

MINISTERIAL STATEMENT

OUTBREAK OF CHOLERA AND OTHER DIARRHOEAL OUTBREAKS IN THE COUNTRY

The Minister of Health (Dr Chilufya): Mr Speaker, I thank you for granting me this opportunity to update the House and the nation at large on the threat of cholera and ebola in the country.

Sir, on 29th January, 2019, the Ministry of Health through its disease surveillance intelligence unit, the Zambia National Public Health Institute, investigated and confirmed a case of cholera from Kabana Area in Lusaka's Chipata sub-district. The index case was a thirty-eight-year-old male from Kabanana who presented at Chipata level one hospital with dehydration caused by severe diarrhoea and vomiting. Laboratory testing revealed cholera as the cause of the disease. Five days later, another case involving a thirty-eight-year-old female from Garden Chilulu was confirmed for cholera.

Mr Speaker, five more cases have since been confirmed with the last case confirmed on 12th February, 2019. A total of seven confirmed cases have been recorded from Kabanana, Garden Chilulu, Kamwala, Kabanana Overspill and Mutendere. All cases presented with severe dehydration due to acute diarrhoea and vomiting and all patients were treated in the cholera treatment centres within the sub-districts in which they reside. A number of cases that were investigated proved negative.

Sir, today marks nineteen days after the last case of cholera was recorded. I, therefore, declare the cholera outbreak over in Lusaka.

Mr Speaker, I wish to remind the House that this time last year we were at the peak of the cholera outbreak and we saw 5,346 persons affected with ninety-seven deaths. However, in the recent outbreak, we have only recorded seven cases and no deaths.

Sir, I wish to remind the House that cholera is a diarrhoeal disease caused by vibrio cholerae mainly spread through contaminated food and water. Symptoms include rapid onset of diarrhoea and or vomiting, abdominal pains, muscle cramps and body weakness. If untreated, the infection results in rapid and severe dehydration and death within twenty-four hours.

Sir, the Government of the Republic of Zambia under the leadership of His Excellency Mr Edgar Chagwa Lungu has strengthened health security measures and through the National Public Health Institute has strengthened epidemic preparedness and response. Through this response, we activated the emergency operating centre in Lusaka District and escalate health promotion and education. Furthermore, we heightened disease surveillance and set up cholera treatment units across Lusaka. Environmental mitigation measures were escalated and clean up commenced while capacity building and the establishment of rapid response teams were activated.

Mr Speaker, engagement of key stakeholders did take place particularly the Zambia National Service (ZNS), the World Health Organisation (WHO), the community, the marketeers themselves, and they all responded very well. Sister Ministries such the Ministry of Local Government, Ministry of Water and Sanitation, and the Office of the Vice President participated in the robust Multi-Sectoral response that resulted in the arrest of the outbreak in no time.

Mr Speaker, may I also report to the House that there is an ongoing Ebola Virus Disease in the Democratic Republic of Congo (DRC) and Zambia sharing a very long border with the Congo is at risk. As of 4th March, 2019, a total of 900 Ebola Virus cases have been reported in the Congo, including 835 confirmed case, and sixty-five probable cases. Among these 565 deaths have occurred and represents the case fatality rate of six-three per cent.

Mr Speaker, Zambia as put up measures to ensure that the Public is protected from the Ebola virus disease and these include;

- (a) high level policy and technical meetings have been taking place to update and strategize on preparedness measures. A committee of Permanent Secretaries (PSs) and Directors chaired by the Secretary to the Cabinet (SC) is held bi-weekly and Multi-Sectoral Technical meeting chaired by the National Coordinator at Disaster Management and Mitigation Unity (DMMU) is held bi-weekly.
- (b) we further heighten disease surveillance and this is the reason suspected cases that have attracted attention are being investigated and proven negative.
- (c) comprehensive investigation and contact tracing of suspected cases has been taking place
- (d) health education and promotion is also going on.
- (e) we have also trained over 300 Multi-Disciplinary and Multi-Sectoral health staff as rapid responders.
- (f) we have also upgraded our diagnostic capacity at the University of Zambia School of Vet Medicine.
- (g) we further fast track the building of an isolation centre in Mwembeshi, and further to that we have facilitated resources to build another isolation centre in Kitwe to cater for the Northern Region.

May I take advantage of this opportunity to remind Member of the House and the Nation of the signs and symptoms of the Ebola Virus disease, it is propagated by transmission from person to person and will present with severe headache, muscle pain, weakness, fatigue, diarrhoea, vomiting, abdominal pain and unexplained bleeding.

Mr Speaker, I wish to reiterate my earlier call to my fellow Members of Parliament to support the respective Multi-Sectoral structures under their jurisdiction in preparation and to prevent or respond to these public health events.

Mr Speaker, I have the confidence that the Multi- Sectoral approach we have taken to prepare, prevent and set up response strategies and systems give us the impetus to quickly mitigate any possible outbreak.

Mr Speaker, I wish to assure the House and the Nation that Government remains committed to ensure that we achieve our goal of health security for the people of Zambia, and we acknowledge the Leadership, support and commitment from His Excellency President Edgar Chagwa Lungu, President of the Republic of the Republic of Zambia.

I thank you, Sir.