

ZAMBIA SITUATION REPORT NO. 104

Disease Outbreak: COVID-19
Report date: Friday 8th January 2021

Response start date: 30th January, 2020
Prepared by: MOH/ZNPPI/WHO

Outbreak Declared: 18th March, 2020
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1. SITUATION UPDATE

👤 **Cases this week (4th - 10th Jan): 3744 (↑)**

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

➤ In the past 24hrs:

- There were **1,029 new confirmed cases, 18 deaths and 369 recoveries**.
- Cumulative number of confirmed COVID-19 cases recorded to date is **25,326 with 441 deaths (CFR=1.74%) and 20,349 recoveries (80.35% recovered)**.
- Of the 441 total deaths among the confirmed cases, **155** have been classified as **COVID-19 deaths (CFR=0.61%)** and **276** as associated deaths; **10 BIDs are pending classification**. See Annex 1 for definitions
- There are currently **4536 active cases**: of these, 173 are hospitalised (with 96 on Oxygen therapy and 9 in critical condition); 4,363 are under community management.

Global Numbers

(Source: JHU)

👤 **88,446,992 Confirmed**
👤 **1,886,921 Deaths**
👤 **49,252,137 Recoveries**

Africa Numbers

(Source: Africa CDC)

👤 **2,950,109 Confirmed**
👤 **70,553 Deaths**
👤 **2,414,219 Recoveries**

2. EPIDEMIOLOGICAL HIGHLIGHTS (By Epi-week)

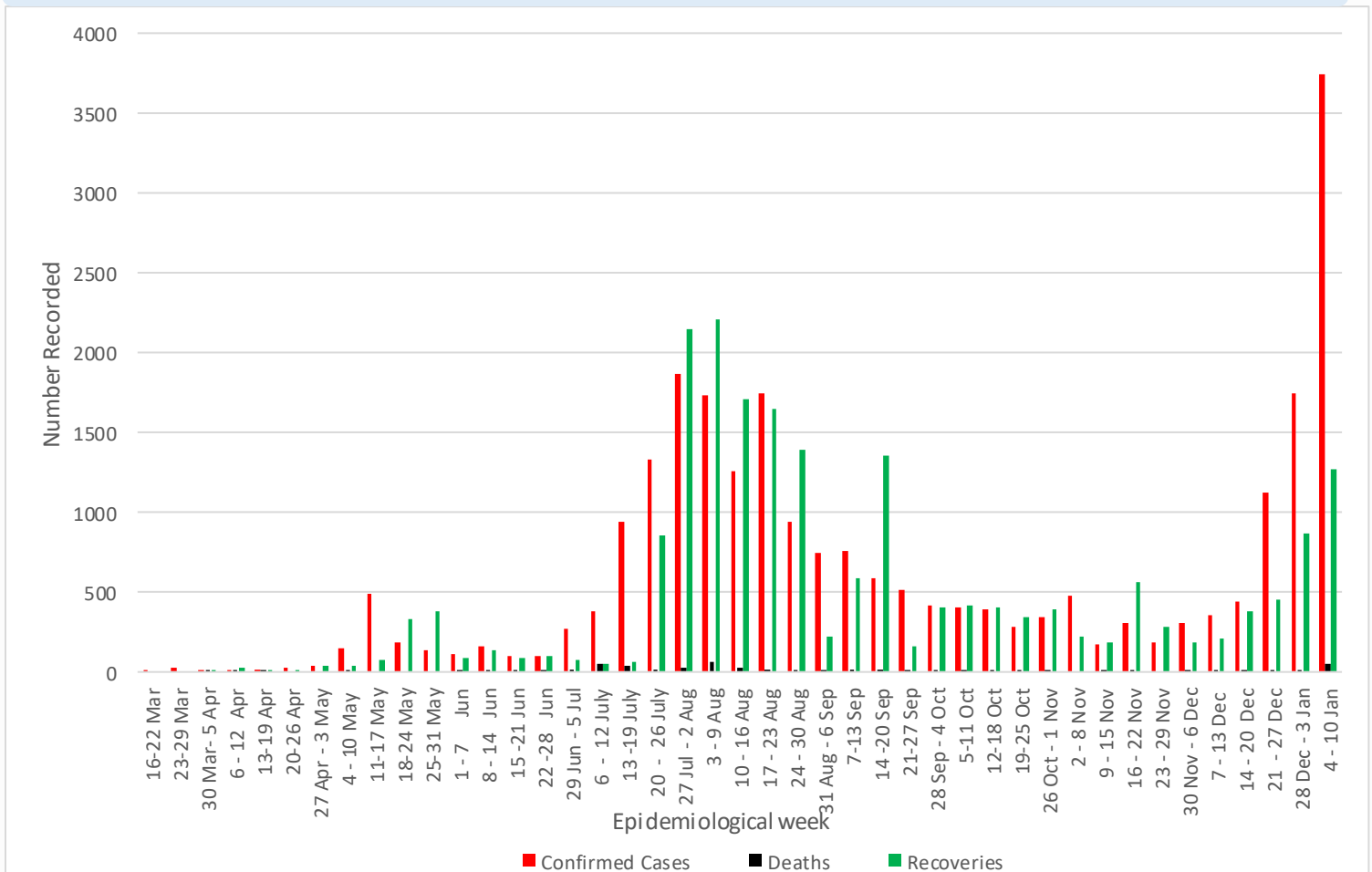


Figure 1: Weekly COVID-19 confirmed cases (N=25,326), deaths (N=441) and recoveries (N=20,349) as of 8th January 2021

