

# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

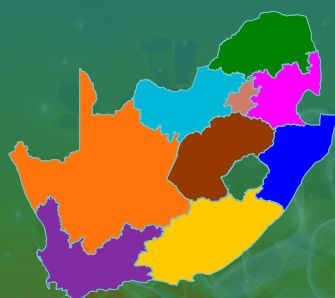


NATIONAL INSTITUTE FOR  
COMMUNICABLE DISEASES

Division of the National Health Laboratory Service

SOUTH AFRICA WEEK 9 2022

## CUMULATIVE DATA FROM



CASES

3 684 319  
IN TOTAL

10 071  
THIS WEEK\*\*

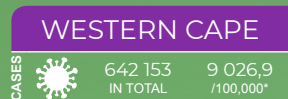


PERSONS

6 125,9  
INCIDENCE RISK\*

38  
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 March 2022 (week 9 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 March, a total of 3 684 319 laboratory-confirmed COVID-19 cases had been detected in South Africa. Of these, 11 062 were cases reported since the last report (week 8 of 2022). There was a 24.4% decrease in the number of new cases detected in week 9 of 2022 (10 071) compared to the number of new cases detected in week 8 of 2022 (13 508).
- In the past week, the Gauteng Province reported the highest number of cases detected (3 820/10 071, 37.9%), followed by the Western Cape Province (2 254/10 071, 22.4%), and KwaZulu-Natal Province (1 772/10 071, 17.6%), with other provinces reporting  $\leq 5\%$  each.
- In the past week, all provinces reported a decrease in weekly incidence risk, compared to the previous week. The decrease in weekly incidence risk ranged from 1.6 cases per 100 000 persons (22.4% decrease) in the Eastern Cape Province to 11.4 cases per 100 000 persons (51.0% decrease) in the Mpumalanga 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 (31.7 cases per 100 000 persons), followed by the Gauteng Province (24.2 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 9 of 2022 was reported in the 50-54-year age group (29.2 cases per 100 000 persons), and the lowest weekly incidence risk was in the 0-4-year age group (5.4 cases per 100 000 persons).

INCIDENCE  
RISK FOR  
CURRENT WEEK

16,7  
CASES PER  
100 000  
PERSONS

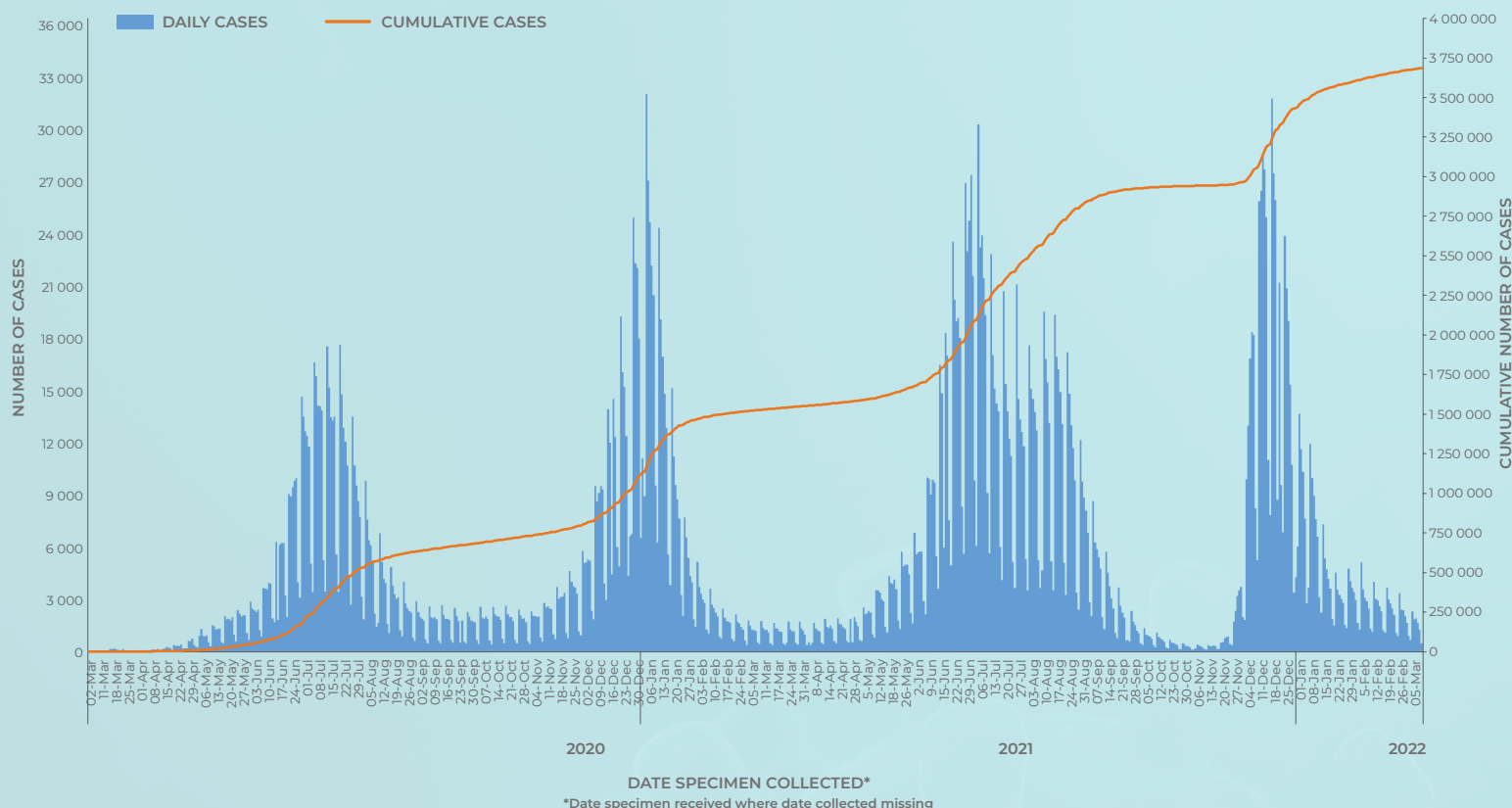
37,9%  
OF CASES  
REPORTED IN  
GAUTENG IN  
CURRENT WEEK

IN CURRENT  
WEEK, THE  
HIGHEST  
WEEKLY  
INCIDENCE RISK  
WAS IN CASES  
AGED 50-54  
YEARS (29,2  
CASES PER 100  
000 PERSONS)



# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 9 2022



**Figure 1.** Number and cumulative number of laboratory-confirmed cases of COVID-19 by date of specimen collection, South Africa, 3 March 2020 – 5 March 2022 (n= 3 684 319)

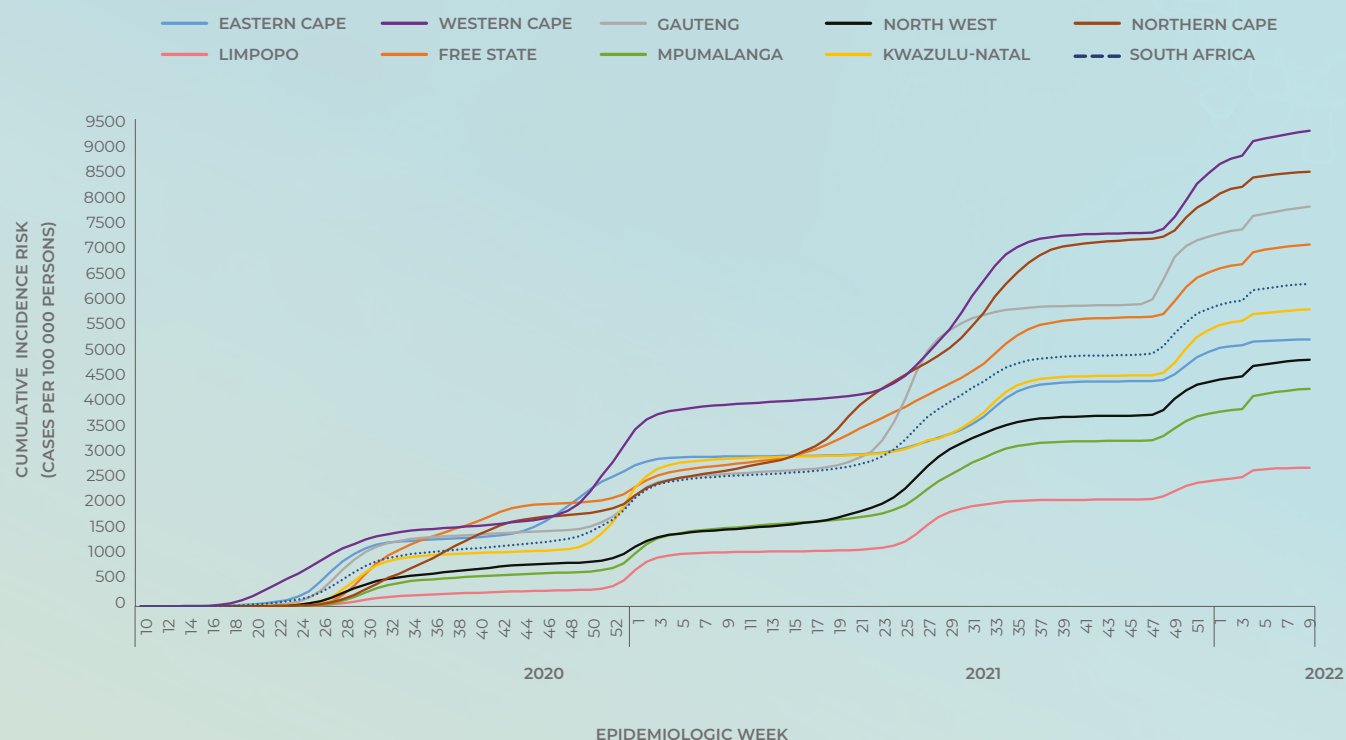
**Table 1.** Number and cumulative/weekly incidence risk of laboratory-confirmed cases of COVID-19 and testing per 100 000 persons by province, South Africa, 3 March 2020 – 5 March (n = 3 684 319)

