

AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #24-2024

No. 24 (09 -15 Jun 2024)

Disease Outbreaks	ني ∰Measles	پنچ AWD	ARI	COVID-19	CCHF	Dengue fever
Cumulative Cases 2024	31,883	61,156	760,712	*8,120	272	1,032
Cumulative deaths 2024 (CFR %)	139 (0.4)	31 (0.05)	1,716 (0.2)	36 (0.4)	11 (4.0)	0 (0.0)

*This number represents confirmed COVID-19 cases, while others are suspected cases. (Data from 609 (99.3%) out of 613 sentinel sites)

Measles Outbreak

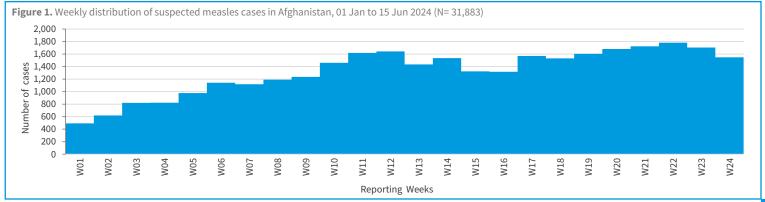


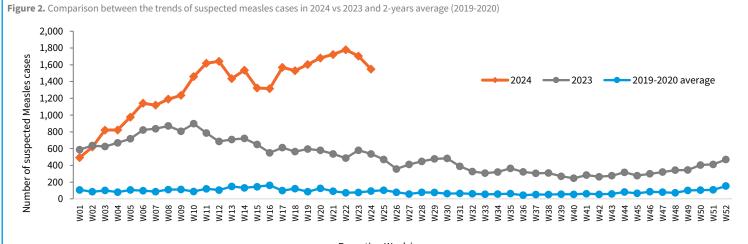
Table 1: Summary of the measles outbreak in the last eight weeks in Afghanistan (21 Apr – 15 Jun 2024)

Indicators	W17	W18	W19	W20	W21	W22	W23	W24	Trend line
Suspected cases	1,569	1,530	1,604	1,681	1,723	1,780	1,704	1,548	
Suspected deaths	4	2	5	6	9	6	7	6	
CFR (%)	0.3	0.1	0.3	0.4	0.5	0.3	0.4	0.4	

• The epidemiological curve of suspected measles cases demonstrates an increasing trend since the beginning of 2024 (Figure 1), except for two last weeks, which could be explained by the under reporting during the Eid-ul-Adha holidays. The trend in 2024 is higher than that reported in 2023 and the 2-year average before 2021-2022 outbreak (Figure 2).

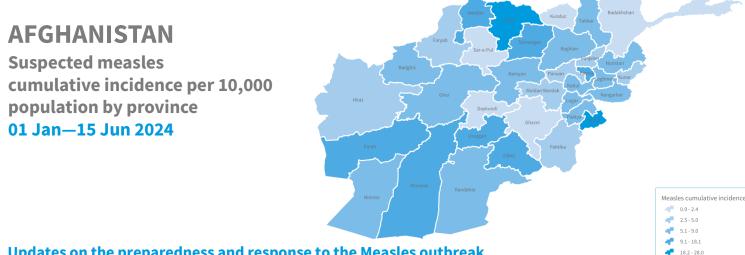
- During week 24-2024, a total of 1,548 suspected cases and 6 associated deaths were reported. This represents a 9.2% decrease in the number of suspected measles cases compared to the preceding week.
- The 6 deaths were reported from 3 provinces: Balkh (4), Baghlan (1), and Kabul (1); five out of total deaths were under five children, while 2 of them were females.
- Since the beginning of 2024, a total of 31,883 suspected measles cases and 139 deaths (CFR=0.4%) were reported. Among suspected measles cases, 25,547 (80.1%) were under-five children, and 14,439 (45.3%) were females.
- Since the beginning of 2024, the highest cumulative incidence of suspected measles cases per 10,000 population has been reported from Khost (28.0), followed by Balkh (20.9), Samangan (18.1), and Jawzjan (15.8) (Figure 3).





