

# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

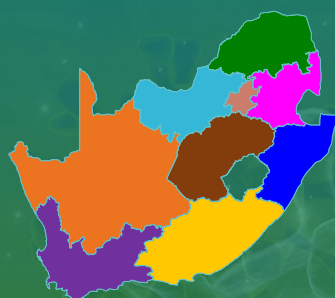


NATIONAL INSTITUTE FOR  
COMMUNICABLE DISEASES

Division of the National Health Laboratory Service

SOUTH AFRICA WEEK 5 2022

## CUMULATIVE DATA FROM



CASES

3 623 962  
IN TOTAL

17 828  
THIS WEEK\*\*

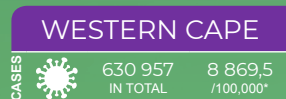


PERSONS

6 025,6  
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 5 February 2022 (week 5 of 2022). 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.

### Highlights

- As of 5 February 2022, a total of 3 623 962 laboratory-confirmed COVID-19 cases had been detected in South Africa. Of these, 20 106 were cases reported since the last report (week 4 of 2022). There was a 16.6% decrease in the number of new cases detected in week 5 of 2022 (17 828) compared to the number of new cases detected in week 4 of 2022 (21 387).
- In the past week, the Gauteng Province reported the highest number of cases detected (6 191/17 828, 34.7%), followed by the Western Cape Province (2 860/17 828, 16.0%), with other provinces reporting below 15% each.
- In the past week, all provinces reported a decrease in weekly incidence risk, compared to previous week. The decrease in weekly incidence risk ranged from 3.1 cases per 100 000 persons (14.2% decrease) in KwaZulu-Natal Province to 12.5 cases per 100 000 persons (36.9% decrease) in Limpopo Province. Some of the reduction could be due to delayed reporting.
- In the past week, the Western Cape Province reported the highest weekly incidence risk (40.2 cases per 100 000 persons), followed by the Gauteng Province (39.2 cases per 100 000 persons), Mpumalanga Province (38.9 cases per 100 000 persons), and Free State Province (38.4 cases per 100 000 persons). The other provinces reported weekly incidence below 35 cases per 100 000 persons.
- The highest weekly incidence risk among cases detected in week 5 of 2022 was reported in the ≥80-year age group (46.0 cases per 100 000 persons), and the lowest weekly incidence risk was in the 0-4-year age group (11.0 cases per 100 000 persons).
- In the past week, all age groups reported a decrease in weekly incidence risk, following an increase reported in the age groups ≤19-years the previous week.

INCIDENCE  
RISK FOR  
CURRENT WEEK

29,6  
CASES PER  
100 000  
PERSONS

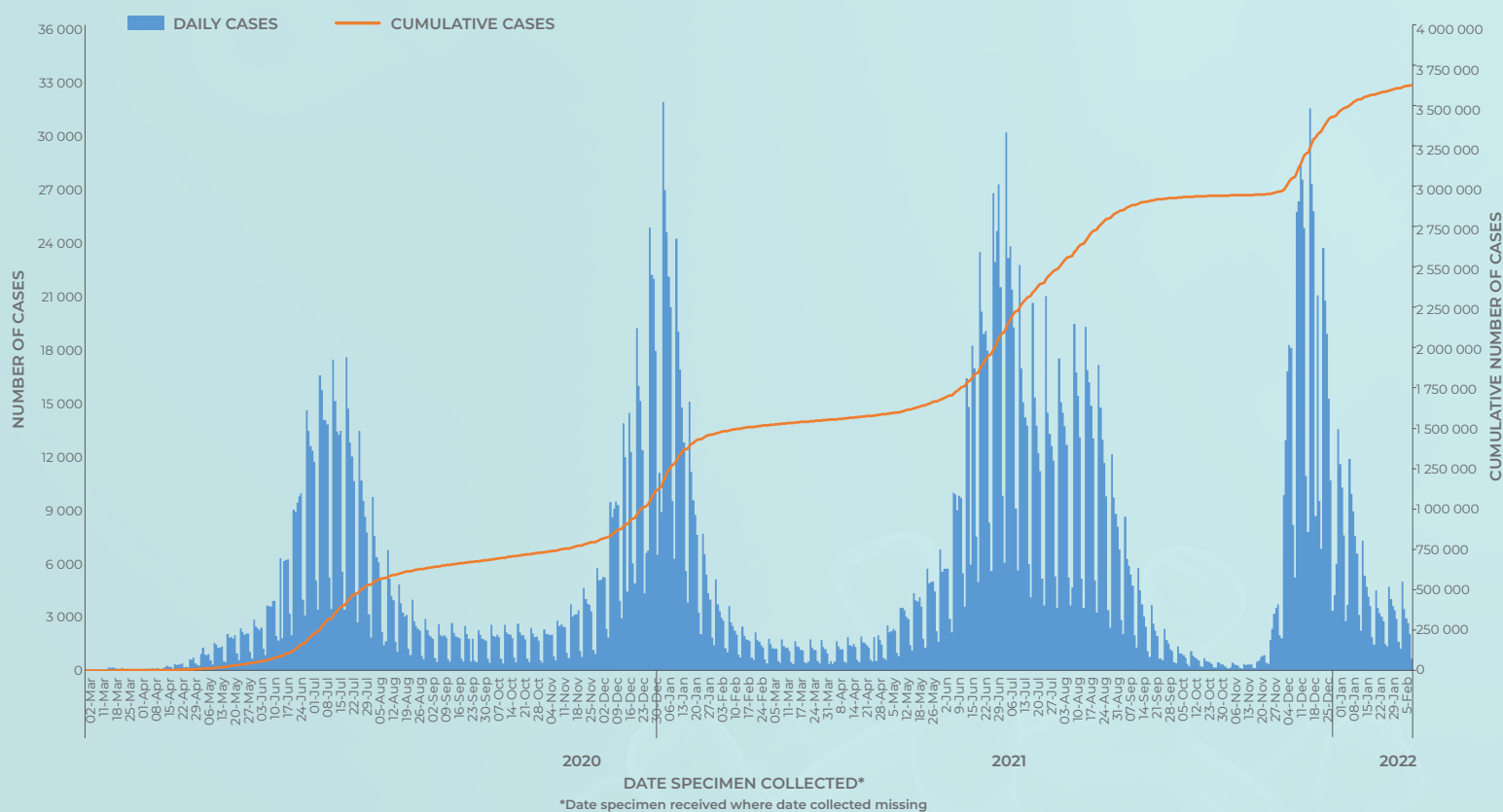
34,7%  
OF CASES  
REPORTED IN  
GAUTENG IN  
CURRENT WEEK

IN CURRENT  
WEEK, THE  
HIGHEST  
WEEKLY  
INCIDENCE  
RISK WAS IN  
CASES AGED  
80+ YEARS (46,0  
CASES PER 100  
000 PERSONS)



# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

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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 – 5 February 2022 (n=3 623 962)

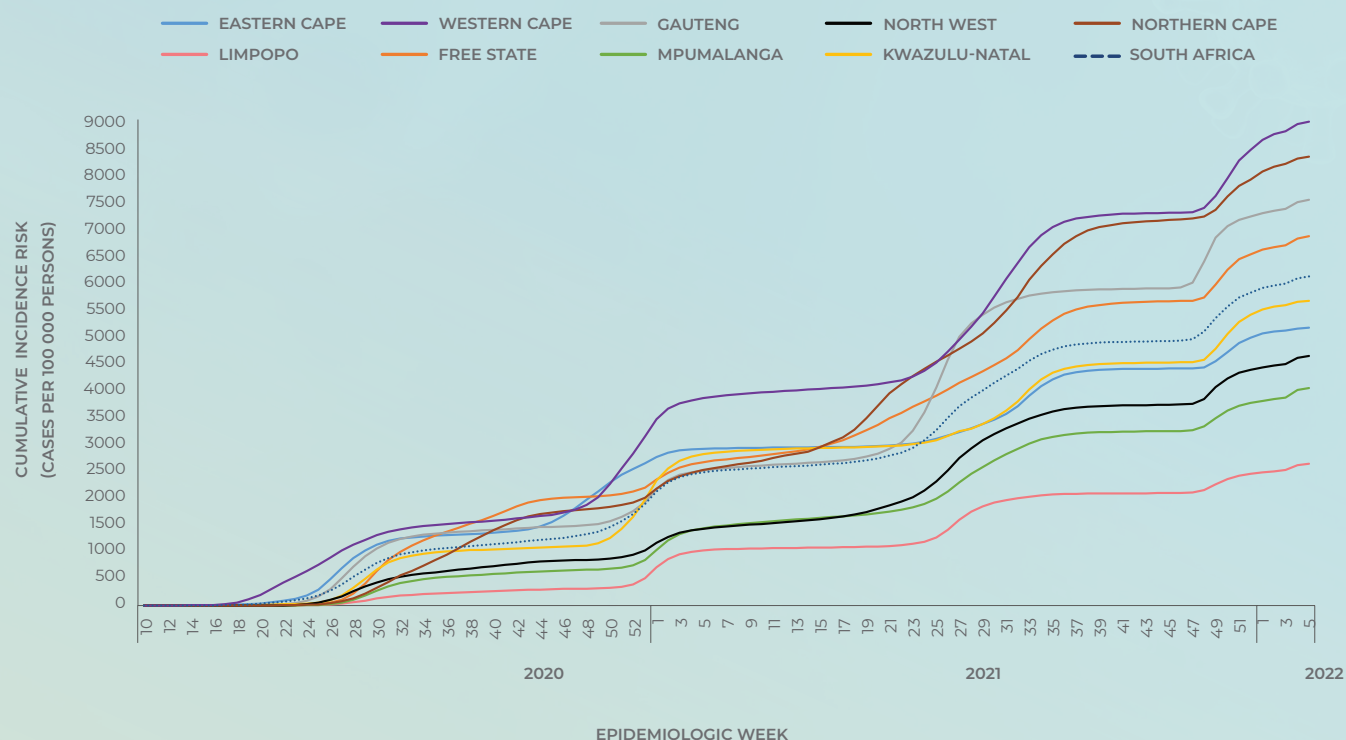
**Table 1.** Number and cumulative/weekly incidence risk of laboratory-confirmed cases of COVID-19 and testing per 100 000 persons by province, South Africa, 3 March 2020 – 5 February 2022 (n = 3 623 962)