Province	Cumulative cases (n) (percentage, n/ total cases in South Africa)	New cases <sup>1</sup> detected in week 9 of 2022 (27 Feb- 5 Mar), 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 9 of 2022 (cases/100 000 persons)	Tests <sup>4</sup> per 100 000 persons, 27 Feb- 5 Mar 2022
Eastern Cape	343 779 (9.3)	368 (3.7)	6 676 590	5 149.0	5.5	140.2
Free State	201 176 (5.5)	497 (4.9)	2 932 441	6 860.4	16.9	287.2
Gauteng	1 196 591 (32.5)	3 820 (37.9)	15 810 388	7 568.4	24.2	383.2
KwaZulu-Natal	653 945 (17.7)	1 772 (17.6)	11 513 575	5 679.8	15.4	257.5
Limpopo	154 896 (4.2)	186 (1.8)	5 926 724	2 613.5	3.1	58.4
Mpumalanga	191 835 (5.2)	521 (5.2)	4 743 584	4 044.1	11.0	163.5
North West	191 473 (5.2)	480 (4.8)	4 122 854	4 644.2	11.6	162.4
Northern Cape	108 471 (2.9)	173 (1.7)	1 303 047	8 324.4	13.3	224.6
Western Cape	642 153 (17.4)	2 254 (22.4)	7 113 776	9 026.9	31.7	341.0
Unknown						
<b>Total</b>	<b>3 684 319</b>	<b>10 071</b>	<b>60 142 978</b>	<b>6 125.9</b>	<b>16.7</b>	<b>257.1</b>

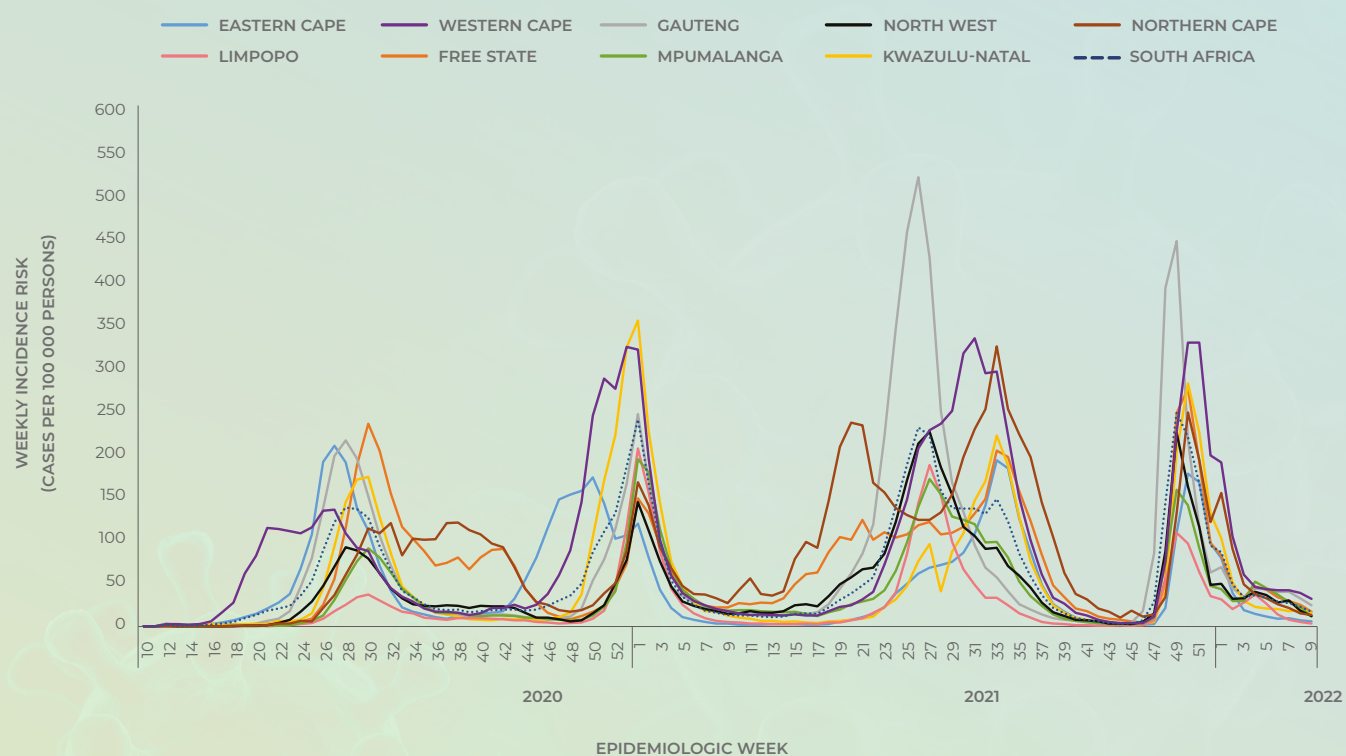
<sup>1</sup>New cases refer to cases whose samples were collected or received in the current reporting week; <sup>2</sup>Percentage=n/total number of new cases (specimen collected or received in current reporting week); <sup>3</sup>2021 Mid-year population Statistics South Africa <sup>4</sup>Data on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

# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 9 2022



**Figure 2.** Cumulative incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week South Africa 3 March 2020 – 5 March 2022 (n = 3 684 319)

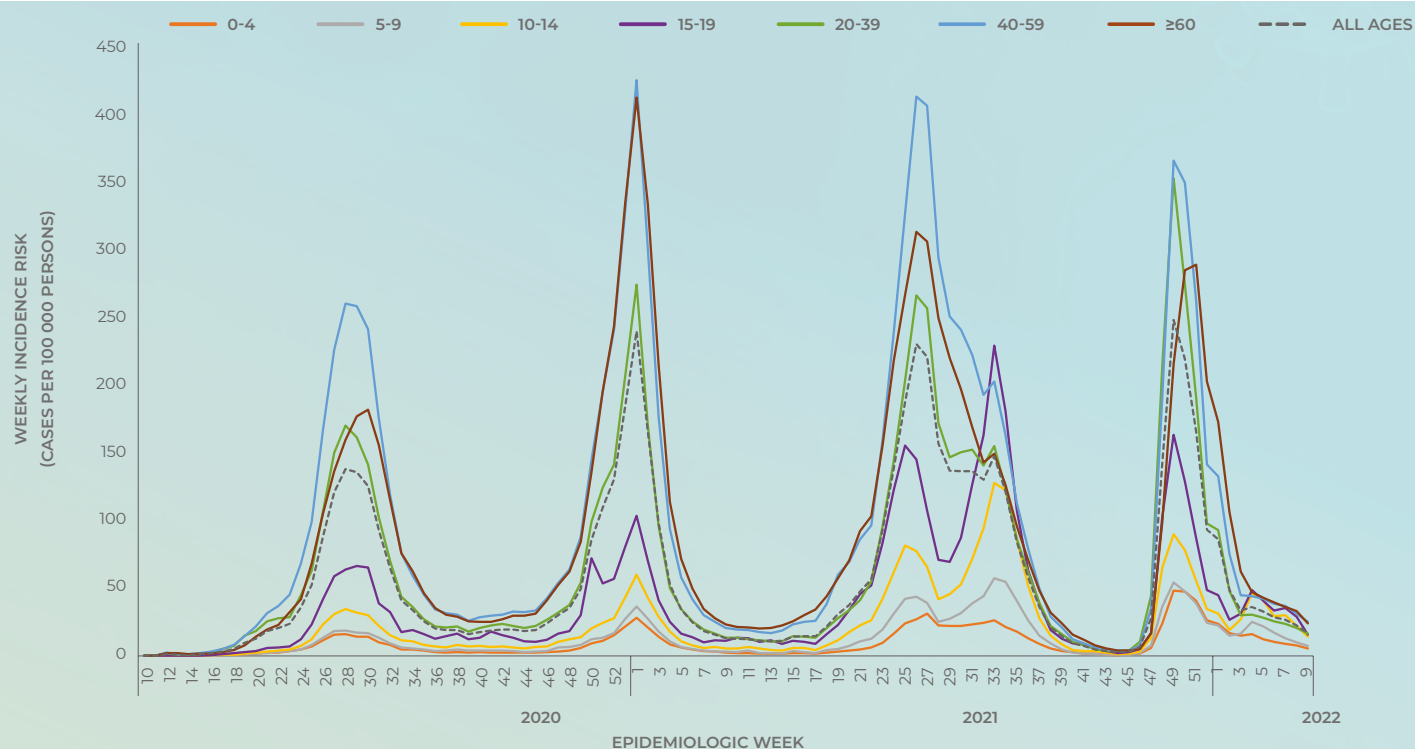


**Figure 3.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week South Africa 3 March 2020 – 5 March 2022 (n = 3 684 319)

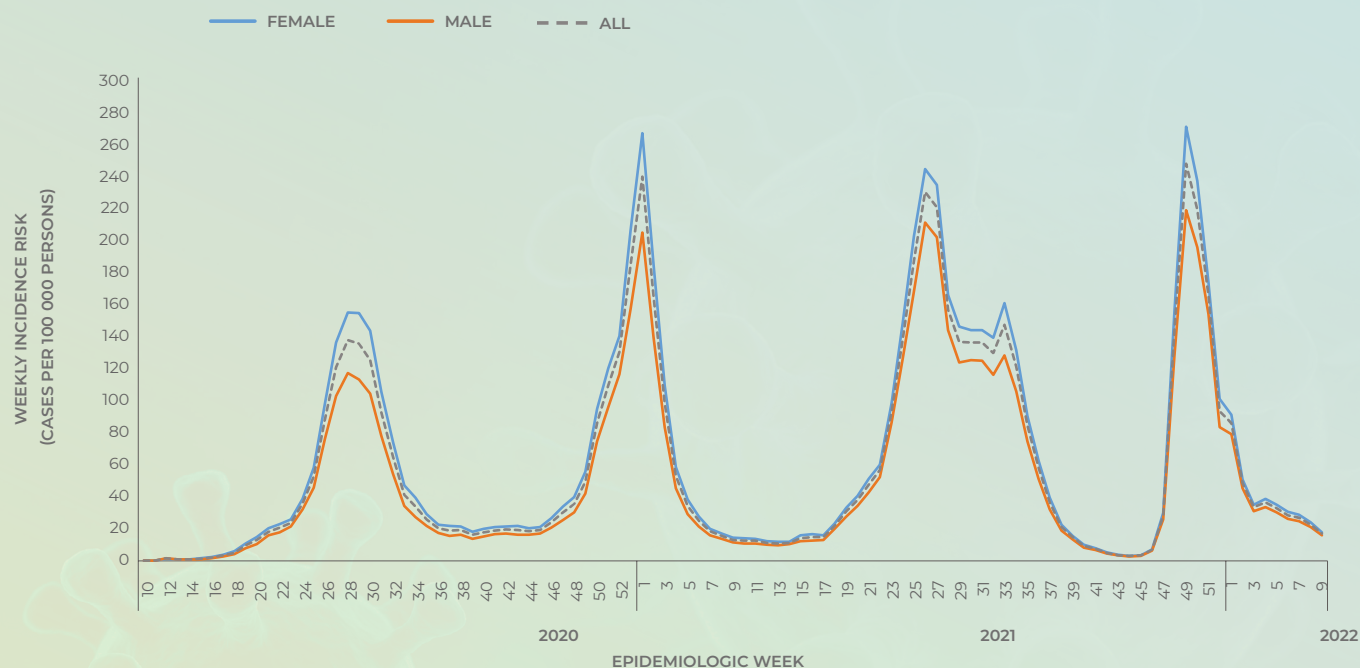
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 9 2022

