

ZAMBIA MPOX SITUATION REPORT 13

Disease Outbreak: Mpox

Response start date: 9th October, 2024

Outbreak Declared: 10th October, 2024

Report date: 21st March, 2025

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1. EPIDEMIOLOGICAL HIGHLIGHTS

Confirmed cases: 31

Discharges: 24

Deaths: 01

Active cases: 06

➤ In the period 15 – 21 March 2025:

- **Copperbelt: Three new cases** were recorded from Ndola (2) and Lufwanyama (1), all three are currently under home isolation. The case from Kalulushi was discharged.
- **Muchinga: Two new cases** were recorded from Chinsali, both are currently under home isolation
- **Lusaka: Two new cases** were recorded from Marapodi (1) and Garden (1), **with one Mpox related death**. The second case is currently isolated at UTH.
- To date, the country has recorded a total of **31 confirmed cases** from five provinces (see Table 1), with 24 discharged and 1 death. There are currently six cases under admission - 5 under home isolation and 1 under facility isolation.

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 recorded its first case on 13th January, 2025, Western on 5th February, 2025 and Muchinga on 19th March, 2025.

Table 1: Summary of cumulative Mpox statistics as of 21st March 2025

Location	Suspect cases tested	Total Confirmed cases	Discharged	Deaths	Current admissions
Central	17	1	1	0	0
Copperbelt	25	10	7	0	3 *
Eastern	6	0	0	0	0
Luapula	9	0	0	0	0
Lusaka	148	17	15	1	1
Muchinga	3	2	0	0	2 *
Northern	20	0	0	0	0
N/Western	54	0	0	0	0
Southern	8	0	0	0	0
Western	11	1	1	0	0
Zambia	301	31	24	1	6

*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 Incident Action Plan (IAP) was previously updated for the operational period February to March 2025, and will be updated for April covering key priorities for the next three months.

2.2 CASE MANAGEMENT, EPIDEMIC PREPAREDNESS AND RESPONSE/SURVEILLANCE

- **Lusaka:** Two new cases were recorded in Lusaka district from:
 1. Garden compound (1): 31year old male; currently isolated at UTH
 2. Marapodi (1): 8month old female, who was the **first Mpox related death** recorded at Chipata Level I Hospital. Following a comprehensive mortality review meeting, the cause of death was ascertained to be complicated pneumonia in a known Mpox patient.
- **Contact tracing:** ten contacts have so far been elicited (2 from Garden and 8 from Marapodi) and will be followed up for 21 days. Contacts of the Chelstone case completed 21 days of monitoring, none developed symptoms.
- **Areas reporting cases:** the 17 cumulative confirmed cases in the province have been reported from:
 1. **Lusaka district:** Bauleni (7), Kanyama (3), Garden compound (2), Marapodi (1), Chelstone (1), Chawama (1), Kalingalinga (1)
 2. **Chilanga district:** Mwembeshi (1).

Table 2: Summary of cumulative cases reported from Lusaka province, 21st March 2025

<i>District</i>	<i>Area</i>	Confirmed cases (cum.)	Cases currently under isolation	Deaths	Contacts being monitored	Symptomatic contacts
Lusaka	Bauleni	7	0	0	0	0
	Chawama	1	0	0	0	0
	Chelstone	1	0	0	0	0
	Garden	2	1	0	2	0
	Kalingalinga	1	0	0	0	0
	Kanyama	3	0	0	0	0
	Marapodi	1	0	1	8	0
Chilanga	Mwembeshi	1	0	0	0	0
Total		17	1	1	10	0

➤ **Copperbelt:** Three new cases were recorded in Ndola (2) and Lufwanyama (1):

1. Ndola: 28yr old male; currently under home isolation. Recent travel history to Lusaka, Kapiri, Kabwe, Kitwe, Chingola, Chililabombwe and Kasumbalesa. The patient is currently stable and lesions are drying up
2. Ndola: 41 year old male. Recent travel history to DRC.
3. Lufwanyama: 7month old male, epi-linked to previously confirmed case as a contact. The patient is currently under home isolation and is reported to be recovering well.



