



AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #28-2024

No. 28 (07-13 Jul 2024)

Disease Outbreaks

Cumulative Cases 2024

Cumulative deaths 2024 (CFR %)

Measles

38,225

167 (0.4)

AWD

82,085

46 (0.06)

ARI

819,748

1,927 (0.2)

COVID-19

*8,676

41 (0.5)

CCHF

599

50 (8.3)

Dengue fever

1,230

0 (0.0)

**This number represents confirmed COVID-19 cases, while others are suspected cases. (Data from 613 (100.0%) out of 613 sentinel sites)*

Measles Outbreak

(01 Jan-13 Jul 2024)

38,225

Total Cases

167

Total Deaths

8,832

Sample tested

5,190

Lab confirmed cases

58.8%

Test positivity rate

Table 1: Summary of the measles outbreak in the last eight weeks in Afghanistan (19 May – 13 Jul 2024)

Indicators	W21	W22	W23	W24	W25	W26	W27	W28	Trend line
Suspected cases	1,723	1,780	1,704	1,548	1,451	1,687	1,600 *	1,634	
Suspected deaths	9	6	7	6	4	4	13	7	
CFR (%)	0.5	0.3	0.4	0.4	0.3	0.2	0.8	0.4	

**Delayed report was experienced during week 27-2024, the number of suspected cases was modified from 1,597 to 1,600.*

- 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 3 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 28-2024, a total of 1,634 suspected cases and 7 associated deaths were reported. This represents a slight increase in the number of suspected measles cases compared to the preceding week.
- The 7 deaths were reported from 6 provinces: Kabul (2), Helmand (1), Herat (1), Kandahar (1), Kunduz (1), and Zabul (1). All reported deaths were under-five children and 2 of them were females.
- Since the beginning of 2024, a total of 38,225 suspected measles cases and 167 deaths (CFR=0.4%) were reported. Among suspected measles cases, 30,633 (80.1%) were under-five children, and 17,323 (45.3%) were females.
- Since the beginning of 2024, Khost has reported the highest cumulative incidence of suspected measles cases per 10,000 population (40.7), followed by Balkh (23.7), Samangan (19.0), and Jawzjan (18.0) (Figure 3).

Figure 1. Weekly distribution of suspected measles cases in Afghanistan, 01 Jan to 13 Jul 2024 (N= 38,225)

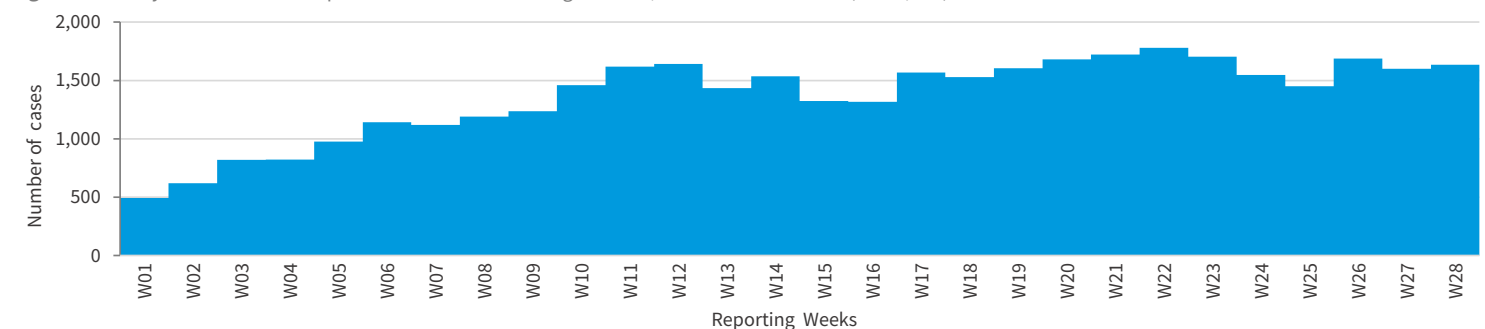




Figure 2. Comparison between the trends of suspected measles cases in 2024 vs 2023 and 2-years average (2019-2020)

