

# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF



NATIONAL INSTITUTE FOR  
COMMUNICABLE DISEASES

Division of the National Health Laboratory Service

SOUTH AFRICA WEEK 13 2022

## CUMULATIVE DATA FROM



CASES

3 722 954  
IN TOTAL

8 664  
THIS WEEK\*\*

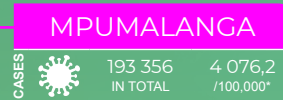
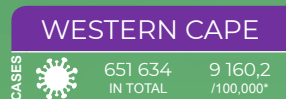


PERSONS

6 190,2  
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 2 April 2022 (week 13 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 2 April, a total of 3 722 954 laboratory-confirmed COVID-19 cases had been detected in South Africa. Of these, 9 702 were cases reported since the last report (week 12 of 2022). There was a 0.7% increase in the number of new cases detected in week 13 of 2022 (8 664) compared to the number of new cases detected in week 12 of 2022 (8 606).
- In the past week, the Gauteng Province reported the highest number of cases detected (3 562/8 664, 41.1%), followed by the Western Cape Province (1 967/8 664, 22.7%), and KwaZulu-Natal Province (1 832/8 664, 21.1%), with other provinces reporting <5% each.
- In the past week, five provinces (Eastern Cape, Gauteng, KwaZulu-Natal, Free State, and Northern Cape) reported an increase in weekly incidence risk, whereas the Limpopo, North West, Mpumalanga and Western Cape provinces, reported a decrease in weekly incidence risk, compared to the previous week. The increase in weekly incidence risk ranged from 0.2 cases per 100 000 persons (2.3% increase) in the Free State Province to 2.1 cases per 100 000 persons (10.1% increase) in the Gauteng Province.
- As in the past seven weeks, the Western Cape Province reported the highest weekly incidence risk (27.7 cases per 100 000 persons), followed by the Gauteng Province (22.5 cases per 100 000 persons), and the KwaZulu-Natal Province (15.9 cases per 100 000 persons). The other provinces reported weekly incidence below 10 cases per 100 000 persons.
- The highest weekly incidence risk among cases detected in week 13 of 2022 was reported in the 75-79-year and 50-54-year age groups (25.3 cases per 100 000 persons), and the lowest weekly incidence risk was in the 5-9-year age group (3.7 cases per 100 000 persons).

INCIDENCE  
RISK FOR  
CURRENT WEEK

14,4  
CASES PER  
100 000  
PERSONS

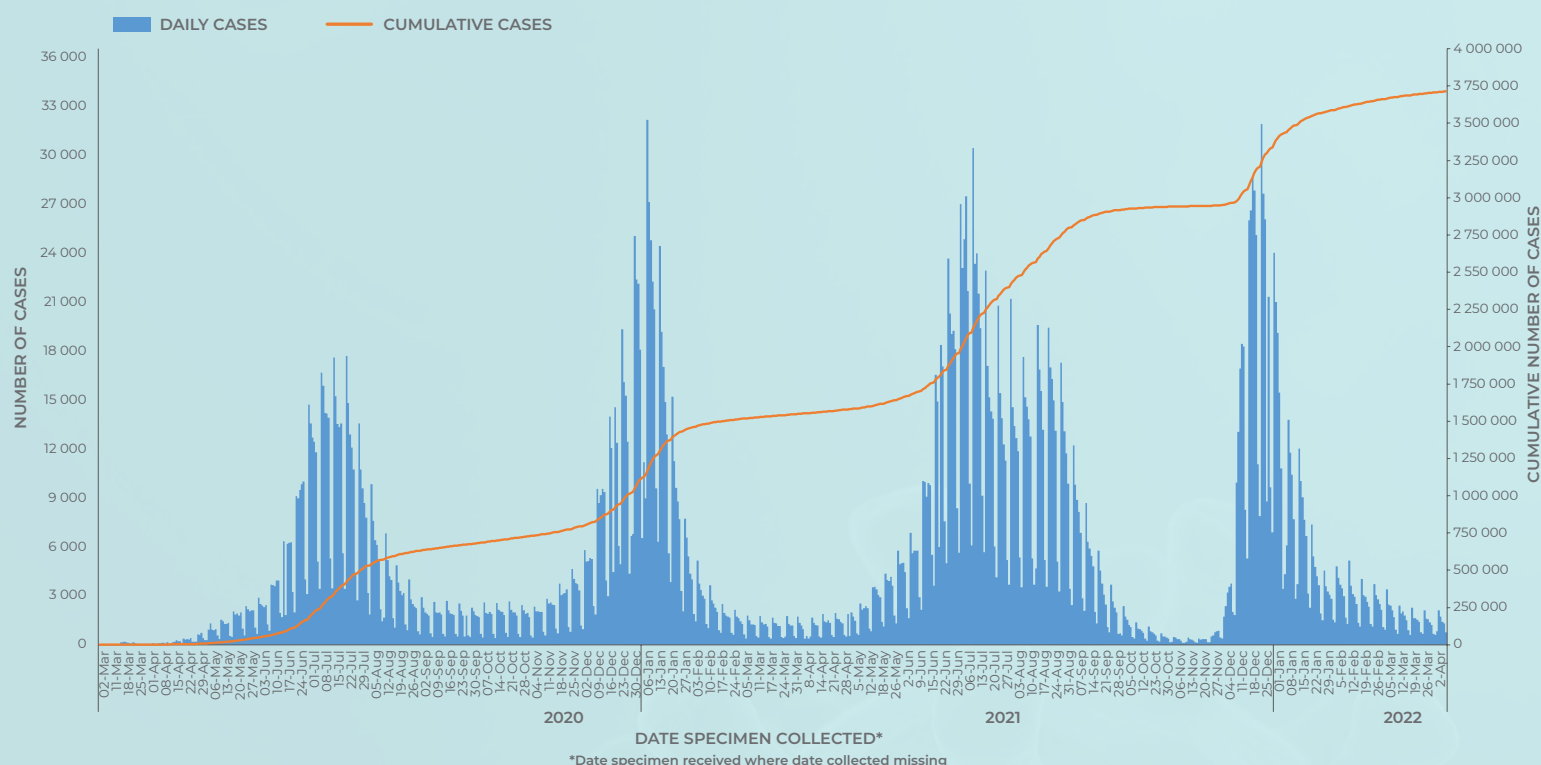
41,1%  
OF CASES  
REPORTED IN  
GAUTENG IN  
CURRENT WEEK

IN CURRENT  
WEEK, THE  
HIGHEST  
WEEKLY  
INCIDENCE  
RISK WAS IN  
CASES AGED  
50-54 AND 75-  
79 YEARS (25,3  
CASES PER 100  
000 PERSONS)



# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 13 2022



**Figure 1.** Number and cumulative number of laboratory-confirmed cases of COVID-19 by date of specimen collection, South Africa, 3 March 2020 – 2 April 2022 (n= 3 722 954)

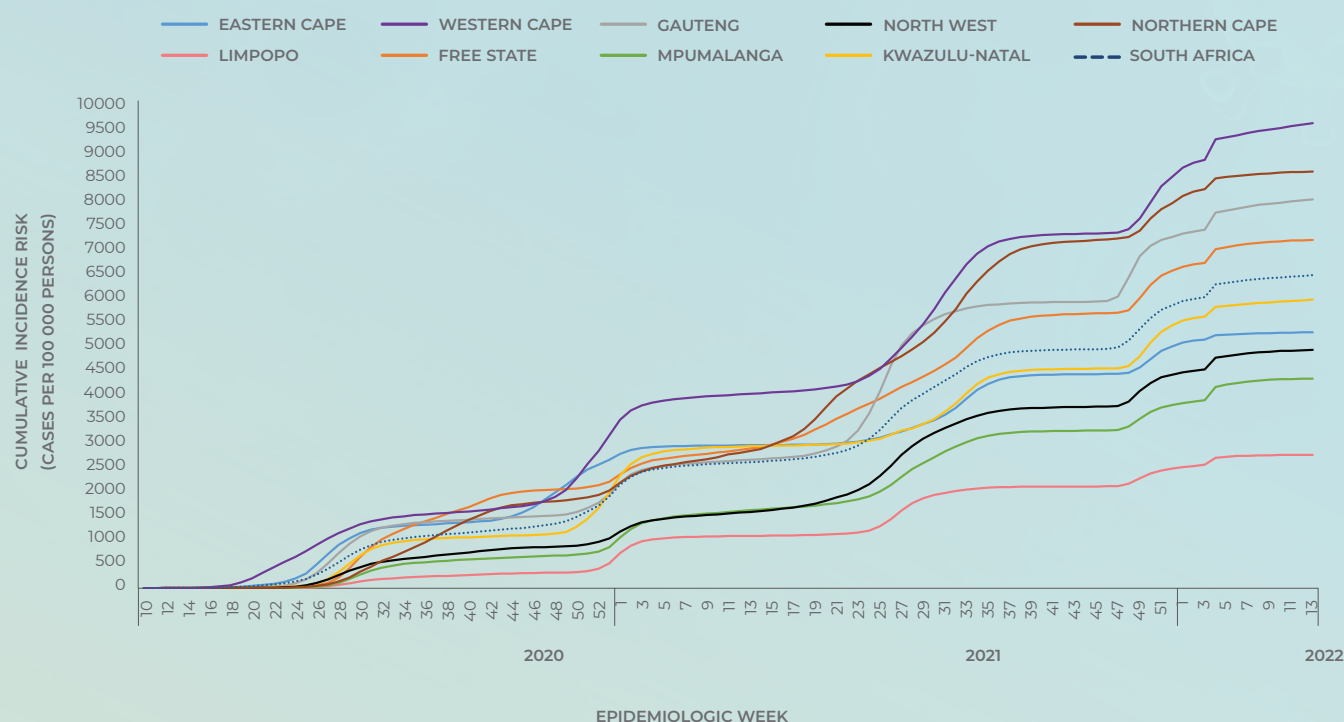
**Table 1.** Number and cumulative/weekly incidence risk of laboratory-confirmed cases of COVID-19 and testing per 100 000 persons by province, South Africa, 3 March 2020 – 2 April (n = 3 722 954)

