# ZAMBIA SITUATION REPORT NO. 49

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| **Disease Outbreak:** COVID-19 | **Response start date:** 30th January, 2020 | **Outbreak Declared:** 18th March, 2020 |
| **Date of report:** 6th May, 2020 | **Prepared by:** MOH/ZNPHI/WHO | **Correspondence:** ims.covid@znphi.co.zm |

## 1. SITUATION UPDATE

### 1.1 CURRENT CASE NUMBERS

- As of 12:00 hours on Wednesday, 6th May, 2020:
  - There were **7 new confirmed cases of COVID-19, with 9 recoveries and 0 COVID-19 deaths** recorded in the past 24 hours.
  - The cumulative number of confirmed COVID-19 cases recorded to date is **146, with 4 deaths (CFR=2.74%) and 101 recoveries.**
  - There are currently **41 active cases – 37 in Lusaka, 3 on the Copperbelt and 1 in Kabwe**

**Zambia Numbers**
**146 Confirmed (7 new)**
**4 Deaths** (0 new)
**101 Recoveries (9 new)**

**Global Numbers**
(Source: JHU)
**3,623,803** Confirmed (100,682 new)
**256,880** deaths (4,460 new)
**1,238,250 recoveries** (37,968 new)
**New: in the last 24hrs*

## 2. EPIDEMIOLOGICAL HIGHLIGHTS

*Table 1: COVID-19 Surveillance and case management summary, based on 6th May 2020 report*

| Parameter | Number |
|---|---|
| **Cumulative number of high risk persons observed** | 12,438 |
| **Cumulative number of high risk persons that have completed 14 days observation** | 3,513 |
| **Cumulative number of alerts notified & verified as non-cases** | 1,472 |
| **Cumulative Number of Test Results Processed** | 10,563 |
| **Tests per 1,000,000population** | 621 |
| **Total Number of Confirmed COVID-19 Positive Cases** | **146** |

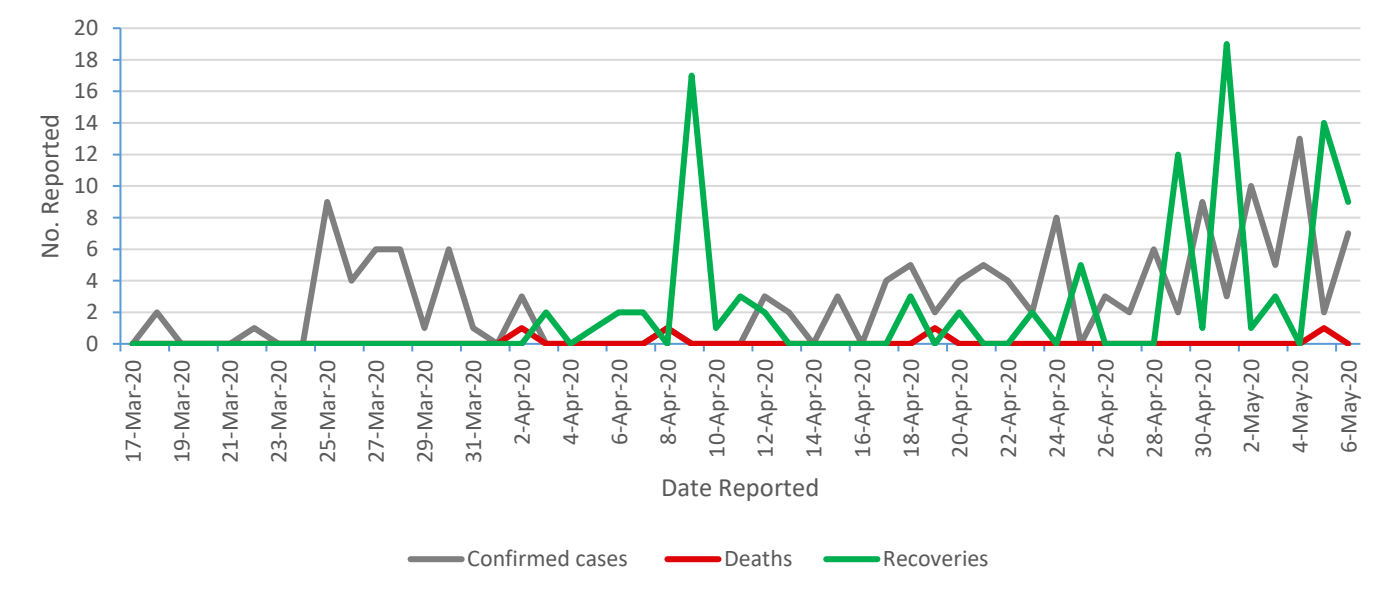



*Figure 1: Daily COVID-19 confirmed cases (N=146), deaths (N=4) and recoveries (N=101) as of 6th May 2020*

