





ZAMBIA SITUATION REPORT NO. 108

Disease Outbreak: COVID-19
Report date: Monday 12th January 2021
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Response start date: 30th January, 2020
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1. SITUATION UPDATE

↑ Cases this week (11th - 17th Jan): 2,029

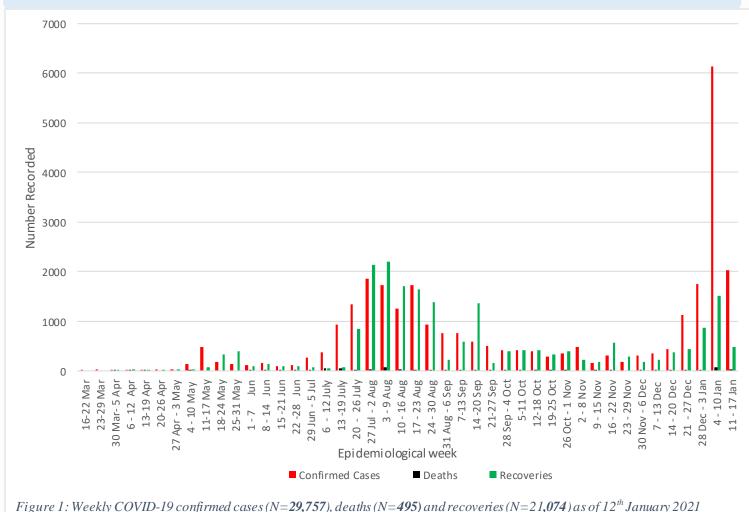
1.1 CURRENT CASE NUMBERS (as of 09:00 hours CAT)

- In the past 24 hrs, there were **1,161 new confirmed cases, 24 deaths and 293 recoveries**.
- Cumulative number of confirmed COVID-19 cases recorded to date is 29,757
 with 495 deaths (CFR=1.66%) and 21,074 recoveries (70.82% recovered).
- Of the 495 total deaths among the confirmed cases, 170 have been classified as COVID-19 deaths (CFR=0.57%) and 308 as associated deaths; 17 BIDs are pending classification. See Annex 1 for definitions
- Global Numbers (Source: JHU)
- † 91,022,306 Confirmed
- † 1,948,146 Deaths
- **50,405,140 Recoveries**

Africa Numbers
Source: Africa CDC)

- 3,081,881 Confirmed
- † 73,423 Deaths
 - 2,483,033 Recoveries
- There are currently **8,188 active cases:** of these, 234 are hospitalised (with 148 on Oxygen therapy and 17 in critical condition); 7,954 patients are under community management.

