

ZAMBIA COVID-19 SITUATION REPORT NO. 206

Disease Pandemic: COVID-19

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

Report date: Tuesday 20th April, 2021

Prepared by: MOH/ZNPPI/WHO

Correspondence: ims.covid@znphi.co.zm

1. SITUATION UPDATE

This week (19th – 25th April) ↑ Cases **124** ↓ Deaths **1** ↑ Recoveries **182**

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

➤ In the last 24hrs, we recorded **100 new cases, 0 deaths and 40 recoveries**

- The cumulative number of confirmed COVID-19 cases recorded to date is **91,042** with **1,236 deaths (CFR=1.4%)** and **88,900 recoveries (97.6% recovered)**. Of the total deaths, **691 have been classified as COVID-19 deaths (CFR=0.8%)** and **545 as associated deaths**. See Annex 1 for definitions
- There are currently **906 active cases**: of these, 863 (95%) cases are under community management and 43 (5%) are hospitalised

Global Numbers

(Source: JHU)

↑ **142,293,386 Confirmed**
↓ **3,034,072 Deaths (2.2% CFR)**
↑ **81,488,108 Recoveries**

Africa Numbers

(Source: Africa CDC)

↑ **4,439,823 Confirmed**
↓ **118,194 Deaths (2.6% CFR)**
↑ **3,980,551 Recoveries**

