

COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

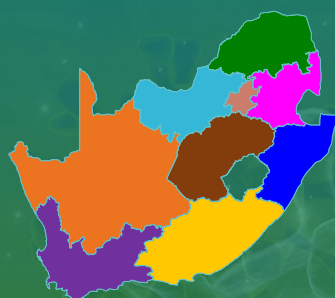


NATIONAL INSTITUTE FOR
COMMUNICABLE DISEASES

Division of the National Health Laboratory Service

SOUTH AFRICA WEEK 8 2022

CUMULATIVE DATA FROM



CASES

3 673 257
IN TOTAL

12 847
THIS WEEK**

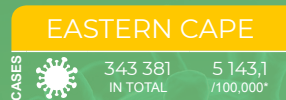
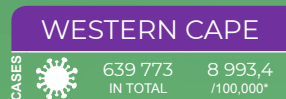


PERSONS

6 107,5
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 26 February 2022 (week 8 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 26 February 2022, a total of 3 673 257 laboratory-confirmed COVID-19 cases had been detected in South Africa. Of these, 14 710 were cases reported since the last report (week 7 of 2022). There was a 19.7% decrease in the number of new cases detected in week 8 of 2022 (12 847) compared to the number of new cases detected in week 7 of 2022 (16 000).
- In the past week, the Gauteng Province reported the highest number of cases detected (4 927/12 847, 38.4%), followed by the Western Cape Province (2 631/12 847, 20.5%), and KwaZulu-Natal Province (1 989/12 847, 15.5%), with other provinces reporting below 10% each.
- In the past week, all provinces reported a decrease in weekly incidence risk, except the KwaZulu-Natal Province, which reported no change in weekly incidence risk, compared to the previous week. The decrease in weekly incidence risk ranged from 2.6 cases per 100 000 persons (27.6% decrease) in the Eastern Cape Province to 12.8 cases per 100 000 persons (42.5% decrease) in the North West 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 (37.0 cases per 100 000 persons), followed by the Gauteng Province (31.2 cases per 100 000 persons), the Free State Province (23.6 cases per 100 000 persons), and the Mpumalanga Province (20.9 cases per 100 000 persons). The other provinces reported weekly incidence below 20 cases per 100 000 persons.
- The highest weekly incidence risk among cases detected in week 8 of 2022 was reported in the ≥80-year age group (41.2 cases per 100 000 persons), and the lowest weekly incidence risk was in the 0-4-year age group (7.1 cases per 100 000 persons).

INCIDENCE
RISK FOR
CURRENT WEEK

21,4
CASES PER
100 000
PERSONS

38,4%
OF CASES
REPORTED IN
GAUTENG IN
CURRENT WEEK

IN CURRENT
WEEK, THE
HIGHEST
WEEKLY
INCIDENCE
RISK WAS IN
CASES AGED
80+ YEARS (41,2
CASES PER 100
000 PERSONS)

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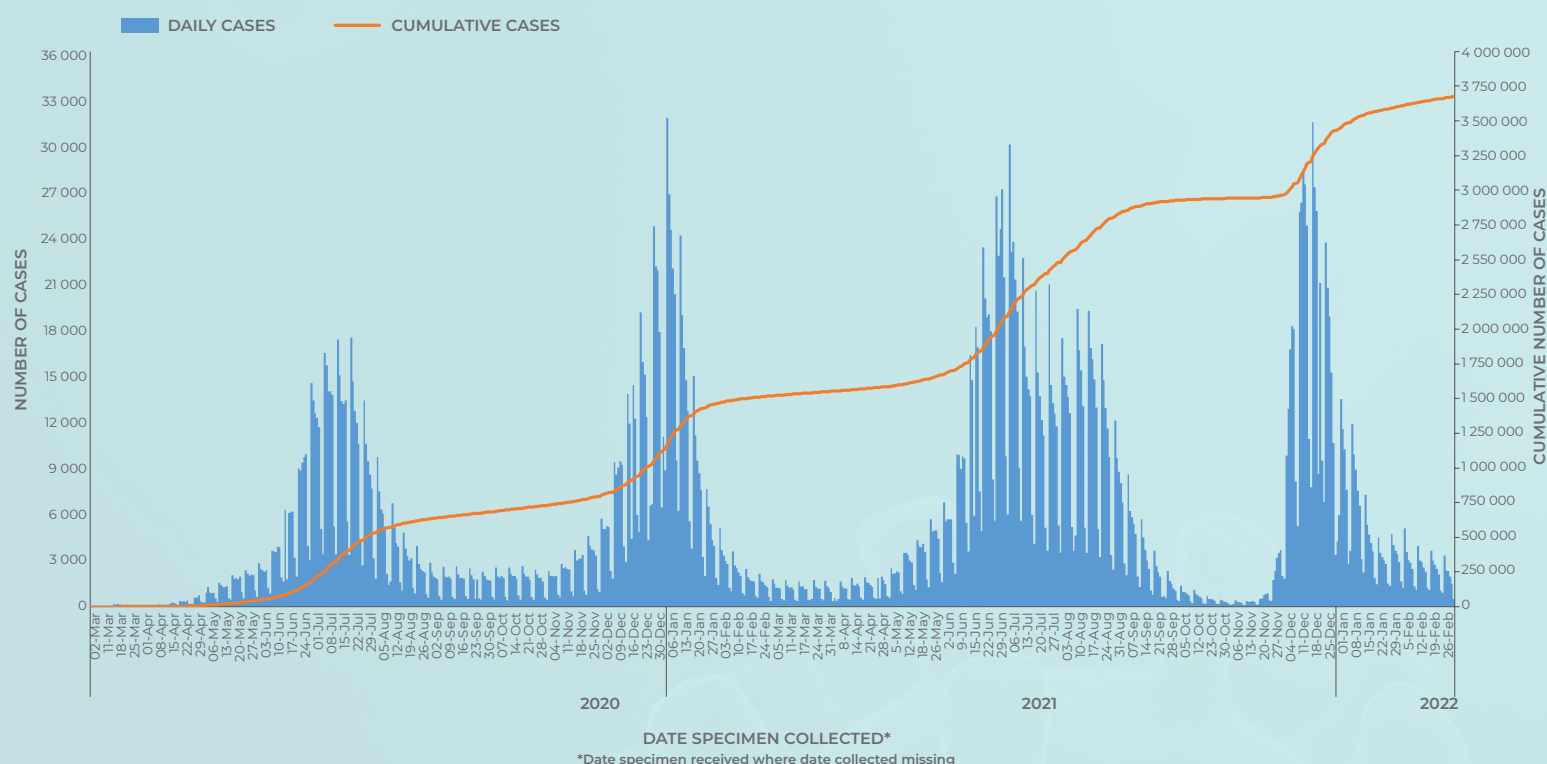


Figure 1. Number and cumulative number of laboratory-confirmed cases of COVID-19 by date of specimen collection, South Africa, 3 March 2020 – 26 February 2022 (n= 3 673 257)

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 – 26 February (n = 3 673 257)

Province	Cumulative cases (n) (percentage, n/total cases in South Africa)	New cases ¹ detected in week 8 of 2022 (20-26 Feb), n (percentage ² , n/total)	Population in mid-2021 ³ , n	Cumulative incidence risk (cases per 100 000 persons)	Incidence risk of new cases detected in week 8 of 2022 (cases/100 000 persons)	Tests ⁴ per 100 000 persons, 20-26 Feb 2022
Eastern Cape	343 381 (9.3)	452 (3.5)	6 676 590	5 143.1	6.8	144.8
Free State	200 633 (5.5)	691 (5.4)	2 932 441	6 841.8	23.6	347.8
Gauteng	1 192 584 (32.5)	4 927 (38.4)	15 810 388	7 543.0	31.2	434.4
KwaZulu-Natal	651 876 (17.7)	1 989 (15.5)	11 513 575	5 661.8	17.3	261.9
Limpopo	154 573 (4.2)	274 (2.1)	5 926 724	2 608.1	4.6	62.4
Mpumalanga	191 225 (5.2)	990 (7.7)	4 743 584	4 031.2	20.9	186.3
North West	190 934 (5.2)	713 (5.5)	4 122 854	4 631.1	17.3	200.4
Northern Cape	108 278 (2.9)	180 (1.4)	1 303 047	8 309.6	13.8	216.6
Western Cape	639 773 (17.4)	2 631 (20.5)	7 113 776	8 993.4	37.0	357.1
Unknown						
Total	3 673 257	12 847	60 142 978	6 107.5	21.4	281.0

¹New cases refer to cases whose samples were collected or received in the current reporting week; ²Percentage=n/total number of new cases (specimen collected or received in current reporting week); ³2021 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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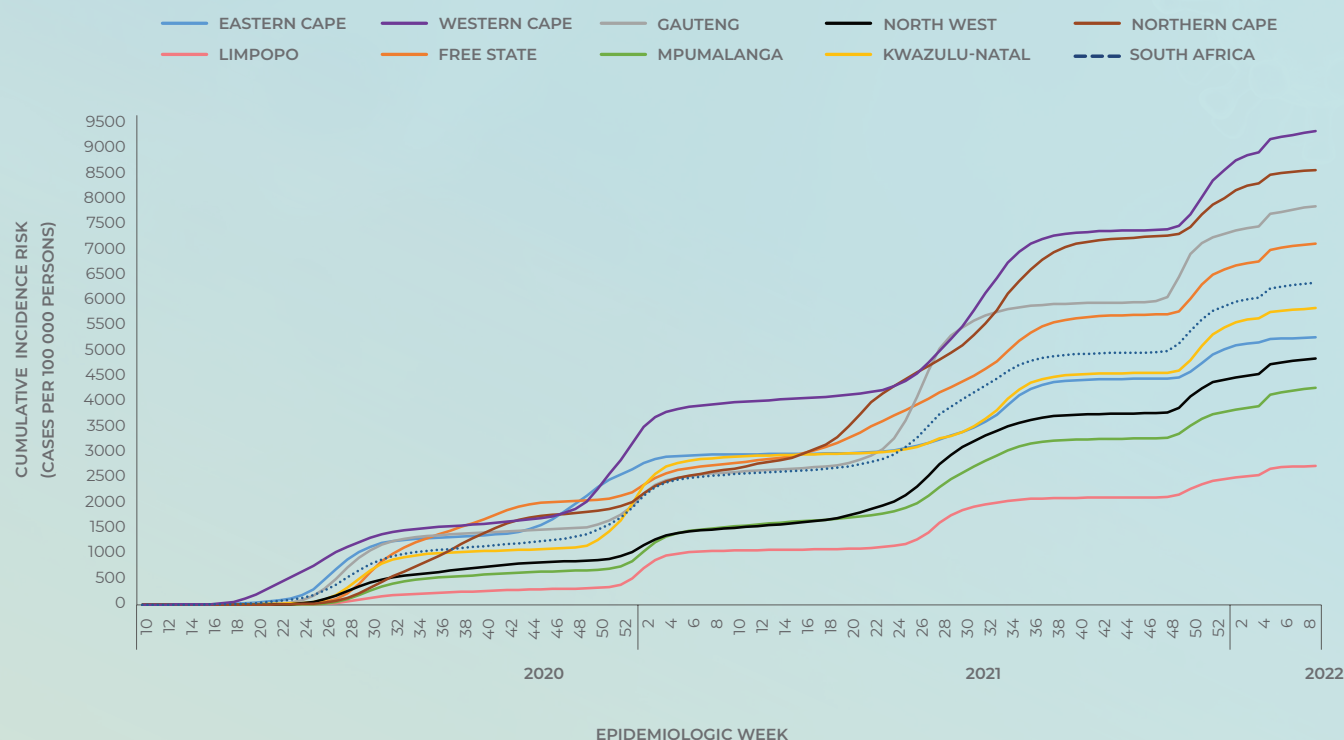


