

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

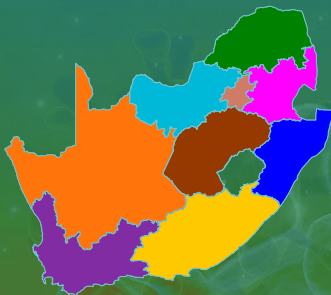


NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES

Division of the National Health Laboratory Service

SOUTH AFRICA WEEK 33 2021

CUMULATIVE DATA FROM



CASES

2 690 973
IN TOTAL

70 197
THIS WEEK**

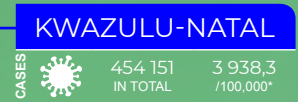


PERSONS

4 513,4
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 21 August 2021 (week 33 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 21 August 2021, a total of 2 690 973 laboratory-confirmed COVID-19 cases had been detected in South Africa. Of these, 85 387 were cases reported since the last report (week 32 of 2021). There was a 7.2% decrease in the number of new cases detected in week 33 of 2021 (70 197) compared to the number of new cases detected in week 32 of 2021 (75 612).
- An additional 2 317 deaths were reported since the last report. The overall case-fatality ratio is 3.1% (84 745/2 690 973).
- In the past week, the KwaZulu-Natal Province reported the highest number of cases detected (20 168/70 197, 28.7%), followed by the Western Cape Province (17 688/70 197, 25.2%), the Eastern Cape Province (8 749/70 197, 12.5%), the Gauteng Province (8 067/70 197, 11.5%), and other provinces reported below 10% of all reported cases each.
- In the past week, all the provinces reported a decrease in weekly incidence risk, except the Free State (9.2 cases per 100 000 persons, 6.5% increase) and KwaZulu-Natal (11.3 cases per 100 000 persons, 6.9% increase) provinces, which reported an increase in weekly incidence risk, compared to the previous week. The decrease ranged from 2.2 cases per 100 000 persons (7.2% decrease) in the Limpopo Province to 35.3 cases per 100 000 persons (12.3% 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 (252.5 cases per 100 000 persons), followed by the Northern Cape Province (187.8 cases per 100 000 persons), and the KwaZulu-Natal Province (174.9 cases per 100 000 persons).
- An increase in weekly incidence of new cases among individuals aged <20 years has been reported by different provinces since week 27 of 2021, but with different start weeks in some provinces. This could be explained by clusters reported from schools, following reopening of private and public schools in week 30 and 31 of 2021, respectively as well as transmission in the community as this increase preceded school opening in some provinces. The increase in cases in children in the third wave could in part be driven by the immunity gap in this age group as adults were more affected than children in the first two waves.

INCIDENCE
RISK FOR
CURRENT WEEK

117,7

CASES PER
100 000
PERSONS

28,7%

OF CASES
REPORTED IN
KWAZULU-NATAL IN
CURRENT WEEK

IN CURRENT
WEEK, THE
HIGHEST
WEEKLY
INCIDENCE RISK
WAS IN CASES
AGED 50-54
YEARS (185,2
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 21 August 2021, a total of 2 690 973 laboratory-confirmed COVID-19 cases were reported in South Africa (Figures 1 and 2). This is 85 387 more cases than the number reported in the last report (week 32 of 2021 report). The number of new cases detected in week 33 of 2021 (70 197) was lower than the number of new cases detected in week 32 of 2021 (75 612), this represented a 7.2% decrease in the number of new cases compared to the previous week. In the past week, the KwaZulu-Natal Province reported the highest number of new cases (20 168/70 197, 28.7%) followed by the Western Cape Province (17 688/70 197, 25.2%), the Eastern Cape Province (8 749/70 197, 12.5%), and the Gauteng Province (8 067/70 197, 11.5%), and other provinces reported below 10% each (Table 1). Four provinces, Gauteng (898 155/2 690 973, 33.4%), Western Cape (466 463/2 690 973, 17.3%), KwaZulu-Natal (454 151/2 690 973, 16.9%), and Eastern Cape (254 935/2 690 973, 9.5%) continued to report the majority (2 073 704/2 690 973, 77.1%) of total COVID-19 cases in South Africa. The other provinces contributed <6.0% each.

The cumulative incidence risk for the country increased from 4 395.6 cases per 100 000 persons in week 32 of 2021 to 4 513.4 cases per 100 000 persons in week 33 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 (6 658.3 cases per 100 000 persons), the Northern Cape Province (5 934.9 cases per 100 000

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replaced the Gauteng Province (5 799.0 cases per 100 000 persons) as a province with second highest cumulative incidence, followed by the Free State Province (4 852.3 cases per 100 000 persons), the KwaZulu-Natal Province (3 938.3 cases per 100 000 persons), and the Eastern Cape Province (3 785.8 cases per 100 000 persons). The other provinces continued to report cumulative incidence risk below 3 500 cases per 100 000 persons, with Limpopo Province reporting the lowest cumulative incidence risk (2 021.2 cases per 100 000 persons).

In the past week, the Western Cape Province reported the highest weekly incidence risk (252.5 cases per 100 000 persons), followed by the Northern Cape Province (187.8 cases per 100 000 persons), and the KwaZulu-Natal Province (174.9 cases per 100 000 persons). In the past week, all the provinces reported a decrease in weekly incidence risk, except the Free State (9.2 cases per 100 000 persons, 6.5% increase) and the KwaZulu-Natal (11.3 cases per 100 000 persons, 6.9% increase), which reported an increase in weekly incidence, compared to the previous week. (Figure 4). The decrease ranged from 2.2 cases per 100 000 persons (7.2% decrease) in the Limpopo Province to 35.3 cases per 100 000 persons (12.3% decrease) in the Western Cape Province. Some of the reductions in weekly incidence risk in the past week maybe due to delayed reporting or change in testing strategy to more targeted testing in response to high numbers of cases. 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 Eastern Cape Province, 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 32 of 2021, the estimated doubling time of number of cases decreased in two provinces, the Eastern Cape Province (from 135.0 days to 98.2 days, 27.3% decrease) and KwaZulu-Natal (from 106.6 days to 91.3 days, 14.3% decrease). The estimated doubling time increased in the Gauteng Province (from 264.7 days to 349.3 days, 31.9% increase) and Western Cape Province (from 75.6 days to 84.9 days, 12.4% increase) (Figure 5).

The case-fatality ratio (CFR) was 3.1% (84 745/2 690 973); an additional 2 317 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, 2 317 deaths compared to 2 584 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.

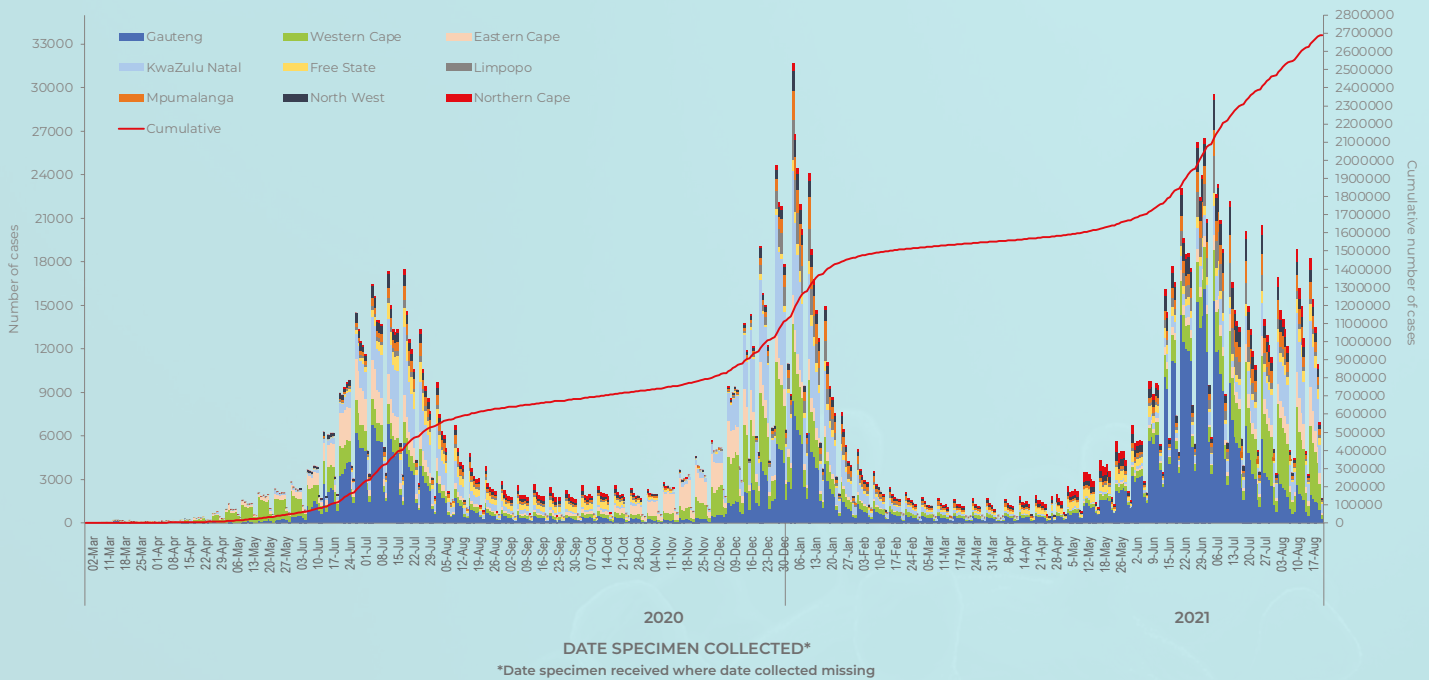


Figure 1. Number and cumulative number of laboratory-confirmed cases of COVID-19 by province and date of specimen collection, South Africa, 3 March 2020 –21 August 2021 (n=2 690 973)

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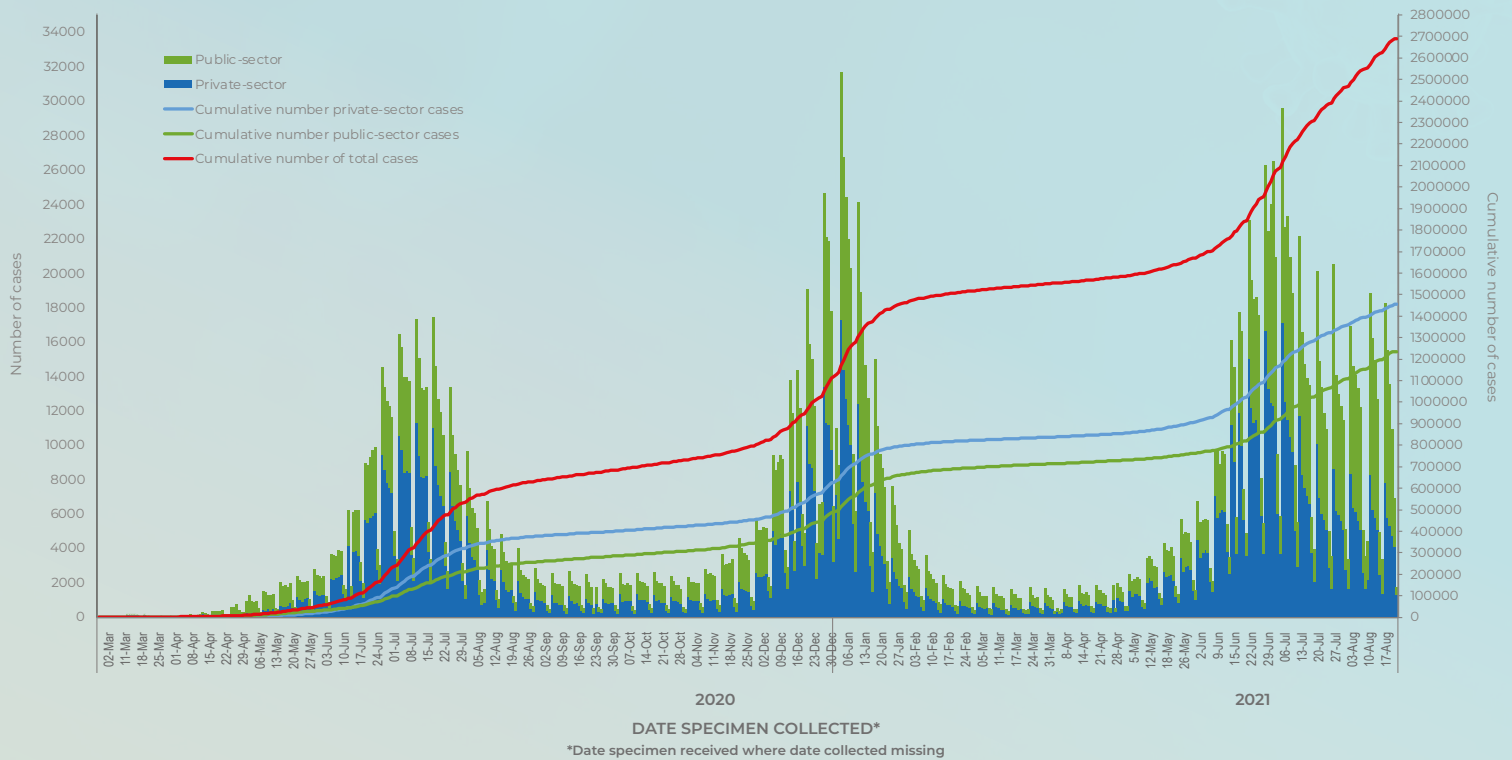


Figure 2. Number and cumulative number of laboratory-confirmed cases of COVID-19, by testing laboratory sector and date of specimen collection, South Africa, 10 March 2020 –21 August 2021 (n=2 690 973)

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 –21 August 2021 (n=2 690 973)

Province	Cumulative cases (n) (percentage, n/total cases in South Africa)	New cases ¹ detected in week 33 (15-21 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 33 of 2021 (cases/100 000 persons)	Tests ⁴ per 100 000 persons, 15-21 Aug 2021
Eastern Cape	254 935 (9.5)	8 749 (12.5)	6 734 001	3 785.8	129.9	635.1
Free State	142 120 (5.3)	4 424 (6.3)	2 928 903	4 852.3	151.0	742.7
Gauteng	898 155 (33.4)	8 067 (11.5)	15 488 137	5 799.0	52.1	518.2
KwaZulu-Natal	454 151 (16.9)	20 168 (28.7)	11 531 628	3 938.3	174.9	840.3
Limpopo	118 291 (4.4)	1 664 (2.4)	5 852 553	2 021.2	28.4	149.3
Mpumalanga	140 263 (5.2)	3 832 (5.5)	4 679 786	2 997.2	81.9	376.0
North West	139 869 (5.2)	3 177 (4.5)	4 108 816	3 404.1	77.3	375.4
Northern Cape	767 26 (2.9)	2 428 (3.5)	1 292 786	5 934.9	187.8	785.0
Western Cape	466 463 (17.3)	17 688 (25.2)	7 005 741	6 658.3	252.5	975.7
Unknown						
Total	2 690 973	70 197	59 622 350	4 513.4	117.7	607.1

