

ZAMBIA COVID-19 SITUATION REPORT NO. 214

Disease Pandemic: COVID-19

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

Report date: Wednesday 28th April, 2021

Prepared by: MOH/ZNPHI/WHO

Correspondence: ims.covid@znphi.co.zm

1. SITUATION UPDATE *This week (26th April – 2nd May)* ↑ **Cases 126** ↓ **Deaths 3** ↑ **Recoveries 169**

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

➤ In the last 24hrs, we recorded **66 new cases, 0 deaths and 26 recoveries**

- The cumulative number of confirmed COVID-19 cases recorded to date is **91,484** with **1,249 deaths (CFR=1.4%)** and **89,743 recoveries (98.1% recovered)**. Of the total deaths, **702 have been classified as COVID-19 deaths (CFR=0.8%)** and **547 as associated deaths**. See [Annex 1](#) for definitions. There are currently **492 active cases**: of these, 448 (91%) cases are under community management and 44 (9%) are hospitalised
- 4,068 additional vaccine doses were administered, bringing the cumulative number of vaccinated to **21,919**.

Global Numbers

(Source: JHU)

↑ **149,048,469 Confirmed**
↓ **3,141,377 Deaths (2.2% CFR)**
↑ **86,493,585 Recoveries**

Africa Numbers

(Source: Africa CDC)

↑ **4,524,702 Confirmed**
↓ **120,802 Deaths (2.6% CFR)**
↑ **4,067,871 Recoveries**

