



Situational Report No. 04

Disease Outbreak: COVID-19 Response start date: 30th January, 2020

Country: Zambia Correspondence: Prof. V. Mukonka (vmukonka@gmail.com)

1. CURRENT SITUATION UPDATE

Country situation: As of 06hrs on 22nd March 2020, there was one (1) new confirmed case recorded in the past 24 hours. The total number of confirmed cases is three (3). There have been 0 deaths recorded

• Levy Mwanawasa Hospital: There are currently six (6) patients (3 confirmed and 3 suspected cases, results pending) quarantined at Levy Mwanawasa Hospital in Lusaka; 4 suspected cases with negative test results were discharged and will complete 14-day self-quarantine. (Refer to Annex 1)

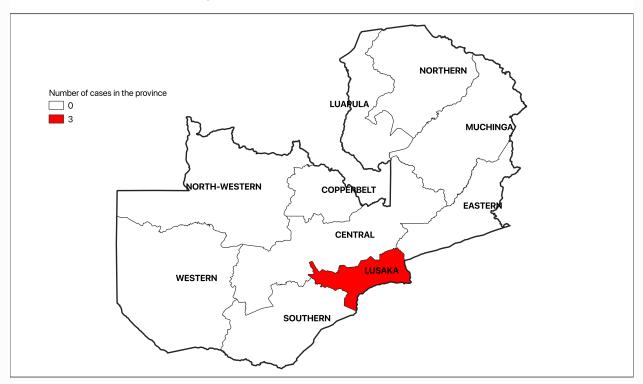
Zambia Current Numbers

- ↑ 3 confirmed (1 new)
 - 0 deaths (0 new)
- 0 Recoveries (0 new)

Global Numbers as of 21/03/20

- (Source: WHO)
- **† 266,073** confirmed (32,000 new)
- 11,184 deaths (1,344 new)
 - *New: in the last 24hrs
- **Tubalange Hospital:** there are currently no persons admitted at the facility
- **Surveillance:** 2884 passengers from COVID-19 risk countries have been screened at KKIA. A total of 86 alerts have been received to date with 11 persons under investigation. There are currently 83 close contacts of the confirmed cases under observation.
- **Laboratory testing:** the University Teaching Hospital Virology Lab (UTHVL) has to date processed 75 samples, with 3 confirmed positive for COVID-19; 16 results are pending.









2. ACTIONS TO DATE

2.1 CO-ORDINATION

➤ Ministerial Level:

- Meetings of the council of ministers have been convened, chaired by the Vice-president as well as high level inter-ministerial coordinating meetings, chaired by the Secretary to the Cabinet.
- The National Epidemic Preparedness, Prevention Control and Management Committee (NEPPC&MC), chaired by the Hon. Minister of Health, Dr Chitalu Chilufya, has also met
- Statutory Instruments SI 21 and 22 were issued by the Minister of Health
- Regular press briefings have been held since the declaration of the outbreak in Zambia.

Technical level

- An Incident Management Structure (IMS) meets twice weekly on Tuesdays and Thursdays. (Refer to Annex 3 for the IMS structure)
- Technical co-ordinating meetings are being held with cooperating partners and other stakeholders. The meetings are chaired by the Director, ZNPHI.

2.2 SURVEILLANCE

- > Standard case definitions are being used for surveillance (Refer to Annex 2)
- Surveillance at POEs remains heightened. A total of 2,884 arrivals from COVID-19 risk countries have been screened at KKIA. Of these, 2,407 are currently under observation; 507 persons have completed the 14-day observation period (See table 2 below).
- ➤ 86 COVID-19 alerts have been received and been verified as non-cases; there are 11 persons under observation.
- ➤ 83 passengers on board flight EK713 that was carrying the two confirmed cases have been identified and are currently under self- quarantine and monitoring for 14 days.

