

Disease Outbreaks	AWD (May-Dec 2022)	COVID-19 (Feb 20-Dec 2022)	Measles (Jan-Dec 2022)	Dengue fever (Jun-Dec 2022)	CCHF (Jan-Dec 2022)	Pertussis (Jan-Dec 2022)	Malaria (Jun-Dec 2022)
Cumulative Cases <small>(Data from 613 surveillance sentinel sites)</small>	242,562	207,616	77,210	1,266	389	993	2,591
Deaths "CFR (%)"	87 (0.04)	7,849 (3.8)	388 (0.5)	2 (0.2)	15 (3.8)	15 (1.5)	0 (0.0)

Acute Watery Diarrhea (AWD) with Dehydration Outbreak (01 May to 31 Dec 2022)

Current Week	Cumulative Figures
2,782 new cases (57.3% under 5)	242,562 cases (<5 years, 55.3%)
0 new deaths	87 deaths (78.1% < 5 years), CFR=0.04%
0 new districts reported new alerts	175 districts in all 34 provinces
2 samples collected	2,635 samples collected

- During week 52-2022, a total of 2,782 new AWD cases with dehydration were reported which indicates 1.3% decrease in the number of cases, compared to the previous week (Figure 2).
- No new deaths were reported during the last week.
- The highest number of new AWD cases were reported from Kabul (1,010, 36.3%), followed by Baghlan (467, 16.8%), Zabul (258, 9.3%) and Hirat (132, 4.7%) provinces.
- Cumulatively, Kabul (56,106, 23.1%), Helmand (41,023, 16.9%), Baghlan (18,119, 7.5%), Nangarhar (12,845, 5.3%),

- Kandahar (12,748, 5.3%), Jawzjan (9,371, 3.9%) and Paktya (8,762, 3.6%) are the most affected provinces (Figure 1).
- Out of the total 242,562 cases, 134,192 (55.3%) were children below 5 years and 121,167 (50.0%) were females (Figure 3).
- 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 spread to 175 districts in 34 provinces.

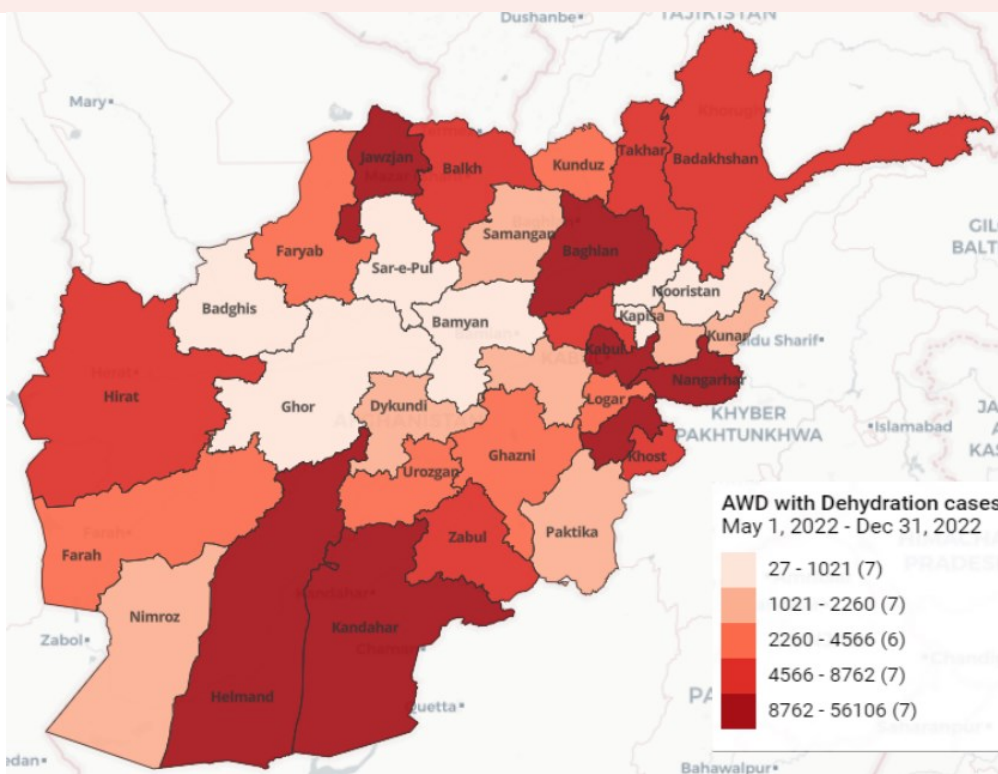


Figure 1. Hotspot areas of AWD with dehydration cases in Afghanistan, May-Dec 2022 (N=242,562)

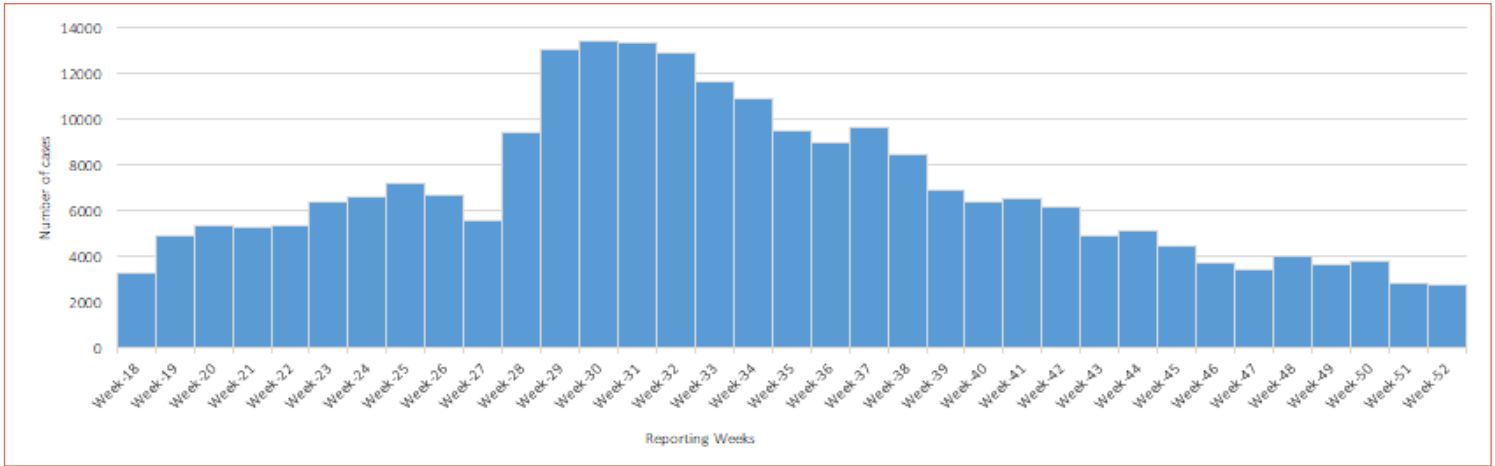


Figure 2. Weekly distribution of AWD with dehydration cases in Afghanistan May-Dec 2022 (N=242,562)

