

VOL 06
ISSUE 01
Q1 2022

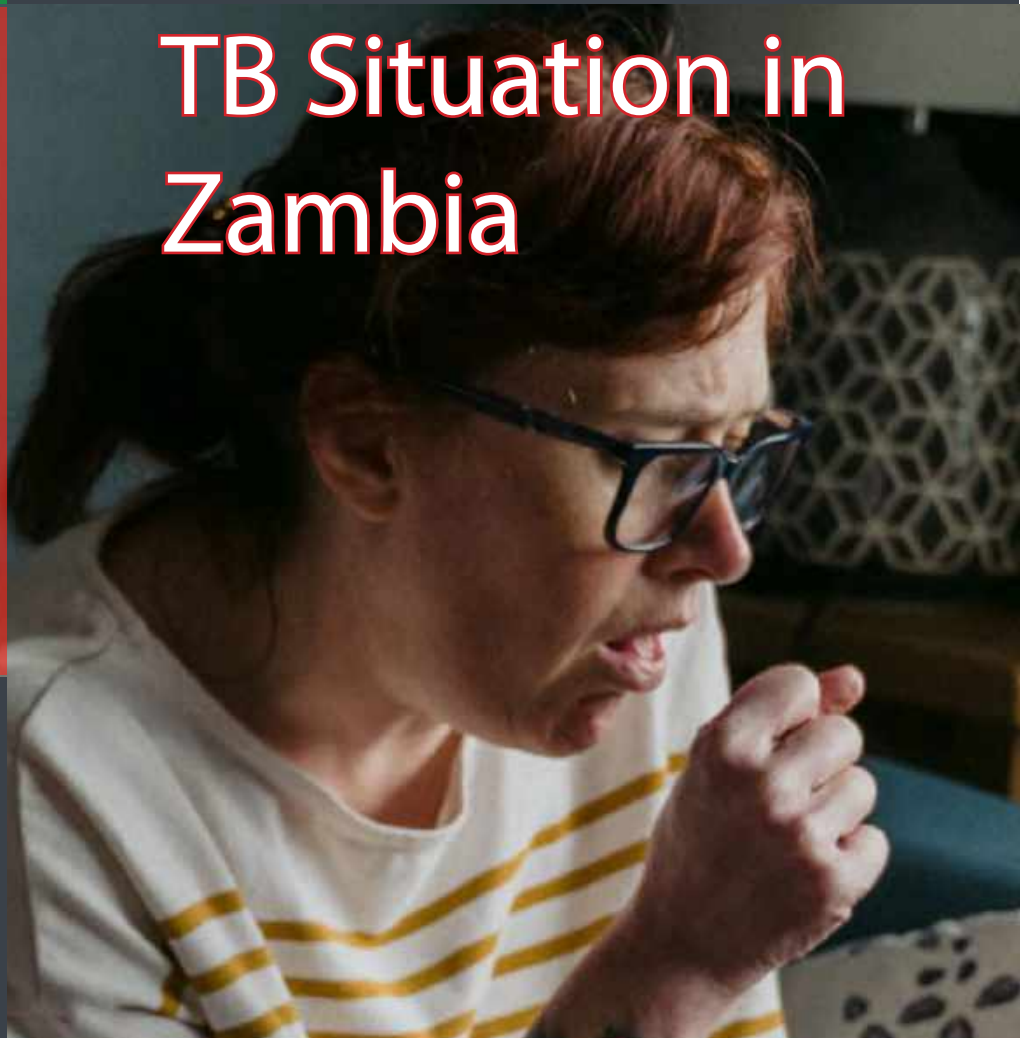
ZAMBIA'S JOURNAL ON PUBLIC HEALTH, DISEASE
SURVEILLANCE, PREVENTION AND CONTROL

The Health Press - Zambia is published by Zambia National Public Health
Institute, Ministry of Health Zambia SINCE JAN 31, 2017.

ADDRESS: PLOT 13, REEDBUCK ROAD, KABULONGA, LUSAKA.

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TB Situation in Zambia



Email: editor.healthpress@znphi.co.zm
Website: <http://znphi.co.zm/thehealthpress/>
Suggested Citation:
[Author Surname, Initial].[Article title].Health Press
Zambia Bull 2022; 06(1):[inclusive page numbers].

TABLE OF CONTENTS

EDITORIAL

TB Situation in Zambia, the Progress made in the fighting the scourge P Lungu	1
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SITUATION REPORTS

Situation report on zambia's response to wild poliovirus type 1 outbreak in southern africa ZNPFI	2
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INTEGRATED DISEASE SURVEILLANCE AND RESPONSE (IDSR) ZNPFI.	8
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Editorial

By : P Lungu

Citation Style For This Article: Lungu P. TB Situation in Zambia, the Progress made in the fighting the scourge. Health Press Zambia Bull. 2022; 06(1); pp 1.

