



AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #25-2024

No. 25 (16 –22 Jun 2024)

Disease Outbreaks

Cumulative Cases 2024

Cumulative deaths 2024 (CFR %)

Measles

33,334

143 (0.4)

AWD

65,040

34 (0.05)

ARI

770,676

1,762 (0.2)

COVID-19

*8,206

36 (0.4)

CCHF

313

15 (4.8)

Dengue fever

1,054

0 (0.0)

**This number represents confirmed COVID-19 cases, while others are suspected cases. (Data from 603 (98.4%) out of 613 sentinel sites)*

Measles Outbreak

(01 Jan-22 Jun 2024)

33,334

Total Cases

143

Total Deaths

7,788

Sample tested

4,546

Lab confirmed cases

58.4%

Test positivity rate

Table 1: Summary of the measles outbreak in the last eight weeks in Afghanistan (28 Apr – 22 Jun 2024)

Indicators	W18	W19	W20	W21	W22	W23	W24	W25	Trend line
Suspected cases	1,530	1,604	1,681	1,723	1,780	1,704	1,548	1,451	
Suspected deaths	2	5	6	9	6	7	6	4	
CFR (%)	0.1	0.3	0.4	0.5	0.3	0.4	0.4	0.3	

- The epidemiological curve of suspected measles cases demonstrates an increasing trend since the beginning of 2024 (Figure 1), except for 3 last weeks, likely due to underreporting 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 25-2024, a total of 1,451 suspected cases and 4 associated deaths were reported. This represents a 6.3% decrease in suspected measles cases compared to the preceding week.
- The 4 deaths were reported from 4 provinces: one from each of Baghlan, Helmand, Herat, and Jawzjan provinces; all deaths were under five children, while 3 of them were females.
- Since the beginning of 2024, a total of 33,334 suspected measles cases and 143 deaths (CFR=0.4%) were reported. Among suspected measles cases, 26,725 (80.2%) were under-five children, and 15,092 (45.3%) were females.
- Since the beginning of 2024, Khost has reported the highest cumulative incidence of suspected measles cases per 10,000 population (30.7), followed by Balkh (21.6), Samangan (18.3), and Jawzjan (16.2) (Figure 3).

Figure 1. Weekly distribution of suspected measles cases in Afghanistan, 01 Jan to 22 Jun 2024 (N= 33,334)





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

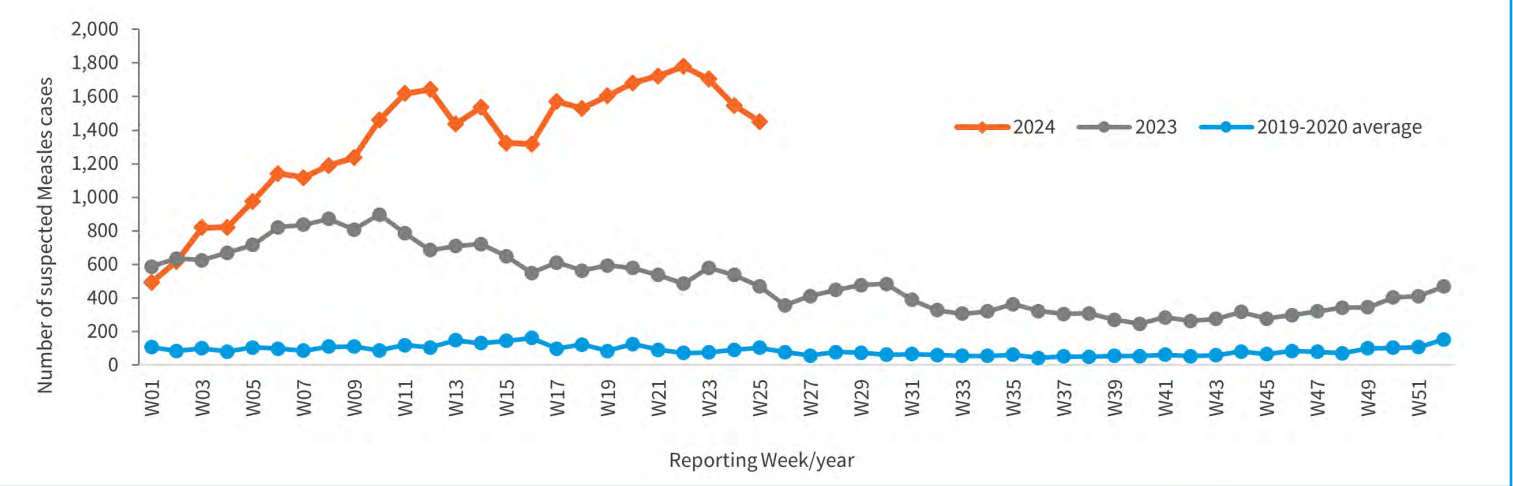
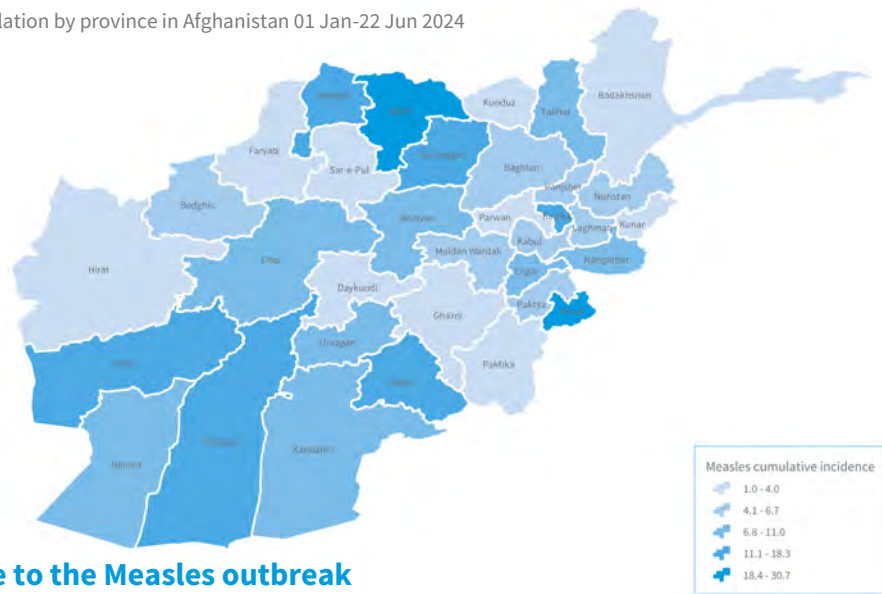


Figure 3. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 01 Jan-22 Jun 2024