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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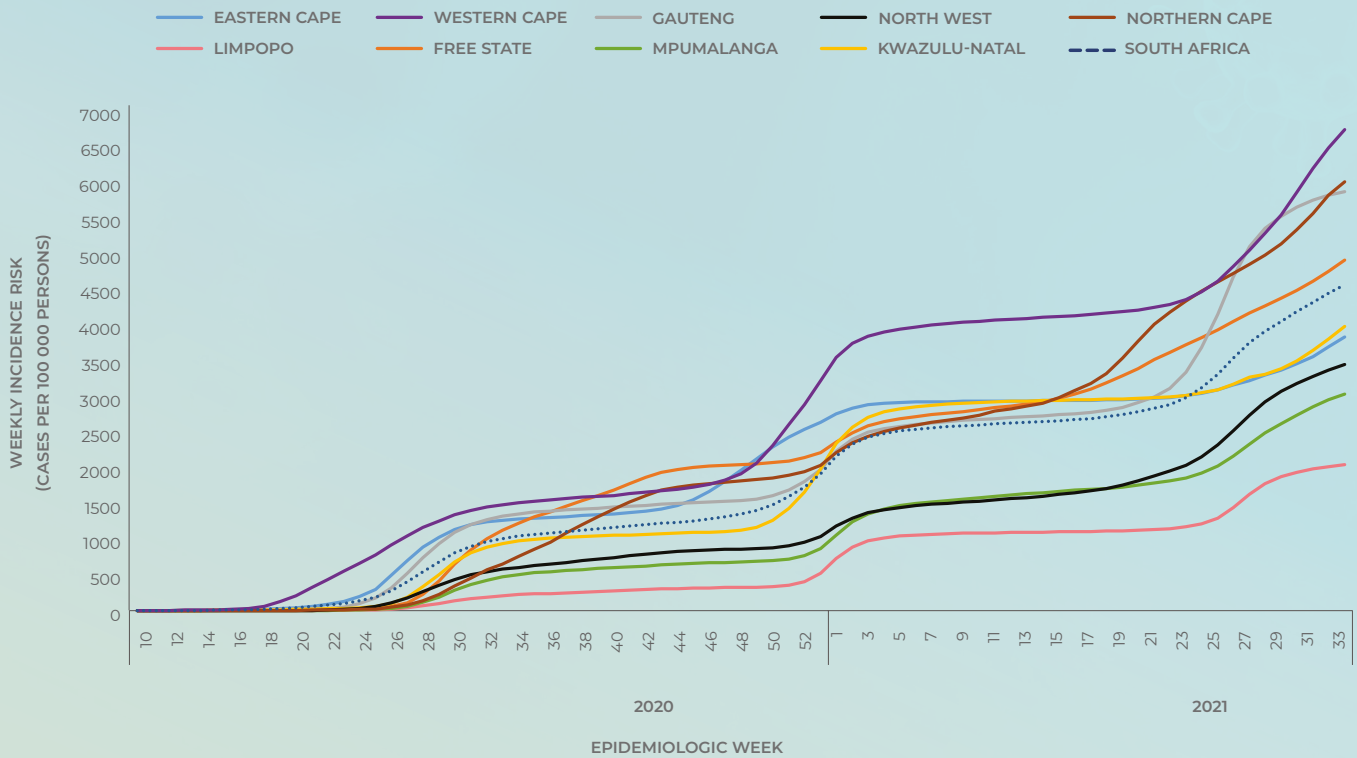


Figure 3. Cumulative incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week, South Africa, 3 March 2020 –21 August 2021 (n=2 690 973)

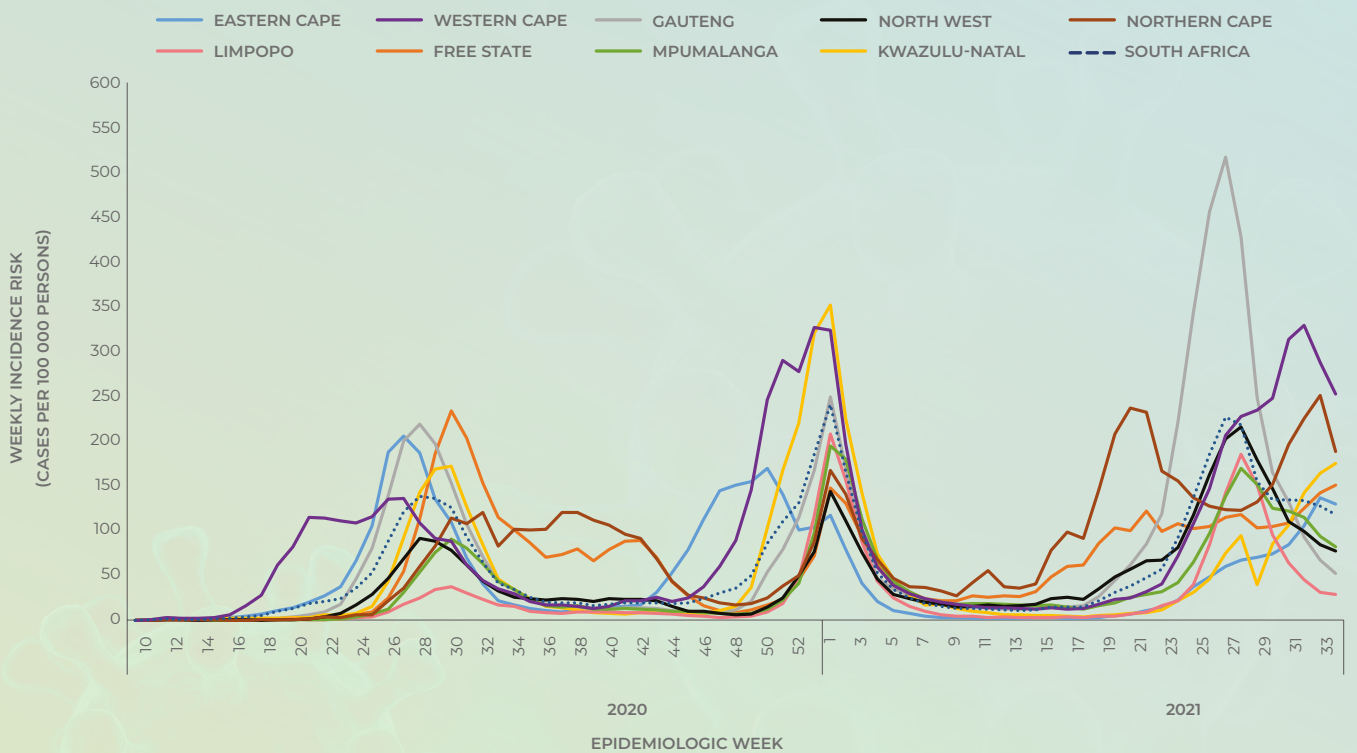


Figure 4. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week, South Africa, 3 March 2020 –21 August 2021 (n=2 690 973)

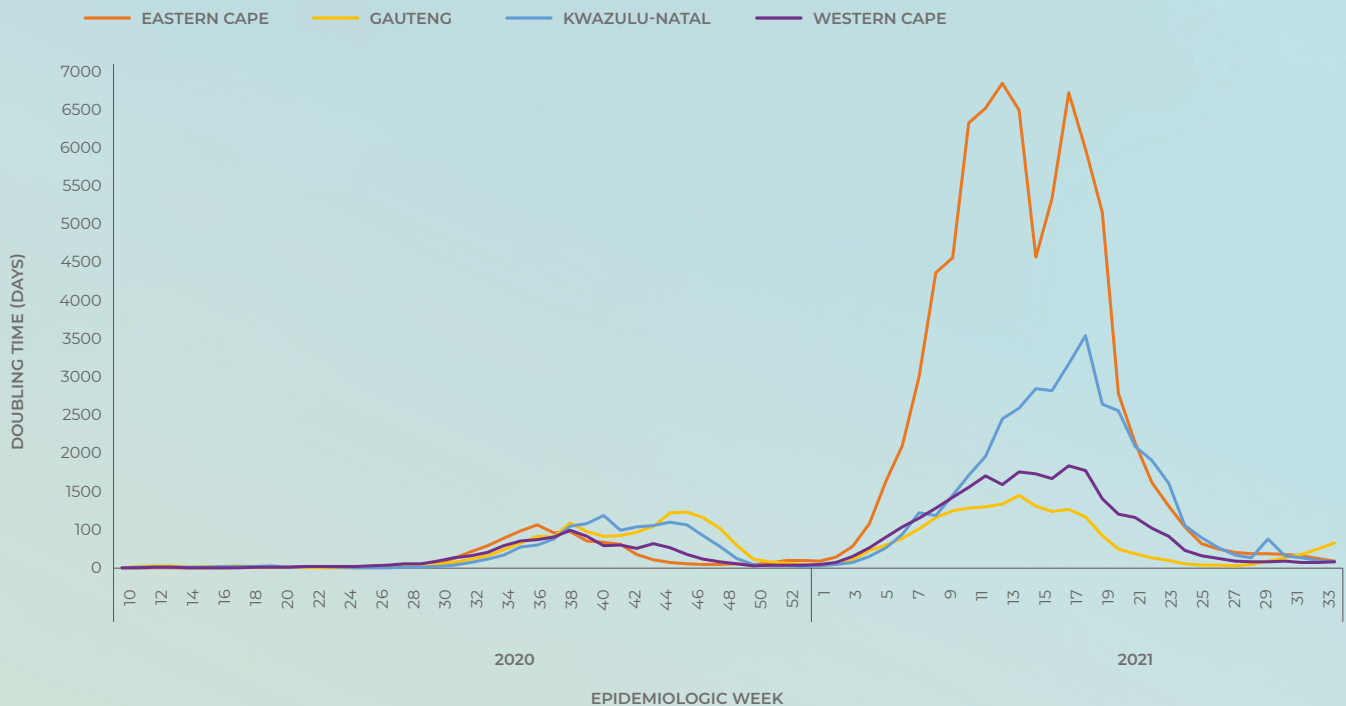


Figure 5. Doubling time of number of laboratory-confirmed cases of COVID-19 by province (for 5 provinces with the majority of cases) and epidemiologic week, South Africa, 23 March-2020 –14 August 2021 (n=2 620 689)

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 28-53 years. The distribution of cases varied by age, with highest number of all cases to date in the 35-39-year (307 900/2 666 273, 11.5%) and 30-34-year (296 749/2 666 273, 11.1%) age groups (Figure 6). Among the cases reported in the past week, the highest number of cases was in the 15-19-year (8 330/69 509, 12.0%), and 30-34-year (7 058/69 509, 10.2%) age groups. The median age for cases reported in week 33 of 2021 was similar (36 years, IQR 23-50), to that of total cases (40 years). The highest cumulative incidence risk remained among cases aged 50-54 years (9 144.9 cases per 100 000 persons), followed by cases aged 55-59-year (8 872.9 cases per 100 000 persons) and cases aged ≥80 years (8 573.1 cases per 100 000 persons). The lowest cumulative incidence risk was reported in the younger age-groups, 588.6 cases per 100 000 persons and 826.5 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 33 of 2021 was reported in cases aged 50-54 years (185.2 cases per 100 000 persons), followed by cases in the 55-59-year age group (181.8 cases per 100 000 persons), and the lowest weekly incidence risk was in the 0-4-year age group (20.2 cases per 100 000 persons) (Figure 8 and Table 2).

To date, the majority of COVID-19 cases reported were female 56.7% (1 509 998/2 663 198). This trend continued in the past week where 56.5% (39 070/69 160) of cases were female. The cumulative incidence risk has remained consistently higher among females (4 909.3 cases per 100 000 persons) than among males (3 926.9 cases per 100 000 persons) (Figure 9). The peak cumulative incidence risk was in the 50-54-year-age group (9 353.3 cases per 100 000 persons) for females, and in the ≥80-year-age group (9 112.8 cases per 100 000 persons) for males (Figure 10). In week 33 of 2021, the highest weekly incidence risk was in the 15-19-year age group for females (201.7 cases per 100 000 persons), and 55-59-year age group for males (178.3 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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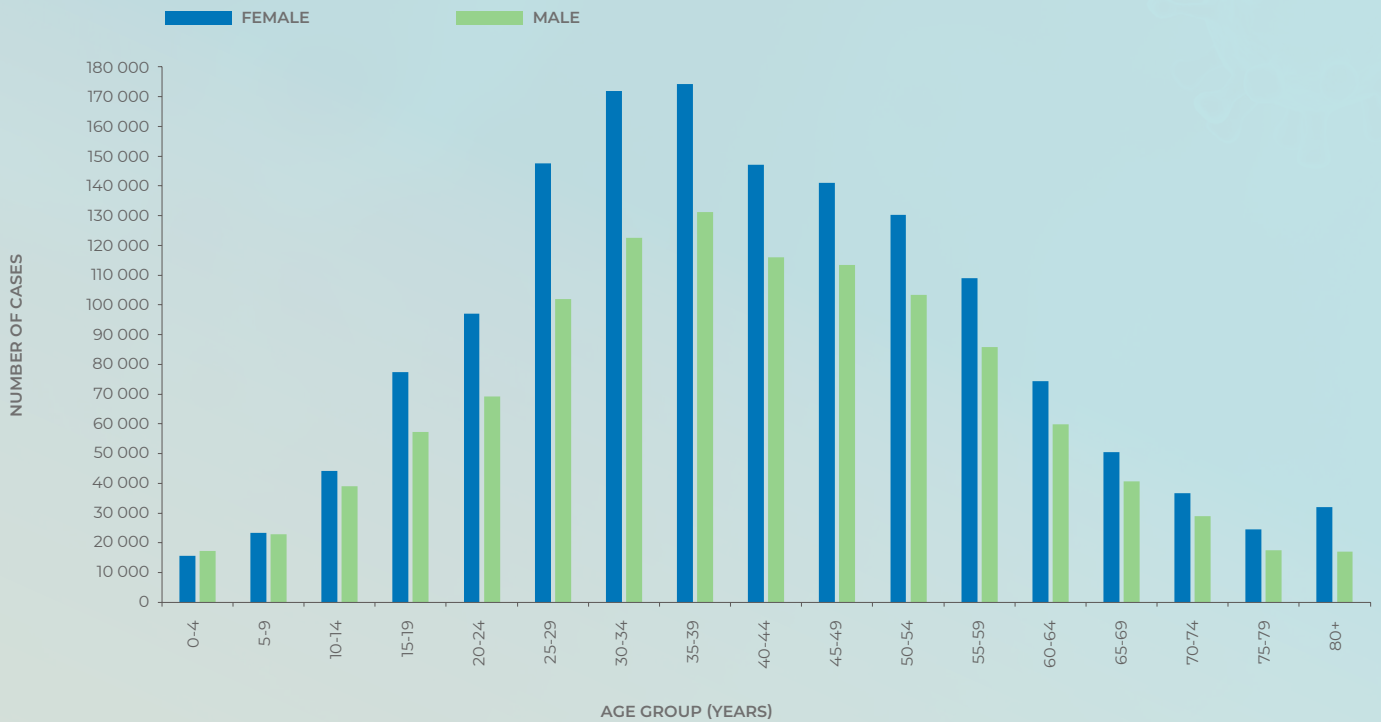