Reporting Week/year

Figure 3. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 01 Jan-15 Jun 2024



Updates on the preparedness and response to the Measles outbreak

- During week 24-2024, a total of 1,125 children aged 9-59 months received measles vaccine in 6 provinces (Kabul, Helmand, Kandahar, Urozgan, Wardak and Baghlan). This brings the total number of vaccinated children to 18,961 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, Paktya, Paktika, Ghazni, Baghlan, Nuristan, Samangan, and Badghis). This brings the total number of 9-59 children vaccinated in the two phases to 593,592 in 25 provinces.
- 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-15 Jun 2024)

Total AWD with

dehvdration

deaths









Total AWD with dehvdration cases

Samples tested for AWD with dehydration (RDTs)

RDT-positive cases for AWD with dehydration

450

12 5% **RDT positivity rate** for AWD with dehvdration

Table 2: Summary of the AWD with Dehydration outbreak in the last eight weeks in Afghanistan (21 Apr – 15 Jun 2024)

Indicators	W17	W18	W19	W20	W21	W22	W23	W24	Trend line
Suspected cases	2,584	2,624	3,135	3,575	4,117	4,906	4,755 *	4,737	• • • • • • • • • • • • • • • • • • •
Suspected deaths	2	2	4	1	0	1	1	4	
CFR (%)	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.1	

*Delayed report was experienced during week 23 and the number of AWD with dehydration was modified from 4,743 to 4,755.

- The epi curve shows a considerable increase over the past 9 weeks following the stabilization. Potential explanation could be start of summer season.
- During week 24-2024, 4,737 AWD with dehydration cases with 4 associated deaths were reported from 223 districts, which shows a stabilization in the number of cases compared to the previous week (Figure 4).
- The new 4 deaths were reported from 3 province Dykundi (2), Kunduz (1), and Urozgan (1); all deaths were under-five children, while one was female.
- During week 24-2024, a new district, Marjah of Helmand province, reported an AWD with dehydration alert.
- The highest cumulative incidence of AWD per 10,000 population was reported from Nimroz (50.4), followed by Paktya (45.9), Kabul (32.2), and Jawzjan (26.5) (Figure 5).
- Since the beginning of 2024, a total of 61,156 AWD with dehydration cases and 31 associated deaths (CFR=0.05%) were reported from 306 districts. Out of the total cases, 34,514 (56.4%) were under-five children, and 30,293 (49.5%) were females.
- Since the beginning of 2024, 3,608 Rapid Diagnostic Tests (RDTs) have been conducted on AWD with dehydration cases, of which 450 tests turned positive (positivity rate 12.5%).

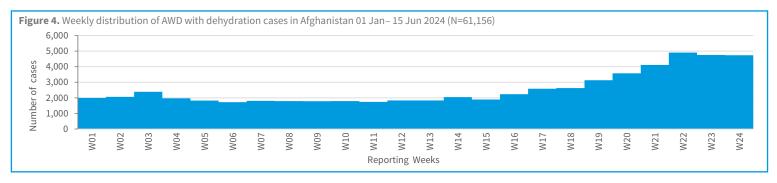


Figure 5. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 15 Jun 2024

AFGHANISTAN

AWD with dehydration cumulative incidence per 10,000 population by province 01 Jan - 15 Jun 2024



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

- During week 24-2024, a total of 84 sentinel sites' focal points (including 9 Females) were trained on surveillance procedures in 6 provinces (Mazar, Balkh, Faryab, Jawzjan, Sar-e-pul and Samangan). This brings the total number of FPs trained on surveillance procedures to 403, including 24 females, Kabul province, East, South, North and West regions.
- During week 24-2024, a total of 25 Cary Blair kits (100 pieces/kit) were delivered to Kabul, Kandahar and Helmand province. This brings the total number of delivered Cary Blair to 114 kits since the beginning of 2024.
- During the reporting period, a total of 350 AWD with dehydration RDT kits (10 test/kits) were distributed to Kabul, Kan-

dahar and Helmand provinces. This brings the total number of RDT kits to 424 since the beginning of 2024.

