



Practical aspects of cholera surveillance in Zambia-success factors and challenges.

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PHS-IDSR/EBS

ACDCP @ZNPHI

GTFCC Surveillance meeting-Cairo, Egypt.





Cross-border Coordination & Information sharing; a Regional Perspective

Zambia is land
linked with 8
neighboring
countries.

Currently, seven (7)
SADC countries have
ongoing cholera
outbreaks

Zambia's current
outbreak is
concentrated in
districts bordering
with Malawi,
Mozambique,
Zimbabwe and the
DRC

Our people cross
borders for social,
economic and
cultural reasons!



Regional/ Sub-regional level multi-sectoral IMS would go a long way.



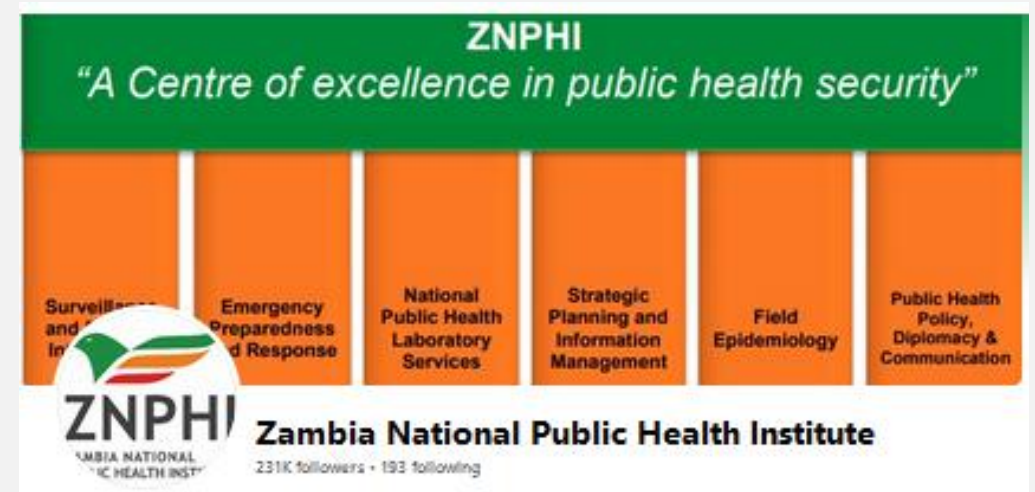
Surveillance coordination and Information sharing

Zambia's national surveillance system is the cornerstone for safeguarding public health security.

The Zambia National Public Health Institute (ZNPHI) leads on public health security & disease intelligence in-keeping with IHR (2005)

ZNPHI is the designate IHR national Focal Point that ensures timely & prompt notification of all disease outbreaks in strict compliance with IHR (2005)

Zambia has implemented Integrated Disease Surveillance and Response (IDSR) at all levels of healthcare system





Surveillance coordination and Information sharing



Surveillance informs hotspot mapping, outbreak detection, confirmation, reporting and response



Routine surveillance data is regularly shared (Weekly Epidemiological Bulletin) with all stakeholders.



During outbreak response, specific surveillance data is shared through the Incident Management System (IMS) – critical to response coordination!



Regular review and functionality testing of the surveillance system ensures continuous improvement

Background of Cholera in Zambia

Cholera is now endemic in Zambia

(more than 3 years consecutive confirming cholera outbreak with evidence of local transmission)

+ 37 outbreak since 1977,

Currently controlling an unprecedented cholera outbreak that originated in Lusaka Province

Rapidly spread to eight additional provinces.(9/10)

