



AFGHANISTAN
INFECTIOUS DISEASE OUTBREAKS
SITUATION REPORT | Epidemiological week #21

No. 42/ (22-28) May 2022

Disease Outbreak	Measles (Jan - May 2022)	AWD (Sep 2021 – May 2022)	Pertussis (Apr-May 2022)	CCHF (Apr-May 2022)
Cumulative Number of Cases <small>*Sentinel sites data</small>	50,433	5,683	52	23
Number of deaths (CFR %)	309 (0.61)	8 (0.14)	0 (0.0)	2 (8.7)

Measles outbreak (01 Jan to 28 May 2022)

5,153
Samples tested

2,051
Lab confirmed cases

39.8%
Test positivity ratio

Table 1 summary of the measles outbreak in the last eight weeks (13 Mar – 28 May 2022)

Indicators	W-14	W-15	W-16	W-17	W-18	W-19	W-20	W-21	Epi-curve
Suspected cases	3475	3818	3398	2706	2483	2432	1968	1833	
Deaths	18	24	23	8	10	8	5	8	
CFR (%)	0.52	0.63	0.68	0.30	0.40	0.33	0.25	0.44	

- During epidemiological week 21-2022, there have been 1,833 new cases and 8 new deaths reported (7% decrease and 60% increase in the number of cases and deaths, respectively as compared to the previous week). The trend was increasing until week 15 (2022), however, it is decreasing for the last six weeks (Figure 5).
- The number of suspected measles cases have decreased in five out of eight affected regions during the last weeks while two regions show increasing trend (Table 2).
- The measles outbreak affects the entire country, however, the most affected provinces are Badakhshan (11.2%); Kunduz (10.6%); Nangarhar (9.1%); Kabul (8.2%); Helmand (6.8%); and Takhar (6.6%).
- Out of the total 5,153 samples tested for measles, 2,051 were laboratory confirmed from Jan-May 2022.
- During the last week, one new district reported suspected measles cases (Figure 1).

Table 2 number of suspected measles cases per region in the last 8 weeks 2022

Regions	W-14	W-15	W-16	W-17	W-18	W-19	W-20	W-21	Epi-curve
East	536	500	392	386	437	462	486	351	
Central East	347	497	542	277	305	370	388	350	
North East	1500	1463	1307	899	735	627	350	303	
West	191	274	314	387	399	329	145	239	
South	284	415	347	271	217	253	237	213	
North	372	385	230	304	186	203	179	168	
South East	160	175	178	114	104	80	116	119	
Central West	85	109	88	68	100	108	67	90	

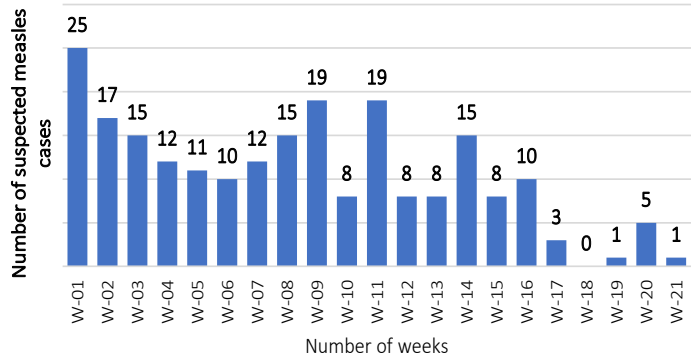


Figure 1. New district reporting suspected measles cases on weekly bases Jan - May 2022 (N=222)