2. EPIDEMIOLOGICAL HIGHLIGHTS (By Epi-week)









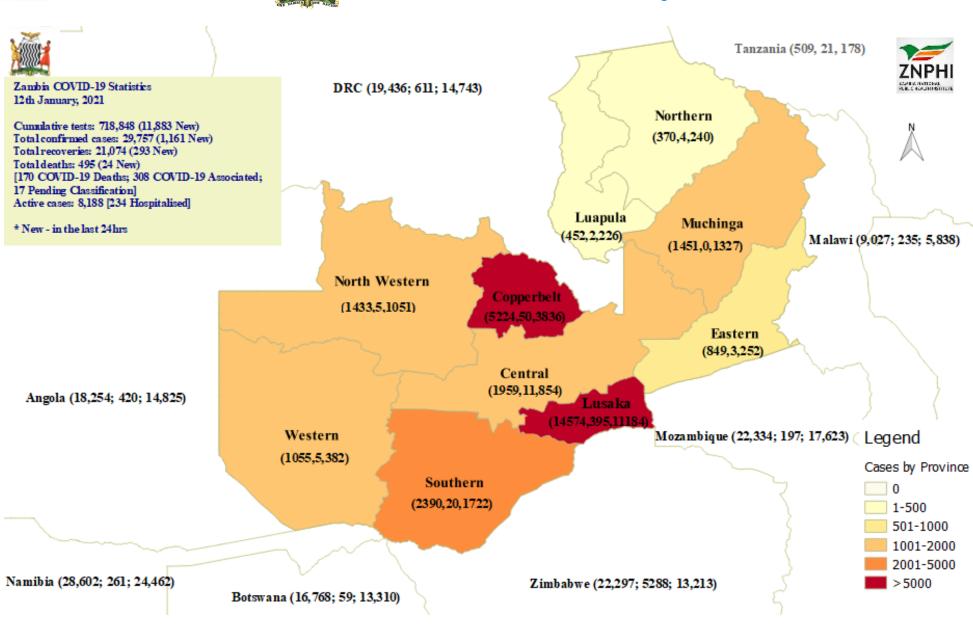


Figure 2: Map showing confirmed COVID-19 cases, deaths and recoveries (in brackets) by province and in neighbouring countries, as of 12th January 2021







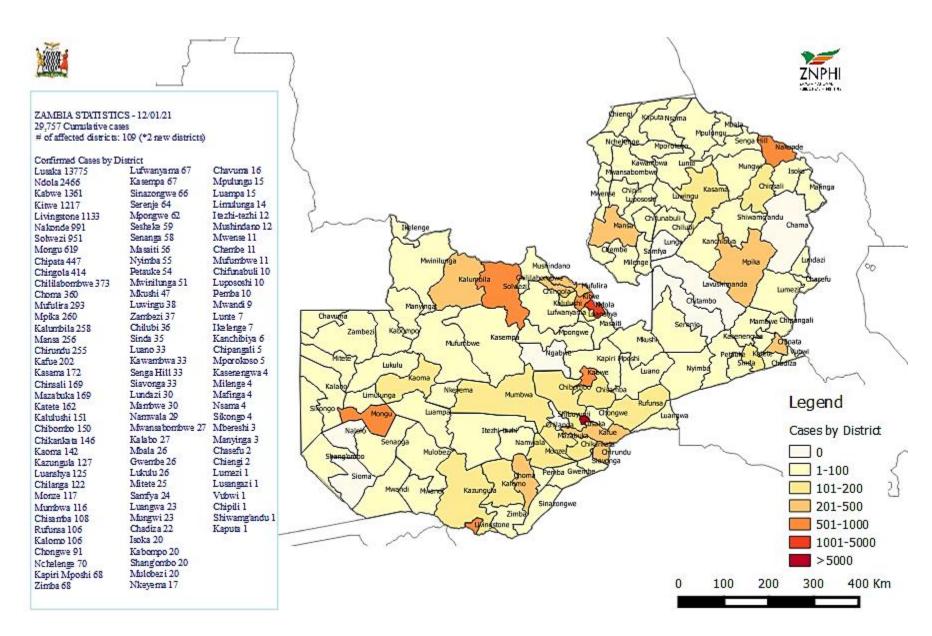


Figure 3: Map showing distribution of confirmed COVID-19 cases by district, as of 12th January 2021







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

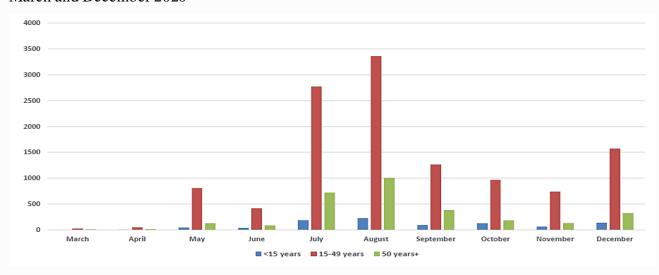


Figure 4: Age distribution of confirmed cases (March–December, 2020)

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 1,410,169 confirmed cases of COVID-19 including 36,133 deaths and 1,092,663 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 personperson 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 ZNPHI 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, ZNPHI
 - The Incident Management System (IMS) continues to meet at ZNPHI (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 12th January 2021

