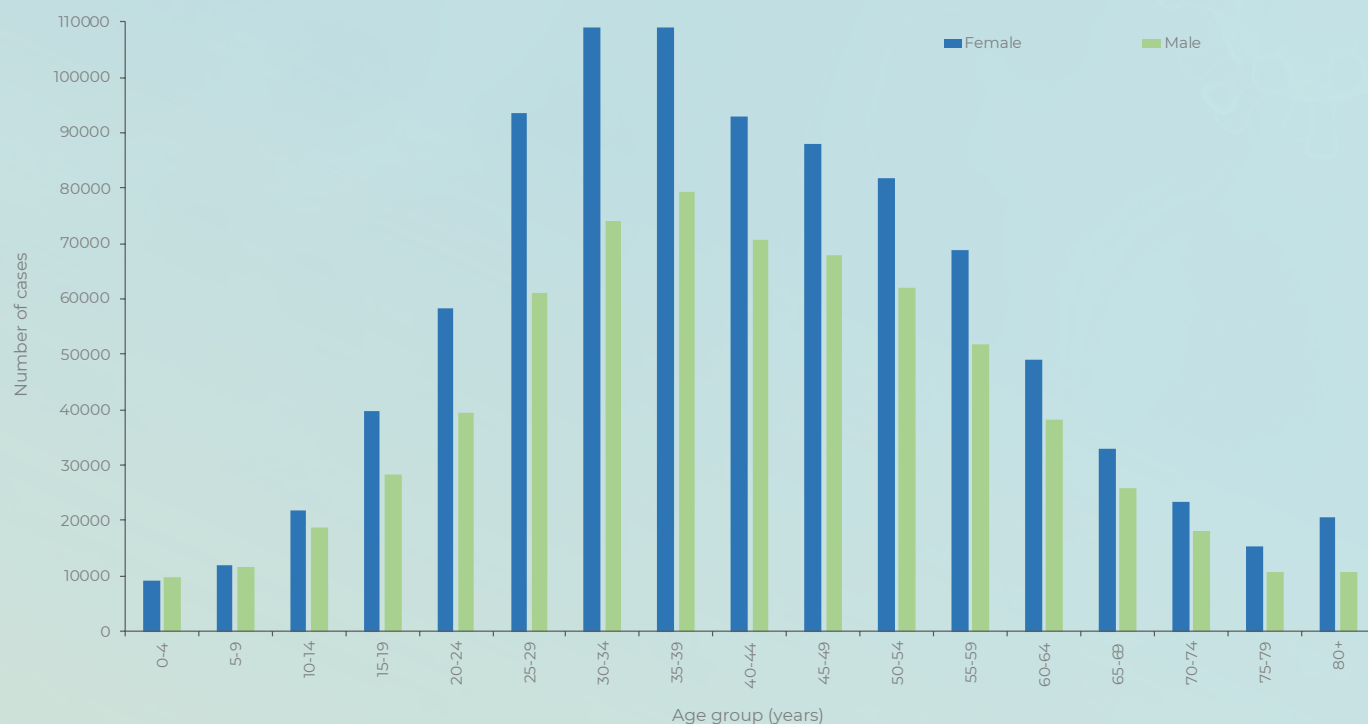


Figure 6. Number of laboratory-confirmed cases of COVID-19 by age group and sex, South Africa, 3 March 2020 – 22 May 2021 (n = 1 603 919, sex/age missing for 31 546)

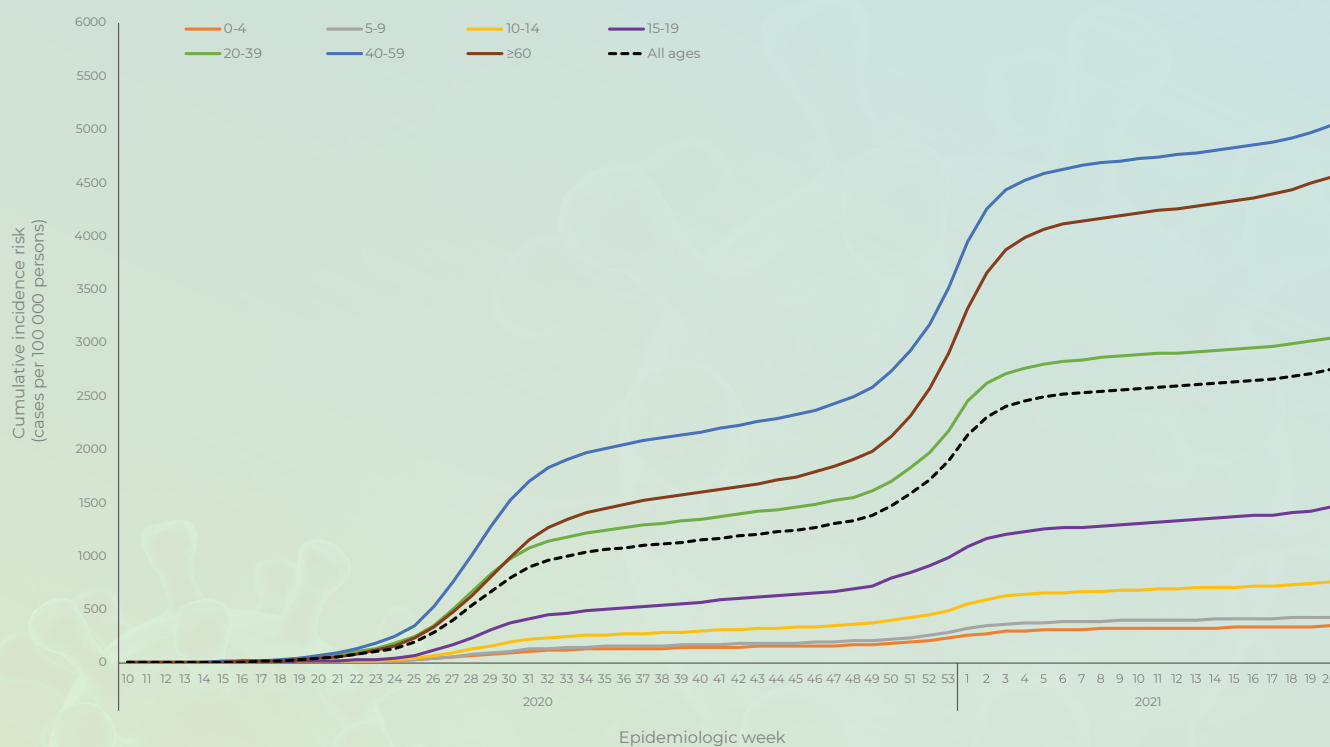


Figure 7. Cumulative incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, South Africa, 3 March 2020–22 May 2021 (n= 1 620 089, 15 376 missing age)

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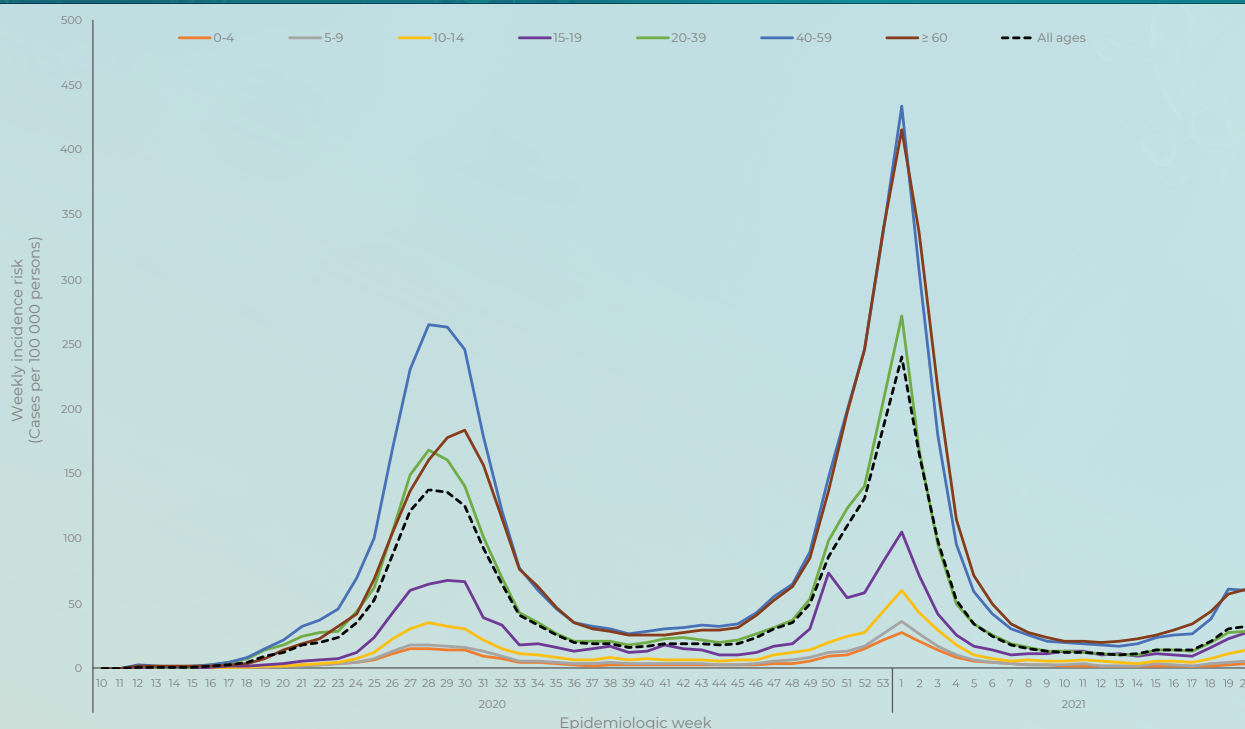


Figure 8. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, South Africa, 3 March 2020 -22 May 2021 (n= 1 620 089, 15 376 missing age)

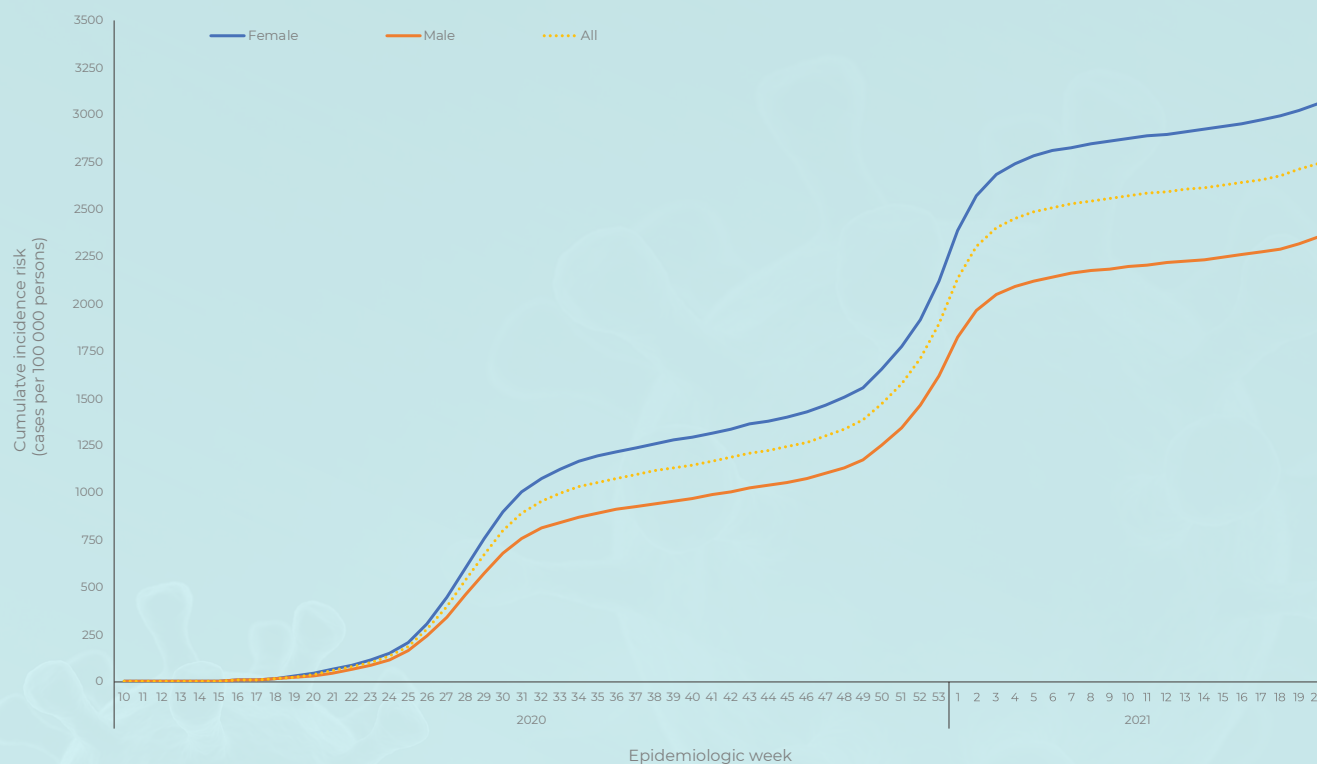


Figure 9. Cumulative incidence risk by sex and epidemiologic week, South Africa, 3 March 2020 -22 May 2021 (n= 1 617 847, sex missing for 17 618)

