



ZAMBIA COVID-19 SITUATION REPORT NO. 366 – EPI WEEK 21

Disease Pandemic: COVID-19

Response start date: 30th January, 2020

Outbreak Declared: 18th March, 2020

Report date: Sunday 29th May, 2022

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1. SITUATION UPDATE (23rd – 29th May) 👤 Cases 471 👤 Deaths 1 👤 Admissions 22 👤 Recoveries 558

1.1 CURRENT NUMBERS (as of 09:00 hours CAT)

- **Epi-week review:** 471 confirmed cases, 1 death, and 558 recoveries reported (compared to 519 confirmed cases, 2 deaths, and 442 recoveries recorded the previous week); this marks a **9% decrease in new cases**.
- **Last 4 weeks (14-day period comparison):** there were 990 new cases and 3 deaths reported in the last two weeks, compared to 894 new cases and 7 deaths reported in the preceding 2 weeks.
- **Total new admissions:** 22 in the past week (compared to 17 the week before)
- **Cumulatively, 321,617 cases** with 3,986 deaths (**CFR=1.2%**) and 317,076 recoveries (**99% recovered**). Of the total deaths, 2,856 have been classified as COVID-19 deaths (CFR_{C19}=0.9%) and 1,130 as associated deaths.
- **Currently:** there are **555 active cases**: of these, 540 (97%) are under community management while 15 (3%) are hospitalised, with 9 (60%) on Oxygen therapy and one in critical condition; 4 of the admitted are vaccinated

Global Numbers
(Source: Worldometre)

- 👤 **531,517,218 Confirmed**
- 👤 **6,310,701 Deaths (1.2% CFR)**
- 👤 **502,186,754 Recoveries**

