

## ZAMBIA MPOX SITUATION REPORT 14

Disease Outbreak: Mpox

Response start date: 9<sup>th</sup> October, 2024

Outbreak Declared: 10<sup>th</sup> October, 2024

Report date: 28<sup>th</sup> March, 2025

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### 1. EPIDEMIOLOGICAL HIGHLIGHTS

Confirmed cases: 36

Discharges: 26

Deaths: 01

Active cases: 09

➤ In the period 22 – 28 March 2025:

- **Lusaka: Three new cases** were recorded from Bauleni (1), UTH (1) and Matero (1). The three new cases were placed under home isolation, whereas the case from Garden is still isolated at UTH.
- **Muchinga: One new case** was recorded from Isoka, and is under home isolation
- **Western: One new case** was recorded from Lukulu, and is under home isolation
- **Copperbelt: No new cases** were recorded. The three cases from last week are still under home isolation.
- To date, the country has recorded a total of **36 confirmed cases** from five provinces, with 26 discharged and 1 death. There are currently nine cases under admission - 8 under home isolation and 1 under facility isolation in Lusaka (see Table 1).

#### Background

Zambia confirmed its first Mpox case on 8<sup>th</sup> 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 10<sup>th</sup> October, 2024.

No additional cases were recorded between October and November 2024. Subsequently, however, the Copperbelt province recorded a case on 21<sup>st</sup> December, 2024. Thereafter, Lusaka recorded its first case on 13<sup>th</sup> January, 2025, Western on 5<sup>th</sup> February, 2025 and Muchinga on 19<sup>th</sup> March, 2025.

Table 1: Summary of cumulative Mpox statistics as of 28<sup>th</sup> March 2025

Location	New tests (22-28/03)	Total tested	New cases (22-28/03)	Total Confirmed cases	Total Discharged	Total Deaths	Current admissions
Central	2	19	0	1	1	0	0
Copperbelt	0	25	0	10	7	0	3*
Eastern	0	6	0	0	0	0	0
Luapula	0	9	0	0	0	0	0
Lusaka	11	159	3	20	15	1	4
Muchinga	1	4	1	3	2	0	1*
Northern	0	20	0	0	0	0	0
N/Western	0	54	0	0	0	0	0
Southern	0	8	0	0	0	0	0
Western	2	13	1	2	1	0	1*
<b>Zambia</b>	<b>16</b>	<b>317</b>	<b>5</b>	<b>36</b>	<b>26</b>	<b>1</b>	<b>9</b>

\*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:** Three new cases were recorded in Lusaka district from:
  1. Bauleni (1) reported on 21<sup>st</sup> March: 2 year old female; currently isolated at home
  2. Matero (1) reported on 24<sup>th</sup> March: 13 year old female; currently isolated at home
  3. UTH (1) reported on 24<sup>th</sup> March: 28 year old male from Kanyama; currently isolated at home
  - The previous case (recorded last week) from Garden compound is still under facility isolation.
  - **Areas reporting cases:** the 20 cumulative confirmed cases in the province have been reported from:
    1. **Lusaka district:** Bauleni (8), Kanyama (4), Matero (3), Marapodi (1), Chelstone (1), Chawama (1), Kalingalinga (1)
    2. **Chilanga district:** Mwembeshi (1).

Table 2: Summary of cumulative cases reported from Lusaka province, 28<sup>th</sup> March 2025

<i>District</i>	<i>Area</i>	<b>Confirmed cases (cum.)</b>	<b>Cases currently under isolation</b>	<b>Deaths (cum.)</b>
<b>Lusaka</b>	Bauleni	8	1	0
	Chawama	1	0	0
	Chelstone	1	0	0
	Matero	3	2	0
	Kalingalinga	1	0	0
	Kanyama	4	1	0
	Marapodi	1	0	1
<b>Chilanga</b>	Mwembeshi	1	0	0
<b>Total</b>		<b>20</b>	<b>4</b>	<b>1</b>

