



AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS

No. 31/ (6-12) March 2022

The Outbreak	Measles	Acute Watery Diarrhoea	Dengue Fever
Cumulative Number of Cases	48,366	5,137	775
Number of deaths (CFR %)	250 (0.5)	8 (0.16)	1 (0.13)



Measles Outbreak (01 Jan 2021 to 12 Mar 2022)

Cumulative clinical cases	Sample tested	Lab confirmed	Deaths	Affected provinces	Current available testing labs
48,366	6,959	4,518	250	34	9

- During epidemiological week 10, 2022, 2,072 new cases (20.5% decrease from the previous week) and 18 new deaths (no change from the previous week) were reported (Table 1).
- Since the first week of 2022, the trend of new measles cases reported in all provinces have continued to increase sharply (Fig 1).
- The most affected provinces include Helmand (17.5%), Kandahar (5.0%), Balkh (4.9%), Paktika (3.4%), Ghor (3.5%) and Ghazni (2.9 %).
- Out of the total 48,366 suspected cases of measles around 80.1% (38,762) were under 5 years and 4,518 were lab confirmed with 250 deaths reported between January of 2021 and March 2022.
- The current outbreak started since 17 October 2021 and the number of cases slightly decreased this week since the beginning of the outbreak.



Afghanistan WHO Representative visiting health facility during measles response

Table 1: Summary of suspected measles cases in Afghanistan, as of 12 March 2022

Location	Weekly changes		Cumulative number (01 Jan 2021 to 12 Mar 2022)	
	# of cases (% changes)	# of deaths (% changes)	Cases (%)	Deaths (CFR %)
Balkh	100 (↑5.3)	0 (↓100.0)	2346 (4.9)	9 (0.4)
Ghazni	2 (↓0.0)	0 (↓0.0)	1398 (2.9)	0 (0.0)
Ghor	18 (↓50.0)	6 (↓0.0)	1690 (3.5)	54 (3.2)
Helmand	194 (↓31.1)	0 (↓0.0)	8465 (17.5)	0 (0.0)
Kandahar	46 (↓35.2)	0 (↓0.0)	2841 (5.9)	6 (0.2)
Paktika	2 (↓88.2)	1 (↓0.0)	1648 (3.4)	10 (0.6)
Overall (in six campaigned provinces)	362 (↓1.9)	7 (↑250.0)	18388 (38.0)	79 (0.4)
Other provinces	1,710 (↑23.5)	11 (↓31.3)	29978 (62.0)	171 (0.6)
National (all 34 provinces)	2072 (↓20.5)	18 (0.0)	48366 (100.0)	250 (0.5)

