

Daily Epidemiological Report for SARS-Cov_2

Report No. 234

Date Issued 23rd Nov. 2020 @ 23h00

1. PURPOSE

The report provides a descriptive analysis of SARS-Cov-2 related cases and deaths, which were detected, reported and investigated in the Eastern Cape, as on the 23rd Nov. 2020.

2. HIGHLIGHTS

a. An increase in the number of new SARS-Cov-2 cases.

- In the last 24 hours, **1,313 cases and 26 deaths** (10 occurred in the past 48 hours) were reported, which brings the cumulative number of cases and deaths to **118,688** and **4,379**, respectively. Six-five (65,3%) of the newly reported cases were from NM Metro and Sarah Baartman, 30,0% from BC Metro, Chris Hani and Amathole, and 25,4% from Alfred Nzo and OR Tambo.
- The number of active cases was 11,099, where 80,9% cases were from NM Metro and Sarah Baartman, and 16,3% from BC Metro, Chris Hani and Amathole, and 2,4% were from OR Tambo and Alfred Nzo.
- **Five districts reported high incidence of SARS-Cov-2. This include NM Metro, Sarah Baartman, BC Metro, Chris Hani, and Amathole. There is a gradual increase in the incidence of SARS-Cov-2 among those districts with low transmission rates for a long time, i.e. Alfred Nzo and OR Tambo.**
- **The number of tests with results available within 72 hours is gradually declining.**

b. Cov-19 related deaths

- In the last 24 hours, 26 deaths (10 occurred within the last 48 hours) occurred in Alfred Nzo, Amathole, BC Metro, Chris Hani, NM Metro and Sarah Baartman.
- **There is an increase in the number of deaths during the period of the re-emergence of SARS-Cov-2, especially in the metro and other districts. As the number of cases increases, so are the number of deaths.**

c. Hospitalizations and outcomes

- As on the 23rd November, 15,389 were hospitalised, where 68,0% of these cases occurred in the public sector and 32,0% in the private sector.
- Twenty-six percent (25,8%) of the hospitalized cases demised and 62,2% were discharged alive. Of all the deaths which occurred, 74,5% occurred in the public sector and 25,5% in the private sector.
- **As the number of cases increases, hospitalizations also increases especially in the metros.**

d. Healthcare workers

- Seven percent (7,2%) of the SARS-Cov-2 cases were healthcare workers, i.e. 8,522 and 1,6% of healthcare workers demised.
- Majority of the healthcare workers who tested positive were nurses followed by doctors and clinical associates.
- **There is an increase in the positivity rate among healthcare workers in the metros.**

e. Key issues which require improvement

- Strengthen surveillance of SARS-Cov-2, which include the collection of specimens from eligible populations in line with the new guidelines.
- Prioritize contact tracing and monitoring to minimize the spread of the infections.
- Urgently isolate positive cases and quarantine contacts in line with the legislative or regulatory frameworks.
- Promote the use of prevention measures against SARS-Cov-2, i.e. wearing of masks, routine hand washing or sanitization, and social distancing.
- Strengthen Infection Prevention and Control (IPC) and Occupational Health & Safety (OHS) at the facility level.
- Health education, promotion, and community engagement to empower the communities to protect themselves from SARS-Cov-2.

3. SARS-Cov-2 CASES & DEATHS

3.1. Summary of all cases and deaths

The number of newly diagnosed cases were **1,313** and **26** deaths related to SARS-Cov-2 (10 occurred in the last 48 hours). This brings the cumulative number of cases and deaths to **118,688** and **4,379**, respectively.

	No. of cases (22 Nov)	Transfers	New Cases	Total	%	Deaths (22 Nov)	New Deaths		Total	Case Fatality Rate (%)
							*Newly Reported	**Newly occurred		
Male	46444	1	480	46925	39,5	1944	5	3	1952	4,2
Female	70911	0	833	71744	60,4	2409	11	7	2427	3,4
Unknown	19	0	0	19	0,0	0	0	0	0	0,0
Total	117374	1	1313	118688	100,0	4353	16	10	4379	3,7

* Deaths which occurred more than 48 hours ago ** Deaths which occurred within the last 48 hours of reporting

Sixty percent (60,4%) of the SARS-Cov-2 cases were females and 39,5% were males. The case fatality rate related to SARS-Cov-2 was 3,7%, i.e. 4,2% among males and 3,4% females.

District	Cases (as on 22 Nov)	Transfers	New Cases	Total Confirmed	Recoveries	Deaths (as on 22 Nov)	New Deaths		Total Deaths	CFR%	Recovery Rate	Active Cases
							*Newly Reported	**Newly occurred				
Alfred Nzo	3551		10	3561	3456	67	0	1	68	1,9	97,1	37
Amathole	10357		126	10483	9491	363	1	1	365	3,5	90,5	627
BC Metro	23242		186	23428	21480	1003	0	5	1008	4,3	91,7	940
Chris Hani	10437		63	10500	9710	543	1	0	544	5,2	92,5	246
Joe Gqabi	4199		10	4209	4074	108	0	0	108	2,6	96,8	27
NM Metro	38952	1	562	39515	31117	1550	13	3	1566	4,0	78,7	6832
OR Tambo	13387		61	13448	12823	400	0	0	400	3,0	95,4	225
Sarah Baartman	12373		295	12668	10210	315	1	0	316	2,5	80,6	2142
Imported	377		0	377	365	2	0	0	2	0,5	96,8	10
Unspecified	499		0	499	484	2	0	0	2	0,4	97,0	13
E. Cape	117374	1	1313	118688	103210	4353	16	10	4379	3,7	87,0	11099

* Deaths that occurred more than 48 hours ** Deaths which occurred within the past 48 hours of reporting

In the last 24 hours, 857 (65,3%) of the newly reported cases were from NM Metro and Sarah Baartman, 375 cases (30,0%) from BC Metro, Chris Hani and Amathole, and 71 (25,4%) from Alfred Nzo and OR Tambo.

The number of active cases was 11,099, where 8,974 (80,9%) cases were from NM Metro and Sarah Baartman, and 1,813 (16,3%) were from BC Metro, Chris Hani and Amathole, and 262 (2,4%) were from OR Tambo and Alfred Nzo. Of all the cases which were detected in the province, 87,0% recovered. Six (6) districts have the recovery rate that is above 90% and only 2 with recovery rate less than 90%, i.e. NM Metro and Sarah Baartman.

3.2. Newly diagnosed cases

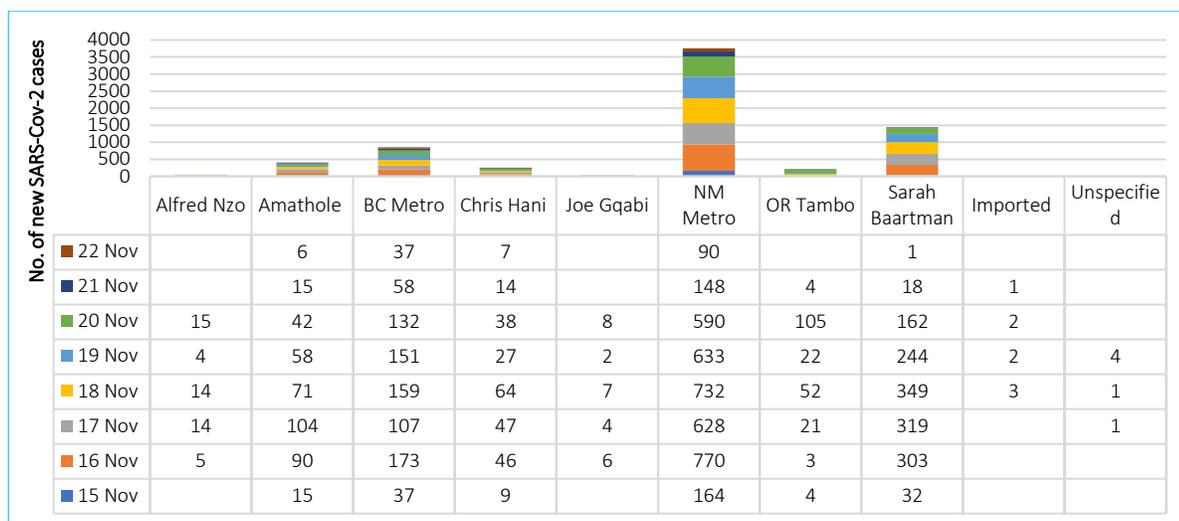


Fig. 1. No. of newly diagnosed SARS-Cov-2 cases in the last 8 days, as on 23rd Nov. 2020

The number of newly diagnosed cases by the date of specimen collection was 6,994 from the 15th to 23rd November. Eighty-six percent (86,3%) of these cases were from NM Metro (53,7%), Sarah Baartman (20,4%) and BC Metro (12,2%).

4. SARS-Cov-2 LAB TESTS & RESULTS

4.1. Test Results by Laboratory

A total of 586,860 specimens were tested by both public and private sector laboratories.

	Private ^a	Public ^b	Total	%
Alfred Nzo	2449	17314	19 763	3,4
Amathole	8339	42651	50 990	8,7
BC Metro	30821	67757	98 578	16,8
Chris Hani	6866	35710	42 576	7,3
Joe Gqabi	1281	17450	18 731	3,2
NMB Metro	35290	83198	118 488	20,2
OR Tambo	16631	45284	61 915	10,6
Sarah Baartman	3764	53904	57 668	9,8
Unclassified	118151	0	118 151	20,1
Eastern Cape	223592	363268	586 860	100,0

a. NICD 23 Nov. 2020 b. NHLS 23 Nov. 2020

The public sector tested 61,9% of the specimens and 38,1% in private sector laboratories. Thirty-seven percent (37,0%) of the tests were from BC Metro and NM Metro.

4.2. Tests by age group and sex

The following graphs provide the number of tests by age group and sex using data of the 01st October to 22nd November from NHLS.

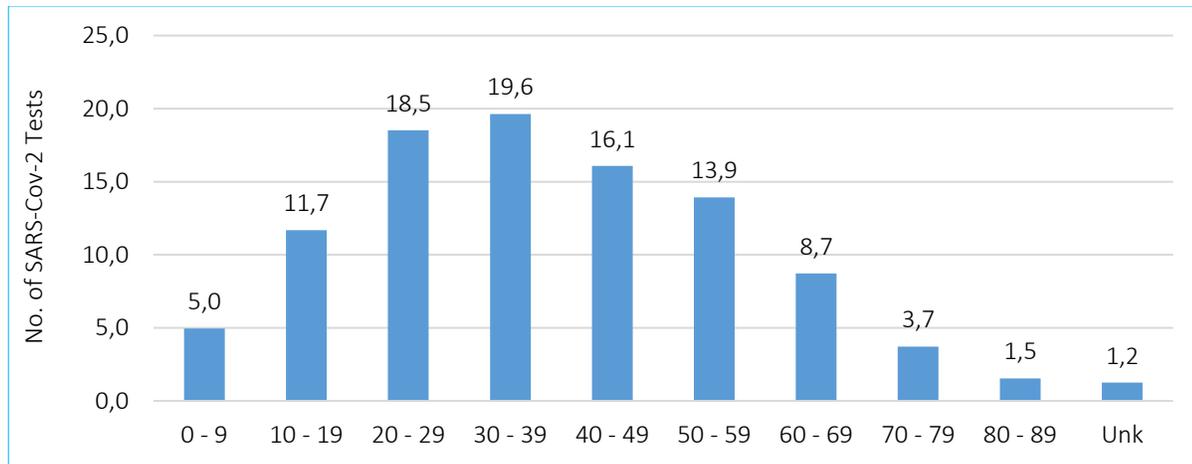


Fig. 3. SARS-Cov-2 Tests by age group & date of last report, as on 23rd Nov. 2020 (N=59,768)

Most of the people who tested for SARS-Cov-2 were between the age of 20 and 39 years, i.e. the economically active age-group populations. There is a shift, which occurred from the school-going age persons, i.e. 10 to 19 years to the 20 years and above population.

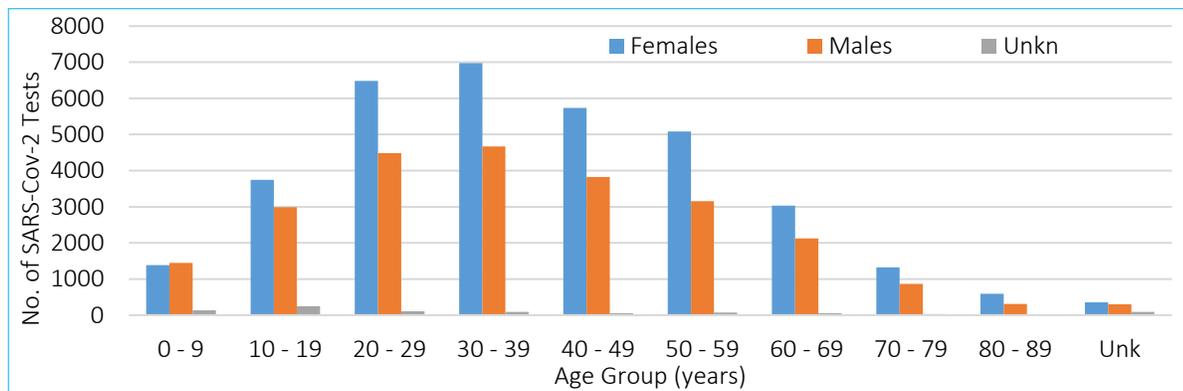


Fig. 4. No. of SARS-Cov-2 Tests by Age Group & Gender, as on 23rd Nov. 2020 (N=59,768)

Majority of the persons who were tested for SARS-Cov-2 were females, i.e. 34,710 (58,1%), 24,166 (40,4%) were males, and 892 (1,5%) did not age information on sex.

4.3. Turnaround Time

During the pandemic, the turnaround time is the noticeable sign of laboratory service and used as a key performance indicator of the laboratory performance. The table below provides the turnaround time for all the tests, which tested positive from public and private laboratories, submitted to the National Institute for Communicable Diseases (NICD).

