ZAMBIA SITUATION REPORT NO. 41

Disease Outbreak: COVID-19	**Response start date:** 30th January, 2020	**Outbreak Declared:** 18th March, 2020
Date of report: 28th 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 Tuesday, 28th April, 2020:
  - There were **6 new confirmed cases of COVID-19, 0 recoveries and 0 deaths** recorded in the past 24 hours.
  - The total number of confirmed cases recorded to date is **95, with 3 deaths (CFR=3.16%) and 42 recoveries.**

    Note: The positive case reported from the Copperbelt on 26th April 2020 was a repeat test result for one of the confirmed cases under isolation, and not a new positive. Official figures have been amended accordingly.

Zambia Numbers

- **95 Confirmed (6 new)**
- **3** Deaths (0 new)
- **42** Recoveries (0 new)

Global Numbers
(Source: JHU)

- **3,094,829** confirmed (74,712 new)
- **215,461** deaths (5,800 new)
- **920,044** recoveries (34,742 new)

*New: in the last 24hrs

- There are currently **50 active cases – 45 in Lusaka, 4 on the Copperbelt and 1 in Kabwe**

2. EPIDEMIOLOGICAL HIGHLIGHTS

Table 1: COVID-19 Surveillance and case management summary, based on 28th April 2020 report

Parameter	Number
Cumulative number of high risk persons observed	10,812
Cumulative number of high risk persons that have completed 14 days observation	2,979
Cumulative number of alerts notified & verified as non-cases	1,134
Number of suspected cases reported today	66
Cumulative Number of Samples Received	6,614
Total Number of Results Processed	6,432
Tests per 1,000,000population	378
Total Number of Confirmed COVID-19 Positive Cases	**95**

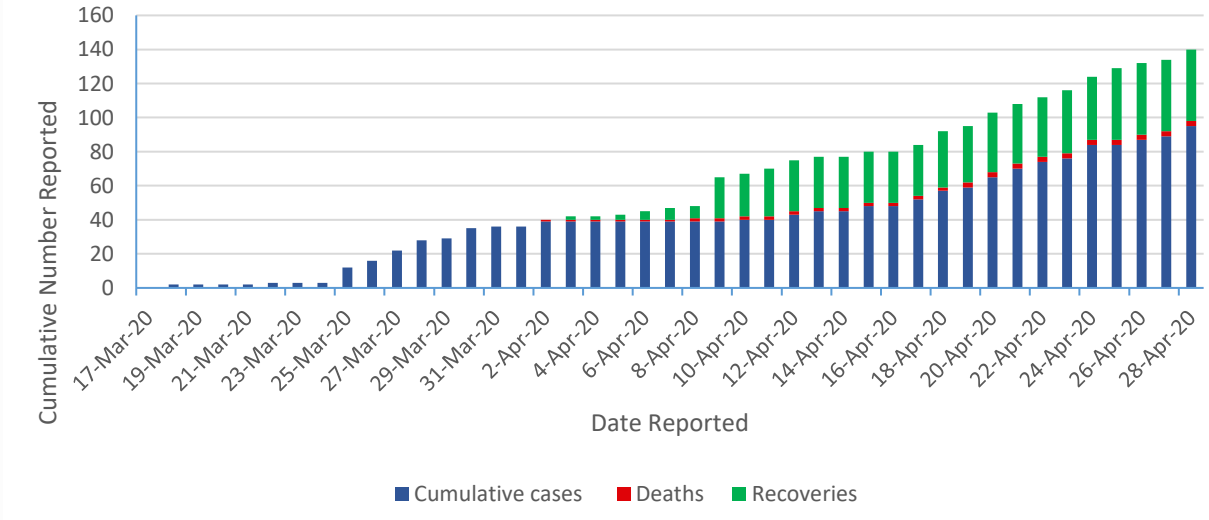


Figure 1: Daily cumulative COVID-19 confirmed cases (N=95), deaths (N=3) and recoveries (N=42) as of 28th April 2020

