

# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

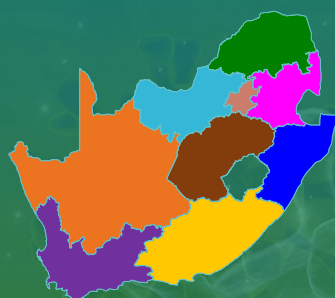


NATIONAL INSTITUTE FOR  
COMMUNICABLE DISEASES

Division of the National Health Laboratory Service

SOUTH AFRICA WEEK 27 2021

## CUMULATIVE DATA FROM



CASES

21 95 599  
IN TOTAL

113 728  
THIS WEEK\*\*

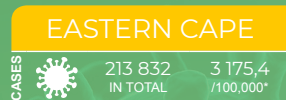
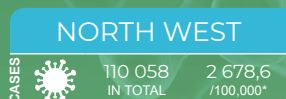


PERSONS

3 682,5  
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 10 July 2021 (week 27 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 10 July 2021, a total of 2 195 599 laboratory-confirmed COVID-19 cases had been detected in South Africa. Of these, 132 703 were cases reported since the last report (week 26 of 2021). There was a 15.3% decrease in the number of new cases detected in week 27 of 2021 (113 728) compared to the number of new cases detected in week 26 of 2021 (134 203).
- An additional 2 968 deaths were reported since the last report. The overall case-fatality ratio is 3.0% (66 474/2 195 599).
- Similar to the previous few weeks, in the past week, the Gauteng Province reported the majority of the new cases detected (57 994/113 728, 51.0%) followed by the Western Cape Province (14 270/113 728, 12.5%) and other provinces reported between 1.3% and 8.2% each.
- In the past week, all the provinces reported a decrease in weekly incidence risk, except the Mpumalanga (4.4 cases per 100 000 persons, 3.2% increase), KwaZulu-Natal (6.7 cases per 100 000 persons, 9.0% increase), and the Limpopo (18.1 cases per 100 000 persons, 12.9% increase) provinces, which reported an increase in weekly incidence risk, compared to the previous week. Some of the reductions in weekly incidence risk may be due to delayed reporting.
- In the past week, the Gauteng Province reported the highest weekly incidence risk (374.4 cases per 100 000 persons), followed by the Western Cape Province (203.7 cases per 100 000 persons), the North West Province (194.5 cases per 100 000 persons), and the Limpopo Province (159.0 cases per 100 000 persons).
- Since 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, 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

190,7  
CASES PER  
100 000  
PERSONS

51,0%  
OF CASES  
REPORTED IN  
GAUTENG IN  
CURRENT WEEK

IN CURRENT  
WEEK, THE  
HIGHEST  
WEEKLY  
INCIDENCE RISK  
WAS IN CASES  
AGED 50-54  
YEARS (395,5  
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 10 July 2021, a total of 2 195 599 laboratory-confirmed COVID-19 cases were reported in South Africa (Figures 1 and 2). This is 132 703 more cases than the number reported in the last report (week 26 of 2021 report). The number of new cases detected in week 27 of 2021 (113 728) was lower than the number of new cases detected in week 26 of 2021 (134 203), this represented a 15.3% decrease in the number of new cases compared to the previous week. Similar to the previous few weeks, in the past week, the Gauteng Province reported majority of new cases (57 994/113 728, 51.0%) followed by Western Cape (14 270/113 728, 12.5%), and other provinces reported between 1.3% and 8.2% each (Table 1). Five provinces, Gauteng (772 196/2 195 599, 35.2%), KwaZulu-Natal (370 496/2 195 599, 16.9%), Western Cape (348 159/2 195 599, 15.9%), Eastern Cape (213 832/2 195 599, 9.7%), and Free State (120 073/2 195 599, 5.5%) continued to report the majority (1 824 756/2 195 599, 83.1%) 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 26 to week 27 of 2021.

The cumulative incidence risk for the country increased from 3 491.8 cases per 100 000 persons in week 26 of 2021 to 3 682.5 cases per 100 000 persons in week 27 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 Gauteng Province reported the highest cumulative incidence risk (4 985.7 cases per 100 000 persons), followed by the Western Cape Province (4 969.6 cases per



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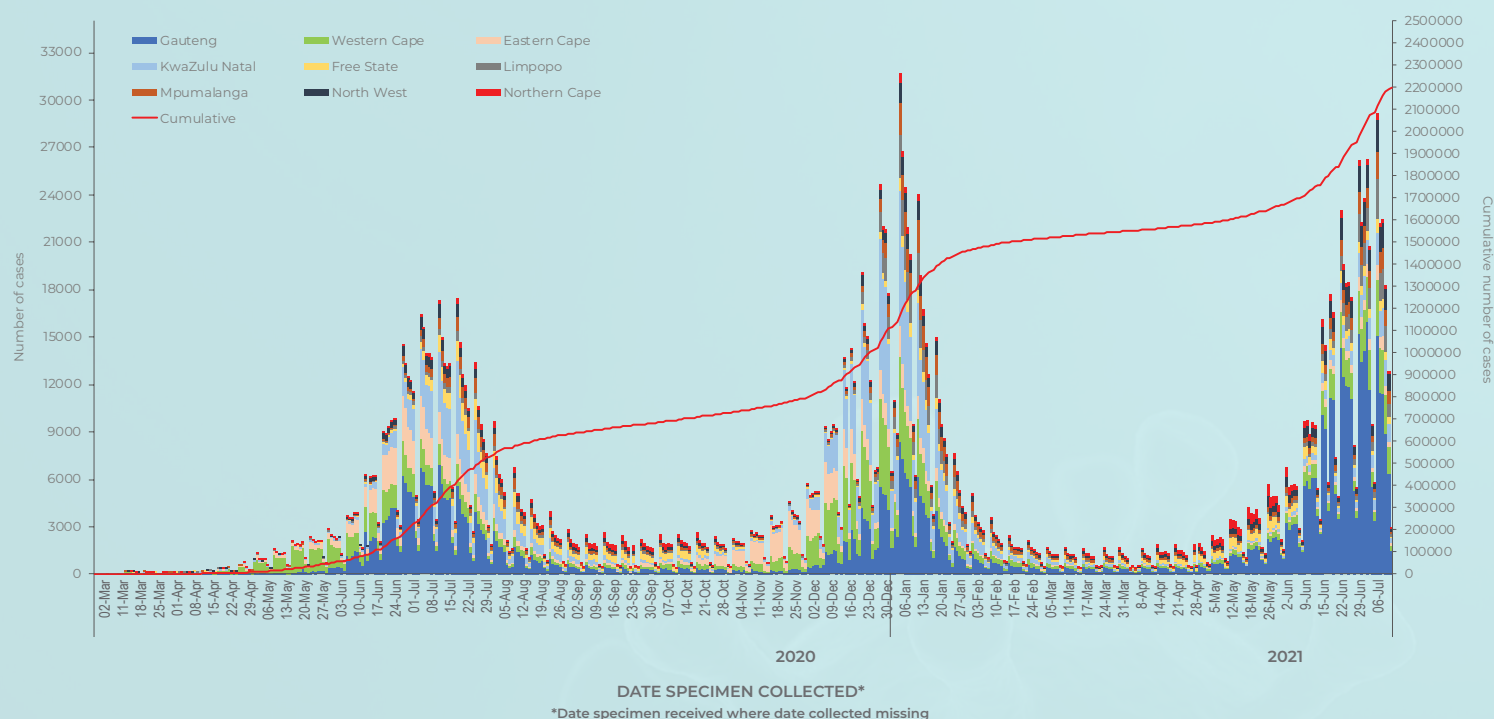
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100 000 persons), the Northern Cape Province (4 780.8 cases per 100 000 persons), the Free State Province (4 099.6 cases per 100 000 persons), the KwaZulu-Natal Province (3 212.9 cases per 100 000 persons), and the Eastern Cape Province (3 175.4 cases per 100 000 persons). In the past week, the Gauteng Province replaced Western Cape Province as the province with the 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 (1 578.7 cases per 100 000 persons).

In the past week, the Gauteng Province reported the highest weekly incidence risk (374.4 cases per 100 000 persons), followed by the Western Cape Province (203.7 cases per 100 000 persons), the North West Province (194.5 cases per 100 000 persons), and the Limpopo Province (159.0 cases per 100 000 persons). In the past week, all the provinces reported a decrease in weekly incidence risk, except the Mpumalanga (4.4 cases per 100 000 persons, 3.2% increase), KwaZulu-Natal (6.7 cases per 100 000 persons, 9.0% increase), and Limpopo (18.1 cases per 100 000 persons, 12.9% increase) provinces, which reported an increase in weekly incidence risk, compared to the previous week (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.

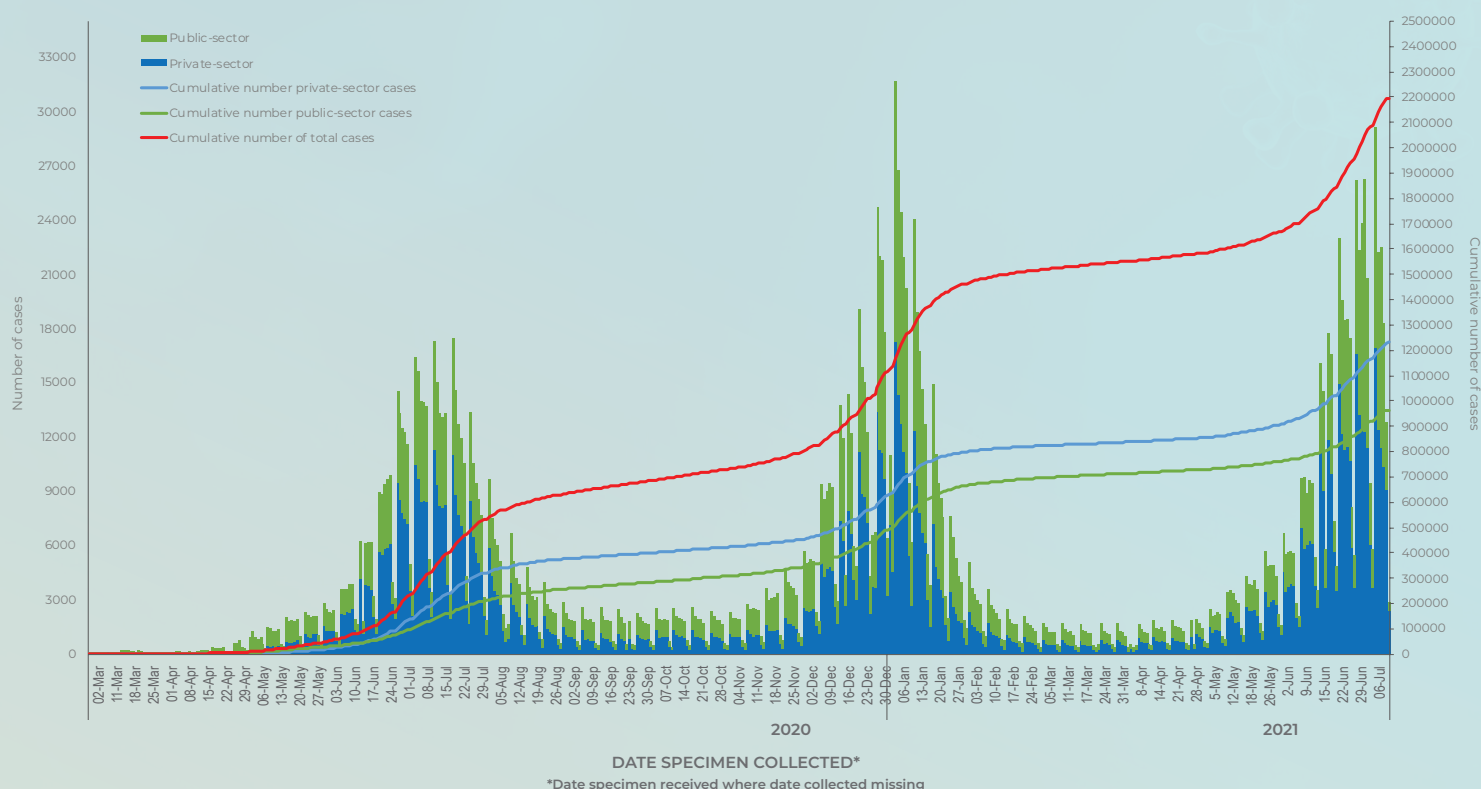
Among the five provinces reporting the majority of cases in South Africa to date, doubling time of number of cases varied with time. In week 26 of 2021, the estimated doubling time of number of cases decreased in all provinces. The estimated doubling time decreased in the KwaZulu-Natal Province (from 286.8 days to 178.2 days, 37.9% decrease), the Eastern Cape Province (from 266.8 days to 214.1 days, 19.8% decrease), the Free State Province (from 158.7 days to 147.3 days, 7.2% decrease), the Western Cape Province (from 129.8 days to 94.0 days, 27.5% decrease), and the Gauteng Province (from 36.6 days to 35.7 days, 2.5% decrease) (Figure 5). The case-fatality ratio (CFR) was 3.0% (66 474/2 195 599); an additional 2 968 deaths were reported since the last report. The number of deaths reported in the past week was lower than the number reported in the previous week, 2 968 deaths compared to 3 606 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 –10 July 2021 (n=2 195 599)

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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, 10 March 2020 –10 July 2021 (n=2 195 599)

