



AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #26-2024

No. 26 (23 -29 Jun 2024)

Disease Outbreaks	Measles	AWD	ARI	COVID-19	CCHF	Dengue fever
Cumulative Cases 2024	35,021	70,350	787,721	*8,313	470	1,088
Cumulative deaths 2024 (CFR %)	147 (0.4)	38 (0.05)	1,812 (0.2)	38 (0.5)	35 (7.4)	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-29 Jun 2024)

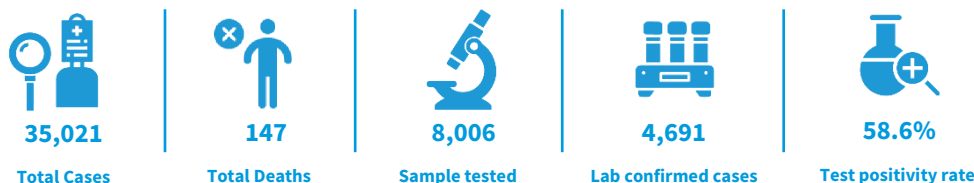


Table 1: Summary of the measles outbreak in the last eight weeks in Afghanistan (05 May – 29 Jun 2024)

Indicators	W19	W20	W21	W22	W23	W24	W25	W26	Trend line
Suspected cases	1,604	1,681	1,723	1,780	1,704	1,548	1,451	1,687	
Suspected deaths	5	6	9	6	7	6	4	4	
CFR (%)	0.3	0.4	0.5	0.3	0.4	0.4	0.3	0.2	

- The epidemiological curve of suspected measles cases demonstrates an increasing trend since the beginning of 2024, peaking around Week 22, with a slight decrease observed in Weeks 24 and 25 (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 26-2024, a total of 1,687 suspected cases and 4 associated deaths were reported. This represents a 16.3% increase in suspected measles cases compared to the preceding week.
- The 4 deaths were reported from 3 provinces: Kandahar (2), Helmand (1) and Panjshir (1); 3 out of 4 deaths were under five children, while half of them were females.
- Since the beginning of 2024, a total of 35,021 suspected measles cases and 147 deaths (CFR=0.4%) were reported. Among suspected measles cases, 28,050 (80.1%) were under-five children, and 15,844 (45.2%) were females.
- Since the beginning of 2024, Khost has reported the highest cumulative incidence of suspected measles cases per 10,000 population (33.8), followed by Balkh (22.3), Samangan (18.6), and Jawzjan (16.9) (Figure 3).

Figure 1. Weekly distribution of suspected measles cases in Afghanistan, 01 Jan to 29 Jun 2024 (N= 35,021)

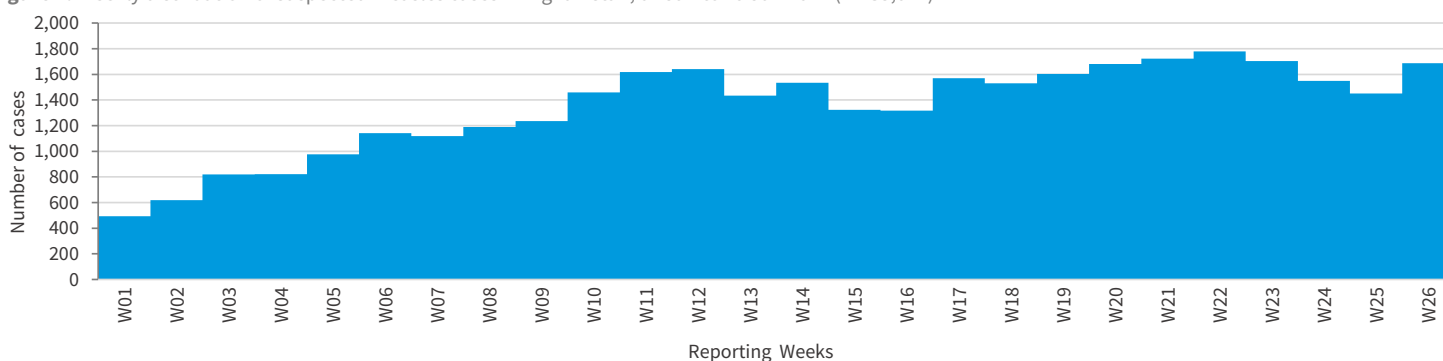




Figure 2. Comparison between the trends of suspected measles cases in 2024 vs 2023 and 2-years average (2019-2020)

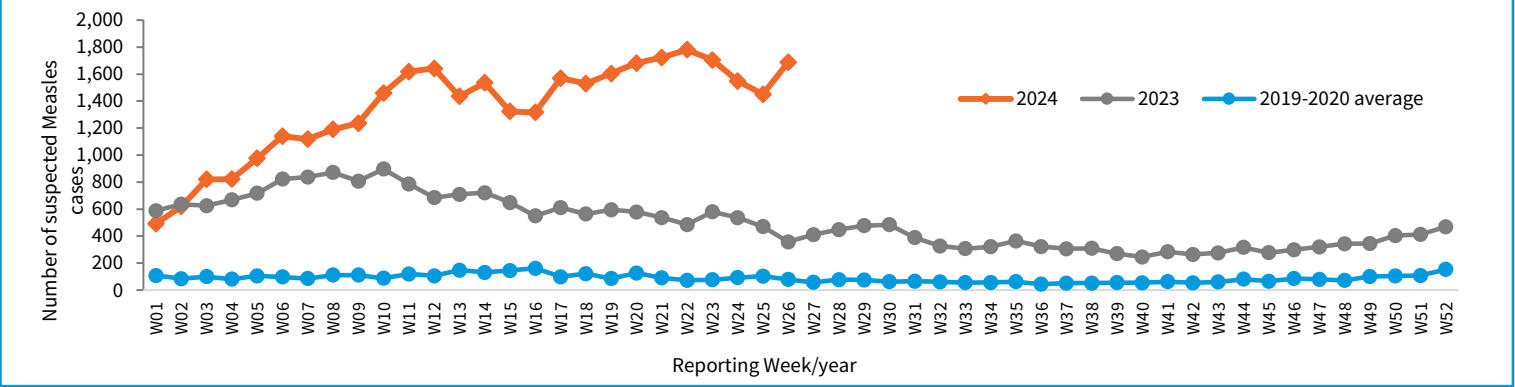
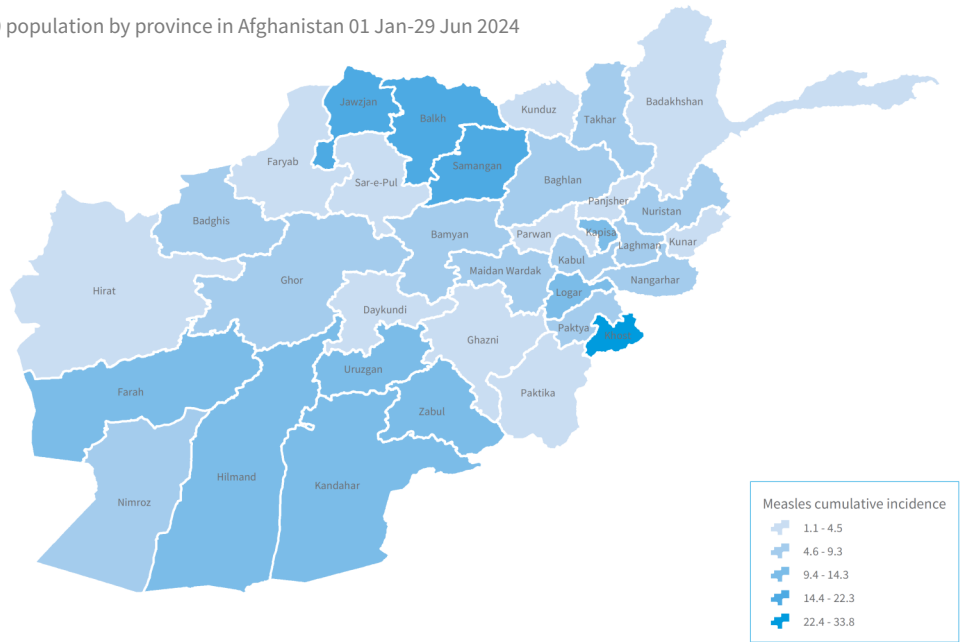


