



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

**Affected Districts: Nsama & Lusaka
Situation Awareness/ Highlights**

Data as 16th October 2023

District Reporting Cases; 2

Cumulative Cases; 177

Nsama-176

Cumulative Deaths

5

Lusaka-1

Currently admitted in Nsama CTC

0

CFR
2.8%

Nsama days Zero Reporting

7

Kanyama Currently admitted in CTC: 1

Cumulative cases culture confirmed
**Nsama- 54
Lusaka- 1**

Epidemiological

- 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

Background

1. Index case from the Kanyama sub-district of Lusaka is a female adult aged 21 years who self-referred to Kanyama First Level Hospital with complaints of watery diarrhea, 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) is evoked and ready to support the response in this new locality
2. Risk communication and community engagement activities had begun two
3. months prior with the heightened surveillance. These messages will continue in a responsible manner
4. Enhanced wash activities inclusive of distribution of liquid cholorine and water quality monitoring
5. 250 Cholera RDT kits were released to enhance surveillance of cases presenting with Acute watery diarrhea.
6. Enhanced stakeholder engagement commenced with partners such as Lusaka Water and Sewerage Company and Lusaka City Council, otherline ministries, and non-governmental organizations to ensure continued multisectoral response.
7. Heightened surveillance (monitoring of Acute watery diarrhea diseases) continues in the Northern province which is now 6 days zero reporting and districts in the Southern province are also conducting their risk assessments due to the risk for cross-border spread from neighboring Zimbabwe
8. 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
9. District IMS structure in full response activation, with provincial and national IMS in alert to support the response



Zambia Cholera Outbreak | Situation as of 12th October 2023



Distribution of cases by District, Zambia 16th October 2023

District	New Cases	Cumul Cases	Deaths	Cumul Death	Discharge	Cumul Discharge	Current Admin	CFR(%)	Lab Confirmed
Lusaka	0	1	0	0	0	0	1	0	1
Nsama	0	176	0	5	0	160	0	2.8	54
Total	0	177	0	5	0	160	1		55

Recommendation

- 1(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.