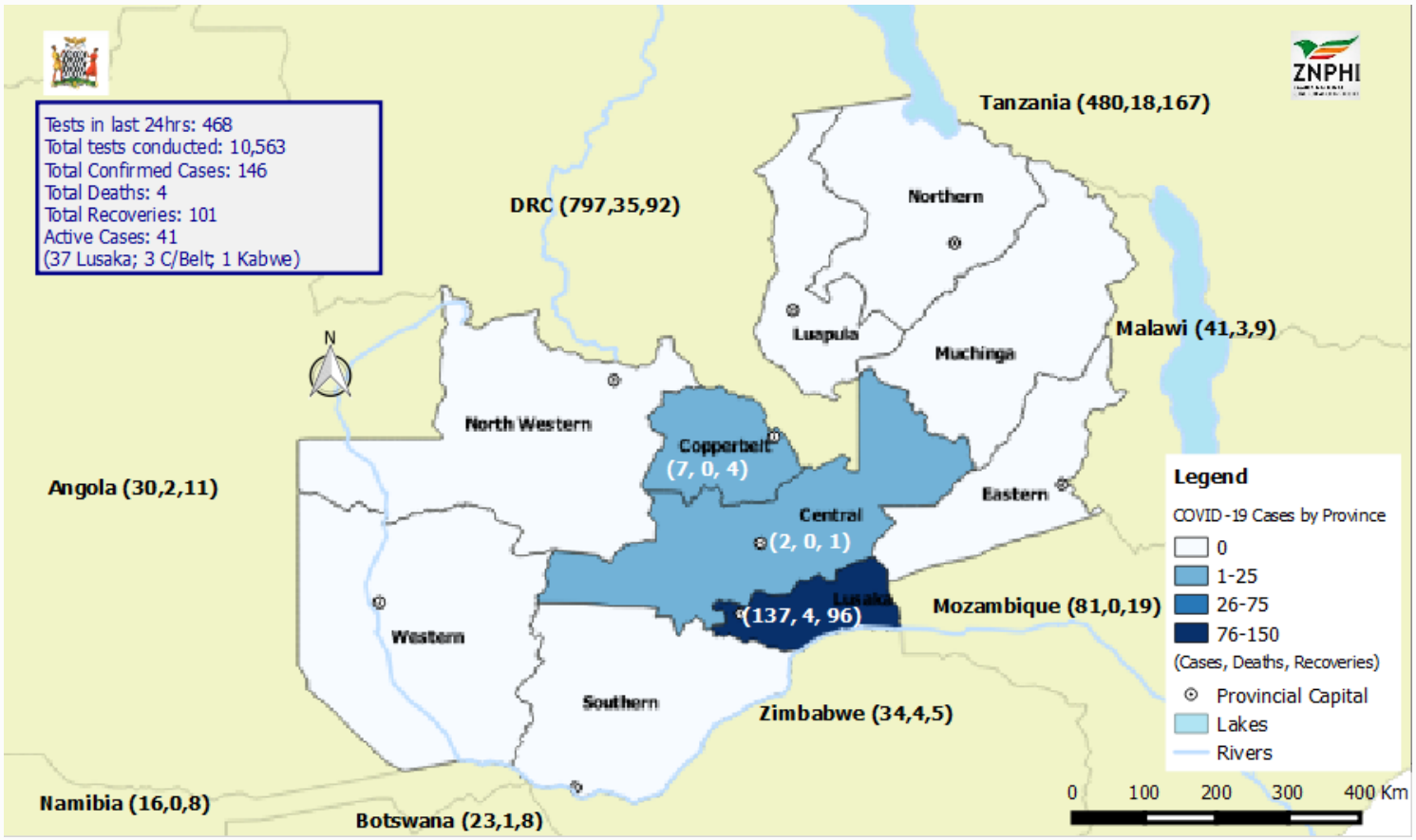



*Figure 2: Map of Zambia showing confirmed COVID-19 cases, deaths and recoveries (in brackets) by province, as well as confirmed cases, deaths and recoveries (in brackets) in neighbouring countries as of 6th May 2020*

