

# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF



NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES

Division of the National Health Laboratory Service

SOUTH AFRICA WEEK 26 2021

## CUMULATIVE DATA FROM



CASES

2 062 896  
IN TOTAL

115 845  
THIS WEEK\*\*

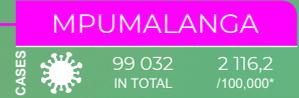


PERSONS

3 459,9  
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 July 2021 (week 26 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 July 2021, a total of 2 062 896 laboratory-confirmed COVID-19 cases had been detected in South Africa. Of these, 133 999 were cases reported since the last report (week 25 of 2021). There was a 5.5% increase in the number of new cases detected in week 26 of 2021 (115 845) compared to the number of new cases detected in week 25 of 2021 (109 783).
- An additional 3 606 deaths were reported since the last report. The overall case-fatality ratio is 3.1% (63 506/2 062 896).
- Similar to the previous few weeks, in the past week, the Gauteng Province reported the majority of the new cases detected (67 781/115 845, 58.5%) followed by the Western Cape Province (12 828/115 845, 11.1%) and other provinces reported between 1.2% and 6.5% each.
- In the past week, all the provinces reported an increase in weekly incidence risk, except the Gauteng, 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 3.6 cases per 100 000 persons (7.4% increase) in the Eastern Cape Province to 37.8 cases per 100 000 persons (45.2% increase) in the Limpopo Province. Some of the reduction in weekly incidence risk maybe due to delayed reporting.
- In the past week, the Gauteng Province reported the highest weekly incidence risk (437.6 cases per 100 000 persons), followed by the Western Cape Province (183.1 cases per 100 000 persons), the North West Province (175.9 cases per 100 000 persons), and the Limpopo Province (121.4 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

194,3

CASES PER  
100 000  
PERSONS

58,5%

OF CASES  
REPORTED IN  
GAUTENG IN  
CURRENT WEEK

IN CURRENT  
WEEK, THE  
HIGHEST  
WEEKLY  
INCIDENCE RISK  
WAS IN CASES  
AGED 50-54  
YEARS (396,6  
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 3 July 2021, a total of 2 062 896 laboratory-confirmed COVID-19 cases were reported in South Africa (Figures 1 and 2). This is 133 999 more cases than the number reported in the last report (week 25 of 2021 report). The number of new cases detected in week 26 of 2021 (115 845) was higher than the number of new cases detected in week 25 of 2021 (109 783), this represented a 5.5% increase in the number of new cases compared to the previous week. Similar to the previous three weeks, in the past week, the Gauteng Province reported majority of new cases (67 781/115 845, 58.5%) followed by Western Cape (12 828/115 845, 11.1%), and other provinces reported between 1.2% and 6.5% each (Table 1). Five provinces, Gauteng (702 083/2 062 896, 34.0%), KwaZulu-Natal (360 163/2 062 896, 17.5%), Western Cape (332 281/2 062 896, 16.1%), Eastern Cape (209 462/2 062 896, 10.2%), and Free State (116 698/2 062 896, 5.7%) continued to report the majority (1 720 687/2 062 896, 83.4%) 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 25 to week 26 of 2021.

The cumulative incidence risk for the country increased from 3 265.6 cases per 100 000 persons in week 25 of 2021 to 3 459.9 cases per 100 000 persons in week 26 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 (4 743.0 cases per 100 000 persons), followed by the Northern Cape Province (4 654.4 cases

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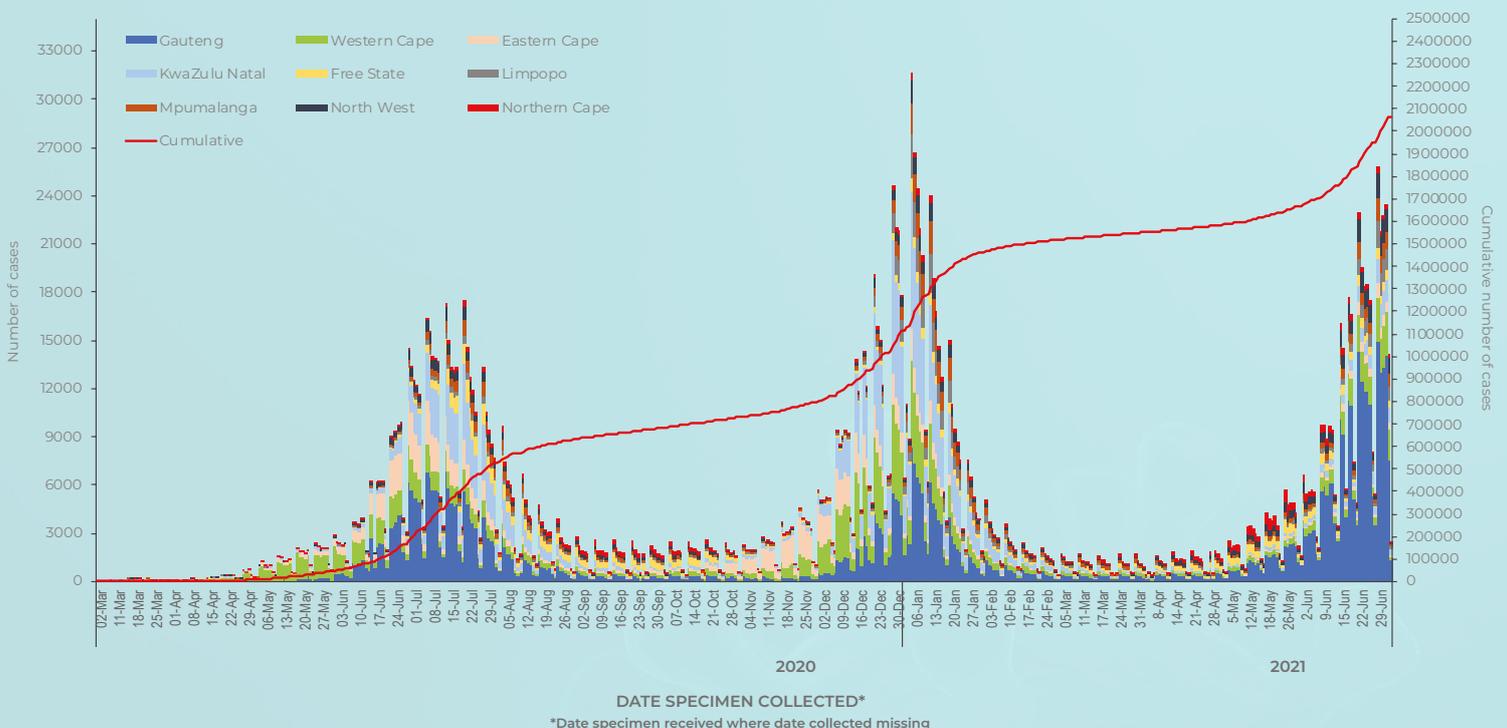
per 100 000 persons), the Gauteng Province (4 533.0 cases per 100 000 persons), the Free State Province (3 984.4 cases per 100 000 persons), the KwaZulu-Natal Province (3 123.3 cases per 100 000 persons), and the Eastern Cape Province (3 110.5 cases per 100 000 persons). In the past week, the KwaZulu-Natal Province replaced Eastern Cape Province as the province with the fifth 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 (1 399.5 cases per 100 000 persons).

In the past week, the Gauteng Province reported the highest weekly incidence risk (437.6 cases per 100 000 persons), followed by the Western Cape Province (183.1 cases per 100 000 persons), the North West Province (175.9 cases per 100 000 persons), and the Limpopo Province (121.4 cases per 100 000 persons). In the past week, all the provinces reported an increase in weekly incidence risk, except the Gauteng, 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 3.6 cases per 100 000 persons (7.4% increase) in the Eastern Cape Province to 37.8 cases per 100 000 persons (45.2% increase) in the Limpopo Province (Figure 4). Some of the reductions in weekly incidence risk in the past week maybe due to delayed reporting. From week 19 of 2021 to week 26 of 2021, all provinces (various weeks) reported weekly incidence risk higher than that reported either in the first or second wave peak, except the Free State, Eastern Cape and KwaZulu-

Natal provinces, which continued reporting weekly incidence below the first and second wave peaks.

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 25 of 2021, the estimated doubling time of number of cases decreased in all provinces. The estimated doubling time decreased in the KwaZulu-Natal Province (from 424.2 days to 287.1 days, 32.2% decrease), the Eastern Cape Province (from 342.2 days to 266.8 days, 22.0% decrease), the Western Cape Province (from 170.6 days to 129.9 days, 23.9% decrease), the Free State Province (from 160.9 days to 159.3 days, 1.0% decrease), and the Gauteng Province (from 44.0 days to 36.7 days, 16.6% decrease) (Figure 5).

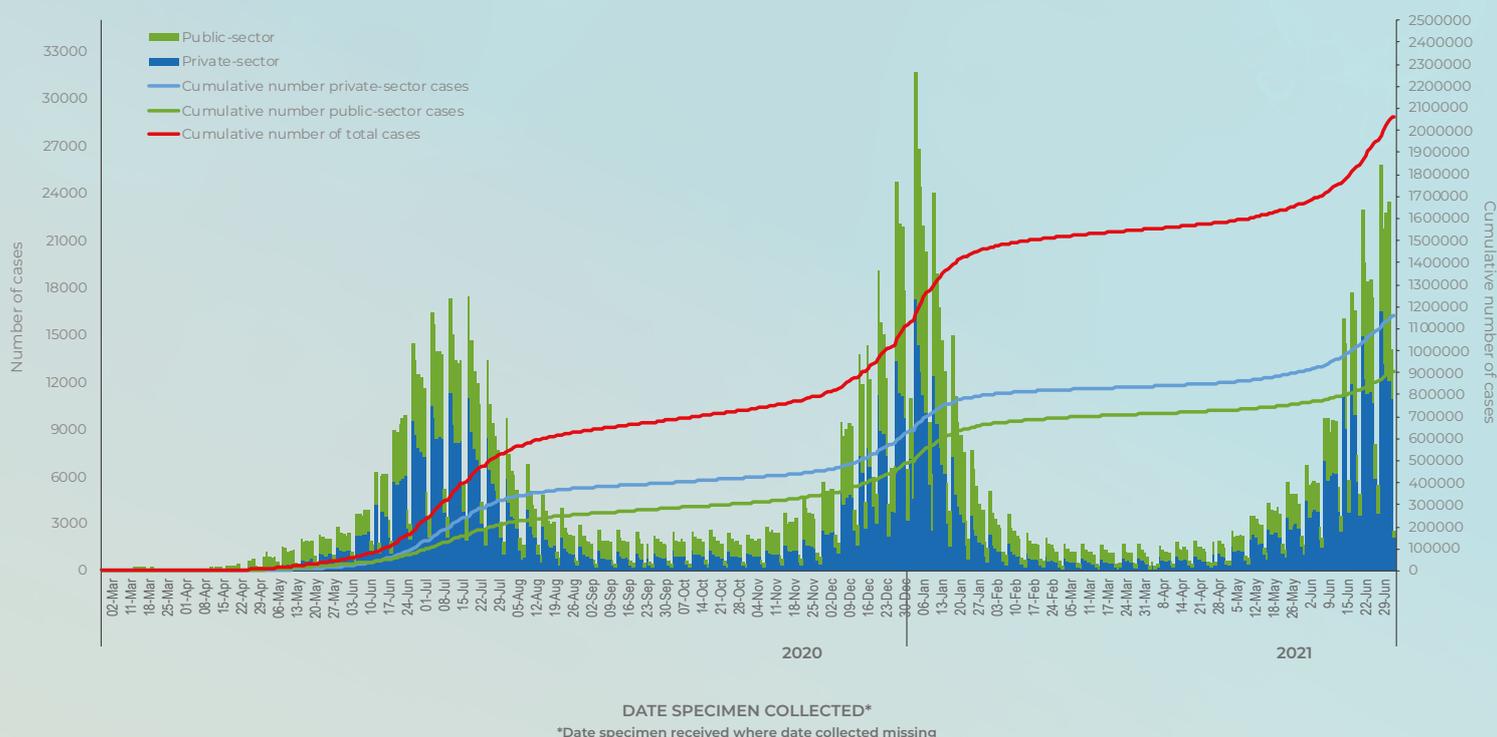
The case-fatality ratio (CFR) was 3.1% (63 506/2 062 896); an additional 3 606 deaths were reported since the last report. The number of deaths reported in the past week was higher than the number reported in the previous week, 3 606 deaths compared to 1 198 deaths. A CFR calculated in this way (number 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 July 2021 (n=2 062 896)

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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 July 2021 (n=2 062 896)

