



### AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #27-2024

No. 27 (30 Jun -06 Jul 2024)

#### Disease Outbreaks

Cumulative Cases 2024

Cumulative deaths 2024 (CFR %)

Measles

36,618

160 (0.4)

AWD

76,159

40 (0.05)

ARI

803,837

1,873 (0.2)

COVID-19

\*8,579

39 (0.5)

CCHF

551

48 (8.7)

Dengue fever

1,130

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

(01 Jan-06 Jul 2024)



36,618

Total Cases



160

Total Deaths



8,453

Sample tested



4,969

Lab confirmed cases



58.8%

Test positivity rate

**Table 1:** Summary of the measles outbreak in the last eight weeks in Afghanistan (12 May – 06 Jul 2024)

Indicators	W20	W21	W22	W23	W24	W25	W26	W27	Trend line
Suspected cases	1,681	1,723	1,780	1,704	1,548	1,451	1,687	1,597	
Suspected deaths	6	9	6	7	6	4	4	13	
CFR (%)	0.4	0.5	0.3	0.4	0.4	0.3	0.2	0.8	

- The epidemiological curve of suspected measles cases demonstrates an increasing trend since the beginning of 2024, peaking around Week 22, with fluctuation seen in the last 2 weeks (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 27-2024, a total of 1,597 suspected cases and 13 associated deaths were reported. This represents a 5.3% decrease in suspected measles cases compared to the preceding week.
- The 13 deaths were reported from 6 provinces: Kandahar (5), Helmand (3), Baghlan (2), Faryab (1), Khost (1) and Nimroz (1). All reported deaths were under five children and 7 of them were females.
- Since the beginning of 2024, a total of 36,618 suspected measles cases and 160 deaths (CFR=0.4%) were reported. Among suspected measles cases, 29,326 (80.1%) were under-five children, and 16,582 (45.3%) were females.
- Since the beginning of 2024, Khost has reported the highest cumulative incidence of suspected measles cases per 10,000 population (37.2), followed by Balkh (23.0), Samangan (18.8), and Jawzjan (17.4) (Figure 3).

**Figure 1.** Weekly distribution of suspected measles cases in Afghanistan, 01 Jan to 06 Jul 2024 (N= 36,618)

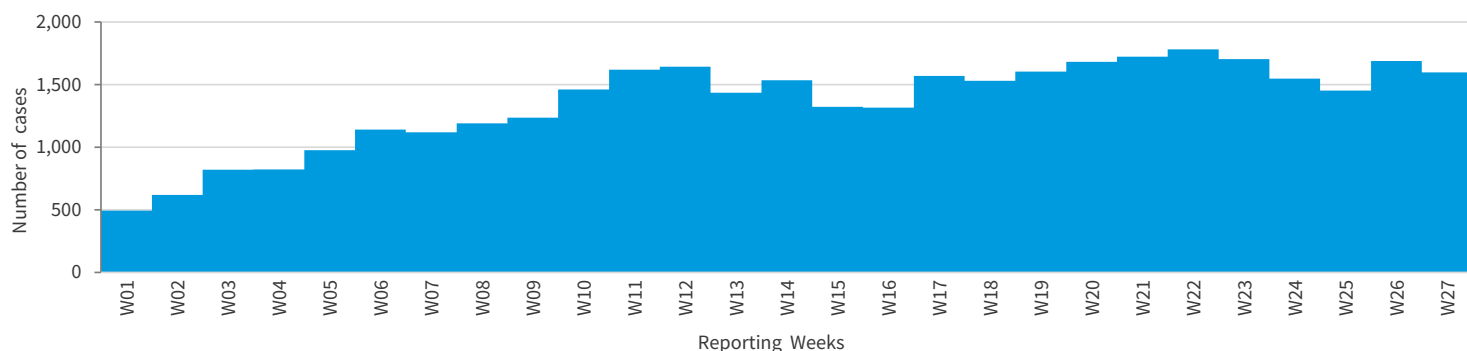




Figure 2. Comparison between the trends of suspected measles cases in 2024 vs 2023 and 2-years average (2019-2020)

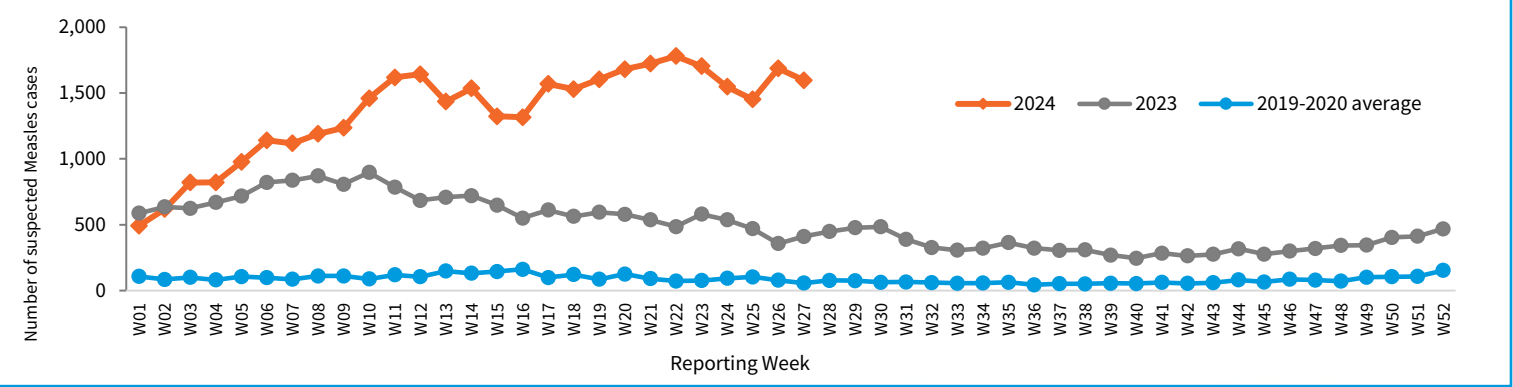
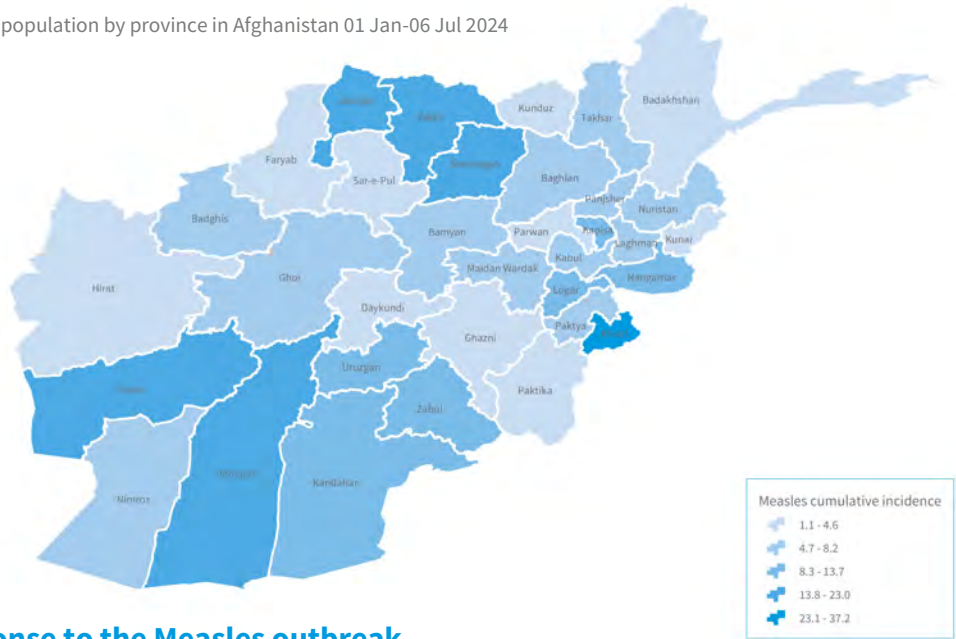


