

Ministry of Public Health

Monitoring Evaluation & Health Information System GD

Diseases Surveillance Department

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National Disease Surveillance
& Response (NDSR)

NDSR Weekly Epidemiological Report 01st

Date: 31/12 - 06/01 - 2024

Summary:

- Out of **613** functional Surveillance sentinel sites, **611 (99.7%)** have submitted reports this week.
- A total of **687,438** new consultations, of which **275,576 (40.1%)** were due to Surveillance targeted diseases. That included **145,292 (52.7%) males** and **130,283 (47.3%) females**. Also, **125,074 (45.4%)** people under five years old and **150,501 (54.6%)** five years old and over were reported this week.
- The main causes of consultations this week were ARI Cough & Cold (**195,257 = 28.4%** cases out of total new consultations), Acute Diarrheal Diseases (**36,857 = 5.4%**) cases out of total new consultations, and Pneumonia (**38,071 = 5.5%** cases out of total new consultations).
- A total of **334** deaths were reported this week, of which **103 (30.8%)** deaths were due to surveillance-targeted diseases, which include **91 ARI Pneumonia** deaths, **09 Suspected Meningitis/ Severely ill Child** deaths, **02 Acute Watery Diarrhea with Dehydration** deaths and **01 Tetanus/Neonatal Tetanus** death.
- In addition, during this week, **21** outbreaks were reported: **08 Clinical Scabies** outbreaks were reported from, Kabul, Nangarhar, Panjshir, Takhar and Wardak provinces, **07 Clinical Chickenpox** outbreaks were reported from Badakhshan, Ghazni, Nuristan, Paktia, Takhar and Urozgan provinces, **03 Dog bite/suspected Rabies** outbreaks were reported from Helmand, Kabul and Takhar provinces, **01 suspected Pertussis** outbreak was reported form Urozgan province, **01 Clinical Impetigo** outbreak was reported from Badakhshan province and **01 Clinical Mumps** outbreak was reported form Panjshir province.

Moreover, **203** COVID-19 confirmed cases and **493** suspected Measles cases were reported at the national level.

Figure1: Surveillance/NDSR Sentinel Sites with GPS location by type of Health Facility, 2024

