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The outbreak started on 9 August, when a health NGO named Sanayee Development Organization (SDO) reported 60 cases, which were soon revealed to be cholera cases through laboratory confirmation.

“Early detection of diseases is tantamount to saving lives. Thanks to a strong disease surveillance system and close collaboration between the MoPH, UN agencies and health NGOs, we were quickly able to limit the magnitude of the outbreak and safe lives” said Peter Graaff, Representative of WHO Afghanistan. “Yet, one of the challenges confronting cholera control in Afghanistan is insecurity in parts of the country because timely investigation and response are not possible without access to these areas.”

“We need more trained health professionals throughout the country. We must also promote the unparalleled role of public health education through, but not limited to, media channels,” said Her Excellency, Dr Suraya Dalil, Acting Minister of Public Health of the Islamic Republic of Afghanistan. “We thank our donors for their support so far and look forward to additional support to further strengthen Disease Early Warning System (DEWS) in Afghanistan.”

Diarrheal diseases are endemic to Afghanistan and there is seasonal increase from July to September. Most of the vulnerability to waterborne diseases comes from contaminated water sources, considering that safe drinking water supply reaches only 23% of Afghans.

Afghanistan’s DEWS is now operational in all 34 provinces encompassing 284 districts and accounts for more than 300 surveillance officers. “In 2009 alone, we were able to rapidly respond to and control 35 cholera outbreaks and treated 1721 reported cases across 15 provinces,” says Rashida Bano, WHO Epidemiologist. “The DEWS network is functioning at the grassroots level to detect and respond to disease outbreaks within 48 hours. And these include 14 highly-infectious communicable diseases.”

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