## REPORT ON WEEKLY DEATHS IN SOUTH AFRICA

# 19 – 25 JUNE 2022 (WEEK 25)

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#### 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, Week 1 of 2021 is 3 January – 9 January 2021 and Week 1 of 2022 is 2 January – 8 January 2022.

**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-19 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 1<sup>st</sup> 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 deaths to a particular 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 of offices in the metro. 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.

## Background

This report provides estimates of the weekly number of deaths of all persons in South Africa for epidemiological **Week 25** of 2022, covering the period **19 – 25 Jun 2022**.

The predicted numbers of weekly deaths in 2022 have been estimated using the models prepared for 2021 with population estimates for 2022. A methodological note outlining the approach for monitoring deaths during 2021 can be downloaded from the SAMRC website: <u>https://www.samrc.ac.za/sites/default/files/files/2021-01-</u>24/Methodological Note on Predicted Weekly Deaths 20 Jan 2021.pdf.

Briefly, the predicted values for the provinces and nationally are based on negative binomial models based on death data for the period 2014-2019. After reviewing trends in the data, separate negative binomial models have been fitted to the unnatural deaths for all provinces combined, and separate models for natural deaths for each of KwaZulu-Natal, Western Cape and the Northern Cape, and the 6 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. Predicted values for each metropolitan area continue to be based on the time-series model of data for 2018 and 2019 developed for 2020 as the trends in the sub-provincial data need further investigation to develop a comprehensive district-level model.

### Trends

- The weekly number of deaths (all ages) from all causes was **11,677** deaths in **Week 25** (19 25 Jun 2022) and remains higher than the upper prediction bound.
- The number of excess deaths from natural causes (all ages) increased to a high of **2,005** in **Week 21** (22 28 May 2022) and decreased to **1,112** in **Week 25** (19 25 Jun 2022).
- Since 3 May 2020, there has been a cumulative total of about 322,400 excess deaths from natural causes of persons all ages of which 85,000 occurred in 2020, 203,200 occurred in 2021 (since 3 Jan 2021) and nearly 34,000 have occurred in 2022 by the end of Week 25 (19 25 Jun 2022).

Week	Date	Weekly excess deaths from	Cumulative excess since	Cumulative excess since
		natural causes	3 May 2020	2 January 2022
		(all ages)	(all ages)	(all ages)
14	3-Apr-22 – 9-Apr-22	864	305,798	17,440
15	10-Apr-22 – 16-Apr-22	1,427	307,225	18,868
16	17-Apr-22 – 23-Apr-22	1,437	308,662	20,305
17	24-Apr-22 – 30-Apr-22	1,585	310,247	21,890
18	1-May-22 – 7-May-22	1,660	311,907	23,550
19	8-May-22 – 14-May-22	1,749	313,656	25,299
20	15-May-22 – 21-May-22	1,446	315,102	26,744
21	22-May-22 – 28-May-22	2,005	317,107	28,749
22	29-May-22 – 4-Jun-22	1,624	318,731	30,373
23	5-Jun-22 – 11-Jun-22	1,301	320,032	31,674
24	12-Jun-22 – 18-Jun-22	1,276	321,307	32,950
25	19-Jun-22 – 25-Jun-22	1,112	322,419	34,062

- For people under the age of 60, the number of natural deaths was tracking between the predicted value and the upper prediction bound with a clear increase to the upper prediction bound in Week 18 (1 7 May 2022) and Week 19 (8 14 May 2022) and decreased slightly thereafter. The cumulative number of excess natural deaths for people under-60 years since 3 May 2020 was about 85,600.
- The number of weekly excess deaths in the 60+ years age group had decreased to 423 in Week 11 (13 19 Mar 2022) with a p-score of 11% and increased to 1,489 in Week 21 (22 28 May 2022) with a p-score of 36% and then decreased to 1,129 in Week 25 (19 25 Jun 2022) with a p-score of 24%. The cumulative total number of excess natural deaths in this age group since 3 May 2020 is just over 236,800.

