

# REVOLUTIONARY GOVERNMENT OF ZANZIBAR



## MINISTRY OF HEALTH

### COVID-19 DAILY SITUATION REPORT No.50

06<sup>th</sup> MAY 2020

## Highlights

- ◆ Eight (8) new COVID-19 confirmed cases were reported today making a total number 235 COVID-19 confirmed cases since 18<sup>th</sup> March 2020. All are Tanzanian, 5 living at Unguja and 3 at Pemba
- ◆ One death of confirmed COVID-19 case reported today, making a total number of 32 death of confirmed COVID-19 cases.
- ◆ One COVID-19 suspect died today, post mortem oral and nasopharyngeal swabs were collected for confirmation
- ◆ The number of alerts from community has decreases dramatically for four consecutive day
- ◆ Screening of COVID-19 suspects and sample collection to be conducted at district level

## SURVEILLANCE

### ◆ Zanzibar summary statistics as of 2020 hrs

Summary of cases		Total Number
<b>Alerts</b>	Total number of COVID-19 alert today	14
	Total number of alerts investigated today	13
	Number of alerts registered today but not yet investigated	00
	Cumulative number of COVID-19 alert	634
<b>Suspected</b>	New suspected cases today	08
	Cumulative number of suspected Cases	523
<b>Confirmed and Probable</b>	New confirmed case today	08
	New probable case today	00
	Total number of confirmed cases	235
	Total number of probable cases	15
	Cumulative cases (probable & confirmed cases)	250
	New Deaths today (confirmed cases)	01
	New death today (probable cases)	00
	Total number of deaths (confirmed cases)	32
	Total number of deaths (probable cases)	04
	Cumulative deaths (probable & confirmed cases)	36
	Total number of cases on admission (probable & confirmed cases)	41
	Date of admission of last of confirmed case	03/05/2020
	Total number of cases treated at home (probable & confirmed cases)	145
	Cumulative cases recovered and discharged	06
Date of discharge of last confirmed case	30/04/2020	
<b>Contacts of Confirmed case</b>	Total Number of contacts listed	2022
	Total contacts that completed 14-days follow-up	917
	Total number of contacts that became a confirmed case	22
	Contacts under follow-up	1105
	Total number of contacts followed up today	1100
<b>Laboratory Samples</b>	Total number of Specimens collected today	17*
	Cumulative specimens collected	575
	Total number of specimens tested	558
	Cumulative cases with lab. confirmation	235

\*9 samples collected for control test, 1 from died bodies

◆ **Description of COVID-19 Confirmed Cases**

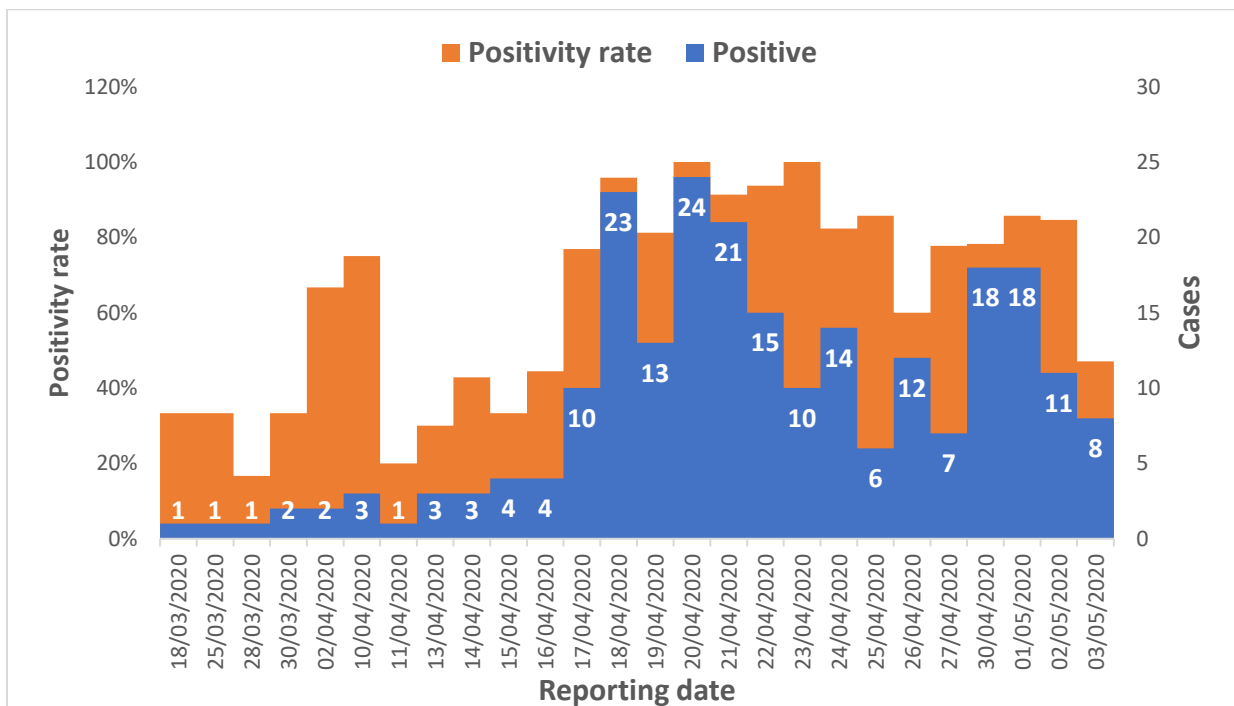
**a. COVID-19 Cases today**

- ◆ Eight (8) new COVID-19 confirmed cases were reported today making a total number 235 COVID-19 confirmed cases since 18th March 2020. All are Tanzanian, 5 living at Unguja and 3 at Pemba, the reported results were tested on 3<sup>rd</sup> May 2020
- ◆ One death of confirmed COVID-19 case reported today, making a total number of 32 death of confirmed COVID-19 cases.
- ◆ One COVID-19 suspect died today at Mnazi Mmoja Hospital, post mortem oral and nasopharyngeal swabs were collected for confirmation

