

## ZAMBIA MPOX SITUATION REPORT 07

Disease Outbreak: Mpox

Response start date: 9<sup>th</sup> October, 2024

Outbreak Declared: 10<sup>th</sup> October, 2024

Report date: 7<sup>th</sup> February, 2025

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### 1. EPIDEMIOLOGICAL HIGHLIGHTS

Confirmed cases: 19 Discharges: 17 Deaths: 00

➤ In the period 1 – 7 February 2025:

- **Lusaka:** 1 new case was recorded from Bauleni and placed under home isolation. The total number of confirmed cases for the province is **12**.
- **Western:** 1 new case was recorded from **Lukulu** and placed under home isolation.
- **Copperbelt & Central:** No new suspected cases were identified. The total number of confirmed cases stands at **5 and 1 respectively**, with no cases currently in admission.
- To date, the country has recorded a total of **19 confirmed cases** from four provinces (see Table 1), with 17 discharged and only 2 currently admitted under home isolation in Bauleni (1) and Lukulu (1). **No deaths** have been recorded.

#### Background

Zambia confirmed its first Mpox case on 8th October, 2024 in Central Province. The World Health Organisation (WHO) was notified, in accordance with the International Health Regulations of 2005 (IHR) and an outbreak was declared on 10<sup>th</sup> October, 2024.

No additional cases were recorded between October and November 2024. Subsequently, however, the Copperbelt province recorded a case on 21<sup>st</sup> December, 2024. Thereafter, Lusaka province recorded its first case on 13<sup>th</sup> January, 2025 while Western province recorded its first case on 5<sup>th</sup> February, 2025.

Table 1: Summary of cumulative Mpox statistics as of 7<sup>th</sup> February 2025

Location	Suspect cases tested	Confirmed cases	Discharged	Current admissions
Central	15	1	1	0
Copperbelt	13	5	5	0
Eastern	5	0	0	0
Luapula	9	0	0	0
Lusaka	94	12	11	1*
Muchinga	1	0	0	0
Northern	19	0	0	0
N/Western	53	0	0	0
Southern	6	0	0	0
Western	8	1	0	1*
<b>Zambia</b>	<b>223</b>	<b>19</b>	<b>17</b>	<b>2</b>

\*Both under home isolation

## 2. PUBLIC HEALTH ACTIONS

### 2.1 LEADERSHIP AND CO-ORDINATION

- The National Public Health Emergency Operations Centre has been activated and an Incident Management System (IMS) has been deployed (see Annex 2). National IMS meetings are being held twice weekly. Additionally, IMS meetings have continued at provincial and district level.
- Key stakeholders including government agencies, international bodies, health institutions and cooperating partners have been notified. High level multisectoral policy and technical meetings have been scheduled to update and strategise on response measures. A National Epidemic Prevention and Preparedness Control & Management Committee (NEPPC&MC) meeting was held in November, 2024.

### 2.2 EPIDEMIC PREPAREDNESS AND RESPONSE/SURVEILLANCE

- **Lukulu district:** one new case was recorded at Lubose urban clinic with no history of travel and no known contact with symptomatic persons. Five contacts were enlisted, none of whom are symptomatic so far.
- **Lusaka & Chilanga districts: only one new case recorded**
  - **Areas reporting cases:** the 12 confirmed cases have been reported from Bauleni (5), Kanyama (3), Chawama (1), Garden compound (1), Kalingalinga (1) under Lusaka, and Mwembeshi (1) under Chilanga.
  - **Contact tracing:** 96 contacts were enlisted from the confirmed cases. Of these, four developed symptoms. Samples were collected, with all 4 testing positive.

<i>District</i>	<i>Area</i>	<b>Confirmed cases</b>	<b>Contacts enlisted</b>	<b>Symptomatic contacts</b>	<b>Positive contacts</b>
<b>Lusaka</b>	Bauleni	5	37	2	2
	Chawama	1	5	0	0
	Garden	1	15	0	0
	Kalingalinga	1	7	0	0
	Kanyama	3	25	2	2
<b>Chilanga</b>	Mwembeshi	1	7	0	0
<b>Total</b>		<b>12</b>	<b>96</b>	<b>4</b>	<b>4</b>

➤ **Copperbelt: No new cases recorded**

- **Areas reporting cases:** the five (5) confirmed cases have been reported from Kitwe (3) and Mufulira (2)
- **Contact tracing:** 31 contacts were enlisted from the confirmed cases. No contacts developed symptoms.