Province	Cumulative cases (n) (percentage, n/ total cases in South Africa)	New cases <sup>1</sup> detected in week 13 of 2022 (27 Mar-02 Apr), 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 13 of 2022 (cases/100 000 persons)	Tests <sup>4</sup> per 100 000 persons, 27 Mar -02 Apr 2022
Eastern Cape	345 335 (9.3)	423 (4.9)	6 676 590	5 172.3	6.3	122.7
Free State	202 504 (5.4)	267 (3.1)	2 932 441	6 905.6	9.1	287.7
Gauteng	1 210 873 (32.5)	3 562 (41.1)	15 810 388	7 658.7	22.5	359.6
KwaZulu-Natal	661 303 (17.8)	1 832 (21.1)	11 513 575	5 743.7	15.9	256.3
Limpopo	155 881 (4.2)	75 (0.9)	5 926 724	2 630.1	1.3	56.7
Mpumalanga	193 356 (5.2)	248 (2.9)	4 743 584	4 076.2	5.2	136.4
North West	193 115 (5.2)	190 (2.2)	4 122 854	4 684.0	4.6	148.5
Northern Cape	108 953 (2.9)	100 (1.2)	1 303 047	8 361.4	7.7	210.0
Western Cape	651 634 (17.5)	1 967 (22.7)	7 113 776	9 160.2	27.7	260.3
Unknown						
<b>Total</b>	<b>3 722 954</b>	<b>8 664</b>	<b>60 142 978</b>	<b>6 190.2</b>	<b>14.4</b>	<b>235.6</b>

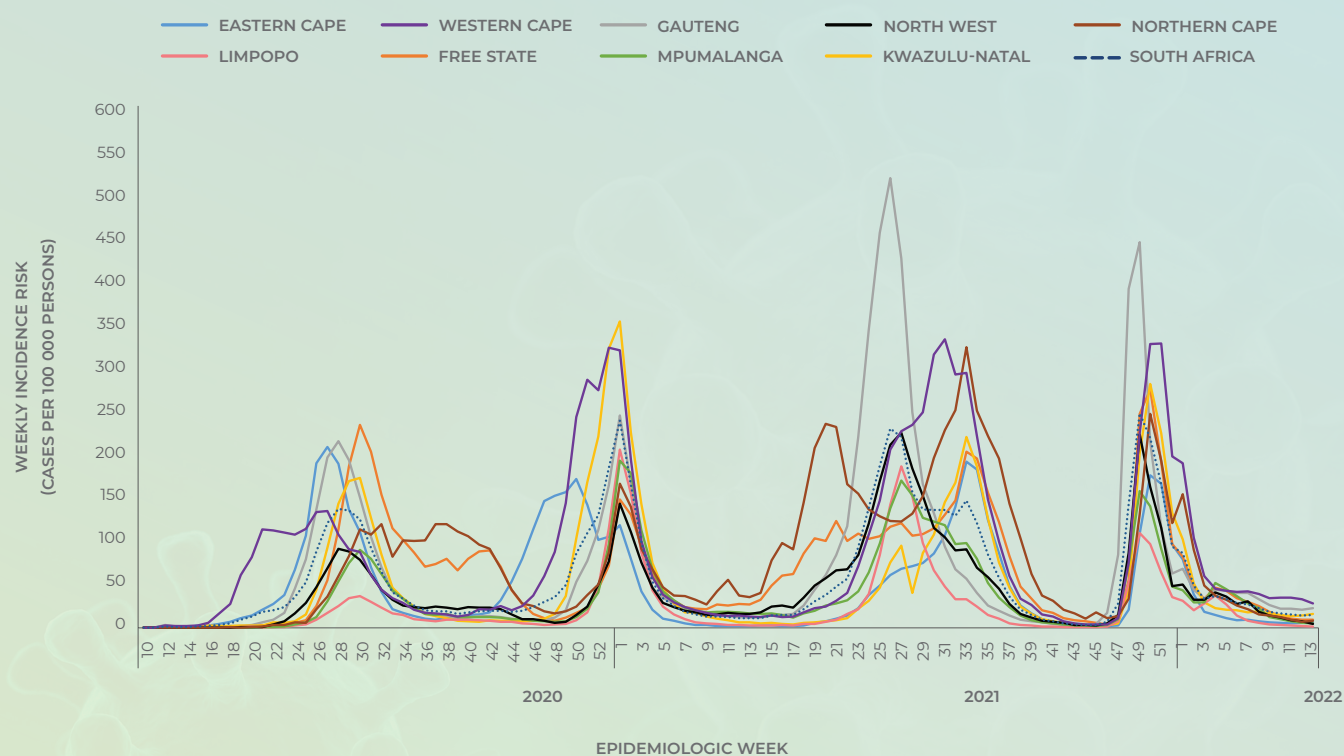
<sup>1</sup>New cases refer to cases whose samples were collected or received in the current reporting week; <sup>2</sup>Percentage=n/total number of new cases (specimen collected or received in current reporting week); <sup>3</sup>2021 Mid-year population Statistics South Africa <sup>4</sup>Data on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

# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 13 2022



**Figure 2.** Cumulative incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week South Africa 3 March 2020 – 2 April 2022 (n = 3 722 954)

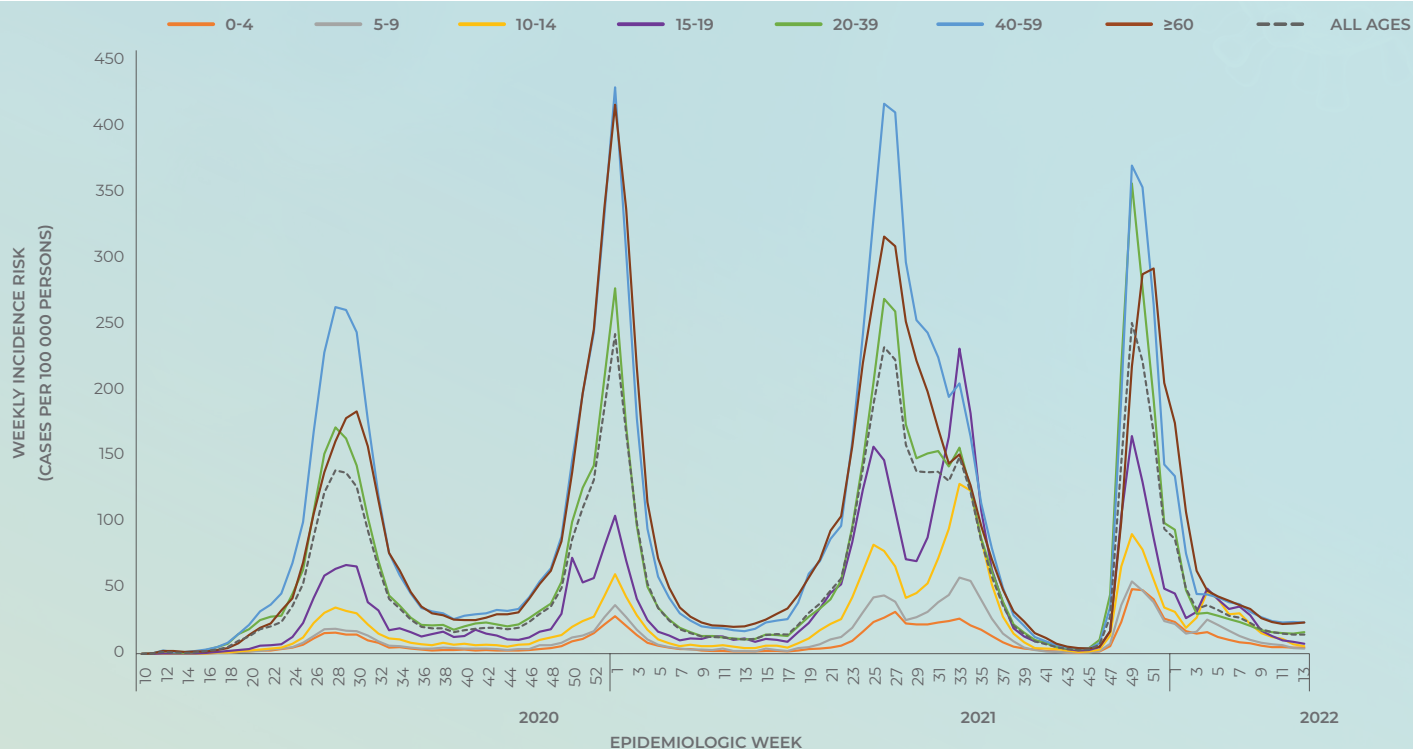


**Figure 3.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by province and epidemiologic week South Africa 3 March 2020 – 2 April 2022 (n = 3 722 954)

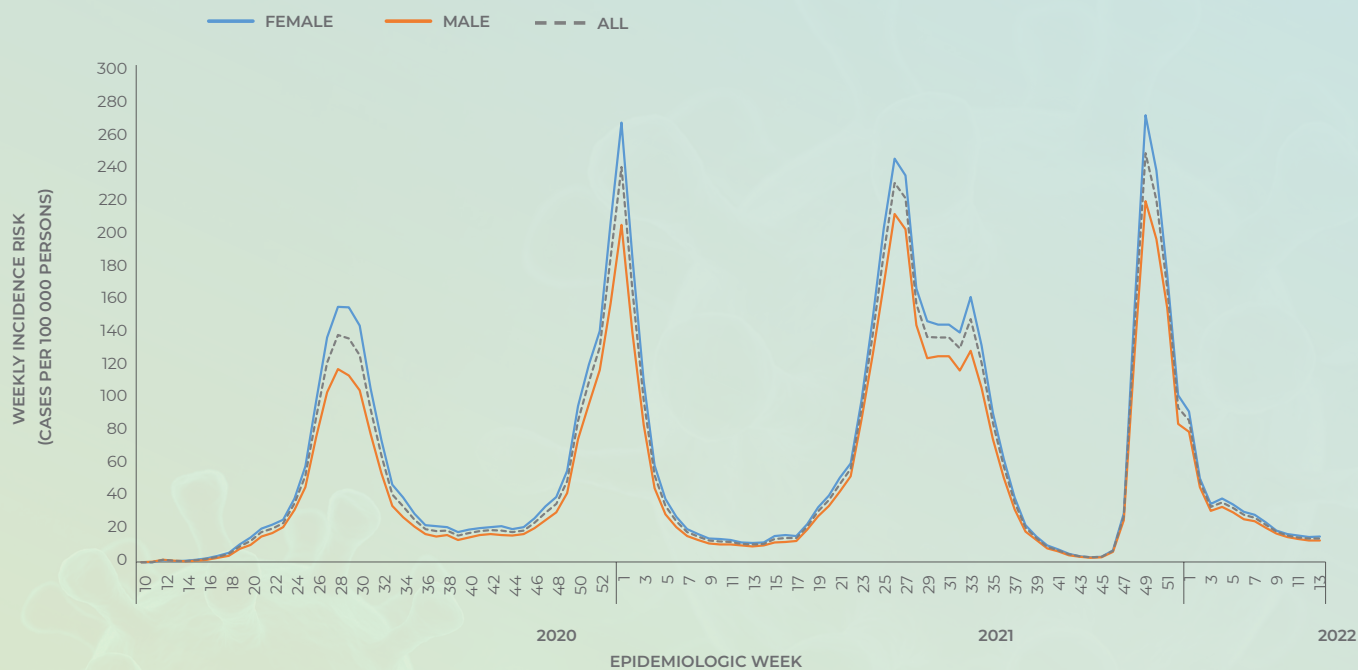
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 13 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 – 2 April 2022 (n = 3 687 971, 34 983 missing age)



