

## ZAMBIA CHOLERA SITUATION REPORT #29

Disease Outbreak: Cholera  
Report date: 03/04/2025

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

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

 **Cases: 476**

 **Discharged: 456**

 **Deaths: 09**

➤ Between 27<sup>th</sup> March and 3<sup>rd</sup> April:

- Kabwe recorded a surge in cases attributed to a point-source outbreak linked to a contaminated borehole at David Ramusho School, since 27/03.
- There were **112 new cases** reported – 102 from Kabwe and 10 from Lusaka.
- **102 patients were discharged**, 91 from Kabwe and 11 from Lusaka.
- There were **zero deaths reported (last death 8/2/25)**.
- **Cumulative cases** now stand at **476 with 9 deaths (7 BIDs, 2 facility deaths)** (CFR 1.9%; facility CFR 0.5%) and 456 discharged. There are currently **11 cases in admission**, in Kabwe.
- **Zero reporting:** Copperbelt, Eastern, Muchinga 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 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 teams were activated to coordinate the response. The national IMS was activated on 28<sup>th</sup> January 2025.

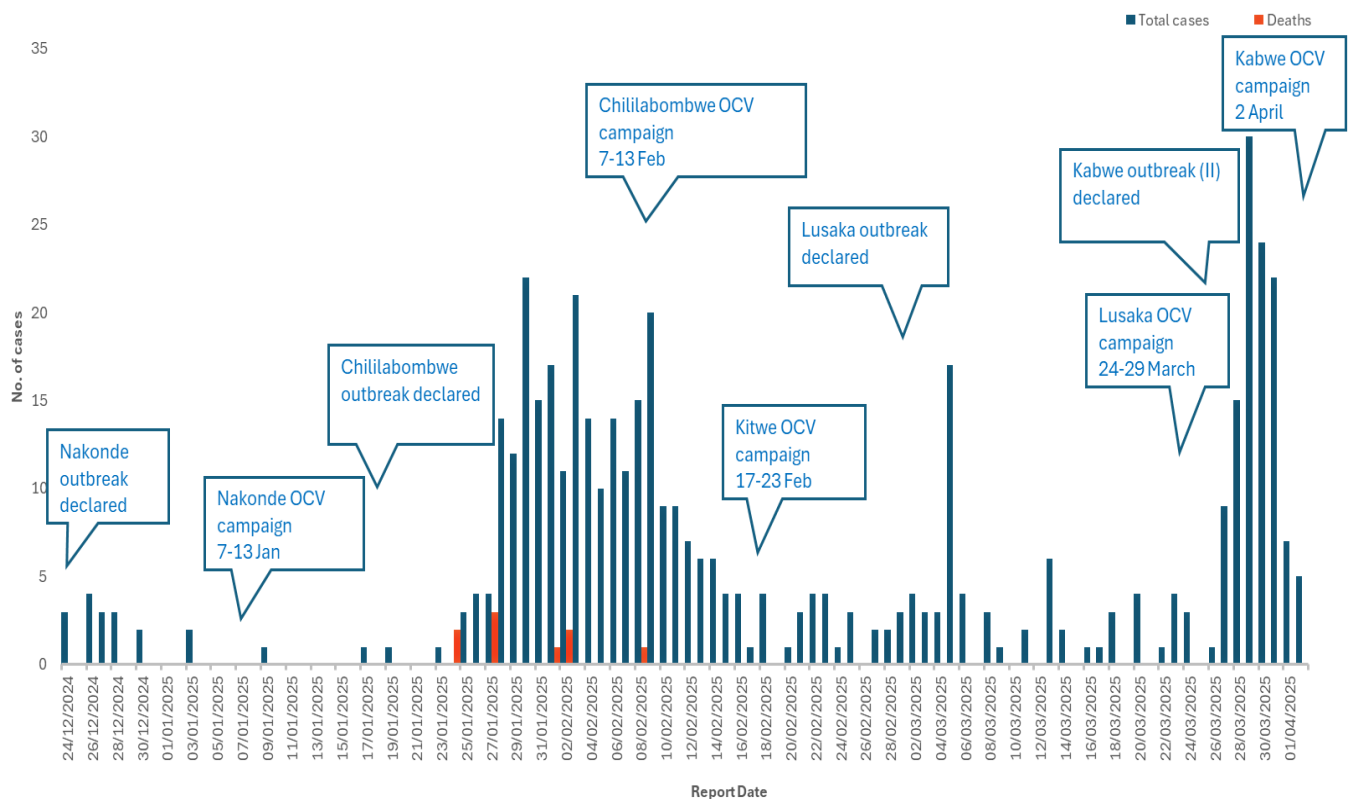


Figure 1: Epicurve of cases and deaths recorded, as of 3<sup>rd</sup> April 2025

Table 1: Breakdown of cases reported by province and district, as of 3rd April 2025

Province	Sub/District	Betwn 27 Mar – 3 Apr			Currently Admitted	Cumulative				Zero reporting since
		Cases	Deaths	Discharged		Cases	Deaths	Discharged	CFR	
Central	Kabwe	102	0	91	11	106	0	95	0%	Active
	Ngabwe	0	0	0	0	3	0	3	0%	10/02/25
C/belt	Chililabombwe	0	0	0	0	235	6	229	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	Lsk Central	0	0	0	0	1	0	1	0%	13/03/25
	Mandevu	0	0	1	0	5	0	5	0%	27/03/25
	Kanyama	9	0	9	0	60	0	60	0%	28/03/25
	Kabwata	1	0	1	0	1	0	1	0%	28/03/25
Muchinga	Nakonde	0	0	0	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
<b>Total</b>		<b>112</b>	<b>0</b>	<b>102</b>	<b>11</b>	<b>476</b>	<b>9</b>	<b>456</b>	<b>1.9%</b>	

