



SITUATION REPORT COVID -19 | ZIMBABWE

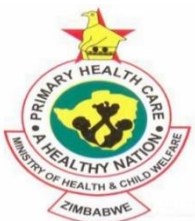
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| Date of Issue | 03 April 2020 | Investigation Start Date | 25 January 2020 |
| Data as Reported by | 02 April 2020 | Prepared By | MoHCC |

1 GLOBAL UPDATES SNAPSHOT:

- As of 02 April 2020, a cumulative 896 450 confirmed cases and 45 526 deaths with CFR of 5.1 % 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.
- On 3 April 2020 the National Microbiology Reference Laboratory, (NMRL) tested 13 samples and all were negative.
- Ministry of Health and Child Care COVID -19 Call Centre hotlines (2019) are now in use 24/7.



ZIMBABWE – COVID19 CONFIRMED POSITIVE CASES

| PROVINCE | NO OF CONFIRMED CASES |
|--------------------|-----------------------|
| Matabeleland North | 1 |
| Harare | 4 |
| Mashonaland East | 4 |
| Total | 9 |

3. NATIONAL PUBLIC HEALTH RESPONSE

3.1 Coordination

THE NATIONAL CLEAN-UP DAY

- Four pillars converged to leverage on the National Clean-Up Day, (Friday the 3rd of April being the first Friday of the month) and intensify the cleaning by adding disinfection of identified hotspots. These are Coordination, WASH, RCCE, and Law enforcement and Security. Starting with Harare and its peri-urban environs, the program would be extended to the following cities who have received the chemical for disinfecting; **Mutare, Bulawayo, Chinhoyi and Beitbridge.**
- City of Harare teamed up with ZRP, EMA and MOHCC EDC and Environmental Health directorates in disinfecting public spaces, bus termini and major markets starting in Harare and extending to peri-urban localities, (Hatcliffe, Whitehorse, etc.). Four of the ten available vehicles, each with 6 000 litre capacity were deployed for the exercise. The same programme to be extended to subnational levels with the approval of the Provincial ministers and local authorities to ensure all hot spots are decontaminated. *We will provide details in the next issue, among other activities to curb spread of Covid-19 during the Lockdown.*

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(s) Contact Details | Scheduled Meetings Held |
|---|---------------------------------------|----------------------------------|-------------------------|
| 1.Country-level Coordination, Planning and Monitoring | Dr Mudyiradima/Dr P. Manangazira | 0772 937 430/0772 2711060 | Daily |
| 2.Points of Entry | Mr. Nyamandi | 0772809365 | Daily |
| 3.National Laboratory | Simbi/Mazarura | 0772213357/ | Daily |
| 4.Case Management | Mr. S. Makarawo Dr H. 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 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.
- **National COVID-19 Preparedness and Response Plan:** Application for a budget and prioritized action plan for COVID-19 response has been developed and submitted to partners.
- **Coordination:** With the Presidential Declaration, the Covid-19 coordination is now at national level. Permanent secretaries, (the working party of senior officials) have been meeting regularly. The civil protection committee, the thematic pillars, and the RRTs at national and subnational levels have continued meet on a regular basis to monitor implementation, preparedness and response activities including surveillance of travelers from COVID-19 affected countries, since the activation of these structures in January 2020.
- **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, and continue to have ongoing discussions.
- **Civil Protection:** A meeting of the national civil protection committee committed to develop TORs for the subcommittees, and provided the basis for the sub-national civil protection committees response to the outbreak. Two meetings with combined security forces made recommendations

to the chief director preventive services and offered to support the MOHCC in the Covid-19 response. They have already begun supporting the national lockdown by ensuring limited movement.

- **ZRP offered 10 water canon** vehicles each with a capacity of 6 000 liters for chemical disinfection of identified hot spots, (public spaces, bus termini, major markets) to enable coverage of all major cities, provinces and ports.

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 for confirmed cases has started in Victoria Falls and Harare as detailed in the table 3 below.

Table 3 Summary Contact Tracing Details 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 |
| Case 008 | Harare | - | - | - | - | - | - | - |
| Case 009 | Harare | - | - | - | - | - | - | - |
| Total | | 75 | 56 | 4 | 10 | 10 | 9 | 3 |

- Details to follow in the next issue.

Call Centre: Summary Analysis

The Call Centre, situated at Parirenyatwa Hospital Grounds, the Public Health Emergency Operations Center, (PHEOC) has been operational as 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, (NMRL) continues to support with COVID-19 testing services as detailed below

Table 5 NMRL Laboratory Summary Statistics: 03 April 2020

| Province | No of Specimens received last 24 hours | Number of Tests Done | Positives | Negatives | Indeterminate |
|--------------|--|----------------------|-----------|-----------|---------------|
| Harare | 13 | 13 | 0 | 13 | 0 |
| Mat. North | 0 | 0 | 0 | 0 | 0 |
| Mat. South | 0 | 0 | 0 | 0 | 0 |
| Midlands | 0 | 0 | 0 | 0 | 0 |
| Mash East | 0 | 0 | 0 | 0 | 0 |
| Mash West | 0 | 0 | 0 | 0 | 0 |
| Mash Central | 0 | 0 | 0 | 0 | 0 |
| Manic land | 0 | 0 | 0 | 0 | 0 |
| Masvingo | 0 | 0 | 0 | 0 | 0 |
| Bulawayo | 0 | 0 | 0 | 0 | 0 |
| Total | 13 | 13 | 0 | 13 | 0 |

NB: The break down by provinces not updated the information not available at the time of print.