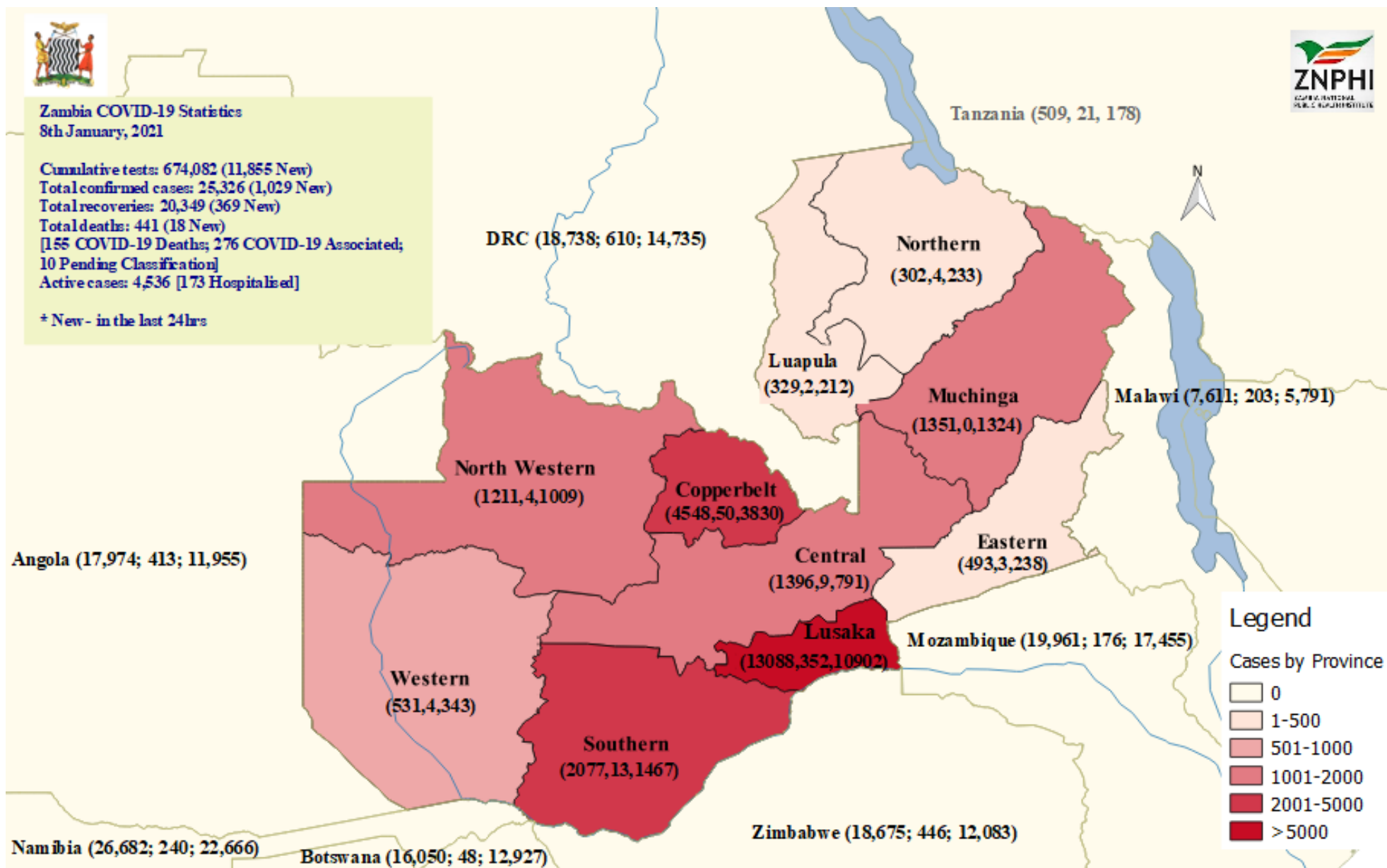


Figure 2: Map showing confirmed COVID-19 cases, deaths and recoveries (in brackets) by province and in neighbouring countries, as of 8th January 2021

ZAMBIA STATISTICS - 08/01/21

25,326 Cumulative cases

of affected districts: 104 (*2 new districts)

Confirmed Cases by District

Lusaka 12485	Kaoma 53	Sinda 9
Ndola 2092	Masaiti 49	Mushindano 9
Kitwe 1037	Sinazongwe 49	Pemba 9*
Livingstone 991	Mkushi 47	Limulunga 9
Nakonde 988	Mwiniunga 42	Zambezi 8
Kabwe 966	Kapiri Mposhi 40	Lunze 7
Solwezi 821	Nyimba 34	Mufumbwe 6
Chingola 376	Serenje 32	Chipangali 5
Chitilabombwe 361	Senga Hill 31	Mporokoso 5
Mongu 330	Senanga 30	Ila lenge 5
Choma 314	Luwingu 29	Gwembe 5
Chipata 278	Sesheke 29	Kasene ngwa 4
