

## Daily Epidemiological Report for SARS-Cov\_2

Report No. 228

Date Issued 17<sup>th</sup> 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 17<sup>th</sup> Nov. 2020.

### 2. HIGHLIGHTS

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

- In the last 24 hours, 87,1% of the newly reported cases were from NM Metro and Sarah Baartman, 12,1% were from BC Metro, Chris Hani and Amathole.
- The number of active cases has increased from 8,607 to 9890 in the last 24 hours. Of all the active cases, 91,4% cases were from NM Metro and Sarah Baartman.
- The recovery rate has decreased from 88,4% to 87,3% in the last 24 hours.
- Public measures need to be intensified in NM Metro (C,B & A), Makana, Blue Crane Route, Dr. Beyers Naude in Sarah Baartman, East London, Bhisho/KWT and Mdantsane in BC Metro, Ngqushwa, Inxuba yethemba in Chris Hani, Amahlathi and Raymond Mhlaba in Amathole, KSD, Ingquza Hill and Port St. Johns, Umzimvubu and Ntabankulu in Alfred Nzo.
- **The incidence of SARS-Cov-2 in OR Tambo is gradually increasing and may revert to more than 5 per 100,000.**
- **The number of tests with results available within 72 hours is gradually declining.** This may be due to the increase in the demand for testing.

#### b. Cov-19 related deaths

- In the last 24 hours, 36 deaths (none occurred within the last 48 hours) were reported from Amathole, Chris Hani and NM Metro.

- **The number of deaths during the period of the resurgence are rapidly increasing especially in the Nelson Mandela Metro. As the number of cases increases, the number of deaths are also increasing.**

**c. Hospitalizations and outcomes**

- The number of hospitalized patients was 14,518, where 68,3% occurred in the public sector and 31,7% in the private sector.
- Twenty-six percent (26,0%) of the hospitalized cases demised and 61,9% were discharged alive. Of all the deaths which occurred, 75,1% occurred in the public sector and 24,9% in the private sector.
- **As the number of cases increases in NM Metro, hospitalizations also increases.**

**d. Healthcare workers**

- Eight percent (7,8%) 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.
- **The number of healthcare workers who test positive for SARS-Cov-2 in the western part of the province.**

**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 **1319** and **36** deaths related to SARS-Cov-2. This brings the cumulative number of cases and deaths to **110,312** and **4,122**, respectively.

	No. of cases (16 Nov)	New Cases	Total	%	Deaths (16 Nov)	New Deaths		Total	Case Fatality Rate (%)
						*Newly Reported	**Newly occurred		
Male	43060	535	43595	39,5	1820	17	0	1837	4,2
Female	65914	784	66698	60,5	2266	19	0	2285	3,4
Unknown	19	0	19	0,0	0	0	0	0	0,0
<b>Total</b>	<b>108993</b>	<b>1319</b>	<b>110312</b>	<b>100,0</b>	<b>4086</b>	<b>36</b>	<b>0</b>	<b>4122</b>	<b>3,7</b>

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

Sixty-one percent (60,5%) 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.

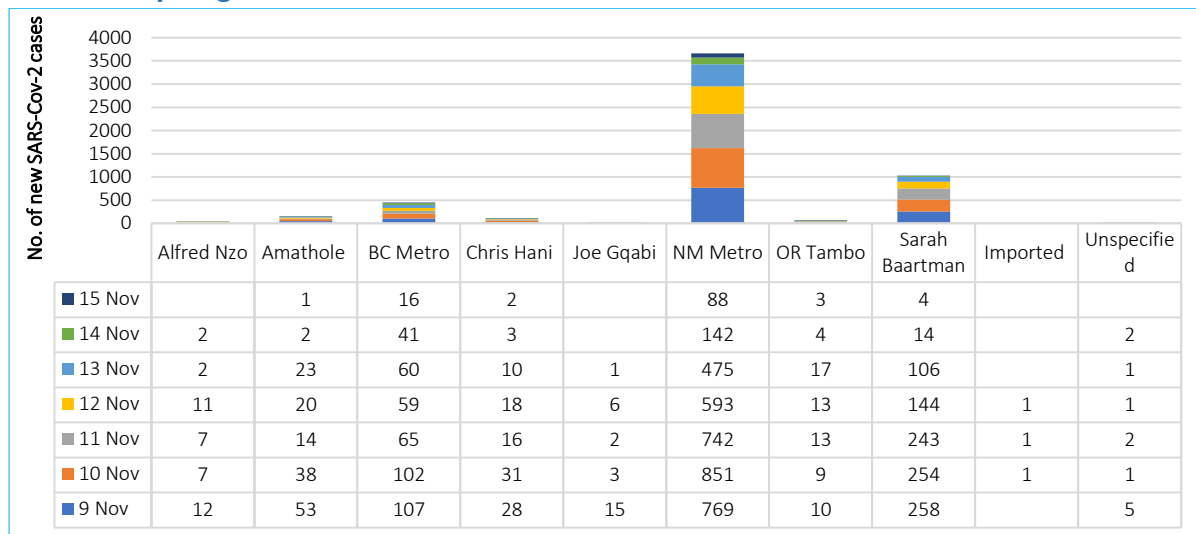
District	Cases (as on 16 Nov)	New Cases	Total Confirmed	Recoveries	Deaths (as on 16 Nov)	New Deaths		Total Deaths	CFR%	Recovery Rate	Active Cases
						*Newly Reported	**Newly occurred				
Alfred Nzo	3498	1	3499	3419	65	0	0	65	1,9	97,7	15
Amathole	9714	12	9726	9201	348	13	0	361	3,7	94,6	164
BC Metro	22282	108	22390	21002	973	0	0	973	4,3	93,8	415
Chris Hani	10137	40	10177	9530	519	7	0	526	5,2	93,6	121
Joe Gqabi	4167	3	4170	4027	108	0	0	108	2,6	96,6	35
NM Metro	34479	915	35394	27102	1382	16	0	1398	3,9	76,6	6894
OR Tambo	13185	6	13191	12725	388	0	0	388	2,9	96,5	78
S Baartman	10669	234	10903	8456	299	0	0	299	2,7	77,6	2148
Imported	369	0	369	363	2	0	0	2	0,5	98,4	4
Unspecified	493	0	493	475	2	0	0	2	0,4	96,3	16
<b>Eastern Cape</b>	<b>108993</b>	<b>1319</b>	<b>110312</b>	<b>96300</b>	<b>4086</b>	<b>36</b>	<b>0</b>	<b>4122</b>	<b>3,7</b>	<b>87,3</b>	<b>9890</b>

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

In the last 24 hours, 1149 (87,1%) of the newly reported cases were from NM Metro and Sarah Baartman, 160 cases (12,1%) were from BC Metro, Chris Hani and Amathole. The number of active cases has increased from 8,607 to 9890. Of all the active cases, about 9,042 (91,4%) cases were from NM Metro and Sarah Baartman, 700 (7,1%) were from BC Metro, Chris Hani and Amathole. The recovery rate has decreased from 88,4% to 87,3% in the last 24 hours in the province.

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 16<sup>th</sup> Nov. 2020**

From the 09<sup>th</sup> to 15<sup>th</sup> November, the number of newly diagnosed SARS-Cov-2 cases were 5,544 (using the date of specimen collection). Eighty-five percent (84,5%) of these cases were from NM Metro (66,0%) and Sarah Baartman (18,5%). Eight percent (8,1%) of these cases were from BC Metro, and others were from the other 5 districts.

## 4. SARS-Cov-2 LAB TESTS & RESULTS

### 4.1. Test Results by Laboratory

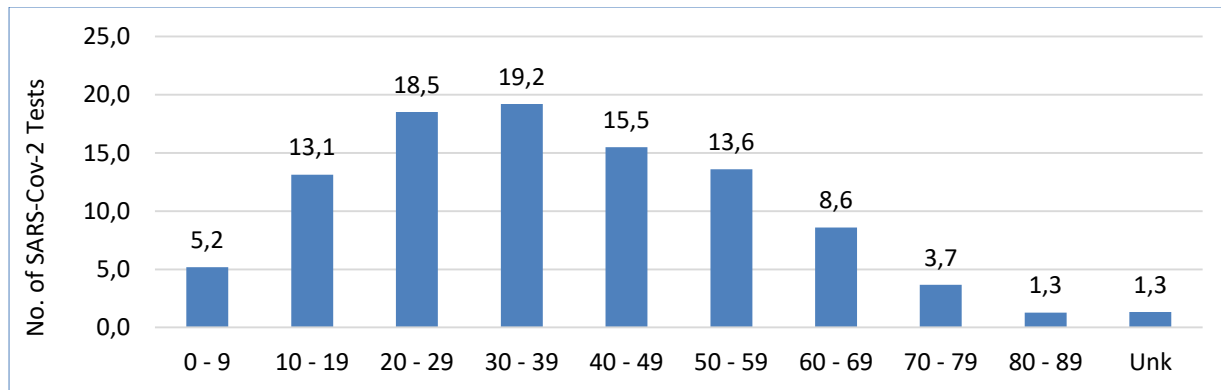
The total number of specimens which were tested in both public and private sector laboratories was 554,758.

	Private	Public	Total	%
Alfred Nzo	2449	16941	19 390	3,5
Amathole	8339	40597	48 936	8,8
BC Metro	30821	64976	95 797	17,3
Chris Hani	6866	34664	41 530	7,5
Joe Gqabi	1281	17185	18 466	3,3
NMB Metro	35290	75063	110 353	19,9
OR Tambo	16631	44515	61 146	11,0
Sarah Baartman	3764	48456	52 220	9,4
Unclassified	106920	0	106 920	19,3
<b>Eastern Cape</b>	<b>212361</b>	<b>342397</b>	<b>554 758</b>	<b>100,0</b>

The public sector tested 61,7% of the specimens and 38,3% in private sector laboratories. Thirty-seven percent (37,2%) of the tests were from BC Metro and NM Metro. The department has received the database on the tests for the private sector and will update the 19,3% of unallocated tests as soon as the process of reallocation is complete.

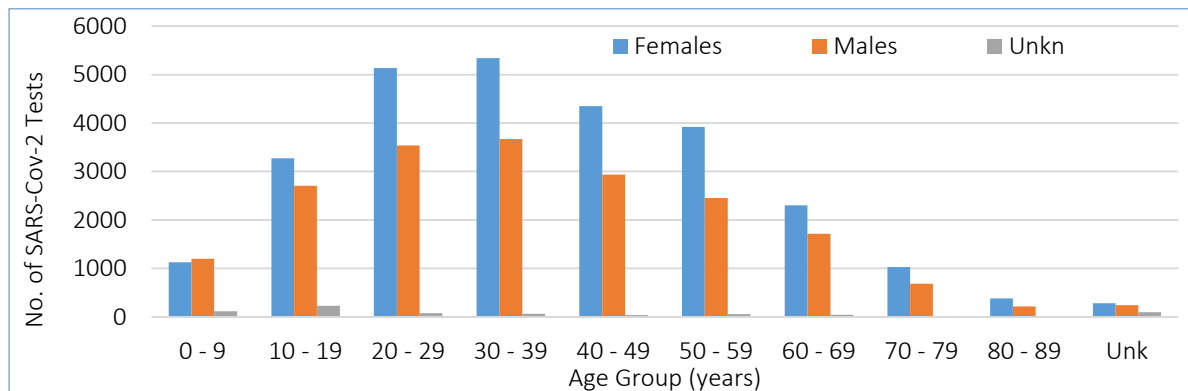
## 4.2. Tests by age group and sex

The figure below provides the percentage of SARS-Cov-2 tests by age groups, which were conducted in public sector laboratories.



**Fig. 3. SARS-Cov-2 Tests by age group & date of last report, as on 16<sup>th</sup> Nov. 2020 (N=47,264)**

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.

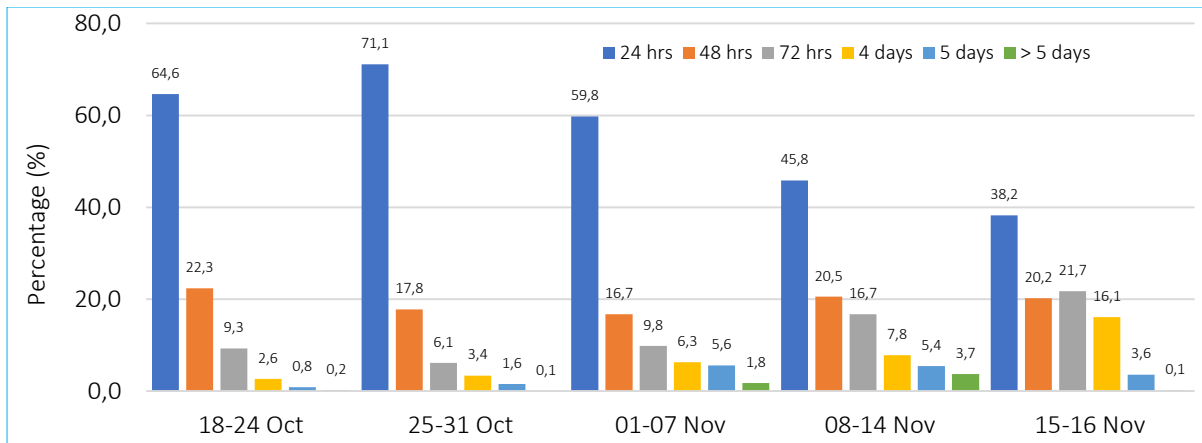


**Fig. 4. No. of SARS-Cov-2 Tests by Age Group & Gender, as on 16<sup>th</sup> Nov. 2020 (N=47,264)**

Majority of the persons who were tested for SARS-Cov-2 were females, i.e. 27,141 (57,4%), 19,365 (41,0%) were males, and 758 (1,6%) 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).