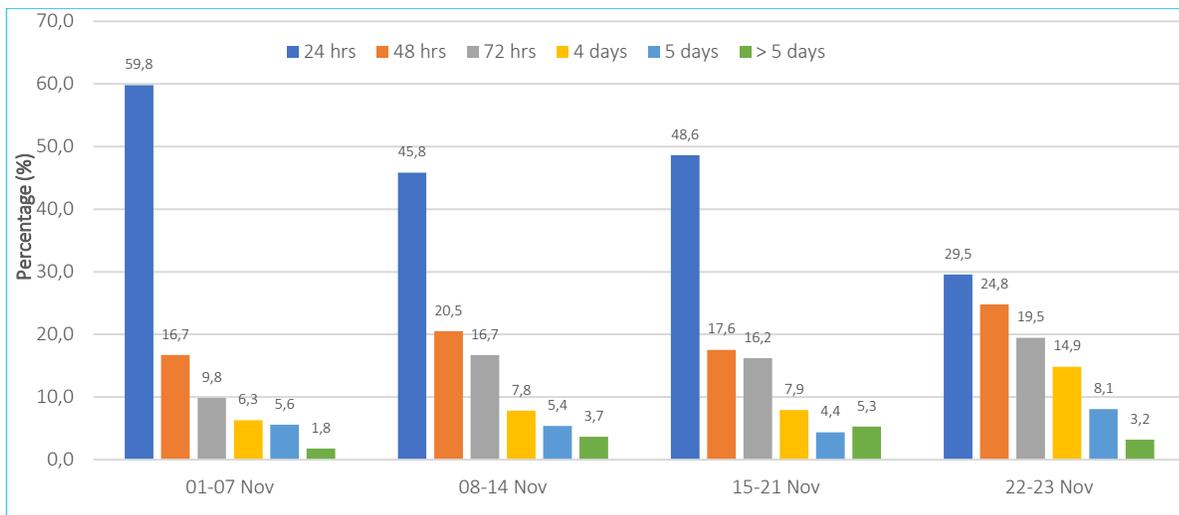


Fig. 5. Turnaround time for SARS-Cov-2 positive results by week, as on 23rd Nov. 2020

Seventy six percent (76,2%) of the SARS-Cov-2 results were available within 72 hours in the 2 days of the current week, compared to 82,4% in the previous week. The results which were available within 24 hours have decreased from 48,6% in the previous week to 29,5% in the first 2 days of the current week.

4.4. The 7-day moving average of SARS-Cov-2 tests & positivity rate

The figure below provides the 7-day moving average for the tests and the positivity rate.

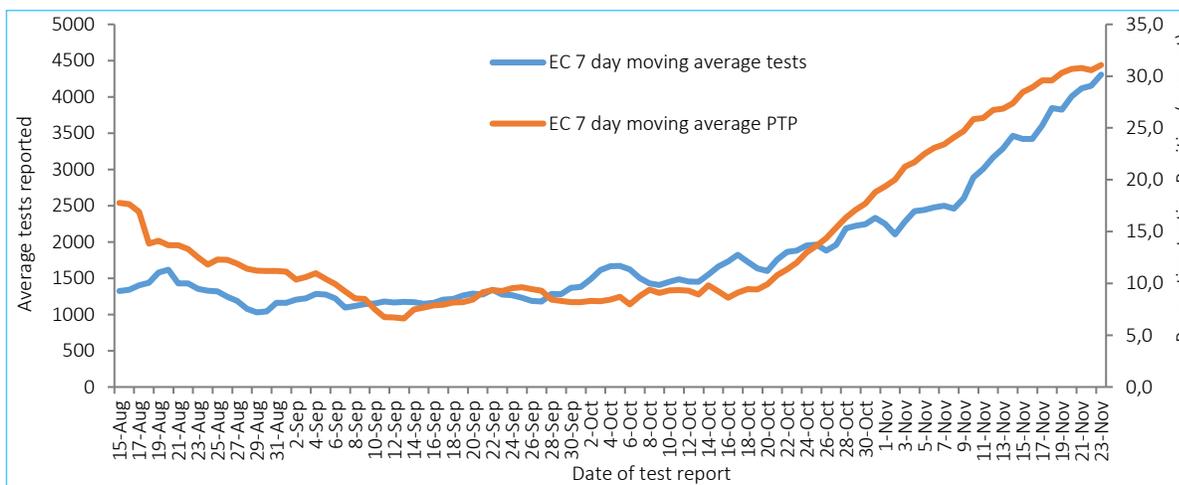


Fig. 6. 7-day moving average for lab tests and positivity rate, as on 23rd Nov. 2020

The 7 day-moving average shows an increase in the positivity rate from 29,6% on the 17th to 31,1% on the 23rd November, with a percentage change of 1,5%. This indicates that the positivity rate continues to increase as shown in the above figure.

The testing rate has increased from 66 per 100,000 to 59 per 100,000 population, with the percentage change which was -10,6% during the same period.

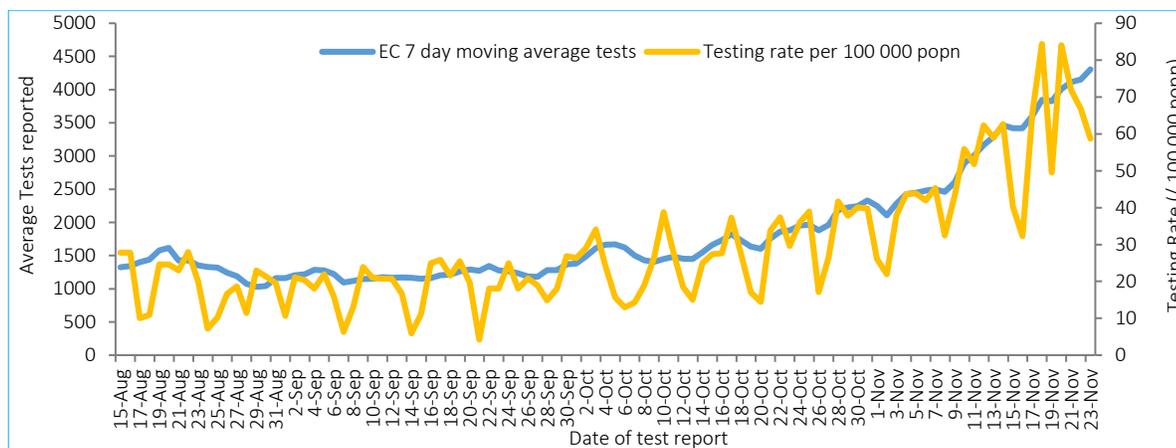


Fig. 7. The 7-day moving average for tests and testing rate, as on 23rd Nov. 2020

The 7 days moving average for SARS-Cov-2 tests have increased from 3,606 on the 17th to 4,307 on the 23rd November, with the percentage change of 20,0%.

3. ACTIVE CASES, INCIDENCE & POSITIVITY RATE

3.1. Active SARS-Cov-2 cases and positivity rate

The number of active SARS-Cov-2 cases was 10,412, i.e. 155,1 cases per 100,000 population at risk. The cumulative positivity rate was 20,4%, with NM Metro (33,7%), followed by Chris Hani (24,8%), and BC Metro (23,8%).

District	Population Estimates	No. of tests	SARS-Cov-2 Cases (ALL)	Active SARS-Cov-2 Cases	SARS-Cov-2 per 100,000	Positivity Rate
Alfred Nzo	827826	19763	3561	37	4,5	18,0
Amathole	798067	50990	10483	627	78,6	20,6
BC Metro	798798	98578	23428	940	117,7	23,8
Chris Hani	733743	42576	10500	246	33,5	24,7
Joe Gqabi	343075	18731	4209	27	7,9	22,5
NM Metro	1210803	118488	39515	6832	564,3	33,3
OR Tambo	1520922	61915	13448	225	14,8	21,7
Sarah Baartman	480223	57668	12668	2142	446,0	22,0
Imported	0		377	10	0,0	0,3
Unspecified		118151	499	13		
E. Cape	6713457	586860	118688	11099	165,3	20,2

The incidence of SARS-Cov-2 cases in the E. Cape was 165,3 per 100,000. Only one district has less than 5 active cases per 100,000 population, i.e. Alfred Nzo. Seven (7) districts have more than 5 active cases per 100,000. The highest incidence of SARS-Cov-2 was observed in NM Metro (564,3 per 100,000) and Sarah Baartman (446,0 per 100,000).

The incidence of SARS-Cov-2 in OR Tambo has increased to 14,8 per 100,000 and reduced to 5 per 100,000 in Joe Gqabi.

3.2. Incidence of SARS-Cov-2 cases

The figure provides the incidence of SARS-Cov-2 cases by district from week 10 to week 47.

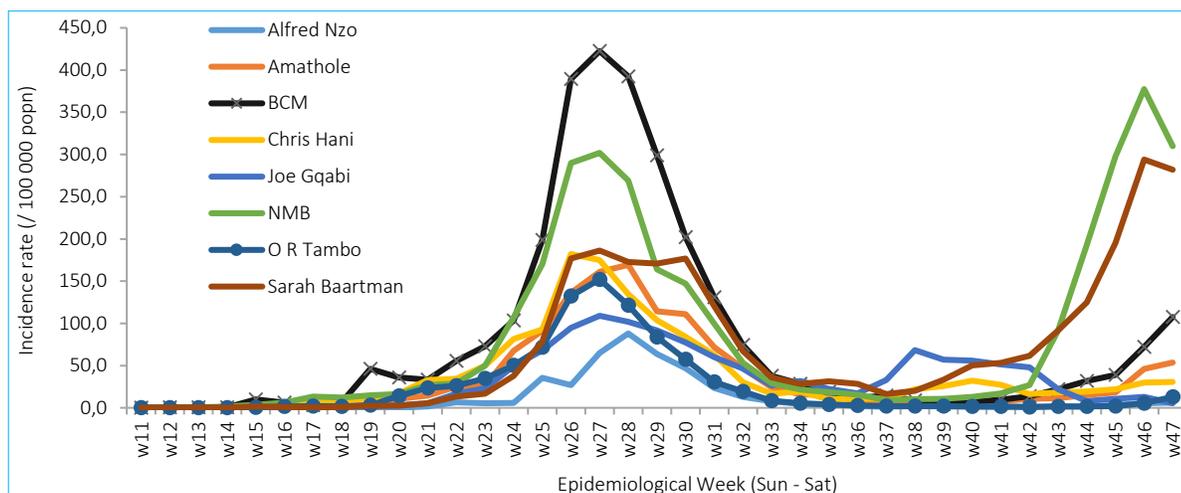


Fig. 8. The incidence (per 100,000) of SARS-Cov-2 by district, as on 22nd Nov. 2020

In the past 2 weeks, there is an increase in the incidence of SARS-Cov-2 in 5 districts, NM Metro, Sarah Baartman, BC Metro, Amathole and Chris Hani.

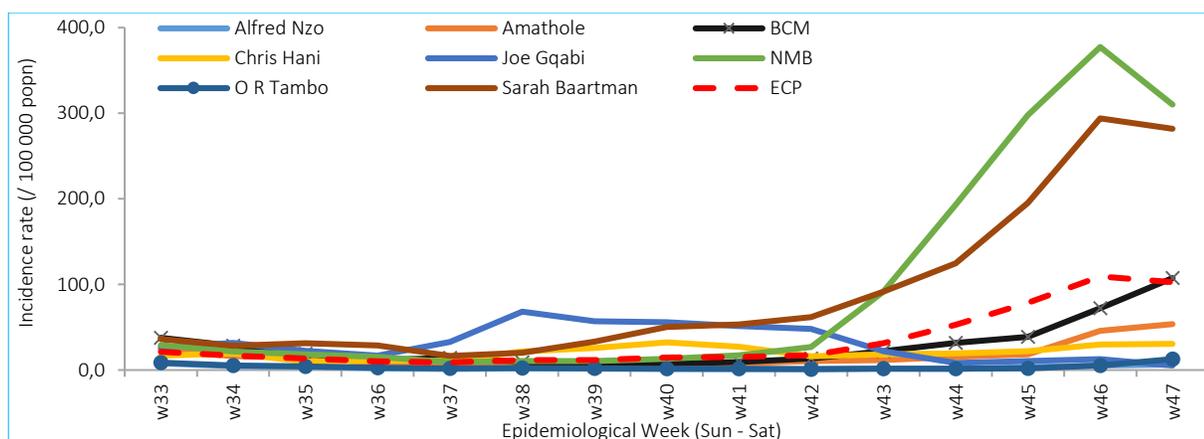


Fig. 9. Incidence of SARS-Cov-2 cases by epidemiological week, as on 20th Nov. 2020

The abovementioned graph provides the incidence of SARS-Cov-2 from week 33 to 47. The incidence continue to decrease in Joe Gqabi from week 39 to 47. However, the incidence has gradually increased in Sarah Baartman and rapidly increased in NM Metro. SARS-Cov-2 appear to be spreading to other districts, including those districts, which had the lowest transmission.

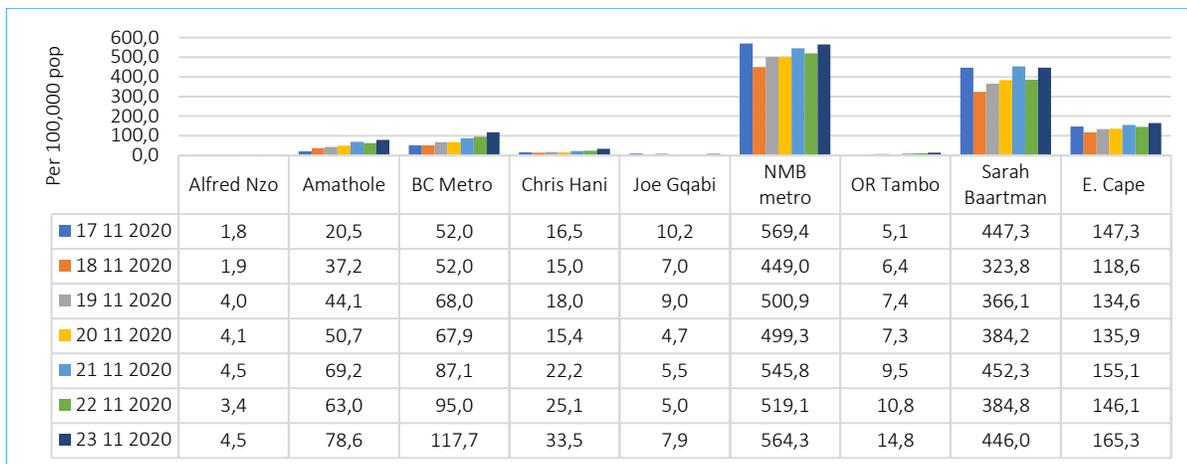


Fig. 9. Incidence of SARS-Cov-2 (per 100,000) by district and date, as on 23rd Nov. 2020

In the past 7 days, the incidence of SARS-Cov-2 has increased from 147,3 per 100,000 to 165,3 per 100,000. Alfred Nzo has less than 5 cases per 100,000 and Joe Gqabi has 5 cases per 100,000. The other 6 districts have more than 5 cases per 100,000 populations. The incidence appear to have increased in 3 districts, i.e. BC Metro, Chris Hani and OR Tambo.

