

Summary of Key Notifiable Diseases Quarter 1, 2025

MEASLES

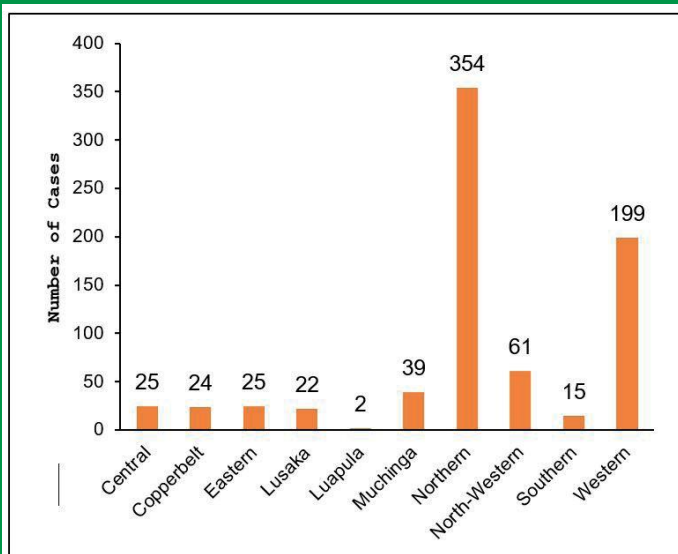


Figure 1 Quarter 1 Suspected Measles Cases by province (Source eIDSR, 2025)

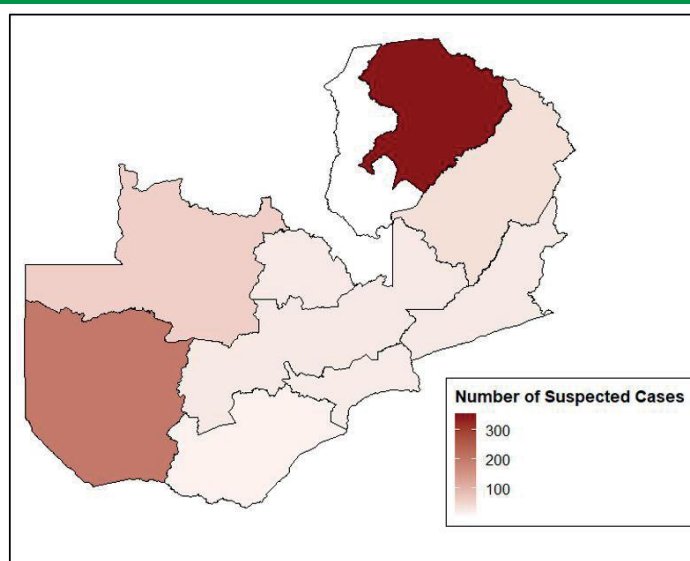


Figure 2 Map showing the distribution of suspected Measles cases

A total of 766 suspected measles cases were reported in Quarter 1, 2025, up from 652 in Q4, 2024, marking a reversal of the previous downward trend. Northern Province recorded the highest number of cases at 354, though this reflects a decline from 532 in Q4. Western Province followed with 199 cases, a sharp increase from zero. Muchinga Province reported 39 cases, continuing its downward trend from 67 in Q4 and 200 in Q3. Lusaka, Eastern, Copperbelt, and Central Provinces all saw increases from zero or low counts in Q4, reporting 22, 25, 24, and 25 cases respectively. North-Western and Southern Provinces reported 61 and 15 cases, while Luapula recorded 2.

While declines in Northern and Muchinga are encouraging, the resurgence in Western and other provinces highlights the need to strengthen immunization coverage and implement targeted vaccination campaigns.