- **Muchinga:** The province reported one new case on 28<sup>th</sup> March 2025:
  1. **Isoka:** 34 year old male epi-linked to the female case from Chinsali; currently under home isolation.
  - **Areas reporting cases:** The third (new) case was reported from Isoka, while the initial two cases were reported from the same catchment area under Nkula Rural Health Centre in Chinsali.
- **Western:** The province reported one new confirmed case on 28<sup>th</sup> March 2025:
  1. **Lukulu:** 17 year old female not epi-linked to the initial case, and has no travel history; currently under home isolation.
  - **Areas reporting cases:** Both cases were reported from Lukulu .
- **Copperbelt:** No new cases were reported from the 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, 21<sup>st</sup> March 2025

District	Areas	Confirmed cases (cum.)	Under isolation	Contacts enlisted	Symptomatic contacts	Positive contacts
Kitwe	Ndeke	3	0	10	0	0
<b>Ndola</b>	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
<b>Total</b>		<b>10</b>	<b>3</b>	<b>64</b>	<b>1</b>	<b>1</b>

- **Central:** other than the initial confirmed case recorded from **Chitambo district** in October 2024, no additional cases have been recorded from the province.
- **Lab & Surveillance:**
  - all frontline staff across the country remain on high alert, with increased index of suspicion. In the last week, 16 new suspected cases were tested with five samples testing positive (see *Table 1*). To date, there have been 317 suspected cases across the country. Of the 313 samples with results available, 36 have tested positive (11% positive); four sample results are pending.
  - Of the 36 positive samples, 21 have been confirmed as **Clade 1b** (15 are pending genomic sequencing results).
  - Surveillance at Points of Entry as well as cross-border surveillance remain heightened.

