

Daily Epidemiological Report for SARS-Cov-2

Report No. 361

Date Issued 30 Mar. 2021 @21h44

1. PURPOSE

The report provides a descriptive analysis of SARS-Cov-2 related cases and deaths, and hospitalizations in the Eastern Cape Province, as of 30 Mar. 2021.

2. HIGHLIGHTS

2.1. New cases, active cases and recoveries

- In the last 24 hours, 29 new cases were reported in Nelson Mandela Metro (12), Buffalo City Metro (7), Sarah Baartman (4), Chris Hani (2), OR Tambo (2), Alfred Nzo (1) and Amathole (1).
- Of the 186 active cases, the Buffalo City Metro (52), Nelson Mandela metro (34) and Sarah Baartman (14). The Chris Hani district (9), Amathole (8), Alfred Nzo (5), Joe Gqabi (5) and OR Tambo (4). Unallocated cases accounted for 17.2% of the active cases.
- The overall provincial recovery rate was 94.1%. All the districts reported a recovery rate greater than 90%.
- **The incidence of SARS-Cov-2 has decreased to less than 5 per 100,000 populations in 7 districts except for BC Metro. The number of tests remained less than 200 per 100,000 per week.**

2.2. SARS-Cov-2 related deaths

- In the last 24 hours, 1 death was reported to have occurred over the past 48 hours in the province. In the current month, there are fewer SARS-Cov-2 cases and related deaths but a higher case fatality rate of 8.5%.

- More than 40% of the cases that died outside the health facility tested positive for SARS-Cov-2. This is consistent with the SAMRC report which shows that SARS-Cov-2 deaths are highly under-estimated.

2.3. Hospitalizations and outcomes

- The cumulative number of SARS-Cov-2 hospitalizations is 31,486 (DATCOV). **Data cleaning and de-duplication is underway hence less number reported when compared to the previous report.**
- Of all the hospitalized cases, 64.7% (20,373) of hospitalized patients were discharged alive and 65.4% (13,317) of the reported discharges were from the public sector. Thirty percent (29.9%) of hospitalized cases demised due to SARS-Cov-2 related causes with 75.8% (7,131) of those reported deaths occurring in public sector facilities.
- Of the 72 currently admitted, 53 (73.6%) were admitted in General ward, 16 (22.2%) in ICU and 3 (4.2%) in high care. About 10 (13.9%) patients hospitalized were on oxygen and 6 (8.3%) were on ventilation.

2.4 . Healthcare workers

- The number of healthcare workers who tested positive for SARS-Cov-2 was **11,978** and **307** demised (the case fatality rate was 2.5%). The increase in the number of cases is related to an improved reporting of cases.
- Nurses were the most affected, followed by doctors and clinical associates. **There is an increase in the positivity rate among healthcare workers in the metros.**

2.5 Conclusion

A decline in the burden of disease attributed to SARS-Cov-2 continues to occur especially now in March. The number of newly reported SARS-Cov-2 cases, active cases and deaths have significantly decreased. Seven (7) districts have less than 5 cases per 100,000, except for BC Metro.

The concern is the high positivity rate among the post mortems which may suggest that there is a high number of SARS-Cov-2 related deaths which were not reported.

3. SARS-Cov-2 CASES & DEATHS

3.1. Summary of all cases and deaths

In the last 24 hours, **29** new cases and **1** death were reported. The cumulative number of cases and deaths were **195,391** and **11,359** respectively.

	No. of cases	New Cases	Total	%	Deaths	New Deaths		Total	CFR
						*Newly Reported	**Newly occurred		
Male	77252	12	77264	39,5	4851	0	0	4851	6,3
Female	118091	17	118108	60,4	6507	0	1	6508	5,5
Unknown	19	0	19	0,0	0			0	0,0
Total	195362	29	195391	100,0	11358	0	1	11359	5,8

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

Six percent (5.8%) of the cases demised, and 6.3% were males and 5.5% were females.

District	Cases	New Cases	Total Confirmed	Recoveries	Deaths	New Deaths		Total Deaths	CFR%	Recovery Rate	Active Cases
						*Newly Reported	**Newly occurred				
Alfred Nzo	8000	1	8001	7564	432	0	0	432	5,4	94,5	5
Amathole	19366	1	19367	18252	1106	0	1	1107	5,7	94,2	8
BC Metro	38943	7	38950	36549	2349	0	0	2349	6,0	93,8	52
Chris Hani	19559	2	19561	18017	1535	0	0	1535	7,8	92,1	9
Joe Gqabi	7518	0	7518	7102	411	0	0	411	5,5	94,5	5
NM Metro	55993	12	56005	52655	3316	0	0	3316	5,9	94,0	34
OR Tambo	22453	2	22455	21087	1364	0	0	1364	6,1	93,9	4
S Baartman	21779	4	21783	20924	845	0	0	845	3,9	96,1	14
Imported	621	0	621	598	0	0	0	0	0,0	96,3	23
Unspecified	1130	0	1130	1098	0	0	0	0	0,0	97,2	32
E. Cape	195362	29	195391	183846	11358	0	1	11359	5,8	94,1	186

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

In the last 24 hours, 29 new cases were reported in Nelson Mandela Metro (12), Buffalo City Metro (7), Sarah Baartman (4), Chris Hani (2), OR Tambo (2), Alfred Nzo (1) and Amathole (1).

Of the 186 active cases, the Buffalo City Metro (52), Nelson Mandela metro (34) and Sarah Baartman (14). The Chris Hani district (9), Amathole (8), Alfred Nzo (5), Joe Gqabi (5) and OR Tambo (4). Unallocated cases accounted for 17.2% of the active cases.

The overall provincial recovery rate was 94.1%. All the districts reported a recovery rate greater than 90%.

3.2. Newly diagnosed cases

The figure below provides the number of newly reported SARS-Cov-2 cases.

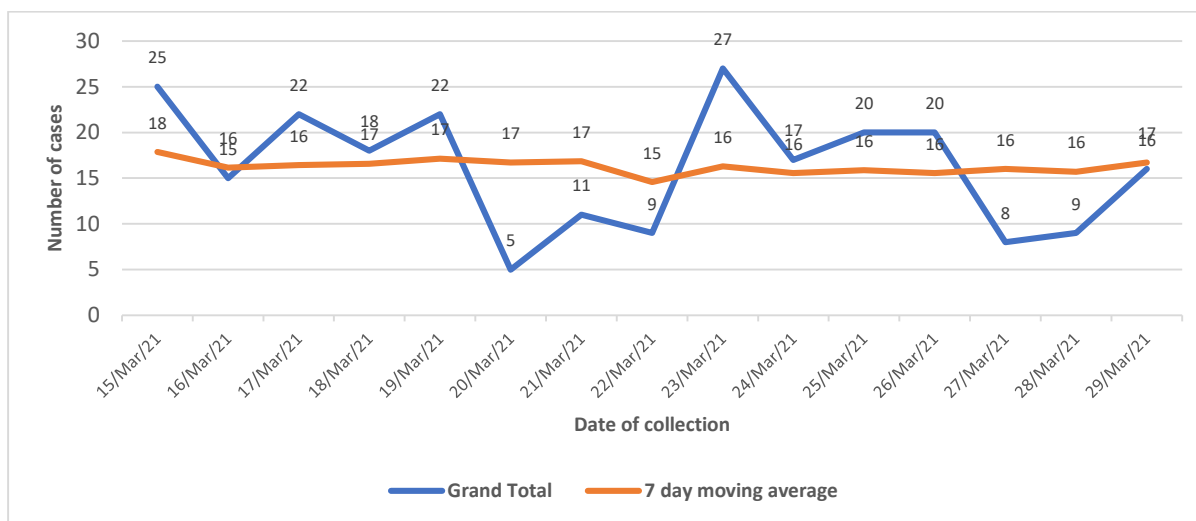


Fig. 1. Daily SARS-Cov-2 cases & 7-day moving average by date of collection, as of 30 Mar. 2021

The 7 day-moving average shows that 14 new SARS-Cov-2 cases were reported per day.

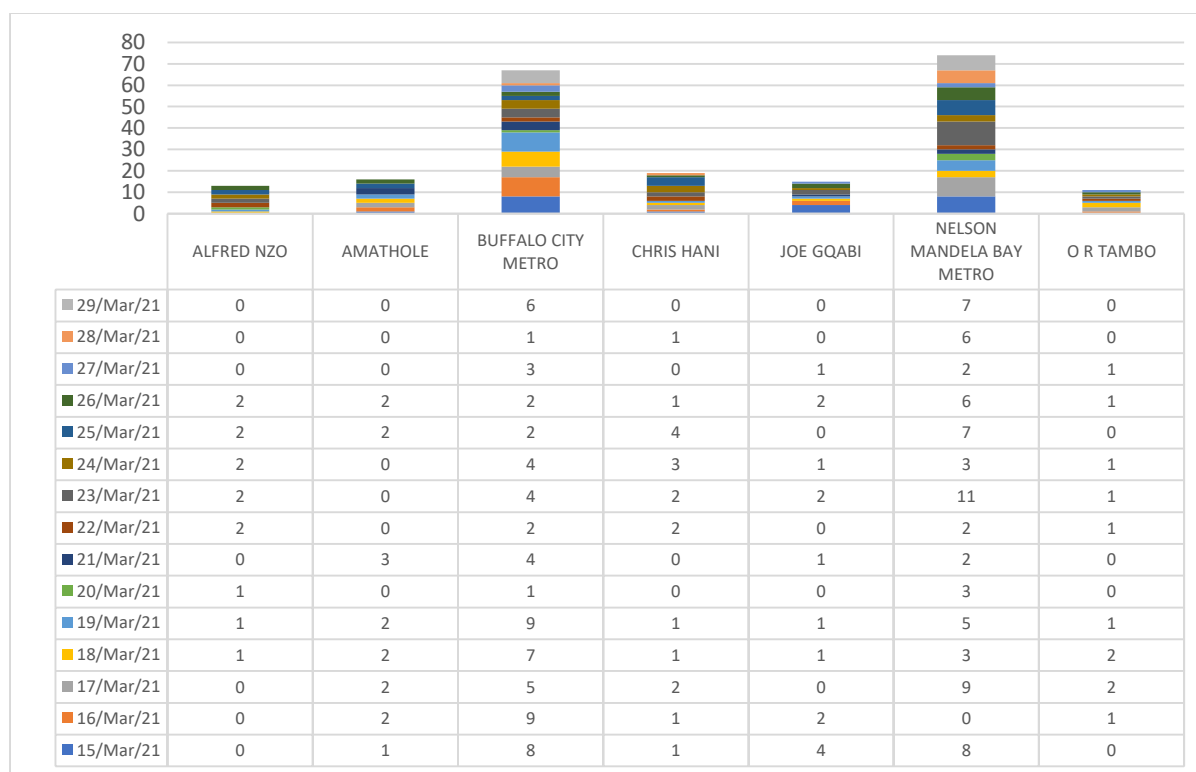


Fig. 2. No. of daily SARS-Cov-2 cases by district and date of collection, as of 30 Mar. 2021

The highest number of newly reported cases were from Buffalo City and Nelson Mandela Metro. There is a need to eliminate SARS-Cov-2 transmission in the two metros to eliminate it in the neighbouring districts.

4. SARS-Cov-2 LAB TESTS & RESULTS

4.1. Test Results by Laboratory

The cumulative number of SARS-Cov-2 tests was 914,413 with about 62% done in the public sector and 38% in the private sector laboratories.

Table 3. Number of tests for Private and Public by Laboratories, as of 30 Mar 2021				
	Private	Public	Total	Percentage (%)
Alfred Nzo	4556	28 322	32 878	3,6
Amathole	9821	71 460	81 281	8,9
BC Metro	62909	97 096	160 005	17,5
Chris Hani	13141	56 579	69 720	7,6
Joe Gqabi	1281	27 084	28 365	3,1
NMB Metro	93335	133 736	227 071	24,8
OR Tambo	30253	67 679	97 932	10,7
Sarah Baartman	18788	84 743	103 531	11,3
Unclassified	113630	0	113 630	12,4
Eastern Cape	347714	566699	914 413	100,0

About 42.3% of the tests were from NM Metro and BC Metro. Twelve percent (12.4%) from the private sector not yet classified under a district. However, data cleaning is being done to improve the quality of data.

4.2. Antigen Testing

Nine percent (9,3%) of the 88, 191 tests done tested positive for SARS-Cov-2. These tests constitute 14% of the tests in the country.

