

## ZAMBIA SITUATION REPORT NO. 57

Disease Outbreak: COVID-19

Response start date: 30<sup>th</sup> January, 2020

Outbreak Declared: 18<sup>th</sup> March, 2020

Date of report: 14<sup>th</sup> May, 2020

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### 1. SITUATION UPDATE

#### 1.1 CURRENT CASE NUMBERS (as of 12:00 hours)

➤ In the past 24 hours:

- There were **208 new confirmed cases, 0 deaths and 0 recoveries**.
- Cumulative number of confirmed COVID-19 cases recorded to date is **654, with 7 deaths (CFR=1.07%) and 124 recoveries**.
- There are currently **523 active cases** – **398 from Muchinga, 68 from Lusaka, 33 from the Copperbelt; 19 from Central and 5 from North-western**

**Zambia Numbers**

👤 **654 Confirmed (208 new)**  
 🚰 **7 Deaths (0 new)**  
 🌿 **124 Recoveries (0 new)**

**Global Numbers**  
 (Source: JHU)

👤 **4,429,969 Confirmed (102,681 new)**  
 🚰 **298,180 deaths (2,640 new)**  
 🌿 **1,659,873 recoveries (134,882 new)**  
 \*New: in the last 24hrs

### 2. EPIDEMIOLOGICAL HIGHLIGHTS

Table 1: COVID-19 Surveillance and case management summary, based on 14<sup>th</sup> May 2020 report

Parameter	Number
Cumulative number of high risk persons under observation	14,149
Cumulative number of high risk persons that have completed 14 days observation	3,903
Cumulative number of alerts notified & verified as non-cases	1,994
Cumulative Number of Test Results Processed	15,487
Tests per 1,000,000 population	911
<b>Total Number of Confirmed COVID-19 Positive Cases</b>	<b>654</b>

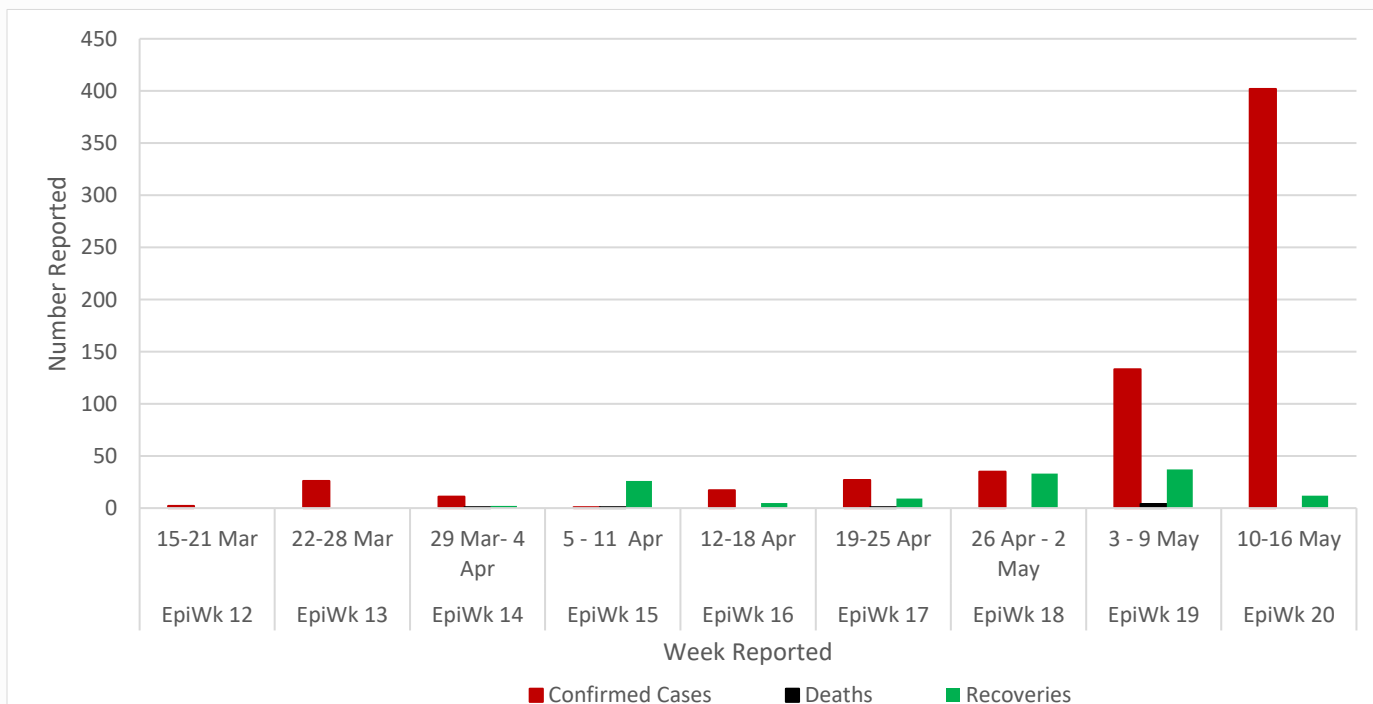


Figure 1: Weekly COVID-19 confirmed cases (N=654), deaths (N=7) and recoveries (N=124) as of 14<sup>th</sup> May 2020