Figure 1: Presentation of three new confirmed cases, Copperbelt province

- **Contact tracing:** the District health team is currently conducting contact tracing for the cases.
- **Areas reporting cases:** the ten (10) cumulative cases reported have been from Jacaranda and Pamodzi-Chimbotela in Ndola (2); Ndeke in Kitwe (3), Mokambo and Zimba in Mufulira (2), Mukumbo in Lufwanyama (2), and Chambishi in Kalulushi (1).

Table 3: Summary of cumulative cases reported from Copperbelt province, 21st March 2025

District	Areas	Confirmed cases (cum.)	Under isolation	Contacts enlisted	Symptomatic contacts	Positive contacts
Kitwe	Ndeke	3	0	10	0	0
Ndola	Jacaranda	1	1	pending	-	-
	Pamodzi	1	1	pending	-	-
Kalulushi	Chambishi	1	0	7	0	0
Mufulira	Zimba	1	0	11	0	0
	Mokambo	1	0	10	0	0
Lufwanyama	Mukumbo	2	1	26	1	1
Total		10	3	64	1	1

- **Muchinga:** The province recorded the first two confirmed Mpox cases on 19th March 2025, both from Chinsali:
1. Chinsali: 21year old female; currently under home isolation. Recent travel history to Nambuluma Junction and sexual contact with unknown truck driver. The patient is currently stable and lesions are drying up
 2. Chinsali: 45year old male teacher. No recent travel history was reported.



Figure 2: Presentation of newly confirmed case (21F) from Chinsali, Muchinga province

- **Contact tracing:** the District health team is currently conducting contact tracing for the cases.
- **Areas reporting cases:** Both cases were reported from the same catchment area under Nkula Rural Health Centre in Chinsali.

- **Western:** Other than the previous case from **Lukulu district** in February 2025, no additional cases were recorded from the province.
- **Central:** other than the initial confirmed case recorded from **Chitambo district** in October 2024, no additional cases were recorded from the province.
- **Lab & Surveillance:** all frontline staff across the country remain on high alert. To date, there have been 301 suspected cases across the country, 14 of whom were tested in the last week with seven samples testing positive and four sample results pending. Of the 298 samples with results available, 31 have tested positive (10% positive)
 - Of the 31 positive samples, 21 have been confirmed as **Clade 1b** (ten are pending genomic sequencing results).
 - Surveillance at Points of Entry as well as cross-border surveillance remain heightened.

