

## ZAMBIA COVID-19 SITUATION REPORT NO. 153

Disease Pandemic: COVID-19

Response start date: 30<sup>th</sup> January, 2020

Outbreak Declared: 18<sup>th</sup> March, 2020

Report date: Friday 26<sup>th</sup> February 2021

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### 1. SITUATION UPDATE *This week (22<sup>nd</sup> - 28<sup>th</sup> Feb) ↑ Cases 3,136 ↓ Deaths 46 ↑ Recoveries 4,691*

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

➤ In the last 24hrs, we recorded **468 new cases, 7 deaths and 1835 recoveries**

- The cumulative number of confirmed COVID-19 cases recorded to date is **77,639** with **1,066 deaths (CFR=1.4%)** and **72,635 recoveries (93.6% recovered)**. Of the total deaths, **578 have been classified as COVID-19 deaths (CFR=0.7%)** and **488 as associated deaths**. See Annex 1 for definitions
- There are currently **3,938 active cases**: of these, 3,641 (92.5%) cases are under community management and 297 (7.5%) are hospitalised [with 194 (65.3%) on Oxygen therapy and 60 (20.2%) in critical condition];

#### Global Numbers

(Source: JHU)

↑ **113,144,824 Confirmed**  
↓ **2,510,343 Deaths (2.2% CFR)**  
↑ **63,856,512 Recoveries**

#### Africa Numbers

(Source: Africa CDC)

↑ **3,871,486 Confirmed**  
↓ **102,881 Deaths (2.6% CFR)**  
↑ **3,441,230 Recoveries**