3.3. Incidence by districts

From week 33 to 42, there was evidence of low transmission of SARS-Cov-2 in NM Metro. There was a significant increase in the incidence from week 42 to 46, followed by a decrease from week 46 to 47.

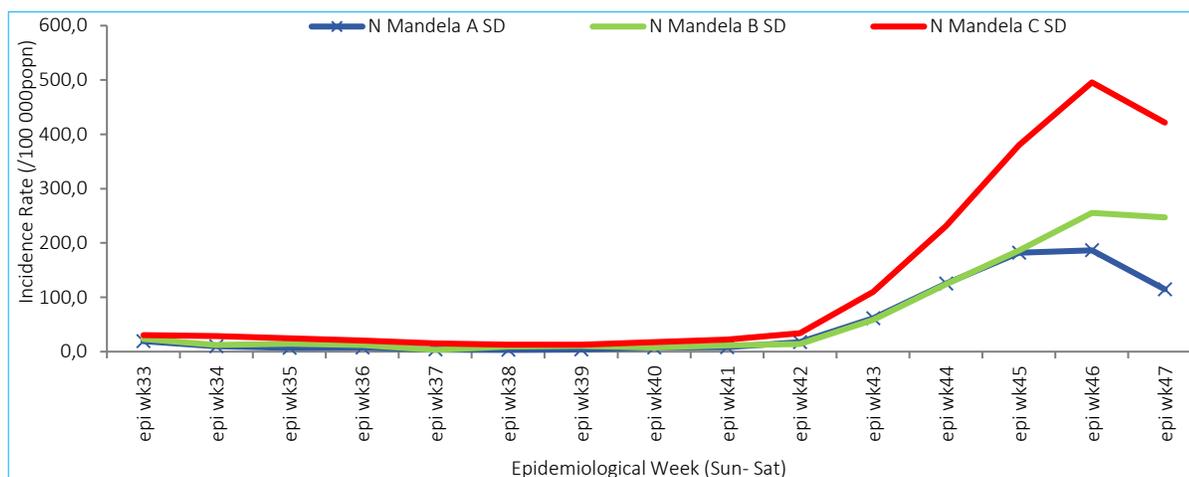


Fig. 10. Incidence of SARS-Cov-2 (per 100,000) in NM Metro, as on 22nd Nov. 2020

There is a high transmission in sub-district C, followed by sub-district B and A. The clusters, which occurred at the university and other areas, were due to the local transmission, which already existed in the Metro. SARS-Cov-2 remains a public health concern in all the sub-districts in the Metro.

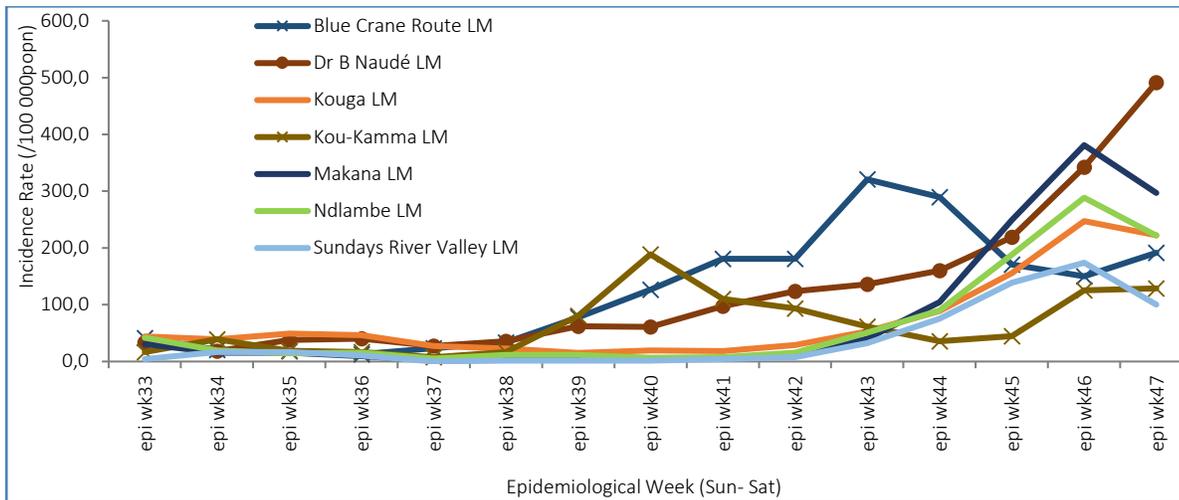


Fig. 11. Incidence of SARS-Cov-2 (per 100,000) in Sarah Baartman, as on 22nd Nov. 2020

There was a gradual increase in the incidence of SARS-Cov-2 from week 38 especially in Kou-Kamma, Blue Crane Route, and Kou-Kamma. The increase was observed from the other local municipalities occurred from week 42. After week 44, Makana had the highest incidence, followed by Dr. Beyers Naude and Ndlambe LMs. However, from week 46, there was a gradual declined in all the local municipalities.

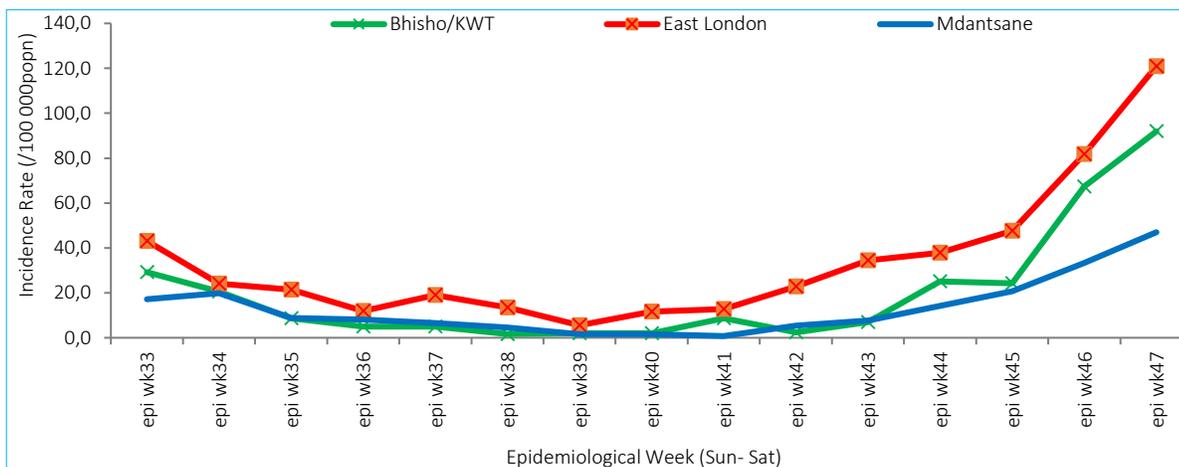


Fig. 10. Incidence of SARS-Cov-2 in Buffalo City Metro, as on 22nd Nov. 2020

In the past 14 weeks, the incidence of SARS-Cov-2 had a gradual increase especially from week 39 to 46 in all the sub-districts. East London and Bisho /King Williams have emerged as hotspots in the Metro. Mdantsane also had an increase in the incidence of cases from week 41 to 46, and a decrease from week 46 to 47. However, East London remains the epi-centre and Bisho /KWT as emerging hotspot of the pandemic in BC Metro.

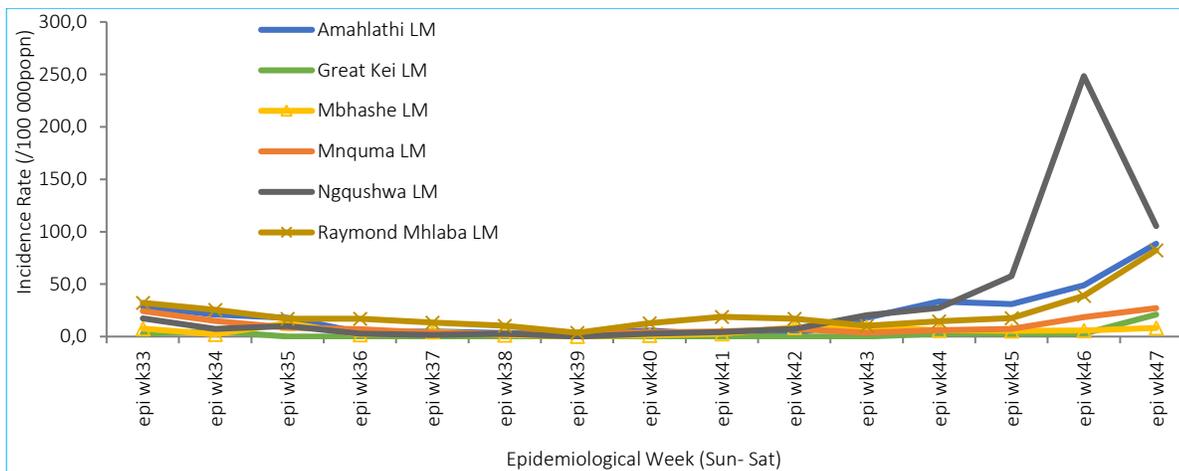


Fig. 11. Incidence of SARS-Cov-2 cases in Amathole District, as on 22nd Nov. 2020

Three local municipalities reported a high incidence of SARS-Cov-2 compared to the other local municipalities, i.e. Ngqushwa, Amahlathi, and Raymond Mhlaba. Ngqushwa has the highest incidence especially from week 42 to week 46, and then decrease until week 47.

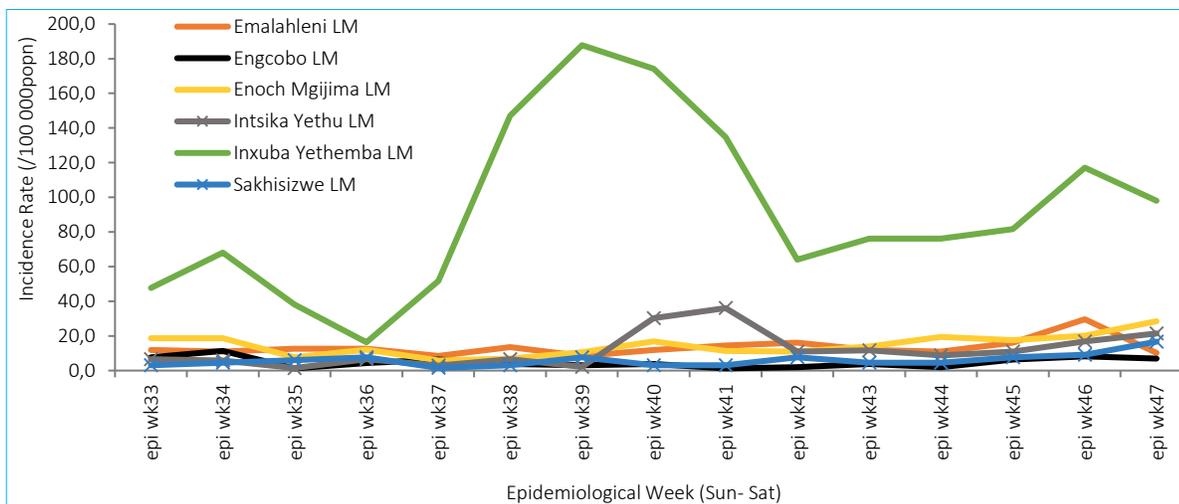


Fig. 12. Incidence of SARS-Cov-2 cases in Chris Hani District, as on 22nd Nov. 2020

The highest incidence of SARS-Cov-2 occurred in Inxuba Yethemba local municipality, while the others maintain low transmission of the virus. Enoch Mgijima also showed incidence which higher than in the other districts. Inxuba Yethemba continues to be a hotspot and requires re-enforcement of the regulations and public health interventions to eliminate local transmission.

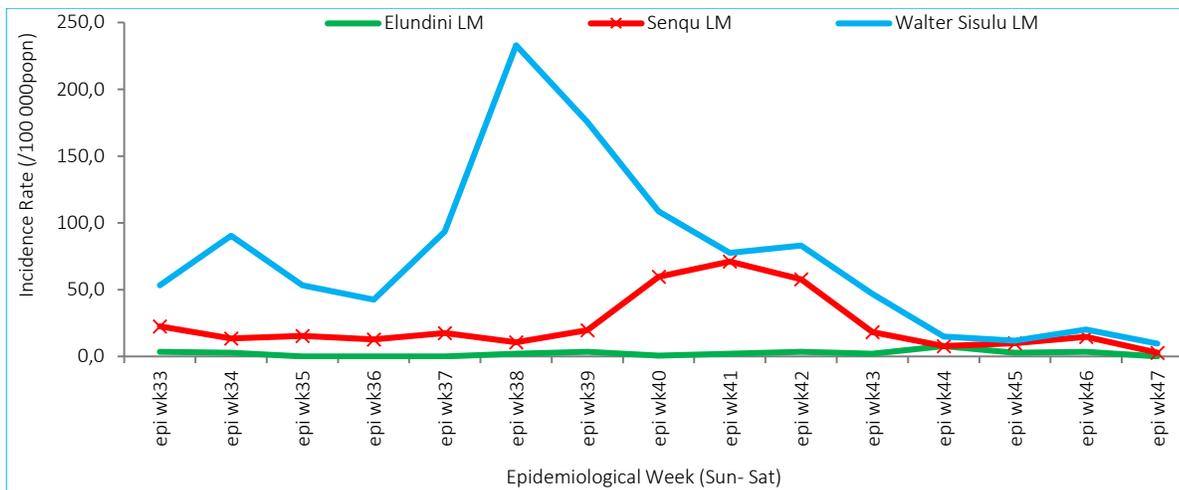


Fig. 13. Incidence (per 100,000) of SARS-Cov-2 in Joe Gqabi, as on the 22nd Nov. 2020

Walter Sisulu Local municipality had a high incidence of SARS-Cov-2 for some time before week 33. However, there was a rapid increase in the incidence of the disease from week 36 and peaked after week 38, and rapidly decreased to week 47. Senqu Local Municipality also had an increase in the incidence especially from week 38 and peaked in week 41, but decreased until week 47. The incidence continues to decrease from week 44 to 47 in both Walter Sisulu and Senqu. Elundini has maintained a low incidence of the disease for more than 14 weeks.

