

ZAMBIA SITUATION REPORT NO. 66

Disease Outbreak: COVID-19

Response start date: 30th January, 2020

Outbreak Declared: 18th March, 2020

Report date: Saturday 6th June, 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 **6 new confirmed cases, 0 death and 5 recoveries**.
- Cumulative number of confirmed COVID-19 cases recorded to date is **1181, with 10 deaths (CFR=0.85%) and 986 recoveries**.
- There are currently **185 active cases** spread across 7 provinces: 81 in Lusaka, 45 on the Copperbelt, 38 in Muchinga, 12 in Eastern, 7 in Luapula, 1 in Southern province, and 1 in Northern-western.

Zambia Numbers

👤 **1,152 Confirmed (6 new)**

👤 **10 Deaths (0 new)**

👤 **978 Recoveries (5 new)**

**New: in the last 24hrs*

Global Numbers
(Source: JHU)

👤 **6,804,044 Confirmed**

👤 **362,678 Deaths**

👤 **2,788,806 Recoveries**

2. EPIDEMIOLOGICAL HIGHLIGHTS

Table 1: COVID-19 Surveillance and case management summary, based on 5th June, 2020 report

Parameter	Number
Cumulative number of high risk persons under observation	19,742
Cumulative number of high risk persons that have completed 14 days observation	5,941
Cumulative number of alerts notified & verified as non-cases	2,850
Cumulative Number of Test Results Processed	34,987
Tests per 1,000,000 population	2,058
Total Number of Confirmed COVID-19 Positive Cases	1,181

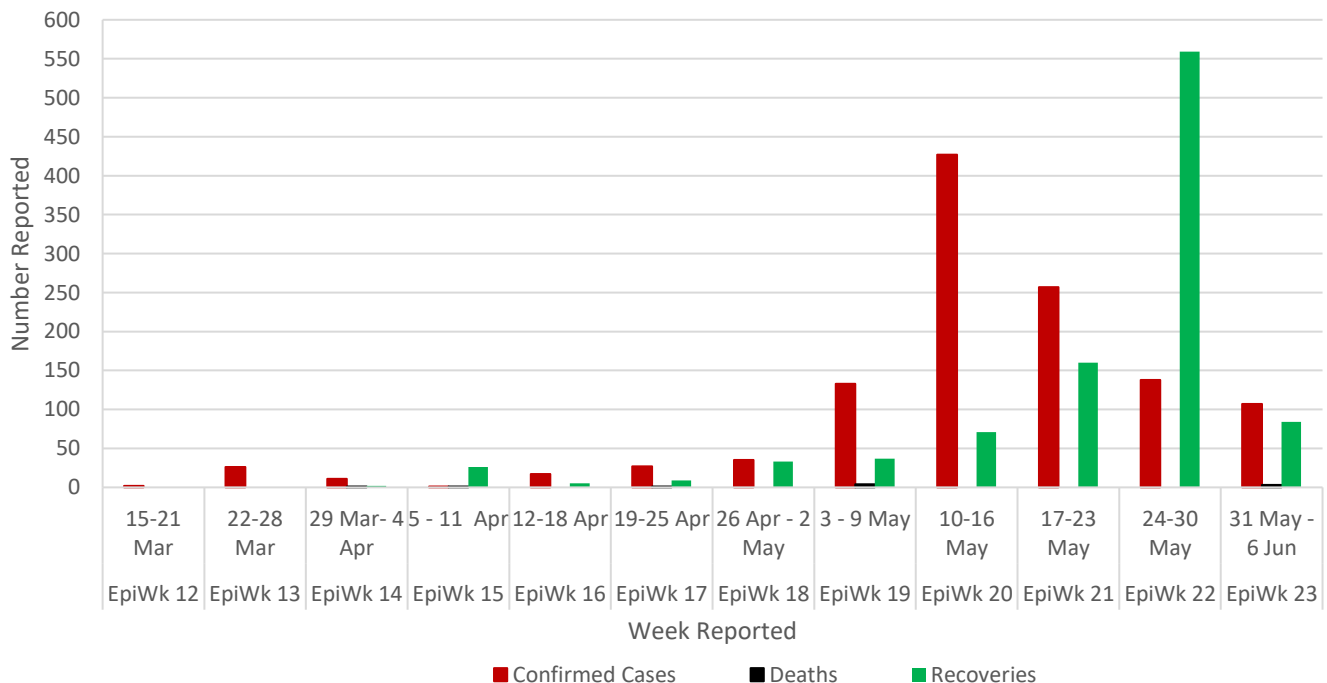


Figure 1: Weekly COVID-19 confirmed cases (N=1181), deaths (N=10) and recoveries (N=986) as of 6th June 2020