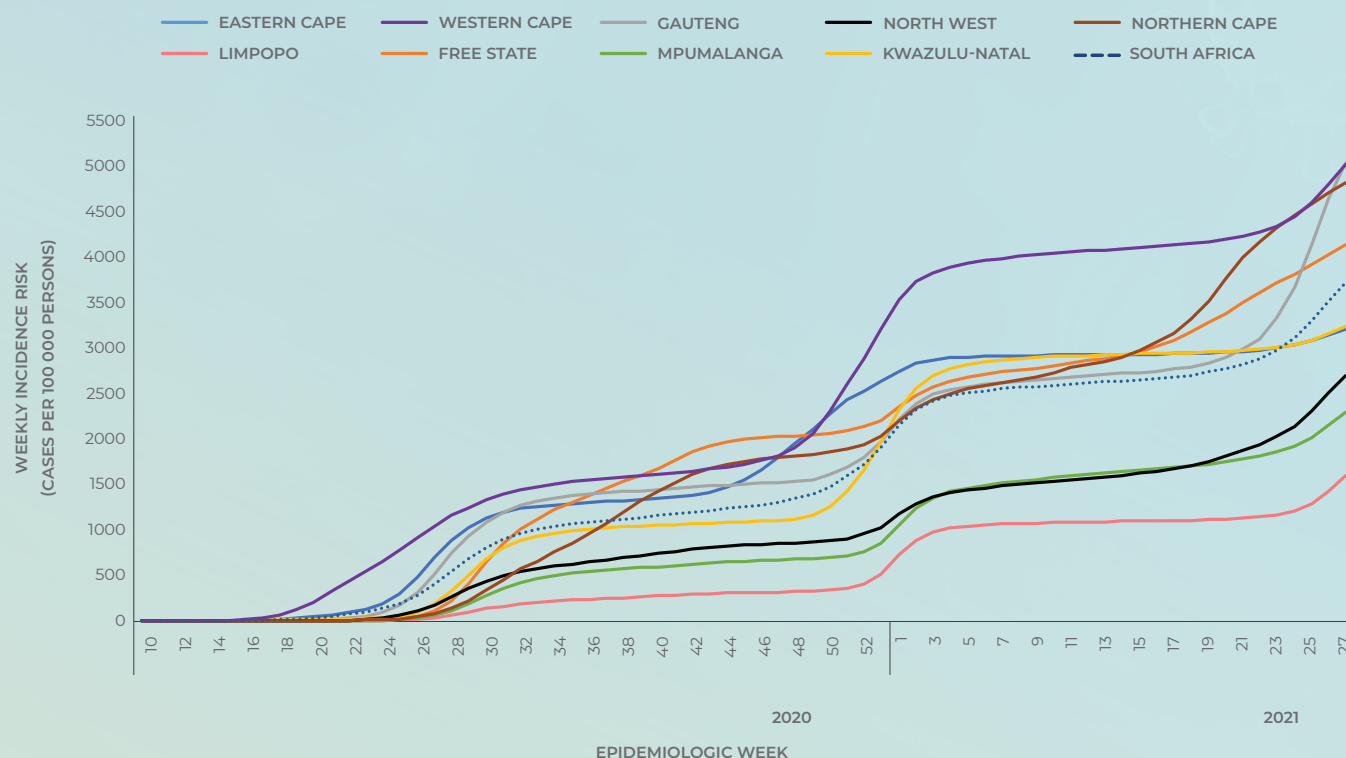
**Table 1.** Number and cumulative/weekly incidence risk of laboratory-confirmed cases of COVID-19 and testing per 100 000 persons by province, South Africa, 3 March 2020 –10 July 2021 (n=2 195 599)

Province	Cumulative cases (n) (percentage, n/ total cases in South Africa)	New cases <sup>1</sup> detected in week 27 (4-10 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 27 of 2021 (cases/100 000 persons)	Tests <sup>4</sup> per 100 000 persons, 4-10 July 2021
Eastern Cape	213 832 (9.7)	3 812 (3.4)	6 734 001	3 175.4	56.6	372.3
Free State	120 073 (5.5)	2 987 (2.6)	2 928 903	4 099.6	102.0	530.7
Gauteng	772 196 (35.2)	57 994 (51.0)	15 488 137	4 985.7	374.4	1 089.8
KwaZulu-Natal	370 496 (16.9)	9 306 (8.2)	11 531 628	3 212.9	80.7	510.8
Limpopo	92 396 (4.2)	9 307 (8.2)	5 852 553	1 578.7	159.0	340.6
Mpumalanga	106 583 (4.9)	6 612 (5.8)	4 679 786	2 277.5	141.3	440.6
North West	110 058 (5.0)	7 991 (7.0)	4 108 816	2 678.6	194.5	614.5
Northern Cape	61 806 (2.8)	1 449 (1.3)	1 292 786	4 780.8	112.1	583.9
Western Cape	348 159 (15.9)	14 270 (12.5)	7 005 741	4 969.6	203.7	847.3
Unknown						
<b>Total</b>	<b>2 195 599</b>	<b>113 728</b>	<b>59 622 350</b>	<b>3 682.5</b>	<b>190.7</b>	<b>672.6</b>

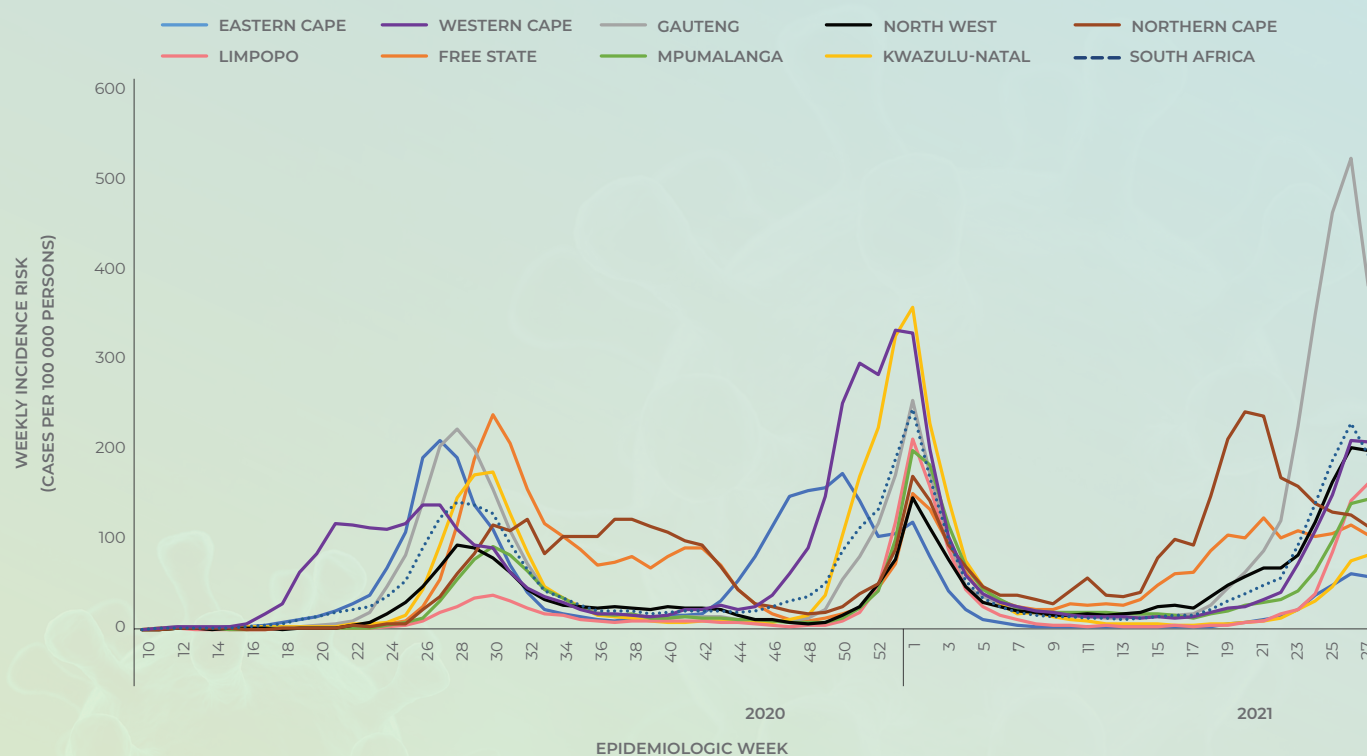
<sup>1</sup>New cases refer to cases whose samples were collected or received in the current reporting week; <sup>2</sup>Percentage=n/total number of new cases (specimen collected or received in current reporting week); <sup>3</sup>2020 Mid-year population Statistics South Africa <sup>4</sup>Data on 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 –10 July 2021 (n=2 195 599)

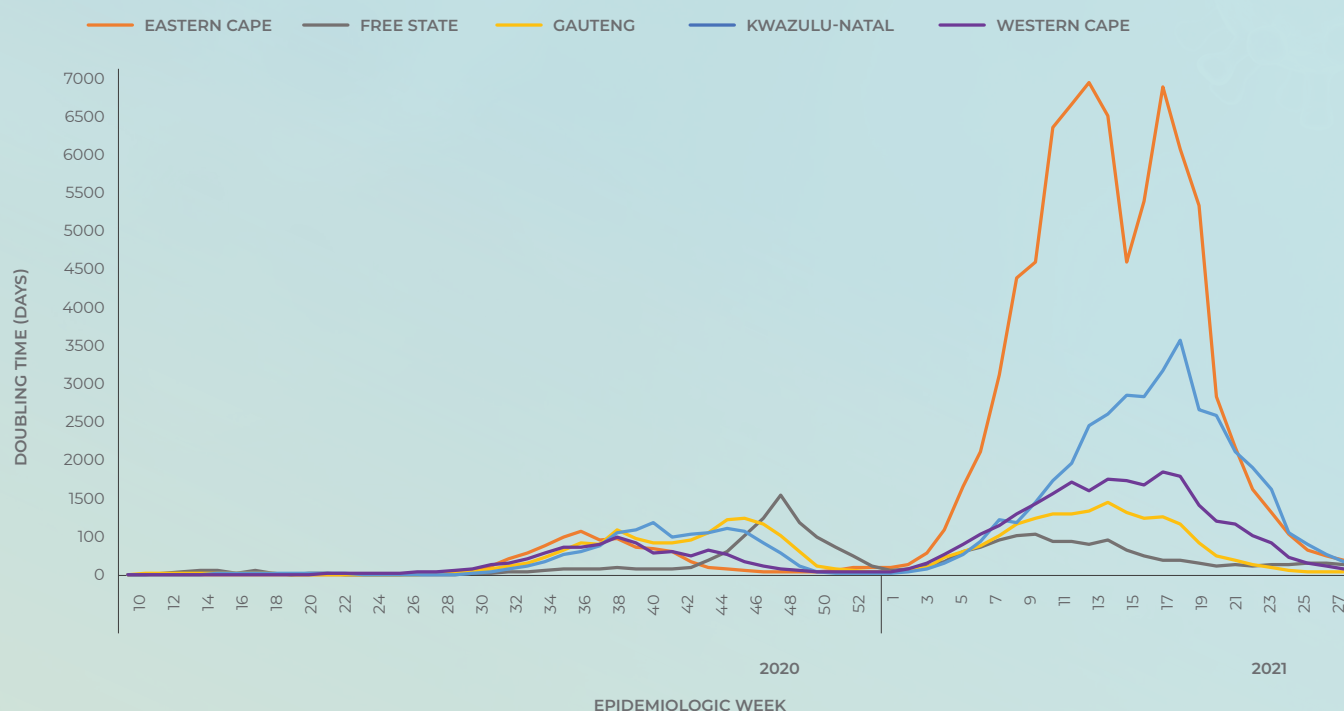


**Figure 4.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week, South Africa, 3 March 2020 –10 July 2021 (n=2 195 599)



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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 –3 July 2021 (n=2 081 784)

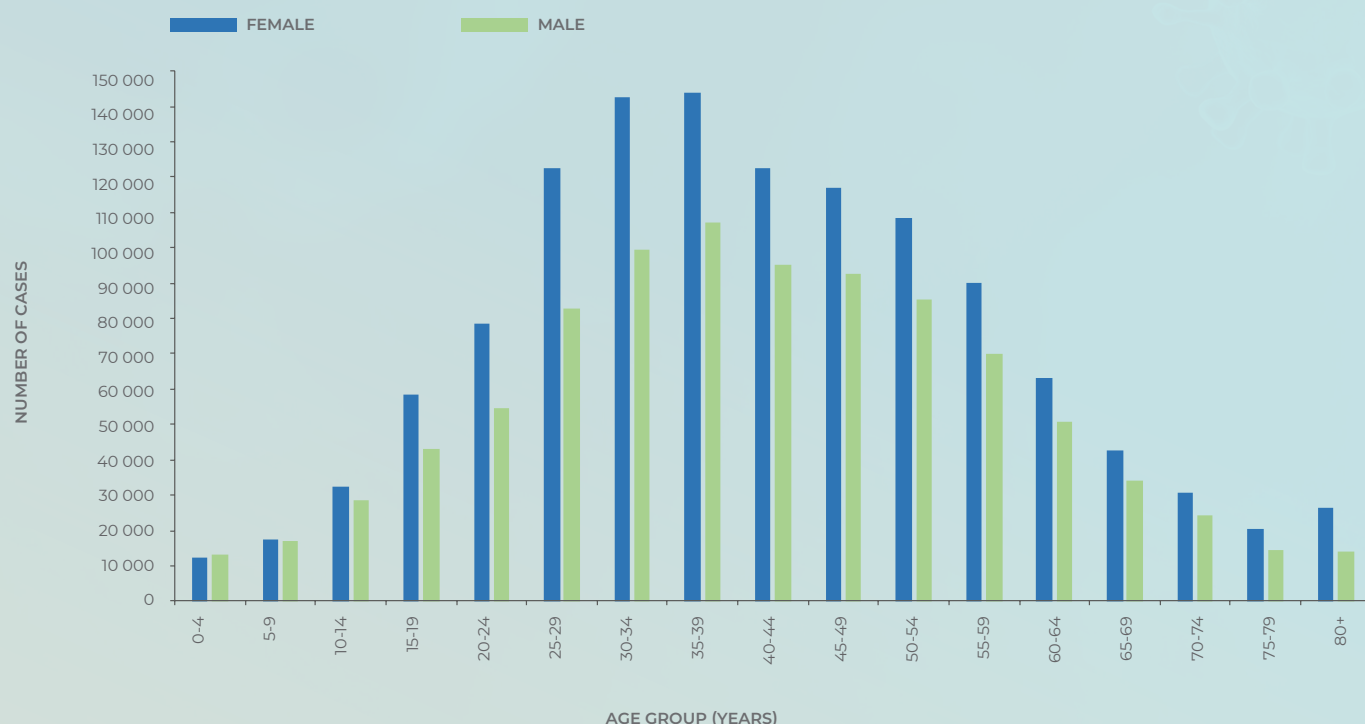
## Characteristics of COVID-19 cases in South Africa by age and sex

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 (252 989/2 176 166, 11.6%) and 30-34-year (244 001/2 176 166, 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 (14 214/112 829, 12.6%), and 30-34-year (13 384/112 829, 11.9%) age groups. The median age for cases reported in week 27 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 (7 583.0 cases per 100 000 persons), followed by cases aged 55-59-year (7 290.9 cases per 100 000 persons) and cases aged ≥80 years (7 104.6 cases per 100 000 persons). The lowest cumulative incidence risk was reported in the younger age-groups, 453.5 cases per 100 000 persons and 617.0 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 27 of 2021 was reported in cases 50-54 years (395.5 cases per 100 000 persons), followed by cases in the 55-59-year age group (378.8 cases per 100 000 persons), and the lowest weekly incidence risk was in the 0-4-year age group (27.2 cases per 100 000 persons) (Figure 8 and Table 2).

