

ZAMBIA SITUATION REPORT NO. 103

Disease Outbreak: COVID-19

Response start date: 30th January, 2020

Outbreak Declared: 18th March, 2020

Report date: Thursday 7th January 2021

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1. SITUATION UPDATE

👤 **Cases this week (4th - 10th Jan): 2715 (↑)**

1.1 CURRENT CASE NUMBERS (as of 09:00 hours CAT)

➤ In the past 24hrs:

- There were **802 new confirmed cases, 6 deaths and 308 recoveries**.
- Cumulative number of confirmed COVID-19 cases recorded to date is **24,297 with 423 deaths (CFR=1.74%) and 19,980 recoveries (82.23% recovered)**.
- Of the 423 total deaths among the confirmed cases, **273** have been classified as **associated deaths** and **150** as **COVID-19 deaths (CFR=0.62%)**. See Annex 1 for definitions
- There are currently **3,894 active cases**: of these, 149 are hospitalised (with 88 on Oxygen therapy and 8 in critical condition); 3,745 are under community management.

Global Numbers

(Source: JHU)

👤 **87,384,218 Confirmed**

👤 **1,886,921 Deaths**

👤 **48,897,533 Recoveries**

Africa Numbers

(Source: Africa CDC)

👤 **2,914,668 Confirmed**

👤 **69,863 Deaths**

👤 **2,395,289 Recoveries**

2. EPIDEMIOLOGICAL HIGHLIGHTS (By Epi-week)

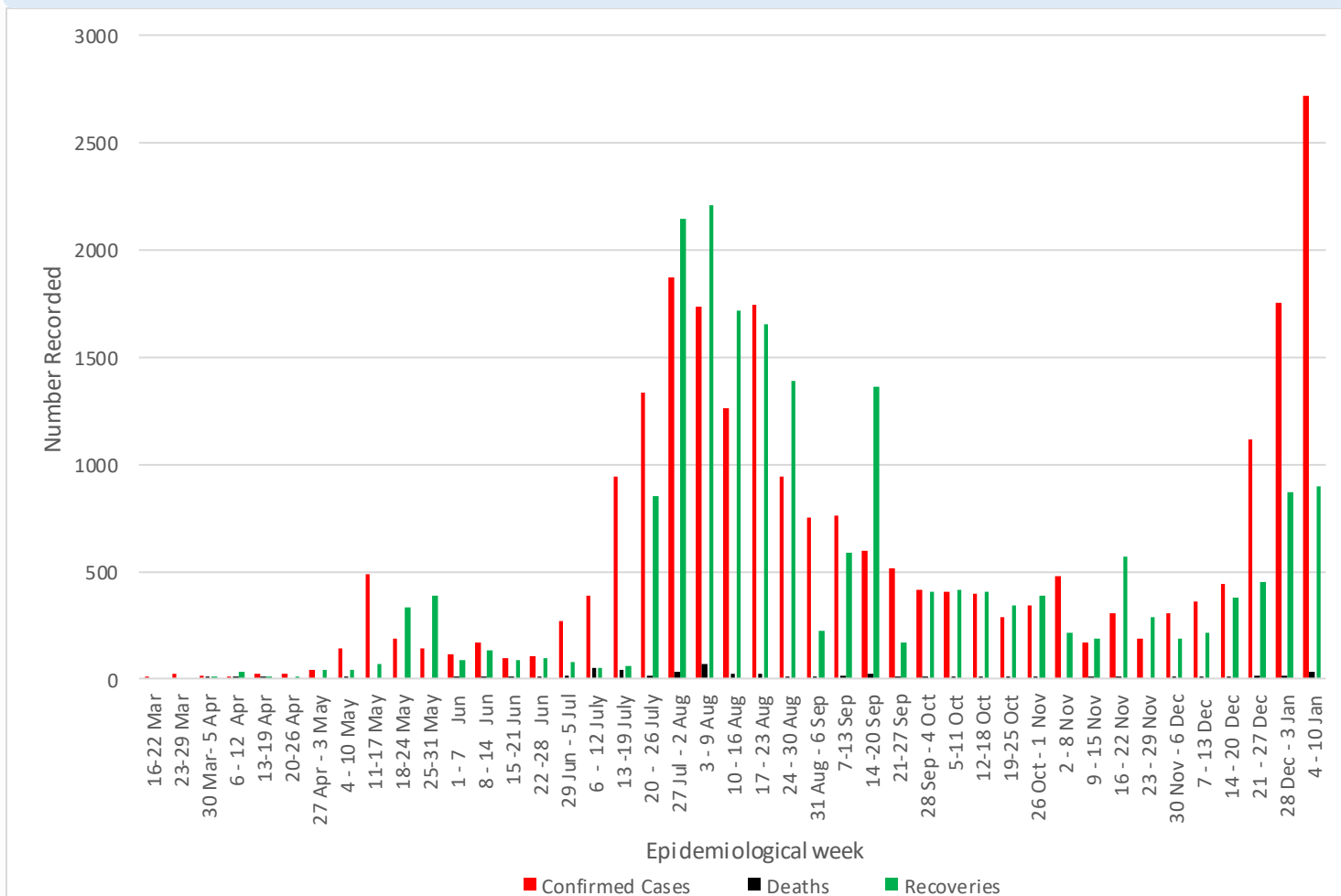


Figure 1: Weekly COVID-19 confirmed cases (N=24,297), deaths (N=423) and recoveries (N=19,980) as of 7th January 2021

