

## ZAMBIA SITUATION REPORT NO. 22


<b>Disease Outbreak:</b> COVID-19	<b>Response start date:</b> 30 <sup>th</sup> January, 2020	<b>Outbreak Declared:</b> 18 <sup>th</sup> March, 2020
<b>Date of report:</b> 9 <sup>th</sup> April, 2020	<b>Prepared by:</b> MOH/ZNPPI/WHO	<b>Correspondence:</b> <a href="mailto:ims.covid@znphi.co.zm">ims.covid@znphi.co.zm</a>

### 1. SITUATION UPDATE

#### 1.1 CURRENT CASE NUMBERS



- As of 17:00 hours on Thursday, 9<sup>th</sup> April, 2020:
  - There were **no new confirmed cases of COVID-19, 0 deaths and 17 recoveries** recorded in the past 24 hours.
  - The total number of confirmed cases recorded to date is **thirty-nine (39), with 1 death (CFR=2.56%) and 24 recoveries** (Refer to Annex 1).
  - Investigation into a suspected COVID-19 death at UTH is underway
  - All cases (suspected/confirmed) are admitted to designated isolation facilities.

#### Zambia Statistics

 **39 Confirmed (0 new)**  
 **1 Death (0 new)**  
 **24 Recoveries (17 new)**

#### Global Statistics

(Source: Johns Hopkins University)

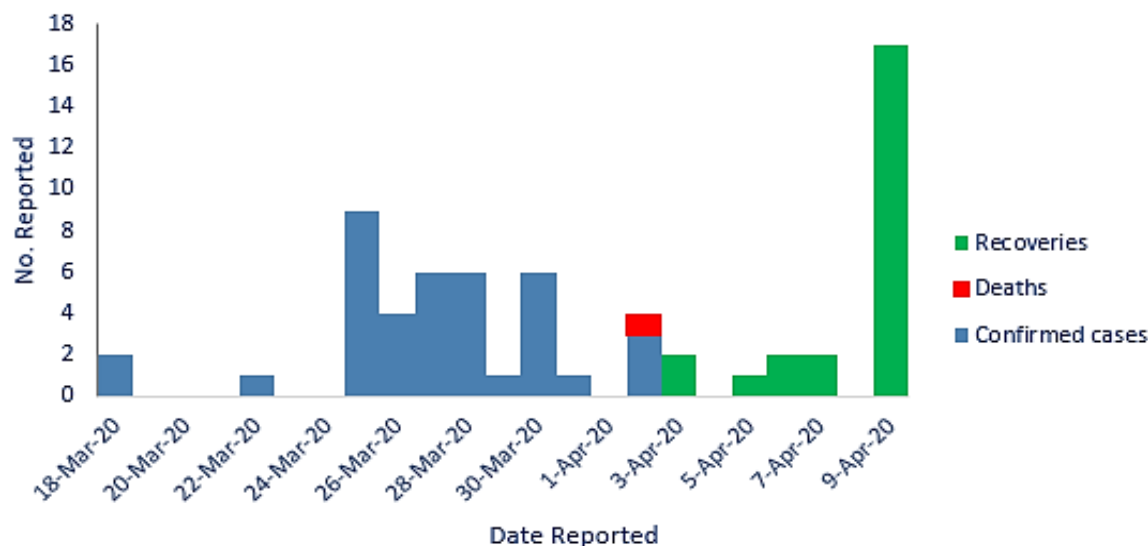
 **1,511,104 Confirmed (82,676 new)**  
 **88,338 Deaths (6,318 new)**  
 **319,064 Recoveries (18,866 new)**

\*New: in the last 24hrs

#### 1.1 EPIDEMIOLOGICAL HIGHLIGHTS

Table 1: COVID-19 Summary surveillance and case management report as of 9<sup>th</sup> April 2020

