AFGHANISTAN

Dr. Ahadi at the DEWS Focal Point Training.

HIGHLIGHTS

• Conducted pandemic influenza preparedness and response training for all 34 provinces.
• Conducted nationwide assessment of SARI/ILI surveillance sites.
• Conducted specimen collection training for all 34 provincial public health laboratory technicians.
• Revised SARI and ILI data collection forms.
• Developed and installed a new ILI/SARI database.

OVERVIEW

The Islamic Republic of Afghanistan’s Ministry of Public Health (MOPH) received their first cooperative agreement funding from the U.S. CDC for capacity building in 2006. Fiscal year 2011 was the last year of the initial cooperative agreement funding. These funds have supported the Afghan Public Health Institute (APHI), a division of MOPH, in a number of activities, including: planning and conducting pandemic preparedness and response activities, establishing surveillance for influenza-like illness (ILI) and severe acute respiratory infection (SARI), building laboratory capacity for testing specimens for influenza viruses, health education, and training activities. After successful completion of the first cooperative agreement, a second agreement for sustainability was awarded; that agreement will end in September 2016.

SURVEILLANCE

The primary disease surveillance system in Afghanistan is the Disease Early Warning System (DEWS), established in 2006, with technical support from WHO and financial support from USAID. DEWS is a sentinel site-based surveillance system for weekly reporting of infectious disease morbidity and mortality, operating in public and private health facilities. DEWS collects data for 15 reportable diseases including influenza. DEWS receives data from 430 sentinel sites allocated throughout the 34 provinces of the country. The system is being upgraded to establish surveillance sites in all public health facilities nationwide; to introduce community based surveillance reporting through community health workers; to cover more private health facilities; and to work toward implementation of IHR 2005 in Afghanistan.

SURVEILLANCE ACTIVITIES

• Collected ILI and SARI epidemiologic data and laboratory specimens from eight sentinel sites in eight regions; specimens were sent for testing to the National Influenza Centre (NIC) at the Central Public Health Laboratory (CPHL).
• Detected, investigated, and responded to three pneumonia outbreaks with 136 associated cases in the past year as a result of ILI and SARI surveillance.
• Reported 3,421,878 acute respiratory illness (ARI) cough and cold cases and 646,895 ARI pneumonia cases.

LABORATORY

CPHL, a national reference laboratory and NIC, supports the DEWS surveillance program by testing specimens for confirmation of suspected outbreaks; it also supports testing for routine disease surveillance. In 2014, the laboratory performed a total of 2,457 tests on specimens received from all the DEWS regions. The NIC has worked closely with DEWS and MOPH to establish state-of-the-art laboratories.
NIC staff have been trained extensively through the support of international partners including WHO, NAMRU-3, and the U.S. Department of Defense (DOD) on influenza virus typing, subtyping, PCR, real-time PCR, and other techniques. Notable progress in laboratory surveillance capacity has been achieved over the past five years.

LABORATORY ACTIVITIES

- Worked with CDC’s Influenza Reagent Resource to supply the laboratory with reagents for influenza surveillance.
- Collected 648 ILI and 385 SARI samples, of which approximately half have been processed.
- Completed an assessment of the NIC in collaboration with WHO.
- Conducted training on sample collection for 34 provincial laboratory technicians.

PREPAREDNESS

The national surveillance system in Afghanistan captured data on both indicator-based surveillance and event-based surveillance. The system shares information on new circulating viruses and outbreaks with all stakeholders. When required, the system sends and receives alerts for situations of concern.

PREPAREDNESS ACTIVITIES

- Conducted four coordination meetings among DEWS coordinators and provincial officers to enhance the surveillance activities and improve better action on outbreak detection and responses.
- Conducted an IHR coordination meeting.
- Strengthened the screening process for suspected cases of MERS-CoV and Ebola virus, particularly during the Hajj season in support of IHR 2005.
- Supplied the NIC with reagents through IRR to perform influenza testing.
- Conducted a Rapid Response Training for DEWS and CDC officers.
- Assessed all influenza surveillance sentinel sites based on the approved checklist from WHO and submitted the report for further action.

TRAINING

- Conducted refresher trainings for 350 DEWS focal points in all 34 provinces.
- Conducted two rounds of rapid response training for pandemic influenza preparedness and response for DEWS provincial officers, CDC provincial officers, and NGOs.

INFLUENZA VACCINE ACTIVITIES

No activities completed for influenza vaccination due to budget constraints.