



### AFGHANISTAN

#### INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #23-2024

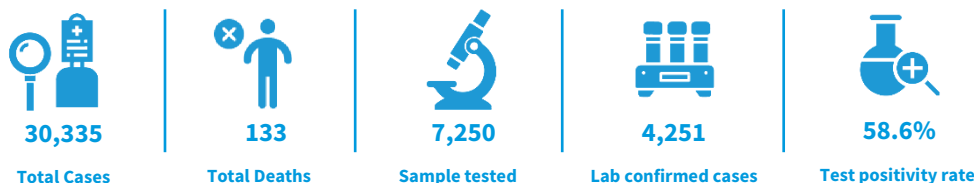
No. 23 (02 -08 Jun 2024)

Disease Outbreaks	Measles	AWD	ARI	COVID-19	CCHF	Dengue fever
Cumulative Cases 2024	30,335	56,407	742,714	*7,542	225	986
Cumulative deaths 2024 (CFR %)	133 (0.4)	27 (0.05)	1,676 (0.2)	36 (0.5)	8 (3.6)	0 (0.0)

\*This number represents confirmed COVID-19 cases, while others are suspected cases. (Data from 610 (99.5%) out of 613 sentinel sites)

### Measles Outbreak

(01 Jan-08 Jun 2024)



**Table 1:** Summary of the measles outbreak in the last eight weeks in Afghanistan (14 Apr – 08 Jun 2024)

Indicators	W16	W17	W18	W19	W20	W21	W22	W23	Trend line
Suspected cases	1,316	1,569	1,530	1,604	1,681	1,723	1,780	1,704	
Suspected deaths	7	4	2	5	6	9	6	7	
CFR (%)	0.5	0.3	0.1	0.3	0.4	0.5	0.3	0.4	

- The epidemiological curve of suspected measles cases demonstrates an increasing trend since the beginning of 2024 (Figure 1). The trend in 2024 is higher than that reported in 2023 and the 2-year average before 2021-2022 outbreak (Figure 2).
- During week 23-2024, a total of 1,704 suspected cases and 7 associated deaths were reported. This represents a slight decrease in the number of suspected measles cases compared to the preceding week.
- The 7 deaths were reported from 5 provinces: Kandahar (3), Faryab (1), Herat (1), Kabul (1), and Kapisa (1); all deaths were under five children, while 5 of them were females.
- Since the beginning of 2024, a total of 30,335 suspected measles cases and 133 deaths (CFR=0.4%) were reported. Among suspected measles cases, 24,329 (80.2%) were under-five children, and 13,717 (45.2%) were females.
- Since the beginning of 2024, the highest cumulative incidence of suspected measles cases per 10,000 population has been reported from Khost (25.3), followed by Balkh (20.2), Samangan (17.8), and Jawzjan (15.3) (Figure 3).

**Figure 1.** Weekly distribution of suspected measles cases in Afghanistan, 01 Jan to 08 Jun 2024 (N= 30,335)

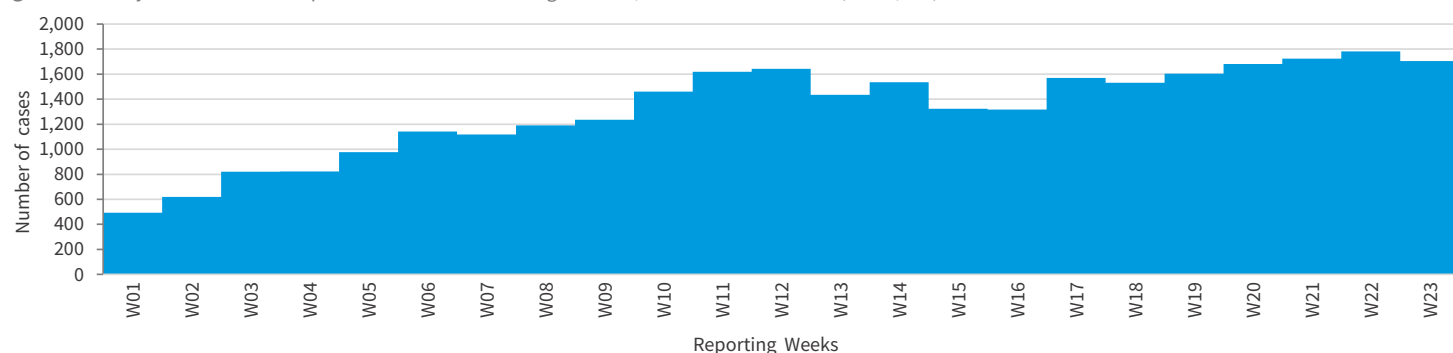


Figure 2. Comparison between the trends of suspected measles cases in 2024 vs 2023 and 2-years average (2019-2020)

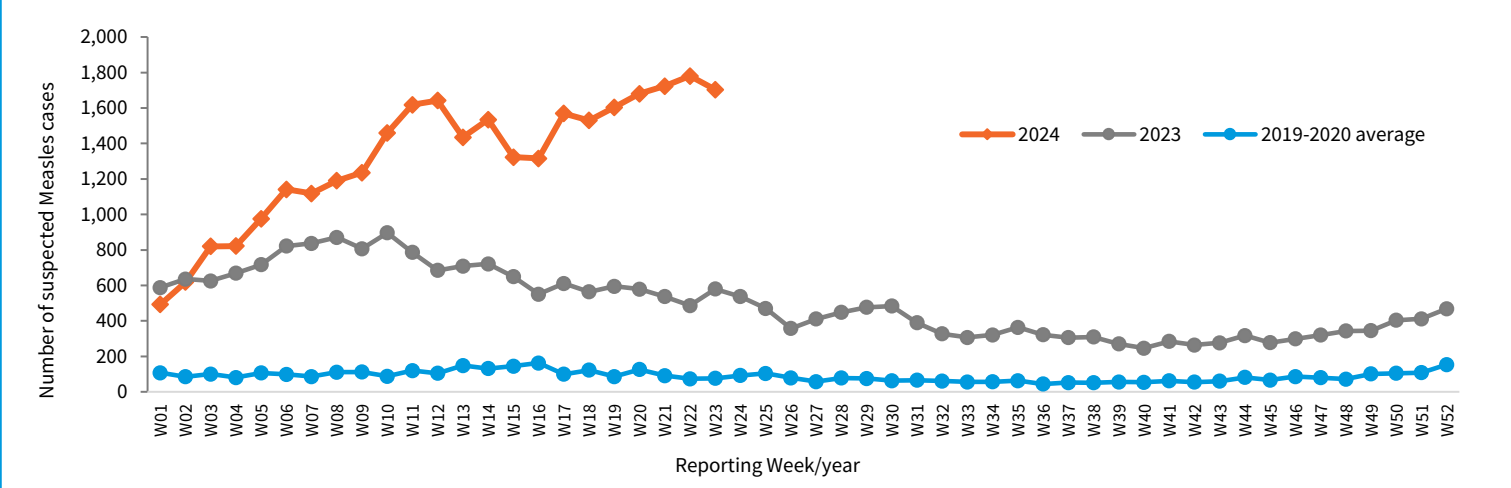
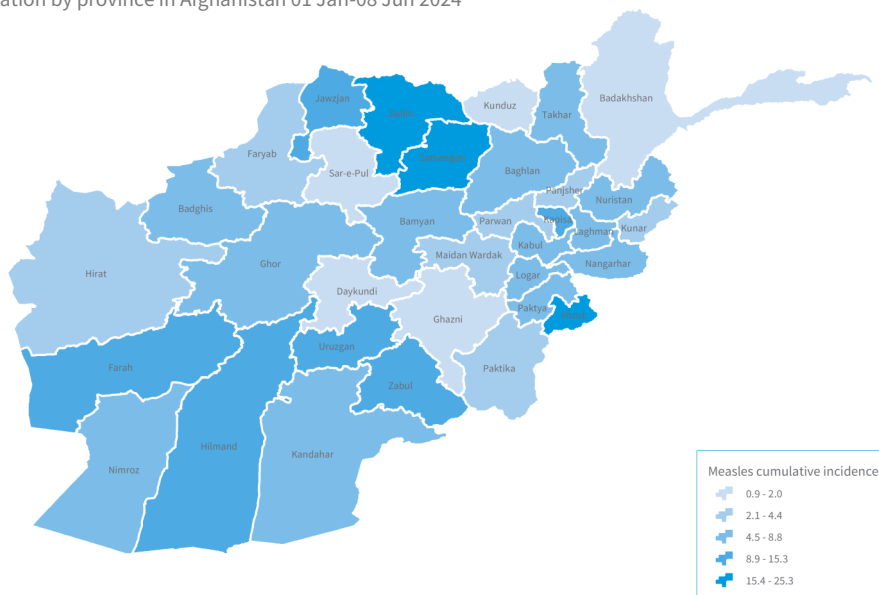