Figure 6. Number of laboratory-confirmed cases of COVID-19 by age group and sex, South Africa, 3 March 2020 –21 August 2021 (n=2 640 872, sex/age missing for 50 101)

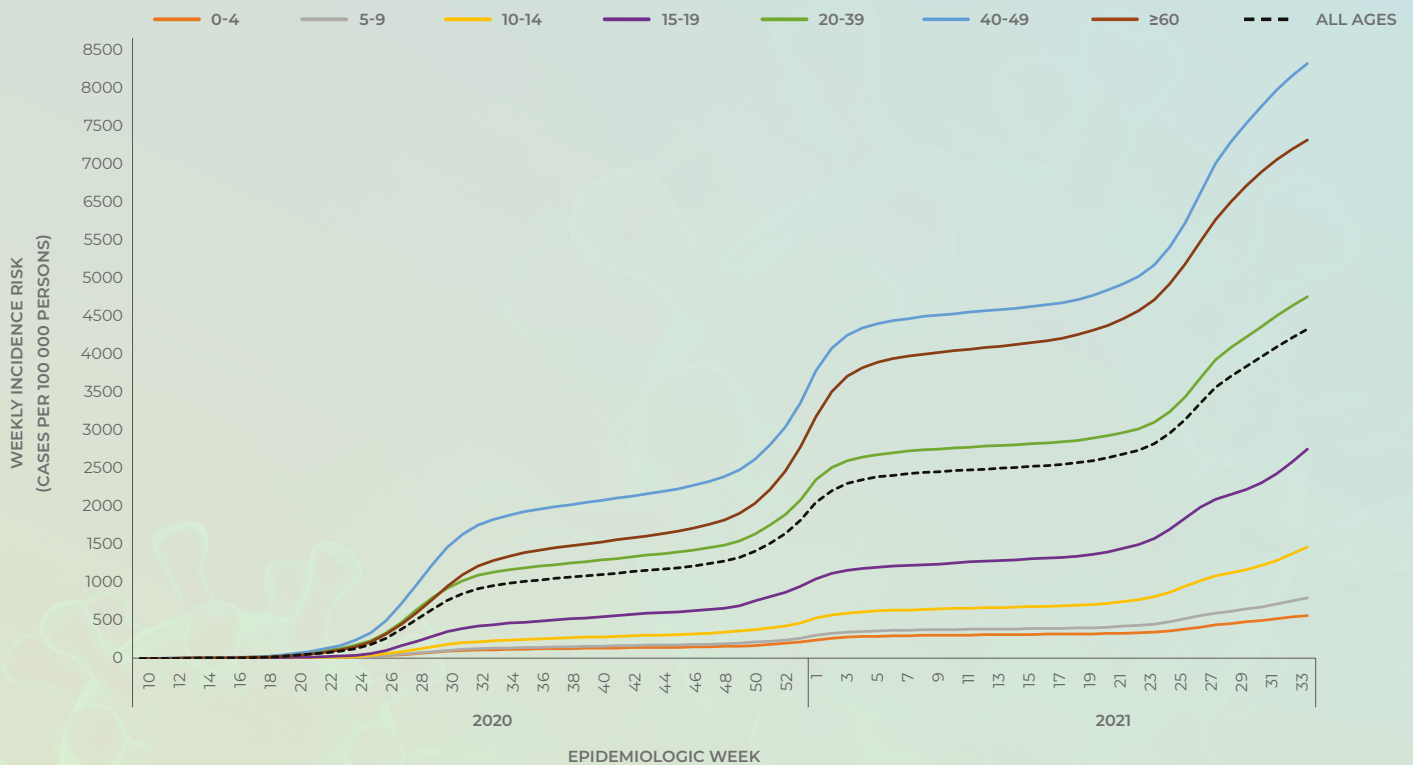


Figure 7. Cumulative incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, South Africa, 3 March 2020-21 August 2021 (n=2 666 273, 24 700 missing age)

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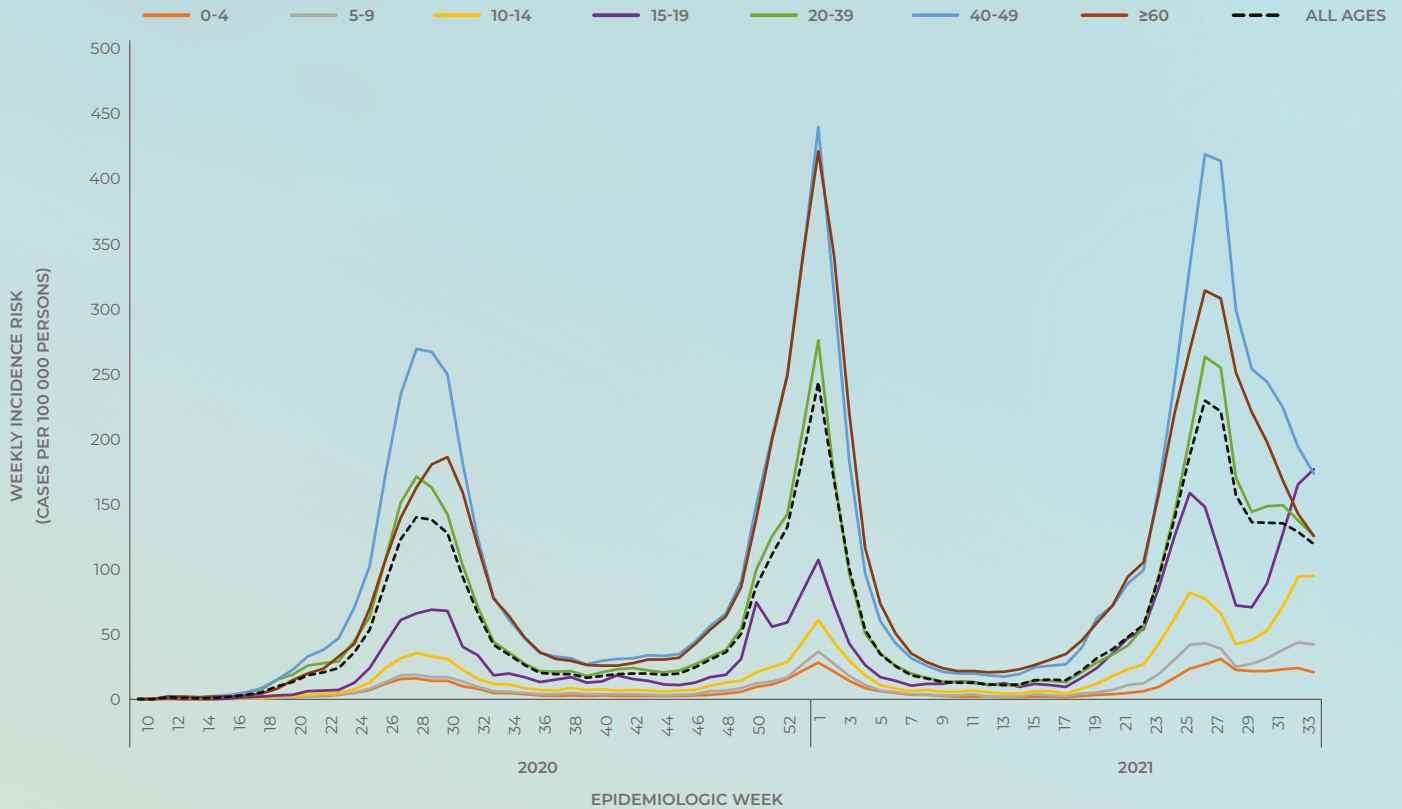


Figure 8. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, South Africa, 3 March 2020 -21 August 2021 (n=2 666 273, 24 700 missing age)

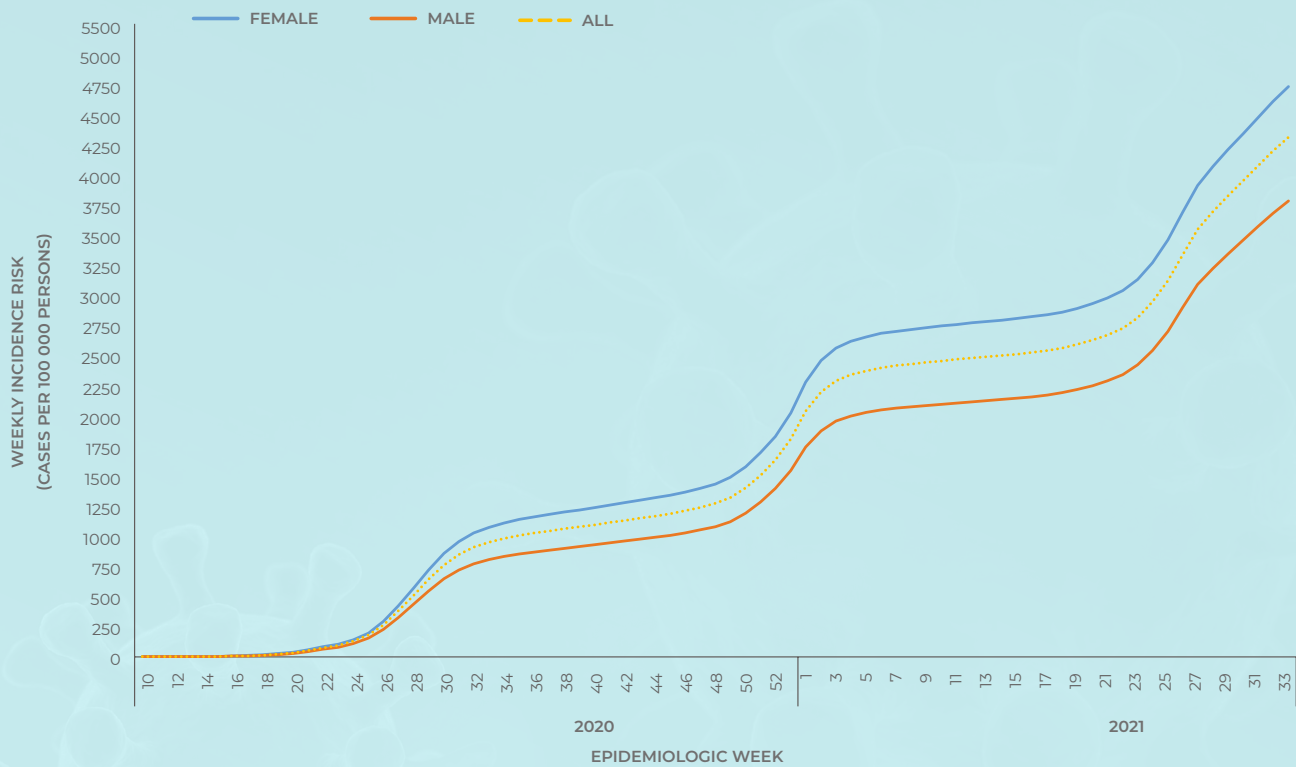


Figure 9. Cumulative incidence risk by sex and epidemiologic week, South Africa, 3 March 2020 -21 August 2021 (n=2 663 198, sex missing for 27 775)

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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 –21 August 2021, n=2 666 273, 24 700 missing age)

Age group (years)	Cumulative cases (n) (percentage, n/total cases in South Africa)	New cases ¹ detected in week 33 (15-21 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 33 of 2021 (cases/100 000 persons)
0-4	33 806 (1.3)	1 163 (1.7)	5 743 450	588.6	20.2
5-9	47 245 (1.8)	2 387 (3.4)	5 715 952	826.5	41.8
10-14	85 359 (3.2)	5 252 (7.6)	5 591 553	1 526.6	93.9
15-19	136 905 (5.1)	8 330 (12.0)	4 774 579	2 867.4	174.5
20-24	168 164 (6.3)	5 554 (8.0)	4 823 367	3 486.4	115.1
25-29	251 900 (9.4)	6 194 (8.9)	5 420 754	4 647.0	114.3
30-34	296 749 (11.1)	7 058 (10.2)	5 641 750	5 259.9	125.1
35-39	307 900 (11.5)	6 833 (9.8)	4 798 293	6 416.9	142.4
40-44	265 040 (9.9)	5 677 (8.2)	3 733 942	7 098.1	152.0
45-49	256 433 (9.6)	5 563 (8.0)	3 169 648	8 090.3	175.5
50-54	235 140 (8.8)	4 763 (6.9)	2 571 263	9 144.9	185.2
55-59	196 208 (7.4)	4 020 (5.8)	2 211 309	8 872.9	181.8
60-64	135 312 (5.1)	2 303 (3.3)	1 796 316	7 532.8	128.2
65-69	92 057 (3.5)	1 592 (2.3)	1 408 665	6 535.1	113.0
70-74	66 179 (2.5)	1 101 (1.6)	1 007 174	6 570.8	109.3
75-79	42 386 (1.6)	796 (1.1)	637 062	6 653.4	124.9
≥80	49 490 (1.9)	923 (1.3)	577 273	8 573.1	159.9
Unknown	24 700	688			
Total	2 690 973	70 197	59 622 350	4 513.4	117.7

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

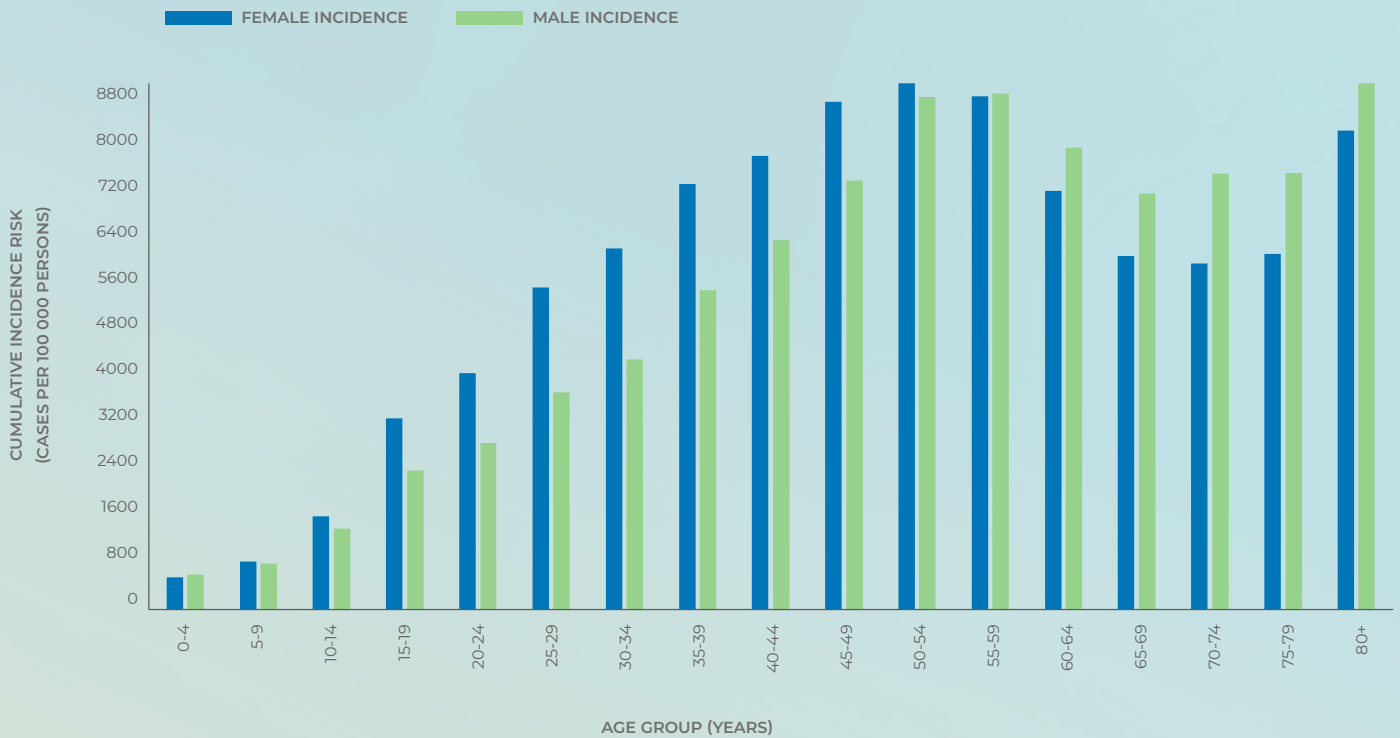


Figure 10. Cumulative risk by age group and sex, South Africa, 3 March 2020 –21 August 2021 (n=2 640 872, sex/age missing for 50 101)

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 33 of 2021 all provinces reported a decrease in weekly incidence risk, except the KwaZulu-Natal and Free State provinces, which reported an increase, compared to the previous week. Some of the reductions in weekly incidence risk may be due to delayed reporting, reduction in testing or change in testing strategy to more targeted testing in response to the increase in numbers of cases during peak periods of transmission. Changes in trends by district and age group for each province are presented below.

