





ZAMBIA SITUATION REPORT NO. 13

Disease Outbreak: COVID-19 Outbreak Declared:18th March, 2020 Prepared by: MOH/ZNPHI/WHO **Response start date**: 30th January, 2020 **Date of report:** 31st March, 2020 **Correspondence:** ims.covid@znphi.co.zm

1. CURRENT SITUATION UPDATE

Country Highlights: As of 12hrs on 31st March 2020, there was one (1) new confirmed case recorded in the past 24 hours. The total number of confirmed cases is thirty-six (36). There have been zero (0) deaths recorded to date (Refer to Annex 1).

All cases are admitted to the designated isolation facilities.

- Levy Mwanawasa Hospital: There are currently **37** patients admitted: 34 confirmed positive and 3 suspected cases (with results pending)
- Masaiti District Hospital (Copperbelt): There are currently two (2) confirmed positive cases.

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Table 1: COVID-19 Summary surveillance and case management report as of 30th March 2020

Zambia Current Numbers

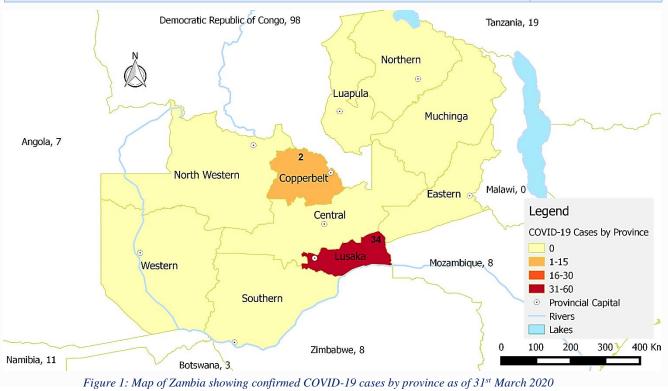
- **36 Confirmed (1 new)**
- 0 Deaths (0 new)
- **0 Recoveries (0 new)** *New: in the last 24hrs

Global Numbers (Source: Johns Hopkins University)

* 803,650 Confirmed

- **39.014 Deaths**
- 172,772 Recoveries

Parameter	Number
Number of high risk persons under observation	4,429
Number of high risk persons that have completed 14 days observation	974
Number of alerts notified & verified as non-cases	248
Number of suspected cases reported today	65
Total Number of Samples Received	714
Total Number of Results Processed	520
Total Number of Confirmed COVID-19 Positive Cases	36



Zambia COV-19 SitRep March 2020

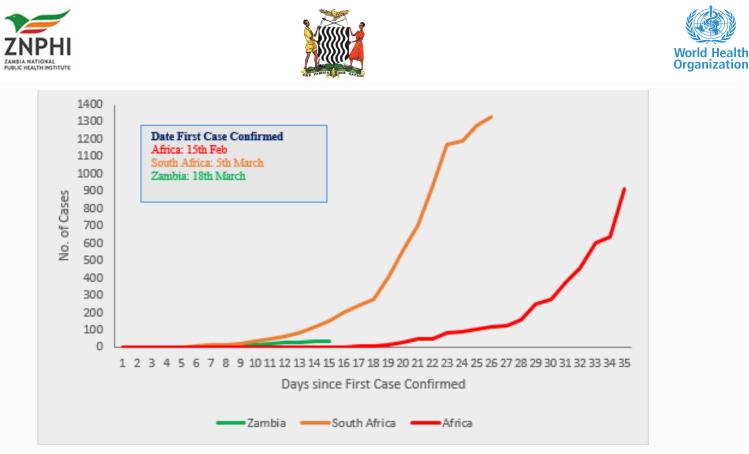


Figure 2: Cumulative trend graph comparing the number of confirmed cases in Zambia, South Africa and the whole of Africa recorded during the first 35 days

2. ACTIONS TO DATE

2.1 CO-ORDINATION

> Policy Level:

- Meetings of the Council of Ministers, Committee of Permanent Secretaries, and the National Epidemic Preparedness, Prevention Control and Management Committee (NEPPC&MC) have been convened since the declaration of the outbreak Council of minster meeting chaired by the VIP was held on 31 March 2020
 - The Council of Ministers meeting chaired by the Vice President was held on 31 March 2020
 - The Minister for Health and the Minister of Information and Broadcasting Services supported by other line ministers hold daily press briefings at 11:30 to give updates on the evolving outbreak situation in Zambia.
 - Activation and designation of Public Health Emergency Operation Centres in all the 10 provincial centres
 - Coordination meetings at national and subnational levels on going and updating the national level every 24 hours
 - Operational reviews to assess implementation success and epidemiological situation, and adjust operational plans as necessary are ongoing
- Statutory instruments **SI21 and SI22 of 2020** to facilitate the management of COVID-19 were signed into effect on 13th March 2020. SI 21 and 22 have been operationalised through:







- Closure of Simon Mwansa Kapwepwe (Copperbelt province), Harry Mwanga Nkumbula (Southern Province) and Mfuwe (Eastern province) International Airports. All international flights have been rerouted to Kenneth Kaunda International Airport (KKIA), Lusaka.
- Screening of all travellers at points of entry (symptomatic travellers are isolated at a health facility; asymptomatic travellers are required to undergo quarantine and monitoring for at least 14 days);
- Suspension of non-essential travel to countries with confirmed COVID-19 cases;
- Restriction of public gatherings to no more than 50 people;
- Restaurants to operate only on take away and delivery basis; closure of all bars, nightclubs, cinemas, gyms and casinos.
- Closure of all schools and higher learning institutions until further notice
- Government measures and interventions to control the spread of COVID-19 came into effect at midnight on Thursday 26th March, 2020 in line with the Public Health Act, SI21 and SI22, and the presidential directives.

Technical level:

- Development, printing and distribution of various SOPs in targeted areas of operation is ongoing
- The IMS continues to meet on Tuesdays and Thursdays. (Refer to Annex 2 for structure)
- Technical co-ordinating meetings are being held with cooperating partners and other stakeholders. The meetings are chaired by the Director, ZNPH

2.2 SURVEILLANCE

Surveillance (including Event Based Surveillance) is being actively conducted at POEs, health facilities, and sentinel sites. Standard cases definitions are being used (Refer to Annex 3). Additional surveillance staff have been deployed in communities.

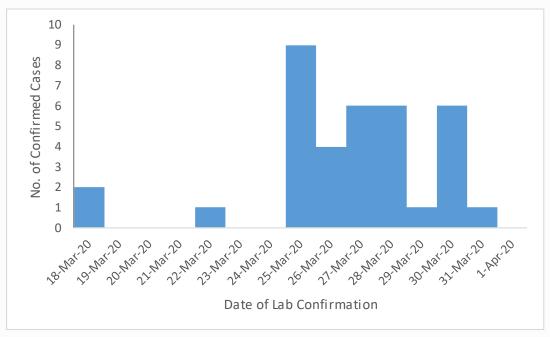


Figure 3: Epi-curve of COVID-19 confirmed cases as of 31st March 2020







Reporting Province	New Cases	Total Confirmed Cases	New Deaths	Total Deaths	Transmission Classification	Days since last confirmed case discharged
Lusaka	1	34	0	0	25 Imported 9 Local	0
Copperbelt	0	2	0	0	2 Imported	0
Central	0	0	0	0	N/A	0
Southern	0	0	0	0	N/A	0
Eastern	0	0	0	0	N/A	0
Western	0	0	0	0	N/A	0
Northern	0	0	0	0	N/A	0
N/Western	0	0	0	0	N/A	0
Luapula	0	0	0	0	N/A	0
Muchinga	0	0	0	0	N/A	0
Total	1	36	0	0		

Table 2: Summary of COVID-19 cases recorded country-wide as of 31st March 2020

• Sex distribution: Of the confirmed cases, 28 are male and 6 are female (Note: data cleaning and verification in process to verify incomplete details of the 2 unknowns).

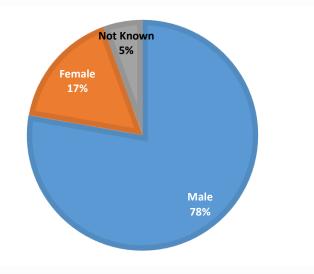


Figure 4: Sex distribution of confirmed cases reported as of 31st March 2020

• Age distribution: Of the confirmed cases, the most affected age group is between 15-30 years old. (Note: data cleaning and verification in process to verify incomplete details of the 2 unknowns).