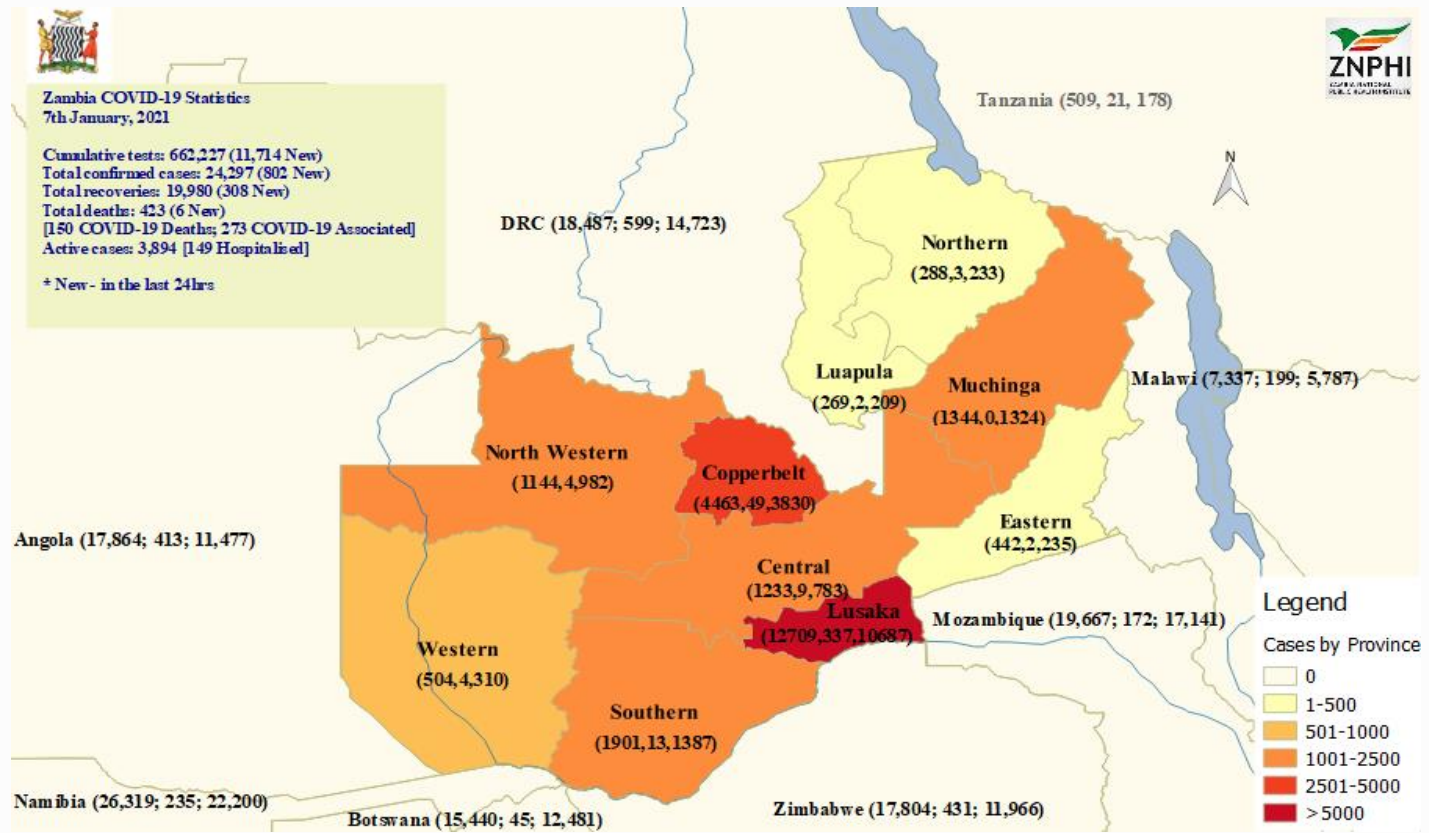


Figure 2: Map showing confirmed COVID-19 cases, deaths and recoveries (in brackets) by province and in neighbouring countries, as