

ZAMBIA SITUATION REPORT NO. 29

Disease Outbreak: COVID-19	Response start date: 30 th January, 2020	Outbreak Declared: 18 th March, 2020
Date of report: 16 th April, 2020	Prepared by: MOH/ZNPPI/WHO	Correspondence: ims.covid@znphi.co.zm

1. SITUATION UPDATE

1.1 CURRENT CASE NUMBERS




- As of 17:00 hours on Thursday, 16th April, 2020:
 - There were **no new confirmed cases of COVID-19, no recoveries and no deaths** recorded in the past 24 hours.
 - The total number of confirmed cases recorded to date is **48, with 2 deaths (CFR=4.17%) and 30 recoveries** (Refer to Annex 1).
 - There are currently 16 active cases. All cases (suspected/confirmed) are admitted to designated isolation facilities.

Zambia Statistics

 **48 Confirmed (0 new)**
 **2 Deaths (0 new)**
 **30 Recoveries (0 new)**

Global Statistics

(Source: Johns Hopkins University)

 **2,090,110 Confirmed (90,482 new)**
 **139,469 Deaths (11,458 new)**
 **528,746 Recoveries (27,750 new)**
 *New: in the last 24hrs

1.1 EPIDEMIOLOGICAL HIGHLIGHTS

Table 1: COVID-19 Summary surveillance and case management report

Parameter	Number
Cumulative number of high risk persons under observation	8,123
Cumulative number of high risk persons that have completed 14 days observation	2,358
Cumulative number of alerts notified & verified as non-cases	685
Number of suspected cases reported	25
Cumulative Number of Samples Received	2225
Total Number of Results Processed	2007
Total Number of Confirmed COVID-19 Positive Cases	48
Total number of currently isolated positive cases	16

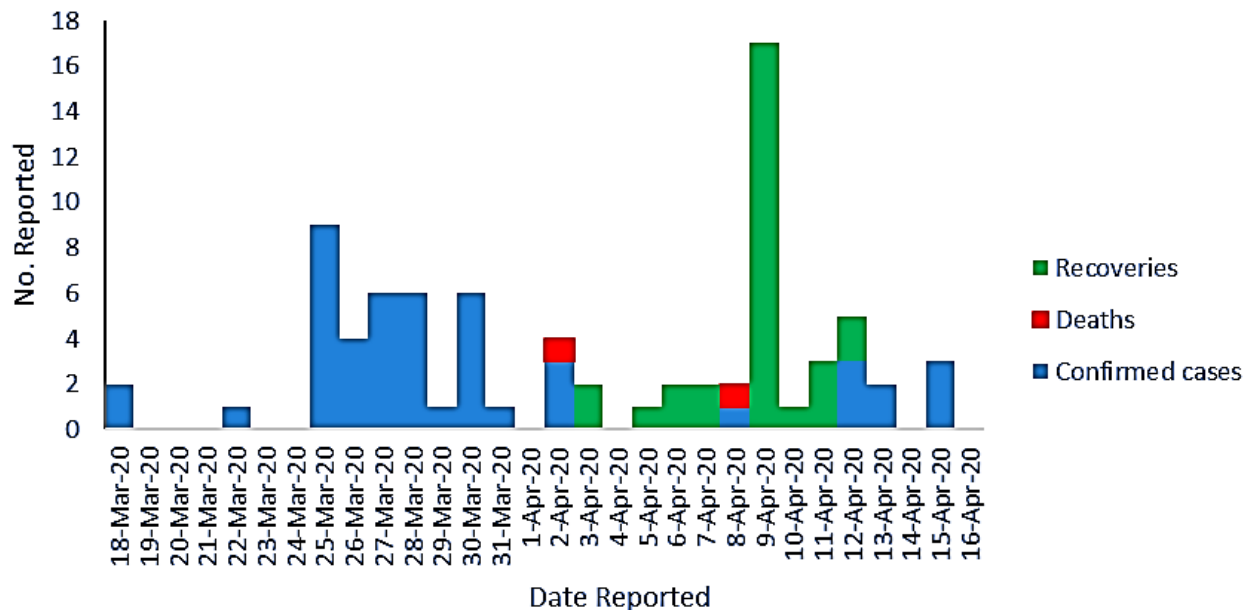


Figure 1: Epi-curve of COVID-19 confirmed cases (N=48), deaths (N=2) and recoveries (N=30) as of 16th April

