

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF



NATIONAL INSTITUTE FOR
COMMUNICABLE DISEASES

Division of the National Health Laboratory Service

SOUTH AFRICA WEEK 36 2021

CUMULATIVE DATA FROM



CASES

2 858 195
IN TOTAL

29 283
THIS WEEK**

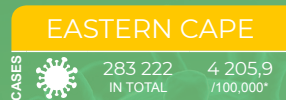
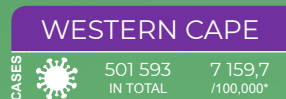


PERSONS

4 793,8
INCIDENCE RISK*

39
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, caused by the SARS-CoV-2 virus, in South Africa. This report is based on data collected up to 11 September 2021 (week 36 of 2021). Note: 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 and numbers are updated weekly as new data become available. The methods and data sources can be found at the end of the report. As of week 36 of 2021, the format of this report has been simplified, more detailed reports will be produced at regular interval.

Highlights

- As of 11 September 2021, a total of 2 858 195 laboratory-confirmed COVID-19 cases had been detected in South Africa. Of these, 38 250 were cases reported since the last report (week 35 of 2021). There was a 40.2% decrease in the number of new cases detected in week 36 of 2021 (29 283) compared to the number of new cases detected in week 35 of 2021 (48 997).
- An additional 1 382 deaths were reported since the last report. The overall case-fatality ratio is 3.2% (90 174/2 858 195). The number of deaths reported in the past week was lower than the number reported in the previous week, 1 382 deaths compared to 1 777 deaths.
- In the past week, the KwaZulu-Natal Province reported the highest number of cases detected (7 386/29 283, 25.2%), followed by the Western Cape Province (6 511/29 283, 22.2%), and the Eastern Cape Province (4 246/29 283, 14.5%), 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, compared to the previous week. The decrease ranged from 5.4 cases per 100 000 persons (37.8% decrease) in the Limpopo Province to 60.6 cases per 100 000 persons (27.4% decrease) in the Northern Cape Province. Some of the reductions in weekly incidence risk maybe due to delayed reporting or decrease in testing.
- In the past week, the Northern Cape Province reported the highest weekly incidence risk (160.8 cases per 100 000 persons), followed by the Free State Province (93.3 cases per 100 000 persons), and the Western Cape Province (92.9 cases per 100 000 persons).
- The highest weekly incidence risk among cases detected in week 36 of 2021 was reported in the ≥80-year age group (78.0 cases per 100 000 persons), followed by 45-49-year (74.6 cases per 100 000 persons), and the lowest weekly incidence risk was in the 0-4-year age group (11.2 cases per 100 000 persons).

INCIDENCE
RISK FOR
CURRENT WEEK

49,1
CASES PER
100 000
PERSONS

25,2%
OF CASES
REPORTED IN
KWAZULU-NATAL IN
CURRENT WEEK

IN CURRENT
WEEK, THE
HIGHEST
WEEKLY
INCIDENCE
RISK WAS IN
CASES AGED
80+ YEARS (78,0
CASES PER 100
000 PERSONS)

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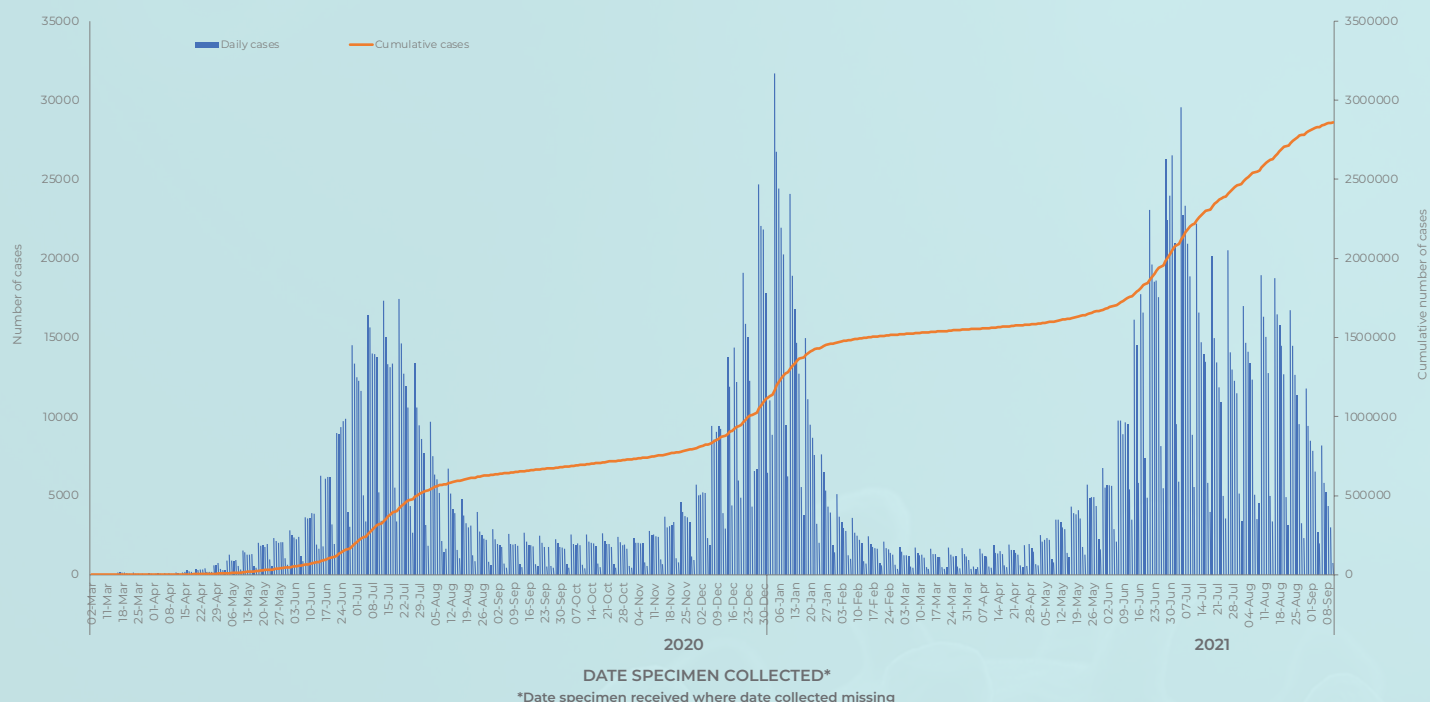


Figure 1. Number and cumulative number of laboratory-confirmed cases of COVID-19 by date of specimen collection, South Africa, 3 March 2020 –11 September 2021 (n=2 858 195)

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 –11 September 2021 (n=2 858 195)

Province	Cumulative cases (n) (percentage, n/total cases in South Africa)	New cases ¹ detected in week 36 (5-11 Sept 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 36 of 2021 (cases/100 000 persons)	Tests ⁴ per 100 000 persons, 5-11 Sept 2021
Eastern Cape	283 222 (9.9)	4 246 (14.5)	6 734 001	4 205.9	63.1	392.7
Free State	156 268 (5.5)	2 732 (9.3)	2 928 903	5 335.4	93.3	559.8
Gauteng	911 854 (31.9)	2 848 (9.7)	15 488 137	5 887.4	18.4	441.7
KwaZulu-Natal	501 426 (17.5)	7 386 (25.2)	11 531 628	4 348.3	64.0	485.6
Limpopo	121 292 (4.2)	518 (1.8)	5 852 553	2 072.5	8.9	107.7
Mpumalanga	148 676 (5.2)	1 378 (4.7)	4 679 786	3 177.0	29.4	315.5
North West	147 146 (5.1)	1 585 (5.4)	4 108 816	3 581.2	38.6	281.7
Northern Cape	86 718 (3.0)	2 079 (7.1)	1 292 786	6 707.8	160.8	694.8
Western Cape	501 593 (17.5)	6 511 (22.2)	7 005 741	7 159.7	92.9	622.1
Unknown						
Total	2 858 195	29 283	59 622 350	4 793.8	49.1	423.5

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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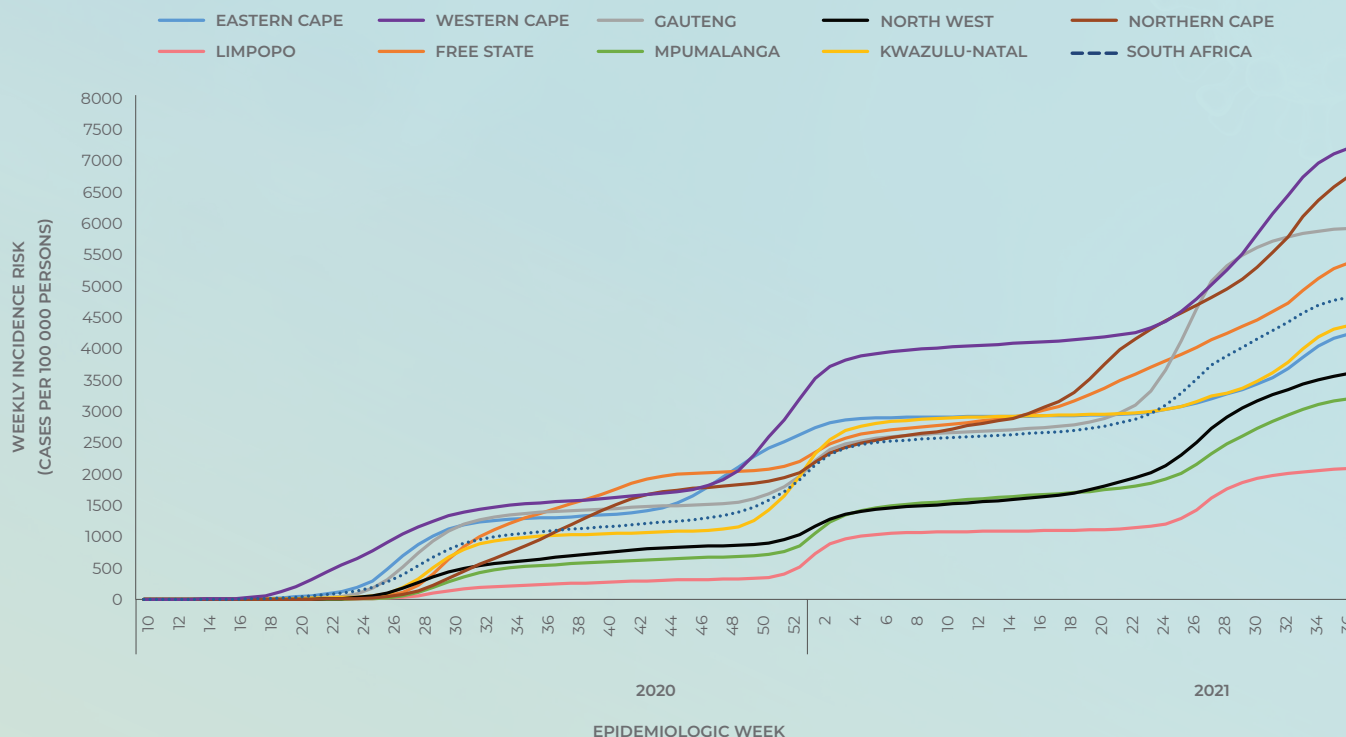


