





Global Numbers

2.528.284 Deaths (2.2% CFR)

103,485 Deaths (2.6% CFR)

(Source: JHU) 113,959,461 Confirmed

64,350,371 Recoveries

Africa Numbers

Source: Africa CDC)
3.888,006 Confirmed

3.461.553 Recoveries

ZAMBIA COVID-19 SITUATION REPORT NO. 155

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

1. SITUATION UPDATE This week (22nd - 28th Feb) Tases 4,031 Deaths 71 Recoveries 6,554

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

- In the last 24hrs, we recorded 332 new cases, 10 deaths and 889 recoveries
- ➤ In the past epidemiological week (Monday 22nd to Sunday 28th February):
 - There were **4,031 new confirmed cases**, **71 deaths and 6,554 recoveries** (compared to 5,066 cases, 69 deaths and 5,074 recoveries the previous week)
 - The cumulative number of confirmed COVID-19 cases recorded to date is 78,534 with 1,091 deaths (CFR=1.4%) and 74,498 recoveries (94.9% recovered). Of the total deaths, 595 have been classified as COVID-19 deaths (CFR=0.8%) and 496 as associated deaths. See Annex 1 for definitions
- There are currently **2,945 active cases:** of these, 2,694 (91.5%) cases are under community management and 251 (8.5%) are hospitalised [with 183 (72.9%) on Oxygen therapy and 44 (17.5%) in critical condition];

2. EPIDEMIOLOGICAL HIGHLIGHTS

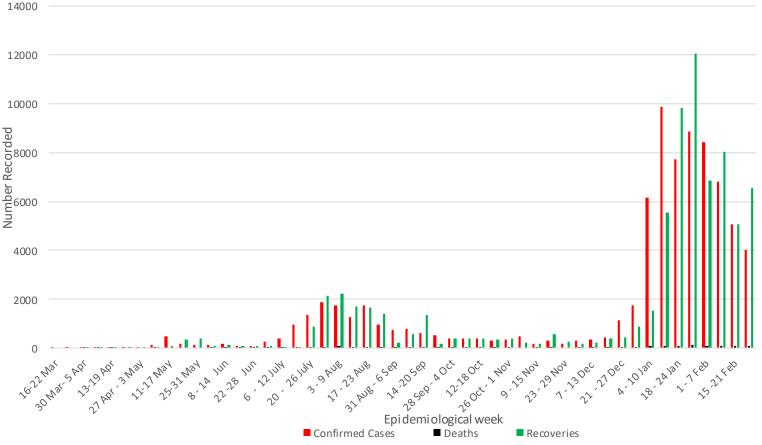


Figure 1: COVID-19 confirmed cases by week (N=78,534), deaths (N=1,091) and recoveries (N=74,498) as of 28^{th} February, 2021







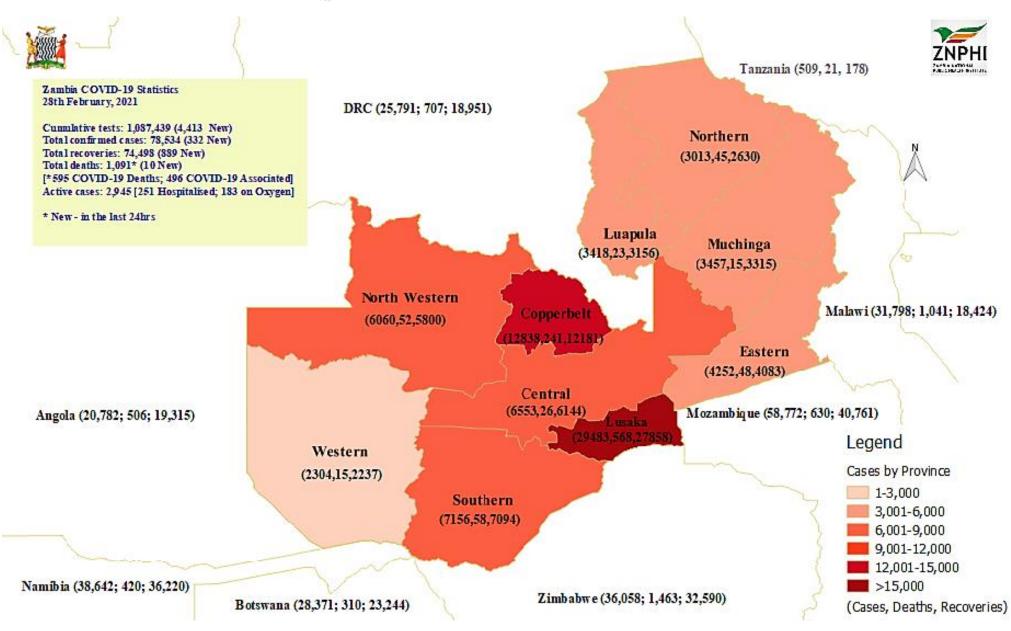


Figure 2: Map showing confirmed COVID-19 cases, deaths and recoveries (in brackets) by province and in neighbouring countries, 28th February, 2021