of 7th January 2021

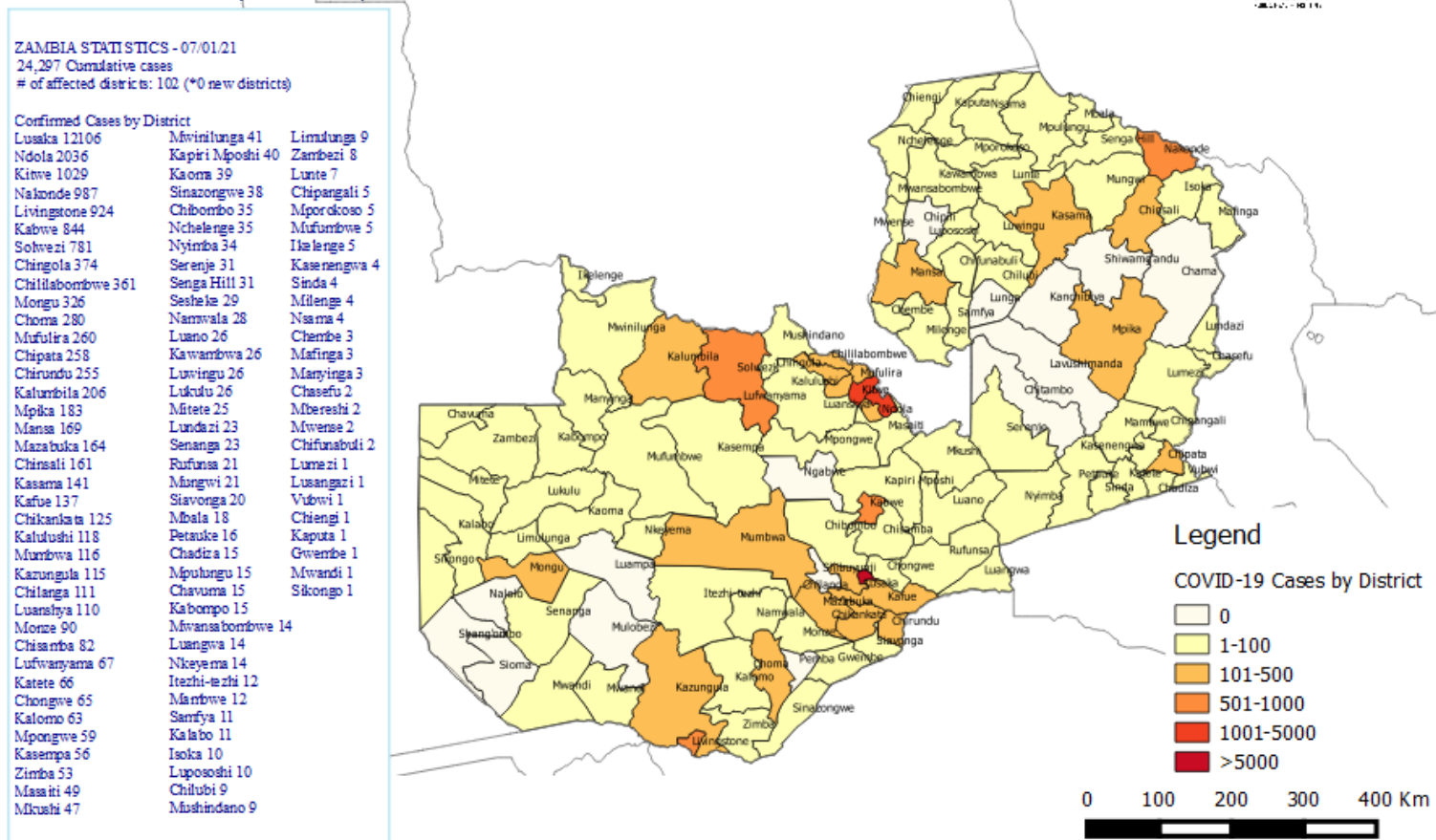


Figure 3: Map showing distribution of confirmed COVID-19 cases by district, as of 7th January 2021

