

ZAMBIA COVID-19 SITUATION REPORT NO. 273

Disease Pandemic: COVID-19

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

Report date: Thursday 23rd June, 2021

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1. SITUATION UPDATE *This week (21st - 27th June)* 👤 **Cases 11,587** ☠️ **Deaths 211** 🏠 **Recoveries 7,596**

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

➤ In the last 24hrs, we recorded **3,594 new cases** out of 12,880 tests (28% positivity), **61 deaths** and **2,789 recoveries**

- The cumulative number of confirmed COVID-19 cases recorded to date is **140,620** with **1,855 deaths** (CFR=1.3%) and **115,898 recoveries** (82% recovered). Of the total deaths, **1,194** have been classified as **COVID-19 deaths** (CFR=0.8%) and **661** as **associated deaths**. See [Annex 1](#) for definitions. There are currently **22,867 active cases**: of these, 21,624 (95%) cases are under community management and 1,243 (5%) are hospitalised

Global Numbers

(Source: Worldometre)

👤 **180,466,663 Confirmed**
☠️ **3,909,533 Deaths (2.2% CFR)**
🏠 **165,176,175 Recoveries**

Africa Numbers

(Source: Africa CDC)

👤 **5,288,323 Confirmed**
☠️ **139,226 Deaths (2.6% CFR)**
🏠 **4,669,913 Recoveries**

