

# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

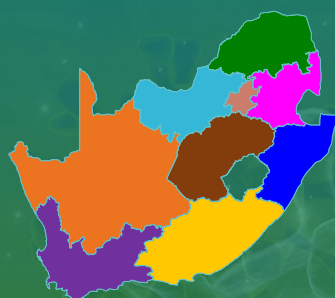


NATIONAL INSTITUTE FOR  
COMMUNICABLE DISEASES

Division of the National Health Laboratory Service

SOUTH AFRICA WEEK 30 2021

## CUMULATIVE DATA FROM



CASES

2 456 184  
IN TOTAL

71 245  
THIS WEEK\*\*

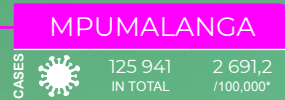
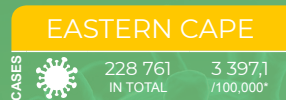
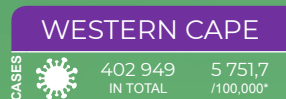


PERSONS

4 119,6  
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 31 July 2021 (week 30 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 31 July 2021, a total of 2 456 184 laboratory-confirmed COVID-19 cases had been detected in South Africa. Of these, 78 361 were cases reported since the last report (week 29 of 2021). There was a 10.8% decrease in the number of new cases detected in week 30 of 2021 (71 245) compared to the number of new cases detected in week 29 of 2021 (79 905).
- An additional 3 362 deaths were reported since the last report. The overall case-fatality ratio is 3.1% (77 024/2 456 184).
- In the past week, the Western Cape Province reported the highest number of the new cases detected (19 269/71 245, 27.0%) followed by the Gauteng Province (18 773/71 245, 26.3%), the KwaZulu-Natal Province (10 839/71 245, 15.2%), and other provinces reported below 10% each.
- In the past week, all the provinces reported a decrease in weekly incidence risk, except the KwaZulu-Natal Province (8.3 cases per 100 000 persons, 9.7% increase), the Northern Cape Province (14.2 cases per 100 000 persons, 9.4% increase) and the Western Cape Province (25.8 cases per 100 000 persons, 10.4% increase), which reported an increase in weekly incidence risk, compared to the previous week. The decrease ranged from 6.1 cases per 100 000 persons (8.3% decrease) in the Eastern Cape Province to 42.5 cases per 100 000 persons (26.0% decrease) in the Gauteng Province. Some of the reductions in weekly incidence risk may be due to delayed reporting or decrease in testing.
- In the past week, the Western Cape Province reported the highest weekly incidence risk (275.0 cases per 100 000 persons), followed by the Northern Cape Province (164.5 cases per 100 000 persons), and the Gauteng Province (121.2 cases per 100 000 persons).

INCIDENCE  
RISK FOR  
CURRENT WEEK

119,5  
CASES PER  
100 000  
PERSONS

27,0%  
OF CASES  
REPORTED IN  
WESTERN CAPE IN  
CURRENT WEEK

IN CURRENT  
WEEK, THE  
HIGHEST  
WEEKLY  
INCIDENCE  
RISK WAS IN  
CASES AGED 55-  
59 YEARS (246,6  
CASES PER 100  
000 PERSONS)

### Methods

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

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

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

As of 31 July 2021, a total of 2 456 184 laboratory-confirmed COVID-19 cases were reported in South Africa (Figures 1 and 2). This is 78 361 more cases than the number reported in the last report (week 29 of 2021 report). The number of new cases detected in week 30 of 2021 (71 245) was lower than the number of new cases detected in week 29 of 2021 (79 905), this represented a 10.8% decrease in the number of new cases compared to the previous week. In the past week, the Western Cape Province reported the highest number of new cases (19 269/71 245, 27.0%) followed by the Gauteng Province (18 773/71 245, 26.3%), and the KwaZulu-Natal Province (10 839/71 245, 15.2%), and other provinces reported below 10% each (Table 1). Five provinces, Gauteng (863 533/2 456 184, 35.2%), Western Cape (402 949/2 456 184, 16.4%), KwaZulu-Natal (397 363/2 456 184, 16.2%), Eastern Cape (228 761/2 456 184, 9.3%), and Free State (129 570/2 456 184, 5.3%) continued to report the majority (2 022 176/2 456 184, 82.3%) 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 29 to week 30 of 2021.

The cumulative incidence risk for the country increased from 4 000.1 cases per 100 000 persons in week 29 of 2021 to 4 119.6 cases per 100 000 persons in week 30 of 2021. The cumulative incidence risk varied by province over time (Figure 3). This is partly explained by testing differences by province (Table 1). The Western Cape Province reported the highest cumulative incidence risk (5 751.7 cases per 100



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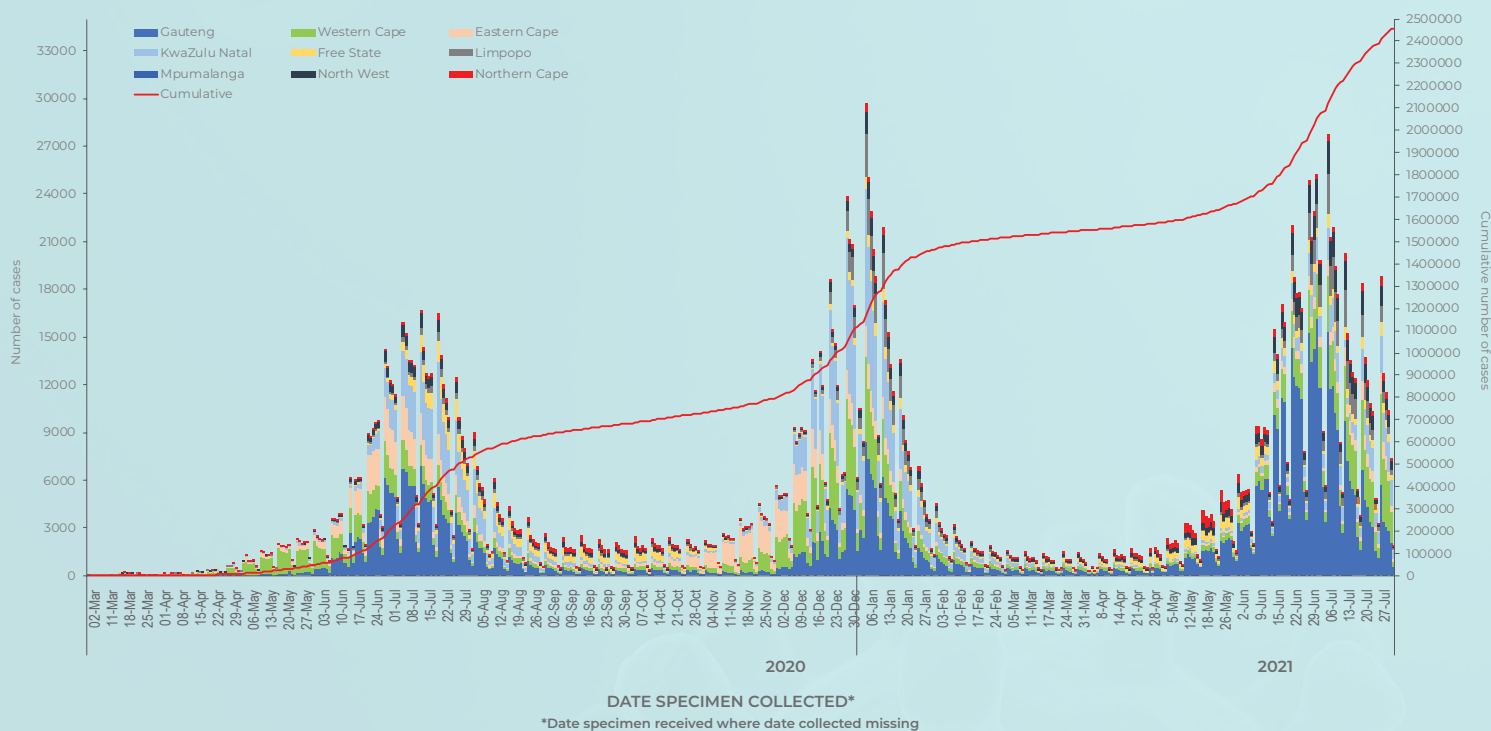
000 persons), followed by the Gauteng Province (5 575.4 cases per 100 000 persons), the Northern Cape Province (5 238.8 cases per 100 000 persons), the Free State Province (4 423.8 cases per 100 000 persons), the KwaZulu-Natal Province (3 445.9 cases per 100 000 persons), and the Eastern Cape Province (3 397.1 cases per 100 000 persons). The other provinces continued to report cumulative incidence risk below 3 300 cases per 100 000 persons, with Limpopo Province reporting the lowest cumulative incidence risk (1 910.0 cases per 100 000 persons).

In the past week, the Western Cape Province reported the highest weekly incidence risk (275.0 cases per 100 000 persons), followed by the Northern Cape Province (164.5 cases per 100 000 persons), and the Gauteng Province (121.2 cases per 100 000 persons). In the past week, all the provinces reported a decrease in weekly incidence risk, except the KwaZulu-Natal Province (8.3 cases per 100 000 persons, 9.7% increase), the Northern Cape Province (14.2 cases per 100 000 persons, 9.4% increase) and the Western Cape Province (25.8 cases per 100 000 persons, 10.4% increase), which reported an increase in weekly incidence risk, compared to the previous week. (Figure 4). The decrease ranged from 6.1 cases per 100 000 persons (8.3% decrease) in the Eastern Cape Province to 42.5 cases per 100 000 persons (26.0% decrease) in the Gauteng Province. 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 29 of 2021, the estimated doubling time of number of cases increased in all provinces, except the Eastern Cape (from 200.9 days to 193.2 days, 3.8% decrease) and KwaZulu-Natal Province (from 407.6 days to 167.2 days, 59.0% decrease), which reported a decrease in estimated doubling time. The estimated doubling time increased in the Free State Province (from 178.7 days to 180.5 days, 1.0% increase), Gauteng Province (from 93.7 days to 147.0 days, 56.9% increase), and the Western Cape Province (from 92.1 days to 93.3 days, 1.2% increase) (Figure 5).

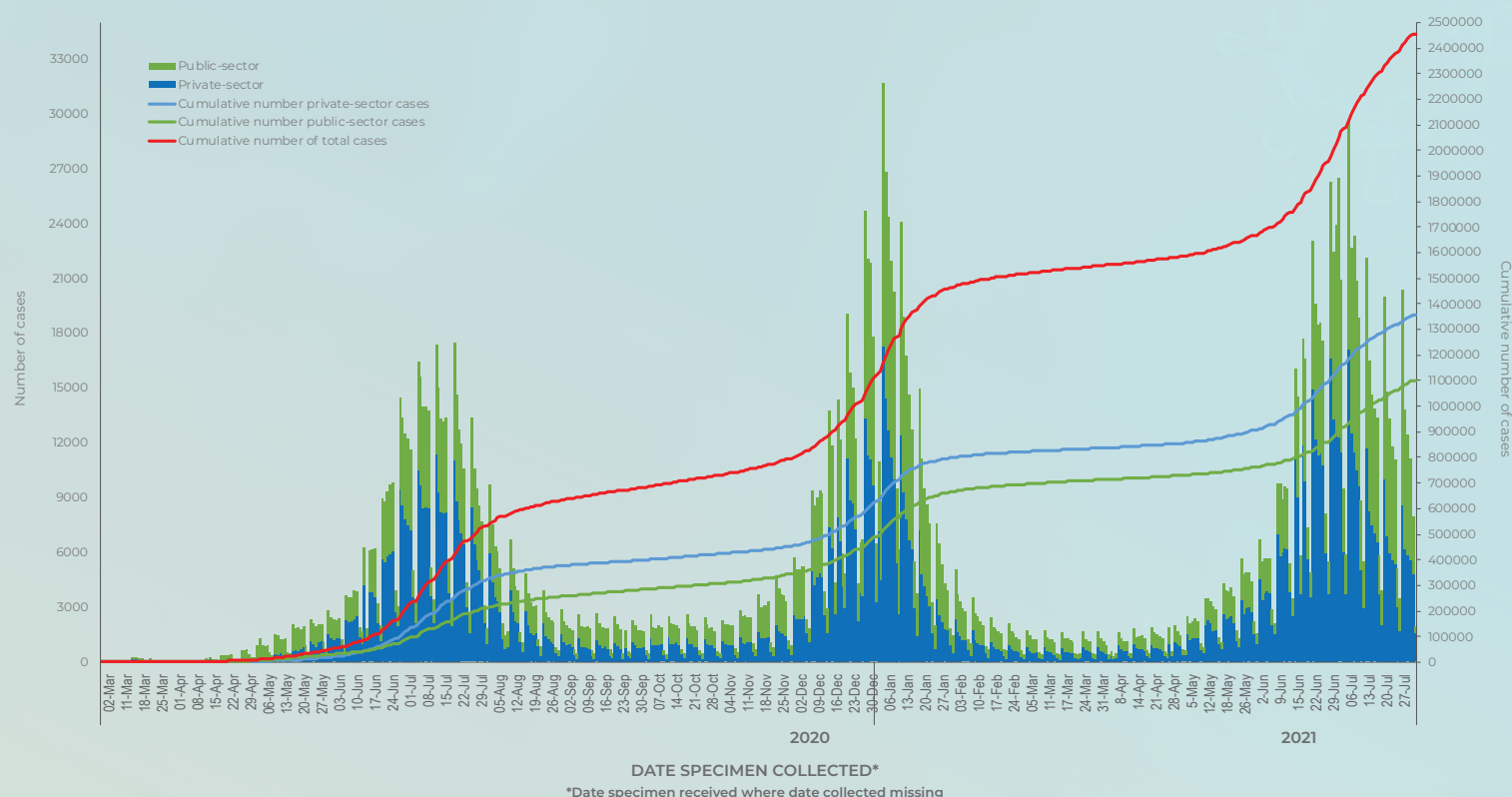
The case-fatality ratio (CFR) was 3.1% (77 024/2 456 184); an additional 3 362 deaths were reported since the last report. The number of deaths reported in the past week was lower than the number reported in the previous week, 3 362 deaths compared to 3 711 deaths. A CFR calculated in this way (number 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 –31 July 2021 (n=2 456 184)

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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 –31 July 2021 (n=2 456 184)