➤ **Age distribution:** Below is a graph showing the age distribution of confirmed cases by month, between March and December 2020

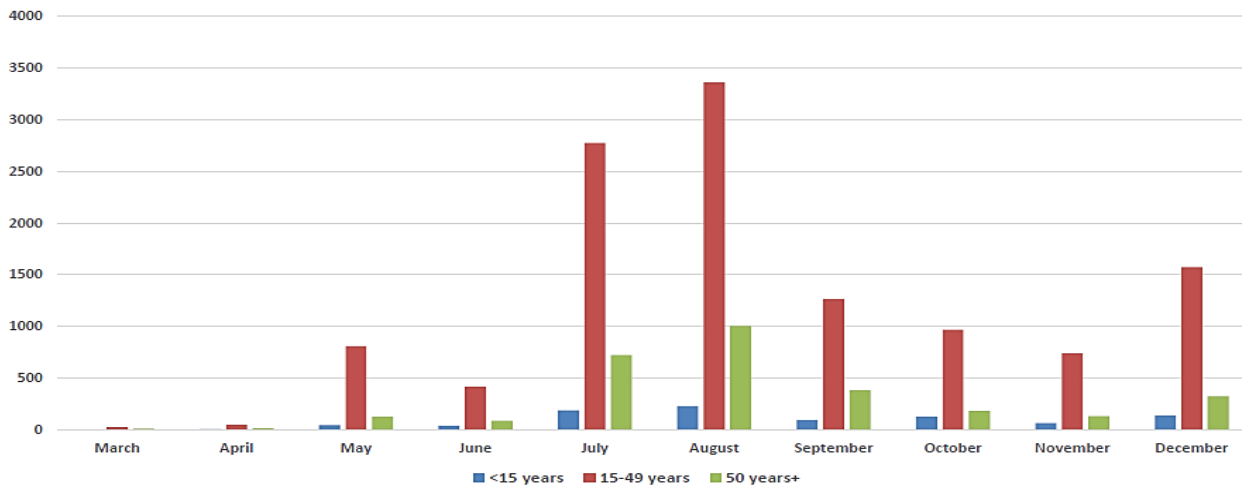


Figure 4: Age distribution of confirmed cases (March – December, 2020)

3. ACTIONS TO DATE

3.1 CO-ORDINATION

➤ **Regional/Continental level:**

- Zambia hosts the Southern Africa Regional Collaborating Centre of the Africa CDC and has been coordinating the response at regional level. To date, **Southern Africa has recorded 1,292,193 confirmed cases of COVID-19 including 33,614 deaths and 1,038,755 recoveries.** Zambia continues to participate in AU meetings to ensure continued regional and continental trade and strategies to stop transmission of COVID-19.

➤ **National Level:**

- The government continues to enforce the measures and interventions to control the spread of COVID-19 countrywide as outlined in the Statutory instruments **SI21 and SI22 of 2020 on COVID-19 and presidential directives** issued in March 2020.
- A **COVID-19 contingency plan** outlining the country's COVID-19 preparedness and response activities was finalised and continues to be regularly updated as the outbreak evolves.
- An eight pronged strategy has been implemented in response to the outbreak: **Surveillance and case finding; Case management; Infection prevention and control; Risk**

BACKGROUND

The WHO was alerted of an increase in the number of pneumonia cases of unknown cause detected in Wuhan City, Hubei Province, China. The disease now called Coronavirus Disease 2019 (COVID-19) is caused by a new coronavirus named SARS-CoV-2. The WHO declared the outbreak a PHEIC on 30th January and further declared COVID-19 a pandemic on 12th March. Zambia recorded its first two cases of COVID-19 on 18th March 2020. The first 28 cases in Zambia all had a history of travel to Europe or Asia. Three weeks into the outbreak, cases were noted among people without history of travel but in contact with confirmed cases. There has since been an increase in local person-person transmission with increasing geographic spread. Cases have been reported in all ten provinces, with Western province being the last to record cases of COVID-19.