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Suspected measles cumulative incidence per 10,000 population by province 01 Jan–22 Jun 2024



Updates on the preparedness and response to the Measles outbreak

Since the beginning of 2024, the following activities have been conducted:

- A total of 18,961 children aged 9-59 months received measles vaccine in various affected provinces.
- 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).
- A total of 126 measles case management kits have been distributed to WHO sub-offices across the country.
- During April and May 2024, a total of 593,592 children aged 9-59 months were vaccinated in 2 phases of Multi-Antigen Acceleration Campaign (MAAC) in 78 districts of 25 provinces:
 - During the first phase, 503,296 children aged 9-59 months were vaccinated in 53 districts of 13 provinces (Kapisa, Kandahar, Logar, Zabul, Helmand, Khost, Takhar, Nangarhar, Kunar, Balkh, Faryab, Farah, and Kabul).
 - During the second phase, a total of 90,323 children aged 9-59 months were vaccinated in 25 districts of 12 provinces (Wardak, Bamyán, Parwan, Panjshir, Urozgan, Paktya, Paktika, Ghazni, Baghlan, Nuristan, Samangan, and Badghis).

Acute Watery Diarrhea (AWD) with Dehydration Outbreak (01 Jan-22 Jun 2024)



65,040

Total AWD with dehydration cases



34

Total AWD with dehydration deaths



3,648

Samples tested for AWD with dehydration (RDTs)



474

RDT-positive cases for AWD with dehydration



13.0%

RDT positivity rate for AWD with dehydration



Table 2: Summary of the AWD with Dehydration outbreak in the last eight weeks in Afghanistan (28 Apr – 22 Jun 2024)

Indicators	W18	W19	W20	W21	W22	W23	W24	W25	Trend line
Suspected cases	2,624	3,135	3,575	4,117	4,906	4,755	4,737	3,884	
Suspected deaths	2	4	1	0	1	1	4	3	
CFR (%)	0.1	0.1	0.0	0.0	0.0	0.0	0.1	0.1	

- The epi curve shows a considerable increase over the past 9 weeks following the stabilization, however, in this week, the number of cases shows a decrease which might be due to under reporting due to the Eid-u-Adha holidays. Potential explanation for the increase could be the start of summer season.
- During week 25-2024, 3,884 AWD with dehydration cases with 3 associated deaths were reported from 175 districts, which shows an 18.0% decrease in the number of cases compared to the previous week (Figure 4).
- Three new deaths were reported from 2 provinces, Baghlan (2) and Urozgan (1); all deaths were under-five children, while one was female.
- During week 25-2024, no new district reported AWD with dehydration alert.
- The highest cumulative incidence of AWD per 10,000 population was reported from Nimroz (51.3), followed by Paktya (49.2), Kabul (33.7), and Jawzjan (29.1) (Figure 5).
- Since the beginning of 2024, a total of 65,040 AWD with dehydration cases and 34 associated deaths (CFR=0.05%) were reported from 315 districts. Out of the total cases, 36,608 (56.3%) were under-five children, and 32,159 (49.4%) were females.
- Since the beginning of 2024, 3,648 Rapid Diagnostic Tests (RDTs) have been conducted on AWD with dehydration cases, of which 474 tests turned positive (positivity rate 13.0%).

Figure 4. Weekly distribution of AWD with dehydration cases in Afghanistan 01 Jan– 22 Jun 2024 (N=65,040)

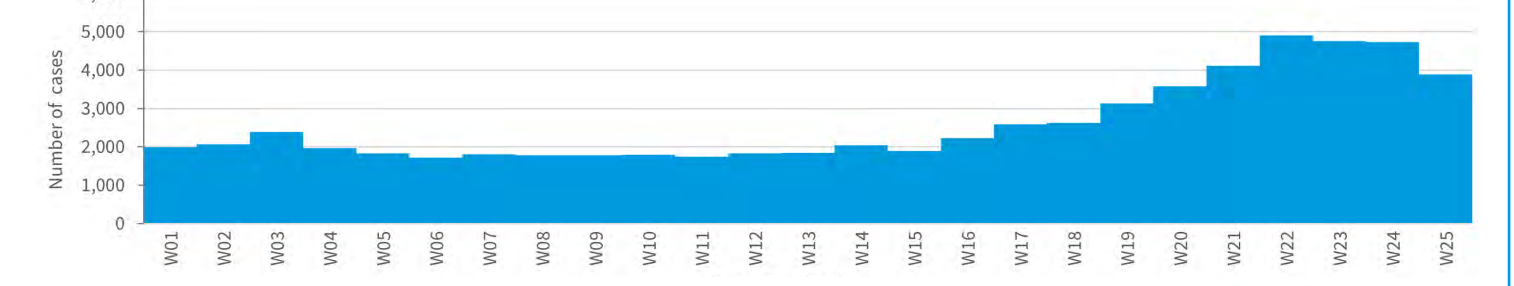
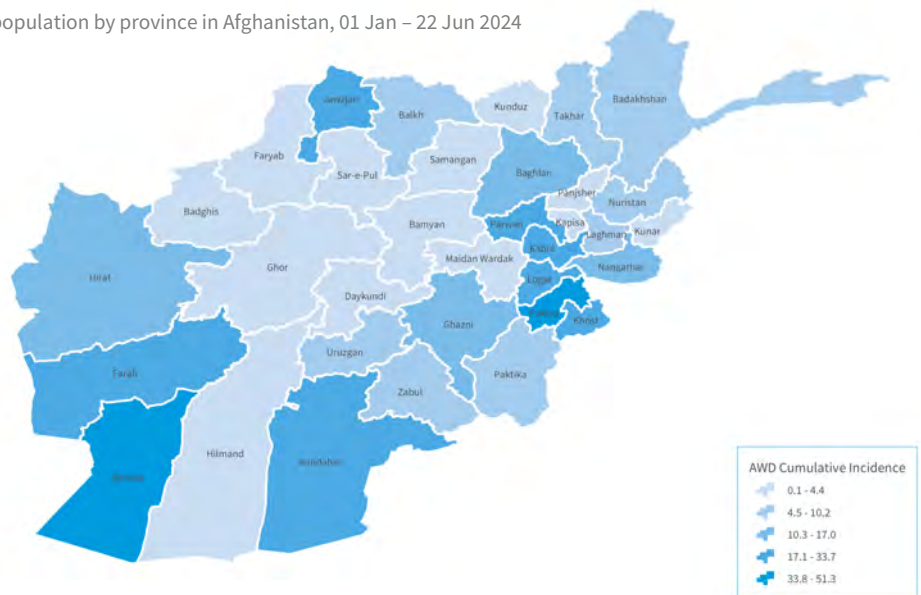


Figure 5. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 22 Jun 2024

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AWD with dehydration cumulative incidence per 10,000 population by province 01 Jan - 22 Jun 2024



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

- Since the beginning of 2024, the following activities have been conducted:
 - A total of 403 sentinel sites' focal points (including 24 Females) were trained on surveillance procedures in Kabul province, East, South, North and West regions.
 - A total of 114 Cary Blair kits (100 pieces/kit) have been distributed 7 WHO sub-offices.
 - A total of 424 AWD with dehydration RDT kits (10 test/kits) have been distributed to 7 WHO sub-offices across the



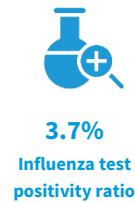
country.