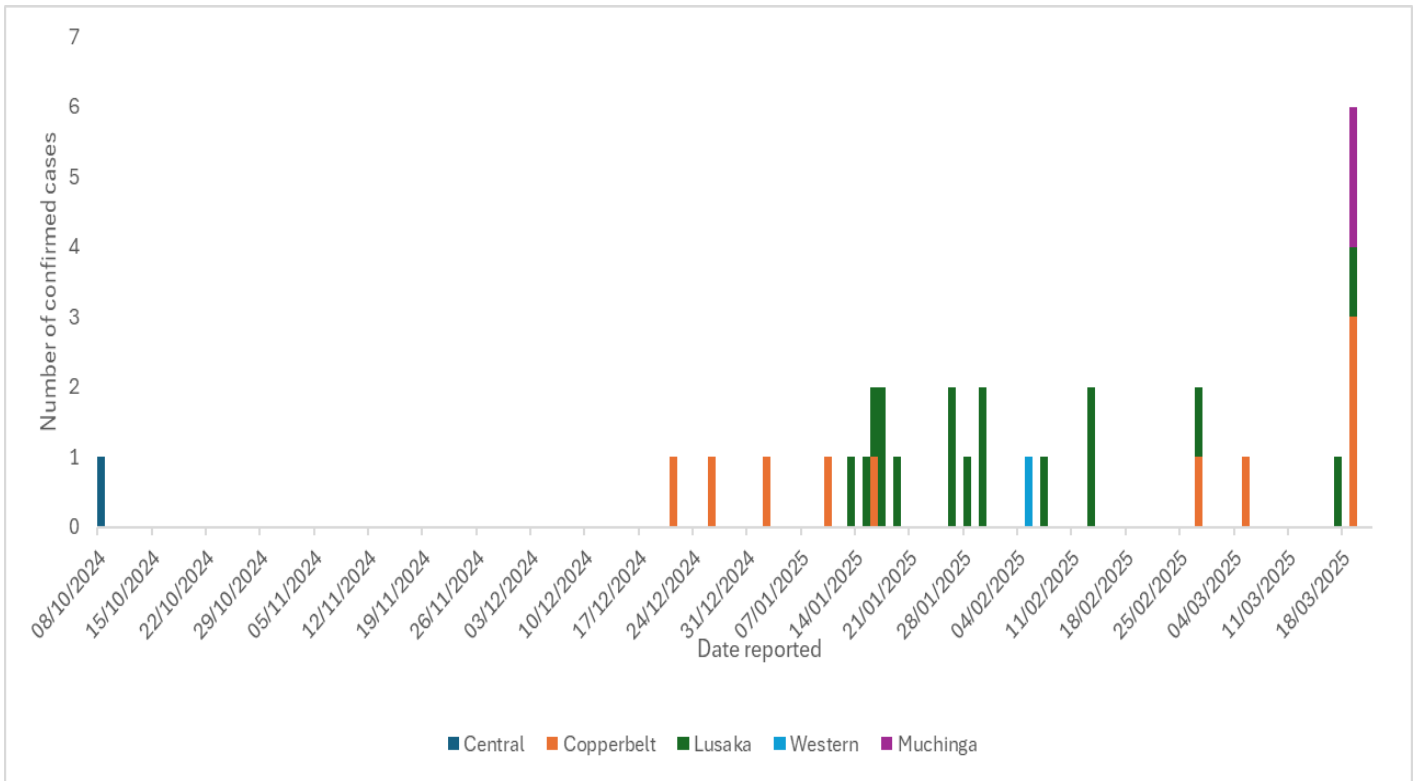


Figure 3: Epicurve of confirmed Mpox cases in Zambia (colour coded by Province), as of 21st March 2025

- Age and sex distribution of the **301 suspected cases** tested to date:
 - 51% are female and 49% male,
 - Age range is shown in Figure 4 below