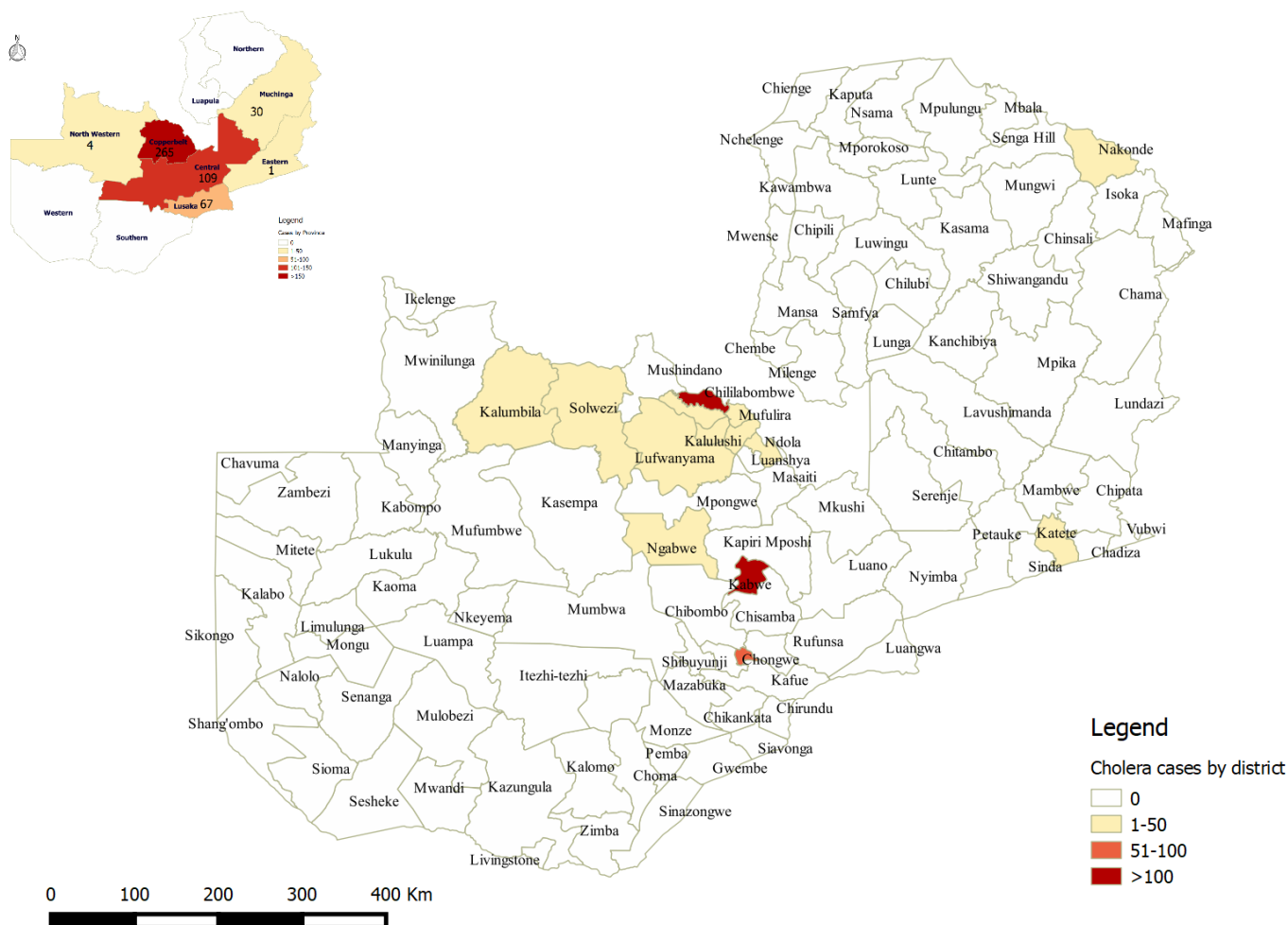


Figure 2: Distribution of recorded cholera cases by district (insert: provincial distribution), 3<sup>rd</sup> April 2025

## 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 EPR, Surveillance, Lab & Case management

#### ➤ EPR/Surveillance/Case management:

- **Kabwe:** In the past week, the district recorded 102 new cases and 91 discharges. The majority of the cases were linked to a contaminated borehole at David Ramusho School in Mines compound. The cases were recorded from Makululu, Mine, Kasanda, Magandanyama, Kawama and Trans-in. The cumulative cases stand at 106, with 95 discharges.
  - 26 stool samples were collected for laboratory testing. Out of these, 18 samples tested positive for *Vibrio cholerae*, (17 *Ogawa* and 1 *Inaba*) while 8 samples tested positive for *Enterobacter* species.
