

Current major event

Upsurge of acute watery diarrhoea cases in Afghanistan

In 2021, the Ministry of Public Health in Afghanistan reported a total of 3016 cases of acute watery diarrhoea (AWD) with 8 associated deaths (CFR 0.27%) from 13 districts in 5 provinces (out of 34) of the country.

Editorial note

Afghanistan has been reporting AWD cases in different provinces since 2017 through the early warning surveillance system. In previous years, the percentage of dehydrated cases represented 8–10% among all reported cases and there were no confirmed *V. cholerae* cases.

The prolonged humanitarian crisis and other associated factors such as the deteriorating and damaged water and sanitation infrastructure, collapsed health infrastructure, weak routine public health services, and loss of critical health workforce have created conditions for the increased occurrence of epidemic-prone disease outbreaks. Furthermore, a combination of these factors coupled with large numbers of internally displaced population in overcrowded dwellings, and the already destroyed water, sanitation and hygiene system are believed to be the main drivers for the upsurge in AWD cases in the country.

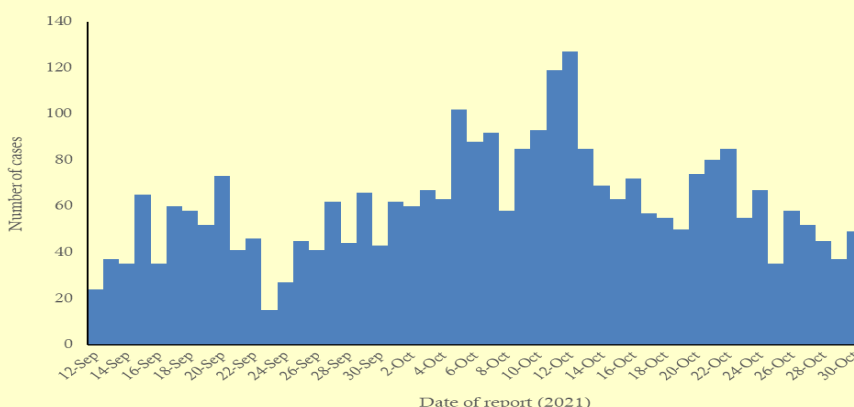
The new upsurge in AWD cases was detected and reported on 12 September through the National Disease Surveillance and Response (NDSR) system of the Ministry of Public Health. The report came from Tapa village of Sarobi district in Kabul province, followed by further cases from Kabul city and the provinces of Kapisa, Zabul, Kandahar and Laghman.

Between 12 September and 30 October 2021, a total of 3016 cases of AWD were reported. Of those, 2229 cases (74%) were from Kabul province of which 542 cases (18%) came from Sarobi district. From the other provinces, 154 cases (5.1%) came from Kandahar, 47 cases (1.6%) from Zabul, 9 cases (0.3%) from Kapisa and 35 cases (1.2%) from Laghman. A total of eight associated deaths were reported, 6 from Kabul city and 2 from Sarobi district (see table). Among the total reported cases, 1457 (48%) were male and 1559 (52%) were female. Thirty five percent of cases were 15–29 years of age, while children under five years accounts for 10.4% of cases.

As of 30 October 2021, a total of 229 laboratory specimens have been collected from AWD cases (149 from Kabul city, 16 from Sarobi district, 16 from Nangarhar province, 11 from Kapisa province, 14 from Laghman province, 15 from Kandahar province and 8 from Zabul province). Among all samples, 42 came out positive for *V. cholerae* and the rest are pending at the Central Public Health Laboratory in Kabul.

The Ministry and partners have scaled up the implementation of outbreak response measures to rapidly contain the recent upsurge of AWD cases.

AWD cases in Afghanistan reported from 12 September to 30 October 2021



AWD cases reported from different province, 12 Sept to 30 Oct 2021

District/Province	AWD cases	Deaths
Kabul city (Kabul province)	2167	6
Sarobi district (Kabul province)	542	2
Other districts (Kabul province)*	62	0
Kapisa province	9	0
Spinboldak (Kandahar province)	154	0
Zabul province	47	0
Laghman province	35	0
Total	3016	8

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

These measures included the enhancement of early warning surveillance and mapping of hotspots (or of the most affected districts) for more targeted interventions; building the capacity of frontline health workers on case management and infection prevention and control in health care settings; the distribution of essential medical supplies for AWD/diarrhoea; conducting intensive community awareness campaigns; improving sanitation and waste management; and the chlorination of household water supplies.

Given this challenging situation in the country, it is imperative to save lives and avert deaths by implementing comprehensive and multidisciplinary response interventions. Accordingly, case management and infection control practices need to be improved, particularly the early detection and treatment of all cases, while rapid re-hydration should be the mainstay of the current response. The Ministry and partners should ensure that critical components of the AWD outbreak response are sustained. The achievement of long term and sustainable solutions to the persistent and recurrent exacerbation of AWD in the country will therefore be closely linked to the cessation of the ongoing humanitarian crisis, and the restoration of critical water and sanitation infrastructure as well as routine public and environmental health services.

Update on outbreaks

in the Eastern Mediterranean Region

COVID-19 in 22 EMR countries

Current public health events of concern [cumulative N° of cases (deaths), CFR %]

Coronavirus disease 2019 (COVID-19): 2019–2021

Afghanistan	[156 250 (7280), 4.7%]
Bahrain	[276 794 (1393), 0.5%]
Djibouti	[13 478 (181), 1.3%]
Egypt	[330 084 (18 592), 5.6%]
Iran (Islamic Republic of)	[5 916 211 (126 126), 2.1%]
Iraq	[2 054 202 (23 138), 1.1%]
Jordan	[860 818 (11 028), 1.3%]
Kuwait	[412 653 (2461), 0.6%]
Lebanon	[641 339 (8495), 1.3%]
Libya	[357 338 (5099), 1.4%]
Morocco	[945 960 (14 667), 1.6%]
occupied Palestinian territory (oPt)	[453 547 (4676), 1%]
Oman	[304 281 (4111), 1.4%]
Pakistan	[1 273 078 (28 449), 2.2%]
Qatar	[239 143 (610), 0.3%]
Saudi Arabia	[548 571 (8793), 1.6%]
Somalia	[21 998 (1208), 5.5%]
Sudan	[40 433 (2995), 7.4%]
Syrian Arab Republic	[43 146 (2560), 5.9%]
Tunisia	[712 747 (25 241), 3.5%]
United Arab Emirates	[739 824 (2136), 0.3%]
Yemen	[9779 (1880), 19.2%]