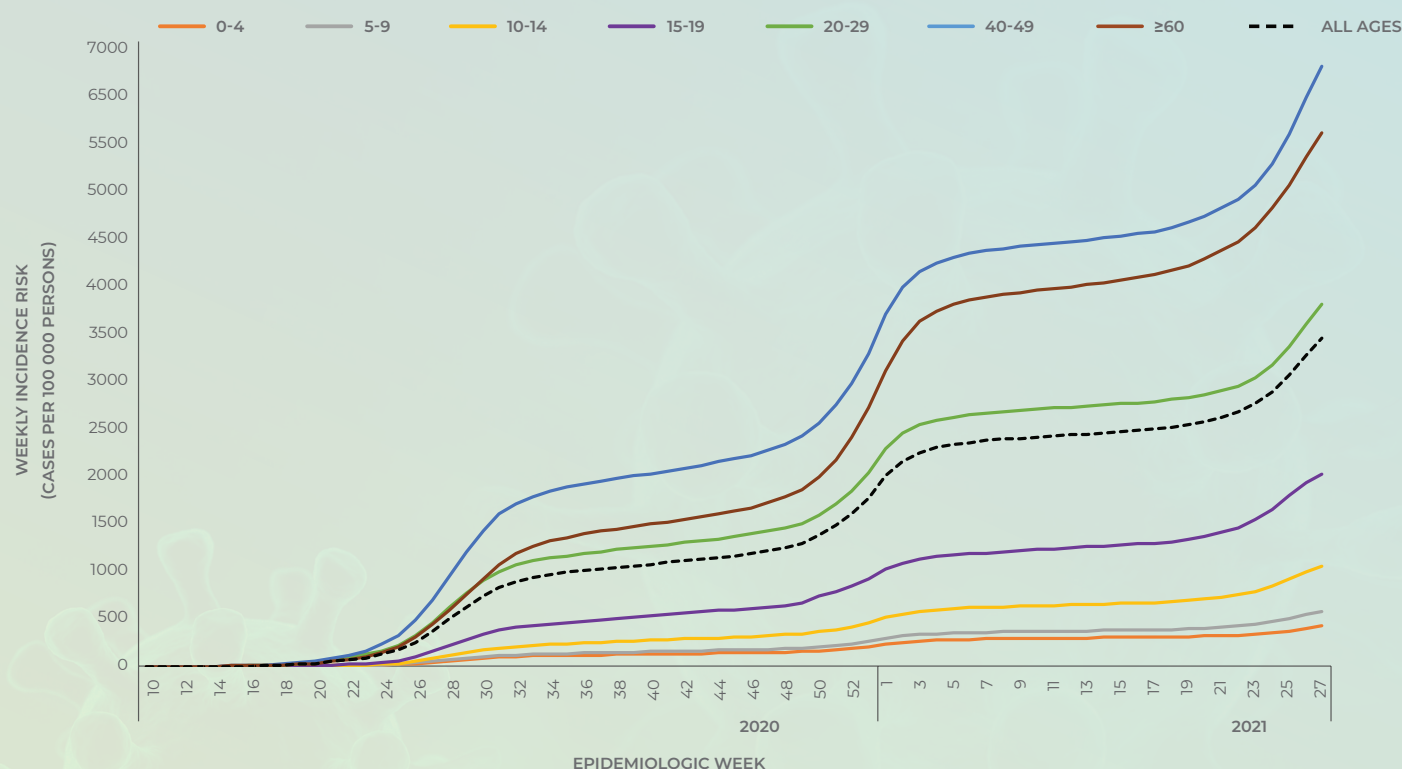
To date, the majority of COVID-19 cases reported were female 57.0% (1 239 569/2 173 852). This trend continued in the past week where 54.7% (61 738/112 781) of cases were female. The cumulative incidence risk has remained consistently higher among females (4 031.1 cases per 100 000 persons) than among males (3 182.2 cases per 100 000 persons) (Figure 9). The peak cumulative incidence risk was in the 50-54-year-age group (7 801.3 cases per 100 000 persons) for females, and in the ≥80-year-age group (7 572.3 cases per 100 000 persons) for males (Figure 10). In week 27 of 2021, the highest weekly incidence risk was in the 50-54-year age group for both females (387.8 cases per 100 000 persons) and males (400.1 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 –10 July 2021 (n=2 156 188, sex/age missing for 39 411)

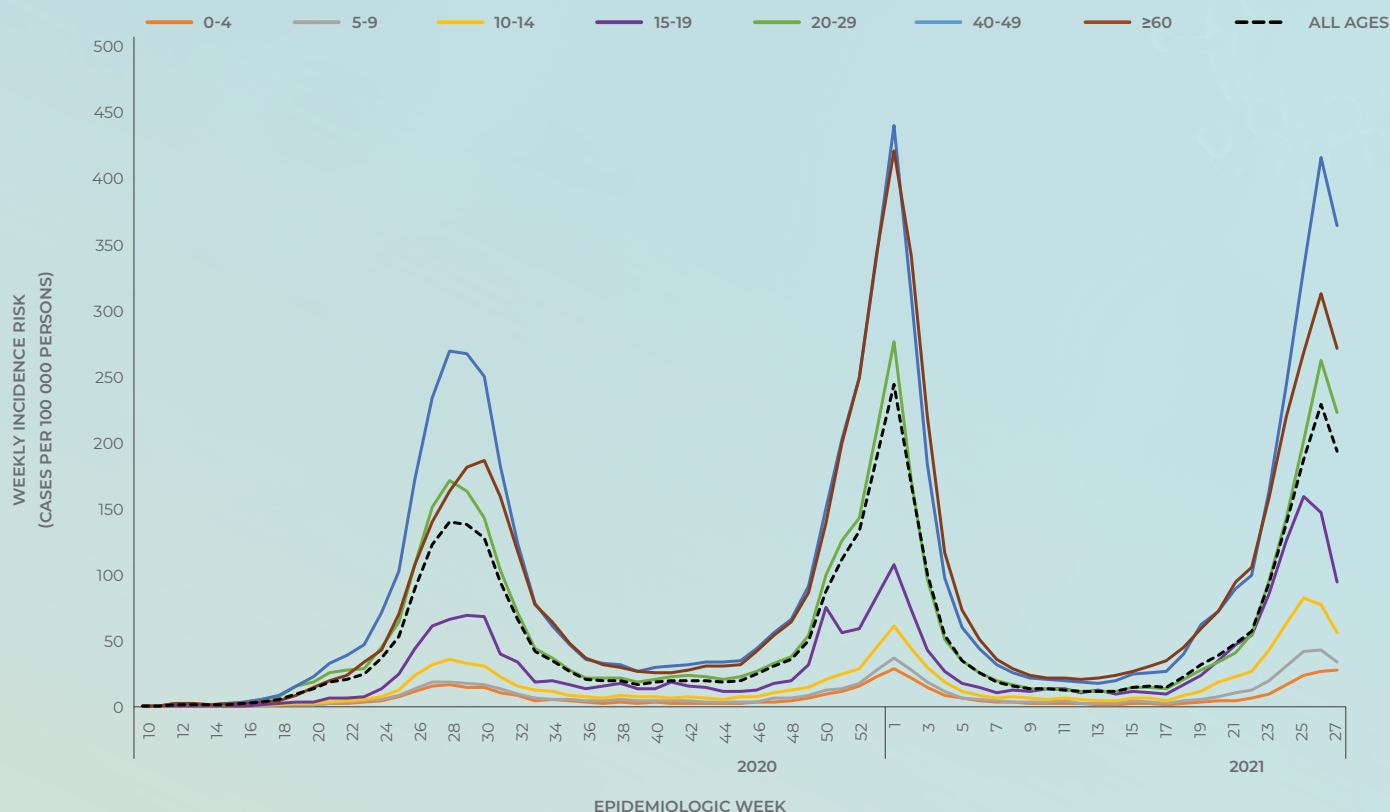


**Figure 7.** Cumulative incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, South Africa, 3 March 2020-10 July 2021 (n=2 176 166, 19 433 missing age)

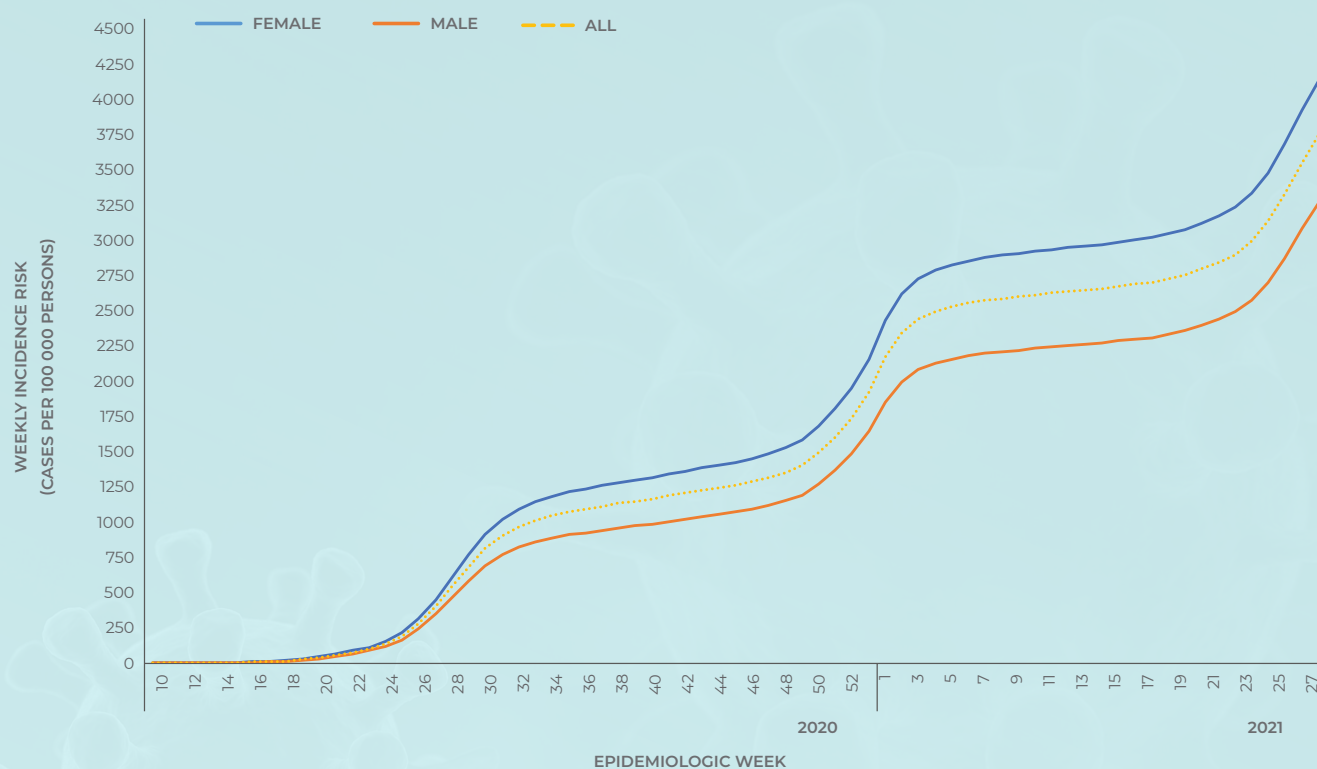


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**Figure 8.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, South Africa, 3 March 2020 -10 July 2021 (n=2 176 166, 19 433 missing age)



**Figure 9.** Cumulative incidence risk by sex and epidemiologic week, South Africa, 3 March 2020 -10 July 2021 (n=2 173 852, sex missing for 21 747)

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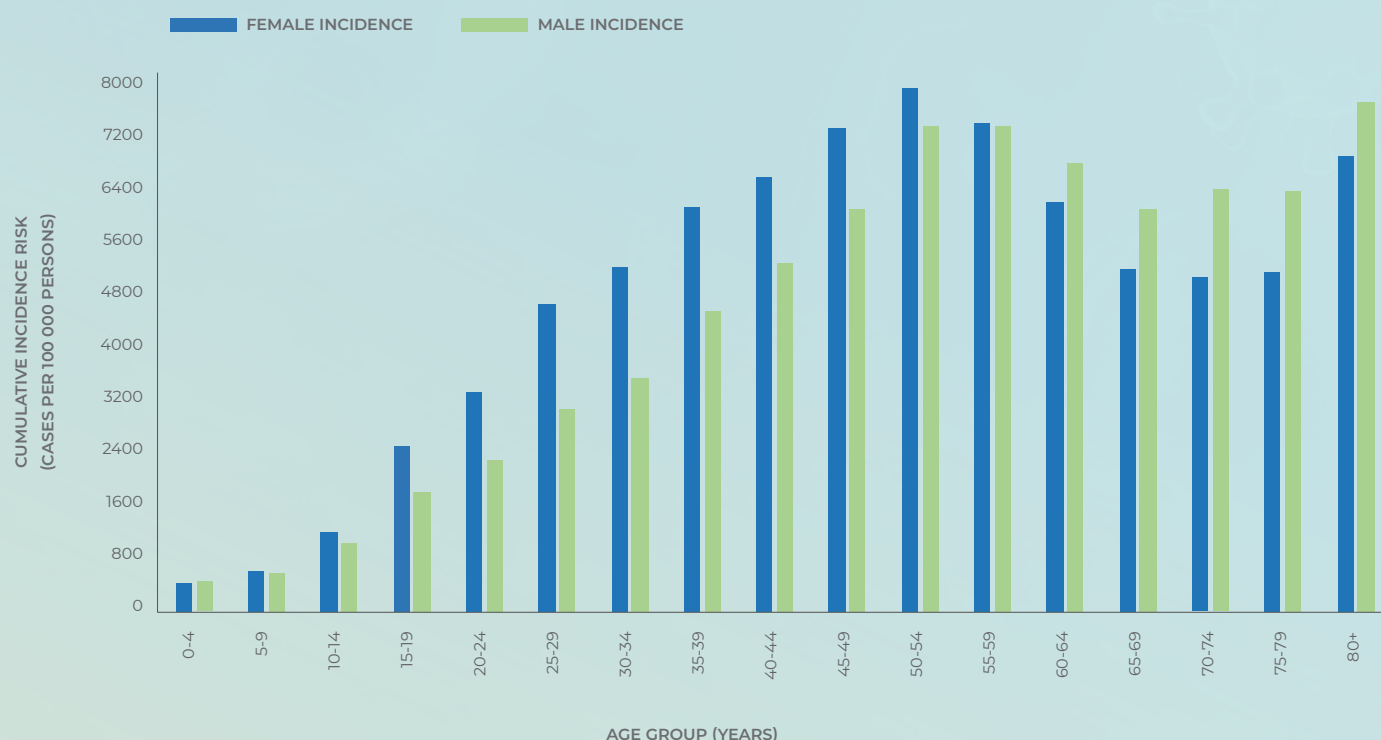
**Table 2.** Number of laboratory-confirmed cases of COVID-19 and cumulative/weekly incidence risk by age group, South Africa, 3 March 2020 –10 July 2021, n=2 176 166, 19 433 missing age)

Age group (years)	Cumulative cases (n) (percentage, n/total cases in South Africa)	New cases <sup>1</sup> detected in week 27 (4-10 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 27 of 2021 (cases/100 000 persons)
0-4	26 049 (1.2)	1 563 (1.4)	5 743 450	453.5	27.2
5-9	35 267 (1.6)	1 897 (1.7)	5 715 952	617.0	33.2
10-14	62 611 (2.9)	3 079 (2.7)	5 591 553	1 119.7	55.1
15-19	103 088 (4.7)	4 433 (3.9)	4 774 579	2 159.1	92.8
20-24	134 650 (6.2)	6 943 (6.2)	4 823 367	2 791.6	143.9
25-29	207 232 (9.5)	10 846 (9.6)	5 420 754	3 822.9	200.1
30-34	244 001 (11.2)	13 384 (11.9)	5 641 750	4 324.9	237.2
35-39	252 989 (11.6)	14 214 (12.6)	4 798 293	5 272.5	296.2
40-44	219 284 (10.1)	11 820 (10.5)	3 733 942	5 872.7	316.6
45-49	210 756 (9.7)	11 571 (10.3)	3 169 648	6 649.2	365.1
50-54	194 978 (9.0)	10 169 (9.0)	2 571 263	7 583.0	395.5
55-59	161 224 (7.4)	8 377 (7.4)	2 211 309	7 290.9	378.8
60-64	114 625 (5.3)	5 095 (4.5)	1 796 316	6 381.1	283.6
65-69	77 589 (3.6)	3 436 (3.0)	1 408 665	5 508.0	243.9
70-74	55 571 (2.6)	2 516 (2.2)	1 007 174	5 517.5	249.8
75-79	35 239 (1.6)	1 659 (1.5)	637 062	5 531.5	260.4
≥80	41 013 (1.9)	1 827 (1.6)	577 273	7 104.6	316.5
Unknown	19 433	899			
<b>Total</b>	<b>2 195 599</b>	<b>113 728</b>	<b>59 622 350</b>	<b>3 682.5</b>	<b>190.7</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 – 10 July 2021 (n=2 156 188, sex/age missing for 39 411)

## 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 27 of 2021 all provinces reported a decrease in weekly incidence risk, except the Mpumalanga, Limpopo and KwaZulu-Natal provinces, which reported an increase in weekly incidence risk, compared to the previous week. Some of the reductions in weekly incidence risk may be due to delayed reporting. Changes in trends by district and age group for each province are presented below.