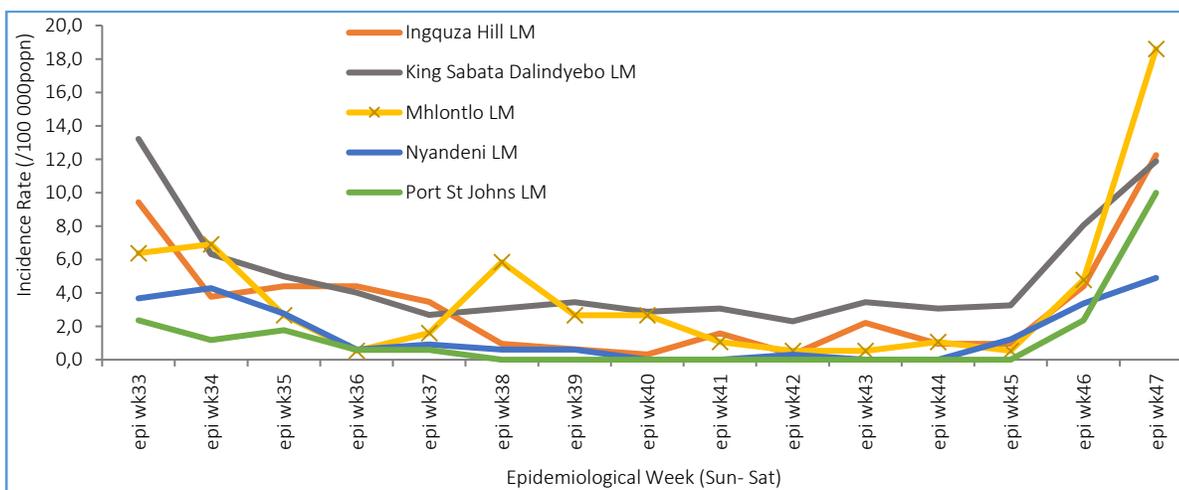


Fig. 14. Incidence (per 100,000) of SARS-Cov-2 in OR Tambo, as on 22nd Nov. 2020

OR Tambo district maintained a low incidence of SARS-Cov-2, with KSD reporting high incidence compared to the other local municipalities. All the local municipalities have an upward growth in terms of the incidence of SARS-Cov-2. Hence, there is a possibility that the district may become an emerging hotspot if the number of new cases continues to increase.

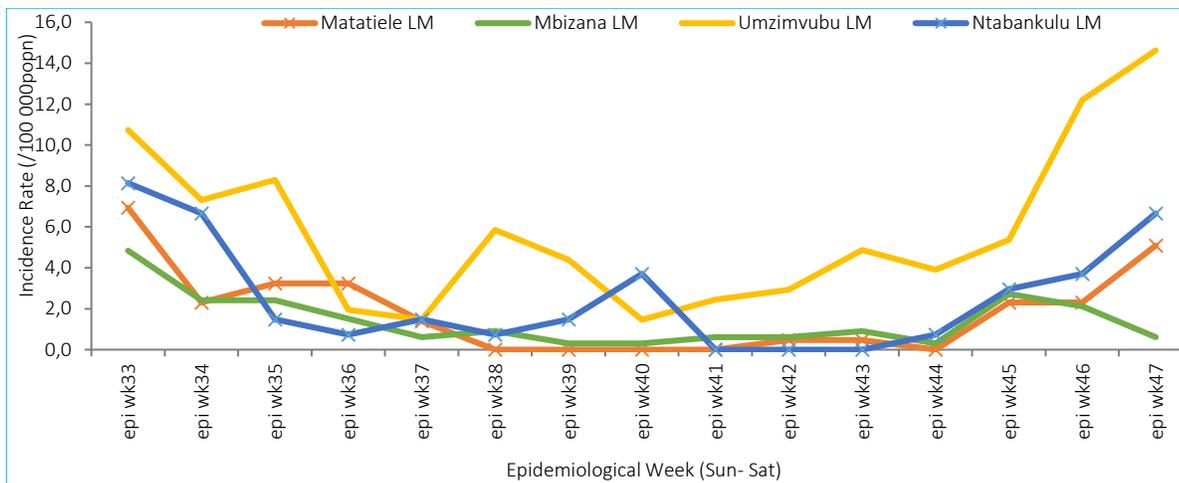


Fig. 15. The incidence of SARS-Cov-2 in Alfred Nzo, as on 22nd Nov. 2020

Alfred Nzo had the lowest incidence of SARS-Cov-2 for more than 14 weeks. However, Umzimvubu continued to have significant number of cases reported while the others had low numbers. Three local municipalities appear to have an increase in the incidence of SARS-Cov-2, i.e. Umzimvubu, Ntabankulu and Matatiele. There was a decline in the incidence in Mbizana LM. Similar to OR Tambo, the chances of Alfred Nzo becoming an emerging hotspot continue to increase.

3.4. Recovery Rate (%)

The figure below provides the recovery rate for the past 7 days for each districts.

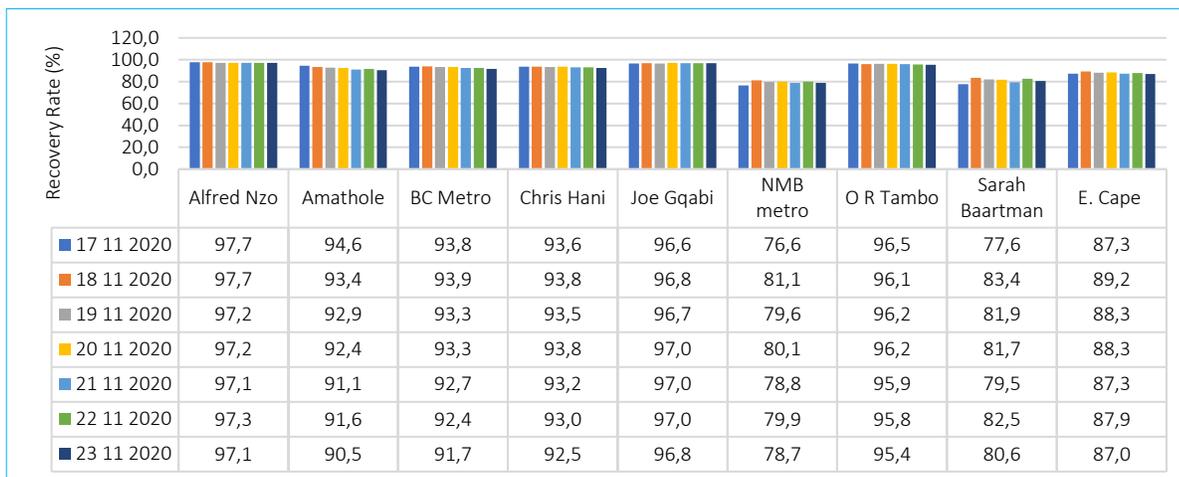


Fig. 16. SARS-Cov-2 Recovery Rate (%) by districts, as on the 23rd Nov. 2020 (N=103,210)

The total number of recoveries was 103,210 i.e. 87,0% recovery rate. Six (6) districts reported the recovery rate that was 90% and above, except for NM Metro and Sarah Baartman. The current increase in the number of newly diagnosed cases contributed to the reduction of the recovery rate and an increase in the number of active cases.

3.5. Mapping of active cases, recoveries and deaths

The maps presented in this section shows the distribution of active cases, recoveries and deaths related to SARS-Cov-2. These maps show that the cases and deaths were widely distributed throughout the province.

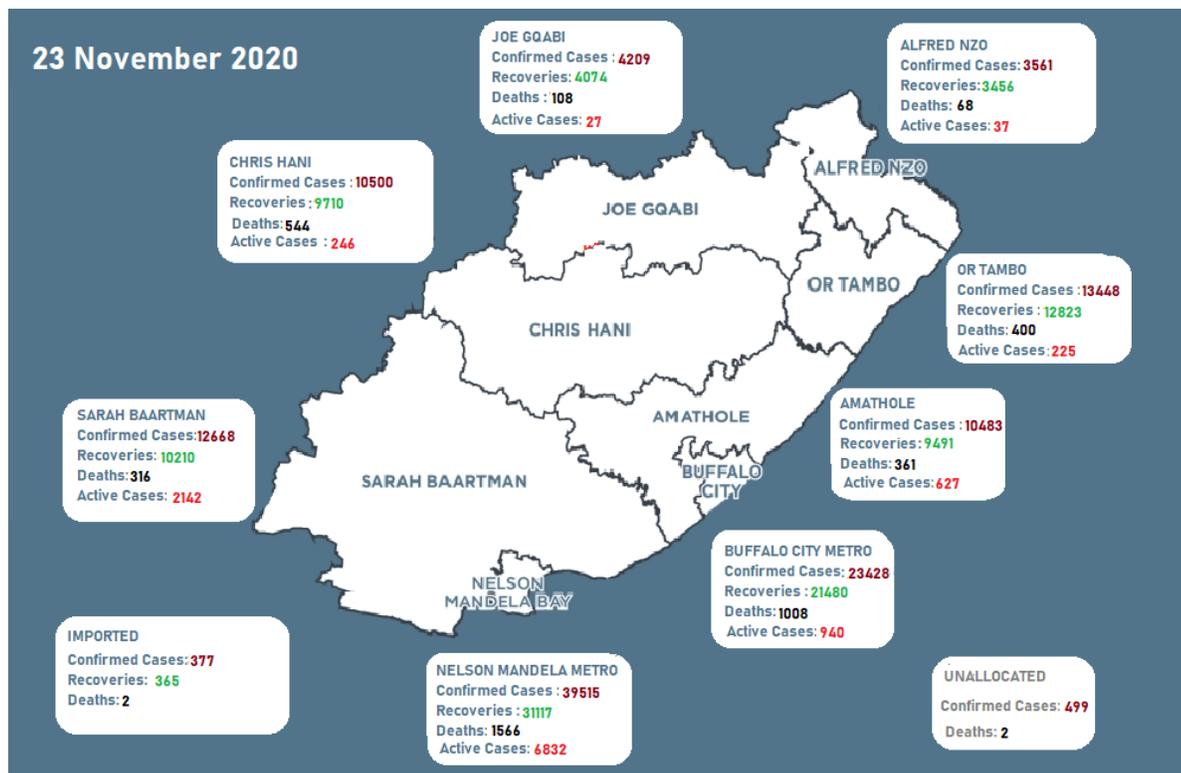


Fig. 17. No. of Covid-19 cases, recoveries and deaths, as on 23rd Nov. 2020

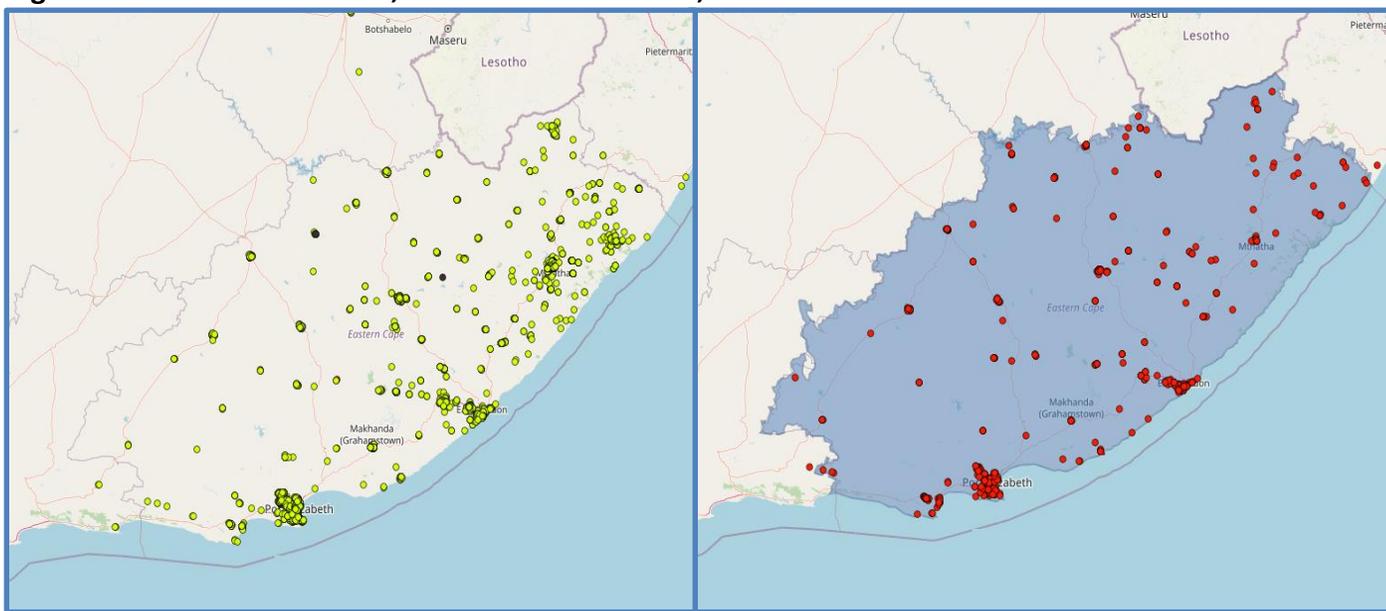


Fig. 18. SARS-Cov-2 active cases, recoveries and deaths, as on 08 November 2020

4. SARS-COV-2 CASES AND 7-DAY MOVING AVERAGE

This graph provides the number (including cumulative) of cases and 7-day moving average.

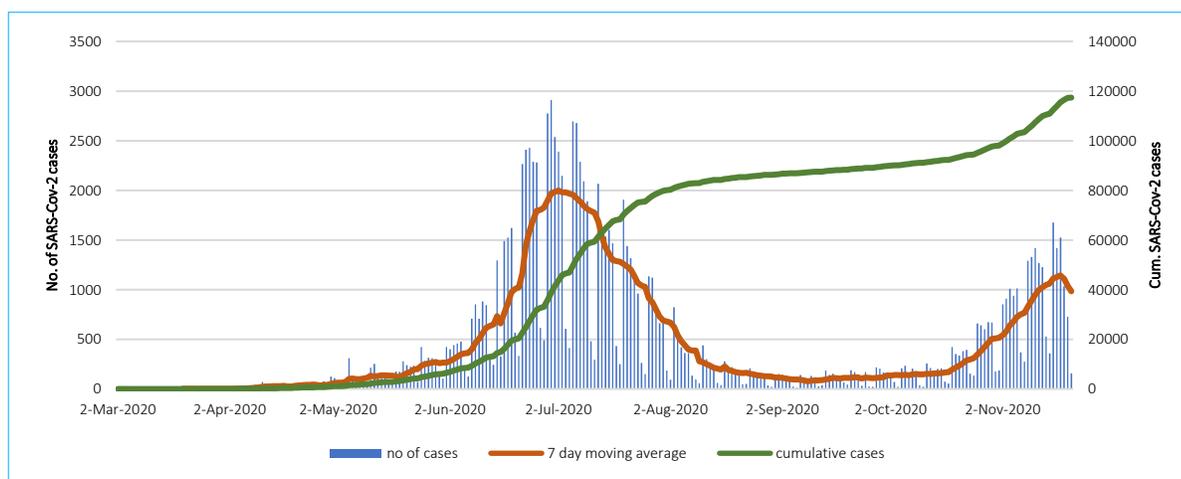


Fig. 19. The 7-day moving average for covid-19 cases by collection date, as on 23rd Nov. 2020

The 7-day moving average shows an increase in the number of daily newly diagnosed cases from the 19th October to the 23rd November, followed by a decrease in the number of cases. However, the cumulative number of cases was showing an upward growth, which indicates that cases continue to increase over a period of time.

