AFGHANISTAN: CHOLERA OUTBREAK  21 June 2005

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In Brief

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The Situation

Following informal reports of the outbreak of cholera in the city of Kabul on 9 June, the cholera task force committee, led by the ministry of public health (MoPH), conducted an emergency meeting with all aid agencies present in Kabul. The committee confirmed the outbreak of the disease in districts III and V of the capital.

By 14 June, a total of 50 individual cases were examined, of which 40 cases tested positive for cholera. On the same date, the deputy minister of public health participated in the cholera task force committee meeting and confirmed that the situation was deteriorating.

The cholera task force has established cholera management control centres in ten major hospitals in Kabul, where 40 cases have been tested positive for cholera. (Photo: courtesy of REUTERS/Ahmad Masood)
Laboratory tests indicated that the causal agent is a type of cholera resistant to commonly used medication (Vibrio cholerae El Tor type 01), but is sensitive to norfloxacin and chloramphenicol. The case fatality rate (CFR) is 0.9 per cent. Many of the casualties are children.

The main source of infection is contaminated water. The quick spreading of the disease in Kabul city is due to a number of factors:
- poor accessibility to safe water (only 19 per cent of the population of five million receive clean water);
- very poor sanitation facilities, with human faeces contaminating the open water sources;
- continuing floods, which are further contributing to the contamination of the water-table;
- poor level of public awareness in terms of hygiene education, which is enhancing the risk for the exposed population.

For all the above reasons, every year sporadic cases of cholera are registered in different parts of the city. However, this summer the infection is spreading fast, and is now registered in seven districts of Kabul city.

MoPH, which is coordinating the response to the outbreak, has called upon all non-government organizations involved in health activities to join their efforts in fighting the epidemic. The ministry has reactivated the existing cholera task force and established cholera management control centres in ten major hospitals of Kabul city. Twenty assessment teams have been formed, with the main task to randomly control food and beverage in all districts of the city. Chlorination of water reservoirs has started and an emergency stock comprising intravenous (iv) fluids, oral rehydration salts (ORS) and medicines, is being set up within the MoPH premises. A national awareness campaign has been launched mainly through local media, mosques and schools.

One of the main challenges in the efforts to contain the outbreak seems to be a rather slow and disorganized response, with delays mainly caused by the heavy bureaucracy of the MoPH. Additionally, as mentioned above, the inadequate sanitation infrastructure is threatening to significantly reduce the impact of the response efforts.

Red Cross and Red Crescent action

Since the outbreak was announced on 9 June, the Afghanistan Red Crescent Society (ARCS) and the Federation delegation have been releasing to the ministry of public health laboratory equipment as well as reagents, ORS, iv fluids and medicines. All ARCS clinics in Kabul are closely monitoring diarrhea cases and the staff is carrying out awareness sessions for all patients visiting the clinics. One emergency mobile unit has been mobilized on 16 June in order to assist the existing teams on the spot.

ARCS and the Federation delegation are attending regular inter-agency coordination meetings, and closely monitoring the situation in all districts of Kabul.

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