

INTEGRATED DISEASE SURVEILLANCE AND RESPONSE (IDSR) WEEK 04 (20-26 JANUARY 2020)

Surveillance Report

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Weekly Summary

Current outbreaks and public health threats

- **cVDPV Outbreak:** No new confirmed cases were reported.
- **Measles Outbreak:** 22 cases were reported in Kasama district, Northern province with 2 testing positive for Measles IgM.
- **Poliomyelitis:** One sample tested positive for PV2 in Zambezi district of N/Western province and was sent for sequencing.
- **Suspected Cholera Outbreak:** 3 cases were reported from Mambwe district, Eastern Province during the week.
- **Coronavirus: Covid-19** surveillance is ongoing, especially at points of entry.

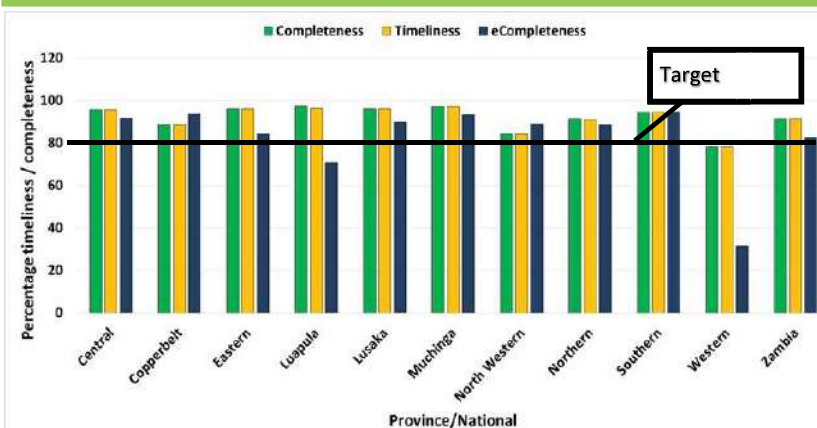
Immediately notifiable diseases

- **Acute Flaccid Paralysis (AFP):** 6 cases were reported this week in Luapula (3), Northern (1), Southern (1) and Copperbelt (1) provinces.
- **Maternal Deaths:** 15 maternal deaths were recorded in Lusaka (3), Southern (3), Eastern (2), North-western (2) Copperbelt (2), Central (1), Northern (1) and Western (1) provinces.
- **Measles:** 8 cases of suspected measles were reported in Northern (4), Luapula (2) and Southern (2) provinces and two samples were sent for laboratory investigation.

Other diseases/events

- **Typhoid:** Eleven suspected cases were reported from North-western (8), Lusaka (2) and Eastern (1) provinces. One case sent for laboratory investigation tested positive.
- **Anthrax:** Four suspected cases were reported from Western Province in Kalabo (1), Sikongo (1) and

Paper and Electronic Timeliness and Completeness, Health Facility Level



Paper Timeliness: 91% Paper Completeness: 92% Electronic Completeness: 83%

Provincial Report Timeliness

| Province | WEEK 1 | WEEK 2 | WEEK 3 | WEEK 4 |
|---------------|--------|--------|--------|--------|
| Central | T | T | T | L |
| Copperbelt | T | L | T | L |
| Eastern | T | T | T | T |
| Luapula | T | T | T | T |
| Lusaka | T | T | T | T |
| Muchinga | T | T | NR | L |
| North Western | T | NR | T | T |
| Northern | T | T | T | T |
| Southern | T | T | T | T |
| Western | L | T | T | L |

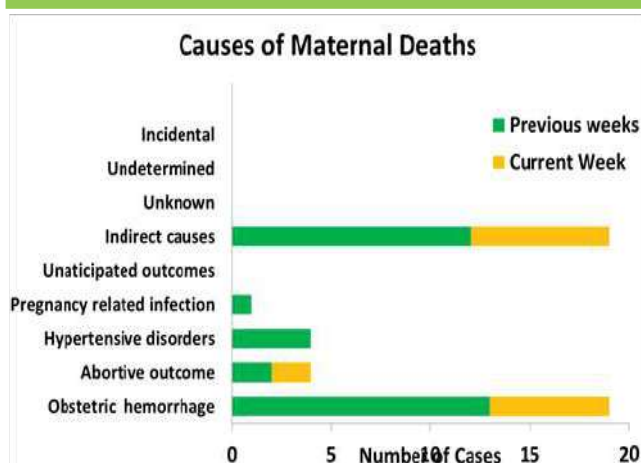
T=Timely L=Late NR=No Report

Summary Report Priority Diseases, Conditions and Events (Week 4)