ANTHRAX

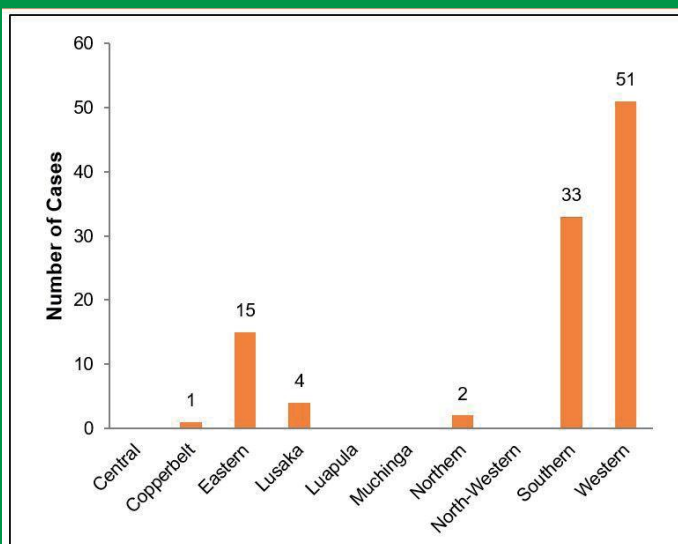


Figure 3 Quarter 1 Suspected Anthrax Cases by province (Source: eIDSR, 2025).

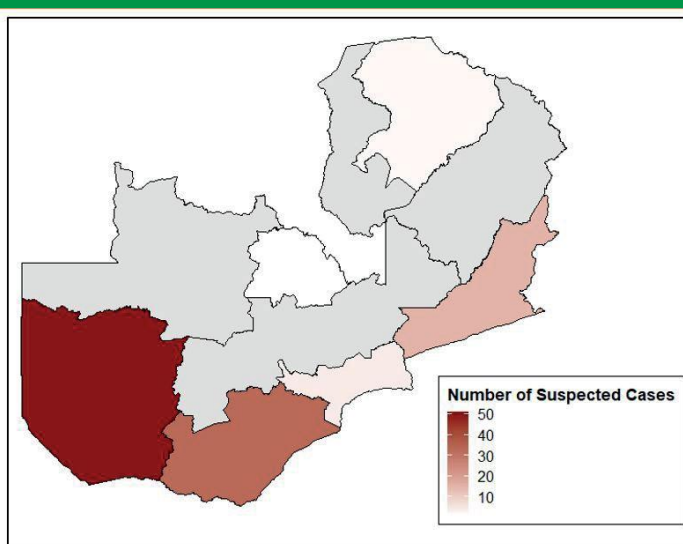


Figure 4 Map Showing the distribution of Suspected Anthrax Cases

In Quarter 1, 2025, 106 suspected anthrax cases were reported across eight provinces, marking a significant decline from 236 cases in Quarter 4, 2024. Western Province, where Anthrax is endemic remained the most affected with 51 cases, down from 126, while Southern Province reported 33 cases, a decrease from 92. Eastern Province recorded 15 cases, nearly doubling from 8. Despite the decline, public vigilance remains essential. The public is advised to maintain precautions, including sourcing meat from reputable vendors, thoroughly cooking meat, and promptly reporting suspected animal illnesses to health authorities.

BILHARZIA

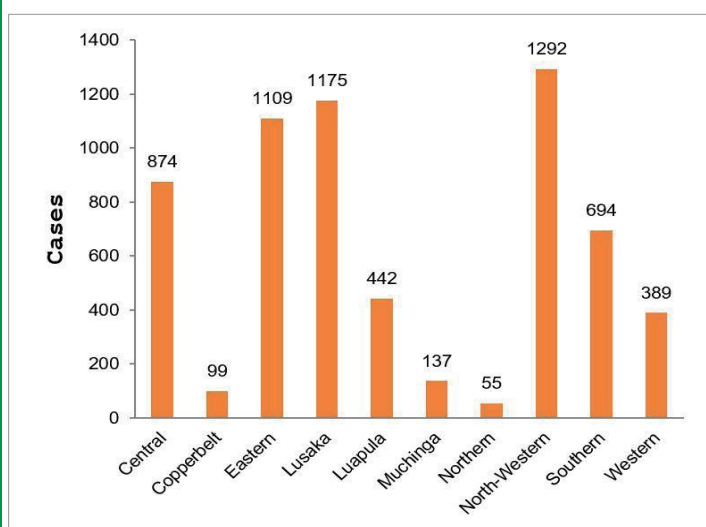


Figure 5 Quarter 1 suspected Bilharzia Cases by province (Source eIDSR, 2025)