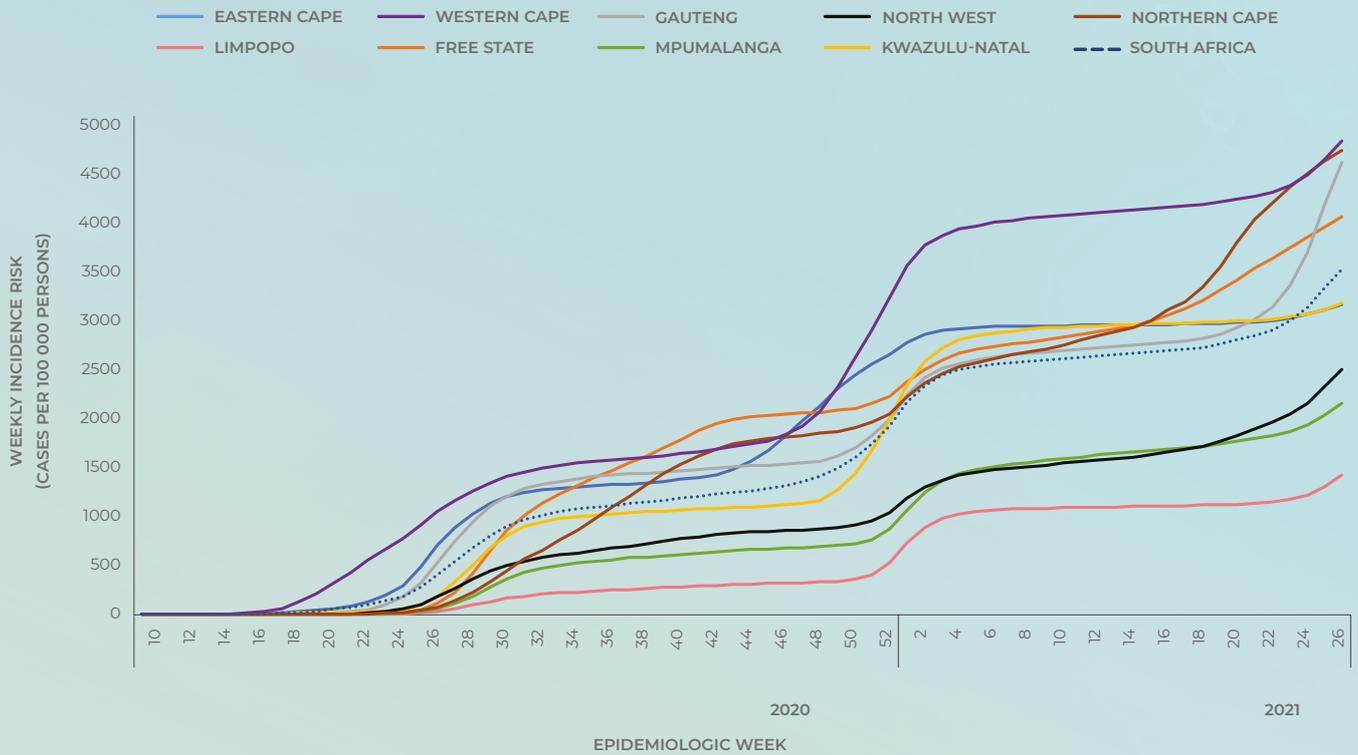
**Table 1.** Number and cumulative/weekly incidence risk of laboratory-confirmed cases of COVID-19 and testing per 100 000 persons by province, South Africa, 3 March 2020 –3 July 2021 (n=2 062 896)

Province	Cumulative cases (n) (percentage, n/total cases in South Africa)	New cases <sup>1</sup> detected in week 26 (27 June-3 July 2021), n (percentage <sup>2</sup> , n/total)	Population in mid-2020 <sup>3</sup> , n	Cumulative incidence risk (cases per 100 000 persons)	Incidence risk of new cases detected in week 26 of 2021 (cases/100 000 persons)	Tests <sup>4</sup> per 100 000 persons, 27 June-3 July 2021
Eastern Cape	209 462 (10.2)	3 491 (3.0)	6 734 001	3 110.5	51.8	365.0
Free State	116 698 (5.7)	2 954 (2.5)	2 928 903	3 984.4	100.9	581.3
Gauteng	702 083 (34.0)	67 781 (58.5)	15 488 137	4 533.0	437.6	1334.1
KwaZulu-Natal	360 163 (17.5)	7 536 (6.5)	11 531 628	3 123.3	65.4	500.3
Limpopo	81 909 (4.0)	7 104 (6.1)	5 852 553	1 399.5	121.4	303.9
Mpumalanga	99 032 (4.8)	5 505 (4.8)	4 679 786	2 116.2	117.6	438.9
North West	101 096 (4.9)	7 228 (6.2)	4 108 816	2 460.5	175.9	630.8
Northern Cape	60 172 (2.9)	1 418 (1.2)	1 292 786	4 654.4	109.7	660.7
Western Cape	332 281 (16.1)	12 828 (11.1)	7 005 741	4 743.0	183.1	887.8
Unknown						
<b>Total</b>	<b>2 062 896</b>	<b>115 845</b>	<b>59 622 350</b>	<b>3 459.9</b>	<b>194.3</b>	<b>739.5</b>

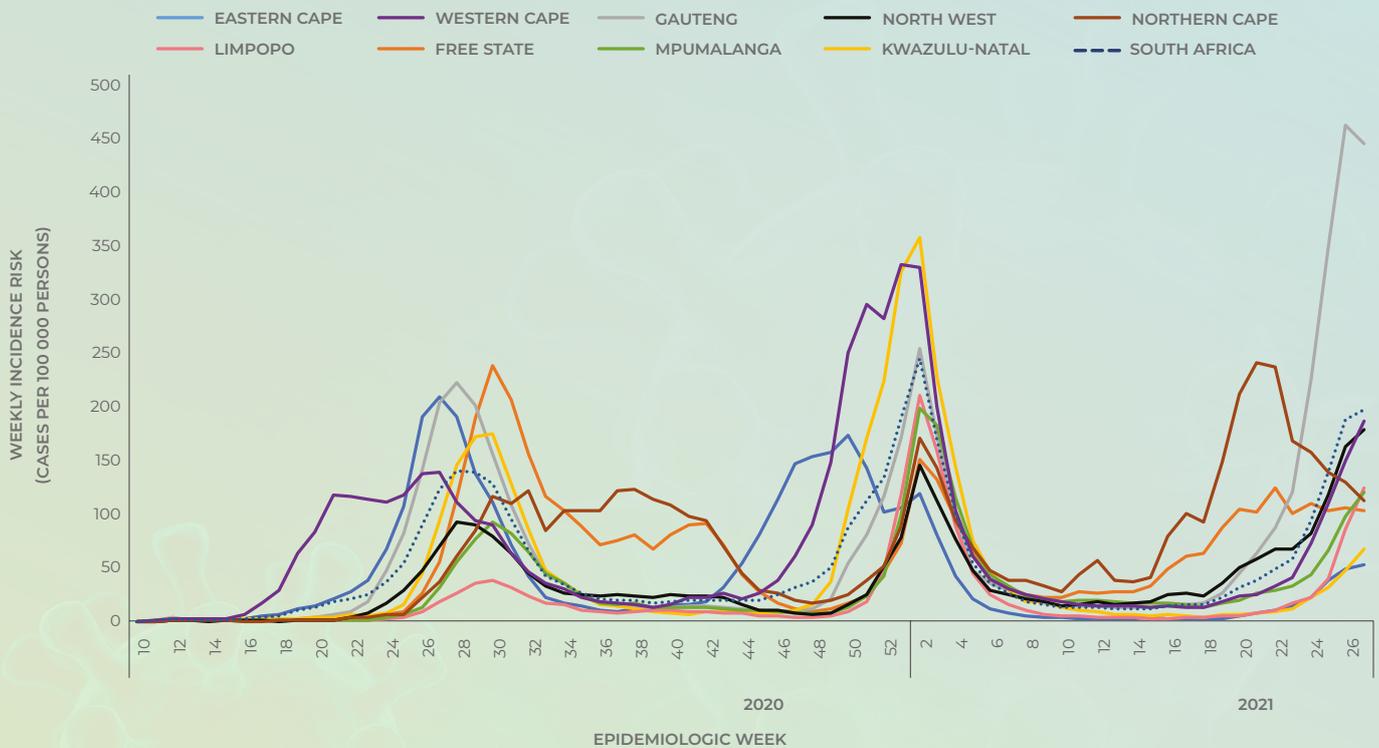
<sup>1</sup>New cases refer to cases whose samples were collected or received in the current reporting week; <sup>2</sup>Percentage=n/total number of new cases (specimen collected or received in current reporting week); <sup>3</sup>2020 Mid-year population Statistics South Africa <sup>4</sup>Data on number of tests conducted sourced from COVID-19 weekly testing report of the same reporting week

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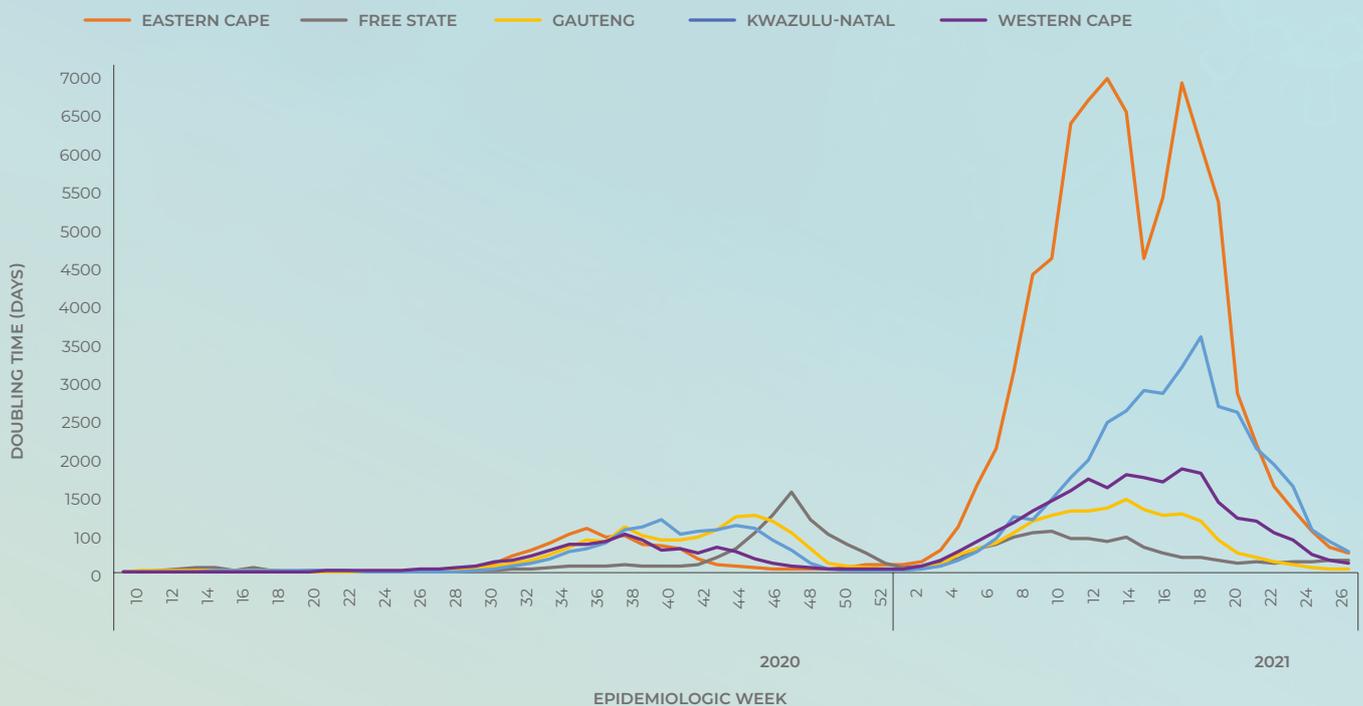
**Figure 3.** Cumulative incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week, South Africa, 3 March 2020 –3 July 2021 (n=2 062 896)



**Figure 4.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week, South Africa, 3 March 2020 –3 July 2021 (n=2 062 896)

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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 –26 June 2021 (n=1 946 964)

## 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 (236 450/2 044 555, 11.6%) and 30-34-year (228 313/2 044 555, 11.2%) age groups (Figure 6). Similarly, among the cases reported in the past week, the highest number of cases was in the 35-39-year (13 827/114 982, 12.0%), and 30-34-year (13 407/114 982, 11.7%) age groups. The median age for cases reported in week 26 of 2021 was similar (39 years, IQR 29-51), to that of total cases (40 years). The highest cumulative incidence risk remained among cases aged 50-54 years (7 126.5 cases per 100 000 persons), followed by cases aged 55-59-year (6 849.9 cases per 100 000 persons) and cases aged  $\geq 80$  years (6 747.2 cases per 100 000 persons). The lowest cumulative incidence risk was reported in the younger age-groups, 423.0 cases per 100 000 persons and 577.4 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 26 of 2021 was reported in cases 50-54 years (396.6 cases per 100 000 persons), followed by cases in the 55-59-year age group (372.4 cases per 100 000 persons), and the lowest weekly incidence risk was in the 0-4-year age group (23.0 cases per 100 000 persons) (Figure 8 and Table 2).

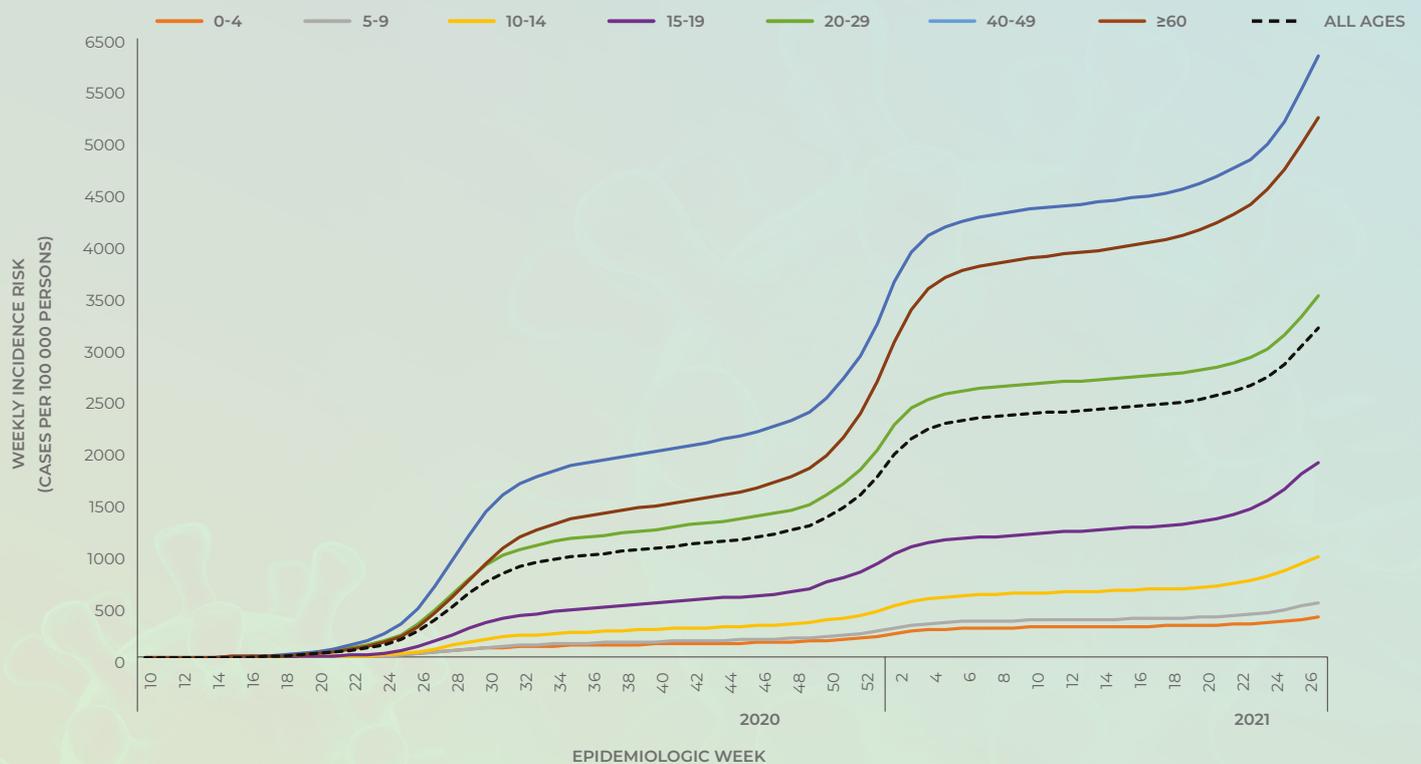
To date, the majority of COVID-19 cases reported were female 57.2% (1 167 415/2 042 382). This trend continued in the past week where 54.7% (62 949/115 078) of cases were female. The cumulative incidence risk has remained consistently higher among females (3 796.3 cases per 100 000 persons) than among males (2 980.1 cases per 100 000 persons) (Figure 9). The peak cumulative incidence risk was in the 50-54-year-age group (7 351.5 cases per 100 000 persons) for females, and in the  $\geq 80$ -year-age group (7 190.0 cases per 100 000 persons) for males (Figure 10). In week 26 of 2021, the highest weekly incidence risk was in the 50-54-year age group for both females (388.1 cases per 100 000 persons) and males (402.3 cases per 100 000 persons). The higher prevalence and incidence risk among females compared to males could be explained by the fact that females are likely to be more represented in occupations, which put them in close proximity to others and thus exposing them to a higher risk of infection (e.g. teaching and health). This may also be partly explained by varying testing practices by age and sex (data not shown) and by different health seeking behaviour.