  - Line listing of cases, active case search, and contact tracing are ongoing
  - Distribution of chlorine to the contacts and households within the CATI ring has continued
  - **Oral Rehydration points (ORPs):** 7 out of 18 planned have been set up so far 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.



Figure 3: Some of the community ORPs set up in response to the Kabwe outbreak

- Of the cases recorded in the past week, 59% were female and 41% male.
- Age distribution: majority (40%) of the cases were aged between 10-14 years

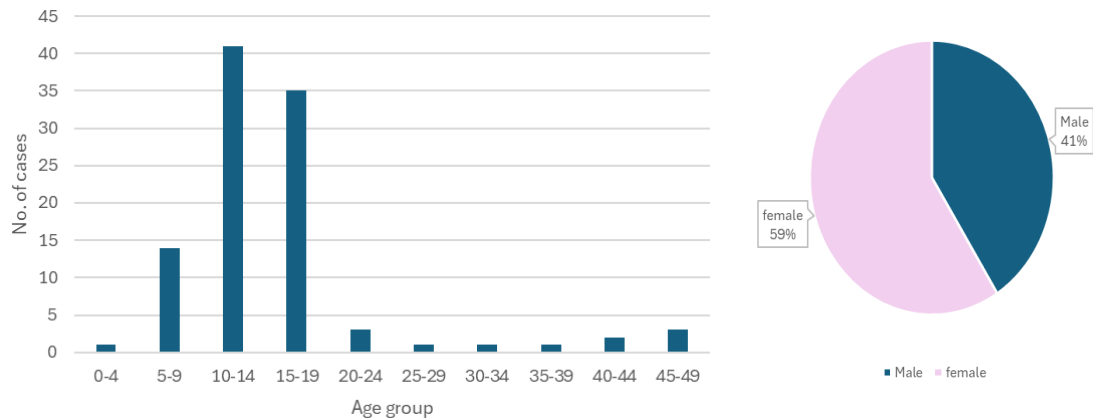


Figure 4: Age and sex distribution of Kabwe (Outbreak II) cholera cases (N=102), as of 28/03/25