- 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.
- A total of 125 AWD case management kits have been distributed to AWD with dehydration targeted areas.

WASH update:

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

Acute Respiratory Infection (ARI)
(01 Jan-22 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 (28 Apr – 22 Jun 2024)

Indicators	W18	W19	W20	W21	W22	W23	W24	W25	Trend lines
Suspected cases	26,601	26,585	24,279	22,848	21,666	19,895	17,904	9,964	
Suspected deaths	40	47	64	41	62	49	40	46	
CFR (%)	0.2	0.2	0.3	0.2	0.3	0.2	0.2	0.5	

- 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 25-2024, 9,964 cases of ARI pneumonia and 46 associated deaths were reported. This represents a 46.0% decrease in the number of ARI cases compared to the preceding week. This sharp decrease might be due to under-reporting during Eid-ul-Adha holiday.
- Since the beginning of 2024, a total of 770,676 ARI pneumonia cases and 1,762 associated deaths (CFR=0.2%) were reported from 34 provinces. Out of the total cases, 485,450 (63.0%) were under-five children, and 380,852 (49.4%) were females.
- Since the beginning of 2024, the highest cumulative incidence of ARI per 10,000 population is in Balkh (365.9), followed by Bamyan (359.6), Jawzjan (327.1), and Panjsher (297.5) provinces (Figure 8).
- Out of 1,762 deaths, 1,541 (87.5%) were under-five children and 801 (45.5%) were females.



Figure 6. Weekly distribution of ARI Pneumonia cases in Afghanistan, 01 Jan – 22 Jun 2024 (N=770,676)

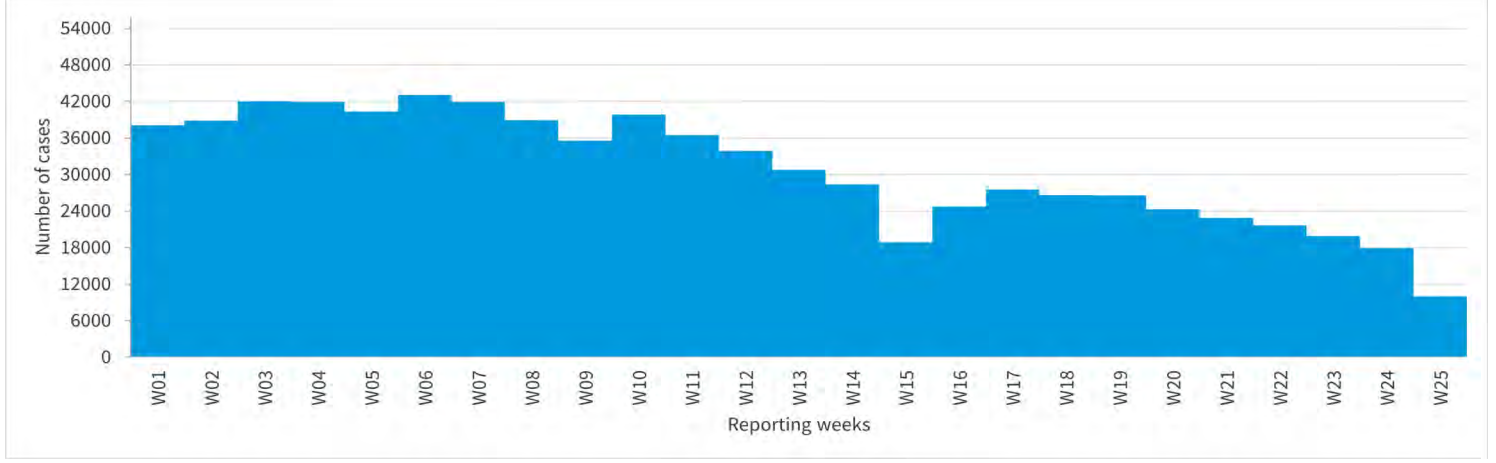


Figure 7. Comparison between the trend of ARI cases in 2024 vs 2023 and 3-years average, Afghanistan (2020-2022)