Figure 3. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 01 Jan-06 Jul 2024

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## Suspected measles cumulative incidence per 10,000 population by province 01 Jan—06 Jul 2024



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

- During week 27-2024, a total of 244 children aged 9-59 months received measles vaccine in Kabul and Kandahar provinces. This brings the total number of vaccinated children as part of outbreak response immunization activities to 19,276 since the beginning of 2024 across the country.

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, 503,296 children aged 9-59 months were vaccinated in 53 districts of 13 provinces (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



76,159

Total AWD with dehydration cases



40

Total AWD with dehydration deaths



4,260

Samples tested for AWD with dehydration (RDTs)



545

RDT-positive cases for AWD with dehydration



12.8%

RDT positivity rate for AWD with dehydration

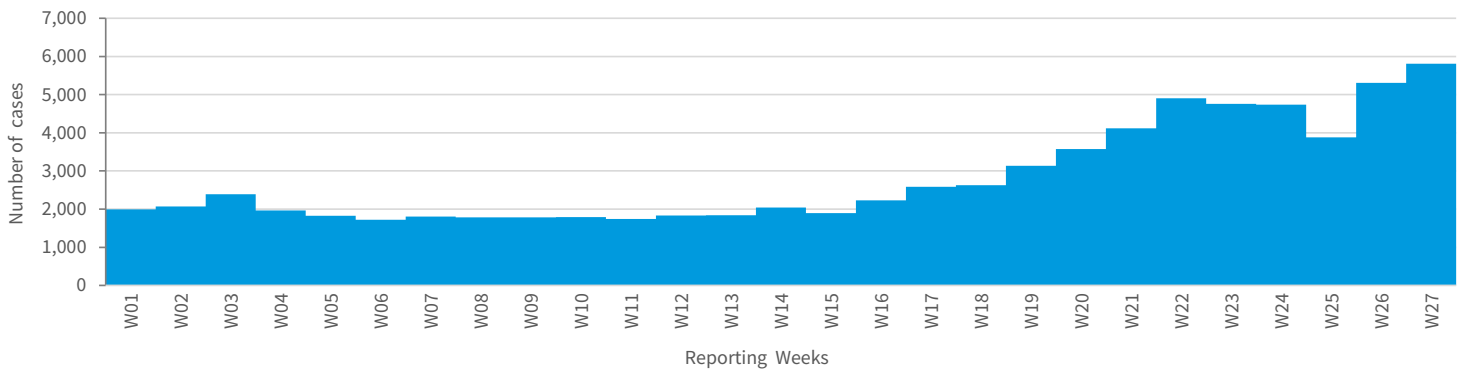


**Table 2:** Summary of the AWD with Dehydration outbreak in the last eight weeks in Afghanistan (12 May – 06 Jul 2024)

Indicators	W20	W21	W22	W23	W24	W25	W26	W27	Trend line
Suspected cases	3,575	4,117	4,906	4,755	4,737	3,884	5,310	5,809	
Suspected deaths	1	0	1	1	4	3	4	2	
CFR (%)	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.0	

- The epi curve shows a considerable increase since week 16-2024 following the stabilization. A potential explanation for the increase could be the start of the summer season and the floods affected different provinces of the country.
- During week 27-2024, 5,809 AWD with dehydration cases with 2 associated deaths were reported from 248 districts, which shows a 9.4% increase in the number of cases compared to the previous week (Figure 4).
- The 2 deaths were reported from 2 provinces, Kabul (1) and Balkh (1); both were under-five children, while one was female.
- During week 27-2024, one new district (Pasaband district of Ghor province) reported an AWD alert.
- The highest cumulative incidence of AWD per 10,000 population was reported from Paktya (57.2) followed by Nimroz (56.5), Kabul (38.5), and Jawzjan (35.0) (Figure 5).
- Since the beginning of 2024, a total of 76,159 AWD with dehydration cases and 40 associated deaths (CFR=0.05%) were reported from 319 districts. Out of the total cases, 42,923 (56.4%) were under-five children, and 37,635 (49.4%) were females.
- Since the beginning of 2024, 4,260 Rapid Diagnostic Tests (RDTs) have been conducted on AWD with dehydration cases, of which 545 tests turned positive (positivity rate 12.8%).

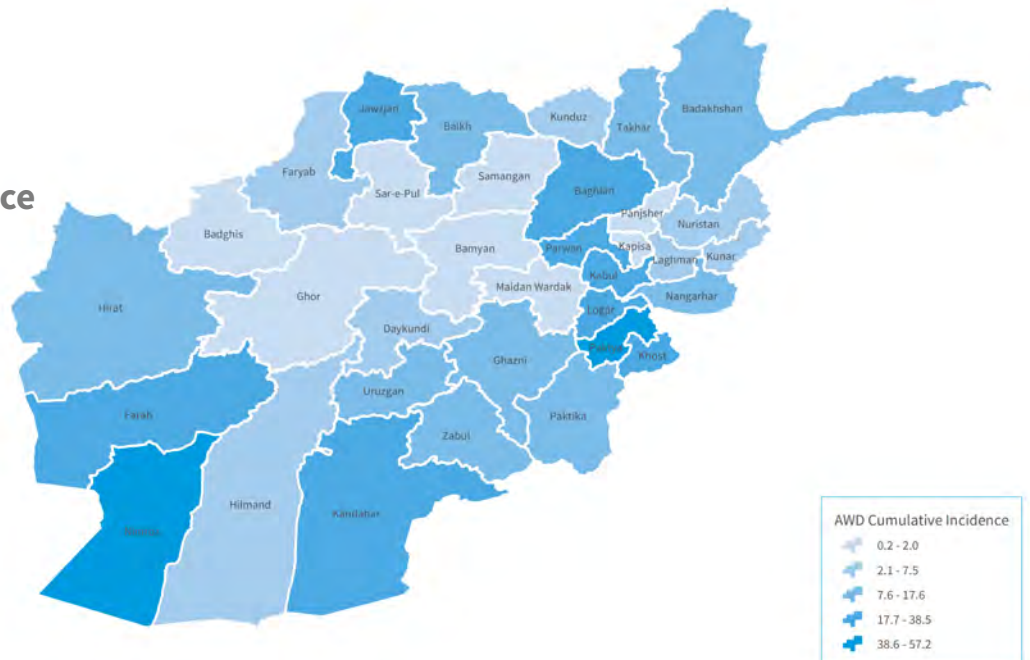
**Figure 4.** Weekly distribution of AWD with dehydration cases in Afghanistan 01 Jan– 06 Jul 2024 (N=76,159)



