

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF



NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES

Division of the National Health Laboratory Service

SOUTH AFRICA WEEK 25 2021

CUMULATIVE DATA FROM



CASES

1 928 897
IN TOTAL

91 886
THIS WEEK**

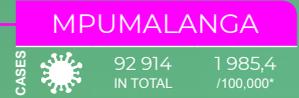


PERSONS

3 235,2
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 26 June 2021 (week 25 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 26 June 2021, a total of 1 928 897 laboratory-confirmed COVID-19 cases had been detected in South Africa. Of these, 105 578 were cases reported since the last report (week 24 of 2021). There was a 13.0% increase in the number of new cases detected in week 25 of 2021 (91 886) compared to the number of new cases detected in week 24 of 2021 (81 345).
- An additional 1 198 deaths were reported since the last report. The overall case-fatality ratio is 3.1% (59 900/1 928 897).
- Similar to the previous two weeks, in the past week, the Gauteng Province reported almost two-thirds of the new cases detected (57 130/91 886, 62.2%) followed by the Western Cape Province (9 318/91 886, 10.1%) and other provinces reported between 1.6% and 6.3% each.
- In the past week, all the provinces reported an increase in weekly incidence risk, except the Free State and Northern Cape provinces, which reported a decrease in weekly incidence risk, compared to the previous week. The increase in weekly incidence risk ranged from 5.0 cases per 100 000 persons (13.4% increase) in the Eastern Cape Province to 33.7 cases per 100 000 persons (86.4% increase) in the Limpopo Province.
- In the past week, the Gauteng Province reported the highest weekly incidence risk (368.9 cases per 100 000 persons), followed by the North West Province (140.6 cases per 100 000 persons), the Western Cape Province (133.0 cases per 100 000 persons), and the Northern Cape Province (110.7 cases per 100 000 persons).
- Since week 24 to date, the Gauteng Province reported a higher weekly incidence risk than that reported in the first and second wave peaks, and all the districts in the Gauteng Province reported weekly incidence risk higher than that reported in the second wave peak in week 1 of 2021.

INCIDENCE
RISK FOR
CURRENT WEEK

154,1

CASES PER
100 000
PERSONS

62,2%

OF CASES
REPORTED IN
GAUTENG IN
CURRENT WEEK

IN CURRENT
WEEK, THE
HIGHEST
WEEKLY
INCIDENCE RISK
WAS IN CASES
AGED 50-54
YEARS (311,8
CASES PER 100
000 PERSONS)

Methods

Testing for SARS-CoV-2 began on 28 January 2020 at the NICD and after the first case was confirmed in early March 2020, testing was expanded to a larger network of private and NHLS laboratories. Respiratory specimens were submitted from persons under investigation (PUI). Initially, tested individuals were those who had travelled to countries with COVID-19 transmission but the PUI definition was changed over time. Community symptom screening and referral for PCR testing was implemented in April 2020 but the strategy was changed to a more targeted approach in May 2020. Community screening was largely discontinued and testing efforts then focussed on areas identified as hot spots and on investigating clusters. Contacts of cases were traced and tested if symptomatic. In some provinces and in certain circumstances (e.g. closed settings, workplaces), asymptomatic contacts were tested. In recent weeks, testing has been prioritised for healthcare workers and hospitalised patients. Laboratories used any one of several in-house and commercial PCR assays to test for the presence of SARS-CoV-2 RNA. Testing for SARS-CoV-2 using rapid antigen-based tests was implemented during November 2020. We excluded specimens collected outside South Africa. Date of specimen receipt in the laboratory was used when date of specimen collection was missing. A case of COVID-19 was defined as any person, resident in South Africa, with a single positive SARS-CoV-2 PCR or antigen test. For reports published from week 41 of 2020 onwards we used mid-year population estimates from Statistics South Africa for 2020 to calculate the incidence risk (cumulative or weekly incidence), expressed as cases per 100 000 persons. In historical reports published from epidemiologic week 10 (during the start of COVID-19 epidemic in South Africa) to week 40 of 2020, 2019 mid-year population estimates were used. Aggregate data on the number of deaths by province were obtained from the Department of Health. Data on number of tests conducted in the past week as reported in the simultaneously-published COVID-19 weekly testing report was used to calculate tests conducted per 100 000 population. Data on province and district allocation was based on geocoding algorithm using in order of priority (i) completeness of patient data, (ii) submitting doctor's address, (iii) registering doctor's address and as final option, (iv) the guarantor's address data. The geocoding algorithm used the most complete data for assigning data on province and district where adequate information was provided on the lab request form at the time of sample collection. Data on district allocation may lag resulting in number of cases in recent weeks missing district allocation. Prevalence and incidence risk by districts should be interpreted with caution.

We estimated the time-varying (weekly) doubling time of the COVID-19 epidemic for the provinces with sufficient data and from weeks with sufficient number of cases and complete data (week 12 to the week before the current reporting period). The unit of analysis (epidemiological week) was defined from Sunday to the following Saturday. We first estimated the weekly growth rate of the epidemic by fitting a linear regression model to the logarithm of the daily cumulative number of laboratory-confirmed COVID-19 cases. We then estimated the doubling time for each week using the following formula $\log(2)/gr$ (where gr is the estimated weekly growth rate). An increase in the doubling time may suggest a slowing of transmission but this may also be affected by changes in testing strategy or care seeking. Until the week 29 report, new cases were defined as all cases reported since the last report, irrespective of when the sample was collected. Subsequent to the week 29 of 2020 report, new cases are now defined as cases detected in the past epidemiologic week based on date of sample collection or sample receipt. It is therefore possible for numbers reported as new cases for the current reporting week not to tally with total additional cases reported since the last report. This will be the case when there was a delay in reporting of cases.

National and provincial trends of COVID-19 cases in South Africa

As of 26 June 2021, a total of 1 928 897 laboratory-confirmed COVID-19 cases were reported in South Africa (Figures 1 and 2). This is 105 578 more cases than the number reported in the last report (week 24 of 2021 report). The number of new cases detected in week 25 of 2021 (91 886) was higher than the number of new cases detected in week 24 of 2021 (81 345), this represented a 13.0% increase in the number of new cases compared to the previous week. Similar to the previous two weeks, in the past week, the Gauteng Province reported almost two-thirds of new cases (57 130/91 886, 62.2%) followed by Western Cape (9 318/91 886, 10.1%), and other provinces reported between 1.6% and 6.3% each (Table 1). Five provinces, Gauteng (620 956/1 928 897, 32.2%), KwaZulu-Natal (351 916/1 928 897, 18.2%), Western Cape (318 490/1 928 897, 16.5%), Eastern Cape (205 545/1 928 897, 10.7%), and Free State (113 317/1 928 897, 5.9%) continued to report the majority (1 610 224/1 928 897, 83.5%) 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 24 to week 25 of 2021.

The cumulative incidence risk for the country increased from 3 081.1 cases per 100 000 persons in week 24 of 2021 to 3 235.2 cases per 100 000 persons in week 25 of 2021. The cumulative incidence risk varied by province over time (Figure 3). This is partly explained by testing differences by province (Table 1). The Western Cape Province reported the highest cumulative incidence risk (4 546.1 cases per 100 000 persons), followed by the Northern Cape Province (4 528.0

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 25 2021

cases per 100 000 persons), the Gauteng Province (4 009.2 cases per 100 000 persons), the Free State Province (3 868.9 cases per 100 000 persons), the Eastern Cape Province (3 052.3 cases per 100 000 persons), and the KwaZulu-Natal Province (3 051.7 cases per 100 000 persons). In the past week, the Gauteng Province replaced Free State Province as the province with the third highest cumulative incidence, and Eastern Cape Province replaced KwaZulu-Natal as the province with the 5th highest cumulative incidence. The other provinces continued to report cumulative incidence risk below 3 000 cases per 100 000 persons, with Limpopo Province reporting the lowest cumulative incidence risk (1 267.0 cases per 100 000 persons).

In the past week, the Gauteng Province reported the highest weekly incidence risk (368.9 cases per 100 000 persons), followed by the North West Cape Province (140.6 cases per 100 000 persons), the Western Cape Province (133.0 cases per 100 000 persons), and the Northern Cape Province (110.7 cases per 100 000 persons). In the past week, all the provinces reported an increase in weekly incidence risk, except the Free State and Northern Cape provinces, which reported a decrease in weekly incidence risk, compared to the previous week. The increase in weekly incidence risk ranged from 5.0 cases per 100 000 persons (13.4% increase) in the Eastern Cape Province to 33.7 cases per 100 000 persons (86.4% increase) in the Limpopo Province (Figure 4). From week 18 of 2021 to week 21 of 2021, the Northern Cape Province reported weekly incidence risk higher than that reported in the first and second wave peaks (current peak 236.4 vs 120.0 and 167.0 cases per 100 000 persons in wave 1 and wave 2 respectively). From week 24 of 2021 to date, the Gauteng Province reported a higher weekly incidence risk than that

reported in the first and second wave peaks (current peak 368.9 vs 218.8 and 249.3 cases per 100 000 persons first and second wave, 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 24 of 2021, the estimated doubling time of number of cases decreased in all provinces, except the Free State Province, which reported an increase in the estimated doubling time (from 145.9 days to 160.9 days, 10.3% increase). The estimated doubling time decreased in the KwaZulu-Natal Province (from 590.2 days to 425.0 days, 28.0% decrease), the Eastern Cape Province (from 572.0 days to 342.9 days, 40.0% decrease), the Western Cape Province (from 250.9 days to 170.8 days, 31.9% decrease), and the Gauteng Province (from 61.1 days to 44.1 days, 27.9% decrease) (Figure 5).

The case-fatality ratio (CFR) was 3.1% (59 900/1 928 897); an additional 1 198 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, 1 198 deaths compared to 971 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.

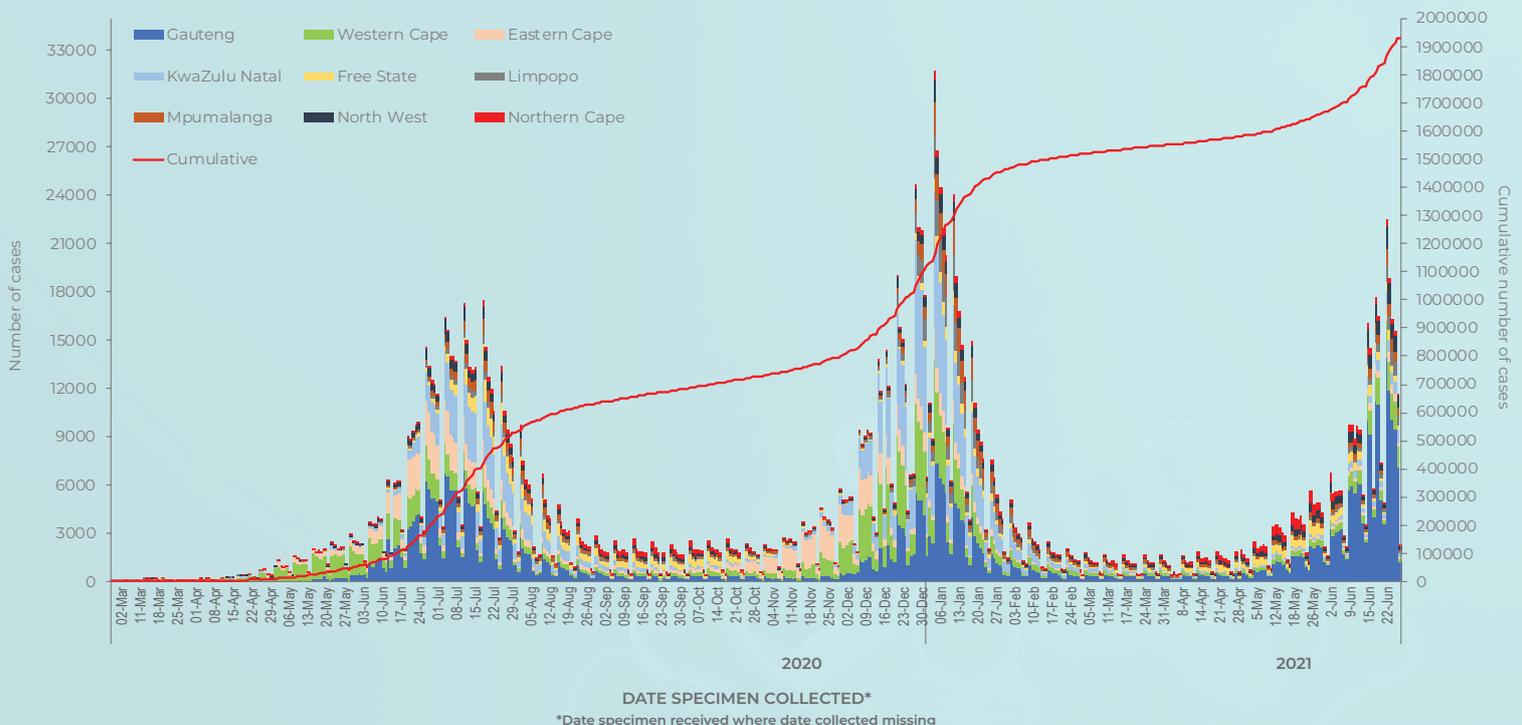


Figure 1. Number and cumulative number of laboratory-confirmed cases of COVID-19 by province and date of specimen collection, South Africa, 3 March 2020 –26 June 2021 (n=1 928 897)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 25 2021

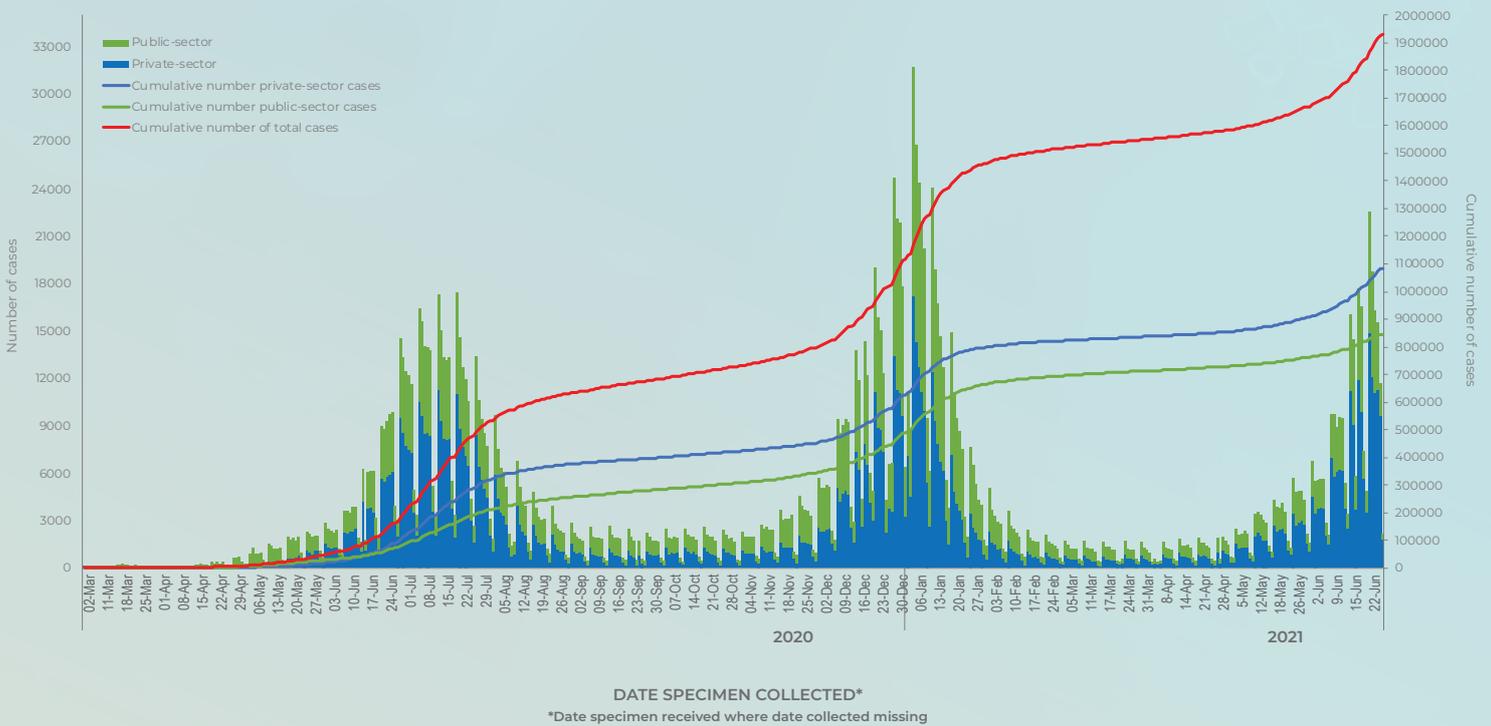


Figure 2. Number and cumulative number of laboratory-confirmed cases of COVID-19, by testing laboratory sector and date of specimen collection, South Africa, 3 March 2020 –26 June 2021 (n=1 928 897)

