COVID-19 HOSPITAL SURVEILLANCE UPDATE

NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division of the National Health Laboratory Service

OVERVIEW

This report summarises data of COVID-19 cases admitted to DATCOV hospital surveillance sites in all provinces. The report is based on data collected from 5 March 2020 to 27 March 2021.

HIGHLIGHTS

- As of 24 April 2021, 259,807 COVID-19 admissions and 53,875 in-hospital deaths were reported from 646 facilities (394 public-sector and 252 private-sector) in all nine provinces of South Africa.
- Since the end of the second wave, the numbers of COVID-19 admissions remain low in all provinces but increases in admissions in Northern Cape, North West and Free State provinces have been observed.

METHODS

DATCOV, a hospital surveillance system for COVID-19 admissions, was initiated on the 1 April 2020. 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. 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. For the calculation of cumulative incidence risks, StatsSA mid-year population estimates for 2020 were utilised.

Achieving the end-of-wave threshold corresponds to having a time period (E.g. a week or two weeks) where the 7 day moving average of cases is sustained at or lower than a small fraction of recent peak incidence. We set the end-of-wave threshold as 15% of the peak incidence or case load, measured in terms of 7-day moving average of case incidence. We specifically use last 7-day average incidence per 1 million capita as reported in Our World in Data; for the purposes of this analysis, using the 7-day running average (either absolute or per capita) would be equivalent.

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 24 April 2021, a total of 646 facilities submitted data on hospitalised COVID-19 cases, 394 from public sector and 252 from private sector (Table 1). This reflects 100% coverage of all public and private hospitals that have had COVID-19 admissions. As new hospitals join the surveillance system, they have retrospectively captured all admissions recorded although there may be some backlogs in retrospective data capture.

Table 1. Number of hospitals reporting data on COVID-19 admissions by province and sector, South Africa, 5 March 2020-24 April 2021

Name of province	Public Sector	Private Sector
Eastern Cape	85	18
Free State	35	20
Gauteng	39	91
KwaZulu-Natal	70	46
Limpopo	41	7
Mpumalanga	31	9
North West	16	12
Northern Cape	17	8
Western Cape	60	41
South Africa	**394**	**252**

RESULTS

Epidemiological and geographic trends in admissions

From 5 March 2020 to 24 April 2021, a total of 259,807 COVID-19 admissions were reported from 646 facilities in all nine provinces of South Africa. 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.

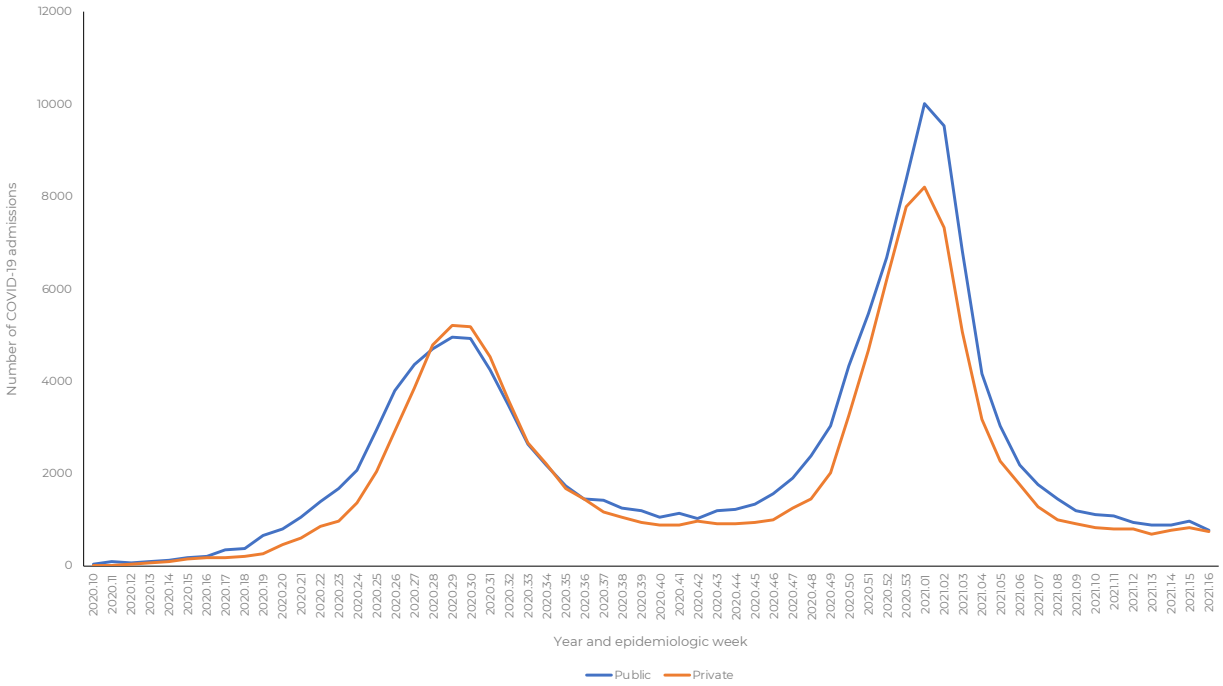

Figure 1. Number of reported COVID-19 admissions by health sector and epidemiologic week of diagnosis, South Africa, 5 March 2020-24 April 2021, n=259,807

The majority of admissions were recorded in four provinces, Gauteng 67,305 (26%), Western Cape 59,064 (23%), Eastern Cape 31,690 (13%) and KwaZulu-Natal 48,661 (19%) provinces. The weekly numbers of admissions at the peak of the second wave surpassed the numbers during the peak of the first wave in all provinces except Free State (Figure 2). Numbers of COVID-19 admissions have decreased in all provinces. Reductions in the most recent week may be as a result of delayed reporting.

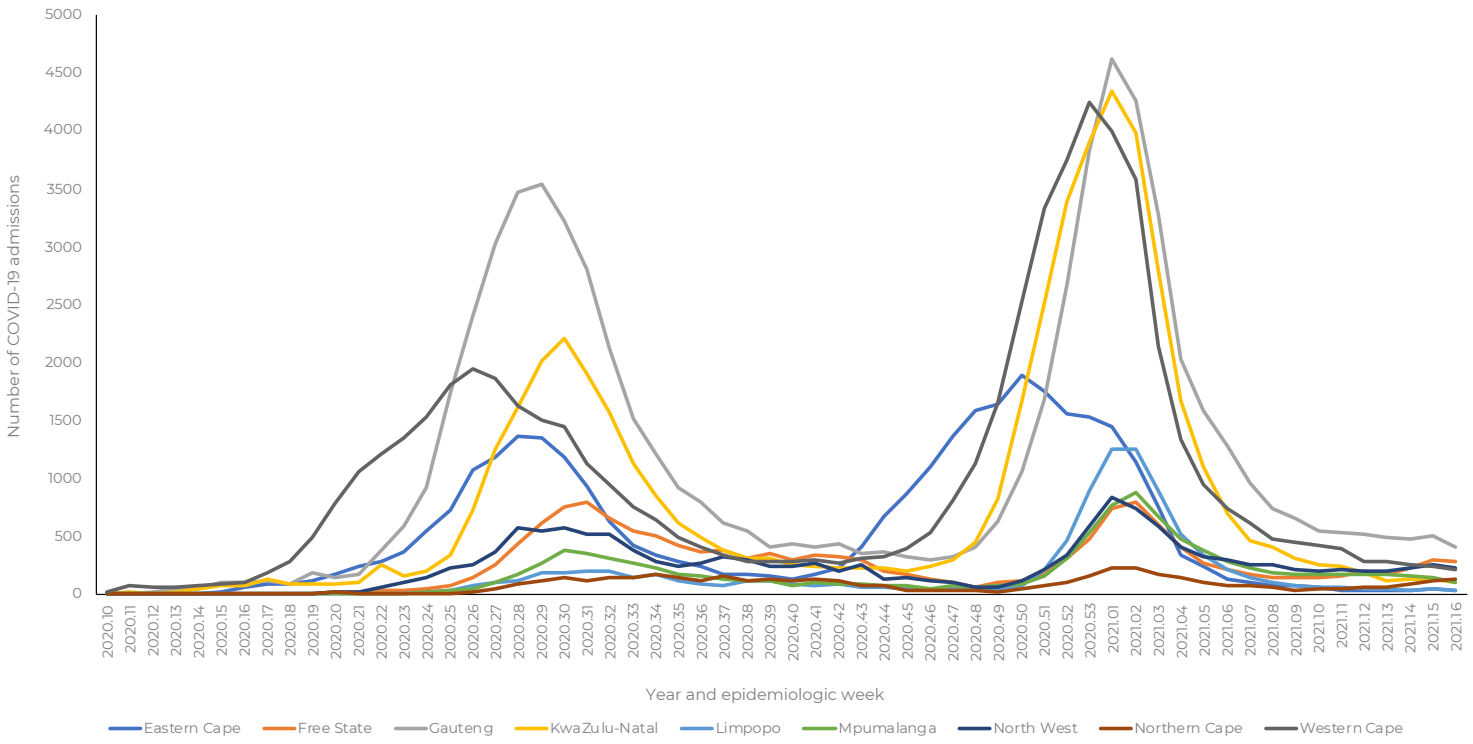

Figure 2. Number of reported COVID-19 admissions, by province and epidemiologic week of diagnosis, South Africa, 5 March 2020-24 April 2021, n=259,807

EPIDEMIOLOGICAL AND GEOGRAPHIC TRENDS IN IN-HOSPITAL MORTALITY

The weekly numbers of deaths at the peak of the second wave surpassed the numbers during the peak of the first wave in both sectors (Figure 3). Since the end of the second wave, the numbers of deaths have decreased in both sectors.

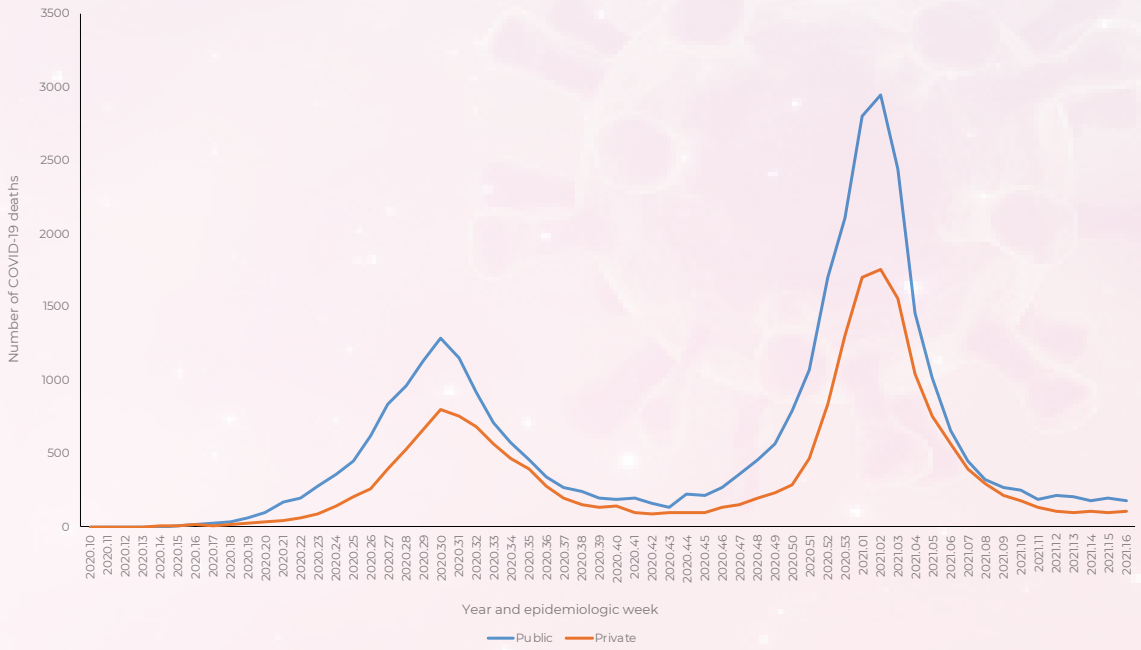

Figure 3. Number of in-hospital COVID-19 in-hospital deaths reported per week by health sector and epidemiologic week, South Africa, 5 March 2020-24 April 2021, n=53,875

Most deaths were reported in Eastern Cape 9,449 (18%), Gauteng 13,086 (24%), Western Cape 9,991 (19%) and KwaZulu-Natal 10,851 (20%). The weekly numbers of deaths at the peak of the second wave surpassed the numbers during the peak of the first wave in all provinces except Free State (Figure 4). The numbers of COVID-19 deaths have decreased in all provinces.

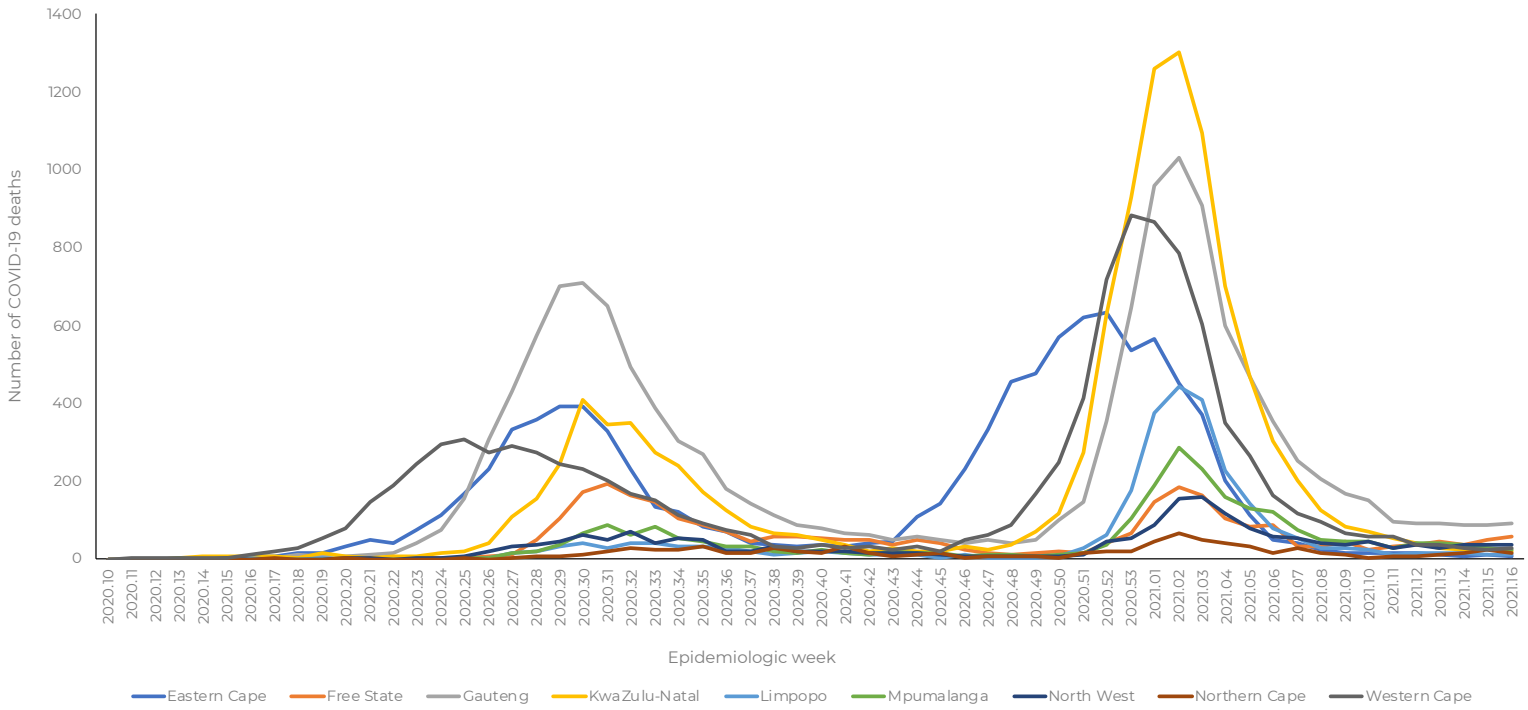

Figure 4. Number of reported COVID-19 in-hospital deaths, by province and epidemiologic week of death, South Africa, 5 March 2020-24 April 2021, n=53,875

The cumulative incidence risks of COVID-19 admissions and in-hospital deaths were highest in Western Cape, Eastern Cape and Free State provinces (Table 2).

