



AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #42



No. 63/ (16 - 22 Oct 2022)

Disease Outbreaks	AWD (May-Oct 2022)	COVID-19 (Feb 20-Oct 2022)	Measles (Jan-Oct 2022)	Dengue fever (Jun-Oct 2022)	CCHF (Jan-Oct 2022)	Pertussis (Jan-Oct 2022)	Malaria (Jun-Oct 2022)
Cumulative Cases <small>(Data from 519 surveillance sentinel sites)</small>	204,116	202,149	71,090	504	364	763	1,816
Deaths "CFR (%)"	76 (0.04)	7,818 (3.86)	378 (0.53)	1 (0.19)	15 (4.12)	15 (1.96)	0 (0.00)

Acute Watery Diarrhea (AWD) with Dehydration Outbreak (01 May to 22 Oct 2022)

Current Week	Cumulative Figures
6,165 new cases (57.4% under 5)	204,116 cases (<5 years, 54.9%)
8 new deaths	76 deaths (76.3% < 5 years), CFR=0.04%
2 new districts (Balkh and Herat) reported new alerts	153 districts in all 34 provinces
85 samples collected	2,437 samples collected

- During week 42-2022, a total of 6,165 new AWD cases with dehydration and 8 new deaths were reported which indicates 5.4% decrease and 700.0% increase in the number of cases and deaths, respectively, compared to previous week (Figure 2).
- The highest number of new AWD cases were reported from Kabul (1,605, 26.0%), followed by Helmand (1,481, 24.0%), Baghlan (531, 8.6%) and Nangarhar (289, 4.7%) provinces.
- Out of newly reported 8 deaths, (6, 75.0%) were females and all were children below 5. Among the reported deaths 7 were from Kabul and 1 was from Jawzjan province.
- Cumulatively, Kabul (44,598, 21.8%), Helmand (35,599, 17.4%), Baghlan (13,316, 6.5%), Nangarhar (11,317, 5.5%), Kandahar (11,232, 5.5%), Jawzjan (8,289, 4.1%) and Paktya (7,341, 3.6%) are the most affected provinces (Figure 1).
- Out of the total 204,116 cases, 111,997 (54.9 %) were children below 5 years and 102,258 (50.1%) were females (Figure 3).
- The first few cases of AWD were reported to the National Disease Surveillance and Response System (NDSR), MoPH and WHO on 04 May 2022 from Kandahar city of Kandahar province and spread to 153 districts in 34 provinces.

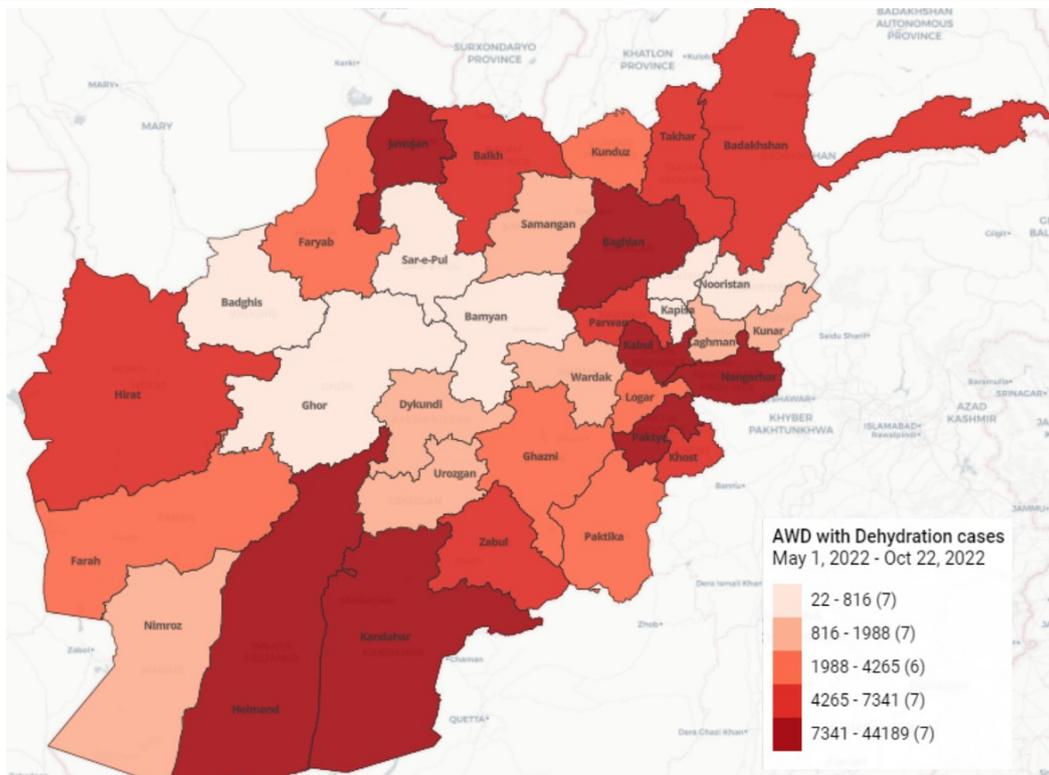


Figure 1. Hotspot areas of AWD with dehydration cases in Afghanistan, May-Oct 2022 (N=204,116)