2. EPIDEMIOLOGICAL HIGHLIGHTS

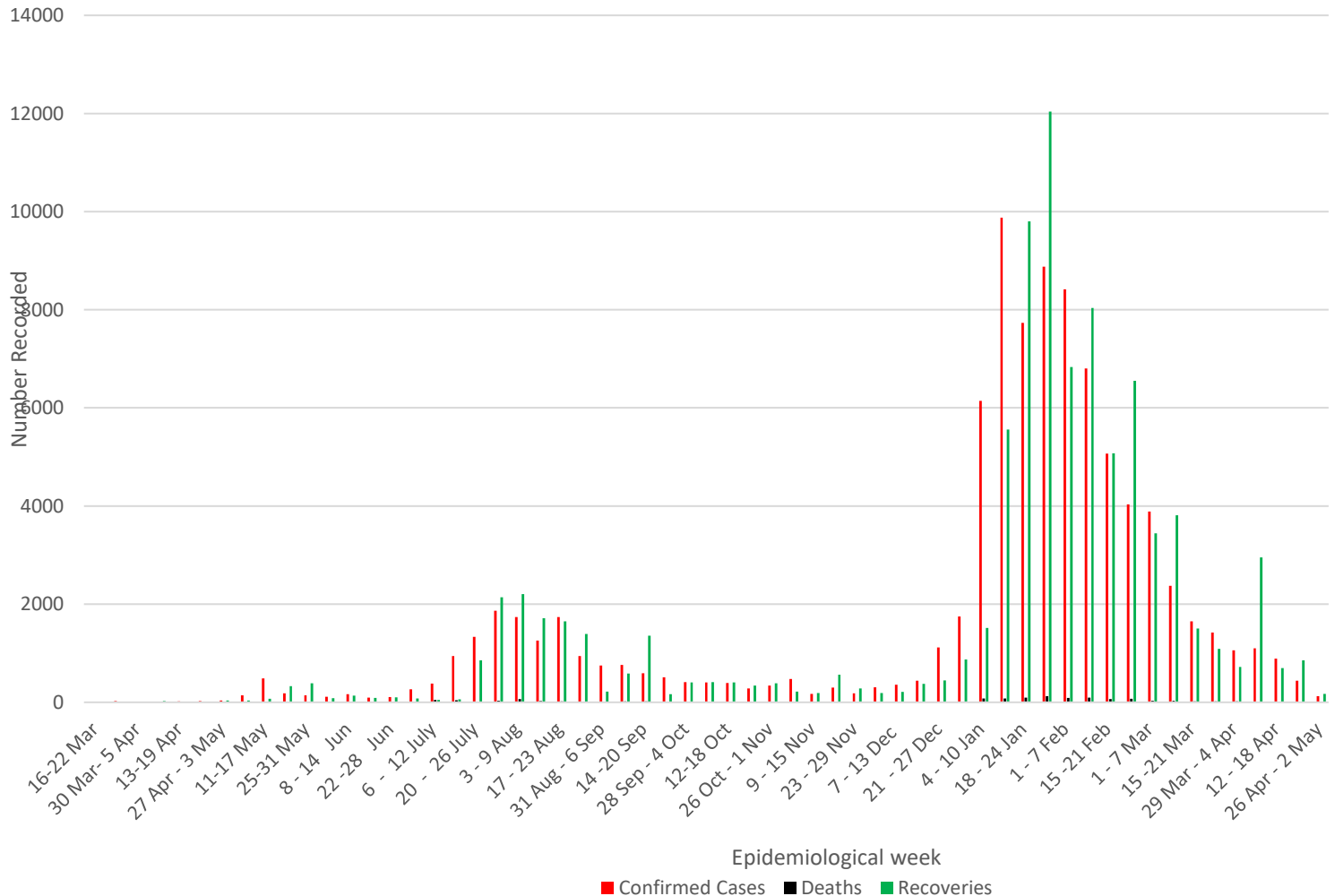


Figure 1: COVID-19 confirmed cases by week as of 28th April, 2021

*Blue text: indicates updated information

- **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

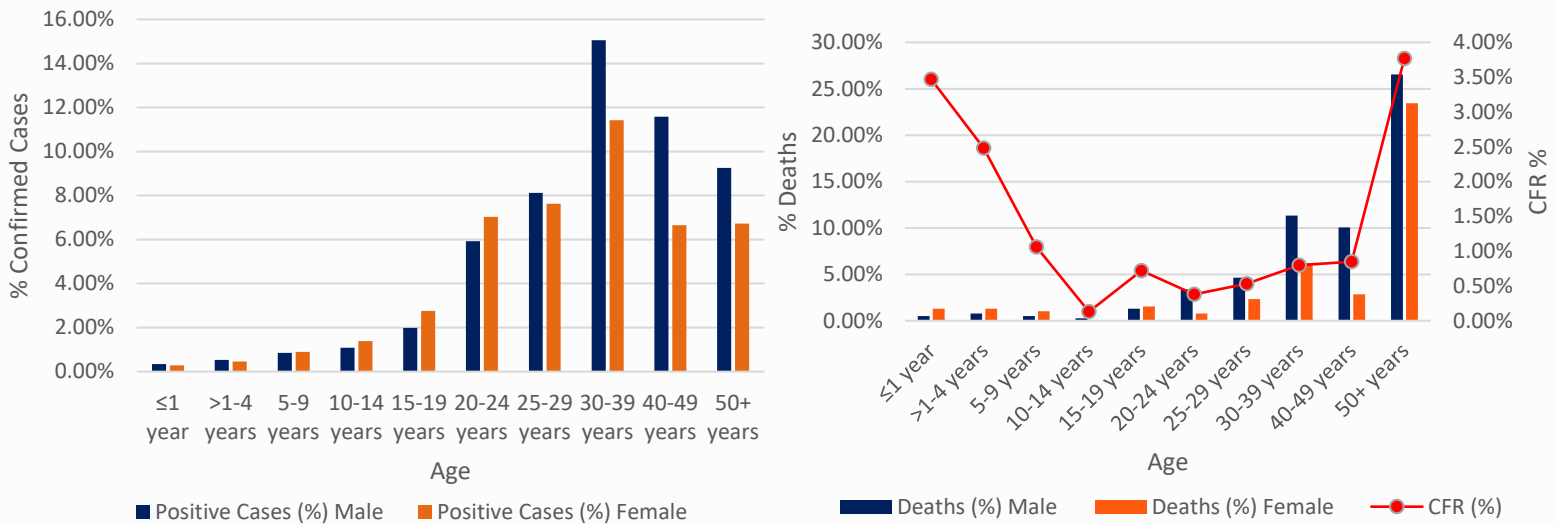


Figure 2: Age and sex distribution of (a) confirmed cases (b) deaths

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 **1,962,772 confirmed cases; 61,922 deaths; and 1,862,413 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 broken down by province.