**Figure 5.** AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 06 Jul 2024

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## AWD with dehydration cumulative incidence per 10,000 population by province 01 Jan - 06 Jul 2024





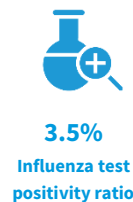
### Updates on the preparedness and response to the AWD with dehydration outbreak

- 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) and 424 RDTs have been distributed to 7 WHO sub-offices.
  - A total of 175 HCWs have been trained on 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 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-06 Jul 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 (12 May – 06 Jul 2024)

Indicators	W20	W21	W22	W23	W24	W25	W26	W27	Trend lines
Suspected cases	24,279	22,848	21,666	19,895	17,904	9,964	17,045	16,116	
Suspected deaths	64	41	62	49	40	46	50	61	
CFR (%)	0.3	0.2	0.3	0.2	0.2	0.5	0.3	0.4	

- 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 27-2024, 16,116 cases of ARI pneumonia and 61 associated deaths were reported, which shows a 5.5% decrease in the number ARI cases compared to the preceding week.
- Since the beginning of 2024, a total of 803,837 ARI pneumonia cases and 1,873 associated deaths (CFR=0.2%) were reported from 34 provinces. Out of the total cases, 506,134 (63.0%) were under-five children, and 397,515 (49.5%) were females.
- Since the beginning of 2024, the highest cumulative incidence of ARI per 10,000 population is in Balkh (382.8), followed by Bamyan (382.2), Jawzjan (342.2), and Nooristan (316.7) provinces (Figure 8).
- Out of 1,873 deaths, 1,637 (87.4%) were under-five children and 859 (45.9%) were females.



Figure 6. Weekly distribution of ARI Pneumonia cases in Afghanistan, 01 Jan – 06 Jul 2024 (N=803,837)

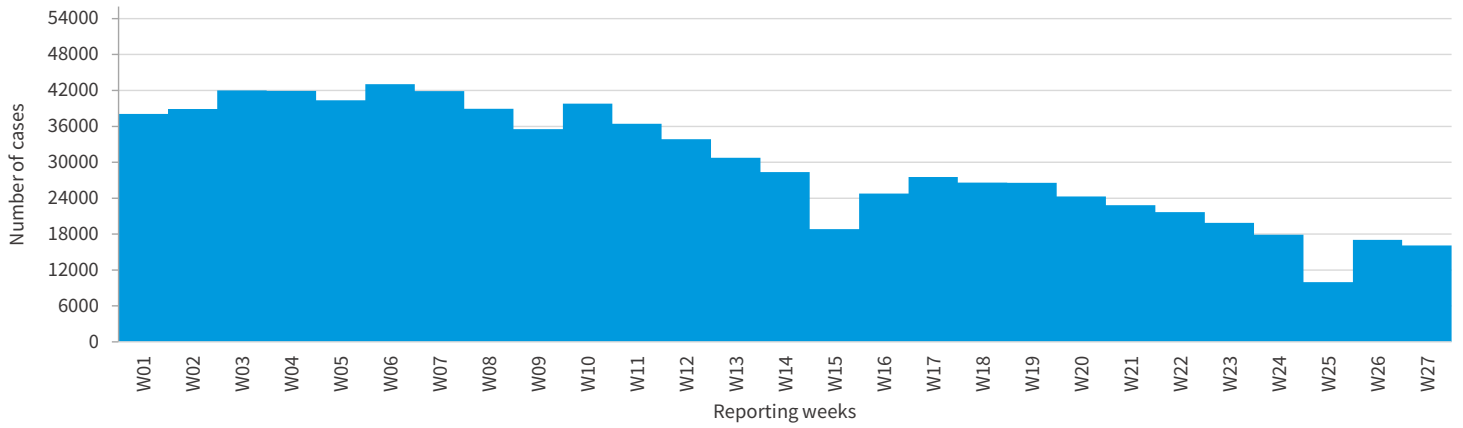


Figure 7. Comparison between the trend of ARI cases in 2024 vs 2023 and 3-years average, Afghanistan (2020-2022)

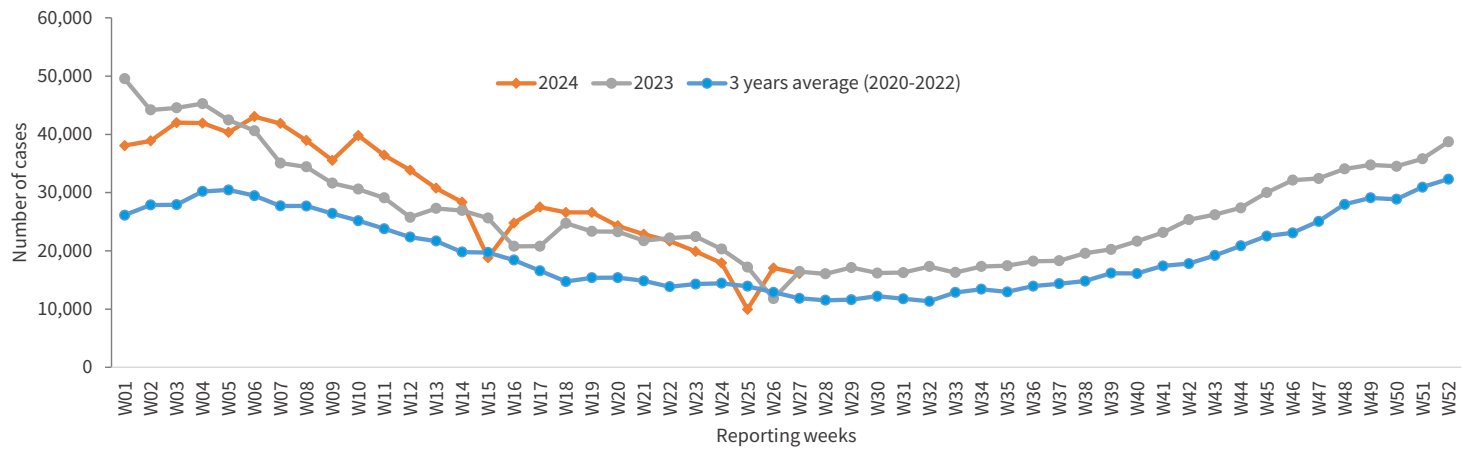
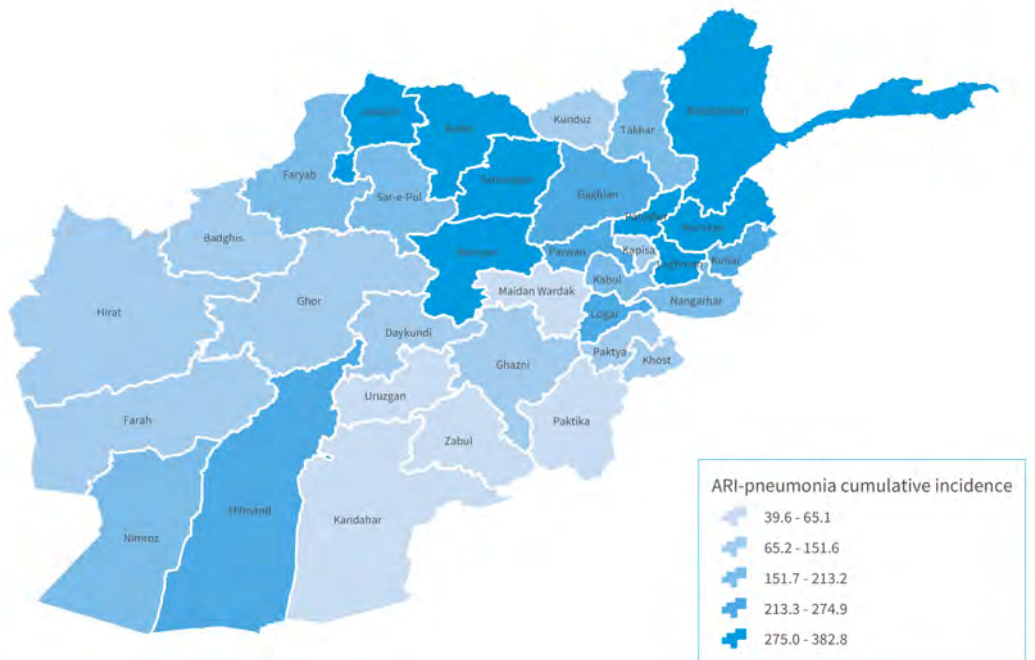