Parameter	Number
Cumulative number of high risk persons under observation	6,658
Cumulative number of high risk persons that have completed 14 days observation	1,753
Cumulative number of alerts notified & verified as non-cases	477
Number of suspected cases reported (previous day)	16
Number of contacts traced (previous day)	219
Cumulative Number of Samples Received	1,343
Total Number of Results Processed	1,314
<b>Total Number of Confirmed COVID-19 Positive Cases</b>	<b>39</b>
Total number of currently isolated positive cases	14



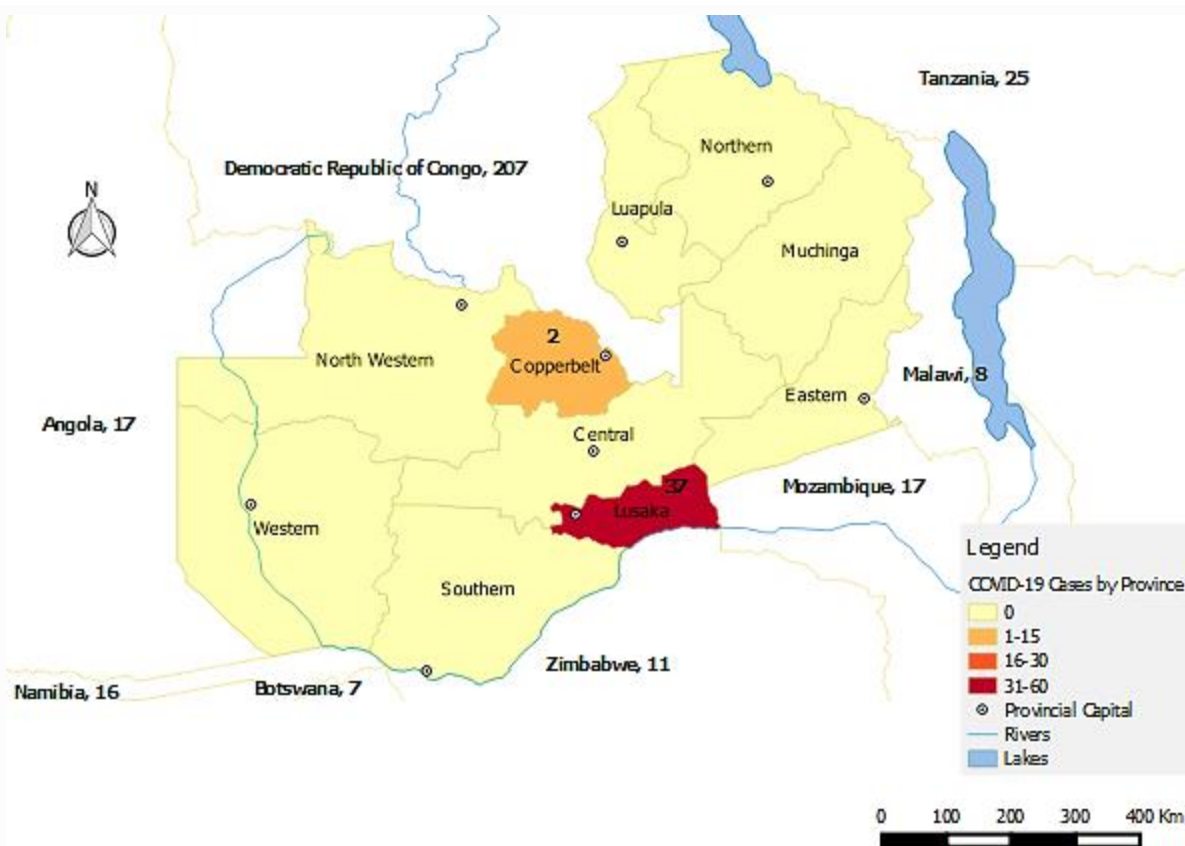


Figure 2: Map of Zambia showing confirmed COVID-19 cases by province, and confirmed cases in neighbouring countries as of 9<sup>th</sup> April 2020