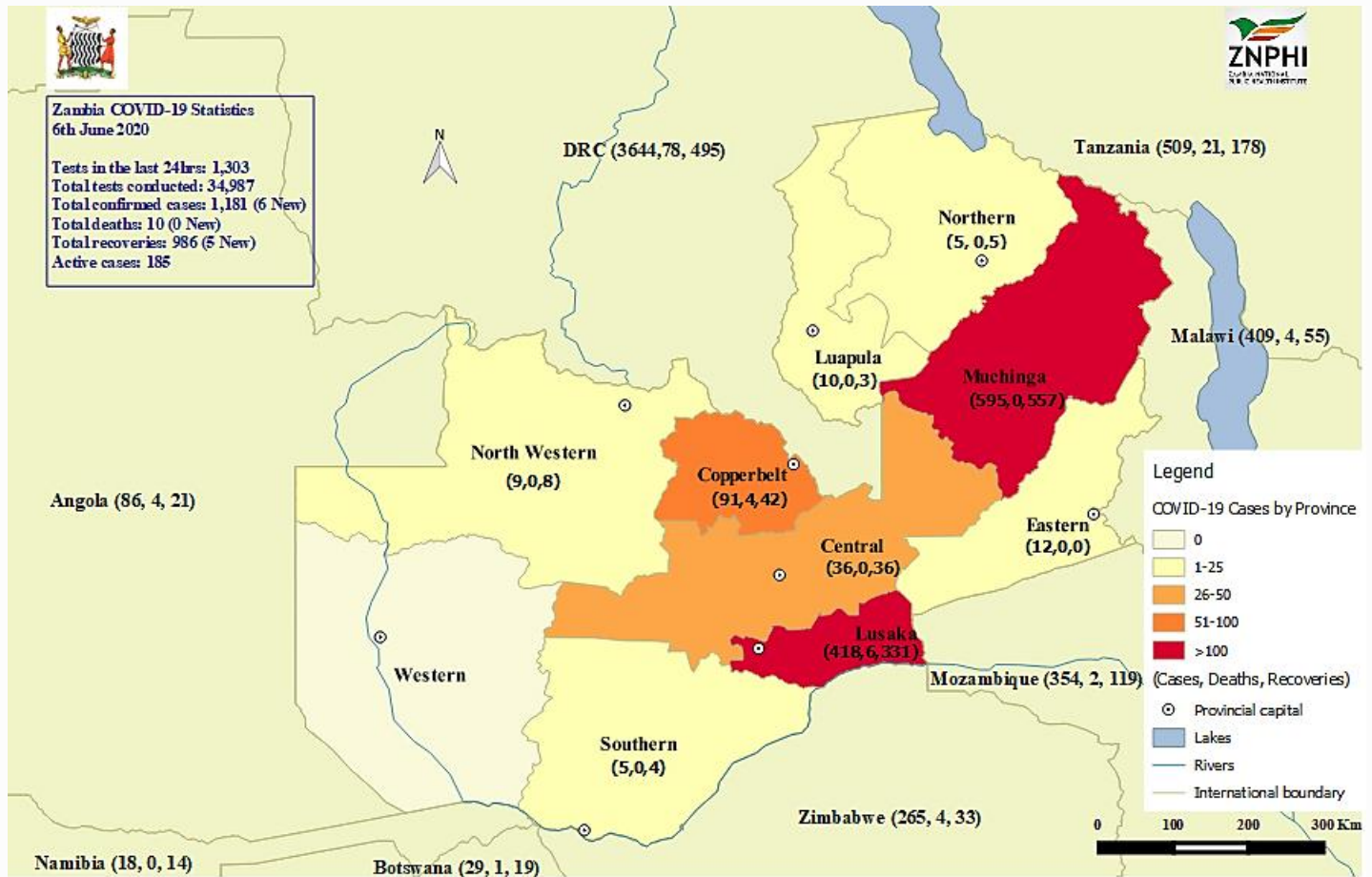


Figure 2: Map showing confirmed COVID-19 cases, deaths and recoveries (in brackets) by province and in neighbouring countries, as of 6th June, 2020

➤ **Age and Sex distribution:** Of the confirmed cases, 68% are male and 32% are female. The most affected age groups are those aged between 31-44 years old (37%), 15-30 years old (33%), and 45-60 years old (22%).

