

COVID-19 HOSPITAL SURVEILLANCE UPDATE



NATIONAL INSTITUTE FOR
COMMUNICABLE DISEASES

Division of the National Health Laboratory Service

SOUTH AFRICA WEEK 14 2021

OVERVIEW

This report summarises data of COVID-19 cases admitted to hospital in all provinces of South Africa. The report is based on data collected from 5 March 2020 to 10 April 2021.

HIGHLIGHTS

- As of 10 April 2021, 231,237 COVID-19 admissions were reported from 644 facilities (393 public-sector and 251 private-sector) in all nine provinces of South Africa. There were 121,918 (52.7%) and 109,319 (47.3%) admissions reported in public and private sector respectively. The majority of COVID-19 admissions were reported from four provinces, Gauteng 62,631 (27.1%), followed by Western Cape 46,779 (20.2%), KwaZulu-Natal 45,162 (19.5%) and Eastern Cape 29,694 (12.8%).
- Of the 231,237 admissions, 3,575 (1.6%) patients were in hospital at the time of this report, 175,878 (76.1%) patients were discharged alive or transferred out and 51,784 (22.4%) patients died of COVID.
- Of the 223,058 COVID-19 patients who had recorded in-hospital outcome (died and discharged), the case fatality ratio (CFR) was 23.2%. On multivariable analysis, factors associated with in-hospital mortality were older age groups; male sex; Black African, Coloured and Indian race; admission in the public sector; and having comorbid hypertension, diabetes, chronic cardiac disease, chronic renal disease, malignancy, HIV, current and past tuberculosis, and obesity. Compared to the Western Cape Province, individuals hospitalised in all other provinces (Eastern Cape, Free State, Gauteng, KwaZulu-Natal, Limpopo, Mpumalanga, North West and Northern Cape provinces) were more likely to die in-hospital.

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METHODS

DATCOV hospital surveillance for COVID-19 admissions, was initiated on the 1 April 2020. Data are submitted by public and private hospitals that have agreed to report COVID-19 admissions through DATCOV surveillance in all nine provinces of South Africa.

A COVID-19 case was defined as a person with a positive reverse transcriptase polymerase chain reaction (RT-PCR) assay for SARS-CoV-2 or a person who had a positive SARS-CoV-2 antigen test who was admitted to hospital. While DATCOV contains all COVID-19 admissions reported including multiple admissions in one patient, this report includes only the most recent COVID-19 admission for each patient.

An individual was defined as having severe disease if treated in high care or intensive care unit (ICU), or ventilated or diagnosed with acute respiratory distress syndrome (ARDS) or if dead. Case fatality ratio (CFR) was calculated for all closed cases, i.e. COVID-19 deaths divided by COVID-19 deaths plus COVID-19 discharges, excluding individuals who are still admitted in hospital.

Data are submitted by public and private hospitals that have agreed to report COVID-19 admissions through DATCOV surveillance in all nine provinces of South Africa. On 15 July 2020, the National Health Council decided that all hospitals should report to DATCOV. As of 10 April 2021, a total of 644 facilities submitted data on hospitalised COVID-19 cases, 393 from public sector and 251 from private sector (Table 1). This reflects 100% coverage of all public and private hospitals that have had COVID-19 admissions to date.

Table 1. Number of hospitals reporting data on COVID-19 admissions by province and sector, South Africa, 5 March 2020 to 10 April 2021

Name of province	Public Sector	Private Sector
Eastern Cape	85	18
Free State	35	20
Gauteng	39	91
KwaZulu-Natal	70	45
Limpopo	41	7
Mpumalanga	31	9
North West	16	12
Northern Cape	17	8
Western Cape	59	41
South Africa	393	251

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RESULTS

Epidemiological and geographic trends in admissions

From 5 March 2020 to 10 April 2021, a total of 231,237 COVID-19 admissions were reported from 644 facilities in all nine provinces of South Africa. Of these admissions, 121,918 (52.7%) and 109,319 (47.3%) were reported in public and private sector, respectively. The peak weekly numbers of admissions at the peak of the second wave surpassed the numbers during the peak of the first wave in both sectors (Figure 1). Since week 1 2021, numbers of COVID-19 admissions have decreased in both public and private sector. Decreases in the most recent week may reflect delays in data submission