Table 4. No. of SARS-Cov-2 Tests and results using Antigen Test Method, as of 30 Mar 2021				
	Negative	Positive	Total	Positivity Rate (%)
A Nzo	8716	926	9642	9,6
Amathole	3838	606	4444	13,6
BC Metro	9748	1610	11358	14,2
Chris Hani	7805	1155	8960	12,9
Joe Gqabi	2837	467	3304	14,1
NM Metro	26572	1796	28368	6,3
OR Tambo	15000	1349	16349	8,3
Sarah Baartman	5456	310	5766	5,4
Total	79972	8219	88191	9,3

Thirty-two percent (32.2%) of the tests were from NM Metro, followed by OR Tambo (18,5%), BC Metro (12.9%), Alfred Nzo (10.9%), and Chris Hani (10,2%). The highest positivity rate of 14.2% was observed in BC Metro followed by Joe Gqabi (14.1%), Amathole (13.6%) and Chris Hani (12.9%). The lowest positivity rates of 5.4% and 6.3% were reported in Sarah Baartman and NM Metro respectively.

4.3. Tests by age group and sex

In the last 31 days, 14,775 SARS-Cov-2 tests were conducted in the public sector laboratories.

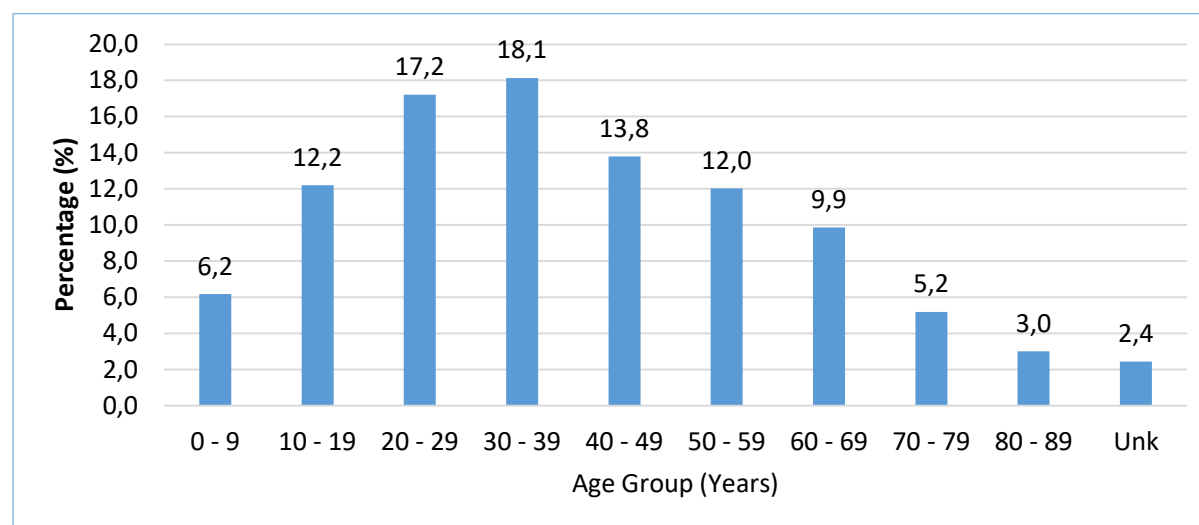


Fig. 3. The number of SARS-Cov-2 tests by age group in the last 31 days, as of 30 Mar. 2021
Sixty percent (61.1%) of the tests were among the 20 to 59 years' age group. Thirty-seven percent (36.5%) of the tests were among the younger and elderly population.

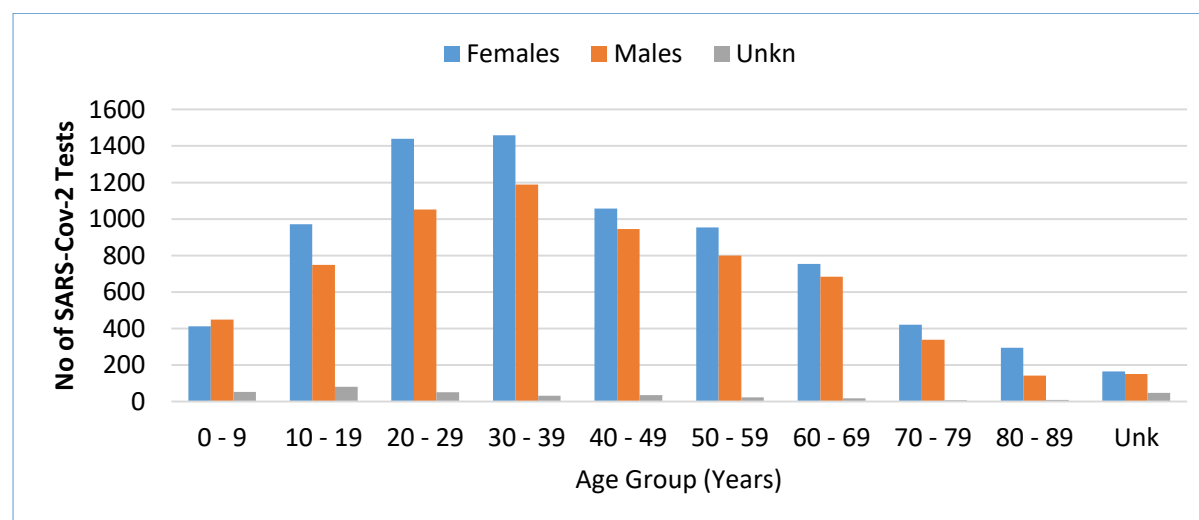


Fig. 4. No. of SARS-Cov-2 public sector tests by age group and gender, as of 30 Mar. 2021
Fifty-four percent (53.6%) were females, 44% were males and 2.4% with unknown gender.

4.4. Turnaround Time

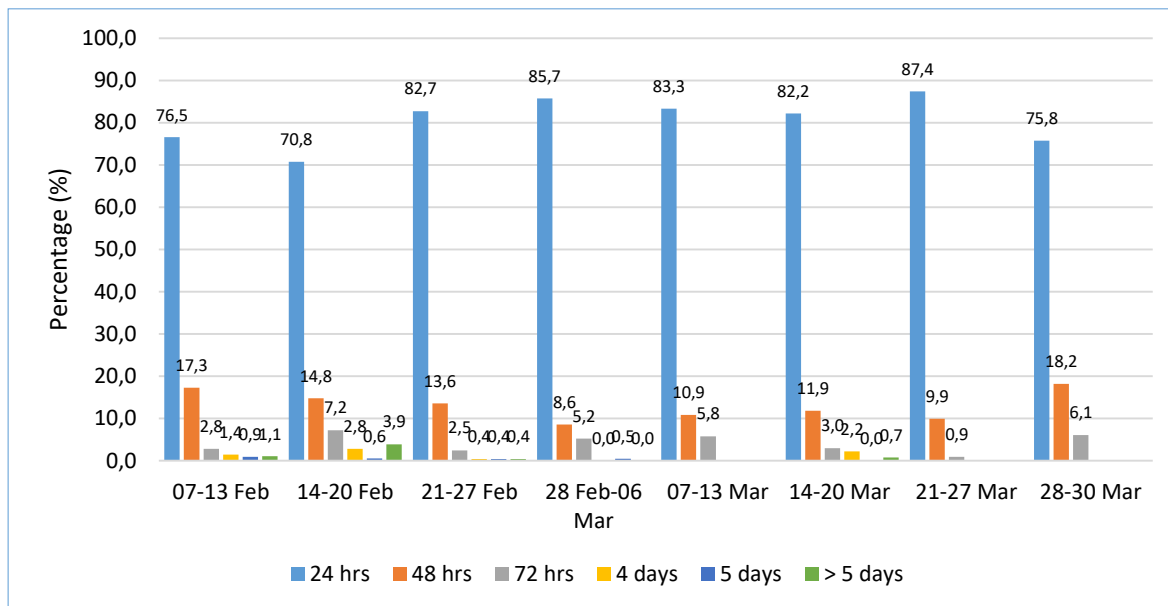


Fig. 5. Turnaround time for SARS-Cov-2 positive results by week as of 30 Mar. 2021

The laboratory results which were available within 24 hours of specimen collection decreased by 11.7% from 87.4% in the previous week to 75.8% in the current week. Results that were available within 48 hours increased by 8.3% from 9.9% to 18.2% during the same period.

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

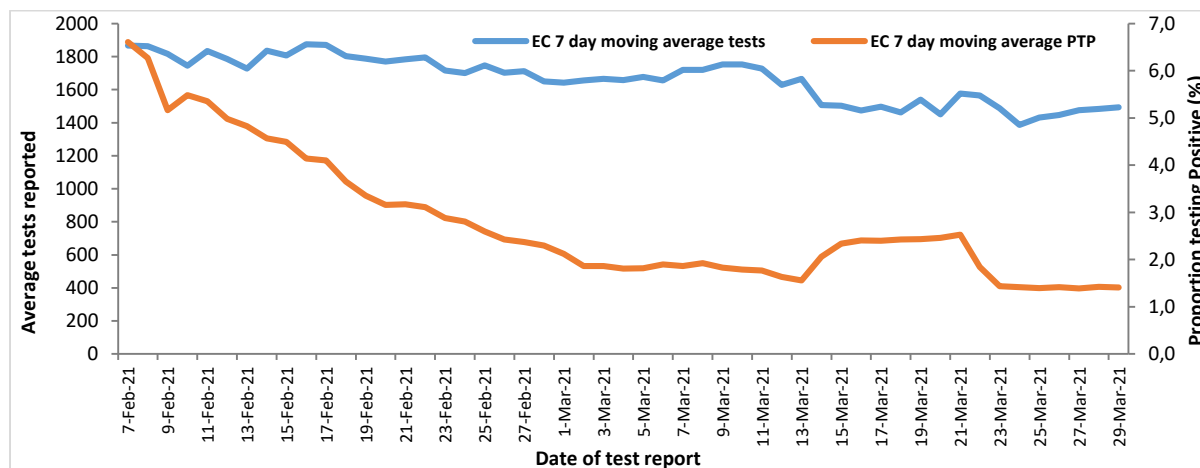


Fig. 6. 7-day moving average for SARS-Cov-2 tests and positivity rate, as of 29 Mar. 2021

The number of SARS-Cov-2 tests has decreased from 1,488 on the 23rd to 1,493 on the 29th of March 2021. However, the positivity rate remained to be at 1.4% during the same period.

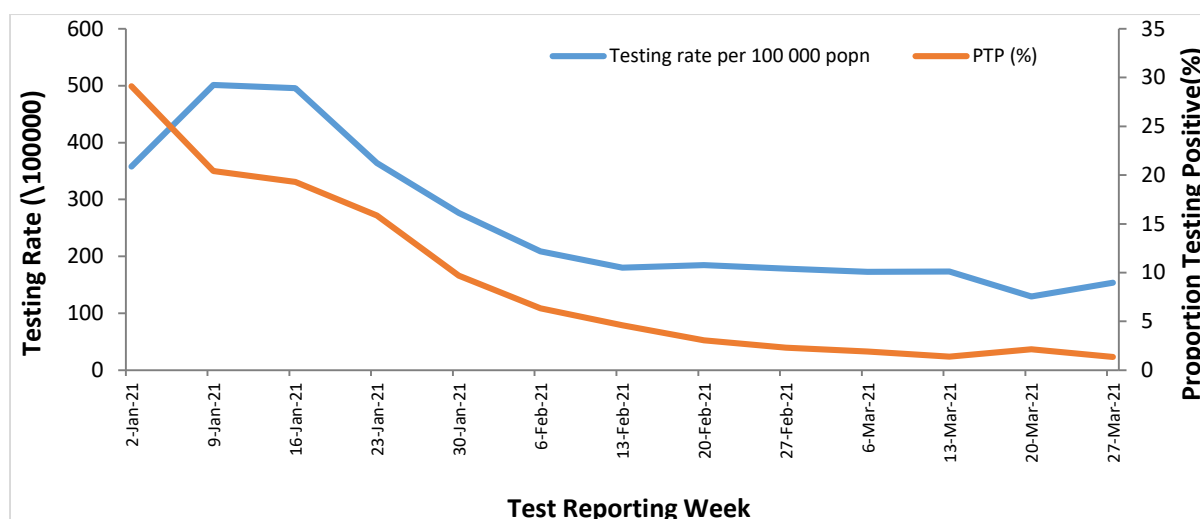


Fig. 7. Testing Rate for SARS-Cov-2 by week for past 9 weeks, as of 28 Mar. 2021

The testing rate for SARS-Cov-2 has decreased since the week of the 9th of January to the current week. In the past two weeks, the testing rate per week has increased from 130 tests on the week ending on the 20th March to 154 tests per 100,000 populations (i.e. < 200 tests per 100,000 per week) on the week ending on 27th March.