Eastern Cape Province

Of the 254 935 cases reported from the Eastern Cape Province, 228 674 (89.7%) cases had allocation by district. In the past week, all the districts reported an increase in weekly incidence risk, except the Joe Gqabi District, Nelson Mandela Bay Metro and Sarah Baartman District which reported a decrease in weekly incidence risk compared to the previous week (Figure 11). The increase ranged from 2.0 cases per 100 000 persons (2.7% increase) in the Amathole District to 36.6 cases per 100 000 persons (33.4% increase) in the Buffalo City Metro. The Chris Hani District has been showing a steady increase since week 26 of 2021 to date.

In the past week, all the age groups reported a decrease in weekly incidence risk, except the 40-59-year age group, which reported an increase in weekly incidence risk (6.1 cases per 100 000 persons, 3.5% increase), compared to the previous week (Figure 12). The 15-19-year age group has shown a week on week increase since week 23 of 2021, with a sharp increase since week 30 of 2021 to week 32.

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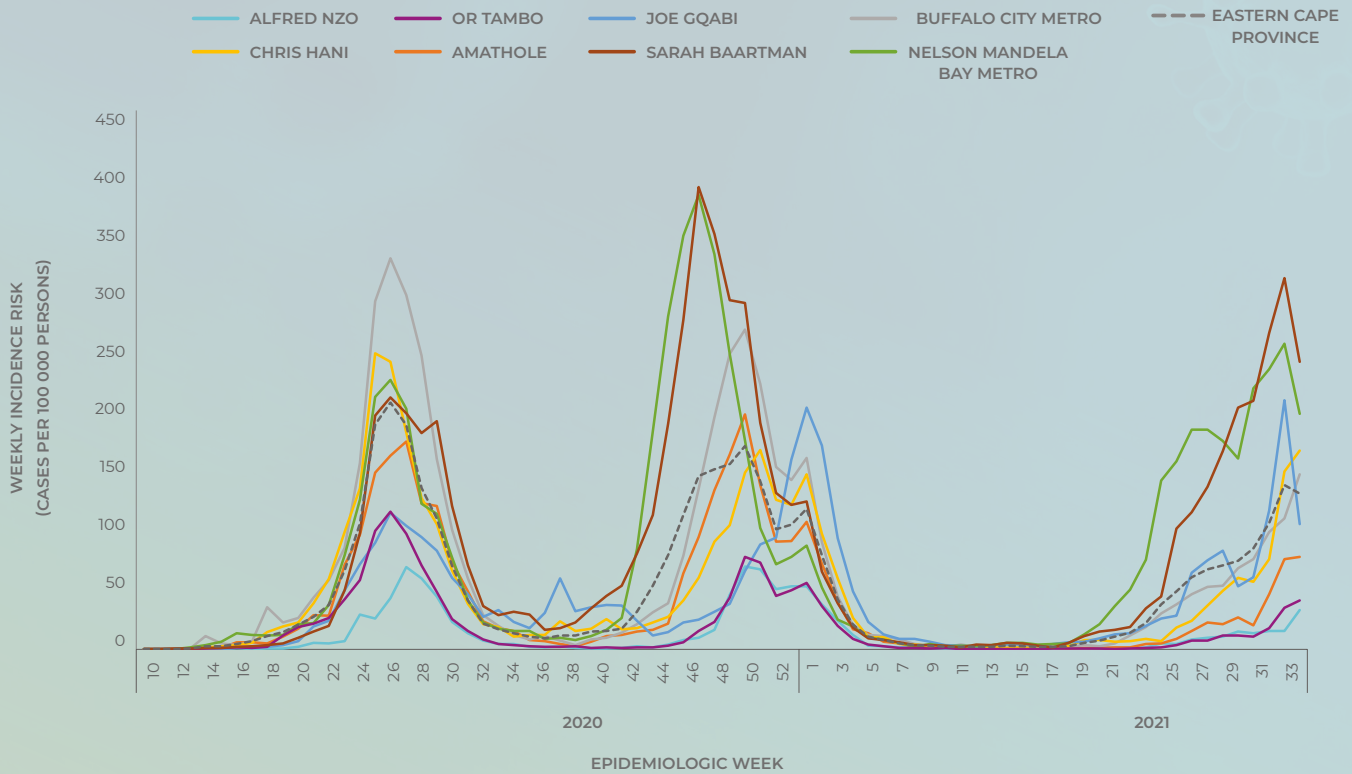


Figure 11. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Eastern Cape Province, 3 March 2020 –21 August 2021 (n=228 674, 26 261 missing district)

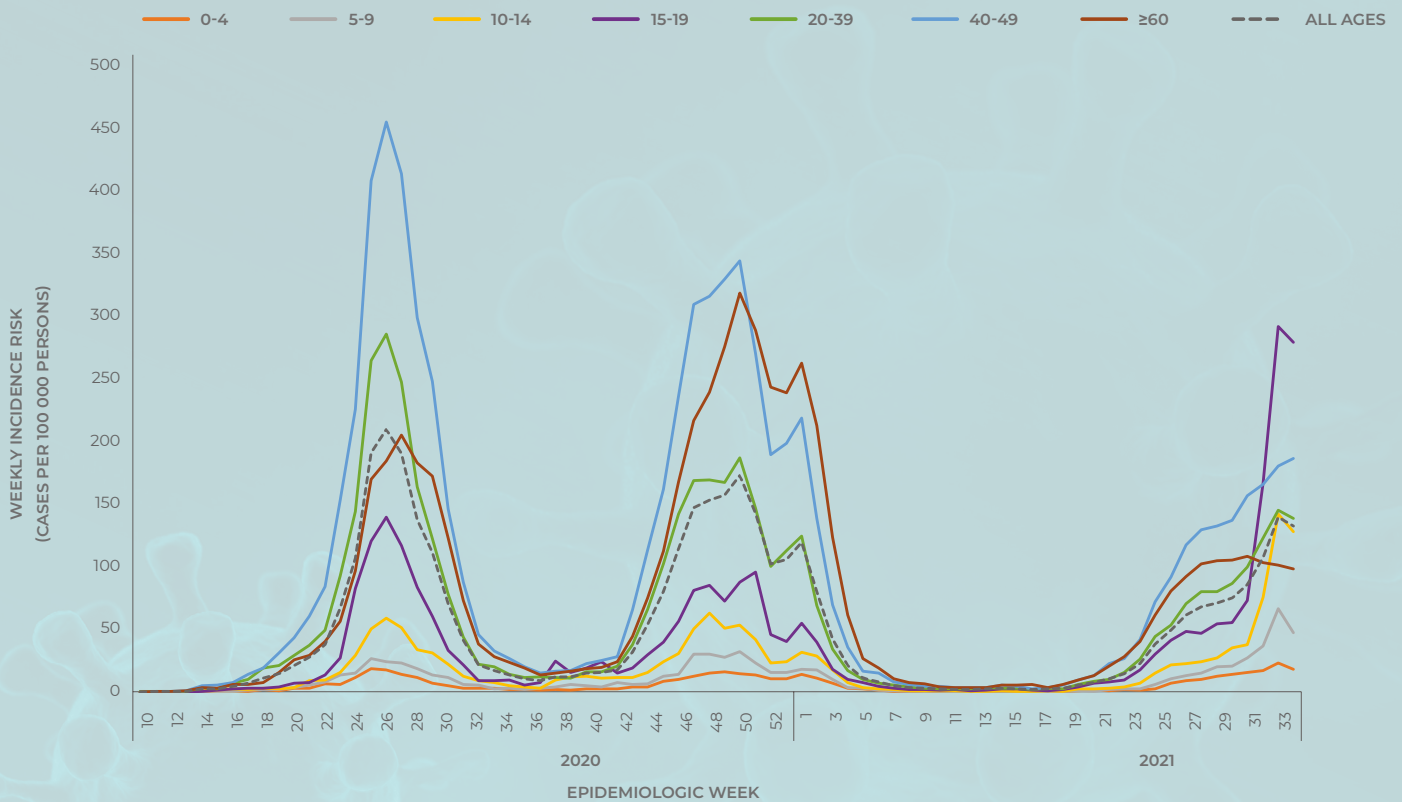


Figure 12. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Eastern Cape Province, 3 March 2020 –21 August 2021 (n=252 288, 2 647 missing age)

Western Cape Province

Of the 466 463 cases reported from the Western Cape Province, 445 314 (95.5%) cases had allocation by district. In week 33 of 2021, all the districts reported a decrease in weekly incidence risk, compared to the previous week (Figure 13). The decrease ranged from 13.3 cases per 100 000 persons (4.1% decrease) in the Central Karoo to 40.0 cases per 100 000 persons (12.1% decrease) 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. The West Coast, Central Karoo, City of Cape Town and Garden route reported the

highest weekly incidence risks in week 30 compared to the previous 2 waves.

In the past week, all the age groups reported a decrease in weekly incidence risk, compared to the previous week (Figure 14). The decrease ranged from 1.9 cases per 100 000 persons (3.3% decrease) in the 5-9-year to 60.9 cases per 100 000 persons (14.0% decrease) in the 40-59-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. From week 30 to date, all the age groups reported weekly incidence risk higher than the first and second wave peaks, except the 40-59-year and ≥ 60 -year age groups, which continued to report incidence below the second wave peak.

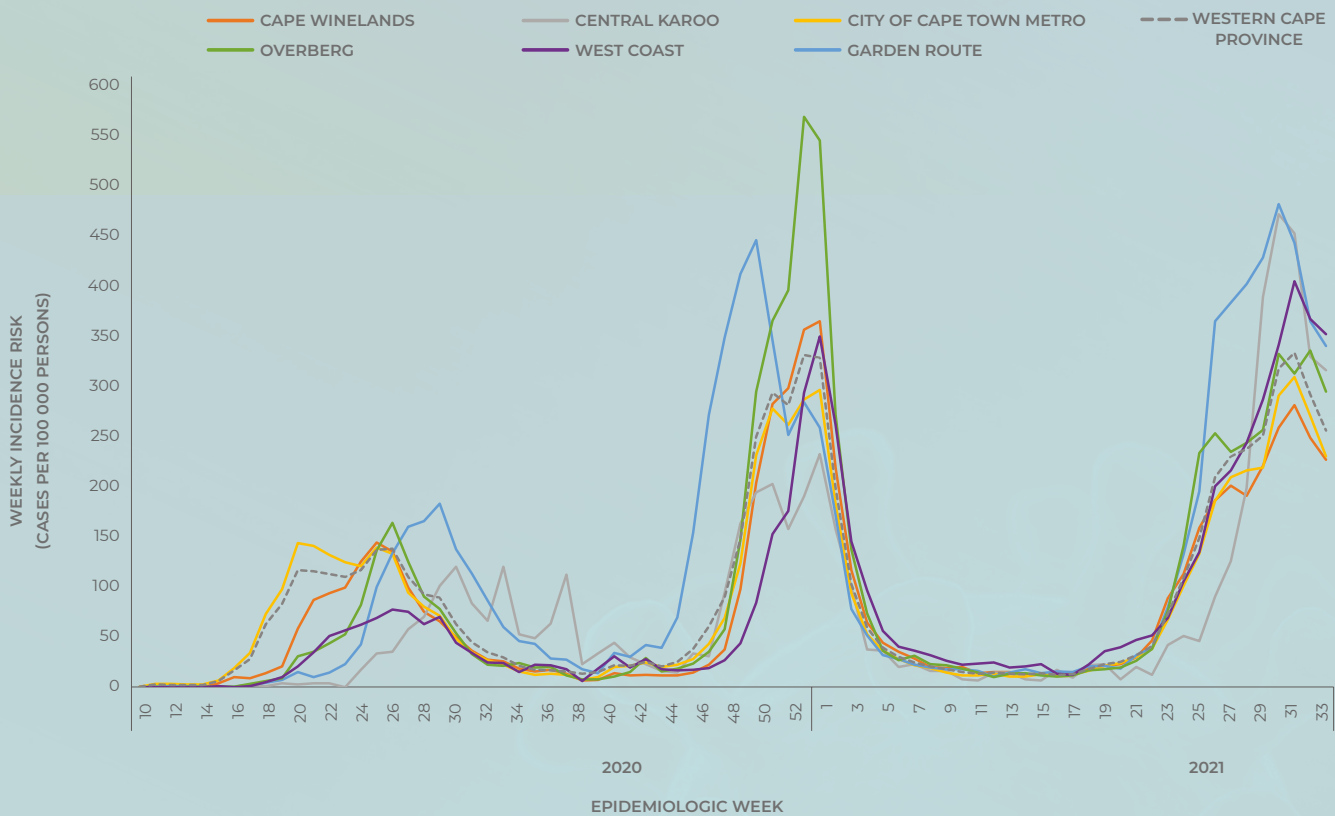


Figure 13. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Western Cape Province, 3 March 2020 –21 August 2021 (n=445 314, 21 149 missing district)

