



UNICEF Zambia Cholera SitRep #5

Zambia

Cholera Outbreak Report

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Situation in Numbers

Highlights

- A total of 1,179 cumulative cases of cholera have been reported in Zambia since 5 February 2016 (Epidemiological Week 6 of 2016), of which 192 cases are laboratory confirmed. 31 deaths have been reported since the onset of the outbreak, with eight of these deaths being children.
- Cholera cases have been reported in the following eight districts: Lusaka (953) and Rufunsa (8) in Lusaka Province, Chibombo (23) and Kabwe (2) in Central Province, Nsama (66) in Northern Province; Ndola (28) in Copperbelt Province and, in Mazabuka (50) and Monze (49) districts of Southern Province.
- The index case was in Kanyama compound in Lusaka district and later spread to the neighbouring district of Chibombo, and then to six more districts. All of the reported cases seem to be linked to the Lusaka outbreak, with the exception of the cases in Nsama district, which seem to be imported from DR Congo.
- There are 42 cholera cases under treatment as of 2 May 2016, in Lusaka Province (15), Monze (23) and Mazabuka (1) districts in Southern Province and Ndola (3) in Copperbelt Province. As of 3 May, 77.5% of the target population (or 421,548 people) in Lusaka district have been vaccinated with the Oral Cholera Vaccine.

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**Districts Affected
by Cholera**

1,179

**Cumulative Cases
Reported**

192

**Cumulative Cases
Laboratory Confirmed**

31

**Cholera Deaths
to Date**

Situation Overview

Since 5 February 2016, 1,179 cumulative cases of cholera have been reported in Zambia (953 in Lusaka city and 8 in Rufunsa district in Lusaka Province; 23 in Chibombo and 2 in Kabwe in Central Province, 66 in Nsama in Northern Province, 28 in Ndola in Copperbelt Province and 50 in Mazabuka and 49 in Monze districts in the Southern Province). The cases in both districts of the Southern Province started at the end of Epidemiological Week 16. One hundred and ninety-two (192) of the cases reported have been laboratory confirmed as cholera. Thirty one (31) cholera related deaths have been reported since the onset of the outbreak, of which eight are children. As of 2 May 2016, there were 42 cases of cholera under treatment (15 in Lusaka Province, 3 in Copperbelt Province and 24 in Southern province).

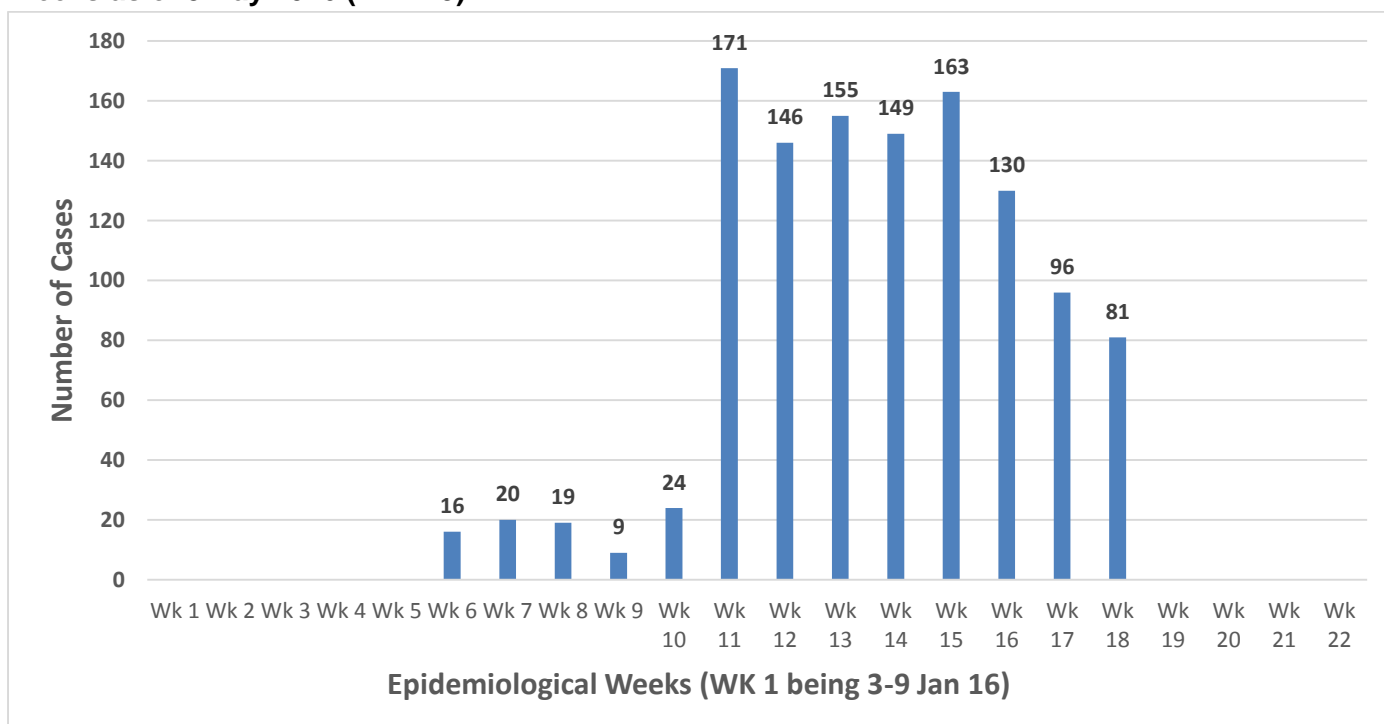
Apart from the Nsama outbreak, which seem to be linked to the outbreak in DR Congo, the remaining cases are linked to the Lusaka outbreak. Sources of new infections are linked to contaminated water, contaminated food sold in the street and inadequate sanitation (with only 55% households having latrines in the affected peri-urban areas in Lusaka), which is exacerbated by low levels of hygiene practices. Reporting