Mufutira 273	Nanwala 28	Milenge 4
Chirundu 255	Luano 26	Nsama 4
Kalumbila 231	Kawambwa 26	Chembe 3
Mansa 199	Lukulu 26	Mafinga 3
Mpika 186	Miteta 25	Manyinga 3
Mazabuka 165	Siavonga 24	Chasefu 2
Chinsali 163	Lundazi 23	Mbereshi 2
Kasama 144	Petauke 23	Mwense 2
Kafue 137	Rufunsa 21	Chiengi 2
Chikankata 135	Mungwi 21	Lumezi 1
Kazungula 122	Mbala 19	Lusangazi 1
Kalulushi 120	Mantwa 18	Vubwi 1
Mumbwa 116	Chilubi 16	Kanchibiya 1*
Luanshya 113	Chadiza 15	Kaputa 1
Chitanga 111	Mwansabombwe 15	Mwand 1
Monze 102	Mputungu 15	Sikongo 1
Chisamba 86	Chavuma 15	
Katete 79	Kabompo 15	
Kalomo 74	Luangwa 14	
Chibombo 71	Nkeyema 14	
Lufwanyama 67	Kalabo 13	
Chongwe 65	Itezhi-tezhi 12	
Mpongwe 60	Samfya 11	
Zimba 59	Chifunabuli 10	
Kasempa 56	Isoka 10	
Nchelenge 55	Lupososhi 10	

