

ZAMBIA SITUATION REPORT NO. 60

Disease Outbreak: COVID-19

Response start date: 30th January, 2020

Outbreak Declared: 18th March, 2020

Report date: Sunday 17th May, 2020

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1. SITUATION UPDATE

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

➤ In the past 24 hours:

- There were **74 new confirmed cases, 0 deaths and 5 recoveries**.
- Cumulative number of confirmed COVID-19 cases recorded to date is **753, with 7 deaths (CFR=0.93%) and 188 recoveries**.
- There are currently **558 active cases**. Cases have been reported from 5 of the 10 provinces, namely: Muchinga, Lusaka, Copperbelt, Central, and North-western provinces

Zambia Numbers

👤 **753 Confirmed (74 new)**

👤 **7 Deaths (0 new)**

👤 **188 Recoveries (5 new)**

Global Numbers
(Source: JHU)

👤 **4,722,233 Confirmed (93,354 new)**

👤 **313,266 deaths (4,611 new)**

👤 **1,813,020 recoveries (52,391 new)**

**New: in the last 24hrs*

2. EPIDEMIOLOGICAL HIGHLIGHTS

Table 1: COVID-19 Surveillance and case management summary, based on 17th May 2020 report

Parameter	Number
Cumulative number of high risk persons under observation	15,074
Cumulative number of high risk persons that have completed 14 days observation	4,270
Cumulative number of alerts notified & verified as non-cases	2,116
Cumulative Number of Test Results Processed	17,354
Tests per 1,000,000 population	1,021
Total Number of Confirmed COVID-19 Positive Cases	753

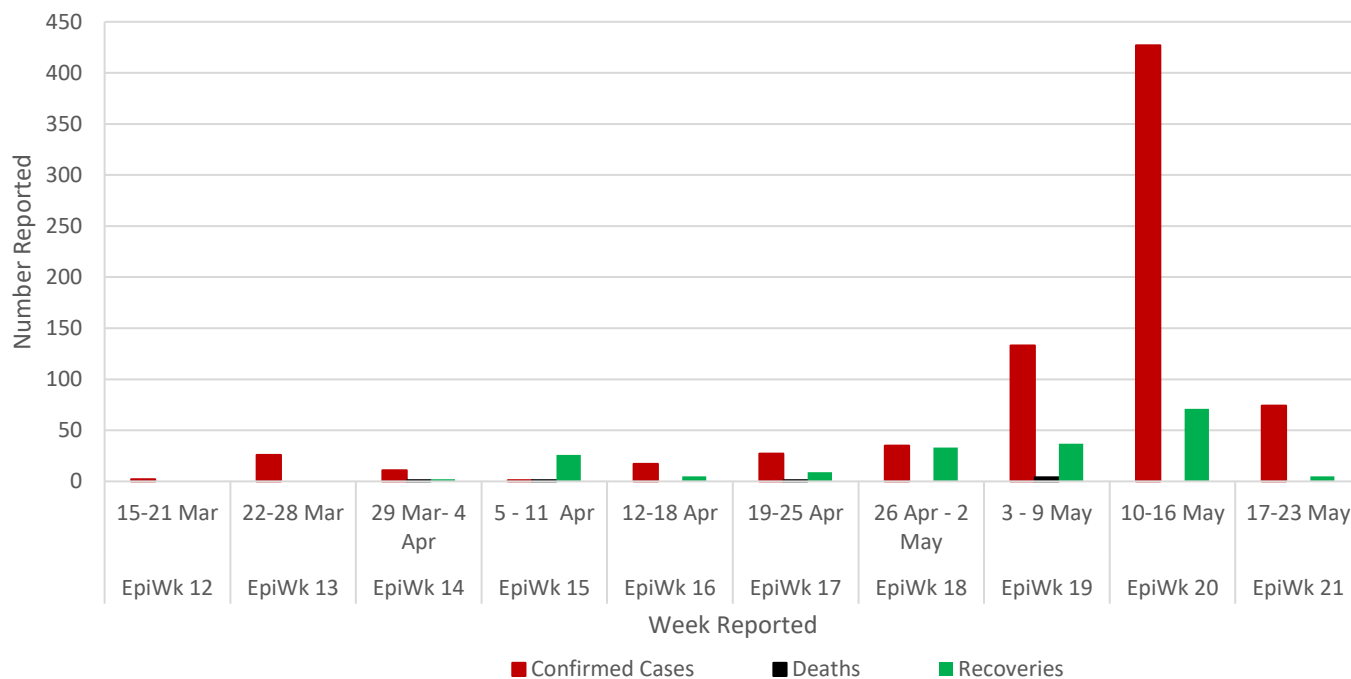


Figure 1: Weekly COVID-19 confirmed cases (N=753), deaths (N=7) and recoveries (N=188) as of 17th May 2020