Area	Confirmed cases	Contacts enlisted	Symptomatic contacts	Positive contacts
Kitwe	3	10	0	0
Mufulira	2	21	0	0
<b>Total</b>	<b>5</b>	<b>31</b>	<b>0</b>	<b>0</b>

- **Central:** other than the initial confirmed case recorded in October 2024, no additional cases were recorded from the province.
- Surveillance staff across the country have been oriented on Mpox and remain on high alert. To date, there have been 223 suspected cases across the country. Of these 19 have tested positive (8.5% positive)
  - Enlisted contacts are being actively monitored for 21 days and cleared if asymptomatic.
  - ZNPFI continues to strengthen community and event-based surveillance to ensure prompt detection and response to the threat of Mpox.
  - Surveillance at Points of Entry as well as cross-border surveillance remain heightened.

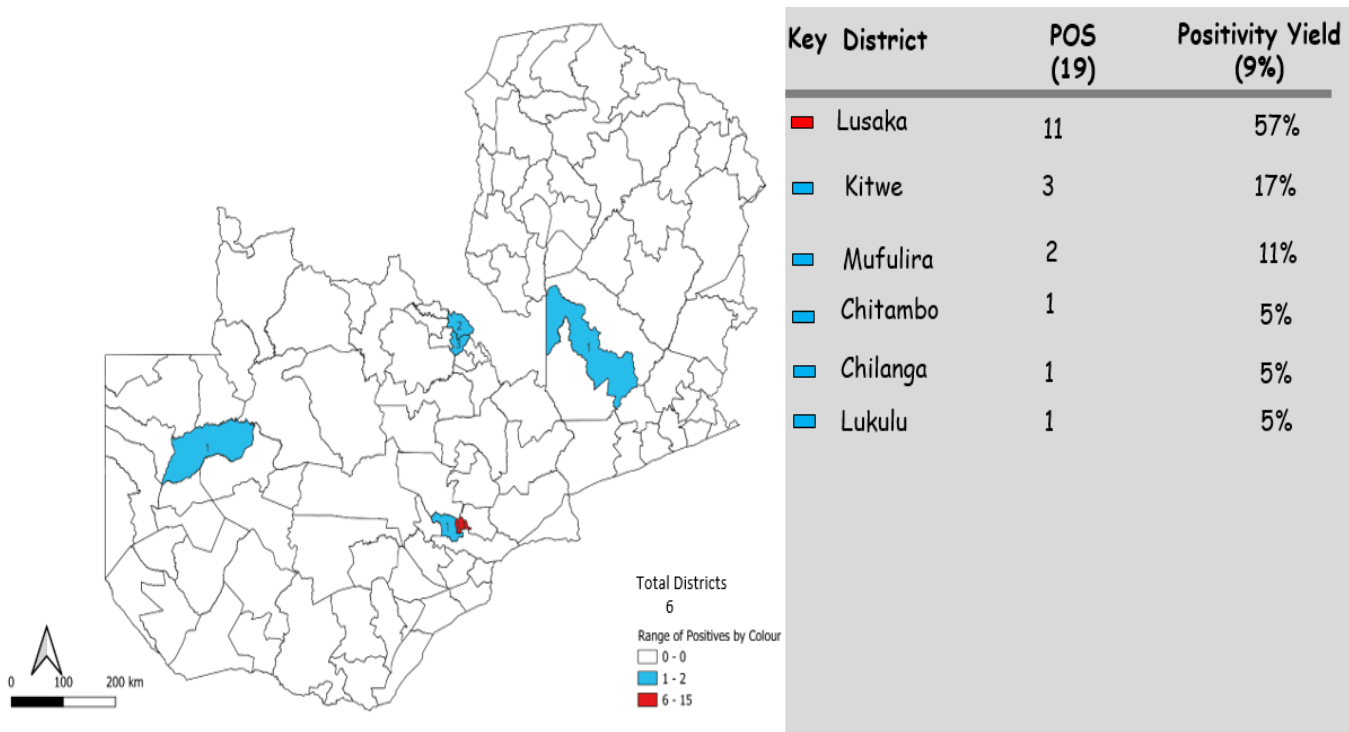


Figure 1: Map of Zambia showing distribution of confirmed cases by district, as of 7th February 2025

- Of the 223 suspected cases tested to date, 53% are female and 47% male,
  - whereas of the confirmed cases reported from Lusaka, 82% are female and 18% male.