Figure 2. Cumulative incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week South Africa 3 March 2020 – 26 February 2022 (n = 3 673 257)

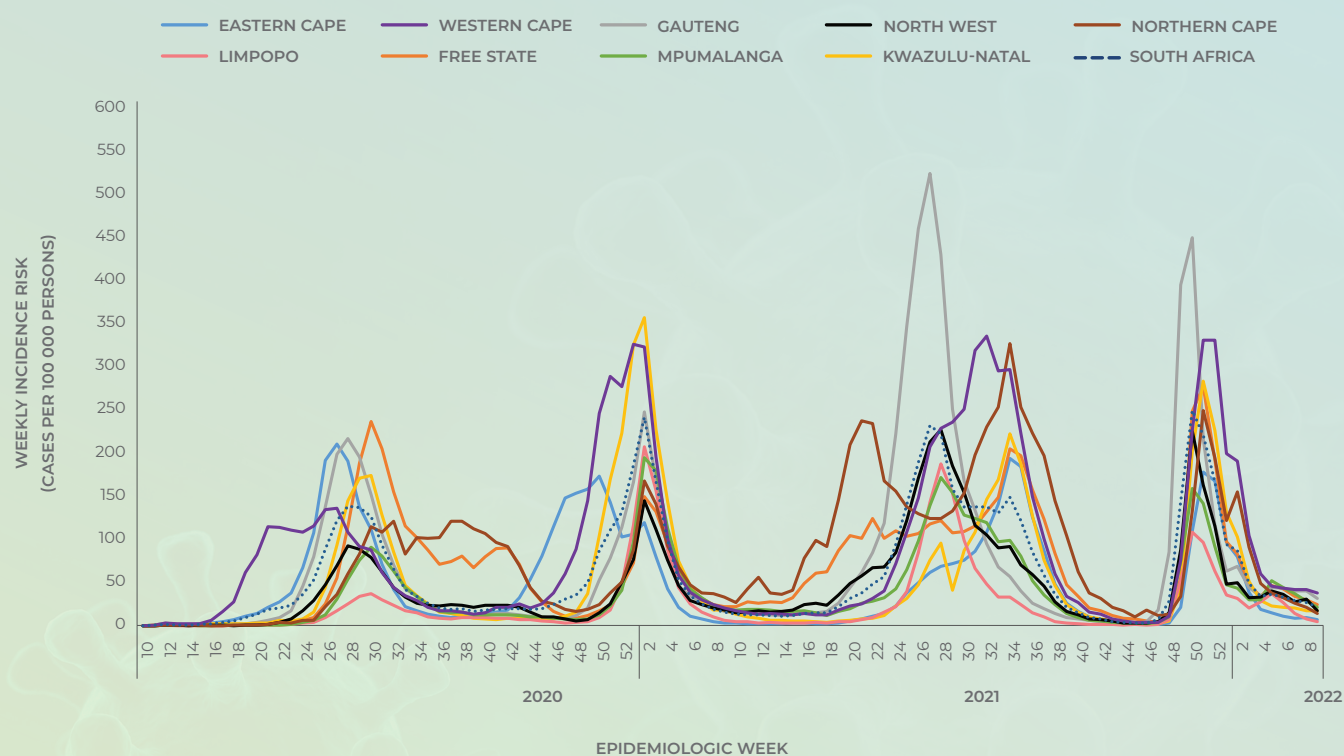


Figure 3. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week South Africa 3 March 2020 – 26 February 2022 (n = 3 673 257)

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

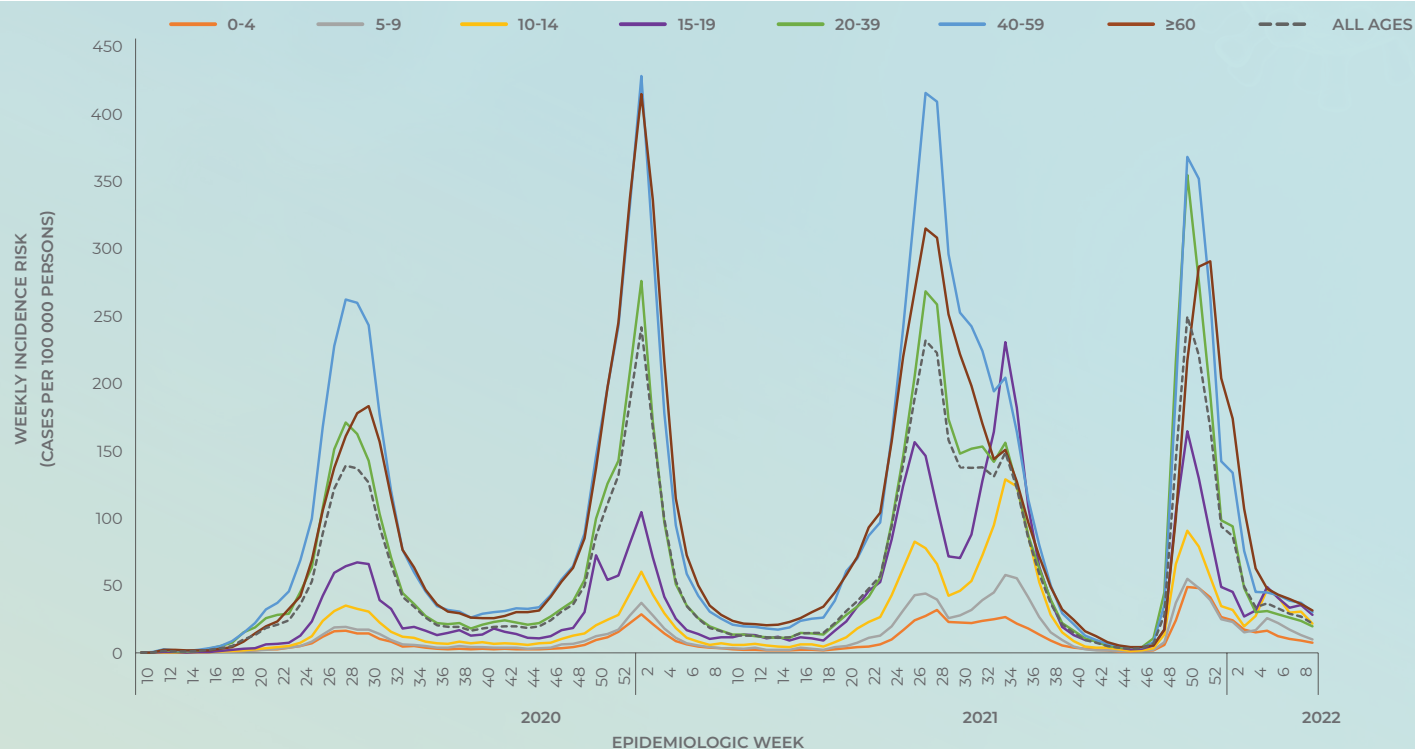


Figure 4. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week South Africa 3 March 2020 – 26 February 2022 (n = 3 638 695, 34 562 missing age)

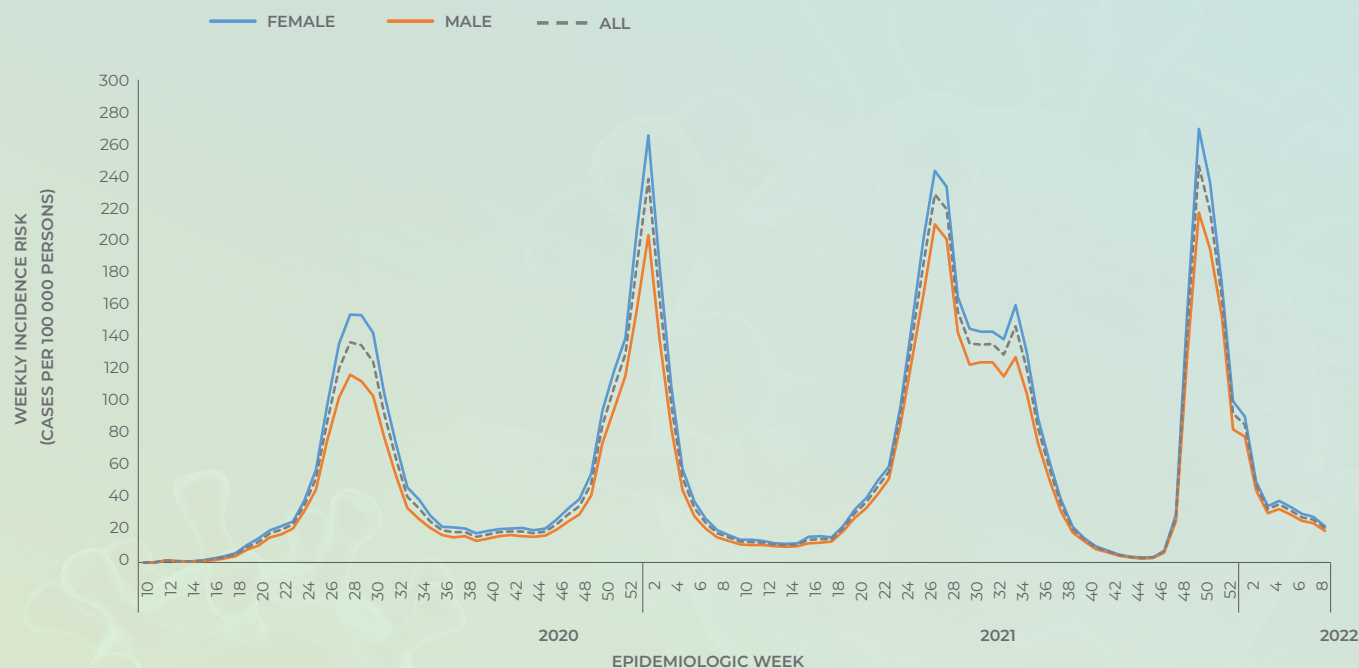


Figure 5. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by sex and epidemiologic week South Africa 3 March 2020 – 26 February 2022 (n = 3 634 096, sex missing for 39 161)