Figure 3. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 01 Jan-29 Jun 2024

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Suspected measles cumulative incidence per 10,000 population by province 01 Jan—29 Jun 2024



Updates on the preparedness and response to the Measles outbreak

- During week 26-2024, a total of 71 children aged 9-59 months received measles vaccine in Kandahar province. This brings the total number of vaccinated children in outbreak response activities to 19,032 since the beginning of 2024. Since the beginning of 2024, the following activities have been conducted:
- 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, 503,269 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, Bamyān, Parwan, Panjshir, Urozgan, Paktya, Paktika, Ghazni, Baghlan, Nuristan, Samangan, and Badghis).

Acute Watery Diarrhea (AWD) with Dehydration Outbreak (01 Jan-29 Jun 2024)

70,350
Total AWD with dehydration cases

38
Total AWD with dehydration deaths

3,990
Samples tested for AWD with dehydration (RDTs)

520
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 (05 May – 29 Jun 2024)

Indicators	W19	W20	W21	W22	W23	W24	W25	W26	Trend line
Suspected cases	3,135	3,575	4,117	4,906	4,755	4,737	3,884	5,310	
Suspected deaths	4	1	0	1	1	4	3	4	
CFR (%)	0.1	0.0	0.0	0.0	0.0	0.1	0.1	0.1	

- The epi curve shows a considerable increase since week 16-2024 following the stabilization. Potential explanation for the increase could be the start of summer season.
- During week 26-2024, 5,310 AWD with dehydration cases with 4 associated deaths were reported from 228 districts, which shows a 36.7% increase in the number of cases compared to the previous week. This sharp increase might be due to lower number of cases reported during week 25-2024 resulted from Eid-ul-Adha holidays (Figure 4).
- Four new deaths were reported from 3 provinces, Urozgan (2), Paktika (1) and Kabul (1); all deaths were under-five children, while one was female.
- During week 26-2024, no new district reported AWD with dehydration alert.
- The highest cumulative incidence of AWD per 10,000 population was reported from Nimroz (53.8), followed by Paktya (53.0), Kabul (35.7), and Jawzjan (33.0) (Figure 5).
- Since the beginning of 2024, a total of 70,350 AWD with dehydration cases and 38 associated deaths (CFR=0.05%) were reported from 318 districts. Out of the total cases, 39,687 (56.4%) were under-five children, and 34,727 (49.4%) were females.
- Since the beginning of 2024, 3,990 Rapid Diagnostic Tests (RDTs) have been conducted on AWD with dehydration cases, of which 520 tests turned positive (positivity rate 13.0%).

Figure 4. Weekly distribution of AWD with dehydration cases in Afghanistan 01 Jan– 29 Jun 2024 (N=70,350)

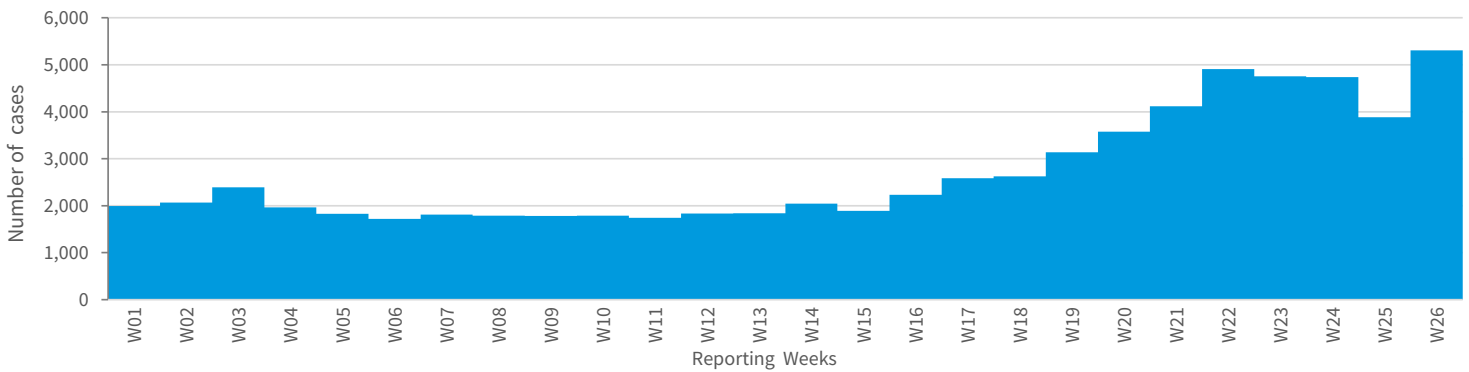
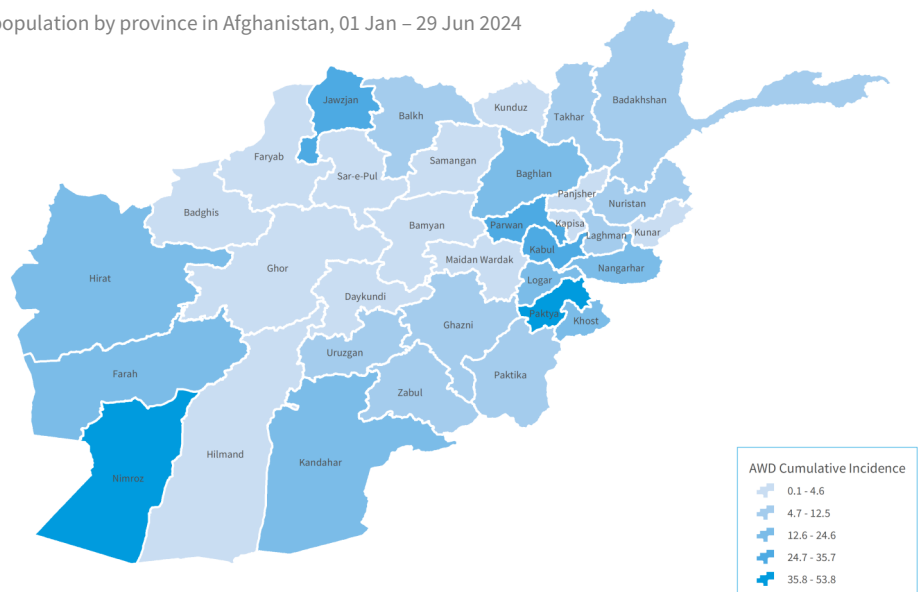


Figure 5. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 29 Jun 2024

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AWD with dehydration cumulative incidence per 10,000 population by province 01 Jan - 29 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.