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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 –22 May 2021, n= 1 620 089, 15 376 missing age)

Age group (years)	Cumulative cases (n) (percentage, n/ total cases in South Africa)	New cases ¹ detected in week 20 (16-22 May 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 20 of 2021 (cases/100 000 persons)
0-4	19 540 (1.2)	195 (1.0)	5 743 450	340.2	3.4
5-9	24 413 (1.5)	325 (1.7)	5 715 952	427.1	5.7
10-14	42 023 (2.6)	785 (4.1)	5 591 553	751.5	14.0
15-19	69 267 (4.3)	1347 (7.1)	4 774 579	1 450.7	28.2
20-24	99 017 (6.1)	1 223 (6.4)	4 823 367	2 052.9	25.4
25-29	156 292 (9.6)	1 399 (7.4)	5 420 754	2 883.2	25.8
30-34	184 456 (11.4)	1 657 (8.7)	5 641 750	3 269.5	29.4
35-39	189 918 (11.7)	1 699 (8.9)	4 798 293	3 958.0	35.4
40-44	164 722 (10.2)	1 723 (9.1)	3 733 942	4 411.5	46.1
45-49	157 216 (9.7)	1 766 (9.3)	3 169 648	4 960.0	55.7
50-54	144 680 (8.9)	2 201 (11.6)	2 571 263	5 626.8	85.6
55-59	121 605 (7.5)	1 393 (7.3)	2 211 309	5 499.2	63.0
60-64	87 787 (5.4)	1 110 (5.8)	1 796 316	4 887.1	61.8
65-69	59 166 (3.7)	821 (4.3)	1 408 665	4 200.1	58.3
70-74	42 090 (2.6)	559 (2.9)	1 007 174	4 179.0	55.5
75-79	26 390 (1.6)	402 (2.1)	637 062	4 142.5	63.1
≥80	31 507 (1.9)	414 (2.2)	577 273	5 457.9	71.7
Unknown	15 376	147			
Total	1 635 465	19 166	59 622 350	2 743.0	32.1

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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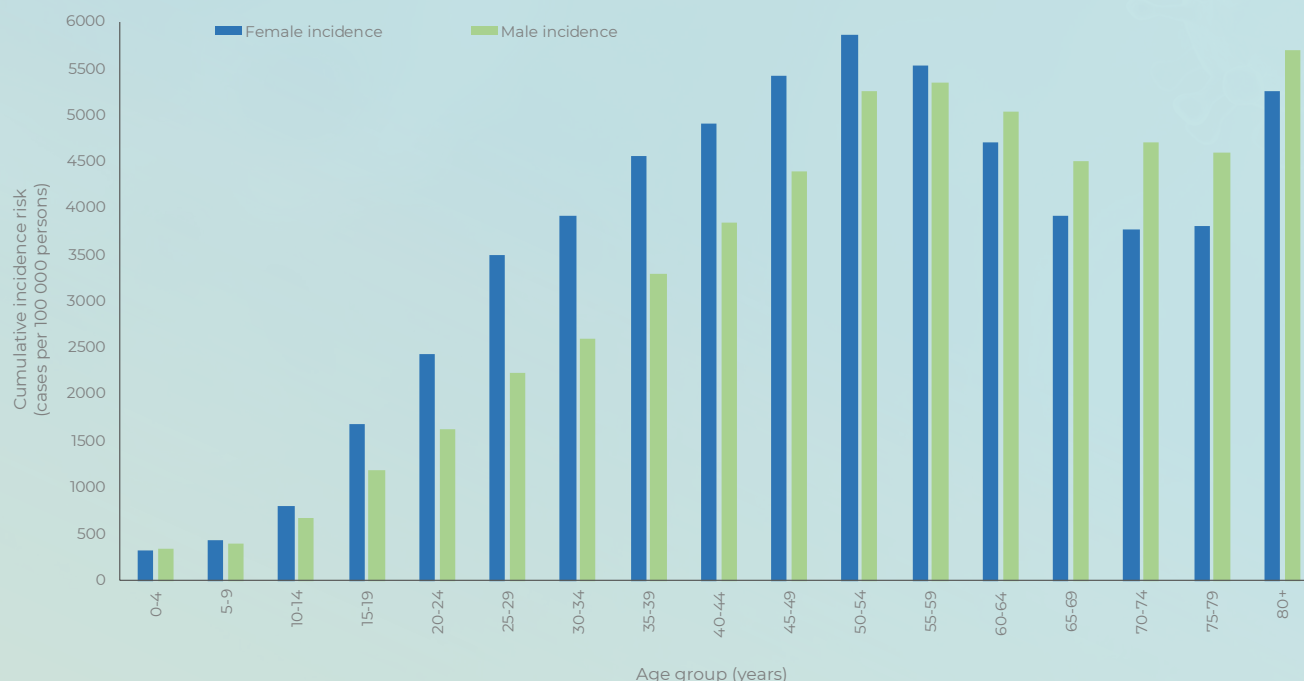


Figure 10. Cumulative risk by age group and sex, South Africa, 3 March 2020 –22 May 2021 (n=1 603 919, sex/age missing for 31 546)

Provincial trends of COVID-19 cases

Following the decline in the number of new cases since week 2 of 2021, from week 10 of 2021 to date several provinces have reported an increase in weekly incidence risk which varied by province and week. In week 18 of 2021, all provinces reported an increase in weekly incidence. Whereas in week 20 all provinces except the Free State, North West, Northern Cape, and Western Cape provinces reported an increase in weekly incidence risk. Changes in trends by district and age group for each province are presented below.

Eastern Cape Province

Of the 197 093 cases reported from the Eastern Cape Province, 174 930 (88.8%) cases had allocation by district. Eastern Cape Province has been experiencing a steady increase in weekly incidence risk since week 17. In the past week, all the districts reported an increase in weekly incidence risk, except the OR Tambo District (0.1 cases per 100 000 persons, 33.3% decrease), the Chris

Hani (0.3 cases per 100 000 persons, 3.7% decrease), and the Buffalo City Metro (1.0 cases per 100 000 persons, 28.6% decrease) which reported a decrease in weekly incidence risk, compared to the previous week (Figure 11). The increase ranged from 0.1 cases per 100 000 persons (14.3% increase) in the Amathole District to 7.9 cases per 100 000 persons (66.7% increase) in the Nelson Mandela Bay Metro.

In the past week, all the age groups reported an increase in weekly incidence risk, except the 5-9-year age group (0.3 cases per 100 000 persons, 40.0% decrease) which reported a decrease in weekly incidence risk, while the 10-14-year age group showed no change in weekly incidence risk, compared to the previous week (Figure 12). The increase ranged from 0.3 cases per 100 000 persons (33.3% increase) in the 0-4-year to 3.0 cases per 100 000 persons (78.5% increase) in the 15-19-year age groups.

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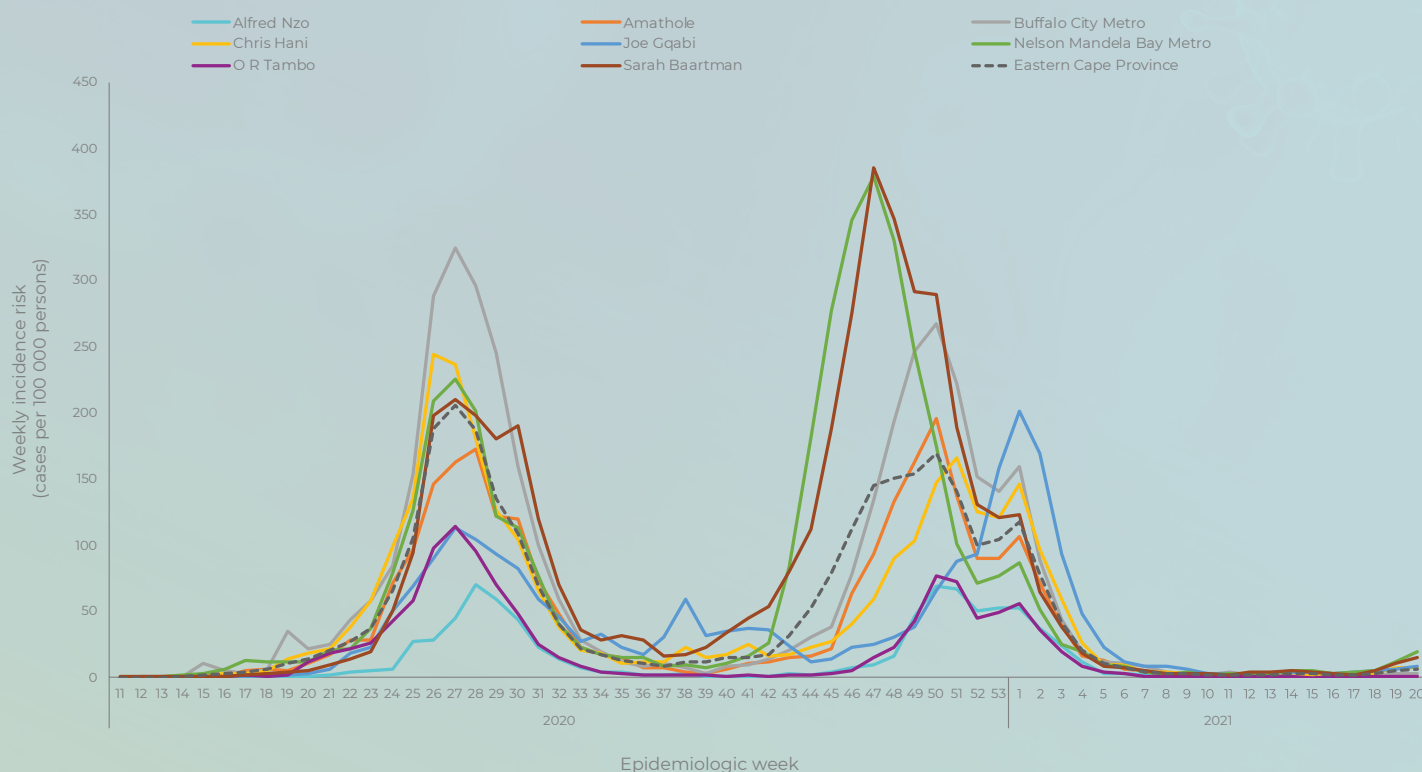