Table 2. Number and cumulative incidence risk of COVID-19 hospitalisations and in-hospital deaths per 100,000 persons by province, South Africa, 5 March 2020-24 April 2021

Province	Provincial Population mid 2020*	Cumulative admissions	Cumulative Admissions / 100,000	Cumulative deaths	Cumulative deaths / 100,000
Eastern Cape	6734001	31690	470.6	9449	140.3
Free State	2928903	14896	508.6	2914	99.5
Gauteng	15488137	67,305	434.6	13086	84.5
KwaZulu-Natal	11531628	48661	422.0	10851	94.1
Limpopo	5852553	9418	160.9	2604	44.5
Mpumalanga	4679786	9951	212.6	2387	51.0
North West	4108816	14,287	347.7	1817	44.2
Northern Cape	1292786	4,535	350.8	776	60.0
Western Cape	7005741	59,064	843.1	9991	142.6
South Africa	**59622350**	**259,807**	**435.8**	**53,875**	**90.4**

*StatsSA mid-year population estimates 2020

PROVINCIAL TRENDS

The number of COVID-19 admissions decreased in all provinces from week 15 to week 16 of 2021 except in Northern Cape. The highest proportion of new admissions were in Gauteng, Free State and North West (Table 3). Decreases in the most recent week may in part reflect delays in data submission. There were 13 of 52 (25%) districts across the country, Joe Gqabi, Nelson Mandela Metro and Sarah Baartman (Eastern Cape), Fezile Dabi, Lejweleputswa and Xhariep (Free State), King Cetshwayo, uMkhanyakude, and UThukela (KwaZulu-Natal), Vhembe (Limpopo), Frances Baard (Northern Cape) and Overberg (Western Cape) that reported increased admissions over the previous 14 days (Appendix 1).

Table 3. Percentage change in COVID-19 admissions, epidemiologic week 15 to week 16 of 2021, by province, South Africa

Province	Hospital admissions		Percentage change in admissions	Percentage of total new admissions	Incidence risk of new admissions /100,000 persons
	Week 15	Week 16*			
Eastern Cape	43	30	-30	2.0	0.4
Free State	292	278	-5	18.2	9.5
Gauteng	511	402	-21	26.3	2.6
KwaZulu-Natal	135	99	-27	6.5	0.9
Limpopo	48	35	-27	2.3	0.6
Mpumalanga	151	110	-27	7.2	2.4
North West	253	228	-10	14.9	5.5
Northern Cape	123	136	11	8.9	10.5
Western Cape	239	210	-12	13.7	3.0
South Africa	**1,795**	**1,528**	**-15**	**100.0**	**2.6**

* Reporting of new admissions in the most recent week may be delayed

EASTERN CAPE

In both waves there were higher numbers of admissions in the public sector. Weekly admissions at the peak of the second wave exceeded the weekly numbers of admissions at the peak of the first wave in both sectors. Since the end of the second wave the numbers of COVID-19 admissions have remained low in both sectors (Figure 5).

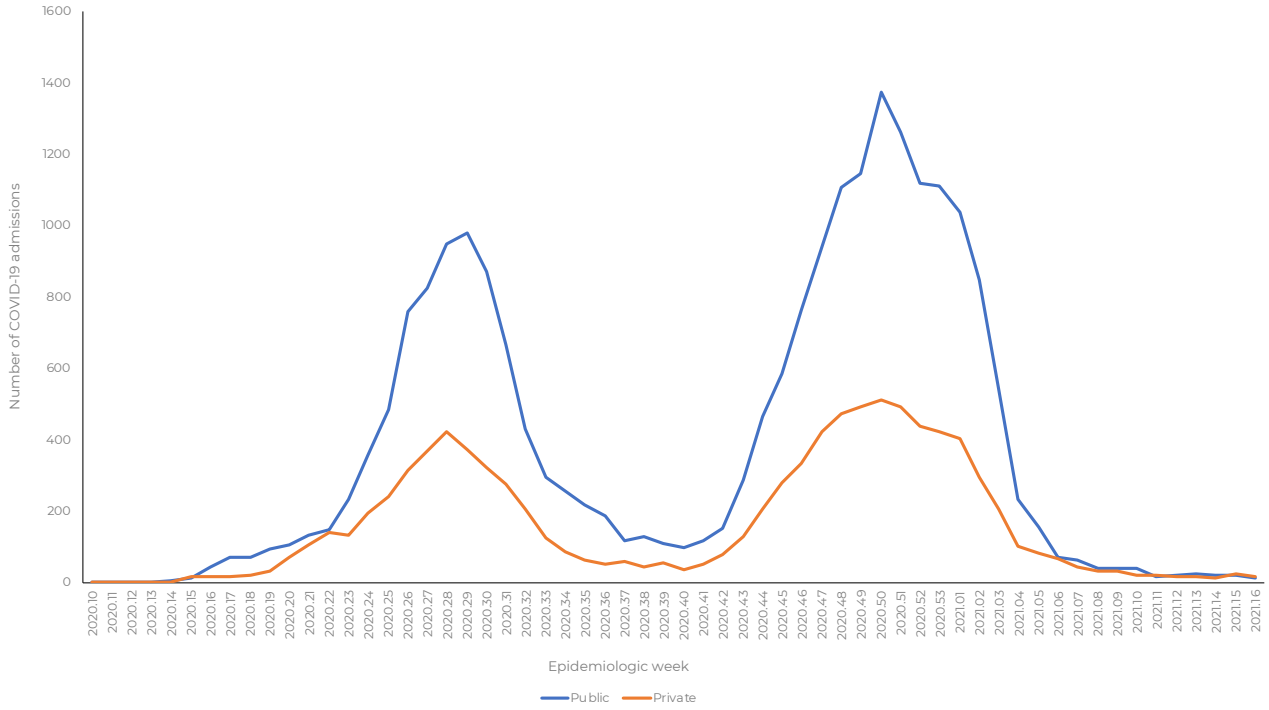

Figure 5: Number of reported COVID-19 admissions by health sector and epidemiologic week of diagnosis, Eastern Cape, 5 March 2020-24 April 2021, n=31,690

The weekly admissions at the peak of the second wave exceeded the numbers of admissions at the peak of the first wave in all districts (Figure 6). Since the end of the second wave, the numbers of COVID-19 admissions have remained low in all districts.

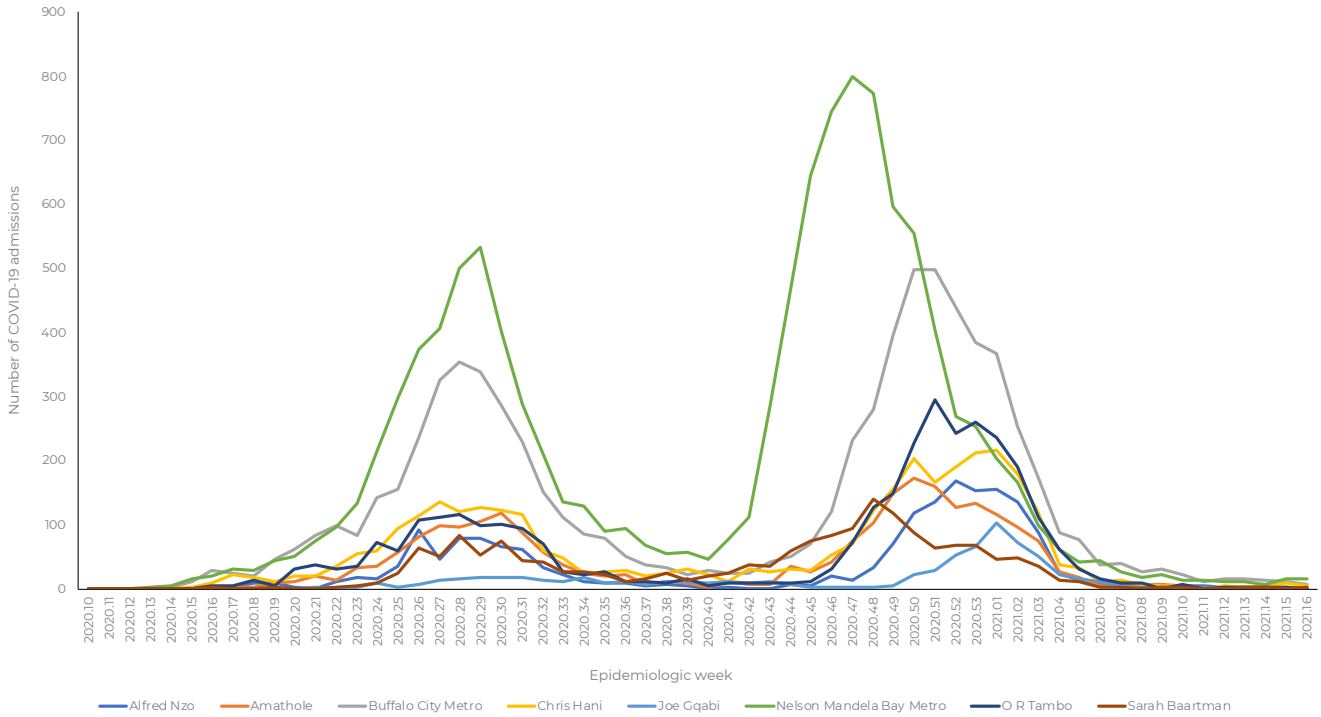

Figure 6. Number of reported COVID-19 admissions, by district and epidemiologic week, Eastern Cape, 5 March 2020-24 April 2021, n=31,690

All districts showed a decrease in COVID-19 admission between week 15 and week 16 2021 except Sarah Baartman. The highest proportion of new admissions and the highest incidence risk of new admissions was in Nelson Mandela Bay (Table 4).

Table 4: Number and percentage change in COVID-19 admissions, epidemiologic week 15 to week 16 of 2021, by district, Eastern Cape

District	Cumulative hospital admissions	Admissions Week 15	Admissions Week 16	Percentage change in admissions	Percentage of total new admissions	Incidence risk of new admissions /100 000 persons
Alfred Nzo	1797	1	1	0	3.3	0.4
Amathole	2363	3	1	-67	3.3	0.4
Buffalo City Metro	7367	11	6	-45	20.0	2.5
Chris Hani	3315	9	5	-44	16.7	2.3
Joe Gqabi	708	0	0	0	0.0	0.0
Nelson Mandela Bay	11147	15	15	0	50.0	4.1
O R Tambo	3248	3	0	-100	0.0	0.0
Sarah Baartman	1745	1	2	100	6.7	1.4

The weekly deaths at the peak of the second wave exceeded the numbers of deaths at the peak of the first wave in all districts (Figure 7). Since the end of the second wave, the numbers of COVID-19 deaths have remained low in all districts.

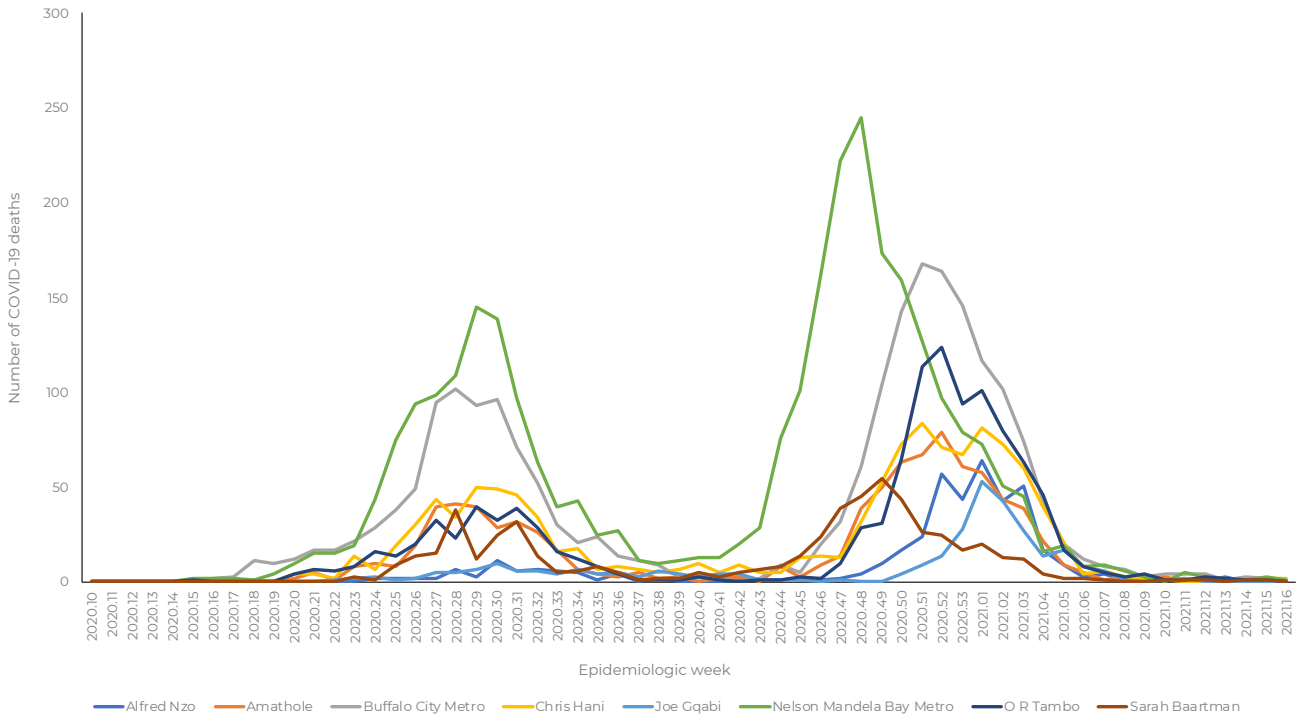

Figure 7. Number of reported COVID-19 in-hospital deaths, by district and epidemiologic week, Eastern Cape, 5 March 2020-24 April 2021, n=9,449

WESTERN CAPE

In both waves there were higher numbers of admissions in the public sector. Weekly admissions at the peak of the second wave exceeded the weekly numbers of admissions at the peak of the first wave in both sectors (Figure 8). Since the end of the second wave the numbers of COVID-19 admissions have remained low in both sectors.