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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 – 26 February 2022 n = 3 638 695, 34 562 missing age)

Age group (years)	Cumulative cases (n) (percentage, n/total cases in South Africa)	New cases ¹ detected in week 8 of 2022 (20-26 Feb), n (percentage ² , n/total)	Population in mid-2021 ³ , n	Cumulative incidence risk (cases per 100 000 persons)	Incidence risk of new cases detected in week 8 of 2022 (cases/100 000 persons)
0-4	56 125 (1.5)	406 (3.2)	5 708 956	983.1	7.1
5-9	77 156 (2.1)	551 (4.3)	5 663 296	1 362.4	9.7
10-14	139 550 (3.8)	1 198 (9.4)	5 671 023	2 460.8	21.1
15-19	203 955 (5.6)	1 349 (10.6)	4 909 941	4 153.9	27.5
20-24	242 300 (6.7)	810 (6.3)	4 739 305	5 112.6	17.1
25-29	355 032 (9.8)	940 (7.4)	5 324 134	6 668.4	17.7
30-34	409 158 (11.2)	1 068 (8.4)	5 630 643	7 266.6	19.0
35-39	415 024 (11.4)	1 190 (9.3)	4 985 251	8 325.0	23.9
40-44	351 735 (9.7)	1 049 (8.2)	3 881 731	9 061.3	27.0
45-49	334 930 (9.2)	1 020 (8.0)	3 254 138	10 292.4	31.3
50-54	300 459 (8.3)	850 (6.7)	2 625 390	11 444.4	32.4
55-59	249 604 (6.9)	627 (4.9)	2 243 823	11 124.1	27.9
60-64	174 326 (4.8)	546 (4.3)	1 815 810	9 600.5	30.1
65-69	119 914 (3.3)	397 (3.1)	1 422 604	8 429.2	27.9
70-74	87 271 (2.4)	301 (2.4)	1 024 345	8 519.7	29.4
75-79	56 497 (1.6)	210 (1.6)	647 265	8 728.6	32.4
≥80	65 659 (1.8)	245 (1.9)	595 323	11 029.1	41.2
Unknown	34 562 (0.0)	90 (0.0)			
Total	3 673 257 (100.0)	12 847 (100.0)	60 142 978	6 107.5	21.4

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); ³2021 Mid-year population Statistics South Africa

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Provincial trends of COVID-19 cases

Eastern Cape Province

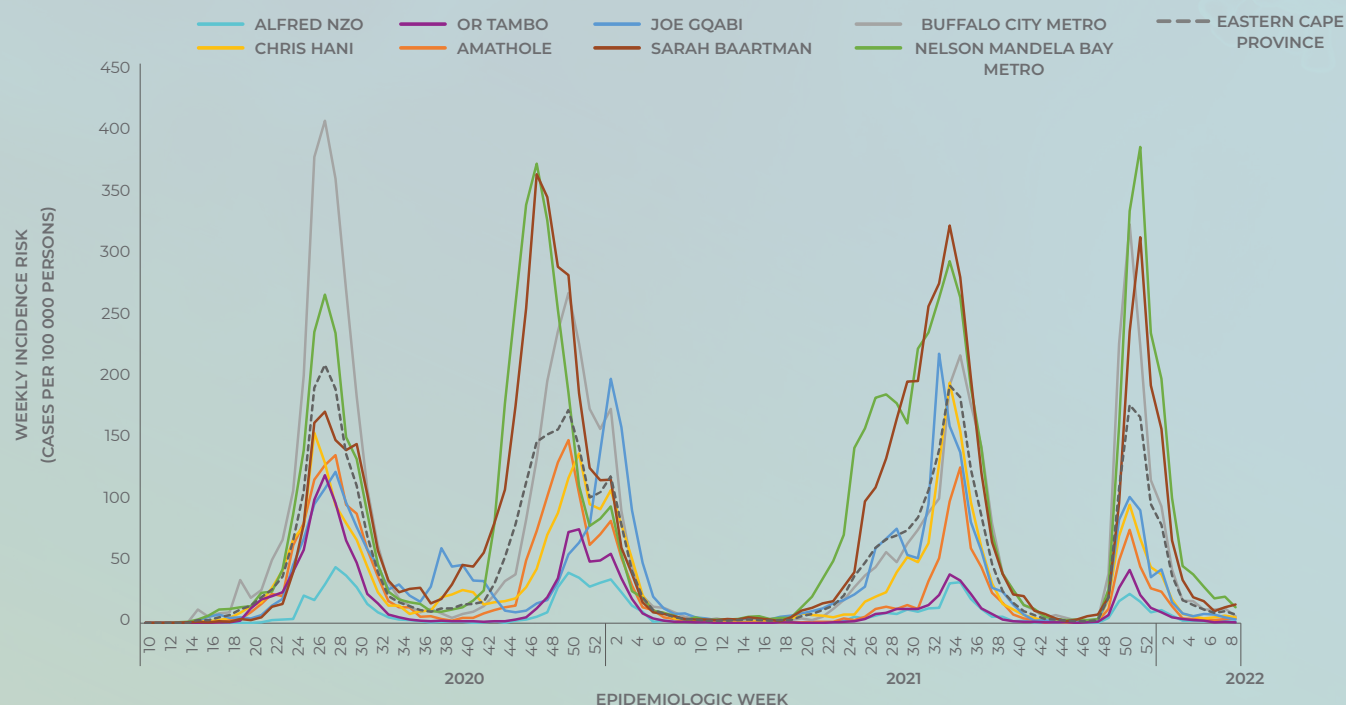


Figure 6. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Eastern Cape Province 3 March 2020 – 26 February 2022 (n = 287 975, 55 406 missing district)

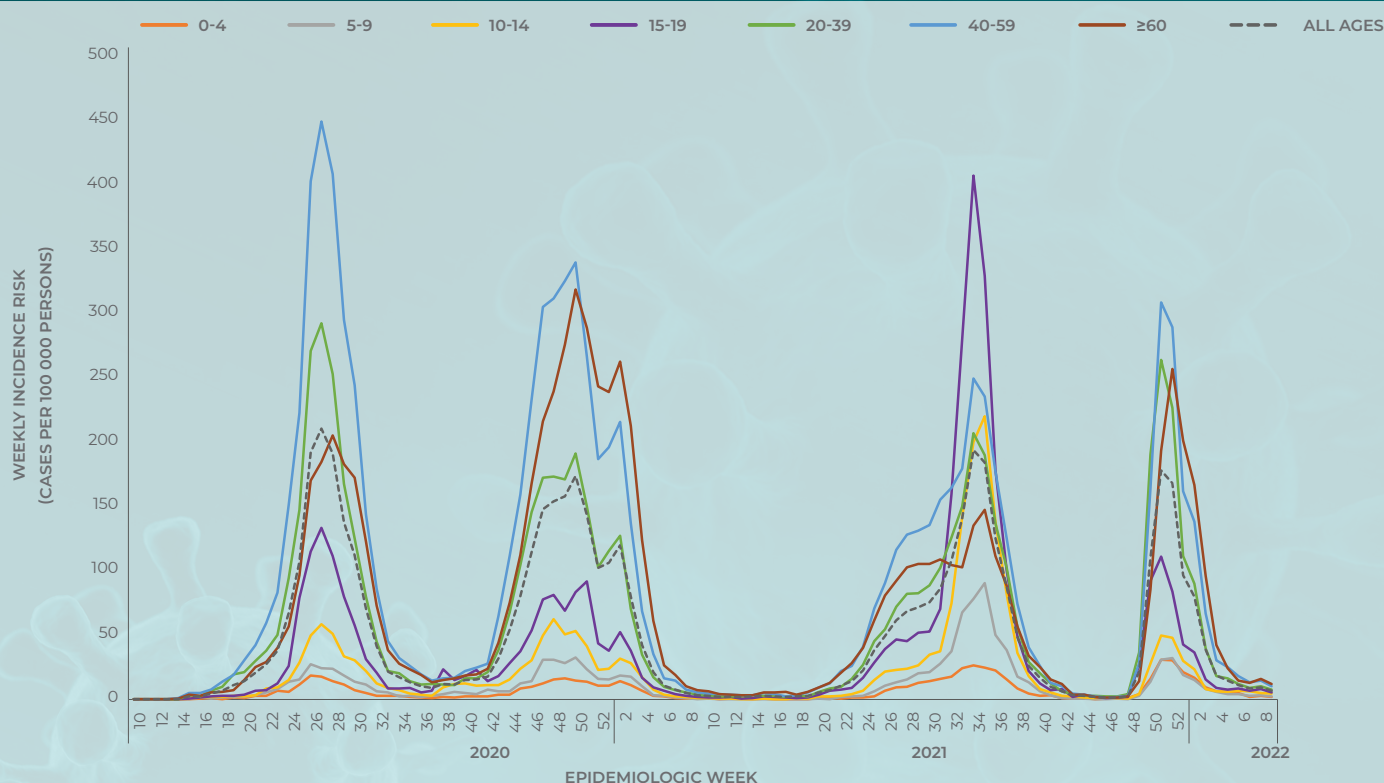


Figure 7. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Eastern Cape Province 3 March 2020 – 26 February 2022 (n = 339 736, 3 645 missing age)