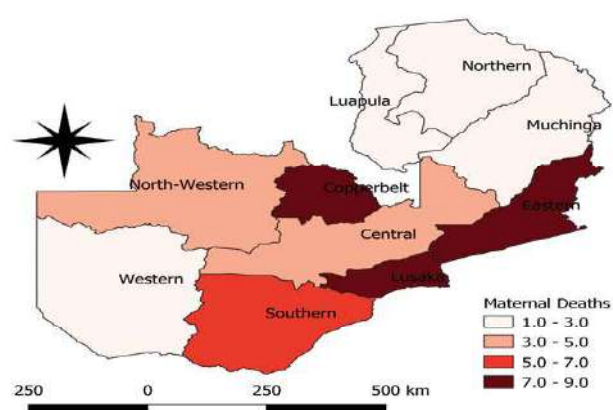
| Disease/ Event / Condition | Week 4 | | | Week 1-4 Cumulative | | |
|-----------------------------|-----------------|----------------|----------------|---------------------|----------------|----------------|
| | Suspected cases | Tested | Confirmed | Suspected cases | Tested | Confirmed |
| AFP | 6 | 0 | 0 | 9 | 0 | 0 |
| Cholera | 3 | 3 | 0 | 3 | 3 | 0 |
| Meningitis (Neisseria) | 0 | 0 | 0 | 1 | 0 | 0 |
| Measles | 8 | 5 | 0 | 20 | 7 | 0 |
| Neonatal Tetanus | 0 | 0 | 0 | 0 | 0 | 0 |
| Plague | 0 | 0 | 0 | 0 | 0 | 0 |
| Rabies | 2 | 0 | 0 | 3 | 0 | 0 |
| Dog bites | 355 | | | 1,341 | | |
| Dysentery | 952 | 11 | 10 | 3,157 | 38 | 29 |
| Typhoid fever | 11 | 1 | 1 | 28 | 7 | 2 |
| Yellow fever | 0 | 0 | 0 | 0 | 0 | 0 |
| VHF | 0 | 0 | 0 | 0 | 0 | 0 |
| Anthrax | 4 | 0 | 0 | 10 | 0 | 0 |
| Influenza | 0 | 0 | 0 | 0 | 0 | 0 |
| Non Bloody Diarrhoea | 14,006 | 0 | 0 | 59,957 | 0 | 0 |
| Schistosomiasis (Bilharzia) | 386 | 30 | 11 | 1,471 | 247 | 65 |
| Malaria | 226,052 | 220,693 | 127,438 | 777,652 | 581,968 | 328,849 |
| HIV | 38,044 | 36,138 | 2,125 | 116,352 | 94,560 | 5,446 |
| Tuberculosis | 2,971 | 2,745 | 2364 | 9,621 | 7,098 | 774 |
| Maternal Death | 15 | | | 47 | | |
| Total | 282,815 | 259,623 | 129,949 | 964,672 | 683,928 | 335,165 |

Maternal Deaths

Week 4



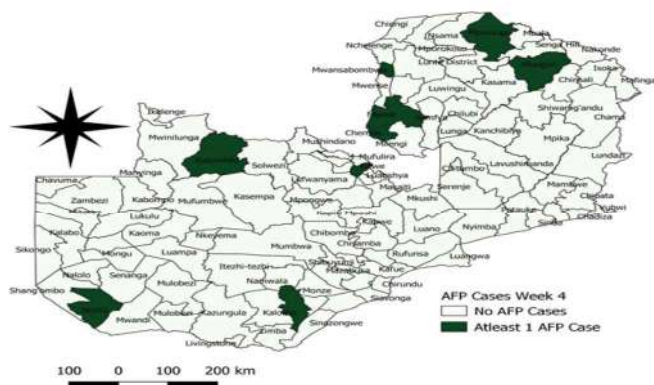
Cumulative Number of Maternal Deaths by Province



- Fifteen maternal deaths were registered this week.
- Obstetric hemorrhages and Indirect causes are the leading causes of maternal deaths.
- Lusaka & Southern provinces have cumulatively recorded the highest number of deaths since week 1.
- In total 47 maternal deaths have been recorded since week 1.