### Eastern Cape Province

Of the 213 832 cases reported from the Eastern Cape Province, 190 799 (89.2%) cases had allocation by district. Eastern Cape Province has been experiencing a steady increase in weekly incidence risk since week

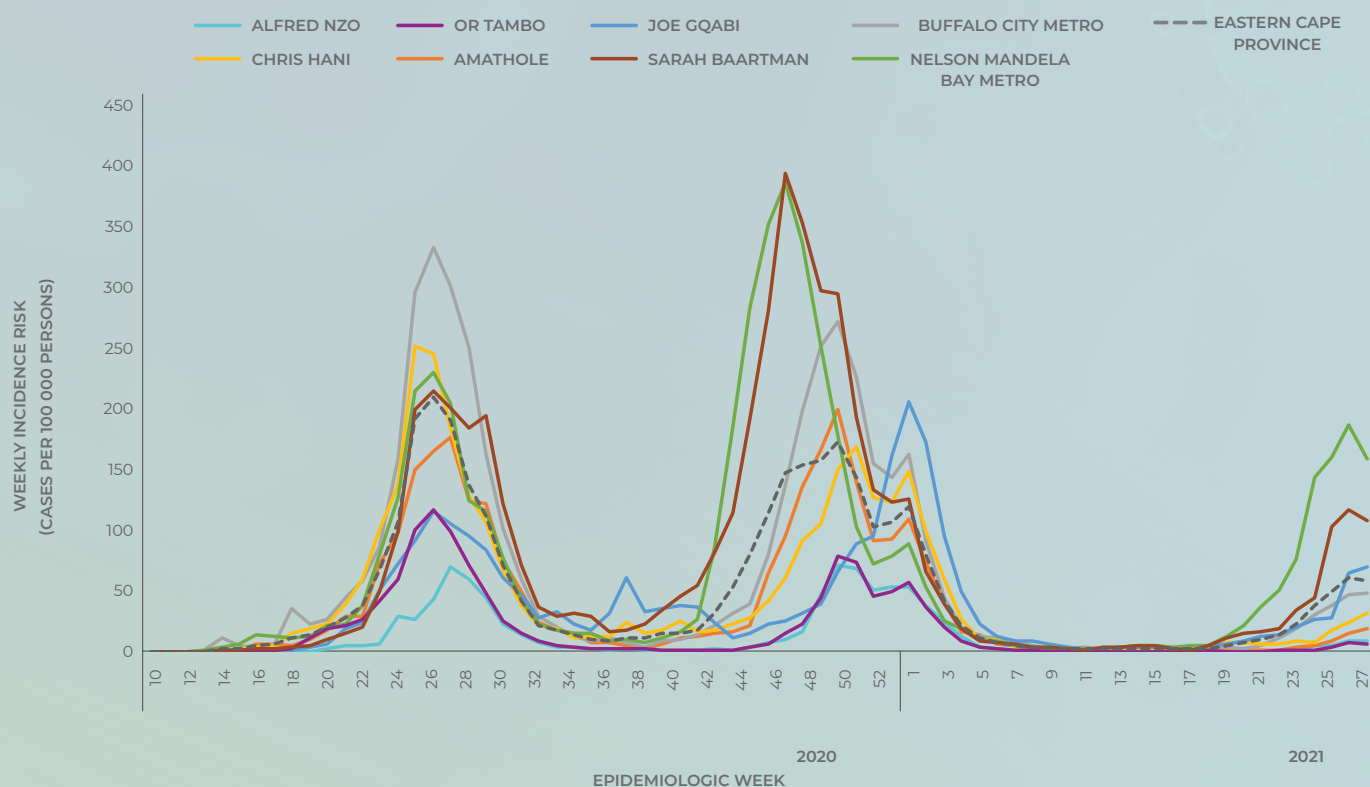
18 of 2021. The increase in the Eastern Cape Province is mainly driven by Nelson Mandela Bay Metro and Sarah Baartman District, which have been reporting a higher weekly incidence from week 20 of 2021 to date, compared to other districts. In the past week, all the districts reported an increase in weekly incidence risk, except the Nelson Mandela Bay Metro, Sarah Baartman and OR Tambo districts, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 11). The increase ranged from 0.4 cases per 100 000 persons (4.4% increase) in the Alfred Nzo to 7.6 cases per 100 000 persons (32.2% increase) in the Chis Hani districts.

In the past week, all the age groups reported a decrease in weekly incidence risk, compared to the previous week (Figure 12). The decrease ranged from 0.7 cases per 100 000 persons (5.3% decrease) in the 5-9-year to 10.5 cases per 100 000 persons (22.5% decrease) in the 15-19-year age groups.

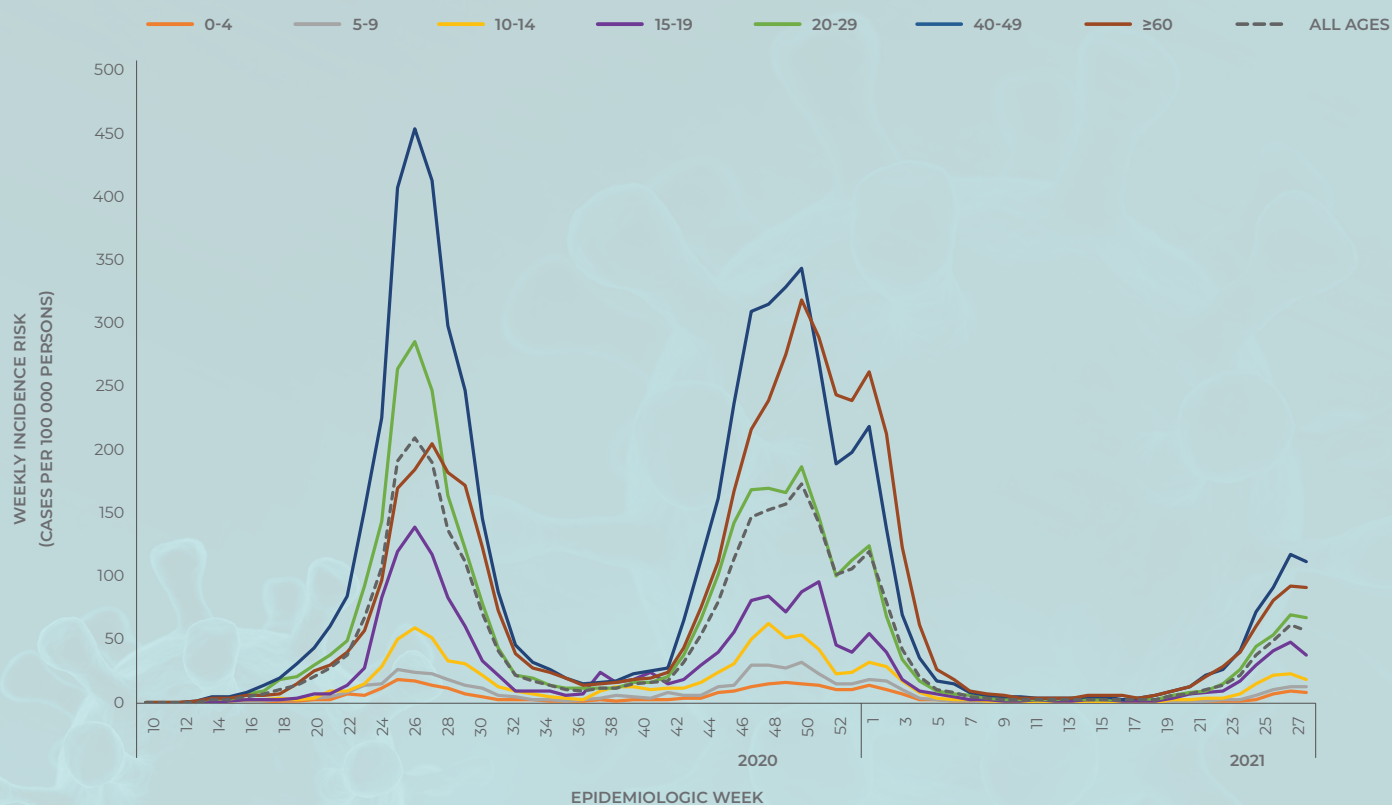


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**Figure 11.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Eastern Cape Province, 3 March 2020 –10 July 2021 (n=190 799, 23 033 missing district)



**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 –10 July 2021 (n=211 679, 2 153 missing age)

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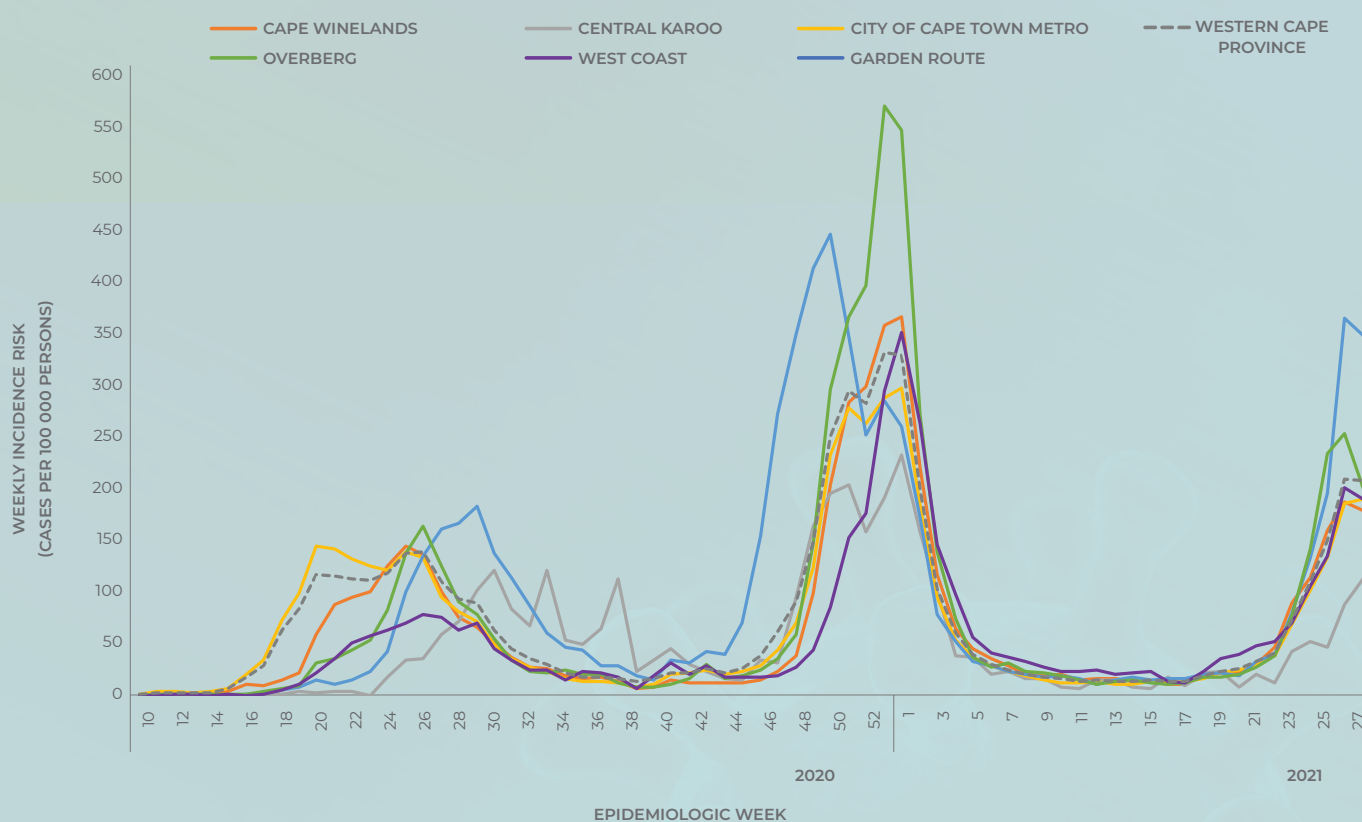
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## Western Cape Province

Of the 348 159 cases reported from the Western Cape Province, 329 625 (94.7%) cases had allocation by district. In week 27 of 2021, all the districts reported a decrease in weekly incidence risk, except the City of Cape Town Metro (4.1 cases per 100 000 persons, 2.2% increase) and the Central Karoo District (24.0 cases per 100 000 persons, 27.7% increase), which reported an increase in weekly incidence risk, compared to the previous week (Figure 13). In week 27 of 2021, 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.