## 2. EPIDEMIOLOGICAL HIGHLIGHTS

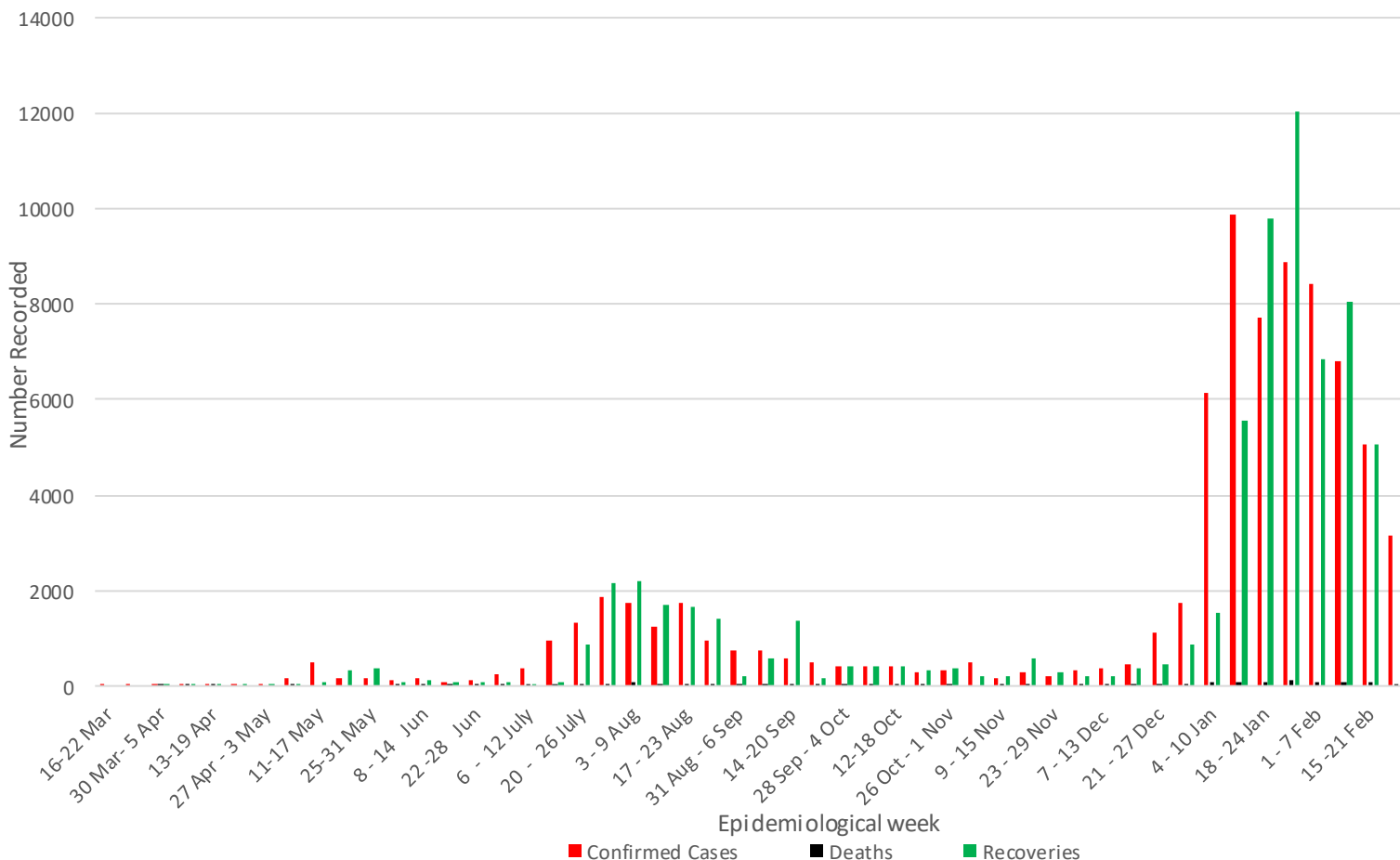


Figure 1: COVID-19 confirmed cases by week (N=77,639), deaths (N=1,066) and recoveries (N=72,635) as of 26<sup>th</sup> February, 2021

- **Age and sex distribution:** Below is the age and sex distribution of confirmed cases and deaths; overall, we have seen a change in the age/sex proportions between the first and second waves

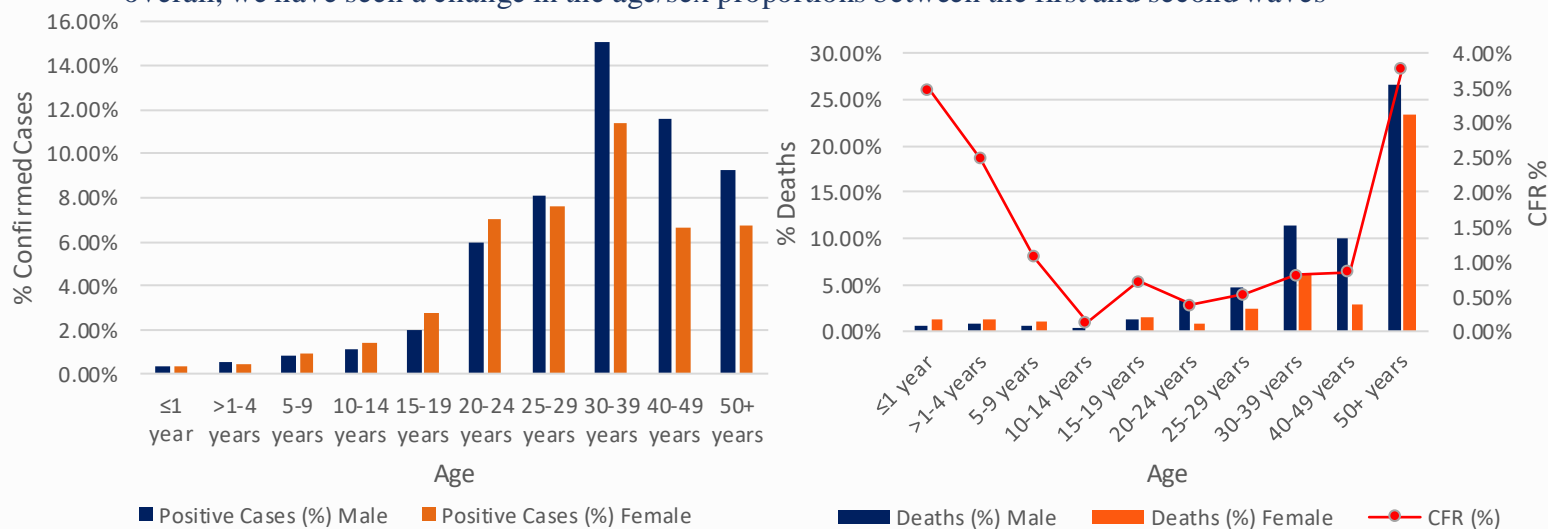


Figure 3: Age and sex distribution of (a) confirmed cases (b) deaths

### 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 1,826,542 confirmed cases; 56,007 deaths; and 1,682,629 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 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 30<sup>th</sup> January and further declared COVID-19 a pandemic on 12<sup>th</sup> March. Zambia recorded its first two cases of COVID-19 on 18<sup>th</sup> 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.

