

## ZAMBIA CHOLERA SITUATION REPORT #22

Disease Outbreak: Cholera  
Report date: 24/02/2025

Outbreak Declared: 24/12/2024  
Prepared by: ZNPPI

National response start date: 28/01/2025  
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### 1. SITUATION UPDATE

 **Cases: 291**

 **Discharged: 279**

 **Deaths: 09**

- Between Friday 21<sup>st</sup> to Monday 24<sup>th</sup> February, there were **twelve new cases** reported from: Chililabombwe (9), Kabwe (2) and Kitwe (1).
- Ten patients were discharged from Chililabombwe (7), Kabwe (2) and Kitwe (1).
- There were **zero deaths**.
- There are currently **three cases in admission**, all in Chililabombwe.
- Zero reporting:** Today marks Day 4 of zero reporting for Central, following the two cases recorded in Kabwe. Eastern, Lusaka, N/western and Muchinga are all beyond two weeks of zero reporting.
- Cumulative cases** stand at **291 with 9 deaths (7 BIDs, 2 facility deaths)** (CFR 3.1%; facility CFR 0.7%) and 279 discharged.

### BACKGROUND

Nakonde district in Muchinga reported the first three suspected cases of cholera on 24<sup>th</sup> December, 2024, while the Copperbelt reported one case on 18<sup>th</sup> January 2025, at Kasumbalesa market in Chililabombwe with no epi-linkage to the ongoing Muchinga outbreak. Chingola, Kitwe and Ndola also reported cases. New cholera outbreak districts include Solwezi and Kalumbila in North-western and Ngabwe in Central Province. Provincial IMS were activated to coordinate the response. The national IMS was activated on 28<sup>th</sup> January, 2025.

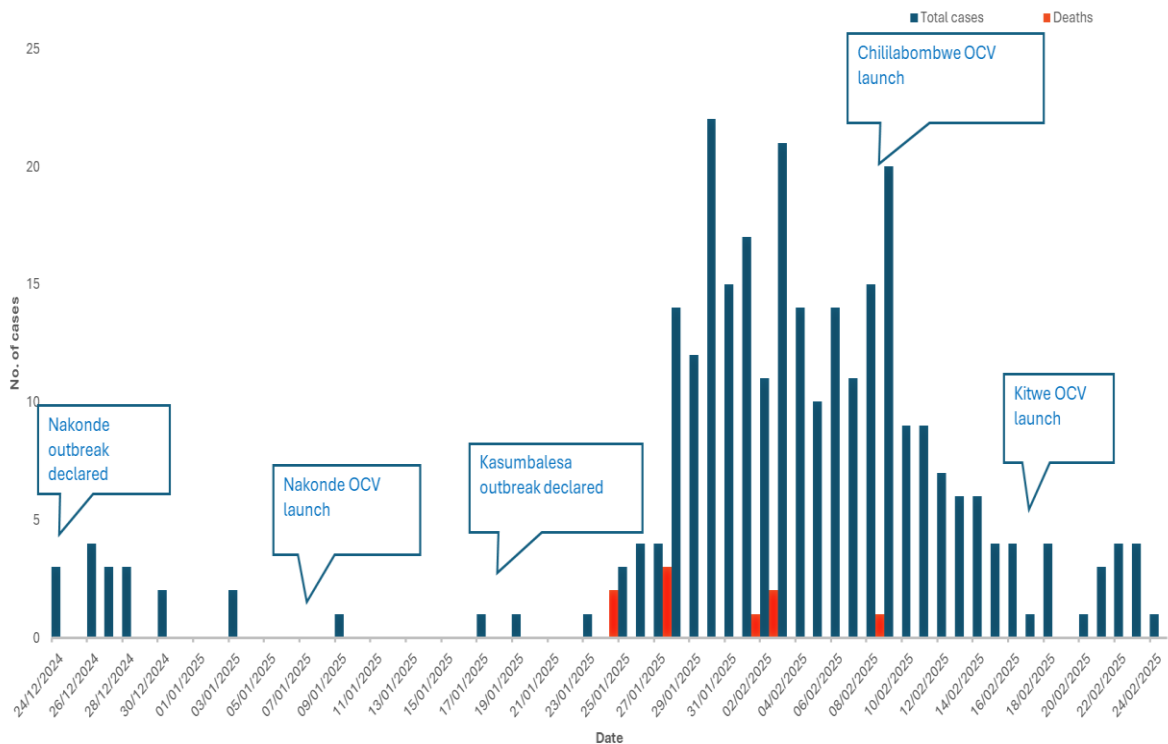


Figure 1: Epicurve of cases and deaths recorded, as of 24<sup>th</sup> February 2025

Table 1: Breakdown of cases reported by province and district, as of 24<sup>th</sup> February 2025

