ZAMBIA MPOX SITUATION REPORT 12

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

Report date: 14th March, 2025 | **Prepared by: ZNPHI** | **Correspondence:** znphipheoc23@gmail.com

1. EPIDEMIOLOGICAL HIGHLIGHTS

Confirmed cases: 24 **Discharges: 23** **Deaths: 00** **Active cases: 01**

➢ In the period 8 – 14 March 2025:

- **Copperbelt: No new cases** were confirmed, however, there were two suspected cases. The case from Lufwanyama was discharged, **leaving one active case under home isolation in Kalulushi**. The total number of confirmed cases stands at **7.**
- **Lusaka: No new cases** were recorded; the Chelstone case was discharged and there are currently no active cases. The total number of confirmed cases for the province stands at **15.**
- **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 **24 confirmed cases** from four provinces (see Table 1), with 23 discharged and 1 currently admitted under home isolation in **Kalulushi (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 March 2025

Location	Suspect cases tested	Confirmed cases	Discharged	Current admissions
Central	17	1	1	0
Copperbelt	22	7	6	1 *
Eastern	6	0	0	0
Luapula	9	0	0	0
Lusaka	140	15	15	0
Muchinga	1	0	0	0
Northern	20	0	0	0
N/Western	54	0	0	0
Southern	8	0	0	0
Western	10	1	1	0
Zambia	**287**	**24**	**23**	**1**

*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.

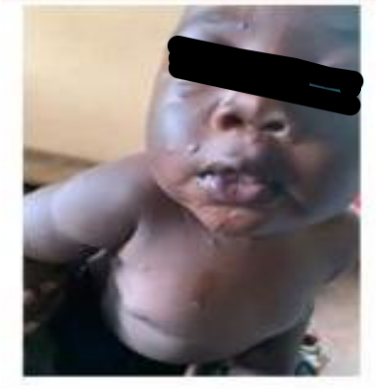
2.2 CASE MANAGEMENT, EPIDEMIC PREPAREDNESS AND RESPONSE/SURVEILLANCE

- **Lusaka: Lusaka & Chilanga districts:** No new cases were recorded Lusaka. The case previously recorded from Chelstone was discharged having completed 21 days of monitoring.
  - **Contact tracing:** the five contacts under Chelstone are on Day 19 of monitoring. So far, none of the contacts have developed symptoms.
  - **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.

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

District	*Area*	Confirmed cases (cum.)	Cases currently under isolation	Contacts being monitored	Symptomatic contacts
Lusaka	Bauleni	7	0	0	0
	Chawama	1	0	0	0
	Chelstone	1	0	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**	**0**	**5**	**0**

- **Copperbelt:** No new cases were recorded. However, there were two suspected cases from Lufwanyama, both under five. Samples were collected and sent to ZNPHRL .



Suspect case 1: M (9months), epi-linked to Fumbwe case. Presented with fever, rash, and swollen lymph nodes

Suspect case 2: M (1yr 6months), from Mushingashi. Presented with 3 day old lesions restricted to his face. No travel history

- **Areas reporting cases:** the seven (7) confirmed cases have been reported from Ndeke in Kitwe (3), Mokambo and Zimba in Mufulira (2), Mukumbo in Lufwanyama (1), and Chambishi in Kalulushi (1).
- **Contact tracing:** A total of 64 contacts were enlisted from the confirmed cases ; of these 33 are from the recent two cases. One of the enlisted contacts (See above) has developed symptoms.

Table 3: Table 2: Summary of cases reported from Copperbelt province, 14th March 2025

District	Areas	Confirmed cases (cum.)	Under isolation	Contacts enlisted	Symptomatic contacts	Positive contacts
Kitwe	Ndeke	3	0	10	0	0
Kalulushi	Chambishi	1	1	7	0	0
Mufulira	Zimba	1	0	11	0	0
	Mokambo	1	0	10	0	0
Lufwanyama	Mukumbo	1	0	26	1	0
Total		**7**	**1**	**64**	**1**	**0**

- **Western: Lukulu district:** Other than the previous case from Lukulu, there have been no additional cases recorded.
- **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 287 suspected cases across the country, 16 of whom were tested in the last week; three sample results are pending. Of the 284 samples with results available, 24 have tested positive (8% positive)
  - Of the 24 positive samples, 21 have been confirmed as **Clade 1b** (three are pending genomic sequencing results).
  - Surveillance at Points of Entry as well as cross-border surveillance remain heightened.