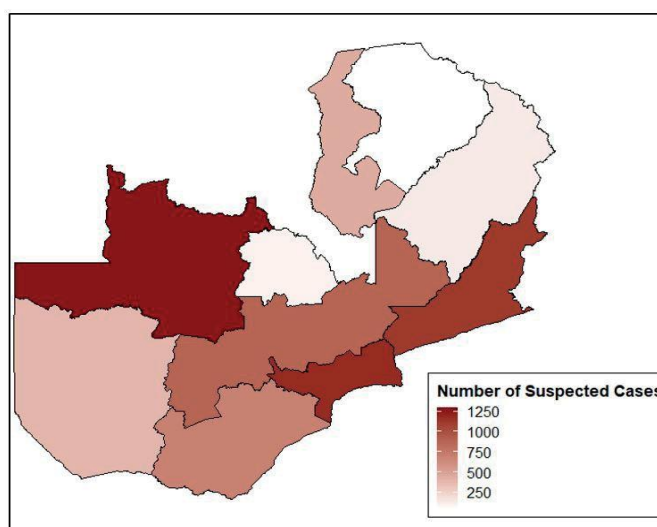


Figure 6 Map showing the distribution of suspected Bilharzia Cases

In Quarter 1, 2025, Zambia recorded 6,276 suspected Bilharzia cases across all ten provinces, reflecting a slight decrease from 6,839 cases in Quarter 4, 2024. North-Western Province remained the most affected with 1,292 cases, though slightly down from 1,377. Lusaka (1,175) and Eastern (1,109) also reported high numbers, both showing marginal declines. Central (874) and Southern (694) Provinces continued to report significant case counts, despite reductions from the previous quarter. Western (389), Muchinga (137), and Northern (55) also recorded decreases, while Luapula Province showed a modest increase to 442 cases from 415. Despite reductions in most provinces, the burden remains substantial, particularly in North-Western, Lusaka, and Eastern Provinces. There need to intensify WASH interventions, including the promotion of hygiene and sanitation practices, increased distribution of Information, Education and Communication (IEC) materials, and strengthened community engagement to reduce transmissio

TYPHOID FEVER

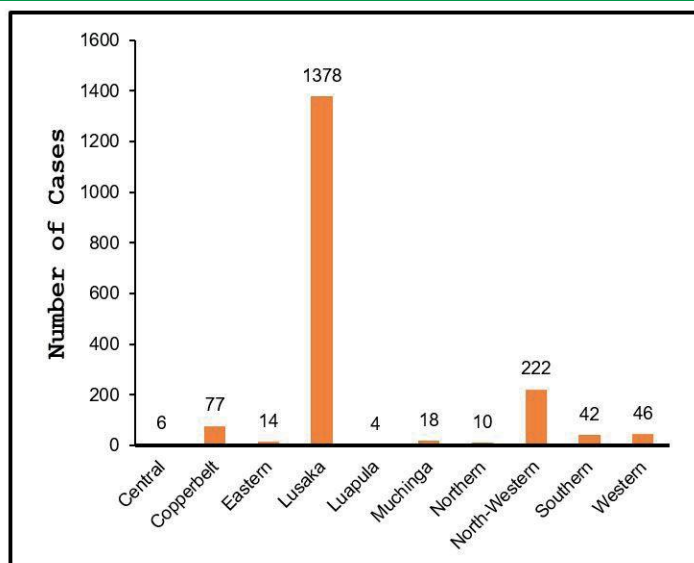


Figure 7 Quarter 1 reported suspected Typhoid Fever Cases by province (Source: eIDSR, 2025).

