



| The Outbreak | Measles | Acute Watery Diarrhea | Dengue Fever |
|--------------------------|------------------|-----------------------|-----------------|
| Cumulative Cases | 46,237 | 5,130 | 775 |
| Number of deaths (CFR %) | 232 (0.5) | 8 (0.16) | 1 (0.13) |

Measles Outbreak (01 Jan 2021 to 5 March 2022)

| Cumulative clinical cases | Samples tested | Lab confirmed | Deaths | Affected provinces | Available testing labs |
|---------------------------|----------------|---------------|------------|--------------------|------------------------|
| 46,237 | 5,892 | 3,956 | 232 | 34 | 9 |

Highlight

- During epidemiological week 9 2022, 2,548 new cases (14.7% increase from the previous week) and 18 new deaths (5.9 % 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 (17.9%), Kandahar (6.0%), Balkh (4.9%), Paktika (3.6%), Ghor (3.6%) and Ghazni (3.0 %) (Fig 3).
- Out of the total 46,237 suspected cases of measles around 80.1% (37,040) were under 5 years and 3,956 were lab confirmed with 232 deaths reported between January of 2021 and March 2022. The current outbreak started since 17 October 2021 and the number of cases reached to the highest number this week.

Table 1: Summary of suspected measles cases in Afghanistan, as of 5 March 2022

| Location | Weekly changes | | Cumulative number (01 Jan 2021 to 5 Mar 2022) | |
|---------------------------------------|---------------------------|----------------------------|--|-------------------|
| | # of cases (% changes) | # of deaths (% changes) | Cases (%) | Deaths (CFR %) |
| Balkh | 95 (↑15.9) | 1 (↓50.0) | 2,246 (4.9) | 9 (0.4) |
| Ghazni | 2 (↓33.3) | 0 (↓0.0) | 1,396 (3.0) | 0 (0.0) |
| Ghor | 36 (↑28.6) | 0 (↓100.0) | 1,672 (3.6) | 48 (2.9) |
| Helmand | 148 (↓10.3) | 0 (↓0.0) | 8,271 (17.9) | 0 (0.0) |
| Kandahar | 71 (↓0.0) | 0 (↓0.0) | 2,795 (6.0) | 6 (0.2) |
| Paktika | 17 (↑54.5) | 1 (↓0.0) | 1,646 (3.6) | 9 (0.5) |
| Overall (in six campaigned provinces) | 369 (↑2.5) | 2 (↓50.0) | 18,026 (39.0) | 72 (0.4) |
| Other provinces | 2,179 (↑17.0) | 16 (↑23.1) | 28,211 (61.0) | 160 (0.6) |
| National (all 34 provinces) | 2,548 (↑14.7) | 18 (↑5.9) | 46,237 (100.0) | 232 (0.5) |