Figure 2. Cumulative incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week, South Africa, 3 March 2020 –11 September 2021 (n=2 858 195)

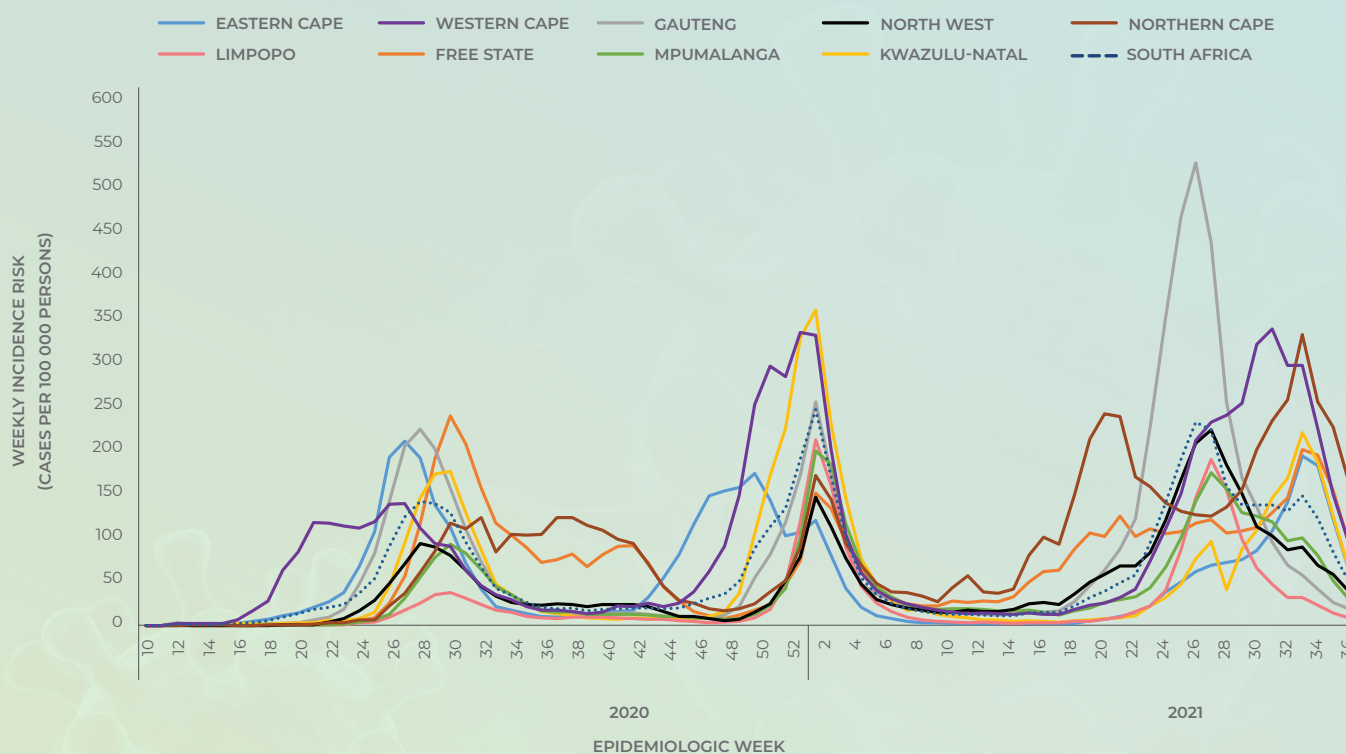


Figure 3. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week, South Africa, 3 March 2020 –11 September 2021 (n=2 858 195)

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Characteristics of COVID-19 cases in South Africa by age and sex

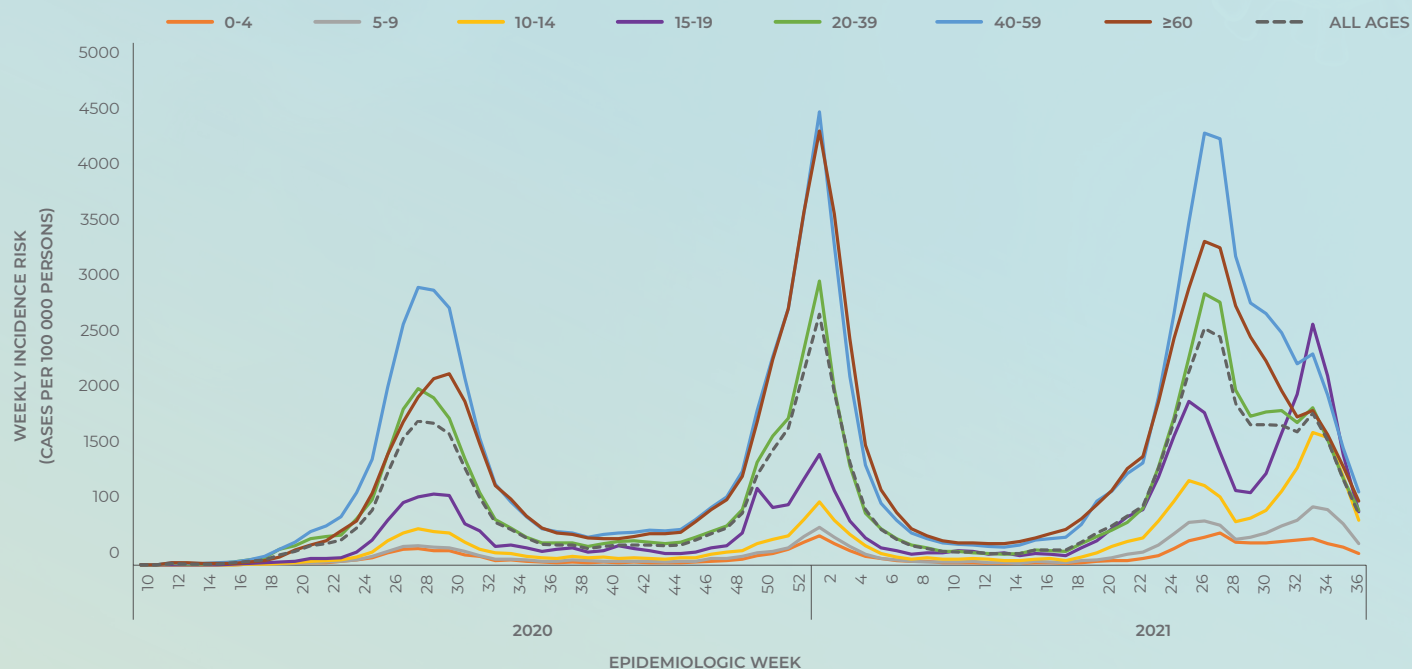


Figure 4. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, South Africa, 3 March 2020 -11 September 2021 (n= 2 831 760, 26 435 missing age)

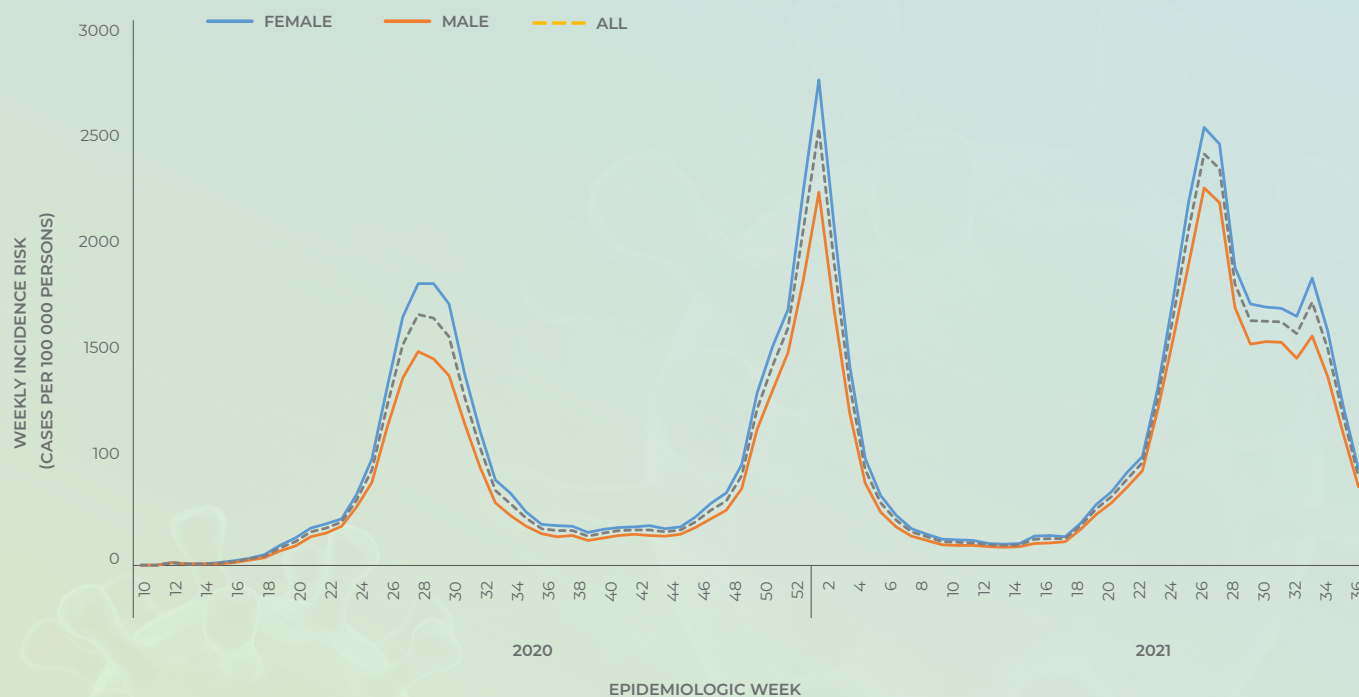


Figure 5. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by sex and epidemiologic week, South Africa, 3 March 2020 -11 September 2021 (n= 2 827 148, sex missing for 31 047)

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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 –11 September 2021, n= 2 831 760, 26 435 missing age)