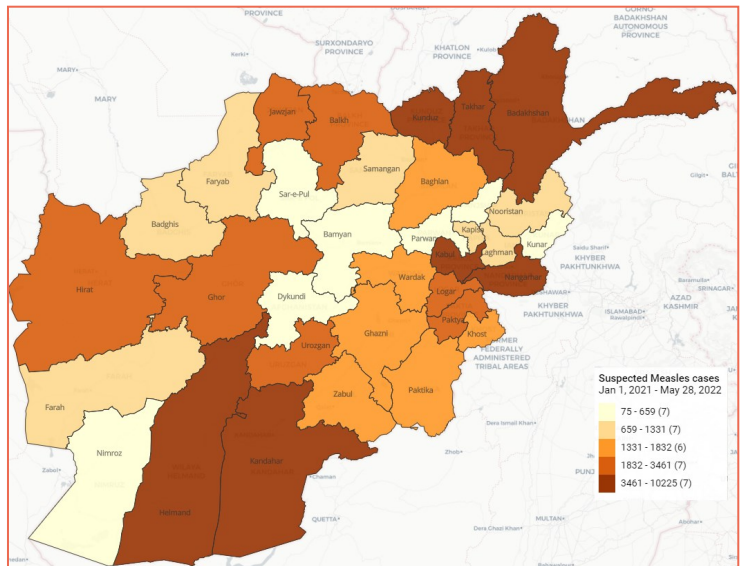


Figure 2. Geographical distribution of suspected measles cases in Afghanistan Jan - May 2022 (N=50,433)

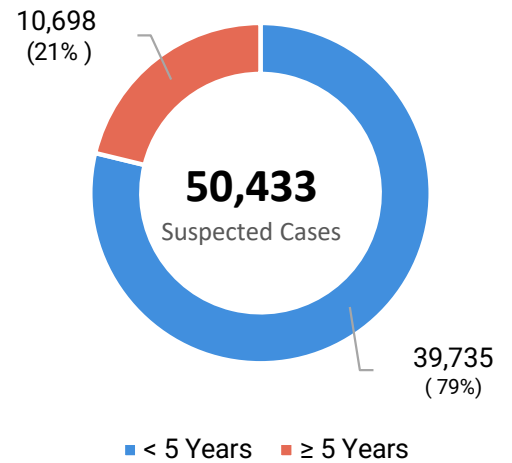
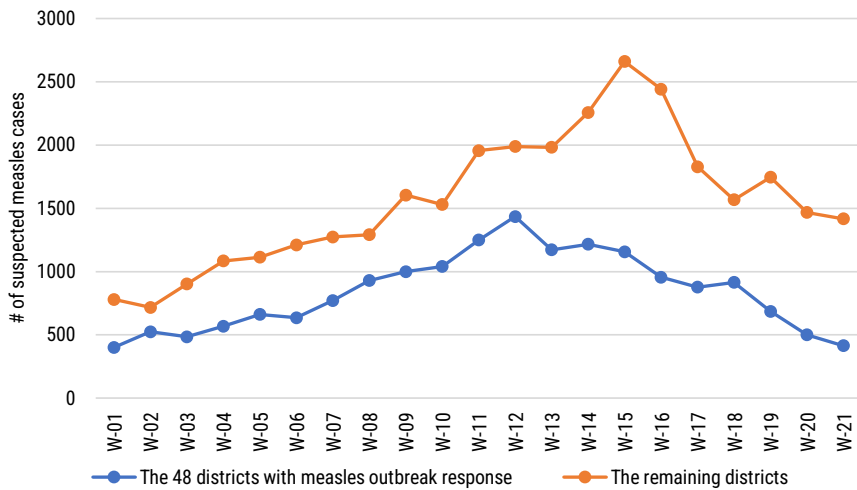


Figure 3. Trend of suspected measles cases in 49 districts where measles vaccine campaign was conducted and the remaining districts Jan - May 2022

Figure 4. Distribution of suspected measles cases by age groups in Afghanistan, Jan - May 2022