**Figure 5.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by sex and epidemiologic week South Africa 3 March 2020 – 2 April 2022 (n = 3 683 499, sex missing for 39 455)



# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 13 2022

**Table 2.** Number of laboratory-confirmed cases of COVID-19 and cumulative/weekly incidence risk by age group South Africa 3 March 2020 – 2 April 2022 n = 3 687 971, 34 983 missing age)

Age group (years)	Cumulative cases (n) (percentage, n/total cases in South Africa)	New cases <sup>1</sup> detected in week 13 of 2022 (27 Mar-02 Apr) 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 13 of 2022 (cases/100 000 persons)
0-4	57 676 (1.6)	258 (3.0)	5 708 956	1 010.3	4.5
5-9	78 901 (2.1)	208 (2.4)	5 663 296	1 393.2	3.7
10-14	142 637 (3.9)	328 (3.8)	5 671 023	2 515.2	5.8
15-19	206 920 (5.6)	365 (4.3)	4 909 941	4 214.3	7.4
20-24	245 327 (6.7)	587 (6.8)	4 739 305	5 176.4	12.4
25-29	359 379 (9.7)	852 (9.9)	5 324 134	6 750.0	16.0
30-34	414 199 (11.2)	940 (11.0)	5 630 643	7 356.2	16.7
35-39	420 253 (11.4)	968 (11.3)	4 985 251	8 429.9	19.4
40-44	356 236 (9.7)	784 (9.1)	3 881 731	9 177.2	20.2
45-49	339 092 (9.2)	803 (9.4)	3 254 138	10 420.3	24.7
50-54	304 235 (8.2)	665 (7.8)	2 625 390	11 588.2	25.3
55-59	252 567 (6.8)	532 (6.2)	2 243 823	11 256.1	23.7
60-64	176 645 (4.8)	443 (5.2)	1 815 810	9 728.2	24.4
65-69	121 522 (3.3)	318 (3.7)	1 422 604	8 542.2	22.4
70-74	88 524 (2.4)	225 (2.6)	1 024 345	8 642.0	22.0
75-79	57 349 (1.6)	164 (1.9)	647 265	8 860.2	25.3
≥80	66 509 (1.8)	133 (1.6)	595 323	11 171.9	22.3
Unknown	34 983 (0.0)	91 (0.0)			
<b>Total</b>	<b>3 722 954 (100.0)</b>	<b>8 664 (100.0)</b>	<b>60 142 978</b>	<b>6 190.2</b>	<b>14.4</b>

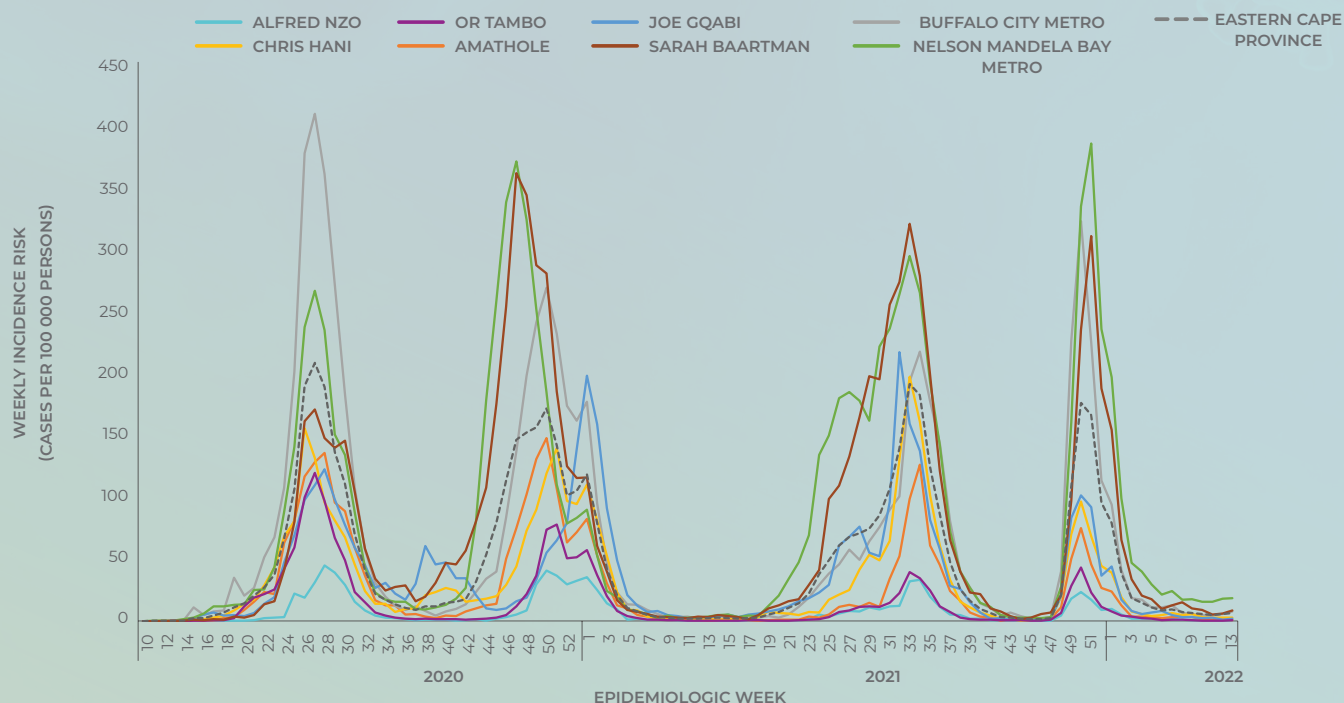
<sup>1</sup>New cases refer to cases whose samples were collected or received in the current reporting week; <sup>2</sup>Percentage=n/total number of new cases (specimen collected or received in current reporting week); <sup>3</sup>2021 Mid-year population Statistics South Africa

# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

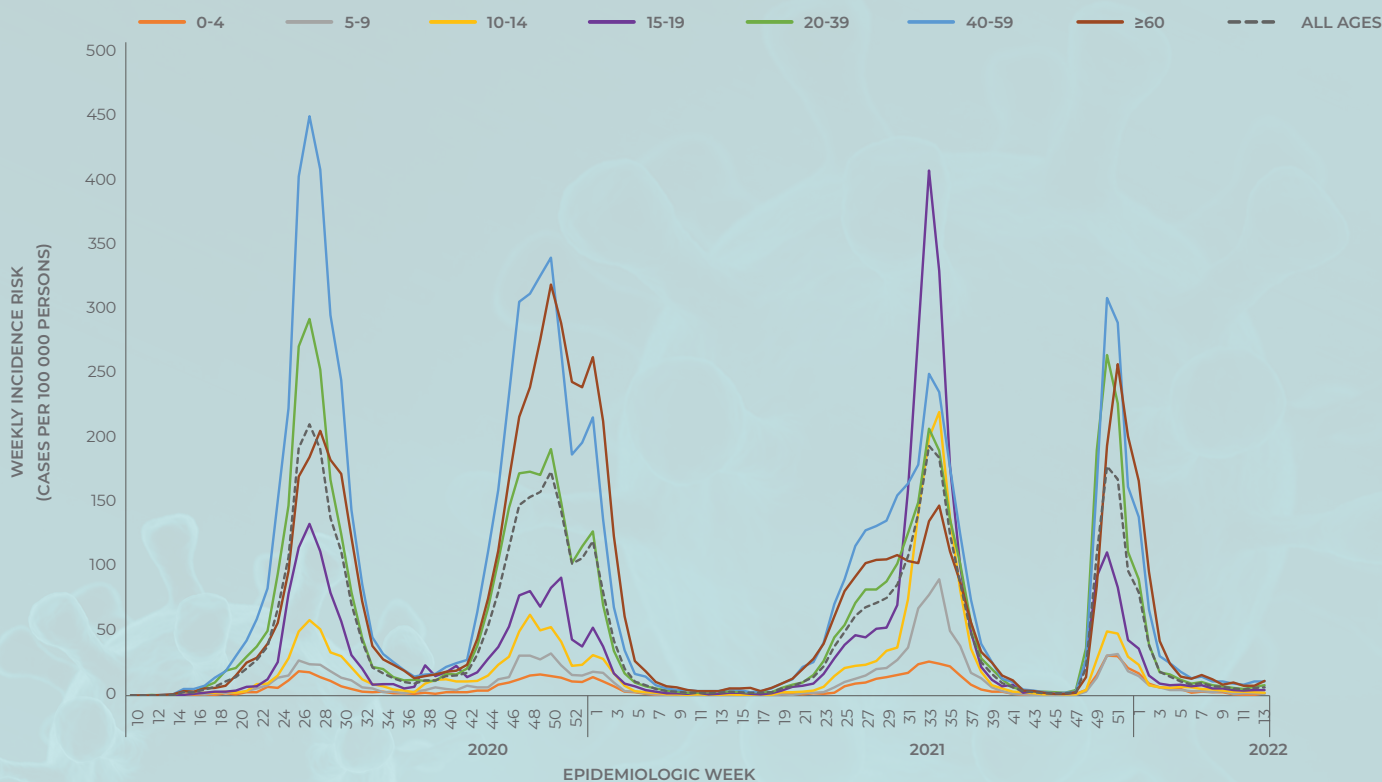
WEEK 13 2022

## 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 – 2 April 2022 (n = 290 692, 54 643 missing district)

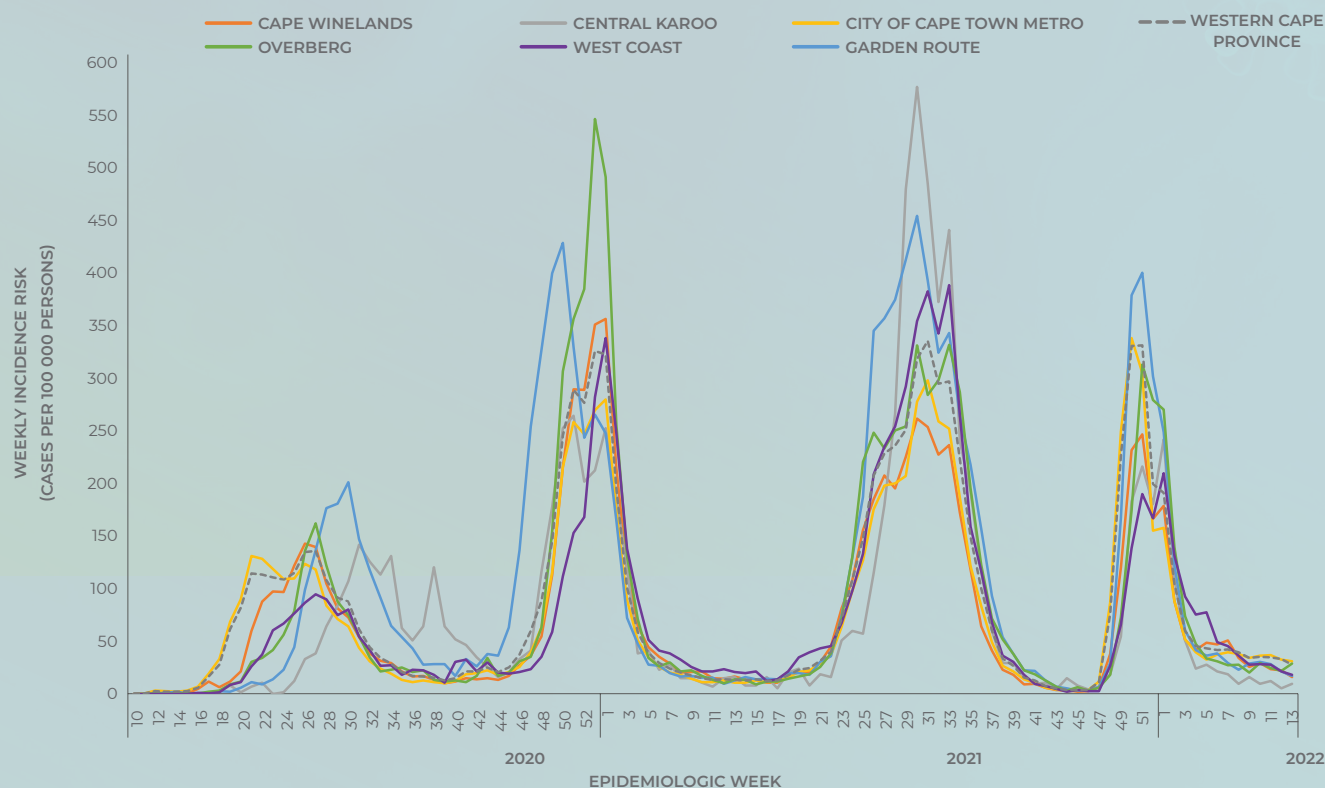


**Figure 7.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Eastern Cape Province 3 March 2020 – 2 April 2022 (n = 341 683, 3 652 missing age)

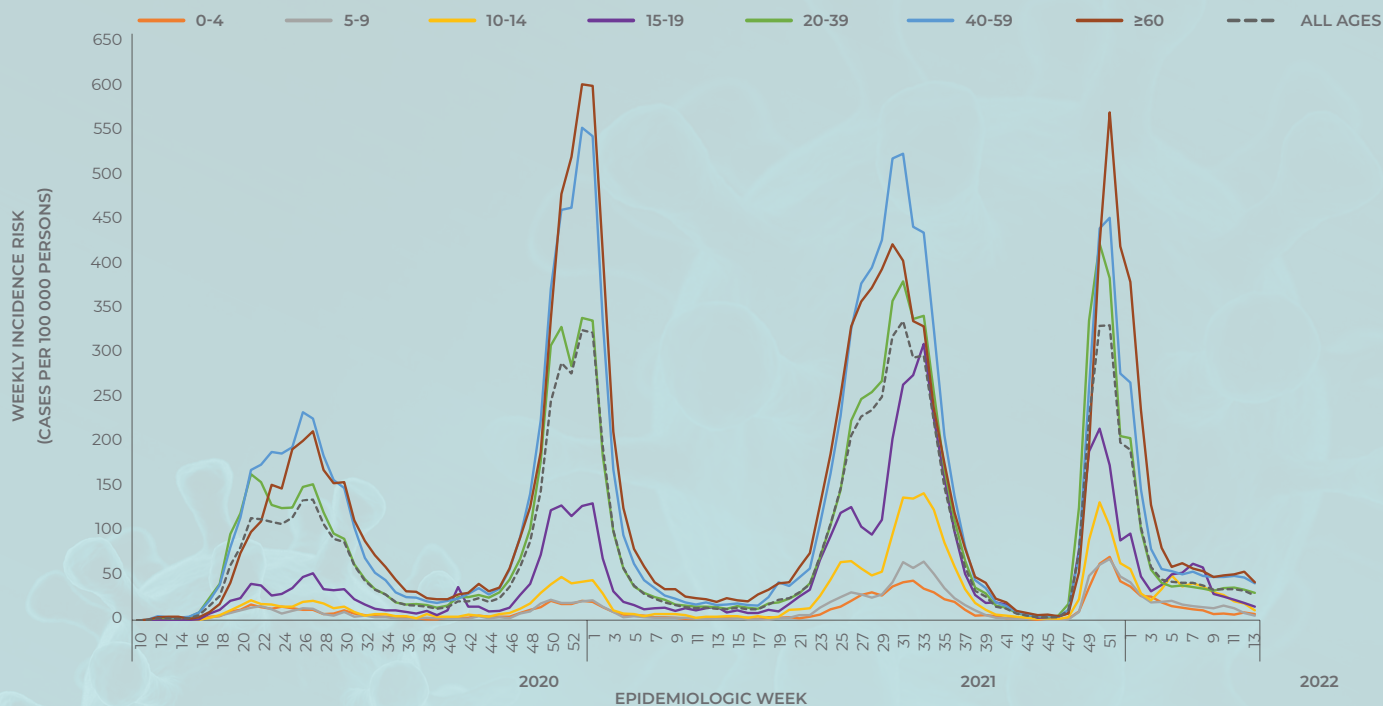
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 13 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 – 2 April 2022 (n = 599 030, 52 604 missing district)



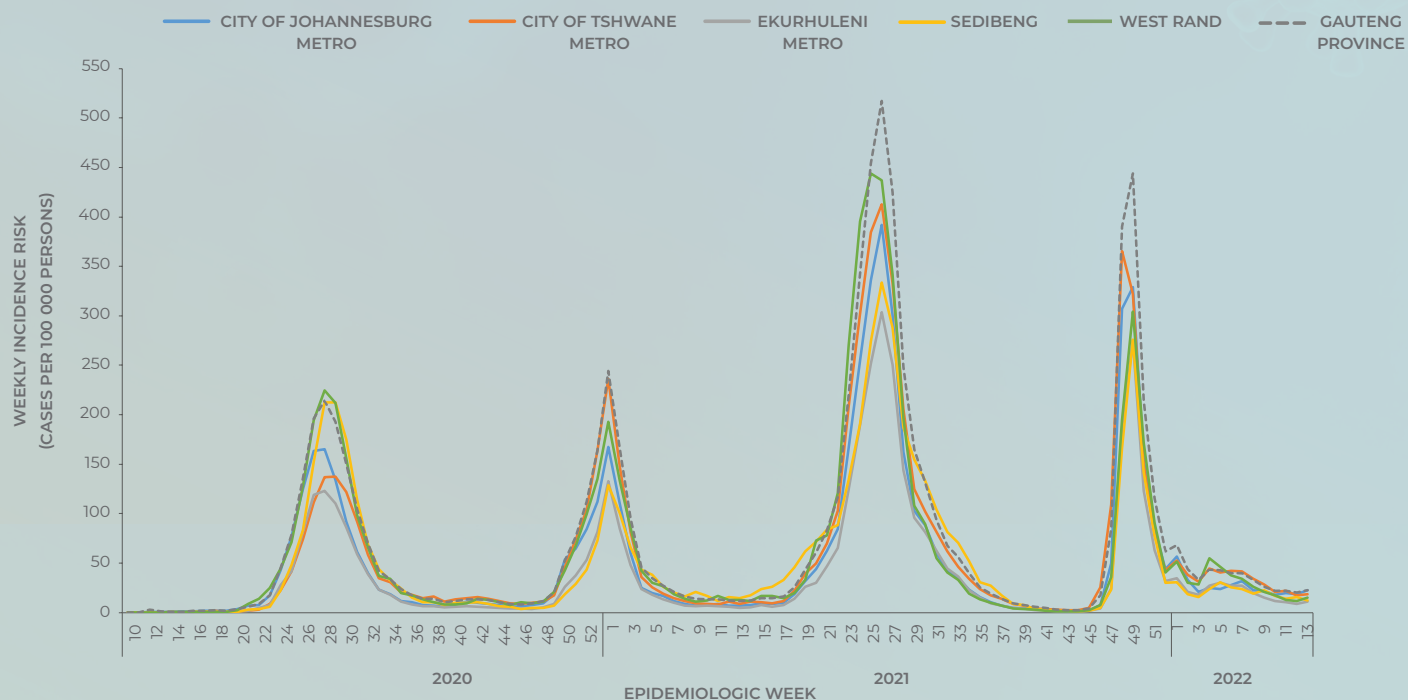
**Figure 9.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Western Cape Province 3 March 2020 – 2 April 2022 (n = 649 869, 1 765 missing age)