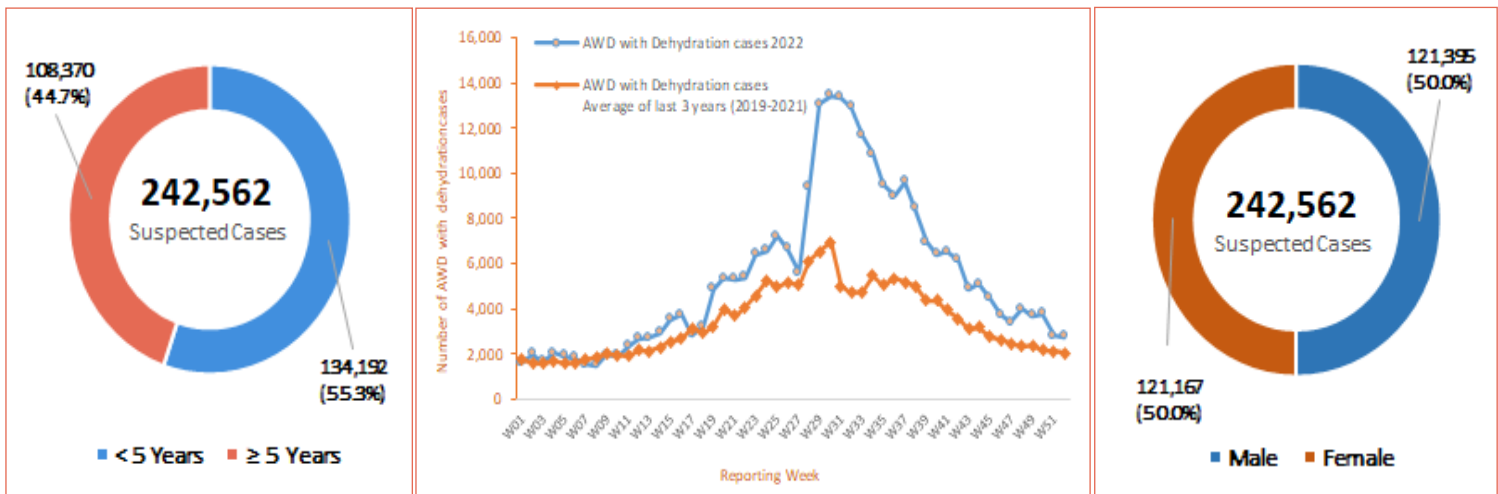


Figure 3. Distribution of AWD with dehydration cases by age groups in Afghanistan, May-Dec 2022

Figure 3.a. Comparing the trend of AWD with dehydration cases using 3 years average (2019-2021) vs 2022, in Afghanistan

Figure 3.b. Distribution of AWD with dehydration cases by sex in Afghanistan, May-Dec 2022

Response to the AWD outbreak



Figure 4. Training community health supervisors (CHS) and Medical officers on EBS in Kandahar province, Dec 2022



Figure 5. AWD RCCE session, Kandahar Province, Dec 2022

Leadership and Coordination

- Health and WASH cluster partners coordination meeting was conducted recently and the AWD preparedness and response plan will be revised and updated for 2023.
- Emergency and Preparedness Response Committees (EPR) are active at the provincial level.

Surveillance

- As part of the pilot implementation of event based surveillance (EBS), a total of 836 community health supervisors (CHSs) and medical officers have been trained on procedures of EBS in 6 provinces.
- Surveillance support teams (SSTs) are actively participating in outbreak investigation and response activities in 34 provinces.
- Supervisory visits have been conducted in different provinces to strengthen early detection and timely response to AWD outbreaks.

Case Management

- Since the beginning of the outbreak in May 2022, a total of 1,681 HCWs have been trained on AWD case management in 34 provinces.

Laboratory and Supplies

During December 2022:

- 5 central AWD case management kits were distributed to Paktia, Paktika, Ghazni, Nuristan and Kunduz provinces (One kit/province) to support AWD case management.
- 700 Cary Blairs were distributed to Kabul, Balkh, Kandahar and Nangarhar provinces to support sample collection and

transportation.

- 5 AWD investigation kits were distributed to Kabul NDSR office for supporting the AWD investigation.
- Overall, since the beginning of the outbreak between May and 31 December 2022, more than 500 AWD case management kits and more than 1,000 investigation kits (Cary Bliars & RDTs) were distributed to all outbreak affected areas.

WASH and RCCE

During December 2022:

- A total of 4,400 wells were chlorinated to provide clean water to 148,000 individuals in 5 provinces.
- In Taloqan district of Takhar province, water supply system was rehabilitated to provide safe water for more than 4,000 individuals.
- In 5 provinces, emergency latrines were installed and rehabilitated to provide sanitation and hygienic facility for 4,500 individuals.
- Overall, around 6,500 hygiene Kits were distributed to provide facility for hygienic practice to 35,700 individuals in 6 provinces.
- Hygiene promotion campaigns were conducted to increase awareness of hygienic practices for more than 133,000 individuals in 12 provinces.
- RCCE sessions were provided to more than 265,000 individuals in 13 provinces for the promotion of hygiene and sanitation.