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

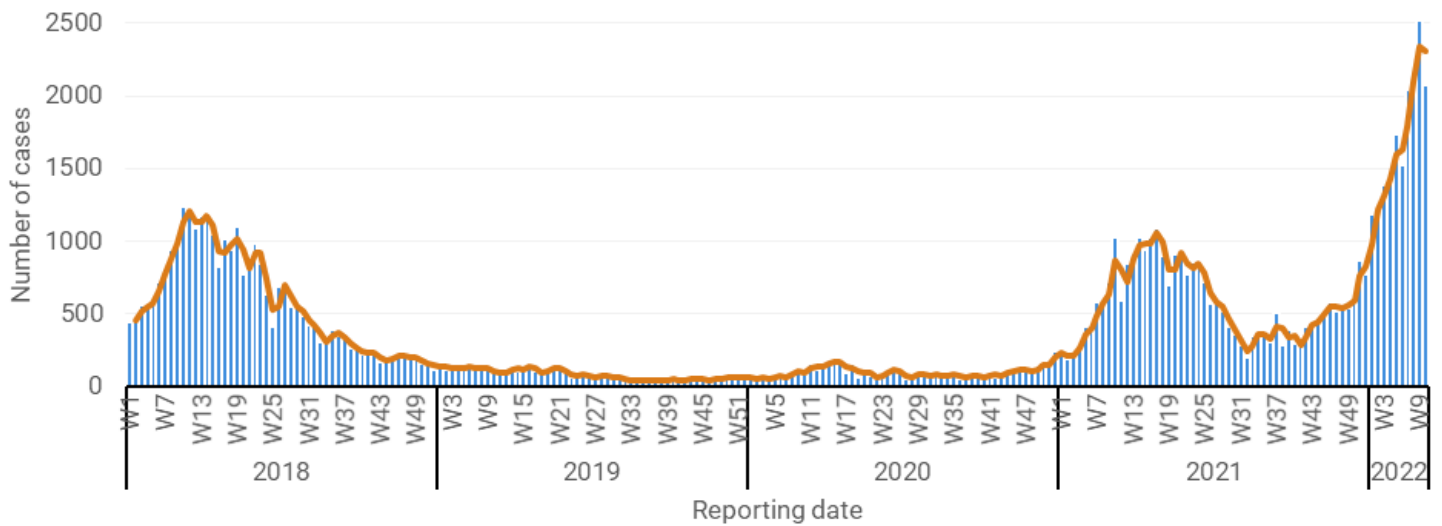


Figure 1. Weekly epidemiological curve of suspected measles cases, 2018-2022 (N=87,659)

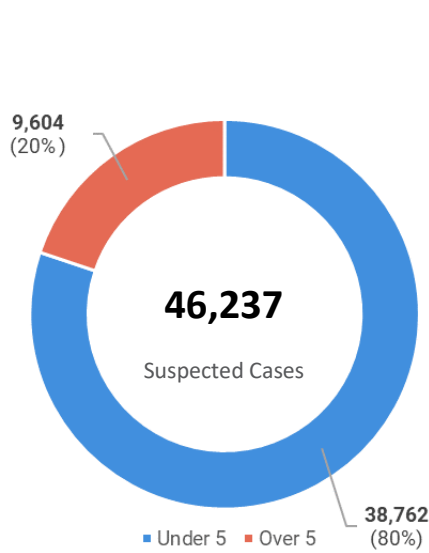


Figure 2. Distribution of suspected measles cases by age groups, Jan 2021 - Mar 2022 (N=48,366)