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 –26 June 2021 (n=1 928 897)

Province	Cumulative cases (n) (percentage, n/ total cases in South Africa)	New cases ¹ detected in week 25 (20-26 June 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 25 of 2021 (cases/100 000 persons)	Tests ⁴ per 100 000 persons, 20-26 June 2021
Eastern Cape	205 545 (10.7)	2 835 (3.1)	6 734 001	3 052.3	42.1	363.9
Free State	113 317 (5.9)	2 629 (2.9)	2 928 903	3 868.9	89.8	589.5
Gauteng	620 956 (32.2)	57 130 (62.2)	15 488 137	4 009.2	368.9	1 176.6
KwaZulu-Natal	351 916 (18.2)	4 614 (5.0)	11 531 628	3 051.7	40.0	412.7
Limpopo	74 151 (3.8)	4 251 (4.6)	5 852 553	1 267.0	72.6	224.7
Mpumalanga	92 914 (4.8)	3 900 (4.2)	4 679 786	1 985.4	83.3	376.3
North West	93 071 (4.8)	5 778 (6.3)	4 108 816	2 265.2	140.6	550.7
Northern Cape	58 537 (3.0)	1 431 (1.6)	1 292 786	4 528.0	110.7	655.3
Western Cape	318 490 (16.5)	9 318 (10.1)	7 005 741	4 546.1	133.0	785.6
Unknown						
Total	1 928 897	91 886	59 622 350	3 235.2	154.1	651.6

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 ⁴Data on number of tests conducted sourced from COVID-19 weekly testing report of the same reporting week

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 25 2021

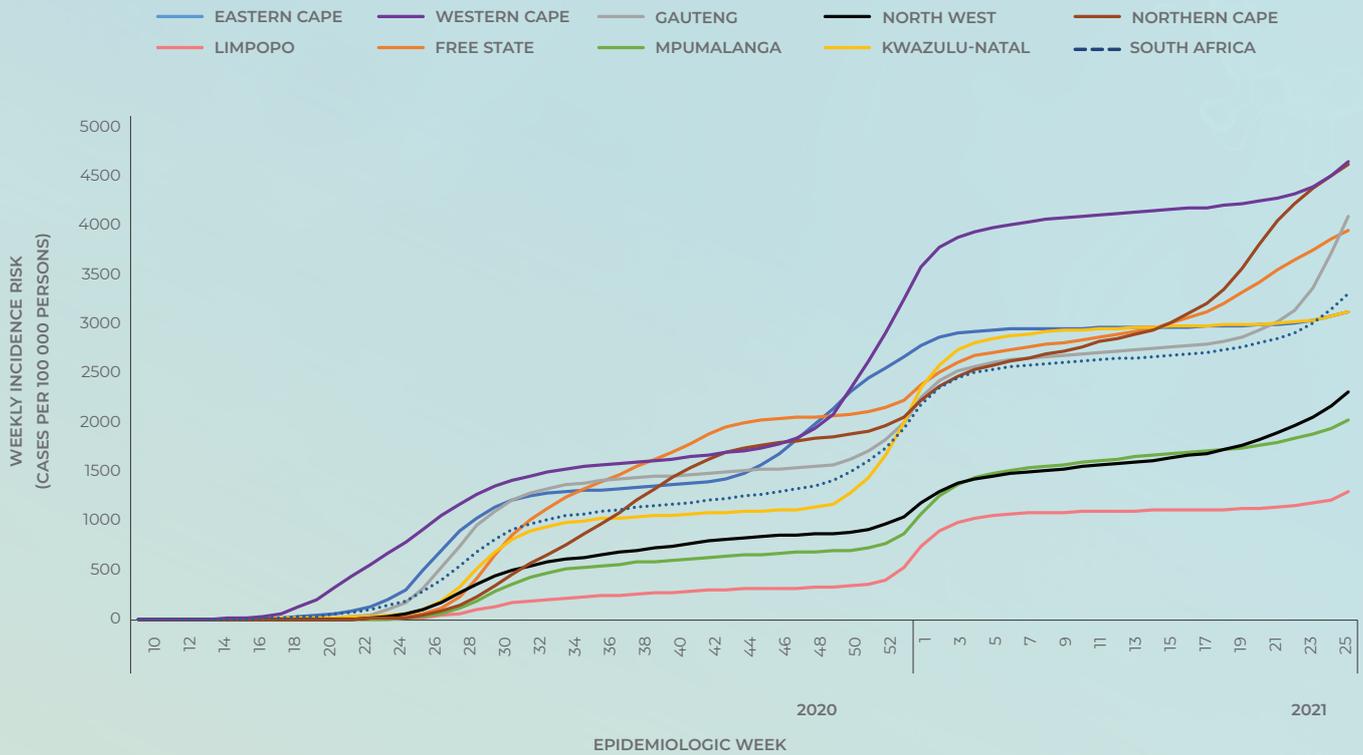


Figure 3. Cumulative incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week, South Africa, 3 March 2020 –26 June 2021 (n=1 928 897)

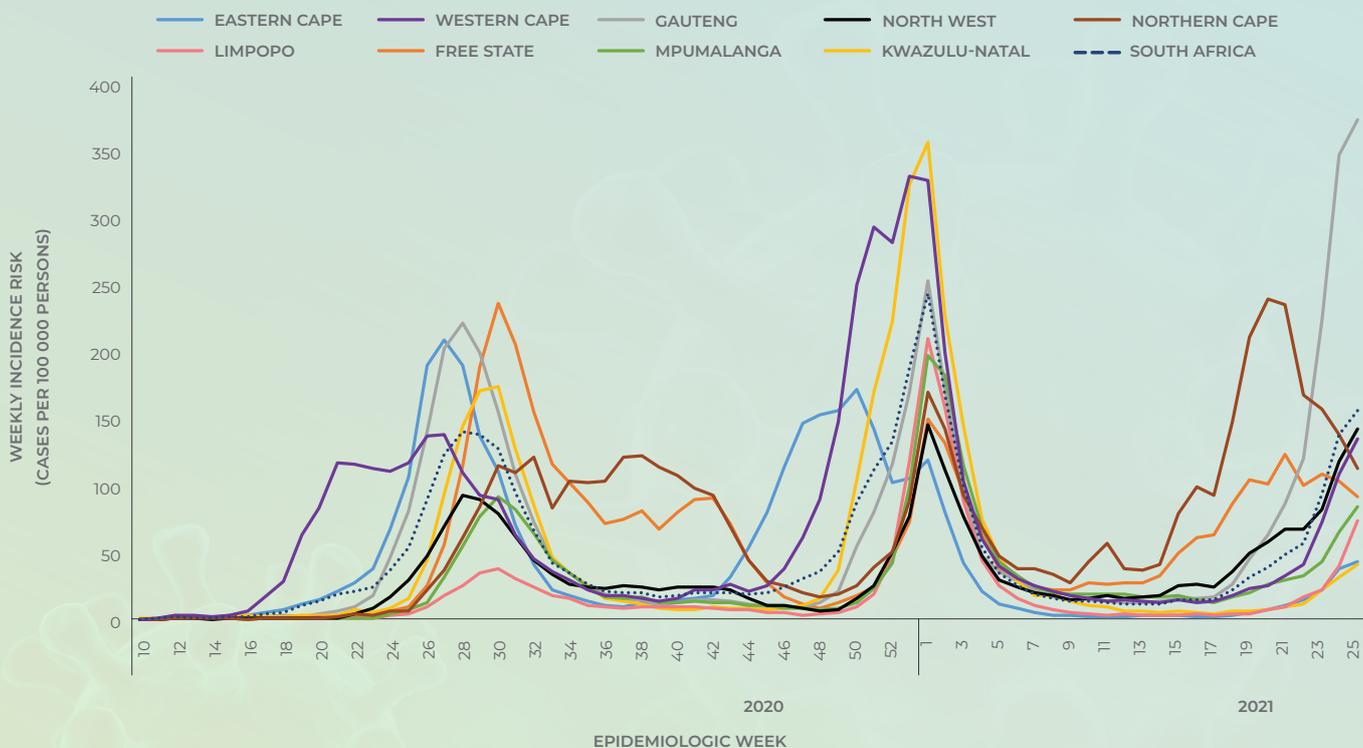


Figure 4. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week, South Africa, 3 March 2020 –26 June 2021 (n=1 928 897)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 25 2021

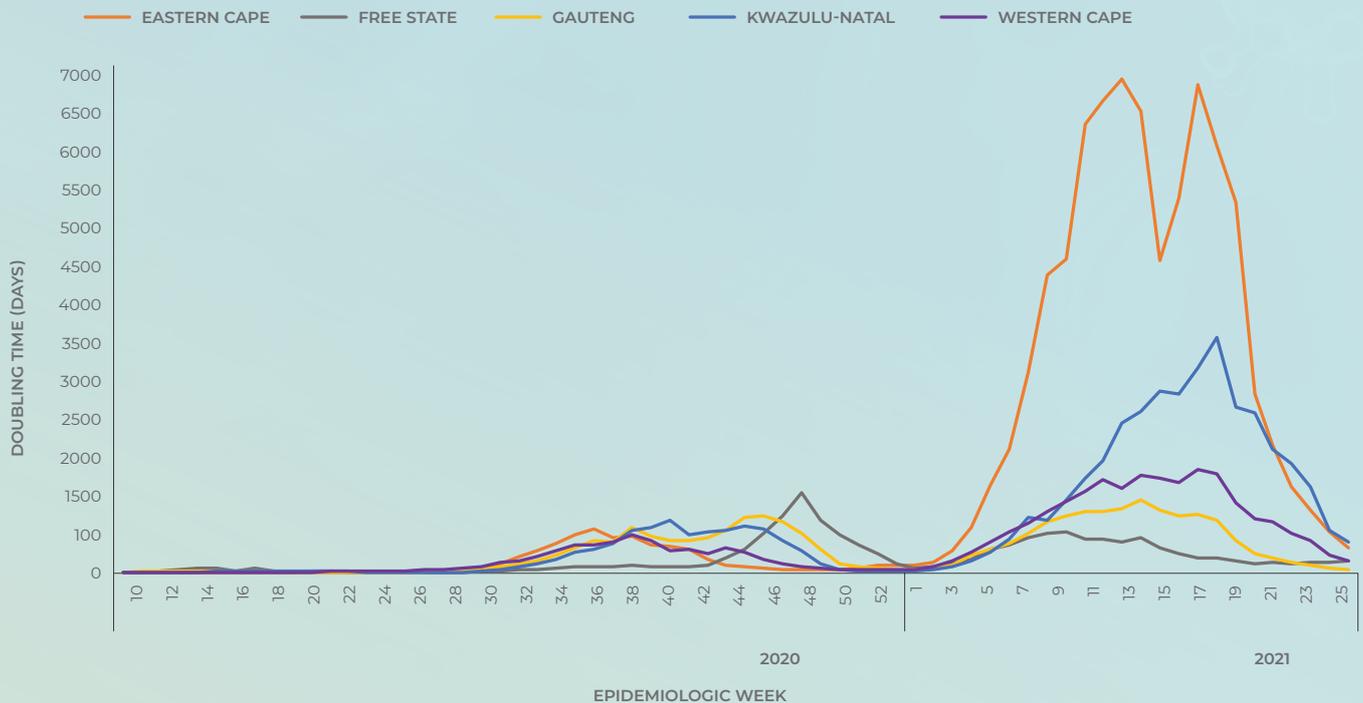


Figure 5. Doubling time of number of laboratory-confirmed cases of COVID-19 by province (for 5 provinces with the majority of cases) and epidemiologic week, South Africa, 23 March-2020 –19 June 2021 (n= 1 836 924)

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 (220 572/1 911 557, 11.5%) and 30-34-year (212 870/1 911 557, 11.1%) age groups (Figure 6). Similarly, among the cases reported in the past week, the highest number of cases was in the 35-39-year (10 335/91 285, 11.3%), and 30-34-year (9 617/91 285, 10.5%) age groups. The median age for cases reported in week 25 of 2021 was similar (39 years, IQR 28-52), to that of total cases (40 years). The highest cumulative incidence risk remained among cases aged 50-54 years (6 672.5 cases per 100 000 persons), followed by cases aged 55-59-year (6 424.7 cases per 100 000 persons) and cases aged ≥80 years (6 396.5 cases per 100 000 persons). The lowest cumulative incidence risk was reported in the younger age-groups, 396.5 cases per 100 000 persons and 534.7 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 25 of 2021 was reported in cases 50-54 years (311.8 cases per 100 000 persons), followed by cases in the 55-59-year age group (286.1 cases per 100 000 persons), and the lowest weekly incidence risk was in the 0-4-year age group (19.7 cases per 100 000 persons) (Figure 8 and Table 2).

To date, the majority of COVID-19 cases reported were female 57.3% (1 094 065/1 909 427). This trend continued in the past week where 55.4% (50 529/91 281) of cases were female. The cumulative incidence risk has remained consistently higher among females (3 557.6 cases per 100 000 persons) than among males (2 776.8 cases per 100 000 persons) (Figure 9). The peak cumulative incidence risk was in the 50-54-year-age group (6 904.5 cases per 100 000 persons) for females, and in the ≥80-year-age group (6 766.8 cases per 100 000 persons) for males (Figure 10). In week 25 of 2021, the highest weekly incidence risk was in the 50-54-year age group (314.4 cases per 100 000 persons) for females, and in cases ≥80 years (309.8 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.