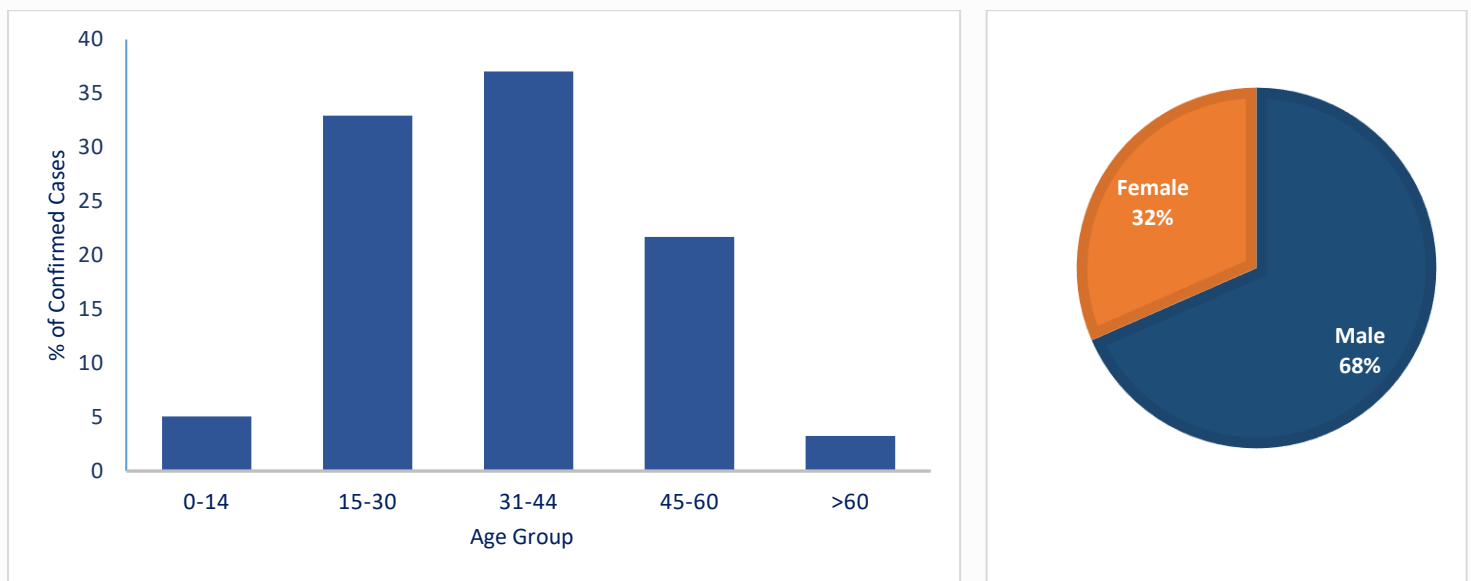


Figure 3: Age and Sex distribution of confirmed cases

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 46,011 confirmed cases of COVID-19 including 933 deaths and 24,490 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 and

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, 9 of the 10 provinces have reported cases: Lusaka, Central, Copperbelt, Eastern, Luapula, Muchinga, Northern, North-western and Southern provinces.

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; and closure of all bars, nightclubs, cinemas, gyms and casinos. Travellers into Zambia must be isolated at designated government facilities, or alternatively at designated lodges and hotels at own cost, while awaiting test results

- In his fifth presidential address on COVID-19 given on 23rd May, 2020, HE Dr. E. C. Lungu stated that:
 - Consultations were ongoing regarding the reopening of bars and nightclubs
 - All provincial ministers must ensure robust surveillance on movement of people and cargo especially across borders and that citizens are adhering to health guidelines
 - Asymptomatic cases to go into self-quarantine. Only symptomatic cases and those with underlying illnesses be placed in isolation facilities.
 - Ministers of General Education, Local Government and Health to adequately prepare for the reopening of examination classes and ensure strict adherence to public health guidelines.
 - Non-essential public service workers will be slowly re-absorbed to allow the public service to operate at optimum capacity.
 - All government ministries, trading places, markets, bus stops and work places must ensure strict adherence to health guidelines, regulations and certifications.
 - The Ministry of Health briefings will be held on Mondays and Fridays to allow ample time for data analysis.