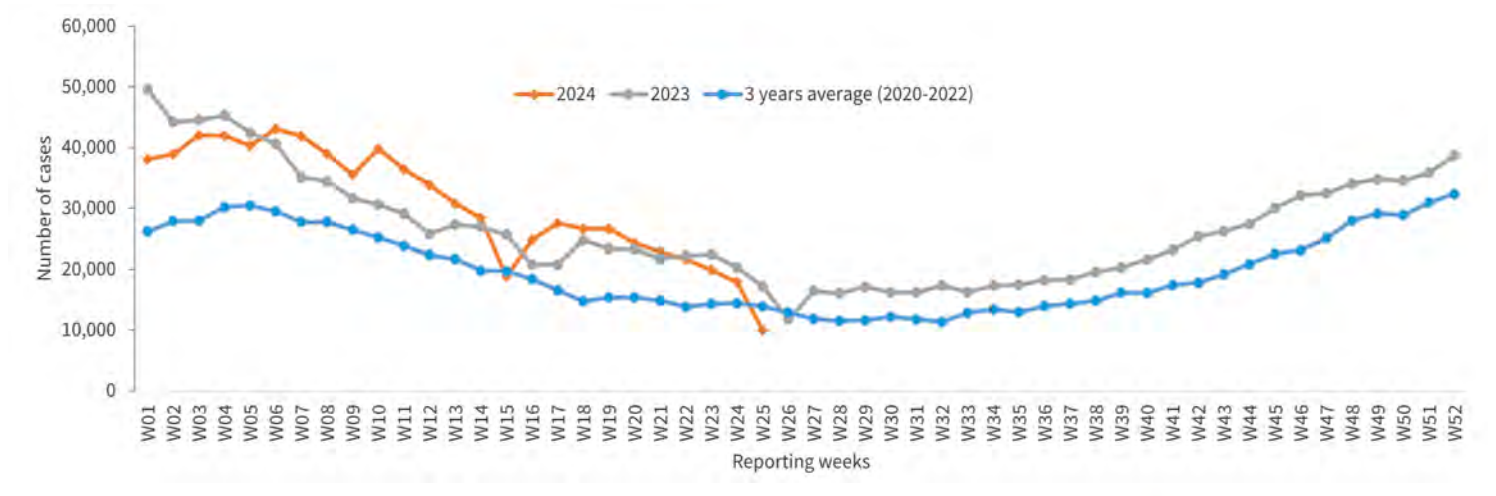
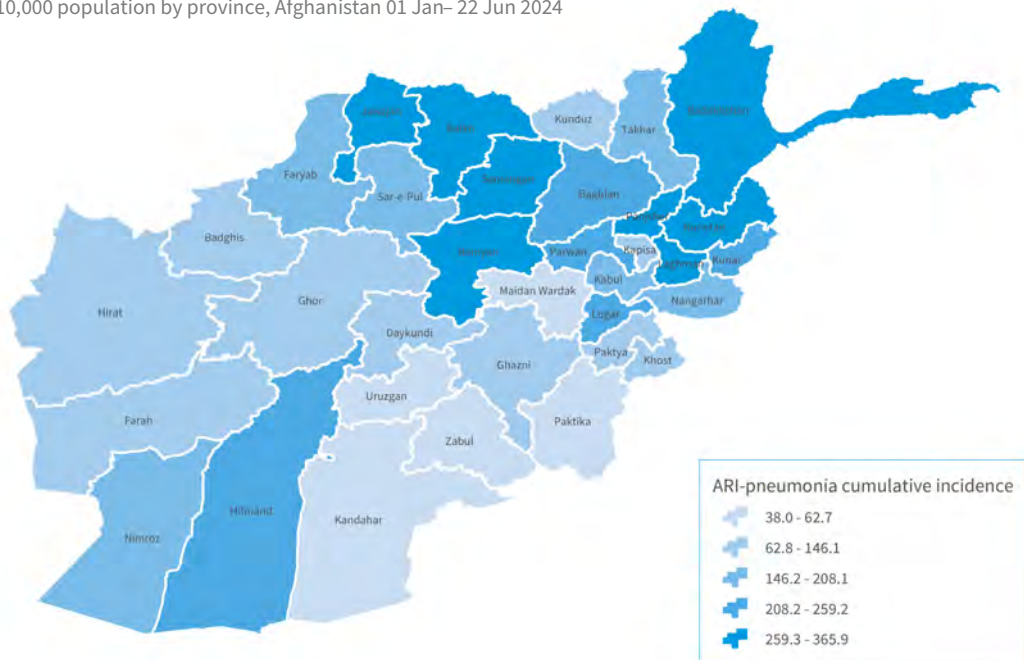


Figure 8. ARI pneumonia cumulative incidence per 10,000 population by province, Afghanistan 01 Jan– 22 Jun 2024

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Updates on the response activities to the ARI outbreak

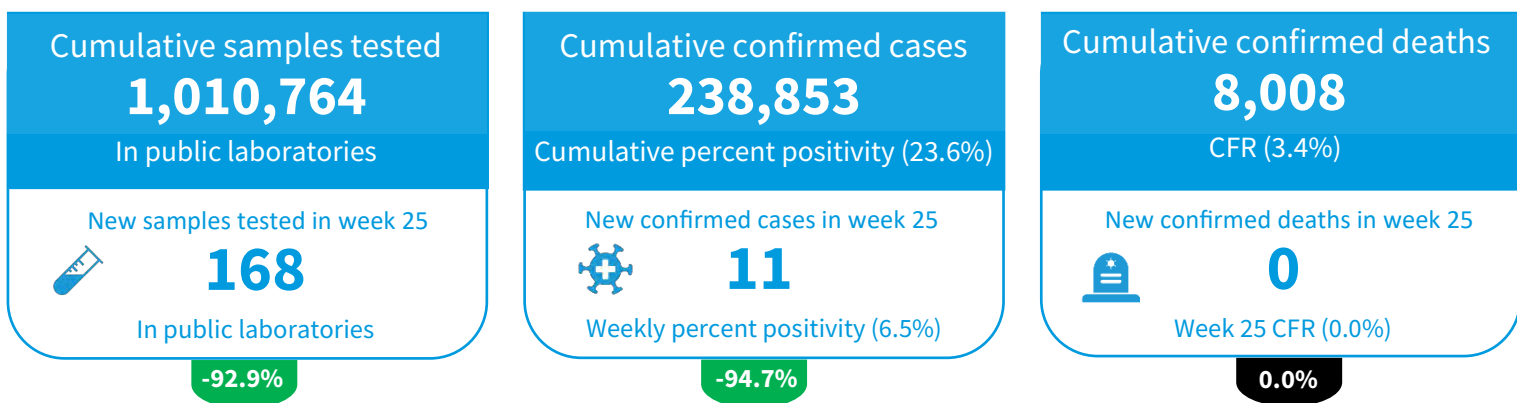
Since the beginning of 2024:

- 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 — 22 Jun 2024)

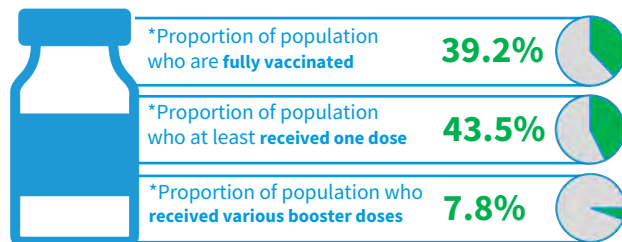


Key: ● Increasing ● Decreasing ● No change

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 (28 Apr – 22 Jun 2024)

Indicators	W18	W19	W20	W21	W22	W23	W24	W25	Trend line
Samples tested (in public Labs)	3,087	2,653	2,681	2,931	2,426	2,888	2,357 *	168	
Confirmed cases	798	537	481	349	277	269	207 *	11	
Percent positivity (%)	25.9	20.2	17.9	11.9	11.4	9.3	8.8	6.5	
Deaths	1	4	0	2	1	0	0	0	
CFR (%)	0.13	0.74	0.00	0.57	0.36	0.00	0.00	0.00	

*A delayed reporting was experienced during week 24-2024, the number of samples tested and number of confirmed cases were modified from 1,830 to 2,357 and from 130 to 207, respectively.