- **Lusaka:** The province has not recorded any positive cases since 28/03/25.
  - Active case search is ongoing. Samples collected to date have all been negative
  - The cumulative number of cases stands at 67, with no deaths. All cases were discharged. There are currently no cases in admission
  - Age-sex distribution: the majority of cases recorded under Lusaka were aged over 15 years; 54% were male and 46% female.

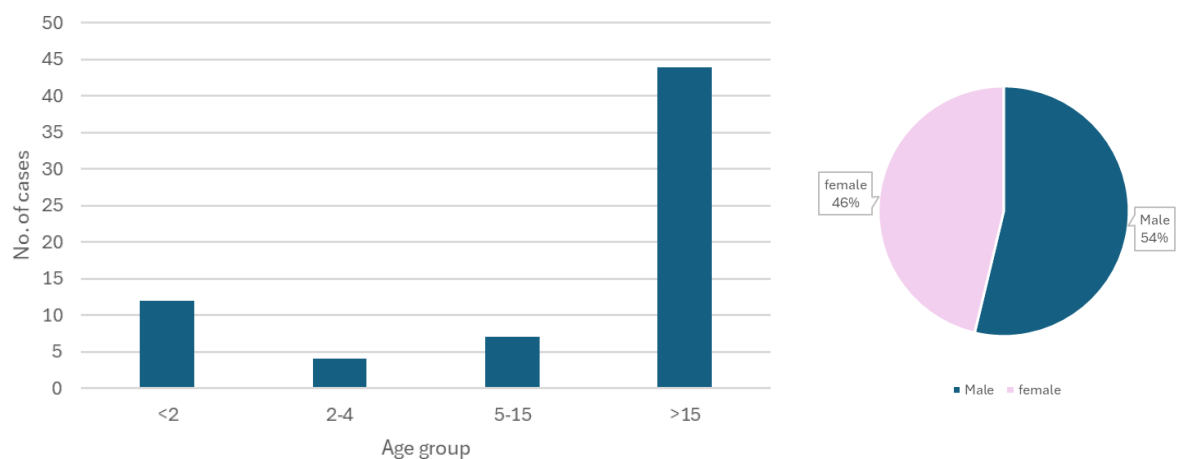


Figure 5: Age and sex distribution of Lusaka cholera cases (N=67), as of 28/03/25

### 2.3 Vaccination

- **Kabwe district:** conducted an OCV campaign targeted at pupils of David Ramusho School and residents in the surrounding areas. **A total of 4,717 doses were administered** over 2 days (2-3 April).

- Of the vaccinated, 54% (2,539) were female and 46% (2,178) male. The majority were aged between 5-15 years.