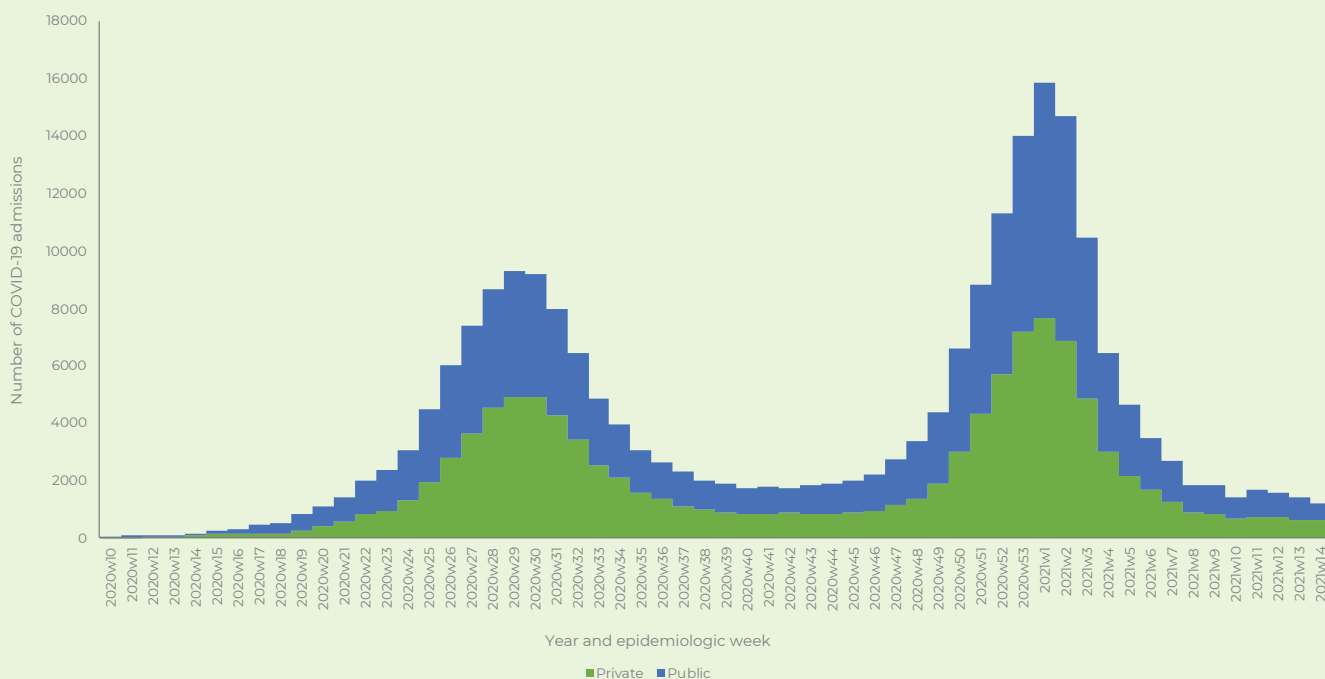


Figure 1. Number of reported COVID-19 admissions by health sector and epidemiological week of diagnosis, 5 March 2020-10 April 2021, n= 231,237

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The majority of admissions 184266/231,237(79.7%) were recorded in four provinces, with the highest number reported in Gauteng 62,631(27.1%), followed by Western Cape 46,779 (20.2%), KwaZulu-Natal 45,162 (19.5%) and Eastern Cape 29,694, 12.8%) provinces. The weekly admission in second wave exceeded peak in first wave in all provinces except Free State (Figure 2).

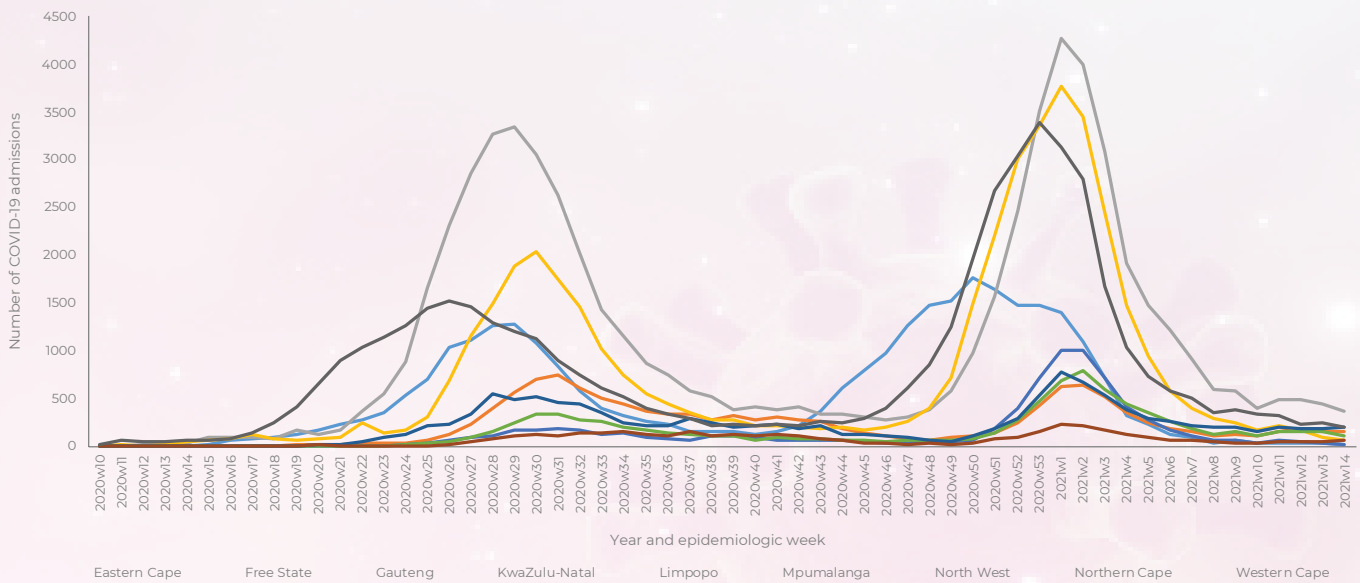


Figure 2. Number of reported COVID-19 admissions, by province and epidemiological week of diagnosis, South Africa, 5 March 2020-10 April 2021, n= 231,237

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DEMOGRAPHIC AND CLINICAL CHARACTERISTICS OF COVID-19 ADMISSIONS

The median age of COVID-19 admissions was 53 years (interquartile range [IQR] 40 – 65). There were 9,422 (4.1%) admissions in patients 18 years and younger and 39,438 (17.1%) in patients older than 70 years. Among admitted individuals with COVID-19, 128,963 (55.8%) were female. Females were more common than males in all age groups except in individuals younger than 10 years (Figure 3).