Province	Cumulative cases (n) (percentage, n/total cases in South Africa)	New cases <sup>1</sup> detected in week 5 of 2022 (30 Jan-5 Feb), n (percentage <sup>2</sup> , n/total)	Population in mid-2021 <sup>3</sup> , n	Cumulative incidence risk (cases per 100 000 persons)	Incidence risk of new cases detected in week 5 of 2022 (cases/100 000 persons)	Tests <sup>4</sup> per 100 000 persons, 30 Jan-5 Feb 2022
Eastern Cape	341 617 (9.4)	669 (3.8)	6 676 590	5 116.6	10.0	175.1
Free State	197 956 (5.5)	1 127 (6.3)	2 932 441	6 750.6	38.4	426.1
Gauteng	1 174 292 (32.4)	6 191 (34.7)	15 810 388	7 427.3	39.2	473.8
KwaZulu-Natal	645 055 (17.8)	2 165 (12.1)	11 513 575	5 602.6	18.8	262.3
Limpopo	152 356 (4.2)	1 271 (7.1)	5 926 724	2 570.7	21.4	104.8
Mpumalanga	186 902 (5.2)	1 843 (10.3)	4 743 584	3 940.1	38.9	230.6
North West	187 446 (5.2)	1 331 (7.5)	4 122 854	4 546.5	32.3	258.6
Northern Cape	107 381 (3.0)	371 (2.1)	1 303 047	8 240.8	28.5	269.8
Western Cape	630 957 (17.4)	2 860 (16.0)	7 113 776	8 869.5	40.2	397.3
Unknown						
<b>Total</b>	<b>3 623 962</b>	<b>17 828</b>	<b>60 142 978</b>	<b>6 025.6</b>	<b>29.6</b>	<b>315.4</b>

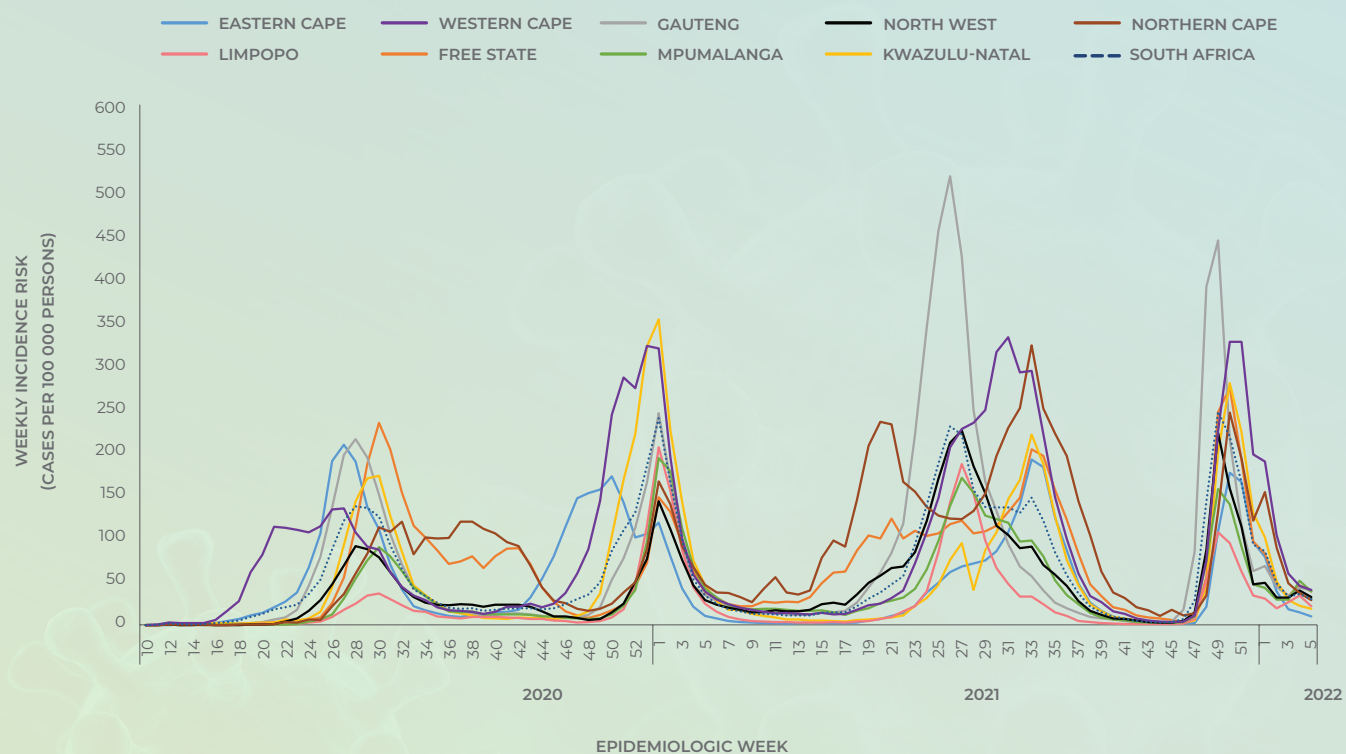
<sup>1</sup>New cases refer to cases whose samples were collected or received in the current reporting week; <sup>2</sup>Percentage=n/total number of new cases (specimen collected or received in current reporting week); <sup>3</sup>2021 Mid-year population Statistics South Africa <sup>4</sup>Data on number of tests conducted sourced from COVID-19 weekly testing report of the same reporting week

# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

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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 – 5 February 2022 (n = 3 623 962)

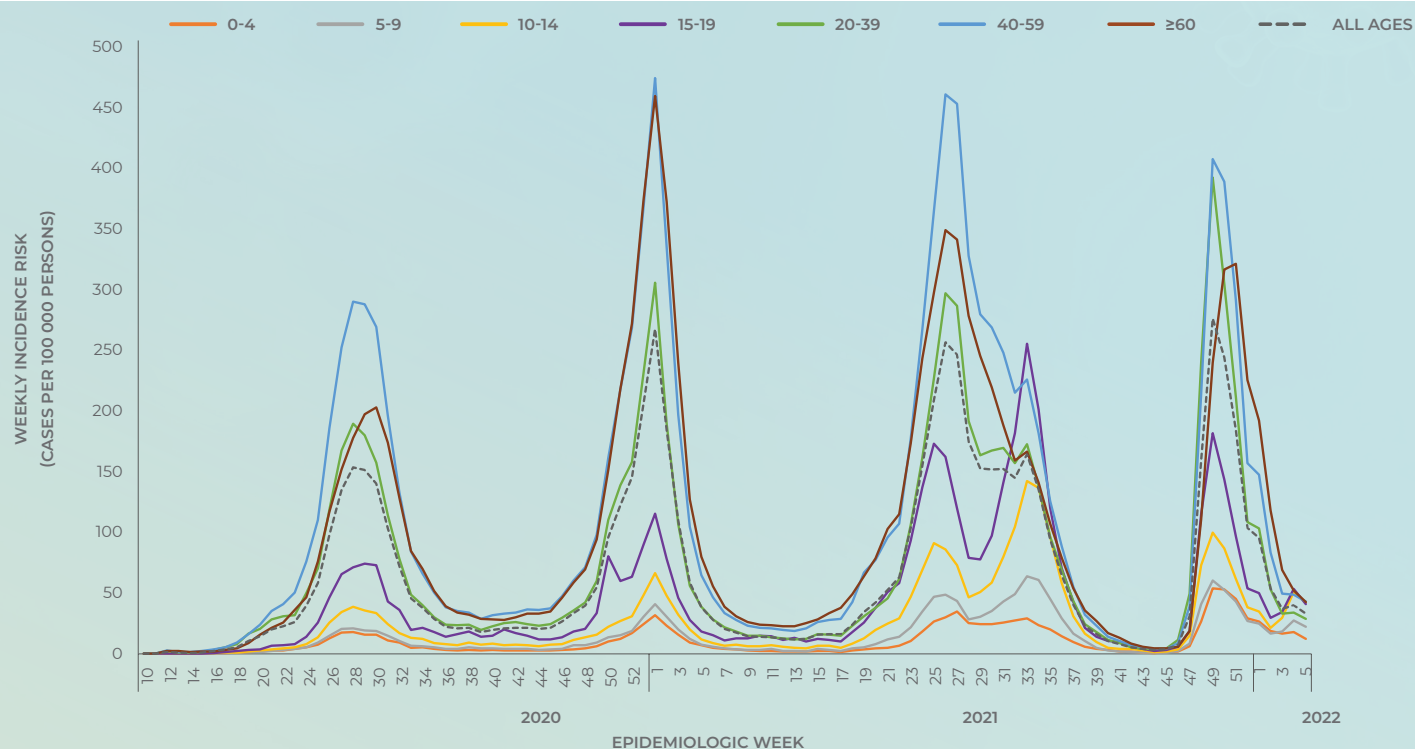


**Figure 3.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week South Africa 3 March 2020 – 5 February 2022 (n = 3 623 962)

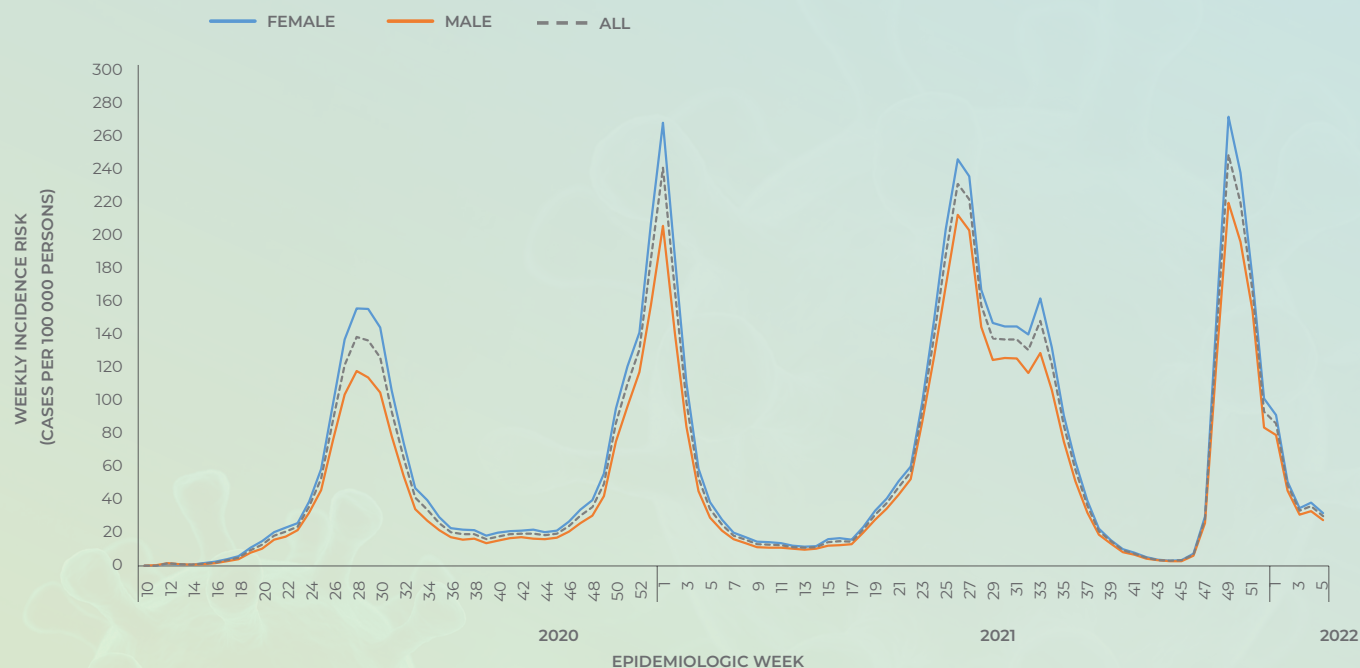
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

