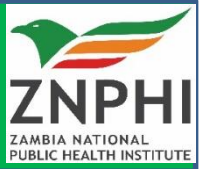




Province: Eastern District: Vubwi | Situation as of 29 Jan 2023



Key Statistics:

Cases: 17 Deaths: 1 | CFR: 5.9% | Currently admitted in CTC: 1 | Discharged : 3 | New admission: 1

Epidemiological Overview

Background: On 21st January 2023, a male aged 22 from Kamtsekelo presented to Chikoma Health Centre (HC) with Acute Watery Diarrhea (AWD) and dehydration. On the same day, a 30-year-old female, presented to Chikoma Zonal Rural Health Centre with similar signs and symptoms to the index case. The female case had just returned to Vubwi from Mozambique to take care of her sick mother. The mother had other ailments for which she was referred to Chipata Central Hospital for further management. The woman came from within Chikoma catchment area, Ndevu villages. Later on the same day, a male aged 55 years old was referred from Mbande Rural Health Post to Vubwi District Hospital with AWD and dehydration. Their stool samples were sent to Chipata Central Hospital for culture and the district designated a space within the District Hospital as a Cholera Treatment Unit (CTU). On 24th January 2023, the culture results from Chipata Central Hospital revealed presence of *Vibrio Cholerae* O1 Ogawa and sadly on the same day, a male aged 60 referred from Chipanje Rural Health Centre died at the treatment facility. He had other comorbidities including bloody diarrhea and sepsis. His stool sample had also tested positive to *Vibrio cholerae* by culture.

General Trend: One (1) new cases reported in the last 24hours while **three(3)** were discharged leaving one (1) case in admission and he is stable. The new case is a male 35 years old from Mbande Rural Health post who presented with acute watery diarrhea and severe dehydration. He was started on plan C and has since been stabilized and able to drink ORS.

Table 1: Distribution of cases by Health Facility

Health Facility	Cases	New cases	Confirmed	Deaths	CFR(%)
Chikoma	6	0	3	0	0.0
Mbande	6	1	2	0	0.0
Mzigawa	3	0	pending	0	0.0
Chipanje	1	0	1	1	100
Mlawe	1	0	pending	0	0.0
Total	17		6	1	5.9

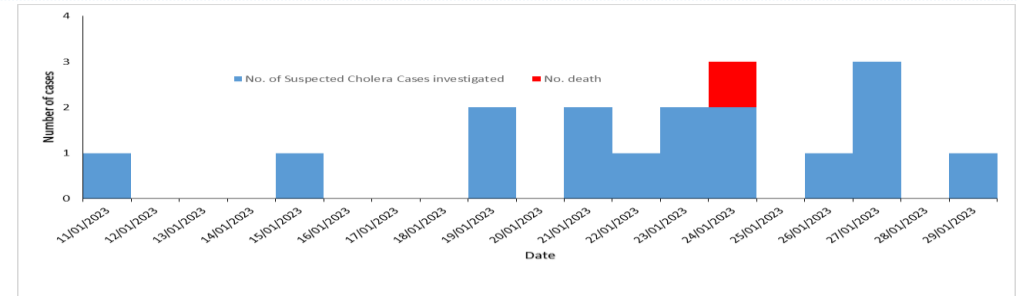


Fig1: Number of reported cholera cases by date of onset, Vubwi, Eastern Province, Zambia 11-29 January 2023(N=17)

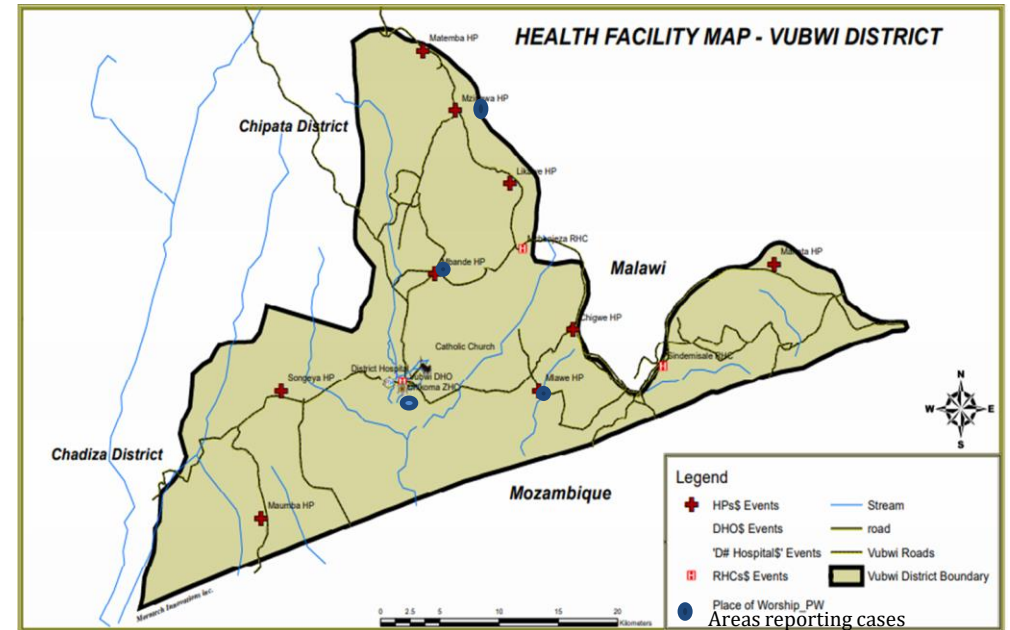
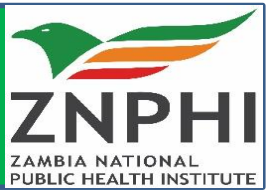