Figure 11. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Eastern Cape Province, 3 March 2020 –22 May 2021 (n= 174 930, 22 163 missing district)

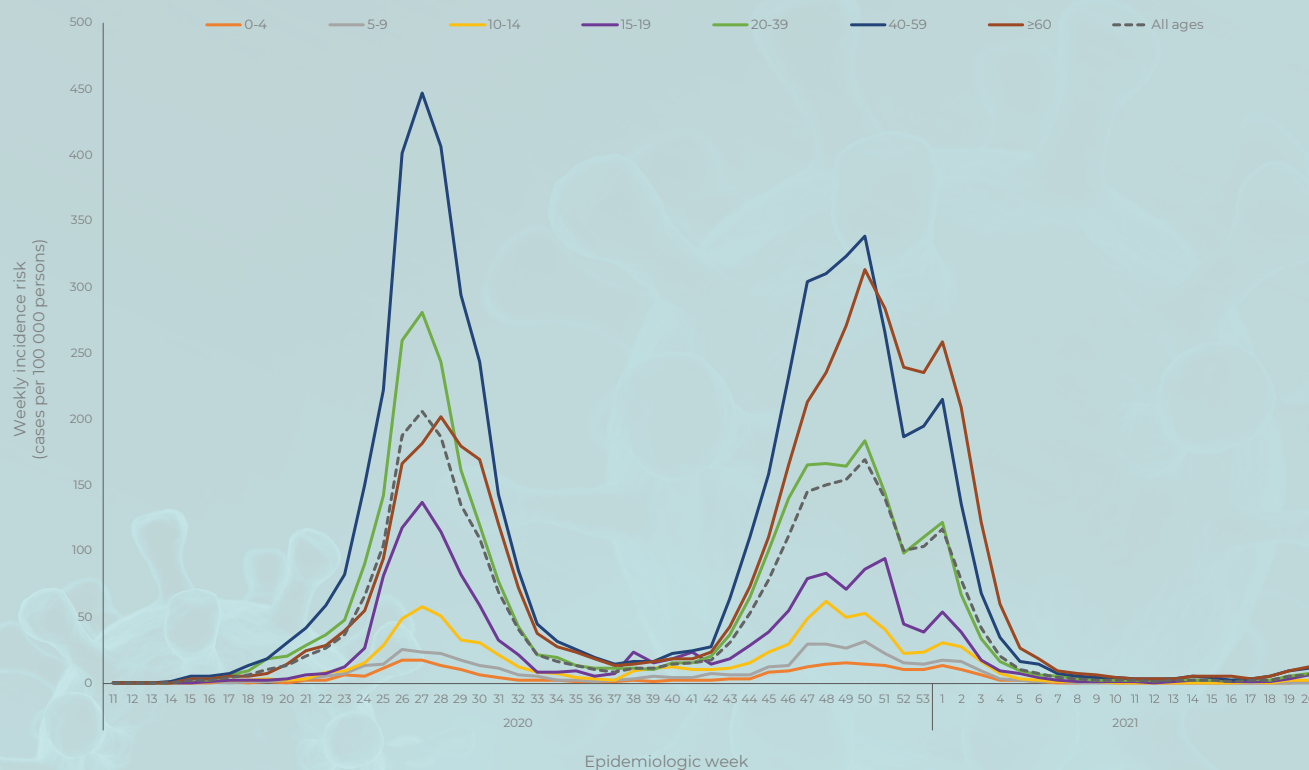


Figure 12. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Eastern Cape Province, 3 March 2020 –22 May 2021 (n= 195 023, 2 070 missing age)

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Western Cape Province

Of the 291 457 cases reported from the Western Cape Province, 274 186 (94.1%) cases had allocation by district. In week 20 of 2021, the City of Cape Town Metro (0.2 cases per 100 000 persons, 0.8% increase) and the Overberg District (0.7 cases per 100 000 persons, 3.8% increase) reported an increase in weekly incidence risk, while the West Coast District showed no change in weekly incidence risk, compared to the previous week (Figure 13).

In the past week, all the age groups reported an increase in weekly incidence risk, except the ≥ 60 and 40-59-year age groups which reported a decrease in weekly incidence risk, compared to the previous week (Figure 14). The increase ranged from 0.2 cases per 100 000 persons (6.3% increase) in the 0-4-year to 6.4 cases per 100 000 persons (64.0% increase) in the 15-19-year age groups.

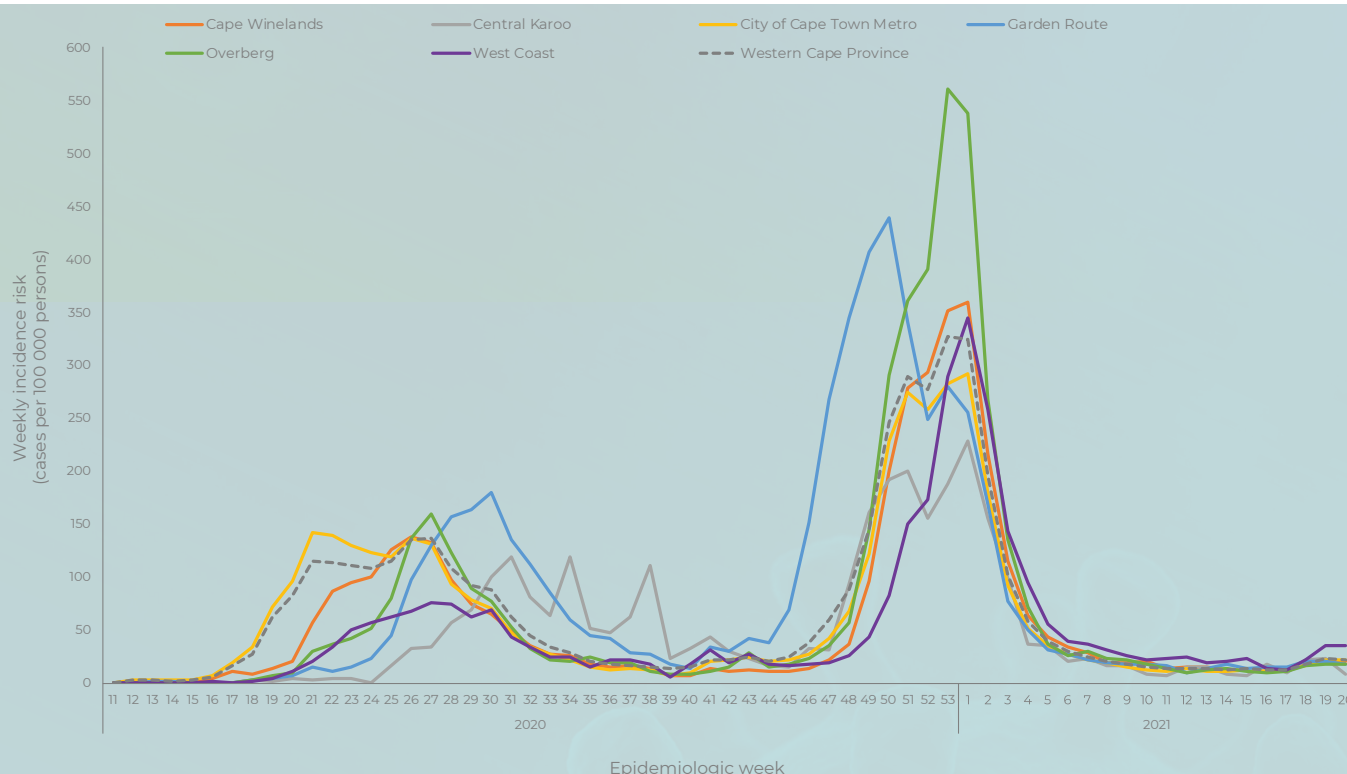


Figure 13. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Western Cape Province, 3 March 2020 –22 May 2021 (n= 274 186, 17 271 missing district)

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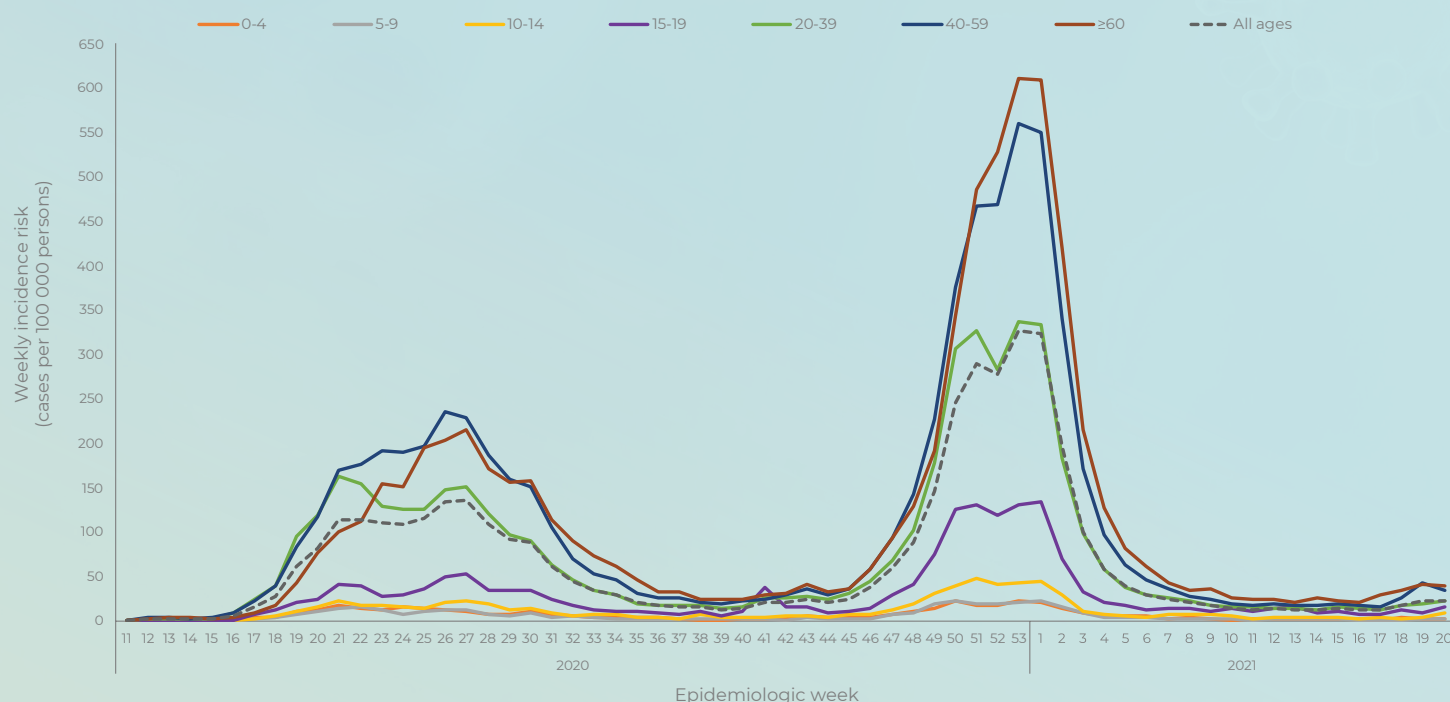


Figure 14. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Western Cape Province, 3 March 2020 –22 May 2021 (n= 290 467, 990 missing age)

Gauteng Province

Of the 443 846 cases reported from the Gauteng Province, 381 002 (85.8%) had allocation by district. Gauteng province has been reporting a sustained steady increase in weekly incidence since week 17 of 2021. In the past week, all the districts reported an increase in weekly incidence risk, except the Sedibeng District (8.4 cases per 100 000 persons, 11.4% decrease) which reported a decrease in weekly incidence risk, compared to the previous week (Figure 15). The increase ranged

from 2.7 cases per 100 000 persons (9.0% increase) in the Ekurhuleni Metro to 30.5 cases per 100 000 persons (85.6% increase) in the West Rand District.