Figure 3. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 01 Jan-08 Jun 2024

## AFGHANISTAN

### Suspected measles cumulative incidence per 10,000 population by province 01 Jan–08 Jun 2024



### Updates on the preparedness and response to the Measles outbreak

- During week 23-2024, a total of 529 children aged 9-59 months were vaccinated in 4 provinces (Wardak, Helmand, Zabul and Urozgan) as part of outbreak response immunization campaigns. This brings the total number of vaccinated children to 17,836 since the beginning of 2024.
- During May 2024, the first round of phase 2 Multi-Antigen Acceleration Campaign (MAAC) was conducted, and 90,323 children 9-59 months were vaccinated in 25 districts of 12 provinces (Wardak, Bamyan, Parwan, Panjshir, Urozgan, Paktia, Paktika, Ghazni, Baghlan, Nuristan, Samangan, and Badghis). This brings the total number of 9-59 children vaccinated in the two phases to 593,592.
- Since the beginning of 2024, a total of 103 SSTs (each team included 2 members) were trained on sample collection, storage, and shipment from 3 regions: the Central region (63 SSTs), the West region (3 SSTs), and the South region (37 SSTs).
- Since the beginning of 2024, a total of 126 measles case management kits have been distributed to WHO sub-offices across the country.

## Acute Watery Diarrhea (AWD) with Dehydration Outbreak (01 Jan-08 Jun 2024)

**56,407**  
Total AWD with dehydration cases

**27**  
Total AWD with dehydration deaths

**3,389**  
Samples tested for AWD with dehydration (RDTs)

**414**  
RDT-positive cases for AWD with dehydration

**12.2%**  
RDT positivity rate for AWD with dehydration

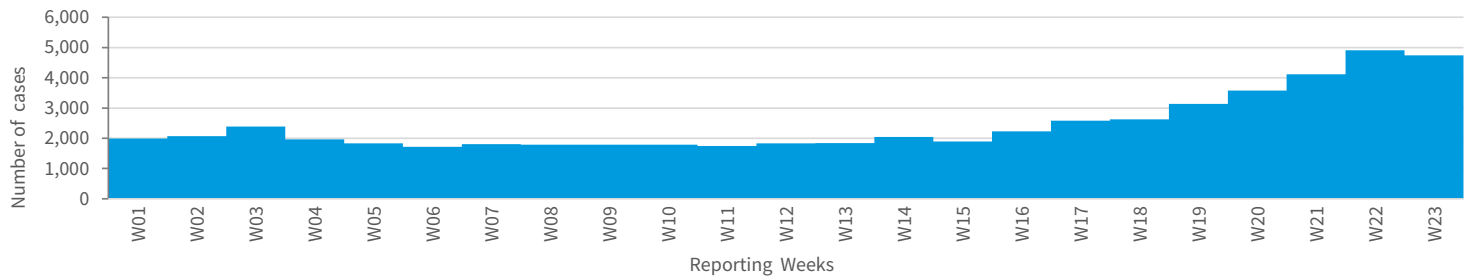


**Table 2:** Summary of the AWD with Dehydration outbreak in the last eight weeks in Afghanistan (14 Apr – 08 Jun 2024)

Indicators	W16	W17	W18	W19	W20	W21	W22	W23	Trend line
Suspected cases	2,233	2,584	2,624	3,135	3,575	4,117	4,906	4,743	
Suspected deaths	1	2	2	4	1	0	1	1	
CFR (%)	0.0	0.1	0.1	0.1	0.0	0.0	0.0	0.0	

- The epi curve shows a considerable increase over the past 8 weeks following the stabilization. Potential explanation could be the occurrence of floods and start of summer season.
- During week 23-2024, 4,743 AWD with dehydration cases with one associated death were reported from 213 districts, which shows a slight decrease in the number of cases compared to the previous week (Figure 4).
- The new death was an under-five female, from Jawzjan province.
- During week 23-2024, no new district reported an AWD with dehydration alert.
- The highest cumulative incidence of AWD per 10,000 population was reported from Nimroz (47.3), followed by Paktya (42.2), Kabul (30.4), and Jawzjan (23.4) (Figure 5).
- Since the beginning of 2024, a total of 56,407 AWD with dehydration cases and 27 associated deaths (CFR=0.05%) were reported from 306 districts. Out of the total cases, 31,864 (56.5%) were under-five children, and 27,951 (49.6%) were females.
- Since the beginning of 2024, 3,389 Rapid Diagnostic Tests (RDTs) have been conducted on AWD with dehydration cases, of which 414 tests turned positive (positivity rate 12.2%).

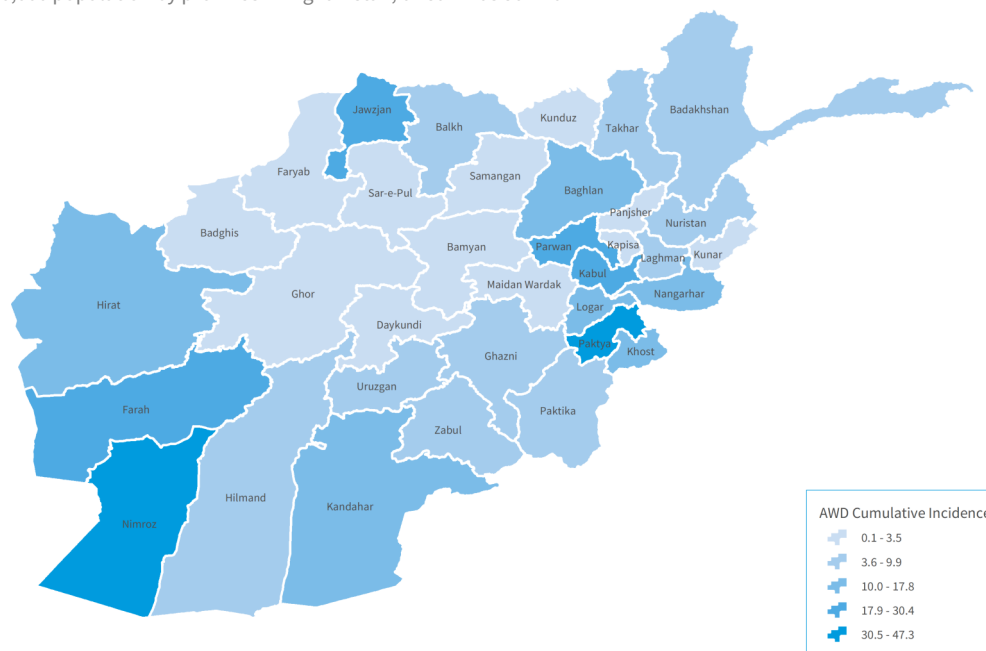
**Figure 4.** Weekly distribution of AWD with dehydration cases in Afghanistan 01 Jan – 08 Jun 2024 (N=56,407)