Age group (years)	Cumulative cases (n) (percentage, n/ total cases in South Africa)	New cases ¹ detected in week 36 (5-11 Sept 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 36 of 2021 (cases/100 000 persons)
0-4	36 951 (1.3)	645 (2.2)	5 743 450	643.4	11.2
5-9	54 551 (1.9)	1 187 (4.1)	5 715 952	954.4	20.8
10-14	101 245 (3.6)	2 388 (8.2)	5 591 553	1 810.7	42.7
15-19	155 870 (5.5)	2 447 (8.4)	4 774 579	3 264.6	51.3
20-24	180 779 (6.4)	2 078 (7.2)	4 823 367	3 748.0	43.1
25-29	266 602 (9.4)	2 773 (9.6)	5 420 754	4 918.2	51.2
30-34	313 232 (11.1)	3 076 (10.6)	5 641 750	5 552.0	54.5
35-39	323 148 (11.4)	2 889 (10.0)	4 798 293	6 734.6	60.2
40-44	277 870 (9.8)	2 355 (8.1)	3 733 942	7 441.7	63.1
45-49	268 870 (9.5)	2 365 (8.2)	3 169 648	8 482.6	74.6
50-54	245 408 (8.7)	1 831 (6.3)	2 571 263	9 544.3	71.2
55-59	205 090 (7.2)	1 622 (5.6)	2 211 309	9 274.6	73.4
60-64	140 759 (5.0)	1 049 (3.6)	1 796 316	7 836.0	58.4
65-69	95 956 (3.4)	791 (2.7)	1 408 665	6 811.8	56.2
70-74	69 140 (2.4)	614 (2.1)	1 007 174	6 864.8	61.0
75-79	44 400 (1.6)	429 (1.5)	637 062	6 969.5	67.3
≥80	51 889 (1.8)	450 (1.6)	577 273	8 988.6	78.0
Unknown	26 435	294			
Total	2 858 195	29 283	59 622 350	4 793.8	49.1

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

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Provincial trends of COVID-19 cases

Eastern Cape Province

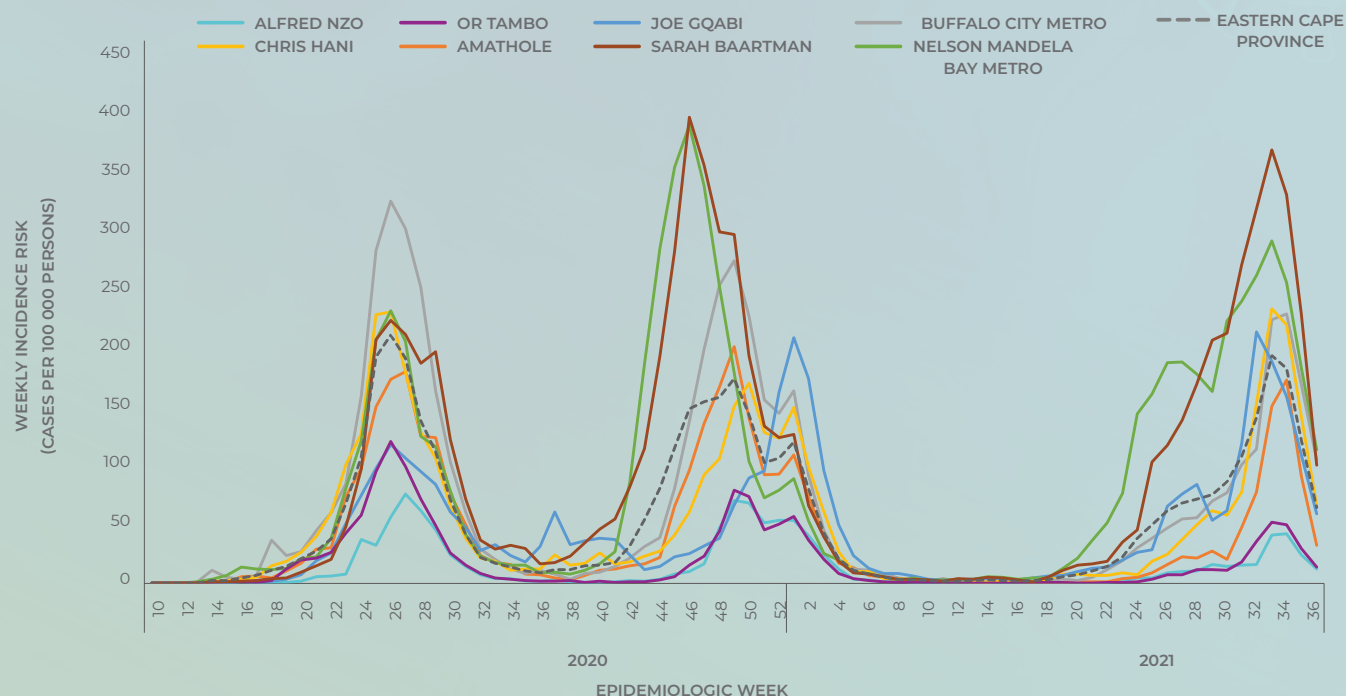


Figure 6. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Eastern Cape Province, 3 March 2020 –11 September 2021 (n=254 351, 28 871 missing district)

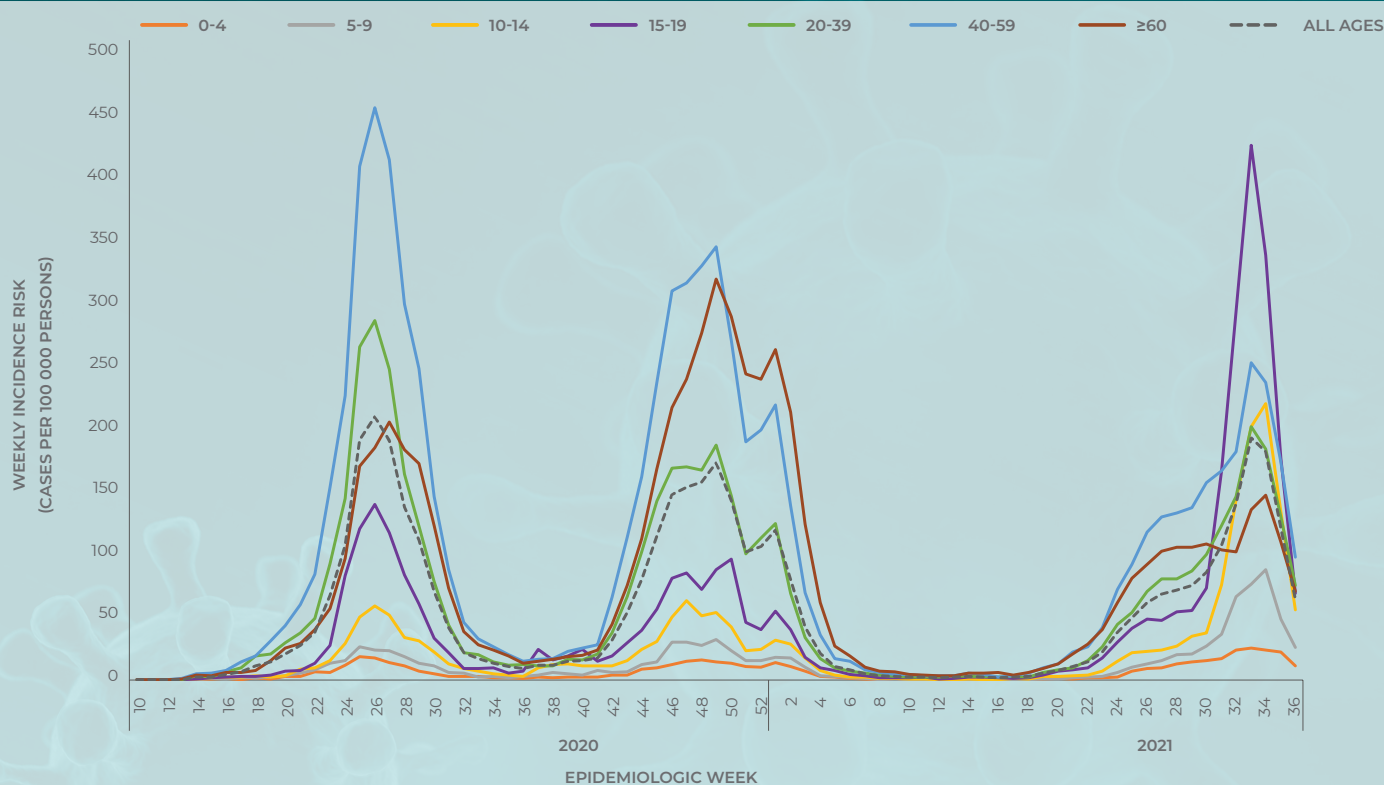


Figure 7. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Eastern Cape Province, 3 March 2020 –11 September 2021 (n=280 269, 2 953 missing age)