Zambia is among the 30 high TB and TB-HIV burden countries. TB in Zambia remains a major cause of ill-health and deaths especially among people living with HIV (PLHIV). In our setting, TB alone is responsible for at least 40% of the deaths among people living with HIV in Zambia.

The World Health Organization in 2022 estimated the TB incidence to be at 307 per 100,000 a drop from 346 per 100,000 population. Overall, this represents a 60% reduction in the burden of TB in Zambia when compared with the level in 2000 (759/100,000 population).

In the last 5 years, Zambia has amplified and accelerated the fight against TB. In the last 5 years there has been huge capital investment from both donor and domestic funding through the donor community and the Government of the Republic of Zambia.

As this unprecedented capital investment, the country has made tremendous progress in the fight against TB, for instance:

1. As mentioned above, Zambia has achieved a 60% reduction in the burden of TB over the last 2 decades
2. TB related deaths have reduced by 65% in 2022 when compared to 2015. The mortality rate in 2015 was estimated to be 115/100,000 while in 2021 the TB mortality rate stood at 40/100,000.
3. TB infections rate among PLHIV has reduced from 60% in 2018 to 34% in 2022
4. The country has accelerated the detection of TB among the vulnerable population, in children for instance, TB case detection has increased by at least 2 fold. We now stand 9% of all the cases of TB being in children. Almost achieving the WHO bench mark of 10% case contribution by childhood TB.
5. The treatment success rate of drug sensitive TB has been sustained at over 90%
6. There has been an improvement of the treatment success rate of Drug resistant TB from only 33% in 2012 to now 76% in 2022.
7. TB treatment coverage has increased from 58% in 2018 to 85% in 2022, meaning in 2018, Zambia was only detecting and treating 58% of the estimated incident cases and now is detecting and treating 85% of the estimated new cases of TB.
8. Over 90% of PLHIV have received and completed successfully the lifesaving and TB preventive therapy/prophylaxis.

Partly, to explain this steady and significant progress made by the country, the Ministry of Health and its partners, placed sensitive and state of the art TB diagnostic tools. We now have 7 mobile TB trucks revolving around the various communities in the country including the hard to reach places. The Ministry of Health has over the years built the necessary competencies in the diagnosis of TB including the most complex forms.

While there has been palpable progress in there remains some gaps; 15% of new TB cases are not reached and treated, 55% of children exposed to TB patients are not provided the much-needed TB preventive therapy, stigma to TB, myths and misconceptions remains rife, knowledge level about TB by the public remains low. At present the TB laboratory diagnostic network can only readily meet the needs of 66% of the population with the 20Km radius, meaning 44% are accessing TB diagnostic services by referral to nearby facilities.

Going forward the preoccupation of the Ministry of Health under the National TB and Leprosy programme includes;

1. Sustain the best practices
2. Sustain the high TB treatment success rate
3. Scale up TB case detection throughout the continuum of care starting from community level
4. Raise the much-needed TB awareness and create demand

A message for the public;

- TB remains among us,
- TB kills those that delay or don't access TB services
- Everyone is at risk of TB
- When one has any of the following symptoms; cough, fever, chest pains, night sweats, poor appetite, weight loss unexplained ill health, reduced playfulness in children, they should immediately seek health care from the nearest health facility for TB screening and diagnosis.
- TB can be prevented using by maintaining good ventilation, observing cough etiquette by the affected, taking TB preventive therapy/prophylaxis when prescribed by a health care worker.
- Take home message is that TB is both preventable and curable.

SITUATION REPORT ON ZAMBIA'S RESPONSE TO WILD POLIOVIRUS TYPE 1 OUTBREAK IN SOUTHERN AFRICA

Situation Report

By : ZNPHI

Corresponding Author: M Chipoya

Citation Style For This Article: ZNPHI. Situation report on zambia's response to wild poliovirus type 1 outbreak in southern africa. Health Press Zambia Bull. 2022; 06(1); pp 2-7.