**Figure 5.** AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 08 Jun 2024

## AFGHANISTAN

### AWD with dehydration cumulative incidence per 10,000 population by province 01 Jan – 08 Jun 2024



### Updates on the preparedness and response to the AWD with dehydration outbreak

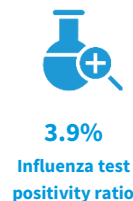
- Since the beginning of 2024, the below supplies have been distributed to all regional sub-offices:
  - A total of 89 Cary Blair kits
  - A total of 74 AWD with dehydration RDT kits (10 tests per kit)
  - A total of 125 AWD case management kits

- Since the beginning of 2024, the following activities have been conducted:
  - A total of 175 HCWs have been trained in AWD with dehydration case management in 4 regions: in Central region (70 including 15 females), East region (35 including 15 females), South region (35 all males) and Northeast region (35 including 17 females).
  - A total of 319 sentinel sites' focal points, including 15 females, have been trained on surveillance procedures in Kabul province, East, South, and West regions.
  - A total of 38 Data Management Officers, data assistants, and data entry clerks (including 3 Females) have been trained from all provinces in Kabul on Data management and analysis.
  - A rapid assessment of RCCE has been conducted by support of WHO in flood-affected districts of Baghlan province to identify the RCCE needs and to provide recommendations to relevant departments.
  - A total of 2,700 Information, Education, and Communication (IEC) materials (1,200 posters and 1,500 brochures) on AWD have been delivered by WHO to Ghor province. These IEC materials are used in health facilities and affected communities.

**WASH**

The updates are provided on a bi-weekly basis; hence, there are no updates for this week.

**Acute Respiratory Infection (ARI)**  
(01 Jan-08 Jun 2024)



\*Currently ARI related data (morbidity and mortality) are reported from 613 surveillance sentinel sites across 34 provinces in the country.

\*\*Currently, there are 10 functional influenza surveillance sentinel sites for both ILI and SARI in ten provinces of Afghanistan. At each site, there is one trained influenza surveillance assistant, collecting specimen and epidemiological data from 4 ILI and 6 SARI cases per week in the ARI season and sending them to the National Influenza Center (NIC) for testing.

**Table 3: Summary of the ARI outbreak in the last eight weeks in Afghanistan (14 Apr – 08 Jun 2024)**

Indicators	W16	W17	W18	W19	W20	W21	W22	W23	Trend lines
Suspected cases	24,775	27,521	26,601	26,585	24,279	22,848	21,666 *	19,801	
Suspected deaths	60	44	40	47	64	41	62	49	
CFR (%)	0.2	0.2	0.2	0.2	0.3	0.2	0.3	0.2	

\*Data entry error was experienced during week 22-2024 and the number of suspected ARI cases were modified from 21,672 to 21,666.

- The epi curve indicates a steady decline in ARI cases since week 07-2024, following the typical seasonal increase observed during the winter (Figures 6 & 7). This decrease could be explained by the conclusion of the winter season in the country.
- During week 23-2024, 19,801 cases of ARI pneumonia and 49 associated deaths were reported. This represents a 8.6% decrease in the number of suspected cases compared to the preceding week.
- Since the beginning of 2024, a total of 742,714 ARI pneumonia cases and 1,676 associated deaths (CFR=0.2%) were reported from 34 provinces. Out of the total cases, 467,893 (63.0%) were under-five children, and 367,040 (49.4%) were females.
- Since the beginning of 2024, the highest cumulative incidence of ARI per 10,000 population is in Balkh (351.8), followed by Bamyán (341.9), Jawzjan (312.4), and Panjsher (284.8) provinces (Figure 8).
- Out of 1,676 deaths, 1,462 (87.2%) were under-five children and 757 (45.2%) were females.



Figure 6. Weekly distribution of ARI Pneumonia cases in Afghanistan, 01 Jan – 08 Jun 2024 (N=742,714)

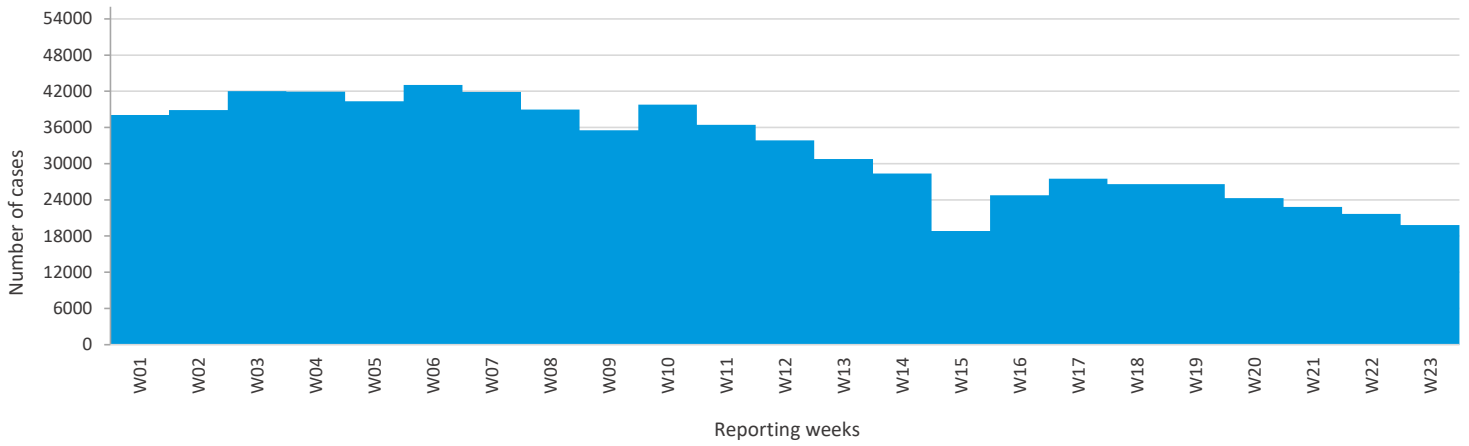


Figure 7. Comparison between the trend of ARI cases in 2024 vs 2023 and 3-years average, Afghanistan (2020-2022)