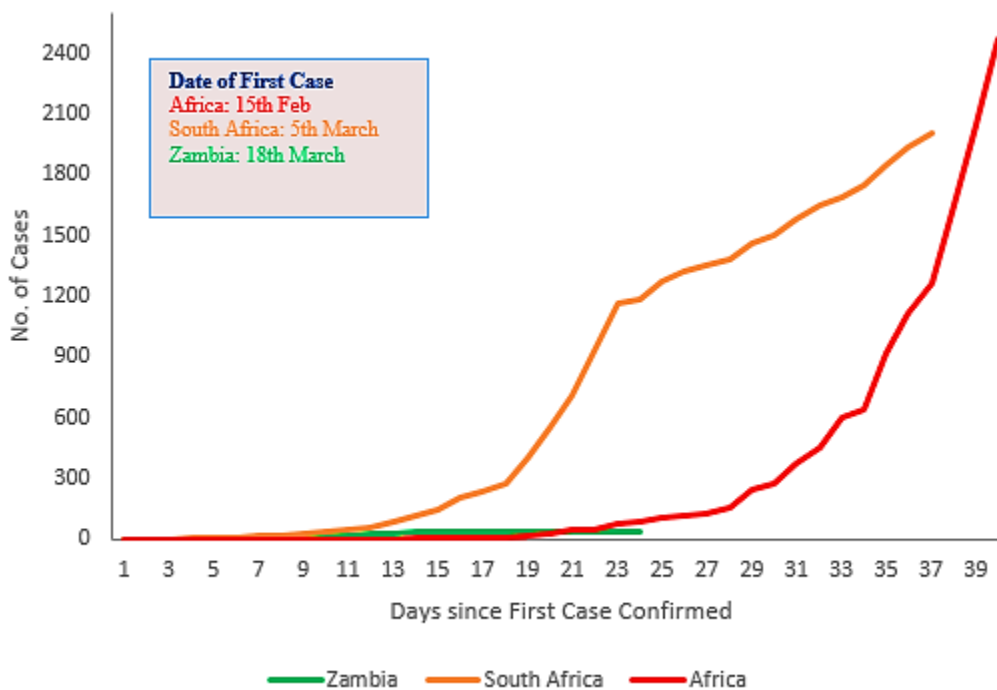


Figure 3: Cumulative trend graph comparing the number of confirmed cases in Zambia, South Africa and the whole of Africa recorded during the first 40 days (Sources: MoH Zambia, NICD South Africa, Africa CDC)

Table 2: Summary of COVID-19 cases recorded country-wide as of 9<sup>th</sup> 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	7
Copperbelt	0	2	0	0	2 Imported	14
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
<b>Total</b>	<b>0</b>	<b>39</b>	<b>0</b>	<b>1</b>		

- **Age and Sex distribution:** Of the confirmed cases, 81% are male and 19% are female; while the most affected age group is between 15-30 years old followed by those over 60 years.