1.0 Situational Overview

- Following the wild polio viruses type1 (WPV1) case notification in Malawi, Zambia has since responded with four rounds of bOPV supplementary immunization activities (SIA).
- The dates for the four campaigns run from:
 - Round 1 conducted on March 24-27, 2022 (was subnational covering Lusaka, Eastern and Muchinga provinces)
 - Round 2 was conducted on April 25-28, 2022 (countrywide)
 - Round 3: August 11-14, 2022 (countrywide)
 - Round 4: October 29 -November 01, 2022 (countrywide)
- Zambia detected one circulating poliovirus type 2 (PV2) in an environmental sample collected on the 4 October 2022 in Mindolo site, Kitwe district, Copperbelt province. This PV2 is genetically linked to another environmental sample in Botswana
- Two additional PV2 were isolated in two separate environmental samples collected on November 1, 2022, from Mindolo site in Kitwe district, and Kawama site in Mufulira district of the Copperbelt province. The samples have since been sent to the regional laboratory for sequencing
- Outbreak response activities have since been initiated regarding the new polio virus notification.
- The Government of Zambia on November 11, 2022 through the Minister of Health declared the polio outbreak as a national public health emergency of international concern
- Two rounds of nOPV2 SIA response are planned for January and March 2023. The first nOPV2 SIA is tentatively scheduled for January **26, 2023**
- The nOPV2 SIA covers under 5years children in the Copperbelt, Luapula, Central, and North-Western (see **Figure 1**). The nOPV2 round1 target population is **2,059,292** children under 5years as shown in
- **Table 1**

2.0 Zambia SIA campaign preparedness level

Table 1: nOPV2 supplementary Immunisation Activities (SIA) Round 1
Target <5 years Population by the four Provinces

No	Province	Number of districts	Target <5 population	Total doses for Round 1&2
1	Central	11	523,274	1,308,185
2	Copperbelt	10	824,862	2,062,155
3	Luapula	12	394,133	985,333
4	North-Western	11	317,023	792,558
	Zambia	44	2,059,292	5,148,231

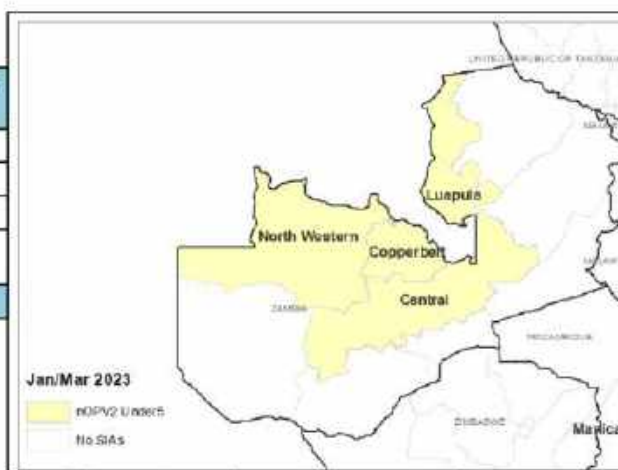


Figure 1: Map of Zambia for nOPV2 response

▪ **Table 1**

No	Province	Number of districts	Target <5 population	Total doses for Round 1&2
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Zambia		44	2,059,292	5,148,231

Table 2:GPEI Partner Human Resource and Technical Working Group Outline

Regional and global surge human resource	Technical working groups
<ul style="list-style-type: none"> ❖ UNICEF <ul style="list-style-type: none"> ▪ Vaccine management ▪ Community mobilization ❖ BMGF <ul style="list-style-type: none"> ▪ Epidemiologist and public health specialist ▪ EOC operations ❖ CDC <ul style="list-style-type: none"> ▪ Epidemiologist and public health specialist ❖ WHO <ul style="list-style-type: none"> ▪ Coordination ▪ Operations ▪ Epidemiologist and public health specialist ▪ Surveillance 	<ul style="list-style-type: none"> ❖ Coordination <ul style="list-style-type: none"> • Incident manager–Government • GPEI coordinator • Partners agency focal persons ☐ Operations <ul style="list-style-type: none"> • Microplanning • Training • Deployment ❖ Surveillance ❖ Vaccine management and logistics ❖ Community mobilization ❖ Data management, and monitoring and evaluation

Table 3: Mapping of current Partner HR support to the response

Partners	Levels (National/ sub-national)	Number deployed
WHO	National and Subnational	16
UNICEF	National and Subnational	5
CDC/AFENT	National and Subnational	3
Solina	National	0
E-Health Africa	National	0
TFGH	National and subnational	1
IQVIA	National and Subnational	4
BMGF/McKing	National	3
National Supervisors	National	10
Rotary Club Zambia	National	2
Total		46

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Rotary Club Zambia	National	2
Total		46

3.0 SUPPLEMENTARY IMMUNIZATION ACTIVITIES (SIA)

Planning, Coordination and Funding

- SIA R4 technical reports completed and shared
- ORPG approved risk assessment and scope of response submitted
- WHO- DG approved the nOPV2 vaccine use for the response
- National polio EOC, MOH, and ZNPHI met and decided on the roadmap for nOPV2 round1 SIA scheduled for January 26, 2023.
- Surge budget for the cVDPV2 / bOPV response in 2023 to be submitted immediately
- Vaccines acquisition form to be submitted immediately
- Pen marker request have been submitted
- Completed revision of training materials towards the use of nOPV2
- Ongoing monitoring of implementation of Surveillance enhancement plan at all levels

Vaccine management and cold chain management

- Planned acquisition of nOPV2 for cVDPV2 OBR deferred to January 2023 due to global prioritization by OPRG
- VM & CCL component of the cVDPV2 campaign budget consolidated and inputted together with MOH
- nOPV2 Training materials compiled by UNICEF have been reviewed by MOH and EOC, and incorporated in the cVDPV2 training package

Social Behavioural Change (SBC) communication

- The final results of the community assessment conducted in Mufulira district (Copperbelt province) are available and ready to be shared to support the country's risk assessment and response planning to this epidemic.
- Training module on ACSM for upcoming nOPV2 SIA campaigns has been finalised and validated by the national EOC.
- The ACSM component of the nOPV2 campaign has been incorporated into the final budget.