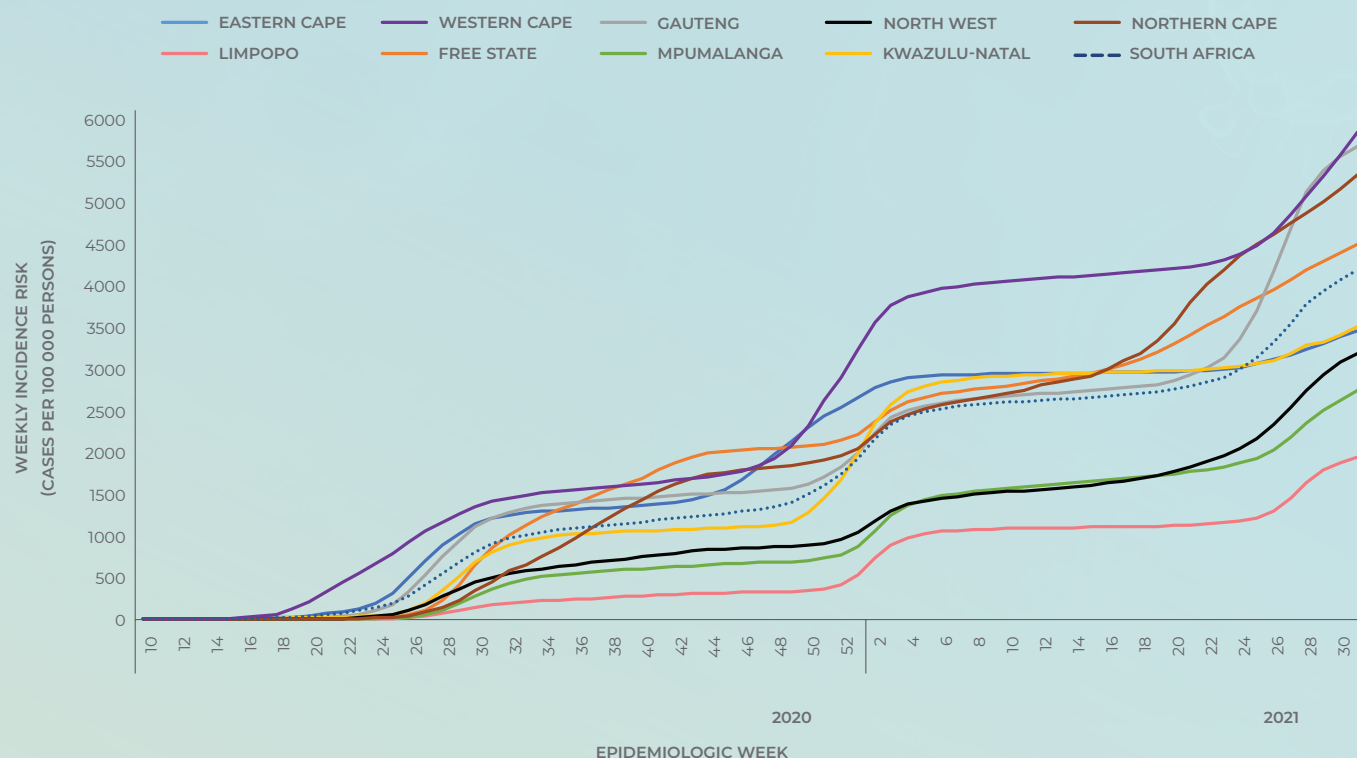
**Table 1.** Number and cumulative/weekly incidence risk of laboratory-confirmed cases of COVID-19 and testing per 100 000 persons by province, South Africa, 3 March 2020 –31 July 2021 (n=2 456 184)

Province	Cumulative cases (n) (percentage, n/ total cases in South Africa)	New cases <sup>1</sup> detected in week 30 (25-31 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 30 of 2021 (cases/100 000 persons)	Tests <sup>4</sup> per 100 000 persons, 25-31 July 2021
Eastern Cape	228 761 (9.3)	4 547 (6.4)	6 734 001	3 397.1	67.5	364.8
Free State	129 570 (5.3)	2 897 (4.1)	2 928 903	4 423.8	98.9	489.0
Gauteng	863 533 (35.2)	18 773 (26.3)	15 488 137	5 575.4	121.2	615.2
KwaZulu-Natal	397 363 (16.2)	10 839 (15.2)	11 531 628	3 445.9	94.0	498.8
Limpopo	111 784 (4.6)	3 466 (4.9)	5 852 553	1 910.0	59.2	188.5
Mpumalanga	125 941 (5.1)	5 104 (7.2)	4 679 786	2 691.2	109.1	358.8
North West	128 556 (5.2)	4 224 (5.9)	4 108 816	3 128.8	102.8	416.8
Northern Cape	67 727 (2.8)	2 126 (3.0)	1 292 786	5 238.8	164.5	703.9
Western Cape	402 949 (16.4)	19 269 (27.0)	7 005 741	5 751.7	275.0	961.2
Unknown						
<b>Total</b>	<b>2 456 184</b>	<b>71 245</b>	<b>59 622 350</b>	<b>4 119.6</b>	<b>119.5</b>	<b>525.1</b>

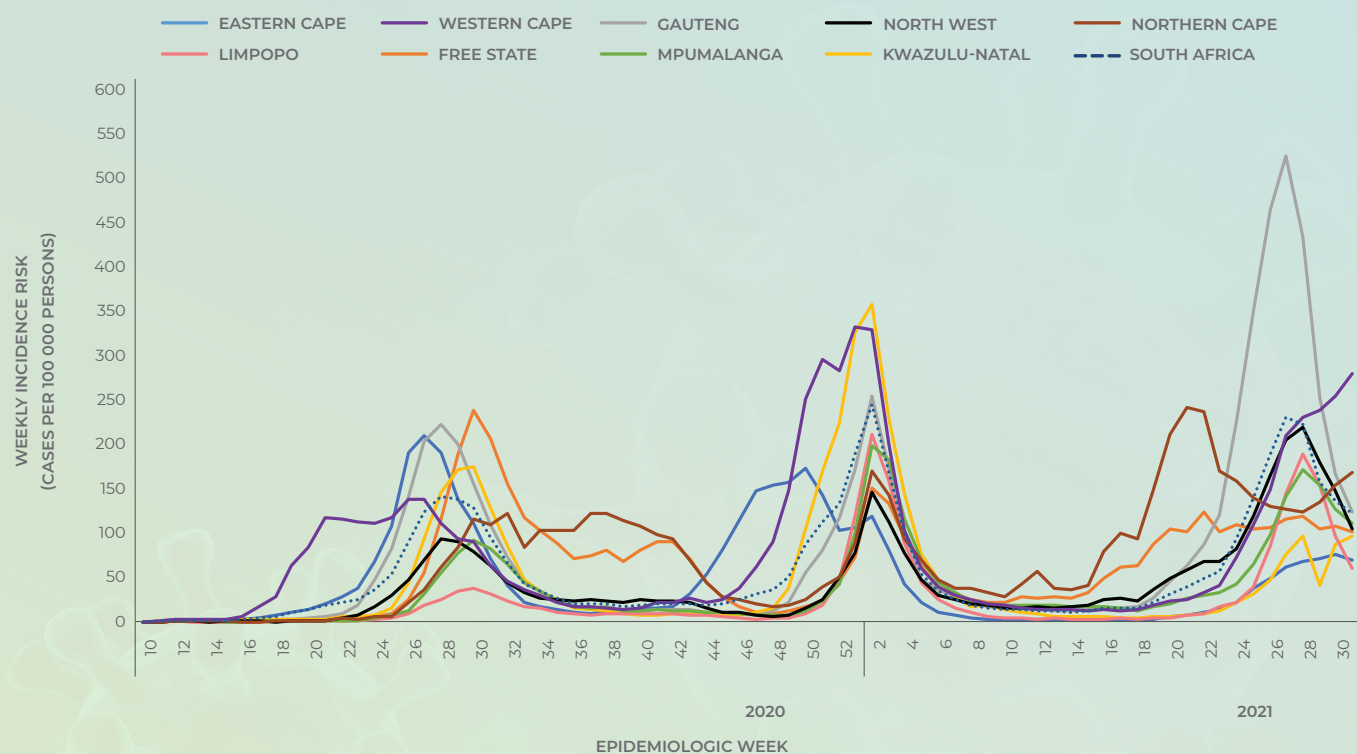
<sup>1</sup>New cases refer to cases whose samples were collected or received in the current reporting week; <sup>2</sup>Percentage=n/total number of new cases (specimen collected or received in current reporting week); <sup>3</sup>2020 Mid-year population Statistics South Africa <sup>4</sup>Data on 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 –31 July 2021 (n=2 456 184)

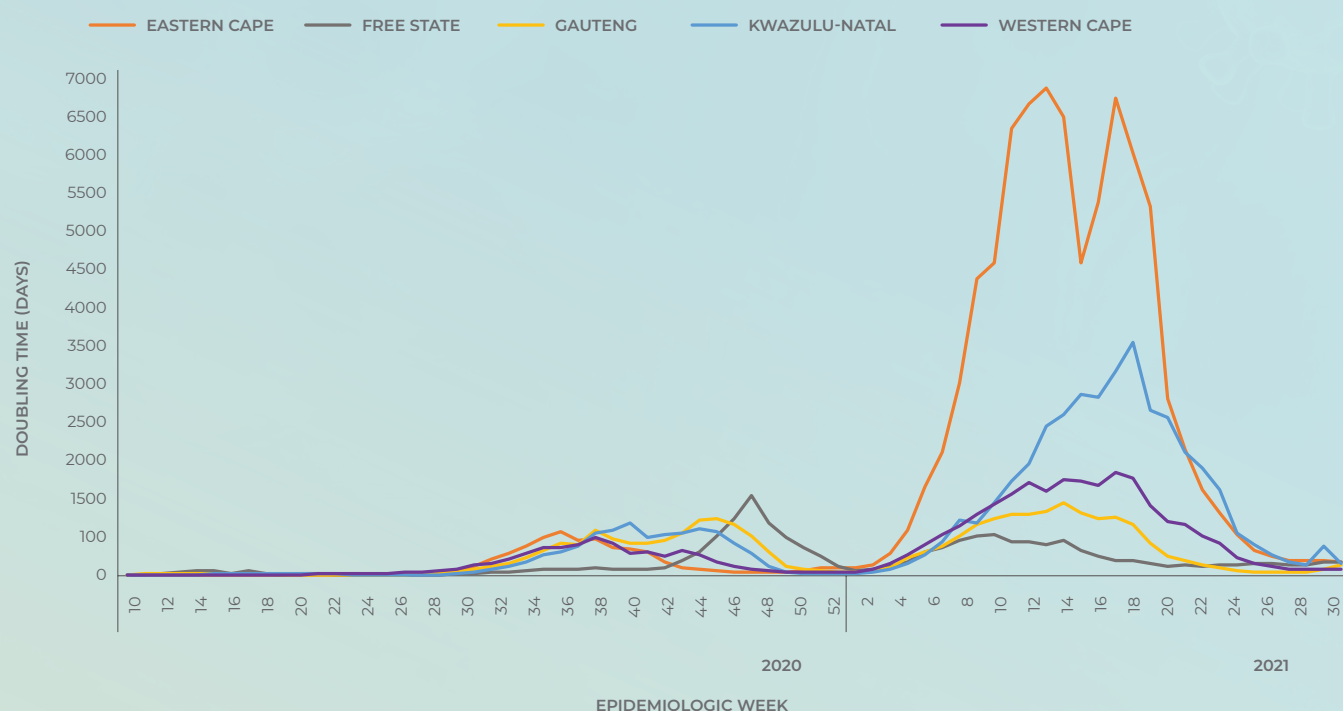


**Figure 4.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week, South Africa, 3 March 2020 –31 July 2021 (n=2 456 184)



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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 –24 July 2021 (n=2 384 852)

## 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 (283 533/2 433 859, 11.6%) and 30-34-year (272 286/2 433 859, 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 (8 325/70 513, 11.8%), and 30-34-year (7 663/70 513, 10.9%) age groups. The median age for cases reported in week 30 of 2021 was the same (40 years, IQR 29-52), as that of total cases (40 years). The highest cumulative incidence risk remained among cases aged 50-54 years (8 485.6 cases per 100 000 persons), followed by cases aged 55-59-year (8 217.0 cases per 100 000 persons) and cases aged ≥80 years (8 006.1 cases per 100 000 persons). The lowest cumulative incidence risk was reported in the younger age-groups, 519.7 cases per 100 000 persons and 700.1 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 30 of 2021 was reported in cases 55-59 years (246.6 cases per 100 000 persons), followed by cases in the 50-54-year age group (233.3 cases per 100 000 persons), and the lowest weekly incidence risk was in the 0-4-year age group (18.9 cases per 100 000 persons) (Figure 8 and Table 2).