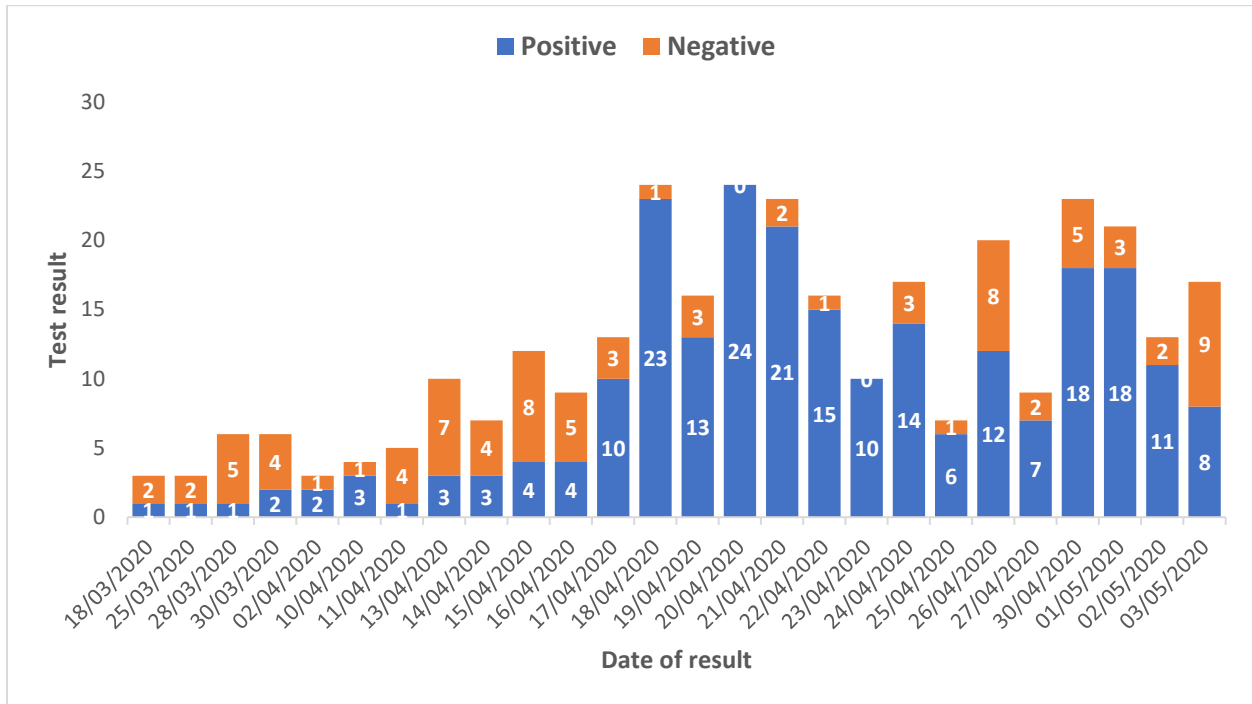
**b. Epidemic curve of confirmed COVID-19, by date of report in Zanzibar**

- ◆ Zanzibar Epi curve for confirmed cases show downward trend in COVID-19 cases, the main reason is low number of samples tested compare to previous day which is due to unavailability of Virus transport media.
- ◆ However, the data shows new infection increases more rapidly over time and the positivity rate is high and almost remain the same. This means that if our Rapid respond Team (RRT) were able to collect 100 samples per day from 17<sup>th</sup> April to date, Zanzibar would have more than 1800 COVID-19 confirmed cases (Figure 1 and 2)

**Figure 1: Zanzibar COVID-19 Epi Curve as of 2<sup>nd</sup> May 2020.**



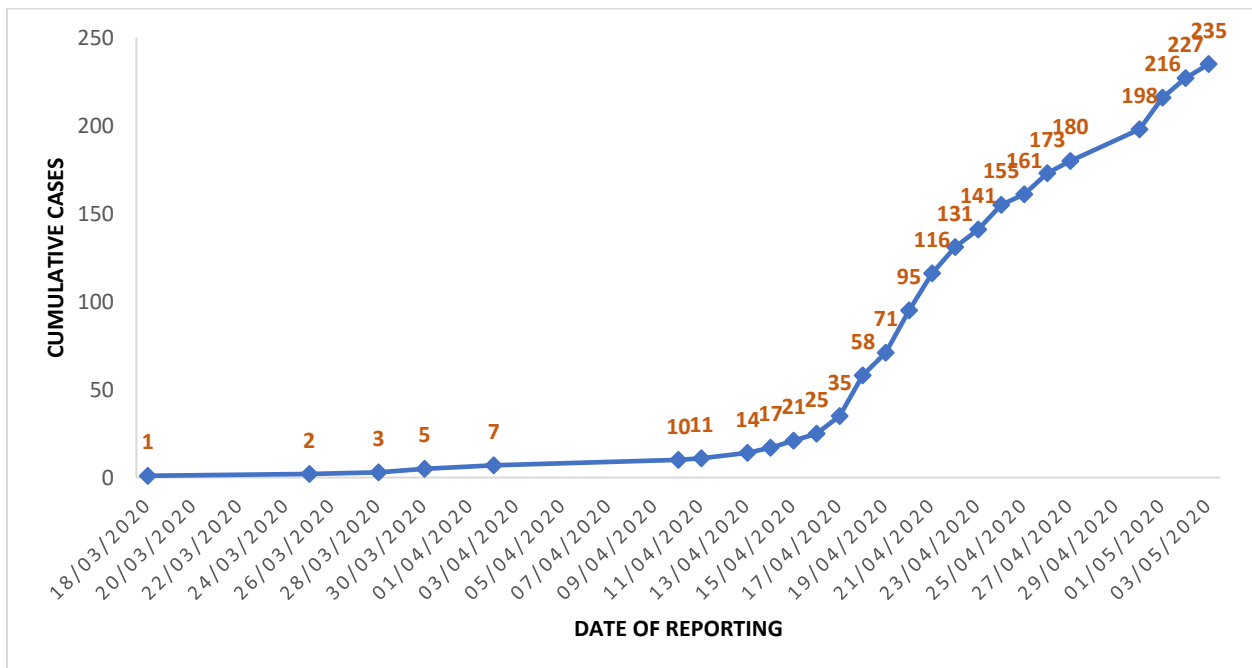
**Figure 2: Positivity rate as of 2<sup>nd</sup> May 2020**