The outbreak, initiated in peri-urban areas Lusk,

Minister declare cholera outbreak-18 th October 2024

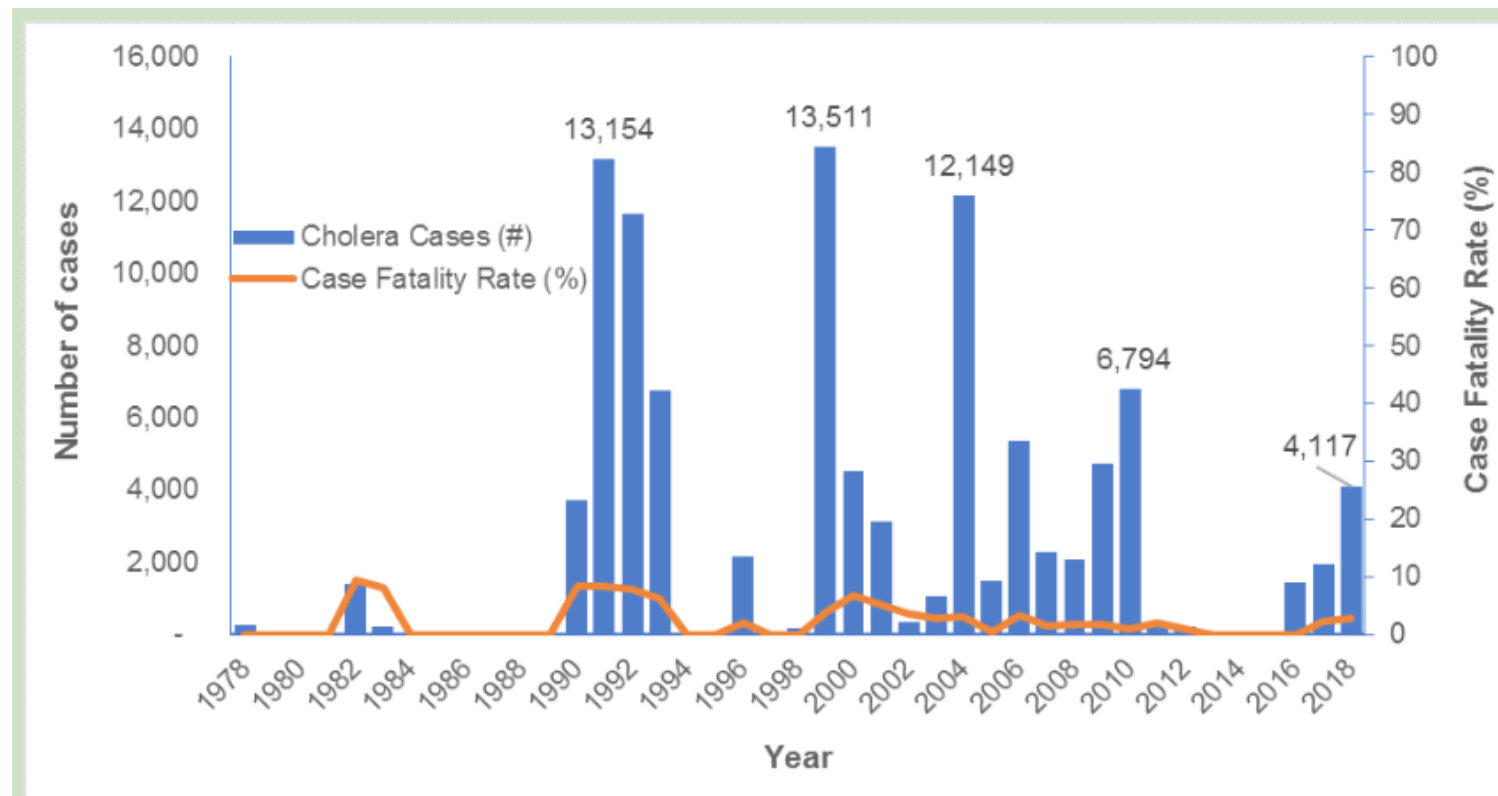
Total of 23,249 reported cases and 740 deaths from October 2023 to May 14, 2024.

