

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

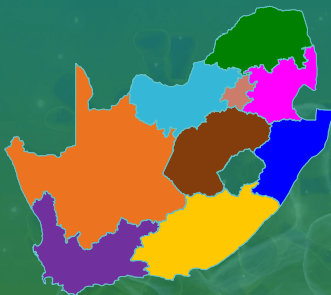


NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES

Division of the National Health Laboratory Service

SOUTH AFRICA WEEK 31 2021

CUMULATIVE DATA FROM



CASES

2 533 458
IN TOTAL

68 583
THIS WEEK**

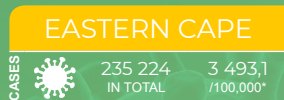


PERSONS

4 249,2
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 7 August 2021 (week 31 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 7 August 2021, a total of 2 533 458 laboratory-confirmed COVID-19 cases had been detected in South Africa. Of these, 77 274 were cases reported since the last report (week 30 of 2021). There was a 13.8% decrease in the number of new cases detected in week 31 of 2021 (68 583) compared to the number of new cases detected in week 30 of 2021 (79 536).
- An additional 2 820 deaths were reported since the last report. The overall case-fatality ratio is 3.2% (79 844/2 533 458).
- In the past week, the Western Cape Province reported the highest number of the new cases detected (19 788/68 583, 28.9%) followed by the KwaZulu-Natal Province (13 935/68 583, 20.3%), the Gauteng Province (13 258/68 583, 19.3%), 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, which reported an increase in weekly incidence risk (15.3 cases per 100 000 persons, 14.5% increase), while the Free State Province showed no change in weekly incidence risk, compared to the previous week. The decrease ranged from 4.0 cases per 100 000 persons (4.8% decrease) in the Eastern Cape Province to 30.2 cases per 100 000 persons (9.7% decrease) in the Western Cape Province. Some of the reductions in weekly incidence risk maybe due to delayed reporting or decrease in testing.
- In the past week, the Western Cape Province reported the highest weekly incidence risk (282.5 cases per 100 000 persons), followed by the Northern Cape Province (172.8 cases per 100 000 persons), and the KwaZulu-Natal Province (120.8 cases per 100 000 persons).

INCIDENCE
RISK FOR
CURRENT WEEK

115,0

CASES PER
100 000
PERSONS

28,9%

OF CASES
REPORTED IN
WESTERN CAPE IN
CURRENT WEEK

IN CURRENT
WEEK, THE
HIGHEST
WEEKLY
INCIDENCE RISK
WAS IN CASES
AGED 50-54
YEARS (209.1
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 7 August 2021, a total of 2 533 458 laboratory-confirmed COVID-19 cases were reported in South Africa (Figures 1 and 2). This is 77 274 more cases than the number reported in the last report (week 30 of 2021 report). The number of new cases detected in week 31 of 2021 (68 583) was lower than the number of new cases detected in week 30 of 2021 (79 536), this represented a 13.8% 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 (19 788/68 583, 28.9%) followed by the KwaZulu-Natal Province (13 935/68 583, 20.3%), and the Gauteng Province (13 258/68 583, 19.3%), and other provinces reported below 10% each (Table 1). Four provinces, Gauteng (878 430/2 533 458, 34.7%), Western Cape (425 351/2 533 458, 16.8%), KwaZulu-Natal (412 599/2 533 458, 16.3%), and Eastern Cape (235 224/2 533 458, 9.3%) continued to report the majority (1 951 604/2 533 458, 77.0%) of total COVID-19 cases in South Africa. Mpumalanga (5.2%), North West (5.2%) and Free State (5.3%) provinces reported similar cumulative proportions in week 31 of 2021.

The cumulative incidence risk for the country increased from 4 134.2 cases per 100 000 persons in week 30 of 2021 to 4 249.2 cases per 100 000 persons in week 31 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 (6 071.5 cases per 100 000 persons), followed by the Gauteng Province (5 671.6 cases per 100

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000 persons), the Northern Cape Province (5 444.6 cases per 100 000 persons), the Free State Province (4 541.3 cases per 100 000 persons), the KwaZulu-Natal Province (3 578.0 cases per 100 000 persons), and the Eastern Cape Province (3 493.1 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 (1 956.5 cases per 100 000 persons).

In the past week, the Western Cape Province reported the highest weekly incidence risk (282.5 cases per 100 000 persons), followed by the Northern Cape Province (172.8 cases per 100 000 persons), and the KwaZulu-Natal Province (120.8 cases per 100 000 persons). In the past week, all the provinces reported a decrease in weekly incidence risk, except the KwaZulu-Natal Province, which reported an increase in weekly incidence risk (15.3 cases per 100 000 persons, 14.5% increase), while the Free State Province showed no change in weekly incidence risk, compared to the previous week. (Figure 4). The decrease ranged from 4.0 cases per 100 000 persons (4.8% decrease) in the Eastern Cape Province to 30.2 cases per 100 000 persons (9.7% decrease) in the Western Cape 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 four provinces reporting the majority of cases in South Africa to date, doubling time of number of cases varied with time. In week 30 of 2021, the estimated doubling time of number of cases decreased in all provinces, except the Gauteng (from 146.2 days to 189.5 days, 29.6% increase), which reported an increase in the estimated doubling time. The estimated doubling time decreased in the Eastern Cape Province (from 193.9 days to 171.3 days, 11.6% decrease), KwaZulu-Natal Province (from 168.3 days to 142.5 days, 15.3% decrease), and the Western Cape Province (from 93.4 days to 77.3 days, 17.3% decrease) (Figure 5).

The case-fatality ratio (CFR) was 3.2% (79 844/2 533 458); an additional 2 820 deaths were reported since the last report. The number of deaths reported in the past week was lower than the number reported in the previous week, 2 820 deaths compared to 3 362 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.

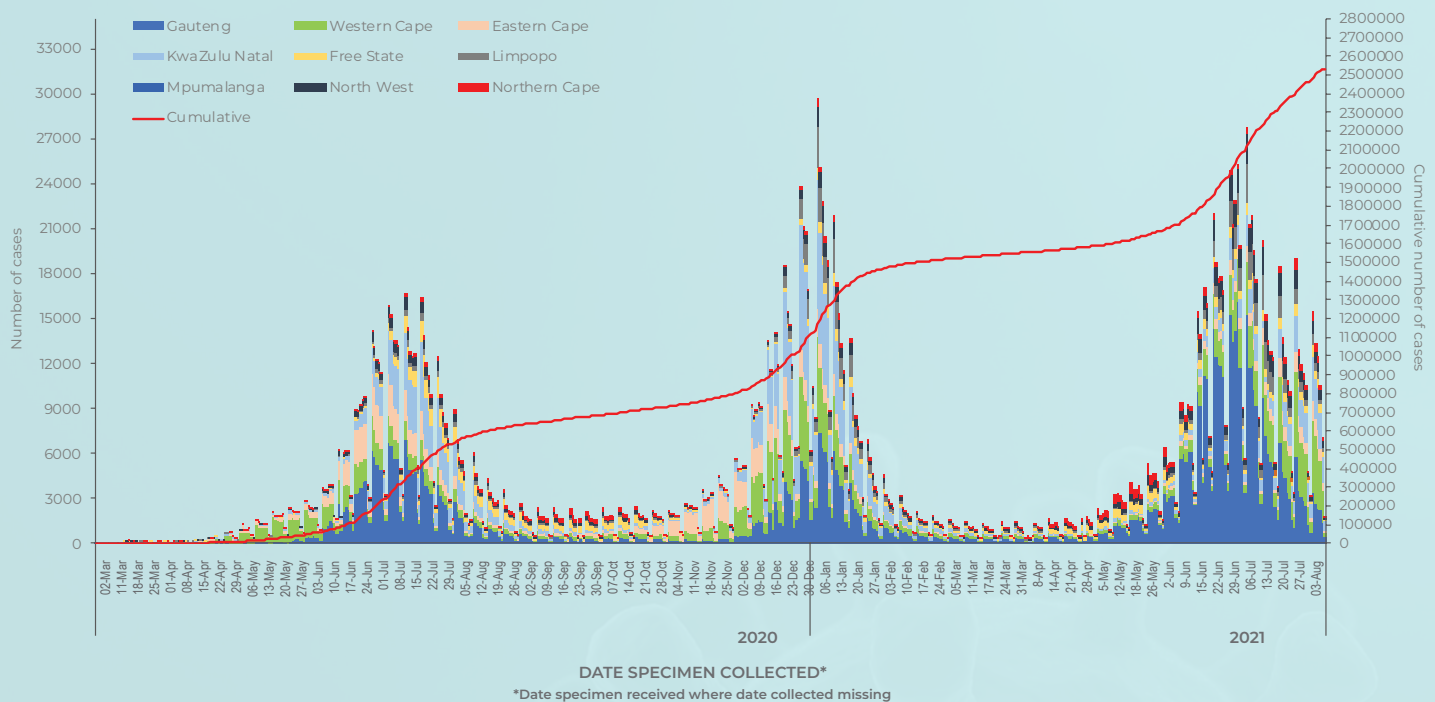


Figure 1. Number and cumulative number of laboratory-confirmed cases of COVID-19 by province and date of specimen collection, South Africa, 3 March 2020 –7 August 2021 (n=2 533 458)

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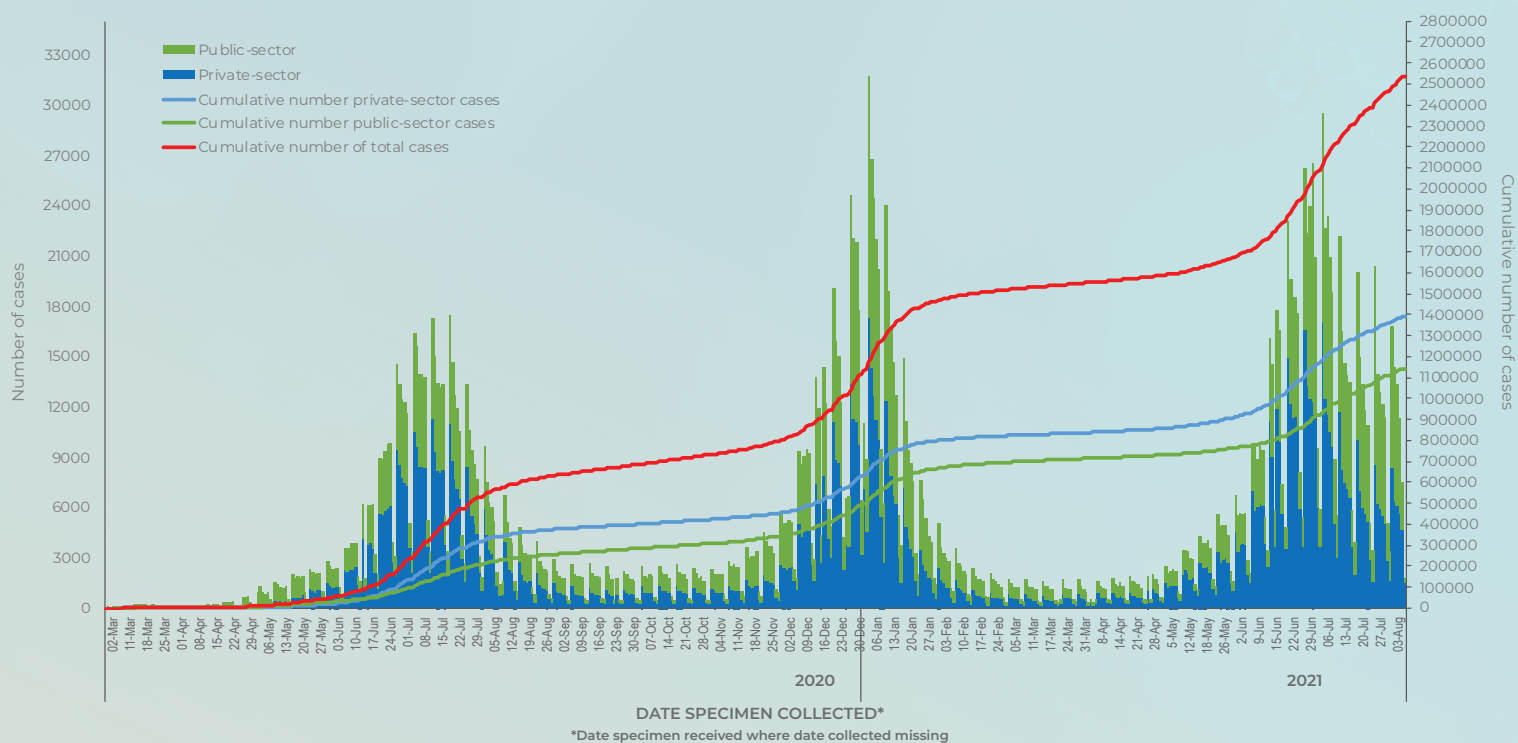


Figure 2. Number and cumulative number of laboratory-confirmed cases of COVID-19, by testing laboratory sector and date of specimen collection, South Africa, 10 March 2020 –7 August 2021 (n=2 533 458)

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 –7 August 2021 (n=2 533 458)

Province	Cumulative cases (n) (percentage, n/total cases in South Africa)	New cases ¹ detected in week 31 (1-7 Aug 2021), n (percentage ² , n/total)	Population in mid-2020 ³ , n	Cumulative incidence risk (cases per 100 000 persons)	Incidence risk of new cases detected in week 31 of 2021 (cases/100 000 persons)	Tests ⁴ per 100 000 persons, 1-7 Aug 2021
Eastern Cape	235 224 (9.3)	5 373 (7.8)	6 734 001	3 493.1	79.8	424.5
Free State	133 011 (5.3)	3 174 (4.6)	2 928 903	4 541.3	108.4	570.6
Gauteng	878 430 (34.7)	13 258 (19.3)	15 488 137	5 671.6	85.6	571.6
KwaZulu-Natal	412 599 (16.3)	13 935 (20.3)	11 531 628	3 578.0	120.8	615.9
Limpopo	114 505 (4.5)	2 441 (3.6)	5 852 553	1 956.5	41.7	159.6
Mpumalanga	131 277 (5.2)	4 709 (6.9)	4 679 786	2 805.2	100.6	362.5
North West	132 674 (5.2)	3 671 (5.4)	4 108 816	3 229.0	89.3	390.5
Northern Cape	70 387 (2.8)	2 234 (3.3)	1 292 786	5 444.6	172.8	824.5
Western Cape	425 351 (16.8)	19 788 (28.9)	7 005 741	6 071.5	282.5	969.7
Unknown						
Total	2 533 458	68 583	59 622 350	4 249.2	115.0	546.5

¹New cases refer to cases whose samples were collected or received in the current reporting week; ²Percentage=n/total number of new cases (specimen collected or received in current reporting week); ³2020 Mid-year population Statistics South Africa ⁴Data on number of tests conducted sourced from COVID-19 weekly testing report of the same reporting week