PROVINCE	NUMBERS BY DISTRICT			
	CASES	DEATHS	PROVINCIAL RECOVERIES	
CENTRAL	45 Kabwe, 13 Chibombo [TOTAL : 58]	2 Kabwe (facility deaths) [TOTAL:2]	4	
COPPERBELT	112 Ndola, 32 Kitwe, 23 Chingola, 15 Mufulira, 7 Masaiti, 5 Kalulushi, 3Luanshya [TOTAL: 197]			
EASTERN	71 Chipata, 14 Katete, 14 Sinda, 13 Petauke, 11 Nyimba, 5 Lundazi, 1 Mambwe [TOTAL: 129]	-	0	
LUAPULA	25 Mansa, 15 Nchelenge, 12 Mwansabombwe, 1 Mwense, 1 Chipili [TOTAL: 54]	-	0	
LUSAKA	299 Lusaka, 11 Kafue, 7 Rufunsa, 4 Chilanga [TOTAL: 321] 20 Lusaka (17 BIDs, 3 facility deaths) [TOTAL: 20]		170	
MUCHINGA	61 Mpika, 6 Chinsali, 4 Kanchibiya, 2 Nakonde, 1 Isoka, 1 Mafinga, 1 Shiwamg'andu [TOTAL: 76]	-	3	
NORTHERN	9 Chilubi, 6 Luwingu, 5 Kasama, 3 Mbala [TOTAL: 23]	-	0	
NORTH- WESTERN	30 Solwezi, 10 Kalumbila, 9 Mwinilunga, 1 Kabompo, 1 Mushindano, 1 Ikelenge [TOTAL: 52]	-	14	
SOUTHERN	19 Livingstone, 12 Kalomo, .8 Gwembe, 4 Kazungula, 3 Choma, 3 Mazabuka, 2 Chikankata, 2 Monze, 1 Namwala [TOTAL: 54]	1 Monze (facility death), 1 Livingstone (facility death) [TOTAL:2]	77	
WESTERN	131 Mongu, 24 Senanga, 10 Luampa, 8 Sesheke, 7 Mwandi, 5 Kalabo, 4 Shang'ombo, 3 Nkeyema, 3 Sikongo, 2 Limulunga [TOTAL: 197]	-	25	
TOTAL	1,161 New Cases	24 Deaths	293	

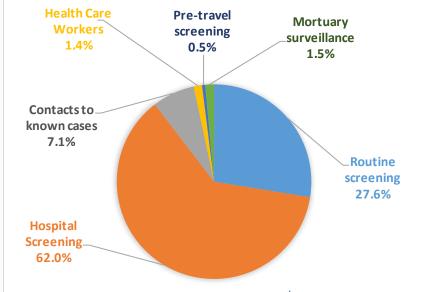


Figure 5: Categorisation of confirmed cases reported 12th January 2021







3.4 CASE MANAGEMENT

- There are currently 234 COVID-19 patients hospitalised in facilities around the country; of these, 148 are on Oxygen therapy and 17 are in critical condition
- Two facility deaths were recorded at the Levy isolation facility in Lusaka in the last 24hrs

PROVINCE	FACILITY	TOTAL # OF PATIENTS	# OF PATIENTS ON OXYGEN	# OF CRITICAL PATIENTS	DEATHS
Central	Kabwe General Hospital	2	0	0	2
Copperbelt	Ndola Teaching Hospital	16	11	0	0
	Kitwe Teaching Hospital	6	4	1	0
Eastern	Chipata General Hospital	14	5	1	0
Luapula	Mansa General Hospital	4	2	0	0
	Milenge	0	0	0	0
Lusaka	Levy Mwanawasa	108	91	10	3
	UTH	32	13	1	0
	Bauleni	1	0	0	0
	Chongwe	1	1	0	0
	Chirundu	2	0	0	0
Muchinga	Chinsali General	0	0	0	0
Northern	Mbala	2	1	0	0
	Kasama	3	1	1	0
North-western	Kalumbila	6	2	0	0
	Solwezi	2	0	0	0
Southern	Livingstone	13	4	0	1
	Choma	5	5	1	0
	Monze	1	1	0	1
	Maamba	1	0	0	0
	Chikankata	1	0	0	0
	Siavonga	1	1	0	0
	Kalomo	1	1	0	0
	Namwala	2	0	0	0
	Mazabuka	2	1	1	0
	Macha	2	1	0	0
Western	Mongu	5	3	1	0
	Kaoma	1	0	0	0
TOTAL		234	148	17	7

