

Zambia Cholera Outbreak | Situation as of 21st December 2023



National Lusaka, Eastern, Central and Northern Provinces

As at 18 hours 21 December 2023 |Cumulative cases: 1,956 | Cumulative Deaths: 56 | CFR: 2.86%

Risk Level: High: Grade 3 Event,

Sitrep No. 98

Epidemiological Overview

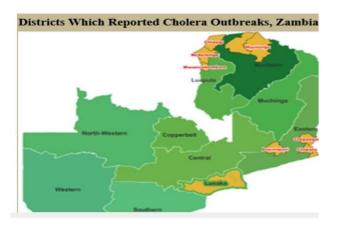
Background: This year Zambia has experienced cholera outbreaks in 14 districts across the country that began on 21st January 2023 and was initially declared over on 15th July 2023 following 28 days of zero reporting.

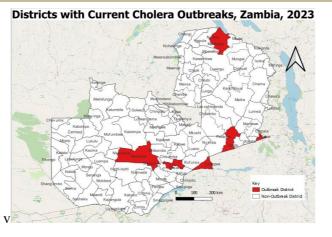
Six districts are currently responding to the outbreak as shown in the map. First case in Lusaka was identified on 14.10.23 and cultureconfirmed as Vibrio Cholera O1 Ogawa on 15.10.23. Other districts such as Chongwe, Luangwa and Chilanga have also confirmed cholera cases. Vubwi District in Eastern Province 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. Mumbwa has one RDT positive and Mpulungu, two culture-confirmed as of 21/12/2023.

So far, culture results and PCR results are reflected for samples received at the ZNPHRL. Out of the 1 383 stool samples we have processed, we now 66 V.cholerae O1 culture positives for Lusaka Province and 97 PCR positives. Additionally, we have 5 culture positive for Eastern Province, One RDT positive for Central and two culture positives for Northern Province.

In the last 24 hours 95 cases were reported. Five deaths were reported. Lusaka's Kanyama and Matero sub-districts two BIDs and two facility deaths and a facility death in Chongwe's Ngwerere area. 138 cases are in admission, 76 discharged.

Monze reported a confirmed case with a travel history from Lusaka.





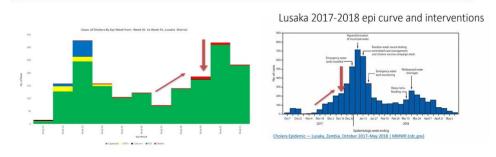
Past 24hours| Currently admitted in CTCs: 138 | Discharged: 76 | New Cases: 95 | Deaths: 5

National cumulative: Cases: 2,840, Deaths: 74, CRF: 2.6%

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)
- Mpulungu received reactive OCV in 2023 and the district is a hot spot. Fishing areas have a higher risk. New cases currently being reported from Kapembwa RHC

Cholera Epi-curve, 2023 and 2017/18



Comparison of the 2017 and 2023 epicurve show a higher number of cases and deaths at this time point compared with the previous outbreak at the same time, showing the need for doubling down of efforts in an multisectoral approach to ensure that the control measures being implemented are more robust.





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		Chilenje sub-district	481846	8	0	5	8	302	293	1	0.3	62.7
		Kanyama sub-district	525902	28	2	15	32	389	323	11	2.8	74.0
		Chawama sub-district	454516	6	0	3	6	164	149	9	5.5	36.1
	Lusaka	Matero sub-district	510187	26	2	13	33	382	327	15	3.9	74.9
		Chelstone sub-district	549867	18	0	15	11	228	203	3	1.3	41.5
		Chipata sub-district	472646	2	0	2	4	190	182	4	2.1	40.2
		LMUTH		0	0	16	28	3	79	1	33.3	-
		Sub-total	2994964	88	4	69	122	1658	1556	44	2.7	55.4
	Chongwe	Ngwerere		1	1	2	6	66	55	5	7.6	-
		Chongwe District Hospital		0	0	0	0	8	7	1	12.5	-
		Sub-total	335013	1	1	2	6	74	62	6	8.1	22.1
	Chilanga	Tubalange		2	0	5	4	72	69	1	1.4	-
		Chilanga		2	0	0	0	2	2	0	0.0	-
		Sub-total	239694	4	0	5	4	74	71	1	1.4	30.9
	Luangwa	Luangwa District Hospital		0	0	0	0	107	104	4	3.7	-
		Katondwe Mission Hospital		0	0	0	0	20	19	0	0.0	-
		Sub-total	37119	0	0	0	0	127	123	4	3.1	342.1
		Total	3271777	93	5	76	132	1933	1812	55	2.8	59.1
Eastern	Vubwi		53875	0	0	0	0	3	3	0	0.0	5.6
	Petauke		267943	1	0	0	2	7	5	1	14.3	2.6
		Total	2532849	1	0	0	2	10	8	1	10.0	0.4
Northern	Mpulungu		159,397	0	0	0	0	8	6	0	0.0	5.0
		Total	1,671,608	0	0	0	0	8	6	0	0.0	0.5
Central	Mumbwa		350,846	1	0	0	4	4	6	0	0.0	1.1
		Total	2,359,786	1	0	0	4	4	6	0	0.0	0.2
For the 8 Districts		4,438,851	95	5	76	138	1,955	1,832	56	2.9	44.04	
GRAND TOTAL			20309547	95	5	76	138	1955	1832	56	2.9	9.63



1.

2.

3.

Key Priority Activities



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.

High-level planning meeting involving all stakeholders are being held at DMMU Two vehicles provided by JICA to Matero and Chelstone sub-district to support cholera response.

Her Honor the Vice President of the Republic of Zambia, Madam Mutale Namulango called for an

cholera response. Planning is on going and funds being mobilized for short term but also longterm

urgent Ministerial Meeting with all ministers demanding for a whole of government approach to this

- 4. Enhanced water, sanitation, and hygiene interventions including chlorine distribution, and water quality monitoring, disinfection, and inspections.
- 5. Two water bowsers have been placed to provide clean and Safe water in the Ngwerere area in Chongwe District, where they are using shallow wells that are contaminated with fecal coliforms and ongoing distribution of liquid Chlorine.
- 6. 60 ORP buckets have been donated by the National Centre for Global Health and Medicine.
- 7. Donation from UNICEF of 843 cases of liquid chlorine and 20 boxes of liquid hand soap.
- 8. Continued support from Partners Like WHO, Red Cross, CDC, JICA, UNICEF, Word bank, UKHSA, in different response pillars of the out break
- 9. Application for OVC doses for a reactive vaccination response was sent to ICG
- 10. Capacity building to all 6 sub-districts on cholera data capture

solutions that will reignite the cholera elimination agenda.

Operational Response Gaps

- 1. Inadequate transport for contact tracing and other Public Health response activities.
- 2. Inadequate resources for operational costs (fuel) 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 evidencebased 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.

Lusaka Provincial Minister engaging the Kanyama team and PHO on cholera respon attendance was Deputy permanent DMMU, Lusaka water and sewerage company



Provincial Minister engaging the marketers on food safety



Water Quality Monitoring Activities



Provision of safe water in Ngwerere