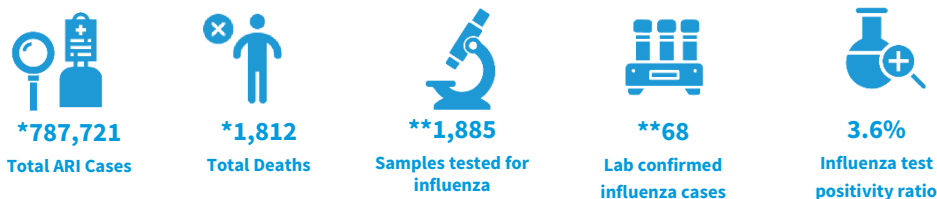
- A total of 114 Cary Blair kits (100 pieces/kit) have been distributed 7 WHO sub-offices.
- A total of 424 AWD with dehydration RDT kits (10 test/kits) have been distributed to 7 WHO sub-offices across the country.
- A total of 125 AWD case management kits have been distributed to AWD with dehydration targeted areas.
- 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 last two weeks of June (16-29 Jun 2024), the following activities were conducted as WASH response:

- Provision of clean water to 1,837 individuals through chlorination of wells in Paktika province.
- Distribution of hygiene kits to 831 individuals in 3 provinces (Laghman, Paktya and Ghazni).
- Conduct hygiene promotion sessions to 10,904 individuals in 6 provinces (Ghazni, Kabul, Kunar, Laghman, Nangarhar, and Paktya).

Acute Respiratory Infection (ARI)
(01 Jan-29 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 (05 May – 29 Jun 2024)

Indicators	W19	W20	W21	W22	W23	W24	W25	W26	Trend lines
Suspected cases	26,585	24,279	22,848	21,666	19,895	17,904	9,964	17,045	
Suspected deaths	47	64	41	62	49	40	46	50	
CFR (%)	0.2	0.3	0.2	0.3	0.2	0.2	0.5	0.3	

- 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 26-2024, 17,045 cases of ARI pneumonia and 50 associated deaths were reported, which represents a 71.1% increase in the number ARI cases compared to the preceding week. This sharp increase might be due to lower number of cases reported during week 25-2024 resulted from Eid-ul-Adha holidays.
- Since the beginning of 2024, a total of 787,721 ARI pneumonia cases and 1,812 associated deaths (CFR=0.2%) were reported from 34 provinces. Out of the total cases, 496,020 (63.0%) were under-five children, and 389,519 (49.4%) were females.
- Since the beginning of 2024, the highest cumulative incidence of ARI per 10,000 population is in Balkh (374.5), followed by Bamyan (370.3), Jawzjan (335.1), and Nooristan (305.3) provinces (Figure 8).
- Out of 1,812 deaths, 1,583 (87.4%) were under-five children and 826 (45.6%) were females.



Figure 6. Weekly distribution of ARI Pneumonia cases in Afghanistan, 01 Jan – 29 Jun 2024 (N=787,721)

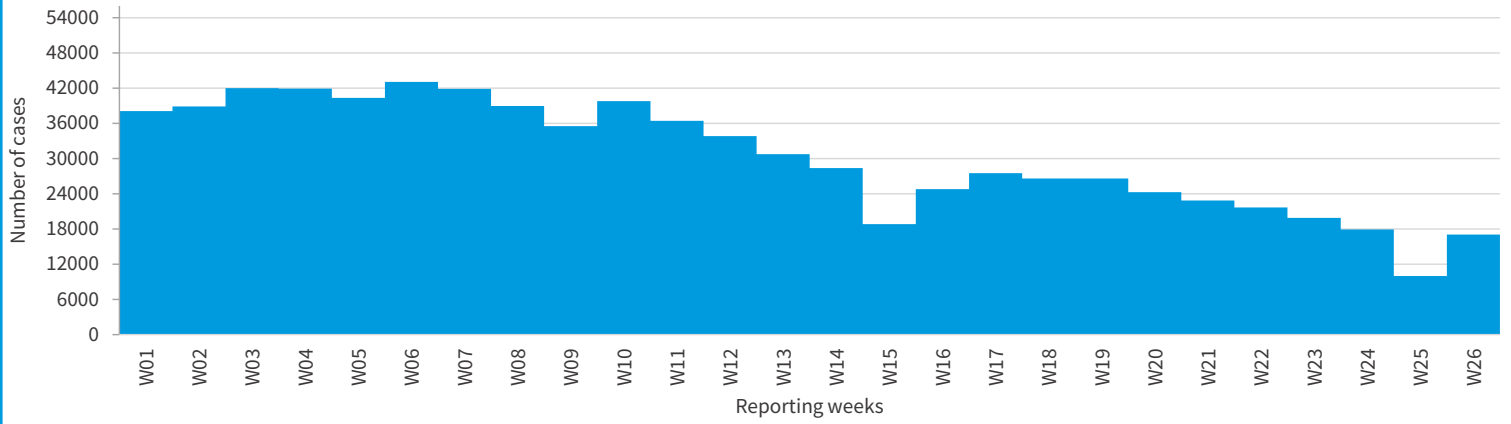


Figure 7. Comparison between the trend of ARI cases in 2024 vs 2023 and 3-years average, Afghanistan (2020-2022)