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Western Cape Province

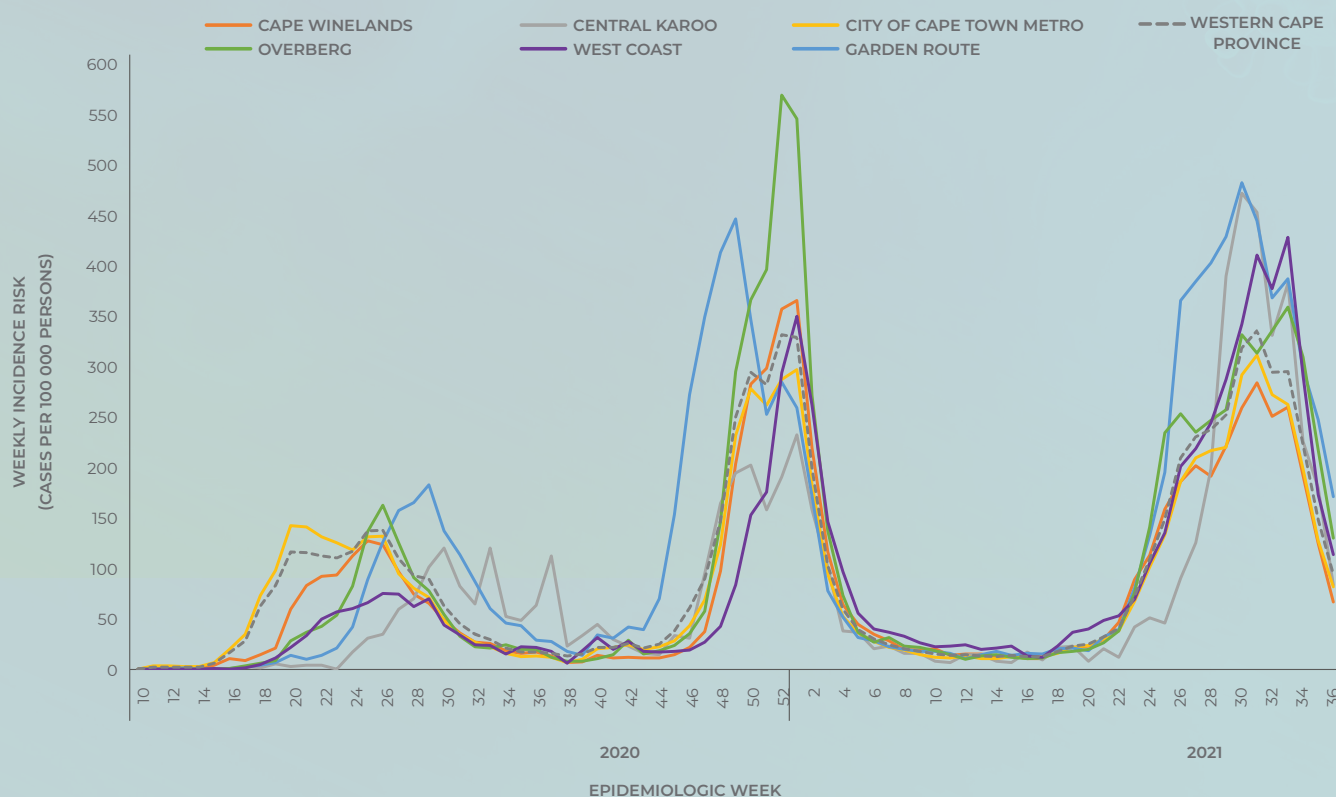


Figure 8. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Western Cape Province, 3 March 2020 –11 September 2021 (n=478 665, 22 928 missing district)

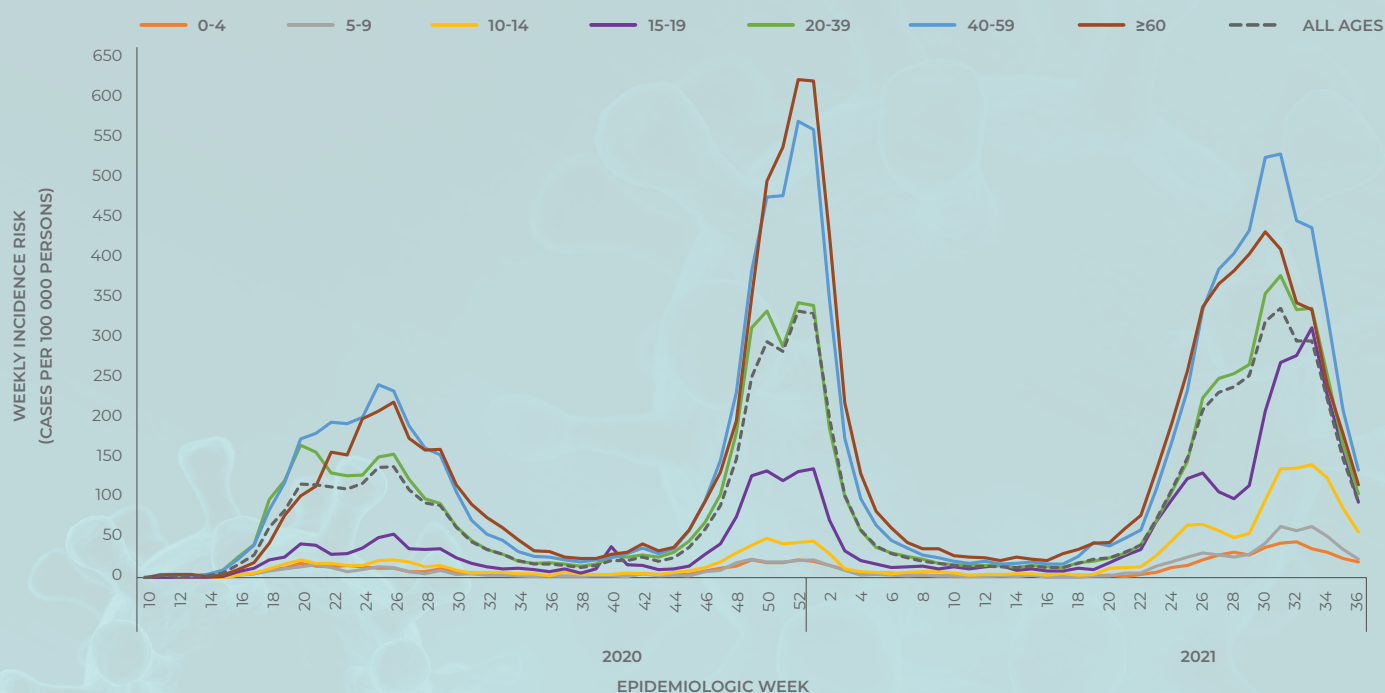


Figure 9. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Western Cape Province, 3 March 2020 –11 September 2021 (n=500 133, 1 460 missing age)

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Gauteng Province

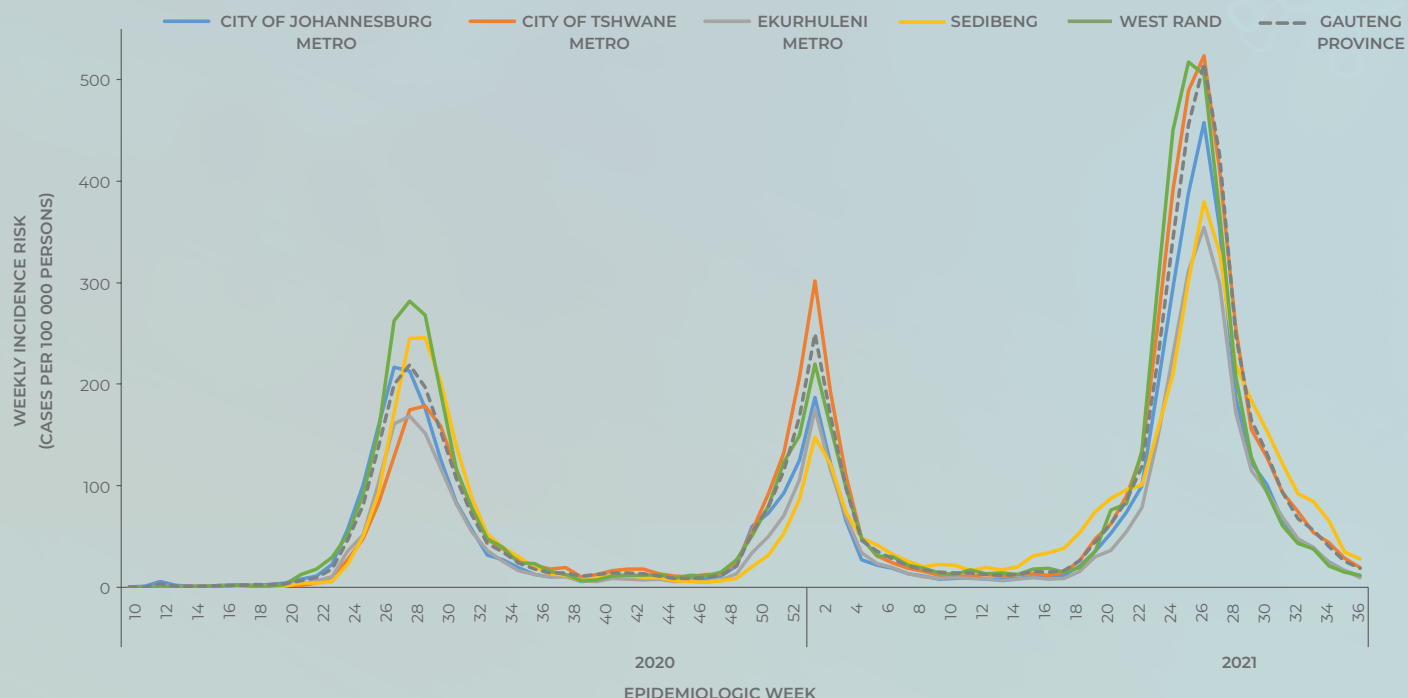


Figure 10. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Gauteng Province, 3 March 2020 –11 September 2021 (n=782 738, 129 116 missing district)

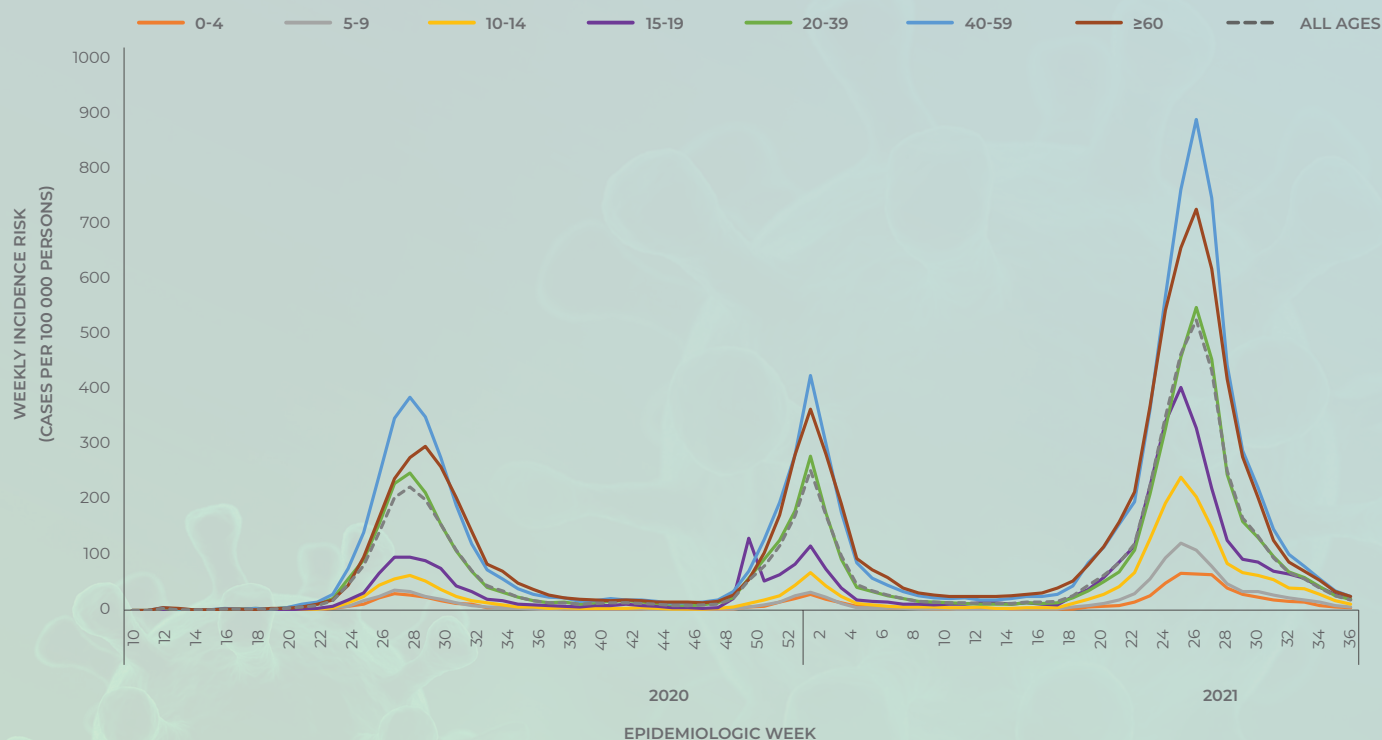


Figure 11. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Gauteng Province, 3 March 2020 –11 September 2021 (n=902 668, 9 186 missing age)