- The epidemiological curve indicates a decreasing trend in the last 8 weeks following an increase during weeks 16 to 18-2024 in the number of confirmed COVID-19 cases (Figure 9 & 10).
- During week 25-2024, a total of 168 samples were tested in public labs, of which 11 were positive for COVID-19 (positivity rate 6.5%) with no associated deaths. This number of positive cases shows a 94.7% decrease compared to the preceding week. This decrease could be explained by the under-reporting due to Eid-ul-Adha holidays (Table 4 and Figure 10).
- Since the beginning of 2024, a total of 8,206 COVID-19 confirmed cases and 36 deaths (CFR=0.4%) have been reported. Out of the total cases, 4,446 (54.2%) were females, while out of total deaths, 27 (75.0%) were females.
- During week 25-2024, among 11 confirmed cases, 9.1% (1 case) were hospitalized while no cases were admitted to the ICU (Figure 11).
- Since the beginning of 2024, a total of 65,531 samples of COVID-19 have been tested by public health laboratories across the country, out of which 8,206 were positive (positivity rate 12.5%), while the overall number of COVID-19 samples tested by public health laboratories reached to 1,010,764 since the beginning of the pandemic in February 2020.



Figure 9. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan Feb 2020 –22 Jun 2024 (cases= 238,853, deaths=8,008)

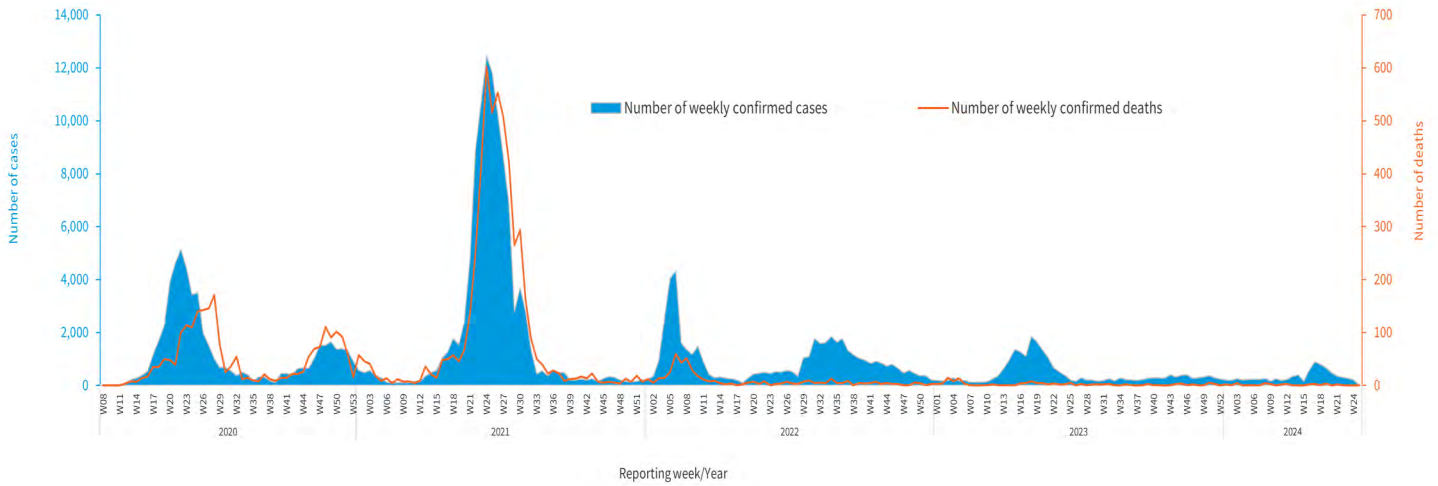


Figure 10. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 01 Jan – 22 Jun 2024 (cases=8,206, deaths=36)

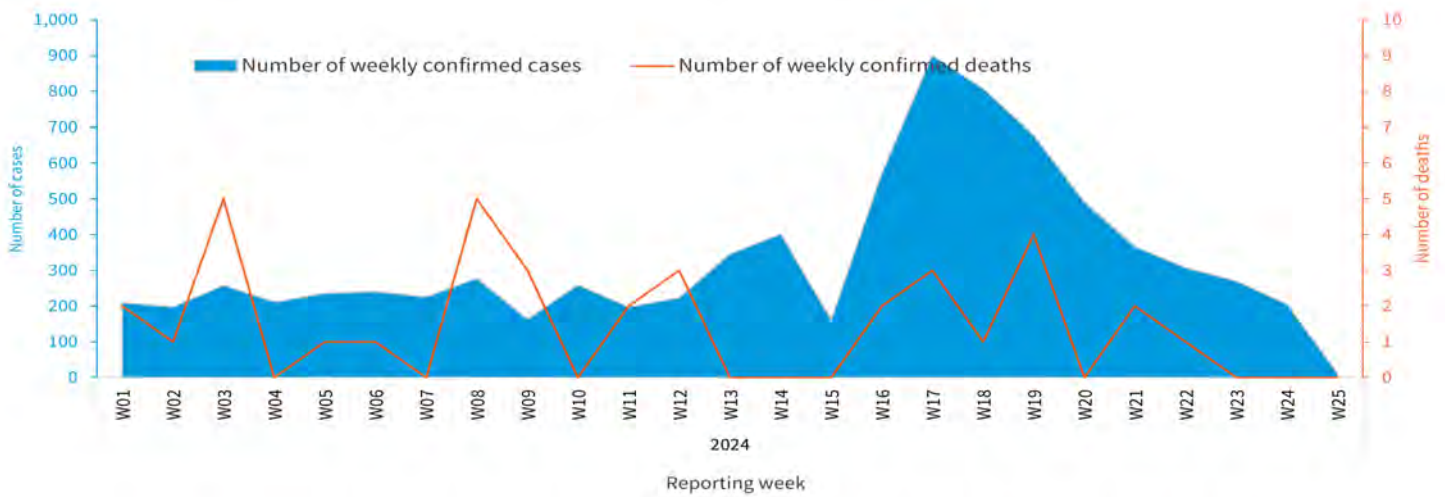
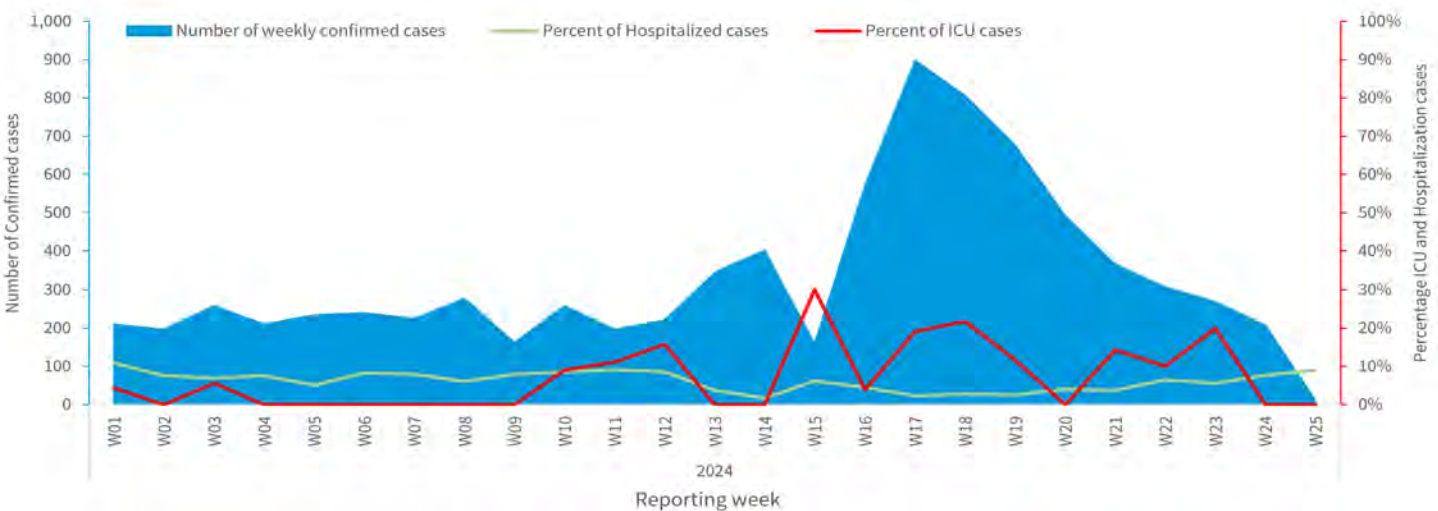


