

# HOPEFUL: TOWARDS THE TAIL END OF THE ZAMBIA CHOLERA 2017/2018 OUTBREAK?

## Editorial

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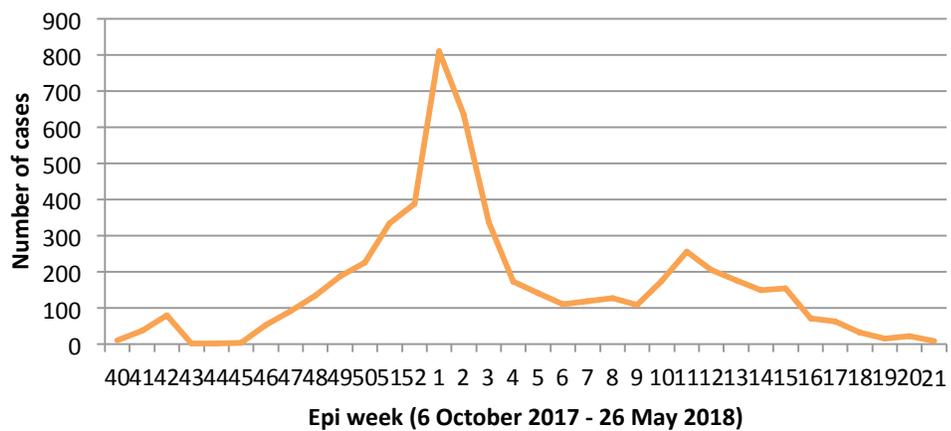
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*In early October 2017, cholera broke out in two sub-districts of Lusaka District. In the 4th week of the outbreak, the response team was excited to see a drastic drop in the number of cases. But the following week, the numbers of cases increased again. The epi curve showed exponential growth until week 14 of the outbreak (epi week 1 in 2018), when weekly incidence peaked at 709 cases/100,000 population. Incidence then fell rapidly for 4 weeks. Since January, incidence has fallen, to a weekly rate of 0.9/100,000 population in epi week 20 (Ministry of Health, unpublished situation report). In the current issue of The Health Press, we reprint an article from the 18 May 2018 issue of the MMWR, 'Cholera Epidemic — Lusaka, Zambia, October 2017–May 2018' that will give readers insight into the outbreak situation between 6 October 2017 and 5 May 2018 and the public health response then ongoing that ultimately ended the outbreak.*

In the last 21 days, 33 weeks into the outbreak, the country has seen the numbers of cases reported each week drop to baseline with the median number of cases of 2 per day (Q1=1, Q3=3). Considering the epi curve (below), it might be safe to say that the 2017-18 Zambia cholera outbreak is at its tail end.

In October 2017, recognizing that a devastating yet preventable disease needed more attention, 35 strategic institutions, including officials from cholera-affected countries and key global health donors, resolved to strategise on how to



end cholera. The Global Task Force on Cholera Control, composed of technical partners from many sectors, is an effective and well-coordinated platform whose secretariat sits in the WHO. The Task Force has determined a strategy, entitled 'Ending Cholera: A Roadmap to 2030,' whose objective is to ensure that fatalities caused by cholera are reduced by 90% globally and that at least 20 of the 51 countries where cholera is now endemic completely eliminate this preventable disease by 2030 [1].

To implement and strengthen this strategy, Zambia demonstrated its commitment to ending cholera by sponsoring a resolution to eliminate cholera, alongside other countries, during the 71st World Health Assembly 21-26 May 2018, under strategic priority 11.3 on public health preparedness and response [2, 3]. Furthermore, in a statement issued by the Minister of Health for Zambia at a media breakfast held on

Thursday 17 May 2018 in Lusaka, the country committed to bringing forward their elimination date to 2025. Could the tail end of the current outbreak represent the elimination to be achieved by 2025? Keep watching this space as we continue to update you on the strides made by Zambia on its way to eliminate cholera by 2025. As in most outbreaks and epidemics, the major drivers noted in the 2017-18 cholera outbreak in Zambia included inadequate access to clean and safe water, and poor sanitary conditions, waste management, and personal hygiene [4]. In many developing countries women draw water from distant and usually insecure sources as depicted on our cover page. The Government of the Republic of Zambia, through its Local Government Ministry, has pledged to improve the infrastructure for water and sanitation. We hope that that this pledge comes to timely fruition. As medium to long term measures are being planned,

the response team facilitated the immediate provision of water as close to households in affected communities as possible by supplying water to temporary tanks and increasing water points on existing networks (unpublished Ministry of Health situation reports).

In addition to the reprint from the MMWR on the cholera outbreak, we publish in this issue a perspective, "Menstrual Hygiene Management in Zambia." In this article, the

author showcases a model for sustainable management of menstrual hygiene issues among Zambia girls and women. Another original article, "Rape and Defilement Cases at Arthur Davison Children's Hospital and Ndola Teaching Hospital from January 2012 to December 2016," is also published here. The article reviews data from Arthur Davison Children's Hospital and Ndola Teaching Hospital in Ndola District, Zambia

between 2012 and 2016 that indicate over 1000 defilement and rape cases were reported and attended to from January 2012 to December 2016. The information contained in these articles is definitely worth a read and will keep you flipping the pages. Finally, The Health Press Zambia recognizes and thanks the authors, reviewers, and editors affiliated with the Health Press for their contributions.

# LIST OF REFERENCES

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