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

| PROVINCE | NUMBERS BY PROVINCE | | |
|---------------|---------------------|-----------------|----------------------|
| | NEW CASES | DEATHS | RECOVERIES |
| CENTRAL | 2 | 0 | 12 |
| COPPERBELT | 1 | 0 | 0 |
| EASTERN | 14 | 0 | 4 |
| LUAPULA | 4 | 0 | 1 |
| LUSAKA | 24 | 0 | 1 |
| MUCHINGA | 1 | 0 | 1 |
| NORTHERN | 2 | 0 | 1 |
| NORTH-WESTERN | 12 | 0 | 6 |
| SOUTHERN | 1 | 0 | 0 |
| WESTERN | 5 | 0 | 0 |
| TOTAL | 66 New Cases | 0 Deaths | 26 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 by the Hon. Minister of Health, Dr. Jonas Chanda. Distribution of vaccines and vaccine logistics has been commenced, with supplies to be delivered directly to each district.
- The dates on which the first dose was administered in each of the ten provinces are as follows: Central 23rd April; Copperbelt 21st April; Eastern 21st April; Luapula 19th April; Lusaka 12th April; Muchinga 21st April; Northern 22nd April; North-western 22nd April; Southern 21st April; and Western 20th April.
- In the last 24hrs, **4,068 additional vaccine doses were administered**, bringing the cumulative number of doses administered to **21,919**. The age and sex distribution of persons vaccinated in the last 24hrs is shown below.

