



The Outbreak	Measles	Acute Watery Diarrhea	Dengue Fever
Cumulative Cases	43,605	5,097	775
Number of deaths (CFR %)	214 (0.5)	8 (0.16)	1 (0.13)

Measles Outbreak (01 Jan 2021 to 26 Feb 2022)

Cumulative clinical cases	Sample tested	Lab confirmed	Deaths	Affected provinces	Available testing labs
43,605	5,878	3,949	214	34	9

Highlight

- During epidemiological week 8 of this year 2138 new cases (4.5% increase from the previous week) and 17 new deaths (183% increase 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 (18.6%), Kandahar (6.2%), Balkh (4.9%), Paktika (3.7%), Ghor (3.8%) and Ghazni (3.2%) (Fig 3)
- A total of 43605 clinical cases of measles (34,973 cases, 80% under 5 yrs.) and 3949 lab confirmed with 214 deaths were reported between Januarys of the last year to February 2022. The current outbreak started from 17 October 2021 and the number of cases reached to the highest number.

Table 1: Summary of measles suspected cases in Afghanistan, 26 Feb 2022:

Location	Weekly changes		Cumulative number (01 Jan 2021 to 26 Feb 2022)	
	# of cases (% changes)	# of deaths (% changes)	Cases (%)	Deaths (CFR %)
Balkh	82 (↓8.9)	2 (↓0.0)	2151 (4.9)	8 (0.4)
Ghazni	3 (↑200.0)	0 (↓0.0)	1394 (3.2)	0 (0.0)
Ghor	28 (↑27.3)	2 (↓0.0)	1636 (3.8)	48 (2.9)
Helmand	165 (↓17.9)	0 (↓0.0)	8123 (18.6)	0 (0.0)
Kandahar	71 (↓18.3)	0 (↓100.0)	2724 (6.2)	6 (0.2)
Paktika	11 (↓0.0)	0 (↓0.0)	1629 (3.7)	8 (0.5)
Overall (in six campaigned provinces)	360 (↓6.5)	4 (↑300.0)	17657 (40.5)	70 (0.4)
Other provinces	1778 (↑7.0)	13 (↑160.0)	25948 (59.5)	144 (0.6)
National (all 34 provinces)	2138 (↑4.5)	17 (↑183.3)	43605 (100.0)	214 (0.5)