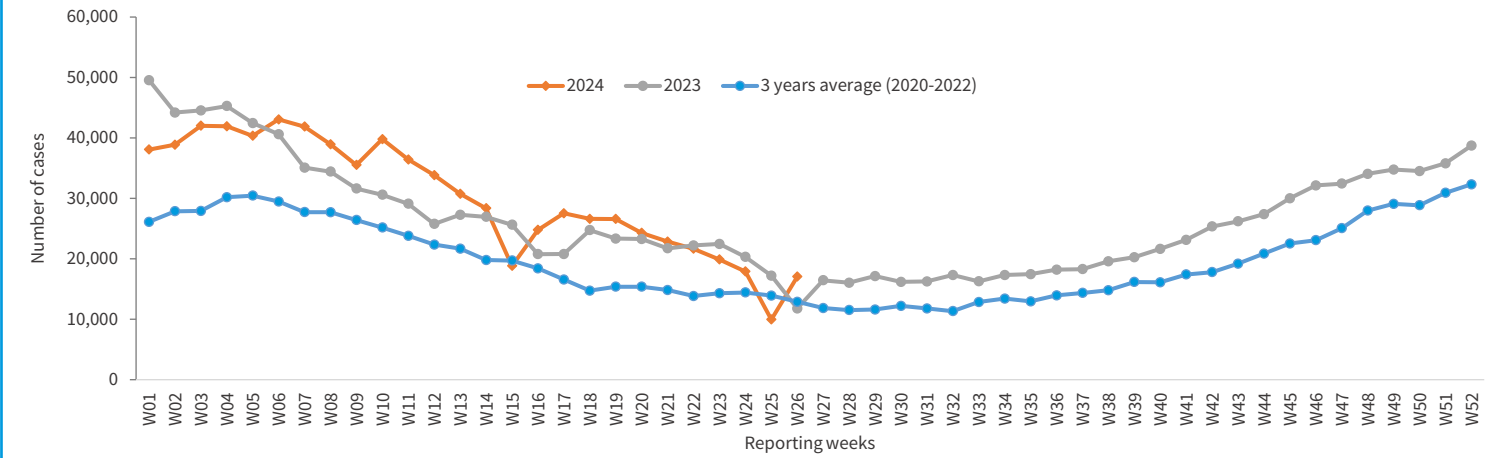
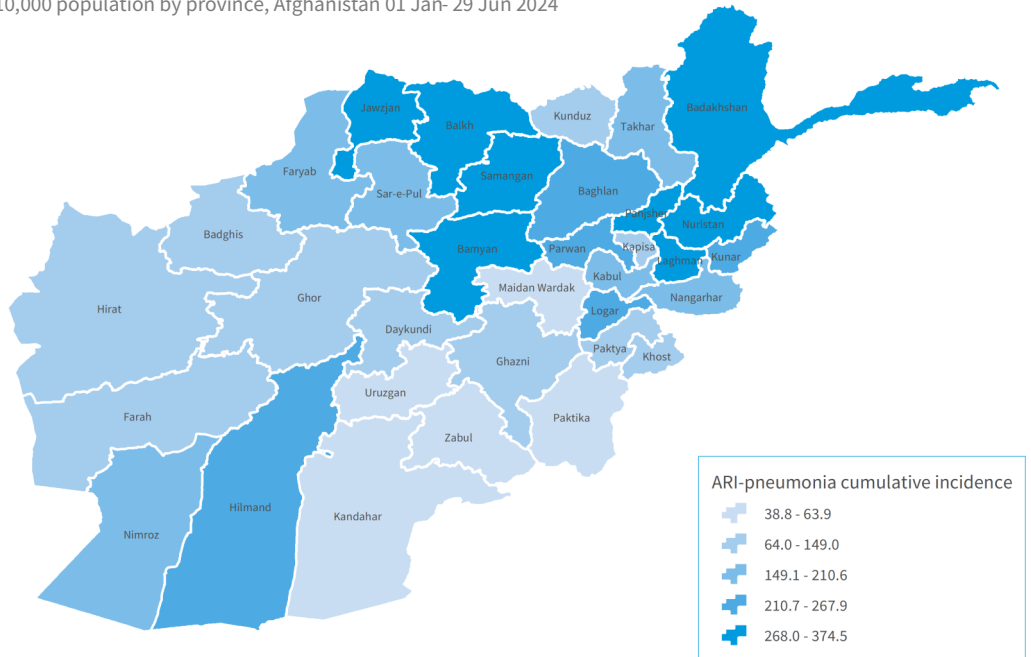


Figure 8. ARI pneumonia cumulative incidence per 10,000 population by province, Afghanistan 01 Jan- 29 Jun 2024

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ARI pneumonia cumulative incidence per 10,000 population by province

01 Jan-29 Jun 2024



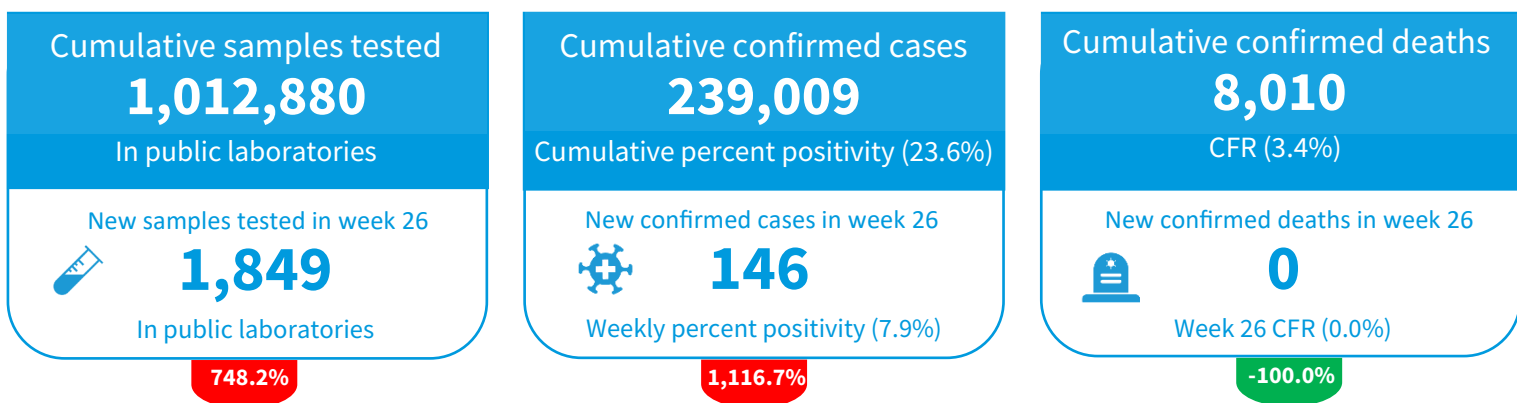
Updates on the response activities to the ARI outbreak

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 — 29 Jun 2024)

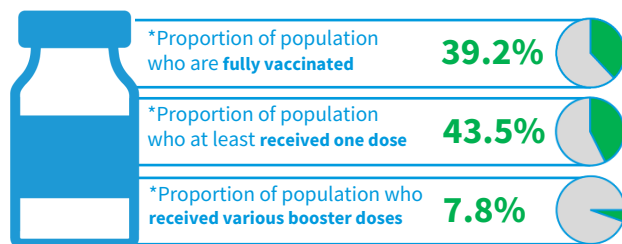


Key: ● Increasing ● Decreasing ● No change

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 (05 May – 29 Jun 2024)

Indicators	W19	W20	W21	W22	W23	W24	W25	W26	Trend line
Samples tested (in public Labs)	2,653	2,681	2,931	2,426	2,888	2,357	218 *	1,849	
Confirmed cases	537	481	349	277	269	207	12 *	146	
Percent positivity (%)	20.2	17.9	11.9	11.4	9.3	8.8	5.5	7.9	
Deaths	4	0	2	1	0	0	2 *	0	
CFR (%)	0.7	0.0	0.6	0.4	0.0	0.0	16.7	0.0	

*A delayed reporting was experienced during week 25-2024 and the number of samples tested, number of confirmed cases and deaths were modified from 168 to 218, from 11 to 12 and from 0 to 2, respectively.