Province	District	Betwn 21-24 Feb			Currently Admitted	Cumulative			
		Cases	Deaths	Discharged		Cases	Deaths	Discharged	CFR(100%)
Central	Kabwe	2	0	2	0	2	0	2	
	Ngabwe	0	0	0	0	3	0	3	0%
C/belt	Chililabombwe	9	0	7	3	224	6	215	3%
	Chingola	0	0	0	0	14	0	14	0%
	Kitwe	1	0	1	0	11	2	9	18%
	Lufwanyama	0	0	0	0	1	0	1	0%
	Mufulira	0	0	0	0	1	0	1	0%
	Ndola	0	0	0	0	2	0	2	0%
Eastern	Katete	0	0	0	0	1	0	1	0%
Lusaka	Matero	0	0	0	0	1	0	1	0%
Muchinga	Nakonde	0	0	0	0	27	1	26	4%
N/Western	Kalumbila	0	0	0	0	3	0	3	0%
	Solwezi	0	0	0	0	1	0	1	0%
Total		12	0	10	3	291	9	279	3%

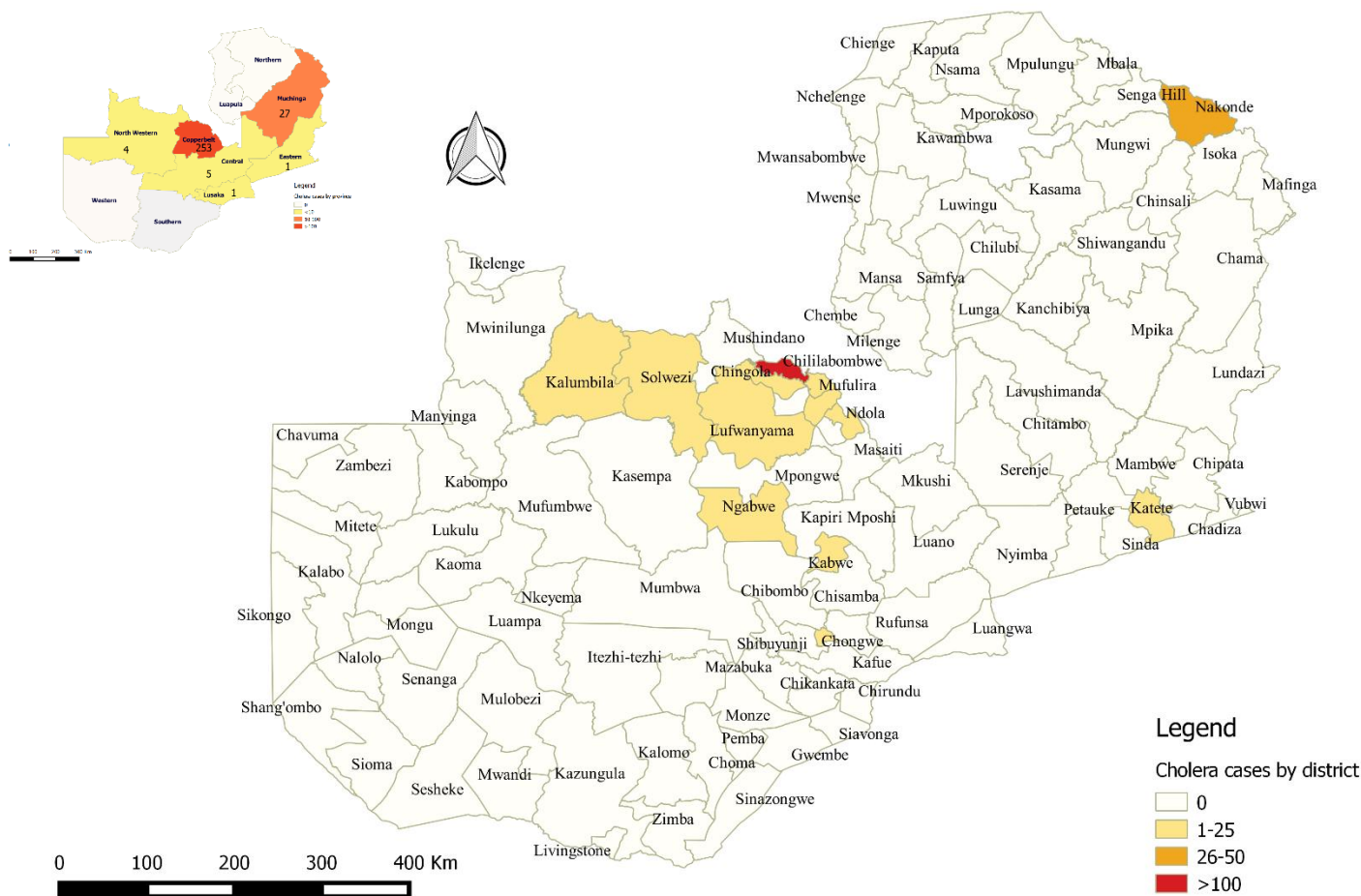


Figure 2: Distribution of cholera cases by district, 24th February 2025 (insert provincial distribution)

## 2. RESPONSE ACTIONS TO DATE

### 2.1 Leadership and Co-ordination

- The Minister of Health Hon. Dr Elijah J. Muchima, MP., and his Mines counterpart Hon. Paul Kabuswe, MP. visited Kasumbalesa on 8<sup>th</sup> February 2025.
- The national IMS has been meeting since 28<sup>th</sup> January 2025 (see Annex 1 for structure).
  - IMS meetings have continued at the provincial and district level in both Muchinga and Copperbelt provinces.
  - Stakeholder meetings have been held with the Provincial Minister, DC, Council Chairperson, PHO, DHO, Immigration, and Customs officials, among others