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KwaZulu-Natal Province

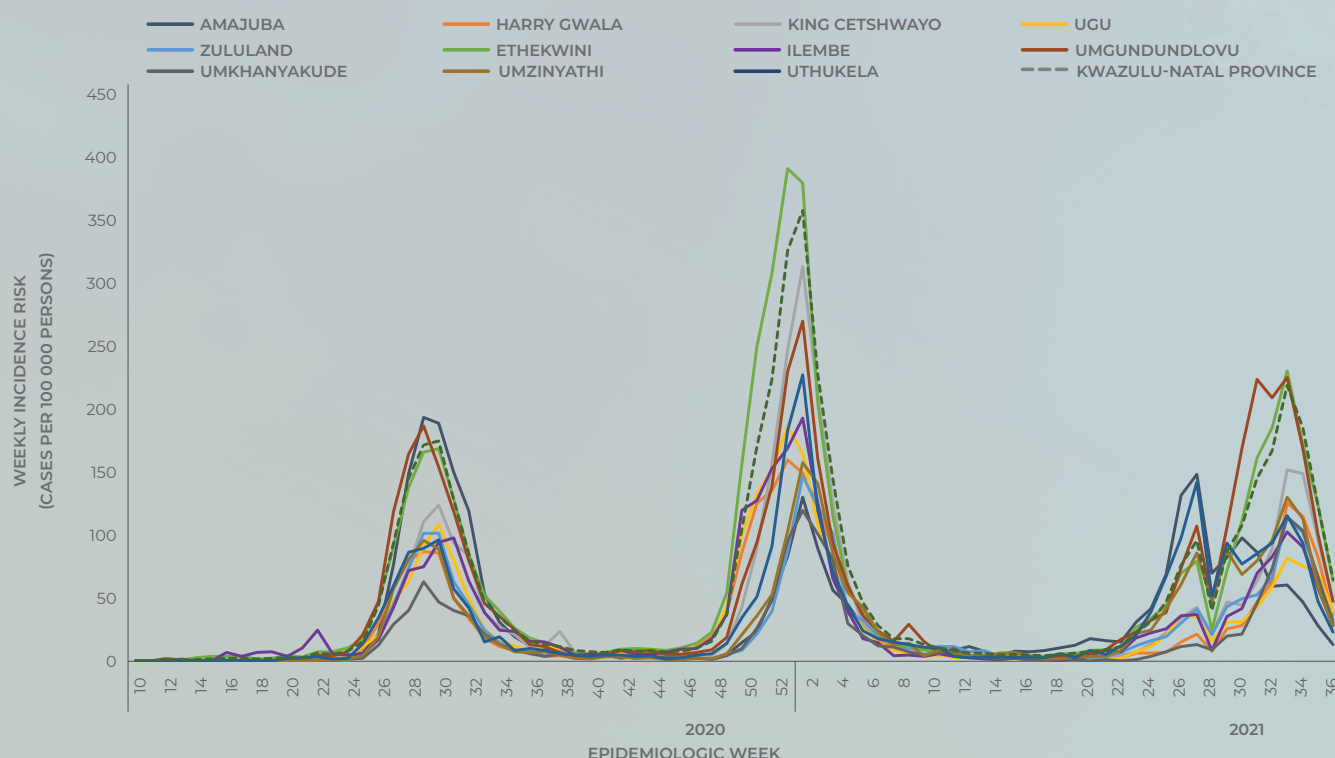


Figure 12. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, KwaZulu-Natal Province, 3 March 2020 –11 September 2021 (n=375 201, 126 225 missing district)

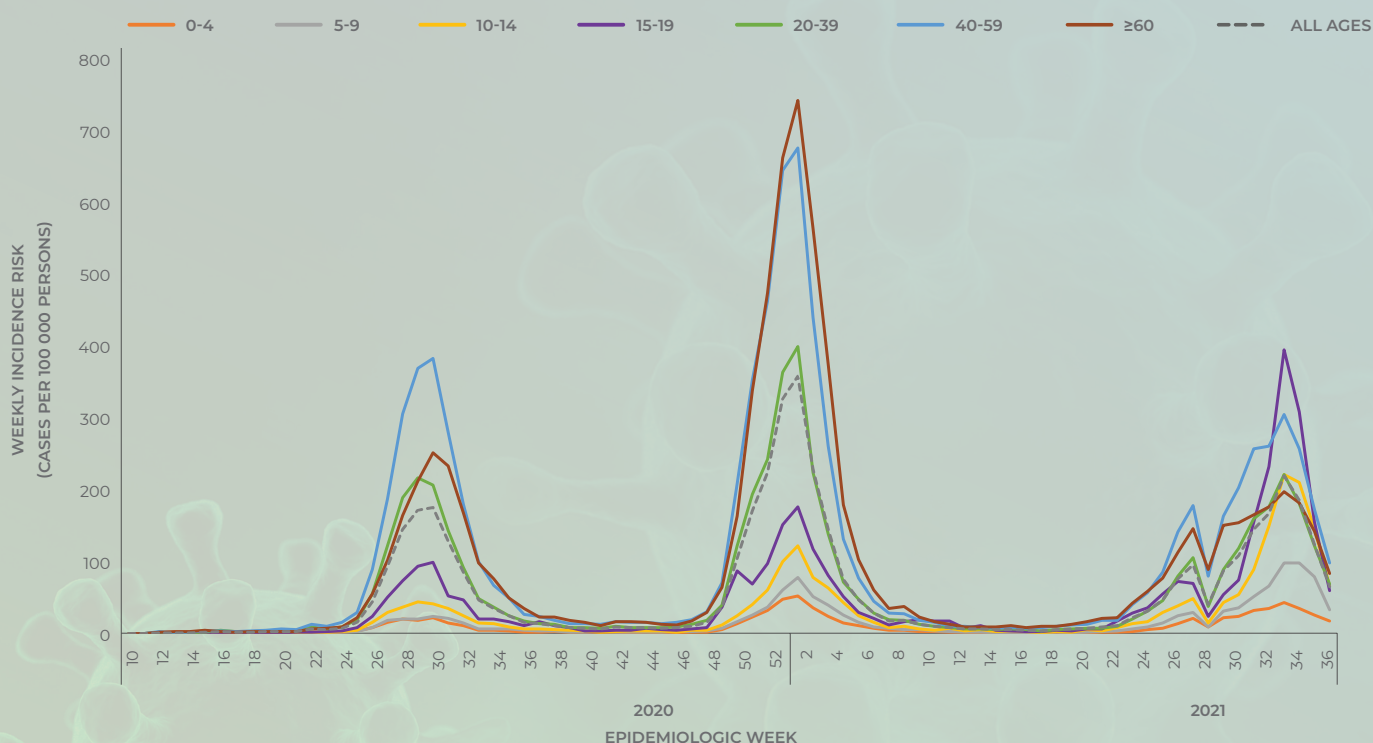


Figure 13. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, KwaZulu-Natal Province, 3 March 2020 –11 September 2021 (n=495 391, 6 035 missing age)

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Free State Province

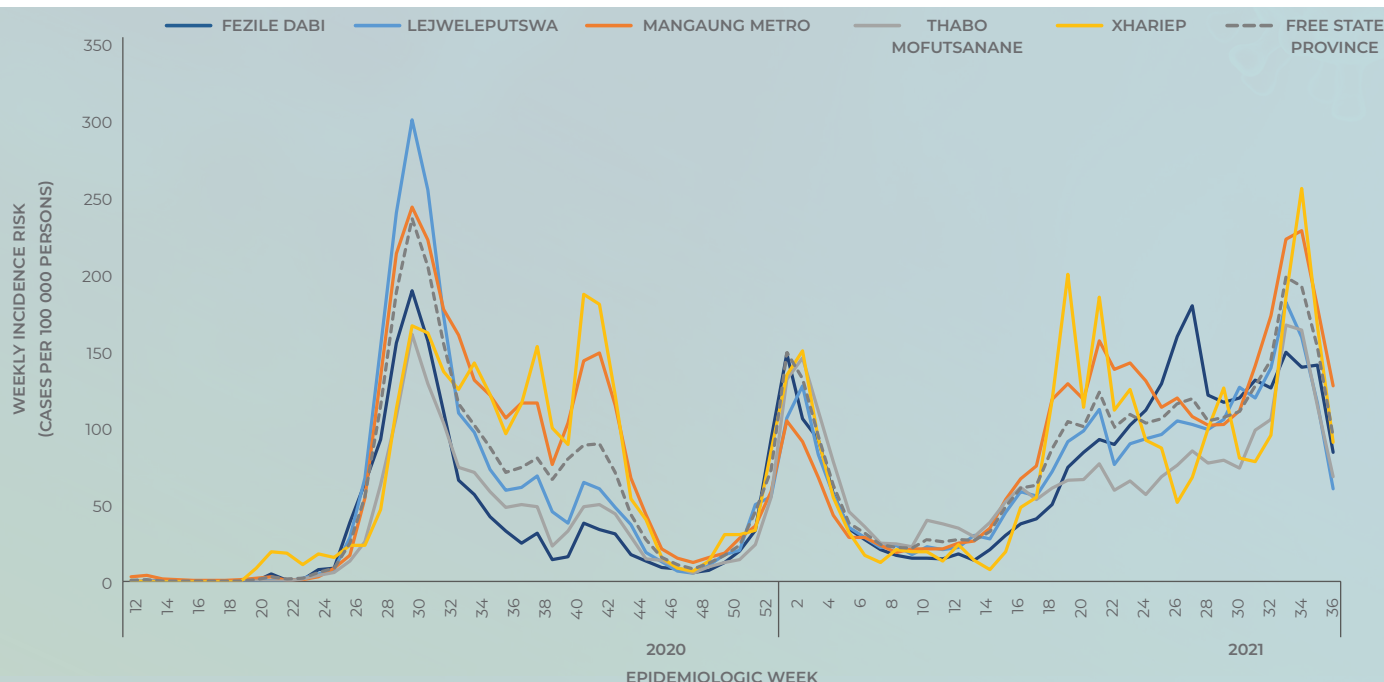


Figure 14. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Free State Province, 3 March 2020–11 September 2021 (n=144 492, 11 776 missing district)

