

Current major event

Update on COVID-19 and other outbreaks in Afghanistan

Even with the ongoing COVID-19 pandemic, Afghanistan continues to experience multiple concurrent infectious disease outbreaks with measles and acute watery diarrhea (AWD) being the most frequent. Outbreaks of dengue fever were also confirmed in 2019 and 2021. The Ministry of Public Health is scaling up the implementation of prevention and control measures to contain these outbreaks with support of WHO and partners.

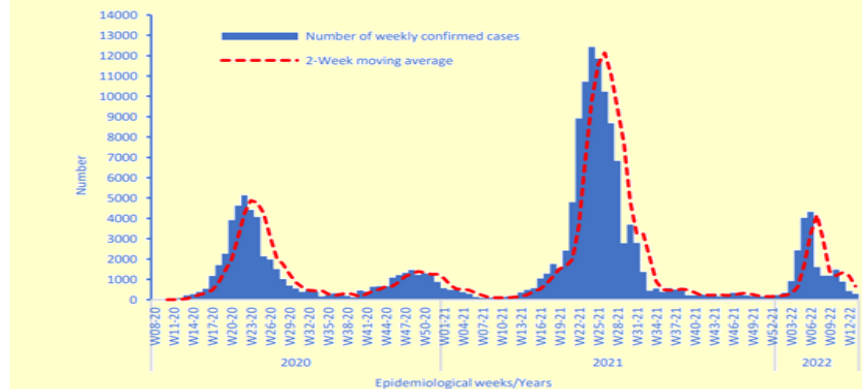
Editorial note

As of epidemiological week 12 ending 26 March 2022, Afghanistan had reported 176 229 confirmed cases of COVID-19 with 7643 associated deaths, with a case-fatality ratio (CFR) of 4.3% (see Fig 1). A total of 553 943 samples had been tested with an overall (high) percent positivity rate of 31.9%, a reflection of the testing strategy that focused on those with clinical symptoms only. Circulating variants are not known due to the unavailability of sequencing capacity. However, Afghanistan has recently received sequencing equipment and trained its laboratory technicians.

A national response to the COVID-19 pandemic has resulted in the provision of 7 million vaccine doses. By 19 March 2022, a total of 4 418 498 people (11.3% of the population) had been fully vaccinated, with 1 330 868 people (3.4% of the population) being partially vaccinated. 133 198 internally-displaced persons and individuals from nomadic populations had received at least one vaccine dose. Nineteen new laboratories for COVID-19 PCR testing were also established in 19 provinces. The Central Public Health Laboratory and 40 public laboratories in 34 provinces now have capacity to test up to 10 000 samples per day. There are 111 surveillance support teams across the country who collect nasal samples for laboratory PCR testing. Oxygen capacity has increased and a total 307 rapid response teams have been engaged in active COVID-19 surveillance and response across the country.

The trend of reporting new measles cases has continued to increase sharply with 34 affected provinces. Helmand (16%), Kabul (9%), Kunduz (6.7%), Kandahar (5.4%) and Nangarhar (4.8%) represent the most affected provinces in this outbreak. A total of 48 306 measles cases were reported with 150 associated deaths (CFR 0.5%). During 12–18 March 2022, the first phase of the measles vaccine campaign was conducted in 48 high-risk districts in 24 provinces of Afghanistan. More than 1.2 million children aged 6–59 (50.2% girls) were vaccinated in the targeted districts during this campaign. The second phase will be conducted in 111 high-risk districts in 27 provinces. Previously, a total of 11.6 million children aged 9 months to 10 years were vaccinated in 2018, as part of a nationwide measles vaccination campaign.

Weekly distribution of confirmed COVID-19 cases (24 Feb 2020 – 26 March 2022)



Major outbreaks detected and responded to in 2021-2022

Disease	Suspected cases	Deaths	CFR
Measles	48 366	250	0.5
AWD/ Cholera	5137	8	0.16
Dengue	775	1	0.13
Malaria	468	0	NA
Covid-19	176 229	7643	4.3

The current AWD outbreak has affected 13 districts in 5 provinces, with a total of 5137 cases and 8 associated deaths being reported between 12 September 2021 and 12 March 2022. The districts most affected are Kabul city (76.3%) and Sorobi (16%). Limited access to safe water and poor sanitation and hygiene (WASH) practices are the key drivers for the outbreak, which follows a seasonal pattern. Although *vibrio cholera* was confirmed in all affected districts, the Ministry did not officially declare a cholera outbreak. Severe cases were referred to the designated referral hospitals for case management purposes. Coordination with all stakeholders including the Ministry, WHO, UNICEF and MSF were maintained to respond to the outbreak-affected areas, and interventions mainly focused on integrated health and WASH responses.

A dengue outbreak was confirmed on 20 September 2021 with 775 cases and one associated death reported until 15 January 2022. The outbreak has affected 16 districts in Nangarhar Province bordering with Pakistan.

The main challenges of responding to these outbreaks include: the slow scale up of surveillance by increasing number of sentinel sites due to lack of access to some districts; inadequate inclusion of the private health sector in response activities; inadequate engagement with communities in response to diseases outbreaks; shortage of skilled frontline health workers, high rate of staff turnover; financial challenges to fund surveillance and outbreak response field operations; conflict and insecurity hampering response team access to outbreak areas; and the weak collaboration between human-animal health.

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): 2019-2022

Afghanistan	[177 544 (7662), 4.3%]
Bahrain	[551 342 (1468), 0.3%]
Djibouti	[15 580 (189), 1.2%]
Egypt	[505 264 (24 417), 4.9%]
Iran (Islamic Republic of)	[7 151 088 (140 021), 2%]
Iraq	[2 317 977 (25 150), 1.1%]
Jordan	[1 692 485 (14 031), 0.8%]
Kuwait	[628 460 (2553), 0.4%]
Lebanon	[1 090 782 (10 282), 0.9%]
Libya	[501 495 (6404), 1.3%]
Morocco	[1 162 974 (16 057), 1.4%]
occupied Palestinian territory (oPt)	[655 750 (5655), 0.9%]
Oman	[388 086 (4250), 1.1%]
Pakistan	[1 523 900 (30 345), 2%]
Qatar	[360 868 (677), 0.2%]
Saudi Arabia	[750 356 (9039), 1.2%]
Somalia	[26 410 (1361), 5.2%]
Sudan	[61 916 (4902), 7.9%]
Syrian Arab Republic	[55 663 (3135), 5.6%]
Tunisia	[1 033 731 (28 165), 2.7%]
United Arab Emirates	[890 112 (2302), 0.3%]
Yemen	[11 803 (2142), 18.2%]