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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 – 5 February 2022 (n = 3 589 795, 34 167 missing age)



**Figure 5.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by sex and epidemiologic week South Africa 3 March 2020 – 5 February 2022 (n = 3 585 080, sex missing for 38 882)



# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

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**Table 2.** Number of laboratory-confirmed cases of COVID-19 and cumulative/weekly incidence risk by age group South Africa 3  
March 2020 – 5 February 2022 n = 3 589 795, 34 167 missing age)

Age group (years)	Cumulative cases (n) (percentage, n/total cases in South Africa)	New cases <sup>1</sup> detected in week 5 of 2022 (30 Jan-5 Feb), n (percentage <sup>2</sup> , n/total)	Population in mid-2021 <sup>3</sup> , n	Cumulative incidence risk (cases per 100 000 persons)	Incidence risk of new cases detected in week 5 of 2022 (cases/100 000 persons)
0-4	54 526 (1.5)	628 (3.6)	5 708 956	955.1	11.0
5-9	74 743 (2.1)	1 115 (6.3)	5 663 296	1 319.8	19.7
10-14	134 711 (3.8)	2 136 (12.1)	5 671 023	2 375.4	37.7
15-19	198 982 (5.5)	1 794 (10.2)	4 909 941	4 052.6	36.5
20-24	239 317 (6.7)	879 (5.0)	4 739 305	5 049.6	18.5
25-29	351 447 (9.8)	1 193 (6.8)	5 324 134	6 601.0	22.4
30-34	405 038 (11.3)	1 529 (8.7)	5 630 643	7 193.5	27.2
35-39	410 389 (11.4)	1 716 (9.7)	4 985 251	8 232.1	34.4
40-44	347 673 (9.7)	1 499 (8.5)	3 881 731	8 956.6	38.6
45-49	331 121 (9.2)	1 281 (7.2)	3 254 138	10 175.4	39.4
50-54	297 298 (8.3)	1 005 (5.7)	2 625 390	11 324.0	38.3
55-59	247 197 (6.9)	810 (4.6)	2 243 823	11 016.8	36.1
60-64	172 330 (4.8)	675 (3.8)	1 815 810	9 490.5	37.2
65-69	118 437 (3.3)	497 (2.8)	1 422 604	8 325.4	34.9
70-74	86 112 (2.4)	382 (2.2)	1 024 345	8 406.5	37.3
75-79	55 709 (1.6)	259 (1.5)	647 265	8 606.8	40.0
≥80	64 765 (1.8)	274 (1.6)	595 323	10 879.0	46.0
Unknown	34 167 (0.0)	156 (0.0)			
<b>Total</b>	<b>3 623 962 (100.0)</b>	<b>17 828 (100.0)</b>	<b>60 142 978</b>	<b>6 025.6</b>	<b>29.6</b>

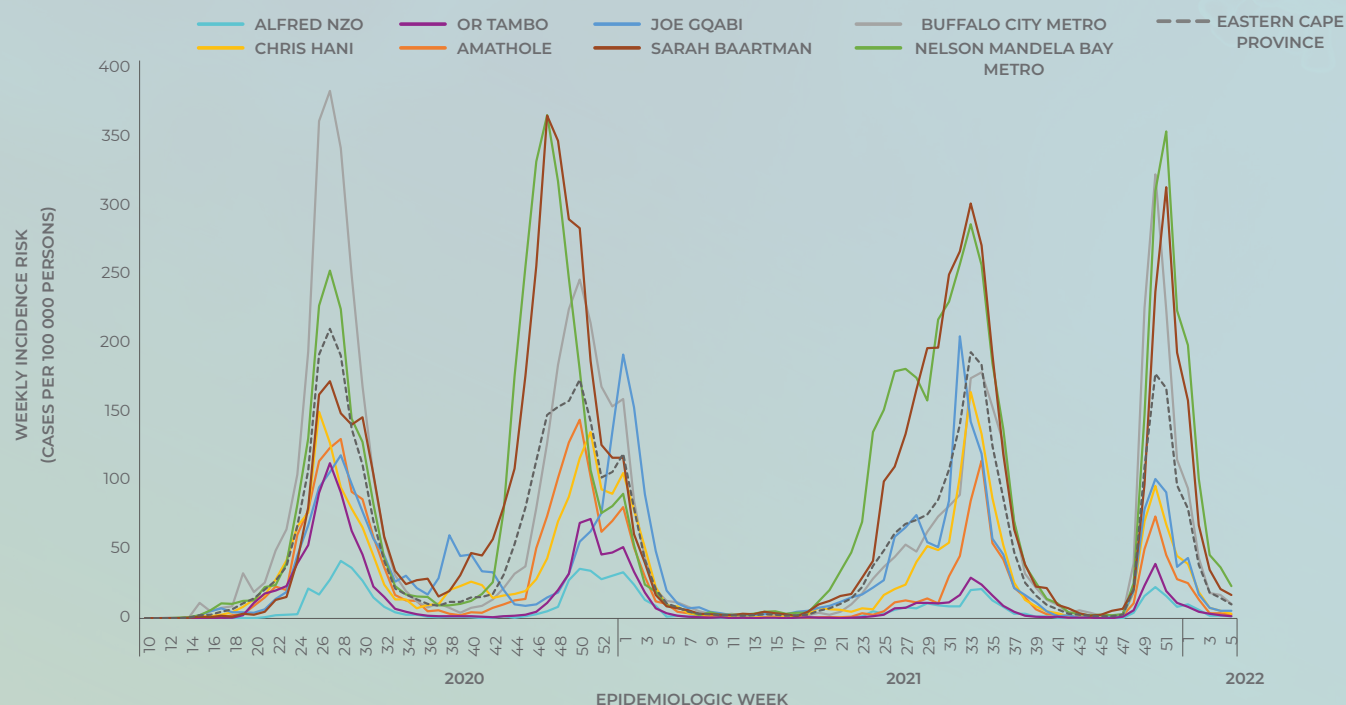
<sup>1</sup>New cases refer to cases whose samples were collected or received in the current reporting week; <sup>2</sup>Percentage=n/total number of new cases (specimen collected or received in current reporting week); <sup>3</sup>2021 Mid-year population Statistics South Africa

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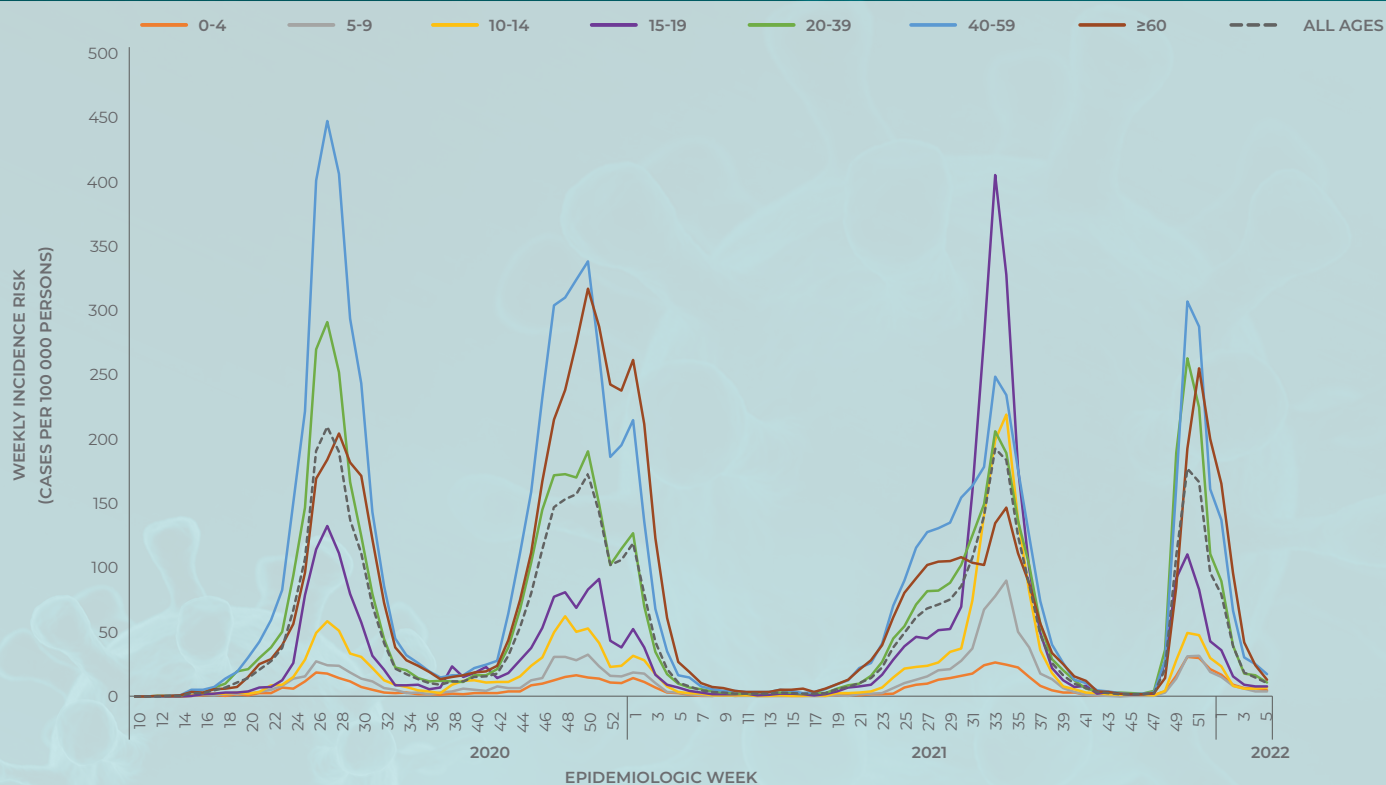
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## Provincial trends of COVID-19 cases