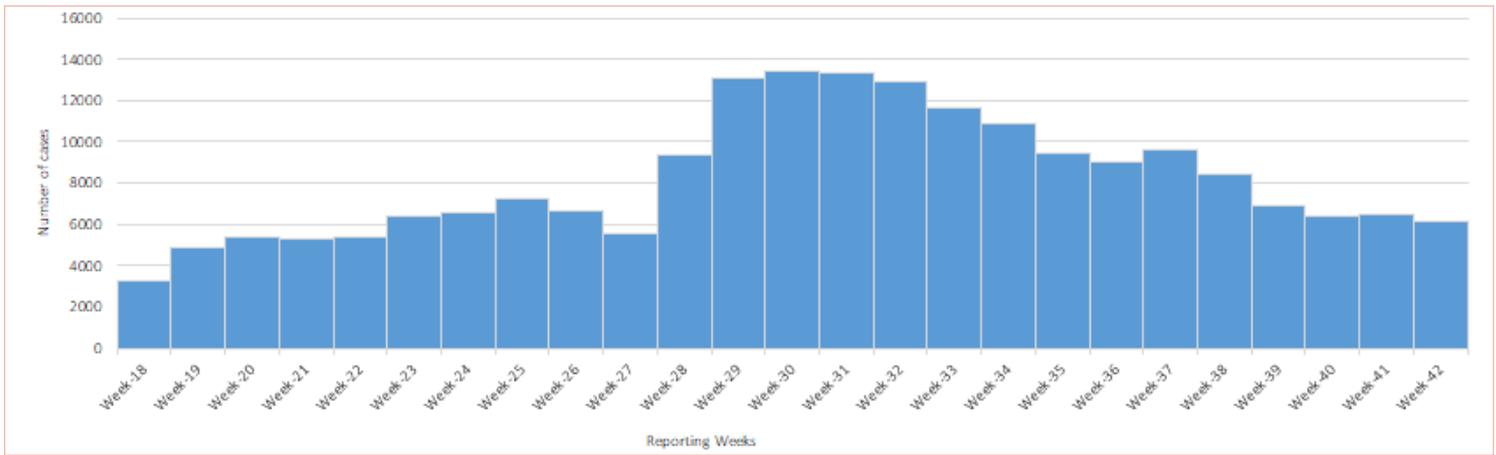


Figure 2. Weekly distribution of AWD with dehydration cases in Afghanistan May-Oct 2022 (N=204,116)

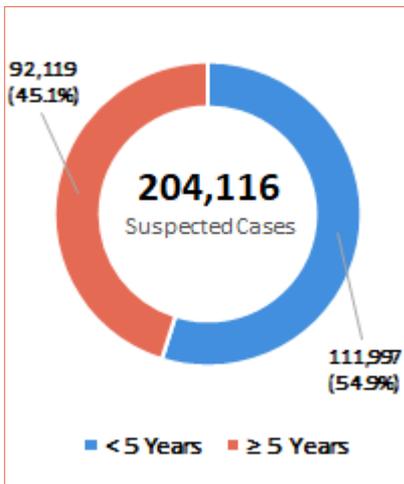


Figure 3. Distribution of AWD with dehydration cases by age groups in Afghanistan, May-Oct 2022

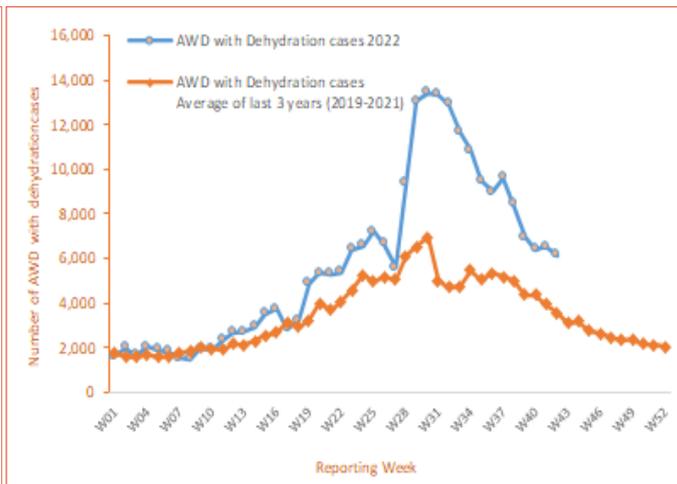


Figure 3.a. Comparing trend of AWD with dehydration cases using 3 years average (2019-2021) vs 2022, in Afghanistan

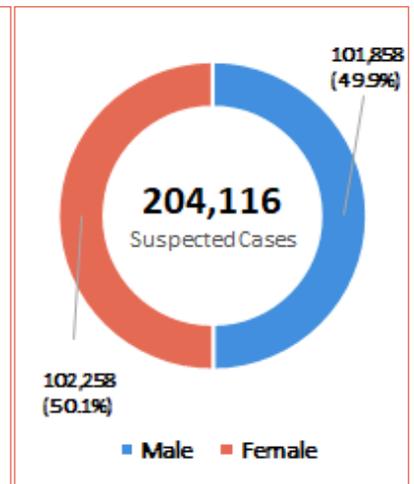


Figure 3.b. Distribution of AWD with dehydration cases by sex in Afghanistan, May-Oct 2022

Response to the AWD outbreak



Figure 4. Construction of safe water facility in a health care center, Zabol province, Afghanistan, Oct 2022



Figure 5. Training session for surveillance support teams (SSTs) on AWD case detection, reporting, sample collection and transportation, Kabul province, Afghanistan, Oct 2022

Leadership and Coordination

- Emergency and Preparedness Response Committees (EPR) are active at provincial level.
- Coordination meetings are conducted with Health-WASH partners on biweekly basis to strengthen AWD preparedness and response activities.

Surveillance

- Surveillance support teams (SSTs) were actively participating in outbreak investigation, case finding, sample collection and shipment in 34 provinces.
- A total of 54 SSTs' members have been trained on case detection, outbreak investigation, sample collection, storage and transportation.
- Surveillance supportive supervisions have been conducted at different provinces to strengthen early detection and timely response to AWD outbreaks.

Case Management

- During the last week, 74 healthcare workers (HCWs) were trained on AWD case management in the West Region including Hirat, Badghis and Farah provinces. The total number of HCWs trained on AWD case management reached to 1,344 in 29 provinces.
- Training of 325 HCWs are planned in the coming weeks at South and remaining part of East and West Regions.

Laboratory and Supplies

- A total of 370 Cary Blairs have been distributed to eight

regions for safe transportation of the samples to reference labs as of 15 October-2022.

- In total, 396 different kits (37 central kits, 314 community kits, 45 ORP kits), 600 RDTs and 600 Cary Blairs have been distributed to all outbreak affected areas as of 15 October-2022.
- A technical meeting has been conducted with WHO regional office (EMRO) regarding the mapping of the microbiological agents causing AWD. EMRO will provide necessary technical and logistical supports for the diagnosis of pathogens causing AWD.

