





ZAMBIA SITUATION REPORT NO. 23

Disease Outbreak: COVID-19 Response start date: 30th January, 2020 Outbreak Declared: 18th March, 2020 Date of report: 10th 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 Friday, 10th April, 2020:
- There was 1 new confirmed case of COVID-19, 1 death and 1 recovery recorded in the past 24 hours.
- The total number of confirmed cases recorded to date is forty (40), with
 2 deaths and 25 recoveries (Refer to Annex 1).
- There are currently 13 active cases. All cases (suspected/confirmed) are admitted to designated isolation facilities.

Zambia Statistics

40 Confirmed (1 new)
2 Deaths (1 new)

25 Recoveries (1 new)

Global Statistics

(Source: Johns Hopkins University)

† 1,605,712 Confirmed (94,608 new)

101,579 Deaths (13,241 new)

356,986 Recoveries (37,892 new)

*New: in the last 24hrs

1.1 EPIDEMIOLOGICAL HIGHLIGHTS

Table 1: COVID-19 Summary surveillance and case management report as of 10th April 2020

| Parameter | Number |
|--|--------|
| Cumulative number of high risk persons under observation | 6,841 |
| Cumulative number of high risk persons that have completed 14 days observation | 1,890 |
| Cumulative number of alerts notified & verified as non-cases | 519 |
| Number of suspected cases reported (previous day) | 21 |
| Cumulative Number of Samples Received | 1,454 |
| Total Number of Results Processed | 1,343 |
| Total Number of Confirmed COVID-19 Positive Cases | 40 |
| Total number of currently isolated positive cases | 13 |

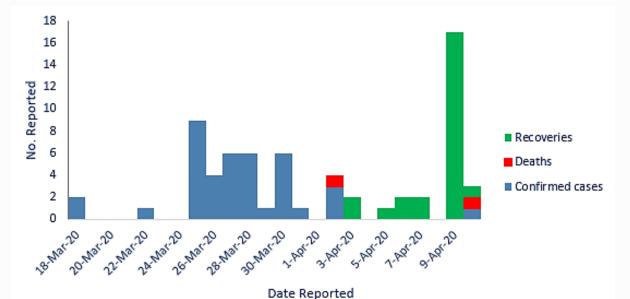


Figure 1: Epi-curve of COVID-19 confirmed cases (N=40), recoveries (N=25) and deaths (N=2) as of 10thApril 2020







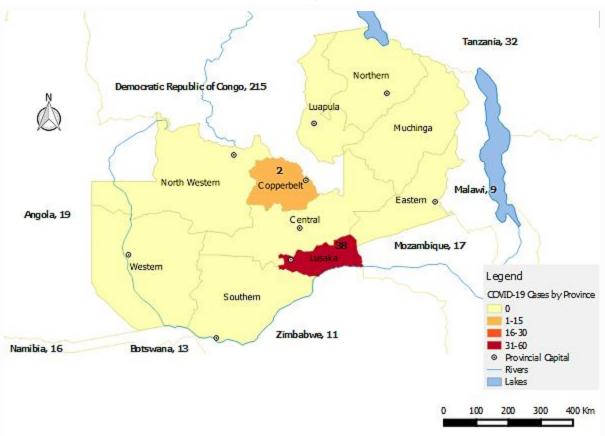


Figure 2: Map of Zambia showing confirmed COVID-19 cases by province, and confirmed cases in neighbouring countries as of 10thApril 2020

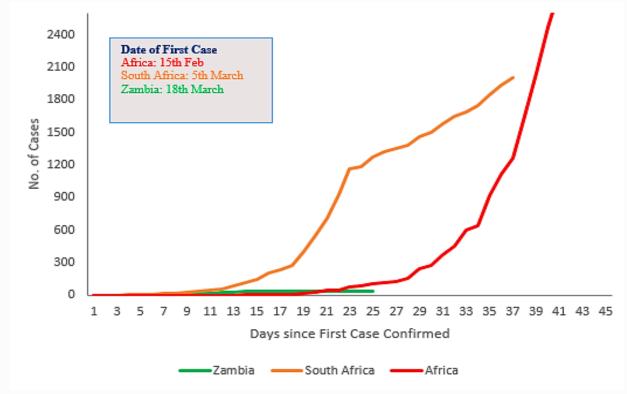


Figure 3: Cumulative trend graph comparing the number of confirmed cases in Zambia, South Africa and the whole of Africa recorded during the first 45 days (Sources: MoH Zambia, NICD South Africa, Africa CDC)



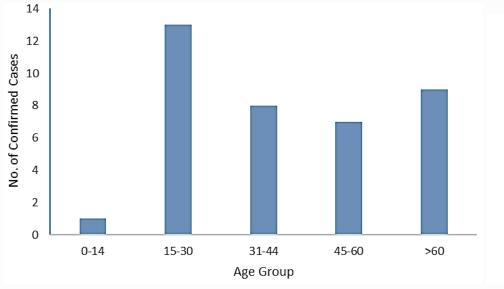




Table 2: Summary of COVID-19 cases recorded country-wide as of 10th April 2020

| Reporting Province | New Cases | Total Confirmed Cases | New Deaths | Total Deaths | Transmission Classification | Days since last confirmed case reported |
|-----------------------|-----------|-----------------------------|---------------|-----------------|--------------------------------|---|
| Lusaka | 1 | 38 | 1 | 2 | 25 Imported 13 Local | 0 |
| Copperbelt | 0 | 2 | 0 | 0 | 2 Imported | 15 |
| 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 | 1 | 40 | 1 | 2 | | |

• **Age and Sex distribution:** Of the confirmed cases, 82% are male and 20% are female; while the most affected age group is between 15-30 years old followed by those over 60 years.