**c. Cumulative COVID-19 confirmed cases**

- ◆ Cumulative confirmed cases (Case load) show rapidly progressive increasing of confirmed cases but still does not represent a true picture as the number of tested is very small compare to number of alerts reported per day (Figure 3)

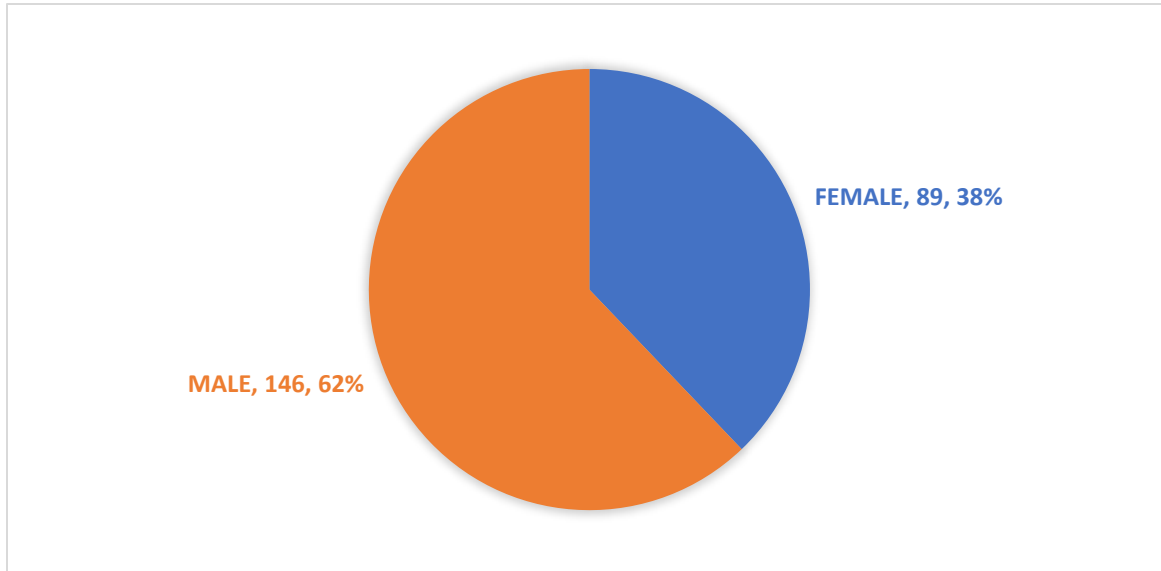
**Figure 3: Cumulative Confirmed cases as of 2<sup>nd</sup> May 2020**



#### d. COVID-19 Cases distribution by Sex

As of today, Male are more 146 (62%) infected with COVID-19 as compare to female, this might be due to male involved more in social economic activities and behaviour of siting at congested area (Maskan, market at Minada) (Figure 4)