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

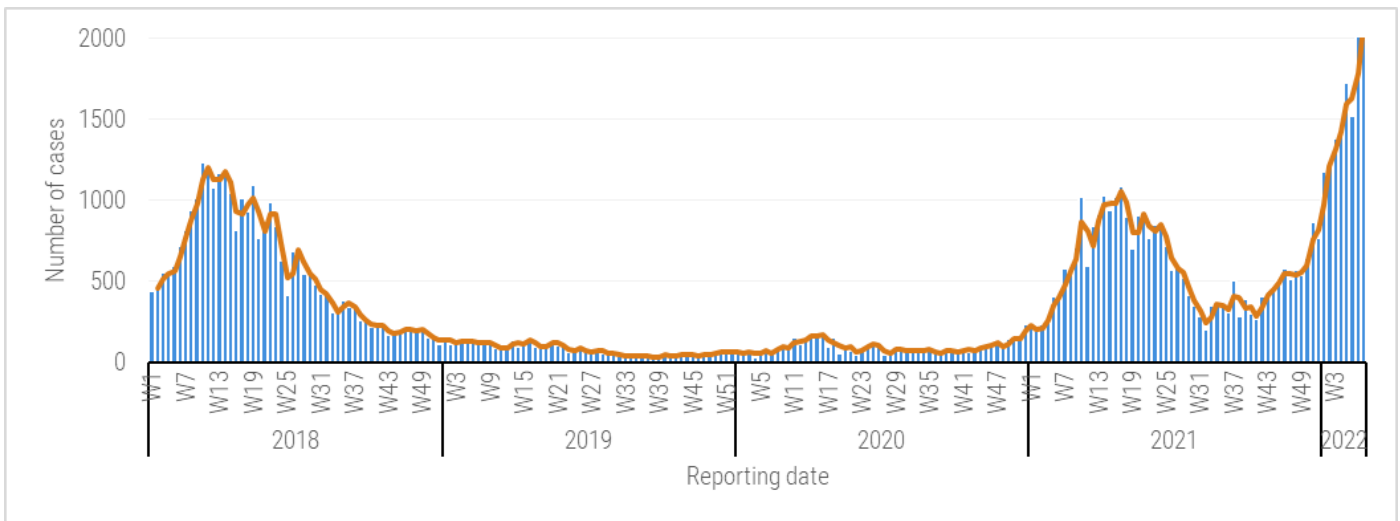


Figure 1. Weekly epidemiological curve of sus-

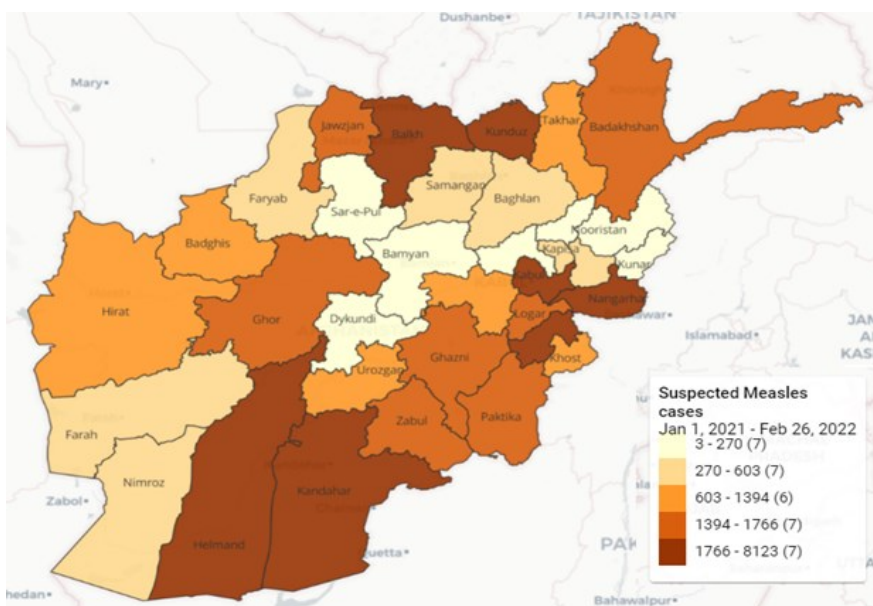


Figure 2. Geographical distribution of suspected measles cases Jan 2021 -Feb 2022 (N=43,605)

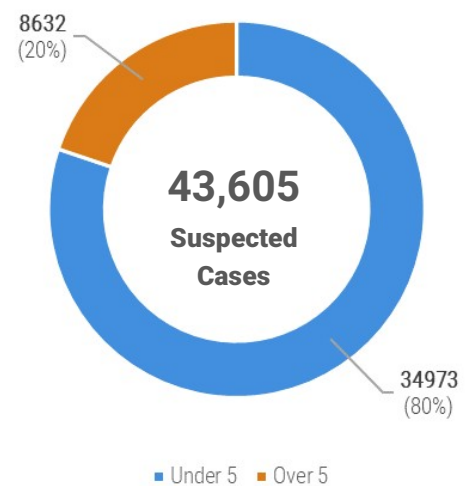


Figure 3. Distribution of suspected measles cases by age groups, Jan 2021 - Feb 2022

Response to the Measles Outbreak

- Measles campaign was conducted in Dec 2021 in Ghazni, Ghor, Helmand, Kandahar, Paktika and Balkh provinces and a total of 1.4 million children aged 9-59 months were vaccinated.
- A total of \$ 1.5 million from the CFE-WHO was allocated to the Measles response which will target in March 2022 more than 1.2 million children aged 6-59 months in 49 (24 provinces) high risk districts.
- In the second quarter of 2022 a nationwide Measles vaccine campaign is planned in 160 high risk districts (27 provinces) that will target more 3.5 million children aged 6-59 months.