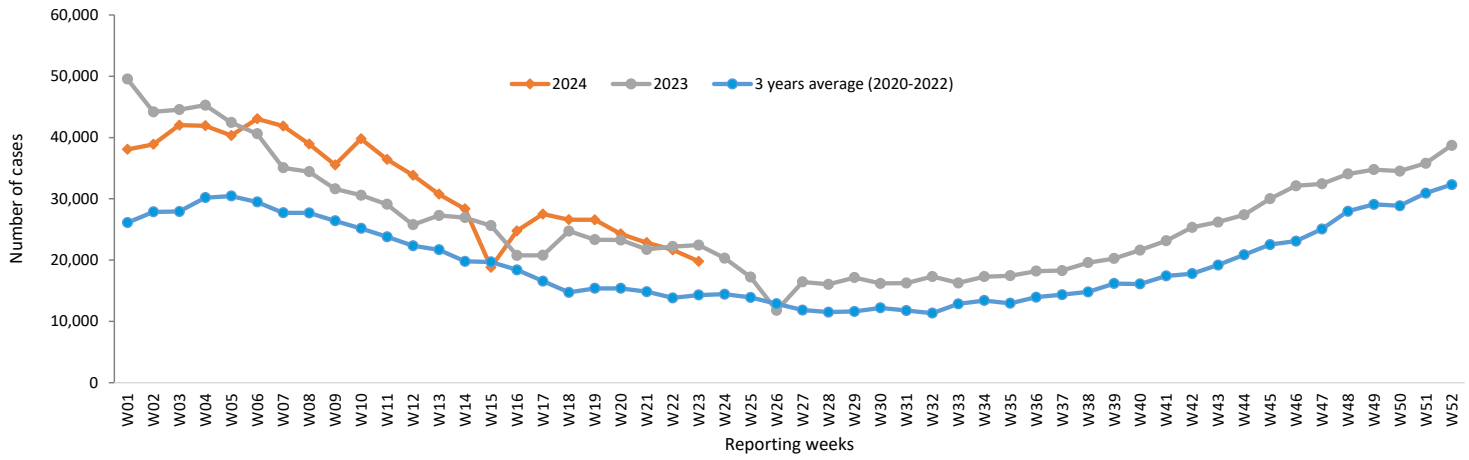
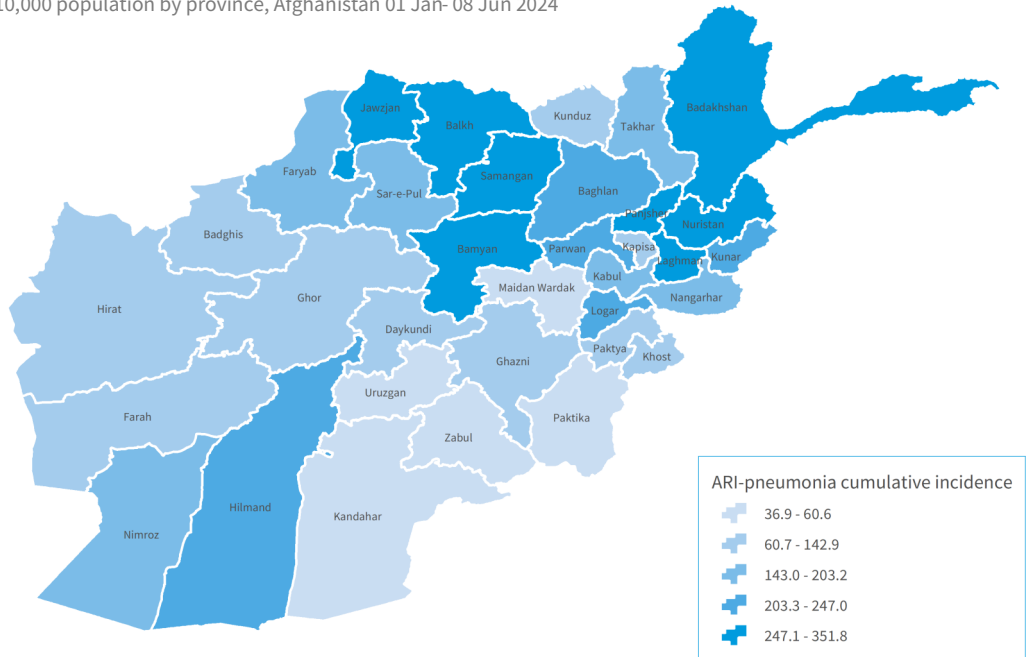


Figure 8. ARI pneumonia cumulative incidence per 10,000 population by province, Afghanistan 01 Jan- 08 Jun 2024

# AFGHANISTAN

## ARI pneumonia cumulative incidence per 10,000 population by province

### 01 Jan-08 Jun 2024



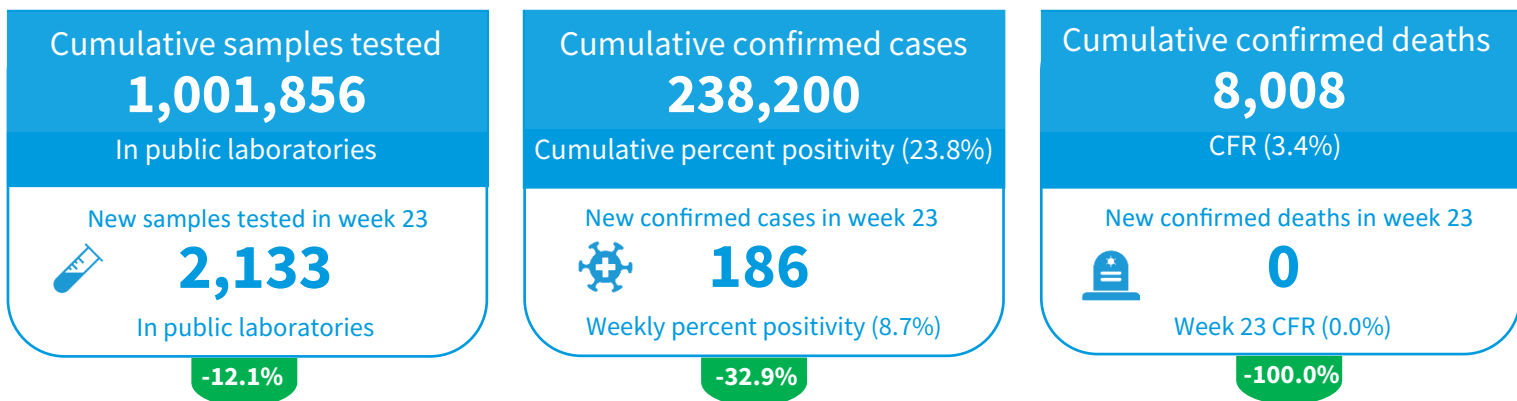
### Updates on the response activities to the ARI outbreak

Since the beginning of 2024:

- A total of 6,500 Viral Transport Media (VTM) has been distributed to the North-east and Central-east NDSR offices.
- Eighty-nine Pediatric Severe Acute Malnutrition (PED-SAM) case management kits have been distributed to WHO sub-offices across the country to support ARI case management.
- WHO has handed over a total of 89,000 (64,000 Posters and 25,000 Brochures) Information, Education, and Communication (IEC) materials on ARI to MoPH.

### COVID-19

(24 Feb 2020 — 08 Jun 2024)

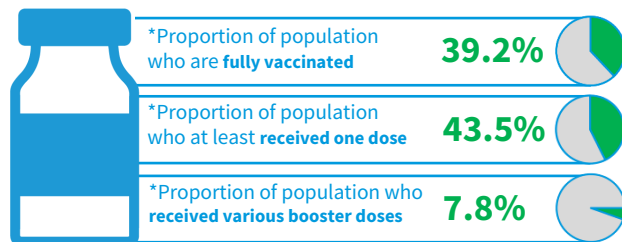


Key: ● Increasing ● Decreasing ● No change

### COVID-19 Vaccination highlights



\*Note: During May 2024, around 103,601 doses of various COVID-19 vaccines have been administered which shows a 42.8% decrease compared to Apr-2024.