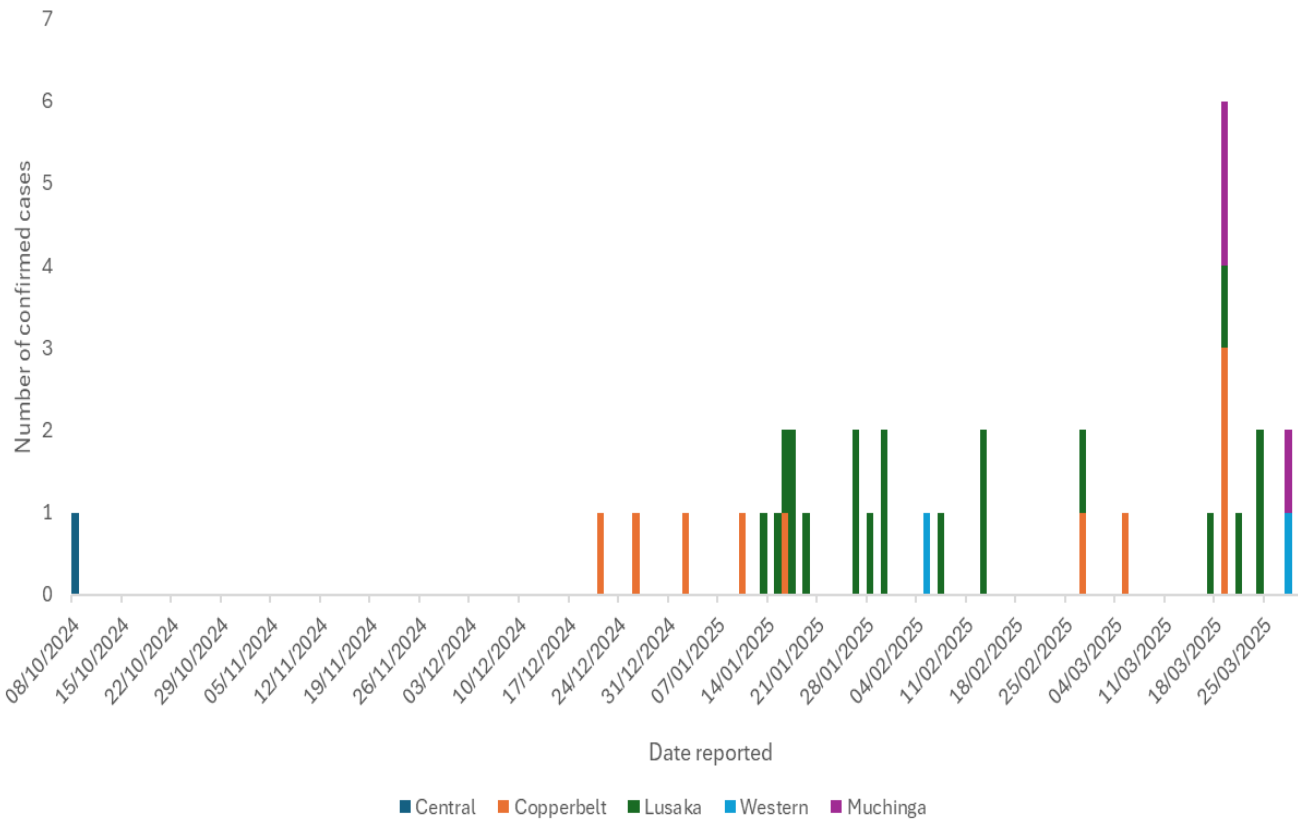


Figure 3: Epicurve of confirmed Mpox cases in Zambia (colour coded by Province), as of 28<sup>th</sup> March 2025

- Age and sex distribution of the **317 suspected cases** tested to date:
  - 51% are male and 49% female,
  - Age range and sex distribution is shown in Figure 4 below

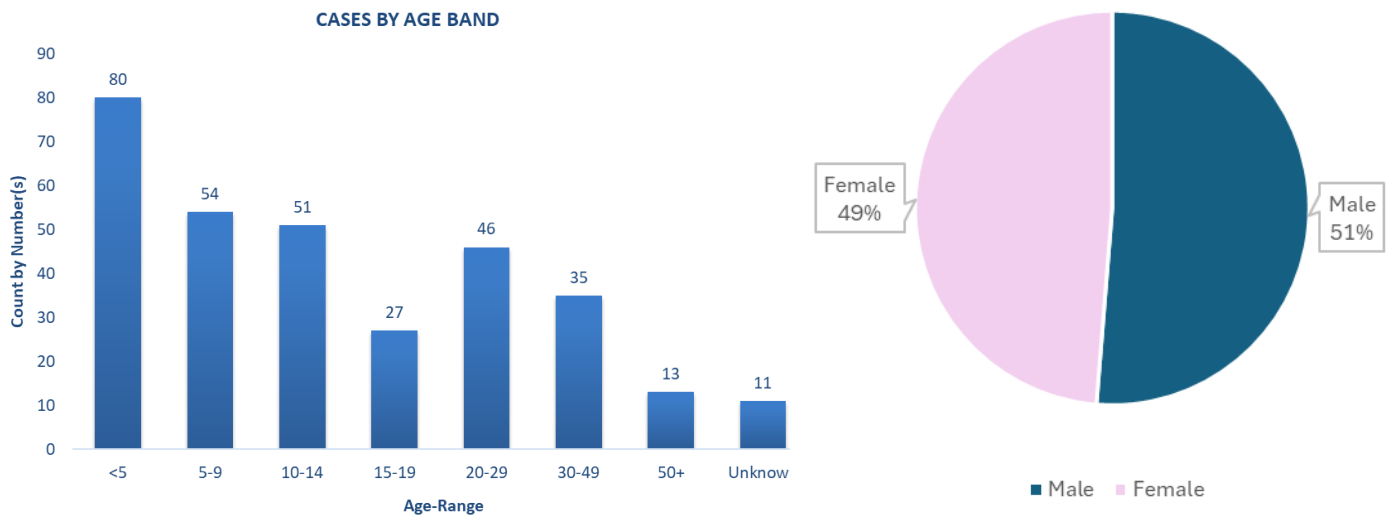


Figure 4: Age and Sex distribution of the suspected cases (N=317) recorded countrywide as of 28<sup>th</sup> March 2025

- Age and sex distribution of the **36 confirmed cases** to date:
  - 18 (50%) are female and 18 (50%) are male,
  - Age range is shown in Figure 5 below

