



National Disease Surveillance
& Response (NDSR)

Weekly Epidemiological Report–34th

Date: 16th to 22nd Aug 2020

Summary:

- Out of 513 functional Surveillance sentinel sites, 491(95.7%) have submitted reports this week.
- A total of 442,649 new consultations, 157,971 (35.7%) were due to Surveillance targeted diseases.
- The main causes of consultations this week were Acute Diarrheal Diseases, 74,357 cases, 16.7% out of total new consultations, ARI (Cough & Cold), 74,695 cases, 16.9% out of total new consultations and Pneumonia, 10,561 cases, 2.4% out of total new consultations.
- A total of 222 deaths were reported this week, of which 33 were due to Surveillance targeted diseases, which includes 17 Pneumonia deaths, 08 Meningitis deaths, 04 Acute Diarrheal Disease deaths, 03 Hemorrhagic fever deaths and 01 Measles death.
- A total of 09 CCHF cases reported from Kabul, Herat, Helmand, Nangarhar, Kunduz, Baghlan and Samangan and 400 COVID-19 confirmed cases reported from different provinces.

Figure1: Surveillance/NDSR Sentinel Sites with GPS location by type of Health Facility

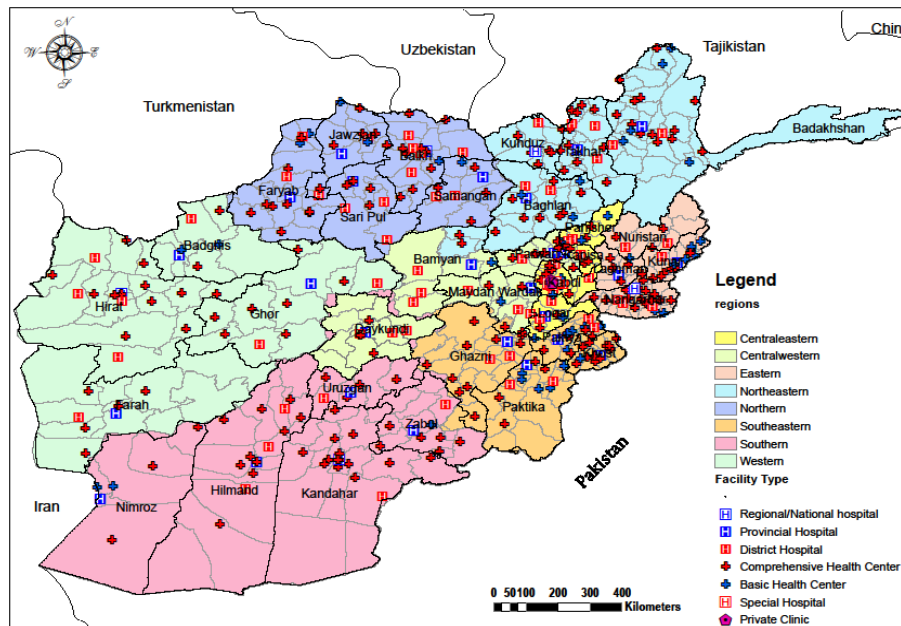


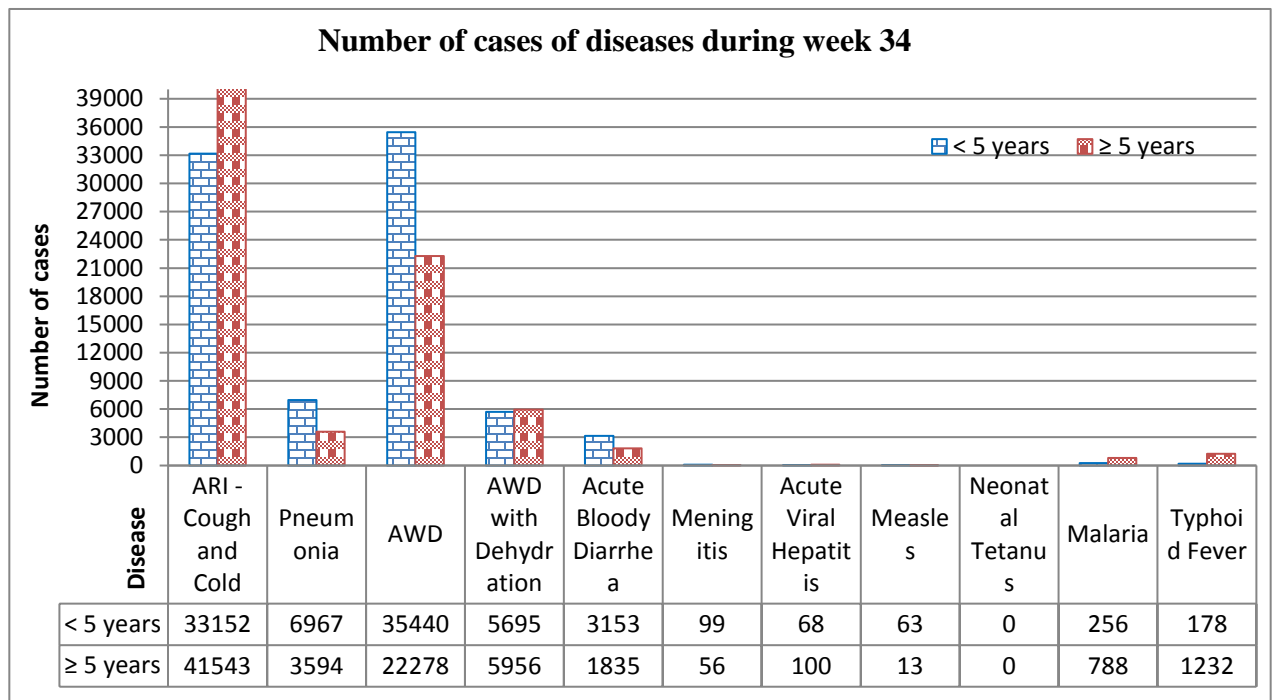
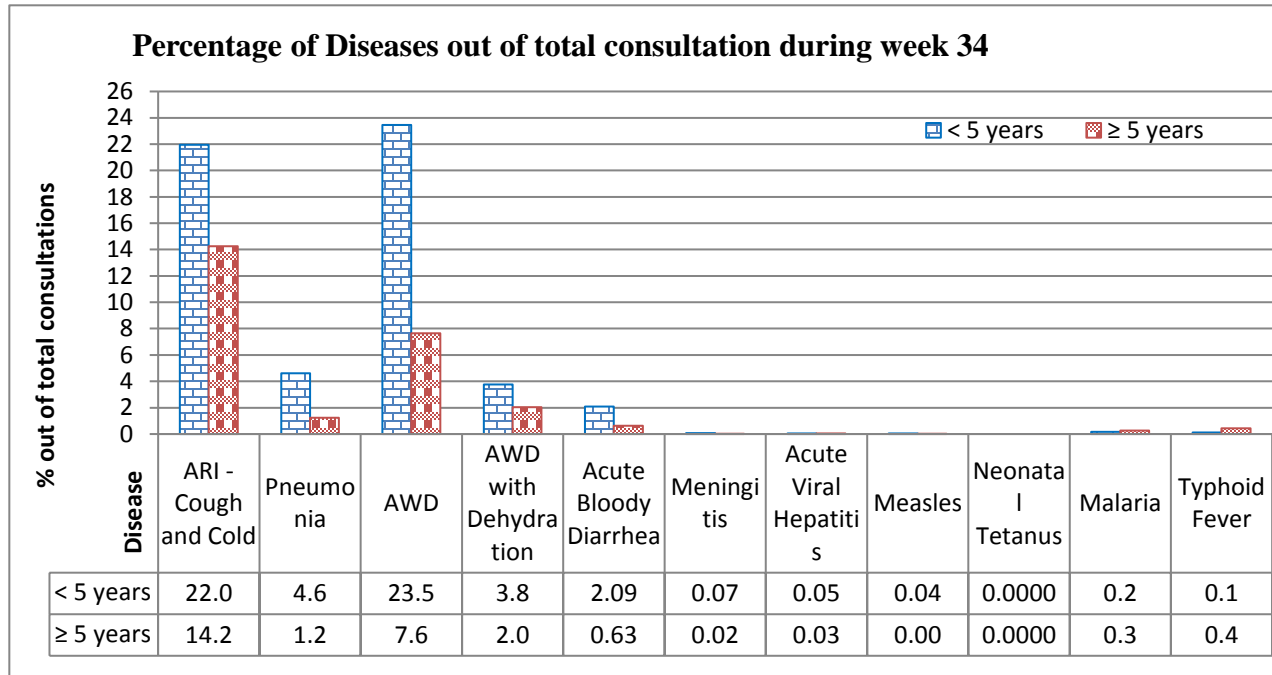
Table 1: Coverage of NDSR Surveillance System