2. EPIDEMIOLOGICAL HIGHLIGHTS

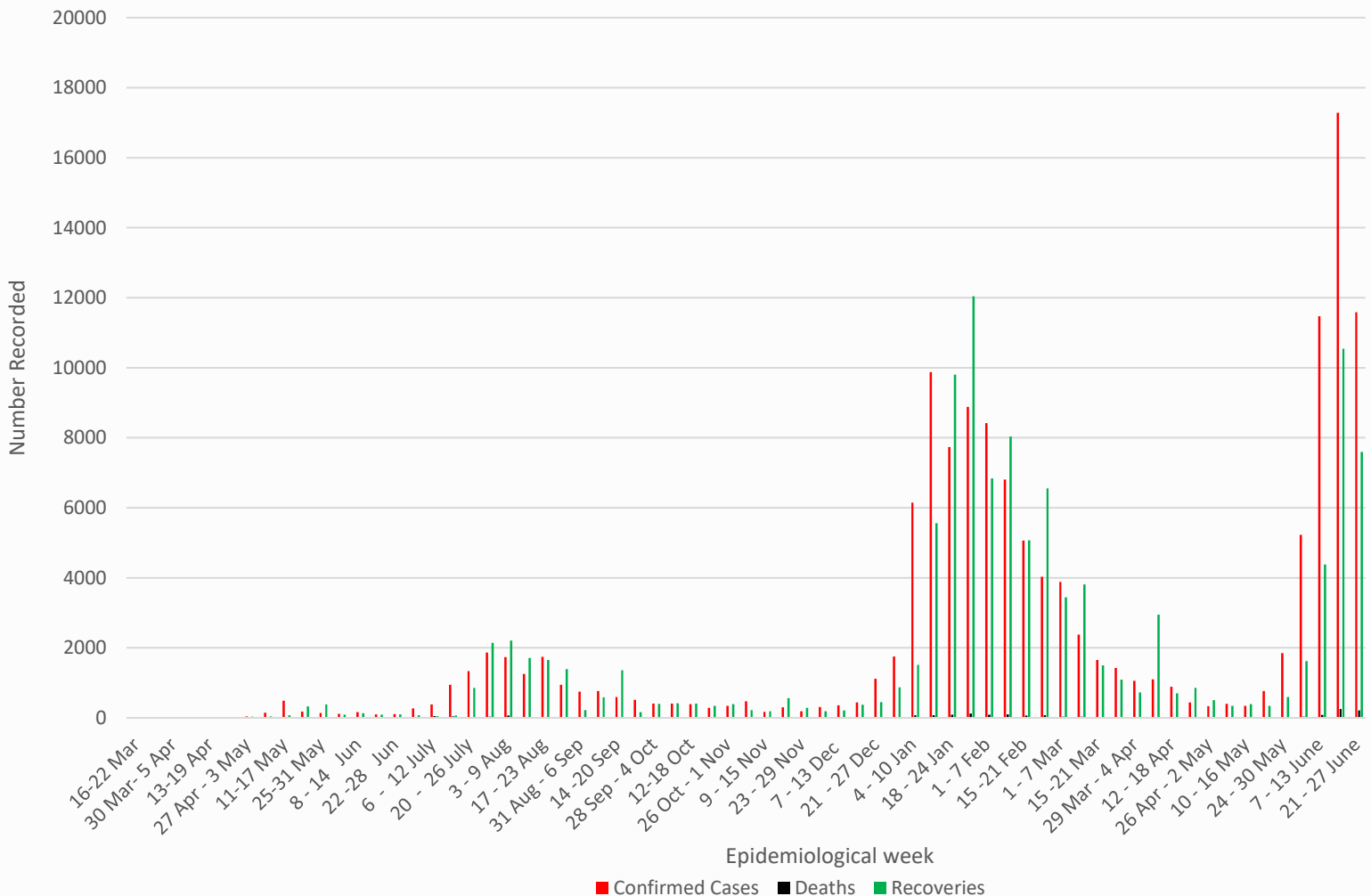


Figure 1: COVID-19 confirmed cases by week as of 24th June, 2021

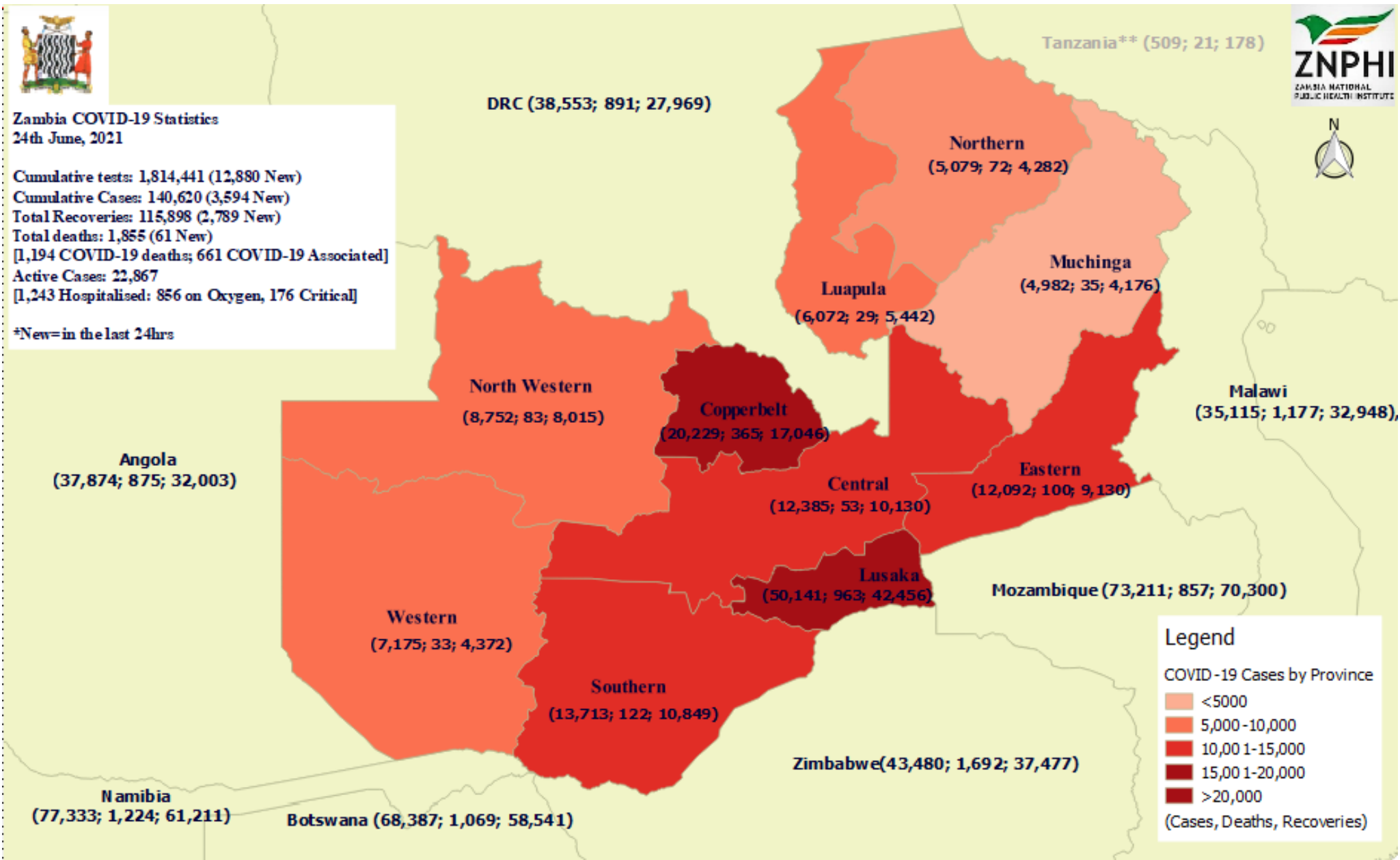


Figure 2: Map showing confirmed COVID-19 cases, deaths and recoveries (in brackets) by province and in neighbouring countries, 24th June, 2021

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 **2,363,517 confirmed cases; 68,902 deaths; and 2,100,210 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 is implementing a nine-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; Routine essential health services; and Vaccination.
- 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**.
- The **COVID-19 contingency plan** outlining the country's COVID-19 preparedness and response activities underwent revision in the first week of April, 2021 and was approved by Cabinet.
- Technical co-ordinating meetings are held with cooperating partners and other stakeholders. The meetings are chaired by the Director General, ZNPFI
- The **Incident Management System (IMS)** continues to meet at ZNPFI (with a Zoom link provided to ensure social distancing) on Tuesdays and Thursdays. The IMS structure is available at **Annex 2**
- Enhanced measures to prevent and mitigate the spread of COVID-19 were announced by the Secretary to Cabinet, with effect from 17th June 2021 (see **Annex 3**)

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. To date, Zambia has had two waves of the pandemic, with a third wave currently being experienced.

3.2 SURVEILLANCE