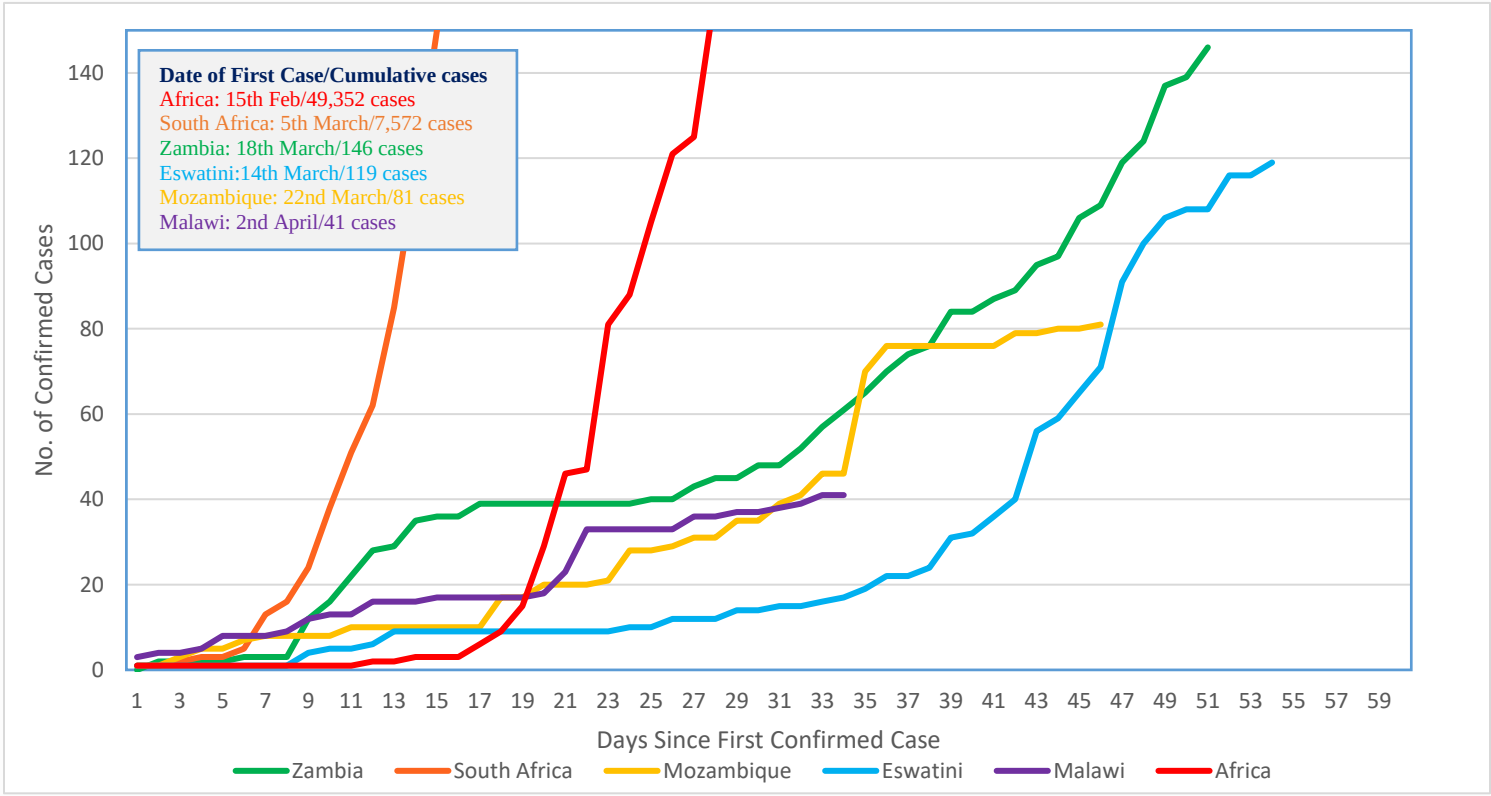
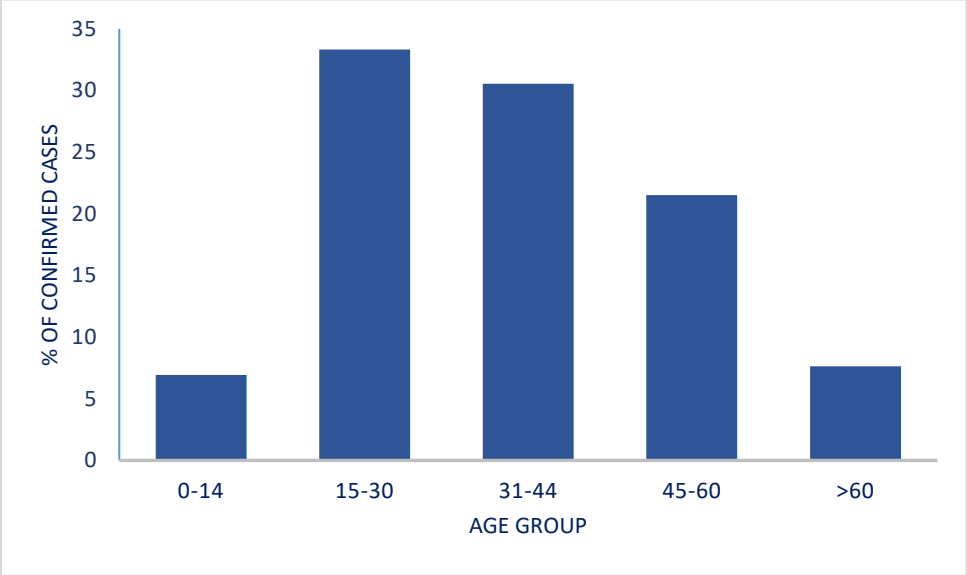