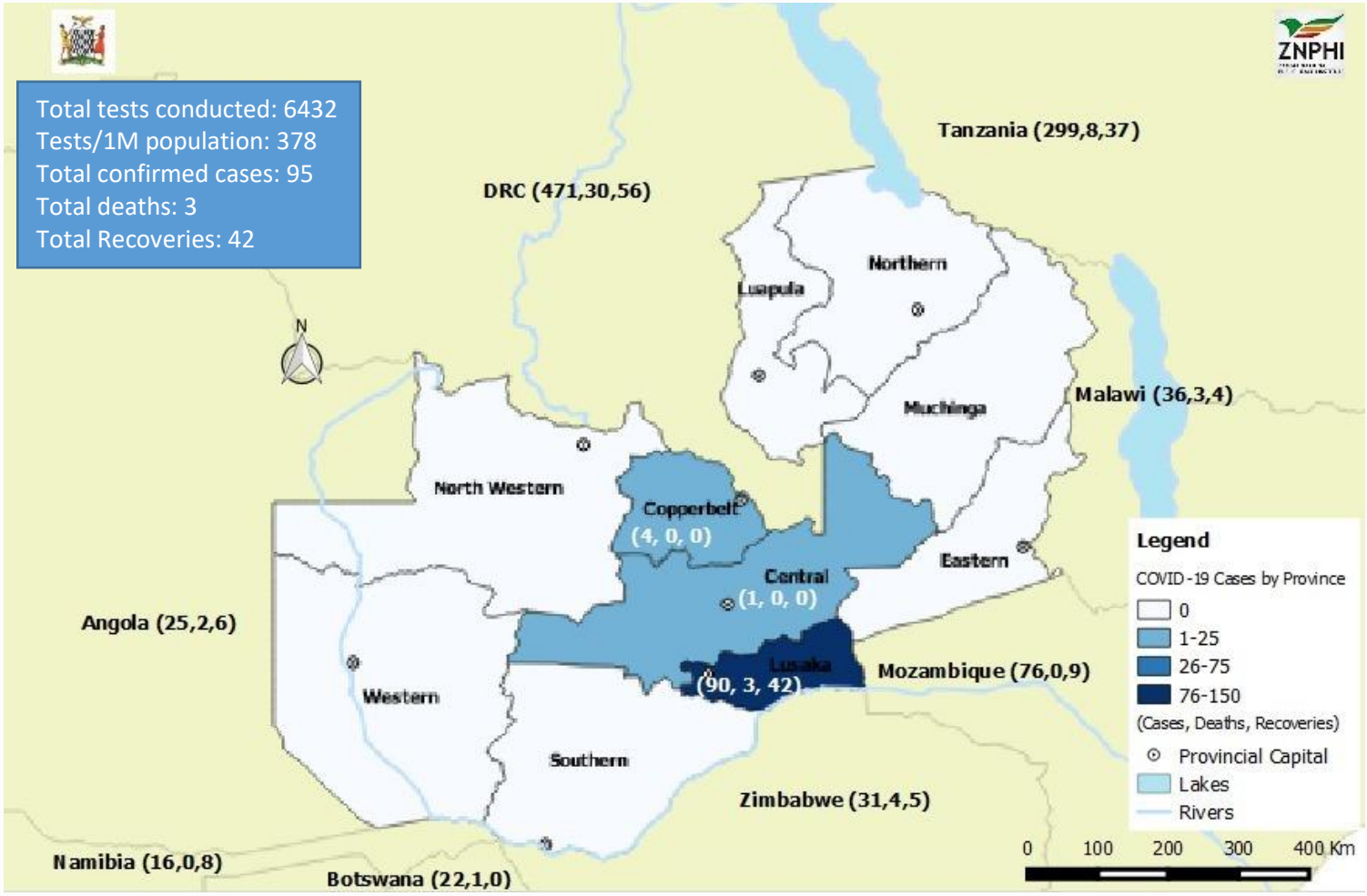


Figure 2: Map of Zambia showing confirmed COVID-19 cases, deaths and recoveries (in brackets) by province, as well as confirmed cases, deaths and recoveries (in brackets) in neighbouring countries as of 28th April 2020

