



SITUATION REPORT COVID -19 | ZIMBABWE

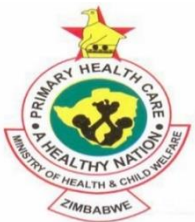
Date of Issue	02 April 2020	Investigation Start Date	25 January 2020
Data as Reported by	01 April 2020	Prepared By	MoHCC

1 GLOBAL UPDATES SNAPSHOT:

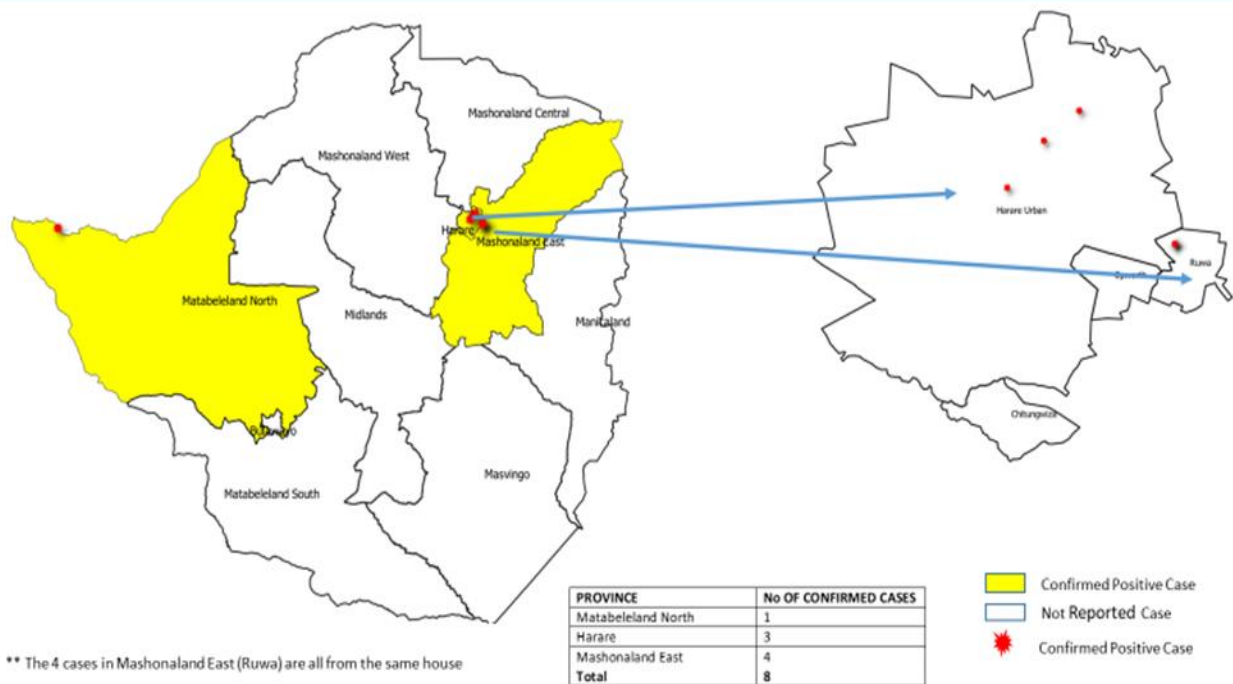
- As of 01 April 2020, a cumulative of 823 626 confirmed cases and 40 598 deaths with CFR of 4.9 % were reported from more than 203 countries/territories.

2. ZIMBABWE – HIGHLIGHTS

- Zimbabwe has reported 9 cases with one death since the onset of the outbreak. The ninth patient is a 50 –year old male Harare resident who had travelled to United Kingdom and returned home on the 21st of March 2020.
- The first imported case was reported on the 21st of March 2020.
- Local transmission started on the 24th of March 2020.
- Ministry of Health and Child Care COVID -19 Call Centre hotlines (2019) are now in use 24/7.



ZIMBABWE – COVID19 CONFIRMED POSITIVE CASES Data as at 31st March, 2020



3. NATIONAL PUBLIC HEALTH RESPONSE

3.1 Coordination

Following the declaration of COVID-19 as a national disaster by HE President ED Mnangagwa on the 19th of March 2020; the following coordination activities have been conducted;

- National COVID- 19 Response Task Force chaired by Honorable the VP K Mohadi
- Declaration of a 21-day nation- wide lockdown except for essential services started on the 30th March 2020.
- Formation of the Inter-ministerial committee chaired by Minister of Health and Child Care, Dr Obadiah Moyo
- Formation of 9 Pillars (The last added by the Working Party of Senior Officials- Permanent Secretaries and endorsed by the Inter-Ministerial meeting) of the COVID-19 Response on law enforcement and security
- Resumption of pillar meetings as highlighted on the table below:

Table 1: Summary COVID-19 Response Pillars

Pillar	Pillar Lead	Pillar Lead & Contact Details	Scheduled Meeting
1.Country-level coordination, planning and monitoring	Dr Mudyiradima/ Dr P. Manangazira	0772 937 430/ 0772711060	Daily
2.Points of entry	Mr. Nyamandi	0772809365	Daily
3.National Laboratory	Simbi/Mazarura	0772213357/	Daily
4.Case Management	Mr. Makarawo Dr Chifamba	0773 288 111	Daily
5.Infection Prevention and control	Dr Chasokela Professor V Robertson	0712 878 014	Daily
6.Surveillance, Rapid response teams and case investigation	Dr I Phiri	0772810580	Daily
7.Risk communication, and community engagement	Mr. Chinakidzwa	0772737046	Daily
8.Operational support and logistics	Mr. I. James/ Madzikwa/Mr. Mudzimu	0782951562/0773399794/0772969825	Daily
9.Law enforcement and Security	Dr. Fusire	0772 225 700	

***Note: Each pillar is expected to submit daily updates to the COVID-19 Coordinators Dr Mudyiradima and Dr Manangazira by 12:00pm**

- The Chinese Government donated PPEs and these were distributed to the 10 provinces.
- The Stakeholder Ministerial meeting was held on 31 March 2020 and chaired by Ministry of Health and Child Care Permanent Secretary Dr. A. Mahomva on 31 March 2021.
- **COVID-19 Response Plan:** Application for prioritized action plan for COVID-19 response has been developed and submitted to partners.
- **Coordination:** Preparedness activities have continued at national and subnational levels since the activation of these structures in January 2020. The RRTs meet on a regular basis to monitor implementation, preparedness and response activities including surveillance of travelers from COVID-19 affected countries.
- **Partner coordination:** The Minister and Permanent Secretary for Health and Child Care met with all key health partners to discuss on funding and implementation for the COVID 19 preparedness and response activities in line with the 9 pillars of response
- **Civil Protection:** A meeting of the national civil protection committee committed to develop TORs for the subcommittees, and a meeting with combined security forces made recommendations to the chief director preventive services and offered to support the MOHCC in the Covid-19 response.

3.2 Points of Entry and Surveillance

Screening of passengers arriving from COVID 19 affected countries commenced on the 22nd January 2020. As of 31 March 2020, 16 628 passengers arriving from countries with confirmed COVID-19 cases were screened at various ports of entry.

Table 2. Number of travelers arriving by port of entry from all countries reporting cases as at 30 March 2020.

Port of Entry	Total number of travellers	Travellers under surveillance
RGM Airport	12 331	73
Vic Falls Airport	1 347	62
Vic Falls Road	570	9
JMN Airport (Bulawayo)	1 164	243
Beitbridge Road	254	21
Plumtree Road	202	32
Kazungula	760	183
Forbes Border Post	1513	0
Total	16 628	623

- On the 1st of April 2020 the Surveillance pillar held a virtual training for the RRT for Hwange District on the following surveillance tools investigation form, contact line listing form, daily contact monitoring form and contact summary form.
- Surveillance pillar developed case investigation and other surveillance tools for contact tracing and these have been shared with the provinces.
- Contact tracing has started in Victoria Falls and Harare as detailed in the table 3 below.

Table 3 Contact tracing for COVID-19 confirmed cases

Cases	Region	Total Number of Contact Listed	Total Number of Contacts Followed up	New Contacts followed Up	Total Number of Contacts reporting Symptoms	Total Number Symptomatic suspects referred for further investigation	Total Number of Contacts Finished	Total Number of Contacts dropped
Case 001	Matabeleland North	12	12	0	3	3	0	0
Case 002	Harare	28	18	0	4	4	9	1
Case 003	Harare	21	13	4	2	2	0	2
Case 004	Harare	3	3	0	0	0	0	0
Case 005	Harare	2	2	0	0	0	0	0
Case 006	Harare	6	5	0	0	0	0	0
Case 007	Harare	3	3	0	1	1	0	0
Case008	Harare	-	-	-	-	-	-	-
Case009	Harare							
Total		75	56	4	10	10	9	3

Call Centre: Summary Analysis

Call Centre was operational from 28th March to 1 April 2020

Table 4 Summary of call log 28- 1 April 2020

Total number of calls	Report on potential cases	Health Education & Promotion	Complaints on lack of follow-up	Calls linked to other services	Advice on prevention	*Other	**Noise
916	222	251	49	19	348	43	100

***Other**- Appreciation of assistance, reporting on crowding in certain places, border jumpers with COVID symptoms, Chinese company instructing people 4am -8am (about 150 people), Bars open, Mother seeking advice on breastfeeding if exposed/ COVID positive or contacts, Complaints on breach of lockdown

****Noise**- Calls not related to COVID-19

3.4 Laboratory

The National Microbiology Reference Laboratory continues to support with COVID-19 testing services as detailed below

Table 5 NMRL Laboratory Summary Statistics: 02 April 2020

Province	No of Specimens received last 24 hours	Number of Tests Done	Positives	Negatives	Indeterminate
Harare	31	31	1	30	0
Mat. North	0	0	0	0	0
Mat. South	0	0	0	0	0
Midlands	1	1	0	1	0
Mash East	3	3	0	3	0
Mash West	2	2	0	2	0
Mash Central	0	0	0	0	0
Manic land	0	0	0	0	0
Mashing	1	1	0	1	0
Bulawayo	4	4	0	4	0
Total	42	42	1	41	0

Cumulative tests (National)

Total Tested	273
Total positive	9
Total Negative	265

Stock Status

Reagent	Number of tests remaining
Extraction Reagent	186
Amplification Reagent	19875

Gaps in Consumables/Testing

PPE needed, i.e. lab coats, head covers, shoe covers and gloves.