*Figure 3: Cumulative trend graph comparing top 5 countries in Southern Africa with highest case numbers and the whole of Africa recorded since outbreaks declared (Sources: MoH Zambia, NICD South Africa, Africa CDC)*

- **Age and Sex distribution:** Of the 146 confirmed cases, 58% are male and 42% are female. The most affected age groups are those aged between 15-30 years old (33%), 31-44 years old (31%) and 45-60 years old (22%).



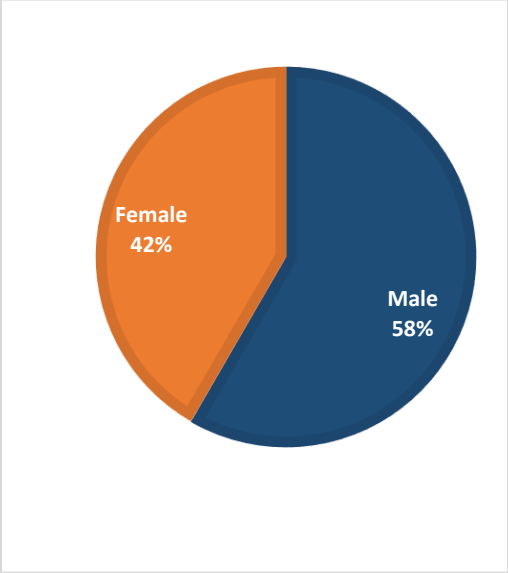




*Figure 4: Age and Sex distribution of confirmed cases, as of 6th May 2020*

## 3. ACTIONS TO DATE

### 3.1 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 8,055 confirmed cases of COVID-19 including 163 deaths and 2,910 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:**
  - A **COVID-19 contingency plan** outlining the country's COVID-19 preparedness and response activities 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. 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 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 given on 24th April, 2020, 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.
- Travellers into Zambia will be isolated at designated government facilities, or alternatively at one of 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
- The Minister of Health holds daily press briefings 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, ZNPHI

## 3.2 SURVEILLANCE AND OUTBREAK INVESTIGATION

- Efforts to rapidly detect any cases have been heightened through surveillance around the country at community level, health facilities, points of entry (POEs), and sentinel sites. Contact tracing, monitoring of persons under quarantine and adherence, verification and follow up of alerts and timely transport of cases to isolation facilities is ongoing.
- **Case finding: Seven (7)** new cases were reported today; all from within Lusaka. The new cases include a Zambia citizen who arrived in the country from the USA as well as contacts of known cases. All cases have been placed in isolation facilities.