2. EPIDEMIOLOGICAL HIGHLIGHTS

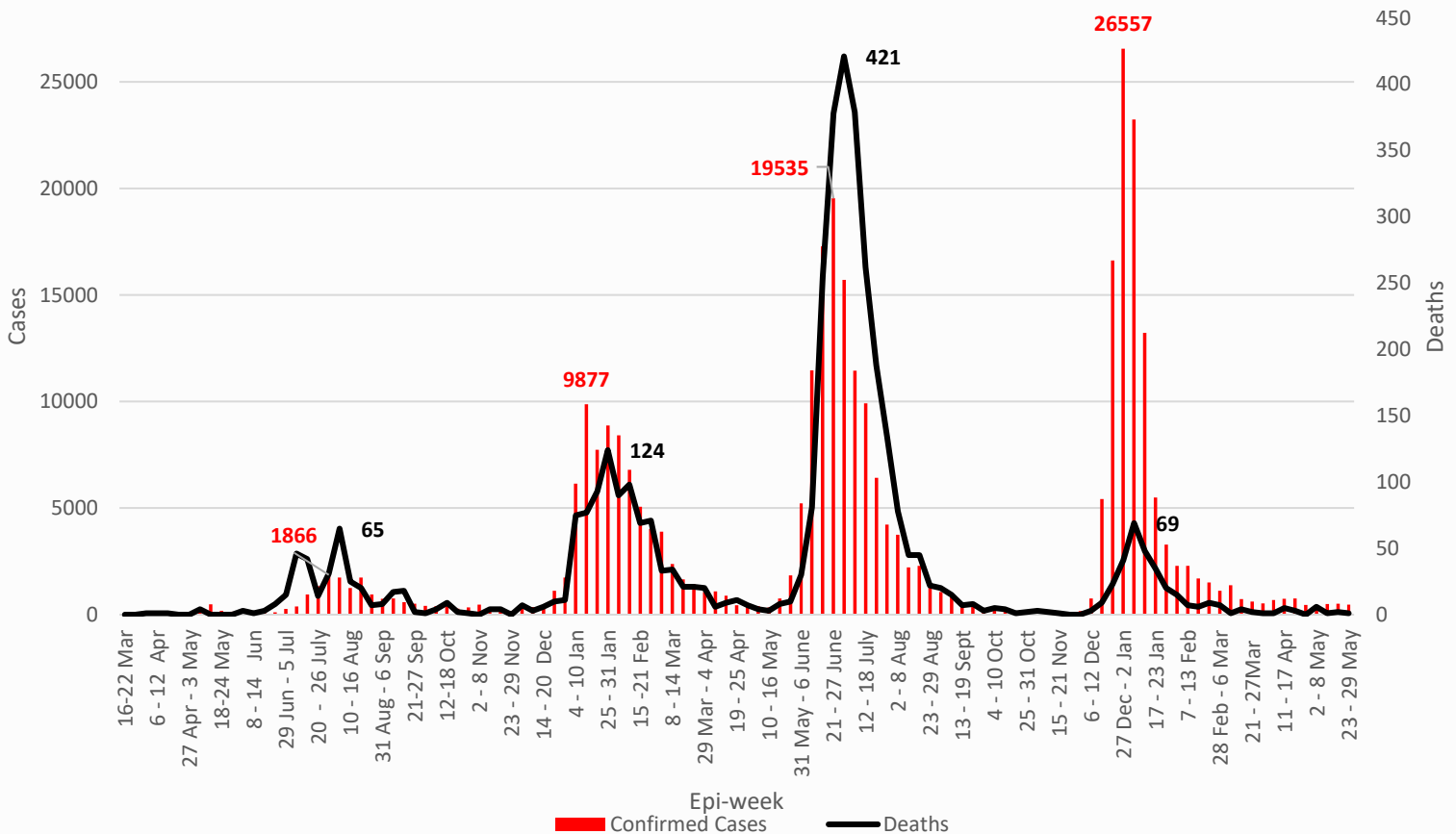


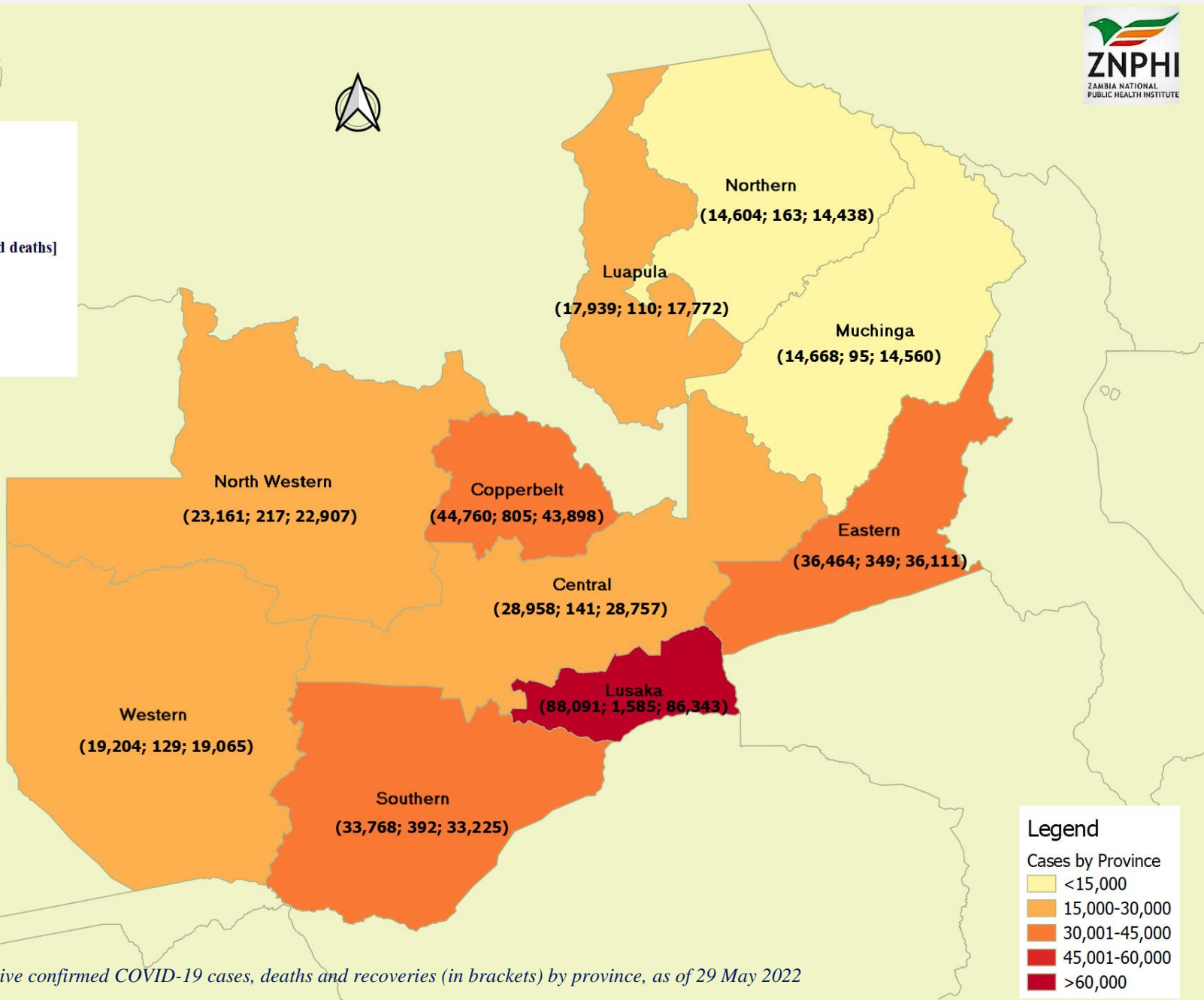
Figure 1: Epicurve of COVID-19 confirmed cases and deaths by week, as of end of epi-week 21, 2022 (23 -29 May, 2022)