Figure 8. ARI pneumonia cumulative incidence per 10,000 population by province, Afghanistan 01 Jan-06 Jul 2024

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### ARI pneumonia cumulative incidence per 10,000 population by province 01 Jan-06 Jul 2024



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

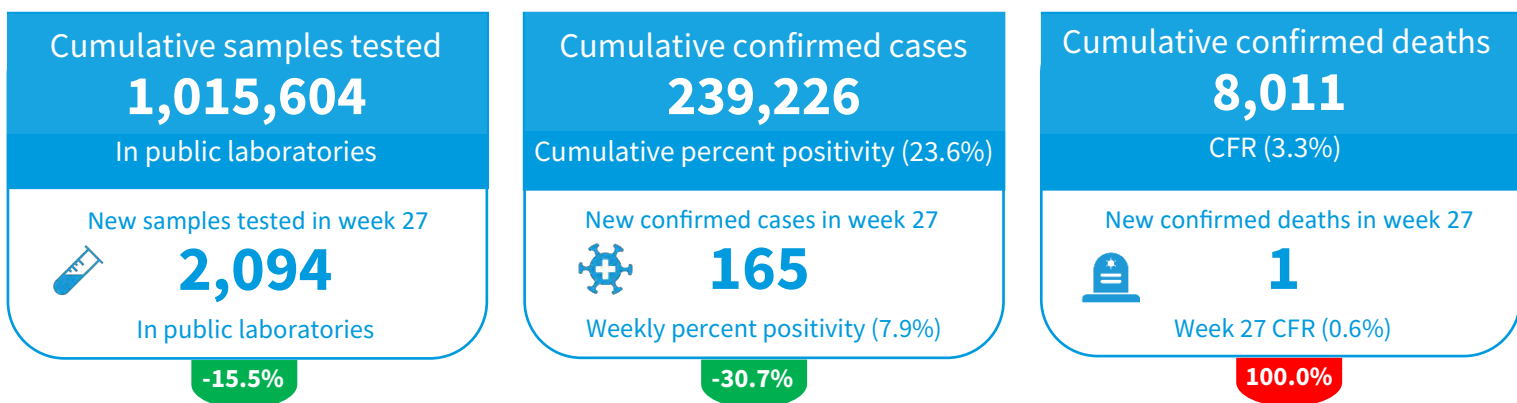
Since the beginning of 2024:

- 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 all WHO sub-offices.
- WHO has handed over a total of 89,000 ICE materials on ARI to MoPH (64,000 Posters and 25,000 Brochures).



### COVID-19

(24 Feb 2020 — 06 Jul 2024)

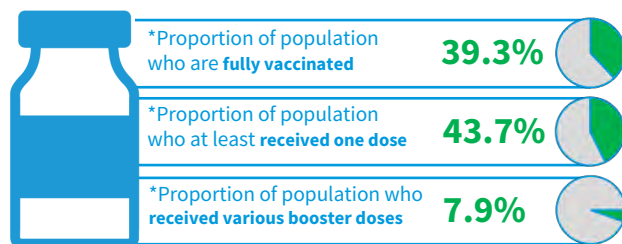


Key: ● Increasing ● Decreasing ● No change

### COVID-19 Vaccination highlights



\*Note: During June 2024, around 55,856 doses of various COVID-19 vaccines have been administered which shows a 68.4% decrease compared to May-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 (12 May – 06 Jul 2024)

Indicators	W20	W21	W22	W23	W24	W25	W26	W27	Trend line
Samples tested (in public Labs)	2,681	2,931	2,426	2,888	2,357	218	2,479 *	2,094	
Confirmed cases	481	349	277	269	207	21 *	238 *	165	
Positivity rate (%)	17.9	11.9	11.4	9.3	8.8	9.6	9.6	7.9	
Deaths	0	2	1	0	0	2	0	1	
CFR (%)	0.0	0.6	0.4	0.0	0.0	9.5	0.0	0.6	

\*A delayed reporting was experienced during week 25 and 26-2024, the number of confirmed cases was modified in week 25-2024 from 12 to 21, the number of samples tested and confirmed cases in week 26-2024 were modified from 1,849 to 2,479, and from 146 to 238, respectively.

- The epidemiological curve indicates a decreasing trend during the last weeks following an increase during weeks 16 to 20 -2024 in the number of confirmed COVID-19 cases (Figure 9 & 10).
- During week 27-2024, a total of 2,094 samples were tested in public labs, of which 165 were positive for COVID-19 (positivity rate 7.9%) with one associated death. This number of positive cases shows a 30.7% decrease compared to the preceding week (Table 4 and Figure 10).
- The death was a 40-year-old female from Logar province.
- Since the beginning of 2024, a total of 8,579 COVID-19 confirmed cases and 39 deaths (CFR=0.5%) have been reported. Out of the total cases, 4,664 (54.4%) were females, while females represented 76.9% (30) of deaths.
- During week 27-2024, among 165 confirmed cases, 12 (7.3%) were hospitalized, while no one was admitted to ICU (Figure 11).
- Since the beginning of 2024, a total of 70,003 samples of COVID-19 have been tested by public health laboratories across the country, out of which 8,579 were positive (positivity rate 12.3%), while the overall number of COVID-19 samples tested by public health laboratories reached to 1,015,604 since the beginning of the pandemic in February 2020.