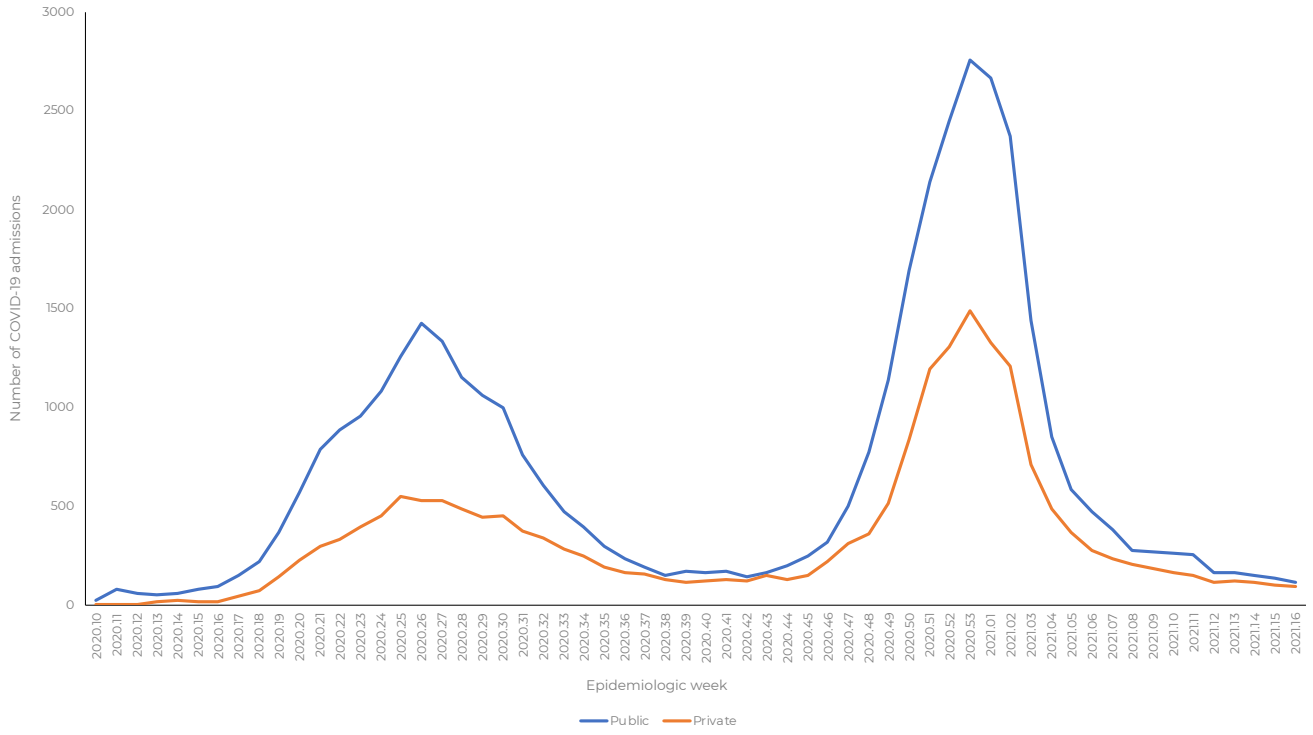

Figure 8: Number of reported COVID-19 admissions by health sector and epidemiologic week of diagnosis, Western Cape, 5 March 2020-24 April 2021, n=59,064

Weekly admissions at the peak of the second wave exceeded the weekly numbers of admissions at the peak of the first wave in all districts (Figure 9). Since the end of the second wave, the numbers of COVID-19 admissions have remained low in all districts.

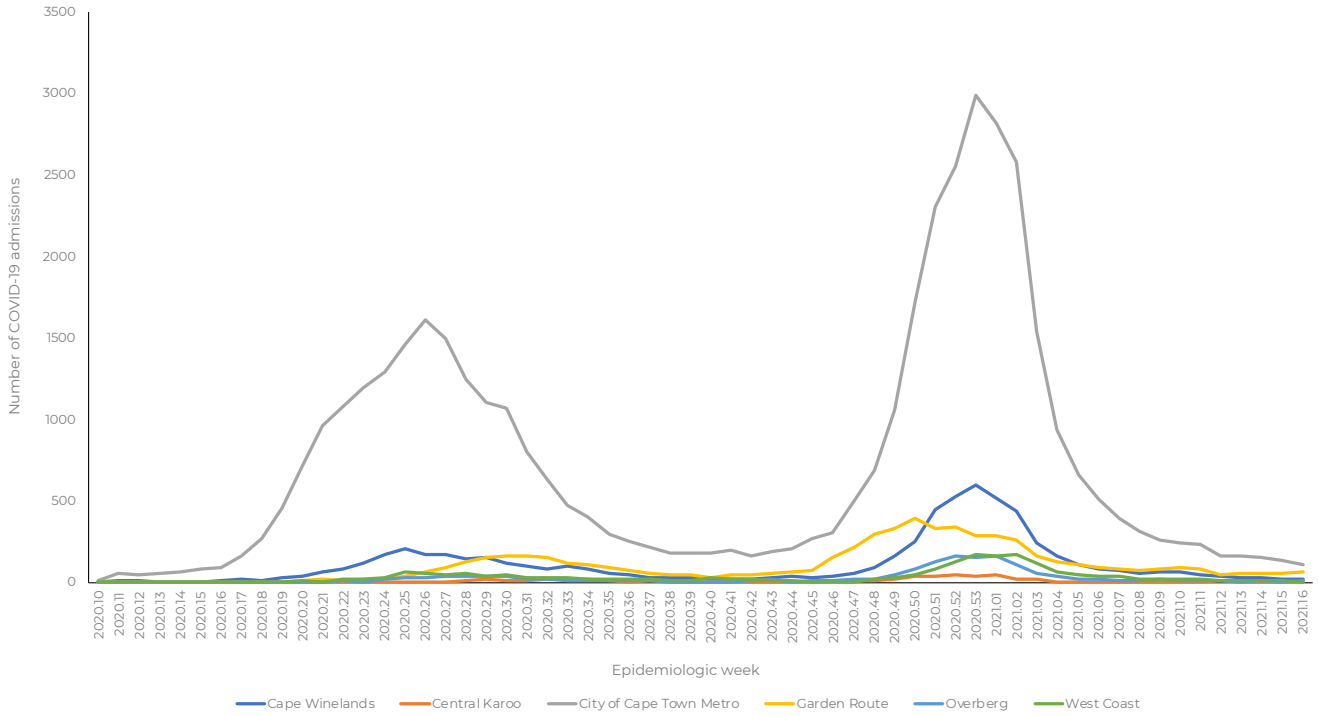

Figure 9: Number of reported COVID-19 admissions, by district and epidemiologic week, Western Cape, 5 March 2020-24 April 2021, n=59,064

All districts showed a decrease in COVID-19 admission between week 15 and week 16 2021 except Garden Route and Overberg. The highest proportion of new admissions was in City of Cape Town Metro (Table 5).

Table 5: Percentage change in COVID-19 admissions, epidemiologic week 15 to week 16 of 2021, by district, Western Cape

District	Cumulative hospital admissions	Admissions Week 15	Admissions Week 16	Percentage change in admissions	Percentage of total new admissions	Incidence risk of new admissions /100 000 persons
Cape Winelands	6442	20	19	-5	9.0	1.0
Central Karoo	539	2	1	-50	0.5	0.6
City of Cape Town Metro	42488	139	109	-22	51.9	1.1
Garden Route	6019	59	62	5	29.5	4.7
Overberg	1595	4	12	200	5.7	1.9
West Coast	1981	15	7	-53	3.3	0.7

Weekly deaths at the peak of the second wave exceeded the weekly numbers of deaths at the peak of the first wave in all districts (Figure 10). Since the end of the second wave, the numbers of COVID-19 deaths has remained low in all districts.

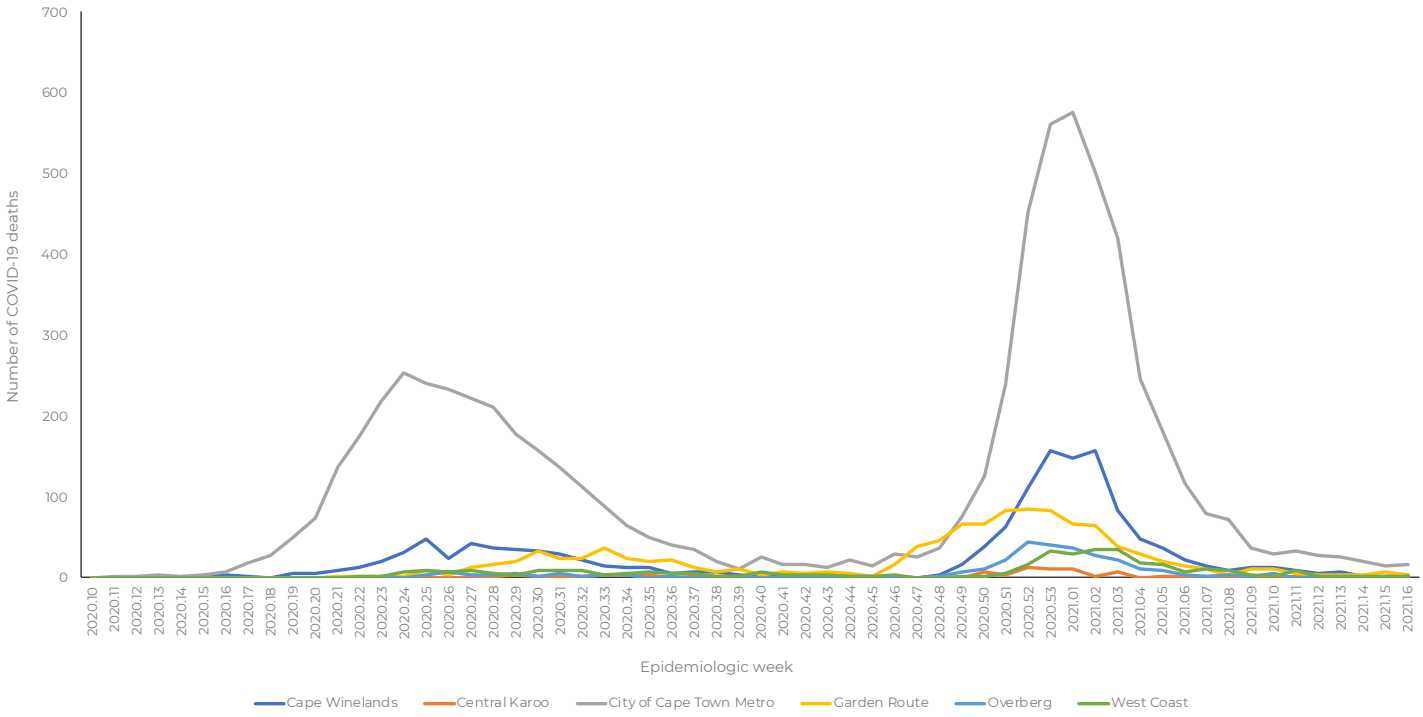

Figure 10: Number of reported COVID-19 in-hospital deaths, by district and epidemiologic week, Western Cape, 5 March 2020-24 April 2021, n=9,991

KWAZULU-NATAL

In both waves there were higher numbers of admissions in the private sector. Weekly admissions at the peak of the second wave exceeded the weekly numbers of admissions at the peak of the first wave in both sectors (Figure 11). Since the end of the second wave, the numbers of COVID-19 admissions have been low in both sectors.

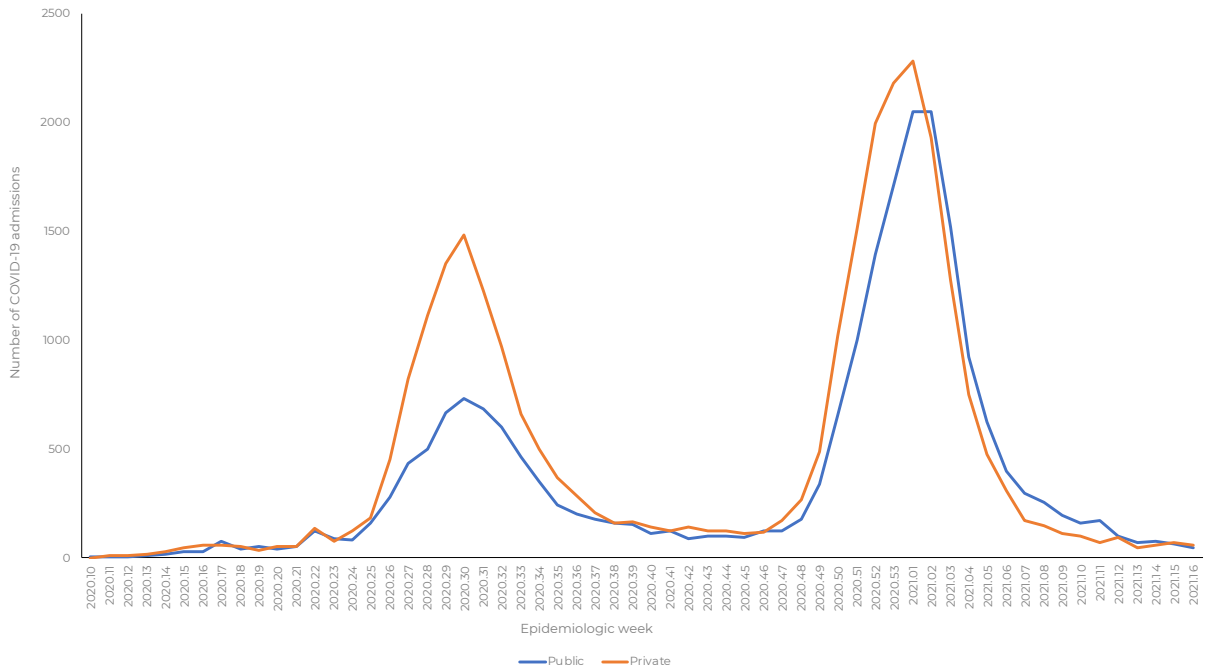

Figure 11: Number of reported COVID-19 admissions by health sector and epidemiologic week of diagnosis, KwaZulu-Natal, 5 March 2020-24 April 2021, n= 48,661

Weekly admissions at the peak of the second wave exceeded the weekly numbers of admissions at the peak of the first wave in all districts except Amajuba (Figure 12). Since the end of the second wave, the numbers of COVID-19 admissions have remained low in all districts.