A child receiving Measles vaccinations

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

Current Week	Cumulative Figures
20 new cases (0 <5 years)	5,097 cases (17.5% <5 years, 48.8% Female)
No new deaths	8 deaths (12.5% < 5 years), CFR=0.16%
No district reporting alert	13 districts in 5 provinces affected
20 samples were collected	345 samples collected

Highlight

- During epidemiological week 8, the number of new AWD cases reported slightly increased as compared to week 7 (20 new cases with no deaths were reported, 20 samples were tested and all were negative) (Table 2)
- The most affected districts include Kabul city (3,894 cases, 76.4%) and Sorobi district (805 cases, 15.8%)
- Of the total 5,097 cases, 17.5% (892) are children below 5 years, 48.8% (2,490) of cases are females and 69.2% (3,514) of cases had severe dehydration (fig 5 & 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 Surobi district in Kabul province and spread to 13 districts of Kabul, Kapisa, Zabul, 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 Diarrhoea Cases in Afghanistan, 26 Feb 2022

Location	Weekly changes		Cumulative number (01 Jan 2021 to 26 Feb 2022)	
	# of cases (% change)	# of deaths (% change)	Cases (%)	Deaths (CFR %)
Kabul City	20 (↑33)	0 (0)	3,894 (76.4)	6 (0.16)
Sorobi District (Kabul province)	0 (0)	0 (0)	805 (15.8)	2 (0.25)
Other Districts (Kabul province)*	0 (0)	0 (0)	153 (3.0)	0 (0)
Kohistan District (Kapisa Province)	0 (0)	0 (0)	9 (0.2)	0 (0)
Spinboldak District (Kandahar province)	0 (0)	0 (0)	154 (3.0)	0 (0)
Qalat City (Zabul Province)	0 (0)	0 (0)	47 (0.9)	0 (0)
Alishang District (Laghman Province)	0 (0)	0 (0)	35 (0.7)	0 (0)
Total	20 (↑33)	0 (0)	5,097 (100)	8 (0.16)