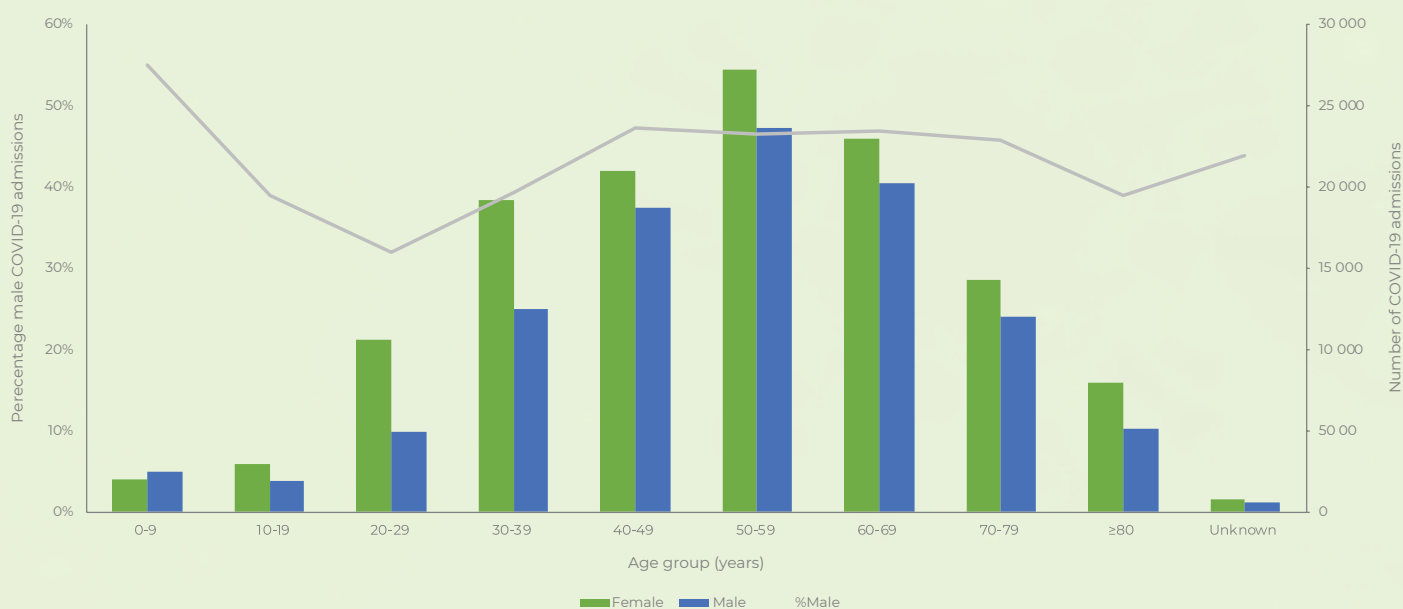


Figure 3. Number of reported COVID-19 admissions by age, sex and percentage of males, South Africa, 5 March 2020-10 April 2021, n= 231,237

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Of the 155,773 (67.4%) patients for whom race was known, 122,509 (78.7%) were Black African, 10,677 (6.9%) were Coloured, 8,877 (5.7%) were Indian, 13,293 (8.5%) were White and 417 (0.3%) were classified as Other race group. There were 7,201 (3.1%) health care workers (HCW) that were reported to be hospitalised. Among the 52,997 admissions in females of child-bearing age 15-50 years, there were 5,912 (11.2%) females admitted who were pregnant or within 6 weeks post-partum.

Among 177,174 (76.6%) patients for whom comorbid conditions were known, 80,579 (45.5%) had no comorbid condition reported, 51,165 (28.9%) had one comorbid condition reported, 33,871 (19.1%) had two comorbid conditions and 11,559 (6.5%) had three or more comorbid conditions reported. The most commonly reported comorbidities were hypertension (64,495, 36.4%) and diabetes (45,885, 25.9%); there were 14,834 (8.4%) patients who were HIV-infected, 2,999 (1.7%) patients with active tuberculosis (TB) and 4,771 (2.1%) patients with previous history of TB (Table 2). Obesity, defined by body mass index where available or by the subjective opinion of the attending HCW, while not consistently recorded for all reported COVID-19 admissions, was recorded as a risk factor in 9,168 (3.9%) of all patients hospitalised.

Table 2. Reported comorbid conditions among COVID-19 admissions, South Africa, 5 March 2020 to 10 April 2021, n=177,174*

Comorbid disease*	n	%
Hypertension	64,495	36.4
Diabetes mellitus	45,885	25.9
Chronic cardiac disease	4,474	2.5
Chronic pulmonary disease/ Asthma	10,942	6.2
Chronic renal disease	4,304	2.4
Malignancy	1,218	0.7
HIV	14,834	8.4
Active tuberculosis	2,999	1.7
Previous history of tuberculosis	4,771	2.1

* Multiple comorbid conditions are counted more than once so the total number may be more than the total number of individuals reporting comorbid conditions.

** Presence of a comorbid condition includes only the conditions reported in the table; obesity is not included.

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OUTCOMES

Of the 231,237 admitted individuals, 3,575 (1.6%) were currently in hospital, 171,274 (74.1%) were discharged alive, 4,604 (2.0%) were transferred out to either higher-level care or step-down facilities and 51,784 (22.4%) died in hospital of COVID-19. Of the 223,058 COVID-19 patients who had recorded in-hospital outcome (died and discharged), the case fatality ratio (CFR) was 23.2%.

EPIDEMIOLOGICAL AND GEOGRAPHIC TRENDS IN MORTALITY

The peak numbers of weekly deaths were higher in the second wave than the first wave. The CFR was higher in the public health sector (27.4%) than in the private health sector (18.7%) ($p < 0.001$). Since the end of the second wave, the numbers of deaths have decreased in both sectors (Figure 4).