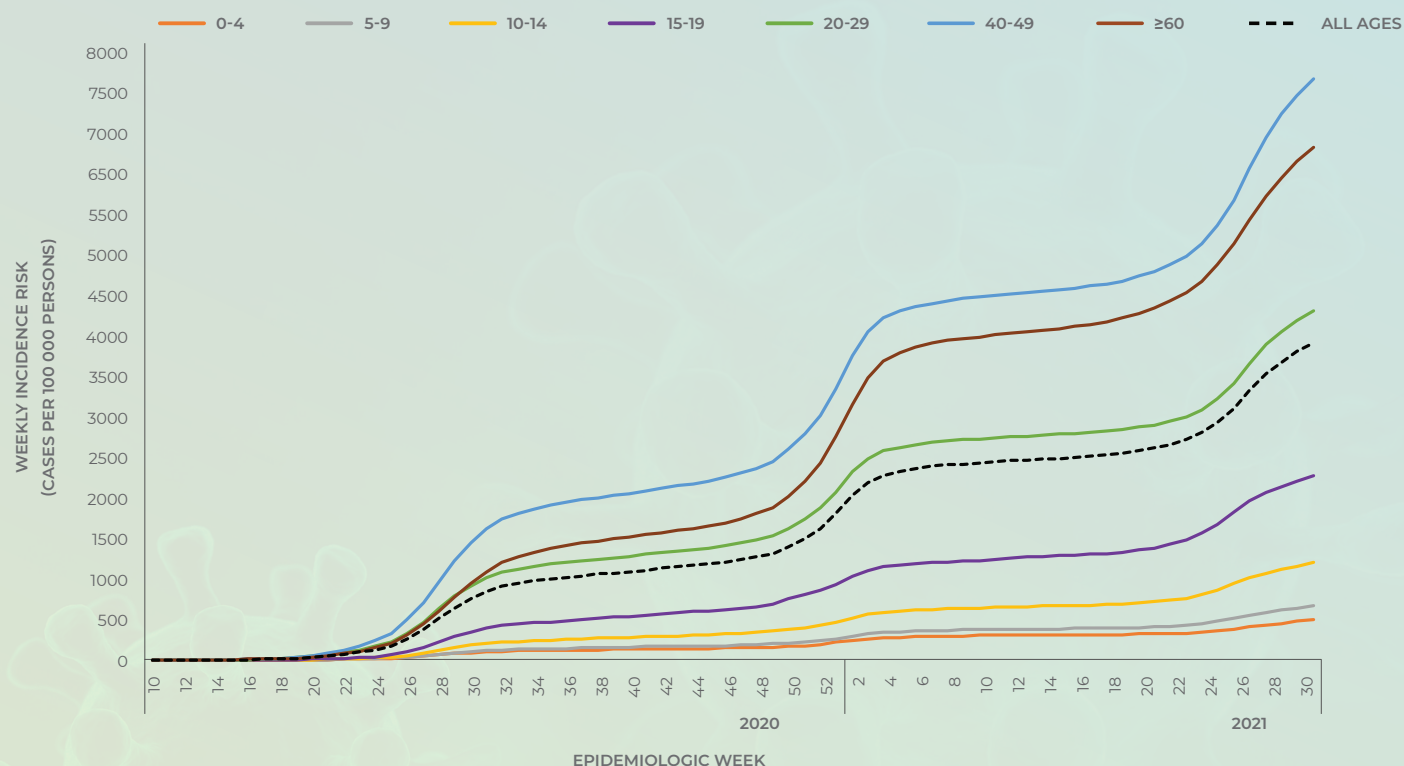
To date, the majority of COVID-19 cases reported were female 56.8% (1 381 188/2 431 652). This trend continued in the past week where 54.5% (38 429/70 518) of cases were female. The cumulative incidence risk has remained consistently higher among females (4 490.8 cases per 100 000 persons) than among males (3 577.2 cases per 100 000 persons) (Figure 9). The peak cumulative incidence risk was in the 50-54-year-age group (8 685.6 cases per 100 000 persons) for females, and in the ≥80-year-age group (8 532.9 cases per 100 000 persons) for males (Figure 10). In week 30 of 2021, the highest weekly incidence risk was in the 55-59-year-age group for both females (235.3 cases per 100 000 persons) and males (256.2 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 –31 July 2021 (n=2 411 409, sex/age missing for 44 775)

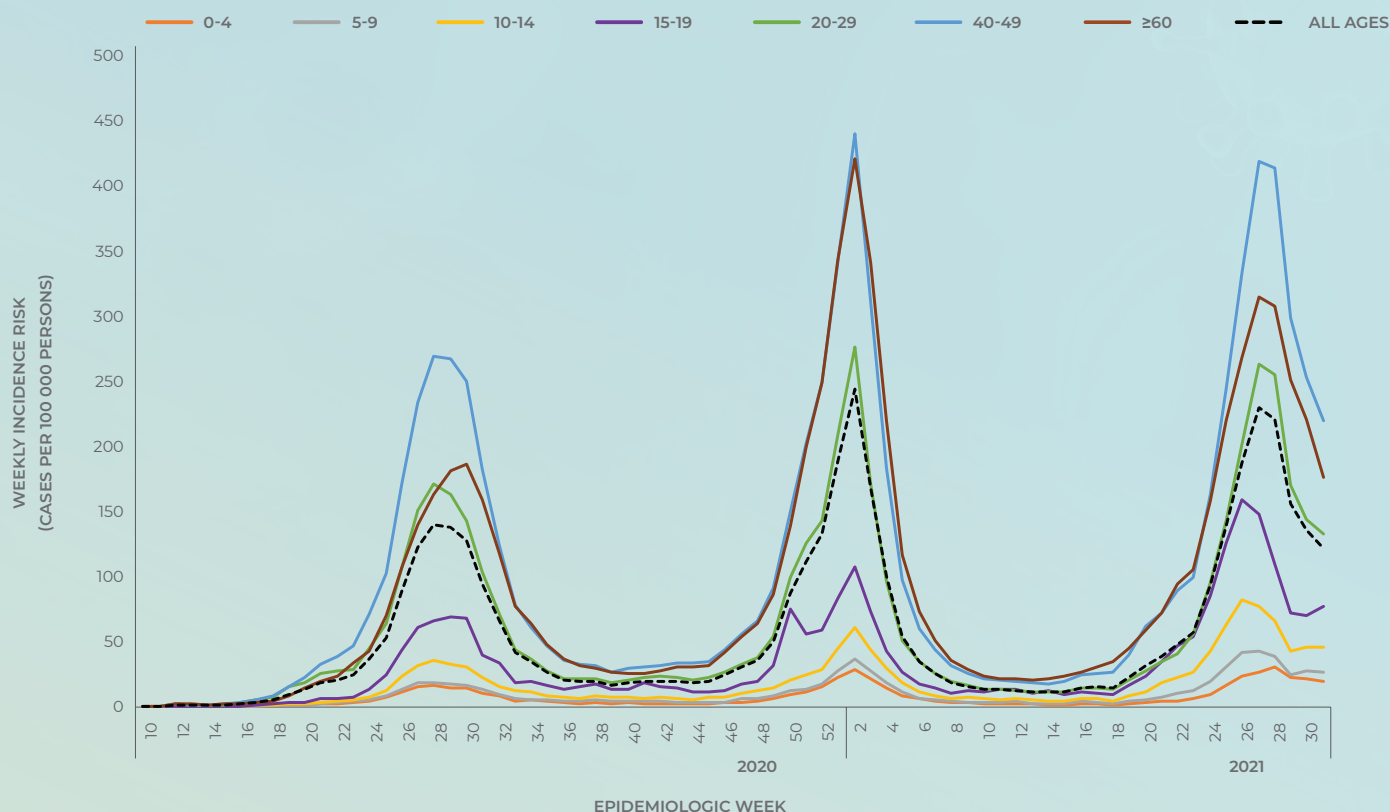


**Figure 7.** Cumulative incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, South Africa, 3 March 2020–31 July 2021 (n=2 433 859, 22 325 missing age)

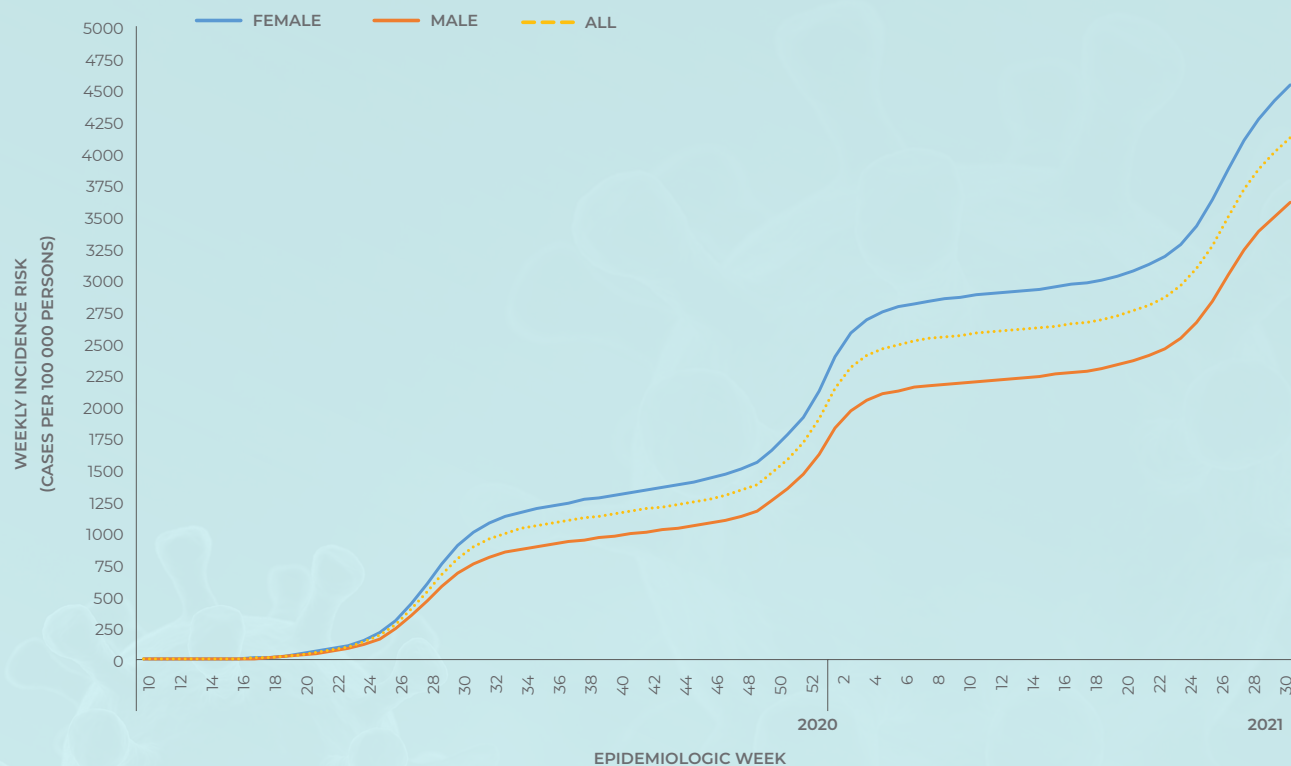


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**Figure 8.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, South Africa, 3 March 2020 -31 July 2021 (n=2 433 859, 22 325 missing age)



**Figure 9.** Cumulative incidence risk by sex and epidemiologic week, South Africa, 3 March 2020 -31 July 2021 (n=2 431 652, sex missing for 24 532)

# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

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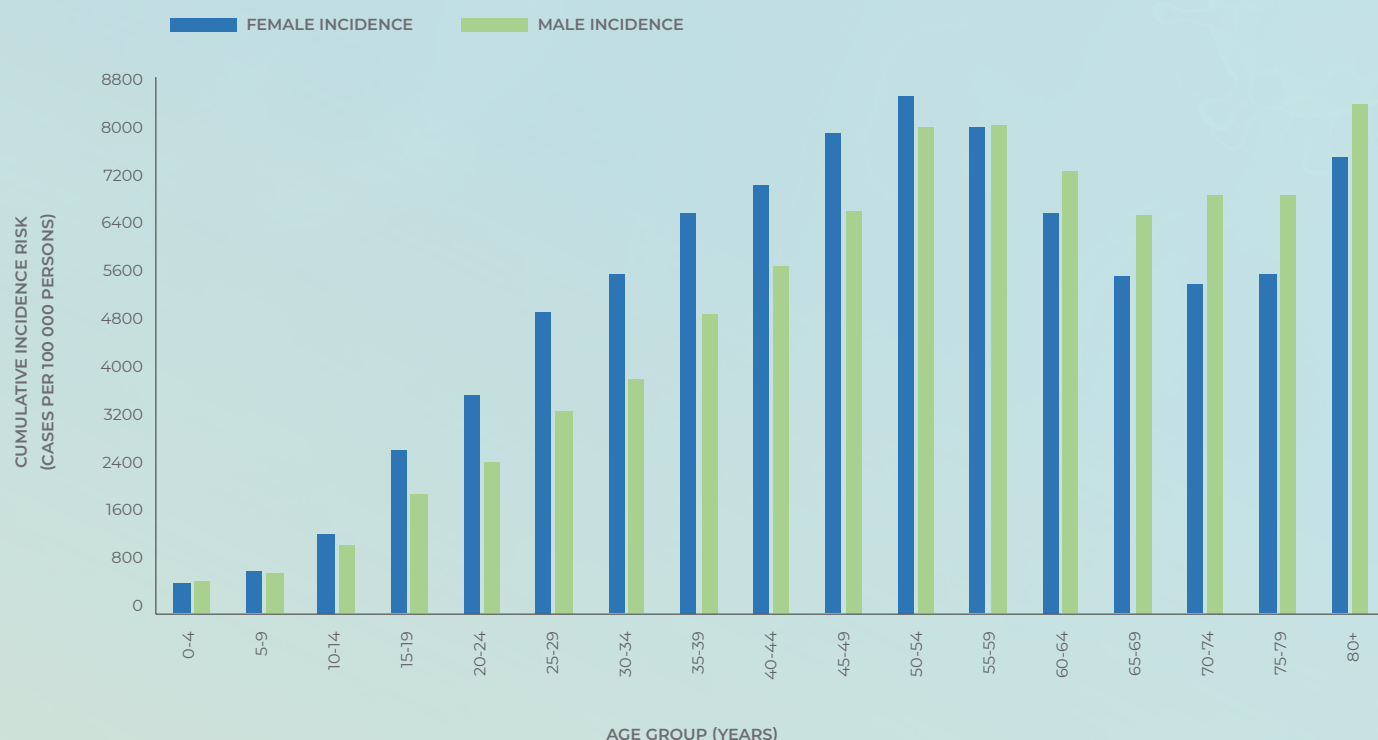
**Table 2.** Number of laboratory-confirmed cases of COVID-19 and cumulative/weekly incidence risk by age group, South Africa, 3 March 2020 –31 July 2021, n=2 433 859, 22 325 missing age)

Age group (years)	Cumulative cases (n) (percentage, n/total cases in South Africa)	New cases <sup>1</sup> detected in week 30 (25-31 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 30 of 2021 (cases/100 000 persons)
0-4	29 847 (1.2)	1 085 (1.5)	5 743 450	519.7	18.9
5-9	40 020 (1.6)	1 514 (2.1)	5 715 952	700.1	26.5
10-14	70 564 (2.9)	2 523 (3.6)	5 591 553	1 262.0	45.1
15-19	114 234 (4.7)	3 649 (5.2)	4 774 579	2 392.5	76.4
20-24	150 573 (6.2)	4 537 (6.4)	4 823 367	3 121.7	94.1
25-29	230 597 (9.5)	6 479 (9.2)	5 420 754	4 254.0	119.5
30-34	272 286 (11.2)	7 663 (10.9)	5 641 750	4 826.3	135.8
35-39	283 533 (11.6)	8 325 (11.8)	4 798 293	5 909.0	173.5
40-44	244 954 (10.1)	6 851 (9.7)	3 733 942	6 560.2	183.5
45-49	236 520 (9.7)	7 005 (9.9)	3 169 648	7 462.0	221.0
50-54	218 188 (9.0)	5 998 (8.5)	2 571 263	8 485.6	233.3
55-59	181 703 (7.5)	5 452 (7.7)	2 211 309	8 217.0	246.6
60-64	126 894 (5.2)	3 129 (4.4)	1 796 316	7 064.1	174.2
65-69	86 142 (3.5)	2 226 (3.2)	1 408 665	6 115.2	158.0
70-74	62 011 (2.5)	1 638 (2.3)	1 007 174	6 156.9	162.6
75-79	39 576 (1.6)	1 103 (1.6)	637 062	6 212.3	173.1
≥80	46 217 (1.9)	1 336 (1.9)	577 273	8 006.1	231.4
Unknown	22 325	732			
<b>Total</b>	<b>2 456 184</b>	<b>71 245</b>	<b>59 622 350</b>	<b>4 119.6</b>	<b>119.5</b>