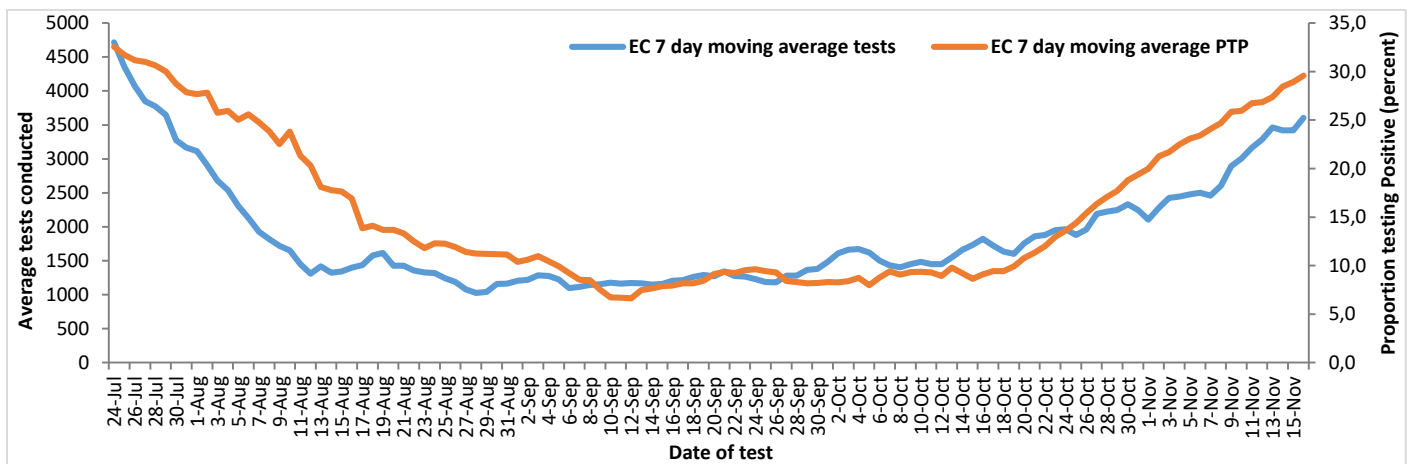


**Fig. 5. Turnaround time for SARS-Cov-2 positive results by week, as on 16<sup>th</sup> Nov. 2020**

Eighty percent (80,1%) of the SARS-Cov-2 results were available within 72 hours in the first 2 days of the current week, compared to 83,0% in the previous week. The results which were available within 24 hours have decreased from 71,1% on the 25<sup>th</sup>-31<sup>st</sup> October to 38,2% in the current week.

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

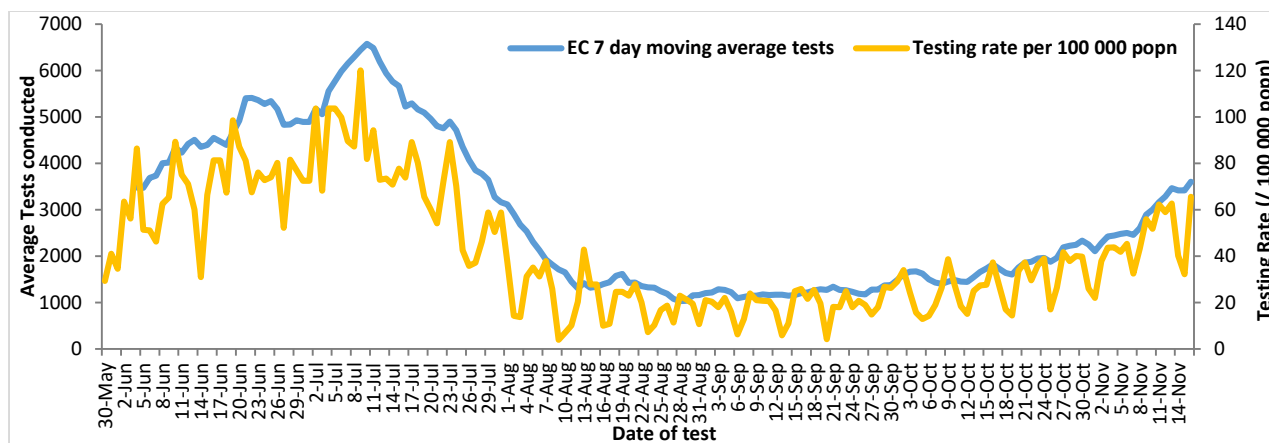
The figure below provides the 7-day moving average for the tests and the positivity rate.



**Fig. 6. 7-day moving average for lab tests and positivity rate, as on 17<sup>th</sup> Nov. 2020**

The 7 day-moving average shows an increase in the positivity rate from 26,0% on the 10<sup>th</sup> to 29,6% on the 16<sup>th</sup> November. This indicates that the positivity rate continues to increase as shown in the above figure.

There was an increase in the number of tests from 3,007 on the 10<sup>th</sup> to 3,606 on the 16<sup>th</sup> November.



**Fig. 7. 7-day moving average for tests and testing rate, as on 17<sup>th</sup> Nov. 2020**

The testing rate for SARS-Cov-2 for the past 8 days has decreased from 43 per 100,000 to 32 per 100,000 population, with the percentage change which was -25,6%.

### 3. ACTIVE CASES, INCIDENCE & POSITIVITY RATE

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

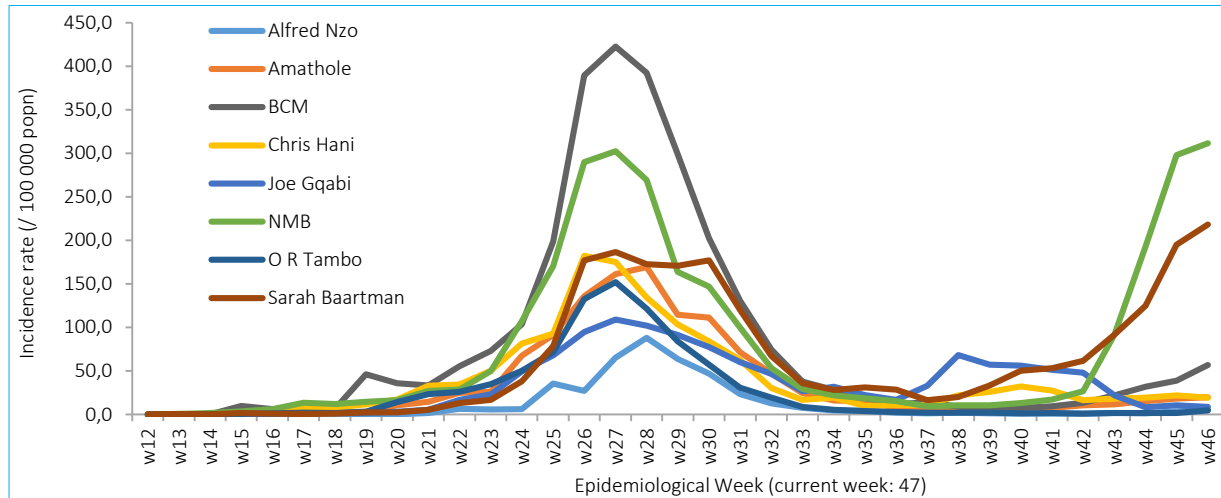
The number of active SARS-Cov-2 cases was 9,890, i.e. 147,3 cases per 100,000 population at risk. The cumulative positivity rate was 20%, with NM Metro (32,1%), followed by Chris Hani (24,5%), and BC Metro (23,4%).

Table 4. Confirmed SARS-Cov-2 cases, incidence & positivity rate, as on 17 Nov. 2020						
District	Population Estimates	No. of tests done	SARS-Cov-2 Cases (ALL)	Active SARS-Cov-2 Cases	SARS-Cov-2 per 100,000	Positivity Rate
Alfred Nzo	827826	19390	3499	15	1,8	18,0
Amathole	798067	48936	9726	164	20,5	19,9
Buffalo City Metro	798798	95797	22390	415	52,0	23,4
Chris Hani	733743	41530	10177	121	16,5	24,5
Joe Gqabi	343075	18466	4170	35	10,2	22,6
N Mandela Metro	1210803	110353	35394	6894	569,4	32,1
OR Tambo	1520922	61146	13191	78	5,1	21,6
Sarah Baartman	480223	52220	10903	2148	447,3	20,9
Imported	0	103202	369	4	0,0	0,4
Unspecified		0	493	16		
<b>Eastern Cape</b>	<b>6713457</b>	<b>551040</b>	<b>110312</b>	<b>9890</b>	<b>147,3</b>	<b>20,0</b>

Two (2) districts have less than 5 active cases per 100,000 population, i.e. Alfred Nzo and OR Tambo. Six (6) has reported more than 5 cases per 100,000. The highest incidence of SARS-Cov-2 was observed in NM Metro (569,4 per 100,000) and Sarah Baartman (447,3 per 100,000). In the last 7 days, OR Tambo and Sarah Baartman had an increase in the incidence of SARS-Cov-2.

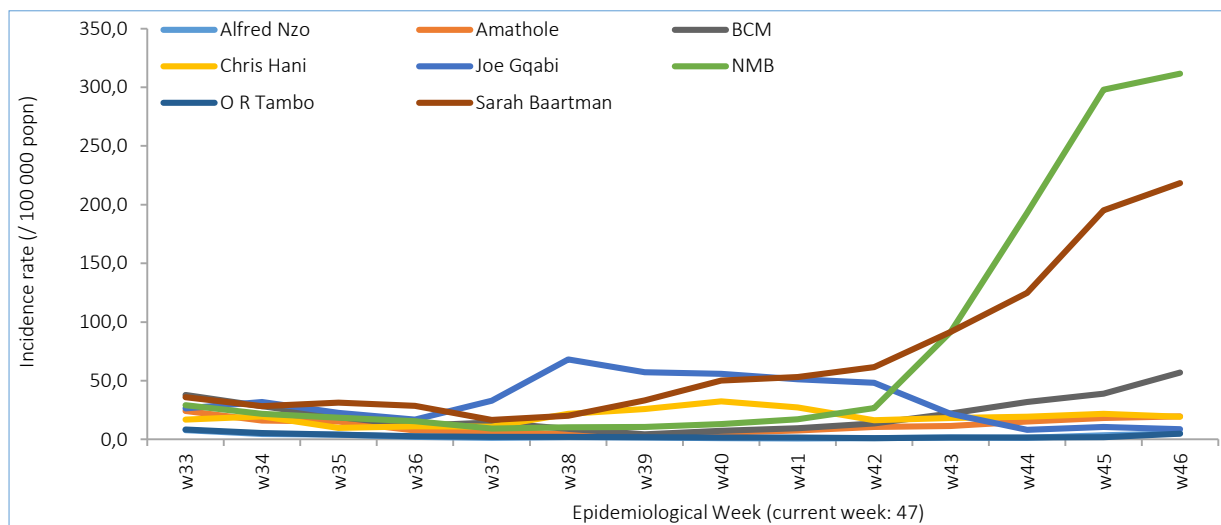
### 3.2. Active SARS-Cov-2 cases per 100,000

The figure provides the incidence of SARS-Cov-2 cases by district from week 10 to week 46.



**Fig. 8. The incidence (per 100,000) of SARS-Cov-2 by district, as on 16<sup>th</sup> Nov. 2020**

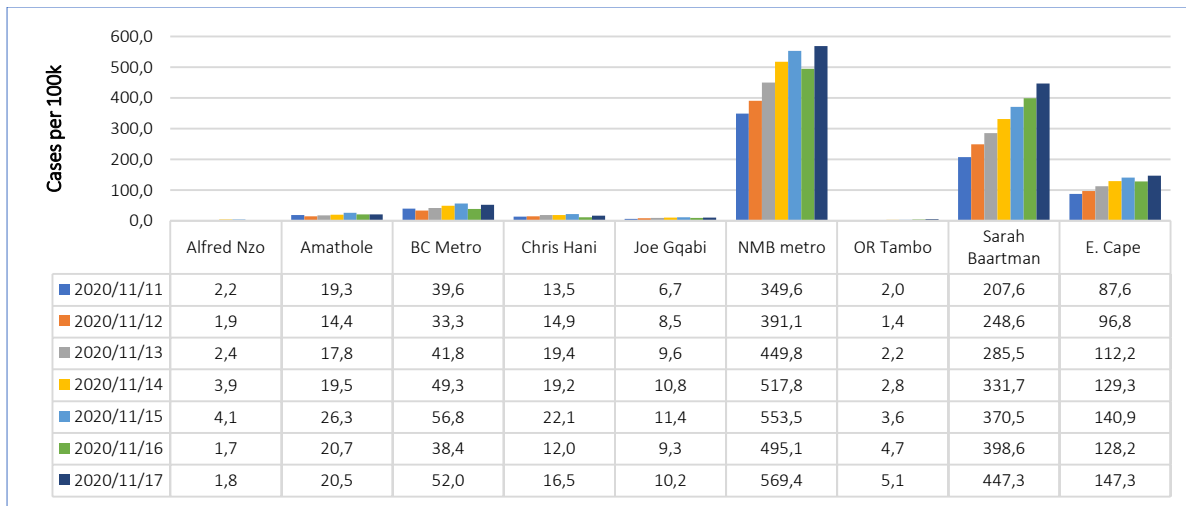
There was a rapid increase in the incidence of SARS-Cov-2 from week 42 to week 47 in NM Metro. There was a gradual increase in the incidence of SARS-Cov-2 in both BC Metro and Sarah Baartman.



**Fig. 9. Incidence of SARS-Cov-2 cases by epidemiological week, as on 16<sup>th</sup> Nov. 2020**

Both NM Metro and Sarah Baartman have the highest incidence of SARS-Cov-2 cases in the province. From week 40, there was a gradual increase in the incidence of SARS-Cov-2 in BC Metro. The incidence continued to decrease from week 42 to week 47 in Joe Gqabi district.