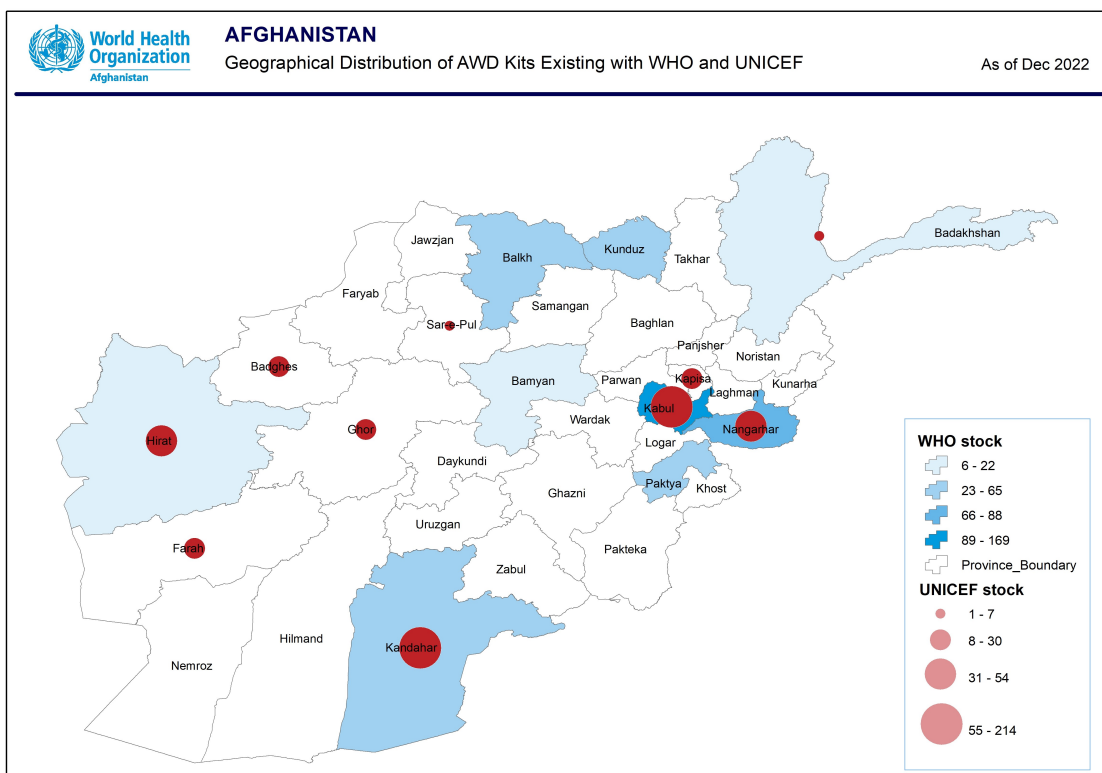
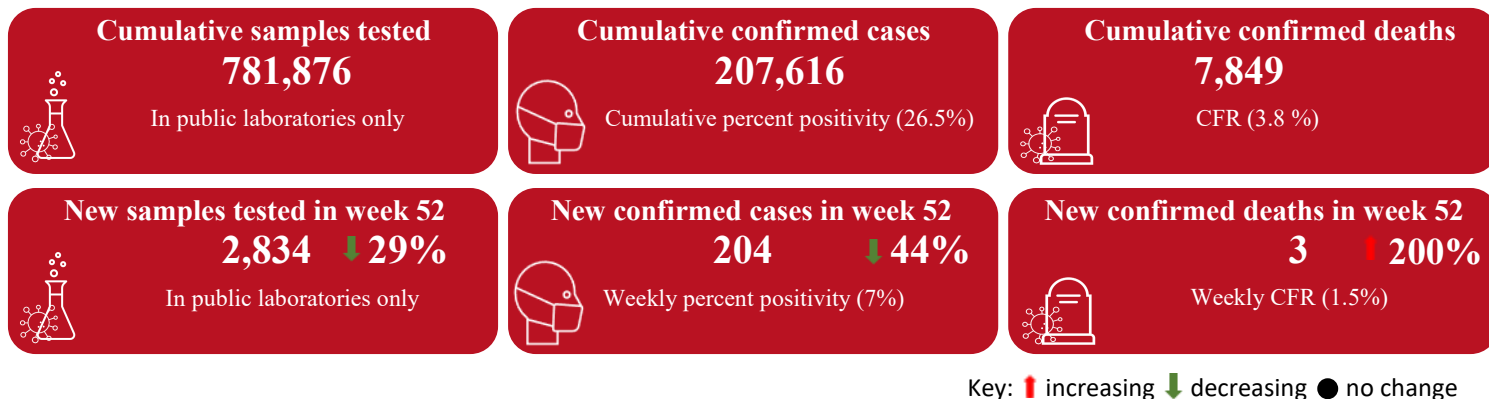


Figure 6. Distribution of existing AWD kits of WHO and UNICEF by province in Afghanistan, Dec 2022

COVID-19 (24 Feb 2020 – 31 Dec 2022)



COVID-19 Vaccination highlights



Total population: 39,269,174(Ref: UN estimation, AFG CMYP 2022)

Table 1: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (5 Nov – 31 Dec 2022)

Indicators	W45-22	W46-22	W47-22	W48-22	W49-22	W50-22	W51-22	W52-22	Epi-curve
Samples tested (in public Lab)	5,110	4,655	4,196	5,370	4,177	4,192	3,979	2,834	
Confirmed cases	800	657	474	573	439	372	365	204	
Percent positivity (%)	16	14	11	11	11	9	9	7	
Confirmed deaths	3	3	1	1	6	5	1	3	
CFR (%)	0.4	0.5	0.2	0.2	1.4	1.3	0.3	1.5	

Highlights of the week

- Since the beginning of the pandemic in Feb 2020, a total of 781,876 samples have been tested for COVID-19 through the public laboratories.
- In week 52-2022, 2,834 samples were tested in public labs, of which 204 samples were positive for COVID-19 (test positivity of 7%) and 3 new death was reported. This represents 44% decrease and 200% increase in the number of newly reported cases and deaths, respectively, compared to week 51-2022 (Table 1).
- Cumulatively, 207,616 confirmed cases (overall test positivity of 26.5%) of COVID-19 with 7,849 associated deaths (case fatality ratio = 3.8%) have been reported in Afghanistan since Feb 2020.
- As of 31 Dec 2022, 89.3% of cases have recovered.
- In week 52-2022, 7 out of 8 regions reported decrease in the number of newly reported cases compared to week 51. At the provincial level, the highest numbers of weekly new cases were reported from Hirat (38 cases), Zabul (27 cases), Wardak (21 cases), Ghazni (17 cases), and Takhar (12 cases).

Response to Covid-19

- During the last week, 50,000 VTMs were received to the Kabul WHO stock and will be distributed to all 34 provinces for supporting Covid-19 sample collection and transportation.