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

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**Figure 10.** Cumulative risk by age group and sex, South Africa, 3 March 2020 – 31 July 2021 (n=2 411 409, sex/age missing for 44 775)

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

### Eastern Cape Province

Of the 228 761 cases reported from the Eastern Cape Province, 204 709 (89.5%) cases had allocation by district. In the past week, all the districts reported a

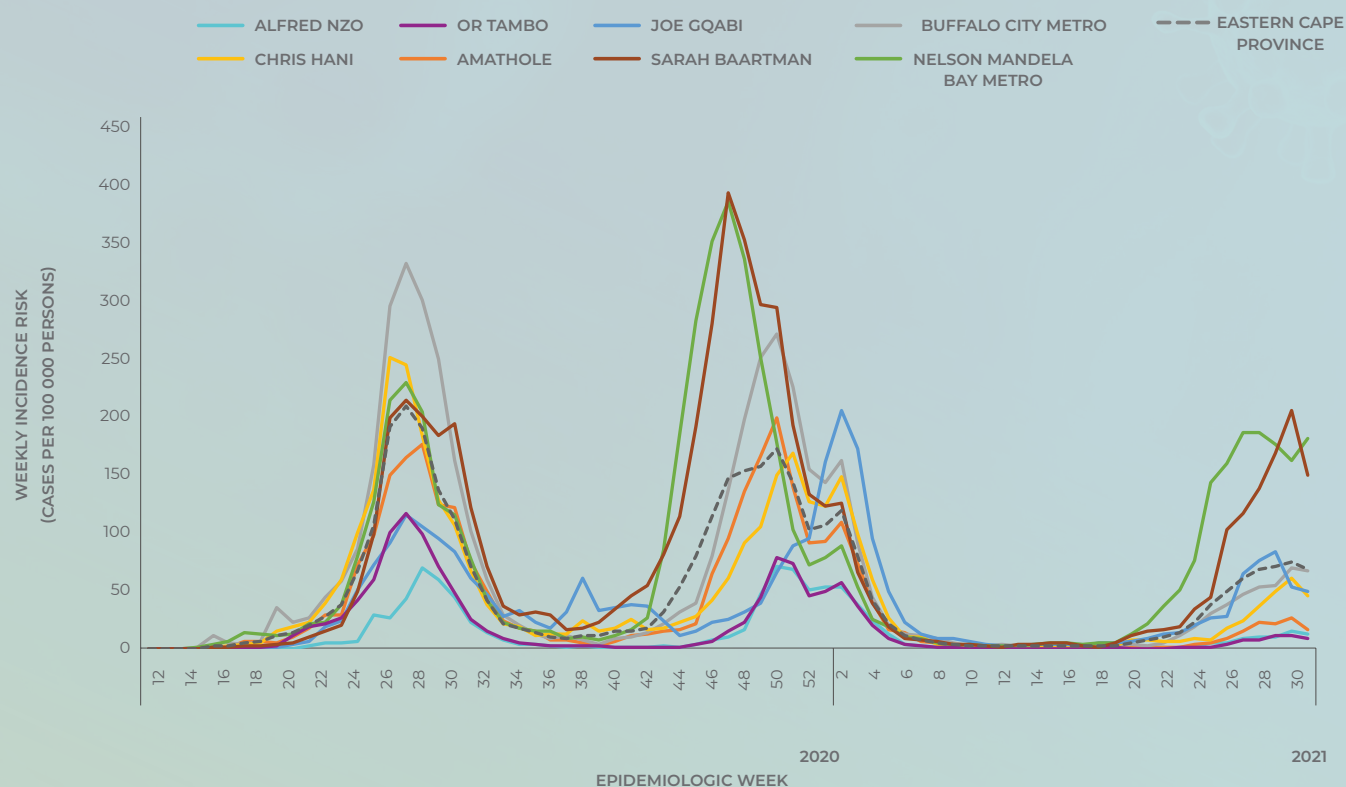
decrease in weekly incidence risk, except the Nelson Mandela Bay Metro, which reported an increase in weekly incidence risk (18.6 cases per 100 000 persons, 11.7% increase), compared to the previous week (Figure 11). The decrease ranged from 2.1 cases per 100 000 persons (3.1% decrease) in the Buffalo City Metro to 55.6 cases per 100 000 persons (27.5% decrease) in the Sarah Baartman District.

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 1.3 cases per 100 000 persons (2.4% decrease) in the 15-19-year to 13.7 cases per 100 000 persons (13.4% decrease) in the ≥60-year age groups.

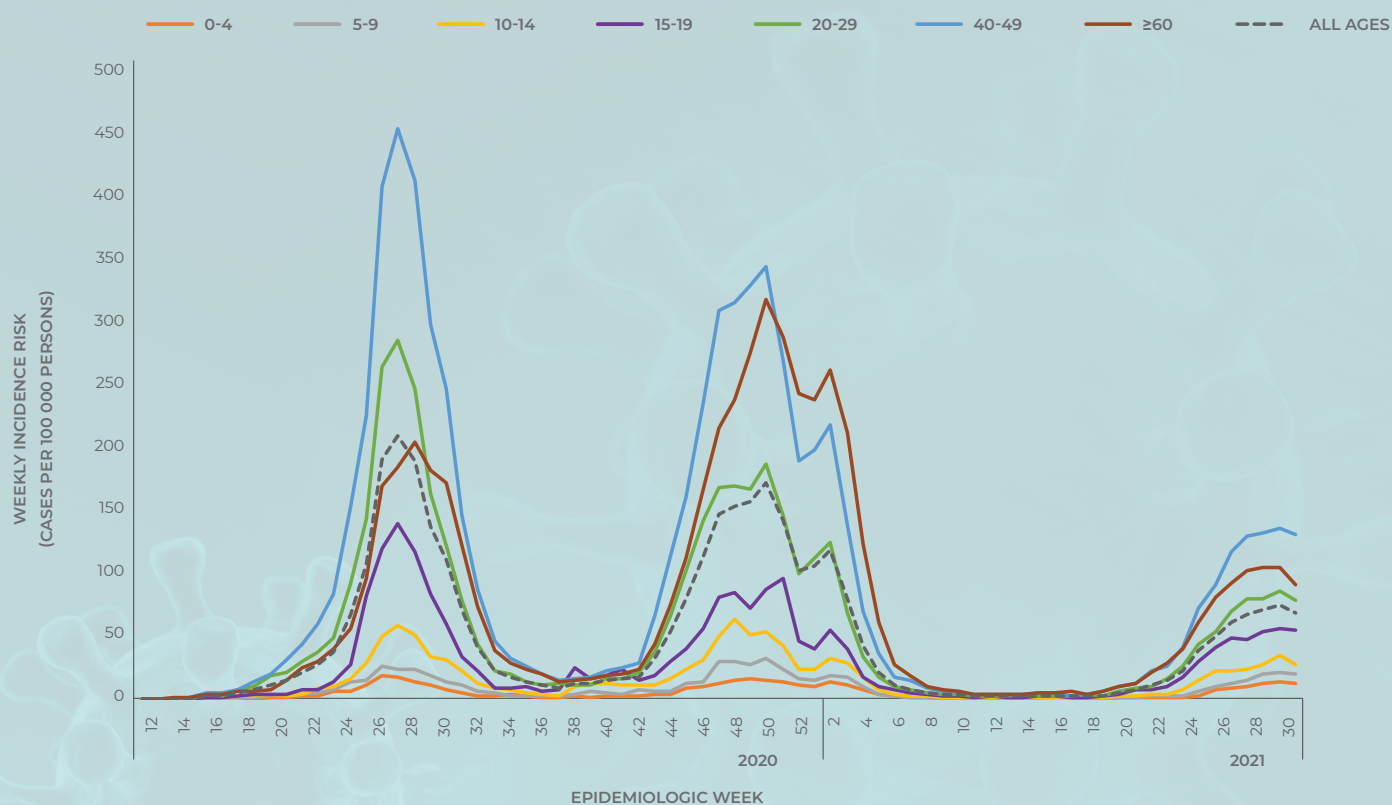


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**Figure 11.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Eastern Cape Province, 3 March 2020 – 31 July 2021 (n=204 709, 24 052 missing district)



**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 – 31 July 2021 (n=226 413, 2 348 missing age)

# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

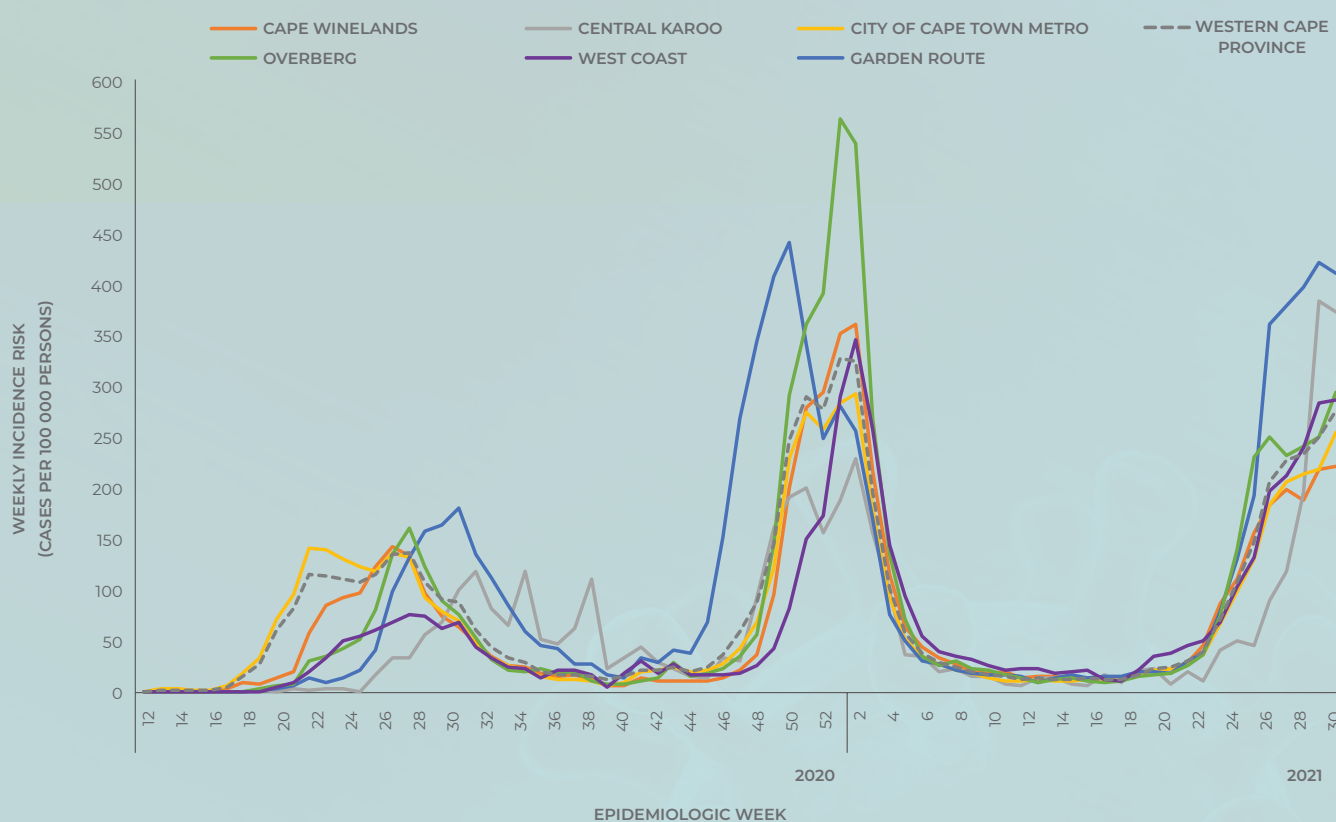
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## Western Cape Province

Of the 402 949 cases reported from the Western Cape Province, 383 168 (95.1%) cases had allocation by district. In week 30 of 2021, all the districts reported an increase in weekly incidence risk, except the Central Karoo and Garden Route districts, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 13). The increase ranged from 2.2 cases per 100 000 persons (0.8% increase) in the West Coast to 43.7 cases per 100 000 persons (17.5% increase) in the Overberg districts. From week 26 of 2021 to date, all the

districts reported weekly incidence risk higher than that reported in the first wave peak.

