

Current major events

Suspected cholera in Afghanistan

The Ministry of Public Health in Afghanistan (MOPH) has reported small isolated outbreaks of suspected cholera in the east of the Country since early August. The outbreaks were reported from villages and towns in eight of the country's 34 provinces. The Afghan Disease Early Warning and Response System (DEWS) rapidly investigated and responded to these events. Appropriate control measures were put in place and all the outbreaks were contained. In total, some 1636 cases including 5 deaths have been reported from the eight provinces.

Editorial note

Since early August, the Ministry of Public Health in Afghanistan has reported small outbreaks of acute watery diarrhea suspected to be due to cholera, from villages in eight provinces. The areas affected are in the eastern part of the Country where accessibility is reported to be difficult due to insecurity. However, the disease early warning system (DEWS) was able to send teams and rapidly investigate and contain these outbreaks within the affected villages. Laboratory investigations of samples from some of these patients tested positive for *vibrio cholerae sub-type Ogawa*. The outbreaks are not reported from the flood affected part of Afghanistan.

For the last few years isolated cases of cholera have been reported in Afghanistan. These scattered foci of cholera infections may not constitute a real outbreak. In 2005 and 2008, Afghanistan experienced cholera outbreaks and responded through chlorination of water source, health and hygiene campaigns, trainings of medical staff on disease surveillance, monitoring and case management.

Over the last four years, WHO in collaboration with UNICEF and other health partners has supported the MoPH through the Disease Early Warning System (DEWS) on control of diarrheal diseases through implementation of the integrated disease outbreak control pro-

Map of Afghanistan showing provinces that have reported cases of suspected cholera:



Reported cases and deaths from suspected cholera in Afghanistan, August–September 2010

Province	D/report	Cases	Deaths (CFR%)
Ghazni	9/8/2010	60	3 (5%)
Nangharhar	8/8/2010	1202	0 (0%)
Kunduz	3/9/2010	18	0 (0%)
Saripul	9/9/2010	200	2(1%)
Kandahar	14/9/2010	126	0 (0%)
Paristan	14/9/2010	16	0 (0%)
Badakhshan	15/9/2010	9	0 (0%)
Kapisa	16/9/2010	5	0 (0%)
Totals		1636	5(0.3%)

gram. The establishment of the DEWS in Afghanistan as part of national plan for outbreak early detection and response has been crucial. The system has played very vital and active role in investigating and responding to rumors of outbreak in some remote and most difficult parts of the country often risking their lives to reach an outbreak scene. The Disease Early Warning System (DEWS) was launched in mid-December 2006 and has progressed through frequent trainings. DEWS officers have the means to send samples to the laboratory from every outbreak to confirm the diagnosis.

The MOPH with support from WHO and partners should continue to support the efforts of DEWS in the ongoing multi-foci outbreaks of cholera. It must be closely monitored and contained.

Update on outbreaks

in the Eastern Mediterranean Region

Avian Influenza A(H5N1) in Egypt.; Dengue fever in Yemen; Floods in Pakistan; Cholera in Afghanistan; Kala-Azar in s. Sudan; Acute Viral Conjunctivitis in s. Sudan

Current public health events of international concern

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

Avian influenza

Egypt	[112 (36), 32.1%]
Indonesia	[168 (139), 82.7 %]
Viet Nam	[119(59), 49.6%]
China	[39 (26), 66.6%]
Global total	[505(300), 59.4%]

Dengue fever

Yemen	[9608(11), 0.1%]
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AWD (Cholera)

Afghanistan	[1636 (5), 0.3%]
Chad	[1646 (92), 5.6%]
Cameroun	[6418 (467) 7.3]
Benin	[278(2), 0.72%]

Kala-Azar (Visceral Leishmaniasis)

S. Sudan	[2114(99), 4.7%]
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Acute Haemorrhagic Conjunctivitis

S. Sudan	[428(0), 0.0%]
Uganda	[6818(0), 0.0%]

CFR=Case-Fatality Rate