



Zambia Cholera Situation Report



Sitreps No. 16

- **Cases and Deaths as of: 16/01/2024**
- **No. of Provinces Reporting Cholera Cases: 9/10**
- **Total No. of Districts Reporting Cholera Cases: 55**
- **No. of Districts with Outbreaks: 48**

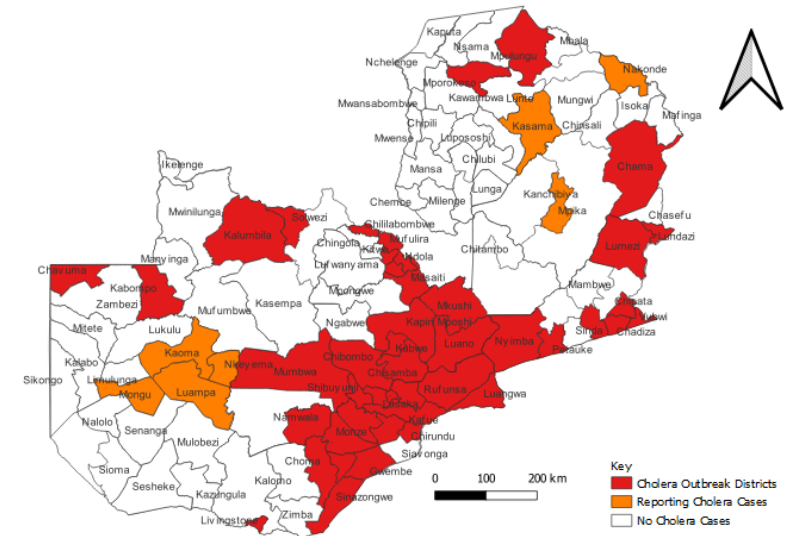
- Last 24 hours New Cases: 463
- New Deaths: 15
- In admission: 694
- Discharged: 375

- Cumulative Cases: 10,413
- Cumulative Deaths: 412 (CFR: 4.0%)

- Western and Muchinga Provinces have recorded imported cases.
- Luapula Province remains at high alert.
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- ***Outbreak Districts = Evidence of local transmission.**
- ****Total No. of Districts Reporting Cholera Cases: All districts reporting cases with travel history and outbreak districts.**

Cholera Situation, Zambia, 2024



Epidemiology Overview

Background: The current cholera outbreak started with Lusaka Province confirming cases in the cholera-prone areas (peri-urban). Eastern Province followed and cases were linked to Malawi and Mozambique. Then Northern, Central, Southern, Copperbelt and N-Western Provinces.

From October 2023 to date, nine provinces have reported cases of cholera with seven provinces confirming cholera outbreaks. A total of 48 districts have confirmed local transmission of cholera.

Cumulative cases stand at 10,413 with 412 deaths (CFR: 4.0%).

Muchinga and Western Provinces cases are imported from Lusaka and have heightened surveillance.

In the last 24 hours 463 cases. A total of 15 deaths were recorded in Kanyama, Matero, LMUTH, Rufunsa, Mumbwa and Kabwe. 694 cases are in admission with 375 discharged across all CTCs.

Table 1. Summary of Cholera Cases by Province in Lusaka, Eastern, Central, Northern, Southern, Copperbelt, N-Western, Western and Muchinga Provinces.

Province	No. of Districts Reporting	Population	Date of Reporting	Last 24 hours				Cumulatively				
				New Cases	New Deaths	Discharges	In Adm	Cholera Cases	Cum. Discharges	Deaths	CFR (%)	AR /100,000
Lusaka	6	3175740	14/10/2023	385	10	333	546	9642	8707	389	4.0	303.6
Eastern	11	2532849	10/12/2023	3	0	2	10	76	65	1	1.3	3.0
Northern	3	1671608	11/12/2023	2	0	0	2	22	20	0	0.0	1.3
Central	8	2359786	16/12/2023	44	5	25	63	459	383	13	2.8	19.5
Southern	11	2464332	26/12/2023	14	0	2	43	101	54	4	4.0	4.1
Copperbelt	6	2874705	27/12/2023	9	0	7	14	44	30	0	0.0	1.5
N-Western	4	1335306	27/12/2023	6	0	4	10	42	28	4	9.5	3.1
Western	4	1,412,905	04/01/2024	0	0	2	6	24	17	1	4.2	1.7
Muchinga	2	951,291	05/01/2024	0	0	0	0	3	3	0	0.0	0.3
GRAND TOTAL	55	20309547		463	15	375	694	10413	9307	412	4.0	51.3