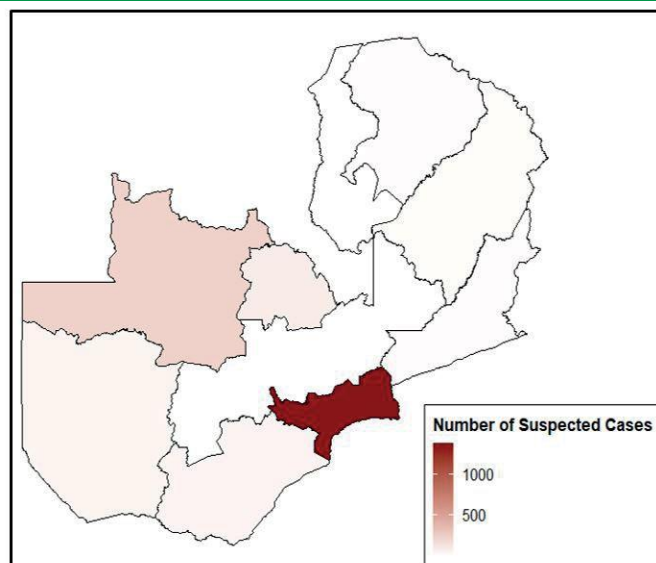


Figure 8 Map showing the distribution of suspected Typhoid Fever Cases

In Quarter 1, 2025, a total of 1,817 suspected Typhoid Fever cases were reported across Zambia's ten provinces, reflecting an increase from 1,286 cases in Quarter 4, 2024. Lusaka Province accounted for the majority (76%) of cases. This continues an upward trend, rising from 954 cases reported in quarter 4, 2024. North-Western Province followed with 222 cases, also rising from 145. Copperbelt (77), Western (46), and Southern (42) reported increased case numbers, with Southern showing a re-emergence after no reported cases in the previous quarter. Conversely, Eastern (14), Muchinga (18), Central (6), and Luapula (4) recorded declines. Northern Province saw a marginal increase from 8 to 10 cases. The rise in cases, particularly in Lusaka and North-Western, underscores the need for strengthened public health interventions, including improved sanitation, access to safe water, handwashing promotion, and food hygiene education to curb further transmission and protect at-risk populations.

ACUTE FLACCID PARALYSIS

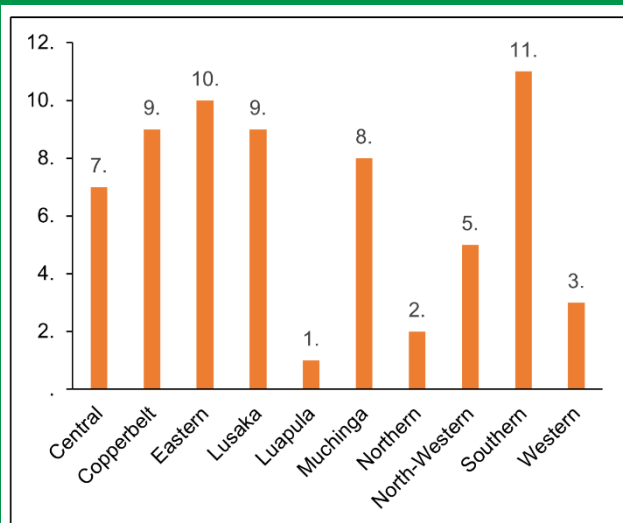


Figure 9 Quarter 1 reported suspected AFP per Province (Source: eIDSR, 2025).

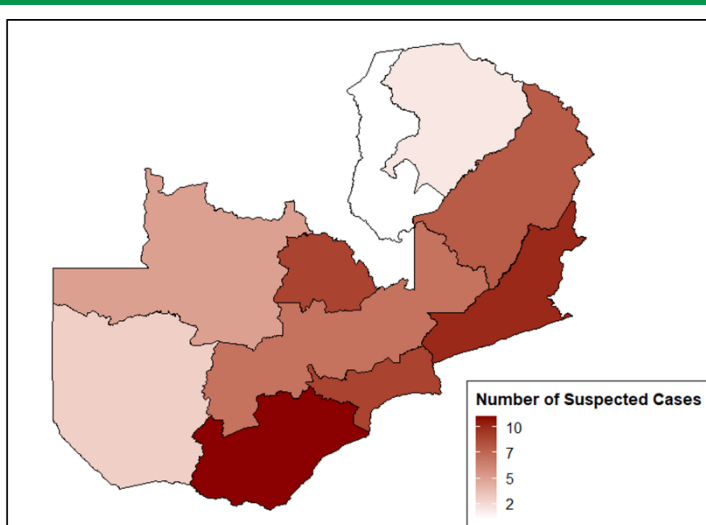


Figure 10 Map showing the distribution of AFP cases

In Quarter 1, 2025, a total of 65 suspected Acute Flaccid Paralysis (AFP) cases were reported across all ten provinces, down from 73 cases in Quarter 4, 2024. Southern Province recorded the highest number (11), followed by Eastern (10), and Copperbelt (9) and Lusaka (9). Northern (2) and Luapula (1) reported the fewest cases, while the most significant decrease was observed in Western Province (from 16 to 3). AFP is a key surveillance indicator for detecting poliovirus circulation, particularly in children under 15 years. The continued downward trend observed across three consecutive quarters underscores the importance of maintaining strong AFP surveillance, timely case investigation, and adequate laboratory support to sustain progress in poliovirus detection and response.

