

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

## Situation Report

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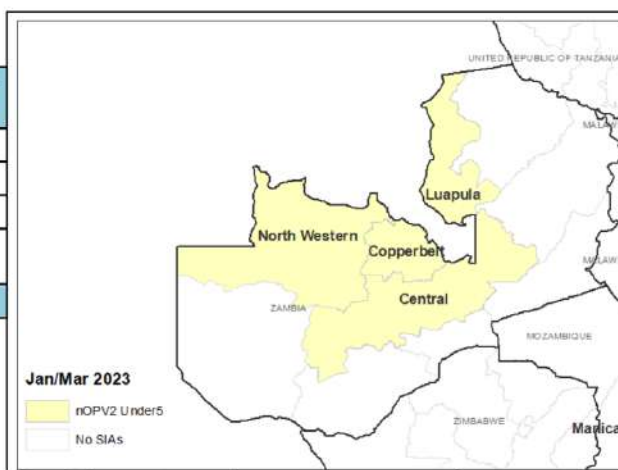
### 1.0 Situational Overview

- 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
	<b>Zambia</b>	<b>44</b>	<b>2,059,292</b>	<b>5,148,231</b>



**Figure 1:** Map of Zambia for nOPV2 response

▪ **Table 1**

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

Regional and global surge human resource	Technical working groups
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<ul style="list-style-type: none"> <li>❖ UNICEF               <ul style="list-style-type: none"> <li>▪ Vaccine management</li> <li>▪ Community mobilization</li> </ul> </li> <li>❖ BMGF               <ul style="list-style-type: none"> <li>▪ Epidemiologist and public health specialist</li> <li>▪ EOC operations</li> </ul> </li> <li>❖ CDC               <ul style="list-style-type: none"> <li>▪ Epidemiologist and public health specialist</li> </ul> </li> <li>❖ WHO               <ul style="list-style-type: none"> <li>▪ Coordination</li> <li>▪ Operations</li> <li>▪ Epidemiologist and public health specialist</li> <li>▪ Surveillance</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>❖ Coordination               <ul style="list-style-type: none"> <li>• Incident manager–Government</li> <li>• GPEI coordinator</li> <li>• Partners agency focal persons ☒</li> </ul> </li> <li>Operations               <ul style="list-style-type: none"> <li>• Microplanning</li> <li>• Training</li> <li>• Deployment</li> </ul> </li> <li>❖ Surveillance</li> <li>❖ Vaccine management and logistics</li> <li>❖ Community mobilization</li> <li>❖ Data management, and monitoring and evaluation</li> </ul>
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**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
<b>Total</b>		<b>46</b>

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<b>Total</b>		<b>46</b>

### 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 Districts with NP- AFP>=3	% of AFP with Adequate stool sample >=80%	Final lab results <=35 days	% cases reported <=7days of onset of paralysis	% of cases investigation <=48 hours of notification	% of cases with two stool Samples collected <=11 days of onset and >=24hours apart	% of two stool samples arriving in lab<=3days of 2 <sup>nd</sup> 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%
Luapula	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%
<b>Zambia</b>	<b>116</b>	<b>102</b>	<b>358</b>	<b>80%</b>	<b>67%</b>	<b>77%</b>	<b>54%</b>	<b>94%</b>	<b>58%</b>	<b>87%</b>

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

Provinces	(Data submitted from provinces (week 48, 2022))																	Surveillance index	(Not an AFP) Class 6
	2022 estimates	Annual Expected	All Reported	Only AFP	Annualized Non-polio	AFP cases		Confirmed			Compatible (virologic)	AFP cases	AFP cases with pending Lab results	Non-polio enterovirus/SL cases					
	<15 pop (million)	Cases	database	Cases in AFP	AFP rate	#	%	VDPV	Wild	system	Detection rate	with results	#	%	#	%			
Central	0.9	26	32	32	4	24	75%	0	0	0	4	32	0	0%	3	9%	3	0	
Copperbelt	1.3	38	36	36	3	23	64%	0	0	0	3	35	1	3%	3	8%	2	0	
Eastern	1.0	29	99	99	11	67	68%	0	0	0	11	99	0	0%	18	18%	7	0	
Luapula	0.6	19	16	16	3	7	44%	0	0	0	3	16	0	0%	5	31%	1	0	
Lusaka	1.6	47	16	16	1	13	81%	0	0	0	1	15	1	6%	0	0%	1	0	
Muchinga	0.6	17	32	32	6	20	63%	0	0	0	6	32	0	0%	7	22%	4	0	
North Western	0.4	13	25	25	6	15	60%	0	0	0	6	25	0	0%	4	16%	4	0	
Northern	0.7	21	39	39	6	29	74%	0	0	0	6	37	2	5%	2	5%	4	0	
Southern	1.1	33	33	33	3	23	70%	0	0	0	3	31	2	6%	0	0%	2	0	
Western	0.5	15	30	30	6	18	60%	0	0	0	6	28	2	7%	7	23%	4	0	
<b>Zambia</b>	<b>8.6</b>	<b>258</b>	<b>358</b>	<b>358</b>	<b>5</b>	<b>239</b>	<b>67%</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>350</b>	<b>8</b>	<b>2%</b>	<b>49</b>	<b>14%</b>	<b>3</b>	<b>0</b>	

