2022 has seen a surge in Acute Watery Diarrhea (AWD) with dehydration and Cholera across Asia. Afghanistan has recorded a rising caseload since March, following the seasonal pattern but with caseload up to double the three-year average in areas where the outbreak was worsened by drought.

The first few cases of AWD were reported to the National Disease Surveillance and Response System (NDSR), MoPH and WHO on 04 May 2022 from Kandahar City of Kandahar province. And the outbreak has since spread to 143 districts in 34 provinces.

According to WHO, during week 37 of 2022 (11-17 Sep), a total of 9,639 new AWD with dehydration cases were reported which indicates 7.2% decrease in the number of cases compared to previous week. From 01 May to 17 September 2022, the cumulative figures of AWD with dehydration in Afghanistan are [1]:

- **169,476 cases** (54.7 % children below 5 years)
- **71 deaths** (70.0% children below 5 years)

Misinformation about Acute Watery Diarrhea (AWD), the outbreak, and Cholera, a bacterial infection, is circulating on social media. This document provides an update for humanitarian and health actors on some of the rumors in circulation.
Communities often use the term AWD and Cholera interchangeably, however Cholera is not always the cause of AWD.

AWD is a condition described by three or more loose or watery bloodless stools per day.

AWD can be caused by viral, bacterial, or parasitic infection. It can become serious if it causes severe dehydration.

Cholera is an extremely virulent, life-threatening illness caused by infection with a bacterium called Vibrio cholerae that can cause severe acute watery diarrhea. [2]

Who is at risk of acquiring AWD or Cholera?

There are quite a few germs that can cause watery diarrhea. Many of them are spread through contaminated food, water, or objects.

People can get Cholera when they swallow food or water contaminated with Vibrio Cholerae bacteria or eating food that's been handled by an infected person. Cholera affects both children and adults. Lack of access to clean drinking water is a common cause of AWD.

Large outbreaks of Cholera are often related to fecal contamination of water supplies or street foods. Vibrio Cholerae bacteria can be present in the feces of infected person for 1-10 days after infection, and are shed back into the environment, potentially infecting other people if not disposed of hygienically.

Cholera transmission is closely linked to inadequate access to clean water and sanitation facilities. Typical at-risk areas include slums, and camps for internally displaced persons or refugees, where minimum requirements of clean water and sanitation are not met. [3]
Measures to Prevent AWD and Cholera

Diarrhea caused by a virus or bacterial infection is contagious. To protect yourself, you should **always maintain high standards of hygiene** [4]:

- wash your hands thoroughly with soap and warm water after going to the toilet and before eating or preparing food
- clean the toilet, if it has seat and handle, clean it with disinfectant after each episode of diarrhea
- avoid sharing towels, flannels, cutlery, or utensils with others
- wash soiled clothing and bed linen separately from other clothes at the highest temperature possible
- avoid returning to work or school until at least 48 hours after the last episode of diarrhea
- you should avoid swimming for 2 weeks after the last episode of diarrhea.

Practicing good food hygiene will help avoid getting diarrhea that might be caused by contamination. You can do this by:

- regularly washing your hands, surfaces, and utensils with hot, soapy water
- never storing raw and cooked foods together
- making sure food is kept properly refrigerated
- always cooking your food thoroughly
- never eating food past its use-by date

The cholera bacterium and other bacteria that cause diarrhea are usually found in water or in foods that have been contaminated by feces from a person infected with cholera bacteria. Some prevention measures are similar to prevention protocol of diarrheas caused by viruses or food poisoning.

Some protocols you can follow:

- Make sure to drink and use safe water to brush your teeth, wash and prepare food, and to make ice. Safe water is sealed bottled water, if accessible – otherwise boiling water and letting it boil for at least 1 minute, is the most effective way to make water safe.
- Wash your hands with soap and safe water regularly, especially after using the toilet, after cleaning your child’s bottom, and before, during and after preparing food or eating.
- Use latrines or bury your feces/poo; do not defecate in or near any body of water. Clean latrines and surfaces contaminated with feces/poo, using 1 portion household bleach and 9 portions water. If a toilet or latrine is not available, defecate at least 30 meters away from any body of water and then bury your feces.
- Cook food well (especially seafood), keep it covered, and eat it hot. Peel fruits and vegetables. Avoid raw foods other than fruits and vegetables that you have peeled yourself.
- Clean up safely in the kitchen and in places where the family bathes and washes clothes. Wash yourself, your children, diapers, and clothes, 30 meters away from drinking water sources. [5]
Around 1.3 to 4 million people around the world get Cholera each year and 21,000 to 143,000 people die from it. Approximately 1 in 10 people who get sick with Cholera will develop severe symptoms such as watery diarrhea, vomiting, and leg cramps. In these people, rapid loss of body fluids leads to dehydration and shock. Without treatment, death can occur within hours. [6]

People can get Cholera by eating food that is contaminated with Cholera bacteria. If the food is bacteria-free, or washed and cooked with safe water properly, helps eliminate the risk of getting AWD or Cholera.