Figure 4: Number of COVID-19 deaths reported per week by health sector and epidemiologic week, South Africa, 5 March 2020-10 April 2021, n= 51,784

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Most deaths were reported in Gauteng (12,083, 20.0%), followed by Western Cape (9,808, 21.3%), Eastern Cape (9,353, 32.5%) and KwaZulu-Natal (10,563, 24.4%). The weekly deaths in second wave exceeded peak in first wave in all provinces except Free State (Figure 5).

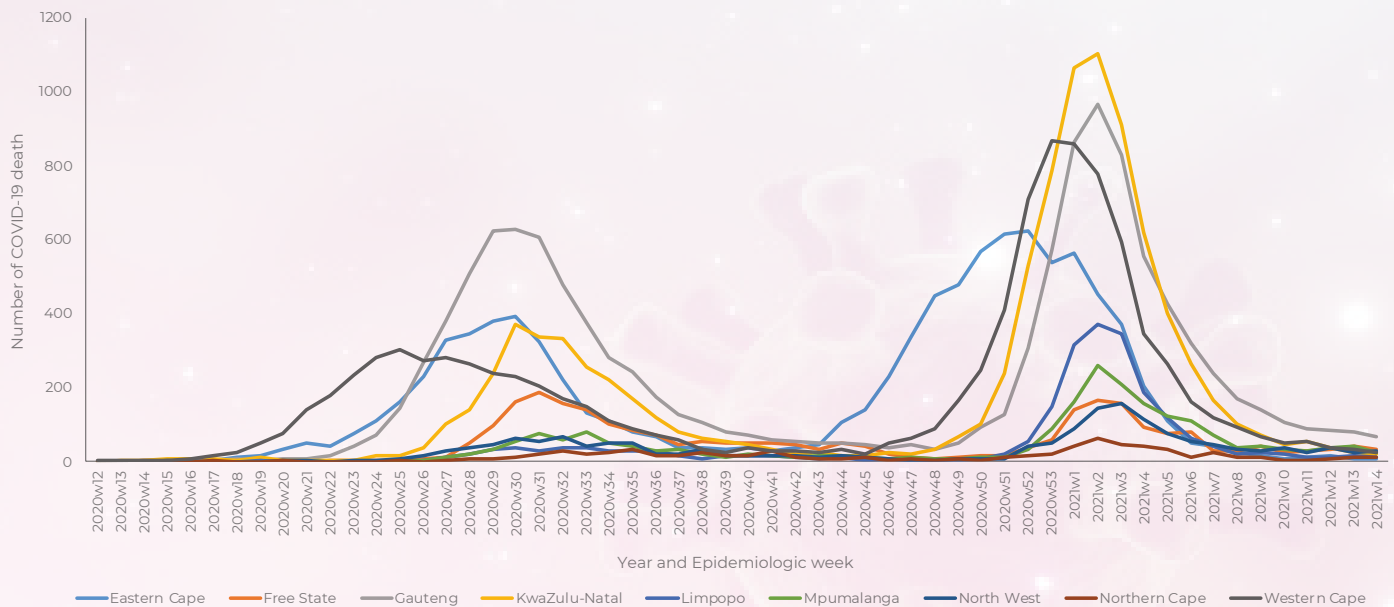


Figure 5: Number of reported COVID-19 deaths, by province and epidemiological week of death, South Africa, 5 March 2020-10 April 2021, n= 51,784

DEMOGRAPHIC CHARACTERISTICS OF DEATHS

The median age of patients who died was 63 (IQR 53 – 72) years, and for those who were discharged alive was 50 (IQR 37 – 61) years. There were 309 (0.6%) deaths in children aged ≤ 18 years, many of these deaths were in children with serious underlying comorbid conditions. There were 2,715 (5.2%) deaths in patients younger than 40 years (Figure 6). The CFR was higher in males (25.2%) than females (21.7%) ($p < 0.001$).

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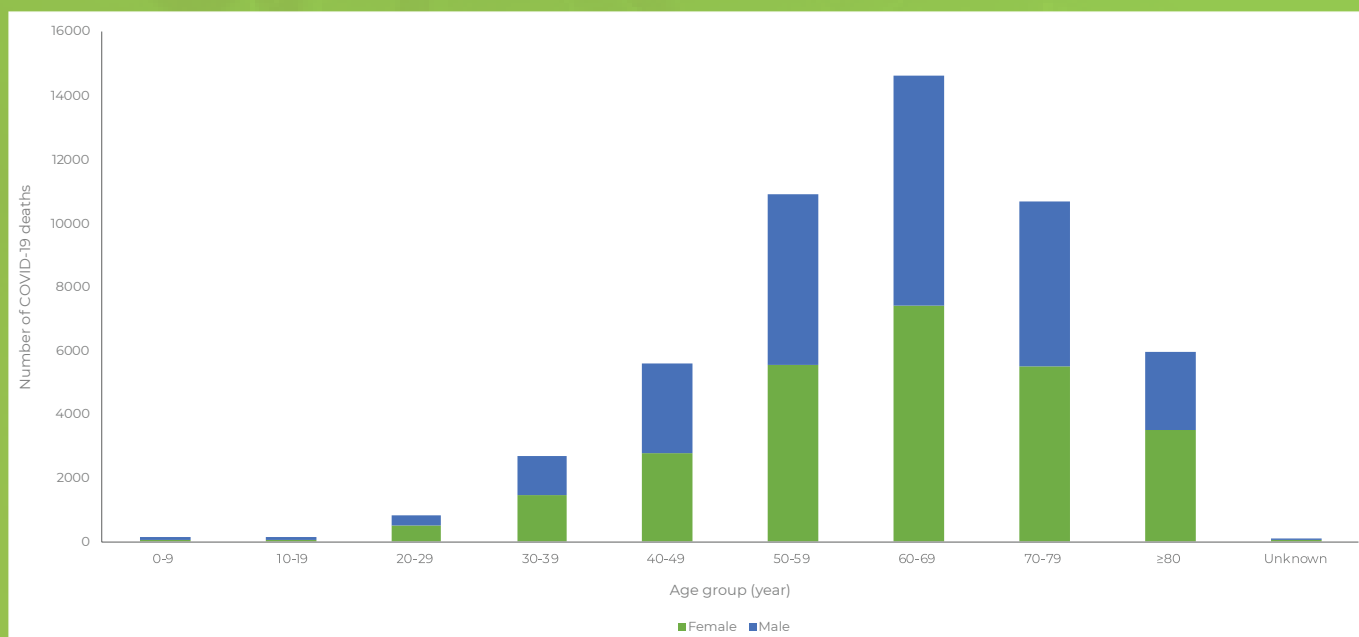