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

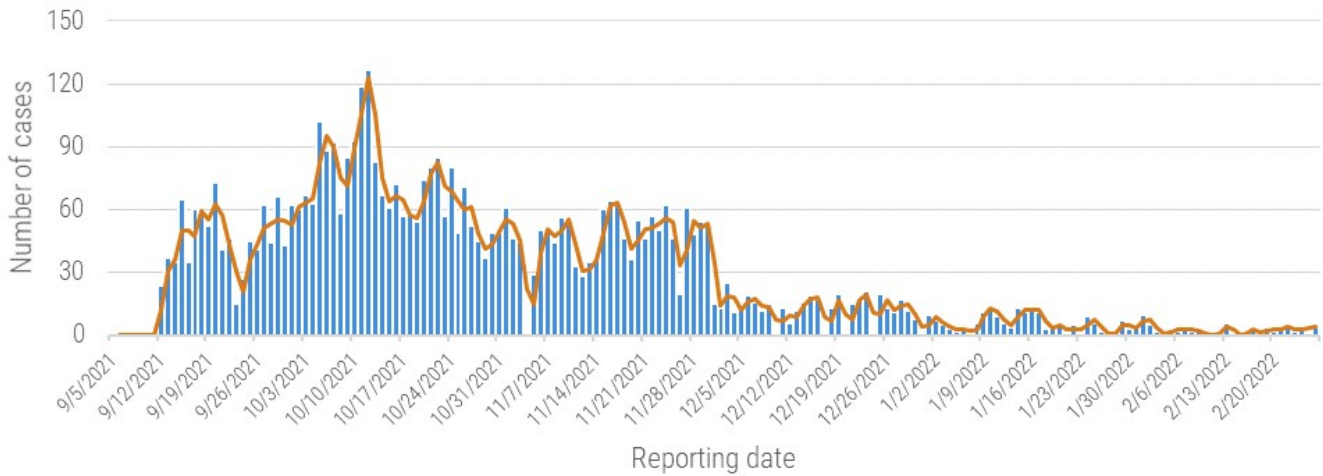


Figure 4. Epidemiological curve of the Acute Watery Diarrhea cases in Afghanistan Sep 2021-Feb 2022 (N=5097)

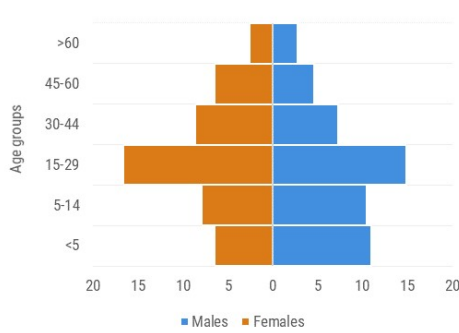


Figure 5. Distribution of AWD cases by sex and age groups, Sep 2021 - Feb 2022 (n=5,097)

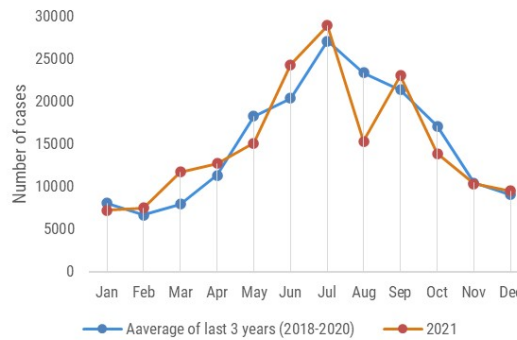


Figure 6.a National trend of AWD cases with dehydration, (2018-2021)

