



AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #13

No. 34/ (27 Mar – 02 Apr) 2022

The Outbreak	Measles (Jan 2021- Apr 2022)	AWD (Sep 2021- Apr 2022)	Dengue Fever (Sep 2021-Jan 2022)
Cumulative Number of Cases	58,010	5,214	775
Number of deaths (CFR %)	311 (0.53)	8 (0.16)	1 (0.13)

Summary of the measles outbreak (01 Jan 2021 to 02 Apr 2022)



7,234
Samples tested


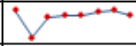



4,645
Lab confirmed cases



64.3%
Test positivity ratio

Table 1 summary of the measles outbreak in the last eight weeks (30 Jan– 02 Apr 2022)

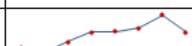

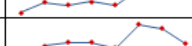

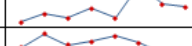

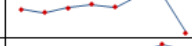
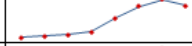
Indicators	W-06	W-07	W-08	W-09	W-10	W-11	W-12	W-13	Epi-curve
Suspected cases	1847	2046	2222	2605	2572	3207	3322	2513	
Deaths	21	6	17	18	18	20	21	18	
CFR	1.14	0.29	0.77	0.69	0.70	0.62	0.63	0.72	

- During epidemiological week 13-2022, 2,513 new cases and 18 new deaths were reported (26.6% and 10.5% decrease in cases and deaths, respectively, compared to previous week) (Table 1).
- Since the first week of 2022, the trend of new measles cases reported in most of the provinces have continued to increase sharply, however the number of cases during this week shows decrease (Figure1).
- The most affected provinces by this outbreak are Helmand (15.7%), Kabul (8.6%), Kunduz(7.1%), Badakhshan (5.7%) Kandahar (5.4%) and Nangarhar (5.1%).
- Out of the total 58,010 suspected cases of measles around 80% (46,384) were under 5 years.
- A total of 7,234 sample have been tested out of which 4,645 were lab confirmed and a total of 311 measles associated deaths were reported between Jan of 2021 and Apr 2022.



A child receiving measles vaccine

Table 2 number of measles suspected cases per region in the last 8 weeks

Regions	W-06	W-07	W-08	W-09	W-10	W-11	W-12	W-13	Epi-curve
North East	518	399	676	917	931	1021	1350	920	
East	167	237	217	243	218	334	432	413	
South	298	385	401	401	372	496	474	393	
West	130	184	155	219	154	373	242	226	
North	365	477	389	416	458	407	319	181	
Central East	289	273	297	314	301	362	363	173	
Central West	27	31	35	42	79	110	130	112	
South East	53	60	52	53	59	104	114	95	

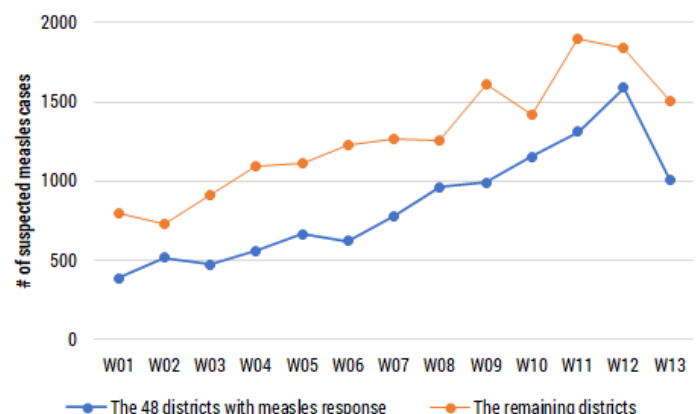


Figure.1 Trend of suspected measles cases in 48 districts where measles vaccine campaign was conducted and all other districts Jan-Apr