### 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 – 5 February 2022 (n = 272 934, 68 683 missing district)

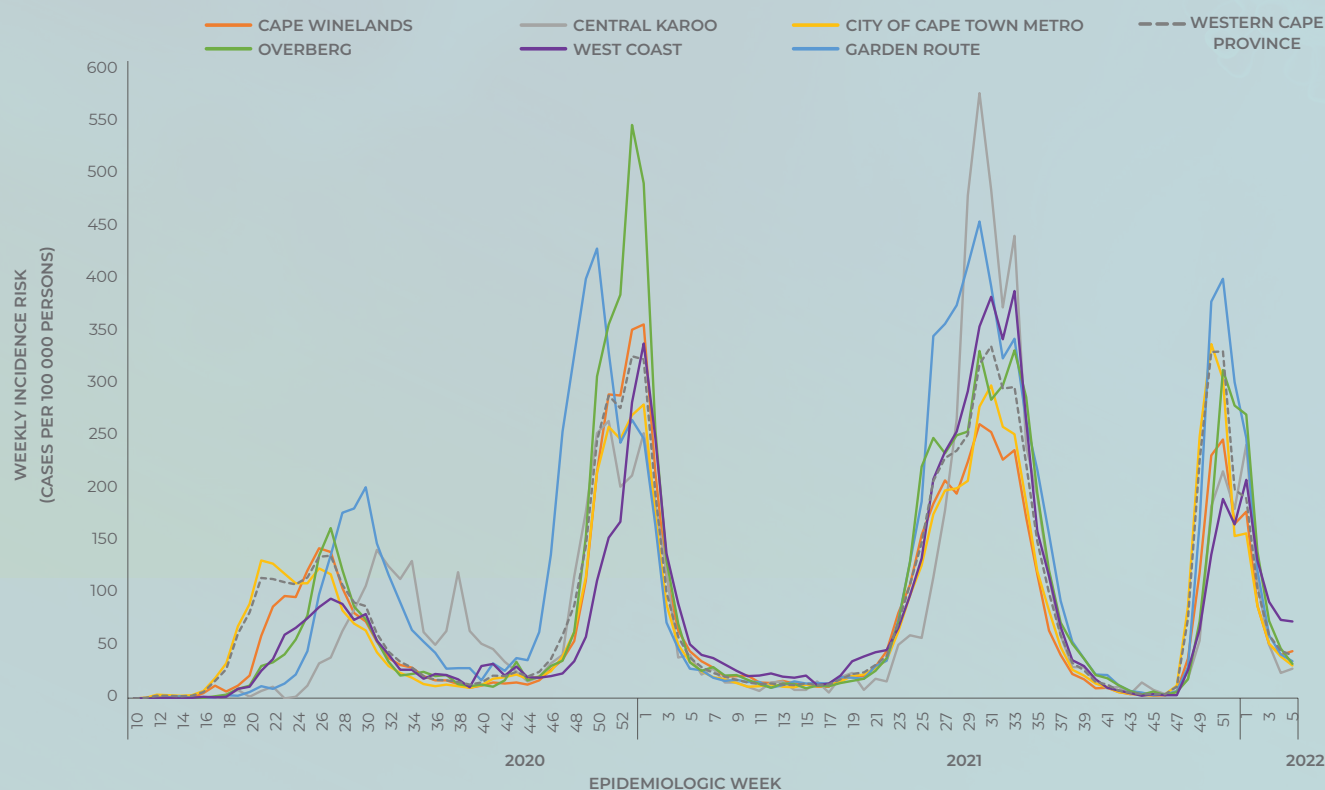


**Figure 7.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Eastern Cape Province 3 March 2020 – 5 February 2022 (n = 337 985, 3 632 missing age)

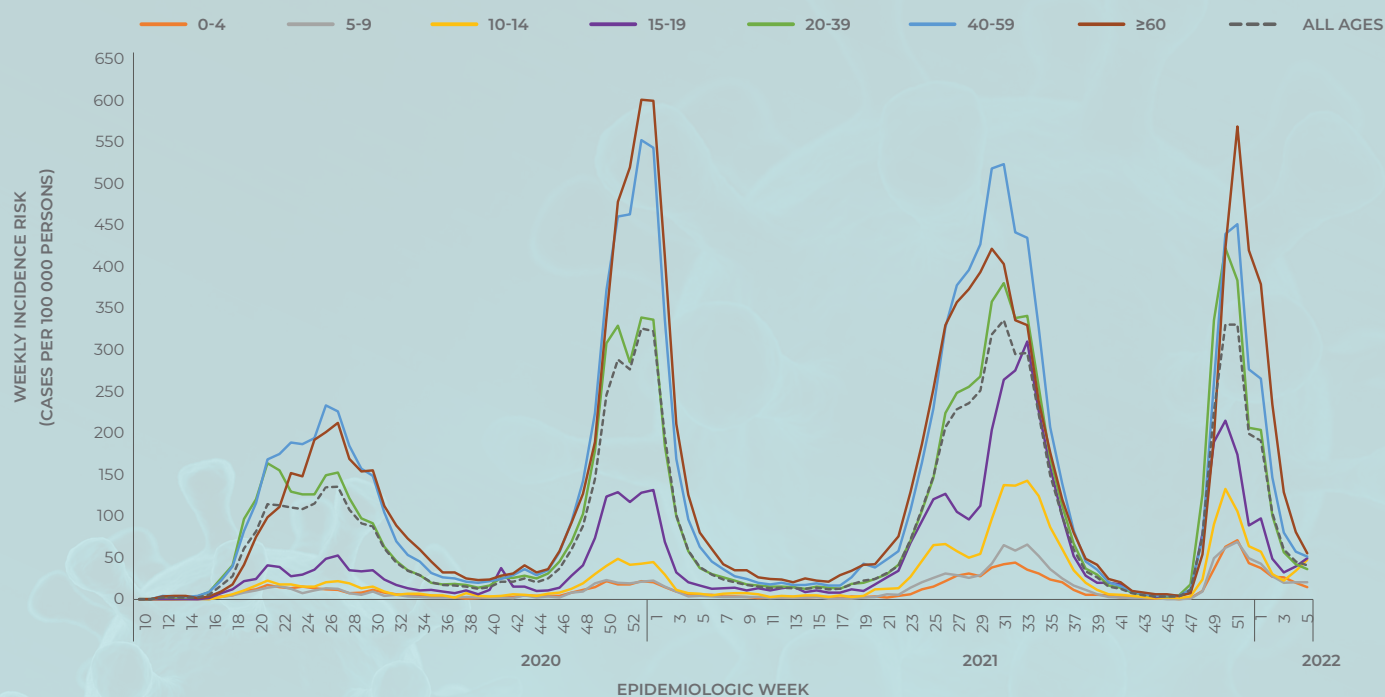
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## Western Cape Province



**Figure 8.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Western Cape Province 3 March 2020 – 5 February 2022 (n = 579 821, 51 136 missing district)



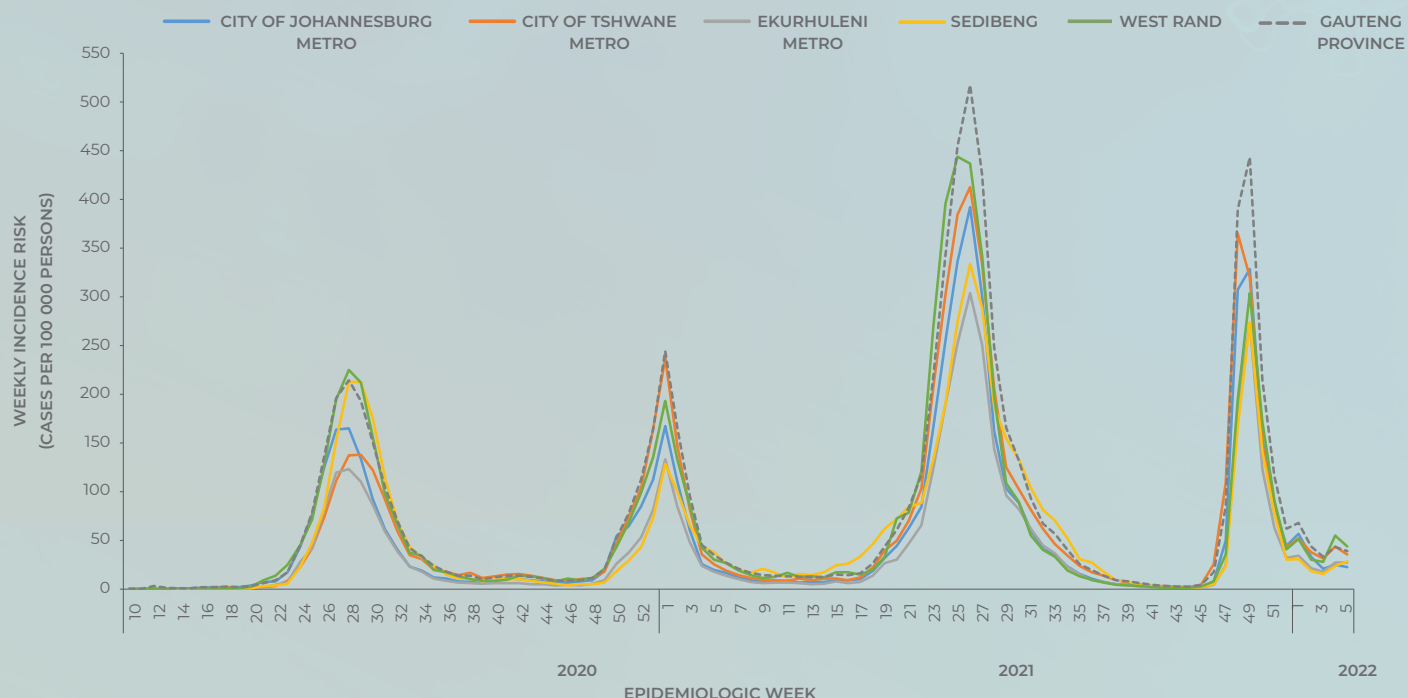
**Figure 9.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Western Cape Province 3 March 2020 – 5 February 2022 (n = 629 217, 1 740 missing age)