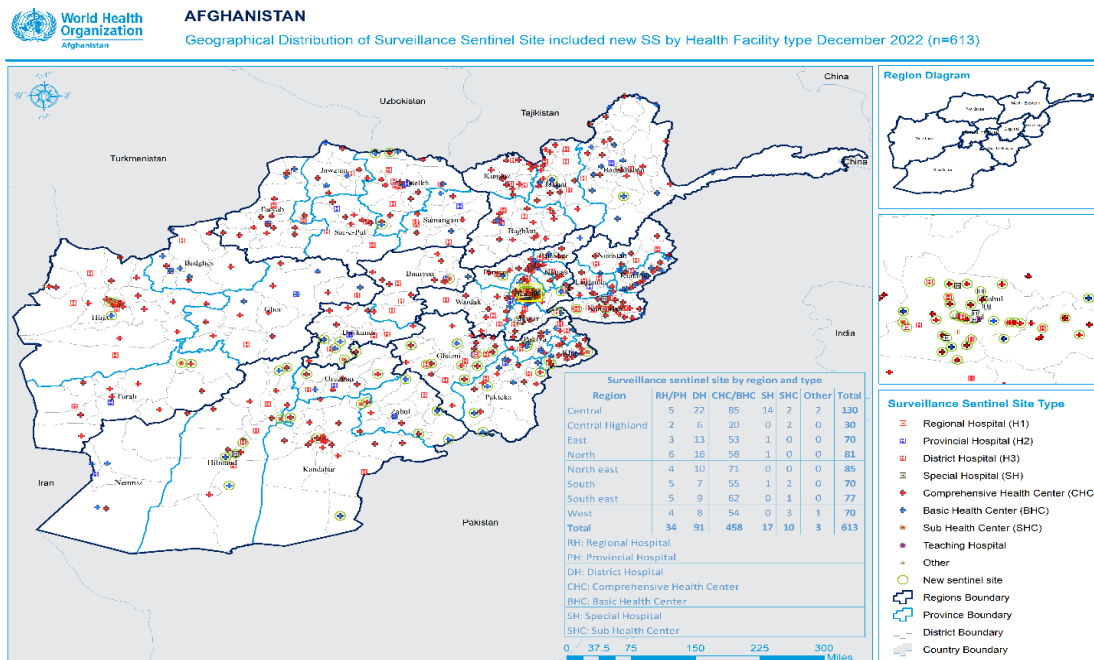


Table 1: Coverage of NDSR Surveillance System

Type of Health Facility	RH	PH	DH	CHC	BHC	NH/ Special Hospital	SHC	Other	Total
Total Health Facilities (HF)	8	27	91	437	900	36	1,106	2,093	4,698
HF covered by NDSR-Plus	8	26	90	348	111	17	10	3	613

Indicator - based Surveillance (IBS):

The indicator-based surveillance component of the NDSR, reports 17 priority conditions/infectious diseases from sentinel sites on weekly basis. The data is compared with previous weeks and the corresponding weeks of the previous three years, and the alert and epidemic thresholds are checked to see if disease incidence has crossed these levels and necessary action is initiated.