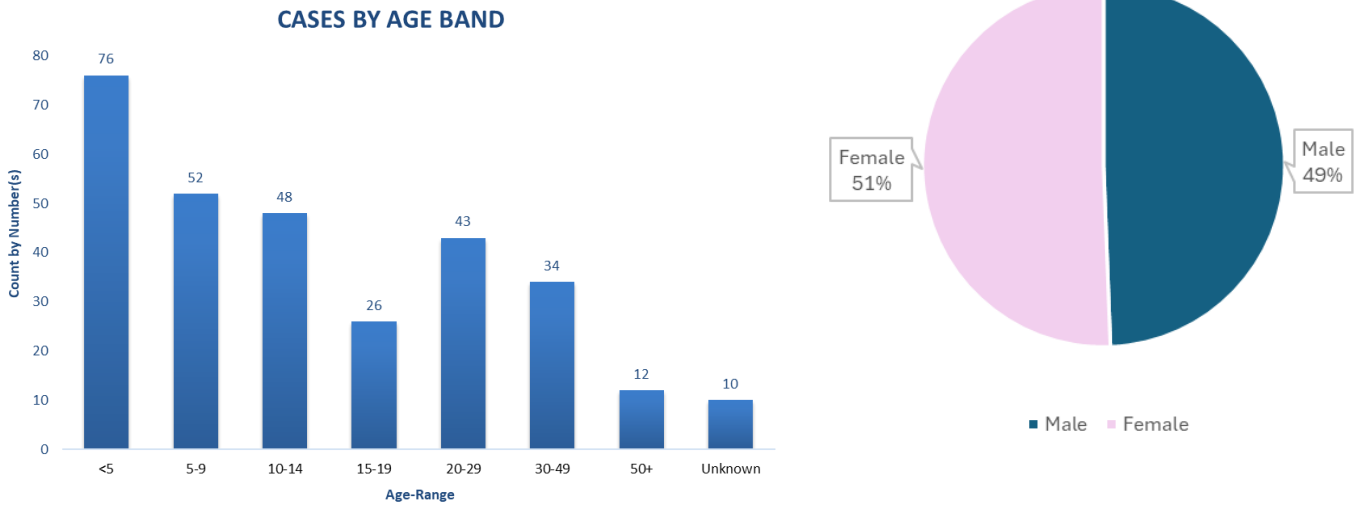


Figure 4: Age and Sex distribution of the suspected cases (N=301) recorded countrywide as of 21 March 2025

- Age and sex distribution of the **31 confirmed cases** to date:
 - 15 (48%) are female and 16 (52%) are male,
 - Age range is shown in Figure 5 below

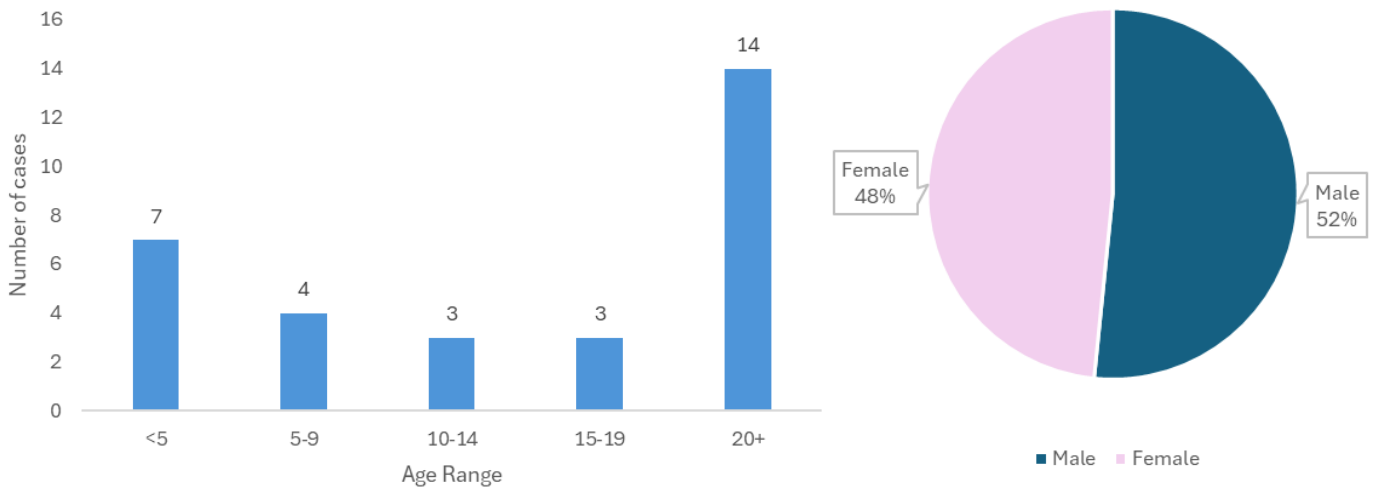


Figure 5: Age and Sex distribution of the confirmed cases (N=31) recorded countrywide as of 21 March 2025

