

ZAMBIA MPOX SITUATION REPORT 10

Disease Outbreak: Mpox Response start date: 9th October, 2024 Outbreak Declared: 10th October, 2024

Report date: 28th February, 2025 Prepared by: ZNP HI Correspondence: znphipeoc23@gmail.com

1. EPIDEMIOLOGICAL HIGHLIGHTS Confirmed cases: 23 Discharges: 21 Deaths: 00 Active cases: 02

➤ In the period 22 – 28 February 2025:

- **Lusaka:** One new case was recorded; 3 cases were discharged. The total number of confirmed cases for the province is **15**.
- **Copperbelt:** One new case was recorded. The total number of confirmed cases for the province is **6**
- **Central & Western:** No new cases were reported. The total number of confirmed cases stands at **1 and 1 respectively**.
- To date, the country has recorded a total of **23 confirmed cases** from four provinces (see Table 1), with 21 discharged and 2 currently admitted under home isolation in Lusaka (1) and Lufwanyama (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 28th February 2025

Location	Suspect cases tested	Confirmed cases	Discharged	Current admissions
Central	19	1	1	0
Copperbelt	18	6	5	1 *
Eastern	5	0	0	0
Luapula	11	0	0	0
Lusaka	122	15	14	1*
Muchinga	1	0	0	0
Northern	19	0	0	0
N/Western	53	0	0	0
Southern	7	0	0	0
Western	7	1	1	0
Zambia	262	23	21	2

*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 CASE MANAGEMENT, EPIDEMIC PREPAREDNESS AND RESPONSE/SURVEILLANCE

- **Lusaka: Lusaka & Chilanga districts:** One new case was recorded under Chelston sub-district in Lusaka. The case is currently under home isolation. Three cases were discharged having completed 21 days of isolation.
 - **Areas reporting cases:** the 15 cumulative confirmed cases in the province were reported from Bauleni (7), Kanyama (3), Chelstone (1), Chawama (1), Garden compound (1), Kalingalinga (1) under Lusaka district, and Mwembeshi (1) under Chilanga district.
 - **Contact tracing:** There are currently **22 contacts** being monitored (17 under Bauleni, 5 under Chelstone), none of whom developed symptoms to date.

Table 2: Summary of cases reported from Lusaka province, 28th February 2025

<i>District</i>	<i>Area</i>	Confirmed cases (cum.)	Cases currently under isolation	Contacts being monitored	Symptomatic contacts
Lusaka	Bauleni	7	0	17	0
	Chawama	1	0	0	0
	Chelstone	1	1	5	0
	Garden	1	0	0	0
	Kalingalinga	1	0	0	0
	Kanyama	3	0	0	0
Chilanga	Mwembeshi	1	0	0	0
Total		15	1	22	0

➤ **Copperbelt:** One new case was recorded from Lufwanyama

- **Areas reporting cases:** the six (6) confirmed cases have been reported from Ndeke in Kitwe (3), Mokambo and Zimba in Mufulira (2) and Lufwanyama (1).
- **Contact tracing:** 42 contacts were enlisted from the confirmed cases. No contacts developed symptoms.

District	Areas	Confirmed cases (cum.)	Contacts enlisted	Symptomatic contacts	Positive contacts
Kitwe	Ndeke	3	10	0	0
Mufulira	Zimba	1	11	0	0
	Mokambo	1	10	0	0
Lufwanyama	Mukumbo	1	11	0	
Total		6	42	0	0

- **Western: Lukulu district:** The case under Lukulu was discharged. There are currently no active cases.
- **Central:** other than the initial confirmed case recorded in October 2024 from Chitambo, 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 262 suspected cases across the country. Of these 23 have tested positive (9% positive)
 - Of the 23 positive samples, 21 have been confirmed as Clade 1b (two are pending).
 - Enlisted contacts are being actively monitored for 21 days and discharged 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.