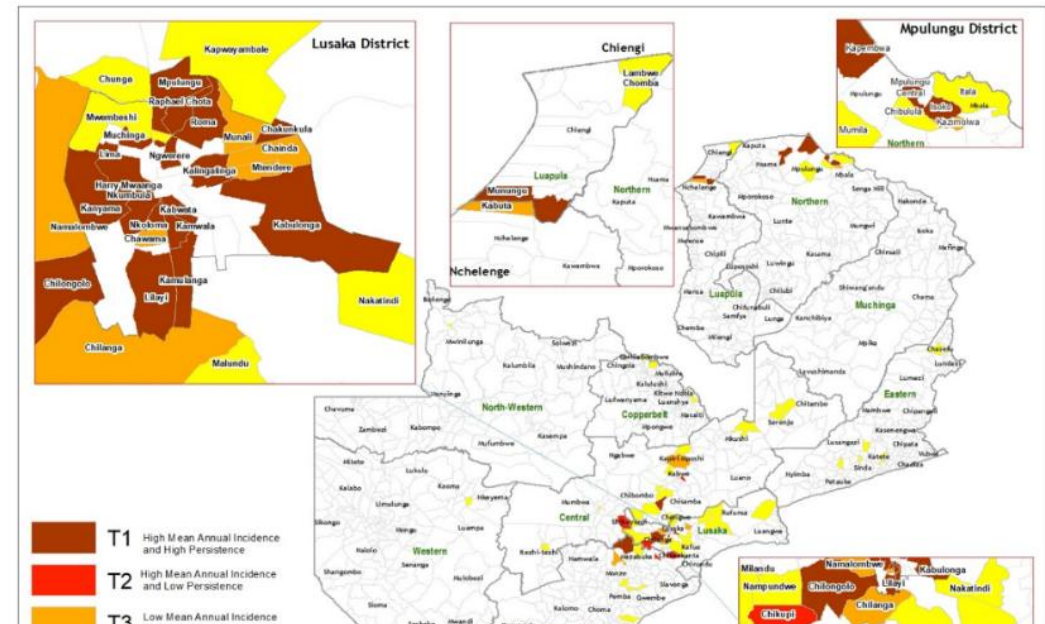
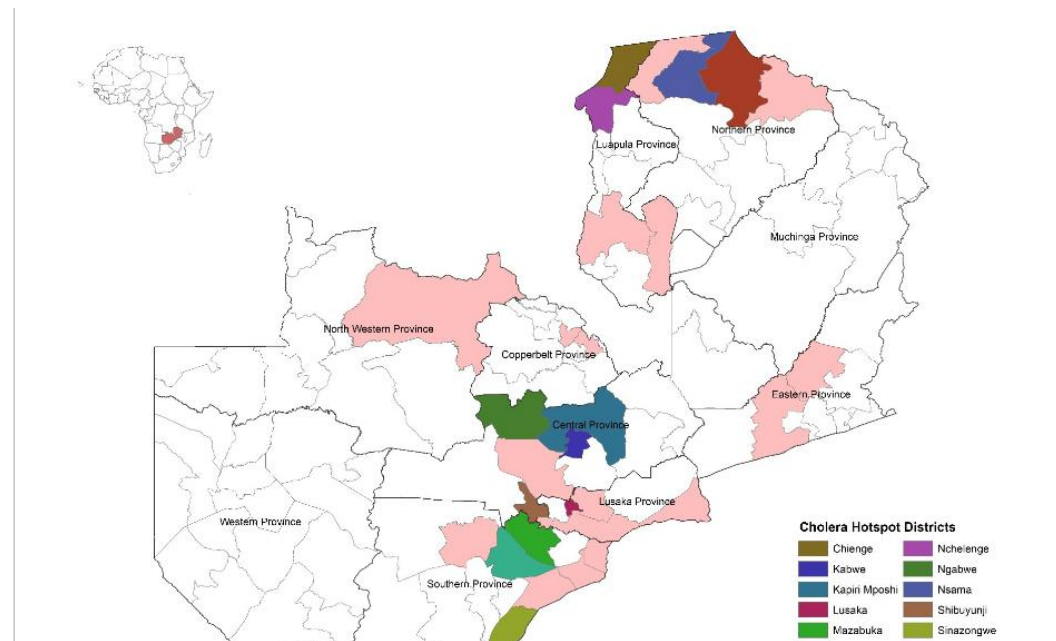
Cumulative incidence rate stands at 11.3 per 1,000,000 population

Case Fatality Rate (CFR) of 3.18%.