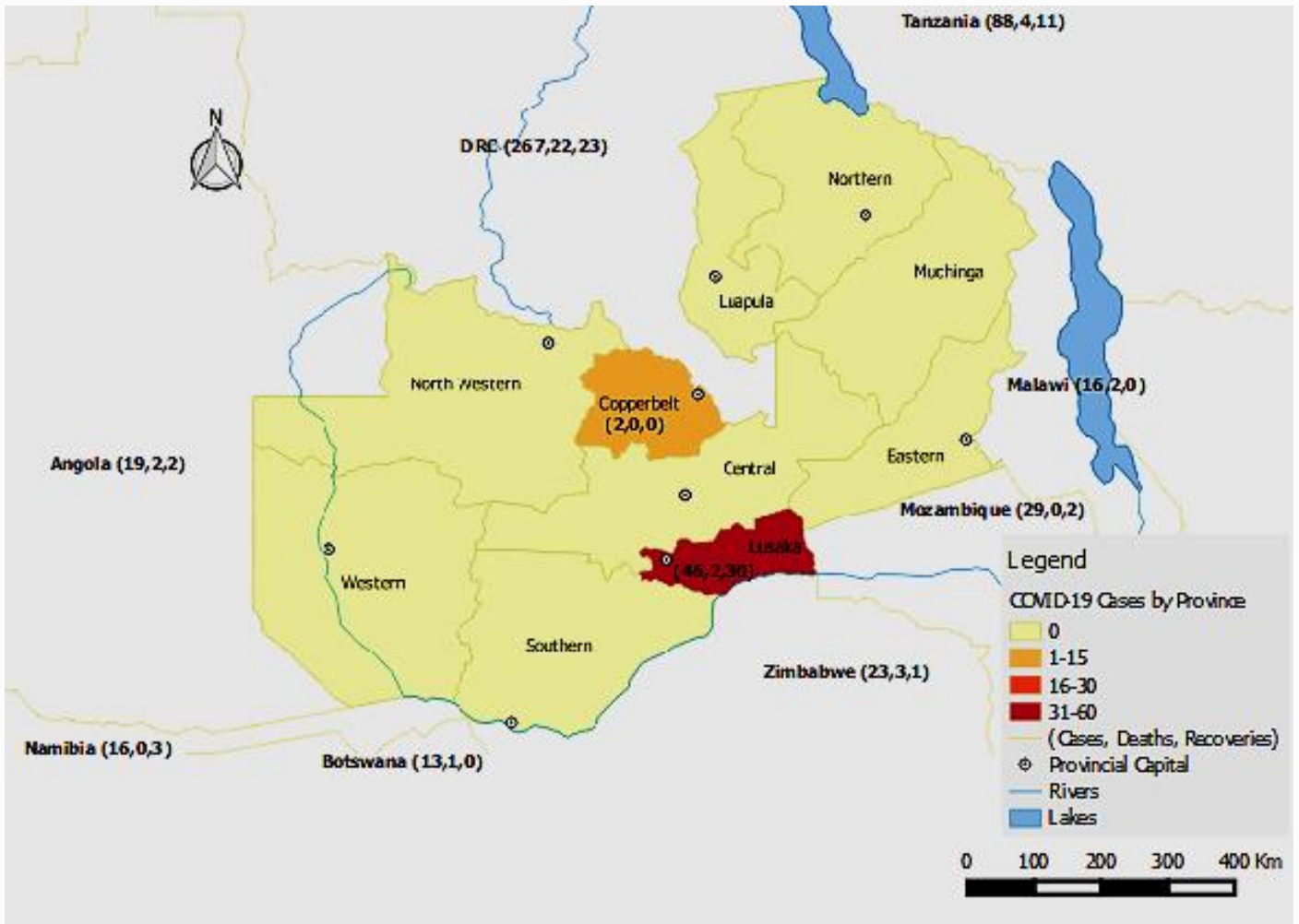


Figure 2: Map of Zambia showing confirmed COVID-19 cases, deaths and recoveries (in brackets) by province, as well as confirmed cases, deaths and recoveries (in brackets) in neighbouring countries as of 16th April 2020