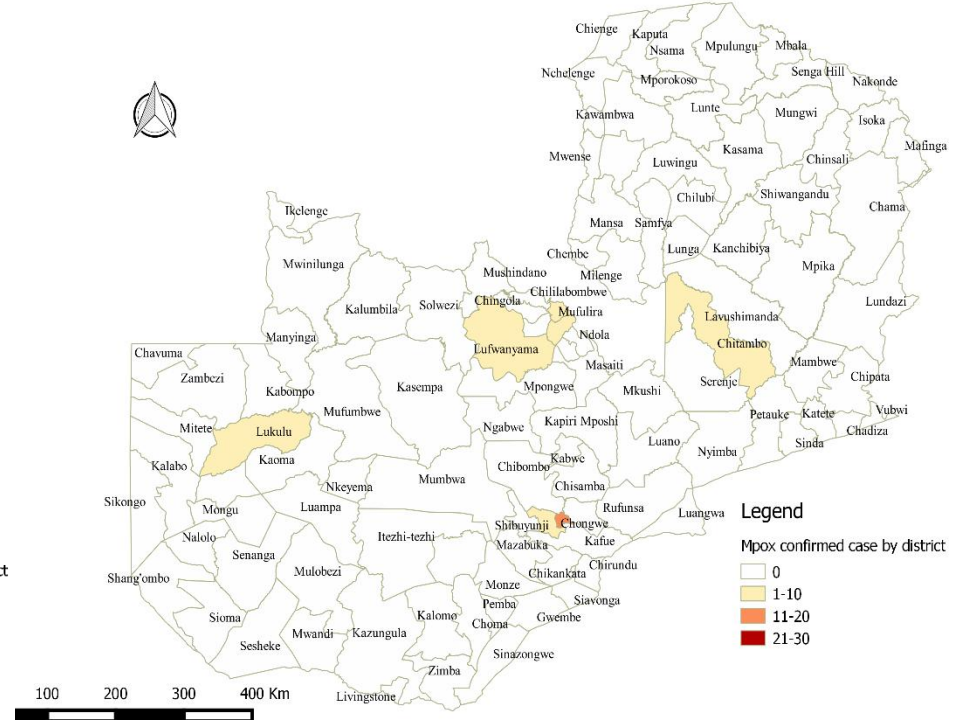
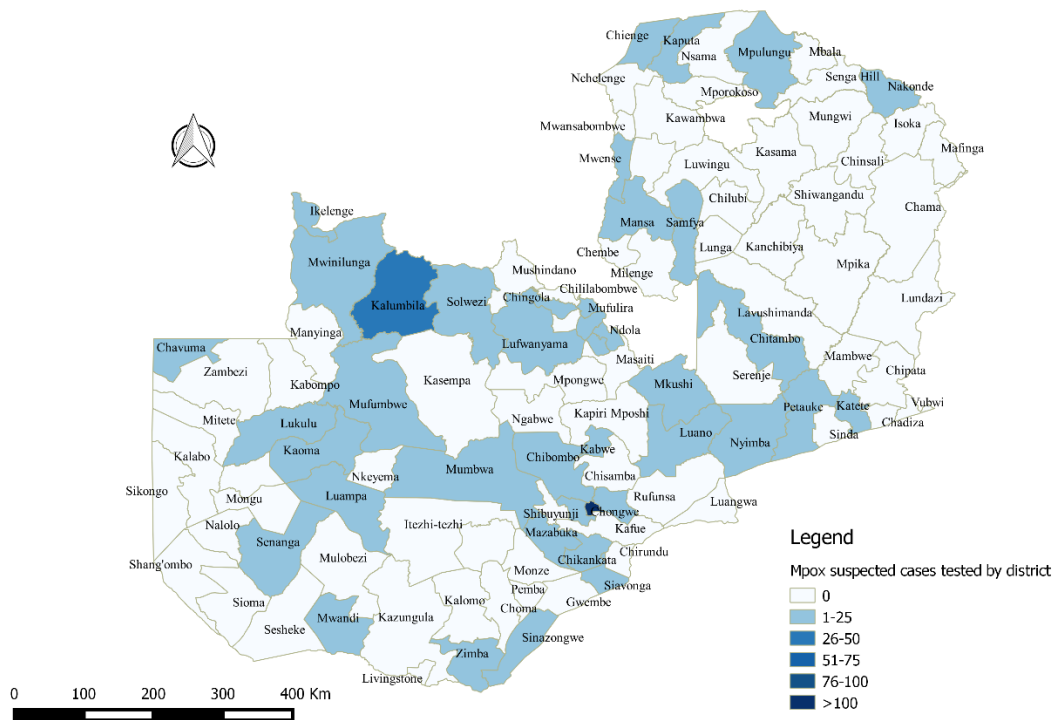


