

## ZAMBIA CHOLERA SITUATION REPORT #26

Disease Outbreak: Cholera  
Report date: 13/03/2025

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

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

 **Cases: 344**

 **Discharged: 333**

 **Deaths: 09**

➤ Between 7<sup>th</sup> and 13<sup>th</sup> March:

- there were **12 new cases** reported, all from Lusaka - 10 from Kanyama, 1 from Mandevu, and 1 from Lusaka Central.
- **11 patients were discharged** - 1 from Chililabombwe, and 10 from Lusaka.
- There were **zero deaths reported**.
- **Cumulative cases** stand at **344 with 9 deaths (7 BIDs, 2 facility deaths)** (CFR 2.6%; facility CFR 0.6%) and 333 discharged.
- There are currently **two cases in admission**, in Lusaka (1 at Bauleni CTC and 1 at Chipata FLH from Mandevu).
- **Zero reporting:** Eastern, N/western and Muchinga are all beyond two weeks of zero reporting.

### 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**, Katete in **Eastern**, Solwezi and Kalumbila in **North-western** and Kabwe 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.

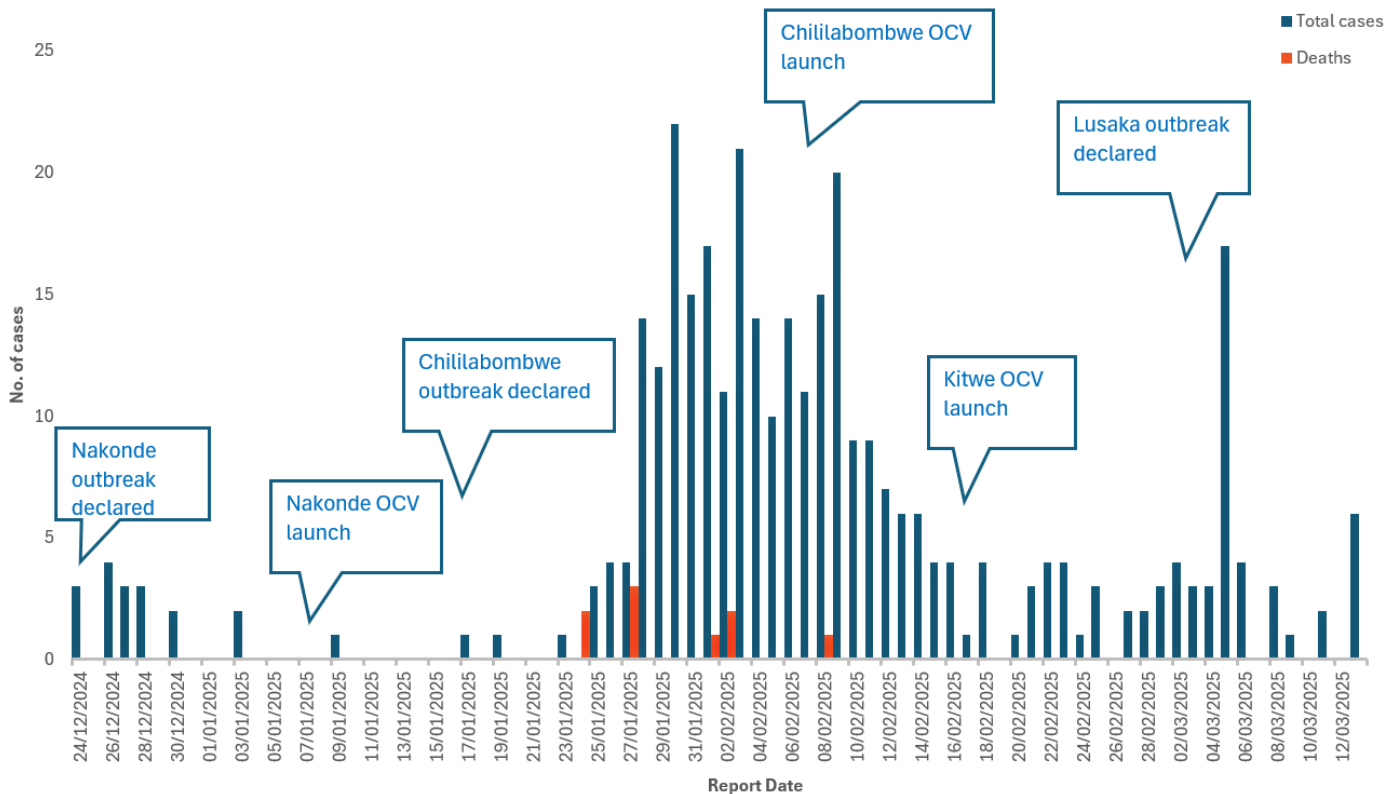


Figure 1: Epicurve of cases and deaths recorded, as of 13<sup>th</sup> March 2025