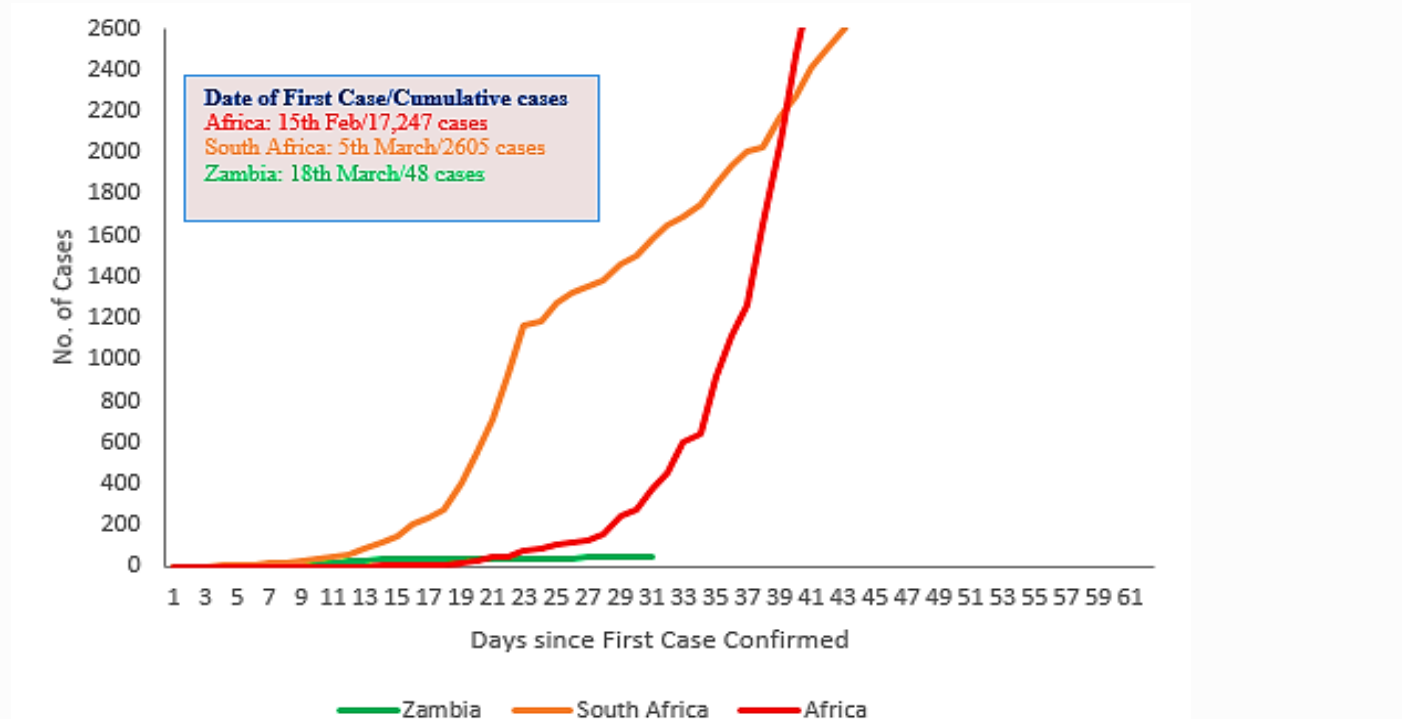


Figure 3: Cumulative trend graph comparing the number of confirmed cases in Zambia, South Africa and the whole of Africa recorded during the first 60 days (Sources: MoH Zambia, NICD South Africa, Africa CDC)