In the past week, all the age groups reported an increase in weekly incidence risk, compared to the previous week (Figure 16). The increase ranged from 1.0 case per 100 000 persons (16.3% increase) in the 0-4-year to 18.1 cases per 100 000 persons (22.4% increase) in the ≥60-year age groups.

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WEEK 20 2021

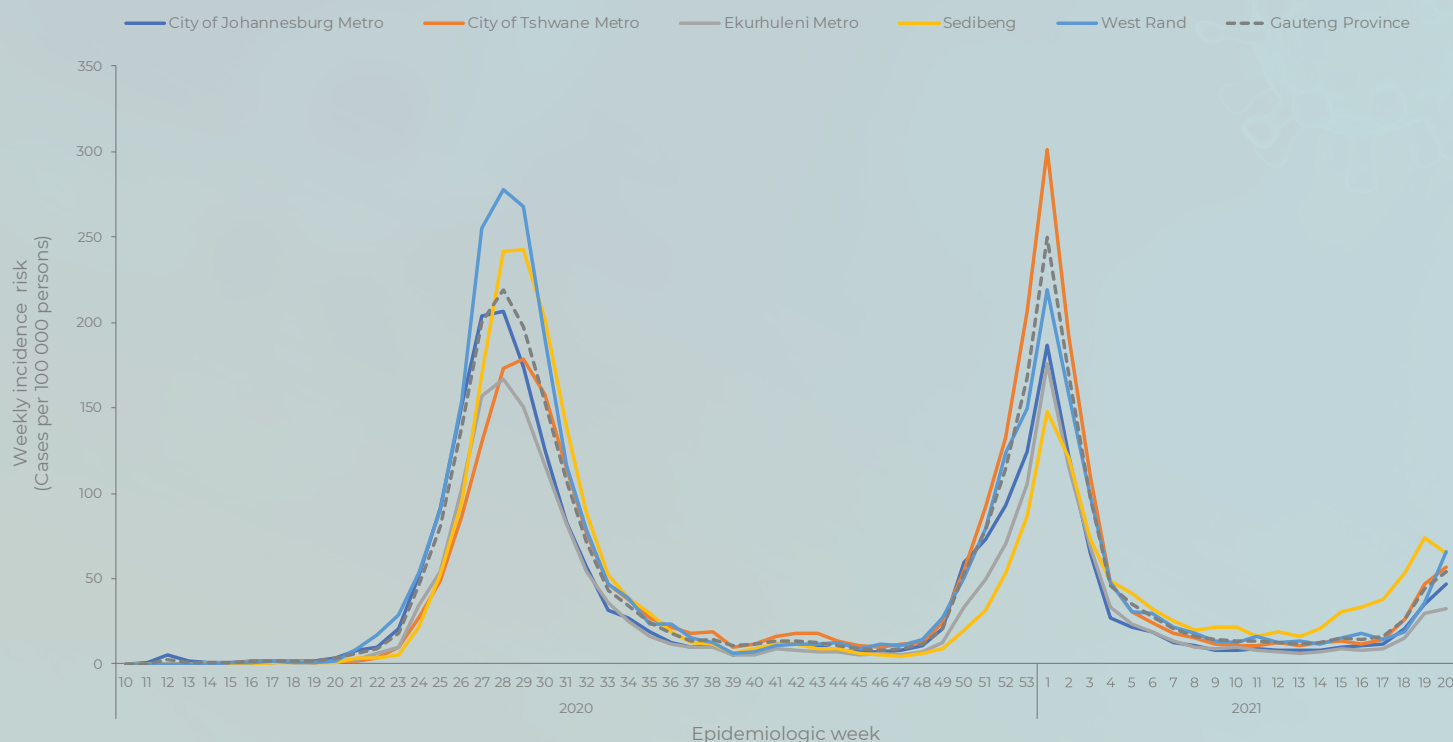


Figure 15. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Gauteng Province, 3 March 2020 –22 May 2021 (n= 381 002, 62 844 missing district)

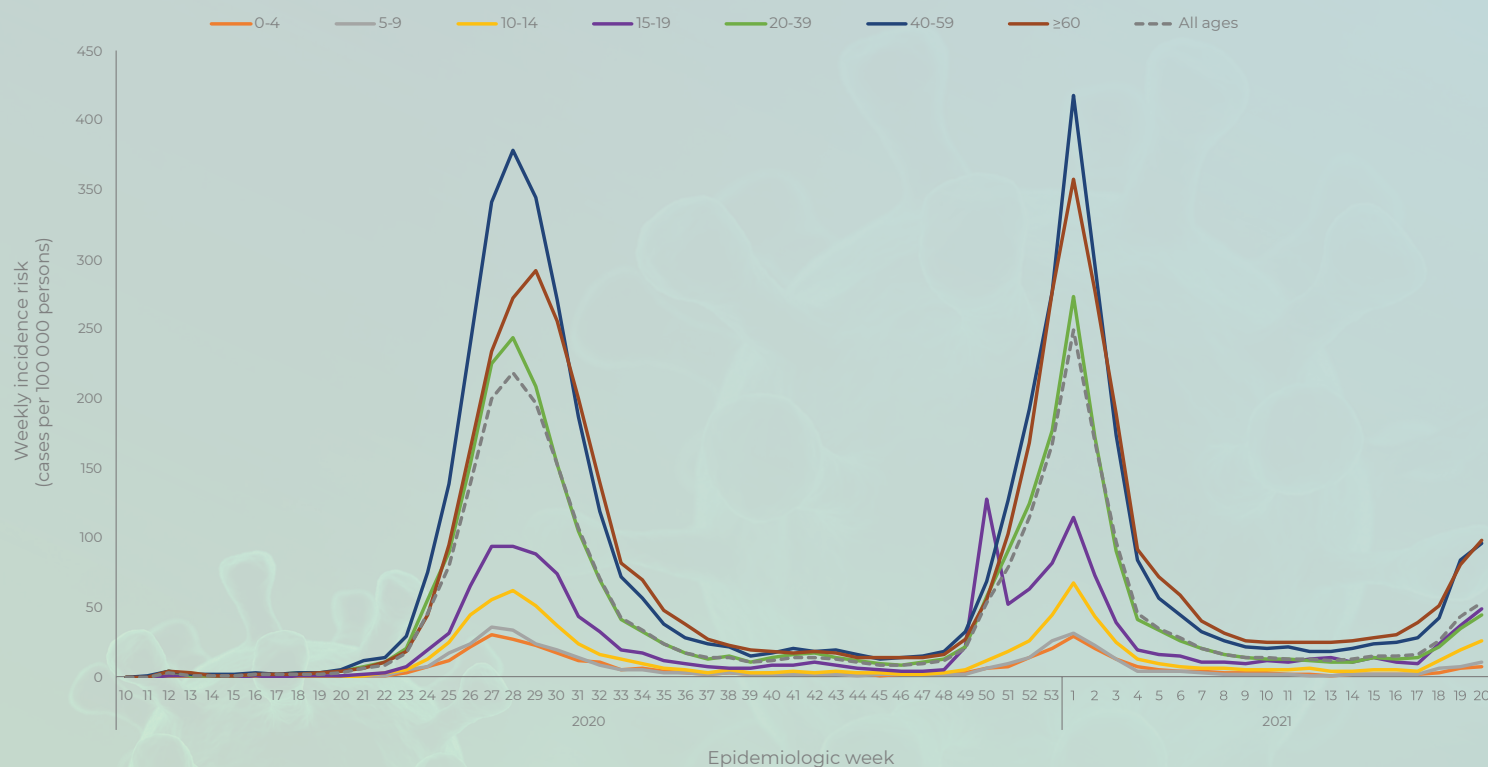


Figure 16. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Gauteng Province, 3 March 2020 –22 May 2021 (n= 438 785, 5 061 missing age)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 20 2021

KwaZulu-Natal Province

Of the 338 853 cases reported from the KwaZulu-Natal Province, 253 028 (74.7%) had allocation by district. KwaZulu-Natal Province has been reporting a steady increase in weekly incidence risk in the past 3 weeks. In the past week, all the districts reported an increase in weekly incidence risk, except the Harry Gwala, Ugu, King Cetshwayo and uMkhanyakude districts which reported a decrease in weekly incidence risk, compared to the previous week (Figure 17). The increase ranged

from 0.5 cases per 100 000 persons (16.7% increase) in the uMzinyathi to 3.5 cases per 100 000 persons (125.0% increase) in the uThukela districts.

In week 20 of 2021, all the age groups reported an increase in weekly incidence risk, except the 0-4 and 40-59-year age groups which reported a decrease in weekly incidence risk, compared to the previous week (Figure 18). The increase ranged from 0.1 cases per 100 000 persons (8.3% increase) in the 5-9-year to 1.6 cases per 100 000 persons (76.0% increase) in the 10-14-year age groups.

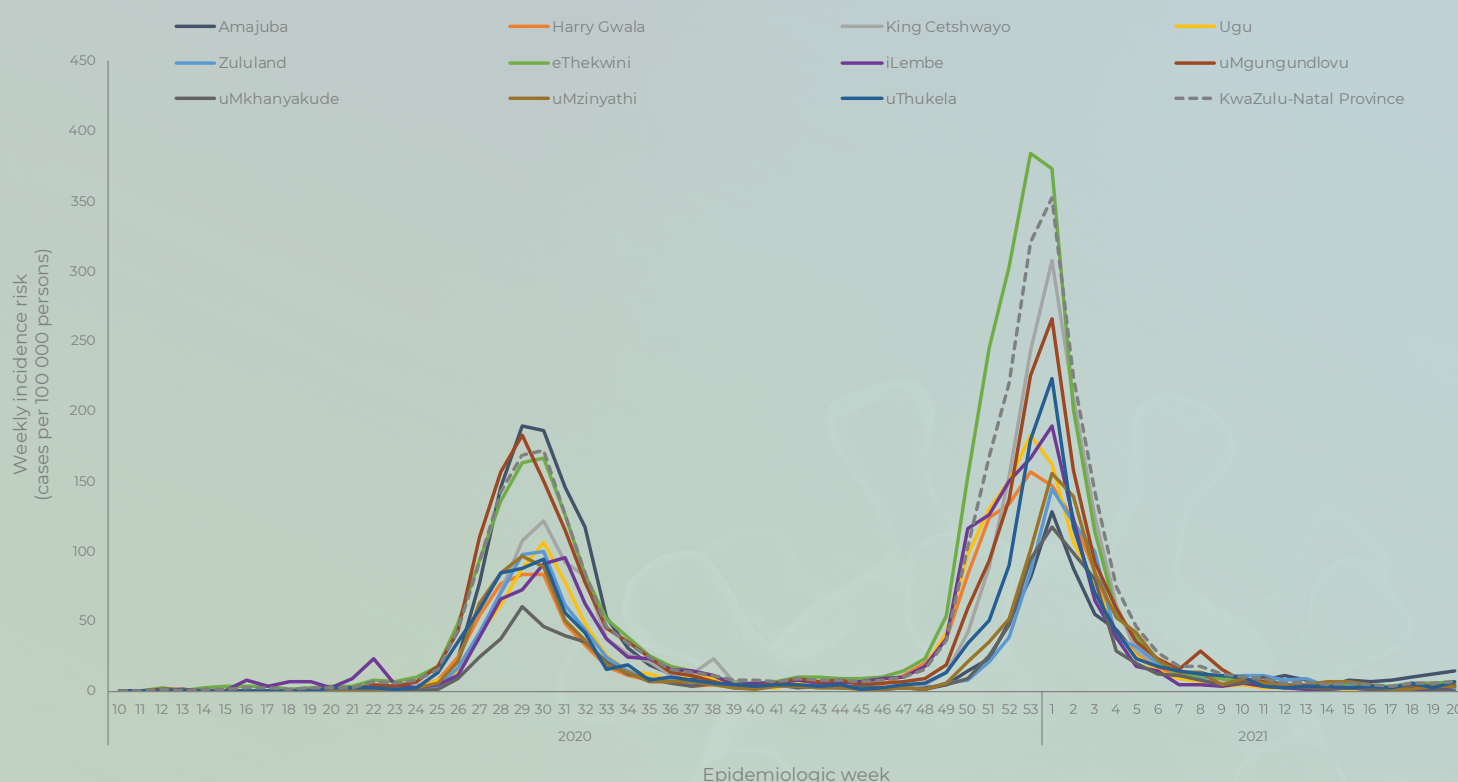


Figure 17. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, KwaZulu-Natal Province, 3 March 2020 –22 May 2021 (n= 253 028, 85 825 missing district)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 20 2021