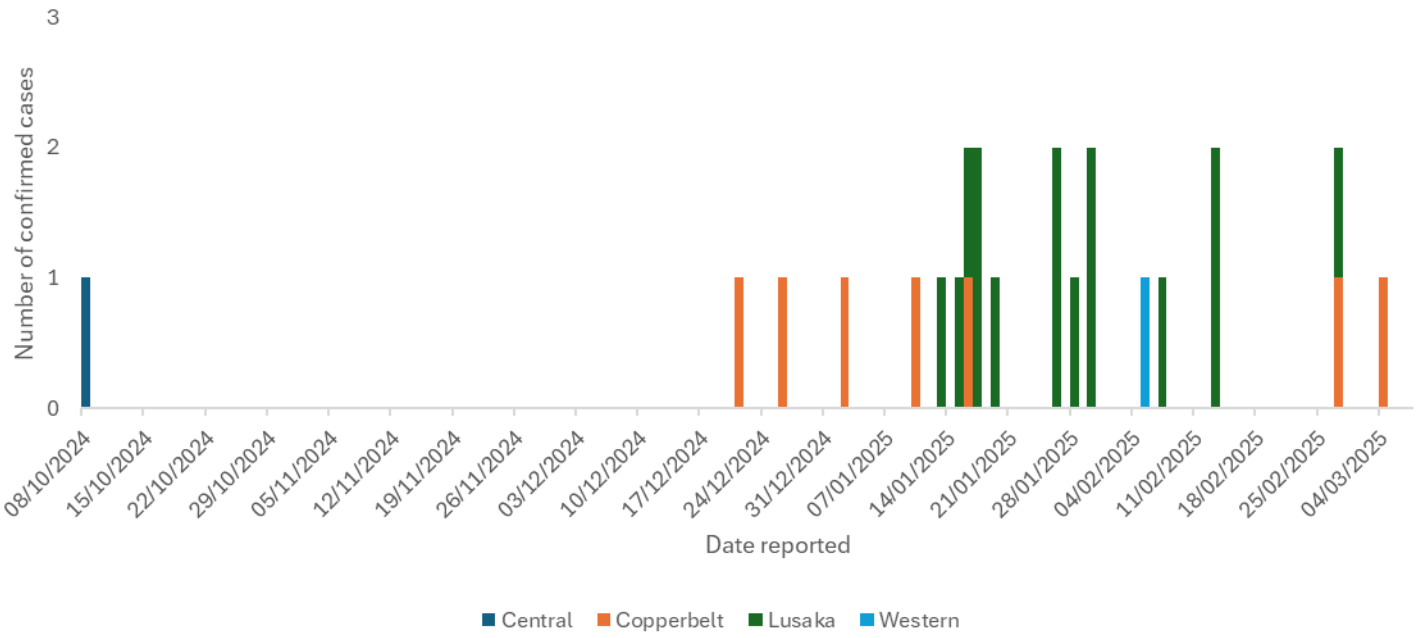


Figure 2: Epicurve of confirmed cases (colour coded by Province)

- There is currently **only one active case** in Kalulushi under home isolation.
- Age and sex distribution of the **287 suspected cases** tested to date:
  - 51% are female and 49% male,
  - Age range is shown in Figure 2 below