Table 2: Summary of COVID-19 cases recorded country-wide as of 16th April 2020

Reporting Province	New Cases	Total Confirmed Cases	New Deaths	Total Deaths	New Recoveries	Total Recoveries	Transmission Classification	Days since last confirmed case reported
Lusaka	0	46	0	2	0	30	26 Imported 20 Local	0
Copperbelt	0	2	0	0	0	0	2 Imported	20
Central	0	0	0	0	0	0	N/A	0
Southern	0	0	0	0	0	0	N/A	0
Eastern	0	0	0	0	0	0	N/A	0
Western	0	0	0	0	0	0	N/A	0
Northern	0	0	0	0	0	0	N/A	0
N/Western	0	0	0	0	0	0	N/A	0
Luapula	0	0	0	0	0	0	N/A	0
Muchinga	0	0	0	0	0	0	N/A	0
Total	0	48	0	2	0	30	28 imported; 20 local	

- **Age and Sex distribution:** Of the confirmed cases, 72% are male and 28% are female; while the most affected age group remains those aged between 15-30 years old.

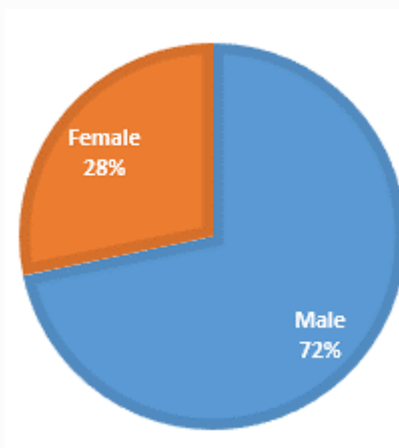
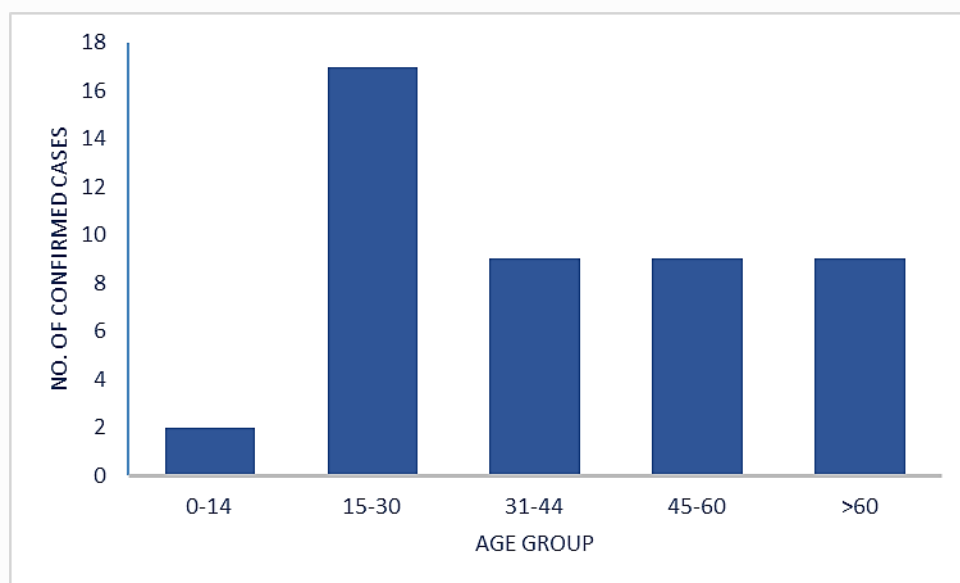