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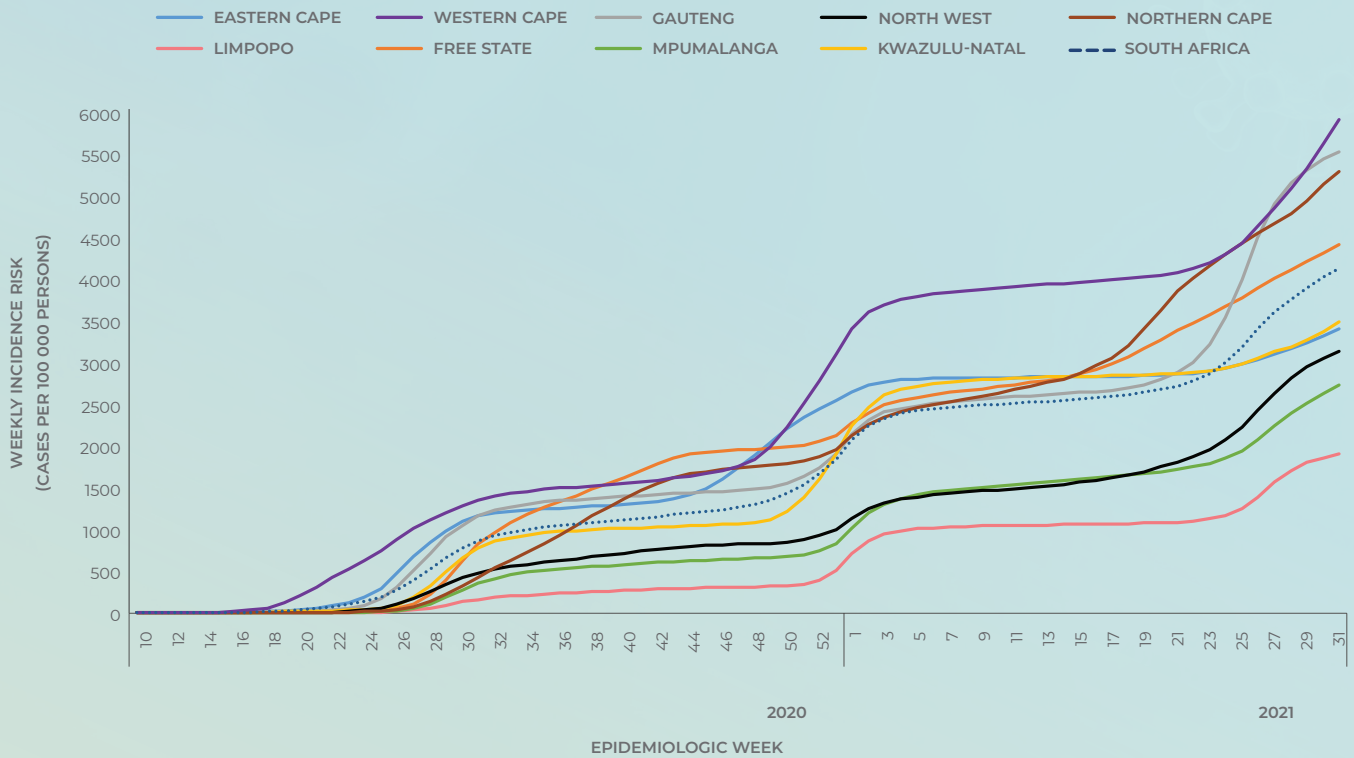


Figure 3. Cumulative incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week, South Africa, 3 March 2020 –7 August 2021 (n=2 533 458)

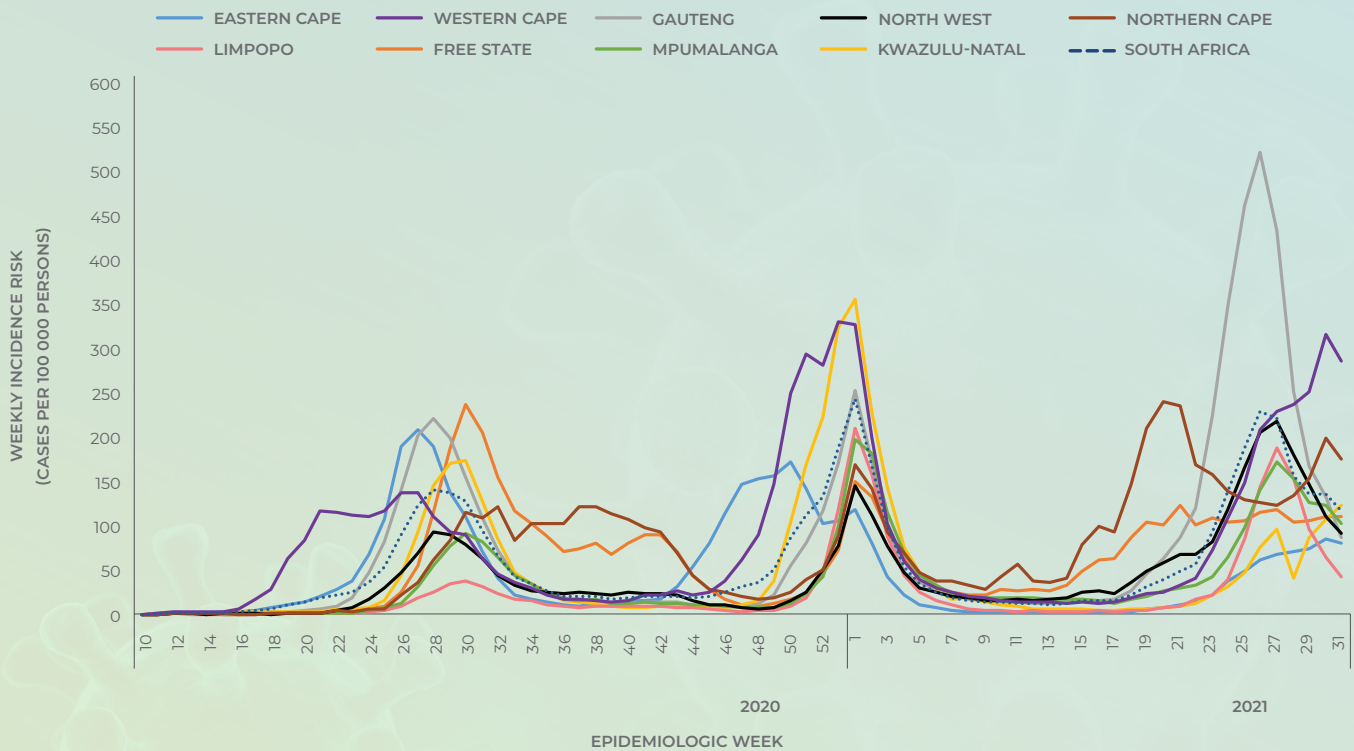


Figure 4. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week, South Africa, 3 March 2020 –7 August 2021 (n=2 533 458)

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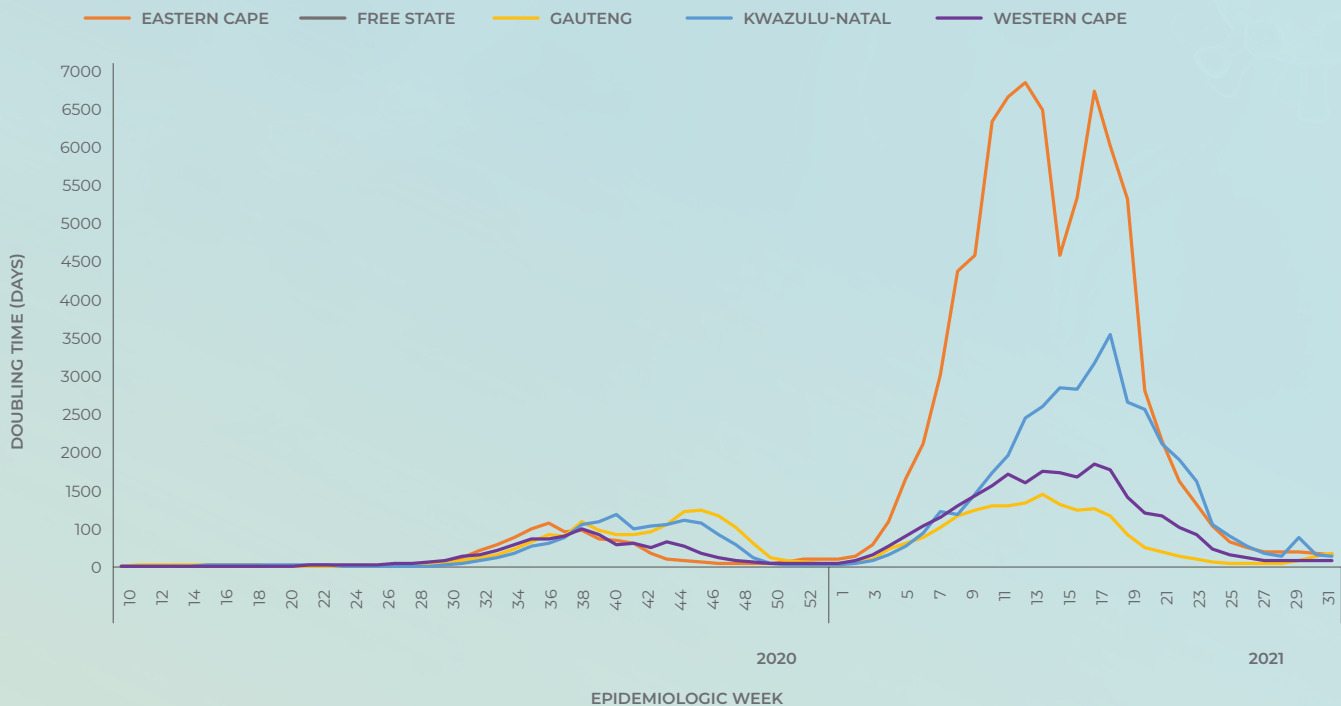


Figure 5. Doubling time of number of laboratory-confirmed cases of COVID-19 by province (for 5 provinces with the majority of cases) and epidemiologic week, South Africa, 23 March-2020 –31 July 2021 (n=2 464 788)

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 (292 216/2 510 331, 11.6%) and 30-34-year (280 609/2 510 331, 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 (7 725/67 890, 11.4%), and 30-34-year (7 422/67 890, 10.9%) age groups. The median age for cases reported in week 31 of 2021 was similar (39 years, IQR 28-52), to that of total cases (40 years). The highest cumulative incidence risk remained among cases aged 50-54 years (8 723.0 cases per 100 000 persons), followed by cases aged 55-59-year (8 452.1 cases per 100 000 persons) and cases aged ≥80 years (8 208.2 cases per 100 000 persons). The lowest cumulative incidence risk was reported in the younger age-groups, 541.0 cases per 100 000 persons and 735.0 cases per 100 000 persons in the 0-4- and 5-9-year age groups, respectively (Figure 7 and Table 2). The highest weekly incidence risk among cases detected in week 31 of 2021 was reported in cases 50-54 years (209.1 cases per 100 000 persons), followed by cases in the 55-59-year age group (207.2 cases per 100 000 persons), and the lowest weekly incidence risk was in the 0-4-year age group (19.0 cases per 100 000 persons) (Figure 8 and Table 2).

To date, the majority of COVID-19 cases reported were female 56.7% (1 422 971/2 508 022). This trend continued in the past week where 54.4% (36 914/67 822) of cases were female. The cumulative incidence risk has remained consistently higher among females (4 626.5 cases per 100 000 persons) than among males (3 694.9 cases per 100 000 persons) (Figure 9). The peak cumulative incidence risk was in the 50-54-year-age group (8 921.2 cases per 100 000 persons) for females, and in the ≥80-year-age group (8 750.9 cases per 100 000 persons) for males (Figure 10). In week 31 of 2021, the highest weekly incidence risk was in the 45-49-year age group for females (206.8 cases per 100 000 persons), and 55-59-year age group for males (218.3 cases per 100 000 persons). The higher prevalence and incidence risk among females compared to males could be explained by the fact that females are likely to be more represented in occupations, which put them in close proximity to others and thus exposing them to a higher risk of infection (e.g. teaching and health). This may also be partly explained by varying testing practices by age and sex (data not shown) and by different health seeking behaviour.

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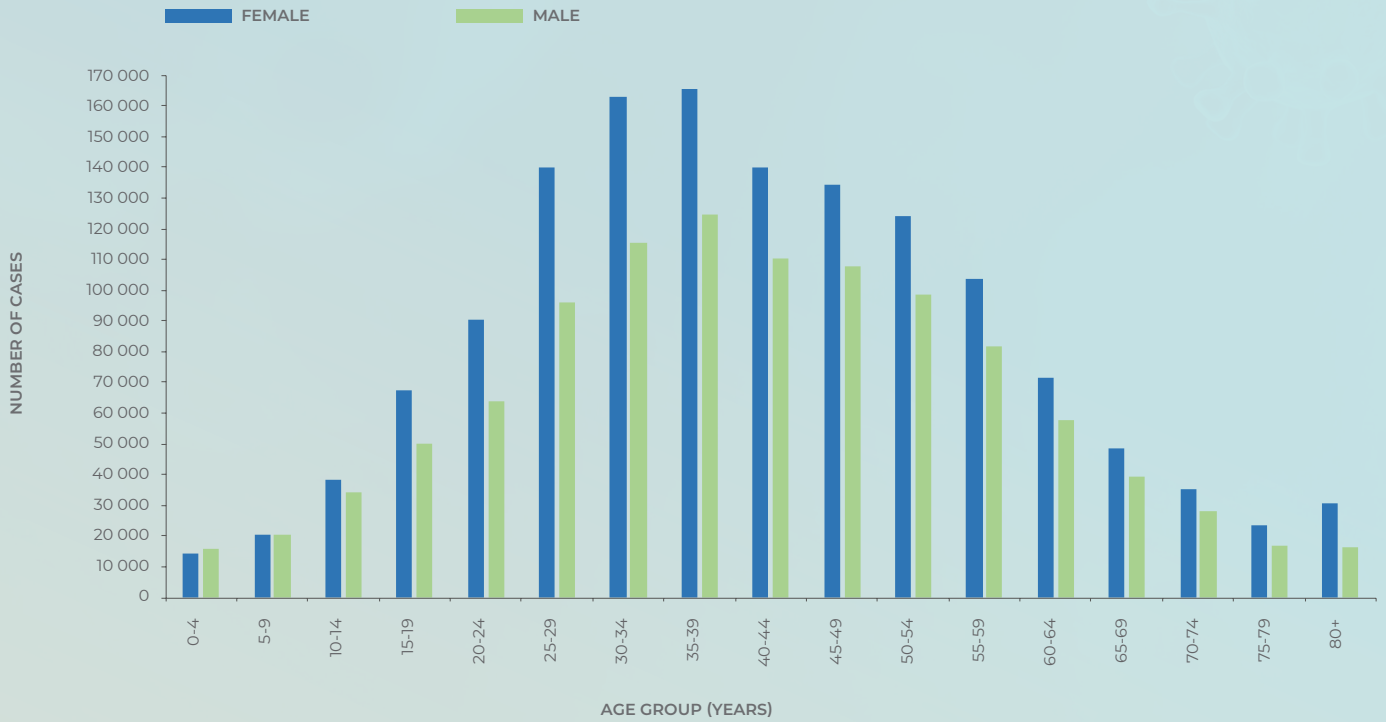