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 25 2021



Figure 6. Number of laboratory-confirmed cases of COVID-19 by age group and sex, South Africa, 3 March 2020 –26 June 2021 (n=1 893 687, sex/age missing for 35 210)

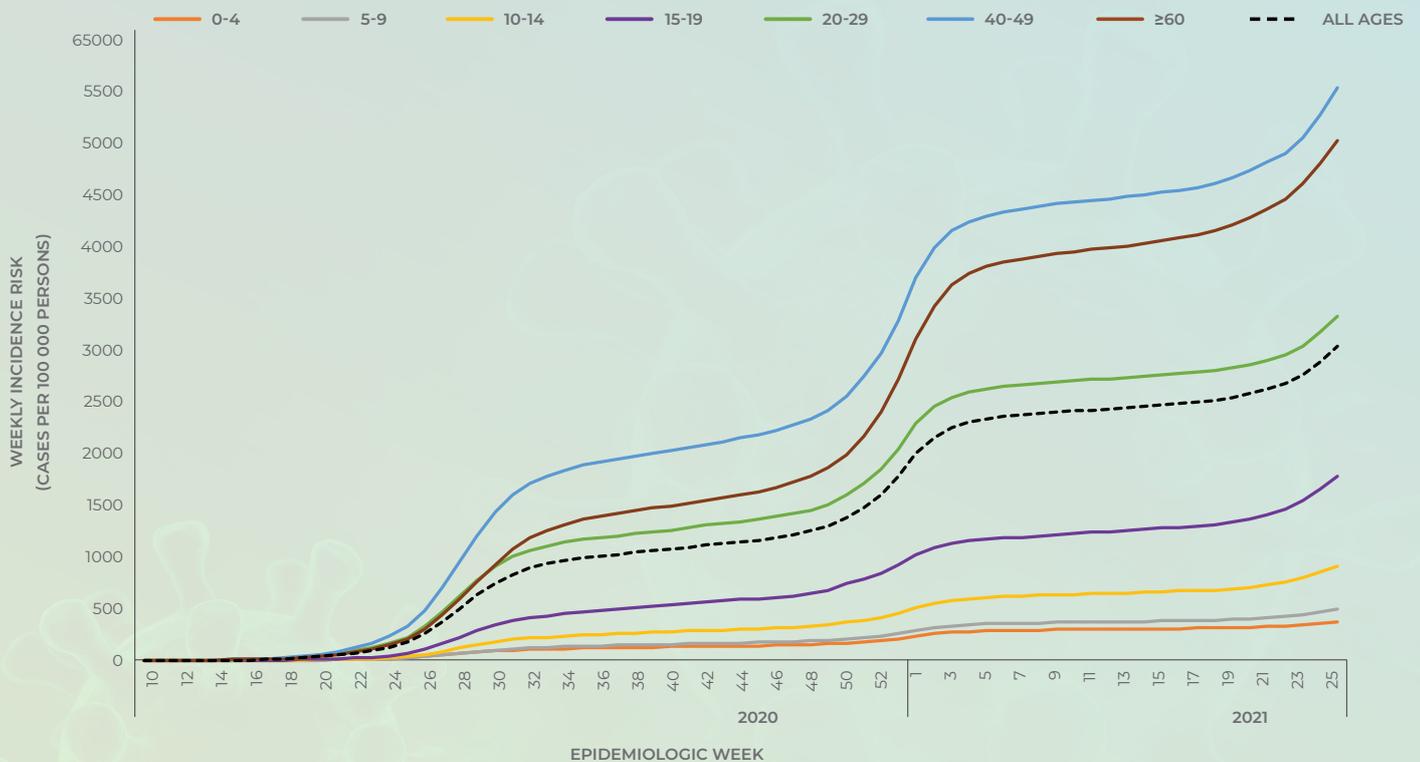


Figure 7. Cumulative incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, South Africa, 3 March 2020-26 June 2021 (n=1 911 557, 17 340 missing age)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 25 2021

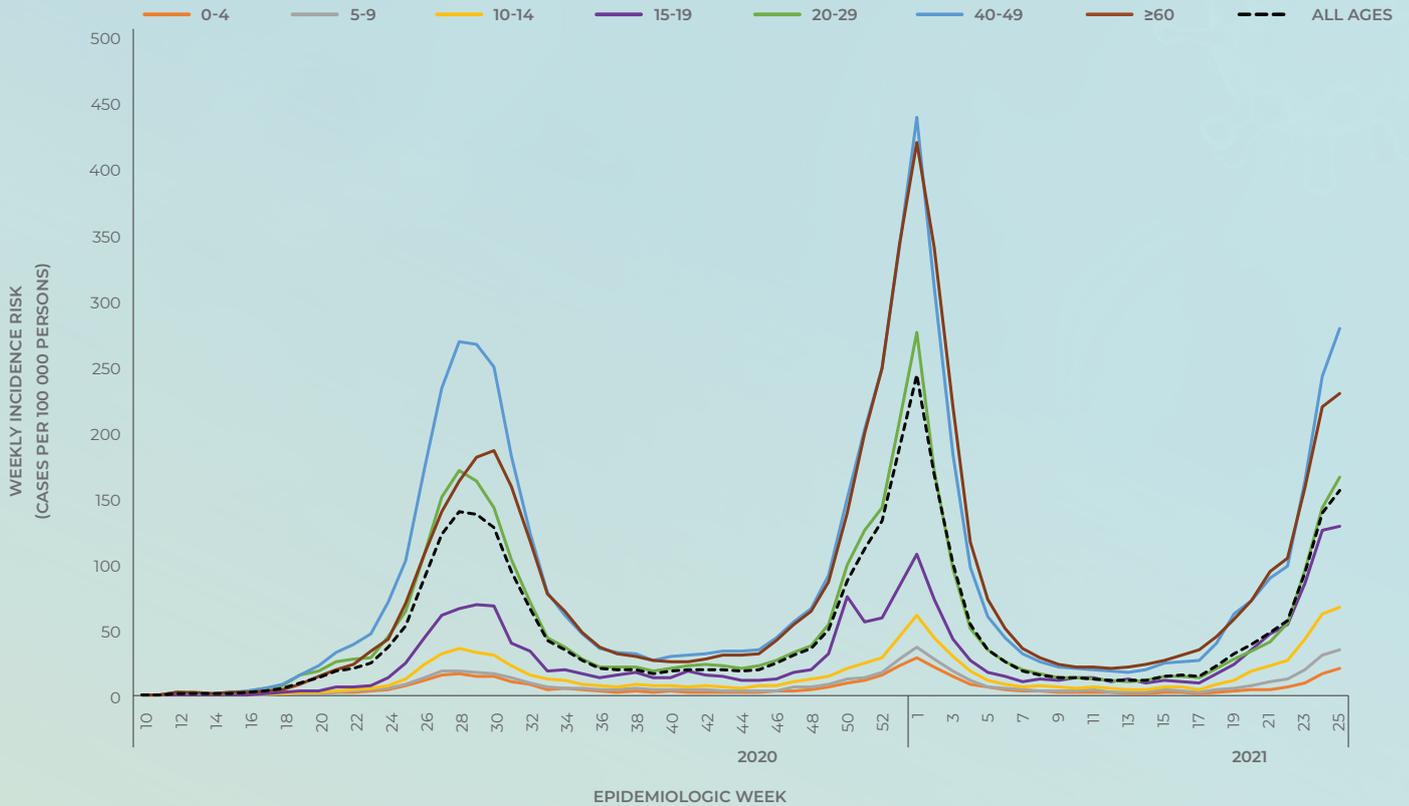


Figure 8. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, South Africa, 3 March 2020 -26 June 2021 (n=1 911 557, 17 340 missing age)

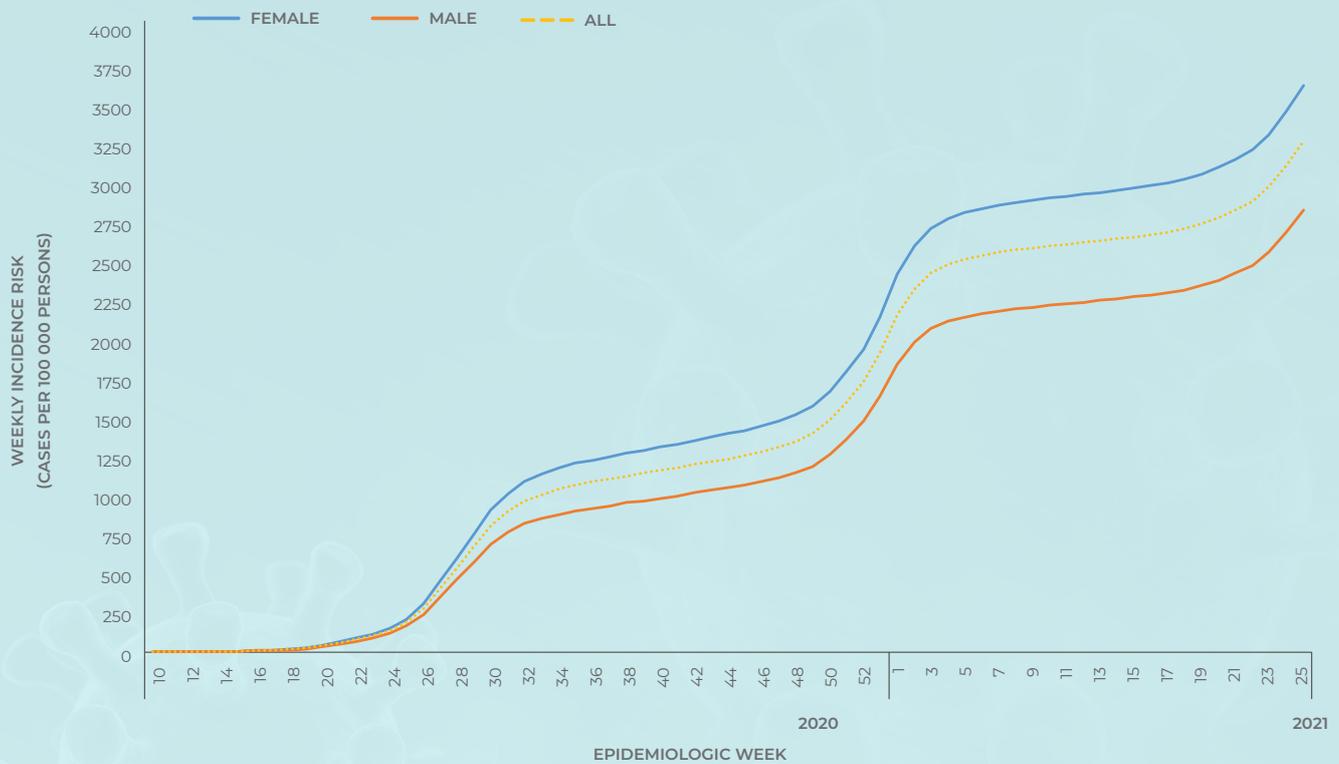


Figure 9. Cumulative incidence risk by sex and epidemiologic week, South Africa, 3 March 2020 -26 June 2021 (n=1 909 427, sex missing for 19 470)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 25 2021

Table 2. Number of laboratory-confirmed cases of COVID-19 and cumulative/weekly incidence risk by age group, South Africa, 3 March 2020 –26 June 2021, n=1 911 557, 17 340 missing age)

Age group (years)	Cumulative cases (n) (percentage, n/total cases in South Africa)	New cases ¹ detected in week 25 (20-26 June 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 25 of 2021 (cases/100 000 persons)
0-4	22 773 (1.2)	1 133 (1.2)	5 743 450	396.5	19.7
5-9	30 566 (1.6)	1 962 (2.1)	5 715 952	534.7	34.3
10-14	54 451 (2.8)	3 704 (4.1)	5 591 553	973.8	66.2
15-19	90 309 (4.7)	6 061 (6.6)	4 774 579	1 891.5	126.9
20-24	118 018 (6.2)	5 791 (6.3)	4 823 367	2 446.8	120.1
25-29	181 280 (9.5)	8 181 (9.0)	5 420 754	3 344.2	150.9
30-34	212 870 (11.1)	9 617 (10.5)	5 641 750	3 773.1	170.5
35-39	220 572 (11.5)	10 335 (11.3)	4 798 293	4 596.9	215.4
40-44	191 893 (10.0)	9 046 (9.9)	3 733 942	5 139.2	242.3
45-49	184 537 (9.7)	8 805 (9.6)	3 169 648	5 822.0	277.8
50-54	171 568 (9.0)	8 017 (8.8)	2 571 263	6 672.5	311.8
55-59	142 069 (7.4)	6 326 (6.9)	2 211 309	6 424.7	286.1
60-64	102 715 (5.4)	4 294 (4.7)	1 796 316	5 718.1	239.0
65-69	69 539 (3.6)	2 840 (3.1)	1 408 665	4 936.5	201.6
70-74	49 895 (2.6)	2 160 (2.4)	1 007 174	4 954.0	214.5
75-79	31 577 (1.7)	1 473 (1.6)	637 062	4 956.7	231.2
≥80	36 925 (1.9)	1 540 (1.7)	577 273	6 396.5	266.8
Unknown	17 340	601			
Total	1 928 897	91 886	59 622 350	3 235.2	154.1

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

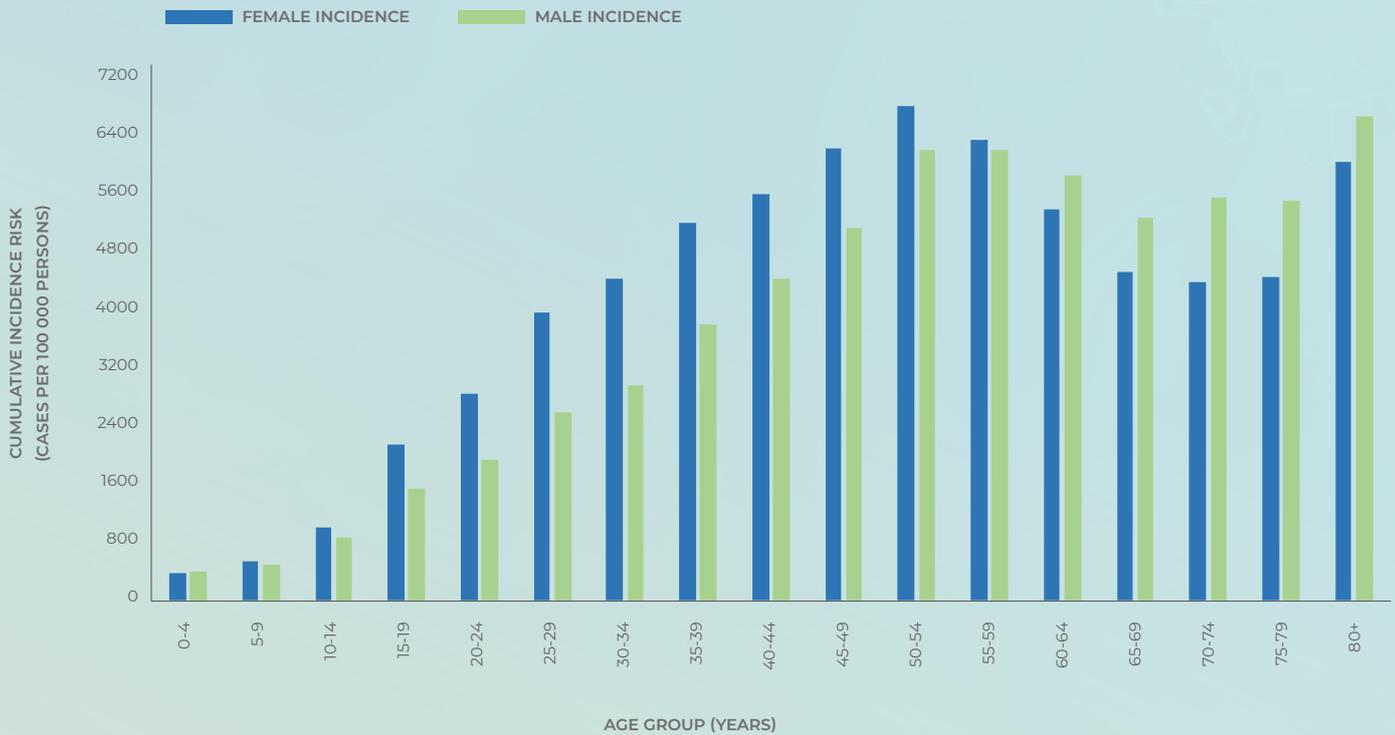


Figure 10. Cumulative risk by age group and sex, South Africa, 3 March 2020 –26 June 2021 (n=1 893 687, sex/age missing for 35 210)

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 25 of 2021 all provinces reported an increase in weekly incidence risk, except the Free State and Northern Cape provinces, which reported a decrease in weekly incidence risk, compared to the previous week. Changes in trends by district and age group for each province are presented below.