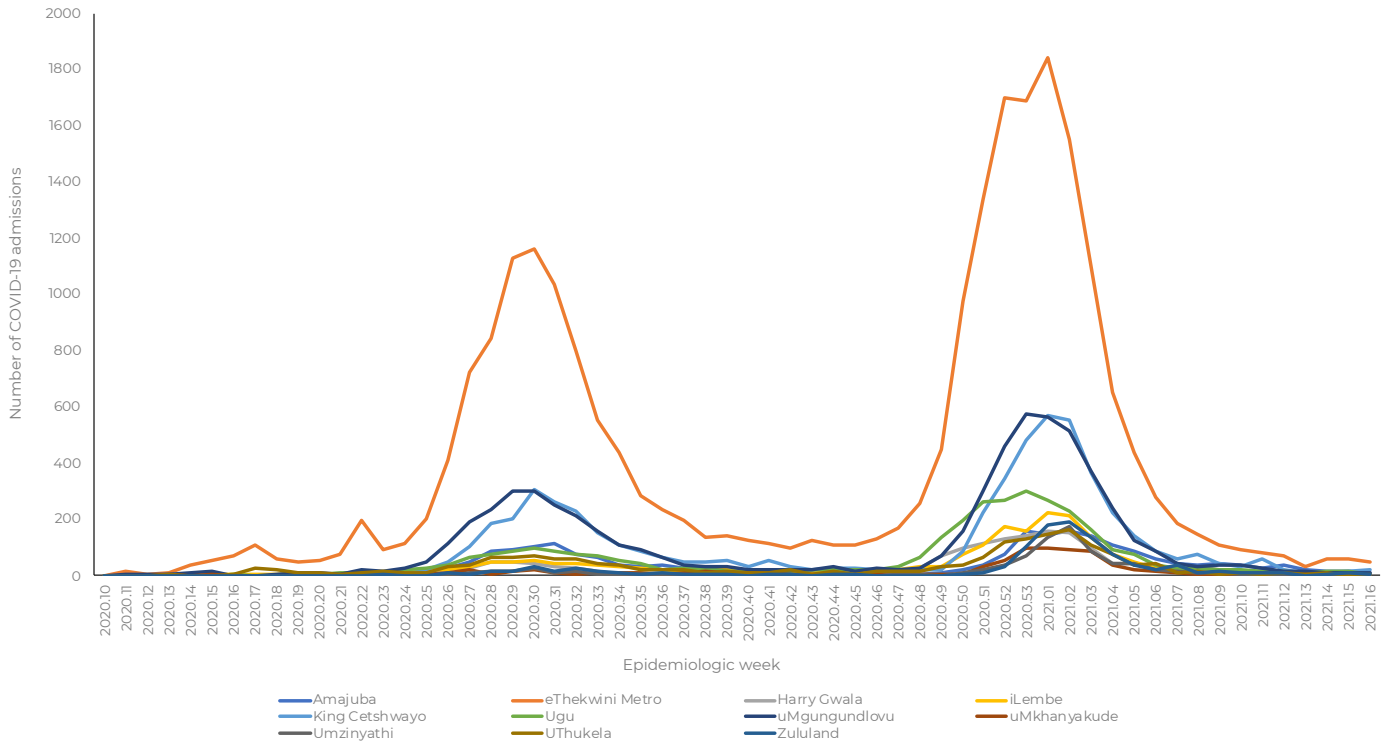

Figure 12: Number of reported COVID-19 admissions, by district and epidemiologic week, KwaZulu-Natal, 5 March 2020-24 April 2021, n= 48,661

All districts showed a decrease in COVID-19 admission between week 15 and week 16 2021 except King Cetshwayo and UThukela. The highest proportion of new admissions was in eThekwini Metro (Table 6).

Table 6: Percentage change in COVID-19 admissions, epidemiologic week 15 to week 16 of 2021, by district, KwaZulu-Natal

District	Cumulative hospital admissions	Admissions Week 15	Admissions Week 16	Percentage change in admissions	Percentage of total new admissions	Incidence risk of new admissions /100 000 persons
Amajuba	2160	16	11	-31	11.1	1.9
eThekwini Metro	23349	58	48	-17	48.5	1.2
Harry Gwala	1560	5	0	-100	0.0	0.0
iLembe	2001	4	1	-75	1.0	0.1
King Cetshwayo	5631	13	21	62	21.2	2.2
Ugu	3269	15	4	-73	4.0	0.5
uMgungundlovu	6203	9	7	-22	7.1	0.6
uMkhanyakude	802	1	1	0	1.0	0.1
Umzinyathi	823	4	1	-75	1.0	0.2
UThukela	1798	1	3	200	3.0	0.4
Zululand	1065	9	2	-78	2.0	0.2

Weekly deaths at the peak of the second wave exceeded the weekly numbers of deaths at the peak of the first wave in all districts (Figure 13). Since the end of the second wave, the numbers of COVID-19 deaths has remained low in all districts.

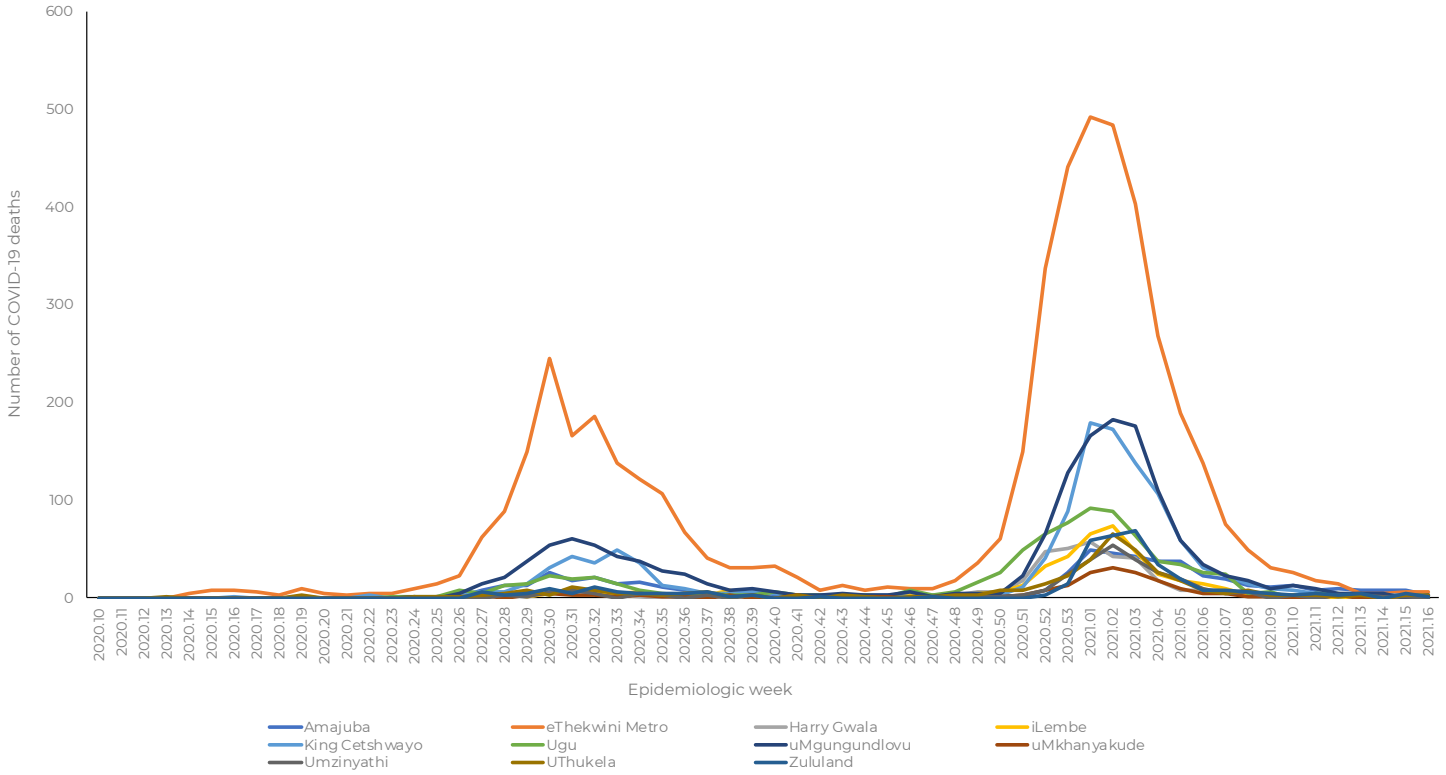

Figure 13: Number of reported COVID-19 in-hospital deaths, by district and epidemiologic week, KwaZulu-Natal, 5 March 2020-24 April 2021, n= 10,851

GAUTENG

In both waves there were higher numbers of admissions in the private sector. Weekly numbers of admissions at the peak of the first wave in the private and public sectors (Figure 14). Since the end of the second wave, the numbers of COVID-19 admissions have remained low.

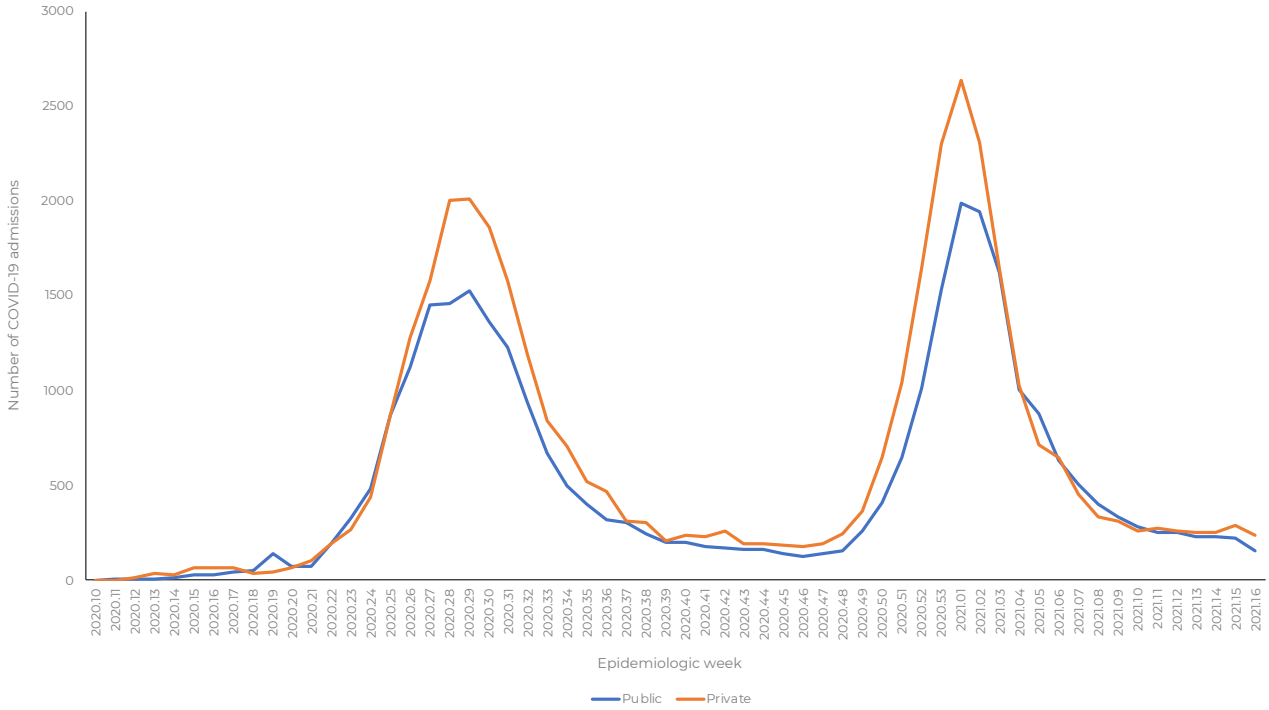

Figure 14: Number of reported COVID-19 admissions by health sector and epidemiologic week of diagnosis, Gauteng, 5 March 2020-24 April 2021, n=67,305

Weekly admissions at the peak of the second wave exceeded the weekly numbers of admissions at the peak of the first wave in City of Johannesburg Metro, City of Tshwane Metro and West Rand (Figure 15). Since the end of the second wave, the numbers of COVID-19 admissions have remained low in all districts.

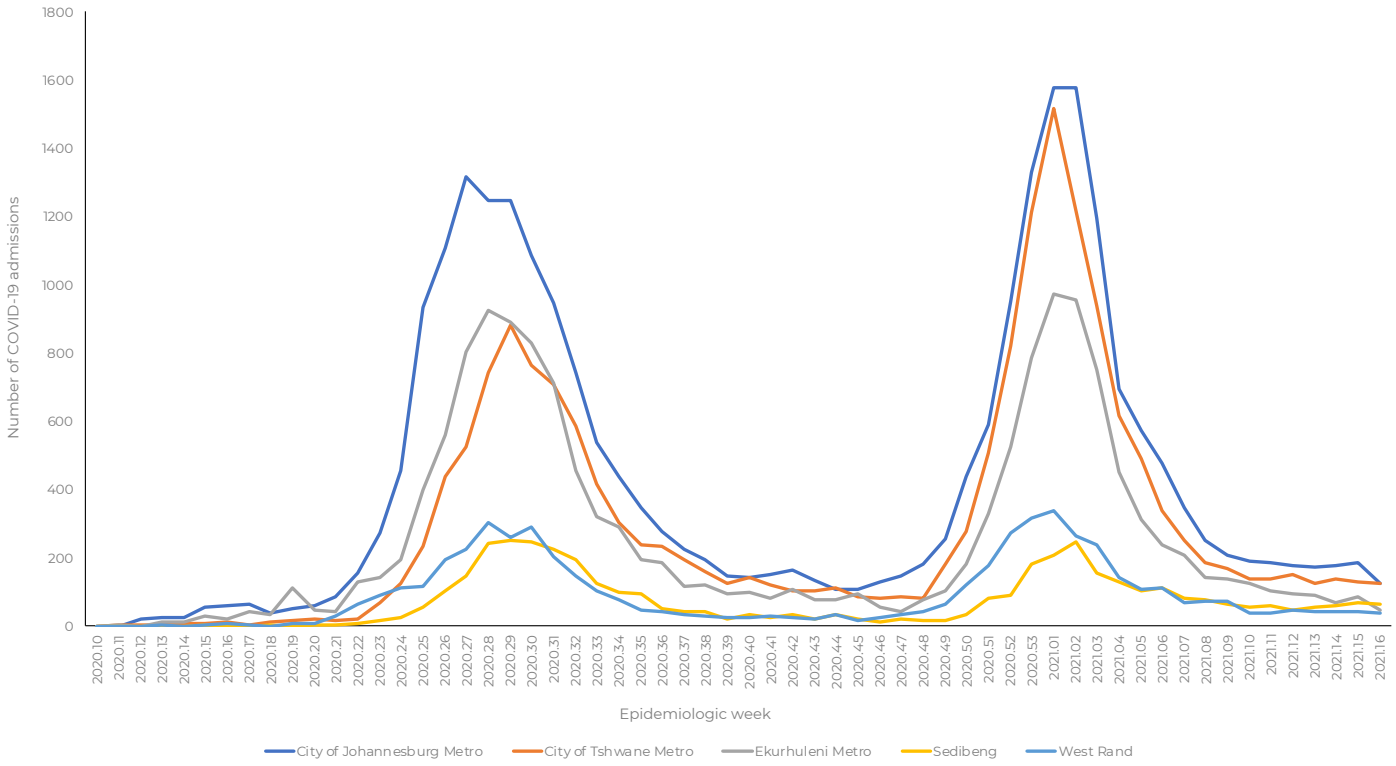

Figure 15: Number of reported COVID-19 admissions, by district and epidemiologic week, Gauteng, 5 March 2020-24 April 2021, n=67,305

All districts showed decrease in COVID-19 admission between week 15 and week 16 2021. The highest proportion of new admissions were in City of Johannesburg and City of Tshwane Metros (Table 7).