Figure 4: Age and Sex distribution of confirmed cases, 15th April 2020

2. ACTIONS TO DATE

2.1 CO-ORDINATION

- **Regional/Continental level:** Zambia 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 2,686 confirmed cases of COVID-19 including 44 deaths and 456 recoveries. Zambia continues to participate in AU meetings to ensure continued regional and continental trade and strategies to stop transmission of COVID-19.
- **Policy Level:** The government continues to enforce the 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** issued in March 2020. The measures include continued screening of travellers into Zambia; 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; restaurants to operate only on take away and delivery basis; and closure of all bars, nightclubs, cinemas, gyms and casinos. Following continued disregard of quarantine directives, travellers into Zambia will now be isolated at designated facilities at own cost while awaiting test results.
 - 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 ZNPFI continues to provide leadership and partner collaboration on the response.
 - The IMS continues to meet at the ZNPFI (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, ZNPFI
 - 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, health facilities, points of entry (POEs), and sentinel sites. Efforts for rapid detection of any cases of COVID-19 in Lusaka and Kafue continue including testing, contact tracing, monitoring of persons under quarantine and adherence, verification and follow up of alerts and timely transport of cases to isolation facilities. Hospital teams in each of the 10 provinces have been trained on COVID-19 surveillance, case management, specimen collection, and Infection, Prevention and Control (IPC). Teams have also been constituted in each of the 5 sub-districts of Lusaka with a strategic focus on quarantine adherence, follow up of confirmed cases, contact tracing, follow up and verification of alerts, and risk communication

- **Contact Tracing:** Rapid response teams in Kafue and Lusaka are carrying out mass screening and contact tracing. Surveillance teams continue to actively follow up contacts of confirmed cases. Over 180 contact and alerts have been screened in Kafue.
- **Points of Entry:** Active screening continues in all PoEs
 - Livingstone POE: There are 41 trucks under quarantine in Livingstone. PPE was provided to port health staff with support from WATERAID
 - Kazungula POE: 88 trucks were escorted into Livingstone for quarantine
 - Chirundu POE: The number of trucks entering Zambia through the Chirundu border ranges between 250 and 270 daily
 - KKIA: only ET airline is still operating with about 3-4 flights a week
 - All travellers into Zambia must remain in isolation pending COVID-19 test results and will be monitored for a minimum period of 14 days; any persons who develop symptoms of COVID-19 must notify the health authorities.
- **Laboratory:** There are currently 3 designated diagnostic laboratories for COVID-19, namely the University Teaching Hospital Virology Lab (UTHVL) (WHO-certified National Influenza Centre), 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.
 - In the last 24 hours, 128 PCR tests were conducted; none of which were positive. A total of **2225 samples** have been received to date; of these, **2,007 results** have been processed with **48 confirmed positive** for SARS-CoV-2. Summary of tests conducted to date is available in Annex 1

- The standard turn-around time for the PCR test 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. Testing is being expanded in all communities with confirmed cases.
- **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. Additionally, all health workers are required to undergo 14-day quarantine following their shift at the isolation facilities before they return to their communities.
- **Levy Mwanawasa Hospital:** In the last 24 hours, the facility had no new admissions of confirmed cases and no recoveries were recorded. There are currently 14 patients admitted at the facility (all confirmed positive). All patients are stable.
- **Masaiti District Hospital:** In the last 24 hours, the facility had no new admissions of confirmed cases; no recoveries were recorded. There are 2 confirmed positive cases still admitted; all patients are in a stable condition.
- **Tubalange Hospital:** There are currently no patients or suspected cases admitted at the facility.
- **Bauleni Clinic:** There are currently no patients or suspected cases admitted at the facility.
- **University Teaching Hospital:** There are currently no patients or suspected cases 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:**

- A total of 6,239 health care workers from all ten provinces were trained. Technical support from the World Bank has been provided on IPC compliance in selected health care facilities in the provinces. Trainings in IPC have also been held for contact tracing teams. The team targets to train an additional 630 frontline health care workers in 8 provinces with support from World Vision.

