THURSDAY, 12 OCTOBER, 2017

MINISTERIAL STATEMENT

ON THE

OUTBREAK OF CHOLERA IN LUSAKA DISTRICT

BY THE HON. MINISTER OF HEALTH, DR CHILUFYA

Madam Speaker, I thank you for granting me this opportunity to present a statement on the outbreak of cholera in Lusaka and to indicate the measures that the Government has taken to contain the disease.

Madam Speaker, I wish to inform this august House that currently there is a confirmed outbreak of cholera in Lusaka District in the following peri-urban areas:

(a) Chipata;

(b) Mazyopa;

(c) Kanyama; and

(d) Ng'ombe.

There is also on record one patient who travelled from Kasenga Village in Chisamba District, who was diagnosed with cholera upon arrival in Lusaka.

Madam Speaker, to give a bit of background, cholera is a waterborne disease caused by bacteria called Vibrio Cholerae, mainly spread through the faecal oral route. Symptoms include acute onset of diarrhoea and/or vomiting, abdominal pain, muscle cramps and body weakness and, if untreated, can result in rapid dehydration and death within twenty-four hours.

Madam Speaker, the current outbreak was declared on 6th October, 2017, after laboratory confirmation of the two initial cases that were presented to the Chipata First-Level Hospital on 4th October, 2017. As of today, we have recorded thirty-nine cases. Twenty out of the thirty-nine

stool samples tested from the affected patients were positive for Vibrio Cholerae. Currently, we have five patients that are under treatment. One is at Chipata First-Level Hospital and four at Kanyama First-Level Hospital. Thirty-four have been successfully treated and discharged.

Madam Speaker, we further note that one child absconded, aided by the mother, from Kanyama Cholera Treatment Centre. There has been a report of the death of a three month old baby due to a diarrhoeal condition that has not been confirmed as cholera. The patient died upon arrival at the facility. Our cultures have tested negative for cholera, but our investigations continue. As we speak, there is no fatality from the facility. There is a case of a person who was brought in dead and is under investigations. Preliminary investigations so far show that it is not cholera.

Madam Speaker, we have identified the determinants of the outbreak in the affected areas and these include:

(a) inadequate access to clean water;

(b) poor sanitation; and

(c) infected water samples or sources.

Madam Speaker, boreholes in Chipata Compound, specifically B95, Mazyopa School, A16, B96 and Lusaka Water Trust Tanks have indicated contamination with faecal coliforms. Further analysis has indicated presence of Vibrio Cholerae in boreholes B95 and A16.

Madam Speaker, the Government through the Ministry of Health has put up the following measures. We have mounted, with support from partners and sister ministries, a robust multifaceted response to the cholera outbreak. We have set up an incident management system led by an incident commander at the Zambia National Public Health Institute, which is a body mandated to conduct disease surveillance, intelligence, emergency preparedness and response. This command centre is being supported by command posts that have been set up at Chipata and

Kanyama First-Level Hospitals. Other interventions that have been put in place under this incident management system include:

Case Management

Madam Speaker, like I said, we are managing cases from two centres that is Kanyama and Chipata First-Level Hospitals. Chipata has so far recorded thirteen cholera cases, while Kanyama has recorded twenty-six. We have deployed doctors, nurses and other health workers to beef-up these two facilities. We have adequate medical supplies and drugs to support patient care.

Contact Tracing

Madam Speaker, we have intensified surveillance, are conducting contact tracing and our public health teams are in the communities to trace all contacts of the infected patients. This is critical in identifying 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, we are distributing household chlorine and chlorinating water sources and disinfecting pit latrines.

Health Education

Madam Speaker, appropriate health promotion messages have been given to the public through various strategies including use of mobile public address systems and distribution of printed materials such as brochures, leaflets and posters. Messages are also being disseminated through community radio stations and the public broadcaster, the Zambia National Broadcasting Corporation (ZNBC).

Environmental Management

Madam Speaker, environmental management processes that are being implemented include intensified water sampling in all the affected communities and extended to the rest of the province to ensure that contaminated sources are identified as soon as possible in order to

institute appropriate remedial measures. Chlorination of water sources, both public and private, is being done with the support of local authorities, the Lusaka Water and Sewerage Company (LWSC) and partners such as the World Health Organisation (WHO) and United States Agency for International Development (USAID).

Waste management has been enhanced with more trucks mobilised to remove garbage in the affected areas. This is being escalated further by cleaning up affected areas, including markets and streets through a multi-sectoral approach. Inspection of public facilities, including markets, food outlets and other trading premises, has also been intensified in the affected communities.

Madam Speaker, we have also closed the infected boreholes in the affected areas and instead provided alternative sources of water through bowsers. Furthermore, we are installing chlorinators in some selected boreholes.

Madam Speaker, to elaborate the multi-sectoral response, I would like to state that we are working in collaboration with partners such as the Lusaka City Council (LCC), LWSC, Zambia National Service (ZNS), Disaster Management and Mitigation Unit (DMMU), WHO, United Nations International Children's Emergency Fund (UNICEF), USAID and Discover Health. Private players such as Pharmanova Limited and Industrial Development Corporation (IDC) have provided logistical support. The Centre for Infectious Disease Research in Zambia (CIDRZ) has also joined the team.

Madam, we are providing alternative supply of clean water to effected residents using water bowsers, as I said earlier, working with the DMMU. Further, the DMMU is in the process of erecting tank stands to mount fifteen by 10 000 litres water tanks to supply clean and safe water to affected areas. The LWSC has been directed to provide a waiver for the affected communities and will supply clean water at no cost to the consumers at the point of collection.

Madam Speaker, working with the LCC, we have also stepped up efforts to clean up all public places. Street vendors and the public at large have been engaged to address the potential risk of spreading the disease through food sold in the open and on the streets. Today, we were meeting

the streets vendors from Kanyama and engaging them to ensure that we stop street vending in the affected areas.

Madam, a high level meeting has been held with various ministries chaired by myself and attended by the hon. Minister of Water Development, Sanitation and Environmental Protection and hon. Minister of Local Government as well as the Lusaka Provincial Office. The area Member of Parliament for Kanyama has also been hooked in. We are putting in place measures to step up surveillance and ensure that we update the nation accordingly.

Madam Speaker, as I conclude, I would like to appeal to all hon. Members of Parliament to participate in their various provinces in sensitising the public on the possibility of outbreaks of waterborne diseases, especially that the rainy season is loaming. I have directed all levels of health care systems to activate the rapid response teams and intensify activities to contain the outbreak. At the national level, we will continue the multi-sectoral national epidemic preparedness meetings and ensure that we provide appropriate leadership at national level.

Madam Speaker, surveillance to strengthen preparedness so that we rapidly detect and respond to epidemics will continue to be done by the National Public Health Institute. With these remarks, I submit.

Madam Speaker, I thank you.