5. ACTIVE CASES, INCIDENCE & POSITIVITY RATE

5.1. Active SARS-Cov-2 Cases

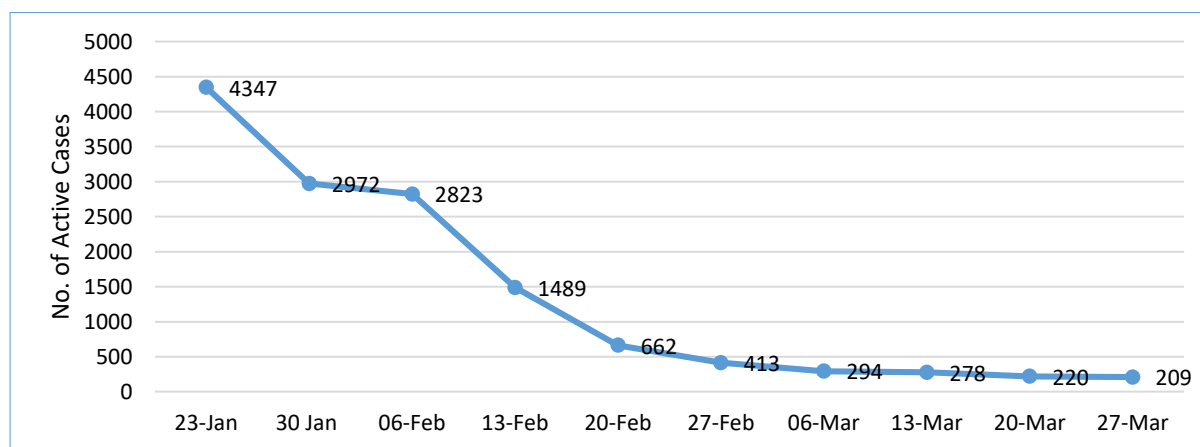


Fig. 8. Number of active SARS-Cov-2 cases by week, as of 27th March 2021

The number of active SARS-Cov-2 cases has decreased significantly in the past 10 weeks. The number of active cases has decreased by 5.3% from 220 on the week ending on the 20th Mar to 209 on the week ended on 27 March.

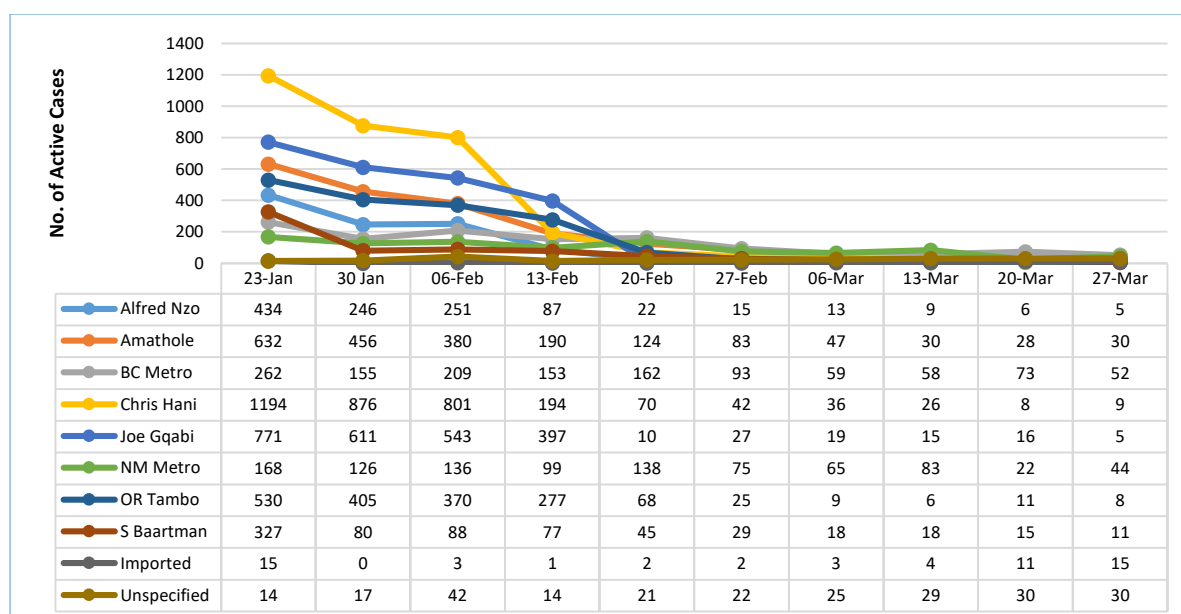


Fig. 9. No. of weekly Active SARS-Cov-2 cases by district, as of 27 March 2021

The number of SARS-Cov-2 active cases over the past 10 weeks appear to have decreased in all the districts. However, there is a need to deal with the number of active cases in the metros, and Amathole district.

5.2. Active SARS-Cov-2 cases and the cumulative positivity rate

District	Population Estimates	Number of Tests	SARS-Cov-2 Cases (ALL)	Active SARS-Cov-2 Cases	SARS-Cov-2 per 100,000 (Active)	Cumulative Positivity Rate
Alfred Nzo	827826	32 878	8001	5	0,6	24,3
Amathole	798067	81 281	19367	8	1,0	23,8
BC Metro	798798	160 005	38950	52	6,5	24,3
Chris Hani	733743	69 720	19561	9	1,2	28,1
Joe Gqabi	343075	28 365	7518	5	1,5	26,5
NM Metro	1210803	227 071	56005	34	2,8	24,7
OR Tambo	1520922	97 932	22455	4	0,3	22,9
S Baartman	480223	103 531	21783	14	2,9	21,0
Imported		0	621	23	0,0	0,0
Unspecified		113 630	1130	32	0,0	1,0
E.Cape	6713457	914 413	195391	186	2,8	21,4

The incidence of active cases was 2.8 cases per 100,000 population. Seven districts had an incidence that was less than 5% per 100,000 populations, while BC Metro reported 6.5 cases per 100,000.

The cumulative positivity rate remained 21.4%. All districts have less than a 30% positivity rate.

5.3. Incidence of SARS-Cov-2 cases

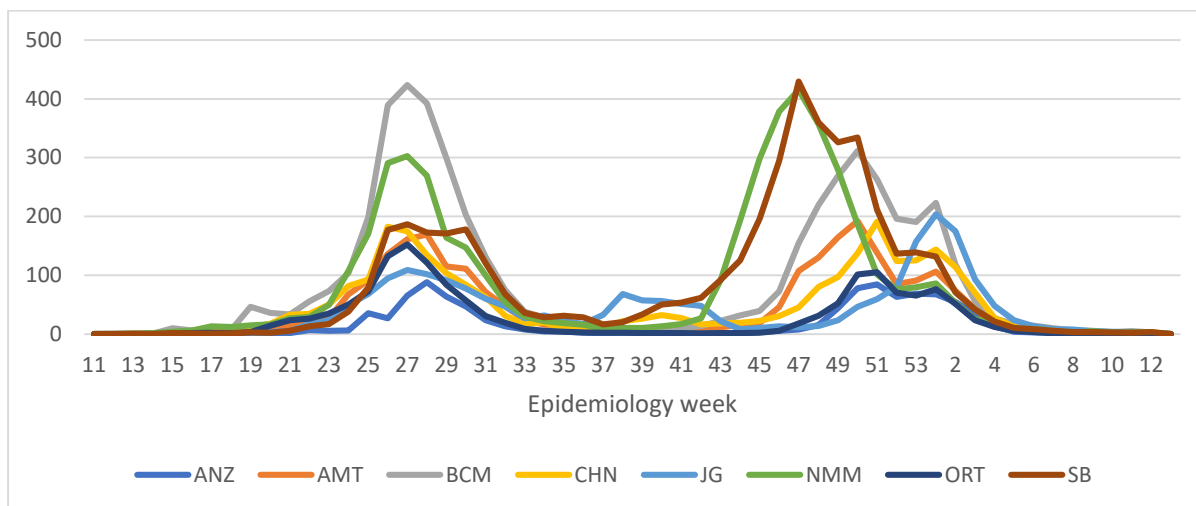


Fig. 10. Incidence of SARS-Cov-2 cases by epidemiological week, as of 30 Mar. 2021

The incidence of SARS-Cov-2 has significantly declined in all districts including the metros between week 3 and week 12.

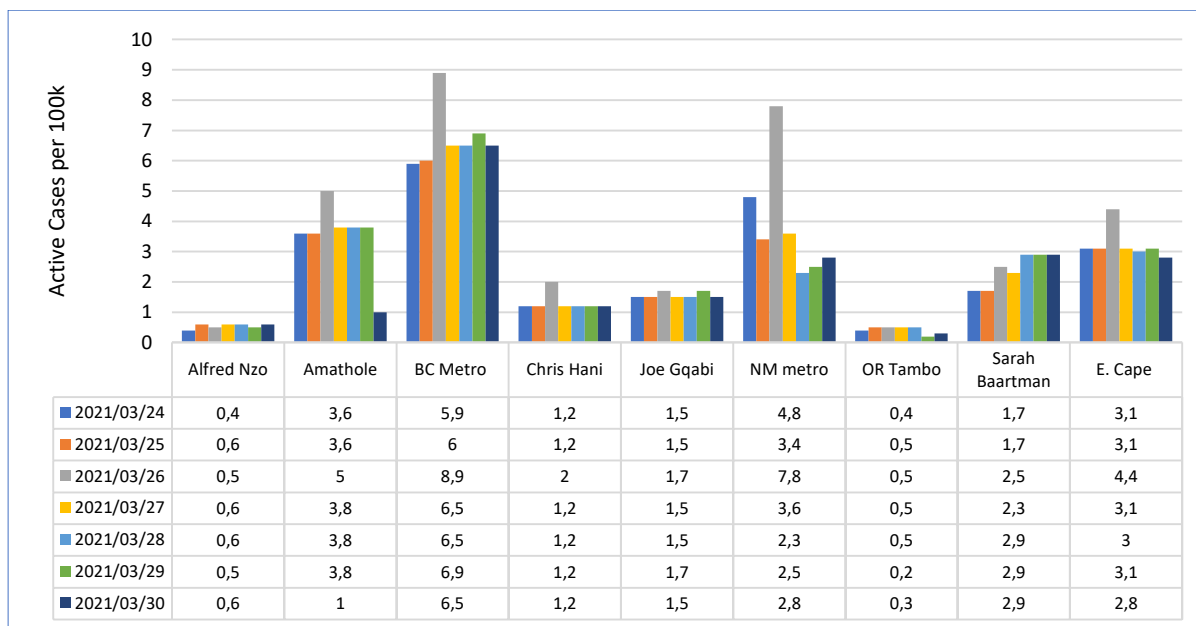


Fig. 11. Incidence of active SARS-Cov-2 (per 100,000) by district date, as of 30 Mar. 2021

In the past 7 days, the incidence of SARS-Cov-2 decreased from 3.1 cases per 100,000 on the 24th March to 2.8 cases per 100,000 on the 30th March 2021. The incidence of SARS-Cov-2 was higher than 5 cases per 100,000 in BC Metro (6.5/100,000).

5.4. Recovery Rate (%)

The provincial recovery rate remained above 90% over the past 7 days. The recovery rate for all the districts has not changed for more than 14 days.