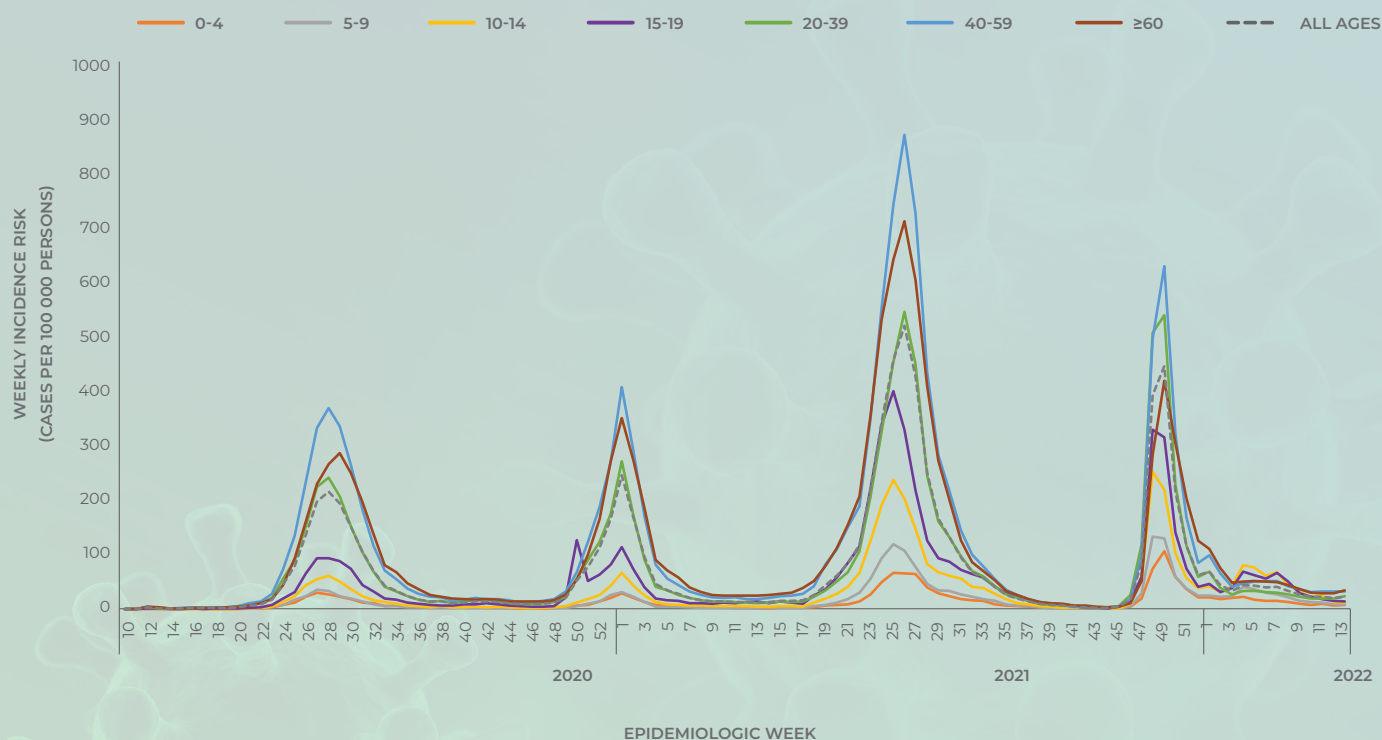
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 13 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 – 2 April 2022 (n = 860 253, 350 620 missing district)

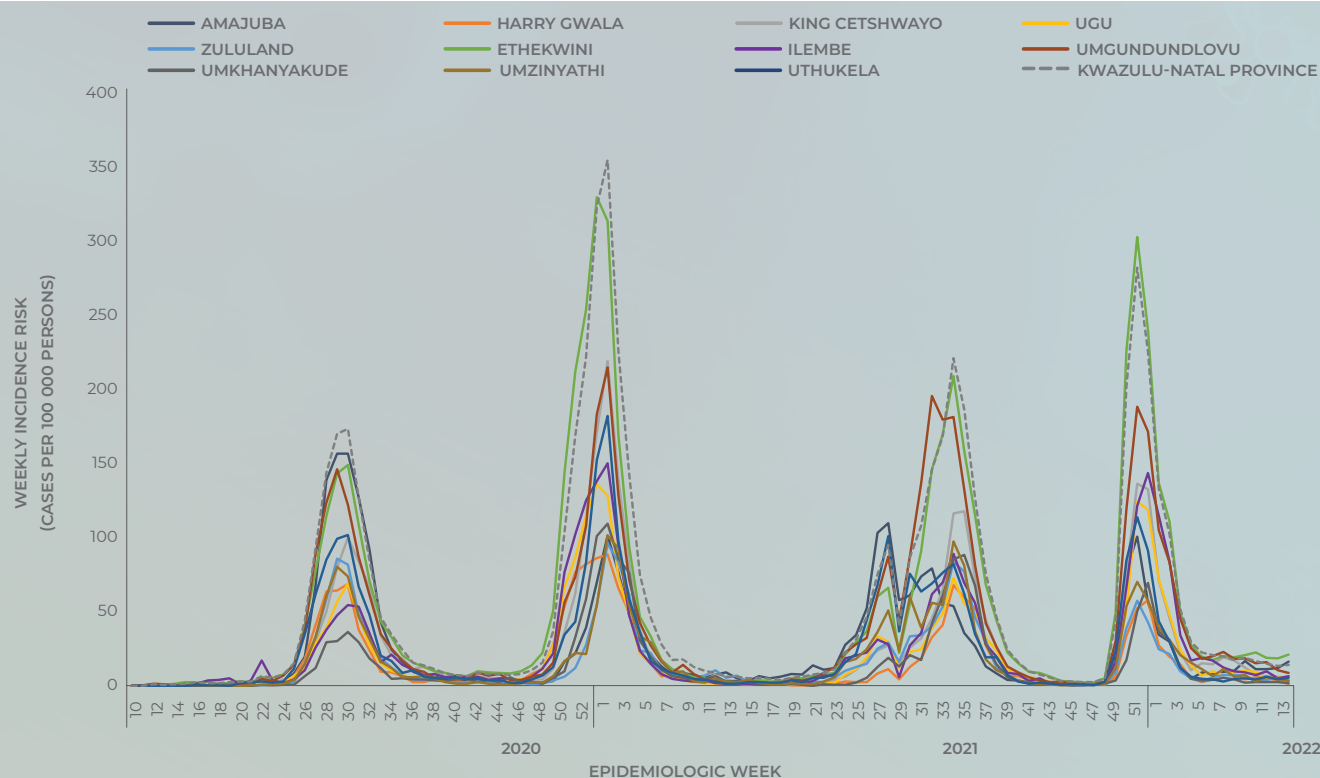


**Figure 11.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Gauteng Province 3 March 2020 – 2 April 2022 (n = 1 198 559, 12 314 missing age)

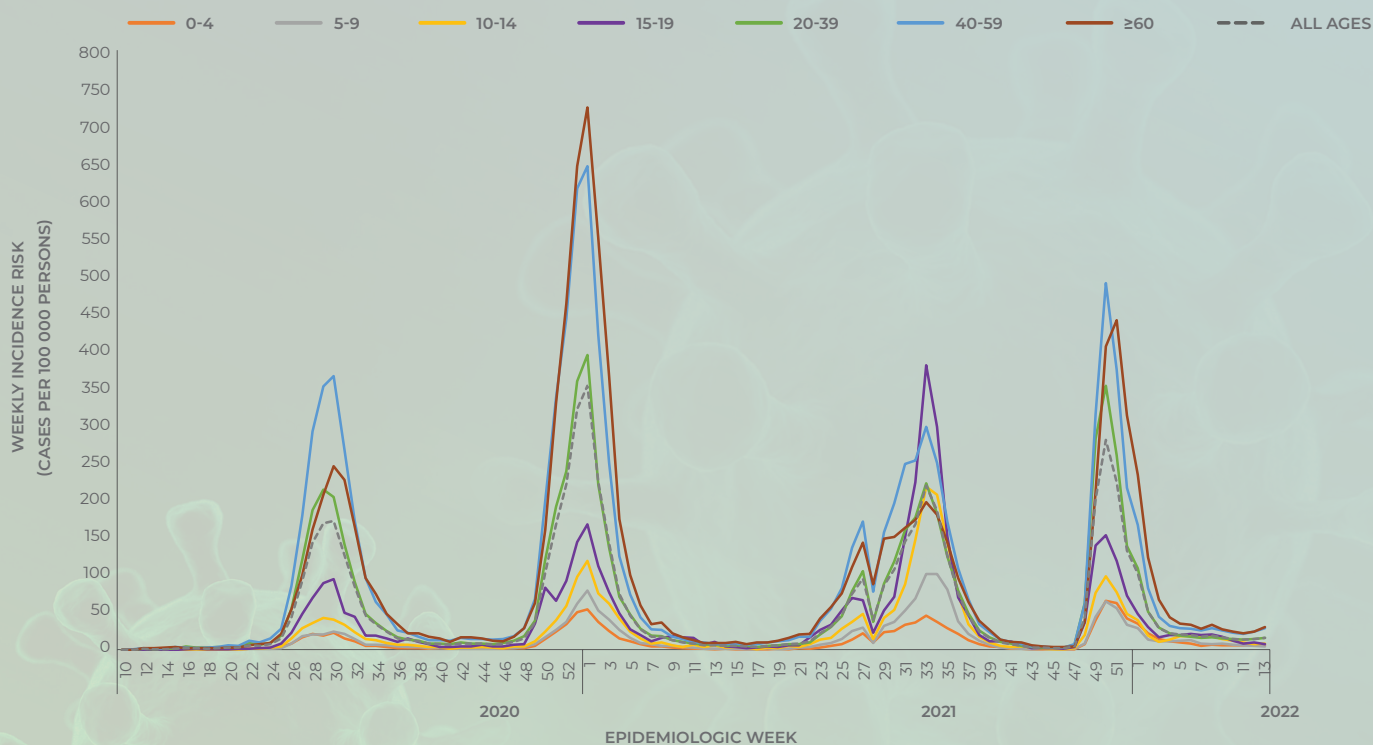
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 13 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 – 2 April 2022 (n = 406 614, 254 689 missing district)

