





ZAMBIA SITUATION REPORT NO. 20

Disease Outbreak: COVID-19 Response start date: 30th January, 2020 Outbreak Declared: 18th March, 2020 Date of report: 7th April, 2020 Prepared by: MOH/ZNPHI/WHO Correspondence:ims.covid@znphi.co.zm

1. SITUATION UPDATE

1.1 CURRENT CASE NUMBERS

- As of 17:00 hours on Tuesday, 7th April, 2020:
- There were **no new confirmed cases of COVID-19** recorded in the past 24 hours.
- Two recovered cases were discharged after recording a second negative test result, bringing the total recovered to 7.
- The total number of confirmed cases recorded to date is **thirty-nine** (39) with one (1) death (Refer to Annex 1).
- All cases (suspected/confirmed) are admitted to designated isolation facilities.

Zambia Numbers

39 Confirmed (0 new)
1 Death (0 new)

7 Recoveries (2 new)

Global Numbers

(Source: Johns Hopkins University)

† 1,428,428 Confirmed (82,425 new)

† 82,020 Deaths (7,252 new)

† 300,198 Recoveries (13,753 new)

*New: in the last 24hrs

1.1 EPIDEMIOLOGICAL HIGHLIGHTS

Table 1: COVID-19 Summary surveillance and case management report as of 7th April 2020

Parameter	Number
'Cumulative number of high risk persons recorded	7,356
Cumulative number of high risk persons that have completed 14 days observation	1,601
Cumulative number of alerts notified & verified as non-cases	381
Number of suspected cases reported today	7
Cumulative Number of Samples Received	1,222
Total Number of Results Processed	1,087
Total Number of Confirmed COVID-19 Positive Cases	39
Total number of currently isolated positive cases	31

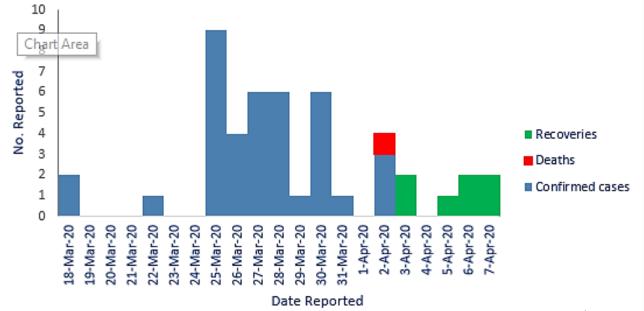


Figure 1: Epi-curve of COVID-19 confirmed cases (N=39), recoveries (N=7) and deaths (N=1) as of 7^{th} April 2020







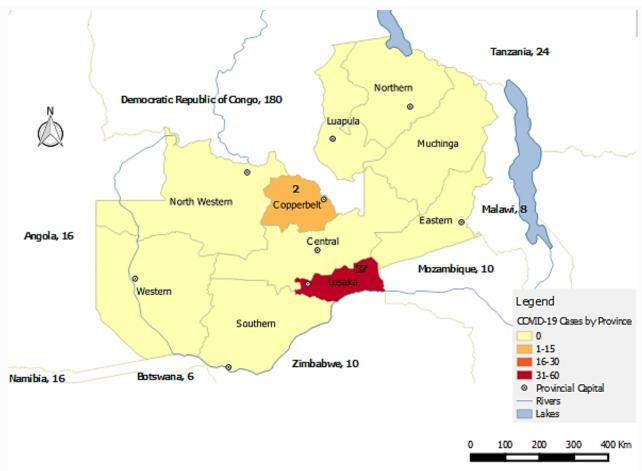


Figure 2: Map of Zambia showing confirmed COVID-19 cases by province, and confirmed cases in neighbouring countries as of 7th April 2020

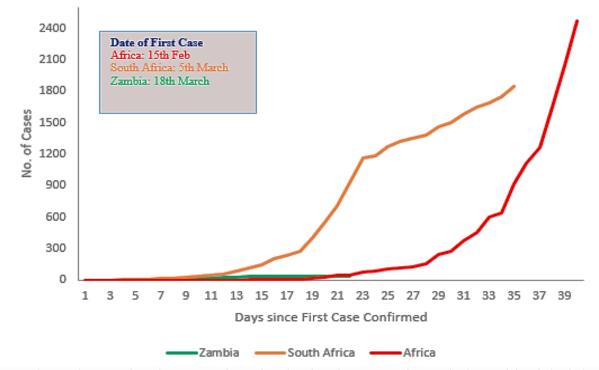


Figure 3: Cumulative trend graph comparing the number of confirmed cases in Zambia, South Africa and the whole of Africa recorded during the first 40 days (Sources: MoH Zambia, NICD South Africa, Africa CDC)