Figure 11. Weekly proportion of hospitalized and ICU cases and the number of confirmed COVID-19 cases in Afghanistan between 01 Jan-22 Jun 2024*



*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 - 22 June 2024)



313

Total CCHF cases



15

Total CCHF deaths



244

Samples tested for CCHF



66

Lab-confirmed CCHF cases



27.0%

CCHF test positivity rate

Table 5: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (28 Apr – 22 Jun 2024)

Indicators	W18	W19	W20	W21	W22	W23	W24	W25	Trend line
Suspected cases	14	16	18	22	24	36	47	41	
Suspected deaths	0	1	1	1	1	2	5*	2	
CFR (%)	0.0	6.3	5.6	4.5	4.2	5.6	10.6	4.9	

*Delayed report was experienced during week 24-2024, and the number of deaths modified from 3 to 5.

- The epi-curve of suspected CCHF cases shows a gradually increasing trend over the last 10 weeks. This recent rise should be closely monitored to identify potential outbreaks and to properly guide public health interventions (Figures 12 & 13).
- During week 25-2024, 41 new suspected CCHF cases with 2 associated deaths were reported, which shows a 12.8% decrease compared to the preceding week (Table 5).
- The 2 new deaths were both over-five, one of them was female, reported from Balkh and Kabul provinces.
- Since the beginning of 2024, a total of 313 suspected cases of CCHF with 15 associated deaths (CFR=4.8%) were reported. All the suspected cases were over five years of age, while 91 (29.1%) of them were females.
- The 15 deaths were all over-five years, while 5 were females reported from Balkh (7), Kabul (6), and Kunduz (2) provinces.
- Since the beginning of 2024, a total of 244 samples of suspected CCHF cases have been tested, out of which 66 were positive (positivity rate 27.0%) reported from 6 provinces; Kabul (48), Kunduz (10), Balkh (4), Kapisa (1), Helmand (1), Paktika (1), and Takhar (1).
- The highest cumulative incidence of suspected CCHF per 100,000 population in 2024 is reported from Balkh (3.1) followed by Kapisa (2.8) Kabul (2.0), and Jawzjan (1.2) provinces (Figure 14).

Figure 12: Weekly distribution of CCHF cases in Afghanistan 01 Jan –22 Jun 2024, (N=313)



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

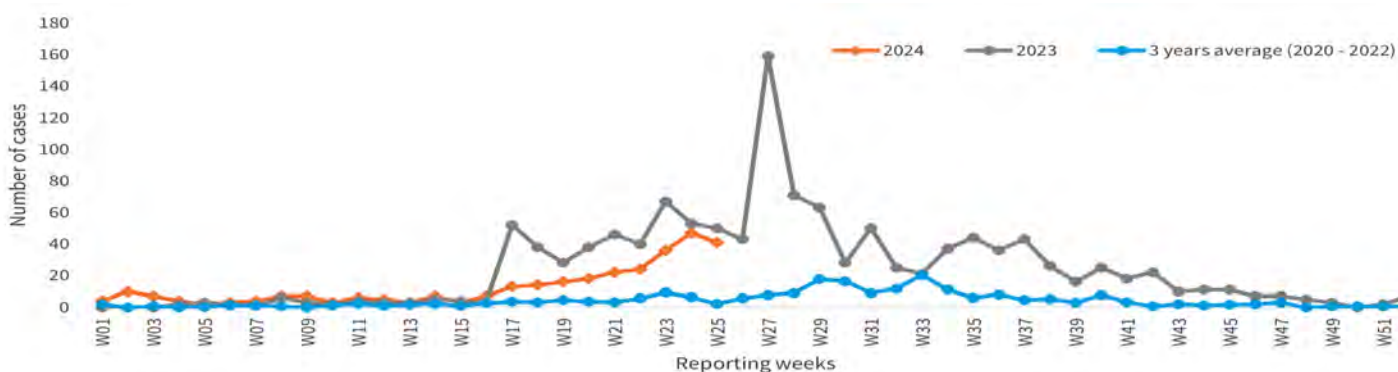
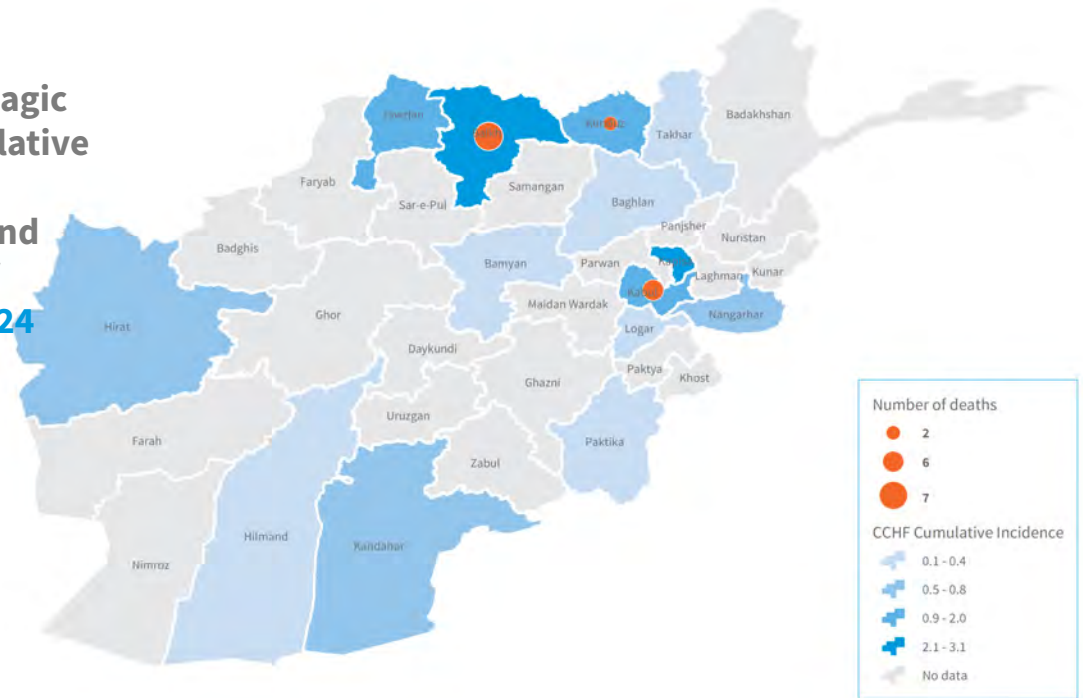