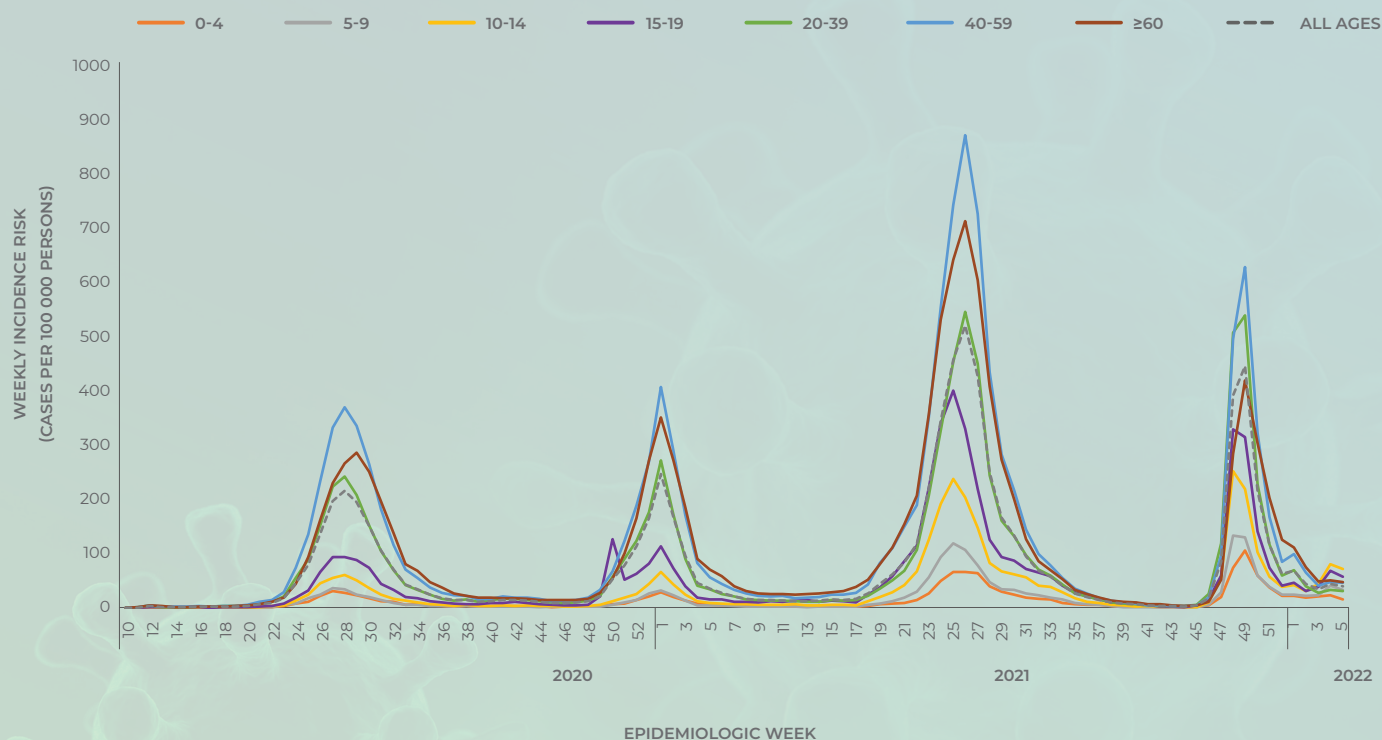
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## Gauteng Province



**Figure 10.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Gauteng Province 3 March 2020 – 5 February 2022 (n = 831 359, 342 933 missing district)

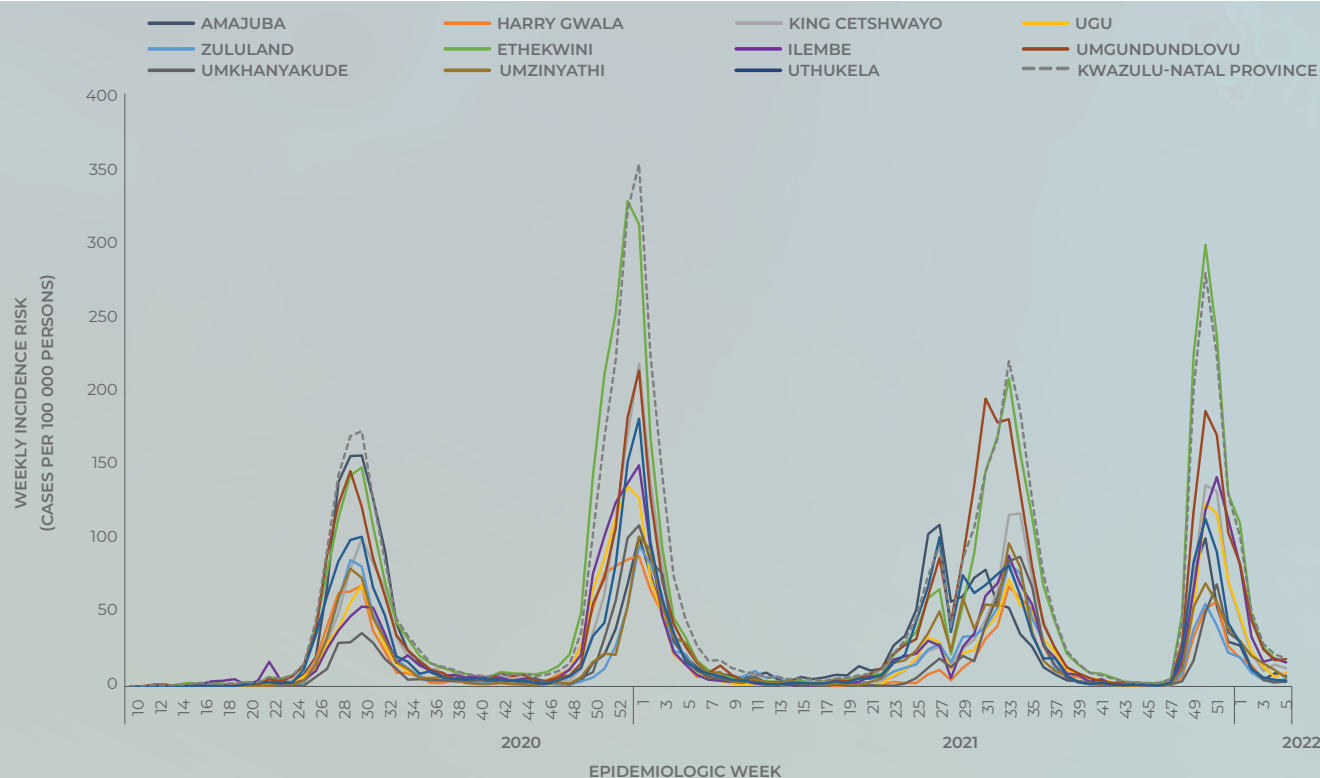


**Figure 11.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Gauteng Province 3 March 2020 – 5 February 2022 (n = 1 162 329, 11 963 missing age)

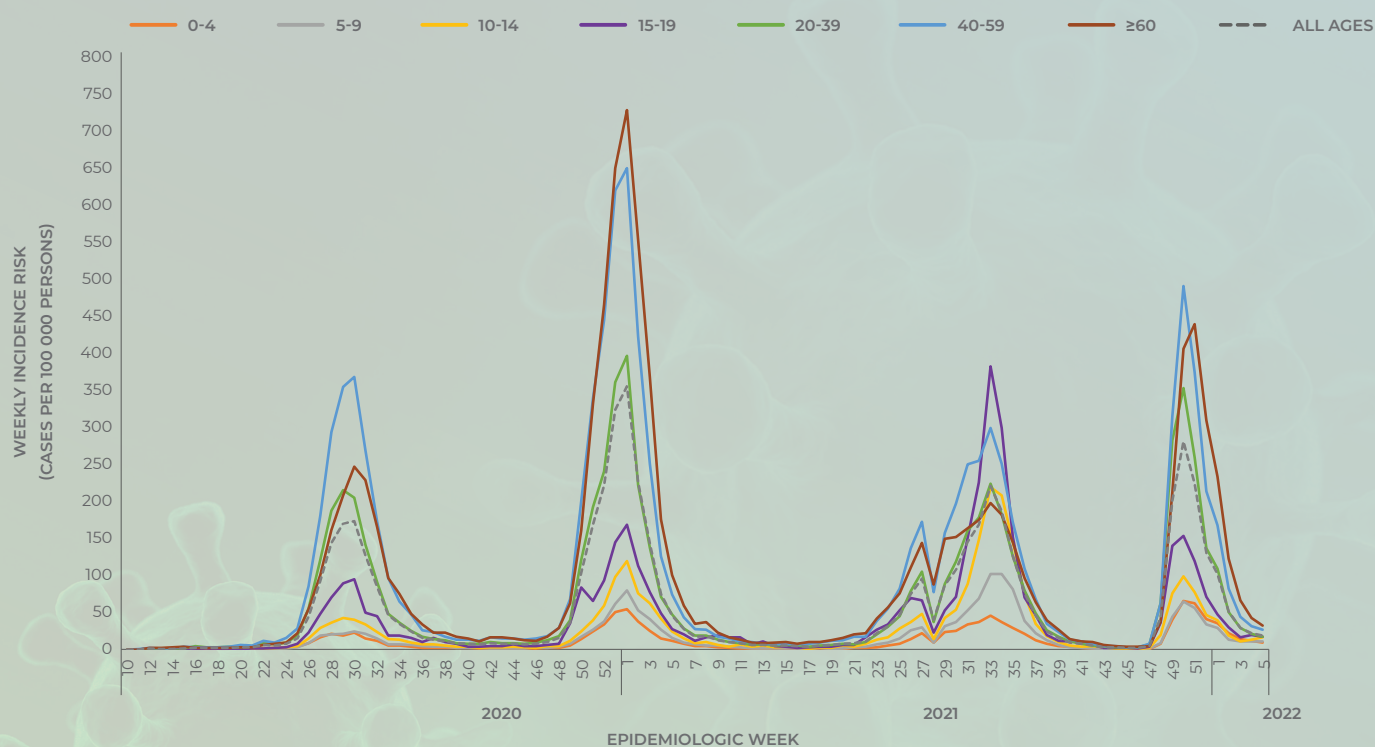
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## KwaZulu-Natal Province



**Figure 12.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week KwaZulu-Natal Province 3 March 2020 – 5 February 2022 (n = 394 040, 251 015 missing district)

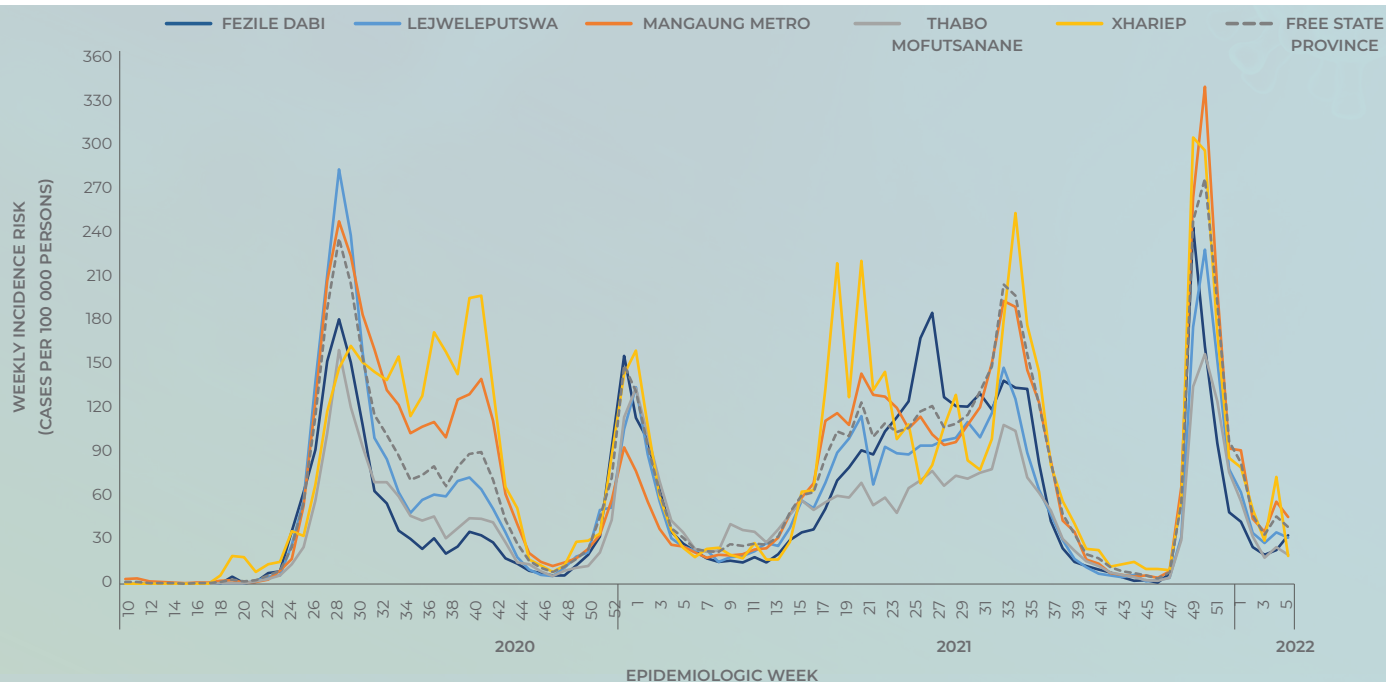


**Figure 13.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week KwaZulu-Natal Province 3 March 2020 – 5 February 2022 (n = 636 788, 8 237 missing age)