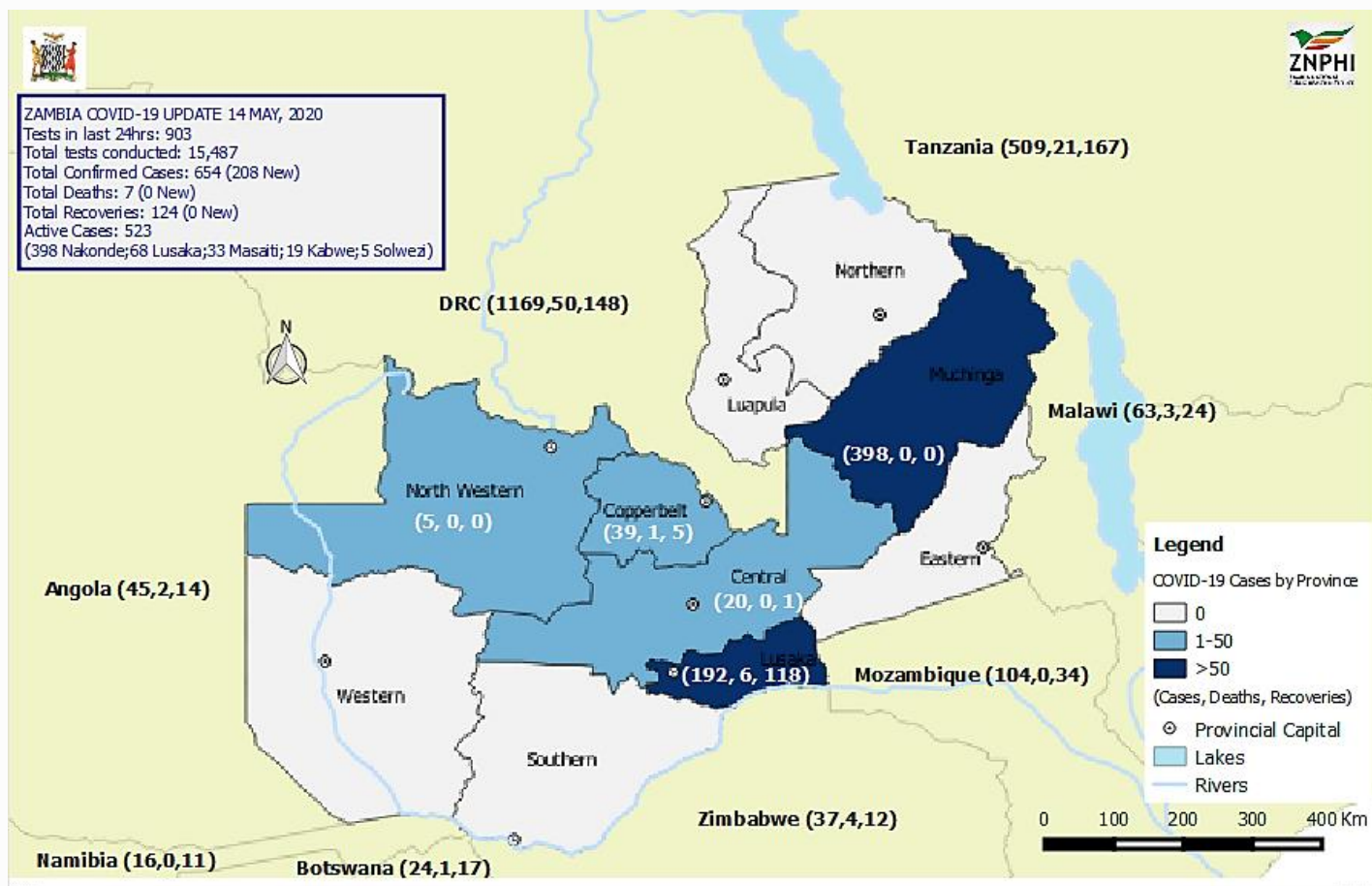


Figure 2: Map of Zambia showing confirmed COVID-19 cases, deaths and recoveries (in brackets) by province, as well as confirmed cases, deaths and recoveries (in brackets) in neighbouring countries as of 14<sup>th</sup> May 2020

➤ **Age and Sex distribution:** Of the confirmed cases, 69% are male and 31% are female. The most affected age groups are those aged between 31-44 years old (38%), 15-30 years old (33%), and 45-60 years old (21%).

