# REPORT ON WEEKLY DEATHS IN SOUTH AFRICA

16 – 22 MAY 2021 (WEEK 20)

Debbie Bradshaw, Ria Laubscher,
Rob Dorrington, Pam Groenewald, Tom Moultrie

Burden of Disease Research Unit South African Medical Research Council 26 May 2021



### Glossary:

Age-standardised excess death rate: Indirectly age-standardised excess death rates have been calculated for each province to adjust the crude death rates per capita for the differences in distribution of the population by age. The adjustment factor for each province is calculated as the crude death rate for South Africa divided by what the crude rate for South Africa would have been had the age distribution of the population been that of the province. Standardisation for age is necessary when comparing populations that differ in their age structure because age has a powerful influence on the risk of dying. The rate is based on the cumulative number of excess deaths since 3 May 2020 to date divided by the population estimate for 2021 and has not been annualised.

Actual number of deaths: The actual number of deaths in South Africa have been estimated from the numbers recorded on the National Population Register using weighting factors set to produce results consistent with those of the annual Rapid Mortality Surveillance Report to account for deaths of persons who are not on the National Population Register as well as those that have not been registered with the Department of Home Affairs. The adjustments to account for incompleteness of recording of deaths on the NPR have been re-estimated for the 2021 reports taking into account the 2017 cause-of-death data released by Stats SA in 2020. A methodological note briefly outlining the changes can be downloaded with this report from the SAMRC website: <a href="https://www.samrc.ac.za/reports/report-weekly-deaths-south-africa">https://www.samrc.ac.za/reports/report-weekly-deaths-south-africa</a>.

**Epi-week:** The Weekly Death Reports in 2020 used weeks from 1 January and ran from Wednesday to Tuesday. In setting up the monitoring for 2021, we recast the data to report by an 'Epi-week' consistent with CDC and many NICD reports which run from Sunday to Saturday, ensuring continuity of weeks from one year to the next. Each week is aligned with the 'Epi-year' that has 4 or more days in that week. Week 53 of 2020 is from 27 December 2020 to 2 January 2021 and Week 1 of 2021 is 3 January – 9 January 2021.

Excess deaths: There is no universal definition of, or understanding of what is meant by, "excess mortality". It is a term used in epidemiology and public health that refers to the number of deaths that are occurring above what we would normally expect. The WHO uses the term to describe "Mortality above what would be expected based on the non-crisis mortality rate in the population of interest. Excess mortality is thus mortality that is attributable to the crisis conditions. It can be expressed as a rate (the difference between observed and non-crisis mortality rates), or as a total number of excess deaths."

Excess natural deaths associated with COVID-19: Generally, the number of excess deaths per week is calculated as the number of all-cause deaths in that week less the number that might be assumed to have occurred had there not been the epidemic (i.e. the counterfactual number), provided that the counterfactual is lower. However, this approach has generally only been applied to countries where deaths have been tracking the counterfactual before the onset of significant numbers of COVID-19 related deaths. The method provides a poor estimate of the numbers of COVID-19 and collateral deaths in the early stages of the epidemic when this is not the case. Thus, we estimated the numbers of COVID and collateral deaths, once a clear upward trend is evident, as the number of actual deaths less a baseline number determined as a proportion of the predicted number. By the end of the 1st wave of the pandemic, the predicted values have been used as the counterfactual.

**Warning:** The Department of Home Affairs has faced sporadic temporary office closures, particularly in areas that are more affected by COVID-19. This may affect our allocation of a death to a metro area. For example, a death that occurred in the City of Cape Town might have been registered at an office outside of the City because of a temporary closure. Closure may also cause a delay in the processing of the death registration which would result in an underestimate of the deaths in the most recent week. This accounts for the kinks in what should otherwise be a smooth increase in numbers of deaths in Cape Town and Buffalo City, for example.

# **Background**

This report provides estimates of the weekly number of deaths of person 1+ years in South Africa for epidemiological **Week 20** of 2021, covering the period **16 - 22 May 2021**.