2. EPIDEMIOLOGICAL HIGHLIGHTS

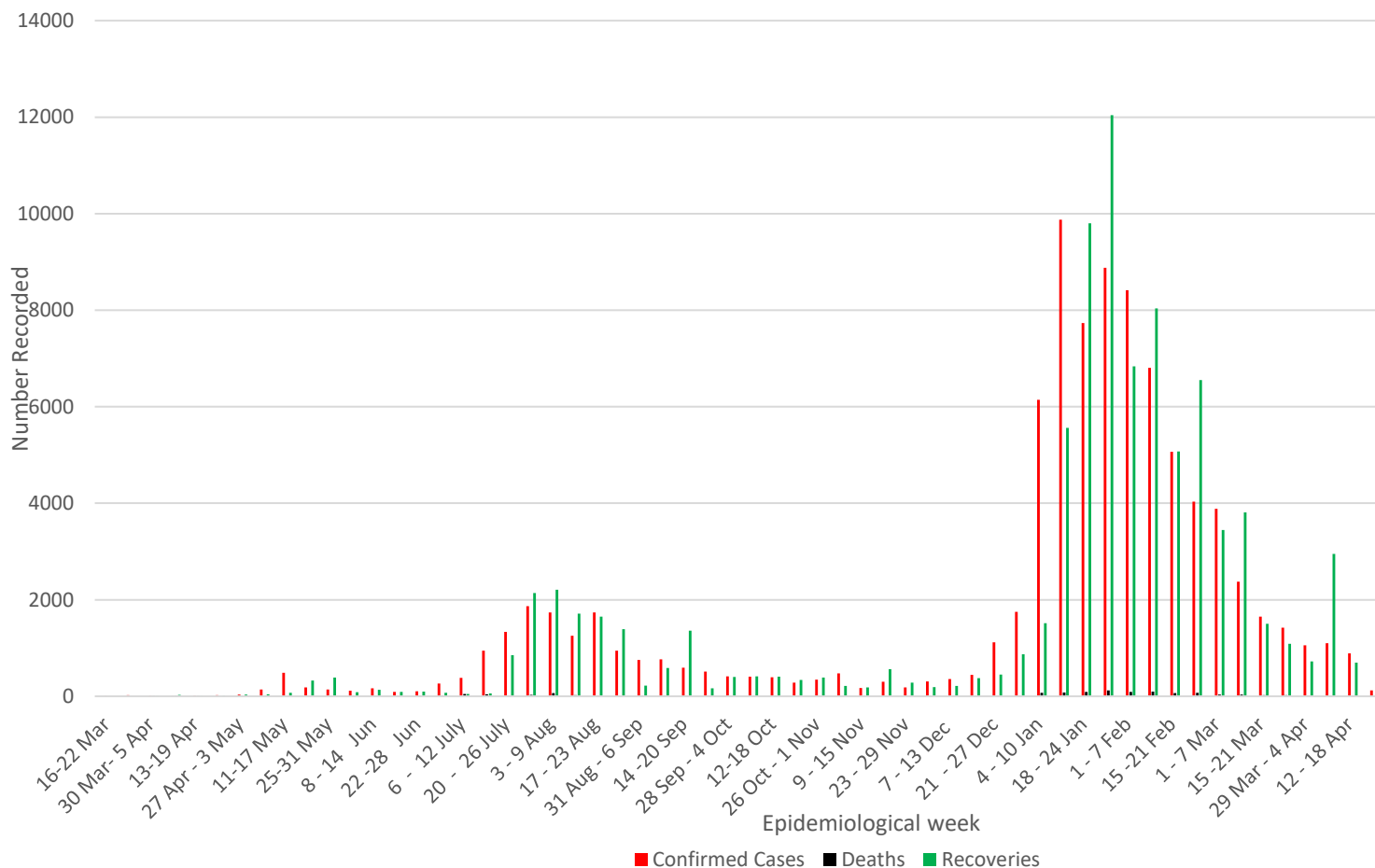


Figure 1: COVID-19 confirmed cases by week as of 20th April, 2021

- **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

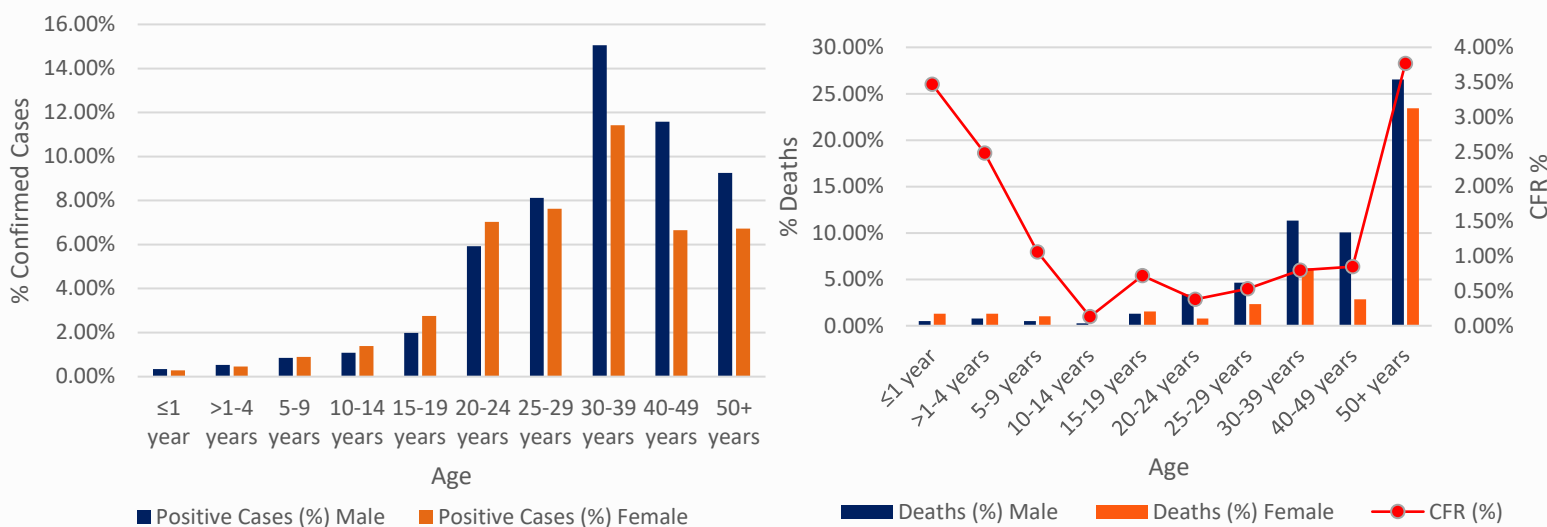


Figure 2: Age and sex distribution of (a) confirmed cases (b) deaths

3. ACTIONS TO DATE

3.1 CO-ORDINATION

➤ Regional/Continental level:

- Zambia continues to participate in AU meetings to ensure continued regional and continental trade and strategies to stop transmission of COVID-19. Zambia also 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 **1,944,733 confirmed cases**; **61,326 deaths**; and **1,839,538 recoveries**. Detailed updates on the COVID-19 statistics can be accessed on the Africa CDC website, and the Vaccination Dashboard can be accessed [here](#)

➤ National Level:

- Government has been implementing an eight pronged strategy in response to the COVID-19 outbreak: Surveillance and case finding; Case management; Infection prevention and control; Risk communication and community engagement; Laboratory diagnosis; Logistics and supply chain management; Appropriate competent and adequate workforce; and Routine essential health services. On 25th March, 2021, cabinet approved the COVID-19 vaccination programme, which provides for vaccine acquisition, deployment and financing through three pillars, namely: (i)

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.

the COVAX facility; (ii) Vaccine diplomacy; and (iii) Government and private sector. The vaccination programme will target 46% of the eligible adult population (20% through the COVAX facility and 26% through the other two pillars). The following four priority groups will be considered during the first phase of the deployment of the vaccines: **essential health care workers, staff performing core societal functions, persons at high risk of severe disease (including those with underlying conditions or comorbidities, those aged over 65 and traders/marketeers) and populations in congregate settings (e.g. prisoners, refugees and barracks)**

- 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.
- 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. Below is the surveillance report for new cases, deaths and recoveries from the last 24 hours.

Table 1: Breakdown of newly confirmed COVID-19 cases, deaths and recoveries reported in the last 24hrs by province

PROVINCE	NUMBERS BY PROVINCE		
	CASES	DEATHS	RECOVERIES
CENTRAL	6	0	2
COPPERBELT	2	0	5
EASTERN	32	0	1
LUAPULA	6	0	4
LUSAKA	15	0	9
MUCHINGA	6	0	4
NORTHERN	20	0	6
NORTH-WESTERN	9	0	6
SOUTHERN	4	0	2
WESTERN	0	0	1
TOTAL	100 New Cases	0 Deaths	40 Recoveries

3.3 COVID-19 VACCINATION PROGRAMME

- The first consignment of vaccines was received in country under the COVAX-19 facility on Monday 12th April, 2021, comprising 228,000 doses of AstraZeneca
 - The vaccination programme was officially launched on Wednesday 14th April, 2021. Distribution of vaccines and vaccine logistics has been commenced, with supplies to be delivered directly to each district
 - In the last 24hrs, **1,277 additional doses were administered**, bringing the cumulative number of doses administered to **3,391**. The age and sex distribution of vaccinated persons is shown below.

