

ZAMBIA CHOLERA SITUATION REPORT #28

Disease Outbreak: Cholera
Report date: 27/03/2025

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

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

 **Cases: 364**

 **Discharged: 354**

 **Deaths: 09**

➤ Between 21st and 26th March:

- there were **9 new cases** reported - all from Lusaka.
- **11 patients were discharged**, 3 from Nakonde and 8 from Lusaka.
- There were **zero deaths reported (last death 8/2/25)**.
- **Cumulative cases** now stand at **364 with 9 deaths (7 BIDs, 2 facility deaths)** (CFR 2.5%; facility CFR 0.6%) and 354 discharged.
- There is currently **only one case in admission**, in Lusaka.
- **Zero reporting:** Central, Copperbelt Eastern, and N/western are all beyond two weeks of zero reporting (See *Table 1* for details)

BACKGROUND

Nakonde district in **Muchinga** reported the first three suspected cases of cholera on 24th December, 2024, while the **Copperbelt** reported one case on 18th 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 28th January, 2025.

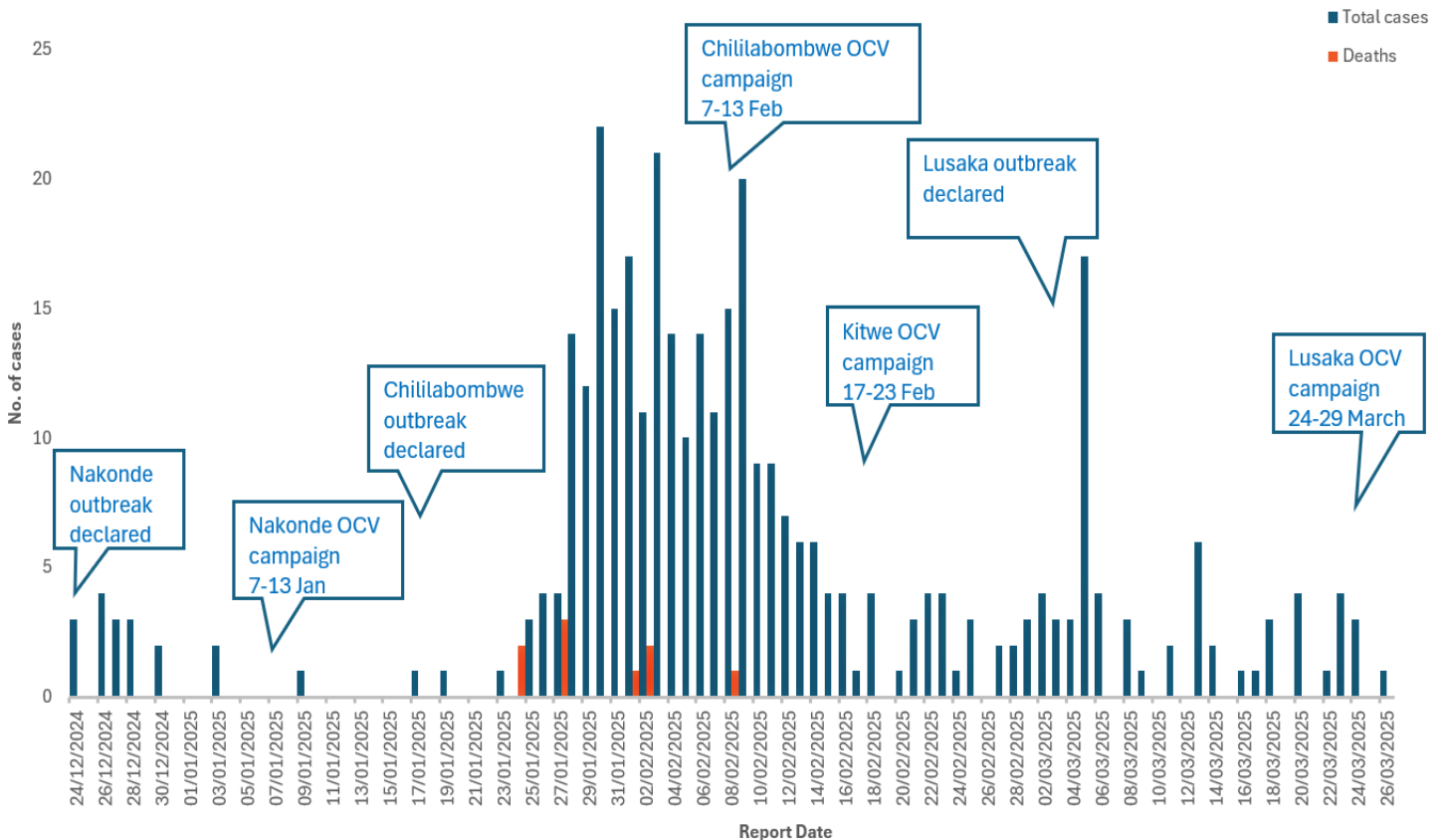


Figure 1: Epicurve of cases and deaths recorded, as of 27th March 2025

Table 1: Breakdown of cases reported by province and district, as of 27 March 2025