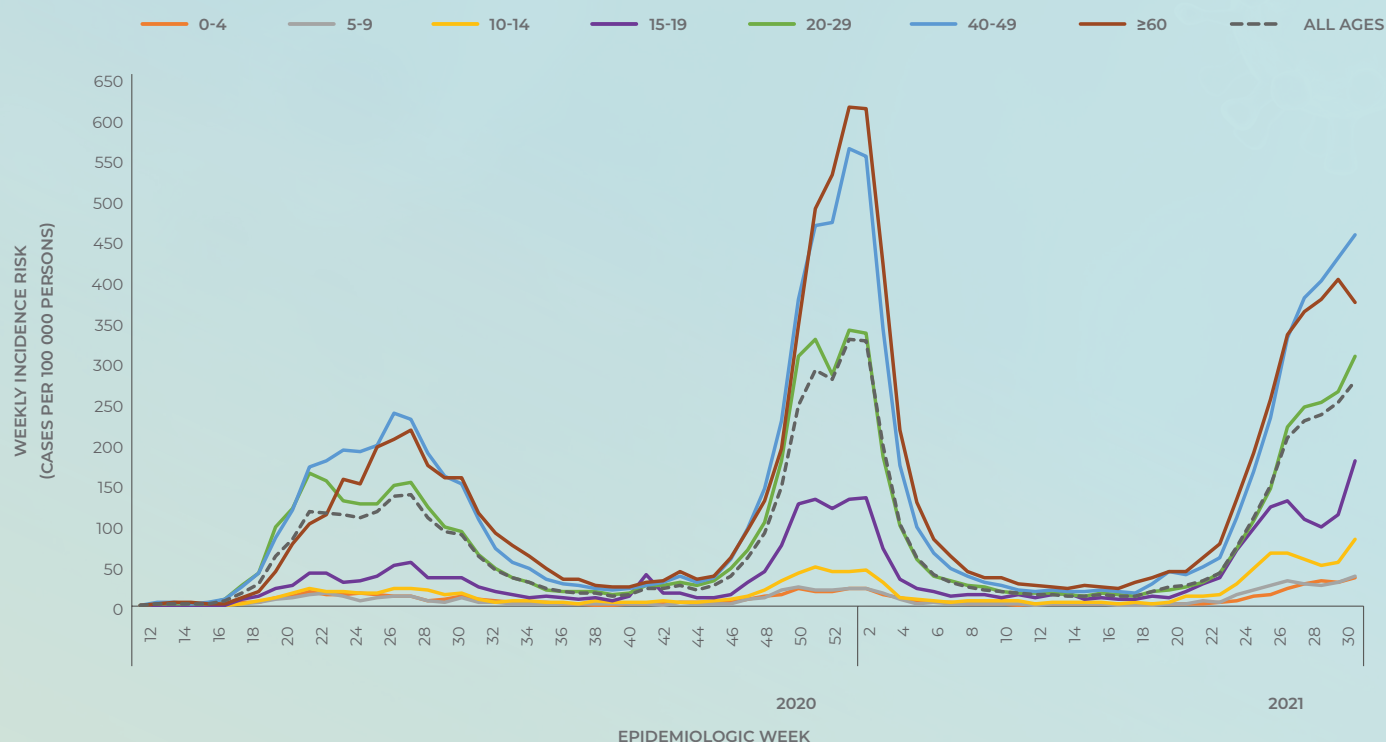
In the past week, all the age groups reported an increase in weekly incidence risk, except the  $\geq 60$ -year age group, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 14). The increase ranged from 5.9 cases per 100 000 persons (20.5% increase) in the 0-4-year to 64.9 cases per 100 000 persons (57.5% increase) in the 15-19-year age groups. 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 – 31 July 2021 (n=383 168, 19 781 missing district)

# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 30 2021



**Figure 14.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Western Cape Province, 3 March 2020 –31 July 2021 (n= 401 724, 1 225 missing age)

## Gauteng Province

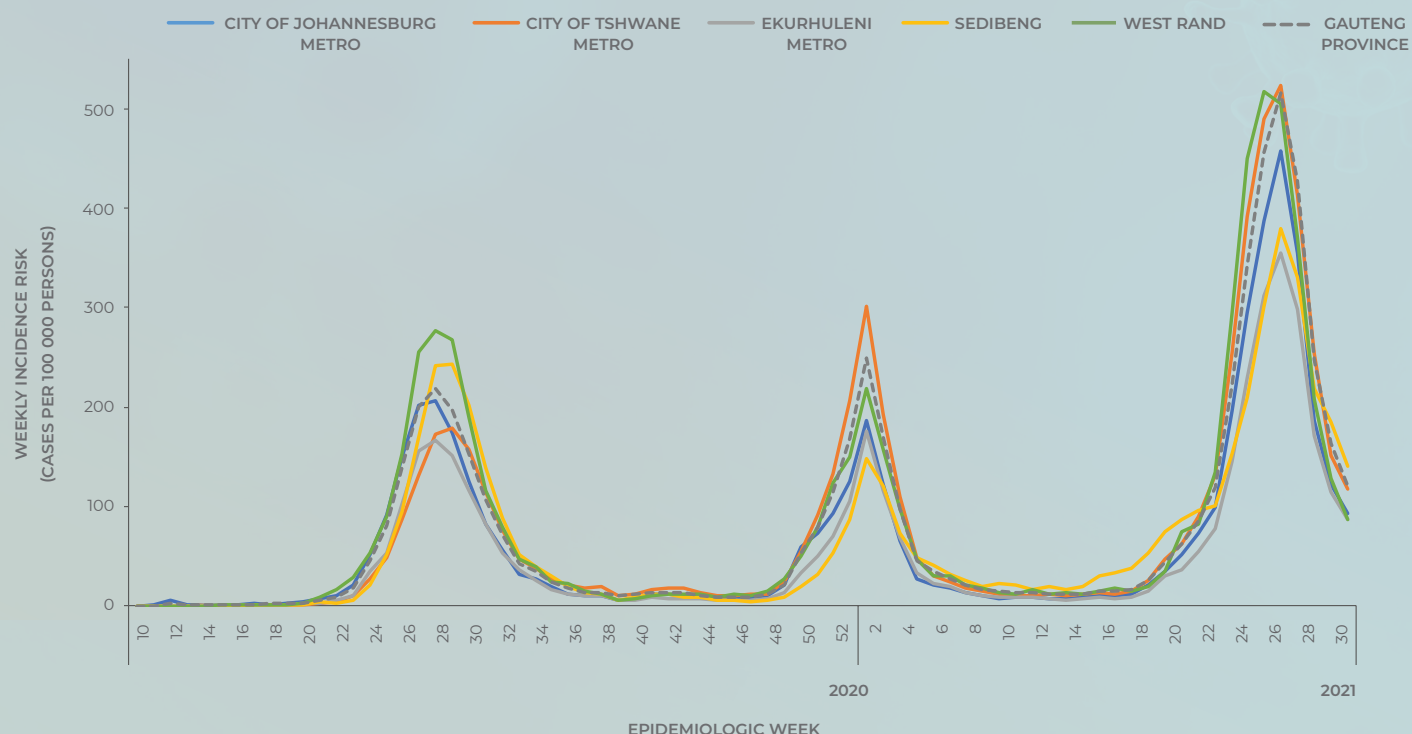
Of the 863 533 cases reported from the Gauteng Province, 739 973 (85.7%) had allocation by district. In the past week, all the districts reported a decrease in weekly incidence risk, compared to the previous week (Figure 15). The decrease ranged from 26.8 cases per 100 000 persons (23.4% decrease) in the Ekurhuleni Metro to 43.5 cases per 100 000 persons (23.6% decrease) in the Sedibeng District. From week 25 to week 27 of 2021, all the districts reported weekly incidence risk higher than that reported in the first and second wave peaks. Gauteng Province has been reporting a decrease in number of new cases reported since week 27 of 2021 to date.

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 3.0 cases per 100 000 persons (8.9% decrease) in the 5-9-year to 86.3 cases per 100 000 persons (31.8% decrease) in the ≥60-year age groups. From week 24 to week 27 of 2021, all the age groups reported weekly incidence risk higher than that reported in the first and second wave peaks.

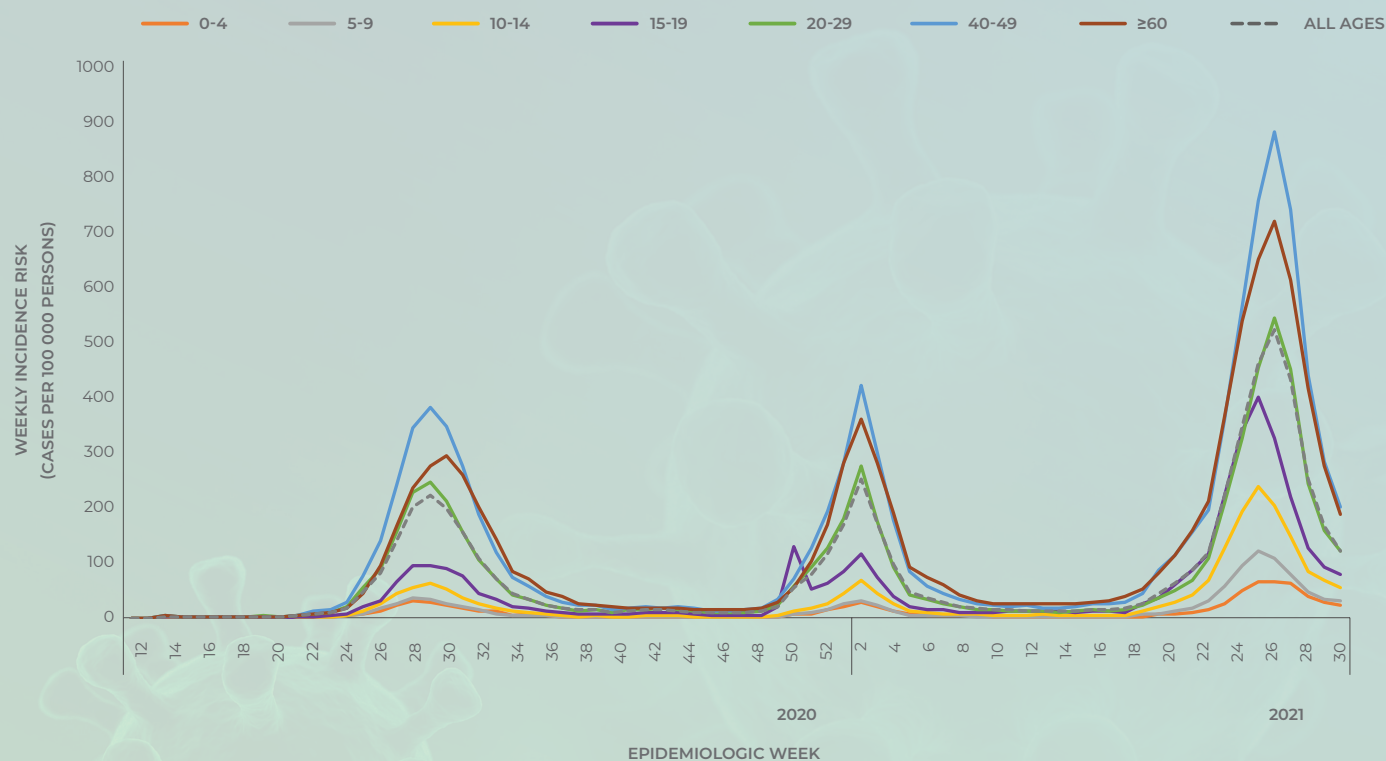


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**Figure 15.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Gauteng Province, 3 March 2020 –31 July 2021 (n=739 973, 123 560 missing district)



**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 –31 July 2021 (n=854 986, 8 547 missing age)

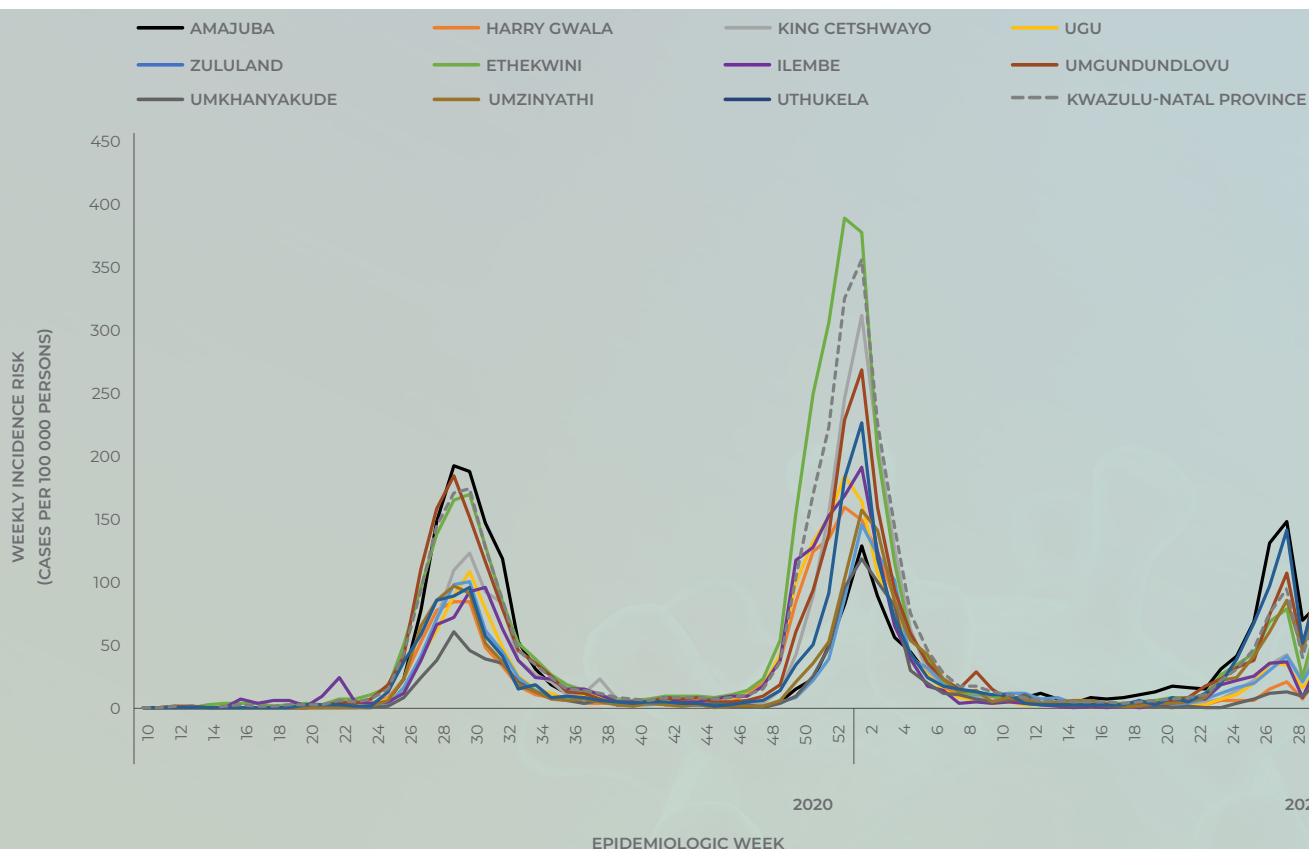
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

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## KwaZulu-Natal Province

Of the 397 363 cases reported from the KwaZulu-Natal Province, 297 502 (74.9%) had allocation by district. In the past week, five districts reported an increase in weekly incidence risk (Amajuba, Harry Gwala, eThekweni, iLembe and uMgungundlovu), compared to the previous week (Figure 17). The increase ranged from 0.4 cases per 100 000 persons (1.5% increase) in the Harry Gwala District to 43.6 cases per 100 000 persons (41.9% increase) in the uMgungundlovu Metro.