- Since the beginning of 2024, a total of 125 AWD case management kits have been distributed to AWD with dehydration targeted areas.
- 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 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 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 update:

During the first 2 weeks of Jun 2024 (02-15 Jun 2024), the following activities were conducted as WASH response:

- Provision of safe water to 1,569 individuals by water supply systems rehabilitation /construction in Kandahar and Zabul provinces.
- Provision of safe water to 840 individuals in Kandahar province by chlorination of wells.
- Distribution of hygiene kits to 3,155 individuals in Zabul province.
- Conducted household water treatment promotion sessions in Zabul province reaching 178 individuals.

Acute Respiratory Infection (ARI)
(01 Jan-15 Jun 2024)Image: state of the state of t

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 (21 Apr – 15 Jun 2024)

Indicators	W17	W18	W19	W20	W21	W22	W23	W24	Trend lines
Suspected cases	27,521	26,601	26,585	24,279	22,848	21,666	19,895 *	17,904	
Suspected deaths	44	40	47	64	41	62	49	40	
CFR (%)	0.2	0.2	0.2	0.3	0.2	0.3	0.2	0.2	· · · · · ·

*A delayed report was experienced during week 23-2024 and the number of suspected ARI cases was modified from 19,801 to 19,895.

- 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 24-2024, 17,904 cases of ARI pneumonia and 40 associated deaths were reported. This represents a 10.0% decrease in the number of suspected cases compared to the preceding week.
- Since the beginning of 2024, a total of 760,712 ARI pneumonia cases and 1,716 associated deaths (CFR=0.2%) were reported from 34 provinces. Out of the total cases, 478,975 (63.0%) were under-five children, and 376,026 (49.4%) were females.
- Since the beginning of 2024, the highest cumulative incidence of ARI per 10,000 population is in Balkh (361.2), followed by Bamyan (353.8), Jawzjan (321.2), and Panjsher (293.2) provinces (Figure 8).
- Out of 1,716 deaths, 1,498 (87.3%) were under-five children and 776 (45.2%) were females.



Figure 6. Weekly distribution of ARI Pneumonia cases in Afghanistan, 01 Jan – 15 Jun 2024 (N=760,712)



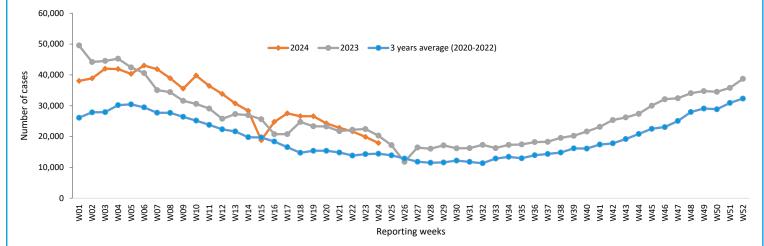
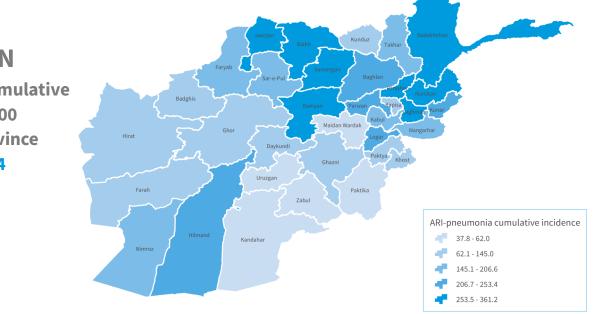


Figure 8. ARI pneumonia cumulative incidence per 10,000 population by province, Afghanistan 01 Jan- 15 Jun 2024