Table 7: Percentage change in COVID-19 admissions, epidemiologic week 15 to week 16 of 2021, by district, Gauteng

District	Cumulative hospital admissions	Admissions Week 15	Admissions Week 16	Percentage change in admissions	Percentage of total new admissions	Incidence risk of new admissions /100 000 persons
City of Johannesburg Metro	25114	187	127	-32	31.6	0.5
City of Tshwane Metro	17457	129	127	-2	31.6	0.8
Ekurhuleni Metro	15148	85	45	-47	11.2	0.3
Sedibeng	4242	67	66	-1	16.4	1.7
West Rand	5344	43	37	-14	9.2	1.0

Weekly deaths at the peak of the second wave exceeded the weekly numbers of deaths at the peak of the first wave in City of Tshwane Metro, Ekurhuleni Metro and West Rand (Figure 16). Since the end of the second wave, the numbers of COVID-19 deaths has remained low in all districts except City of Johannesburg which continues to report higher numbers of deaths in the past five weeks.

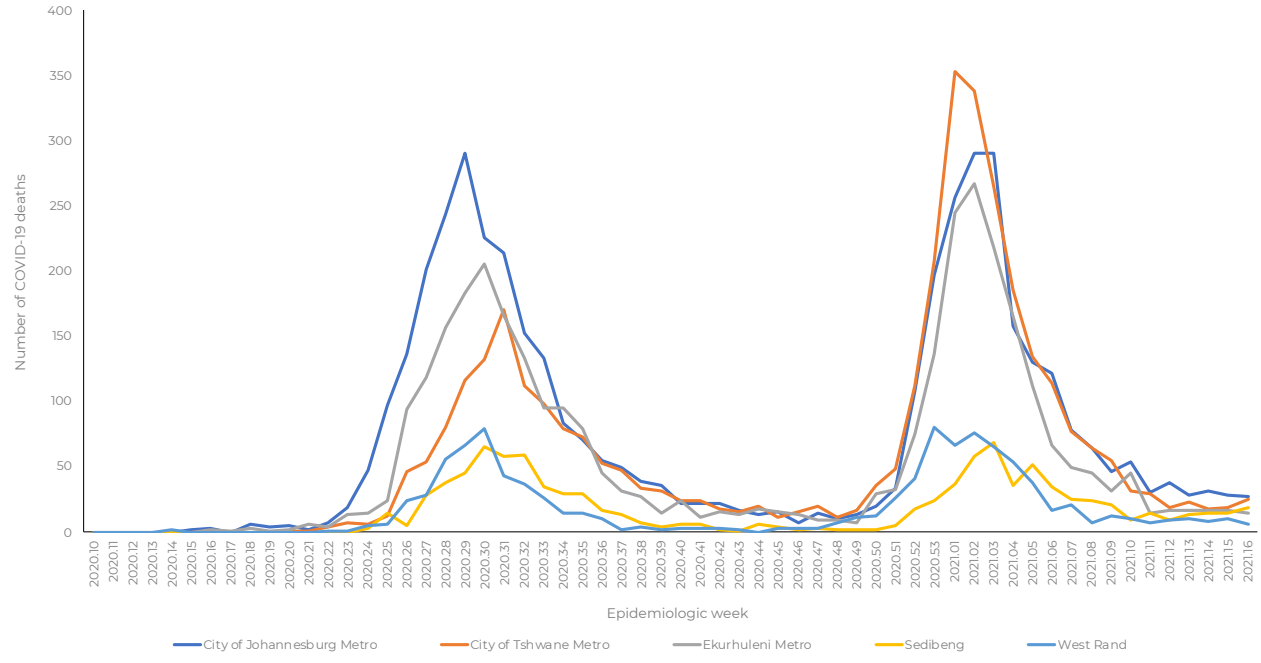

Figure 16: Number of reported COVID-19 in-hospital deaths, by district and epidemiologic week, Gauteng, 5 March 2020-24 April 2021, n=13,086

LIMPOPO

In the first wave there were roughly equal numbers of admissions in both sectors, but in the second wave there were higher numbers of admissions in the public sector. Weekly admissions at the peak of the second wave exceeded the weekly numbers of admissions at the peak of the first wave in both sectors (Figure 17). Since the end of the second wave, the numbers of COVID-19 admissions have remained low in both sectors.

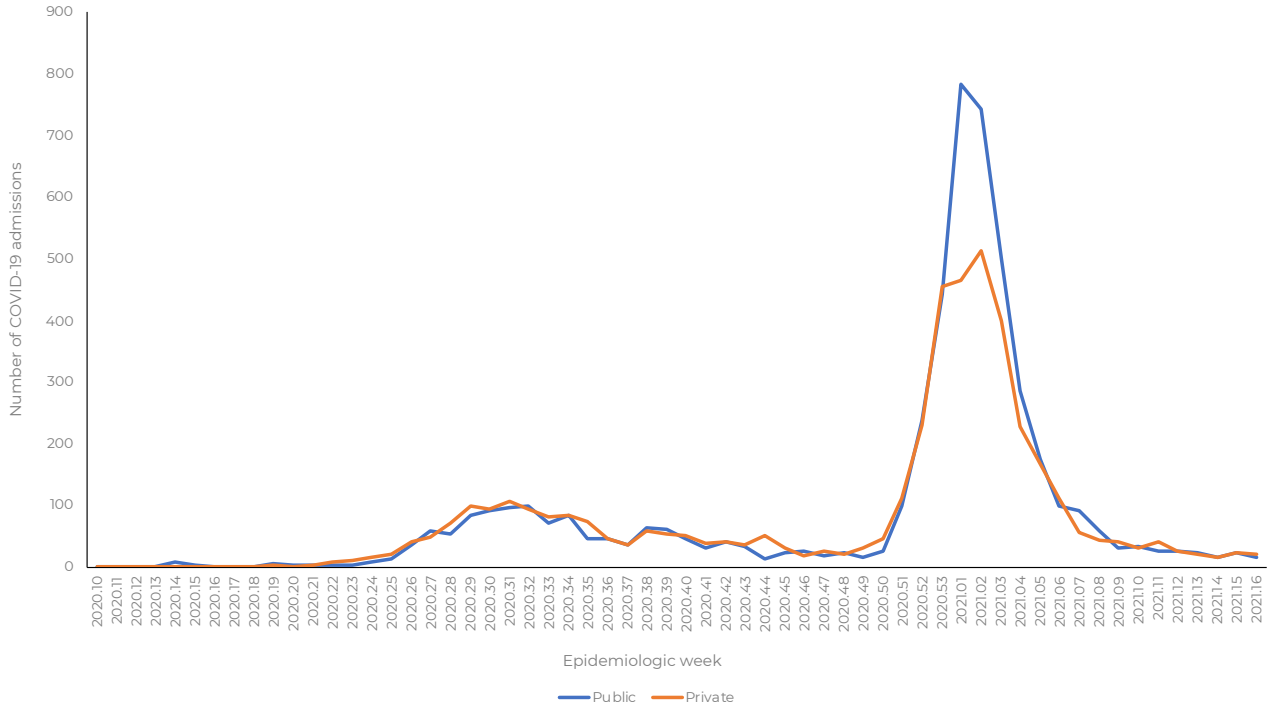

Figure 17: Number of reported COVID-19 admissions by health sector and epidemiologic week of diagnosis, Limpopo, 5 March 2020-24 April 2021, n= 9,418

Weekly admissions at the peak of the second wave exceeded the weekly numbers of admissions at the peak of the first wave in all districts (Figure 18). Since the end of the second wave, the numbers of COVID-19 admissions have remained low in all districts.

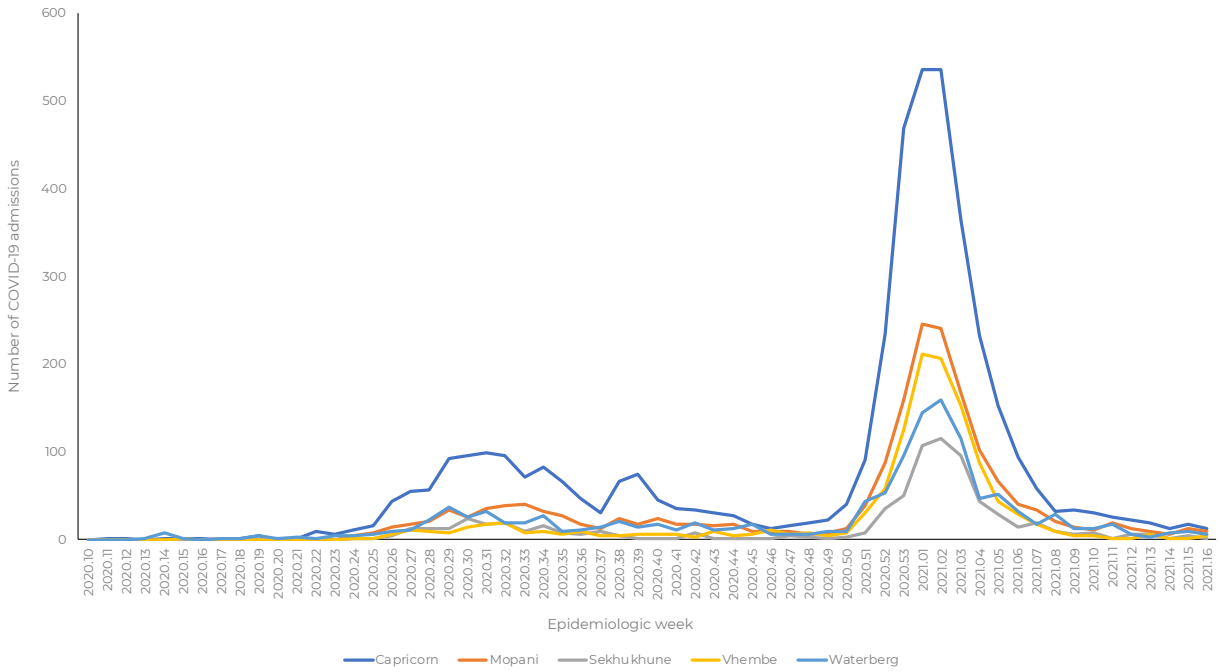

Figure 18: Number of reported COVID-19 admissions, by district and epidemiologic week, Limpopo, 5 March 2020-24 April 2021, n= 9,418

All districts showed decrease in COVID-19 admission between week 15 and week 16 2021 except Vhembe. The highest proportion of new admissions was in Capricorn (Table 8).

Table 8: Percentage change in COVID-19 admissions, epidemiologic week 15 to week 16 of 2021, by district, Limpopo

District	Cumulative hospital admissions	Admissions Week 15	Admissions Week 16	Percentage change in admissions	Percentage of total new admissions	Incidence risk of new admissions /100 000 persons
Capricorn	4308	18	12	-33	34.3	2.6
Mopani	1826	13	10	-23	28.6	2.4
Sekhukhune	766	5	2	-60	5.7	0.5
Vhembe	1209	2	4	100	11.4	0.8
Waterberg	1309	10	7	-30	20.0	2.7

Weekly deaths at the peak of the second wave exceeded the weekly numbers of deaths at the peak of the first wave in all districts (Figure 19). Since the end of the second wave, the numbers of COVID-19 deaths have remained low in all districts.

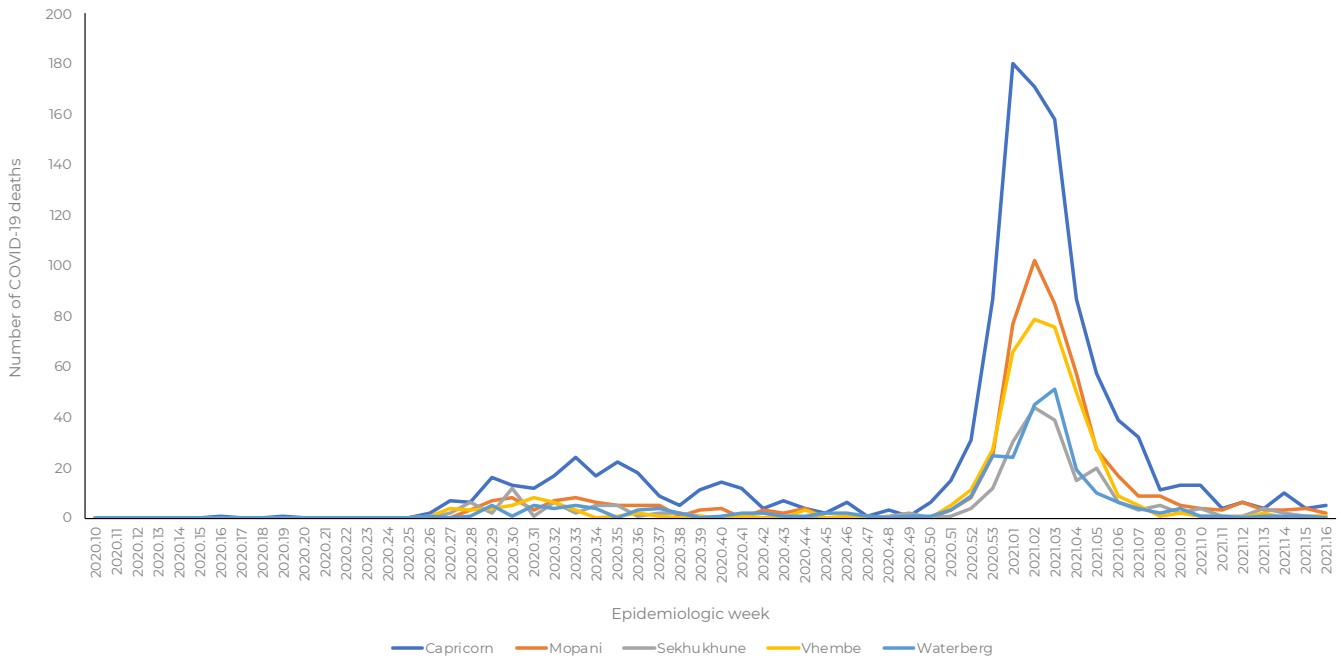

Figure 19: Number of reported COVID-19 in-hospital deaths, by district and epidemiologic week, Limpopo, 5 March 2020-24 April 2021, n=2,604

FREE STATE

In the first wave there were roughly equal numbers of admissions in both sectors, but in the second wave there were higher numbers of admissions in the public sector (Figure 20). Weekly admissions at the peak of the second wave exceeded the weekly numbers of admissions at the peak of the first wave in the public sector. The numbers of COVID-19 admissions have increased in both sectors over the past seven weeks.

