Zambia Cholera Outbreak | Situation as of 15th October 2023

Risk Level: High; Grade 3 Event Sitrep No.44

Situation Awareness/ Highlights

Data as 15th October 2023

Cumulative Cholera Cases Nationally for 2023: 934

Cumulative deaths: 19 CFR 2.0%

Districts Reporting Cases: 2

New Cases 1

Nsama Currently admitted in CTC: 0

Nsama Days of Zero Reporting: 6

Kanyama Currently admitted in CTC: 1

Kanyama Cumulative cases culture confirmed: 1

Epidemiological Overview

- Nsama District has been reporting cholera cases since confirmation on 10th August 2023. They culminative have seen 176 cases and have now gone 6 days with zero reporting with their last case detected on the 9th of October 2023
- New Cholera alert received from Kanyama Sub-district of Lusaka with the first case being identified on 14.10.23 and culture confirmed as Vibrio Cholera O1 Ogawa on 15.10.23
- Kanyama subdistrict is one of the known cholera hotspots with challenges such as erratic water supply, and unsafe water sources from shallow wells, indiscriminate waste disposal etc.
- The Lusaka District and Provincial Health Officers were on high alert and had begun preparedness activities 2 weeks prior resulting in the rapid identification of this index case
- The district team is applauded for very quickly notifying the subsequent levels about the case and ensuring its containment with response activities already ongoing.
- National and sub-national levels are working together to ensure that surveillance is heightened in light of the confirmation of this first cholera case in a new locality from the ongoing outbreak

Background

1. Index case from Kanyama sub-district of Lusaka is a female adult aged 21 who self-referred to Kanyama First Level Hospital with complaints of watery diarrhoea, vomiting and body weakness for a day prior
2. Clinicians reviewed the patient who had presented in shock. They managed to resuscitate and had a high index of suspicion for cholera hence the patient was quickly isolated. Samples were collected and sent to the lab for confirmation. The patient is much improved although still receiving treatment under isolation at the facility.
3. The District Rapid Response team has already begun contact tracing with cholera rapid diagnostic kits being deployed to Kanyama and the other subdistricts plus the tertiary hospitals

Response Activities

1. The Disaster Mitigation and Management Unit (DMMU) evoked and ready to support the response in this new locality
2. Risk communication and community engagement activities had begun two months prior with the heightened surveillance. These messages will continue in a responsible manner
3. 4800 bottles of liquid chlorine, and 20x25kg buckets of granular chlorine were dispatched immediately with an additional 4000 bottles to be delivered tomorrow with 80 buckets of granular chlorine from ZNPHI
4. 250 Cholera RDT kits were released to enhance surveillance of cases presenting with Acute watery diarrhoea.
5. Enhanced stakeholder engagement commenced with partners such as Lusaka Water and Sewerage Company and Lusaka City Council, other line ministries and non-governmental organizations to ensure continued multisectoral response.
6. Heightened surveillance (monitoring of Acute watery diarrhoea diseases) continues in Northern province which is now 6 days zero reporting and districts in Southern province are also conducting their risk assessments due to the risk for cross-border spread from neighboring Zimbabwe
7. Mop-up campaign for oral cholera vaccination campaign in Nsama is completed and preparations are well underway for Chiengi and Nchelenge to be vaccinated as earmarked. A request will be made to ICG for authorization to have a reactive vaccination campaign in Kanyama

Recommendations

(i) LDHO and PHO working with partners to heighten preventative messaging in the community.
(ii) Additional isolation space for the treatment units with strict adherence to IPC norms to be identified at the facility and district as a whole for surge preparation
(iii) Intensify water and food sampling for quality monitoring, with mapping of contaminated water sources for corrective action
(iv) LSWC and LCC to be engaged to provide clean water in the surrounding communities
(v) Oral rehydration points need to be set up in the community to provide early treatment to cases and encourage community-based surveillance.
(vi) District IMS structure in full response activation, with provincial and national IMS in alert to support the response