- Active surveillance is ongoing in healthcare facilities, at community level, through contact tracing and at points of entry. The surveillance report for new cases, deaths and recoveries from the last 24 hours broken down by province in Table 1 below.

3.3 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 4**. The revised guidelines for the home management of COVID-19 cases can be accessed [here](#).
 - In the last 24 hours, there were 220 newly admitted COVID-19 patients.
 - There are currently 1,243 COVID-19 patients hospitalised in facilities around the country; of these, 856 (69%) are on Oxygen therapy and 176 (14%) are in critical condition

Table 1: Breakdown of surveillance and case management statistics reported in the last 24hrs by province

PROVINCE	NUMBERS BY PROVINCE				
	NEW CASES	DEATHS	RECOVERIES	ACTIVE	ADMITTED
CENTRAL	464	2	393	2,202	54
COPPERBELT	366	12	265	2,818	200
EASTERN	435	8	407	2,862	85
LUAPULA	111	1	75	601	14
LUSAKA	1130	20	769	6,722	705
MUCHINGA	149	0	51	771	13
NORTHERN	179	2	72	725	13
NORTH-WESTERN	105	1	46	654	29
SOUTHERN	278	12	426	2,742	92
WESTERN	377	3	285	2,770	38
TOTAL	3,594 New Cases	61 Deaths	2,789 Recoveries	22,867 Active	1,243 Admitted

3.4 COVID-19 VACCINATION PROGRAMME

- The vaccination programme was officially launched on Wednesday 14th April, 2021 by the Hon. Minister of Health, Dr. Jonas Chanda.
 - Administration of Dose 2 of the AstraZeneca vaccine will commenced on **Wednesday, 23rd June 2021**, in Lusaka and subsequently in all provinces; 698 dose 2 vaccines were administered.
 - Cumulatively, 135,263 dose 1 and **698 dose 2** of AstraZeneca have been administered across the country, while 6,826 dose 1 and a further 6,215 dose 2 Sinopharm were administered in Lusaka and on the Copperbelt.