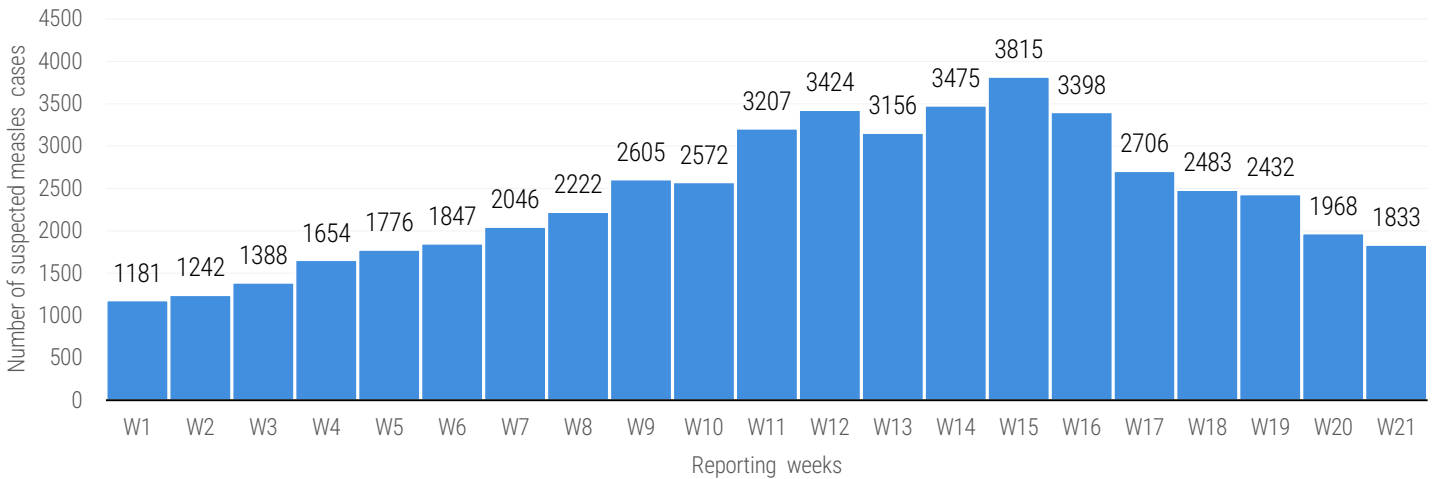


Figure 5. Weekly epidemiological curve of suspected measles cases in Afghanistan, Jan– May 2022 (N=50,433)

Response to measles outbreak

- The nationwide measles vaccine campaign is planned in July - August 2022. This would include the 111 high risk districts.
- After the measles case management training was conducted in Kabul (April 2022), the cascade of measles case management training started in week 20 in the West Region (Herat province) and will be extended to other regions in the coming weeks.



Health care providers give measles vaccine to a child in Kabul, Afghanistan

Acute Watery Diarrhoea (AWD) Outbreak (12 Sep 2021 to 28 May 2022)

Current Week	Cumulative Figures
105 new cases (20 under 5)	5,683 cases (17% <5 years, 49.2% Female)
0 new deaths	8 deaths (12.5% < 5 years), CFR=0.16%
7 districts (from Kabul and Kandahar) reporting alert.	20 districts in 5 provinces affected
44 samples collected	533 samples collected

- In Kandahar province, 31 new AWD cases were reported during week 21 of 2022.
- Additionally, 74 new AWD cases were reported from Kabul city which brings the total number of AWD cases to 105 in week 21 (Table 3).
- Cumulatively, Kabul city (4,311 cases, 75.9%) and Sorobi district (887 cases, 15.6 %) are the most affected areas as compared to the other five provinces.
- Of the total 5,683 cases, 16.6% (942) were children below 5

- years, 49.3% (2,803) were females and 65% (3,705) 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 14 districts of Kabul, Kapisa, Zabul, Kandahar, Laghman and Logar provinces.

Table 3: Summary of Acute Watery Diarrhea Cases in Afghanistan, as of 21 May 2022

Location	Weekly changes		Cumulative number (12 Sep 2021 to 28 May 2022)	
	# of cases (% change)	# of deaths (% change)	Cases (%)	Deaths (CFR %)
Kabul ¹	74 (↓ 6.3)	0 (N/A)	4311 (75.9)	6 (0.12)
Sorobi District (Kabul Province)	0 (N/A)	0 (N/A)	887 (15.6)	2 (0.04)
Kapisa ²	0 (N/A)	0 (N/A)	9 (0.2)	0 (N/A)
Kandahar ³	31 (↑34.8)	0 (N/A)	236 (4.2)	0 (N/A)
Zabul ⁴	0 (N/A)	0 (N/A)	205 (3.7)	0 (N/A)
Laghman ⁵	0 (N/A)	0 (N/A)	35 (0.6)	0 (N/A)
Sub Total	105 (↓59.6)	0 (N/A)	5,683 (100.0)	8 (0.14)