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Western Cape Province

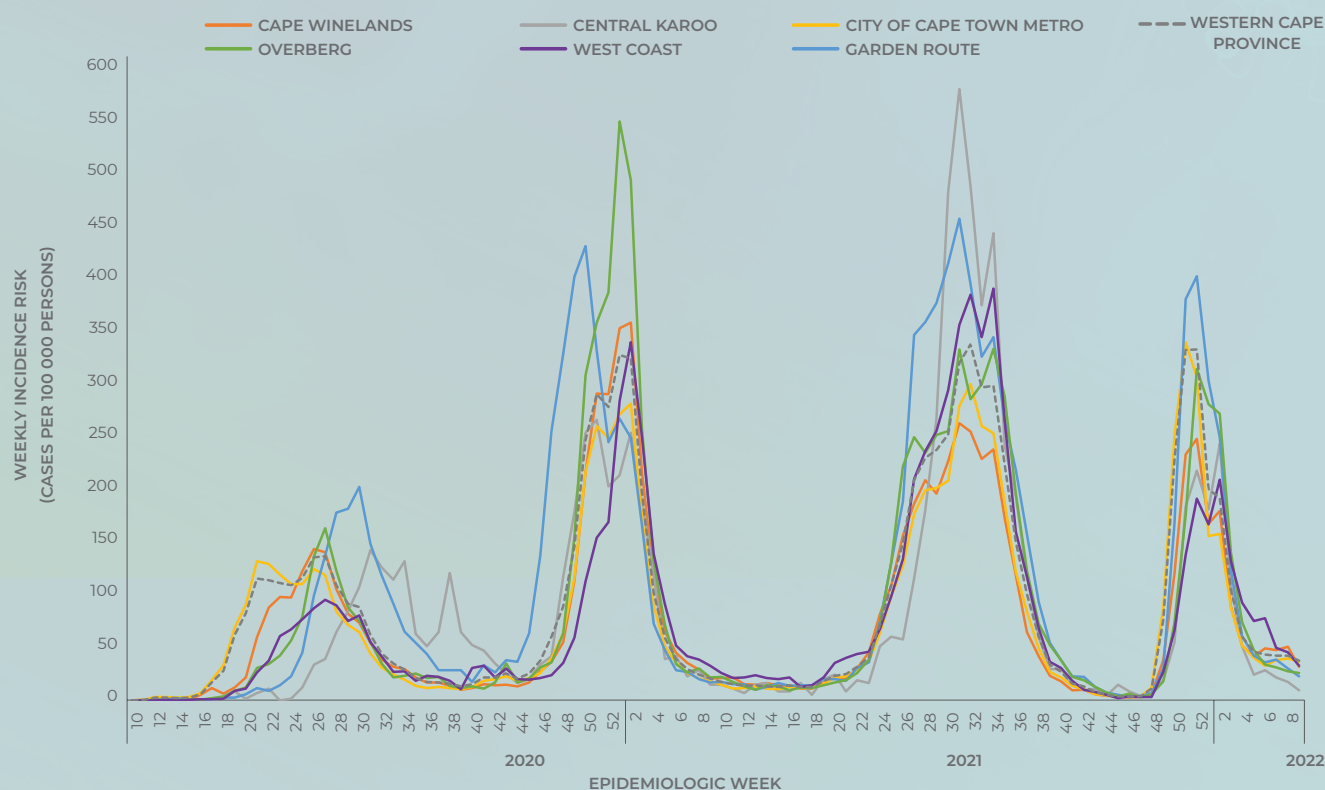


Figure 8. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Western Cape Province 3 March 2020 – 26 February 2022 (n = 587 967, 51 806 missing district)

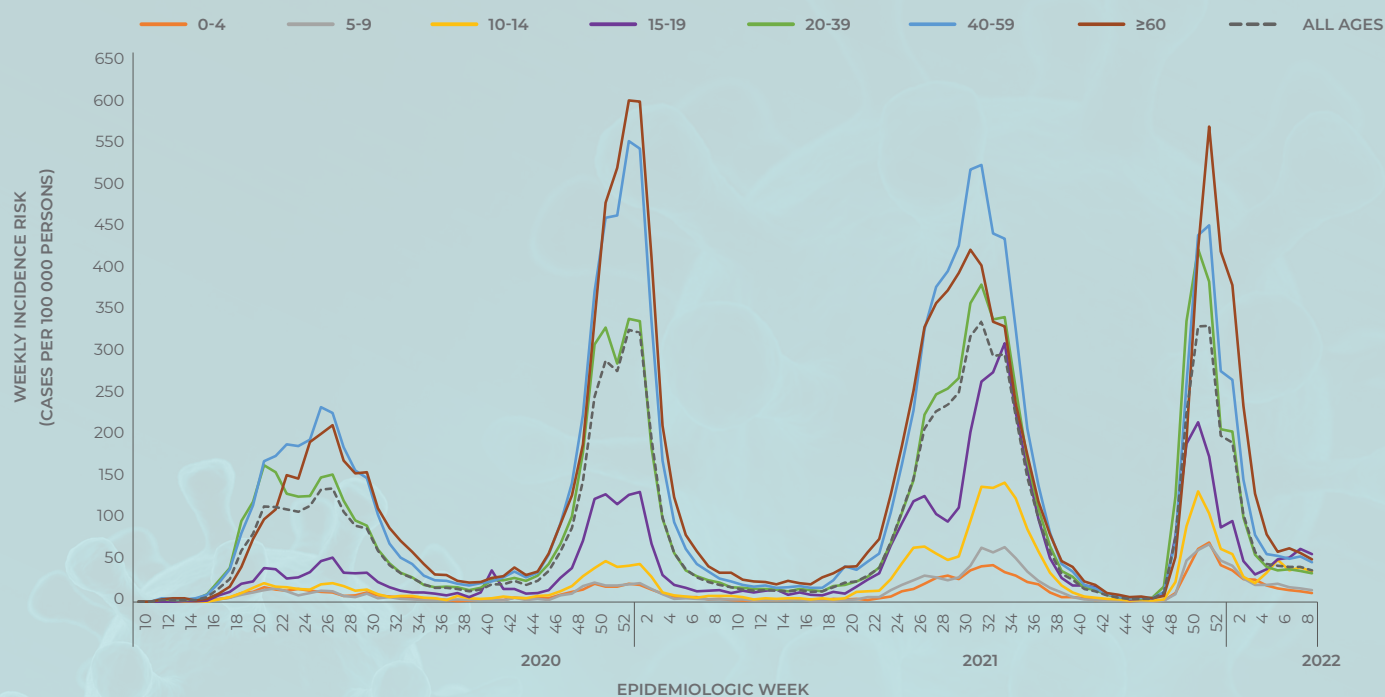


Figure 9. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Western Cape Province 3 March 2020 – 26 February 2022 (n = 638 019, 1 754 missing age)

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Gauteng Province

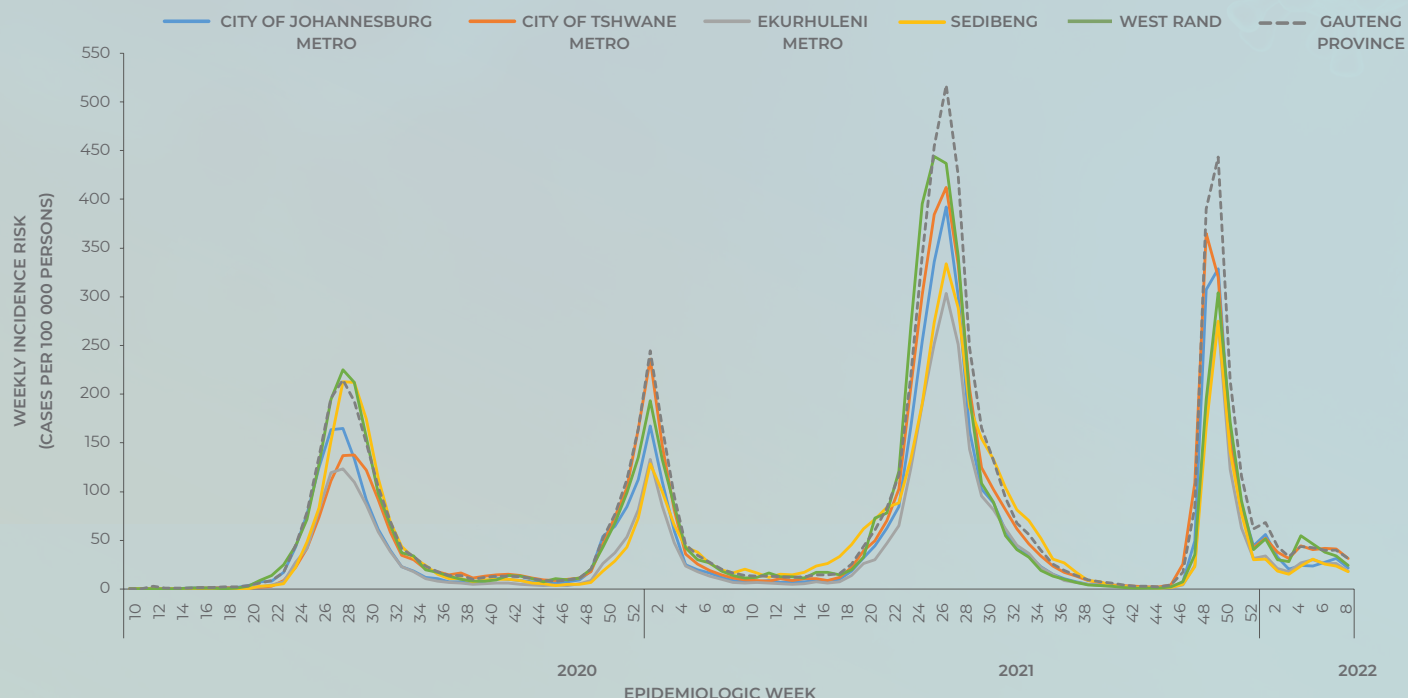


Figure 10. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Gauteng Province 3 March 2020 – 26 February 2022 (n = 845 737, 346 847 missing district)