Eastern Cape Province

Of the 205 545 cases reported from the Eastern Cape Province, 183 006 (89.0%) cases had allocation by district. Eastern Cape Province has been experiencing a steady increase in weekly incidence risk since week 18 of 2021. The increase in the Eastern Cape Province is mainly driven by Nelson Mandela Bay Metro, which has

been reporting a higher weekly incidence from week 19 of 2021 to date, compared to other districts. In the past week, all the districts reported an increase in weekly incidence risk, except the Alfred Nzo District, Chris Hani District and the Nelson Mandela Bay Metro, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 11). The increase ranged from 1.2 cases per 100 000 persons (95.0% increase) in the OR. Tambo District to 38.9 cases per 100 000 persons (88.3% increase) in the Sarah Baartman District. In the past week, all the age groups reported an increase in weekly incidence risk, compared to the previous week (Figure 12). The increase ranged from 2.1 cases per 100 000 persons (5.0% increase) in the 20-39-year to 10.9 cases per 100 000 persons (15.6% increase) in the 40-59-year age groups.

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 25 2021

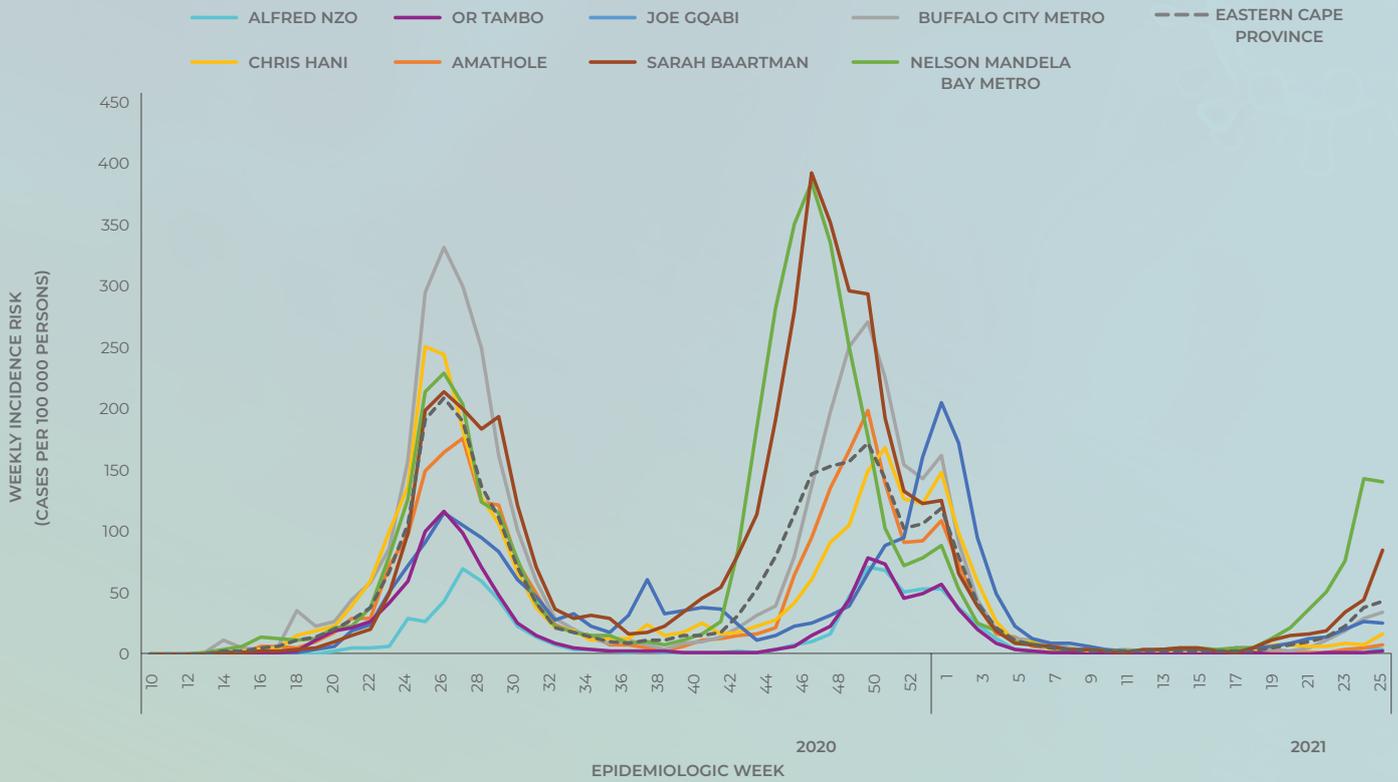


Figure 11. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Eastern Cape Province, 3 March 2020 –26 June 2021 (n=183 006, 22 539 missing district)

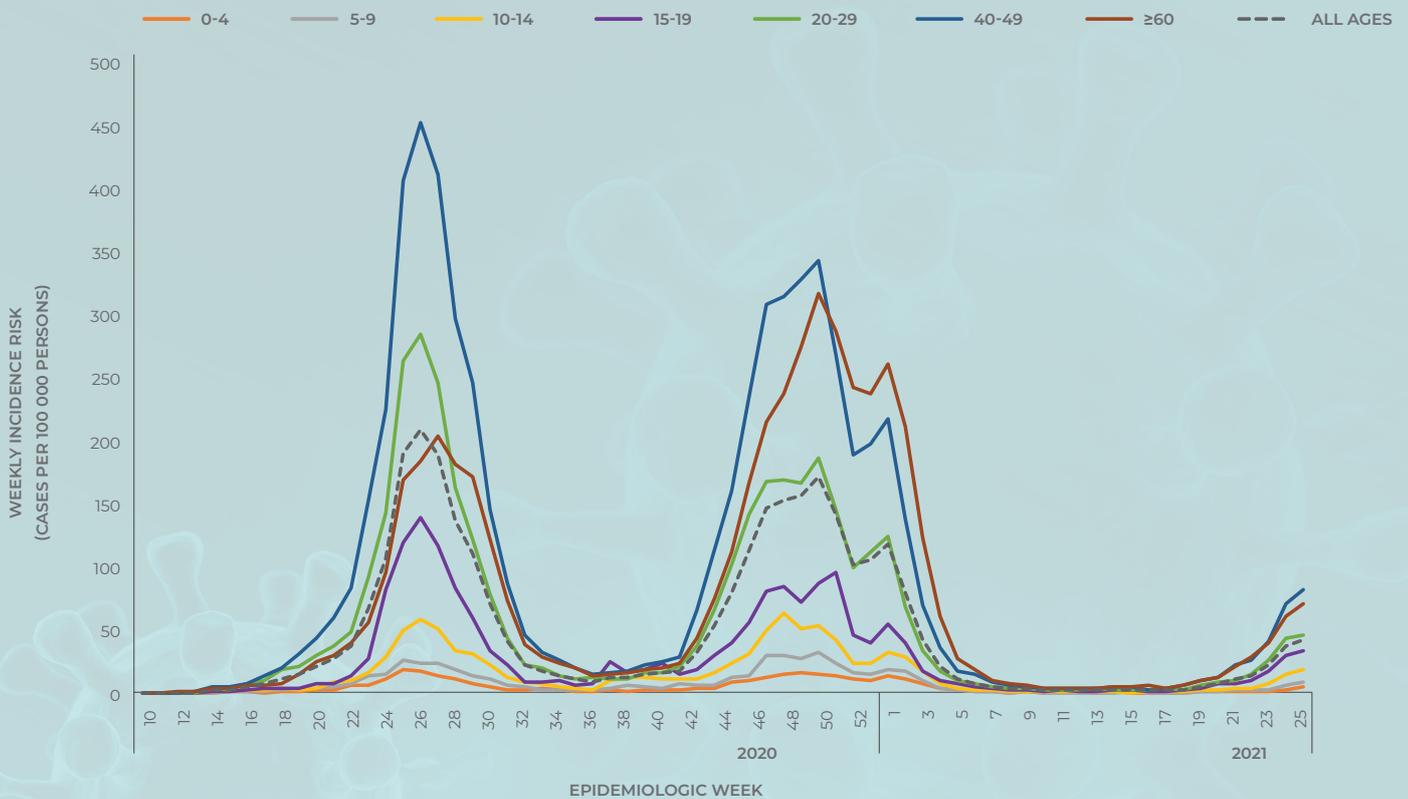


Figure 12. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Eastern Cape Province, 3 March 2020 –26 June 2021 (n=203 433, 2 112 missing age)

Western Cape Province

Of the 318 490 cases reported from the Western Cape Province, 300 664 (94.4%) cases had allocation by district. In week 25 of 2021, all the districts reported an increase in weekly incidence risk, except the Central Karoo, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 13). The increase ranged from 6.3 cases per 100 000 persons

(6.1% increase) in the West Coast to 66.0 cases per 100 000 persons (47.8% increase) in the Overberg districts. In the past week, all the age groups reported an increase in weekly incidence risk, compared to the previous week (Figure 14). The increase ranged from 0.7 cases per 100 000 persons (5.7% increase) in the 0-4-year to 45.7 cases per 100 000 persons (27.8% increase) in the 40-59-year age groups.

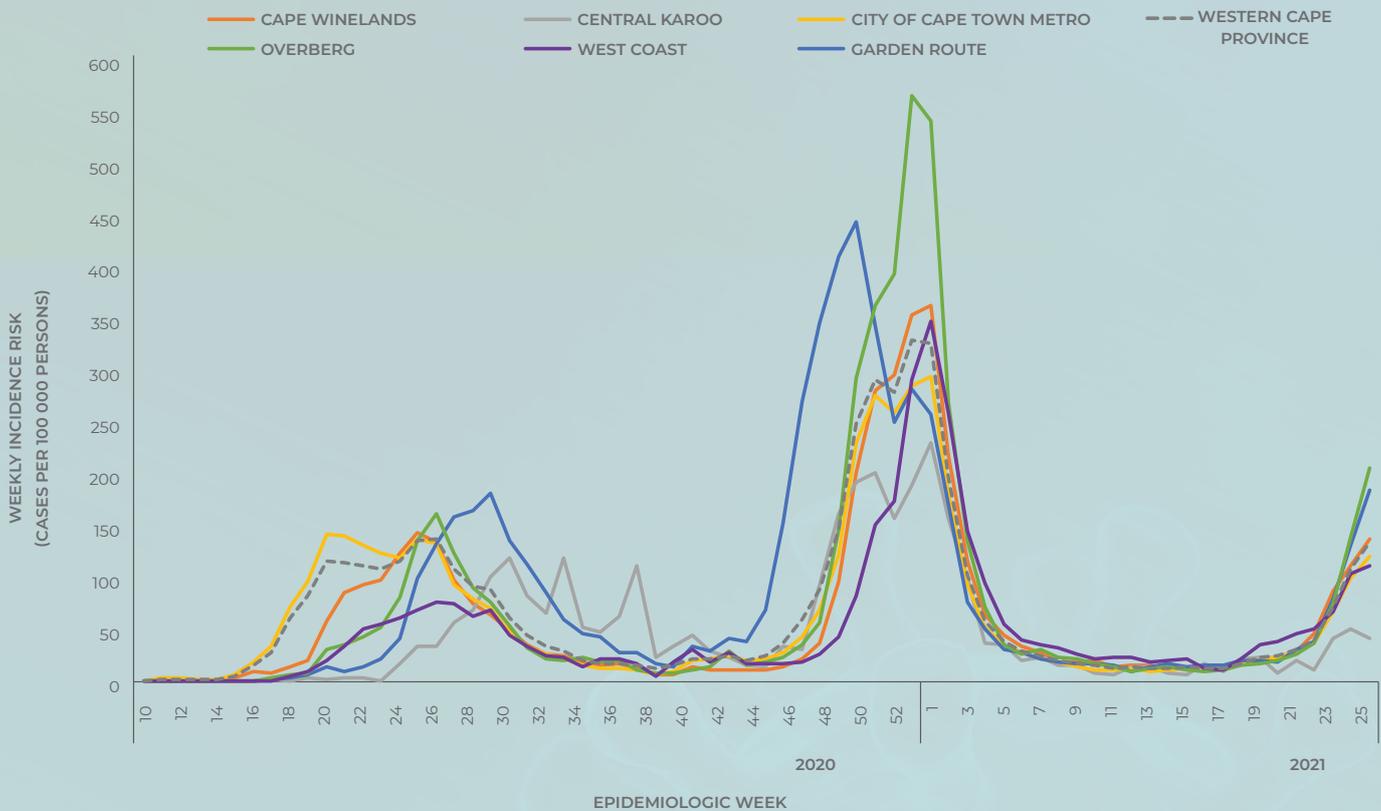


Figure 13. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Western Cape Province, 3 March 2020 –26 June 2021 (n=300 664, 17 826 missing district)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 25 2021