- The epidemiological curve indicates a decreasing trend during the last 9 weeks following an increase during weeks 16 to 18-2024 in the number of confirmed COVID-19 cases (Figure 9 & 10).
- During week 26-2024, a total of 1,849 samples were tested in public labs, of which 146 were positive for COVID-19 (positivity rate 7.9%) with no associated deaths. This number of positive cases are almost 12 times higher compared to the preceding week (Table 4 and Figure 10). This sharp increase might be due to lower number of cases reported during week 25-2024 resulted from Eid-ul-Adha holidays.
- Since the beginning of 2024, a total of 8,313 COVID-19 confirmed cases and 38 deaths (CFR=0.5%) have been reported. Out of the total cases, 4,515 (54.3%) were females, while out of total deaths, 29 (76.3%) were females.
- During week 26-2024, among 146 confirmed cases, no one was hospitalized (Figure 11).
- Since the beginning of 2024, a total of 67,567 samples of COVID-19 have been tested by public health laboratories across the country, out of which 8,313 were positive (positivity rate 12.3%), while the overall number of COVID-19 samples tested by public health laboratories reached to 1,012,880 since the beginning of the pandemic in February 2020.



Figure 9. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan Feb 2020 –29 Jun 2024 (cases= 239,009, deaths=8,010)

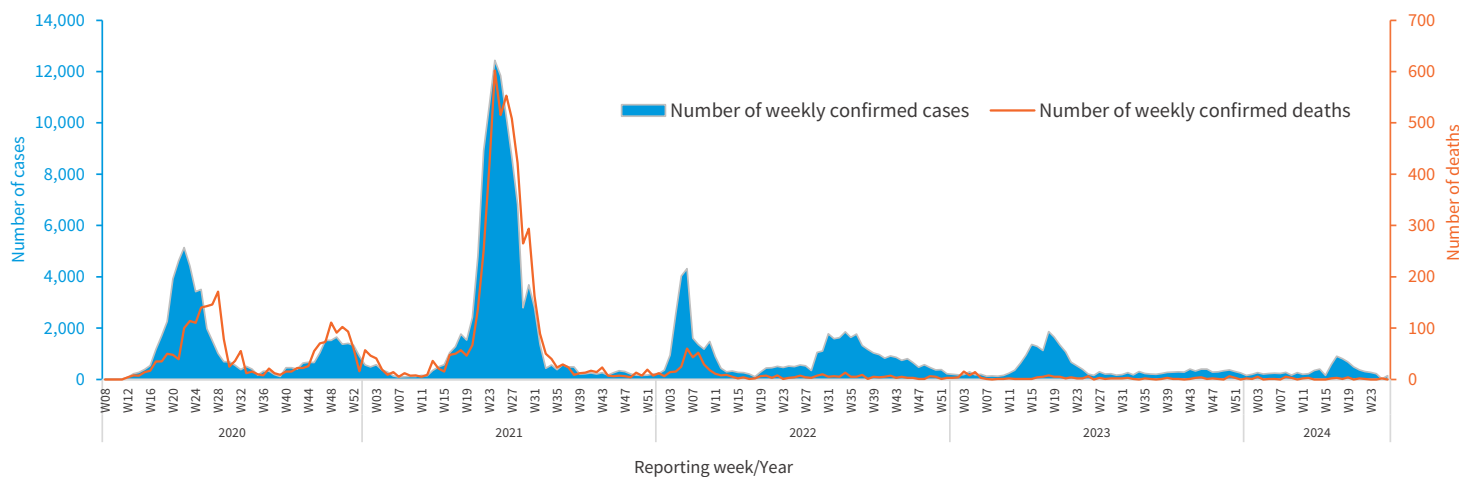


Figure 10. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 01 Jan – 29 Jun 2024 (cases=8,313, deaths=38)

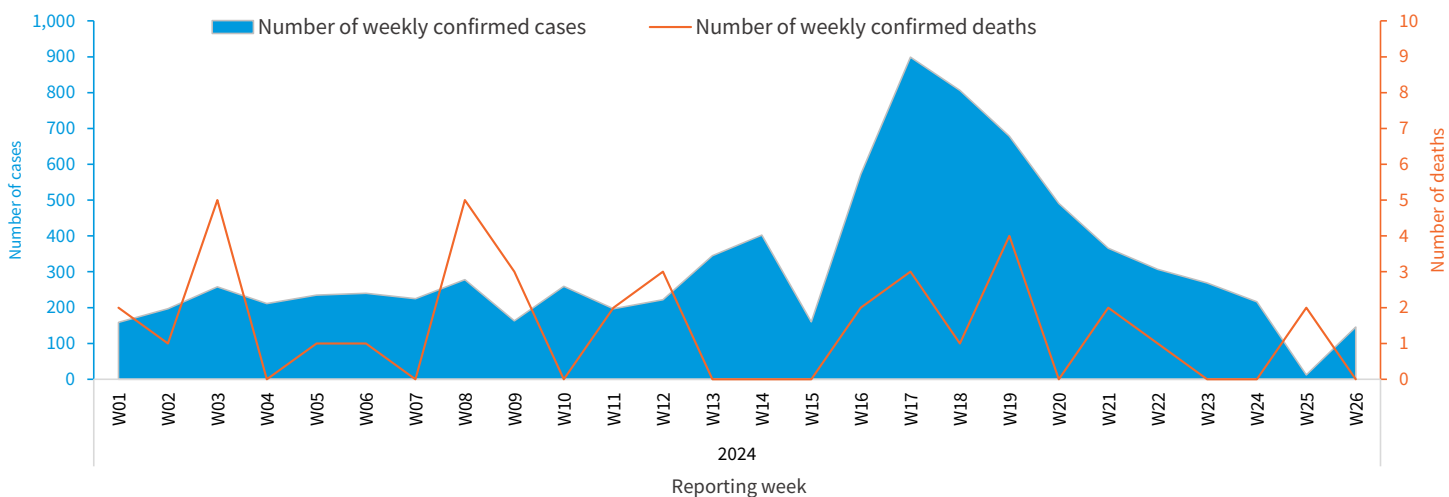
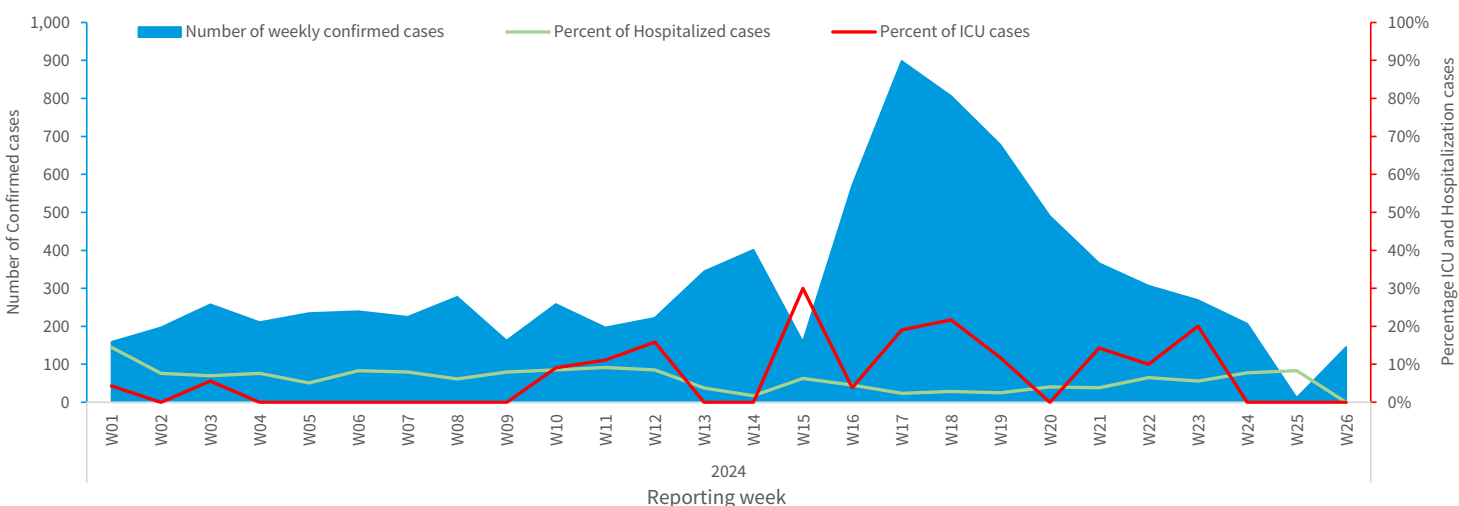