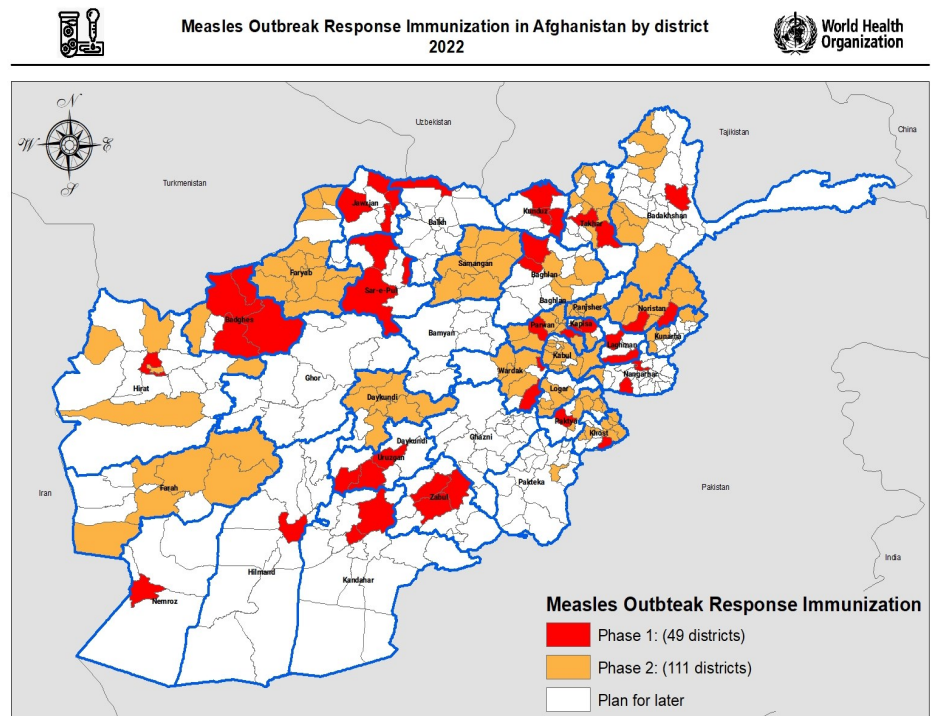


Figure 3. Measles outbreak immunization response in Afghanistan 2022

Responses to the Measles Outbreak

- ⇒ On 12 March 2022 the first phase of measles vaccine campaign was launched in most of the high-risk districts (49) in 23 provinces of Afghanistan. Around 1.2 million children aged 6-59 months are targeted in this campaign. The vaccine campaign started on 14 March in Kunduz province.
- ⇒ Phase 2 is planned in the second quarter of 2022, targeting 3.5 million children in the same age group in 111 districts (27 provinces).
- ⇒ These measles vaccine campaigns are jointly funded by the Outbreak Response Fund (1.6 million) and Contingency Fund for Emergencies (CFE) – WHO (1.5 million).
- ⇒ Cases of measles are managed in the health facilities in the outbreaks affected area across the country.



A child receiving measles vaccine



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

Current Week	Cumulative Figures
7 new cases (0 <5 years)	5,137 cases (17.5% <5 years, 48.9% Female)
No new deaths	8 deaths (12.5% < 5 years), CFR=0.16%
No district reporting alert	13 districts in 5 provinces affected
7 samples were collected	385 samples collected

- During epidemiological week 10, the number of new AWD cases reported decreased as compared to week 9 (7 new cases with no deaths were reported) (Table 2).
- The most affected districts are Kabul city (3,920 cases, 76.3%) and Sorobi district (819 cases, 16.0 %).
- Of the total 5,137 cases, 17.5% (892) are children below 5 years, 48.9% (2,508) are females and 69.2% (3,514) had severe dehydration (fig 5).
- 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 drivers of the epidemic are limited access to safe water, poor sanitation and hygiene practices.

Table 2: Summary of Acute Watery Diarrhea Cases in Afghanistan, 12 March 2022

Location	Weekly changes		Cumulative number (01 Jan 2021 to 26 Feb 2022)	
	# of cases (% change)	# of deaths(% change)	Cases (%)	Deaths (CFR %)
Kabul City	7 (↓63.2)	0 (0)	3,913 (76.3)	6 (0.16)
Surobi District (Kabul Province)	0 (N/A)	0 (N/A)	819 (15.8)	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 (↑78.8)	0 (0)	5,137 (100)	8 (0.16)

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

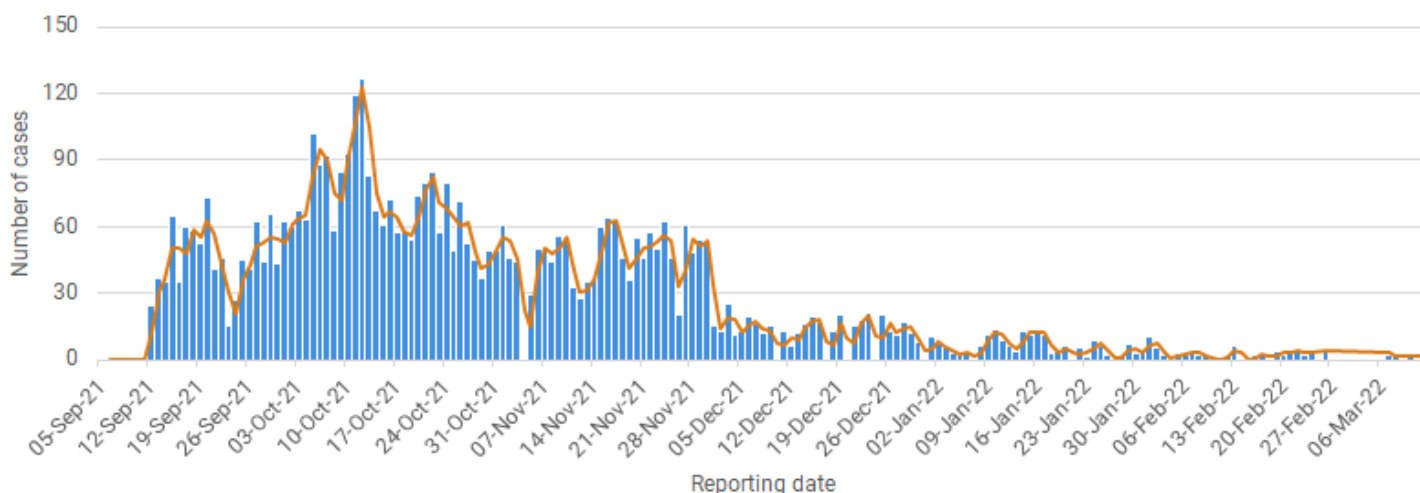


Figure 4. Epidemiological curve of the Acute Watery Diarrhea cases in Afghanistan Sep 2021-March 2022 (N=5,137)