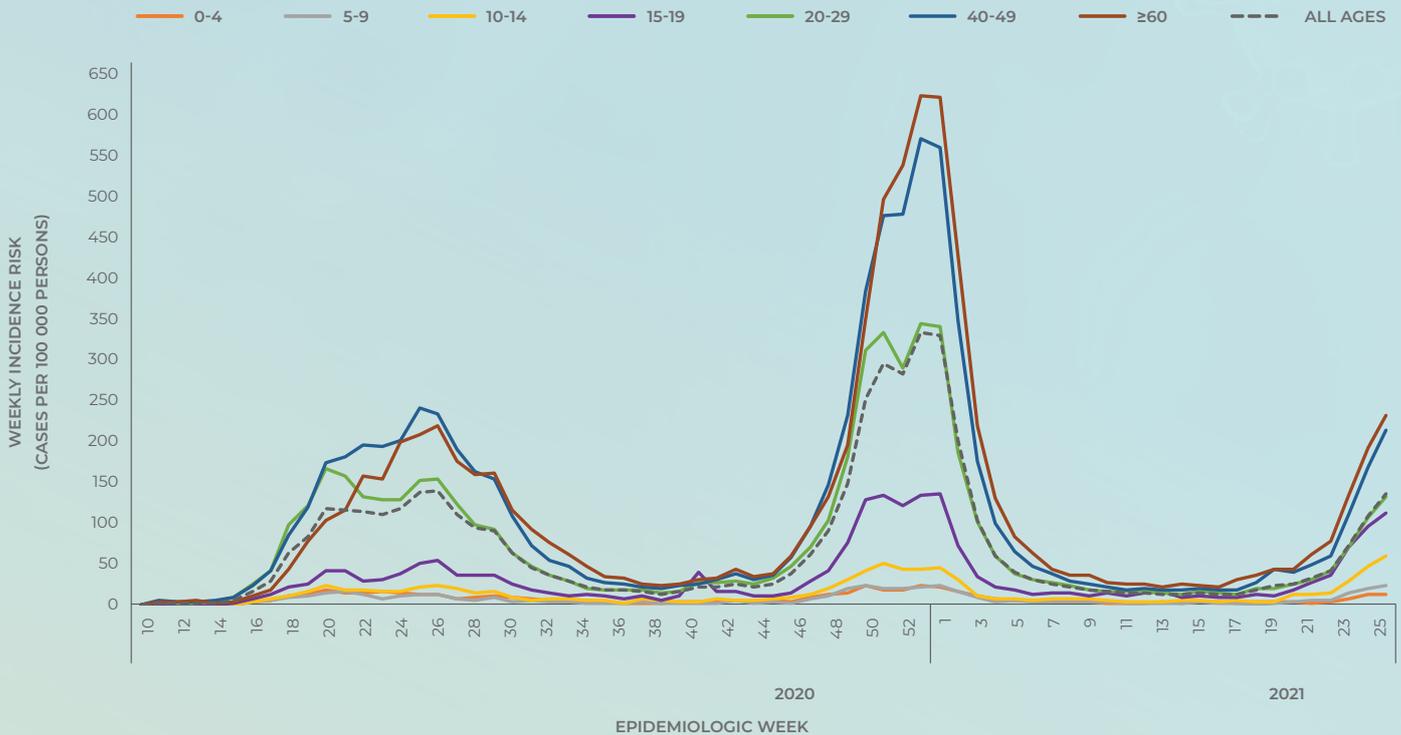


Figure 14. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Western Cape Province, 3 March 2020 –26 June 2021 (n=317 436, 1 054 missing age)

Gauteng Province

Of the 620 956 cases reported from the Gauteng Province, 82 960 (86.6%) had allocation by district. The Gauteng Province has been reporting a sustained steady increase in weekly incidence since week 18 of 2021. In the past week, all the districts reported an increase in weekly incidence risk, except the West Rand District, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 15). The increase ranged from 10.0 cases per 100 000 persons (2.6% increase) in the City of Tshwane Metro to 39.4 cases per 100 000 persons (17.3% increase) in the Ekurhuleni Metro. The decrease in the West Rand District may be related to delayed reporting. From week 24 to date, all the districts reported weekly incidence risk higher than that reported in the second wave peak in week 1 of 2021.

From week 21 to week 24 of 2021, the weekly incidence risk among the 15-19 year age group was higher (range 58.3 to 333.8 cases per 100 000 persons) than that reported among the 20-39-year age group (range 50.4 -321.6 cases per 100 000). In the past week, all the age groups reported an increase in weekly incidence risk, except the 10-14 and 15-19-year age groups, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 16). The increase ranged from 5.2 cases per 100 000 persons (5.6% increase) in the 5-9-year to 51.2 cases per 100 000 persons (9.2% increase) in the 40-59-year age groups. From week 24 of 2021 to date, all the age groups reported weekly incidence risk higher than that reported in the first and second wave peaks.

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 25 2021

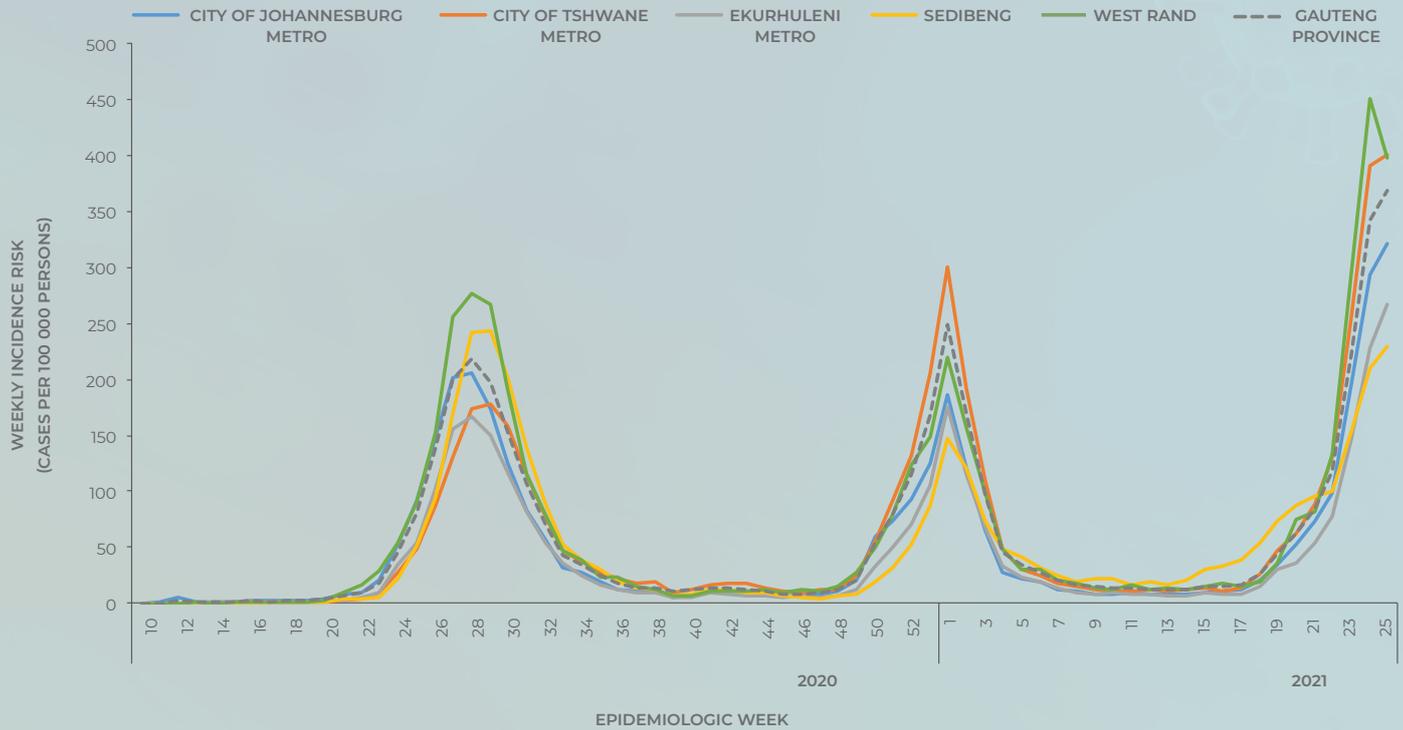


Figure 15. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Gauteng Province, 3 March 2020 –26 June 2021 (n=537 996, 82 960 missing district)

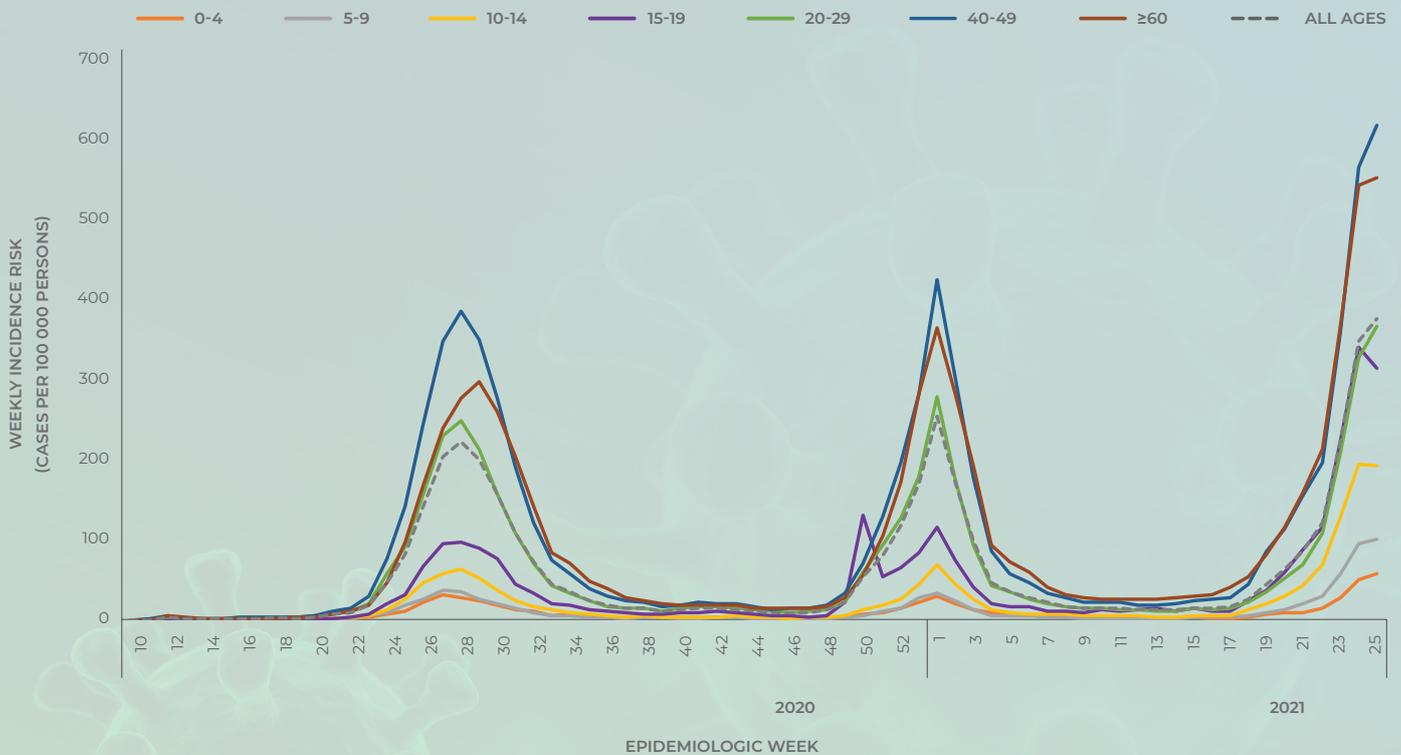


Figure 16. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Gauteng Province, 3 March 2020 –26 June 2021 (n=614 722, 6 234 missing age)

KwaZulu-Natal Province

Of the 351 916 cases reported from the KwaZulu-Natal Province, 263 470 (74.9%) had allocation by district. The KwaZulu-Natal Province has been reporting a steady increase in weekly incidence risk since week 18 of 2021 to date. In the past week, all the districts reported an increase in weekly incidence risk, except the Harry Gwala and Zululand districts, which reported a decrease in weekly incidence risk, while the iLembe District showed no change in weekly incidence risk, compared

to the previous week (Figure 17). The increase ranged from 1.7 cases per 100 000 persons (48.0% increase) in the uMkhanyakude to 17.9 cases per 100 000 persons (43.8% increase) in the Amajuba districts.

In week 25 of 2021, all the age groups reported an increase in weekly incidence risk, compared to the previous week (Figure 18). The increase ranged from 1.2 cases per 100 000 persons (23.8% increase) in the 0-4-year to 18.6 cases per 100 000 persons (33.2% increase) in the 40-59-year age groups.

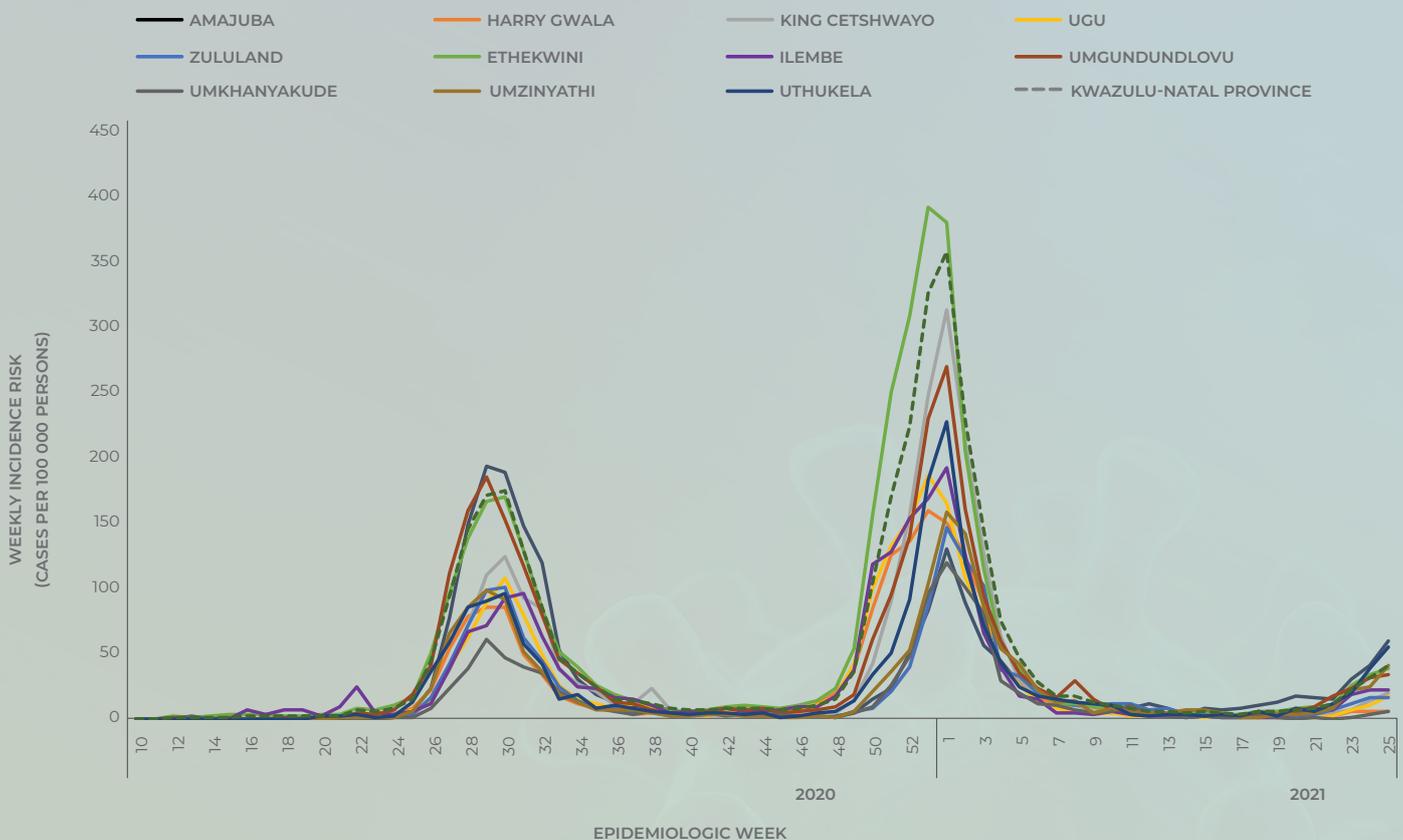


Figure 17. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, KwaZulu-Natal Province, 3 March 2020 –26 June 2021 (n=263 470, 88 446 missing district)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 25 2021

