



Zambia Cholera Situation Report



Situation Report No. 33

Situation Report as of 3rd February 2024

Provinces reporting cases	Total No. of Districts Reporting Cases	Districts confirmed outbreak*	Risk level	Grade
10	70	61	High	3

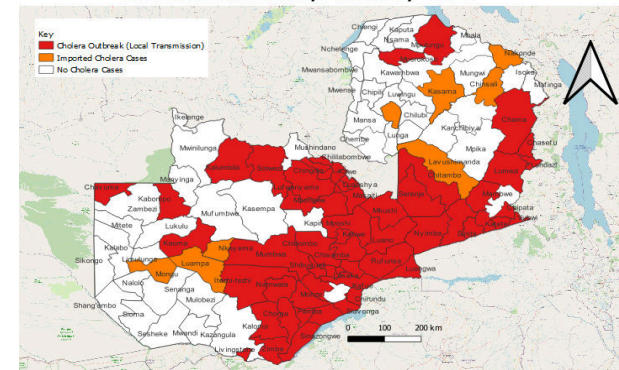
** All districts reporting cases with travel history and outbreak districts.

*Evidence of local transmission.

Cumulative cases	Cumulative deaths	Facility deaths	Overall CFR	Facility CFR	Attack Rate/100,000
17,169	622	255	3.6%	1.5%	84.5

- Last 24 hours New Cases: 197
- **Total Deaths: 4** (Facility Deaths: 2, Community Deaths: 2)
- In admission: 286
- Discharged: 223
- **Key Response Activity**
 - A total of 1,861,622 (98.6%) of the target population have been vaccinated against cholera.

Cholera Situation, Zambia, 2024



Epidemiology Overview

Background: The first Province to record the current cholera outbreak was Lusaka Province confirming cases in the cholera-prone areas (peri-urban) in October 2023. Eastern Province reported cases that were linked to Malawi and Mozambique. The Northern, Central, Southern, Copperbelt and N-Western Provinces also recorded cholera, some imported from Lusaka and later recorded local transmission.

From October 2023 to date, ten provinces have reported cholera cases with seven provinces confirming cholera outbreaks (established local transmission). A total of 61 districts have confirmed local transmission of cholera.

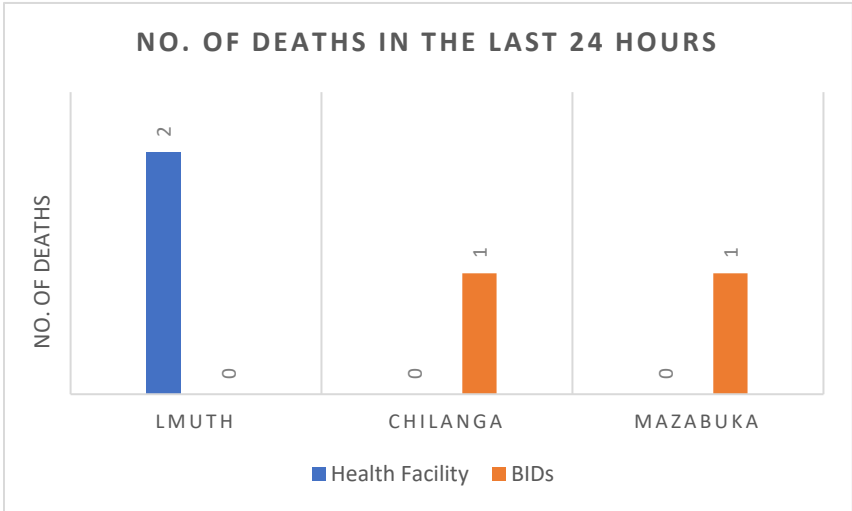
Muchinga, Western and Luapula Provinces have recorded imported cases and have heightened surveillance.

In the last 24 hours 197 cases. A total of four (4) deaths were recorded in LMUTH, Chilanga and Mazabuka. 286 cases are in admission with 223 discharged across all CTCs.

Summary of Cholera Cases by Province, Zambia, Oct 2023 – Feb 2024.

