

SITUATION REPORT NO. 6

Disease Outbreak: COVID-19 Response start date: **30th January, 2020**
Date of report: 24th March, 2020 **Prepared by:** MOH/ZNPHI
Country: Zambia **Correspondence:** ims.covid@znphi.co.zm

1. CURRENT SITUATION UPDATE

- **Country Highlights:** As of 18hrs on 24th March 2020, there were **no 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 nine (9) patients admitted at Levy Mwanawasa Hospital in Lusaka: 3 confirmed positive; 2 negative; and 4 suspected cases (with results pending); there were no discharges (Table 2)

Zambia Current Numbers

👤 3 Confirmed (0 new)

👤 0 Deaths (0 new)

👤 0 Recoveries (0 new)

Global Numbers as of 23/03/20

(Source: WHO)

👤 **332,930** confirmed (40,788 new)

👤 14,509 deaths (1,727 new)

**New: in the last 24hrs*

Table 1: COVID-19 Cumulative surveillance and case management report as of 24th March 2020

| Parameter | Number |
|---|--------|
| Total Number of Samples Received | 139 |
| Total Number of Tests Processed | 103 |
| Total Number of Confirmed COVID-19 Positive Cases | 3 |
| Number of high risk persons under observation | 2,571 |
| Number of high risk persons that have completed 14 days observation | 566 |
| Number of alerts notified & verified as non-cases | 95 |
| Number of persons under investigation | 8 |

2. ACTIONS TO DATE

2.1 CO-ORDINATION

➤ Policy Level:

- 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
- **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 1 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

- **POE, health facility, sentinel site and Event Based Surveillance:** remains heightened country wide. Standard case definitions are being used (Refer to Annex 2)
 - **Contact tracing:** 109 of 158 passengers linked to case #3 have been contacted to date
 - Refer to Figure 1 below for the Epi-curve of COVID-19 alerts and laboratory testing

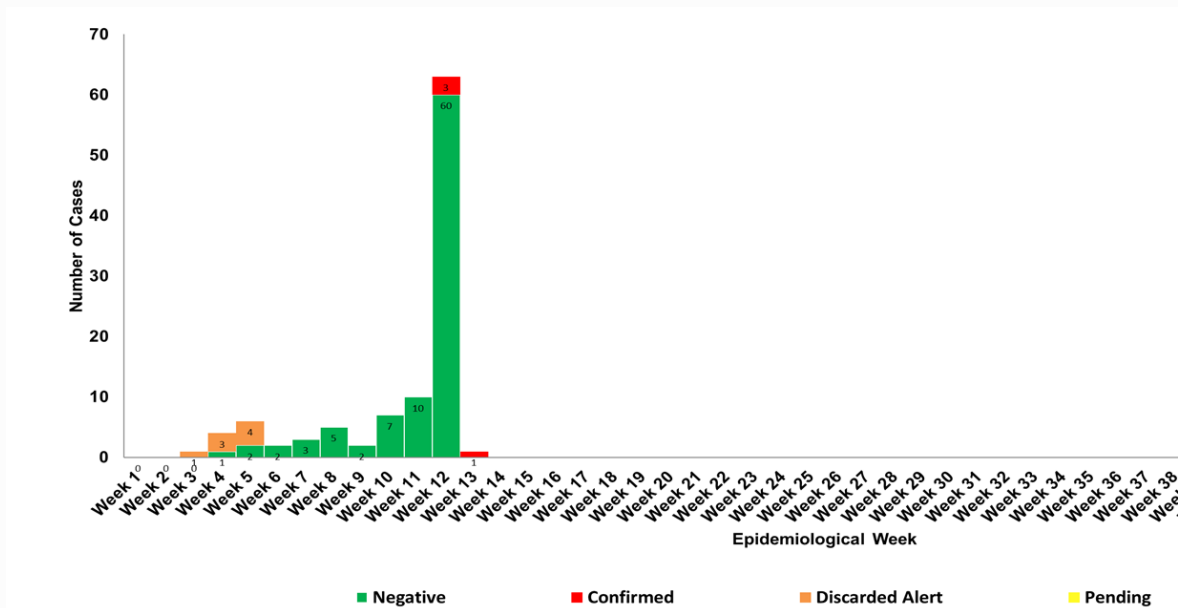


Figure 1: Epi-curve of alerts and laboratory testing as of 24th March 2020

- **Laboratory:**
 - One thousand (1000) test kits have been received from the Africa CDC with an additional 20,000 expected before the end of the week
 - The standard test turn-around time is 24 hours, but 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 contact/been exposed to a confirmed positive case and are symptomatic
 - Summary of tests conducted to date is available in Table 2 below
- **Case Management:** Refer to Table 2 below for summary
 - **Levy Mwanawasa Hospital:** 9 patients currently admitted (3 confirmed; 4 suspected; 2 negative)
 - **Tubalange Hospital:** there are currently no persons admitted at the facility
 - **University Teaching Hospital:** there are currently no persons admitted at the facility.
 - **Screening facilities:** Screening structures have been established Levy Mwanawasa and UTH
 - **Surge Staff:** have been recruited from among recent graduates and specialists have been mobilised to support the response