COVID-19 is a respiratory disease caused by the SARS-CoV-2 virus. It can spread quickly through droplets of your mouth or nose when you breathe, cough, sneeze, or speak, while you can get cholera by drinking water or eating food contaminated with cholera bacteria.

Oral rehydration is the primary treatment for diarrhea. Also, treatment with antibiotics is recommended for patients with severely cholera. Antibiotic treatment is declared safe for all pregnant women. [7]
“Cholera virus is a more dangerous virus than coronavirus.” 11-Jul-2022

“It’s not cholera, it is Corona. Cholera is not that deadly.” 13-Jul-2022

“The best treatment for [Cholera] disease is to take a shower with cold water so that your body becomes very cold, then you will be fine.” 13-Jul-2022

Why is this important?

- The Afghan population is particularly vulnerable to such health events as there is widespread economic stresses in the country and environmental shocks, which have pushed more people into poverty and had impacts on access to food and clean water. [9]

- Healthcare in Afghanistan has strongly relied on international aid for decades which is now underfunded. Urban and rural communities feel uninformed about available health services. The lack of qualified medical professionals, including female health workers, contributes to people’s feeling of insecurity in accessing the healthcare services. [10]

- The Acute Watery Diarrhea (AWD) outbreak in Afghanistan has affected all regions but shows provincial and district variations, with some areas following three-year average trends and others far exceeding them.

- Perceptions that AWD or Cholera are not dangerous can increase people’s carelessness about the precautions and preventions they take against these potentially life-threatening diseases, such as not seeking care at a treatment center in case of infection.
Rumor Trend – Cholera or AWD does not exist / There are fewer deaths than reported

“Cholera deaths are not as high as they announced it, they are liars.” 11-Jul-2022

“[Cholera in Zabul] is a lie. The Taliban spread these lies to attract foreign aid.” 14-Jul-2022

“It is not Cholera, they have eaten too much meat and got diarrhea.” 11-Jul-2022

Why is this important?

- Mistrust in the current healthcare authority is an issue – some believe that with collapse of the previous government, competent doctors have left Afghanistan, and the authorities hired new doctors who are not capable to diagnose and treat patients.

- According to research by Ground Truth Solutions, Afghans are unhappy with available healthcare. Overall satisfaction is low, healthcare fails to cover basic needs, and health services are difficult to access. Although people generally prefer to seek medical advice from qualified health workers, people we talked to – especially women and people in rural areas – have difficulty reaching health services. Information gaps, access constraints, and quality issues mean people feel they cannot rely on the formal healthcare system, and they seek alternative support. [11]

- While there are not overwhelming numbers of cases of resistance to healthcare’s activity or actors, stigma issues have been observed with previous outbreaks e.g., with COVID-19, where cases of infection or death would go unreported or hidden.

- Such mindsets that Cholera is a hoax, or a plot, or that deaths due to Cholera is a lie can increase negligence among people about the precautions and preventions they take against this disease, or not visit a treatment center even if they get ill.
Recommendations

- Humanitarian and health workers should collaborate with community and religious leaders to raise awareness about the risks, prevention practices and treatment of AWD and Cholera. In Afghanistan’s traditional society religious and community leaders play a vital role in influencing people’s decisions.

- Work with influential women and women's organizations to increase awareness about the risk and prevention protocols of AWD and Cholera, as women are the main caregivers of children — children make up more than 50% of the AWD cases in Afghanistan.

- Support media organizations to disseminate information about AWD and Cholera, their risks and prevention practices, through traditional and digital media channels. Share stories of those who have experienced AWD or Cholera and got treatment. Encourage live call-in programs that can connect local health professionals with the community to openly answer their questions and concerns.

- Support community health workers to lead the engagement activities about awareness raising of AWD and Cholera in their local communities.

Other Useful Resources

You can follow and get insights of epidemiological data about AWD and Cholera on:

- WHO EMRO | Infectious disease outbreak situation reports | Information resources
- WHO EMRO | Situation reports 2022 | Afghanistan-infocus | Afghanistan
- WHO Online Course – Cholera: Introduction | OpenWHO
- WHO Online Course – Cholera: Revised cholera kits and calculation tool | OpenWHO
About us

Rooted in Trust (RiT) is a USAID BHA-funded project run by Internews to support humanitarian, public health agencies and local media to combat and manage the spread of rumors and misinformation about COVID-19. This regular collection of community insights aims to provide humanitarian and public health agencies ideas to integrate and align their risk communication activities with community perspectives and provide information according to the needs to the community. In Afghanistan, Internews is collaborating with local media partners and the Risk Communication and Community Engagement Sub-Working Group (RCCE SWG).

Sources

[1] Infectious disease outbreak situation reports | Information resources | Afghanistan | WHO EMRO
[2][3] Cholera | who.int | WHO
[5] Five Basic Cholera Prevention Steps | CDC
[7] Antibiotic Treatment | Cholera | CDC
[8] Illness and Symptoms | Cholera | CDC
[10][11] Protecting and improving healthcare: community insights from Afghanistan | Ground Truth Solutions

We would love your feedback on this product! Contact us also to join our mailing list, collaborate and share data. Please contact Mir Rohullah Sadat, Senior Program Coordinator, Internews - msadat@internews.org