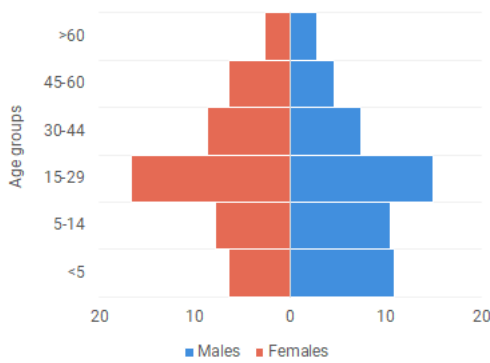


Figure 5. Distribution of AWD cases by sex and age groups, Sep 2021 - Mar 2022 (n=5,137)

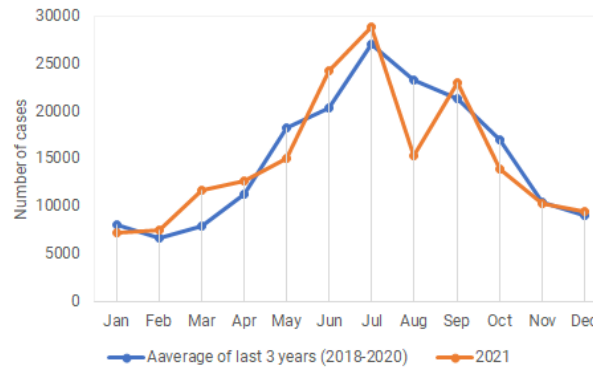


Figure 5.a. National trend of AWD cases with dehydration, (2018-2021)

