

TUESDAY, 20 FEBRUARY, 2018

MINISTERIAL STATEMENT

ON THE OUTBREAK OF CHOLERA IN THE COUNTRY

The Minister of Health (Dr Chilufya)

Mr Speaker, thank you very much for granting me this opportunity to update the House and the nation at large on the fight against the outbreak of cholera in the country, and to indicate the measures that the Government has taken to stop the further spread of the outbreak, prevent deaths, treat the sick and rehabilitate them as well as mitigate against the potential catastrophic effects of this disease.

Mr Speaker, I wish to inform the House that the current cholera outbreak has affected seven of our ten provinces and these are Lusaka, Central, Eastern, Southern, Copperbelt, North-Western and the Western Provinces with a cumulative total of 4,202 cases and eighty-five deaths between 4th October, 2017 and 19th February, 2018.

Sir, from the outset, it must be emphasised that the prevention of such an outbreak and the catastrophic after-effects are not beyond the realm of our collective capability. As civic or community leaders, elected representatives, the church, the Government and non-governmental organisation (NGOs) actors as well as individual and collective agents of fortitude and behaviour transformation, we are called upon to recognise the potential hazards of our contemporary existence, living conditions and social behaviour to refuse the status quo and with solidarity and mutual respect, uphold key values such as cleanliness and responsibility.

Mr Speaker, cholera is a diarrhoeal disease caused by vibrio cholerae mainly spread through contaminated food and water. It thrives in dirty environments, particularly, where access to clean water is compromised by sustained indiscriminate waste disposal and environmental soiling. By and large, the conditions that cause the outbreak of cholera can be mitigated.

Sir, when cholera strikes an individual, symptoms will include the rapid onset of diarrhoea vomiting, abdominal pains, muscle cramps and body weakness. If untreated, the infection can result in rapid, severe dehydration and death within twenty four hours. Within a very short

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period of time, the affected individuals would have spread the disease to their contacts, who would be family members, neighbours, fellow employees or indeed employers, customers or fellow church congregants.

Mr Speaker, we declared a cholera outbreak on 6th October, 2017, and it has pre-dominantly affected Lusaka Province. Lusaka Province has recorded a total of 4,036 cases, which represents 96.1 per cent, and seventy-five deaths. Nationwide, the number of deaths is eighty-five.

Sir, as at 06:00 A.M on 19th February, 2018, 4,080 patients had been treated successfully and discharged. In Lusaka Province, the districts that have been worst affected are Lusaka, with 3,907 cases followed by Chongwe with forty seven cases, Chilanga has had twenty seven cases, Kafue recorded nineteen cases, Rufunsa recorded five cases and Chirundu recorded one case. The Central Province has recorded a total of ninety one cases and three deaths in eight districts. Shibuyunji District recorded thirty cases, Mumbwa recorded twenty fours cases, Kabwe also recorded twenty four cases while Chobombo recorded sixteen cases. Serenje recorded fifteen cases, Mkushi recorded four cases, Chisamba recorded four cases, Kapiri Mposhi recorded three cases and Itezh-Tezhi recorded one case.

Sir, a total of thirty cases and two deaths have been recorded in five districts of the Eastern Province. These are as follows:

<i>District</i>	<i>No. of Cases Recorded</i>
Lundazi	20
Petauke	4
Katete	3
Sinda	2
Chipata	1

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Sir, in the Southern Province, seven districts have been affected with a total of twenty six cases. However, there have been no deaths. The districts affected are as follows:

<i>District</i>	<i>No. of Cases Recorded</i>
Chikankata	11
Mazabuka	6
Kalomo	4
Sinazongwe	2
Siavonga	2
Livingstone	1
Pemba	1

Mr Speaker, on the Copperbelt, two districts were affected with the outbreak resulting in a total number of thirteen cases and one death. Ndola had seven cases while Kitwe recorded six cases.

Sir, in the North-Western province, two cases were recorded. However, there was no mortality. The districts affected were Mwinilunga one and Solwezi one. The Western Province recorded only one case.

Mr Speaker, like I said earlier on, we had eighty-five deaths. Seventy-five deaths were within the capital city whilst we encountered one each in Chongwe, Shibuyunji, Kafue, Mumbwa, Kabwe, Kapiri-Mposhi, Lundazi, Petauke and Ndola.

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Sir, this august House should note that this was not inevitable. These deaths are not arising from a calamity, but are because of a historical challenge of unplanned slums. However, bold action, particularly at individual, community, civic and constituency levels led to a quick reaction that resulted in the epidemic starting to abate.

Mr Speaker, the Government of His Excellency, Mr Edgar Chagwa Lungu, has mounted a spirited and energised multi-sectoral response to combat the cholera outbreak. I will repeat ...

