

ZAMBIA COVID-19 SITUATION REPORT NO. 196

Disease Pandemic: COVID-19

Response start date: 30th January, 2020 Outbreak Declared: 18th March, 2020

Report date: Saturday 10th April, 2021

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1. SITUATION UPDATE

This week (5th – 11th April) ↑ **Cases 988** ↓ **Deaths 6** ↑ **Recoveries 1,745**

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

➤ In the last 24hrs, we recorded **135 new cases, 0 deaths and 1,254 recoveries**

- The cumulative number of confirmed COVID-19 cases recorded to date is **89,918** with **1,226 deaths (CFR=1.4%)** and **86,813 recoveries (96.7% recovered)**. Of the total deaths, **684 have been classified as COVID-19 deaths (CFR=0.8%)** and **542 as associated deaths**. See Annex 1 for definitions
- There are currently **1,879 active cases**: of these, 1,814 (96.5%) cases are under community management and 65 (3.5%) are hospitalised [with 52 (80.0%) on Oxygen therapy and 10 (15.4%) in critical condition];

Global Numbers

(Source: JHU)

↑ **134,719,328 Confirmed**
↓ **2,915,972 Deaths (2.2% CFR)**
↑ **76,537,874 Recoveries**

Africa Numbers

(Source: Africa CDC)

↑ **4,332,720 Confirmed**
↓ **115,224 Deaths (2.6% CFR)**
↑ **3,891,542 Recoveries**

