

WEDNESDAY, 14 MARCH, 2018

MINISTERIAL STATEMENT

**LISTERIOSIS OUTBREAK IN SOUTH AFRICA AND UPDATE ON CHOLERA
OUTBREAK IN ZAMBIA**

The Minister of Health (Dr Chilufya)

Madam Speaker, I thank you for this opportunity to update the House and the nation on the measures taken to avoid the importation of *listeria* bacteria from the ongoing outbreak in South Africa. This is not only a response to the point of order raised by the hon. Member of Parliament for Monze Central, but also a statement to address the concerns of the general public on this important issue of public health importance and provide a brief update on the cholera situation in the country.

Madam Speaker, I will begin with the *listeriosis* outbreak in South Africa

Madam Speaker, I wish to inform the House that there is an ongoing food borne outbreak of listeriosis in South Africa with the first case reported on 1st January, 2017. A report on 8th March, 2018, indicated a cumulative total of 967 cases that have been laboratory confirmed with 183 deaths in the outbreak in South Africa. To date, no cases of listeriosis has been recorded in Zambia

Symptoms and Risk Groups

Madam Speaker, listeriosis commonly presenting as food poisoning is caused by a bacteria known as *listeria monocytogenes*. Generally, symptoms will include fever, muscle aches and sometimes nausea or diarrhoea. In severe cases, the bacteria may spread to the blood stream and nervous system with symptoms such as headaches, stiff neck, confusion, loss of balance and convulsions. It may be fatal.

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Madam Speaker, the groups that are at highest risk include pregnant women, newborns, the elderly especially those over sixty-five years of age and the immune compromised adults. Infected pregnant women may experience a mild flu like illness and in more serious cases it may cause miscarriages, still births, premature delivery or a life threatening infection to the newborn.

Sources of Infection

Madam Speaker, the common sources of infection include dairy products, meats from infected animals, including poultry, and vegetables. The outbreak in South Africa has been linked to polony, russian sausages, viennas, cold meats, ham, meet spreads, corned meat, salami and most refrigerated uncooked foods.

Madam Speaker, 85 per cent of the patients interviewed in South Africa reported having eaten ready to eat processed meat products of which polony was the most common followed by viennas, sausages and other cold meats.

Measures Put in Place by Government

Madam Speaker, the Ministry of Health, through the Zambia National Public Health Institute, is actively instituting the following measures:

- (a) surveillance and disease intelligence;
- (b) emergency preparedness and response; and
- (c) communication of findings for timely action and policy interventions.

Through this approach, any disease of significance is noted and mitigated in a timely manner.

Madam Speaker, in terms of communicating concerns to the public, on 5th March, 2018, the President of the Republic of Zambia, Mr Edgar Chagwa Lungu, directed me to ensure that we

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mount a multi-sectoral response to the threat and directed that the public be informed accordingly. My ministry issued a press statement on the same day and in that media briefing we updated the general public on the outbreak of listeriosis in South Africa and the measures taken by the Government.

Madam Speaker, a team of experts led and coordinated by the Zambia National Public Health Institute has been constituted to urgently address the concerns of the country because Zambia imports a lot of food products listed as risky from South Africa. Using the provisions of the Public Health Act Cap 295 and the Food and Drugs Act Cap 303, an immediate ban on imports of risky foods including processed meats, dairy products, vegetables and fruits from South Africa has been instituted. Further, in order to ensure compliance to the regulatory health requirements, the following activities are being undertaken:

- (a) existing stocks of the named risk foods are being removed from the shelves and stored for disposal;
- (b) health inspectors are conducting inspections to ensure compliance with the ban;
- (c) the points of entry are being instructed to seize all suspected risky products.

Further, Madam Speaker, all managers of major chain stores have been engaged and directed to cooperate with health inspectors in the removal and disposal of the risk products from their shelves and stores and they have been very cooperative. Active Food Safety Surveillance has been enforced across the country and the University of Zambia, School of Veterinary Medicine, has been tasked to examine the seized risk products.

Madam Speaker, all levels of healthcare have been put on high alert to report any suspected case of this disease. Further, the University Teaching Hospital Microbiology Laboratory has been tasked to examine human samples from suspected cases. Further, the National Codex Alimentations Committee has been tasked to conduct a scientific risk assessment on risk products to ascertain the risk in the country.