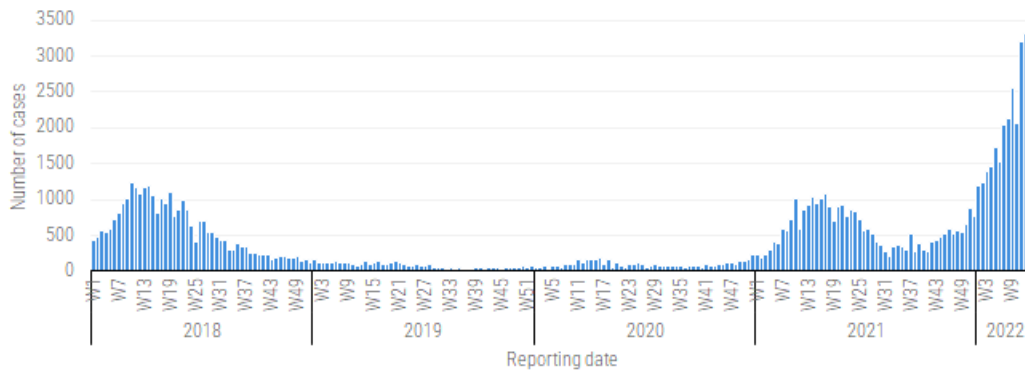


Figure 2. Weekly epidemiological curve of suspected measles cases in Afghanistan , 2018-2022 (N=97,210)

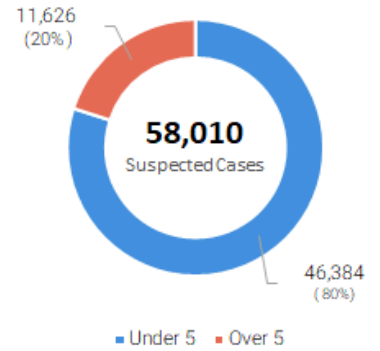


Figure 3. Distribution of suspected measles cases by age groups in Afghanistan, Jan 2021 - Apr 2022

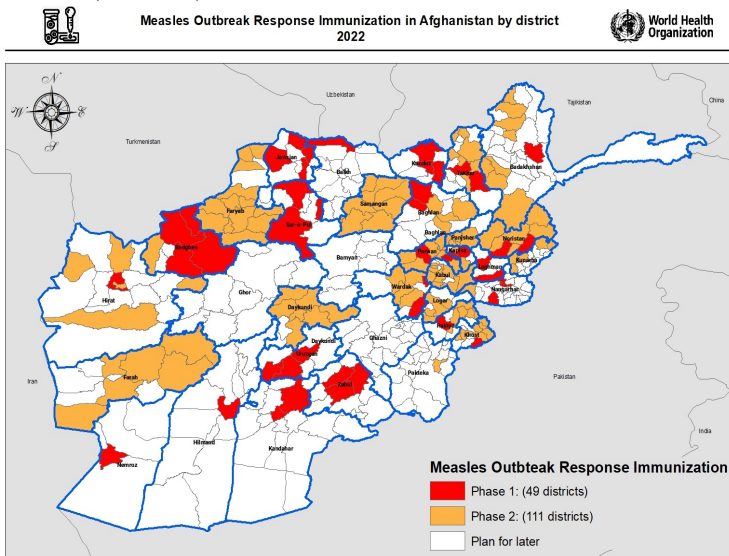


Figure 4. Measle outbreak response immunization in Afghanistan 2022

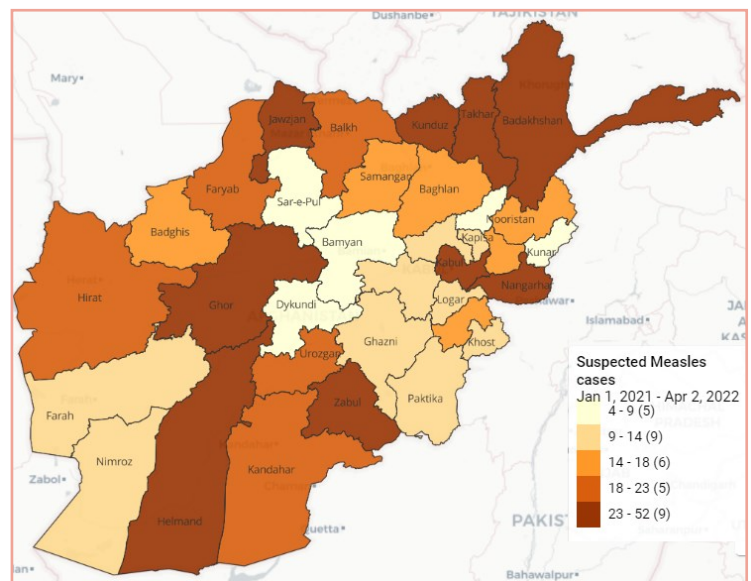


Figure 5. Geographical distribution of suspected measles cases in Afghanistan Jan 2021 - Apr 2022 (N=58,010)