➤ **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 has been heightened around the country at community level, health facilities, points of entry (POEs), and sentinel sites. The COVID-19 case definitions for surveillance are available at **Annex 3**
- **Case finding: 6 new cases** were identified 4 from Lusaka, 1 from Nakonde and 1 from Ndola through community and point of entry screening, contact tracing, health facility surveillance and verification of alerts.
 - The profile of the new cases is as follows:
 - Lusaka (4 cases): Cases were identified through facility based screening and testing
 - Ndola (1 case): Case was a contact of a known positive case.
 - Nakonde (1 case): A Zambian truck driver screened in Nakonde.

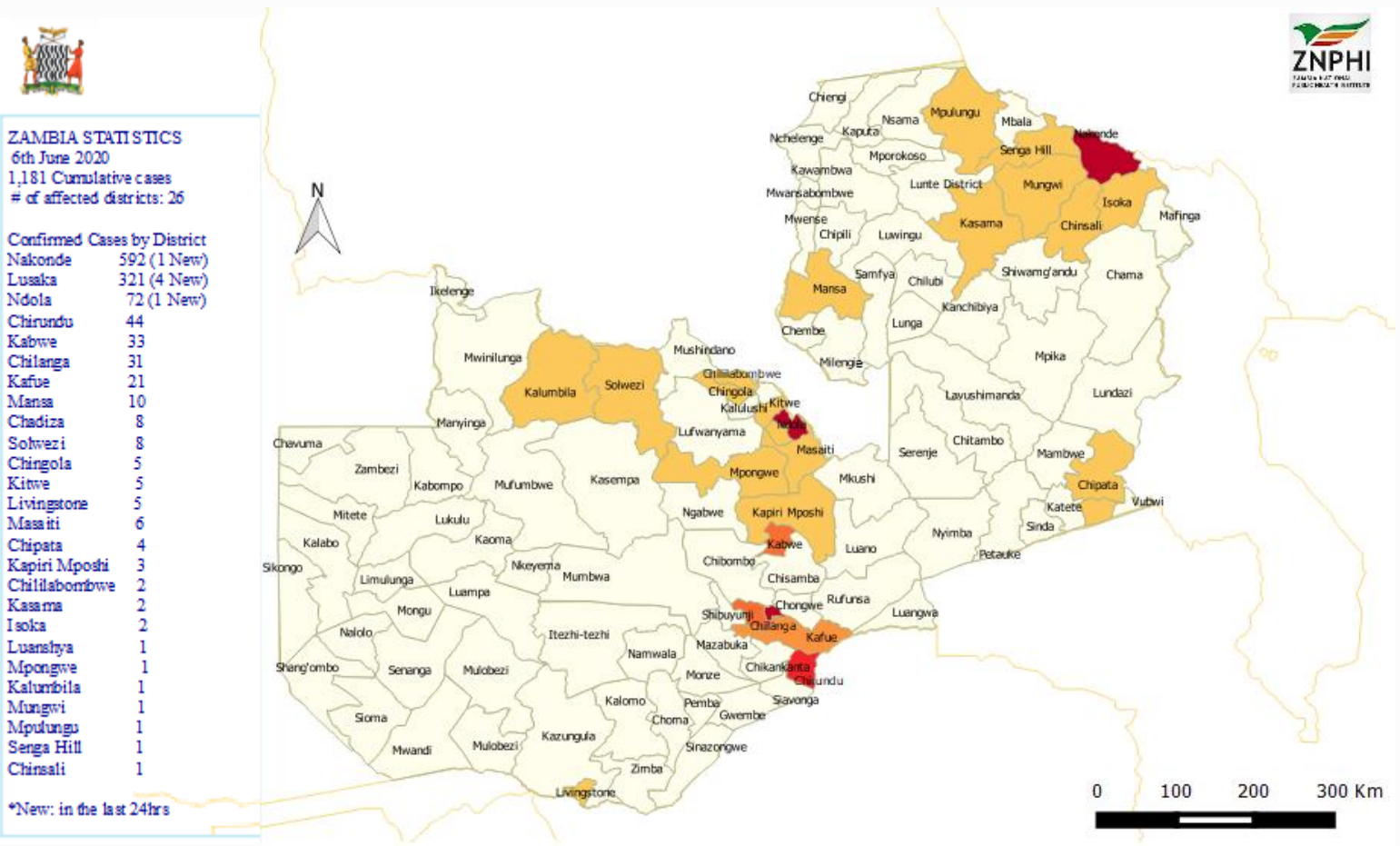


Figure 4: Map of Zambia showing distribution of confirmed COVID-19 cases by district, as of 6th June, 2020

➤ **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.