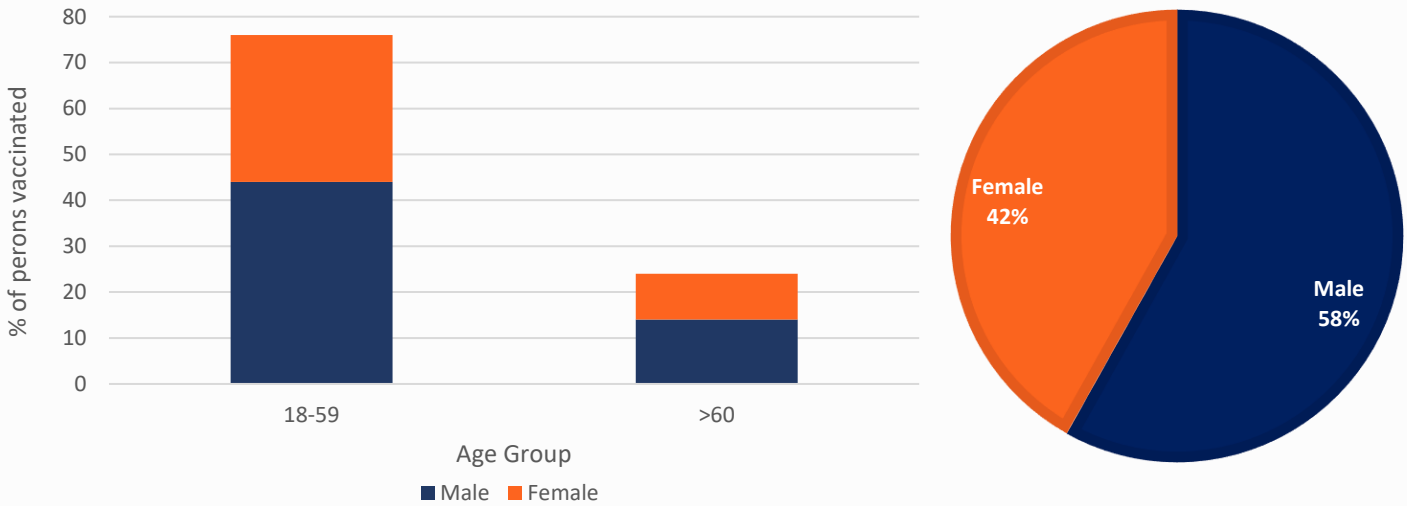


Figure 3: Age and sex distribution of vaccinated individuals

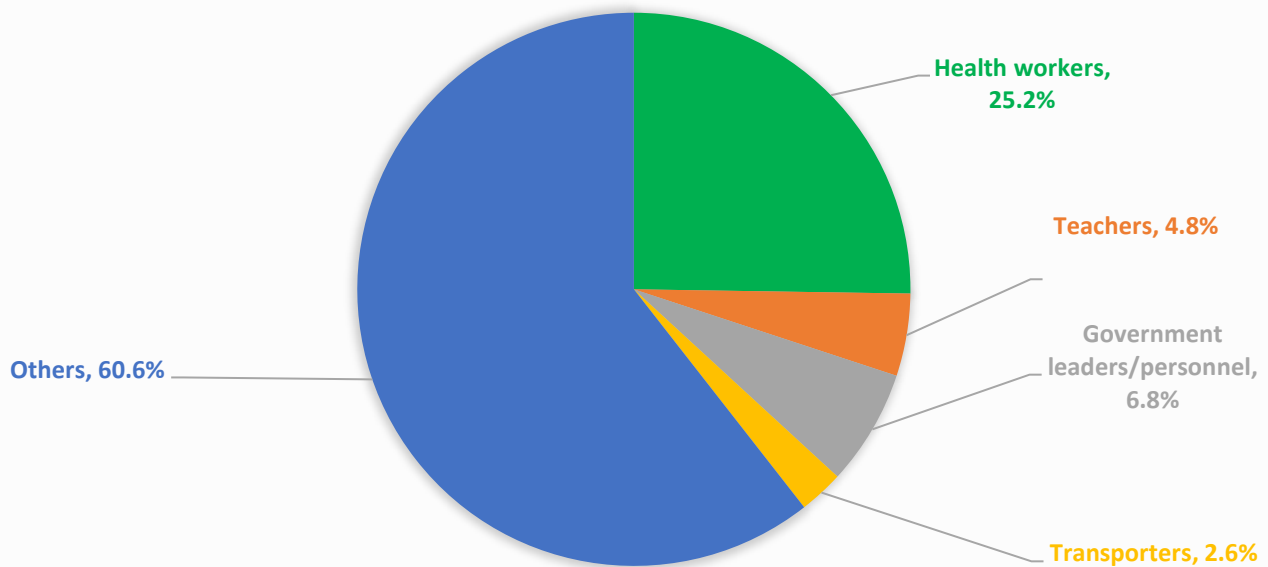


Figure 4: Categories of vaccinated individuals

- The distribution of the vaccinations by district in Lusaka province is as follows:

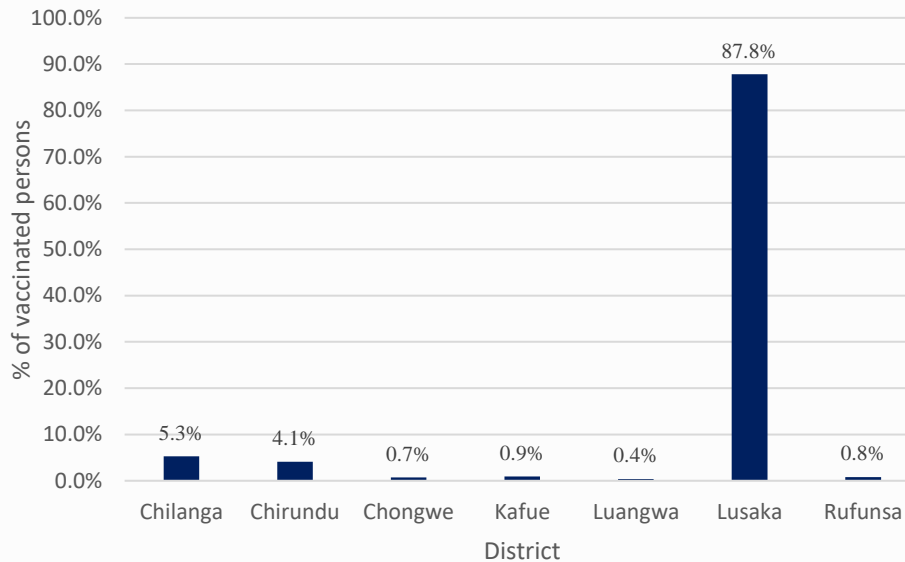


Figure 5: Categories of vaccinated individuals

- The vaccination programme was launched in Luapula province at Mansa General Hospital today 20th April, 2021.

3.4 CLINICAL CASE MANAGEMENT

- All confirmed COVID-19 cases are managed either under facility or community models; 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 43 COVID-19 patients hospitalised in facilities around the country; of these, 35 (81%) are on Oxygen therapy and 7 (16%) are in critical condition

3.5 LABORATORY AND SAMPLE MANAGEMENT

- 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](#).
 - Below is a chart showing the number of tests conducted by province vs. the number of confirmed cases and percentage positivity; there is some variation in the positivity across provinces.