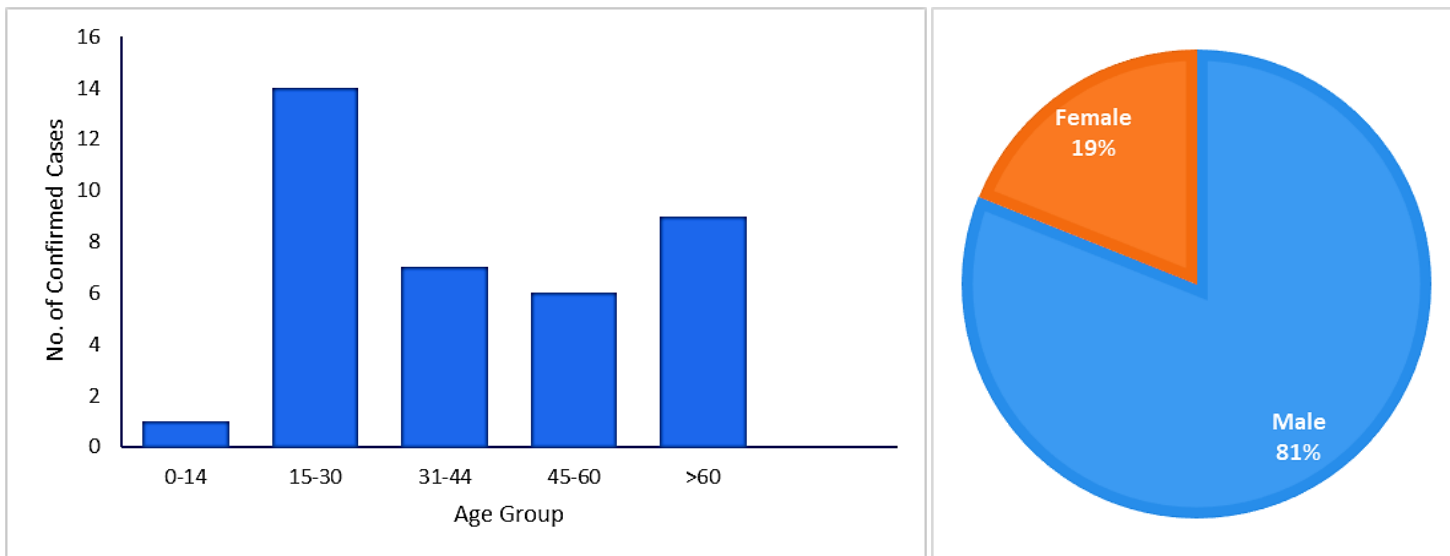


Figure 4: Age and Sex distribution of confirmed cases, April 2020

## 2. ACTIONS TO DATE

### 2.1 CO-ORDINATION

- **Regional level:** Zambia hosts the Southern Africa Regional Collaborating Centre of the Africa CDC and has been coordinating the response at regional level. To date, 1,865 confirmed cases of COVID-19 including 19 deaths have been recorded in Southern Africa.
- **Policy Level:** The government has put in place measures and interventions to control the spread of COVID-19. Statutory instruments **SI21** and **SI22 of 2020 on COVID-19** were issued in March 2020. The presidential directives which came into effect on 26<sup>th</sup> March 2020 have been extended for a further 2 weeks, including: continued screening of travellers into Zambia (symptomatic travellers will be isolated at a health facility; asymptomatic travellers are required to undergo quarantine at their own cost and monitoring for at least 14 days); redirection of all international flights to land and depart from KKIA only; suspension of non-essential travel to countries with confirmed COVID-19 cases; restriction of public gatherings to no more than 50 people; restaurants to operate only on take away and delivery basis; and closure of all bars, nightclubs, cinemas, gyms and casinos.
  - Meetings of the Committee of Ministers, Committee of Permanent Secretaries, and the National Epidemic Preparedness, Prevention Control and Management Committee (NEPPC&MC) have been convened since the declaration of the outbreak
  - Press briefings are held daily on the evolving outbreak situation in Zambia.
- **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)
  - Technical co-ordinating meetings are being held with cooperating partners and other stakeholders. The meetings are chaired by the Director, ZNPHI
  - 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 teams.

### 2.2 SURVEILLANCE

Surveillance is being actively conducted around the country at community level, points of entry (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. Hospitals teams in each of the 10 provinces have been

trained on COVID-19 surveillance, case management, specimen collection, and Infection, Prevention and Control (IPC). **Sub-district teams** have been constituted in each sub-district with a strategic focus on to quarantine adherence, follow up of confirmed cases, contact tracing, follow up and verification of alerts, and risk communication

- **Port Health:** A total of 37, 668 passengers were screened at KKIA between 29 January and 29 March, 2020 from 782 flights. The Livingstone POE has recorded 546 trucks entering the country, of which 123 have been released to deliver essential commodities while 423 remain under quarantine. The Kazungula POE has recorded 1100 trucks entering the country, of which 730 have been released and 370 remain under quarantine. The POEs have all been supported with thermal scanners, and tablets have been provided to aid data collection and management. POE staff (37) have been trained in 7 provinces.
- **Contact Tracing:** A total of 219 contacts were traced on 8<sup>th</sup> April, 2020. 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.