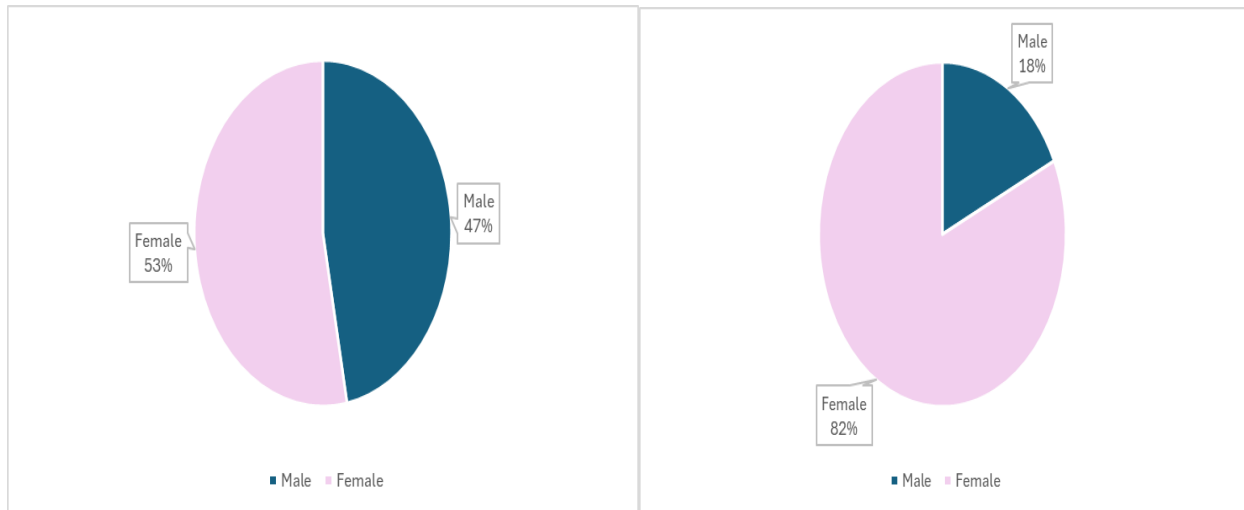


Figure 2: Sex of suspected cases (N=223) recorded countrywide vs confirmed cases in Lusaka district (N=11), as of 7th February 2025

## 2.5 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

- Activities being undertaken include: Door to door and school sensitisation in the affected areas with support from UNICEF
- Heightened health promotion on Mpox in Lusaka district and the other surrounding districts in the province
- Stakeholder engagement meetings with partners on Mpox outbreak response.
- Distribution of IEC materials, dissemination of prevention messages in communities using PA system, and live radio and television programmes

## 3. FOLLOW-UP ACTIONS/RECOMMENDATIONS

- Provision operational funds for Mpox response
- Training of CBVs in Event Based surveillance to strengthen active case finding and early detection
- Strengthening the door to door sensitization on Mpox in the community.
- Lobby for the procurement of bundles and talk time for the rapid response teams
- Train staff in Mpox outbreak response in the province
- Provision of IEC materials in local language
- Strengthen health promotion especially targeted health education to the international truck drivers and travellers



## ANNEX 1: MPOX CASE DEFINITIONS

### **1. Suspect case:** Patient with:

- New characteristic rash OR
- Meets one of the epidemiologic criteria\* and has a high clinical suspicion for mpox

### **2. Probable case:**

- No suspicion of other recent Orthopoxvirus exposure (e.g., Vaccinia virus in ACAM2000 vaccination) AND demonstration of the presence of
  - Orthopoxvirus DNA by polymerase chain reaction of a clinical specimen OR
  - Orthopoxvirus using immunohistochemical or electron microscopy testing methods OR
  - Demonstration of detectable levels of anti-orthopoxvirus IgM antibody during the period of 4 to 56 days after rash onset

### **3. Confirmed case:**

- Demonstration of the presence of mpox virus (MPXV) DNA by polymerase chain reaction testing or Next-Generation sequencing of a clinical specimen **OR** isolation of MPXV in culture from a clinical specimen