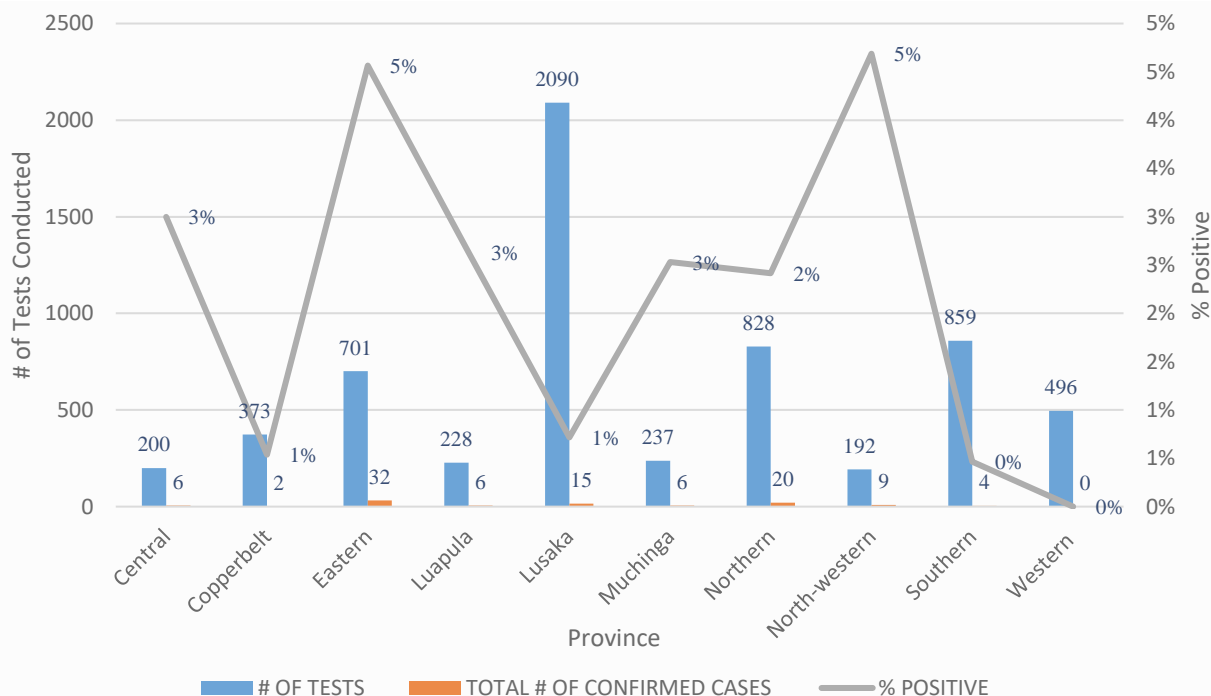


Figure 6: Number of tests by Province vs # of confirmed cases reported (20th April, 2021)

- **Previous week analysis (5th – 11th April): 37,246 tests were conducted (2.95% tested positive for SARS-CoV-2) compared to 33,323 tests the week before last (3.17% positivity).**
- **Current week analysis (19th – 25th April): In the last 24 hrs, 6,204 tests were conducted (1.61% positivity); this brings the tests conducted so far this week to 8,880 (1.4% positivity).**
- To date, a total of **1,355,385 tests** have been conducted, with a cumulative **91,042 confirmed positive (6.7% positivity rate)** for SARS-CoV-2.
- The testing coverage is **79,729 per 1,000,000 population**