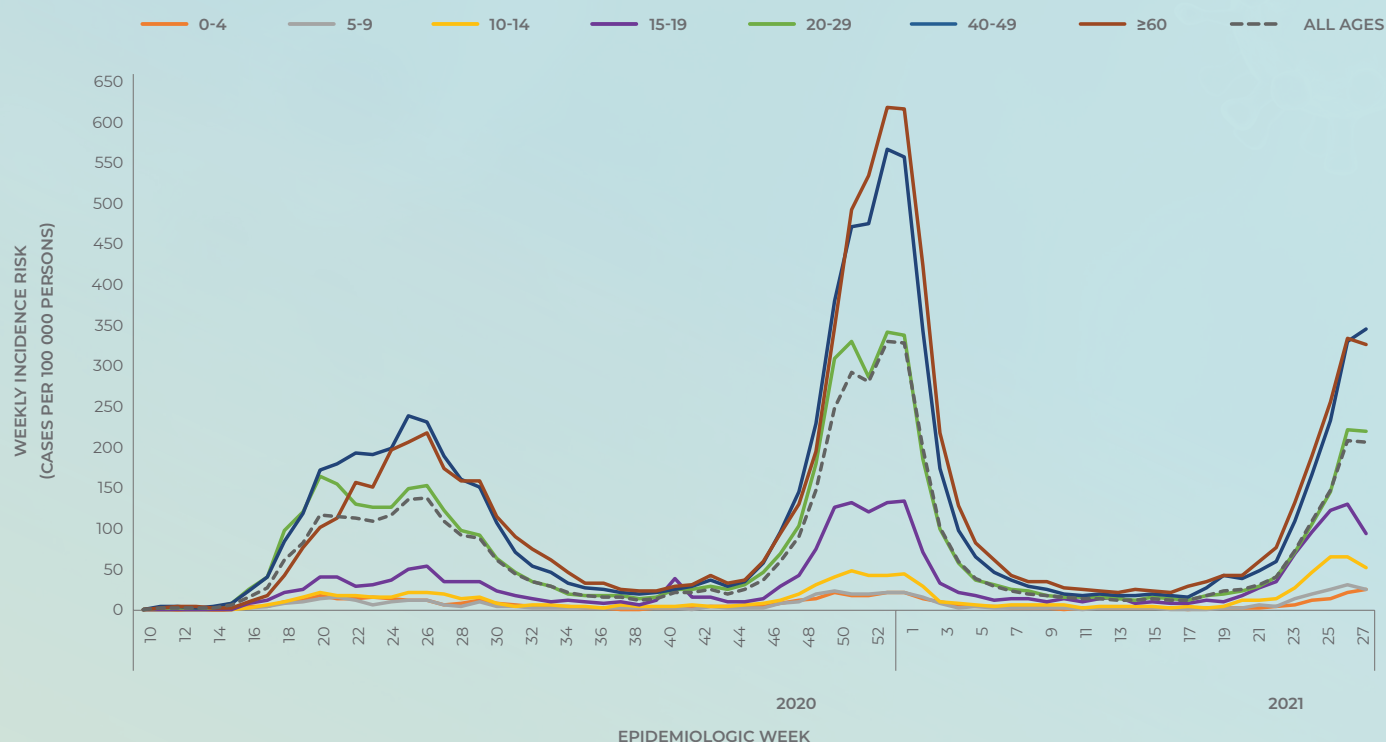
In the past week, all the age groups reported a decrease in weekly incidence risk, except the 0-4-year (3.9 cases per 100 000 persons, 17.7% increase) and the 40-59-year (13.9 cases per 100 000 persons, 4.3% increase) age group, which reported an increase in weekly incidence risk, compared to the previous week (Figure 14). From week 26 of 2021 to date, 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 –10 July 2021 (n=329 625, 18 534 missing district)

# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

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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 –10 July 2021 (n=347 047, 1 112 missing age)

## Gauteng Province

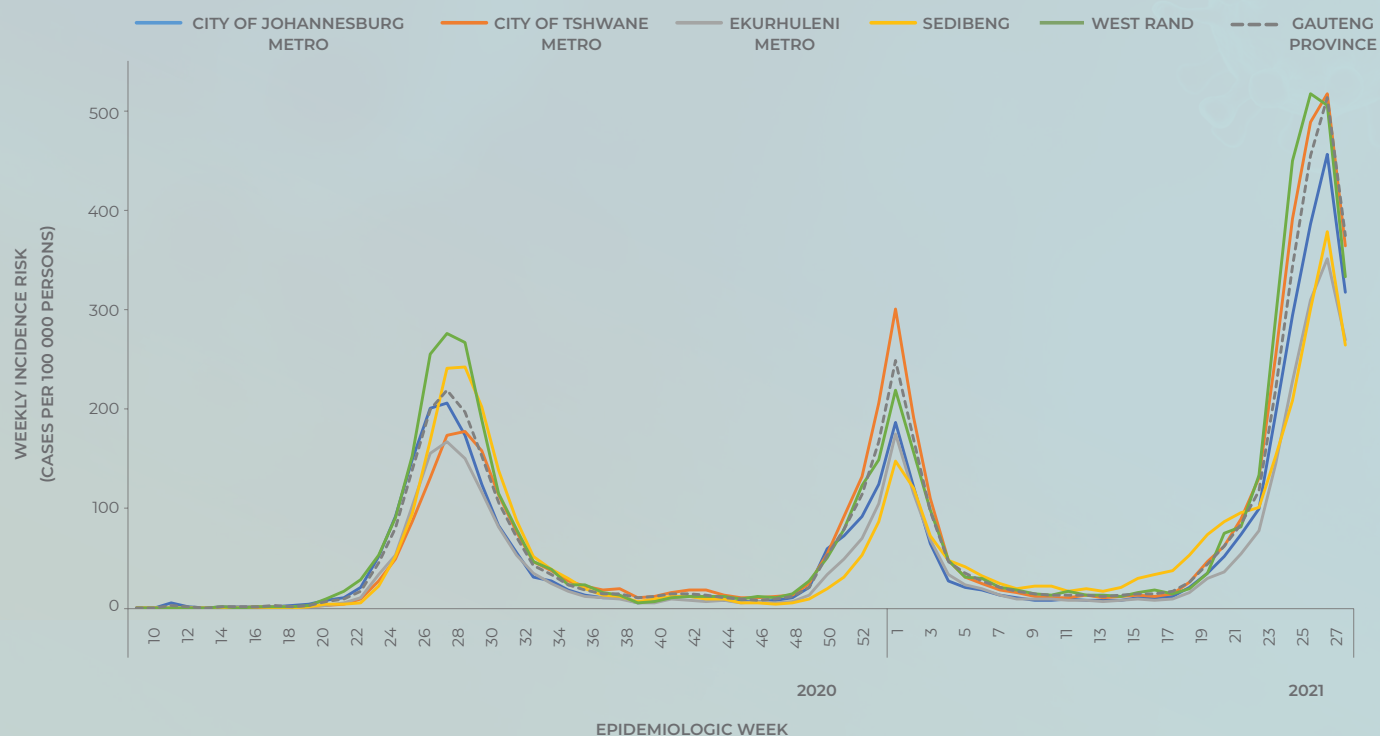
Of the 772 196 cases reported from the Gauteng Province, 666 095 (86.3%) had allocation by district. The Gauteng Province has been reporting a sustained steady increase in weekly incidence since week 18 of 2021. In the past week, all the districts reported a decrease in weekly incidence risk, compared to the previous week (Figure 15). The decrease ranged from 82.9 cases per 100 000 persons (23.5% decrease) in the Ekurhuleni Metro to 171.9 cases per 100 000 persons (34.0% decrease) in the West Rand District. Some of the decrease in weekly incidence risk 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 24.3 to 334.7 cases per 100 000 persons) than that reported among the 20-39-year age group (range 22.4 -322.7 cases per 100 000 persons). In the past week, all the age groups reported a decrease in weekly incidence risk, compared to the previous week (Figure 16). The decrease ranged from 6.7 cases per 100 000 persons (10.3% decrease) in the 0-4-year to 226.3 cases per 100 000 persons (26.1% decrease) 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.

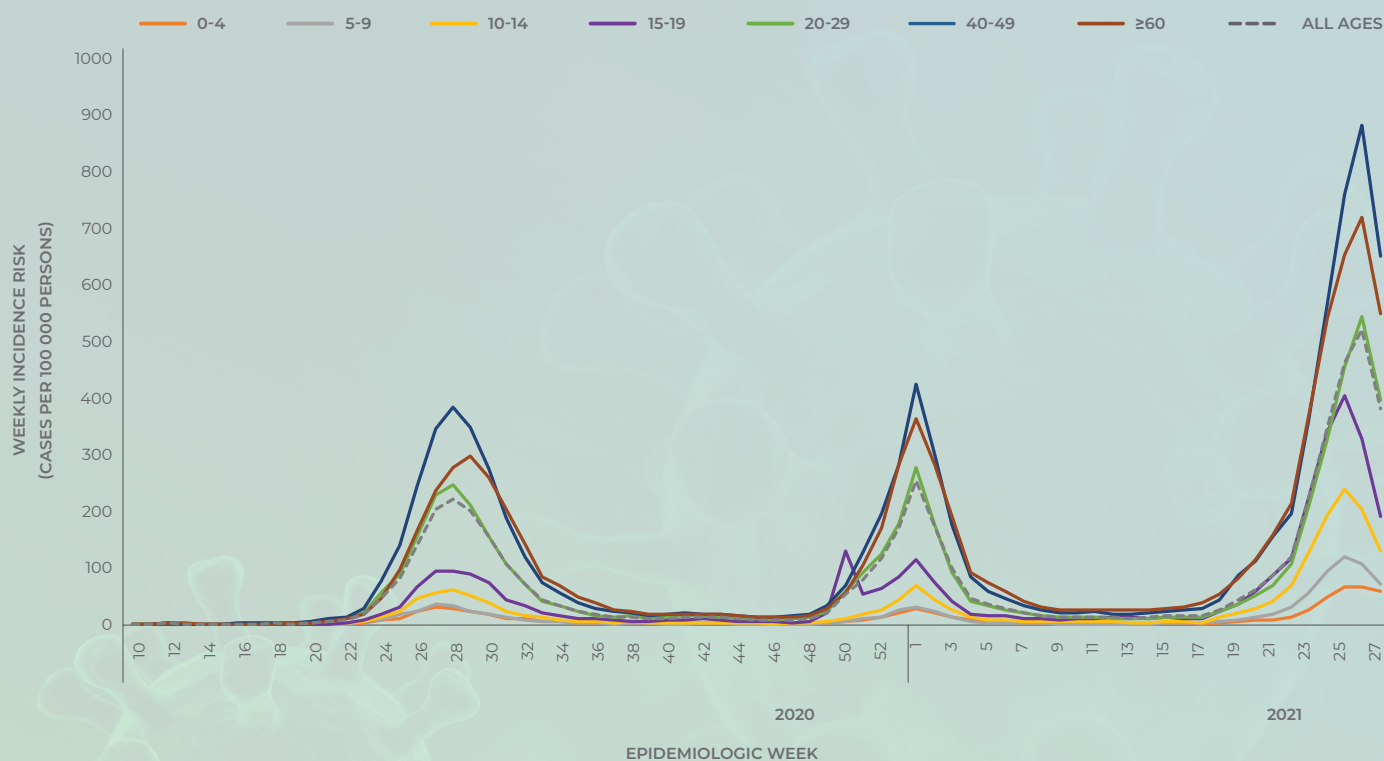


# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

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**Figure 15.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Gauteng Province, 3 March 2020 –10 July 2021 (n=666 095, 106 101 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 –10 July 2021 (n=764 698, 7 498 missing age)

# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

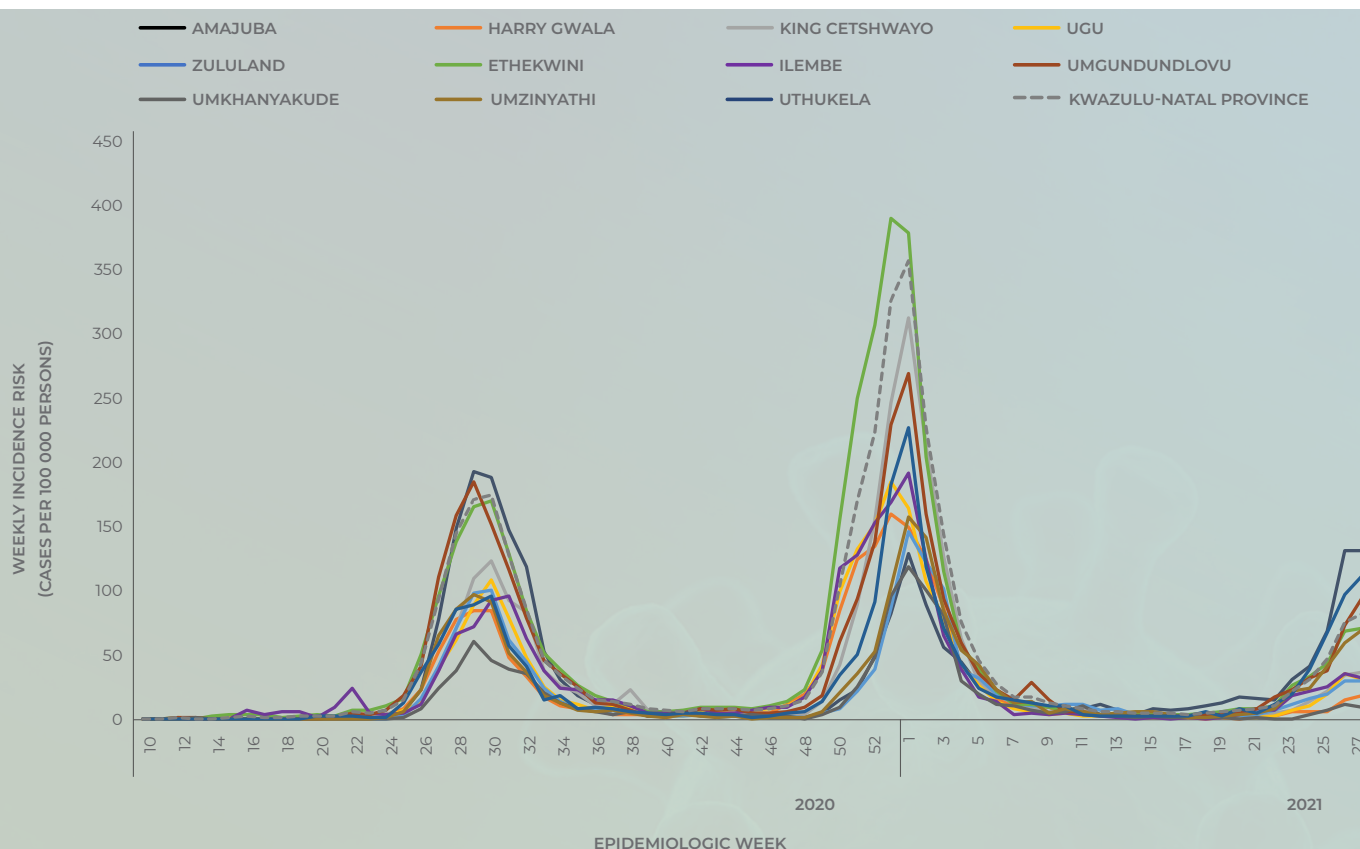
WEEK 27 2021

## KwaZulu-Natal Province

Of the 370 496 cases reported from the KwaZulu-Natal Province, 277 577 (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 uMkhanyakude, Ugu, and iLembe districts, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 17). The increase ranged from 0.2 cases per 100 000 persons (0.1% increase) in the Amajuba District to 20.5 cases per 100 000 persons

(28.4% increase) in the uMgungundlovu Metro.

