

ZAMBIA MPOX SITUATION REPORT 08

Disease Outbreak: Mpox

Response start date: 9th October, 2024

Outbreak Declared: 10th October, 2024

Report date: 14th February, 2025

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1. EPIDEMIOLOGICAL HIGHLIGHTS

Confirmed cases: 21 Discharges: 17 Deaths: 00

➤ In the period 8 – 14 February 2025:

- **Lusaka:** 2 new cases was recorded from Bauleni and placed under home isolation. The total number of confirmed cases for the province is **14**.
- **Copperbelt, Central & Western:** No new suspected cases were identified. The total number of confirmed cases stands at **5, 1 and 1 respectively**.
- To date, the country has recorded a total of **21 confirmed cases** from four provinces (see Table 1), with 17 discharged and 4 currently admitted under home isolation in Bauleni (3) and Lukulu (1).

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 10th October, 2024.

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

Table 1: Summary of cumulative Mpox statistics as of 14th February 2025

Location	Suspect cases tested	Confirmed cases	Discharged	Current admissions
Central	15	1	1	0
Copperbelt	14	5	5	0
Eastern	5	0	0	0
Luapula	9	0	0	0
Lusaka	108	14	11	3 *
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 *
Zambia	238	21	17	4

*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. National IMS meetings are being held once 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.
- The IAP was updated as follows:
 - The operational period covers February to March 2025
 - Changes have been made to the IMS personnel (refer to Annex 2 for updated structure)
 - Expansion of surveillance and response scope, including detailed objectives (e.g. improving detection rates and response times, training of healthcare workers, and enhancing community engagement efforts) and strategies for enhanced surveillance, case management, risk communication, community engagement, and logistical improvements. Additional strategies include genomic sequencing, decentralisation of diagnostic testing, and targeted vaccination campaigns.
 - Enhanced risk communication and community engagement (RCCE) efforts, for a proactive approach to managing public perception and cooperation, will be crucial for effective outbreak control.
 - This shift in strategy is in response to the increased case spread.

2.2 EPIDEMIC PREPAREDNESS AND RESPONSE/SURVEILLANCE

- **Lukulu district:** The case under Lukulu remains under home isolation
- **Lusaka & Chilanga districts:** two new case were recorded from Bauleni on 13th February, 2025. Both cases were minors.
 - **Areas reporting cases:** the 14 confirmed cases in the province were reported from Bauleni (7), Kanyama (3), Chawama (1), Garden compound (1), Kalingalinga (1) under Lusaka district, and Mwembeshi (1) under Chilanga district.
 - **Contact tracing:** There are currently 31 contacts being monitored, none developed symptoms in the last 24 hours. Of these, 14 will have completed 21 days of monitoring on 15th February, while 5 are on day 8 and 12 on Day 2.

Table 2: Summary of cases reported from Lusaka province, 14th February 2025

<i>District</i>	<i>Area</i>	Confirmed cases	Cases currently Under isolation	Contacts being monitored	Symptomatic contacts
Lusaka	Bauleni	7	3	24	0
	Chawama	1	0	0	0
	Garden	1	0	0	0
	Kalingalinga	1	0	0	0
	Kanyama	3	0	0	0
Chilanga	Mwembeshi	1	0	7	0
Total		14	3	31	0

➤ **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.

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

- **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 238 suspected cases across the country. Of these 21 have tested positive (8.8% positive)
 - Enlisted contacts are being actively monitored for 21 days and cleared if asymptomatic.
 - ZNP HI 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.