- Technical co-ordinating meetings are held with cooperating partners and other stakeholders. The meetings are chaired by the Director, ZNP HI
- The Incident Management System (IMS) continues to meet at ZNP HI (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, deaths and recoveries reported in the last 24hrs by province

PROVINCE	NUMBERS BY PROVINCE		
	CASES	DEATHS	RECOVERIES
CENTRAL	2	0	93
COPPERBELT	110	1	327
EASTERN	46	0	350
LUAPULA	64	0	152
LUSAKA	144	3	357
MUCHINGA	27	1	64
NORTHERN	13	1	138
NORTH-WESTERN	19	0	251
SOUTHERN	34	1	85
WESTERN	9	0	18
<b>TOTAL</b>	<b>468 New Cases</b>	<b>7 Deaths</b>	<b>1,835 Recoveries</b>

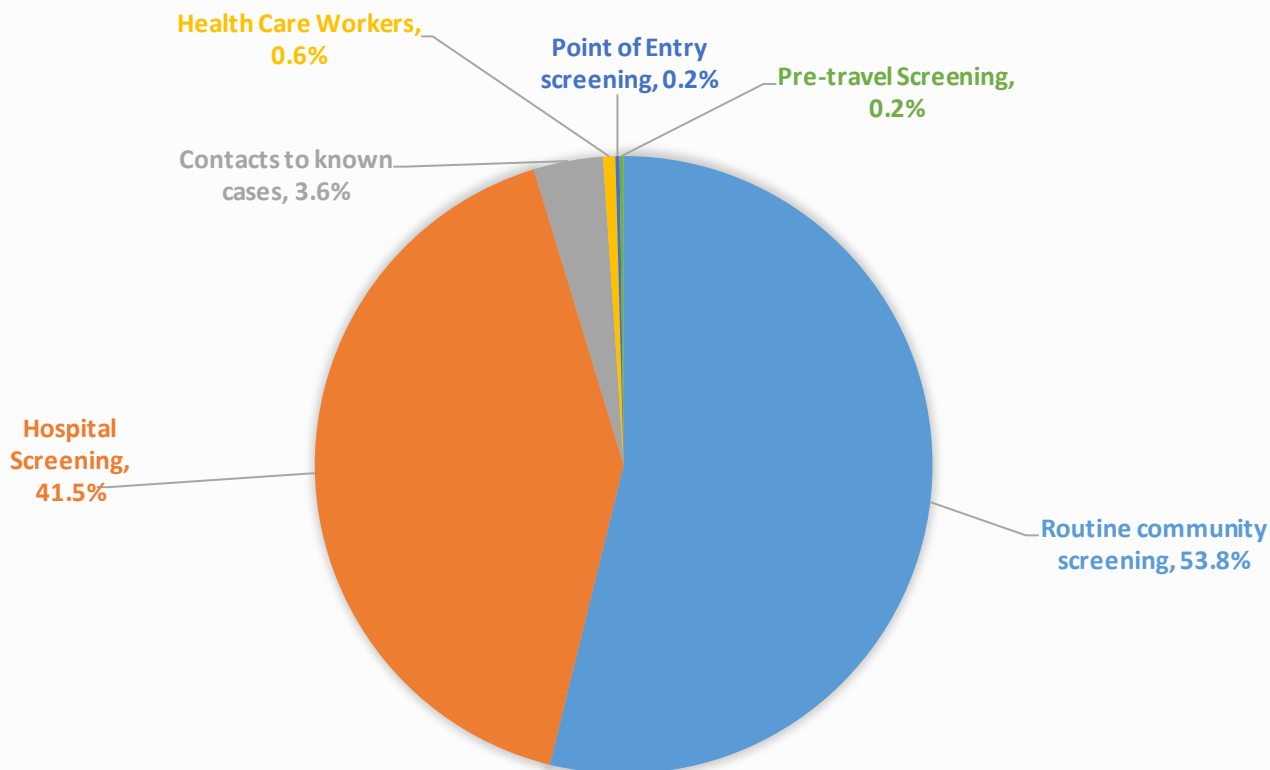


Figure 4: Categorisation of confirmed cases reported in the last 24hrs

### 3.4 CLINICAL CASE MANAGEMENT

- 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 [here](#).
- There are currently 297 COVID-19 patients hospitalised in facilities around the country; of these, 194 are on Oxygen therapy and 60 are in critical condition