5. SARS-Cov-2 RELATED MORTALITY

5.1. SARS-Cov-2 related deaths

The table below provides the number of cases and deaths, and mortality rate by the month.

	Cases	Percent (%)	Deaths	Percent (%)	Case Fatality Rate (%)	Mortality Rate (per 100,000)
March	12	0,0	0	0,0	0,0	0,0
April	635	0,5	30	0,7	4,7	0,4
May	3280	2,8	241	5,5	7,3	3,6
June	23759	20,0	922	21,1	3,9	13,7
July	50252	42,3	1737	39,7	3,5	25,9
August	8278	7,0	529	12,1	6,4	7,9
September	2990	2,5	173	4,0	5,8	2,6
October	8619	7,3	222	5,1	2,6	3,3
November	20863	17,6	456	10,4	2,2	6,8
Unkn	0	0,0	69	1,6	0,0	1,0
Total	118688	100,0	4379	100,0	3,7	65,2

Sixty-two percent (62,3%) of the SARS-Cov-2 cases and 60,8% of the deaths occurred during the June-July period. The case fatality rate has decreased from 7,3% in May to 2,2% in November. The mortality rate has decreased from 25,9 per 100,000 in July to 6,8 per 100,000 in November.

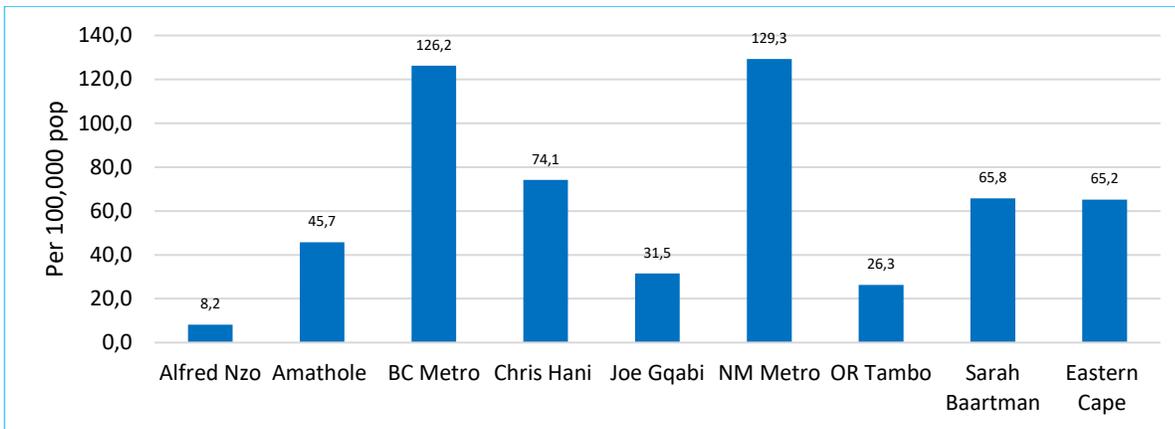


Fig. 20. SARS-Cov-2 related mortality per 100,000 by district, as on 23rd Nov. 2020

The mortality rate related to SARS-Cov-2 was 65,2 deaths per 100,000 populations. The highest mortality rate was observed in BC Metro (126,2 deaths per 100,000), followed by NM Metro (129,3 deaths per 100,000), Chris Hani (74,1 per 100,000) and Sarah Baartman (65,8 per 100,000).

5.2. Number of reported SARS-Cov-2 related deaths

The figure below provides the daily reports of deaths and the cumulative number of deaths.

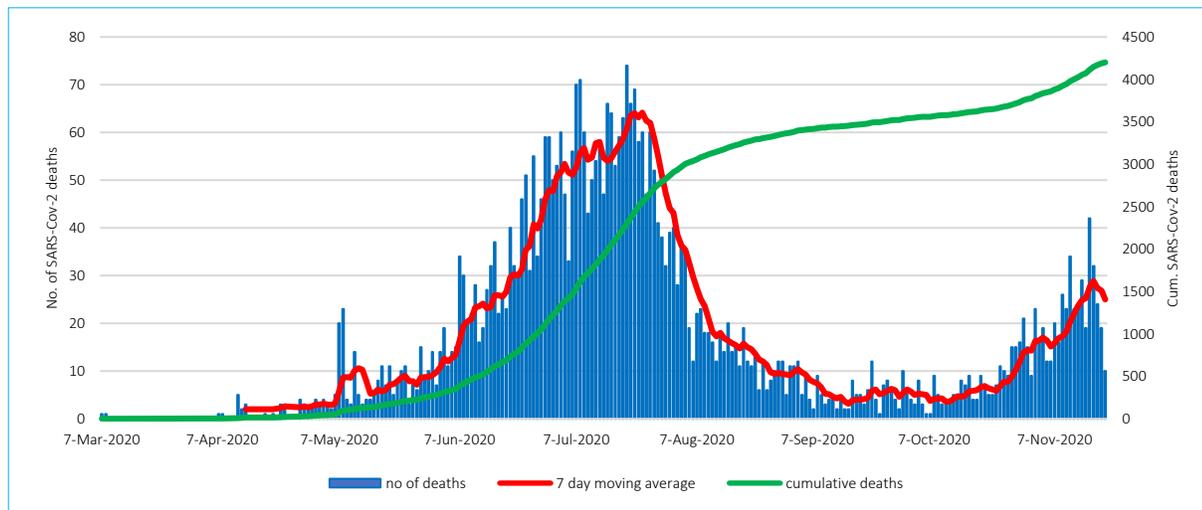


Fig. 21. Daily & cum. SARS-Cov-2 related deaths by date of demise, as on 22nd Nov. 2020

The number of deaths per day related to SARS-Cov-2 appears to have increased from May and peaked on the 20th July, and declined rapidly to fewer cases in August and October. However, there was an increase in the number of deaths since the last week of October. The cumulative number of deaths appears to continue to increase from the end of October and early parts of November.

5.3. Case Fatality Rate by district

The case fatality rate for the SARS-Cov-2 has not significantly changed in the past 7 days.



Fig. 22. SARS-Cov-2 Case Fatality Rate (%) by district, as on 23rd Nov. 2020 (N=4,379)

The highest case fatality rate was observed in Chris Hani (5,2%), followed by BC Metro (4,3%), NM Metro (4,0%), Amathole (3,5%), OR Tambo (3,0%), Sarah Baartman (2,5%) and Joe Gqabi (2,6%). The lowest case fatality rate was observed in Alfred Nzo district (1,9%).

5.4. Case Fatality Rate by age group

The figure below provides the case fatality rate of SARS-Cov-2 cases, which were reported.

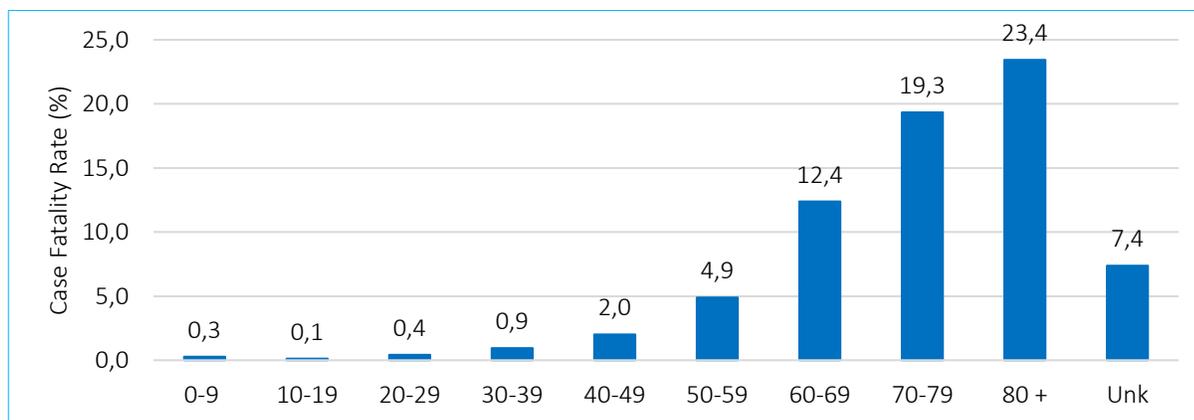


Fig. 23. SARS-Cov-2 related Case Fatality Rate (%) by age group, as on 19th Nov. 2020

The case fatality rate increases with an increase in age. The younger population had a low case fatality rate and older population has an increased case fatality rate. Public health interventions need to protect the younger population to protect the elderly population. The younger population has exposure to the risk factors for SARS-Cov-2 infection.

5.5. Deaths by health facilities

The graph provides the number of deaths by hospital or place in which the death occurred.

Only hospitals with a minimum of 10 deaths are included in the figure below.

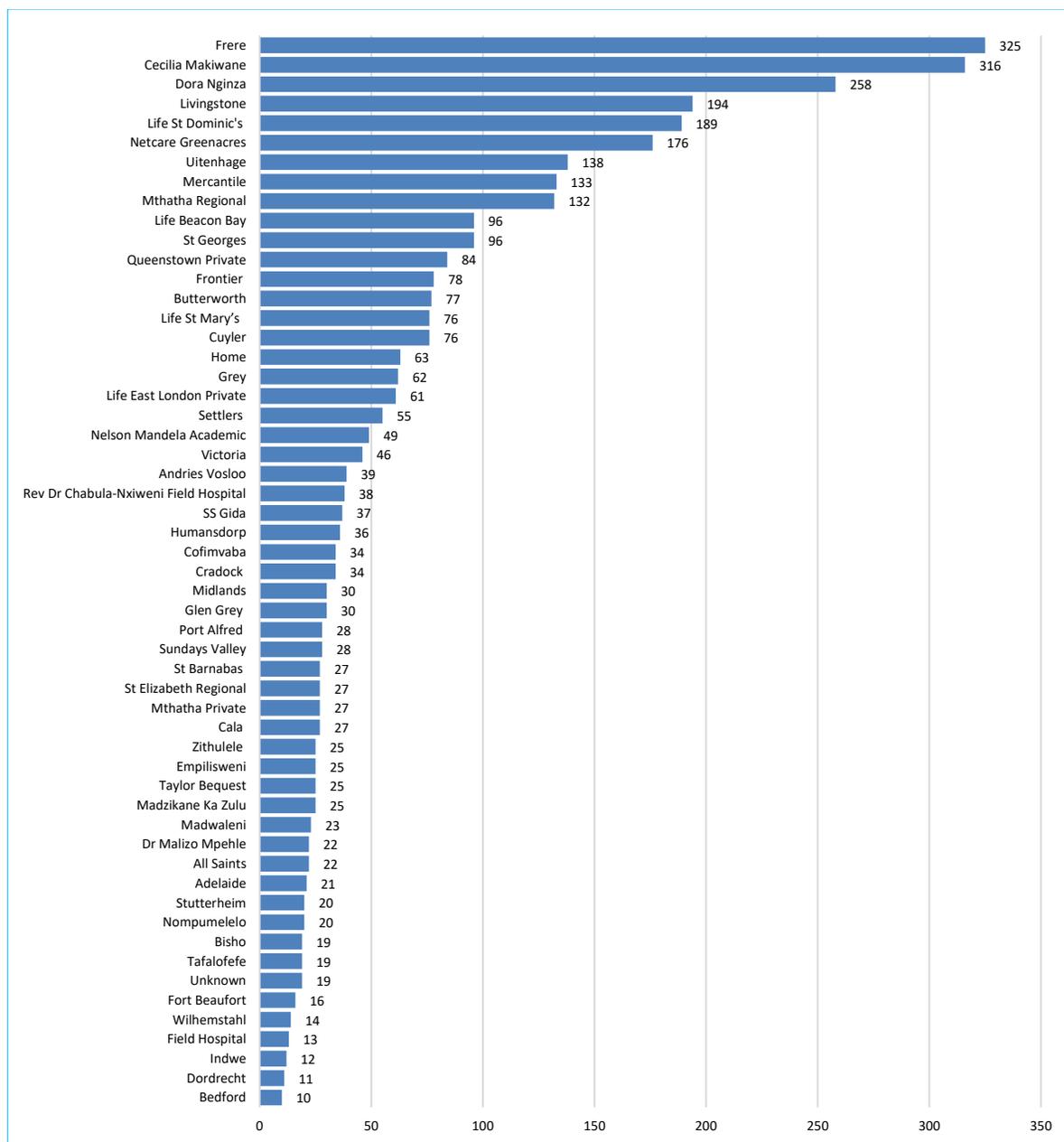


Fig. 24. No. of SARS-Cov-2 related deaths by the facility, as on 23rd Nov. 2020 (N=4,379)

Fifty-one percent (50,6%) of the deaths occurred in 13 hospitals, i.e. 6 public and 7 private hospitals, i.e. Frere, Life St. Dominics, Dora Nginza, Mthatha Regional, Netcare Greenacres, Livingstone, Life Beacon Bay, Cecilia Makiwane, Uitenhage, Life St. Marys, Life Queenstown, Mercantile, and St. Georges hospitals. Sixty-three (63) of the deaths occurred at home, i.e. outside the health facility.

3. DISTRICTS WITH HIGH TRANSMISSION

The section below in the report provides the maps of the health districts with high community transmission rate.

