World Health Organization
Afghanistan

AFGHANISTAN
INFECTIOUS DISEASE OUTBREAKS SITUATION REPORT | Epidemiological week #12

No. 33/ (20-26) March 2022

The Outbreak	Measles	Acute Watery Diarrhoea	Dengue Fever
Cumulative Number of Cases	55,395	5,207	775
Number of deaths (CFR %)	292 (0.53)	8 (0.16)	1 (0.13)

Summary of the measles outbreak (01 Jan 2021 to 26 Mar 2022)

7,218 Samples tested

4,642 Lab confirmed cases

64.3% Test positivity ratio

Table 1 summary of the measles outbreak in the last eight weeks (30 Jan– 26 Mar 2022)

Indicators	W-05	W-06	W-07	W-8	W-9	W-10	W-11	W-12	Epi-curve
Suspcted cases	1776	1847	2046	2222	2605	2572	3207	3322	
Deaths	17	21	6	17	18	18	20	21	
CFR	0.96	1.14	0.29	0.77	0.69	0.70	0.62	0.63	

- During epidemiological week 12-2022, 3,322 new cases and 21 new deaths were reported (3.6% and 5% increase in cases and deaths, respectively, compared to previous week) (Table 2).
- Since the first week of 2022, the trend of new measles cases reported in most of the provinces have continued to increase sharply (Fig 1).
- The most affected provinces by this outbreak are Helmand (16%), Kabul (9%), Kunduz(6.7%), Kandahar (5.4%) and Nangarhar (4.8%).
- Out of the total 55,395 suspected cases of measles around 79.9% (44,270) were under 5 years and 4,642 were lab confirmed with 292 deaths reported between January of 2021 and March 2022.
- The current outbreak started since 17 October 2021 and the number of cases have an increasing trend as indicated in (Fig 1).

Afghanistan WHO Representative visiting health facility during measles response

Table 2: Summary of suspected measles cases in Afghanistan, as of 26 March 2022

Location	Weekly changes		Cumulative number (01 Jan 2021 to 26 Mar 2022)	
	# of cases (% changes)	# of deaths (% changes)	Cases (%)	Deaths (CFR %)
Balkh	127 (↑41.1)	0 (↓0.0)	2,563 (4.6)	9 (0.4)
Ghazni	0 (↓100.0)	0 (↓0.0)	1401 (2.5)	0 (0.0)
Ghor	16 (↑6.7)	2 (↓0.0)	1721 (3.1)	56 (3.3)
Helmand	200 (↓6.5)	0 (↓0.0)	8,879 (16.0)	0 (0.0)
Kandahar	83 (↓11.7)	0 (↓0.0)	3,018 (5.4)	6 (0.2)
Paktika	0 (↓100.0)	0 (↓100.0)	1,659 (3.0)	11 (0.7)
Overall (in six campaigned provinces)	426 (↓0.2)	2 (↑100.0)	19,241 (34.7)	82 (0.4)
Other provinces	2,896 (↑4.2)	19 (↓5.0)	36,154 (65.3)	210 (0.6)
National (all 34 provinces)	3,322 (↑3.6)	21 (↑5.0)	55,395 (100.0)	292 (0.5)

*Measles vaccination campaign was conducted in six provinces (Balkh, Ghazni, Ghor, Helmand, Kandahar and Paktika) from 7-13 December 2021