Figure 2: A

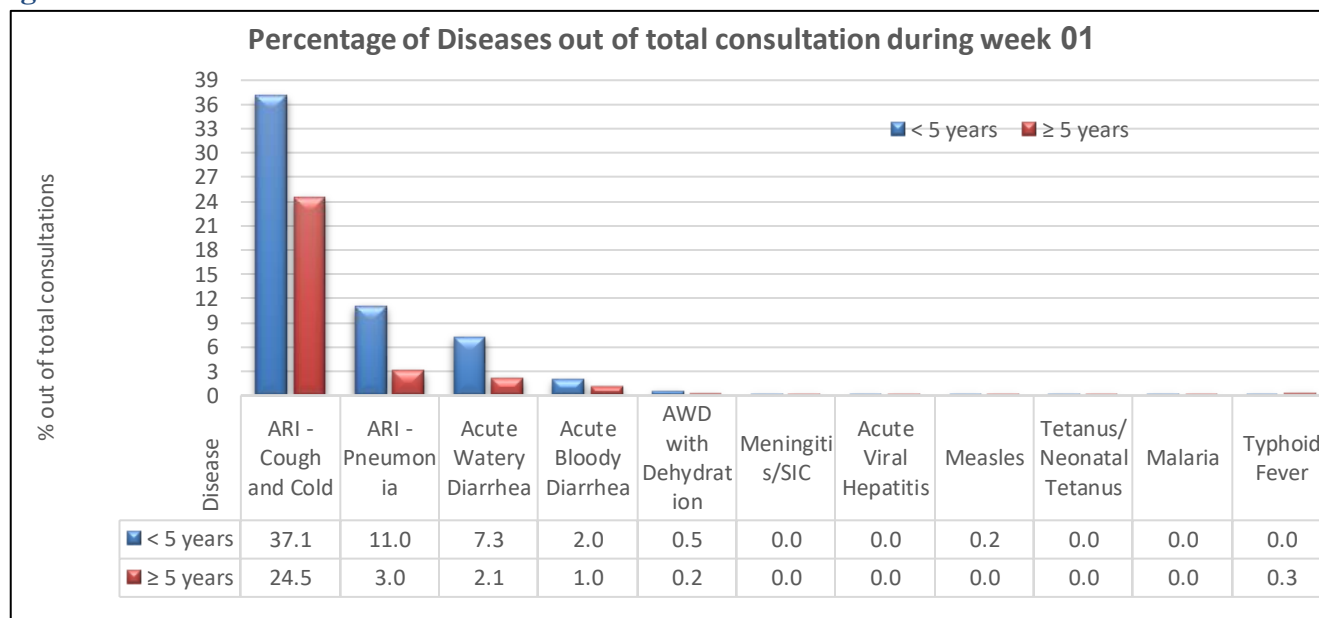
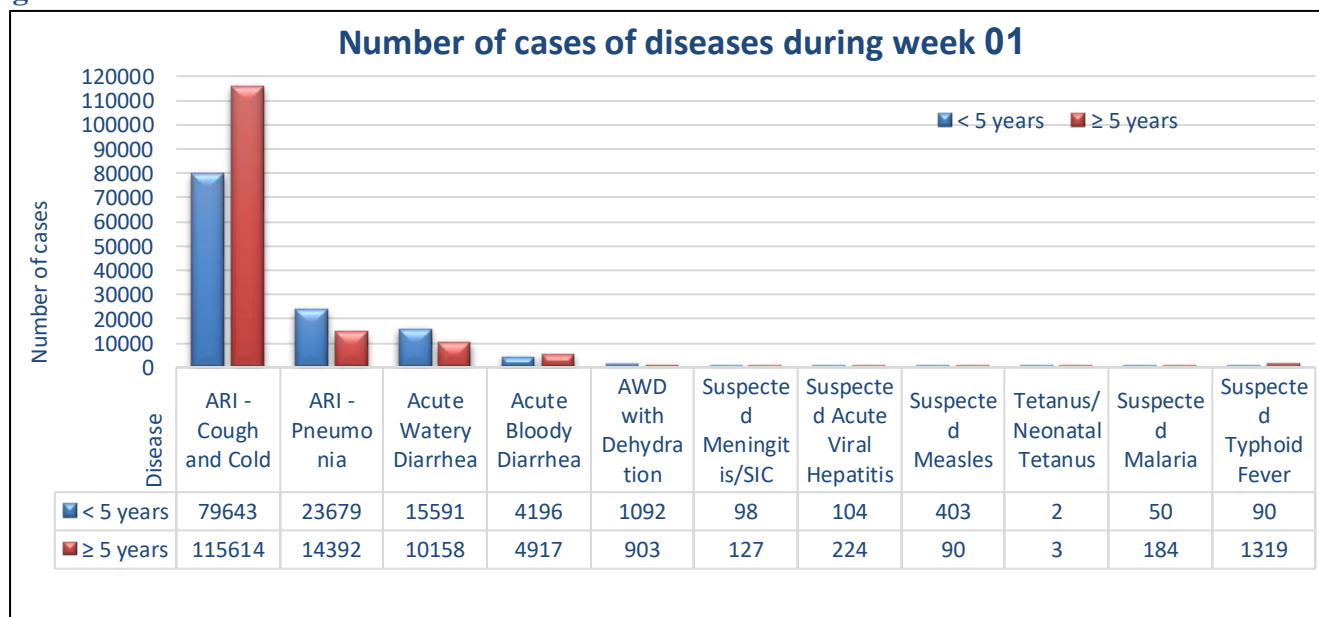


Figure 2: B



Seasonal Diseases:

Figure 3: A

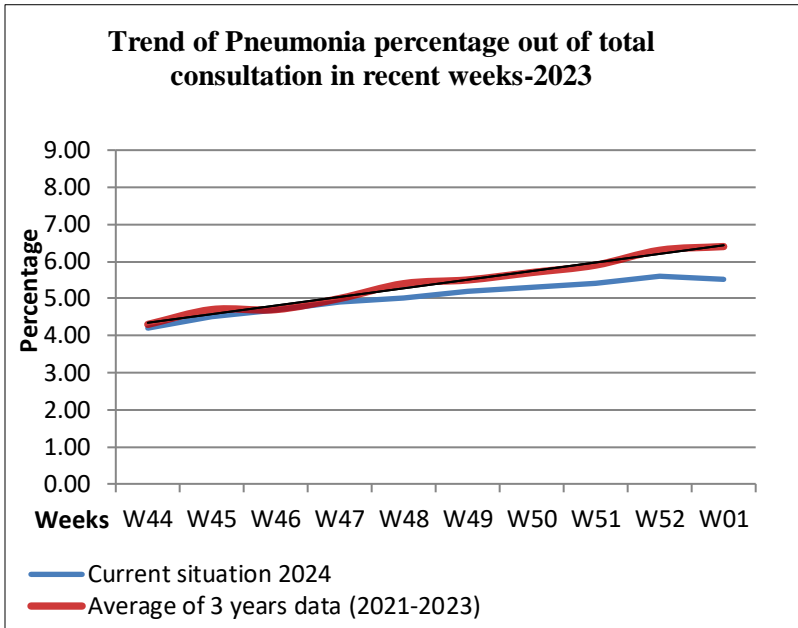


Figure 3: B

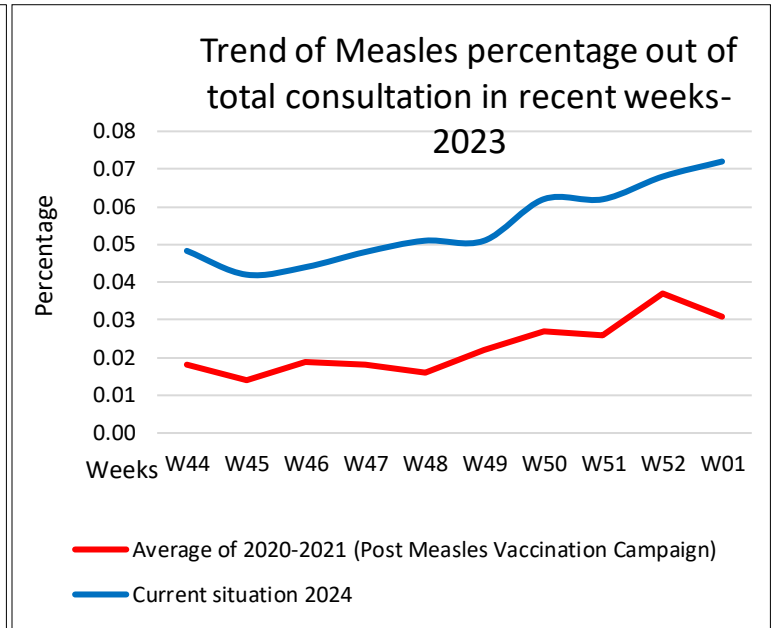


Figure 3: C

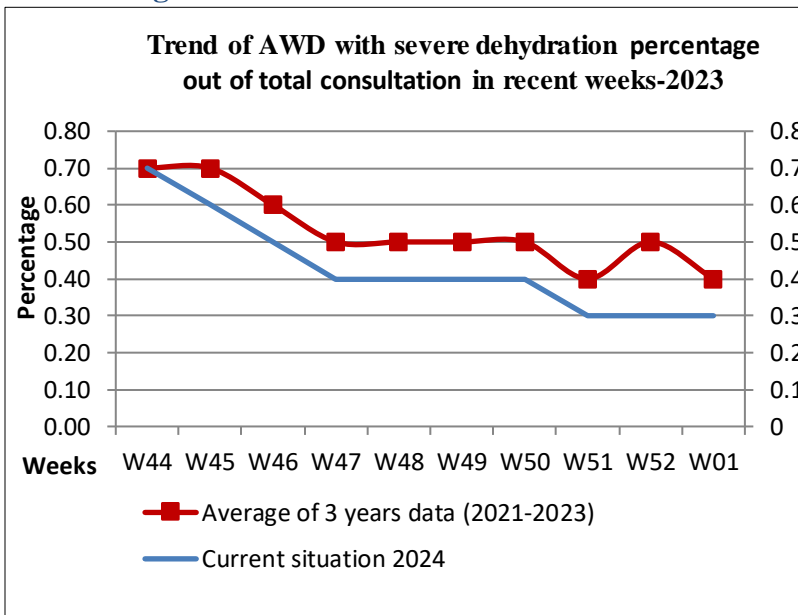


Figure 3: D

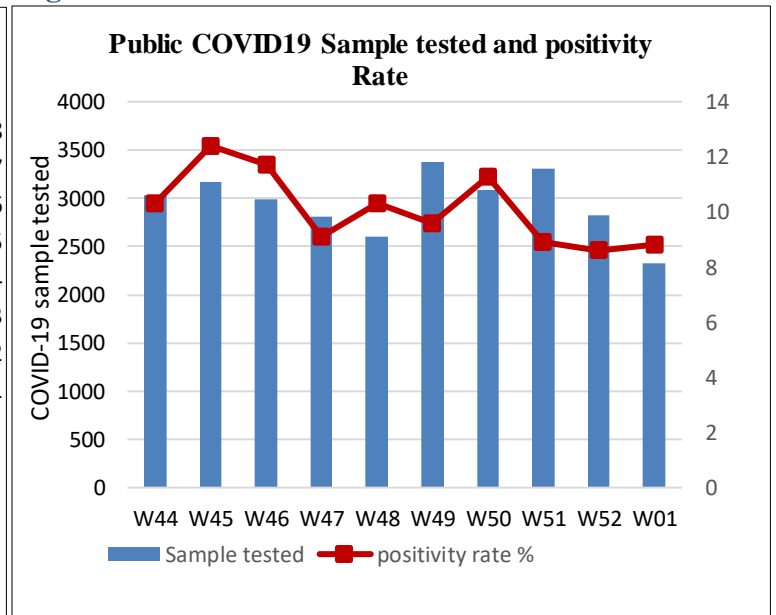


Table 3: Outbreaks in Week 01st 2024:

AFGHANISTAN INFECTIOUS DISEASE OUTBREAKS REPORT Epidemiological week # 01-2024								
Event / Diseases Name	Reported date	Province	District	Village	Total Cases	Total Deaths	Vaccination coverage, If VPD	
							Related HF reported coverage	Field Estimated Coverage
Clinical Scabies	01/01/24	Kabul	Dis 13	Pole Khoshk Dashte Barchi	10	0	NA	NA
	04/01/24		Dis 7	Qala E Ghaibi - Chehelston	7	0	NA	NA
	31/12/23	Nangarhar	Kama	Darul Uloom Madrasa Yari Bella	28	0	NA	NA
	04/01/24		Batikot	Anwarul Quran Madrasa Amber Khana	53	0	NA	NA
	31/12/23	Panjshir	Rukha	Gudara	9	0	NA	NA
	02/01/24		Center	Malaspa	8	0	NA	NA
	31/12/23	Takhar	Taloqan	Sasmaq	38	0	NA	NA
	02/01/24	Wardak	Said Abad	Gaida Khil	16	0	NA	NA