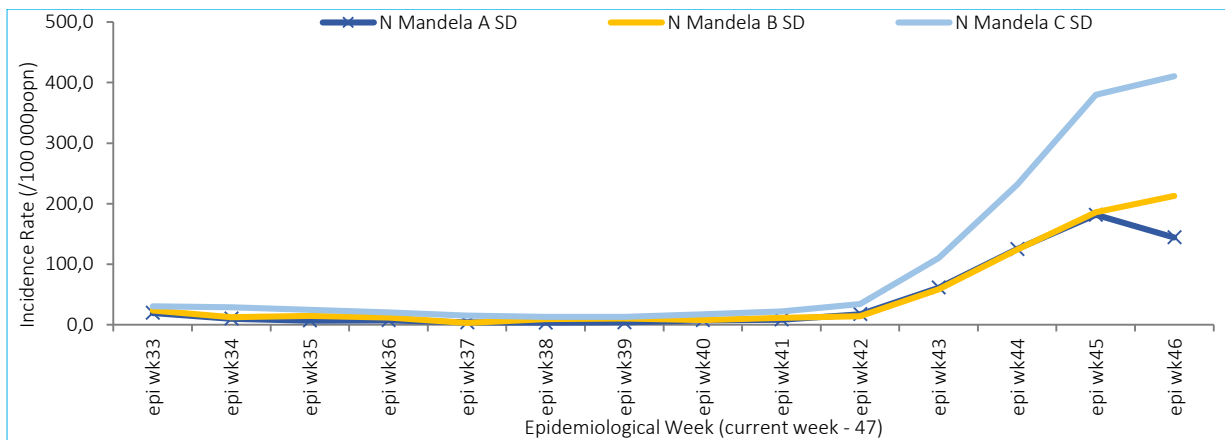


**Fig. 9. Active SARS-Cov-2 cases per 100,000 by district, as on 17<sup>th</sup> Nov. 2020**

In the past 7 days, the incidence of SARS-Cov-2 increased from 87,6 per 100,000 to 147,3 per 100,000. Two (2) districts have less than 5 cases per 100,000 population at risk, i.e. Alfred Nzo and OR Tambo. However, OR Tambo and Sarah Baartman has shown an increase in the incidence of SARS-Cov-2. The other districts have the incidence, which was greater than 5 per 100,000.

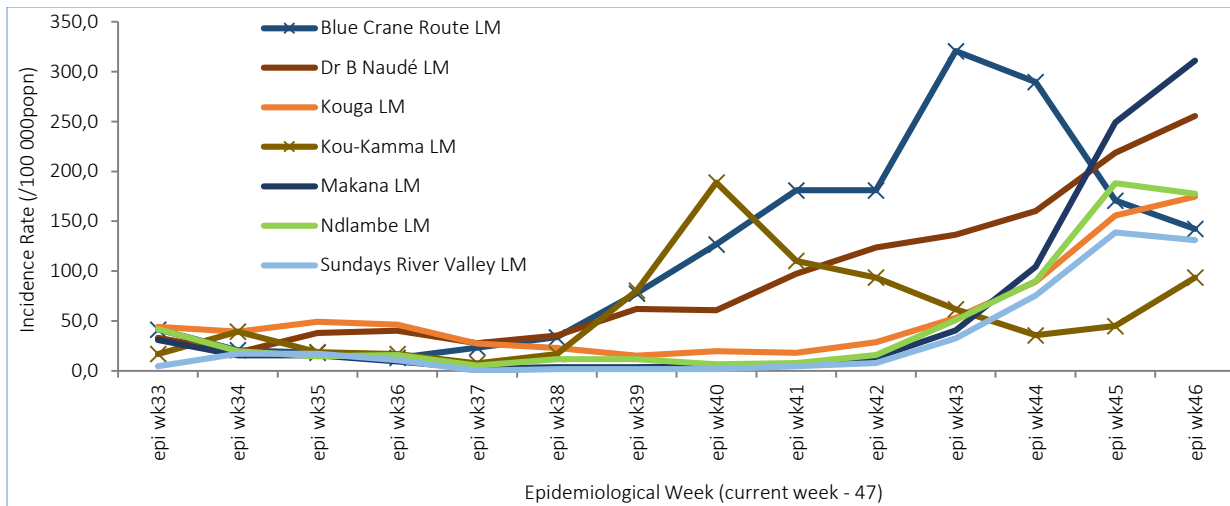
### 3.3. Incidence by districts

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 45, followed by a decrease from week 45 to 46.



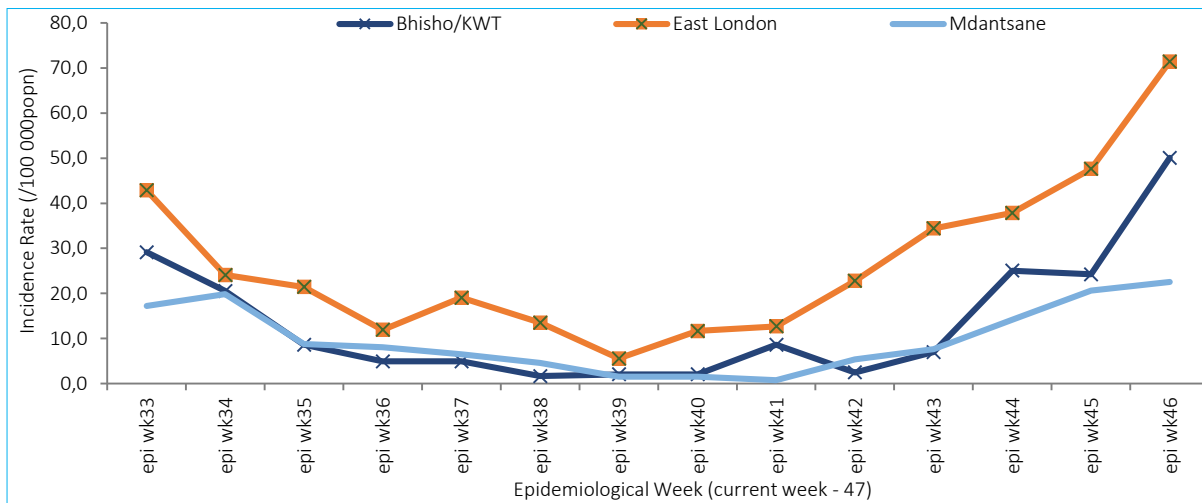
**Fig. 10. Incidence of SARS-Cov-2 (per 100,000) in NM Metro, as on 16<sup>th</sup> Nov. 2020**

Local transmission is evident in all sub-districts in the Metro. However, sub-district C has the highest incidence, followed by Sub-Districts B and A. The clusters, which occurred at the university and other areas, were due to the local transmission in the Metro.



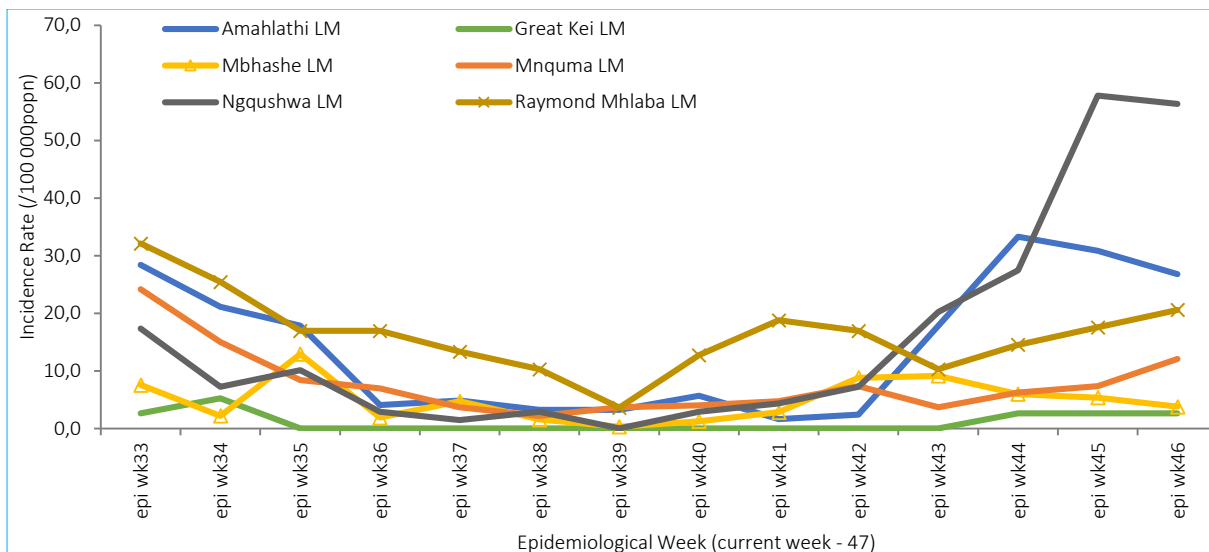
**Fig. 11. Incidence of SARS-Cov-2 (per 100,000) in Sarah Baartman, as on 16<sup>th</sup> Nov. 2020**

Similar to NM Metro, Sarah Baartman is also experiencing a resurgence of SARS-Cov-2. Makana, Dr. Beyers Naude, Blue Crane Route, Ndlambe, and Kouga. There is a gradual increase in the incidence of cases in Kou-Kamma.



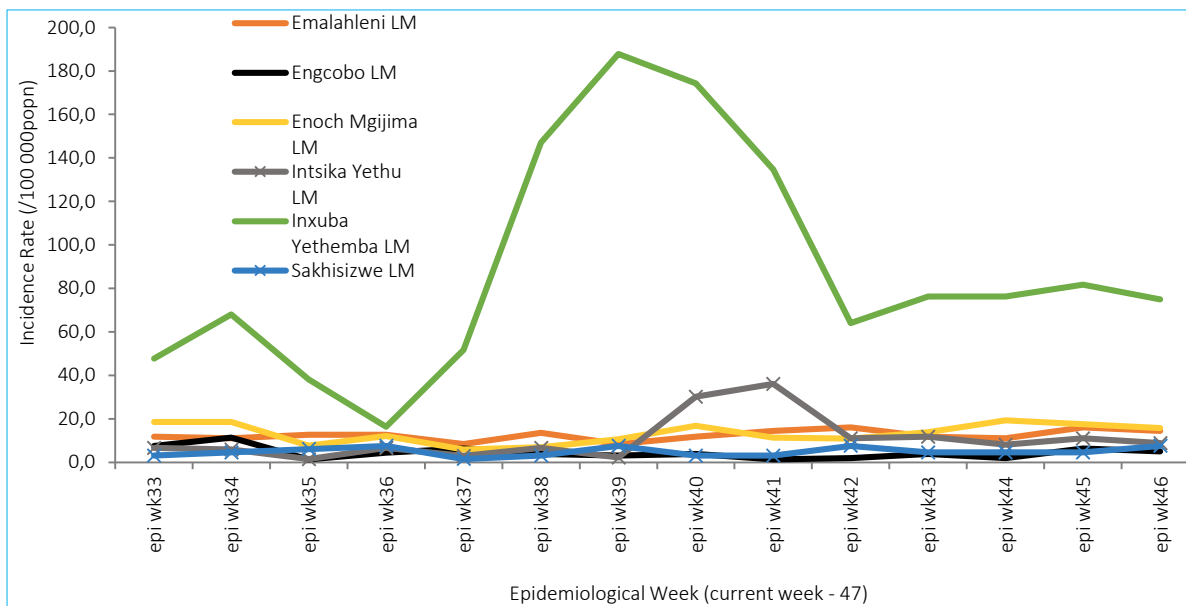
**Fig. 10. Incidence of SARS-Cov-2 in Buffalo City Metro, as on 16<sup>th</sup> Nov. 2020**

In the past 14 weeks, the incidence of SARS-Cov-2 had a gradual increase especially from week 39 to 47 in East London. Bisho /King Williams has the second-highest incidence of SARS-Cov-2 from week 40 but had a rapid increase from week 42. Mdantsane also had an increase in the incidence of cases from week 41 to 47, and a decrease from week 45 to 47. However, East London remains the epi-centre of the pandemic in BC Metro.



**Fig. 11. Incidence of SARS-Cov-2 cases in Amathole District, as on 16<sup>th</sup> Nov. 2020**

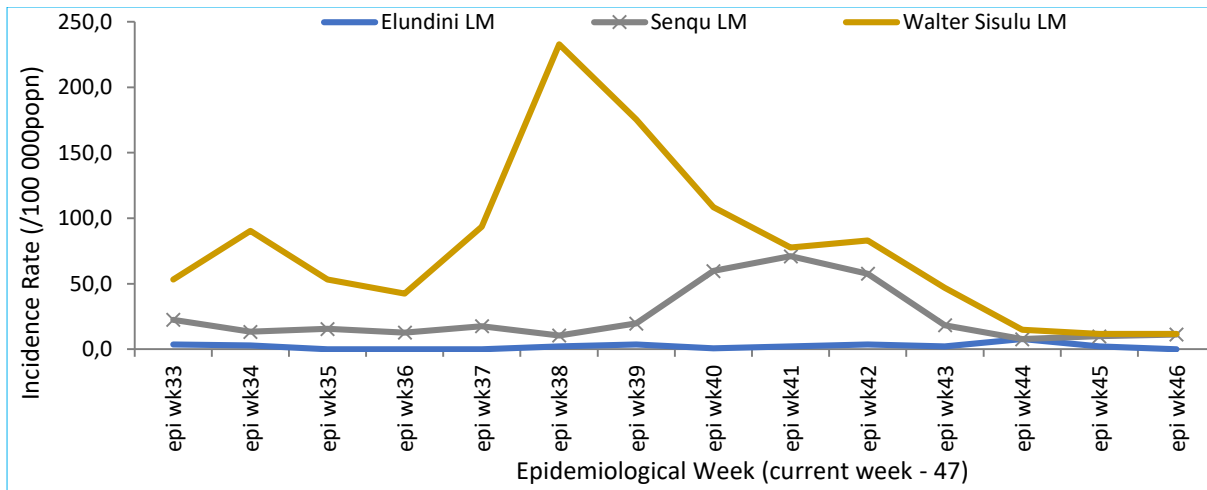
Four local municipalities reported a high incidence of SARS-Cov-2 compared to the other local municipalities, i.e. Ngqushwa, Amahlathi, Raymond Mhlaba and Mnquma.