Zambia COVID-19 Statistics
 Week ending 29th May, 2022

Tests: 3,478,388 (11,188 New)
 Cases: 321,617 (471 New)
 Deaths: 3,9856 (1 New)
 [2,856 COVID-19 deaths; 1,129 Associated deaths]
 Recoveries: 317,076 (558 New)
 Current # of active cases: 555
 [15 Hospitalised: 9 on Oxygen; 1 Critical]

*New: recorded in the past week



Legend

Cases by Province

- <15,000
- 15,000-30,000
- 30,001-45,000
- 45,001-60,000
- >60,000

Figure 2: Map showing cumulative confirmed COVID-19 cases, deaths and recoveries (in brackets) by province, as of 29 May 2022



Table 1: Incidence risk by province, as of 29 May 2022

Province	Population (mid-2020)	Cumulative cases	Cumulative incidence risk (cases per 100 000 persons)	New cases in previous week	New Cases detected this week	Percentage change in new cases	Incidence risk last week (cases/100 000 persons)	Incidence risk this week (cases /100 000 persons)	Percentage change in incidence risk
Central	1,734,601	28,958	1,669	47	55	17%	2.7	3.2	17%
Copperbelt	2,669,635	44,760	1,677	79	49	-38%	3.0	1.8	-38%
Eastern	2,065,590	36,464	1,765	4	4	0%	0.2	0.2	0%
Luapula	1,276,608	17,939	1,405	50	42	-16%	3.9	3.3	-16%
Lusaka	3,360,183	88,091	2,622	134	127	-5%	4.0	3.8	-5%
Muchinga	1,095,535	14,668	1,339	20	11	-45%	1.8	1.0	-45%
Northern	1,520,004	14,604	961	3	3	0%	0.2	0.2	0%
N/western	950,789	23,161	2,436	32	35	9%	3.4	3.7	9%
Southern	2,135,794	33,768	1,581	141	136	-4%	6.6	6.4	-4%
Western	1,076,683	19,204	1,784	9	9	0%	0.8	0.8	0%
NATIONAL	17,885,422	321,617	1,798	519	471	-9%	2.9	2.6	-9%

↓ reduced compared to previous week ↑ increased compared to previous week ~ approx. no change

Table 2: Changes in indicators over the last two weeks

Indicator	Cumulative	7 days comparison		Change	
		Previous 7 days	Last 7 days	Difference	% Change
Tests	3,478,388	13,398	11,188	-2,210	-16%
Test positivity	9.2%	4%	4%	0.3%	0%
Tests/100,000 pop	19,448	75	63	-12	-16%
Cases	321,617	519	471	-48	-9%
New Admissions	-	17	22	5	29%
Deaths	3,987	2	1	-1	-50%
CFR	1.2%				



