

# ZAMBIA CHOLERA SITUATION REPORT #24

Disease Outbreak: Cholera  
Report date: 03/03/2025

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

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

 **Cases: 305**

 **Discharged: 292**

 **Deaths: 09**

➤ Between Friday 28<sup>th</sup> February and Monday 3<sup>rd</sup> March:

- there were **11 new cases** reported, 8 from Chililabombwe and 3 from Lusaka.
- Eight patients were discharged (5 from Chililabombwe, 3 from Lusaka).
- There were **zero deaths confirmed**; however, there are **two suspected** deaths linked to the cases recorded from Kanyama, Lusaka which are currently being investigated.
- There are currently **four cases in admission**, all in Chililabombwe.
- **Zero reporting:** Today marks Day 11 of zero reporting for Central. Eastern, N/western and Muchinga are all beyond two weeks of zero reporting.
- **Cumulative cases** stand at **305 with 9 deaths (7 BIDs, 2 facility deaths)** (CFR 3.1%; facility CFR 0.7%) and 292 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. Other districts reporting cases include Lusaka, 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.

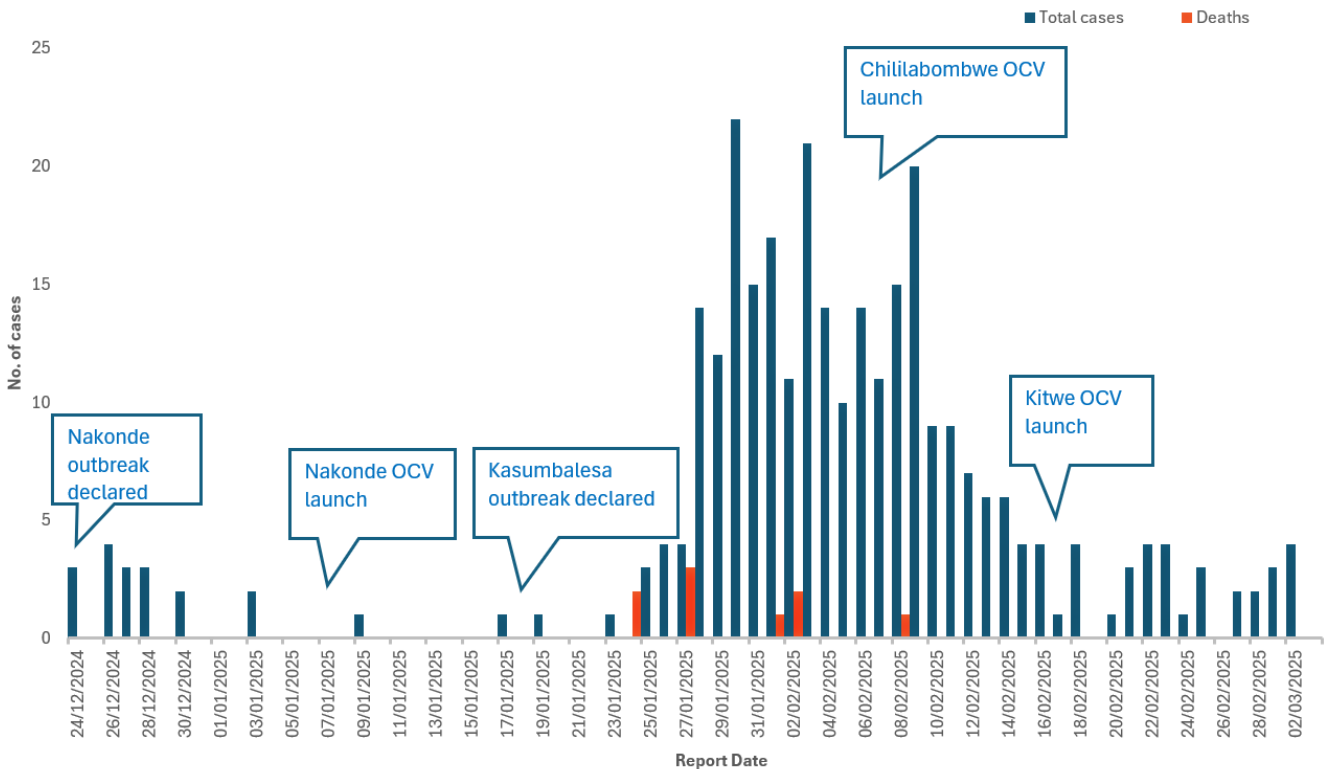


Figure 1: Epicurve of cases and deaths recorded, as of 3<sup>rd</sup> March 2025

Table 1: Breakdown of cases reported by province and district, as of 3<sup>rd</sup> March 2025