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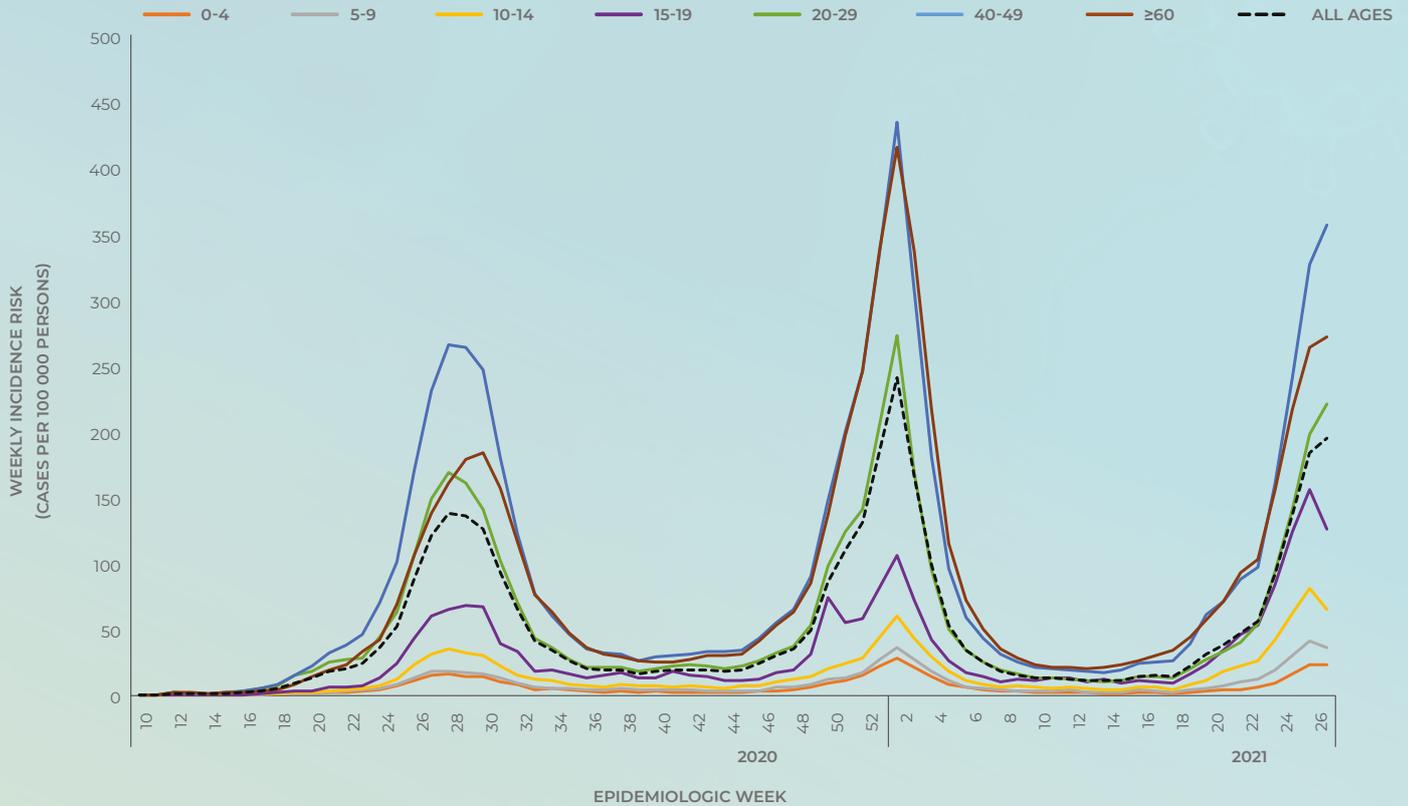
**Figure 6.** Number of laboratory-confirmed cases of COVID-19 by age group and sex, South Africa, 3 March 2020 –3 July 2021 (n=2 025 702, sex/age missing for 37 194)



**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 July 2021 (n=2 044 555, 18 341 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 July 2021 (n=2 044 555, 18 341 missing age)



**Figure 9.** Cumulative incidence risk by sex and epidemiologic week, South Africa, 3 March 2020 -3 July 2021 (n=2 042 382, sex missing for 20 514)

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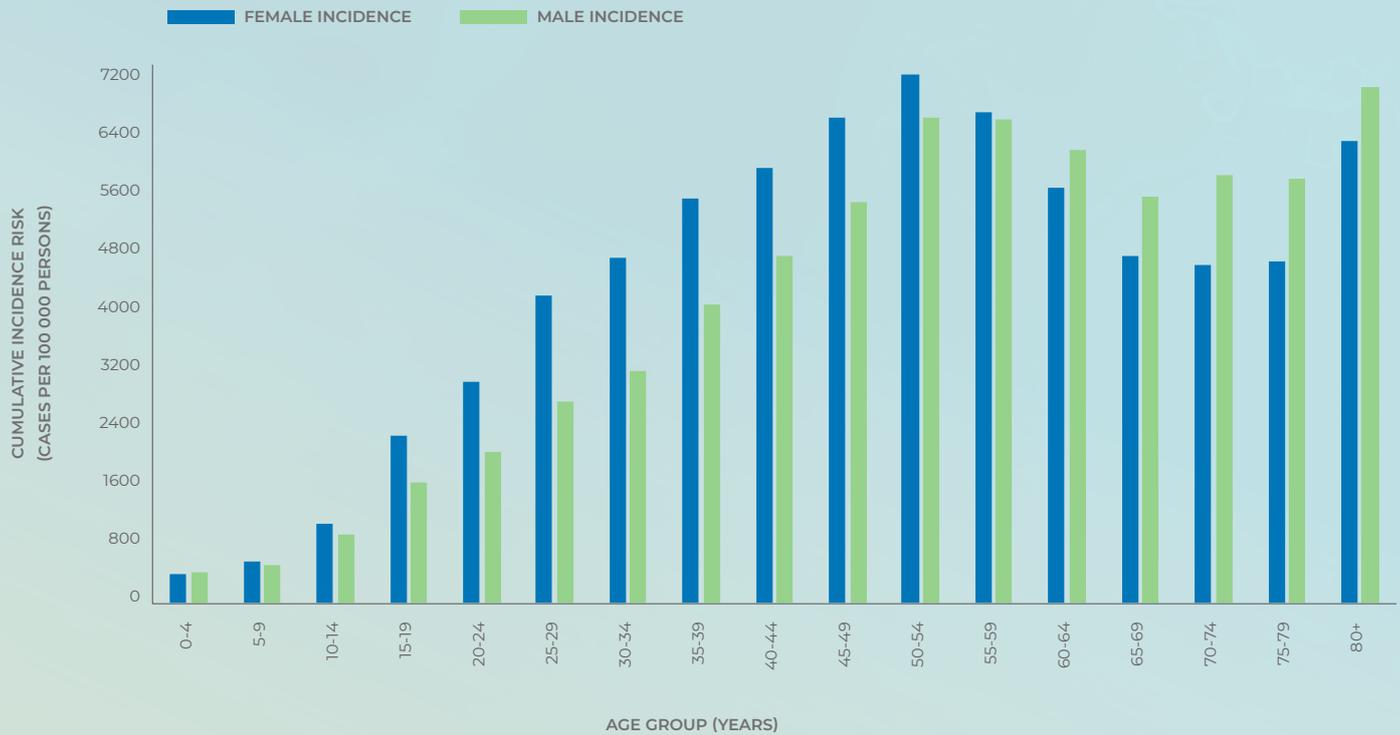
**Table 2.** Number of laboratory-confirmed cases of COVID-19 and cumulative/weekly incidence risk by age group, South Africa, 3 March 2020 –3 July 2021, n=2 044 555, 18 341 missing age)

Age group (years)	Cumulative cases (n) (percentage, n/total cases in South Africa)	New cases <sup>1</sup> detected in week 26 (27 June-3 July 2021), n (percentage <sup>2</sup> , n/total)	Population in mid-2020 <sup>3</sup> , n	Cumulative incidence risk (cases per 100 000 persons)	Incidence risk of new cases detected in week 26 of 2021 (cases/100 000 persons)
0-4	24 292 (1.2)	1 322 (1.1)	5 743 450	423.0	23.0
5-9	33 006 (1.6)	2 057 (1.8)	5 715 952	577.4	36.0
10-14	58 877 (2.9)	3 623 (3.2)	5 591 553	1 053.0	64.8
15-19	97 704 (4.8)	5 994 (5.2)	4 774 579	2 046.3	125.5
20-24	126 415 (6.2)	7 151 (6.2)	4 823 367	2 620.9	148.3
25-29	194 355 (9.5)	11 277 (9.8)	5 420 754	3 585.4	208.0
30-34	228 313 (11.2)	13 407 (11.7)	5 641 750	4 046.8	237.6
35-39	236 450 (11.6)	13 827 (12.0)	4 798 293	4 927.8	288.2
40-44	205 560 (10.1)	11 933 (10.4)	3 733 942	5 505.2	319.6
45-49	197 454 (9.7)	11 229 (9.8)	3 169 648	6 229.5	354.3
50-54	183 240 (9.0)	10 198 (8.9)	2 571 263	7 126.5	396.6
55-59	151 473 (7.4)	8 236 (7.2)	2 211 309	6 849.9	372.4
60-64	108 757 (5.3)	5 229 (4.5)	1 796 316	6 054.4	291.1
65-69	73 646 (3.6)	3 630 (3.2)	1 408 665	5 228.1	257.7
70-74	52 702 (2.6)	2 484 (2.2)	1 007 174	5 232.7	246.6
75-79	33 361 (1.6)	1 587 (1.4)	637 062	5 236.7	249.1
≥80	38 950 (1.9)	1 798 (1.6)	577 273	6 747.2	311.5
Unknown	18 341	863			
<b>Total</b>	<b>2 062 896</b>	<b>115 845</b>	<b>59 622 350</b>	<b>3 459.9</b>	<b>194.3</b>

<sup>1</sup>New cases refer to cases whose samples were collected or received in the current reporting week; <sup>2</sup>Percentage=n/total number of new cases (specimen collected or received in current reporting week); <sup>3</sup>2020 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 July 2021 (n=2 025 702, sex/age missing for 37 194)

## 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 26 of 2021 all provinces reported an increase in weekly incidence risk, except the Gauteng, 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