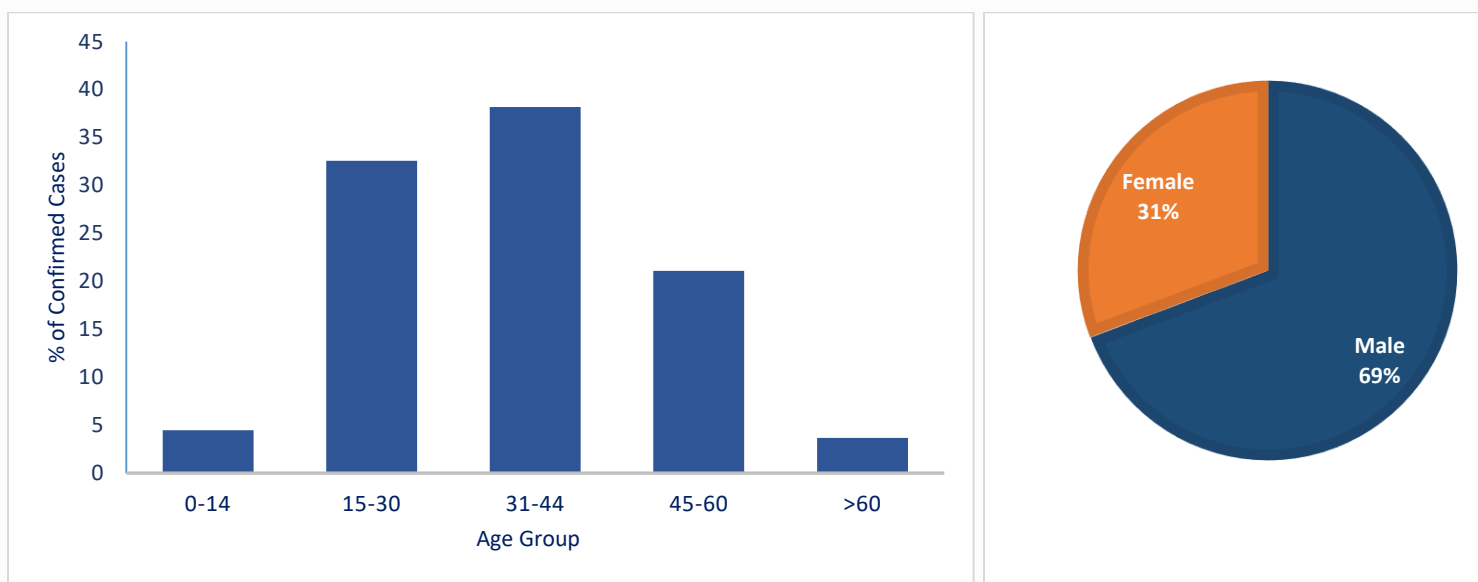


Figure 3: Age and Sex distribution of confirmed cases, as of 14<sup>th</sup> May 2020

### 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 13,898 confirmed cases of COVID-19 including 257 deaths and 6,002 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:**

- Meetings of the Committee of Ministers (chaired by the Vice President), Inter-ministerial Committee of Permanent Secretaries (chaired by the Secretary to Cabinet), and the National Epidemic Preparedness, Prevention Control and Management Committee (NEPPC&MC) (chaired by the Minister of Health) have been convened since the declaration of the outbreak
- 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 Minister of Health holds daily press briefings on the evolving outbreak situation in Zambia.
- 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
- 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 daily press briefing on 10<sup>th</sup> May 2020, the Minister of Health announced the closure of the Nakonde border with effect from Monday 11<sup>th</sup> May, 2020. Residents of Nakonde will be allowed to access local shops and markets on 14<sup>th</sup> and 15<sup>th</sup> May, 2020 for essential goods before the lockdown resumes.

#### 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 30<sup>th</sup> January and further declared COVID-19 a pandemic on 12<sup>th</sup> March. Zambia recorded its first two cases of COVID-19 on 18<sup>th</sup> 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. There has since been an increase in local person-person transmission with increasing geographic spread; so far Lusaka, Kafue, Chirundu, Chilanga, Chingola, Chililabombwe, Ndola, Masaiti, Mpongwe, Kitwe, Kapiri-Mposhi, Luanshya, Kabwe, Solwezi, Kalumbila and Nakonde districts have reported cases.