**Figure 4: Sex distribution**

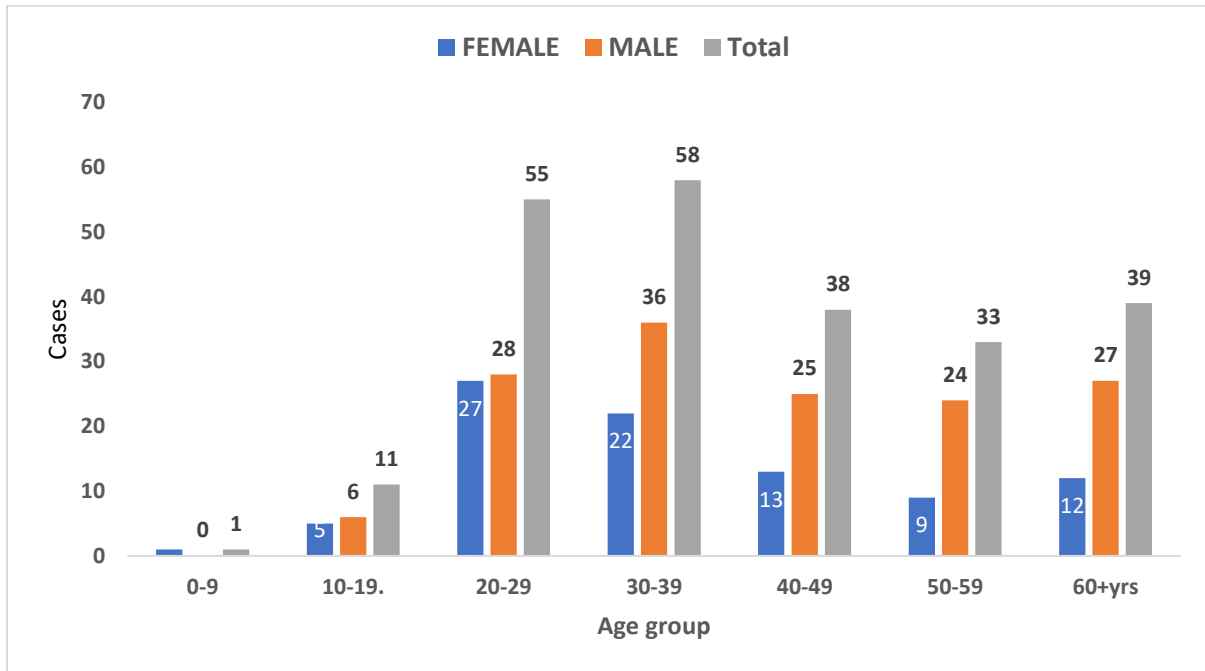


#### e. COVID-19 Cases distribution by Age and Sex

The young adult aged between 15 years to 39 years have higher rate of COVID-19 infection compare to elder. Comparing age and sex distribution, the number of male and female infected with COVID-19 approximately equal distributed at age group of 10-19 years and 20-20 years, while there is huge different in other age group (Figure 4).

With activeness and day to day movements of this young population, we expect more spread of COVID-19 infection in our community and elder are anticipated to be infected and died with complication of COVID-19

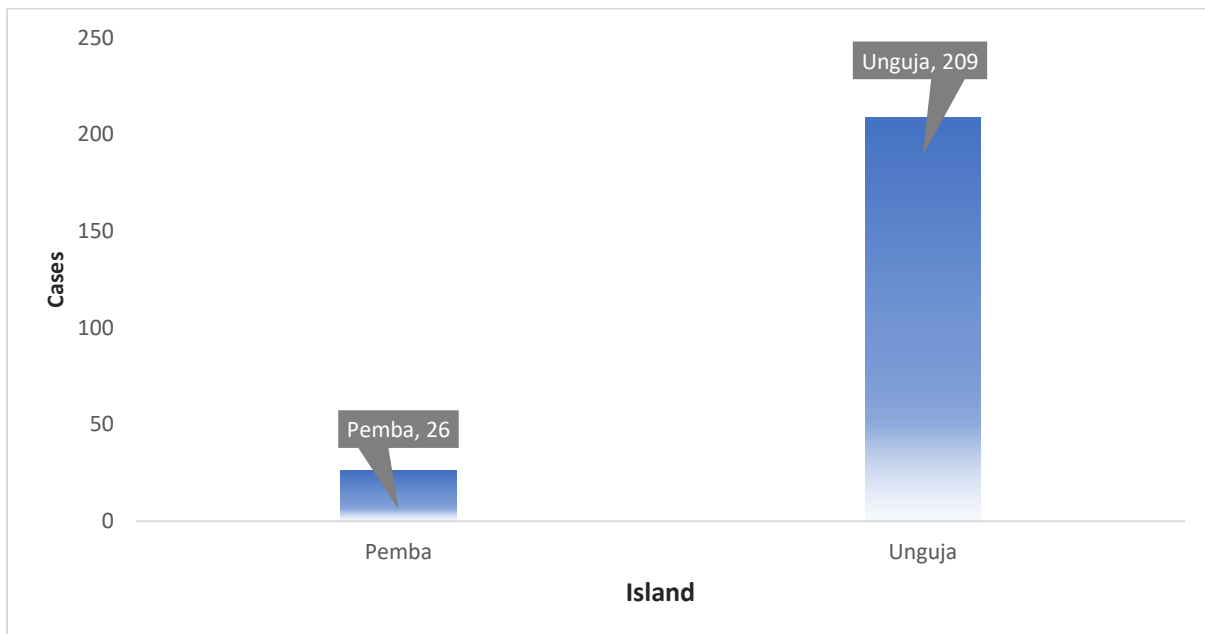
**Figure 5: Sex and age distribution**



**f. COVID-19 Cases distribution by Islands**

Unguja reported 89.9 % Confirmed cases in Zanzibar as compare to 10.1% of Confirmed cases in Pemba. This might be due to high population movement in Unguja as compare to Pemba.

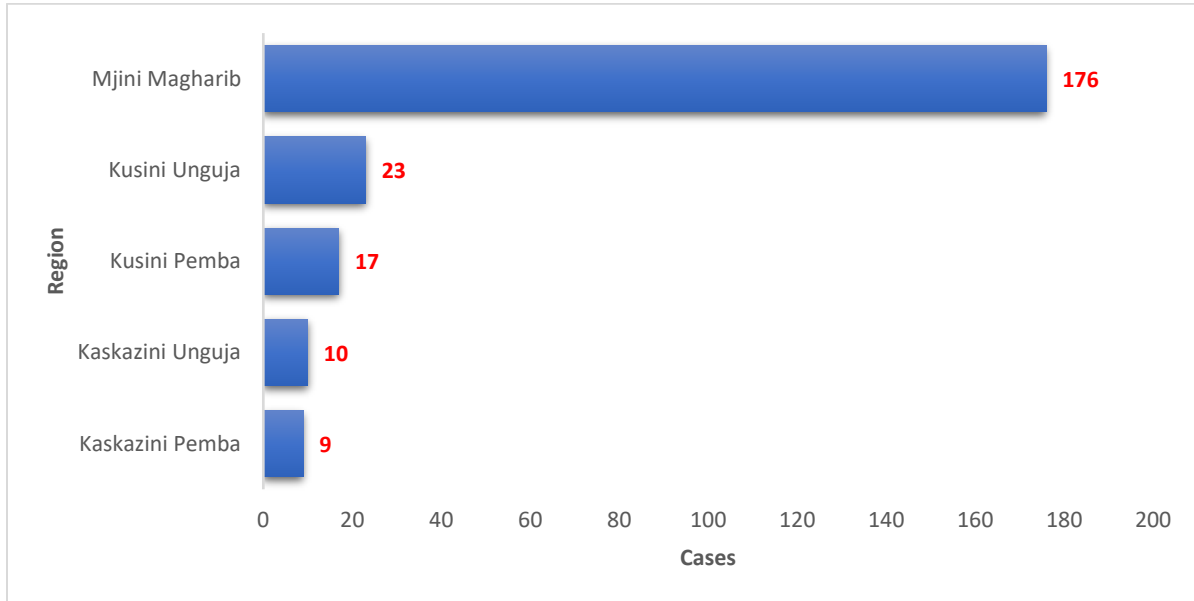
**Figure 6: Case distribution by Island**