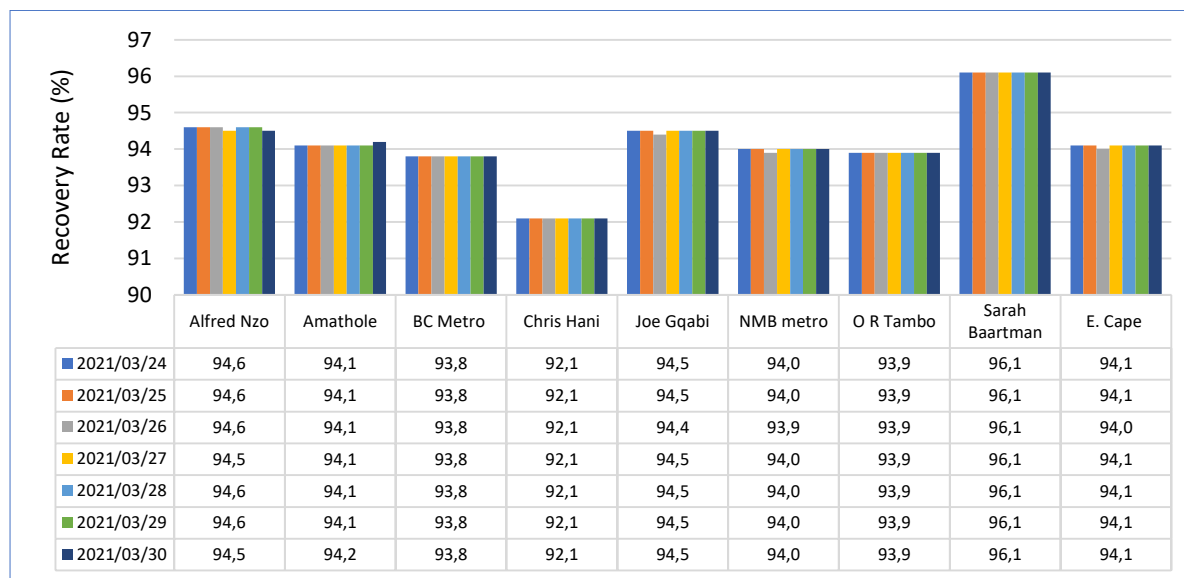


Fig. 12. SARS-Cov-2 Recovery Rate (%) by districts, as of 30 Mar. 2021 (N=183,846)

Ninety-four percent (94.1%) of the cases recovered and all districts have more than 90% of the cases have recovered.

5.5. Mapping of active cases, recoveries and deaths

The map shows the distribution of active cases, recoveries and deaths related to SARS-Cov2.

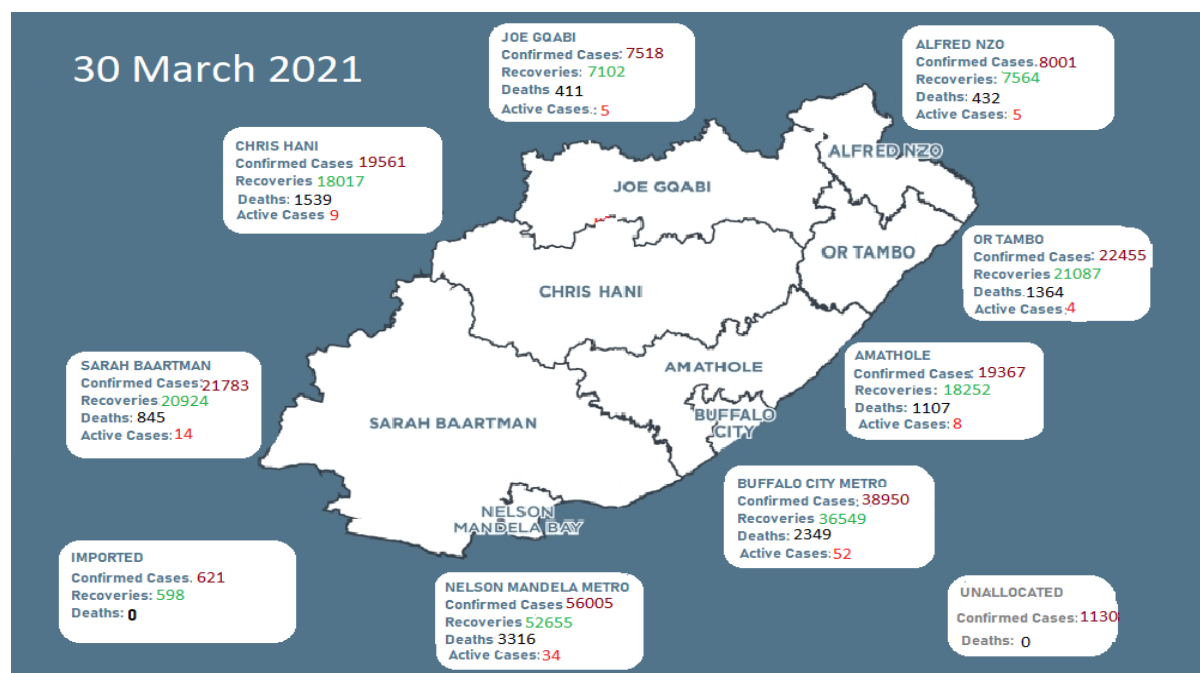


Fig. 13. The number of Covid-19 cases, recoveries and deaths, as of 30 Mar. 2021

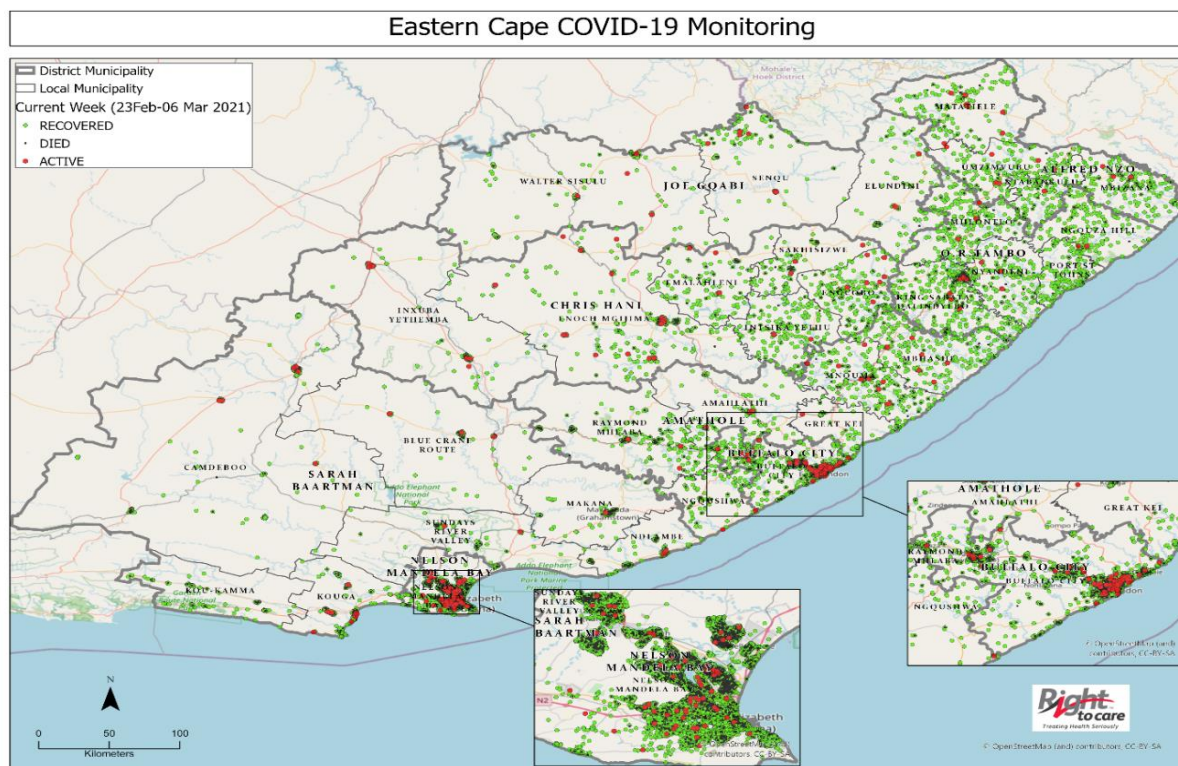


Fig. 14. Active Cases, Recoveries and Deaths, 23 February to 6th March 2021

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

The graph below depicts the total number (including cumulative) of cases and the 7-day moving average.

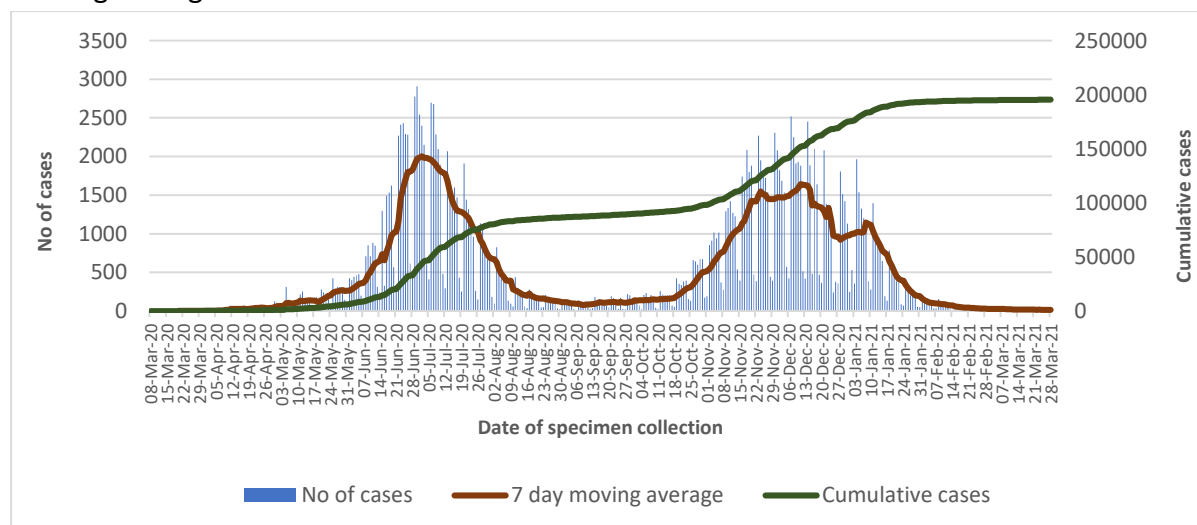


Fig. 15. The 7-day moving average for Covid-19 cases by date of collection, as of 30 Mar. 2021

The number of daily newly diagnosed cases increased from the second half of October and peaked in mid-December, and then decreased until to date. The number of cumulative cases appears to have stabilized (known as flattening of the curve).

7. SARS-Cov-2 RELATED MORTALITY

7.1. SARS-Cov-2 related deaths

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

Month	Cases	Deaths	Percent (%)	Case Fatality Rate (%)	Mortality Rate (per 100,000)
Mar-20	13	1	0,0	7,7	0,0
Apr-20	638	35	0,3	5,5	0,5
May-20	3282	285	2,5	8,7	4,2
Jun-20	23793	1036	9,1	4,4	15,4
Jul-20	50290	2034	17,9	4,0	30,3
Aug-20	8295	668	5,9	8,1	10,0
Sep-20	2992	213	1,9	7,1	3,2
Oct-20	8626	287	2,5	3,3	4,3
Nov-20	34232	1710	15,1	5,0	25,5
Dec-20	42757	2776	24,4	6,5	41,3
Jan 21	18167	1911	16,8	10,5	28,5
Feb 21	1705	207	1,8	12,1	3,1
Mar 21	605	51	0,4	8,4	0,8
Unknown	0	145	1,3	0,0	2,2
Total	195395	11359	100,0	5,8	169,2

Twenty-four percent (24.4%) of the deaths occurred in December; January reported (16.8%), February (1.8%) and March (0.4%). The Case Fatality Rate was 6.5% in December, 10.5% in January, 12.1% in February and 8.4% in March. Between November and January, the mortality rate was above 20 per 100,000.

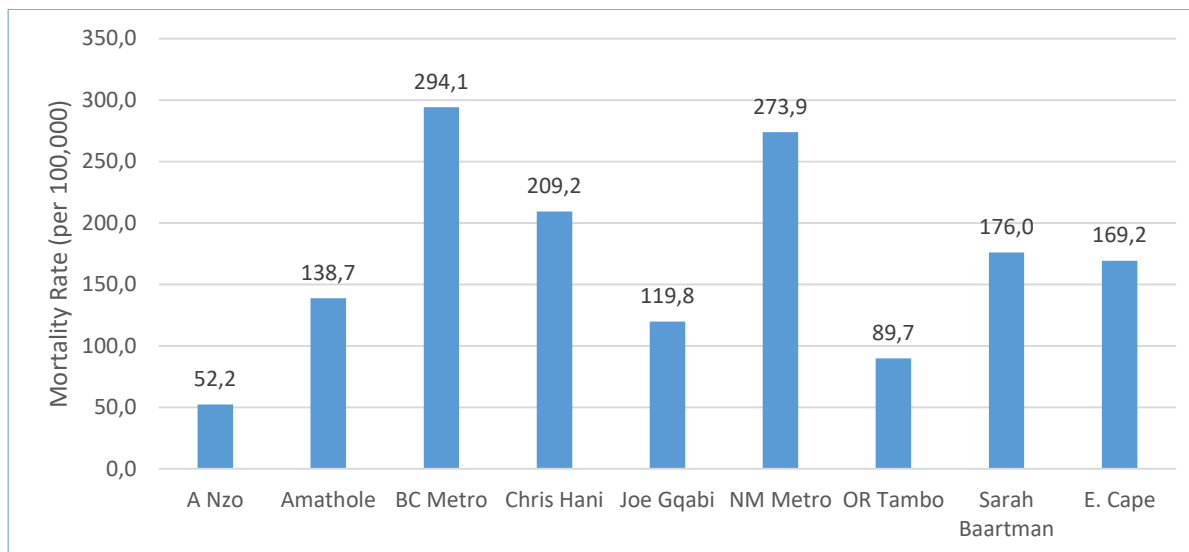


Fig. 16. SARS-Cov-2 related mortality per 100,000 by district, as of 30 Mar. 2021

The EC province mortality rate was 169.2 deaths per 100,000 populations. BC Metro reported the highest mortality rate at 294.1 per 100,000, followed by NM Metro (273.9 per 100,000), Chris Hani (209.2 per 100,000) and Sarah Baartman (176 per 100,000).