- In his fourth presidential address on COVID-19 given on 8<sup>th</sup> May, 2020, HE Dr. E. C. Lungu stated that the outbreak control measures had been further reviewed as follows:
  - Restaurants may revert to their normal operation
  - Cinemas, gyms & casinos may also reopen
  - An appeal was made to proprietors of hotels, lodges, tour operators, event management companies and others who voluntarily closed their business to ensure the safety of their staff and clientele to consider reopening
  - Bars and taverns to remain closed pending further review of the measures in the next 7-14 days depending on the evolution of the pandemic.
  - Only examination classes in primary & secondary schools to reopen. The first classes will reopen on 1<sup>st</sup> June 2020 with enforced public health guidelines in place. The Ministry of Health and DMMU must ensure that re-useable face masks, hand washing facilities and/or sanitisers are provided. The Minister of General Education and the Minister of Higher Education have been directed to engage stakeholders on possibility and modalities of reopening non-exam classes, colleges & universities in the near future.
  - The reopening of business premises and schools is 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. All pronouncements are subject to further review in the coming days and weeks.
- 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.
- **Technical level:** The ZNP HI continues to provide leadership and partner collaboration on the response through the Public Health Emergency Operation Centre (PHEOC).
  - Technical co-ordinating meetings are being held with cooperating partners and other stakeholders. The meetings are chaired by the Director, ZNP HI
  - The Incident Management System (IMS) continues to meet at the ZNP HI (with a Zoom link provided to ensure social distancing) on Tuesdays and Thursdays. The IMS structure is available at **Annex 1**

- 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.

### 3.2 SURVEILLANCE AND OUTBREAK INVESTIGATION

- Surveillance around the country has been heightened at community level, health facilities, points of entry (POEs), and sentinel sites in order to rapidly detect and isolate cases. 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. The COVID-19 case definitions for surveillance are available at **Annex 2**
- **Case finding: 208 new cases** were identified; 12 truck drivers from Chirundu and 196 from the Nakonde mass screening.
  - This brings the cumulative number of cases recorded to date to 654. Of these, 80 (12%) have been truck drivers.
  - All cases have been placed in isolation facilities; known contacts are being traced and screened.
  - Distribution of cumulative cases by district: Nakonde 398, Lusaka 150, Ndola 25, Chirundu 22, Kafue 20, Kabwe 16, Masaiti 5, Solwezi 4, Chingola 3, Kapiri Mposhi 3, Chilanga 2, Chililabombwe 2, Kalumbila 1, Kitwe 1, Mpongwe 1, and Luanshya 1.
- The team of experts from ZNPPI is still in Nakonde to provide support and work with the local response teams.
- The following key interventions have been put in place to control the outbreak in Nakonde:
  - A multi-sectoral approach to the response including the Provincial Administration, Ministries responsible for Health, Defence, Home Affairs, Foreign Affairs, Finance, Commerce Trade and Industry, Transport and Communication, Information and Broadcasting Services, and Energy among others is in place.
  - Nakonde border was closed with effect from Monday 11th May 2020. There shall be no traffic in and out of Nakonde to facilitate the implementation of targeted interventions. The public will be informed when the temporary closure of the border will be lifted. Trucks ferrying essential goods such as fuel, medical supplies and critical equipment shall be allowed through the border and to transit out of Nakonde, subject to mandatory health screening, disinfection and other public health guidelines.
  - Truck drivers will be screened and tested and their trucks disinfected on entry into the country and be escorted to final destinations by the security services. Supervised stops shall only be permitted at designated truck stops
  - Training and deployment of additional staff to work in various disciplines at the point of entry so as to provide relief to the current staff who have tested positive for COVID-19.

- Additional supplies including PPEs and medical consumables to support the response have been mobilised and dispatched to Nakonde.