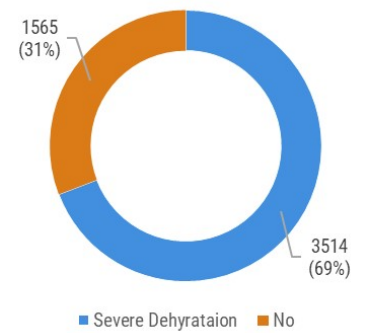


Figure 6b. AWD cases with severe dehydration, Sep 2021

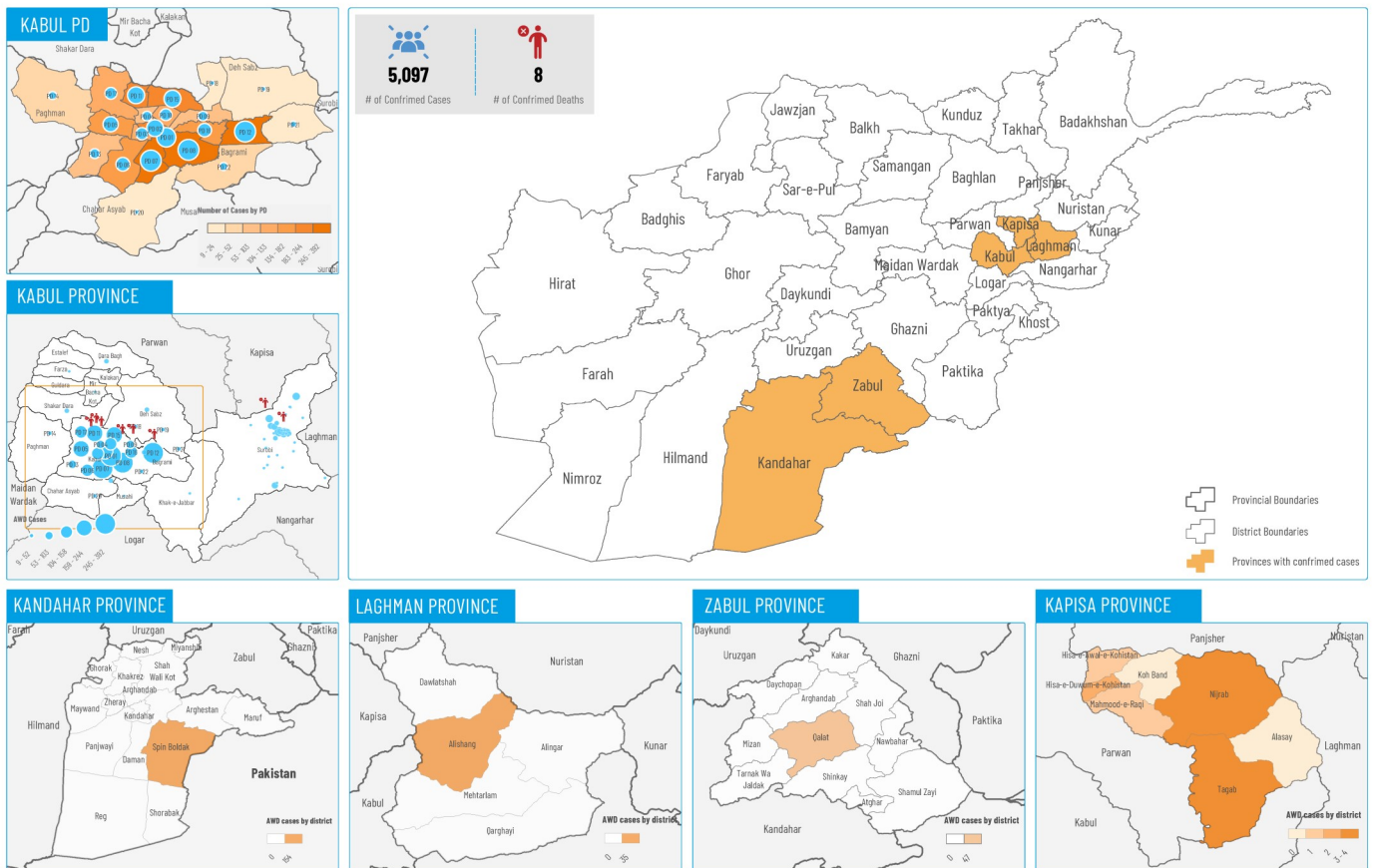


Figure 7: Hotspot of areas of AWD cases in Afghanistan, Sep 2021- Feb 2022 (N=5097)

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).

Surveillance and Laboratory

- Trained 50 surveillance officers, 14 rapid response teams (RRTs) and 80 NDSR focal points regarding epidemic-prone diseases surveillance and early response, including AWD outbreak (WHO).
- 7 RRTs conducts active AWD surveillance in Kabul province (WHO).
- 325 samples collected for AWD patients (WHO)

Essential medical supplies

Supplies and equipment provided for the laboratory testing and case management of more than 15,000 cases (WHO).

Case management

- 5023 admitted cases are treated and discharged as cured. Only 27 cases are currently receiving treatment in designated health facilities (WHO).

Next Steps/Needs

- ⇒ Enhanced coordination between Health-WASH partners for the implementation of AWD Health-WASH Integrated response plan.
- ⇒ Development of AWD strategic long-term (five years) plan.
- ⇒ Advocacy for the implementation of preventive OCV campaigns in Kabul city and Sorobi district.
- ⇒ Monitoring and supervision of response activities in Surobi district and Kabul city.

- Support the CTCs in infectious diseases hospital (IDH) and in Sorobi district hospital (DH) is going on by the WHO.