Table 3: National distribution of hospitalised COVID-19 patients by province – 12th January 2021







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

Community Model for COVID-19 Response for SARS-CoV2 Positive Test Result for SARS-CoV2 Does patient Asymptomatic Patient Symptomatic Patient Low Risk Patient High Risk Patient Patient with no If any of the following present: Comorbidities or Pre-existing Medical Comorbidities; any medical HTN, DM, Renal disease, CVD (Stroke), Chronic lung disease (e.g., COPD, Asthma, TB, Bronchiectasis), hospital admiss Sickle cell, Malignancy Any other medical reason requiring hospital admission Social Reasons: Overcrowded household, elderly > 60 years, Staying with elderly, Communal sanitary facilities Allow for Home Admit to COVID-19 Isolation Center

Figure 7: Community management model for COVID-19 patients

"If develops COVID-19 symptoms, refer to

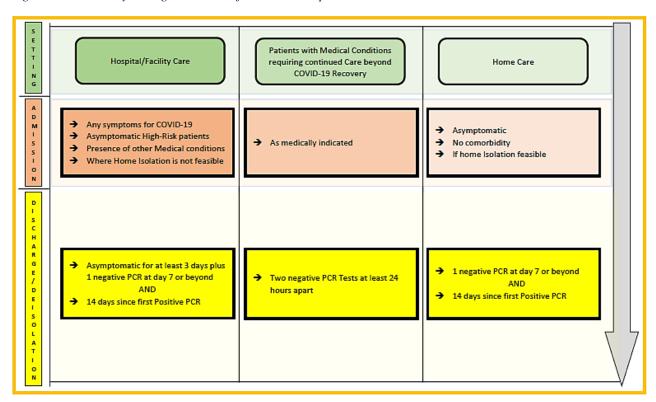


Figure 8: Admission and Discharge criteria for COVID-19 patients







3.5 LABORATORY AND SAMPLE MANAGEMENT

Zambia is utilising real-time 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. Refer to Table 2 for the currently designated laboratories for COVID-19 diagnostics

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

PROVINCE	INSTITUTION TESTING PLATFORM(S)		
Central	Kabwe General Hospital Gene Xpert		
	TDRC, Ndola	RT-PCR	
Copperbelt	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; Pantl		
	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	
	Solwezi General Hospital, Solwezi	Panther	
North-western	Kansanshi Mine Hospital (Mary Begg), Solwezi	Gene Xpert	
	Macha Research Trust	RT-PCR	
Southern	Livingstone Teaching Hospital	Gene Xpert	
Western	Lewanika General Hospital	Gene Xpert	

- In the past week (4th to 10th January), **74,169 tests** were conducted (compared to **60,242** tests the previous week), out of which **8.29%** tested positive for SARS-CoV-2 (compared to 2.90% the previous week).
- In the last 24hrs, **11,883 tests** were conducted, out of which **1,161** samples tested positive for SARS-CoV-2 (9.77% positive).
- To date, a total of **718,848 tests** have been conducted, with a cumulative **29,757 confirmed positive** (**4.14% positivity rate**) for SARS-CoV-2. The testing coverage is **42,285 per 1,000,000 population**