Province	Sub/District	Betwn 28 Feb-3 Mar			Currently Admitted	Cumulative			
		Cases	Deaths	Discharged		Cases	Deaths	Discharged	CFR
Central	Kabwe	0	0	0	0	2	0	2	0%
	Ngabwe	0	0	0	0	3	0	3	0%
C/belt	Chililabombwe	8	0	5	4	235	6	225	3%
	Chingola	0	0	0	0	14	0	14	0%
	Kitwe	0	0	0	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%
	Kanyama	3	0	3	0	3	0	3	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		11	0	8	4	305	9	292	3%

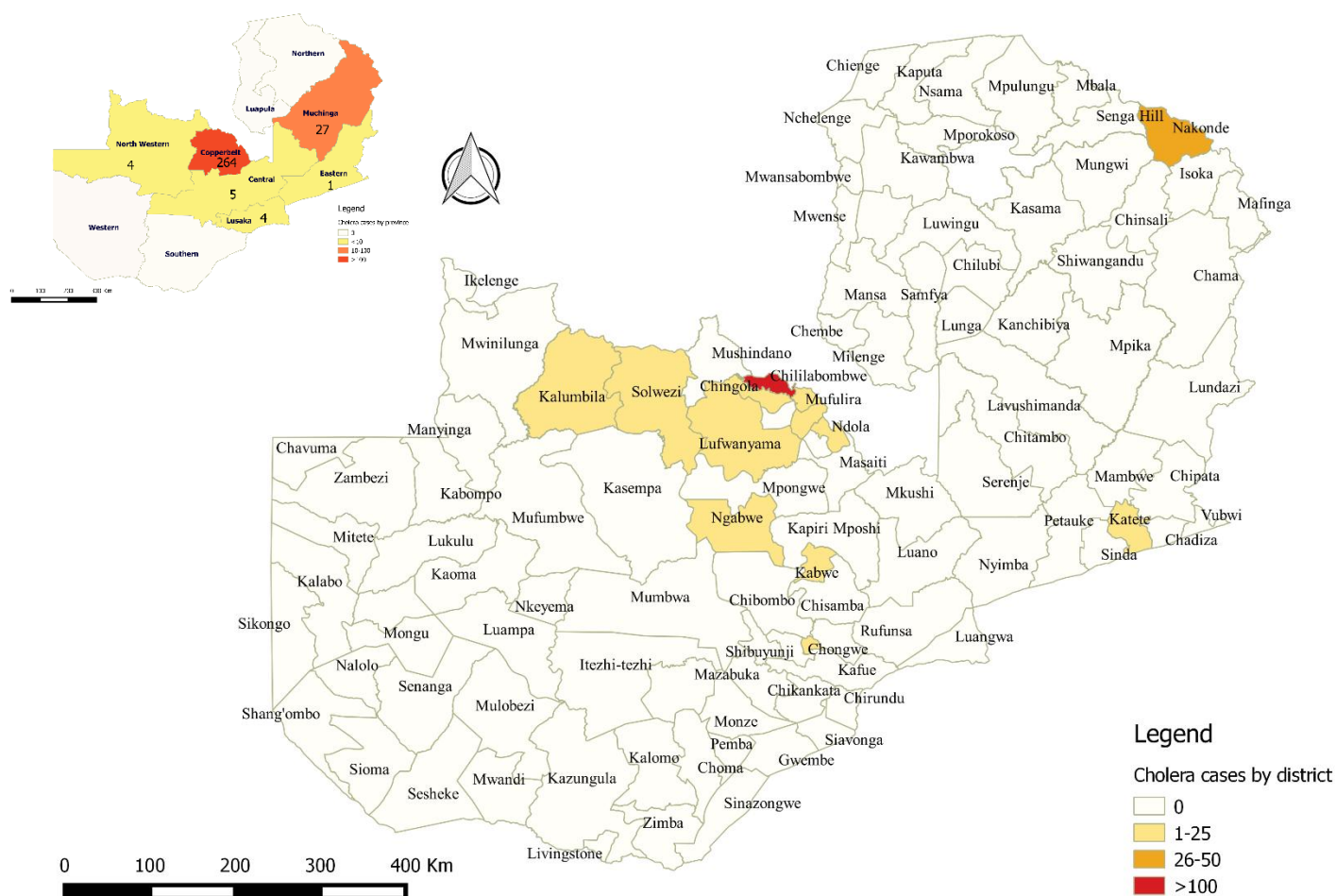


Figure 2: Distribution of recorded cholera cases by district, 3<sup>rd</sup> March 2025 (insert: provincial distribution)