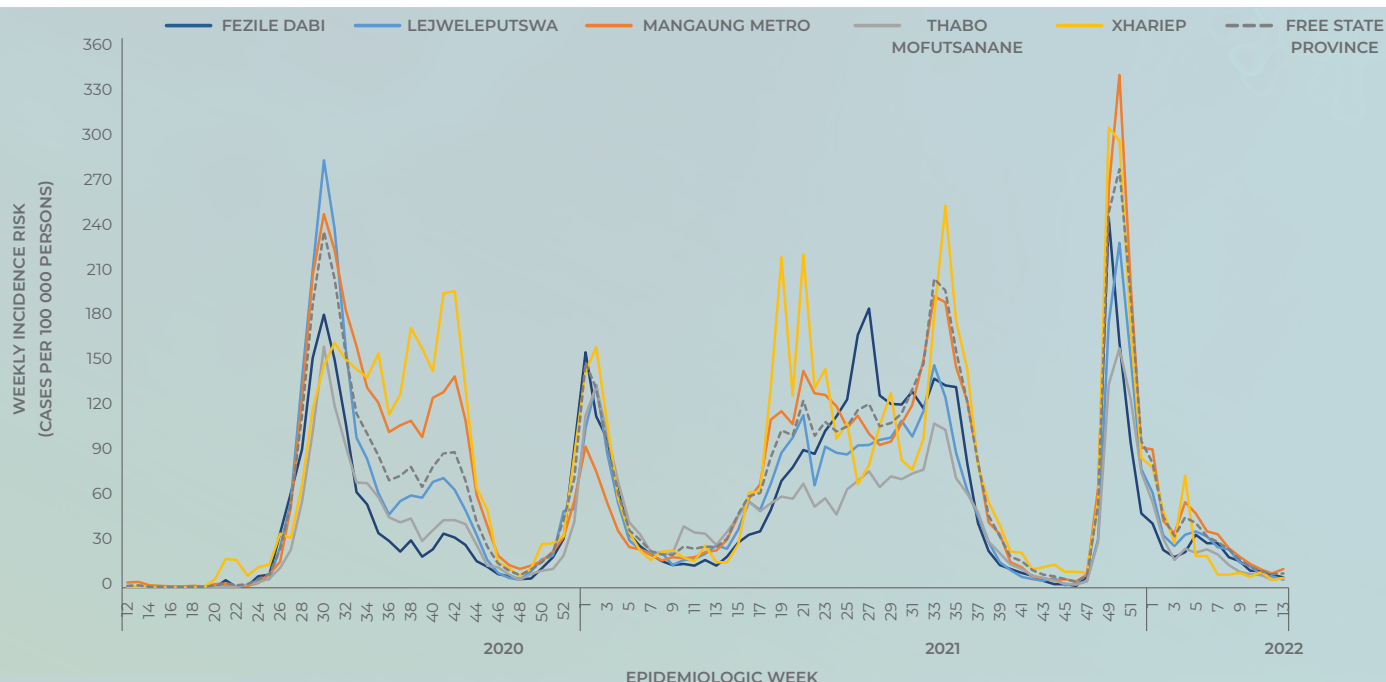


**Figure 13.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week KwaZulu-Natal Province 3 March 2020 – 2 April 2022 (n = 652 836, 8 467 missing age)

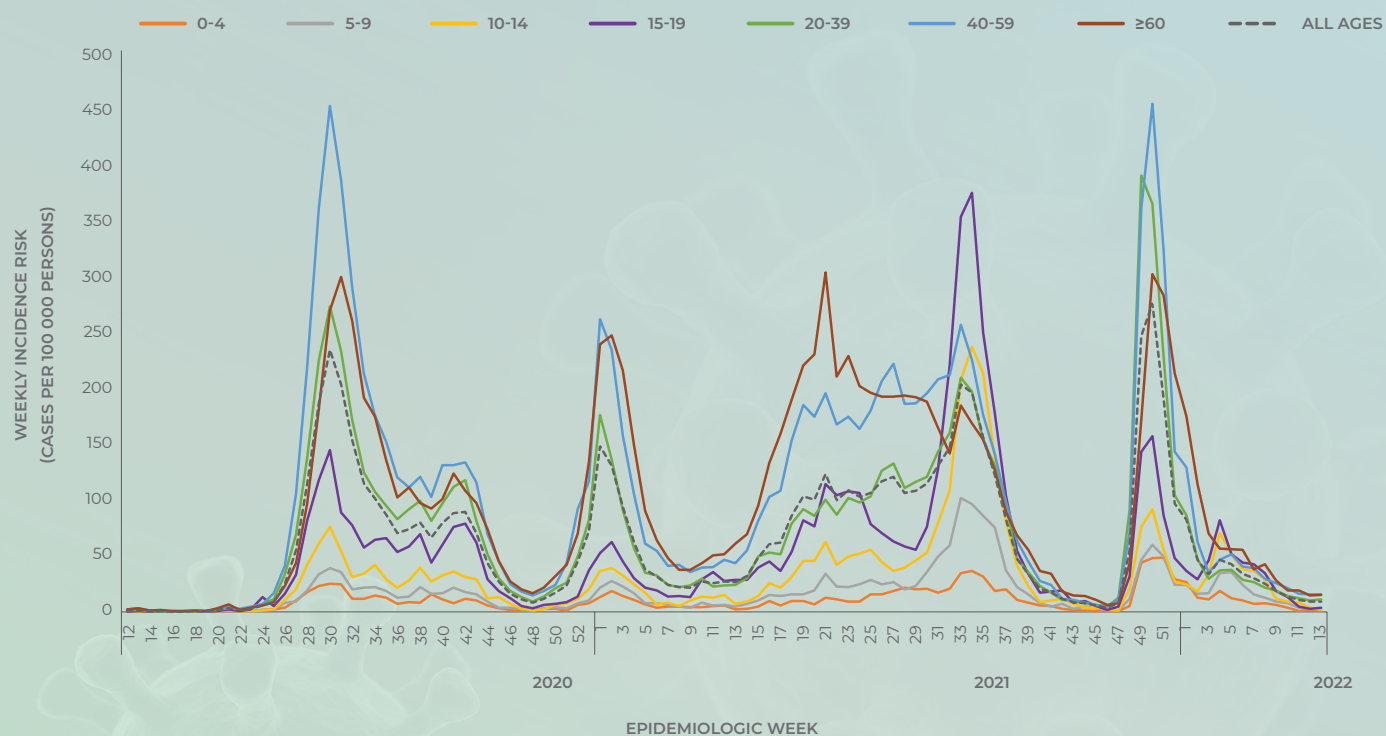
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 13 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 – 2 April 2022 (n = 172 774, 29 730 missing district)



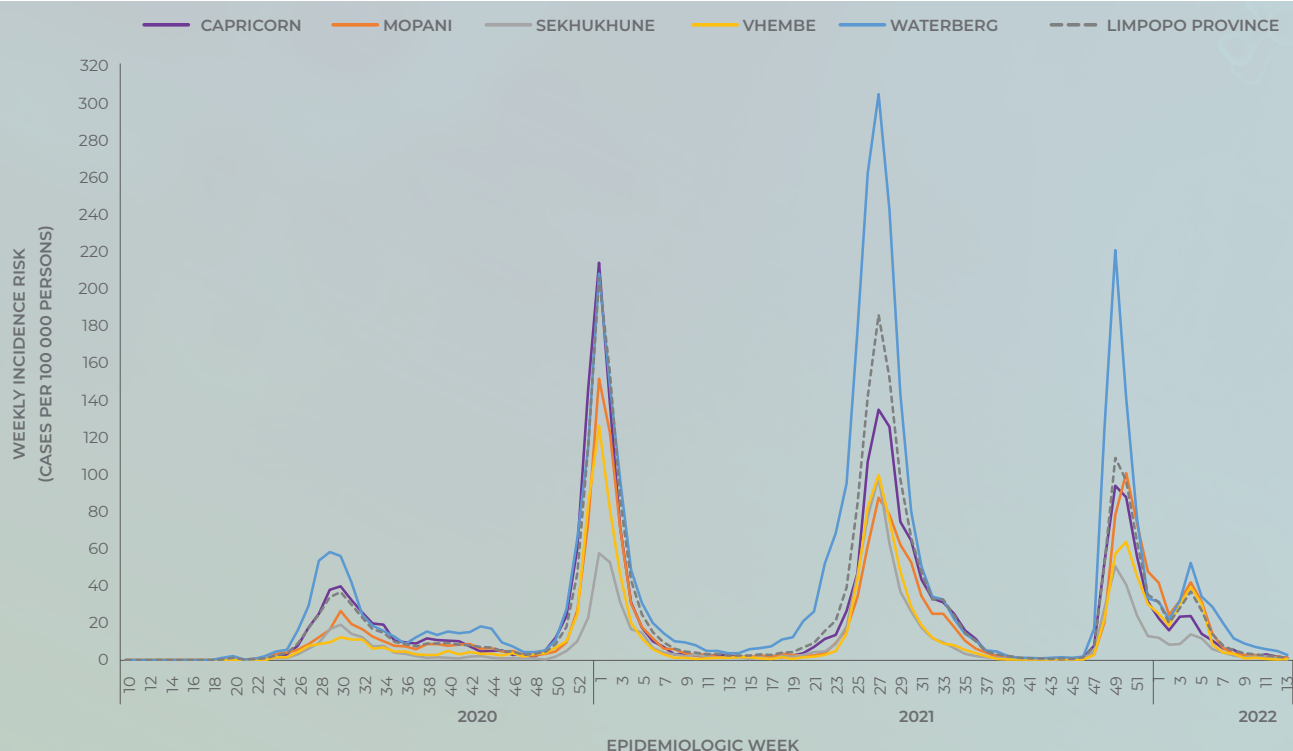
**Figure 15.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Free State Province 3 March 2020 – 2 April 2022 (n = 201 688, 816 missing age)



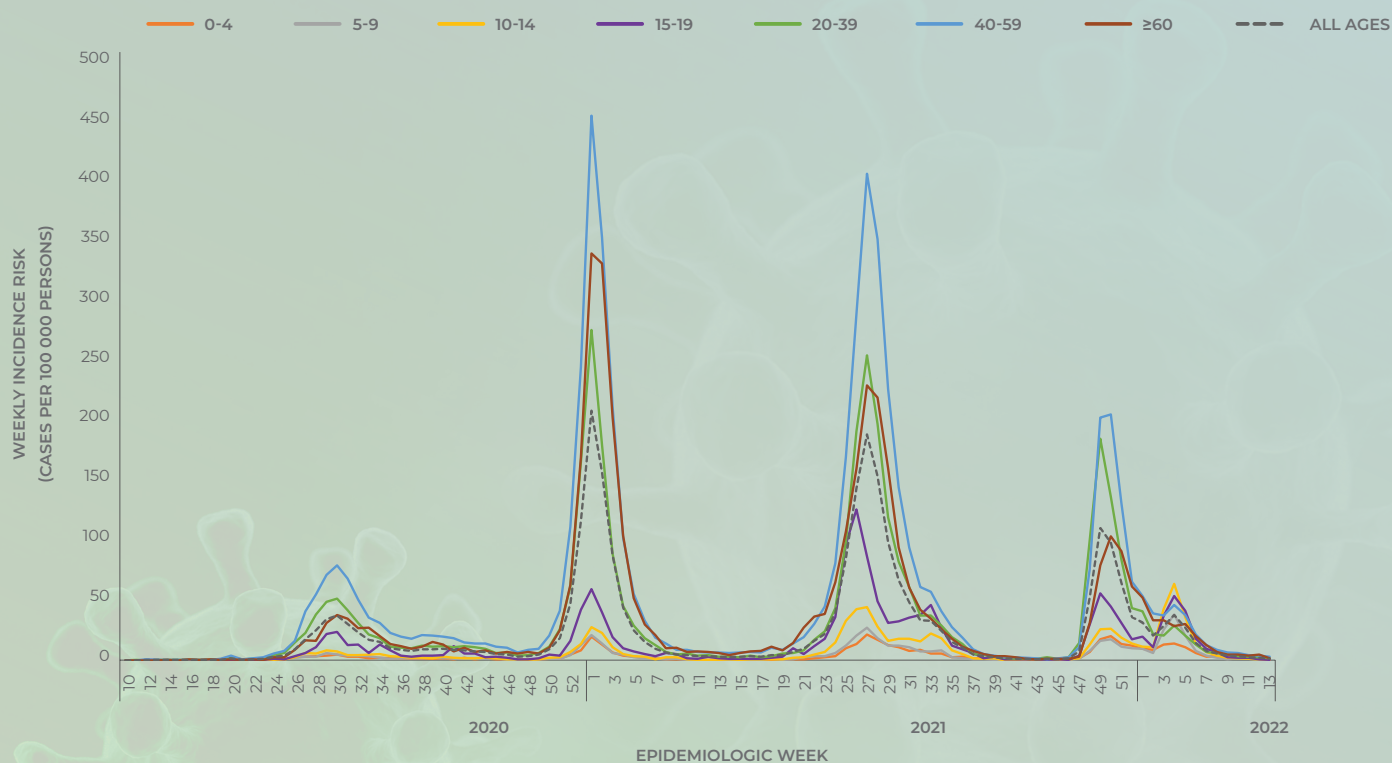
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 13 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 – 2 April 2022 (n = 115 886, 39 995 missing district)