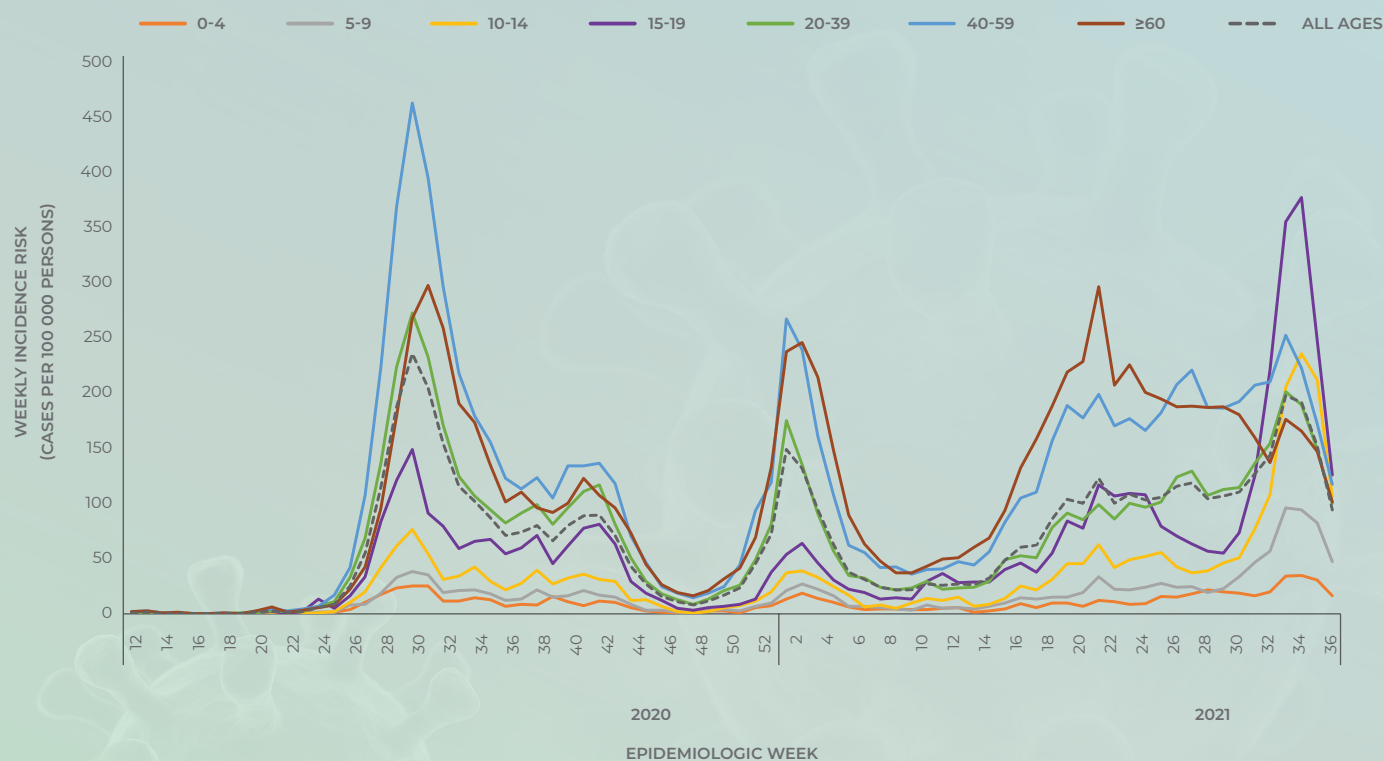


Figure 15. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Free State Province, 3 March 2020–11 September 2021 (n=155 656, 612 missing age)

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Limpopo Province

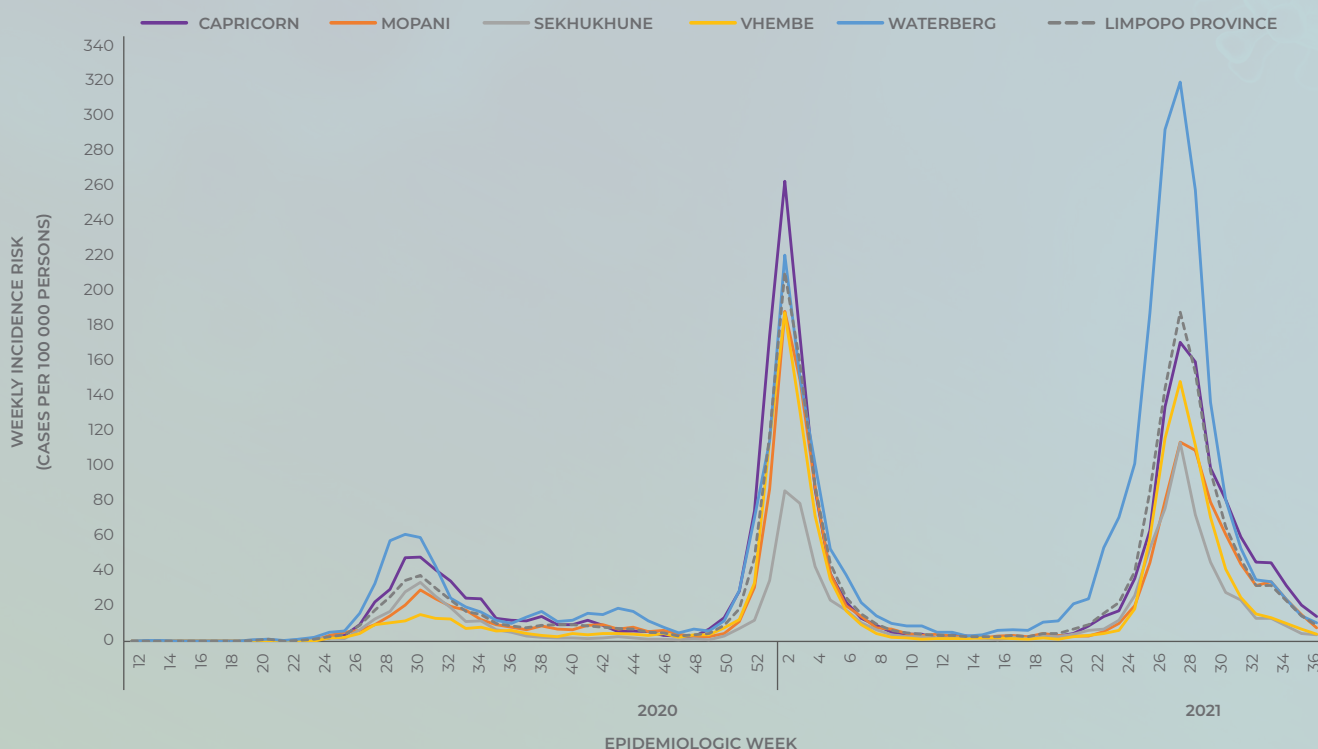


Figure 16. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Limpopo Province, 3 March 2020 –11 September 2021 (n=105 498, 15 794 missing district)

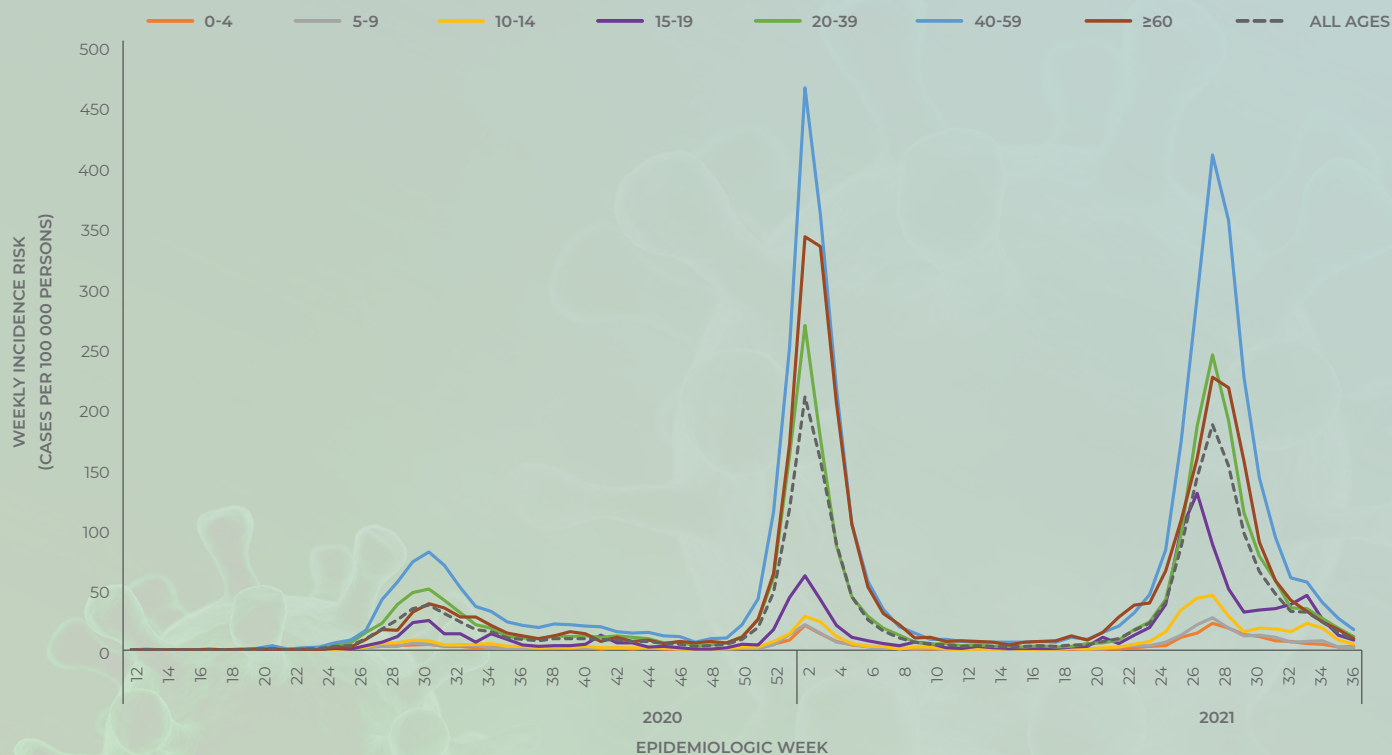


Figure 17. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Limpopo Province, 3 March 2020 –11 September 2021 (n=120 616, 676 missing age)