- **Laboratory and sample management:** There are currently **seven (07) designated laboratories** for COVID-19 diagnostics (Table 2 below). 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.

Table 2: National Laboratory Diagnostic Capacity for COVID-19 by province, as of 6th June, 2020 report

PROVINCE	INSTITUTION	TESTING PLATFORM	CAPACITY/24HRS
Lusaka	UTH	RT-PCR; Gene Xpert; Cobas 6800	400; 192; 1200
	UNZA – SVM	RT-PCR	400
	CIDRZ	RT-PCR	400
Copperbelt	TDRS	RT-PCR	200
	ADCH	Cobas 6800	1200
	KITWE CH	Gene Xpert	128
Southern	MACHA RT	RT-PCR	80
	LIVINGSTONE CH	Gene Xpert	128
	CHOMA GH	Gene Xpert	128
Muchinga	CHINSALI DH	Gene Xpert	128
Eastern	CHIPATA GH	Gene Xpert	128
	ST.FRANCIS MH	Gene Xpert	64
Central	KABWE GH	Gene Xpert	128
Luapula	MANSA GH	Gene Xpert	128
Northern	KASAMA GH	Gene Xpert	128
Western	LEWANIKA GH	Gene Xpert	128

* Blue = Operational; Black = Yet to be Operational

- Zambia is utilising real-time Polymerase Chain Reaction (RT-PCR) Gene Xpert and Roche Cobas 6800 testing platforms for COVID-19 diagnosis.
- In the last 24 hours, **1303 tests** were conducted, out of which **6** samples tested positive for SARS-CoV-2.
- A total of **34,987 tests** have been conducted to date with a cumulative **1181 confirmed positive (3.38% positivity rate)** for SARS-CoV-2. The testing coverage is **2058 per 1,000,000 population**, compared to an average of 2956 per 1M for countries in the SADC region.