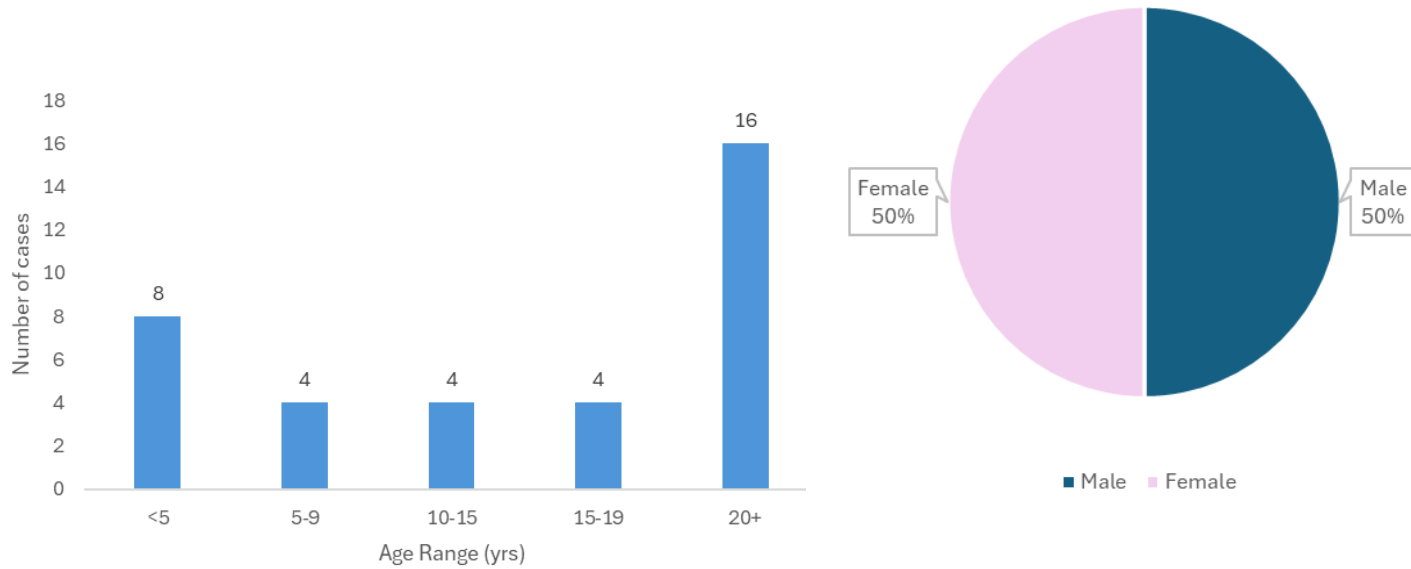
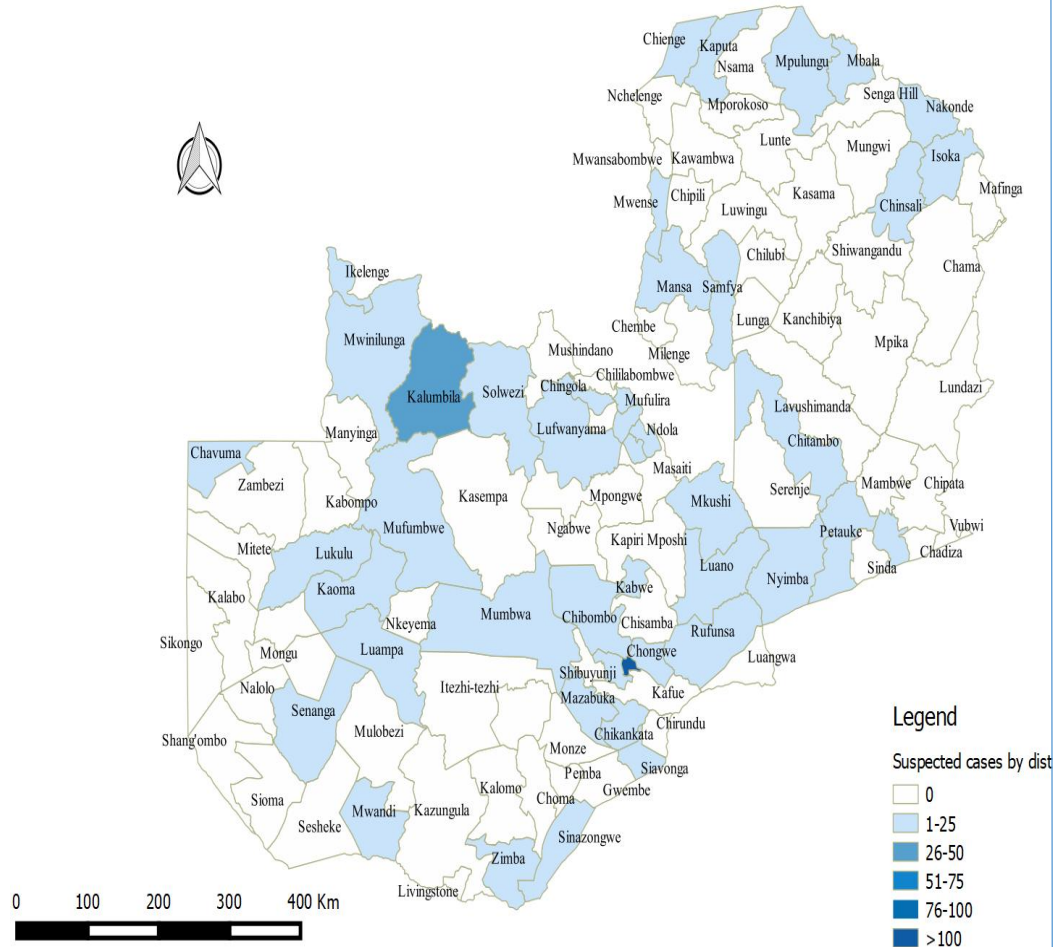