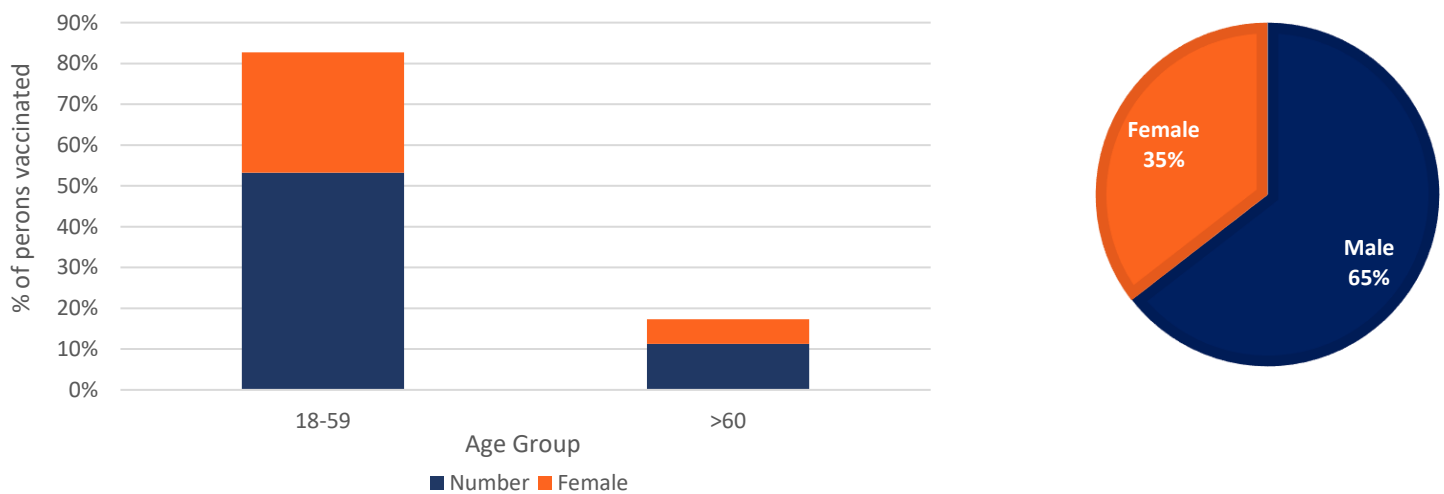


Figure 3: Age and sex distribution of vaccinated individuals in the last 24hrs

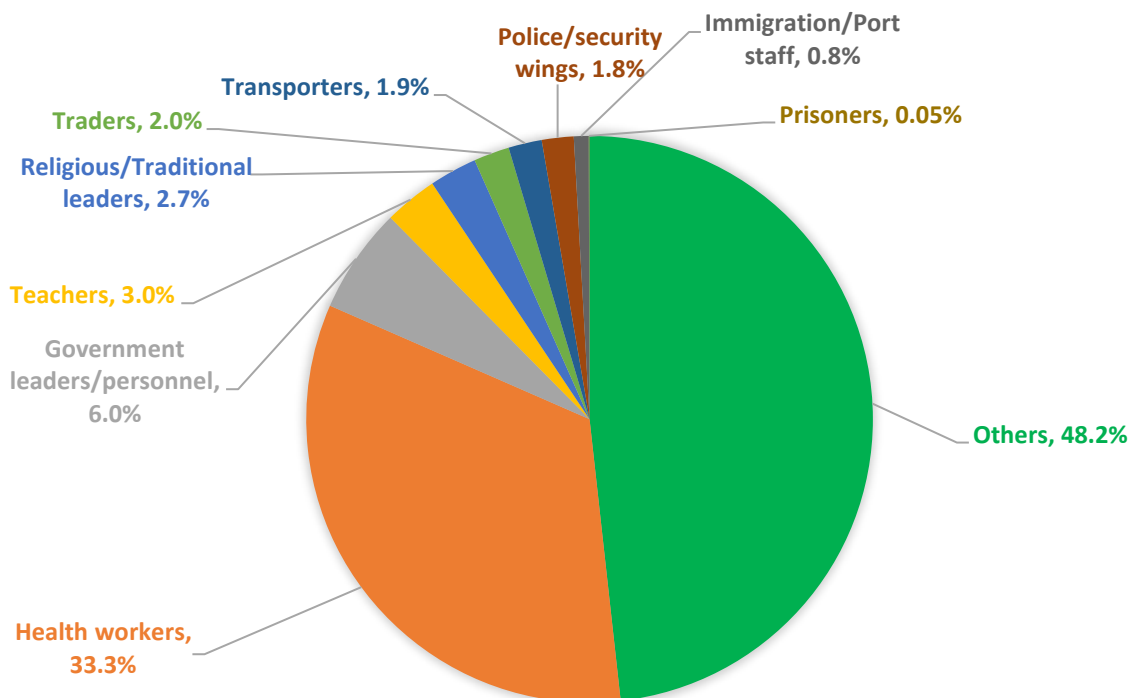


Figure 4: Categories of cumulative vaccinated individuals

➤ The distribution of the vaccinations by province is as follows:

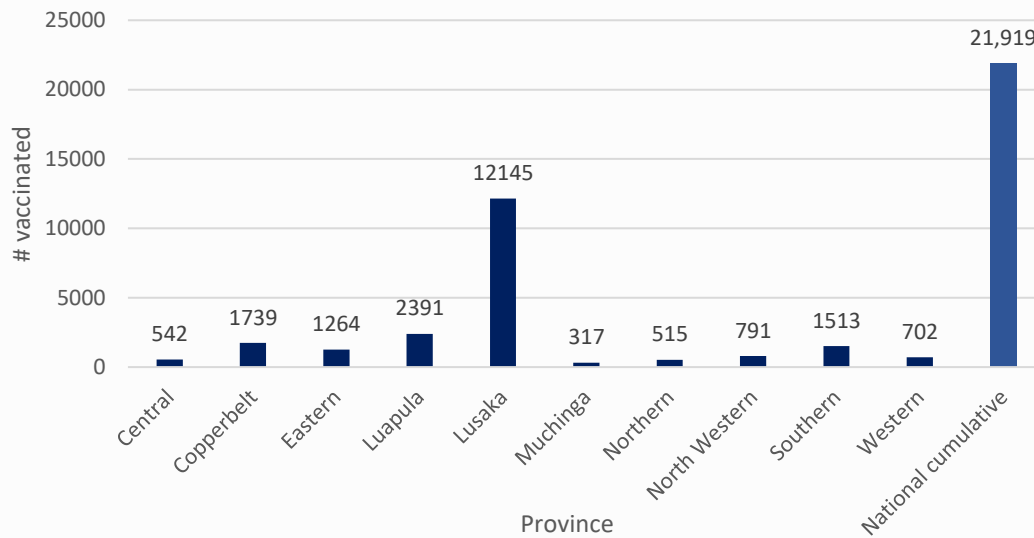


Figure 5: Distribution of cumulative vaccinated individuals by province (N=21,919)

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 44 COVID-19 patients hospitalised in facilities around the country; of these, 33 (75%) are on Oxygen therapy and 8 (18%) 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; the positivity across the provinces was $\leq 5\%$, with Eastern having the highest positivity at 5%.