Type of Health Facility	RH/PH	DH	CHC/BHC	Special Hospital	Other	Total
Total Health Facilities (HF)	37	88	1,315	32	1171	3,718
HF covered by NDSR-Plus	32	77	389	12	3	513

Indicator – based Surveillance:

The Indicator-based surveillance component of NDSR report 16 priority conditions/infectious diseases from sentinel sites on weekly bases. The data is compared with previous weeks and the corresponding week of previous years and the alert and epidemic threshold is checked to see if disease incidence has crossed these levels and necessary action is initiated.

Figure 2: NDSR targeted diseases

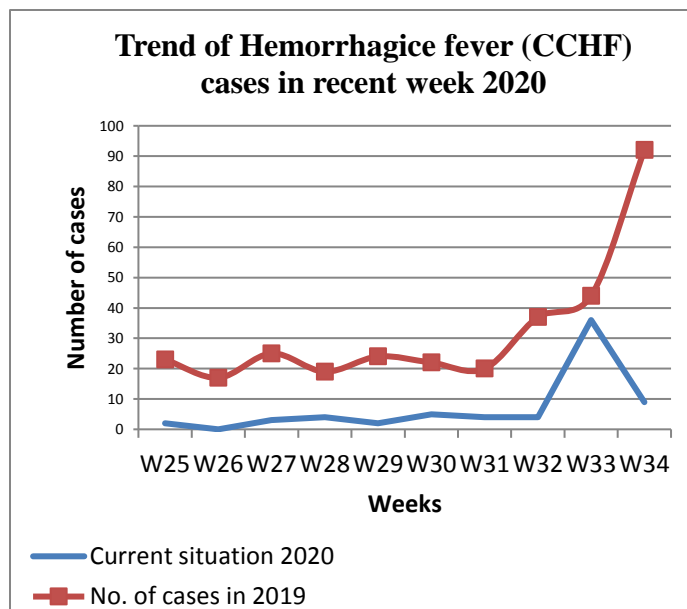
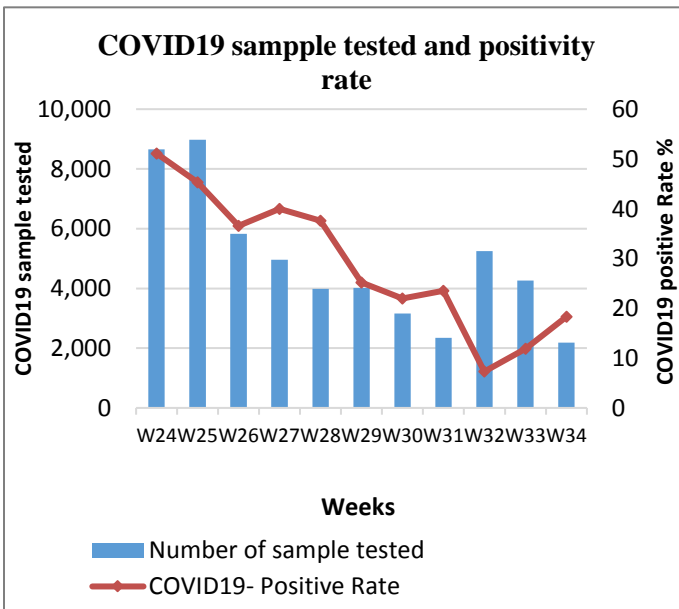
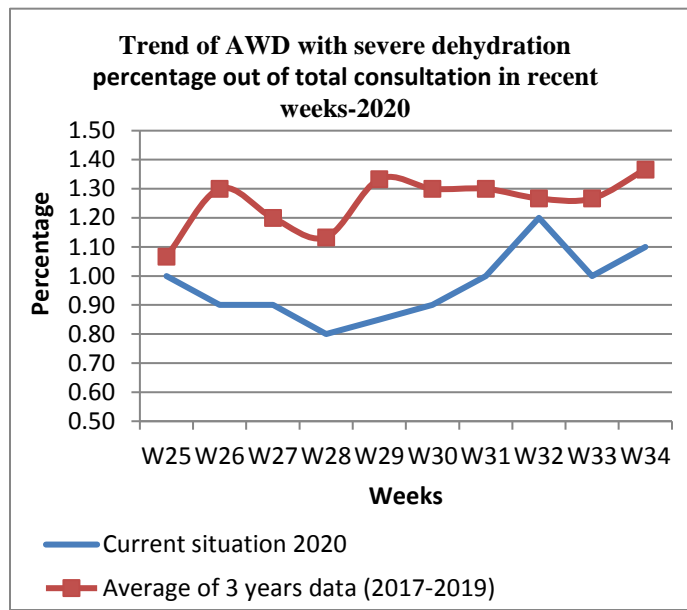
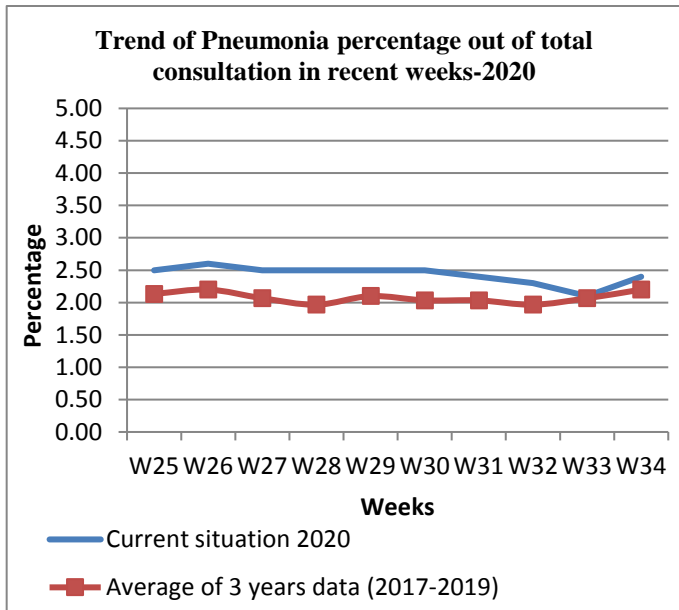


Vaccine-Preventable Diseases (VPDs):

Table 2: Cases and deaths due to VPDs by age group during week 34th 2020

Diseases	Cases			Deaths			CFR/100
	<5 years	≥ 5 years	Total	<5 years	≥ 5 years	Total	
Measles	63	13	76	1	0	1	1.3

Seasonal Diseases:



During week 34th total of (09) CCHF cases detected, investigated and responded by NDSR teams and the related stakeholders. The details are as below