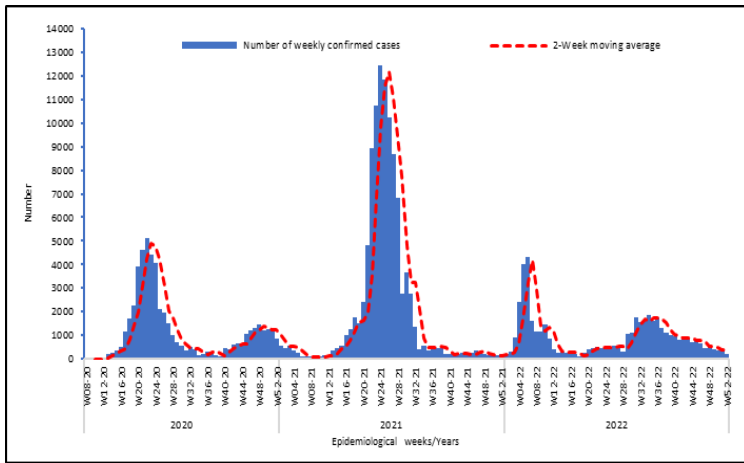


Figure 7: Weekly distribution of confirmed COVID-19 cases in Afghanistan (24 Feb 2020 - Dec 2022)

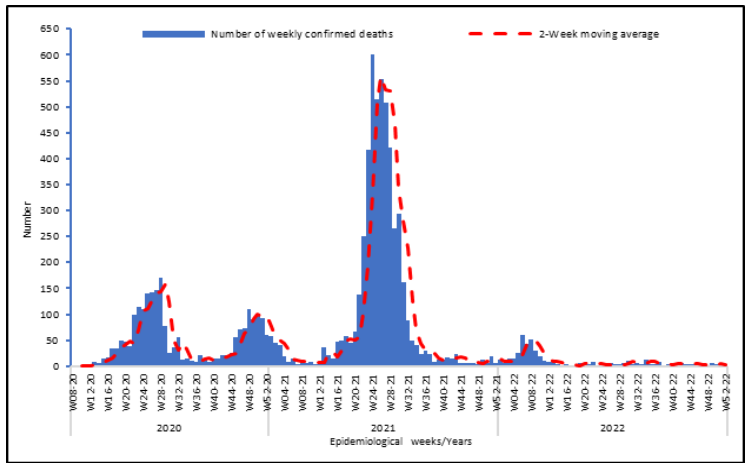


Figure 8: Weekly distribution of COVID-19 associated deaths in Afghanistan (24 Feb 2020 - Dec 2022)

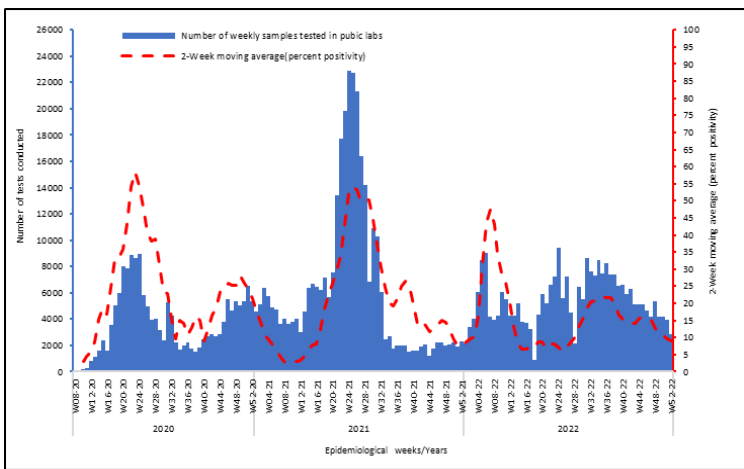


Figure 9: Number of weekly PCR tests conducted and 2-week moving average of percent positivity in Afghanistan (24 Feb 2020 - Dec 2022)

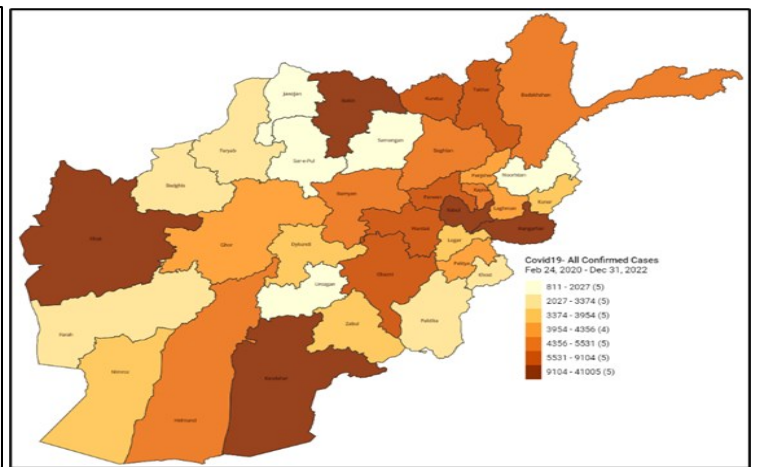


Figure 10: Geographic distribution of COVID-19 confirmed cases in Afghanistan (24 Feb 2020 - Dec 2022)

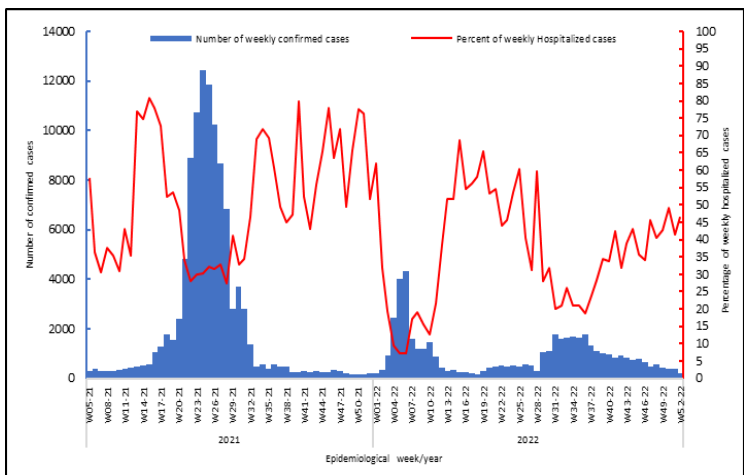


Figure 11: Weekly proportion of hospitalized cases out of new COVID-19 confirmed cases in Afghanistan as of (24 Feb 2020 - Dec 2022)

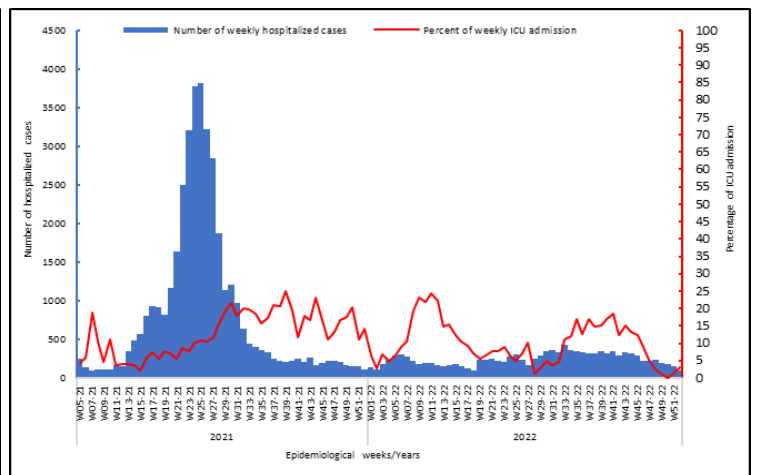


Figure 12: Weekly proportion of ICU admissions out of newly hospitalized COVID-19 cases in Afghanistan as of (24 Feb 2020 - Dec 2022)