CHOLERA

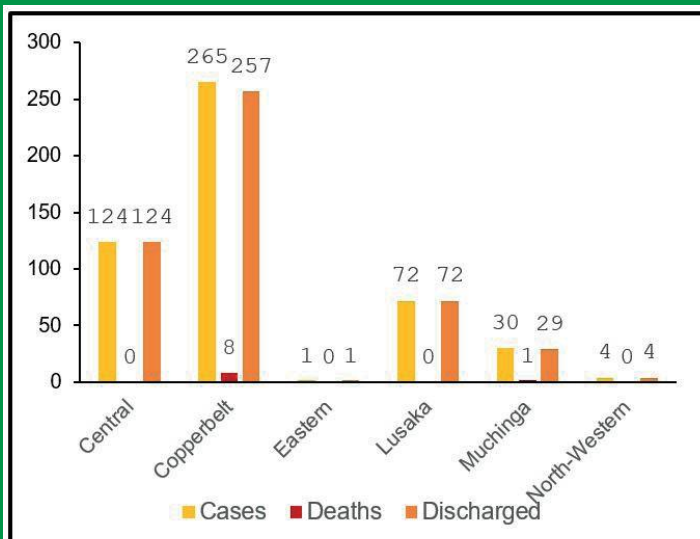


Figure 11 Quarter 1, Cumulative Cholera Cases by Province (Source Cholera situational report, 2025).

