UNICEF Zambia Situation Report #4

Zambia Cholera Outbreak Report

SITUATION IN NUMBERS

- **5** Districts Affected
- **567** Cumulative Cholera Cases Reported
- **156** Cumulative Cholera Cases Confirmed
- **6** Deaths to date of which 3 are children

Highlights

- 567 cases of cholera have been reported in Zambia since the 6th epidemiological week of 2016 (5 February 2016). The cases have been reported from the following districts: Lusaka (481) and Rufunsa (1) in Lusaka Province (482), Chibombo in Central province (23), Nsama in Northern Province (61) and Ndola in Copperbelt Province (1).
- 156 of the 567 cholera cases have been laboratory confirmed.
- The index case was in Kanyama Compound in Lusaka district and later spread to the neighbouring district of Chibombo. All the reported cases seem to be linked to the Lusaka outbreak but the cases in Nsama district seem to be imported from DR Congo.
- There were 31 cases under treatment in Lusaka, Nsama and Ndola district on the 30 March.
- 6 deaths have been reported since the onset of the outbreak. Of the six, three were children aged 18 months, 4 years and 2 years.

Situation Overview

Since 5 February, 567 cumulative cases of cholera have been reported in Zambia; 481 in Lusaka City and 1 in Rufunsa district in Lusaka Province; 23 in Chibombo in Central province, 61 in Nsama in Northern Province and 1 in Ndola in Copperbelt Province. One hundred and fifty six (156) of these cases have been laboratory confirmed as cholera.

As of the 30 March 2016, there were 31 cases under treatment, 28 in Lusaka and 3 in Nsama district. Six cholera related deaths have been reported since the onset of the outbreak, three of which were children - one 18 month old baby suspected index case who died before arrival to hospital, a 2-year old child who died at Kanyama CTC presenting with fever, anaemia, diarrhoea and vomiting and a 4-year old child who died in Nsama district. Case fatality rate is estimated to be 1.09% nationally and 0.86% for Lusaka Province.

The outbreak has spread to three more districts (Rufunsa, Nsama and Ndola) since the last situation report. Apart from the Nsama outbreak which seem to be linked to the outbreak in DR Congo, all the rest are linked to the Lusaka outbreak. In Lusaka, most of the cases are reported from Bauleni (61%) and Kanyama (38%) compounds. The Ministry of Health (MoH) and partners have intensified prevention measures in these two compounds in Lusaka district.

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.
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.

UNICEF has continued to provide support to the national Cholera response, focus will now be on Nsama district which has reported high numbers of cases. Nsama is a rural district with limited resources (human and financial) to mount a robust response, thus has a high potential for loss of life if not supported adequately.

**Response Leadership and Coordination**

The MoH continues to lead in the response using existing coordination structures for emergency preparedness and response through its weekly meetings at national level and daily at provincial and district levels.

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

**Response Strategy**

The Government response strategy is to strengthen prevention measures, enhance 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 government structures to treat patients of AWD and Cholera. Cholera treatment centres have been set up in Kanyama, Matero and Bauleni in Lusaka districts and one each in the affected areas of the remaining affected districts.

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

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

On IEC, the strategy adopted is health education through inter-personal communication, radio spots which are now running on nation radio and community radio stations, and distribution of IEC materials. Public premises are being inspected for availability of toilets and running water.

**Summary of Programme Response**

**Health**

Cumulatively there are 567 cases (Lusaka 481, Rufunsa 1, Chibombo 23, Nsama 61 and Ndola 1). Six deaths have been reported (See table 1 below), the latest being of a 4 year old child and a 79 years old man.

**Table 1: Cholera Cases in the Country since 5th February 2016 as of 30th March 2016**

<table>
<thead>
<tr>
<th>District</th>
<th>New Cases</th>
<th>Under Treatment</th>
<th>Total Cases</th>
<th>Lab Confirmed</th>
<th>Total Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lusaka</td>
<td>15</td>
<td>28</td>
<td>481</td>
<td>126</td>
<td>4</td>
</tr>
<tr>
<td>Rufunsa</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Chibombo</td>
<td>0</td>
<td>0</td>
<td>23</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td>Nsama</td>
<td>3</td>
<td>3</td>
<td>61</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Ndola</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>18</td>
<td>31</td>
<td>567</td>
<td>156</td>
<td>6</td>
</tr>
</tbody>
</table>
To date, Cholera Treatment Centres (CTC) have been established in the affected areas of Kanyama, Matero and Bauleni in Lusaka and there is one CTC in each of the remaining affected districts. Health care providers are able to manage the reported cases well. Nsama district has sent a request for additional supplies to prevent and manage cholera cases and these will be delivered to the affected area with support from UNICEF. Supplies from UNICEF’s cholera kit that was received two weeks ago are already being distributed for use to CTCs in the affected areas.

All cases are being followed-up by the epidemiological surveillance teams and contacts traced including the disinfection of affected households.

Discussions are on-going between WHO, MSF and the Ministry of Health on vaccinating the high risk population and 580,000 doses of oral cholera vaccine are expected in country for a vaccination campaign targeting the high risk populations in Lusaka district expected to take place from 6th April 2016.