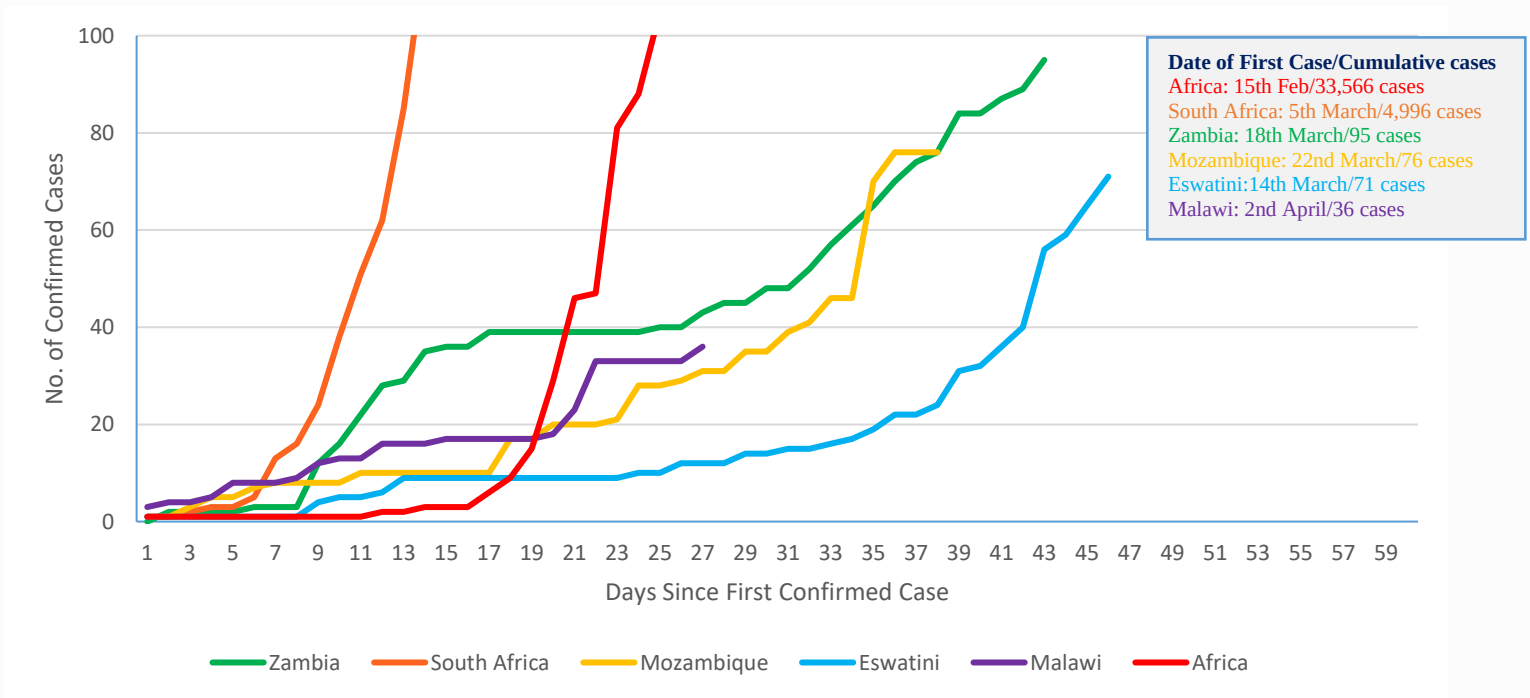
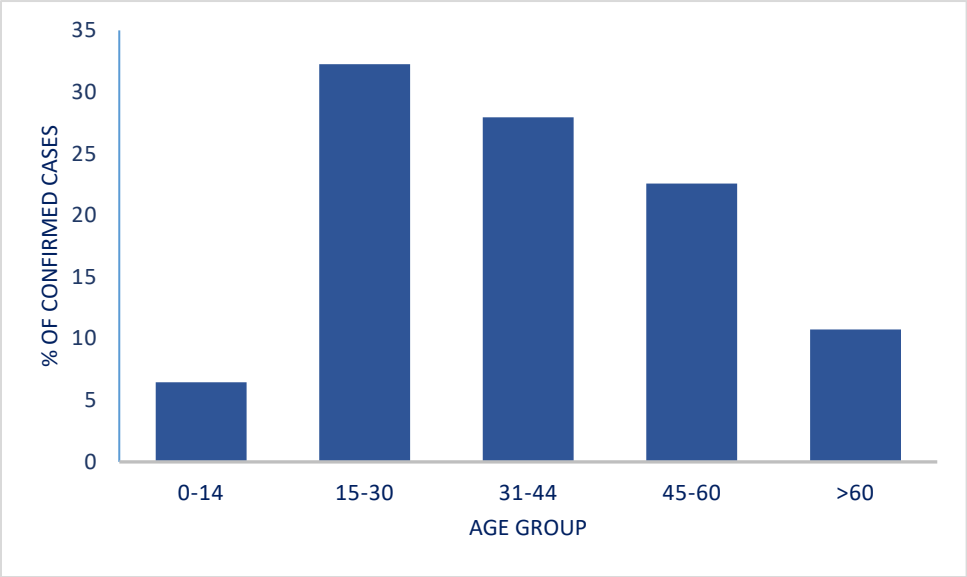


Figure 3: Cumulative trend graph comparing top 5 countries in Southern Africa with highest case numbers and the whole of Africa recorded since outbreaks declared (Sources: MoH Zambia, NICD South Africa, Africa CDC)

- **Age and Sex distribution:** Of confirmed cases 62% are male and 38% are female. The most affected age group remains those aged between 15-30 years old, with 32% of the confirmed cases falling in this age bracket, followed by the 31-44 age group (28%) and 45-60 age group (23%).



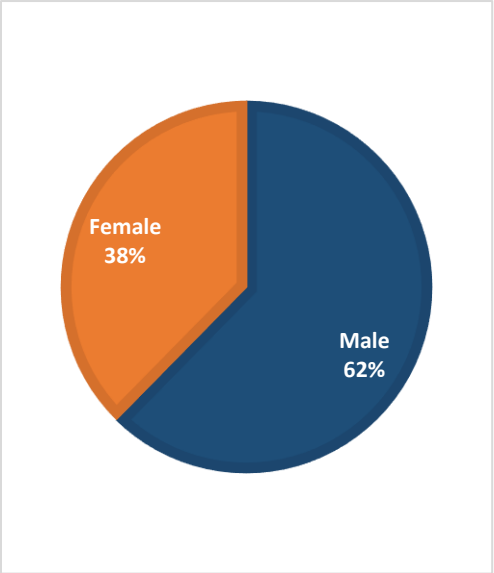


Figure 4: Age and Sex distribution of confirmed cases, as of 28th April 2020

➢ 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. Zambia continues to participate in AU meetings to ensure continued regional and continental trade and strategies to stop transmission of COVID-19.