Kabul¹ Kabul city (4,311), Bagrami (53), Paghman (25), Dehsabz (20), Shakardara (14), Garabagh (11) and Farza (6)
 Kapisa² Kohistan (9)
 Kandahar³ Spinboldak (156), Kandahar city(57), Dand (9), Panjwayi(6), Zhari(3), Damand (3), Arghandab (1), and Shahwali-kot (1)
 Zabul⁴ Shahjoy (158) and Qalat(47) Laghman⁵ (Alishinkg 35)

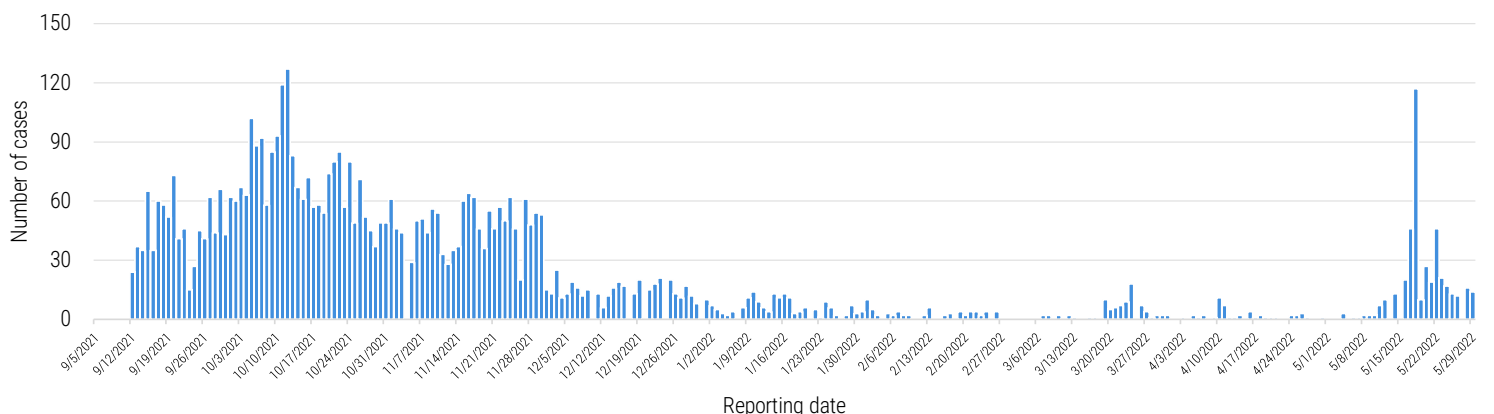


Figure 6. Epidemiological curve of the AWD cases in Afghanistan Sep 2021-May 2022 (N=5,683)

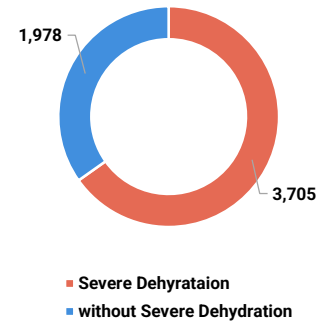
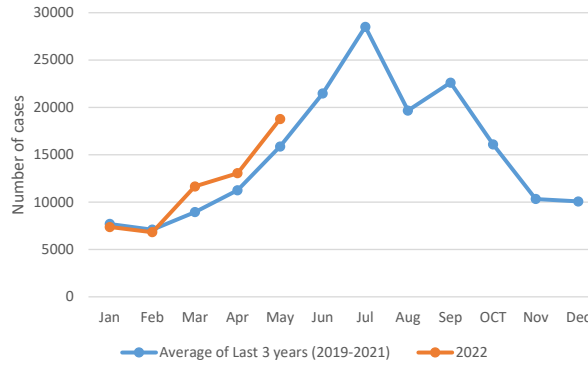
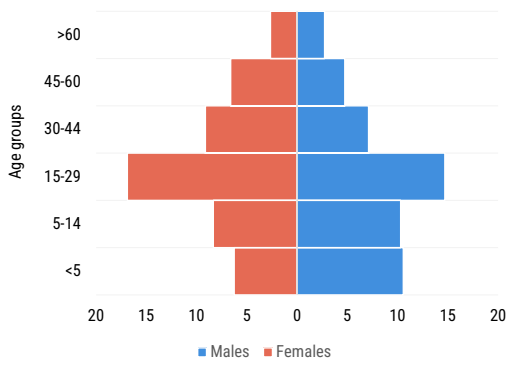