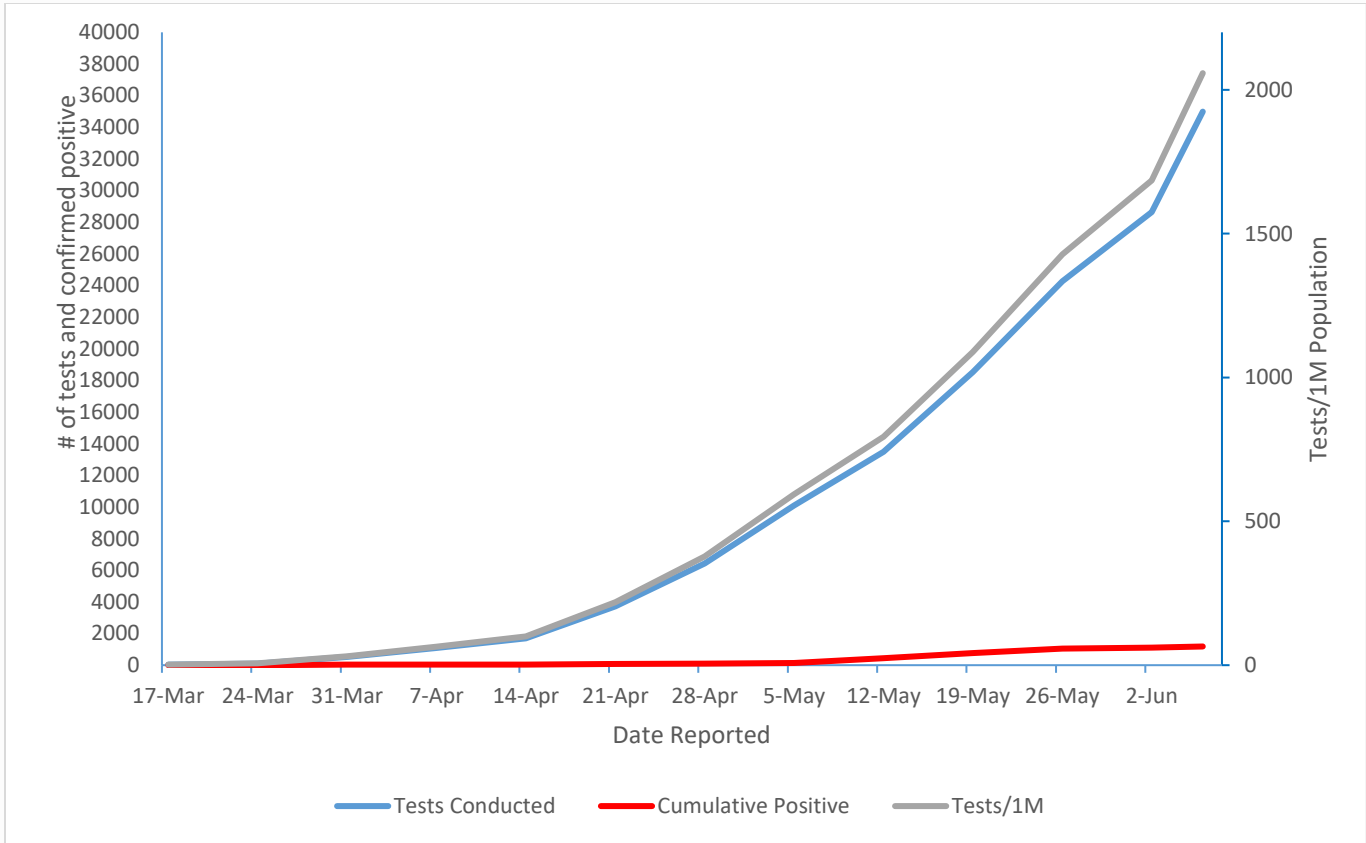


Figure 5: Graph showing cumulative number of PCR tests conducted, confirmed cases and tests per 1M population between 17th March and 22 May 2020

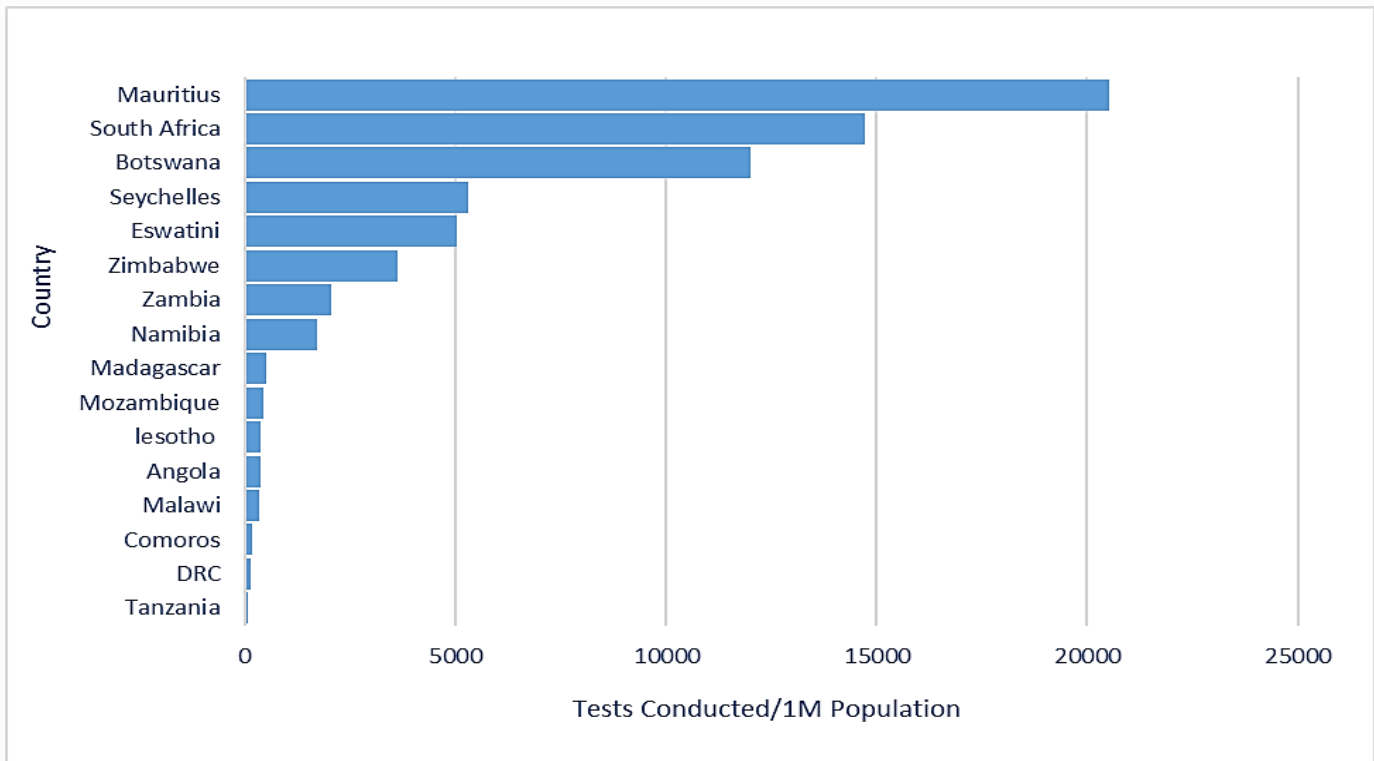


Figure 6: Graph showing cumulative number of PCR tests conducted, confirmed cases and tests per 1M population between 17th March and 22 May 2020