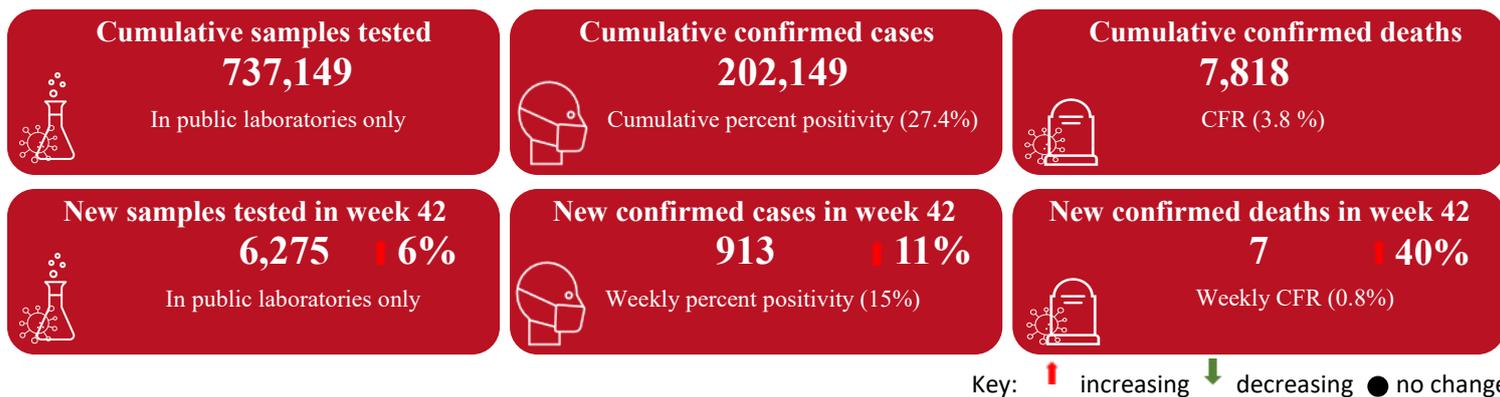
WASH and RCCE

- WASH cluster continued supporting lifesaving WASH response by providing chlorinated water through water trucking to 359,490 people in AWD affected areas.
- Hygiene promotion focusing on hand-washing behavioral change in AWD affected districts is ongoing.
- Distribution of family hygiene kits, soap and water purification tablets to 125,500 people in different locations of Kabul city was in progress.
- During the last week, construction of two WASH facilities for provision of safe drinking water in two healthcare centers of Zabul province were completed.



Figure 6. Training session on AWD case management to healthcare workers in the West Region, Afghanistan, Oct 2022

COVID-19 (24 Feb 2020 – 22 Oct 2022)



COVID-19 Vaccination highlights



Total population: 39,269,174(Ref: UN estimation, AFG CMYP 2022)

Table 1: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (28 Aug – 22 Oct 2022)

Indicators	W35-22	W36-22	W37-22	W38-22	W39-22	W40-22	W41-22	W42-22	Epi-curve
Samples tested (in public Lab)	7,457	8,250	7,422	7,398	6,505	6,617	5,930	6,275	
Confirmed cases	1,626	1,771	1,321	1,125	1,005	949	824	913	
Percent positivity (%)	22	21	18	15	15	14	14	15	
Confirmed deaths	5	5	9	1	5	4	5	7	
CFR (%)	0.3	0.3	0.7	0.1	0.5	0.4	0.6	0.8	

Highlights of the week

- Since the beginning of the pandemic in Feb 2020, a total of 737,149 samples have been tested for COVID-19 through the public laboratories in the country.
- In week 42-2022, 6,275 samples were tested in public labs, of which 913 samples tested positive for COVID-19 (percent positivity 15) and 7 new deaths were reported. This represents 11% and 40% increase in the number of newly reported cases and deaths, respectively, compared to week 41-2022 (Table 1).
- Cumulatively, 202,149 confirmed cases (overall percent positivity 27.4) of COVID-19 with 7,818 associated deaths (case fatality ratio = 3.9%) have been reported in Afghanistan since Feb 2020.
- As of 22 Oct 2022, 89.1 %, of cases have recovered.
- In week 42-2022, 6 out of 8 regions reported increase in the number of newly reported cases compared to week 41. At the provincial level, the highest numbers of weekly new cases were reported from Nangarhar (114 cases), Ghazni (75 cases), Kapisa (67 cases), Hirat (62 cases), and Nimroz (61 cases).

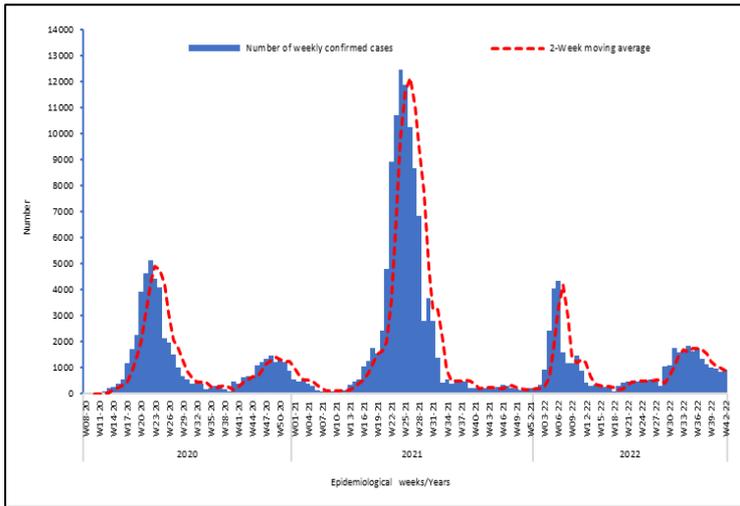


Figure 7: Weekly distribution of confirmed COVID-19 cases in Afghanistan (24 Feb 2020 - 22 Oct 2022)