is still a challenge in many districts (timely and quality data), hence there are some discrepancies noted on the number of cases reported in the previous situation report.

Table 1: Cholera Cases in Zambia from 5 February to 2 May 2016

District	New Cases	Under Treatment	Total Cases	Lab Confirmed	Total Deaths
Lusaka	4	15	953	125	23
Rufunsa	0	0	8	1	1
Chibombo	0	0	23	23	0
Nsama	0	0	66	5	3
Ndola	2	3	28	12	0
Kabwe	0	0	2	2	0
Mazabuka	0	1	50	8	2
Monze	1	23	49	16	2
TOTAL	7	42	1,179	192	31

Figure 1: Distribution of Suspected and Confirmed Cases of Cholera in Zambia by Epidemiological Weeks as of 3 May 2016 (n=1179)



Response Leadership and Coordination

The Ministry of Health (MoH), UNICEF and partners continue to scale-up prevention measures in the affected and neighbouring districts with the government continuing to lead the response to the outbreak at national, provincial and district levels. The MoH is using existing coordination structures (multi-sectoral), for emergency preparedness and response through its weekly meetings at the national level and daily meetings at the provincial and district levels, in which UNICEF actively participates.

Within UNICEF, coordination is led by the Deputy Representative who has established a Task Force comprising of colleagues from health, water, sanitation and hygiene (WASH), communication for

development (C4D) and communication sections. The Task Force meets weekly, and as necessary, to report on the situation and UNICEF's support to the response.

Response Strategy

The Government's response strategy is to strengthen prevention measures, enhance the capacity of existing health facilities and to set up cholera treatment centres in the affected areas. As a result of the almost endemic nature of cholera in Zambia, capacity has been built-in to government structures to treat patients with acute watery diarrhoea (AWD) and cholera. Cholera treatment centres have been set up in all affected districts.

In WASH, the response strategy includes mapping of water points, the chlorination of shallow wells and setting up additional water standpoints to provide a clean water supply from Lusaka Water and Sewerage Company (LWSC). To date, the overall WASH response includes:

- LWSC has increased the chlorination dosage in their water mains and is distributing chlorine solution for household water treatment and for existing water wells. LWSC and the Department of Water Affairs have established additional water tanks with communal water stands (supplied by bowsers) and have continued to provide free safe drinking water from the tap stands with support from the Disaster Mitigation and Management Unit (DMMU). Water sources have been mapped and routine water quality monitoring, including collection of water samples for lab bacteriological analysis and repeated disinfection continues.
- LWSC has continued the suspension of desludging of toilet pits in the affected areas to minimise chances of cholera spread through scattered faecal matter as it is transported. The MoH and Lusaka City Council (LCC) have continued inspecting premises (bars and eateries) for the availability of toilets and running water in the ten most affected areas. In addition, market inspections in newly affected areas have been stepped up. Some premises without toilets or running water have been closed down under the Public Health Act and are only reopened after compliance or when the gaps identified have been addressed. LCC and MoH have continued conducting school inspections for the availability of toilets and running water; where the standards are not met, schools are closed, only to reopen when the gaps identified have been addressed.