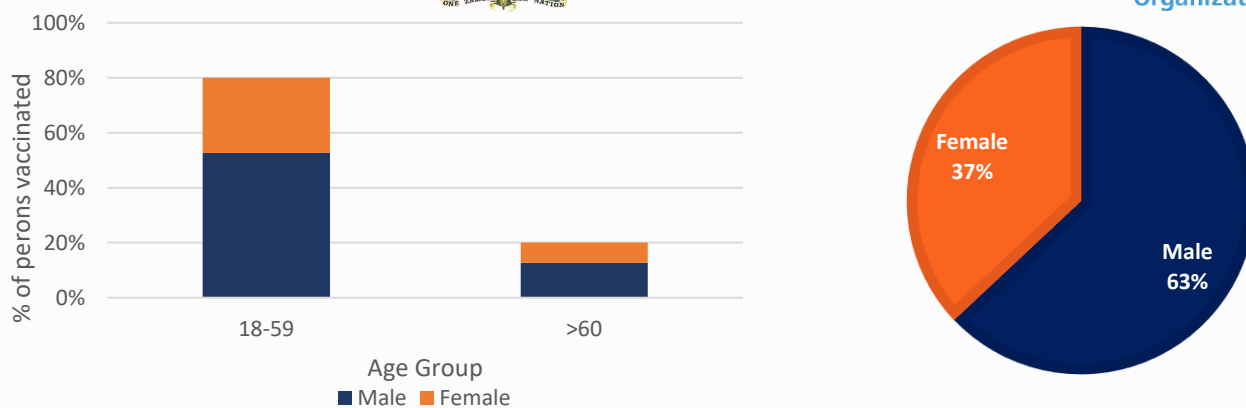


Figure 3: Age and sex distribution of vaccinated individuals

➤ The distribution of the cumulative AstraZeneca dose 1 and dose 2 vaccinations by province is as follows:

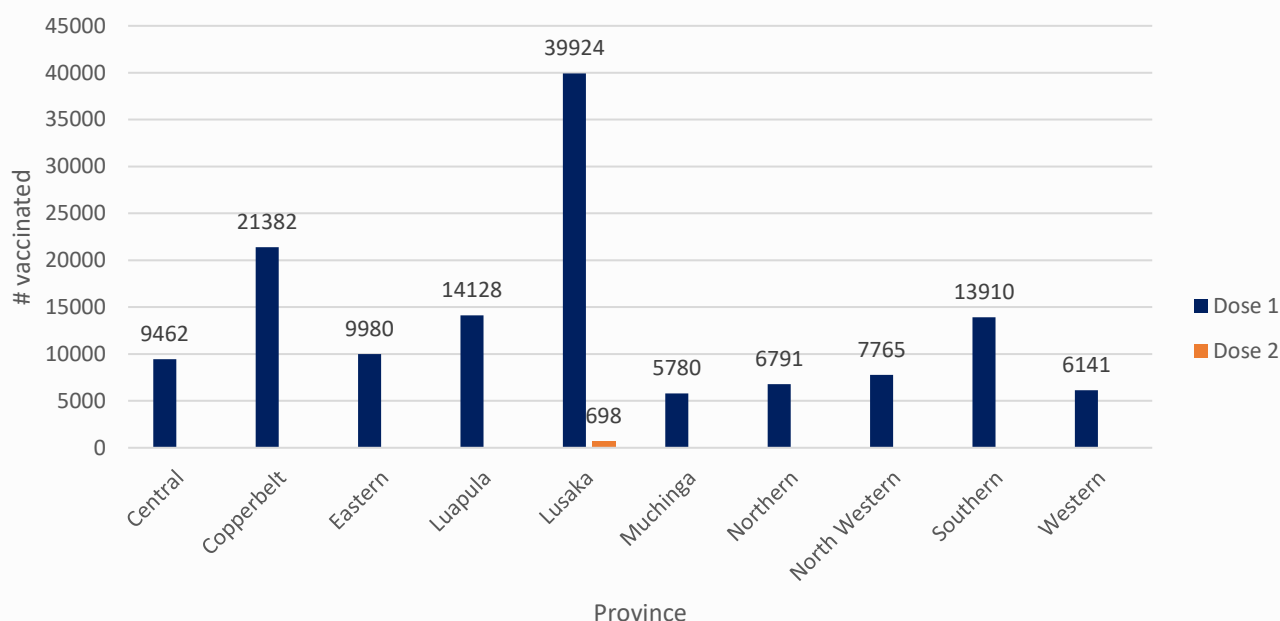


Figure 4: Distribution of cumulative vaccinated individuals with AstraZeneca Dose 1 (N=135,263) and Dose 2 (N=698) by province

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, as well as Standard Q and Panbio Rapid Diagnostic Tests. See **Annex 5** for a list of the currently **designated diagnostic laboratories**, whereas a list of testing centres can be found here: <https://arcg.is/15rqeP>. The revised testing strategy can be found [here](#).

- **Previous week analysis (14th – 20th June): 80,609 tests were conducted (21% tested positive for SARS-CoV-2) compared to 76,201 tests the week before last (15% positivity).**
- **Current week analysis (21st - 27th June):** In the last 24 hrs, 12,880 tests were conducted (28% positivity). This brings the cumulative number of tests conducted this week to 43,083 (27% positivity overall)
- To date, a total of **1,814,441 tests** have been conducted, with a cumulative **140,620 confirmed positive (8% positivity rate)** for SARS-CoV-2.

- The testing coverage is **106,732 per 1,000,000 population**

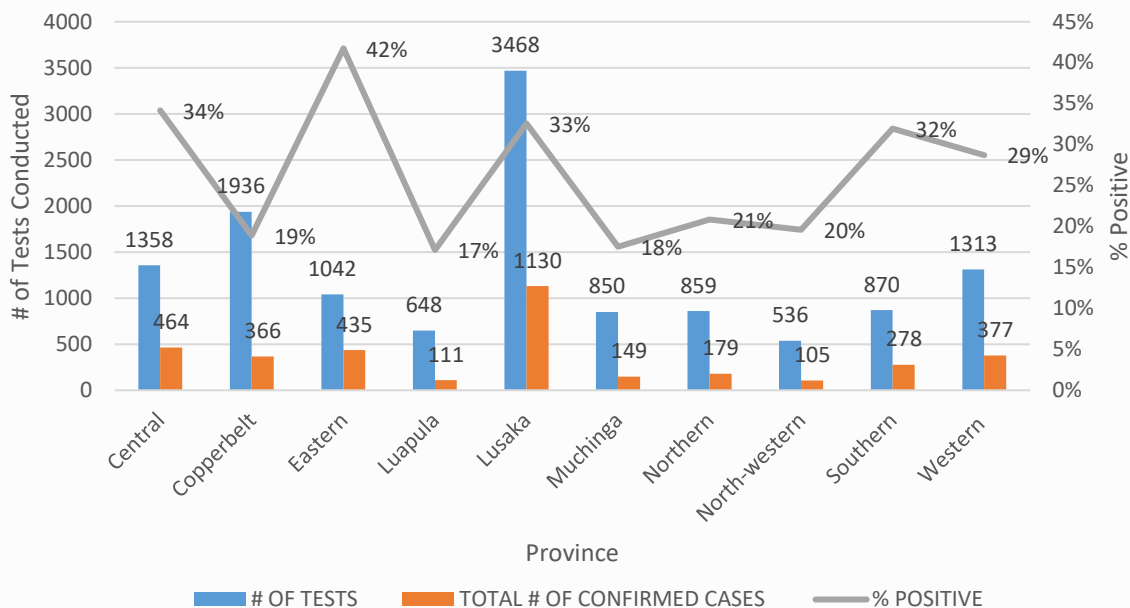


Figure 6: Number of tests by Province vs # of confirmed cases reported (24th June, 2021)