Response to measles outbreak

- ⇒ Phase one of Measles outbreak response immunization was conducted between 12-18 Mar 2022 in 48 high-risk districts in 24 provinces. During this campaign more than 1.2 million children aged 6-59 were vaccinated, around half of them were girls (50.2%).
- ⇒ Phase two is planned for 111 high-risk districts in 27 provinces. Around 3.5 million children will be targeted in this phase.
- ⇒ Suspected measles cases were reported from all 34 provinces and cases of measles are managed in the health facilities across the country.



A child receiving measles vaccine

Acute Watery Diarrhea (AWD) Outbreak (12 Sep 2021 to 02 Apr 2022)

Current Week	Cumulative Figures
7 new cases (0 <5 years)	5,214 cases (17.2% <5 years, 49.1% Female)
0 new deaths	8 deaths (12.5% < 5 years), CFR=0.16%
1 district (Kabul city) reporting alert	13 districts in 5 provinces affected
0 samples were collected	401 samples collected

- During epidemiological week 13, the number of new AWD cases significantly decreased as compared to week 12 (7 new cases with no deaths were reported). (Table 3).
- Cumulatively, Kabul city (3,949 cases, 75.7%) and Sorobi district (867 cases, 16.6 %) are the most affected areas as compared to other five provinces.
- Of the total 5,214 cases, 17.2% (892) were children below 5 years, 49.1% (2,560) were females and 68% (3,536) had severe dehydration (Figure 7).
- The first few cases of acute watery diarrhea were reported to the National Disease Surveillance and Response system (NDSR), Ministry of Public Health, and WHO on 12 Sept 2021 from Tapa village of Sorobi district in Kabul province and spread to 13 districts of Kabul, Kapisa, Zabol, Kandahar, Laghman and Logar provinces.
- The main drivers of the epidemic are limited access to safe water, poor sanitation and hygiene practices and high level of malnutrition in this country.

Table 3: Summary of Acute Watery Diarrhea Cases in Afghanistan, as of 02 Apr 2022

Location	Weekly changes		Cumulative number (01 Jan 2021 to 02 Apr 2022)	
	# of cases (% change)	# of deaths (% change)	Cases (%)	Deaths (CFR %)
Kabul City	7 (↓61.1)	0 (0)	3,949 (75.7)	6 (0.16)
Sorobi District (Kabul Province)	0 (↓100%)	0 (N/A)	867 (16.6)	2 (0.25)
Other Districts (Kabul Province)*	0 (N/A)	0 (N/A)	153 (3.0)	0 (0)
Kohistan District (Kapisa Province)	0 (N/A)	0 (N/A)	9 (0.2)	0 (0)
Spinboldak District (Kandahar Province)	0 (N/A)	0 (N/A)	154 (3.0)	0 (0)
Qalat City (Zabol Province)	0 (N/A)	0 (N/A)	47 (0.9)	0 (0)
Alishang District (Laghman Province)	0 (N/A)	0 (N/A)	35 (0.7)	0 (0)
Total	7 (↓ 89.4)	0 (0)	5,214 (100)	8 (0.16)