Week	Date	Weekly excess deaths from natural causes for persons 60+ years	p-score
14	3-Apr-22 – 9-Apr-22	597	15.0%
15	10-Apr-22 – 16-Apr-22	1,071	27.3%
16	17-Apr-22 – 23-Apr-22	897	22.9%
17	24-Apr-22 – 30-Apr-22	1,074	27.0%
18	1-May-22 – 7-May-22	1,111	26.5%
19	8-May-22 – 14-May-22	1,187	28.1%
20	15-May-22 – 21-May-22	1,076	25.3%
21	22-May-22 – 28-May-22	1,489	35.9%
22	29-May-22 – 4-Jun-22	1,236	28.0%
23	5-Jun-22 – 11-Jun-22	1,051	22.3%
24	12-Jun-22 – 18-Jun-22	1,211	25.2%
25	19-Jun-22 – 25-Jun-22	1,129	23.9%

- With the exception of the Western Cape, which has tracked close to its predicted number in Week 25 (19 25 Jun 2022), the number of natural deaths in most of the provinces continued tracking along the upper prediction bound.
- 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 25 (19 25 Jun 2022), the national excess death rate since 3 May 2020 was 542 per 100,000 population.
- The provinces with the highest cumulative numbers of excess deaths at the end of Week 25 (19 25 Jun 2022), are, in order, KwaZulu-Natal, Gauteng and Eastern Cape. The ranking changes to Eastern Cape, Northern Cape and Free State for the crude death rates per capita (i.e., taking size of the provincial populations into account) and to Northern Cape, Eastern Cape and KwaZulu-Natal using the age-standardised rates per capita (i.e., taking into account the age distribution of the provincial population). The Western Cape, followed by Gauteng, continue to have the lowest cumulative age standardised per capita rates.
- The number of unnatural deaths reached a high of 1,545 in Week 15 (10 16 Apr 2022), the week of the floods in KwaZulu-Natal, and has resumed the monthly cyclical pattern with 1,011 deaths in Week 25 (19 25 Jun 2022).

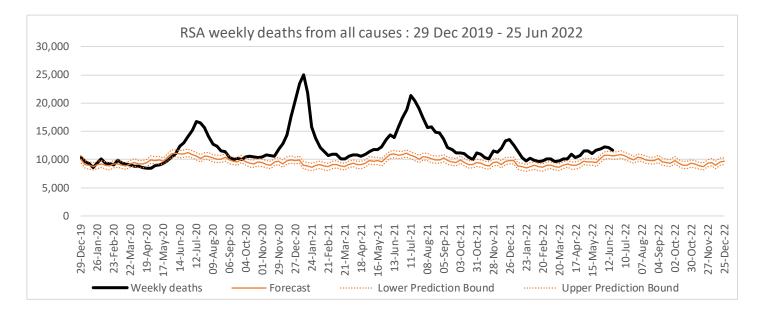


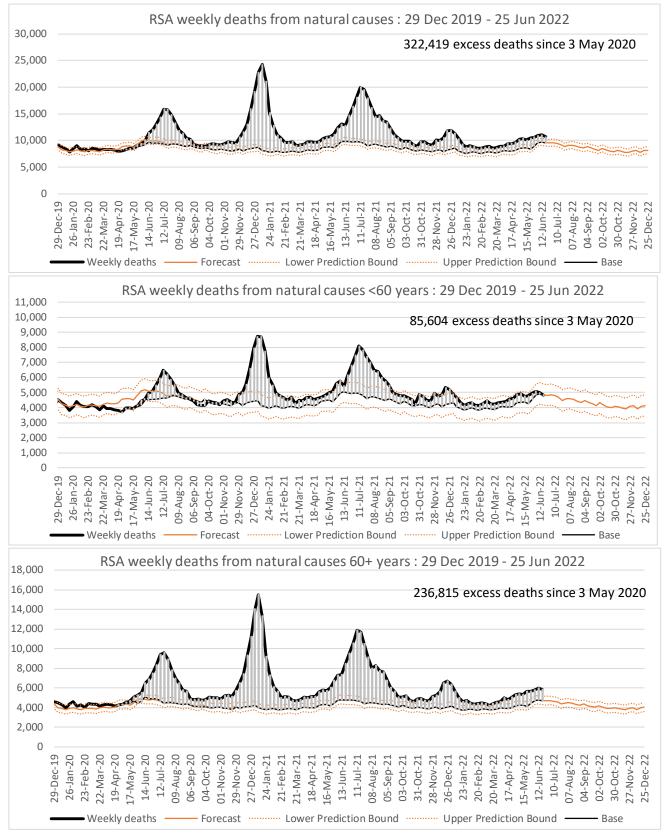
Table 1: Number of excess natural deaths of persons by province and metro relative to revised predicted number based on the observed drop during lockdown, South Africa 2020/22

