





Global Numbers (Source: JHU)

2.383.096 Deaths (2.2% CFR)

97,832 Deaths (2.6% CFR)

108,195,727 Confirmed

**60,588,317** Recoveries

**Africa Numbers** 

Source: Africa CDC)
3.729.019 Confirmed

# ZAMBIA COVID-19 SITUATION REPORT NO. 140

Disease Pandemic: COVID-19
Response start date: 30th January, 2020
Outbreak Declared: 18th March, 2020
Prepared by: MOH/ZNPHI/WHO
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1. SITUATION UPDATE This week (8th - 14th Feb)  $\mathring{\mathbb{T}}$  Cases 5,821  $\mathring{\mathbb{T}}$  Deaths 87  $\mathring{\mathbb{T}}$  Recoveries 7,740

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

- In the past 24 hrs, we recorded **773 new confirmed cases**, **9 deaths and 1,273 recoveries**.
- Cumulative number of confirmed COVID-19 cases recorded to date is **68,454** with **940 deaths** (CFR=1.37%) and **62,575 recoveries** (**91.41% recovered**).
- Of the total deaths, 487 have been classified as COVID-19 deaths (CFR=0.71%) and 453 as associated deaths. See Annex 1 for definitions
- There are currently **4,939 active cases:** of these, 369 (8%) are hospitalised [with 256 (69%) on Oxygen therapy and 45 (12%) in critical condition]; 4,570 (92%) cases are under community management.

#### 2. EPIDEMIOLOGICAL HIGHLIGHTS

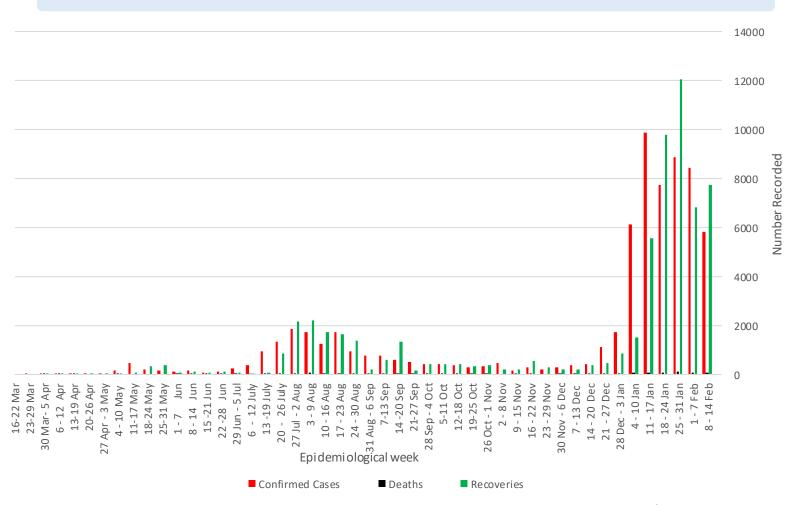


Figure 1: Weekly COVID-19 confirmed cases (N=67,681), deaths (N=931) and recoveries (N=61,302) as of  $13^{th}$  February, 2021