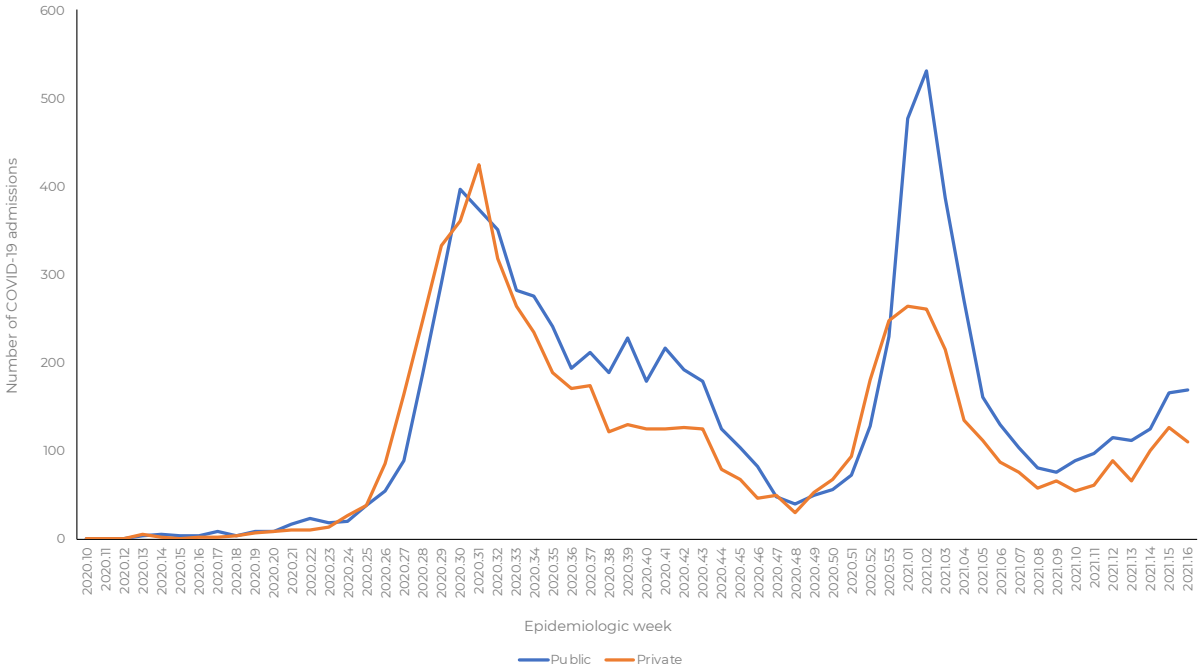

Figure 20: Number of reported COVID-19 admissions by health sector and epidemiologic week of diagnosis, Free State, 5 March 2020-24 April 2021, n=14,896

Weekly admissions at the peak of the second wave exceeded the weekly numbers of admissions at the peak of the first wave in Fezile Dabi, Thabo Mofutsanyane and Xhariep (Figure 21). Admissions have increased in all districts in the past seven weeks, particularly Mangaung Metro, Thabo Mofutsanyana and Lejweleputswa.

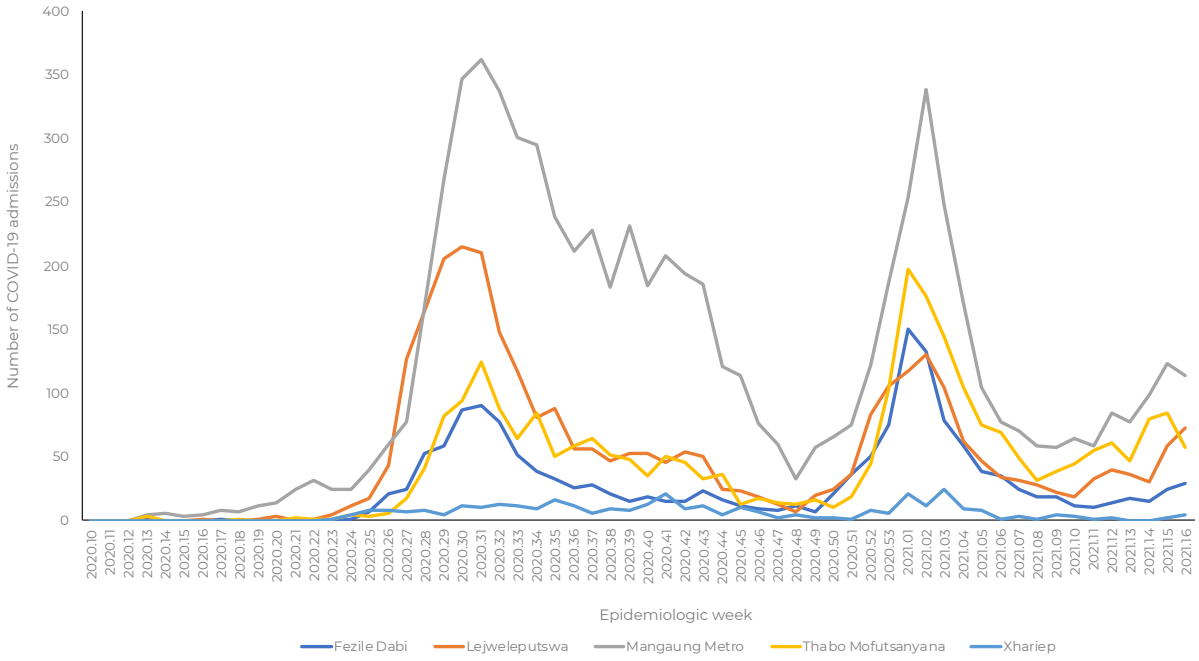

Figure 21: Number of reported COVID-19 admissions, by district and epidemiologic week, Free State, 5 March 2020-24 April 2021, n= 14,896

Three districts showed increase in COVID-19 admission between week 15 and week 16 2021, Fezile Dabi, Lejweleputswa and Xhariep. The highest proportion of new admissions were in Mangaung Metro and Lejweleputswa (Table 9).

Table 9: Percentage change in COVID-19 admissions, epidemiologic week 15 to week 16 of 2021, by district, Free State

District	Cumulative hospital admissions	Admissions Week 15	Admissions Week 16	Percentage change in admissions	Percentage of total new admissions	Incidence risk of new admissions /100 000 persons
Fezile Dabi	1626	24	29	21	10.4	2.0
Lejweleputswa	3076	58	73	26	26.3	4.0
Mangaung Metro	7195	123	114	-7	41.0	4.7
Thabo Mofutsanyana	2656	85	57	-33	20.5	2.7
Xhariep	343	2	5	150	1.8	1.4

Weekly deaths at the peak of the second wave exceeded the weekly numbers of deaths at the peak of the first wave in Thabo Mofutsanyana, Fezile Dabi and Xhariep (Figure 22). The numbers of COVID-19 deaths have increased in four districts over the last six weeks, Mangaung Metro, Thabo Mofutsanyane, Lejweleputswa and Fezile Dabi.

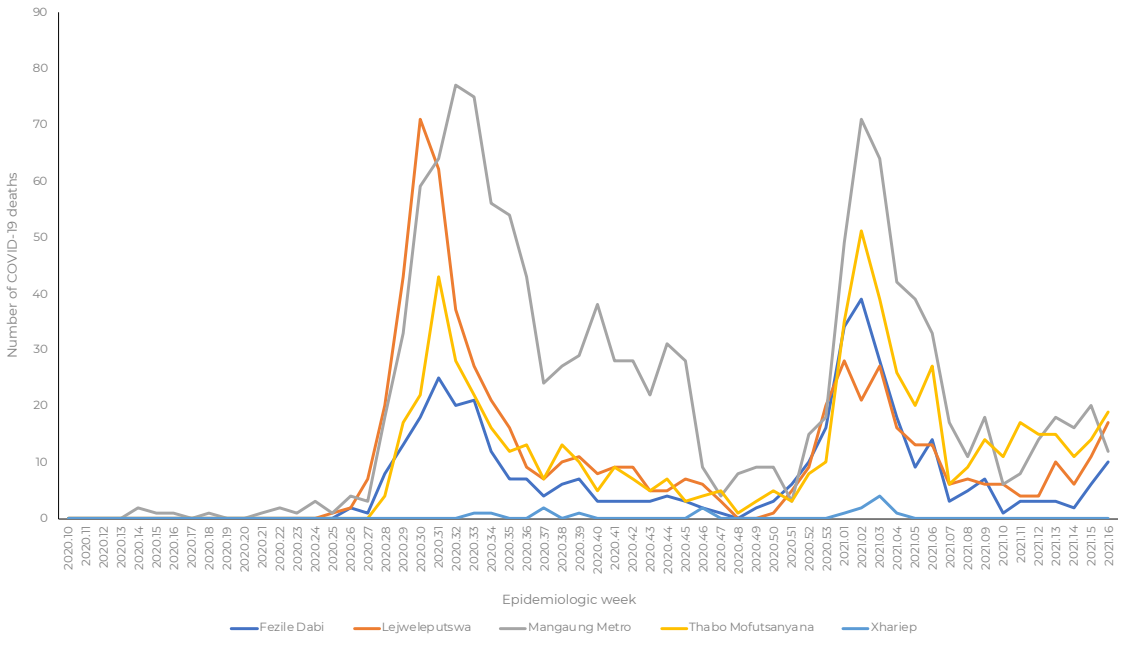

Figure 22: Number of reported COVID-19 in-hospital deaths, by district and epidemiologic week, Free State, 5 March 2020-24 April 2021, n=2,914

MPUMALANGA

In the first wave there were higher numbers of admissions in the private sector, but in the second wave there were higher numbers of admissions in the public sector. Weekly admissions at the peak of the second wave exceeded the weekly numbers of admissions at the peak of the first wave in both sectors (Figure 23). Since the end of the second wave, the numbers of COVID-19 admissions have remained low in both sectors.

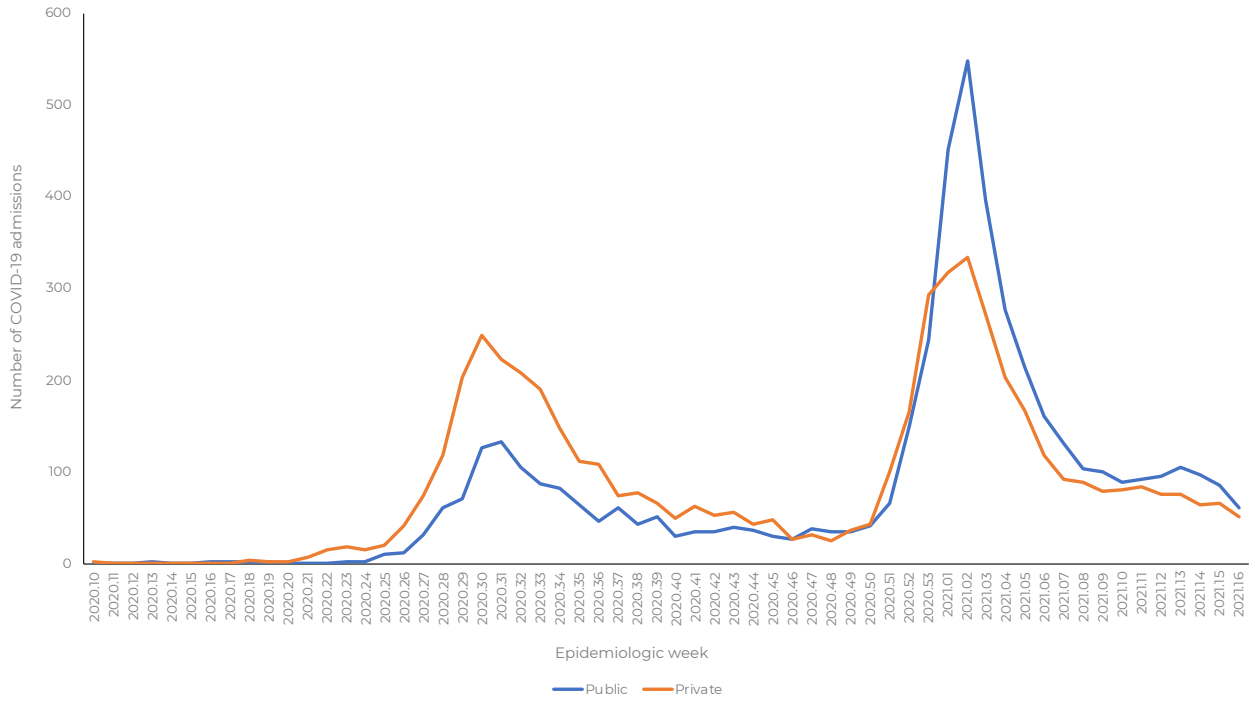

Figure 23: Number of reported COVID-19 admissions by health sector and epidemiologic week of diagnosis, Mpumalanga, 5 March 2020-24 April 2021, n= 9,951

Weekly admissions at the peak of the second wave exceeded the weekly numbers of admissions at the peak of the first wave in all districts (Figure 24). Since the end of the second wave, the numbers of COVID-19 admissions have remained low in all districts.

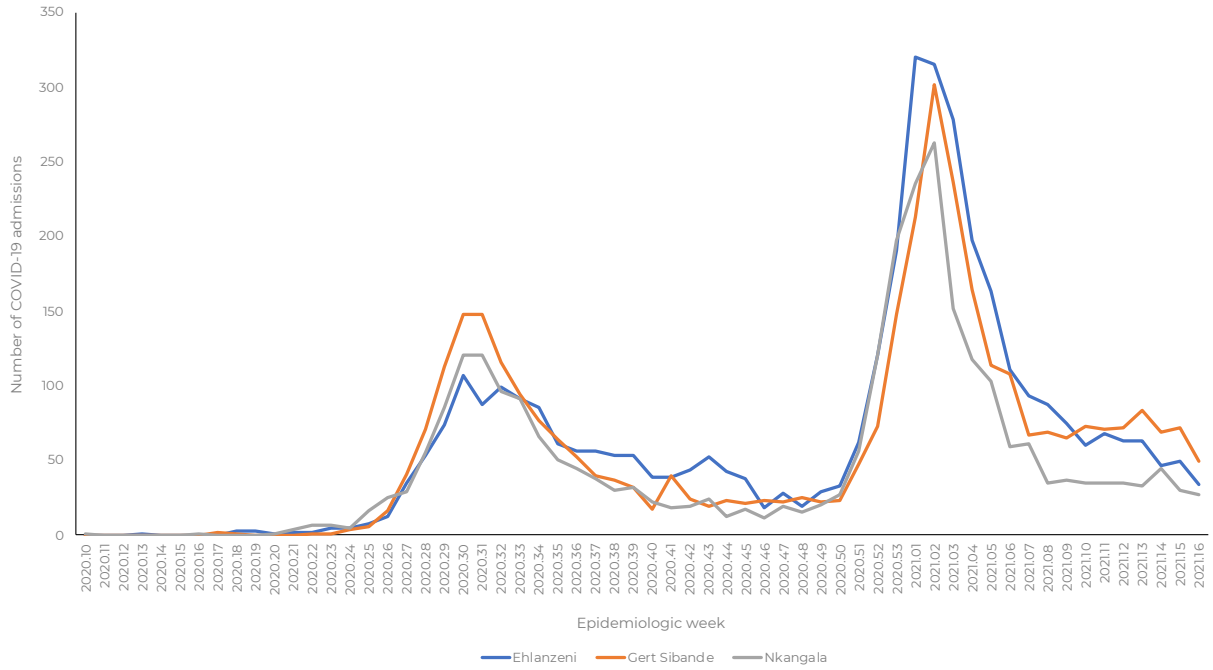

Figure 24: Number of reported COVID-19 admissions, by district and epidemiologic week, Mpumalanga, 5 March 2020-24 April 2021, n=9,951

All districts showed a decrease in COVID-19 admission between week 15 and week 16 2021. The highest proportion of new admissions were in Gert Sibande (Table 10).