Table 2: National distribution of hospitalised COVID-19 patients by province – 26<sup>th</sup> February 2021

PROVINCE	TOTAL # OF PATIENTS	ON OXYGEN	CRITICAL
CENTRAL	7	4	0
COPPERBELT	77	56	14
EASTERN	13	5	0
LUAPULA	12	10	0
LUSAKA	116	84	29
MUCHINGA	24	14	11
NORTHERN	9	4	1
NORTH-WESTERN	29	10	4
SOUTHERN	10	7	1
WESTERN	0	0	0
<b>TOTAL</b>	<b>297</b>	<b>194 (65%)</b>	<b>60 (20%)</b>

### 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

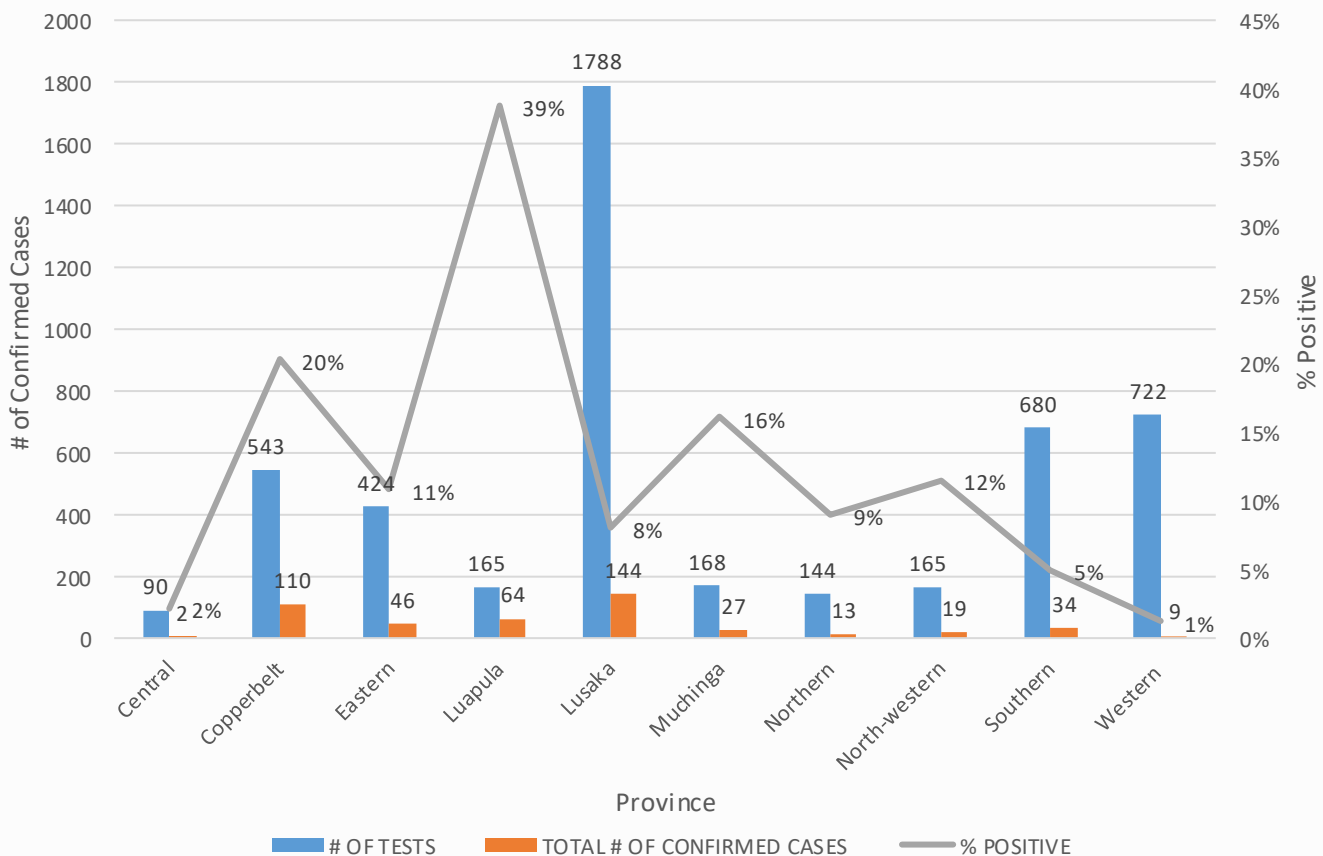


Figure 5: Number of tests by Province vs # of confirmed cases reported (26<sup>th</sup> February 2021)