Figure 11. Weekly proportion of hospitalized and ICU cases and the number of confirmed COVID-19 cases in Afghanistan between 01 Jan-29 Jun 2024*



*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 - 29 June 2024)



470

Total CCHF cases



35

Total CCHF deaths



323

Samples tested for CCHF



123

Lab-confirmed CCHF cases



38.1%

CCHF test positivity rate

Table 5: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (05 May – 29 Jun 2024)

Indicators	W19	W20	W21	W22	W23	W24	W25	W26	Trend line
Suspected cases	16	18	22	24	36	47	41	157	
Suspected deaths	1	1	1	1	3 *	5	4 *	17	
CFR (%)	6.3	5.6	4.5	4.2	8.3	10.6	9.8	10.8	

*Delayed report was experienced during week 23-2024 and week 25-2024, and the number of deaths were modified from 2 to 3 and from 2 to 4, respectively.

- The epi-curve of suspected CCHF cases shows a gradually increasing trend over the last 10 weeks, however, this week, a sharp increase was observed, reaching a peak. The sharp increase in CCHF cases may be attributed to close contact with animals during the Eid-ul-Adha holidays which should be closely monitored to properly guide public health interventions (Figures 12 & 13).
- During week 26-2024, 157 new suspected CCHF cases with 17 associated deaths were reported, which is almost 4 times higher compared to the preceding week (Table 5).
- The 17 new deaths were from 3 provinces: Kabul (14), Balkh (2), and Herat (1). Out of total deaths, 16 were over-five, while 4 were females.
- Since the beginning of 2024, a total of 470 suspected cases of CCHF with 35 associated deaths (CFR=7.4%) were reported. Out of total cases (470), 469 (99.8%) were over-five, while 125 (26.6%) were females.
- The 35 deaths were mostly (34, 97.1%) over-five, while 9 (25.7%) were females reported from Kabul (23), Balkh (9), Kunduz (2), and Herat (1) provinces.
- Since the beginning of 2024, a total of 323 samples of suspected CCHF cases have been tested, out of which 123 were positive (positivity rate 38.1%) reported from 8 provinces; Kabul (97), Kunduz (13), Balkh (5), Kapisa (4), Helmand (1), Paktika (1), Baghlan (1), and Takhar (1).
- The highest cumulative incidence of suspected CCHF per 100,000 population in 2024 is reported from Balkh (4.8) followed by Kapisa (3.3) Kabul (3.0), and Jawzjan (1.9) provinces (Figure 14).

Figure 12. Weekly distribution of CCHF cases in Afghanistan 01 Jan –29 Jun 2024, (N=470)

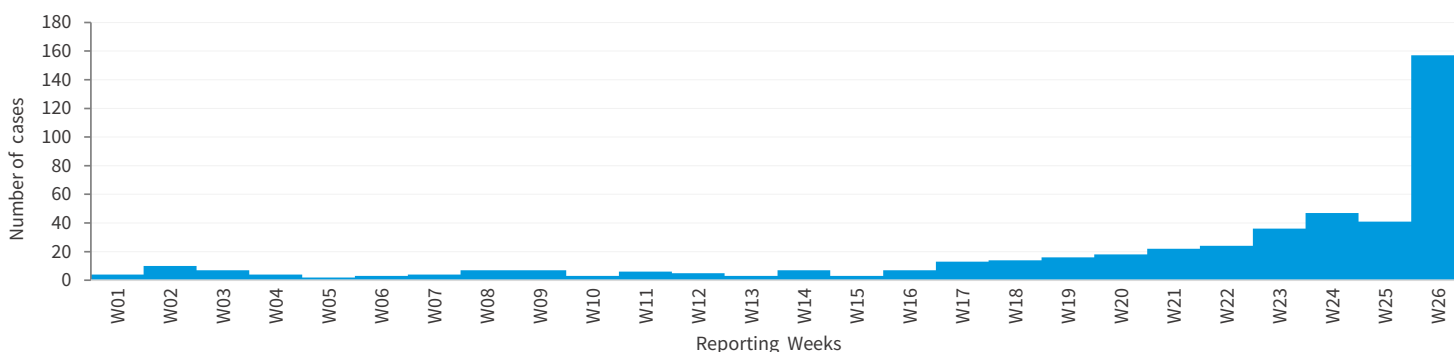


Figure 13. Comparison between the trends of suspected CCHF cases in 2024 vs 2023 and 3 years average (2020-2022)