Province	No. of Districts Reporting	Population	Date of Reporting Index Case	Last 24 hours					Cumulatively						
				New Cases	HF Deaths	Comm Deaths	Discharges	In Adm	Cholera Cases	Cum. Discharges	HF Deaths	HF CFR (%)	Comm Deaths	Cum CFR	AR /100,000
Lusaka	6	3175740	14/10/2023	134	2	1	145	159	14,814	14,114	234	1.6	307	3.7	466.5
Central	11	2359786	16/12/2023	29	0	0	40	53	1,115	1,026	14	1.3	22	3.2	47.3
Southern	14	2464332	26/12/2023	12	0	1	11	27	427	384	2	0.5	14	3.7	17.3
Copperbelt	10	2874705	27/12/2023	16	0	0	18	24	363	329	0	0.0	10	2.8	12.6
Eastern	14	2532849	10/12/2023	5	0	0	9	14	203	184	1	0.5	4	2.5	8.0
N-Western	4	1335306	27/12/2023	1	0	0	0	8	184	163	4	2.3	9	7.1	13.8
Western	4	1,412,905	04/01/2024	0	0	0	0	1	34	32	0	0.0	1	2.9	2.4
Northern	3	1671608	11/12/2023	0	0	0	0	0	23	23	0	0.0	0	0.0	1.4
Muchinga	3	951,291	05/01/2024	0	0	0	0	0	5	5	0	0.0	0	0.0	0.5
Luapula	1	1,568,984	22/01/2024	0	0	0	0	0	1	1	0	0.0	0	0.0	0.1
GRAND TOTAL	70	20309547		197	2	2	223	286	17169	16261	255	1.5	367	3.6	84.5

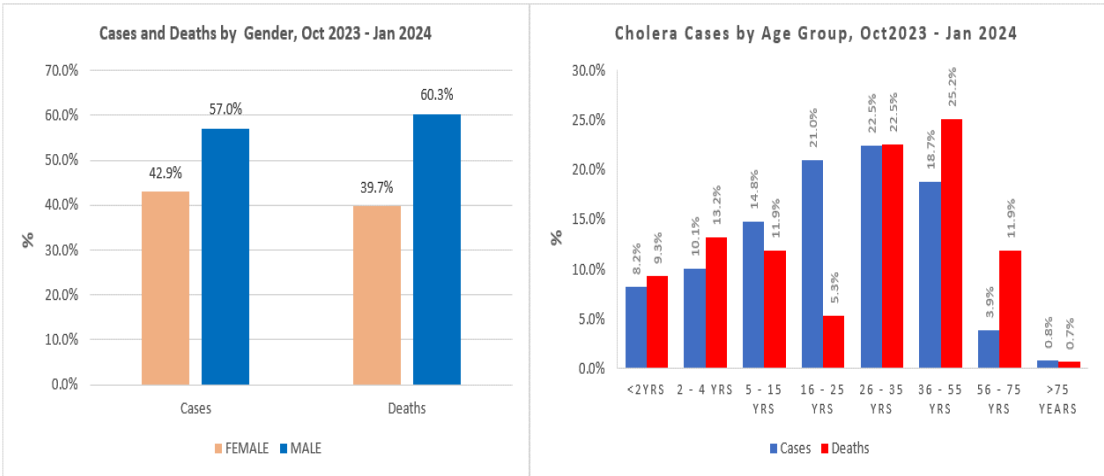
Two facility and two community deaths were reported in the last 24 hours.