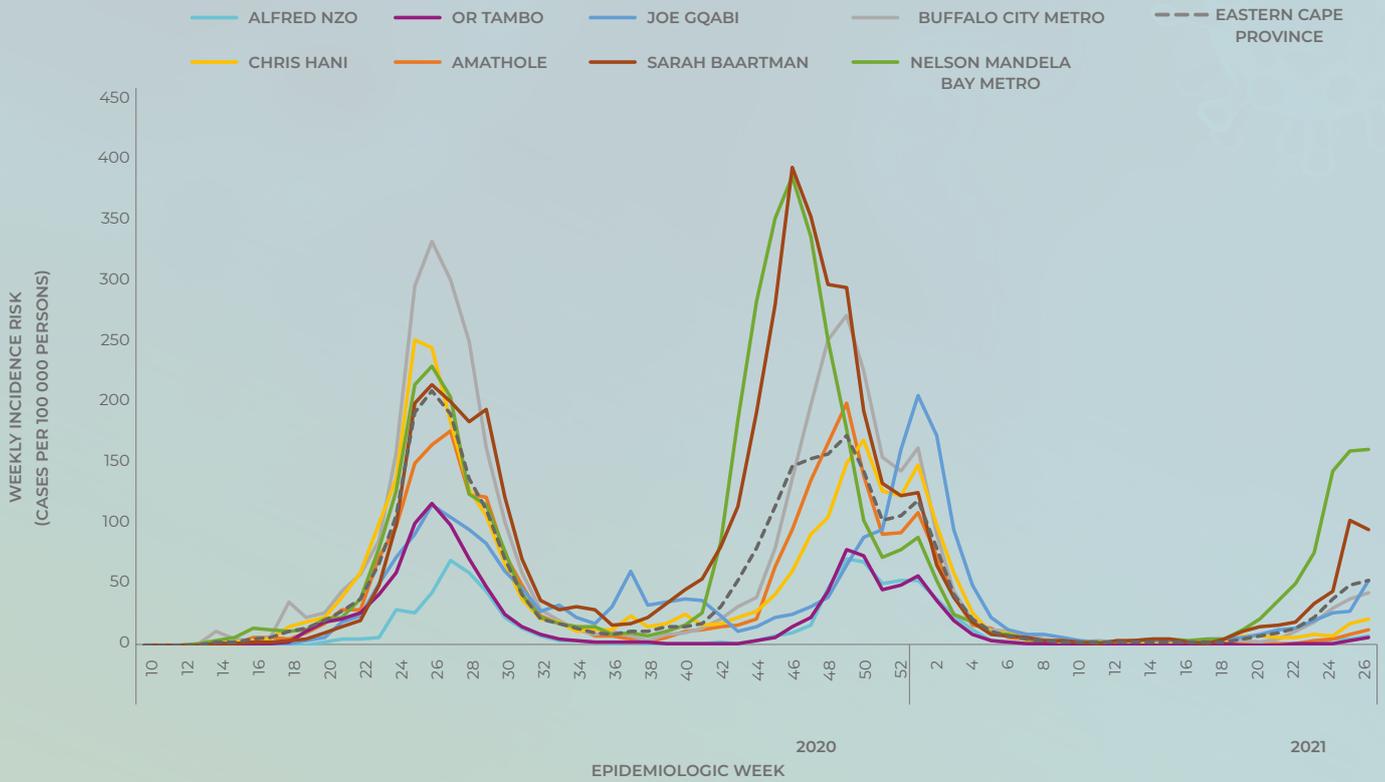
Of the 209 462 cases reported from the Eastern Cape Province, 186 706 (89.1%) cases had allocation by district. Eastern Cape Province has been experiencing a steady increase in weekly incidence risk since week 18 of 2021. The increase in the Eastern Cape Province

is mainly driven by Nelson Mandela Bay Metro and Sarah Baartman District, which have been reporting a higher weekly incidence from week 20 of 2021 to date, compared to other districts. In the past week, all the districts reported an increase in weekly incidence risk, except the Sarah Baartman District, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 11). The increase ranged from 1.6 cases per 100 000 persons (1.1% increase) in the Nelson Mandela Bay Metro to 24.9 cases per 100 000 persons (89.6% increase) in the Joe Gqabi District.

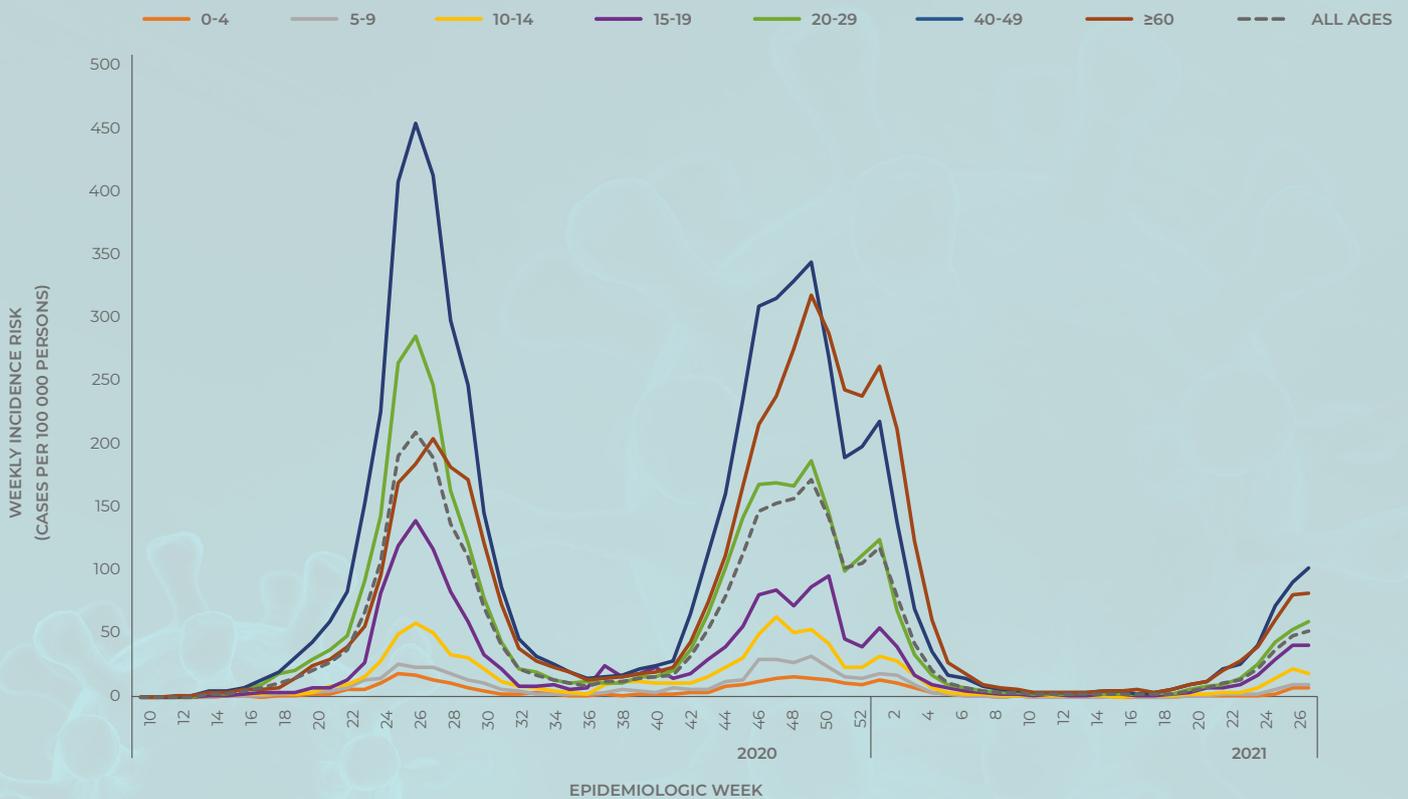
In the past week, all the age groups reported an increase in weekly incidence risk, except the 5-9 and 10-14-year age groups, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 12). The increase ranged from 0.3 cases per 100 000 persons (0.8% increase) in the 15-19-year to 11.3 cases per 100 000 persons (12.5% increase) in the 40-59-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 July 2021 (n=186 706, 22 756 missing district)



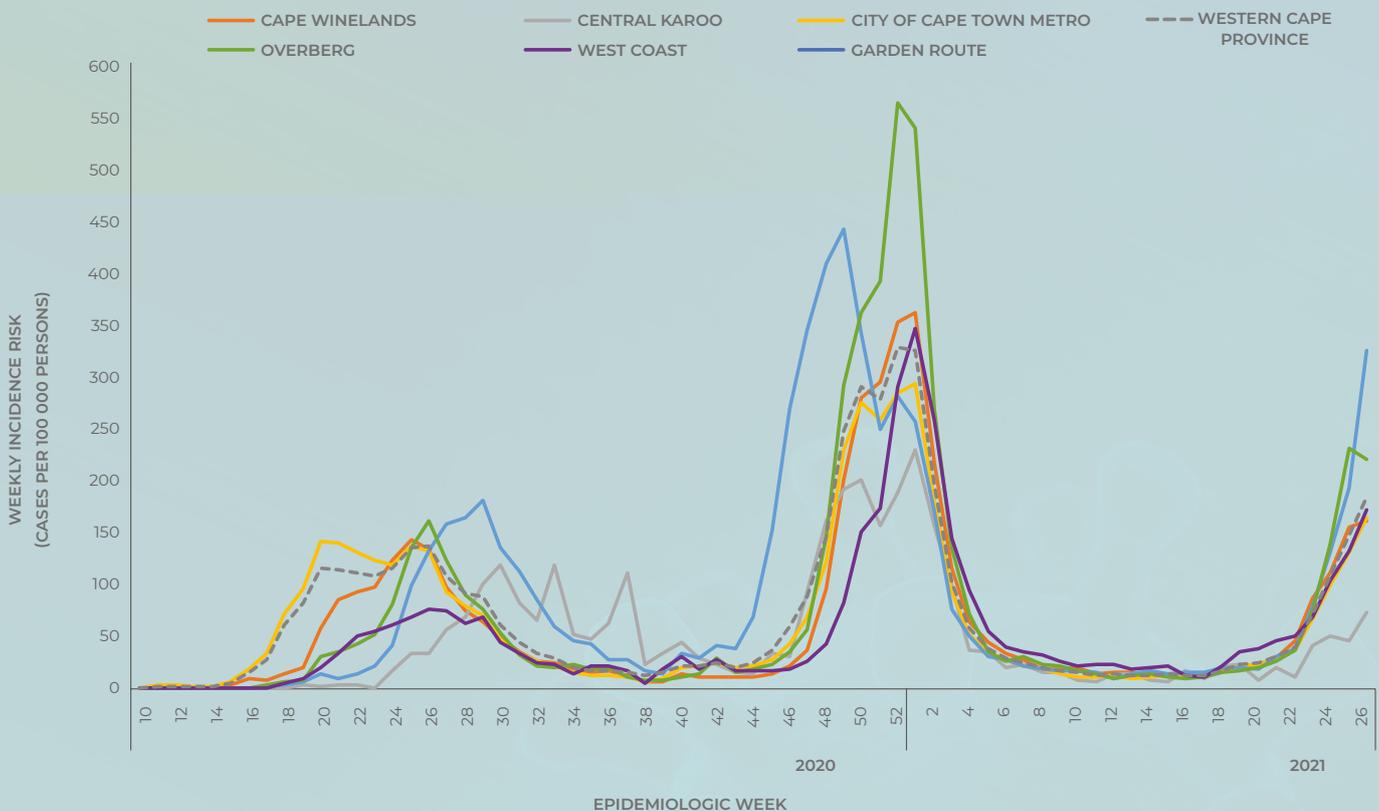
**Figure 12.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Eastern Cape Province, 3 March 2020 –3 July 2021 (n=207 334, 2 128 missing age)

## Western Cape Province

Of the 332 281 cases reported from the Western Cape Province, 314 137 (94.5%) cases had allocation by district. In week 26 of 2021, all the districts reported an increase in weekly incidence risk, except the Overberg District, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 13). The increase ranged from 5.4 cases per 100 000 persons (3.5% increase) in the Cape Winelands to 131.3 cases per 100 000 persons (68.3% increase) in the Garden Route districts. In the past week, all the districts reported weekly incidence risk higher than that reported in the

first wave peak, except the Central Karoo District, which continued to report weekly incidence below the first wave peak.

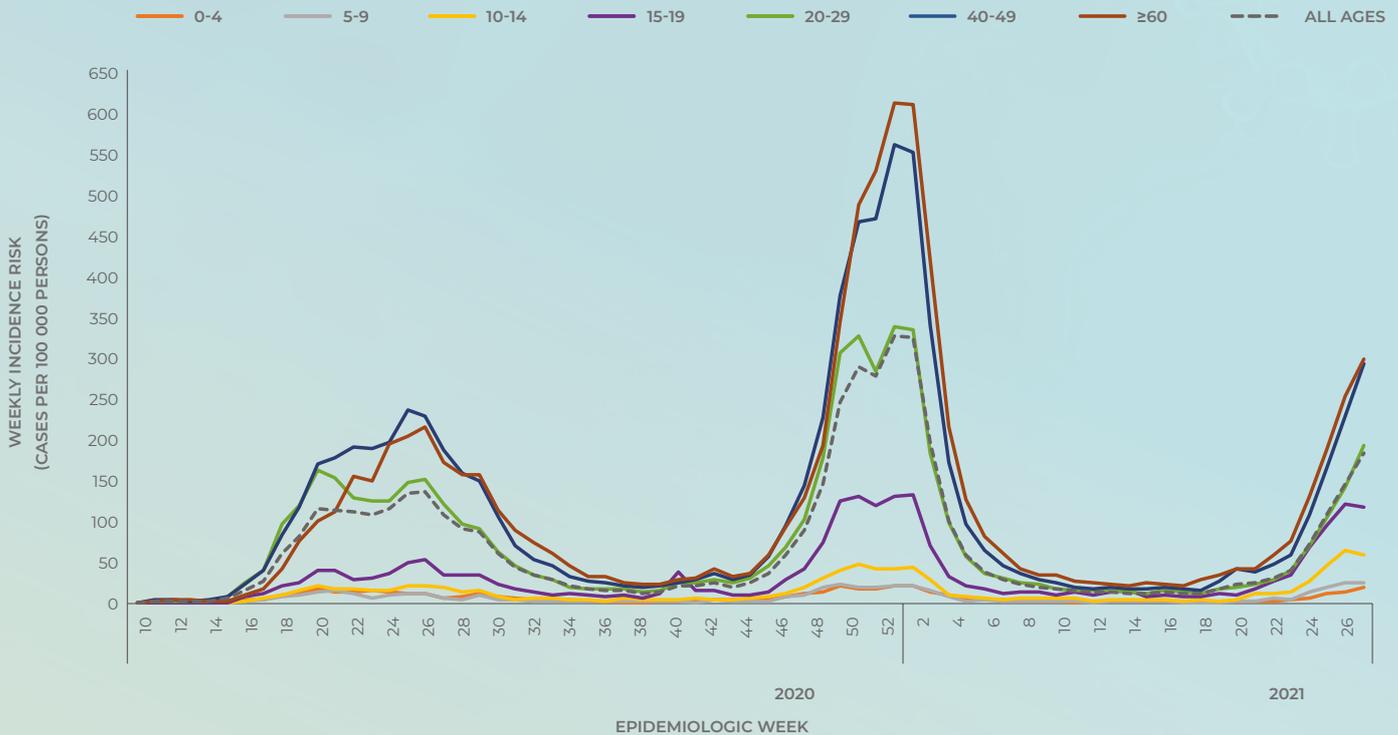
In the past week, all the age groups reported an increase in weekly incidence risk, except the 10-14 and 15-19-year age groups, which reported a decrease in weekly incidence risk, while the 5-9-year group showed no change in weekly incidence risk, compared to the previous week (Figure 14). The increase ranged from 3.9 cases per 100 000 persons (25.9% increase) in the 0-4-year to 63.2 cases per 100 000 persons (27.6% 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 13.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Western Cape Province, 3 March 2020 –3 July 2021 (n=314 137, 18 144 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 July 2021 (n=331 203, 1 078 missing age)