\* The denominator is 43,100,596 based on OCHA estimation 2024

**Table 4:** Summary of COVID-19 indicators in the last 8 weeks in (14 Apr – 08 Jun 2024)

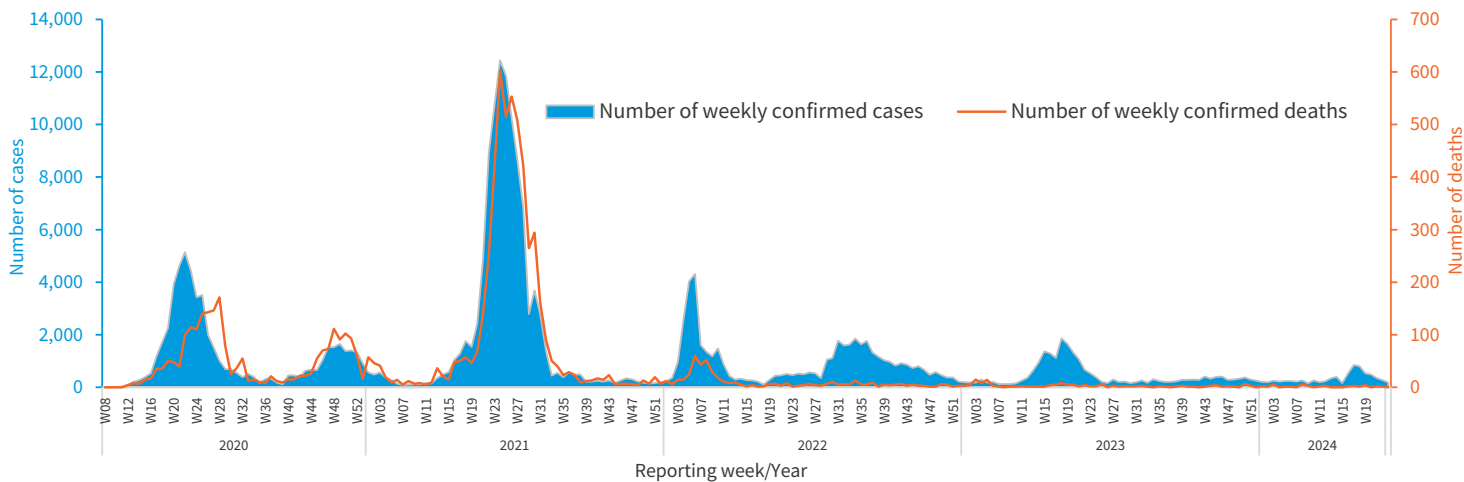
Indicators	W16	W17	W18	W19	W20	W21	W22	W23	Trend line
Samples tested (in public Labs)	2,240	3,064	3,087	2,653	2,681	2,931	2,426 *	2,133	
Confirmed cases	533	847	798	537	481	349	277 *	186	
Percent positivity (%)	23.8	27.6	25.9	20.2	17.9	11.9	11.4	8.7	
Deaths	2	3	1	4	0	2	1	0	
CFR (%)	0.38	0.35	0.13	0.74	0.00	0.57	0.36	0.00	

\*A delayed reporting was experienced during week 22-2024, the number of samples tested and number of confirmed cases were modified from 2,247 to 2,426 and from 271 to 277, respectively.

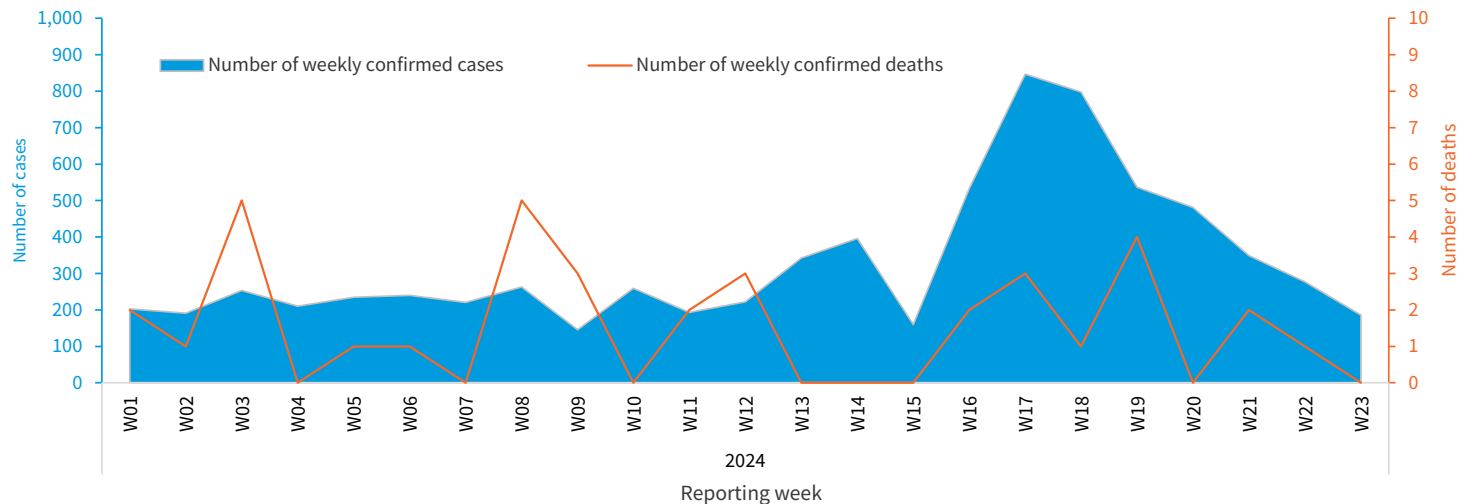
- The epidemiological curve indicates a decreasing trend in the last 6 weeks following an increase during weeks 16 to 18-2024 in the number of confirmed COVID-19 cases (Figure 9 & 10).
- During week 23-2024, a total of 2,133 samples were tested in public labs, of which 186 were positive for COVID-19 (positivity rate 8.7%) with no associated death. This number of positive cases shows a 32.9% decrease compared to the preceding week (Table 4 and Figure 10).
- Since the beginning of 2024, a total of 7,542 COVID-19 confirmed cases and 36 deaths (CFR=0.5) have been reported. Out of the total cases, 4,013 (53.2%) were females, while out of total deaths, 27 (75.0%) were females.
- During week 23-2024, among 186 confirmed cases, 4.8% (9 cases) were hospitalized while no cases were admitted to the ICU (Figure 11).
- Since the beginning of 2024, a total of 61,947 samples of COVID-19 have been tested by public health laboratories across the country, out of which 7,542 were positive (positivity rate 12.2%), while the overall number of COVID-19 samples tested by public health laboratories reached to 1,001,856 since the beginning of the pandemic in February 2020.



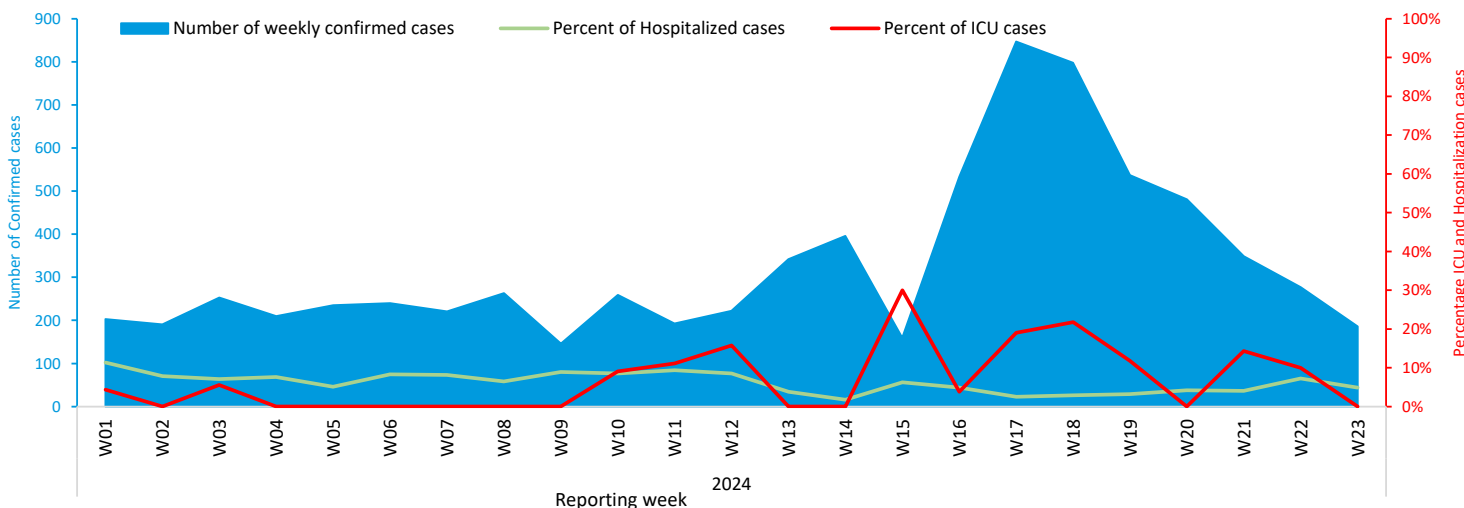
**Figure 9.** Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan Feb 2020 –08 Jun 2024 (cases= 238,200, deaths=8,008)



**Figure 10.** Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 01 Jan – 08 Jun 2024 (cases=7,542, deaths=36)



**Figure 11.** Weekly proportion of hospitalized and ICU cases and the number of confirmed COVID-19 cases in Afghanistan between 01 Jan-08 Jun 2024\*



\*The hospitalization rate was calculated among confirmed cases, while the ICU rate was calculated among hospitalized cases.