Laboratory Results

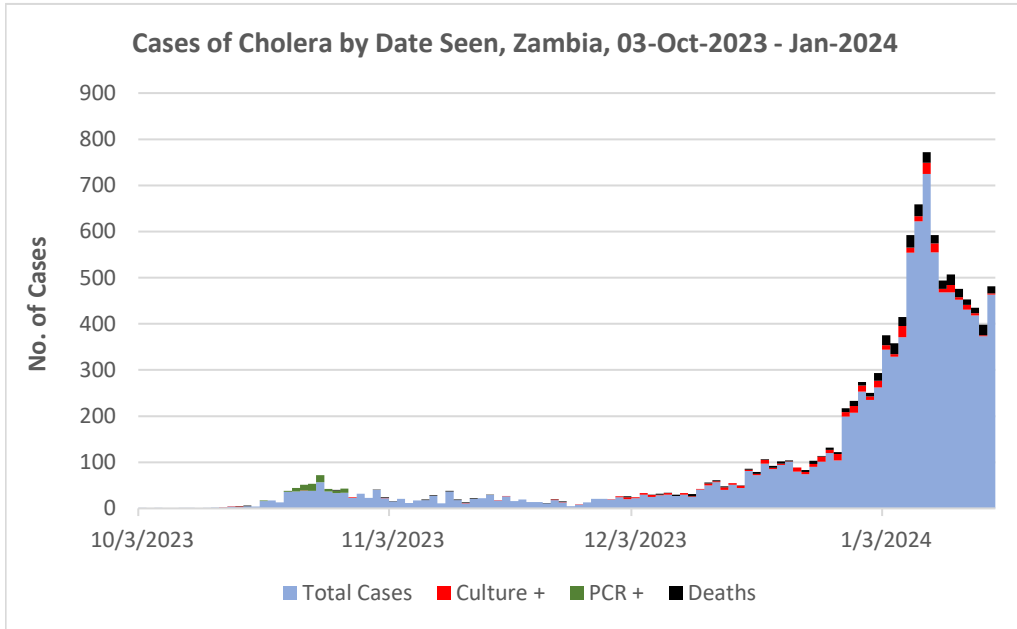
Laboratory Results		
Province	Culture-Positive	PCR-Positive
Lusaka	323	153
Eastern	27	0
Central	16	0
Northern	3	0
Southern	37	0
Copperbelt	14	0
N-Western	11	0
Western	4	0
Muchinga	1	0
Total	436	153

Distribution of Cases by Age Band – National Picture as at 9th Jan, 2024.