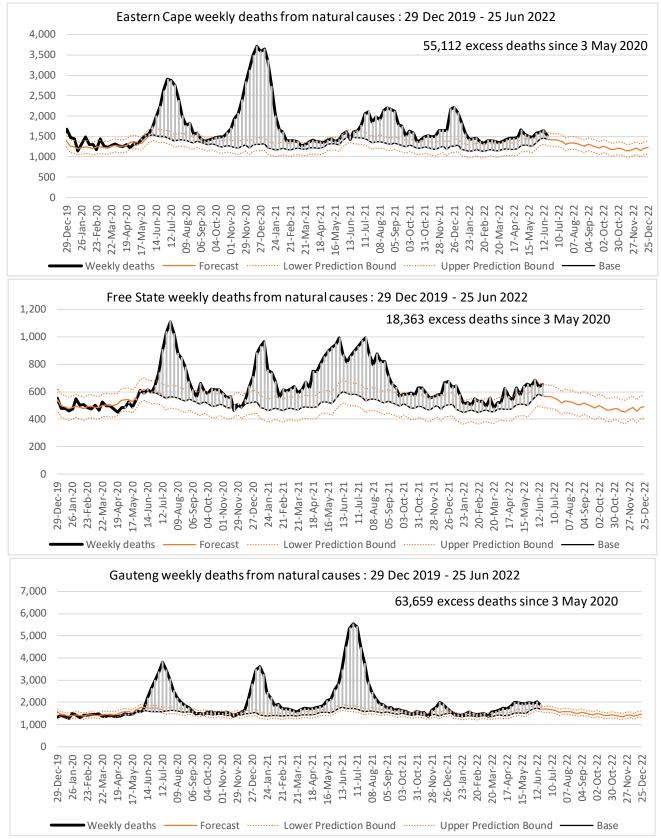
Region	Period	Excess deaths vs revised base	Excess deaths per 100,000 population	Age standardised excess death rate per 100,000
South Africa	3 May 20 – 25 Jun 22	322,419	542	542
Province				
Eastern Cape	31 May 20 – 25 Jun 22	55,112	837	675
Free State	21 Jun 20 – 25 Jun 22	18,363	631	631
Gauteng	7 Jun 20 – 25 Jun 22	63,659	408	449
KwaZulu-Natal	7 Jun 20 – 25 Jun 22	65,937	576	663
Limpopo	21 Jun 20 – 25 Jun 22	35,243	597	522
Mpumalanga	21 Jun 20 – 25 Jun 22	24,813	516	556
Northern Cape	28 Jun 20 – 25 Jun 22	9,498	812	759
North West	28 Jun 20 – 25 Jun 22	17,873	444	456
Western Cape	3 May 20 – 25 Jun 22	31,922	452	398
Metropolitan Municipality				
Buffalo City	31 May 20 – 25 Jun 22	6,576		
City of Cape Town	3 May 20 – 25 Jun 22	22,941		
Ekurhuleni	7 Jun 20 – 25 Jun 22	14,796		
eThekwini	14 Jun 20 – 25 Jun 22	13,812		
Johannesburg	7 Jun 20 – 25 Jun 22	21,761		
Mangaung	21 Jun 20 – 25 Jun 22	5,448		
Nelson Mandela Bay	31 May 20 – 25 Jun 22	8,434		
City of Tshwane	7 Jun 20 – 25 Jun 22	11,847		