Figure 6. Number of laboratory-confirmed cases of COVID-19 by age group and sex, South Africa, 3 March 2020 –7 August 2021 (n=2 487 061, sex/age missing for 46 397)

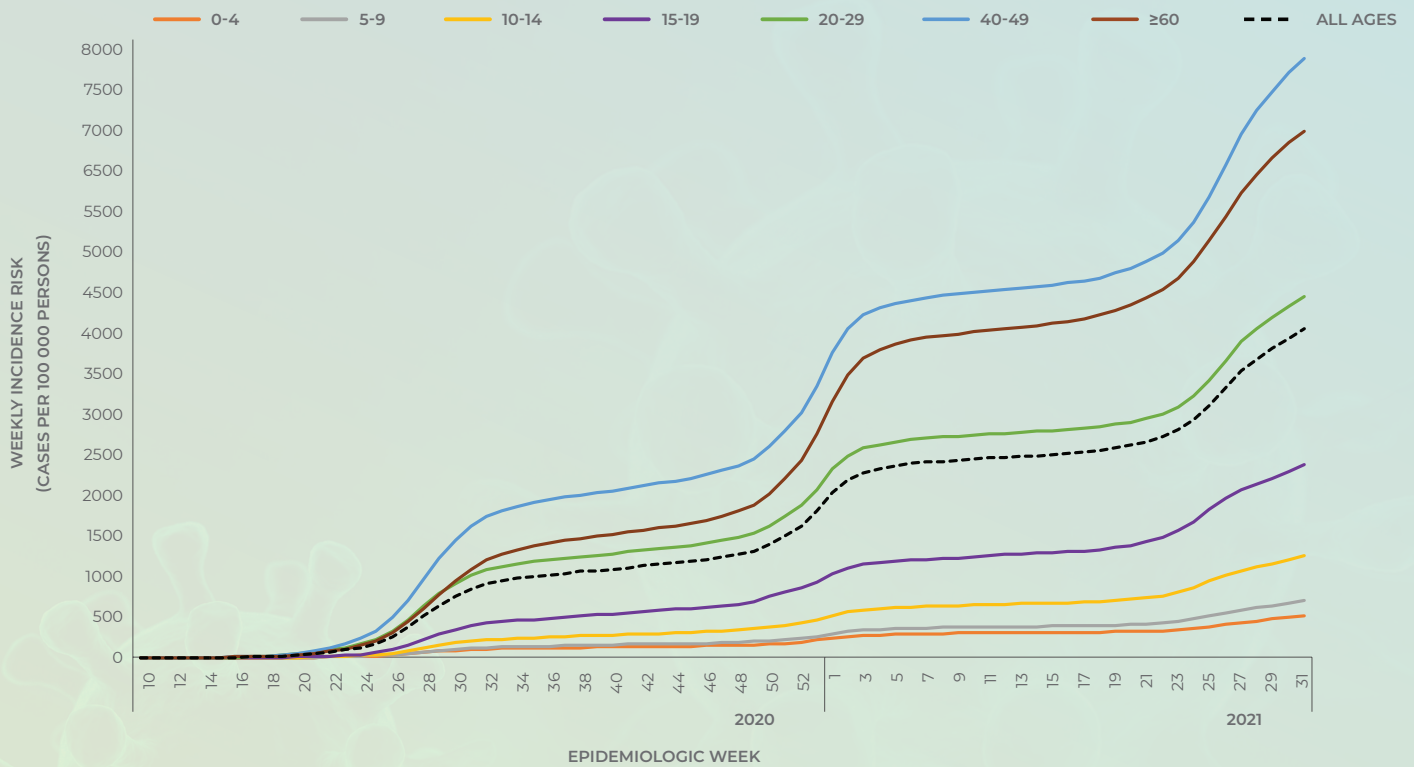


Figure 7. Cumulative incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, South Africa, 3 March 2020-7 August 2021 (n=2 510 331, 23 127 missing age)

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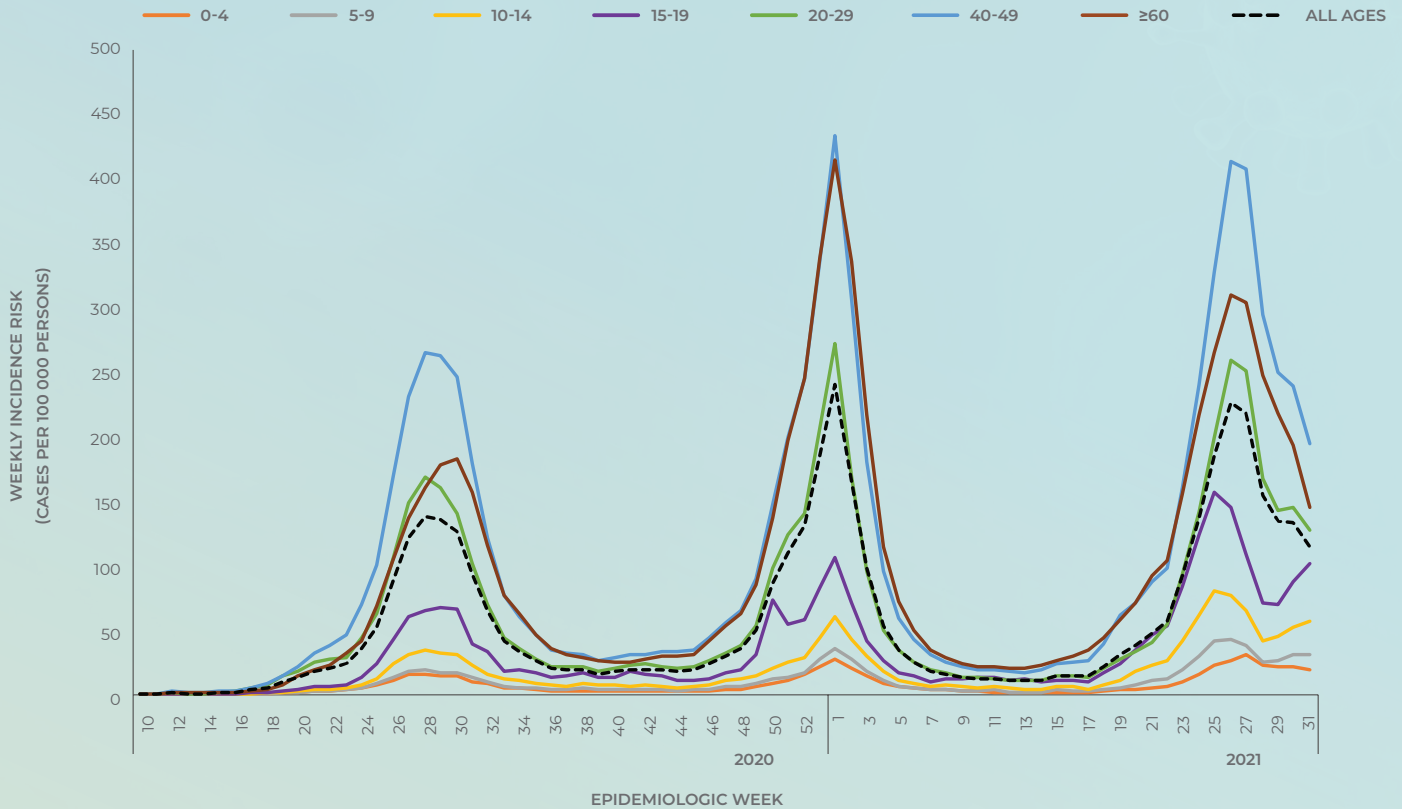


Figure 8. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, South Africa, 3 March 2020 -7 August 2021 (n=2 510 331, 23 127 missing age)

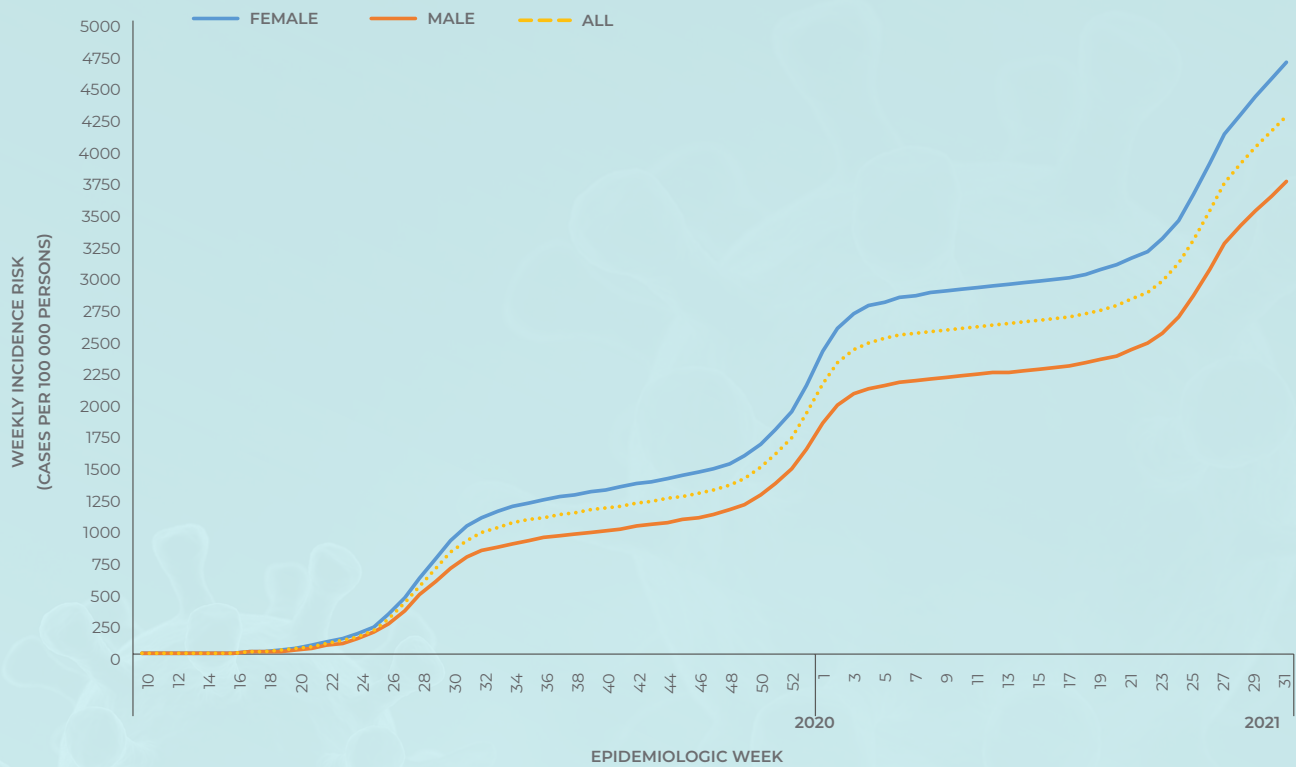


Figure 9. Cumulative incidence risk by sex and epidemiologic week, South Africa, 3 March 2020 -7 August 2021 (n=2 508 022, sex missing for 25 436)

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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 –7 August 2021, n=2 510 331, 23 127 missing age)

Age group (years)	Cumulative cases (n) (percentage, n/total cases in South Africa)	New cases ¹ detected in week 31 (1-7 Aug 2021), n (percentage ² , n/total)	Population in mid-2020 ³ , n	Cumulative incidence risk (cases per 100 000 persons)	Incidence risk of new cases detected in week 31 of 2021 (cases/100 000 persons)
0-4	31 070 (1.2)	1 093 (1.6)	5 743 450	541.0	19.0
5-9	42 011 (1.7)	1 752 (2.6)	5 715 952	735.0	30.7
10-14	74 157 (3.0)	3 192 (4.7)	5 591 553	1 326.2	57.1
15-19	119 586 (4.8)	4 832 (7.1)	4 774 579	2 504.6	101.2
20-24	155 975 (6.2)	4 800 (7.1)	4 823 367	3 233.7	99.5
25-29	237 818 (9.5)	6 412 (9.4)	5 420 754	4 387.2	118.3
30-34	280 609 (11.2)	7 422 (10.9)	5 641 750	4 973.8	131.6
35-39	292 216 (11.6)	7 725 (11.4)	4 798 293	6 090.0	161.0
40-44	252 125 (10.0)	6 413 (9.4)	3 733 942	6 752.2	171.7
45-49	243 694 (9.7)	6 389 (9.4)	3 169 648	7 688.4	201.6
50-54	224 292 (8.9)	5 377 (7.9)	2 571 263	8 723.0	209.1
55-59	186 902 (7.4)	4 581 (6.7)	2 211 309	8 452.1	207.2
60-64	129 974 (5.2)	2 664 (3.9)	1 796 316	7 235.6	148.3
65-69	88 358 (3.5)	1 955 (2.9)	1 408 665	6 272.5	138.8
70-74	63 550 (2.5)	1 338 (2.0)	1 007 174	6 309.7	132.8
75-79	40 610 (1.6)	920 (1.4)	637 062	6 374.6	144.4
≥80	47 384 (1.9)	1 025 (1.5)	577 273	8 208.2	177.6
Unknown	23 127	693			
Total	2 533 458	68 583	59 622 350	4 249.2	115.0

¹New cases refer to cases whose samples were collected or received in the current reporting week; ²Percentage=n/total number of new cases (specimen collected or received in current reporting week); ³2020 Mid-year population Statistics South Africa