Trends of cholera in Zambia 1977-2019

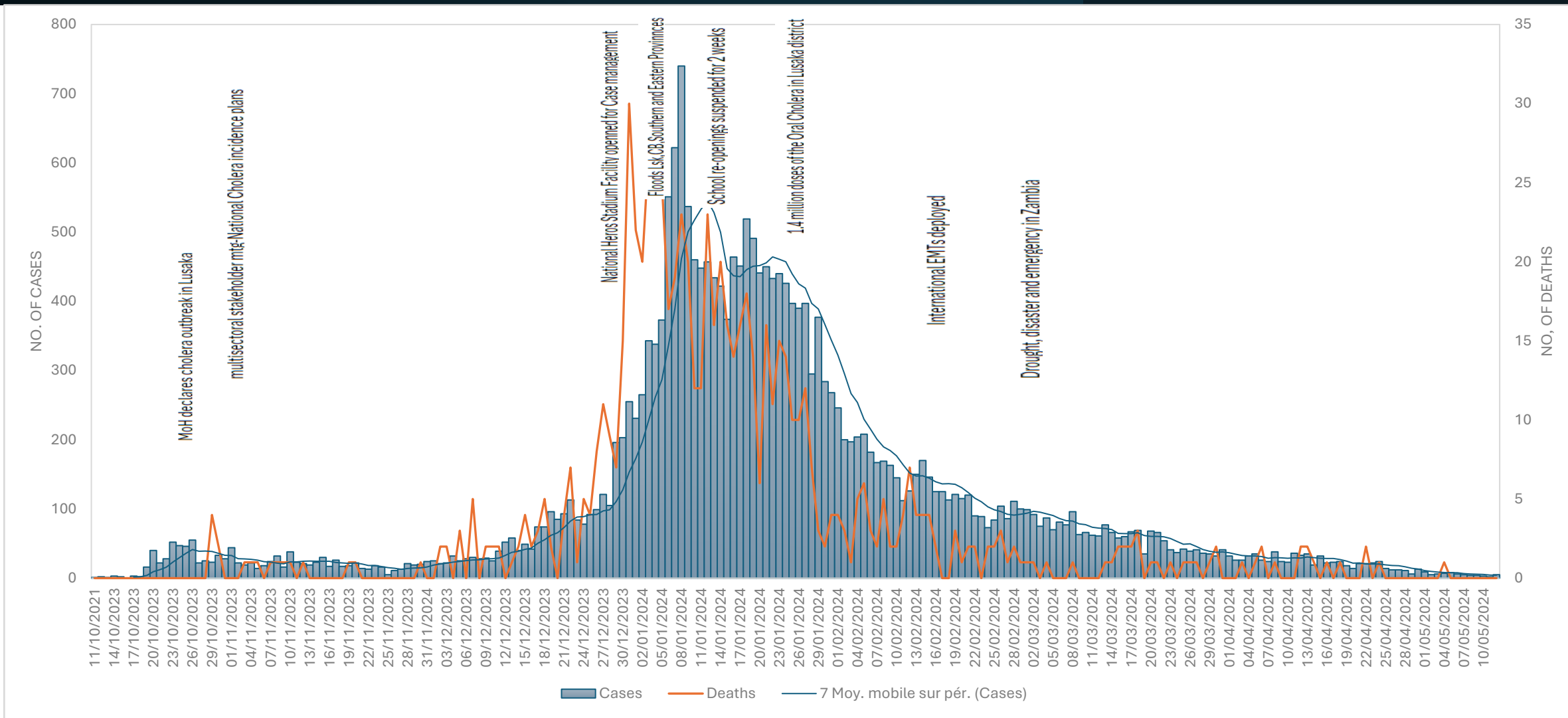




Cholera hotspots in Zambia



Epidemiological update on cholera-Trend Analysis for Number of Cases, Deaths and key interventions from 11th October 2023 to 14th May 2024



Risk factors



Unplanned peri-urban
settlement-Inadequate WaSH

Fishing Camps-water bodies
(national and international)

Naïve population (internal-
migrant)

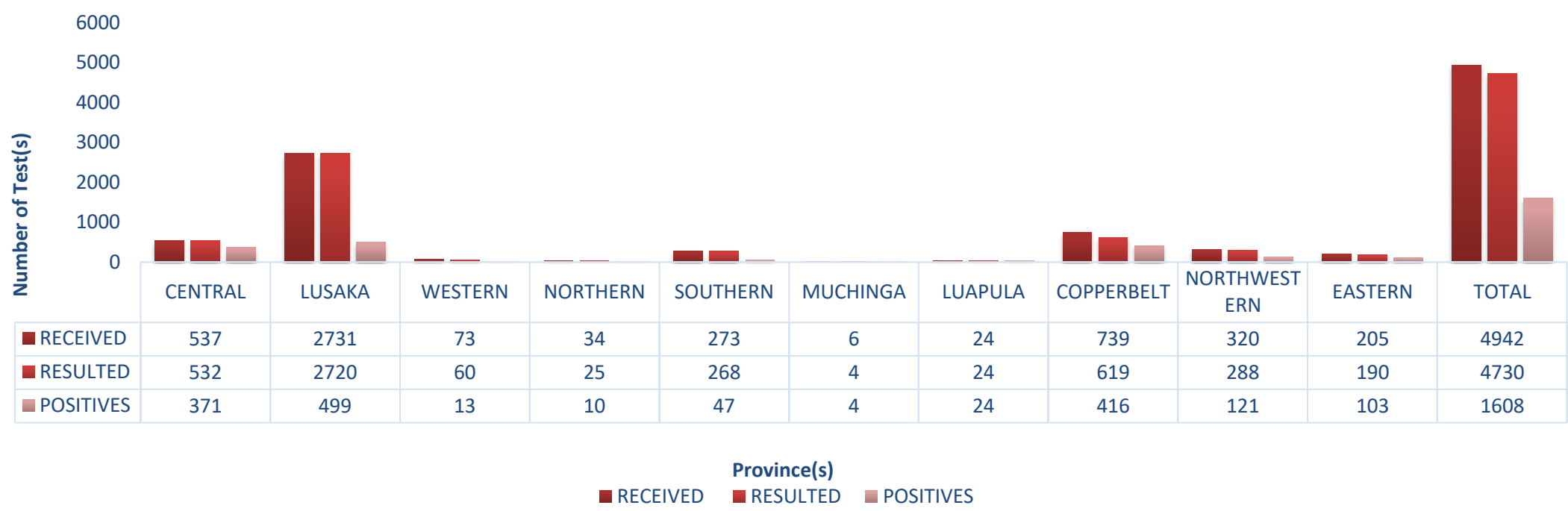
Population mobility (internal and
across the borders)