Table 2: Epidemiological Data as of 18:00hrs on 24th March 2020

| Total Cases | Daily Total | | | Cumulative since outbreak declared | |
|--------------------------------------|--------------------|------|-----|---|---|
| Suspected cases | 4 | | | 24 | |
| Confirmed cases | 0 | | | 3 | |
| Negative | 12 | | | 100 | |
| Statistics By Health Facility | Tubalange | Levy | UTH | Daily Total | Cumulative since outbreak declared |
| Admissions/Discharges | | | | | |
| New Admissions | 0 | 0 | 0 | 0 | 24 |
| Currently Admitted | 0 | 9 | 0 | 9 | |
| Discharges | 0 | 0 | 0 | 0 | 12 |
| Transferred in | 0 | 0 | 0 | 0 | 7 |
| Transferred out | 0 | 0 | 0 | 0 | 7 |
| Deaths | | | | | |
| Deaths among suspected cases | 0 | 0 | 0 | 0 | 0 |
| Deaths among lab confirmed cases | 0 | 0 | 0 | 0 | 0 |
| UTH Virology Laboratory | | | | | |
| Samples received | - | - | - | 32 | 139 |
| Samples with results processed | - | - | - | 12 | 103 |
| Samples with results pending | - | - | - | 36 | |
| COVID-19 positive | - | - | - | 0 | 3 |
| COVID-19 negative | - | - | - | 12 | 100 |

2.5 LOGISTICS

- Seventeen (17) vehicles have been assigned to the response, four of which require service.
- PPE and consumables have been distributed to Lusaka District Health Office for Tubalange and Levy Isolation centres, as well as all the sub-districts; distribution to other high risk districts scheduled for week of 22nd – 27th March 2020

2.6 HEALTH PROMOTION AND RISK COMMUNICATION

- The call centre has been remobilised. Twenty-two (22) technical staff, including doctors, have been assigned to the toll-free line with an improved linkage to surveillance
- Works are underway to develop a WhatsApp platform for information dissemination
- Sensitisation of corporate entities scheduled to run from 23rd March to 3rd April 2020
- Three hotlines (0953-898941; 0964-638726; 0974-493553) have been set up 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/>

2.7 CAPACITY BUILDING

- Trainings have been held for point of entry staff, clinicians and the defence forces on COVID-19; additional trainings for clinicians and district teams are currently ongoing in all ten provinces.

Table 3: Summary of trainings for HCW and POE as of 24th March 2020

| Province | Cadre | Total Number Trained |
|---------------|-----------|----------------------|
| Lusaka | Clinician | |
| | POE Staff | |
| Copperbelt | Clinician | |
| | POE Staff | |
| Southern | Clinician | |
| | POE Staff | |
| Eastern | Clinician | |
| | POE Staff | |
| Northern | Clinician | |
| | POE Staff | |
| Luapula | Clinician | |
| | POE Staff | |
| North-western | Clinician | |
| | POE Staff | |
| Muchinga | Clinician | |
| | POE Staff | |
| Central | Clinician | |
| | POE Staff | |
| Western | Clinician | |
| | POE Staff | |

3. GAPS AND CHALLENGES

- **Surveillance:** Non-compliance of quarantine rules by some passengers returning from COVID-19 risk countries; incomplete surveillance documentation and language barrier hampering efforts;
- **Logistics:** require 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