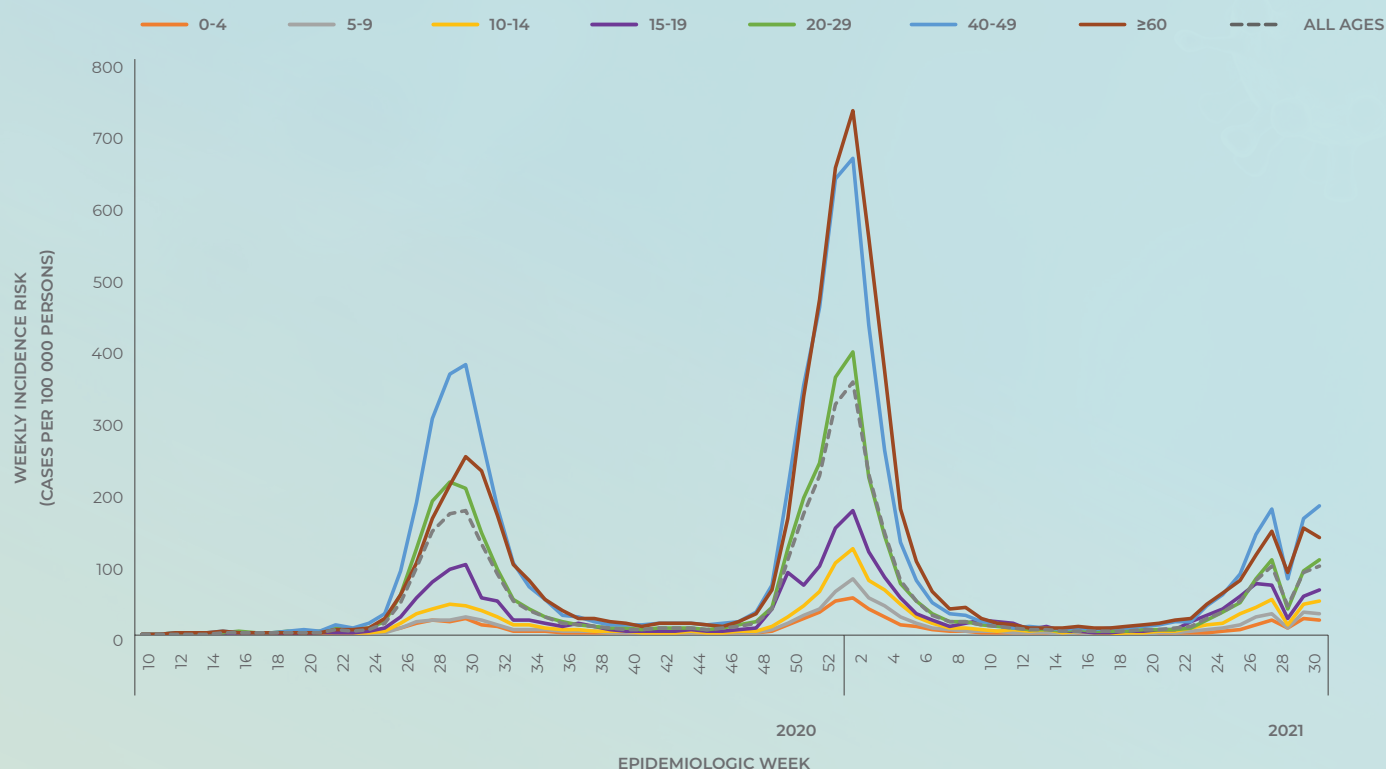
In week 30 of 2021, all the age groups reported an increase in weekly incidence risk, except the 0-4, 5-9 and  $\geq 60$ -year age groups, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 18). The increase ranged from 3.4 cases per 100 000 persons (8.1% increase) in the 10-14-year to 17.8 cases per 100 000 persons (11.0% 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 –31 July 2021 (n= 297 502, 99 861 missing district)

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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 –31 July 2021 (n= 392 878, 4 485 missing age)

## Free State Province

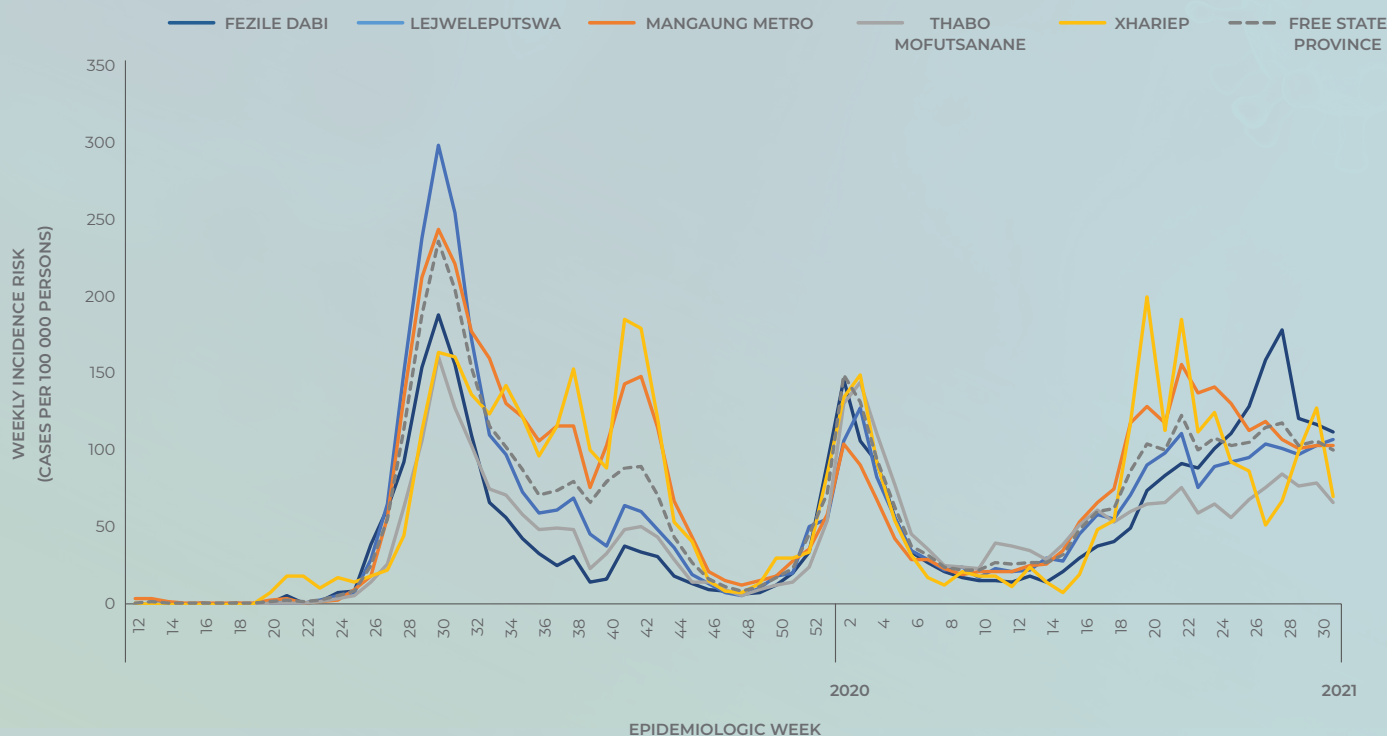
Of the 129 570 cases reported from the Free State Province, 119 355 (92.1%) had allocation by district. In the past week, all the districts reported a decrease in weekly incidence risk, except the Mangaung Metro (0.3 cases per 100 000 persons, 0.3% increase) and Lejweleputswa District (4.1 cases per 100 000 persons, 4.0% increase), which reported an increase in weekly incidence risk, compared to the previous week (Figure 19). 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 to week 27 of 2021 (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).

In the past week, the 10-14-year (0.3 cases per 100 000 persons, 0.7% increase), the 5-9-year (6.5 cases per 100 000 persons, 27.7% increase), and the 15-19-year (8.4 cases per 100 000 persons, 15.6% increase) age groups reported an increase in weekly incidence risk, compared to the previous week (Figure 20). The weekly incidence risk reported by ≥60-year age group in week 21 of 2021 was higher than that reported in the second wave peak (293.1 vs 243.4 cases per 100 000 persons), and the weekly incidence risk reported by 15-19-year age group in week 21 of 2021 to week 25 of 2021 was higher than that reported in the second wave peak (current peak 115.2 vs 63.4 cases per 100 000 persons).

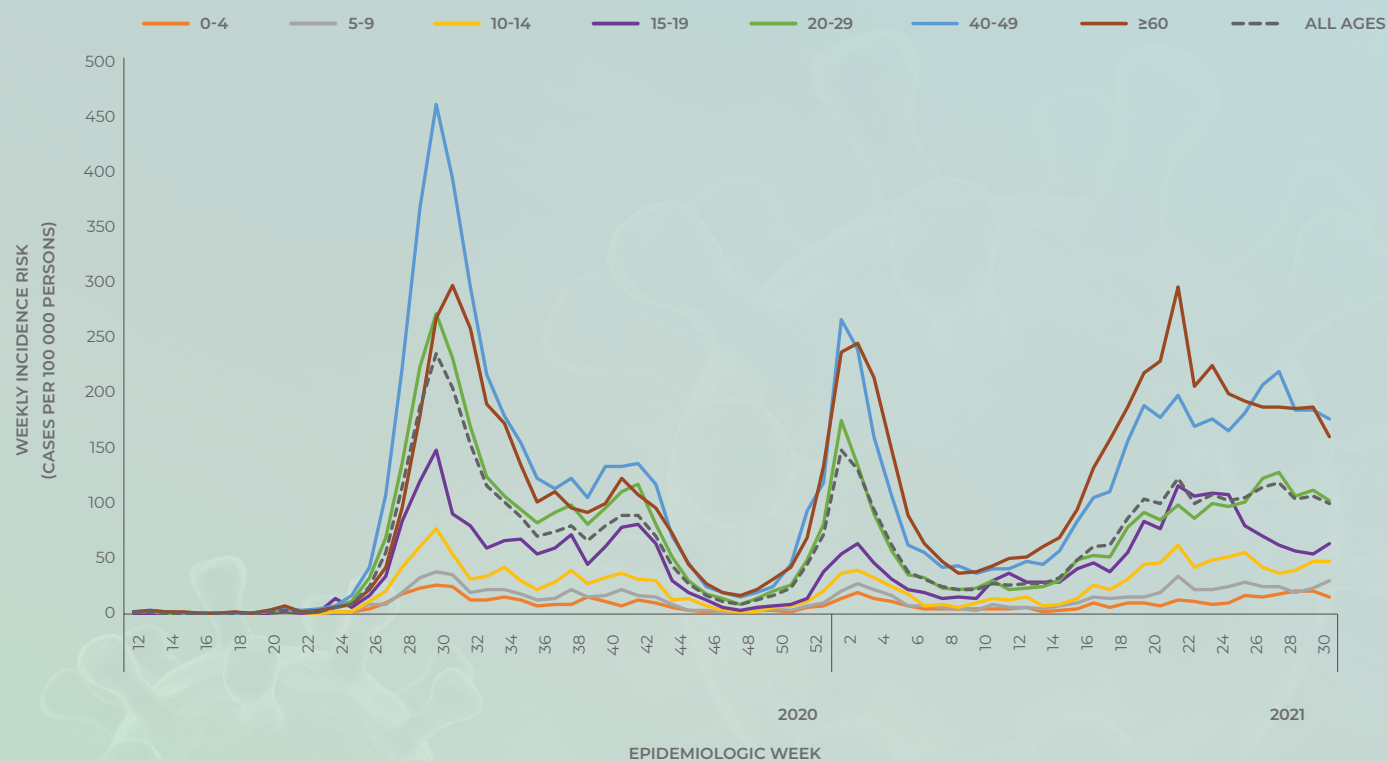


# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

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**Figure 19.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Free State Province, 3 March 2020–31 July 2021 (n=119 355, 10 215 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 2020–31 July 2021 (n=129 044, 526 missing age)

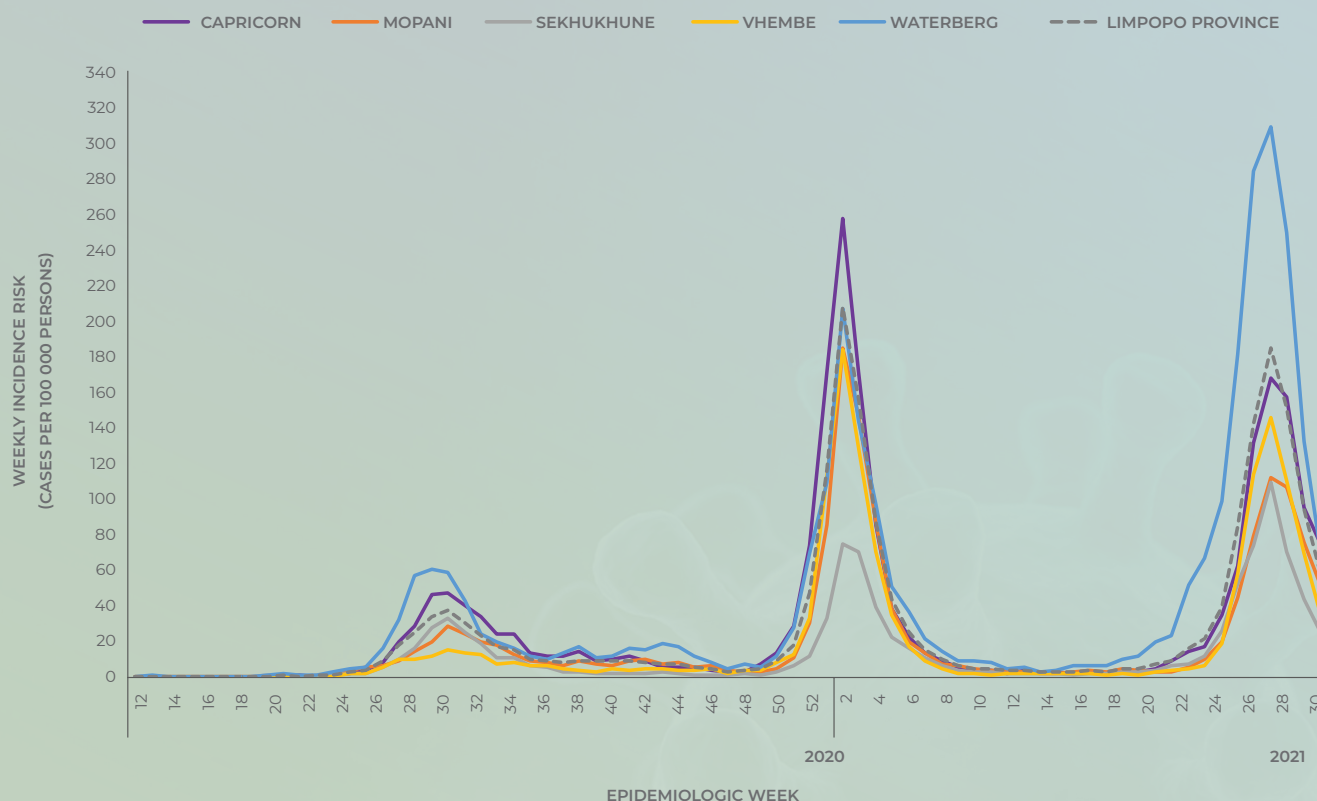
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

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## Limpopo Province

Of the 111 784 cases reported from the Limpopo Province, 96 443 (86.3%) had allocation by district. In the past week, all the districts reported a decrease in weekly incidence risk, compared to the previous week (Figure 21). The decrease ranged from 17.3 cases per 100 000 persons (40.2% decrease) in the Sekhukhune to 59.3 cases per 100 000 persons (44.9% decrease) in the Waterberg districts. From week 25 to week 29 of 2021, all the districts reported weekly incidence risk higher than that reported in the first wave peak.