Table 1: Breakdown of cases reported by province and district, as of 13 March 2025

Province	Sub/District	Betwn 7-13 Mar			Currently Admitted	Cumulative				Zero reporting since
		Cases	Deaths	Discharged		Cases	Deaths	Discharged	CFR	
Central	Kabwe	0	0	0	0	4	0	4	0%	04/03/25
	Ngabwe	0	0	0	0	3	0	3	0%	10/02/25
C/belt	Chililabombwe	0	0	1	0	235	6	228	3%	03/03/25
	Chingola	0	0	0	0	14	0	14	0%	13/02/25
	Kalulushi	0	0	0	0	1	0	1	0%	04/03/25
	Kitwe	0	0	0	0	11	2	9	18%	21/02/25
	Lufwanyama	0	0	0	0	1	0	1	0%	15/02/25
	Mufulira	0	0	0	0	1	0	1	0%	17/02/25
	Ndola	0	0	0	0	2	0	2	0%	04/02/25
Eastern	Katete	0	0	0	0	1	0	1	0%	17/02/25
Lusaka	Mandevu	1	0	0	1	2	0	1	0%	Active
	Kanyama	10	0	10	0	37	0	37	0%	Active
	Lusaka Central	1	0	0	1	1	0	1	0%	Active
Muchinga	Nakonde	0	0	0	0	27	1	26	4%	06/02/25
N/Western	Kalumbila	0	0	0	0	3	0	3	0%	10/02/25
	Solwezi	0	0	0	0	1	0	1	0%	10/02/25
<b>Total</b>		<b>12</b>	<b>0</b>	<b>11</b>	<b>2</b>	<b>344</b>	<b>9</b>	<b>333</b>	<b>3%</b>	