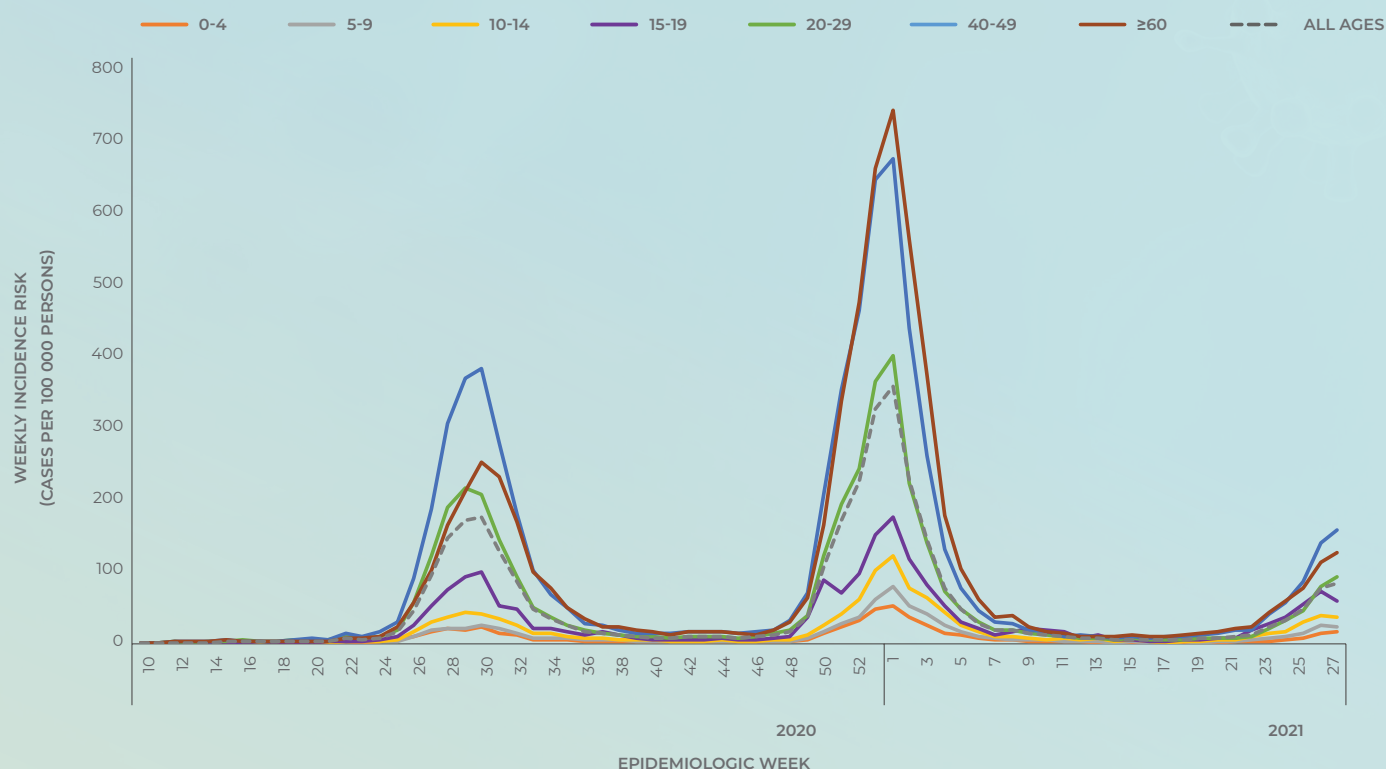
From week 22 to week 25 of 2021, the weekly incidence risk among the 15-19-year age group was higher (range 17.1 to 53.7 cases per 100 000 persons) than that reported among the 20-39-year age group (range 10.0 -44.6 cases per 100 000 persons). In week 27 of 2021, all the age groups reported an increase in weekly incidence risk, except the 5-9, 10-14 and 15-19-year age groups, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 18). The increase ranged from 3.2 cases per 100 000 persons (24.4% increase) in the 0-4-year to 16.9 cases per 100 000 persons (12.3% 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 –10 July 2021 (n=277 577, 92 919 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 –10 July 2021 (n=366 570, 3 926 missing age)

## Free State Province

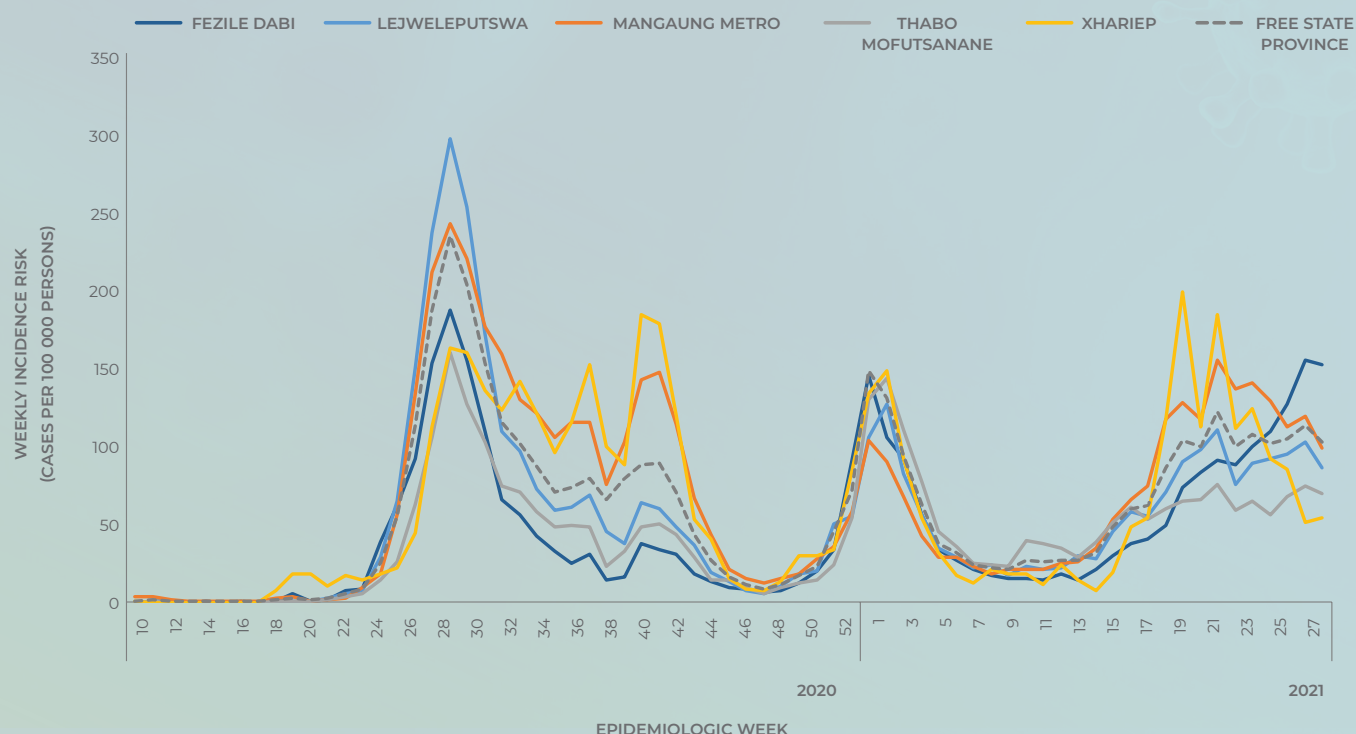
Of the 120 073 cases reported from the Free State Province, 110 414 (92.0%) had allocation by district. In the past week, all the districts reported a decrease in weekly incidence risk, except the Xhariep District, which reported an increase weekly incidence risk (3.1 cases per 100 000 persons, 6.1% increase), compared to the previous week (Figure 19). The decrease ranged from 2.4 cases per 100 000 persons (1.5% decrease) in the Fezile Dabi to 19.6 cases per 100 000 persons (16.6% decrease) in the Mangaung Metro. Some of the reductions 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 84.9-99.1 cases per 100 000 persons). In the past week, all the age groups reported a decrease in weekly incidence risk, compared to the previous week (Figure 20). The decrease ranged from 0.8 cases per 100 000 persons (4.9% decrease) in the 0-4-year to 21.6 cases per 100 000 persons (11.7% decrease) in the ≥60-year age groups. 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).

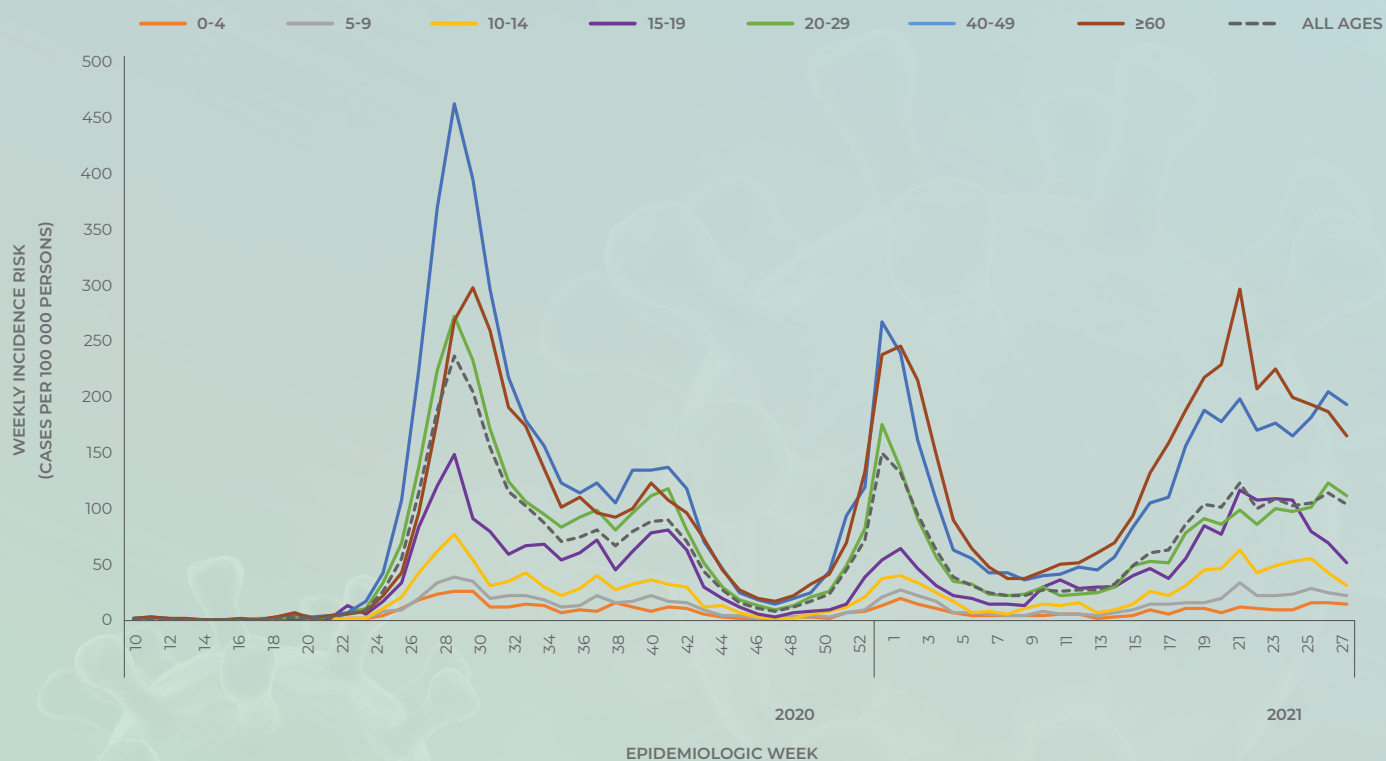


# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

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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 2020–10 July 2021 (n=110 414, 9 659 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 2020–10 July 2021 (n=119 564, 509 missing age)

# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

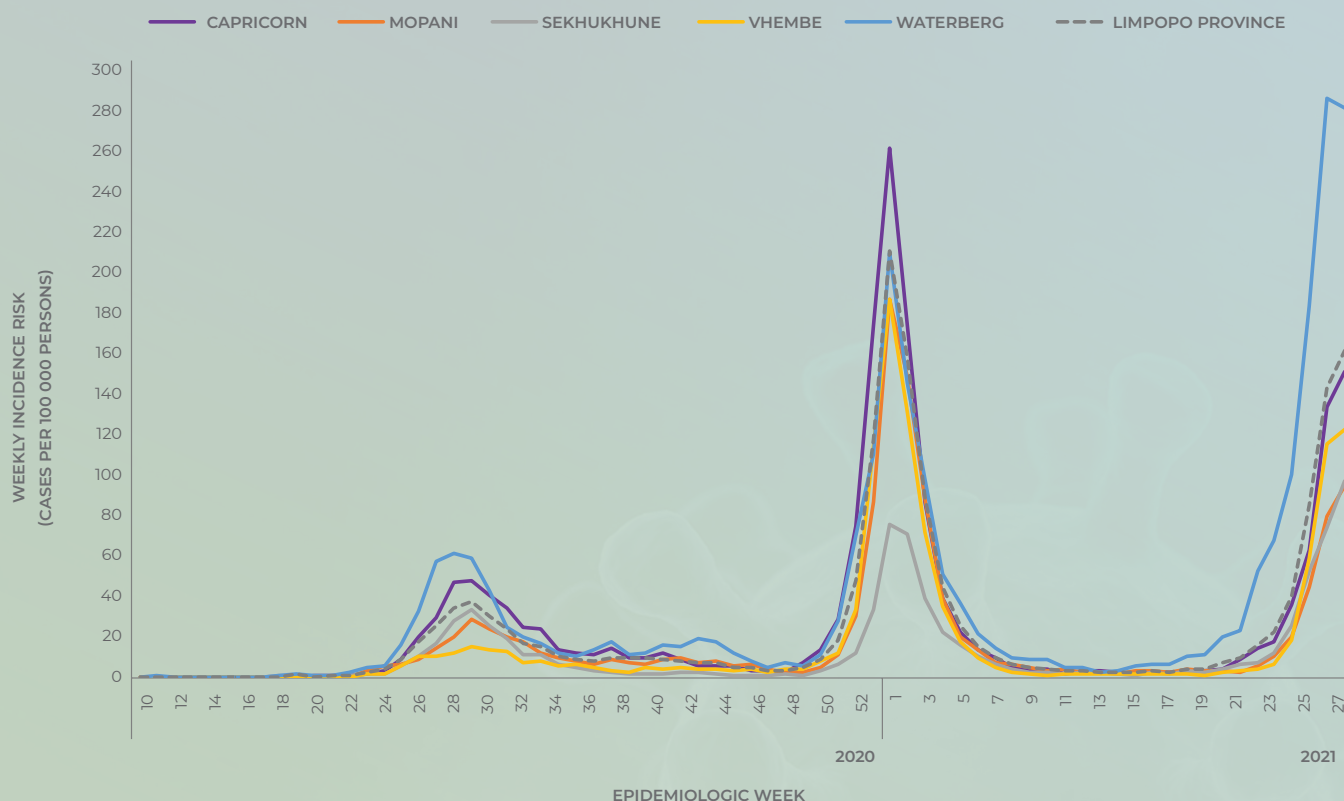
WEEK 27 2021

## Limpopo Province

Of the 92 396 cases reported from the Limpopo Province, 79 976 (86.6%) had allocation by district. In the past week, all the districts reported an increase in weekly incidence risk, except the Waterberg District, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 21). The increase ranged from 6.6 cases per 100 000 persons (5.8% increase) in the Vhembe to 22.4 cases per 100 000 persons (30.8% increase) in the Sekhukhune districts. The Waterberg District has been driving the increase in number of new cases in the 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.