**Update on the response activities to COVID-19**

- Since the beginning of 2024, the below supplies were distributed to all regional sub-offices
  - A total of 930 VTM kits (50 units per kit).
  - A total of 1,571 COVID-19 RDT kits (25 tests per kit).



## Outbreak of Crimean Congo Hemorrhagic Fever (CCHF)

(01 Jan - 08 June 2024)



225

Total CCHF cases



8

Total CCHF deaths



167

Samples tested for CCHF



31

Lab-confirmed CCHF cases



18.6%

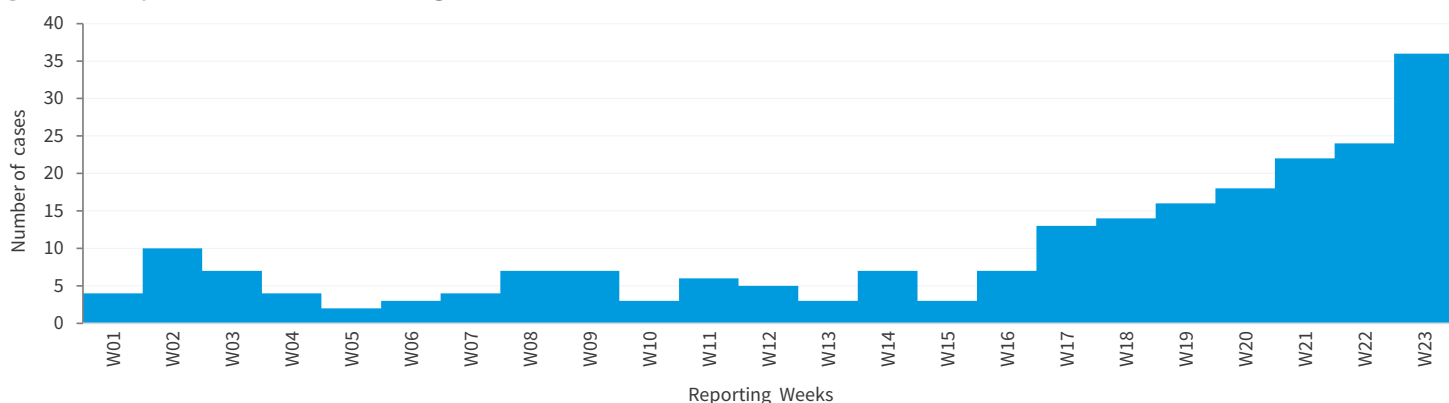
CCHF test positivity rate

**Table 5:** Summary of the CCHF outbreak in the last eight weeks in Afghanistan (14 Apr – 08 Jun 2024)

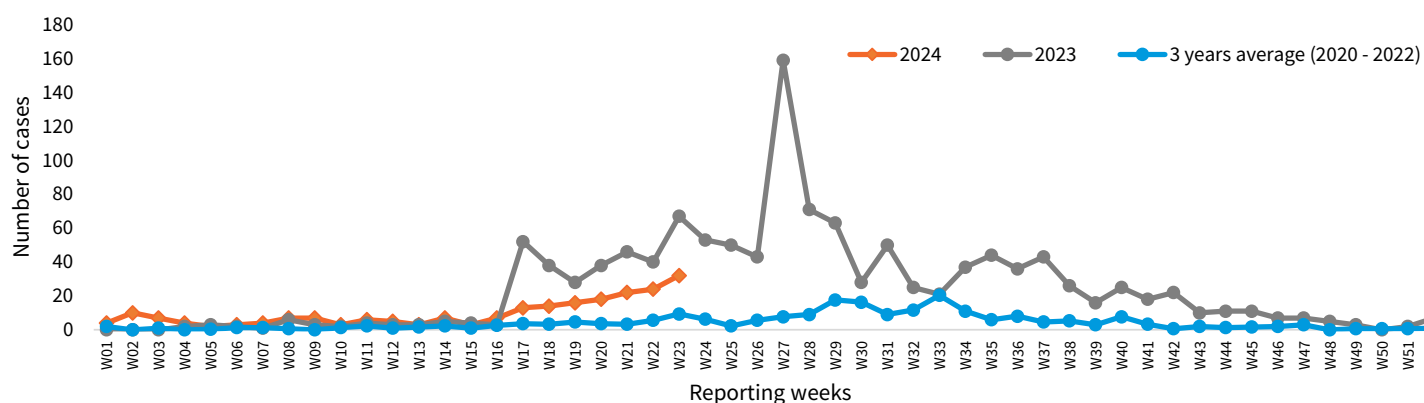
Indicators	W16	W17	W18	W19	W20	W21	W22	W23	Trend line
Suspected cases	7	13	14	16	18	22	24	36	
Suspected deaths	1	0	0	1	1	1	1	2	
CFR (%)	14.3	0.0	0.0	6.3	5.6	4.5	4.2	5.6	

- The epi-curve of suspected CCHF cases shows a gradually increasing trend over the last 8 weeks, following a period of low stabilization since the beginning of 2024. This recent rise should be closely monitored to identify potential outbreaks given that the Eid season is approaching to properly guide public health interventions (Figures 12 & 13).
- During week 23-2024, 36 new suspected CCHF cases with 2 associated death were reported (Table 5).
- The new deaths were both over-five, while one of them were female reported from two provinces, Kabul and Kunduz.
- Since the beginning of 2024, a total of 225 suspected cases of CCHF with 8 associated deaths (CFR=3.6%) were reported. All the suspected cases were over five years of age, while 72 (32.0%) of them were females.
- The 8 deaths were all over five years, while 5 were females reported from Balkh (4), Kabul (3) and Kunduz (1) provinces.
- Since the beginning of 2024, a total of 167 samples of suspected CCHF cases have been tested, out of which 31 were positive (positivity 18.6%) reported from 6 provinces; Kabul (25), Balkh (2), Kapisa (1), Helmand (1), Paktika (1), and Kunduz (1).
- The highest cumulative incidence of CCHF per 100,000 population in 2024 is reported from Kapisa (2.7) followed by Balkh (2.4), Kabul (1.4), and Jawzjan (1.0) provinces (Figure 14).

