

Current major events

Cutaneous Leishmaniasis in Afghanistan

In recent weeks, a sudden surge in number of cutaneous leishmaniasis cases were reported through the Disease Early Warning System (DEWS) in Afghanistan. 63 people living in a small village called Kohsan in the western part of Herat province (*see the map*) were reported to have been infected within a few weeks time. A joint team of WHO and Ministry of Public Health, Afghanistan carried out an investigation and instituted appropriate control measures.

Editorial note

Cutaneous leishmaniasis (CL) represents a major public health problem in Afghanistan. Approximately 13 million people in the country are presumed to be at risk. Available surveillance data shows that in Kabul alone, the capital of Afghanistan, the number of cases jumped from an estimated 17,000 cases a year in the early 2000s to around 65,000 in 2009.

The main factors responsible for increased incidence of leishmaniasis in some countries of the Eastern Mediterranean Region in recent time including in Afghanistan could be related to (i) increased involvement of nonimmune human populations with the transmission cycle of the disease, because of extensive population movements; (ii) natural and man-made environmental factors facilitating changes in the populations of vectors and reservoir hosts; (iii) improvement of surveillance systems with better diagnosis and reporting of cases; and (iv) constraints in the provision of control.

This parasitic disease, transmitted by the female phlebotomine sand fly, causes major symptoms in the form of skin sores which erupt weeks to months after the person has been bitten. Most victims are often the women and children since they mostly live indoors at night, where the sand flies prefer to bite, and are therefore more susceptible than men.

The disease is treatable with medication and usually not life threatening. How-

ever, it can leave severe permanent scars on the bodies of victims. As a result of social stigma and shame attached to the disfiguring sores, there is often underreporting of the disease, and the number of infected people are likely to be much higher than what is actually reported.

The cause of the current high number of CL cases in one small village in Afghanistan remains unknown but it seems likely that movement of non-immune populations as well as weak control measures might have exacerbated the transmission of leishmania parasite in this endemic foci.

The disease is both preventable and curable. Addressing stigma, early diagnosis and early treatment can lead a long way in preventing any outbreak from cutaneous leishmaniasis. Health education of the population in endemic foci remains the most important element of the control strategy. In addition, there is a need to monitor the trend of the disease to detect new emerging foci and understand the spatial dynamics of the disease to target specific control measures.

In recent time, an outbreak of visceral leishmaniasis (VL) has also been reported from south Sudan (*Please see weekly epidemiological monitor; volume no: 3; issue no 03, 17 January 2010*). This clearly signifies that the incidence and frequency of epidemic transmission of these re-emerging, yet neglected, diseases will continue and hence the need for a joint and collaborative regional plan to address this public health problem.

Map of Afghanistan showing the site of cutaneous leishmaniasis outbreak



Update on outbreaks

In the Eastern Mediterranean Region

CCHF and Dengue fever in Pakistan; Dengue fever in Yemen; and Kala-azar in southern Sudan

Current public health events of international concern

[cumulative N° of cases (deaths), CFR %]

Avian influenza

Egypt	[112 (36), 32.1%]
Indonesia	[170 (141), 82.9 %]
Viet Nam	[119(59), 49.6%]
China	[40(26), 65%]
Global total	[508(302), 59.4%]

Crimean-congo haemorrhagic fever

Pakistan	[26(3), 11.5%]
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Cholera

Haiti	[17418(1065), 6.1%]
Chad	[2508 (111), 4.4%]
Nigeria	[29115(1191), 4%]

Kala-Azar (Visceral Leishmaniasis)

S. Sudan	[6363(303). 4.7%]
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Dengue fever

Pakistan	[2062(15), 0.7 %]
Yemen	[1903(12), 0.6 %]

Polio

Congo	[184(85), 46.1 %]
Pakistan	[113(0)]

CFR=Case-Fatality Rate
Laboratory-confirmed cases only