Suspected CCHF Outbreaks								
Reported dated	Province	District	Village	Total cases	Total deaths	Age	Occupation	Recommendation/Action take
20 August 2020	Kabul	District 01	Kabul city	1	0	18	Student	During this week 09 suspected CCHF cases were reported from Kabul, Herat, Helmand, Nangarhar, Kunduz, Baghlan and Samangan provinces, the cases had probable contact with animals or the tissues of the animal, case management were done for all the cases and health education sessions were conducted. No death was reported from CCHF in this week
20 August 2020	Kabul	District 07	Kabul city	1	0	28	Jobless	
22 August 2020	Kabul	District 08	Kabul city	1	0	20	Butcher	
22 August 2020	Helmand	Lashkar gah	Qala mosa	1	0	16	Student	
17 August 2020	Nangarhar	Kama	Koz bandar	1	0	12	Student	
20 August 2020	Kunduz	Zirai dora	Shahre jaded baghlan	1	0	19	Farmer	
18 August 2020	Baghlan	Nahrin baghlan	Nahrin baghlan	1	0	65	Famer	
21 August 2020	Samangan	Aibak	Aibak city	1	0	18	Housewife	
21 August	Herat	Shindand	Shindand	1	0	22	Farmer	

Figure 3: Outbreaks investigated during the week 34th, 2020

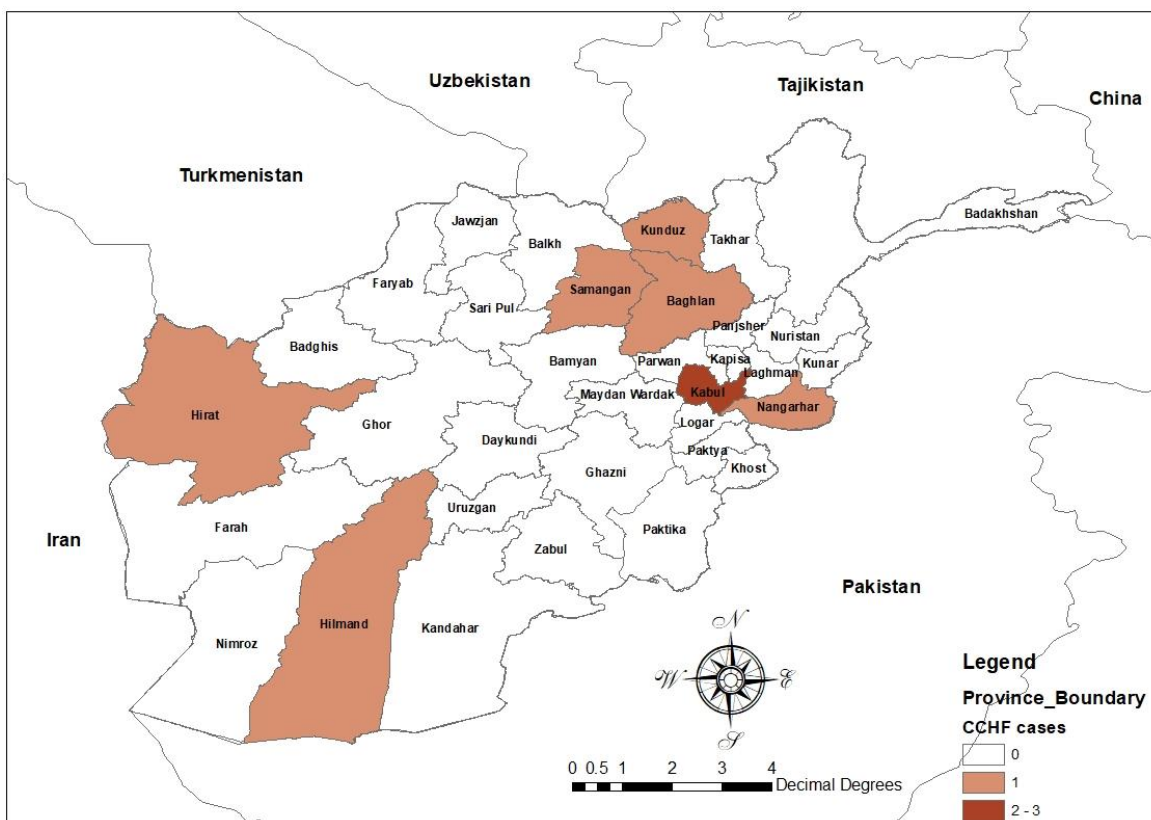


Table 2: Updates on the outbreaks reported during 2020 (29 Dec 2019 to 22nd Aug 2020)