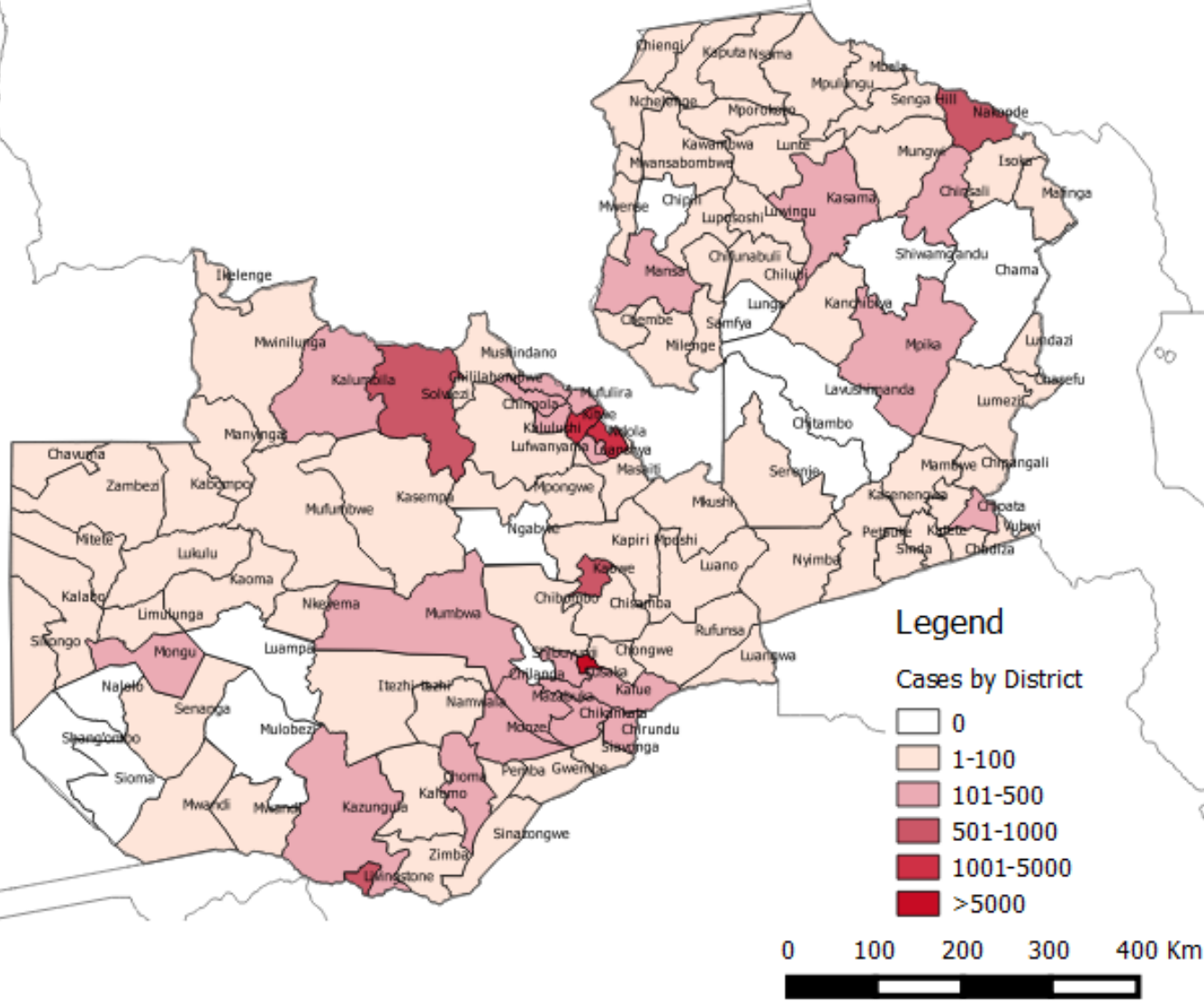


Figure 3: Map showing distribution of confirmed COVID-19 cases by district, as of 8th January 2021