## 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 March 2022 (n = 3 649 653, 34 666 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 March 2022 (n = 3 645 092, sex missing for 39 227)



# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 9 2022

**Table 2.** Number of laboratory-confirmed cases of COVID-19 and cumulative/weekly incidence risk by age group South Africa 3 March 2020 – 5 March 2022 n = 3 649 653, 34 666 missing age)

Age group (years)	Cumulative cases (n) (percentage, n/total cases in South Africa)	New cases <sup>1</sup> detected in week 9 of 2022 (27 Feb-5 Mar) 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 9 of 2022 (cases/100 000 persons)
0-4	56 477 (1.5)	307 (3.1)	5 708 956	989.3	5.4
5-9	77 606 (2.1)	425 (4.3)	5 663 296	1 370.3	7.5
10-14	140 407 (3.8)	790 (7.9)	5 671 023	2 475.9	13.9
15-19	204 794 (5.6)	769 (7.7)	4 909 941	4 171.0	15.7
20-24	242 969 (6.7)	603 (6.0)	4 739 305	5 126.7	12.7
25-29	355 925 (9.8)	796 (8.0)	5 324 134	6 685.1	15.0
30-34	410 203 (11.2)	954 (9.6)	5 630 643	7 285.2	16.9
35-39	416 145 (11.4)	1 021 (10.2)	4 985 251	8 347.5	20.5
40-44	352 710 (9.7)	882 (8.8)	3 881 731	9 086.4	22.7
45-49	335 796 (9.2)	803 (8.1)	3 254 138	10 319.0	24.7
50-54	301 288 (8.3)	767 (7.7)	2 625 390	11 475.9	29.2
55-59	250 201 (6.9)	542 (5.4)	2 243 823	11 150.7	24.2
60-64	174 803 (4.8)	422 (4.2)	1 815 810	9 626.7	23.2
65-69	120 255 (3.3)	314 (3.1)	1 422 604	8 453.2	22.1
70-74	87 567 (2.4)	264 (2.6)	1 024 345	8 548.6	25.8
75-79	56 673 (1.6)	158 (1.6)	647 265	8 755.8	24.4
≥80	65 834 (1.8)	158 (1.6)	595 323	11 058.5	26.5
Unknown	34 666 (0.0)	96 (0.0)			
<b>Total</b>	<b>3 684 319 (100.0)</b>	<b>10 071 (100.0)</b>	<b>60 142 978</b>	<b>6 125.9</b>	<b>16.7</b>

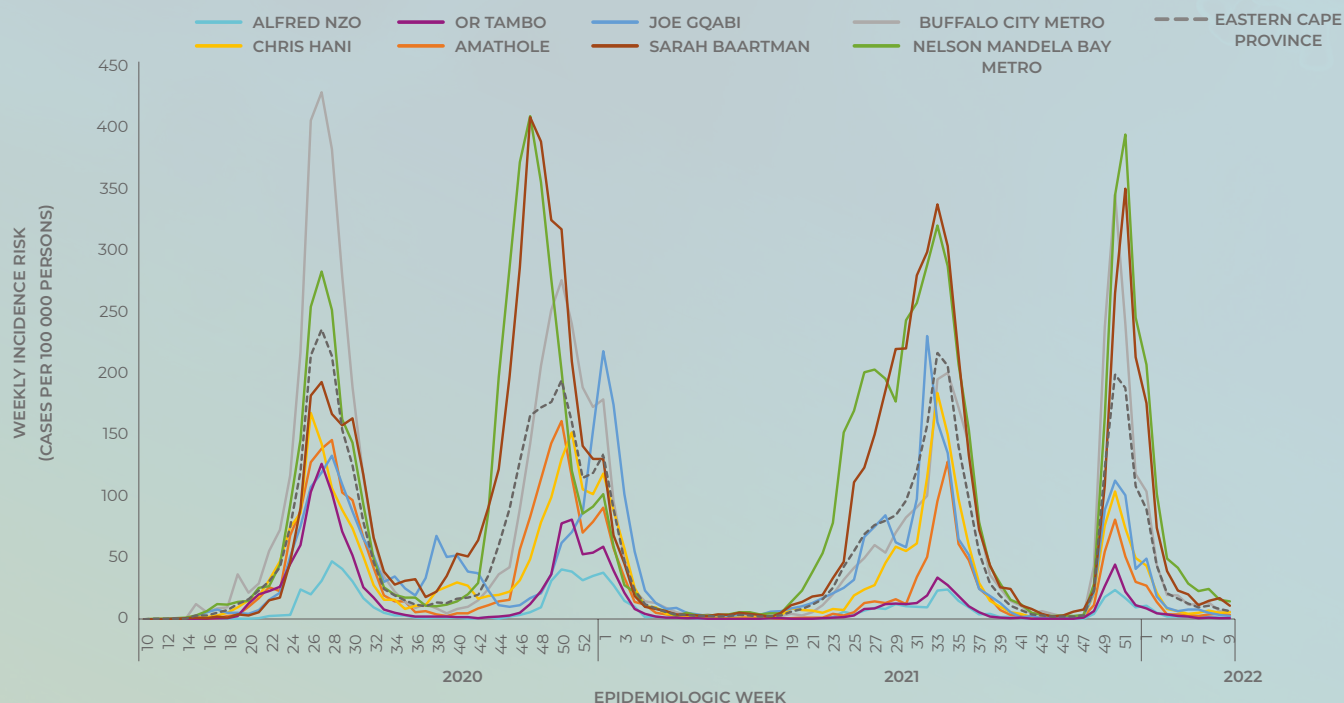
<sup>1</sup>New cases refer to cases whose samples were collected or received in the current reporting week; <sup>2</sup>Percentage=n/total number of new cases (specimen collected or received in current reporting week); <sup>3</sup>2021 Mid-year population Statistics South Africa

# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

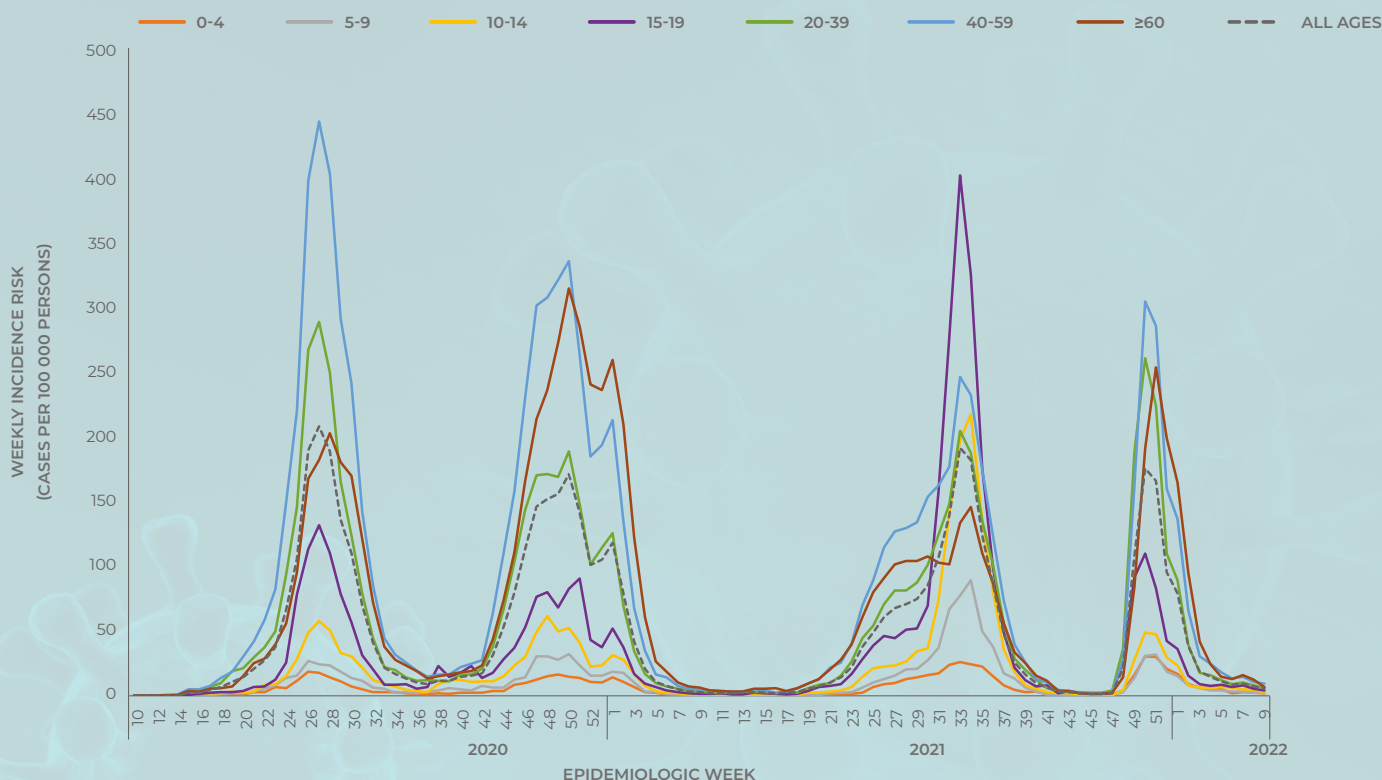
WEEK 9 2022

## 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 March 2022 (n = 273 881, 69 898 missing district)

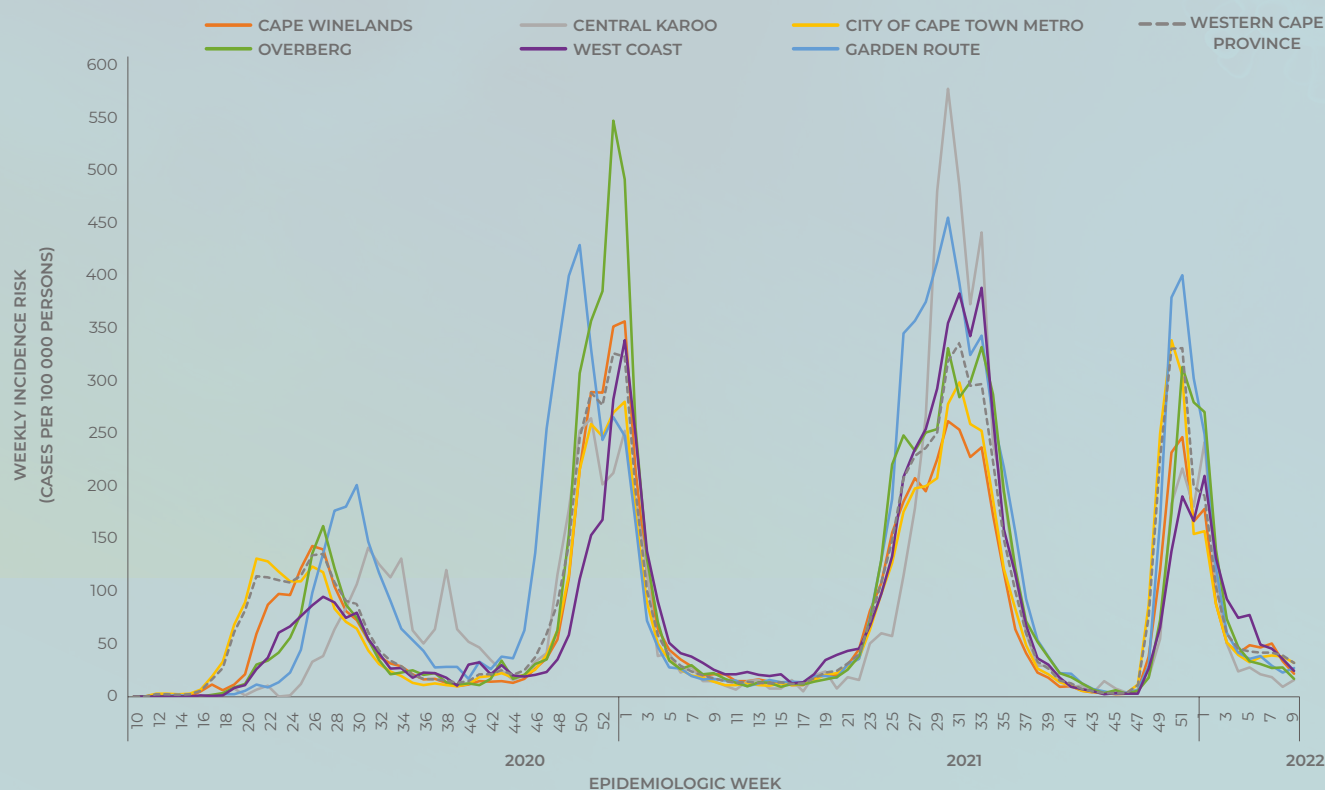


**Figure 7.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Eastern Cape Province 3 March 2020 – 5 March 2022 (n = 340 129, 3 650 missing age)

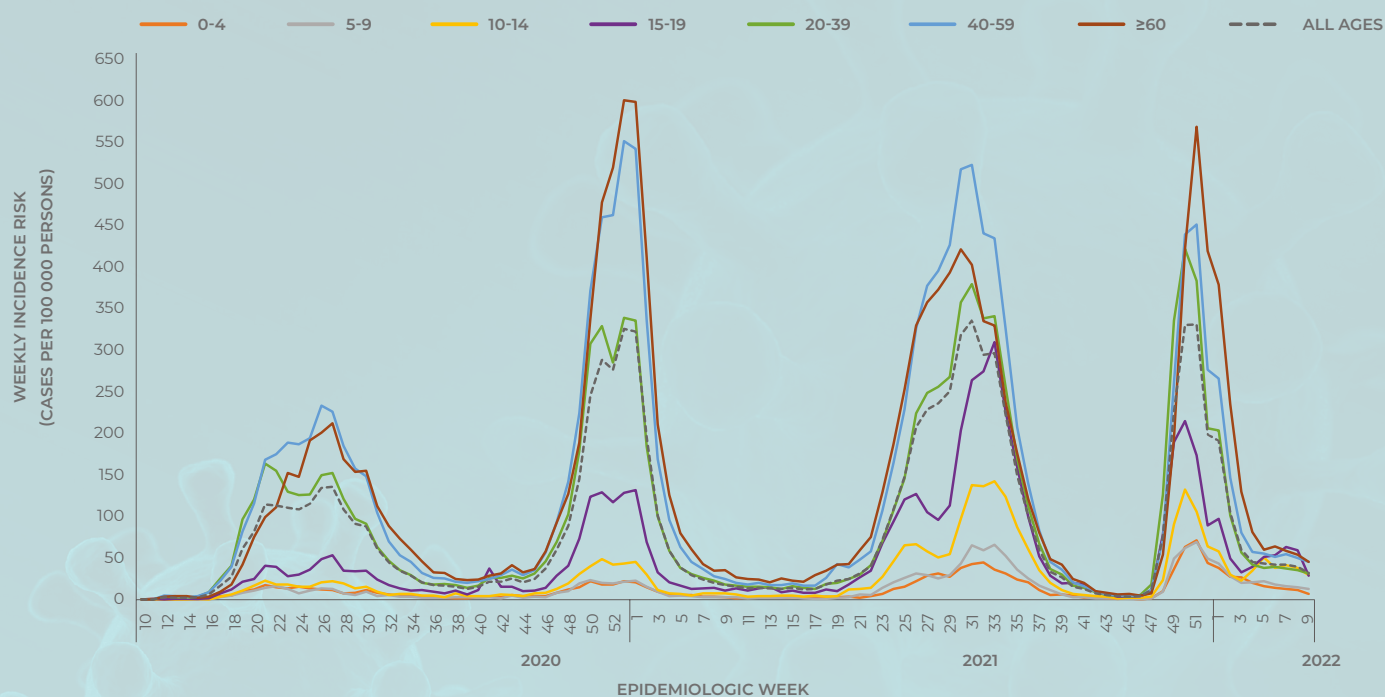
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 9 2022

## 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 March 2022 (n = 590 183, 51 970 missing district)



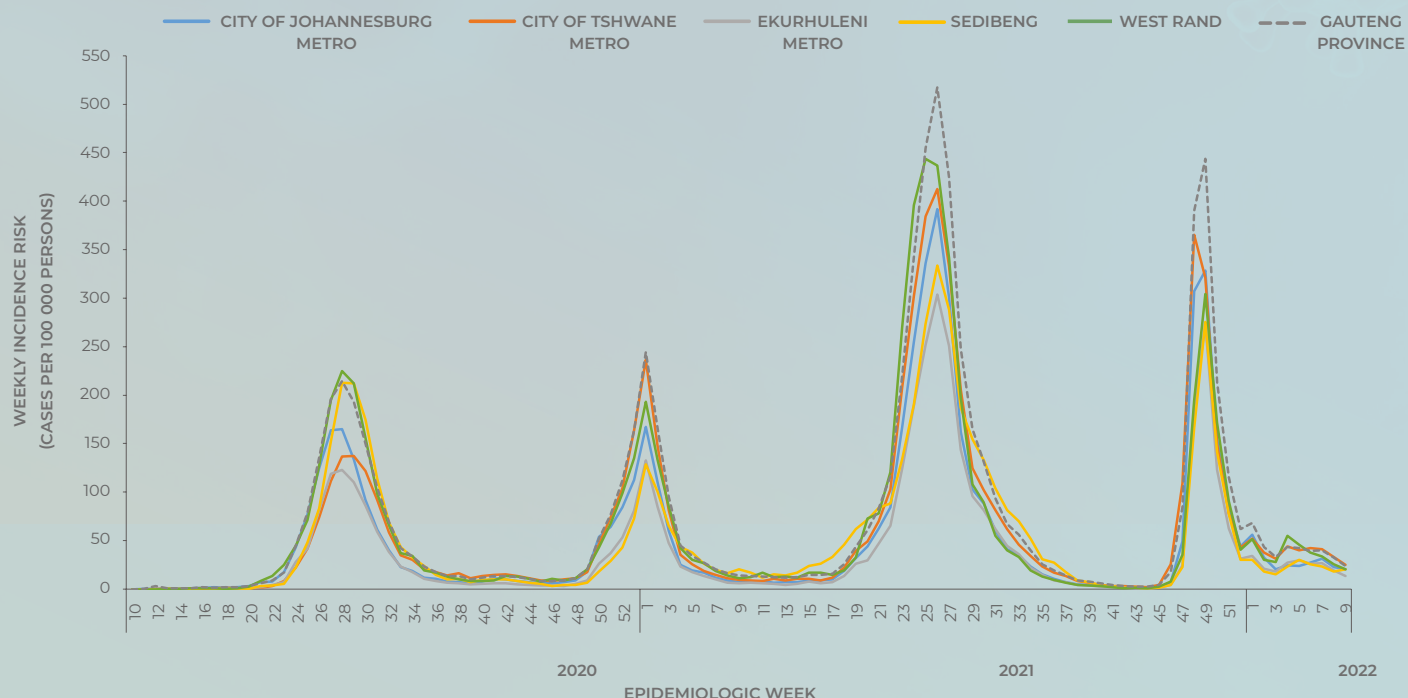
**Figure 9.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Western Cape Province 3 March 2020 – 5 March 2022 (n = 642 153, 1 755 missing age)