Disease/Event	No. of outbreaks	No. of Lab confirmed outbreaks	No. of cases	No. of Deaths
CCHF	120	0	122	7
Measles	24	2	278	3
Pertussis	7	0	42	0
Scabies	7	0	320	0
Chickenpox	6	0	103	0
Dog bites/Suspected Rabies	5	0	58	0
Pneumonia	2	0	208	46
Acute Bloody diarrhea	1	0	120	0
Acute Viral Hepatitis	1	0	10	0
COVID 19	1	1	38070	1397
Mumps	1	0	51	0
Leishmaniasis	1	1	12	0
Grand Total	176	4	39394	1453

Laboratory surveillance:

A total of 2,193 specimens for suspected COVID 19 were received by CPHL. Out of which 400 specimens were confirmed for COVID 19 and 05 specimens were negative for CCHF.

Influenza Surveillance activities:

In Epidemiological week 34th, 2020, we have received Epidemiological reports from 9 out of 9 sentinel sites. (Kabul, Kapisa, Balkh, Herat, Kandahar, Bamyan, Baghlan, Nangarhar, and Paktya). Out of all new hospital admission, 117 (4%) Severe Acute Respiratory Infections cases were reported and 68% of them were among under 5 years old. The proportion of SARI cases was same as compared to week 33rd, 2020. Two SARI associated deaths reported this week. At the 9 provincial levels, the top sentinel sites with the highest proportion of SARI cases were Kabul and Bamyan (20%), and Kapisa(8%). In this Epidemiological week, our field staff sent 17 SARI and 12 ILI specimens to the National Influenza Center (NIC).

COVID-19 Surveillance activities:

In this week 2,188 specimens for suspected COVID-19 were tested. Out of which 400 samples were confirmed for COVID 19 by rtPCR. The cases have been managed either in the isolation wards or in home quarantine,

Out of 598 contacts of 400 positive cases which were mostly family members with an average of 1.5 contacts per case, 315 Contacts were traced and will be continued till 14 days of their last contact with the cases.

Also surveillance screening teams screened all the passengers in the points of entry for fever, and health education was conducted for them, about 101557 passengers have been screened for COVID-19 in the point of entry of nine provinces (Kabul, Herat, Paktika, Balkh, Farah, Nimroz, Kandahar, Nangarhar and Kunduz provinces).

In this week the data collection from the private labs and COVID-19 isolation hospitals are newly started

Challenges:

- Under-reporting of COVID-19 cases from public and private HFs, and community
- No mandatory reporting of notifiable diseases by public and private health facilities
- Inadequate numbers of SARI samples (Severe Acute Respiratory Infection) in adults (≥ 18 years), in order to early detect COVID-19 cases.
- Poor follow-up for contacts of the lab confirmed cases for early detection of COVID-19 cases by the BPHS implementer NGOs.

Recommendations:

- COVID-19 clinical cases reporting should be strengthened in all public and private health facilities and CHW should also report the cases
- Establish legislation for notifiable diseases mandatory reporting from all public and private HFs
- SARI (Severe Acute Respiratory Infection) surveillance in adults (≥ 18 years) should be strengthened and lab samples from those cases which are not responded with antibiotics during 48 hours should be collected for detection of suspected COVID-19 cases.
- Contact tracing for all contacts of the lab confirmed cases should be implemented by the BPHS implementer NGOs
- **EPI:** As the system detected 76 suspected Measles cases, further prevention and control measures should be conducted by EPI team.
- The findings should be analyzed further in different levels and appropriate actions to be taken by the concerned departments.