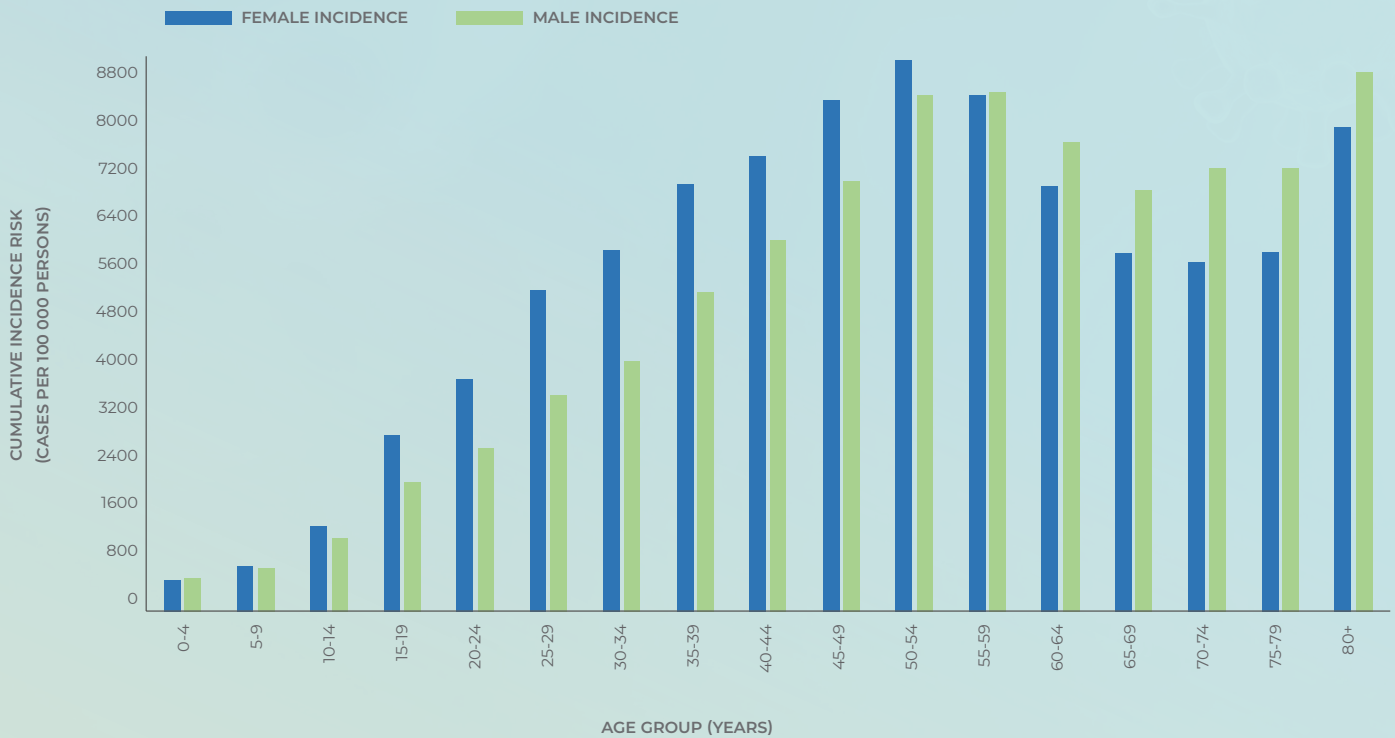


Figure 10. Cumulative risk by age group and sex, South Africa, 3 March 2020 –7 August 2021 (n=2 487 061, sex/age missing for 46 397)

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 31 of 2021 all provinces reported a decrease in weekly incidence risk, except the KwaZulu-Natal Province, which reported an increase, and Free State showed no change in weekly incidence, 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 235 224 cases reported from the Eastern Cape Province, 210 726 (89.6%) cases had allocation by district. In the past week, all the districts reported an increase in weekly incidence risk, except the Nelson Mandela Bay Metro, Chris Hani District and Sarah Baartman District, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 11). The increase ranged from 0.1 cases per 100 000 persons (0.9% increase) in the Alfred Nzo to 11.6 cases per 100 000 persons (19.3% increase) in the Joe Gqabi districts.

In the past week, all the age groups reported a decrease in weekly incidence risk, except the 10-14-year (12.7 cases per 100 000 persons, 34.5% increase) and the 15-19-year (34.7 cases per 100 000 persons, 48.5% increase) age groups, which reported an increase in weekly incidence risk, compared to the previous week (Figure 12).

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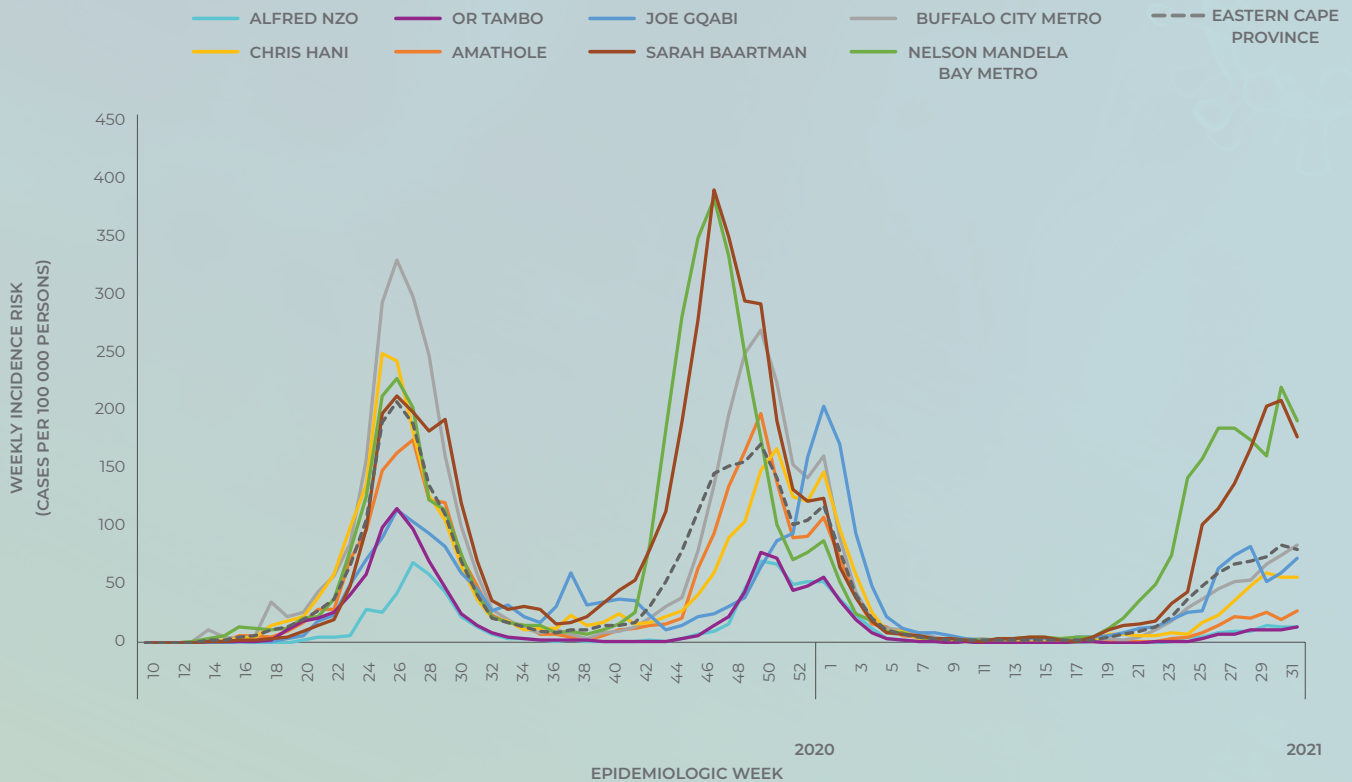


Figure 11. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Eastern Cape Province, 3 March 2020 –7 August 2021 (n=210 726, 24 498 missing district)

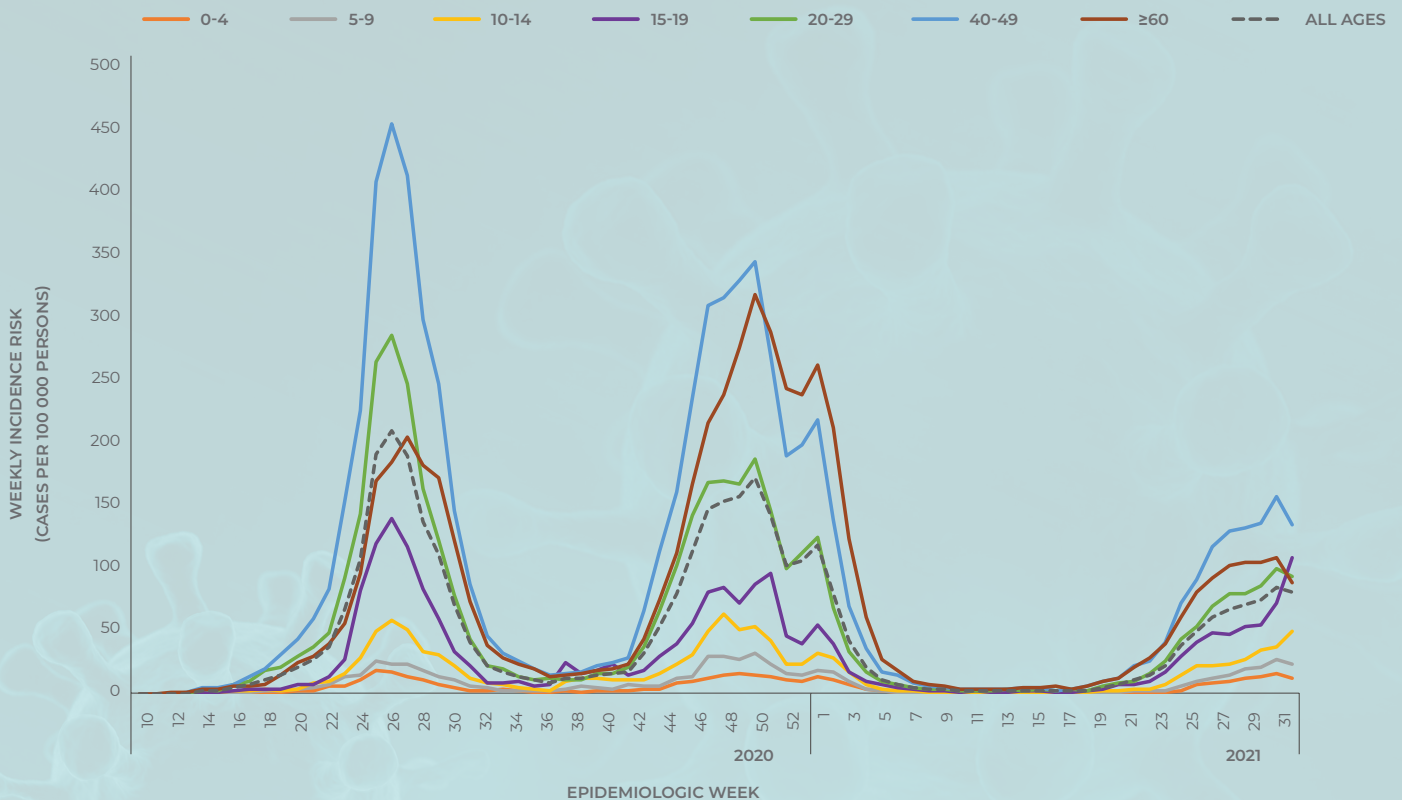


Figure 12. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Eastern Cape Province, 3 March 2020 –7 August 2021 (n=232 800, 2 424 missing age)

Western Cape Province

Of the 425 351 cases reported from the Western Cape Province, 405 050 (95.2%) cases had allocation by district. In week 31 of 2021, all the districts reported a decrease in weekly incidence risk, compared to the previous week (Figure 13). The decrease ranged from 9.3 cases per 100 000 persons (2.8% decrease) in the West Coast to 107.8 cases per 100 000 persons (23.5% decrease) in the Central Karoo 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, the 5-9-year (12.7 cases per 100 000 persons, 32.6% increase), 10-14-year (16.5 cases per 100 000 persons, 17.4% increase), and 15-19-year (21.2 cases per 100 000 persons, 10.4% increase) age groups reported an increase in weekly incidence risk, compared to the previous week (Figure 14). From week 26 of 2021 to date, all the age groups reported weekly incidence risk higher than that reported in the first wave peak. In the past week, the 5-9-year, 10-14-year and the 15-19-year age groups reported the highest weekly incidences for the respective groups.

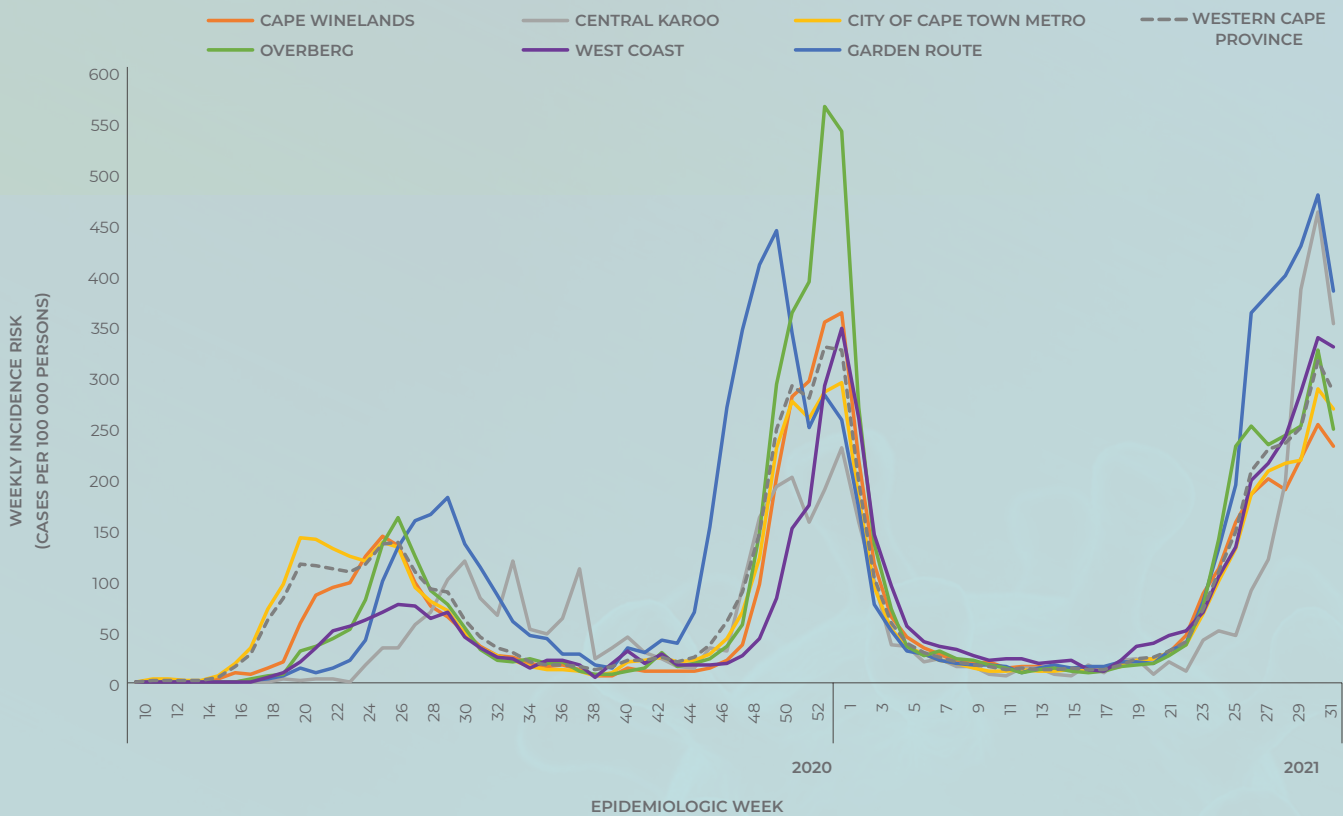


Figure 13. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Western Cape Province, 3 March 2020 –7 August 2021 (n=405 050, 20 301 missing district)