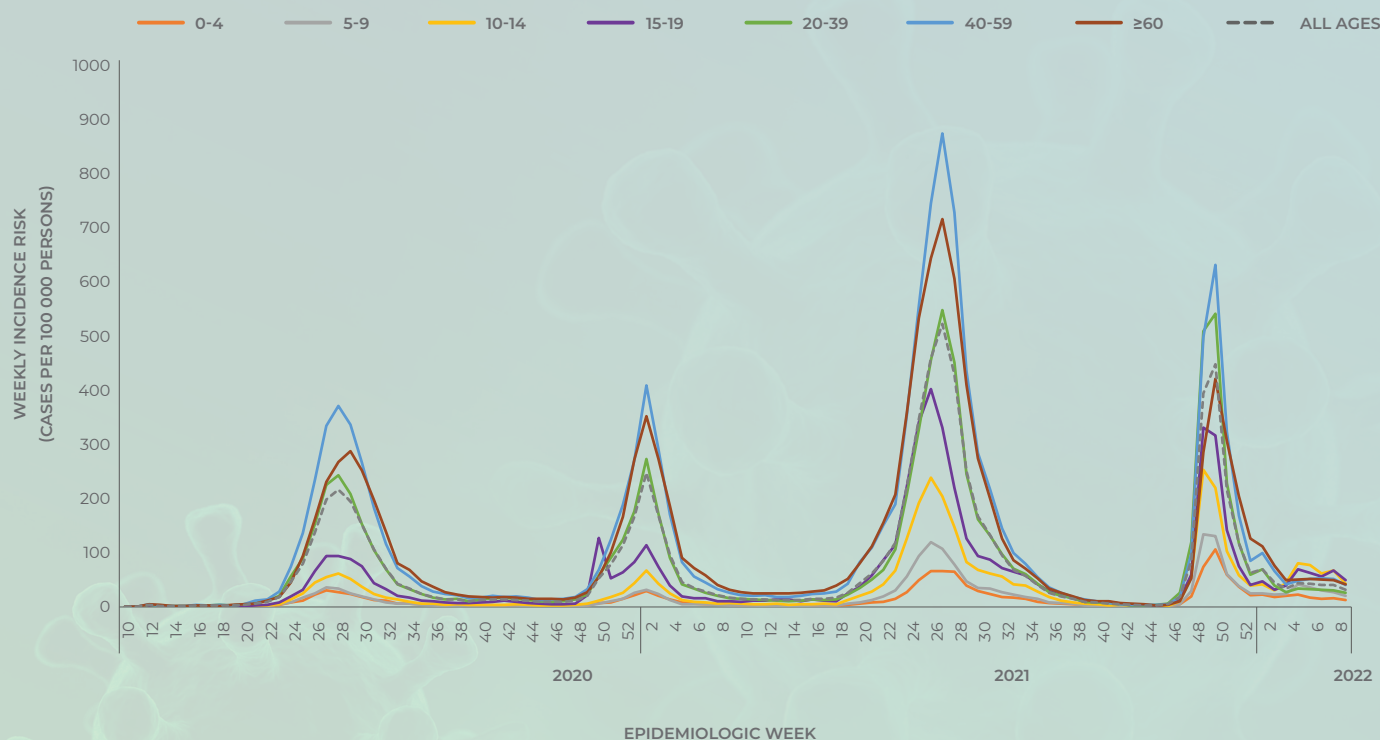


Figure 11. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Gauteng Province 3 March 2020 – 26 February 2022 (n = 1 180 473, 12 111 missing age)

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KwaZulu-Natal Province

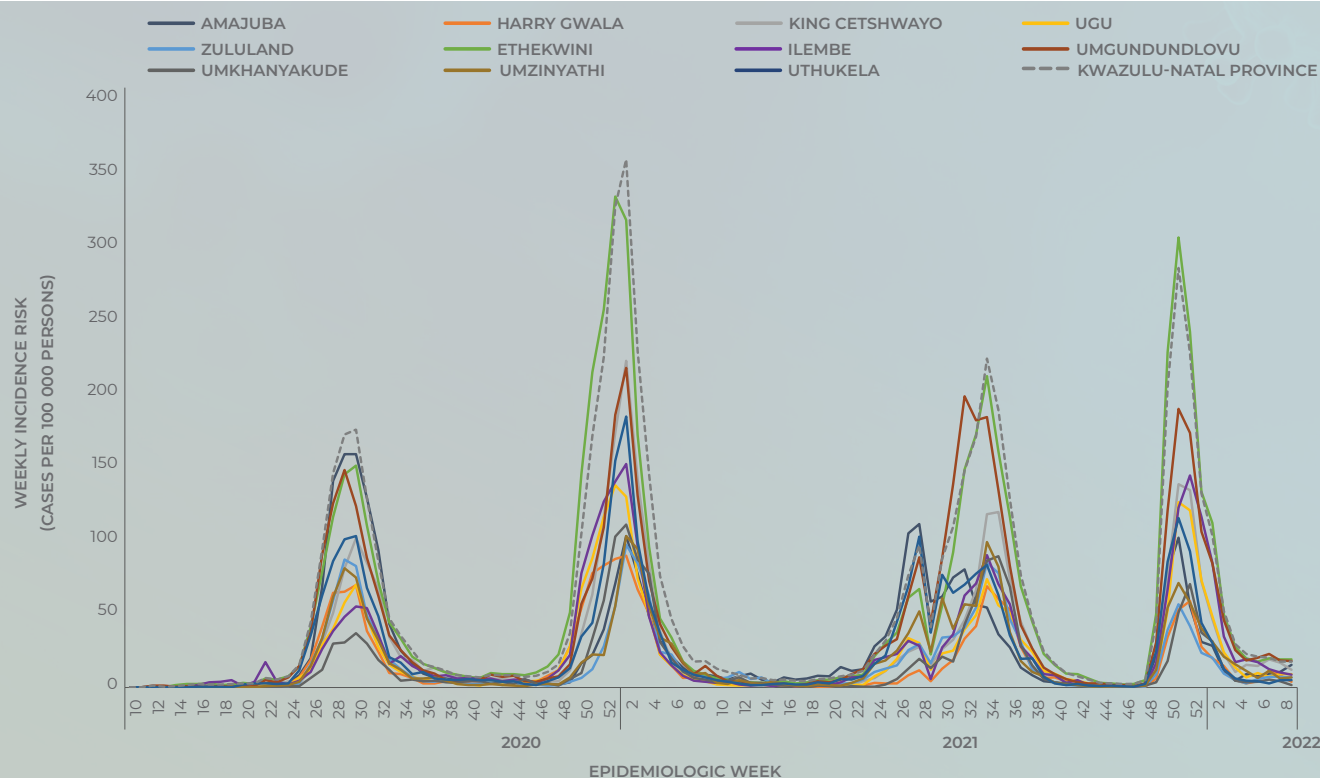


Figure 12. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week KwaZulu-Natal Province 3 March 2020 – 26 February 2022 (n = 399 081, 252 795 missing district)

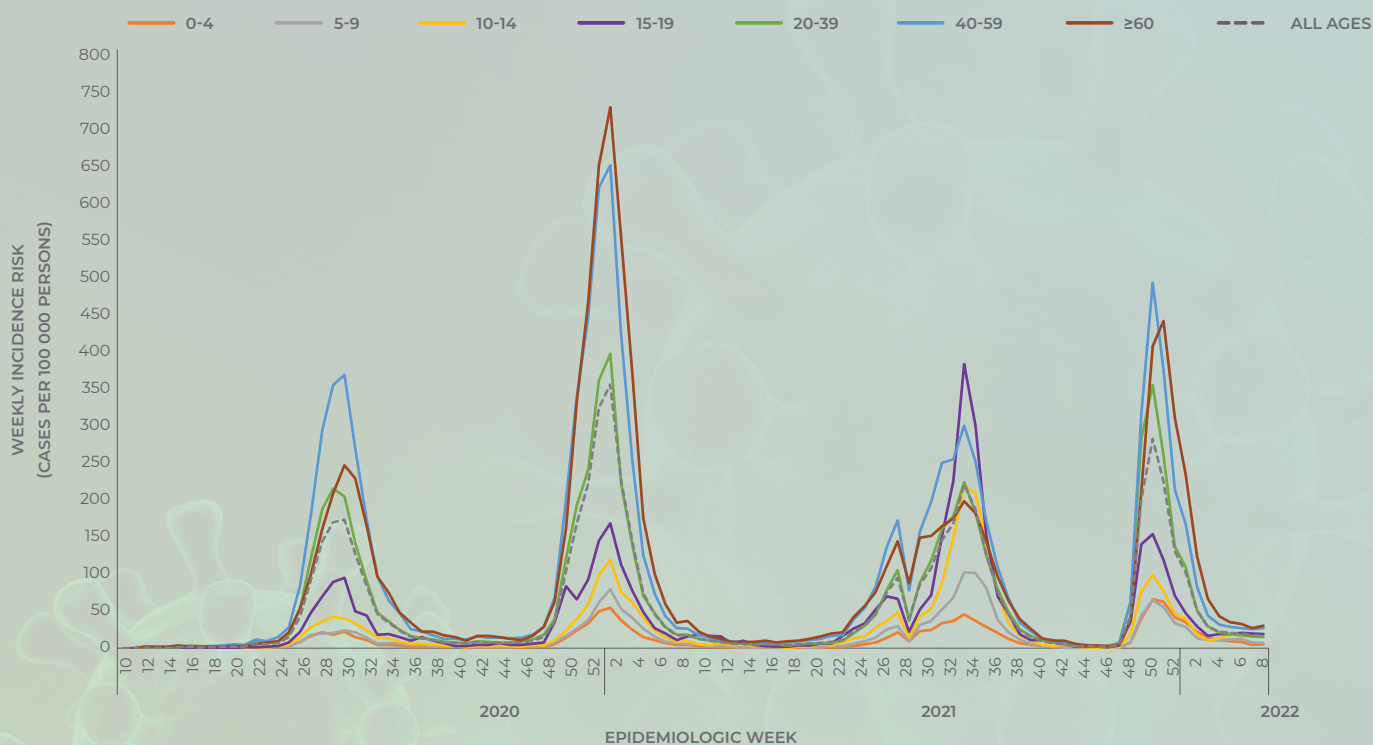


Figure 13. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week KwaZulu-Natal Province 3 March 2020 – 26 February 2022 (n = 643 524, 8 352 missing age)

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Free State Province

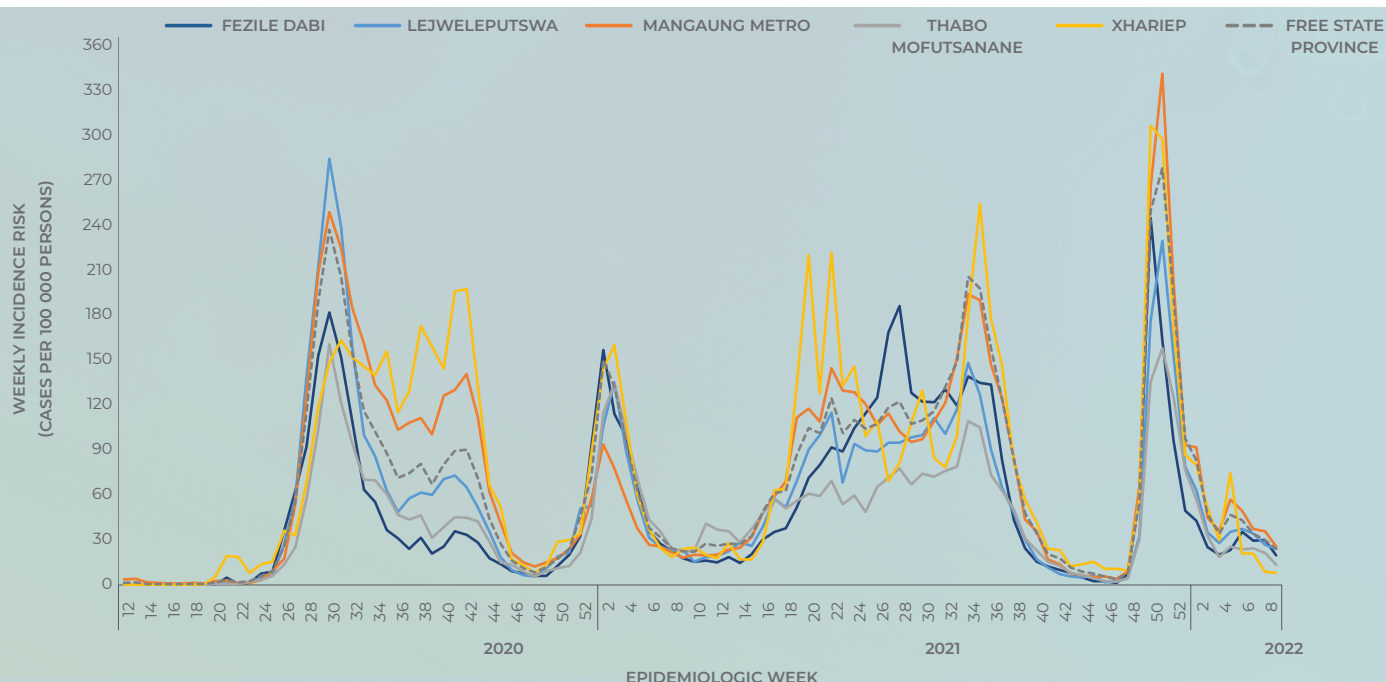


Figure 14. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Free State Province 3 March 2020 – 26 February 2022 (n = 171 124, 29 509 missing district)