*Blue text: indicates updated information

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

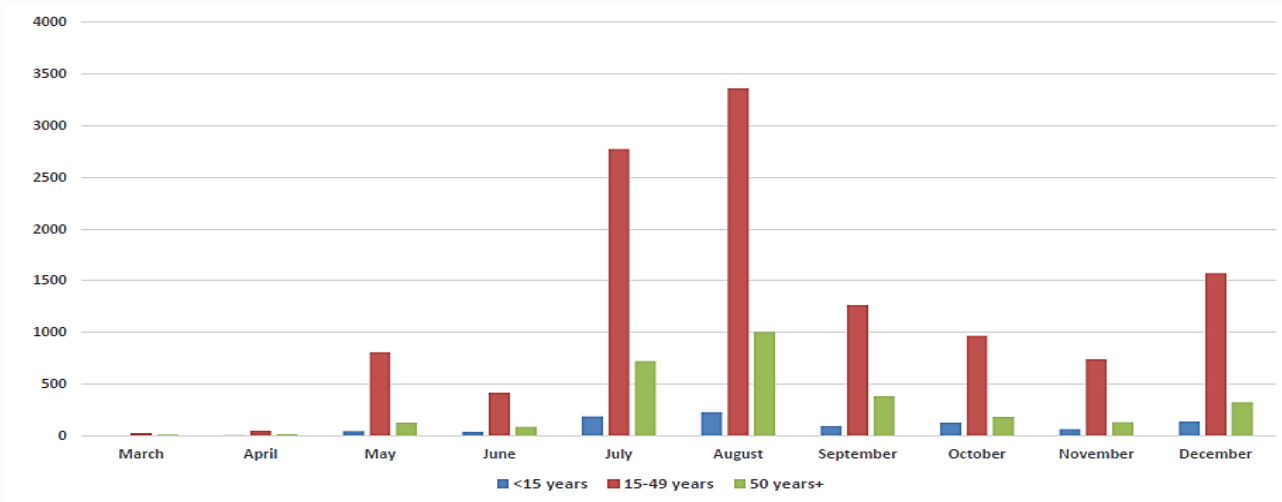


Figure 4: Age distribution of confirmed cases (March – December, 2020)

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 1,316,964 confirmed cases of COVID-19 including 34,102 deaths and 1,049,999 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.

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.

- An eight pronged strategy has been implemented in response to the outbreak: **Surveillance and case finding; Case management; Infection prevention and control; Risk 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 ZNPPI 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, ZNPPI
 - The Incident Management System (IMS) continues to meet at the ZNPPI (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 8th January 2021

DATE	REPORTS	NUMBERS BY LOCATION
8 th January, 2021	Cases	379 Lusaka, 122 Kabwe, 67 Livingstone, 56 Ndola, 40 Solwezi, 36 Chibombo, 34 Choma, 30 Mansa, 25 Kalumbila, 20 Chipata, 20 Nchelenge, 14 Kaoma, 13 Katete, 13 Mufulira, 12 Monze, 11 Kabmo, 11 Sinazongwe, 10 Chikankata, 9 Pemba, 8 Chifunabuli, 8 Kitwe, 7 Chilubi, 7 Kazungula, 7 Petauke, 7 Senanga, 6 Mambwe, 6 Zimba, 5 Sinda, 4 Chisamba, 4 Gwembe, 4 Mongu, 4 Siavonga, 3 Kasama, 3 Luanshya, 3 Luwingu, 3 Mpika, 2 Chingola, 2 Chinsali, 2 Kalabo, 2 Kalulushi, 1 Chiengi, 1 Kanchibiya, 1 Mazabuka, 1 Mbala, 1 Mpongwe, 1 Mufumbwe, 1 Mwansabombwe, 1 Mwinilunga, 1 Nakonde, 1 Serenje
	Deaths	15 Lusaka (11 BID, 4 facility), 1 Chipata (facility), 1 Kitwe (facility), 1 Mbala (facility)
	Recoveries	215 Lusaka, 80 Southern, 33 Western, 27 North-western, 8 Central, 3 Eastern, 3 Luapula
TOTAL		1,029 New confirmed cases; 18 deaths; 369 recoveries