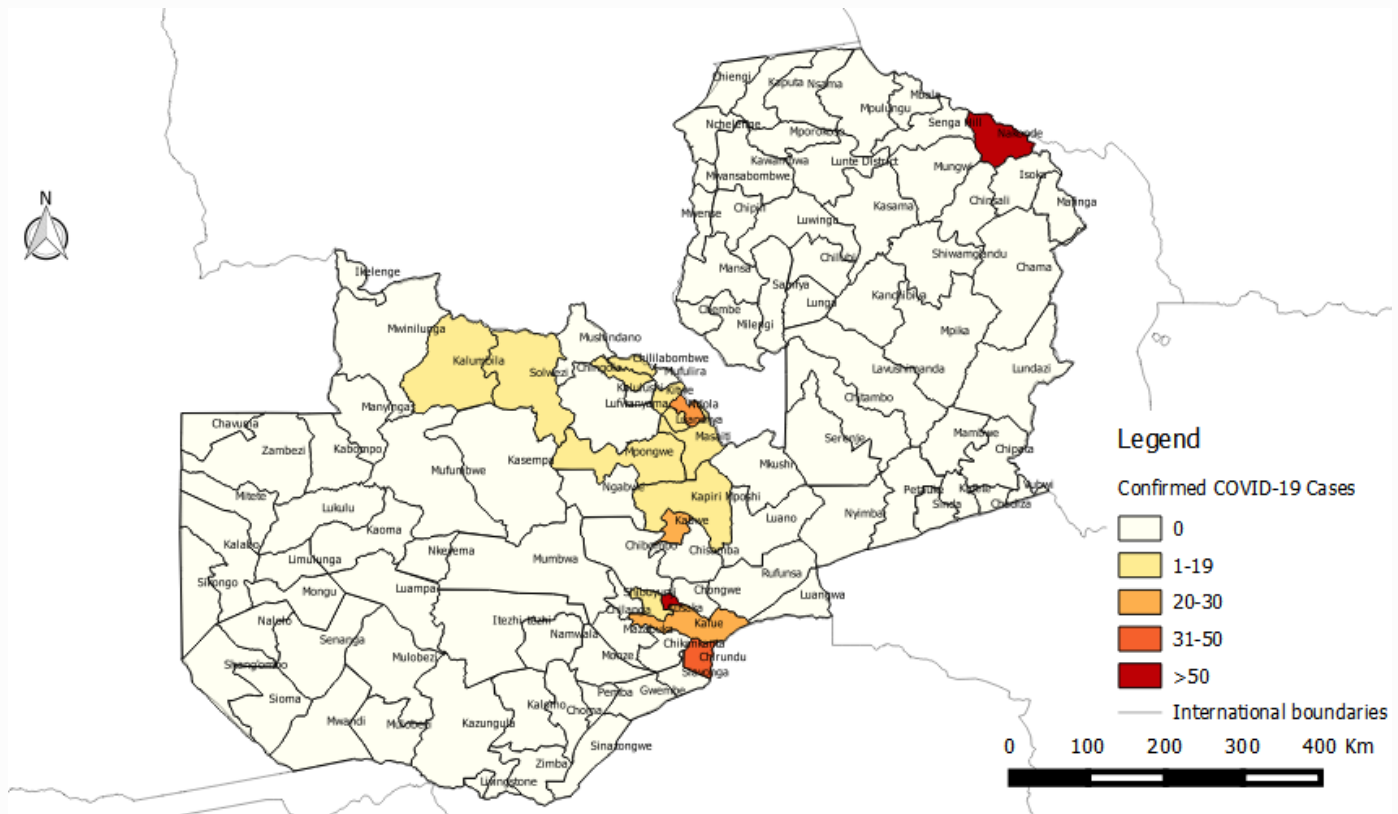


Figure 2: Map of Zambia showing distribution of confirmed COVID-19 cases by district, as of 17th May 2020

➤ **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 (37%), 15-30 years old (32%), and 45-60 years old (22%).