Table 3: COVID-19 Resurgence thresholds by province as of 29 May 2022

Province	Number of new cases over 14-days based on the 7-day moving average		Resurgence Threshold
	16 - 22 May	23 - 29 May	
Central	55	52	-6%
Copperbelt	71	63	-11%
Eastern	5	2	-50%
Luapula	60	44	-26%
Lusaka	91	140	54%
Muchinga	15	15	-2%
Northern	11	2	-83%
N/western	45	30	-33%
Southern	162	125	-23%
Western	17	8	-49%
NATIONAL	531	482	-9%

Key:

	<10% increase or decrease in new confirmed cases: UNDER CONTROL
	10% to <20% increase in new confirmed cases: ALERT
	20% and above increase in new confirmed cases: RESURGENCE

COVID-19 resurgence is defined as an increase in new cases of COVID-19 after a period of lower or no transmission for a period of at least two consecutive weeks. This assumes that surveillance and testing are optimal. Table 3 gives the resurgence thresholds calculated based on the number of new cases over a 14-day period based on the 7-day moving average. There are three actionable thresholds that should be considered: Under Control, Alert and Response threshold. Each threshold has specific guidance on what actions need to be done, available [here](#). All ten provinces are currently listed as “Under Control” threshold



3. PUBLIC HEALTH ACTIONS

3.1 CO-ORDINATION

➤ Regional/Continental level:

- Zambia continues to participate in AU meetings to ensure continued regional and continental trade and strategies to stop transmission of COVID-19. Zambia also hosts the Southern Africa Regional Collaborating Centre of the Africa CDC and has been coordinating the response at regional level. Detailed updates on the COVID-19 statistics can be accessed on the [Africa CDC website](#), and the Vaccination Dashboard can be accessed [here](#)

➤ National Level:

- Government continues to implement a **nine-pronged strategy** in response to the COVID-19 outbreak: Surveillance and case finding; **Case management; Infection prevention and control; Risk communication and community engagement; Laboratory diagnosis; Logistics and supply chain management; Appropriate competent and adequate workforce; Routine essential health services; and Vaccination.**
- Measures and interventions to control the spread of COVID-19 countrywide are outlined in the Statutory instruments **SI21 and SI22 of 2020 on COVID-19 and presidential directives.**
- The **COVID-19 contingency plan** outlining the country’s COVID-19 preparedness and response activities underwent revision in the first week of April, 2021 and was approved by Cabinet.
- Technical co-ordinating meetings are held with cooperating partners and other stakeholders. The meetings are chaired by the Director General, ZNPHI
- The **Incident Management System (IMS)** continues to meet at ZNPHI (with a Zoom link provided to ensure social distancing) on Thursday morning; while senior technical meetings at ministerial level are held twice weekly.

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. By mid-June 2020, cases had been reported in all ten provinces, with Western province being the last to confirm cases of COVID-19. Generalised local person-person transmission is now established throughout the country. To date, Zambia has had **four distinct waves** of the pandemic, with a last wave having peaked during the week of 27th Dec ‘21-2nd Jan 2022



3.2 SURVEILLANCE AND CASE MANAGEMENT

- Active surveillance is ongoing in healthcare facilities, at community level, through contact tracing and at points of entry. The revised guidelines for the home management of COVID-19 cases can be accessed [here](#).
- See **table 4** for the surveillance statistics reported in the last week as well as current admission statistics; and **figure 4** for case management trends over the past month.