AFGHANISTAN

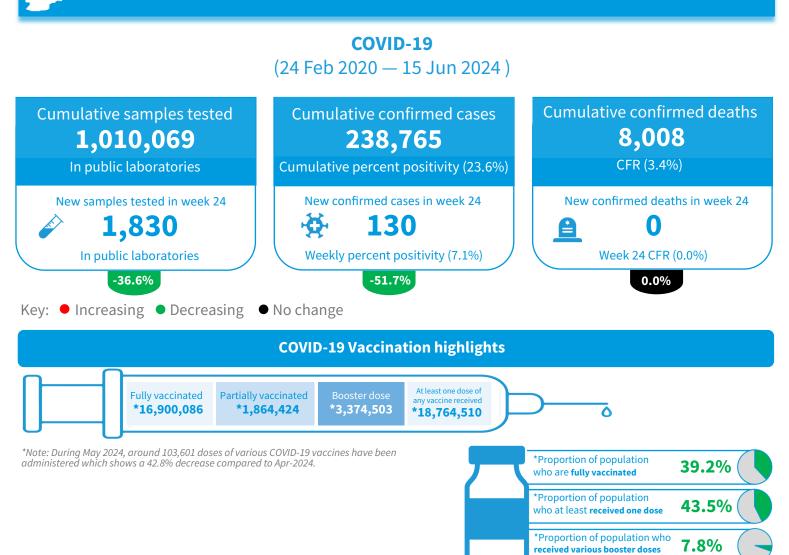
ARI pneumonia cumulative incidence per 10,000 population by province 01 Jan-15 Jun 2024



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 suboffices 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.



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

Table 4: Summary of COVID-19 indicators in the last 8 weeks in (21 Apr – 15 Jun 2024)

						1			
Indicators	W17	W18	W19	W20	W21	W22	W23	W24	Trend line
Samples tested (in public Labs)	3,064	3,087	2,653	2,681	2,931	2,426	2,888 *	1,830	
Confirmed cases	847	798	537	481	349	277	269 *	130	
Percent positivity (%)	27.6	25.9	20.2	17.9	11.9	11.4	9.3	7.1	***
Deaths	3	1	4	0	2	1	0	0	
CFR (%)	0.4	0.1	0.7	0.0	0.6	0.4	0.0	0.0	\sim

*A delayed reporting was experienced during week 23-2024, the number of samples tested and number of confirmed cases were modified from 2,133 to 2,888 and from 186 to 269, respectively.

- The epidemiological curve indicates a decreasing trend in the last 7 weeks following an increase during weeks 16 to 18-2024 in the number of confirmed COVID-19 cases (Figure 9 & 10).
- During week 24-2024, a total of 1,830 samples were tested in public labs, of which 130 were positive for COVID-19 (positivity rate 7.1%) with no associated death. This number of positive cases shows a 51.7% decrease compared to the preceding week (Table 4 and Figure 10).
- Since the beginning of 2024, a total of 8,120 COVID-19 confirmed cases and 36 deaths (CFR=0.4) have been reported. Out of the total cases, 4,402 (54.2%) were females, while out of total deaths, 27 (75.0%) were females.
- During week 24-2024, among 130 confirmed cases, 12.3% (16 cases) were hospitalized while no cases were admitted to the ICU (Figure 11).
- Since the beginning of 2024, a total of 64,756 samples of COVID-19 have been tested by public health laboratories across the country, out of which 8,120 were positive (positivity rate 12.5%), while the overall number of COVID-19 samples tested by public health laboratories reached to 1,010,069 since the beginning of the pandemic in February 2020.