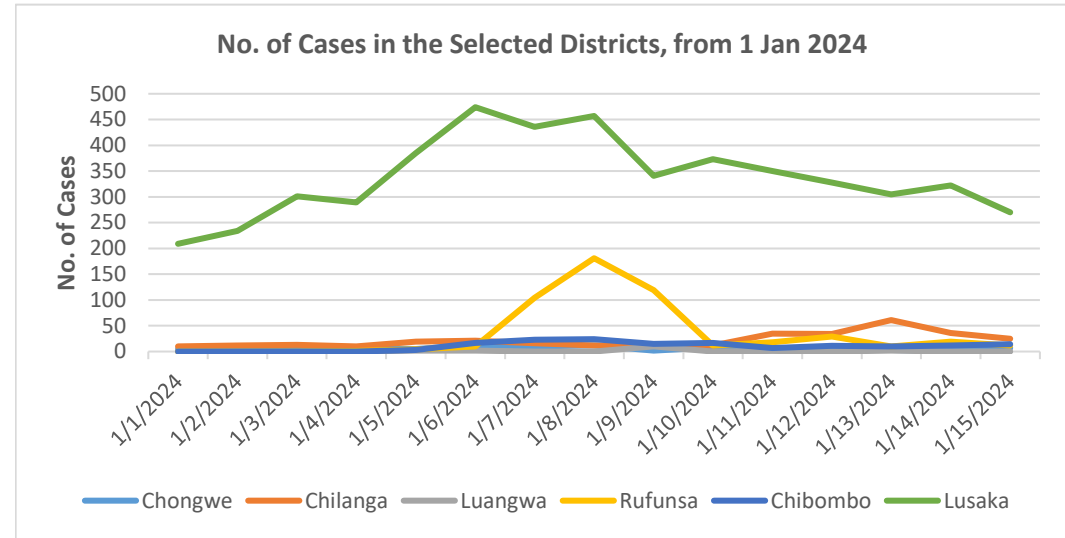
Indicator	Number of Cases (%)
Under 1 year	553 (7.6%)
1-4 years	1769 (24%)
5-10 years	818 (11.1%)
11-15 years	383 (5.2%)
Above 15 years	3819 (51.8%)
National Picture	7343

1Disclaimer - the reported cases by age band presented herein reflect the current trends and data available at the time of reporting. Its important to recognize that these trends are subject to change and can fluctuate daily based on number of new cases

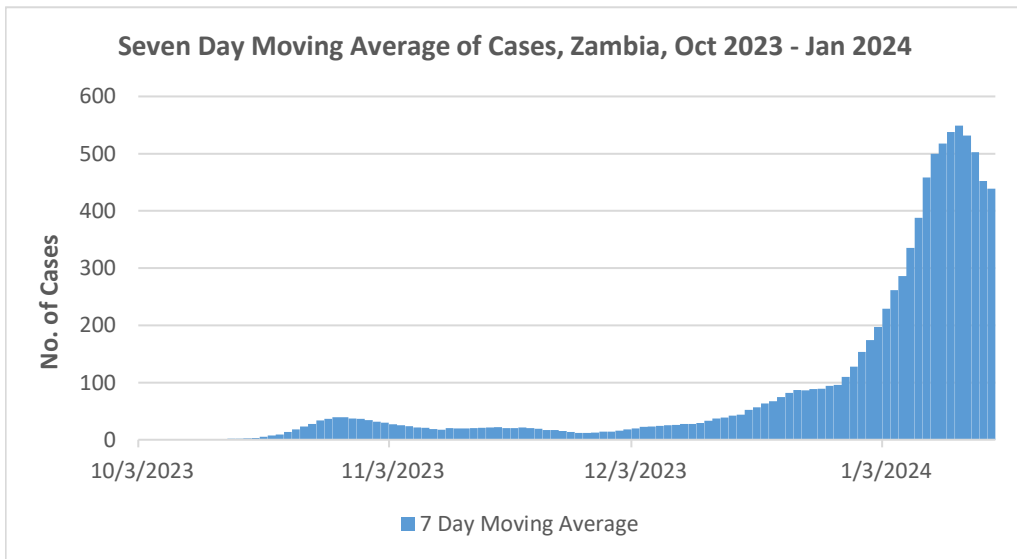
The epi-curve shows the plateauing of cases.



Lusaka District has observed a gradual decline in cases. Rufunsa had a spike of cases and has since declined but still recording high attack rate.



The seven-day moving average is still high.



Matero Sub-district has recorded a significant decline in case.