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

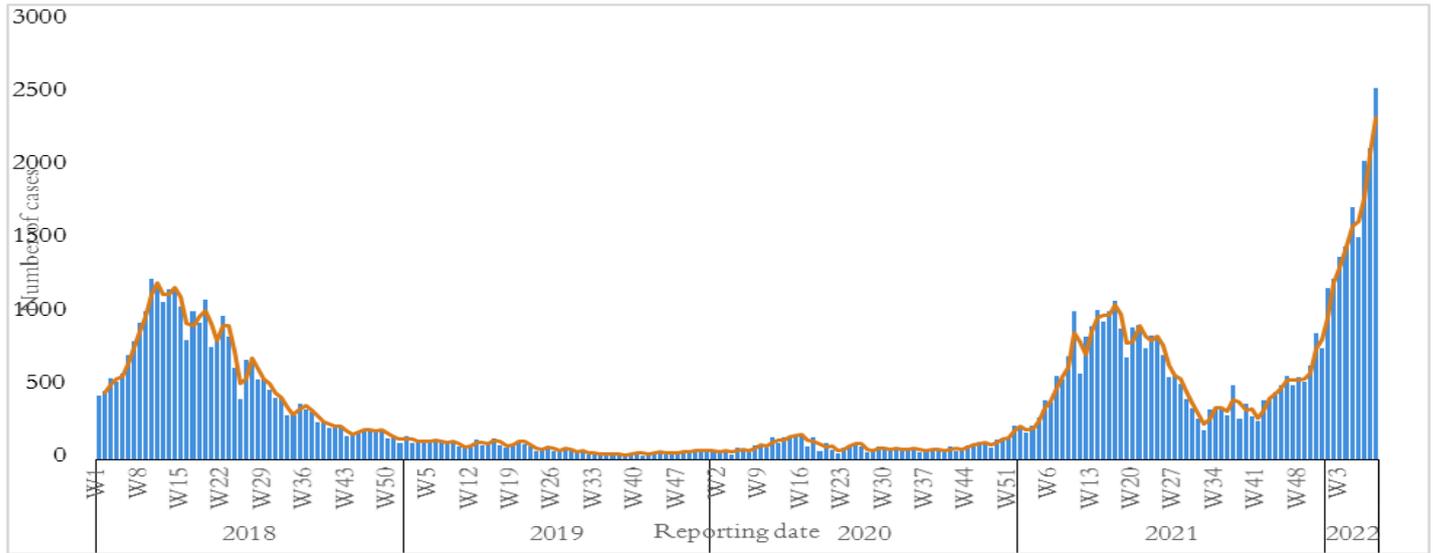


Figure 1. Weekly epidemiological curve of suspected measles cases, 2018-2022 (N=82,898)

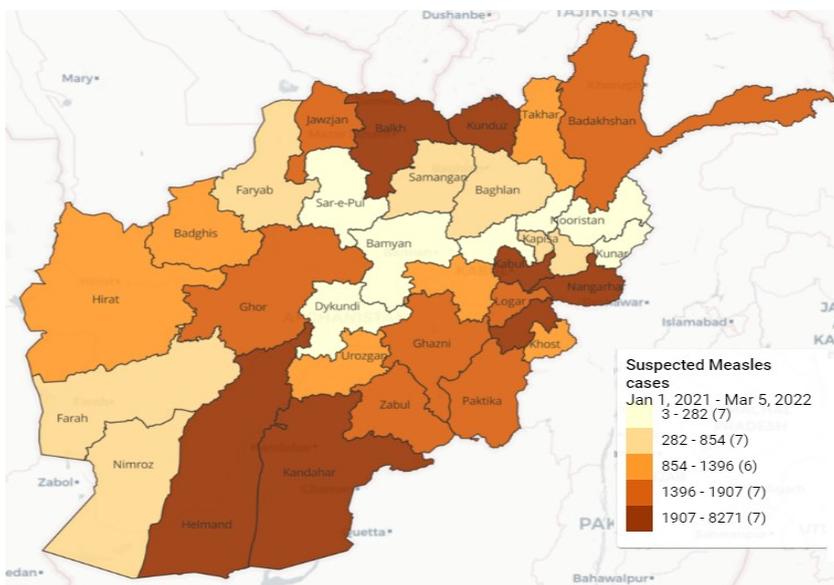


Figure 2. Geographical distribution of measles cases across the country

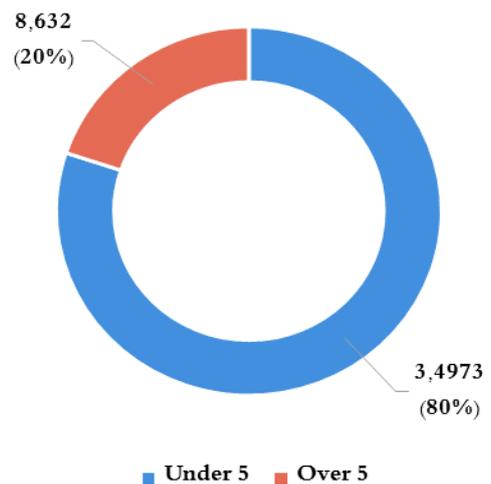


Figure 3. Distribution of suspected measles cases by age groups, Jan 2021 - Mar 2022 (N=43,605)

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 outbreak immunization response.
- The campaign is planned on 2 phases targeting the high risk districts, phase 1 is planned in March 2022 covering 49 districts (24 provinces) and targeting 1.2 million children aged 6-59 months. Phase 2 is planned in the second quarter of 2022, targeting 3.5 million children in the same age group in 111 district (27 provinces).
- Cases of Measles are managed in the health facilities in the outbreaks affected area.