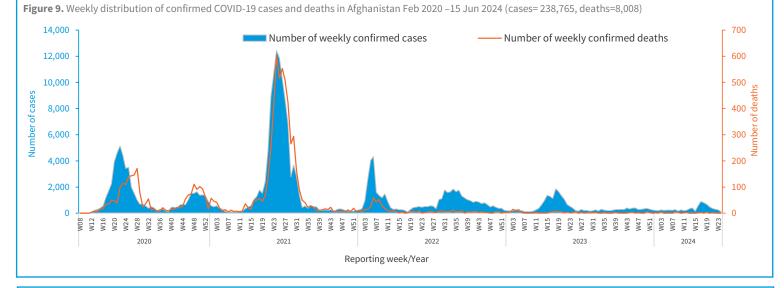
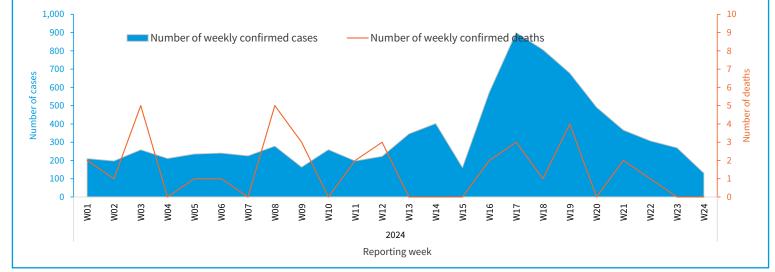
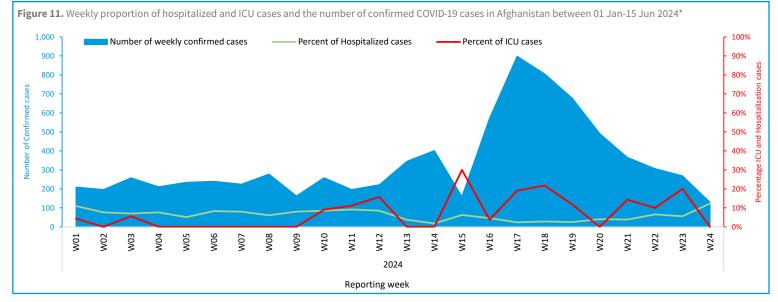


Figure 10. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 01 Jan - 15 Jun 2024 (cases=8,120, deaths=36)





*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
 - $^\circ~$ 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)

191

Samples tested

for CCHF

(01 Jan - 15 June 2024)









CCHE cases



19.9% **CCHF test positivity** rate

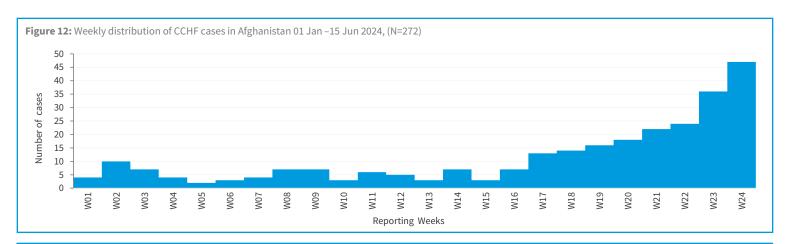
Table 5: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (21 Apr – 15 Jun 2024)

Indicators	W17	W18	W19	W20	W21	W22	W23	W24	Trend line
Suspected cases	13	14	16	18	22	24	36	47	
Suspected deaths	0	0	1	1	1	1	2	3	
CFR (%)	0.0	0.0	6.3	5.6	4.5	4.2	5.6	6.4	

• The epi-curve of suspected CCHF cases shows a gradually increasing trend over the last 9 weeks. This recent rise should be closely monitored to identify potential outbreaks and properly guide public health interventions (Figures 12 & 13).

• During week 24-2024, 47 new suspected CCHF cases with 3 associated death were reported (Table 5).

- The 3 new deaths were all over-five, while one of them were female reported from two provinces, Kabul (2) and Kunduz (1).
- Since the beginning of 2024, a total of 272 suspected cases of CCHF with 11 associated deaths (CFR=4.0%) were reported. All the suspected cases were over five years of age, while 83 (30.5%) of them were females.
- The 11 deaths were all over five years, while 6 were females reported from Kabul (5), Balkh (4) and Kunduz (2) provinces.
- Since the beginning of 2024, a total of 191 samples of suspected CCHF cases have been tested, out of which 38 were positive (positivity rate 19.9%) reported from 6 provinces; Kabul (32), 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 Balkh (2.8) followed by Kapisa (2.7) Kabul (1.7), and Jawzjan (1.2) provinces (Figure 14).