Figure 5: Age and Sex distribution of the confirmed cases (N=36) recorded countrywide as of 28<sup>th</sup> March 2025

### Suspected mpox cases tested by district



### Confirmed mpox cases by district

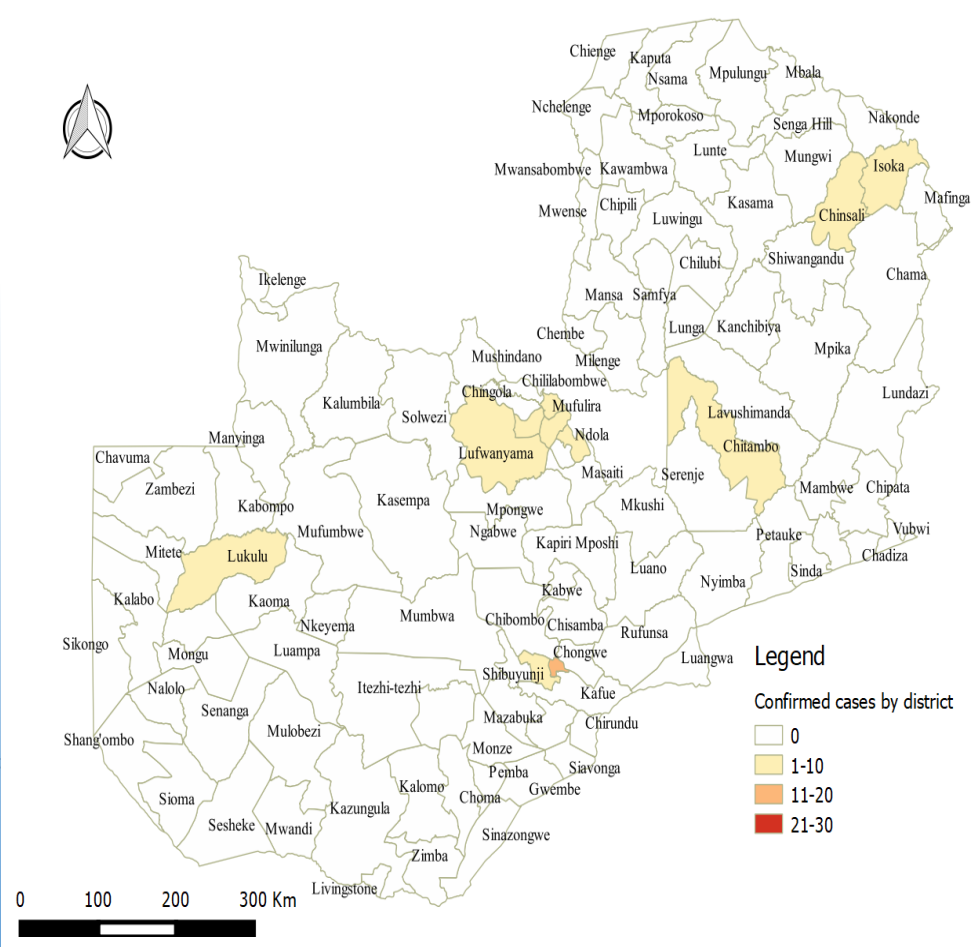


Figure 6: Map of Zambia showing distribution of (i) suspected cases tested (N=317) vs (ii) confirmed cases (n=36) by district, as of 28 March 2025