- 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, and Roche Cobas 6800. The currently approved Rapid Diagnostic Tests (RDTs) are Standard Q and Panbio. Testing and diagnostic 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 (15<sup>th</sup> – 21<sup>st</sup> February): 33,200 tests were conducted (15.3% tested positive for SARS-CoV-2) compared to 44,978 tests the week before last (15.1% positivity).**
- **Current week analysis (22<sup>nd</sup> – 28<sup>th</sup> February):** In the last 24 hrs, 4,889 tests were conducted (9.6% positivity. this brings the tests conducted so far this week to 26,084 (12.0% positivity).
- To date, a total of **1,077,646 tests** have been conducted, with a cumulative **77,639 confirmed positive (7.2% positivity rate)** for SARS-CoV-2. The testing coverage is **63,391 per 1,000,000 population**

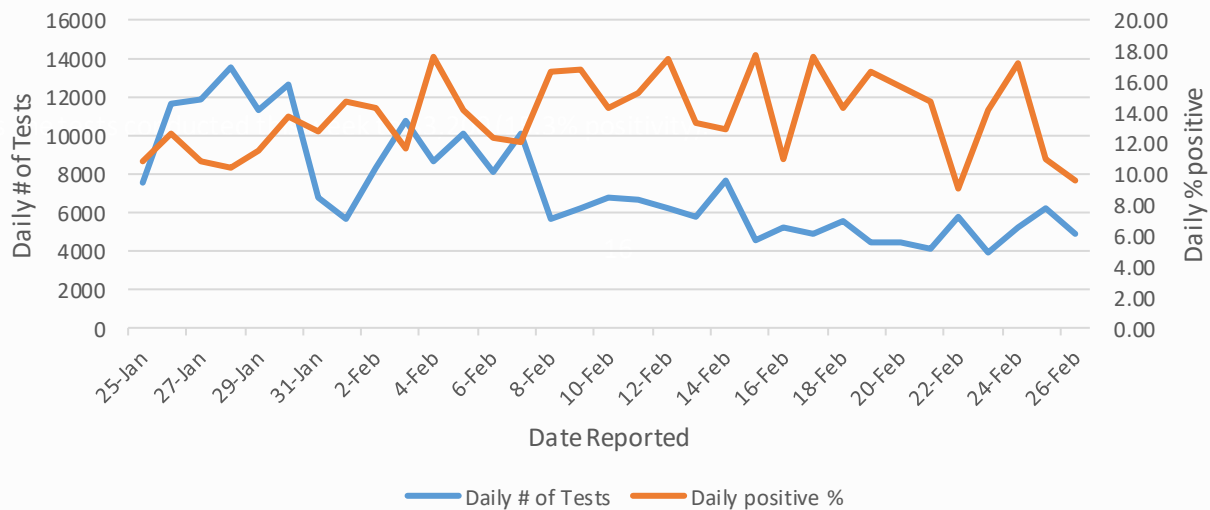


Figure 6: Daily number of tests vs % of positive results recorded (past month)