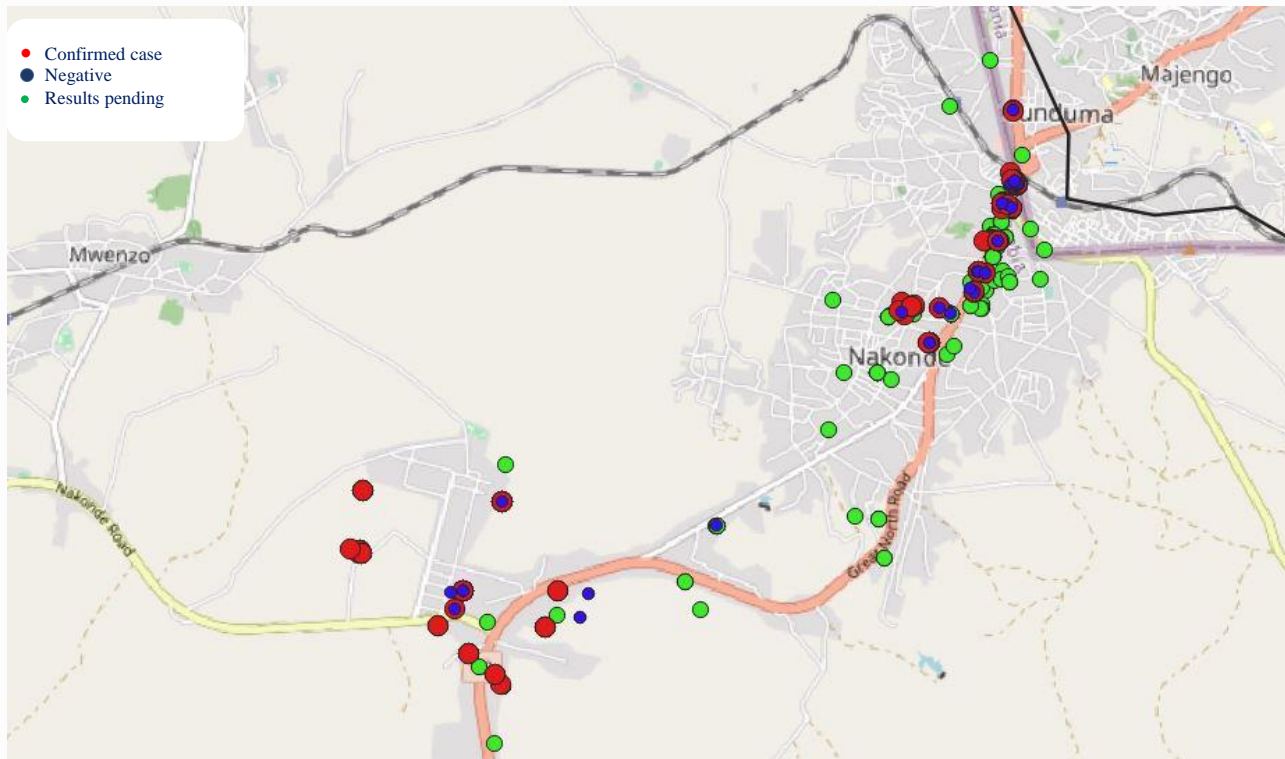


Figure 4: Results of COVID-19 testing conducted in Nakonde, last updated 13<sup>th</sup> May, 2020

➤ **Points of Entry:**

- Active screening continues in all PoEs.
- Asymptomatic travellers into Zambia must undergo 14-day mandatory quarantine at either a government facility or one of the hotels and lodges that have been identified to serve as quarantine facilities. See **Annex 3** for a list of available quarantine hotels and lodges; accommodation is 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. Additional quarantine space was identified in Nakonde and a separate facility has also been established in Mpika.

- **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. Testing facilities have also been set up at Chinsali General Hospital. 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, **903 tests** were conducted, out of which **208** samples tested positive for SARS-CoV-2. A total of **15,487 tests** have been conducted to date with a cumulative **654 confirmed positive (4.22% positivity rate)** for SARS-CoV-2. The testing coverage is **911 per 1,000,000 population**, compared to an average of 2,197/1M for countries in the SADC region.
- The Nakonde results have been reported in batches due to the time-lag between sample transportation to the reference lab, extraction of RNA, testing and validation of results.
- The increase in testing sites and staff numbers has resulted in increased daily tests from approximately 400 to 800. As a result, the turn-around times and backlog have reduced
- 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.

