

# Zambia Cholera Outbreak | Situation as of 24<sup>th</sup> December 2023



# National Lusaka, Eastern, Central and Northern Provinces

As at 18 hours 24 December 2023 |Cumulative cases: 2,217 | Cumulative Deaths: 62 | CFR: 2.8%

# Risk Level: High: Grade 3 Event,

# Sitrep No. 101

#### **Epidemiological Overview**

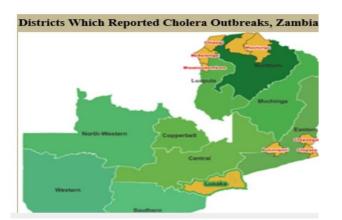
Background: This year Zambia has experienced cholera outbreaks in 14 districts across the country that began on 21st January 2023 and was initially declared over on 15th July 2023 following 28 days of zero reporting.

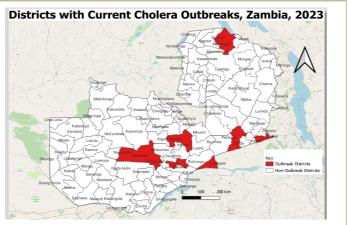
Six districts are currently responding to the outbreak as shown in the map. The index case in Lusaka was a Female aged 26 of Kanyama who was identified on 14.10.23 and culture-confirmed as Vibrio Cholera O1 Ogawa on 15.10.23. Other districts such as Chongwe, Luangwa and Chilanga have also confirmed cholera 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. 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 processed, and 66 have V.cholerae O1 culture-positives for Lusaka Province and 97 PCR positives. Additionally, we have 5 culture positives for Eastern Province with Chadiza District reporting an RDT-positive case and collected a sample for Culture. Two culture-positive for Central Province's Mumbwa and Kapiri Mposhi Districts, and two culture positives for Northern Province.

In the last 24 hours 76 cases. Two BIDs and two facility deaths were reported in Lusaka's Kanyama (3) and Chipata (1) sub-districts. 159 cases are in admission with 81 discharged across all CTCs.

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





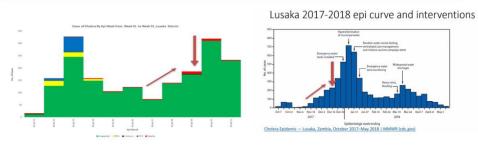
Past 24hours| Currently admitted in CTCs: 159 | Discharged: 81 | New Cases: 76 | Deaths: 4

#### National cumulative: Cases: 3,101, Deaths: 80, 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.





Province	District	Reporting	Population	Last 24 hours				Cumulatively				
				New Cases	New Deaths	Discharges	Currently in Adm	Cholera Cases	Cum. Discharges	Deaths	CFR (%)	AR /100,000
Lusaka		Chilenje sub-district	481846	3	0	3	3	314	310	1	0.3	65.2
		Kanyama sub-district	525902	24	3	24	37	479	390	14	2.9	91.1
		Chawama sub-district	454516	1	0	7	6	170	160	9	5.3	37.4
	Lusaka	Matero sub-district	510187	24	0	3	35	441	315	16	3.6	86.4
		Chelstone sub-district	549867	13	0	12	16	281	238	3	1.1	51.1
		Chipata sub-district	472646	3	1	2	3	199	188	5	2.5	42.1
		LMUTH		0	0	22	45	3	121	2	-	-
		Sub-total	2994964	68	4	73	145	1887	1722	50	2.6	63.0
	Chongwe	Ngwerere		3	0	1	7	79	67	5	6.3	-
		Chongwe District Hospital		0	0	0	0	8	7	1	12.5	-
		Sub-total	335013	3	0	1	7	87	74	6	6.9	26.0
	Chilanga	Tubalange		2	0	5	2	82	79	1	1.2	-
		Chilanga		0	0	1	0	5	5	0	0.0	-
		Sub-total	239694	2	0	6	2	87	84	1	1.1	36.3
	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	3,271,777	73	4	80	154	2188	2003	61	2.8	66.9
Eastern	Vubwi		53875	0	0	0	0	3	3	0	0.0	5.6
	Petauke		267943	1	0	1	1	7	6	1	14.3	2.6
	Chadiza		116,511	1	0	0	1	1	0	0	0.0	0.9
		Total	321818	2	0	1	2	11	9	1	9.1	3.4
Northern	Mpulungu		159,397	0	0	0	0	11	11	0	0.0	6.9
		Total	159,397	0	0	0	0	11	11	0	0.0	6.9
Central	Mumbwa		350,846	1	0	0	2	5	3	0	0.0	1.4
	Kapiri Mposhi		385,910	0	0	0	1	1	0	0	0.0	0.3
		Total	736,756	1	0	0	3	6	3	0	0.0	0.8
For the 10 Districts 4,			4,941,272	76	4	81	159	2,216	2,026	62	2.8	44.9
GRAND TOTAL			20309547	76	4	81	159	2,216	2,026	62	2.8	10.9

# Table 1. Summary of Cholera Cases by District in Lusaka, Eastern, Central and Northern Provinces.



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. Continue engagement with other line ministries and partners to support in responses.

#### High-level planning meetings involving all stakeholders are being held at DMMU. Training of 10 defense force nurses at LMUTH in IPC and Case management.

4. Orientation meeting of 13 district and zonal surveillance in the cholera tracker and data management has been completed with the call to update data.

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

urgent Ministerial Meeting with all ministers demanding a whole of government approach to this cholera response. Planning is ongoing and funds are being mobilized for short-term but also long-

- 5. Three vehicles have been donated to Lusaka PHO by JSI-discover Health to beef up the transport situation in the sub-districts.
- 6. Three vehicles provided by JICA were sent to Matero, Chelstone and Kanyama sub-districts to support the cholera response.
- 7. Enhanced water, sanitation, and hygiene interventions including chlorine distribution, and water quality monitoring, disinfection, and inspections.
- 8. Heightened Surveillance in all provinces in the country to enhance early detection and response to cases
- 9. Enhanced Risk communication and community engagement activities (door-to-door sensitization, radio shows, TV updates and interviews etc.)
- 10. Continued support from Partners Like WHO, Red Cross, CDC, JICA, UNICEF, Word Bank, UKHSA, CRS, and Ox-fam, Serve the children in different response pillars of the outbreak
- 11. Application for OVC doses for a reactive vaccination response was sent to ICG

term solutions that will reignite the cholera elimination agenda.

#### **Operational Response Gaps**

- 1. Delays in receiving results from food and Drugs and Laboratory for supporting prompt evidencebased responses.
- 2. 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.
- 3. Challenge of following cholera cases and implementation of cholera interventions across international borders in Luangwa and Petauke District.





### Provision of safe water in Ngwerere



Community Engagement by Delegates lead By Provincial Minister



Water Quality Monitoring Activities