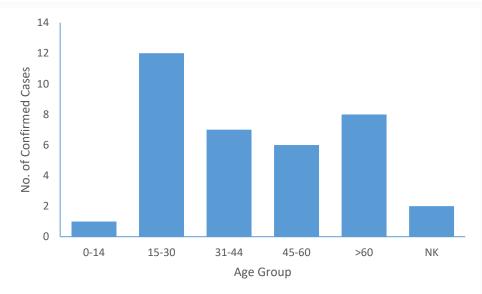


Figure 5: Age distribution of confirmed cases reported as of 31st March 2020

Contact Tracing: surveillance teams continue to actively follow up contacts of confirmed • cases. All travellers who arrived in Zambia aboard Turkish Airways, Kenya Airways, Emirates and South African Airlines from 15th March 2020 to date must remain in self-quarantine and notify the health authorities if they develop any symptom

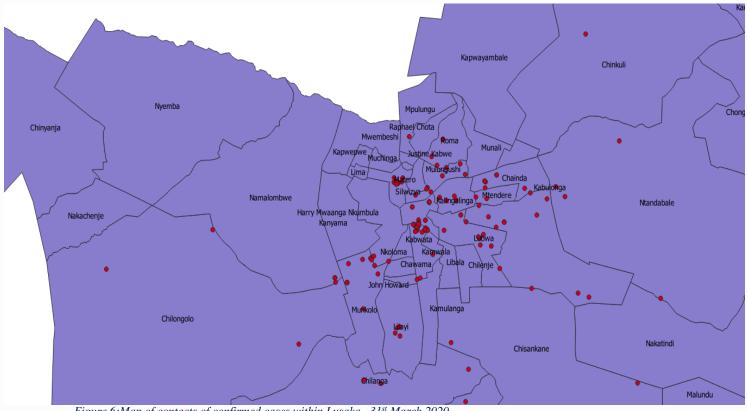


Figure 6:Map of contacts of confirmed cases within Lusaka, 31st March 2020







• Arrivals at KKIA: All international flights into Zambia are restricted to land at KKIA following the presidential directive which came into effect on Thursday 26th March, 2020. There were 38 arrivals recorded at KKIA on 30th March 2020. (See Table 3 below)

Table 3: Number of arrivals at KKIA, Lusaka, as of 30th March 2020

Report Date	Point of Entry	Countries of Original Departure
30/03/2020	KKIA	China (4), Ethiopia (2), Germany (1), Ghana India (1), Japan (2), Kenya (5), Netherlands Uganda (1), USA (1), Zimbabwe (19)
Total Number of Arrivals		38

- Laboratory: The University Teaching Hospital Virology Lab (UTHVL) (WHO-certified National Influenza Centre) is the designated primary diagnostic laboratory for COVID-19, with additional capacity at the School of Veterinary Medicine (SVM), UNZA.
 - The standard test turn-around time is 24 hours, but can take up to 36-48 hours where repeat or confirmatory testing is required
 - **Criteria for testing:** individuals who meet the case definition or individuals who have had contact/been exposed to a confirmed positive case and are symptomatic
 - Total number of samples received to date is 714; 520 results have been processed with 36 confirmed positive for SARS-CoV-2. A sample referral system is in place for samples being collected in other provinces. Summary of tests conducted to date is available in Annex1
- Case Management: All symptomatic cases (suspected, probable and confirmed) are being admitted to the designated isolation facilities. Patients are only discharged once their test results (initial test for suspected cases; re-test for confirmed cases) are negative. Additonal staff have been deployed to the isolation facilities for case management. Refer to Annex 1 for detailed summary
 - Levy Mwanawasa Hospital: In the last 24 hours, the facility had three new admissions and 2 discharges (suspected cases with a negative test result). There are 37 patients in total currently admitted (34 confirmed positive; 3 suspected with results pending). One of the confirmed cases has an underlying chronic respiratory illness and is receiving specialist medical care; the patient is in critical condition.
 - **Masaiti District Hospital:** There are 2 confirmed positive cases admitted at the facility; there were no new admissions in the last 24 hours.
 - Tubalange Hospital: there are currently no cases admitted at the facility
 - University Teaching Hospital: There are currently no patients admitted at the facility.
 - **COVID-19 Screening Facilities:** Dedicated screening structures have been set up at the UTH and Levy Mwanawasa away from the areas of routine service delivery.







• Isolation facilities have also been set up in all high risk districts across the ten provinces; a detailed list is available at Annex 4

3. GAPS AND CHALLENGES

- **Laboratory:** Limited testing capacity due to shortage of nasal-pharyngeal swabs (not available locally)
- Surveillance: resources being spent to follow up on prank calls to the call-centre; non-adherence to quarantine directives; incorrect/incomplete contact information provided on surveillance forms
- Logistics: low stocks of sample collection supplies and other logistical supplies due to limited availability and increased demand on the global market.