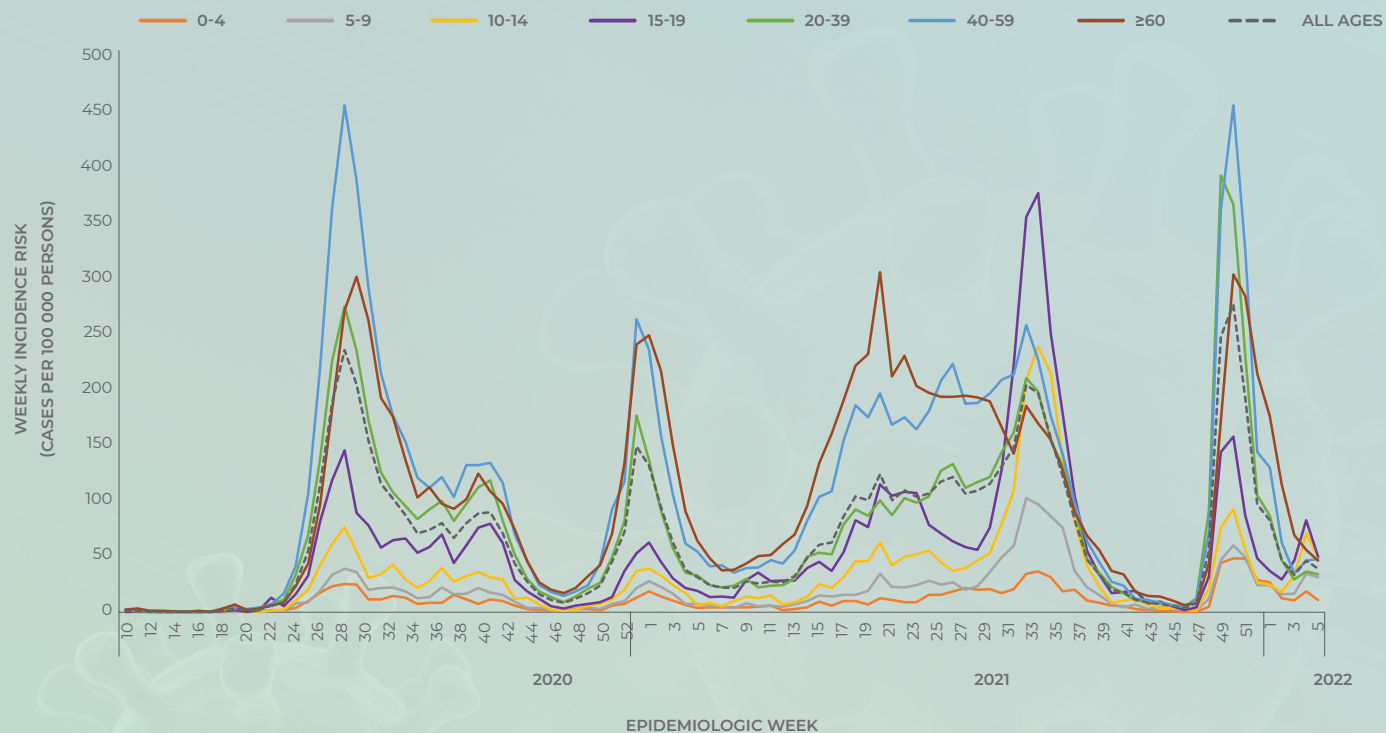
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## Free State Province



**Figure 14.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Free State Province 3 March 2020 – 5 February 2022 (n = 168 718, 29 238 missing district)



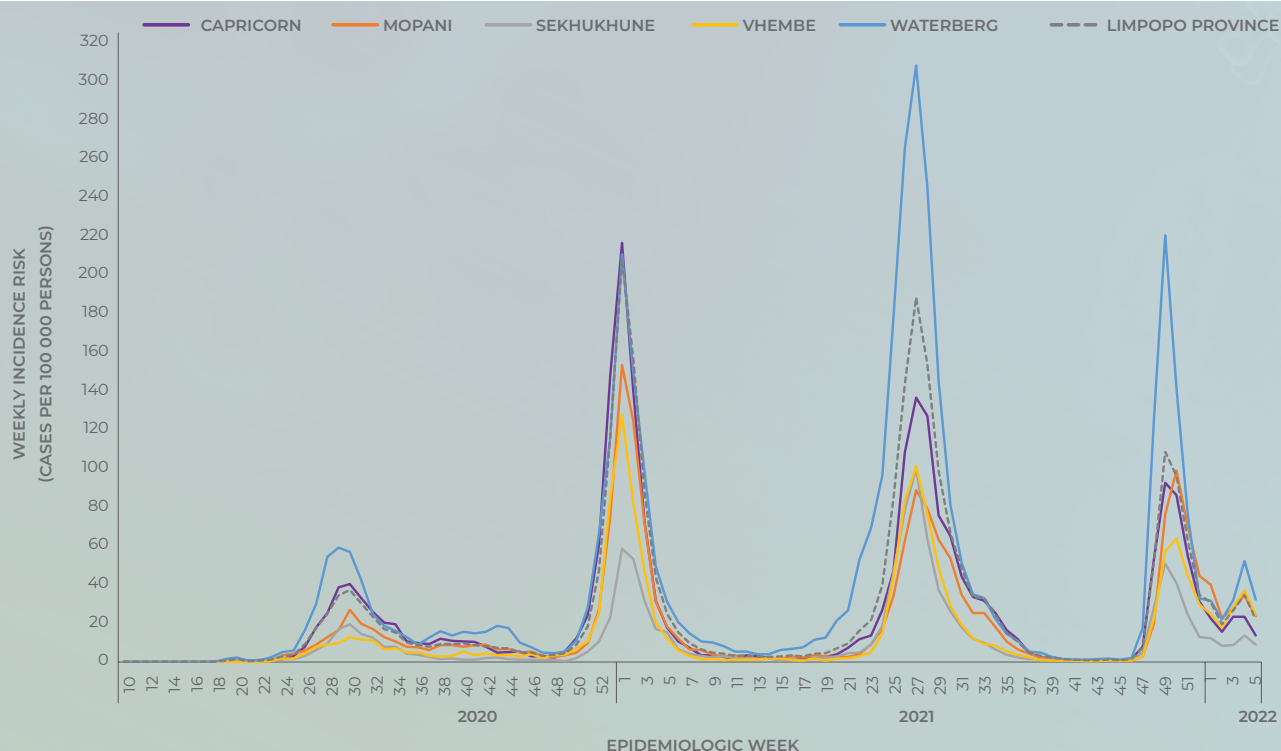
**Figure 15.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Free State Province 3 March 2020 – 5 February 2022 (n = 197 158, 798 missing age)



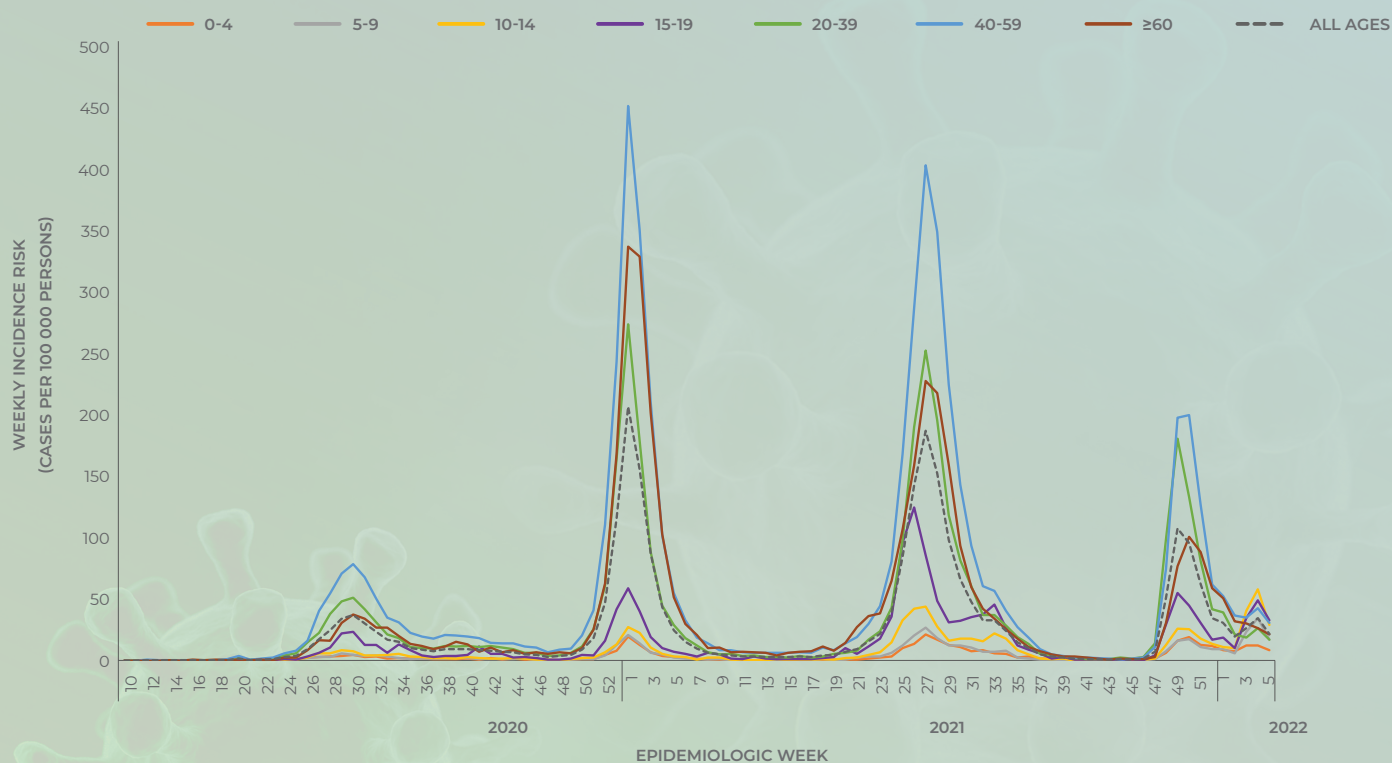
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