**Figure 12.** Weekly distribution of CCHF cases in Afghanistan 01 Jan -08 Jun 2024, (N=225)



**Figure 13.** Comparison between the trends of suspected CCHF cases in 2024 vs 2023 and 3 years average (2020-2022)



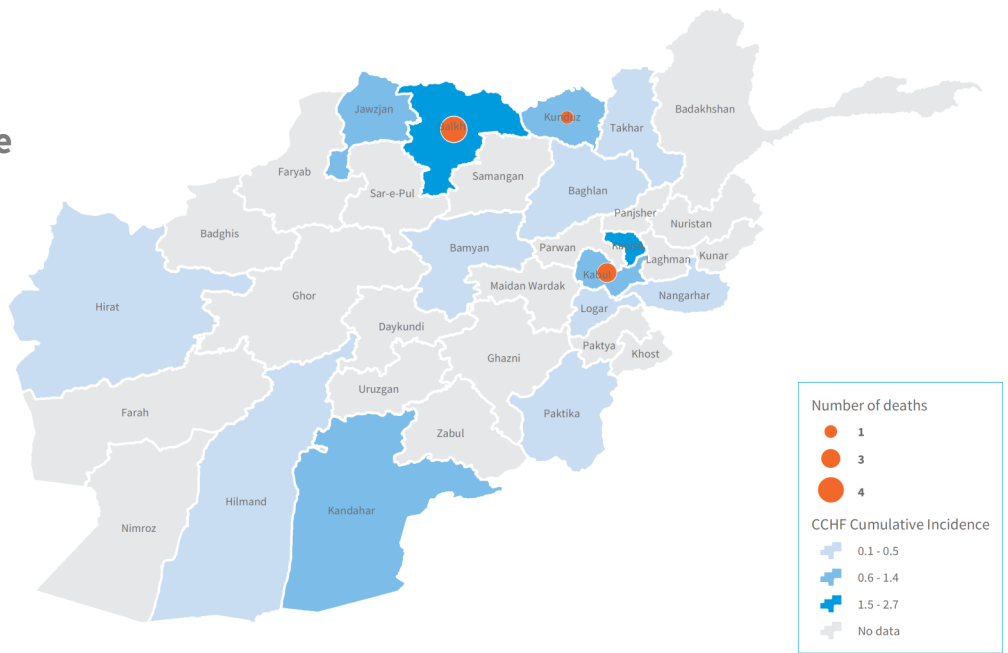




**Figure 14.** Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 01 Jan – 08 Jun 2024

# AFGHANISTAN

## Crimean-Congo Hemorrhagic Fever (CCHF) cases cumulative incidence per 100,000 population by province and provincial distribution of deaths 01 Jan – 08 Jun 2024



### Updates on the response to the CCHF outbreak

- During week 23-2024, WHO held a meeting with Food Agriculture Organization (FAO), Ministry of Agriculture and Irrigation and livestock (MAIL), Ministry of Public Health (MoPH), and Communicable Disease Control (CDC) department to expedite the One Health (OH) strategy development. Below are the action points that were agreed upon and discussed in the meeting.
  - MAIL and FAO will supply insecticides to all provinces for cattle spraying against ticks in animal markets.
  - MAIL will conduct cattle spraying and awareness activities in animal markets before Eid al-Adha.
  - The WHO emphasized stakeholders and partners to expedite the OH strategy development.
- Since the beginning of 2024, a total of 469 doses of ribavirin 200 mg tablets and 1,530 ribavirin injections have been supplied to 7 WHO sub-offices across the country.
- The national Crimean-Congo Hemorrhagic Fever (CCHF) preparedness and response plan has been drafted and shared with MoPH for endorsement. The plan aims to prepare and respond to the CCHF outbreak with focused interventions on surveillance/outbreak investigation, laboratory confirmation, case management and supplies, RCCE for high-risk individual and the capacity of healthcare workers.

### RCCE

- During week 23-2024, WHO launched a seven-day training and mass awareness campaign in Herat province focused on Crimean-Congo hemorrhagic fever and other infectious diseases. The campaign includes one day of training followed by six days of community outreach. Approximately 40 social mobilizers (18 female and 22 male) have been trained and deployed to various districts, including Pashton Zarghon, Jabrayel, Gazargah, and Herat City, to deliver health education messages. The campaign is ongoing, and so far, about 14,852 people (4,434 female and 10,418 male) have been reached.
- During week 23 of 2024, WHO sent over 2,000 informational, educational, and communication materials on CCHF (1,000 posters and 1,000 brochures) to Mazar, Kandahar, and Herat provinces. These IEC materials will be used during the

## Dengue Fever Outbreak (01 Jan-08 Jun 2024)

**986**  
Total Cases

**0**  
Total Deaths

**\*439**  
Sample tested

**150**  
Lab confirmed cases

**34.2%**  
Test positivity ratio

Note: Dengue fever laboratory data was reviewed, utilizing the confirmed case definition from WHO. This definition is characterized by confirmation through PCR, positive virus culture, DENV NS1 antigen detection, seroconversion of IgG in paired sera, or a significant increase (fourfold) in IgG titer in paired sera. The focus was placed on cases confirmed by PCR, excluding cases that were only positive for IgM or IgG based on a single sample [https://cdn.who.int/media/docs/default-source/outbreak-toolkit/dengue--outbreak-toolbox\\_20220921.pdf?sfvrsn=29de0271\\_2](https://cdn.who.int/media/docs/default-source/outbreak-toolkit/dengue--outbreak-toolbox_20220921.pdf?sfvrsn=29de0271_2)

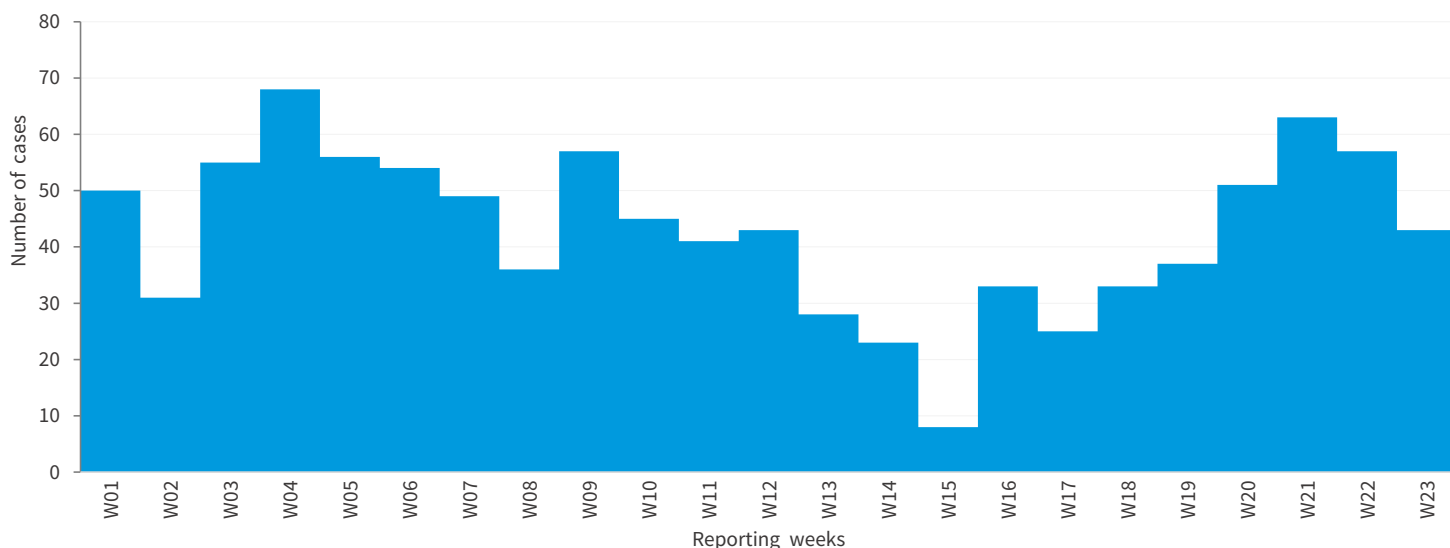


**Table 6:** Summary of the dengue fever outbreak in the last eight weeks in Afghanistan (14 Apr – 08 Jun 2024)

Indicators	W16	W17	W18	W19	W20	W21	W22	W23	Trend line
Suspected cases	33	25	33	37	51	63	57	43	
Deaths	0	0	0	0	0	0	0	0	
CFR (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

- The epi curve illustrates an increasing trend over the past 7 weeks, except for the decrease observed in the last week (Figure 15).
- During week 23-2024, 43 suspected cases of dengue fever with no associated deaths were reported all from Nangarhar province, which shows a 24.6% decrease in the number of suspected cases compared to the preceding week.
- Since the beginning of 2024, the number of suspected dengue fever cases is higher than the 2-year average (2021-2022), even higher than the 2023 trend (Figure 16).
- Since the beginning of 2024, a total of 986 suspected cases of dengue fever with no associated deaths were reported, out of which 597 (60.5%) were females, and 9 (0.9%) were under 5 children. The geographical distribution and weekly change rate are shown in (Figure 17).
- Since the beginning of 2024, a total of 439 samples have been tested, out of which 150 were positive by PCR (positivity 34.2%).