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

The figure below depicts the daily deaths and the cumulative number of deaths.

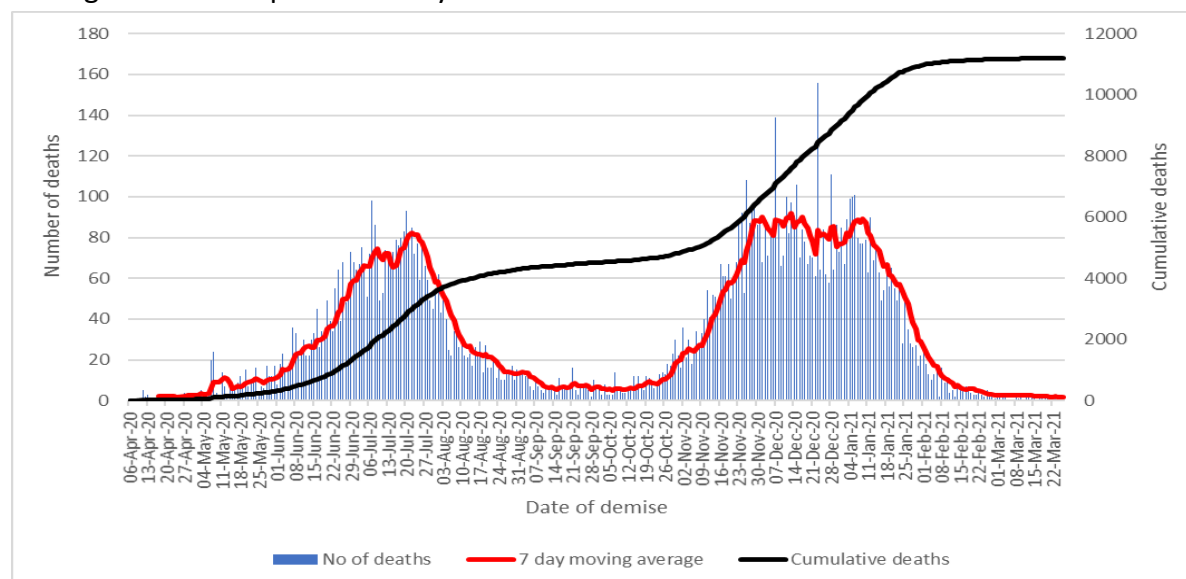


Fig. 17. Daily and cum. SARS-Cov-2 related deaths by date of demise, as of 30 Mar. 2021

The second wave had more deaths and took a longer duration compared to the first wave. The number of deaths continues to decline from the first week of January.

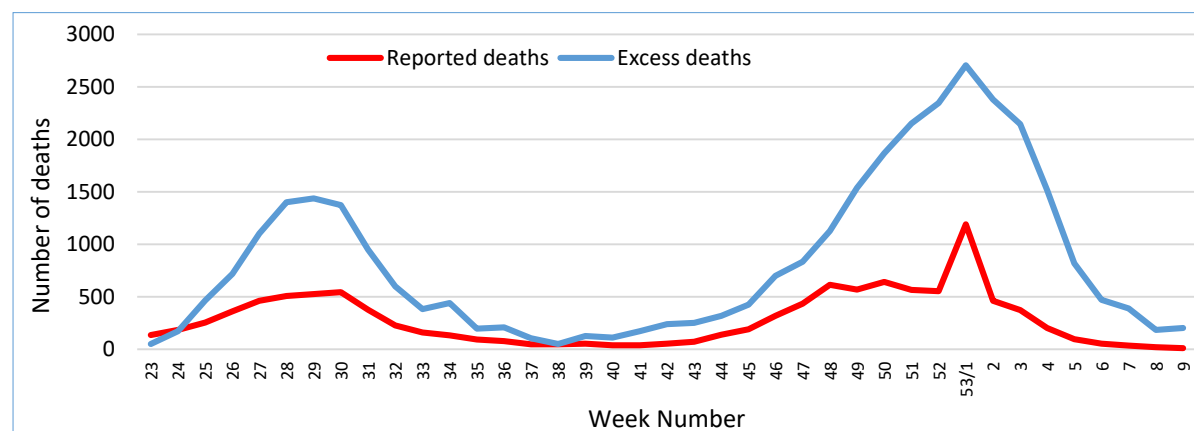


Fig. 18. Excess and SARS-Cov-2 related deaths by week, as on 04th Mar. 2021 (ECDOH, MRC)

The above graph shows the number of excess deaths extracted from the MRC website, and the number of SARS-Cov-2 related deaths as reported by the districts and their facilities.

The differences in the number of deaths during the period of low transmission appear to be lower compared to the period of high transmission. In both the first and second waves, the number of excess deaths was significantly higher than the number of deaths that were reported in the department.

7.3. Case Fatality Rate by district

Eight percent (7.9%) of the SARS-Cov-2 cases which demised were from Chris Hani, followed by OR Tambo (6.1%), BC Metro (6.0%), NM Metro (6.0%), Amathole (5.7%), Joe Gqabi (5.5%), Alfred Nzo (5.4%) and the lowest being Sarah Baartman by 3.9%.

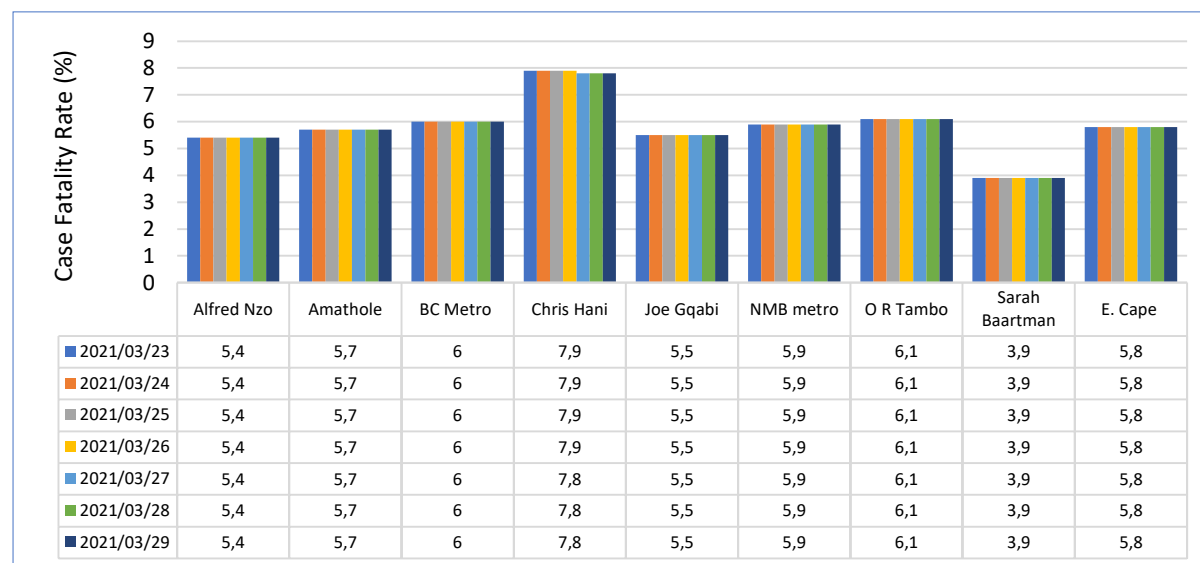


Fig. 19. SARS-Cov-2 Case Fatality Rate (%) by district, as of 29 Mar. 2021 (N=11,359)

There was no increase in the case fatality rate in the past 7 days. This may be due to a decrease in the number of deaths to less than 5 deaths per day.

7.4. Case Fatality Rate by age group

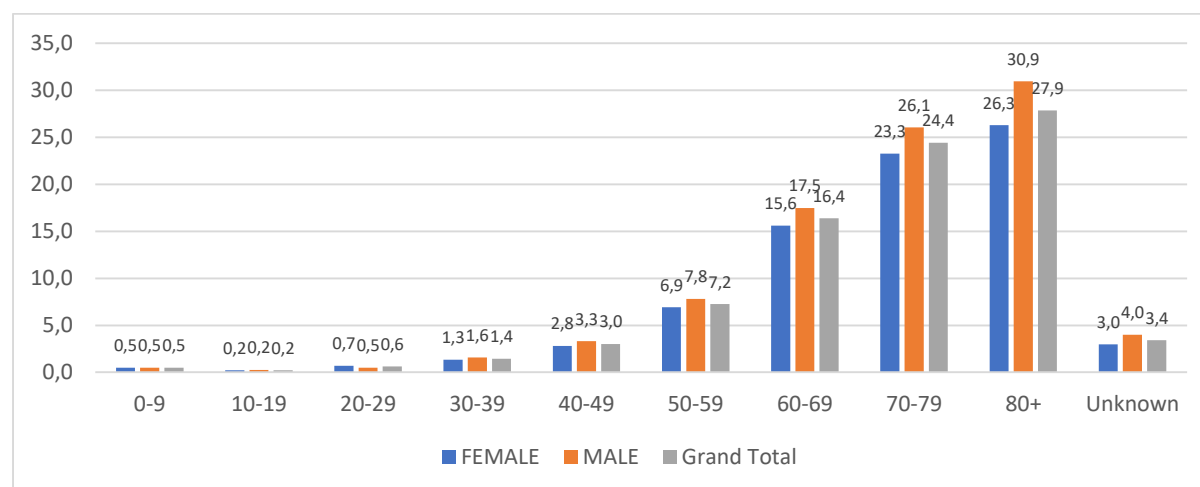


Fig. 20. SARS-Cov-2 related Case Fatality Rate (%) by age group, as of 30 Mar. 2021

The case fatality rate increases with increasing age. Since the beginning of the pandemic, the younger population had a low case fatality rate compared to the older population that had an increased case fatality rate. The male population had a higher case fatality rate compared to the female population.

7.5. Post-mortem testing and results

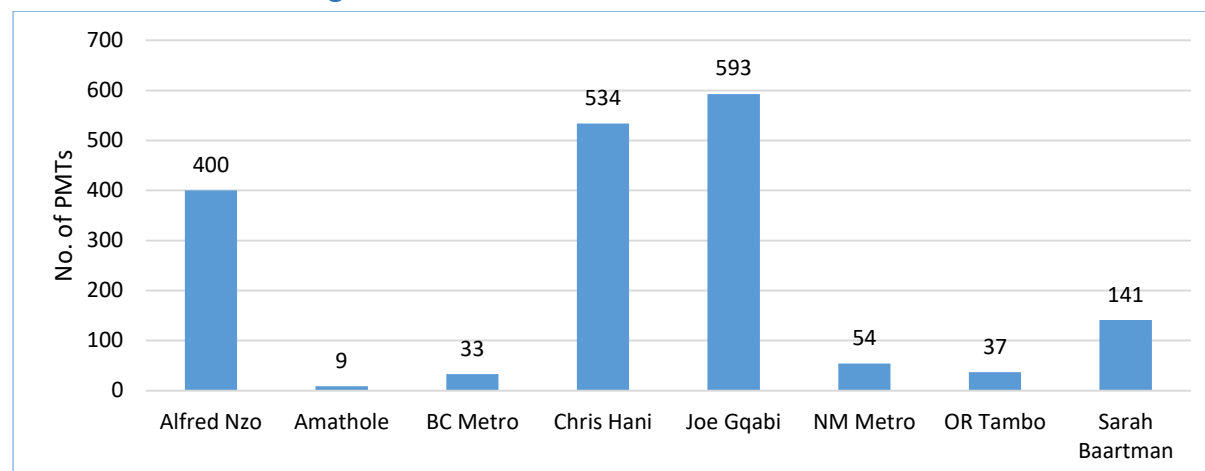


Fig. 21. No. of deaths with SARS-Cov-2 PMT done by district, as of 19th Mar. 2021 (N=1,801)

As of the 19th March, 1,801 post-mortem tests (PMTs) were reported, i.e. 1,668 (92.6%) were from Joe Gqabi, Chris Hani, Alfred Nzo and Sarah Baartman. Districts with the lowest number of PMTs include Amathole, BC Metro, OR Tambo and NM Metro.