Table 10: Percentage change in COVID-19 admissions, epidemiologic week 15 to week 16 of 2021, by district, Mpumalanga

District	Cumulative hospital admissions	Admissions Week 15	Admissions Week 16	Percentage change in admissions	Percentage of total new admissions	Incidence risk of new admissions /100 000 persons
Ehlanzeni	3729	49	34	-31	30.9	1.7
Gert Sibande	3418	72	49	-32	44.5	3.6
Nkangala	2804	30	27	-10	24.5	1.5

Weekly deaths at the peak of the second wave exceeded the weekly numbers of deaths at the peak of the first wave in all districts with numbers now decreasing (Figure 25). The numbers of COVID-19 deaths have increased in two districts in the past week, Ehlanzeni and Nkangala.

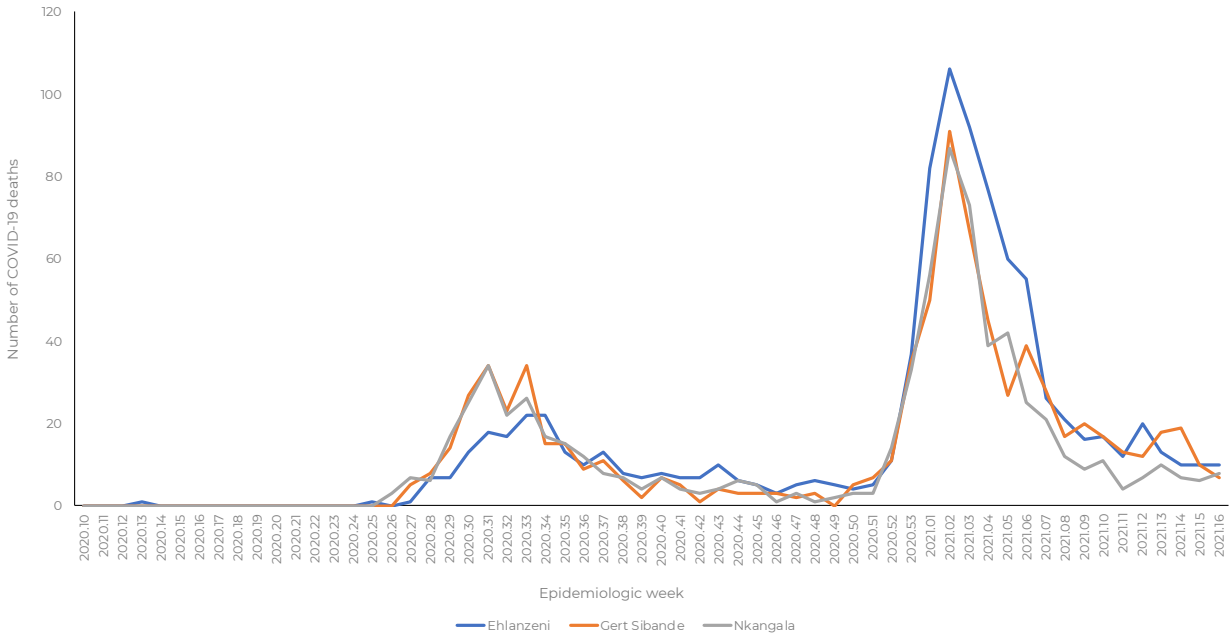

Figure 25: Number of reported COVID-19 in-hospital deaths, by district and epidemiologic week, Mpumalanga, 5 March 2020-24 April 2021, n=2,387

NORTH WEST

In both waves there were higher numbers of admissions in the public sector. Weekly admissions at the peak of the second wave exceeded the weekly numbers of admissions at the peak of the first wave in both sectors (Figure 26). Since the end of the second wave, the numbers of COVID-19 admissions have remained low in the private sector but has taken some time to return to low numbers, similar to what was observed in the first wave.

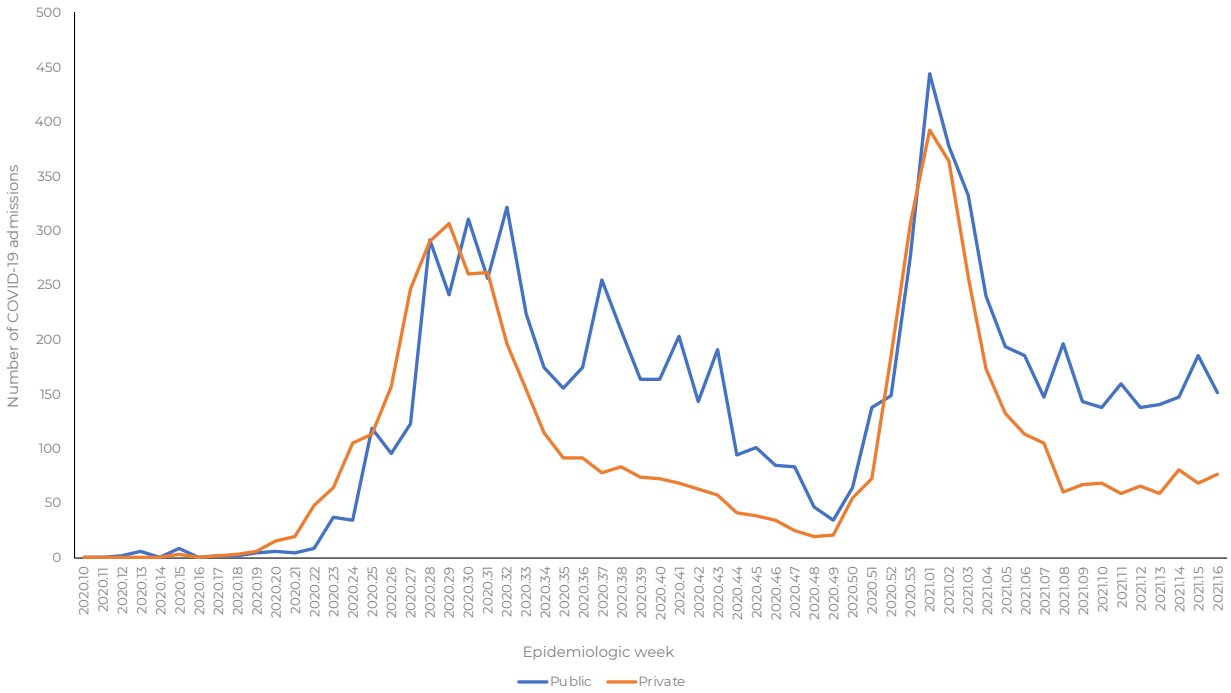

Figure 26: Number of reported COVID-19 admissions by health sector and epidemiologic week of diagnosis, North West, 5 March 2020-24 April 2021, n=14,287

Weekly admissions at the peak of the second wave exceeded the weekly numbers of admissions at the peak of the first wave in all districts except Dr Kenneth Kaunda (Figure 27). Since the end of the second wave, the numbers of COVID-19 admissions have remained low in all districts but has increased in Dr Kenneth Kaunda district for seven weeks.

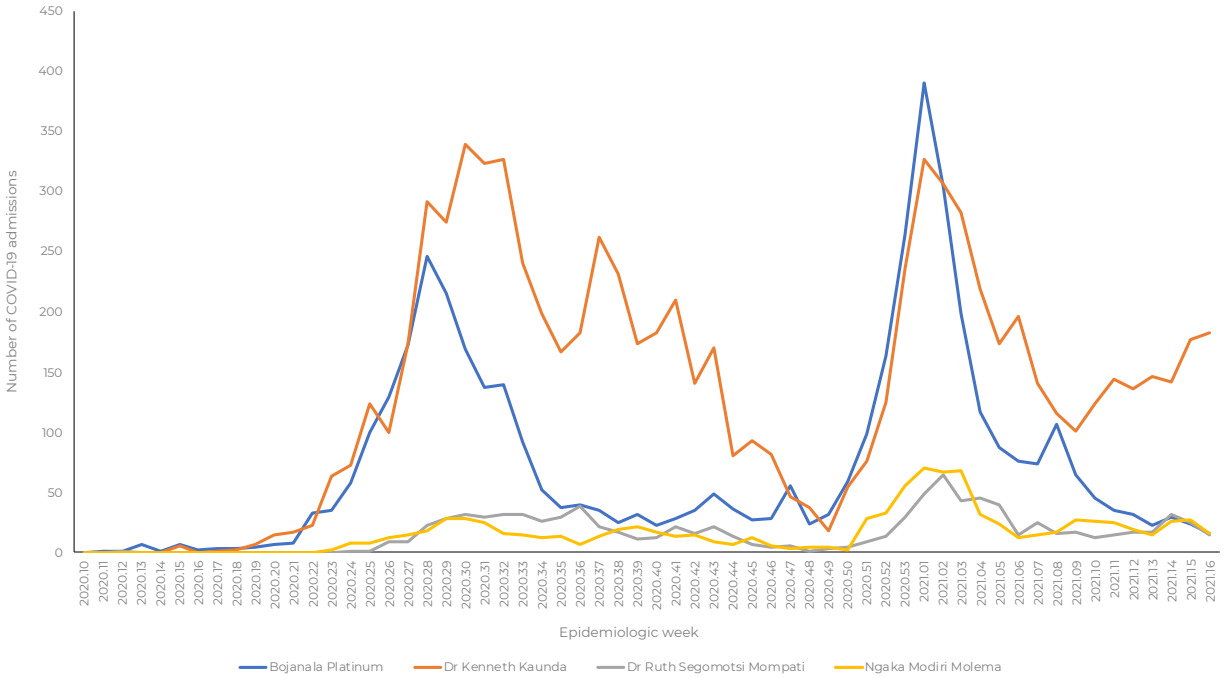

Figure 27: Number of reported COVID-19 admissions, by district and epidemiologic week, North West, 5 March 2020-24 April 2021, n=14,287

All districts showed a decrease in COVID-19 admission between week 15 and week 16 2021 except Dr Kenneth Kaunda. The highest proportion of new admissions were in Dr Kenneth Kaunda, Bojanala Platinum (Table 11).

Table 11: Percentage change in COVID-19 admissions, epidemiologic week 15 to week 16 of 2021, by district, North West

District	Cumulative hospital admissions	Admissions Week 15	Admissions Week 16	Percentage change in admissions	Percentage of total new admissions	Incidence risk of new admissions /100 000 persons
Bojanala Platinum	4328	24	16	-33	7.0	0.4
Dr Kenneth Kaunda	8072	177	182	3	79.8	10.0
Dr Ruth Segomotsi Mompati	940	25	14	-44	6.1	1.3
Ngaka Modiri Molema	947	27	16	-41	7.0	0.8

Weekly deaths at the peak of the second wave exceeded the weekly numbers of deaths at the peak of the first wave in all districts (Figure 28). The numbers of COVID-19 deaths have increased in all districts except Bojanala in the past three weeks.

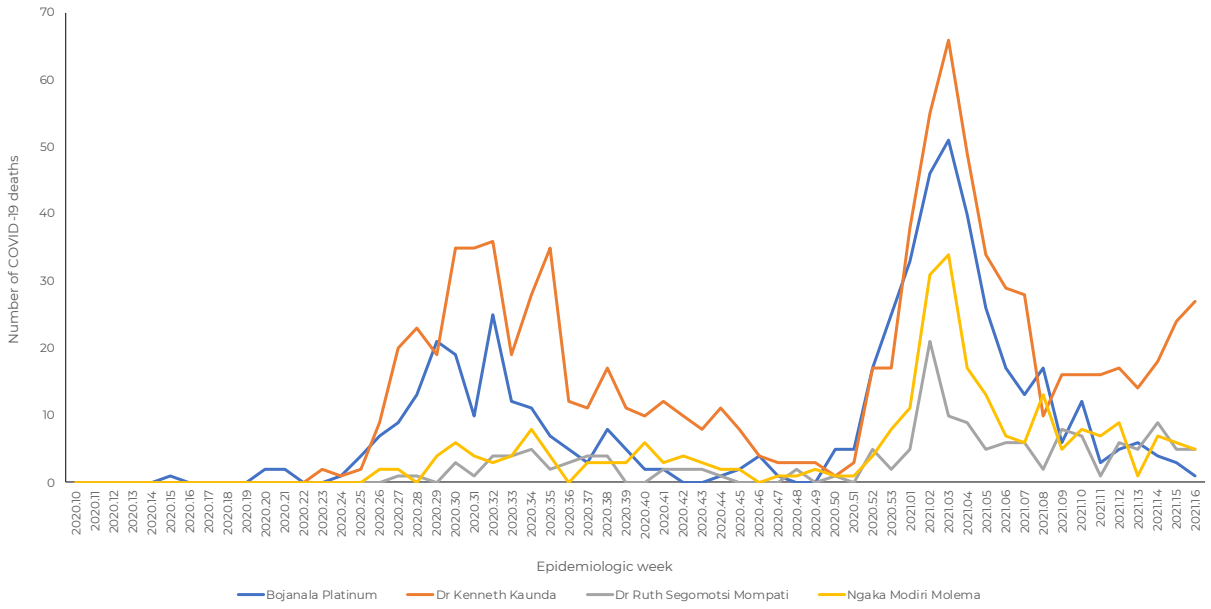

Figure 28: Number of reported COVID-19 in-hospital deaths, by district and epidemiologic week, North West, 5 March 2020-24 April 2021, n=1,817

NORTHERN CAPE

In both waves there were roughly equal numbers of admissions in both sectors. Weekly admissions at the peak of the second wave exceeding the weekly numbers of admissions at the peak of the first wave in both sectors (Figure 29). In the past seven weeks, the numbers of COVID-19 admissions have increased in both sectors.