**Figure 15.** Weekly distribution of suspected dengue fever cases in Afghanistan 1 Jan – 08 Jun 2024, (N=986)



**Figure 16:** Comparison between the trends of suspected dengue fever cases in 2024 vs 2023 and 2-years average (2021-2022).

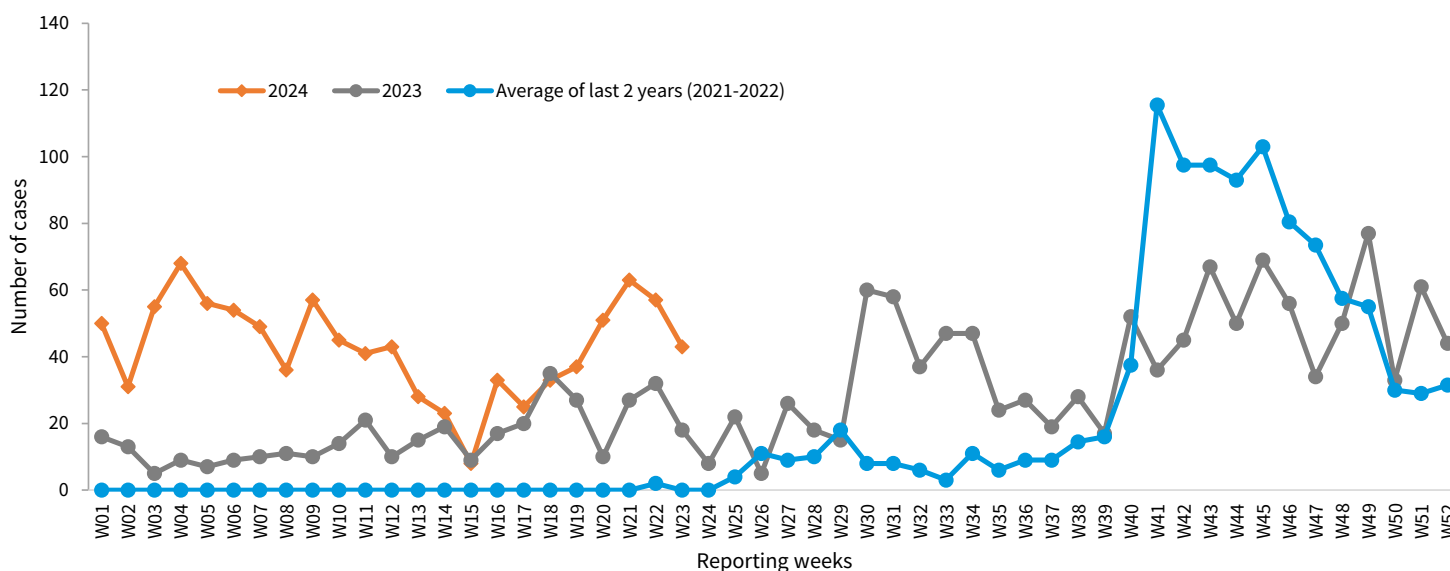
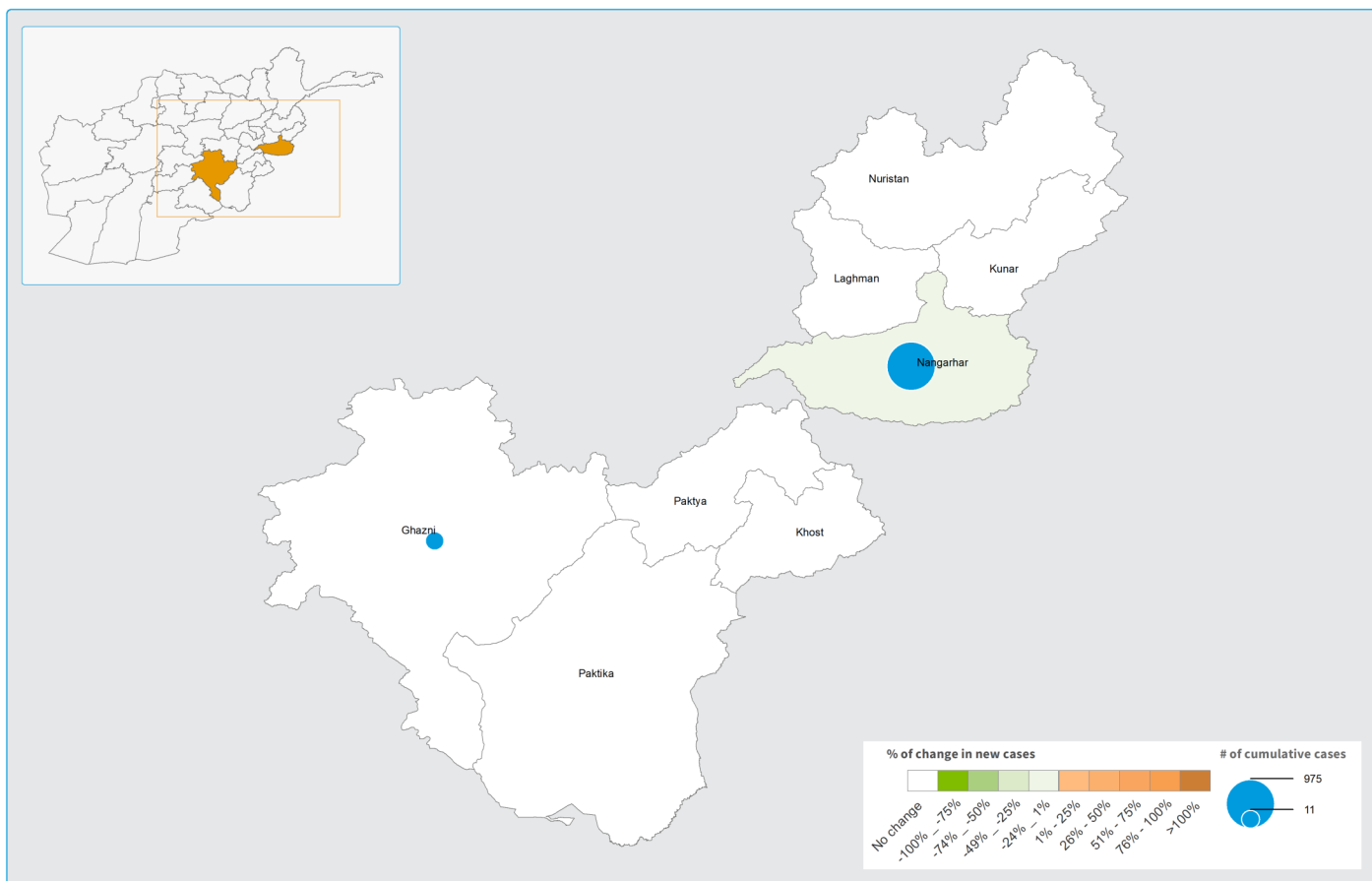


Figure 17. Geographical distribution of suspected dengue fever cases and percent change of new cases in Afghanistan, 01 Jan – 08 Jun 2024



**Geographical distribution of suspected dengue fever cases in Nangarhar and Ghazni provinces and weekly percent of changes (between weeks 22 and 23, 2024)**



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: 08 June 2024.

**Updates in the response to the dengue fever outbreak**

Since the beginning of 2024, the following activities were conducted:

- A total of 818 dengue fever RDT kits (10 tests/kit) have been distributed to South and East WHO sub-regional offices.
- A total of 386 HCWs (MDs and Nurses) have been trained on dengue fever case management from Kandahar (46 M and 42 F), Southeast region (64 M and 43 F) and East region (104 M and 87 F).
- A total of 150 lab technicians of HFs of Kandahar (28), Southeast region (54) and East region (68) have been trained on dengue fever diagnosis.

Note: MOPH is the source of epidemiological data

Case definition & alert/outbreak thresholds

**Contact us for further information:**

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