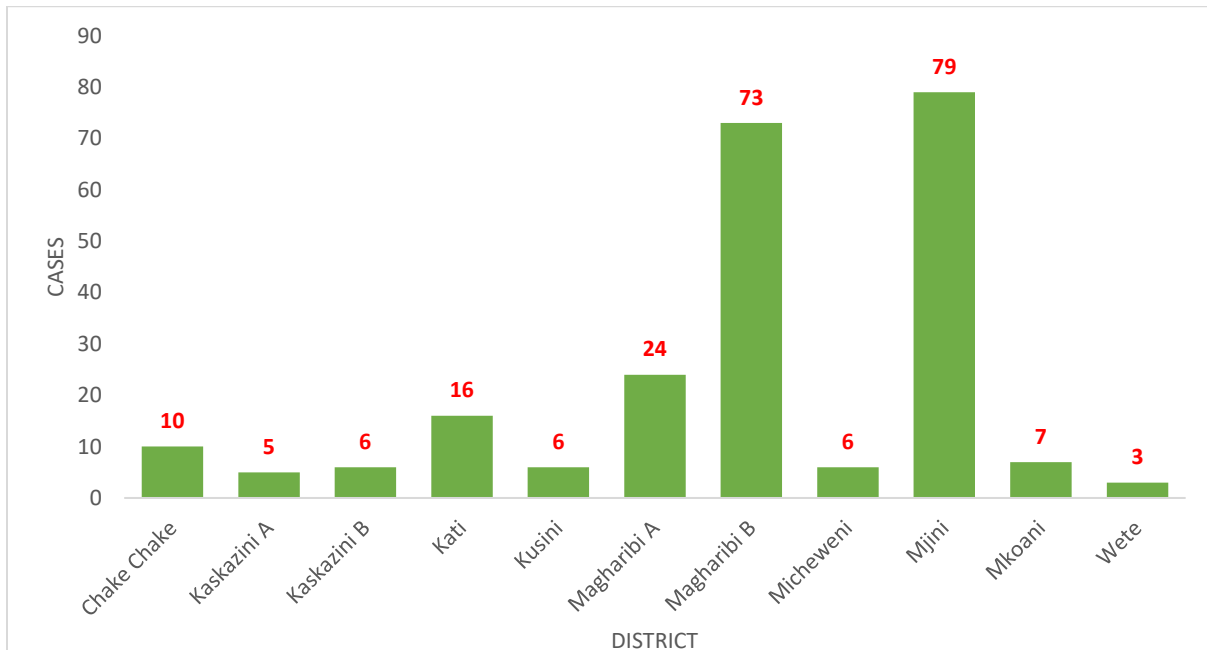
### g. COVID-19 Cases distribution

Mjini Magharib region is epicenter of COVID-19 transmission in Zanzibar with 78.9% of the COVID-19 confirmed cases has been reported since 18<sup>th</sup> March 2020. Mjini and Magharib B district account for 33.6% and 31.1% respectively among all reported cases in Zanzibar. (Figure 7 and Figure 8)

**Figure 7: COVID-19 Cases distribution by Region**



**Figure 8: COVID-19 Cases distribution by District**





#### h. Hot-spot street/Mtaa

Fuoni, Kwarara and Mombasa are hot-spot area for COVID-19 infection in Magharibi B district. Likewise, Michezani and Vuga are hot-spot area for COVID-19 infection in Mjini district. Bububu and Kijichi has report more cases as compared to other street in Magharib A (Table 1)

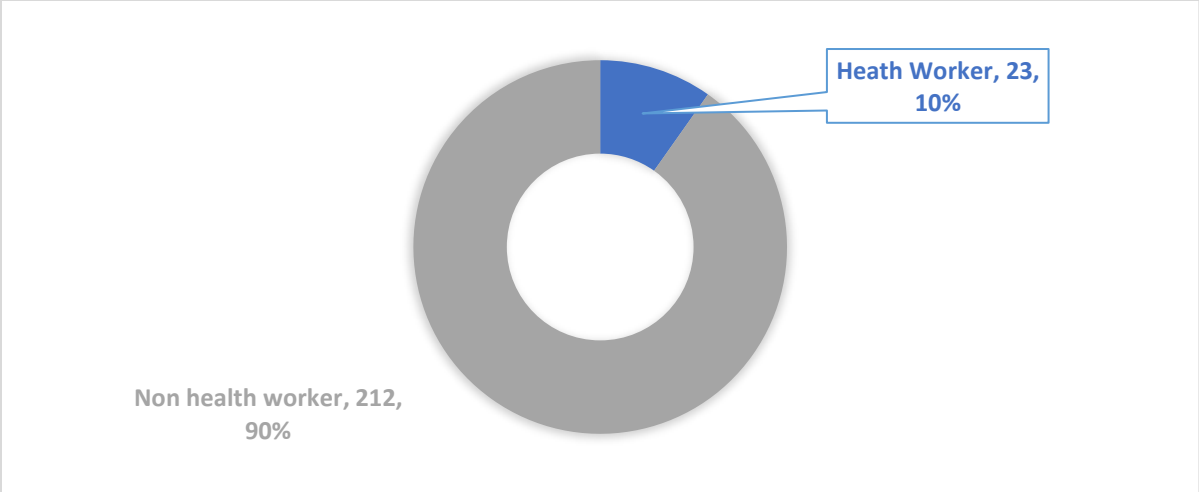
**Table 1: COVID-19 confirmed hot-spot**