Climate change-
flooding/drought

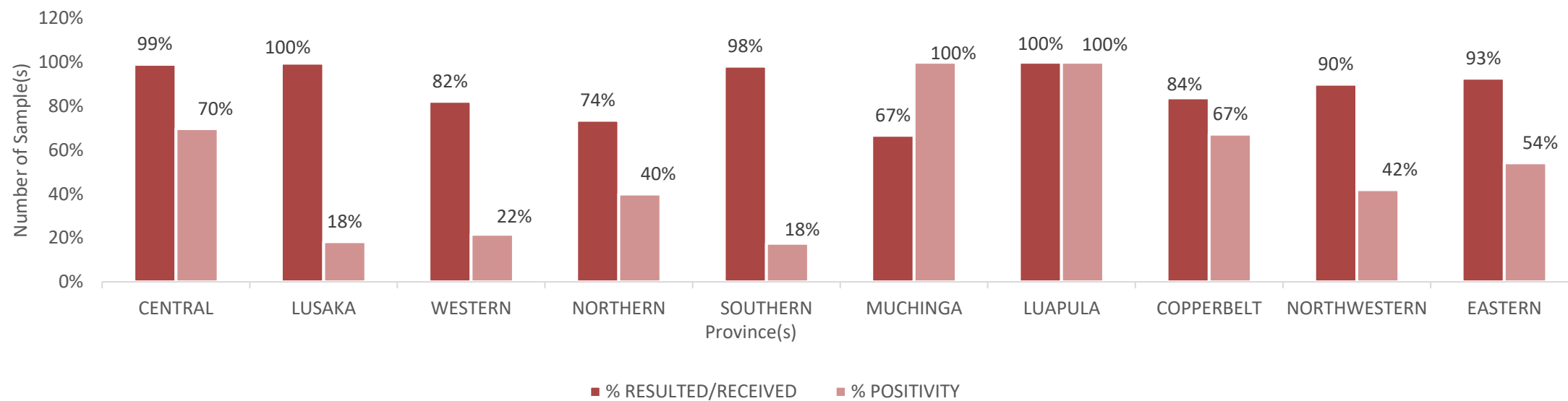
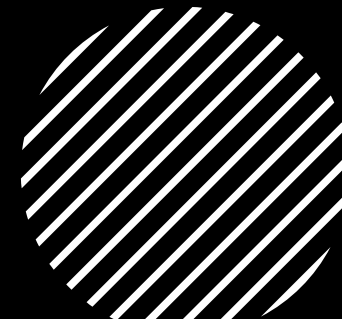
Community preparedness and
readiness



