



SITUATION REPORT COVID -19 | ZIMBABWE

Date of Issue	31 March 2020	Investigation Start Date	25 January 2020
Data as Reported by	30 March 2020	Prepared By	MoHCC

1 GLOBAL UPDATES SNAPSHOT:

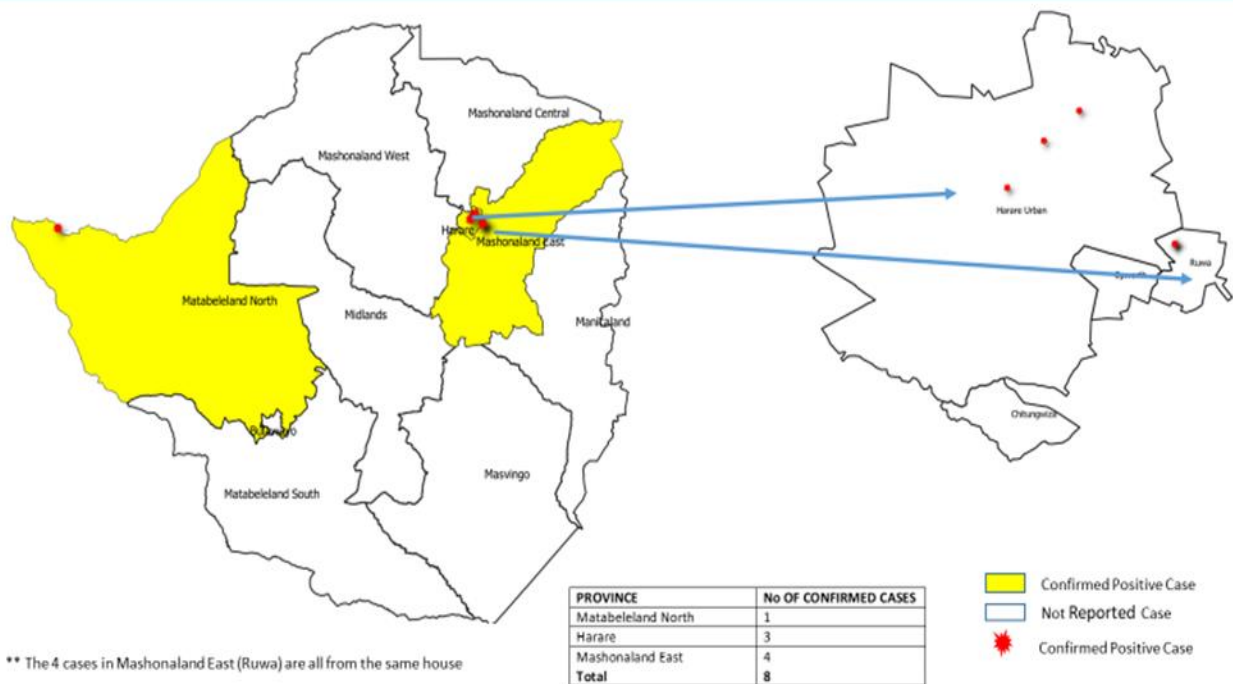
- As of 30 March 2020, a cumulative of 693 224 confirmed cases and 33 106 deaths with CFR of 4.8 % were reported from more than 203 countries/territories.

2. ZIMBABWE – HIGHLIGHTS

- Zimbabwe has reported 8 cases with one death since the onset of the outbreak and 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 hotlines (0714 734 539 and 0774 112 531) are now in use



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 Honourable Vice President 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
- 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	0772 937 430	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	0782951562	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**

- **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

- 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 Fall and Harare as detailed on the table 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 of Contacts Finished	Total Number of Contacts dropped
Case 001	Matabeleland North	12	12	0	3	0	0
Case 002	Harare	28	18	0	4	9	1
Case 003	Harare	21	13	4	2	0	2
Case 004	Harare	3	3	0	0	0	0
Case 005	Harare	2	2	0	0	0	0
Case 006	Harare	6	5	0	0	0	0
Case 007	Harare	3	3	0	1	0	0
Total		75	56	4	10	9	3

3.4 Laboratory

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

Table 3 Summary Statistics

Province	No of Specimens received last 24 hours	Number of Tests Done	Positives	Negatives	Indeterminate
Harare	41	41	1	40	0
Mat. North	1	1	0	1	0
Mat. South	2	2	0	2	0
Midlands	0	0	0	0	0
Mash East	2	2	0	2	0
Mash West	0	0	0	0	0
Mash Central	0	0	0	0	0
Manicaland	1	1	0	1	0
Masvingo	0	0	0	0	0
Bulawayo	0	0	0	0	0
Total	47	47	1	46	0

Table 4 Cumulative tests (National)

Total Positives	8
Total Negatives	233
Total Tested	241

Stock Status

Reagent	Number of tests remaining
Extraction Reagent	232
Amplification Reagent	19921

Gaps in Consumables/Testing

PPE such as lab coats, head covers, shoe covers and gloves are required.