**WASH**

Together with other partners, UNICEF is supporting the MOH and LWSC in the WASH response and coordination. Other partners supporting the WASH response include Zambia Red Cross Society (ZRCS), MSF, Oxfam, CARE, USAID Discover Health (a new entrant), and Village Water Zambia (VWZ), among others. Cholera cases have continued to rise and more efforts have been put in place to respond and find solutions to the ever increasing cases. Some recommendations have included intensifying Mass Media, door to door health education (at least 30 volunteers are required per catchment area), and supplying each affected area with WASH emergency supplies (including liquid and Granular chlorine, H2S strips, Pool Testers supplied by UNICEF). Additional community health volunteers have been requested and plans are in place to identify and train volunteers for each affected area. Some 30 community health volunteers were trained by ZRCS and the MOH (29th-31st March 2016) funded by UNICEF to carry out the door to door health education campaigns.

Cholera has affected other peri-urban areas in Lusaka and districts outside of Lusaka. The ten most affected areas in Lusaka are Kanyama (John Laing), Chawama, Bauleni, Chainda, Mtendere, Matero (Chunga), Misisi (Kamwala), George, Chipata and Ngombe (see Map attached). Incriminated sources of infection include contaminated water, contaminated food sold in the street, inadequate sanitation (with only up to 55% households having latrines in the affected peri-urban areas in Lusaka) exacerbated by low levels of hygiene. The most affected district outside of Lusaka is Nsama located along Lake Tanganyika in Northern Province.

Lusaka Water and Sewerage Company and the Department of Water Affairs have set up additional water tanks with communal water stands (supplied by bowser) and have continued to provide free safe drinking water from the tap stands with the support of the Disaster Mitigation and Management Unit (DMMU). LWSC has continued to support the chlorination of existing water wells, increased chlorination of the water supply and provision of chlorine solution for household water treatment. The MOH has proposed to distribute to the affected areas, liquid Chlorine (for household level water treatment) for sale as well, since it is not available in the market at the moment. Water sources have been listed and routine water quality monitoring (including collection of water samples for lab bacteriological analysis) and repeated disinfection is being conducted.

LWSC has continued the suspension of desludging of toilet pits in the affected areas to minimise chances of spread through scattering faecal matter as it is transported. The MoH and LCC have stepped up inspecting premises (bars and eateries) for the availability of toilets and running water in Kanyama and Bauleni but also in the newly affected areas. 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 have continued 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 the MOH and LWSC in planning the WASH response. In addition to the 18,559 boxes of liquid chlorine and other WASH supplies, an additional 25,000 boxes of chlorine are being procured to continue the supply of liquid chlorine.
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 335,658 people in 55,943 households. Door to door and contact tracing have continued and these are coupled with Health education sessions. In addition, a total of 30,000 leaflets and 15,000 posters are being distributed during the health education sessions. Furthermore, development of child friendly communication materials is still underway for distribution through schools in the cholera prone areas with UNICEF support. UNICEF has since handed over to the MoH over 2,000 posters with messages targeting pupils on cholera prevention as part of cholera prevention measures in schools. Inspection and monitoring teams are also doubling and helping in putting these materials at strategic points in school compounds as they go around schools to asses water and sanitation environment. The Neighbourhood Health Committees (NHCs), trained by UNICEF are playing a vital role in identifying the households and raising awareness on cholera prevention. UNICEF is supporting the training of 30 more community volunteers under the Red Cross. The training will be completed this week. Radio spots on cholera prevention have continued to run on four channels: ZNBC Radio 1 (Nine spots per week or three times per day three times a week), ZNBC Radio 2 (12 spots or three times per day for four days 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 began in February and will continue for three months until mid-May. SMS alerts on Cholera through mobile phone networks have also been carried out.

Media and External Communication
Local print, electronic and online media reporting has been positive and consistent in terms of highlighting the increase in the number of cholera cases and key messages on prevention of the disease. The reporting has been based on weekly briefings by the Ministry of Health as well as interviews with the Provincial Medical Officers and District Medical Officers in Lusaka and Copperbelt provinces.

Resource Mobilization
As of 18 March UNICEF Zambia has not received funds earmarked for the cholera response and regular resources have been programmed to support immediate actions. Engagement with donors and Natcoms is ongoing as the number of cases increase and the need for response expands. Requests are being made for UNICEF to support training and funding operations and prevention efforts.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements</th>
<th>Funds received*</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>US$</td>
<td></td>
<td>%</td>
</tr>
<tr>
<td>Health</td>
<td>$70,000</td>
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<tr>
<td>WASH</td>
<td>$100,000</td>
<td>0</td>
<td>$100,000</td>
</tr>
<tr>
<td>C4D</td>
<td>$37,500</td>
<td>0</td>
<td>$37,500</td>
</tr>
<tr>
<td>Total</td>
<td>$207,500</td>
<td>0</td>
<td>$207,500</td>
</tr>
</tbody>
</table>

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

Next Report: 15 April 2016

Who to contact for further information:

Hamid El-Bashir
Representative
UNICEF Zambia
helbashir@unicef.org

Shadrack Omol
Deputy Representative
UNICEF Zambia
somol@unicef.org
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NSAMA LOCATION IN ZAMBIA

RUFUNSA LOCATION IN ZAMBIA