communication and community engagement; Laboratory diagnosis; Logistics and supply chain management; Appropriate competent and adequate workforce; and Routine essential health services

- The public health safety measures that have been implemented in response to the outbreak include closure of schools and higher learning institutions; mandatory wearing of a mask while out in public; continued screening of travellers into Zambia; redirection of all international flights to land and depart from KKIA only; suspension of non-essential travel to countries with confirmed COVID-19 cases; restriction of public gatherings; restaurants to operate only on take away and delivery basis; and closure of all bars, nightclubs, cinemas, gyms and casinos. Travellers into Zambia must be isolated at designated government facilities, or alternatively at designated lodges and hotels at own cost, while awaiting test results. However, a number of measures have been eased over time. The details are provided below
- **Easing of public health and safety measures:** the following measures have been eased to date
 - **24th April, 2020:** Resumed congregation at places of worship, non-contact sports, and operation of saloons and barbershops subject to adherence to public health regulation, guidelines and certification
 - **8th May, 2020:** Restaurants, cinemas, gyms, and casinos reopened; hotels, lodges event management, tour operators and other business proprietors that closed voluntarily advised to consider reopening
 - **1st June 2020:** Primary and secondary schools reopened for examination classes only.
 - **8th June 2020:** Commenced phased reopening of colleges and universities for final year students only
 - **25th June 2020:** All international airports reopened
 - **11th September 2020:** Reopening of all non-examination classes in universities, colleges and schools announced during the Presidential state of the nation address. Schools were scheduled to reopen between the 14th and 28th September 2020 subject to adherence to public health certification, guidelines, regulations and measures. The **partial reopening of bars, taverns and nightclubs** with immediate effect was also announced; the establishments will be allowed to operate subject to adherence to public health certification, guidelines, regulations and measures, and will **only operate between the hours of 6pm to 11pm from Fridays to Sundays.**
- **Technical level:** The ZNPFI continues to provide leadership and partner collaboration on the response through the Public Health Emergency Operation Centre (PHEOC).
 - Technical co-ordinating meetings are being held with cooperating partners and other stakeholders. The meetings are chaired by the Director, ZNPFI
 - The Incident Management System (IMS) continues to meet at the ZNPFI (with a Zoom link provided to ensure social distancing) on Tuesdays and Thursdays. The IMS structure is available at **Annex 2**

3.3 SURVEILLANCE

➤ **Newly reported COVID-19 cases**

Table 1: Breakdown of confirmed COVID-19 cases reported on 7th January 2021

DATE	REPORTED	NUMBERS BY LOCATION
7 th January, 2021	Cases	212 Lusaka, 153 Kabwe, 103 Choma, 32 Ndola, 25 Kasempa, 23 Chipata, 21 Solwezi, 19 Kafue, 14 Chikankata, 14 Zimba, 13 Luangwa, 13 Mkushi, 12 Kitwe, 11 Chingola, 10 Chisamba, 10 Kapiri Mposhi, 10 Mansa, 8 Mwansabombwe, 7 Nchelenge, 6 Chibombo, 6 Kalumbila, 6 Katete, 6 Livingstone, 6 Mambwe, 5 Kabompo, 5 Kawambwa, 5 Sinazongwe, 4 Kazungula, 4 Mongu, 4 Nakonde, 3 Chilanga, 3 Kabmo, 3 Kaoma, 3 Luwingu, 3 Sinda, 2 Chembe, 2 Kasama, 2 Luano, 2 Luanshya, 2 Monze, 2 Mpika, 1 Chililabombwe, 1 Chinsali, 1 Isoka, 1 Masaiti, 1 Mazabuka, 1 Mufulira, 1 Nyimba, 1 Siavonga
	Deaths	2 Kabwe (facility deaths), 2 Lusaka (facility deaths), 1 Livingstone (facility death), 1 Mansa (facility death)
	Recoveries	195 Lusaka, 69 Southern, 17 Western, 14 North-western, 7 Central, 3 Eastern, 3 Luapula
TOTAL	802 New confirmed cases; 6 deaths; 308 recoveries	