Figure 1: Map of Zambia showing distribution of (i) suspected cases tested (N=262) vs (ii) confirmed cases (n=23) by district, 28th February 2025

- There are currently two active cases: 1 in Chelstone, Lusaka and 1 in Lufwanyama, Copperbelt. Both cases are under home isolation.
- Age and sex distribution of the **262 suspected cases** tested to date:
 - 51% are female and 49% male,
 - Age range is shown in Figure 2 below

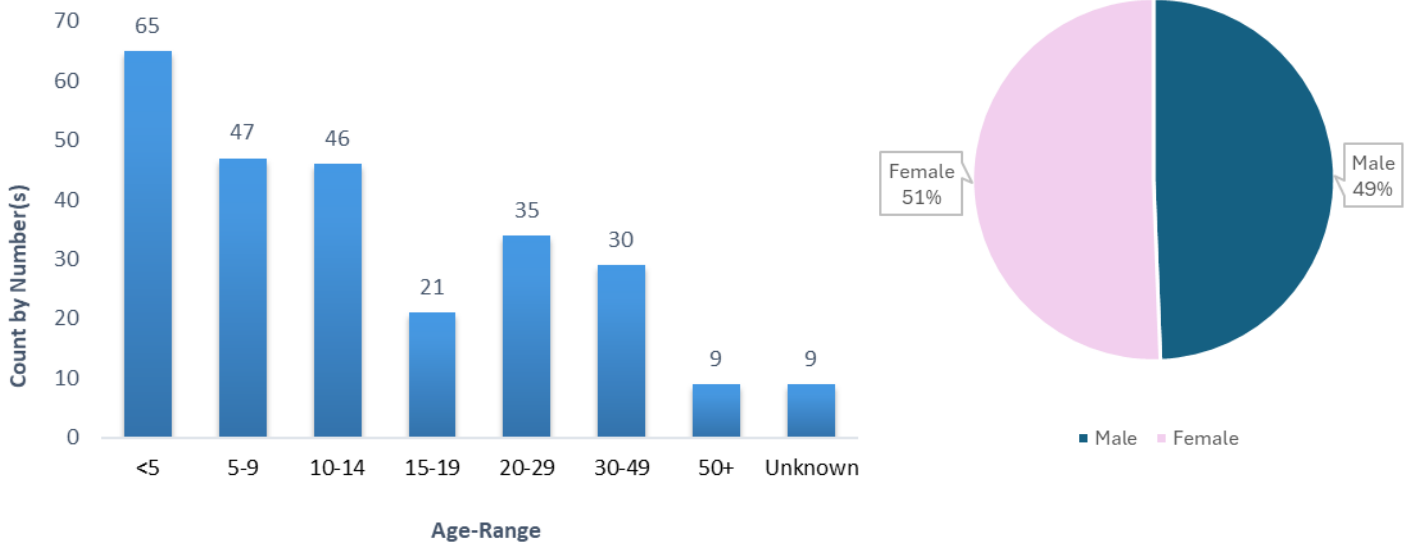


Figure 2: Age and Sex distribution of the suspected cases (N=262) recorded countrywide as of 28th February 2025