➢ **Policy Level:**

- A **COVID-19 contingency plan** was finalised and continues to be regularly updated as the outbreak evolves.
- The Ministry of Health in line with its agenda for universal health coverage and in a bid to ensure a resilient health system has pledged the continuity of provision of essential and routine health care services including antenatal care, child health and immunisation

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. WHO declared the outbreak a PHEIC on 30th January and on 12th March it was declared a pandemic. Zambia recorded its first two cases of COVID-19 on 18th March 2020. The couple had a history of travel to France. More cases with a history of travel have been detected in Zambia. There is an increasing number of local person-to-person transmission.

- 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 public health safety measures implemented include closure of schools and higher learning institutions; wearing of a mask while out in public; 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.
- In his third presidential address on COVID-19, HE Dr. E. C. Lungu stated that following the expiration of the 14-day extension period of restrictions and other outbreak control measures, some activities may continue to be undertaken subject to adherence to public health regulations, guidelines and certifications. Failure to adhere to public health regulations, guidelines and certification will attract penalties including revocation of licenses. These activities are:
  - congregation in places of worship on condition that handwashing/sanitising, social distancing and mandatory wearing of face masks are observed
  - sporting activities such as golf and tennis which do not involve physical contact between players and where the sport is played in a non-crowded space can resume; however, bars on these premises must remain closed
  - barbershops and saloons may operate with strict adherence and observance of social distancing, regular sanitising and hand washing.
- It is estimated that ~30% of health workers are likely to become infected with COVID-19 in the course of duty. Following the rising number of health works confirmed as COVID-19 cases, the government has directed that IPC measures in health facilities must be reinforced in order to protect frontline health workers. These include reorientation of all staff in IPC practices, designated senior members of staff assigned to enforce IPC compliance, increased stock of PPE to guarantee availability for all staff, and additional manpower assigned to ensure disinfection of all surfaces.
- Following continued disregard of quarantine directives, travellers into Zambia will be isolated at designated facilities, including 4 identified hotels, 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 ZNPHI continues to provide 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 1 for structure)
  - 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.
  - Technical co-ordinating meetings are being held with cooperating partners and other stakeholders. The meetings are chaired by the Director, ZNPH

2.2 SURVEILLANCE AND OUTBREAK INVESTIGATION

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, Kabwe 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. Sub-district teams continue to carry out quarantine adherence monitoring, follow up of confirmed cases, contact tracing, follow up and verification of alerts, and risk communication

- **Case finding:** Six (6) new cases were reported today identified from Emmasdale, Chipata, Matero and Chelstone areas of Lusaka
- **Contact Tracing:** Investigations to trace and screen all contacts remain in effect. Rapid response teams in Kabwe, Kafue and Lusaka continue to conduct mass screening and contact tracing. Surveillance teams also continue to actively follow up contacts of confirmed cases and community alerts.