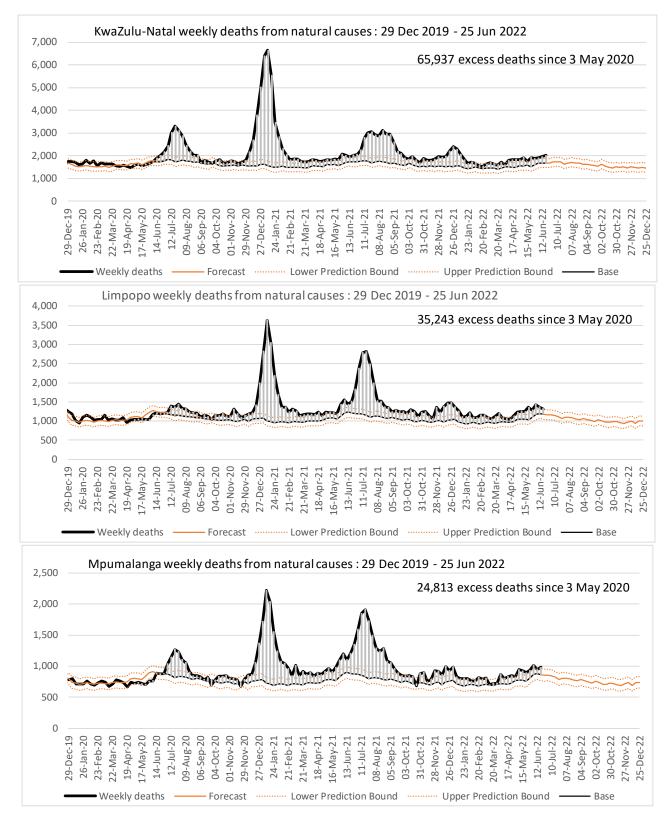
Note: Period has been determined based on when an upturn in the number of natural deaths became apparent. Parts do not sum to the whole because office closures due to Covid-19 may have led to registration of deaths at other offices which may not be in the same area, and random fluctuation at the point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

Table 2: Number of excess deaths from all causes of persons by province and metro relative to predictednumber based on historical trend, South Africa 2020/22

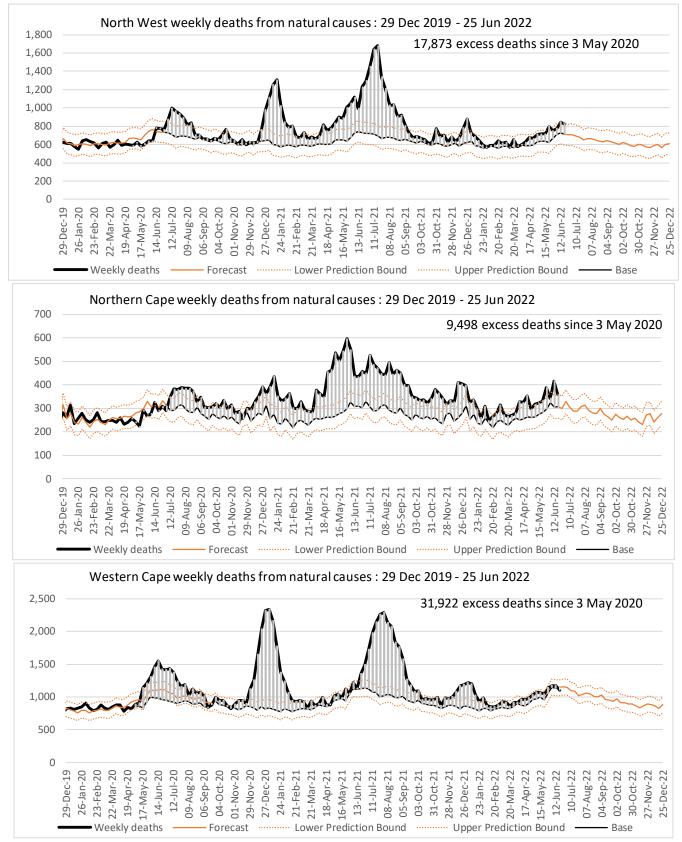
Region	Excess deaths vs	Excess deaths per
inegioni	forecast	100,000 population
South Africa	322,455	542
Province		
Eastern Cape	57,105	868
Free State	18,160	624
Gauteng	60,743	389
KwaZulu-Natal	68,675	600
Limpopo	35,658	604
Mpumalanga	24,692	513
Northern Cape	9,413	804
North West	17,336	431
Western Cape	30,674	435
Metropolitan Municipality		
Buffalo City	6,956	
City of Cape Town	21,515	
Ekurhuleni	13,616	
eThekwini	12,917	
Johannesburg	21,976	
Mangaung	6,125	
Nelson Mandela Bay	8,513	
City of Tshwane	12,360	