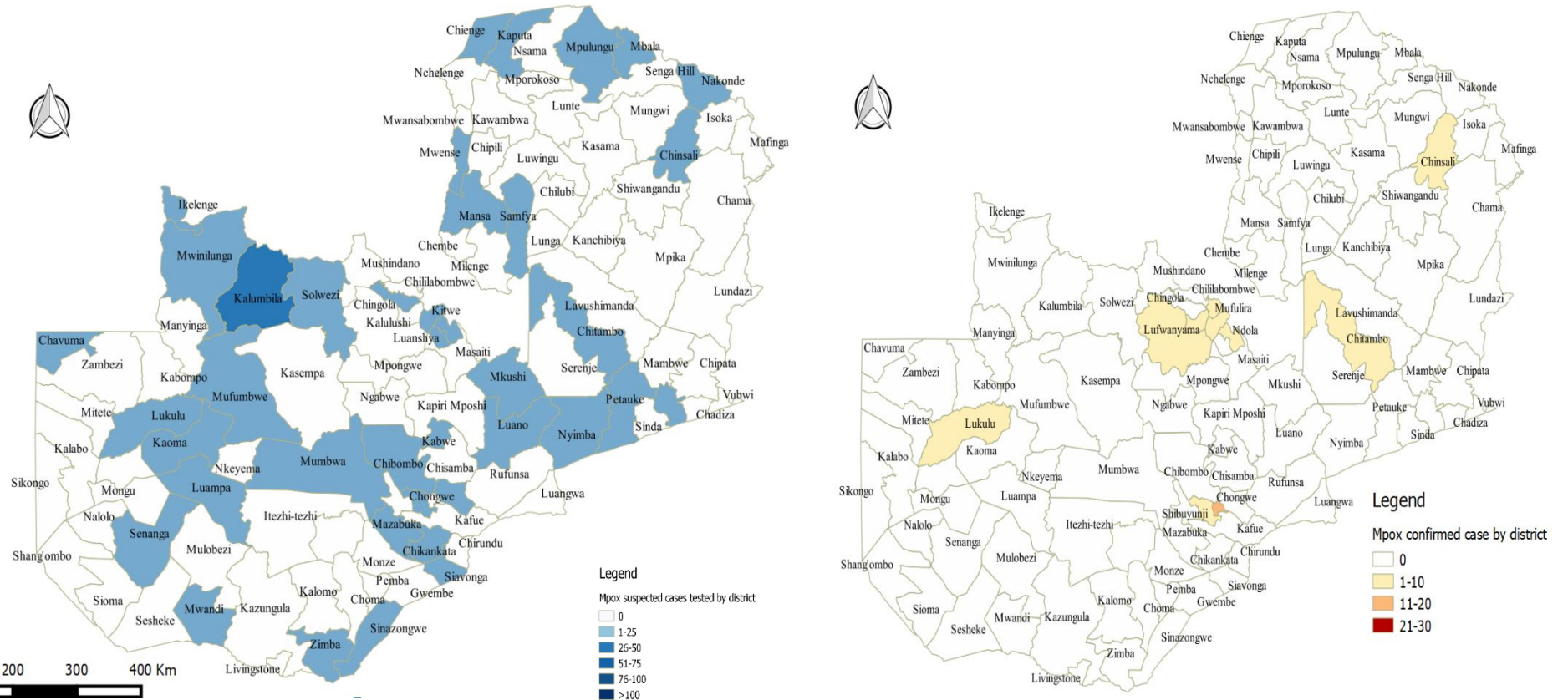


Figure 6: Map of Zambia showing distribution of (i) suspected cases tested (N=301) vs (ii) confirmed cases (n=31) by district, 21 March 2025

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)
- Dissemination of the RQA findings to all pillars to guide response activities implementation

3. FOLLOW-UP ACTIONS/RECOMMENDATIONS

- Update current version of the IPA before the end of March
- Daily monitoring of cases under isolation, contact tracing and continued active case search
- Case definitions and management protocols to be shared with all facilities
- Further investigations to be carried out to establish epi-linkages and disease spread
- Heightened engagement of districts along the line of rail to enhance surveillance activities
- 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.