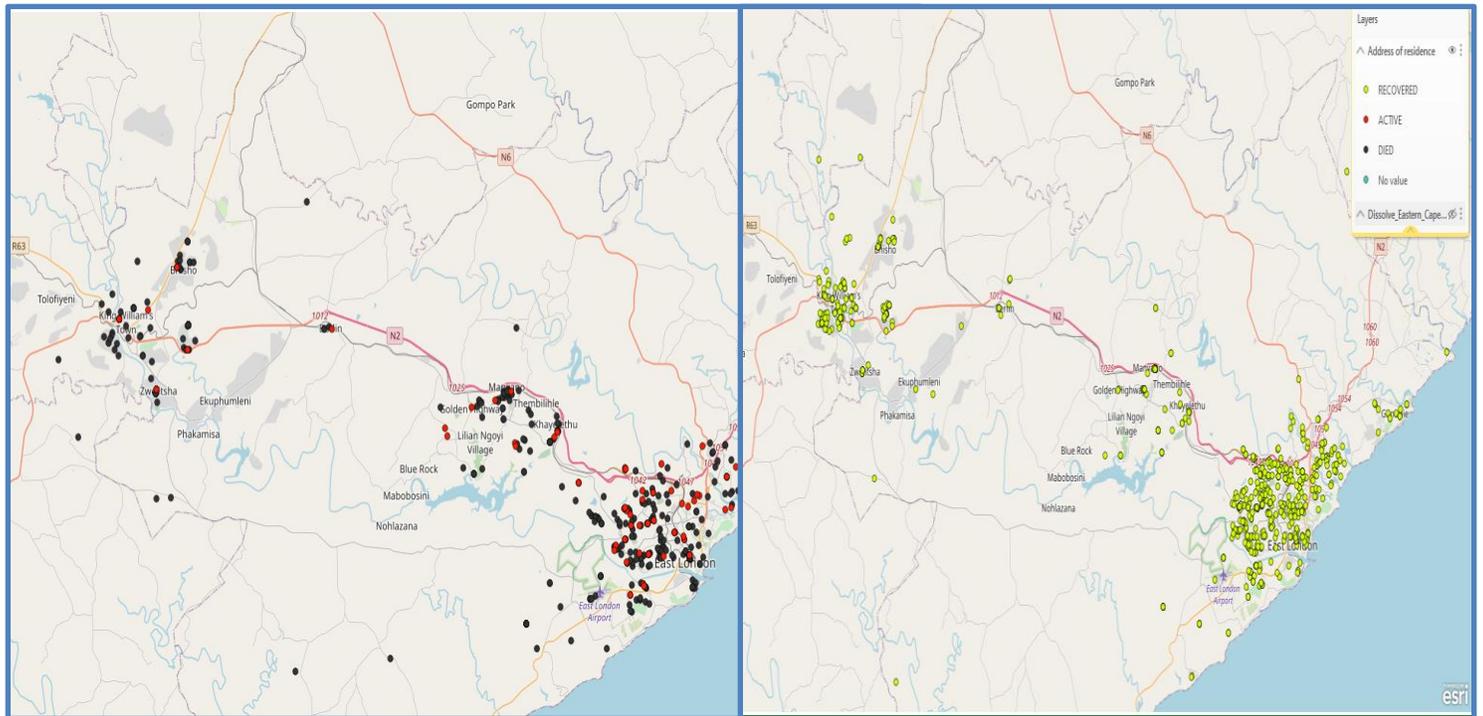


Fig. 25a. SARS-Cov-2 active cases, recoveries and deaths in Buffalo City Metro, as on 08 Nov.2020

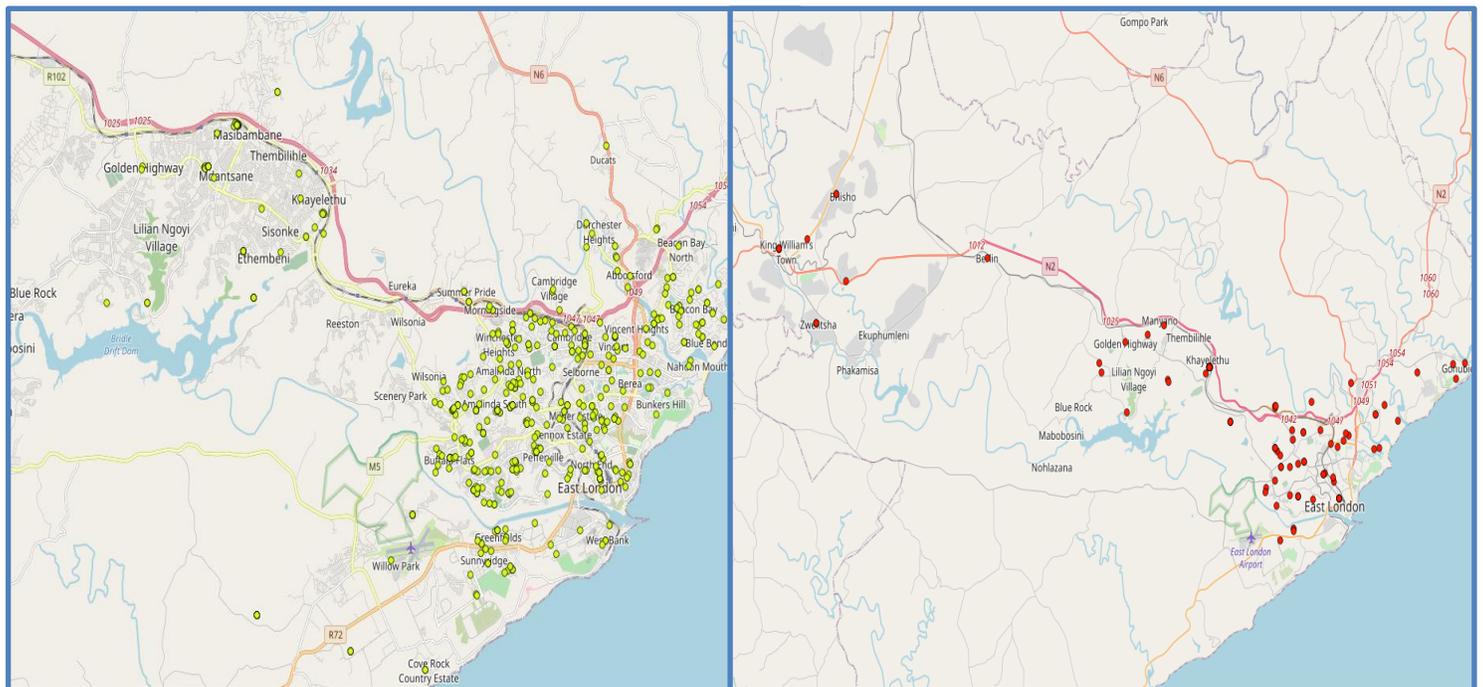


Fig. 25b. SARS-Cov-2 active cases, recoveries and deaths in Buffalo City Metro, as on 08 Nov.2020

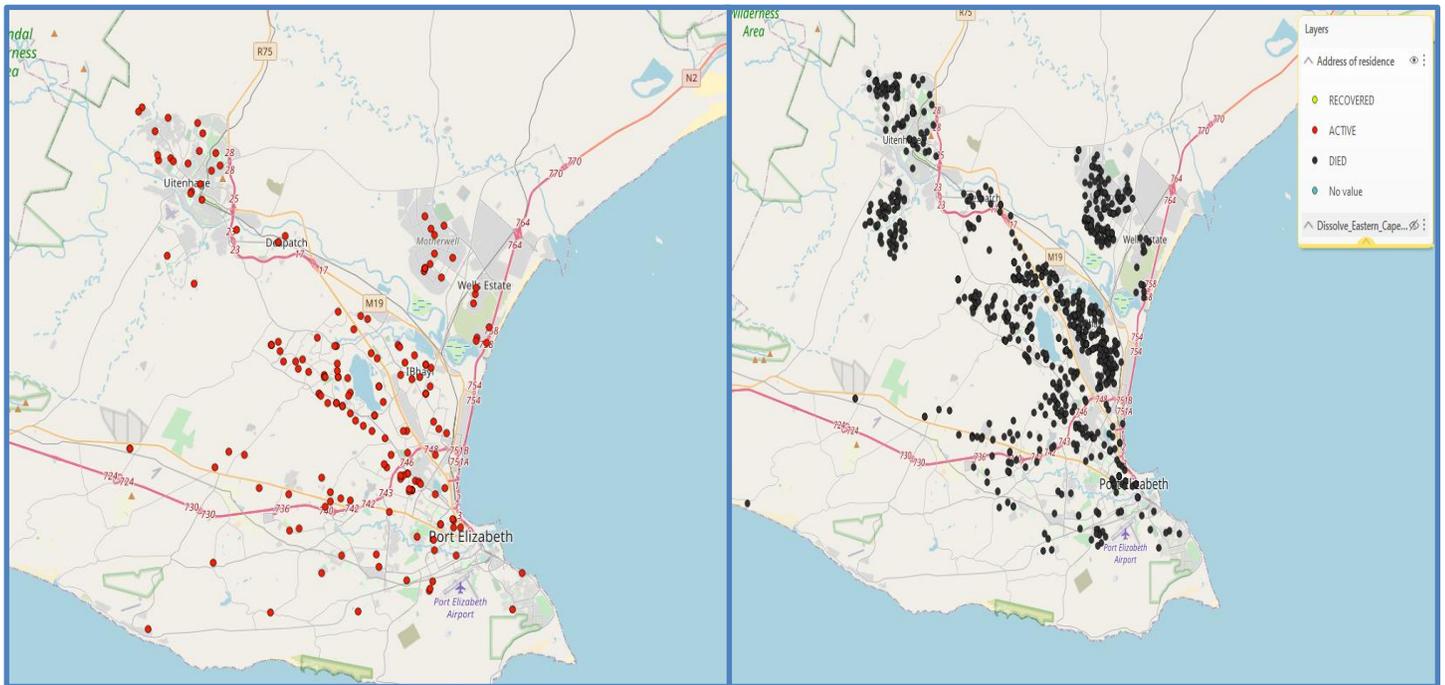


Fig. 26a. SARS-Cov-2 active cases, recoveries & deaths in NMB Metro, as on the 08 Nov.2020

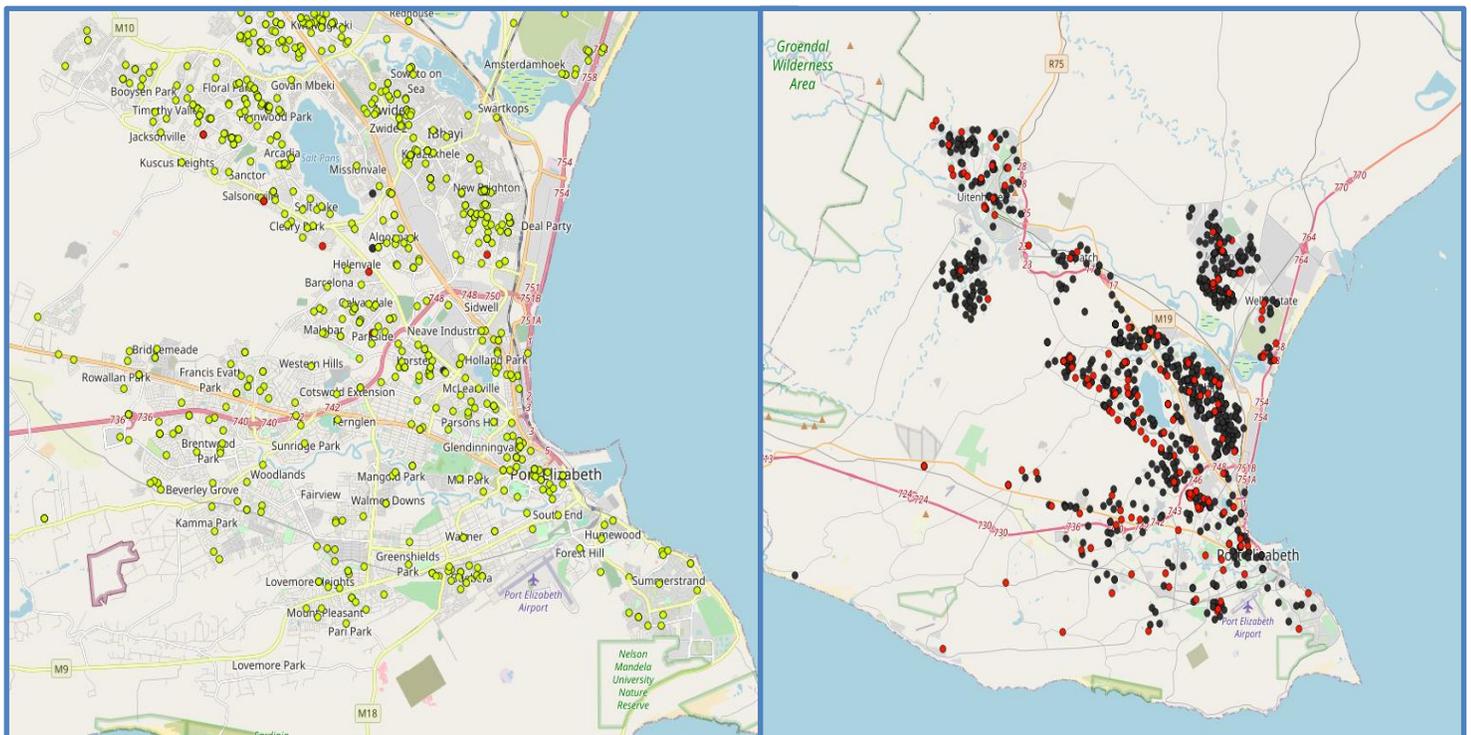


Fig. 26b. SARS-Cov-2 active cases, recoveries & deaths in NMB Metro, as on the 08 Nov.2020



Fig. 27. SARS-Cov-2 active cases, recoveries, and deaths in Sarah Bartman, as on 08 Nov.2020