Figure 6: Number of reported COVID-19 deaths by age and gender, South Africa, 5 March 2020-10 April 2021, n= 51,784

COMMON COMORBIDITIES REPORTED AMONG DEATHS

In all age groups older than 40 years, hypertension and diabetes were most commonly reported comorbidities among patients who died. In patients between 20 and 60 years, HIV, tuberculosis and obesity were commonly reported (Figure 7).

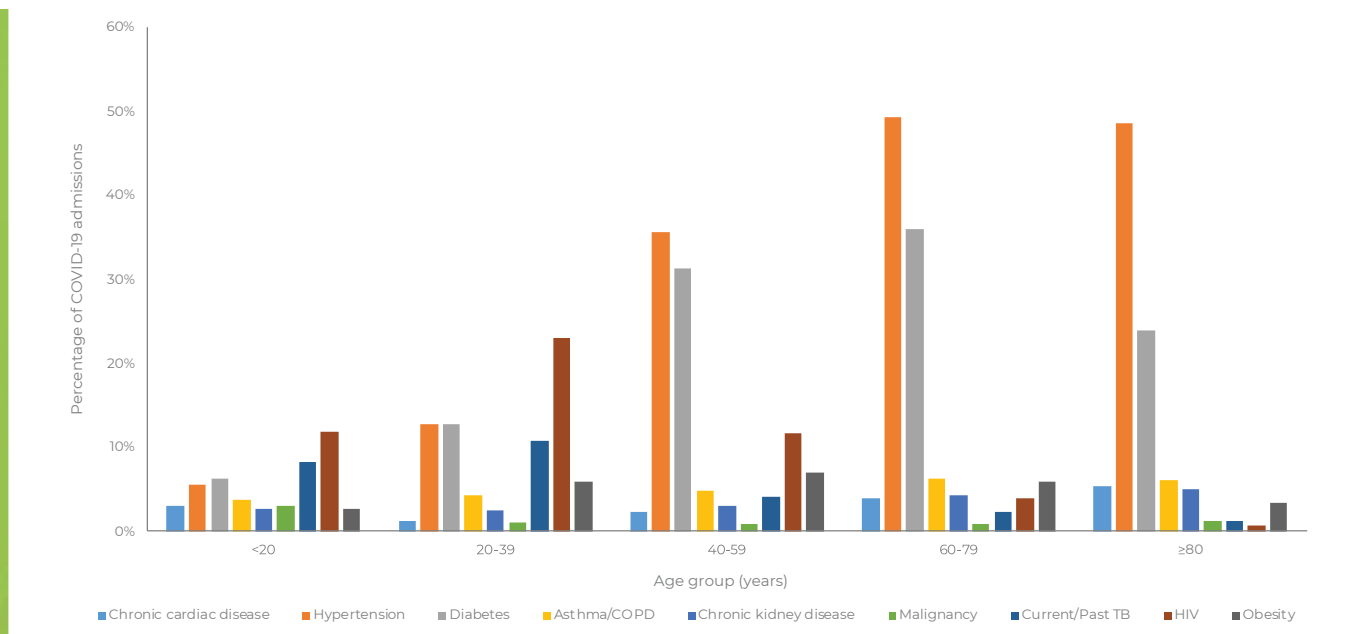


Figure 7: Frequency of comorbid conditions for reported COVID-19 deaths by age group, South Africa, 5 March 2020-10 April 2021, n= 51,784

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FACTORS ASSOCIATED WITH IN-HOSPITAL MORTALITY

On multivariable analysis, factors associated with in-hospital mortality were older age groups; male sex; Black African, Coloured and Indian race; admission in the public sector; and having comorbid hypertension, diabetes, chronic cardiac disease, chronic renal disease, malignancy, HIV, current tuberculosis alone or both current and past tuberculosis, and obesity. Compared to March 2020, CFR increased to the peak of wave 1 in July, decreased post-wave, then increased to the peak of wave 2 in January 2021, then decreased again. Compared to the Western Cape Province, individuals hospitalised in all other provinces (Eastern Cape, Free State, Gauteng, KwaZulu-Natal, Limpopo, Mpumalanga, North West and Northern Cape provinces) were more likely to die in hospital (Table 3 and Figure 8).

