UNICEF Zambia Situation Report #2

Highlights

- Since the 6th epidemiological week of 2016 (5 February 2016), there has been a total of 66 cases of Cholera reported in Lusaka District (47 cases) and Chibombo District (19 cases).
- The outbreak started in Kanyama compound in Lusaka Province and later spread to the neighbouring district of Chilombo, in Central Province.
- The peak number of cases was during the 7th and 8th epidemiological weeks with 20 cases reported each week.
- The cumulative number of new cases per week reduced from 20 to 8 in week 9 and 3 in week 10 (current week).
- 30 of the reported Cholera cases have been laboratory confirmed.
- The Ministry of Health is leading the response and has set up coordination structures at national, provincial and district levels.
- Coordination at the national level is led by the inter-sectoral National Emergency Preparedness, Prevention, Control and Management Committee (NEPPC&MC)
- Cholera causing organisms have been isolated in food sold in the streets with Government banning on-street food vending starting the week of 29 February.

Situation Overview

Since 5 February, 66 cases of cholera have been reported, 47 in Lusaka City, Lusaka Province and 19 cases in the neighbouring Chibombo district in Central Province. Thirty of these have been laboratory confirmed as cholera. Only one death has been reported since onset of the outbreak.

The Outbreak started in Kanyama Township, a low income, high density residential area that has a chronic history of Cholera/Acute Watery Diarrhoea (AWD). In Lusaka, the outbreak was initially confined to Kanyama high density catchment area but now has spread to other areas within the district which together with Kanyama bring the total number of cases reported in Lusaka district to 47. The other affected locations are Bauleni, Mahopo, and Chilenje in Lusaka Province and Twalumba catchment area in Chibombo district in Central Province. Kanyama Township has low coverage of piped water supply (mostly stand-pipes) and residents rely on a combination of shallow wells and commercial water vendors. The water utility company, Lusaka Water and Sewage Company (LWSC), has increased the number of water kiosks and tanks to supply clean water to Kanyama. The Kanyama compound with a total population of about 370,000 people is not connected to the sewer system and residents use pit latrines which put them at high risk of contracting Cholera. In addition, amid nationwide scheduled power cuts, the Zambia Electricity and Supply Corporation (ZESCO) has exempted the affected areas to ensure the districts have electricity supply during the day to enable them pump water from boreholes to tanks for use.
The government continues to lead the response of the current Cholera outbreak and has immediately activated Emergency response structures at the different governmental levels.

**Figure 1:** Suspected and Laboratory Confirmed Cases of Cholera by Date of Onset in Kanyama Catchment Area of Lusaka District, as of 1 March 2016\(^1\) (n=47)

![Graph of Cholera cases in Kanyama Catchment Area](image1)

**Figure 2:** Suspected and Laboratory Confirmed Cases of Cholera by Date of Onset in Twalumba Catchment Area of Chibombo District, as of 1 March 2016 (n=19)

![Graph of Cholera cases in Twalumba Catchment Area](image2)

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\(^1\) Week 10 is the week of 29 February
Fig. 3: Total Suspected and Laboratory Confirmed Cases of Cholera by Date of Onset in Lusaka and Chibombo District, as of 1 March 2016 (n=66)

Fig 1, Fig 2 and Fig 3 above show 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 7 and 8 each reporting 20 cases. Week 9 saw a decline of number of cases and on week 10, only 3 cases were reported in Chibombo district. There is a need to continue strengthening cholera prevention efforts.

Response Leadership and Coordination
The Ministry of Health (MoH) is leading the response using existing coordination structures for emergency preparedness and response. The frequency of coordination meetings has increased from quarterly to weekly meetings at the national level and daily at provincial and district levels. The National Coordination Committee has four sub-committees (a) Water, Hygiene and Sanitation led by Lusaka Water and Sewerage Company (LWSC) (b) Health led by MoH (c) IEC led by MoH and (d) Education led by MoE.

UNICEF is represented in all the subcommittees including the highest level NPPC & MC multi-sectoral committee which is chaired by the Minister for Health. The committee now meets weekly with high level representation from all relevant Ministries, Ministry departments and partners (UNICEF, WHO, CDC and University of Zambia).

Response Strategy
The Government’s 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 set up in Kanyama, Matero and Chibombo. As a result of the almost endemic nature of Cholera in Zambia, capacity has been built into government structures to treat patients of AWD and Cholera.