**Fig. 12. Incidence of SARS-Cov-2 cases in Chris Hani District, as on 16<sup>th</sup> Nov. 2020**

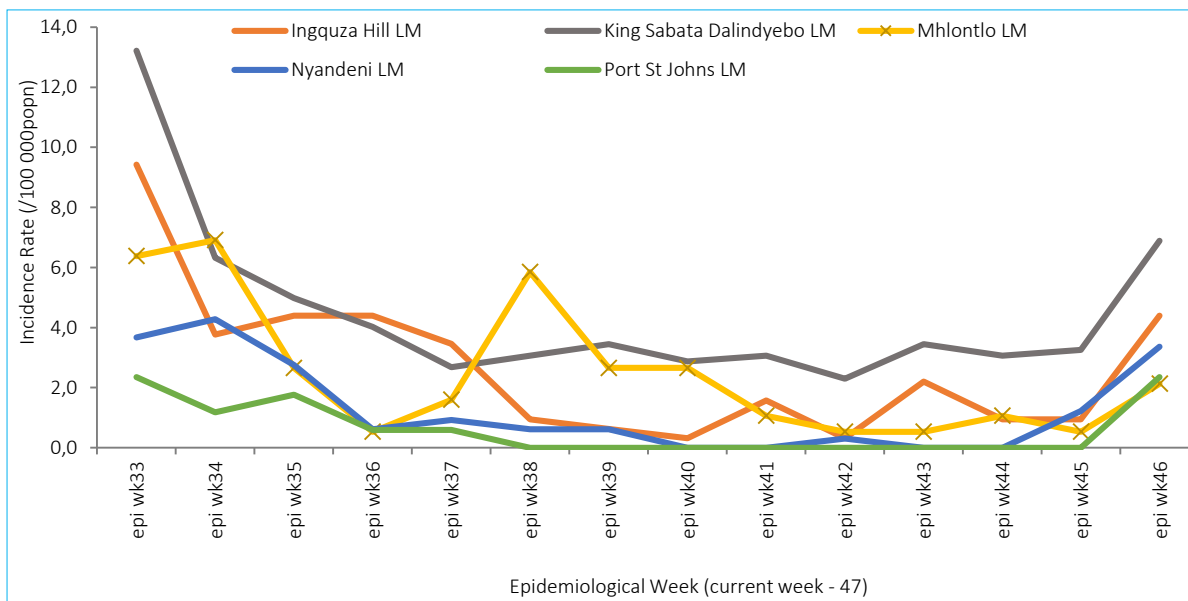
The highest incidence of SARS-Cov-2 occurred in Inxuba Yethemba local municipality, while the others maintain low transmission of the virus. Enoch Mgijima also showed incidence which higher than in the other districts.

Inxuba Yethemba continues to be a hotspot and requires re-enforcement of the regulations and public health interventions to eliminate local transmission.



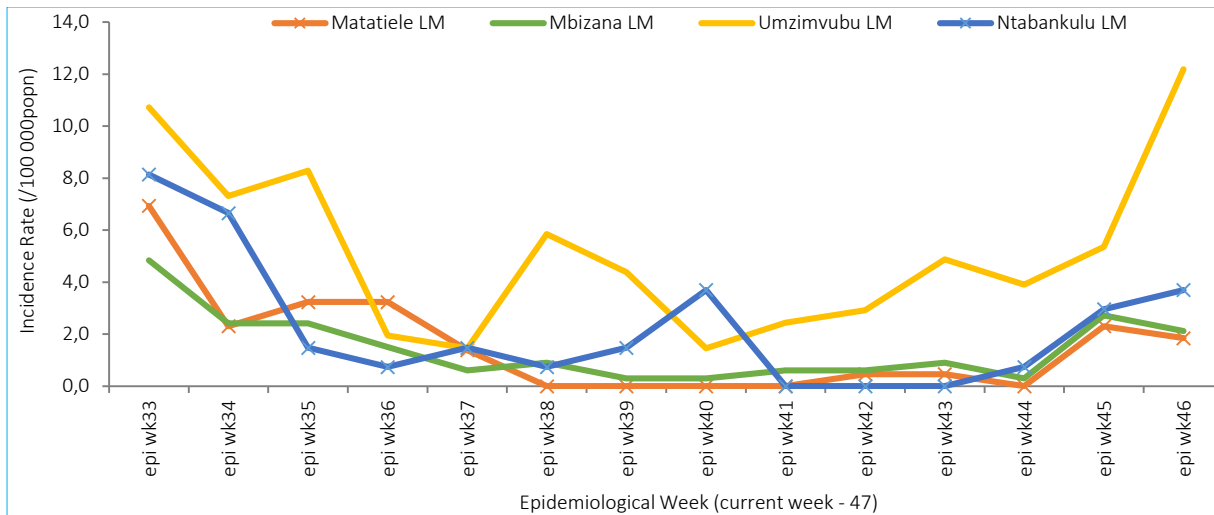
**Fig. 13. Incidence (per 100,000) of SARS-Cov-2 in Joe Gqabi, as on the 16<sup>th</sup> Nov. 2020**

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 16<sup>th</sup> Nov. 2020**

All the local municipalities have an upward growth in terms of the incidence of SARS-Cov-2. Hence, there is a possibility of that the district may become an emerging hotspot if the number of new cases continue to increase.

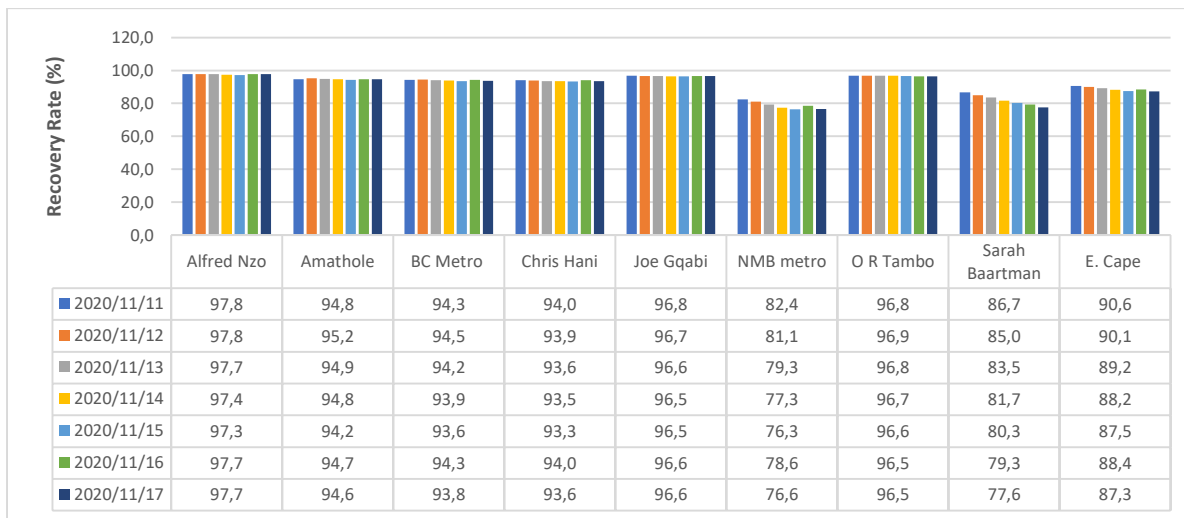


**Fig. 15. The incidence of SARS-Cov-2 in Alfred Nzo, as on 16<sup>th</sup> Nov. 2020**

In the past 14 weeks, the incidence of cases in Umzimvubu remains high, followed by Ntabankulu, and the other local municipalities. The district continues to have less incidence compared to the other districts.

### 3.4. Recovery Rate (%)

Monthly comparison of the recovery rate by district shows an increase in the recovery rate from July to date.



**Fig. 16. SARS-Cov-2 Recovery Rate (%) by districts, as on the 17<sup>th</sup> Nov. 2020 (N=96,300)**

The total number of recoveries was 96,300 i.e. 87,3% recovery rate. Six (6) districts reported the recovery rate that was 90% and above, except for NM Metro and Sarah Baartman. The current resurgence 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.

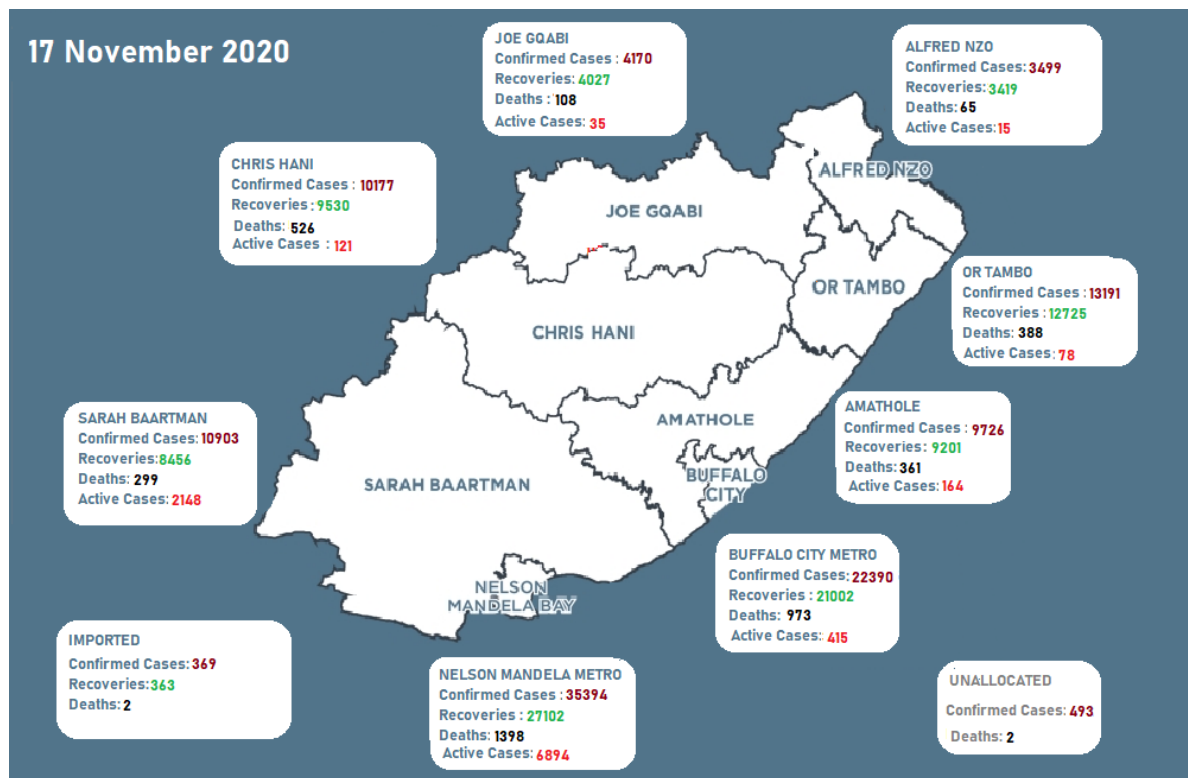


Fig. 17. No. of Covid-19 cases, recoveries and deaths, as on 17<sup>th</sup> Nov. 2020

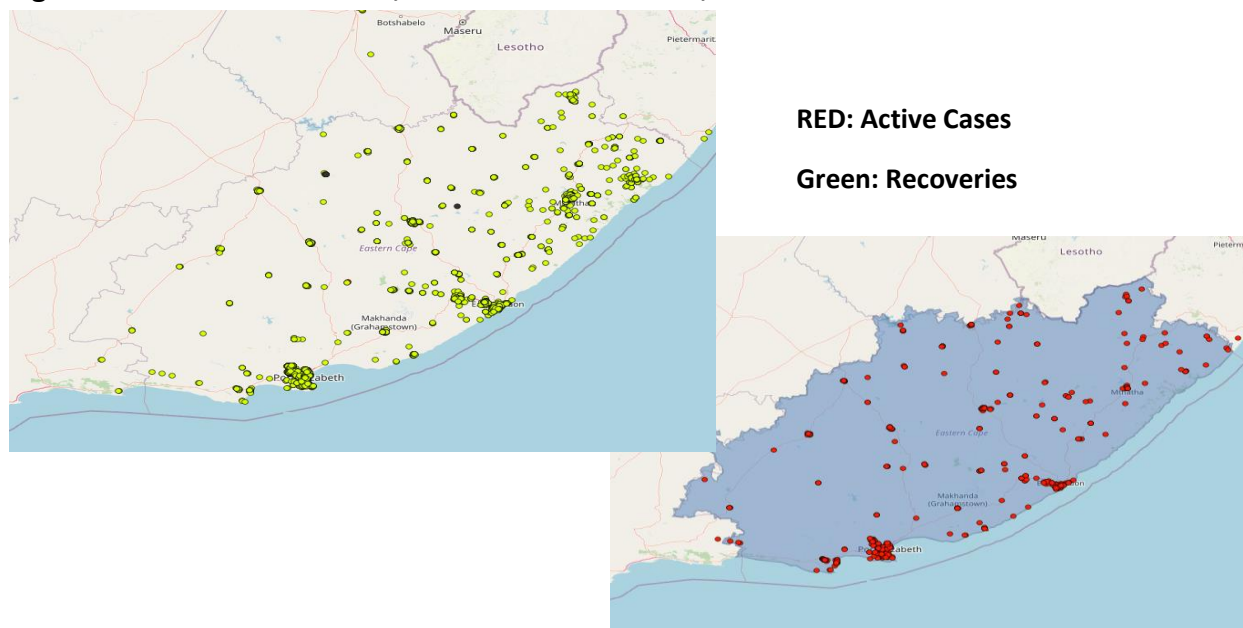
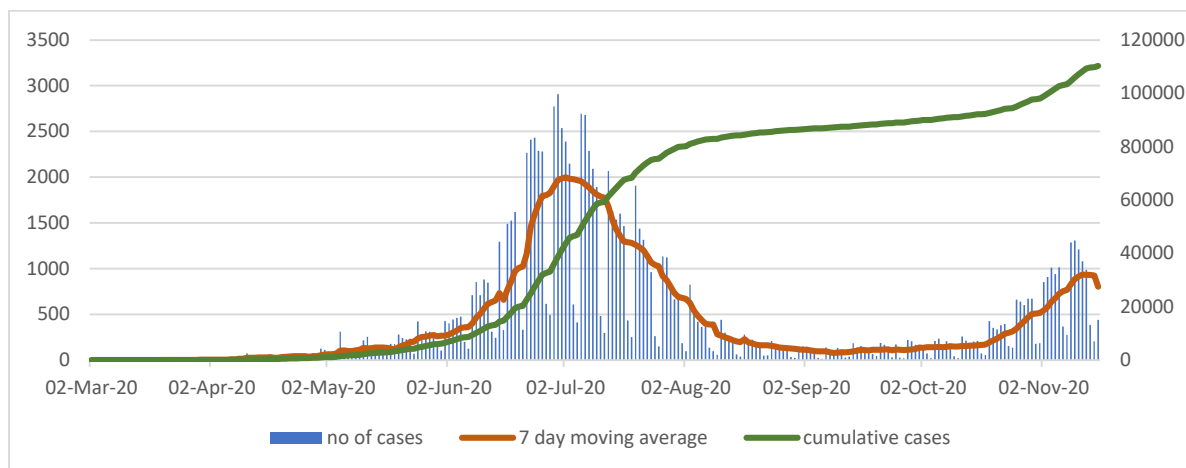


Fig. 18. SARS-Cov-2 active cases, recoveries and deaths, as on 25 October 2020

#### 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 17<sup>th</sup> Nov. 2020**

The cumulative number of cases appear to be increasing with an increase in the number of daily or new infections, especially from the 19<sup>th</sup> October. The daily number of cases appears to be decreasing from the 09<sup>th</sup> November. However, the cumulative number of cases was showing an upward growth but with a minor change in recent days.

