Disease Early Warning System (DEWS)
October 2008-September 2013

OVERVIEW
Communicable diseases account for 60 to 80 percent of all outpatient visits and more than half of all deaths in Afghanistan, making control of communicable diseases one of the highest priorities for the Ministry of Public Health (MoPH). In 2006, the World Health Organization developed the Disease Early Warning System (DEWS) for Afghanistan to reduce morbidity and mortality through early detection and response to disease outbreaks. By monitoring sites in all 34 provinces, DEWS provides accurate and timely outbreak and seasonal trend data. Investigations result in quick action to mitigate disease outbreaks and prevent epidemics. DEWS also coordinates health surveillance in the field, disseminates public health information, and collaborates with polio eradication and Expanded Programme on Immunizations (EPI) initiatives.

ACTIVITIES
• Infectious Disease Monitoring: Conducts weekly reporting on 15 priority infectious diseases from 323 sentinel sites. DEWS will expand its reach to every district by the end of 2013.
• Outbreak Investigations: Reports on suspected outbreaks and provides country-wide alerts.
• Disease Control Coordination: Coordinates disease control meetings held in every province and collaborates with disease control programs such as National Polio Eradication.
• Logistical Support: Stores and transports specimens at recommended temperatures to ensure that they arrive at the Central Public Health Laboratory in good condition.
• Quality Control: Introduces internal standard operating procedures and external quality assurance measures to outbreak detection efforts. Delivers viral specimens of cases of influenza-like illnesses to the U.S. Naval Medical Research Institute in Cairo and sends measles specimens to the National Institutes of Health laboratory in Islamabad for confirmation.

ACCOMPLISHMENTS
• An average of almost eight outbreak investigations per week took place country-wide and 98.5 percent of those outbreaks were investigated within 48 hours of the first report, in 2012. 331 suspected outbreaks and alerts were reported and investigated from January-November 2012.
• Increased surveillance system sentinel sites from 177 in 2009 to 323 in December 2012.
• 99.8 percent of sentinel site reports arrived on-time through the end of the third quarter of 2012.
• Established the Zoonotic Taskforce Committee at the national and provincial level. Established the DEWS Taskforce Committee within the MoPH and conducted the first meeting on establishment on Integrated Diseases Surveillance and Response.
• Supported 12 MoPH staff, including DEWS regional coordinators, to complete Masters in Public Health (MPHs) degrees.
• Updated the DEWS database for data compilation and analysis at the provincial, regional, and national levels.
• Developed a monitoring checklist for use by health facilities and sub-national DEWS offices.
• Drafted a DEWS strategic plan for the next five years.
• Drafted and distributed a treatment and prevention guide for Crimean-Congo Hemorrhagic Fever.
• Drafted, translated, and distributed training material for conducting outbreak investigations, which was used to train over 261 people at the regional level, including MoPH, non-governmental organization (NGOs), and polio staff.