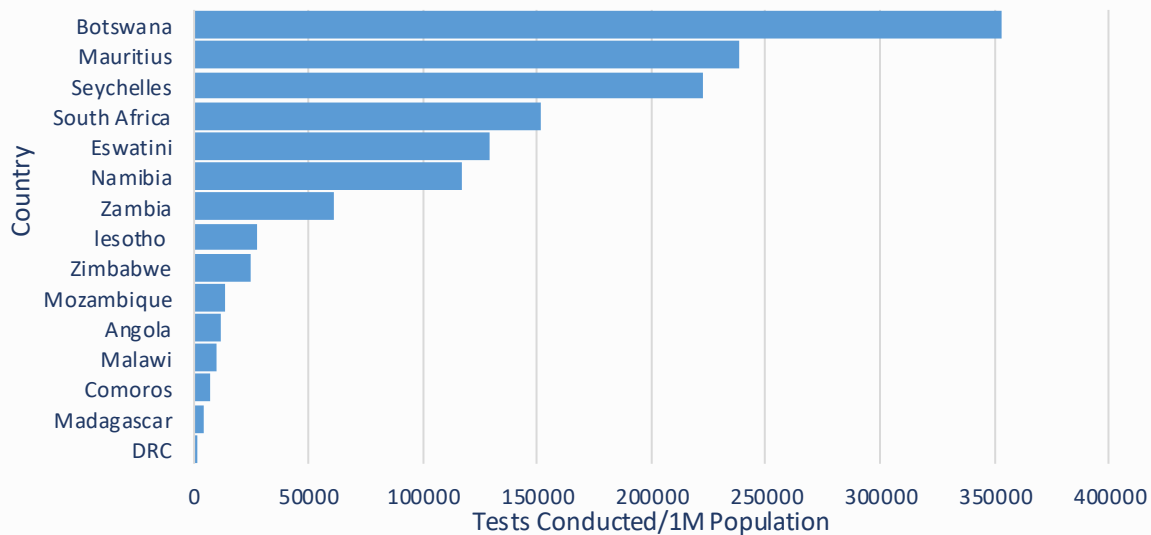


Figure 7: Tests per 1M populations of countries in the SADC region (February data; Source: Africa CDC)

## 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.

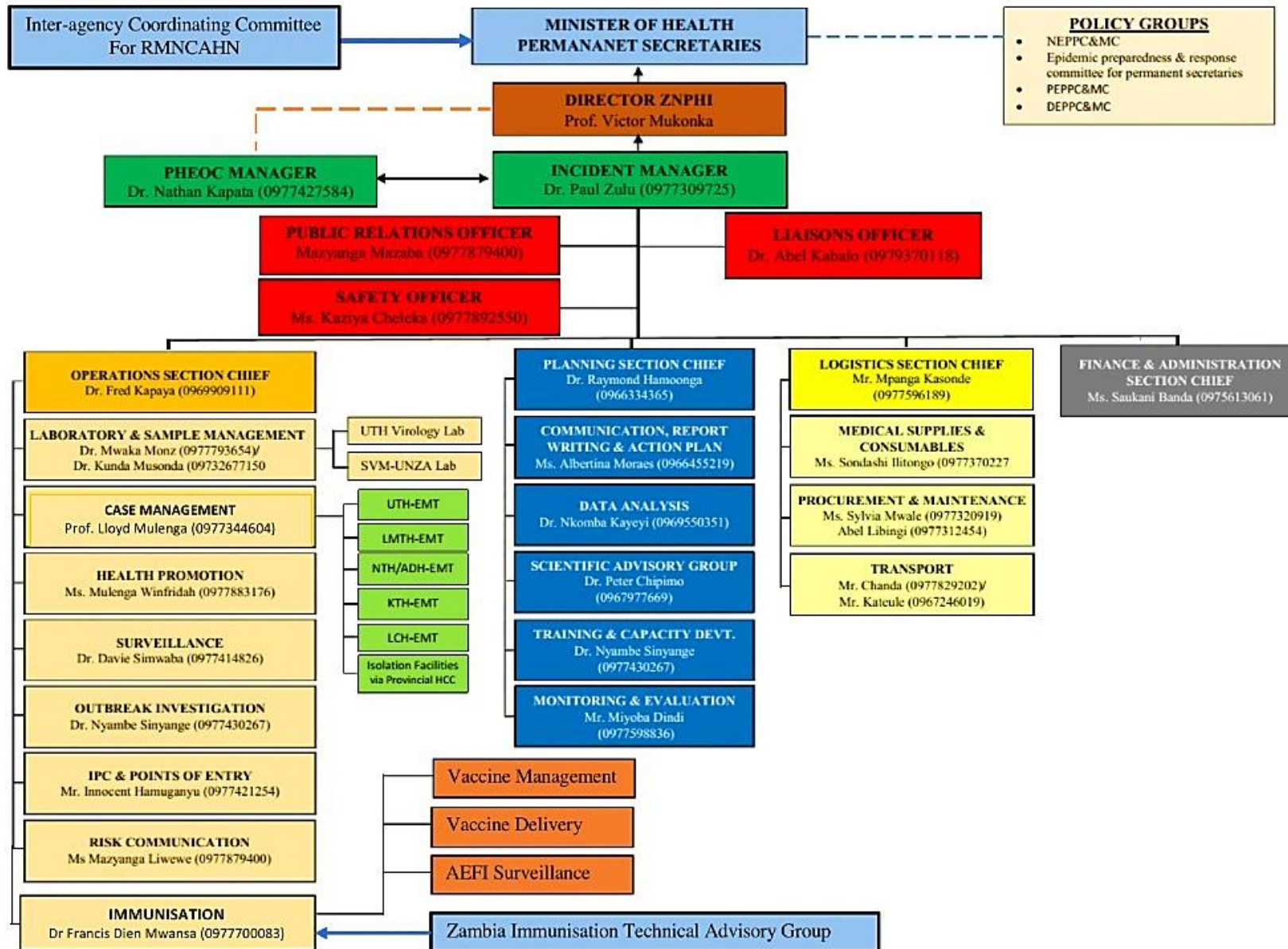
**4. COVID-19 Death:** COVID-19 death is defined for surveillance purposes as a death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID disease (e.g. trauma). There should be no period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