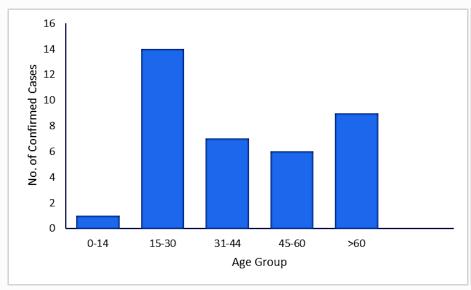




Table 2: Summary of COVID-19 cases recorded country-wide as of 7th April 2020

Reporting Province	New Cases	Total Confirmed Cases	New Deaths	Total Deaths	Transmission Classification	Days since last confirmed case reported
Lusaka	0	37	0	1	25 Imported 12 Local	5
Copperbelt	0	2	0	0	2 Imported	12
Central	0	0	0	0	N/A	0
Southern	0	0	0	0	N/A	0
Eastern	0	0	0	0	N/A	0
Western	0	0	0	0	N/A	0
Northern	0	0	0	0	N/A	0
N/Western	0	0	0	0	N/A	0
Luapula	0	0	0	0	N/A	0
Muchinga	0	0	0	0	N/A	0
Total	0	39	0	1		

• **Age and Sex distribution:** Of the confirmed cases, 81% are male and 19% are female; the most affected age group is between 15-30 years old.



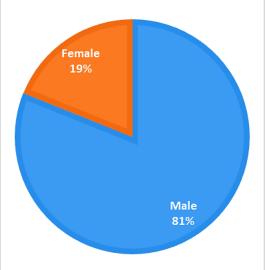


Figure 4: Age and Sex distribution of confirmed cases, 7th April 2020







2. ACTIONS TO DATE

2.1 CO-ORDINATION

Policy Level:

- The Minister of Health continues to provide guidance and daily updates to the public on the COVID-19 pandemic in the country
- There is partner coordination at national policy level and well-coordinated response is on going

Technical level:

- The ZNPHI is providing leadership and partner collaboration on the response. The IMS continues to meet at the ZNPHI (with a Zoom link provided to ensure social distancing) on Tuesdays and Thursdays. (Refer to Annex 2 for structure)
- All the response pillars under the IMS have an Incident Coordinator whose responsibility it is
 to map the partners and resources for the respective units to ensure no duplication of efforts and
 resources. Public Health Specialists in each of the sub-districts in Lusaka serve as Incident
 Commanders and coordinate daily activities of field team.

2.2 SURVEILLANCE

Surveillance is being actively conducted around the country at POEs, health facilities, and sentinel sites. Surveillance and outbreak investigation teams continue to strengthen contact tracing, monitoring of persons under quarantine and adherence, verification and follow up of alerts and timely transport of cases to isolation facilities. An average of 5 hospitals teams per province has been trained on COVID-19 surveillance, IPC, case management and specimen collection.

- Contact Tracing: surveillance teams continue to actively follow up contacts of confirmed cases. All travellers into Zambia must remain in self-quarantine and will be monitored for a minimum period of 14 days; any persons who develop symptoms of COVID-19 must notify the health authorities.
- > **Sub-district teams:** five strategic teams have been constituted in each sub-district assigned to quarantine adherence, follow up of confirmed cases, contact tracing, follow up and verification of alerts, and risk communication.







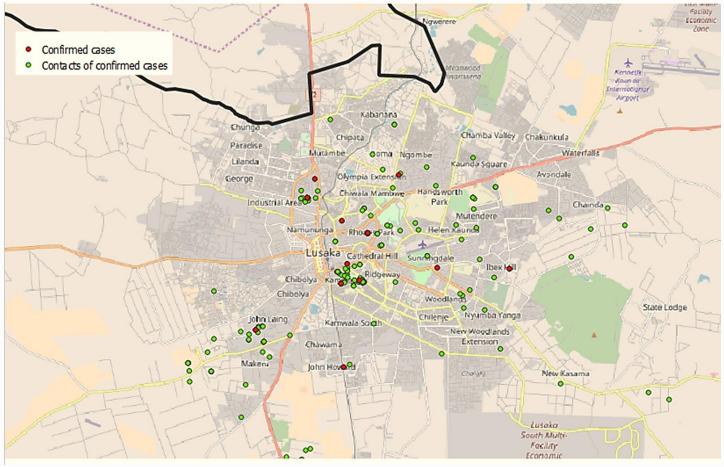


Figure 5: Locations in Lusaka district with confirmed cases of COVID-19 and traced contacts, April 2020