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And finally, Madam Speaker, risk communication to the public through various media platforms on preventive measures which include avoiding eating risk foods such as processed ready to eat meat products, soft cheese, unpasteurised milk and other dairy products.

Madam Speaker, I must reiterate that although listeriosis is a serious disease it is treatable and preventable. Zambia has not recorded any case of listeriosis and the Government through the Ministry of Health is working with local and international stakeholders to ensure that people are protected from this outbreak. To this effect, Southern Africa Development Community (SADC) has summoned an emergency meeting of ministers to be held tomorrow in South Africa to form a uniformed response to this outbreak. I wish to emphasise that while food products from Enterprise Foods and Rainbow Chicken Facility in South Africa have been implicated as a source infection, consumers are encouraged to be cautious of risk foods and take all necessary measures as cross contamination could occur to other products.

Madam Speaker, may I conclude on listeriosis by tasking all of us to take extra caution regarding eating risk foods and these include processed ready to eat meat foods, soft cheeses and pasteurised milk and other dairy products to prevent listeriosis in Zambia. I wish to take this opportunity again to assure the House and the nation at large that the Government has taken all the necessary measures and there is no need for the nation to be alarmed. All the measures that the Government has instituted are in accordance with national laws and the International Health Regulations 2005 to ensure the safety of the public.

Madam Speaker, briefly on Cholera, we have continued to respond to the outbreak of Cholera and we are on the verge of containing the outbreak. Numbers continue to reduce and measures have been put in place to ensure that Cholera does not resurge to the numbers that we saw at the peak of the outbreak.

Some of the new measures that we have put in place, Madam Speaker, include extending a fishing ban. Historically, several of the Cholera outbreaks in Zambia have been associated with fishing camps. Of note are the Lukanga Swamps in Central Province, Sinazongwe and Siavonga

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in the Southern Province, Mpulungu and Nsumbu in the Northern Province, Chienge and Nchelenge in Luapula Province and Shibuyunji previously in Lusaka Province. In all these fishing camps the major problem is lack of access to clean and safe water, lack of sanitation facilities and sewerage systems. Populations in these camps tend to use the same water bodies for domestic use as well as for sanitary facilities thereby increasing the risk of transmission of Cholera and other diarrheal diseases. Fish traders are highly mobile communities and move all over the country thereby increasing the risk of transmission to other vulnerable groups and the general population. The Government has therefore, extended the fishing ban as announced by the hon. Minister of Fisheries and Livestock.

Madam Speaker, epidemics are dynamic and the Cholera Taskforce has reviewed the epidemic and revised the date on which the Government is going to review the fishing ban from 31st April to 1st April. On 31st March, 2018 technocrats will be meeting to review the progress and ensure that on 1st April, 2018 we announce the new date for lifting the fishing ban.

Madam Speaker, I wish to report that the cholera response has received monetary and material support. To date the Government through the Ministry of Finance has released a total of K119 million of which K99 million has been spent; a further K3,247,500 has been received from various organisations and individuals. The total amount received in monetary form is K122,247,500 which has been distributed equitably to the response teams including the Lusaka Water and Sewerage Company, Disaster Management and Mitigation Unit, Lusaka City Council, the defence forces, security wings, Ministry of Health and community groups. My ministry continues to provide leadership and coordination in this process. At the national level, we have continued to respond to this with a multi-sectoral approach with daily meetings at senior management level, weekly national epidemic preparedness committee meetings continue, daily situation updates are shared accordingly and media briefings as and when need arises.

Madam Speaker, I also wish to mention that the Cholera Taskforce has received donations in kind ranging from cleaning materials, chlorine, water tanks, waste bins, water purification filters, food and meals, fuel and transport, medical equipment, blankets work suits among other things.

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The estimated value of donations in kind amount to K15,901,393 out of which K11,001,393 has been received to date and others are still being followed up.

Madam Speaker, the donations from well wishers have gone a long way in improving the response to the outbreak. I wish to take this opportunity to thank the community and all stakeholders who have participated in this multi-sectoral response.

Madam Speaker, I thank you.