- **Case Management:** All symptomatic confirmed cases are admitted to the designated isolation facilities or under supervised home quarantine for those who are asymptomatic. 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.
 - 6 new cases were identified in the last 24hrs; 4 from Lusaka, 1 from Ndola and 1 from Nakonde. Known contacts are being traced and screened.
 - 5 patients were discharged following recovery; 4 from Southern province and 1 from the Copperbelt.
 - With the switch in strategy to home-based quarantine, people who test positive are followed by up trained professionals and must meet 3 key criteria before being deemed recovered:
 1. 14 days should have elapsed from the date of their initial positive result
 2. They must have recorded at least one negative test result in the last 7 days
 3. They must be asymptomatic
 - There are currently **185 active COVID-19 cases** being managed. 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, 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:

- 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.
- 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)

➤ **Social Listening report (16th – 31st May, 2020): 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:

- It is proving easier to encourage handwashing with soap than the wearing of masks, with corresponding levels of behaviour change. Some just wear masks when they see a police checkpoint or enter a school.
 - The reopening of schools has created concerns among some parents and caregivers. However, for others, it is taken as a sign that the danger has now passed.
 - Myths continue to abound including: that COVID-19 can be treated with ginger and lemon cures; that it only targets the rich and the old; that it is a conspiracy against Africa; or that it is a money-making scheme.
- **Community insights:** the following issues and beliefs were noted during community engagement and social mobilisation work:
- There are continuing complaints in communities about being unable to afford/access face masks, soap and hand sanitizer. Obtaining clean water for handwashing is also an issue for many.
 - The school reopening has caused concerns with fears about large class sizes and limited
 - WASH facilities. On the other hand, for some it is a sign that the emergency has passed.

- Food security remains a challenge with loss of livelihoods.
- With limits on group meetings, sensitizing communities and sharing information is proving more difficult.
- In some rural areas, the messaging has had difficulty arriving. In some areas, the belief is that the emergency has passed. Other rural residents are reporting having heard of COVID-19 but not realizing the outbreak was underway in Zambia.
- Community sensitizers report that the messaging on face masks is struggling to land, while handwashing has met with much more success. This may be related to longer term campaigns on handwashing, and the recent cholera response. People have a lot more questions around masking.
- Lack of knowledge on treatment procedures - People feel that they would rather lock themselves up in their homes than be subjected to medical attention because they feel whenever you're picked up by an ambulance then “that's the end of you.”
- How do babies achieve social distancing when they have to be in care of an adult (who might be infected)?
- Inadequate knowledge on droplet infection transmission
- Lots of questions about the effects for people with HIV or sickle cell disease. Some people reference the coronavirus disease to HIV, for which there is a treatment but not a cure.
- There has been some confusion on the similarities and differences between the common cold/flu.

➤ **Digital platforms/Social media**

- The move away from daily COVID-19 media briefings did dampen the online discussion. Some wondered if it would reduce the information flow and the profile of the disease, while others thought it was wise given the ‘new normal’.
- The reopening of schools has been one of the major points of discussion in the period, with many parents reporting they were concerned about the safety of their children.
- Although not as prominent as previously, the discussion around face masks remains strong. There is some resistance from those saying that if the government wants them to wear masks, they should be distributed free of charge.
- The positive tests for the Minister of Health and Minister of Information & Broadcasting provoked a lot of discussion including many messages from well-wishers. Given the recognised issue with stigma, some wondered if it was a ploy to try and encourage people to take COVID-19 more seriously.
- Some social media users used their accounts to highlight the continued issues with crowding at markets and on public transport.