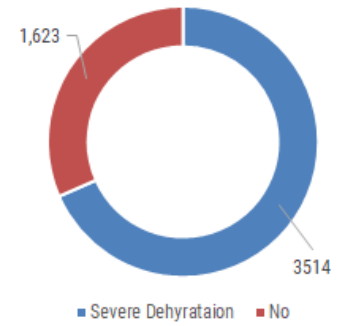


Figure 5.b. AWD cases with severe dehydration, Sep 2021-Mar 2022

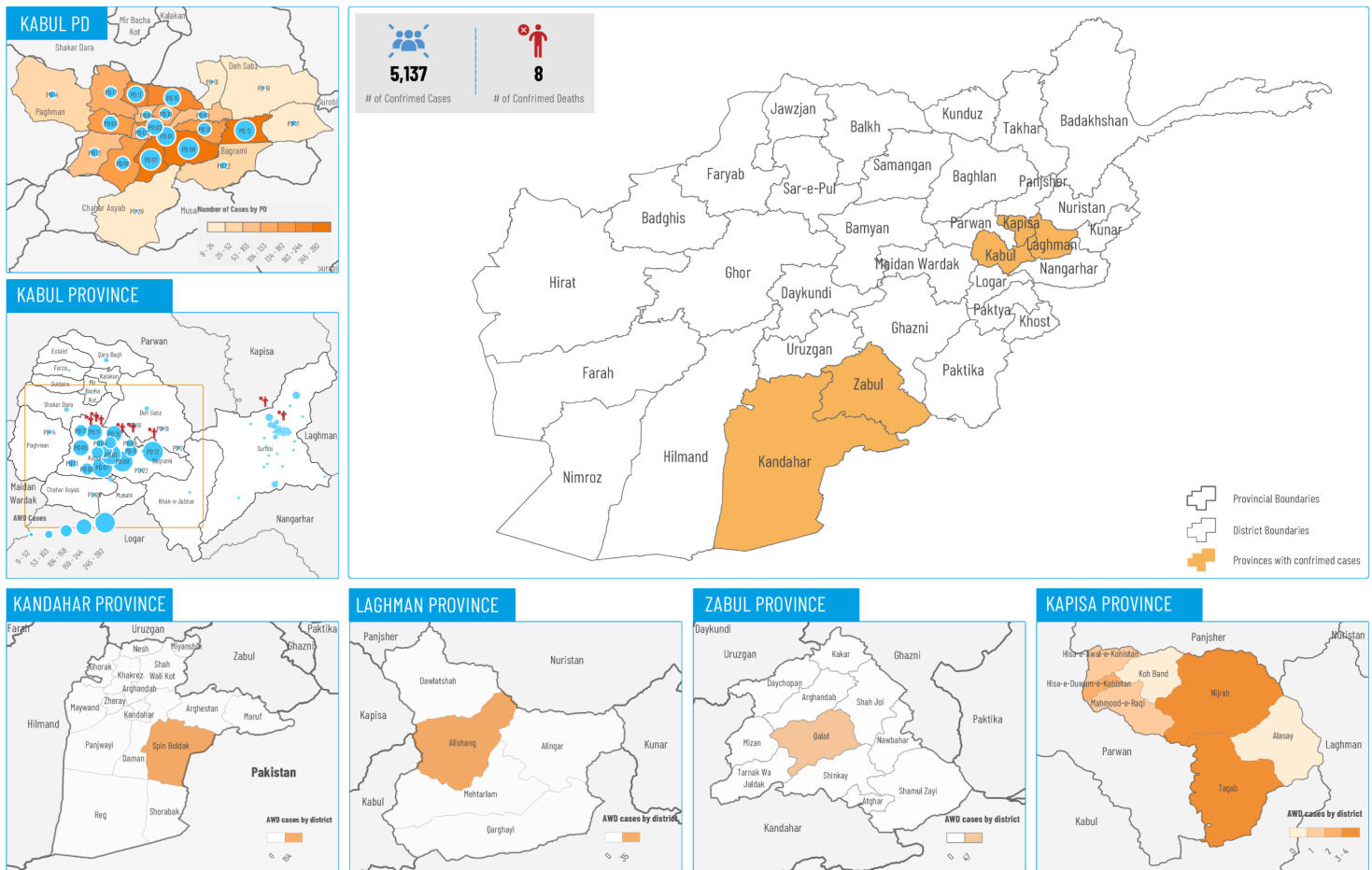


Figure 6: Hotspot of areas of AWD cases in Afghanistan, Sep 2021- March 2022 (N=5,137)

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

- 385 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.

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 Surobi 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, UNICEF, 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

- 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 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 (Fig 9)
- 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).

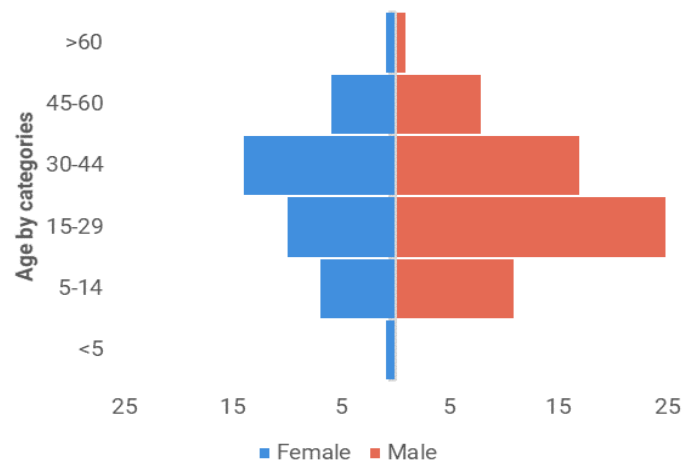


Figure 7. Distribution of dengue fever cases by sex and age group in Nangarhar province, Afghanistan, Sep 2021 – Jan 2022 (N=775)