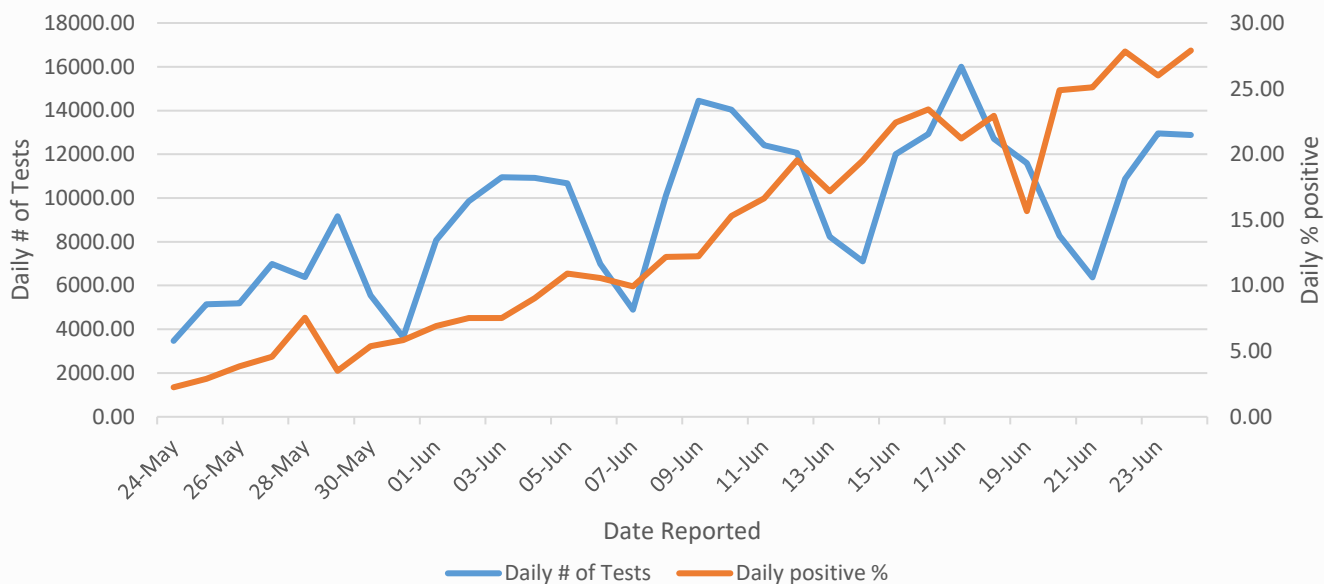


Figure 7: Daily number of tests vs % of positive results recorded (past month)

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.