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

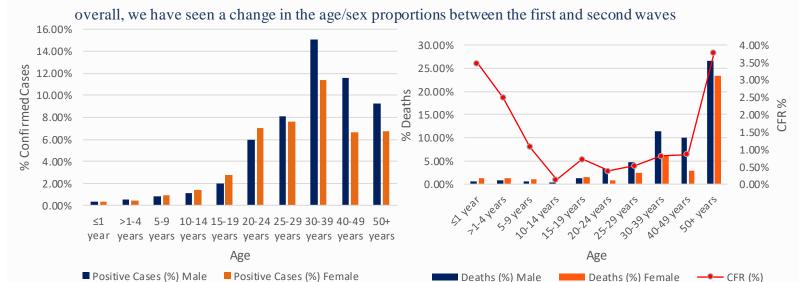


Figure 3: Age and sex distribution of (a) confirmed cases (b) deaths

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
1,832,343 confirmed cases; 56,334 deaths; and 1,691,401
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, deaths and recoveries reported in the last 24hrs by province

PROVINCE	NUMBERS BY PROVINCE			
	CASES	DEATHS	RECOVERIES	
CENTRAL	18	1	10	
COPPERBELT	69	6	65	
EASTERN	0	0	40	
LUAPULA	67	0	82	
LUSAKA	52	3	219	
MUCHINGA	24	0	61	
NORTHERN	6	0	125	
NORTH-WESTERN	73	0	68	
SOUTHERN	21	0	208	
WESTERN	2	0	11	
TOTAL	332 New Cases	10 Deaths	889 Recoveries	

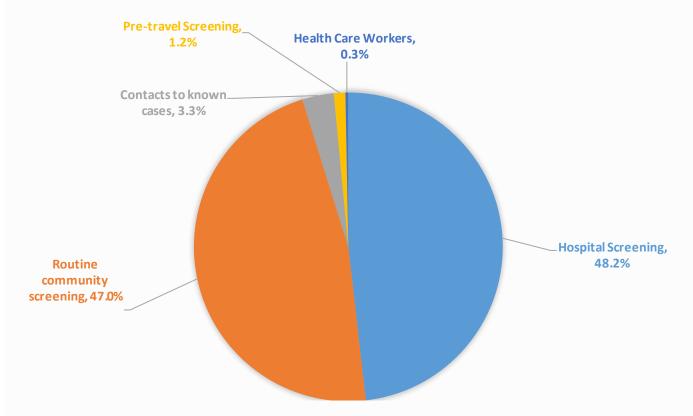


Figure 4: Categorisation of confirmed cases reported in the last 24hrs







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 251 COVID-19 patients hospitalised in facilities around the country; of these, 183 are on Oxygen therapy and 44 are in critical condition

Table 2: National distribution of hospitalised COVID-19 patients by province – 28th February 2021

PROVINCE	TOTAL#OF PATIENTS	ON OXYGEN	CRITICAL
CENTRAL	5	3	0
COPPERBELT	69	52	7
EASTERN	15	10	0
LUAPULA	13	12	0
LUSAKA	98	77	27
MUCHINGA	16	9	5
NORTHERN	8	3	0
NORTH-WESTERN	20	10	5
SOUTHERN	7	7	0
WESTERN	0	0	0
TOTAL	251	183 (74%)	44 (19%)

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

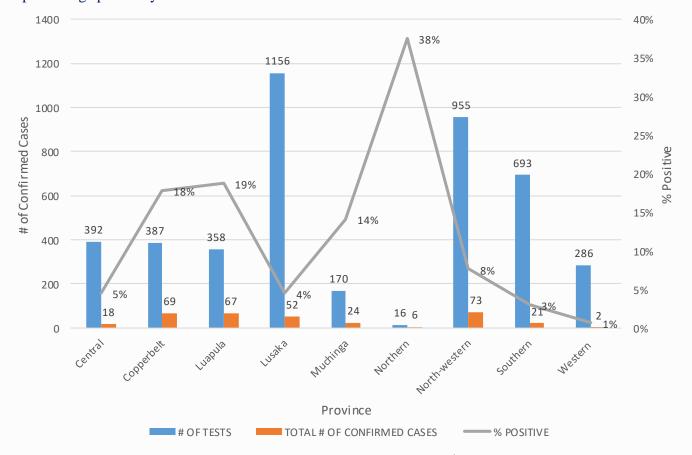


Figure 5: Number of tests by Province vs # of confirmed cases reported (28th February 2021)