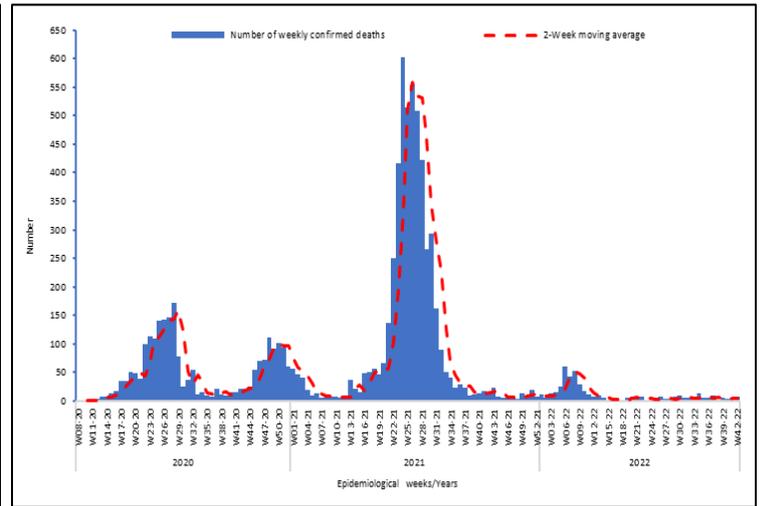


Figure 8: Weekly distribution of COVID-19 associated deaths in Afghanistan (24 Feb 2020 - 22 Oct 2022)

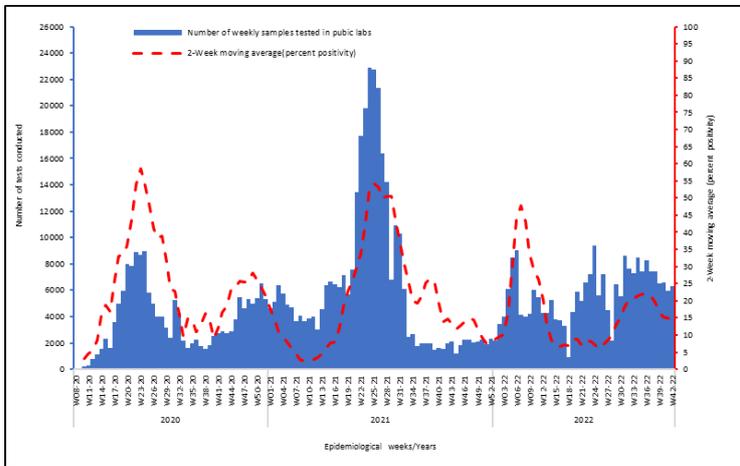


Figure 9: Number of weekly PCR tests conducted and 2-week moving average of percent positivity in Afghanistan (24 Feb 2020 - 22 Oct 2022)

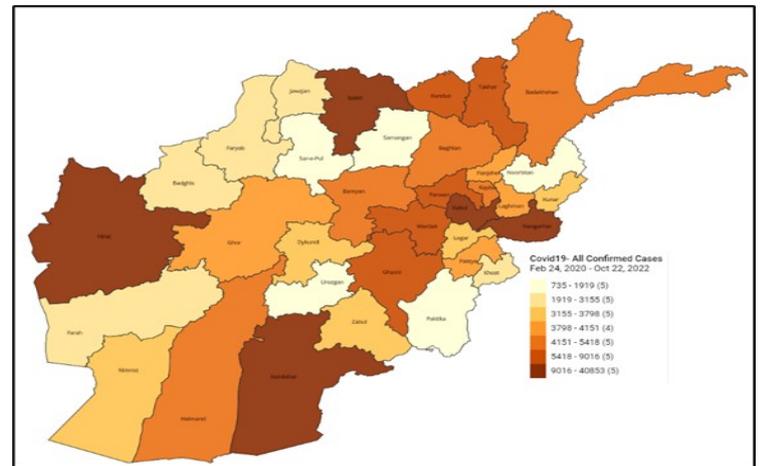


Figure 10: Geographic distribution of COVID-19 confirmed cases in Afghanistan (24 Feb 2020 - 22 Oct 2022)

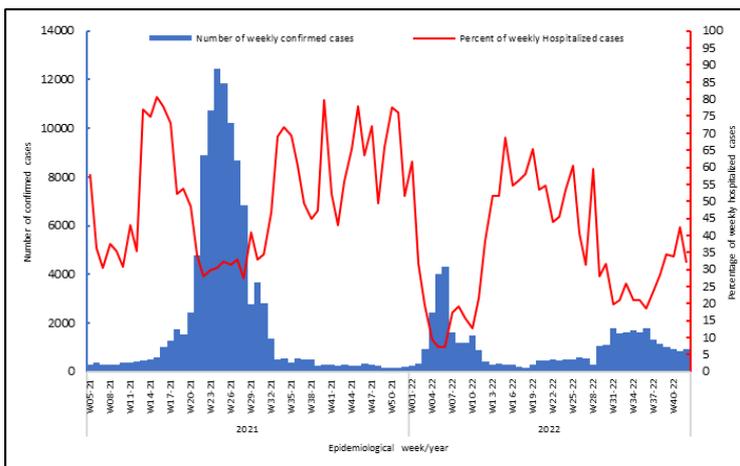


Figure 11: Weekly proportion of hospitalized cases out of new COVID-19 confirmed cases in Afghanistan as of (24 Feb - 22 Oct 2022)

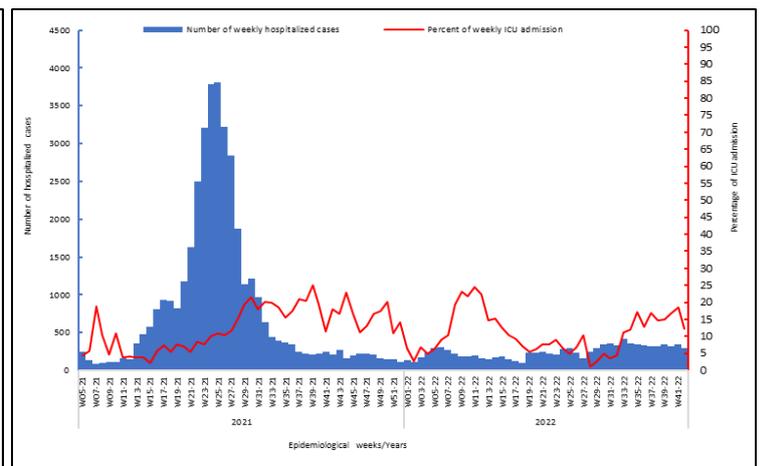


Figure 12: Weekly proportion of ICU admissions out of newly hospitalized COVID-19 cases in Afghanistan as of (24 Feb - 22 Oct 2022)