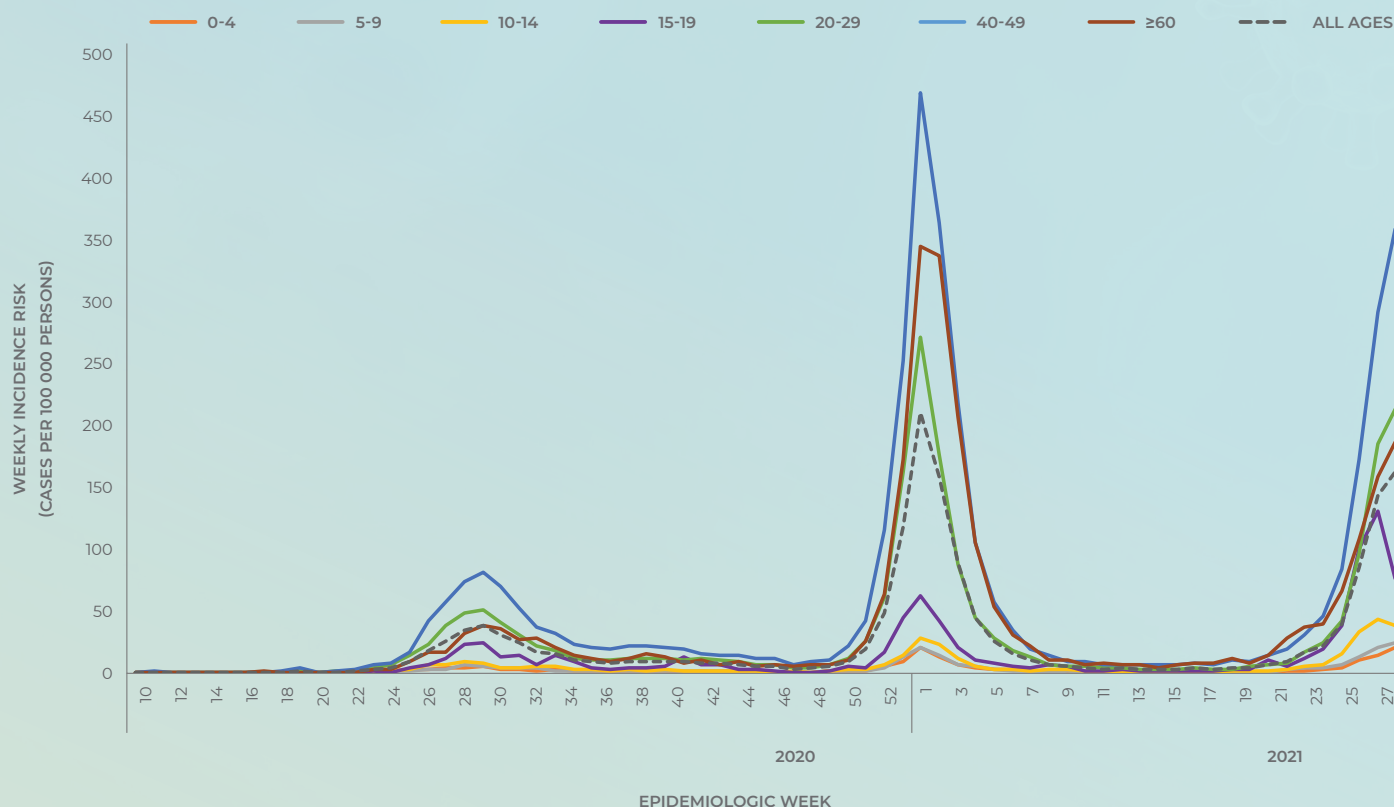
In the past week, all the age groups reported an increase in weekly incidence risk, except the 10-14 and 15-19-year age groups, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 22). The increase ranged from 3.0 cases per 100 000 persons (14.7% increase) in the 5-9-year to 65.6 cases per 100 000 persons (22.9% 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 –10 July 2021 (n=79 976, 12 420 missing district)

# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 27 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 –10 July 2021 (n=91 927, 469 missing age)

## Mpumalanga Province

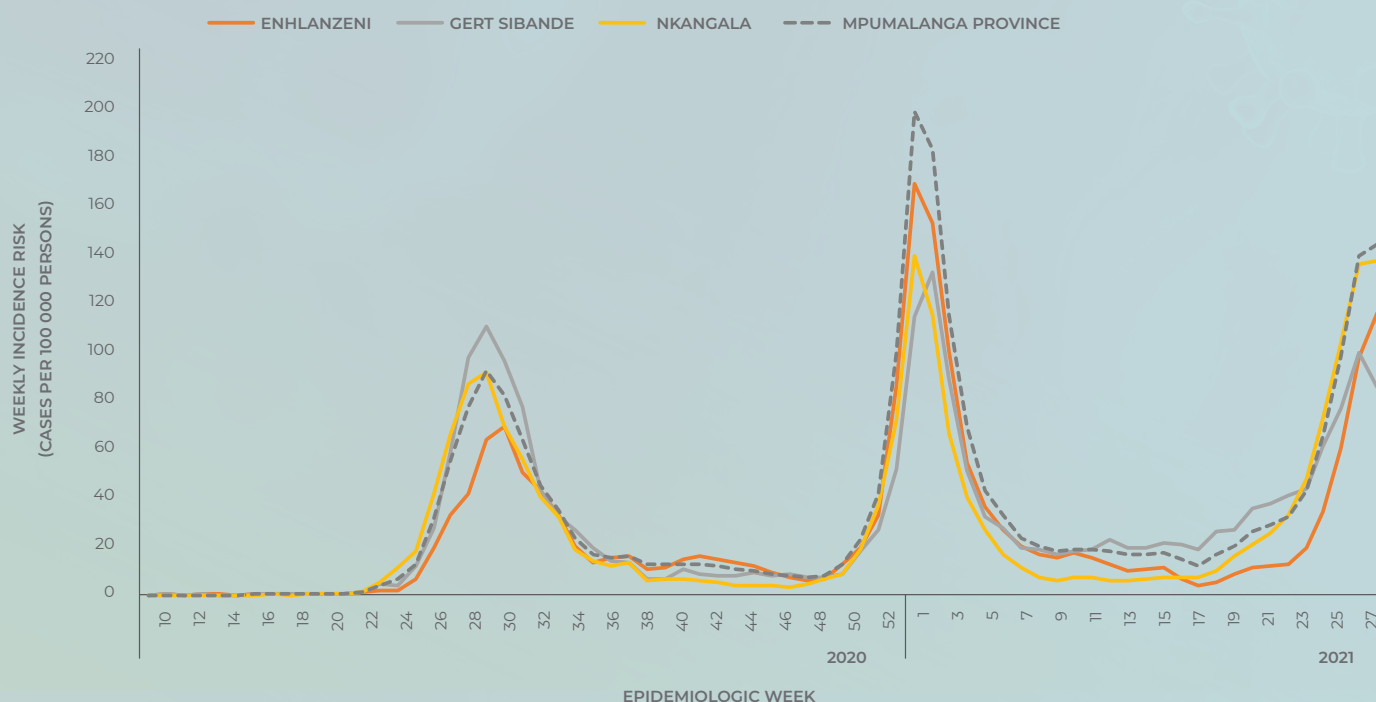
Of the 106 583 cases reported from the Mpumalanga Province, 85 539 (80.3%) had allocation by district. The Mpumalanga Province has reported a sustained increase in weekly incidence risk since week 18 of 2021 to date. In the past week, all the districts reported an increase in weekly incidence risk, except the Gert Sibande District, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 24). The increase ranged from 1.4 cases per 100 000 persons (1.0% increase) in the Nkangala to 17.3 cases per 100 000 persons (18.1% 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 102.4 cases per 100 000 persons) than that reported among the 20-39-year age group (range 19.3 -99.1 cases per 100 000 persons). In the past week, all the age groups reported an increase in weekly incidence risk, except the 5-9, 10-14 and 15-19-year age groups, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 23). The increase ranged from 5.0 cases per 100 000 persons (28.8% increase) in the 0-4-year to 19.5 cases per 100 000 persons (7.5% increase) in the 40-59-year age groups. From week 26 to date, all the age groups reported weekly incidence risk higher than that reported in the first wave peak.

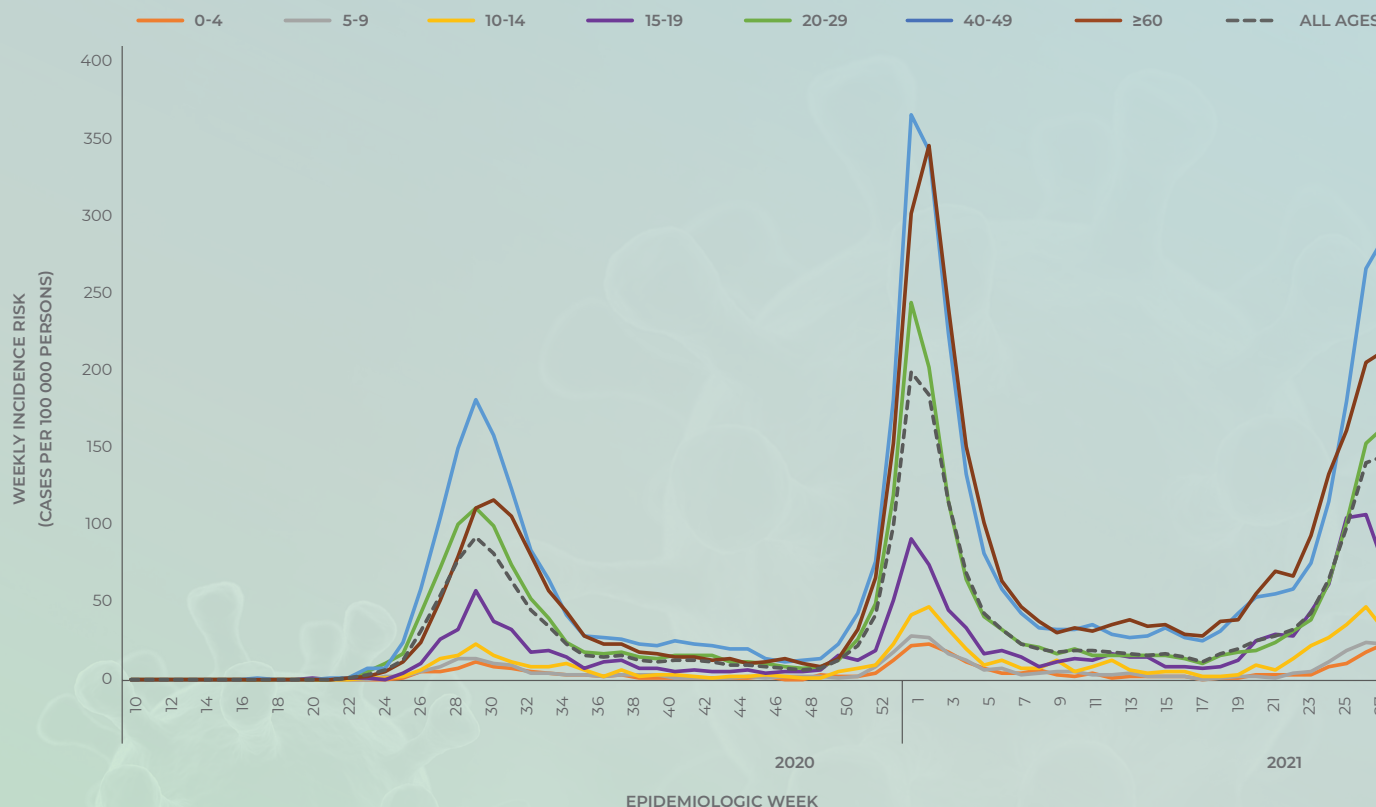


# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 27 2021



**Figure 23.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Mpumalanga Province, 3 March 2020 -10 July 2021 (n=85 539, 21 044 missing district)



**Figure 24.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group and epidemiologic week, Mpumalanga Province, 3 March 2020-10 July 2021 (n=104 617, 1 966 missing age)