Table 3: 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

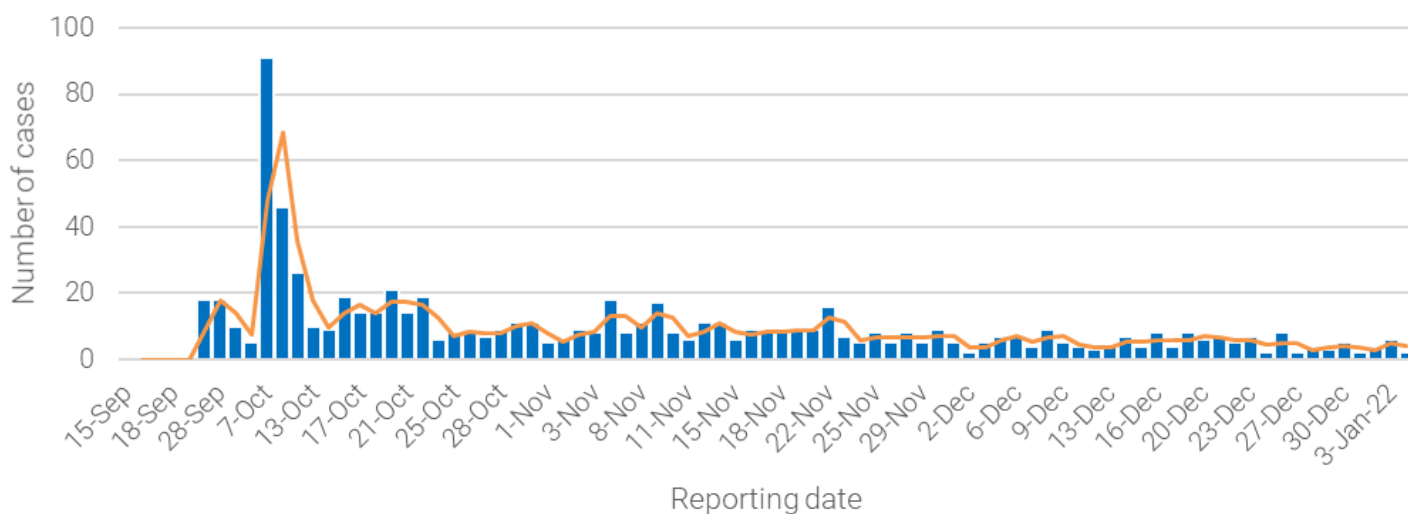


Figure 8. Distribution of dengue fever cases by sex and age group in Nangarhar province, Afghanistan, Sep 2021 – Jan 2022 (N=775)

Response to the Dengue fever outbreak

Capacity building

⇒ A series of workshops for capacity building of health workers at different levels on dengue fever case management, sample collection and RDT testing and source reduction activities is starting in March 2022, in Nangarhar province with the support and coordination of MOPH.

These workshops include:

- ⇒ Training preparation for the Malaria & Vector Borne Disease Program (MVDP) Master Trainers
- ⇒ Dengue training for the CHC staff
- ⇒ Training on dengue rapid testing for lab technicians-CHCs
- ⇒ Dengue vector control sessions for CHWs
- ⇒ Dengue training for the PH & RH staff

Procurement

Procurement of the larvicide/insecticide initiated.

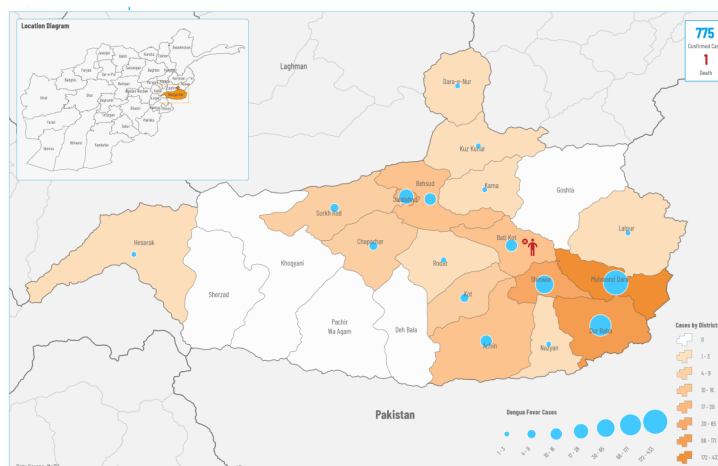


Figure 9 . Hotspot areas of dengue cases in Nangharhar province, Sep 2021 - Jan 2022 (n=775)

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

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