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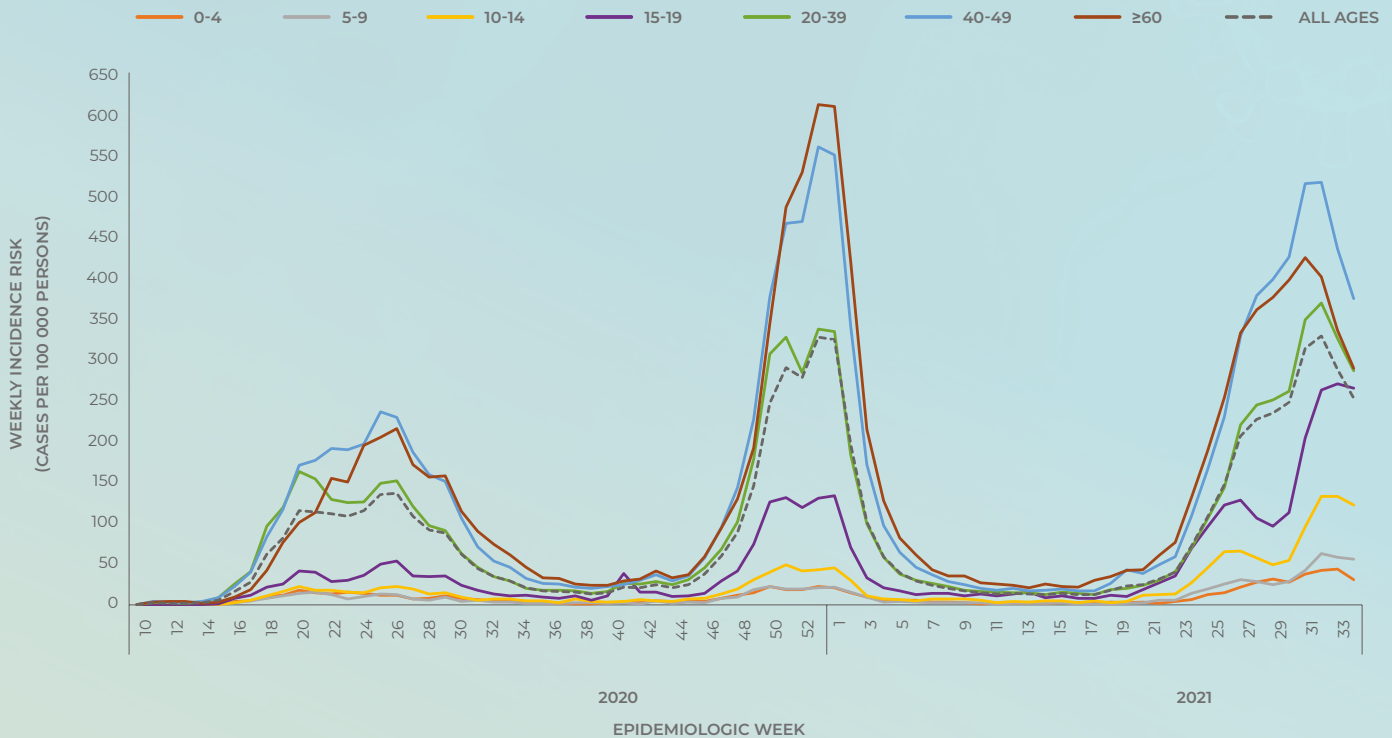


Figure 14. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Western Cape Province, 3 March 2020 –21 August 2021 (n=465 079, 1 384 missing age)

Gauteng Province

Of the 898 155 cases reported from the Gauteng Province, 768 384 (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 8.1 cases per 100 000 persons (18.9% decrease) in the West Rand District to 23.4 cases per 100 000 persons (31.7% decrease) in the City of Tshwane Metro. 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.

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 2.4 cases per 100 000 persons (14.6% decrease) in the 0-4-year to 25.5 cases per 100 000 persons (25.9% decrease) in the 40-59-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.

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 33 2021

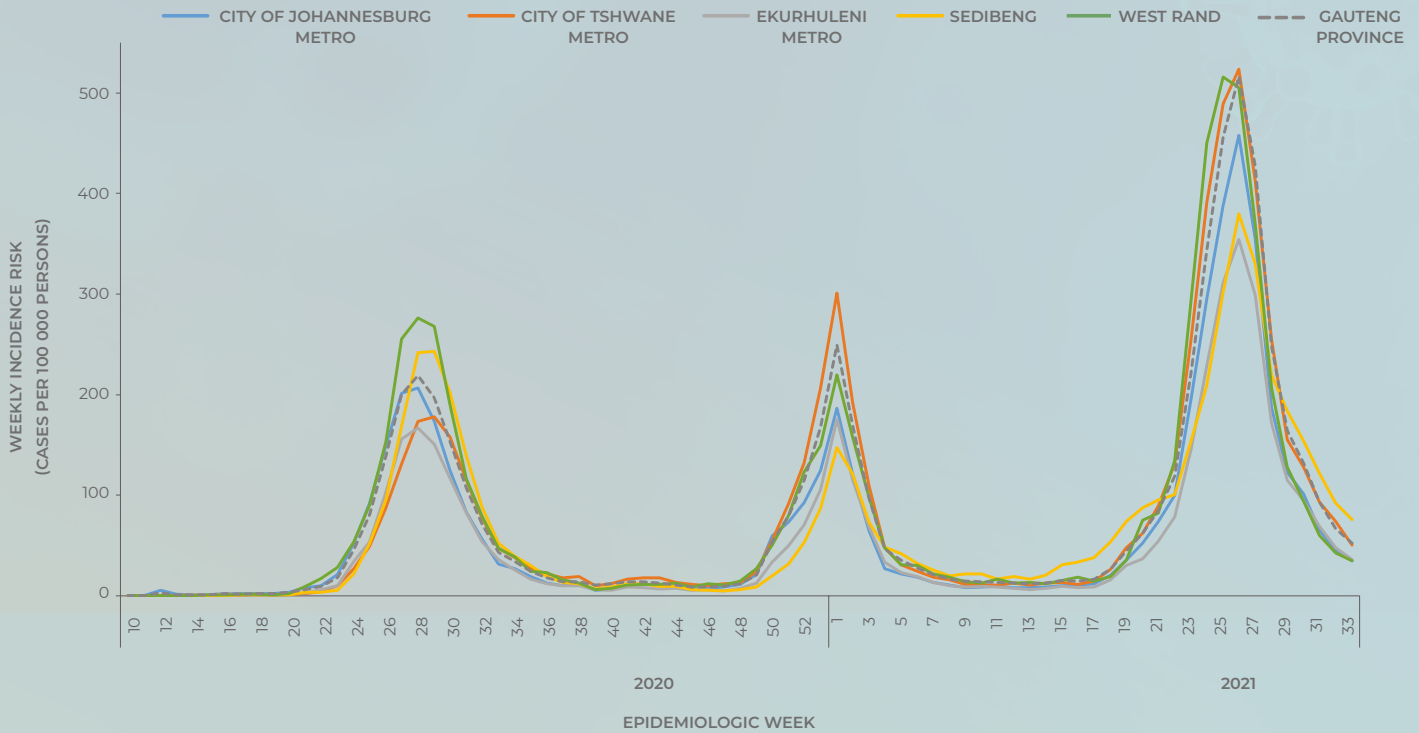


Figure 15. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Gauteng Province, 3 March 2020 –21 August 2021 (n=768 384, 129 771 missing district)

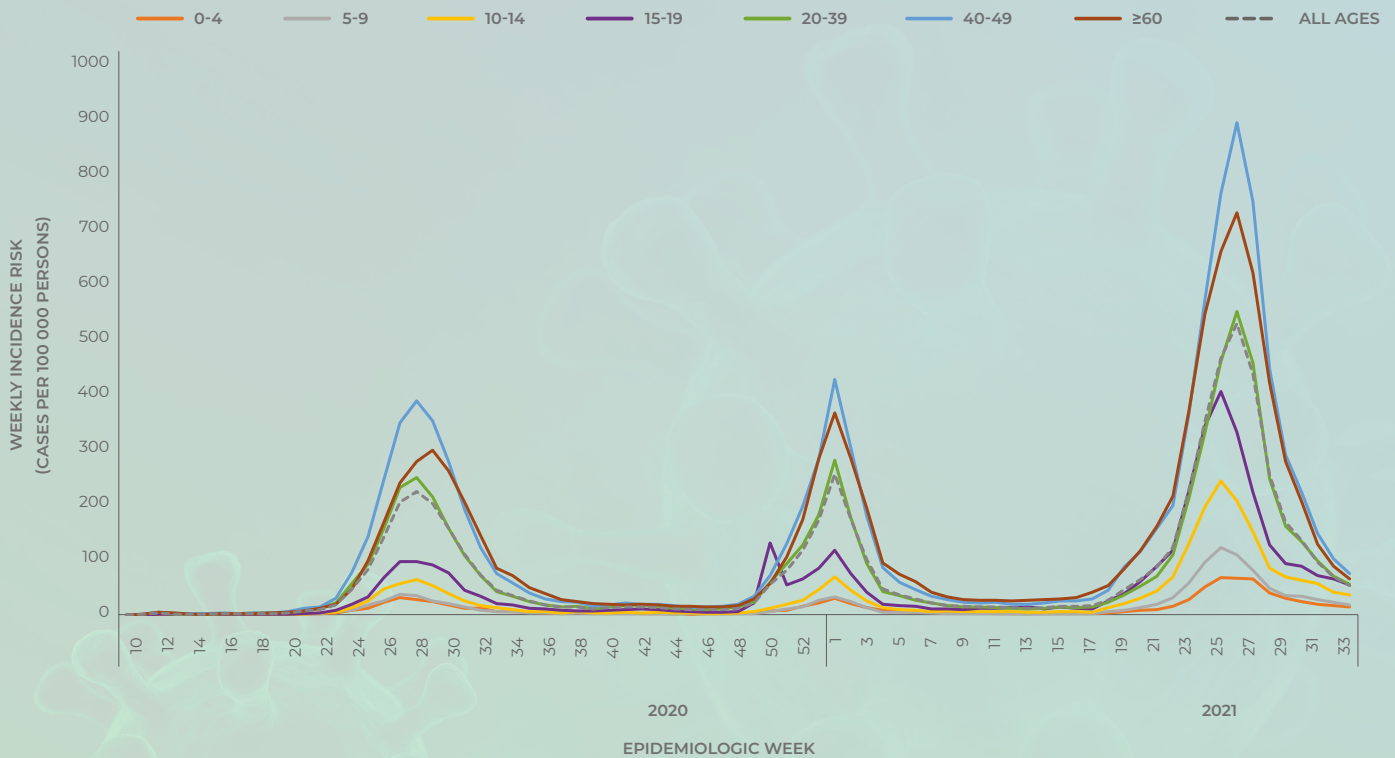


Figure 16. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Gauteng Province, 3 March 2020 –21 August 2021 (n=889 172, 8 983 missing age)

KwaZulu-Natal Province

Of the 454 151 cases reported from the KwaZulu-Natal Province, 340 939 (75.1%) had allocation by district. In the past week, all the districts reported an increase in weekly incidence risk, except the Amajuba, iLembe, uMgungundlovu, and uThukela districts, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 17). The increase ranged from 0.7 cases per 100 000 persons (1.0% increase) in the uMkhanyakude to 37.4 cases per 100 000 persons (60.4% increase) in the Harry Gwala districts. In week 33 of 2021, the uMgungundlovu Metro, uMzinyathi uMkhanyakude, eThekweni and Harry Gwala districts,

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

In week 33 of 2021, all the age groups reported an increase in weekly incidence risk, except the 0-4-year and ≥60-year age groups, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 18). The increase ranged from 0.8 cases per 100 000 persons (0.3% increase) in the 40-59-year to 75.1 cases per 100 000 persons (33.2% increase) in the 15-19-year age groups. From week 32 of 2021 to date, all the age groups reported weekly incidence risk higher than that reported in the first and second wave peaks, except the 20-39, 40-59 and ≥60-year age groups, which continued to report weekly incidence below that reported in the first and second wave peaks.

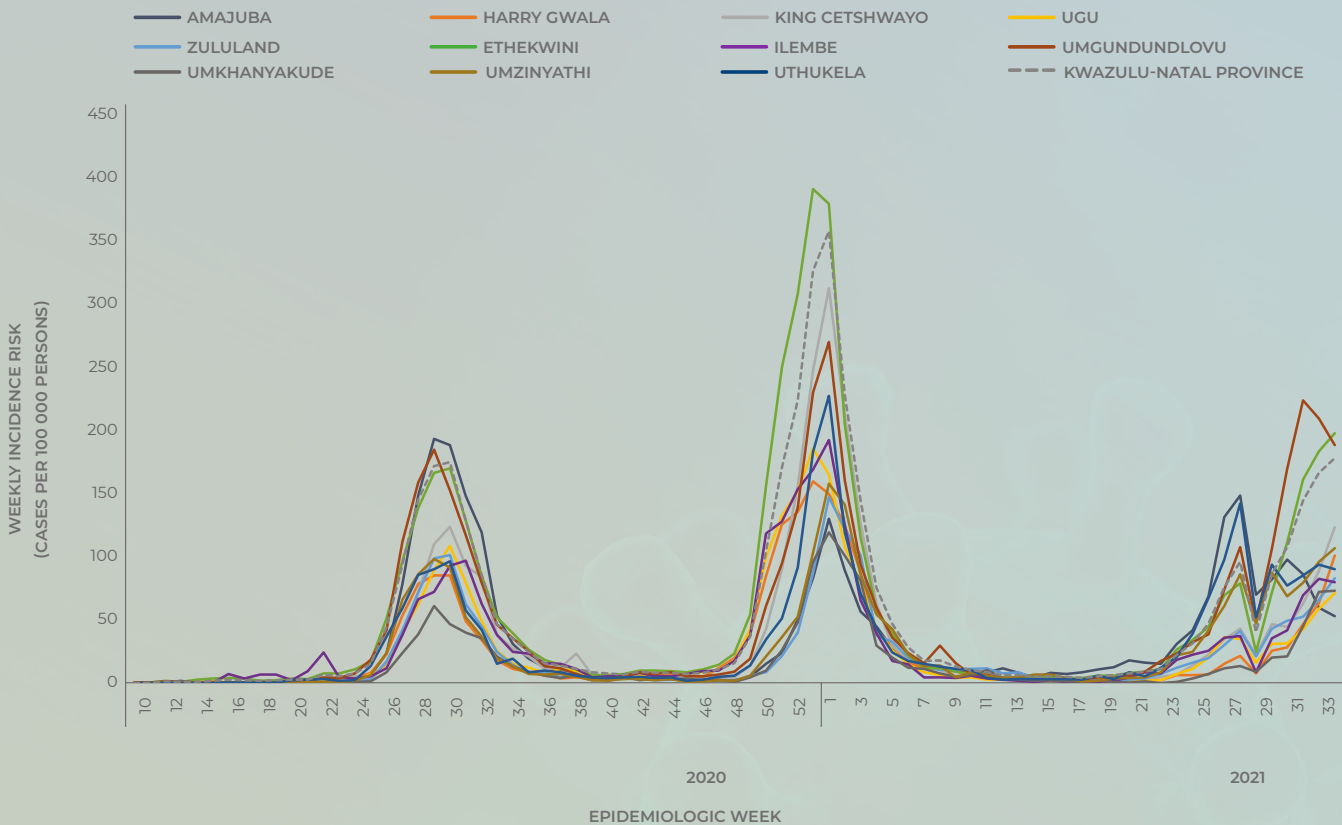


Figure 17. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, KwaZulu-Natal Province, 3 March 2020 –21 August 2021 (n=340 939, 113 212 missing district)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 33 2021