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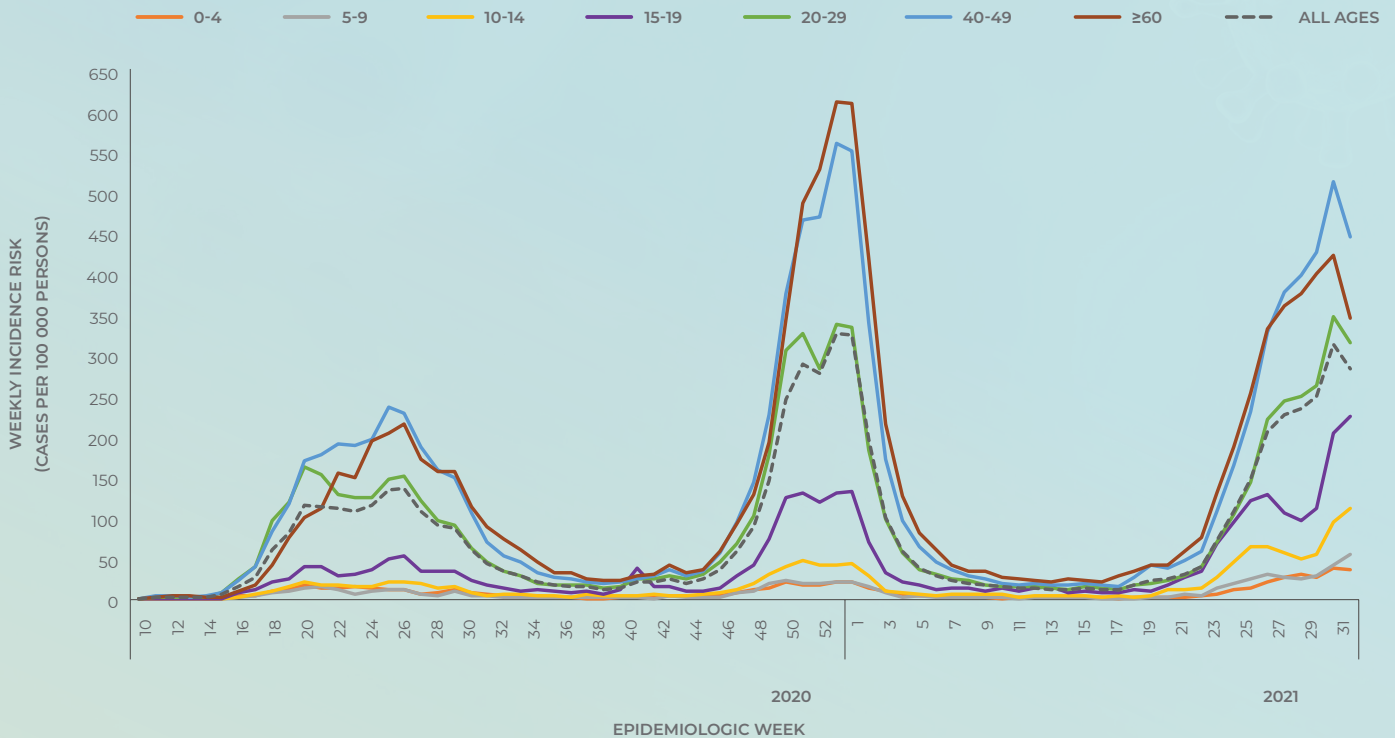


Figure 14. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Western Cape Province, 3 March 2020 –7 August 2021 (n=424 045, 1 306 missing age)

Gauteng Province

Of the 878 430 cases reported from the Gauteng Province, 752 248 (85.6%) 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 31.2 cases per 100 000 persons (33.1% decrease) in the Ekurhuleni Metro to 43.5 cases per 100 000 persons (28.3% 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 6.5 cases per 100 000 persons (27.5% decrease) in the 0-4-year to 84.9 cases per 100 000 persons (42.6% 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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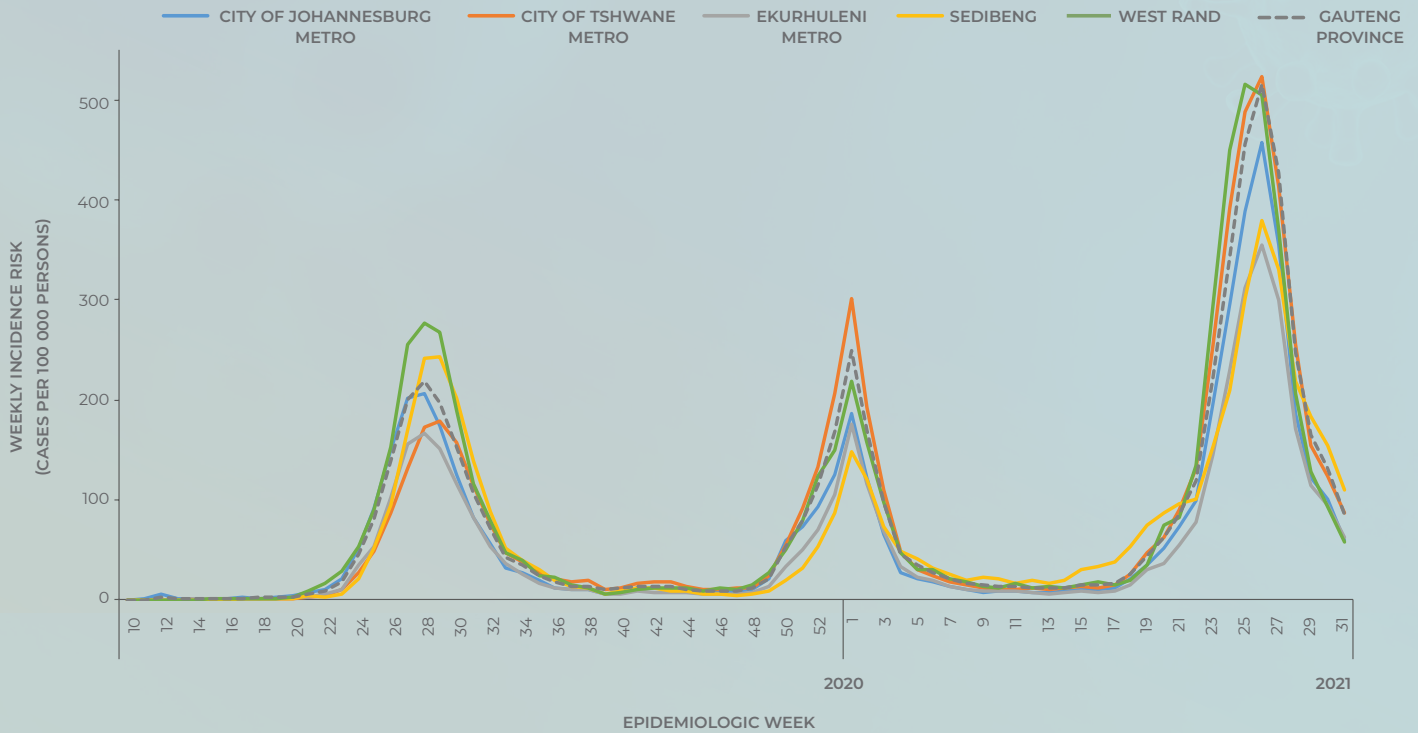


Figure 15. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Gauteng Province, 3 March 2020 –7 August 2021 (n=752 248, 126 182 missing district)

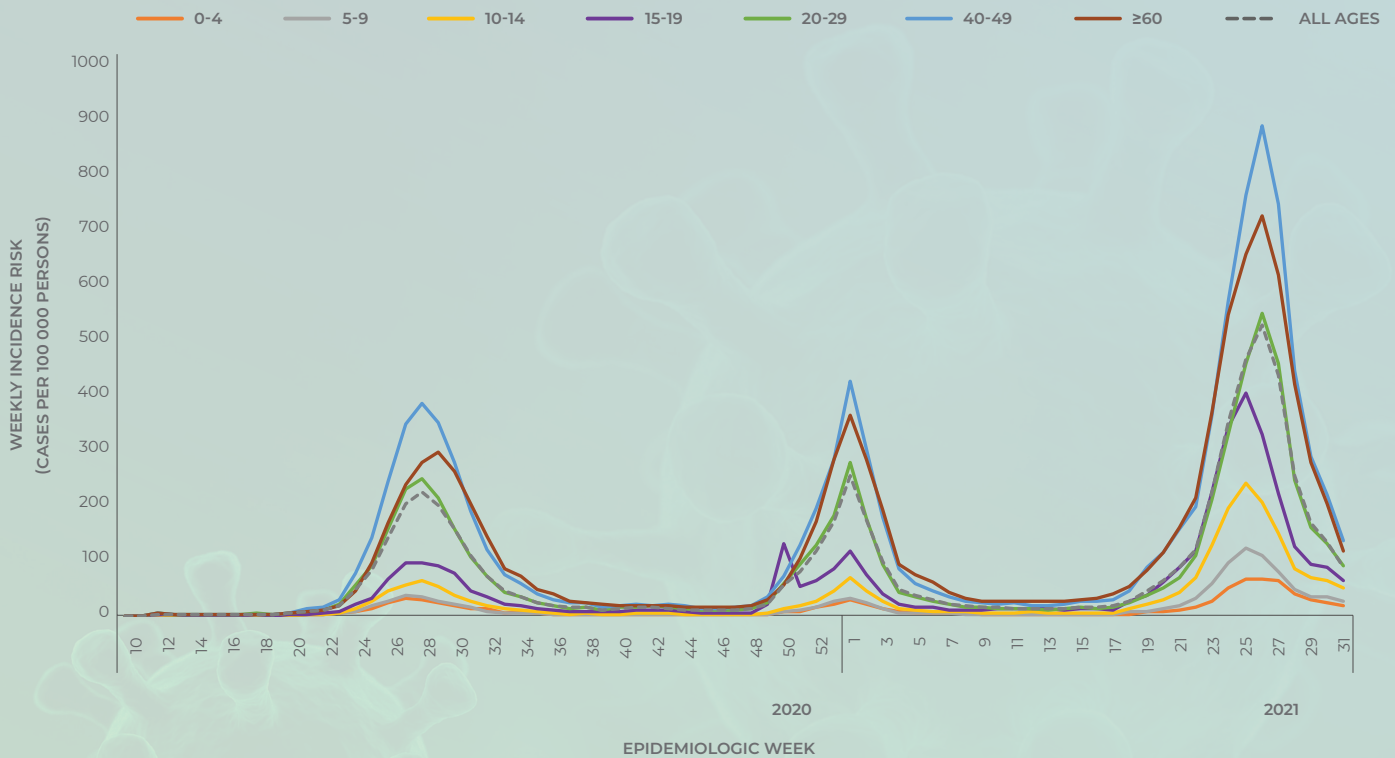


Figure 16. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Gauteng Province, 3 March 2020 -7 August 2021 (n=869 700, 8 730 missing age)

KwaZulu-Natal Province

Of the 412 599 cases reported from the KwaZulu-Natal Province, 309 485 (75.0%) had allocation by district. In the past week, all the districts reported an increase in weekly incidence risk, except the uMzinyathi, uThukela, Zululand and Amajuba districts, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 17). The increase ranged from 5.0 cases per 100 000 persons (16.4% increase) in the Ugu District to 31.8 cases per 100 000 persons (29.2% increase) in the eThekweni Metro. In the past week, the uMgungundlovu Metro reported weekly incidence risk higher than that reported in the first wave peak (192.7 vs 181.5 cases per 100 000 persons).

In week 31 of 2021, all the age groups reported an increase in weekly incidence risk, except the ≥ 60 -year age group, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 18). The increase ranged from 2.6 cases per 100 000 persons (11.1% increase) in the 0-4-year to 47.0 cases per 100 000 persons (65.3% increase) in the 15-19-year age groups. In the past week all the age groups reported weekly incidence risk higher than that reported in the first wave peak, except the 20-39, 40-59 and ≥ 60 -year age groups, which continued to report weekly incidence below that reported in the first wave peak.

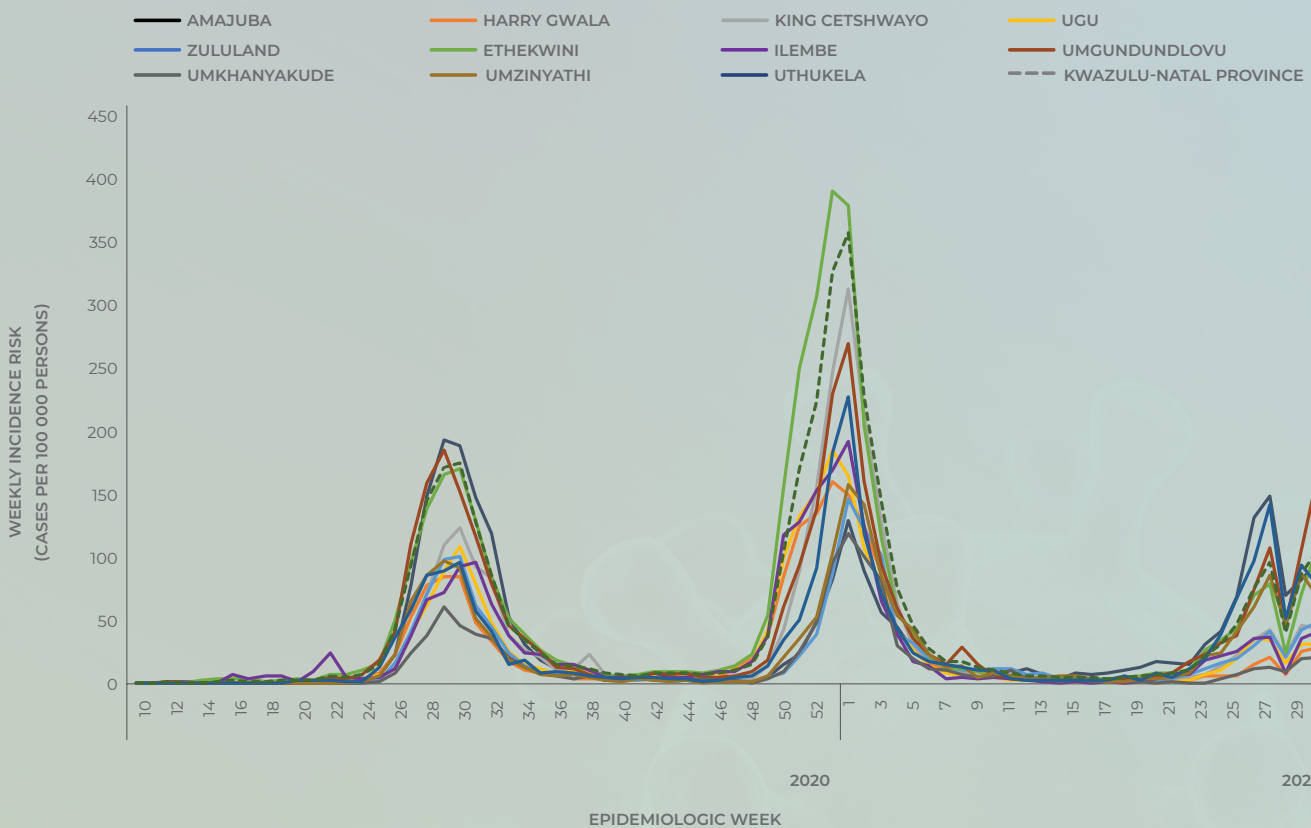


Figure 17. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, KwaZulu-Natal Province, 3 March 2020 –7 August 2021 (n=309 485, 103 114 missing district)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 31 2021