Table 1: COVID-19 surveillance and monitoring report as of 22nd March 2020

Parameter	Number
Total screened to date	2,884
Risk persons currently being monitored	2,407
Risk persons that have completed 14 days	507
Number of alerts notified & verified as non-cases	86
Number of persons under investigation	11
Number of close contacts of cases under investigation	83





2.3 LABORATORY CAPACITY

- Ninety-one (91) samples have been received to date; 75 have been processed, three (3) of which were positive. The results for sixteen (16) samples were pending. Repeat tests will be conducted on the initial two confirmed tests to determine their current status after treatment.
- The test turn-around time is 24 hours, and 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

2.4 CASE MANAGEMENT

contact/been exposed to a confirmed positive case and are symptomatic

- > Six (6) patients (3 confirmed) are currently admitted at Levy Mwanawasa Hospital
- Four patients (with negative test results) were discharged in the last 24 hours.

2.5 LOGISTICS

- Quantification of logistical requirements concluded and included in the updated contingency plan
- ➤ PPE distributed to Copperbelt Provincial Health Office, Kazungula, Livingstone and Choma; distribution to other high risk districts scheduled for week of 22nd − 27th March 2020
- ➤ PPE and consumables have also been delivered to Tubalange and Levy Isolation centres, as well as the UTH screening unit

2.6 HEALTH PROMOTION AND RISK COMMUNICATION

- Updated case definition posters have been printed and distributed to the Provincial Health Offices.
- A free messaging platform is active on all networks; type and send the message 'COVID' to 878.
- ➤ A USSD code *573# has been activated with support from USAID Discover
- Interactive risk communication and health promotion programmes have been broadcast on a number of radio and television stations; regular press statements and press briefs have also been issued.
- Three hotlines (0953-898941; 0964-638726; 0974-493553) have been set up at the ZNPHI for the public to call for information regarding COVID-19.





➤ IEC materials are available at the following link: http://znphi.co.zm/news/new-coronavirus-covid-19-travelers-guide-and-fact-sheet/

3. GAPS AND CHALLENGES

- > Surveillance: Non-compliance of quarantine rules by some passengers returning from COVID-19 risk countries
- Logistics: inadequate quantities of sample collection kits; require seven (7) additional vehicles for contact tracing (4), sample transportation (2) and logistics distribution (1); fuel for operations vehicles; and inadequate quantities of disinfectants and hand washing soap
- **Risk communication:** rampant rumours and fake news stories in circulation

4. PRIORITY ACTIONS AND RECOMMENDATIONS

- Follow up of cases of non-compliance among recent
- > Procurement of additional quantities of PPE and consumables
- > Continued implementation of scalable response plan commensurate with the level of the epidemic

5. CONCLUSION

Zambia recorded the third confirmed case of COVID-19; all recorded cases have been imported. A scalable response remains in effect across the country. Community participation in surveillance and implementation of public health measures such as social distancing and personal hygiene are key to controlling the outbreak.





ANNEX 1: EPIDEMIOLOGICAL DATA AS OF 6:00HRS ON 22nd MARCH 2020

	Date	Tubalange	Levy	UTH	Daily Total	Cumulative since outbreak declared	Comments	
Cases								
Suspected cases	22/03/20	0	4	0	4	15		
Confirmed cases	22/03/20	0	1	0	1	3		
Admissions/Discharges								
Current Admissions	22/03/20	0	6	0	6	18		
Discharges	22/03/20	0	4	0	4	12		
Transferred in	22/03/20	0	0	0	0	7		
Transferred out	22/03/20	0	0	0	0	7		
Deaths	<u> </u>	<u>I</u>	<u> </u>	<u> </u>	<u> </u>	l		
Deaths among suspected cases	22/03/20	0	0	0	0	0		
Deaths among lab confirmed cases	22/03/20	0	0	0	0	0		
UTH Virology Laboratory								
Samples received	22/03/20	-	-	-	16	91		
Samples processed	22/03/20	-	-	-	17	75		
Results pending	22/03/20	-	-	-	16			
COVID-19 positive	22/03/20	-	-	-	1	3		





ANNEX 2: CORONAVIRUS DISEASE 2019 (COVID-19) CASE DEFINITIONS

Case Definitions

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

<u>Probable case</u>: A suspect case for whom testing for COVID-19 is inconclusive or is tested positive using a pancoronavirus assay and without laboratory evidence of other respiratory pathogens.

Confirmed case: A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and





ANNEX 3: NATIONAL LEVEL INCIDENT MANAGEMENT SYSTEM FOR THE COVID-19 PREPAREDNESS RESPONSE