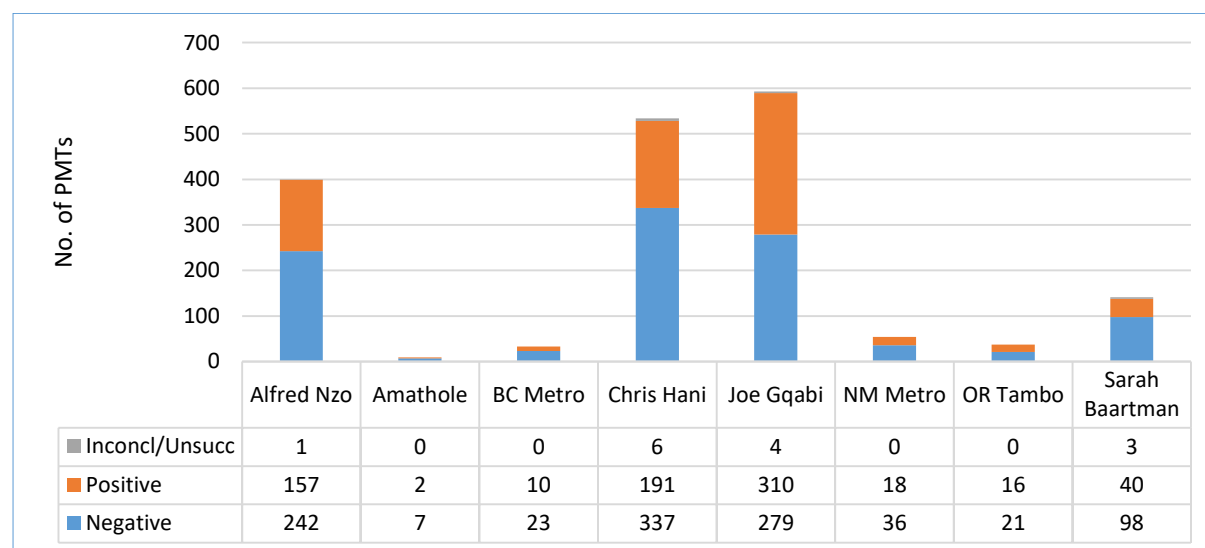


Fig. 22. The number of post-mortem test results by district, as of 19th Mar. 2020 (N=1,801)

A total of 744 PMTs tested positive for SARS-Cov-2, i.e. 41.3%. Eighty-eight per cent (88.4%), i.e. 658 positive PMTs were from 3 districts, i.e. Alfred Nzo (157 deaths), Chris Hani (191 deaths) and Joe Gqabi (310 deaths).

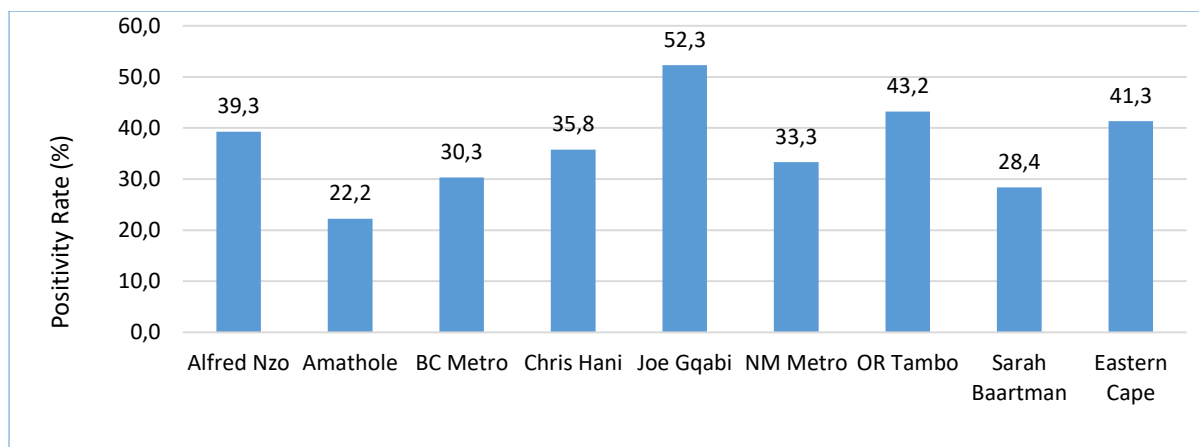


Fig. 23. Post-mortem SARS-Cov-2 positivity rate by district, as of 19th March 2021

More than half of the PMTs in Joe Gqabi tested positive, followed by 43.2% in OR Tambo, 39.3% in Alfred Nzo. The lowest positivity rate was observed in the Amathole district, which had the lowest number of PMTs done.

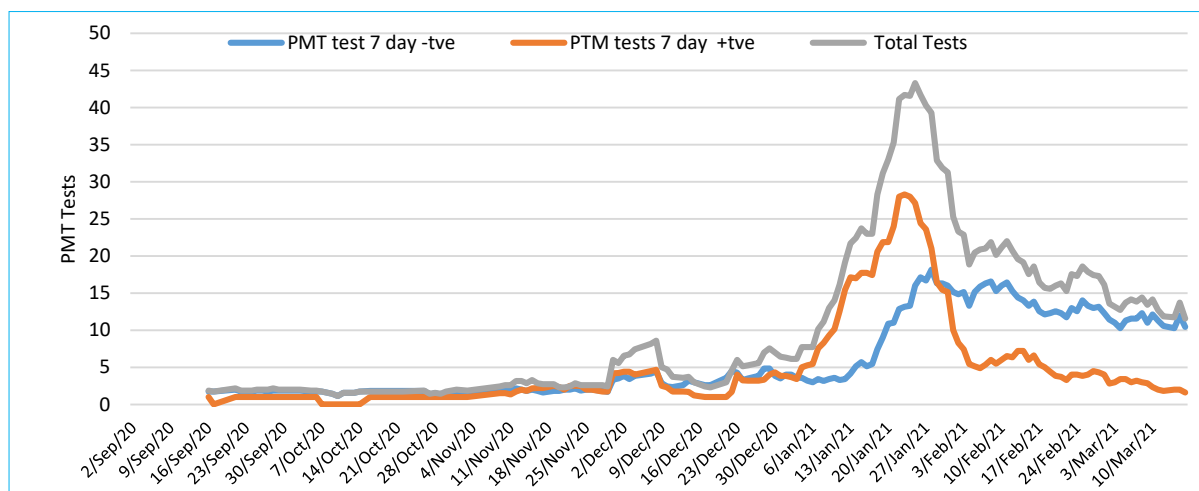


Fig. 24. 7-day moving average of SARS-Cov-2 PMT test results, as of 18th Mar. 2021

The number of PMTs has increased from the last week of December and peaked in the last week of January. A gradual decrease in the number of PMTs continues to occur to date. However, the number of PMTs that tested negative appear to have a less significant change. The interpretation of the PMT data needs careful interpretation especially in those districts with low testing rate. There may be an underestimation of the positivity rate among those individuals who demised outside the health facility.

It is therefore recommended that PMTs in those districts with low testing rate need to improve the testing rate.

7.6. Deaths by health facilities

The figure below provides the number of deaths by hospital or place. Nearly most of the hospitals including both private and public have reported a case or more, whether private or public.

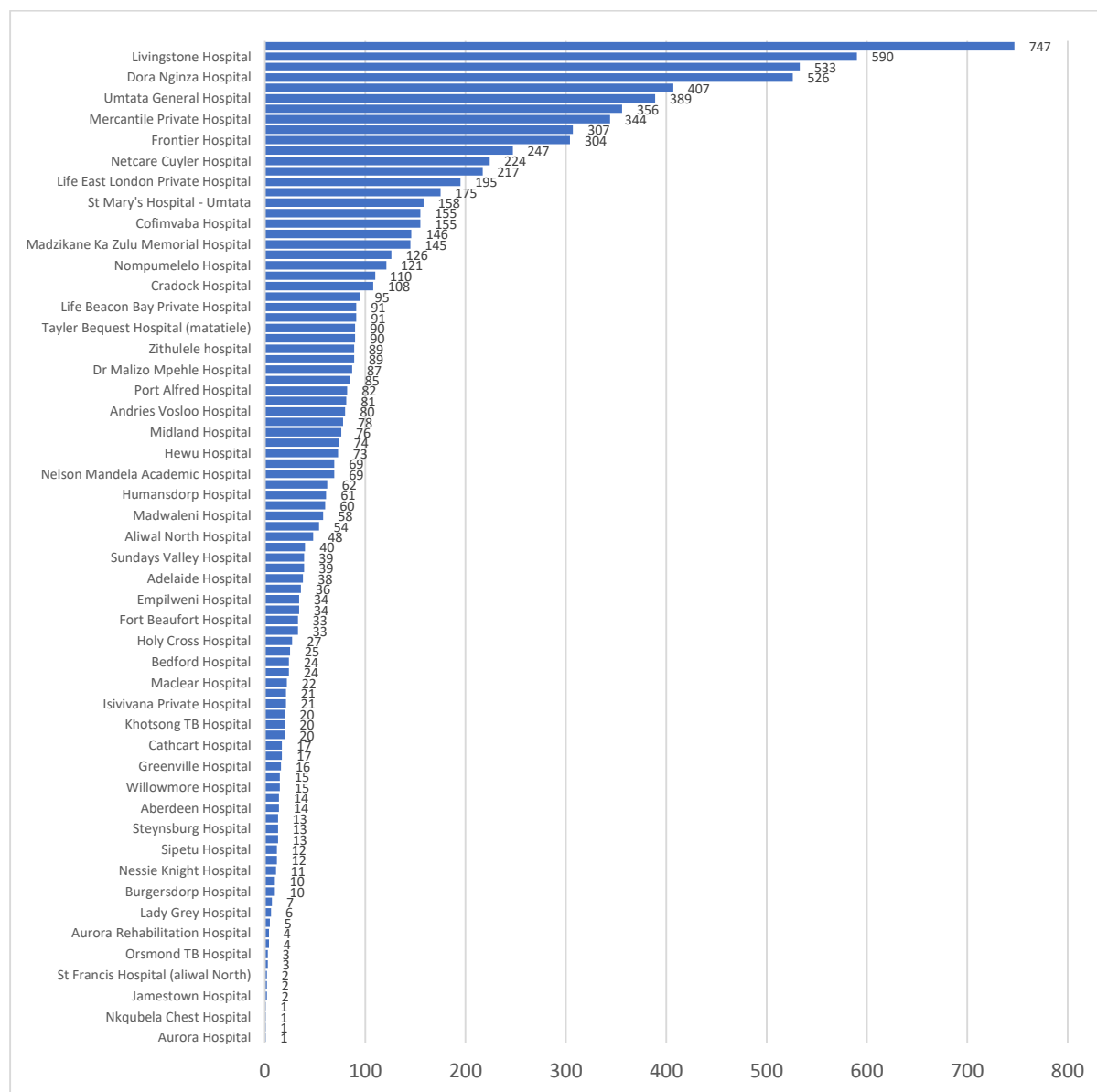


Fig. 25. No. of SARS-Cov-2 related deaths by the facility, as of 29 Mar. 2021

Fifty-five percent (55.2%) of the deaths, which occurred in the province, occurred in 13 hospitals, i.e. public and private sector hospitals. The hospitals include Frere, Cecilia Makiwane, Dora Ngiza, Livingstone, Life St. Dominics, Netcare Greenacres, Mercantile, Uitenhage, Frontier, Mthatha Regional, Life St. Georges, Netcare Cuyler, and Butterworth Hospitals. These hospitals reported more than 200 deaths from the beginning of the pandemic until now.

6. HEALTHCARE WORKERS

6.1. Cases and deaths among healthcare workers (HCWs)

As of 16th March 2021, 11,978 HCWs tested positive for SARS-Cov-2 and 307 persons demised.