## 2. RESPONSE ACTIONS TO DATE

### 2.1 Leadership and Co-ordination

- 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:**

- 294 cases have been recorded countrywide to date, with 284 discharged and 9 deaths; **one case is currently in admission** in Chililabombwe. Of the cases recorded, the majority are males, and most cases are aged between 20-39. See age and sex distribution below:

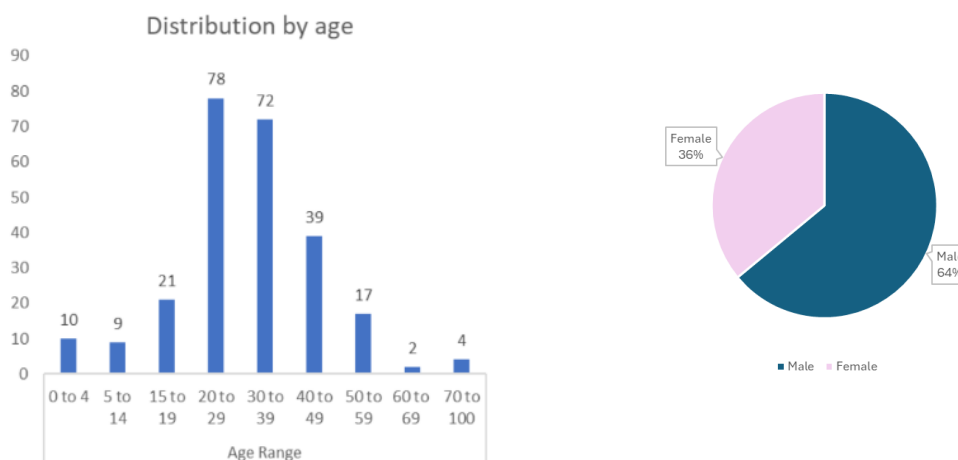


Figure 3: Age and sex distribution of cholera cases recorded on the Copperbelt

- Line listing of cases, active case search, and contact tracing are ongoing
- **Oral Rehydration points (ORPs)** have been established in high-risk areas with the support of UNICEF and Redcross. All clients are provided with IEC materials in cholera. Once assessed, those needing admission are referred to the CTC.
  - RedCross supported the re-orientation of CBVs and the team continues to implement community case management of non-severe cases. There are currently **16 ORPs** set up.

- Distribution of chlorine to the contacts and households within the CATI ring has continued
- 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.
  - During the recent Kitwe campaign, 259 initial refusals were recorded, of which 254 were subsequently resolved. Further, 4 AEFIs were recorded.

Table 1: Summary of vaccination campaign statistics for Nakonde, Chililabombwe and Kitwe, as of 27th February 2025

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	341,038	101%	17-23 Feb
<b>Total</b>	<b>651,040</b>	<b>675,441</b>	<b>104%</b>	

### 2.4 IPC/WASH/Environmental Health

- The teams have has continued to implement environmental health and WASH measures in Lusaka, Copperbelt and Muchinga

Location	Intervention	Daily achieved	Cum. Achieved	Comment
Muchinga	Disinfection of wells	12	3211	Increased water levels demands more HTH and increased frequency
	Household chlorine distribution	0	13,861	Inadequate stocks
	Intervention	Total sampled	Satisfactory	Comment
	WQM (piped water)	14	14	
	WQM Boreholes	12	11	
	WQM Shallow wells	382	105	

## 2.5 Risk Communication and Community Engagement

- Team are on high alert following flooding around the country following heavy rains. CBVs are raising awareness around the dangers of these behaviours.
- AfCDC is supporting the development of IEC material in Swahili and French
- Intensified sensitisation by a combined team of MoH, ZNPHI, ZANIS, DMMU, and Ministry of Agriculture following the contamination event following the tailings dam leak in Kitwe
- Ongoing sensitisation in schools, churches, markets, door to door, radio and TV, and at bus stops. Community meetings are also being conducted as well as distribution of IEC materials such as posters, brochures and fliers.

## 3. ASKS/CHALLENGES

- Concerns around risky behaviours including swimming and waddling through flood waters in affected areas, as well as indiscriminate disposal of waste in the flood water
- Heavy rainfall hampering water quality monitoring sample collection. Additionally, there are low H<sub>2</sub>S supplies and unavailability of running water to sample
- 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