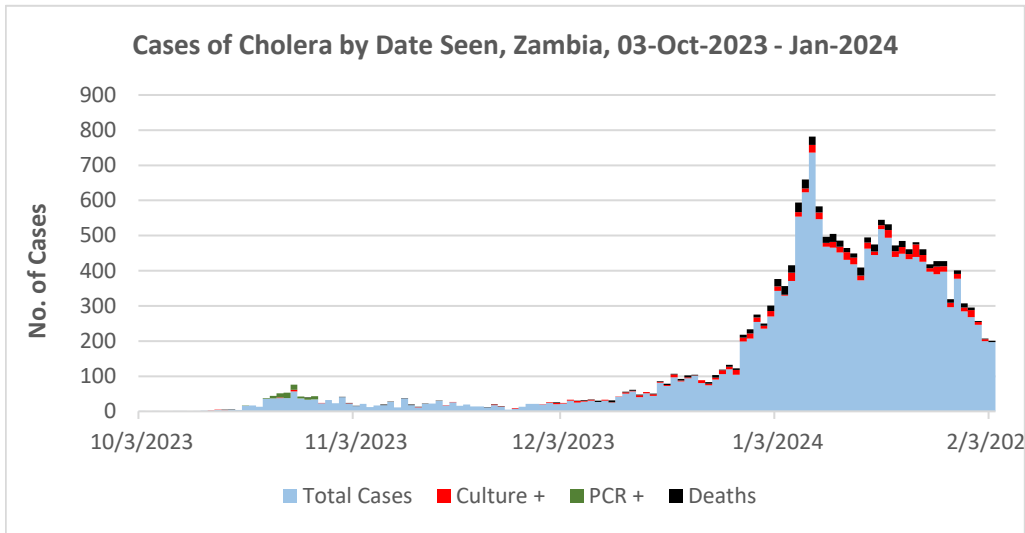
Cases and Deaths, Oct 2023 - Jan 2024

More males were affected and died of cholera than females. The age groups between 16 years and 55 years recorded higher numbers of cases. The age groups between 26 years and 55 years recorded higher numbers of deaths.

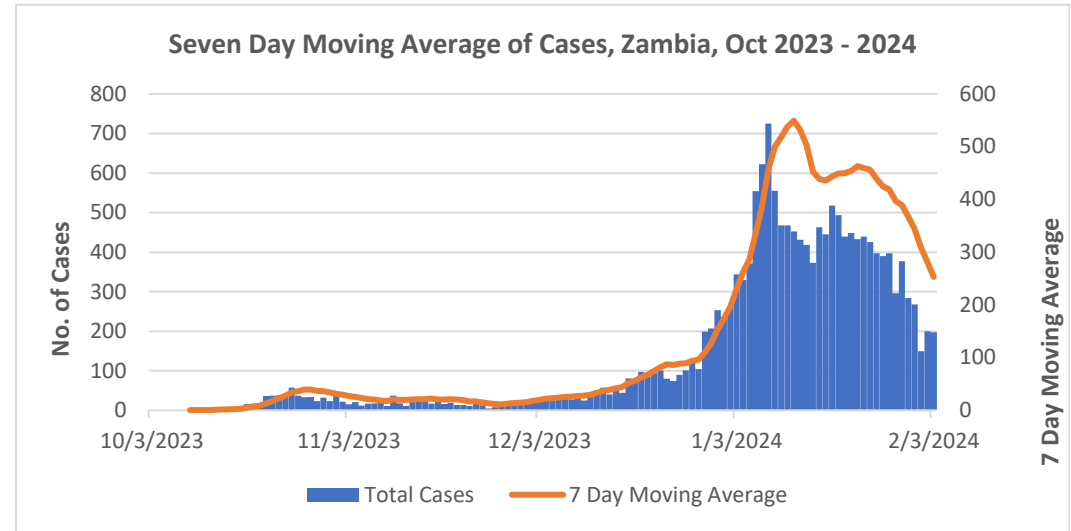
Cholera cases and Deaths by Gender and Age group



The national epi-curve shows that new cases are steadily decreasing.