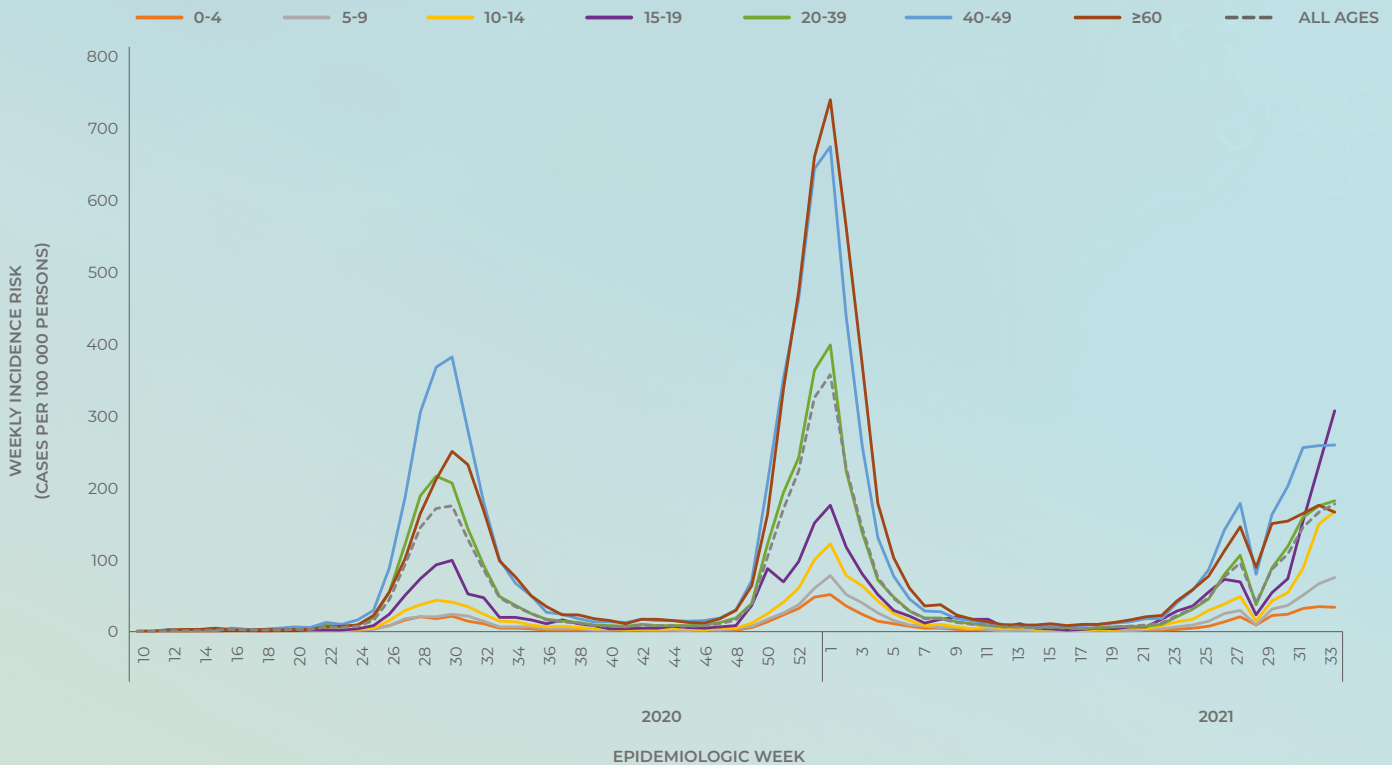


Figure 18. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, KwaZulu-Natal Province, 3 March 2020 –21 August 2021 (n=448 837, 5 314 missing age)

Free State Province

Of the 142 120 cases reported from the Free State Province, 131 125 (92.3%) had allocation by district. In the past week, all the districts reported an increase in weekly incidence risk, except the Lejweleputswa and Thabo Mofutsanyane, which reported a decrease in weekly incidence risk, compared to the previous week (Figure 19). The increase ranged from 13.8 cases per 100 000 persons (8.1% increase) in the Mangaung Metro to 22.4 cases per 100 000 persons (23.8% increase) in the Xhariep District. The weekly incidence reported in Mangaung Metro and Lejweleputswa District in week 33 of 2021 was higher than that reported in the second wave peaks.

In the past week, all the age groups reported an increase in weekly incidence risk, except the 40-59-year age group, which reported a decrease in weekly incidence risks, compared to the previous week (Figure 20). From week 31 of 2021 to date, all the age groups reported weekly incidence higher than that reported in the first and second wave peaks, except the 20-39, 40-59 and ≥60-year age groups, which continued to report incidence below the peaks of the first two waves.

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 33 2021

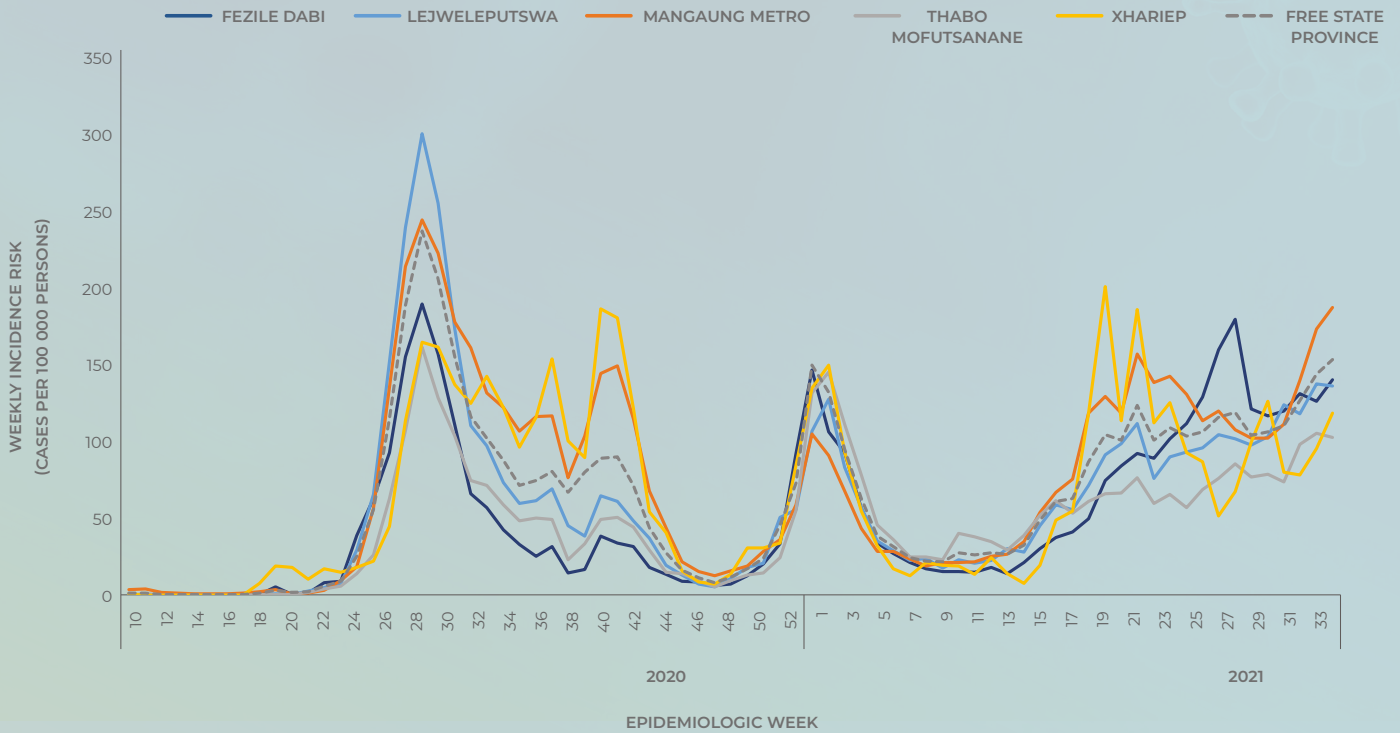


Figure 19. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Free State Province, 3 March 2020–21 August 2021 (n=131 125, 10 995 missing district)

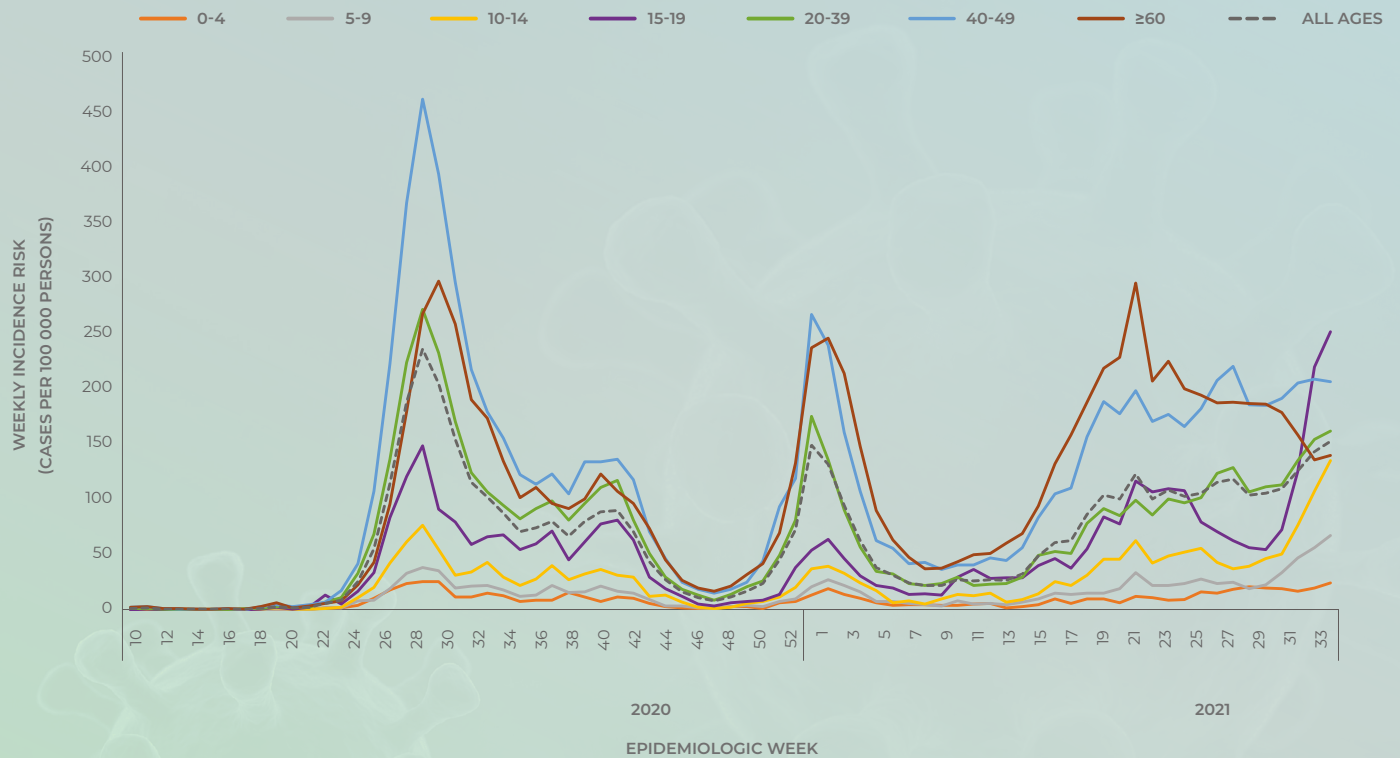


Figure 20. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Free State Province, 3 March 2020–21 August 2021 (n=141 558, 562 missing age)

Limpopo Province

Of the 118 291 cases reported from the Limpopo Province, 101 914 (86.2%) 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 0.8 cases per 100 000 persons (6.0% decrease) in the Sekhukhune to 3.0 cases per 100 000 persons (19.5% decrease) in the Vhembe 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 (3.7 cases per 100 000 persons, 10.2% increase) and 10-14-year (5.0 cases per 100 000 persons, 33.3% increase) age groups, which reported an increase in weekly incidence risk, compared to the previous week (Figure 22). The decrease ranged from 0.1 cases per 100 000 persons (2.3% decrease) in the 5-9-year to 9.7 cases per 100 000 persons (24.4% decrease) in the ≥60-year age groups. From week 25 to week 30 of 2021, all the age groups reported weekly incidence risk higher than that reported in the first wave peak.