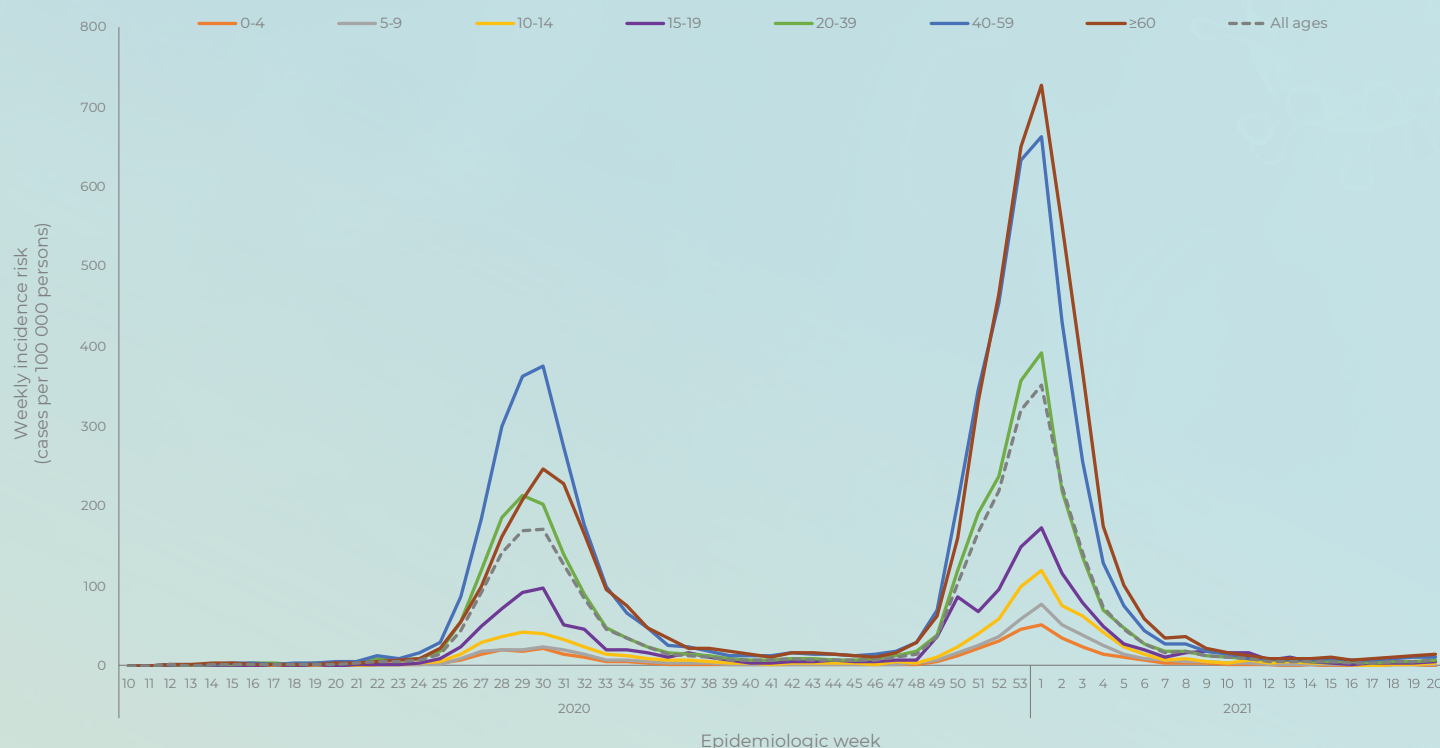


Figure 18. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, KwaZulu-Natal Province, 3 March 2020 –22 May 2021 (n= 335 269, 3 584 missing age)

Free State Province

Of the 97 593 cases reported from the Free State Province, 89 301 (91.5%) had allocation by district. Free State reported a sustained increase in weekly incidence risk ranging from 32.0 cases per 100 000 persons in week 14 to 102.5 cases per 100 000 persons in week 19. In the past week, all the districts reported a decrease in weekly incidence risk, compared to the previous week (Figure 19). The decrease ranged from 4.3 cases per 100 000 persons (5.9% decrease) in the Fezile Dabi to 117.4 cases per 100 000 persons (61.0% decrease) in the Xhariep districts. Some of the reduction in weekly incidence risk in the past week maybe due to delayed reporting. The weekly incidence risk reported in the Xhariep District in week 19 of 2021 was higher than the weekly incidence reported in the peak of both first and second waves (current peak 192.4 vs 184.6

and 147.6 cases per 100 000 persons in wave 1 and wave 2, respectively). The weekly incidence reported in Mangaung Metro in week 19 of 2021 (126.9 cases per 100 000 persons) was higher than that reported in the second wave peak (103.3 cases per 100 000 persons).

In the past week, all the age groups reported a decrease in weekly incidence risk, except the 5-9-year age group (1.4 cases per 100 000 persons, 10.3% increase) which reported an increase in weekly incidence risk, compared to the previous week (Figure 20). The decrease ranged from 5.7 cases per 100 000 persons (57.7% decrease) in the 0-4-year to 36.3 cases per 100 000 persons (19.4% decrease) in the 40-59-year age groups.

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 20 2021

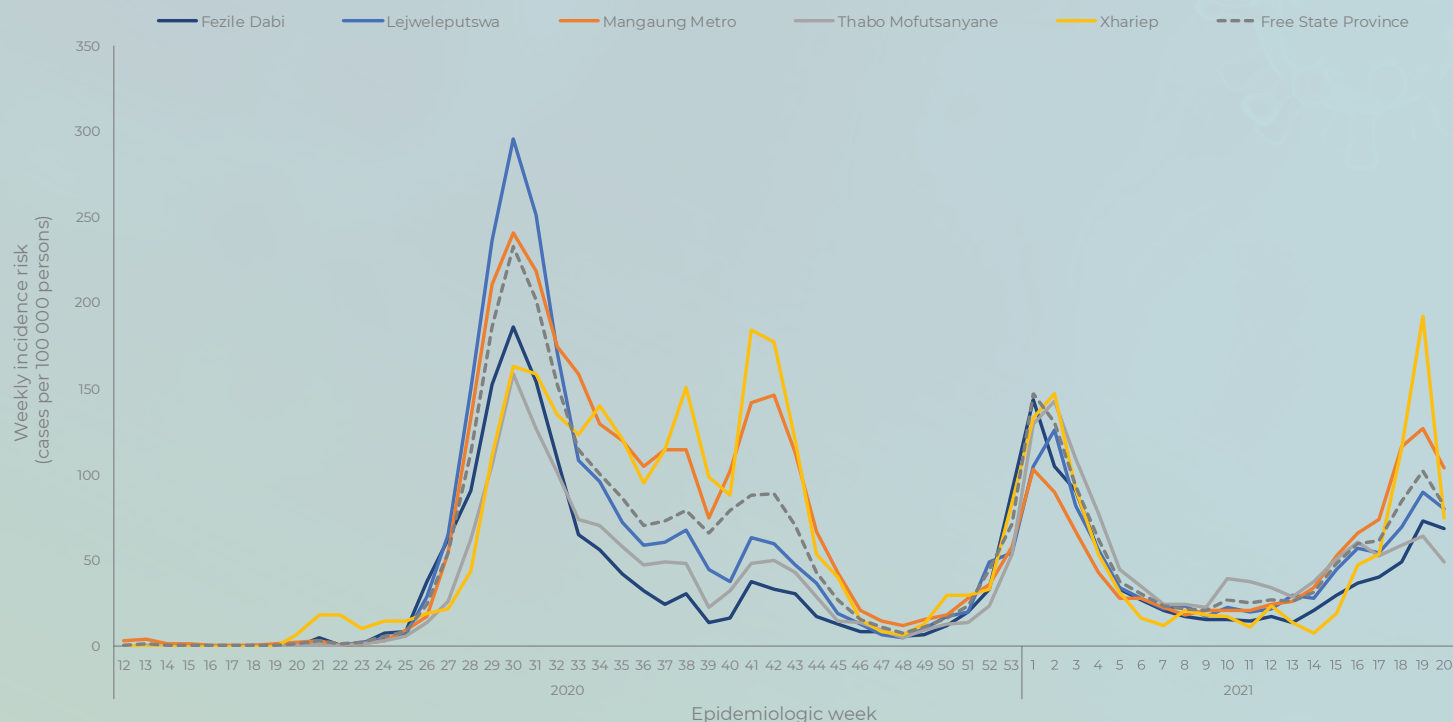


Figure 19. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Free State Province, 3 March 2020–22 May 2021 (n=89 301, 8 292 missing district)

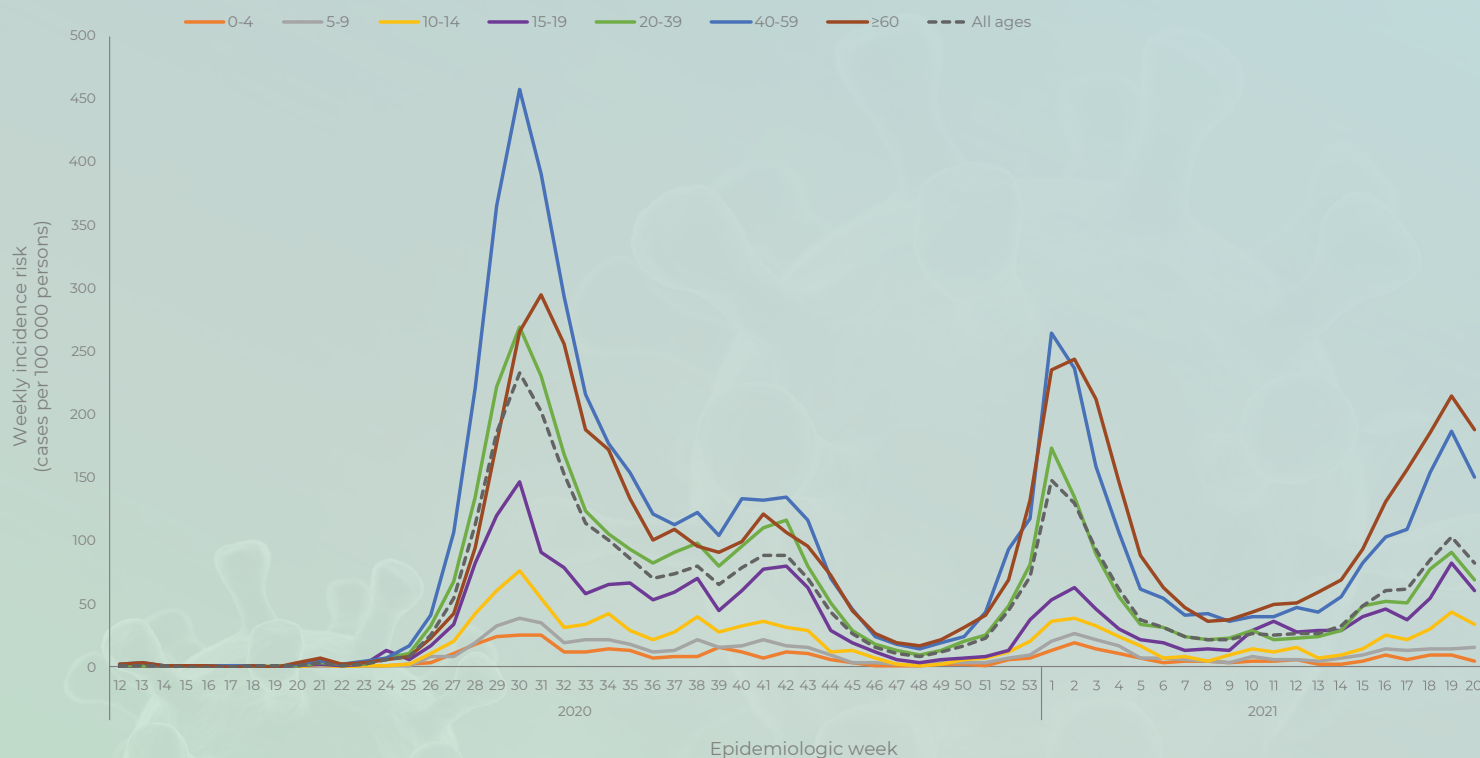


Figure 20. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Free State Province, 3 March 2020–22 May 2021 (n= 97 176, 417 missing age)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 20 2021