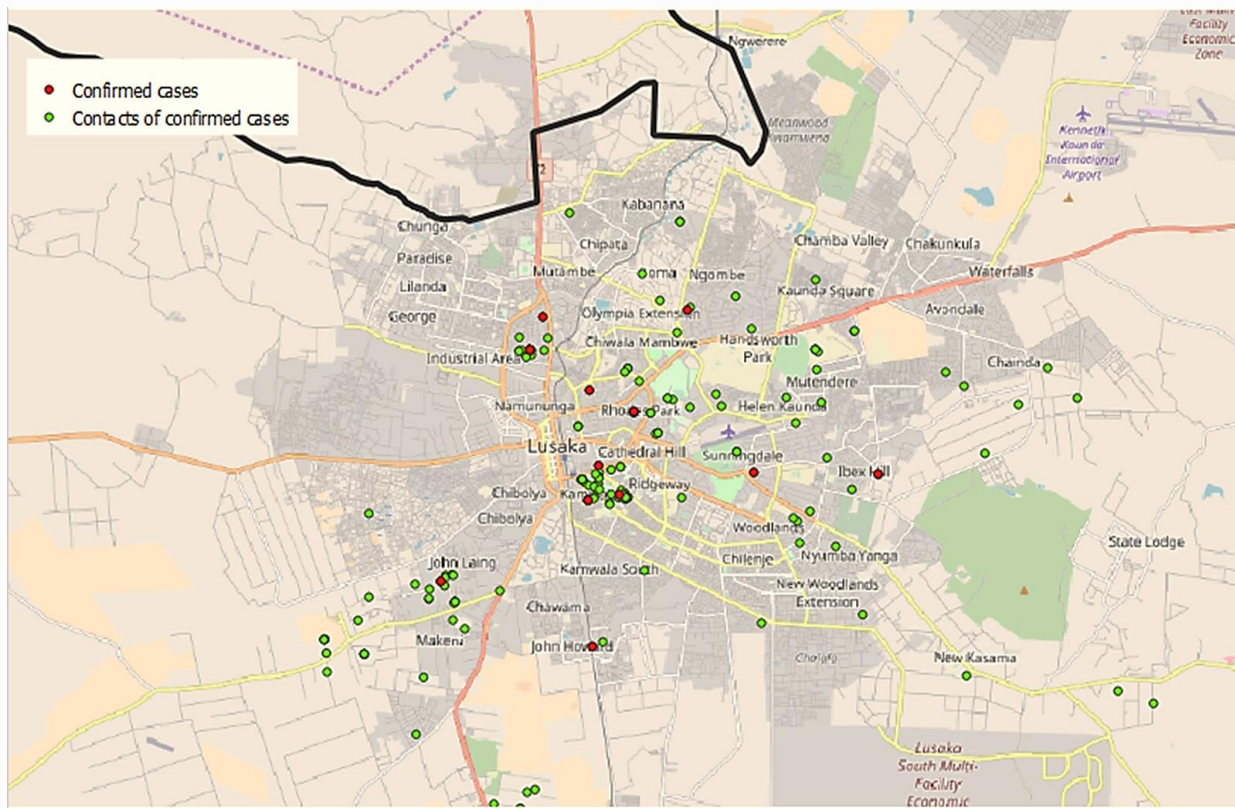


Figure 5: Locations in Lusaka district with confirmed cases of COVID-19 and traced contacts, April 2020

- **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.