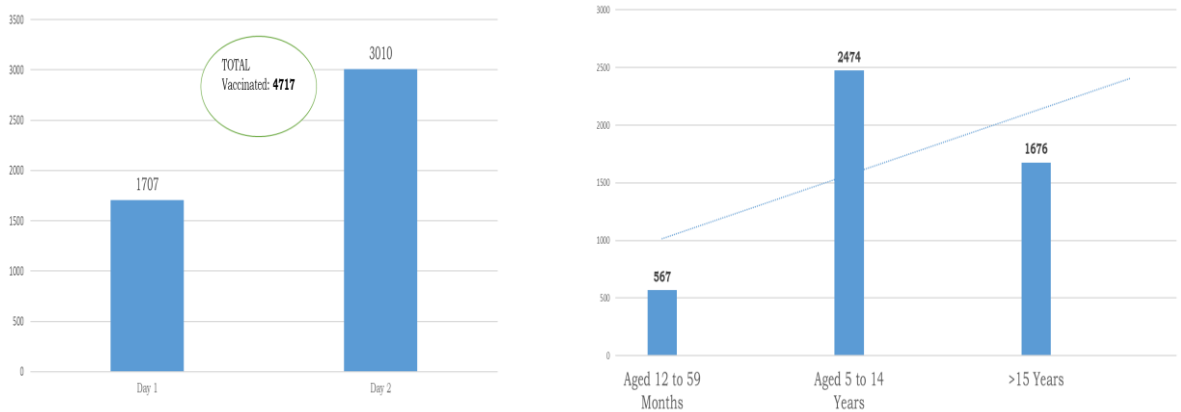


Figure 6: Number vaccinated in Kabwe by (i) Day of campaign and (ii) by age

- **Lusaka district** conducted the OCV campaign from 24-29 March 2025, in hotspots in Kanyama and Matero. As of Day 7 of the campaign, 723,378 doses had been administered (99.8% of target). See the break down below.
  - Of the vaccinated, 54% were female and 46% male. The majority were aged over 15 years.

Table 2: Summary of the Lusaka district OCV campaign, 3<sup>rd</sup> April 2025

Sub-district	Target pop.	Total vaccinated	Coverage (%)	# of HFs
<b>Matero</b>	225,650	222,405	98.6%	9
<b>Kanyama</b>	498,861	500,973	100.4%	13
<b>Total</b>	<b>724,511</b>	<b>723,378</b>	<b>99.8%</b>	<b>22</b>

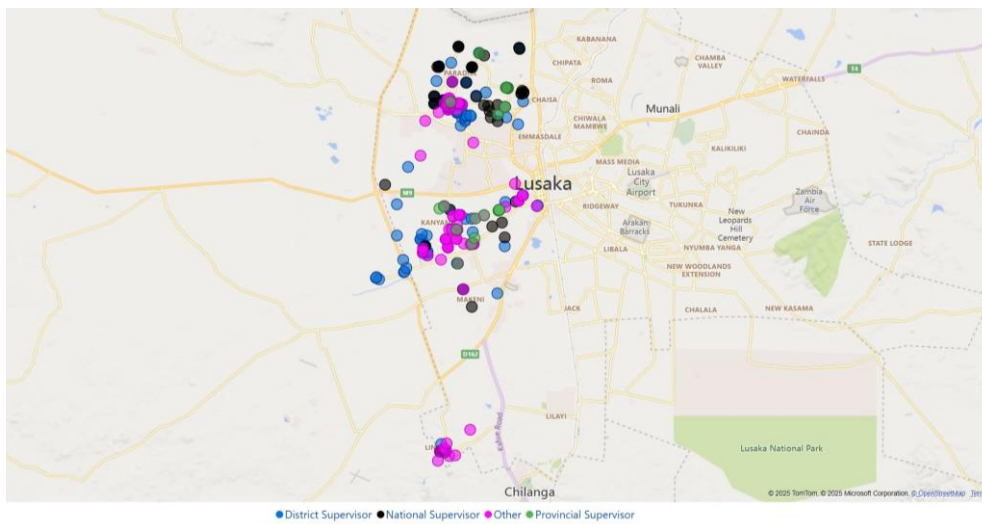


Figure 7: Geolocation of Lusaka Vaccination Sites

- **Other campaigns:** Vaccination campaigns were also conducted in Nakonde, Chililabombwe and Kitwe districts as follows:

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
<b>Total</b>	<b>651,040</b>	<b>675,441</b>	<b>104%</b>	

### 2.5 Risk Communication and Community Engagement

- ZNPHI in collaboration with UNICEF, Red Cross, and Plan are conducting a 3-day training for a target of 140 CBVs and 80 teachers to be dispatched into the affected communities to enhance sensitisation on Cholera and the OCV campaign. CBVs were equipped with job aids on cholera and OCV.



Figure 8: Training of CBVs and teachers in Kabwe, April 2025

### 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

- Training of additional CBVs underway
- 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

