

Current major event

Suspected cholera outbreaks in Afghanistan

Between 11 April and 11 July 2011, the Ministry of Public Health, Afghanistan has reported small isolated outbreaks of acute watery diarrhoea (suspected cholera) from several districts in nine provinces (Samangan, Kandahar, Zabol, Kabul, Khost, Ghazni, Paktya, Nangahar and Faryab). A total of 1093 cases and 11 related deaths were recorded. Teams from the Disease Early Warning System with the support of WHO and other stakeholders rapidly investigated, responded to and contained these outbreaks were within the affected districts. Control measures included case management, health education and water and sanitation measures.

Editorial note

Acute diarrhoea diseases is one of the major leading cause of morbidity and mortality in Afghanistan. Data from the DEWS weekly surveillance (*see chart across*) reveal a seasonal pattern in the trend of cases of diarrhoeal disease. The disease increases in the summer months and decreases during the winter. However, this assumption should be treated with caution as it is based on a one year data reported from sentinel surveillance sites.

Since the second week of April 2011, clusters of cases of acute watery diarrhoea were investigated by the DEWS surveillance officers in the provinces. More than ten of 34 provinces in the country have reported multiple foci of cholera since so far, and more villages are likely to be affected. It is not clear from the report available whether these foci are epidemiologically linked. Tests conducted at the Central public Health Laboratory (CPHL) confirmed vibrio cholerae in few samples sent from, Khost, Paktya, Kabul and Kandahar provinces. Investigations so far have identified contaminated wells as the sources of infections in some villages.

Acute Diarrhoeal Disease as a Proportion of Total OPD Consultation in Afghanistan: WK 26/2010 - WK 27/2011



Source: DEWS/MOPH

Province	Cases	Deaths	CFR%
Kandahar	317	5	1.6
Ghazni	377	5	1.3
Khost	68	0	0
Nangahar	8	0	0
Paktya	11	0	0
Faryab	59	0	0
Kabul	5	0	0
Samangan	2	0	0
Zabol	165	1	0.6
Jawzan	81	0	0
Helmand	4	0	0
Total	1093	11	1

The DEWS response teams have made a lot of difference in the way outbreaks are being detected and managed in Afghanistan. Their efforts under such a difficult security situation must be commended. The formation of outbreak management teams at provincial level reduces the time lapse between alert notifications and outbreak investigations and response. Efforts must be made to extent such services to the remaining provinces and eventually expand them to the local levels (district levels). The composition of such teams must be multi-sectoral. The participation of water and environmental department is crucial in this insidious cholera outbreak.

The year 2011 has been a very busy one for the Afghan (DEWS). Since the beginning of the year, DEWS teams have investigated 173 outbreak alerts of which 162 (positive predictive value = 93.6%) were clinically or laboratory confirmed. This has been made possible with supports from WHO and others. These support will one day not be available, and it is high time the MOPH started investing on DEWS to avoid shock to

Update on outbreaks

in the Eastern Mediterranean Region

Measles in Afghanistan; **A(H5N1)** in Egypt; **Cholera and Brucellosis** in Afghanistan. **Wild polio type 3** in Pakistan

Current public health events of international concern

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

Avian influenza

Egypt	[150 (52), 34.7%]
Indonesia	[178 (146), 82.0 %]
Viet Nam	[119(59), 49.6%
China	[40(26), 65%]
Global total	[562 (329), 58.4%]

HUS

Germany	[847(31) , 3.7%]
Europe	[47(1), 2.1%]
USA	[4(1), 25.0%]

Brucellosis

Afghanistan	[147(0), 0%]
-------------	---------------

Meningococcal disease

Chad	[5536 (249), 4.4 %]#
------	----------------------

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