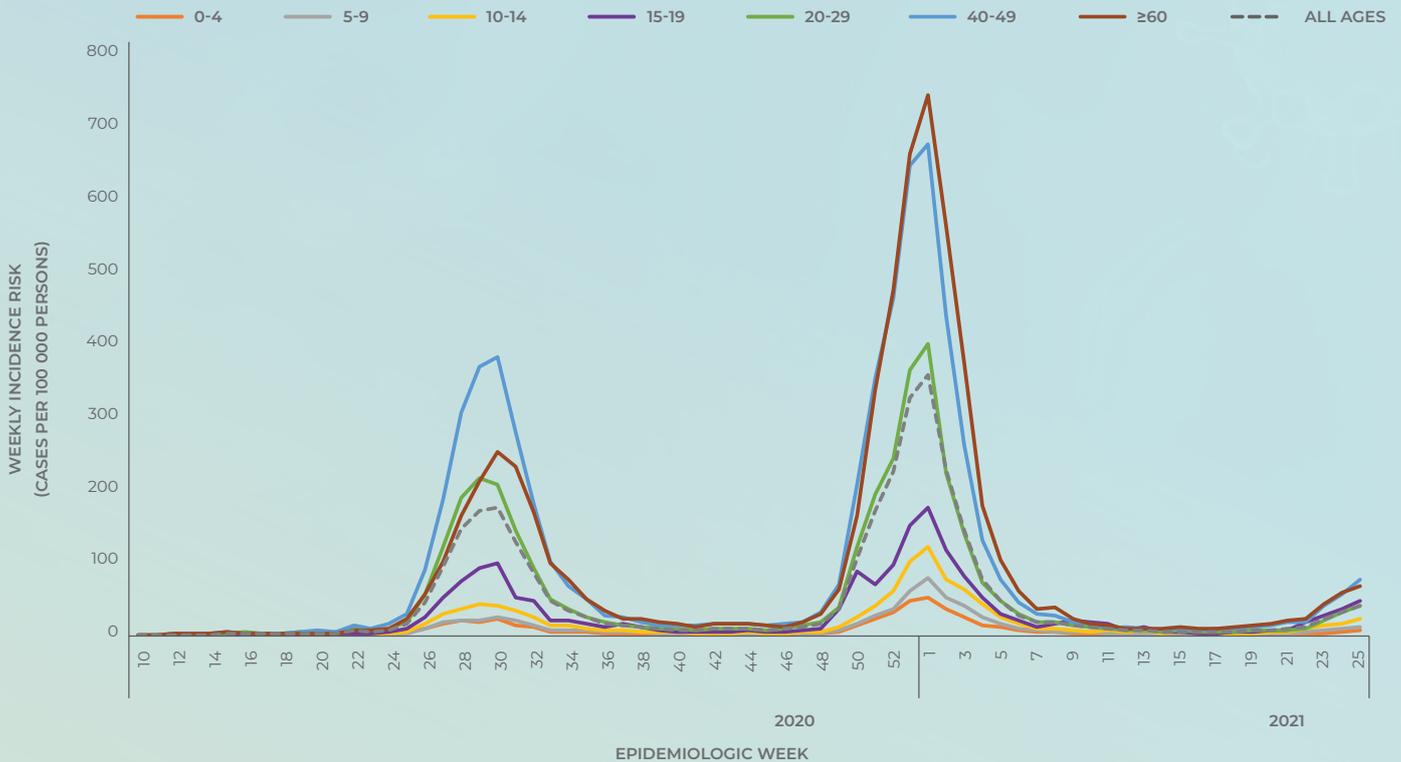


Figure 18. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, KwaZulu-Natal Province, 3 March 2020 –26 June 2021 (n=348 227, 3 689 missing age)

Free State Province

Of the 113 317 cases reported from the Free State Province, 104 100 (91.9%) had allocation by district. The Free State Province reported a sustained increase in weekly incidence risk from week 14 of 2021 to week 21 of 2021. 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 2.9 cases per 100 000 persons (5.2% decrease) in the Thabo Mofutsanyane District to 23.3 cases per 100 000 persons (18.1% decrease) in the Mangaung Metro. 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 that reported in the peak of both first and second waves (current peak 197.8 vs 183.9 and 147.6 cases per 100 000 persons in wave 1 and wave 2, respectively). The weekly incidence reported in Mangaung Metro from week 21 of 2021 to date (current peak 154.9 cases per 100 000 persons) was higher than that reported in the second wave peak (103.3 cases per 100 000 persons).

From week 21 to week 24 of 2021, the incidence risk in the 15-19 year-age group was higher (range 106.0-115.2) than that reported for the 20-39 year age group (range 84.6-98.9 cases per 100 000 persons). In the past week, all the age groups reported a decrease in weekly incidence risk, except the 0-4-year (2.6 cases per 100 000 persons, 29.2% increase) and 5-9-year (1.1 cases per 100 000 persons, 4.6% increase) age groups which reported an increase in weekly incidence risk, compared to the previous week (Figure 20). The weekly incidence risk reported by ≥60-year age group in week 21 of 2021 was higher than that reported in the second wave peak (293.1 vs 243.4 cases per 100 000 persons), and the weekly incidence risk reported by 15-19-year age group in week 21 of 2021 to date was higher than that reported in the second wave peak (current peak 115.2 vs 63.4 cases per 100 000 persons).

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 25 2021

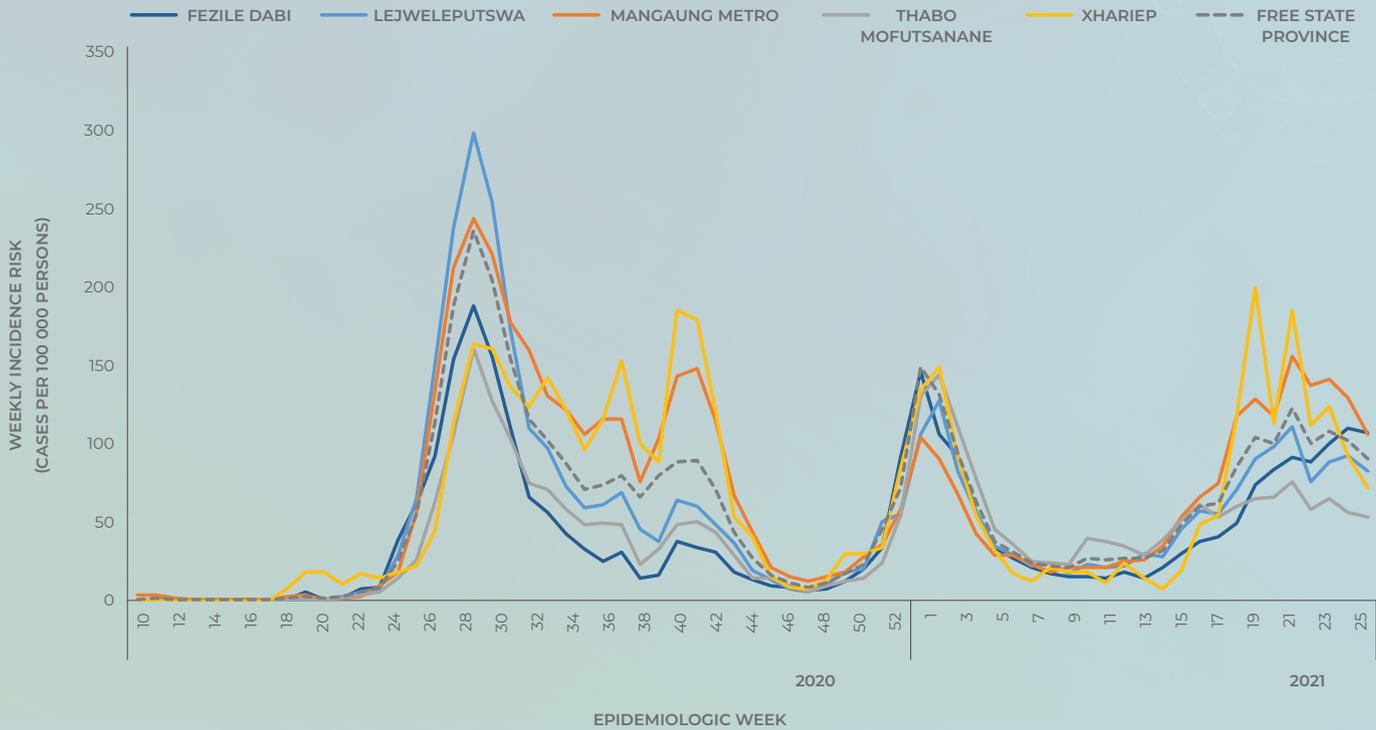


Figure 19. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Free State Province, 3 March 2020–26 June 2021 (n= 104 100, 9 217 missing district)

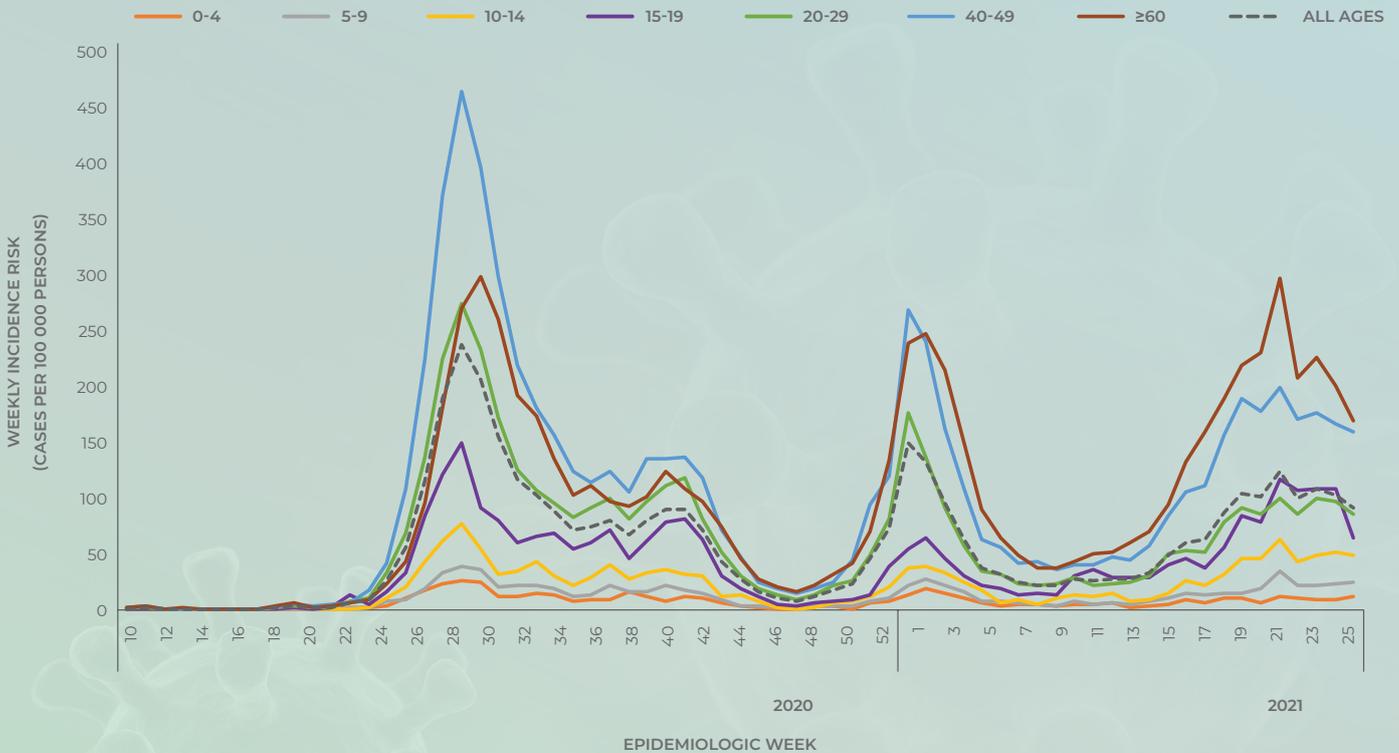


Figure 20. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Free State Province, 3 March 2020–26 June 2021 (n= 112 830, 487 missing age)

Limpopo Province

Of the 74 151 cases reported from the Limpopo Province, 64 299 (86.7%) had allocation by district. In the past week, all the districts reported an increase in weekly incidence risk, compared to the previous week (Figure 21). The increase ranged from 18.6 cases per 100 000 persons (93.6% increase) in the Mopani to 68.2 cases per 100 000 persons (69.3% increase) in the Waterberg districts. The Waterberg District has been driving the increase in number of cases in Limpopo Province since week 18 of 2021 to date. From week 23 to date, Waterberg

District reported weekly incidence risk higher than that reported in the first wave peak (current peak 166.5 vs 60.5 cases per 100 000 persons).

In the past week, all the age groups reported an increase in weekly incidence risk, compared to the previous week (Figure 22). The increase ranged from 5.1 cases per 100 000 persons (87.2% increase) in the 5-9-year to 68.6 cases per 100 000 persons (84.1% increase) in the 40-59-year age groups. In the past week, all the age groups reported weekly incidence risk higher than that reported in the first wave peak.

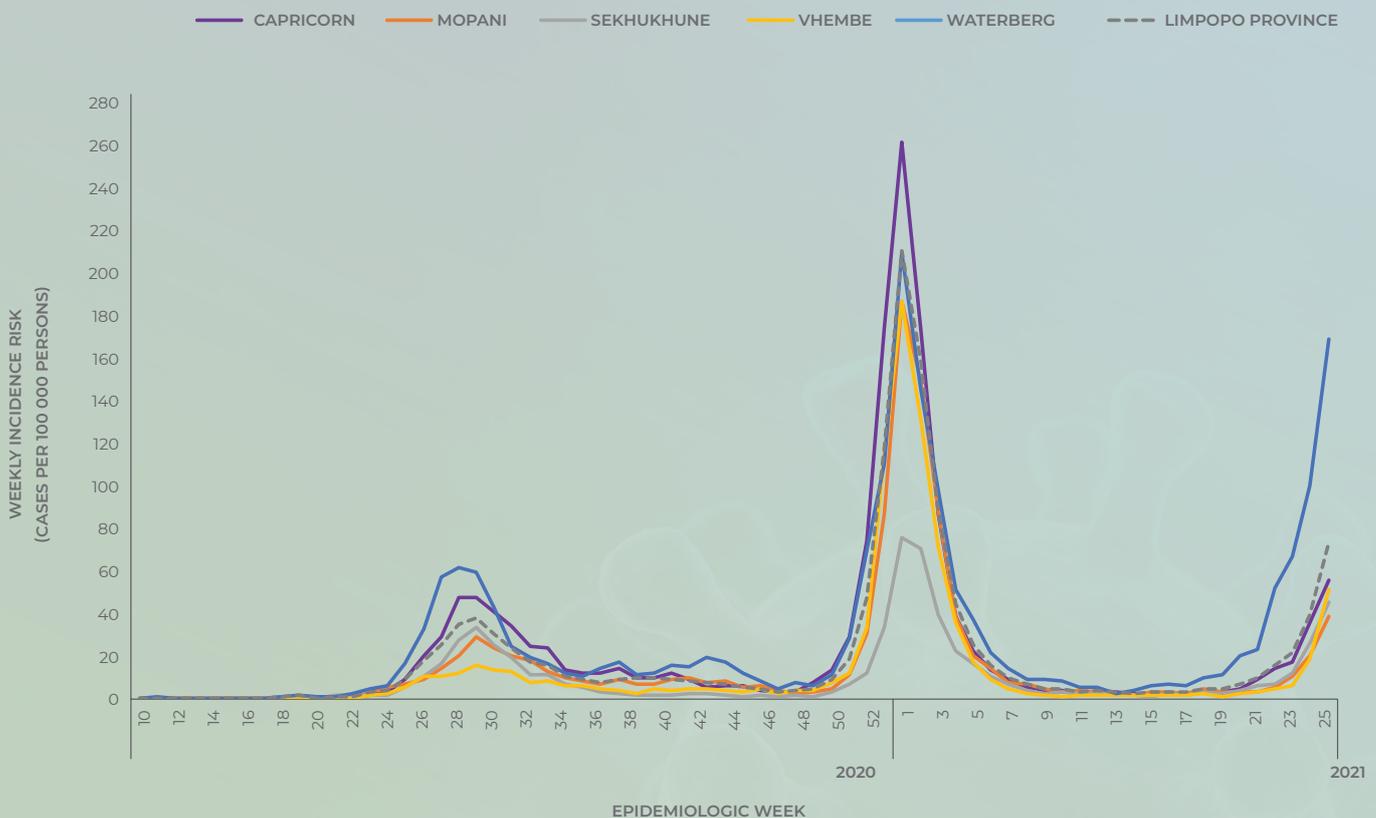


Figure 21. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Limpopo Province, 3 March 2020 –26 June 2021 (n= 64 299, 9 852 missing district)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 25 2021