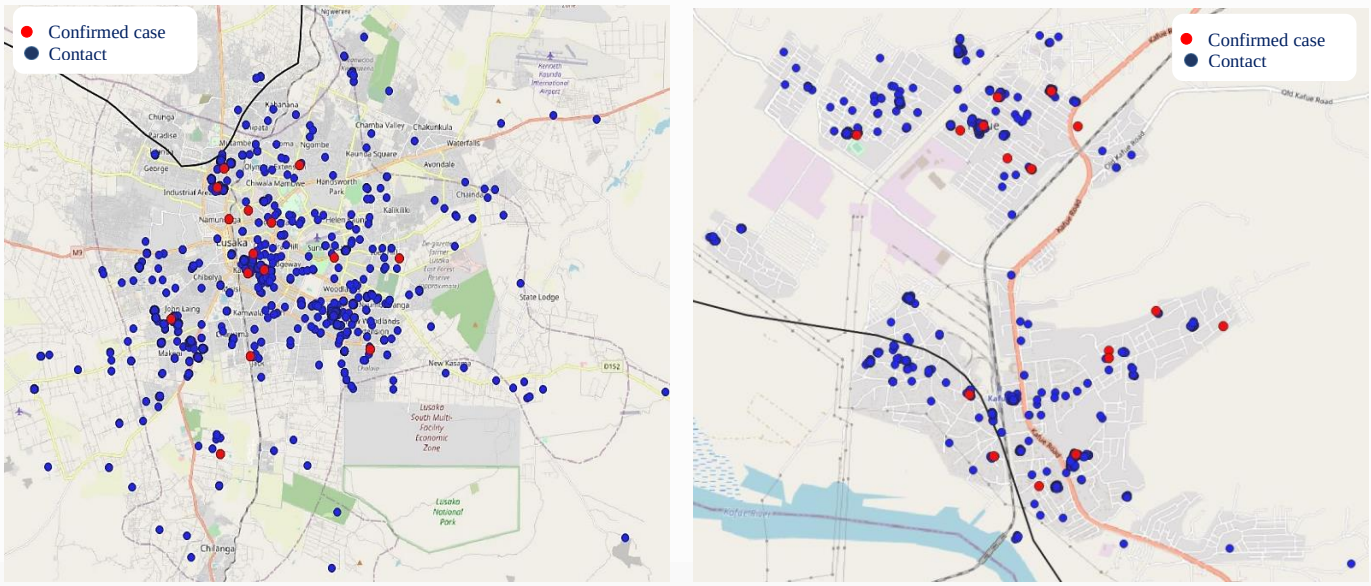



*Figure 5: Distribution of confirmed cases and traced contacts in Lusaka and Kafue, last updated 29th April 2020*

- **Points of Entry:**
  - **Port health services in Nakonde:** a team from the central level was dispatched to Nakonde to provide technical support and enhance port health services, community surveillance and disinfection of public places. Following the mass community screening and testing, 456 persons were screened and tested.

This includes truck drivers, community members, health care workers, staff of lodges and the Immigration department.

- Active screening continues in all PoEs. Larger space for quarantine has been identified in Nakonde and a separate facility has also been established in Mpika.
- Asymptomatic travellers into Zambia must undergo 14-day mandatory quarantine at either a government facility or one of the hotels that have been identified to serve as quarantine facilities (these include **Radisson Blu, Hilton, Shakespeare and Fallsway Apartments)**. Accommodation at these hotels will be at the **travellers' own cost**.
- Trucks entering the borders carrying essential commodities are permitted to proceed to their destination under secure escort, at which point the drivers are placed under quarantine pending test results.

➢ **Laboratory and sample management:** 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.

- The use of the UTH P3 lab, automated extraction and increase in staff numbers has resulted in increased daily tests from approximately 400 to 800 in the 3 testing sites. As a result, the turn-around times and backlog have reduced
- ***Roche 6800*** - Software installation and training of operators has commenced
- ***Gene Xpert*—**Introduction to initial priority sites scheduled for this week with instrument software upgrades, TOT training, certification of biosafety cabinets at selected sites, and sample transportation preparations
- In the last 24 hours, **seven (7)** samples tested positive for SARS-CoV-2 out of **468 tests**. A total of **10,563 results** have been processed to date with **146 confirmed positive (1.38% positivity rate)** for SARS-CoV-2. The testing coverage is **621 per 1,000,000population,** compared to an average of 2,056/1M for countries in the SADC region**.**