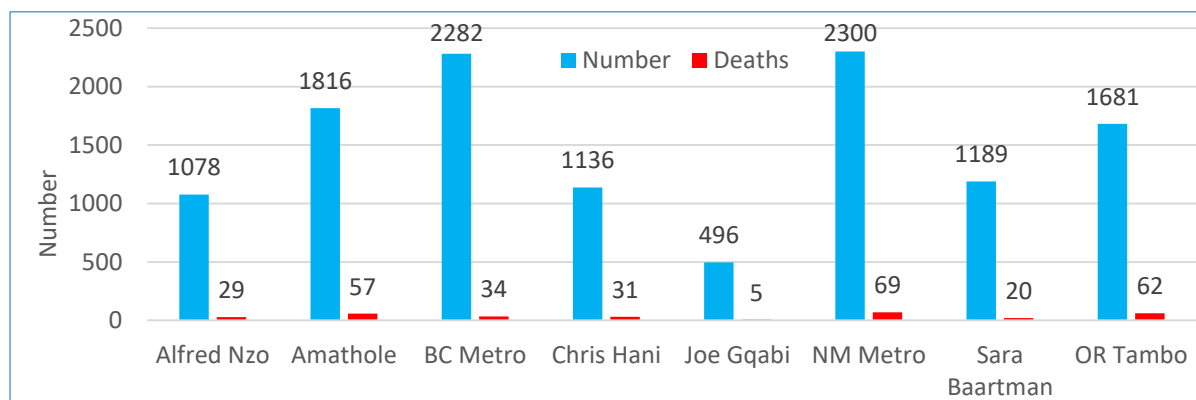


Fig. 26. SARS-Cov-2 positive Healthcare Workers, as of 16 Mar. 2021 (N = 11,978)

The number of healthcare workers who tested positive for SARS-Cov-2 in Nelson Mandela Metro was 2,300 (69 deaths), Buffalo City Metro 2,282 (34 deaths), Amathole 1,816 (57 deaths), OR Tambo 1,681 (62 deaths), Sarah Baartman 1189 (20 deaths), Chris Hani 1,136 (31 deaths) and Alfred Nzo 1,078 cases (29 deaths).

6.2. 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.

Table 6. SARS-Cov-2 cases by selected job categories, as of 16 Mar. 2021			
	Population	Cases	Positivity Rate (%)
Admin	12434	819	6,6
Allied Professionals	3041	232	7,6
Doctors & Clinical Assoc	2369	449	19,0
Nurses	20650	4959	24,0
Emergency Medical Services	2498	298	11,9

The positivity rate among the nurses was 24,0%, followed by doctors and clinical associates (19%), allied professionals (7.6%), EMS (11.9%), and admin personnel (6.6%). The positivity rates among healthcare workers negatively affect patient safety, staff morale and confidence, and the capacity of the State to provide quality health services to the population.

6.3. Admissions of healthcare workers

The analysis of the admissions of the healthcare workers was 1,029 healthcare workers who admitted to the hospitals in the Eastern Cape. The source of the data was DATCOV.

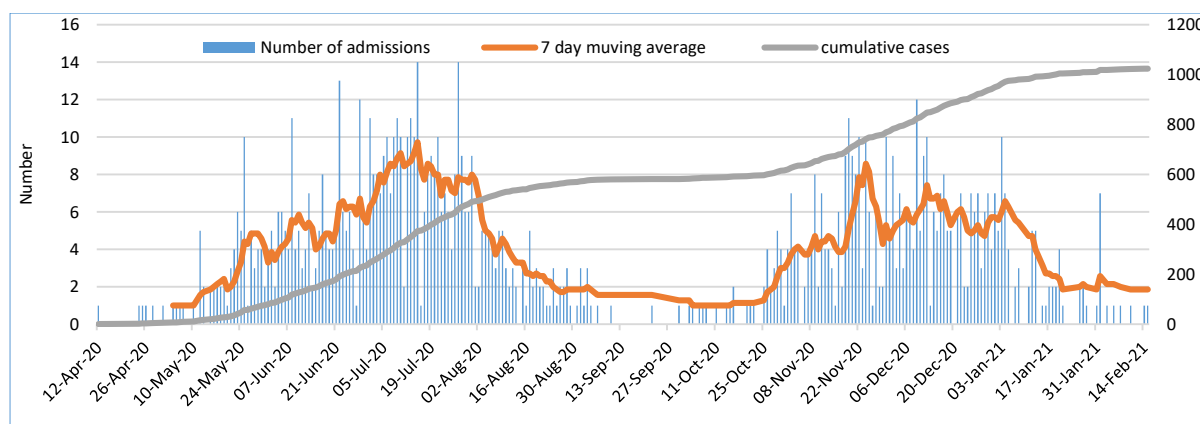


Fig. 27. No. of SARS-Cov-2 related admissions of healthcare workers, as of 19th Feb. 2021

The abovementioned figure shows the number of admissions, 7-day moving average and cumulative cases among healthcare workers. Figure 27 appear to mimic the epi-curve and admissions of the general population in both the first and the second waves.

6.4. Case Fatality Rate (%) among HCWs

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

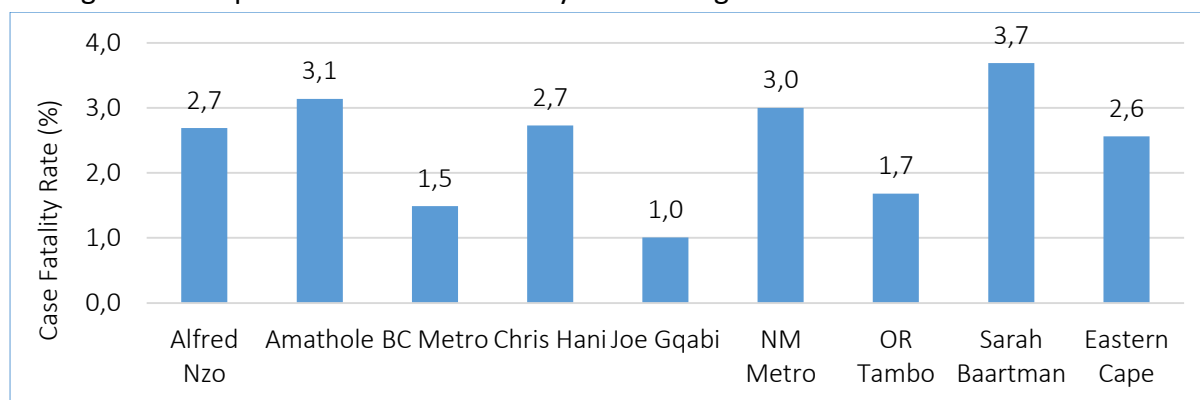


Fig. 28. SARS-Cov-2 Case Fatality Rate (%) among HCWs, as of 16 Mar. 2021 (N=307)

The case fatality rate among healthcare workers was 2.5%. The case fatality rate was reported to be equal to or above 1% in all the districts in the province. Sarah Baartman reported the highest case fatality rate, followed by Amathole, Nelson Mandela Metro, Alfred Nzo and Chris Hani. The case fatality rate of less than 2% was observed in three districts, i.e. Joe Gqabi, BC Metro and OR Tambo.

7. Hospitalization and outcomes

7.1. Admissions and outcomes

The cumulative number of SARS-Cov-2 hospitalizations is 31,499 (DATCOV). Fifty-nine percent (58,5%) of the hospitalizations occurred in the Metros. Chris Hani and OR Tambo reported 10,5% and 10,1% of the hospitalizations, respectively.

Table 7: No of hospitalisation by district as on 30 March 2021				
District	Public	Private	Grand Total	Percentage
Alfred Nzo	1688	105	1793	5,70%
Amathole	2356	0	2356	7,50%
Buffalo City Metro	4196	3119	7315	23,20%
Chris Hani	2559	736	3295	10,50%
Joe Gqabi	707	0	707	2,20%
Nelson Mandela Bay Metro	6675	4434	11109	35,30%
O R Tambo	2286	889	3175	10,10%
Sarah Baartman	1598	138	1736	5,50%
EC	22065	9421	31486	100,00%

Of the reported hospitalizations, 22, 065 (70.1%) occurred in public sector and 9, 421 (29.9%) occurred in private sector health facilities.

Table 8 : No of hospitalisation and Outcomes as on 30 March 2021			
Eastern Cape	Public	Private	Total
Cumulative Admissions	22065	9421	31486
Died	7131	2274	9405
Discharged Alive	13317	7056	20373
Transferred Out	1555	34	1589
Currently Admitted	21	51	72
In ICU	1	15	16
In High Care	2	1	3
In General	18	35	53
On Oxygen	9	1	10
Ventilated	0	6	6

Of all the hospitalized cases, 64.7% (20,373) of hospitalized patients were discharged alive and 65.4% (13,317) of the reported discharges were from the public sector. Thirty percent (29.9%) of hospitalized cases demised due to SARS-Cov-2 related causes with 75.8% (7,131) of those reported deaths occurring in public sector facilities.

Of the 72 currently admitted, 53 (73.6%) were admitted in General ward, 16 (22.2%) in ICU and 3 (4.2%) in high care. About 10 (13.9%) patients hospitalized were on oxygen and 6 (8.3%) were on ventilation.

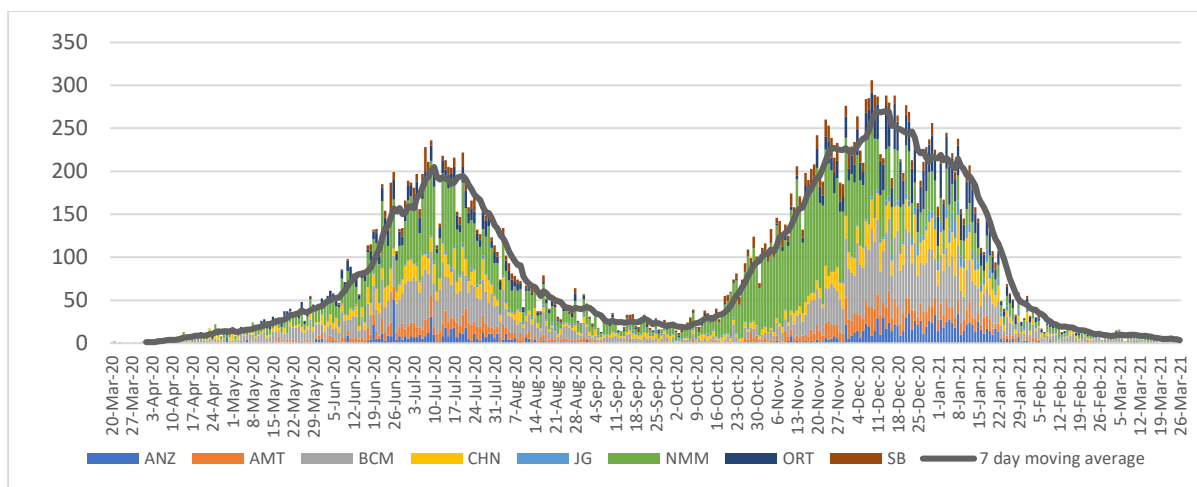


Fig. 29. Average (7 days moving) daily admissions by districts, as of 30 Mar. 2021 (DATCOV)

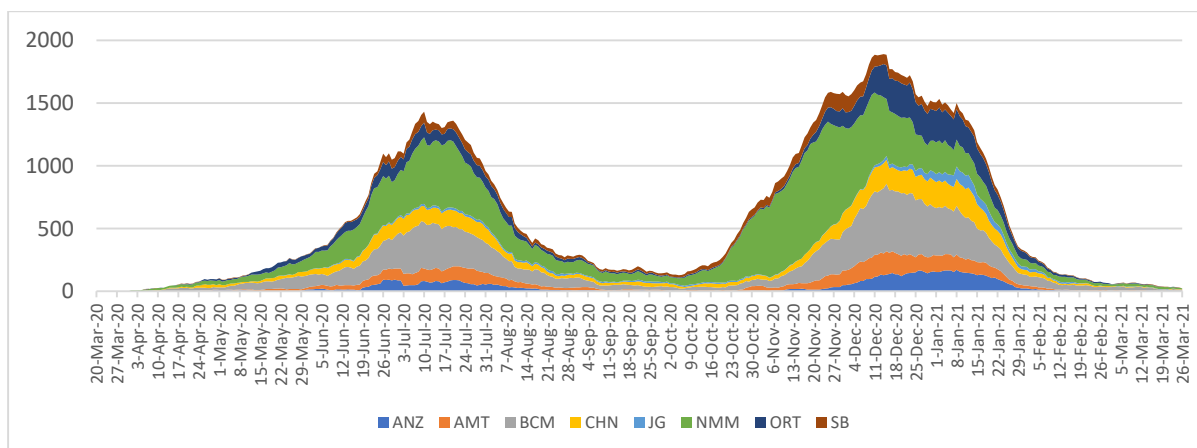


Fig. 30. No. of hospitalizations by date of admission for each district, as of 30 Mar. 2021