WASH

- Chlorination of active water points has been reached to 7,500 water points in 24 provinces (UNICEF-WASH cluster-DACAAR).
- Distribution of 1,000 hygiene kits sufficient for 2,000 people along with the provision of 12 dosing pumps to chlorinate drinking water in Kabul city (UNICEF).
- 3,000 people reached with safe drinking water and hygiene. promotion in Loywala.
- Chlorination of water points in Spinboldak.
- 2174 combined latrines and bathroom models are finalized to be installed in 41 IDPs settlements in need in Kabul city, and this will also include rehabilitation of water supply points (UNICEF).
- Distribution of hygiene kits to 2,676 households in Kabul city (IRC).
- 100 schools reached in Spin Boldak with distribution of soap bars for 3 months along with in hand hygiene campaign in 20 schools province (UNICEF).

Risk communication and community engagement

50 social mobilizers were engaged in 20 districts of Kabul city conducted house-house and community visits and reached 463,460 dwellers; 250,000 brochures and 5,000 flipcharts were distributed (UNICEF).



AWD Public awareness session, Kabul, UNICEF



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

Dengue Fever Outbreak (20 Sep 2021 to 26 Feb)

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

Highlight

- The first few cases of dengue 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 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).
- In the last four weeks, no new cases or deaths have been reported (Table 3).

Table 2: 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 (0)	0 (0)	434 (56.0%)	0 (0)
Dor Baba	0 (0)	0 (0)	171 (22.1%)	0 (0)
Ghanikhil	0 (0)	0 (0)	64 (8.3%)	0 (0)
Behsood	0 (0)	0 (0)	12 (1.5%)	0 (0)
Jalalabad	0 (0)	0 (0)	29 (3.7%)	0 (0)
Batikot	0 (0)	0 (0)	15 (1.9%)	1 (0.13)
Other District*	0 (0)	0 (0)	50 (6.5%)	0 (0)
Total	0 (0)	0 (0)	775 (100%)	1 (0.13)

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

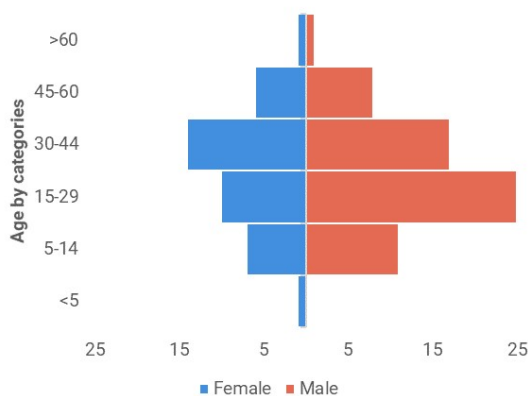


Figure 8. Distribution of dengue fever cases by sex and age group in Nangarhar province, Afghanistan, Sep

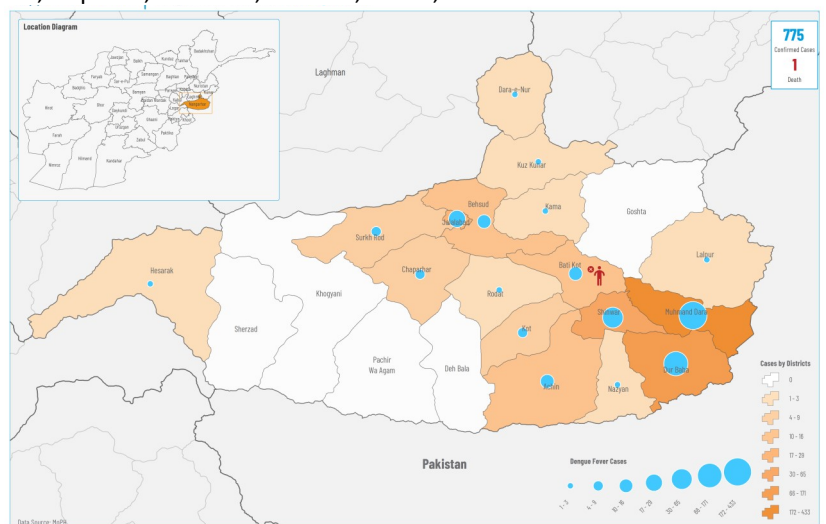


Figure 9 . Hotspot areas of dengue cases in Nangrhar province, Sep 2021 - Jan 2022