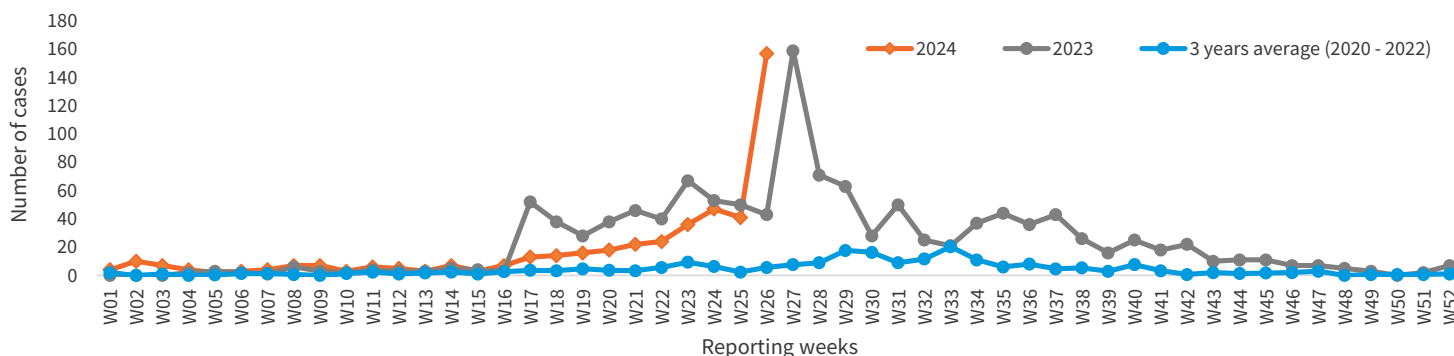
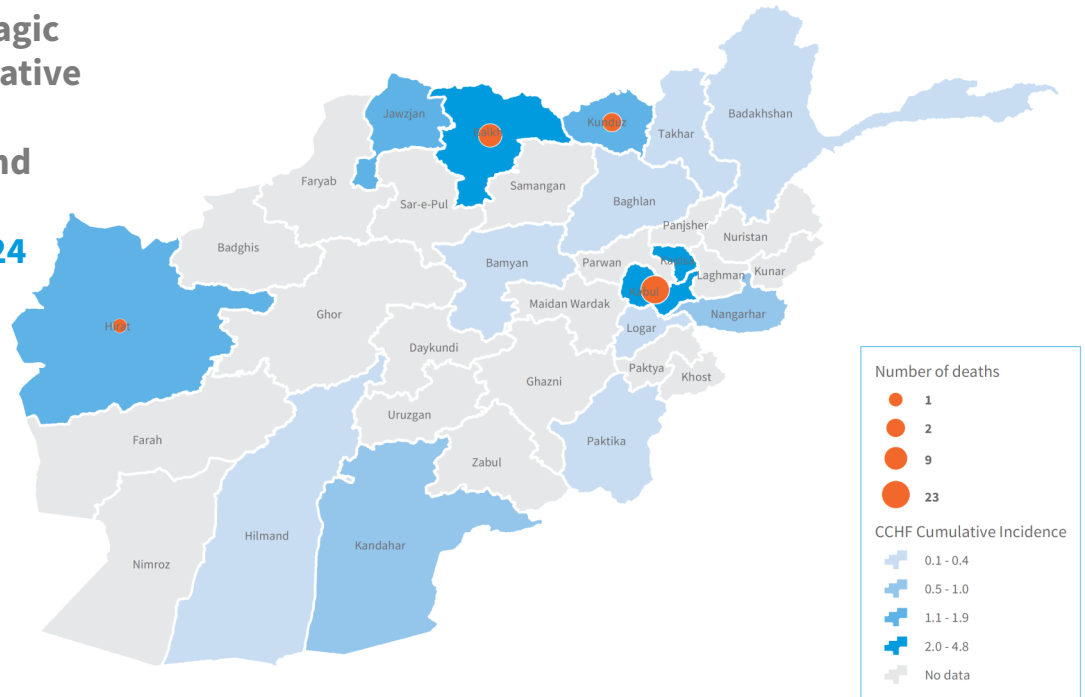




Figure 14. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 01 Jan – 29 Jun 2024

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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 – 29 Jun 2024



Updates on the response to the CCHF outbreak

Since the beginning of 2024, the following activities have been 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 Ministry of Agriculture, Irrigation and livestock (MAIL) and Food Agriculture Organization (FAO).
- Animal 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 26-2024, WHO conducted a seven-day training and mass awareness campaign in 4 districts of Kandahar province (Kandahar city, Boldak, Dand, Panjwaye, and Maiwand) focused on Crimean-Congo Hemorrhagic Fever (CCHF) and other infectious diseases. The campaign included one day of training followed by six days of community outreach. Around 35 social mobilizers (9 females and 26 males) have been trained and deployed to various districts to provide health education messages to the communities. The campaign reached to around 16,024 (7,108 females and 8,916 males) individuals including Health Care Workers (HCWs), religious leaders, community leaders and butchers.
- As of week 26-2024, WHO have deployed around 110 (43 female and 67 male) social mobilizers to Herat, Balkh, and Kandahar provinces and reached around 111,696 people through mass awareness campaigns on CCHF and other infec-

Dengue Fever Outbreak

(01 Jan-29 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 (05 May – 29 Jun 2024)

Indicators	W19	W20	W21	W22	W23	W24	W25	W26	Trend line
Suspected cases	37	51	63	57	43	46	22	34	
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 a fluctuating trend with several peaks, notably around Week 4 and Week 21, followed by a gradual decline towards week 26. (Figure 15).
- During week 26-2024, 34 suspected cases of dengue fever with no associated deaths were reported all from Nangarhar province, which shows a 54.5% increase in the number of suspected cases compared to the preceding week. This sharp increase might be due to lower number of cases reported during week 25-2024 resulted from Eid-ul-Adha holidays.
- Since the beginning of 2024, the number of suspected dengue fever cases is higher than the 2-year average (2021-2022), and even it is higher than the number of cases reported in the corresponding week in 2023 (Figure 16).
- Since the beginning of 2024, a total of 1,088 suspected cases of dengue fever with no associated deaths were reported, out of which 655 (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 482 samples have been tested, out of which 166 were positive by PCR (positivity rate 34.4%).

Figure 15. Weekly distribution of suspected dengue fever cases in Afghanistan 1 Jan – 29 Jun 2024, (N=1,088)

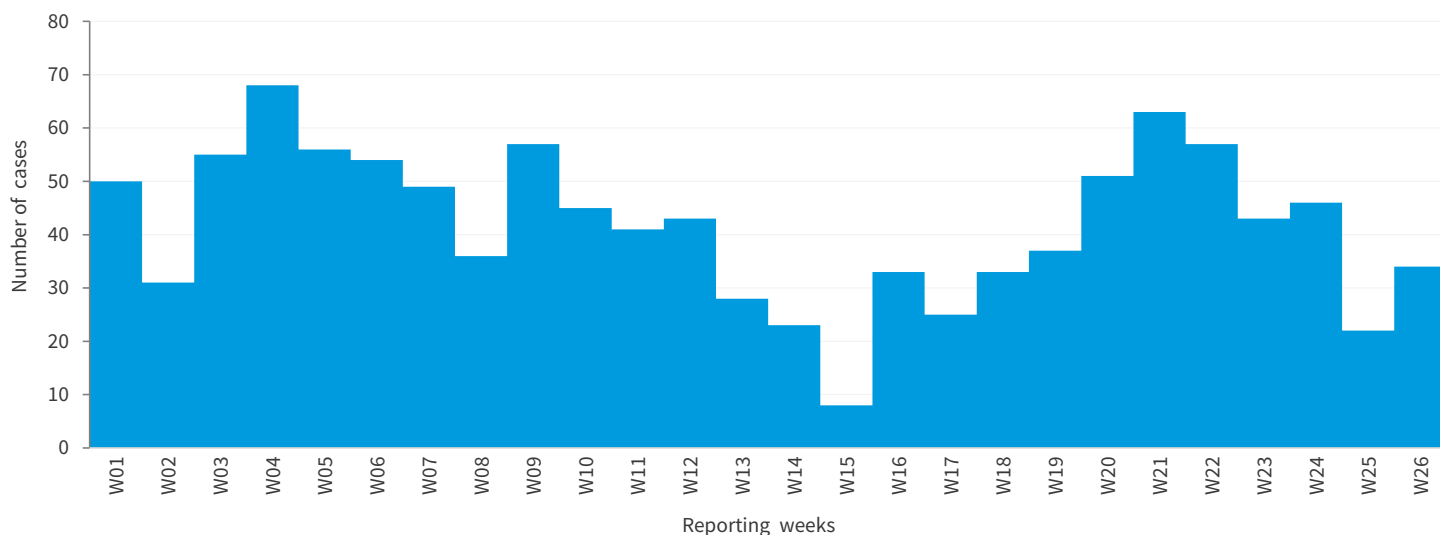


Figure 16. Comparison between the trends of suspected dengue fever cases in 2024 vs 2023 and 2-years average (2021-2022).