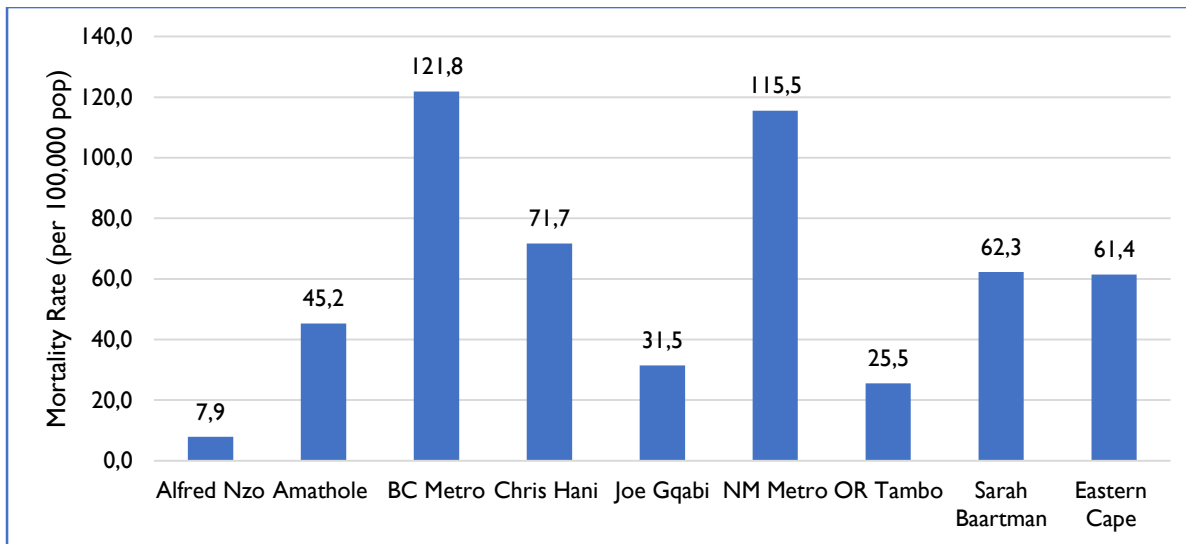
#### 5. SARS-Cov-2 RELATED MORTALITY

##### 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	0,6	30	0,7	4,7	0,4
May	3280	3,0	241	5,8	7,3	3,6
June	23759	21,5	922	22,4	3,9	13,7
July	50252	45,6	1737	42,1	3,5	25,9
August	8278	7,5	528	12,8	6,4	7,9
September	2990	2,7	170	4,1	5,7	2,5
October	8619	7,8	219	5,3	2,5	3,3
November	12487	11,3	206	5,0	1,6	3,1
Unkn	0	0,0	69	1,7	0,0	1,0
<b>Total</b>	<b>110312</b>	<b>100,0</b>	<b>4122</b>	<b>100,0</b>	<b>3,7</b>	<b>61,4</b>

Sixty-eight percent (67,1%) of the SARS-Cov-2 cases and 64,5% of the deaths occurred during the June-July period. The case fatality rate has decreased from 7,3% in May to 1,6% in November. Similarly, the mortality rate decreased from 25,9 per 100,000 in July to 3,1 per 100,000 in November. As on 17 November 2020, the mortality rate in the province was 61,4 deaths per 100,000.

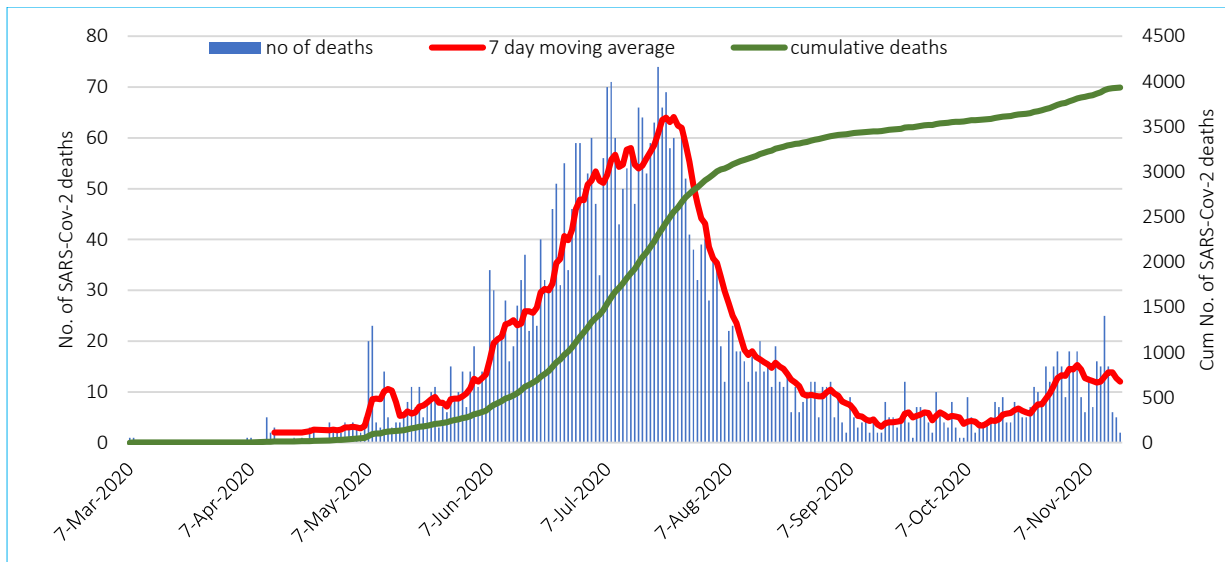


**Fig. 20. SARS-Cov-2 related mortality per 100,000 pop by district, as on 17<sup>th</sup> Nov. 2020**

The highest mortality rate was observed in BC Metro (121,8 deaths per 100,000), followed by NM Metro (115,5 deaths per 100,000), Chris Hani (71,7 per 100,000) and Sarah Baartman (62,3 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 cases.



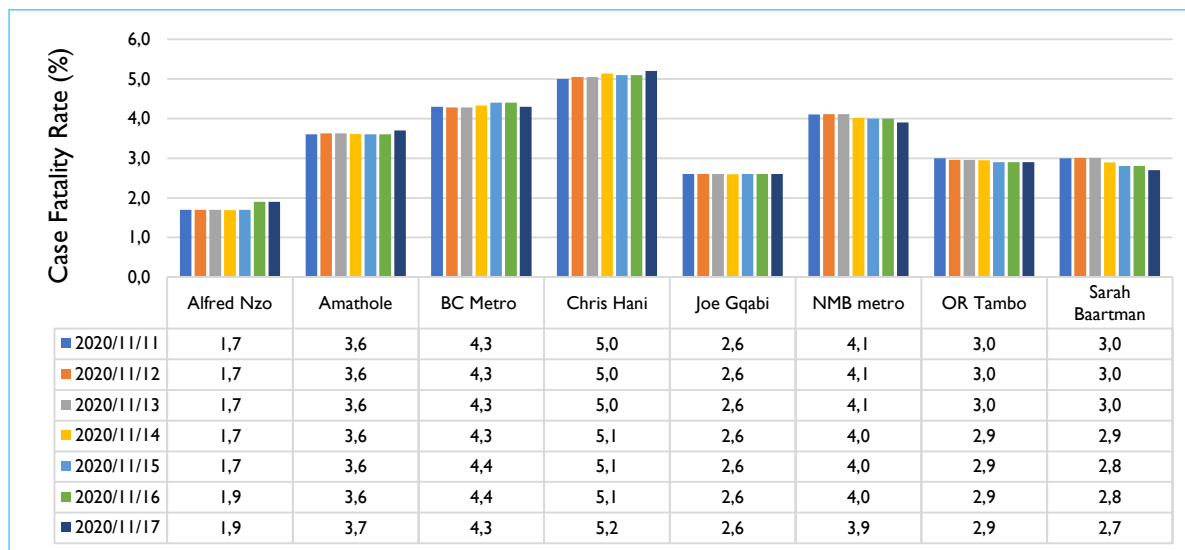
**Fig. 21. Daily & cum. SARS-Cov-2 related deaths by date of demise, as on 16<sup>th</sup> Nov. 2020**

The number of deaths per day related to SARS-Cov-2 appears to have increased from May and peaked on the 20<sup>th</sup> July, and declined rapidly to fewer cases in August and October. However, there was an increase in the number of deaths in the last week of October, which is due to the resurgence of in BC Metro, Chris Hani, NM Metro and Sarah Baartman.



### 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.

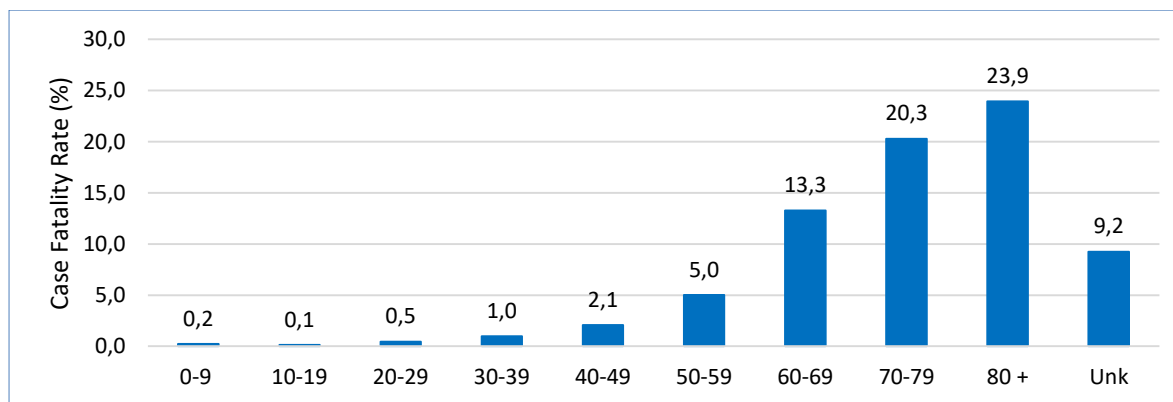


**Fig. 22. SARS-Cov-2 Case Fatality Rate (%) by district, as on 17<sup>th</sup> Nov. 2020 (N=4,122)**

The highest case fatality rate was observed in Chris Hani (5,2%), followed by BC Metro (4,3%), NM Metro (3,9%), Amathole (3,7%), OR Tambo (2,9%), Sarah Baartman (2,7%) and Joe Gqabi (2,6%). Alfred Nzo district reported the lowest CFR, i.e. 1,9%.

### 5.4. Case Fatality Rate by age group

The figure below provides the case fatality rate of SARS-Cov-2 cases reported during the pandemic.