- Testing of community alerts, suspects under quarantine, contacts of confirmed cases as well as re-testing of confirmed cases is ongoing.
- 1,343 total samples have been received to date is; of these, 1,314 results have been processed with 39 confirmed positive for SARS-CoV-2. Summary of tests conducted to date is available in Annex 1
- 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 re-test results within a 24hour period. Refer to Annex 1 for detailed summary
  - **Levy Mwanawasa Hospital:** In the last 24 hours, the facility had no new admissions of suspected cases; 17 new recoveries were recorded and discharged. There are currently 12 patients admitted at the facility (all confirmed positive). All but one of the patients are stable.
  - **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:** A hypertensive patient suspected of COVID-19 infection was admitted to the facility on 5<sup>th</sup> April 2020 in an unconscious state; the patient died on 8<sup>th</sup> April, 2020. The patient was being managed in an isolated side wing of the facility due to the high index of suspicion. Samples including for sepsis and COVID-19 were collected. Results of the COVID-19 investigation are pending.
  - **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

### 2.3 INFECTION, PREVENTION AND CONTROL (IPC)

- IPC orientation and assessment was conducted in all provinces. Staff at UTH were trained in IPC and technical support on IPC has been provided to Lusaka province. Trainings have also been held for clinicians in selected health facilities, POE staff and contact tracing teams in the ten provinces

- Partner mapping: capacity building and technical support for IPC, POE and WASH is being provided by the World Bank, WHO, and UNICEF

## 2.4 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

- **Coordination:** The team held two coordinating meetings with partners and stakeholders. The RCCE plan and budget have been finalised. A message guidance package has been produced to regulate the development of risk communication messages for the public. Partner mapping for RCCE is ongoing.
- **Call centre:** The call centre has been expanded with additional facilities set up at the ZNPFI. An additional 15 call centre staff were oriented.
- **Public Communication:** Radio and television announcements on COVID-19 are made three times a day in English and local languages. Radio drama programmes have been aired on Komboni Radio
- **Community Engagement:** Sensitisation in markets and bus stations is ongoing. Phones to enhance risk communication and community engagement have been donated for chiefdoms around the country. Community engagement and sensitisation activities involving 7 chiefs are ongoing.
- **Development and Distribution of IEC materials:** Over 260,000 IEC materials have been distributed countrywide; distribution is ongoing. The new batch of IEC materials is being translated in the seven main local languages. An additional 30,000 IEC materials and 1000 t-shirts and chitenge material have also been printed. The process for translating COVID-19 materials into braille and production of a video tailored for the deaf has been initiated. The ZANIS PS system is being used to spread information on COVID-29 in a number of communities.

## 2.5 LOGISTICS

- Inventory and last mile distribution of stock at Medical Stores Limited is ongoing
- N95 mask, gloves, and hand-held thermal scanners were received by MSL; awaiting receipt of additional quantities of swabs, testing kits and reagents. There are currently 190 boxes of testing kit reagents (for approximately 12,000 tests) available at MSL; this does not include stock already distributed to the provinces and health facilities.
- Continued distributed of supplies to Eastern, Southern and Copperbelt provinces; distribution to Muchinga and Northern provinces is scheduled for 11<sup>th</sup> – 12<sup>th</sup> April, 2020.

### 3. GAPS AND CHALLENGES

- **Laboratory:** shortage of swabs for sample collection; data management using a semi manual system that is not linked to surveillance and case management data.
- **Surveillance:** inadequate and use for data capture; non-adherence to self-quarantine and socio-distancing; inadequate thermal scanners at POEs; insufficient numbers of trained POE staff; data management
- **Risk Communication and Community Engagement:** partner mapping yet to be finalised; sub-committees looking at specific areas of risk communication have not been formed
- **Logistics:** slow delivery of commodities to MSL; perishables such as food items are being delivered in bulk to the MSL stores; approximately K500,000 is required to support distribution of supplies. The budget has been availed to partners.