2. EPIDEMIOLOGICAL HIGHLIGHTS

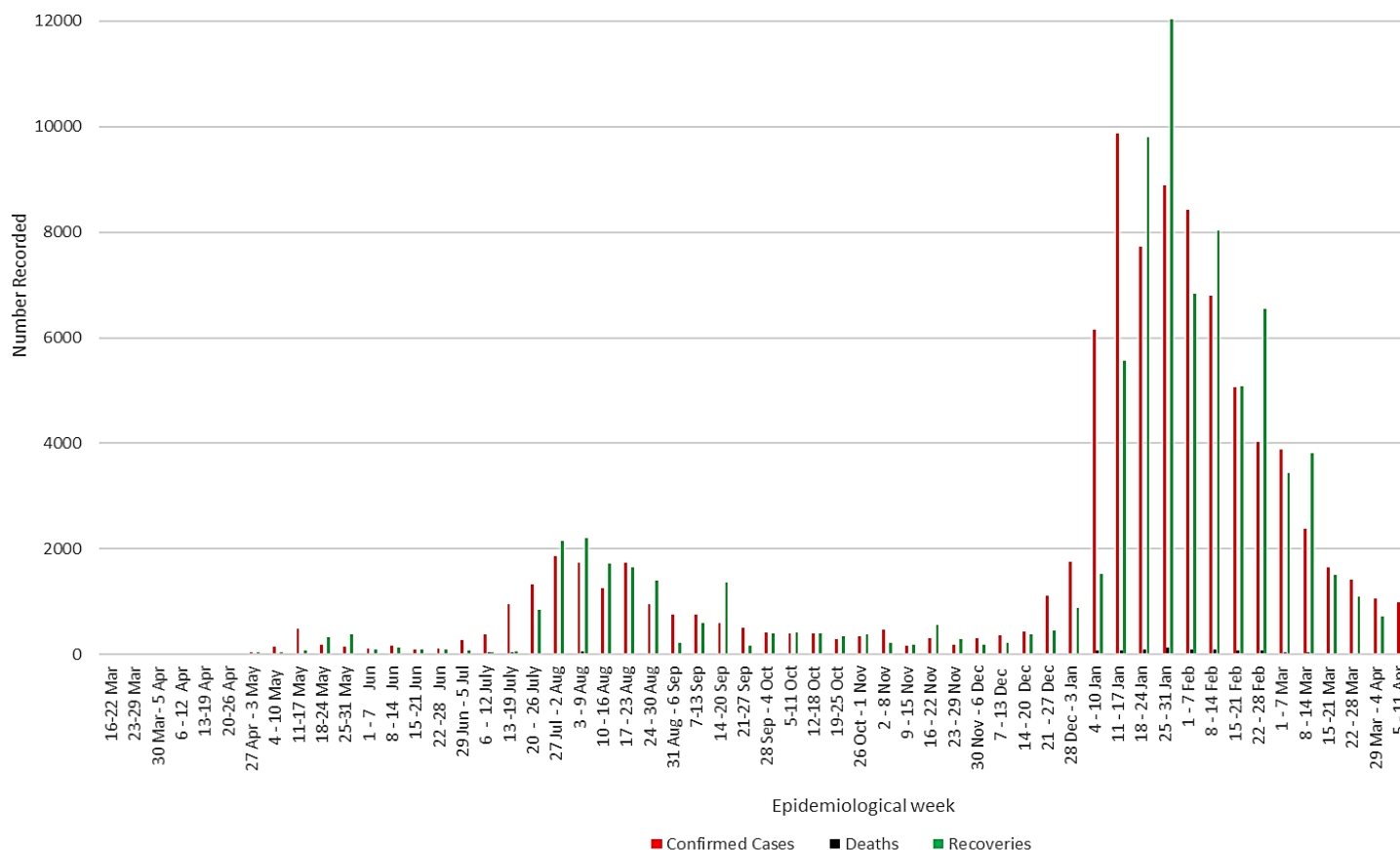


Figure 1: COVID-19 confirmed cases by week (N=89,918), deaths (N=1,226) and recoveries (N=86,813) as of 10th April, 2021