Figure 9. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan Feb 2020 –06 Jul 2024 (cases= 239,266, deaths=8,011)

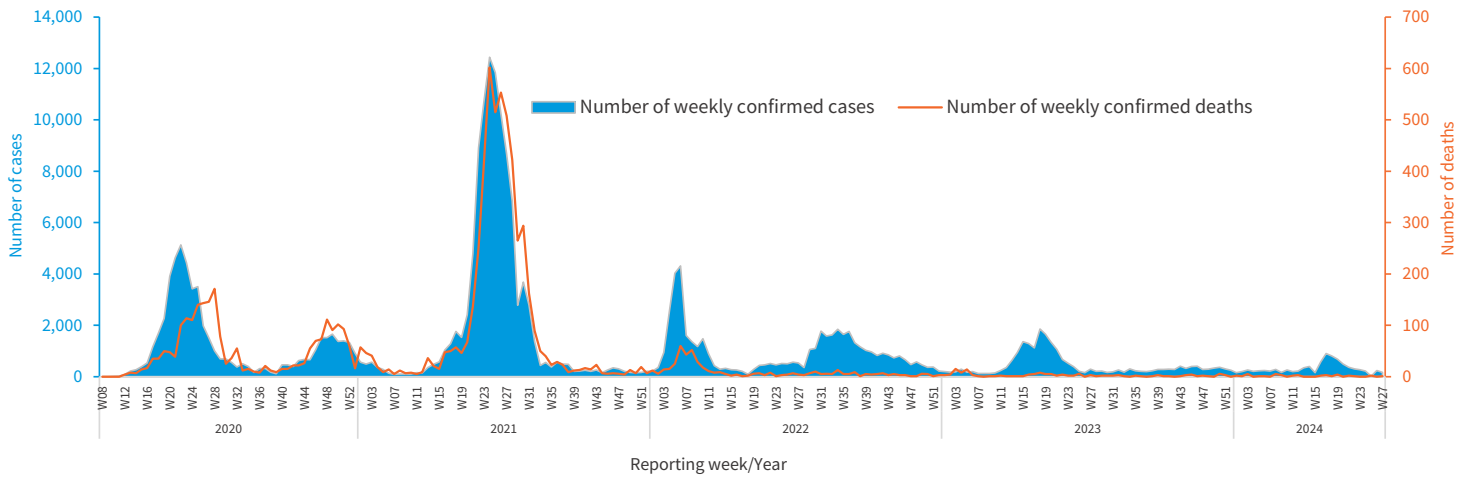


Figure 10. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 01 Jan – 06 Jul 2024 (cases=8,579, deaths=39)

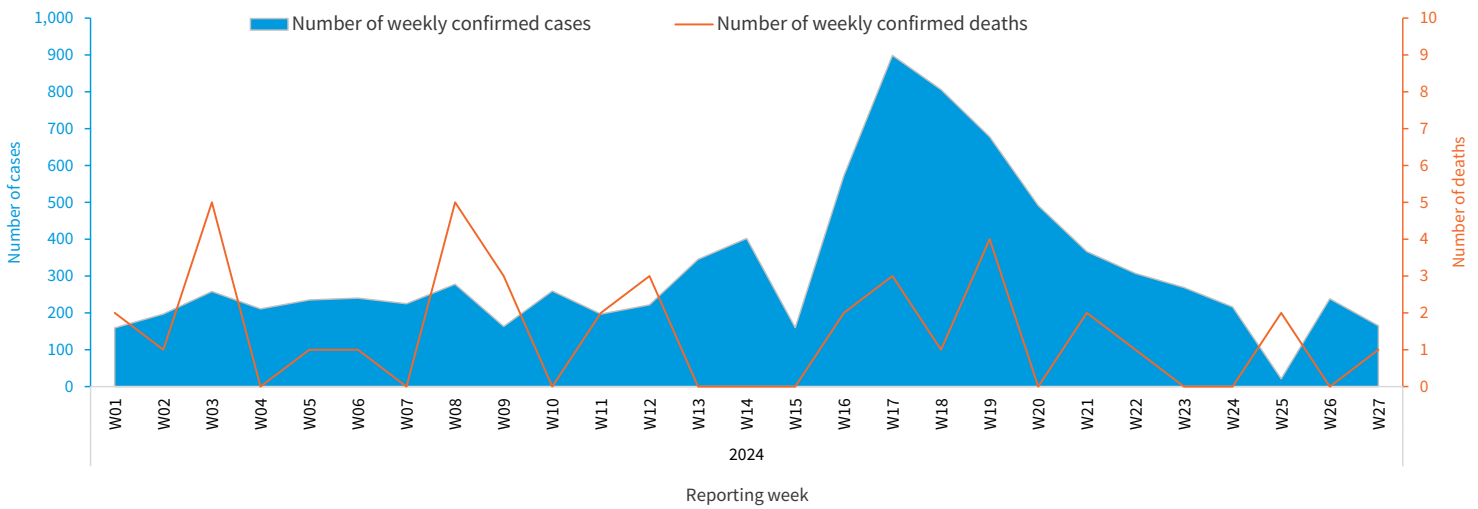
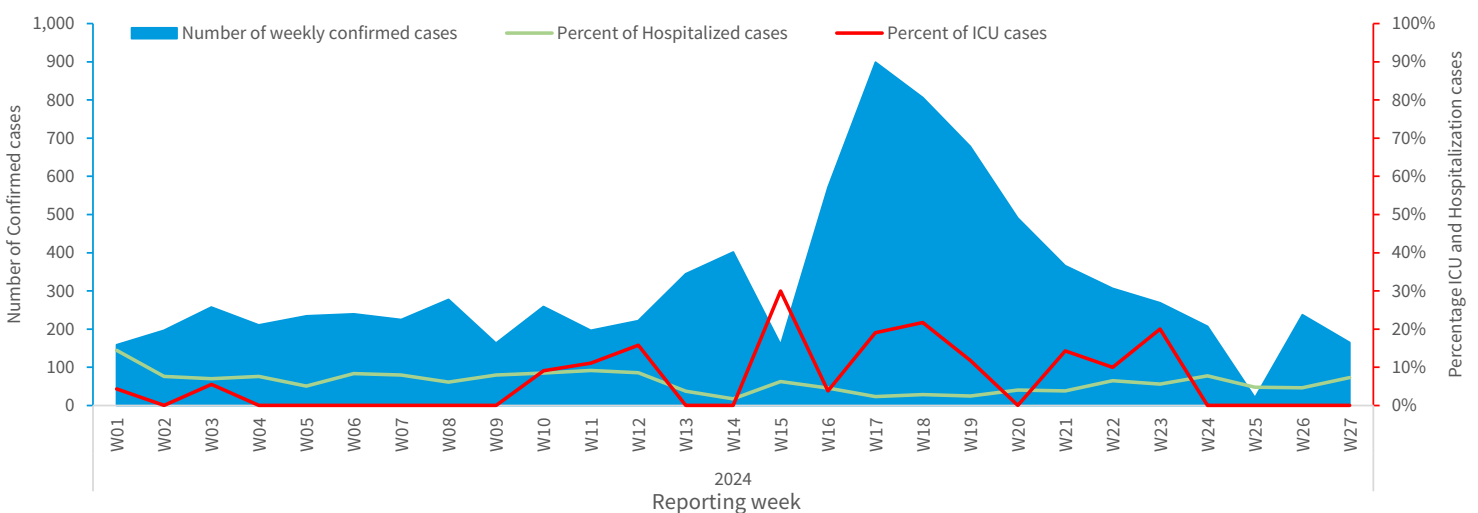