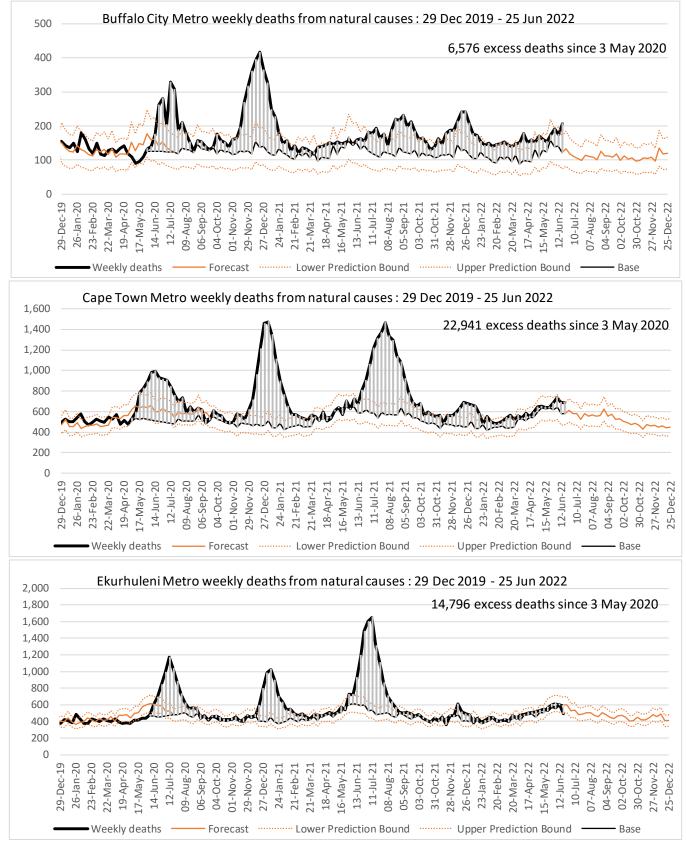


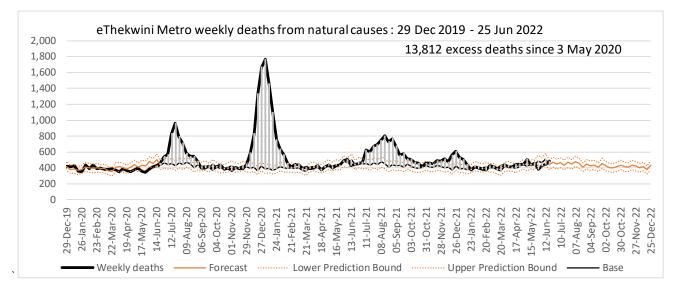


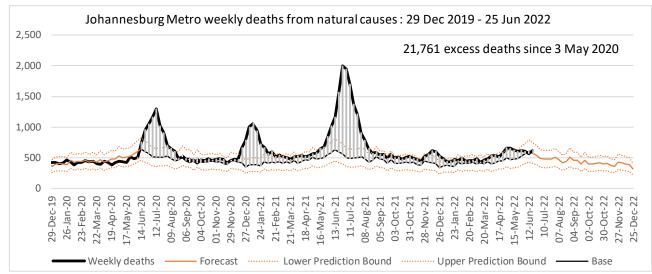


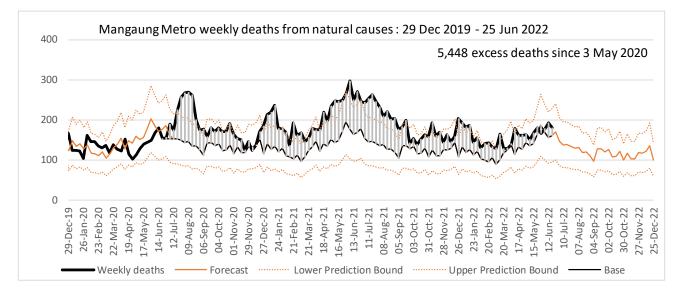
Numbers have been scaled to the estimated actual number of death and for the last week has been adjusted for delayed registrations