While preparing predicted numbers of weekly deaths for 2021, enhancements have been made to the estimation process. The estimates now take into account the release of vital registration data to include registrations up to the close of 2017. They also ensure that the national estimate of excess deaths is consistent with the sum of the estimates for the provinces. Reporting has changed to 'Epi-weeks' that run from Sunday to Saturday, which will align with other weekly reports and enable us to lessen the lag in reporting.

The main methodological change introduced in the 2021 reporting is that predicted values for 2020 and 2021 are based on death data for the period 2014-2019, instead of data for 2018 and 2019 as was done for 2020 estimates. After reviewing trends in the data, separate negative binomial models have been fitted to the unnatural deaths, the natural deaths for each of KwaZulu-Natal and Western Cape, and for natural deaths for the 7 other provinces in a combined model to provide estimates by age, sex and epi-week for each year. A prediction interval has been estimated on the basis of the variability in the observed weekly data for each reported domain. The data for both 2020 and 2021 have been recast and both years will be reported with a cumulative total of excess deaths taken from the week starting 3 May 2020, considered to be the point of rapid increase in excess deaths associated with the COVID-19 pandemic in South Africa. Except for KwaZulu-Natal (and eThekwini in particular), where the additional VR data identified substantial missing late registrations from the 2015 data, the impact of the changes is relatively small. Predicted values for the metropolitan areas are still based on data from 2018 and 2019 as the trends in the subprovincial data need further investigation to develop a comprehensive district-level model.

A brief methodological note outlining the changes that have been made for monitoring deaths during 2021 can be downloaded with this report from the SAMRC website as well as a spreadsheet with estimated values: <a href="https://www.samrc.ac.za/reports/report-weekly-deaths-south-africa">https://www.samrc.ac.za/reports/report-weekly-deaths-south-africa</a>.

## **Trends**

- The weekly numbers of deaths of persons 1+ years of age from all causes was **11,049** in Week 20 (**16 22 May 2021**) tracking higher than the upper prediction bound.
- The number of excess deaths of persons 1+ years from natural causes has continued to increase reaching 1,578 in Week 20 (16 22 May 2021), following the low in Week 11 (14-20 Mar 2021) of 1,031.
- Since 3 May 2020, there has been a cumulative total of nearly **162,000** excess deaths from natural causes of persons 1+ years of age of which more than **79,000** occurred in 2021 (since 3 Jan 2021).

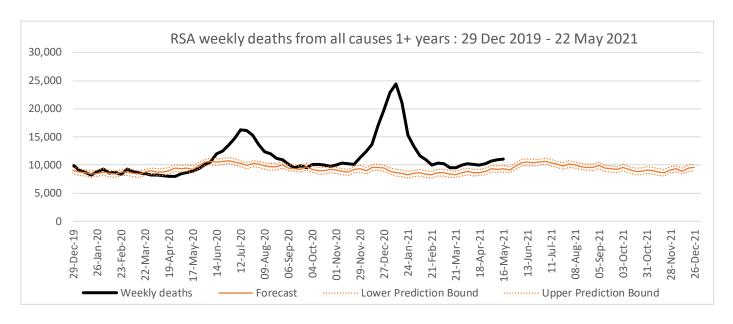
Week	Date	Weekly excess deaths	Cumulative excess	Cumulative excess
		from natural causes	since 3 May 2020	since 3 January 2021
11	14-Mar-21 – 20-Mar-21	1,031	149,771	66,842
12	21-Mar-21 – 27- Mar-21	1,148	150,919	67,990
13	28-Mar-21 – 3-Apr-21	1,142	152,061	69,132
14	4-Apr-21 – 10-Apr-21	1,372	153,432	70,503
15	11-Apr-21 – 17-Apr-21	1,310	154,743	71,814
16	18-Apr-21 – 24-Apr-21	1,320	156,063	73,133

17	25-Apr-21 – 1-May-21	1,286	157,349	74,420
18	2-May-21 – 8-May-21	1,455	158,804	75,875
19	9-May-21 – 15-May-21	1,590	160,394	77,465
20	16-May-21 – 22-May-21	1,578	161,972	79,043

