



Zambia Cholera Outbreak | Situation as of 17th December 2023



National | Lusaka and Eastern Province

As at 18 hours 17 December 2023 | Cumulative cases: 1,595 | Cumulative Deaths: 43 | CFR: 2.6% | Past 24hours | Currently admitted in CTCs: 110 | Discharged: 74 | New Cases: 74 | Deaths: 3

Risk Level: High: Grade 3 Event, Sitrep No. 94

National cumulative: Cases: 2,478, Deaths: 60, CRF: 2.4%

Epidemiological Overview

Background: This year Zambia has experienced cholera outbreaks in 14 districts across the country that began on 21st January 2023 and was initially declared over on 15th July 2023 following 28 days of zero reporting. On 5th August 2023, Nsumbu Rural RHC notified Nsama DHO recorded another cholera outbreak.

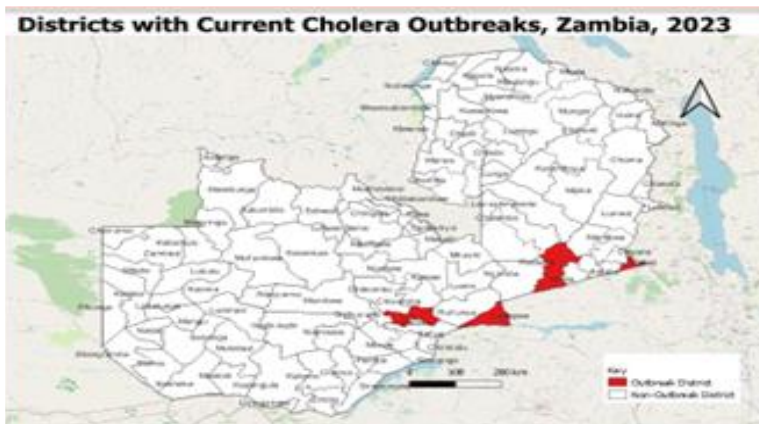
Six districts are currently responding to the outbreak as shown in the map. First case in Lusaka was identified on 14.10.23 and culture-confirmed as Vibrio Cholera O1 Ogawa on 15.10.23. Other districts such as Chongwe, Luangwa and Chilanga have also confirmed cholera cases. Vubwi District in Eastern Province reported a case of cholera on 10/12/2023 and culture-confirmed as Vibrio Cholera O1 Ogawa on 13/12/2023. Petauke reported two suspected cases of cholera on 14/12/2023 and both culture-positive.

In the last 24 hours 74 cases were reported. Two facility deaths reported from Kanyama and Matero sub-districts. 110 cases are in admission, 74 discharged.

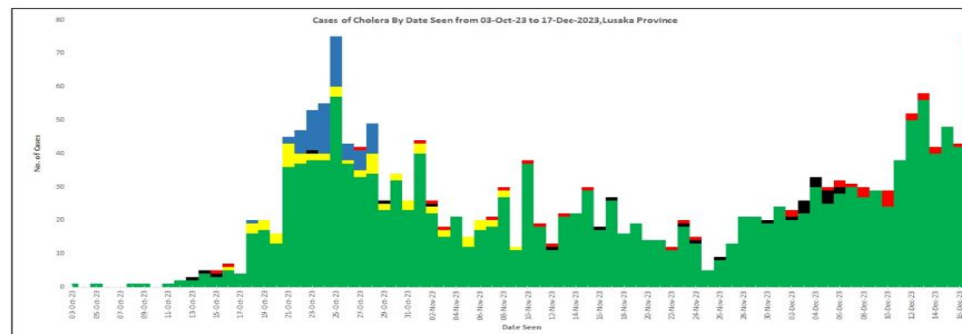
Most Affected Areas

- All the sub-districts in Lusaka District, especially the peri-urban.
- Fishing areas in Luangwa District
- Sewage compound in Chongwe District using water from the wells.
- Lusaka District is one of the 20 cholera hotspots in Zambia. In 2022, the district conducted a successful Oral Cholera Vaccination campaign in some wards.
- Vubwi recently received a reactive OCV campaign early this year (2023)

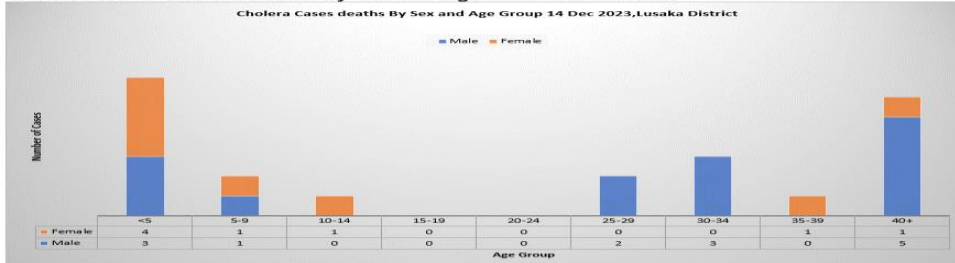
Figure 1: Districts Reporting Cholera Cases as at 17th December 2023