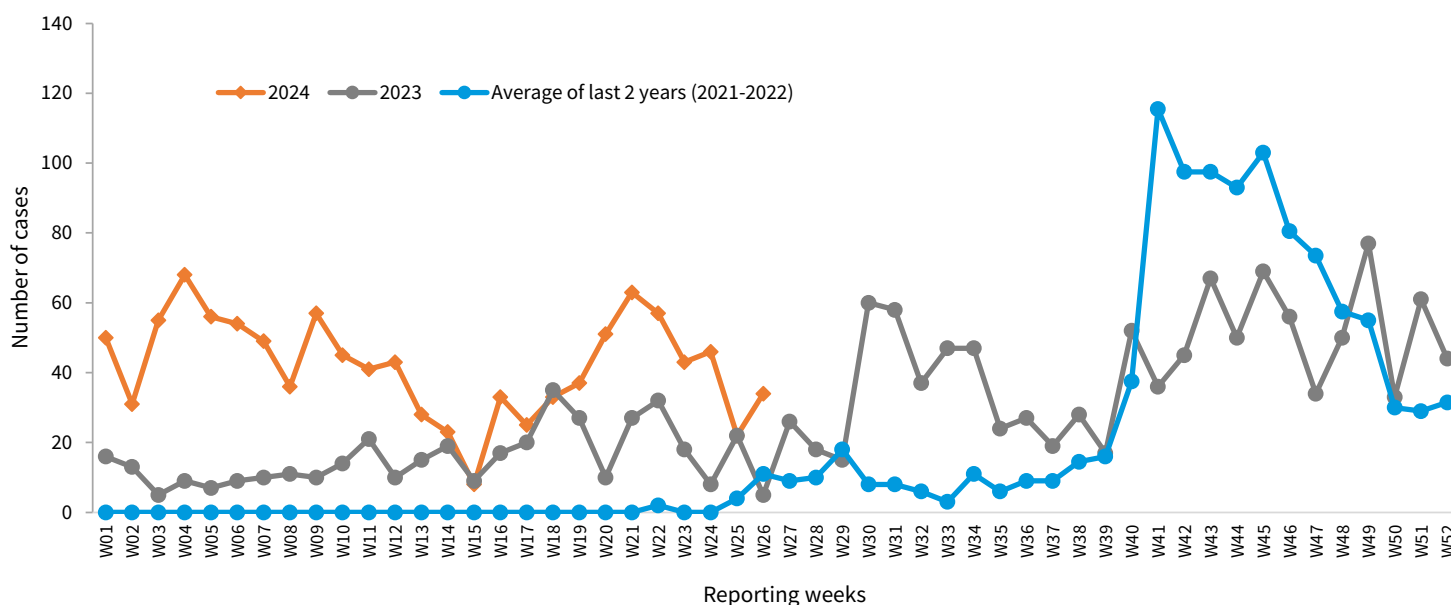
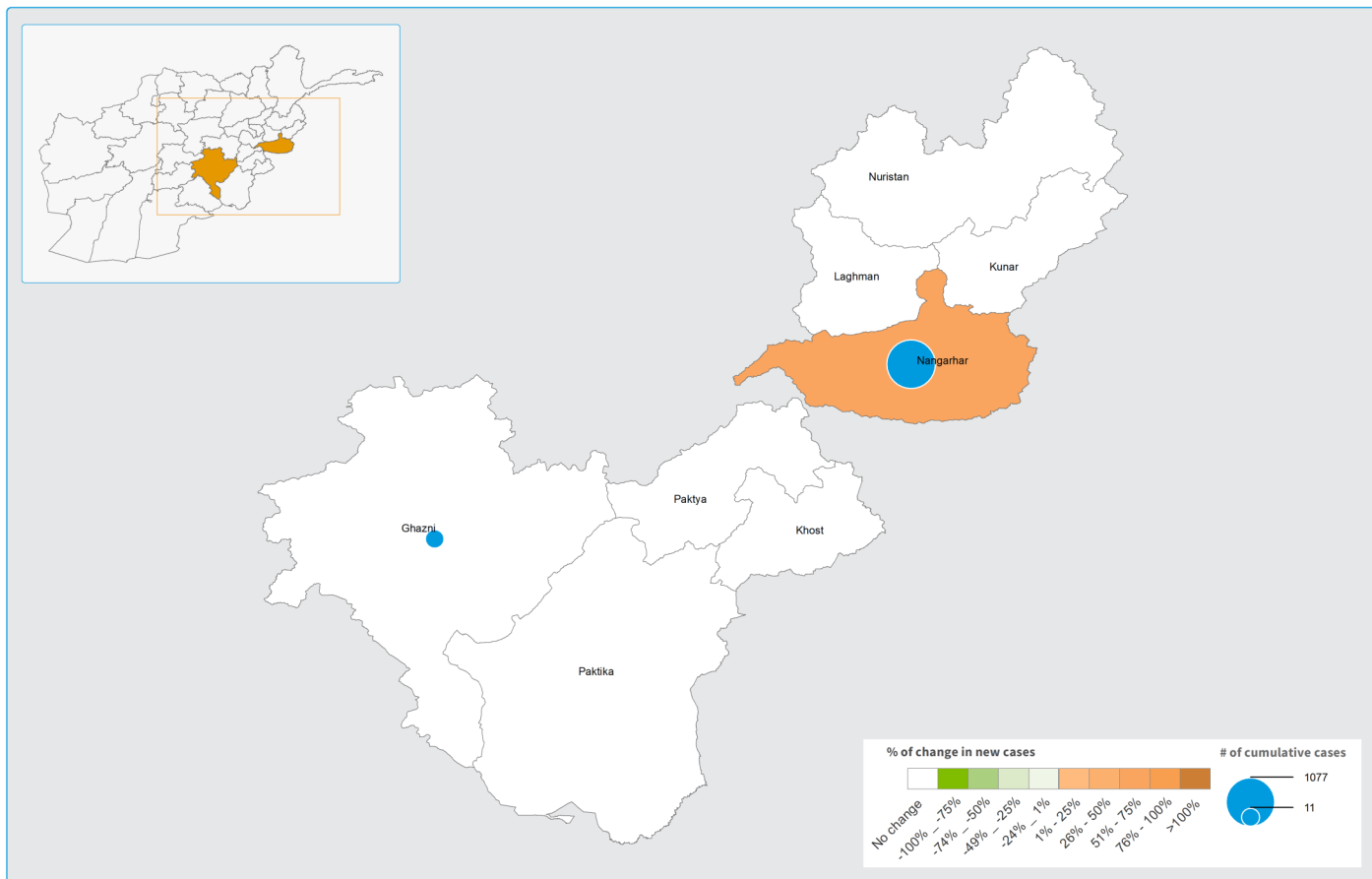


Figure 17. Geographical distribution of suspected dengue fever cases and percent change of new cases in Afghanistan, 01 Jan – 29 Jun 2024



Geographical distribution of suspected dengue fever cases in Nangarhar and Ghazni provinces and weekly percent of changes (between weeks 25 and 26, 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: 27 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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