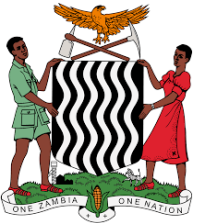


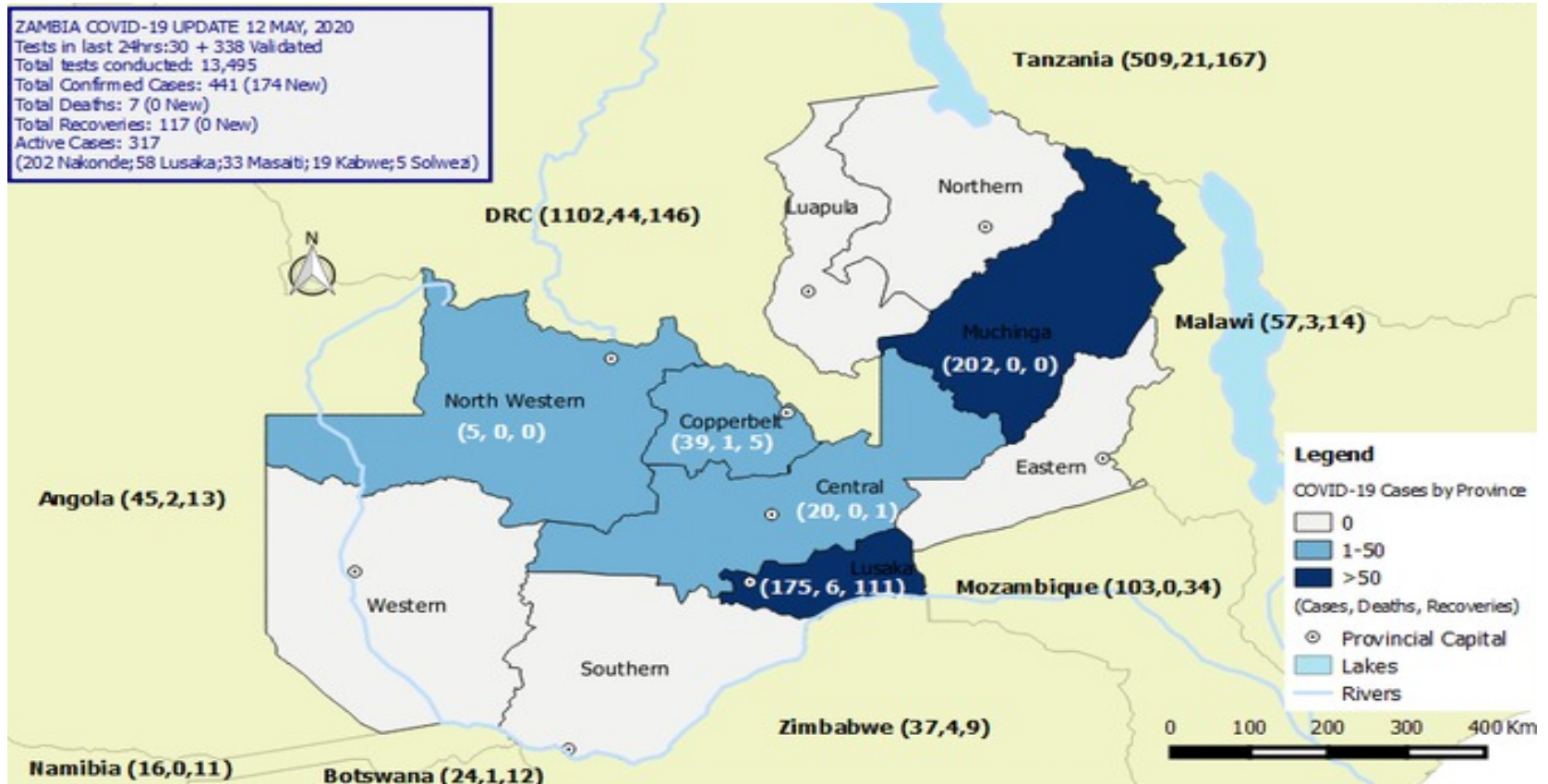
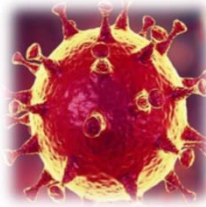
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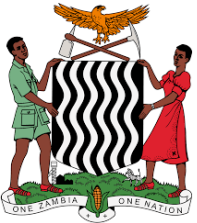
# COVID-19 Pandemic Zambia Response

Prof. Lloyd B. Mulenga/Sombo Fwoloshi  
Director Infectious Diseases/ECHO technical lead  
Ministry of Health  
Zambia