- There has been a lot of discussion around the ‘new normal’ and the need to adapt to a situation that might not quickly disappear.
- 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 month of May, COVID-19 accounted for 84% (24,444 of 29,029) of message interactions. Interactions are down on the previous month due to technical transmission challenges with one of the mobile network providers, and also likely to be down due to users feeling a reduced need for COVID-19 information. The team plan to review the information currently available on the platform to keep it in-line with the emerging information needs of young people in Zambia. The second half of month did see a significant increase on the first half (two-fold). One factor may have been the running of a poll on education, which is not counted in the figures but normally leads to an increase in traffic. The vast majority (81%) of information needs on the platform are dealt with by an SMS bot.
- The COVID-19 call centre remains active with 800-1000 calls received daily

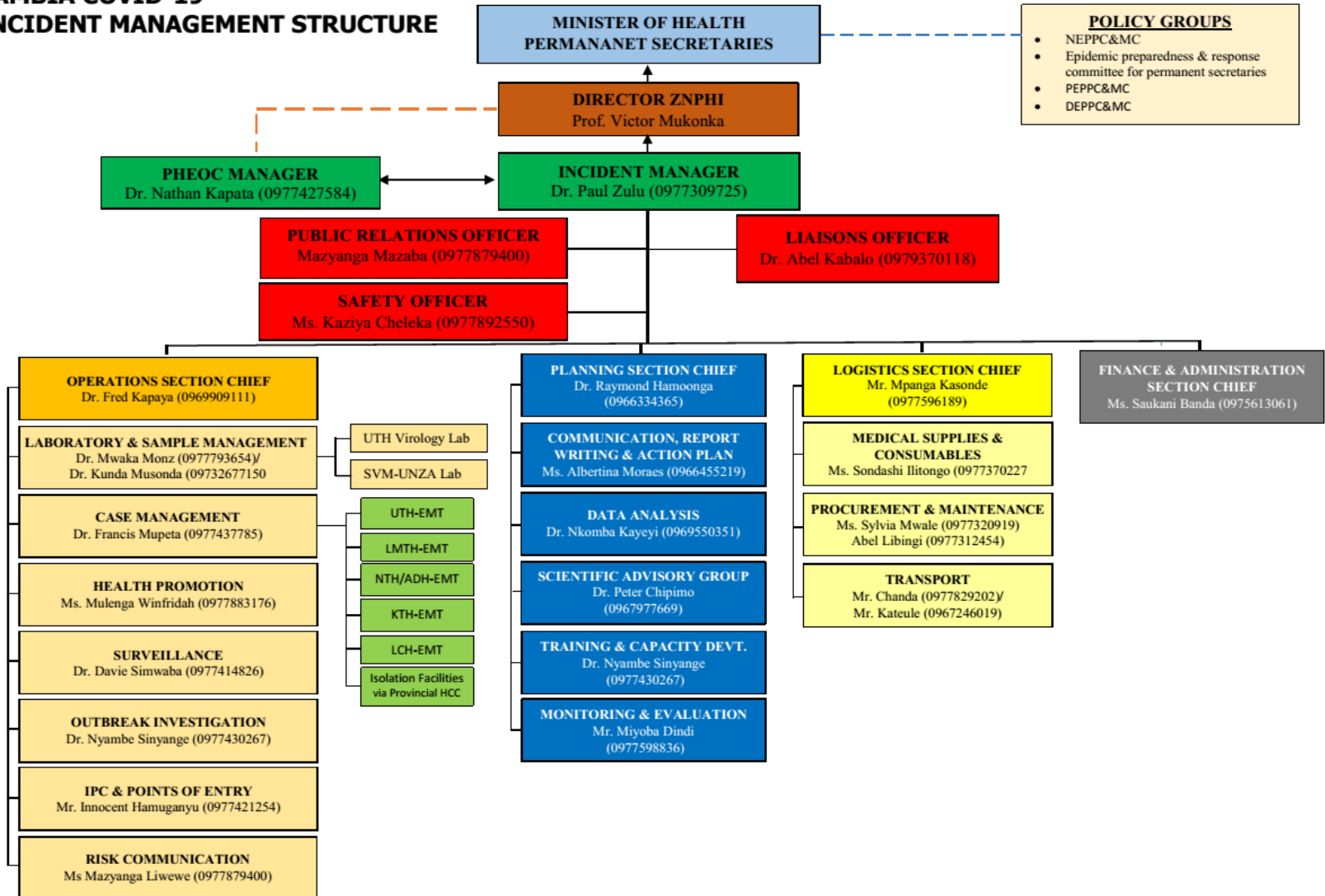
4. GAPS AND PRIORITY ACTIONS

ANNEX 1: OUTBREAK RESPONSE PICTURE FOCUS – Training of provincial and district response teams, Copperbelt



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
9	Mahak Lodge & Indian Restaurants	25	Rajesh Kumar	0971194151	35