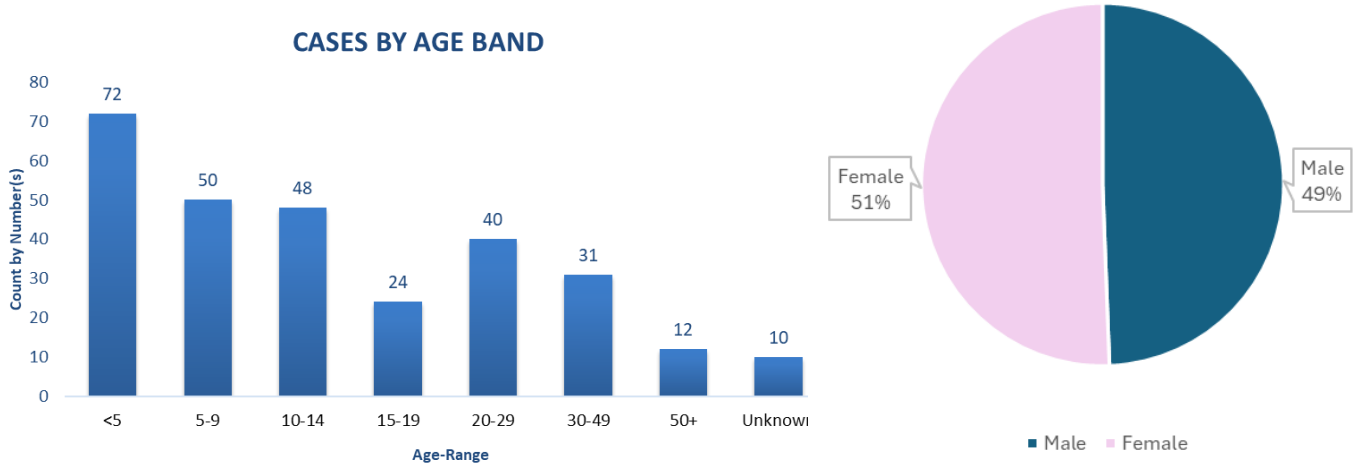


Figure 3: Age and Sex distribution of the suspected cases (N=287) recorded countrywide as of 14th March 2025

- Age and sex distribution of the **24 confirmed cases** to date:
  - 13 (54%) are female and 11 (46%) are male,
  - Age range is shown in Figure 3 below

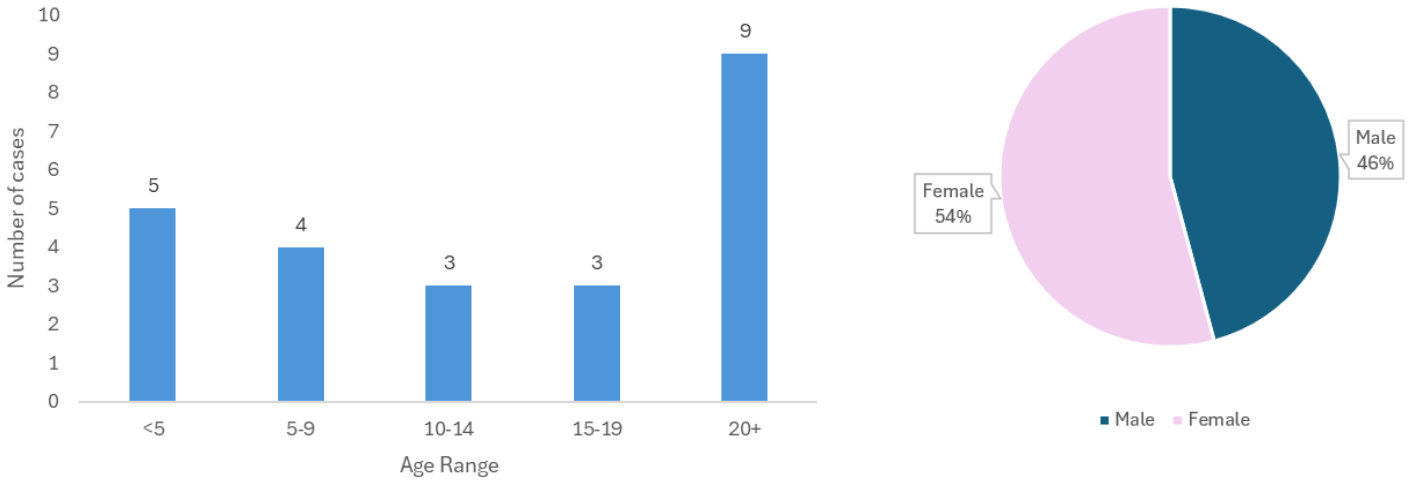


Figure 4:Age and Sex distribution of the confirmed cases (N=24) recorded countrywide as of 14th March 2025