4. PRIORITY ACTIONS AND RECOMMENDATIONS

- Policy: all government Ministries to implement measures requiring only essential staff to report for work while other staff must utilise technology to work remotely.
- Surveillance: Early detection and isolation of cases, and testing of all contacts will be intensified; decentralisation of testing to other provinces; additional thermal scanners to be procured and placed at the POEs to avoid over-crowding and enhance social distancing
- Case management: Additional facilities have been identified to serve as designated isolation facilities. The Courtyard hotel has been designated as an isolation centre for management of stable patients not requiring intensive clinical care management. Levy Mwanawasa will be restricted for patients requiring intensive clinical care management. The Victoria Hospital and another facility in Makeni with a 200 bed capacity have also been identified as isolation facilities.
- Laboratory: explore possibility of using high throughput instruments (2 identified in country), Gene Xpert, and other high level labs (including TDRC and UTH) in order to reduce test turn-around time and increase through-put.
- Logistics: WHO Country Office has mobilized resources to procure additional reagents, commodities and human resources, and is also exploring avenues to ensure quick procurement of ventilators which are urgently required in the identified isolation facilities.

5. CONCLUSION

Zambia recorded one new confirmed case of COVID-19 in the last 24 hours, bringing the total number to 36 cases. Of the total cases recorded to date, nine have been locally transmitted. The identification of locally transmitted cases calls for heightened surveillance and control measures to stop the transmission of COVID-19 within Zambia.







ANNEX 1: EPIDEMIOLOGICAL DATA AS OF 12:00HRS ON 30TH MARCH 2020^{*}

Total Cases	Daily Total			Cumulati	ive since outl	oreak declared
Suspected cases	65			-		
Confirmed cases		1		36		
UTH Virology Laboratory						
Samples received		192			714	
Samples with results processed		45			520	
Number of re-tests		0			4	
COVID-19 positive		1			36	
COVID-19 negative		44		480		
Samples with results pending	194			-		
Statistics By Health Facility	Tubalange	Levy	Masaiti	UTH	Daily Total	Cumulative since outbreak declared
Admissions/Discharges		1				
New Admissions	0	3	0	0	3	58
Currently Admitted	0	37	2	0	39	-
Discharges	0	2	0	0	2	19
Transferred in	0	0	0	0	0	7
Transferred out	0	0	0	0	0	7
		1	1		1	1
Deaths						
Deaths Deaths among suspected cases	0	0	0	0	0	0

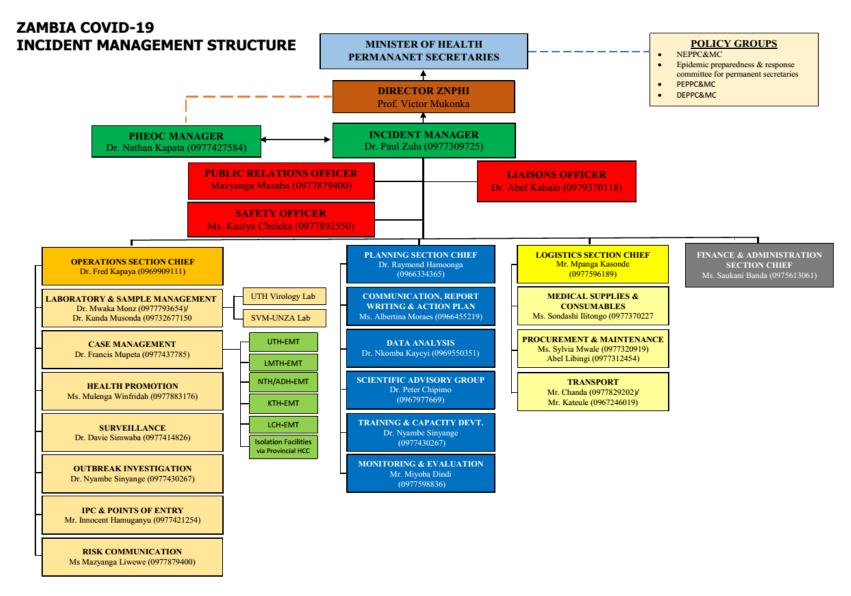
*Reported figures may vary due to continual data cleaning and verification as part of quality assurance







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









ANNEX 3: CORONAVIRUS DISEASE 2019 (COVID-19) CASE DEFINITIONS

Case Definitions

<u>1. Suspect case</u>:

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

<u>2. Probable case</u>: 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.

<u>4. Person Under Investigation</u>: a suspected case, irrespective of admission status, with either history of travel to an area with local transmission or worked in/attended a health care facility treating COVID-19 infections or admission to a facility for severe pneumonia of unknown aetiology

5. 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 4: 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

Lusaka	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







Western	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
copperativ		
	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