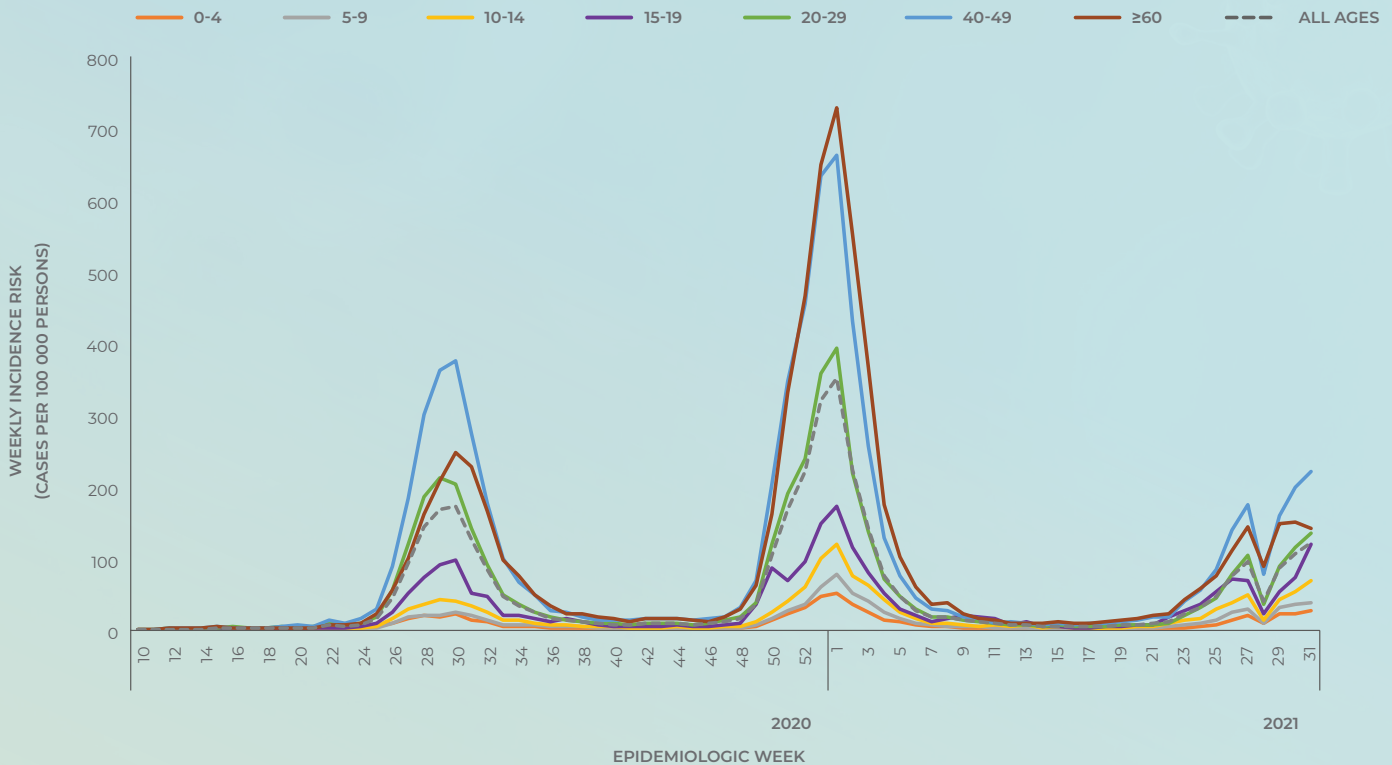


Figure 18. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, KwaZulu-Natal Province, 3 March 2020 –7 August 2021 (n=407 902, 4 697 missing age)

Free State Province

Of the 133 011 cases reported from the Free State Province, 122 604 (92.2%) had allocation by district. In the past week, all the districts reported an increase in weekly incidence risk, except the Lejweleputswa and Xhariep districts, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 19). The increase ranged from 3.7 cases per 100 000 persons (3.2% increase) in the Fezile Dabi to 16.5 cases per 100 000 persons (15.1% increase) in the Mangaung Metro. 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, all the age groups reported an increase in weekly incidence risk, except the 0-4, 40-59 and ≥60-year age groups, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 20). The increase ranged from 3.6 cases per 100 000 persons (3.2% increase) in the 20-39-year to 31.7 cases per 100 000 persons (44.4% increase) in the 15-19-year age groups. The 15-19-year age group peaked in week 21 of 2021 in the third wave, however, in the past two weeks it has been showing an increasing trend, and in the past week reported incidence higher than that reported in the second wave peak.

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 31 2021

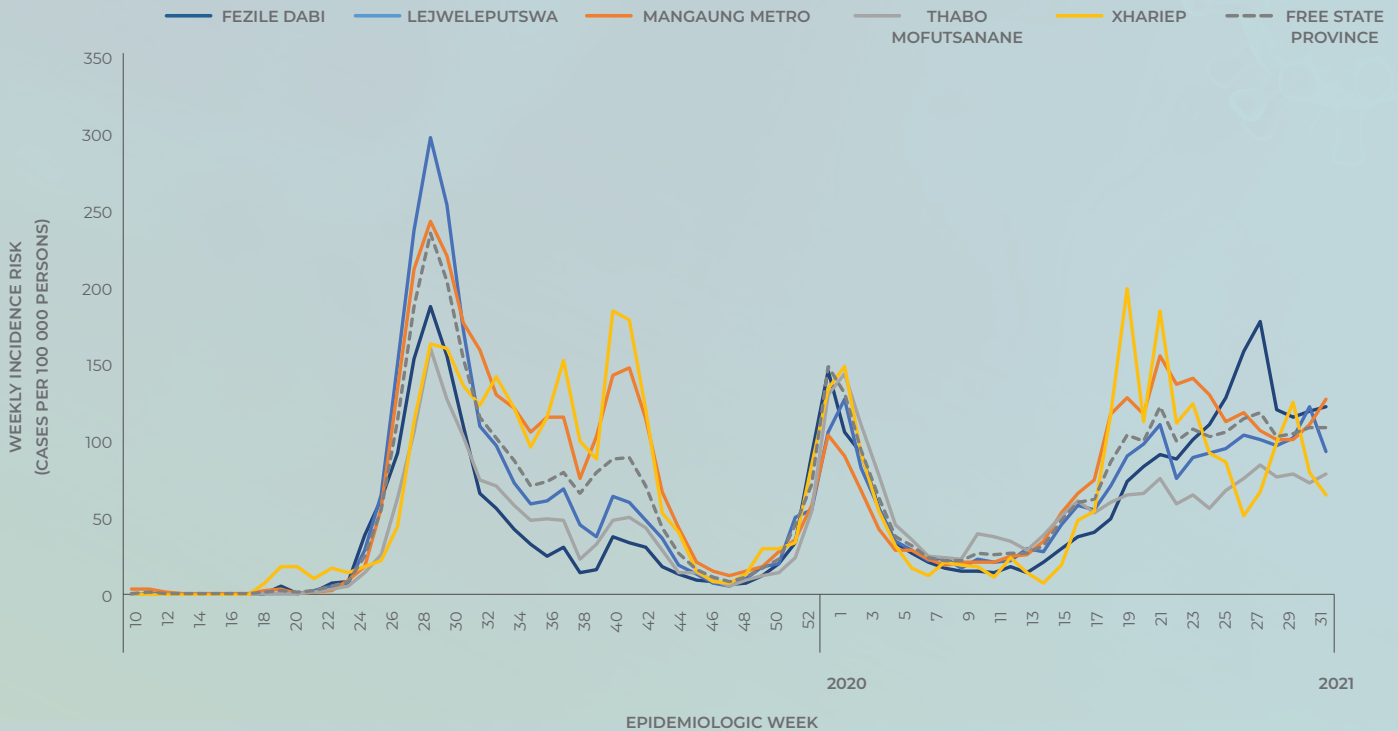


Figure 19. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Free State Province, 3 March 2020–7 August 2021 (n=122 604, 10 407 missing district)

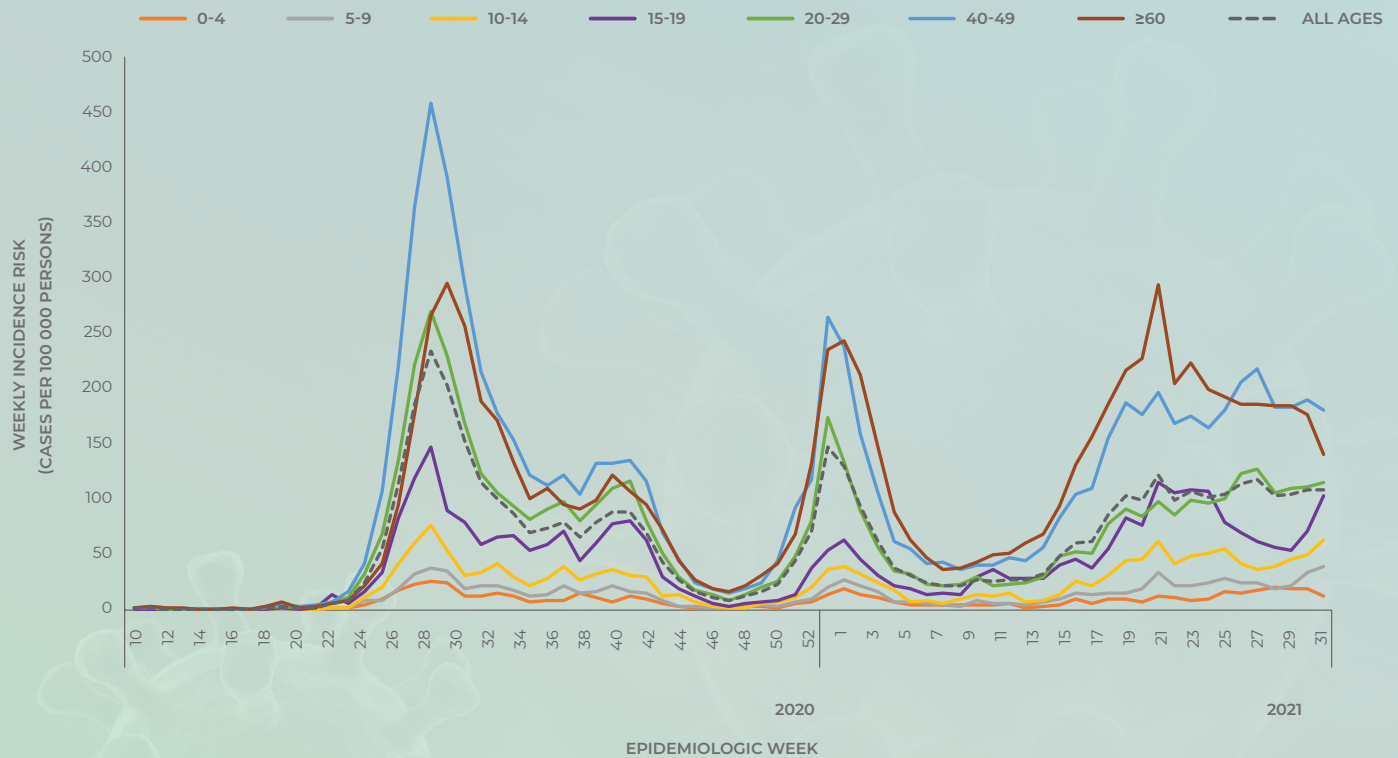


Figure 20. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Free State Province, 3 March 2020–7 August 2021 (n=132 477, 534 missing age)

Limpopo Province

Of the 114 505 cases reported from the Limpopo Province, 98 761 (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 4.9 cases per 100 000 persons (18.3% decrease) in the Sekhukhune to 27.5 cases per 100 000 persons (35.9% 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, compared to the previous week (Figure 22). The decrease ranged from 1.7 cases per 100 000 persons (9.4% decrease) in the 10-14-year to 55.2 cases per 100 000 persons (39.8% decrease) in the 40-59-year age groups. From week 25 of 2021 to date, all the age groups reported weekly incidence risk higher than that reported in the first wave peak.