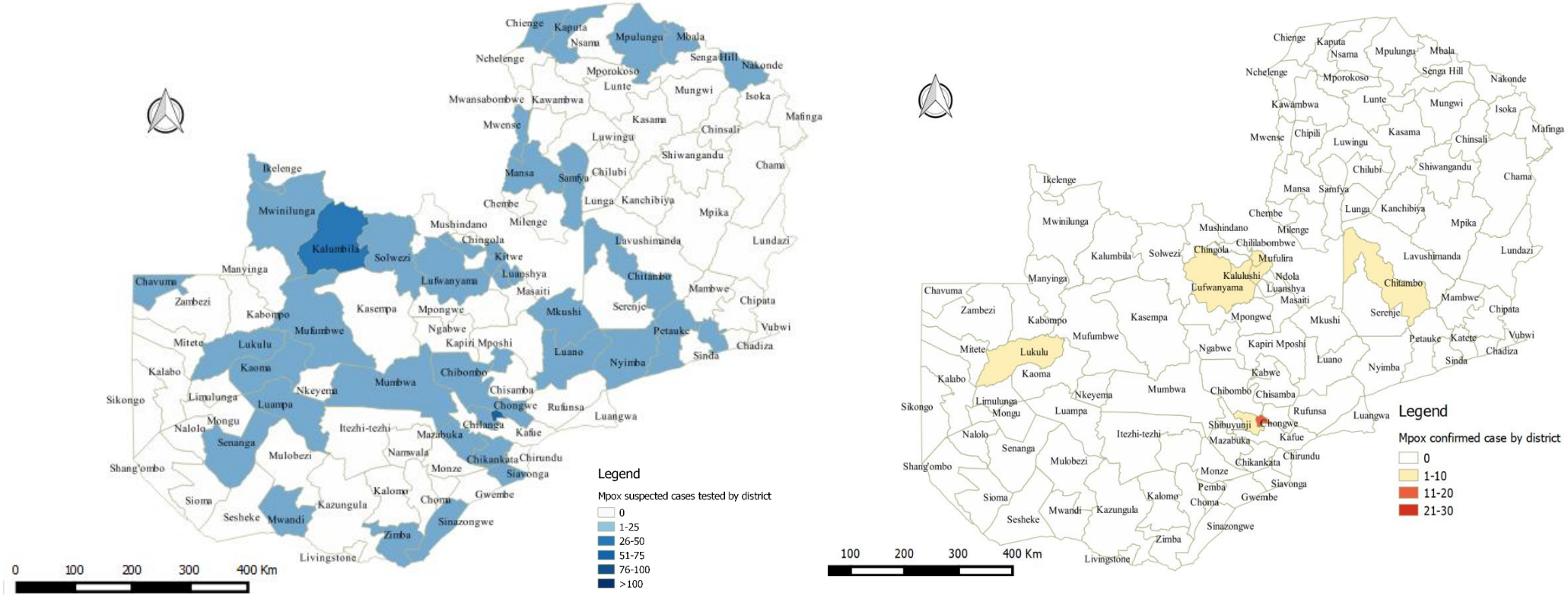


*Figure 5: Map of Zambia showing distribution of **(i) suspected cases tested (N=287)** vs **(ii) confirmed cases (n=24)** by district, 14th March 2025*

2.3 RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

- Ongoing RCCE activities include intensified community sensitisation on Mpox prevention and control, and training of CBVs and health workers (with support from Red Cross)

3. FOLLOW-UP ACTIONS/RECOMMENDATIONS

- IPC at households of cases and contacts
- Preparation of isolation facilities in health centres on the Copperbelt
- 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:

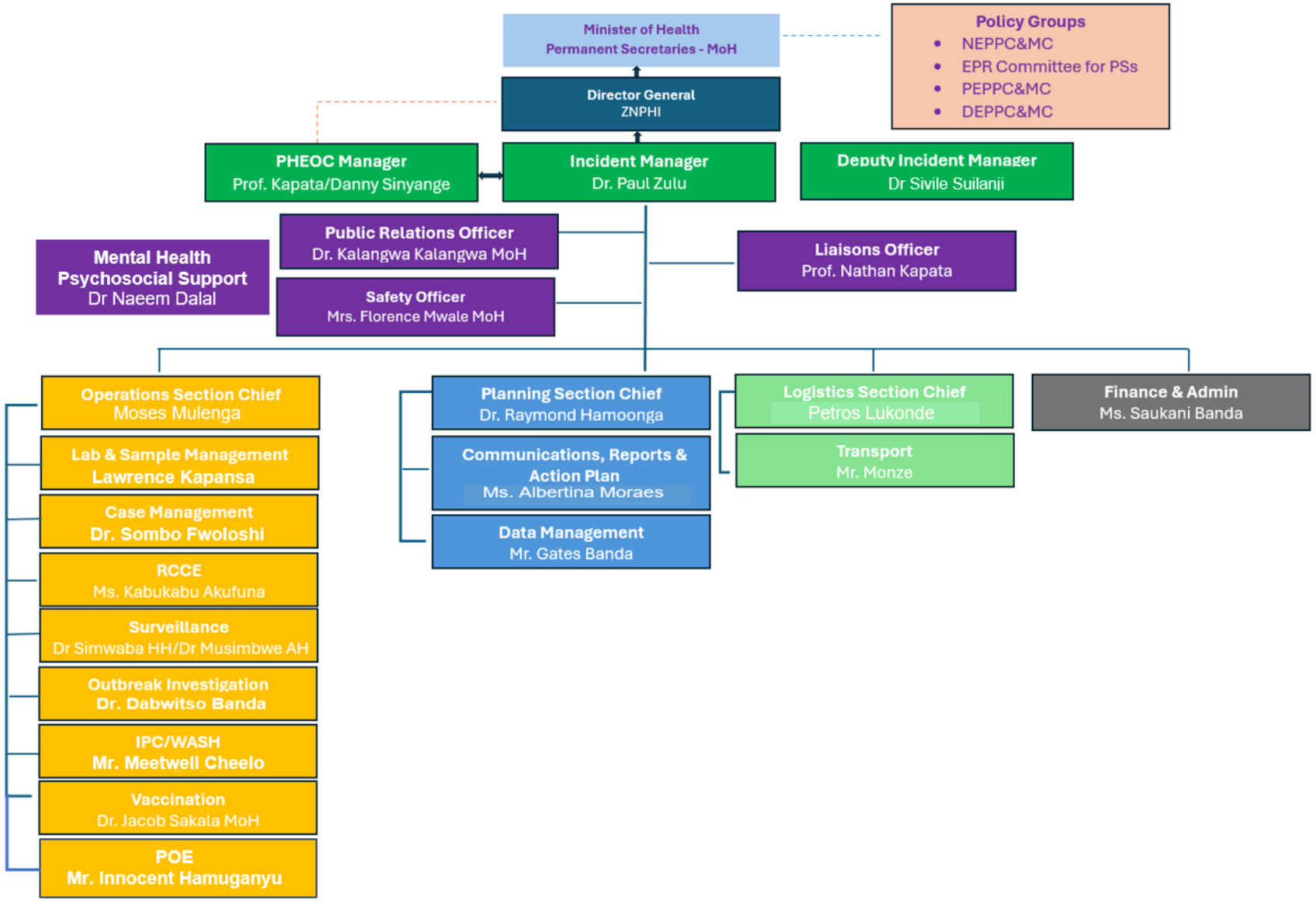
- An alternative diagnosis can fully explain the illness OR
- An individual with symptoms consistent with mpox does not develop a rash within 5 days of illness onset OR
- A case where high-quality specimens do not demonstrate the presence of *Orthopoxvirus* or MPXV or antibodies to orthopoxvirus

***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