Fig.1 Distribution of cases by Health facility ,Vubwi, Eastern Province, 11-29 January 2023 (N=17)



Province: Eastern District: Vubwi | Situation as of 29 JAN 2023



Risk Factors Identified

1. Poor WASH—most people draw water for drinking from streams. Most toilets have been washed away by the heavy rains and evidence of open defecation increasing the risk of contamination of the stream e.g. cases clustered around Mbande HC draw water from the same stream
2. Poor hygiene practices among members of the public
3. Weekly markets, called Kabwandiles in the local language, at border areas during which large crowds meet from both Zambia and Malawi for trade
4. High traffic between Zambia and Malawi due to the long porous border
5. Low risk perception about the disease cholera—inadequate risk communication and community engagement activities
6. Most of the people in Vubwi live in the low lands and water flows from the east (Malawi) into these low lands; risk of contamination of water with vibrio is high due to ongoing cholera outbreak in Malawi
7. Proximity to Malawi and Mozambique where there are active cholera outbreaks going on
8. Low population immunity—no previous history of exposure to cholera (no history of previous outbreaks and no OCV administered in the district before).

Current Response activities by the District

- District PHEOC activated and IMS in place
- District Epidemic Preparedness Prevention Control and Management Committee activated
- Risk and needs assessment conducted; aid to assign risk level, grade and guide the response
- Intensified surveillance including contact tracing, active case search, outbreak investigations and water quality surveillance
- Enhanced Risk Communication, stakeholder engagement
- Continued with chlorine and other WASH supplies distribution to Households
- Opened Cholera Treatment Unit at the District Hospital for effective case management

Activities and Support from Provincial Level

- The whole province put on high alert because of the on going cholera outbreaks in Malawi and Mozambique-Heightened surveillance
- Continue to provide financial and technical support to Vubwi district
- Coordinating partners at the provincial level to support the response
- Resource mobilization and advocacy for the response

Support from National Level

- At national level, National PHEOC activated, IMS in place and active to coordinate the response
- National Cholera Task Force activated
- Active mobilization of resources for the response ongoing—working with partners to respond to the outbreak
- 72 hour Cholera Contingency plan developed and shared with partners for support
- Forecasting and quantification of the cholera supplies done
- National multidisciplinary team of experts deployed to support the response in areas of case management, WASH, RCCE, Surveillance, laboratory, operational coordination and OCV
- Provision of technical, financial and cholera supplies to the district

Current Operational Gaps:

- Inadequate transport especially motorbikes and fuel for district field teams
- Poor Water and Sanitation particularly in Mbande Rural Health post catchment area
- Inadequate trained human resources for effective cholera outbreak response including case management, RCCE, Surveillance and WASH
- Inadequate CBVs for enhanced community health promotion activities
- Inadequate RCCE activities resulting in low risk perception among the population
- Inadequate cholera IEC materials especially in local language
- Lack of standard cholera treatment unit and inadequate cholera beds
- Inadequate cholera supplies especially chlorine (granular and liquid)



Recommendations

- Engage stakeholders both at district and province to assist with transport especially motor bikes
- Supply large quantities of both liquid and granular chlorine; flood the community with chlorine
- Intensify RCCE using local community leaders to raise awareness about cholera (organize PA system from Chipata, provide megaphones to CBVs, print and distribute IEC materials)
- Conduct quick orientations in cholera management of HCWs, on the job training and mentorship, provide Job aids, SOPs, Guidelines
- Modify the current cholera treatment unit to meet IPC standards
- Engage stakeholders for a more proactive response and measures including restriction on some large gatherings during funerals, common markets, religious/political gatherings
- Review District Cholera Contingency plan , update and cost it
- Support from partners to engage more CBVs and surge trained staff for cholera response activities

Some field pictures-cholera outbreak Vubwi



Young boys taking it person to communicate cholera messages to their community



Sanitation in Mlawe, Vubwi



Demonstrating mixing of liquid chlorine for HH treatment



Sensitization in churches going on