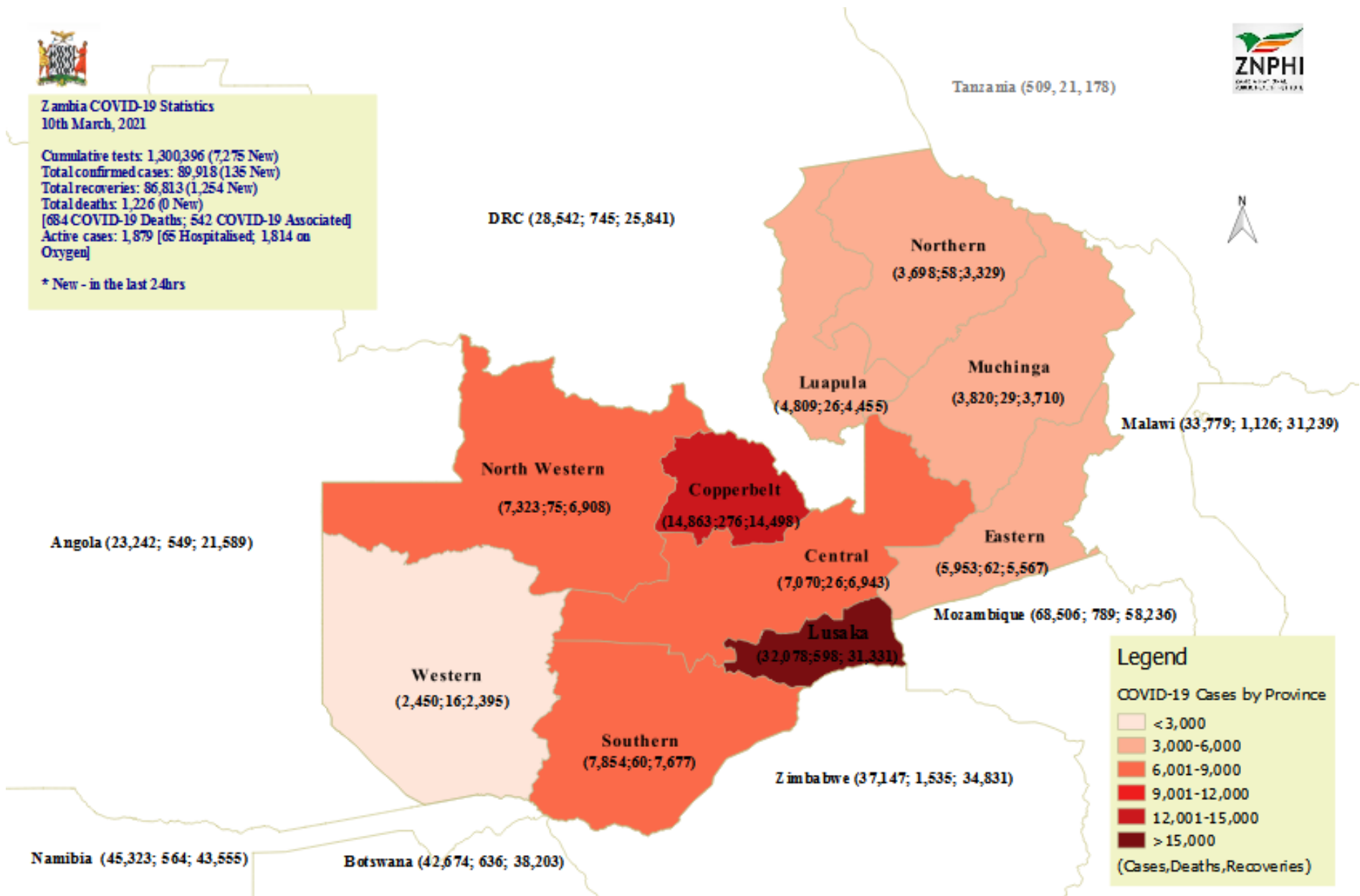


Figure 2: Map showing confirmed COVID-19 cases, deaths and recoveries (in brackets) by province and in neighbouring countries, 10th April, 2021

➤ **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

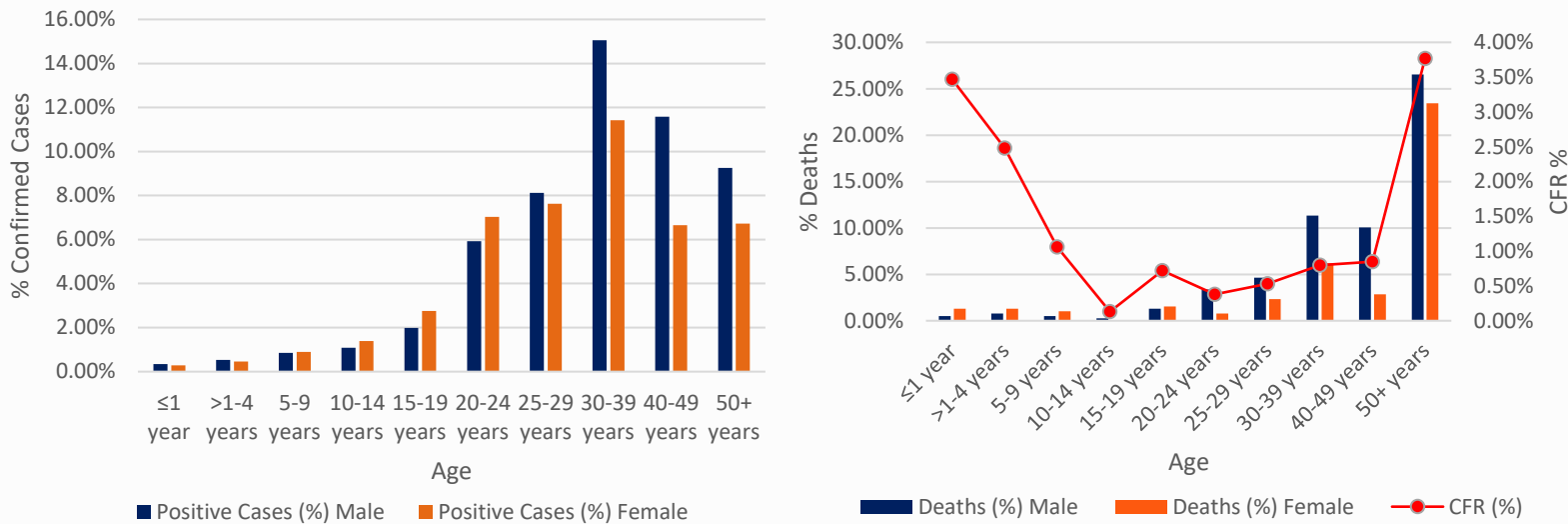


Figure 3: Age and sex distribution of (a) confirmed cases (b) deaths

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 1,924,908 confirmed cases; 60,635 deaths; and 1,817,216 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 underwent revision in the first week of April, 2021 and will be submitted to Cabinet for approval.