Measles outbreak (01 Jan to 22 Oct 2022)

71,090 Total cases
 378 Total deaths
 7,734 Samples tested
 3,686 Lab confirmed cases
 47.7% Test positivity ratio

Table 2 summary of the measles outbreak in the last eight weeks (28 Aug– 22 Oct 2022)

Indicators	W-35	W-36	W-37	W-38	W-39	W-40	W-41	W-42	Epi-curve
Suspected cases	549	549	619	473	578	539	548	469	
Deaths	3	0	2	1	1	2	0	0	
CFR (%)	0.55	0.00	0.32	0.21	0.17	0.37	0.00	0.00	

- During epidemiological week 42-2022, a total of 469 new cases were reported which indicates 14.4% decrease in the number of new cases compared to last week.
- No new deaths were reported during the last 2 weeks.
- The average number of weekly suspected measles cases was 541 during the last 8 weeks (Figure 15).
- During the last week, the number of suspected measles cases have increased by 29.1% and 16.7% in Central East and Central West Regions, respectively as compared to the previous week (Table 3).
- The measles outbreak affected the entire country; however, the most affected provinces are Badakhshan (12.1%), Kabul (10.1%), Nangarhar (10.0%), Kunduz (7.9%), Helmand (7.3%), Takhar (5.4%) and Hirat (5.1%) (Figure 14).
- Out of the total 7,734 samples tested for measles, 3,686 were laboratory confirmed from Jan-Oct 2022.
- During the last week, 2 new districts reported suspected measles cases (Figure 13).

Table 3 number of suspected measles cases per region in the last 8 weeks 2022

Regions	W-35	W-36	W-37	W-38	W-39	W-40	W-41	W-42	Epi-curve	% of change compared to week 41
Central East	142	146	181	94	172	169	117	151		151 (↑ 29.1)
South	101	70	113	121	111	136	121	108		108 (↓ 10.7)
South East	54	75	59	37	81	56	105	56		56 (↓ 46.7)
East	109	69	94	90	75	61	79	49		49 (↓ 38.0)
Central West	17	42	46	35	33	23	36	42		42 (↑ 16.7)
North	32	57	51	27	51	25	38	33		33 (↓ 13.2)
North East	75	80	53	53	42	50	42	20		20 (↓ 52.4)
West	19	10	22	16	13	19	10	10		10 (↓ 0.0)

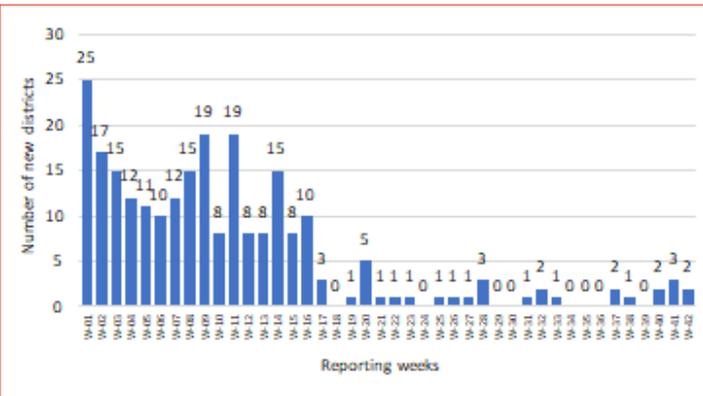


Figure 13. New districts reporting suspected measles cases on weekly basis

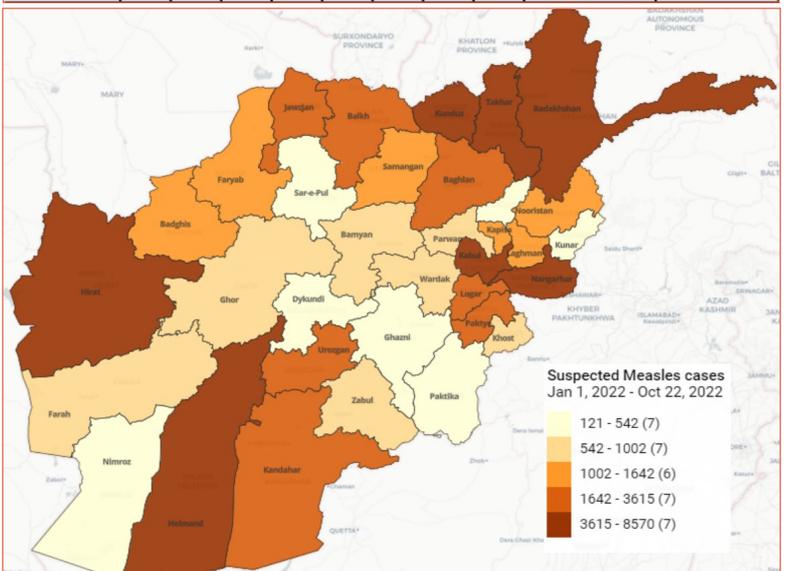


Figure 14. Geographical distribution of suspected measles cases in Afghanistan Jan - Oct 2022 (N=71,090)