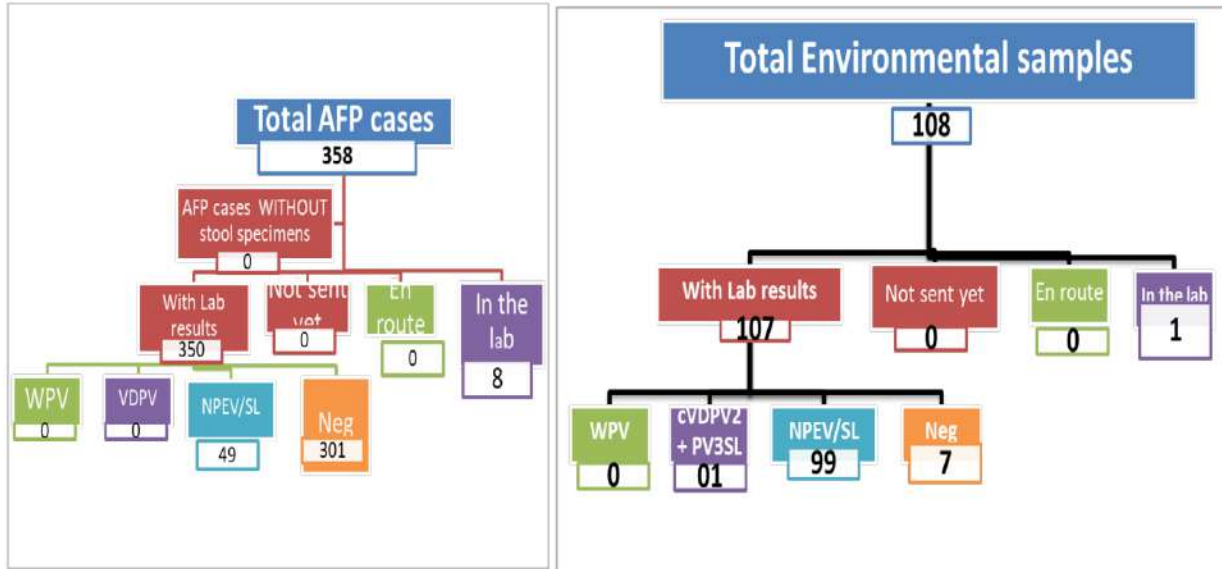
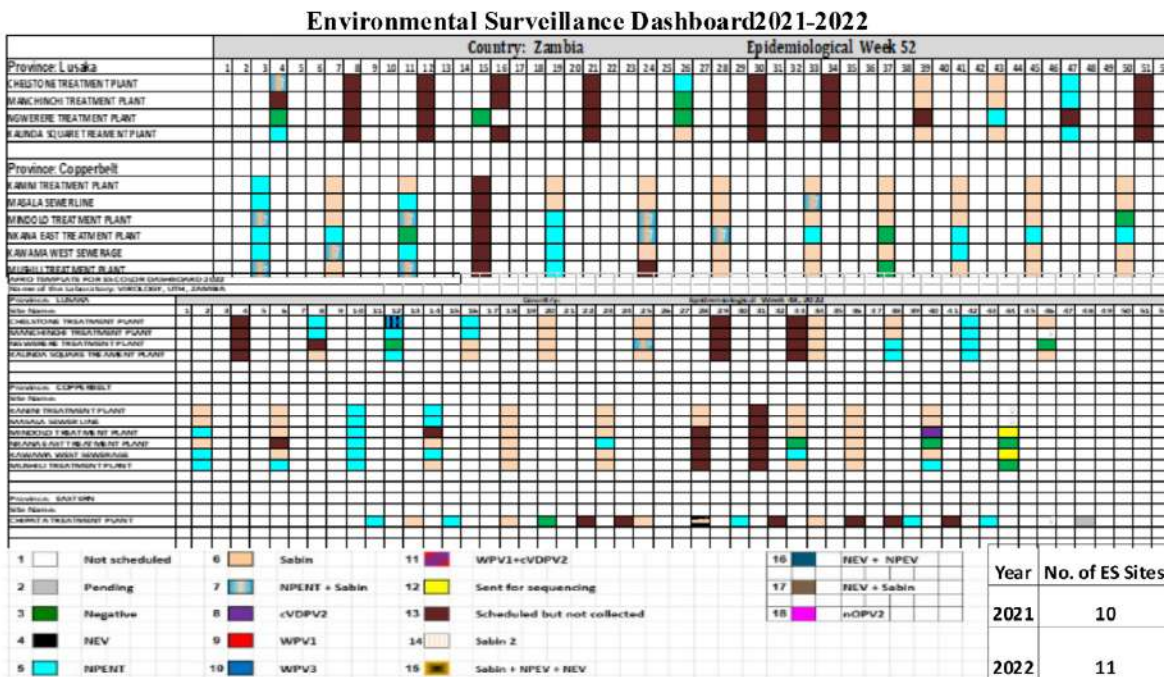


Figure 1: Zambia AFP and environmental samples tracking as of week 48, 2022.

Table 6: Zambia environmental surveillance dashboard as of week 48, 2022



### **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.**