



1.0 SITUATION OVERVIEW

- Zambia has been responding to a series of polio outbreaks since the detection of Wild Polio Viruses type 1 (WPV1) in Malawi on February 17, 2022.
- Additional WPV1 cases were detected in Mozambique that were genetically linked to the Malawi case.
- Two environmental surveillance (EVN) detections of VDPV2 were reported from Kitwe and Mufulira districts: **ENV-ZAM-CBT-MUF-KAW-24-011** (PV2, 6 nt diff) and **ENV-ZAM-CBT-KTW-MIN-24-010** (PV2, 7 nt diff) with dates of collection in November 2024.
- Following confirmation of results on March 19, 2025, a detailed risk assessment was conducted from March 25 to 30, with assessment tools developed and teams deployed to support the implementation of mitigation measures. The final report was completed and submitted.
- Zambia also detected cVDPV2 in October 2022 in the Copperbelt province, and in 2023 more cVDPV2 were isolated both in Environmental samples and in an AFP case in Copperbelt, Lusaka and Northern Province.
- National authorities and GPEI partners have been conducting outbreak response activities for each of these outbreaks. The outbreak response implemented includes:
 - Immediate declaration of the outbreak/high risk event as an emergency by the national government
 - Detailed investigation and risk assessment.
 - Enhanced surveillance to increase sensitivity and confidence that any ongoing person-to-person transmission of poliovirus will be rapidly detected
 - Planning for a vaccination response (SIAs): robust coordination, planning, budgeting, community engagement, and monitoring are enabling functions central to a successful response.
 - Scope of vaccination: the scope of vaccination campaigns varied according to the risk assessment.
- As part of the outbreak response, five (5) rounds of bOPV and four (5) rounds of nOPV2 supplementary Immunization activities (SIAs) have been conducted in the country between March 2022 – July 2024.
- In addition, strengthening of routine immunization activities using strategies like integration of the biannual Child Health Week (CHWk) activities with Polio outbreak response SIAs and heightened sensitization for Polio surveillance.

Polio Viruses in Zambia 2022-2024.

The Map provides an overview of the reported cases of circulating Vaccine-Derived Poliovirus type 2 (cVDPV2) in Zambia for the years 2022 and 2024. The map, highlights the affected districts and the status of ongoing investigations.

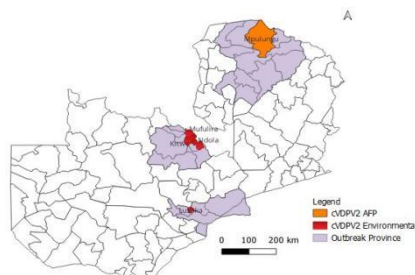


Figure 1: Polio Viruses in Zambia 2022-2024.

Reported Cases

1. **2022 Cases:**
 - Three environmental surveillance (EVN) detections of cVDPV2 were reported from **Kitwe and Mufulira districts**.
2. **2023 Cases:**
 - **Mpulungu District, Northern Province:** One Acute Flaccid Paralysis (AFP) case and four cVDPV2 cases were reported.
 - **Mufulira District:** One environmental detection (EVN) of VDPV2 case was reported.
3. **2023 Cases:**
 - **Ndola District:** One environmental detection (EVN) of VDPV2 case was reported.
4. **2024 Cases:**
 - **Two environmental surveillance (EVN) detections of VDPV2 were reported from Kitwe and Mufulira districts.**

Table 1: Polio Viruses in Zambia 2022-2025.