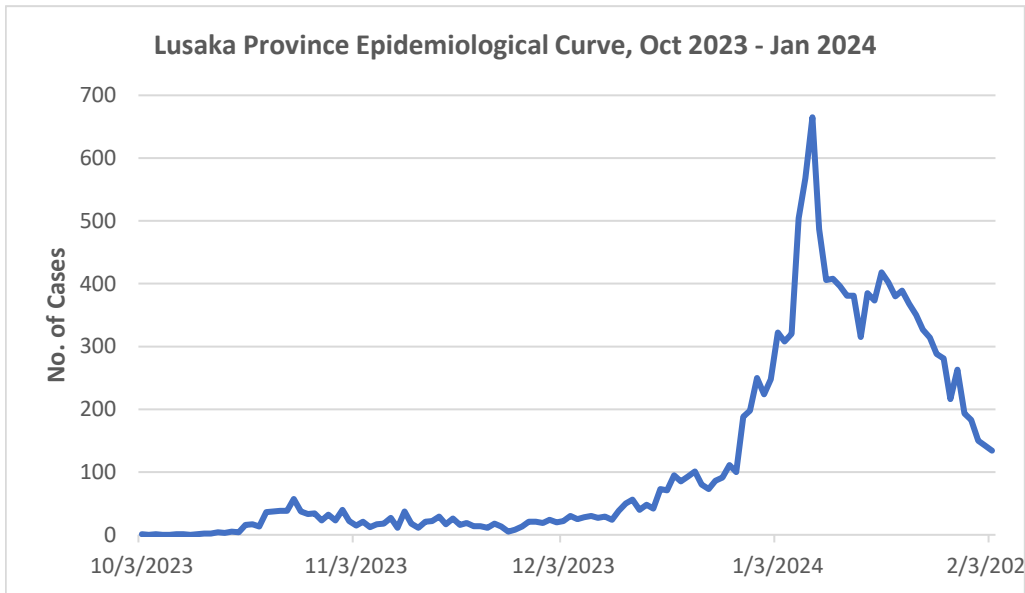


Generally, the seven-day moving average is decreasing.



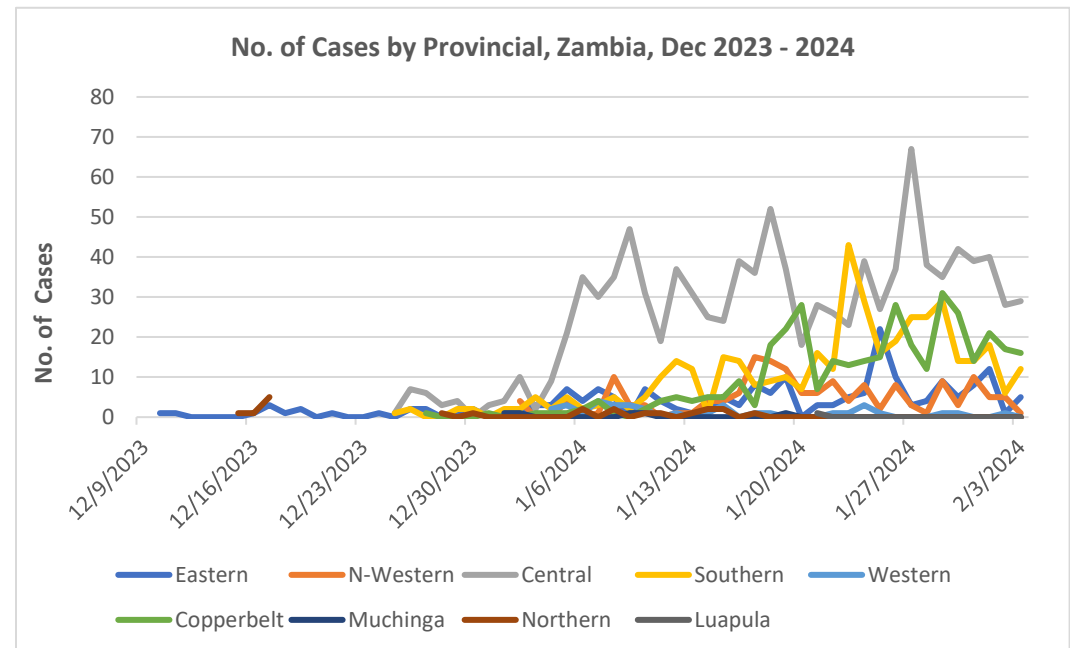
Lusaka Province Epidemiological Curve

Lusaka Province cases have significantly reduced.