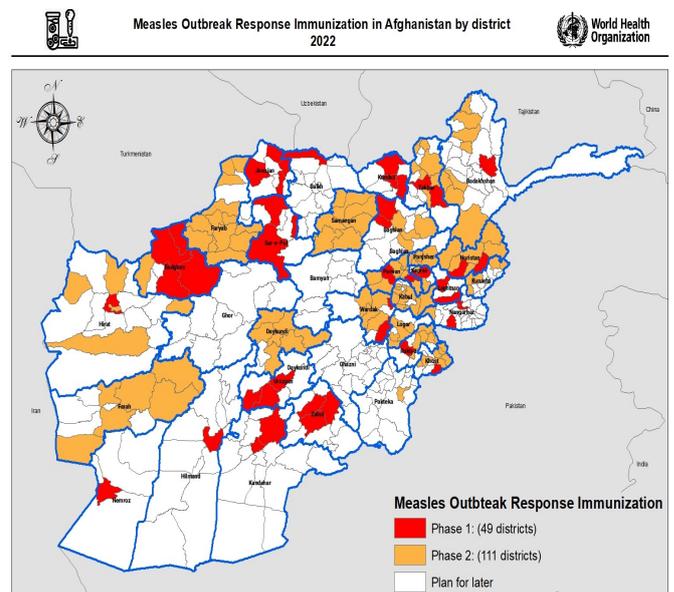


Figure 4. Measles outbreak immunization response in Afghanistan 2022

Acute Watery Diarrhea (AWD) Outbreak (12 Sep 2021 to 5 March

| Current Week | Cumulative Figures |
|-----------------------------|--|
| 33 new cases (0 <5 years) | 5,130 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 |
| 33 samples were collected | 378 samples collected |

Highlight

- During epidemiological week 9, the number of new AWD cases reported slightly increased as compared to week 8 (33 new cases with no deaths were reported) (Table 2).
- The most affected districts are Kabul city (3,913 cases, 76.3%) and Sorobi district (819 cases, 16.0 %).
- Of the total 5,130 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 & 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 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, 5 March 2022

| Location | Weekly changes | | Cumulative number (01 Jan 2021 to 5 Mar 2022) | |
|---|--------------------------|---------------------------|--|-----------------|
| | # of cases (% change) | # of deaths (% change) | Cases (%) | Deaths (CFR %) |
| Kabul City | 19 (↓5) | 0 (0) | 3,913 (76.3) | 6 (0.16) |
| Sorobi District (Kabul province) | 14 (↑1400) | 0 (0) | 819 (16.0) | 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 | 33 (↑65) | 0 (0) | 5,130 (100) | 8 (0.16) |

