INTEGRATED DISEASE SURVEILLANCE AND RESPONSE (IDSR)

Perspective
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- Acute Flaccid Paralysis (AFP): Three cases (3) from Copperbelt (2) and Lusaka (1) provinces are undergoing investigations for polioviruses.
- Cholera Outbreak: Twenty Four (24) cases were notified from Mpulungu district, from which fourteen laboratory samples tested negative for V. cholerae.
- Measles: A total of eleven (11) cases from Lusaka (3), North Western (3), Luapula (3), Copperbelt (1) and Central (1) provinces were recorded. Seven specimens are under laboratory investigation.
- Dysentery: Nationwide from 661 suspected reported cases, 8 tested samples were found negative for S dysenteriae.
- Typhoid: Twelve (12) cases reported from Lusaka (2), North Western (9) and Luapula (1) provinces, no samples were subjected to testing for confirmation.
- Malaria: Suspected cases decreased by 18% from the previous week to 146,389; 98.0% were tested laboratory (positivity rate of 54%).

- HIV: There was a decrease in HIV testing from 42,072 to 39,272 this week. The positivity rate among those tested was 4.7%.
- Maternal Deaths: Countrywide 15 maternal deaths were registered from Lusaka (5), Central (2), Western (2), Southern (3), Northern (2), Eastern (1) and Muchinga (1) provinces.
- Suspected Rabies: no cases were reported in the week under review.

Regional Outbreaks
- Ebola, Measles, Polio & Cholera: DRC - 4 graded events are ongoing.
- Crimean Congo Hemorrhagic Fever: Namibia 7 cases, 1 death, CFR 14%, South Africa 1 case CFR 0
- Cholera: Zimbabwe 10,421 cases CFR 0.70%, Mozambique 6,739 Tanzania 244 cases, CFR 1.2.
- Measles: Angola 2,377, CFR 2.7%.

Source: WHO Weekly Bulletin on Outbreaks & Other Emergencies, Health & Emergencies Program

NATIONAL IDSR HEALTH FACILITY REPORTING RATES, WEEK 22 2019

Average Timeliness: 78% (1851/2379), Average Completeness: 80% (1913/2374)
### OUTBREAKS

#### Cholera Outbreak, Mpulungu District, Northern Province

- From the 24 cases of cholera were reported in this week, 14 were positive for.
- Cumulatively, 305 cases have been reported since the outbreak on 3rd April 2019.
- Among the 4 reporting health facilities, the highest number of cases are from Mpulungu Health Centre; others are Kapebwa, Kabylwe Health Post and Isoko Rural Health Centre.
- The age groups most affected by the outbreak are 1-4 years (66%), followed by 10-14 years (5.6%).
OUTBREAKS

Cholera Outbreak, Mpulungu District, Northern Province

National AFP Surveillance by Province Week 22 2019 (n60) Non polio AFP rate by district as of week 22, 2019

- No AFP cases were reported in the week under review.
- Cumulatively, 67 AFP cases have been reported since week 1.
- The proportion laboratory tested are 90% (60/67), of which 53% had complete OPV doses.
- Stool from the 60 specimens were discarded for polioviruses (50 negatives, 5 NPENTs, 1 is Sablan Type 3 Poliovirus) while one is pending results.
- A large proportion (66%) of the total 110 districts in the country have not reported any AFP cases.

Environmental Polio Surveillance

- The scheduled collections for the four sites in Ndola, Kitwe, Mufulira and Chilil bombwe were conducted.
- The sensitivity of environmental for polio virus detection remains adequate with 50% isolation of Non Polio Enteroviruses.
- No wild type polioviruses or circulating vaccine derived polioviruses have been isolated from week 1 to 22.
MEASLES AND RUBELLA

Eleven (11) cases were reported from Lusaka (3), North Western (3), Luapula (3), Copperbelt (1) and Central (1).

Seven (7) samples from Lusaka (3), Luapula (3) and Copperbelt (1) Provinces were sent for measles, rubella IgM investigation, results are pending.

Cumulatively, 319 suspected cases have been reported and 42% have been laboratory tested for measles IgM (Positivity rate of 6.0%).

HIGH BURDEN DISEASES

HIV

This week 39,272 people were tested for HIV nationwide; with a positivity rate of about 4.8%.

Central, Copperbelt and Lusaka provinces have cumulatively reported high numbers of new cases from week 1.
This week, 7.1% of the 2,429 suspected cases of TB were confirmed positive.
Cumulatively, Central, Northern and Luapula Provinces have recorded the highest confirmed incidence of TB from weeks 1 to 22.

Maternal Deaths

- A total of 15 maternal deaths were recorded nationwide, 74% of the cases were reported from Lusaka (6) and Central (5) Provinces.
- The cumulative total of deaths reported from week 1 are 283
- Obstetric hemorrhages continues to be the leading cause of death.
- Western, Lusaka and Eastern provinces have cumulatively recorded the highest number of deaths since week 1.

Dog Bites

- 204 cases of dog bites were recorded nationwide;
- Central Province (30%) recording the highest number of cases.
- The average number of dog bites is 292 per week.
- Case fatality rate in the 17 reported rabies cases from week one is 0.26%
Malaria

- 172,919 suspected malaria cases were notified in week 22 with a confirmed incidence of 5.73/1000; the positivity rate for the confirmed cases this week was 54.2%.
- North Western, Central and Lualupula provinces recorded the highest cumulative incidence of malaria cases from week 1 to 22.

Dog Bites

**EARLY WARNING DISEASES**

**Ebola Virus, DRC, 2018-2019**

- 82 new confirmed cases and 62 new deaths.
- 1,994 cumulative cases of EVD, were reported, of which 1,900 were confirmed and 1,389 deaths occurred (CFR is 67%).
- Cumulative healthcare workers infected has risen to 110 from 102
- New cases were reported from 15 of the 22 health reporting zones in the last 21 days
- Contact tracing is ongoing in 17 health zones reporting cases
General Recommendations

• All provinces and districts affected by the outbreaks should conduct laboratory tests on suspected cases to confirm the outbreak. Samples from suspected outbreaks must be tested in the appropriate district or provincial laboratory and at a national reference laboratory.

National Level

• Provide technical guidance for outbreak investigation and response to affected regions.
• Support the distribution of epidemic preparedness consumables to affected areas.
• Support provinces with other operational and financial support to limit the spread of the diseases.

Regional level

• Heighten cross border surveillance for Ebola Virus Disease, Cholera, Measles and circulating Vaccine Derived Polioviruses, (ground crossings, airports and ports).
• Provinces to enhance health facility staff awareness of Measles, Polio, Ebola symptoms and sensitize community

Heightened Surveillance of Acute Watery Diarrhea

• All cholera prone regions to have epidemic preparedness and response measures in place for cholera prevention and control.
• Regions that have reported Cholera outbreaks should conduct public education on preventative measures and work all relevant stakeholders to prevent cholera outbreaks

Vaccine-Preventable Disease Surveillance in Silent Districts

• Provincial and District surveillance officers to support low performing and silent districts
• Provinces to prioritize sample referral of suspected cases to the national reference laboratory.
• Districts to raise health worker and community awareness of VPDs including promotion of usage of Immunisation services
• All suspected measles or AFP cases meeting the IDSR or clinical case definition should be given a provisional clinical diagnosis during investigation before blood / stool samples are sent to the national reference laboratory for tests.
• All provinces to geocode reported AFP cases

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