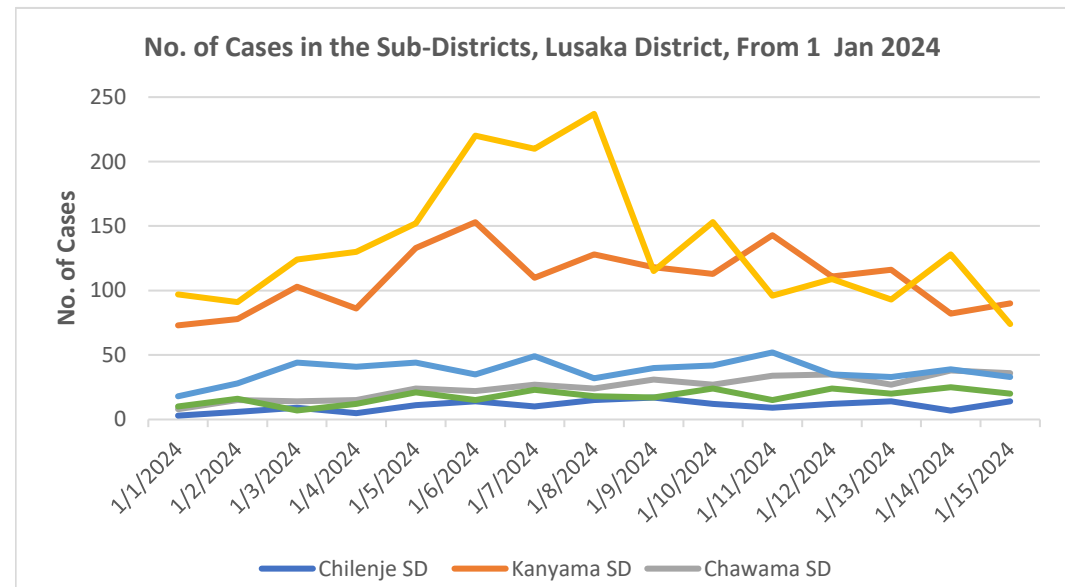
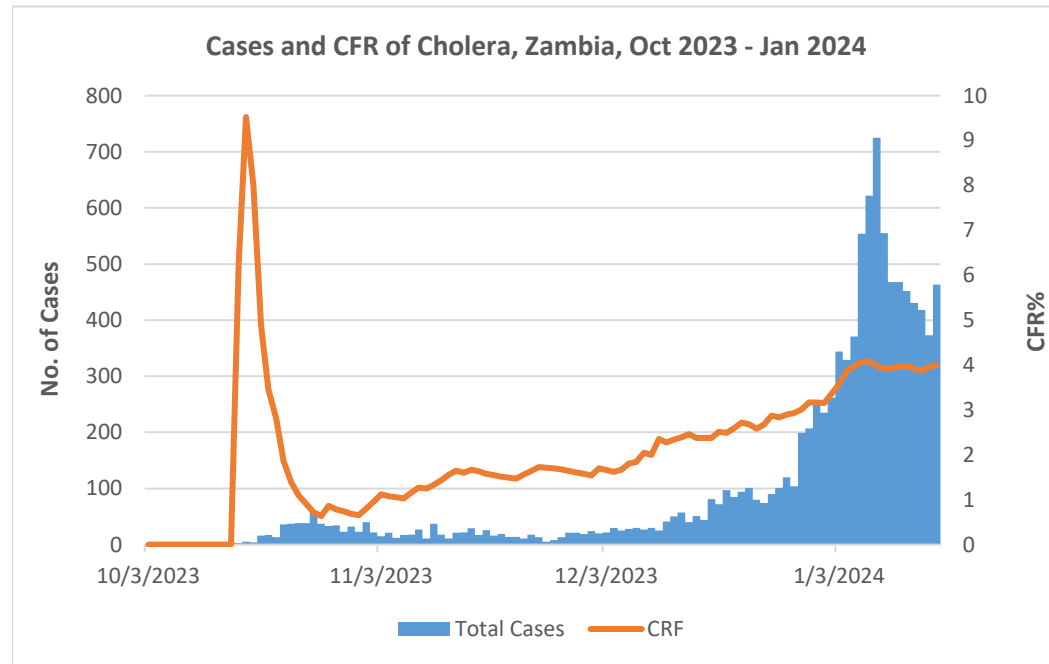