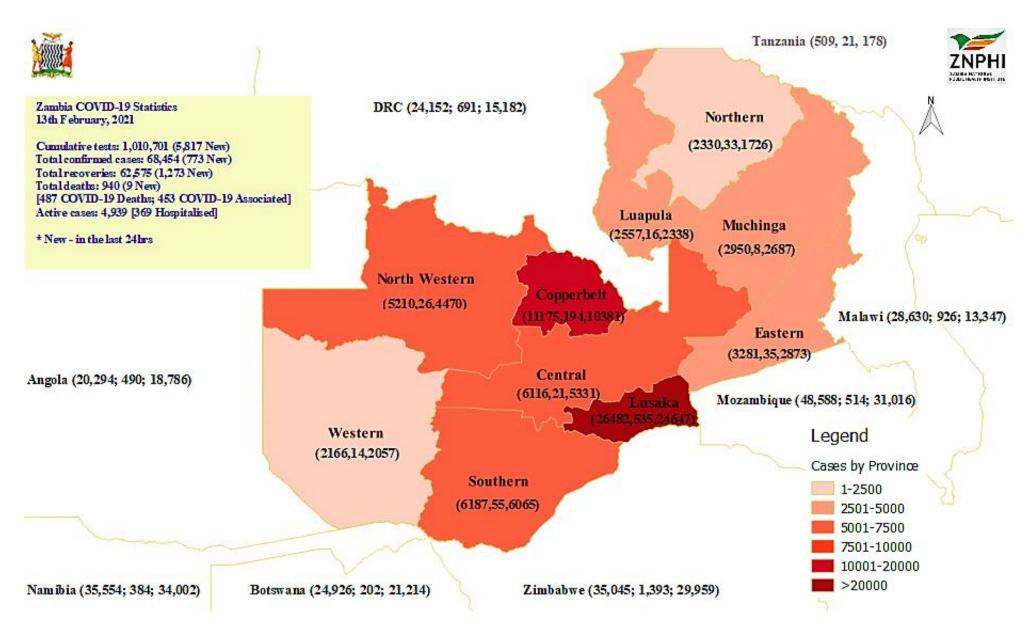


Figure 2: Map showing confirmed COVID-19 cases, deaths and recoveries (in brackets) by province and in neighbouring countries, 12th February, 2021







> Age and sex distribution: Below is the age and sex distribution of confirmed cases and deaths;

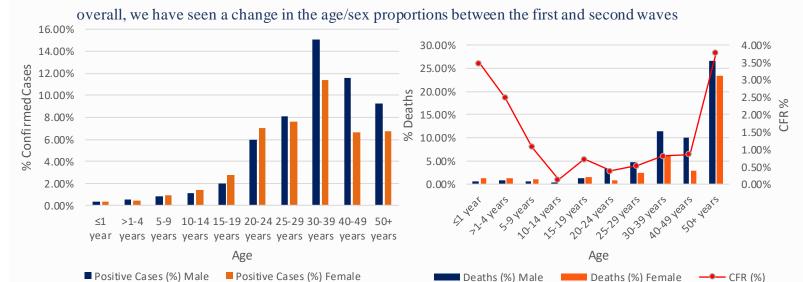


Figure 3: Age and sex distribution of (a) confirmed cases (b) deaths

#### 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
1,774,706 confirmed cases; 53,365 deaths; and 1,608,332
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 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.
- A COVID-19 contingency plan outlining the country's

  COVID-19 preparedness and response activities is available and continues to be regularly updated as the

#### 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. By mid-June 2020, cases had been reported in all ten provinces, with Western province being the last to confirm cases of COVID-19. Generalised local person-person transmission is now established throughout the country.

outbreak evolves.







- Technical co-ordinating meetings are 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**

### 3.2 SURVEILLANCE

Active surveillance is ongoing in healthcare facilities, at community level, through contact tracing and at points of entry.

Table 1: Breakdown of confirmed COVID-19 cases reported in the last 24hrs

PROVINCE	eakdown of confirmed COVID-19 cases reported in the last 24hrs  NUMBERS BY DISTRICT		PROVINCIAL RECOVERIES
	CASES	DEATHS	
CENTRAL	Chibombo 6, Kabwe 78, Kapiri Mposhi 2 [TOTAL: 86]	0	94
COPPERBELT	Chilila bombwe 8, Chingola 5, Kitwe 8, Luanshya 15, Masaiti 1, Mufulira 3, Ndola 80 [ <b>TOTAL: 120</b> ]	2	176
EASTERN	Chipata 7, Kasenengwa 6, Katete 5, Lumezi 15, Lundazi 3, Petauke 7, Sinda 4 [TOTAL: 47]	0	45
LUAPULA	Chembe 6, Chiengi 5, Kawambwa 8, Mansa 6, Mwansabombwe 17, Nchelenge 8 [TOTAL: 50]	1	59
LUSAKA	Chongwe 2, Lusaka 183 [TOTAL: 185]	3	359
MUCHINGA	Chinsali 1, Mpika 22, Nakonde 3, Shiwan'gandu 2 [TOTAL: 28]	0	89
NORTHERN	Chilubi 8, Kaputa 5, Kasama 22, Lupososhi 1, Luwingu 16, Mbala 4, Mporokoso 5, Mpulungu 3, Mungwi 11, Nsama 1, Senga Hill 17 [TOTAL:93]	1	163
NORTH-WESTERN	Ikelenge 1, Kalumbila 10, Kasempa 5, Mufumbwe 1, Mwinilunga 6, Solwezi 43, Zambezi 3 [TOTAL: 69]	2	164
SOUTHERN	Chikankata 33, Choma 22, Kalomo 3, Mazabuka 22, Monze 3 [ <b>TOTAL:</b> 83]	0	88
WESTERN	Kaoma 2, Limulunga 2, Mongu 3, Senanga 5 [TOTAL: 12]	0	36
TOTAL	773 New Cases	9 Deaths	1,273 Recoveries