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

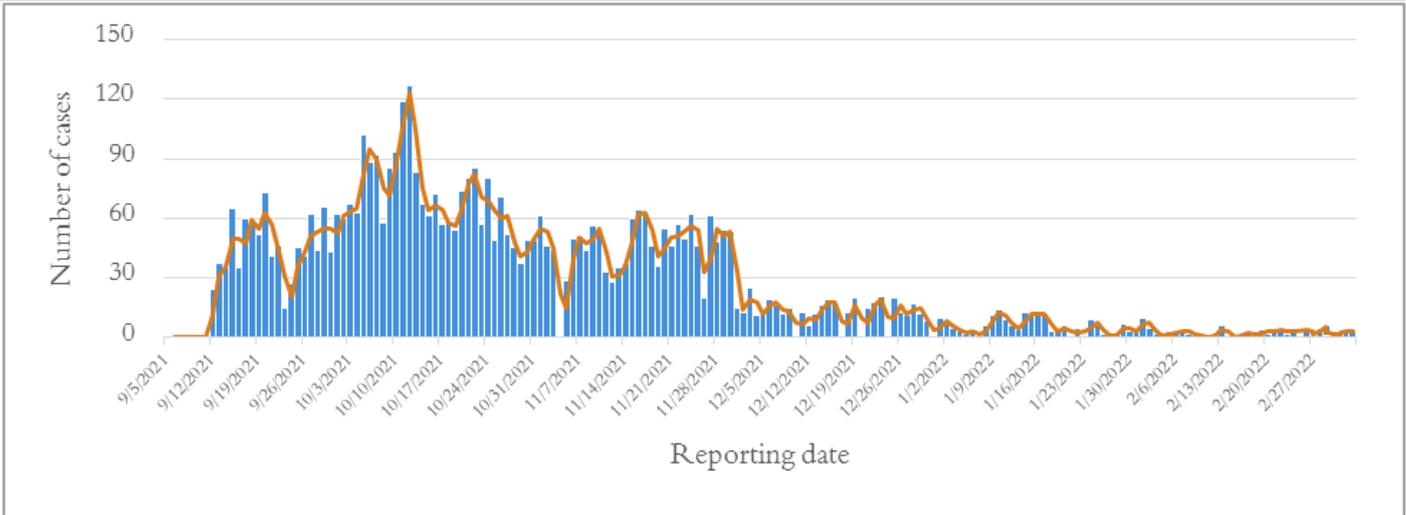


Figure 5. Epidemiological curve of the Acute Watery Diarrhea cases in Afghanistan Sep 2021-March 2022 (N=5,130)

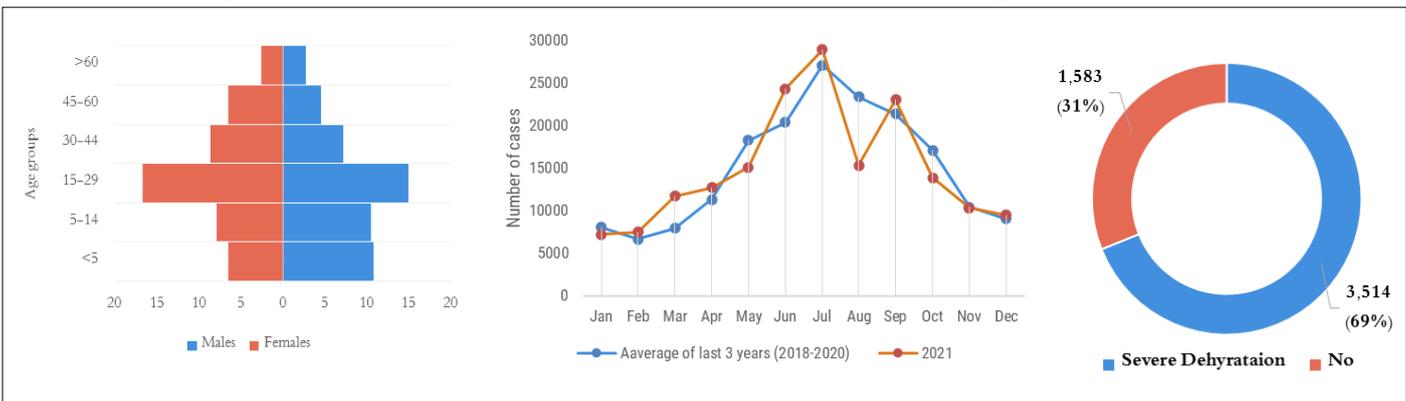


Figure 6. Distribution of AWD cases by sex and age groups, Sep 2021 - Mar 2022 (n=5,130)

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

Figure 6.b. AWD cases with severe dehydration, Sep 2021-Mar 2022 N= (5,097)