- For people 1-59 years, the number of natural deaths has tracked the predicted number since February 2021. By the end of Week 20 (16 22 May 2021), the excess natural deaths since 3 May 2020 totals 37,740.
- For people 60 years and older, the number of natural deaths remains well above the upper prediction bound. The excess natural deaths for people 60 years and older by the end of Week 20 (16 - 22 May 2021) is 124,233.
- Phase 2 of the vaccination programme, targeting persons 60 years and older in addition to health care workers, began on 17 May 2021. The table below, shows that in the weeks leading up to the vaccination roll-out, there have been about 1,200-1,500 excess deaths from natural causes among persons 60+ years with p-scores ranging from 29%-36%.

Week	Date	Weekly excess deaths from natural causes for persons 60+ years	p-score
16	18-Apr-21 – 24-Apr-21	1,187	30.3%
17	25-Apr-21 – 1-May-21	1,137	28.7%
18	2-May-21 – 8-May-21	1,430	34.7%
19	9-May-21 – 15-May-21	1,513	35.9%
20	16-May-21 – 22-May-21	1,324	30.4%

- In Week 20 (16 22 May 2021), the numbers of deaths from natural causes in Free State and Northern Cape are concerningly high. North West and Gauteng are showing indications of an uptick in the past few weeks.
- As most of the metropolitan areas are tracking to the predicted numbers of natural deaths, the excess deaths appear to be a result of slow burn in non-metro areas in the country.
- Per capita excess death rates have been calculated for the provinces to scale the cumulative deaths for the
  population size of each province (Table 1). By the end of Week 20 (16 22 May 2021), the national excess
  death rate was 269 per 100,000 population.
- The provinces with the highest numbers of excess deaths at the end of Week 20 (16 22 May 2021), are, in order, KwaZulu-Natal, Eastern Cape and Gauteng. The ranking changes to Eastern Cape, Northern Cape and KwaZulu-Natal for the crude death rates per capita (i.e., taking size of the provincial populations into account) and to Eastern Cape, KwaZulu-Natal and Northern Cape using the age-standardised rates (i.e., taking into account the age distribution of the provincial population).
- The weekly number of deaths from unnatural causes have continued to track close to the predicted numbers, with the month-end peaks being higher and in February and March reaching the upper prediction bound. The provisional number for mid-May shows an unusual up-tick but it does not exceed the upper prediction bound.



Numbers have been scaled to the estimated actual number of death and for the last week has been adjusted for delayed registrations

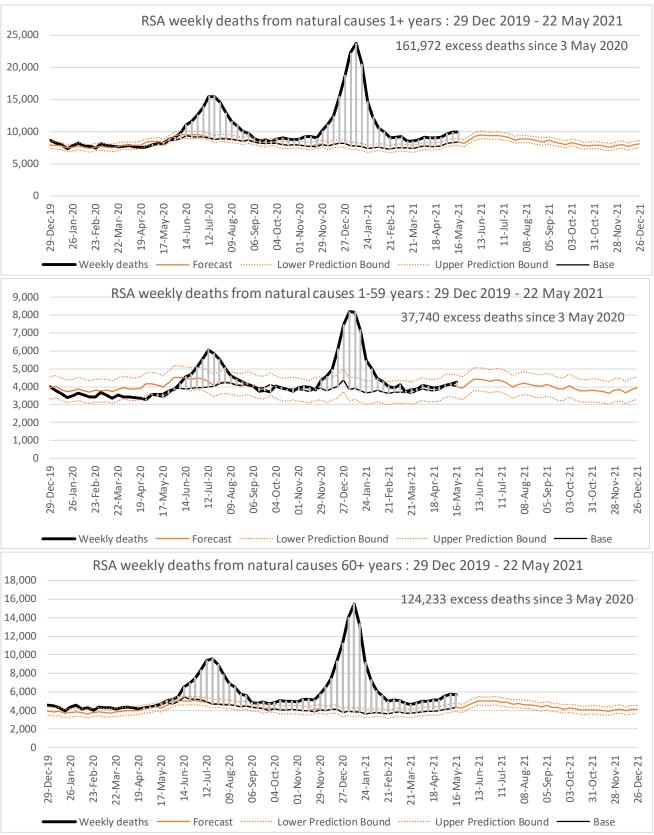
Table 1: Number of excess natural deaths of persons 1+ years by province and metro relative to revised predicted number based on the observed drop during lockdown, South Africa 2020/21