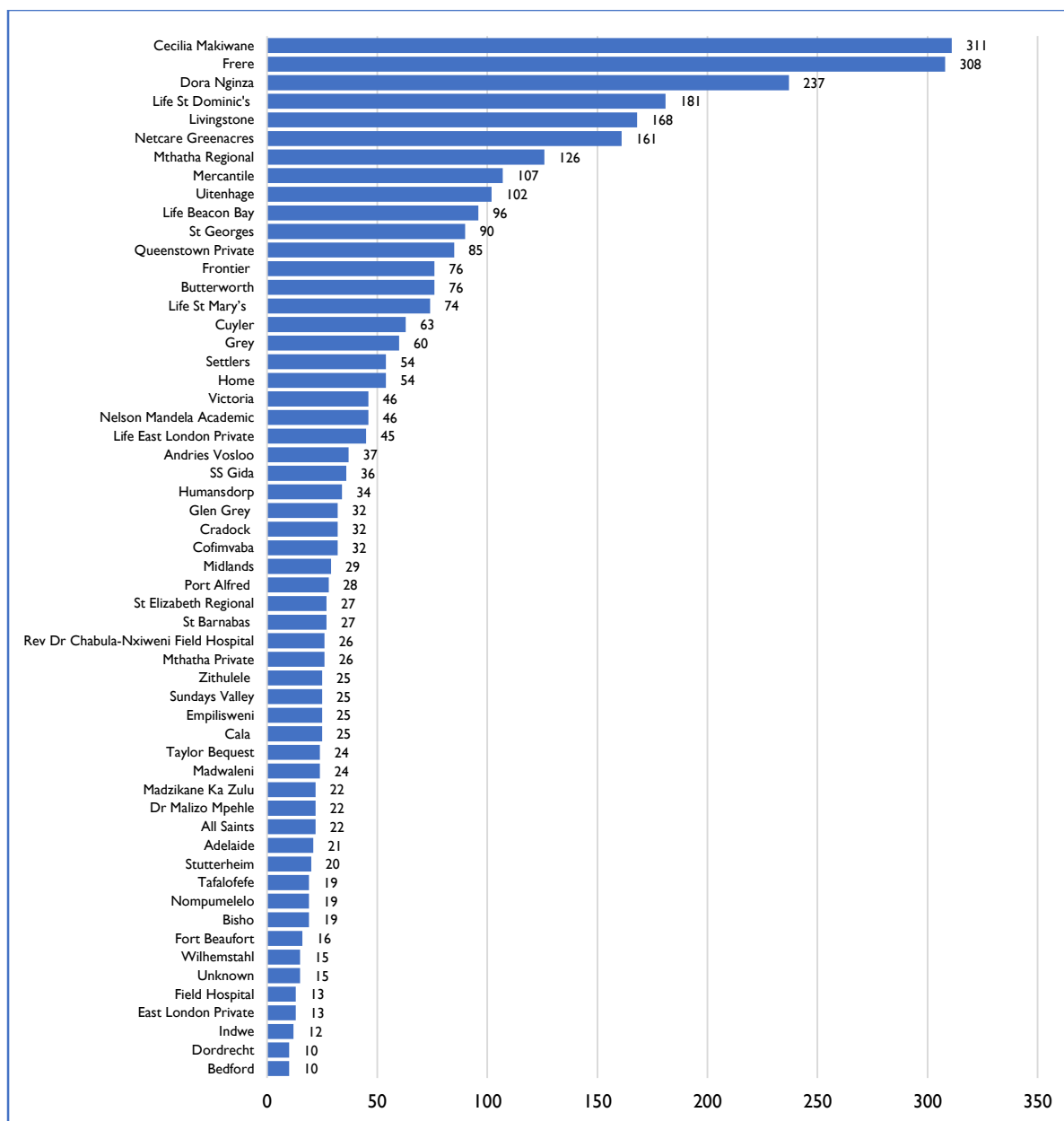
**Fig. 23. SARS-Cov-2 related Case Fatality Rate (%) by age group, as on 06<sup>th</sup> Nov. 2020**

The younger population had a low case fatality rate and steadily increased with the age of an individual. The implication is that the elderly who tested positive for SARS-Cov-2 must be followed up to ensure that relevant interventions are implemented to prevent severe diseases, complications, and deaths related to SARS-Cov-2.

## 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.

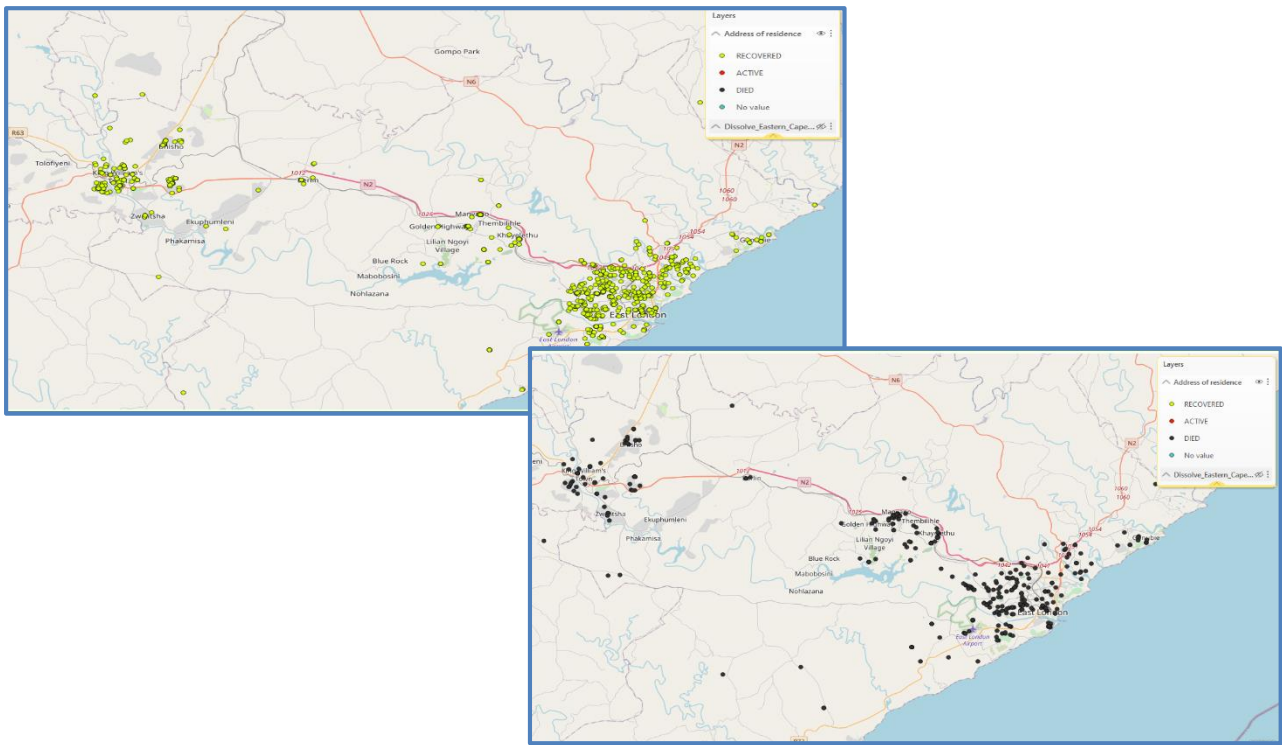


**Fig. 24. No. of SARS-Cov-2 related deaths by the facility, as on 17<sup>th</sup> Nov. 2020 (N=4,122)**

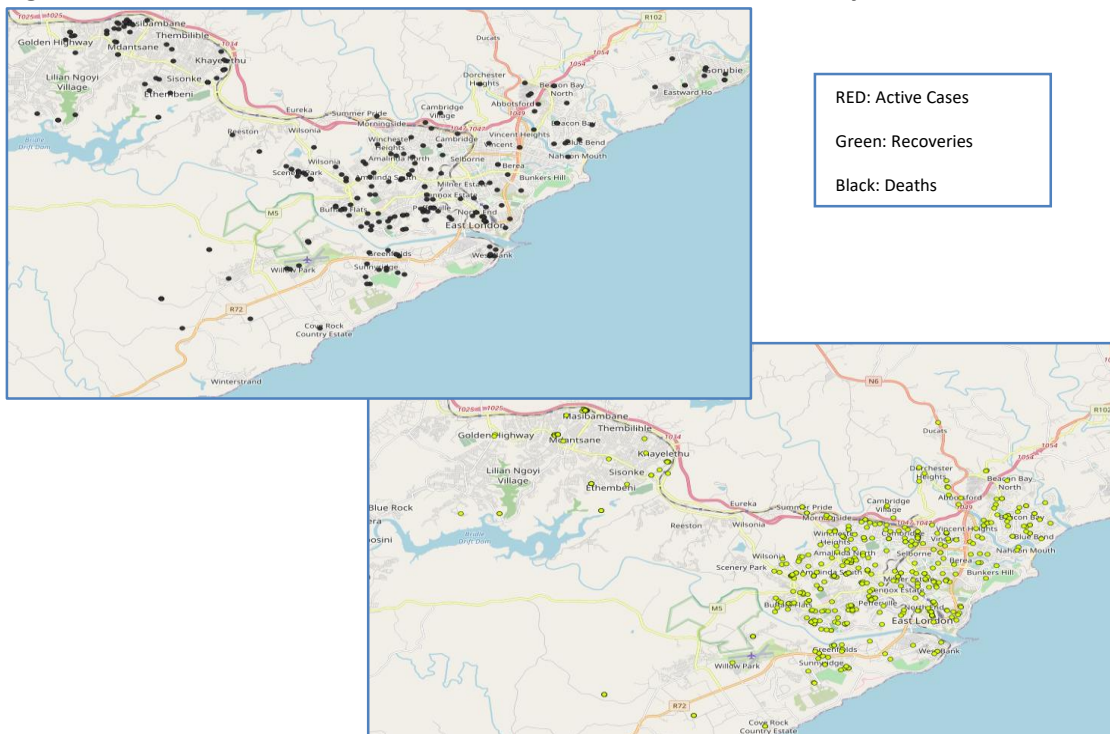
Forty-nine percent (49,6%) of the deaths occurred in 13 hospitals, i.e. 6 public and 7 private hospitals, i.e. Frere, Life St. Dominics, Dora Nginza, Mthatha Regional, Netcare Greenacres, Livingstone, Life Beacon Bay, Cecilia Makiwane, Uitenhage, Life St. Marys, Life Queenstown, Mercantile, and St. Georges hospitals. Fifty-four (54) of the deaths occurred at home, i.e. outside the health facility.

### 3. DISTRICTS WITH HIGH TRANSMISSION

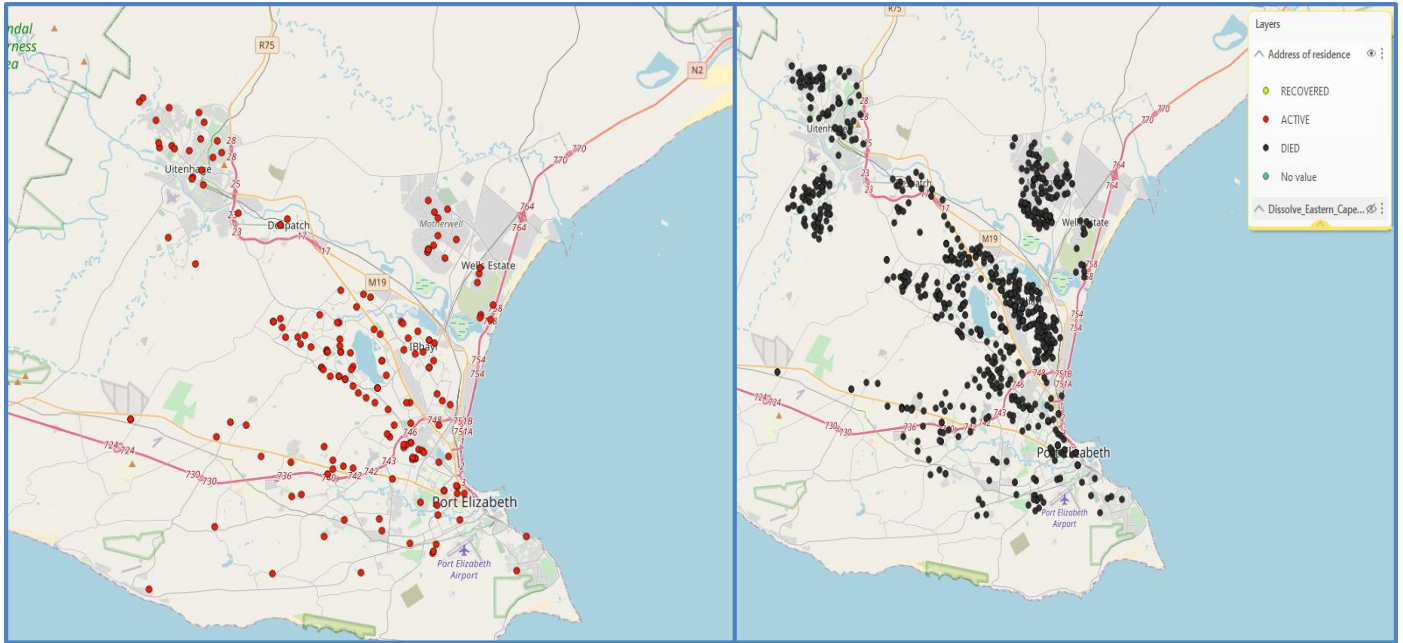
The section below in the report provides the maps of the health districts with high community transmission rate.



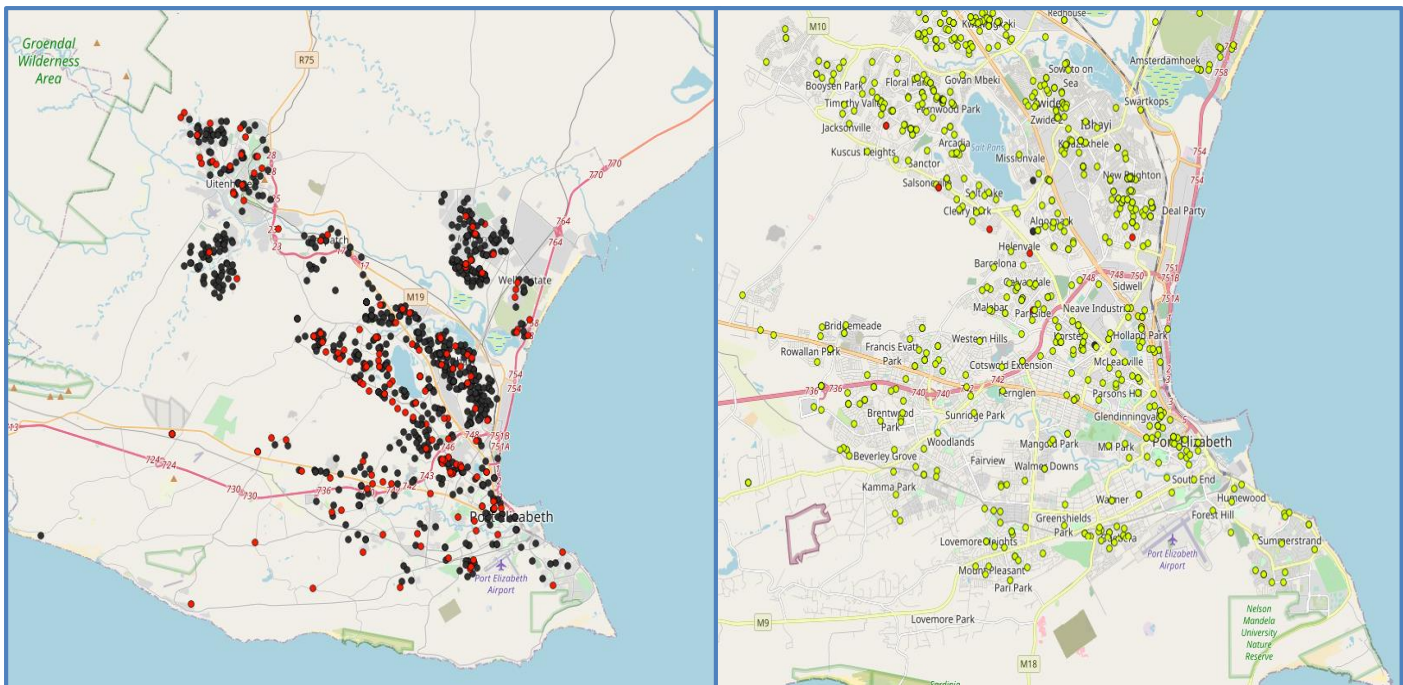
**Fig. 25a. SARS-CoV-2 active cases, recoveries and deaths in Buffalo City Metro, as on 25 Oct.2020**