### 4. PRIORITY ACTIONS AND RECOMMENDATIONS

- **Laboratory:** UTH lab team travelling to TDRC to support COVID-19 testing; testing and finalisation of newly developed lab data management system
- **Surveillance:** Strengthen contact tracing and monitoring of the quarantined persons; enhanced comprehensive surveillance (active, sentinel, pharmacy, mortality, SARI/ILI); strengthen data collection; strengthen POE surveillance and screening activities; continued capacity building of surveillance staff
- **Risk Communication and Community Engagement:** Launch of the WhatsApp bot; continued community sensitisation; finalise digital IEC content; continued review and editing of IEC materials; development of scripts for drama series on COVID-19; produce radio and television series to dispel myths and misconceptions around COVID-19; use of billboards around Lusaka to display messages.
- **Logistics:** Continued distribution of supplies to provinces and health facilities; distribution of thermal scanners to POEs; staggered distribution of donated items particularly perishables to enable efficient storage and distribution.

### 5. CONCLUSION

Zambia did not record any new confirmed cases of COVID-19 for the seventh consecutive day. There was one death of a suspected case recorded, investigations are underway. The Ministry of Health in collaboration other line Ministries and partners continues to mount a strategic and coordinated response to the COVID-19 outbreak.



**ANNEX 1: EPIDEMIOLOGICAL DATA AS OF 17:00HRS ON 9<sup>th</sup> APRIL 2020\***

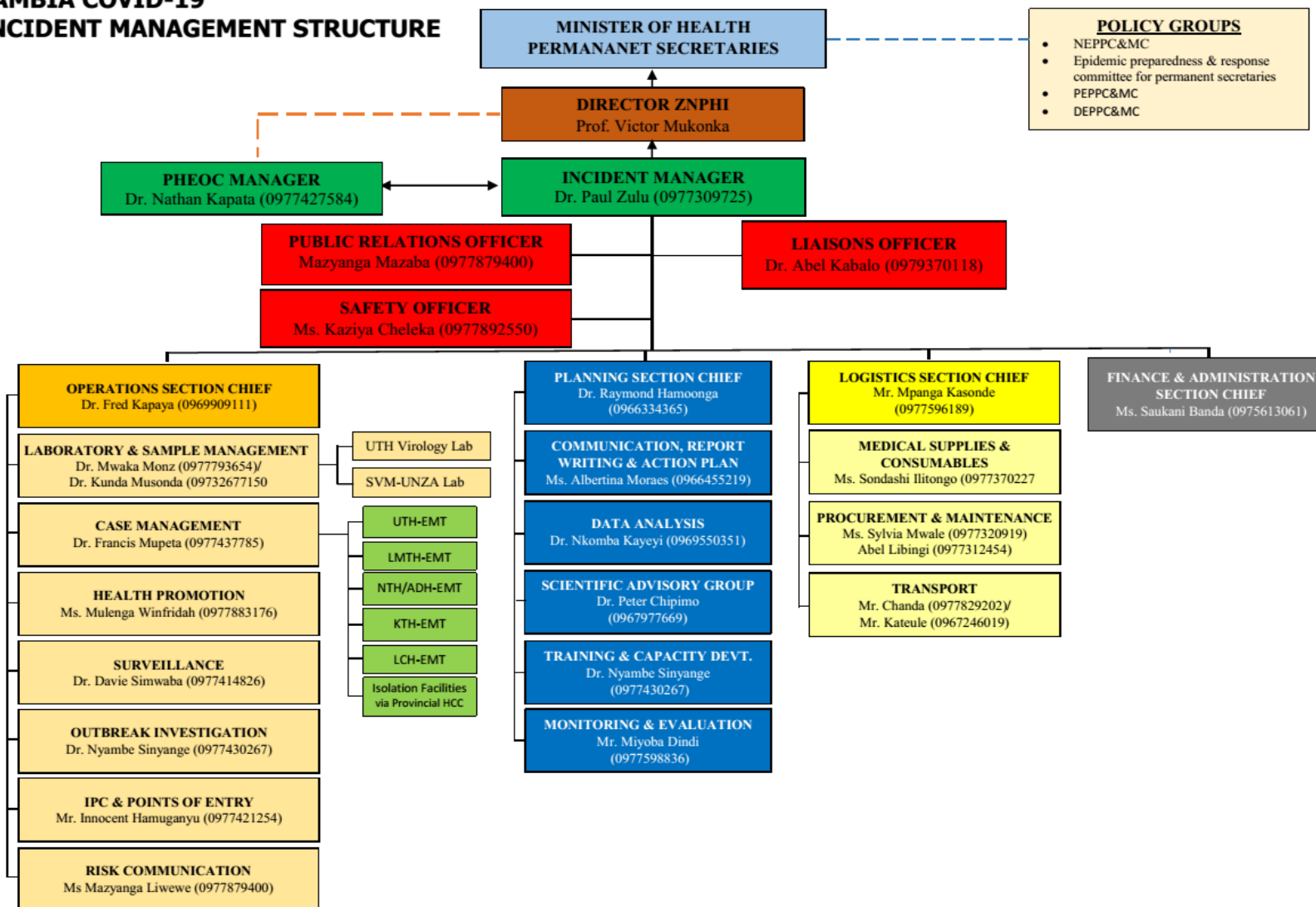
<b>Total Cases</b>	<b>Daily Total</b>			<b>Cumulative since outbreak declared</b>		
Suspected cases	16			-		
Confirmed cases	0			39		
Recovered	17			24		
<b>Diagnostics and Laboratory Testing</b>						
Samples received**	29			1343		
Samples with results processed	92			1314		
COVID-19 positive	0			39		
COVID-19 negative	92			1275		