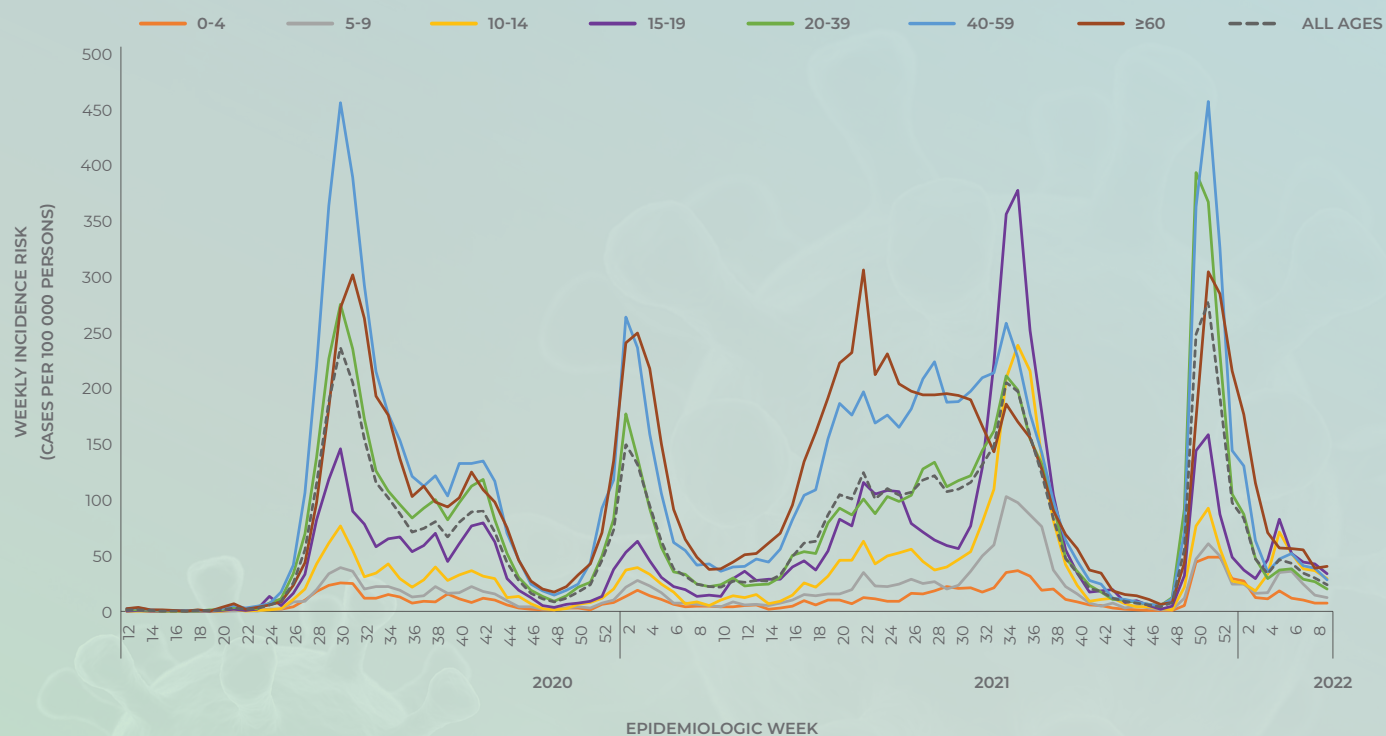


Figure 15. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Free State Province 3 March 2020 – 26 February 2022 (n = 199 826, 807 missing age)

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Limpopo Province

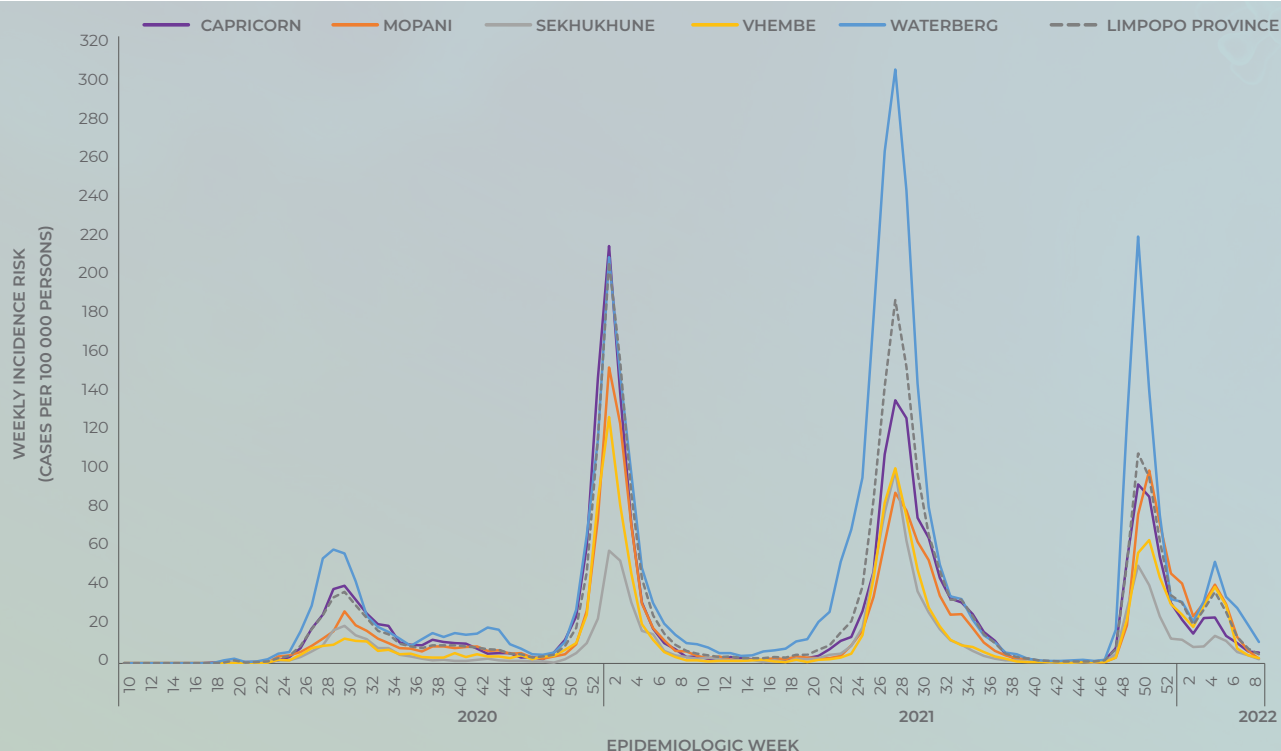


Figure 16. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Limpopo Province 3 March 2020 – 26 February 2022 (n = 114 686, 39 887 missing district)

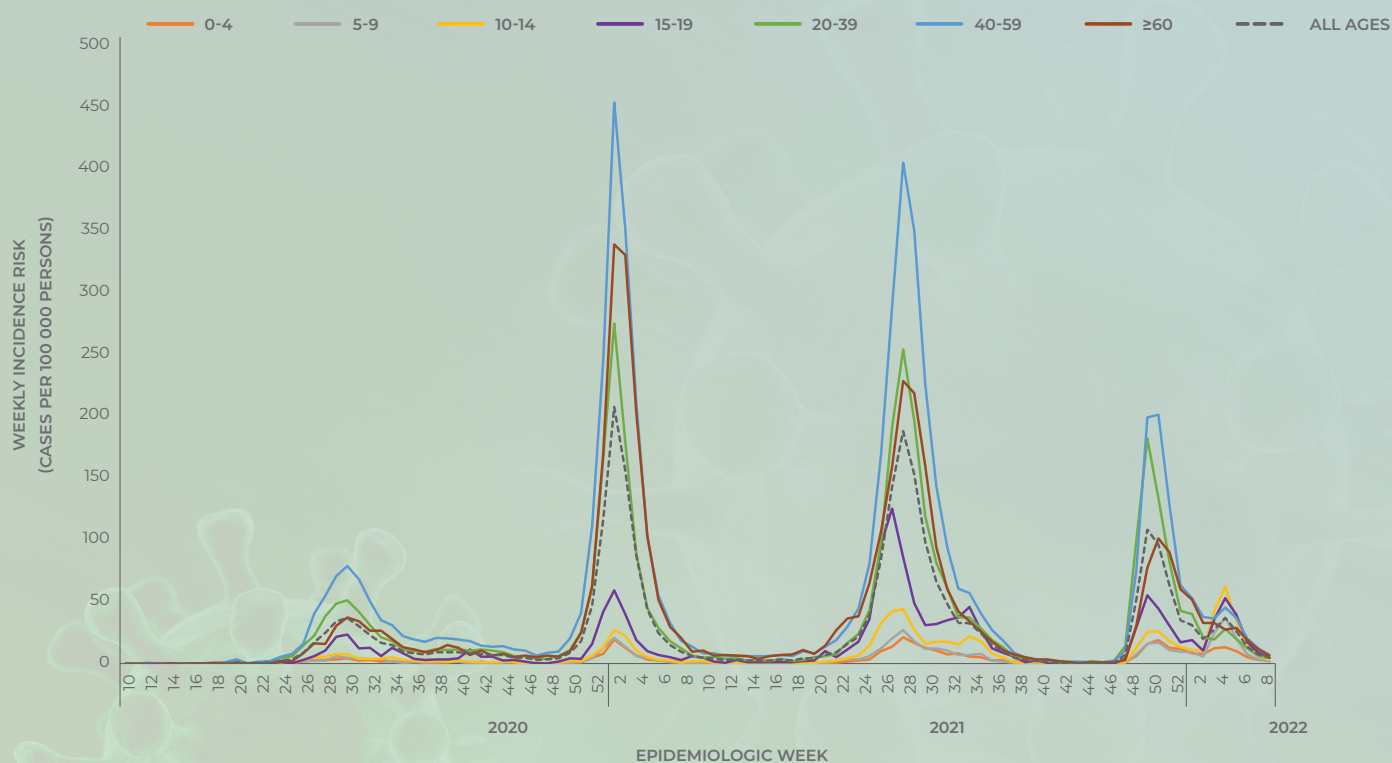


Figure 17. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Limpopo Province 3 March 2020 – 26 February 2022 (n = 153 864, 709 missing age)