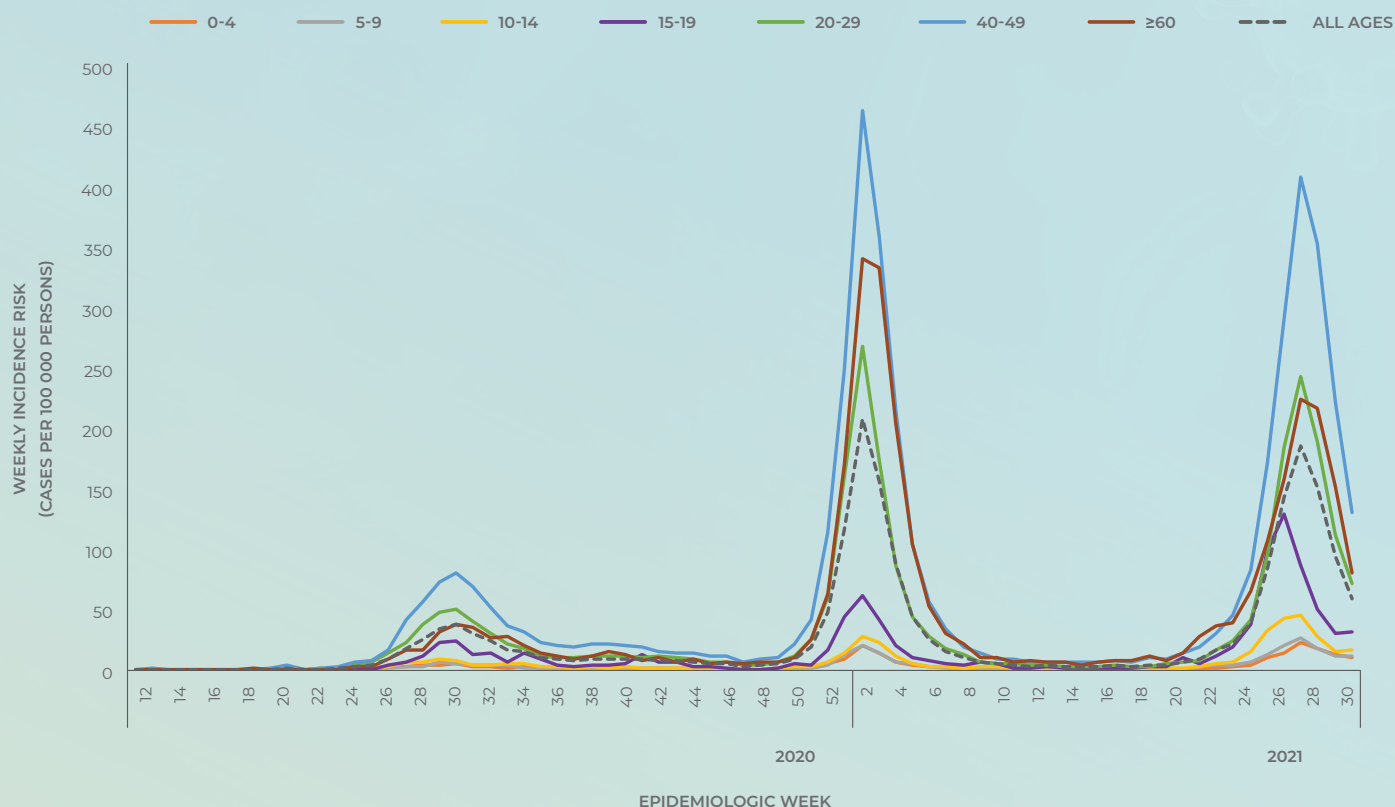
In the past week, all the age groups reported a decrease in weekly incidence risk, except the 15-19-year (0.6 cases per 100 000 persons, 1.8% increase) and 10-14-year (1.1 cases per 100 000 persons, 6.9% increase) age groups, which reported an increase in weekly incidence risk, compared to the previous week (Figure 22). 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 –31 July 2021 (n=96 443, 15 341 missing district)

# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

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**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 –31 July 2021 (n=111 172, 612 missing age)

## Mpumalanga Province

Of the 125 941 cases reported from the Mpumalanga Province, 99 769 (79.2%) had allocation by district. In the past week, all the districts reported a decrease in weekly incidence risk, except the Gert Sibande District, which reported an increase in weekly incidence risk (0.1 cases per 100 000 persons, 0.1% increase), compared to the previous week (Figure 24).

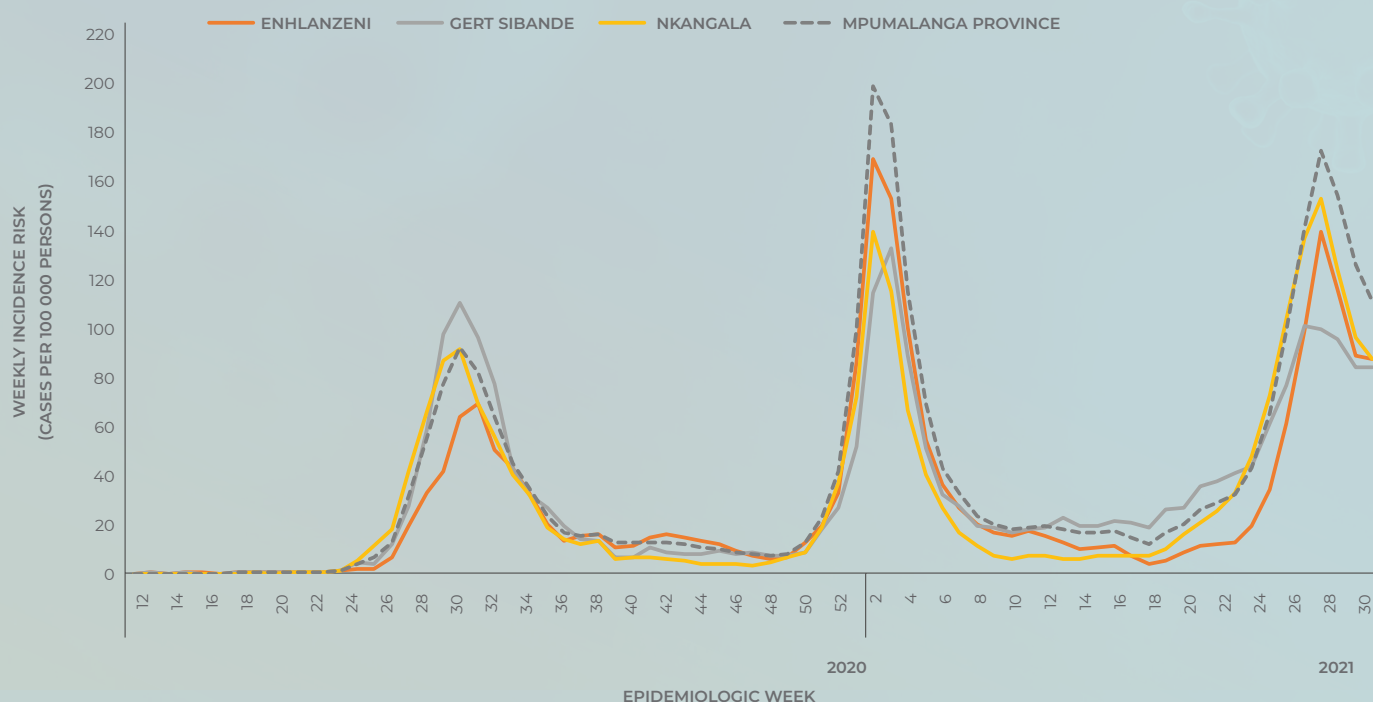
In the past week, all the age groups reported an increase in weekly incidence risk, except the 20-39, 40-59 and ≥60-year age groups, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 23).

The increase ranged from 0.9 cases per 100 000 persons (4.1% increase) in the 5-9-year to 2.8 cases per 100 000 persons (4.4% increase) in the 15-19-year age groups. From week 26 to week 28 of 2021, all the age groups reported weekly incidence risk higher than that reported in the first wave peak.

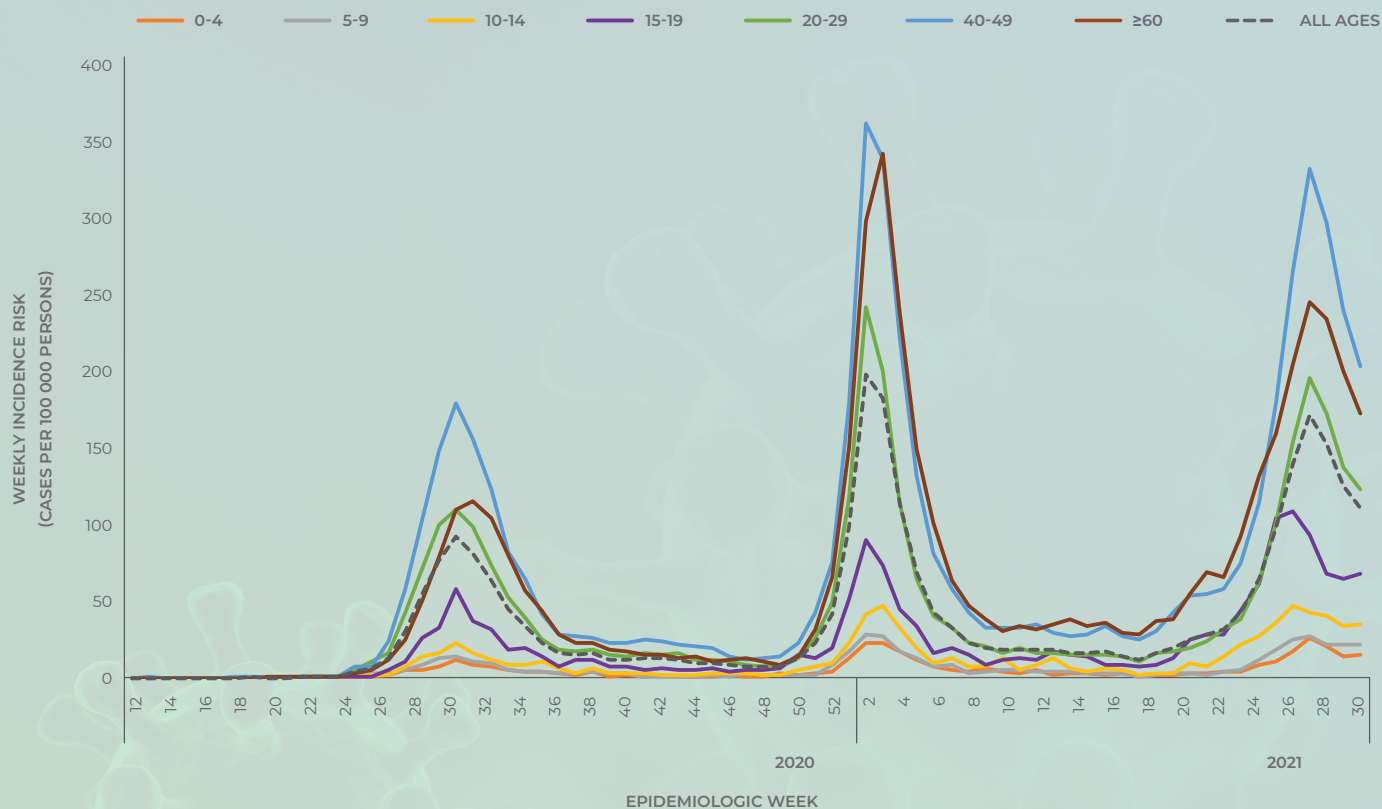


# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 30 2021



**Figure 23.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Mpumalanga Province, 3 March 2020 -31 July 2021 (n=99 769, 26 172 missing district)



**Figure 24.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group and epidemiologic week, Mpumalanga Province, 3 March 2020-31 July 2021 (n=123 519, 2 422 missing age)

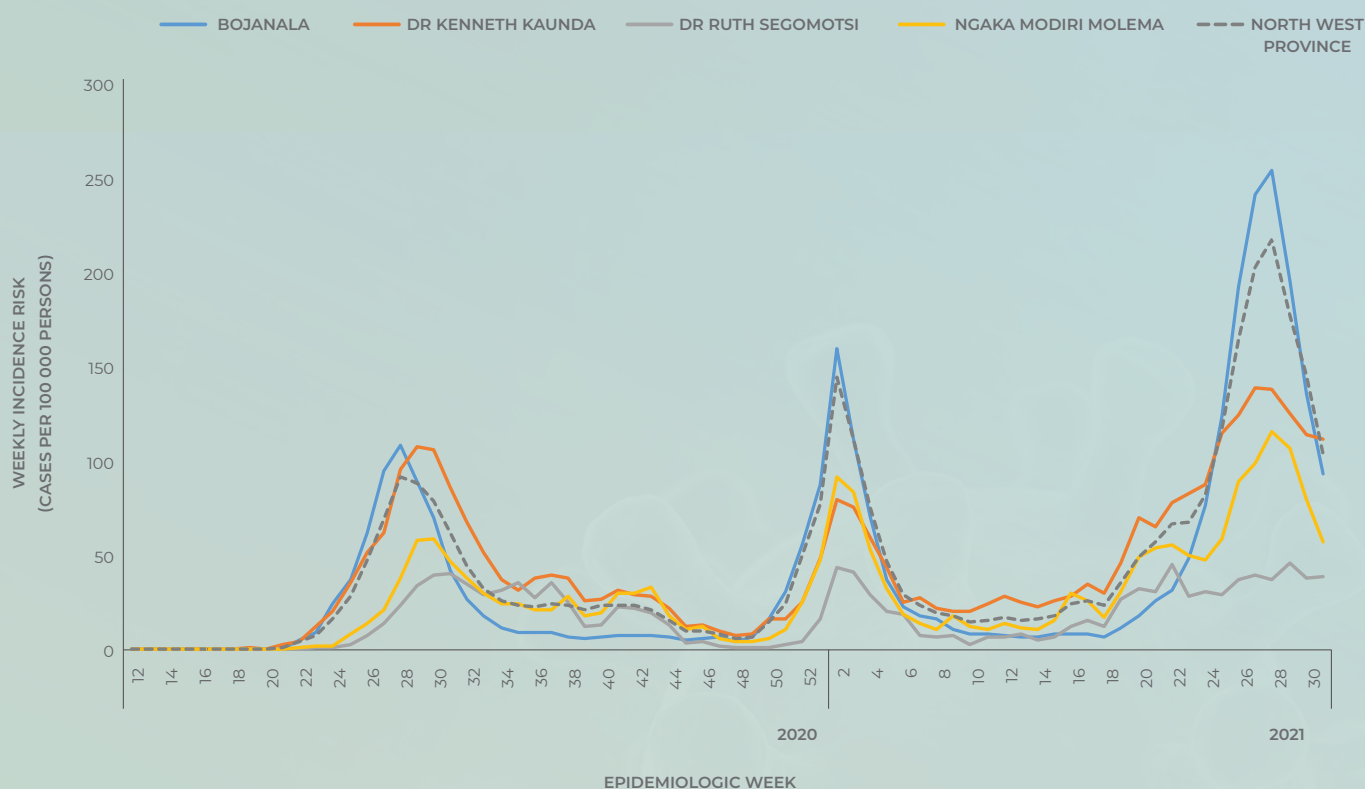
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 30 2021