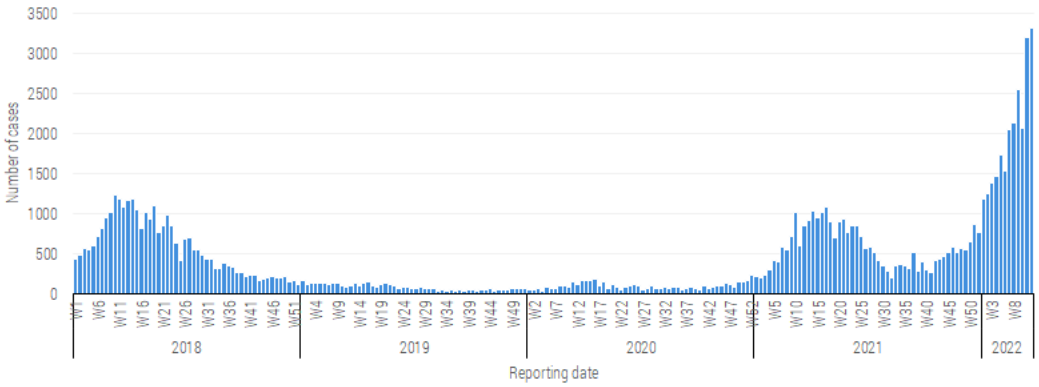

Figure 1. Weekly epidemiological curve of suspected measles cases, 2018-2022 (N=94,688)

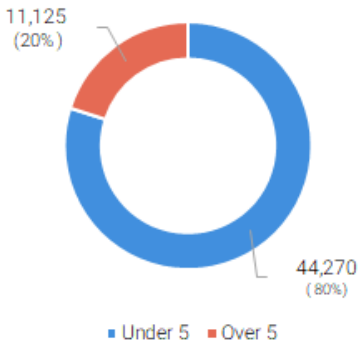

Figure 2. Distribution of suspected measles cases by age groups, Jan 2021 - Mar 2022 (N=55,395)

A child receiving measles vaccine

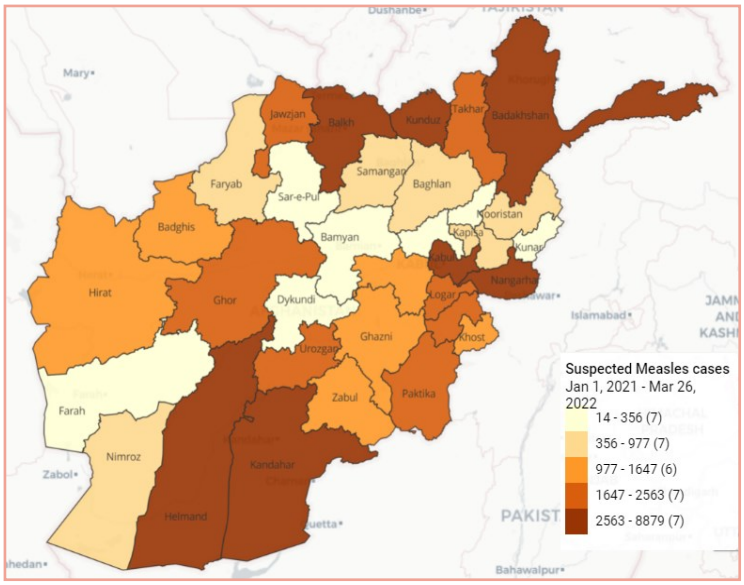

Figure 3. Geographical distribution of suspected measles cases from Jan 2021 - Mar 2022 (N=55,395)

Response to measles outbreak

⇒ From (12-18) March 2022 the first phase of measles vaccine campaign was conducted in 48 high-risk districts in 24 provinces of Afghanistan. The campaign was originally planned in 49 district however, the Nusay district of Badakhshan province was not accessible due to blockage of road by snow. During this campaign more than 1.2 million children aged 6-59 (50.2% girls) were vaccinated in the targeted districts.

⇒ The second phase of measles vaccine campaign will be conducted in 111 high risk districts in 27 provinces. Around 3.5 million children will be targeted in this campaign in the same age group.

⇒ Suspected measles cases were reported from all 34 provinces and cases of measles are managed in the health facilities across the country.