Limpopo Province

Of the 64 851 cases reported from the Limpopo Province, 56 375 (86.9%) had allocation by district. In the past week, all the districts reported an increase in weekly incidence risk, except the Mopani District (0.6 cases per 100 000 persons, 17.9% decrease) which reported a decrease in weekly incidence risk, compared to the previous week (Figure 21). The increase ranged from 1.2 cases per 100 000 persons (113.3% increase) in the Vhembe District to 8.1 cases per 100 000 persons (72.3% increase) in the Waterberg District.

In the past week, all the age groups reported an increase in weekly incidence risk, except the 0-4-year age group (0.2 cases per 100 000 persons, 25.0% decrease) which reported a decrease in weekly incidence risk, while the 5-9-year age group showed no change in weekly incidence risk, compared to the previous week (Figure 22). The increase ranged from 0.6 cases per 100 000 persons (11.0% increase) in the 20-39-year to 5.9 cases per 100 000 persons (77.5% increase) in the ≥ 60 -year age groups.

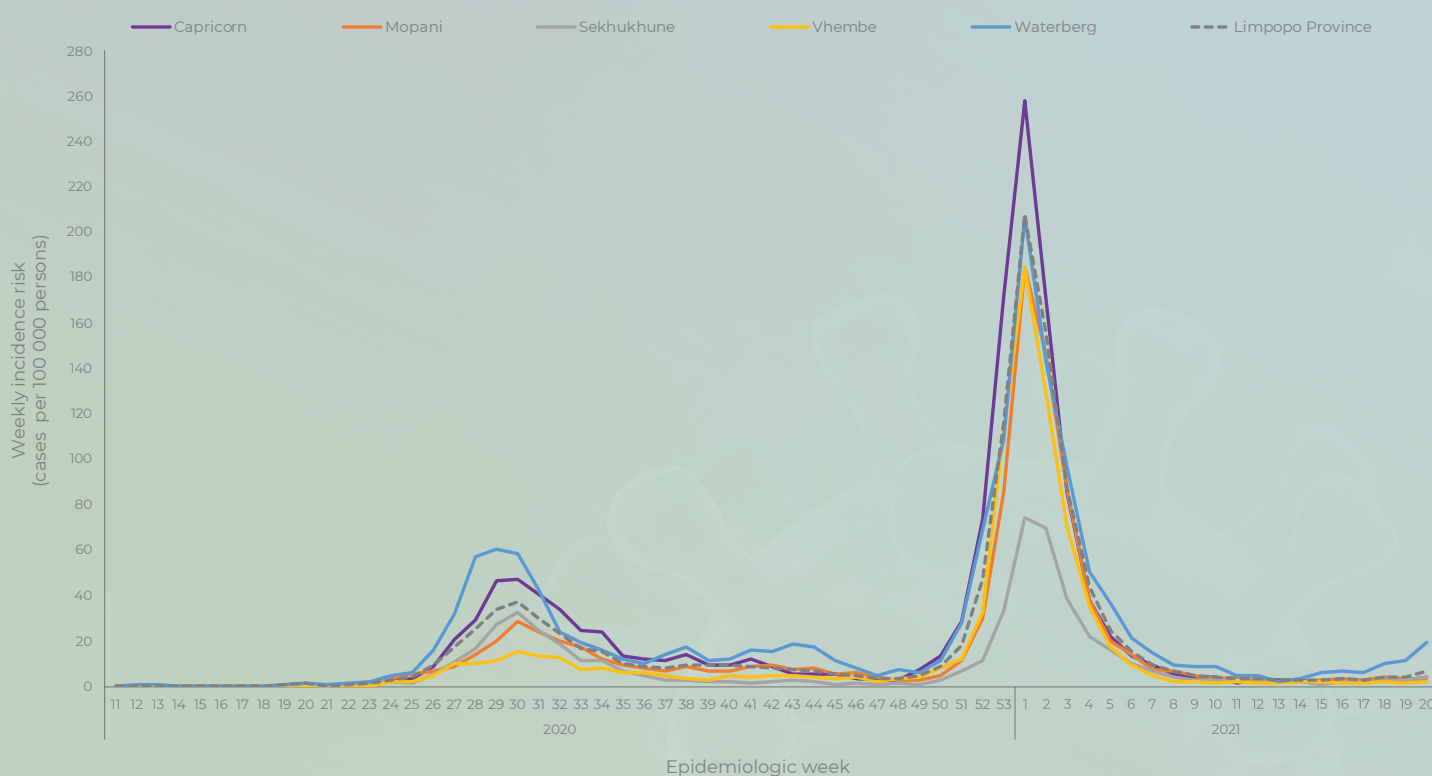


Figure 21. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Limpopo Province, 3 March 2020 –22 May 2021 (n= 56 375, 8 476 missing district)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 20 2021

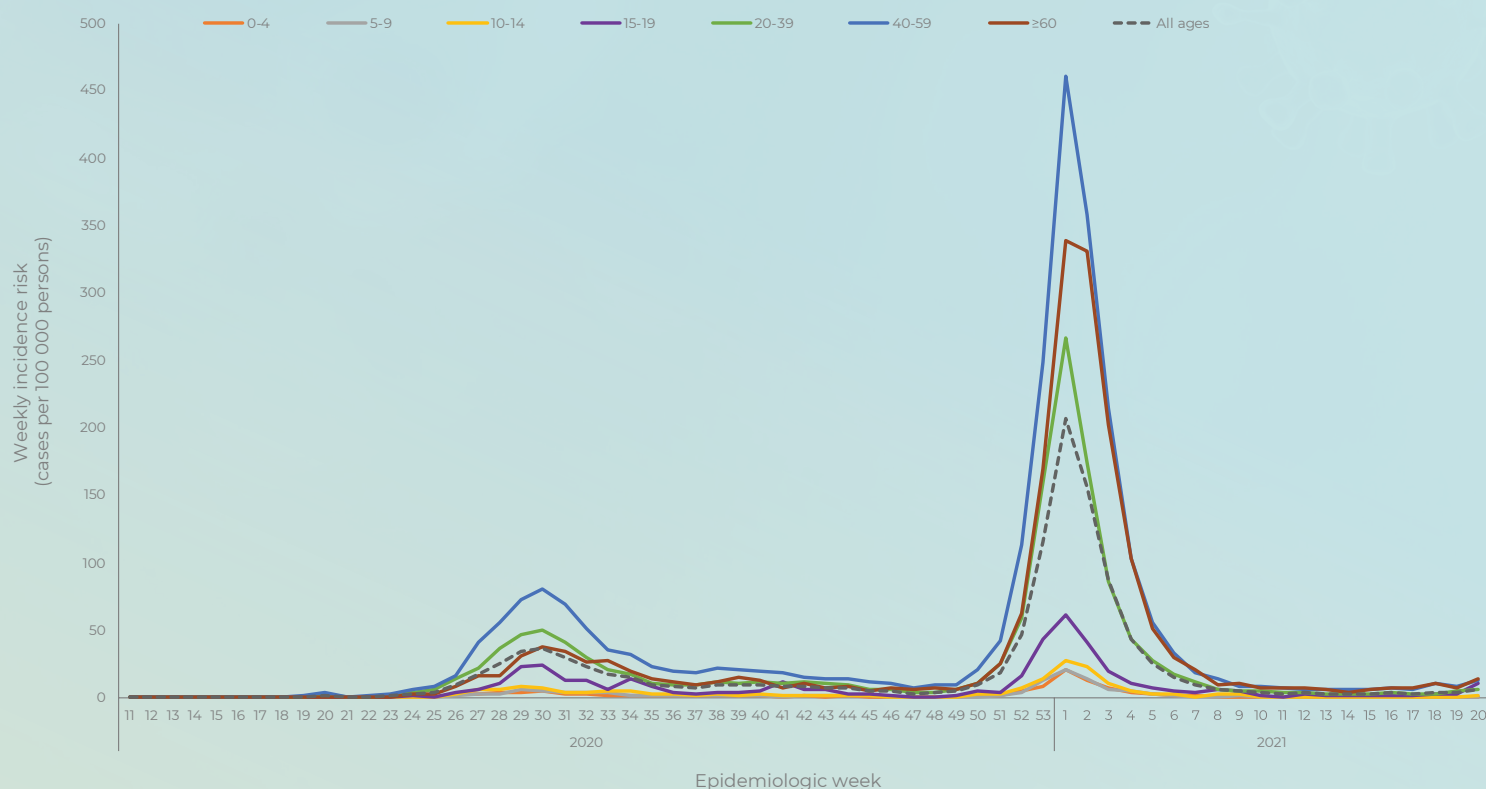


Figure 22. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Limpopo Province, 3 March 2020 –22 May 2021 (n= 64 482, 369 missing age)

Mpumalanga Province

Of the 81 157 cases reported from the Mpumalanga Province, 64 947 (80.0%) had allocation by district. Mpumalanga province has reported a sustained increase in weekly incidence risk since weekly 18. In the past week, all the districts reported an increase in weekly incidence risk, compared to the previous week (Figure 24). The increase ranged from 1.7 cases per 100 000 persons (21.1% increase) in the Ehlanzeni to 6.4 cases per 100 000 persons (24.2% increase) in the Gert Sibande districts.

In the past week, all the age groups reported an increase in weekly incidence risk, except the 5-9-year age group which showed no change in weekly incidence risk, compared to the previous week (Figure 23). The increase ranged from 0.4 cases per 100 000 persons (2.1% increase) in the 20-39-year to 11.6 cases per 100 000 persons (30.5% increase) in the ≥60-year age groups.