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Mpumalanga Province

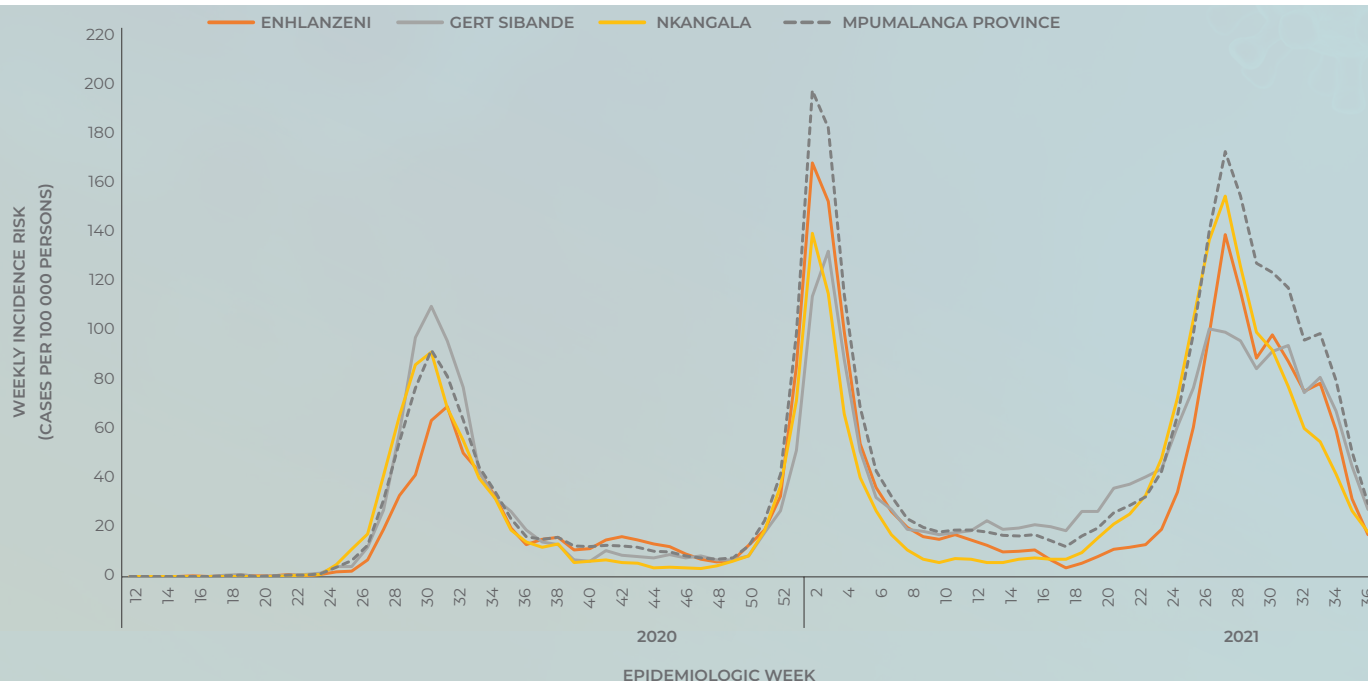


Figure 18. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Mpumalanga Province, 3 March 2020 -11 September 2021 (n=116 001, 32 675 missing district)

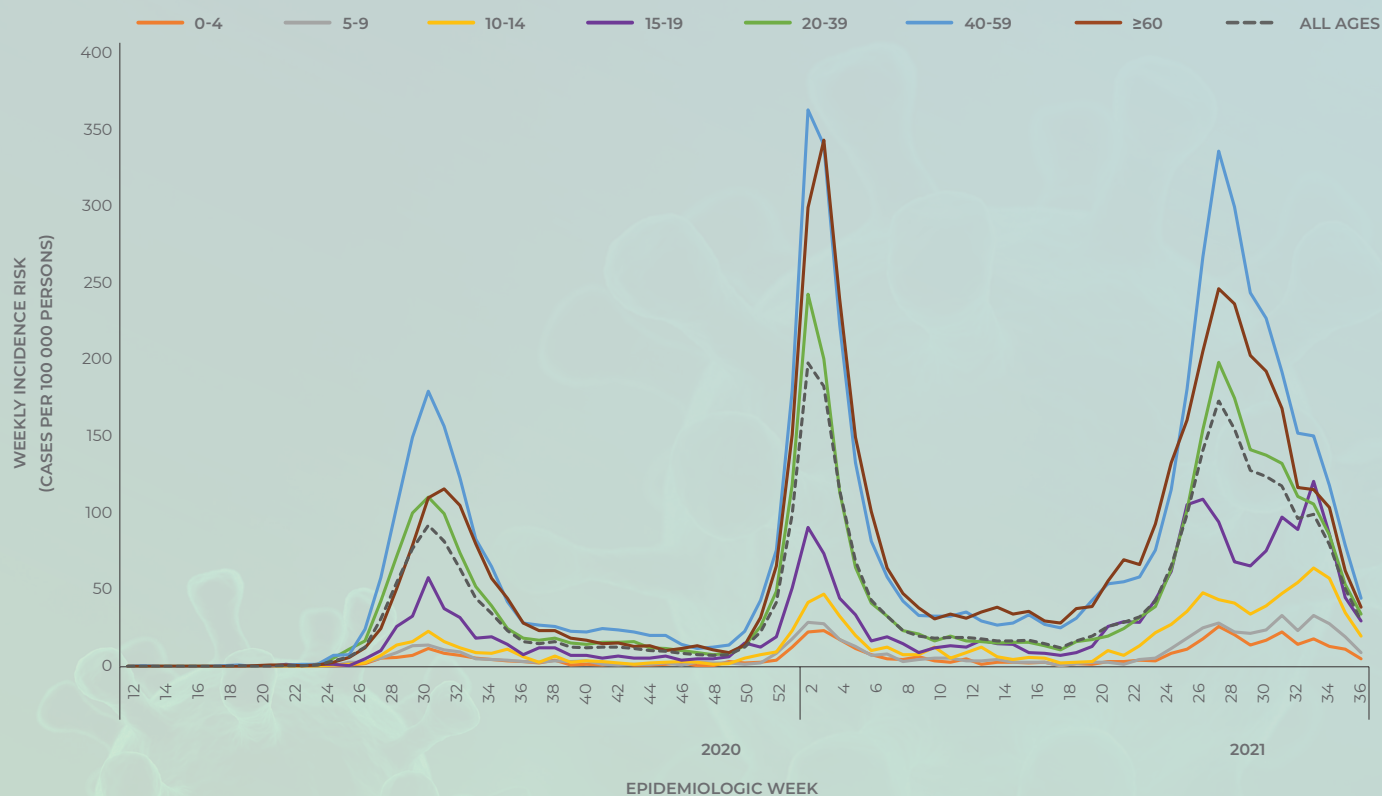


Figure 19. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group and epidemiologic week, Mpumalanga Province, 3 March 2020 -11 September 2021 (n=145 655, 3 021 missing age)

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North West Province

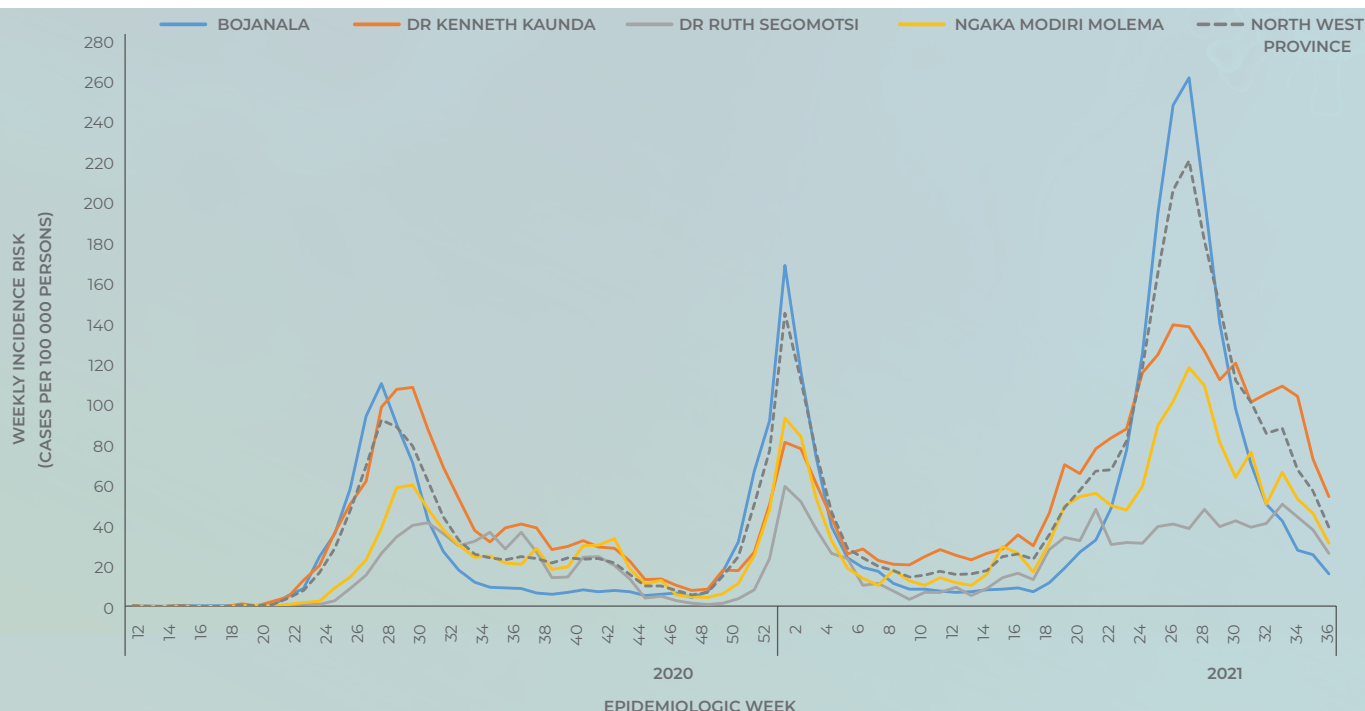


Figure 20. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, North West Province, 3 March 2020 -11 September 2021 (n=119 070, 28 076 missing district)