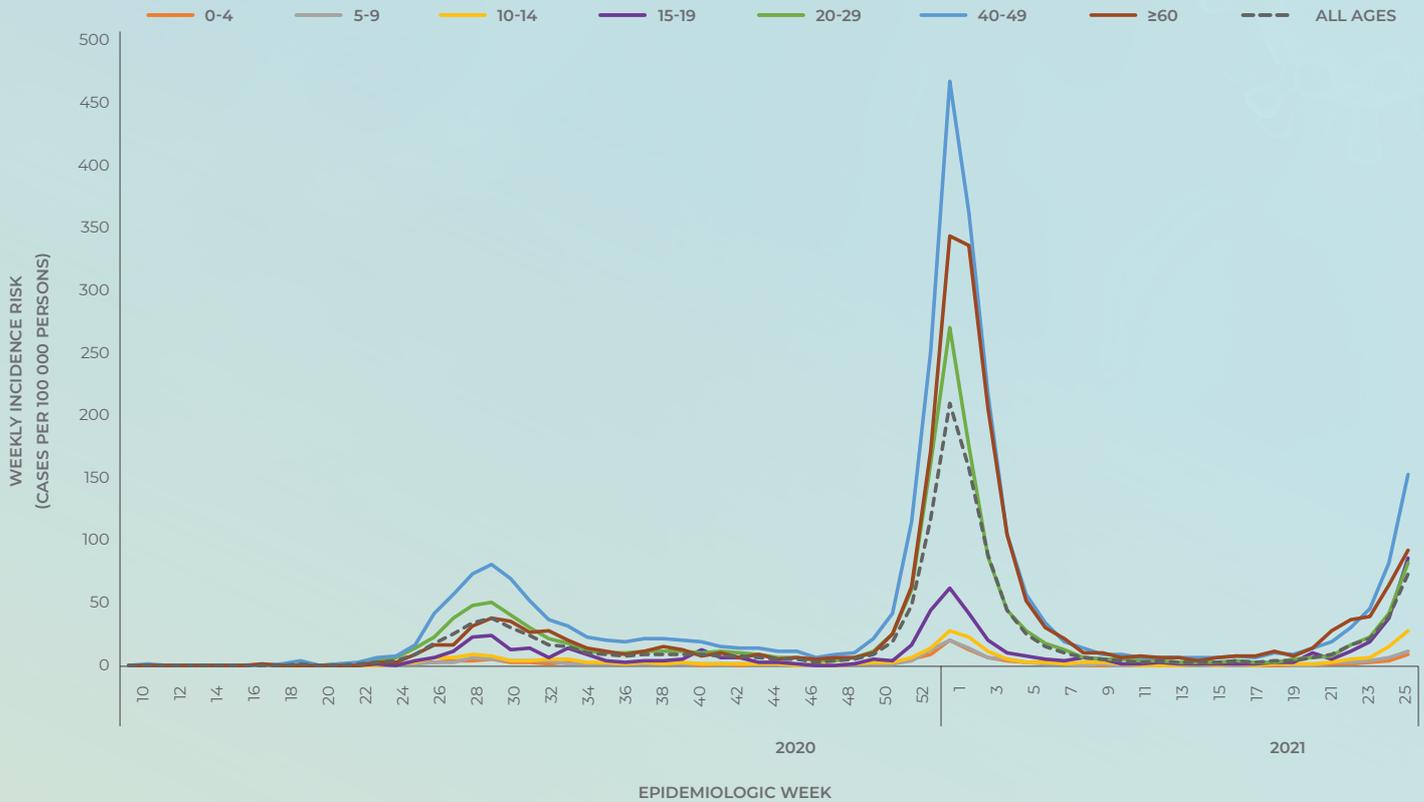


Figure 22. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Limpopo Province, 3 March 2020 –26 June 2021 (n=73 750, 401 missing age)

Mpumalanga Province

Of the 92 914 cases reported from the Mpumalanga Province, 74 717 (80.4%) had allocation by district. The Mpumalanga Province has reported a sustained increase in weekly incidence risk since week 18 of 2021 to date. 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 7.3 cases per 100 000 persons (12.2% increase) in the Gert Sibande to 21.9 cases per 100 000 persons (65.0% increase) in the Ehlanzeni districts.

From week 22 to week 25 of 2021, the weekly incidence risk among the 15-19 year age group was higher (range 17.1 to 46.0 cases per 100 000 persons) than that reported among the 20-39-year age group (range 9.8 -38.9 cases per 100 000 persons). In the past week, all the age groups reported an increase in weekly incidence risk, compared to the previous week (Figure 23). The increase ranged from 1.3 cases per 100 000 persons (15.4% increase) in the 0-4-year to 40.3 cases per 100 000 persons (36.0% increase) in the 40-59-year age groups.

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 25 2021

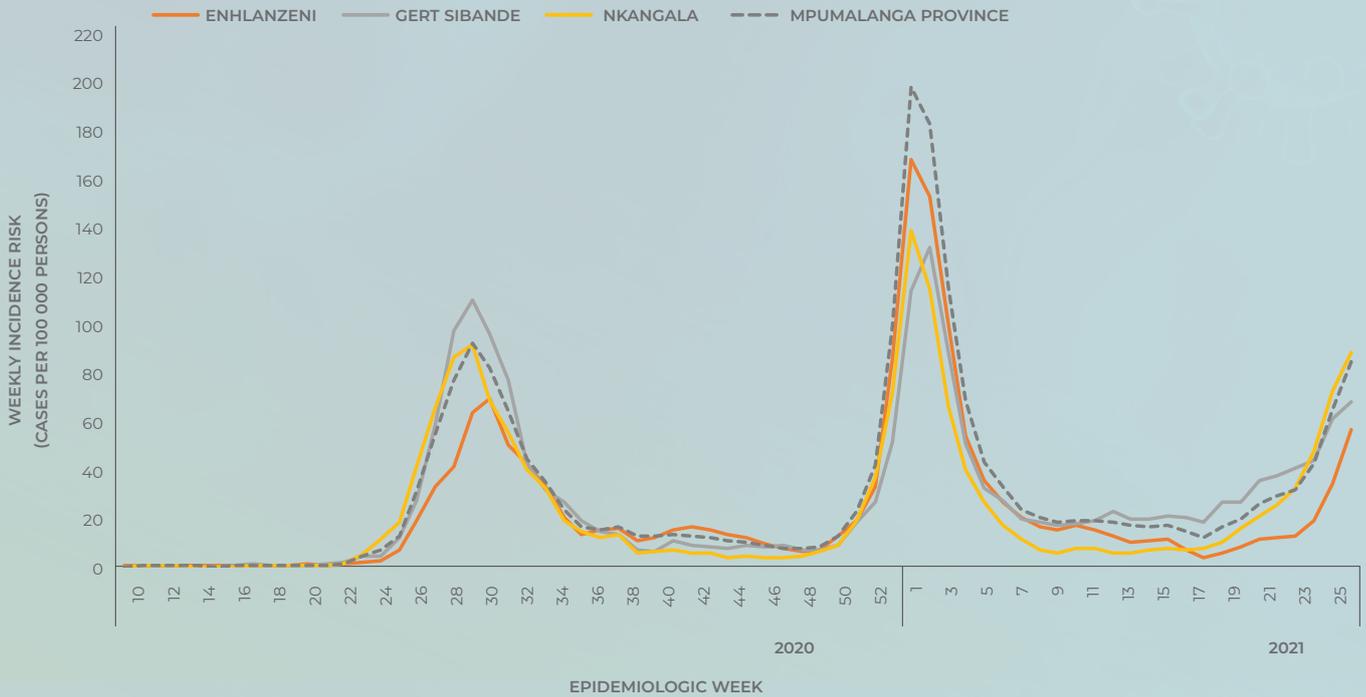


Figure 23. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Mpumalanga Province, 3 March 2020 -26 June 2021 (n= 74 717, 18 197 missing district)

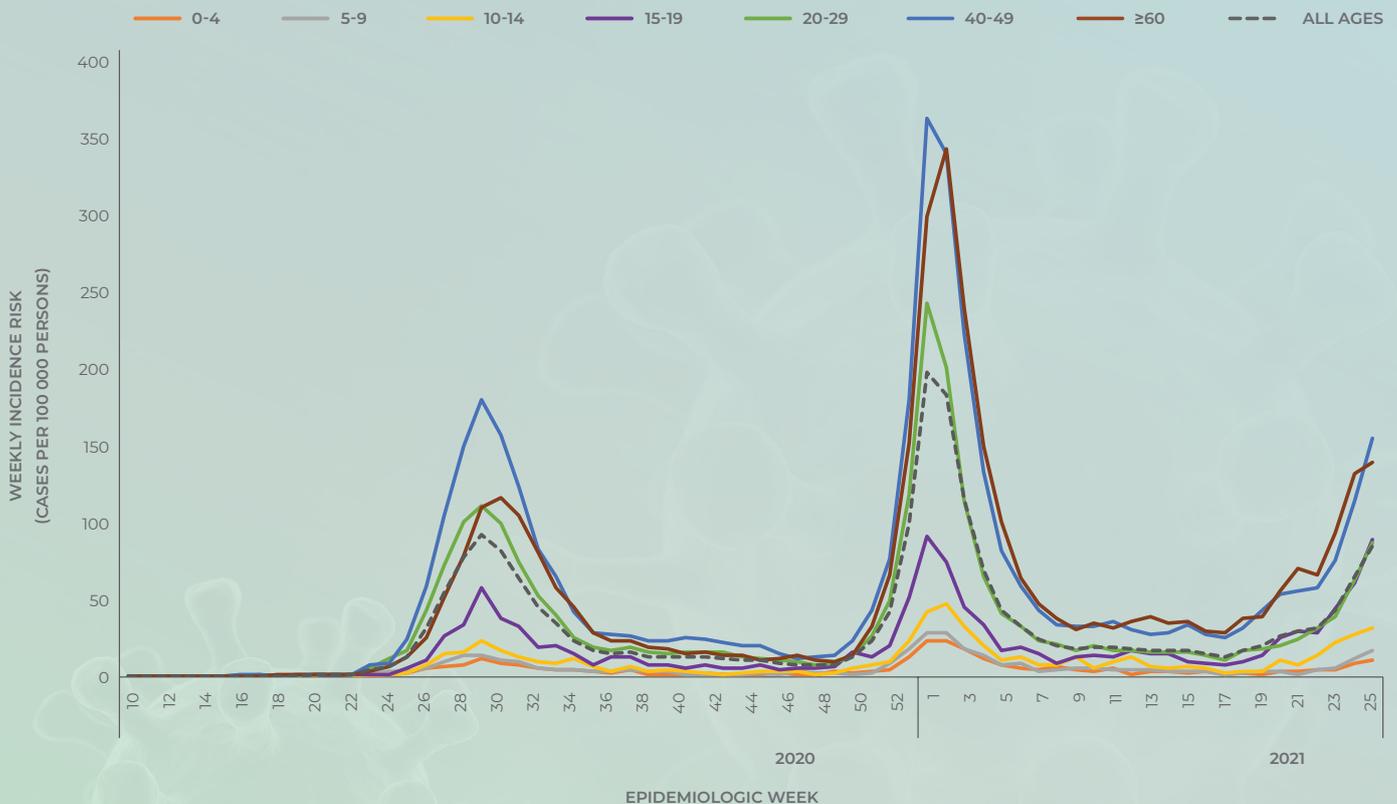


Figure 24. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group and epidemiologic week, Mpumalanga Province, 3 March 2020-26 June 2021 (n=91 132, 1 782 missing age)

North West Province

Of the 93 071 cases reported from the North West Province, 75 356 (81.0%) had allocation by district. The North West Province showed an increase from week 15 of 2021 to date. In the past week, all the districts reported an increase in weekly incidence risk, except Dr Kenneth Kaunda District, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 25). The increase ranged from 2.3 cases per 100 000 persons (8.1% increase) in the Dr Ruth Segomotsi to 49.6 cases per 100 000 persons (40.8% increase) in the Bojanala districts. In the past week, the Dr Kenneth Kaunda and Bojanala districts reported weekly incidence risk higher than that reported in the first and second wave peaks.

From week 18 to week 25 of 2021, the weekly incidence risk among the 15-19- year age group was higher (range 33.3 to 154.3 cases per 100 000 persons) than that reported among the 20-39-year age group (range 30.9 -152.6 cases per 100 000). In the past week, all the age groups reported an increase in weekly incidence risk, except the ≥60-year age group, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 26). The increase ranged from 6.2 cases per 100 000 persons (67.6% increase) in the 0-4-year to 39.2 cases per 100 000 persons (34.6% increase) in the 20-39-year age groups. In the past week, all the age groups reported weekly incidence risk higher than that reported either in the first or second wave peak.