- Age and sex distribution of the **23 confirmed cases** to date:
 - 13 (57%) are female and 10 (43%) are male,
 - Age range is shown in Figure 3 below

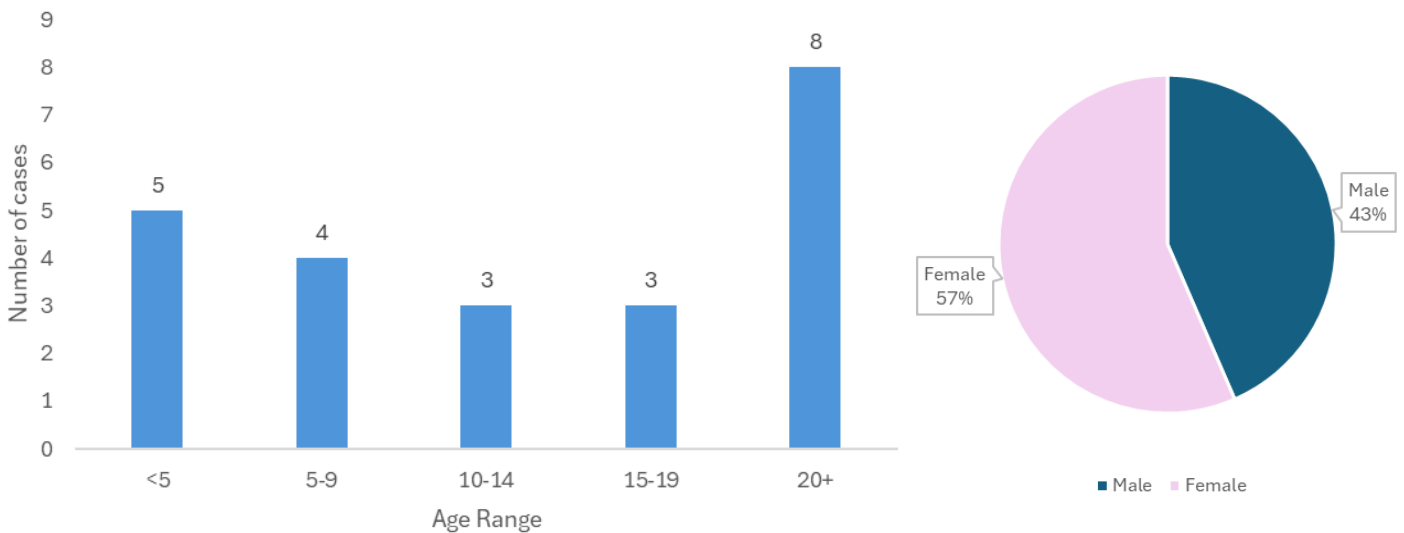


Figure 3: Age and Sex distribution of the confirmed cases (N=23) recorded countrywide as of 28th February 2025