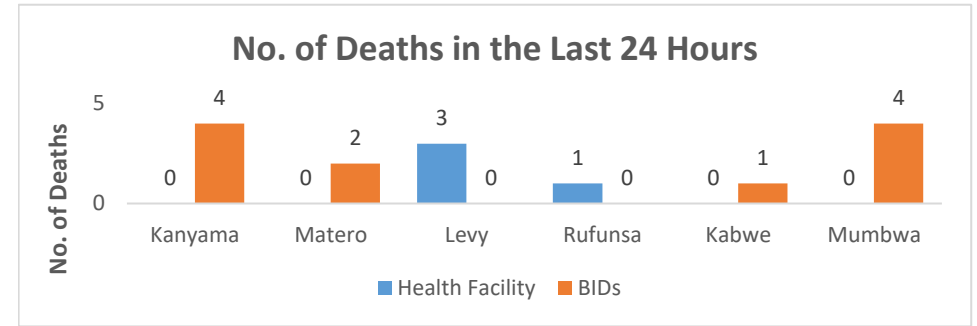
Table 3. Summary of Cholera Deaths by Facility Deaths and BIDs

Province	Deaths in the Last 24 Hours			Cumulative Deaths		
	Facility Deaths	BID	Total	Facility Deaths	BID	Total
Lusaka	4	6	10	176	213	389
Southern	0	0	0	2	2	4
N-Western	0	0	0	0	4	4
Western	0	0	0	0	1	1
Eastern	0	0	0	0	1	1
Central	0	5	5	5	8	13
Total	4	11	15	183	229	412

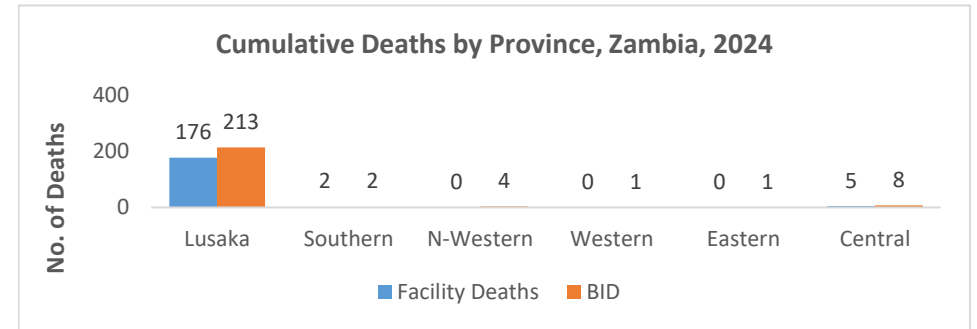
The case fatality rate is still high.



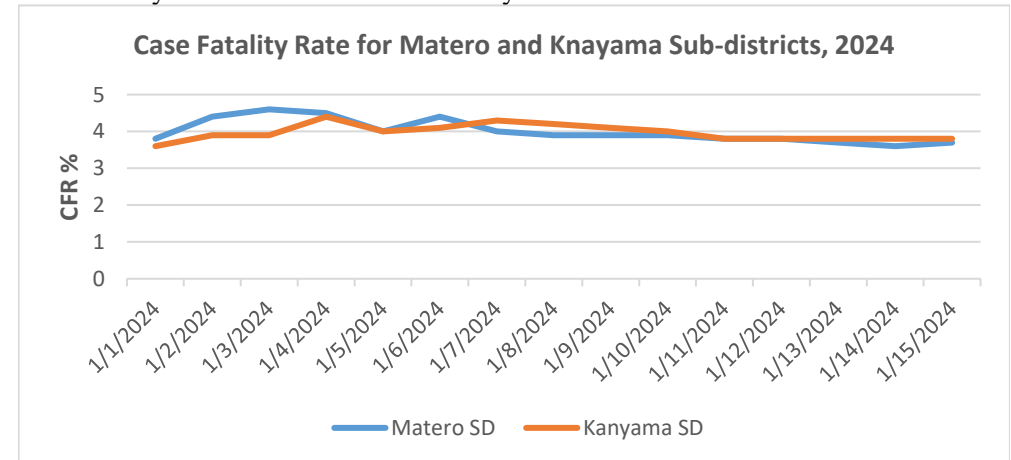
Number of deaths reported last 24 hours.



There are more Brought in Dead (BIDs) than facility deaths. This translates to a 1.8% CFR for cases who die in health facilities.



Case fatality rate for Matero SD and Kanyama SD are above 3%.