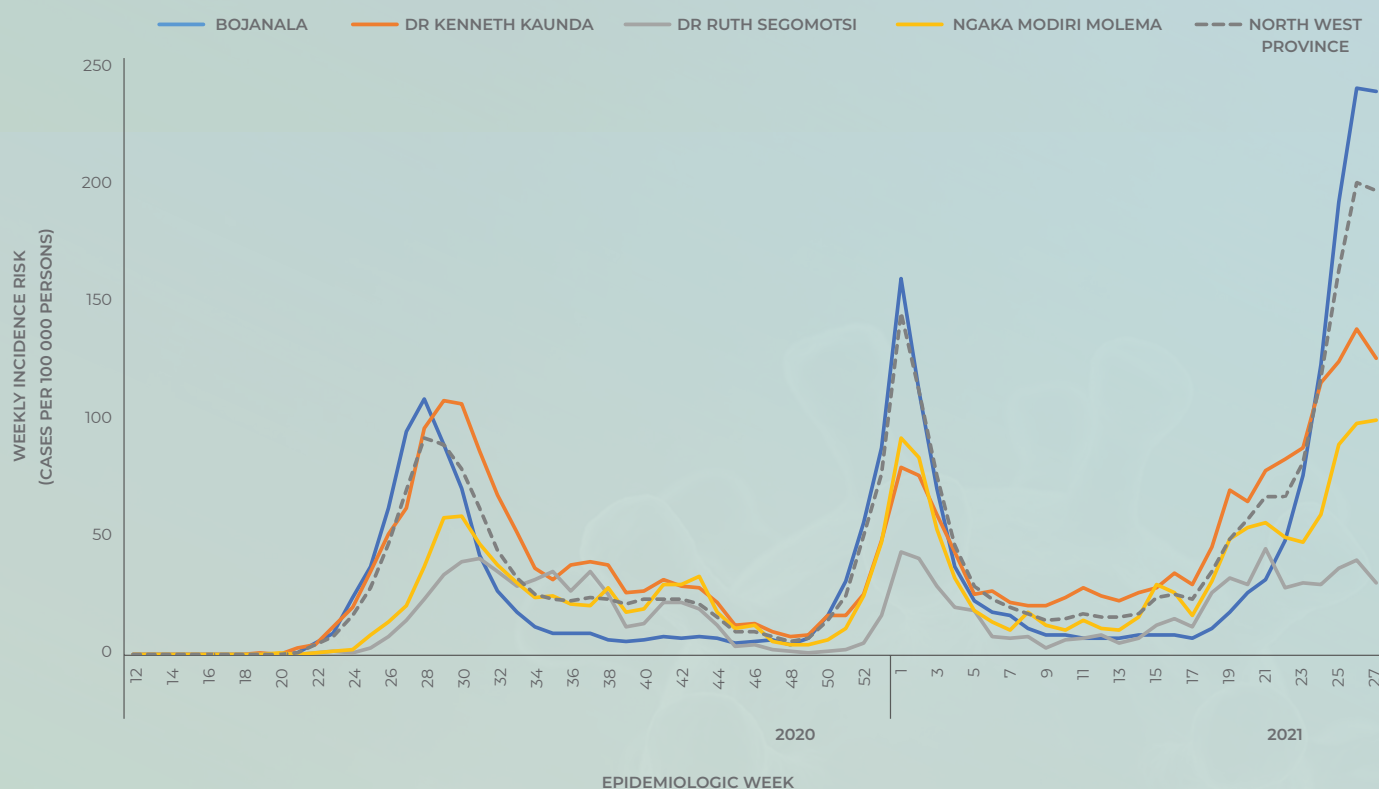
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 27 2021

## North West Province

Of the 110 058 cases reported from the North West Province, 89 406 (81.2%) 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 a decrease in weekly incidence risk, except the Ngaka Modiri Molema District, which reported an increase in weekly incidence risk (1.2 cases per 100 000 persons, 1.2% increase), compared to the previous week (Figure 25). From week 25 of 2021 to date, all the districts reported weekly incidence risk higher than that reported in the first wave peak, except the Dr Ruth Segomotsi District, which continued reporting weekly incidence below first wave peak.

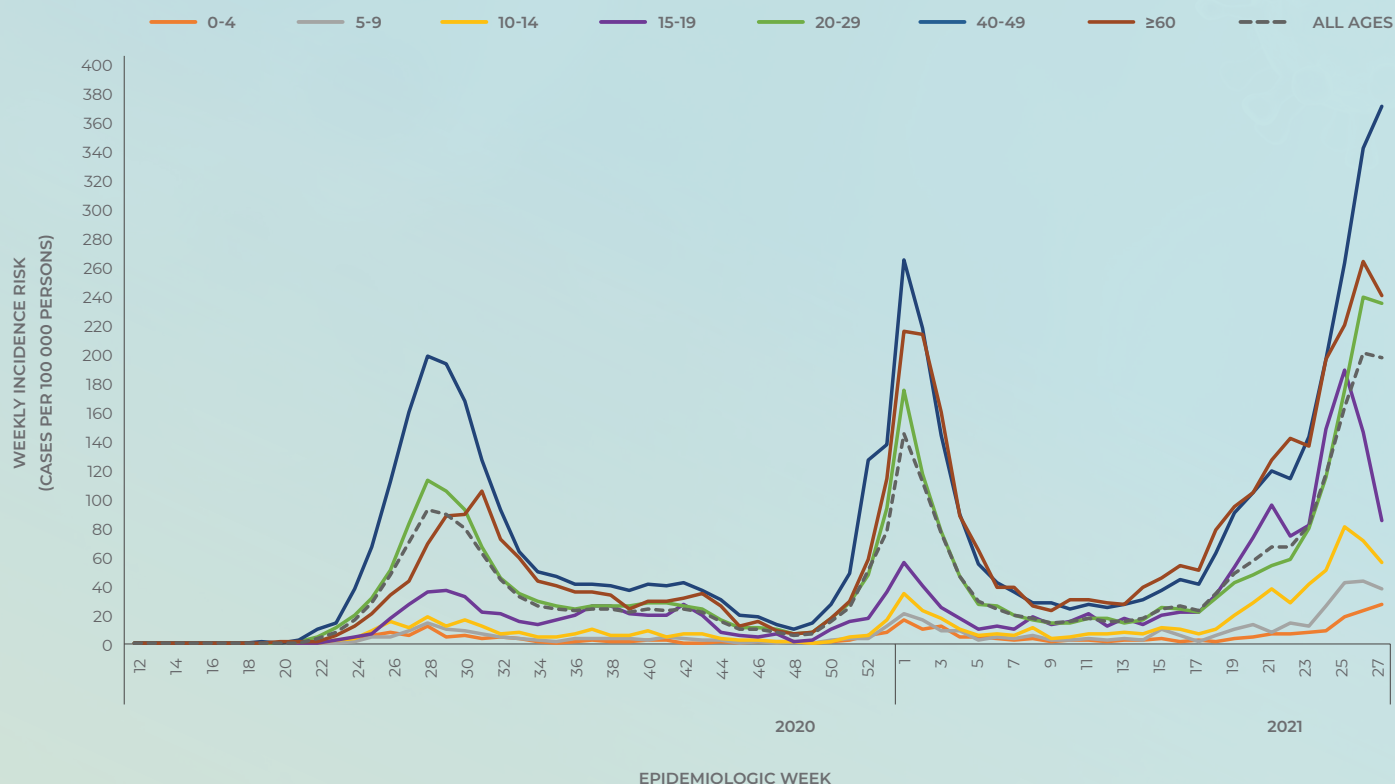
From week 18 to week 25 of 2021, the weekly incidence risk among the 15-19-year age group was higher (range 33.3 to 186.4 cases per 100 000 persons) than that reported among the 20-39-year age group (range 30.9 -173.0 cases per 100 000). In the past week, all the age groups reported a decrease in weekly incidence risk, except the 0-5-year (4.0 cases per 100 000 persons, 17.4% increase) and the 40-59-year (28.4 cases per 100 000 persons, 8.4% increase) age groups, which reported an increase in weekly incidence risk, compared to the previous week (Figure 26). From week 26 to date, 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 -10 July 2021 (n=89 406, 20 652 missing district)

# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 27 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 –10 July 2021 (n=108 733, 1 325 missing age)

## Northern Cape Province

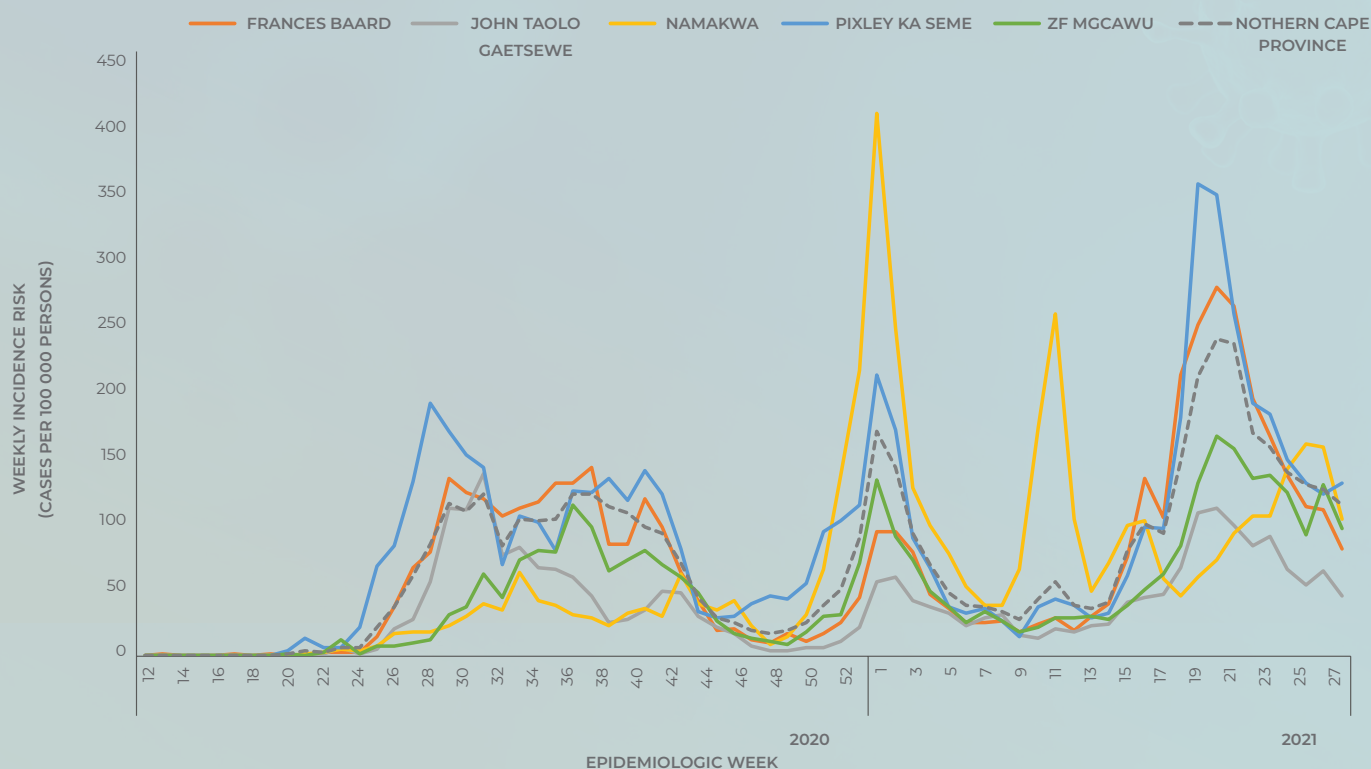
Of the 61 806 cases reported from the Northern Cape Province, 52 299 (84.6%) had allocation by district. Following a sustained increase in weekly incidence since week 14 of 2021, Northern Cape Province reported a decrease in weekly incidence from week 21 of 2021 to date. In the past week, all the districts reported a decrease in weekly incidence risk, except the Pixley ka Seme District, which reported an increase in weekly incidence risk (8.1 cases per 100 000 persons, 6.7% increase), compared to the previous week (Figure 27). The decrease ranged from 18.4 cases per 100 000 persons (29.1% decrease) in the John Taolo Gaetsewe to 53.6 cases per 100 000 persons (34.4% 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, except the 20-39-year (1.7 cases per 100 000 persons, 1.3% increase) and the 0-4-year (8.1 cases per 100 000 persons, 83.3% increase) age groups, which reported an increase in weekly incidence risk, compared to the previous week (Figure 28). 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.

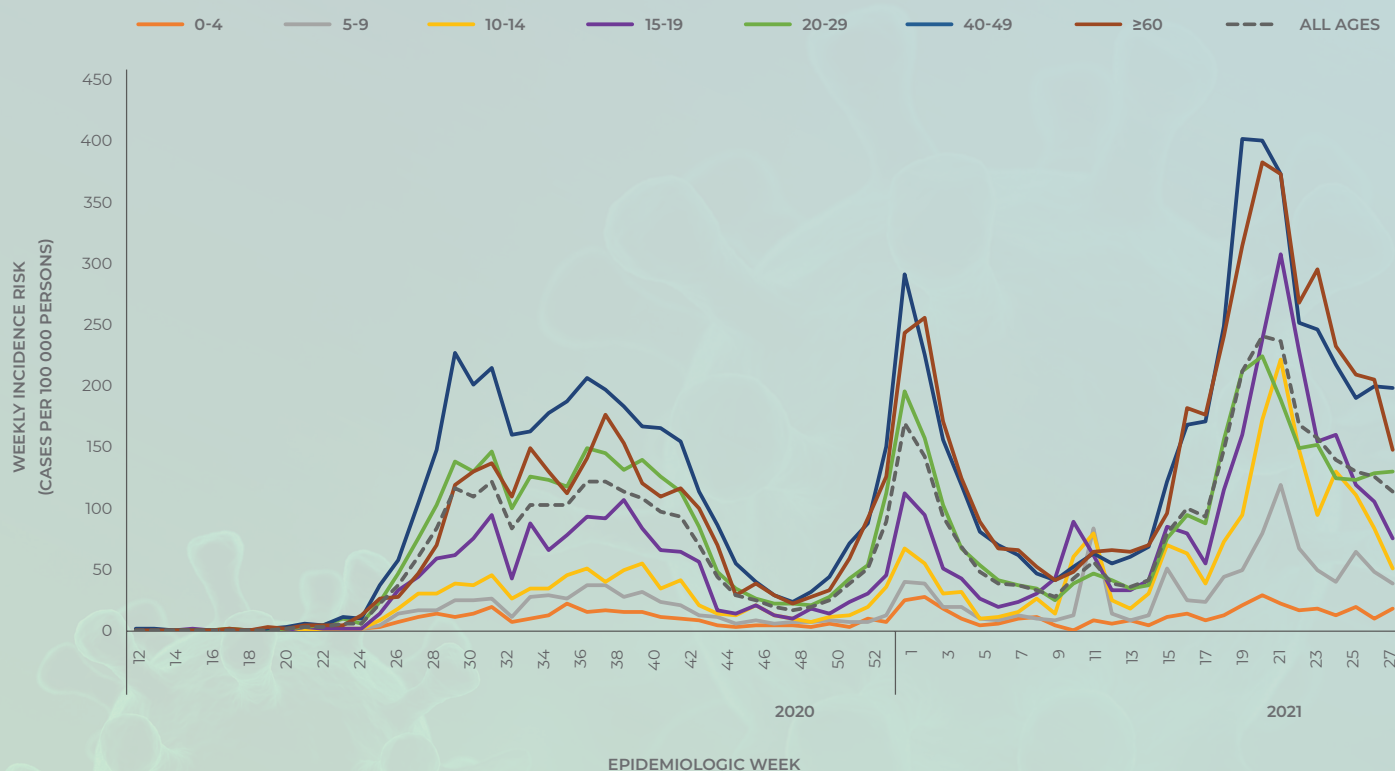


# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

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**Figure 27.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Northern Cape Province, 3 March 2020–10 July 2021 (n=52 299, 9 507 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 –10 July 2021 (n=61 331, 475 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, 2 195 599 cases, including 66 474 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  $\geq 8$  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 five weeks. However, in the past week it was one of the provinces which reported a decrease in number of new cases. The Nelson Mandela Metro and Sarah Baartman District in the Eastern Cape Province, Waterberg District in Limpopo Province and Bojanala and Dr Kenneth Kaunda districts 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.