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

- Zim FETP recalled its residents from their designated attachment sites from the 23rd to 27th March 2020 to participate in community awareness and health education.
- The program also developed and distributed IEC materials which included 20 000 flyers, 500 posters, 5 banners, 450 branded t-shirts, 1500 pens and 1500 rulers. These were distributed at strategic places such as airport, Beitbridge border post, shopping centres, beer halls, recreational centres and households.
- During the door-to door awareness campaign 1 600 households were reached. We also conducted a moving roadshow that beamed key information on COVID-19 in residential areas that were not reached by the door-to-door campaign.
- Mashonaland Central province – sensitization of EHTs in Mazowe and Centenary Provincial Development Committee, and civil servants at Government Complex. 28 counselors 70 health Care workers at Concession, and 40 at Karanda Hospital. All schools in the province were reached.
- Masvingo Province all districts were sensitized on COVID-19 and RRTs on alert. All health facilities are carrying out health promotion education sessions.
- Manicaland Province 900 reached at African University, 60 workers from Diamond FM and Manica Post were trained on COVID-19. 110 employees were reached at Quest Motors. Trained 2 batches of staff from Ministry of Foreign Affairs on 24th of March 2020.
- IEC materials have been distributed to all provinces and corporates are collecting soft copies for their own printing.
- Youth Advocates Forum in Chitungwiza is assisting awareness activities in the suburb.
- Imaginative Zim has donated an application for dissemination of information.
- UNICEF has created an information platform on COVID-19 which includes U-Report.
- Plan International is exploring the possibility of funding Radio/TV adverts.
- Ministry of Health and Child Care COVID -19 hotlines **(0714 734 539 and 0774 112 531)** are now in use and the call Centre has been activated.

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 PPE's to strengthen handwashing 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

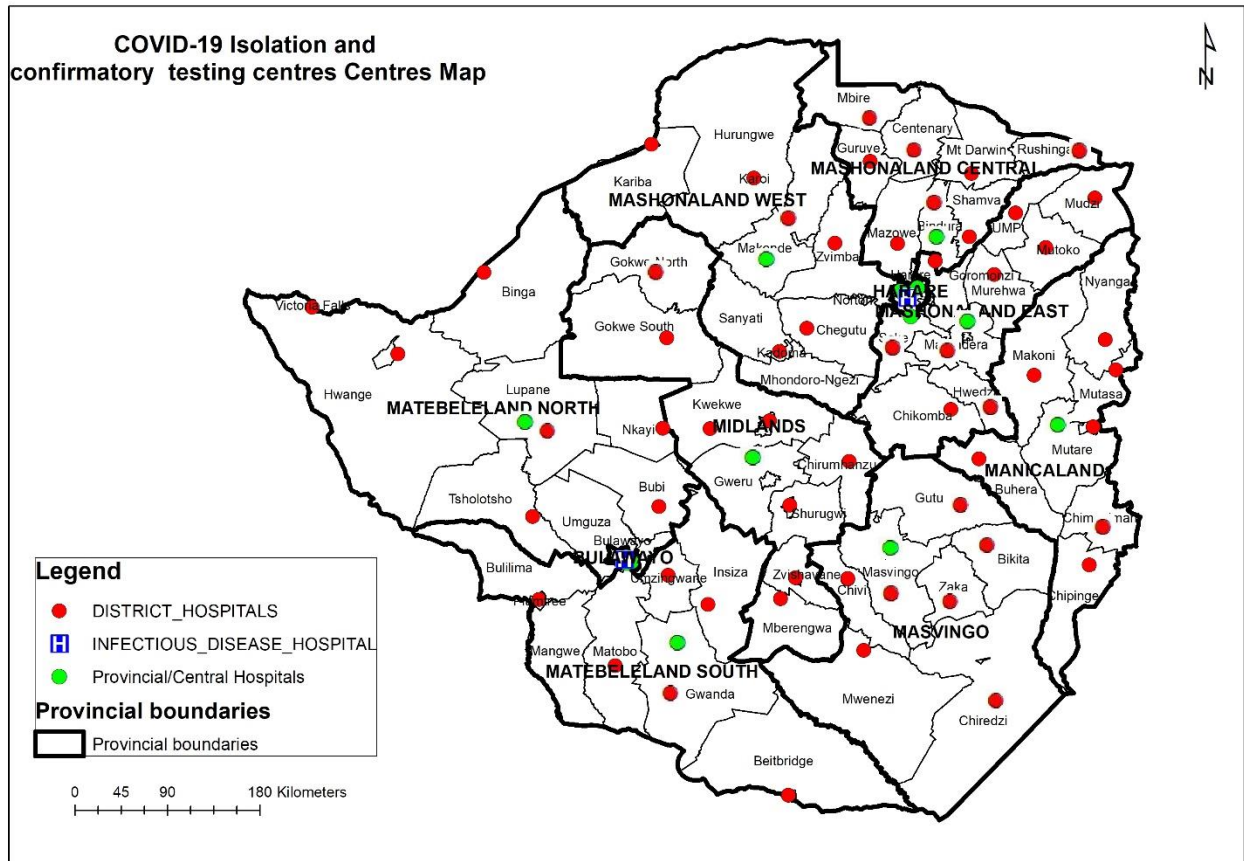
A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

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

Annex 2: COVID-19 Isolation Centres



Annex 3 Budget by Pillar (On the next issue.)

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