- > Screening at POEs: screening of travellers into Zambia remains in effect. All international flights have been directed to land only at KKIA. Screening facilities are also available at the dry port along Kafue Road which services buses coming from South Africa, Zimbabwe and Botswana.
 - Residence has been set up at the University of Zambia for truck drivers undergoing the mandatory 14-day quarantine period. Security has been provided with manned entry and exit points. Infection, prevention and control (IPC) measures have been put in place.
 - There has been an over 97% reduction in the number of passengers screened at KKIA between the months of February and March.
 - Currently only Ethiopian and Malawian Airlines are still flying into Zambia.
 - Social distancing during screening is being observed.
- Laboratory: The University Teaching Hospital Virology Lab (UTHVL) (WHO-certified National Influenza Centre) is the designated primary diagnostic laboratory for COVID-19, with additional capacity at the School of Veterinary Medicine (SVM), UNZA and the Tropical Diseases Research Centre (TDRC) on the Copperbelt. A sample referral system is in place for samples being collected in other provinces.







- 1222 total samples have been received to date is; of these, 1087 results have been processed with 39 confirmed positive for SARS-CoV-2. Summary of tests conducted to date is available in Annex1
- The standard test turn-around time is 24 hours, but can take up to 36-48 hours where repeat or confirmatory testing is required
- **Criteria for testing:** individuals who meet the case definition or individuals who have had contact/been exposed to a confirmed positive case and/or are symptomatic
- ➤ Case Management: All symptomatic cases (suspected, probable and confirmed) are admitted to the designated isolation facilities. Patients are only considered recovered once they record two negative retest results. Refer to Annex 1 for detailed summary
 - Levy Mwanawasa Hospital: In the last 24 hours, the facility had no new admissions of suspected cases; two recovered patients were discharged after recording a second negative test result. There are currently 29 patients admitted at the facility (all confirmed positive). Three of the cases have mild pneumonia.
 - **Masaiti District Hospital:** There have been no new admissions to the facility. There are 2 confirmed positive cases still admitted in a stable condition; re-test results were still positive.
 - Tubalange Hospital: there are currently no cases admitted at the facility
 - University Teaching Hospital: There are currently no patients admitted at the facility.
 - **COVID-19 Screening Facilities:** Dedicated screening structures have been set up at the UTH and Levy Mwanawasa, away from the areas of routine service delivery.
 - **Isolation facilities** have also been set up in all high-risk districts across the ten provinces; a detailed list is available at Annex 4

3. GAPS AND CHALLENGES

- ➤ Human Resource: high staff turnover resulting in a need to train and reorient health workers; staff welfare (responders and field teams); additional numbers of staff still required for both field and clinical teams
- > Surveillance: incorrect contact information being provided on surveillance forms; some persons under the 14-day quarantine and monitoring do not answer calls making it difficult to get updates on their health status; non-observance of quarantine and restriction on public gatherings; incomplete information on sample investigation forms
- Logistics: low stocks of sample collection supplies, PPE and other logistical supplies due to limited availability and increased demand on the global market.







4. PRIORITY ACTIONS AND RECOMMENDATIONS

- Logistics: actualise pledges made towards the response and avail contingency list to partners; regularly updated partner mapping.
- ➤ **Policy level:** scale up of staffing levels and strengthening of port health, surveillance, diagnostics, case management and risk communication services
- **Laboratory:** enhanced testing of suspected cases and contacts
- > Surveillance: Training and reorientation of response staff; continued community engagement and risk communication

5. CONCLUSION

In the last 24 hours, Zambia did not record any new confirmed cases of COVID-19. This marks the fifth consecutive day with no new cases reported. The cumulative number of confirmed cased stands at 39 with one death and seven recoveries. Preliminary evidence indicates that there is a possibility of a resurgence of cases following a period of respite especially when control measures are relaxed. Therefore, the government continues to closely monitor the situation and maintain the outbreak response measures and interventions.