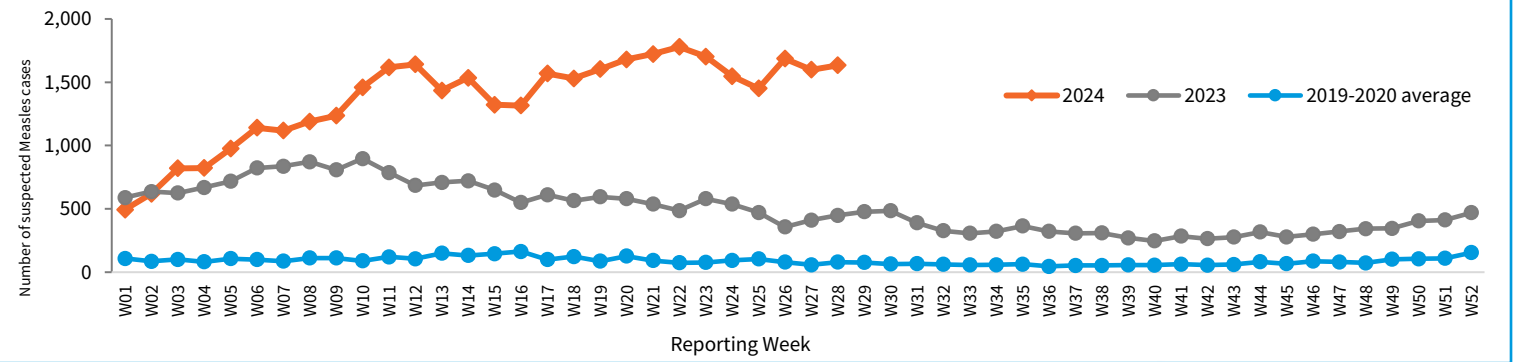
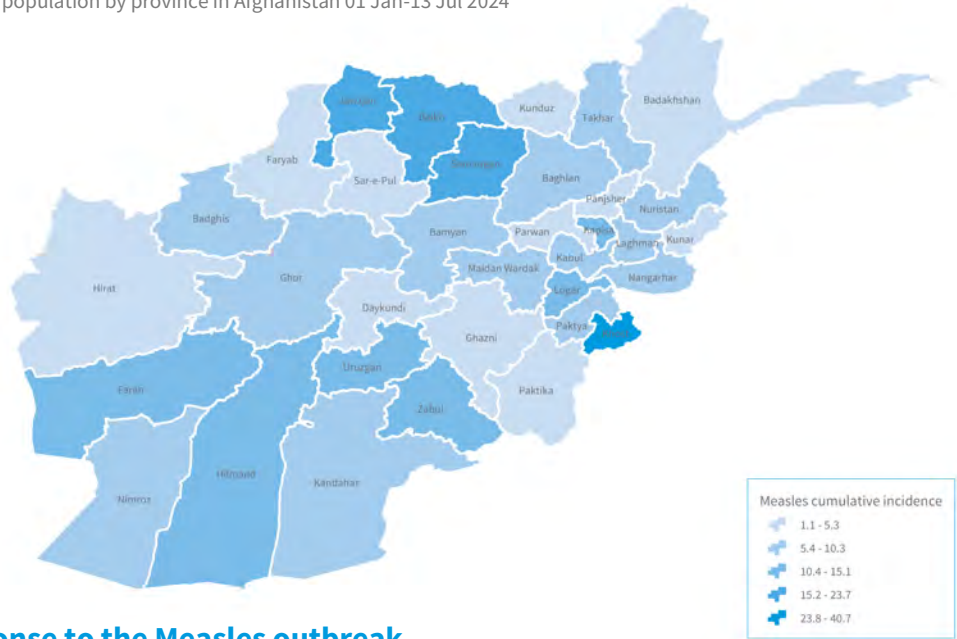


Figure 3. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 01 Jan-13 Jul 2024