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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 – 5 February 2022 (n = 112 719, 39 637 missing district)

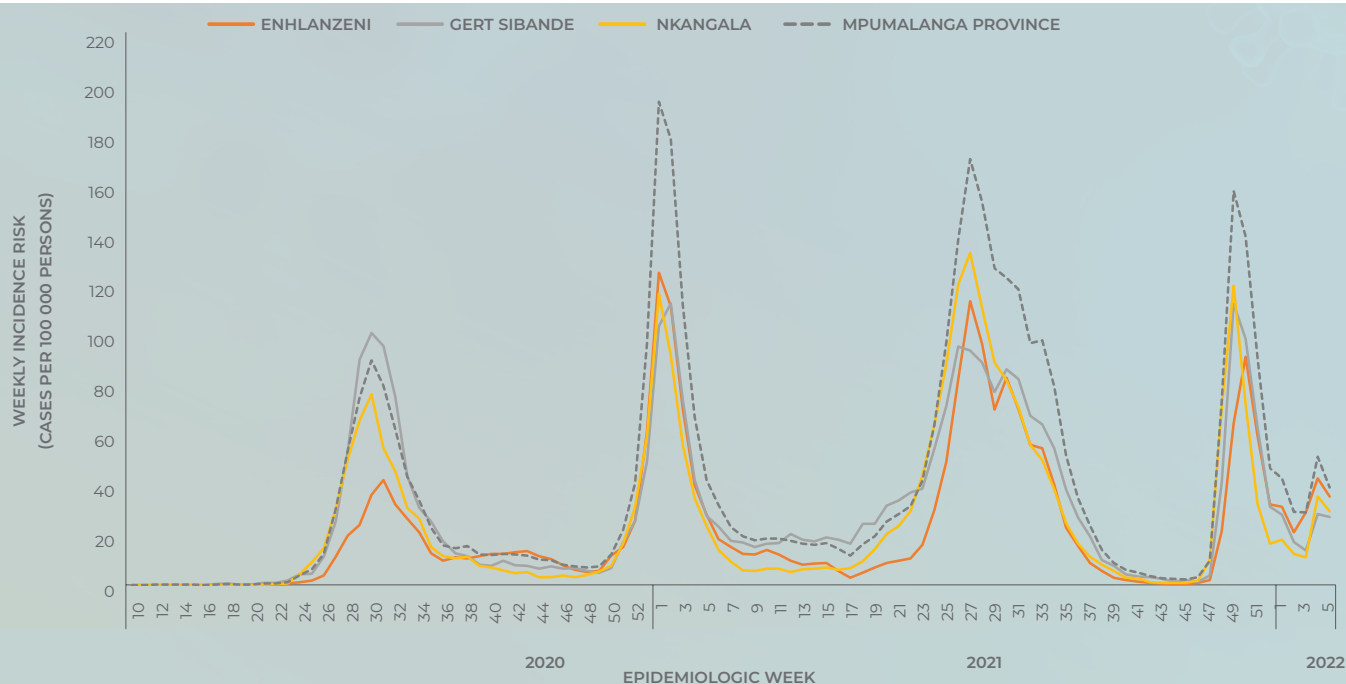


**Figure 17.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Limpopo Province 3 March 2020 – 5 February 2022 (n = 151 647, 709 missing age)

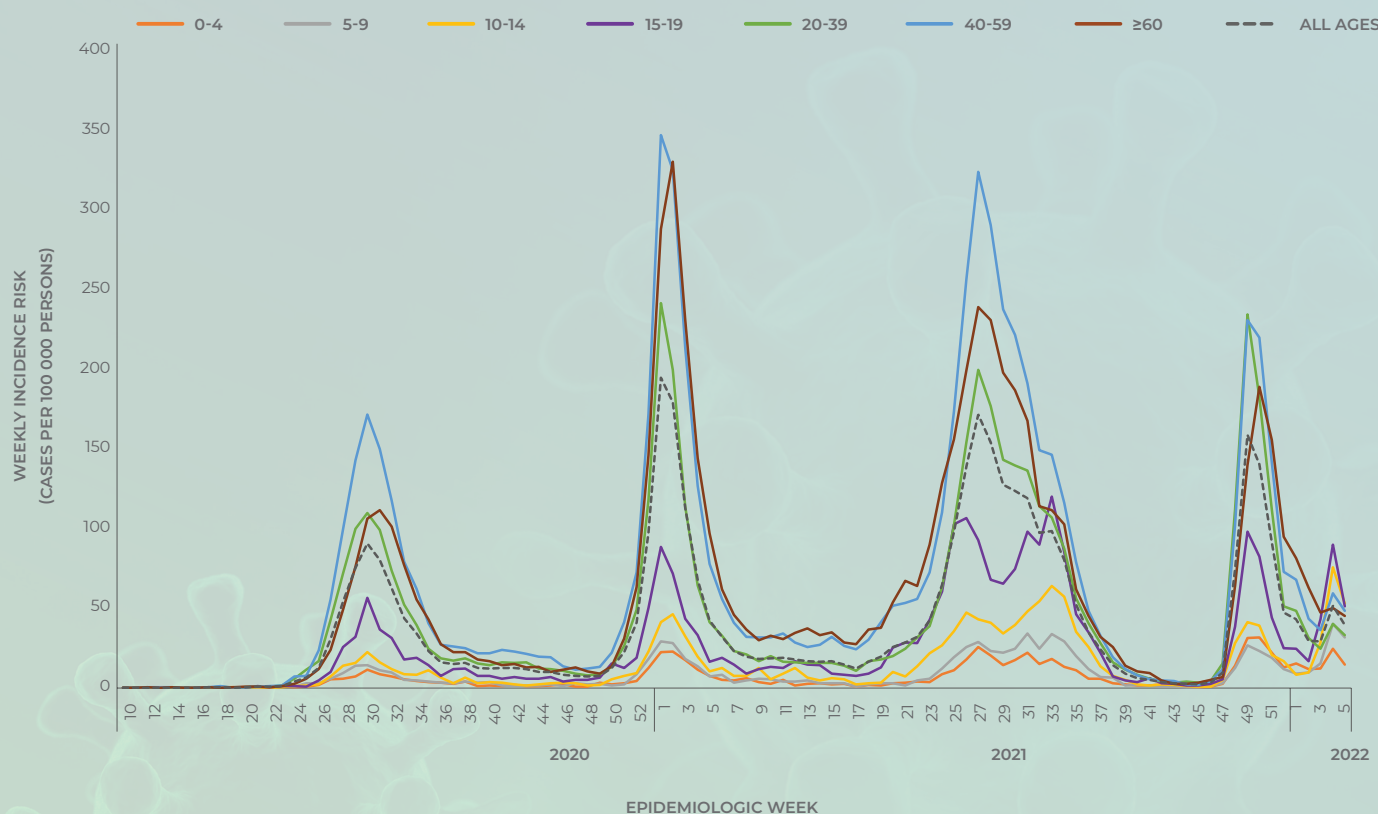
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## Mpumalanga Province



**Figure 18.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Mpumalanga Province 3 March 2020 – 5 February 2022 (n = 121 583, 65 319 missing district)

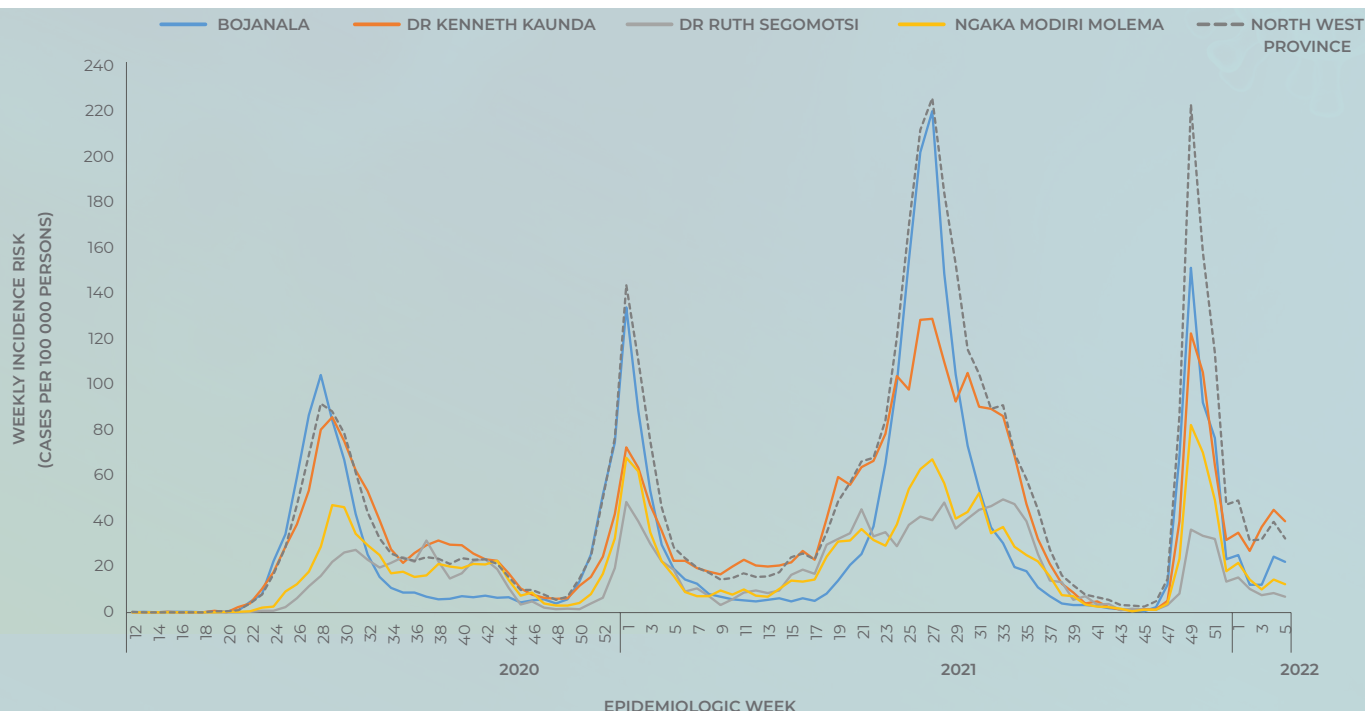


**Figure 19.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group and epidemiologic week Mpumalanga Province 3 March 2020 – 5 February 2022 (n = 182 971, 3 931 missing age)