*These districts are: Farza, Dehsabz, Bagrami, Paghman, Shakardara and Qarabagh

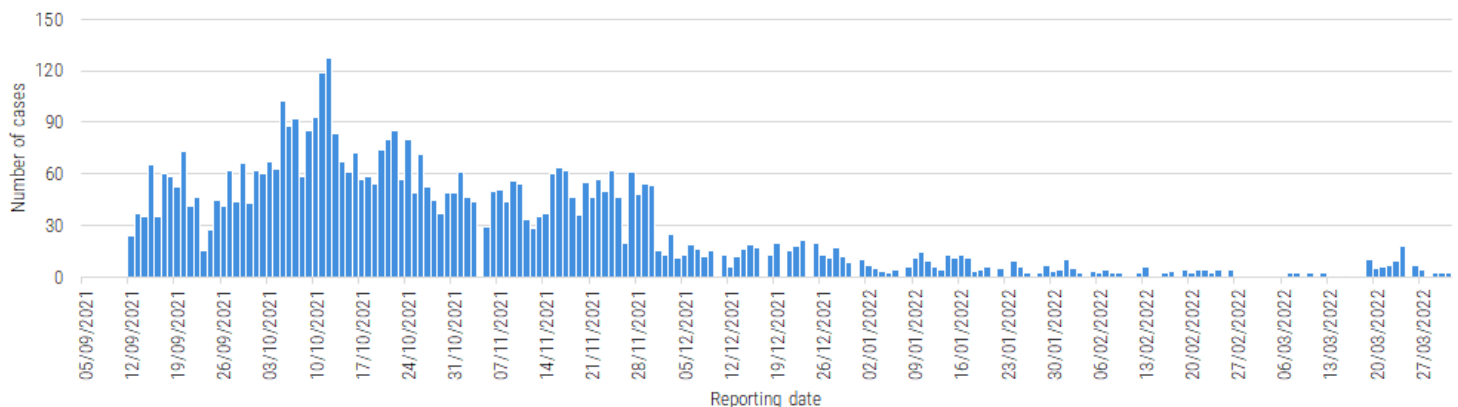


Figure 6. Epidemiological curve of the AWD cases in Afghanistan Sep 2021-Apr 2022 (N=5,214)

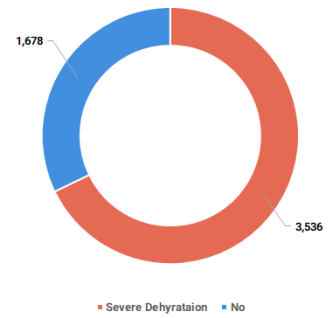
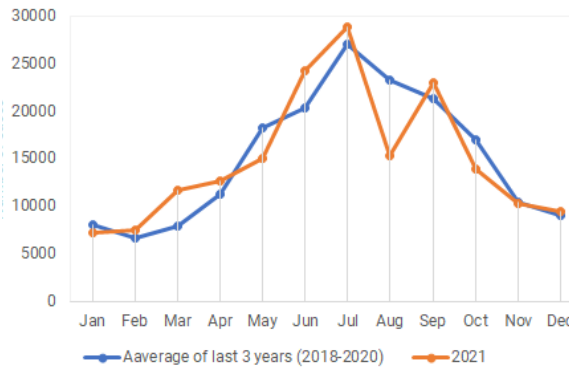
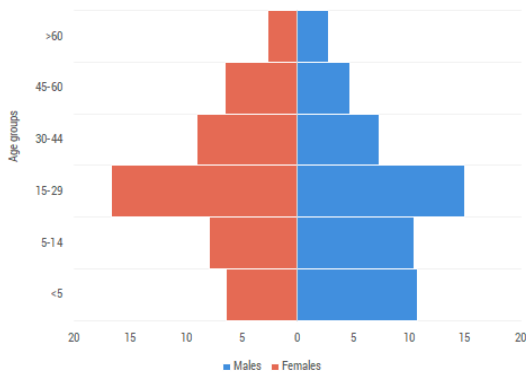


Figure 7. Distribution of AWD cases by sex and age groups in Afghanistan, Sep 2021 - Apr 2022 (n=5,214)

Figure 7.a. National trend of AWD cases with dehydration in Afghanistan, (2018-2021)