Figure 11. Weekly proportion of hospitalized and ICU cases and the number of confirmed COVID-19 cases in Afghanistan between 01 Jan-06 Jul 2024\*



\*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 - 06 Jul 2024)



551

Total CCHF cases



48

Total CCHF deaths



458

Samples tested for CCHF



167

Lab-confirmed CCHF cases



36.5%

CCHF test positivity rate

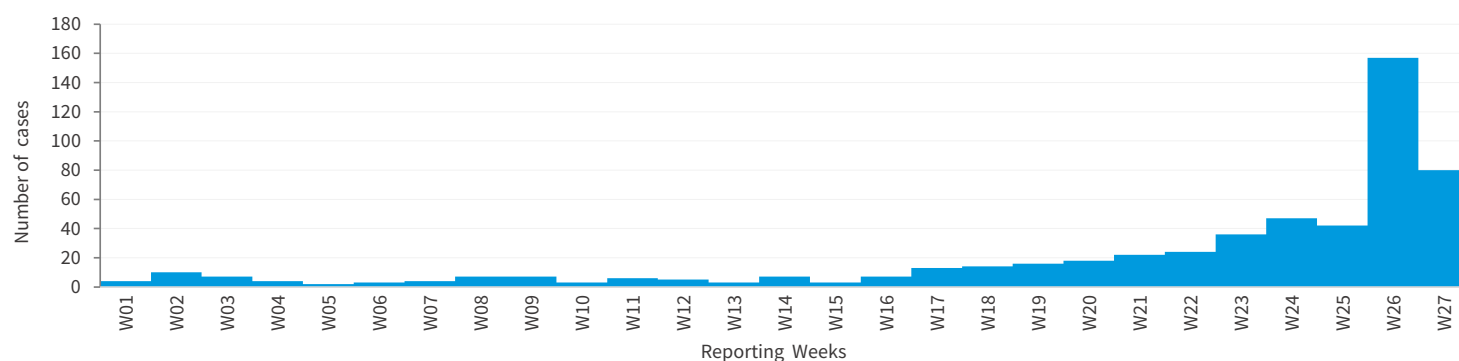
**Table 5:** Summary of the CCHF outbreak in the last eight weeks in Afghanistan (12 May – 06 Jul 2024)

Indicators	W20	W21	W22	W23	W24	W25	W26	W27	Trend line
Suspected cases	18	22	24	36	47	42 *	157	80	
Suspected deaths	1	1	1	3	5	4	17	13	
CFR (%)	5.6	4.5	4.2	5.6	10.6	9.8	10.8	16.3	

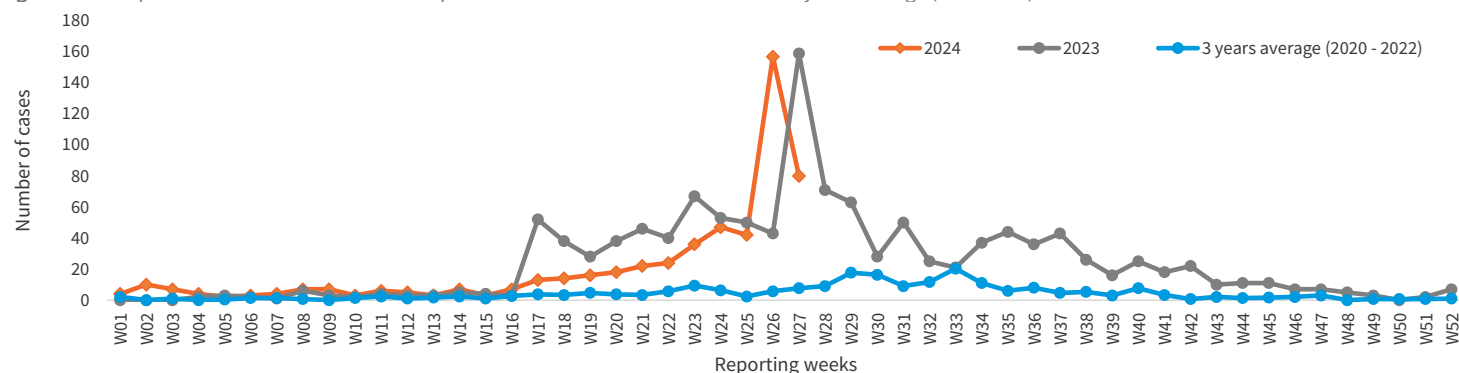
\*Delayed report was experienced during week 25-2024 and the number of suspected cases were modified from 41 to 42.

- The epi-curve of suspected CCHF cases shows a gradually increasing trend over the past 10 weeks, reaching a peak in week 26-2024. However, in week 27, a considerable decrease was observed that should be closely monitored to confirm the trend (Figures 12 & 13).
- During week 27-2024, 80 new suspected CCHF cases with 13 associated deaths were reported, which shows a 49.0% decrease compared to the preceding week (Table 5).
- The 13 new deaths were reported from 4 provinces: Kabul (10), Balkh (1), Herat (1), and Kapisa (1); all 13 deaths were over-five years old and 12 were males.
- Since the beginning of 2024, a total of 551 suspected cases of CCHF with 48 associated deaths (CFR=8.7%) were reported. Out of total cases (551), 550 (99.8%) were over-five, while 155 (28.1%) were females.
- The 48 deaths were mostly over five (47, 97.9%), while 9 (18.8%) were females. Deaths were reported from 5 provinces Kabul (33), Balkh (10), Herat (2), Kunduz (2), and Kapisa (1).
- Since the beginning of 2024, a total of 458 samples of suspected CCHF cases have been tested, out of which 167 were positive (positivity rate 36.5%) from 9 provinces.
- The positive cases were reported from Kabul (111), Balkh (22), Kunduz (16), Herat (7), Kapisa (5), Takhar (3), Helmand (1), Paktika (1), and Baghlan (1).
- The highest cumulative incidence of suspected CCHF per 100,000 population in 2024 is reported from Balkh (5.4) followed by Kabul (3.6), Kapisa (3.4), and Jawzjan (2.3) provinces (Figure 14).