In WASH, the response strategy is mapping, the chlorination of shallow wells, and setting up of more water standpoints to provide chlorinated water supply from LWSC. LWSC has increased the chlorination dosage in their water main systems 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, strengthened surveillance system with close follow up of cases (contact tracing and disinfecting affected households). In addition, establishment of Cholera Treatment Centres at the point of outbreak to prevent spread of the disease and providing supplies for management of Cholera is being prioritized.

On IEC, the strategy adopted is 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 done through the Environmental Health Teams (EHTs). Public premises are being inspected for availability of toilets and running water. However, reports indicate that open-air selling of food stuffs is still ongoing with the Lusaka City Council resolving to deploy inspectors to enforce the ban as of 04 March.

**Summary of Programme Response**

**HEALTH**

So far, the government has been able to manage all the 66 reported cases using the existing structures and resources. The Ministry of Finance has also provided additional resources to the MoH to boost the response. Cholera Treatment Centres (CTC) have been established in the affected areas of Kanyama and Matero in Lusaka and Chibombo. The MoH has in place cholera management protocols that are being used by the various District Medical Teams. UNICEF is participating in the coordination meetings and closely monitoring trends. Due to the latest development where cases have started to spread to other locations, the isolation of Vibrio Cholera in food taken from street vendors, UNICEF has ordered one cholera treatment kit (enough to cover up to 500 patients) from the Supplies Division for prepositioning just in case there will be a need for extra supplies. The MoH reports that they currently have enough ORS, IV fluids, rapid cholera test kits and other supplies and staffing levels are reported to be adequate.

Isolation of cholera microbes on foodstuff sold along the streets at markets and bus stations is a worrisome development which might lead to further spread of the disease to other parts of the country. The national level emergency committee which met on 02 March agreed to suspend food vending in the street and selling of food is only allowed at designated places with good water and sanitation facilities. The Ministry of Local Government and Housing which was represented by its Deputy Minister has been tasked to reinforce the recommendation.

**WASH**

UNICEF is supporting LWSC in the WASH response and coordination. 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 to supported chlorination of existing water wells, increased chlorination of the water supply and provision of chlorine solution for household level treatment of drinking water. A major constraint is the use of household latrines which cross-contaminate the shallow wells. Mapping of the water wells has been proposed to enable periodic water quality monitoring and repeated disinfection. LWSC and Department of Water Affairs has also set up more communal water stands and now providing free safe drinking water from the tap stands. LWSC has suspended desludging of toilet pits in affected areas to minimise chances of spread through faecal matter. The MoH has initiated a programme to inspect premises (bars and eateries) for availability of toilets and running water. So far some premises which did not have toilets or running water have been closed down under the Public Health Act. DMO is 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 response and also provided 11,000 boxes of liquid and 60 drums of granular chlorine.

**Communication for Development (C4D)**

The MoH has continued with intensified health education in the affected areas using Community Volunteers with supervision from Environmental Health Technologists. The channels for the distribution of printed materials included churches, schools and households. Interpersonal door-to-door messaging is ongoing. Up to the day of reporting, the MoH had reached 233, 924 people in 17, 561 households. The door to door health education sessions with community volunteers was accompanied with the distribution of 2,256 leaflets. With support from UNICEF radio spots on cholera prevention are running on ZNBC Radio 1, ZNBC Radio 2, Komboni Radio and Radio Christian Voice. Furthermore, the MoH is sending SMS alerts on Cholera through mobile phone network providers to users alerting them on how to prevent cholera. So far two health alerts have been sent out.

**Media and External Communication**

Local media have been reporting the outbreak in Lusaka and highlighting messages from the Minister of Health, PMO and the DMO. The Minister of Health conducted a briefing to the national media fraternity on 02 March 2016 on the situation on communicable diseases in the country more so on Cholera and urged the media to provide information to the public on the response and more on measures to prevent Cholera.
3 March 2016

**Funding**
Request for UNICEF support has been limited to supplies and with the current number of cases reported the CO is managing from programme resources.

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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: 11 March 2015

**ANNEX 1– MAPPING OF AFFECTED AREAS**

**KANYAMA URBAN COMPOUND (LUSAKA)**

**CHIPATA URBAN COMPOUND**
3 March 2016

JOHN LEING URBAN COMPOUND (LUSAKA)

KABANANA URBAN COMPOUND

CHIBOMBO DISTRICT (CENTRAL PROVINCE)

CHILENJE URBAN COMPOUND

BAULENI URBAN COMPOUND