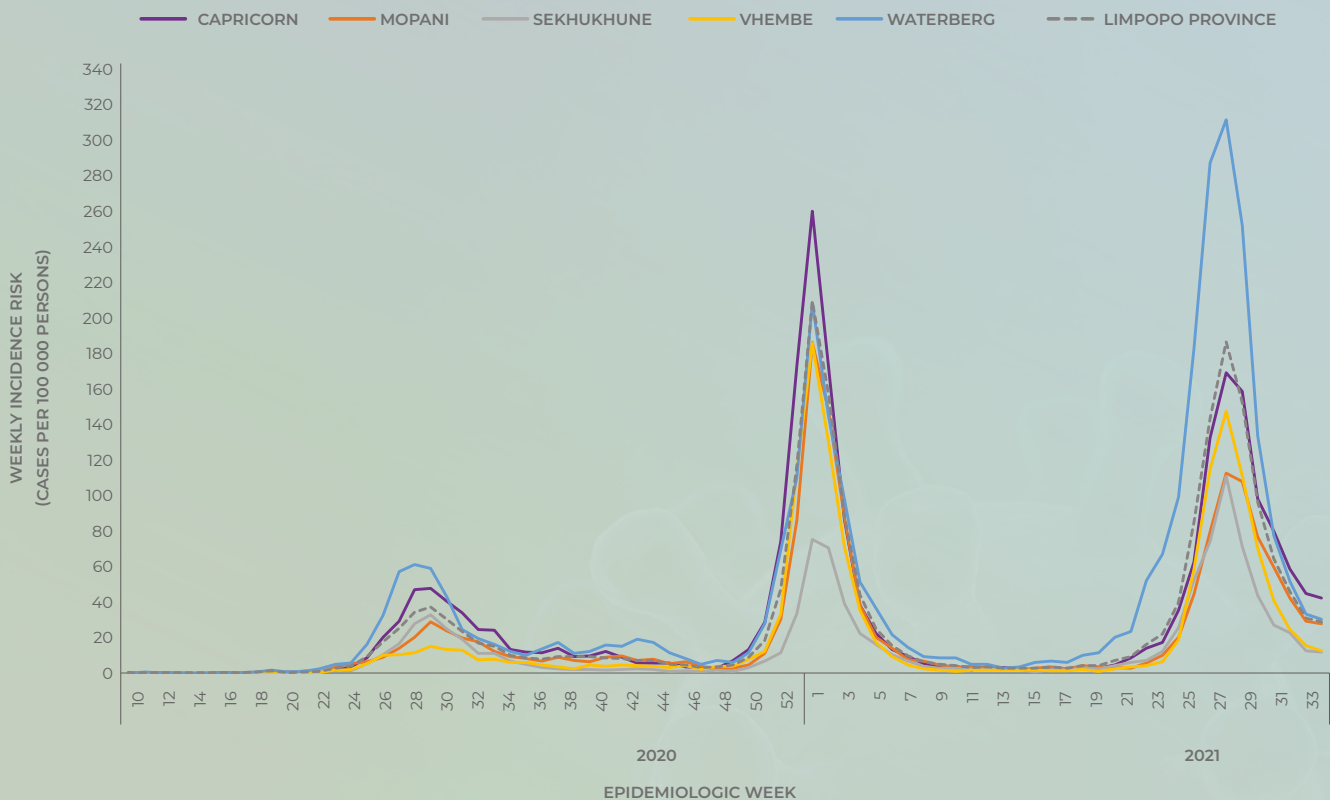


Figure 21. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Limpopo Province, 3 March 2020 –21 August 2021 (n=101 914, 16 377 missing district)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 33 2021

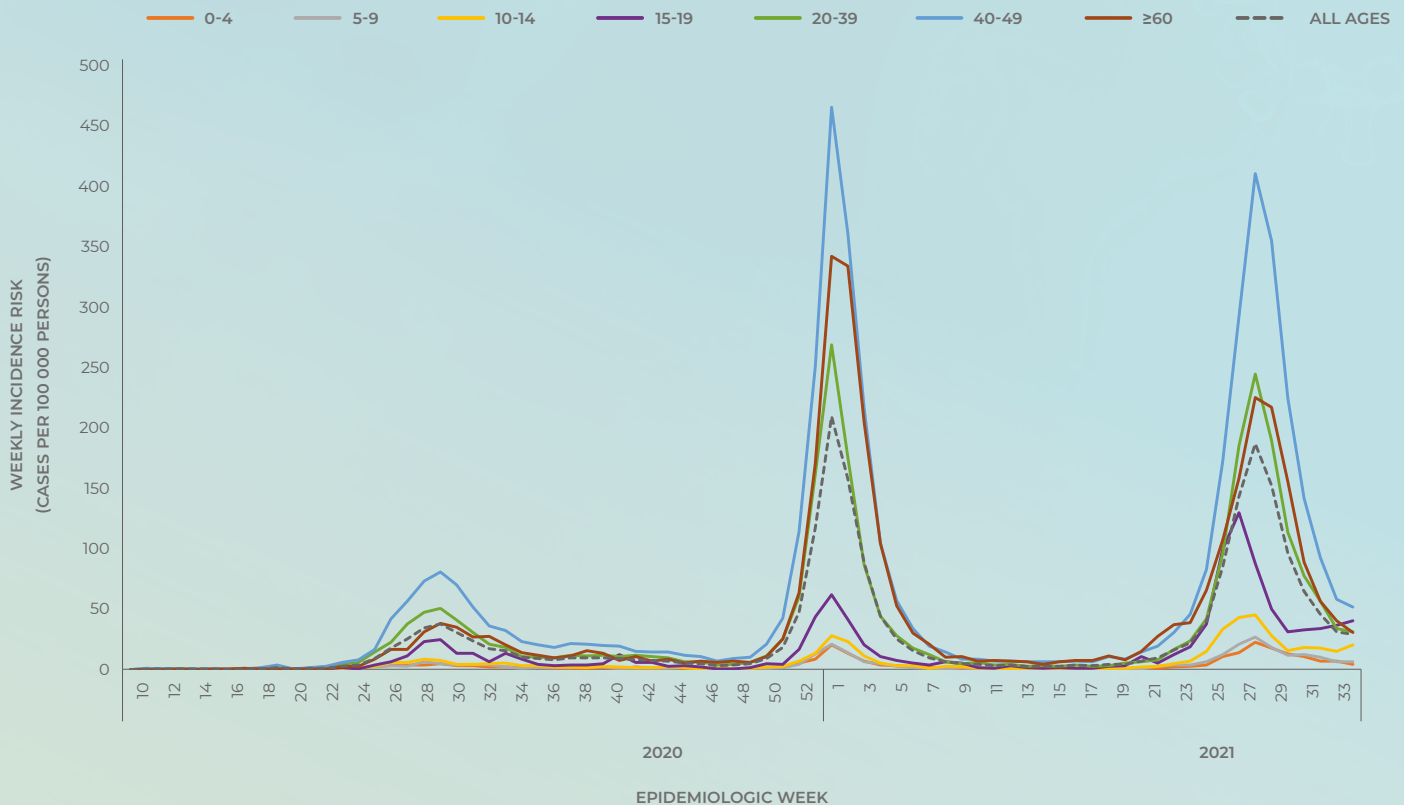


Figure 22. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Limpopo Province, 3 March 2020 –21 August 2021 (n=117 629, 662 missing age)

Mpumalanga Province

Of the 140 263 cases reported from the Mpumalanga Province, 110 104 (78.5%) 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 6.7 cases per 100 000 persons (9.1% decrease) in the Gert Sibande to 8.9 cases per 100 000 persons (12.1% decrease) in the Nkangala districts.

In the past week, the 0-4-year (1.3 cases per 100 000 persons, 9.1% increase), 5-9-year (4.8 cases per 100 000 persons, 21.4% increase) and 15-19-year (9.7 cases per 100 000 persons, 11.1% increase) age groups reported an increase in weekly incidence risk, compared to the previous week (Figure 23). 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 33 2021

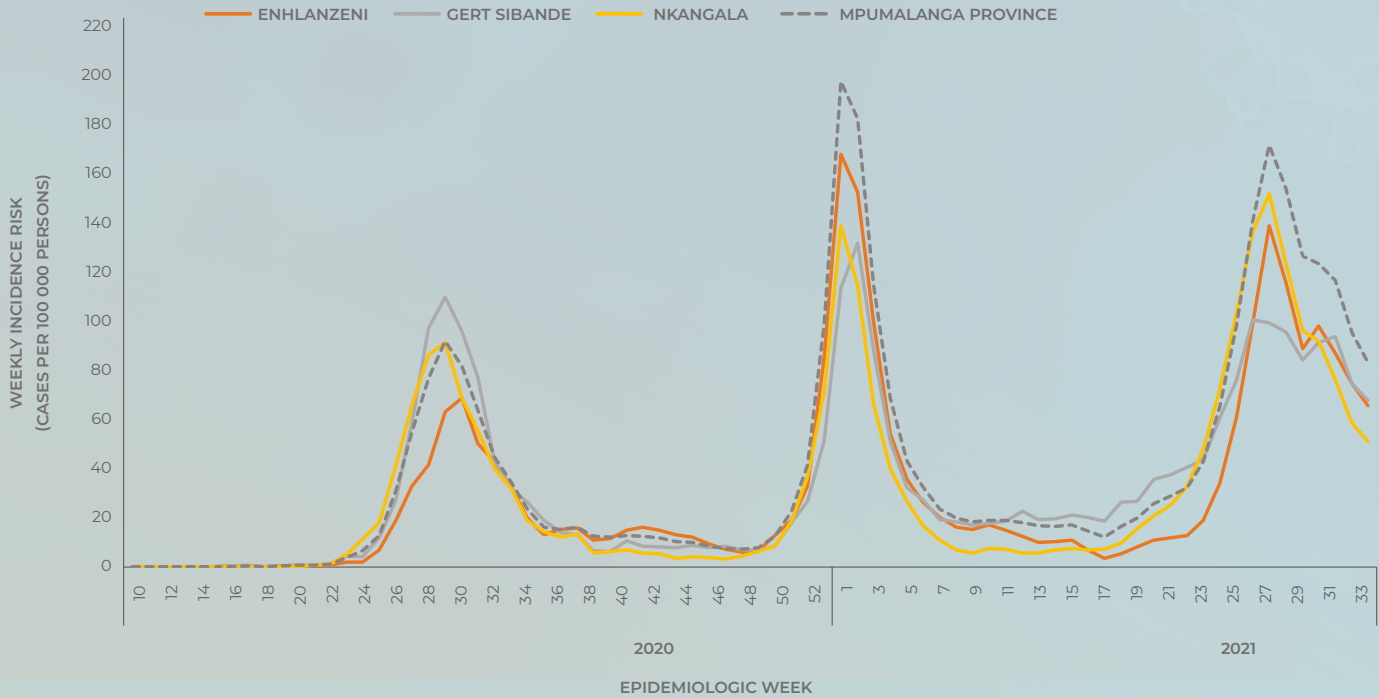


Figure 23. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Mpumalanga Province, 3 March 2020 -21 August 2021 (n=110 104, 30 159 missing district)

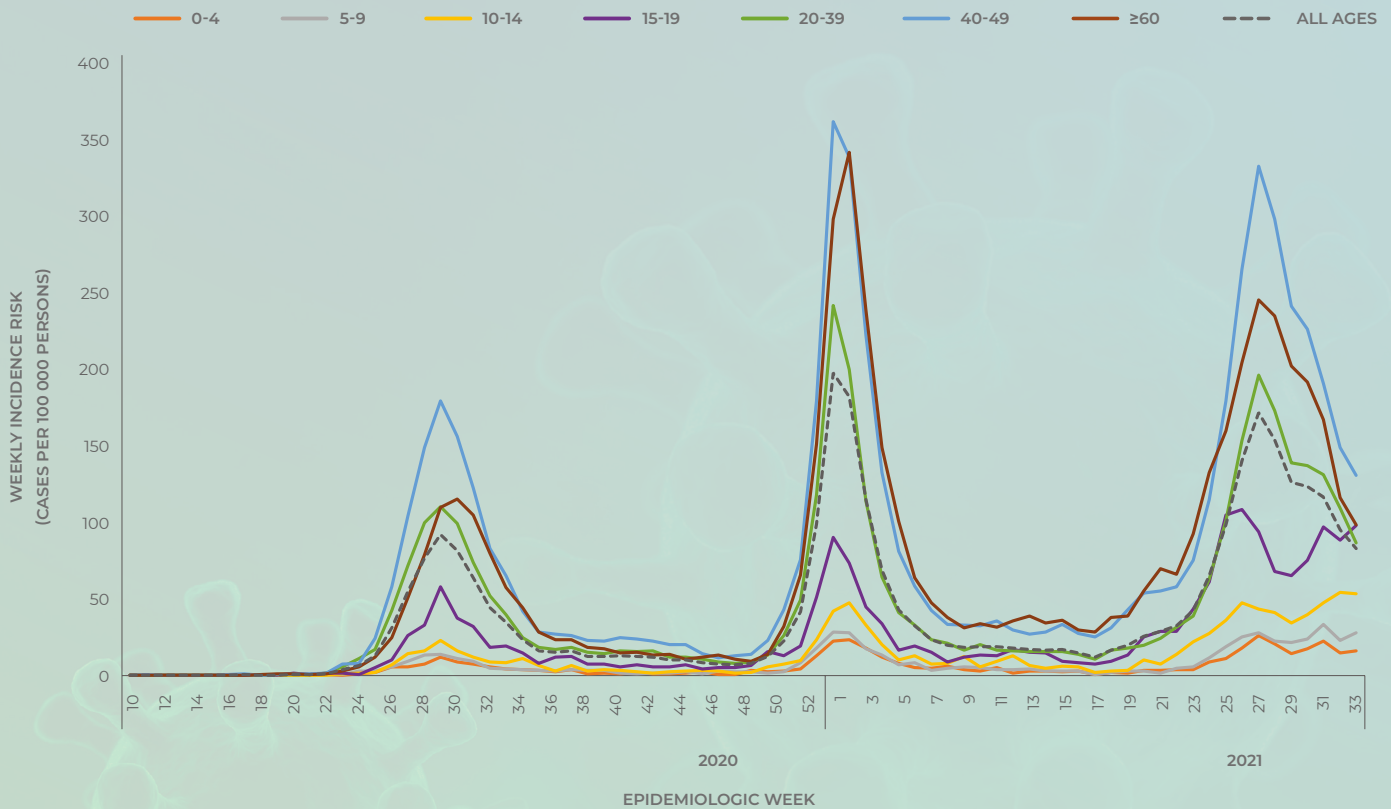


Figure 24. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group and epidemiologic week, Mpumalanga Province, 3 March 2020-21 August 2021 (n=137 460, 2 803 missing age)

North West Province

Of the 139 869 cases reported from the North West Province, 115 091 (82.3%) had allocation by district. In the past week, the Dr Ruth Segomotsi (1.3 cases per 100 000 persons, 3.2% increase) and the Ngaka Modiri Molema (8.4 cases per 100 000 persons, 16.9% increase) districts reported an increase in weekly incidence risk, compared to the previous week (Figure 25). 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 5-9-year (0.5 cases per 100 000 persons, 2.0% increase) and 10-14-year (4.7 cases per 100 000 persons, 8.6% increase) age groups, which reported an increase in weekly incidence risk, compared to the previous week (Figure 26). The decrease ranged from 5.5 cases per 100 000 persons (32.8% decrease) in the 0-4-year to 13.9 cases per 100 000 persons (12.0% 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.