Figure 7.b. AWD cases with severe dehydration in Afghanistan, Sep 2021-Apr 2022

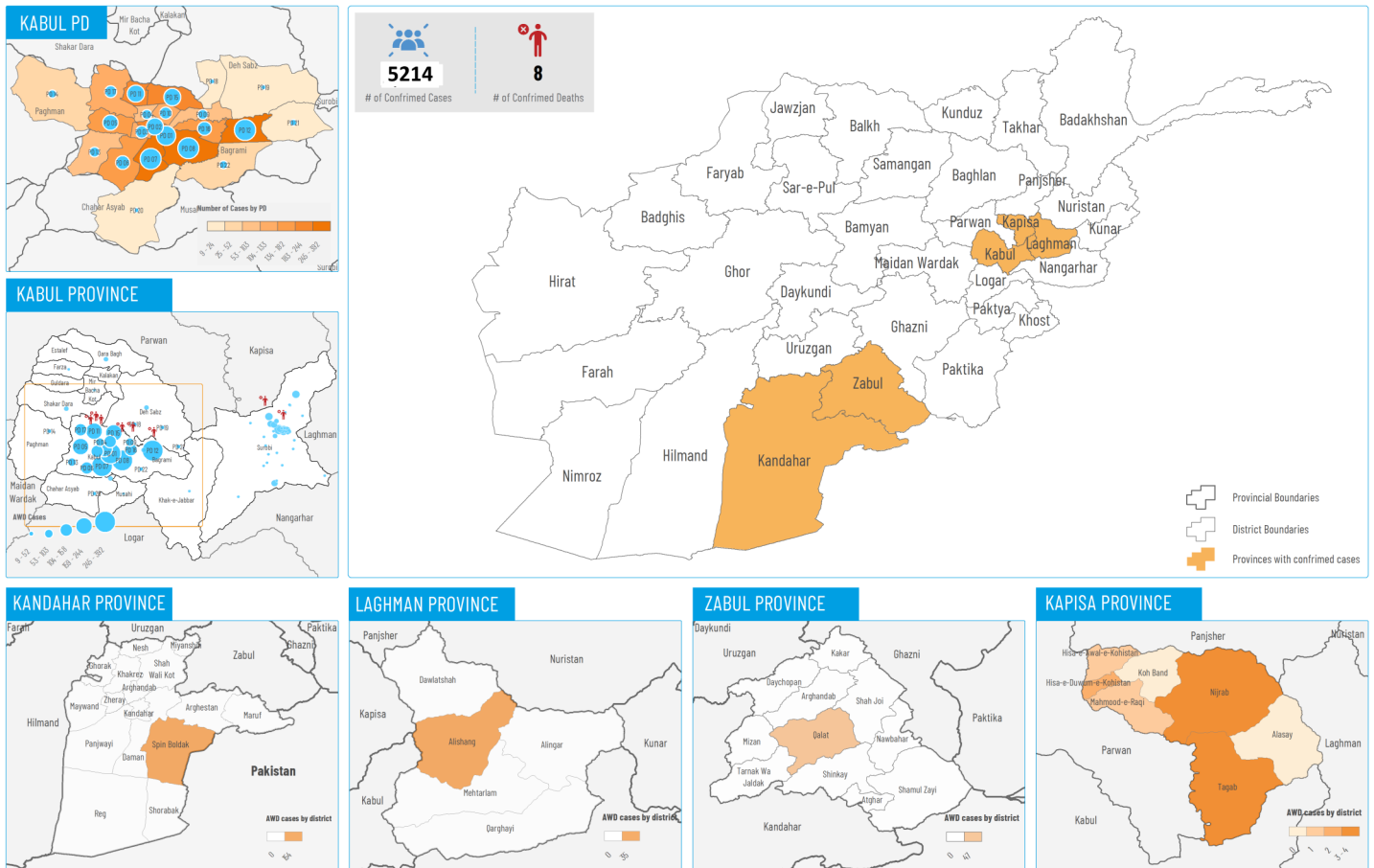


Figure 9: Hotspot of areas of AWD cases in Afghanistan, Sep 2021– Apr 2022

Response to the AWD outbreak

Coordination and Leadership

- Coordination meeting with MoPH and partners (UNICEF, MSF) to follow on implementation of activities as outlined in the integrated response plan.
- Regular monitoring and supportive suppression visits from Health Facilities reporting/managing AWD cases, in Kabul province (WHO).
- Annual AWD response plan 2022 has been developed by health and WASH cluster and shared with MoPH

Surveillance and Laboratory

- 401 samples collected for AWD patients (WHO)
- Both RDT and culture facilities are available in Kabul province and supply have been done to all over the country.