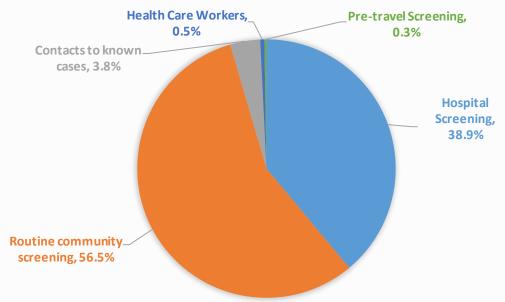


Figure 4: Categorisation of confirmed cases reported in the last 24hrs







#### 3.4 CLINICAL CASE MANAGEMENT

- There are currently 369 COVID-19 patients hospitalised in facilities around the country; of these, 256 are on Oxygen therapy and 45 are in critical condition
- The community management model and admission/discharge criteria for persons who test positive for COVID-19 available at **Annex 3.**
- The revised guidelines for the home management of COVID-19 cases can be accessed <a href="here">here</a>.

  Table 2: National distribution of hospitalised COVID-19 patients by province 12th February 2021

PROVINCE	TOTAL#OF PATIENTS	ON OXYGEN	CRITICAL
CENTRAL	13	5	1
COPPERBELT	97	71	13
EASTERN	18	8	1
LUAPULA	10	7	0
LUSAKA	160	134	25
MUCHINGA	10	2	0
NORTHERN	23	7	3
NORTH-WESTERN	22	10	1
SOUTHERN	12	9	1
WESTERN	4	3	0
TOTAL	369	256	45

# 3.5 LABORATORY AND SAMPLE MANAGEMENT

 Below is a chart showing the number of tests conducted by province vs. the number of confirmed cases and percentage positivity

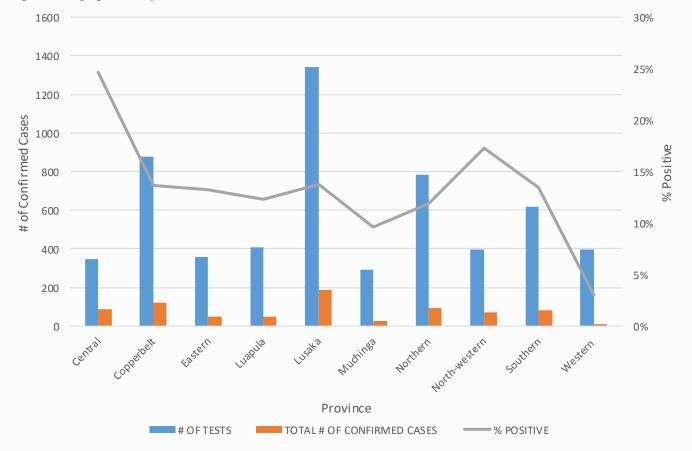


Figure 5: Number of tests by Province vs # of confirmed cases reported (13th February 2021)







- Zambia is utilising a number of testing platforms to run COVID-19 diagnostics, including real-time Polymerase Chain Reaction (RT-PCR), Gene Xpert, Hologic Panther, RDT, and Roche Cobas 6800. Laboratory facilities are available in all 10 provinces. See **Annex 4** for a list of the currently **designated laboratories**
- In January 2021, the testing strategy was revised from mass testing to a more targeted approach. The revised strategy can be found here.
- Previous week analysis (1<sup>st</sup> 7<sup>th</sup> February): 61,555 tests were conducted (compared to 75,320 tests the previous week), out of which 13.67% tested positive for SARS-CoV-2 (compared to 11.79% the previous week).
- Current week analysis (8<sup>th</sup> 14<sup>th</sup> February): In the last 24 hrs, 5,817 tests were conducted (13.29% positivity); so far this week, 37,317 tests have been conducted (15.60% positivity).
- To date, a total of **1,010,701 tests** have been conducted, with a cumulative **68,454 confirmed positive** (**6.77% positivity rate**) for SARS-CoV-2. The testing coverage is **59,453 per 1,000,000 population**