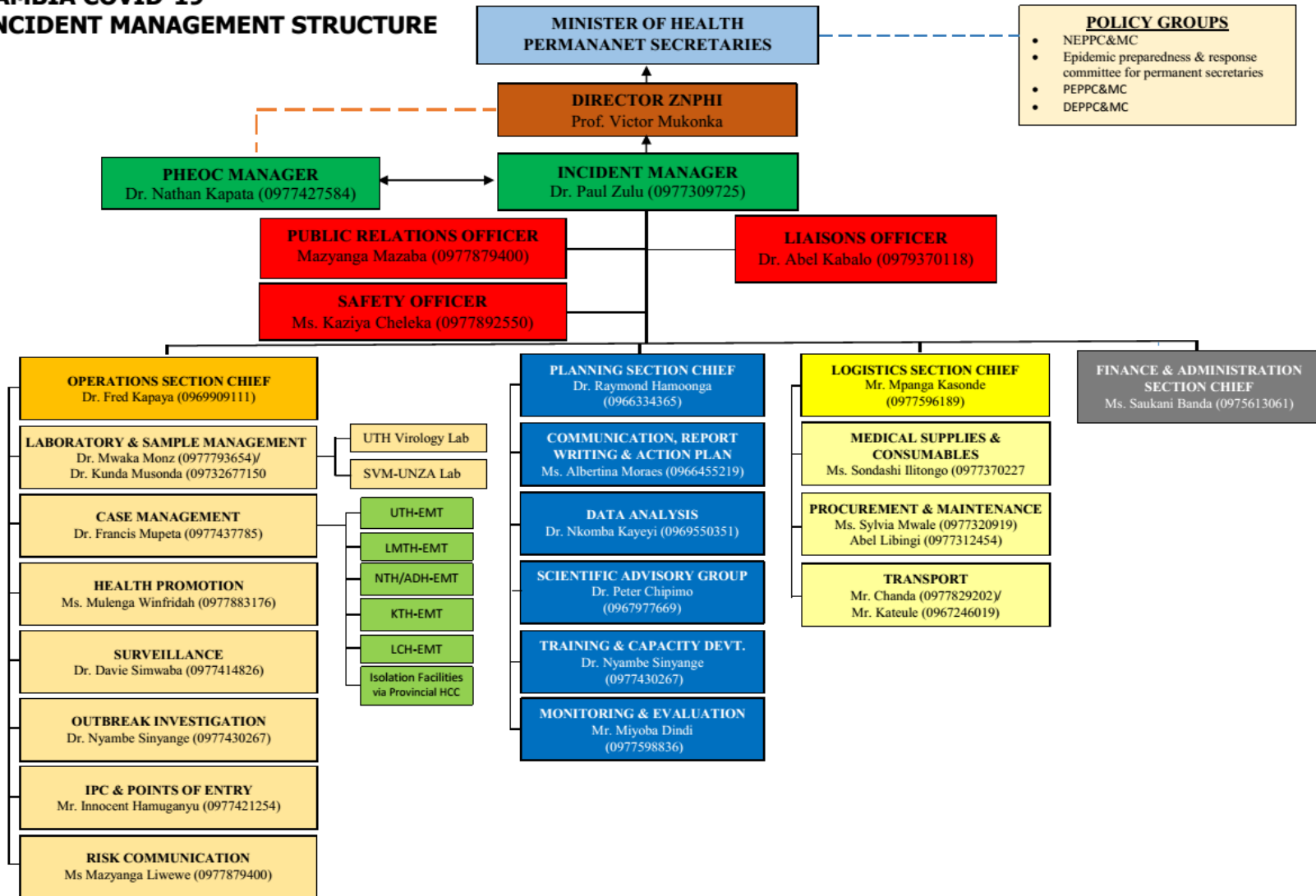
- **Surveillance:** phasing out of paper reporting tools; use of tele-communications and location tracking to enforce quarantine; deployment of electronic data collection tools to enhance surveillance and contact tracing; sharing of location of alerts received and contact tracing information with clinical teams in order to enhance triaging; strengthening and activation of community surveillance structures; increase number of staff assigned to contact tracing and surveillance teams
- **Case management:** share developed protocol on patient flow during screening and triaging with other health facilities; strengthen the linkage between the call centre/surveillance teams with the Rapid Response Teams; ready facilities in Kitwe, Ndola, Livingstone and Chipata to be able to provide critical care for possible COVID-19 patients
- **Logistics:** repositioning of supplies to provinces in readiness for any reported cases outside Lusaka; increase number of assigned vehicles for distribution of PPE and contact tracing; develop a platform to track and communicate logistics needs

5. CONCLUSION

Zambia recorded three cases of COVID-19; all recorded cases have been imported. Partners are urged to identify sections of the IMS structure that they can merge into so as to support response efforts. The general public is encouraged to continue practicing social distancing, hand hygiene and cough etiquette.

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

ZAMBIA COVID-19 INCIDENT MANAGEMENT STRUCTURE



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

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. 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