Table 3: Univariate and multivariable analysis of factors associated with mortality among 223,058 individuals with in-hospital outcome (discharges and deaths), South Africa, 5 March 2020 to 10 April 2021

Characteristic	Case-fatality ratio n/N (%)	Unadjusted (95% CI)	OR p-value	Adjusted (95% CI)	OR* p-value
Age group					
<20 years	309/8,907 (3.5)	Reference		Reference	
20-39 years	3,563/45,494 (7.8)	2.3 (2.1-2.7)	<0.001	2.7 (2.2-3.2)	<0.001
40-59 years	16,522/87,455 (18.9)	6.4 (5.7-7.3)	<0.001	7.2 (6.0-8.7)	<0.001
60-79 years	25,323/67,116 (37.7)	16.9 (15.0-18.9)	<0.001	17.8 (14.3-20.9)	<0.001
≥80 years	5,952/12,706 (46.8)	24.5 (21.8-27.6)	<0.001	31.2 (25.0-37.0)	<0.001
Unknown age	115/1,380 (8.3)	2.5 (2.0-3.2)	<0.001	4.7 (2.6-10.1)	<0.001
Sex					
Female	26,934/124,404 (21.7)	Reference		Reference	
Male	24,832/98,529 (25.2)	1.3 (1.2-1.4)	<0.001	1.3 (1.3-1.4)	<0.001
Race					
White	2,732/12,905 (21.2)	Reference		Reference	
Black	29,085/116,827 (24.9)	1.2 (1.2-1.3)	<0.001	1.3 (1.2-1.4)	<0.001
Coloured	2,353/10,217 (23.0)	1.1 (1.0-1.2)	0.001	1.2 (1.1-1.3)	<0.001
Indian	2,031/8,641 (23.5)	1.1 (1.0-1.2)	<0.001	1.3 (1.2-1.4)	<0.001
Other	75/385 (19.5)	0.9 (0.7-1.3)	0.424	1.1 (0.7-1.8)	0.790
Unknown	15,508/74,083 (20.9)	1.0 (0.9-1.1)	0.542	1.5 (1.4-1.6)	<0.001
Healthcare worker					
No	50,915/216,017 (23.6)	Reference			
Yes	869/7,041 (12.3)	0.5 (0.4-0.5)	<0.001		
Peri-partum					
No	4,661/45,386 (10.2)	Reference			
Yes	187/5,779 (3.2)	0.3 (0.2-0.3)	<0.001		

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Comorbid condition						
No co-morbidity	13,156/78,157 (16.8)	Reference				
1 co-morbid condition	13,201/49,277 (26.8)	1.8 (1.7-1.8)	<0.001			
2 comorbid conditions	10,939/32,617 (33.4)	2.4 (2.4-2.5)	<0.001			
≥3 comorbid conditions	3,783/11,192 (33.8)	2.5 (2.4-2.6)	<0.001			
Unknown	10,705/51,815 (20.7)	1.3 (1.2-1.3)	<0.001			
Hypertension						
No	19,362/103,991 (18.6)	Reference		Reference		
Yes	20,031/62,159 (32.2)	2.0 (1.9-2.1)	<0.001	1.1 (1.1-1.2)		<0.001
Diabetes mellitus						
No	23,066/118,110 (19.7)	Reference		Reference		
Yes	14,915/44,489 (33.5)	2.0 (2.0-2.1)	<0.001	1.4 (1.3-1.4)		<0.001
Chronic cardiac disease						
No	32,920/148,119 (22.2)	Reference		Reference		
Yes	1,591/4,248 (37.5)	2.0 (1.9-2.2)	<0.001	1.2 (1.1-1.3)		0.001
Chronic pulmonary disease/Asthma						
No	31,566/141,129 (22.4)	Reference				
Yes	2,669/10,662 (25.0)	1.1 (1.1-1.2)	0.001			
Chronic renal disease						
No	32,423/147,346 (22.0)	Reference		Reference		
Yes	1,810/4,177 (43.3)	2.7 (2.5-2.9)	<0.001	1.5 (1.4-1.6)		<0.001
Malignancy						
No	33,571/149,951 (22.4)	Reference		Reference		
Yes	442/1,159 (38.1)	2.1 (1.9-2.4)	<0.001	1.8 (1.5-2.0)		<0.001
HIV						
No	31,098/140,174 (22.2)	Reference		Reference		
Yes	3,465/14,076 (24.6)	1.1 (1.1-1.2)	<0.001	1.3 (1.3-1.4)		<0.001
Tuberculosis						
No	31,663/143,192 (22.1)	Reference		Reference		
Previous	766/3,050 (25.1)	1.2 (1.1-1.3)	<0.001	1.1 (0.9-1.2)		0.227
Current	265/1,014 (26.1)	1.2 (1.0-1.3)	0.018	1.3 (1.1-1.6)		<0.001
Current and previous	312/1,317 (23.7)	1.1 (0.9-1.3)	0.133	1.5 (1.4-1.8)		<0.001
Obesity						
No	12,200/52,677 (23.2)	Reference		Reference		
Yes	2,809/8,623 (32.6)	1.6 (1.5-1.7)	<0.001	1.3 (1.2-1.4)		<0.001
Unknown	36,763/161,653 (22.7)	0.9 (0.9-1.0)	0.047	0.9 (0.9-1.0)		0.134