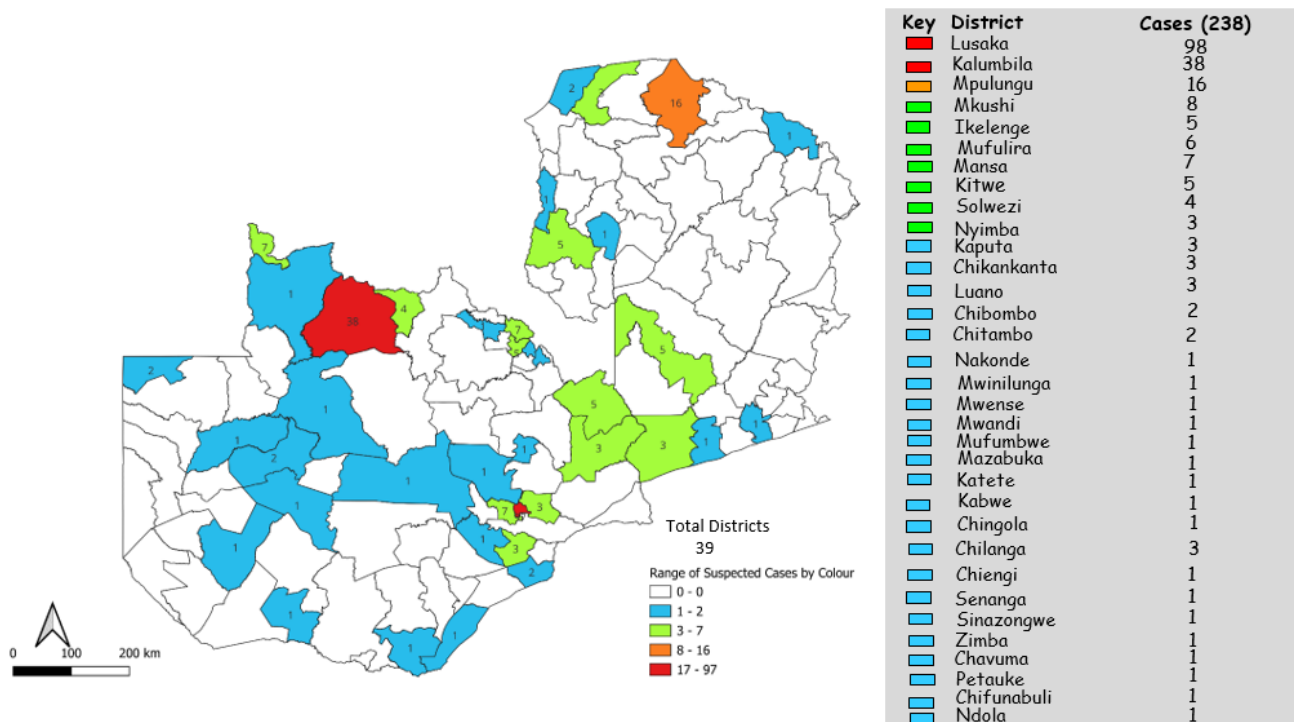


Figure 1: Distribution of suspected cases by district, 14th February 2025

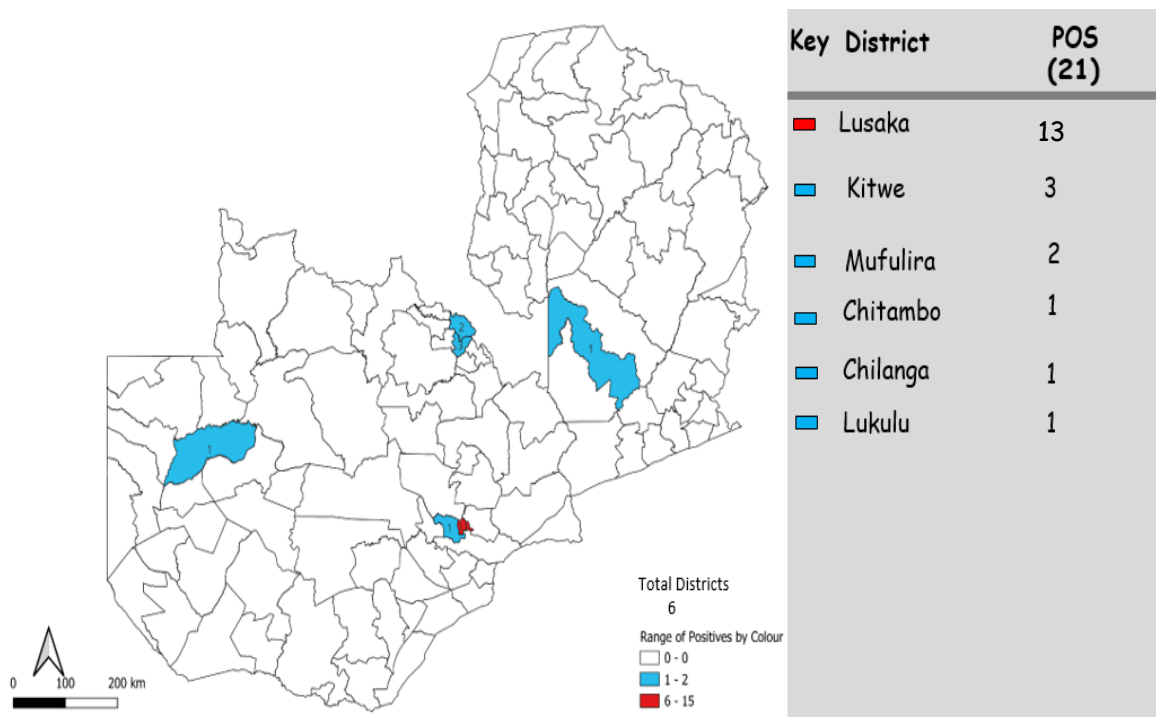


Figure 2: Distribution of confirmed cases by district, 14th February 2025

2.3 CASE MANAGEMENT

- Of the 238 suspected cases tested to date, 53% are female and 47% male,