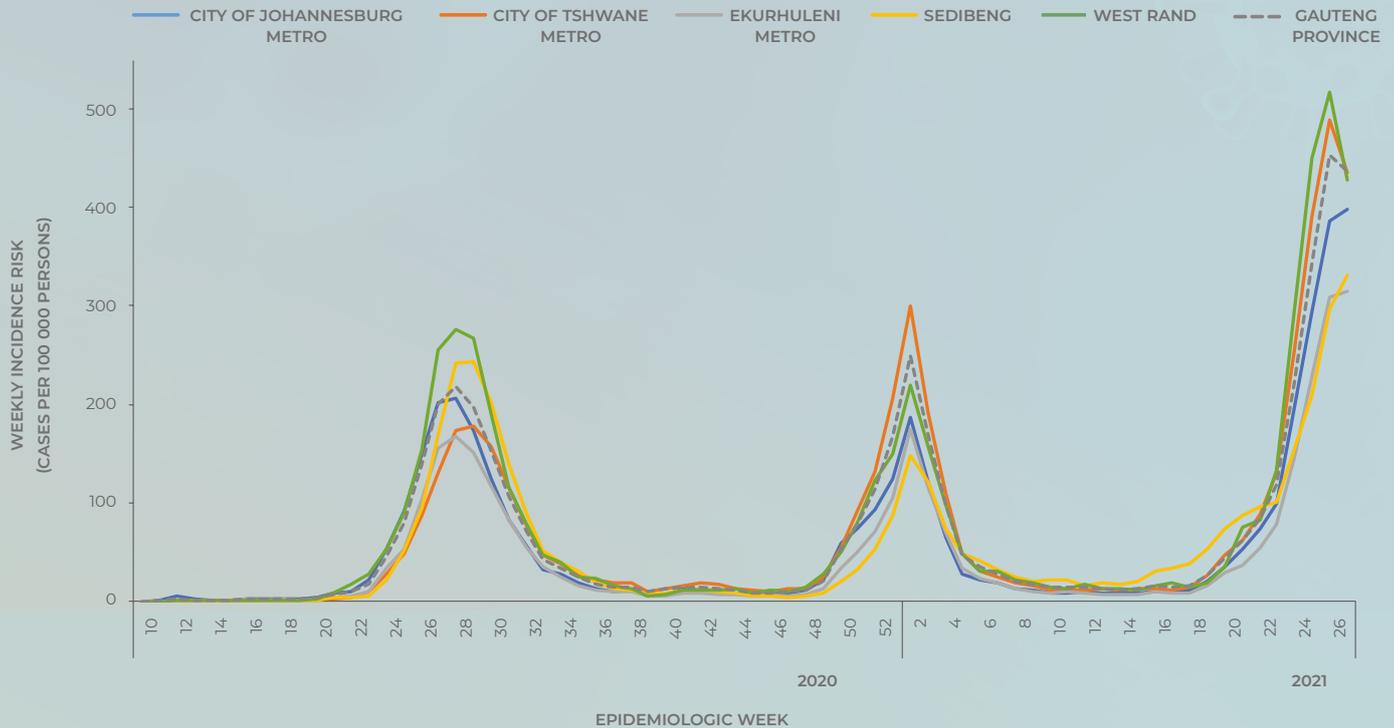
## Gauteng Province

Of the 702 083 cases reported from the Gauteng Province, 608 020 (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 and the City of Tshwane Metro, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 15). The increase ranged from 6.3 cases per 100 000 persons (2.1% increase) in the Ekurhuleni Metro to 34.0 cases per 100 000 persons (11.4% increase) in the Sedibeng District. The decrease in the West Rand District and City of Tshwane Metro maybe due to delayed reporting. From week 25 to date, all the districts reported weekly incidence risk higher than that reported in the first and second wave peaks.

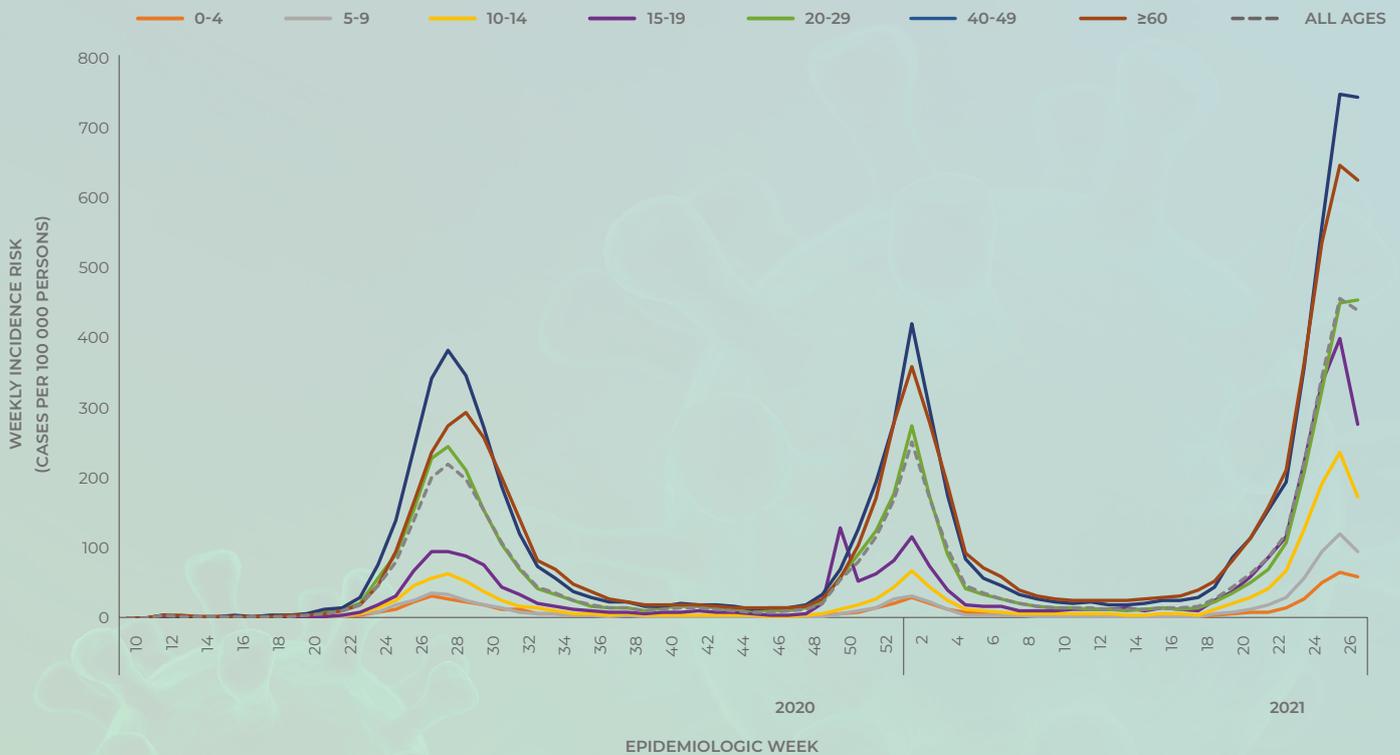
From week 18 to week 24 of 2021, the weekly incidence risk among the 15-19 year age group was higher (range 24.2 to 334.6 cases per 100 000 persons) than that reported among the 20-39-year age group (range 22.3 -322.2 cases per 100 000 persons). In the past week, all the age groups reported a decrease in weekly incidence risk, except the 20-39-year age group, which reported an increase in weekly incidence risk, compared to the previous week (Figure 16). The decrease ranged from 4.9 cases per 100 000 persons (0.7% decrease) in the 40-59-year to 122.2 cases per 100 000 persons (30.9% decrease) in the 15-19-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 26 2021



**Figure 15.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Gauteng Province, 3 March 2020 –3 July 2021 (n=608 020, 94 063 missing district)

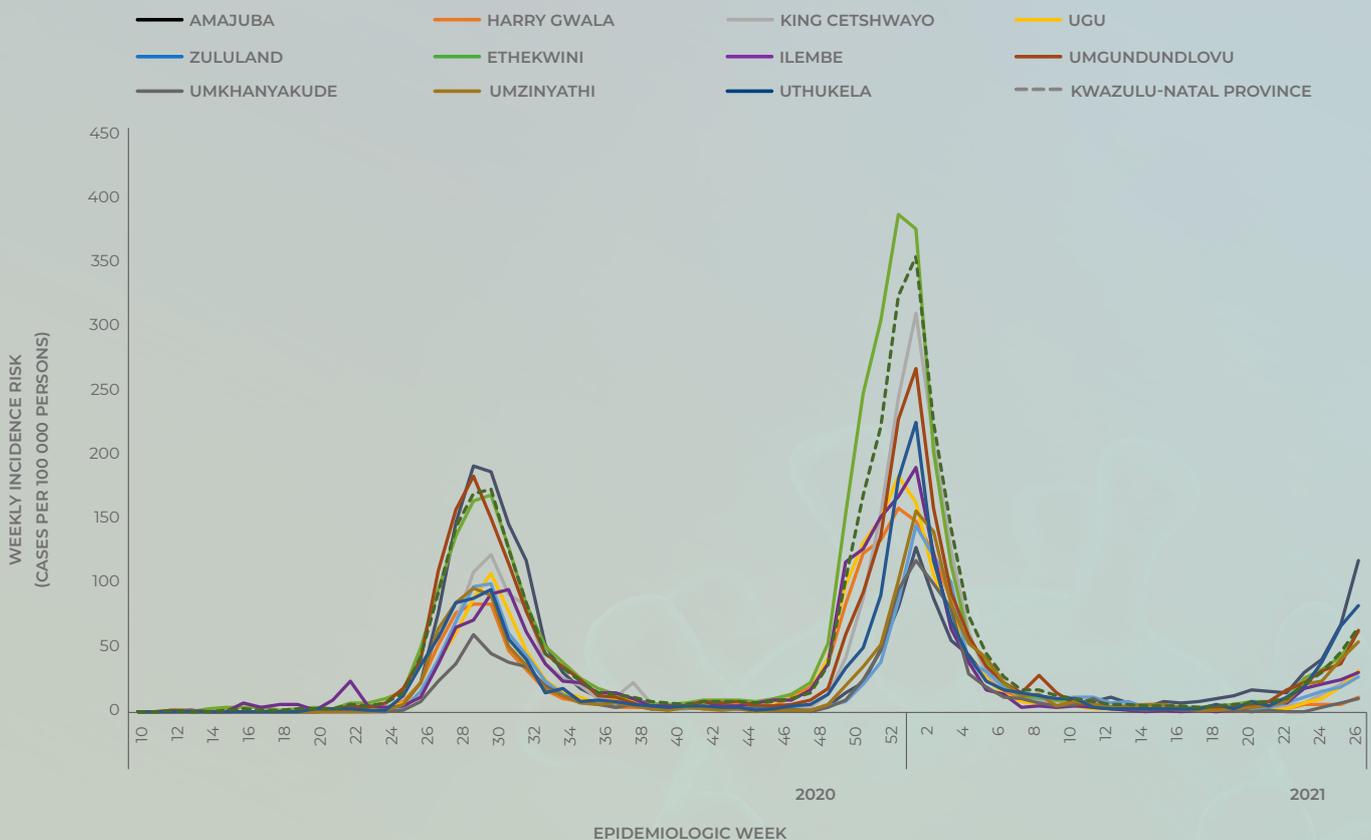


**Figure 16.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Gauteng Province, 3 March 2020 -3 July 2021 (n=695 226, 6 857 missing age)

## KwaZulu-Natal Province

Of the 360 163 cases reported from the KwaZulu-Natal Province, 269 848 (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, compared to the previous week (Figure 17). The increase ranged from 3.6 cases per 100 000 persons (52.1% increase) in the uMkhanyakude to 49.3 cases per 100 000 persons