## 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)
  - Engaged town criers to sensitise the affected communities
  - Radio shows being aired to disseminate messaging e.g. on Radio Delight Chinsali on Mpox awareness

## 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
- Intensified case search and investigations 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

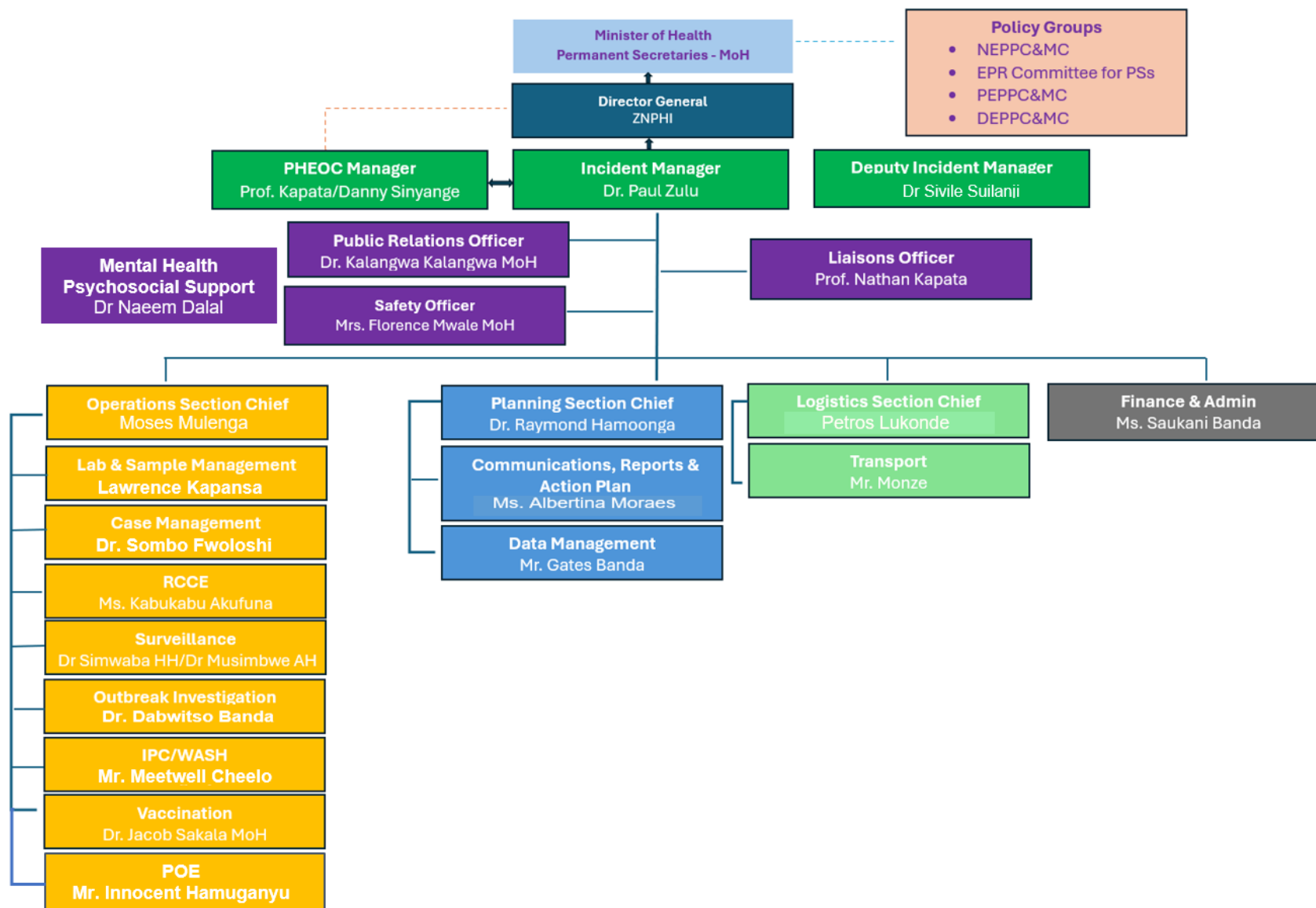
**\*Epidemiologic Criteria:** Within 21 days of illness onset:

- 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.)