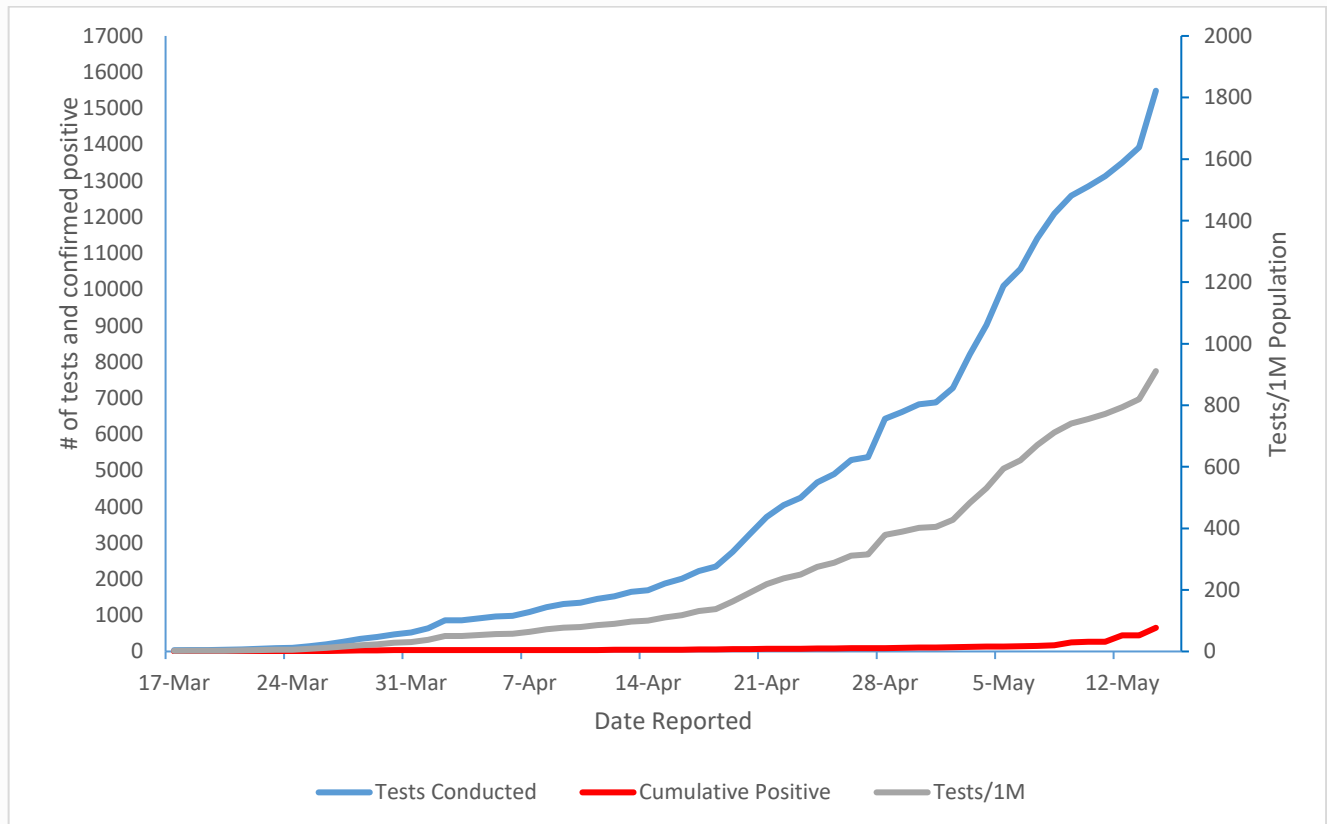


Figure 5: Graph showing cumulative number of PCR tests conducted, confirmed cases and tests per 1M population between 17<sup>th</sup> March and 14<sup>th</sup> May 2020

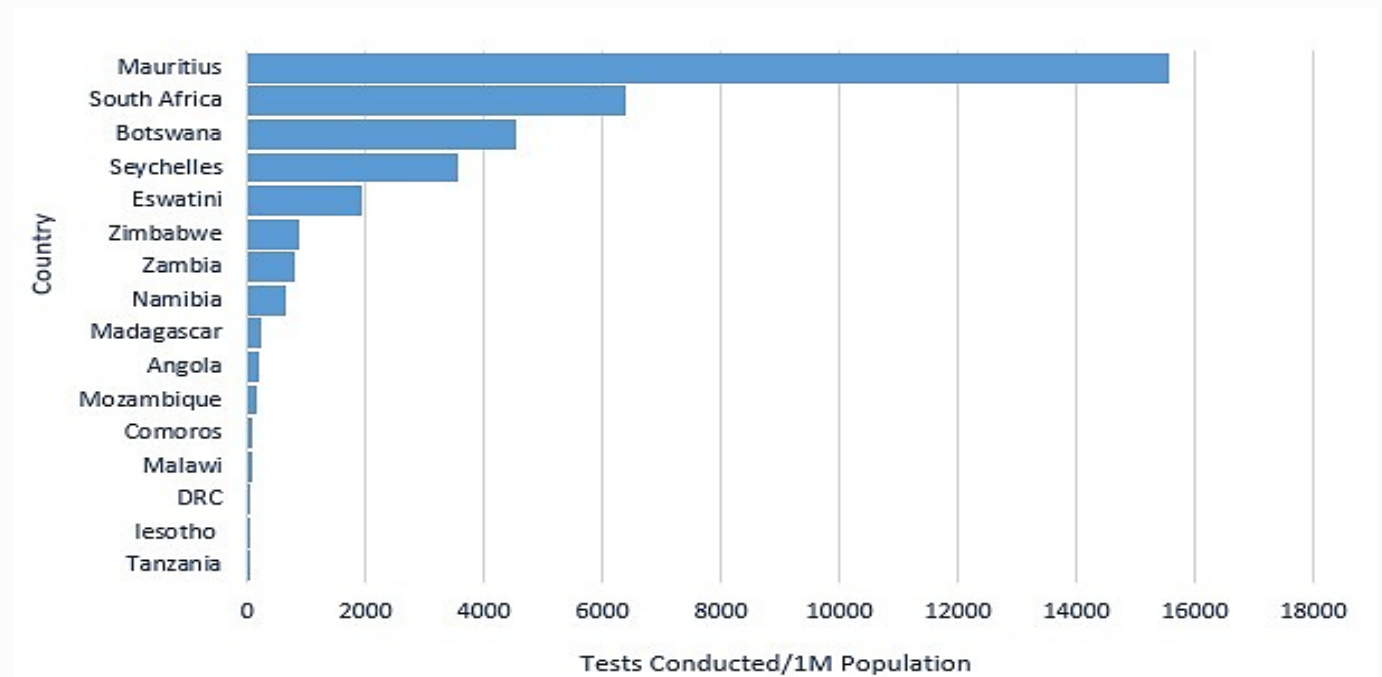


Figure 7: COVID-19 tests/million population by Country in Southern Africa (Source: Africa CDC dashboard), 13<sup>th</sup> May 2020