Figure 7. Distribution of AWD cases by sex and age groups in Afghanistan, Sep 2021 - May 2022 (N=5,683)

Figure 7.a. National trend of AWD cases with dehydration in Afghanistan, (2019-2021 and 2022)

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

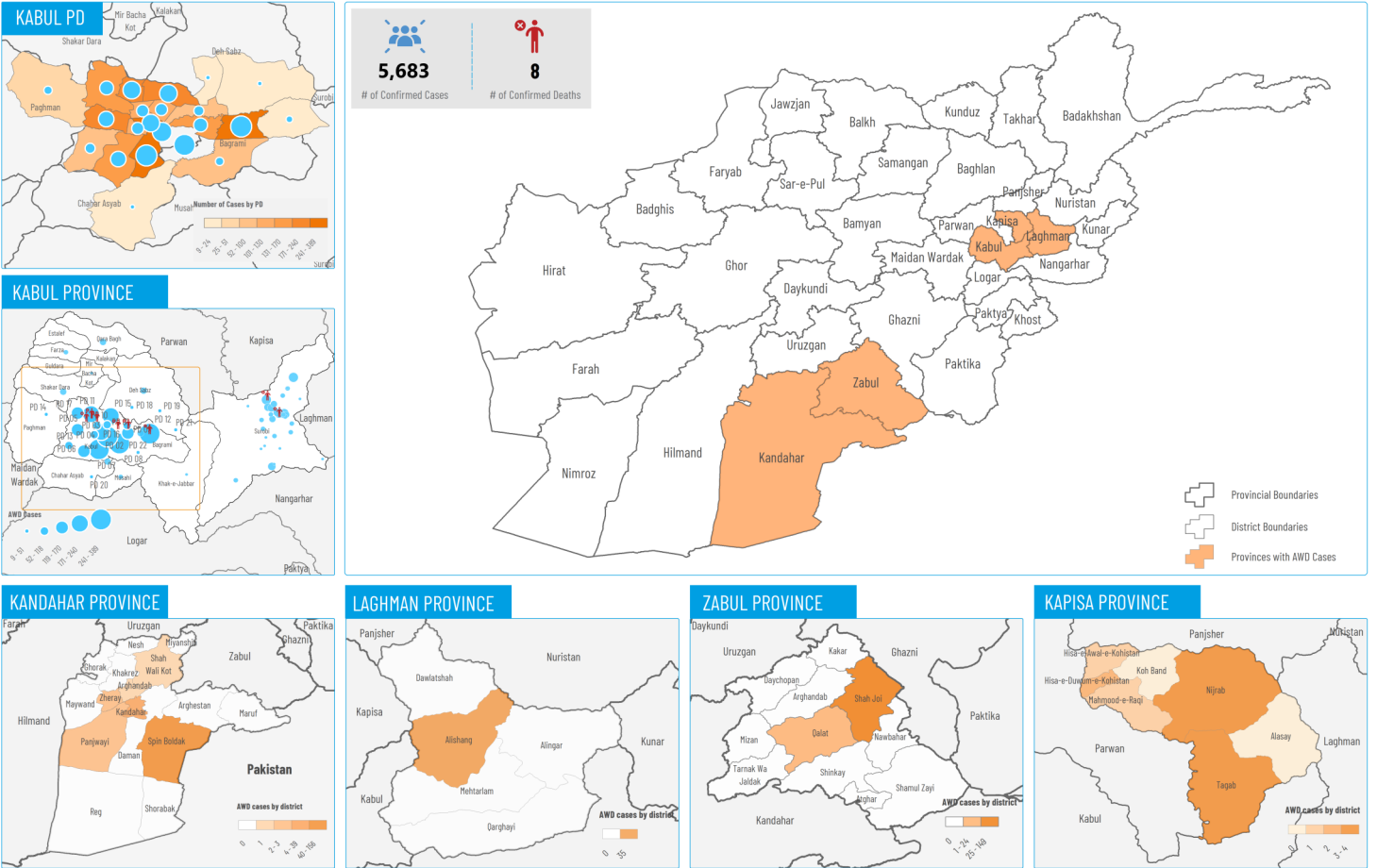