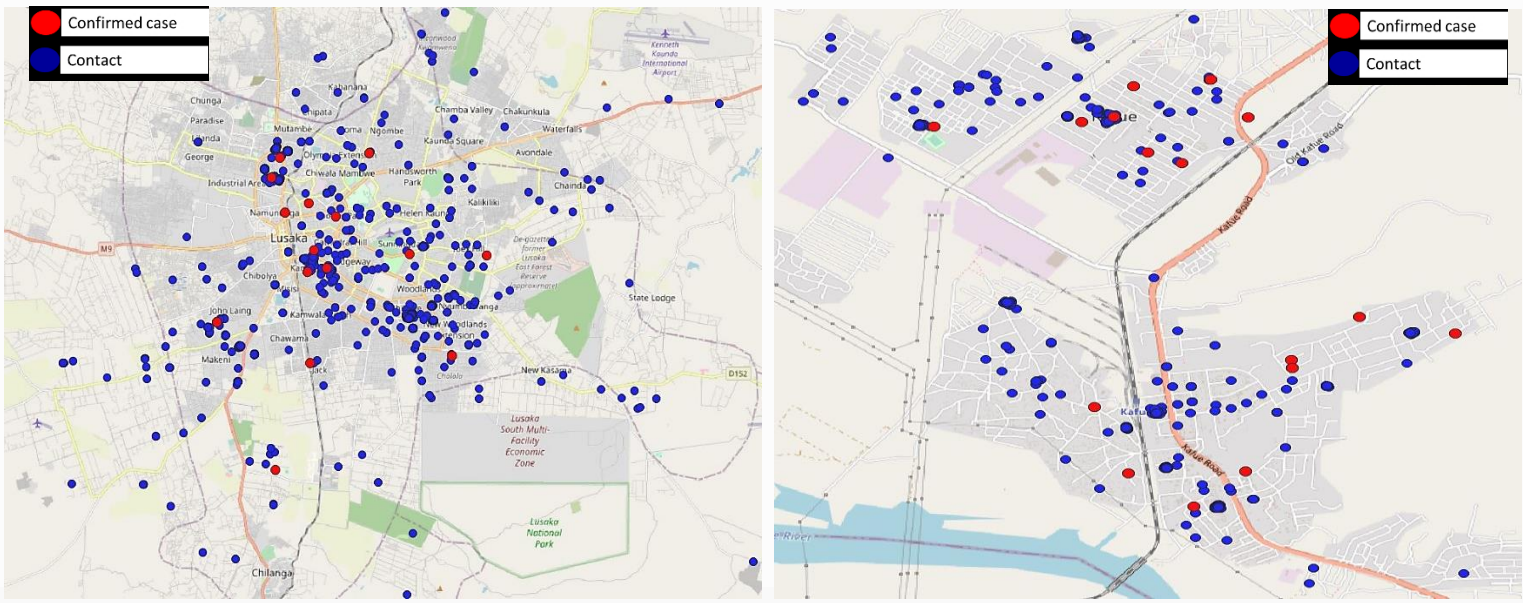


Figure 5: Distribution of confirmed cases and traced contacts in Lusaka in Kafue, last updated 25th April 2020

- **Points of Entry:** Active screening continues in all PoEs. Trucks entering the borders carrying essential commodities proceed to their destination under secure escort, at which point the drivers are placed under quarantine pending test results. Other activities conducted:
  - POE staff in Chanida, Mfuwe, Lusunthe and Mwami were trained onCOVID-19 basics and IPC
  - Updated data on all screening at POE across the country is available in Table 3 below
  - The International Organisation for Migration (IOM) has come on board to support training of POE staff in IPC and supply of commodities such as PPE, screening tools and IPC commodities.
  - The mapping exercise of POEs was finalised, with 61designated, authorised and unofficial POEs identified.
  - A number of hotels have been identified to serve as quarantine facilities for international travellers into Zambia, including the **Radisson Blu, Hilton, Cresta Golfview and Fallsway Apartments**. Accommodation will be at the **travellers' own cost**.
- **Laboratory:** There are currently 3 designated laboratories for COVID-19 diagnostics, 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. Zambia is utilising real-time **Polymerase Chain Reaction (PCR) testing** for COVID-19 diagnosis. Some rapid diagnostic testing (RDT) has been conducted using a total antibody test (IgM and IgG). The RDT has an 86.43% sensitivity and 99.57% specificity. However, preliminary data has shown that there is a higher likelihood of false positives and false negatives within the first 3-5 days of infection; sensitivity does increase by day eight. Therefore, any results from the RDT have to undergo confirmatory testing with PCR.
  - In the last 24 hours, **six (6)** samples tested positive for SARS-CoV-2. A total of **6,614 samples** have been received to date; of these, **6,432 results** have been processed with **95 confirmed positive (1.48% positivity rate)** for SARS-CoV-2. The testing coverage is **378 per 1,000,000population** (73% increase in the last one week).
  - 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. Due to the high through-put required for population level screening and the reliance on real time PCR results, there is currently a back log of samples.
  - Testing of community alerts, suspects under quarantine, contacts of confirmed cases as well as re-testing of confirmed cases is ongoing.
  - **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. Targeted areas for mass screening and testing during the coming week include **Makeni, Rhodes Park, Madras and Kamwala.**