Cholera Samples Received/Resulted by Province in Zambia as of 3rd May 2024

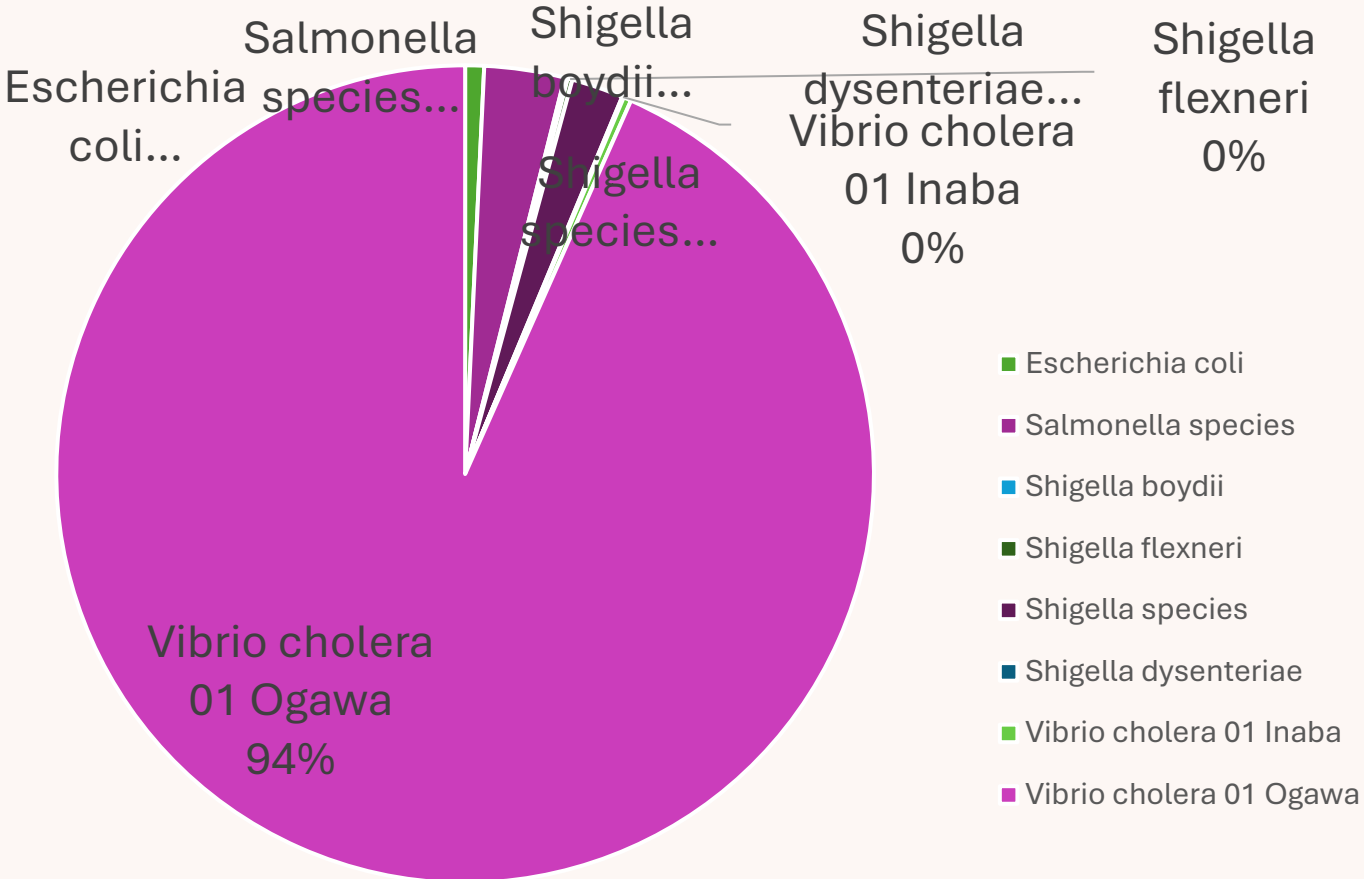


Resulted/Test Positivity Rate by Province in Zambia as of 3rd May 2024





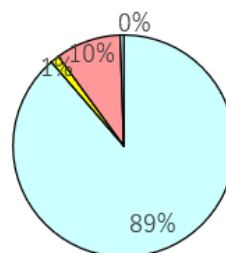
Organisms Isolated From Culture (N-1608) in Zambia as of 3rd May 2024



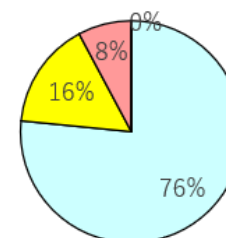


Antibiogram Lusaka (n=378, 3rd MAY 2024)

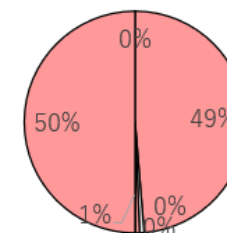
Tetracycline



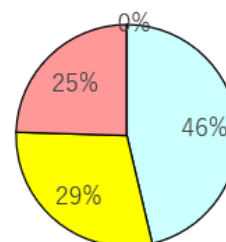
Ciprofloxacin



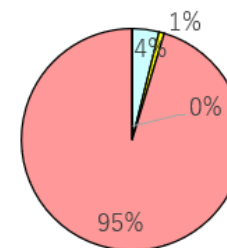
Azithromycin



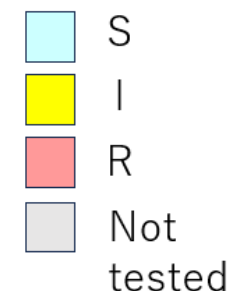
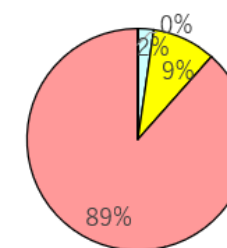
Chloramphenicol