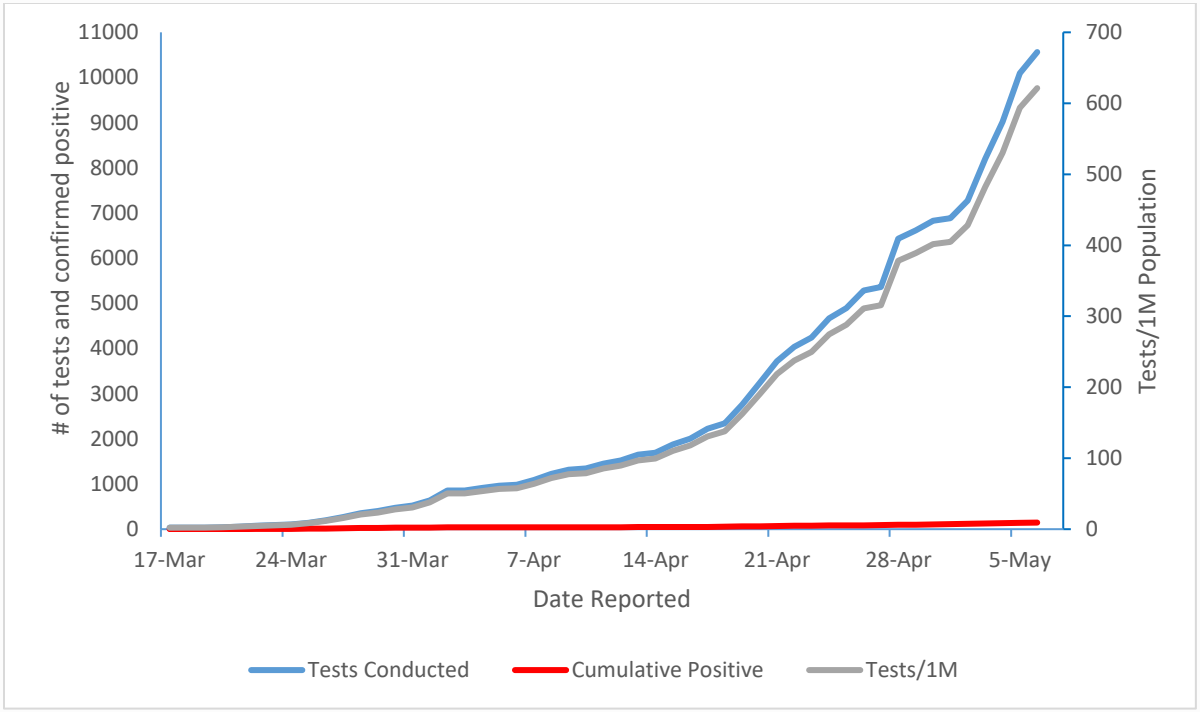



*Figure 6: Graph showing cumulative number of PCR tests conducted, confirmed cases and tests per 1M population between 17th March and 6th May 2020*

- 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.
- **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 has also been extended to all communities with confirmed cases.

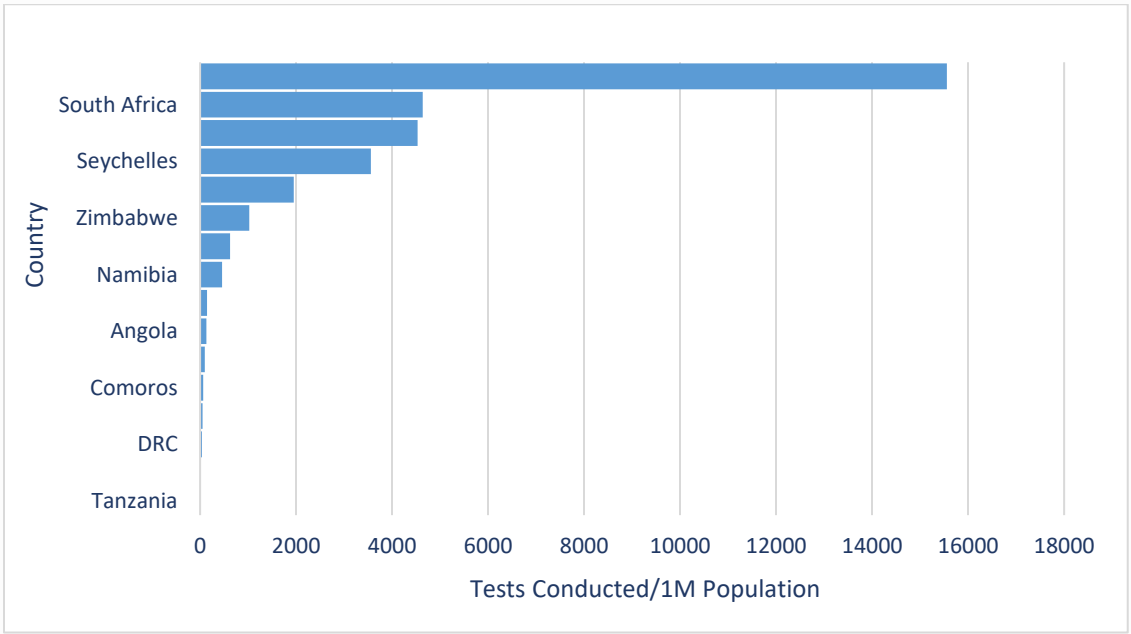



*Figure 7: COVID-19 tests/million population by Country in Southern Africa (Source: Africa CDC dashboard), 6th May 2020*

- **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. Additionally, all health workers are required to undergo 14-day quarantine following their shift at the isolation facilities before they return to their communities. ***Patients are only considered recovered once they record two negative re-test results within a 24hour period.***
  - A total of **9 recoveries** were recorded; 7 patients from Lusaka and 2 from Masaiti were discharged following sero-conversion to COVID-19 negative (i.e. 2 negative test results in a 24hour period)
  - There are currently **41 active COVID-19 cases** being managed at various facilities; 37 in Lusaka, 3 on the Copperbelt and 1 in Kabwe. All cases are stable.
  - **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 on the ZNPHI website
  - The case management team made a site visit to the Masaiti and Kabwe facilities
  - IPC training for surge staff awaiting deployment to Levy Hospital was conducted.
  - An *"Oxygen Needs Assessment"* tool has been developed and shared. Job cards have also been completed and forwarded for approval and printing
- **Outbreak Investigation:**
  - The Ministry of Health through the ZNPHI has a number of planned research activities including a clinical trial, a first few cases of COVID-19 in Zambia, a spatio-temporal analysis and predictive modelling study on COVID-19; a COVID-19 prevalence survey and KAP study

## 3.3 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

## 3.4 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

- **Systems:** currently revision of the contingency plan is currently ongoing and expected to be finalised by 8th May, 2020. The draft M&E framework for RCCE was developed and submitted for review.