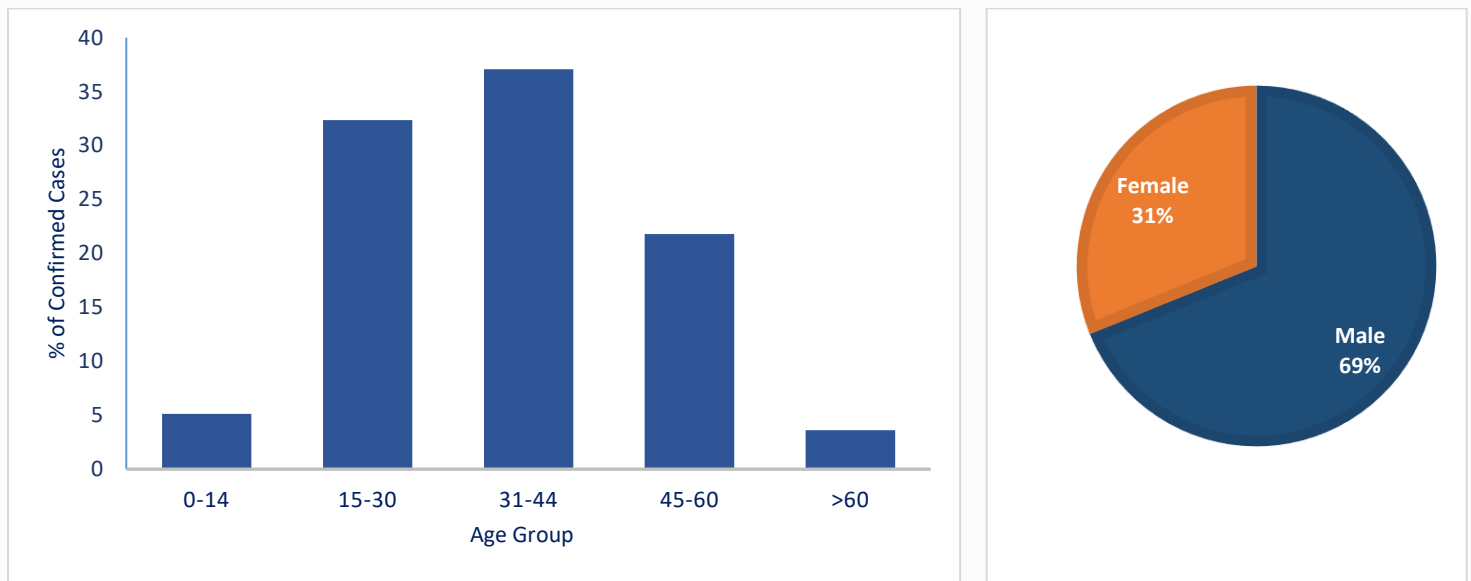


Figure 3: Age and Sex distribution of confirmed cases, as of 17th May 2020

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 15,563 confirmed cases of COVID-19 including 280 deaths and 6,864 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
- Multi-sectoral collaboration meetings at cabinet level of the government are ongoing.
- The Vice president in collaboration with the UN launched an appeal to mobilise resources for the ongoing response
- All provincial ministers are leading multi-sectoral collaborating teams to support the response in their respective provinces.
- 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 in collaboration with other line ministers holds daily press briefings on the evolving outbreak situation in Zambia and advocacy for support from all the stakeholders
- 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

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 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.

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 10th May 2020, the Minister of Health announced the closure of the Nakonde border with effect from Monday 11th May, 2020. Residents of Nakonde will be allowed to access local shops and markets on 14th and 15th May, 2020 for essential goods before the lockdown resumes.
- In his fourth presidential address on COVID-19 given on 8th 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 1st 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 workers 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 designated lodges and 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 2**
 - 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 3**
- **Case finding: 74 new cases** were identified from Copperbelt, Central, Lusaka and Muchinga provinces from the routine screening contact tracing, and verification of alerts.
 - Distribution of the new cases is as follows: Lusaka 34; Chilanga 24; Nakonde 8; Kabwe 5; Ndola 2; and Kitwe 1.
 - This brings the cumulative number of cases recorded to date to **753 cases**.
 - The cumulative number of cases by district is: Nakonde 406, Lusaka 195, Chirundu 32, Ndola 27, Chilanga 26, Kabwe 25, Kafue 20, Masaiti 5, Solwezi 4, Chingola 3, Kapiri Mposhi 3, Kitwe 2, Chililabombwe 2, Kalumbila 1, Mpongwe 1, and Luanshya 1.
 - All cases have been placed in isolation facilities or under supervised home quarantine; known contacts are being traced and screened.
- The team of experts from ZNP HI is still in Nakonde to provide support and work with the local response teams. Teams have also been dispatched to support efforts in other high-risk areas and points of entry.
- The following key interventions have been put in place to control the outbreak:
 - 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 borders and to transit to their destinations subject to mandatory health screening, disinfection, and other public health guidelines.
- The truck drivers will be screened and tested and their trucks disinfected on entry into the country and allowed to proceed to their final destinations under security escort. Supervised stops are only 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.