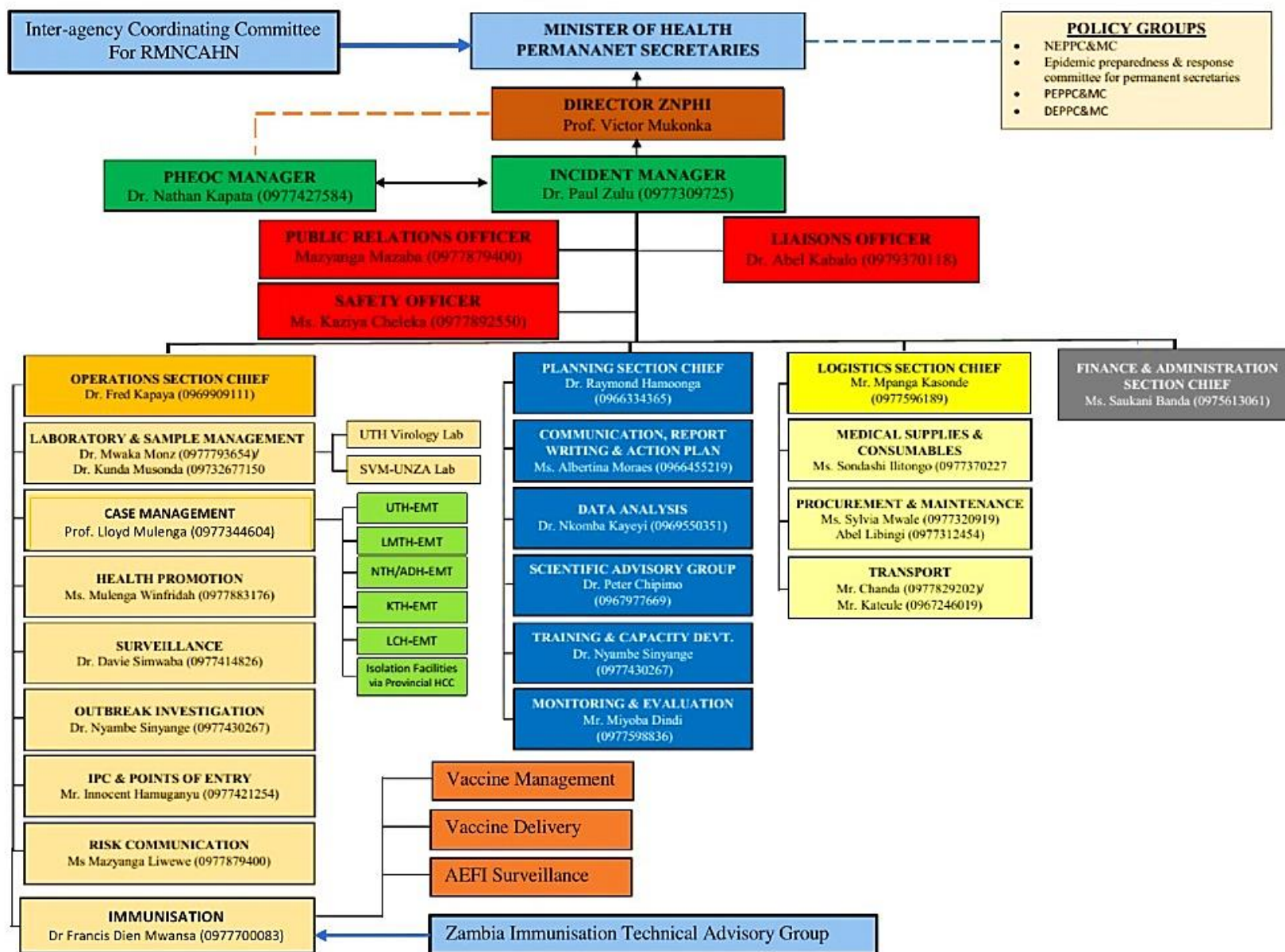
4. COVID-19 Death: COVID-19 death is defined for surveillance purposes as a death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID disease (e.g. trauma). There should be no period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

