**Highlights**

- A total of 245 cases of cholera have been reported in Zambia since the 6th epidemiological week of 2016 (5 February 2016). The cases have been reported in Lusaka District (226 cases) and Chibombo District (19 cases).
- The index case was in Kanyama Compound in Lusaka district and later spread to the neighbouring district of Chilombo, in Central Province. No new cases have been reported in Chibombo District since beginning of March 2016.
- The Lusaka Cholera outbreak has spread and now covers 15 localities with Bauleni Compound reporting the highest number of cases in epidemiological week 11 (97 cases) and epidemiological week 12 (27 cases).
- In Lusaka, 92 of the reported Cholera cases have been laboratory confirmed.
- Two children have died of suspected cholera since the onset of the outbreak.

**Situation Overview**

Since 5 February, 245 cumulative cases of cholera have been reported in Zambia, 226 in Lusaka City, Lusaka Province and 19 cases in the neighbouring Chibombo district in Central Province. As of the morning of 16th March 2016, there were 35 admissions in the Bauleni CTC (28) and Kanyama CTC (7). Ninety seven (97) of these cases have been laboratory confirmed as cholera. As of 18 March, two cholera related deaths have been reported, one an 18 month old baby suspected index case who died before arrival to hospital and a 2 years old child who died at Kanyama CTC presenting with fever, anaemia, diarrhoea and vomiting.

The outbreak has spread geographically since the last SitRep. The outbreak that was initially confined to Kanyama high density catchment area has now spread to other areas within the district which together with Kanyama bring the total number of cases reported in Lusaka district to 226. The other affected locations are Bauleni, Mahopo, Chilenje, Chainda and Mtendere in Lusaka Province; and Twalumba catchment area in Chibombo district in Central Province. The highest number of cases are being reported from Bauleni compound, an area with an approximate population of 120,000 people.

An analysis of the cases shows that the spread of the outbreak is mainly due to unsafe drinking water and faecal contamination. The affected areas are high densely populated residential areas served by unimproved pit latrines and mostly shallow wells. Bauleni community water sources are mainly boreholes – however, one of these was found to be contaminated (due to its proximity to a soak way and that many cholera cases were found to be coming from the localities supplied by this borehole). The Ministry of Health (MoH) has closed this borehole until it is properly disinfected. Treatment of contaminated water points in all localities is ongoing.
The Zambia Electricity and Supply Corporation (ZESCO) has widened its exemption from power rationing for the affected localities to improve water supply during this period of the outbreak.

The government continues to lead the response of the current Cholera outbreak at national, provincial and district level. Districts have been put under high alert with ongoing cholera prevention messages being sent out using radio, interpersonal communication, print media and other communication media.

Figure 1: Zambia - Distribution of Suspected and Laboratory Confirmed Cases of Cholera by Date of Onset in Lusaka District, as of 15th March 2016 (n=208)

Figure 2: Suspected and Laboratory Confirmed Cases of Cholera by Date of Onset in Twalumba Catchment Area of Chibombo District, as of 15 March 2016 (n=19)

Fig. 3: Total Suspected and Laboratory Confirmed Cases of Cholera by Date of Onset in Lusaka and Chibombo District, as of 15 March 2016 (n=227)
Fig 1, Fig 2 and Fig 3 above shows the distribution of suspected and laboratory confirmed cases since the onset of the outbreak. With the current information, cumulatively more cases were reported on week 11 (week of 14 March) with 115 cases all from Lusaka district with the majority of these reported from Bauleni area.

The focus of partners’ response is on strengthening prevention efforts to prevent the spread of cholera to other areas within and outside of Lusaka.

Response Leadership and Coordination
The Ministry of Health (MoH) is leading the cholera response using existing coordination structures for emergency preparedness and response. The frequency of coordination meetings is weekly at the national level and daily at the provincial and district levels. The National Coordination Committee is chaired by the Minister or Deputy Minister. UNICEF and WHO are represented in all the subcommittees with high level representation from all relevant ministries, departments and other partners (Red Cross, CDC and University of Zambia).

Within UNICEF, coordination is led by the Deputy Representative who has established a task force comprising of members from Health, WASH, C4D and Communication sections. The Task Force meets every week and to discuss on the situation and review UNICEF’s support to the response.

Response Strategy
The Government response strategy is to enhance capacity of existing health facilities and to set up cholera treatment centres in the affected compounds (residential areas). Cholera treatment centres have been established in Kanyama, Matero and Chibombo. As a result of the almost endemic nature of Cholera in Zambia, capacity has been in-built in government structures to treat patients of AWD and Cholera.

In WASH, the response strategy is focusing on mapping and chlorination of shallow wells, as well as the establishment of additional water standpoints to provide chlorinated water supply from LWSC. LWSC has increased chlorination dosage in their water mains and is also distributing chlorine solution for household water treatment. In addition, soap for handwashing is also being distributed by LWSC.

In the Health sector, the response strategy is focusing on the detection and treatment of all suspected cholera cases, conducting diagnostic confirmation, strengthening surveillance systems with close follow up of all cases, and contact tracing and disinfecting all affected households. In addition, the health sector is working to establish Cholera Treatment Centres at the point of outbreak to prevent spread of the disease and continues to provide supplies for the management of Cholera throughout the affected districts.