Figure 8. Hotspot areas of AWD cases in Afghanistan, Sep 2021– May 2022 (N=5,683)

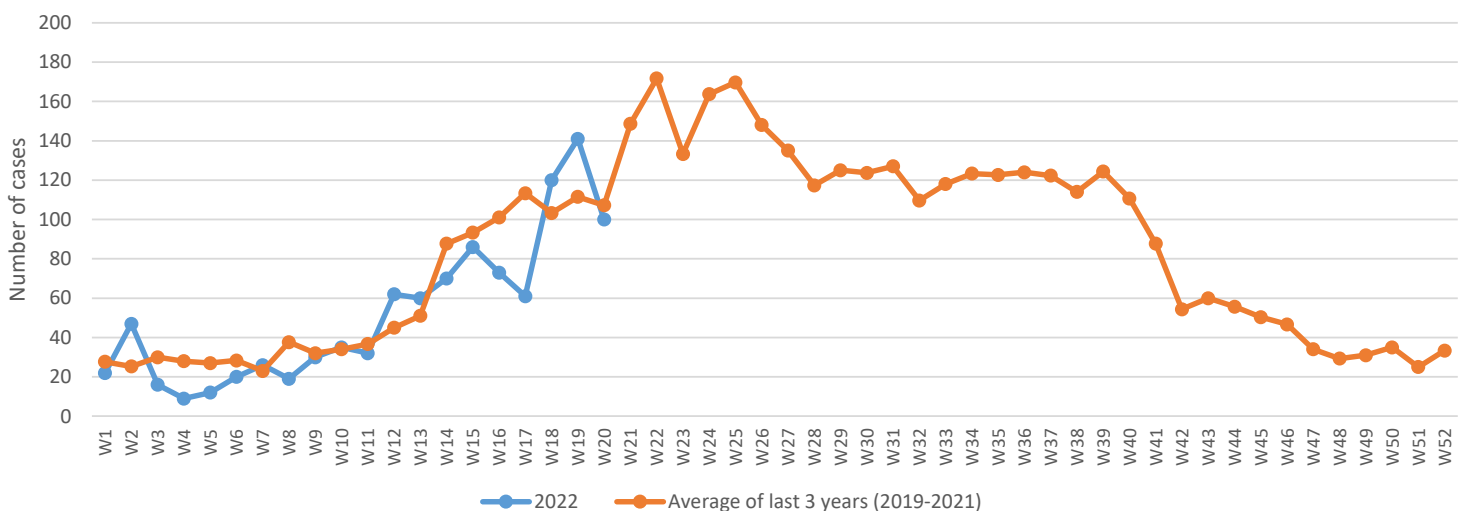


Figure 9. Provincial trend of AWD cases with dehydration in Kandahar City, (2019-2021 and 2022)

Response to the AWD outbreak



The WHO and MOPH joint team conducting AWD outbreak investigation and response in Kandahar city (May 2022)