Measles outbreak (01 Jan to 31 Dec 2022)

77,210 Total cases
 389 Total deaths
 9,861 Samples tested
 5,787 Lab confirmed cases
 58.7% Test positivity ratio

Table 2 summary of the measles outbreak in the last eight weeks (06 Nov– 31 Dec 2022)

Indicators	W-45	W-46	W-47	W-48	W-49	W-50	W-51	W-52	Epi-curve
Suspected cases	544	556	679	636	568	699	608	675	
Deaths	2	2	3	0	0	1	2	1	
CFR (%)	0.37	0.36	0.44	0.00	0.00	0.14	0.33	0.15	

- During epidemiological week 52-2022, a total of 675 new cases and 1 new death were reported which indicates 11.0% increase in the number of new cases, compared to last week.
- The newly reported death was female, under 5 and from Kunar province.
- The average number of suspected measles cases per week was around 621 cases during the last 8 weeks (Figure 15).
- During the last week, 4 out of 8 regions reported an increase in the number of suspected measles cases compared to the preceding week. The highest relative increase were reported in the West, South and Central East regions (Table 3).
- Cumulatively, the most affected provinces are Badakhshan (11.4%), Kabul (11.0%), Nangarhar (9.8%), Helmand (8.5%), Kunduz (7.3%), Takhar (5.1%) and Hirat (4.9%) (Figure 14).
- Out of the total 9,861 samples tested for measles, 5,787 were laboratory confirmed between Jan-Dec 2022.
- During the last week, 2 new districts reported suspected measles cases (Figure 13).

Table 3 number of suspected measles cases per region in the last 8 weeks 2022

Regions	W-45	W-46	W-47	W-48	W-49	W-50	W-51	W-52	Epi-curve	% of change compared to week 51
South	182	159	238	213	185	232	204	284		284 (↑ 39.2)
Central East	170	169	158	183	202	215	157	179		179 (↑ 14.0)
East	40	68	104	54	50	92	82	60		60 (↓ 26.8)
North	41	41	61	61	52	62	61	59		59 (↓ 3.3)
South East	41	38	46	51	25	48	39	42		42 (↑ 7.7)
West	21	25	4	27	17	13	21	36		36 (↑ 71.4)
North East	27	39	52	32	18	19	23	14		14 (↓ 39.1)
Central West	22	17	16	15	19	18	21	11		11 (↓ 47.6)

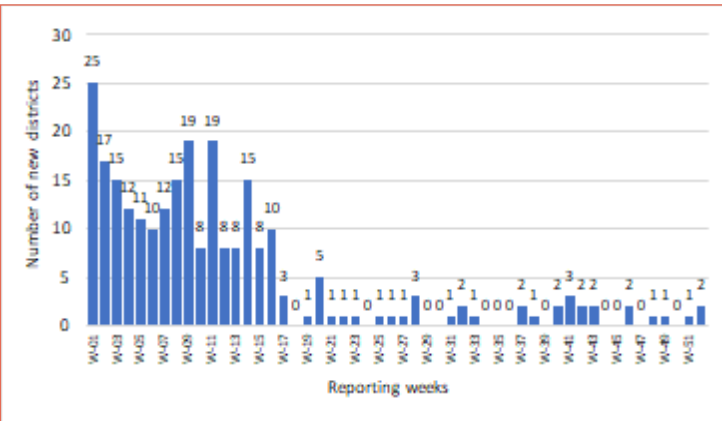


Figure 13. New districts reporting suspected measles cases on weekly basis in Afghanistan Jan-Dec 2022 (N=253)

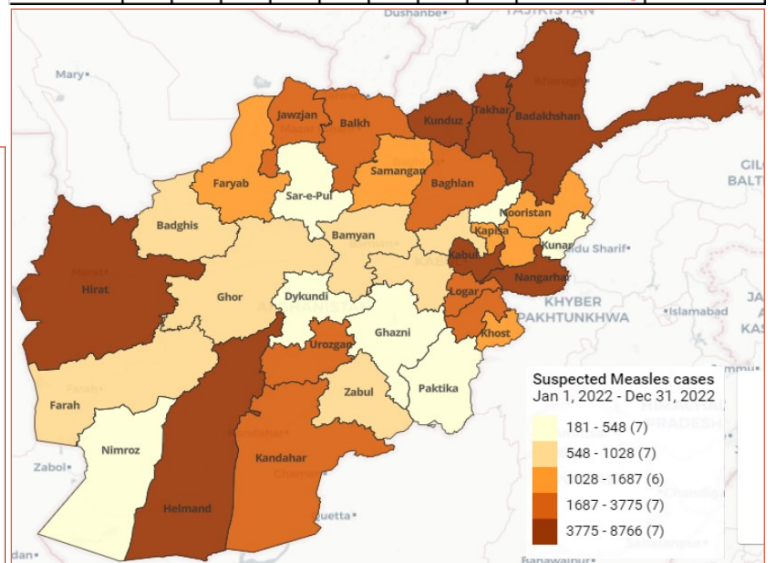


Figure 14. Geographical distribution of suspected measles cases in Afghanistan Jan - Dec 2022 (N=77,210)