Essential medical supplies

- Supplies and equipment provided for the laboratory testing and case management of more than 15,000 cases (WHO).
- SEHATMANDI project of WHO provided community-based kits and case management supplies to all WHO sub-offices.
- Cholera supplies were sent to the flood affected areas in Faryab province.
- Nine AWD Kits were distributed to IDH, Sorobi DH and Spin boldak DH
- A joint WHO & UNICEF mission is planned to Sorobi district to observe the situation on the ground after 7 RDTs tested positive for AWD in Sorobi.

Integrated Capacity Building

- Integrated Emergency Response Team (IERT) training took place in Kabul on 7-8 Mar – with a focus on lifesaving Health, WASH, Nutrition, and Social Behaviour Change services (MoPH, UNICEF, WHO, NGOs).

Case management

- AWD cases are managed in health facilities in the affected areas support the CTCs in infectious diseases hospital (IDH) and in Sorobi district hospital (DH) is going on by the WHO.
- Case management guidelines developed and printed and will be sent to the CTCs.

Preparedness Plan

- A total of 196 central community kits, 23 central medical kits, 4 logistic kits and 27 investigation kits which are enough for around 25000 patients across the country for the next season.
- The WHO also prepared almost 100 beds for treatment of the AWD cases across the country.



AWD Public awareness session, Kabul, UNICEF

WASH

- Around 13,000 wells shock-chlorinated across 24 provinces for 3 million people, regular chlorination in hotspots.
- 20% urban population re-supplied from water network with dosing pump since Nov. focusing on Kabul UWASS network. (DACAAR, ICRC, UNICEF, COAR etc.)
- AWD/Cholera materials updated/translated in local languages.
- Half-million people assisted per month with hygiene kits.
- Stockpile replenishment on track with 90,000 hygiene kits and 200 million Aquatabs expected by May 2022. (MoPH, WHO, UNICEF, DACAAR, NRC, PU-AMI, SC, SI etc.)



Hygiene and water kits distribution in AWD affected areas, Kabul,

Dengue Fever Outbreak (20 Sep 2021 to 15 Jan 2022)

Current Week

- 0 new cases
- 0 new deaths
- 0 districts reporting alerts
- 0 samples collected

Cumulative Figures

- 775 cases (1.2% <5 years, 39.1% Females)
- 1 death (0% < 5 years), CFR=0.13%
- 16 districts in 1 province affected
- 332 samples collected

- The first few cases of dengue fever were reported to National Disease Surveillance and Response System, Ministry of Public Health and WHO on 20 Sept 2021 in Mohmandara district of Nangarhar province.
- Additional cases spread to other 15 districts in Nangarhar province.
- The most affected districts include Mehmandar (434 cases) and Dor Baba districts (171 cases)
- Of the total 775 cases, 1.2% are children below 5 years. 39.0% of cases are female.
- One death has been reported from Batikot district of Nangarhar province on 02 November 2021, a male aged 55.0 years old and dengue positive (confirmed by PCR).
- In the last 12 weeks, no new cases or deaths have been reported.

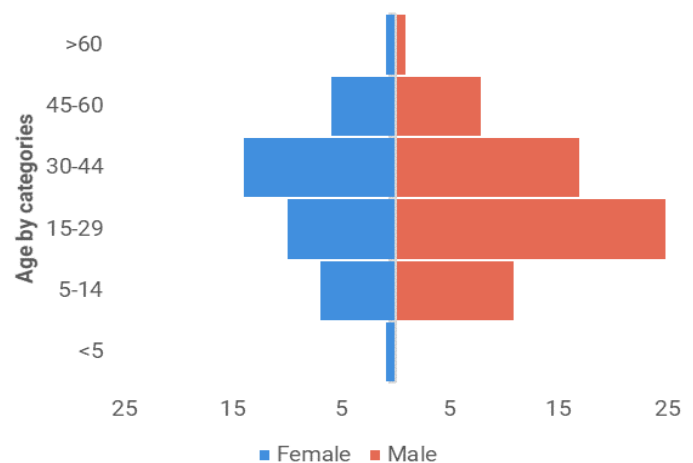


Figure 10. Distribution of dengue fever cases by sex and age group in Nangarhar province, Afghanistan, Sep 2021 – Jan 2022 (N=775)