ANNEX 1: MPOX CASE DEFINITIONS

1. Suspect case: Patient of any age with:

- New unexplained 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:

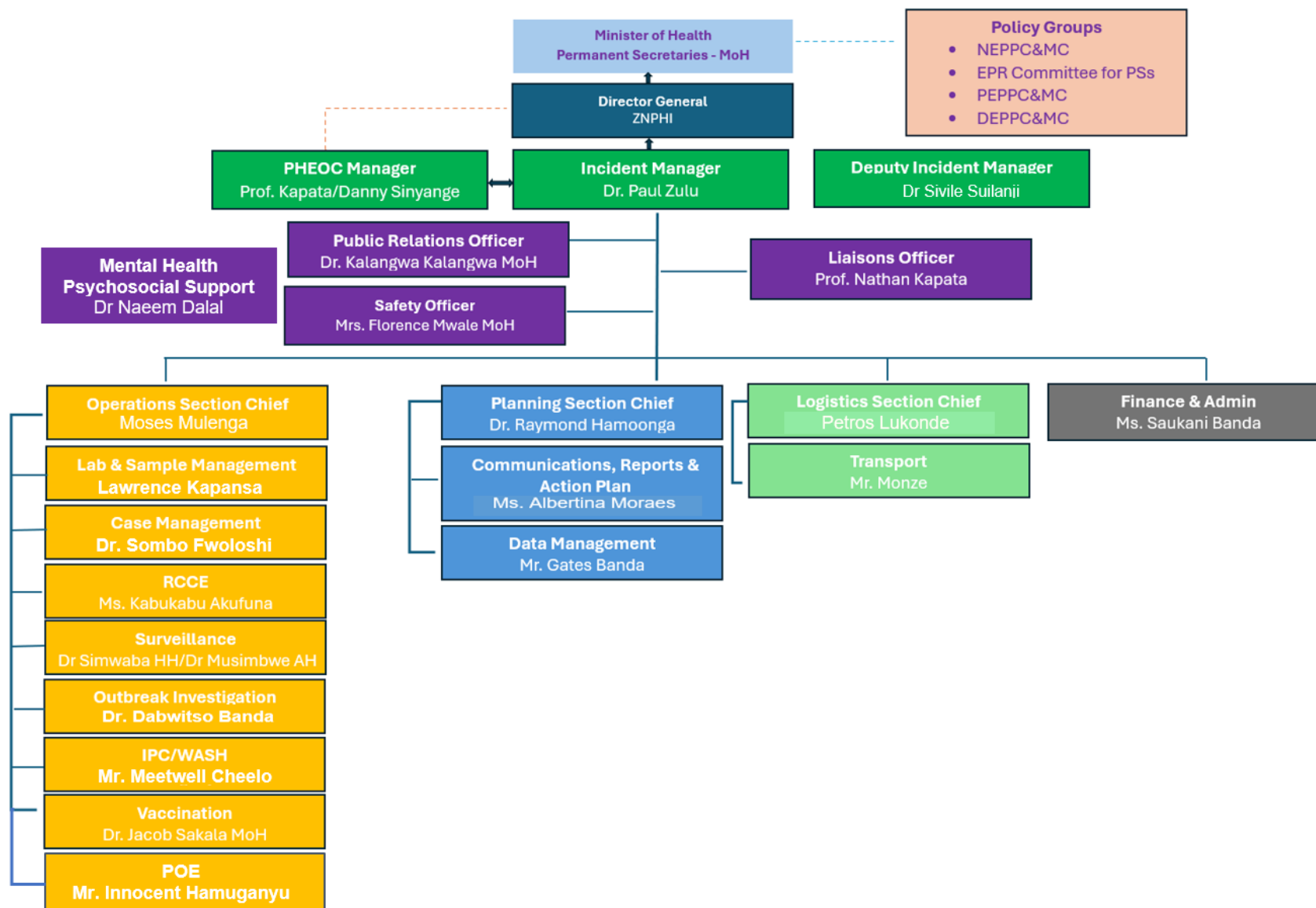
- An alternative diagnosis can fully explain the illness OR
- An individual with symptoms consistent with mpox does not develop a rash within 5 days of illness onset OR
- A case where high-quality specimens do not demonstrate the presence of *Orthopoxvirus* or MPXV or antibodies to orthopoxvirus