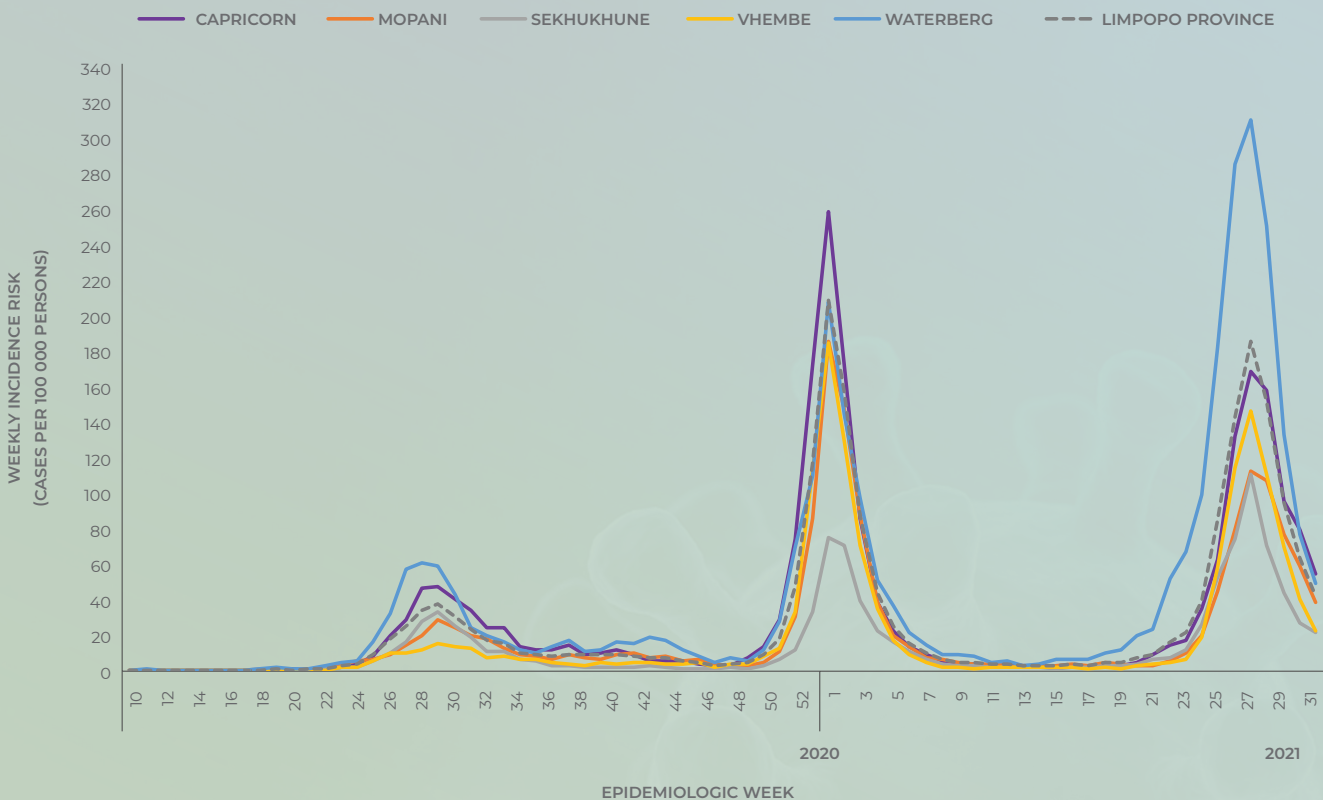


Figure 21. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Limpopo Province, 3 March 2020 –7 August 2021 (n=98 761, 15 744 missing district)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 31 2021

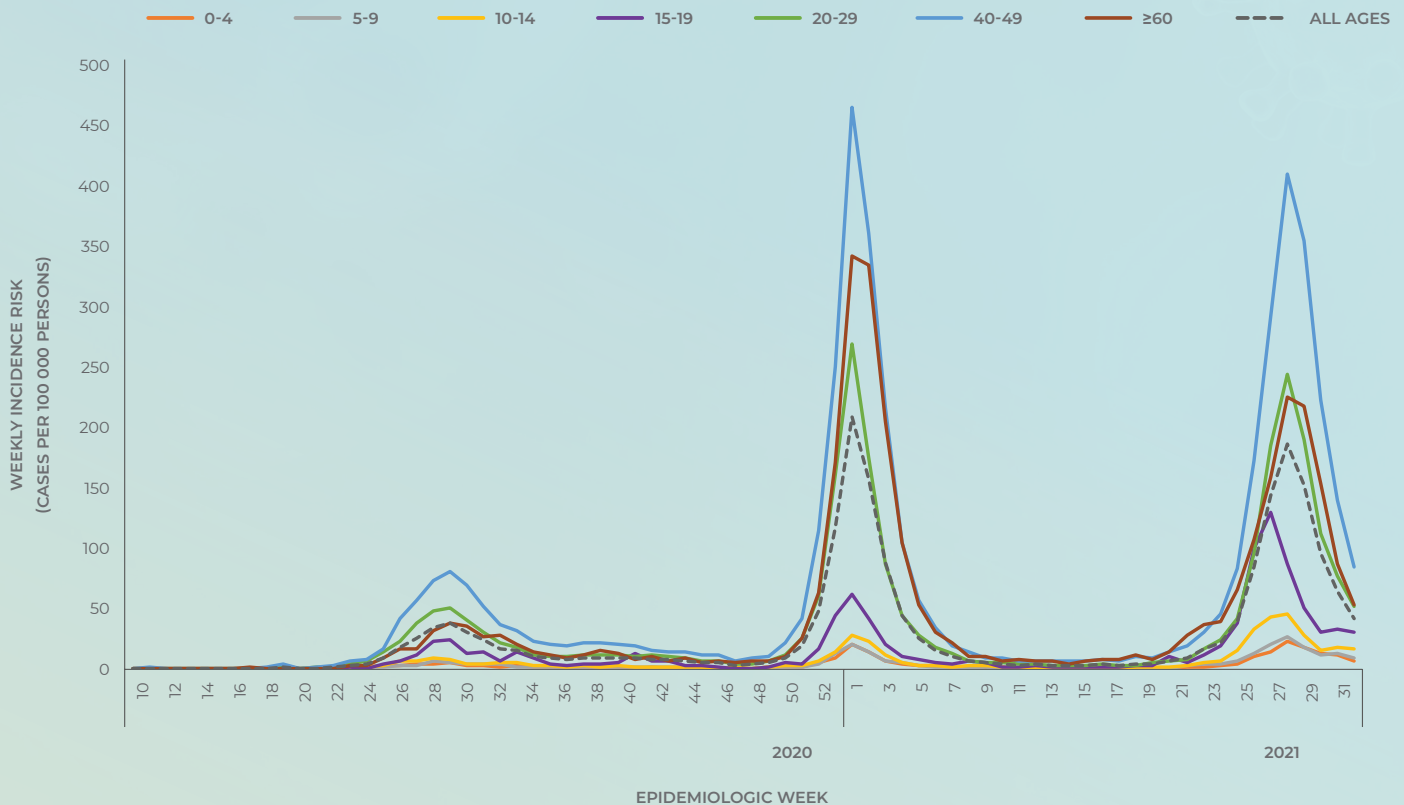


Figure 22. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Limpopo Province, 3 March 2020 –7 August 2021 (n=113 875, 630 missing age)

Mpumalanga Province

Of the 131 277 cases reported from the Mpumalanga Province, 103 643 (79.0%) had allocation by district. In the past week, all the districts reported a decrease in weekly incidence risk, compared to the previous week (Figure 24). The decrease ranged from 8.4 cases per 100 000 persons (9.3% decrease) in the Ehlanzeni to 22.2 cases per 100 000 persons (23.1% decrease) in the Gert Sibande districts.

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 (5.1% increase) in the 0-4-year to 7.7 cases per 100 000 persons (10.4% 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 31 2021

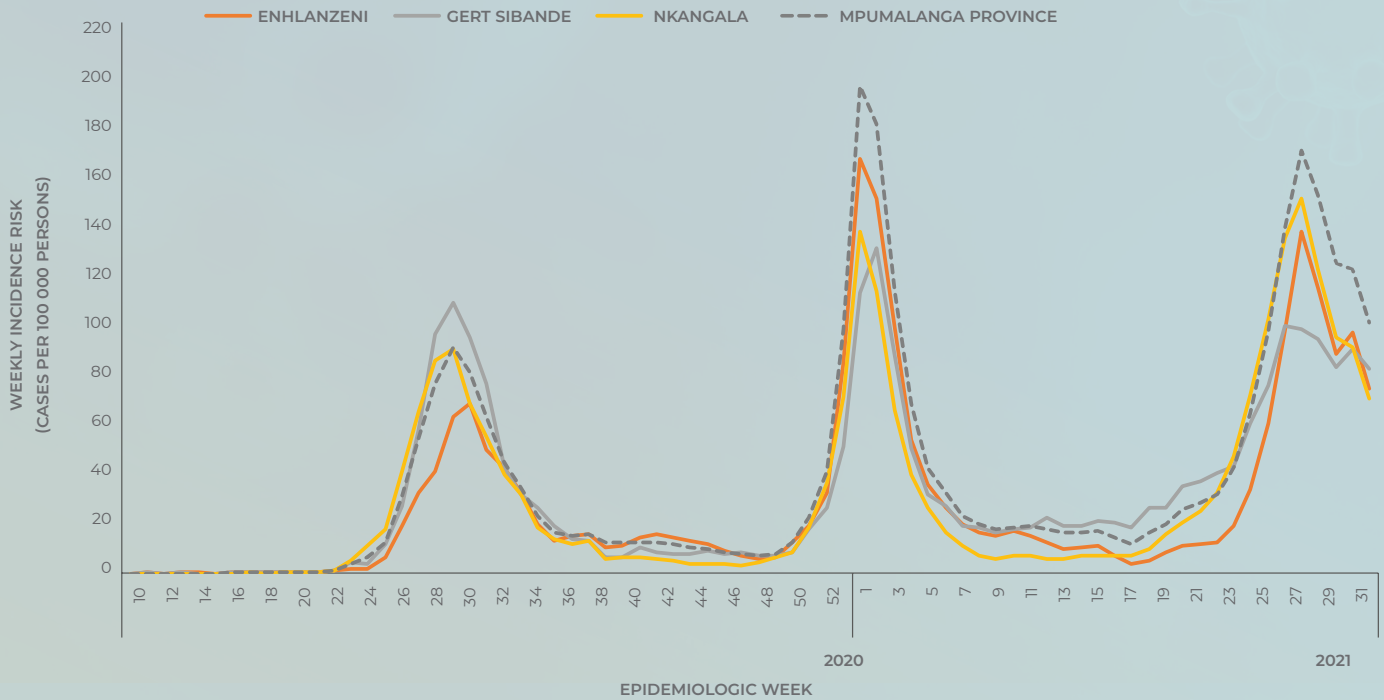


Figure 23. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Mpumalanga Province, 3 March 2020 -7 August 2021 (n=103 643, 27 634 missing district)

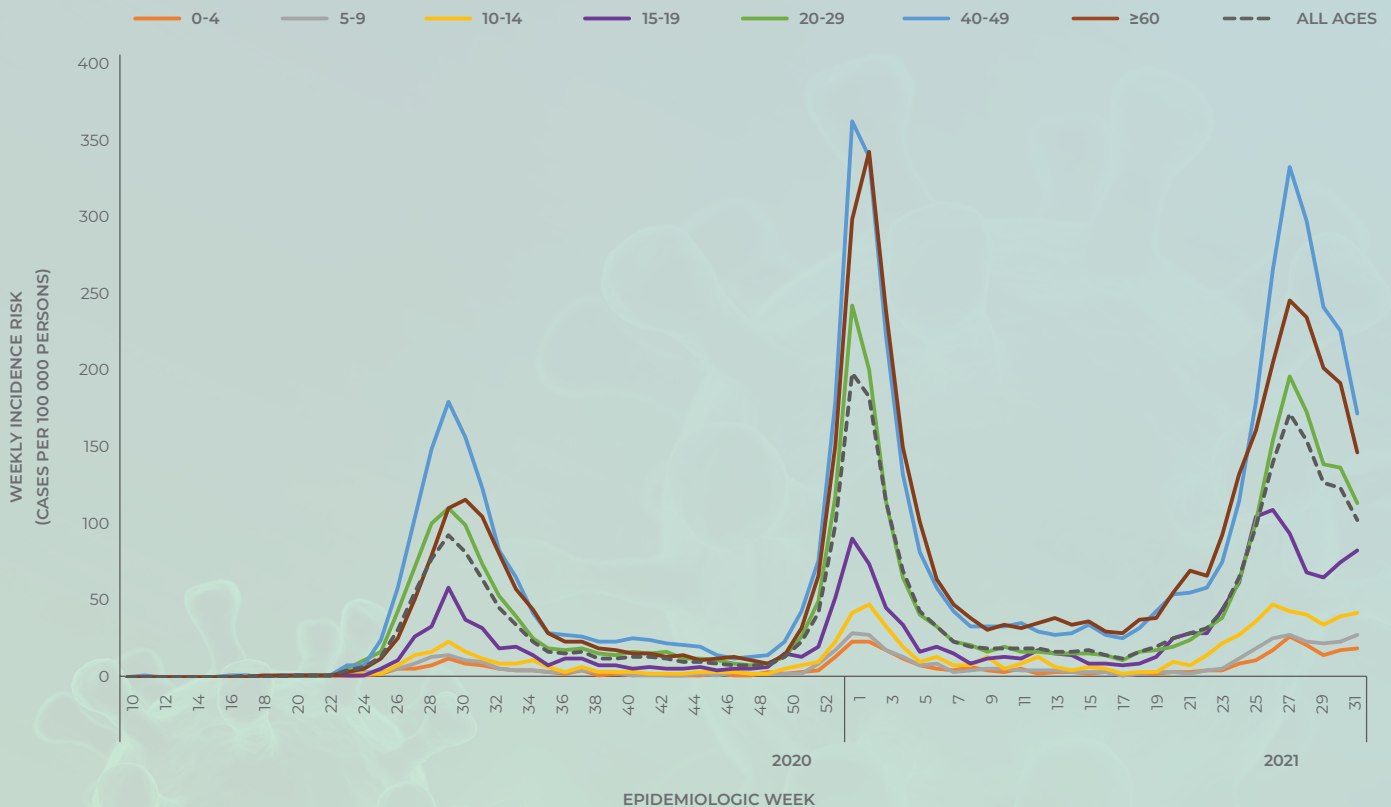


Figure 24. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group and epidemiologic week, Mpumalanga Province, 3 March 2020-7 August 2021 (n=128 713, 2 564 missing age)

North West Province

Of the 132 674 cases reported from the North West Province, 106 608 (80.4%) had allocation by district. In the past week, all the districts reported a decrease in weekly incidence risk, except the Ngaka Modiri Molema District, which reported an increase in weekly incidence risk (5.2 cases per 100 000 persons, 8.7% increase), compared to the previous week (Figure 25). The decrease ranged from 6.8 cases per 100 000 per persons (16.8% decrease) in the Dr Ruth Segomotsi to 31.6 cases per 100 000 persons (32.6% 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, except the 10-14-year (0.2 cases per 100 000 persons, 0.6% increase) and 15-19-year (7.1 cases per 100 000 persons, 9.8% increase) age groups, which reported an increase in weekly incidence risk, compared to the previous week (Figure 26). The decrease ranged from 2.0 cases per 100 000 persons (12.9% decrease) in the 0-4-year to 46.4 cases per 100 000 persons (24.8% 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.