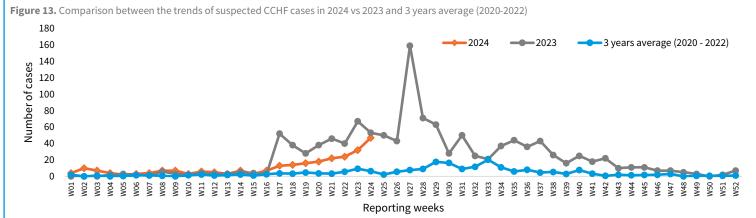
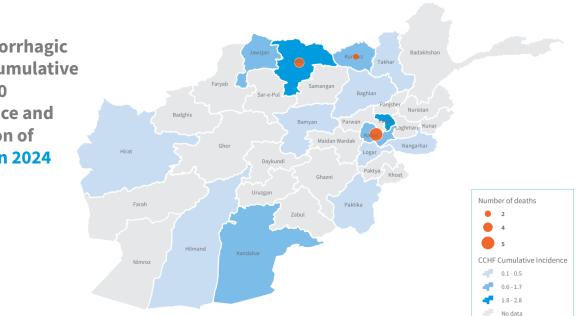


Figure 14. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 01 Jan – 15 Jun 2024

AFGHANISTAN

Crimean-Congo Hemorrhagic Fever (CCHF) cases cumulative incidence per 100,000 population by province and provincial distribution of deaths 01 Jan –15 Jun 2024



Updates on the response to the CCHF outbreak

- During week 24-2024, following visit of Infectious Disease Hospital (IDH), 6,800 tablets of ribavirin and 2,000 injection of ribavirin were provided to IDH in Kabul.
- Based on the meeting conducted by WHO with Food Agriculture Organization (FAO), Ministry of Agriculture and Irrigation and livestock (MAIL), Ministry of Public Health (MoPH), and Communicable Disease Control (CDC) department of MoPH in previous week, below activities have been performed:
 - Insecticides have been supplied to all 34 provinces for cattle spraying against ticks in animal markets by MAIL and FAO.
 - ° Cattle spraying and awareness activities have been conducted in animal markets before Eid al-Adha by MAIL.
- 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 24-2024, WHO completed a seven-day training and mass awareness campaign in Herat province focused on Crimean-Congo hemorrhagic fever and other infectious diseases. The campaign included 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, Injil, Guzara, and Herat City, to deliver health education messages. During mass campaign around 53,459 people (14,674 females and 38,785 males) have been reached.
- Also, during campaign, WHO sent 65,600 (23,000 Poster and 42,600 Brochure) Information, Education and Communication (IEC) materials to 9 provinces (Mazar, Kandahar, Herat, Nangarhar, Paktya, Kunduz, Bamyan, Dykundi, Badakhshan) and WHO Central-region NDSR officers. These IEC materials will be used during the RCCE campaign on CCHF and other infectious diseases.

Dengue Fever Outbreak

(01 Jan-15 Jun 2024)



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

Table 6: Summary of the dengue fever outbreak in the last eight weeks in Afghanistan (21 Apr – 15 Jun 2024)