The Government of His Excellency, Mr Edgar Chagwa Lungu, has mounted a spirited and energised multi-sectoral response to combat the cholera outbreak. The Government and cooperating partners continue to supplement resources and to implement measures to control and end the outbreak. The interventions that have been put in place include:

Multi-Sectoral Response

The national level committee has been meeting daily to coordinate efforts since the outbreak was declared. All districts have activated their multi-sectoral district epidemic preparedness meetings. Prevention control and management committees are now in place and rapid response teams have been triggered.

Mr Speaker, to support the cholera response efforts, Statutory Instrument (SI) No. 79 of 2017 entitled the “Public Health Infected Areas Cholera Regulations, 2017” was issued on 29th December, 2017. This has resulted in enhanced enforcement of regulations related to inspection of public facilities and closure of facilities that do not meet the sanitary standards and that lack adequate access to clean and safe water.

Sir, the opening of schools was also differed to provide an opportunity to ensure schools were safe for learners as well as to give a chance to Lusaka based learners to benefit from the cholera vaccine. A cautiously optimistic and prudent approach has been taken when easing these restrictions for specific identified facilities such as markets and schools if and when they meet the required standard. Facilities are only opened after inspection by health inspectors with a focus on water and sanitation.

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Mr Speaker, in the true spirit of multi-sectoral synergies, the Ministry of Local Government has issued SI No. 10 to strengthen the fight against the consultations on the right are rather load.

Mr Speaker, in the true spirit of multi-sectoral synergies, the Ministry of Local Government has issued SI No. 10 of 2018 which has strengthened actions against public health nuisances while the Ministry of Fisheries and Livestock has issued a gazette notice that will extend a fish ban in cholera affected areas and allow closure of fishing camps that do not have adequate sanitary facilities including access to clean and safe water. The three instruments will complement each other and form synergies that enable a robust immediate and medium term response to the outbreak.

Case Management

Sir, cholera treatment units across the affected districts remain open for triage and stabilisation of suspected cases. Additionally, in Lusaka, the two main cholera treatment centres at national heroes stadium and Chawama First Level Hospitals remain open to manage patients. These facilities have been staffed with doctors, nurses and other health workers. The treatment centres have also been provided with adequate medical supplies including drugs and intravenous fluids to support patient care. All provincial and district medical offices countrywide have been put on high alert to escalate disease surveillance activities, put in place isolation facilities and stock up emergency supplies.

Sir, the Ministry of Health has procured and increased provision of chlorine, medical supplies, laboratory reagents, personal protective equipment and **IEC** to all districts affected by the outbreak.

Contact Tracing and Active Case Finding

Environmental health staff and community health workers have been deployed to trace all contacts of infected patents. This is critical to quickly identify those who may have contracted the infection so that they are screened and given appropriate treatment and hence stop further spread of the infection. In addition, door to door distribution of household chlorine and chlorination of water sources is ongoing.

Health Education

Sir, health education has continued to the public in various congregate settings, schools and through various forms of media.

Environmental Management

Mr Speaker, environmental management, that includes water quality monitoring, has been escalated.

Oral Cholera Vaccination Campaign

Sir, finally, an oral cholera vaccination campaign was launched with the support of the World Health Organisation and other cooperating partners we managed to secure 2,070,100 vaccine doses.

Mr Speaker, the first round which was launched on 10th January, 2018, successfully recorded overall coverage of 109 per cent with 1,317,925 people vaccinated in Chawama, Matero, Kanyama and Chipata district. A second dose which increases the immunity and protection to three years was given to 722,704 Kanyama and Chawama residents giving coverage of 147 per cent based on the total number vaccinated during the first round. We will continue vaccination for Chipata and Matero.

Sir, as I conclude, I must reiterate a call to action that each and every hon. Member of this august need to take with them and through this House a call to action for the whole citizenry of this great republic. We need to suffer tribulation with diseases such as cholera. It is in our hands to free ourselves from preventable outbreaks. We need to be bold and make decisions that will allow posterity to judge us as well. In our jurisdictions, we must not allow communities to accumulate garbage indiscriminately, use pit latrines that discharge human water into neighbouring shallow wells. Let us allow vending of food only from designated places. We should not in a simplistic manner think we are being popular if we go against these tenets.

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Sir, every part of Zambia is made up of a constituency and these constituencies must be free of squalor and cholera. The call to action is for every hon. Member of Parliament to provide leadership in this constituency, coordinate with all stakeholders to ensure that we promote hygiene.

Mr Speaker, with collective action, we will overcome cholera. The Government is doing all it can to ensure that this outbreak is contained within the shortest period of time.

I thank you, Sir.