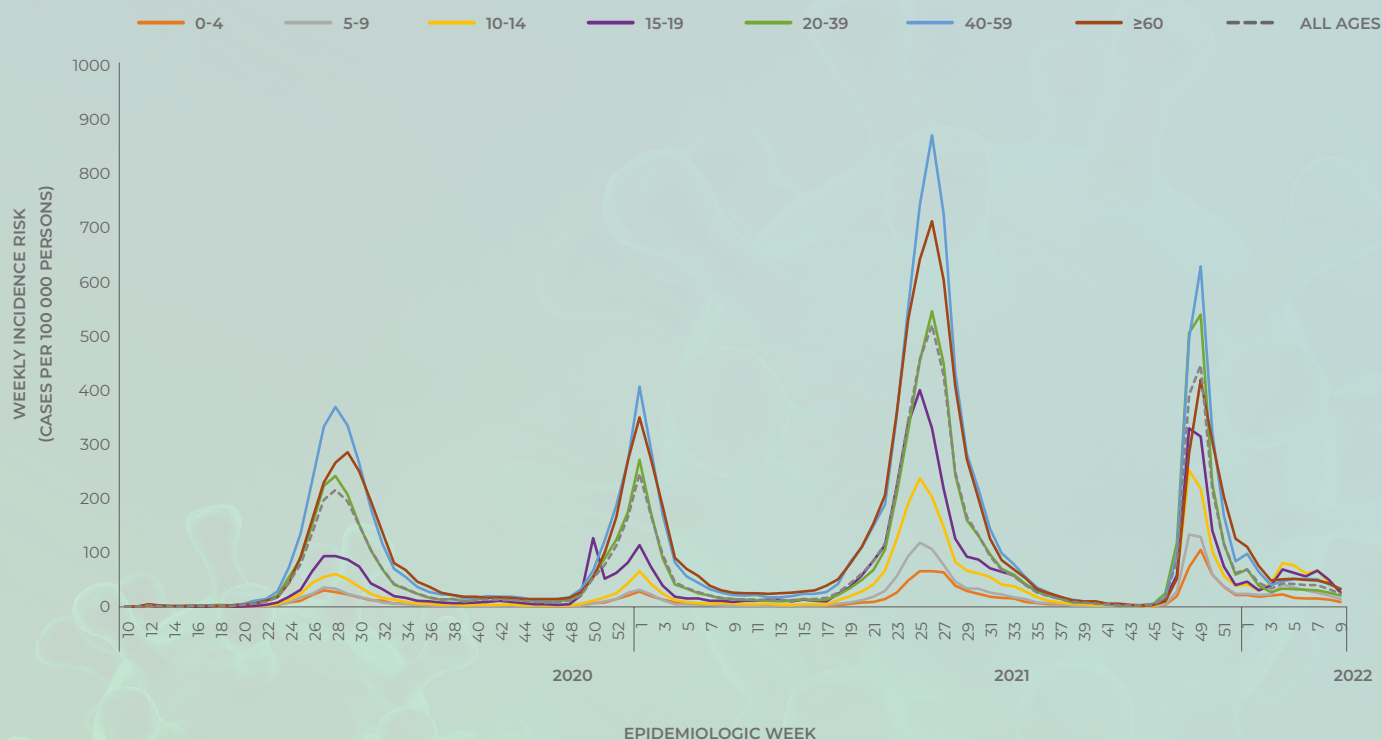
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 9 2022

## 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 March 2022 (n = 849 096, 347 495 missing district)

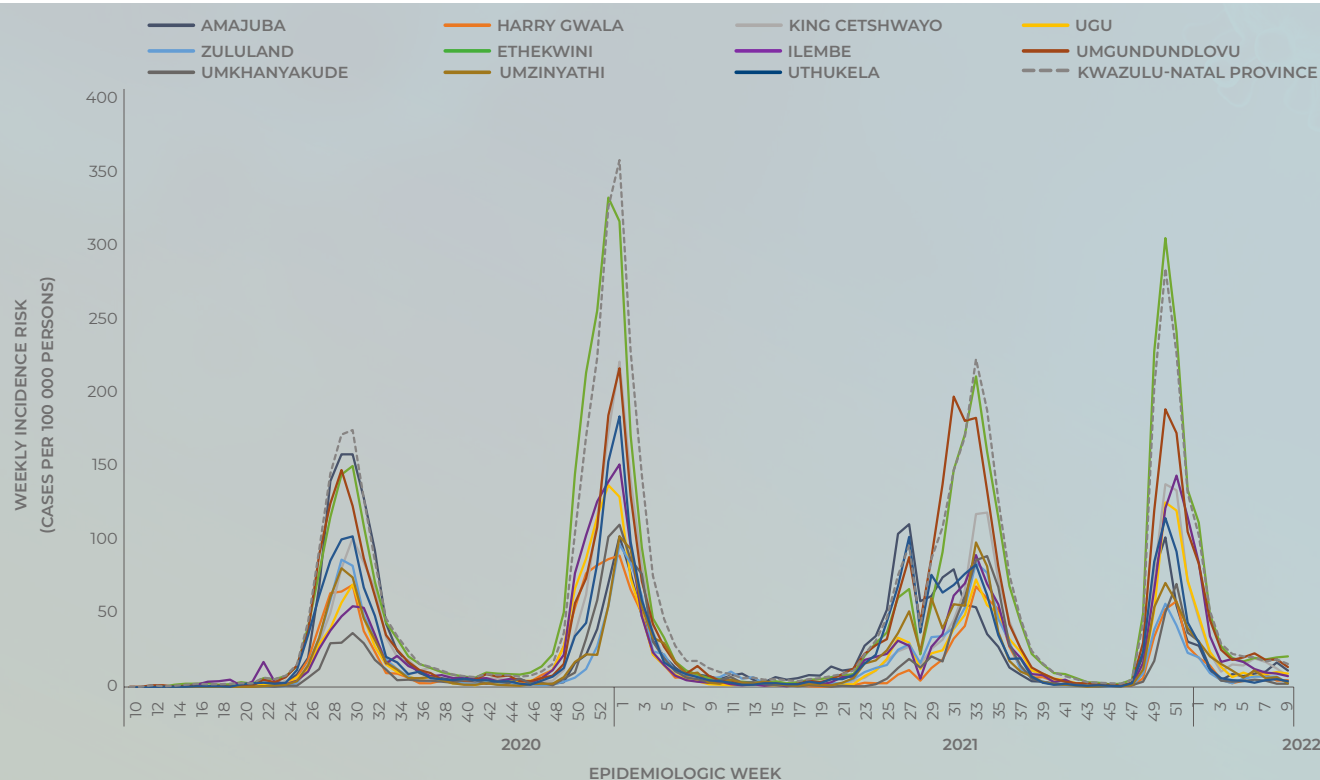


**Figure 11.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Gauteng Province 3 March 2020 – 5 March 2022 (n = 1 184 438, 12 153 missing age)

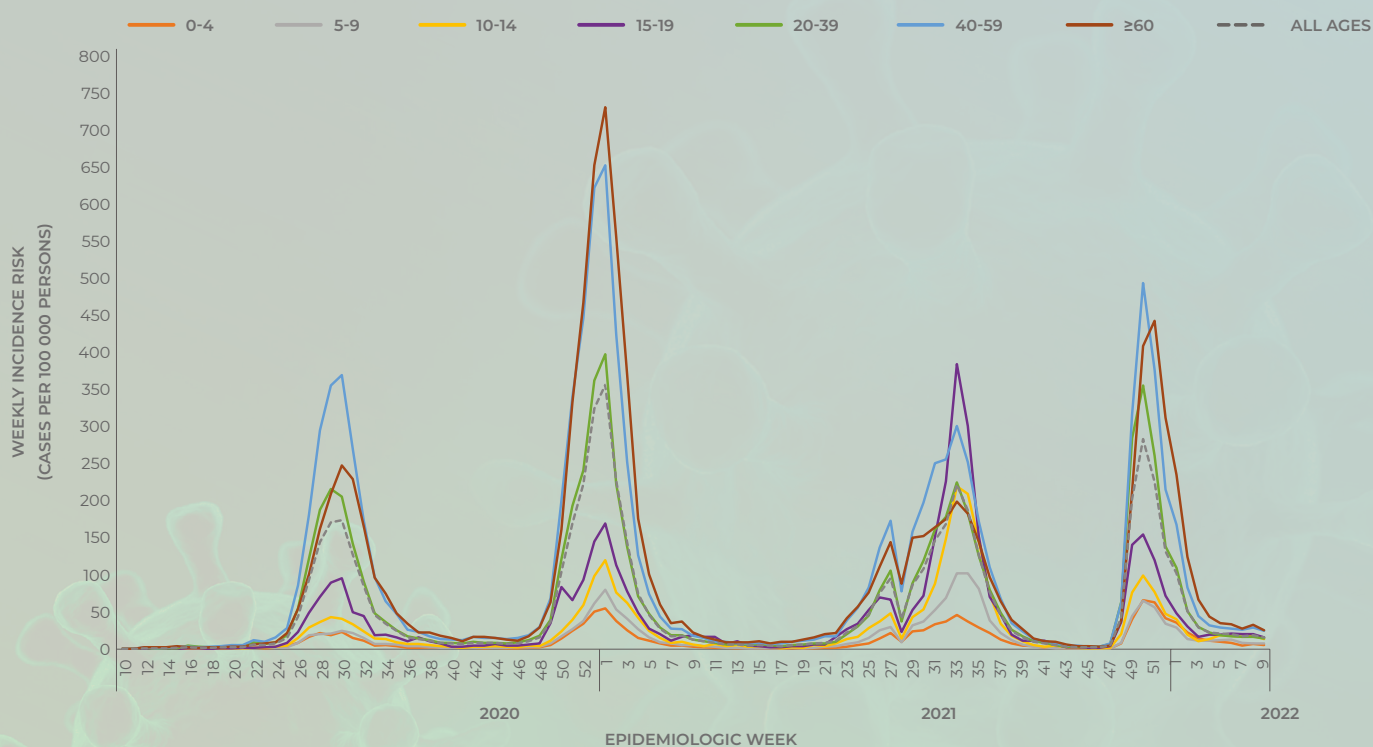
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 9 2022

## 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 March 2022 (n = 400 669, 253 276 missing district)

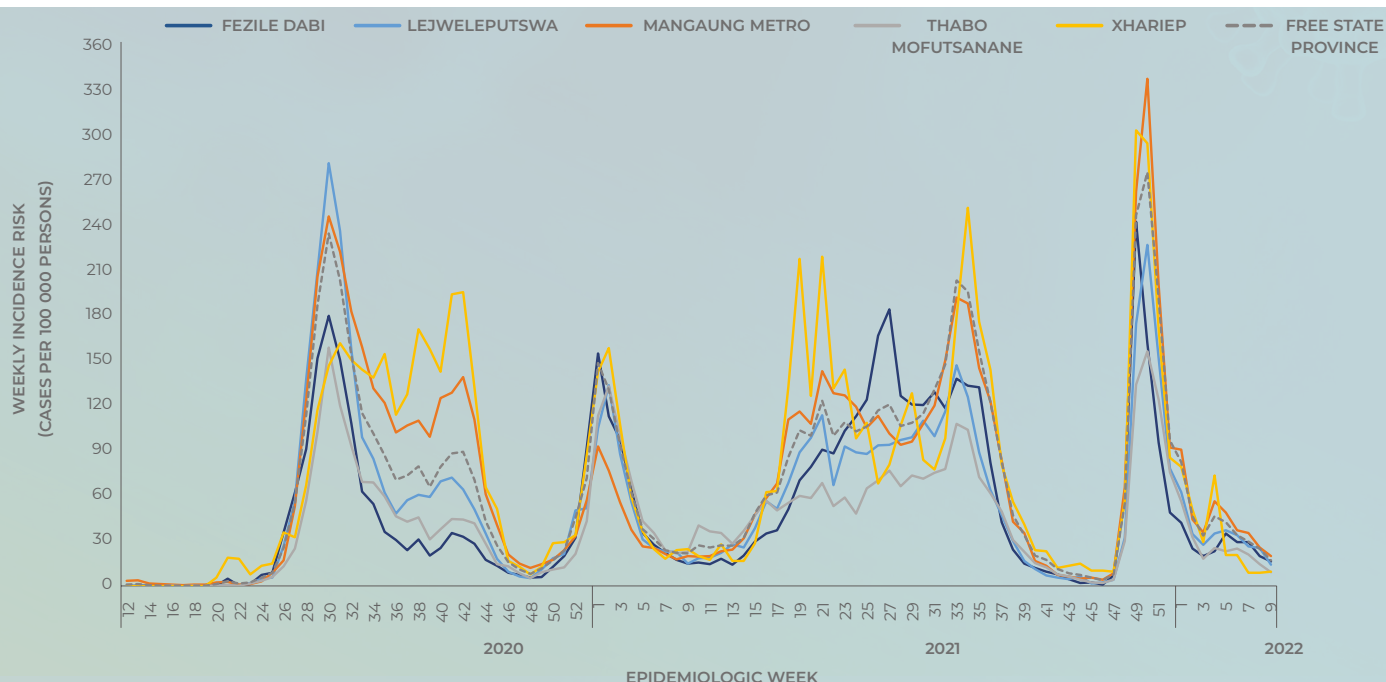


**Figure 13.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week KwaZulu-Natal Province 3 March 2020 – 5 March 2022 (n = 645 567, 8 378 missing age)