Response to AWD outbreak

- National task force committee has been established in MoPH to lead overall AWD response at national and sub-national levels
- To enhance coordination, preparedness, and response to the AWD outbreak, joint work between WHO, UNICEF, MSF, IOM, Save the Children, Health-WASH clusters, and MOPH has taken place in outbreak affected areas.
- Active case findings are in place at outbreak affected areas, surveillance support teams (SSTs) are deployed for line-listing and collection of samples.
- 240 beds have already been identified for case management in Mirwais Regional Hospital (100) and Aynomina Hospital (140) in Kandahar. Additionally, 20 beds are available for the case management of hospitalized cases in Zabul province.
- Water, sanitation and hygiene (WASH) activities include chlorination and distribution of hygiene kits are ongoing. Risk communication and community engagement (RCCE) activities are ongoing, including public messaging on prevention measures.
- AWD case management materials are available at the sites and national mapping of partners' stocks are completed (Figure 10)
- 2,000 RDTs arrived to the country and distribution of these RTDs to the regions is ongoing.

WASH

- Around 13,000 wells were shock-chlorinated across 24 provinces for 3 million people, regular chlorination in hotspots.
- Half-million people assisted per month with hygiene kits.



AFGHANISTAN

Geographical Distribution of Cholera Kits Existing in WHE and BPHS Partners Stocks (MAY 2022)

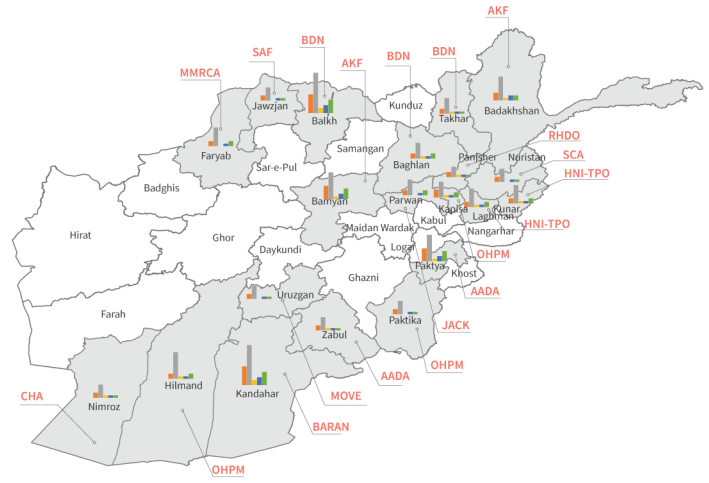
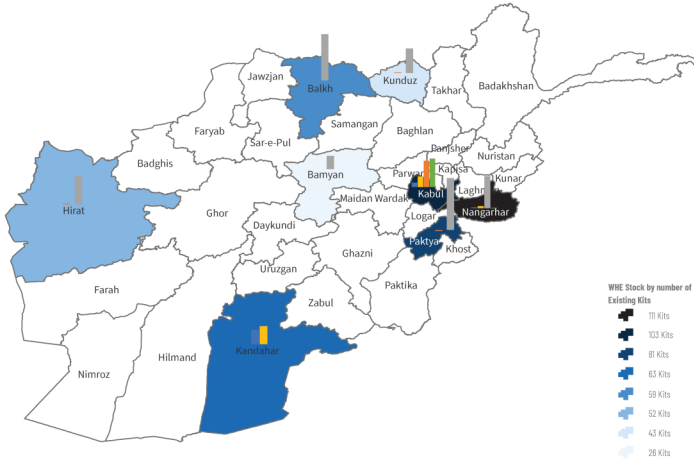
As of 22 May 2022

Number of Cholera Kits in WHE Stock by Province (APRIL & MAY 2022)