No	Date	Province	District	Virus Type	Contacts	Virus source, nt diff and link
1	17/10/2022	Copperbelt	Kitwe	cVDPV2		ENV-ZAM-CBT-KTW-MIN-22-009 linked to Botswana GAB-GLV-22-003 emergence
2	18/11/2022	Copperbelt	Kitwe	cVDPV2		ENV (15-16 nt diff) linked to Botswana and RDC-MAN-5 emergence
3	18/11/2022	Copperbelt	Mufulira	cVDPV2		ENV (15-16 nt diff) linked to Botswana and RDC-MAN-5 emergence
4	1/6/2023	Copperbelt	Ndola	cVDPV2		ENV (7 nt diff) linked to Bujumbura and RDC-SKV-1
5	15/06/2023	Northern	Mpulungu	cVDPV2		AFP (11 nt diff) linked to RDC-SKV-1
6	4/7/2023	Northern	Mpulungu	cVDPV2	4	4 AFP healthy children contacts (12-13 nt diff) linked to Mpulungu AFP cVDPV2 Case
7	1/7/2023	Lusaka	Lusaka	cVDPV2		ENV (8 nt diff) linked to Mpulungu AFP cVDPV2 Case
8	19/12/2023	Copperbelt	Ndola	VDPV2		ENV (6-7 nt diff) linked to Ndola environmental sample collected on December 19, 2023.
9	19/03/2025	Copperbelt	Kitwe	VDPV2		ENV-ZAM-CBT-KTW-MIN-24-010, flask 3– PV2, 7 nt diff, VDPV2
10	19/03/2025	Copperbelt	Mufulira	VDPV2		ENV-ZAM-CBT-MUF-KAW-24-011, flask 3– PV2, 6 nt diff, VDPV2

1.1 KEY HIGHLIGHTS

- A joint cross-border meeting was held with the DRC team to plan for a joint response for Zambia/DRC bordering districts.
- A team from ZNPHI/MOH and WHO conducted a detailed epidemiological investigation in Kitwe and Mufulira Districts in Copperbelt Province following the notification of VDPV2 event.
- Social investigation in Kitwe and Mufulira has been completed.
- 68 samples collected during the detailed investigation have been transported to National level- Virology Laboratory for analysis.
- Health promotion team from the Ministry of Health, with support from Rotary International are reviewing and updating polio SBC materials (posters and flyers)
- The detailed investigation report has been submitted to RRT.
- Conducted EOC meeting to validate the response plan.

2.0 SURVEILLANCE

2.