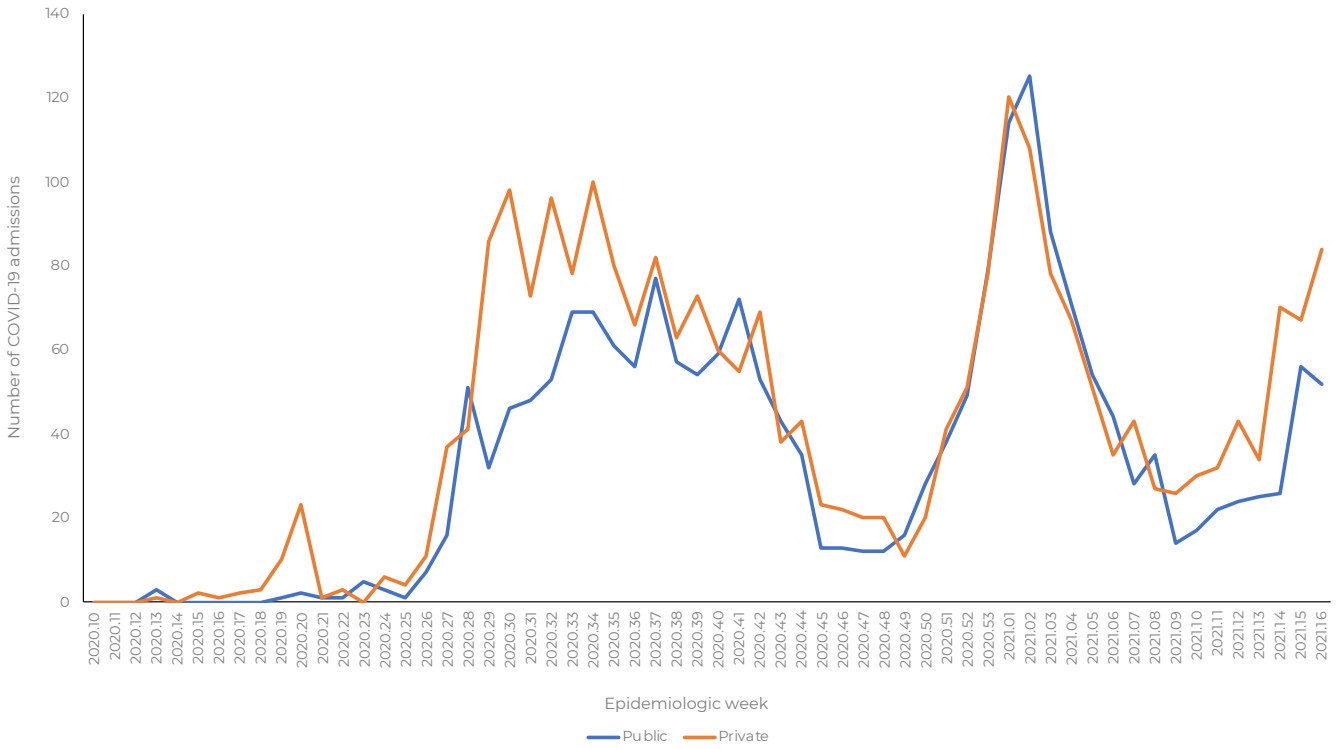

Figure 29: Number of reported COVID-19 admissions by health sector and epidemiologic week of diagnosis, Northern Cape, 5 March 2020-24 April 2021, n=4,535

Weekly admissions at the peak of the second wave exceeded the weekly number of admissions during the peak of the first wave in Pixley ka Seme, Namakwa and ZF Mgcawu districts (Figure 30). Since the end of the second wave, the numbers of COVID-19 admissions decreased but in the past seven weeks have increased particularly in Frances Baard and ZF Mgcawu districts.

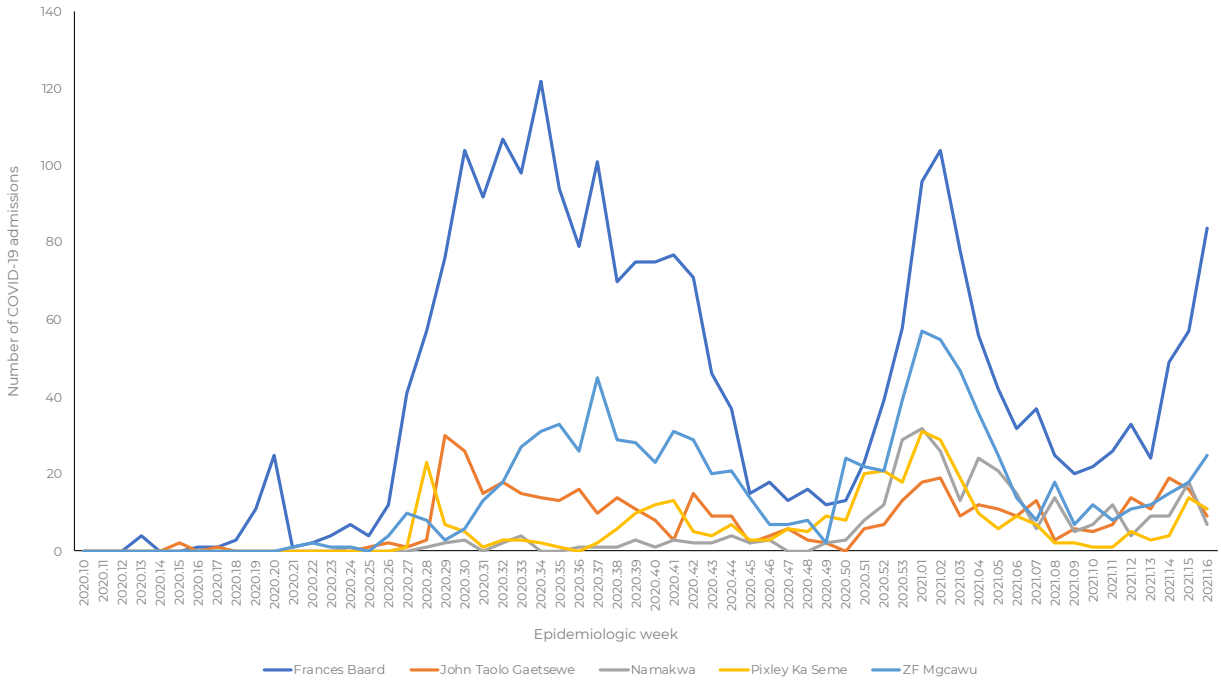

Figure 30: Number of reported COVID-19 admissions, by district and epidemiologic week, Northern Cape, 5 March 2020-24 April 2021, n=4,535

All districts showed a decrease in COVID-19 admission between week 15 and week 16 2021 except Frances Baard and ZF Mgcawu. The highest proportion of new admissions were in Frances Baard district (Table 12).

Table 12: Percentage change in COVID-19 admissions, epidemiologic week 15 to week 16 of 2021, by district, Northern Cape

District	Cumulative hospital admissions	Admissions Week 15	Admissions Week 16	Percentage change in admissions	Percentage of total new admissions	Incidence risk of new admissions /100 000 persons
Frances Baard	2489	57	84	47	61.8	14.9
John Taolo Gaetsewe	460	16	9	-44	6.6	2.4
Namakwa	312	18	7	-61	5.1	4.5
Pixley Ka Seme	352	14	11	-21	8.1	3.8
ZF Mgcawu	922	18	25	39	18.4	6.6

Weekly deaths at the peak of the second wave exceeded the weekly numbers of deaths at the peak of the first wave in Pixley ka Seme, Namakwa and ZF Mgcawu districts (Figure 31). The numbers of COVID-19 deaths have increased in Frances Baard and ZF Mgcawu districts.

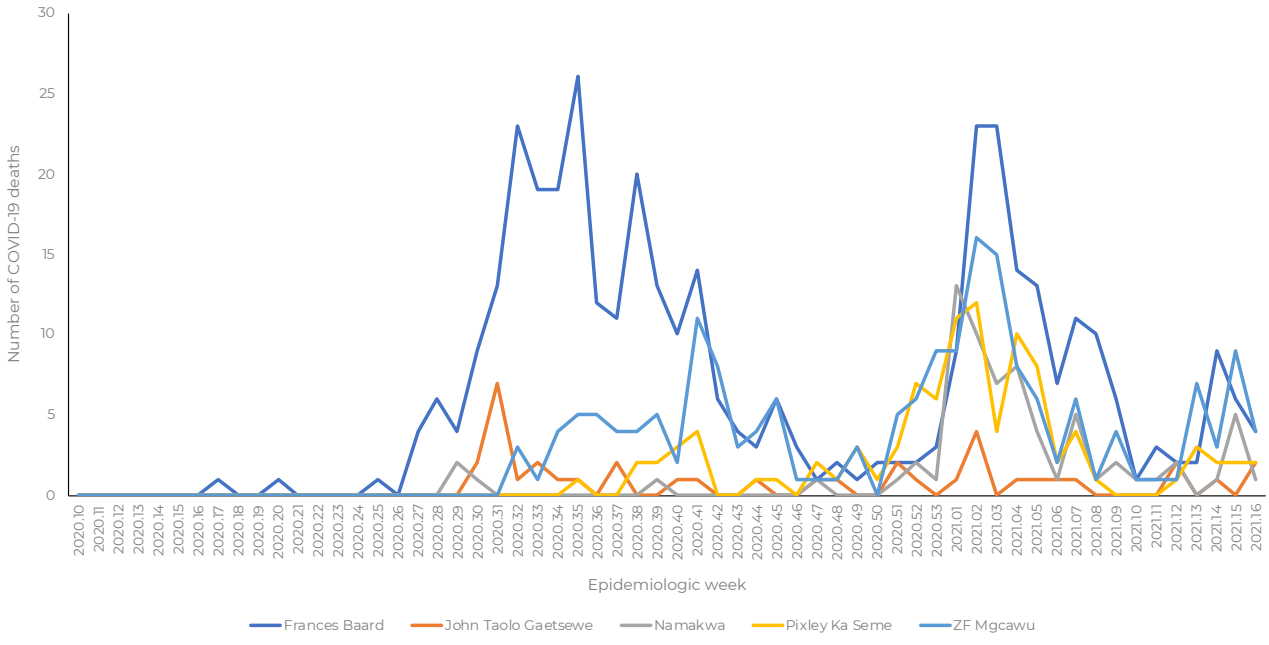

Figure 31: Number of reported COVID-19 in-hospital deaths, by district and epidemiologic week, Northern Cape, 5 March 2020-24 April 2021, n=776

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 are in the process of recruiting data capturers to support hospitals to improve data submission.

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.

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)

APPENDIX

Table 13: Percentage average change in hospital admissions over 14 days, by district, South Africa, 2 January 2020-24 April 2021

Province	District	Total admissions	Incidence (per 100k)	New admissions	New admissions incidence (per 100k)	% average change (14 days)
Eastern Cape	Alfred Nzo	1797	215.92	1	0.12	0.00
	Amathole	2363	295.67	2	0.25	-50.00
	Buffalo City Metro	7367	919.87	7	0.87	-50.00
	Chris Hani	3315	455.57	5	0.69	-44.44
	Joe Gqabi	708	205.24	0	0.00	100.00
	Nelson Mandela Bay Metro	11149	919.08	17	1.40	13.33
	O R Tambo	3251	212.18	0	0.00	-100.00
	Sarah Baartman	1747	361.08	4	0.83	300.00
Free State	Fezile Dabi	1630	319.53	36	7.06	28.57
	Lejweleputswa	3081	471.39	76	11.63	24.59
	Mangaung Metro	7212	828.09	118	13.55	-15.11
	Thabo Mofutsanyana	2668	348.84	63	8.24	-35.71
	Xhariep	343	264.98	5	3.86	150.00
Gauteng	City of Johannesburg Metro	25125	428.28	133	2.27	-33.17
	City of Tshwane Metro	17479	468.72	150	4.02	-1.96
	Ekurhuleni Metro	15152	380.49	47	1.18	-49.46
	Sedibeng	4248	444.57	74	7.74	-8.64
	West Rand	5348	560.15	38	3.98	-17.39
KwaZulu-Natal	Amajuba	2162	378.95	11	1.93	-42.11
	eThekwini Metro	23354	586.61	52	1.31	-25.71
	Harry Gwala	1561	303.68	0	0.00	-100.00
	iLembe	2001	288.10	1	0.14	-75.00
	King Cetshwayo	5631	580.11	23	2.37	64.29
	Ugu	3269	407.75	4	0.50	-76.47
	uMgungundlovu	6204	539.74	7	0.61	-30.00

COVID-19 HOSPITAL SURVEILLANCE UPDATE

WEEK **16** 2021

Province	District	Total admissions	Incidence (per 100k)	New admissions	New admissions incidence (per 100k)	% average change (14 days)
	uMkhanyakude	802	116.76	2	0.29	100.00
	Umzinyathi	823	145.00	1	0.18	-75.00
	UThukela	1798	251.74	3	0.42	200.00
	Zululand	1066	121.03	2	0.23	-80.00
Limpopo	Capricorn	4311	329.60	13	0.99	-31.58
	Mopani	1830	154.45	10	0.84	-41.18
	Sekhukhune	766	64.35	2	0.17	-60.00
	Vhembe	1210	84.78	5	0.35	150.00
	Waterberg	1311	176.63	7	0.94	-50.00
Mpumalanga	Ehlanzeni	3731	204.02	36	1.97	-33.33
	Gert Sibande	3428	275.97	54	4.35	-37.21
	Nkangala	2810	174.65	29	1.80	-21.62
North West	Bojanala Platinum	4331	224.62	16	0.83	-36.00
	Dr Kenneth Kaunda	8090	1014.15	189	23.69	-6.44
	Dr Ruth Segomotsi Mompati	945	199.76	16	3.38	-42.86
	Ngaka Modiri Molema	947	104.08	16	1.76	-40.74
Northern Cape	Frances Baard	2506	603.98	95	22.90	50.79
	John Taolo Gaetsewe	467	172.02	12	4.42	-36.84
	Namakwa	314	271.60	8	6.92	-57.89
	Pixley Ka Seme	353	167.39	11	5.22	-31.25
	ZF Mgcawu	931	332.62	29	10.36	31.82
Western Cape	Cape Winelands	6448	685.04	23	2.44	-14.81
	Central Karoo	540	718.92	3	3.99	0.00
	City of Cape Town Metro	42566	924.35	145	3.15	-25.64
	Garden Route	6056	971.05	78	12.51	-17.02
	Overberg	1598	532.83	15	5.00	114.29
	West Coast	1988	431.41	7	1.52	-74.07

APPENDIX

Table 14: Number of reported COVID-19 admissions and in-hospital deaths by age and gender, South Africa, 5 March 2020-24 April 2021

	ADMISSIONS				DEATHS			
Age (years)	**Female**	**Male**	**Unknown**	**Total**	**Female**	**Male**	**Unknown**	**Total**
0-4	1748	2115	9	3872	67	61	2	130
5-9	484	602	3	1089	9	14	0	23
10-14	821	786	0	1607	26	23	0	49
15-19	2545	1341	3	3889	70	68	0	138
20-24	4383	2197	5	6585	174	123	0	297
25-29	7399	3344	8	10751	379	227	2	608
30-34	10155	5877	4	16036	654	491	0	1145
35-39	11262	8001	15	19278	908	802	3	1713
40-44	10848	9392	5	20245	1171	1182	1	2354
45-49	12475	11456	13	23944	1713	1763	4	3480
50-54	14593	12859	2	27454	2359	2365	1	4725
55-59	16025	13742	8	29775	3403	3202	1	6606
60-64	14304	12803	15	27122	3861	3933	4	7798
65-69	11830	10298	10	22138	3880	3554	2	7436
70-74	9499	8275	11	17785	3282	3139	4	6425
75-79	6732	5383	6	12121	2448	2218	1	4667
80-84	4902	3401	5	8308	1917	1447	2	3366
85-89	2519	1571	1	4091	1011	741	0	1752
90-94	1133	528	1	1662	533	269	0	802
>=95	393	217	0	610	170	80	0	250
Unknown	770	638	37	1445	51	60	0	111
Total	**144820**	**114826**	**161**	**259807**	**28086**	**25762**	**27**	**53875**