AFGHANISTAN | Hotspots of Acute Watery Diarrhoea (AWD) Outbreak
March 5, 2022

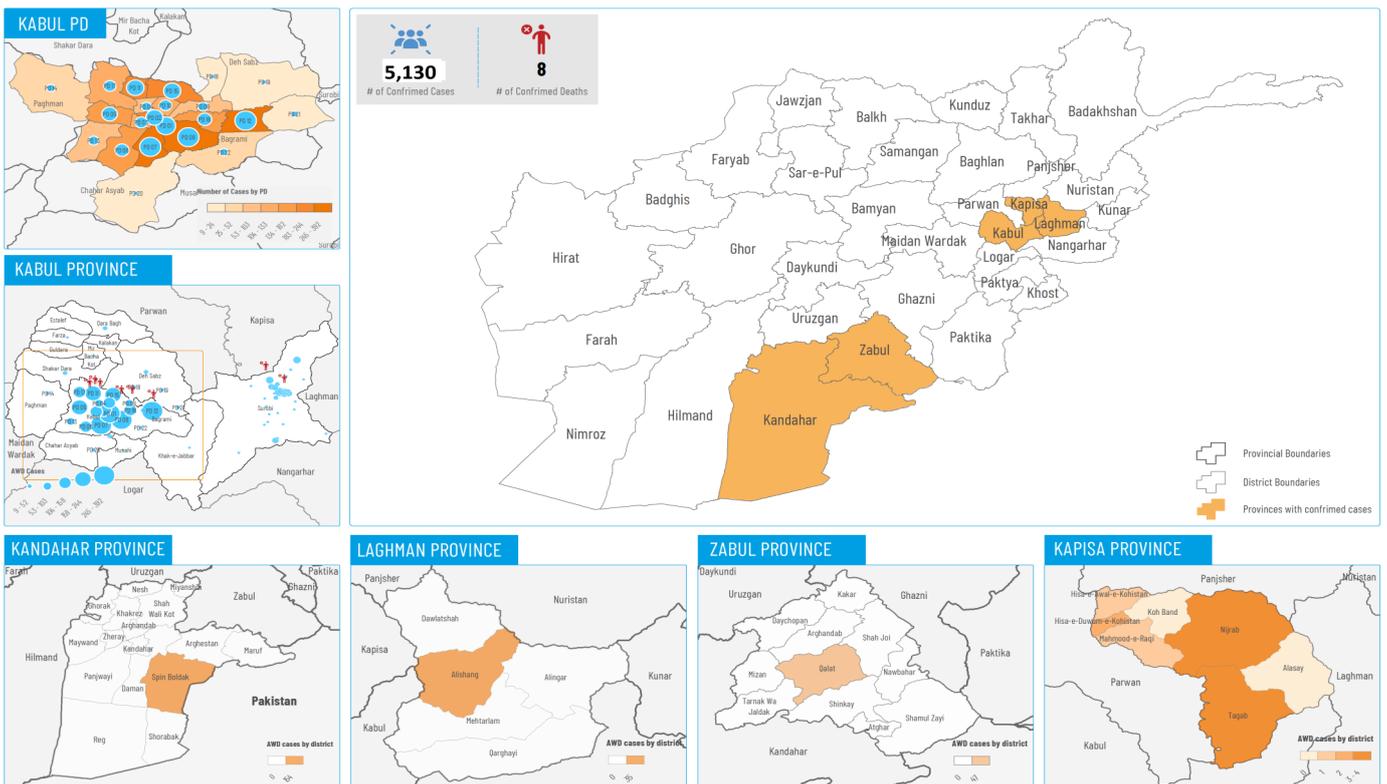


Figure 7: Hotspot of areas of AWD cases in Afghanistan, Sep 2021– March 2022 (N=5,130)

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

- 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).
- 378 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

- 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.

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.
- 2,174 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).

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 Sorobi district and Kabul city.



AWD Public awareness session, Kabul, UNICEF



Hygiene and water kits distribution in AWD affected areas, Kabul

Dengue Fever Outbreak (20 Sep 2021 to 5 March 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 |

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 eight weeks, no new cases or deaths have been reported (Table 3).

Table 3: Summary of dengue fever in Nangarhar province, Afghanistan, 5 March 2022

| Location | Epi week #9 (27 Feb–5 Mar 2022) and changes compared to last week | | Cumulative case (12 Sept 2021 to 5 Mar 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

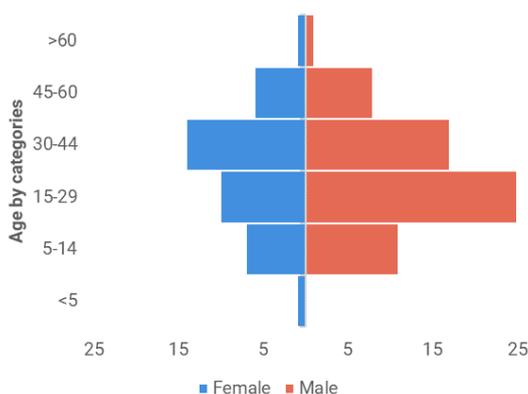


Figure 8. Distribution of dengue fever cases by sex and age group in Nangarhar province, Afghanistan, Sep 2021 – Feb 2022 (N=775)