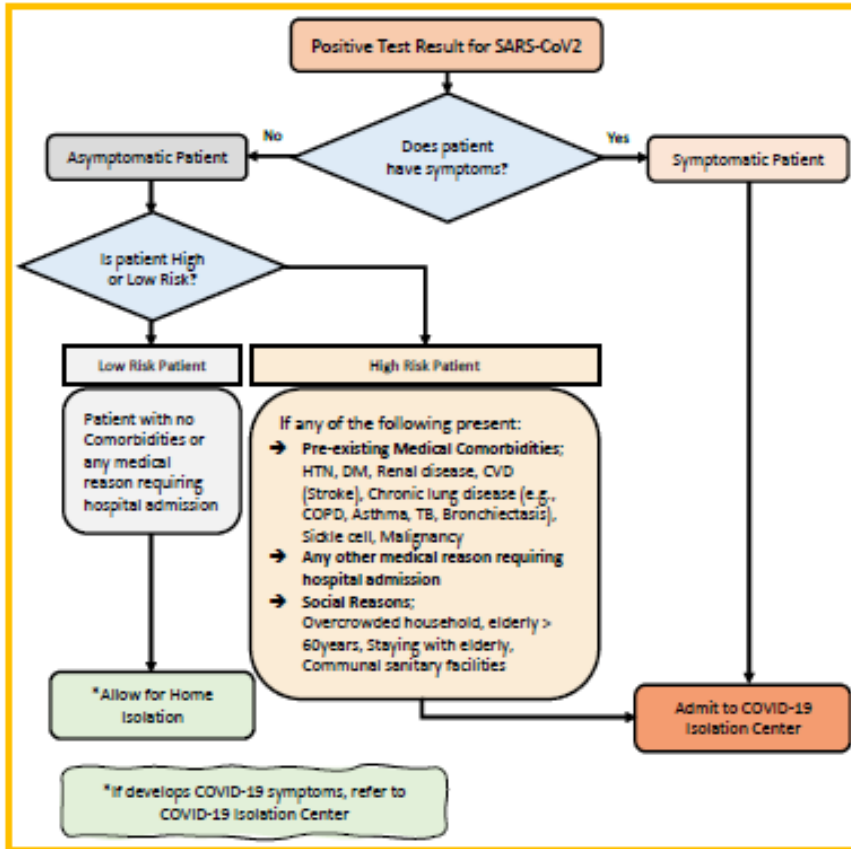
**7. Contact:** a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case: a. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes; b. Direct physical contact 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



### ANNEX 3: CASE MANAGEMENT MODELS

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



#### Admission and Discharge Criteria 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"> <li>→ Any symptoms for COVID-19</li> <li>→ Asymptomatic High-Risk patients</li> <li>→ Presence of other Medical conditions</li> <li>→ Where Home Isolation is not feasible</li> </ul>	<ul style="list-style-type: none"> <li>→ As medically indicated</li> </ul>	<ul style="list-style-type: none"> <li>→ Asymptomatic</li> <li>→ No comorbidity</li> <li>→ If home Isolation feasible</li> </ul>
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"> <li>→ Asymptomatic for at least 3 days plus 1 negative PCR at day 7 or beyond AND</li> <li>→ 14 days since first Positive PCR</li> </ul>	<ul style="list-style-type: none"> <li>→ Two negative PCR Tests at least 24 hours apart</li> </ul>	<ul style="list-style-type: none"> <li>→ 1 negative PCR at day 7 or beyond AND</li> <li>→ 14 days since first Positive PCR</li> </ul>



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

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