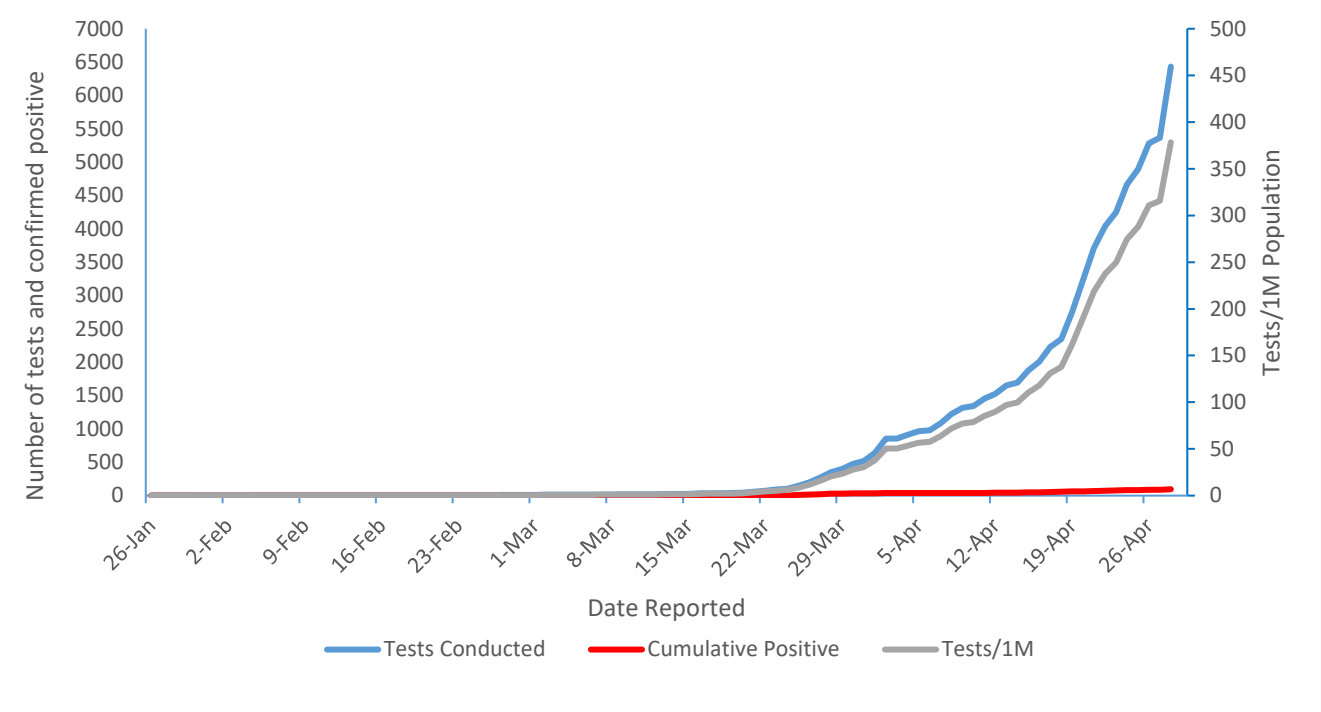


Figure 6: Graph showing cumulative number of PCR tests conducted, confirmed cases and tests per 1M population as of 28th April 2020

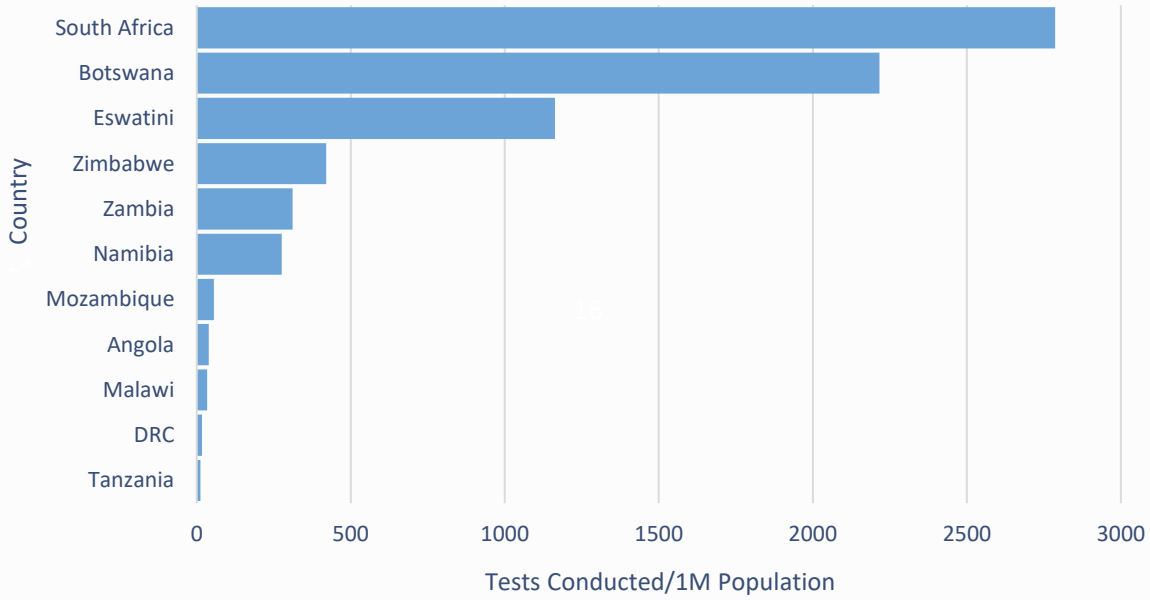


Figure 7: Number of COVID-19 tests conducted per million population by Country in Southern Africa (Source: Africa CDC COVID-19 dashboard), 26th April 2020

- **Case Management:** All confirmed cases are admitted to the designated isolation facilities. Psychosocial care is also provided for staff and patients at the 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.
  - There are currently **50 active COVID-19 cases** being managed at various facilities; 45 in Lusaka, 4 on the Copperbelt and 1 in Kabwe.
  - **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
- **Outbreak Investigation:**
  - The Ministry of Health through the ZNPHI has received ethical clearance to conduct two of its planned research activities to date, namely a prospective study on the first few cases of COVID-19 in Zambia, their close contacts and the transmission dynamics, severity, and clinical spectrum of infection; and a spatio-temporal analysis and predictive modelling study on COVID-19.
  - Proposals have also been developed for a COVID-19 prevalence survey and KAP study