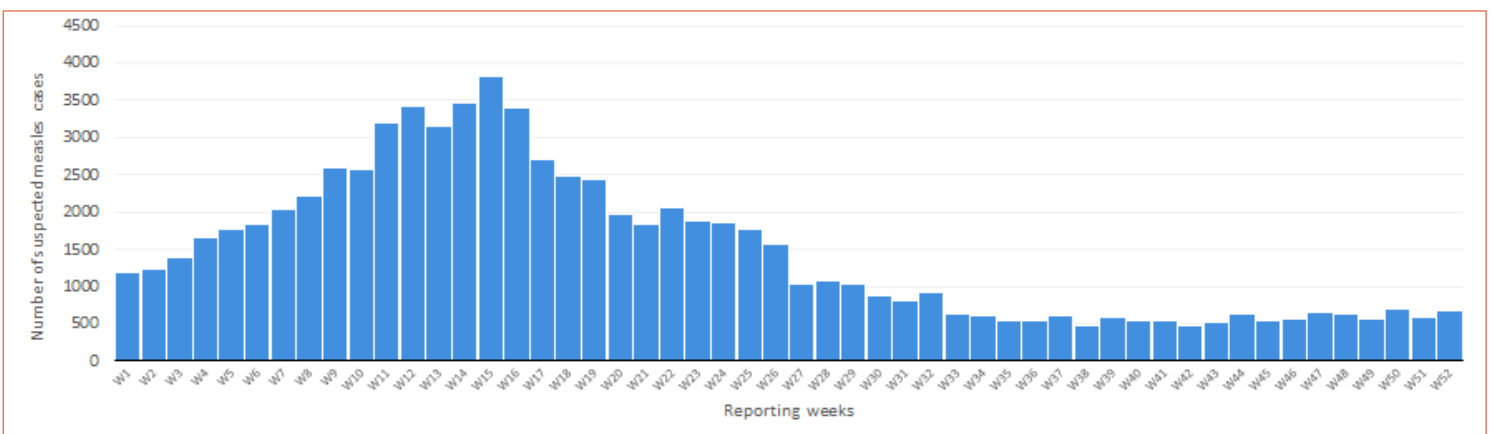


Figure 15. Weekly distribution of suspected measles cases in Afghanistan, Jan– Dec 2022 (N=77,210)

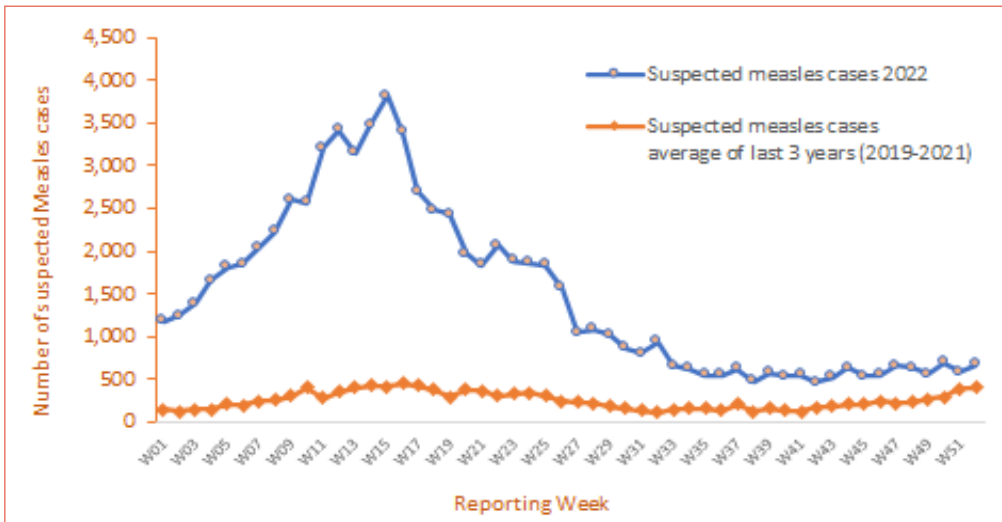


Figure 16. Comparing the trend of suspected measles cases using 3 years average (2019-2021) vs 2022, in Afghanistan

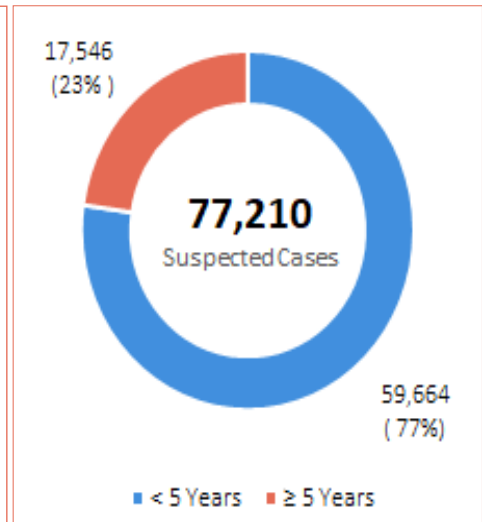


Figure 17. Distribution of suspected measles cases by age groups in Afghanistan, Jan-Dec 2022

Response to Measles outbreak

- The national measles immunization campaign was conducted during 26 Nov-12 Dec-2022; immunizing 5.3 million children aged 9-59 months in 329 planned districts of 34 provinces across the country (almost 99% admin coverage).
- Since December 2021, around 11 million children (aged between 6 months to 14 years) have been vaccinated through 5 different measles outbreak response and national immunization campaigns in 34 provinces.
- A total of 593 measles kits have been supplied to 28 provinces in 7 regions across the country to support case management.



Figure 18. National measles immunization campaign, Nangarhar province Afghanistan, Dec 2022

Dengue Fever Outbreak (01 Jun to 31 Dec 2022)

Highlight:

- A total of 8 suspected dengue fever cases with no new deaths have been reported during week 52-2022 from Nangarhar (7) and Kabul (1) provinces, which brings the total number of cases and deaths to 1,266 and 2, respectively.
- The new case reported from Kabul province had recent travel history to Pakistan (endemic for dengue).
- Out of 1,266 reported cases, 294 (23.2%) were females and 1,242 (98.1%) were over five years of age.
- Out of 1,266 samples, 383 (30.3%) samples were positive using PCR (370 and 13 in Nangarhar and Kabul, respectively).