1 Surveillance performance as at epidemiological week 14, 2025

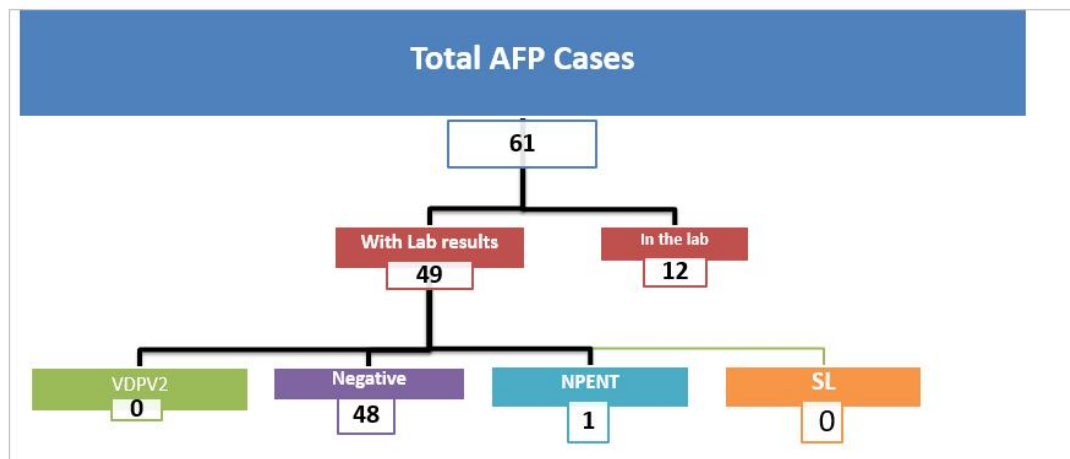


Figure 2: Total AFP cases week 14, 2025

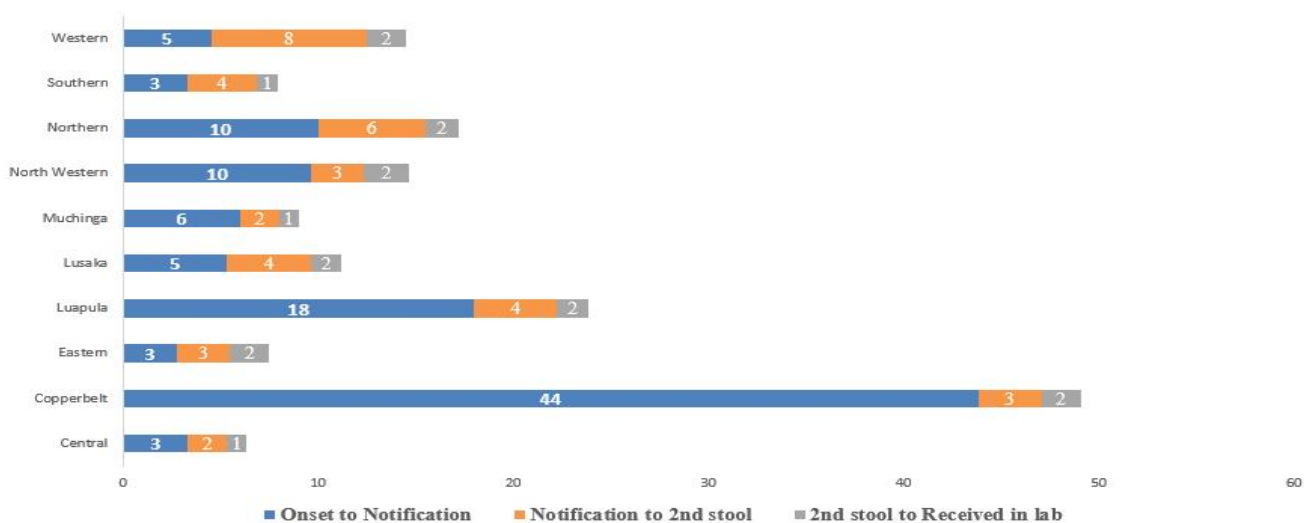


Figure 3: Timeliness of Reported AFP Cases at week 14, 2025

Performance of AFP Surveillance, 2025, Zambia															
(Data submitted from provinces (week 14, 2025))															
Provinces	2024	Annual	True	Annualized	Stool adequacy		Cases	Investigated	Stool sample	AFP cases	AFP cases with lab results pending		Non-polio enterovirus cases		Surveillance index
	estimates	Expected	AFP	Non-polio			reported		arrived in						
	<15 pop	AFP	Cases	AFP rate	#	%	<=7 days	<=48 hours	good condition	with results	#	%	#	%	
	(million)	Cases	Reported	AFP rate			onset of paralysis	of notification	<=3 days						
Central	1.2	35	7	2.2	7	100%	86%	86%	86%	6	1	14%	0	0%	2.2
Copperbelt	1.4	41	8	2.2	8	100%	25%	50%	50%	5	3	38%	0	0%	2.2
Eastern	1.2	37	10	3.0	9	90%	70%	90%	70%	10	0	0%	1	10%	2.7
Luapula	0.8	23	6	2.9	3	60%	32%	83%	83%	5	1	17%	0	0%	1.5
Lusaka	1.5	46	5	1.2	4	80%	40%	60%	80%	4	1	20%	0	0%	1.0
Muchinga	0.5	14	1	0.8	1	100%	100%	100%	100%	1	0	0%	0	0%	0.8
North Western	0.7	20	5	2.8	4	80%	20%	60%	40%	3	2	40%	0	0%	2.2
Northern	0.8	24	3	1.4	2	67%	33%	100%	100%	3	0	0%	0	0%	0.9
Southern	1.2	36	12	3.7	11	92%	50%	67%	83%	10	2	17%	0	0%	3.4
Western	0.7	21	4	2.2	2	60%	50%	0%	50%	2	2	50%	0	0%	1.1
Zambia	9.9	298	61	2.3	51	84%	49%	69%	72%	49	12	20%	1	2%	1.9
Key: 1). Non - polio AFP rate - target ≥ 3 per 100,000 under 15 years children 2). AFP cases with stool samples within 14 days (stool adequacy) - target $\geq 80\%$ 3). Surveillance index - target ≥ 1.5 4). Non-polio enterovirus rate - target $\geq 10\%$															