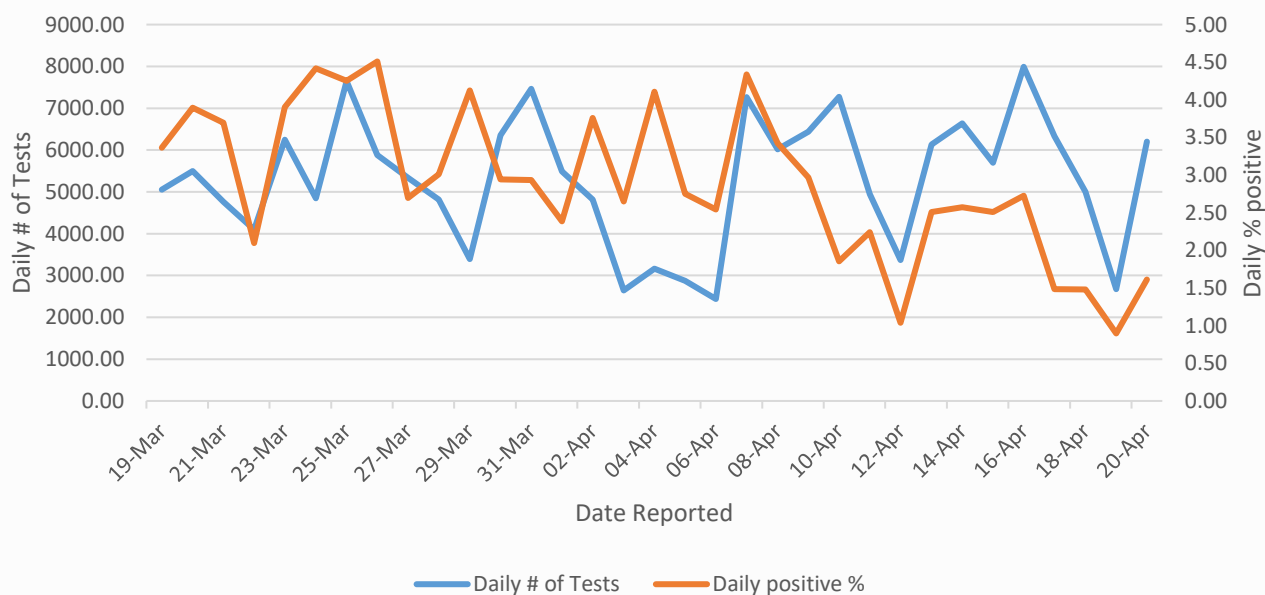


Figure 7: Daily number of tests vs % of positive results recorded (past month)

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.

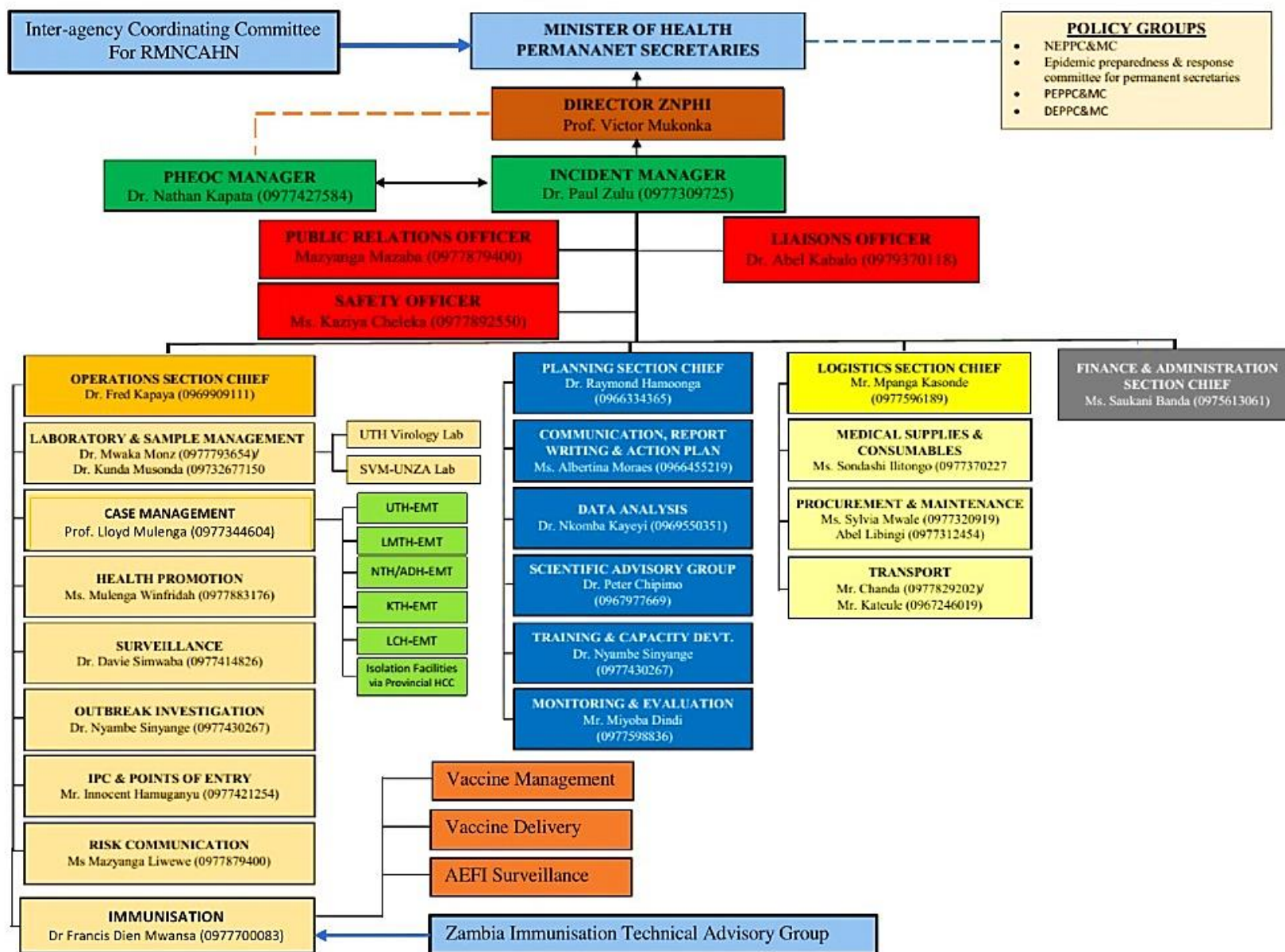
4. COVID-19 Death: COVID-19 death is defined for surveillance purposes as a death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID disease (e.g. trauma). There should be no period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