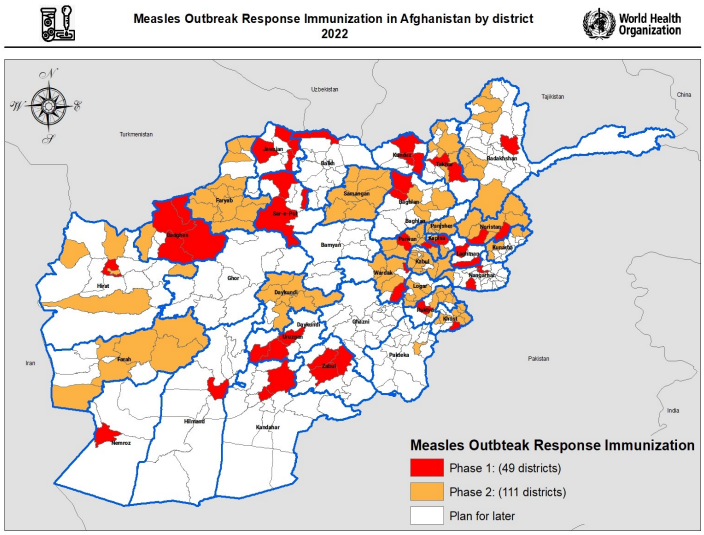

Figure 4. Measle outbreak response immunization in Afghanistan 2022

Acute Watery Diarrhea (AWD) Outbreak (12 Sep 2021 to 26 Mar 2022)

Current Week	Cumulative Figures
66 new cases (0 <5 years)	5,207 cases (17.2% <5 years, 49.1% Female)
0 new deaths	8 deaths (12.5% < 5 years), CFR=0.16%
2 districts (Kabul city and Sorobi) reporting alert	13 districts in 5 provinces affected
12 samples were collected	401 samples collected

- During epidemiological week 12, the number of new AWD cases significantly increased as compared to week 11 (66 new cases with no deaths were reported). Most of the cases (72.7%) were reported from Sorobi district, while the rest of the cases were from Kabul city (Table 3).
- This is the highest number of cases reported in the last seven weeks as indicated in the (Fig 5).
- Cumulatively, Kabul city (3,942 cases, 75.7%) and Sorobi district (867 cases, 16.6 %) are the most affected areas as compared to other five provinces.
- Of the total 5,207 cases, 17.2% (892) were children below 5 years, 48.9% (2,556) were females and 68% (3,533) had severe dehydration (Fig 6).
- 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, Zabul, 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 26 March 2022

Location	Weekly changes		Cumulative number (01 Jan 2021 to 26 Mar 2022)	
	# of cases (% change)	# of deaths(% change)	Cases (%)	Deaths (CFR %)
Kabul City	18 (↑350.0)	0 (0)	3,942 (75.7)	6 (0.16)
Sorobi District (Kabul Province)	48 (N/A)	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 (Zabul 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	66 (↑ 1550.0)	0 (0)	5,207 (100)	8 (0.16)

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

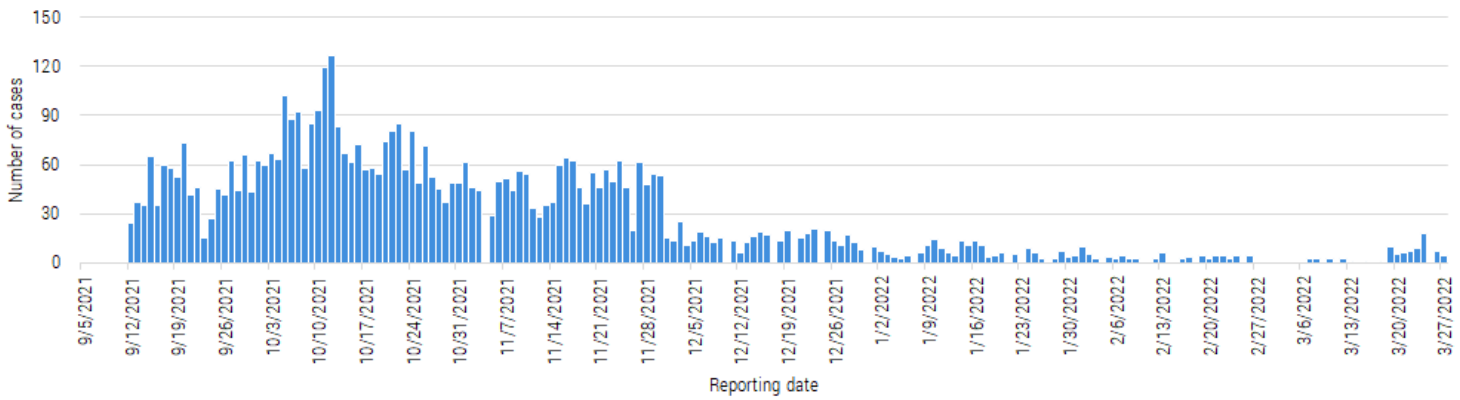

Figure 5. Epidemiological curve of the AWD cases in Afghanistan Sep 2021-March 2022 (N=5,207)