Region	Period	Excess deaths vs revised base	Excess deaths per 100,000 population	Age standardised excess death rate per 100,000
South Africa	3 May 20 – 22 May 21	161,972	272	272
Province				
Eastern Cape	31 May 20 – 22 May 21	33,983	516	416
Free State	21 Jun 20 – 22 May 21	8,810	303	303
Gauteng	7 Jun 20 – 22 May 21	26,802	172	189
KwaZulu-Natal	7 Jun 20 – 22 May 21	38,473	336	387
Limpopo	21 Jun 20 – 22 May 21	14,886	252	221
Mpumalanga	21 Jun 20 – 22 May 21	11,536	240	258
Northern Cape	28 Jun 20 – 22 May 21	4,417	377	353
North West	28 Jun 20 – 22 May 21	6,504	162	166
Western Cape	3 May 20 – 22 May 21	16,562	235	207
Metropolitan Municip	ality			
Buffalo City	31 May 20 – 22 May 21	3,578		
City of Cape Town	3 May 20 – 22 May 21	12,109		
Ekurhuleni	7 Jun 20 – 22 May 21	6,941		
eThekwini	14 Jun 20 – 22 May 21	9,151		
Johannesburg	7 Jun 20 – 22 May 21	9,432		
Mangaung	21 Jun 20 – 22 May 21	2,785		
Nelson Mandela Bay	31 May 20 – 22 May 21	5,087		
City of Tshwane	7 Jun 20 – 22 May 21	6,358		

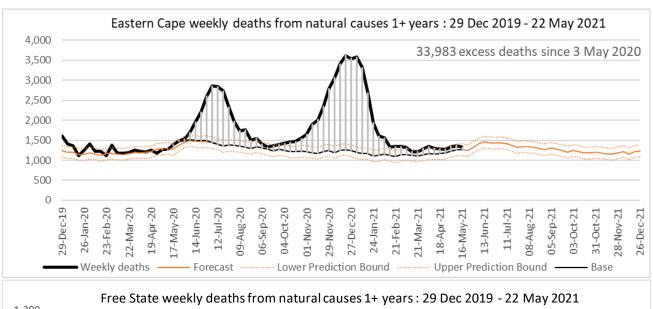
Note: Period has been determined based on when an upturn in the number of natural deaths became apparent. Parts do not sum to the whole because office closures due to Covid-19 may have led to registration of deaths at other offices which may not be in the same area, and random fluctuation at the point at which the baseline is determined.

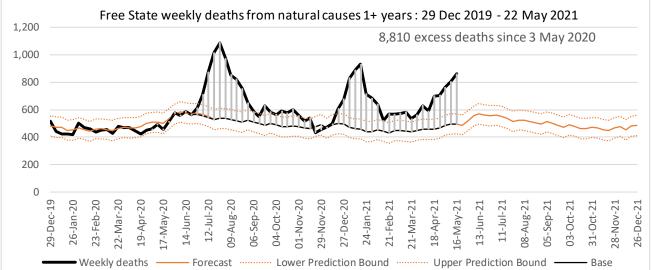
Table 2: Number of excess deaths from all causes of persons 1+ years by province and metro relative to predicted number based on historical trend, South Africa 2020/21