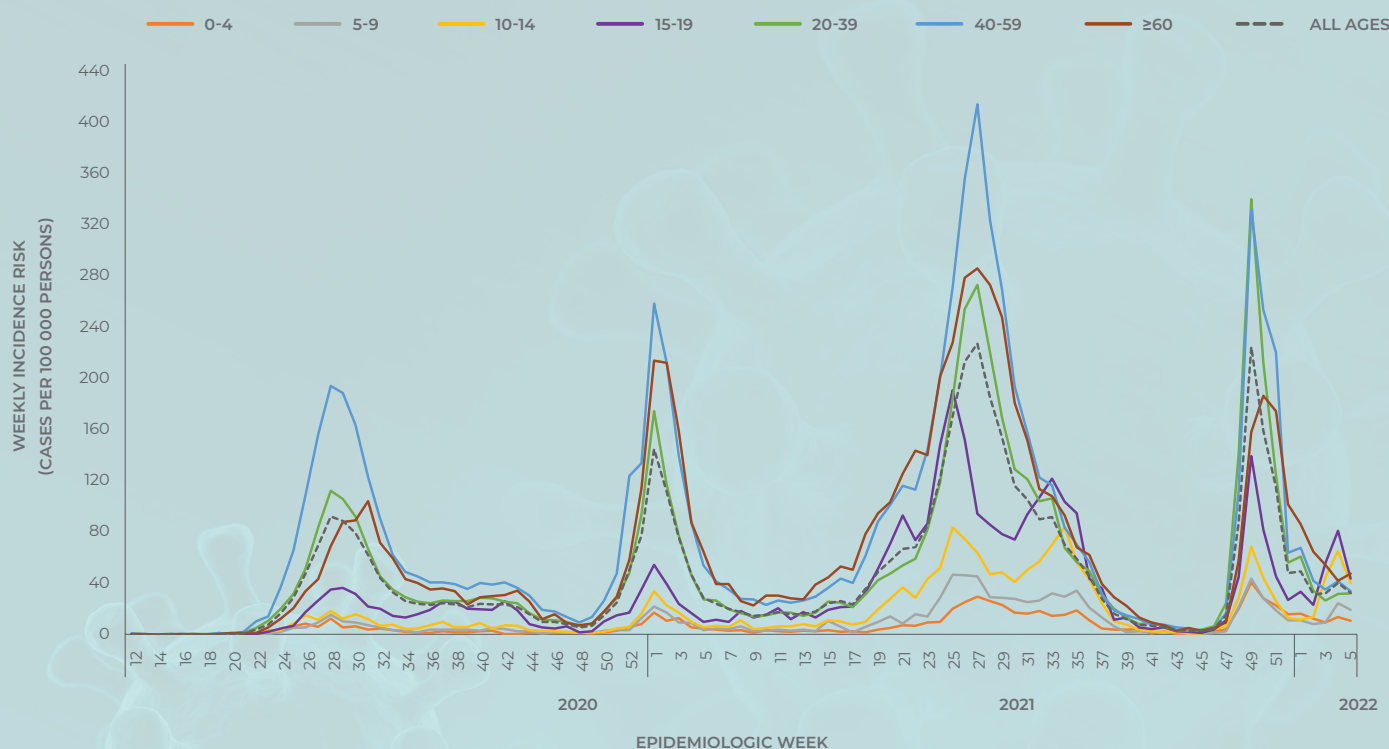
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## North West Province



**Figure 20.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week North West Province 3 March 2020 – 5 February 2022 (n = 115 185, 72 261 missing district)



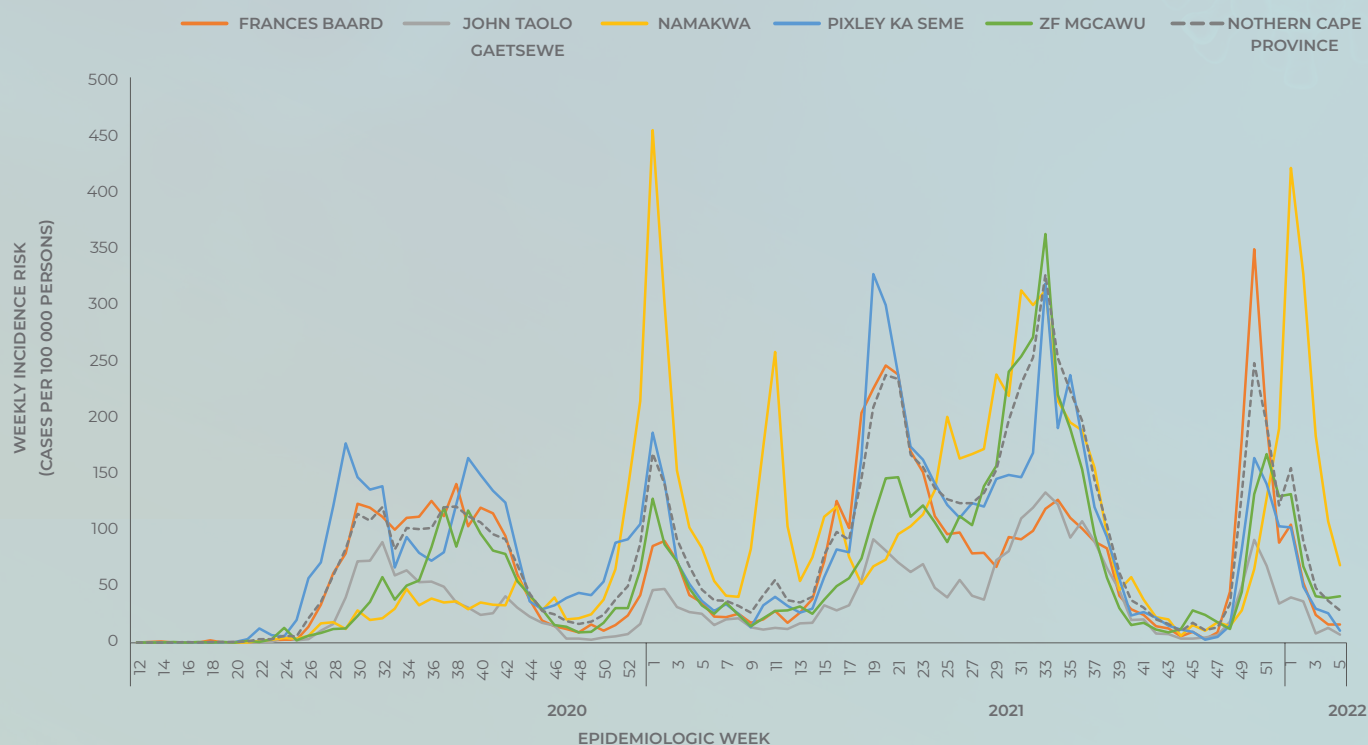
**Figure 21.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week North West Province 3 March 2020 – 5 February 2022 (n = 185 027, 2 419 missing age)



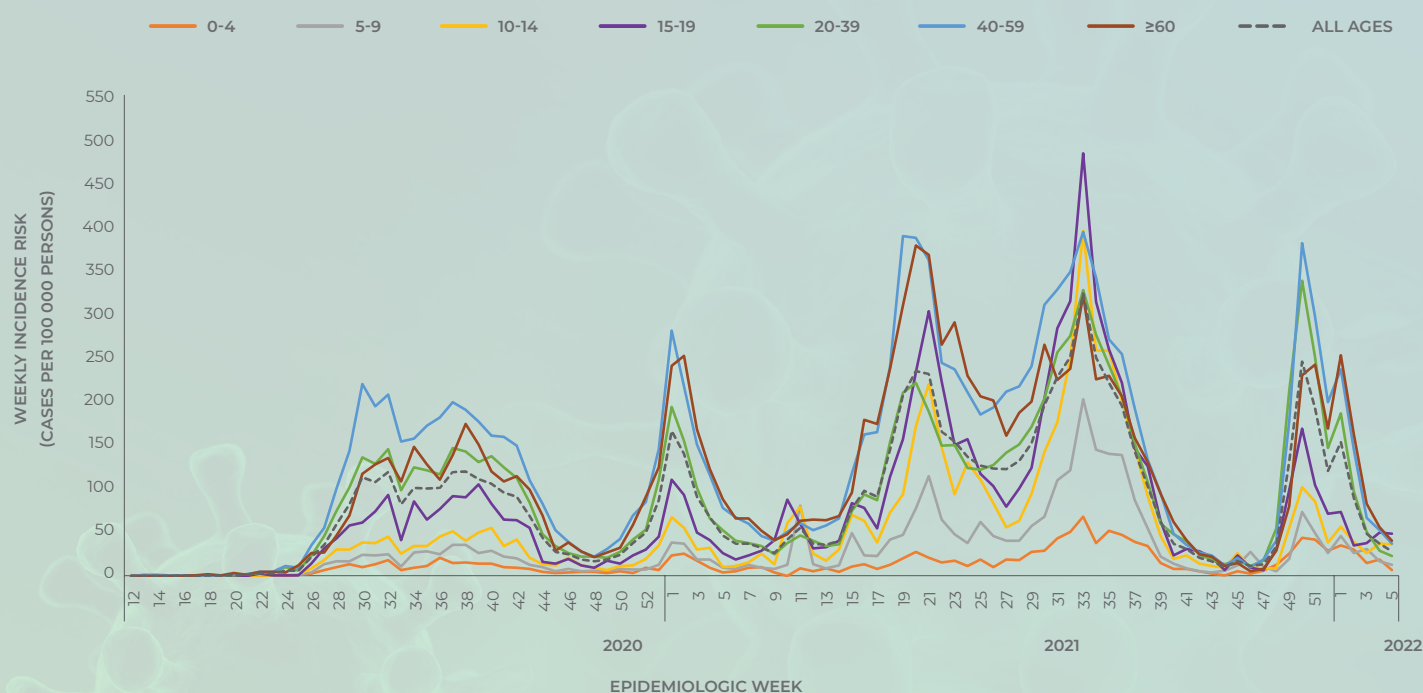
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## Northern Cape Province



**Figure 22.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Northern Cape Province 3 March 2020 – 5 February 2022 (n = 82 091, 25 290 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 – 5 February 2022 (n = 106 673, 708 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 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 2 of 2022 onwards, we used 2021 mid-year population estimates to calculate incidence risk (cumulative and weekly incidence). For historical reports published from week 41 of 2020 to week 1 of 2022, 2020 mid-year population estimates were used, and 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. 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 persons. 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.

Until the week 29 of 2020 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. Differences in health-seeking behaviour by age group and sex could also contribute to the observed differences in case numbers between groups. 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.