Table 2: AFP Surveillance performance indicators for week 14, 2025

NP-AFP-Rate 2025

Stool Adequacy Rate 2025

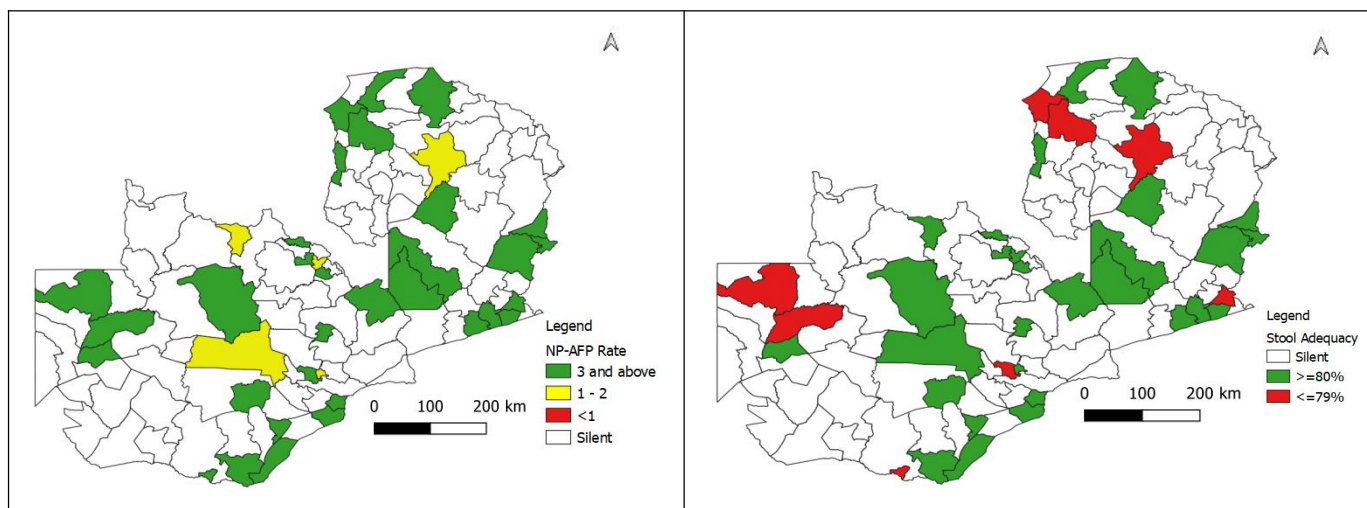


Figure 4: NPAPF Rate and Stool Adequacy Indicators week 14, 2025

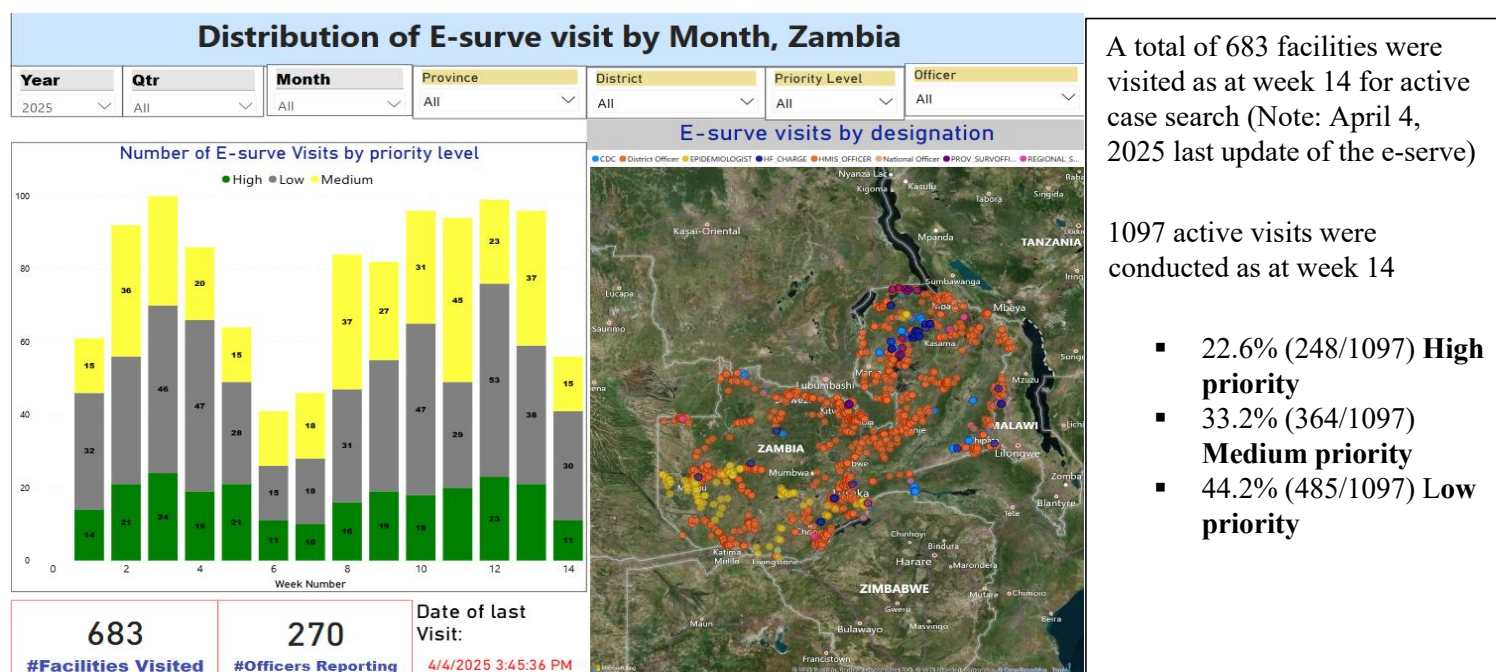


Figure 5: Zambia E-Serve Visits by Priority Level as of week 14, 2025

2.2 Environmental surveillance

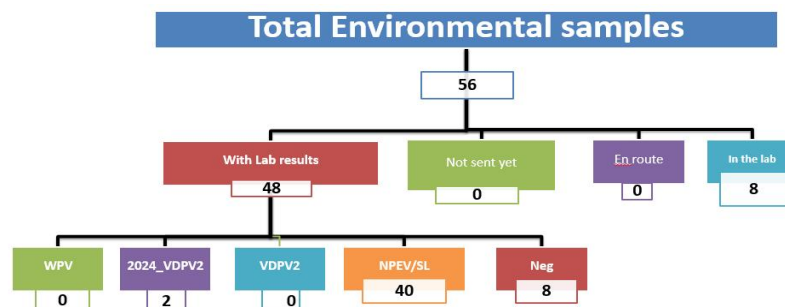


Figure 6: Total Environmental Surveillance Sample as of week 14, 2025

Zambia ES indicators performance 2025														
Province	District	Site name	No. of samples collected	With Results	No arriving in good condition	No arriving <=3 days	No with results <=32 days	No with NP/NTS/SL/SPV	% arriving in good condition	% arriving <=3 days	% with results <=32 days	% detected EV	# ODK Supervisions	% Samples Collection Supervised with ODK
MUCHINGA	TAZARA	CHAMBESHI TREATMENT PLANT	1	0	1	1	0	0	100%	100%	0%	#DIV/0!	0	0%
LUSAKA	LUSAKA	CHELSTONE TREATMENT PLANT	3	3	3	3	3	3	100%	100%	100%	100%	2	100%
NORTHERN	KASAMA	CHIBA WASTEWATER TREATMENT PLANT	4	3	4	4	3	3	100%	100%	75%	100%	2	66.67%
EASTERN	CHIPATA	CHIPATA TREATMENT PLANT	2	2	2	2	2	1	100%	100%	100%	50%	2	200%
SOUTHERN	LIVINGSTONE	EUREKA STABILIZATION PONDS	4	3	4	4	3	3	100%	100%	75%	100%	4	133%
LUAPULA	MANSA	KABUTA-MANSA TREATMENT PONDS	4	3	4	4	2	1	100%	100%	50%	33%	2	66.67%
NORTH WESTERN	KALUMBILA	KALUMBILA PONDS	4	3	4	4	3	2	100%	100%	75%	67%	4	133%
COPPERBELT	NDOLA	KANINI TREATMENT PLANT	3	3	3	3	3	3	100%	100%	100%	100%	3	150%