AFP Surveillance

Districts with reported AFP Cases Week 1-4 2020



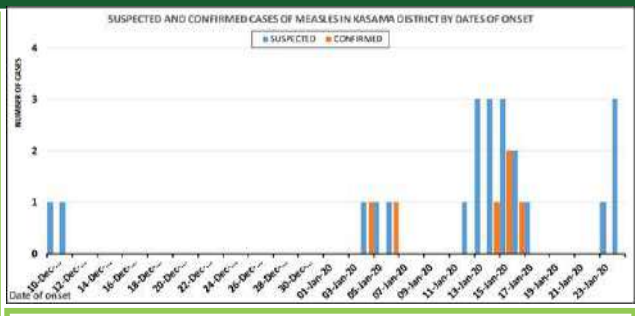
- 6 AFP cases were recorded in 6 districts: Mansa, Chembe & Mwansabombwe districts in Luapula; Kitwe in Copperbelt; Mungwi in Northern & Choma in Southern provinces.
- Cumulatively, 9 AFP cases have been reported since week 1.
- All results for AFP cases are pending.
- As a result of the outbreak, non-AFP target rates is 4/100, 000 of the population below 15 years.

- One sample from Zambezi district (North-western province) tested positive for PV2 and has been sent for sequencing .
- The total number of districts that have isolated type two poliovirus during this outbreak now stand at four: Lusaka, Chiengi, Senga Hill and Chavuma districts.
- **The risk of cVDPV2 transmission in Zambia is high, especially in districts that are: 1) Silent, 2) Not attaining Non-Polio AFP Rates of 4/100,000 or 80% stool adequacy, 3) Neighboring to countries with active outbreaks and 4) Having low IPV vaccination coverages.**

Poliovirus Environmental Surveillance (ES)

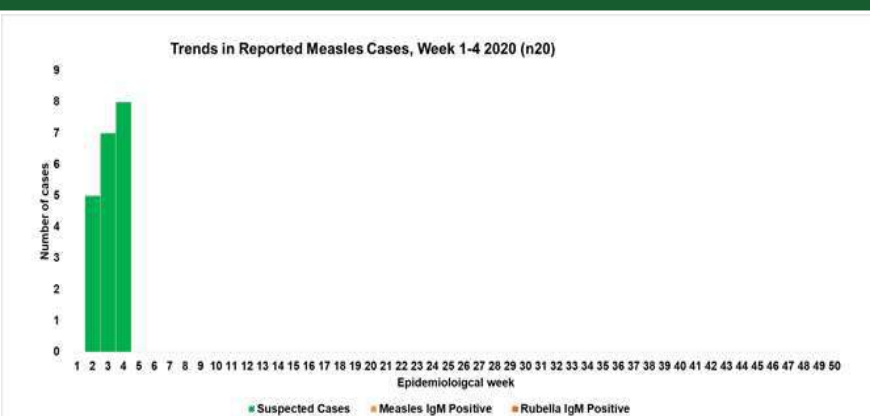
- Results for two ES samples collected in Week 48, 2019 tested positive for Polio Virus type 3 Sabin Like (PV3 SL).
- The two samples were from Ngwerere and Chelstone treatment plants in Lusaka district.
- Scheduled collections from sites on the Copperbelt province were conducted.

Measles Outbreak



- Kasama District has reported cases of a suspected measles outbreak.
- Cumulatively, twenty two cases have been reported from 3 health facilities.
- Six cases tested positive for Measles IgM

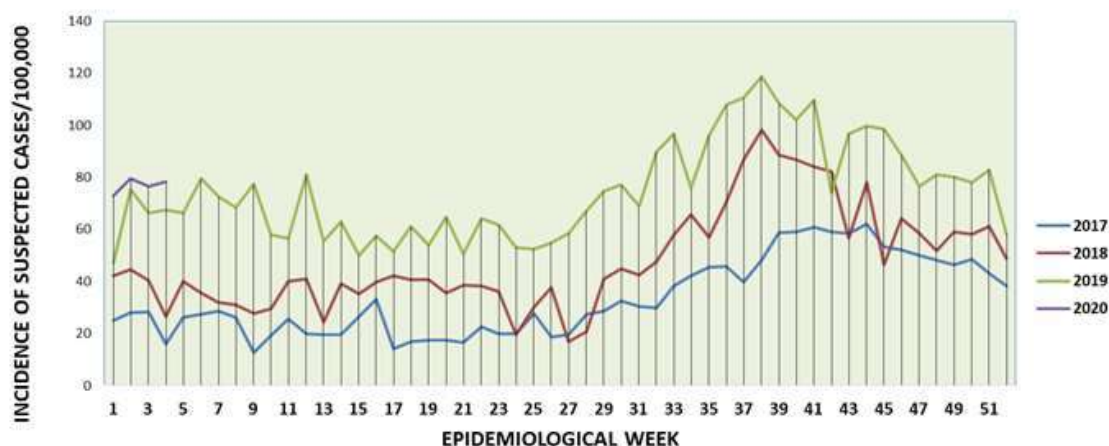
Measles & Rubella surveillance



- Eight suspected measles cases were reported this week.
- Two cases were laboratory investigated and results are pending.