- Isolation facilities in 4 provinces were assessed with support from UNICEF to ascertain their suitability as isolation sites. Assessment of the isolation facilities in the remaining 6 provinces will be conducted in the coming weeks. See Figure 5 below for the assessment findings:

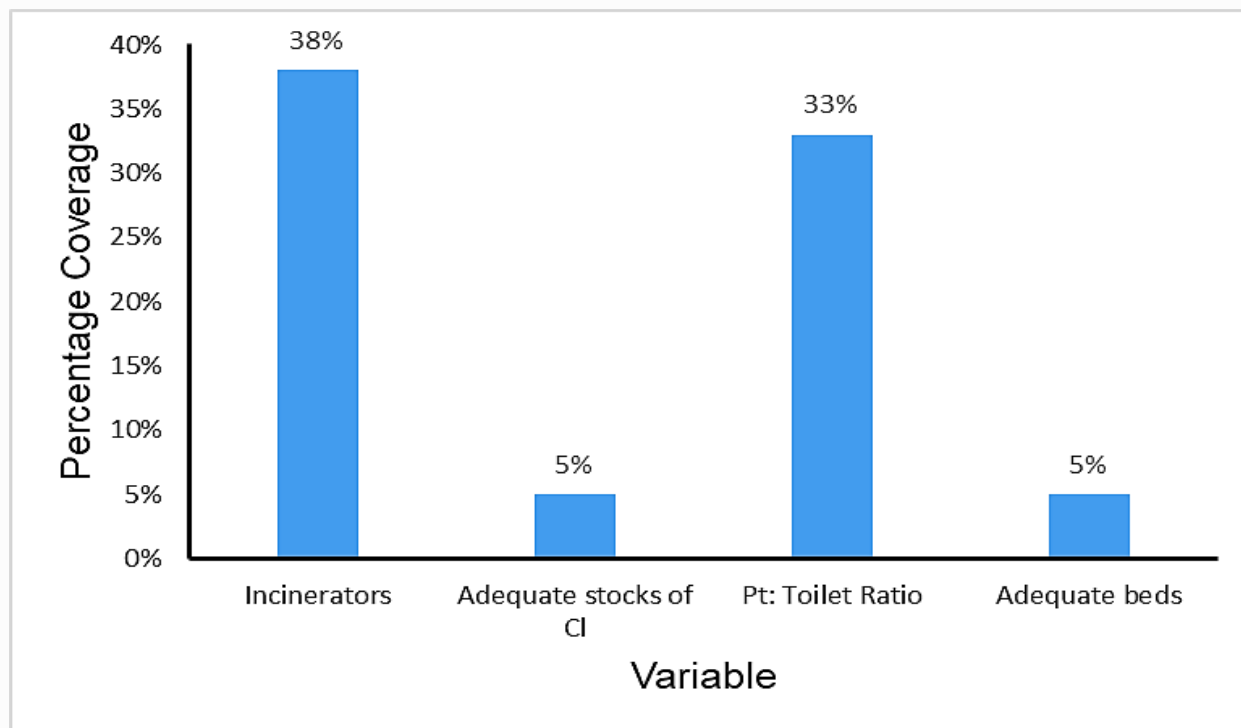


Figure 5: Assessment findings of isolation facilities in 4 provinces

- **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 RCCE TWG continues to meet regularly
- **Call centre:** The call centre operates from DMMU with additional facilities set up at the ZNPFI. The call centre toll free line is 909; three additional hotlines (0953-898941; 0964-638726; 0974-493553) have also been set up for the public to call for information regarding COVID-19.
- **Public Communication:** 6 PA vehicles were dispatched in Kafue. Community sensitizations continue country wide with radio announcements and running advertisements made in all 10 Provinces across 30 Radio stations. A free messaging platform is active on all networks via the U-report messaging platform (send the message 'COVID' to 878). More than 100,000 queries have been received to date. The USSD code *573# is also activate with support from USAID Discover. The Ministry of Health has

also launched a Frequently Asked Questions (FAQ) bot on its website and Facebook page to address queries on COVID-19 with over 3000 interactions to date.

- **Community Engagement:** Sensitisation in communities, markets and bus stations is ongoing. Chief Chiyawa in Kafue was engaged along with 139 Village headmen. Councillors, Truckers Association, markets and bus stations have also been engaged.
- **Development and Distribution of IEC materials:** The WHO has produced 30,000 posters and leaflets with an additional 130,000 each of posters and leaflets by UNICEF and 90,000 posters by USAID Discover Health also produced. The team distributed 600 posters and 10,000 fliers
- With the support of UNICEF, 11 billboards have been put up around Lusaka. The campaign is scheduled to move into other districts with materials provided in local languages.