LUSAKA	LUSAKA	KAUNDA SQUARE SITE	3	3	3	3	3	3	100%	100%	100%	100%	3	150%
COPPERBELT	MUFULIRA	KAWAMA WEST TREATMENT PLANT	4	3	4	4	3	3	100%	100%	75%	100%	4	200%
LUSAKA	LUSAKA	MANCHINCHI TREATMENT PLANT	3	3	3	3	3	3	100%	100%	100%	100%	2	100%
COPPERBELT	NDOLA	MASALA SEWER LINE	2	2	2	2	2	1	100%	100%	100%	50%	3	300%
COPPERBELT	KITWE	MINDOLO TREATMENT PLANT	3	2	3	3	2	2	100%	100%	67%	100%	3	150%
COPPERBELT	CHILILABOMBWE	MUSHILI SEWER LINE	3	3	3	3	3	2	100%	100%	100%	67%	3	150%
LUSAKA	LUSAKA	NGWERERE SITE B	3	3	3	3	3	3	100%	100%	100%	100%	2	200%
LUSAKA	CHONGWE	NGWERERE TREATMENT PLANT	3	3	3	3	3	1	100%	100%	100%	33%	1	33.33%
COPPERBELT	KITWE	NKANA EAST TREATMENT PLANT	3	3	3	3	3	3	100%	100%	100%	100%	3	150%
SOUTHERN	CHOMA	SHAMPANDE STABILIZATION PONDS	4	3	4	4	3	3	100%	100%	75%	100%	3	100%
National			56	48	56	56	47	40	100%	100%	84%	83%	46	124.32%

Table 3: Performance of ES Surveillance Indicators week 14, 2025, Zambia

2.3 Summary AFP surveillance performance indicators as of Epi-Week14, 2025

- 61 AFP cases reported with 2.3/100,000 population <15yrs NP-AFP rate
- 32% (37/116) of districts reported at least 1 case of AFP
- 28% (32/116) of districts had an NP-AFP-rate ≥ 3
- 82% Stool Adequacy Rate
- 78% (29/37) of districts had a stool adequacy rate $\geq 80\%$
- 22% (8/37) of districts had a stool adequacy rate $< 80\%$
- 68% (79/116) of silent districts

2.4 Summary Environmental surveillance performance indicators as of Epi-Week 14, 2025