 - whereas of the 14 confirmed cases reported from Lusaka, 71% are female and 29% male.

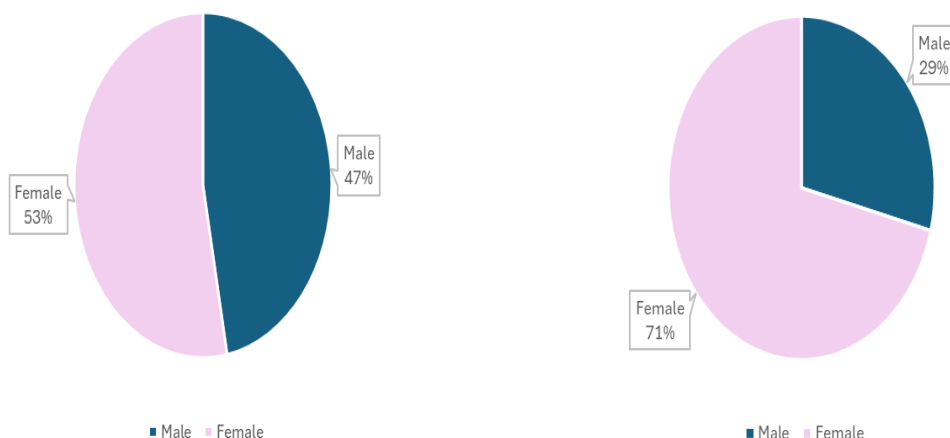


Figure 2: Sex of suspected cases (N=238) recorded countrywide vs confirmed cases in Lusaka province (N=14), as of 14th February 2025

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:

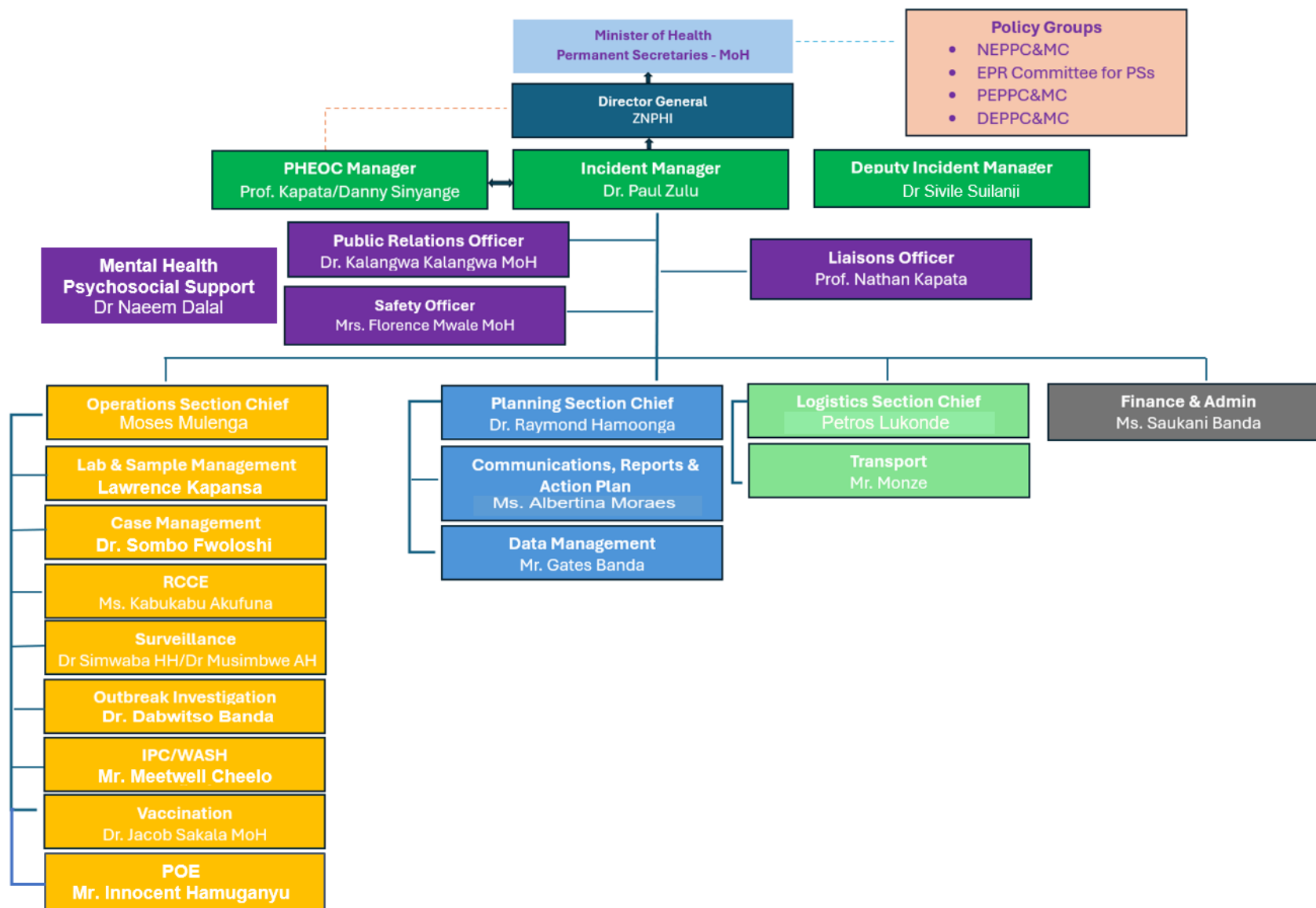
- An alternative diagnosis can fully explain the illness OR
- An individual with symptoms consistent with mpox does not develop a rash within 5 days of illness onset OR
- A case where high-quality specimens do not demonstrate the presence of *Orthopoxvirus* or MPXV or antibodies to orthopoxvirus