**Exclusion Criteria:** A case may be excluded as a suspect, probable, or confirmed case if:

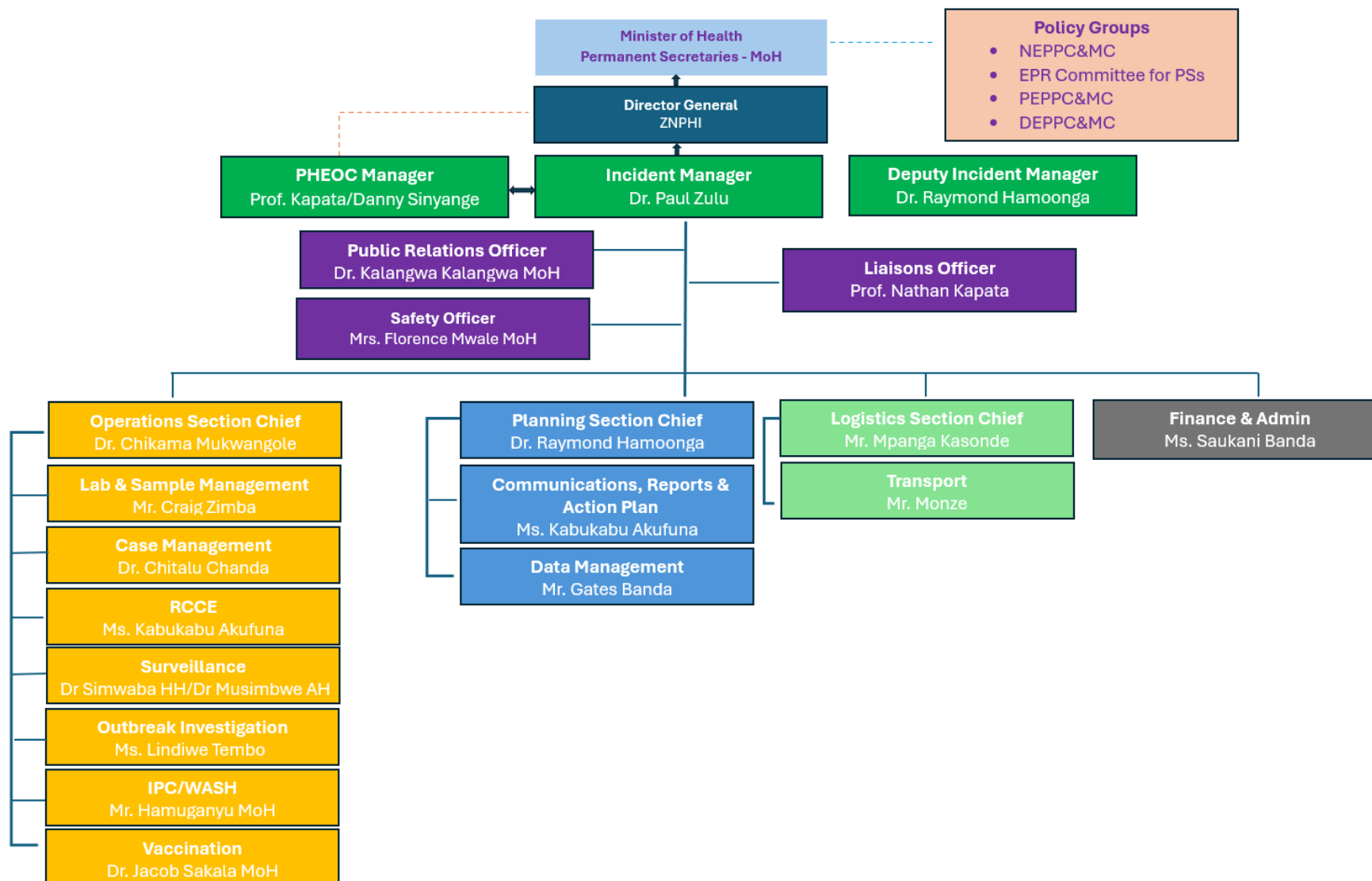
- An alternative diagnosis can fully explain the illness OR
- An individual with symptoms consistent with mpox does not develop a rash within 5 days of illness onset OR
- A case where high-quality specimens do not demonstrate the presence of *Orthopoxvirus* or MPXV or antibodies to orthopoxvirus