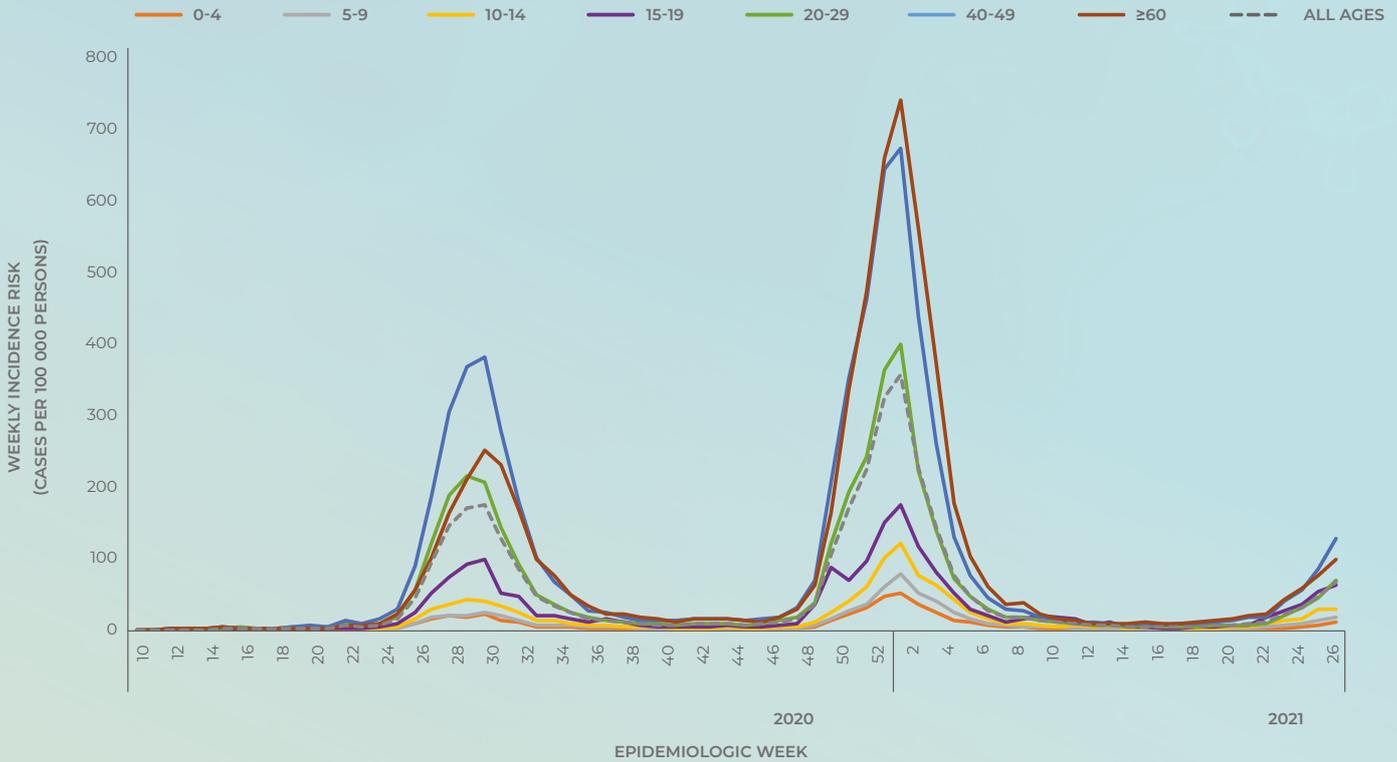
(73.2% increase) in the Amajuba districts. From week 22 to week 25 of 2021, the weekly incidence risk among the 15-19 year age group was higher (range 17.1 to 53.7 cases per 100 000 persons) than that reported among the 20-39-year age group (range 9.8 -44.6 cases per 100 000 persons). In week 26 of 2021, all the age groups reported an increase in weekly incidence risk, compared to the previous week (Figure 18). The increase ranged from 1.4 cases per 100 000 persons (4.8% increase) in the 10-14-year to 42.2 cases per 100 000 persons (50.4% 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 –3 July 2021 (n=269 848, 90 315 missing district)

# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

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**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 July 2021 (n=356 353, 3 810 missing age)

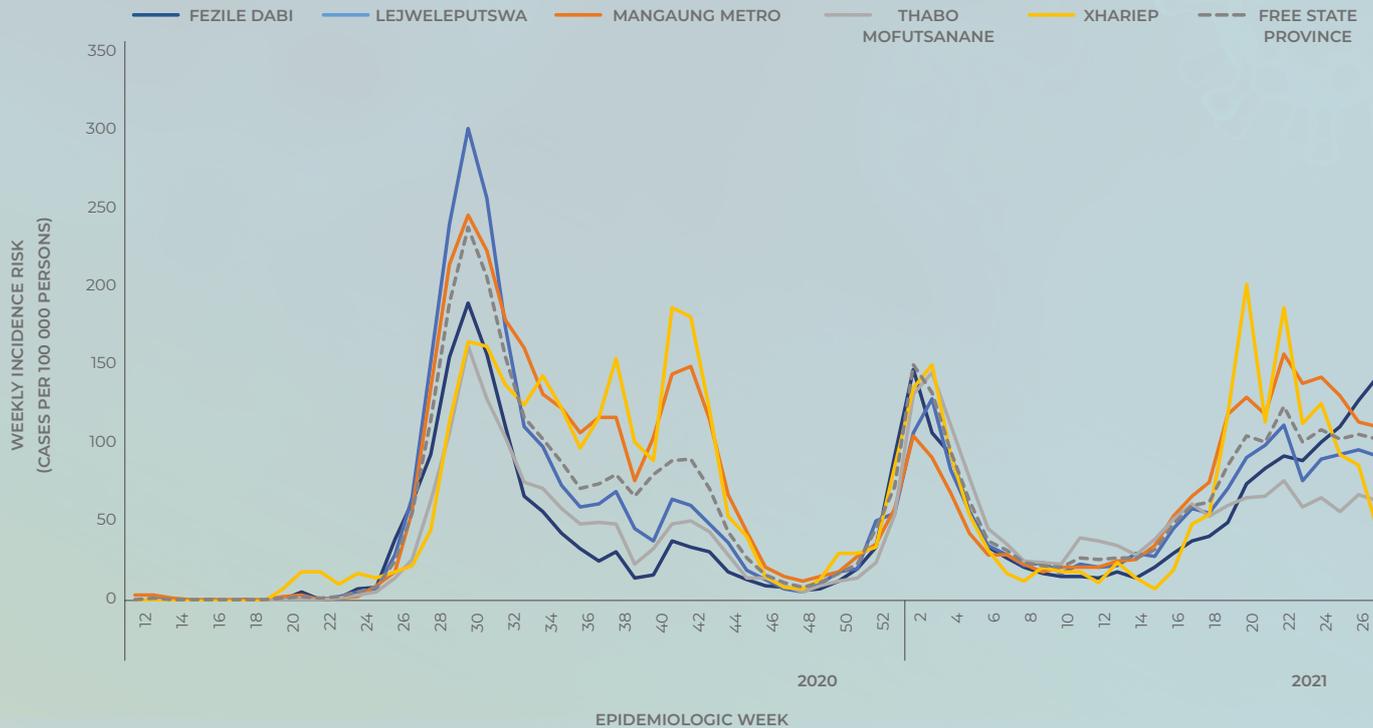
## Free State Province

Of the 116 698 cases reported from the Free State Province, 107 270 (91.9%) had allocation by district. In the past week, all the districts reported a decrease in weekly incidence risk, except the Fezile Dabi District, which reported an increase weekly incidence risk, compared to the previous week (Figure 19). The decrease ranged from 2.5 cases per 100 000 persons (2.3% decrease) in the Mangaung Metro to 40.2 cases per 100 000 persons (47.3% decrease) in the Xhariep District. 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).

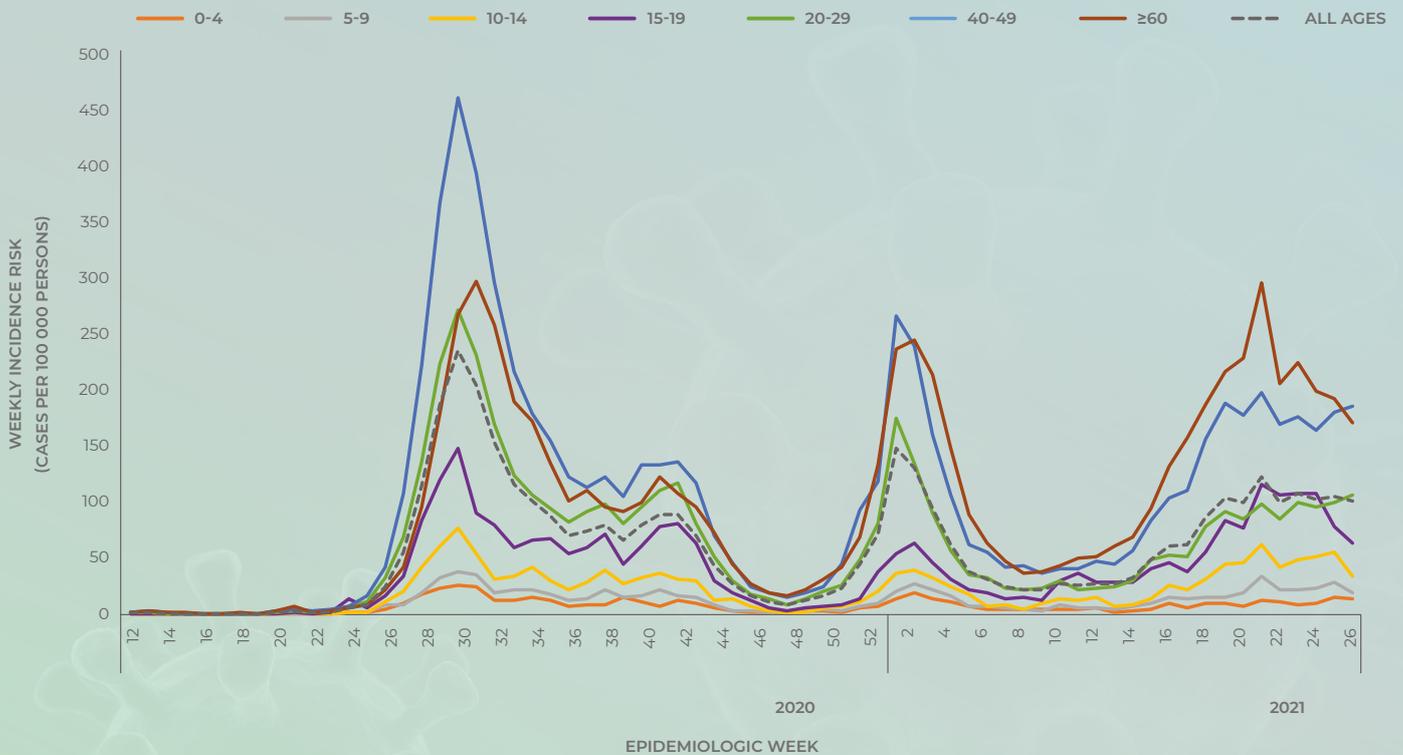
From week 21 to week 24 of 2021, the incidence risk in the 15-19 year-age group was higher (range 106.0-115.2) than that reported for the 20-39 year age group (range 84.7-98.9 cases per 100 000 persons). In the past week, all the age groups reported a decrease in weekly incidence risk, except the 20-39-year (6.4 cases per 100 000 persons, 6.5% increase) and 40-59-year (5.8 cases per 100 000 persons, 3.3% 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 week 25 of 2021 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

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**Figure 19.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Free State Province, 3 March 2020–3 July 2021 (n=107 270, 9 428 missing district)

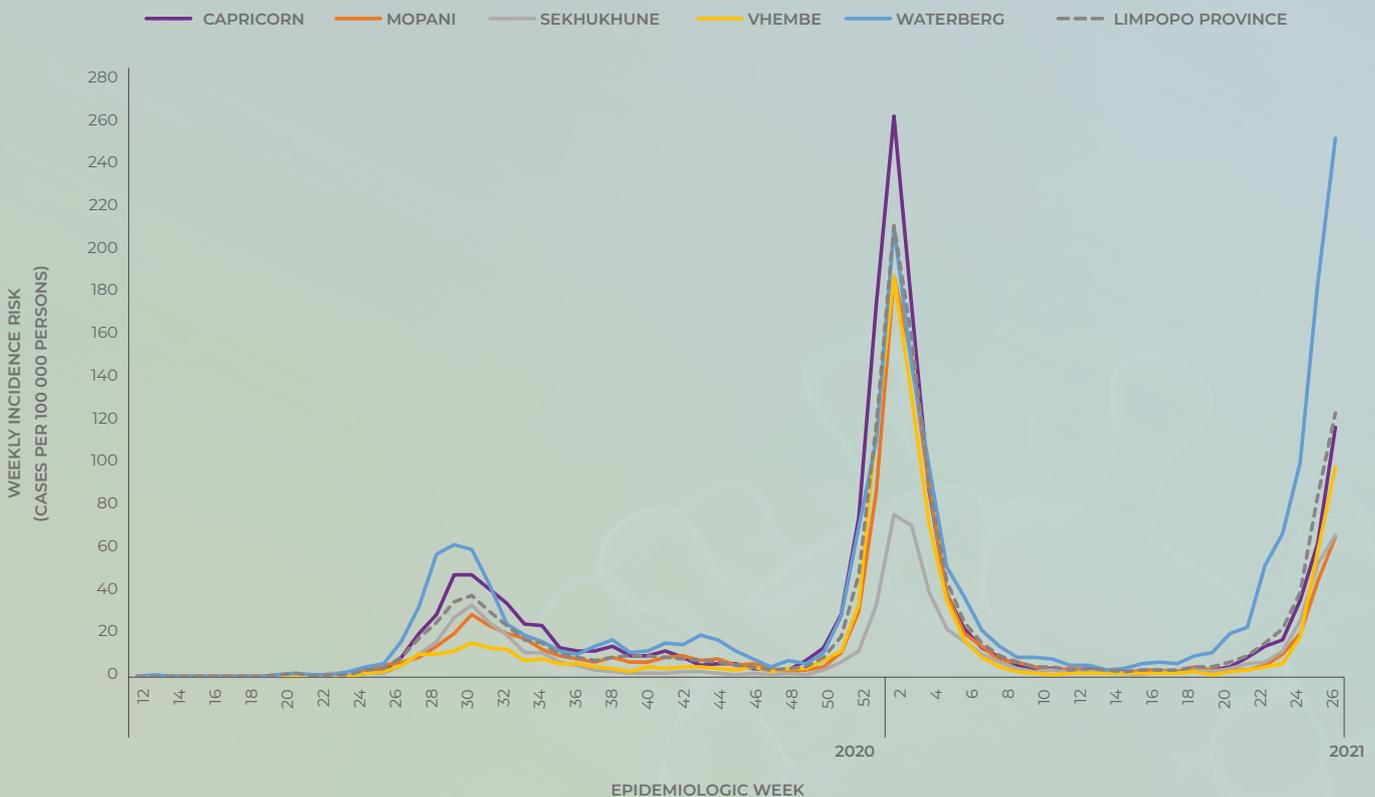


**Figure 20.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Free State Province, 3 March 2020–3 July 2021 (n=116 196, 502 missing age)

## Limpopo Province

Of the 81 909 cases reported from the Limpopo Province, 71 024 (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 13.2 cases per 100 000 persons (25.4% increase) in the Sekhukhune to 66.7 cases per 100 000 persons (36.8% 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 25 to date, all the districts reported weekly incidence risk higher than that reported in the first wave peak.