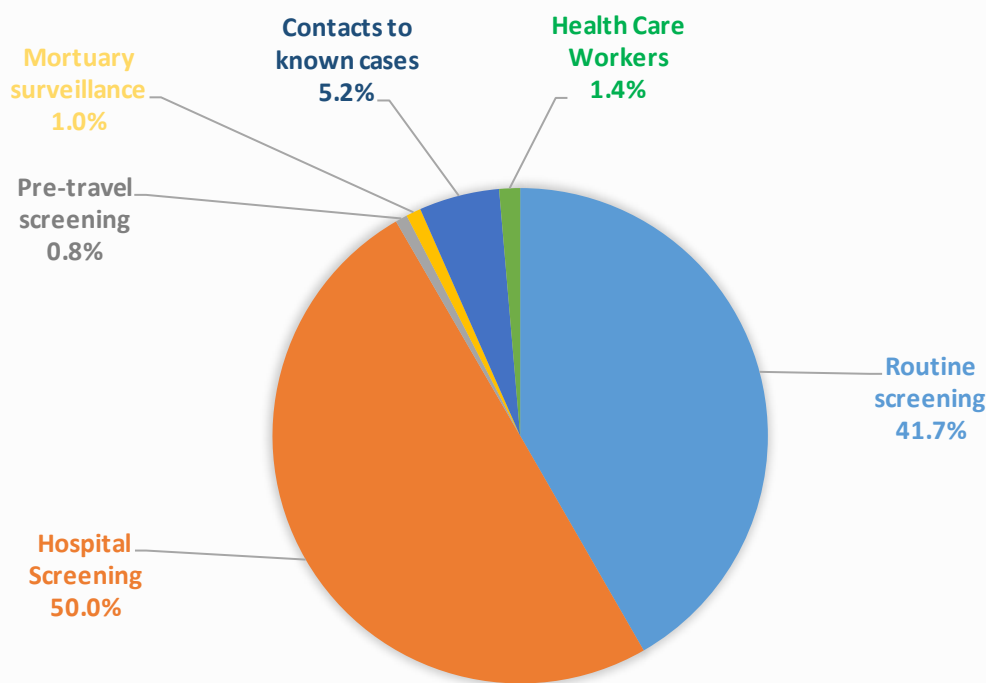


Figure 5: Categorisation of confirmed cases reported 8th January 2021

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, Levy (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, **11,855 tests** were conducted, out of which **1,029** samples tested positive for SARS-CoV-2 (8.68% positive).
- To date, a total of **674,132 tests** have been conducted, with a cumulative **25,326 confirmed & positive (3.76% positivity rate)** for SARS-CoV-2. The testing coverage is **39,655 per 1,000,000 population**