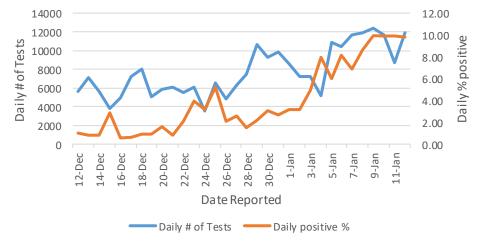


Figure 6: Daily number of tests vs % of positive results recorded (12th December 2020 to 12th January, 2021







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

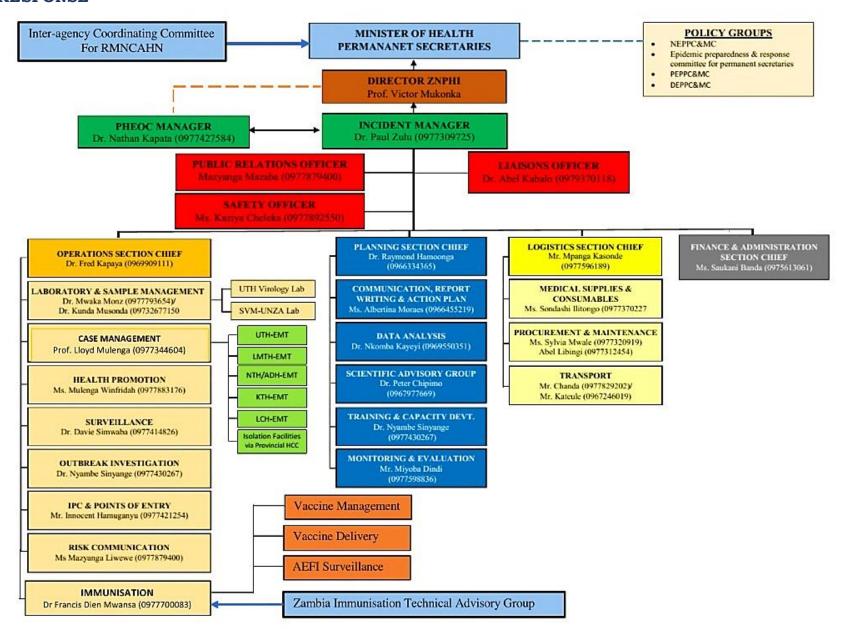
- C. Patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory dise ase e.g. cough, shortness of breath), AND requiring hospitalization AND with no other aetiology that fully explains the clinical presentation
- **2. Probable case:** A suspect case for whom testing 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









ANNEX 3: LIST OF DESIGNATED ISOLATION FACILITIES FOR THE COVID-19 OUTBREAK RESPONSE

PROVINCE	DISTRICT	ISOLATION FACILITY
Eastern	Chipata	Walera HP and Chipata District Hospital
	Chadiza	Sadzu RHC and Chilenga HP
	Lundazi	Lundazi New Hospital Male Ward
	Mambwe	Agriculture Field Training Centre and ADRA shade in Nsefu
	Petauke	Zuze Health Post
	Katete	Katete Livestock Market
	Nyimba	Chininkhu Health Post
	Sinda	Ukasimbe Health Post and Chinzule HP
	Vubwi	Chigwe Health Post
	Kasenengwa	Kanzutu Health Post
	Lumezi	Lumezi Hospital, Mwasemphangwe Zonal and Mwanya RHC
	Chasefu	Kanyanga Mission Hospital
	Chipangali	Mkanda RHC and Chinunda RHC
	Lusangazi	Ukwimi Trades
Southern	Livingstone	Mosi Oa Tunya Health centre
	Zimba	Zimba Basic school
	Siavonga	Kabbila Health Post
	Pemba	Pemba Main Clinic
	Kalomo	Mawaya Clinic
	Monze	Mulumbwa Health Post
	Mazabuka	Research clinic
	Chikankata	Nansenga Rural Health centre
	Namwala	Nchole Health Post
	Choma	Njase Clinic
	Gweembe	Munyumbwe HAHC
	Kazungula	Kazungula hospital admin block
	Sinazongwe	Sinazongwe rural health centre
Lusaka	Chilanga	Tubalange Mini Hospital, Mount Makulu Health Post