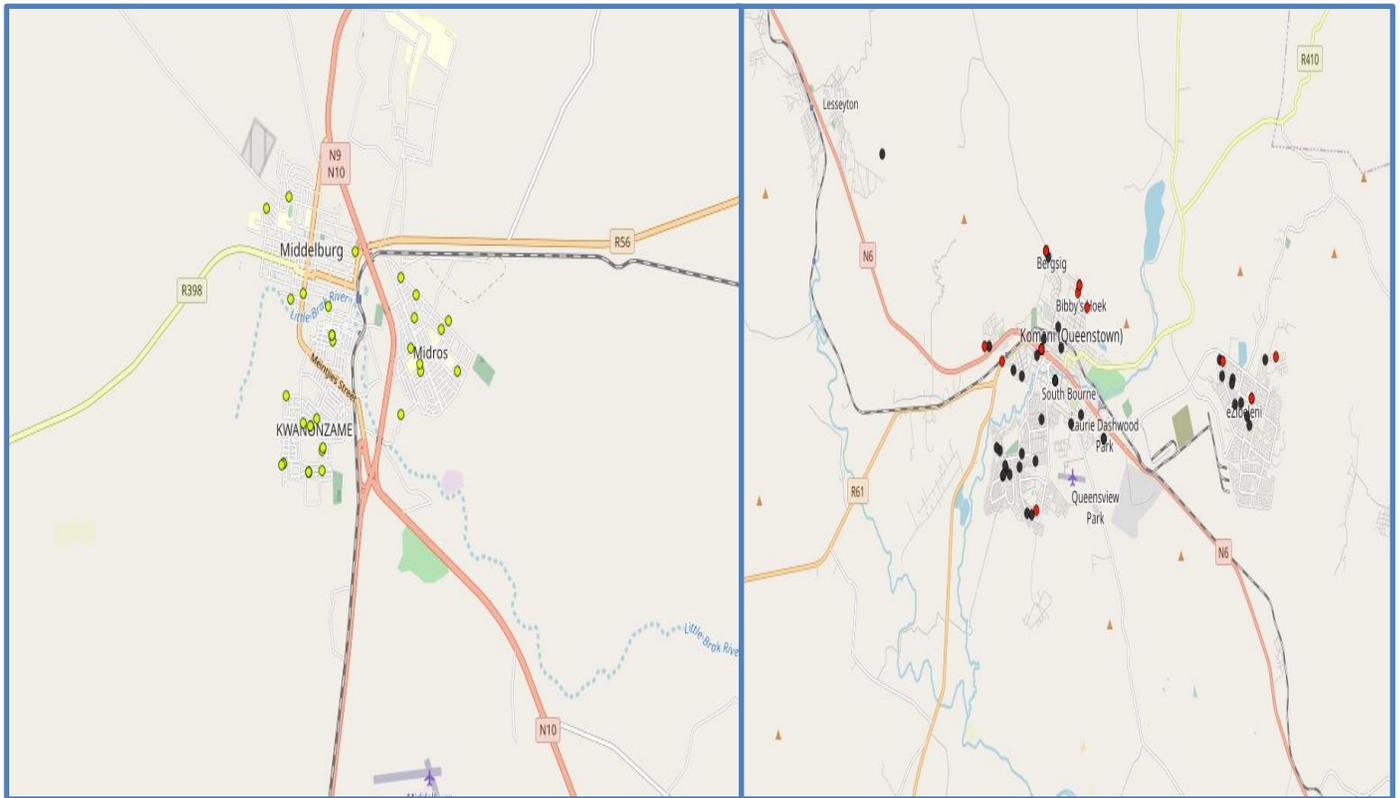


Fig. 28. SARS-Cov-2 active cases, recoveries and deaths in Chris Hani, as on 08 Nov.2020

4. HEALTHCARE WORKERS

4.1. Cases and deaths among HCWs

A total number of 8,745 healthcare workers tested positive for SARS-Cov-2 and 143 persons demised.

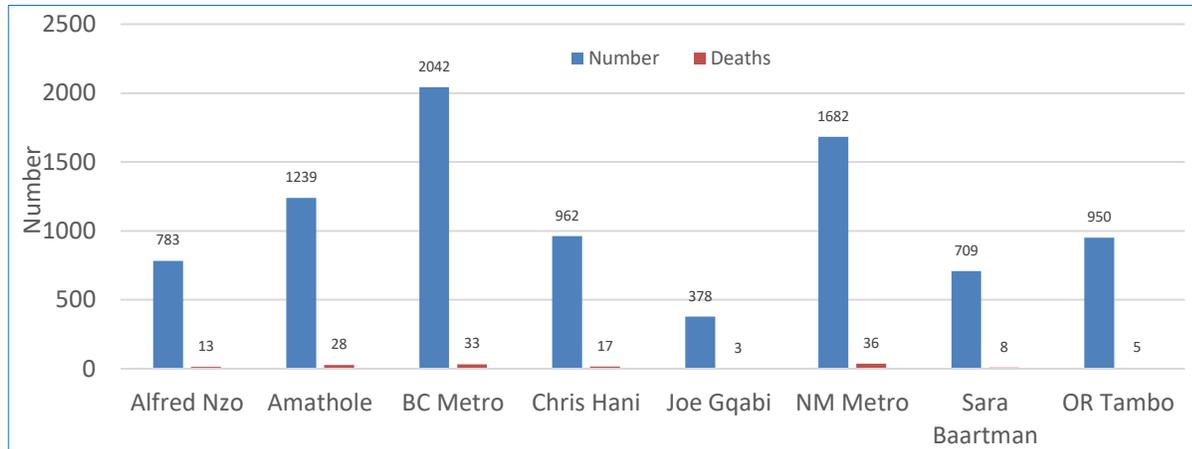


Fig. 29. SARS-Cov-2 positive Healthcare Workers, as on 20th Nov. 2020 (N = 8,745)

The number of healthcare workers who tested positive for SARS-Cov-2 in BC Metro was 2,042 (33 deaths), 1,682 in NM Metro (36 deaths), 1,239 in Amathole (28 deaths), 962 in Chris Hani (17 deaths), 950 in OR Tambo (5 deaths), and 709 in Sarah Baartman (8 deaths). Two districts reported the lowest number of cases, i.e. Alfred Nzo (783 cases & 13 deaths) and Joe Gqabi (378 cases & 3 deaths).

4.2. SARS-Cov-2 Cases by job category

The table below provides the number of selected healthcare professionals employed by the State and SARS-Cov-2 cases by job categories, and the positivity rate of that job category.

	Number	Cases	Positivity Rate (%)
Admin	12434	610	4,9
Allied Professionals	3041	135	4,4
Doctors & Clinical Associates	2369	286	12,1
Nurses	20650	3630	17,6
Emergency Medical Services	2498	157	6,3

The positivity rate for the nurses was 17,6%, followed by doctors and clinical associates (12,1%), allied professionals (4,4%), EMS (6,3%), and admin personnel (4,9%). The positivity rates among healthcare workers have a negative impact on patient safety, staff morale and confidence, and the capacity of the State to provide quality health services to the population.

4.3. SARS-Cov-2 cases among HCWs in NM Metro & Sarah Baartman

The epi-curve for healthcare workers who tested positive in NM Metro and Sarah Baartman.

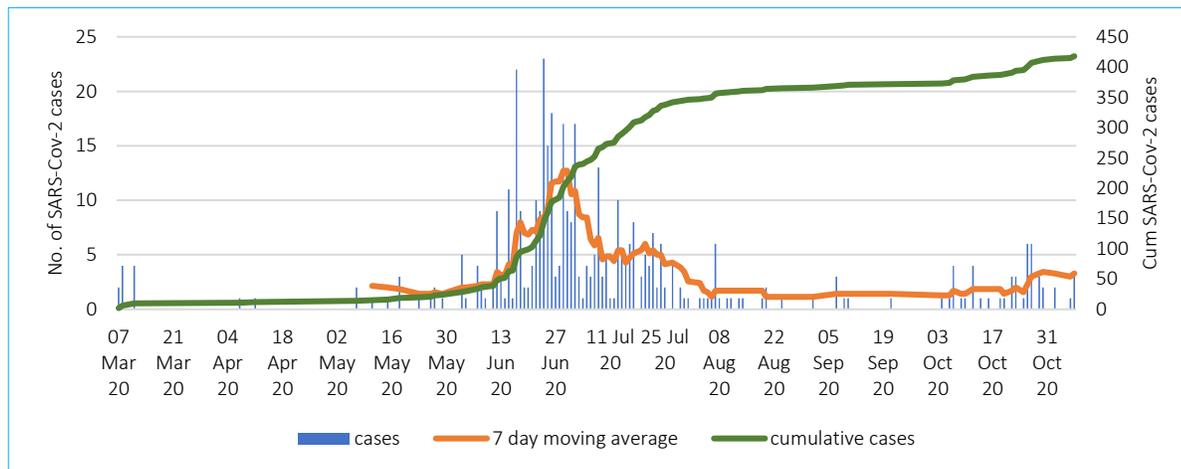


Fig. 30. No. of SARS-Cov-2 cases in NM Metro and Sarah Baartman, as on 13th Nov. 2020

The 7-day moving average shows an increase in the number of cases among healthcare workers that occurred during June and July. After the June-July period, there was a decrease in the number of healthcare workers who tested positive for SARS-Cov-2. However, the number of cases has increased from the middle of October, mimicking the epi-curve for the general population. Similar to the general population, the cumulative number of cases among healthcare workers appear to continue to increase with time.

4.4. Case Fatality Rate (%) among HCWs

The figure below provides the cases fatality rate among all healthcare workers.

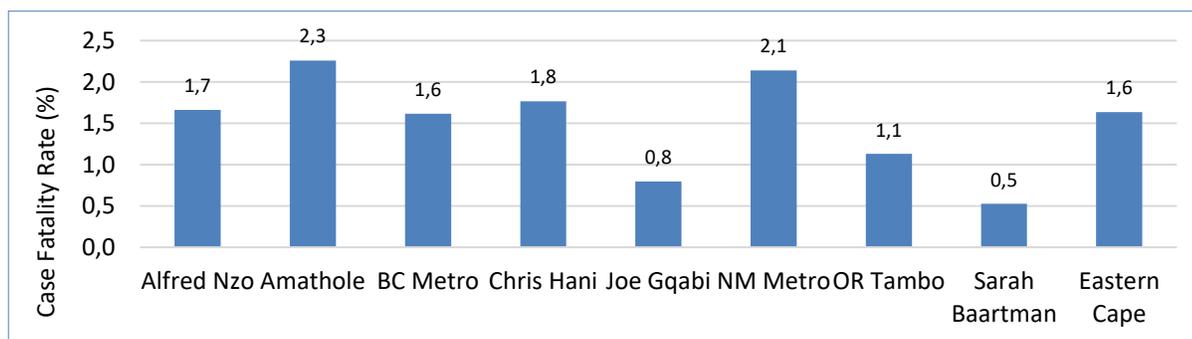


Fig. 31. SARS-Cov-2 Case Fatality Rate (%) among HCWs, as on 20th Nov. 2020 (N = 143)

The case fatality rate among healthcare workers was 1,6%. Both Amathole and NM Metro has more than 2% of the healthcare workers succumbing to SARS-Cov-2, followed by Chris Hani (1,8%), Alfred Nzo (1,7%), BC Metro (1,6%), and OR Tambo (1,1%). The lowest case fatality rate was observed in Sarah Baartman (0,5%) and Joe Gqabi (0,8%) districts.

5. Hospitalization and outcomes

5.1. Admissions and outcomes

Districts	Public	Private	Total	Percentage (%)
Alfred Nzo	543	6	549	3,6
Amathole	1029	0	1029	6,7
Buffalo City Metro	2113	1446	3559	23,1
Chris Hani	1189	327	1516	9,9
Joe Gqabi	215	0	215	1,4
Nelson Mandela Bay Metro	3872	2868	6740	43,8
O R Tambo	755	223	978	6,4
Sarah Baartman	745	58	803	5,2
Total	10461	4928	15389	100

The total number of hospitalizations was 15,389, where 10,461 (68,0%) of these hospitalizations occurred in the public sector and 4,928 (32,0%) in the private sector. Sixty-seven percent (66,9%) of the admissions or hospitalizations were from BC Metro (23,1%) and NM Metro (43,8%).

Eastern Cape	Public	Private	Total
Cumulative Admissions	10461	4928	15389
Died	2950	1013	3963
Discharged Alive	6122	3441	9563
Transferred Out	570	3	573
Currently Admitted	810	471	1281
In ICU	18	106	124
In High Care	12	9	21
In General	780	356	1136
On Oxygen	264	140	404
Ventilated	8	54	62

Twenty-six percent (25,8%) of the hospitalized cases demised and 62,2% were discharged alive. Of all the deaths which occurred, 74,5% occurred in the public sector and 25,5% in the private sector. The number of currently admitted patients was 1,281, and 1,136 were in the general ward, 124 in ICU, 21 in High Care, 404 on oxygen, and 62 were on ventilators.

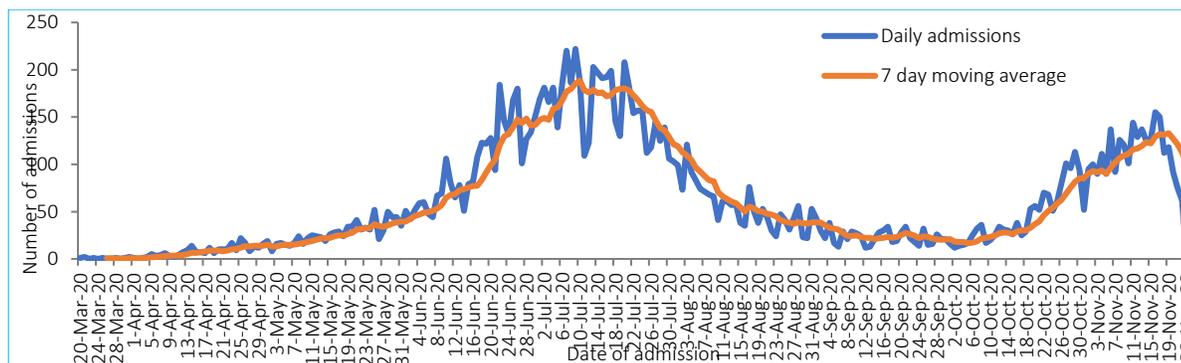


Fig. 32. 7-day moving average of admitted cases, as on 23rd Nov. 2020 (DATCOV)

The number of hospitalizations appears to have increased from the first week of October to the 15th November, and later decreased until the 23rd November. As the number of newly diagnosed cases increased, the number of daily hospitalizations also increased. The resurgence of SARS-Cov-2 cases in BC Metro, NM Metro, Sarah Baartman and Amathole has contributed to the increase in the number of admissions.