Table 4: Breakdown of surveillance and case management statistics reported in the last week and current admissions by province

PROVINCE	RECORDED IN THE LAST WEEK				CURRENT STATISTICS			
	NEW CASES	DEATHS	DISCHARGES	TOTAL NEW ADMISSIONS	CURRENTLY ACTIVE	CURRENTLY ADMITTED	ON OXYGEN	CRITICAL
CENTRAL	55	0	53	0	60	0	0	0
COPPERBELT	49	0	92	3	57	4	4	0
EASTERN	4	0	4	0	4	0	0	0
LUAPULA	42	0	47	1	57	1	0	0
LUSAKA	127	0	96	7	163	6	3	0
MUCHINGA	11	0	19	0	13	0	0	0
NORTHERN	3	0	8	0	3	0	0	0
N/WESTERN	35	1	45	9	37	2	1	1
SOUTHERN	136	0	176	2	151	2	1	0
WESTERN	9	0	18	0	10	0	0	0
TOTAL	471 Cases	1 Death	558 Discharges	22 New admissions	555 Active	15 Admitted	9 (60%) On O₂	1 (7%) Critical

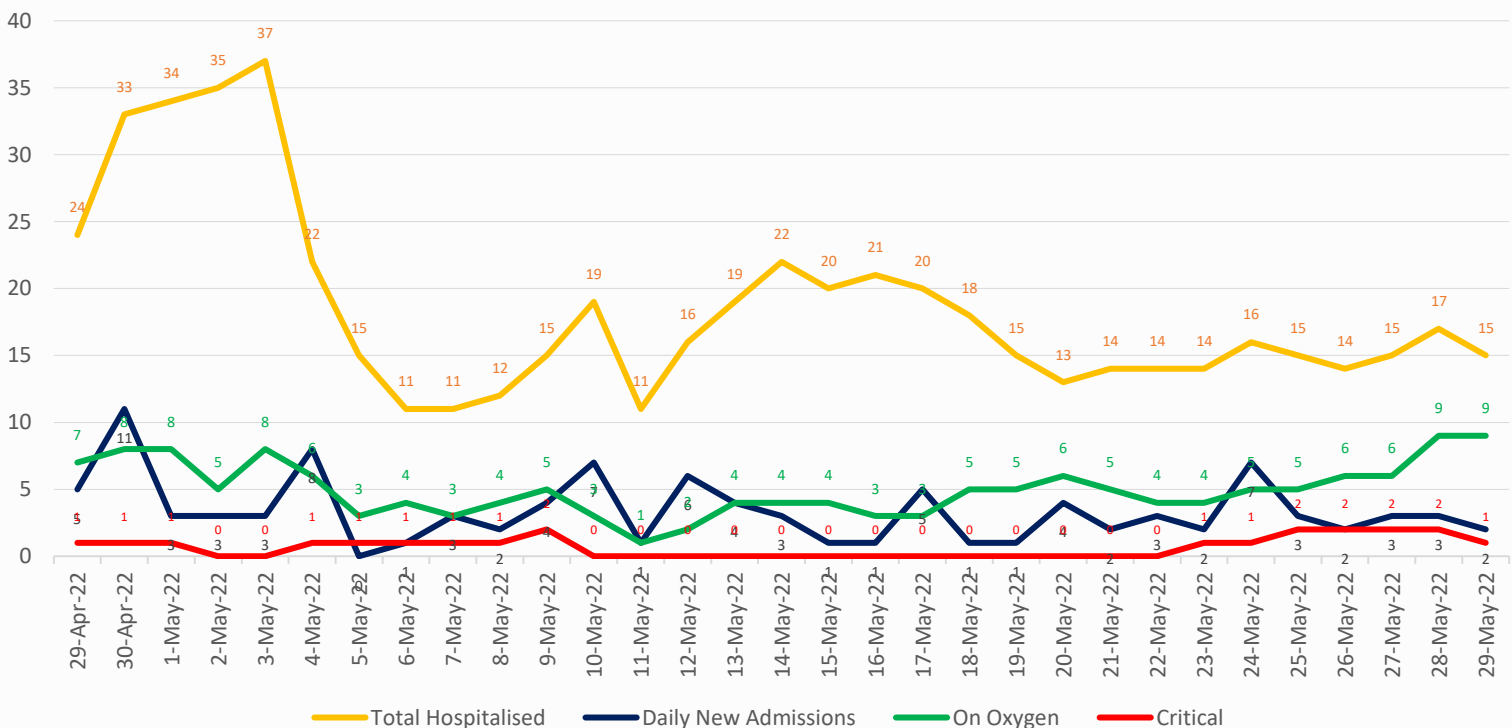


Figure 4: Case management trends over the past month, showing overall admissions, against daily new admissions, patients on Oxygen therapy and those in critical condition