**Figure 12.** Weekly distribution of CCHF cases in Afghanistan 01 Jan –06 Jul 2024, (N=551)



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



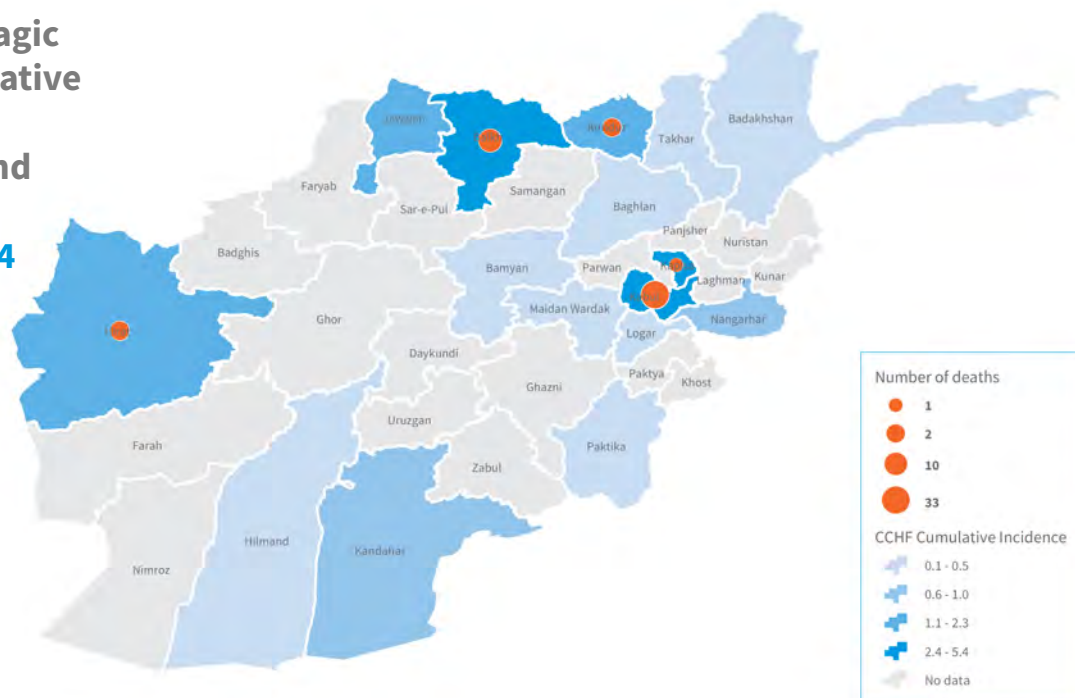




**Figure 14.** Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 01 Jan – 06 Jul 2024

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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 – 06 Jul 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 MAIL and 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 27-2024, WHO has conducted a mass online awareness campaign through the WHO's official social media accounts (Facebook and Twitter) on CCHF and dengue preventive measure as a response to the infectious diseases, reaching around 25,000 social media users.

<https://www.facebook.com/WHOafghanistan/posts/pfbid02cbTZc8dqXykBu6b2GJaRFuZiv81cDudvhZaGyAkhchNnHUBsmo9awi6DcfKK7dQYI>

<https://twitter.com/WHOafghanistan/status/1809471235090444707>

- Since the beginning of 2024, WHO has conducted a seven-day training and mass awareness campaign in Herat, Balkh, and Kandahar provinces, 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. During the campaign, WHO have deployed around 110 (43 female and 67 male) social mobilizers to Herat (40 including 18 females), Balkh (35 including 16 females), and Kandahar (35 including 9 females) provinces and reached around 111,696 people through mass awareness campaigns on CCHF and other infectious diseases.

## Dengue Fever Outbreak

(01 Jan-06 Jul 2024)



1,130

Total Cases



0

Total Deaths



\*503

Sample tested



173

Lab confirmed cases



34.4%

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)

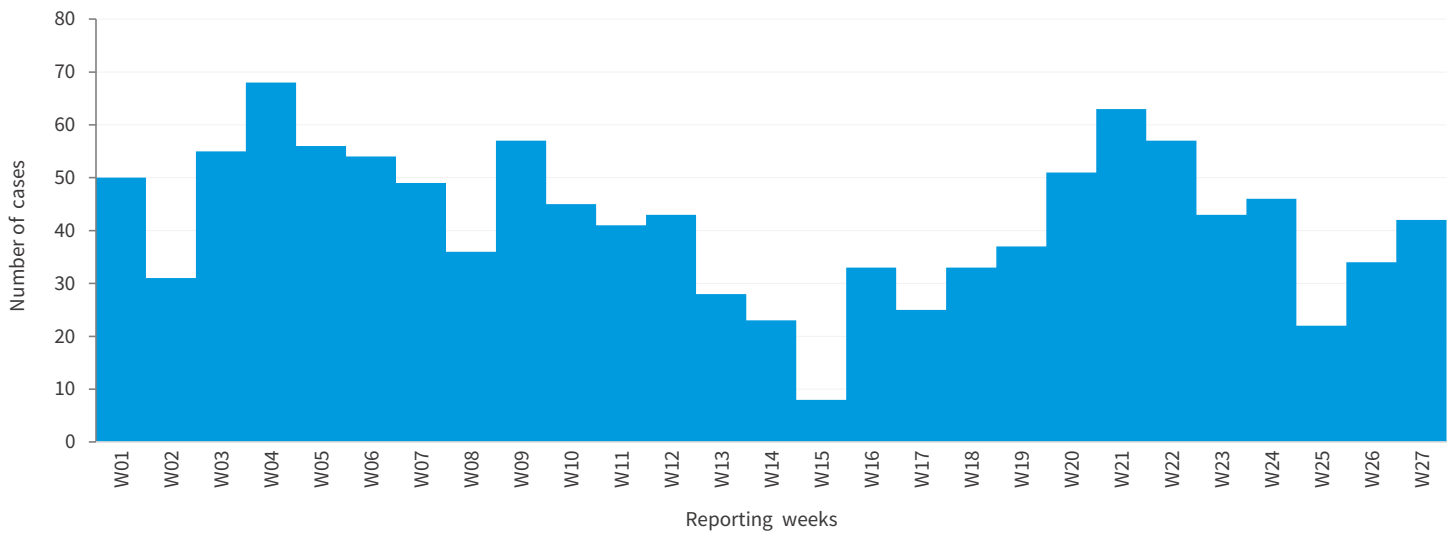


**Table 6:** Summary of the dengue fever outbreak in the last eight weeks in Afghanistan (12 May – 06 Jul 2024)

Indicators	W20	W21	W22	W23	W24	W25	W26	W27	Trend line
Suspected cases	51	63	57	43	46	22	34	42	
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 27 (Figure 15).
- During week 27-2024, 42 suspected cases of dengue fever with no associated deaths were reported all from Nangarhar province, which shows a 35.5% 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), 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 1,130 suspected cases of dengue fever with no associated deaths were reported, out of which 676 (59.8%) 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 503 samples have been tested, out of which 173 were positive by PCR (positivity rate 34.4%).