District	Street/Village	Cases Reported	Percentage
<b>Mjini</b>	Michenzani	8	10.67%
	Vuga	8	10.67%
<b>Total reported in district</b>		<b>79</b>	
<b>Magharibi B</b>	Fuoni	15	20,55%
	Kwarara	11	15.49%
	Mombasa	9	12.3%
	Chukwani	6	8.45%
	Mbweni	6	8.45%
	Mwanakwerekwe	6	8.45%
	Kisauni	5	7.04%
	Nyarugusu	4	5.63%
<b>Total reported in district</b>		<b>73</b>	
<b>Magharibi A</b>	Bububu	6	25.00%
	Kijichi	5	20.83%
	Mbuzini	3	12.50%
	Kibweni	3	12.50%
<b>Total reported in district</b>		<b>24</b>	

#### i. COVID-19 infection on health care worker

As of today, 23 of confirmed cases are health care worker, six of them provided care for COVID-19 confirmed cases in Zanzibar, three among the health care workers hem died. The rest are non-health care worker where by most of them are self-employed. (Figure 9)

**Figure 9: COVID-19 infection on Health care worker**



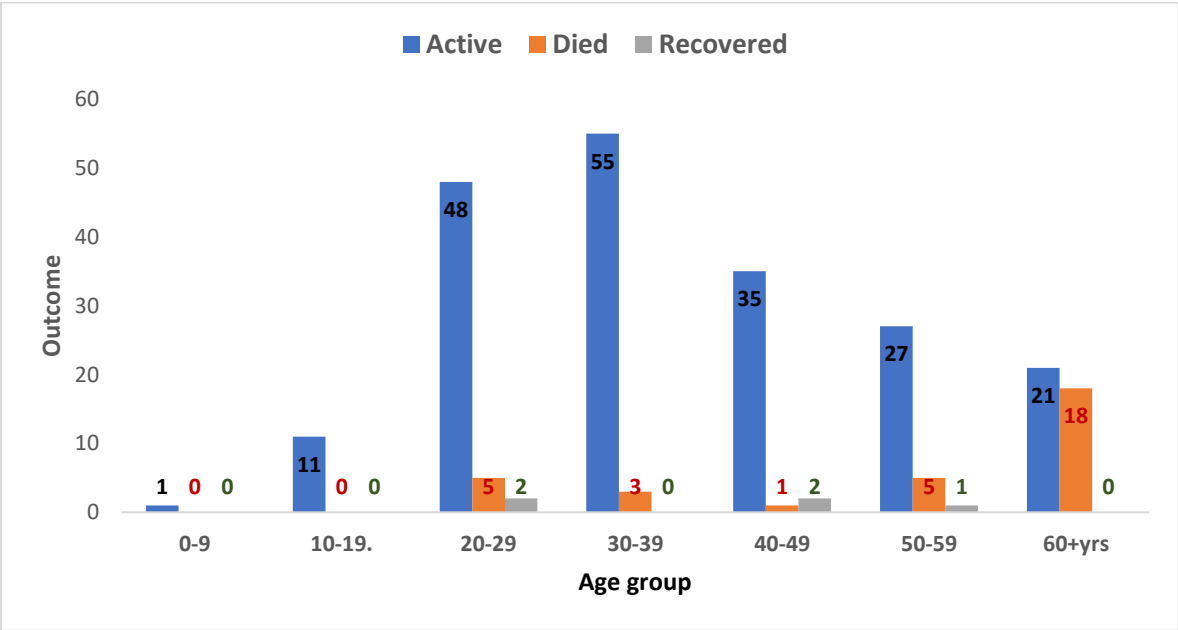
**j. Distribution of COVID-19 and treatment outcome**

As of today, a total of 32 COVID-19 confirmed cases died from COVID-19 infection and 6 recovered and discharged. More than **46%** of elder aged from 60 years and above infected with COVID-19 died.

Case fatality rate (CFR) has been observed to be high (**13.2%**) partly due to; poor health seeking behaviour in which people either do not attend hospital or they attend very late, the small number of cases tested in the community (denominator) may be the other reason

With this rapid increase in COVID-19 infection, and inadequate medical equipment and supply, the CFR rate might be higher than 20% in few days to come.