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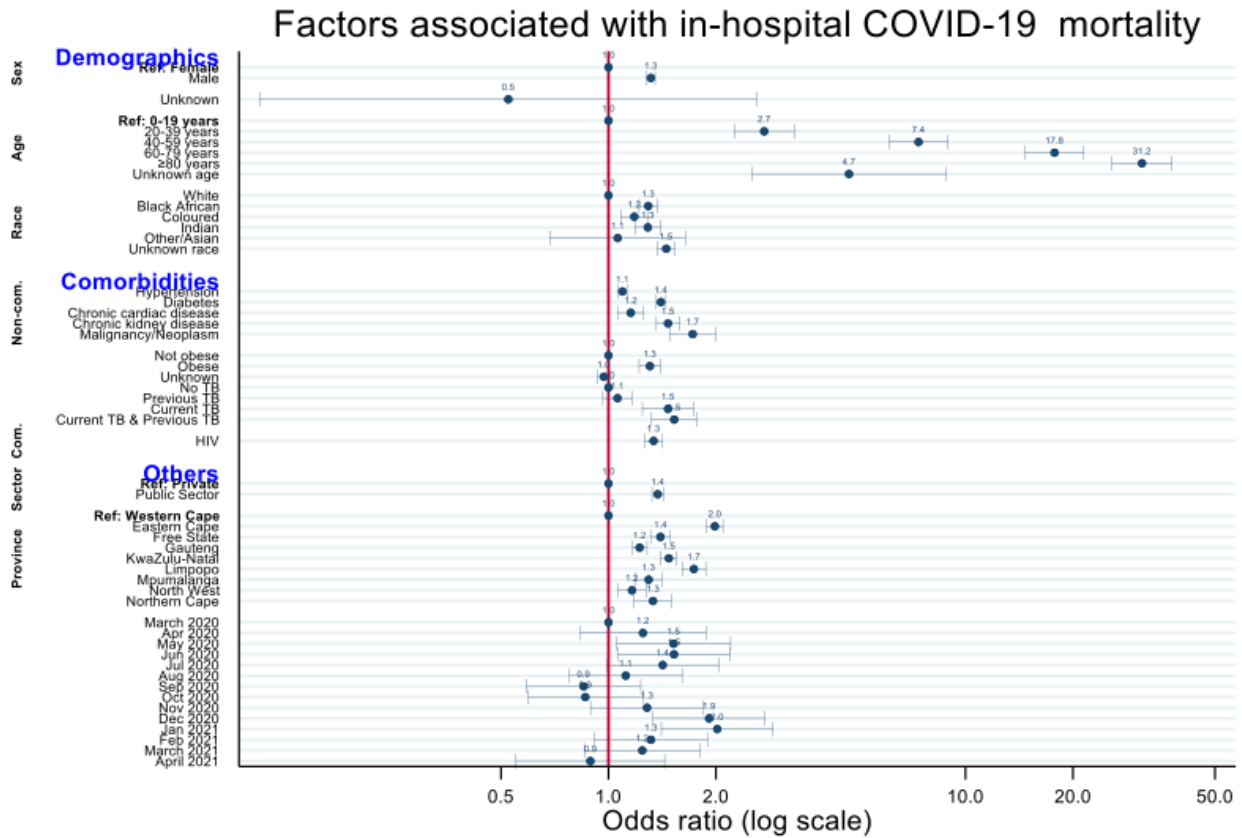
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Month of admission					
March 2020	47/404 (11.6)	Reference		Reference	
April 2020	185/1,453 (12.7)	1.1 (0.8-1.6)	0.555	1.3 (0.8-1.9)	0.282
May 2020	1,070/5,801 (18.5)	1.9 (1.3-2.4)	0.001	1.5 (1.1-2.2)	0.025
June 2020	3,695/18,222 (20.3)	2.0 (1.4-2.8)	<0.001	1.6 (1.1-2.2)	0.022
July 2020	8,348/38,282 (21.8)	2.2 (1.6-3.0)	<0.001	1.4 (0.9-2.1)	0.057
August 2020	3,712/19,740 (18.8)	1.9 (1.4-2.6)	<0.001	1.1 (0.8-1.6)	0.548
September 2020	1,318/8,894 (14.8)	1.3 (1.0-2.0)	0.078	0.9 (0.6-1.3)	0.395
October 2020	1,171/7,782 (15.1)	1.4 (1.0-2.0)	0.061	0.9 (0.6-1.3)	0.429
November 2020	2,510/11,137 (22.5)	2.3 (1.7-3.2)	<0.001	1.3 (0.9-1.8)	0.181
December 2020	10,663/39,707 (26.8)	2.9 (2.1-4.0)	<0.001	2.0 (1.4-2.8)	<0.001
January 2021	15,348/52,304 (29.3)	3.3 (2.4-4.5)	<0.001	2.0 (1.4-2.9)	<0.001
February 2021	2,426/12,121 (20.0)	1.9 (1.4-2.7)	<0.001	1.2 (0.9-1.8)	0.140
March 2021	1,167/6,500 (18.0)	1.7 (1.2-2.6)	0.001	1.2 (0.8-1.8)	0.249
April 2021	118/656 (17.9)	1.7 (1.2-2.4)	0.006	0.9 (0.6-1.4)	0.633
Health sector					
Private sector	19,981/106,927 (18.7)	Reference		Reference	
Public sector	31,803/116,131 (27.4)	1.6 (1.6-1.7)	<0.001	1.4 (1.3-1.4)	<0.001
Province					
Western Cape	9,808/45,964 (21.3)	Reference		Reference	
Eastern Cape	9,353/28,769 (32.5)	1.8 (1.7-1.8)	<0.001	2.0 (1.9-2.1)	<0.001
Free State	2,720/12,126 (22.4)	1.0 (0.9-1.1)	0.009	1.3 (1.2-1.4)	<0.001
Gauteng	12,083/60,539 (20.0)	0.9 (0.9-0.9)	<0.001	1.2 (1.1-1.3)	<0.001
KwaZulu-Natal	10,563/43,306 (24.4)	1.2 (1.1-1.2)	<0.001	1.5 (1.4-1.6)	<0.001
Limpopo	2,514/8,332 (30.2)	1.6 (1.5-1.7)	<0.001	1.7 (1.6-1.9)	<0.001
Mpumalanga	2,294/8,619 (26.6)	1.3 (1.2-1.4)	<0.001	1.3 (1.2-1.4)	<0.001
North West	1,715/11,747 (14.6)	0.6 (0.6-0.7)	<0.001	1.1 (1.0-1.2)	0.001
Northern Cape	734/3,656 (20.1)	0.9 (0.8-1.0)	0.073	1.3 (1.2-1.5)	<0.001
Ever ICU					
No	36,494/192,454 (18.9)	Reference			
Yes	15,290/30,604 (50.0)	4.3 (4.2-4.4)	<0.001		
Ever High Care					
No	45,733/204,436 (22.4)	Reference			
Yes	6,051/18,622 (32.5)	1.7 (1.6-1.7)	<0.001		
Ever ventilated					
No	43,503/210,281 (20.7)	Reference			
Yes	8,281/12,777 (64.8)	7.1 (6.9-7.4)	<0.001		
Ever on oxygen					
No	23,310/129,884 (18.0)	Reference			
Yes	28,474/93,174 (30.6)	2.0 (1.9-2.0)	<0.001		