Cotrimoxazole

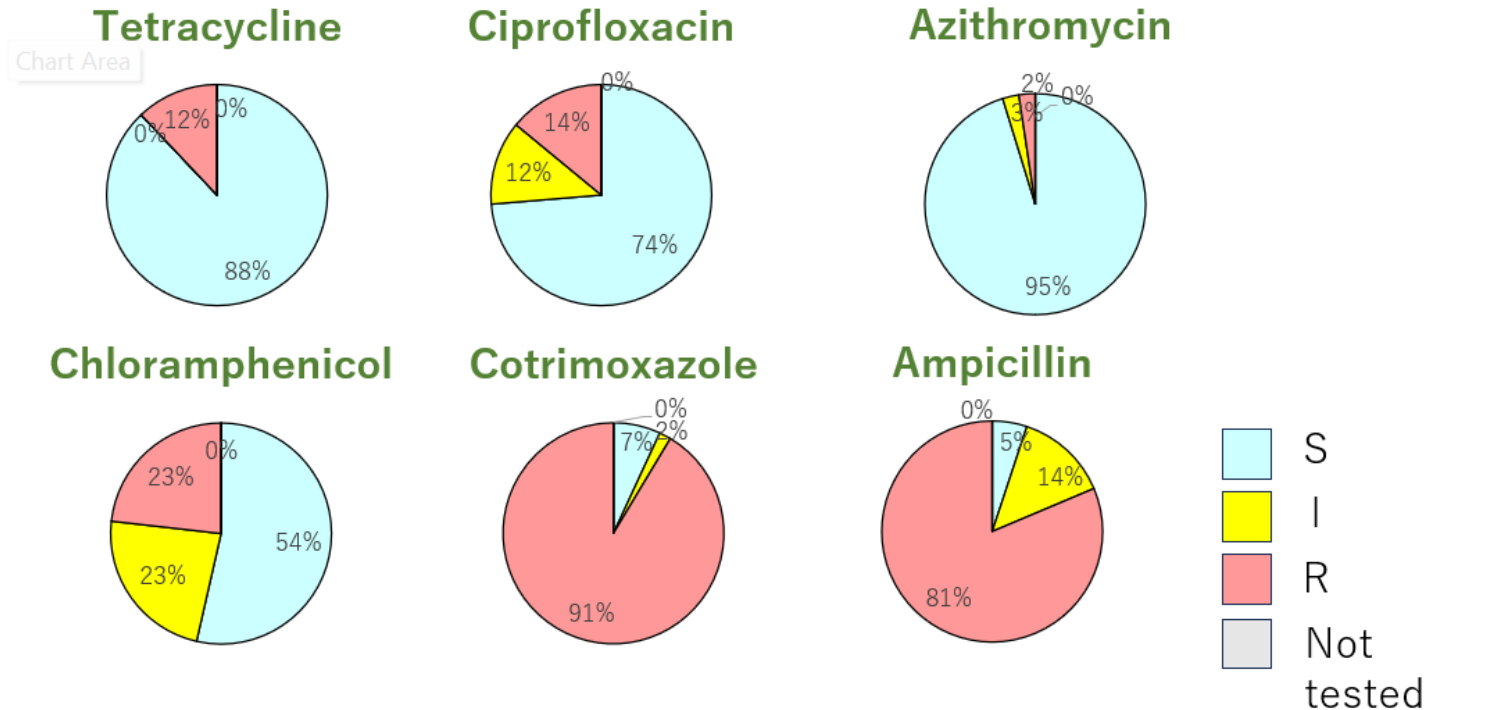


Ampicillin

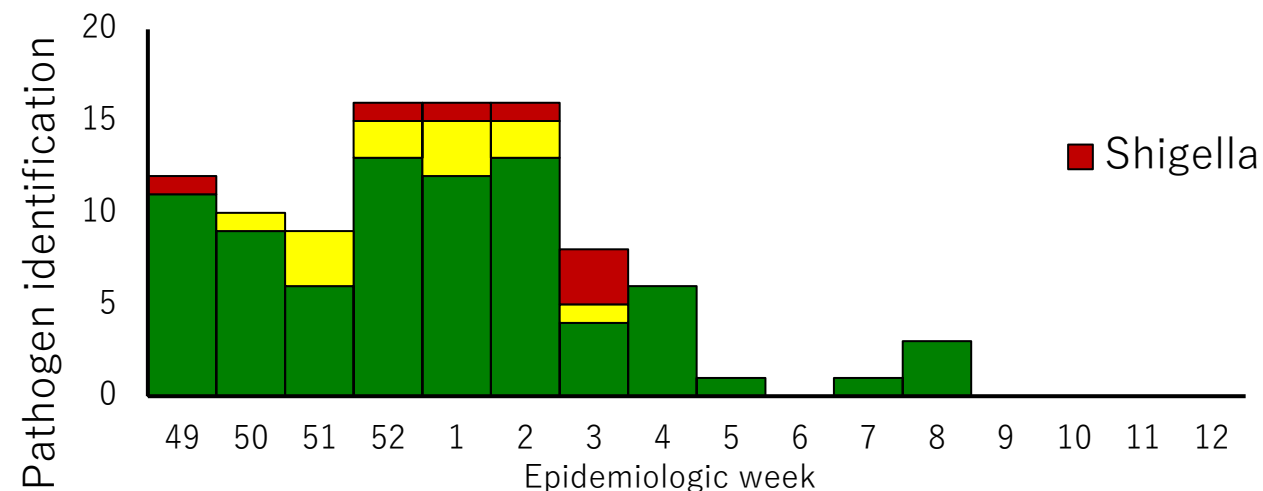
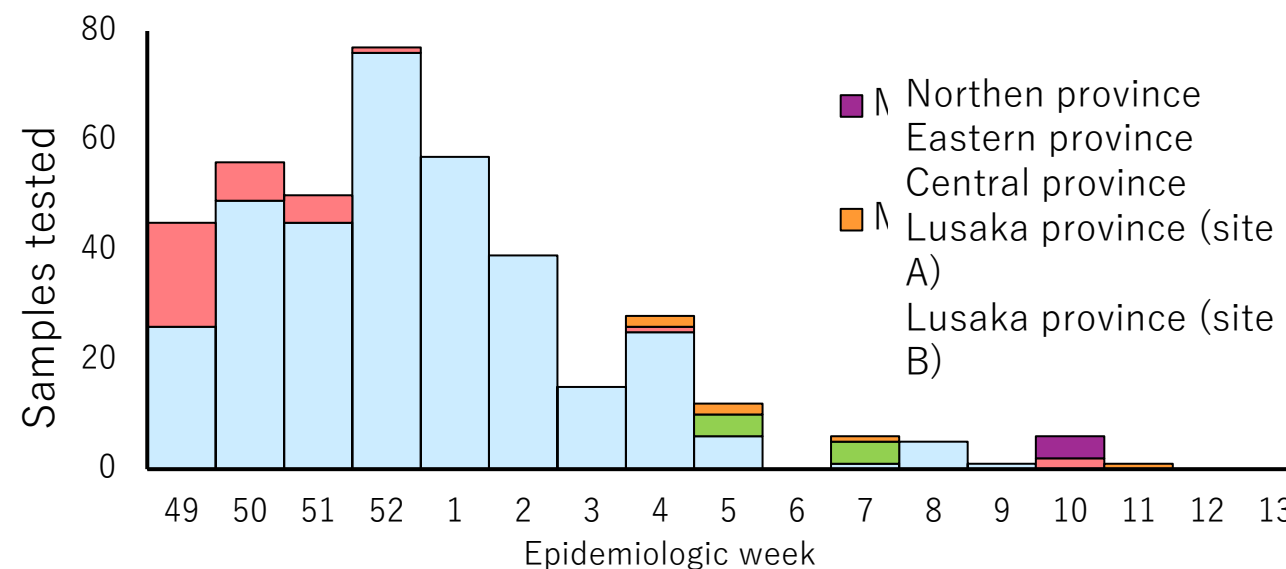
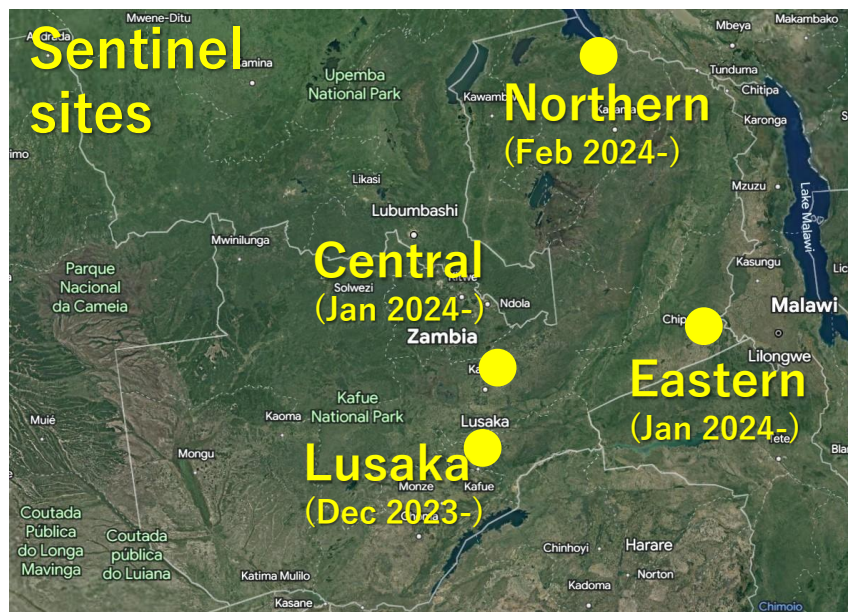




**<5 years old
(n=135, 3rd MAY
2024)**



Acute Gastroenteritis Surveillance



Observations of recent trends of Cholera

Increased frequency of Cholera events

Increased numbers of cholera cases

Protracted-Increased duration of cholera outbreaks

Increased Geographical spread to non-Cholera Hot Spot Areas

High population mobility –internal and across the borders- Malawi, DRC, Zimbabwe, Mozambique



What has worked or is working -best practice

Continued political will
and leadership

Approved Cholera
Multisectoral Plan and
resource mobilization

Active Surveillance
laboratory TWGs/Partner
collaboration and
coordination both
internal and external

Digital management of
cholera surveillance data
(DHIS-2 for eIDSR, EMS)

Resilient health System
support routine health
services

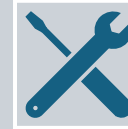
Availability of MCEP and
supporting Integrated
cholera surveillance,
laboratory and case
management guideline



Challenges



Inadequate deployment of community surveillance – CEBS, CBS and Active search



Inadequate use of cholera risk assessment tools



Inadequate SOPs, Job Aid, compliance to standard case definition based on the prevailing risk (overreporting of case during seasonal diarrheal period)



Inadequate screening tools (RDTs) and capacity for confirmation of cholera and monitoring of the outbreak



Multiple concurrent outbreaks- measles, anthrax and conjunctivitis



Preparedness for drought emergency-adaptive surveillance



Cross border communication, collaboration and coordination

- Zambia-DRC Cross border meeting held in Chililabombwe Zambia
- Share information,
- Identify common risk
- Develop joint plans of interventions



Thank You