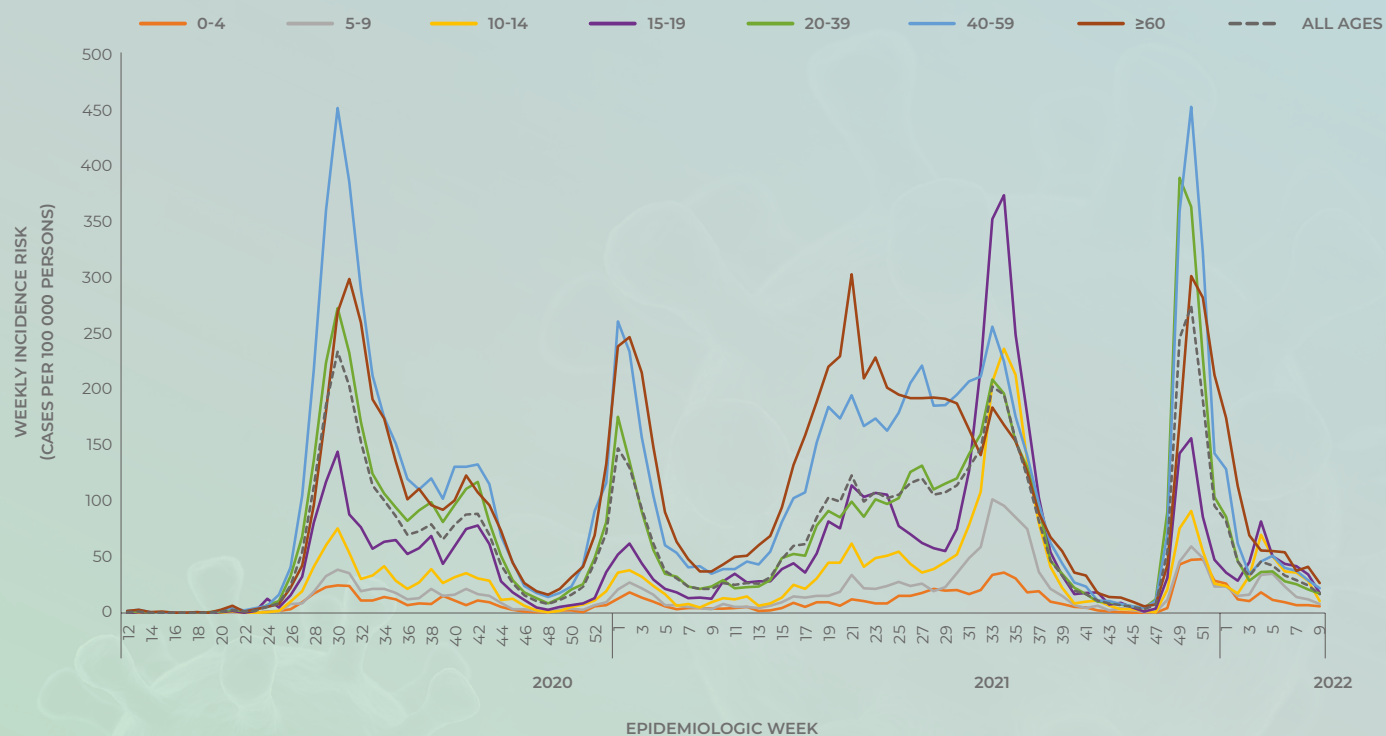
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 9 2022

## 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 March 2022 (n = 171 597, 29 579 missing district)



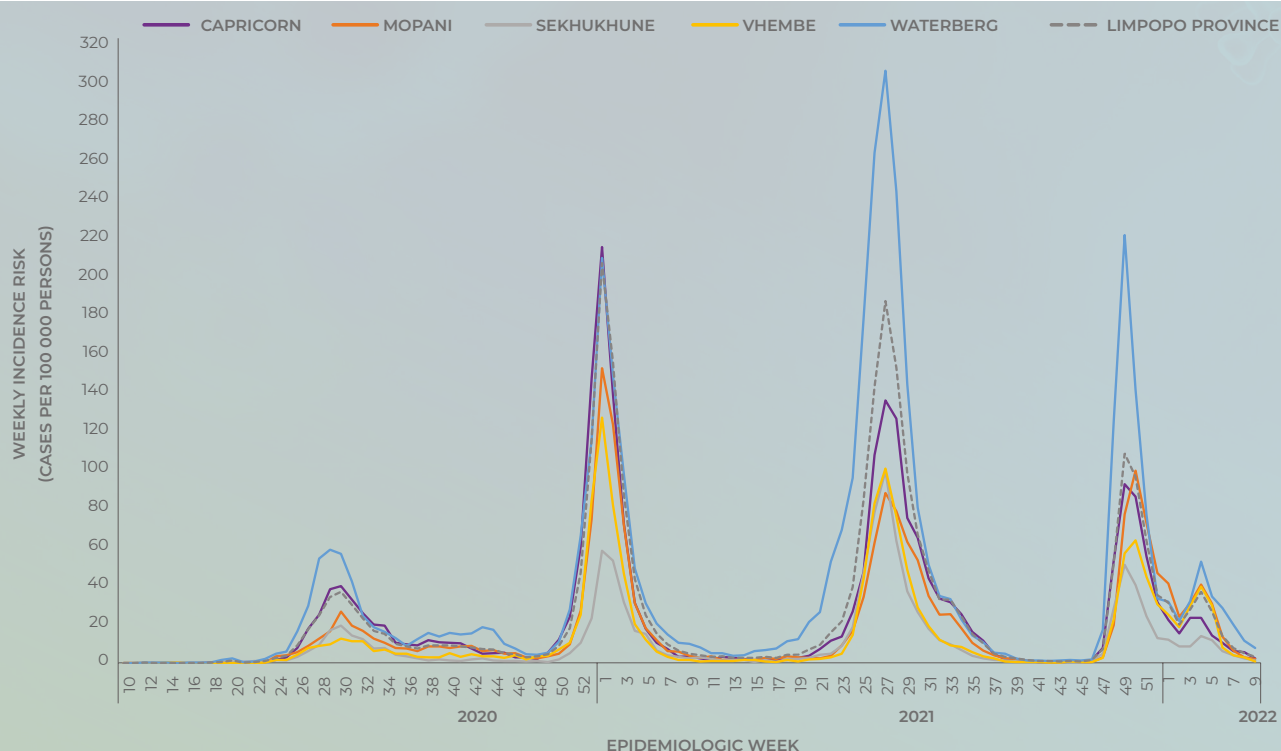
**Figure 15.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Free State Province 3 March 2020 – 5 March 2022 (n = 200 366, 810 missing age)



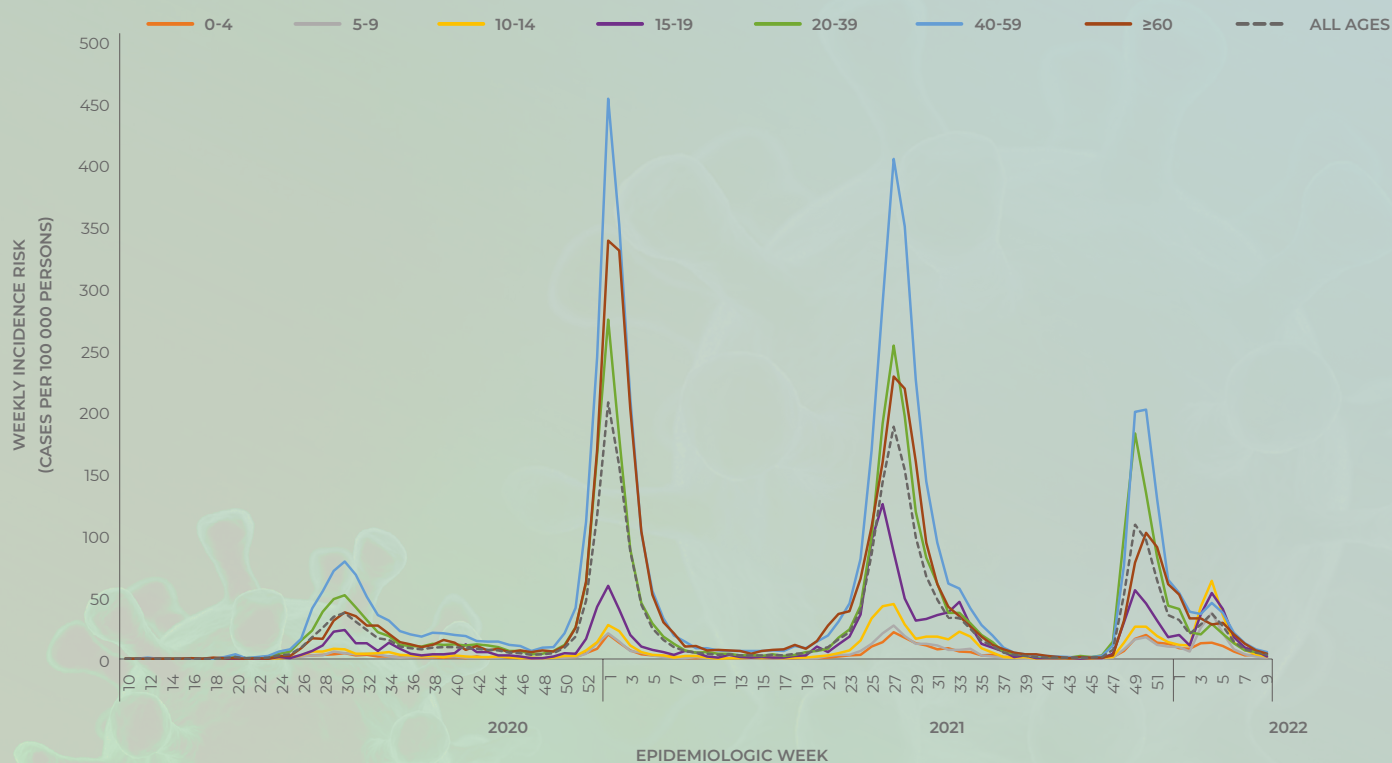
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 9 2022