Non-Bloody Diarrhoea

Incidence of IDSR Reported Health Facility Non Bloody Diarrhoea Cases 2017 to 2020



- Cumulatively, 54,957 cases of non-bloody diarrhea were reported from week 1 to week 4 2020.
- The highest number of cases were reported in Lusaka province, representing 17% (9490) of the total cases. Muchinga province recorded the lowest with a cumulative total of 594 (1%).

Regional Public Health Events (Cases/Case Fatality Rate)

| Ebola | Measles | Cholera | Poliovirus (c VDPD) | Plague |
|-----------------------|------------------|-----------------------|---|-------------------|
| DRC : 3,416 CFR 66.0% | DRC: 311,471 CFR | DRC: 29,087 CFR 1.70% | Angola: 71 CFR 0.0% DRC: 84 CFR 0.0% | DRC: 51 CFR 5.70% |

Early Warning Diseases

Ebola Virus, DRC 2018-2020

- Five new confirmed EVD cases and three deaths were recorded from DRC outbreak in the week under review.
- Cumulatively, 3,416 suspected cases, 3,298 confirmed cases and 2,239 deaths (CFR is 66.4%) have occurred since the outbreak in the 29 health zones of DRC.
- A total of 172 health workers have been affected with EVD representing 5%.
- **Though number of new cases seem to be reducing, the regional risk of spread remains high.**

Measles, DRC 2019-2020

- In week 1 (week ending 5 January 2020), 4,983 measles cases including 57 deaths (CFR 1.1%) were reported.
- There was an increased number of new cases reported in week 1 of 2020 compared to week 52 of 2019.
- Cumulative number of cases and deaths stands at 316,550 and 6,101, respectively.
- The number of measles laboratory confirmed cases stands at 2,717.

For more information look up the WHO Weekly Bulletin on Outbreaks and Other Emergencies

Public Health Actions

Circulating Vaccine Derived Poliovirus Outbreak

- The national annualized Non Polio AFP detection rate has increased to 4 cases /100,000 of children detected under 15 years for provinces.
- Note all AFP cases are immediately notifiable and require immediate investigation with new case investigation forms.
- All districts are expected to conduct health facilities integrated supervisory active searches at priority sites as per recommended schedule.
- Provinces to ensure silent districts not reporting AFP/measles cases are supported for active surveillance of AFP cases.
- Provinces are to ensure health workers are sensitized for improved detection, reporting and investigation of suspected measles and AFP cases.

Ebola Virus Disease Preparedness

- All provinces to strengthen EVD surveillance among all health care providers and raise community awareness of EVD prevention.
- Provide weekly reports in IDSR reports of active searches including zero reporting in at risk districts, including ports of entry.
- Ensure epidemic preparedness measures for detecting cases, sample testing/transportation and managing cases are effected.
- All border districts to strengthen point of entry EVD screening including facilitation of cross border monitoring and reporting of suspected EVD cases.

Heightened Surveillance in Cholera Hotspots

- With the increased rainfall patterns and imminent flooding that raises risks for diarrheal diseases, cholera hotspots are encouraged to continue and intensify surveillance and review of epidemiological trends to quickly detect and respond to changes.
- All provinces and districts are further advised to have sufficient stock piles of chlorine (granular & soluble).
- Continue to provide health education to sensitize communities and health workers on cholera preventative measures.
- WASH continue water monitoring and distribution of chlorine in identified at risk populations.
- Provincial epidemic preparedness committees to engage all relevant government stakeholders and multisector partners required to prevent cholera outbreaks.

Global Alert of the Coronavirus & Preparedness

- Orientation of staff at points of entry on coronavirus in all provinces is advised
- 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 to be done as soon as possible
- Report all suspected patients to the central level immediately .
- Strengthen surveillance for all Influenza Like Illness (ILI) and Severe Acute Respiratory Illness (SARI)
- 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 all queries should be channeled to the following numbers: **+260 96 4638726/+260 974493553/+260 95 3898941.**

Reported by Surveillance and Disease Intelligence Unit: Muzala Kapin'a, Nkomba Kayeyi, Moses Banda, Mazyanga M Liwewe, Victor Mukonka and Zambia National Public Health Institute (ZNPHI)