



# Zambia Cholera Outbreak | Situation as of 7<sup>th</sup> Nov 2023

**Risk Level: High; Grade 3 Event Sitrep No.84**

## Situation Awareness/ Highlights

Data as 7<sup>th</sup> November 2023

<b>National Cumulative</b> Cases: 2,043 Deaths: 42 CFR: 2.1%	<b># Districts Reporting Cases: 4</b>
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**Lusaka Province**

New Cases previous 24hrs: 30  
 Currently in admission: 44  
 Discharge Previous 24hrs: 20  
 Deaths in previous 24hrs: 1

Cumulative Cases: 1,157  
 PCR Positive: 79, Culture: 6  
 Cumulative Deaths: 23, CFR:1.99%  
 Attack Rate: 35.4

**Lusaka District**

New Cases last 24hrs: 21  
 Cumulative Cases: 968  
 Cumulative Deaths: 17 (CFR:1.8%)

**Chongwe District**

New Cases last 24hrs: 3  
 Cumulative Cases: 44  
 Cumulative Deaths: 3 (CFR: 6.2%)

**Luangwa District**

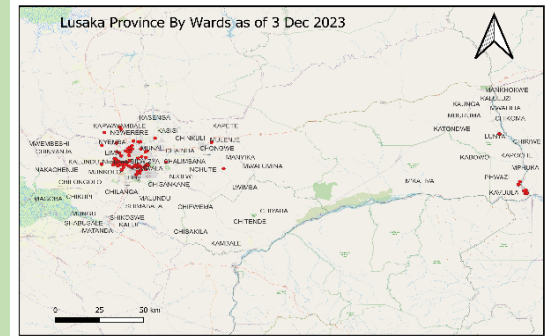
New Cases last 24hrs: 3  
 Cumulative Cases: 124  
 Cumulative Deaths: 3, (CFR: 2.4%)

**Chilanga District**

New Cases last 24hrs: 3  
 Cumulative Cases: 25  
 Cumulative Deaths: 1, (CFR: 4.8%)

## Epidemiological Overview

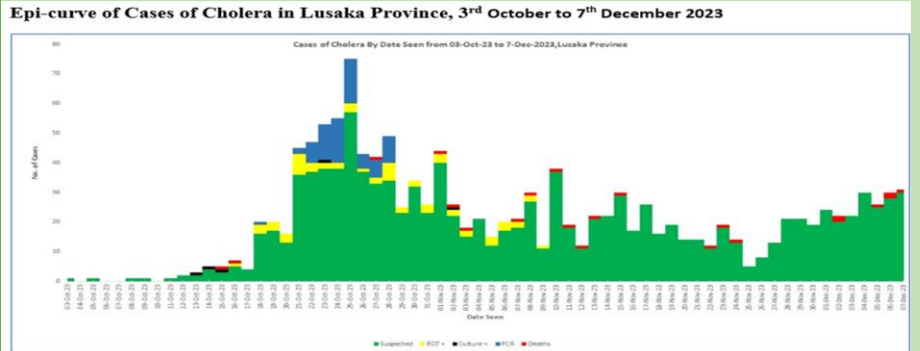
- 13 districts reported cholera outbreaks in 2023
- Four (4) districts currently in response mode
- First case in Lusaka was identified on 14.10.23 and culture-confirmed as Vibrio Cholera O1 Ogawa on 15.10.23.
- All 30 new cases identified in the preceding 24 hours were reported in Lusaka District. One death was recorded under Chilanga District.



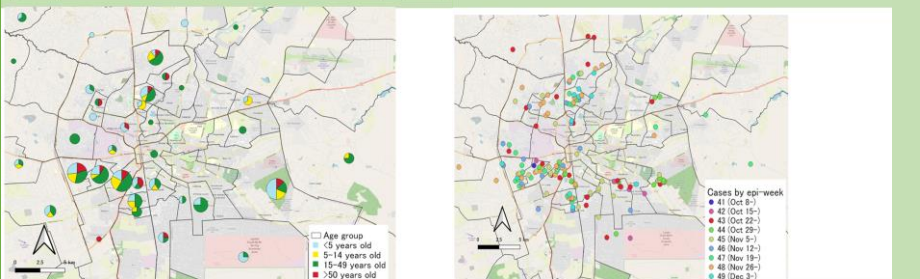
## Response Activities

- JICA has supported logistics for 40 ORP Logistics for the Lusaka District.
- RCCE and Case Management Pillar held another meeting virtually with all partners.
- Collection of case-based data, coordinates and missing data for cholera cases has started in Lusaka District with the help of FETP residents, PHEOC staff and US CDC.
- Over 25 responders were trained at Ngwerere Rural Health Centre and 30 at Tubalange CTC in Chilanga.

## EPIDEMIOLOGICAL CURVES



Age Proportion Per Township, Lusaka District as of 07/12/2023 Geographical Distribution of Cases, Lusaka District as of 07/12/2023



(i) Buckets donated by JICA to set up additional ORPs (ii) Case Management Training in kamwala done after themortality review fo

## Current operational Gaps:

- Operational costs such as fuel for 5 vehicles per subdistrict, food and water for patients/staff in CTCs
- Need surge staff in the CTCs/CTUs particularly to cover night shifts
- Need to provide safe water in the communities such as sewage compound in Ngwerere where shallow wells are being used,
- Need for support for the community-based volunteers to scale up the number of oral rehydration points to at least 168 for the district.
- Need for enhanced cross-border collaborations.