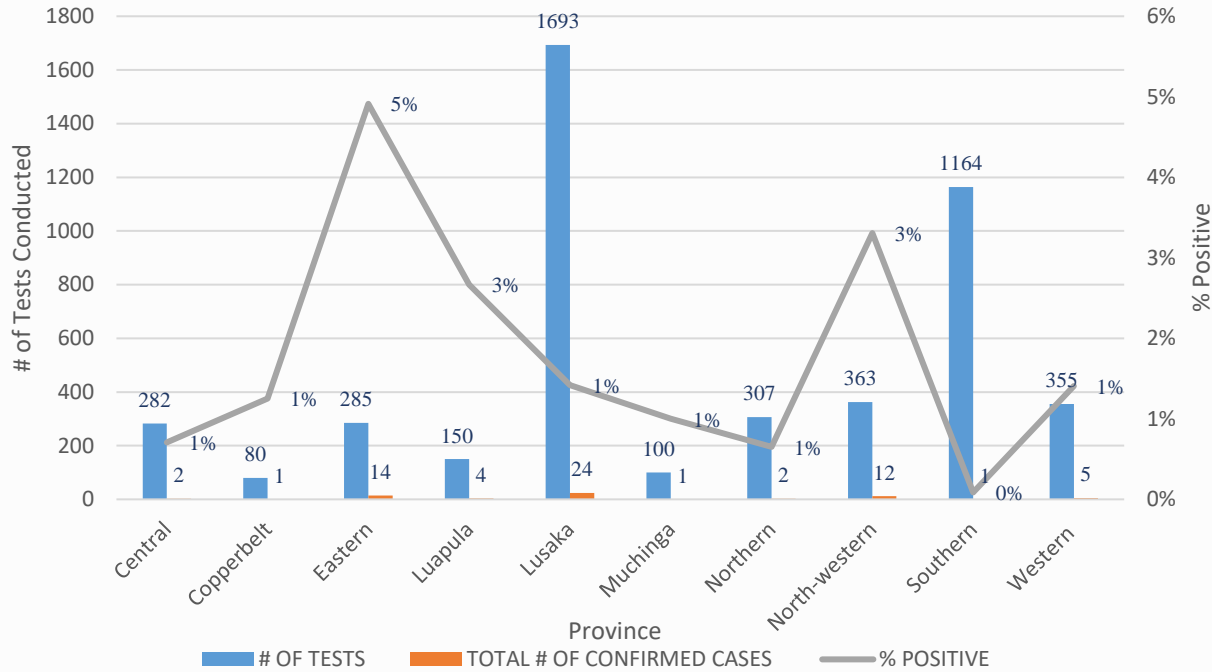


Figure 6: Number of tests by Province vs # of confirmed cases reported (28th April, 2021)

- **Previous week analysis (19th – 25th April): 32,441 tests were conducted (1.36% tested positive for SARS-CoV-2) compared to 41,160 tests the week before last (2.16% positivity).**
- **Current week analysis (26th April-2nd May):** In the last 24 hrs, 4,779 tests were conducted (1.38% positivity), bringing the cumulative tests conducted so far this week to 10,454,675 (1.2% positivity)
- To date, a total of **1,389,400 tests** have been conducted, with a cumulative **91,484 confirmed positive (6.6% positivity rate)** for SARS-CoV-2.
- The testing coverage is **81,729 per 1,000,000 population**