- 94% (102/108) of ES samples had lab results <=35 days of sample collection
- 57% of sewage samples that arrive at a WHO-accredited lab <=3 days of sample collection
- 58% of PV ES samples with sequencing results available <=7 days of receipt at a WHO-accredited sequencing lab
- 99% of ES samples with final lab results available <=32 days of receipt at a WHO-accredited sequencing lab

Table 4: Zambia AFP surveillance core indicators performance from week 1 to week 48, 2022

Province	Total district	Total district reported a case	Total Reported Cases	% of Diarrhoea with AFP >=3	% of AFP with Adequate stool sample >=80%	Final lab results <=35 days	% cases reported <=7 days of onset of paralysis	% of cases investigated <=48 hours of notification	% of cases with two stool samples collected <=11 days of onset and >=24 hours apart	% of two stool samples arriving in lab <=3 days of two stool sample collection and in good condition
Central	11	10	32	90%	75%	84%	69%	97%	69%	88%
Copperbelt	10	10	36	70%	64%	81%	56%	97%	58%	72%
Eastern	15	14	99	86%	68%	76%	53%	86%	60%	91%
Lusaka	12	9	16	67%	36%	50%	25%	94%	38%	50%
Lusaka	6	5	16	80%	82%	94%	55%	100%	69%	94%
Muchinga	8	8	32	100%	63%	81%	50%	100%	44%	97%
North Western	11	9	25	100%	60%	68%	48%	100%	56%	84%
Northern	12	10	39	80%	74%	74%	59%	90%	56%	90%
Southern	15	13	33	54%	70%	79%	58%	94%	67%	94%
Western	16	14	30	86%	58%	80%	53%	100%	53%	90%
Zambia	116	102	358	80%	67%	77%	54%	94%	58%	87%

Table 5: Zambia AFP surveillance performance indicators as at week 48, 2022

Provinces	(Data submitted from provinces (week 48, 2022))																	Surveillance index	(Net an AFP) Class 6
	2022 estimates	Annual Expected	All Reported	Only AFP	Annualized Non-polio	AFP cases		Confirmed		Compatible (virologic)	AFP cases with pending Lab results	Non-polio enterovirus/SL cases		Surveillance index	(Net an AFP) Class 6				
	<15 pop (million)	Cases	database	Cases in database	AFP rate	#	%	VDPV	Wild	Classification	Detection rate	with results	#			%			
Central	0.9	20	31	32	4	24	7%	0	0	0	4	32	0	0%	3	9%	3	0	
Copperbelt	1.3	38	36	36	3	23	9%	0	0	0	3	35	1	3%	3	8%	2	0	
Eastern	1.0	29	99	99	11	67	28%	0	0	0	11	99	0	0%	18	18%	7	0	
Lusaka	0.6	19	16	16	3	7	4%	0	0	0	3	16	0	0%	5	31%	1	0	
Lusaka	1.6	47	16	16	1	13	87%	0	0	0	1	15	1	6%	0	0%	1	0	
Muchinga	0.6	17	31	32	6	20	22%	0	0	0	6	32	0	0%	7	22%	4	0	
North Western	0.4	13	25	25	6	15	25%	0	0	0	6	25	0	0%	4	16%	4	0	
Northern	0.7	21	39	39	6	29	16%	0	0	0	6	37	2	5%	2	9%	4	0	
Southern	1.1	33	33	33	3	23	7%	0	0	0	3	31	2	6%	0	0%	2	0	
Western	0.5	15	30	30	6	18	4%	0	0	0	6	28	2	7%	7	23%	4	0	
Zambia	8.6	258	358	358	5	238	6%	0	0	0	5	350	8	2%	49	14%	3	0	

6.0: SURVEILLANCE NEXT STEPS

Surveillance critical issues

- Intensify AFP active case search and environmental surveillance
- Continue efforts to improve knowledge capacity of surveillance focal points at provincial, district, facility, and community levels to ensure increased surveillance sensitivity and timely reporting.
- Facilitate the regular conduct of quarterly AFP surveillance review meetings at all levels to assess the AFP surveillance performance for action to enhancement surveillance activities.
- Completion of training for 245 health facility staff on VPD surveillance with a focus on AFP surveillance
- Implementation of the AFP stool sample referral system supported by Village Reach project
- Ongoing surveillance subcommittees activities at the EOC and monitoring of implementation of surveillance enhancement plan

Reported by the Zambia Polio Incident Mangement team.