Cumulative tests (National)

| | |
|----------------|-----|
| Total Tested | 286 |
| Total positive | 9 |
| Total Negative | 278 |

Key Reagents 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.

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. We will share detail in the next issue.
- Sub-nationally at least 30 other institutions are expected to conduct assessments in preparation of Covid-19 cases.
- The Case Management Guidelines have been finalized and disseminated.
- Case management training is to be combined with infection prevention and control and assessment of the identified treatment and isolation facility. This will enable teams to agree on the movement and flow of patients, and practice in donning and doffing personal protective equipments, (PPEs).
- In view of increasing number of confirmed cases, (now 9) there is need for all provinces and cities to urgently conduct the training and capacitation of staff, and conduct infrastructural upgrades latest by mid-April.
- All provinces and infectious diseases hospitals to identify isolation and treatment space for Covid-19 Case Management and train staff.
- All health facilities must screen clients and refer Covid-19 suspected patients to the designated isolation and treatment facilities.

3.7 Risk Communication and Community Engagement

The National Risk Communication Committee, chaired by MOHCC and Information:

- The Committee is being co-chaired by Ministry of Information, Media and Broadcasting Services and MOHCC.
- Met on 31 March 2020 and deliberated on rolling out interventions in the provinces
- Partners asked to complete the who, what, where, when, (4W) matrix and submit to Coordination Chairs.

- The Committee is conducting a virtual meeting bi-weekly.

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 the 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 sharing 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, at the same time updating it to suit the evolving epidemic.
- Strengthen capacity for entry screening of all arrivals at the international airports and key ground ports of entry following confirmation of imported cases.
- Intensify in-country surveillance in view of border closures, deportations and migration from urban to rural areas,
- 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 nine 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 thirty prime case detection and management facilities starting 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.

Recovered Case See definition in the next issues

Definition of contact

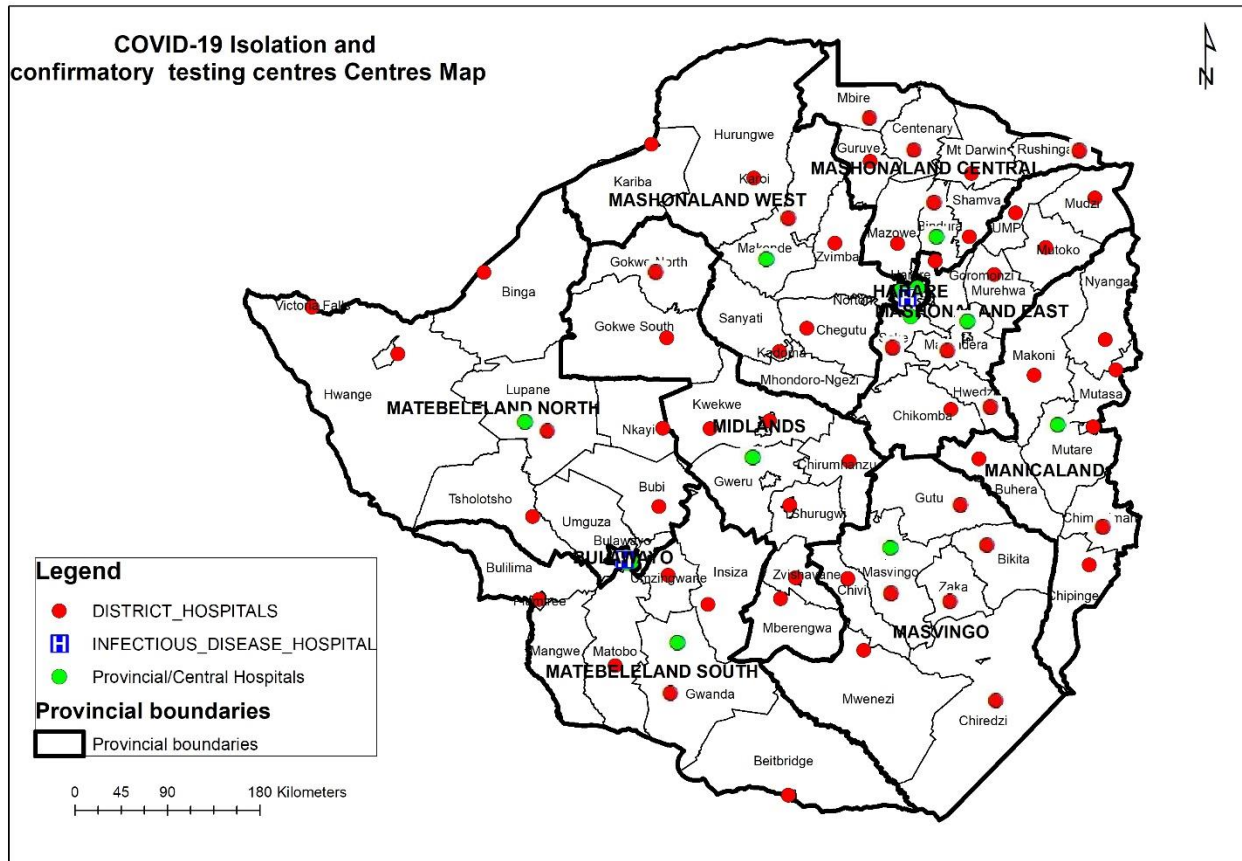
A contact is a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case:

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

Guidelines for Contact Tracing

See next issue

Annex 2: Map showing location of COVID-19 Isolation and Treatment Centres



This SitRep was compiled by the MOHCC Health Information and Surveillance Unit, Epidemiology and Disease Control Directorate in collaboration with WHO Country Office.