Key Priority Activities

Coordination Pillar

1. The National Coordinator of the Disaster Management and Mitigation Unit hosts a weekly meeting of the National Disaster Management Technical Committee Meeting to coordinate water, sanitation and resources being channeled to the response. Senior members of staff representing the different stakeholders including the line ministries, co-operating partners, Lusaka Water and Sewerage Company (LWSC), Lusaka City Council (LCC), Disaster Management and Mitigation Unit (DMMU), Defense Forces, as well as WASH and health promotion teams attend.
2. The Honorable Minister of Health, Ms. Sylvia T. Masebo MP, hosts a daily media briefing to update the public on the statistics and the current status of the cholera response activity
3. The Government of Zambia continues to draw resources from its treasury to support the response, including the provision of clean and safe water, waste management, health promotion and clinical management.
4. Heroes CTC opened and currently has a bed capacity of 1000 patients plus 200 beds at LMUTH
5. His Excellency the Republican President Mr. Hakainde Hichilema visited the cholera treatment centre at Hero's Stadium on 10th January 2023
6. The Honorable Minister of Health, through the provisions of the laws of Zambia, invoked the Public Health Act, (Laws, Volume 17, Cap. 295), the Public Health (Infected Areas) (Cholera) Regulations, 2017 and issued Statutory Instrument No. 5 of 2024 to facilitate the implementation of an enhanced approach to mitigate the current cholera outbreak

Community Case Management

1. In Lusaka District, 117 ORP sites are operating, in last 24 hours, 5,874 people visited the ORPs, and 4,861 got ORS, 44 were referred to health facilities. Cumulative visits stand at 72,907, 51,437 got ORS and 1,026 referred to health facility.

WASH

1. Enhanced water, sanitation, and hygiene interventions including chlorine distribution, and water quality monitoring, disinfection, and inspections.
2. As at 14/01/2024, 175/300 water tanks have been installed and supplied with water in Lusaka.
3. During monitoring in the past 24hours, 26/40 (65%) tanks had water. 10/11 (91%) tanks had >1.0mg/l free chlorine.
4. 305/20000 pit latrines have been emptied across the city. Challenges include that some places are inaccessible by the vacuum tanks
5. Integrated solid waste company has done 52 loads out of 2000 for the removal of historical solid waste
6. Identification and super chlorination of shallow wells- 360.

RCCE

1. Training of the 2500 CBVs in Lusaka District, 800 in Chilanga, 800 in Chongwe, 800 in Luangwa and 800 in Kafue Districts, total of 5700 CBVs is scheduled from 8th to 9th January 2024
2. Enhanced Risk communication and community engagement activities (door-to-door sensitization, radio shows, TV updates and interviews etc.)

Surveillance

1. Heightened Surveillance in all provinces to enhance early detection and response to cases.

Vaccinations

1. Arrival of 1.6million doses of Oral Cholera Vaccine (Sanchol and Euvichol Plus) from ICG
2. Vaccination campaign successfully launched with the first 2000 people vaccinated in George

Operational Response Gaps

1. Rapid escalation of cases is a strain on the health care provision for other essential services
2. Poor health-seeking behaviours of men in the communities with low risk perception hence continued recording of community deaths
3. Transmission of cases outside of Lusaka causing exacerbation of the outbreak
4. Poor sanitation coverage in the affected areas, worsened by inaccessible roads and flooding in at-risk areas which has hampered patient transfer to the ORPs and also emptying of pit latrines by LSWC
5. Steady increase in COVID-19 cases

Recommendations

1. Need for additional human resources and commodities at Hero's Stadium and other CTCs in the subdistricts to ensure that essential health services are not disrupted
2. Scale up the provision of safe "chlorinated" water in the affected communities, with ongoing water quality monitoring for free residual chlorine
3. Prepositioning of commodities to other provinces with prior risk assessments being done to ensure outbreaks in those areas can be mitigated using a CATI approach
4. Enhance community engagement to increase awareness of the outbreak and protective factors for cholera tailored to the affected communities

Distribution of Cases by Ward, Lusaka District (9 Jan 2024)