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.

- 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	0	0	218
COPPERBELT	11	0	76
EASTERN	21	0	212
LUAPULA	8	0	150
LUSAKA	40	0	17
MUCHINGA	1	0	26
NORTHERN	11	0	195
NORTH-WESTERN	26	0	200
SOUTHERN	17	0	130
WESTERN	0	0	30
TOTAL	135 New Cases	0 Deaths	1,254 Recoveries

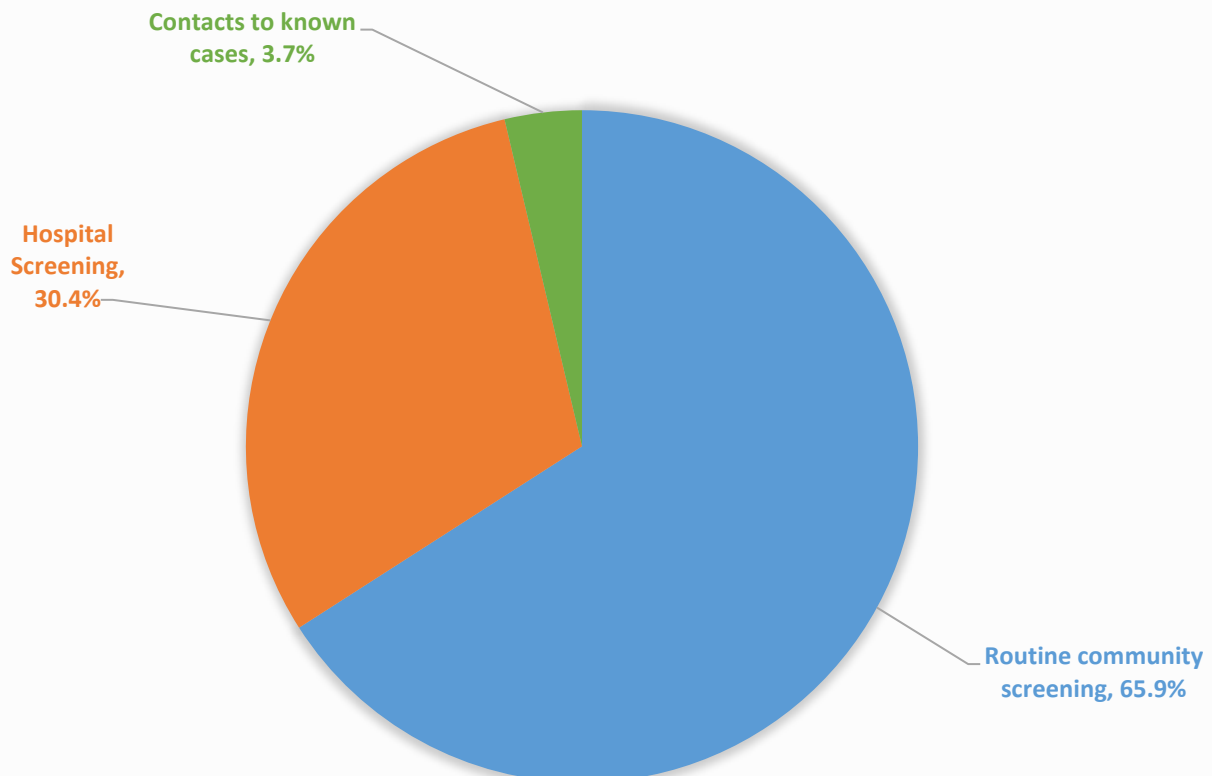


Figure 4: Categorisation of confirmed cases reported in the last 24hrs

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 65 COVID-19 patients hospitalised in facilities around the country; of these, 52 are on Oxygen therapy and 10 are in critical condition

Table 2: National distribution of hospitalised COVID-19 patients by province – 10th April, 2021

PROVINCE	TOTAL # OF PATIENTS	ON OXYGEN	CRITICAL
CENTRAL	0	0	0
COPPERBELT	8	7	2
EASTERN	7	7	1
LUAPULA	1	1	0
LUSAKA	41	32	7
MUCHINGA	2	1	0
NORTHERN	2	1	0
NORTH-WESTERN	2	1	0
SOUTHERN	2	2	0
WESTERN	0	0	0
TOTAL	65	52 (80%)	10 (15%)