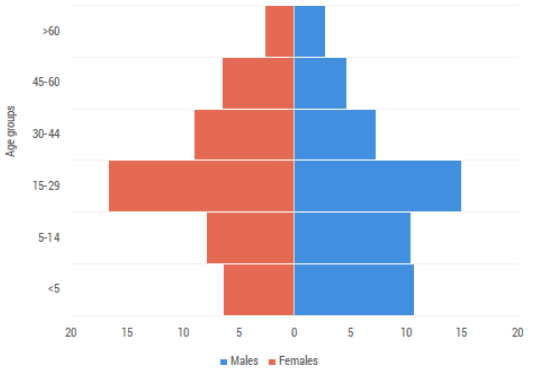

Figure 6. Distribution of AWD cases by sex and age groups, Sep 2021 - Mar 2022 (n=5,207)

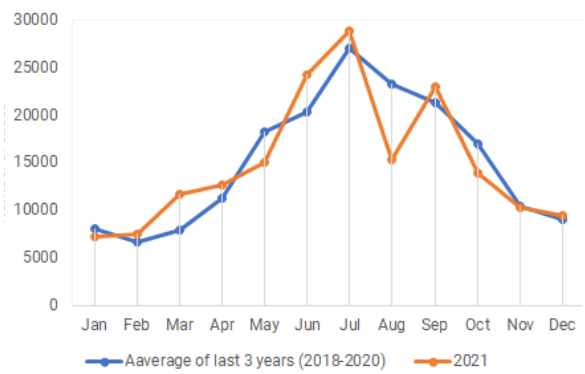

Figure 6.a. National trend of AWD cases with dehydration, (2018-2021)