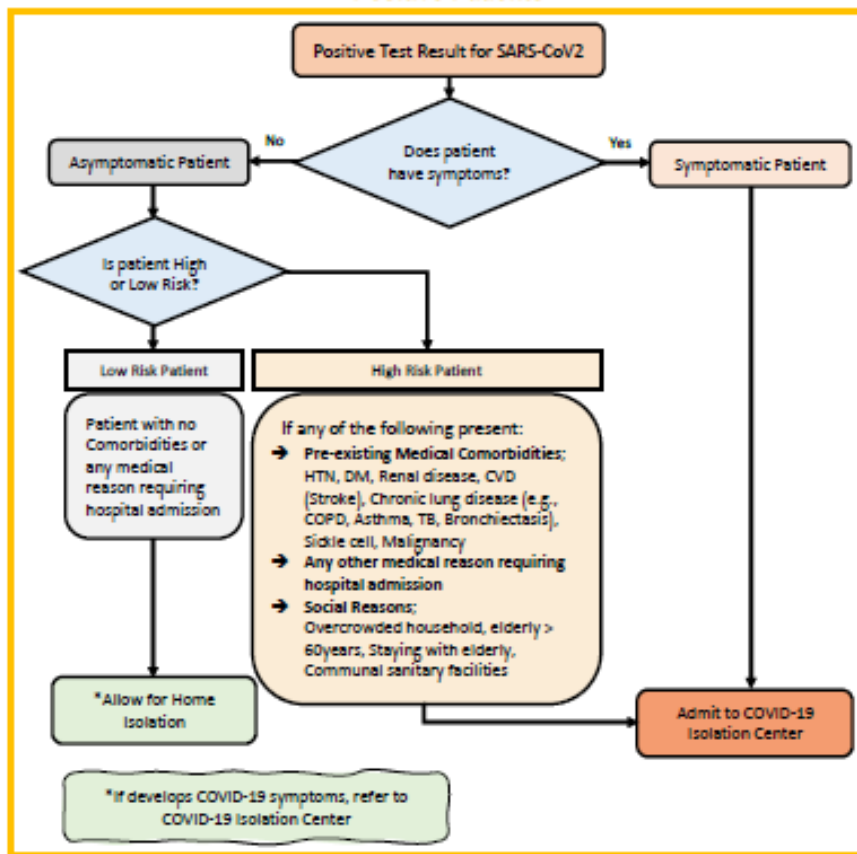
7. Contact: a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case: a. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes; b. Direct physical contact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

SETTING	Hospital/Facility Care	Patients with Medical Conditions requiring continued Care beyond COVID-19 Recovery	Home Care
ADMISSION	<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
DISCHARGE / DEISOLATION	<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