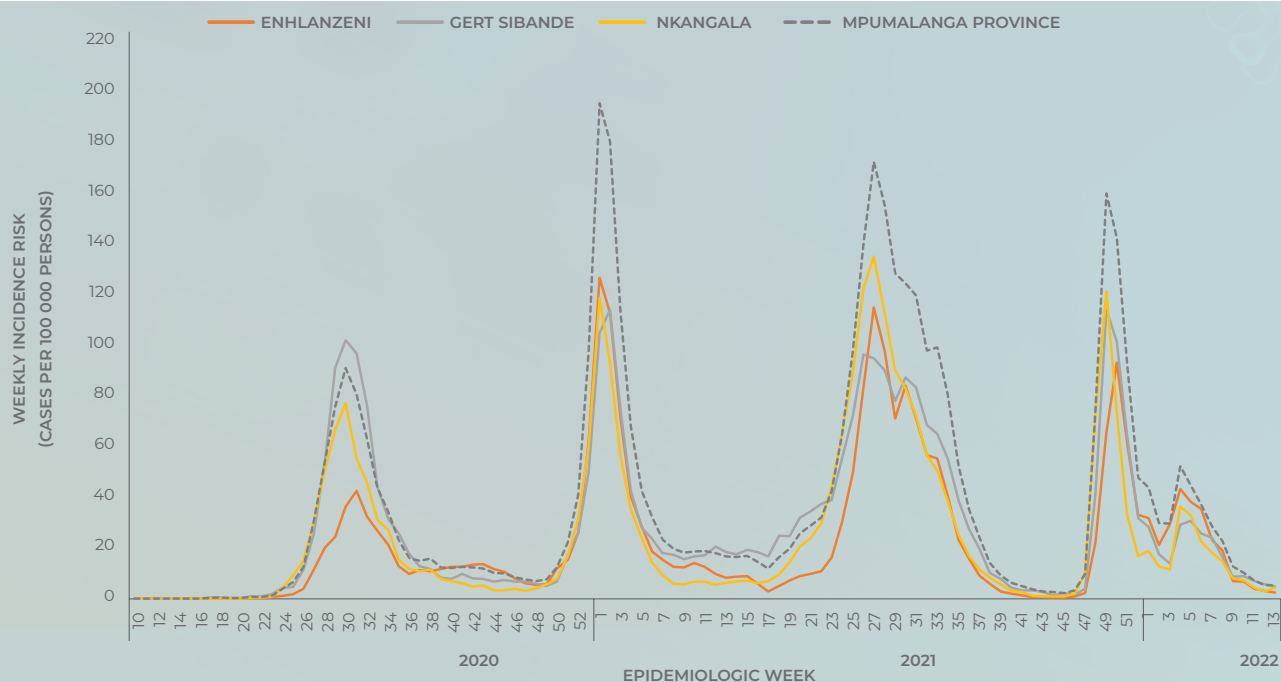


**Figure 17.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week Limpopo Province 3 March 2020 – 2 April 2022 (n = 155 171, 710 missing age)

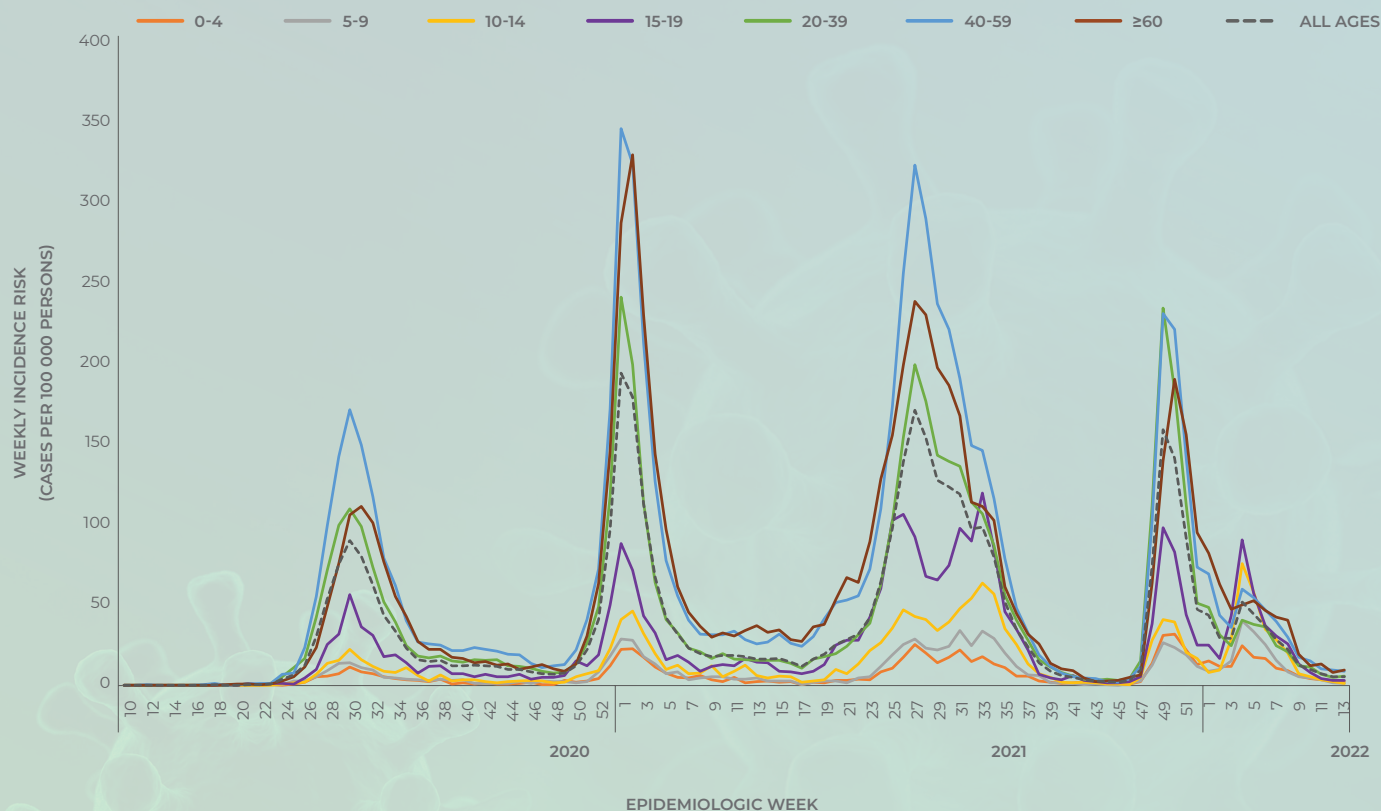
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 13 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 – 2 April 2022 (n = 126 316, 67 040 missing district)

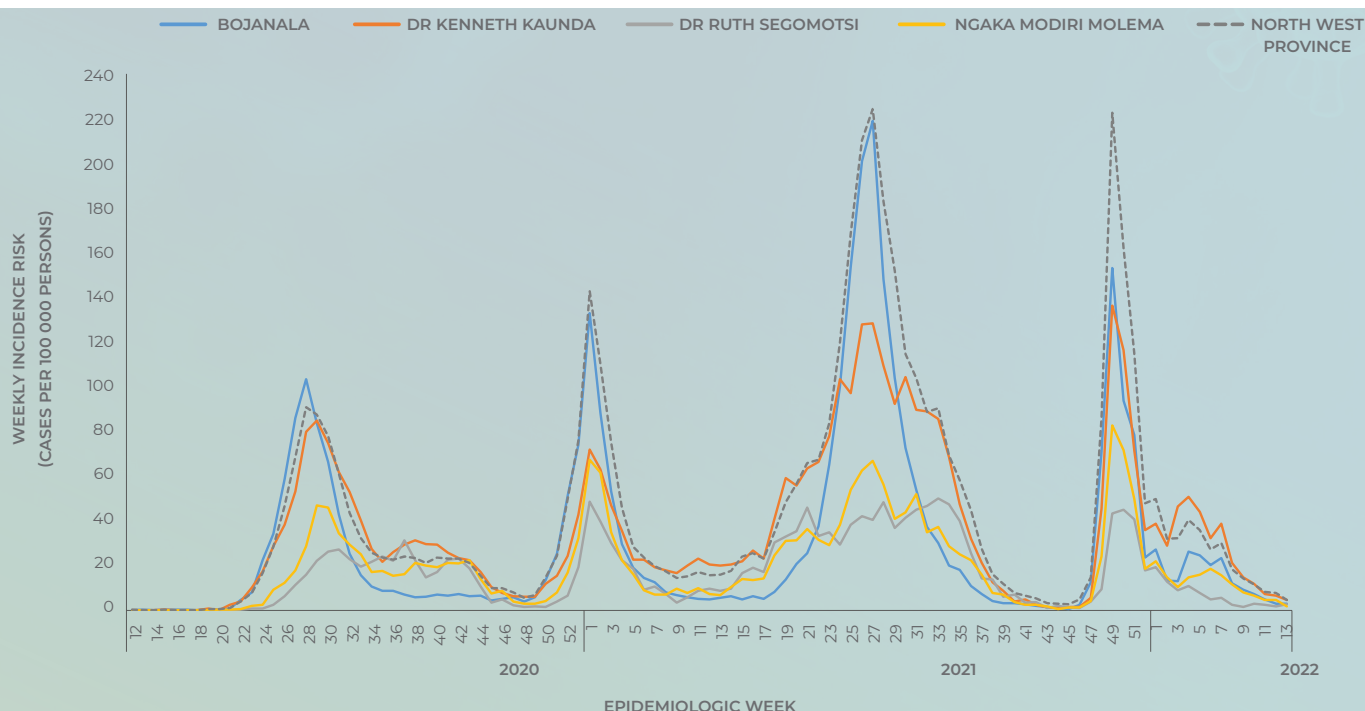


**Figure 19.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group and epidemiologic week Mpumalanga Province 3 March 2020 – 2 April 2022 (n = 189 298, 4 058 missing age)