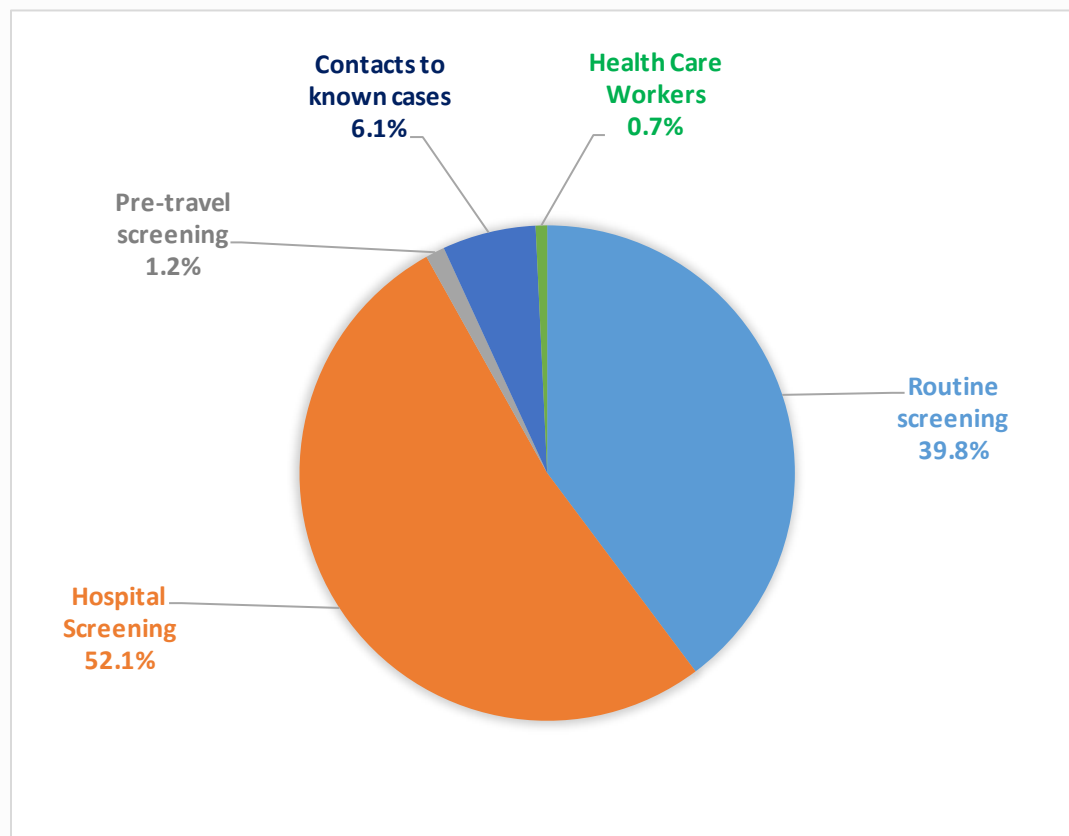


Figure 5: Categorisation of confirmed cases reported 7th January 2021

3.4 LABORATORY AND SAMPLE MANAGEMENT

- The currently **designated laboratories** for COVID-19 diagnostics are listed below (Table 2). A sample referral system is in place for samples being collected in other provinces.
- Zambia is utilising real-time Reverse Transcriptase Polymerase Chain Reaction (RT-PCR), Gene Xpert, Hologic Panther, RDT, and Roche Cobas 6800 testing platforms for COVID-19 diagnosis. Testing facilities are available in all 10 provinces.

Table 2: National Laboratory Diagnostic Capacity for COVID-19 by province

PROVINCE	INSTITUTION	TESTING PLATFORM(S)
Central	Kabwe General Hospital	Gene Xpert
Copperbelt	TDRC, Ndola	RT-PCR
	Arthur Davison Children's Hospital	Cobas 6800
Eastern	Chipata General Hospital	Gene Xpert
Luapula	Mansa General Hospital	Gene Xpert
	ZNS Luamfumu	Gene Xpert
Lusaka	UTH (Virology, ACOE, PCOE), Lusaka	RT-PCR; Gene Xpert; Cobas 6800; Panther
	UNZA – SVM, Lusaka	RT-PCR
	CIDRZ, Lusaka	RT-PCR
	CHAZ, Lusaka	RT PCR
	Lancet	RT PCR
	Mtendere Mission Hospital, Chirundu	Gene Xpert
	MedLand Hospital, Lusaka	RT PCR
	Victoria Hospital	RT PCR
	Zambia Air Force Hospital, Lusaka	Gene Xpert
	ZNPHRL, Lusaka	RT PCR
Muchinga	Chinsali General Hospital	Gene Xpert & PCR
Northern	Kasama General Hospital	Gene Xpert
North-western	Solwezi General Hospital, Solwezi	Panther
	Kansanshi Mine Hospital (Mary Begg), Solwezi	Gene Xpert
Southern	Macha Research Trust	RT-PCR
	Livingstone Teaching Hospital	Gene Xpert
Western	Lewanika General Hospital	Gene Xpert