- Environmental samples collected from the 18 sites total 56 in total
- 48/56 (85.7%) samples have lab results, and 8/56 (14.3%) are in the lab
- Negative 8/48 (16.7%),
- NPEV/SL 40/48 (83.3%)
- VDPV2 0/48 (0.0%)
- 2024_VDPV2 2/198 (1.0%)

3.0 NEXT STEPS

- Validate and submit the risk assessment for Copperbelt province to RRT following VDPV2 positive isolates in Mufulira and Kitwe Districts.
- Update the polio outbreak response plan for 2025
- Conduct the NPEC Meeting to classify all inadequate AFP cases for 2025
- Conduct weekly polio EOC meeting
- Strengthen surveillance and routine immunization activities in all 116 districts and 10 provinces.
- Improve AFP case detection: Strengthen surveillance in districts with NP-AFP rates ≥ 3 and increase community awareness for timely AFP reporting, especially in silent districts (80%).
- Enhance stool sample quality: Support districts with a stool adequacy rate $< 80\%$ and provide training on proper stool collection and handling.
- Address silent districts: Focus on silent districts by improving AFP surveillance and engaging local health authorities to boost reporting.
- Follow up on Pending Environmental Samples: Expedite the analysis of pending environmental samples and monitor NPEV/SL trends to identify potential hotspots.
- Strengthen data use and reporting: Ensure timely, complete reporting and conduct regular data reviews to improve reporting accuracy and consistency.