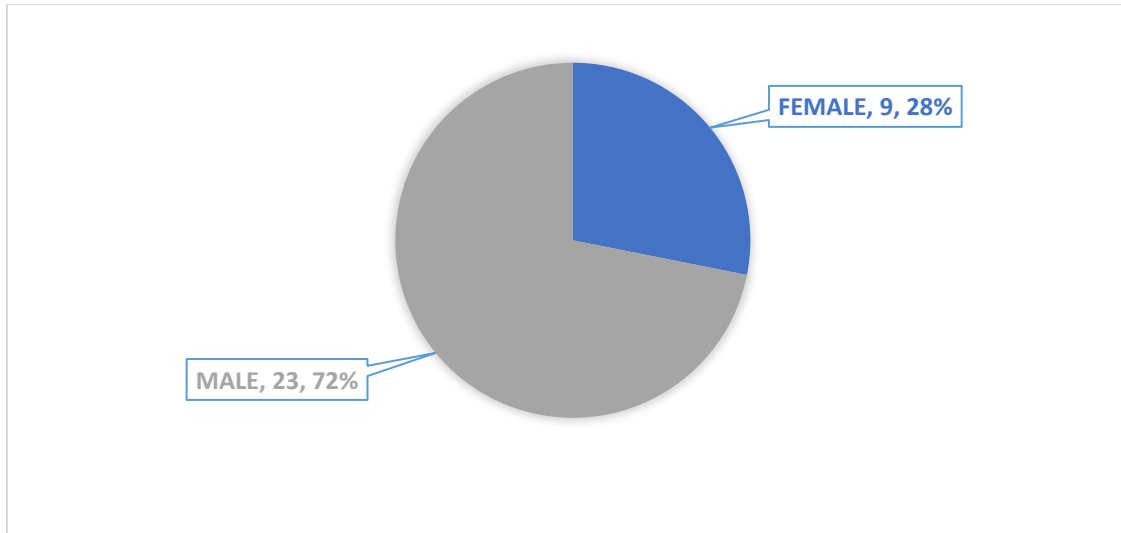
**Figure 10: COVID-19 cases outcome**



### k. Distribution of COVID-19 Sex by outcome of death

Male account for majority of COVID-19 deaths (72%) as compare to female 28%. This might be poor health seeking behaviour among male population

**Figure 11: Distribution of COVID-19 associated death by Sex**

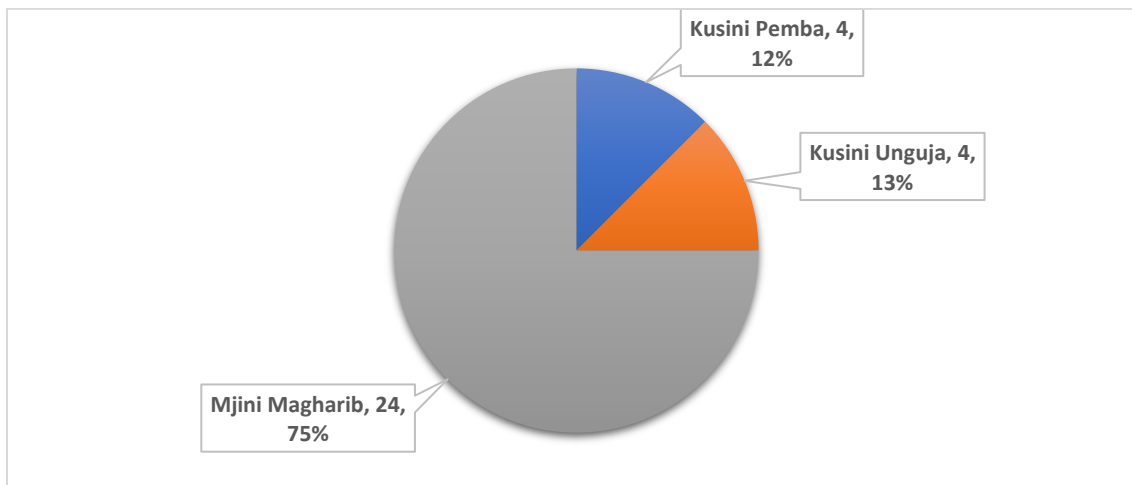


### l. Distribution of COVID-19 death by Region

Mjini Magharib report 24 death of confirmed COVID-19 with CFR is 13.6% followed by Kusini Pemba 4 with CFR is 23.5% and Kusini Unguja 4 with CFR of 17.4%

The high CFR in Kusini Pemba might be due to low COVID-19 detection rate (Low denominator). A cross section study can give us true a real picture of CFR in both Unguja and Pemba.

**Figure 12: Distribution of COVID-19 death Region**



### **m. Description Contact of COVID-19 confirmed cases and surveillance activities**

- ◆ 35 more contacts of COVID-19 confirmed cases were identified and listed today; this added up to 2022 contacts that have been listed for follow-up. Currently there are 1084 contacts under follow up.
- ◆ 14 contact finished 14 days follow-up today, 917 contacts of cases have completed their 14-day follow-up and 22 of primary contact become a confirmed case.
- ◆ Surveillance team conducted ongoing surveillance and screening at port of entries

### **CHALLENGE(S):**

- ◆ Delay of laboratory result
- ◆ Shortage of Viral Transport Media thus a smaller number of people are tested
- ◆ Some of the contacts cannot be reached due to wrong/unreachable phone numbers or change of address

### **NEXT STEPS:**

- ◆ Procurement of enough VTMs to test more Covid-19 suspects
- ◆ Involve Community Health Volunteers in conducting contact follow up to the confirmed case and further identification of more contacts

### **COORDINATION**

- ◆ Ten (14) alerts were reported today; RRT teams investigate of them, 8 alerts meet COVID-19 case definition, 8 samples from suspects and 9 from control were collected, all from Unguja
- ◆ Based on increased number of new COVID-19 cases, and delay of getting laboratory confirmation results, the coordination team recommend;
  - Urgent installation of real time PCR machine at Mnazi Mmoja Laboratory that will give Zanzibar capacity to conduct COVID-19 test
  - Home based treatment for mild and stable COVID-19 confirmed and suspected cases.
  - Facilities treatment for patient with comorbid condition even at mild symptom
  - 100% involvement of District commissioners, Shehas and Village leader to enforced home isolation for all COVID-19 cases under home based treatment
- ◆ Conducted ongoing routine coordination of emergency response activities

- ◆ Coordination team conducted COVID-19 data analysis and report writing (Daily situation report)

#### **CHALLENGE(S):**

- ◆ Inadequate PPE especial N95 for health care working at Kidimni treatment centre, JKU treatment and Rapid response team
- ◆ The number of alerts from community has decreases dramatically for three consecutive day

#### **NEXT STEPS**

- ◆ To start using identified facilities in the district for COVID-19 screening and sample collection
- ◆ National RRT to support district team to start oral and nasopharyngeal sample collection in their respectively

#### **CASE MANAGEMENT AND INFECTION PREVENTION AND CONTROL, IPC**

- ◆ One death of COVID-19 confirmed and one death of suspects reported today, Post mortem nasopharyngeal swab collected for confirmation
- ◆ A total of 42 COVID-19 patients admitted at treatment unit; 10 Kidimni, 6 at JKU, 13 at Vitongoji and 10 at Kidongo chekundu COVID-19 treatment centre and 3 at Kihinani treatment centre. Among them 2 are severe cases under continuing Oxygen therapy since admitted at Kidimni Treatment center.
- ◆ Cas management team advising Pemba to consider the ndugukitu isolation center as main treatment center in the area.
- ◆ Continuing Providing care and symptomatic treatment to all confirmed cases in COVID-19 treatment centre and isolation facilities.