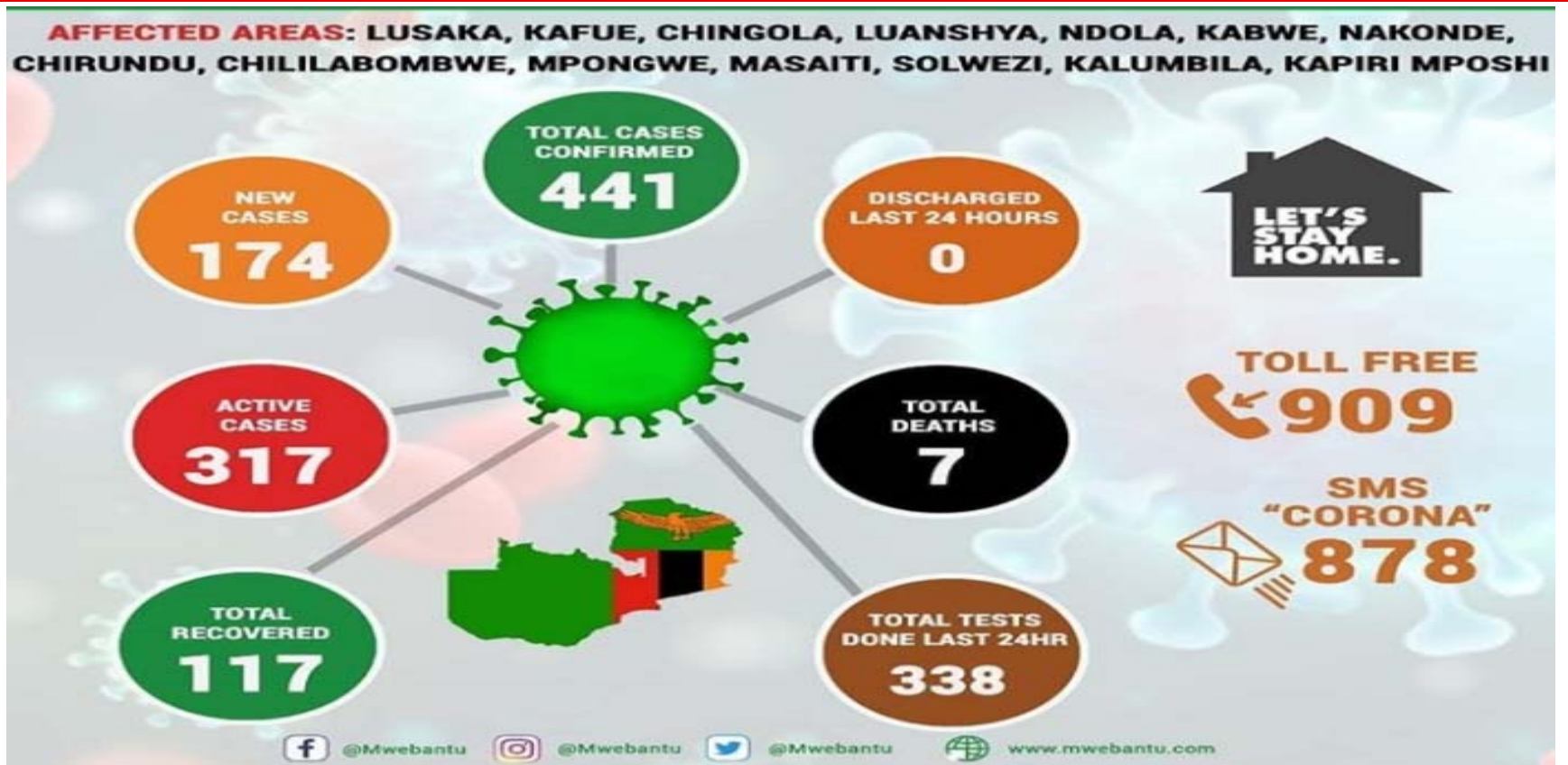
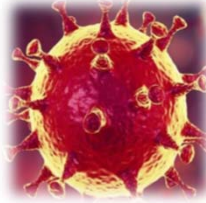


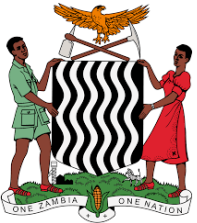
# Zambia COVID-19 Update: 12 May, 2020



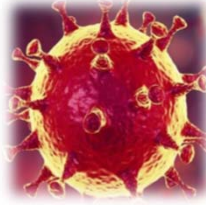


# 24hr Case Update: as of Tuesday 12 May, 2020



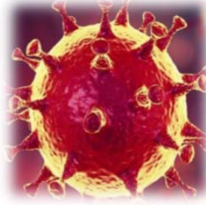
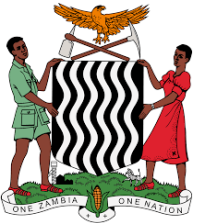


# Zambia's Response



Zambia national Public Health Institute (ZNPHI) - the Incident Command System has been established:

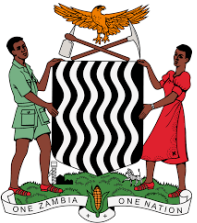
- Case management team in-charge of the COVID-19 centres
- Surveillance teams
  - Field workers for contact tracing
  - Call centre staff who answer calls for alerts and follows up individuals in self quarantine by phone
- Laboratory services: 4 laboratories running the samples
- Health promotion/risk communication
- Team to develop guidelines, SOP's, training materials & conduct trainings