- **Public Communication:** A COVID-19standard messaging document was developed and reviewed, awaiting final approval. Radio spots have been booked until July 2020; these include spots on Radio 1, 2 and 4 as well as community radio stations carrying programmes on COVID-19 in English and local languages. Messages in sign language and braille have also been developed.
- **Community Engagement:** Below are highlights of community engagement activities at provincial level:
  - Central: 12 Districts sensitizing communities on importance of wearing masks, hand washing and physical distancing. Radio discussions sensitizing people on COVID – 19 have also been aired.
  - North Western: Districts continue to sensitize communities on the importance of wearing masks, hand washing and physical distancing. Radio discussions have been held in 5 Districts. Conducted sensitization meeting on COVID-19 at Chiefs palaces in 19 Chiefdoms. Oriented health staff on COVID-19. Distributed 31,500 IEC materials
  - Lusaka: Sensitizing Communities with PA system, Mega phone, and door to door on physical distancing, wearing of face masks, hand washing and the importance for testing for COVID-19 has continued in Kafue and Lusaka district. Continued with distribution of IEC materials
- **Social Listening:** is designed to track the concerns, queries, misunderstandings, needs and issues among the Zambian public, to help inform the wider risk communication and community engagement (RCCE) activities so that they are tailored to the evolving conversation. Below are some highlights from the report for the week of 26th April to 2nd May, 2020:
  - Risk communication work continues to face challenges with residents of high density areas due to: i) perceptions that COVID-19 is not something for people like them, ii) that the preventive behaviours are impossible for them (crowded markets and residential areas, masks are unaffordable, water/soap is inaccessible), iii) persistent myths: conspiracy theories and misinformed ideas about how to stay safe (garlic/lemon/beer/paw-paw leaves etc.).
  - Awareness about COVID-19 seems to be growing. However, queries about testing and myths persist.
  - Use of masks and stories around their misuse have been prevalent in the week. There is also a strong desire for more information about what types of masks are safe and how they should be worn.
  - U-Report Zambia (text 'corona' to 878) continues to provide information on COVID-19 through two services on the platform: a U-Report "SMS bot" that provides an SMS based menu where users can navigate and access various information, and direct two-way SMS interaction with a counsellor who responds to questions from U-Reporters. The platform has seen a reduction in queries regarding: 'What is coronavirus?', 'How can I protect others?' and on 'Other COVID 19 topics'. On the other

hand, messages on myths have increased. A small absolute increase has also been noted with messages pertaining to 'How can I protect myself?'

- The COVID-19 call centre remains active with 800-1000 calls received daily

➢ Other RCCE activities include:

- USAID DISCOVER - Health is supporting awareness creation about COVID-19 in different royal establishments around the country. It has been planned that through the House of Chief, sensitisation activities will be launched on Wednesday 6th May 2020 to provide an official guide on the activities throughout the country. Among many other activities planned include the orientation of all the Chiefs.
- ZINGO to produce radio and TV messages by prominent faith based leaders based on MoH approved messages supported by UNICEF
- Mobilization of 6 sub-districts with Lusaka District Health office underway this week
- Local Language posters delivered and being distributed with appropriate end use monitoring mechanism
- Call center partnering with Tele Doctors for capacity building

## 4. GAPS AND PRIORITY ACTIONS

➢ **Laboratory and sample management:**

- **Need to increase testing capacity**: activate additional labs (Macha Research Trust and Pediatric Centre of Excellence proposed); expand existing lab capacities (addition of instruments, repair/replacement and certification of available equipment) and increased staff numbers; improved sample tracking and data management

➢ **Case management:**

- **Team assessment:** scheduled assessment and capacity building of northern based provinces on case management; conduct gap analysis
- **IPC:** reinforce implementation at facilities; scheduled reorientation of Central and Copperbelt facilities staff
- **Staff welfare:** scheduled psychological evaluation of all HCW.