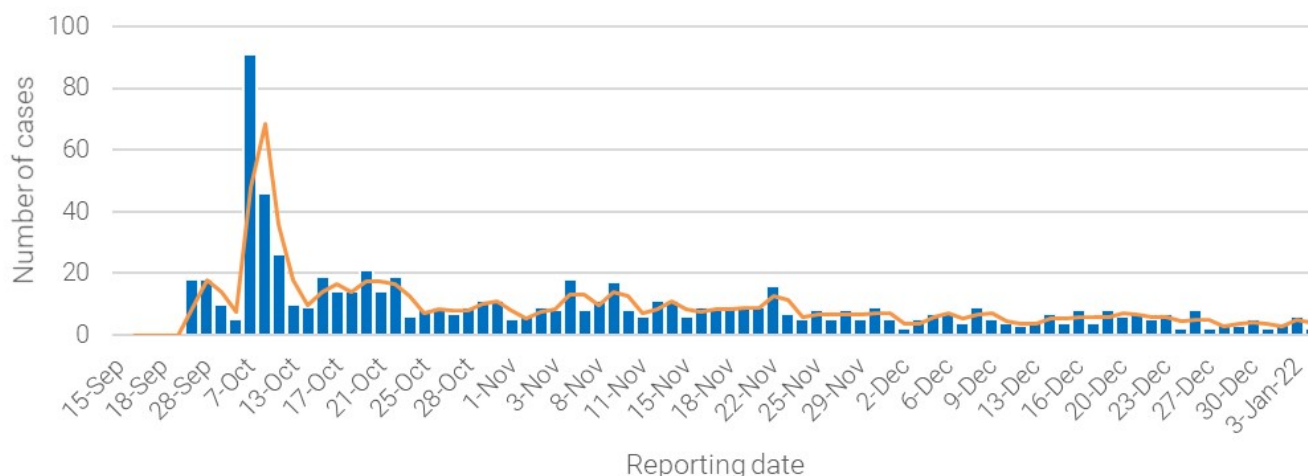


Figure 10. Distribution of dengue fever cases by sex and age group in Nangarhar province, Afghanistan, Sep 2021 – Feb 2022 (N=775)

Response to the Dengue fever outbreak

- Case management through Nangarhar regional Hospital and district health facilities (HN-TPO, AADA and WHO)
- Active surveillance, RCCE and case management through two RRT teams in Nangarhar, each team comprised of 4 members (WHO)
- The 14-day TV/radio campaign conducted in Nangarhar province (MoPH-WHO)
- Distribution of 100,000 posters and 250,000 brochures has been completed as part of the RCCE campaign (MoPH-WHO)
- National malaria control program involved in the response process to the outbreak (MoPH-WHO)
- Dengue laboratory training was conducted for 9 surveillance staff engaged in outbreak investigation/sample collection (WHO)
- Monitoring and supportive supervision visits were taken place to conduct vector surveillance, monitor RCCE activities and provide on the job training to the outbreak surveillance and response team (WHO, MOPH-HPD-NMLCP)
- Outbreak surge response plan for the next 6 months has been developed. Vector surveillance and vector control are priority activities for the initial first month of the plan (WHO)

Next Steps / Needs

- ⇒ Development of Dengue strategic long-term plan
- ⇒ Case management protocol and pieces of training to be developed (under process)
- ⇒ Enhance community engagement for the source reduction
- ⇒ Enhance implementation of the vector control plan for the current outbreaks
- ⇒ The RDTs were received and preparation for the training is going on.



Dengue lab staff training, Kabul WHO-

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

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