Figure 14. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 01 Jan – 22 Jun 2024

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Crimean-Congo Hemorrhagic Fever (CCHF) cases cumulative incidence per 100,000 population by province and provincial distribution of deaths 01 Jan – 22 Jun 2024



Updates on the response to the CCHF outbreak

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

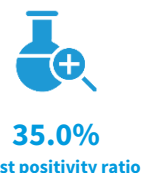
- A total of 569 doses of ribavirin tablets and 1,540 doses of ribavirin injections were distributed to Infectious Disease Hospital (IDH) in Kabul and 7 WHO sub-offices across the country.
- Insecticides have been supplied to all 34 provinces for cattle spraying against ticks in animal markets by MAIL and FAO.
- Cattle spraying and awareness activities have been conducted in animal markets before Eid-ul-Adha by MAIL.
- 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 25-2024, WHO completed a seven-day training and mass awareness campaign in 12 districts of Balkh province (Mazar-e-Sharif city, Balkh, Dehdadi, Chemtal, Dawlat Abad, Charbolak, Sholgara, Zari, Kishendah, Khulm, Kaldar and Shortapa) focused on Crimean-Congo Hemorrhagic Fever and other infectious diseases. The campaign included one day of training followed by six days of community outreach. Around 35 social mobilizers (16 females and 19 males) have been trained and deployed to various districts to provide education messages to the communities. The campaign reached to 42,300 (22,508 female and 19792 males) individuals including CHW, religious leaders, community leaders and butchers.

Dengue Fever Outbreak

(01 Jan-22 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 (28 Apr – 22 Jun 2024)

Indicators	W18	W19	W20	W21	W22	W23	W24	W25	Trend line
Suspected cases	33	37	51	63	57	43	46	22	
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 3 weeks (Figure 15).
- During week 25-2024, 22 suspected cases of dengue fever with no associated deaths were reported all from Nangarhar province, which shows a 52.2% decrease in the number of suspected cases compared to the preceding week, which could be explained by under-reporting due to Eid-u-Adha holidays.
- Since the beginning of 2024, the number of suspected dengue fever cases is higher than the 2-year average (2021-2022), while it reached to the same level of corresponding week in 2023 (Figure 16).
- Since the beginning of 2024, a total of 1,054 suspected cases of dengue fever with no associated deaths were reported, out of which 635 (60.2%) were females, and 10 (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 466 samples have been tested, out of which 163 were positive by PCR (positivity 35.0%).

Figure 15. Weekly distribution of suspected dengue fever cases in Afghanistan 1 Jan – 22 Jun 2024, (N=1,054)

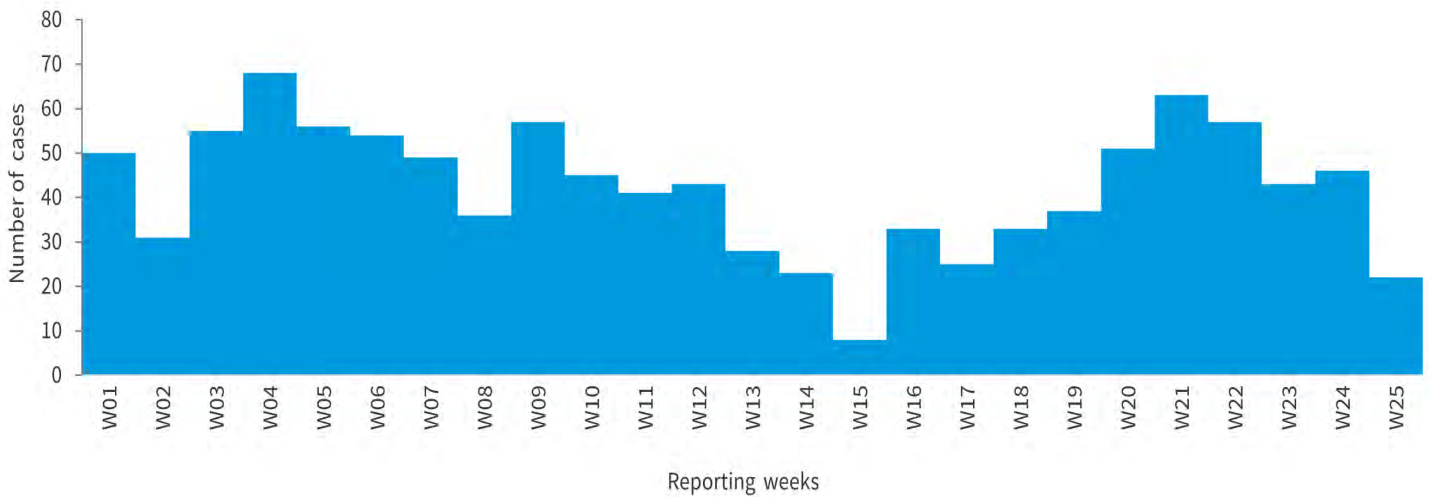


Figure 16. Comparison between the trends of suspected dengue fever cases in 2024 vs 2023 and 2-years average (2021-2022).