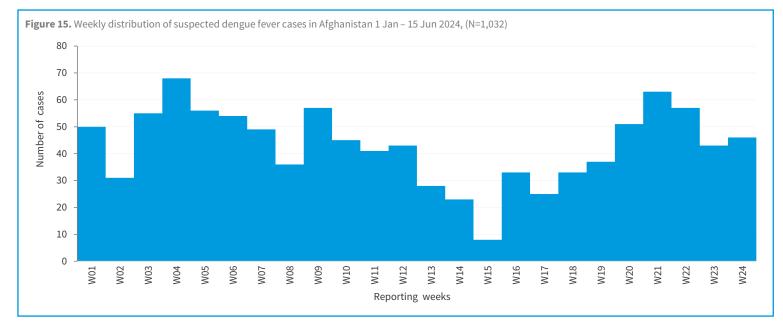
Indicators	W17	W18	W19	W20	W21	W22	W23	W24	Trend line
Suspected cases	25	33	37	51	63	57	43	46	
Deaths	0	0	0	0	0	0	0	0	• • • • • • • • •
CFR (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	• • • • • • • • •

• The epi curve illustrates an increasing trend over the past 7 weeks, except for the decrease observed in the last 2 weeks, which could be explained by the under reporting during the Eid-ul-Adha holidays (Figure 15).

• During week 24-2024, 46 suspected cases of dengue fever with no associated deaths were reported all from Nangarhar province, which shows a 7.0% increase 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 1,032 suspected cases of dengue fever with no associated deaths were reported, out of which 623 (60.4%) 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 459 samples have been tested, out of which 159 were positive by PCR (positivity 34.6%).



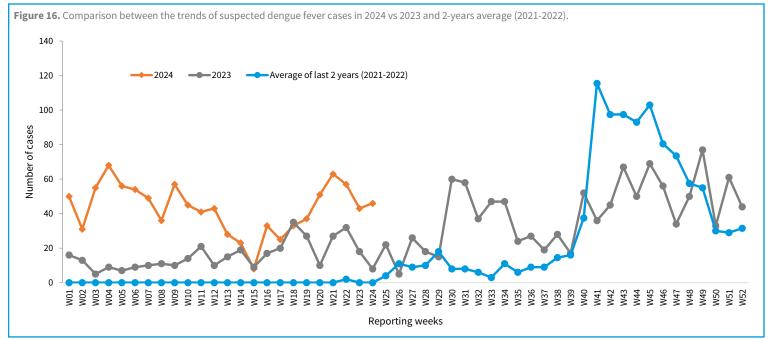
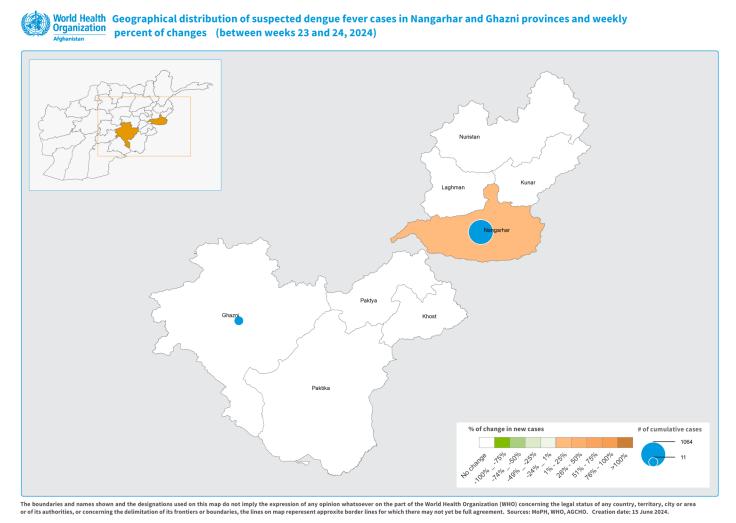


Figure 17. Geographical distribution of suspected dengue fever cases and percent change of new cases in Afghanistan, 01 Jan – 15 Jun 2024



Updates in the response to the dengue fever outbreak

- During week 24-2024, a total of 17 dengue RDTs kits (10 test/kit) were distributed to Kabul, Kandahar and Helmand provinces.
- 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:

- Dr. Mohamed Tahoun, MD, MPH, PhD: Epidemiologist, WHO-CO, (tahounm@who.int)
- Infectious Hazard Preparedness Team Health Emergencies Program (WHE)– (emacoafgihpt@who.int)