➤ **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.*

- There are currently **523 active COVID-19 cases** being managed at various facilities. All cases are stable except one patient at the Masaiti facility who suffers from hypertensive encephalopathy.
- **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, including an isolation facility at **Mpima Prison** in Kabwe which was converted to an isolation bay for inmates that might be positive for COVID-19. A detailed list is available on the ZNPFI website

➤ **Outbreak Investigation and Research:**

- The Ministry of Health through the ZNPFI 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; 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
- Logistical support to isolation facilities for IPC equipment and materials with support from UNICEF
- Training in IPC for HCWs at Levy Isolation facility with support from World Vision

### 3.4 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

#### ➤ Activities conducted include:

- Supporting Community engagement activities in Nakonde and in all the 10 provinces
- Sensitization of communities through PA systems in all the Provinces
- 13 live radio discussions held during the week
- Distributed 23, 000 IEC materials
- Held meetings with 5 Chiefs as part of community engagement efforts
- Monitoring and mentorship for risk communication activities on the Copperbelt

➤ **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 2<sup>nd</sup> May, 2020 to date:

- Continuing reports of ‘business as usual’ attitude in many high density areas either through necessity, lack of knowledge, or under appreciation of the risk (“COVID-19 is not for people like us”). The message on handwashing does appear to be gaining traction, but other preventive behaviours less so.
- The Nakonde spike reduced feelings that the pandemic only concerned Lusaka and the elite, but it raised a new set of concerns regarding transmission and also screening of travellers.
- The COVID-19 conversation saw key debating points in the first half of May over school and church re-openings, donations, Nakonde, and the death of a lab technician using public transport.
- Sensitisation work in communities is growing and important given that other channels such as radio messages and posters do not reach everyone, and cannot always be well understood.

➤ **Community insights:** the following issues and beliefs were noted during community engagement and social mobilisation work:

- Community level sensitization work is proving important, particularly in compounds where many households lack access to mobile phones, radios and any means of catching the news. These same households are often found to be facing food insecurity, and lack handwashing buckets, masks, soap and sanitizer.

- The IEC materials and other messages are a struggle for those who are illiterate. Radio signals do not reach all areas.
- There is reported to be lots of continuing movement by traders, which is concerning people. Some communities have set up their own checkpoints to screen. In markets and bus stations, physical distancing is challenging.
- Some reported shortages of medical drugs at district level, especially for diseases like malaria with similar symptoms to COVID-19.
- In areas without reported cases, it is not easy to convince people to change their behaviours.
- In more remote areas, people are confused about referral. Community healthcare workers are lacking affordable transport and ask how movement to isolation facilities will be organised.
- IEC materials are generally not providing information on wearing masks, on asymptomatic infection and on screening/quarantine procedures.

#### ➤ **Digital platforms/Social media**

- U-Report Zambia (text ‘corona’ to 878) continues to provide information on COVID-19 through two services on the platform: 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.
- In the period, a total of 225,015 messages have been transmitted on the platform and 81 per cent (182,501) of these relate to COVID-19. In the month of April, a total of 129,997 message interactions have been transmitted, with the third week being the busiest, and the fourth week been the quietest. The busy third week is probably related to a U-Report poll that was running during this period. The introduction of the U-Report SMS bot on COVID-19 has been very useful in reducing the volume of messages that counsellors have to directly respond to, effectively contributing to efficiency in obtaining relevant information on COVID-19 via the platform.
- The COVID-19 call centre remains active with 800-1000 calls received daily

## **4. GAPS AND PRIORITY ACTIONS**

### ➤ **POE:**

- **uncontrolled border movement:** border closure to bring the situation under control
- **high prevalence of COVID-19 in Nakonde:** heightened surveillance and case detection, increased local lab capacity, instituted IPC measures; increased risk communication and community engagement