ANNEX 1: EPIDEMIOLOGICAL DATA AS OF 17:00HRS ON 7 APRIL 2020*

Total Cases	Daily Total			Cumulative since outbreak declared			
Suspected cases	7			-			
Confirmed cases		0		39			
Recovered		2			7		
Diagnostics and Laboratory Testing							
Samples received		135			1222		
Samples with results processed		106			1087		
COVID-19 positive		0		39			
COVID-19 negative		106		1048			
Samples with results pending		135		-			
Number of re-tests		4			24		
Statistics By Health Facility	Tubalange	Levy	Masaiti	UTH	Daily Total	Cumulative since outbreak declared	
Admissions/Discharges							
New Admissions	0	0	0	0	0	65	
Currently Admitted	0	29	2	0	31	-	
Discharges	0	2	0	0	2	33	
Transferred in	0	0	0	0	0	7	
Transferred out	0	0	0	0	0	7	
Deaths							
Deaths among suspected cases				0	0	0	
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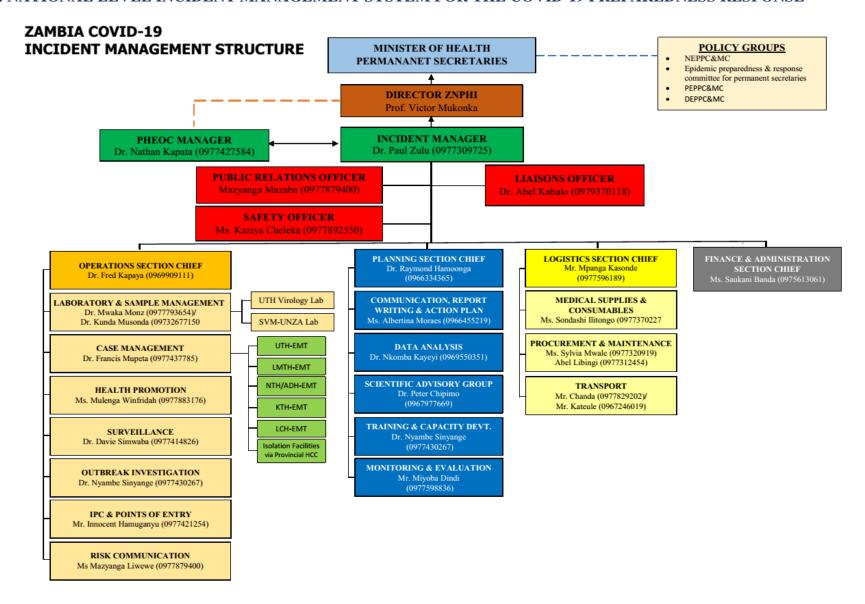
^{*}Reported figures may vary due to continual data cleaning and verification as part of quality assurance







ANNEX 2: NATIONAL LEVEL INCIDENT MANAGEMENT SYSTEM FOR THE COVID-19 PREPAREDNESS RESPONSE









ANNEX 3: CORONAVIRUS DISEASE 2019 (COVID-19) CASE DEFINITIONS

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.
- <u>3. Confirmed case:</u> A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.
- **4. Person Under Investigation:** a suspected case, irrespective of admission status, with either history of travel to an area with local transmission or worked in/attended a health care facility treating COVID-19 infections or admission to a facility for severe pneumonia of unknown aetiology
- <u>5. Contact</u>: 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 4: LIST OF DESIGNATED ISOLATION FACILITIES FOR THE COVID-19 OUTBREAK RESPONSE

PROVINCE	DISTRICT	ISOLATION FACILITY
Eastern	Chipata	Walera HP and Chipata District Hospital
	Chadiza	Sadzu RHC and Chilenga HP
	Lundazi	Lundazi New Hospital Male Ward
	Mambwe	Agriculture Field Training Centre and ADRA shade in Nsefu
	Petauke	Zuze Health Post
	Katete	Katete Livestock Market
	Nyimba	Chininkhu Health Post
	Sinda	Ukasimbe Health Post and Chinzule HP
	Vubwi	Chigwe Health Post
	Kasenengwa	Kanzutu Health Post
	Lumezi	Lumezi Hospital, Mwasemphangwe Zonal and Mwanya RHC
	Chasefu	Kanyanga Mission Hospital
	Chipangali	Mkanda RHC and Chinunda RHC
	Lusangazi	Ukwimi Trades
Southern	Livingstone	Mosi Oa Tunya Health centre
	Zimba	Zimba Basic school
	Siavonga	Kabbila Health Post
	Pemba	Pemba Main Clinic
	Kalomo	Mawaya Clinic
	Monze	Mulumbwa Health Post
	Mazabuka	Research clinic
	Chikankata	Nansenga Rural Health centre
	Namwala	Nchole Health Post
	Choma	Njase Clinic
	Gweembe	Munyumbwe HAHC
	Kazungula	Kazungula hospital admin block
	Sinazongwe	Sinazongwe rural health centre
Lusaka	Chilanga	Tubalange Mini Hospital, Mount Makulu Health Post