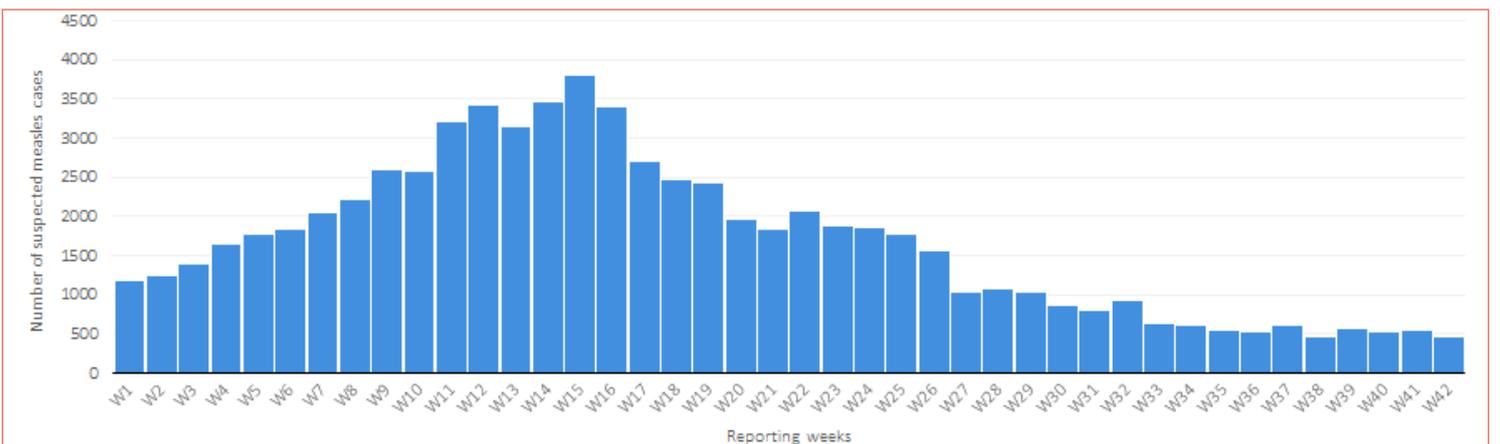


Figure 15. Weekly distribution of suspected measles cases in Afghanistan, Jan– Oct 2022 (N=71,090)

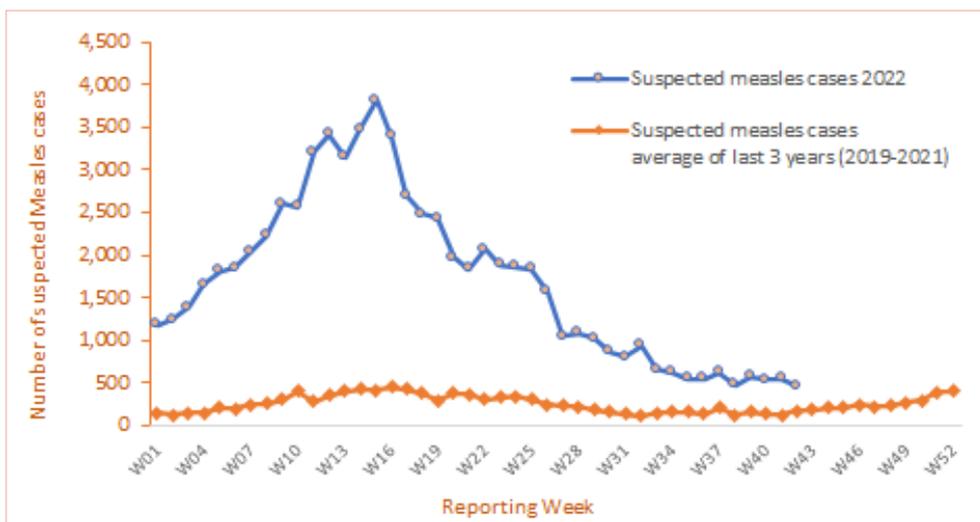


Figure 16. Comparing trend of suspected measles cases using 3 years average (2019-2021) vs 2022, in Afghanistan

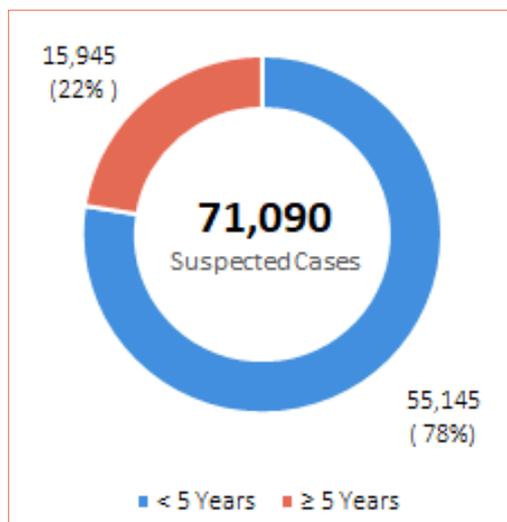


Figure 17. Distribution of suspected measles cases by age groups in Afghanistan, Jan-Oct 2022

Response to Measles outbreak

- Since December 2021, around 6 million children (aged between 6 months to 14 years) have been vaccinated through 4 different measles outbreak response immunization campaigns in 29 provinces.
- A national immunization campaign is planned to be conducted in November 2022. National TOT training has been conducted to more than 100 national and provincial EPI staff.
- Preparation is ongoing to cascade the training to district coordinators, cluster supervisors and frontline workers which will take place as soon as possible in all 34 provinces.



Figure 18. TOT training to national and provincial EPI staff as preparation for National Immunization Campaign, Kabul, Afghanistan, Oct 2022

Dengue Fever Outbreak (01 Jun to 22 Oct 2022)

Highlight:

- A total of 191 suspected dengue fever cases and one death have been reported during week 42-2022 from Nangarhar (186 cases) and Kabul (5 cases) provinces which brings the total number of cases to 504 as of 22 Oct 2022.
- New cases from Kabul have the travel history to Pakistan (endemic area for dengue) who returned to Kabul last week.
- Out of 504 reported cases, 130 (25.8%) were females and 500 (99.2%) were over five years of age.
- Out of 499 collected blood samples, 178 cases tested positive using PCR (165 in Nangarhar and 13 in Kabul).
- The death was female, 40 years old, residence of Behsod district of Nangarhar Province and admitted to infectious disease hospital (IDH) on 15-10-2022.