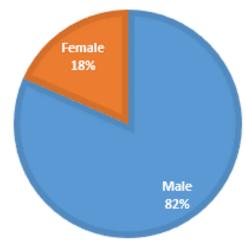


Figure 4: Age and Sex distribution of confirmed cases, 10^{th} April 2020







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, 2,069 confirmed cases of COVID-19 including 26 deaths and 132 recoveries 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 No 21 and 22 of 2020 on COVID-19 where issued in March 2020. The presidential directives which came into effect on 26th 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, ZNPH
 - 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: Surveillance teams continue to actively follow up contacts of confirmed cases. Rapid response teams in Kafue are tracing and testing all contacts of the recently recorded case. 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.

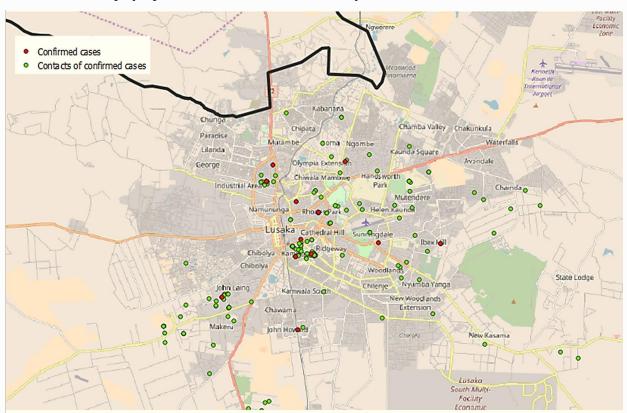


Figure 5: Locations in Lusaka district with confirmed cases of COVID-19 and traced contacts, April 2020

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 retesting of confirmed cases is ongoing.
- 1,454 total samples have been received to date is; of these, 1,343 results have been processed with 40 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 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; 1 additional recovery was recorded and discharged. There are currently 11 patients admitted at the facility (all confirmed positive). All patients are stable except one who requires intermittent respiratory support.
 - **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

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 ZNPHI. 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 11th − 12th 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 sociodistancing; inadequate thermal scanners at POEs; insufficient numbers of trained POE staff; data management
- ➤ **Risk Communication and Community Engagement:** partner mapping yet to be finalised; subcommittees 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 recorded one confirmed case and one death of COVID-19 in the last 24 hours. COVID-19 control measures, including social distancing, restriction of gatherings, and passenger screening and monitoring remain in effect. Any persons abrogating the provisions of Public Health Act will be prosecuted.







ANNEX 1: EPIDEMIOLOGICAL DATA AS OF 17:00HRS ON 10th APRIL 2020*

| Daily Total | | | Cumulat | ive since outh | reak declared | |
|-------------|------------------------|----------|---------|----------------|--|--|
| | 21 | | | - | | |
| | 1 | | 40 | | | |
| | 1 | | 25 | | | |
| | | | | | | |
| | 111 | | 1454 | | | |
| | 29 | | | | | |
| | 1 | | | | | |
| | | | | | | |
| | | | - | | | |
| Tubalange | Levy | Masaiti | UTH | Daily Total | Cumulative since outbreak declared | |
| | | <u> </u> | | | | |
| 0 | 0 | 0 | 0 | 0 | 67 | |
| 0 | 11 | 2 | 0 | 13 | - | |
| 0 | 1 | 0 | 0 | 1 | 53 | |
| 0 | 0 | 0 | 0 | 0 | 7 | |
| 0 | 0 | 0 | 0 | 0 | 7 | |
| | | | | | | |
| 0 | 0 | 0 | 0 | О | О | |
| 0 | 0 | 0 | 0 | 0 | 2 | |
| | Tubalange 0 0 0 0 0 0 | 21 | 21 | 21 | 21 | |

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

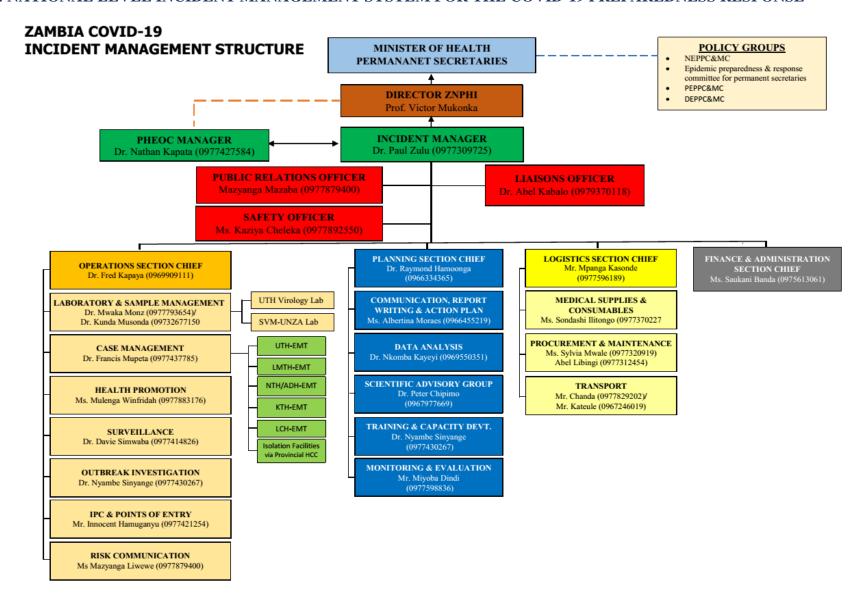
^{**}Includes samples for re-test of confirmed positive cases







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









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
- <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 |