## North West Province

Of the 128 556 cases reported from the North West Province, 103 714 (80.7%) had allocation by district. In the past week, all the districts reported a decrease in weekly incidence risk, except the Dr Ruth Segomotsi District, which reported an increase in weekly incidence risk (0.8 cases per 100 000 persons, 2.2% increase), compared to the previous week (Figure 25). The decrease ranged from 2.6 cases per 100 000 per persons (2.3% decrease) in the Dr Kenneth Kaunda to 42.2 cases per 100 000 persons (31.4% decrease) in the Bojanala districts. In week 28 of 2021, all the districts reported weekly incidence risk higher than that reported in the first wave peak.

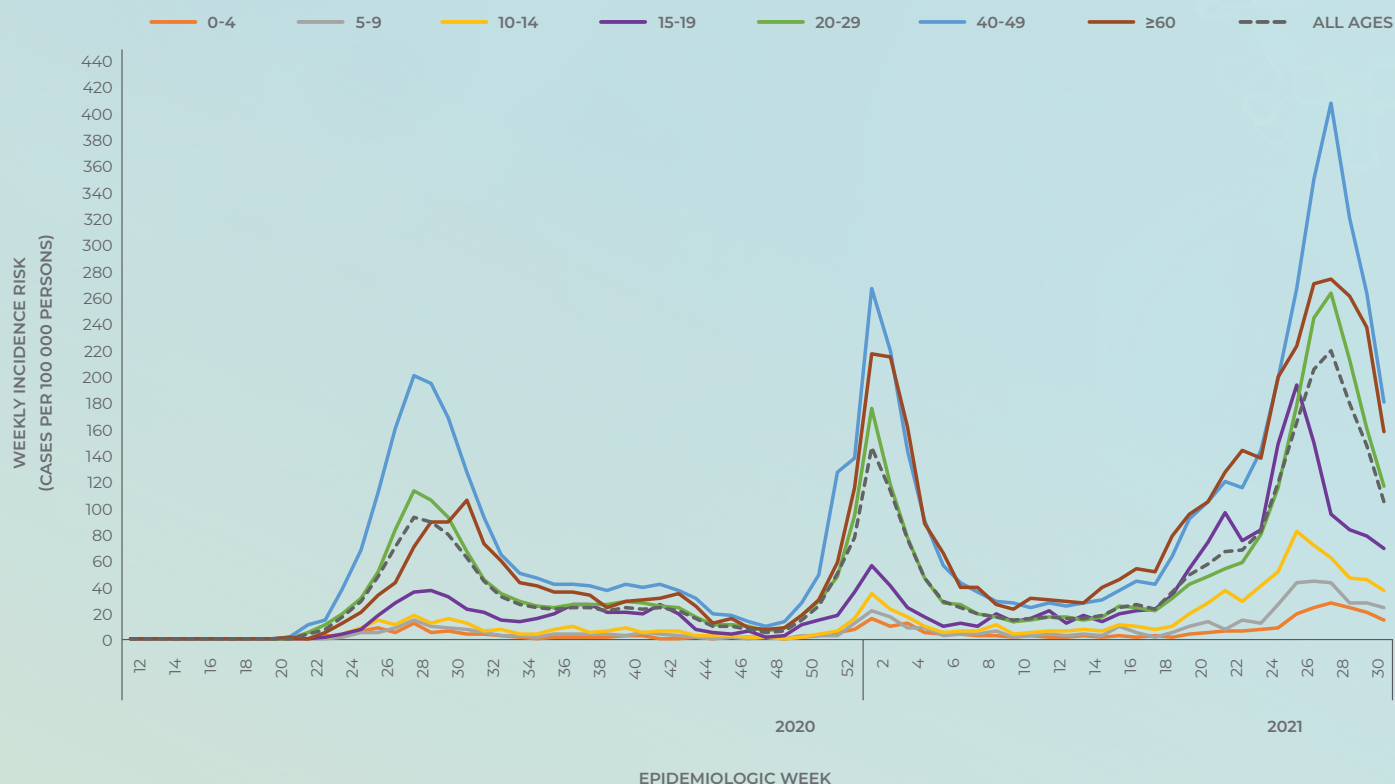
In the past week, all the age groups reported a decrease in weekly incidence risk, compared to the previous week (Figure 26). The decrease ranged from 3.8 cases per 100 000 persons (13.9% decrease) in the 5-9-year to 81.1 cases per 100 000 persons (31.4% decrease) in the 40-59-year age groups. From week 26 to week 28 of 2021, 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 -31 July 2021 (n=103 714, 24 842 missing district)

# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 30 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 –31 July 2021 (n=126 897, 1 659 missing age)

## Northern Cape Province

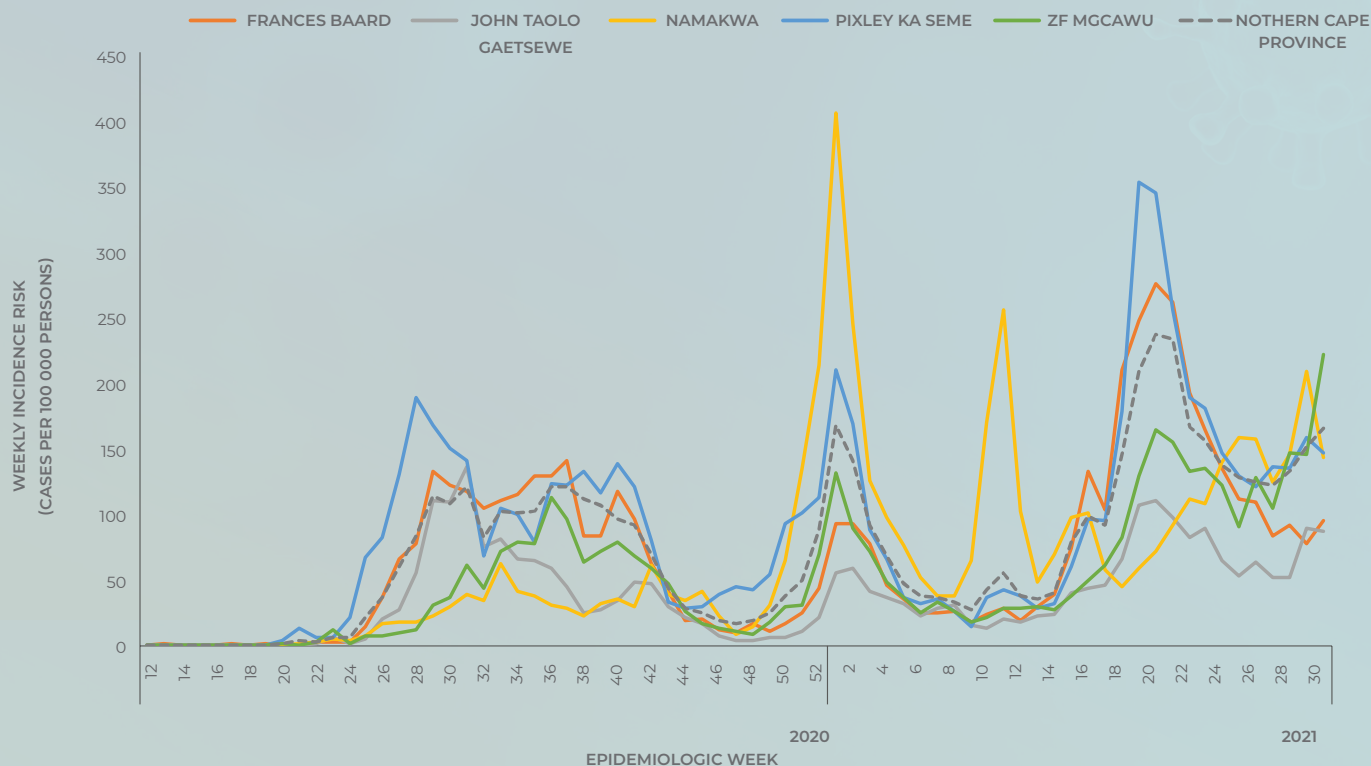
Of the 67 727 cases reported from the Northern Cape Province, 57 056 (84.2%) had allocation by district. In the past week, all the districts reported a decrease in weekly incidence risk, except the Frances Baard (17.4 cases per 100 000 persons, 22.4% increase) and the ZF Mgcawu (75.4 cases per 100 000 persons, 52.0% increase), which reported an increase in weekly incidence risk, compared to the previous week (Figure 27). 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.

In the past week, all the age groups reported an increase in weekly incidence risk, except the 0-4 and 5-9-year age groups, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 28). The increase ranged from 1.7 cases per 100 000 persons (1.0% increase) in the 20-39-year to 44.2 cases per 100 000 persons (36.7% increase) in the 15-19-year age groups. From week 19 of 2021 to week 22 of 2021, all the age groups reported weekly incidence risk higher than that reported either in the first or second wave peaks.

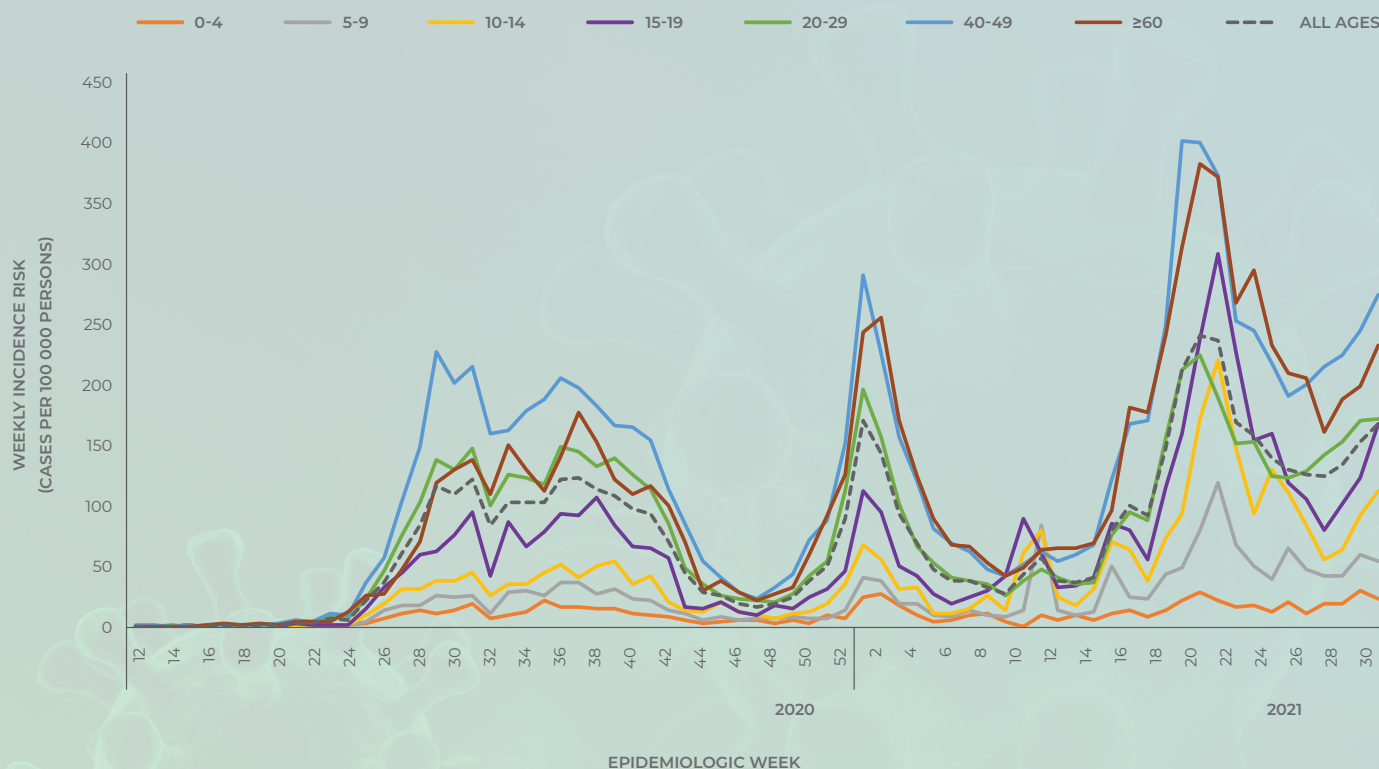


# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

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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 2020–31 July 2021 (n=57 056, 10 671 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 –31 July 2021 (n=67 226, 501 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, 2 456 184 cases, including 77 024 deaths have been reported. The recent increases have varied by province with several provinces reporting a sustained increase in weekly incidence risk for  $\geq 8$  weeks. However, Gauteng province has shown a sustained decrease in number of new cases for the past four weeks. The Western Cape Province has shown a sustained increase since week 22 of 2021. The Northern Cape Province peaked in week 20 of 2021 in the third wave, however, it has shown a sustained increase in the past three weeks. Some of the reduction shown by other provinces and districts in the past week maybe due to delayed reporting or decrease in testing. 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. 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.