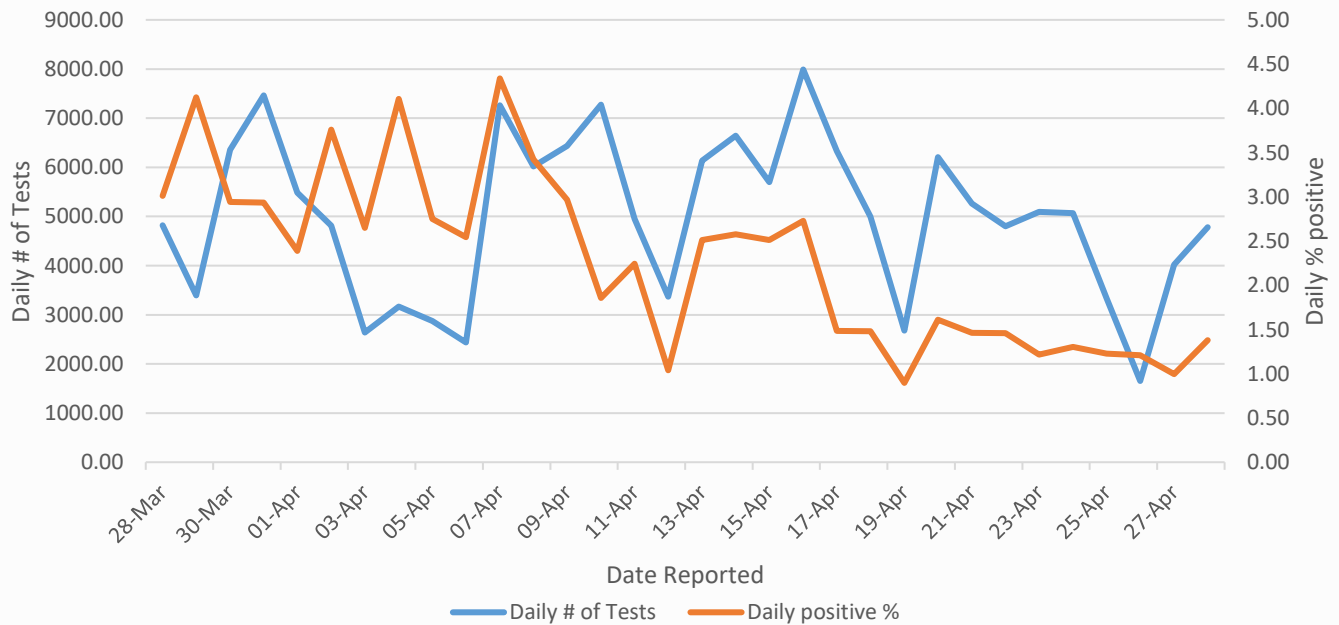


Figure 7: Daily number of tests vs % of positive results recorded (past month)

ANNEX 1: CORONA VIRUS 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.

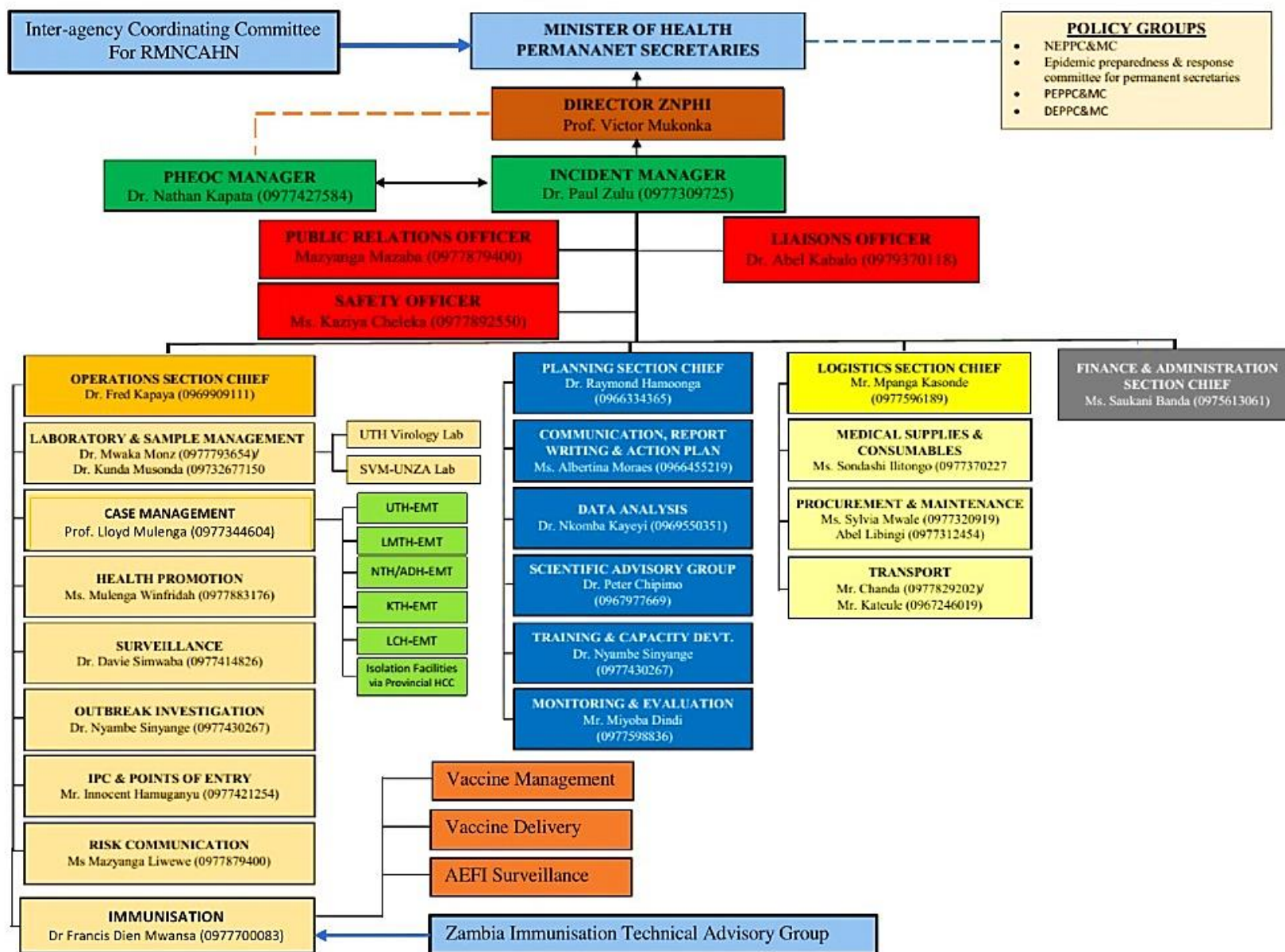
4. COVID-19 Death: COVID-19 death is defined for surveillance purposes as a death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID disease (e.g. trauma). There should be no period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