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

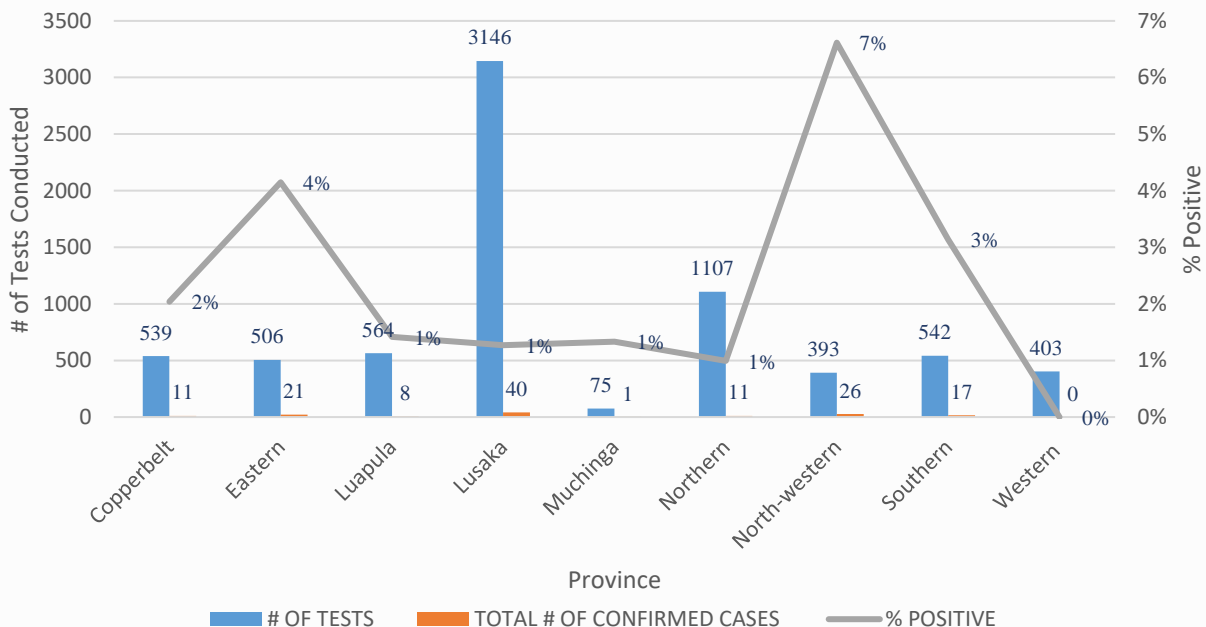


Figure 5: Number of tests by Province vs # of confirmed cases reported (10th April, 2021)

- Zambia is utilising a number of testing platforms, 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 (29th March – 4th April): 33,323 tests were conducted (3.2% tested positive for SARS-CoV-2) compared to 38,868 tests the week before last (3.7% positivity).**
- **Current week analysis (5th – 11th April):** In the last 24 hrs, 7,275 tests were conducted (1.9% positivity), this brings the tests conducted so far this week to **32,297**.
- To date, a total of **1,300,396 tests** have been conducted, with a cumulative **89,918 confirmed positive (6.9% positivity rate)** for SARS-CoV-2. The testing coverage is **76,494 per 1,000,000 population**