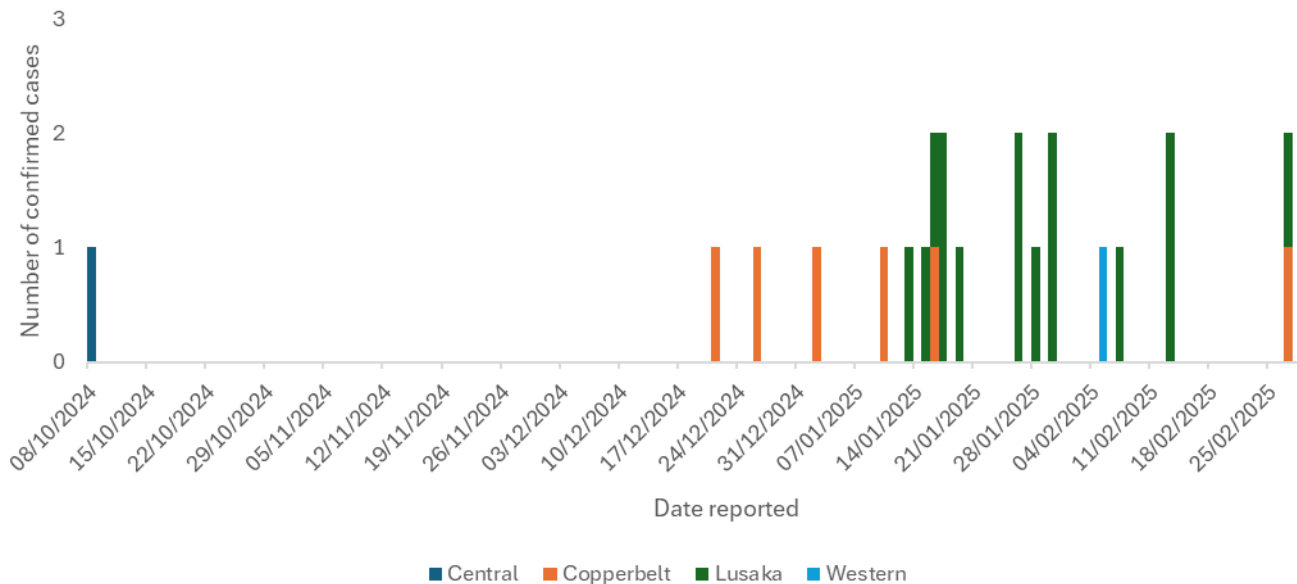


Figure 4: Epicurve of confirmed cases by Province (N=23) recorded as of 28th February 2025

2.3 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

- ▶ A team comprising MoH, ZNPHI, Plan International, Red Cross, and UNICEF carried out an RQA in Kanyama, Bauleni, Mandevu and Chawama sub-districts of Lusaka, between 31st January and 1st February 2025. The preliminary results showed that:
 - There is limited knowledge on Mpox among women, adolescent girls, HCWs, teachers and religious leaders. Male participants had higher knowledge and were able to state signs and symptoms
 - There is limited perceived knowledge on the cause of Mpox, with some linking it to religious beliefs, hygiene or linkage to monkeys and bush meat.
 - Overall, there was mixed knowledge and perception of who is at risk among community members, as well as on how Mpox is transmitted and how to prevent it.
 - Limited knowledge on Mpox treatment among respondents, however majority of respondents highlighted the importance of going to the health facility to seek medical attention.
 - Overall, there was high willingness to vaccinate against Mpox among majority of participants (including willingness among parents to vaccinate their children)
 - Overall, there was limited misinformation on Mpox in communities as few had heard about the disease.
 - Among the trusted channels of communication mentioned were CBVs, television, radio, IEC materials and social media.

3. FOLLOW-UP ACTIONS/RECOMMENDATIONS

- Enhance integrated outbreak response measures (e.g. RCCE for cholera and Mpox outbreaks currently ongoing) and ensure continuity of essential services
- Heighten national Mpox message dissemination via TV and radio.
- Distribute Mpox posters in schools in collaboration with MOE (including tailored messages for boarding schools)
- Integrate Mpox in HCW training and provision of IEC materials to Health facilities
- Strengthen community engagement targeting high risks groups
- Orient faith leaders and key influencers working with local networks
- Repackage messages on social media to reach adolescent and young people
- Map congregate settings for immediate RCCE actions
- Enhance psychosocial services for Mpox
- Enhance WASH supplies in congregant settings e.g. schools, churches, health facilities

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:

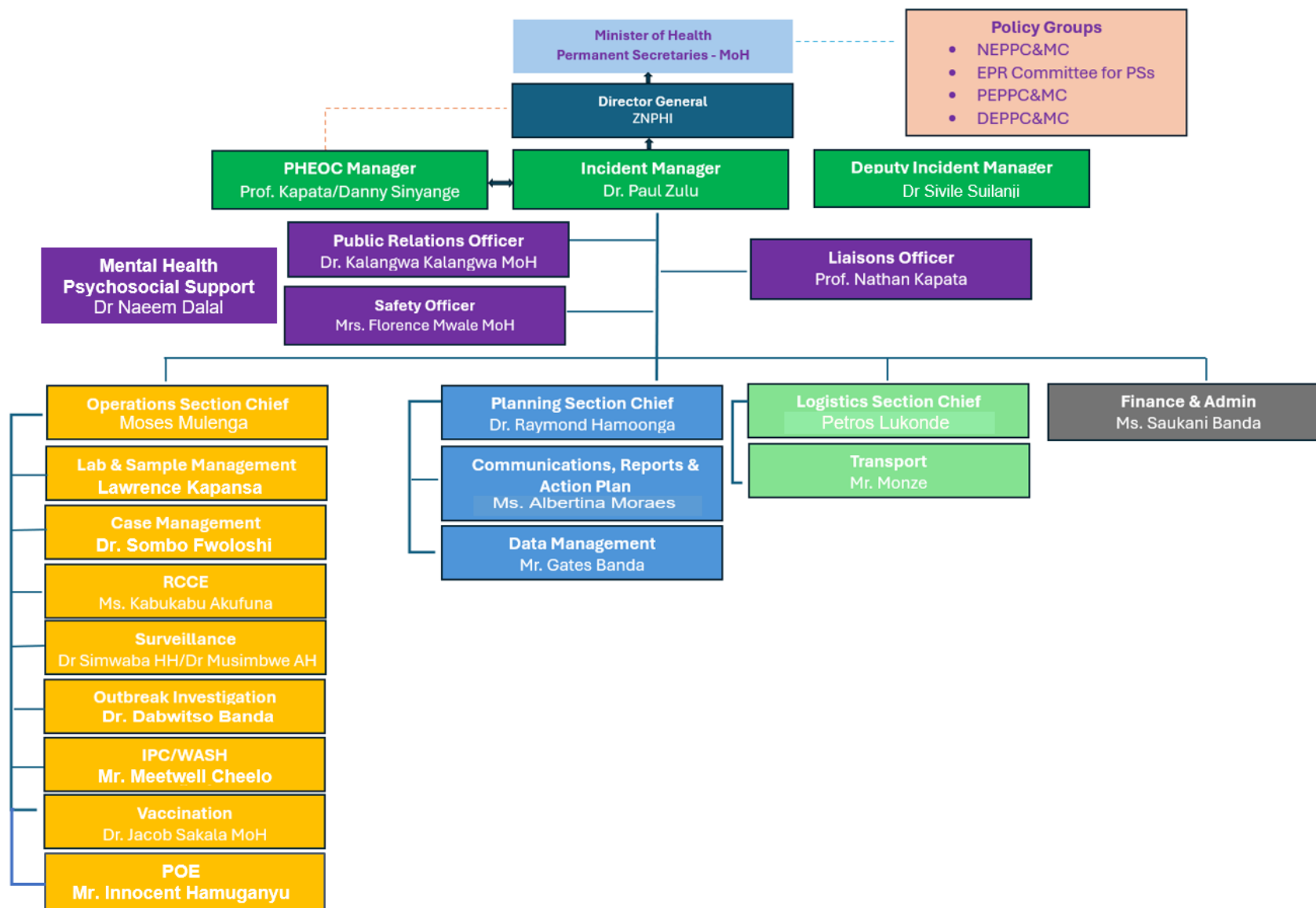
- An alternative diagnosis can fully explain the illness OR
- An individual with symptoms consistent with mpox does not develop a rash within 5 days of illness onset OR
- A case where high-quality specimens do not demonstrate the presence of *Orthopoxvirus* or MPXV or antibodies to orthopoxvirus