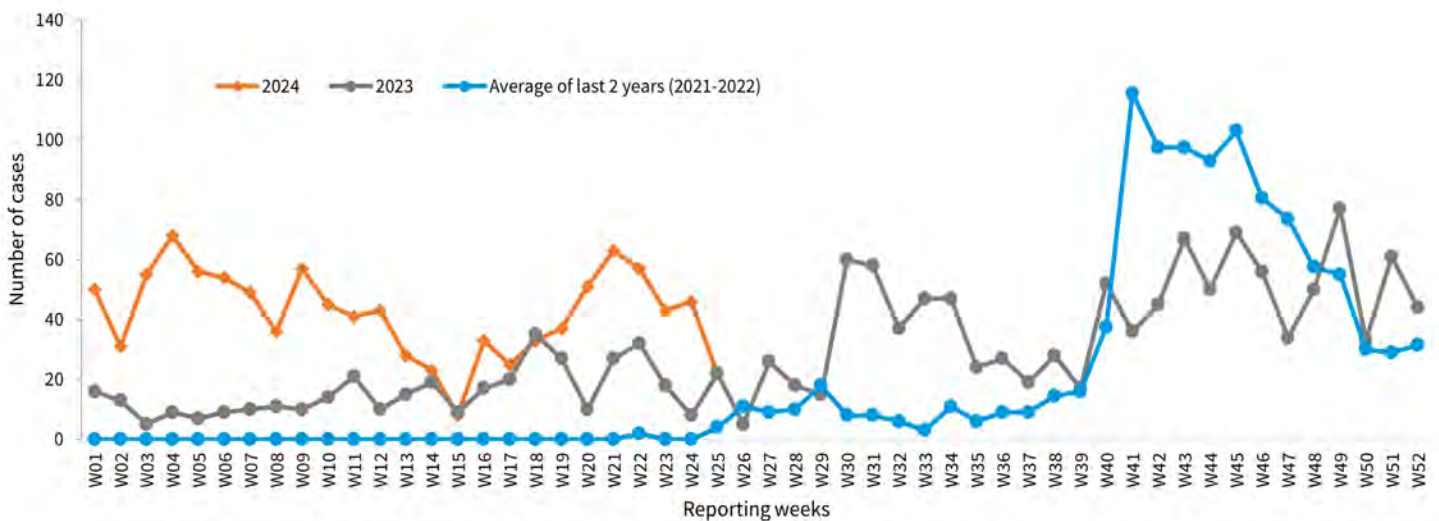
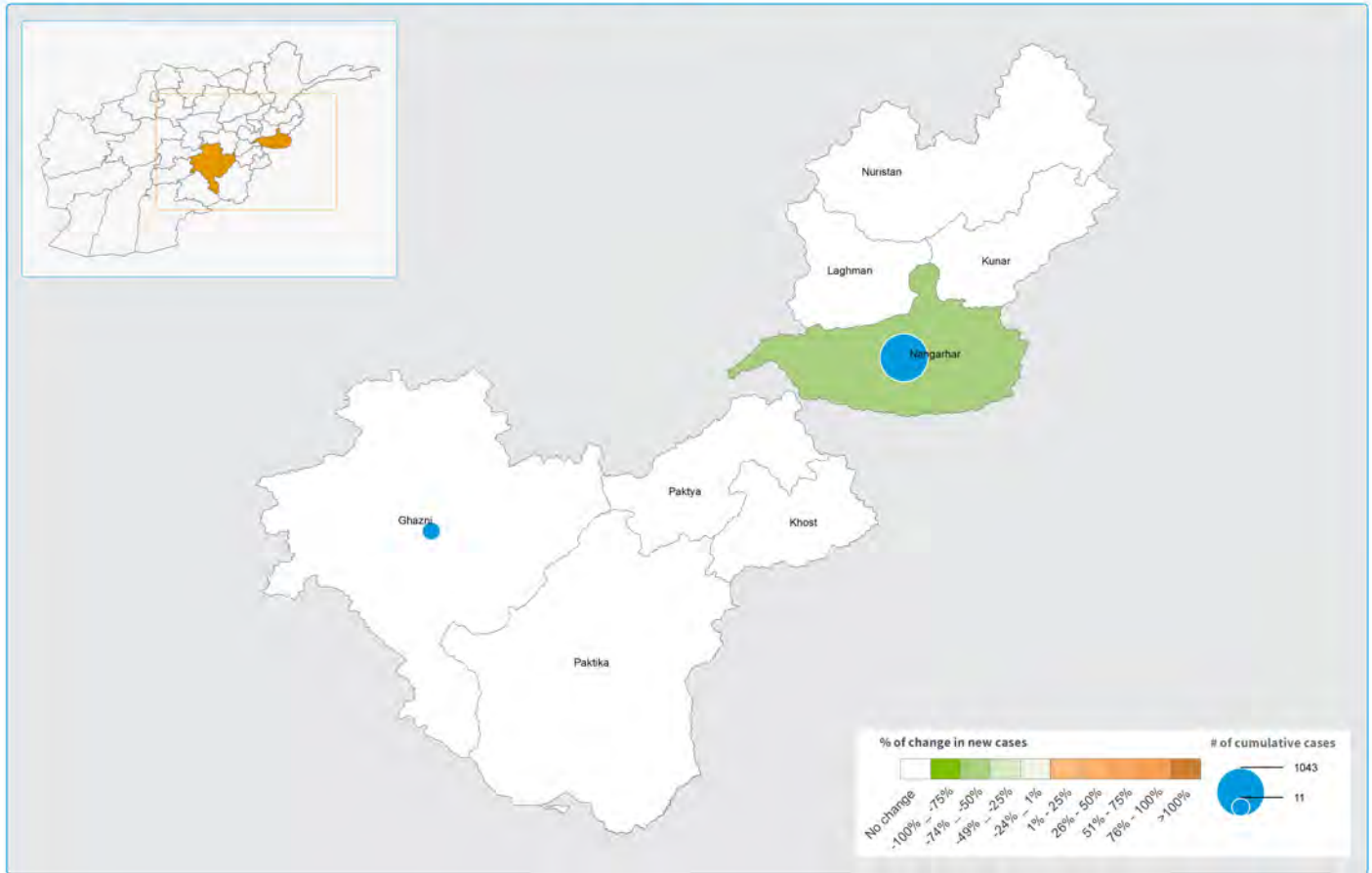




Figure 17. Geographical distribution of suspected dengue fever cases and percent change of new cases in Afghanistan, 01 Jan – 22 Jun 2024



Geographical distribution of suspected dengue fever cases in Nangarhar and Ghazni provinces and weekly percent of changes (between weeks 24 and 25, 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: 22 June 2024.

Updates in the response to the dengue fever outbreak

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

- A total of 835 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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- Infectious Hazard Preparedness Team – Health Emergencies Program (WHE)– (emacoafghipt@who.int)