➢ **Surveillance and outbreak investigation:**

- **Low testing coverage (except in Lusaka and Copperbelt):** scheduled to conduct district Event Based Surveillance (EBS) trainings in 4 provinces; print and district updated case definitions

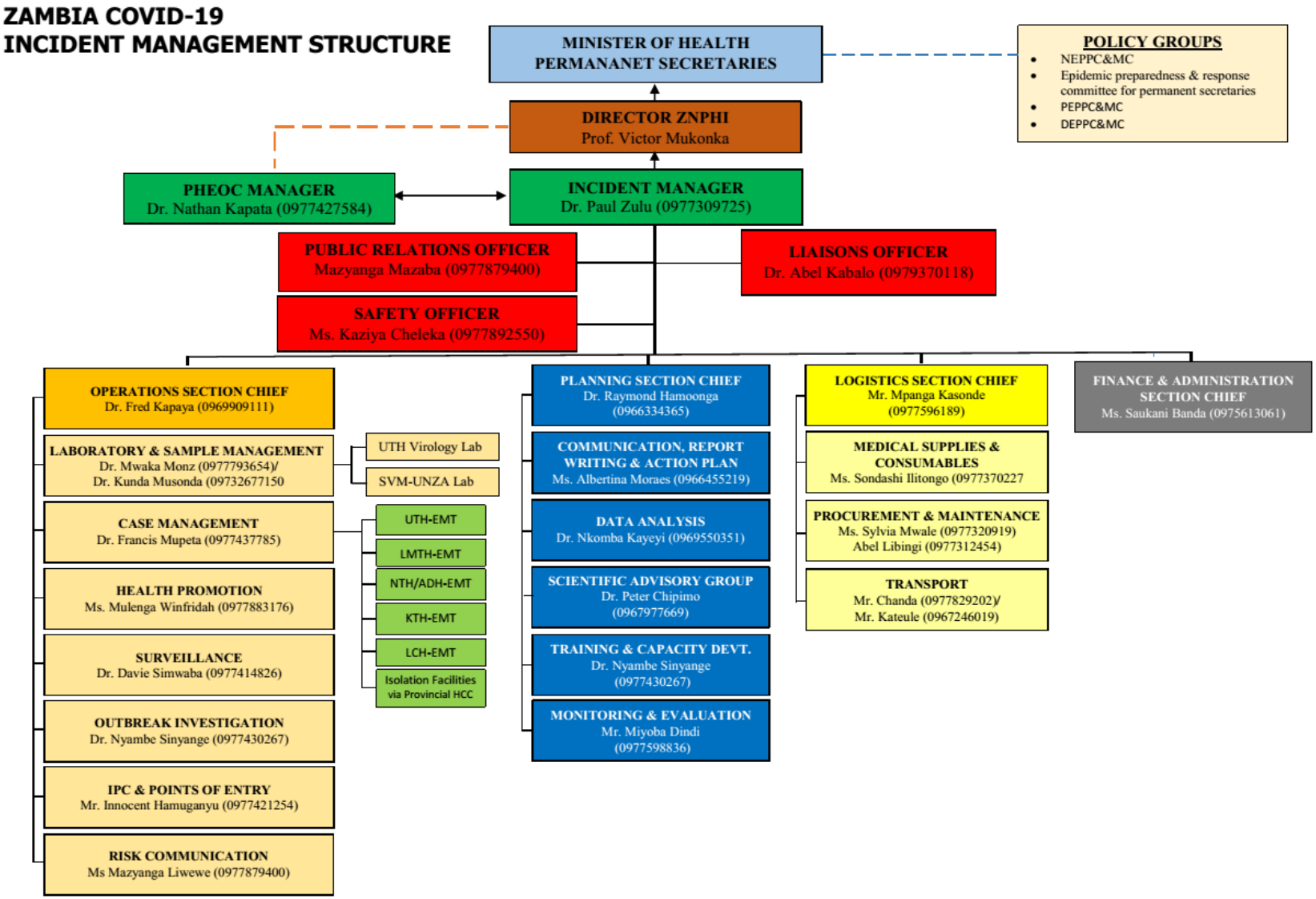
➢ **RCCE:**

- **IPC messaging:** Safe water supply to be given special focus following the good practice of Cholera mitigation times in the past; systematic distribution of IEC materials.

## 5. CONCLUSION

In the last 24 hours, Zambia recorded 7 new confirmed cases of COVID-19, bringing the cumulative number of confirmed cases to 146. The government response strategy remains focused on active case finding and placement of confirmed cases in isolation facilities for case management in order to eliminate community spread of the virus. The government also continues to build capacity among health workers in both the government and private sectors for COVID-19 diagnostics, sample packaging, surveillance, data management, IPC and rational use of PPE.

## 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.