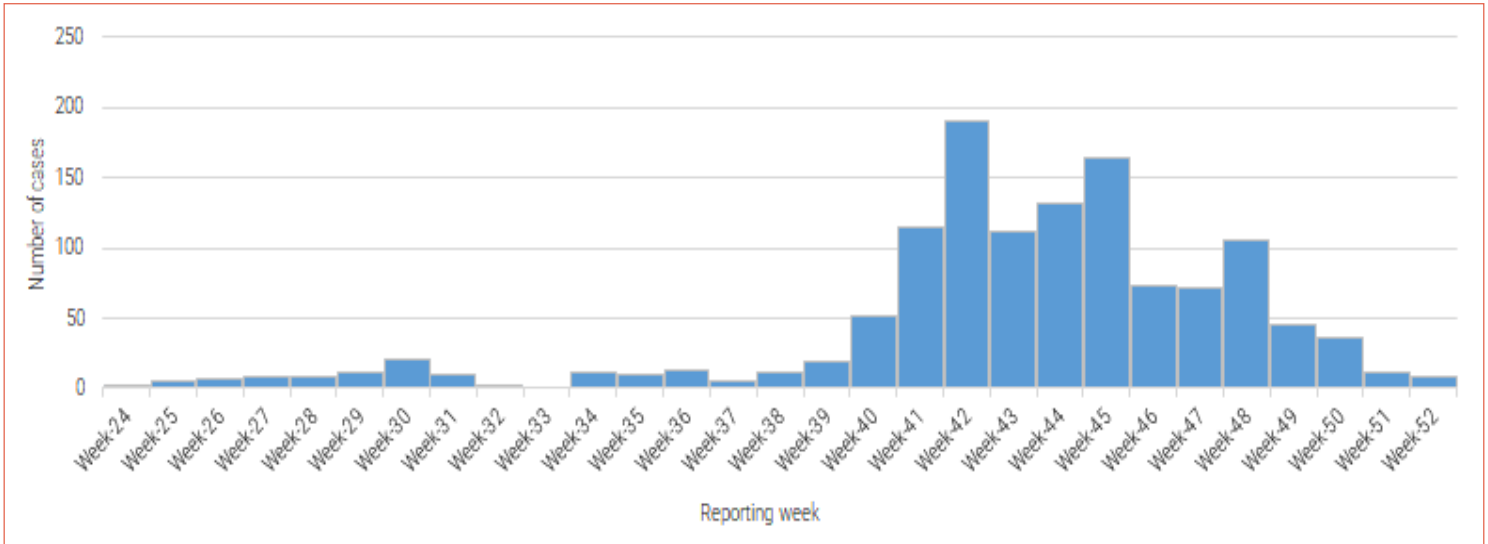
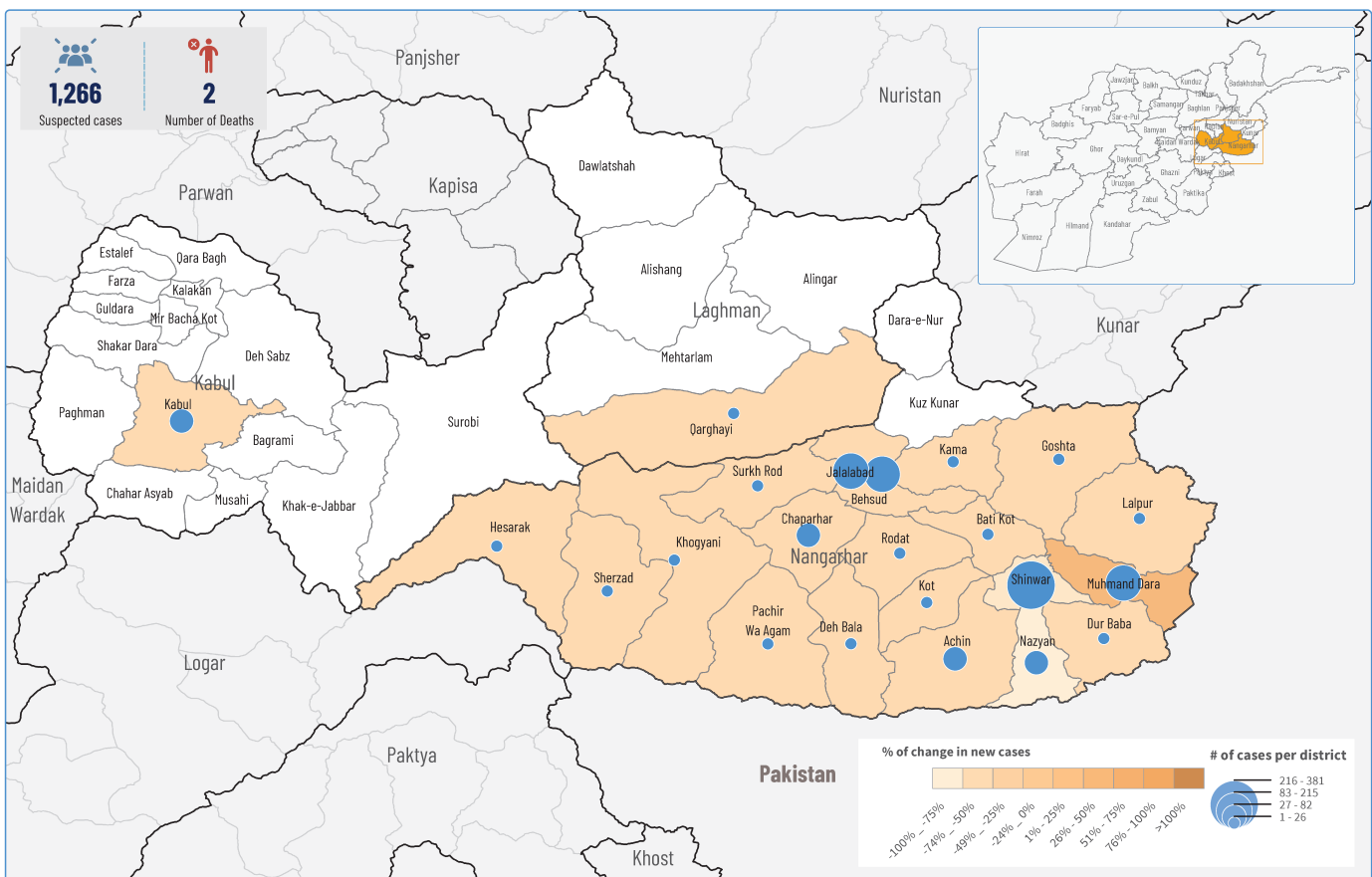


Figure 19. Weekly distribution of dengue fever cases in Afghanistan Jun-Dec 2022 (N=1,266)



Geographical distribution of suspected dengue fever cases in Afghanistan and weekly percent of changes (between weeks 51 and 52, 2022)



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization (WHO) concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries, the lines on map represent approximate border lines for which there may not yet be full agreement. Sources: MoPH, WHO, AGCHO. Creation date: 31 December 2022.

Figure 20. Hotspot areas of dengue fever cases and percent change of new cases in Afghanistan, Jun-Dec 2022 (N=1,266)

Response to the dengue fever outbreak

- A total of 9 PCR kits (one in last week) has been delivered to the Nangarhar reference lab (RL) to support the case confirmation of diagnosis among suspected dengue cases.
- Overall, 1,000 Kgs of larvicides have been released and distributed to Nangarhar sub-office to support dengue fever vector control activities.
- A task force committee is coordinating the dengue fever outbreak response activities with the active participation of PPHD, WHO, NDSR, vector control program, BPHS and EPHS implementers in the outbreak affected areas.
- Surveillance support teams and entomology teams continue to do their work after receiving on-the-job training.
- Health education sessions were conducted in two villages, among those identified as hotspot areas; the main message was to raise public awareness regarding source reduction activities as well as how to protect themselves from being infected.