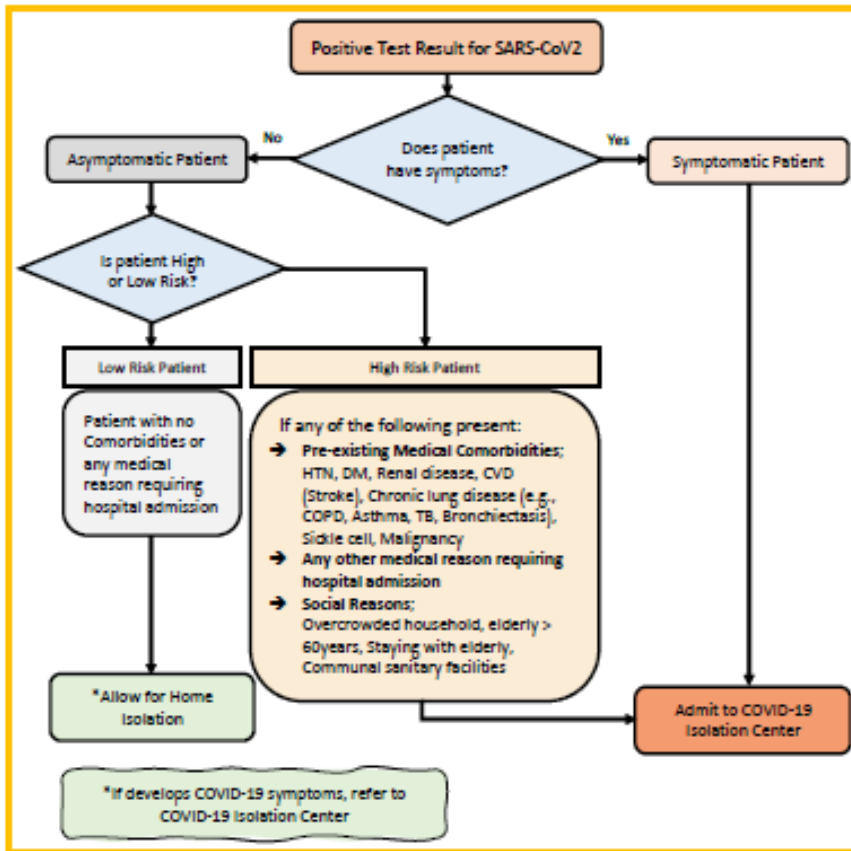
7. Contact: a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case: a. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes; b. Direct physical contact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