The laboratory only received face masks from the Alibaba donation.

3.5 Case Management and Infection Prevention and Control (IPC)

Key activities

- Rapid assessment has been done for Harare, Wilkins, Parirenyatwa and St Annes and the assessment report is awaiting finalization.
- Draft case management SOPs finalized.
- Case management training concept note has been finalized and training is expected to be carried out next week.

3.7 Risk Communication and Community Engagement

The National Risk Communication Committee Meeting

- Met on 31 March 2020 and deliberated on rolling out interventions in the provinces
- Partners asked to complete 4W matrix and submit to MoHCC and pledge funding for the implementation of the activities.
- Committee is conducting a virtual meeting bi-weekly.
- Committee being co-chaired by Ministry of Information, Media and broadcasting services.

Adverts on Radio

- MoHCC is collaborating with Plan International in dissemination of information through community radio stations in the provinces
- Audios on COVID-19 have started airing on the 2nd April 2020 after the approval of the audios by Chief Director Preventive Services.
- Bulawayo City have also developed audios in Ndebele and are airing on Khulumani radio station
- Provinces are making use of community radio stations such as Hevoi, Ya FM, 98.4FM, Diamond FM, Khulumani FM to disseminate information.

- The National AIDS Council has bought airtime at Ya FM and 98.4 which health staff in s Midlands is using.

IEC Materials

- All major shops in the cities have posters on COVID-19.
- Advisories on COVID-19 treatment, social distancing at food outlets, use of masks and what to do if one suspects COVID 19 at home have been handed over to Ministry of Information for wider circulation.

Activities in the Provinces

- Provinces are submitting their risk communication activity reports bi-weekly to the national level
- Food distribution points are being used in the provinces as points of haring information on COVID-19. An HPO or EHT are responsible for disseminating information to these points
- All schools in Mash Central were reached with COVID-19 messages before the lockdown.
- Harare, Gweru , Bulawayo and Chinhoyi have gone around disseminating information to the public using loud hailers
- There is wide use of social media in the dissemination of information
- Local leadership in Shamva played in active role in enforcing compliance in the lockdown

3.8 Logistics and operational support.

- A supply of PPES and test kits has been received and distribution of supplies is currently ongoing.
- The Government of Zimbabwe procured of 18 000 litres of fuel and airtime for communication and coordination. This has been distrusted to all Provinces, Cities and the NRRT. There is ongoing procurement and distribution of PPE and general commodities.
- Central Hospitals and institutions under the Ministry of Higher and Tertiary Education are manufacturing alcohol-based hand-rubs, staff uniforms and other PPES to strengthen hand washing and IPC.

4. PRIORITY ACTIONS

- Distribution of received PPEs and laboratory reagents
- Strengthening contact tracing for the confirmed cases in view of local transmission
- Strengthening coordination for COVID 19 across all the ten pillars.
- Implementation of the recently launched COVID-19 preparedness and response plan
- Strengthen capacity for entry screening of all arrivals at the international airports and key ground ports of entry following confirmation of imported cases.
- Ensure daily submission of all screening data for analysis, and reporting
- Scale up training of key health workers (RRTs, clinicians at identified isolation sites, laboratory staff, health promotion and risk communication staff and staff at points of

entry) in conformity with WHO guidelines for detection and response to COVID-19 transmission.

- Finalize ongoing activities aimed at strengthening in-country capacity for laboratory diagnosis of COVID-19.
- Daily meetings and reporting of all key national technical and teams overseeing the implementation of priority response activities according to the COVID-19 Plan Pillars.
- Develop/ strengthen institutional arrangements with private health care actors to coordinate information on screening, testing and treatment of COVID-19 as well as indications of continuing operations and health service delivery.
- Work on improving the prime case, detection and management facilities at WIDH, BRIDH NMRL, and the National TB Reference Laboratory.
- Address issues of co-morbidities, TB, HIV, and Malnutrition within the identified COVID-19 cases in order to reduce mortality.

Annex 1 COVID-19 Case Definitions

COVID-19 Case Definition

Case definitions for surveillance

The case definitions are based on the current information available and will be revised as new information accumulates. Countries may need to adapt case definitions depending on their own epidemiological situation.

Suspect case

A. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath), AND with no other etiology 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 disease during the 14 days prior to symptom onset.

OR

B. A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to onset of symptoms;

OR

C. A 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 etiology that fully explains the clinical presentation.

Probable case

A suspect case for whom testing for COVID-19 is inconclusive

Confirmed case

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

Definition of contact

A contact is 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:

1. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
2. Direct physical contact with a probable or confirmed case;
3. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment; OR
4. Other situations as indicated by local risk assessments