* Multivariable model excluded all individuals with unknown comorbid conditions

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Data source: NICD-DATCOV19

Figure 8: Multivariable analysis of factors associated with mortality among 223,058 individuals with in-hospital outcome (discharges and deaths), South Africa, 5 March 2020 to 10 April 2021

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DISCUSSION

DATCOV currently includes 231,237 admissions from 644 public and private hospitals in all nine provinces in South Africa. It also includes 51,784 deaths that have occurred to date.

The findings confirm factors associated with in-hospital mortality were older age groups; male sex; Black, Indian and Coloured race; and having comorbid hypertension, diabetes, chronic cardiac disease, chronic renal disease, malignancy, HIV, current and previous tuberculosis, and obesity.

Trends in CFR over time and provincial differences may be affected by many factors such as hospital admission criteria, timeousness of closing cases, testing criteria in different provinces, and the severity of illness in admitted cases.

The availability of reliable surveillance data is of critical importance to gain a better understanding of the epidemiology of COVID-19 in South Africa, to monitor the COVID-19 epidemic and to respond with adequate control measures. It has been suggested that when local transmission is widespread and testing strategies change, hospital admission or mortality surveillance systems provide a more reliable picture of the epidemic progression than overall confirmed case numbers.

DATCOV provides real-time data and summary analyses, which inform modelling and reporting at a national level. It also addresses a knowledge gap, in the lack of data from low and middle income countries (LMIC), allowing for analysis of COVID-19 epidemiology in a country with a younger population, unique disease profile with epidemics of both infectious (HIV and tuberculosis) and non-communicable diseases, and an overburdened public health system.

LIMITATIONS

DATCOV now includes reporting from all hospitals with COVID-19 admissions but many hospitals are yet to reach complete submission of historic data. Data quality in a surveillance system is dependent on the information submitted by healthcare institutions. It is not possible for the NICD to verify or check the quality of all these data, however, the NICD has built-in data quality checks. Delays in reporting of admissions and deaths may affect the numbers reported in the most recent week. The National Department of Health have recruited data capturers in six provinces to support hospitals to improve data submission.

In patients with non-communicable diseases, the current data collection platform is not able to distinguish between those that had pre-existing disease and those that were newly-diagnosed; and between those with well or poorly controlled disease. New variables have been introduced to allow for this analysis. For obesity, the platform now also captures weight, height and BMI.

Data on socioeconomic status are not collected. Data on treatment and medical interventions have not been analysed because the data were incomplete. Efforts are ongoing to improve the quality and completeness of data on symptom of these data will be included in future reports.

As hospitals reached capacity, admission criteria may change and therefore influence trends and inferences about the progression of the epidemic. DATCOV only reports hospital-based admissions and deaths and therefore does not include deaths occurring outside hospitals. DATCOV now has a module to record out-of-hospital deaths.

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ACKNOWLEDGEMENTS

All public and private sector hospitals submitting data to DATCOV

Private hospital groups submitting data to DATCOV:

- Netcare
- Life Healthcare
- Mediclinic Southern Africa
- National Hospital Network (NHN)
- Clinix Health Group
- Lenmed
- Joint Medical Holdings (JMH)

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APPENDIX

The table below summarises COVID-19 admissions by age and sex, and includes all COVID-19 admissions that have been reported, including multiple admissions in one patient. It therefore includes 254,345 admissions while the main analysis in this report includes 231,237 admissions in unique patients.

Table 4: Number of reported COVID-19 admissions and deaths by age and gender, South Africa, 5 March 2020 to 10 April 2021

ADMISSIONS					DEATHS			
Age (years)	Female	Male	Unknown	Total	Female	Male	Unknown	Total
0-4	1709	2064	9	3782	57	58	1	116
5-9	465	594	3	1062	9	14	0	23
10-14	799	761	0	1560	22	23	0	45
15-19	2461	1315	3	3779	67	64	0	131
20-24	4278	2150	5	6433	163	119	0	282
25-29	7267	3290	6	10563	361	218	0	579
30-34	9931	5756	3	15690	632	473	0	1105
35-39	11069	7858	7	18934	876	762	1	1639
40-44	10665	9238	4	19907	1131	1153	1	2285
45-49	12255	11264	9	23528	1674	1726	3	3403
50-54	14285	12614	2	26901	2284	2294	1	4579
55-59	15710	13480	8	29198	3310	3120	1	6431
60-64	13953	12521	12	26486	3725	3827	1	7553
65-69	11511	10038	7	21556	3754	3457	2	7213
70-74	9230	8081	11	17322	3176	3053	4	6233
75-79	6579	5279	6	11864	2388	2161	1	4550
80-84	4772	3313	4	8089	1856	1402	1	3259
85-89	2475	1543	1	4019	992	725	0	1717
90-94	1112	515	1	1628	521	261	0	782
>=95	377	214	0	591	162	76	0	238
Unknown	773	622	38	1433	53	61	1	115
Total	141676	112510	139	254325	27213	25047	18	52278