Current outbreaks

- **Cholera:** Seven (7) cases were reported from 27 to 30 August from Nsama district, Northern Province. Of these six 6 were culture confirmed positive for V Cholerae Inaba 0139

- **Rabies:** Four (4) cases were reported with one (1) fatality from Mumbwa District from a suspected rabid dog. Three (3) cases are being treated with post exposure prophylaxis for rabies.

- **Ebola Virus Disease:** Zero cases were reported

Immediately notifiable

- **Acute Flaccid Paralysis (AFP):** Ten (10) cases were reported from Copperbelt (3), Northern (2), Luapula (2), Western (2) and Lusaka (1) provinces. Simples are under investigation for poliovirus.

- **Measles:** A total of six (6) cases were reported this week from Lusaka (3), Eastern (1), Northwestern (1) and Luapula (1) provinces. Four specimens were investigated for measles & rubella.

- **Maternal Deaths:** Thirteen (13) maternal deaths were registered from Lusaka (5), Northern (3), Eastern (1), Central (1), Muchinga (1), Western (1) and Luapula (1) provinces.

- **Other diseases**

- **Trypanosomiasis:** Two (2) suspected cases were recorded from Nyimba district, Eastern Province with one fatality. One (1) confirmed case with T b rhodesiense is under treatment. dysenteriae

Regional Public Health Events

<table>
<thead>
<tr>
<th>Regional Public Health Events (Cases/ CFR)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ebola</strong></td>
<td><strong>Measles</strong></td>
<td><strong>Cholera</strong></td>
<td><strong>Poliovirus (c VDPD)</strong></td>
</tr>
<tr>
<td>DRC : 3031, CFR 67% %</td>
<td>Angola: 3127, CFR 2.0%</td>
<td>DRC: 15, 989 , CFR 1.9%</td>
<td>Angola: 6, CFR 0%</td>
</tr>
<tr>
<td>Uganda : 1, CFR 100%</td>
<td>DRC: 155,460 CFR 1.8%</td>
<td>Mozambique: Closed event</td>
<td>DRC: 45 Cases, CFR 0%</td>
</tr>
</tbody>
</table>

**IDSR Health Facility Reporting**  **Timeliness/ Completeness**  **Provincial Timeliness**

Source: WHO Weekly Bulletin on Outbreaks & Other Emergencies, Health & Emergencies Program
PAPER AND ELECTRONIC HEALTH FACILITY REPORTING COMPLETENESS WEEK 34 TO 35

Electronic Reporting Completeness

Week 34

Week 35

Paper Reporting Completeness

Week 34

Week 35

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

**Cholera Outbreak**

Seven (7) cases of suspected cholera were reported in Nsama district in week 35. The cumulative number of cases reported in Nsama by 1 September is 13 with nine (9) culture positives. Nationwide, 448 suspected cases of cholera (CFR = 2.5%) have been recorded from Lusaka and Northern provinces (Lusaka, Nsama, Mbala, and Mpulungu) since week 1.

**HIGH PRIORITY DISEASES**

**Maternal Deaths**

[Graph showing causes of maternal death and cumulative reported maternal deaths]
• Thirteen maternal deaths were registered from Lusaka (5), Northern (3), Eastern (1), Central (1), Muchinga (1), Western (1) and Luapula (1) provinces.
• Obstetric hemorrhages continue to be the leading cause of death.
• Lusaka province has cumulatively recorded the highest number of deaths since week 1.

**VACCINE PREVENTABLE DISEASES**

**Measles & rubella surveillance**

- Countrywide, six (6) cases were reported this week.
- 29% of the IDSR reported cases have been laboratory tested for measles / rubella.
- Positivity among the 189 tested cases for measles IgM is 13.2% (target 10%) and 1.05% for rubella.
### SUMMARY REPORT PRIORITY DISEASES, CONDITIONS AND EVENTS (WEEK 35)

<table>
<thead>
<tr>
<th>Disease</th>
<th>Suspected cases</th>
<th>Tested</th>
<th>Confirmed</th>
<th>Suspected cases</th>
<th>Tested</th>
<th>Confirmed</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFP</td>
<td>10</td>
<td>10</td>
<td>0</td>
<td>114</td>
<td>109</td>
<td>0</td>
</tr>
<tr>
<td>Cholera</td>
<td>7</td>
<td>7</td>
<td>6</td>
<td>448</td>
<td>139</td>
<td>101</td>
</tr>
<tr>
<td>Meningitis (Neisseria)</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>96</td>
<td>58</td>
<td>28</td>
</tr>
<tr>
<td>Measles</td>
<td>6</td>
<td>4</td>
<td>0</td>
<td>648</td>
<td>191</td>
<td>35</td>
</tr>
<tr>
<td>Neonatal Tetanus</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Plague</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rabies</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>26</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dog bites</td>
<td>322</td>
<td></td>
<td></td>
<td>10,230</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dysentery</td>
<td>1,001</td>
<td>26</td>
<td>19</td>
<td>26,309</td>
<td>526</td>
<td>207</td>
</tr>
<tr>
<td>Typhoid fever</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>410</td>
<td>103</td>
<td>14</td>
</tr>
<tr>
<td>Yellow fever</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>VHF</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Anthrax</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Influenza</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Non Bloody Diarrhoea</td>
<td>16,700</td>
<td>0</td>
<td>0</td>
<td>408,784</td>
<td>2,281</td>
<td>1,969</td>
</tr>
<tr>
<td>Schistosomiasis (Bilharzia)</td>
<td>517</td>
<td>125</td>
<td>64</td>
<td>13,195</td>
<td>1,903</td>
<td>789</td>
</tr>
<tr>
<td>Malaria</td>
<td>92,668</td>
<td>89,360</td>
<td>27,057</td>
<td>5,774,242</td>
<td>5,158,791</td>
<td>863,985</td>
</tr>
<tr>
<td>HIV</td>
<td>30,209</td>
<td>35,736</td>
<td>2,098</td>
<td>1,642,606</td>
<td>1,525,707</td>
<td>396,289</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>*</td>
<td>3,503</td>
<td>240</td>
<td>89,613</td>
<td>41,514</td>
<td>396,289</td>
</tr>
<tr>
<td>Maternal Death</td>
<td>13</td>
<td></td>
<td></td>
<td>440</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>144,277</strong></td>
<td><strong>128,773</strong></td>
<td><strong>29,484</strong></td>
<td><strong>7,967,178</strong></td>
<td><strong>6,731,864</strong></td>
<td><strong>1,266,626</strong></td>
</tr>
</tbody>
</table>
**Non Bloody Diarrhoea**