538 DIFFERENT TYPE OF CHOLERA KITS in **8** WHE SUB-OFFICES STOCK in **8** PROVINCES

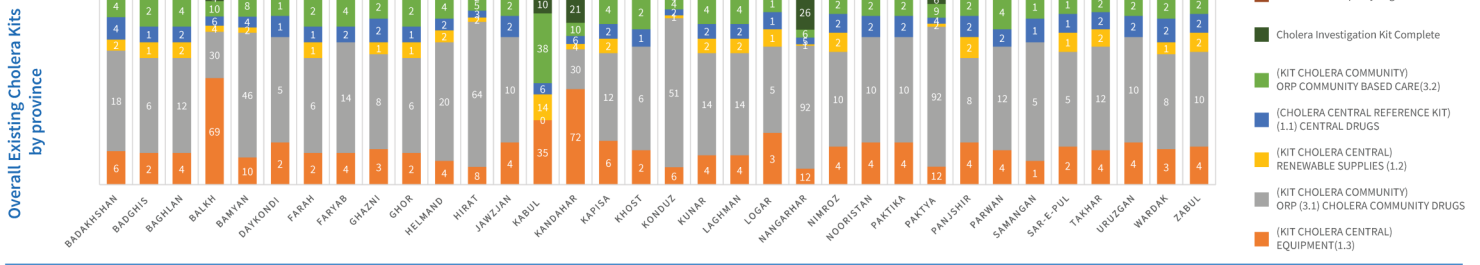
Number of Cholera Kits in BPHS Partner Stock by Province (APRIL & MAY 2022)

582 DIFFERENT TYPE OF CHOLERA KITS in **14** BPHS IMPLEMENTING PARTNERS STOCK in **20** PROVINCES



WHE Stock by number of Existing Kits

- 111 Kits
- 103 Kits
- 81 Kits
- 65 Kits
- 59 Kits
- 52 Kits
- 43 Kits
- 26 Kits



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the World Health Organization. Creation date: 22 May 2022 Sources: World Health Organization. Feedback: nasseryr@who.int

Figure 10. Distribution of AWD kits to partners by the WHO in Afghanistan (May 2022)



Figure 11. Training for the regional lab focal points for diagnosis of AWD by culture method (May 2022)

Alerts of other infectious diseases outbreaks

Crimean–Congo hemorrhagic fever (CCHF) (Apr–May 2022)

Diseases	Cases					Deaths					Province	Samples collected	Samples positive
	Under 5	Over 5	Male	Female	Total	Under 5	Over 5	Male	Female	Total			
CCHF	0	23	15	8	23	0	2	1	1	2	Balkh (7), Nangarhar (4), Kabul (2), Kandahar (2), Samangan (2), Faryab (1), Badghis (1) Parwan (1), Ghazni (1) Baghlan (1) and Kapisa (1)	Yes	5

- A total of 23 suspected CCHF cases were reported from 11 provinces including, Balkh (7), Nangarhar (4), Kabul (2), Kandahar (2), Samangan (2), Faryab (1), Badghis (1), Parwan (1), Ghazni (1), Baghlan (1) and Kapisa (1) provinces.
- Around two-thirds of the cases (15) were males and all of them were over five years of age.
- Out of 23 cases, 5 cases (29.4%) were lab confirmed.
- Two suspected CCHF associated deaths (a 22 years-old male, and a 27-years old female) were reported from Samangan and Kapisa, respectively.
- The cases are managed in the health facilities and 25 doses of Ribavirin have been availed and distributed to all regions.

Pertussis (Apr–May 2022)

Diseases	Cases					Deaths					Province	Samples collected	Samples positive
	Under 5	Over 5	Male	Female	Total	Under 5	Over 5	Male	Female	Total			
Pertussis	35	17	22	30	52	0	0	0	0	0	Jawzjan (16), Ghazni (14), Paktika (8), Zabul (6), Kapisa (2) and Kandahar (6)	Yes	

- In April and May 2022, a total of 52 suspected cases of pertussis were reported from Jawzjan (16), Ghazni (14), Paktika (8), Kandahar (6), Zabul (6), and Kapisa (2) provinces.
- Out of total (52) reported cases 35 (67.3%) were under five years of age and 30 (58.0%) cases were females.
- WHO is working with MOPH to plan Penta vaccination in the affected areas.
- Case management of pertussis is conducted in the health facilities.

Note: MOPH is the source of epidemiological data

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