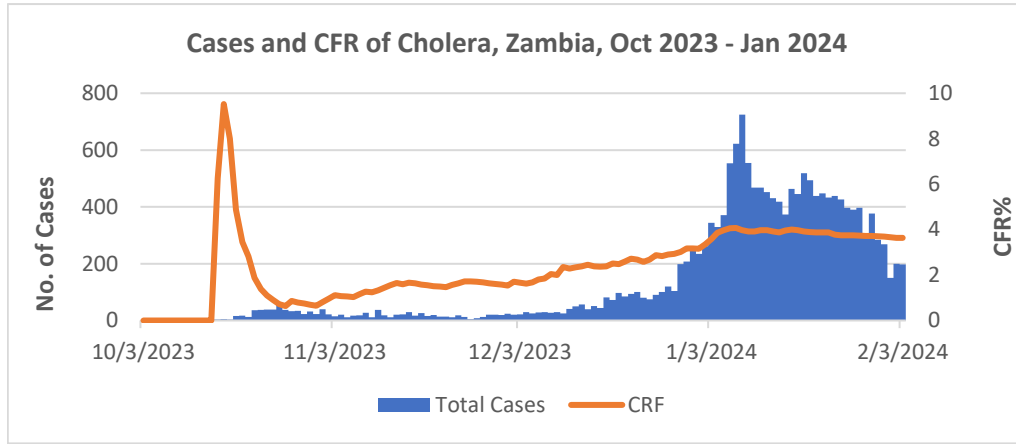


Other Province

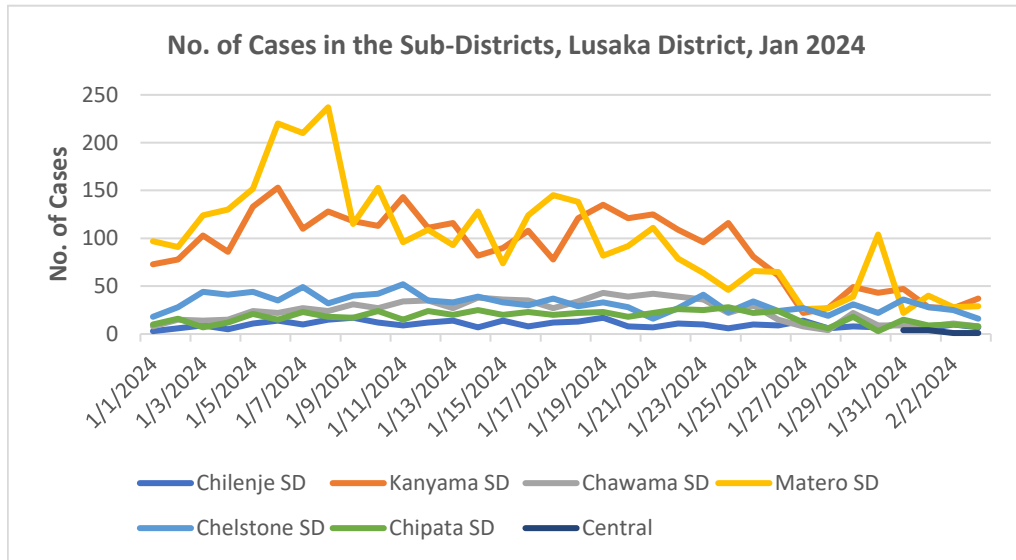
The epi-curve for the provinces shows that cases for Central and Copperbelt are still high while Southern has observed some decrease in cases.