**Fig. 25b. SARS-CoV-2 active cases, recoveries and deaths in Buffalo City Metro, as on 25 Oct. 2020**

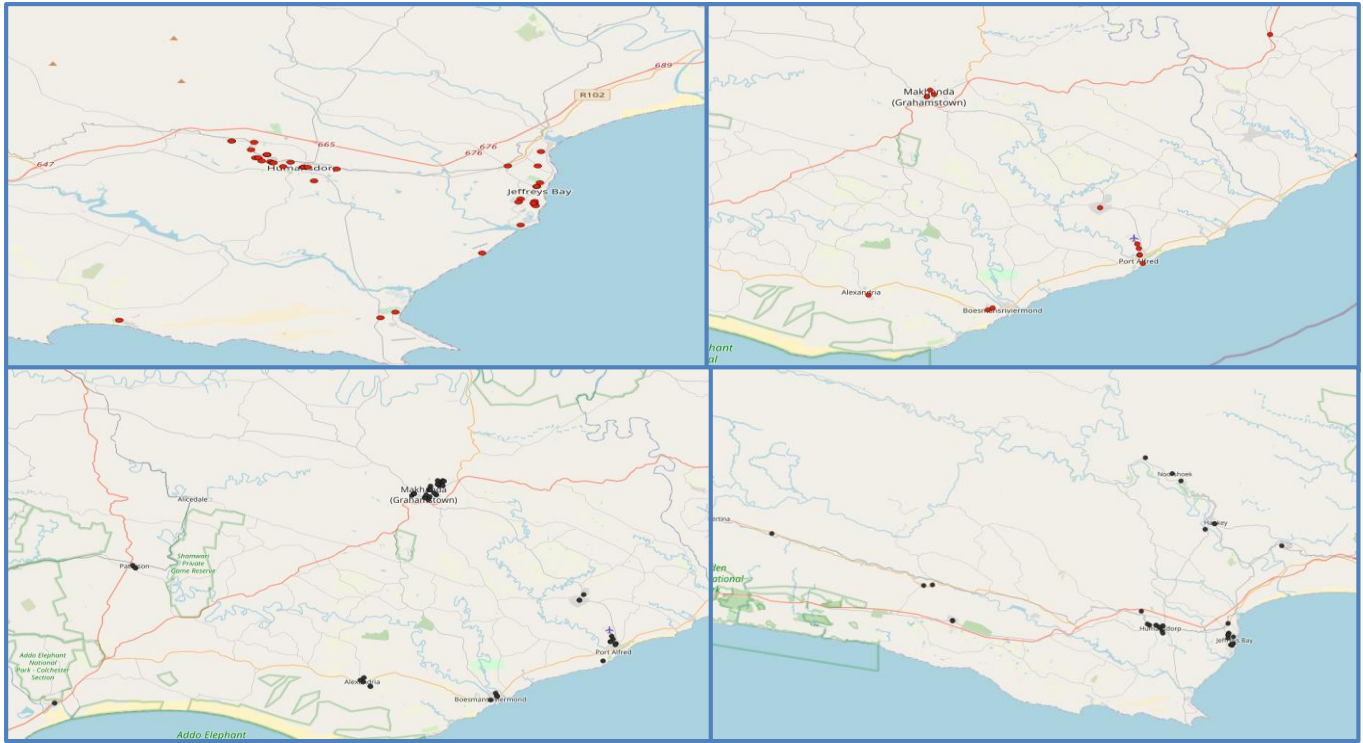


**Fig. 26a. SARS-Cov-2 active cases, recoveries & deaths in NMB Metro, as on the 25 Oct. 2020**

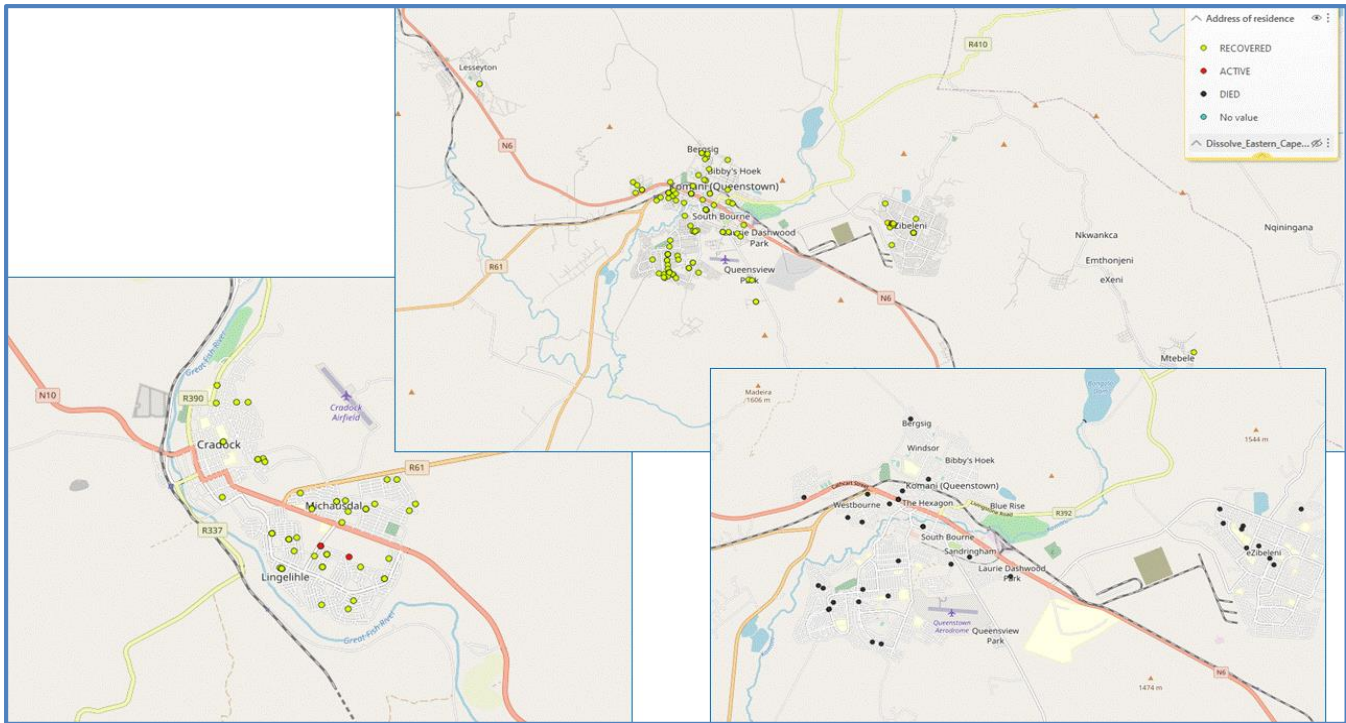


**Fig. 26b. SARS-Cov-2 active cases, recoveries & deaths in NMB Metro, as on the 25 Oct. 2020**





**Fig. 27. SARS-Cov-2 active cases, recoveries, and deaths in Sarah Bartman, as on 25 Oct. 2020**

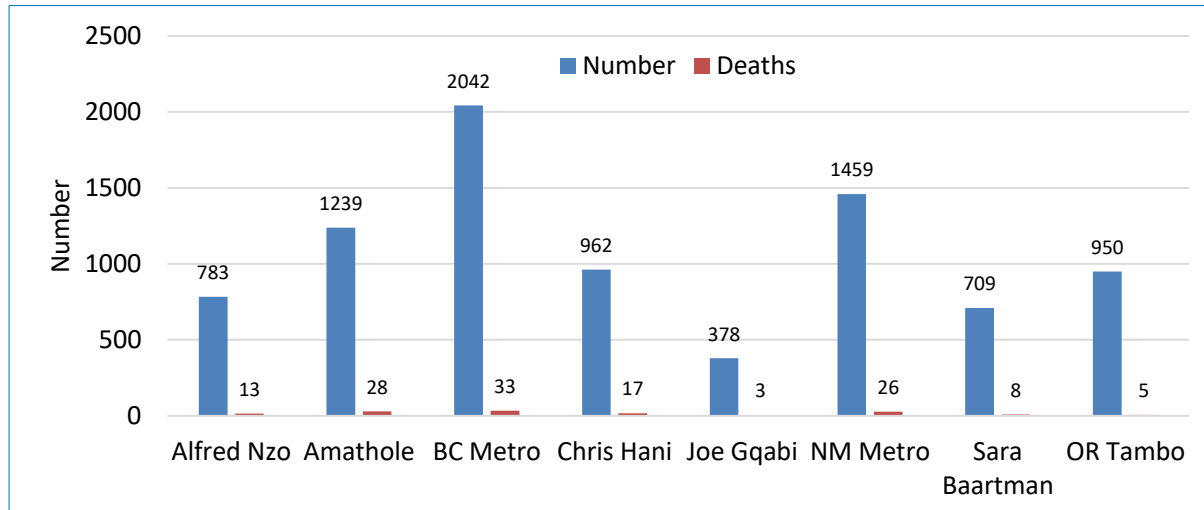


**Fig. 28. SARS-Cov-2 active cases, recoveries and deaths in Chris Hani, as on 25 Oct. 2020**

## 4. HEALTHCARE WORKERS

### 4.1. Cases and deaths among HCWs

A total number of 8,522 healthcare workers tested positive for SARS-Cov-2 and 133 persons demised.



**Fig. 29. SARS-Cov-2 positive Healthcare Workers, as on 14<sup>th</sup> Nov. 2020 (N = 8,522)**

The number of healthcare workers who tested positive for SARS-Cov-2 in BC Metro was 2,042 (33 deaths), 1,459 in NM Metro (26 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

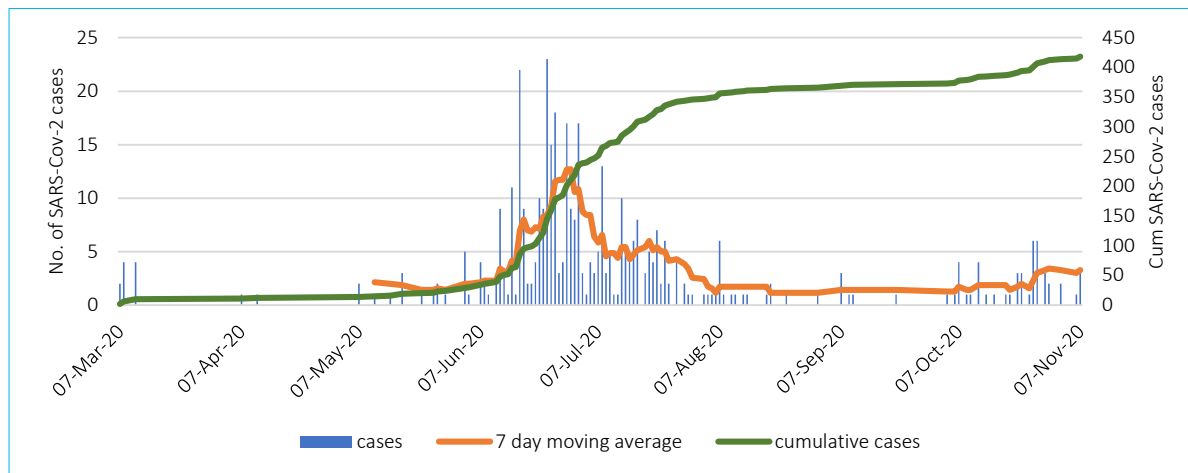
The table below provides the number of selected healthcare professionals employed by the State and SARS-Cov-2 cases by job categories, and the positivity rate of that job category.

	Number	Cases	Positivity Rate (%)
Admin	12434	595	4,8
Allied Professionals	3041	131	4,3
Doctors & Clinical Associates	2369	270	11,4
Nurses	20650	3514	17,0
Emergency Medical Services	2498	157	6,3

The positivity rate for the nurses was 17,0%, followed by doctors and clinical associates (11,4%), allied professionals (4,3%), EMS (6,3%), and admin personnel (4,8%). The positivity rates among healthcare workers have a negative impact on the capacity of the State to provide quality health services to the population.

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

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

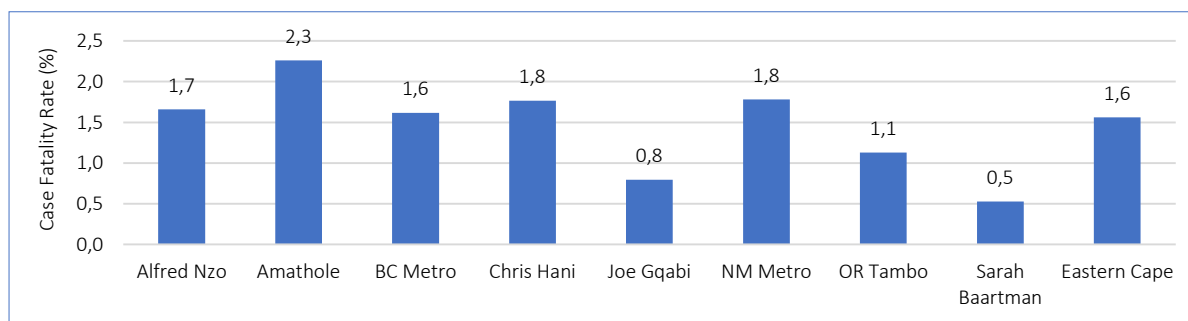


**Fig. 30. No. of SARS-Cov-2 cases in NM Metro and Sarah Baartman, as on 13<sup>th</sup> Nov. 2020**

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 14<sup>th</sup> Nov. 2020 (N = 133)**

The case fatality rate among healthcare workers was 1,6%. The highest case fatality rate was observed in Amathole (2,3%), followed by NM Metro (1,8%), Chris Hani (1,8%), A. 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

The data, which was used in this section of the report, was from DATCOV database.