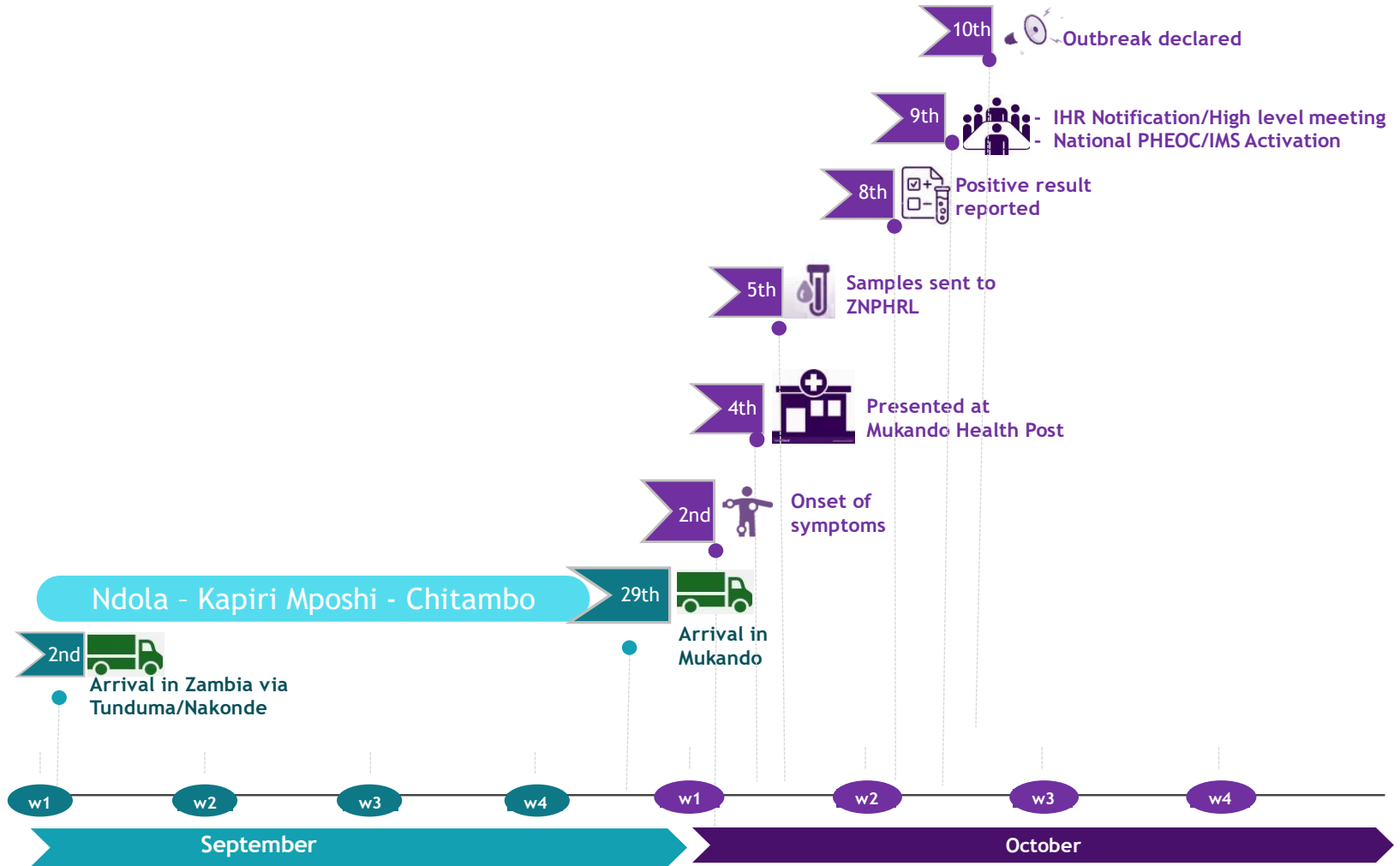
**Source: US CDC**



## 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