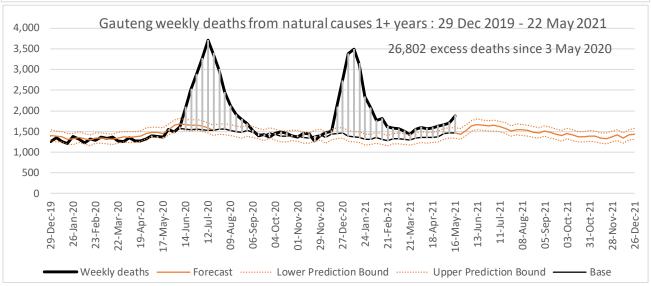
	Excess deaths vs	Excess deaths per	
Region	forecast	100,000 population	
South Africa	157,051	264	
Province			
Eastern Cape	34,546	525	
Free State	8,601	295	
Gauteng	24,281	156	
KwaZulu-Natal	38,515	336	
Limpopo	14,617	247	
Mpumalanga	11,193	233	
Northern Cape	4,325	369	
North West	6,224	155	
Western Cape	14,750	209	
Metropolitan Municipality			
Buffalo City	2,839		
City of Cape Town	9,741		
Ekurhuleni	6,910		
eThekwini	9,360		
Johannesburg	7,513		
Mangaung	3,007		
Nelson Mandela Bay	5,070		
City of Tshwane	5,953		

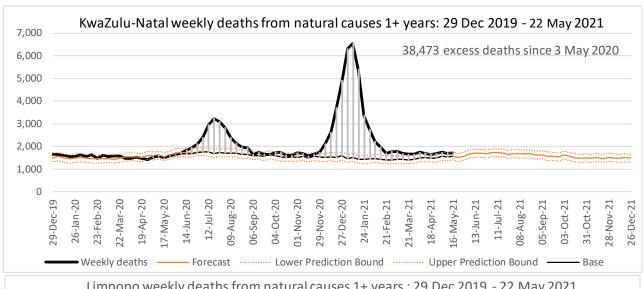


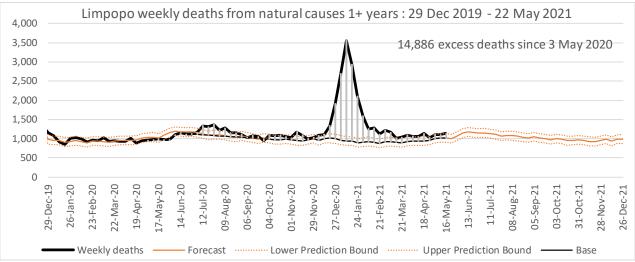
Numbers have been scaled to the estimated actual number of death and for the last week has been adjusted for delayed registrations