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Mpumalanga Province

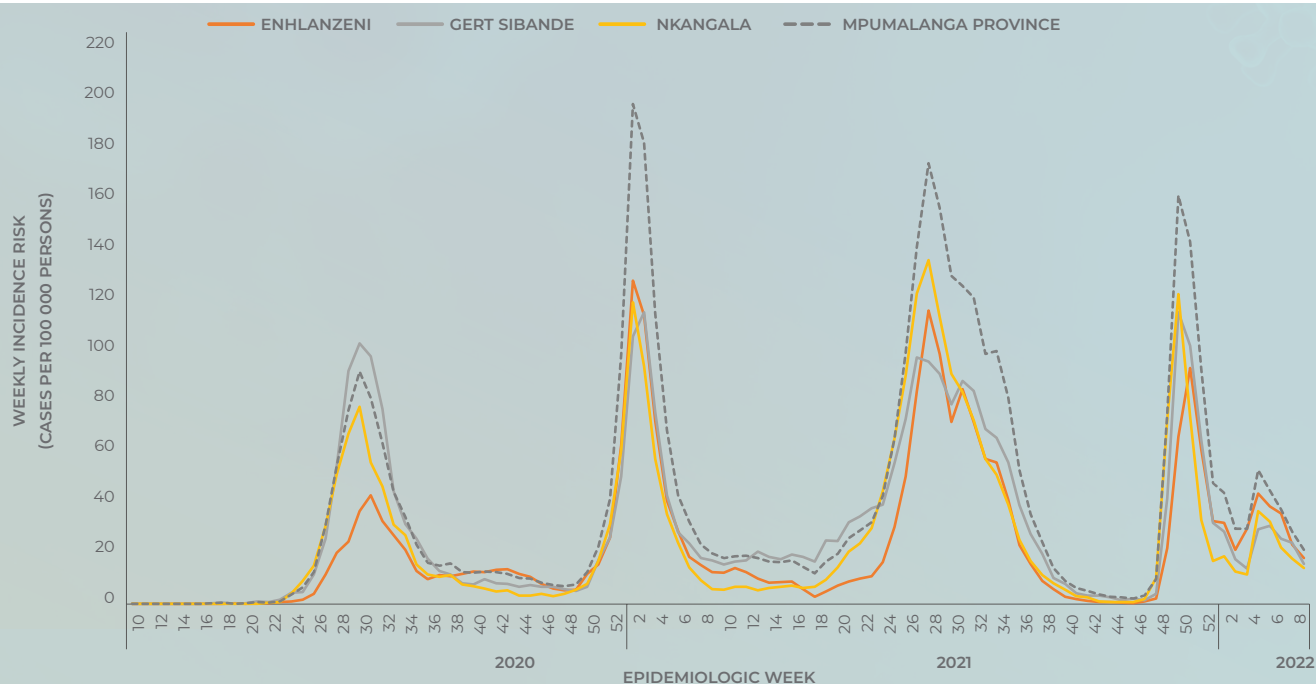


Figure 18. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Mpumalanga Province 3 March 2020 – 26 February 2022 (n = 124 813, 66 412 missing district)

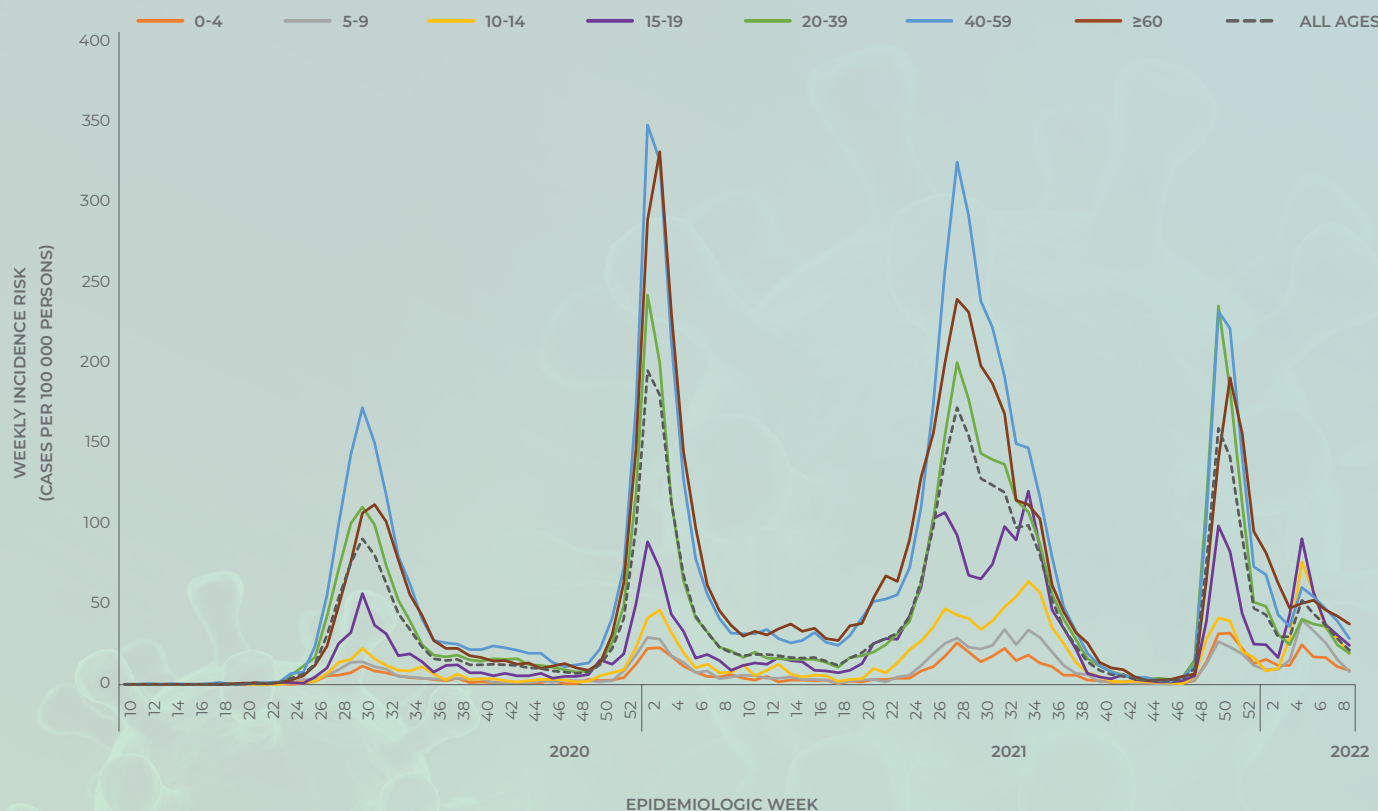


Figure 19. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group and epidemiologic week Mpumalanga Province 3 March 2020 – 26 February 2022 (n = 187 214, 4 011 missing age)

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North West Province

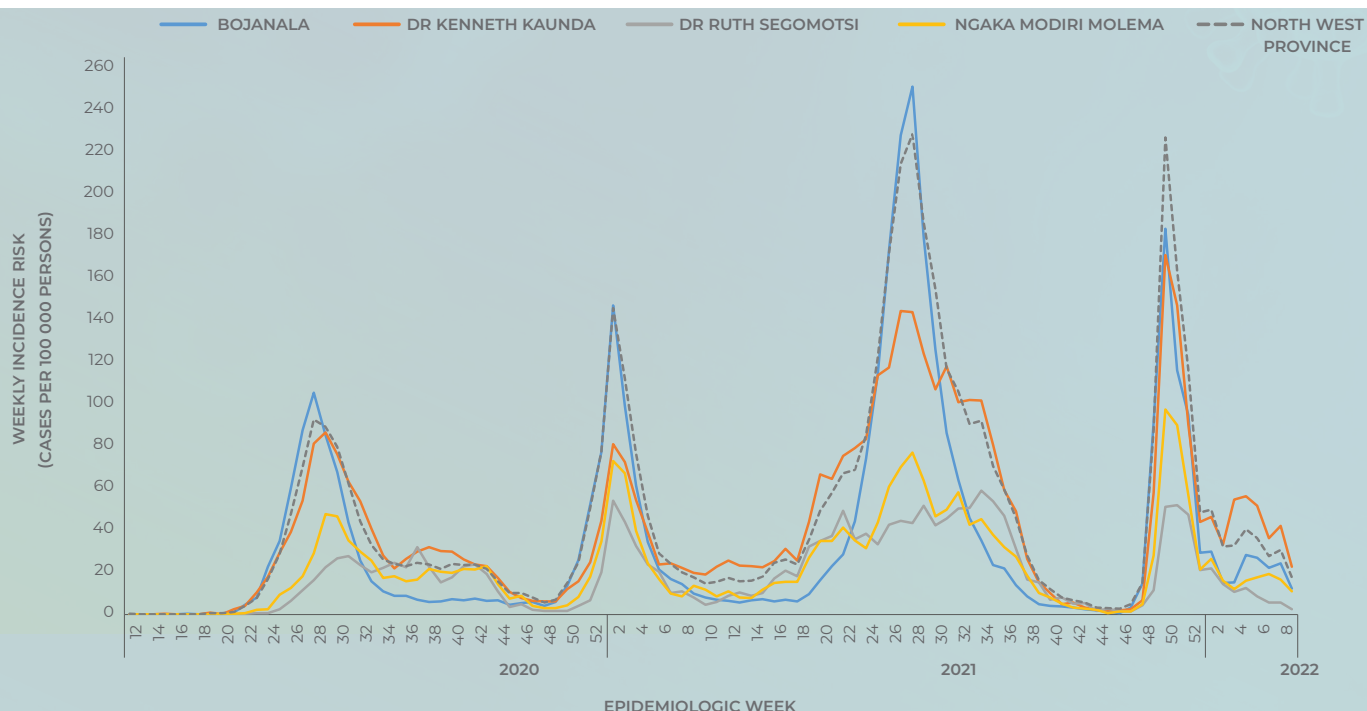


Figure 20. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week North West Province 3 March 2020 – 26 February 2022 (n = 131 042, 59 892 missing district)