Clinical Chickenpox	31/12/23	Badakhshan	Faizabad	Dahshana	43	0	NA	NA
	31/12/23	Ghazni	Khoja Omari	Mola Ghazi	15	0	NA	NA
	01/01/24	Nuristan	Wama	Korder	33	0	NA	NA
	31/12/23	Paktia	Rohanibaba	Koz Janikhil	10	0	NA	NA
	02/01/24		Sayed Karam	Karez	7	0	NA	NA
	31/12/23	Takhar	Baharak	Payan Aab	10	0	NA	NA
	05/01/24	Urozgan	Tarin-Kot	Naqil	16	0	NA	NA
Dog/Bite/Suspected Rabies	01/01/24	Helmand	Lashkargha	Qala-Boost Amman Agha	8	0	NA	NA
	01/01/24	Kabul	Khak E Jabar	Koz Kharoti	8	0	NA	NA
	01/01/24	Takhar	Taloqan	Eshanha-E-Maktab E Zard	6	0	NA	NA

Suspected Pertussis	02/01/24	Urozgan	Char-Chini	Biragh	6	0	78%	33%
clinical Impetigo	31/12/23	Badakhshan	Yaftal	Shalkhazar	28	0	NA	NA
Clinical Mumps	01/01/24	Panjshir	Center	Manjahor	6	0	NA	NA

Figure 4 Clinical Scabies, Clinical Chickenpox, Dog bite/suspected Rabies, Suspected Pertussis, Clinical Impetigo, Clinical Mumps, COVID-19 Cases, and deaths during the week 01st 2024.