Province	Sub/District	Betwn 21-27 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	0	0	235	6	229	2.5%	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	3	0	2	1	5	0	4	0%	Active
	Kanyama	6	0	6	0	51	0	51	0%	Active
	Lusaka Central	0	0	0	0	1	0	1	0%	13/03/25
Muchinga	Nakonde	0	0	3	0	30	1	29	3%	20/03/25
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
Total		9	0	11	1	364	9	354	2.5%	

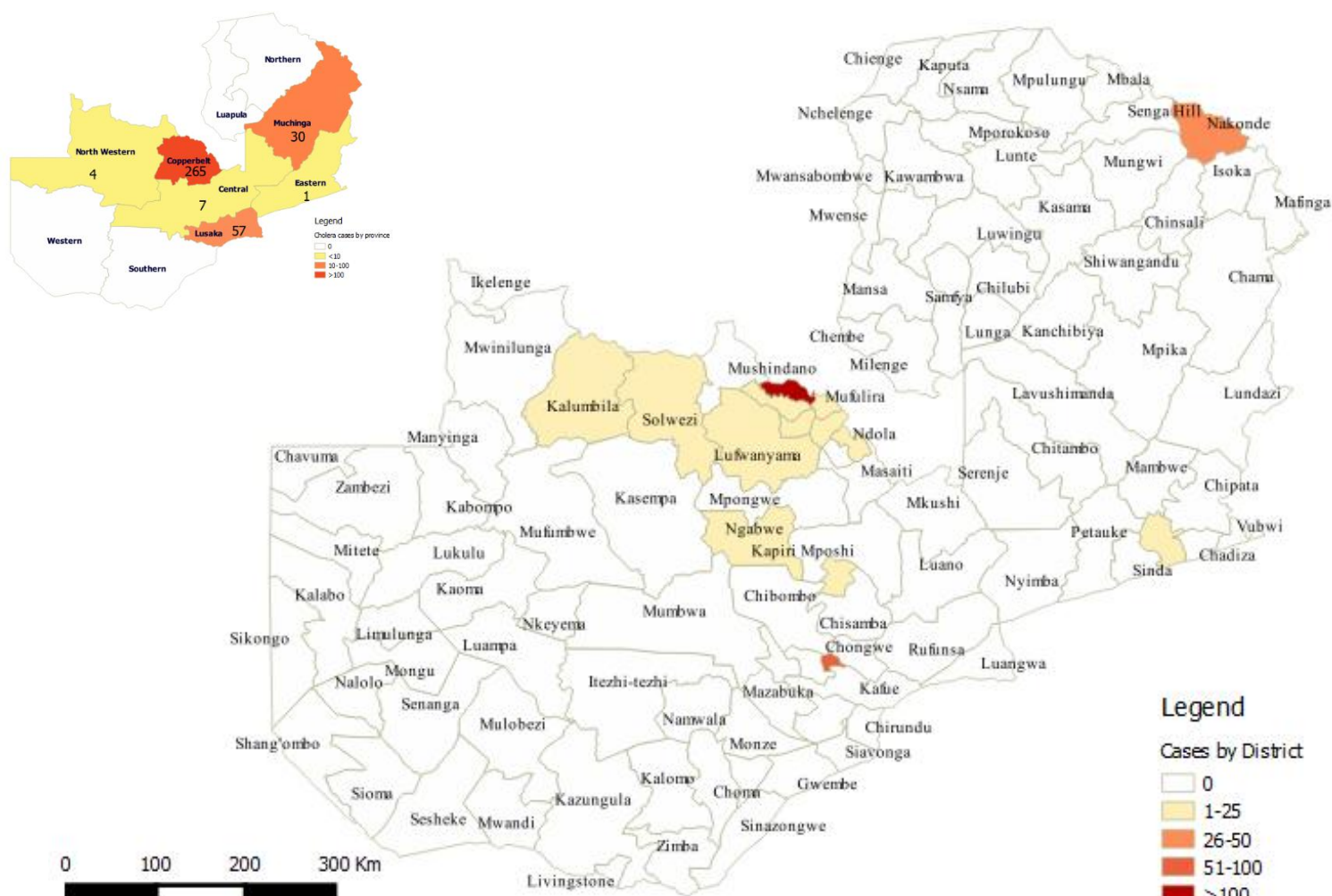


Figure 2: Distribution of recorded cholera cases by district, 27th March 2025 (insert: provincial distribution)

2. RESPONSE ACTIONS TO DATE

2.1 Leadership and Co-ordination

- The national IMS has been meeting since 28th 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 EPR, Surveillance & Case management

- **EPR/Surveillance/Case management:**

- In the past week, there were 9 new cases and 11 discharges. Cumulatively, 364 cases have been recorded countrywide, with 354 discharged and 9 deaths; **only one is currently admitted** in Lusaka (see *Table 1*).
- 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 **Kanyama, Garden park and Makeni**



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

- Of the 57 cases recorded under Lusaka province, 32 have been male and 25 female. The majority of the cases are >15 years.