## 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 March 2022 (n = 114 965, 39 931 missing district)

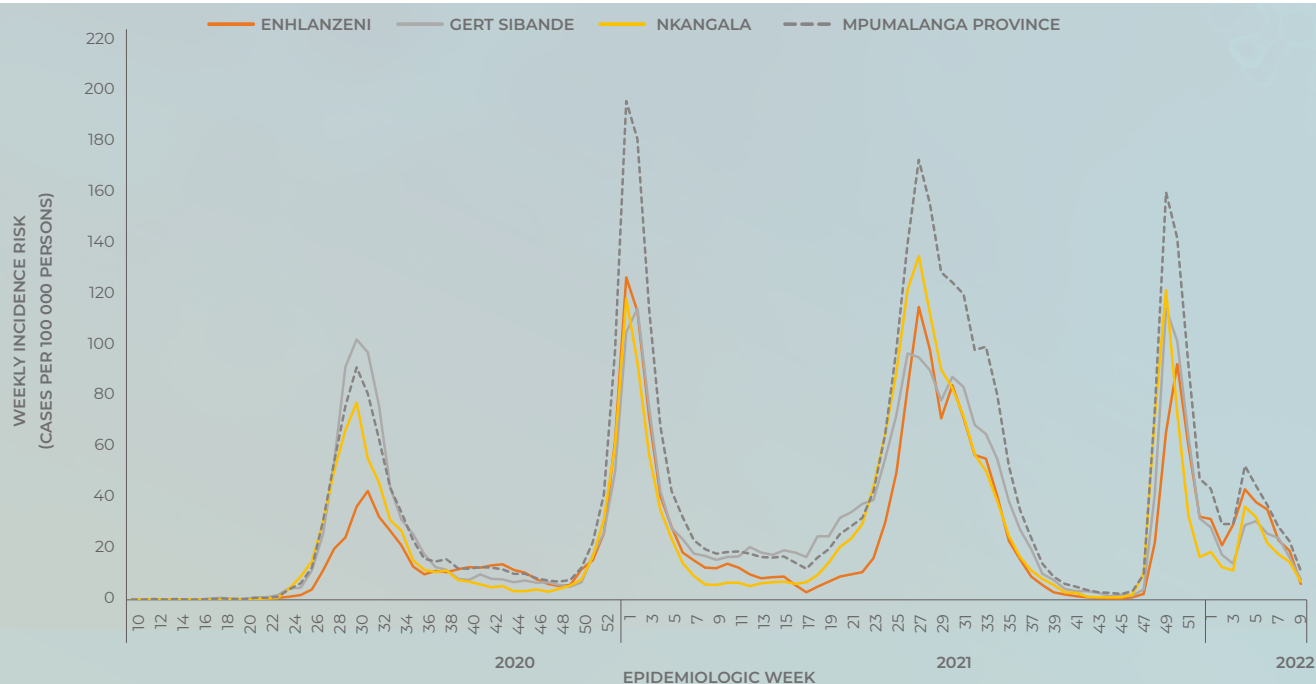


**Figure 17.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Limpopo Province 3 March 2020 – 5 March 2022 (n = 154 186, 710 missing age)

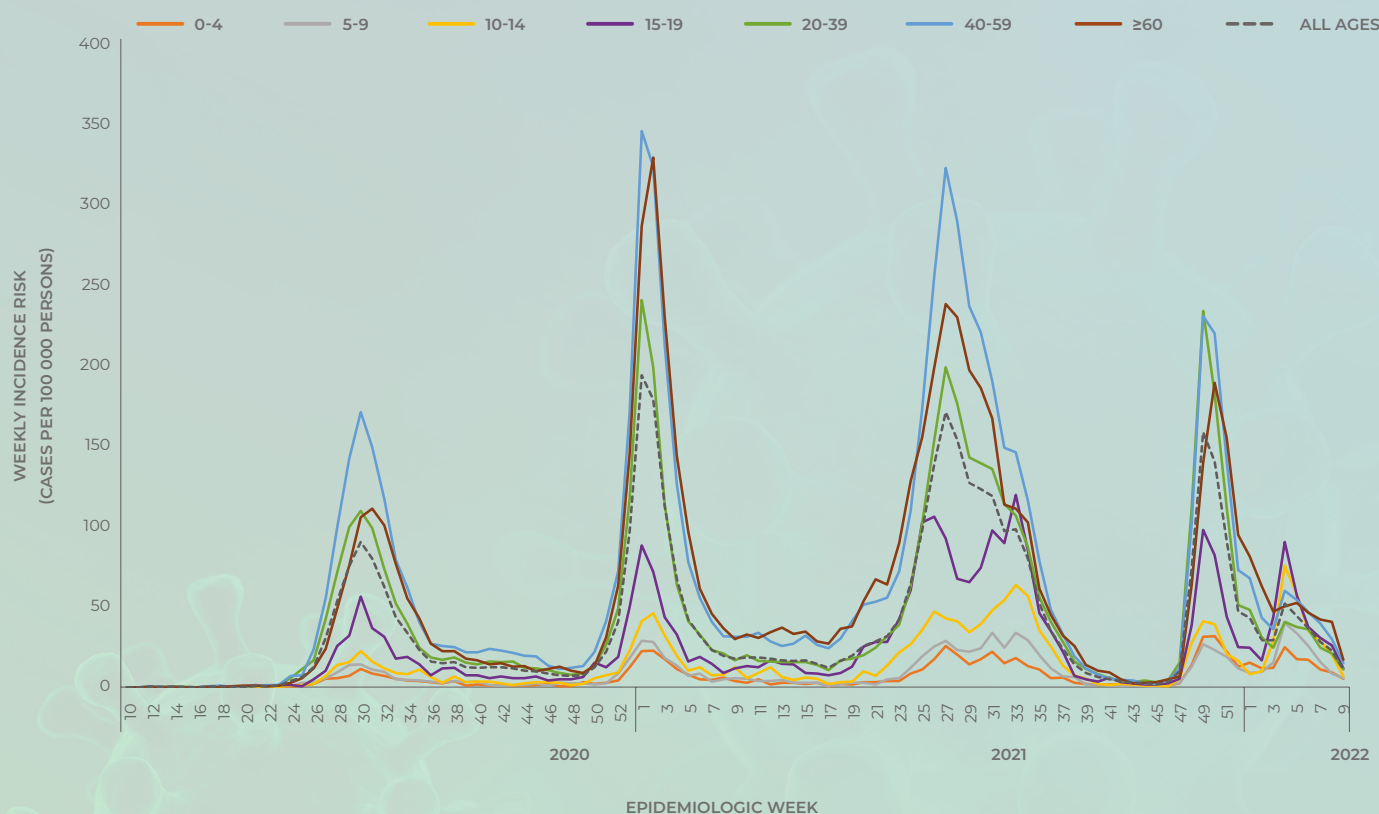
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 9 2022

## 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 March 2022 (n = 125 208, 66 627 missing district)

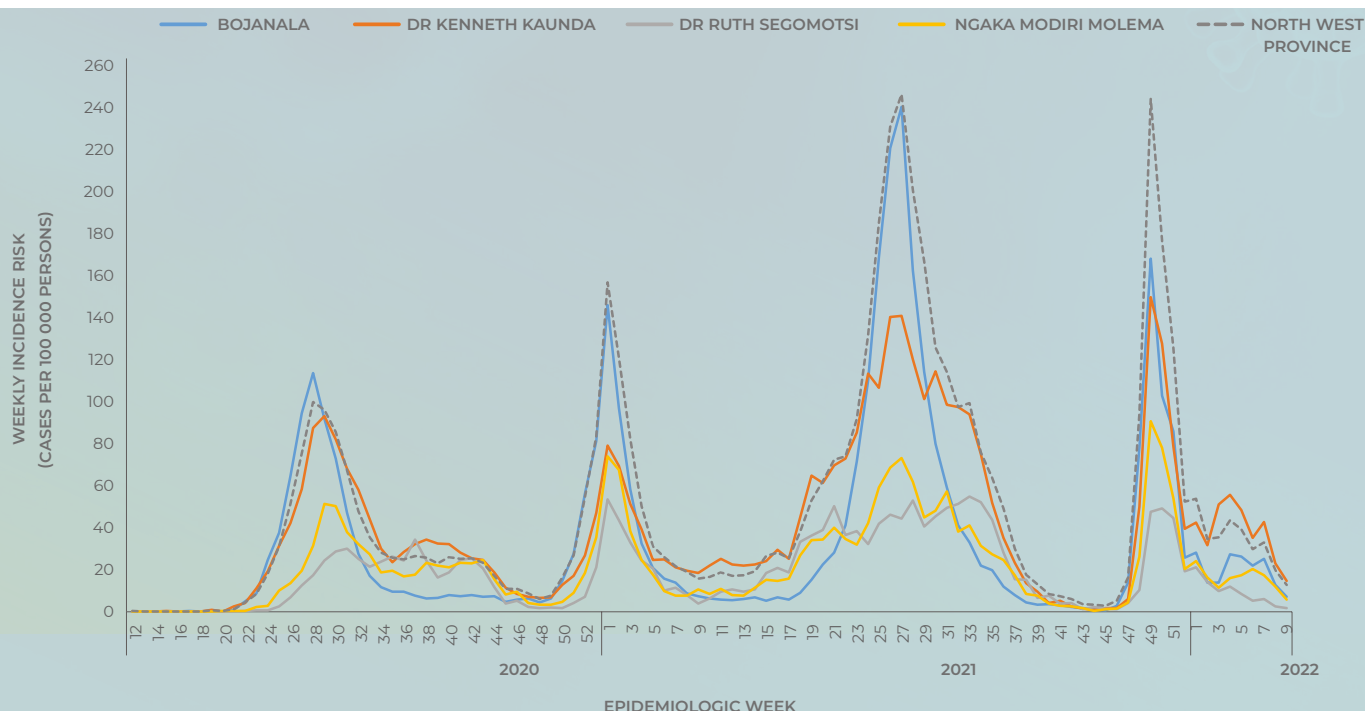


**Figure 19.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group and epidemiologic week Mpumalanga Province 3 March 2020 – 5 March 2022 (n = 187 805, 4 030 missing age)