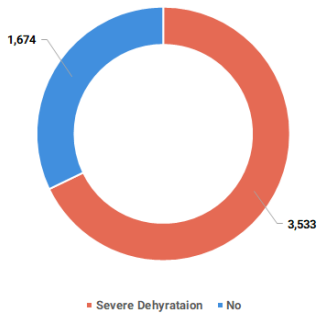

Figure 6.b. AWD cases with severe dehydration, Sep 2021-Mar 2022

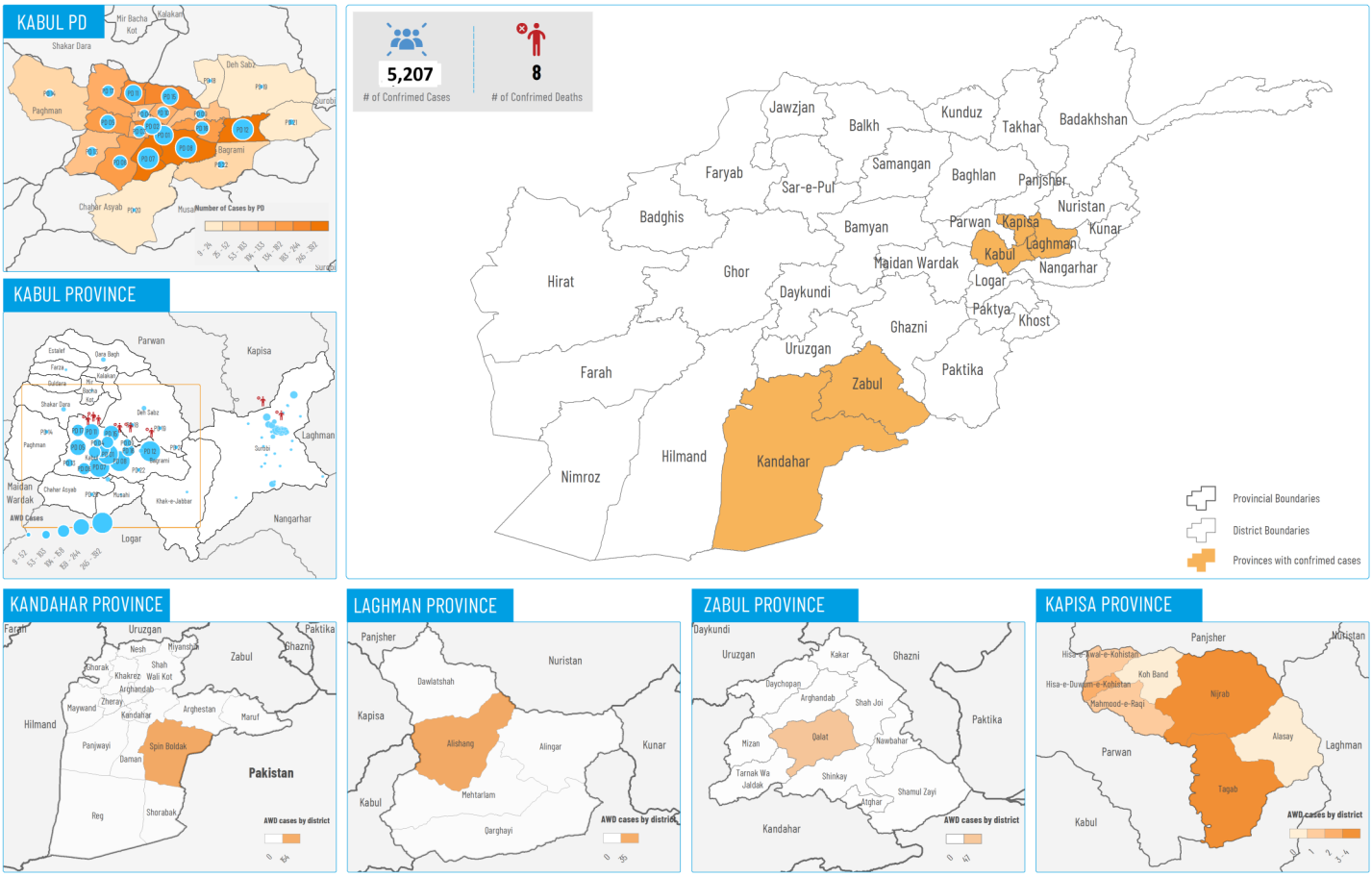

Figure. 7: Hotspot of areas of AWD cases in Afghanistan, Sep 2021– March 2022 (N=5,207)

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 send to the flood affected areas in Faryab province.

Integrated Capacity Building

- Integrated Emergency Response Team (IERT) training took place in Kabul on 7-8 March – 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.

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, UNCEF, DACAAR, NRC, PU-AMI, SC, SI etc.)

AWD Public awareness session, Kabul, UNICEF

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

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

Current Week	Cumulative Figures
0 new cases	775 cases (1.2% <5 years, 39.1% Females)
0 new deaths	1 death (0% < 5 years), CFR=0.13%
0 districts reporting alerts	16 districts in 1 province affected
0 samples collected	332 samples collected

- The first few cases of dengue fever 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 Mohmandara (434.0 cases) and Dor Baba districts (171.0 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 four weeks, no new cases or deaths have been reported.

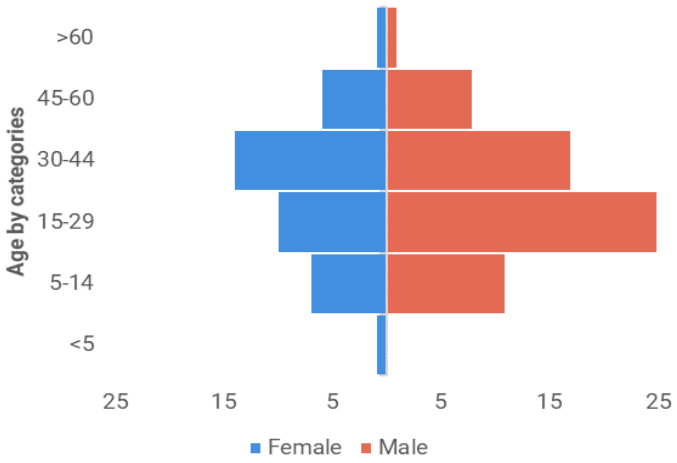

Figure 8. Distribution of dengue fever cases by sex and age group in Nangarhar province, Afghanistan, Sep 2021 – Jan 2022 (N=775)