**Figure 15.** Weekly distribution of suspected dengue fever cases in Afghanistan 1 Jan – 06 Jul 2024, (N=1,130)



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

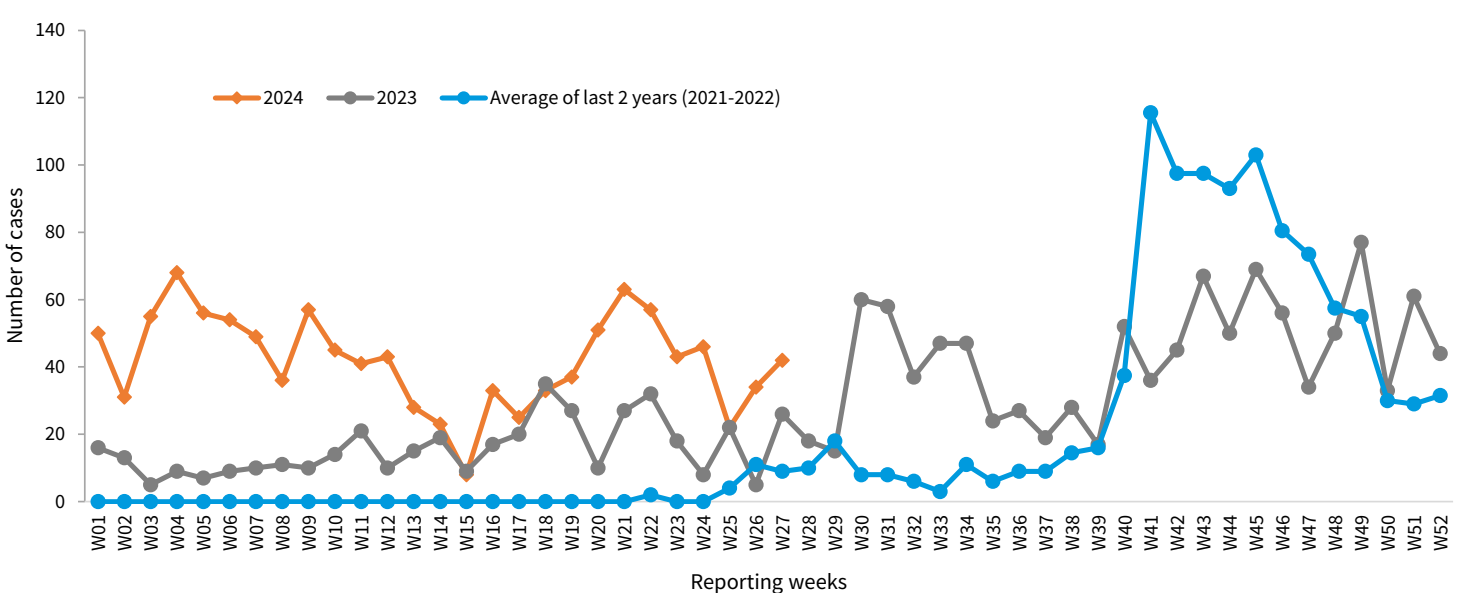
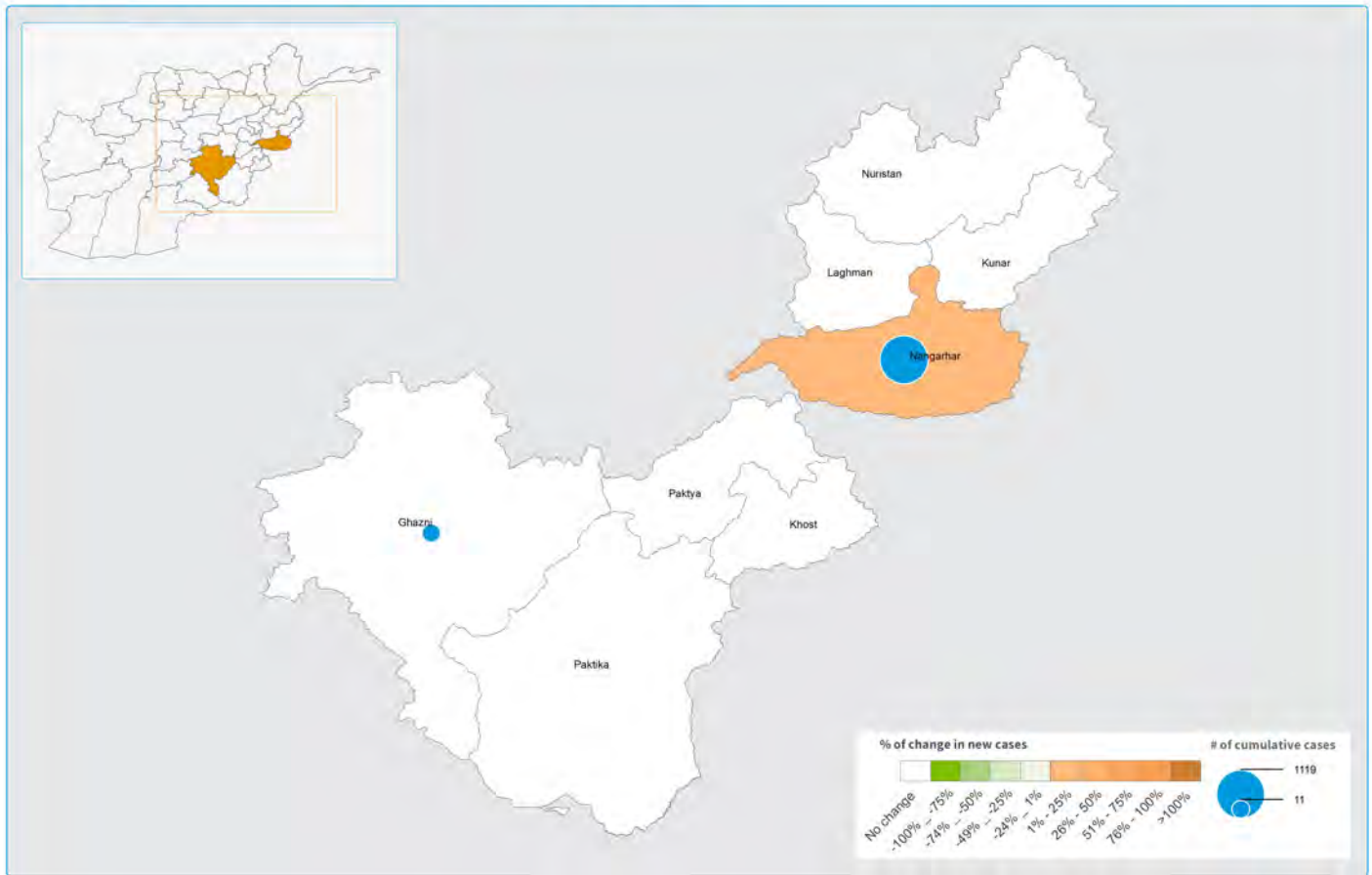




Figure 17. Geographical distribution of suspected dengue fever cases and percent change of new cases in Afghanistan, 01 Jan – 06 Jul 2024



**Geographical distribution of suspected dengue fever cases in Nangarhar and Ghazni provinces and weekly percent of changes (between weeks 26 and 27, 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: 06 July 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)