The cumulative CFR stands at 3.6%

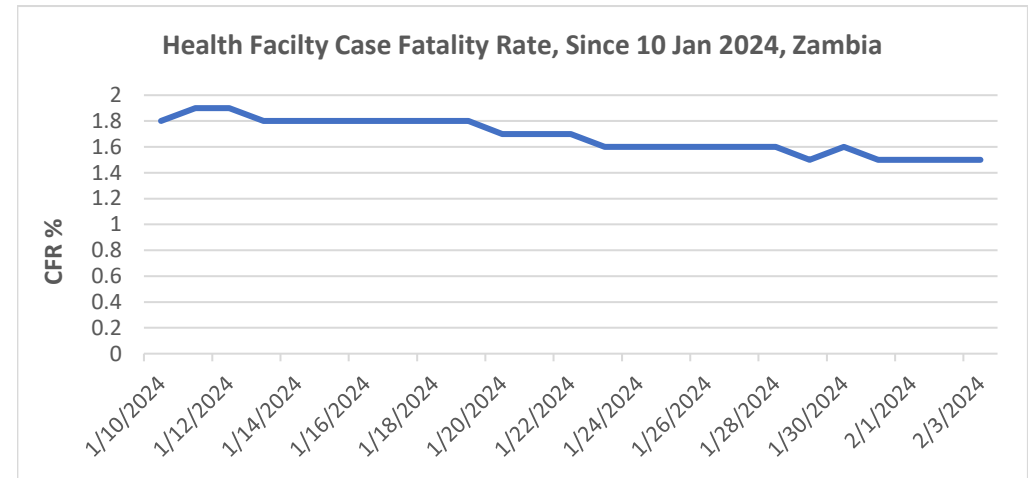


Kanyama, Matero, Chipata and Chawama has recorded a decrease in cholera cases in Lusaka. Despite Chelston and Chilenje recording fewer cases, the reduction is not very visible.

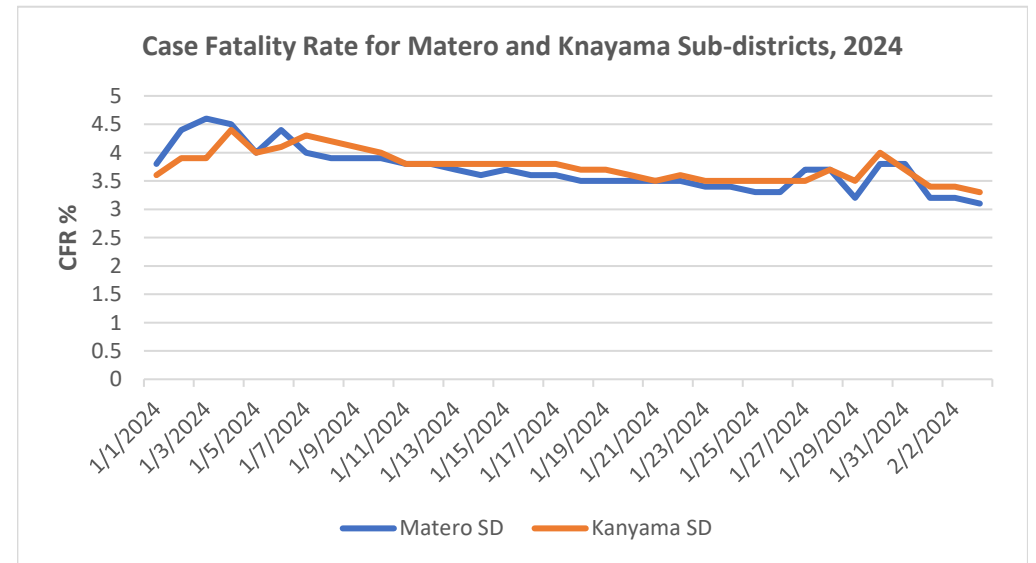


Health Facility Case Fatality Rate

The health facility CFR of people who die in the health facility stands at 1.5%.



CFR for the two sub-districts I still above 3%.



Laboratory Results

Laboratory Results		
Province	Culture-Positive	PCR-Positive
Lusaka	440	153
Eastern	77	0
Central	62	0
Northern	3	0
Southern	50	0
Copperbelt	28	0
N-Western	83	0
Western	24	0
Muchinga	3	0
Luapula	1	0
Total	771	153

Public Health Actions

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. His Excellency the Republican President Mr. Hakainde Hichilema visited the cholera treatment centre at Hero's Stadium on 10th January 2023
5. WHO coordinating the International EMTS now in country to support the response from various agencies such as UKHSA, MSF, CDC, WHO and Africa CDC

Public Health Actions Continued...

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.