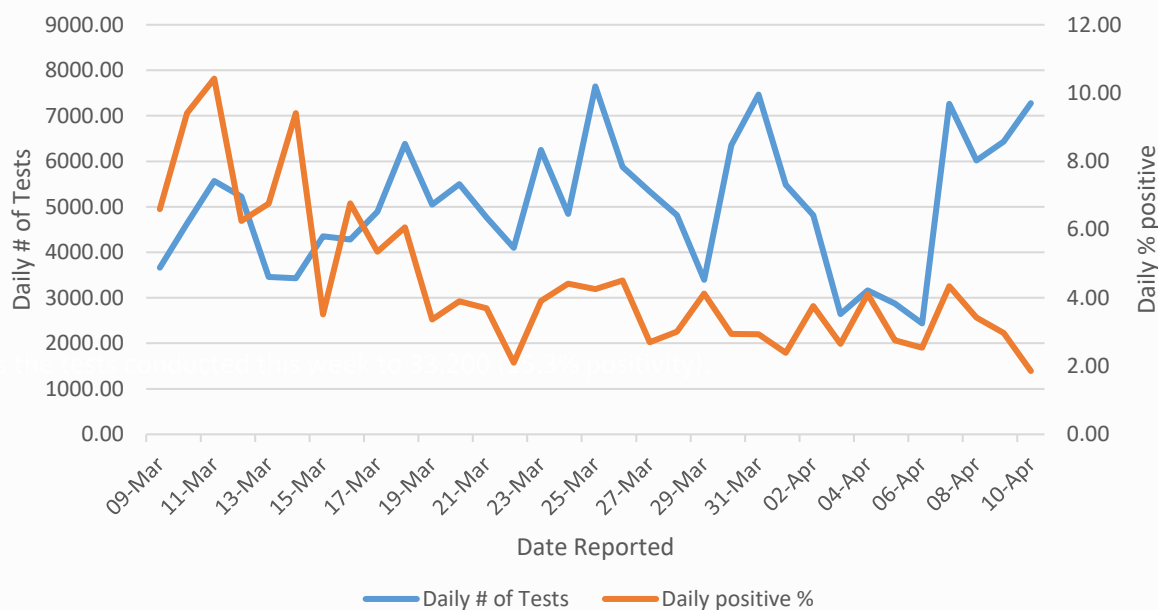


Figure 6: Daily number of tests vs % of positive results recorded (past month)

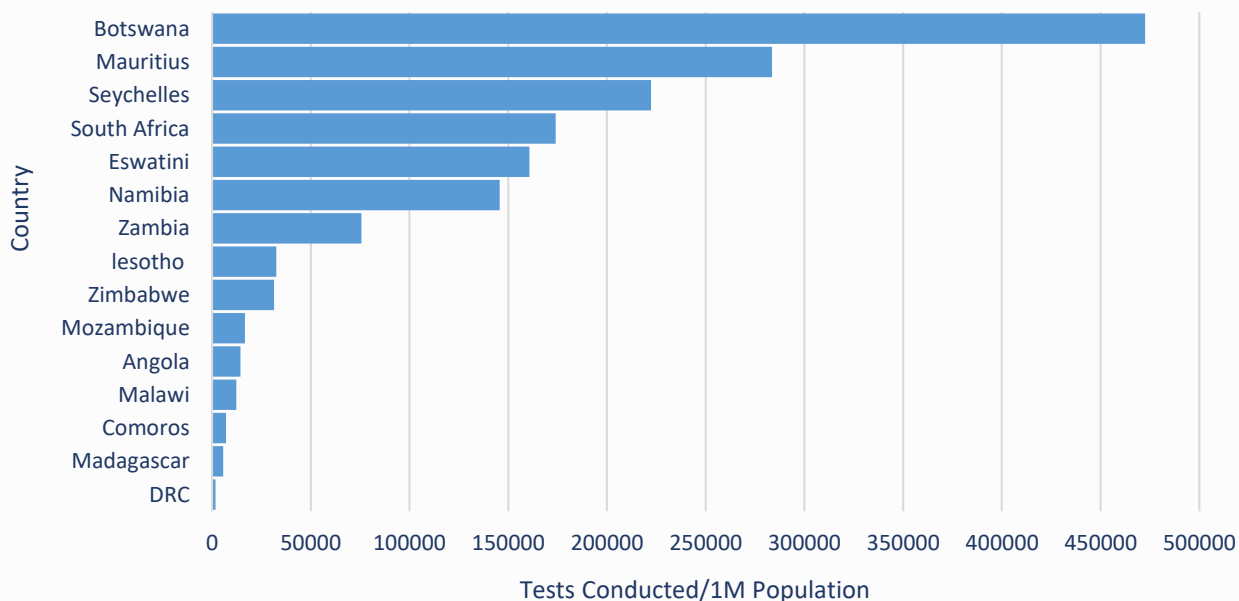


Figure 7: Tests per 1M populations of countries in the SADC region (April data; Source: Africa CDC)

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.