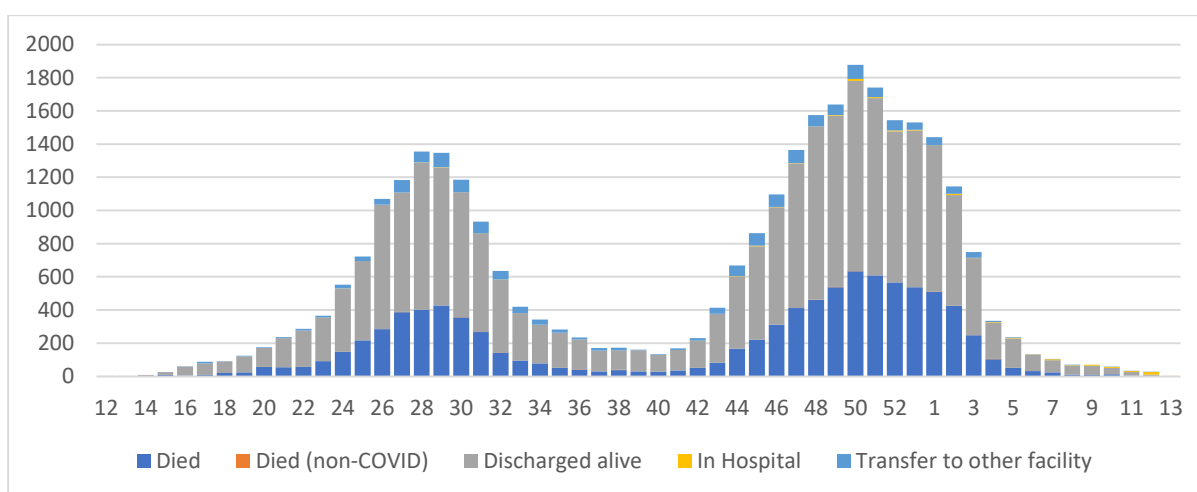


Fig. 31. Hospitalizations & outcomes by admission week, as of 30 Mar. 2021 (DATCOV)

The number of currently hospitalized patients remained high during the last part of the year and started to decline thereafter.

7.2. Co-morbidities among admitted cases and deaths

The most common co-morbidities among the hospitalized SARS-Cov-2 patients were hypertension (39%) and diabetes (25,8%) among hospitalized SARS-Cov-2 cases. Two other commonly reported co-morbidities HIV (7,6%), obesity (5,8%) and asthma (3,6%).

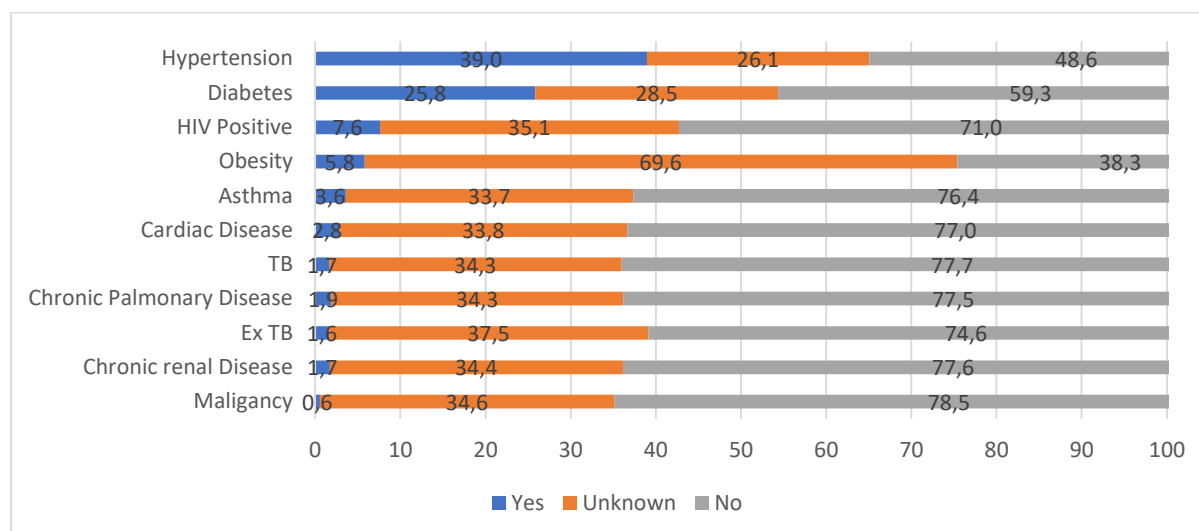


Fig. 32. Co-morbidities among SARS-Cov-2 hospitalizations, as of 30 Mar.2021 (DATCOV)

A significant percentage of hospitalized patients did not have co-morbidities. This may have resulted in the under-estimation of the burden of co-morbidities among hospitalized cases.

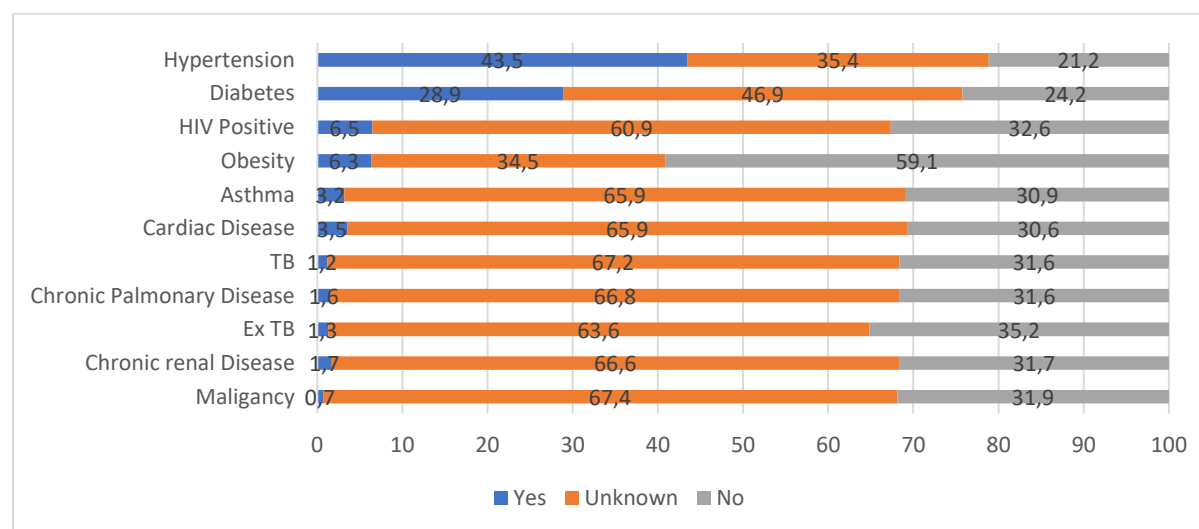


Fig. 33. Co-morbidities among SARS-Cov-2 cases who demised, as of 30 Mar. 2021 (DATCOV)

The most common comorbidities among those cases that demised in the hospital include hypertension (43.5%) and diabetes (28.9%). Other 4 co-morbidities were reported, i.e. obesity (6.3%), HIV (6.5%), asthma (3.2%) and cardiac diseases (3.5%).

8. KEY INTERVENTIONS

There are key issues, which require improvement;

- Strengthen surveillance of SARS-Cov-2 including collection and testing of specimens
- Prioritize contact tracing and monitoring to minimize the spread of the infections
- Isolate positive cases and quarantine contacts to minimize transmission
- Promote the use of prevention measures against SARS-Cov-2, i.e. wearing of masks, social distancing, and frequent handwashing.



COVID-19 SITUATIONAL UPDATE 30 March 2021



3 577 773
No Screened



914 413
Total Lab Tests



195 391
Positive Cases



183 846
Recoveries



11 359
Deaths

DISTRICT	TOTAL SCREENED	TOTAL TESTED	TOTAL CASES	RECOVERIES	DEATHS	ACTIVE CASES	AREAS
ALFRED NZO	694 706	32 878	8 001	7 564	432	5	Badibanise,Bhakubha,Bizana,Brooksnek,Cedarville,Chithwa,Dutyini,Emanxiweni,Ezinteteni,Kokstad,Lucingweni,Matluti, Mandileni , Matatiele,Mount Ayliff, Mount Frere , Ndantana, Ngcingo , Ntabakhulu, Sugar Bush, Tabankulu
AMATHOLE	658 126	81 281	19 367	18 252	1107	8	Adelaide, Alice, Bolotwa, Butterworth, Cathcart, Centane, Cuba, Debe Nek, Dikana, Elliotdale, Ethafeni, Frankfort, Fort Beaufort, Ibika, Idutywa, Keiskammahoek, Willowale, Lower Mhangcolo,Debe Nek, Mgababa, Nyaniso, Peddie
BUFFALO CITY METRO	210 367	160 005	38 950	36 549	2349	52	Abbottsford, Amalinda , Beacon Bay, Bisho, Braelynn, Buffalo Flats, Dimbaza, Duncan Village, East London, Ginsberg, Gonubie, Greenfields, Haven Hills, King William's Town, Mamata, Mdantsane, Masingata, Mantlani, Nahoon, Ndevana, Needs Camp, Parkside, Selbourne, Sunnyridge, Sunset Bay,Tshatshu, Vincent, West Bank, Zwelitsha
CHRIS HANI	515 346	69 720	19 561	18 017	1535	9	Bankies, Dordrecht, Dukathole, Ekunene, Ezibeleni, Kwanobuhle, Mcwangele, Madeira Park, New Rest, Ngcobo, Ngonyama, Popcorn Valley, Qebe, Qoqodala, Queenstown, Sigadleni, Vaalbank, Sada, Middleburg, Thornhill, Ndazamela, Mlungisi,Westbourne,Nttonze, Maya Village,Ekuphumleni, TopTown, Vleipoot, Zola
JOE GGABI	87 855	28 365	7 518	7 102	411	5	Aliwal North, Barkley East, Bhodi, Land Camp, Ugie, Inglewood, Maclear, Solomzi, Sunduza,Robbenn,Venterstsd
NELSON MANDELA METRO	856 883	227 071	56 005	52 655	3316	34	Algoa Park, Bethelsdorp, Bloemendal, Bluewater Bay, Boosens Park, Cotswold, Cuyler, Daleview, Despatch, Fernglen Port, Gelvandale, 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, Daleview
OR TAMBO	265 613	97 932	22 455	21 087	1364	4	Gomora, Lutatweni, Machibi, Majola, Mandilini, New Payne Ngqeleni, Ntsimbini, Old Payne, Libode, Lusikisiki, Mqanduli, Tombo, Marhewini, Mpikwana,Bhongweni,Cibeni, Flagstaff,Magcakeni,Ngangelizwe, Ngqanda,Tyebelana, Pollar Park, Tabase Mission, Slovo Park, Southernwood, Waterfall Park, Zandukwana,Zimbane, Ziphonzana
SARAH BAARTMAN	288 877	103 531	21 783	20 924	845	14	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*	-	0	621	598	0	23	Bloemfontein, Ceres, Cape Town, Dunoon, Fishhoek, George, Green Point, Gugulethu, Hout Bay, Langa, Khayelitsha, Knysna, Phillipi, Stellenbosch, Strand
PENDING	-	113 630	1130	1098	0	32	
GRAND TOTALS	3 577 773	914 413	195 391	183 846	11 359	186	

ACKNOWLEDGEMENTS

- a. The epidemiological and surveillance functions continue because of the strong partnership between the following stakeholders;
- b. WHO supported epidemiologists, biostatisticians, and technical support
- c. The National Institute for Communicable Diseases (NICD) provided the province with epidemiologists and technical support
- d. The data analyst from TB/HIV Care has supported data management, mapping of the cases and other functions in the department
- e. Right to Care assists in mapping the cases in different areas in the province
- f. Centre for Disease Control (Atlanta-Pretoria) provided the Department with an epidemiologist and a statistician to support the province
- g. The Department of Health, both the National and Provincial Department of Health repurposed the employees to focus on the control and prevention of the pandemic
- h. Laboratories; National Health Laboratory Services, Pathcare and Ampath for prompt and regular reporting of SARS-Cov-2 newly diagnosed cases.