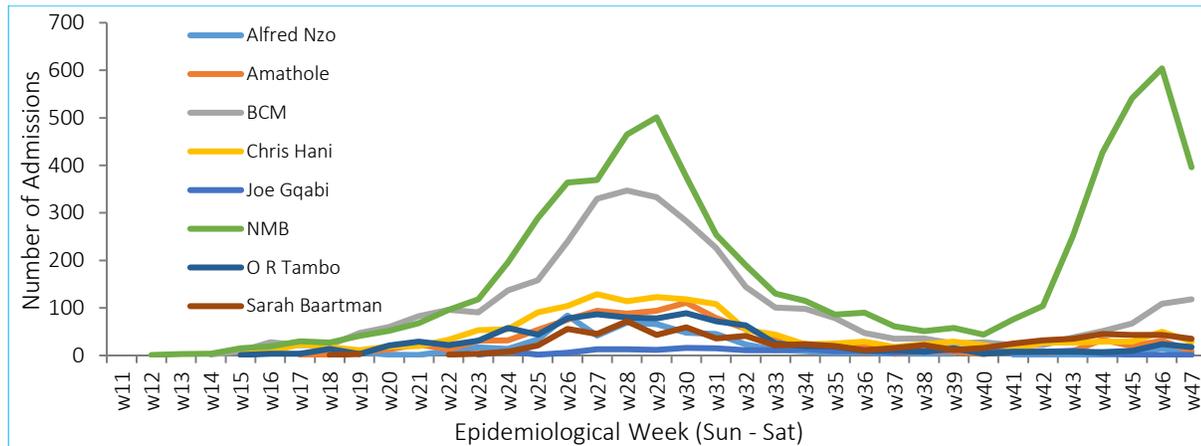


Fig. 33. No. of admissions by district and epidemiological week, as on 23rd Nov. 2020

The number of admissions has increased from week 40 to week 46 in NM Metro. However, from week 46 to week 47, the number of admissions appear to be decreasing. Just like the other districts, OR Tambo reported a low number of admissions. However, from week 42, there was a gradual increase in the number of hospitalizations in BC Metro.

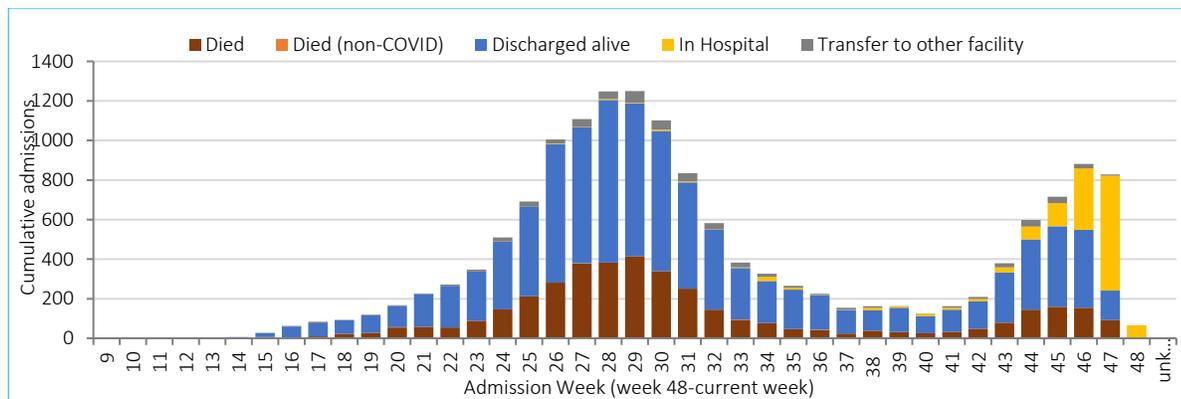


Fig. 34. Hospitalizations & outcomes by admission week, as on 23rd Nov. 2020 (DATCOV)

From week 40 to 46, the number of hospitalizations has increased with an increase in the number of cases. The number of patients who remained in hospitals has increased during the same period. Hence, there was an increase in the number of patients who were currently admitted from week 43 to week 47.

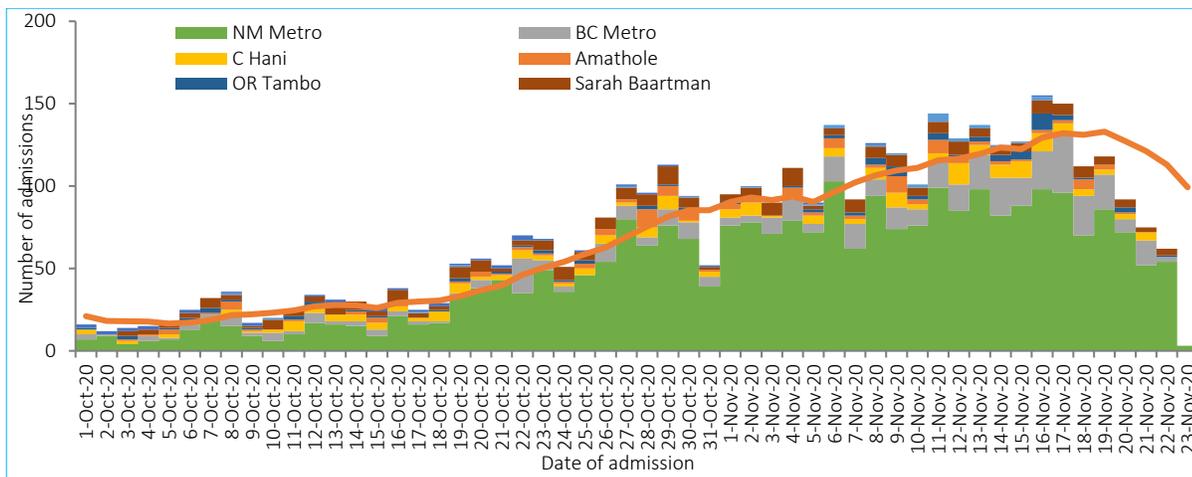


Fig. 35. Number of hospitalizations by date of admission and district, as on 23rd Nov. 2020

Majority of admissions were from NM Metro and BC Metro. The number of hospitalizations in NM Metro has gradually increased over a period of time as shown in the above figure.

5.2. Co-morbidities among admitted cases

The most common co-morbidities were hypertension (29,4%) and diabetes (21,0%) among hospitalized SARS-Cov-2 cases. Four other co-morbidities which were common include HIV (6,0%), obesity (5,0%) and asthma (2,8%).

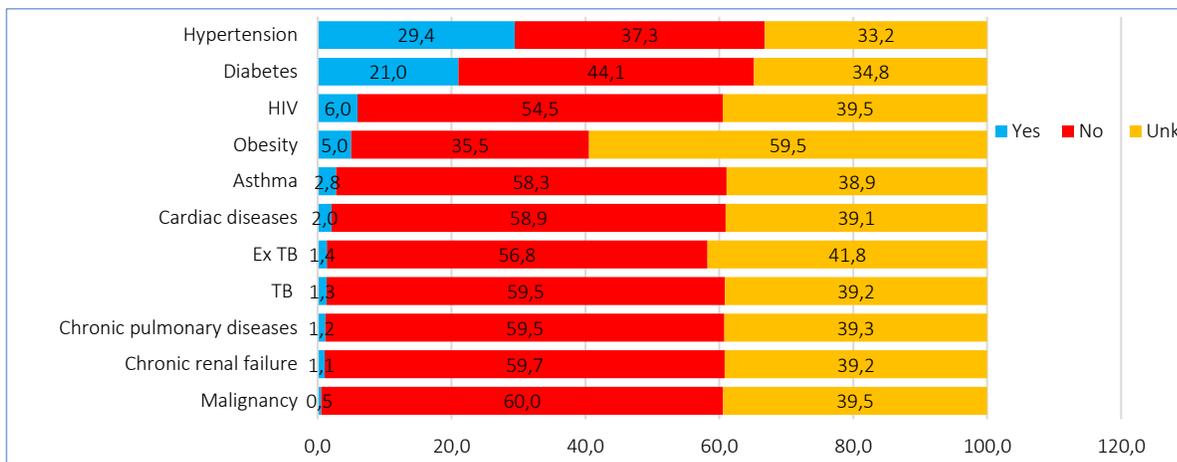


Fig. 35. Co-morbidities of SARS-Cov-2 hospitalizations, as on 15th Nov. 2020 (DATCOV)

A significant percentage of hospitalized patients did not have co-morbidities. The concern was those cases without information on the presence or absence of the co-morbidities. This may have resulted in the under-estimation of the burden of co-morbidities among hospitalized SARS-Cov-2 cases.

6. CONCLUSION

During the second half of October, SARS-Cov-2 re-emerged in Buffalo City Metro. This was attributed to the parties, which were held by the university students. The western part of the province has both a gradual increase in the number of cases in Sarah Baartman and a rapid increase in Nelson Mandela Metro.

More than 80% of the cases were from NM Metro and Sarah Baartman and the other cases were from other districts. The re-emergence of SARS-Cov-2 was driven by poor compliance with the regulations by the communities, which includes failure to wear masks in the public, lack of social distancing, and routine hand washing or sanitization. The unbanning of selling of liquor and opening of the taverns, unsupervised funeral have become public health risks, which may contribute to the spread of the disease. This continues to threaten the public health interventions and reverse the gains, which have already achieved.

There is also a need to continue to strengthen public health surveillance of the disease and improve investigation and response to the outbreaks. This includes strengthening the monitoring and evaluation of the pandemic.



3 577 773

No Screened



577 593

Total Lab Tests



118 688

Positive Cases



103 210

Recoveries



4 379

Deaths

DISTRICT	TOTAL SCREENED	TOTAL TESTED	TOTAL CASES	RECOVERIES	DEATHS	ACTIVE CASES	AREAS
ALFRED NZO	694 706	19 717	3 561	3 456	68	37	Badibanise, Bhakubha, Bizana, Brooksnek, Cedarville, Chithwa, Dutyini, Emanxwini, Ezinteteni, Kokstad, Lucingweni, Maluti, Mandileni, Matatiele, Mount Ayliff, Mount Frere, Ndlantana, Ngcingo, Ntabakhulu, Sugar Bush, Tabankulu
AMATHOLE	658 126	50 685	10 483	9 491	365	627	Adelaide, Alice, Botolwa, Butterworth, Cathcart, Centane, Cuba, Debe Nek, Dikana, Elliotdale, Ethafeni, Frankfort, Fort Beaufort, Ilika, Idutywa, Keiskammahok, Willowale, Lower Mhangcolo, Debe Nek, Mgababa, Nyaniso, Peddie
BUFFALO CITY METRO	210 367	97 954	23 428	21 480	1008	940	Abbottsford, Amalinda, Beacon Bay, Bisho, Braelyn, Buffalo Flats, Dimbaza, Duncan Village, East London, Ginsberg, Gonubie, Greenfields, Haven Hills, King William's Town, Mamata, Mdantsane, Masingata, Mantlaneni, Nagoon, Ndevana, Needs Camp, Parkside, Selbourne, Sunnyridge, Sunset Bay, Tshatshu, Vincent, West Bank, Zwelitsha
CHRIS HANI	515 346	42 392	10 500	9 710	544	246	Bankies, Dordrecht, Dukathole, Ekunene, Ezibeleni, Kwanobuhle, Mcwangele, Madeira Park, New Rest, Ngcobo, Ngonyama, Popcorn Valley, Qebe, Qoqodala, Queenstown, Sigadleni, Vaalbank, Sada, Middleburg, Thornhill, Ndzamela, Mlungisi, Westbourne, Ntlonze, Maya Village, Ekuphumuleni, TopTown, Vleipoot, Zola
JOE GGABI	87 855	18 707	4 209	4 074	108	27	Alwal North, Barkley East, Bhodi, Land Camp, Ugie, Inglewood, Mactear, Solomzi, Sunduza, Robbern, Venterstsd
NELSON MANDELA METRO	856 883	117 364	39 515	31 117	1566	6 832	Algoa Park, Bethelsdorp, Bloemendal, Bluewater Bay, Booyens Park, Cotswold, Cuyler, Daleview, Despatch, Fernglen Port, Gelvandaie, Govan Mbeki, Heath Park, Helenvale, Jacksonville, Joe Slovo, Kabega Park, Kamma Park, Kamvelihle, Khayalethu, Kleinskool, Kwa Dwesi, Kwa-Magxaki, Kwanobuhle, Kwanoxolo, KwaZakhele, Lovemore Heights, Missionvale, Motherwell, Mount Croix, New Brighton, Newton Park, North End, Port Elizabeth, Rowallan Park, Salt Lake, Sardinia Bay, Schauderville, Sherwood, Silvertown, Soweto-On-Sea, Steve Tshwete, Summerstrand, Tamboville, Uitenhage, Veeplaas, Walmer, West End, Westering, Zwide, Lorraine, Hillside, Dateview
OR TAMBO	265 613	61 820	13 448	12 823	400	225	Gomora, Lutatweni, Machibi, Majola, Mandilini, New Payne Ngqeteni, Nsimbini, Old Payne, Libode, Lusikisiki, Mganduli, Tombo, Marhewini, Mpikwana, Bhongweni, Ciben, Flagstaff, Magcakeni, Ngangelizwe, Ngqanda, Tyebelana, Pollar Park, Tabase Mission, Stovo Park, Southernwood, Waterfall Park, Zandukwana, Zimbane, Ziphuzana
SARAH BAARTMAN	288 877	53 941	12 668	10 210	316	2 142	Aberdeen, Alexandria, Graaf-Reinet, Grahamstown, Jeffrey's Bay, Jourbertina, Humansdorp, Parson, St. Francis Bay, Kirkwood, Lotusville, Bergendal, Bratenfel, Joza, Santaville, Somerset East, Thornhill, Willomore
IMPORTED*	-	2 869	377	365	2	10	Bloemfontein, Ceres, Cape Town, Dunoos, Fishoek, George, Green Point, Gugulethu, Hout Bay, Langa, Khayelitsha, Knysna, Phillipi, Stellenbosch, Strand
PENDING	-	112 144	499	484	2	13	
GRAND TOTALS	3 577 773	577 593	118 688	103 210	4 379	11 099	

ACKNOWLEDGEMENTS

The epidemiological and surveillance functions continue to happen because of the strong partnership between the following stakeholders;

- Centre for Disease Control (Atlanta-Pretoria). CDC provided the Department with an epidemiologist and a statistician to support the province.
- DOH. Both the National and Provincial Department of Health re-purposed the employees to focus on the control and prevention of the pandemic.
- NICD. The NICD provided the province with epidemiologists and technical support.
- Laboratories, i.e National Health Laboratory Services, Pathcare and Ampath for prompt and regular reporting of SARS-Cov-2 cases.
- WHO. Just like CDC, WHO provided the Department with epidemiologists and surveillance officer to support the province.
- TB/HIV Care. The data analyst from TB/HIV Care has been useful in data management, mapping of the cases and other functions in the department.
- Right to Care. Assist in mapping the cases in different areas in the province.