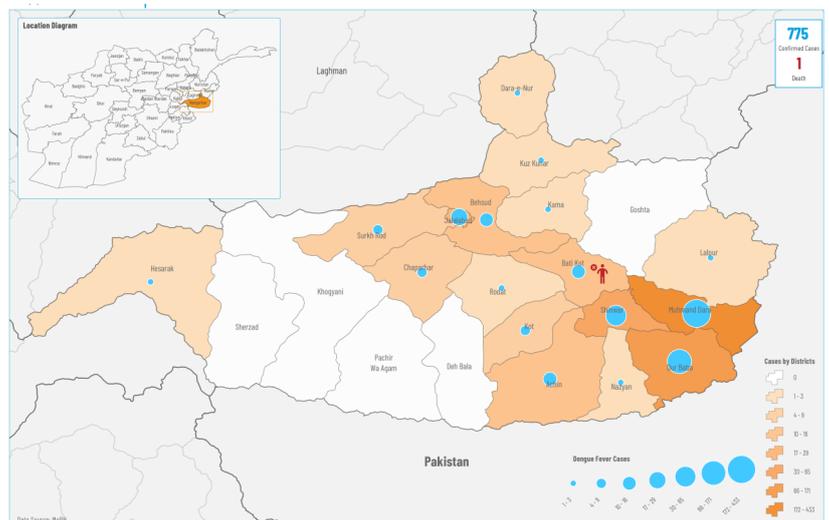


Figure 9. Hotspot areas of dengue cases in Nangarhar province, Sep 2021 - Jan 2022

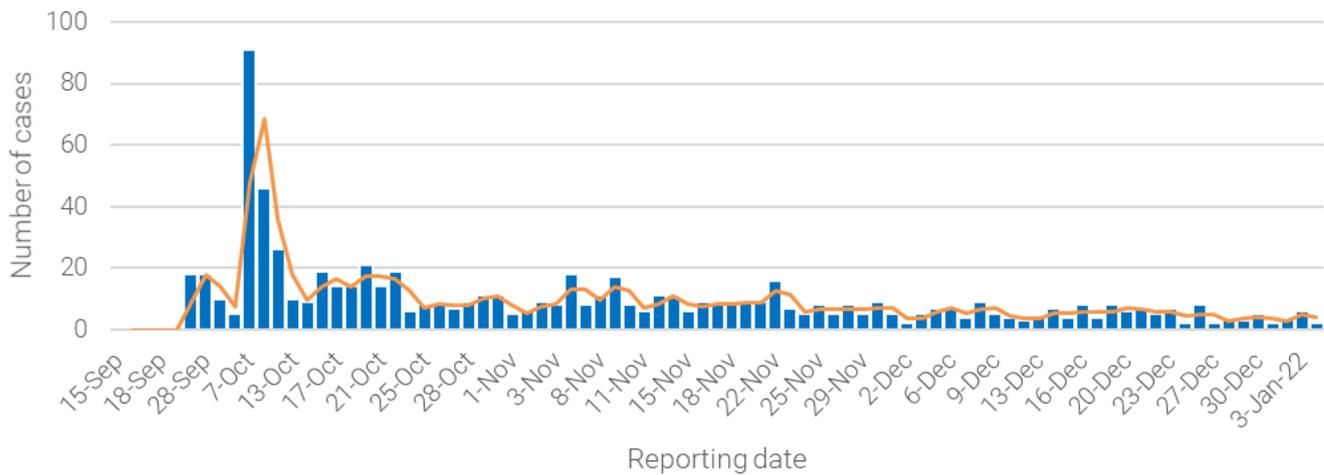


Figure 10. Epidemiological curve of the dengue cases in Nangrahar province, Afghanistan, Sep 2021 to Jan 2022 (n=775)

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 Nangrahar 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.

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

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