2.3 INFECTION, PREVENTION AND CONTROL (IPC)

- **Activities conducted include:**
  - Monitoring of IPC practices in Health care facilities with Designated ETHs to enforce IPC standards in all isolation facilities
  - Logistical support for IPC equipment and Materials with support from UNICEF to isolation and quarantine areas.
  - Training of HCWs at Levy Isolation facility in IPC with support from World Vision

2.4 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

- RCCE response activities to date include: 300,000 posters and leaflets printed with messages on precautions and signs and symptoms; community sensitisation in high density areas using PA trucks; community messaging in high density neighbourhoods; over 108,000 requests for COVID-19 information on the "**878**" SMS platform; public service announcements on television and radio; over 11,255 interactions on the Covid-19 Bot (https://corona.e-ngoma.com/MOHCOVID-19BOT) and 12 billboards carrying COVID-19 messaging around Lusaka.
- Highlights for the week ending 25th April 2016:

- Mandatory use of face masks in public remains a major point of discussion across all platforms, including issues of affordability, effectiveness, re-use and home-made masks
- The U-Report platform offers users access to information on COVID-19 by texting 'corona' to 878. The service is free of charge. A U-Report SMS poll initiated on 22nd April, 2020 with 9,200 responses found that just over half of respondents knew about calling 909 in the case of symptoms, whereas more than a third still thought the best practice was to immediately go to a medical facility. In the same poll, more than a third of respondents said a mixture of garlic and lemon was an effective Covid-19 treatment. The greatest concerns for respondents with regard to COVID-19 were fear of dying, stigma and discrimination, where to seek help, and impact on potential streams of income and livelihood. To counter the knowledge gaps identified through of this poll, information was immediately disseminated on the U-Report platform through a Question and Answer format to clarify each of the myths and misconceptions that respondents had.
- The results of a separate poll by ZAZU which ran between 1st - 10th April, 2020 found that people outside Lusaka do not consider COVID-19 as serious of a threat. Nearly a third of overall respondents are keen to receive information on how to stay safe, though the recognition that everyone can be infected and levels of knowledge of the main symptoms was high. Nearly 90% of respondents knew that COVID-19 can be passed on by asymptomatic persons.
- A third poll by Geo-Poll of 12 sub-Saharan countries found Zambians were among the most concerned about COVID-19: 96% of responders said they had taken steps to protect themselves; 71% said they were in some form of self-quarantine, limiting travel and visits to people outside their household; 72% said that if they had mild symptoms they would go to hospital; 68% did not know anyone who had been tested; 67% said they were shopping for food/essentials less than normal; 77% said they had worries about food insecurity in the last 7 days. The most popular sources of information on COVID-19 were social media (41%) and television (39%).

➢ Other RCCE activities include:

- Distribution of IEC materials
- Translation of updated COVID–19 IEC materials in local languages
- Radio announcements and discussions
- Monitoring & technical support on COVID in four provinces
- Community engagement and sensitisations in markets & bus stations

3. CHALLENGES AND RECOMMENDATIONS/ PRIORITY ACTIONS

- **Surveillance and outbreak investigation:**
  - Inadequate electronic data tools for field operation: Upload new integrated screening forms and test electronic data capturing tool
  - low testing coverage: continued mass screening as well as contact tracing; introduction of GeneXpert and Cobus testing platforms by the end of the week to increase testing capacity; stockpiling of laboratory reagents to ensure continuity of testing
  - increasing incidence: rapid case detection and isolation to break transmission cycle; monitoring of quarantined persons and responding to community alerts country wide
- **Case management:**
  - increasing number of HCWs getting infected: Re-training of HCWs in IPC; introduction of IPC competence evaluation for HCWs in isolation; Psychological evaluation of all infected HCWs; Complete facility based trainings for Livingstone and Kabwe; Finalise treatment protocols; Identify surge staff for UTH isolation centre
- **Laboratory:**
  - Long laboratory turnaround time (backlog of samples): Trial of GeneXpert and Cobus testing platforms; use of new sample extraction methods (Daan Extraction kit donated by the Jack Ma Foundation, Easy Mag reagents donated by ZPRIME CVS Project) and test use of RT-PCR machine offered for use by ZAMBART
  - manual data entry delaying reporting of results: Streamline sample registration procedures in consultation with field teams; Include more data entry clerks to the team.
- **IPC:**
  - Non adherence to IPC standards: Conduct IPC training for HCWs at Tubalange, UTH & Bauleni isolation facilities
  - limited PPE stocks: Preposition adequate PPEs in all isolation facilities
  - inadequate number of HCWs trained in IPC especially outside Lusaka: Escalate training of IPC trainings to other provinces in the country
- **Risk Communication:**
  - continued myths and misconceptions about COVID-19: Continue distribution of IEC materials; continued sensitisations in markets & bus stations; print and distribute revised translated COVID – 19 IEC materials; continued radio and TV announcements