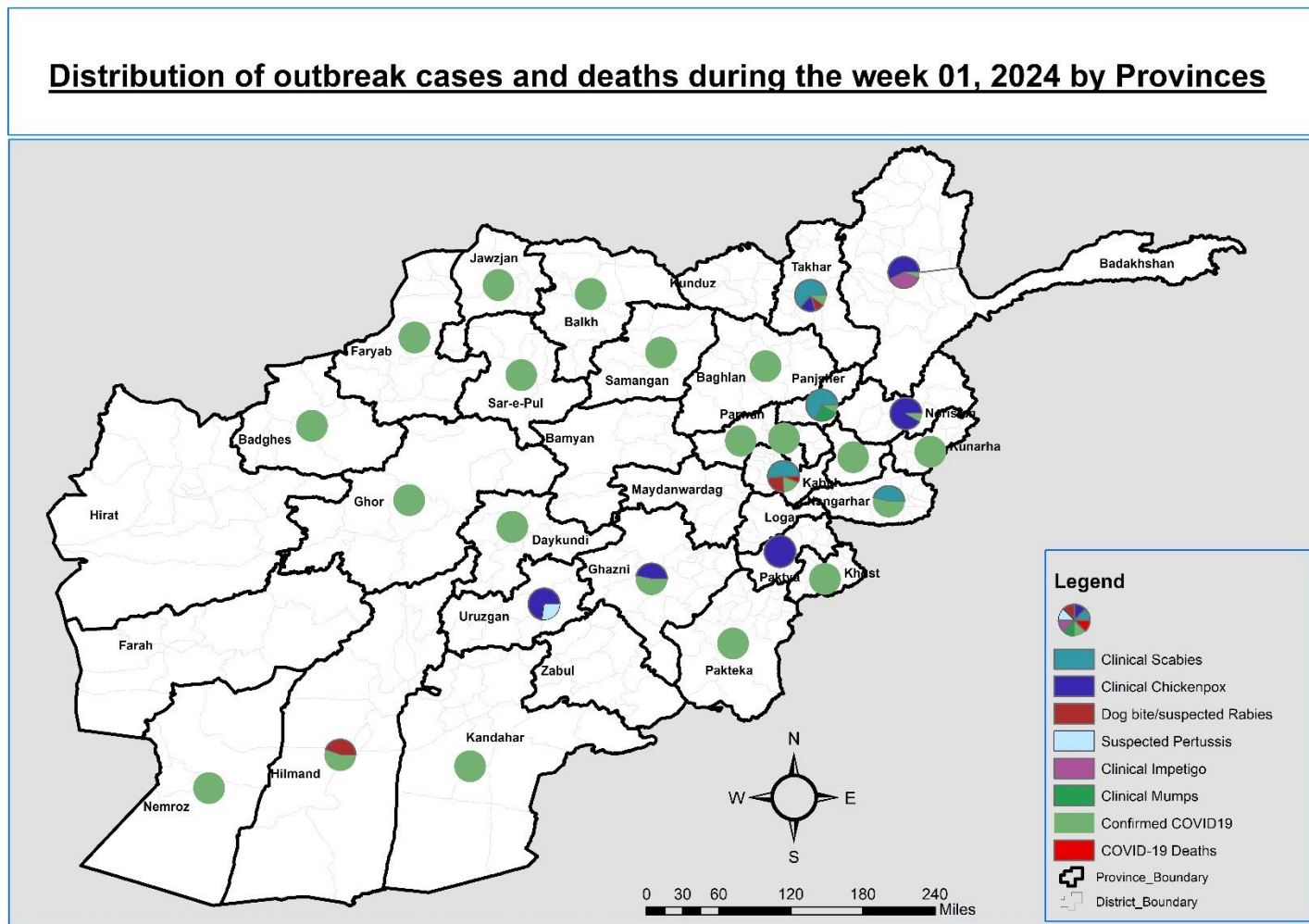


Table 4: Updated cumulative outbreak reports during 2024 (31 Dec 2023 to 06 Jan 2024)