### 2.2 Lab, EPR, Surveillance & Case management

- **EPR/Surveillance/Case management:**
  - 291 cases have been recorded to date, with 279 discharged and 9 deaths; three cases are currently in admission. See age and sex distribution below:

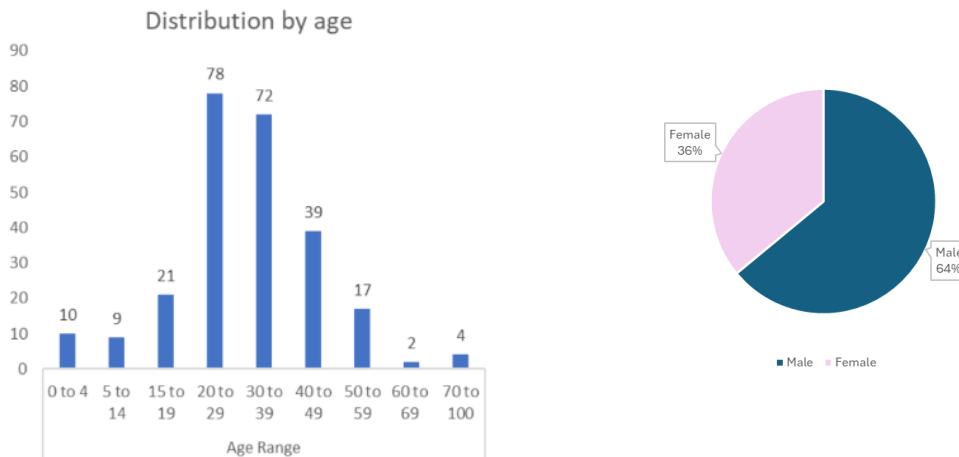


Figure 3: Age and sex distribution of cholera cases

- Line listing of cases, active case search, and contact tracing are ongoing
- Distribution of chlorine to the contacts and households within the CATI ring has continued

- Oral Rehydration points (ORPs) have been established in high-risk areas with the support of UNICEF. All clients are provided with IEC materials in cholera. Once assessed, those needing admission are referred to the CTC.
- Risk factors include poor waste management, mobile/migratory population and unsanitary living conditions including makeshift containers with no sanitary

### 2.3 Vaccination

- Vaccination campaigns have been carried out in Nakonde, Chililabombwe and Kitwe districts.

Location	Target	Vaccinated	% achieved	Campaigns dates
Nakonde	183,506	200,878	109%	07-13 Jan
Chililabombwe	129,837	133,525	103%	07-13 Feb
Kitwe	337,697	207,032	61%	17-20 Feb (day 4)
<b>Total</b>	<b>651,040</b>	<b>541,435</b>	<b>83%</b>	

### 2.4 IPC/WASH/Environmental Health

- **Muchinga:** The province has continued to implement environmental health and WASH measures

Intervention	Last 24hrs	Cumul.	Comment
Disinfection of wells	0	3,155	Increased water levels in the wells requires increased HTH dosing and frequency
Household chlorine distribution	130	13,861	More stocks required
WQM	412		All samples except 1/12 boreholes samples and 277/382 were satisfactory

### 2.5 Risk Communication and Community Engagement

- Geographic Targeted Communication Equipment (GTCE) being used to disseminate messages on cholera prevention, signs and symptoms, and vaccination. To date, 62,365 messages were sent out in Kitwe, 34,149 in Chililabombwe and 7,100 in Chingola.

- Intensified sensitisation by a combined team of MoH, ZNP, ZANIS, DMMU, and Ministry of Agriculture following the contamination event following the tailings dam leak in Kitwe
- Ongoing sensitisation in schools, churches, markets, and bus stops. community meetings programmes are also being conducted as well as distribution of IEC materials such as posters, brochures and fliers.



Figure 4: Pictures from the field, clockwise from top left - i. school sensitisation in Kalulushi, ii. OCV uptake in Kitwe iii. trader involvement in sensitisation iv. dissemination of messages using PA system

### 3. ASKS/CHALLENGES

- Continued use of water from shallow wells in unplanned settlements and erratic water supply to households
- Provision of PPE, disinfectants and WQM reagents.
- Continued capacity building for CBVs, and provision of vehicles and fuel for response activities.

#### 4. RECOMMENDATIONS/FOLLOW-UP ACTIONS

- Distribution of additional chlorine supplies to sustain WASH efforts
- Sinking of boreholes to increase/supplement water supply
- Roll out of OCV campaign to other at risk districts
- Provision of additional handwashing points for Nc'wala ceremony
- Heightened health education (through media, door to door churches, schools, PA system etc), inspection and disinfection of premises
- Continued compliance inspections of schools and public premises, WQM, and liming of pit latrines

### Annex 1: Cholera IMS