**\*Epidemiologic Criteria:** Within 21 days of illness onset:

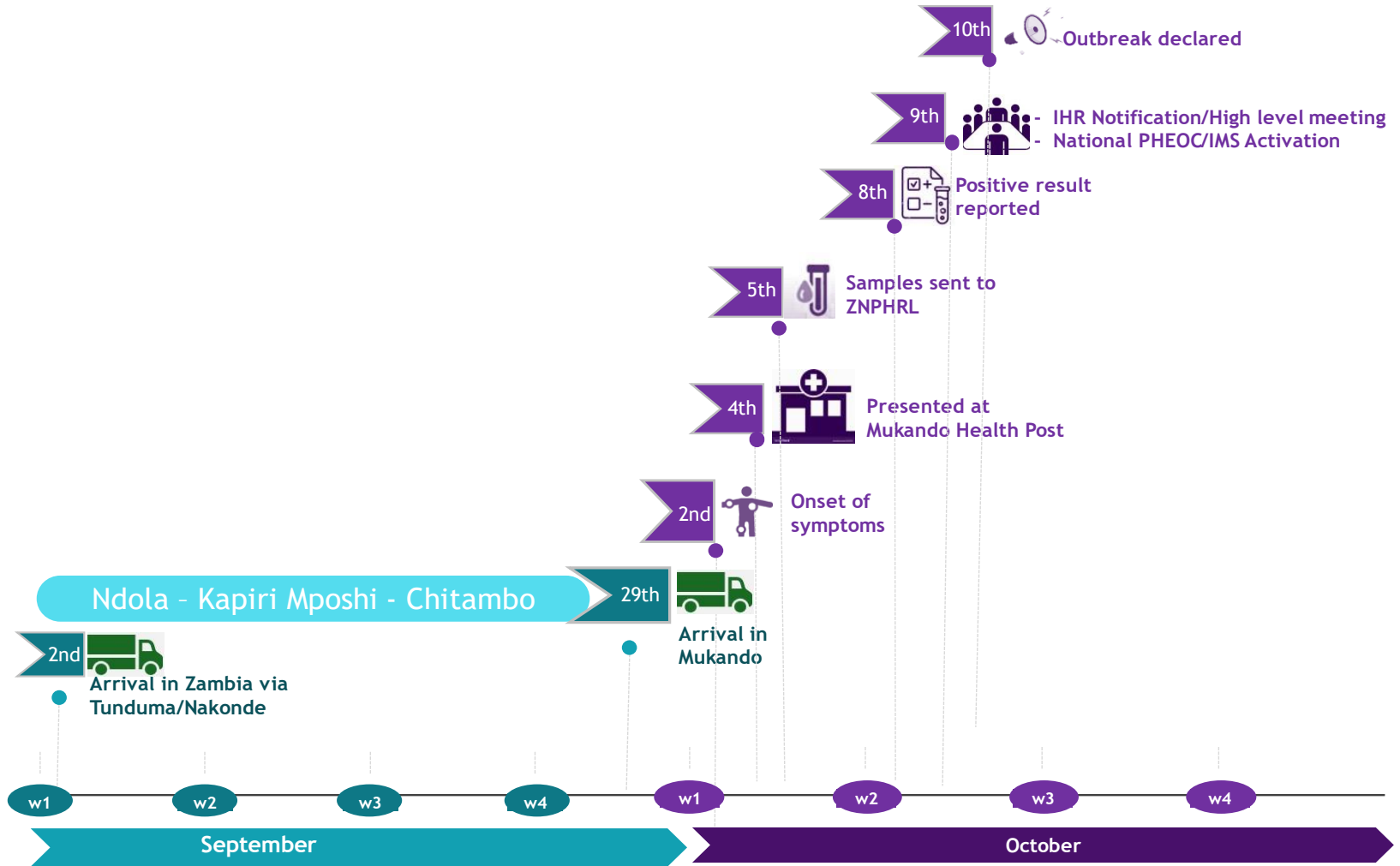
- Reports having contact with a person or people with a similar appearing rash or who received a diagnosis of confirmed or probable mpox OR
- Had close or intimate in-person contact with individuals in a social network experiencing mpox activity
- Travelled to a country with confirmed cases of mpox or where MPXV is endemic OR
- Had contact with a dead or live wild animal or exotic pet that is an African endemic species or used a product derived from such animals (e.g., game meat, creams, lotions, powders, etc.)

**Source: US CDC**

## ANNEX 2: NATIONAL LEVEL INCIDENT MANAGEMENT SYSTEM FOR THE MPOX PREPAREDNESS RESPONSE



### ANNEX 3: TIMELINE OF KEY EVENTS SURROUNDING IDENTIFICATION OF THE INDEX CASE



\*Blue text: indicates updated information