Samples with results pending	29			-		
<b>Statistics By Health Facility</b>	<b>Tubalange</b>	<b>Levy</b>	<b>Masaiti</b>	<b>UTH</b>	<b>Daily Total</b>	<b>Cumulative since outbreak declared</b>
<b>Admissions/Discharges</b>						
New Admissions	0	0	0	0	0	65
Currently Admitted	0	12	2	0	14	-
Discharges	0	17	0	0	17	50
Transferred in	0	0	0	0	0	7
Transferred out	0	0	0	0	0	7
<b>Deaths</b>						
Deaths among suspected cases	0	0	0	1	0	1
Deaths among lab confirmed cases	0	0	0	0	0	1

*\*Reported figures may vary due to continual data cleaning and verification as part of quality assurance*

*\*\*Includes samples for re-test of confirmed positive cases*

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

### ZAMBIA COVID-19 INCIDENT MANAGEMENT STRUCTURE



## 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.

**3. Confirmed case:** 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

**5. 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 4: LIST OF DESIGNATED ISOLATION FACILITIES FOR THE COVID-19 OUTBREAK RESPONSE

PROVINCE	DISTRICT	ISOLATION FACILITY
<b>Eastern</b>	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
<b>Southern</b>	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
	<b>Lusaka</b>	Chilanga

	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
<b>Muchinga</b>	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
	<b>Western</b>	Senanga
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
<b>Central</b>	Chitambo	Muchinka RHC
	Mkushi	Kasalamkanga RHC
	Serenje	Serenje Boma School
	Iuano	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

<b>Copperbelt</b>	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	
	<b>Northern</b>	Chilubi	Chaba RHC Chilubi RHC
		Kaputa	Kaputa RHC Kalaba RHC Kapepula HP
Kasama		Lukupula 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 Chizala RHC	
Mpulungu		Mpulungu Urban Clinic	
Mungwi		Mungwi Baptist HC, Kayambi RHC	
Nsama		NsumbuRHC	
Senga	Nsumbu RHC, Mwiluzi HP, Sumbi HP		