Epidemiological Report

By : ZNPHI

Citation Style For This Article: ZNPHI. INTEGRATED DISEASE SURVEILLANCE AND RESPONSE (IDSR) .Health Press Zambia Bull. 2022; 06(1); pp 8-13

Summary

On-going current outbreaks and public health threats

- **COVID-19 (Coronavirus):** Cumulatively, since 18 March 2020 Zambia, has recorded a total of 316,550 confirmed case, 3,348,548 Tested, 311,868 Recoveries and 3,966 COVID-19 death relating to a CFR of 1.26%.
- **COVID-19 Vaccination:** Cumulatively a total of 2,172,746 have been fully vaccinated with the Astra-Zeneca, Sinopharm and Johnson & Johnson vaccines since the commencement of the vaccinations on the 14 April 2021.

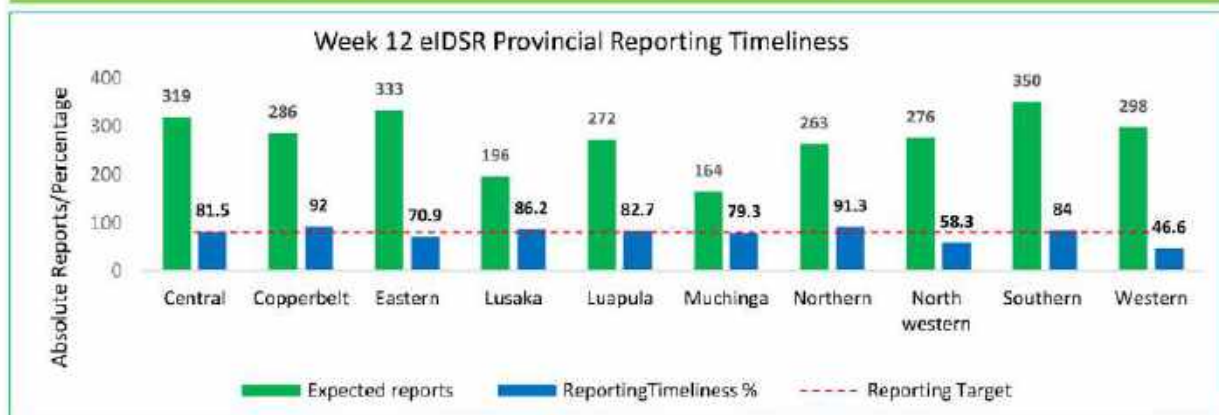
Immediately Notifiable Diseases/Events

- **COVID-19 (Coronavirus):** A total of 598 confirmed cases were reported from Southern (107), Lusaka (103), Central (88), Western (71), Luapula (60), Copperbelt (62), Eastern (34), Northwestern (34), Muchinga (24) and Northern (15) provinces.
- **Maternal Deaths:** Deaths were recorded from Lusaka (4), Central (2), Copperbelt (2), Northern (2) and Southern (2) provinces.
- **Acute Flaccid Paralysis (AFP):** 28 cases were reported from Eastern province (23), Western (1), Luapula (1), Muchinga (1), Northern (1), Northwestern (1), Southern (1) and Western (1) provinces.
- **Measles:** 67 suspected cases were reported from Copperbelt (43), Lusaka (8), Northwestern (8), Central (4), Northern (3) and Eastern (1) provinces.

Other diseases/events

- **Dysentery:** 828 suspected cases were reported Central (324), Southern (118), Eastern (112), Western (61), Lusaka (49), Luapula (48), Copperbelt (41), Muchinga (39), Northwestern (22) and Northern (14) provinces.
- **Typhoid:** 151 suspected cases were reported from Northern (143), Copperbelt (5) and Central (3) provinces.

Electronic (eIDSR) Timeliness & Completeness, Health Facility Level

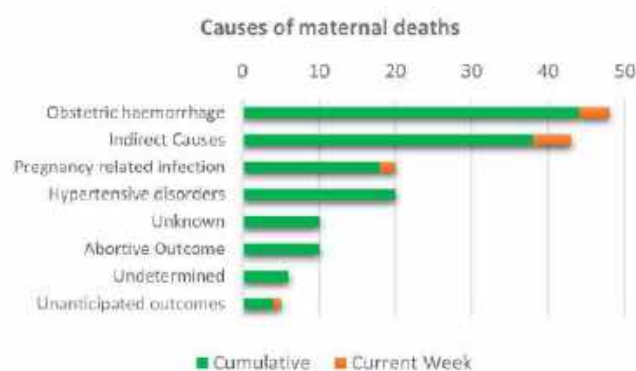


Summary Report Priority Diseases, Conditions and Events (Week 12)