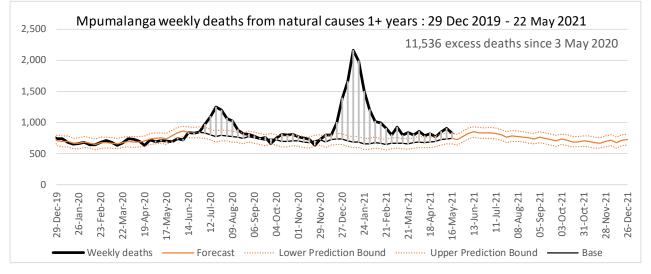


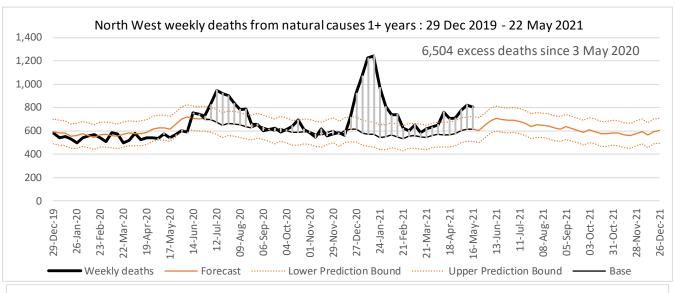


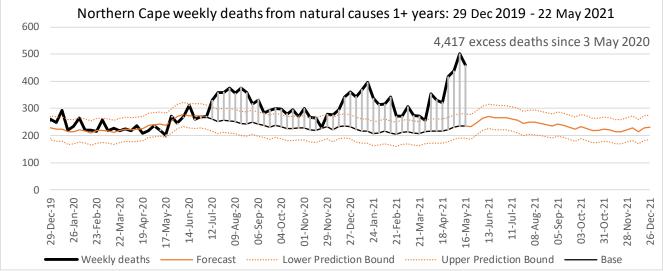


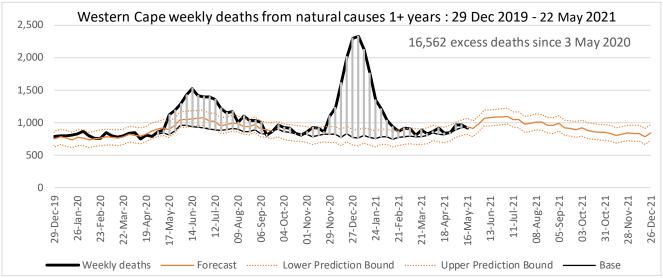


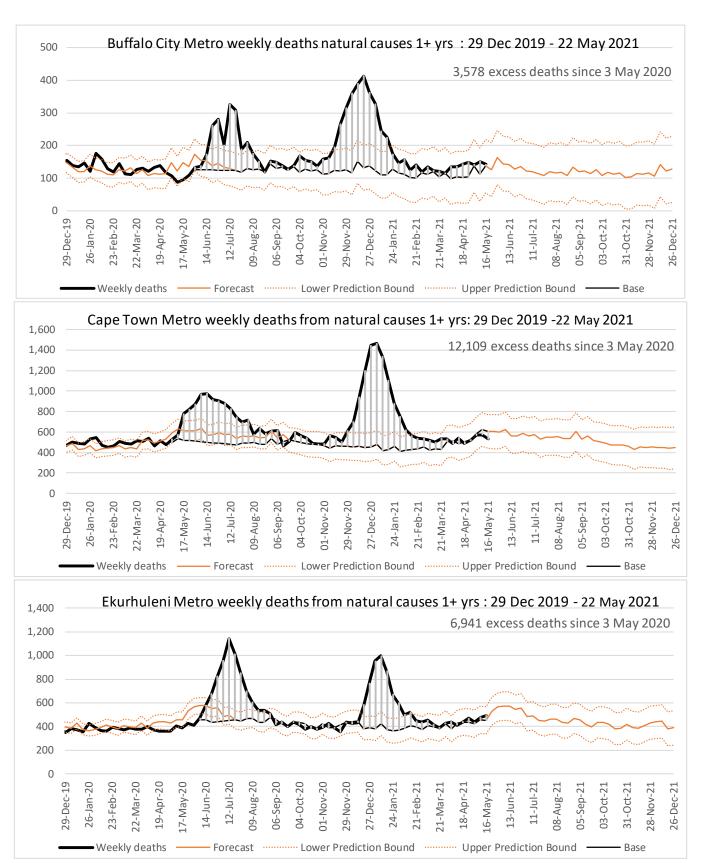




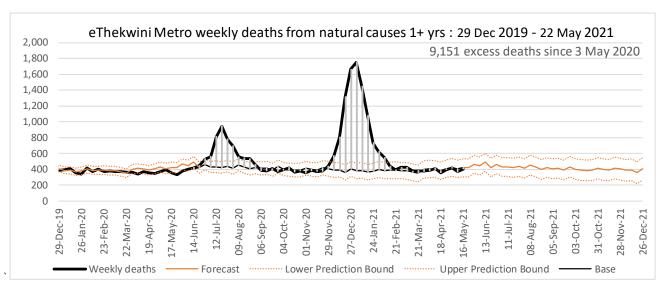


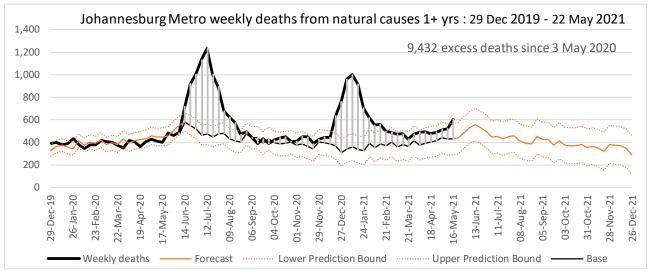


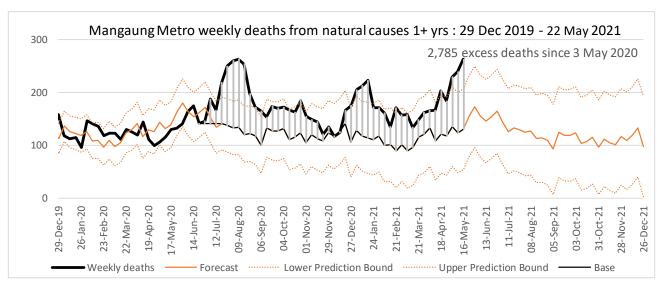


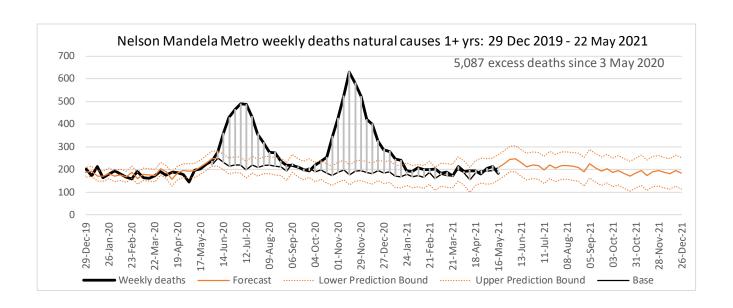


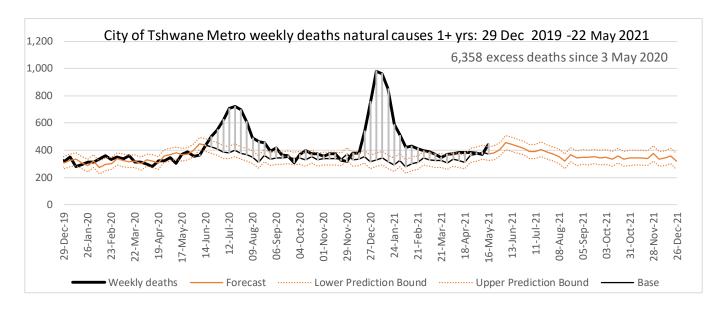
Numbers have been scaled to the estimated actual number of death and for the last week has been adjusted for delayed registrations

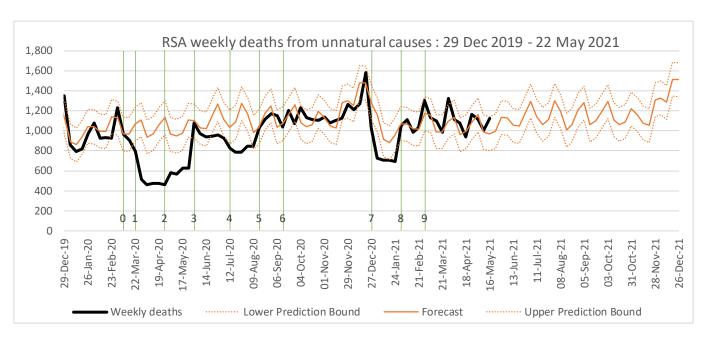












Numbers have been scaled to the estimated actual number of death and for the last week has been adjusted for delayed registrations. As only a quarter to a third of unnatural deaths in the most recent week are processed at the time of the survey, the estimate for the most recent week is quite uncertain.

#### Vertical lines in order

- 0 Week Disaster Management Act implemented
- 1 Week lockdown level 5 introduced
- 2 Week lockdown changed to level 4, with curfew
- 3 Week lockdown changed to level 3 including unbanning of alcohol
- 4 Week alcohol re-banned and a curfew re-introduced
- 5 Week lockdown changed to level 2, including unbanning of alcohol
- 6 Week lockdown changed to level 1
- Week lockdown changed to level 3 advanced (rebanning alcohol and a extension of curfew)
- 8 Week lockdown relaxed to allow sale of alcohol 4 days/week and reduce curfew
- 9 Week lockdown relaxed to allow sale of alcohol except during curfew and reduce curfew to midnight to 4am