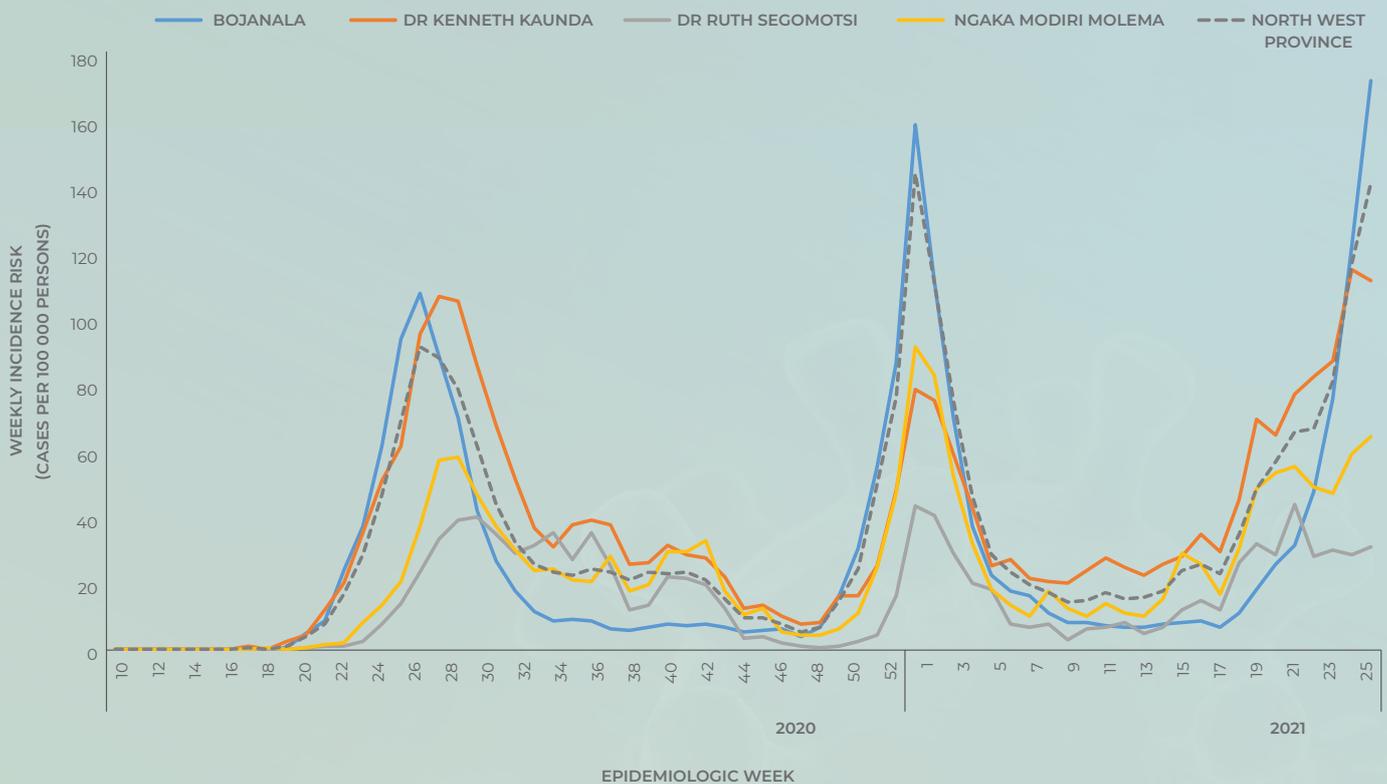


Figure 25. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, North West Province, 3 March 2020 -26 June 2021 (n=75 356, 17 715 missing district)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 25 2021

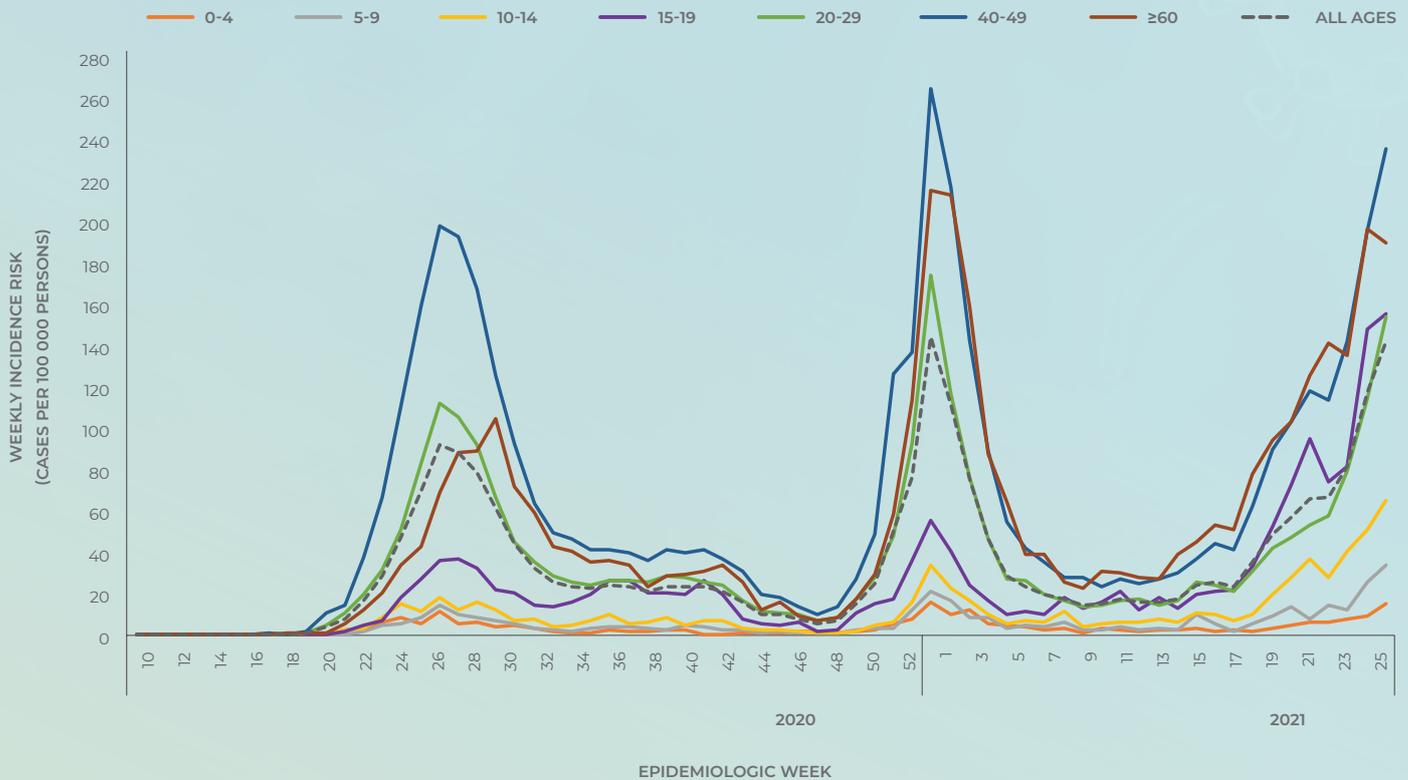


Figure 26. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, North West Province, 3 March 2020 –26 June 2021 (n= 91 948, 1 123 missing age)

Northern Cape Province

Of the 58 537 cases reported from the Northern Cape Province, 49 644 (84.8%) had allocation by district. Following a sustained increase in weekly incidence since week 14 of 2021, Northern Cape reported a decrease in weekly incidence from week 21 of 2021 to date. In the past week, all the districts reported a decrease in weekly incidence risk, except the Namakwa District, which reported an increase in weekly incidence risk (1.7 cases per 100 000 persons, 1.2% increase), compared to the previous week (Figure 27). The decrease ranged from 16.9 cases per 100 000 persons (26.1% decrease) in the John Taolo Gaetsewe to 50.7 cases per 100 000 persons (41.9% decrease) in the ZF Mgcawu districts. From week 16 of 2021 (in various weeks) to week 22 of 2021, all the districts reported weekly incidence risk higher than that reported either in the first or second waves peaks.

From week 20 to week 25 of 2021, the weekly incidence risk among the 15-19- year age group was higher (range 151.4 to 302.7 cases per 100 000 persons) than that reported among the 20-39-year age group (range 121.6 -220.0 cases per 100 000). In the past week, all the age groups reported a decrease in weekly incidence risk, except the 0-4-year (3.2 cases per 100 000 persons, 26.7% increase) and 5-9-year (18.5 cases per 100 000 persons, 47.9% increase) age groups, which reported an increase in weekly incidence risk, compared to the previous week (Figure 28). The decrease ranged from 14.9 cases per 100 000 persons (12.3% decrease) in the 20-39-year to 58.3 cases per 100 000 persons (37.1% decrease) in the 15-19-year age groups. From week 19 of 2021 to week 22 of 2021, 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 25 2021

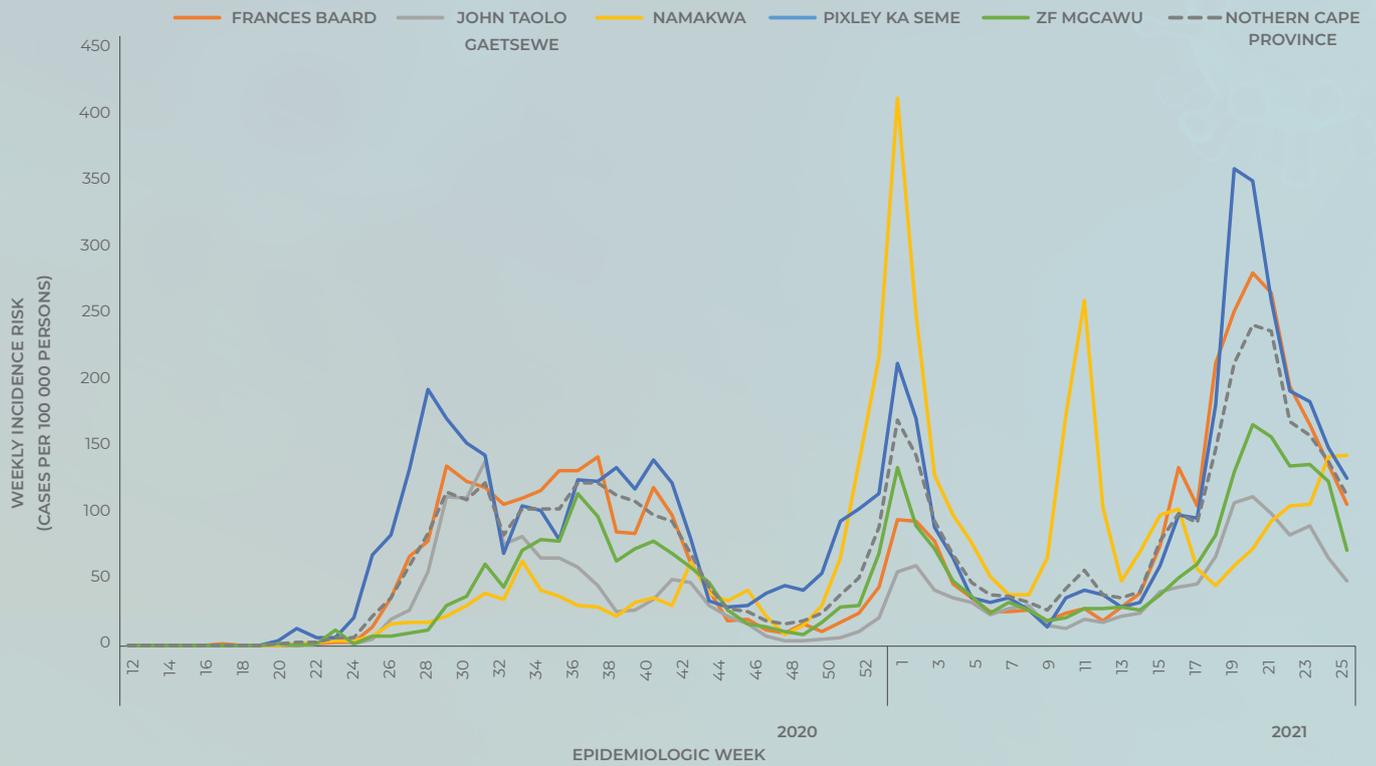


Figure 27. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Northern Cape Province, 3 March 2020 -26 June 2021 (n=49 644, 8 893 missing district)

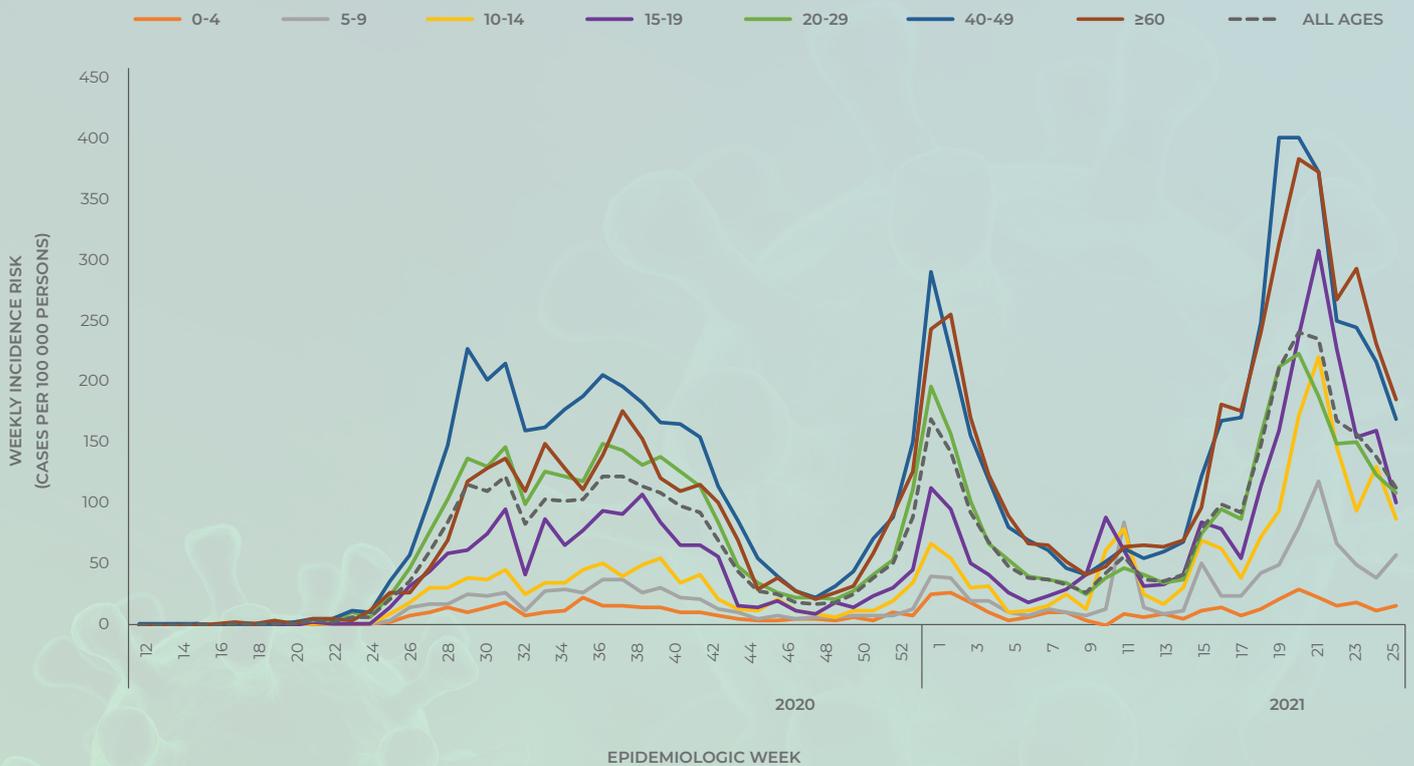


Figure 28. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Northern Cape Province, 3 March 2020 -26 June 2021 (n=58 079, 458 missing age)

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, 1 928 897 cases, including 59 900 deaths have been reported. The increases in number of new cases and weekly incidence risk reported across several provinces from week 10 of 2021 to date reflect increasing community transmission. The recent increases have varied by province with several provinces reporting a sustained increase in weekly incidence risk for ≥ 6 weeks. Gauteng Province, is driving the current wave of increase in number of cases, reporting almost two-thirds of new cases detected in the country in the past three weeks, and a sharp increase in weekly incidence risk. The Nelson Mandela Metro in the Eastern Cape Province, Waterberg District in Limpopo Province and Bojanala District in North West Province are driving the increase in number of new cases and weekly incidence risk in their respective provinces. The Northern Cape Province and Free State Province have maintained a downward trend in weekly incidence for the past five and four weeks, respectively. Some of the reduction shown by other provinces and districts in the past week maybe due to delayed reporting. The national 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. However, from week 18 to week 25 of 2021, higher weekly incidence risks among cases aged 15-19 years compared to cases aged 20-39-year were reported for some weeks in Limpopo, North West, Gauteng, Free State and KwaZulu-Natal provinces. 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.