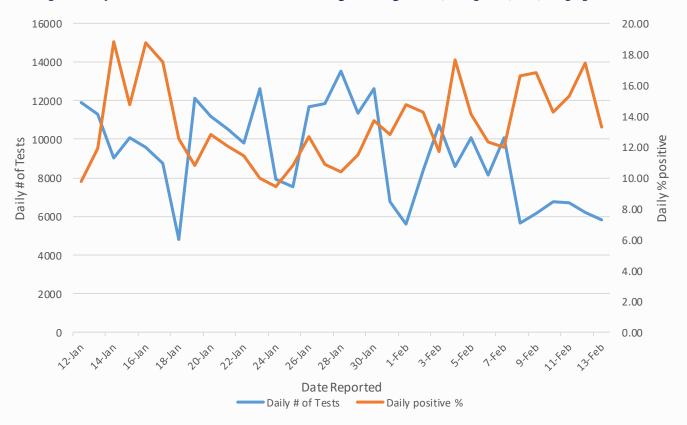


Figure 6: Daily number of tests vs % of positive results recorded (past month)







# 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

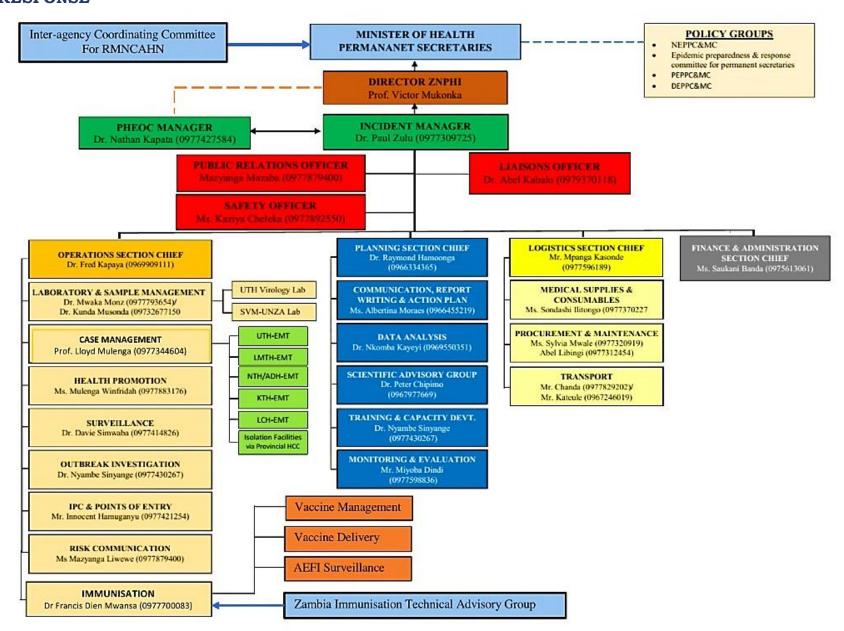
- C. Patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease e.g. cough, shortness of breath), AND requiring hospitalization AND with no other aetiology that fully explains the clinical presentation
- **2. Probable case:** A suspect case for whom testing 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.
- <u>4. COVID-19 Death</u>: 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







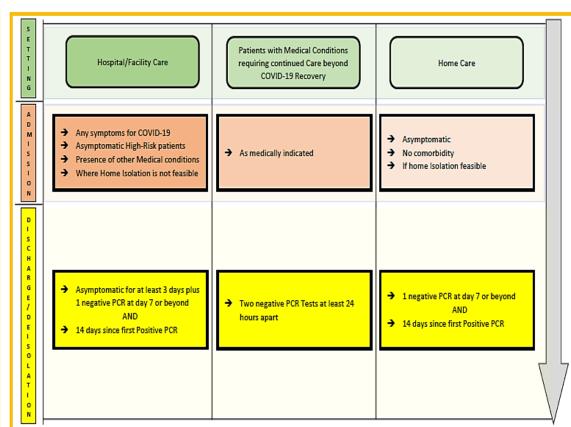


# **ANNEX 3: CASE MANAGEMENT MODELS**

# Community Model for COVID-19 Response for SARS-CoV2 Positive Patients

#### Positive Test Result for SARS-CoV2 Does patient Symptomatic Patient Asymptomatic Patient have symptoms? Is patient High or Low Risk? 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 reason requiring (Stroke), Chronic lung disease (e.g., hospital admission COPD, Asthma, TB, Bronchiectasis), Sickle cell, Malignancy → Any other medical reason requiring hospital admission Social Reasons; Overcrowded household, elderly > 60years, Staying with elderly, Communal sanitary facilities \*Allow for Home Admit to COVID-19 Isolation Isolation Center "If develops COVID-19 symptoms, refer to COVID-19 Isolation Center

# **Admission and Discharge Criteria for Covid-19 Patients**









# ANNEX 4: LIST OF DESIGNATED COVID-19 DIAGNOSTIC LABORATORIES

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; Panther; RDT
	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