Figure 21. Provision of case management services to a dengue fever case in Nangarhar province, Afghanistan, Dec 2022

Other infectious diseases outbreaks (Jan-Dec 2022)

CCHF Highlight:

- During week 52-2022, 1 new suspected CCHF case was reported from Bamyan province. This brings the total number of suspected CCHF cases to 389 from 26 provinces.
- Out of 389 cases, 302 (77.4%) were males and all were over five years of age.
- Out of 389 cases, 103 (26.5%) were lab confirmed using PCR.
- No new deaths have been reported for the last twelve weeks, and the total number of CCHF associated deaths remained at 15 (Kabul (5), Hirat (3), Takhar (2), Kapisa (2), Nangarhar (2) and Badghis (1)).
- The CCHF cases are managed in the health facilities according to the national guidelines. Ribavirin and double bags needed for the treatment of CCHF cases have been distributed to all regions.
- Training on CCHF case management has been conducted and included 91 HCWs (33 provinces).

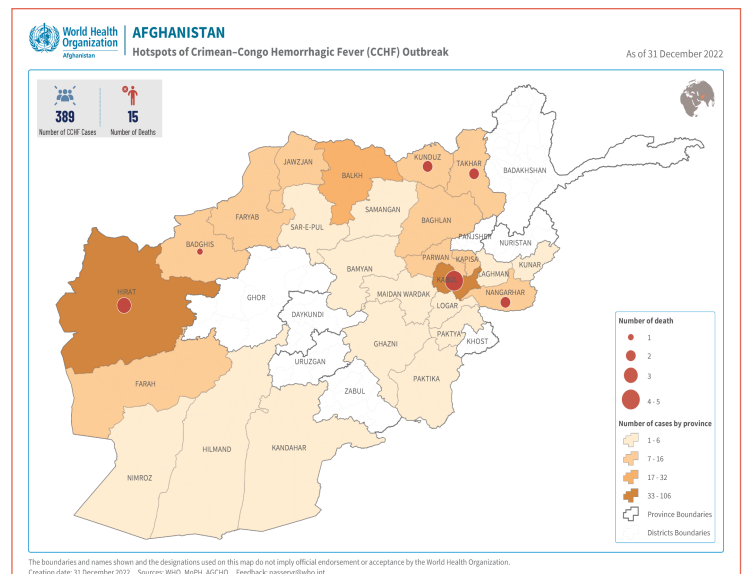


Figure 22. Hotspot areas of CCHF cases in Afghanistan, Jan-Dec 2022

Pertussis Highlight:

- During week 52-2022, a total of 21 new suspected pertussis cases were reported from Kabul (11), Ghazni (3), Kandahar (3) and Helmand (1) provinces, this brings the total number of suspected cases to 993 from 19 provinces.
- Out of the total 993 cases, 670 (67.5%) were children below 5 years and 474 (47.7%) were females.
- The highest number of suspected cases have been observed in Kabul (233, 23.5%) and Ghazni (204, 20.5%) and followed by Kandahar (159, 16.0%) Figure 23.
- No new suspected pertussis associated deaths have been reported for the last sixteen weeks, and the total number of associated deaths remains at 15.
- As part of preparedness and response activities to the expected pertussis outbreak during the winter season, required supplies has been distributed in five provinces (Badakhshan, Jawzjan, Daikundi, Nooristan and Ghazni).
- Note: correction made in the total number of suspected pertussis cases and deaths reported in the SitRep week 51.

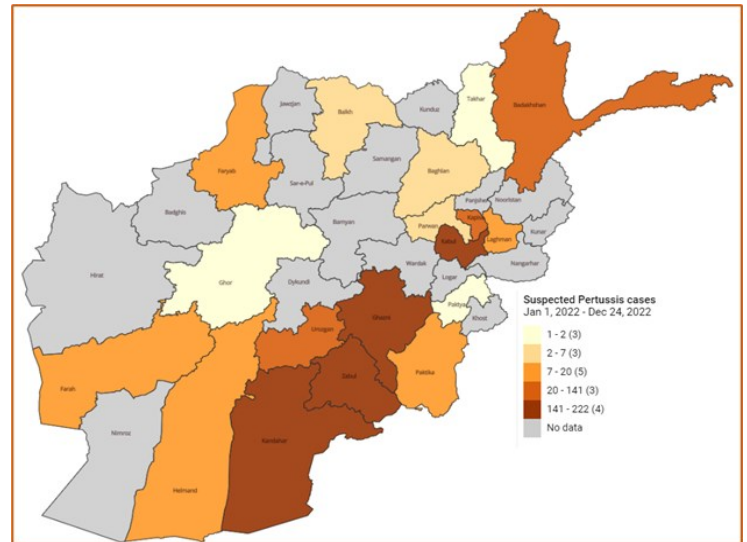


Figure 23. Geographical distribution of suspected pertussis cases in Afghanistan Jan - Dec 2022 (N=993)

Malaria Outbreak Highlight:

- During the last nine weeks, there was no indication of a new outbreak while comparing trends in different locations. In total, the number of suspected malaria cases remained at 2,591 from 7 provinces, Kandahar (683, 26.4%), Laghman (663, 25.6%), Kunar (562, 21.7%), Badghis (552, 21.3%), Nangarhar (86, 3.3%) Farah (39, 1.5%) and Kapisa (6, 0.2%).
- Out of 2,591 cases, 1,112 (42.9%) were females and 419 (16.2%) were children below 5.
- 32 malaria case management kits were supplied to Nangarhar province; 9 kits were distributed to outbreak affected area (Amarkhil village of Surkhrood district).
- Required medicine for case management and RDTs for the diagnosis of the suspected malaria were supplied by partners to the outbreak affected area.

Note: MOPH is the source of epidemiological data

Contact us for further information:

Dr Alaa AbouZeid MD, MPH, MSc, PhD: Health Emergencies Team Lead, WHO-CO, (abouzeida@who.int)

Dr. Mohamed Moustafa Tahon, MD, PhD : Head of Infectious Hazard Preapredness, WHO-CO, (tahonm@who.int)

Dr. Mohammad Omar Mashal MD, PhD: National Surveillance Officer WHO-CO, (mmashal@who.int)

Mr. Hafizullah Safi, BSF, MBA, MPH: Data Management Officer, WHO-CO, (safih@who.int)