Epi-curve of Cases of Cholera in Lusaka Province, 3rd October to 17th December 2023



Distribution of Cholera Deaths by Sex and Age in Lusaka Province



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Table 1. Summary of Cholera Cases by District in Lusaka and Eastern Provinces

Province	District	Reporting	Population	Last 24 hours				Cumulatively					
				New Cases	New Deaths	Discharges	Currently in adm	Cholera cases	Cum. Discharges	Deaths	CFR (%)	AR per 100,000	
Lusaka	Lusaka	Chilenje sub-district	481846	0	0	4	3	282	278	1	0.4	58.5	
		Kanyama sub-district	525902	19	1	17	34	298	255	9	3.0	56.7	
		Chawama sub-district	454516	1	0	0	4	153	143	6	3.9	33.7	
		Matero sub-district	510187	31	1	25	9	270	250	11	4.1	52.9	
		Chelstone sub-district	549867	16	0	12	20	154	131	3	1.9	28.0	
		Chipata sub-district	472646	2	0	3	6	180	171	3	1.7	38.1	
		LMUTH	0	0	0	0	25	0	0	1	0.0	0.0	
	Sub-total	2994964	69	2	61	101	1337	1228	33	2.5	44.6		
	Chongwe	Ngwerere			0	0	4	3	57	52	2	3.5	0.0
		Chongwe District Hospital			0	0	0	0	8	7	1	12.5	0.0
		Sub-total	335013	0	0	4	3	65	59	3	4.6	19.4	
	Chilanga	Tubalange			4	0	5	4	57	52	1	1.8	0.0
		Chilanga			0	0	0	0	2	2	0	0.0	0.0
		Sub-total	239694	4	0	5	4	59	54	1	1.7	24.6	
	Luangwa	Luangwa District Hospital			0	0	0	0	107	104	4	3.7	0.0
Katondwe Mission Hospital				0	0	0	0	20	19	0	0.0	0.0	
Sub-total		37119	0	0	0	0	127	123	4	3.1	342.1		
Total			3271777	73	2	70	108	1588	1464	41	2.6	48.5	
Eastern	Vubwi		53875	0	0	2	0	2	2	0	0.0	3.7	
	Petauke		267943	1	0	2	2	5	2	0	0.0	1.5	
	Total		2532849	1	0	4	2	7	4	0	0.0	0.2	
GRAND TOTAL			20309547	74	2	74	110	1595	1468	42	2.6	7.8	



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Key Priority Activities

1. National PHEOC activated and national IMS continues to coordinate the response to the cholera outbreak
2. A high delegation led by the minister of health visited the CTC in Lusaka district.
3. Intensified risk communication and community engagement using print and electronic media, TV and Radio as well as community leaders.
4. Partner engagement, collaboration, and resource mobilization intensified.
5. Heightened surveillance throughout the whole country especially the high-risk districts and cholera hotspots
6. Enhanced water, sanitation, and hygiene interventions including chlorine distribution, and water quality monitoring, disinfection, and inspections.
7. Technical support to provincial/district teams in all thematic areas including response organization.
8. 60 ORP buckets have been donated by the National Centre for Global Health and Medicine.
9. 2 water bowsers have been placed to provide clean and Safe water in the Ngwerere area where they are using shallow wells that are contaminated with fecal coliforms and ongoing distribution of liquid Chlorine
10. Donation from UNICEF of 843 cases of liquid chlorine and 20 boxes of liquid hand soap.
11. Continued support from Partners Like WHO, Red Cross, CDC , JICA, UNICEF, World bank, UKHSA, in different response pillars of the out break
12. Application for OVC doses for a reactive vaccination response was sent to ICG
13. Capacity building to all 6 sub-districts on cholera data capture

Operational Response Gaps

1. Inadequate transport for contact tracing and other Public Health response activities.
2. Inadequate resources for operational costs (fuel, food for patients, allowances) for public health interventions
3. Inadequate reagents (Antisera) to support the confirmation of cases in the Eastern province
4. Inadequate water quality monitoring testing kits and reagents for the porta labs
5. Delays in receiving results from food and Drugs and Laboratory for supporting prompt evidence-based responses
6. Inadequate Community-Based Volunteers to support Oral Rehydration Points in the communities
7. Erratic supply of water in the same parts of the community leading to communities resorting to the use of shallow wells and untreated water from boreholes.

Recommendations

1. Need for High level regional cross-border meetings.
2. Need to conduct Risk and Needs Assessments in all high-risk districts that are in watch and alert mode in readiness for a potential cholera outbreak.
3. Need to mobilize transport from key line ministries and partners.
4. Mobilize more resources to assist districts and provinces with operational costs.
5. Continue with Engagement with other line Ministries and partners to support in responses
6. Need to provide safer alternative of water supply to areas that are receiving erratic supply of water.

Nurse leaders (n=30) in Lusaka Province strategizing on staffing of Nurses for Leve Mwanawasa UTH and other CTCs in Lusaka District earlier during the day



TSS at Tubalange CTC in Chilanga District



Provision of safe water in Ngwerere



Buckets donated by JICA to set up more ORPs