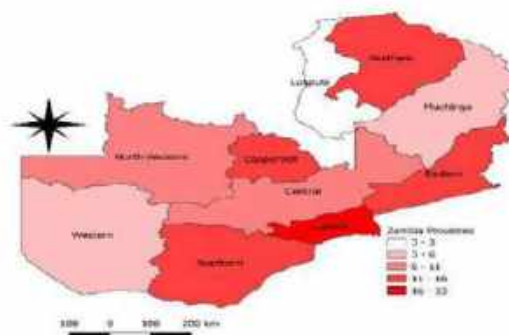
Disease/Event/Condition	Week 12			Week 1-12 Cumulative		
	Suspected	Tested	Confirmed	Suspected	Tested	Confirmed
COVID-19	18,609	18,609	598	372,090	372,090	56,873
AFP	28	28	0	113	113	0
Cholera	0	0	0	108	92	0
Meningitis (Neisseria)	8	1	2	53	28	18
Measles	67	20	42	223	108	50
Neonatal Tetanus	0	N/A	N/A	2	0	0
Plague	0	0	0	0	0	0
Rabies	0	0	0	15	0	0
Dog Bites	294	N/A	N/A	3,593	N/A	N/A
Dysentery	828	16	10	8,561	373	68
Typhoid Fever	151	61	14	1,180	561	53
Yellow fever	0	0	0	1	0	0
VHF	0	0	0	0	0	0
Anthrax	0	0	0	9	1	0
Trypanosomiasis	0	0	0	194	123	7
Influenza	41	5	0	826	681	13
Non-Bloody Diarrhoea	14,043	429	0	146,085	4,052	0
Schistosomiasis (Bilharzia)	346	99	17	3,004	994	191
Malaria	219,958	219,100	11	2,099,217	2,014,819	968,636
HIV	30,386	28,819	1,767	297,337	282,956	17,668
Maternal Deaths	12	N/A	N/A	172	N/A	N/A
Tuberculosis	5,927	5,605	347	54,909	51,326	3,552

Maternal Deaths

Week 12



Maternal Deaths by Province (cumulative)



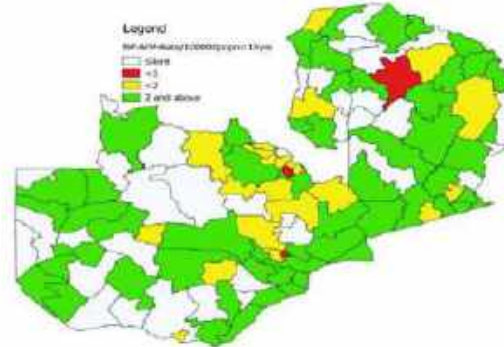
- 12 maternal deaths were registered in the week under review. 07841708860 /0978063799
- Cumulatively, 172 maternal deaths have been reported as of week 12 of 2022.
- While Obstetric hemorrhages (48) and Indirect causes (43) remain to be significant causes of deaths
- The COVID-19 pandemic has put a strain on the provision of essential health services contributing to the observed increase of maternal deaths.

AFP Surveillance

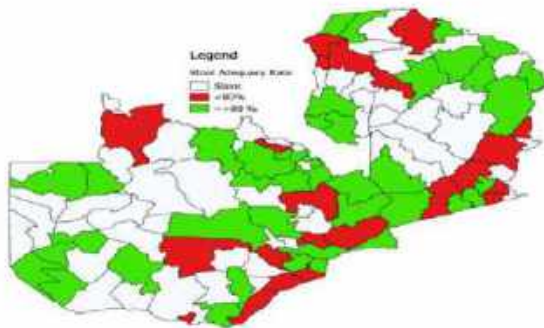
Zambia AFP Silent Districts



Zambia Non-polio AFP Rate/100,000 Pop <15 Yrs



Zambia AFP Stool Adequacy



Summary

- 28 new AFP cases were reported in the week under review, Cumulatively, 113 AFP cases have been reported
- Non-Polio AFP target is 3/100,000 pop below 15years

Poliovirus Environmental Surveillance (ES)