- insufficient PA systems in the provinces: Increase number of community outreach PA systems in all provinces

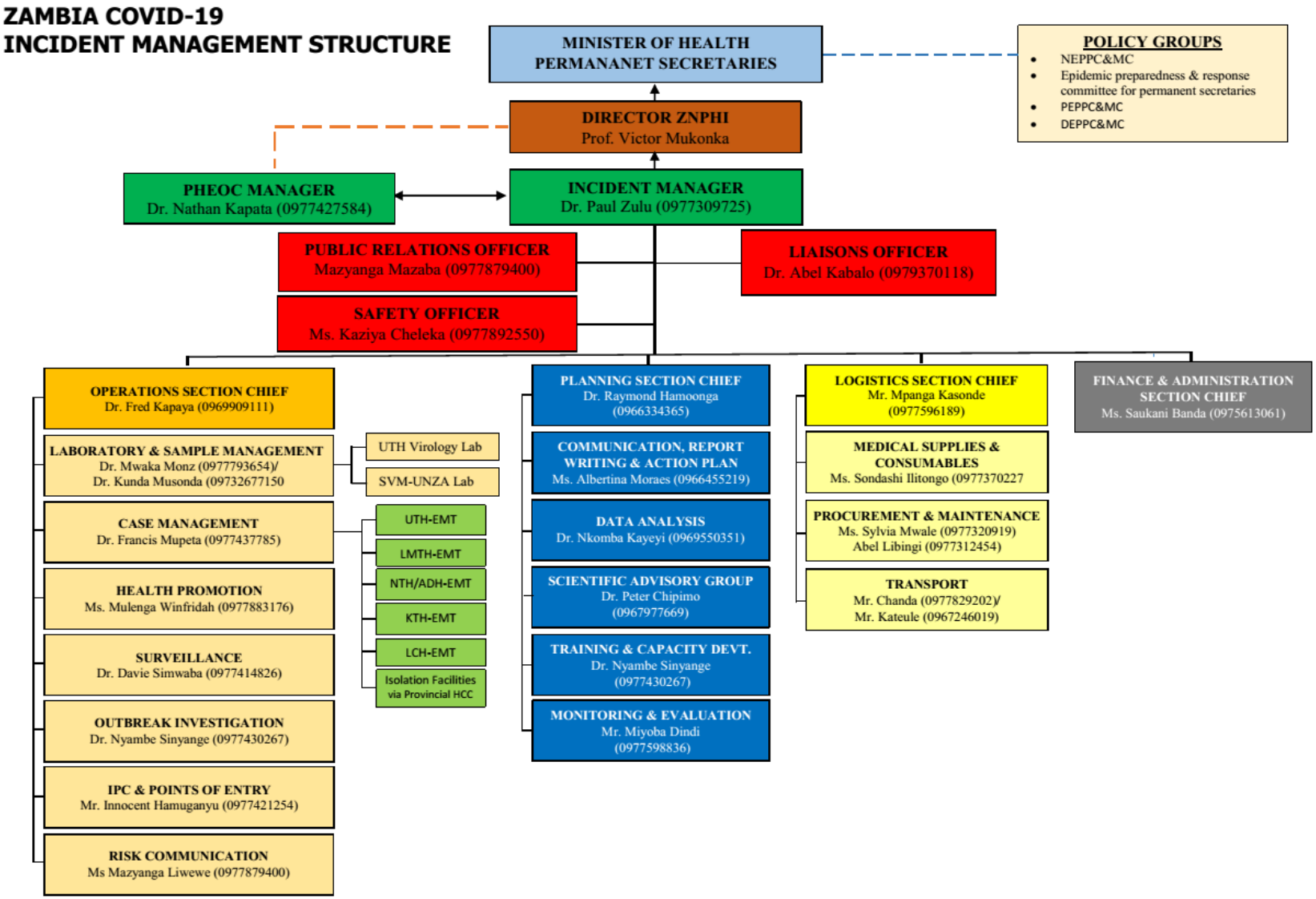
➢ **POEs:**

- increased risk of importation of cases through Nakonde: strengthened surveillance and case detection; POE training & supply of IPC commodities to Kasumbalesa and Nakonde with support from IOM;

5. CONCLUSION

In the last 24 hours, Zambia recorded 6 new confirmed cases of COVID-19, all from Lusaka province. Current response measures will continue to be reinforced in order to rapidly contain the spread of the outbreak. Furthermore, the government will continue to modify intervention measures to facilitate a balance between a gradual return to normalcy and continued economic activity.

ANNEX 1:NATIONAL LEVEL INCIDENT MANAGEMENT SYSTEM FOR THE COVID-19 PREPAREDNESS RESPONSE



ANNEX 2: CORONAVIRUS 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. 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

6. 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.