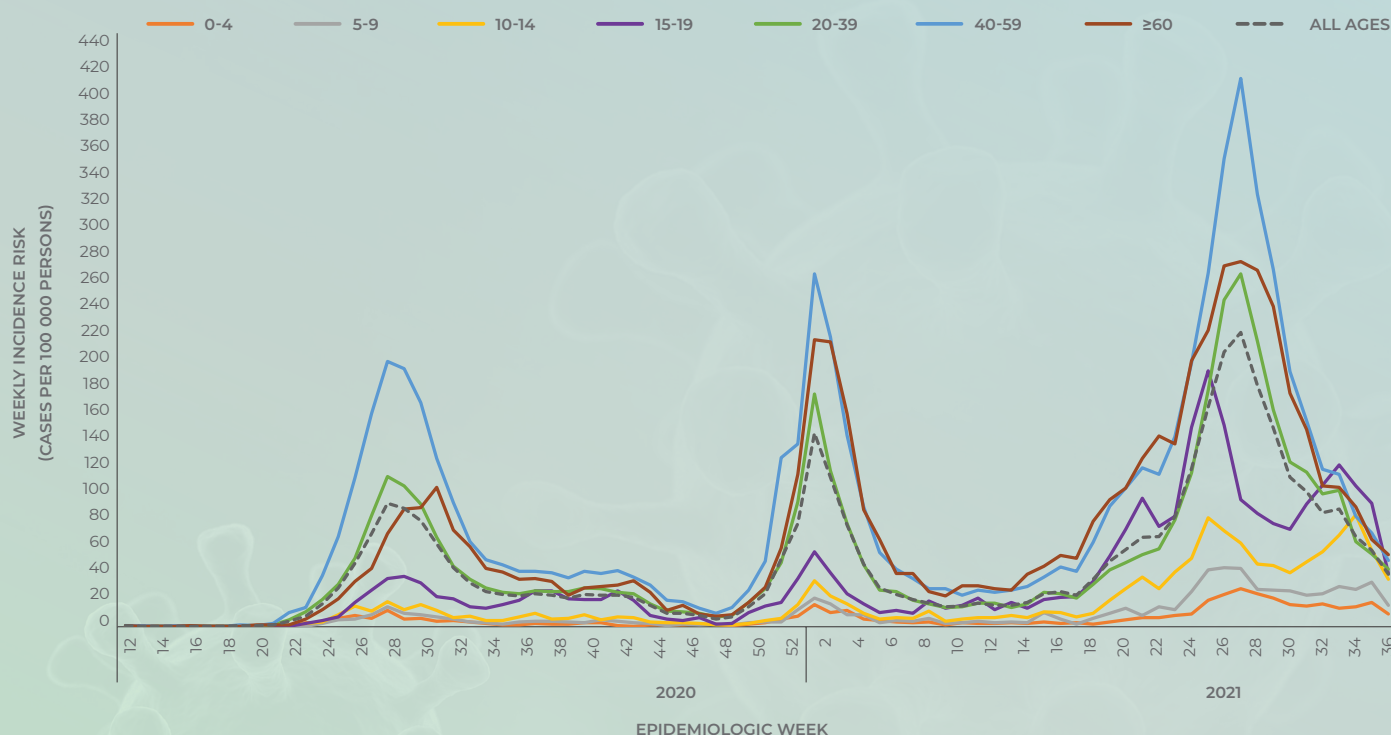


Figure 21. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, North West Province, 3 March 2020 -11 September 2021 (n=145 235, 1 911 missing age)

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Northern Cape Province

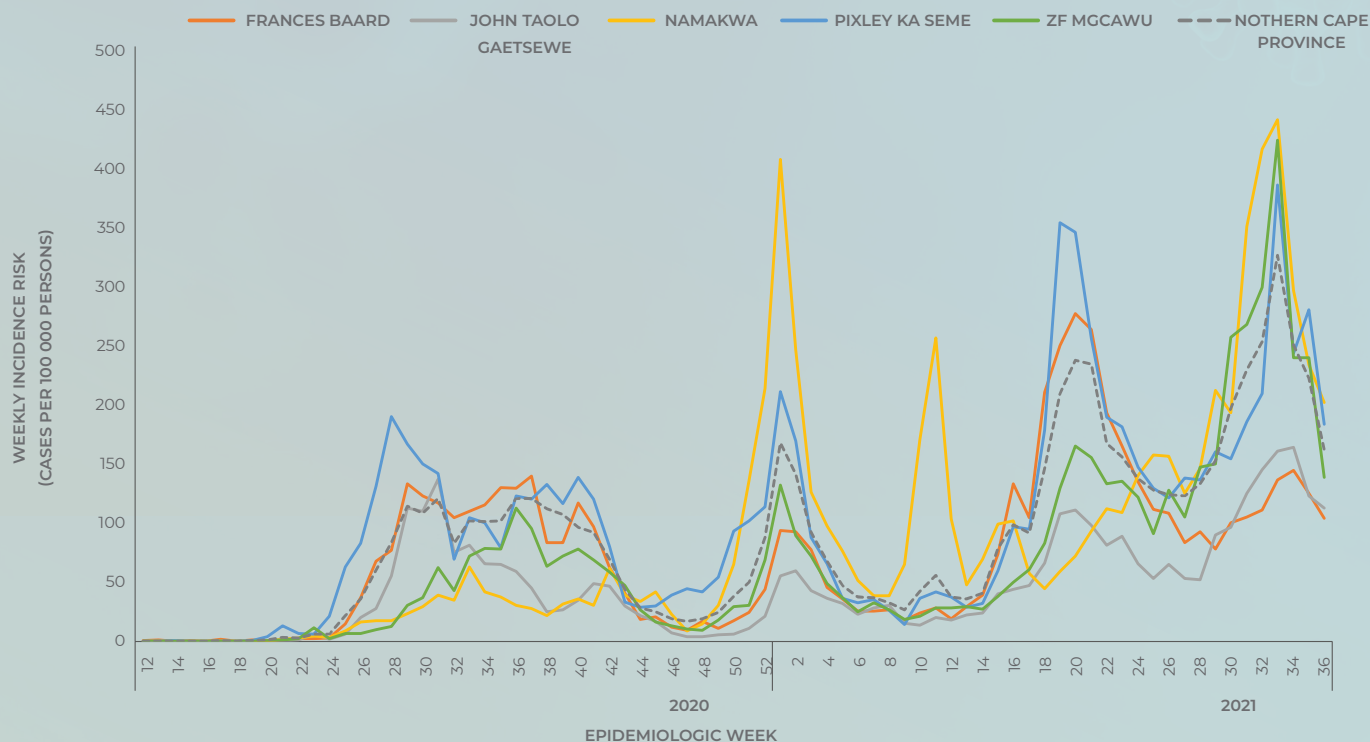


Figure 22. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week, Northern Cape Province, 3 March 2020–11 September 2021 (n= 72 423, 14 295 missing district)

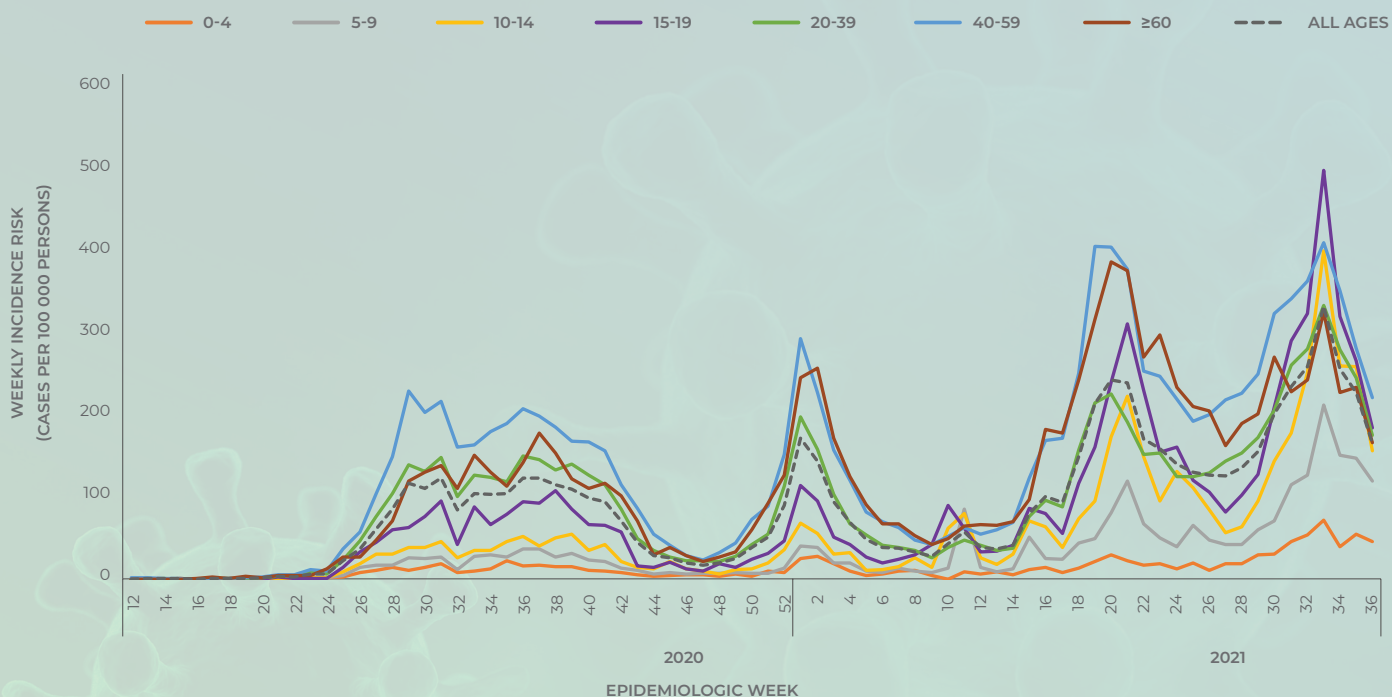


Figure 23 Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week, Northern Cape Province, 3 March 2020 –11 September 2021 (n= 86 137, 581 missing age)

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.

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 (number of deaths/number of diagnosed cases) reported here is subject to numerous limitations: it is likely to be an underestimation as reporting of deaths may be delayed 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. 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. 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.