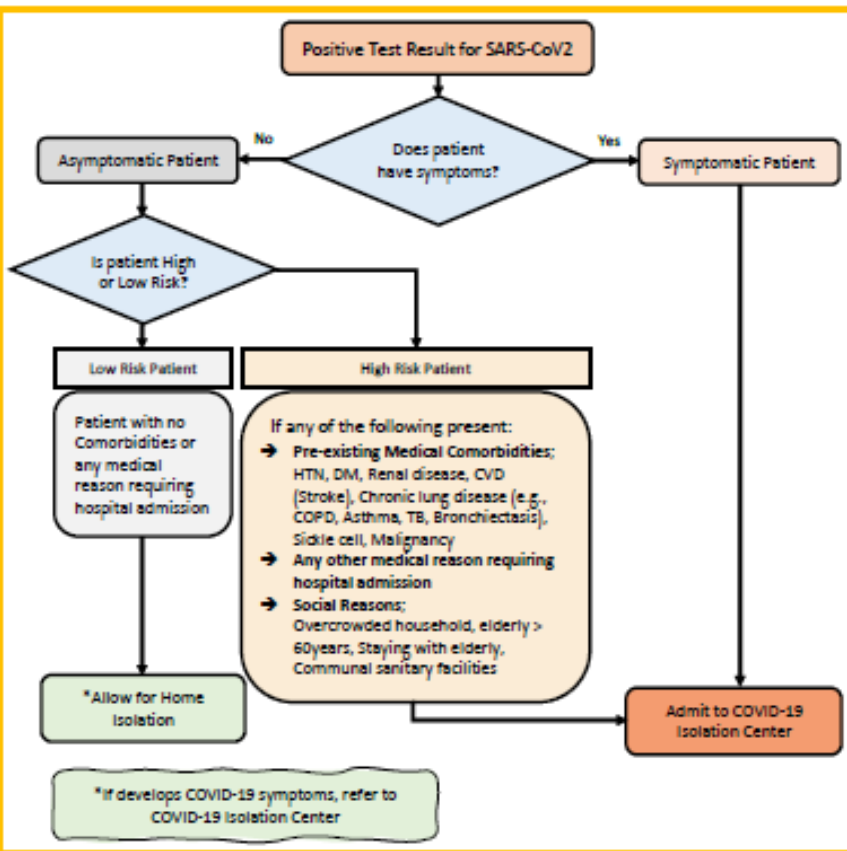


ANNEX 3: ENHANCED PUBLIC HEALTH MEASURES WITH EFFECT FROM 17TH JUNE, 2021

1. Pre, primary and secondary schools shall be closed for 21days, subject to review, inspection and certification, and the evolution of the pandemic
2. All colleges, universities and other tertiary learning institutions will only provide online sessions for the next one month, subject to review.
3. Places of worship will be restricted to a maximum of two meetings in a week of 1-hour duration whilst observing the 5 golden rules
4. Bars, night clubs, casinos, and taverns will only open from Friday to Sunday from 18-22hrs.
5. Funerals will be held with maximum 50 in attendance
6. Social gatherings (weddings, kitchen parties, Chilanga mulilo and matebeto) will only be allowed for a maximum of 50 participants subject to certification
7. Masking up in public places will be mandatory
8. There will be amplification of awareness creation using various channels of communication countrywide
9. Eating places such as restaurants will only operate on a take-away basis
10. All conferences, workshops and general meetings are suspended until further notice
11. Public places (markets, shops, malls, bus stations) should be fumigated at least once per week
12. Public transporters should ensure adherence to social distancing and mandatory masking by all passengers, failure to which appropriate action will be taken

ANNEX 4: 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 5: LIST OF DESIGNATED COVID-19 PCR DIAGNOSTIC LABORATORIES

PROVINCE	INSTITUTION
Central	Kabwe General Hospital
Copperbelt	TDRC, Ndola Arthur Davison Children's Hospital
Eastern	Chipata General Hospital
Luapula	Mansa General Hospital
Lusaka	Lusaka District: Coptic; CIDRZ; CFB; Levy; MedLand Hospital; UTH (Virology, ACOE, PCOE); UNZA – SVM; CIDRZ; CHAZ; Lancet; Victoria Hospital; ZNPHRL; Zambia Air Force Hospital; Untold Global Healt; Metropolis, Nature by Nature Chirundu district: Mtendere Mission Hospital
Muchinga	Chinsali General Hospital
Northern	Kasama General Hospital
North-western	Solwezi: Solwezi General Hospital; Kansanshi Mine Hospital (Mary Begg)
Southern	Macha Research Trust Livingstone Teaching Hospital
Western	Lewanika General Hospital