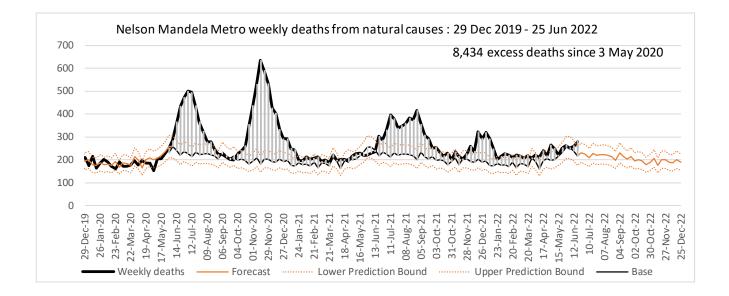


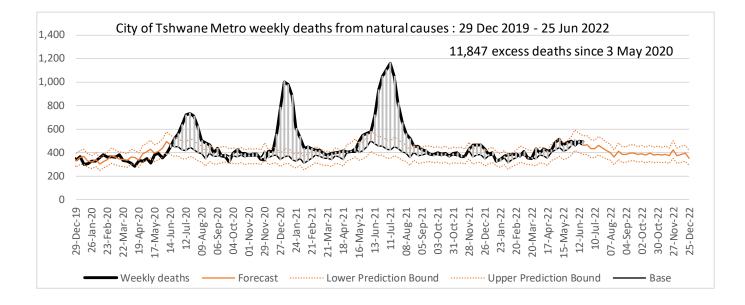


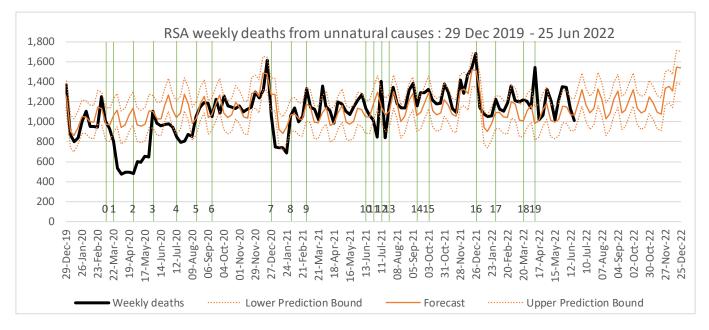












Numbers have been scaled to the estimated actual number of death and for the last week has been adjusted for delayed registrations. As only a quarter to a third of unnatural deaths in the most recent week are processed at the time of the survey, the estimate for the most recent week is quite uncertain.

#### 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
- 7 Week lockdown changed to level 3 advanced (re-banning 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
- 10 Week lockdown changed to level 3 advanced (limiting alcohol and a extending of curfew)
- 11 Week lockdown changed to level 4, with re-banning of alcohol, curfew 9pm-4am
- 12 Week of unrest in KZN and GT
- 13 Week lockdown changed to level 3 advanced (alcohol 4 days/w, curfew 10pm-4am)
- 14 Week lockdown changed to level 2 advanced (alcohol 5 days/w, curfew 11pm-4am)
- 15 Week lockdown changed to level 1 advanced (no alcohol post 11pm, curfew 12pm-4am, large gatherings)
- 16 Week lockdown level 1 advanced (removed limits on alcohol & curfew, allowed larger gatherings)
- 17 Week lockdown level 1 advanced (allowed full school attendance, reduced isolation & guarantine requirements)
- 18 Week lockdown level 1 advanced (no masks outdoors, larger gathering permitted, no travel testing for vaccinated)
- 19 KZN floods