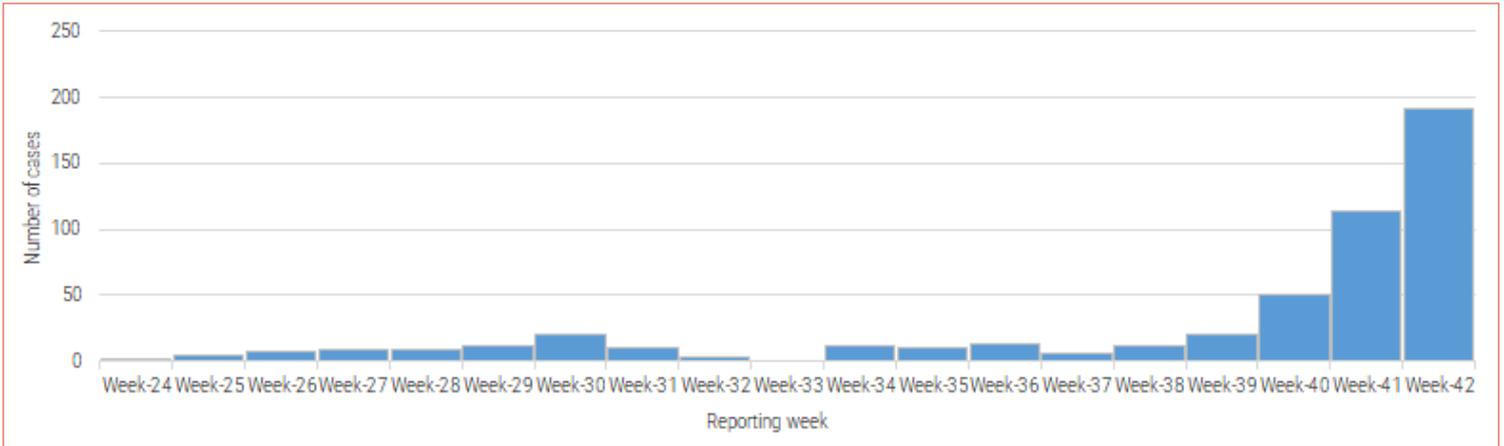
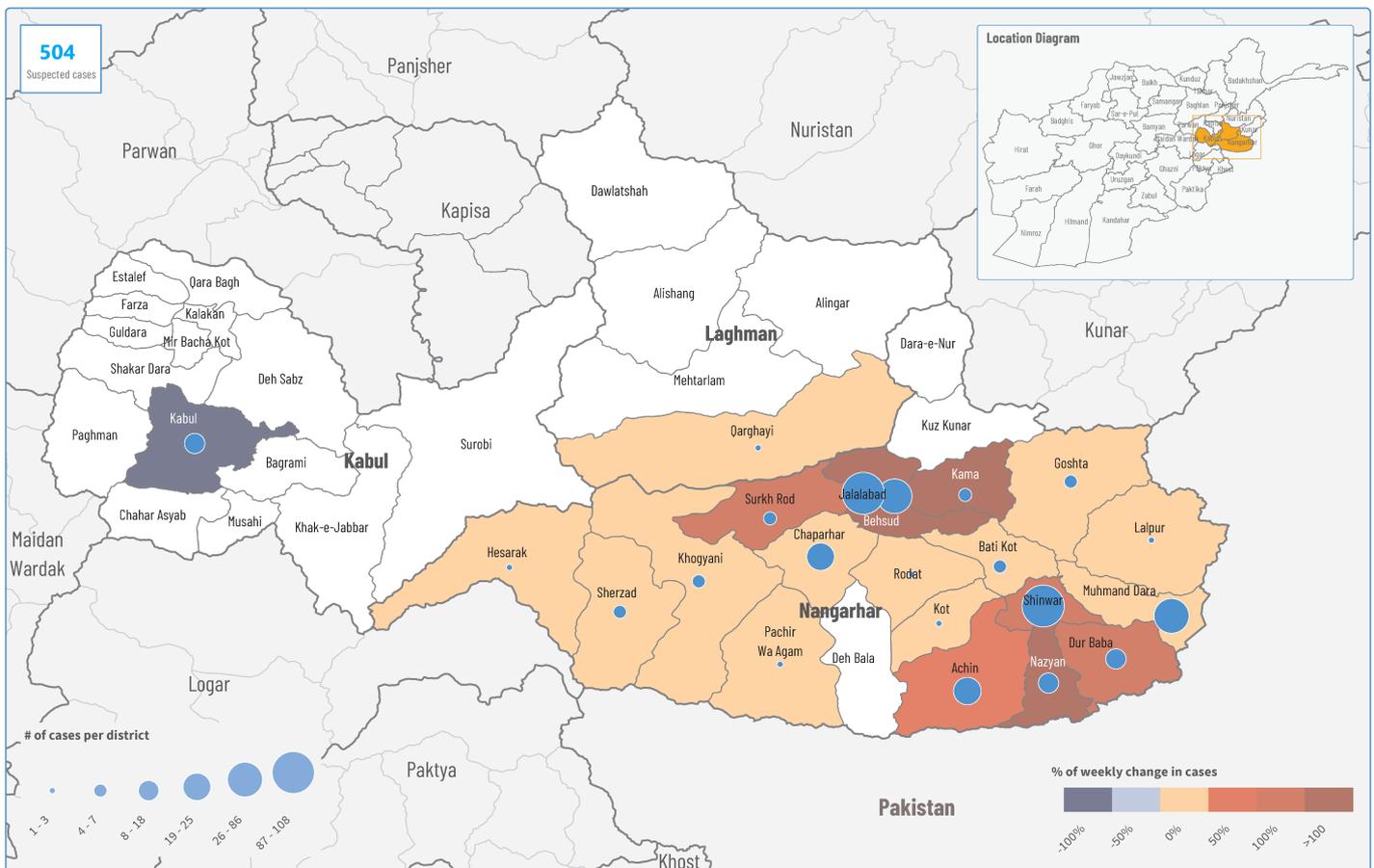


Figure 19. Weekly distribution of dengue fever cases in Afghanistan Jun-Oct 2022 (N=504)



Geographical distribution of dengue fever cases in Afghanistan and weekly percent changes (between week 41 and 42, 2022)



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 October 2022 Sources: MoPH, WHO, AGCHO. Feedback: nasseryr@who.int

Figure 20. Hotspot areas of dengue fever cases and percent change of new cases in Afghanistan, Jun-Oct 2022

Response to the dengue fever outbreak

- Required medicine for dengue fever case management has been provided to Kabul infectious disease hospital (IDH) and Nangarhar regional hospital.
- WHO is conducting regular field visits in coordination with National vector control program (MoPH) to provide necessary outbreak response in the affected districts, in Kabul and Nangarhar provinces.
- 14 SST members have been trained on dengue sample collection, packing, sample transportation and use of RDTs in Nangarhar Province.
- 6 laboratory technicians have been trained on using PCR and ELISA tests for dengue case confirmation at Nangarhar regional reference laboratory (RRL).
- Availability of dengue fever vectors (*Aedes aegypti* and *Aedes albopictus*) was not confirmed by the field investigation team in Kabul province after extensive investigation.
- Efforts are in place to release larvicides from the costume to be used in the field.