3. GAPS AND CHALLENGES

- **Laboratory:** Limited fridge/ freezer space for storage of accumulating samples
- **Surveillance and outbreak investigation:** Low testing coverage (118 per 1000,000 population); inadequate electronic data collection tools for data capture; non-adherence to self-quarantine and socio-distancing
- **RCCE:** Need mega phones & batteries; need transport to intensify PA to reach masses country wide; need talk time for Health Promotion Officers (HPOs); need incentives for community volunteers; need transport for HPO to reach further places
- **POEs:** require 1000 tablets to be supplied to all PoEs for real time monitoring (RTM); inadequate thermal scanners at POEs; insufficient numbers of trained POE staff; data management; inadequate quarantine facilities at Kasumbalesa; highly porous borders; inadequate PPE (masks, gloves, goggles and face shields); inadequate hand washing facilities and hand sanitisers.

4. PRIORITY ACTIONS AND RECOMMENDATIONS

- **Laboratory:** PCR testing of persons identified through serological screening of high risk communities in Kafue District; N95 fit testing for new lab staff; Commissioning of new freezers for COVID 19 samples
- **Surveillance and outbreak investigation:** Mass screening and contact screening in Kafue; continued active case finding, monitoring of quarantined persons and responding to community alerts country wide.
- **RCCE:** Intensify activities in Kafue and all the provinces; continue radio/television discussion programmes and announcements; continued review of IEC materials as the outbreak evolves

- **POE:** continued active screening at all POEs; provide technical support and training for POE staff at Nakonde, Chirundu, Mwami and Chanida borders; continued collaboration with the police and immigration to control illegal entry via the porous borders; strengthen electronic data management by training district staff; quantify POE PPE requirements including thermal scanners.
- **IPC:** conduct training for an additional 630 frontline personnel in IPC in 8 provinces; continued monitoring of IPC practices in health facilities;

5. CONCLUSION

In the last 24 hours, Zambia recorded no new confirmed cases of COVID-19. The cumulative number of cases to date is 48. Kafue district was placed under lockdown following identification of a case with unknown epidemiological linkages so as to enable rapid detection and isolation of any COVID-19 cases by a multi-disciplinary, multi-sectoral team. Surveillance efforts and control measures remain in effect across the country.