- In the past week (28th December to 3rd January), **60,242 tests** were conducted (compared to **38,928** tests the previous week), out of which **2.90%** tested positive for SARS-CoV-2 (compared to 2.87% the previous week).
- In the last 24hrs, **11,714 tests** were conducted, out of which **802** samples tested positive for SARS-CoV-2 (6.85% positive).
- To date, a total of **662,277 tests** have been conducted, with a cumulative **24,297 confirmed positive (3.67% positivity rate)** for SARS-CoV-2. The testing coverage is **38,957 per 1,000,000 population**

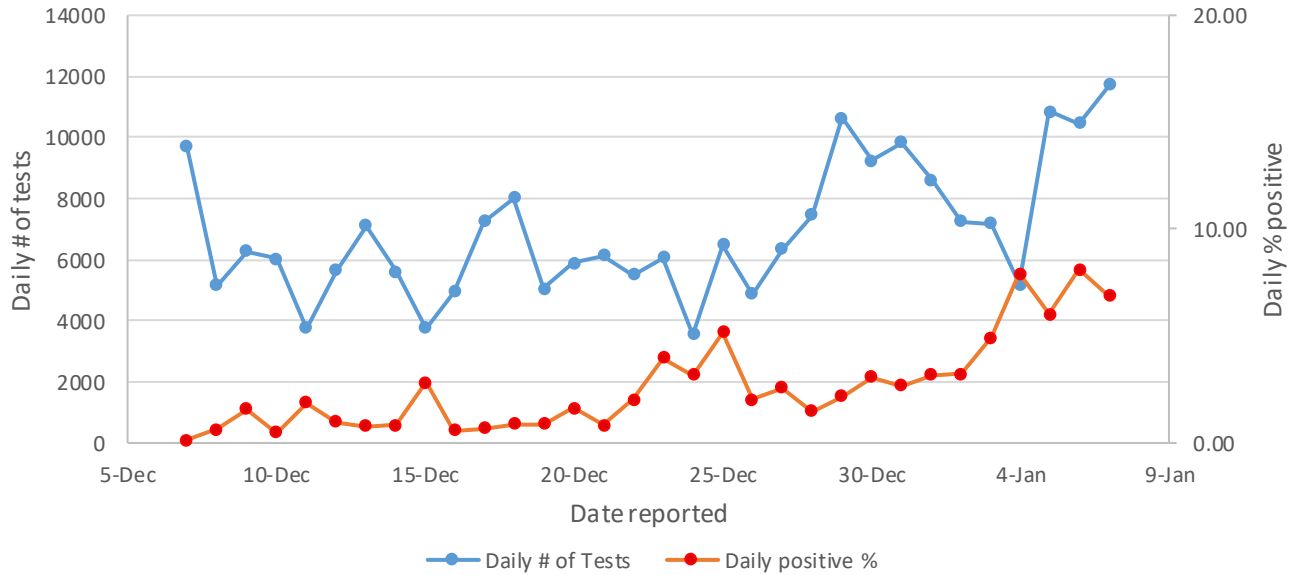


Figure 6: Daily number of tests vs % of positive results recorded (7 December 2020 to 7th January, 2021)

3.5 CASE MANAGEMENT

- Below is the community management model and admission/discharge criteria for persons who test positive for COVID-19:

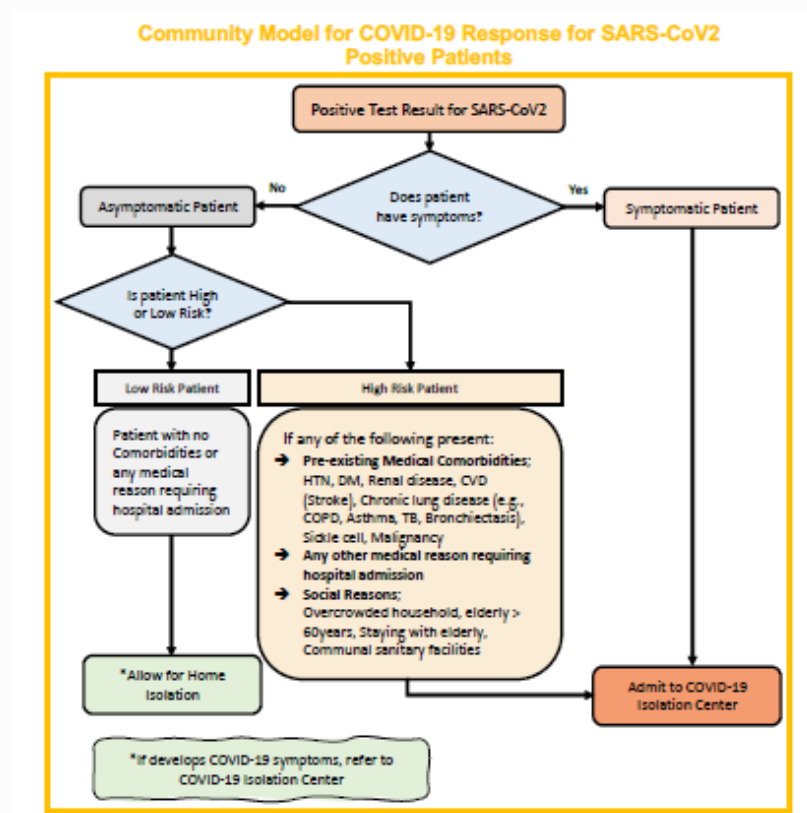


Figure 7: Community management model for COVID-19 patients

S E T T I N G	Hospital/Facility Care	Patients with Medical Conditions requiring continued Care beyond COVID-19 Recovery	Home Care
A D M I S S I O N	<ul style="list-style-type: none"> → Any symptoms for COVID-19 → Asymptomatic High-Risk patients → Presence of other Medical conditions → Where Home Isolation is not feasible 	<ul style="list-style-type: none"> → As medically indicated 	<ul style="list-style-type: none"> → Asymptomatic → No comorbidity → If home Isolation feasible
D I S C H A R G E / D E I S O L A T I O N	<ul style="list-style-type: none"> → Asymptomatic for at least 3 days plus 1 negative PCR at day 7 or beyond AND → 14 days since first Positive PCR 	<ul style="list-style-type: none"> → Two negative PCR Tests at least 24 hours apart 	<ul style="list-style-type: none"> → 1 negative PCR at day 7 or beyond AND → 14 days since first Positive PCR

Figure 8: Admission and Discharge criteria for COVID-19 patients

ANNEX 1: CORONAVIRUS DISEASE 2019 (COVID-19) CASE DEFINITIONS

1. Suspect case:

A. Patient with acute respiratory infection (fever and at least one sign/symptom of respiratory disease e.g. cough, shortness of breath), AND with no other aetiology that fully explains the clinical presentation AND a history of travel to or residence in a country/area or territory reporting local transmission of COVID-19 during the 14 days prior to symptom onset,

OR

B. Patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case in the last 14 days prior to symptom onset,

OR

C. Patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease e.g. cough, shortness of breath), AND requiring hospitalization AND with no other aetiology that fully explains the clinical presentation

2. Probable case: A suspect case for whom testing for COVID-19 is inconclusive or is tested positive using a pan-coronavirus assay and without laboratory evidence of other respiratory pathogens.

3. Confirmed case: A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

4. COVID-19 Death: COVID-19 death is defined for surveillance purposes as a death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID disease (e.g. trauma). There should be no period of complete recovery between the illness and death.

5. COVID-19 Associated Death: a death of an individual in whom COVID-19 has been detected but it is not the primary cause of death

6. COVID-19 Unclassified Death: a death of an individual in whom COVID-19 has been detected but the cause of death is yet to be classified as either a COVID-19 death or associated death following expert review

7. Contact: a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case: a. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes; b. Direct physical contact with a probable or confirmed case; c. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment; OR d. Other situations as indicated by local risk assessments.

ANNEX 2: NATIONAL LEVEL INCIDENT MANAGEMENT SYSTEM FOR THE COVID-19 PREPAREDNESS RESPONSE

ZAMBIA COVID-19 INCIDENT MANAGEMENT STRUCTURE

