

## ABSTRACT

**Introduction:** when the first cases of COVID-19 were reported in Zimbabwe in March 2020, the local outbreak was characterised by an insidious increase in national caseload. This first wave was mainly attributable to imported cases, peaking around July 2020. By October 2020, the number of cases reported daily had declined to less than 100 cases per day signalling the end of the first wave. This pattern mirrored the global trends. In December 2020, reports of new COVID-19 variants emerged and coincided with the beginning of the second wave within the ongoing pandemic. This paper reports on the analysis conducted on the new wave of COVID-19 beginning December 2020 to January 2021. The objective of this study was to document the evolving presumptive second wave of the COVID-19 pandemic in Zimbabwe from December 2020 to January 2021.

**Methods:** this is a retrospective analysis of secondary data extracted from the daily situation reports published by the Ministry of Health and Child Welfare, Zimbabwe and World Health Organization Country Office, Zimbabwe. The period under consideration started from 1st December 2020 to 31st January 2021.

**Results:** there was a 333% increase in the number of confirmed COVID-19 cases starting 1st December 2020, to 31st January 2021. These new cases were mainly attributed to community transmission though there were a few imported cases. There was a 439% increase in the absolute number of deaths; however, the case fatality rate remained low at 3.6%, and comparable to that from other countries. Harare, Bulawayo and Manicaland provinces accounted for 60% of the case burden, with the other seven provinces only accounting for 40%. By mid-January, the number of incident COVID-19 cases started to decline significantly, to levels similar to the residual levels seen during the first wave.

**Conclusion:** the second wave, which lasted a period of less than 2 months, had a steep rise and sharp decline in the incident cases and fatalities. The steep rise was attributable to increased mobility, with a consequent increase in the chains of community transmission. The declines, noted from mid-January 2021, may be partly attributable to a strict national lockdown, though more in-depth exploration of the drivers of transmission is needed to tailor effective interventions for future control. Differentiated strategies maybe needed according to the case burdens in the different provinces. In anticipation of further waves, the introduction of safe and effective vaccines might be the game changer if the vaccines are widely availed to the population to levels adequate to achieve herd immunity. Meanwhile, infection prevention and control guidelines must continue to be observed.