	Chirundu	Lumbembe Clinic
	Kafue	Shikoswe Clinic
	Luangwa	Kavalamanja RHC, Chitpoe RHC, Kasinsa RHC, Mandombe RHC
	Lusaka	Levy Mwanawasa, UTH, Tubalange Mini Hospital, Chawama SD, Matero SD, Chilenje SD, Kanyama SD, Chipata SD, Victoria Hospital, Bauleni
	Rufunsa	Rufunsa RHC, Chinyunyu RHC
Muchinga	Isoka	Lualizi and Kafwimbi RHC
	Lavushimanda	Red Rhino school, Muwele Market .
	Nakonde	Nakonde Hospital and Nakonde Urban Clinic.
	Chama	FTC
	Shiwang'andu	Lwanya RHC
	Mpika	Chibansa RHC
	Kanchibiya	Kopa Primary school ,LuchembeKanchibiya resettlement scheme,Chalabesa RHC.
	Chinsali	Nambuluma RHC
	Mafinga	Mulekatembo
Western	Senanga	Litambya RHC
	Shangombo	Shangombo Secondary School
		Shangombo RHC
	Kaoma	Kaoma Trades
		Kaoma Youth Resource Centre
	Luampa	Kahumbu Primary School
	Lukulu	Lukulu Old Hospital







	Mitete	Lukulu Old Hospital
	Kalabo	Wenela RHC
	Nalolo	Muoyo RHC
	Sioma	Old Nangwesh Refugee Camp
	Mulobezi	Mulobezi HAHC
	Mwandi	Situlu Health Post
	Sesheke	Mulimambango
	Sikongo	Sikongo RHC
	Limulunga	Nan'oko Health Post
	Mongu	Mongu D Hospital, Mweeke HP
	Nkeyema	Nkeyema Zonal Health Centre
Central	Chitambo	Muchinka RHC
	Mkushi	Kasalamkanga RHC
	Serenje	Serenje Boma School
	luano	Old Mkushi Health Centre
	Kapiri	Tazara dry port
	Kabwe	Old Mukobeko clinic
	Chibombo	Twalumba RHC
	Chisamba	Malombe RHC
	Shibuyunji	Sichobo Rural Health Centre
	Mumbwa	Mumbwa Urban Clinic
	Itezhi tezhi	Itezhi tezhi Basic School/Uphill Scholl and and Itezhi Tezhi Boarding School
	Ngabwe	Iwonde primary school

Copperbelt	Chililabombwe	Council Hall
	Chingola	Kalilo Health Centre
	Kalulushi	Kalulushi Urban Health Centre
	Kitwe	Garnerton Clinic
	Luanshya	Chibolya Clinic
	Lufwanyama	Shimukunami Rural Health Centre
	Masaiti	Masaiti District Hospital
	Mpongwe	Bwembelelo Health Post
	Mufulira	Mutundu RHC
	Ndola	Itawa clinic
Northern	Chilubi	Chaba RHC Chilubi RHC
	Kaputa	Kaputa RHC Kalaba RHC Kapepula HP
	Kasama	Lukupa Rural Centre
	Lunte	Chitoshi RHC Mukupa Koama RHC Mulenga Mapesa HP
	Lupososhi	Chungu RHC Nsombo RHC
	Luwingu	Ipusikilo RHC
	Mbala	Chulungoma Urban Clinic Kaluluzi Health Post
	Mporokoso	Township Clinic Chiwala RHC
	Mpulungu	Mpulungu Urban Clinic
	Mungwi	Mungwi Baptist HC, Kayambi RHC
	Nsama	NsumbuRHC
	Senga	Nsumbu RHC, Mwiluzi HP, Sumbi HP