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

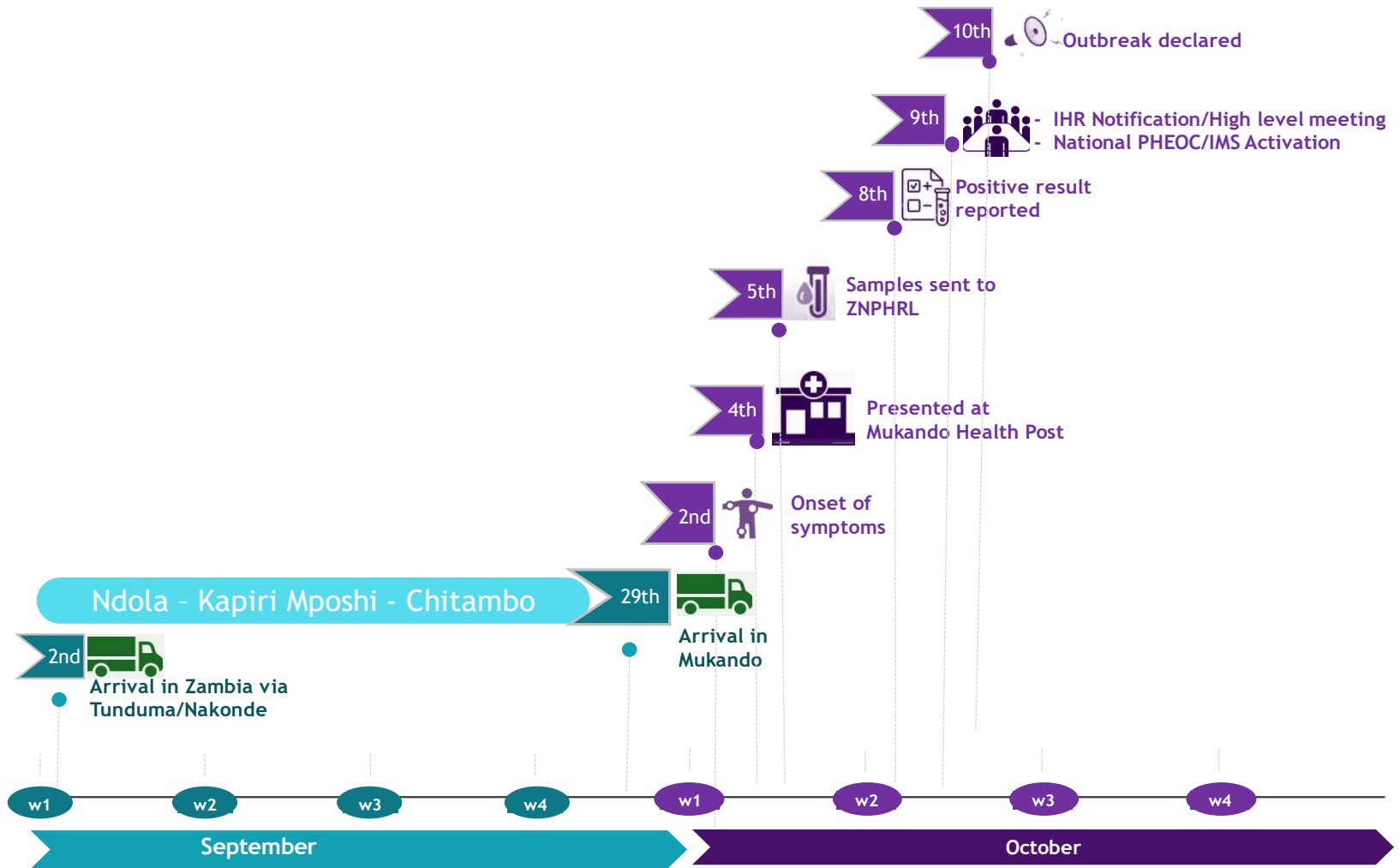
- Reports having contact with a person or people with a similar appearing rash or who received a diagnosis of confirmed or probable mpox OR
- Had close or intimate in-person contact with individuals in a social network experiencing mpox activity
- Travelled to a country with confirmed cases of mpox or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