Countrywide incidence of reported suspected non-bloody diarrheas decreased to 75 cases /100,000 from 96/100,000 in the previous week.

Cumulatively, non-bloody diarrheas are the third most commonly reported weekly priority disease, with a total number of 408,784 cases reported since week 1.

North Western, Central and Southern Provinces have respectively recorded the highest incidence since week 1.

The epi-curve depicts a seasonal variation and similar pattern of non-bloody diarrheas in 2019 when compared with 2018 and 2017. Although the trends in the current year are higher than the previous two years.
HIGH BURDEN DISEASES

### Trends of Reported, Suspected and Confirmed Malaria cases Weeks 1 to 35, 2019

- 92,668 suspected malaria cases were notified in the week; with a positivity rate of 30% of the 89,360 tested cases.
- Luapula and Northwestern provinces recorded the highest cumulative incidence of malaria cases from week 1 to 35.

### Cumulative Incidence Malaria by Province

### HIV

### Health Facility HIV Testing and Positivity Rates Weeks 1-35, 2019

- 30,209 people were tested for HIV in the week under review, with a positivity rate of 5.6%.
- Central, Lusaka and Luapula provinces have cumulatively reported the highest incidence of confirmed HIV of 795, 606 and 454 cases per 100,000 population, respectively, from week 1.
• 33,301 cases were tested in the week under review, with a positivity rate of 6.0.
• Lusaka and Central provinces have cumulatively reported high numbers of new cases from week 1.

TB

7.21% of the 3,242 tested cases were confirmed positive for TB this week in IDSR reports.
Cumulatively, Lusaka and Copperbelt provinces have recorded the highest confirmed incidence of TB from week 1 to 35.
**Response pillars at ZNPHI to continue working with partners to strengthen surveillance, laboratory and epidemic preparedness for EVD, Cholera, Measles and other public health threats**

- Provincial health with veterinary municipalities should quickly respond to suspected cases of rabies, promote vaccination of dogs and sensitize communities on rabies prevention/treatment.
- Provinces to oversee that epidemic preparedness consumables (including vaccines) are available for timely distribution to districts experiencing outbreaks or at high risk of outbreaks.
- Provinces should ensure that epidemic preparedness committees (provincial and districts) are functional, represented by all key multisector stakeholders & hold regular meetings to routinely discuss response activities.

**Ebola Virus Disease Preparedness**

- All provinces to strengthen EVD surveillance among all health care providers and raise community awareness of EVD prevention.
- Provide weekly reports in IDSR reports of active searches including zero reporting in at risk districts, including ports of entry.
- Ensure epidemic preparedness measures for detecting cases, sample testing/transportation and managing cases are effected.
- All border districts to strengthen point of entry EVD screening including facilitation of crossborder monitoring and reporting of suspected EVD cases.
**Vaccine-Preventable Disease Surveillance in Silent Districts**

- Provinces to ensure silent districts not reporting AFP/measles cases are supported for active surveillance
- DHMTs are encouraged to sensitize health workers for improved detection, reporting and investigation of suspected measles cases.
- Provincial health offices to ensure sub regional attainment of the Non-Polio AFP and non Febrile Rash rate of 2 cases per 100,000
- Prioritize sample referral of suspected cases to the national reference laboratory

**Active Surveillance in Cholera Hotspots**

- Nsama and neighbouring districts to continue to support the ongoing outbreak through heightened active surveillance, management of cholera cases and timely reporting of epidemiological changes
- Health education to sensitize communities and health workers on cholera preventative measures
- WASH continue water monitoring and distribution of chlorine in identified at risk populations
- Provincial epidemic preparedness committee’s to engage all relevant government stakeholders and multisector partners required to prevent cholera outbreaks

**Reported by: Surveillance and Disease Intelligence Unit**

- Writers: Chanda Groeneveld, Muzala Kapin’a, Moses Banda, Nkomba Kayeyi, Mazyanga M Liwewe, Victor-Mukonka and Zambia National Public Health Institute (ZNPHI)