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

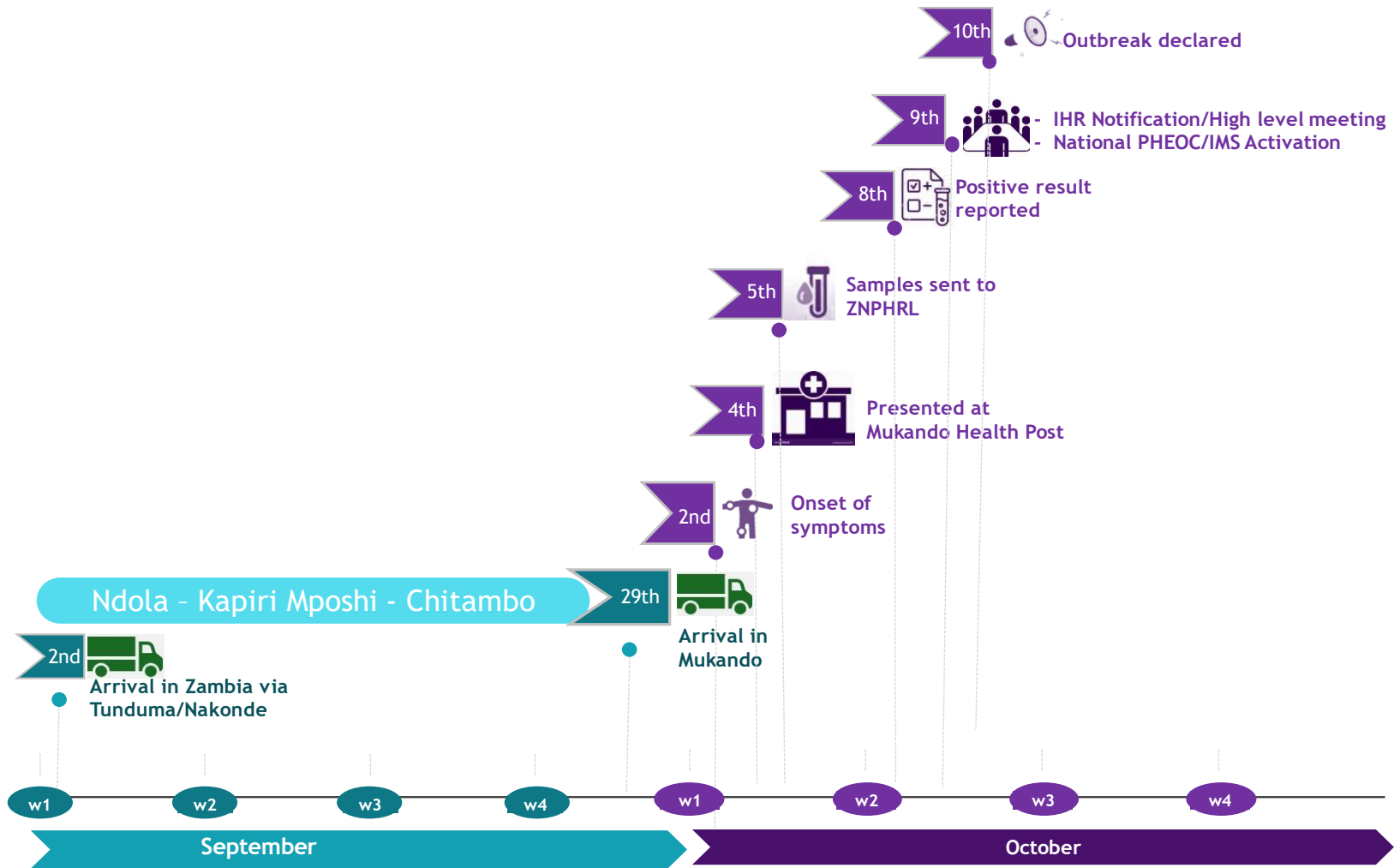
- Reports having contact with a person or people with a similar appearing rash or who received a diagnosis of confirmed or probable mpox OR
- Had close or intimate in-person contact with individuals in a social network experiencing mpox activity
- Travelled to a country with confirmed cases of mpox or 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