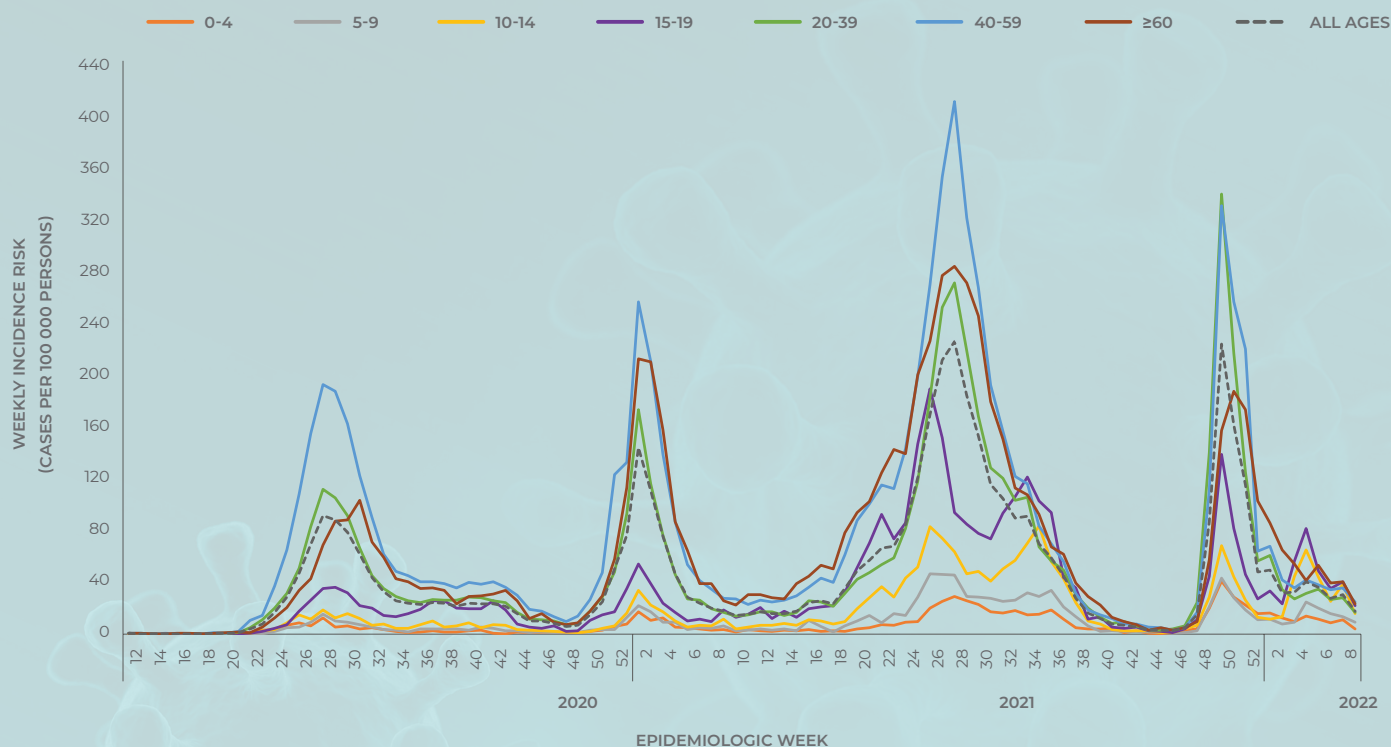


Figure 21. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week North West Province 3 March 2020 – 26 February 2022 (n = 188 474, 2 460 missing age)

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Northern Cape Province

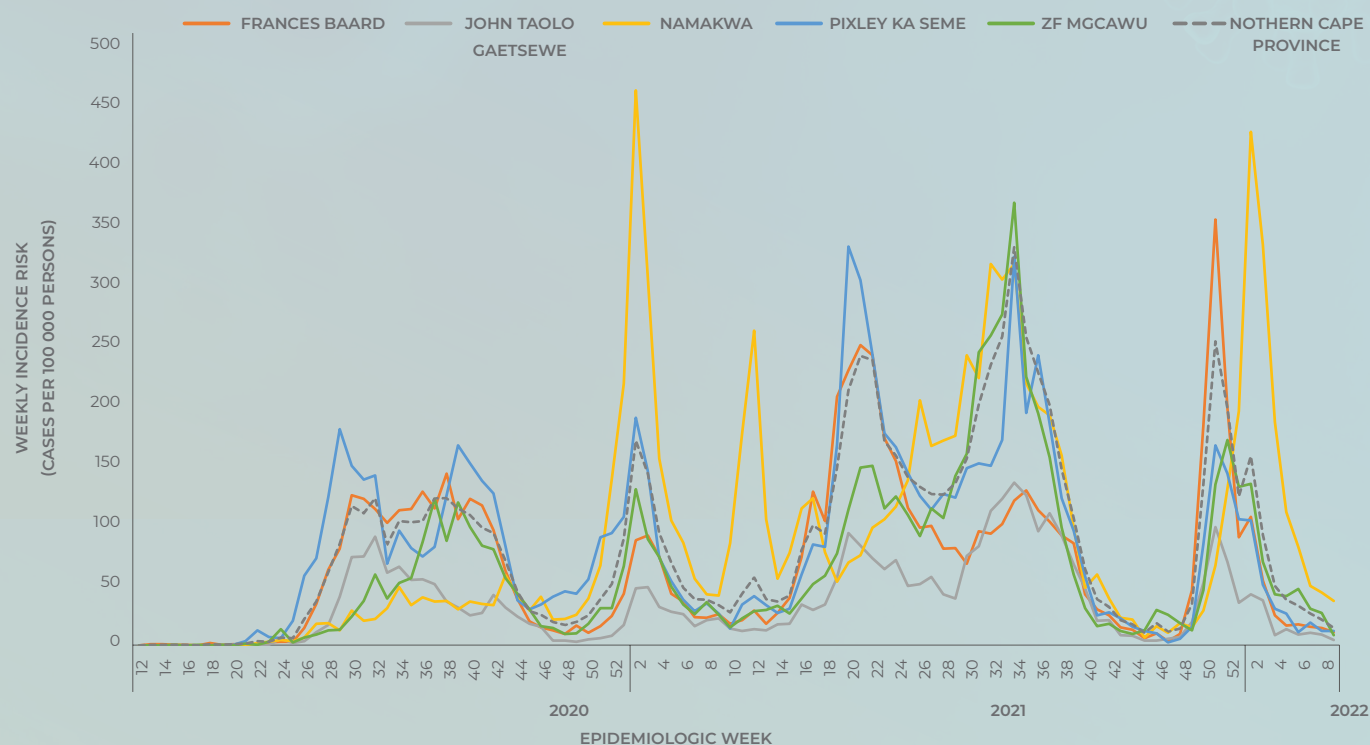


Figure 22. Weekly incidence risk of laboratory-confirmed cases of COVID-19 by district and epidemiologic week Northern Cape Province 3 March 2020 – 26 February 2022 (n = 82 834, 25 444 missing district)

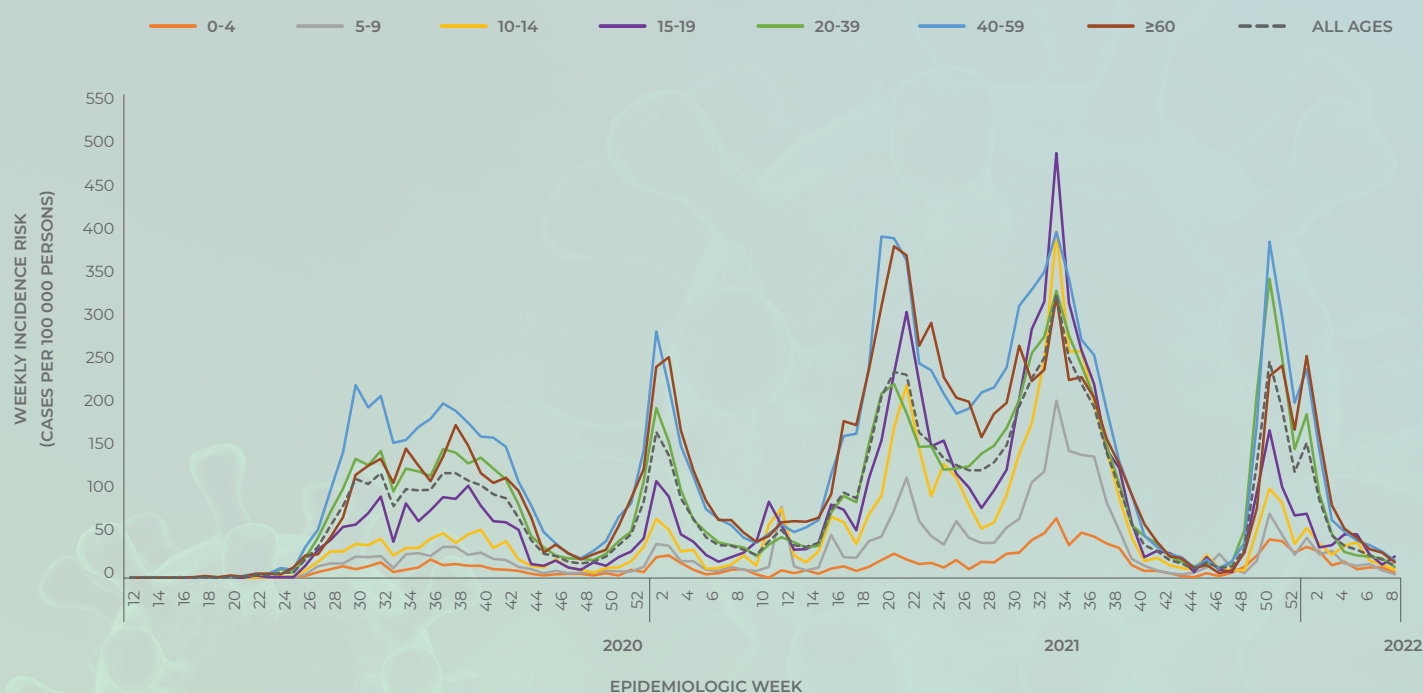


Figure 23 Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Northern Cape Province 3 March 2020 – 26 February 2022 (n = 107 565, 713 missing age)

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.