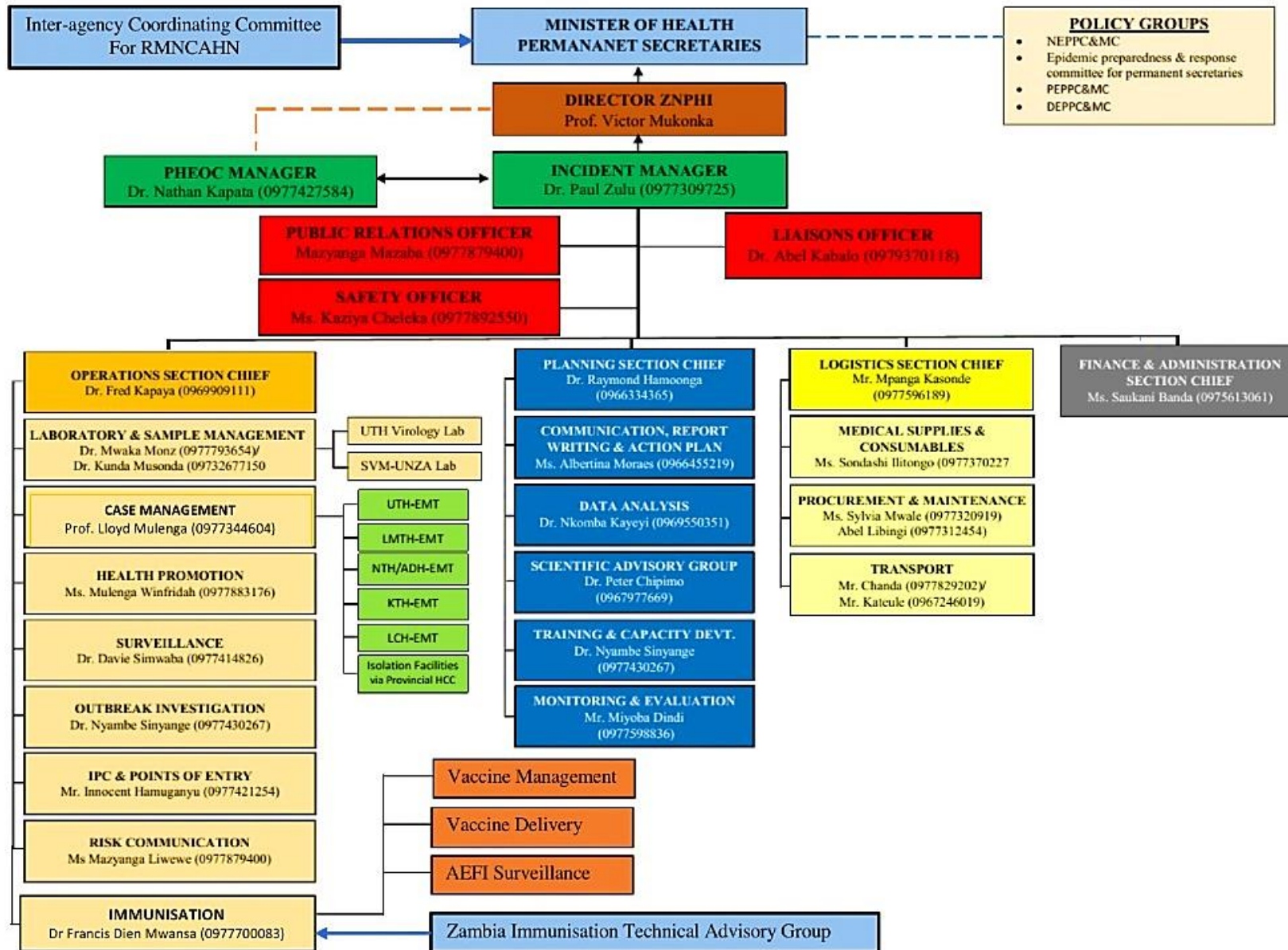
4. COVID-19 Death: COVID-19 death is defined for surveillance purposes as a death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID disease (e.g. trauma). There should be no period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