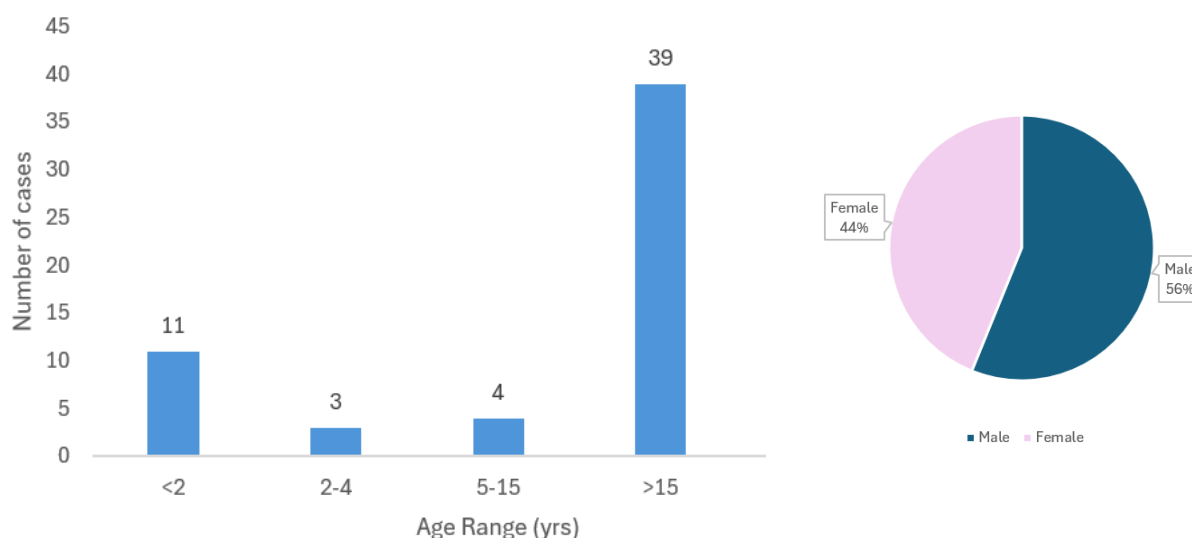


Figure 4: Age and sex distribution of Lusaka cholera cases (N=57), as of 27/03/25

2.3 Vaccination

- Lusaka district** commenced the OCV campaign on 24th March 2025, in hotspots in Kanyama and Matero. As of Day 3 of the campaign, 334,139 doses had been administered (46% of target). See the break down below.

Table 2: Summary of the Lusaka district OCV campaign as of Day 3, 26th March 2025

Sub-district	Target pop.	Total vaccinated	Coverage (%)	# of HF's
Matero	225,650	95,772	42.4%	9
Kanyama	498,861	238,367	47.8%	13
Total	724,511	334,139	46%	22

- Vaccination campaigns were also conducted in Nakonde, Chililabombwe and Kitwe districts.

Table 3: 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
Total	651,040	675,441	104%	

2.5 Risk Communication and Community Engagement

- IEC materials have been translated in Swahili and French in collaboration with Africa CDC
- The teams have continued to implement environmental health and WASH measures in Lusaka, Copperbelt and Muchinga

2.4 IPC/WASH/Environmental Health

- The IPC TWG is scheduled to meet next Wednesday 03/04/25 at 10hrs at UNICEF
- The workshop to develop the health-care associated infections strategy and SOPs is scheduled to take place in Kabwe from 31/03 to 05/04 2025.
- In support of ongoing cholera response efforts, the Ministry of Water Development and Sanitation has received a consignment of Water, Sanitation, and Hygiene (WASH) commodities, funded by UNICEF, ECHO, and the CDC. The handover ceremony was attended by Dr. Paul Zulu, Assistant Director – Emergency Preparedness and Response, representing the Director-General, alongside the Emergency Preparedness and Response (EPR) team, led by the National Cholera Coordinator, Dr. Zyambo. Key donated items include:
 - Disinfectants, Liquid and Granular Chlorine, 300 Hand Pumps, 6 Motorcycles, Liquid Hand Wash, Lovibond Comparators, Industrial Detergents, and Waste Bins.

This contribution underscores the commitment of UNICEF, ECHO, and the CDC to strengthening cholera mitigation and improving WASH infrastructure in high-risk areas.



Figure 5: Donation of commodities towards the cholera response, funded by UNICEF, ECHO, and the CDC

3. ASKS/CHALLENGES

- Lack of operational funds for the cholera response
- Inadequate logistics for the case area targeted interventions (CATI)
- 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