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 20 2021

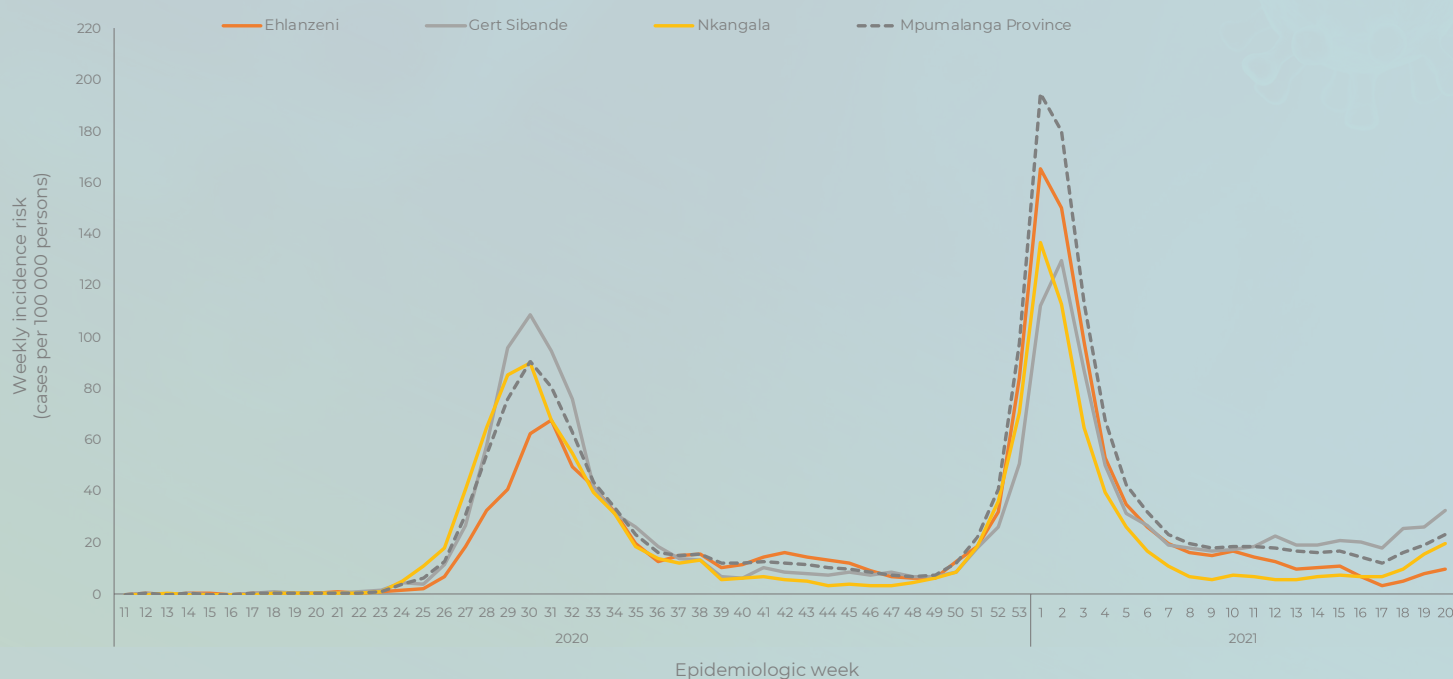


Figure 23. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Mpumalanga Province, 3 March 2020 -22 May 2021 (n= 64 947, 16 210 missing district)

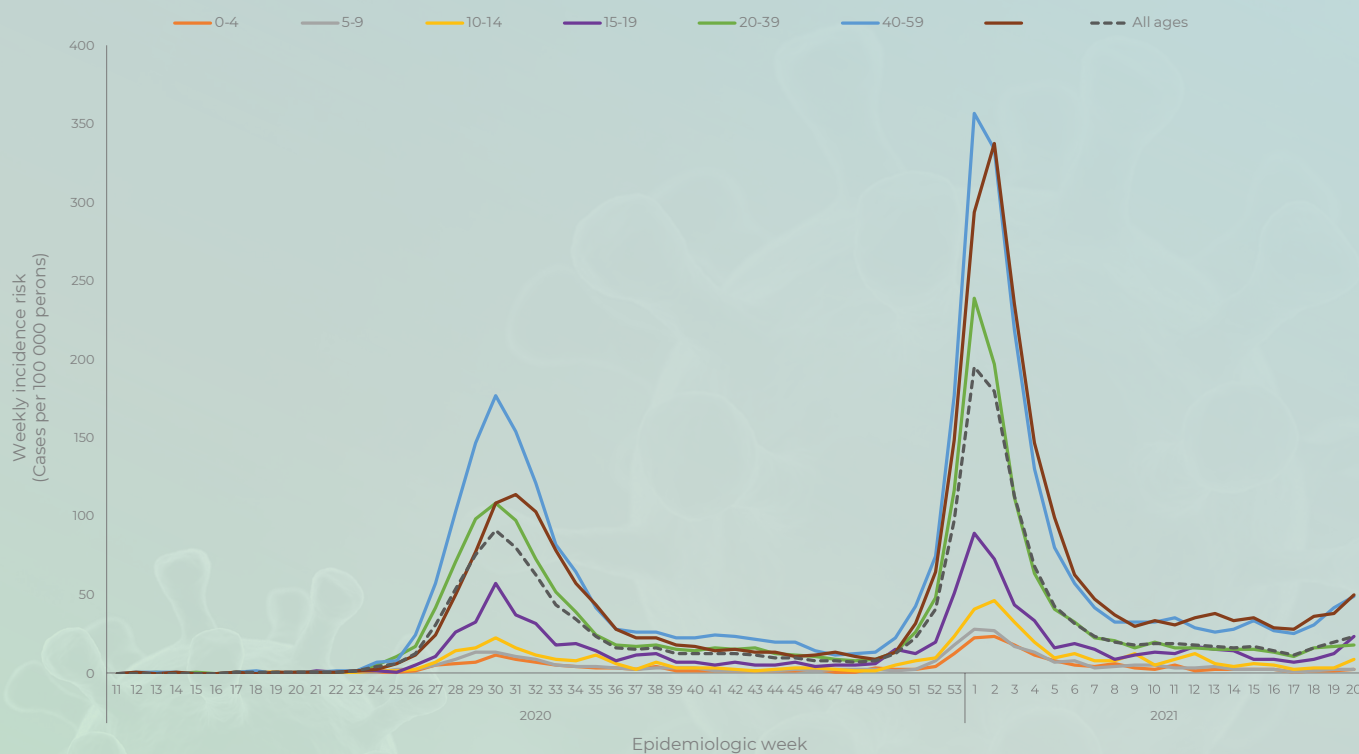


Figure 24. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group and epidemiologic week, Mpumalanga Province, 3 March 2020-22 May 2021 (n=79 532, 1 625 missing age)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 20 2021

North West Province

Of the 73 166 cases reported from the North West Province, 59 345 (81.1%) had allocation by district. In the past week, all the districts reported a decrease in weekly incidence risk, except the Bojanala District (5.9 cases per 100 000 persons, 32.9% increase) which reported an increase in weekly incidence risk, compared to the previous week (Figure 25). The decrease ranged from 5.1 cases per 100 000 persons (10.6% decrease) in the

Ngaka Modiri Molema to 12.8 cases per 100 000 persons (18.8% decrease) in the Dr Kenneth Kaunda districts.

In the past week, the 0-4-year (0.7 cases per 100 000 persons, 25.0% increase), the 5-9-year (2.0 cases per 100 000 persons, 22.2% increase), and the 15-19-year (3.4 cases per 100 000 persons, 6.7% increase) age groups reported an increase in weekly incidence risk, compared to the previous week (Figure 26).

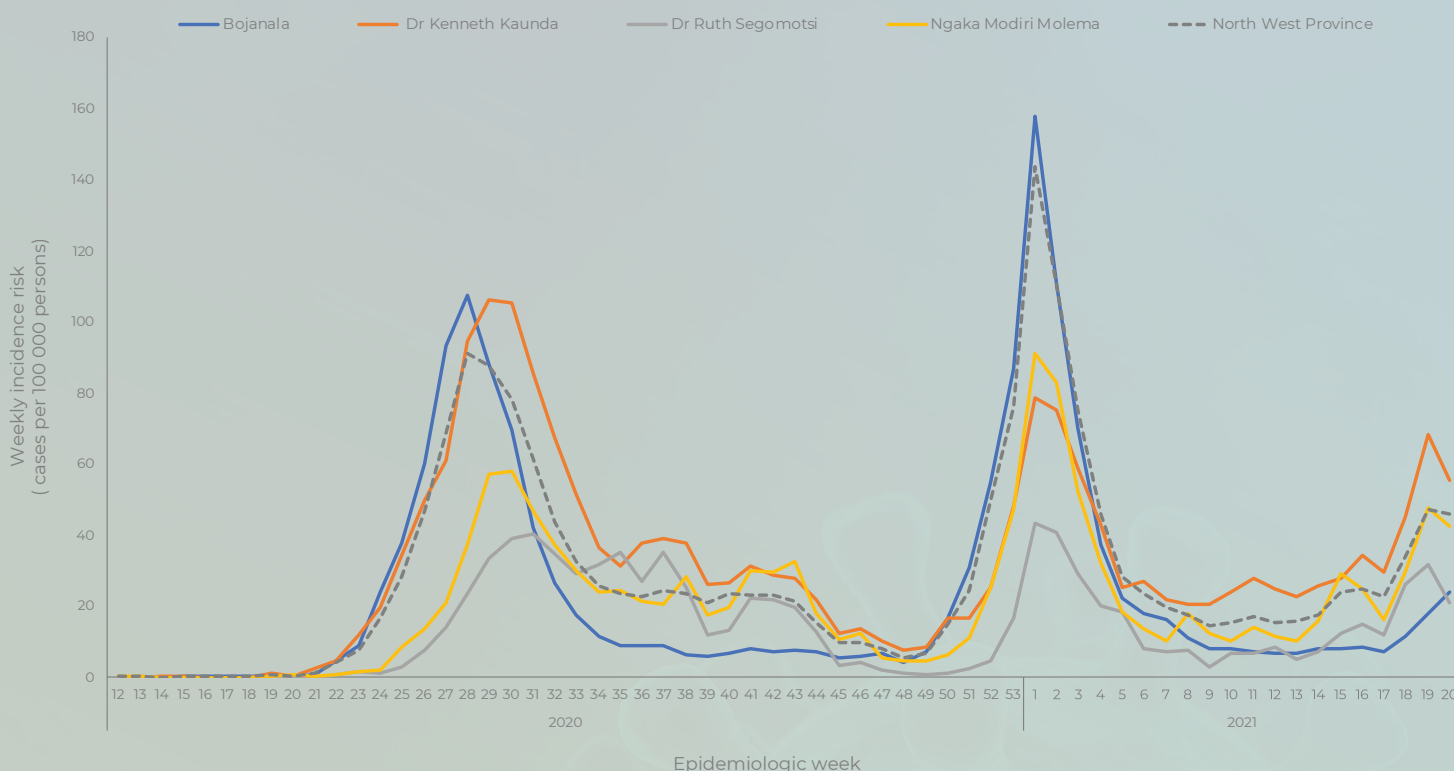


Figure 25. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, North West Province, 3 March 2020 -22 May 2021 (n= 59 345, 13 821 missing district)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 20 2021