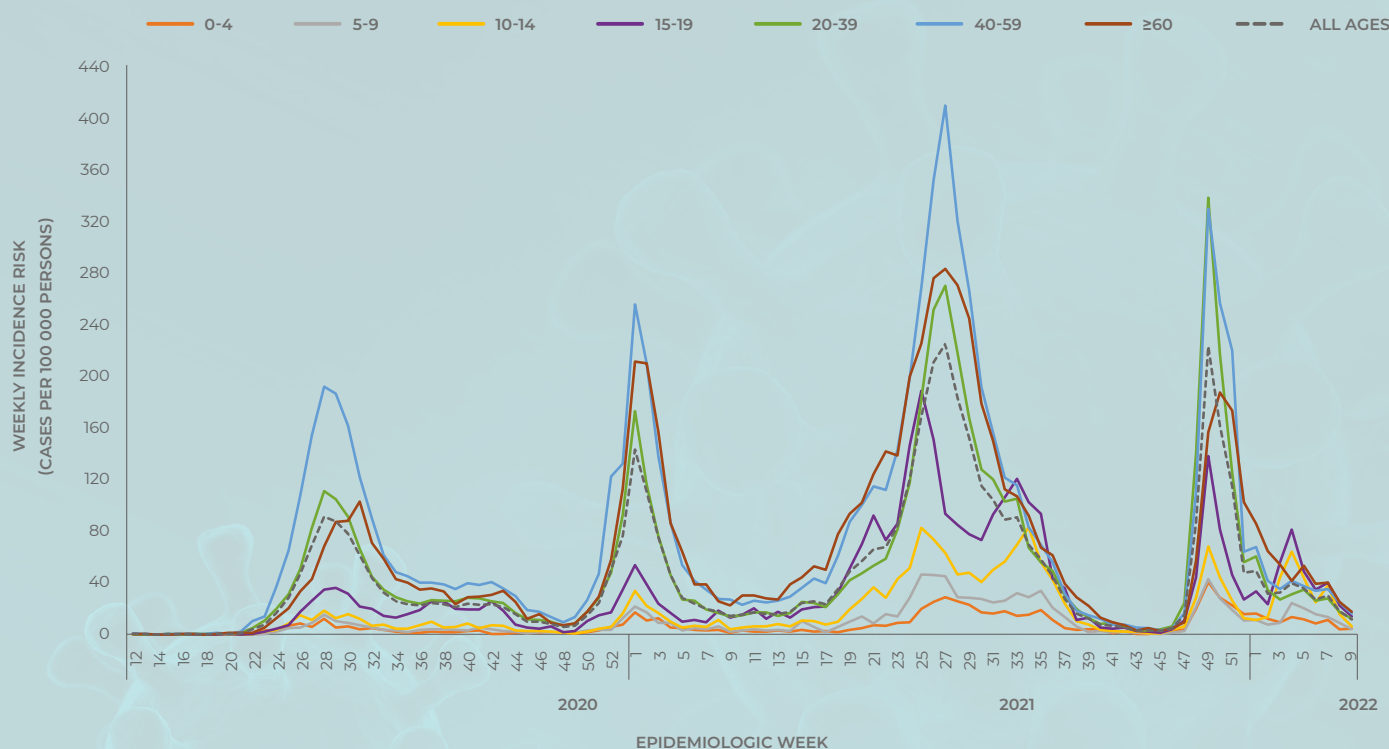
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 9 2022

## 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 March 2022 (n = 119 011, 72 462 missing district)



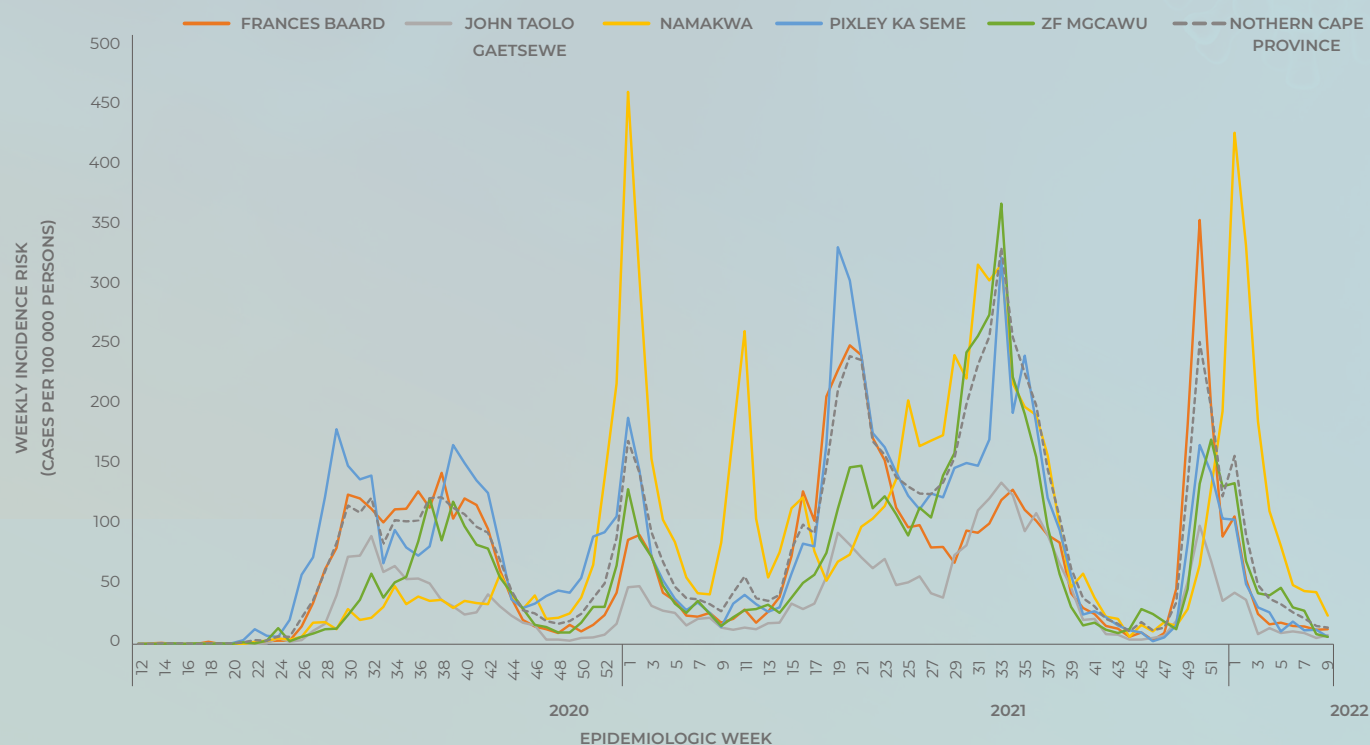
**Figure 21.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week North West Province 3 March 2020 – 5 March 2022 (n = 189 008, 2 465 missing age)



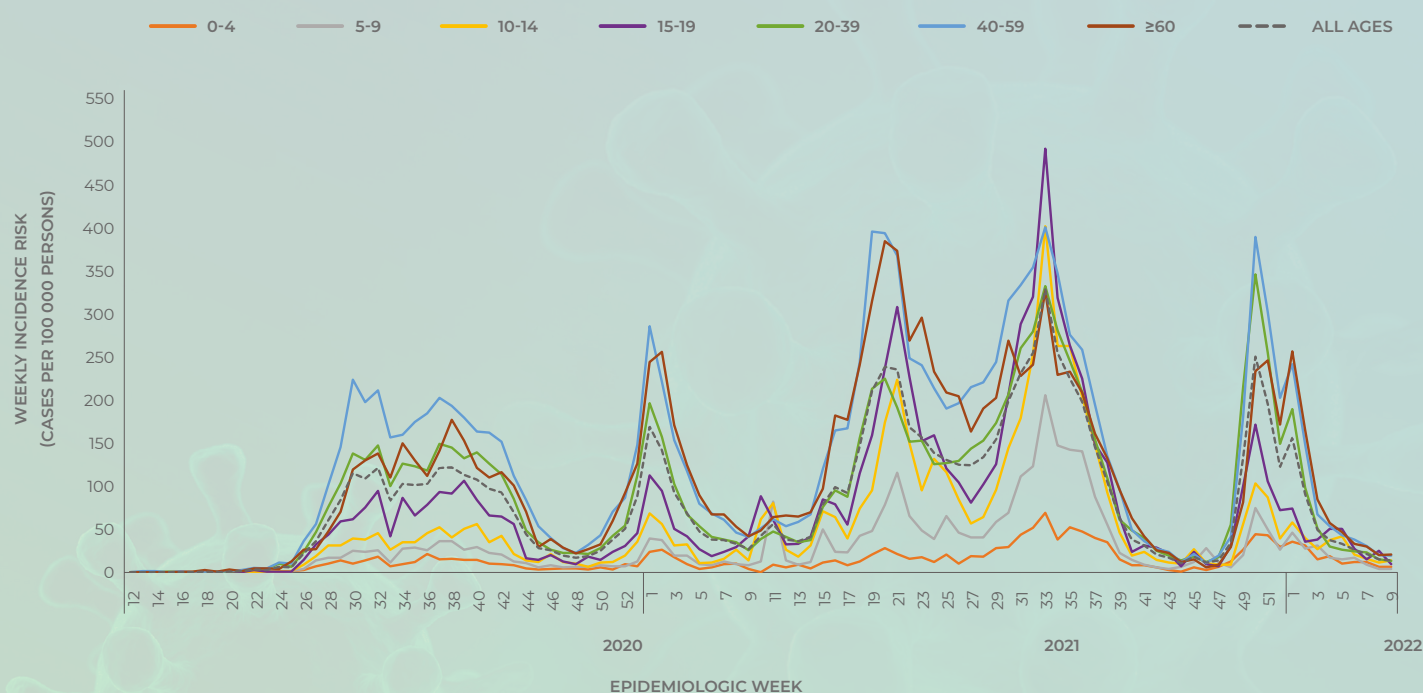
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 9 2022

## 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 March 2022 (n = 82 986, 25 485 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 March 2022 (n = 107 756, 715 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.