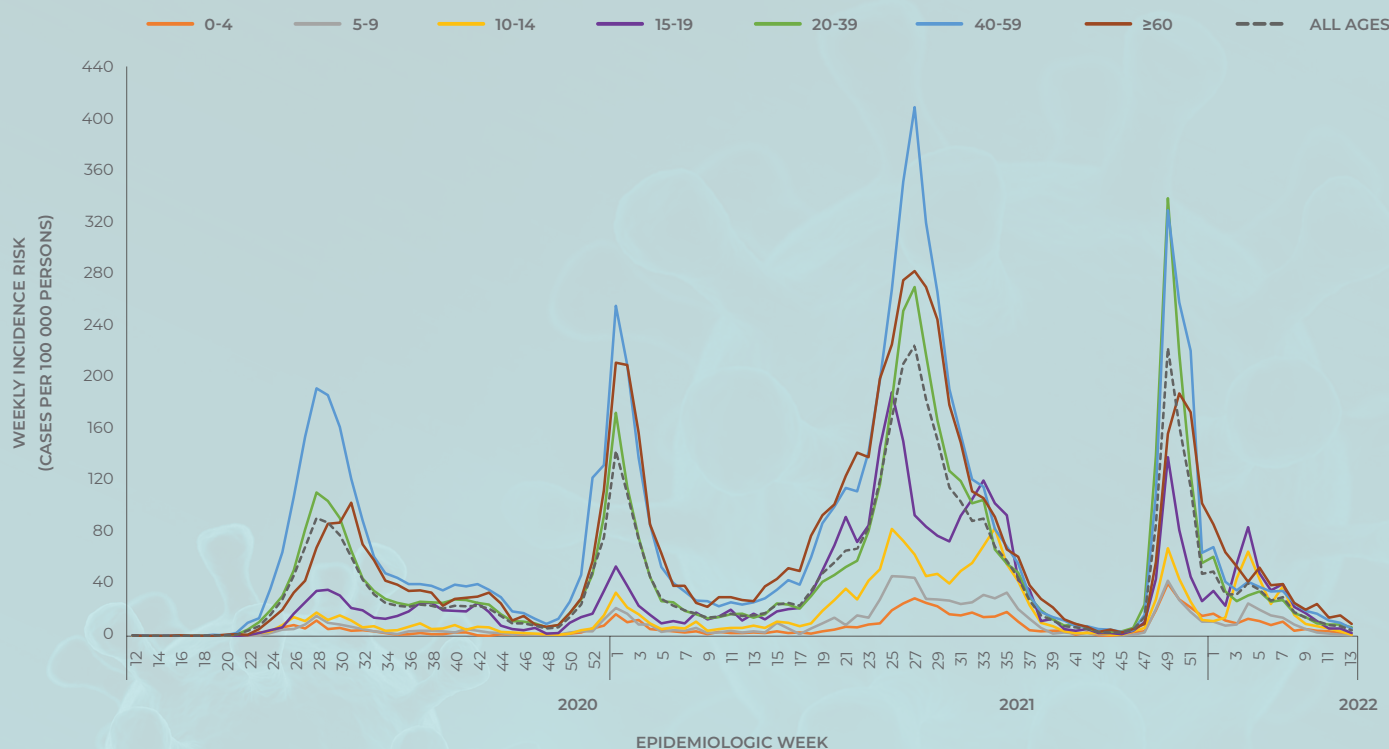
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 13 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 – 2 April 2022 (n = 120 030, 73 085 missing district)



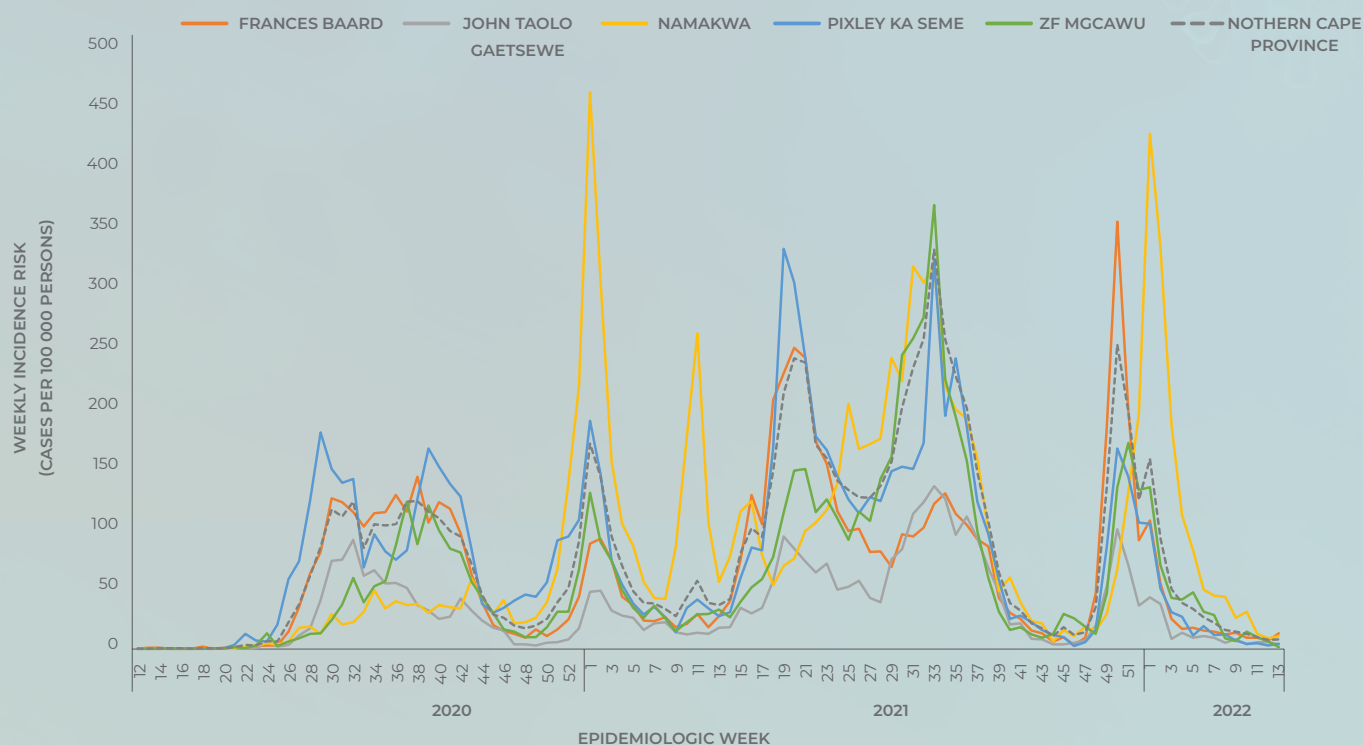
**Figure 21.** Weekly incidence risk of laboratory-confirmed cases of COVID-19 by age group in years and epidemiologic week North West Province 3 March 2020 – 2 April 2022 (n = 190 633, 2 482 missing age)



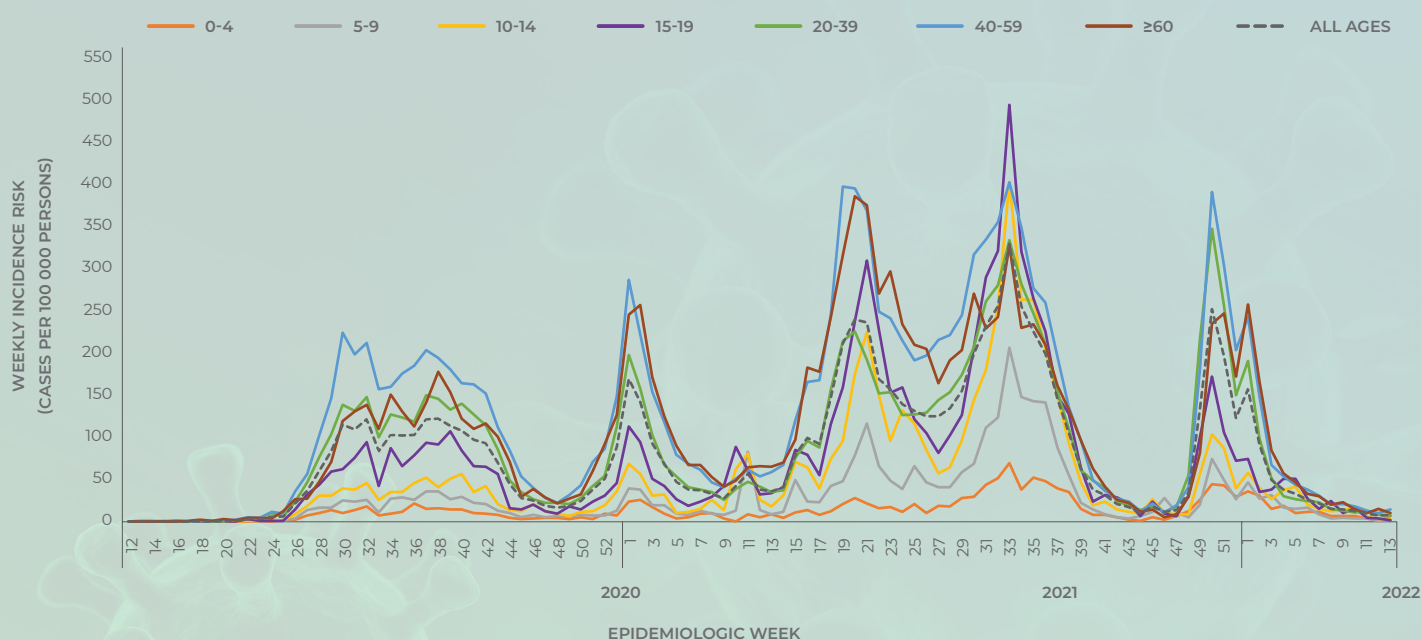
# COVID-19 WEEKLY EPIDEMIOLOGY BRIEF

WEEK 13 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 – 2 April 2022 (n = 83 395, 25 558 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 – 2 April 2022 (n = 108 234, 719 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.