	Chirundu	Lumbembe Clinic
	Kafue	Shikoswe Clinic
	Luangwa	Kavalamanja RHC, Chitpoe RHC, Kasinsa RHC, Mandombe RHC
	Lusaka	Levy Mwanawasa, UTH, Tubalange Mini Hospital, Chawama SD, Matero SD, Chilenje SD, Kanyama SD, Chipata SD, Victoria Hospital, Bauleni
	Rufunsa	Rufunsa RHC, Chinyunyu RHC
Muchinga	Isoka	Lualizi and Kafwimbi RHC
	Lavushimanda	Red Rhino school, Muwele Market .
	Nakonde	Nakonde Hospital and Nakonde Urban Clinic.
	Chama	FTC
	Shiwang'andu	Lwanya RHC
	Mpika	Chibansa RHC
	Kanchibiya	Kopa Primary school ,LuchembeKanchibiya resettlement scheme,Chalabesa RHC.
	Chinsali	Nambuluma RHC
	Mafinga	Mulekatembo
Western	Senanga	Litambya RHC
	Shangombo	Shangombo Secondary School
		Shangombo RHC
	Kaoma	Kaoma Trades
		Kaoma Youth Resource Centre
	Luampa	Kahumbu Primary School
	Lukulu	Lukulu Old Hospital







	Mitete	Lukulu Old Hospital
	Kalabo	Wenela RHC
	Nalolo	Muoyo RHC
	Sioma	Old Nangwesh Refugee Camp
	Mulobezi	Mulobezi HAHC
	Mwandi	Situlu Health Post
	Sesheke	Mulimambango
	Sikongo	Sikongo RHC
	Limulunga	Nan'oko Health Post
	Mongu	Mongu D Hospital, Mweeke HP
	Nkeyema	Nkeyema Zonal Health Centre
Central	Chitambo	Muchinka RHC
	Mkushi	Kasalamkanga RHC
	Serenje	Serenje Boma School
	luano	Old Mkushi Health Centre
	Kapiri	Tazara dry port
	Kabwe	Old Mukobeko clinic
	Chibombo	Twalumba RHC
	Chisamba	Malombe RHC
	Shibuyunji	Sichobo Rural Health Centre
	Mumbwa	Mumbwa Urban Clinic
	Itezhi tezhi	Itezhi tezhi Basic School/Uphill Scholl and and Itezhi Tezhi Boarding School
	Ngabwe	Iwonde primary school

Copperbelt	Chililabombwe	Council Hall
	Chingola	Kalilo Health Centre
	Kalulushi	Kalulushi Urban Health Centre
	Kitwe	Garnerton Clinic
	Luanshya	Chibolya Clinic
	Lufwanyama	Shimukunami Rural Health Centre
	Masaiti	Masaiti District Hospital
	Mpongwe	Bwembelelo Health Post
	Mufulira	Mutundu RHC
	Ndola	Itawa clinic
Northern	Chilubi	Chaba RHC Chilubi RHC
	Kaputa	Kaputa RHC Kalaba RHC Kapepula HP
	Kasama	Lukupa Rural Centre
	Lunte	Chitoshi RHC Mukupa Koama RHC Mulenga Mapesa HP
	Lupososhi	Chungu RHC Nsombo RHC
	Luwingu	Ipusikilo RHC
	Mbala	Chulungoma Urban Clinic Kaluluzi Health Post
	Mporokoso	Township Clinic Chiwala RHC
	Mpulungu	Mpulungu Urban Clinic
	Mungwi	Mungwi Baptist HC, Kayambi RHC
	Nsama	NsumbuRHC
	Senga	Nsumbu RHC, Mwiluzi HP, Sumbi HP