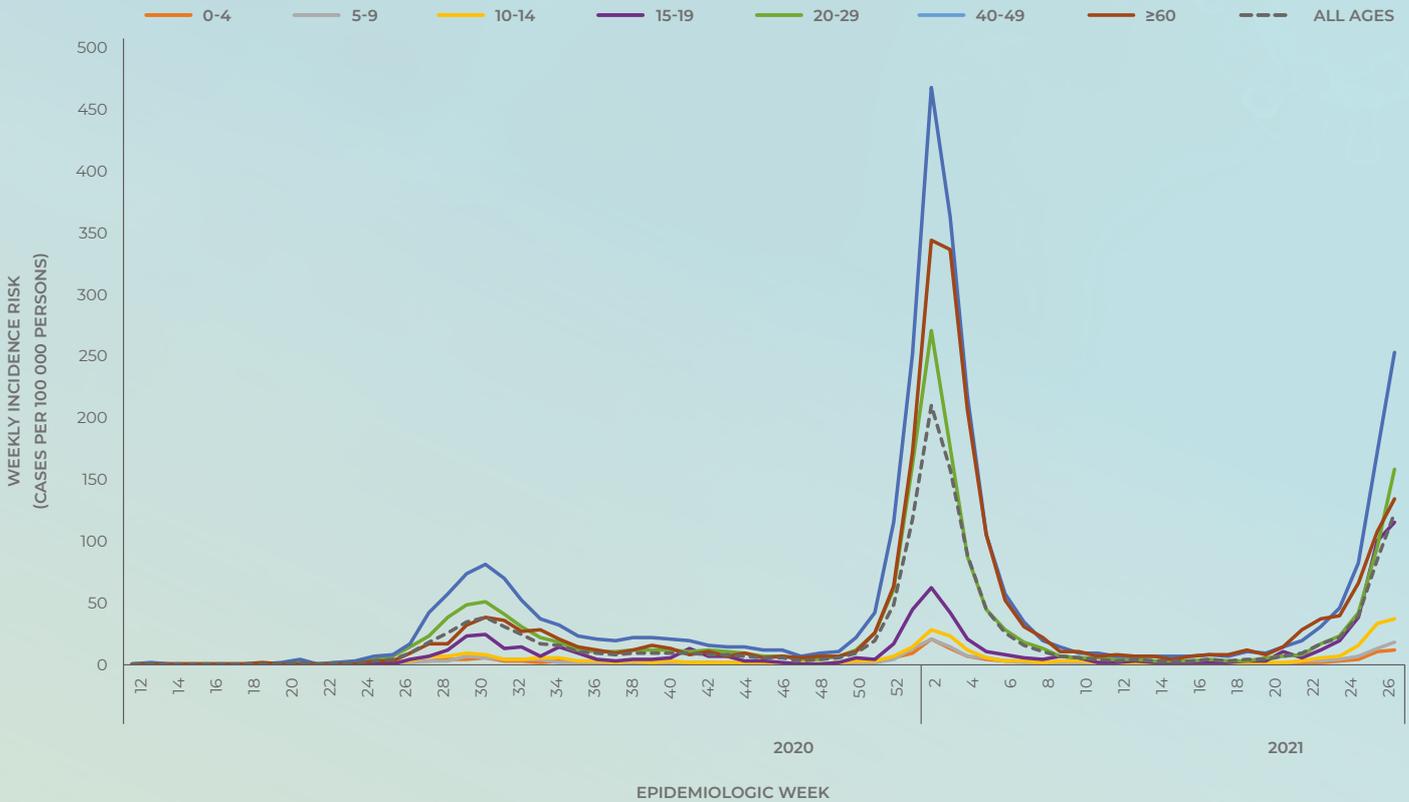
In the past week, all the age groups reported an increase in weekly incidence risk, compared to the previous week (Figure 22). The increase ranged from 1.4 cases per 100 000 persons (13.8% increase) in the 0-4-year to 78.8 cases per 100 000 persons (46.4% increase) in the 40-59-year age groups. From week 25 of 2021 to date, 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 –3 July 2021 (n=71 024, 10 885 missing district)

# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 26 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 July 2021 (n=81 486, 423 missing age)

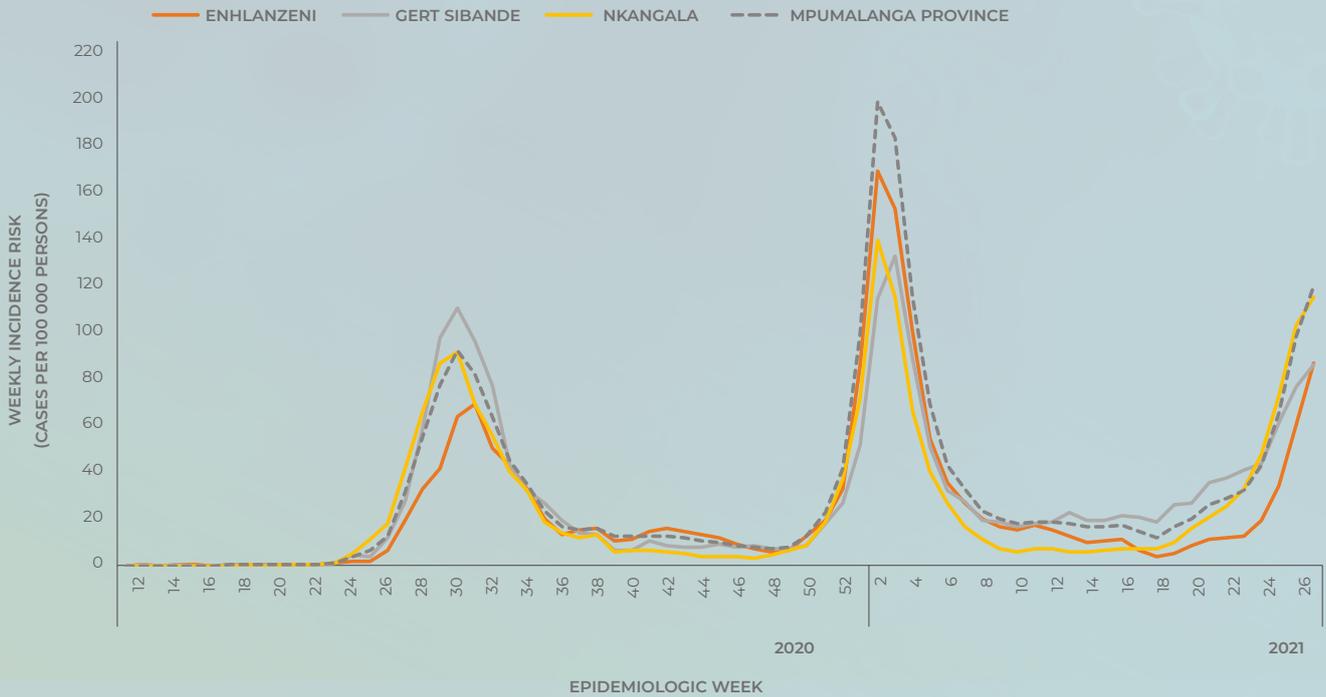
## Mpumalanga Province

Of the 99 032 cases reported from the Mpumalanga Province, 79 540 (80.3%) 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 9.7 cases per 100 000 persons (12.9% increase) in the Gert Sibande to 25.6 cases per 100 000 persons (43.0% increase) in the Ehlanzeni districts.

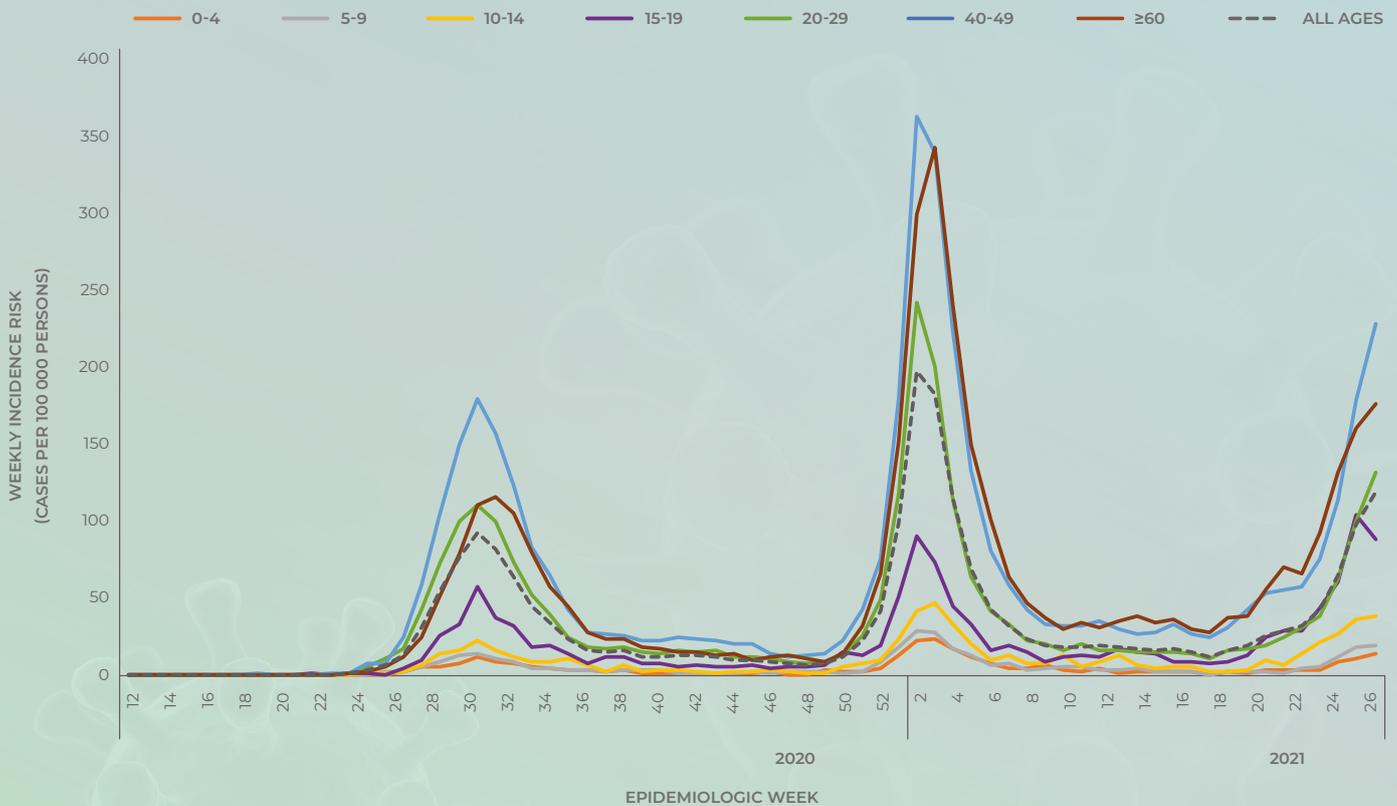
From week 20 to week 25 of 2021, in some weeks the weekly incidence risk among the 15-19 year age group was higher (range 24.8 to 102.1 cases per 100 000 persons) than that reported among the 20-39-year age group (range 19.3 -98.8 cases per 100 000 persons). In the past week, all the age groups reported an increase in weekly incidence risk, except the 15-19-year age group, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 23). The increase ranged from 0.7 cases per 100 000 persons (3.6% increase) in the 5-9-year to 48.7 cases per 100 000 persons (27.8% increase) in the 40-59-year age groups.

# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 26 2021



**Figure 23.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Mpumalanga Province, 3 March 2020 -3 July 2021 (n=79 540, 19 492 missing district)

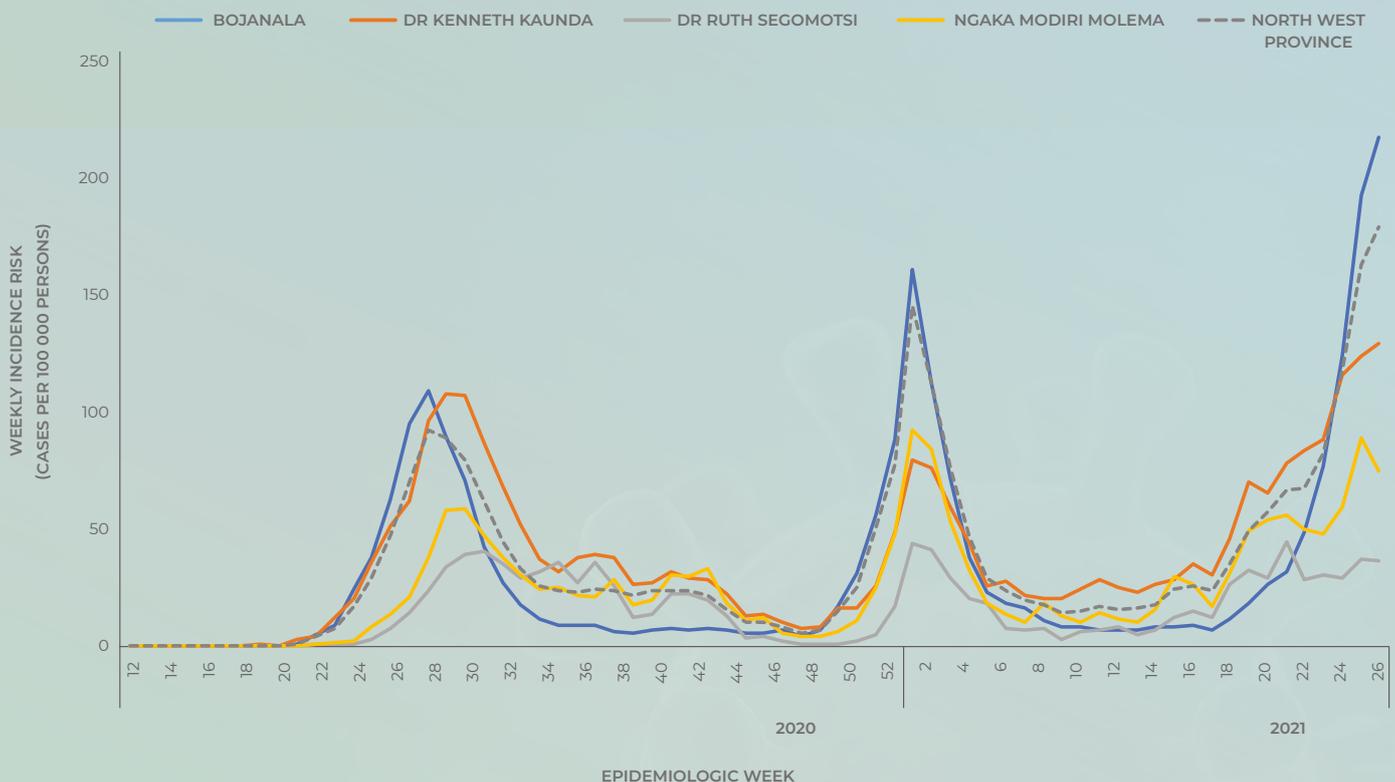


**Figure 24.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group and epidemiologic week, Mpumalanga Province, 3 March 2020 -3 July 2021 (n=97 170, 1 862 missing age)

## North West Province

Of the 101 096 cases reported from the North West Province, 82 017 (81.1%) had allocation by district. The North West Province showed an increase from week 15 of 2021 to date. In the past week, the Dr Kenneth Kaunda (5.3 cases per 100 000 persons, 4.3% increase) and the Bojanala (24.3 cases per 100 000 persons, 12.8% increase) districts reported an increase in weekly incidence risk, and others reported a decrease in weekly incidence risk, compared to the previous week (Figure 25). From week 25 of 2021 to date, the Dr Kenneth Kaunda and Bojanala districts reported weekly incidence risk higher than that reported in the first and second wave peaks.