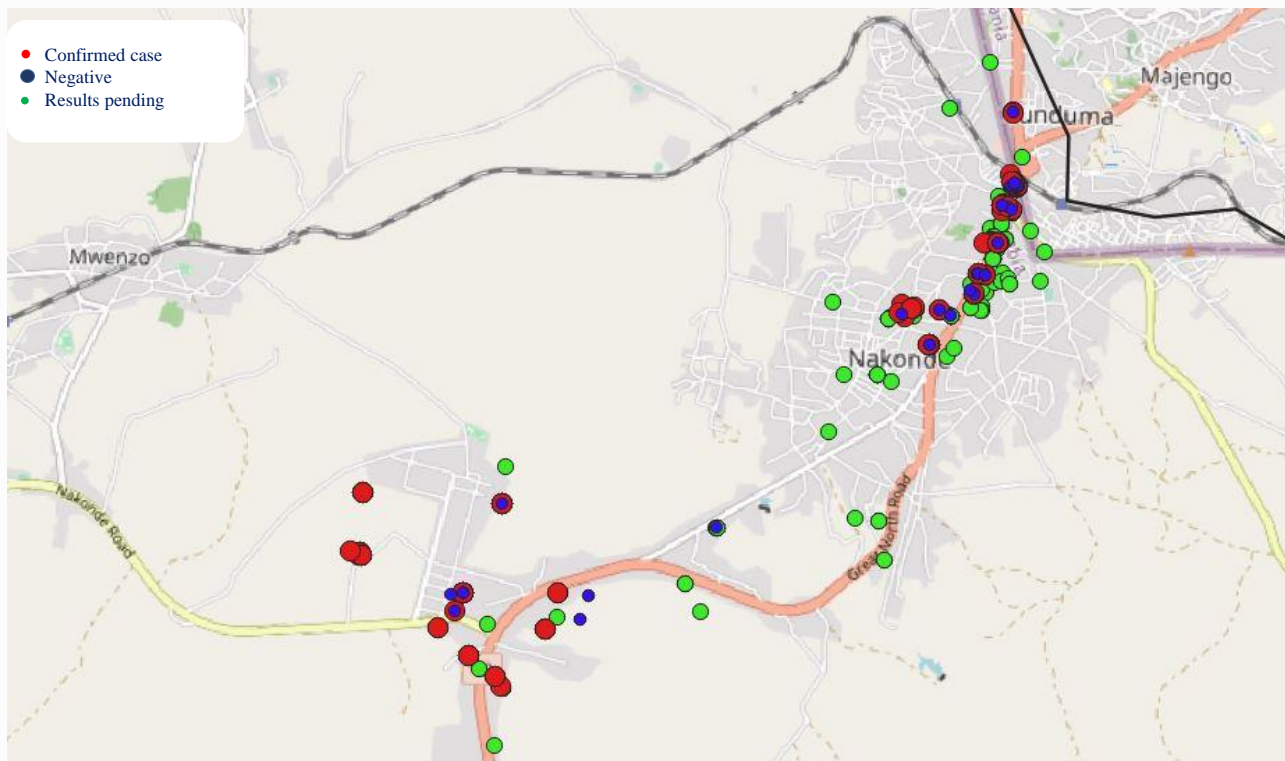


Figure 4: Results of COVID-19 testing conducted in Nakonde, last updated 13th May, 2020

➤ 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 4** 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 five (05) 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) at UNZA**, the **Tropical Diseases Research Centre (TDRC) on the Copperbelt**, **Macha Research Trust Laboratory and Chinsali General Hospital in Muchinga**. Efforts are under way to establish other testing facilities around the country. 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. The country commenced use of Gene Xpert and Roche Cobas 6800 platforms for testing in May, 2020.
- 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, **797 tests** were conducted, out of which **74 samples** tested positive for SARS-CoV-2.
- A total of **17,354 tests** have been conducted to date with a cumulative **753 confirmed positive (4.34% positivity rate)** for SARS-CoV-2. The testing coverage is **1021 per 1,000,000 population**, compared to an average of 2,197/1M for countries in the SADC region.