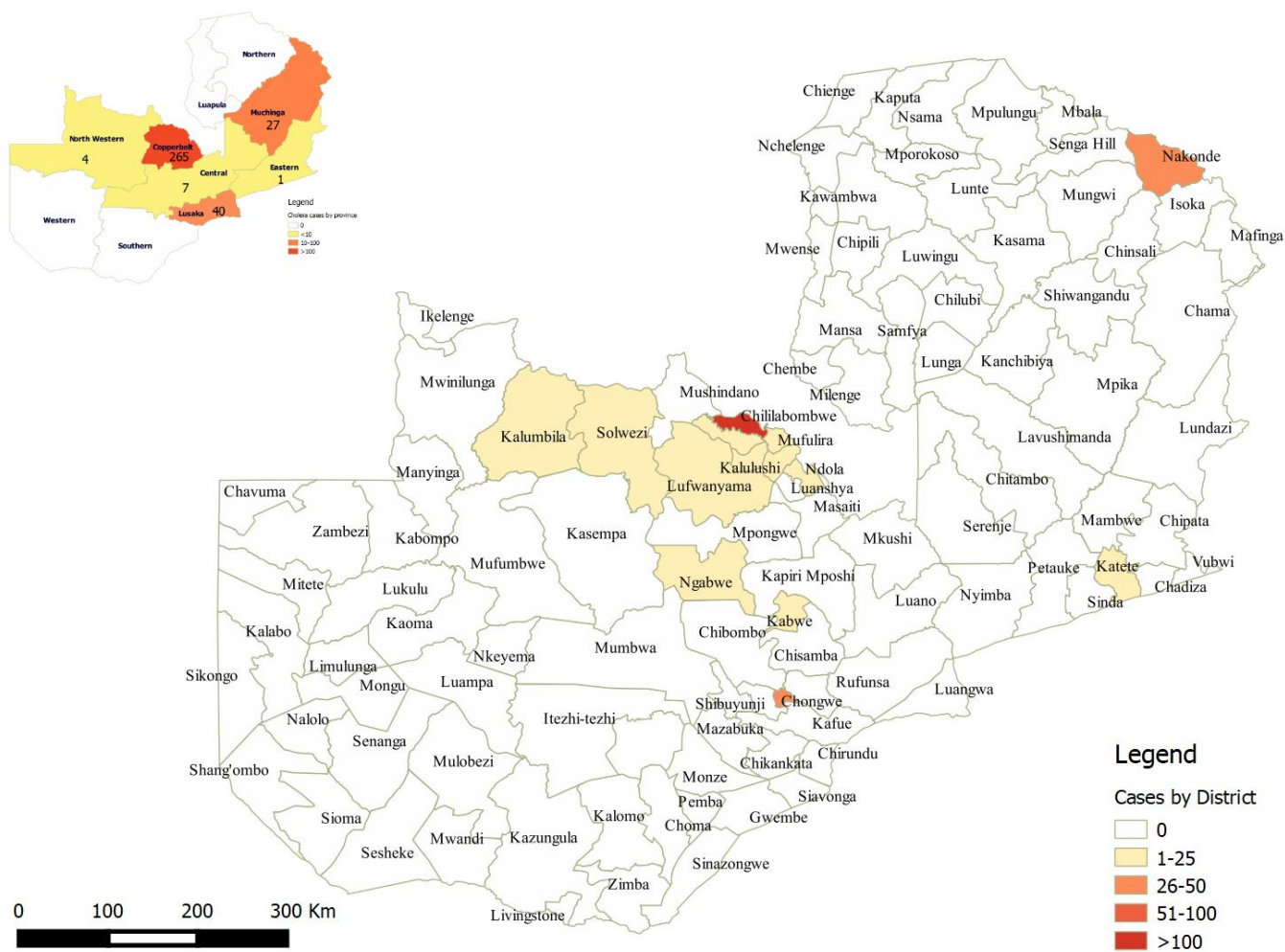


Figure 2: Distribution of recorded cholera cases by district, 13<sup>th</sup> March 2025 (insert: provincial distribution)

## 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:**

- 344 cases have been recorded countrywide to date, with 333 discharged and 9 deaths; **two cases are currently in admission** in Lusaka (see Table 1). Of the cases recorded, the majority are males, and most cases are aged between 20-39.
- 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.
- Distribution of chlorine to the contacts and households within the CATI ring has continued
- **Lusaka:** 3/6 wards under Kanyama constituency are the Priority Areas for Multisectoral Interventions (PAMIs) where the suspected cases are coming from.
  - The most affected PAMI wards are Garden park ward and Makeni villa ward



Figure 3: Distribution of cholera cases by PAMI ward in Kanyama constituency, Lusaka

### 2.3 Vaccination

- Vaccination campaigns have been carried out in Nakonde, Chililabombwe and Kitwe districts.
- **Lusaka district** is scheduled to conduct an OCV campaign from 24<sup>th</sup> – 29<sup>th</sup> March 2025. Authorisation has been requested for 1.1million doses to be used for the campaign in hotspots in Kanyama and Matero.

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, including water and food quality monitoring
- Challenges continues around use of water from untreated water sources (shallow wells and untreated borehole)

### 2.5 Risk Communication and Community Engagement

- Kanyama RCCE: reports from the teams indicate most people are unaware of what cholera is and how it is spread (misconceptions about it being airborne are prevalent), therefore there is need for heightened RCCE especially in market places
- 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

- Lack of operational funds for the cholera response
- Inadequate transport for contact tracing, case investigation and health promotion activities
- Inaccessible areas in some parts of Kanyama due to floods hampering response efforts around contact tracing, health promotion and other activities
- Late receipt of laboratory culture results
- Use of water from untreated water sources (shallow wells and untreated borehole)
- Inadequate numbers of CBVs trained in event-based surveillance

### 4. RECOMMENDATIONS/FOLLOW-UP ACTIONS

- Disbursements of operational funds for cholera response
- Provision of IPC supplies to the responders
- Lobby for additional transport for the cholera outbreak response
- Provision of alternative source of water in Kanyama and Garden house
- Train CBVs in EBS and deploy them to conduct active case finding
- Lobby for more supplies for the CATI strategy
- Intensify health promotion, environmental health and surveillance activities



### Annex 1: Cholera IMS