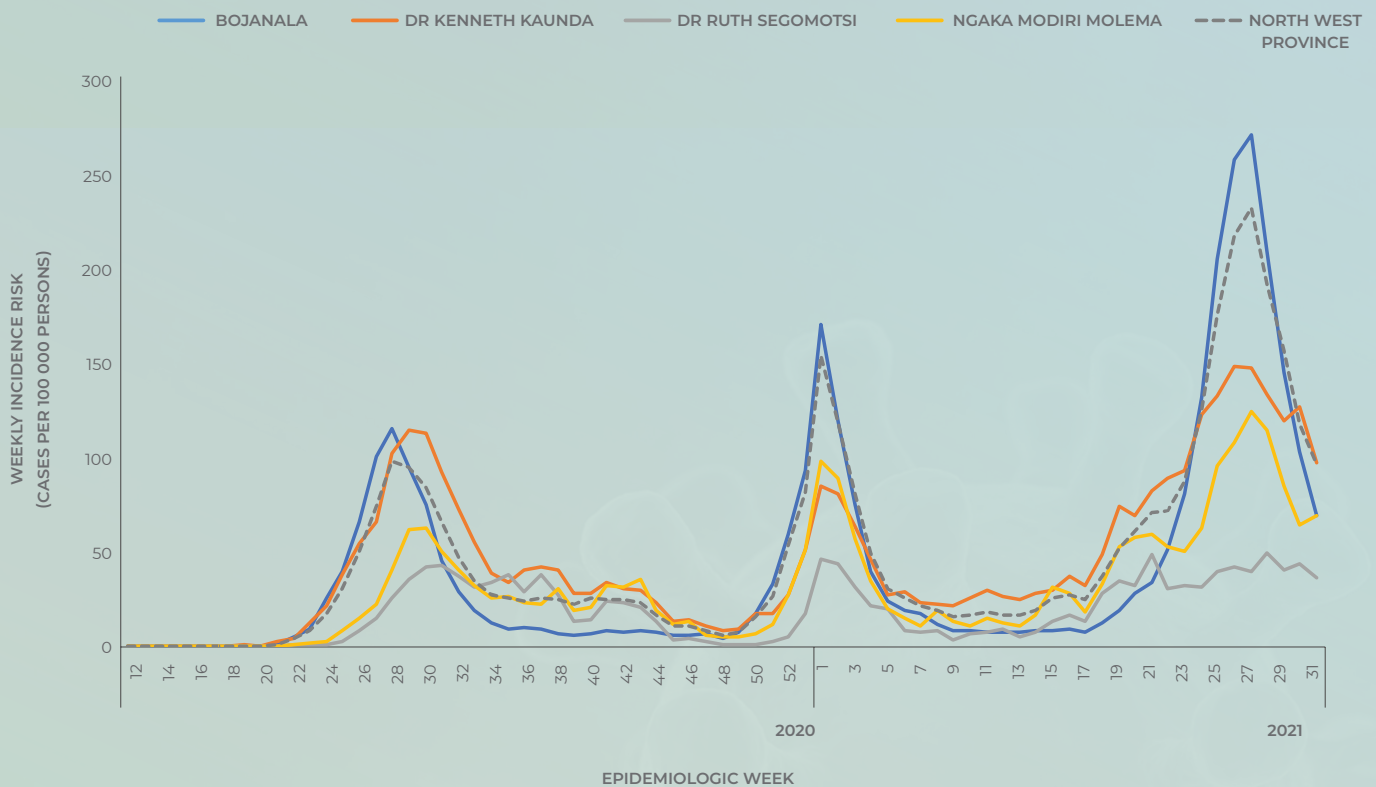


Figure 25. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, North West Province, 3 March 2020 -7 August 2021 (n=106 608, 26 066 missing district)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 31 2021

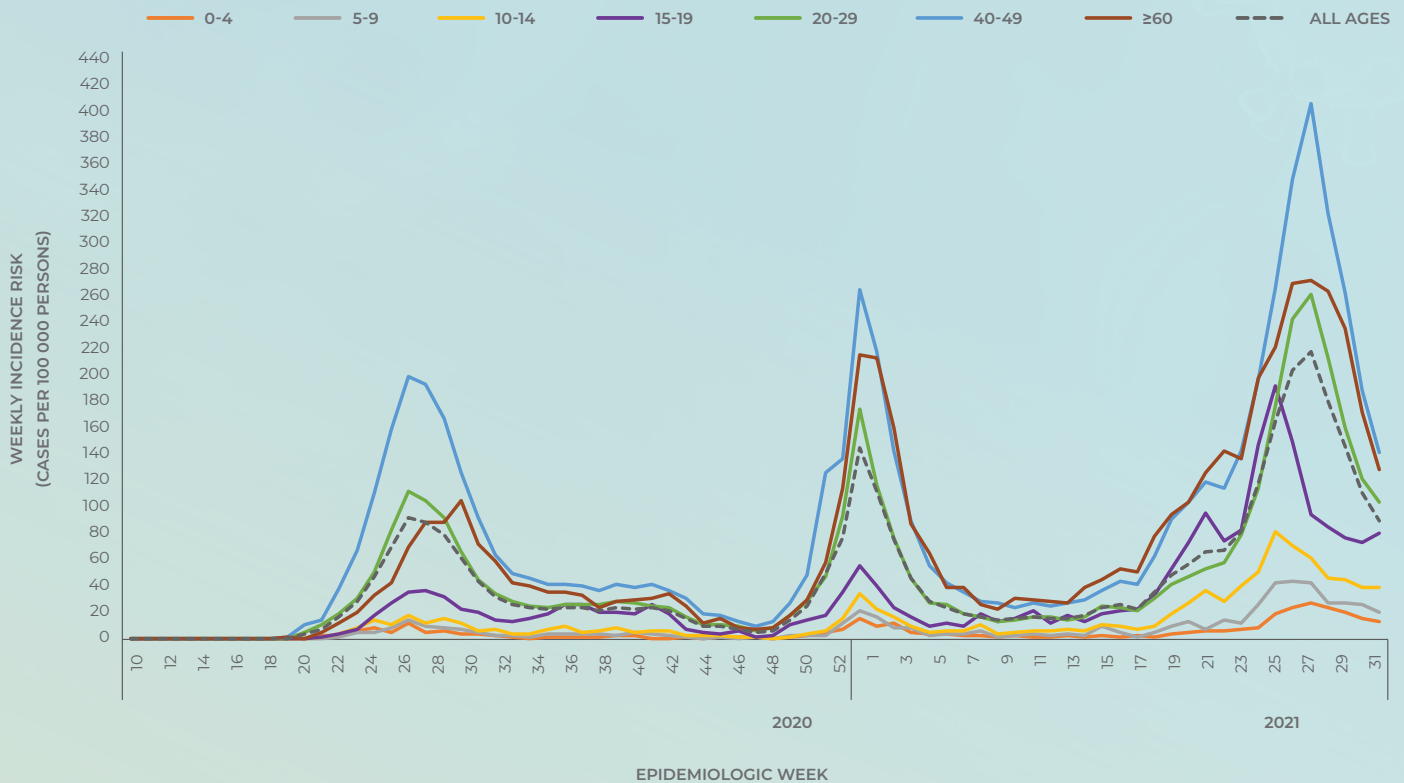


Figure 26. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, North West Province, 3 March 2020 –7 August 2021 (n=130 945, 1 729 missing age)

Northern Cape Province

Of the 70 387 cases reported from the Northern Cape Province, 59 096 (84.0%) had allocation by district. In the past week, all the districts reported an increase in weekly incidence risk, except the Frances Baard and the ZF Mgcawu districts, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 27). The increase ranged from 12.8 cases per 100 000 persons (8.3% increase) in the Pixley ka Seme to 49.3 cases per 100 000 persons (25.7% increase) in the Namakwa districts. From week 16 of 2021 (in various weeks) to week 22 of 2021, all the districts reported weekly incidence risk higher than that reported either in the first or second waves peaks.

In the past week, all the age groups reported a decrease in weekly incidence risk, except the 0-4-year (4.0 cases per 100 000 persons, 13.5% increase) and 5-9-year (8.0 cases per 100 000 persons, 11.6% increase) age groups, which reported an increase in weekly incidence risk, compared to the previous week (Figure 28). From week 19 of 2021 to week 22 of 2021, all the age groups reported weekly incidence risk higher than that reported either in the first or second wave peaks.

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 31 2021

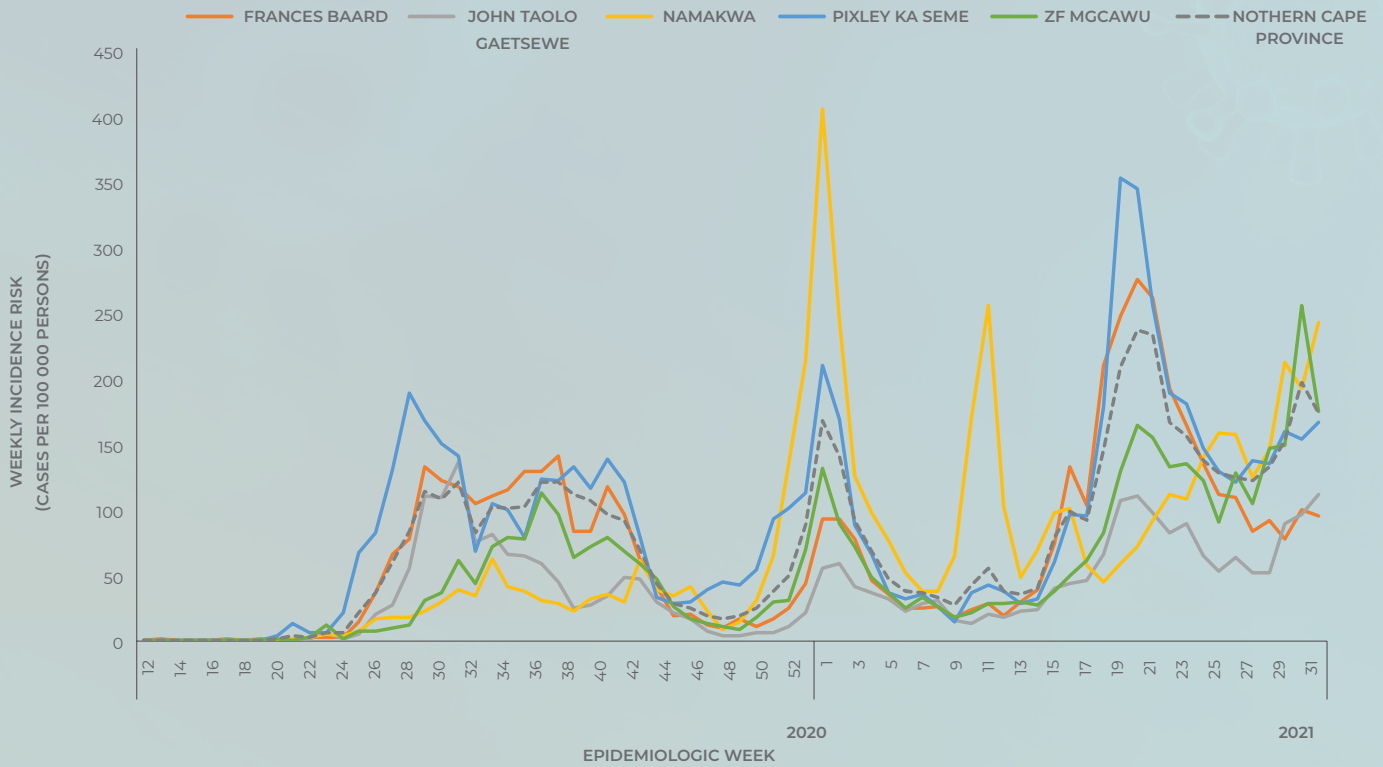


Figure 27. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Northern Cape Province, 3 March 2020-7 August 2021 (n=59 096, 11 291 missing district)

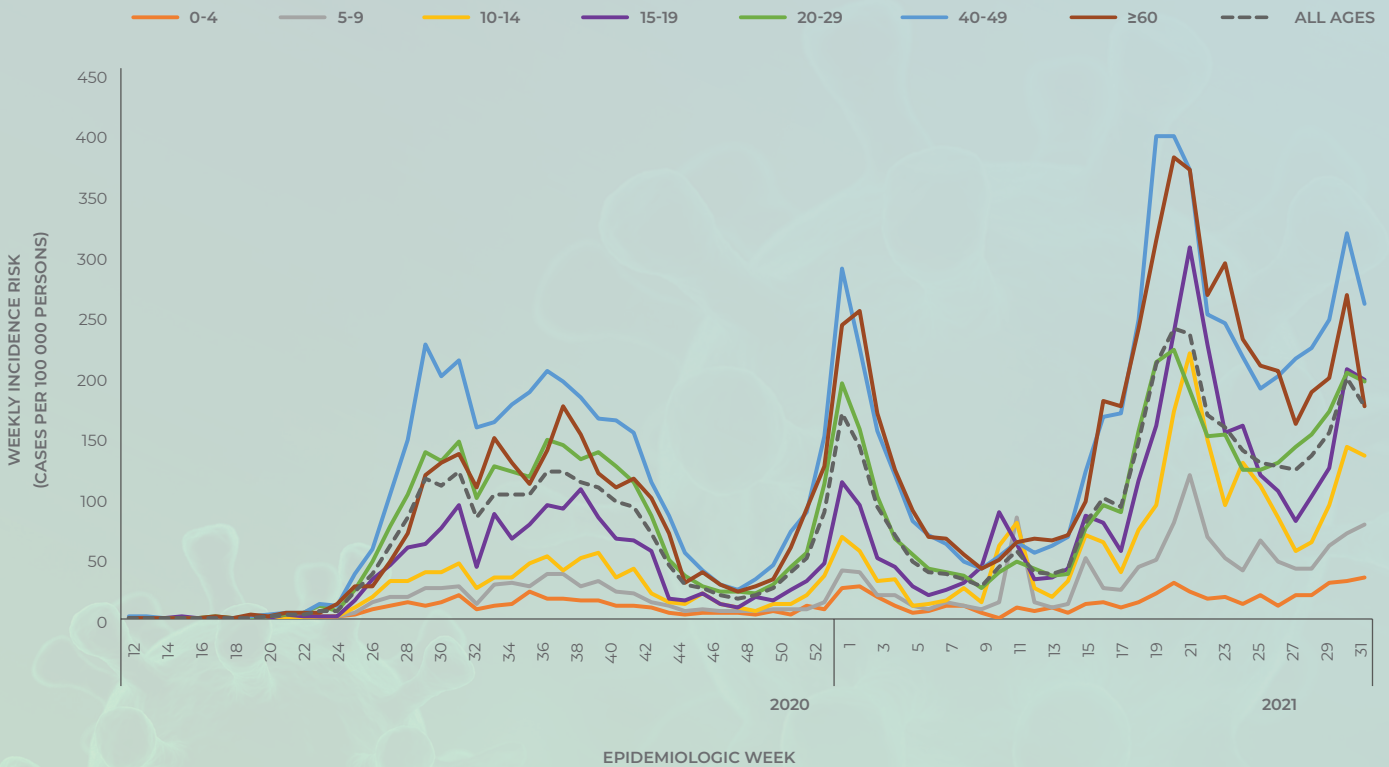


Figure 28. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Northern Cape Province, 3 March 2020 –7 August 2021 (n= 69 874, 513 missing age)

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, 2 533 458 cases, including 79 844 deaths have been reported. The recent increases in weekly number of new cases have varied by province with several provinces reporting a sustained increase in weekly incidence risk for ≥ 8 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. The eThekweni Metro and uMgungundlovu Districts have been showing sharp increases in the past two weeks in KwaZulu-Natal. Some of the reduction shown by other provinces and districts in the past week maybe due to delayed reporting or decrease in testing. An increase in weekly incidence of new cases among individuals aged < 20 years has been reported by different provinces since week 28 of 2021. This could be explained by clusters reported from schools. Clusters occurring in schools will have to be monitored and response strengthened as schools remain open. 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.