Figure 21. Dengue vector investigation in Kabul province, Afghanistan Oct 2022

Other infectious diseases outbreaks (Jan-Oct 2022)

CCHF Highlight:

- During week 42-2022, a total of 4 new suspected CCHF cases were reported. The highest number of new CCHF cases were reported from Balkh (3, 75.0%) province. This brings the total number of suspected CCHF cases to 364 from 25 provinces.
- Out of 364 cases, (290, 79.7%) were males and all were over five years of age.
- Out of 364 cases, (103, 28.3%) were lab confirmed using PCR.
- No new deaths have been reported for the last five weeks,

and the total number of CCHF associated deaths remained at 15 (Kabul (5), Herat (3), Takhar (2), Kapisa (2), Nangarhar (2) and Badghis (1)).

- The CCHF cases are managed in the health facilities according to the national guidelines. Ribavirin and double bags needed for the treatment of CCHF cases have been distributed to all regions.
- Totally, 91 healthcare workers (HCWs) have been trained on CCHF case management in 8 regions (33 provinces) as of Oct-22.



Figure 22: Training of CCHF case management to HCWs from East, North-east and South Regions in Kabul, Oct 2022

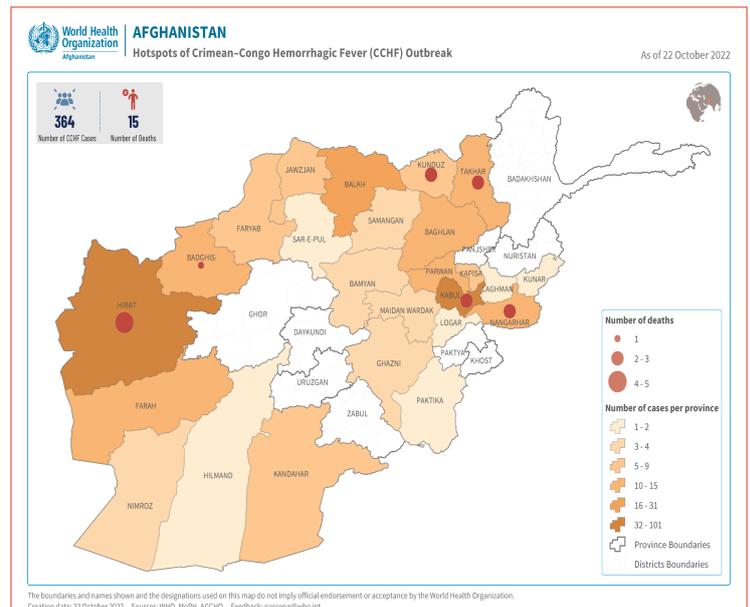


Figure 23. Hotspot areas of CCHF cases in Afghanistan, Jan-Oct 2022

Pertussis Highlight:

- During week 42-2022, a total of 3 new suspected pertussis cases were reported from Kapisa (2) and Paktya (1) provinces, this brings the total number of suspected cases to 763 from 16 provinces.
- Out of the total 763 cases, (478, 62.6%) were children below 5 years and (362, 47.4%) were females.
- The highest number has been observed in Ghazni (188, 24.6%) followed by Kabul (166, 21.8%) and Kandahar (152, 19.9%) Figure 24.
- No new suspected pertussis associated deaths have been reported for the last seven weeks, and the total number of suspected pertussis associated deaths remains at 15.
- As part of preparedness activities to respond to expected pertussis outbreak during upcoming winter season, required supplies were prepositioning is ongoing at five provinces (Badakhshan, Jawzjan, Daikundi, Nooristan and Ghazni).

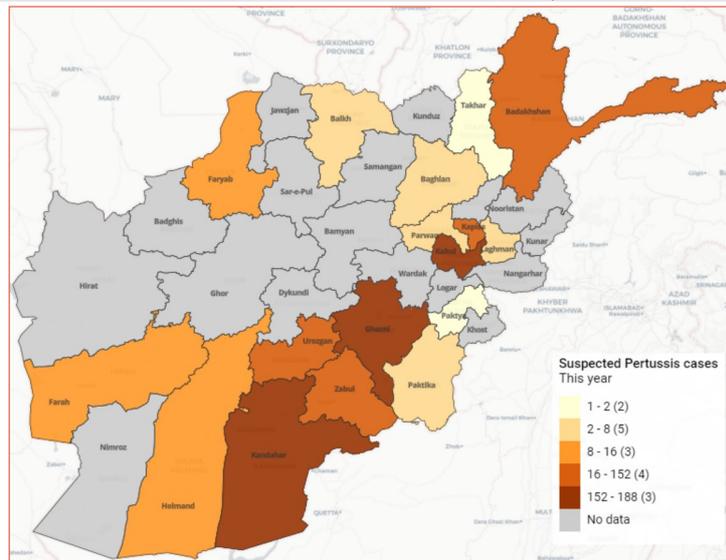


Figure 24. Geographical distribution of suspected pertussis cases in Afghanistan Jan - Oct 2022 (N=763)

Malaria Outbreak Highlight:

- During week 42-2022, 683 new suspected Malaria cases were reported from Shorabak district of Kandahar province out of total cases (346, 50.6%) were RDTs positive.
- In Farah (Balabolok district): 39 cases (28 (71.7%) were females and 5 (12.8%) were under 5).
- In Laghman (Alishang district): 663 cases (339 (51.1%) were females, and 142 (21.4%) were under 5).
- In Kunar (Waterproof): 562 cases (314 (55.8%) are females, and 153 (27.2%) were under 5).
- In Badghis (Qale-e-naw): 552 cases.
- Required medicine for case management and RDTs for diagnosis of suspected malaria were supplied by partners to the outbreak affected area.
- A joint mission of the WHO and Malaria and other Vector-borne Disease Control Program (MVDP) are in the affected districts to provide the needed technical and operational support.

Note: MOPH is the source of epidemiological data

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