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

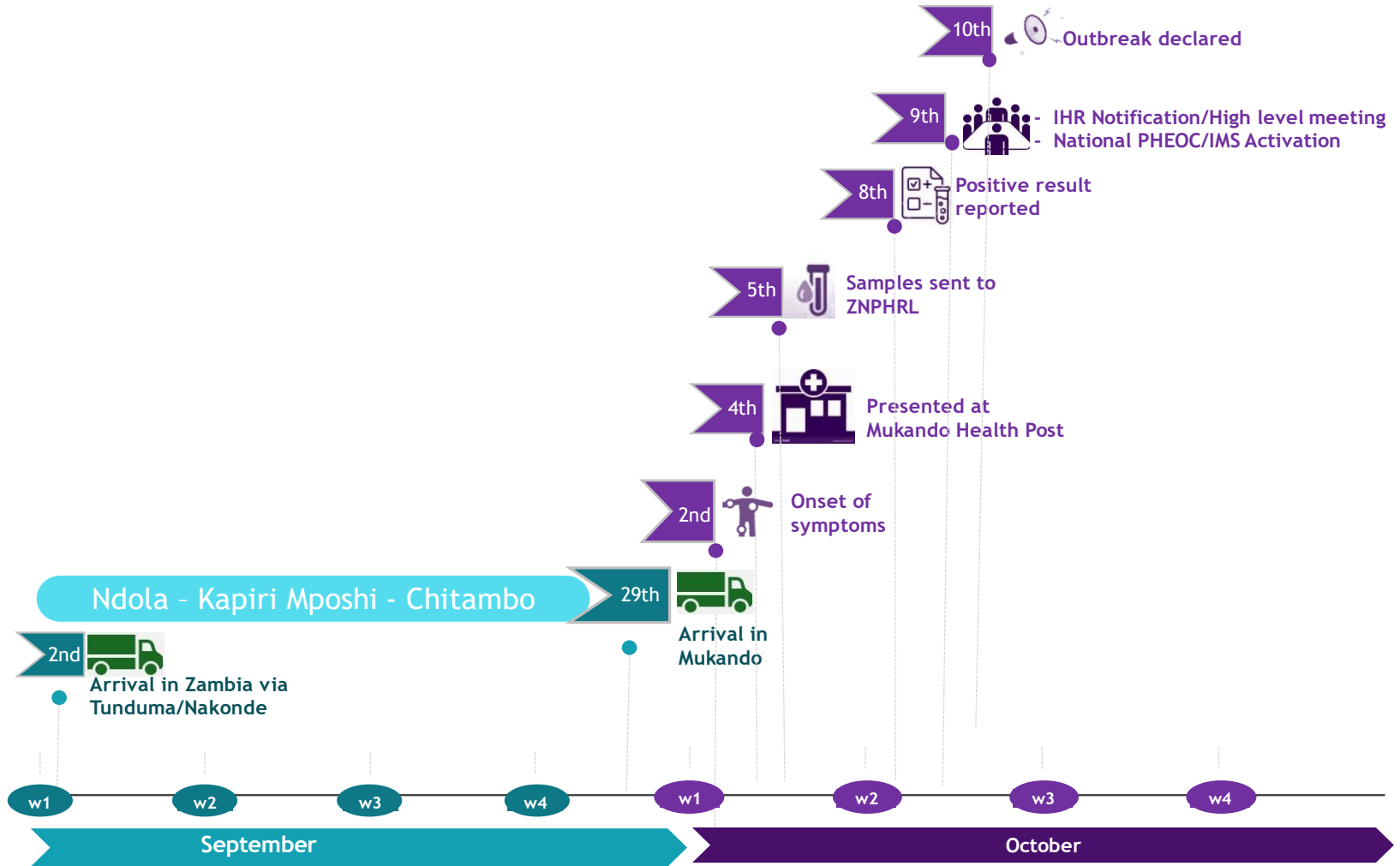
- Reports having contact with a person or people with a similar appearing rash or who received a diagnosis of confirmed or probable mpox OR
- Had close or intimate in-person contact with individuals in a social network experiencing mpox activity
- Travelled to a country with confirmed cases of mpox or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