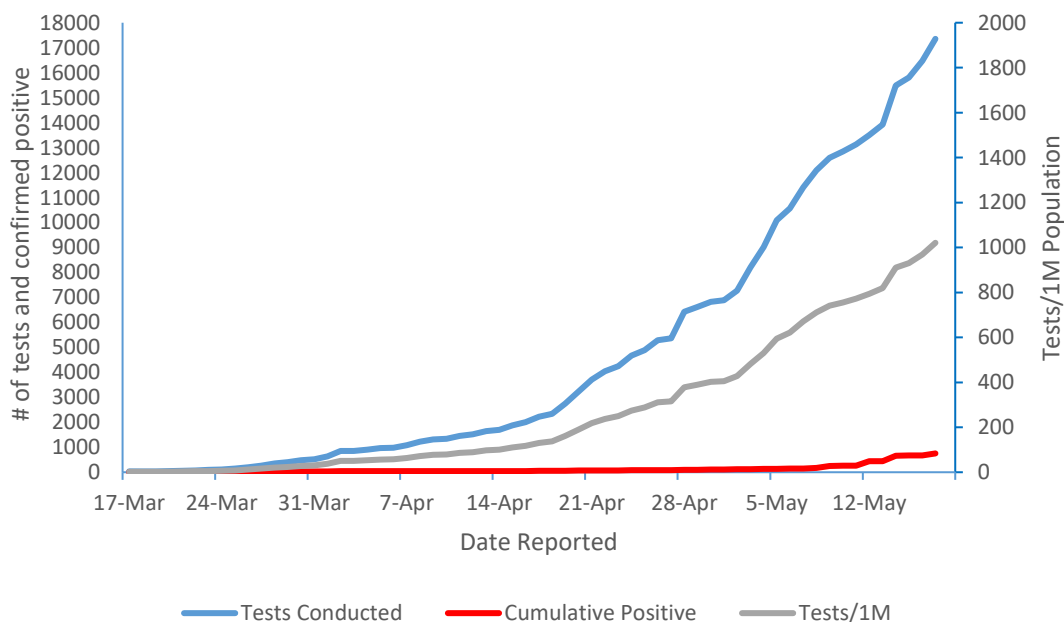


Figure 5: Graph showing cumulative number of PCR tests conducted, confirmed cases and tests per 1M population between 17th March and 17th May 2020

- **Case Management:** All confirmed cases are admitted to the designated isolation facilities or under supervised home quarantine. 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.
 - 74 new cases were identified in the last 24hrs
 - 5 patients were discharged from isolation facilities (3 from Kitwe and 2 from Ndola) following recovery. *Patients are only considered recovered once they record two negative re-test results within a 24hour period.*
 - There are currently **558 active COVID-19 cases** being managed. All cases are stable.
 - **A home-based case management approach has been piloted in Muchinga.**
 - Infectious diseases specialists have been dispatched to the provinces to build capacity in case management
 - **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 LOGISTICS

- The government has been prepositioning response supplies in all provinces since January in preparation for an outbreak response.
 - The country has also received support from cooperating partners, business houses, professional bodies from the health fraternity and civil society organisation.
 - Using the WHO quantification tools, PPE needs, supplies and gaps have been estimated and shared with partners
 - Logistics monitoring is ongoing with a clear indication of stocks at Medical Stores Limited and records of logistics that have been supplied to the provincial stores.
 - Several cooperate entities and donors have provided contributions to the response in the form of cash, PPE, testing kits and consumables. All donations have been audited in accordance with government regulations

3.4 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

3.5 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 the period between 2nd and 15th May, 2020:

- 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

Zambia has recorded a cumulative total to 753 confirmed cases. As the country continues to note a continued rise in the geographic spread of the confirmed COVID-19 cases, surveillance and control interventions remain heightened around the country as part of the scalable multi-sectoral response. Public health safety measures continue to be implemented and the role of the general public in the control of the outbreak stressed.