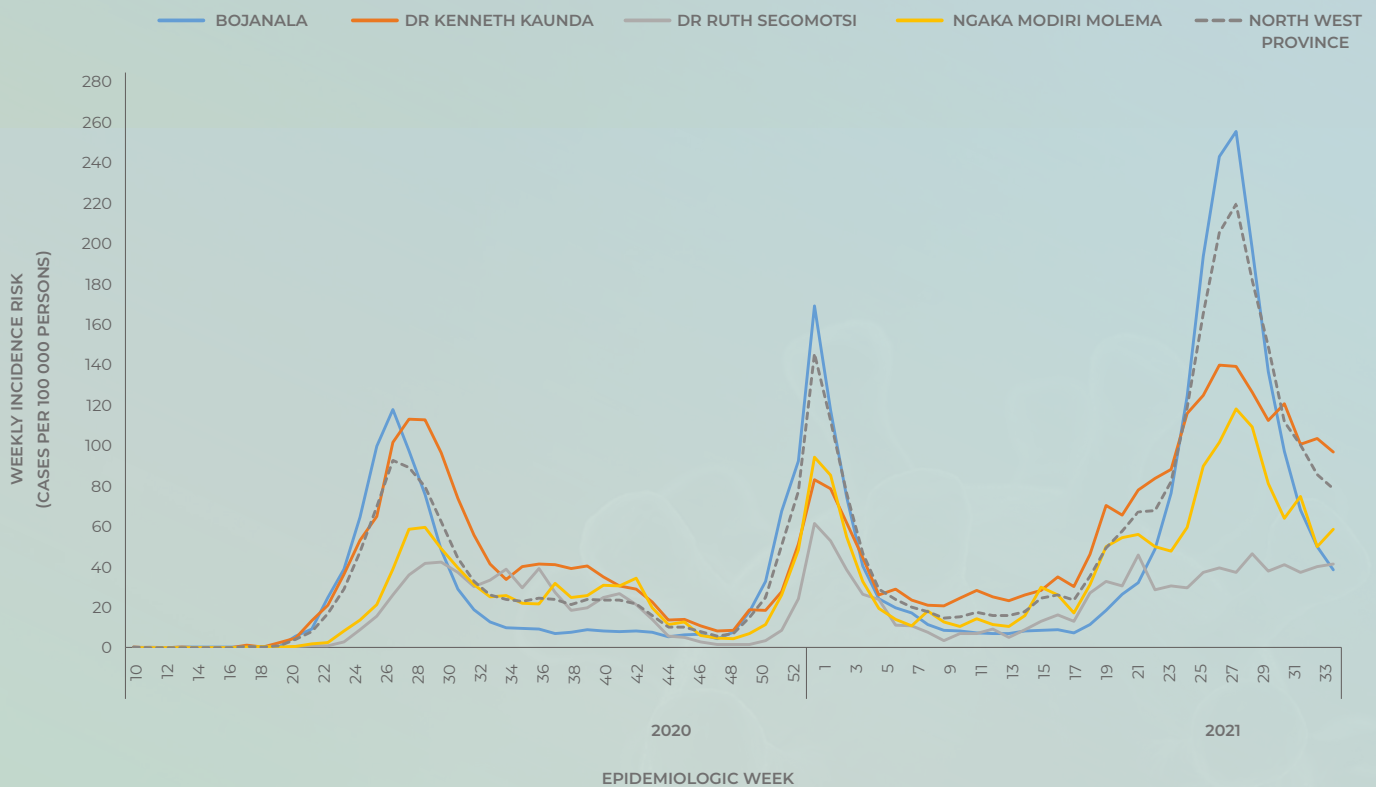


Figure 25. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, North West Province, 3 March 2020 -21 August 2021 (n=115 091, 24 778 missing district)

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 33 2021

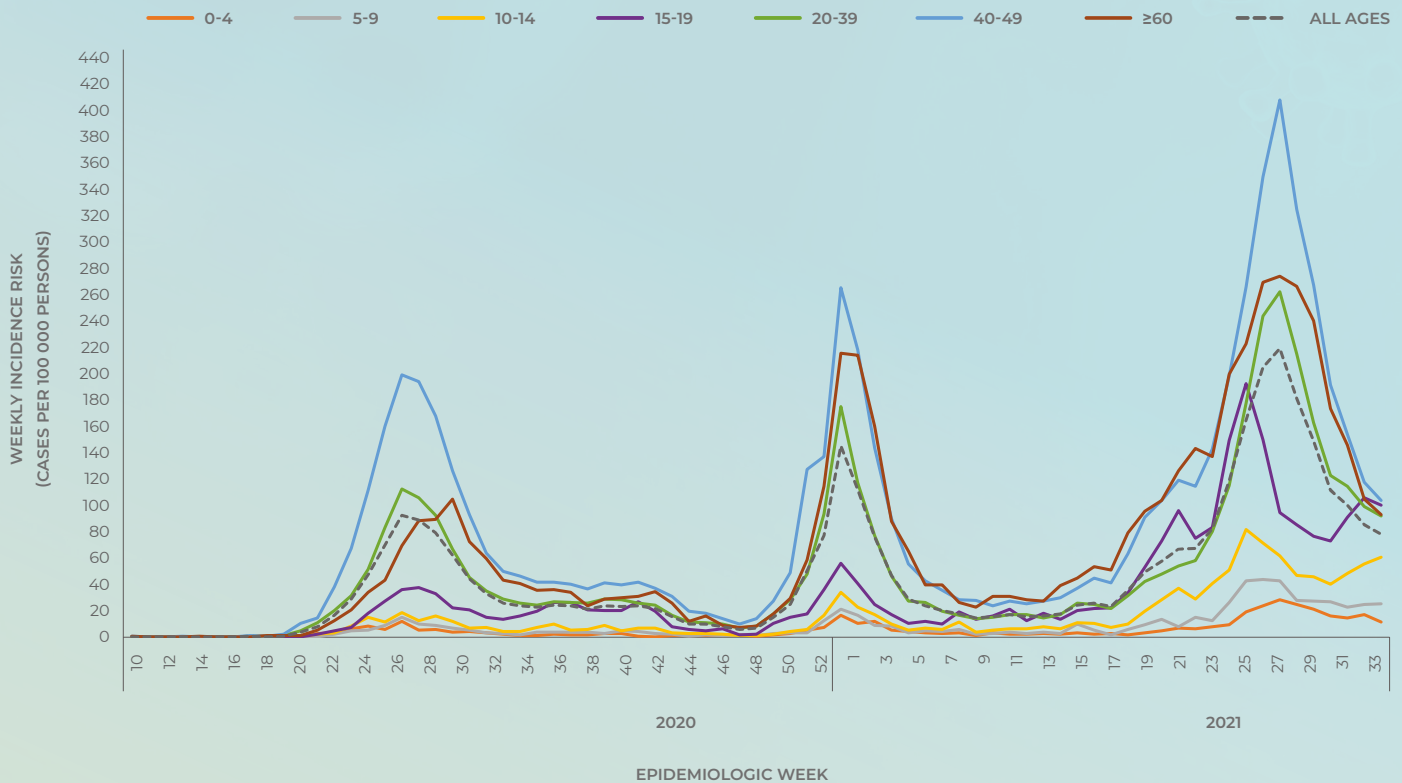


Figure 26. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, North West Province, 3 March 2020 –21 August 2021 (n=138 066, 1 803 missing age)

Northern Cape Province

Of the 76 726 cases reported from the Northern Cape Province, 64 212 (83.7%) had allocation by district. In the past week, all the districts reported a decrease in weekly incidence risk, compared to the previous week (Figure 27). The decrease ranged from 3.6 cases per 100 000 persons (3.3% decrease) in the Frances Baard to 176.5 cases per 100 000 persons (42.8% decrease) in the Namakwa districts. From week 16 of 2021 (in various weeks) to week 22 of 2021, all the districts reported weekly incidence risk higher than that reported either in the first or second waves peaks.

In the past week, all the age groups reported a decrease in weekly incidence risk, compared to the previous week (Figure 28). The decrease ranged from 8.0 cases per 100 000 persons (6.6% decrease) in the 5-9-year to 99.3 cases per 100 000 persons (28.2% decrease) in the 40-59-year age groups. In week 32, all the age groups reported weekly incidence risk higher than that reported in the first and second wave peaks, except the 40-59-year and ≥60-year age groups, which continued to report incidence below the first and second wave peaks.

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 33 2021

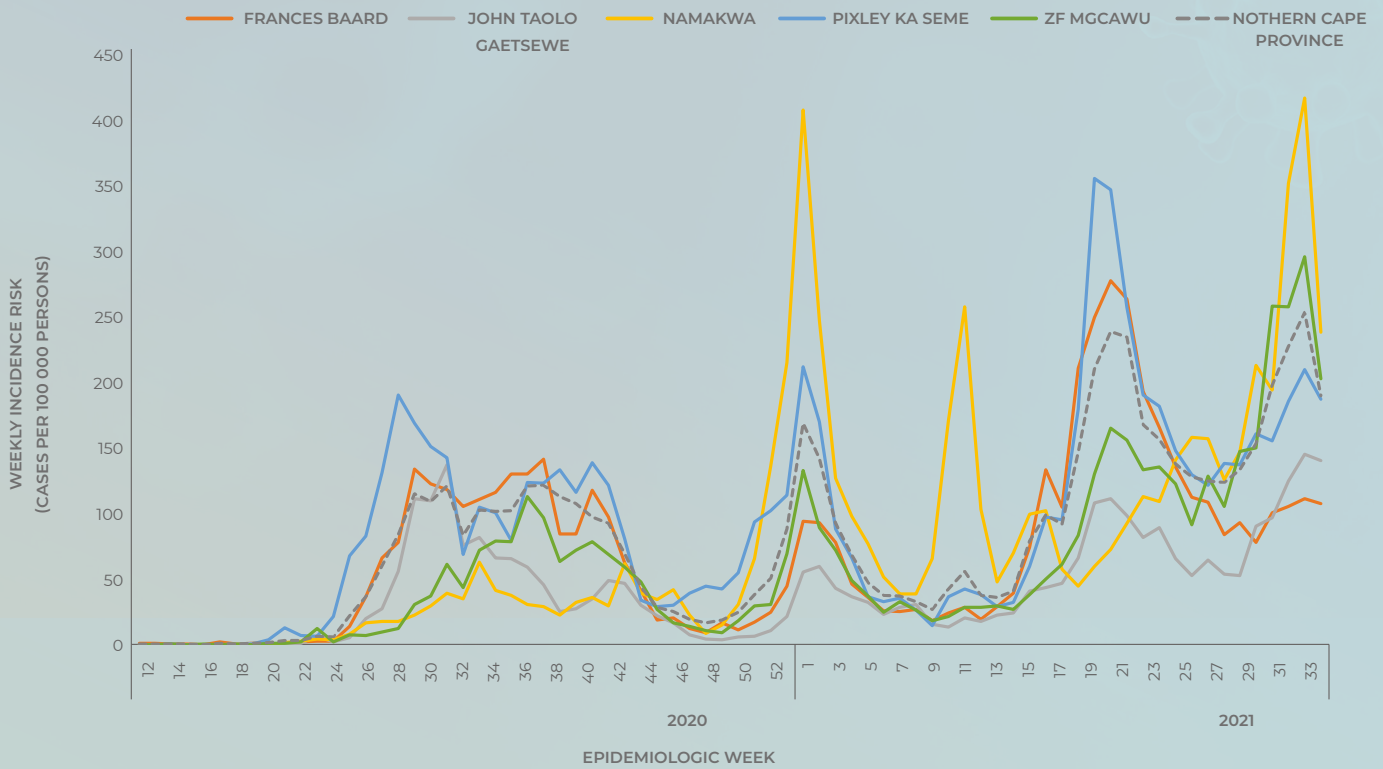


Figure 27. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Northern Cape Province, 3 March 2020–21 August 2021 (n=64 212, 12 514 missing district)

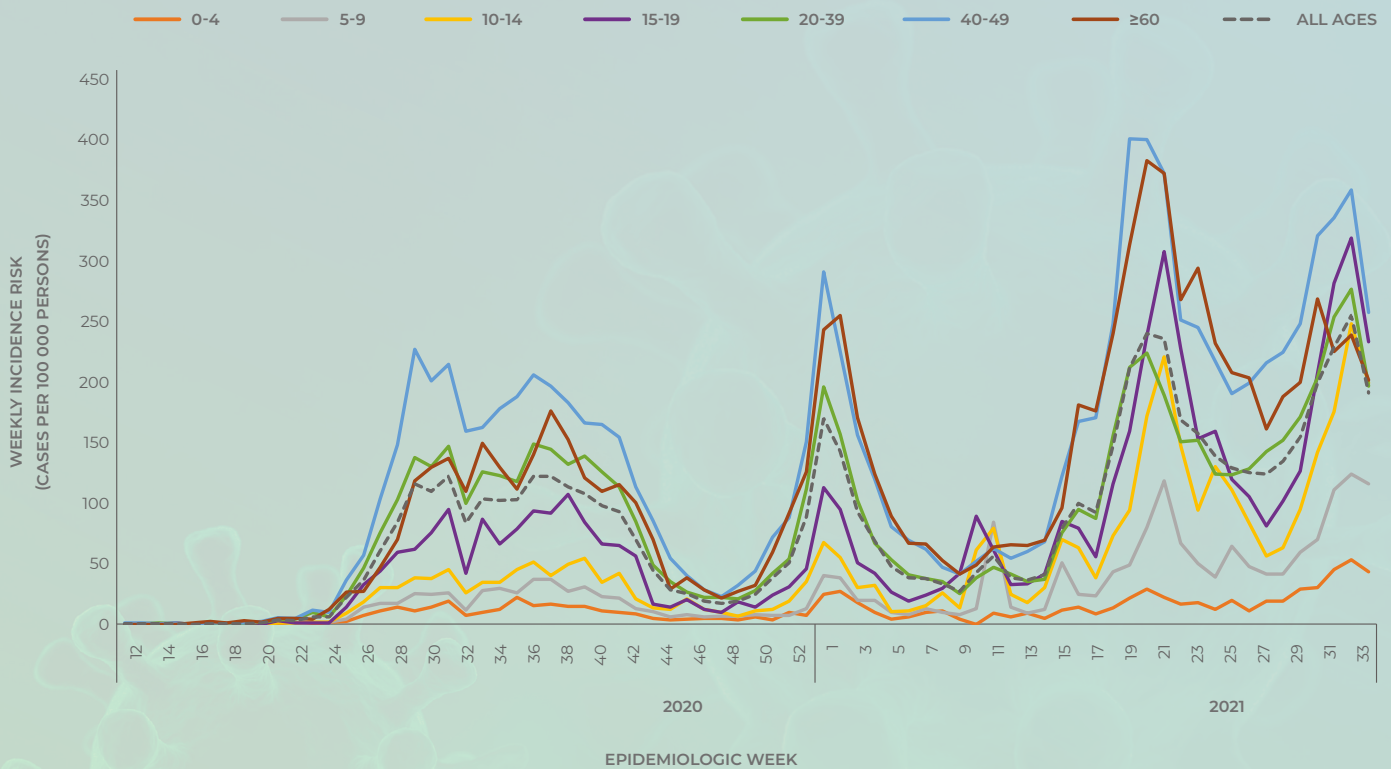


Figure 28. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Northern Cape Province, 3 March 2020 –21 August 2021 (n=76 184, 542 missing age)

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. Changes in testing strategy during the different times of the epidemic may also affect the number of cases reported, leading to a decrease in number of positive cases if testing is only conducted for severe cases or certain risk groups.

Conclusions

To date, 2 690 973 cases, including 84 745 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 KwaZulu-Natal and Free State provinces have reported an increase in weekly incidence risk in the past week. The eThekweni Metro and uMgungundlovu Metro continued to report the highest weekly incidence risk in the KwaZulu-Natal Province compared to other districts. The Mangaung Metro in the Free State Province reporting the highest weekly incidence compared to other districts. Some of the reduction shown by other provinces and districts in the past week maybe due to delayed reporting or decrease in testing. There was a reduction in weekly incidence risk in week 28 of 2021 related to unrest predominantly in Gauteng and KwaZulu-Natal. The reduction was more marked in younger individuals, likely because they experience milder illness and therefore are less likely to test in time of unrest. An increase in weekly incidence of new cases among individuals aged < 20 years has been reported by different provinces since week 27 of 2021, but with different start weeks in some provinces. This could be explained by clusters reported from schools, following reopening of schools in week 30 and 31 of 2021 private and public schools, respectively as well as transmission in the community as this increase preceded school opening in some provinces. The increase in cases in children in the third wave could in part be driven by the immunity gap in this age group as adults were more affected than children in the first two waves. 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.