### 5.1. Admissions and outcomes

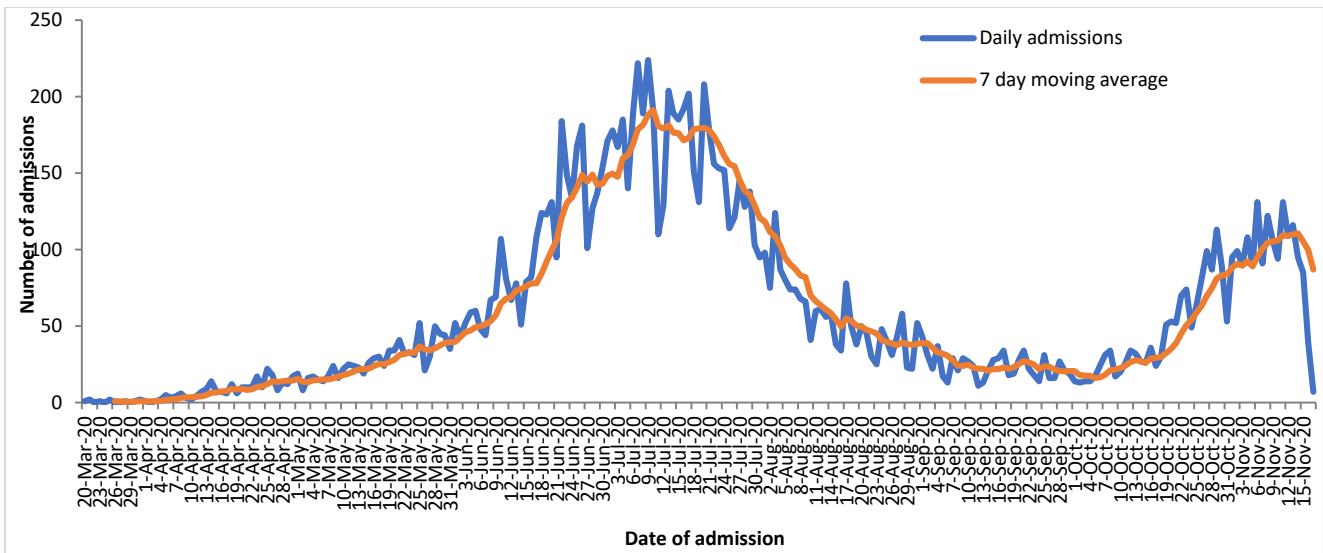
Districts	Public	Private	Total	Percentage
Alfred Nzo	540	6	546	3,8
Amathole	1028	0	1028	7,1
Buffalo City Metro	2077	1354	3431	23,6
Chris Hani	1148	303	1451	10,0
Joe Gqabi	202	0	202	1,4
Nelson Mandela Bay Metro	3468	2669	6137	42,3
O R Tambo	742	211	953	6,6
Sarah Baartman	718	52	770	5,3
<b>Total</b>	<b>9923</b>	<b>4595</b>	<b>14518</b>	<b>100,0</b>

The total number of hospitalizations was 14,518, where 9,923 (68,3%) of these hospitalizations occurred in the public sector and 4,595 (31,7%) in the private sector.

Eastern Cape	Public	Private	Total
Cumulative Admissions	9923	4595	<b>14518</b>
Died	2834	936	3770
Discharged Alive	5726	3251	8977
Transferred Out	655	3	658
Currently Admitted	655	405	1060
In ICU	16	100	116
In High Care	7	7	14
In General	632	298	930
On Oxygen	193	97	290
Ventilated	9	44	53

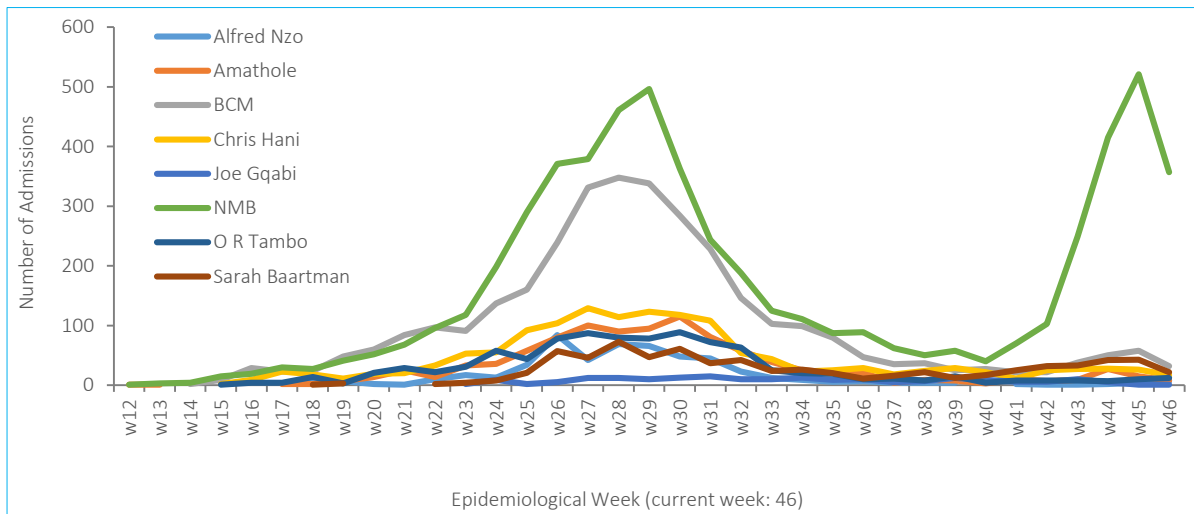
Twenty-six percent (26,0%) of the hospitalized cases demised and 61,8% were discharged alive. Of all the deaths which occurred, 75,1% occurred in the public sector and 24,9% in the private sector. The number of currently admitted patients were 1,060, and 930 were in the general ward, 116 in ICU, 14 in High Care, 290 on oxygen, and 44 were on ventilators.





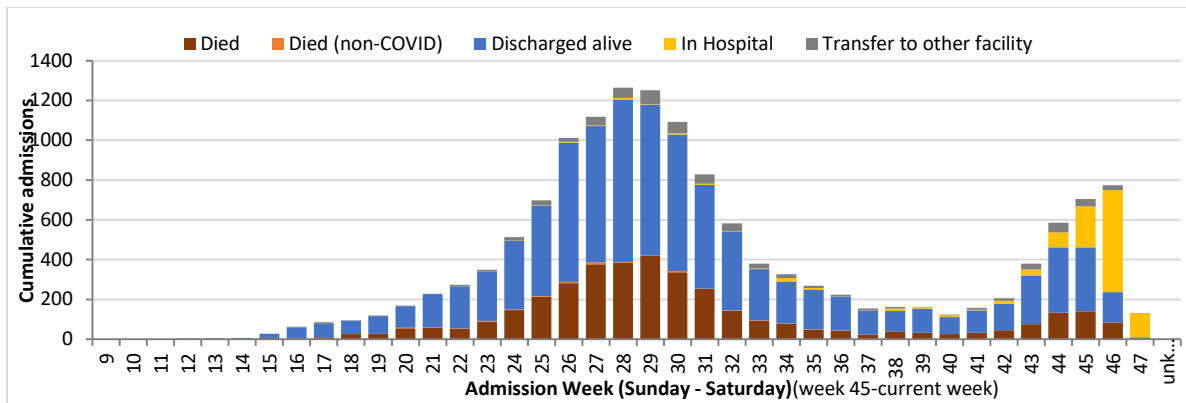
**Fig. 32. 7-day moving average of admitted cases, as on 17<sup>th</sup> Nov. 2020 (DATCOV)**

The number of hospitalizations appears to have increased from the first week of October to the 9<sup>th</sup> November, and later decreased in 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 13<sup>th</sup> Nov. 2020**

During the peak, BC Metro and NM Metro had the highest number of admissions compared to the other districts. From week 40, NM Metro had a rapid increase in the number of admissions compared to the other districts. The increase in the other districts including BC Metro and Sarah Baartman appear to have occurred from week 41 but decreased from week 45 to 46.

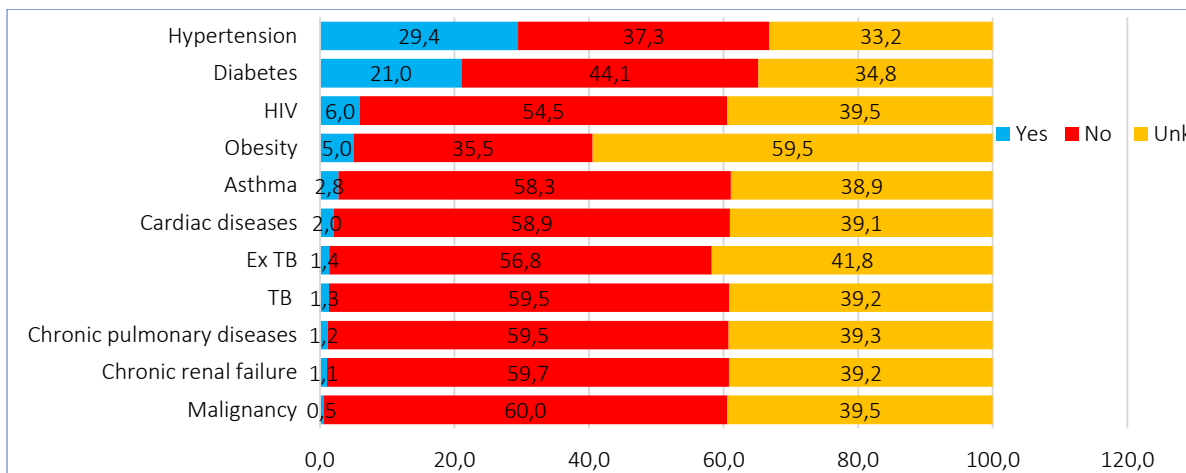


**Fig. 34. Hospitalizations & outcomes by admission week, as on 17<sup>th</sup> Nov. 2020 (DATCOV)**

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 a high number of patients who were currently admitted in the hospitals especially during week 45 and week 46. The current resurgence has significantly contributed to the increase in the number of admissions and patients who remained in hospital receiving services.

### 5.2. Co-morbidities among admitted cases

The figure below provides the co-morbidities of all the SARS-Cov-2 related admissions.



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

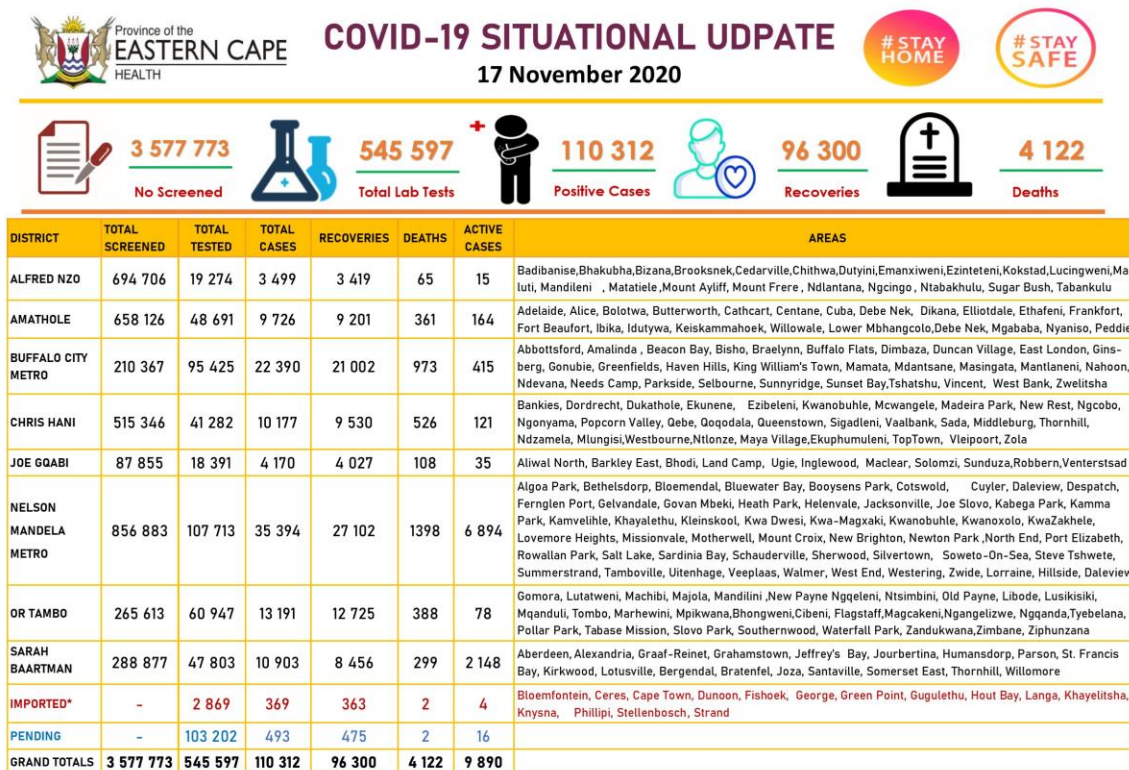
The most common co-morbidities were hypertension (29,4%) and diabetes (21,0%) among hospitalized SARS-Cov-2 cases. Four other co-morbidities which were common include HIV (6,0%), obesity (5,0%) and asthma (2,8%). A significant percentage of hospitalized patients did not have co-morbidities. The concern 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

The resurgence of SARS-Cov-2 is driven by poor compliance with the regulations by the communities. This 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 may threaten the public health interventions and reverse the gains which have already been 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.



## 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.