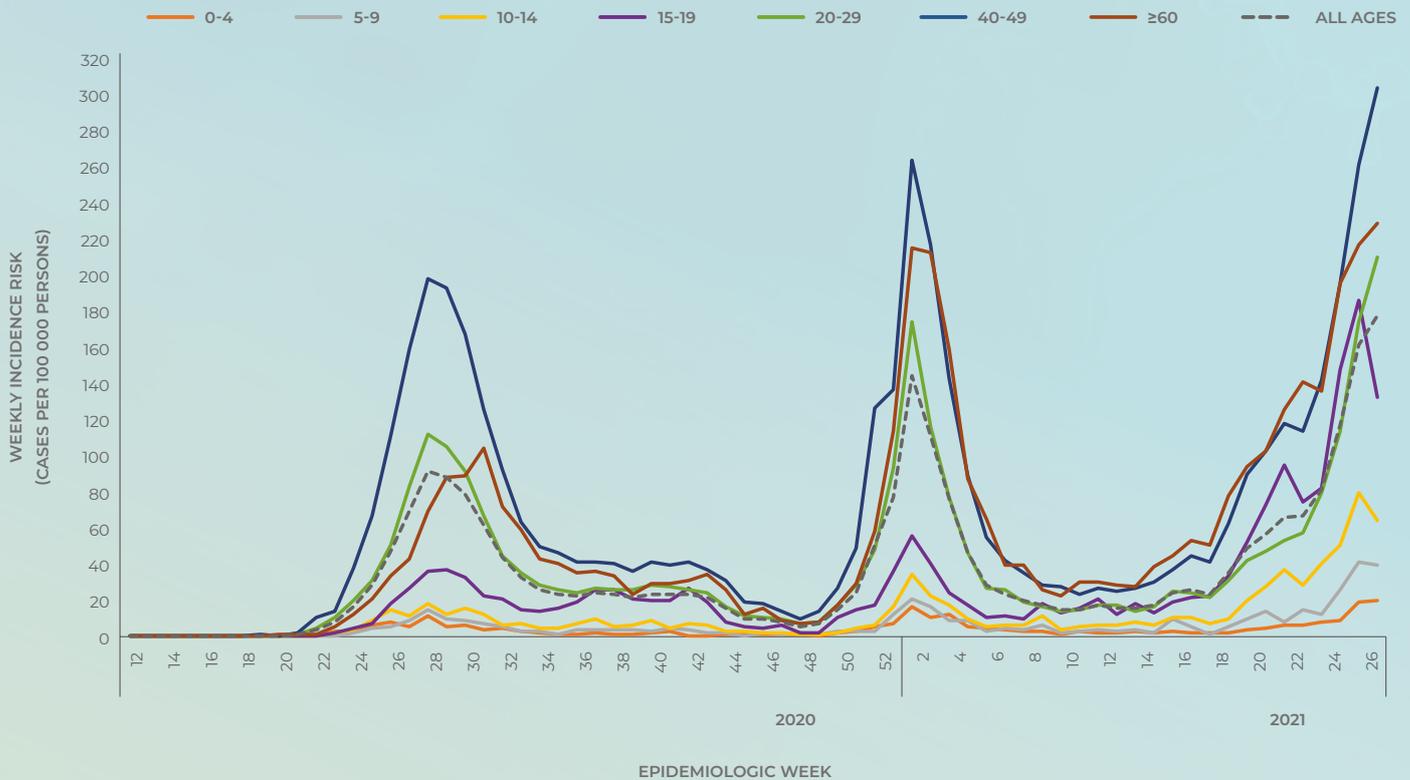
From week 18 to week 25 of 2021, the weekly incidence risk among the 15-19- year age group was higher (range 33.3 to 184.5 cases per 100 000 persons) than that reported among the 20-39-year age group (range 30.9 -172.4 cases per 100 000). In the past week, four age groups (0-4, 20-39, 40-59 and ≥60-year age groups) reported an increase in weekly incidence risk, compared to the previous week (Figure 26). The increase ranged from 1.5 cases per 100 000 persons (8.0% increase) in the 0-4-year to 42.8 cases per 100 000 persons (16.5% 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 and second wave peaks.



**Figure 25.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, North West Province, 3 March 2020 -3 July 2021 (n=82 017, 19 079 missing district)

# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 26 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 July 2021 (n=99 883, 1 213 missing age)

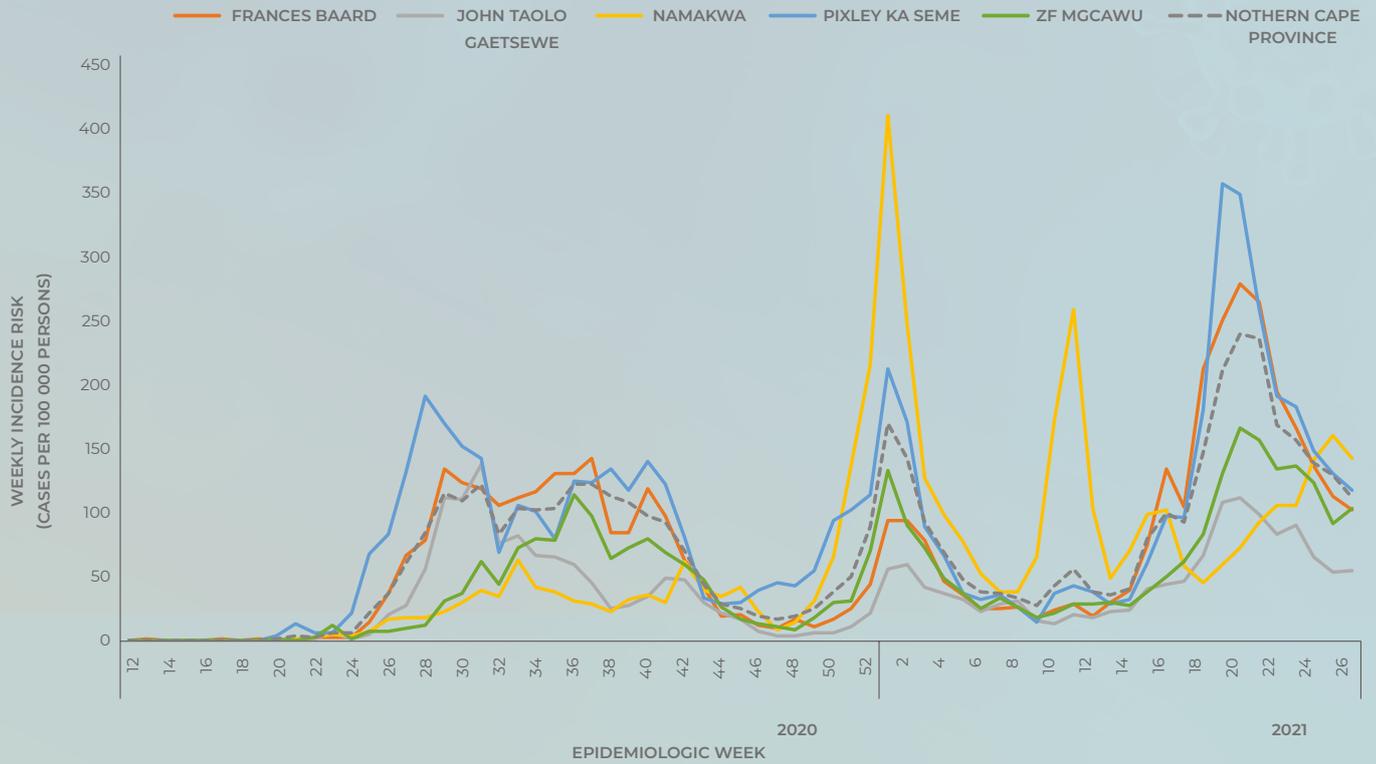
## Northern Cape Province

Of the 60 172 cases reported from the Northern Cape Province, 51 033 (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 John Taolo Gaetsewe (1.1 cases per 100 000 persons, 2.1% increase) and the ZF Mgcawu (11.4 cases per 100 000 persons, 12.6% increase) districts, which reported an increase in weekly incidence risk, compared to the previous week (Figure 27). The decrease ranged from 10.4 cases per 100 000 persons (9.3% decrease) in the Frances Baard to 18.2 cases per 100 000 persons (11.5% decrease) in the Namakwa 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.

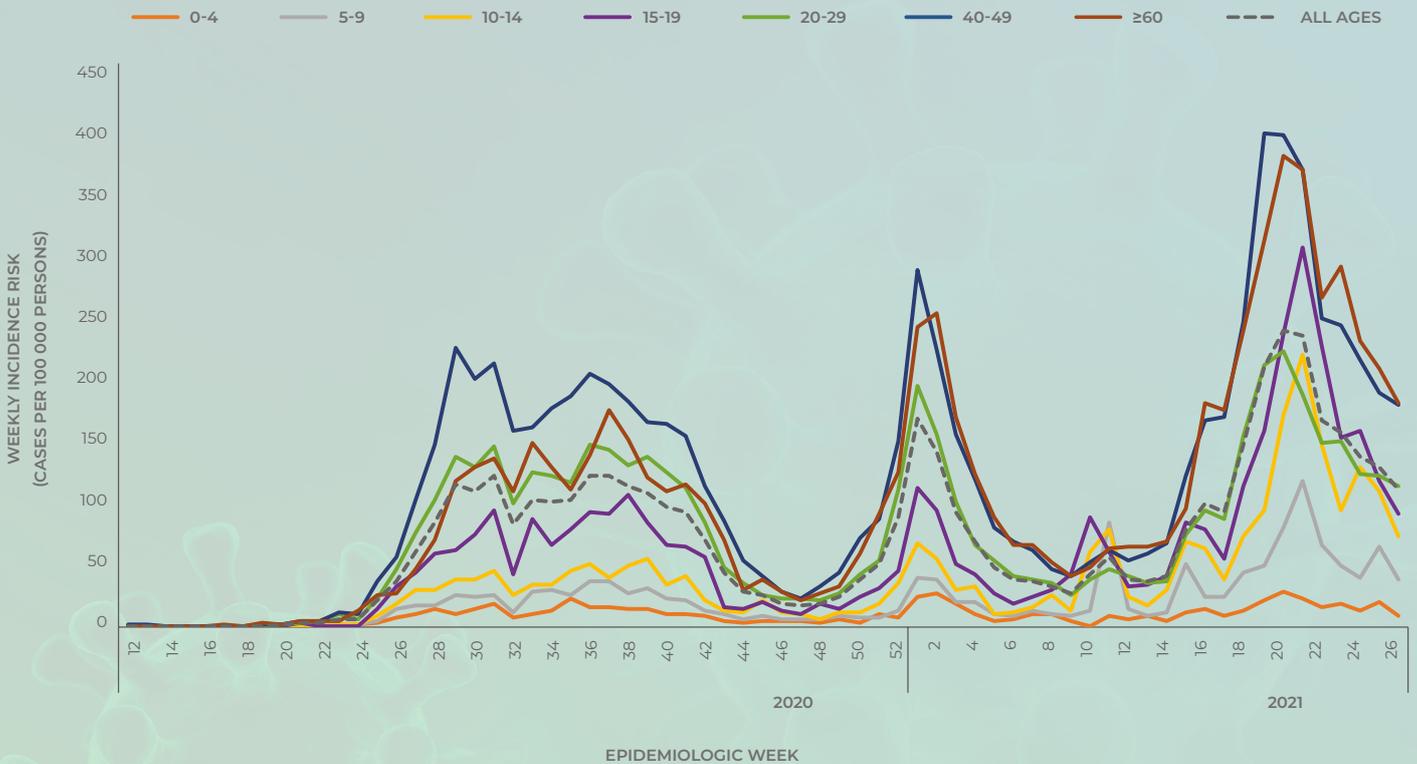
From week 20 to week 24 of 2021, the weekly incidence risk among the 15-19- year age group was higher (range 151.4 to 302.7 cases per 100 000 persons) than that reported among the 20-39-year age group (range 121.8 -220.0 cases per 100 000). In the past week, all the age groups reported a decrease in weekly incidence risk, compared to the previous week (Figure 28). The decrease ranged from 9.2 cases per 100 000 persons (7.6% decrease) in the 20-39-year to 37.1 cases per 100 000 persons (34.1% decrease) in the 10-14-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 26 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 July 2021 (n=51 033, 9 139 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 July 2021 (n=59 704, 468 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, 2 062 896 cases, including 63 506 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  $\geq 7$  weeks. Gauteng Province, is driving the current wave of increase in number of cases, reporting the majority of new cases detected in the country in the past four weeks. However, in the past week it was one of the three provinces which reported a decrease in number of cases. The Nelson Mandela Metro and Sarah Baartman District 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. 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.