Table 4: Summary of dengue fever in Nangarhar province, Afghanistan, 15 Jan 2022

Location	Epi week #2 (9 -15 January 2022) and changes compared to last week		Cumulative case (12 Sept 2021 to 15 Jan 2022)	
	# of cases (%)	# of deaths (%)	Cases (%)	Deaths (CFR%)
Mohmandara	0 (N/A)	0 (N/A)	434 (56.0%)	0 (0)
Dor Baba	0 (N/A)	0 (N/A)	171 (22.1%)	0 (0)
Ghanikhil	0 (N/A)	0 (N/A)	64 (8.3%)	0 (0)
Behsood	0 (N/A)	0 (N/A)	12 (1.5%)	0 (0)
Jalalabad	0 (N/A)	0 (N/A)	29 (3.7%)	0 (0)
Batikot	0 (N/A)	0 (N/A)	15 (1.9%)	1 (0.13)
Other District*	0 (N/A)	0 (N/A)	50 (6.5%)	0 (0)
Total	0 (N/A)	0 (N/A)	775 (100%)	1 (0.13)

Other districts include Chaparhar, Dari Noor, Kot, Rodat, Lalpoora, Sarkhrod, Hesarak, Khiwa, Kama and Achin

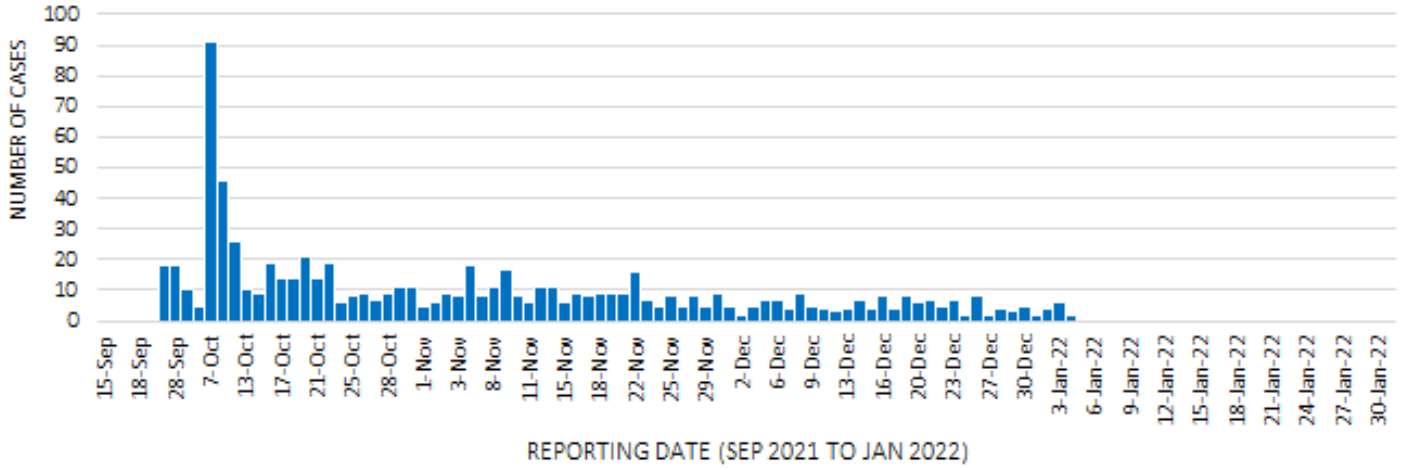

Figure 9. Distribution of dengue fever cases by sex and age group in Nangarhar province, Afghanistan, Sep 2021 – Jan 2022 (N=775)

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:

Procurement of the larvicide/insecticide initiated.

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.

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

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)