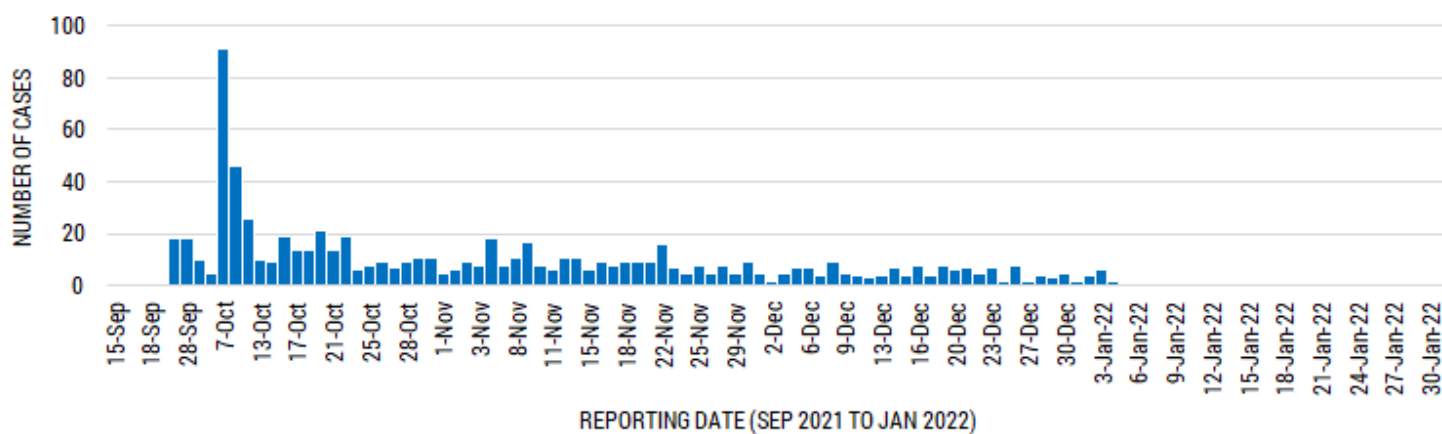


Figure 11. Distribution of dengue fever cases by sex and age group in Nangarhar province, Afghanistan, Sep 2021 – Jan 2022 (N=775)

Preparedness to the next dengue fever season

Capacity building:

A series of workshops for capacity building of health workers at different health facility levels and community level were conducted, in Nangarhar province with the support and coordination of MoPH. A total of 112 healthcare workers (Doctor/physicians, nurses, lab technicians and surveillance focal points) were targeted in this training on dengue case management, laboratory functions and surveillance activities. Besides, a total of 439 CHWs in 5 districts were trained on vector control and source reduction activities at community levels.

Procurement:

The IEC material on dengue case definition, clinical sign and symptoms, surveillance and prevention of dengue fever were submitted to MOPH for distribution to the effected provinces.



The IEC material on dengue case definition, clinical sign and symptoms, surveillance and prevention of dengue fever were distributed to the health facilities in Nangarhar Afghanistan



A capacity building workshop for the health workers in Nangarhar province as part of preparedness for prevention and control of dengue fever in the next season in Nangarhar Afghanistan

Note: Ministry of Public Health, Afghanistan is the source of epidemiological data.

Contact us for further information:

Mohamed Moustafa Tahon, MD, PhD : Epidemiologist, WHO-CO, (tahonm@who.int)

Mohammad Akbar Paiman MD, MSc Epi: Surveillance Officer WHO-CO (paimanm@who.int)