Case Management

1. Abridged guidelines have been completed and are to be shared.
2. ORP assessment underway for Lusaka to ensure the provision of at least Plan A patients.

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. 305/20000 pit latrines have been emptied across the city. Challenges include that some places are inaccessible by the vacuum tanks.
4. Integrated solid waste company has done 52 loads out of 2000 for the removal of historical solid waste
5. Identification and super chlorination of shallow wells- 360.
6. As of 27/01/2024, 75/114 (66%) of the installed tanks in Lusaka District.

School Assessments by Province as of 23/01/2024

Province	Target	Total cumulative inspected	Total cumulative compliant	Last 24 hrs. total inspected	Last 24 hours total complying	% Complying last 24hrs
Western	1328	837	599	41	37	90
Northern	1074	699	508	99	79	79
Eastern	1633	1483	1194	432	366	85
Luapula	825	825	698	0	0	0
Muchinga	729	565	417	38	27	86
Lusaka	2230	759	623	225	148	66
Central	1272	762	667	157	137	87

Vaccinations

Oral Cholera Vaccination Report

A total of 1,861,622 (98.6%) of the target have been vaccinated. 47% males and 53% females have been vaccinated.

District/Sub-	Eligible Population	Target in Hot spots	Number Vaccinated		Coverage (%)
			Day 18 (Last 24hrs) 02.2.24	Total Vaxed	
Chawama	440,881	440,881		383,826	87%
Chipata	458,467	458,467	545	461,372	101%
Kanyama	510,125	376,329		393,492	104.6%
Matero	494,881	313,467		314,776	100%
Rufunsa	81,600	40,000		39,999	100%
Chongwe	324,963	122,963		122,963	100%
Chilanga	232,503	100,000	99	112,975	113%
Luangwa	36,005	36,005		30,978	86%
Fishing Camp	-	(1241)		1241	100%
Total	2,579,425	1,888,112	644	1,861,622	98.6%

Oral Cholera Vaccination in Healthcare workers

S/n	CTC	Vaccinated in last 24hrs	Total Vaccinated
1	Heroes Stadium	16	2515
2	Levy Hospital	0	291
3	Lusaka Province CTCs	8	1209
Total		16	4015

Oral Cholera Vaccination in Correctional Facilities

NO	STATION	DATE	M/INMATES>15YRS	F/ INMATES>15YRS	MALE OFFICERS>15YRS	FEMALE OFFICERS>15YRS	AEFI	RUFUSALS
1	LUSAKA MALE	20/01/2024	1165	0	29	8	01	4
2	LUSAKA FEMALE	19/01/2024	0	120	0	13	1	1
3	KAMWALA REMAND	12/01/2024	352	0	9	02	0	0
4	MWEMBESHI MAX	18/01/2024	887	0	9	04	0	0
5	MWEMBESHI REMAND	22/01/2024	854	0	5	10	0	0
6	MWEMBESHI OAP	18/01/2024	314	0	11	6	0	01
7	CHAINAMA EAST	17/01/2024	108	11	23	38	0	0
8	RUFUNSA	18/02/2024	89	0	09	0	0	0
			3,769	131	66	81	2	6
GRAND TOTAL			4,055					

Case Management

Oral Rehydration Points Performance in Lusaka District

As of 31/01/2024, a total of 200,307 have visited the ORPs, 172,635 have been given ORS and 1,585 referred to health facilities.

Sub-District	No Of ORP Sites	People Visited ORPs	People Given ORPs	Referred To Hf	People Visited ORPs	People Given ORS	Referred To Hf
CHELSTONE	26	365	124	1	10871	3782	34
MATERO	39	1254	1073	9	30823	26,982	779
CHIPATA	30	1,699	1,699	8	52,033	51,710	207
CHAWAMA	35	2860	1238	7	47062	33704	357
CHILENJE	24	542	388	0	13,239	11,517	1
KANYAMA	38	2,001	1,865	3	46,279	44,940	207
District	192	8721	6387	28	200307	172635	1585

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.

Way forward

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.

WASH Challenges



For more information, please contact the following:

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