ANNEX 1: EPIDEMIOLOGICAL DATA AS OF 17:00HRS ON 16th APRIL 2020*

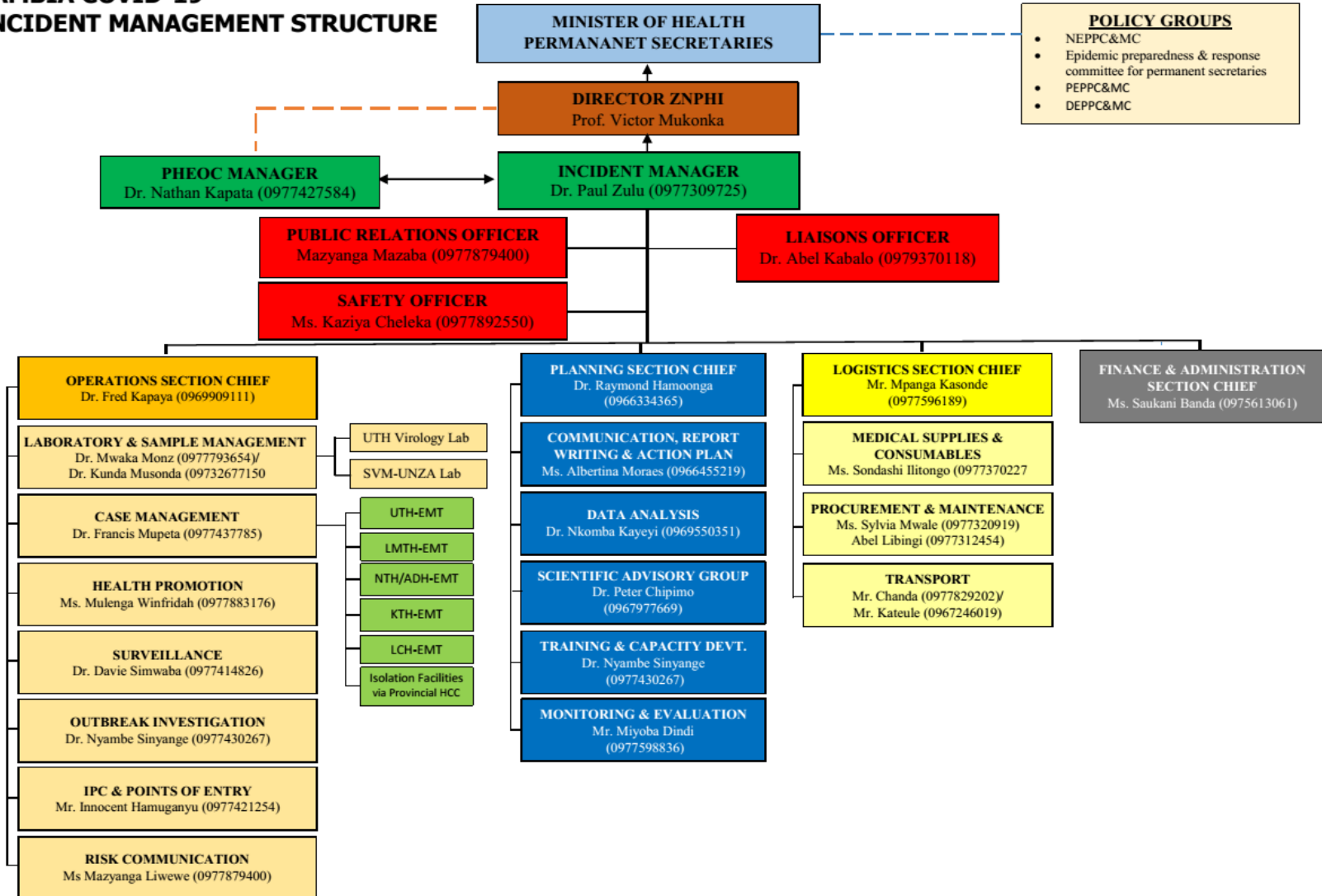
Total Cases	Daily Total			Cumulative since outbreak declared		
Suspected cases	25			2345		
Confirmed cases	0			48		
Recovered	0			30		
Diagnostics and Laboratory Testing						
Samples received**	218			2225		
Samples with results processed	128			2007		
COVID-19 positive	0			48		
COVID-19 negative	128			1959		
Samples with results pending	218			-		
Statistics By Health Facility	Tubalange	Levy	Masaiti	UTH	Daily Total	Cumulative since outbreak declared
Admissions/Discharges						
New Admissions	0	0	0	0	0	81
Currently Admitted	0	14	2	0	16	-
Discharges	0	0	0	0	0	63
Transferred in	0	0	0	0	0	7
Transferred out	0	0	0	0	0	7
Deaths						
Deaths among suspected cases	0	0	0	0	0	0
Deaths among lab confirmed cases	0	0	0	0	0	2

*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
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 Mwanza RHC
	Chasefu	Kanyanga Mission Hospital
	Chipangali	Mkanda RHC and Chinunda RHC

Southern	Lusangazi	Ukwimi Trades
	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
	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
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
	Mushidamo	Kichikwe RHC

North-western	Solwezi	SGH/Solwezi College of Nursing
	Kalumbila	Nkulumazhiba Health Facility
	Mwinilunga	Farmers Training College
	Ikelenge	Sachibondu Mission RHC
	Ikelenge	Mukangala RHC (Secondary site)
	Kasempa	Mukinge Mission
	Mufumbwe	Mufumbwe Day Secondary Sch
	Manyinga	Loloma Mission Hospital
	Kabompo	Government Guest House
	Zambezi	Chilenga Health Facility
	Chavuma	Chavuma District Hospital
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