In the Health sector, the response strategy is to detect and treat all suspected cholera cases; conduct diagnostic confirmation; strengthen surveillance systems ensuring close follow-up on cases (which includes contact tracing and disinfecting affected households through the Environmental Health Teams). The MoH has also established Cholera Treatment Centres (CTC) in areas where the outbreak is most active and the CTCs are being provided with supplies for the management of cholera.

On IEC (information, education & communication), the strategy adopted is health education through interpersonal communication, radio spots which are now running on national radio and community radio stations, and the distribution of IEC materials.

Summary of UNICEF Programme Response

UNICEF continues to provide support to the national cholera response with particular attention focused on Lusaka, Ndola and now Mazabuka and Monze districts, which have reported high numbers of cases even after the rainy season had ended.

HEALTH

To support the Ndola, Mazabuka and Monze districts and the Provincial Medical Teams in Copperbelt and Southern Province, UNICEF distributed cholera treatment kits and supplies. In addition, in April UNICEF distributed 68,635 doses of the Oral Cholera Vaccine to the National Vaccine Store of the MoH. In total, approximately 578,000 doses of OCV have been delivered and are currently being used to vaccinate the

most at risk population in 12 localities in Kanyama, Bauleni, Chawama and George in Lusaka town. As of 3 May 2016, 421,548 people (77% of the targeted population) have received the OCV. In addition, a case control study is being conducted by the MoH, MSF and WHO to determine the short term single dose of OCV effectiveness. The cholera vaccine coverage has helped to reduce the new cases in the targeted areas of Chawama, Kanyama and Bauleni and Matero.

WASH

Together with partners, UNICEF is supporting the MoH and LWSC in the WASH coordination and response. Other partners supporting the WASH response include the Zambia Red Cross Society (ZRCS), MSF, Oxfam, CARE, USAID Discover Health, Village Water Zambia (VWZ) and the NGO WASH Forum which coordinates civil society groups. Efforts have been enhanced in the area of hygiene promotion campaigns. Interventions include: Mass media, door to door health education in all affected areas and the distribution of WASH emergency supplies (including liquid and granular chlorine, H₂S strips and pool testers supplied by UNICEF).

Additional community health volunteers are being identified in each affected area (30 per area) and trained in health and hygiene promotion. To date, training for health and hygiene promoters has been completed for 58 volunteers in Chipata and Chaisa, with training newly completed in Mtendere, and with training to begin this week in Chipata and Chaisa. UNICEF provided five vehicles for a 6-week period and provided funding to the MoH and partners, to cover cholera response coordination, hygiene promotion, garbage collection and safe water provision. UNICEF has continued providing technical support to MoH and LWSC in planning the WASH response.

Communication for Development (C4D)

The MoH continues to conduct health promotion drives in the affected areas using Community Volunteers, reaching 110,999 households with cholera awareness and prevention information. Neighborhood Health Committees (NHCs) have been trained with support from UNICEF, and are playing a vital role in identifying the households affected by cholera, as well as raising awareness on cholera prevention in all nineteen affected zones in Lusaka. Radio spots being aired covering cholera prevention and continue to run on four channels: ZNBC Radio 1 (nine spots per week or three times per day three times in a week), ZNBC Radio 2 (12 spots or three times per day for four days in a week), Yatsani Radio (21 spots per week or three times per day) and Radio Christian Voice (21 spots per week or three times per day). These radio broadcasts began in February and will be broadcasted until mid-May 2016. Radio stations with ongoing support from UNICEF for other programmes have also been approached to air pro-bono radio messages and Public Address System. In addition, IEC materials covering cholera awareness and prevention are being distributed at strategic points in all affected communities.

Media and External Communication

Local print, electronic and online media reporting continue highlighting the increase in number of cholera cases, as well as key messages on prevention of the disease. Reports have been based on briefings by the MoH as well as interviews with the Provincial Medical Officers and District Medical Officers in the affected provinces.

Resource Mobilization

UNICEF Zambia has not received funding for the cholera response. To date, regular programme resources have been re-programmed to support key cholera response activities. UNICEF continues to receive requests from the ground level for support in cholera prevention training, as well as requests for operation efforts.

UNICEF 2016 Funding Requirements (Cholera response and preparedness)

Appeal Sector	Requirements	Funds received*	Funding gap	
	US\$	US\$	US\$	%
Coordination, Logistics & Monitoring	131,000	0	131,000	100%
Health	132,000	25,000	107,000	81%
WASH	1,500,000	250,000	1,250,000	83%
C4D	85,000	40,000	45,000	53%
Total	1,848,000	315,00	1,533,000	83%

*The UNICEF Zambia country office is using reprogrammed regular resources to respond to the cholera outbreak.

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