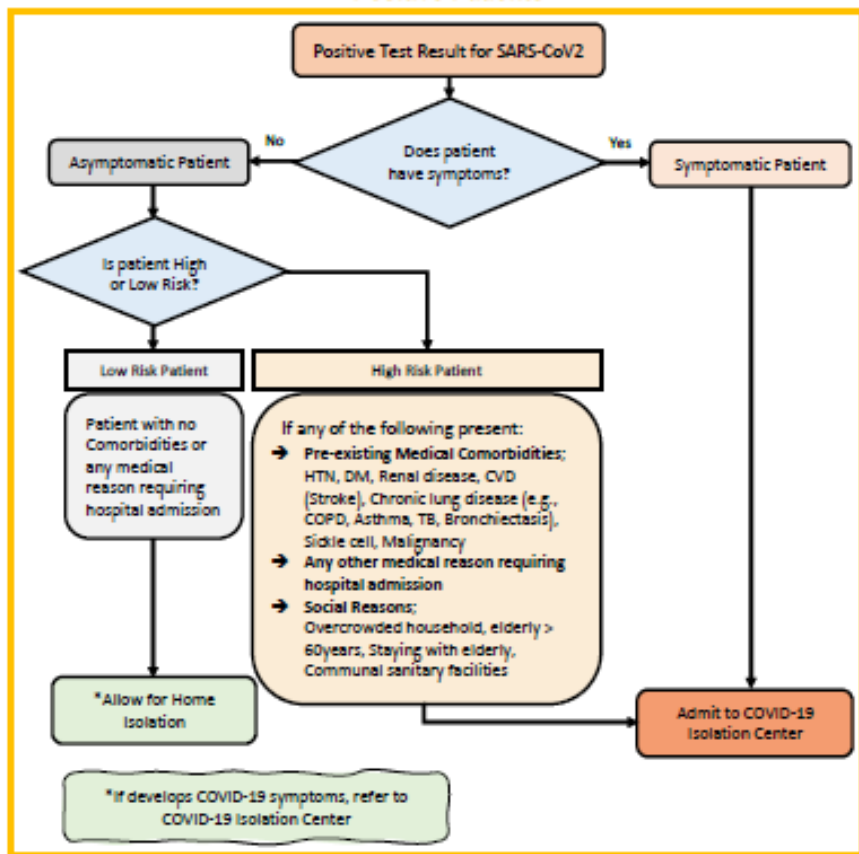
7. Contact: a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case: a. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes; b. Direct physical contact 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"> → Any symptoms for COVID-19 → Asymptomatic High-Risk patients → Presence of other Medical conditions → Where Home Isolation is not feasible 	<ul style="list-style-type: none"> → As medically indicated 	<ul style="list-style-type: none"> → Asymptomatic → No comorbidity → If home Isolation feasible
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"> → Asymptomatic for at least 3 days plus 1 negative PCR at day 7 or beyond AND → 14 days since first Positive PCR 	<ul style="list-style-type: none"> → Two negative PCR Tests at least 24 hours apart 	<ul style="list-style-type: none"> → 1 negative PCR at day 7 or beyond AND → 14 days since first Positive PCR

ANNEX 4: LIST OF DESIGNATED COVID-19 DIAGNOSTIC LABORATORIES

PROVINCE	INSTITUTION	TESTING PLATFORM(S)
Central	Kabwe General Hospital	Gene Xpert
Copperbelt	TDRC, Ndola Arthur Davison Children's Hospital	RT-PCR Cobas 6800
Eastern	Chipata General Hospital	Gene Xpert
Luapula	Mansa General Hospital ZNS Luamfumu	Gene Xpert Gene Xpert
Lusaka	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
Muchinga	Chinsali General Hospital	Gene Xpert & PCR
Northern	Kasama General Hospital	Gene Xpert
North-western	Solwezi General Hospital, Solwezi Kansanshi Mine Hospital (Mary Begg), Solwezi	Panther Gene Xpert
Southern	Macha Research Trust Livingstone Teaching Hospital	RT-PCR Gene Xpert
Western	Lewanika General Hospital	Gene Xpert