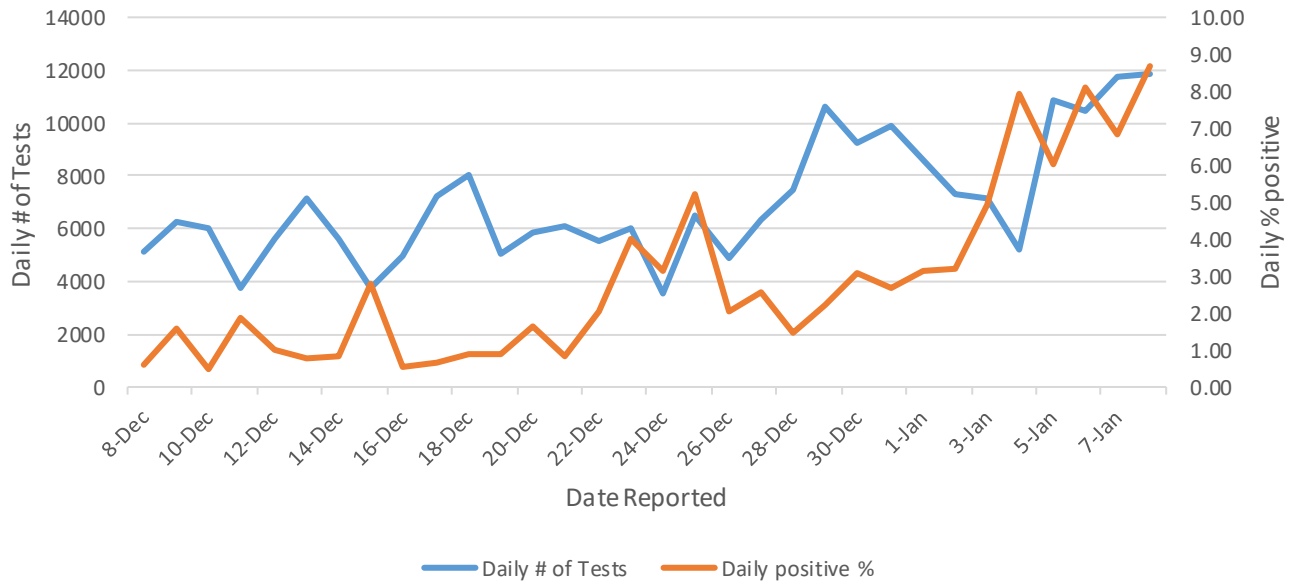


Figure 6: Daily number of tests vs % of positive results recorded (8 December 2020 to 8th January, 2021)

3.5 CASE MANAGEMENT

- There are currently 173 COVID-19 patients hospitalised in facilities around the country; of these 96 are on Oxygen therapy and 9 are in critical condition
- Seven facility deaths were recorded in the last 24hrs

Table 3: National distribution of hospitalised COVID-19 patients by province

PROVINCE	FACILITY	TOTAL # OF PATIENTS	# OF PATIENTS ON OXYGEN	# OF CRITICAL PATIENTS	DEATHS
Central	Kabwe General Hospital	8	0	0	0
	Ndola Teaching Hospital	3	1	0	0
Copperbelt	Kitwe Teaching Hospital	8	2	0	1
Eastern	Chipata General Hospital	2	2	0	1
Luapula	Mansa General Hospital	5	1	0	0
	Milenge	2	0	0	0
Lusaka	Levy Mwanawasa	74	53	8	4
	UTH	33	19	1	0
	Bauleni	1	0	0	0
	Mtendere Hospital	1	0	0	0
Muchinga	Chinsali General Hospital	0	0	0	0
Northern	Mbala	7	1	0	1
North-western	Kalumbila	8	1	0	0
	Livingstone Teaching Hospital	10	8	0	0
	Choma	4	3	0	0
Southern	Monze	2	1	0	0
	Mongu	4	3	0	0
Western	Kaoma	1	1	0	0
TOTAL		173	96	9	7

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

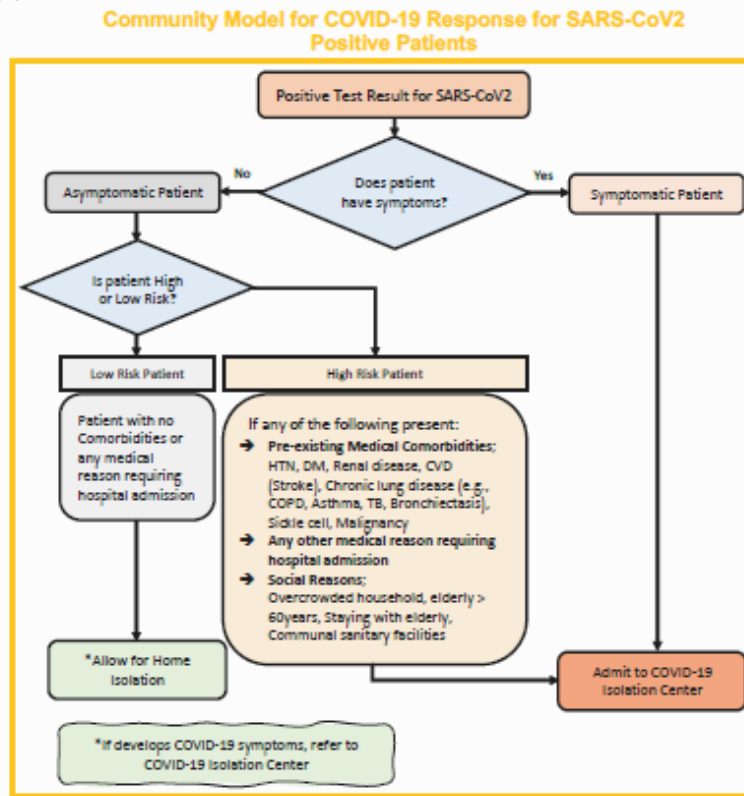


Figure 7: Community management model for COVID-19 patients

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