For IEC, the response strategy adopted is focusing on health education through inter-personal communication, radio spots (which are now running on nation radio and two community radio stations), and the distribution of IEC pamphlets. Active contact tracing and case findings are being conducted through the Environmental Health Teams (EHTs). Public premises are being inspected for the availability of toilets and running water. However, reports indicate that open-air
selling of food is still ongoing with the Lusaka City. Inspectors have been deployed to enforce the ban on open-air selling of food which was implemented on 4 March.

Summary of Programme Response

HEALTH
Cumulatively there are 245 cholera cases, of which Lusaka has reported 226 cases and 2 deaths. The latest death is that of a child aged 2 years who presented with cholera symptoms compounded with fever and anaemia. So far three Cholera Treatment Centres (CTC) have been established in the affected areas of Kanyama and Matero and Bauleni in Lusaka. Health care providers have been able to manage all of the reported cases to date following a set of guidelines using existing structures and resources. The availability of supplies for managing cases in CTC’s has been boosted this week with the arrival of a Cholera kit which UNICEF distributed. The kit contains supplies to manage 500 cholera cases, which has been delivered to Medical Stores Limited for distribution to CTCs according to needs. Due to the sudden increase of cases in Bauleni in Lusaka district, a CTC was established in Bauleni, with UNICEF providing financial support for health workers to ensure services are provided around the clock. UNICEF has also procured supplies including protective clothing, gum boots and buckets for the CTC, and sprayers for the disinfection of households and megaphones to support community sensitisation around Lusaka district.

All cholera cases and contracts are being traced and followed up by the epidemiological surveillance teams with the disinfection of affected households continuing. Water and food samples in the affected districts are being tested and the Ministry of Local Government and Lusaka City Council (LCC) continue to reinforce the ban of sell of food on the streets of Lusaka. Discussions are on-going between WHO and the Ministry of Health to explore the possibility of vaccinating the high risk population.

WASH
Together with partners, UNICEF is supporting LWSC in coordination and response in the WASH sector. Other partners supporting the WASH response include Zambia Red Cross Society (ZRCS), Oxfam, CARE, and Village Water Zambia (VWZ), among others.

LWSC has rapidly responded through the chlorination of existing water wells, increased chlorination of the water supply and provision of chlorine solution for household water treatment. A major constraint in the WASH response is the household use of latrines which cross-contaminate shallow wells. Mapping of water wells has been proposed to enable periodic water quality monitoring and repeated disinfection. LWSC and the Department of Water Affairs has established additional communal water stands and now providing free safe drinking water from tap stands. LWSC suspended desludging of toilet pits in affected areas to minimise the chances of cholera spreading through scattering faecal matter as it is transported. The MoH and LCC are inspecting premises (bars and eateries) for availability of toilets and running water. Some premises without toilets or running water have been closed down under the Public Health Act and only reopened after compliance or when the gaps identified have been addressed. LCC and MoH are also conducting school inspections for availability of toilets and running water and where the standards are not met, schools are closed only to reopen when the gaps identified have been addressed.

UNICEF is providing technical support to LWSC in planning the WASH response and to date has provided 11,110 boxes (12 X 250 ml bottles) of liquid chlorine and 60 drums (45kgs each) of granular chlorine. An additional 18,500 boxes of chlorine are ready for distribution. In addition, the following supplies are also ready for distribution: (i) 11,000 H₂S kits for testing faecal contamination in water, (ii) 30 portable laboratory kits, and (iii) 1,500 pool testers.

Communication for Development (C4D)
The MoH has intensified health education in the affected areas using Community Volunteers with supervision from Environmental Health Technicians (EHT) reaching 233,924 people in 17,561 households. Health education is being carried out though door to door sessions and during contact tracing of cases. In addition, the MoH is also distributing 30,000 leaflets and 15,000 posters in affected districts. Furthermore, the development of child friendly communication materials is underway for distribution through schools in the cholera prone areas with UNICEF support. Last week, UNICEF distributed to the MoH over 2,000 posters with messages targeting pupils on cholera prevention as part of cholera prevention measures in schools. These posters will be put at strategic points in school compounds as inspection teams visit schools to assess the water and sanitation environment. The Neighbourhood Health Committees (NHCs), trained by UNICEF are playing a vital role in identifying at risk households and raising awareness on cholera prevention. Radio spots on cholera prevention continue to run on three channels: ZNBC Radio 1, ZNBC Radio 2, Komboni Radio and Radio Christian Voice over a one month period. In addition, SMS alerts on Cholera through mobile phone networks have been carried out.

Media and External Communication
Local media has been reporting the outbreak in Lusaka and highlighting messages from the Minister of Health, PMO and the DMO. The Minister of Health conducted briefing sessions to the national media on 2, 9 and 16 March 2016.
18 March 2016

These briefing sessions covered the situation on communicable diseases in the country (including cholera), and urged the media to provide information to the public on the cholera response and on measures to prevent Cholera.

Resource Mobilization
As of 18 March UNICEF Zambia has not received funding for the cholera response, and regular resources have been re-programmed to support immediate actions. Engagement with donors and Natcoms is ongoing as the number of cholera cases continues to increase with the response needs expanding. UNICEF has been requested to support trainings, operations and cholera prevention efforts, which will not be fulfilled adequately without additional funding.

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*Country Office using RR funds in AWP earmarked for Emergency Response

Who to contact for further information:

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Next Report: 1 April 2016