ANNEX 1: OUTBREAK RESPONSE PICTURE FOCUS



Risk Communication: billboard in Nakonde



Flag off of community screening exercise, Nakonde



Orientation of community volunteers, Chawama



Disinfection of public places



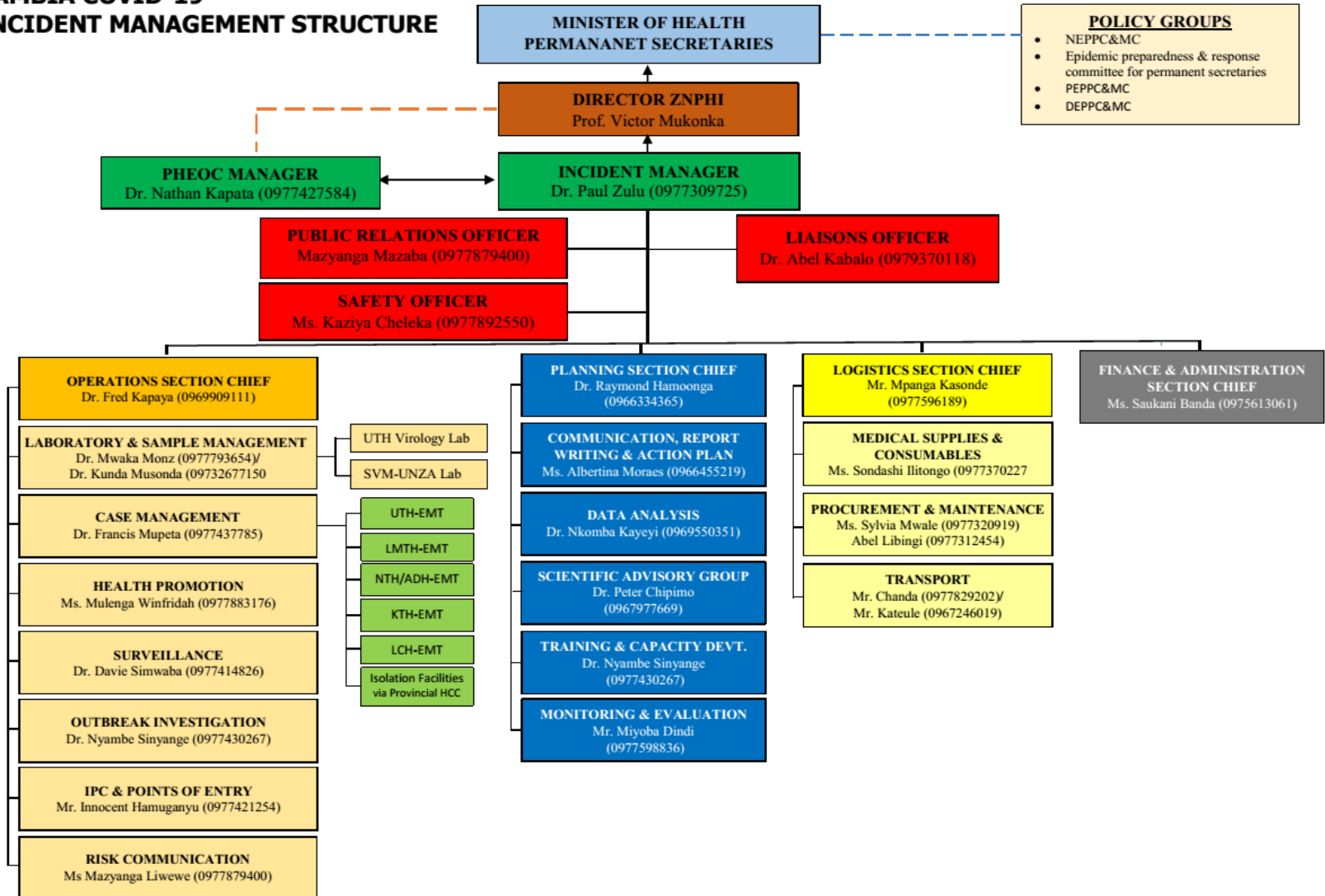
Closure of Nakonde Tunduma border



Hon. Chitalu Chilufya tours facilities in Nakonde

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

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 4: 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