#### **CHALLENGE(S):**

- ◆ Delay of laboratory result for COVID-19 suspect and control for confirmed cases
- ◆ Lack of oxygen cylinders and concentrators, vital signs monitor and other basic resuscitation equipment and medical supplies in staff treatment center at Kihinani.
- ◆ Lack of portable oxygen cylinder and flow meter in ambulances which is required for severe ill patient transfer between facilities.

- ◆ Inadequate knowledge, skills, and human dignity on handling suspects in some of the facilities which lead into complications and increasing mortality.
- ◆ Patients discharged from our facilities after their clinical condition to improve reported not to follow the government instruction of self-home isolation to prevent the spread of disease.

## **NEXT STEPS**

- ◆ Trained and mentor health care workers on COVID – 19 case management and IPC at Tawakal hospital.
- ◆ Involving social workers in making follow up of patients who are in self-home isolation and home-based care and also patients in the facilities.
- ◆ Visiting, assessing and mentoring health facilities which has delivering services in different district for caring of COVID – 19 pregnant women during antenatal, natal and post-natal, considering safe and early referral system for all with complication.
- ◆ Involving multi-specialties in caring COVID 19 patients in our facilities.

## **RISK COMMUNICATION AND COMMUNITY ENGAGEMENT**

RCCE pillar has been continuing with implementation of various communication activities to Zanzibar population aimed at engaging them complying with right information on COVID -19 delivered via different sources.

### **1. Public awareness**

Raising awareness for Covid-19 to public continued to take place in the North region, which involved:

In the Urban villages: Mombasa Kwamchina, Kwa Dokta Shein, Mwanakwerekwe C, Nyumba mbili, Mwanakwerekwe Sokoni, Welezo, Masingini, Mwera Mtofaani, Mwera Meli sita, kianga, Dole, Kijichi, Darajani, Saatani, Mtoni Skuli, Kwa Kisasi, Bububu, Kwanyanya, mbuzini, mkanyageni, Bumbwisudi, Mwakaje, Mfenesini In these areas a total of IEC/BCC 1800 pieces of posters were distributed in all Shehias visited.

### **2. TV and Radio sessions conducted at the following media**

- a. ZBC – TV and radio session with the topic named home based care for COVID-19 patients with mild symptoms, under UKWELI SI UVUMI where 2 participants attended.
- b. Conducting live TV (ZBC) session with the topic How Community and other stakeholders can help the people living with disability which stipulated roles and responsibilities of community in helping people with different types of disabilities whereby the program was presented by 3 presenters from MoH (RCCE team), Department of Disabilities Affairs (DDA) and Umbrella of people with Disabilities Associations.
- c. The last session will be conducted at 9:pm-10pm (night) with the topic named relationship between HIV and COVID-19. Two participants were involved one from Mnazimmoja Hospital and the rest from ZIHHTLP.

**3. Inspection:** (measurements for good environmental sanitation to overcome corona)

The inspection team today was visited at Fish market at Mazizini, In general the market was in bad condition (no hand washing facilities, no social distances, massive gathering everywhere, no one wearing mask)

Health education provided for reduction of overcrowding, importance of wearing masks and consideration of social distancing.

**4. Most Questions raised**

- How you will assure the community if discharged patients with a mild symptom can't affect others?
- Why COVID-19 patients are not announced?
- Who is at risk for COVID-19?
- Where can we get Barakoa?
- Does community Health Volunteers knows about home based care for COVID-19?

**5. CHALLENGES**

- Inadequate protective gears for RCCE members specifically those who goes to media and community
- None allocated/ supply of fuel for picking people (going to and from) various TV and radio stations.

## LOGISTICS

- ◆ Received food package from Korea Fight Hunger International (KFHI) through 2<sup>nd</sup> VPO disaster commission Pemba.
- ◆ The logistic team distribute medical supplies to Vitongoji, JKU, Mental Hospital, Kidimni treatment centres

## RECOMMENDATIONS

Given the rapidly increasing number of confirmed cases, severe and critical COVID-19 confirmed and suspected cases, and delay of laboratory result, the coordination team recommend;

- a. Urgent installation of real time PCR machine at Mnazi Mmoja Laboratory that will give Zanzibar capacity to conduct COVID-19 test
- b. Emergency provision of 15 oxygen cylinders and 15 Oxygen concentrator and its accessories;
  - Kidimni 10 large Oxygen cylinders and 10 flow meters, 5 Oxygen concentrators
  - JKU: 1 large Oxygen cylinders, 1 flow meters and 5 Oxygen concentrators
  - Vitongoji treatment centres: 4 large Oxygen cylinders, 4 flow meters and 5 Oxygen concentrators
- c. Emergency provision of 2 portable Xray, 2portable (ECG) that could save the lives and prevent avoidable deaths of these patients in our facilities.
- d. Involvement of District commissioner, Shehas and Village on enforcement of strictly home isolation to COVID-19 patients on home-based treatment
- e. Provision of COVID-19 home treatment option for mild and stable patients that does not require hospitalization and meet the criteria for home treatment with exception of mild cases with co-morbid condition