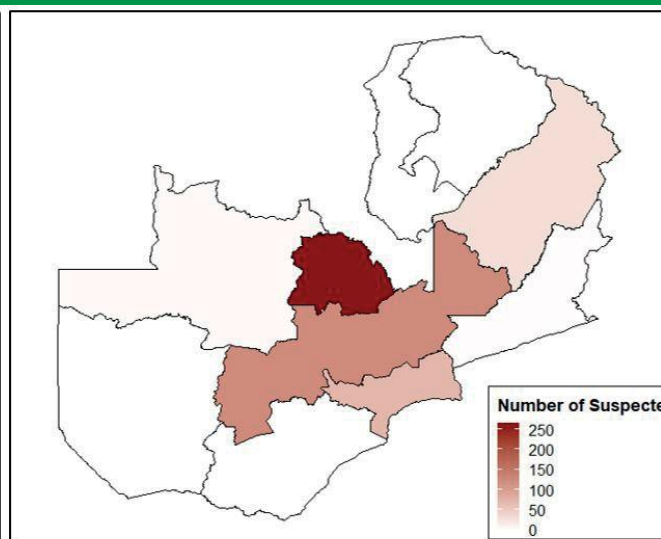


Figure 12 Map showing the distribution of suspected Bilharzia Cases

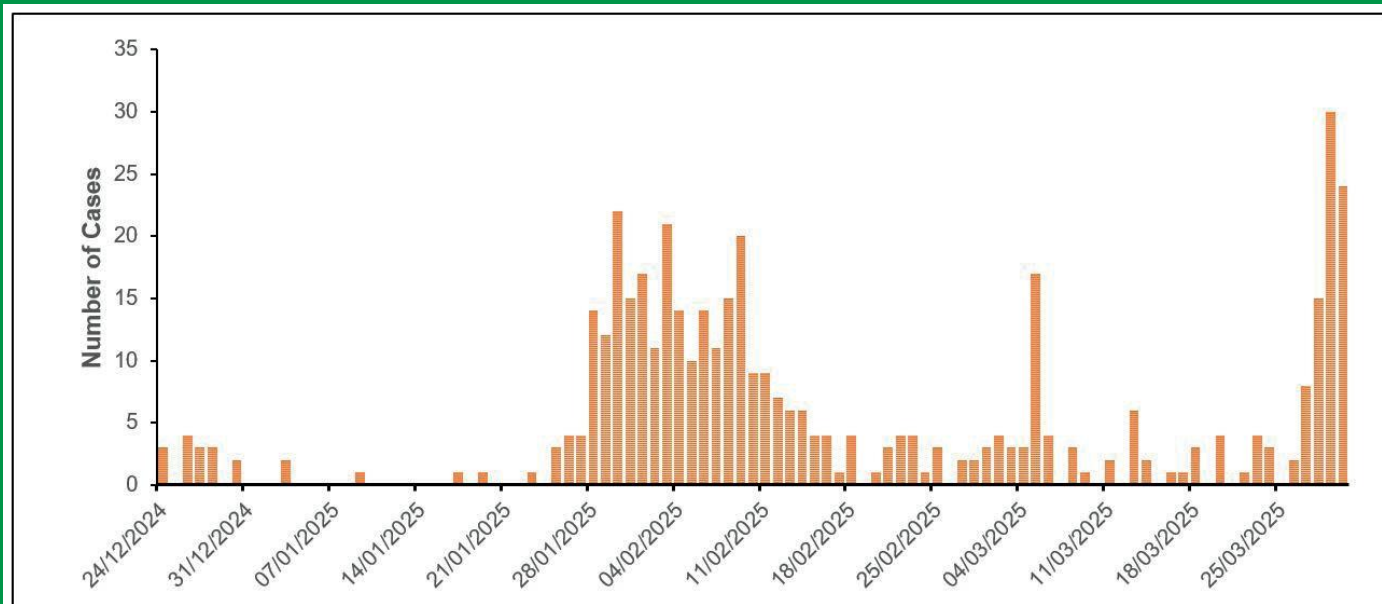


Figure 13 i curve of cholera cases in Zambia from 24th December, 2024 to 25th March, 2025 (Source Cholera situational report, 29th March, 2025).

By the end of Quarter 1, 2025, a cumulative total of 496 cholera cases had been reported across six provinces. The Copperbelt recorded the highest number of cases (265), followed by Central Province (124) and Lusaka Province (72). The lowest case counts were reported in Eastern (1 case) and North-Western (4 cases) Provinces. A total of 487 patients were discharged, and 9 deaths were recorded, resulting in a cumulative case fatality ratio (CFR) of 2%. The first cases of the current cholera outbreak were reported in Nakonde District in Muchinga Province in late December 2024. In January 2025, a case with no epidemiological link to the Muchinga outbreak was reported

at Kasumbalesa Market on the Copperbelt a major border market between Zambia and the Democratic Republic of Congo. Subsequently, additional cases were reported in other subdistricts of Copperbelt Province. As part of response, 1,428,424 people have been vaccinated in the affected districts.

Cholera is an acute diarrhoeal disease caused by ingestion of food or water contaminated with *Vibrio cholerae*, and it can be prevented through access to safe water, proper sanitation, good hygiene practices, and timely vaccination in high-risk areas.

Summary Report Priority Diseases, Conditions and Events

Disease / Event	Week 1 - 13		
	Suspected	Tested	Confirmed
AFP	65	53	0
Anthrax	106	19	2
Cholera	726	583	430
COVID-19	3,499	2,769	137
Dog Bite	7,559	-	7,559
Dysentery	18,334	1,329	300
Schistosomiasis (Bilharzia)	6,266	2,539	555
Malaria	4,147,030	4,009,678	2,156,234
Measles	766	372	242
Meningitis (Neisseria)	187	127	2
MPox	178	148	35
Tuberculosis	120,292	109,596	5,192
Typhoid Fever	1,817	1,583	54

Data used was extracted from eIDSR on 16th May, 2025.

About eIDSR

The Electronic Integrated Disease Surveillance and Response System (eIDSR) is a disease surveillance system that is used to continuously and systematically collect, analyse, interpret, and visualize public health data. Data is collected at facility level and captured by district surveillance officers. The data reported in this bulletin was extracted from the system (except where indicated otherwise) on the aforementioned date.

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