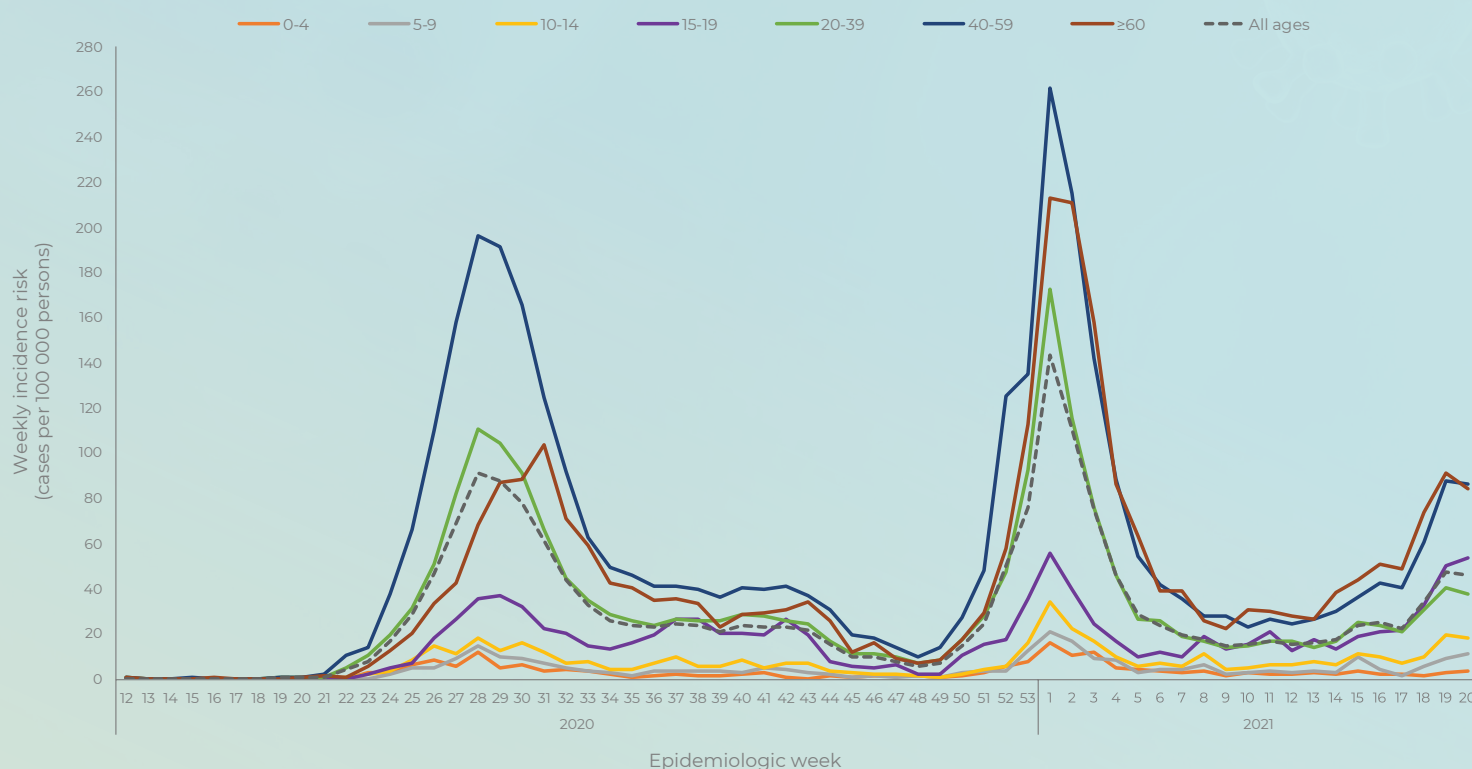


Figure 26. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, North West Province, 3 March 2020 –22 May 2021 (n= 72 290, 876 missing age)

Northern Cape Province

Of the 47 449 cases reported from the Northern Cape Province, 40 171 (84.7%) had allocation by district. Following a sustained increase in weekly incidence since week 14 of 2021, Northern Cape reported a decrease in weekly incidence in week 20. In the past week, all the districts reported a decrease in weekly incidence risk, compared to the previous week (Figure 27). The decrease ranged from 6.1 cases per 100 000 persons (10.3% decrease) in the Namakwa to 80.6 cases per 100 000 persons (22.9% decrease) in the Pixley ka Seme districts. From week 16 of 2021 to date, all the districts reported weekly incidence risk higher than that reported either in the first or second waves peaks.

In the past week, four age groups reported an increase in weekly incidence risk (0-4, 5-9, 10-14, and 15-19-year age group), compared to the previous week (Figure 28). The increase ranged from 1.6 cases per 100 000 persons (7.7% increase) in the 0-4-year to 31.6 cases per 100 000 persons (34.5% increase) in the 10-14-year age groups. From weekly 19 to date, all the age groups reported weekly incidence risk higher than that reported either in the first or second wave peaks.

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 20 2021

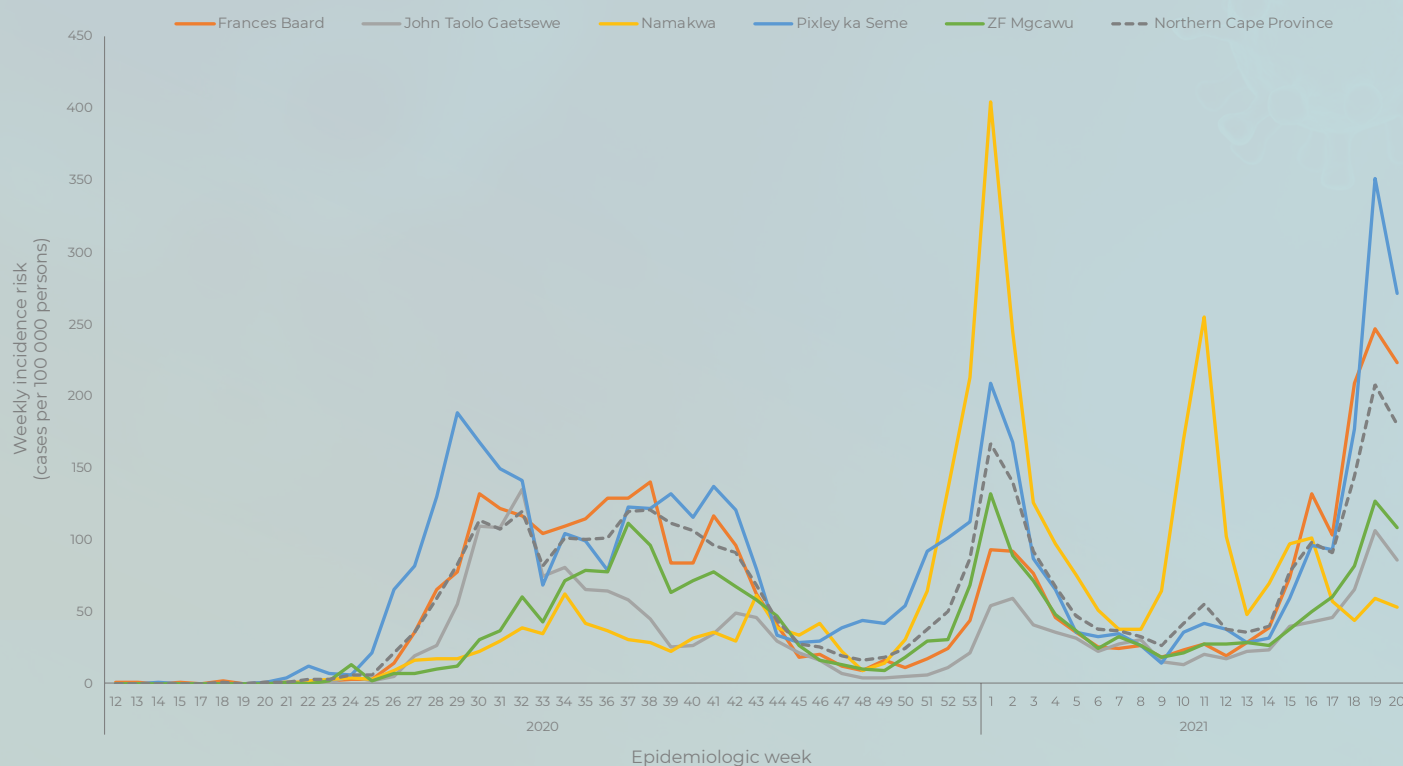


Figure 27. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Northern Cape Province, 3 March 2020 -22 May 2021 (n= 40 171, 7 278 missing district)

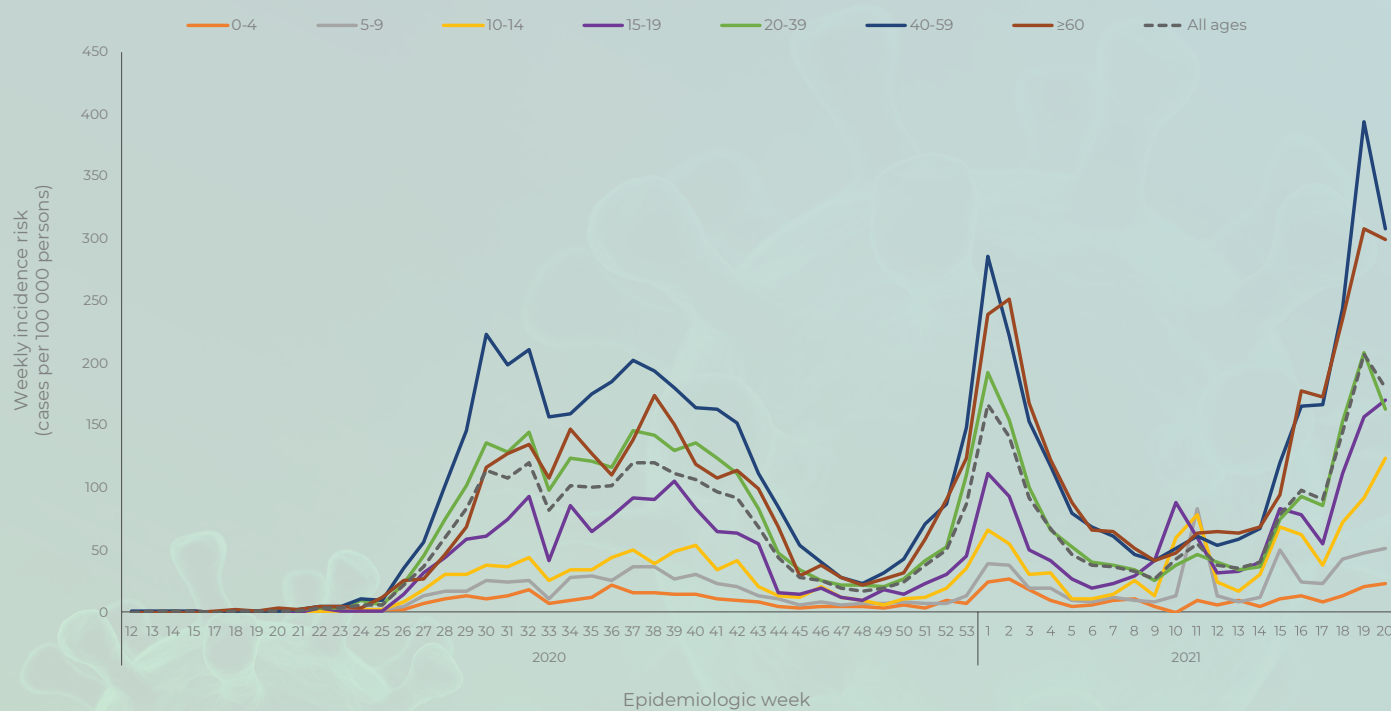


Figure 28. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Northern Cape Province, 3 March 2020 -22 May 2021 (n= 47 065, 384 missing age)

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, 1 635 465 cases, including 55 802 deaths have been reported. Following the decline in number of new cases after the second wave peak, the sporadic increases in number of new cases and weekly incidence risk reported across several provinces from week 10 of 2021 reflects increasing community transmission as well as localised outbreaks/clusters and congregation/movement of people. The recent increases have varied by province with some provinces reporting a sustained increase in weekly incidence risk for ≥ 3 weeks. Some of the reduction shown by other provinces in the past week maybe due to delayed reporting. Demographic trends have remained unchanged in this reporting period, children aged <10 years had the lowest incidence risk and individuals aged 40-59 years had the highest incidence. Ongoing monitoring of case numbers is important in order to identify changes in trends to inform public health response. 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.