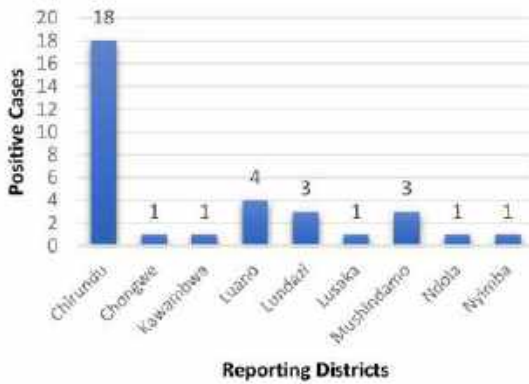
	Week #	1	2	3	4	5	6	7	8	9	10	11	12
Province: Lusaka													
Chelstone Treatment Plant		1	1		2	2	1	2					
Manchinchi Treatment plant		1	1		2	2	1	2					
Ngwerere Treatment Plant		1	1		2	2	1	2					
Kaunda Square treatment Plant		1	1		2	2	1	2					
Province: Copperbelt													
Kanini Treatment Plant		1	2		6	6	2			6	2		
Masala Sewer line		1	2		6	6	2			6	2		
Mindolo Treatment Plant		1	2		3	5	2			6	2		
Nkana East Treatment Plant		1	2		5	6	2			1	2		
Kawama West Sewerage		1	2		6	5	2			6	2		
Mushili Treatment Plant		1	2		5	5	2			5	2		

Key

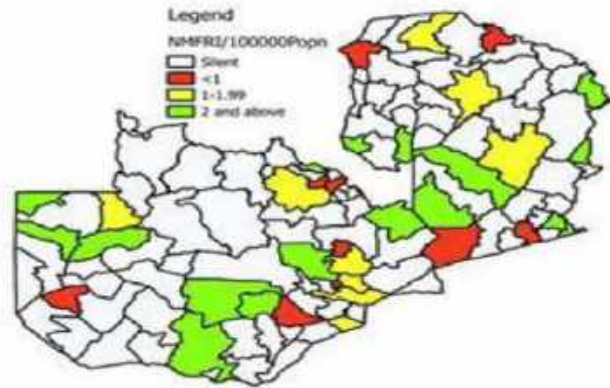
1	Not Scheduled	6	Sabin
2	Pending	7	NPENT - Sabin
3	Negative	8	eVDPV2
4	NEV	9	WPV1
5	NPENT	10	WPV3

Measles Surveillance

Measles IgM Positive Cumulative Cases



Non-Measles Febrile Rash Illness by district



- Eight (8) new suspected case were reported in the week under review. Cumulatively, 156 Measles suspected cases have been reported.
- As of week 12 of 2022 nine districts have reported Measles IgM positive cases with Chirundu district reporting the highest with 18 cases. Cumulatively, 33 measles IgM positive cases have been reported.