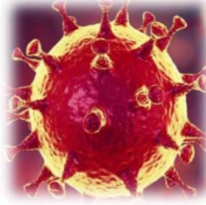
# SARS-CoV-2 PCR Positive - Isolate All

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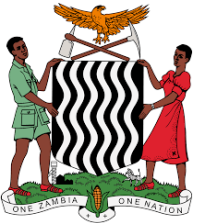
- Designated MOH isolation centres until the COVID-19 test is negative
- 2 main ones in Lusaka
- Each Province has at least 1 isolation center
- Active surveillance
  - All admitted patients medical and paed
  - All admitted patients with COVID-19 -obs/gynae & surgery
  - All mortalities BIDs



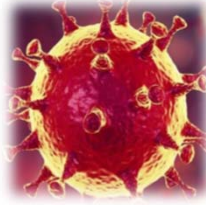
# Outbreak Mitigation Measures



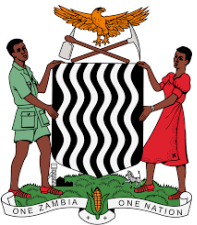
- Strengthened surveillance systems at all points of entry; closed international airports except the one in the capital city
- Statutory instruments on public health emergency
- Implemented physical distancing measures (No lockdown)
  - Non-essential work and activities (gatherings) have been halted
  - Promoted working from home and in shifts
- Promoted hand hygiene and IPC measures
- Focused mass screenings and testing in hot spots
- Wearing masks in public places



# Changing the Tide - Innovations



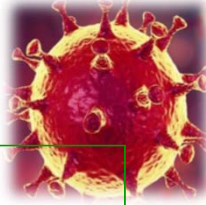
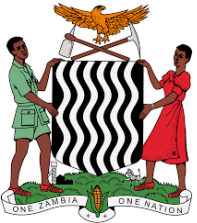
- Set up telemedicine at two CTC's in Lusaka and virtual rounds are being conducted twice a week
- Yet to establish telemedicine outside Lusaka where cases remain low
- Benefits
  - Allows maximum benefit of expert input in managing difficult cases
  - Reduce the number of staff getting exposed to cases
  - Helps rational use of PPE's to avoid stock outs of the limited available quantities
- Implementing active screening in health facilities in view of the increasing community transmission
- COVID-19 Mortality surveillance to detect if we missing cases with the low community testing



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# MoH HIV/ECHO Program (COVID-19 Pandemic Series) Muisye Luchembe /Sombo Fwoloshi



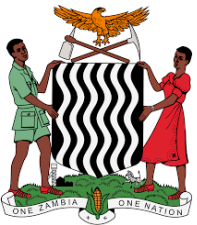


## History

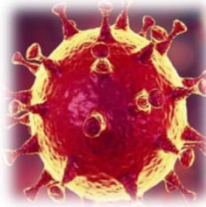
- Adult Male, 63 years old, Resident of Matero
- HIV positive on TDF+3TC+NVP since 2013, subsequently Switched to TLE (Jan, 2019)
- On AZT+3TC+ATV-r since 17/01/2020
- Presented on 16/04/2020 with 1 month hx of malaise, palpitation abdominal pain and weight loss
- Endorsed: Diarrhoea, headache and night sweats
- Denied : fever (though 3 day later 38<sup>0</sup>C), cough, chest pain and SOB

## Physical Examination

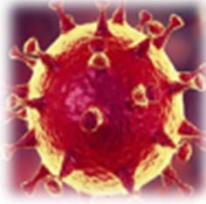
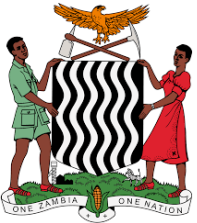
- Fully conscious, not in resp distress ill looking, wasted, very pale. J-,C, no oedema
- Chest: clear
- CVS: S1S2 regular
- P/A: soft
- Vitals: T-36.4<sup>0</sup>C, BP: 128/66 mmHg, Pulse-100 b/m, RR: 20breaths/min



# Lab Results



Date	CD4	Viral Load	Hb	RDT/MPS	COVID-19 (SARS-CoV-2) PCR	GeneXpert	CXR
16/09/2015	197 cells/uL						
17/01/2020		3906 copies/mL					
16/04/2020			2g/dL				
18/04/2020	54 cells/uL	30 copies/mL		Positive	positive-transferred to isolation center 22/4/2020		
27/04/2020			6g/dL	MPS - Negative	Negative	negative	normal
28/04/2020					Negative		

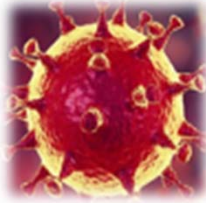
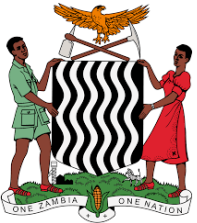


# Interventions

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## On Admission:

- 2 Units packed cells blood transfused
- Artesunate 2.4mg/kg IV @ 0, 12, 24 then OD
- Ceftriaxone 1g OD IV
- Paracetamol 1g TDS
- ORS 200mL per loose
- Discharged 7 days after admission markedly improved with a negative SARS-CoV-2 PCR



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# Thank You