3.3 LABORATORY AND SAMPLE MANAGEMENT

- Zambia is utilising a number of testing platforms, including real-time Polymerase Chain Reaction (RT-PCR), Gene Xpert, Hologic Panther, and Roche Cobas 6800, as well as Standard Q and Panbio Rapid Diagnostic Tests. Available testing centres can be found here: <https://arccg.is/15rqeP> and the revised testing strategy can be found [here](#).
- On 10th January 2022, government revised the testing strategy to prioritise only those presenting with symptoms. This came as a result of increased global and local demand for test kits due to increased community transmission
- **Current week analysis (16-22 May):** The total number of tests conducted this week was **11,188**, (16% fewer tests than last week); overall positivity was **4%**. See *figure 5* below for comparative analysis of tests conducted across the provinces
- **Previous week analysis (9 -15 May):** **13,398** tests were conducted in the previous week (**4%** tested positive for SARS-CoV-2) [compared to **14,100** tests the week before last (4% positivity)].
- The cumulative testing coverage is **19,448 per 100,000population**.

Table 5: Testing rates per province comparison for the last two weeks

Province	Last week				This Week		
	Population (mid-2020)	Total Number of tests done	Number of tests done/ 100,000 Population	Test Positivity Rate	Total Number of tests done	Number of tests done/ 100,000 Population	Test Positivity Rate
Central	1,734,601	799	46	6%	639	37	9% ↑
Copperbelt	2,669,635	1,780	67	4%	1,472	55	3% ↓
Eastern	2,065,590	690	33	0.6%	685	33	0.6% ~
Luapula	1,276,608	1,084	85	5%	1,485	116	3% ↓
Lusaka	3,360,183	5,757	171	2%	3,672	109	3% ↑
Muchinga	1,095,535	817	75	2%	313	29	4% ↑
Northern	1,520,004	227	15	1%	341	22	1% ~
N/western	950,789	733	77	4%	780	82	4% ~
Southern	2,135,794	1,193	56	12%	1,045	49	13% ↑
Western	1,076,683	318	30	3%	756	70	1% ↓
NATIONAL	17,885,422	13,398	75	4%	11,188	63	4% ~



3.4 COVID-19 VACCINATION PROGRAMME

- A 10-day nationwide vaccination campaign **launched** on Saturday **14 May 2022**, in a bid to escalate progress towards the vaccination target of 70% of the eligible population. The campaign was extended for 5 days following overwhelming public response.
- To date, Zambia has received **10,406,410 vaccines** doses, broken down as follows: 188,400 Moderna; 1,549,300 AstraZeneca; 1,749,600 Sinopharm; 2,296,710 Pfizer; and 4,622,400 Johnson and Johnson; with the most recent receipt being 574,470 doses of Pfizer received under COVAX on 6TH May 2022.
- In the just ended epi-week, **266,912 Dose 1; 334,542 Dose 2/full** (including the single Dose J&J vaccinations) **and 67,718 Booster vaccinations** were administered.
- The vaccination statistics for the past week and cumulatively are broken down as follows:

Table 6: Comparison of vaccine doses received and doses administered, as of 29 May 2022

Vaccine	RECEIVED	ADMINISTERED THIS WEEK			CUMULATIVE TO DATE		
	# of Doses	Dose 1	Dose 2	Booster	Dose 1	Dose 2	Booster
AstraZeneca	1,549,300	2,919	1,720	710	627,638	298,314	16902
J&J	4,622,400	-	310,100	50173	-	2,770,602	155116
Moderna	188,400	129	167	110	94,189	69,544	4,287
Pfizer	2,296,710	200,988	14,001	14,470	791,881	95,447	69,973
Sinopharm	1,749,600	62,876	8,554	2255	500,685	97,060	6721
TOTAL	10,406,410	266,912	334,542	67,718	2,014,393	3,330,967	252,999

**Data changes reflect retrospective data consolidation and/or validation*

- **In summary**, of the total vaccine doses received, 5,598,359 (54%) have been administered to date; wastage rate is estimated at 2.3%