➤ **RCCE:**

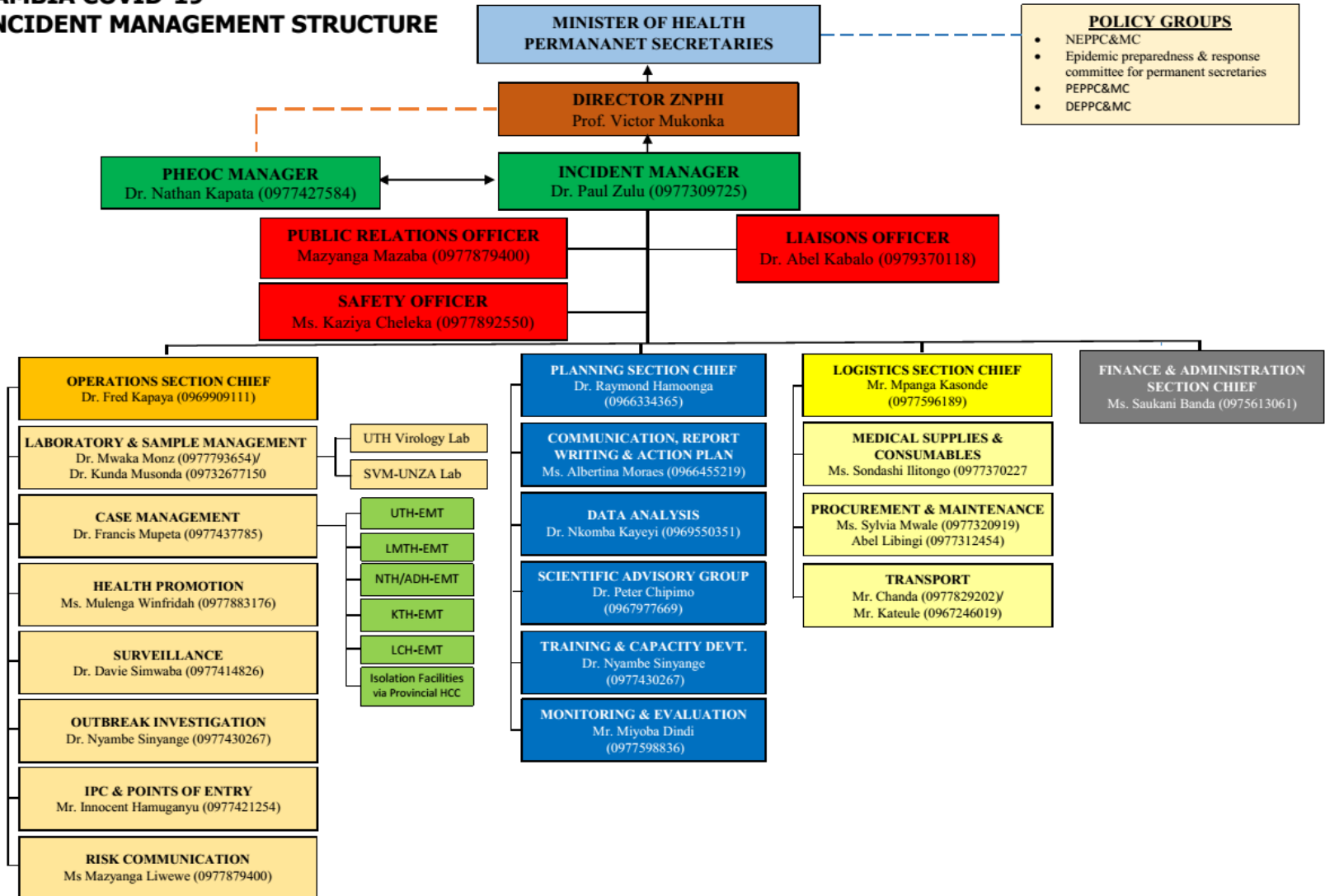
- **Non-compliance to social distancing and wearing of masks, especially in markets, bus stations and high density areas:** enhanced community engagement and sensitisation; continued public communication and dynamic listening in order to better tailor messages and response for the public; scheduled deployment of youth volunteers in Lusaka (with support of the Ministry of Youth Sport and Child Development and UNDP) to enhance risk communication through door to door sensitisation and distribution of face masks
- **Improper disposal of single use face masks by members of the public:** heightened and adaptive IPC messaging for communities; intensified community engagement;

## 5. CONCLUSION

In the last 24 hours, Zambia recorded 208 new cases of COVID-19, bringing the cumulative total to 654 confirmed cases. In view of the risk of importing COVID-19 from neighbouring countries, control interventions are being stepped up in other districts with major points of entry. Public health safety measures continue to be implemented and the role of the general public in the control of the outbreak stressed.

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

### ZAMBIA COVID-19 INCIDENT MANAGEMENT STRUCTURE



## 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.

### ANNEX 3: LIST OF AVAILABLE HOTELS AND LODGES FOR COVID-19 QUARANTINE

	Name of Hotel	Bed capacity	Contact Person	Contact number	Estimated cost in USD (negotiable)
1	Radisson Blu	120	John Klana	0977758823	100
2	Fallsway Apartments	50	Raj	0976024254	100
3	Hilton	40	Kudzayi	0960998475	65
4	Malanga Village	25	Ngoza	0964066685	65
5	Shakespeare Apartments	25	Oscar Mumba	0966431386	65
6	Skyview lodges	52	Mwakoi Katanekwa	0950628444	50
7	Chamba valley Exotic Lodge	90	Wally Makwele	0977463859	50
8	Wild dog	52	Reception	0971760423	65