COVID-19

Week 12

New cases and positivity rate



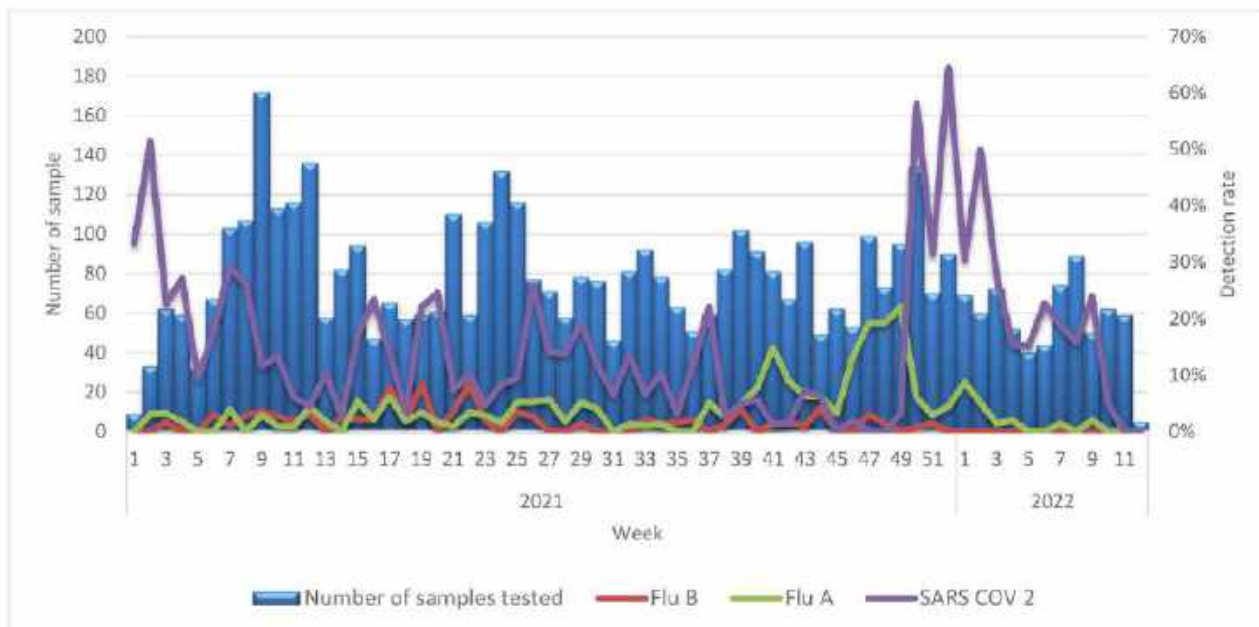
Deaths and CFR



Summary

- The highest positivity rate recorded since the onset of the pandemic was in week 52 (27 Dec 2021– 02 Jan 2022) with an average of 32% positivity
- Sample positivity has had a decline as observed in the current reporting Week averaging 10%.
- A total of 19,199 samples were tested in week 12 representing a 9% decrease from the number tests conducted in week 11. From the samples tested, 727 were positive which represents a 47% decrease from the number of confirmed cases recorded in week 11.
- The average positivity rates in the week under review was 3.8%.
- Week 12 however recorded 4 COVID-19 deaths which was up by 400% from the 1 death recorded in week 11.
- Cumulatively, 2,172,746 clients have been fully vaccinated against COVID-19 since the inception of the vaccinations.

Influenza Detection rate per epi-week 12



- Samples tested per epi-week of 2021 – 12th week of 2022, from ILI/SARI cases investigated at Ndola, Lusaka, Nakonde and Livingstone sentinel sites.

Global/Regional/Public Health Events (Cases/Case Fatality Rate)

Anthrax	Measles	Cholera	Poliomyelitis	COVID-19
ZAM: 22 CFR 0.0%	MOZ: 3,017 CFR 0.0%	TAN: 30 CFR 13.3%	Malawi: 1 CFR 0.0%	Global: 482,630,398 CFR 1.3%
DRC: 11 CFR 18.2%	DRC: 17,149 CFR 2.0%	Malawi: 34 CFR 8.8%		Africa: 8,192,412 CFR 2.1%

COVID-19 WHO African Region

- The Coronavirus Disease 2019 (COVID-19) outbreak continues to evolve in the WHO African Region,
- The total number of confirmed cases in the Region is now at 8,192,142 with 170,100 deaths (case fatality rate 2.1%).
- Currently, there are more than 7.5 million recoveries in the region, giving a recovery rate of 92.0% of confirmed case patients.

***For more information, lookup the [WHO Weekly Bulletin on Outbreaks and other emergencies](#) and for Global Updates on the corona virus COVID19 lookup John Hopkins dash board on <https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html?>

Public Health Actions

Planned Surveillance Activities

- Strengthen COVID-19 surveillance in all provinces while upholding the five golden rules of COVID- 19 prevention measures as stipulated below.
 - ◊ Mask up in public
 - ◊ Maintain physical distance
 - ◊ Wash hands frequently or use hand sanitizer
 - ◊ Avoid crowded places and stay at home
 - ◊ Seek medical attention early if symptomatic.
- Increase coverage of use of COVID-19 tracker
- Sustain surveillance for all non-COVID-19 related conditions and public health events

Response to Wild Polio Virus in Malawi

- All provinces to strengthen AFP surveillance using available technological tools and geo code all cases detected.
- All districts are expected to conduct health facilities integrated supervisory active searches at priority sites as per recommended schedule.
- Non-polio AFP rate adjusted to 3/100,000 for all districts
- Environmental surveillance to be established in Eastern Province; Copperbelt and Lusaka sites to collect specimens weekly

Heightened Surveillance in COVID– 19 High Risk Districts

- Surveillance (including Event Based Surveillance) is being actively conducted at POEs, health facilities, and sentinel sites.
- Screening facilities have been set up at POEs.
- Additional thermal scanners have been procured and placed at the POEs to avoid over-crowding and enhance social distancing; set up/identification of designated quarantine facilities to enforce guidelines on quarantine.
- Isolation facilities have also been set up in all high risk districts across the ten provinces;
- Provincial epidemic preparedness committees to engage all relevant government stakeholders and Multisector partners required to prevent, control and stop transmission of COVID– 19.

Global Alert of the Coronavirus & Preparedness

- Orientation of staff at points of entry on COVID-19 in all provinces has been conducted.
- Screening at all points of entry to be strengthened especially at international points of entry.
- Circulation of awareness materials to the public and health personnel is being done.
- Report all suspected cases to nearest health facility immediately.
- Daily monitoring & 14 day quarantine of all suspected cases and contacts to known positives from high risk countries is mandatory.
- Case definitions to be made available and other IEC materials in health facilities and public places.
- A call centre has been established at ZNPHI and DMMU and all queries should be channeled to the following numbers: **909/+260 96 4638726/+260 974493553/+260 95 3898941.**

Reported by Surveillance and Disease Intelligence Unit: Prof Roma Chilengi, Dr Muzala Kapina, Moses Banda, Lillian Lamba, Moses Mwale, Chilufya Mulenga, Iness Chiwaula, and Vivian Mwale.