Disease/Event	Disease/Event	Lab Confirm	Total Cases	Total Deaths
Scabies	8	0	169	0
Suspected Chickenpox	7	0	134	0
Dog bites/Suspected Rabies	3	0	22	0
Pertussis	1	0	6	0
Mumps	1	0	6	0
Impetigo	1	0	28	0
Grand Total	21	0	365	0

Laboratory surveillance:

A total of **3192** specimens were collected and shipped to CPHL and other regional laboratories. Out of which **02** specimens were confirmed for AWD, **15** specimens were confirmed for Acute Viral Hepatitis and **11** specimens were confirmed for Measles (Follow-up by the CPHL is going on).

Influenza Surveillance activities:

In Epidemiological week 1st 2024, we have received reports from 10 out of 10 sentinel sites (Kabul, Kandahar, Balkh, Herat, Bamyan, Baghlan, Nangarhar, Kapisa, Paktya and Badakhshan). Out of all new hospital admissions, 816 (14.6%) Severe Acute Respiratory Infections cases were reported and 60% were under 5 years old. The proportion of SARI cases was decreased compared to week 52nd 2023. 35 SARI-associated deaths were reported this week. At the 10 provincial levels, the top sentinel sites with the highest proportion of SARI cases were Kabul (42.0%), Kapisa (35.1%), and Nangarhar (26.5%) provinces. During this Epi-week, our field staff shipped 60 SARI and 40 ILI specimens to the National Influenza Center (NIC).

COVID-19 Surveillance activities:

This week, **2319** specimens were tested for suspected COVID-19. Out of which **203** specimens were confirmed for COVID-19 by RT-PCR.

- The COVID-19 case positivity rate was 8.7% this week, which increased 0.2% compared to the previous week.
- Out of **203 confirmed** cases, **246** contacts out of **55** were traced that were mostly family members, with an average of 4 contacts per case, and will be continued until 14 days after their last contact with the confirmed cases. Also, surveillance screening teams screened all the passengers at the points of entry for fever. In addition, health education was conducted for them. About **25,216** passengers have been screened for COVID-19 at the points of entry in two provinces (Kandahar and Nangarhar).

Challenges:

- Measles cases are still a public health concern in the country. This week, **493 (IBS+EBS)** Measles cases were reported to the surveillance system.
- Scabies cases are on increasing trend as a public health challenge due to unimproved lifestyle of the community.
- Chickenpox cases are on increasing trend, and it is recommended to provide its vaccine through the national EPI.
- Dog-bite cases are on increasing trend, and it is recommended to provide its control measure through the Zoonotic committee in national level.
- ARI cough and cold cases are on the increasing trend (0.5%) compared to the previous week.
- Pneumonia cases are on a decreasing trend (0.1%) compared to the previous week.
- Diarrheal diseases are on the decreasing trend (0.3%) compared to the previous week.
- COVID-19 preventive and control measures should be strengthened.
- Public awareness regarding ARI prevention and control is needed.
- Vaccine preventable diseases (especially Measles and Pertussis vaccination and preventive measures) should be strengthened.
- The measles response strategy should be reviewed to respond to the current measles epidemic situation.
 - **EPI:** As the surveillance system detected **493 (IBS+EBS)** suspected Measles cases at the national level, further prevention and control measures should be conducted by the EPI team.
- The findings should be analyzed further at different levels, and appropriate actions should be taken by the concerned department.