- 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 (15th 21st 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 (22nd 28th February): In the last 24 hrs, 4,413 tests were conducted (7.5% positivity, this brings the total tests conducted this week to 35,877 (11.2% positivity).
- To date, a total of **1,087,439 tests** have been conducted, with a cumulative **78,534 confirmed positive** (**7.2% positivity rate**) for SARS-CoV-2. The testing coverage is **63,967 per 1,000,000 population**

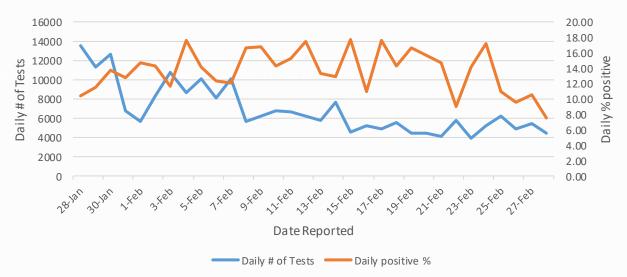


Figure 6: Daily number of tests vs % of positive results recorded (past month)

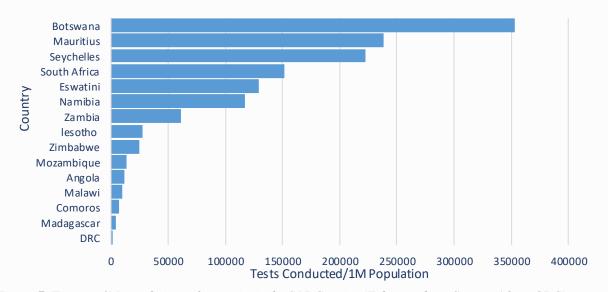


Figure 7: Tests per 1M populations of countries in the SADC region (February data; Source: Africa CDC)







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

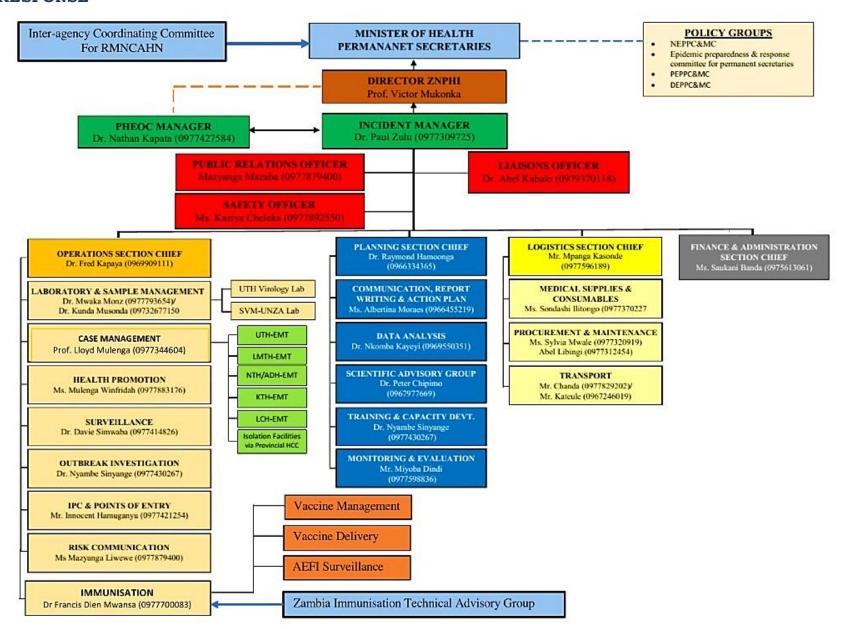
- C. Patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease e.g. cough, shortness of breath), AND requiring hospitalization AND with no other aetiology that fully explains the clinical presentation
- **2. Probable case:** A suspect case for whom testing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







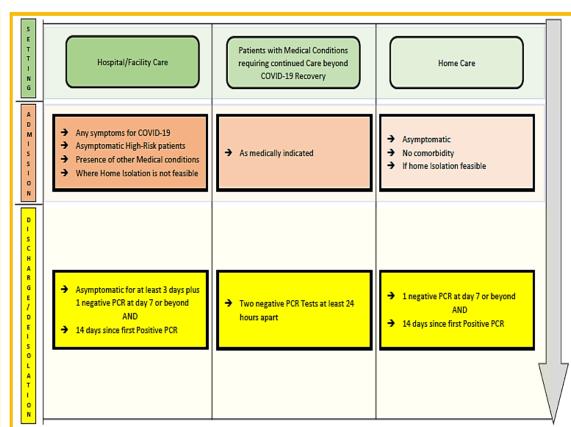


ANNEX 3: CASE MANAGEMENT MODELS

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

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