

Current major event

Cholera in Afghanistan

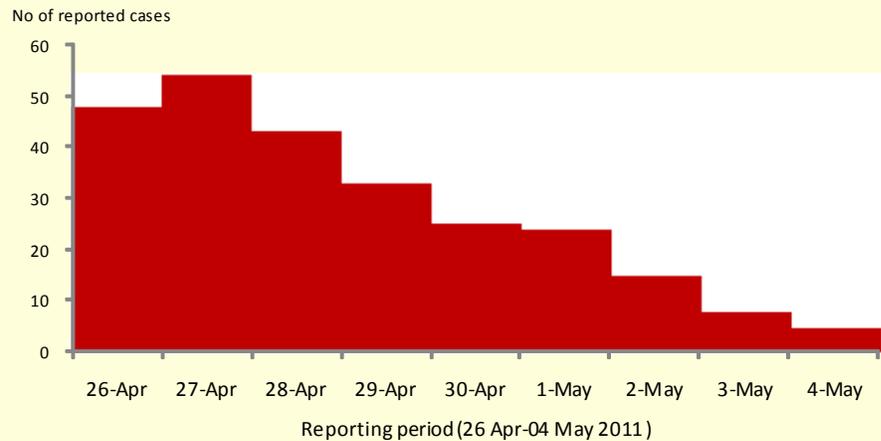
During the last week of April, 2011, cases of acute watery diarrhoea (AWD) were reported from different villages of Giro district under the Ghazni province of Afghanistan. Following field investigation by the Disease Early Warning System (DEWS) surveillance officers of the province, 255 cases of AWD with mild to moderate degree of dehydration were detected. One stool sample collected from one of the suspected cases, was tested positive for *Vibrio cholerae* 01 serotype Ogawa. Three (3) deaths were also reported from the area so far.

Editorial note

Cholera remains one of the major public health problems in Afghanistan. In the last decade (*please see the table*), the country has faced repeated outbreaks from cholera. The humanitarian crisis situation prevailing in Afghanistan for over two to three decades have resulted in massive disruption of safe water and sanitation services in the country, particularly in the rural areas. Such situation can precipitate outbreaks from cholera and other enteric epidemic diseases when the access to safe water remains limited and populations, displaced by war and crisis, are forced to live in compromised hygiene conditions.

Owing to protracted conflicts and humanitarian crisis, as is the case with Afghanistan, it is likely that the health systems in the country would remain extremely fragile and dilapidated. In addition, insecurity and instability in the areas will often lead to depleted access of the populations to any routine or essential health-care services when it is needed. Any outbreak from cholera can be very explosive when safe water and sanitation services are not adequate, people are forced to live in compromised hygiene conditions and control measures become difficult to implement due to compromised security situations on ground. The repeated cholera outbreaks reported from Afghanistan in the last decade is the result of such factors compounded with lack of expected or desired progress in social and develop-

Suspected cases of cholera reported from Ghazni, Afghanistan



Cholera outbreak in Afghanistan, 2000-2010

Year	Cases	Deaths	CFR (%)
2000	4330	198	4.57
2001	4499	114	2.53
2008	4384	22	0.50
2009	662	11	1.66
2010	2369	10	0.42

ment sectors due, largely, to long standing conflict and complex humanitarian emergency.

In the absence of rapid improvement in environmental health conditions in the foreseeable future, the health systems objective should be that the death rates from cholera are kept to minimum through early detection of cases and appropriate management of severely dehydrated patients. An explosive outbreak can also be avoided if it is detected early enough to institute appropriate control measures. Better surveillance as well as promotion of safe behavioural practices in the community can often limit the duration of outbreak amongst the susceptible populations.

Over the years, Afghanistan has made remarkable progress in lowering the death rate from cholera. This has only been possible through good surveillance and early detection of cases through DEWS as well as proper case management by dedicated health care workers of the country who are often risking their lives in the vast security compromised areas of Afghanistan for protecting health of their populations.

Update on outbreaks

in the Eastern Mediterranean Region

Measles in Afghanistan; **A(H5N1)** in Egypt; **Chikungunya** in Yemen; **Cholera** in Afghanistan.

Current public health events of international concern

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

Avian influenza

Egypt	[143 (47), 32.9%]
Indonesia	[176 (145), 82.4 %]
Viet Nam	[119(59), 49.6%]
China	[40(26), 65%]
Global total	[552 (322), 58.3%]

Cholera

Haiti	[243197*(4626), 1.9 %]
Chad	[2508 (111), 4.4%]

Cutaneous Anthrax

S. Sudan	[19(0) #]
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Meningococcal disease

Chad	[3529(753), 21.3 %]
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Chikungunya fever

Yemen	[15000(104), 0.6 %]
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Yellow fever

Uganda	[226(53), 23.4 %]
Sierra Leone	[2(0),]

CFR=Case-Fatality Rate; * Number of hospital visits; # Suspected cases only