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Suspected measles cumulative incidence per 10,000 population by province 01 Jan—13 Jul 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 19,276 children aged 9-59 months have received measles vaccine as part of outbreak response immunization activities across the country.
- A total of 103 SSTs (each team included 2 members) were trained on sample collection, storage, and shipment from 3 regions: the Central (63 SSTs), the West (3 SSTs), and the South (37 SSTs) regions.
- 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 (Kandahar, Logar, Zabol, 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-13 Jul 2024)



82,085

Total AWD with dehydration cases



46

Total AWD with dehydration deaths



4,599

Samples tested for AWD with dehydration (RDTs)



606

RDT-positive cases for AWD with dehydration



13.2%

RDT positivity rate for AWD with dehydration



Table 2: Summary of the AWD with Dehydration outbreak in the last eight weeks in Afghanistan (19 May – 13 Jul 2024)

Indicators	W21	W22	W23	W24	W25	W26	W27	W28	Trend line
Suspected cases	4,117	4,906	4,755	4,737	3,884	5,310	5,813 *	5,922	
Suspected deaths	0	1	1	4	3	4	2	6	
CFR (%)	0.0	0.0	0.0	0.1	0.1	0.1	0.0	0.1	

*Delayed report was experienced during week 27-2024 in the number of AWD with dehydration cases and modified from 5,809 to 5,813.

- The epi curve shows a considerable increase since week 16-2024 following the stabilization observed since the beginning of 2024. 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 28-2024, 5,922 AWD with dehydration cases with 6 associated deaths were reported from 238 districts, which shows a slight increase in the number of cases compared to the previous week (Figure 4).
- The 6 deaths were reported from 3 provinces, Uruzgan (3), Kabul (2) and Samangan (1); 5 out of the total were under five children, while 2 of them were females.
- During week 28-2024, one new district (Yakawlang-2 district of Bamyan province) reported an AWD with dehydration alert.
- The highest cumulative incidence of AWD with dehydration per 10,000 population was reported from Paktya (61.6) followed by Nimroz (60.5), Kabul (41.4), and Jawzjan (37.3) (Figure 5).
- Since the beginning of 2024, a total of 82,085 AWD with dehydration cases and 46 associated deaths (CFR=0.06%) were reported from 330 districts. Out of the total cases, 46,177 (56.3%) were under-five children, and 40,586 (49.4%) were females.
- Since the beginning of 2024, 4,599 Rapid Diagnostic Tests (RDTs) have been conducted on AWD with dehydration cases, of which 606 tests turned positive (positivity rate 13.2%).

Figure 4. Weekly distribution of AWD with dehydration cases in Afghanistan 01 Jan– 13 Jul 2024 (N=82,085)

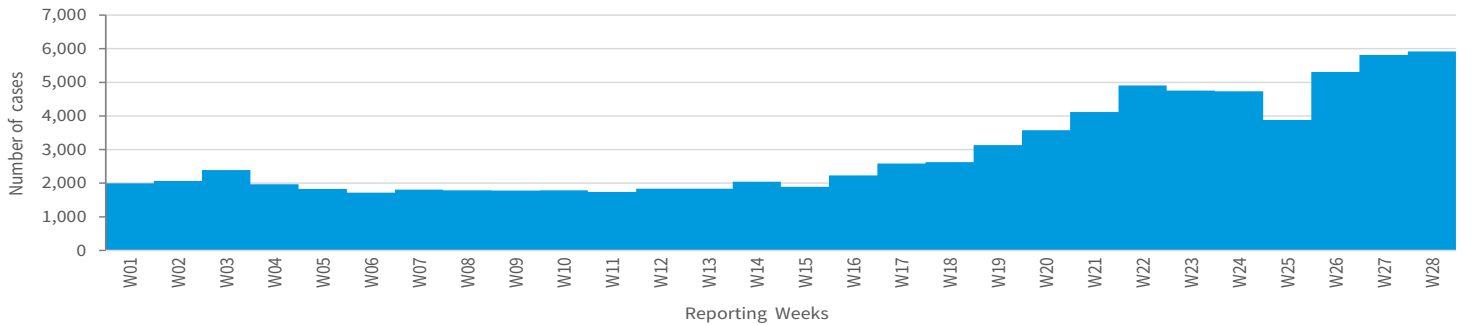
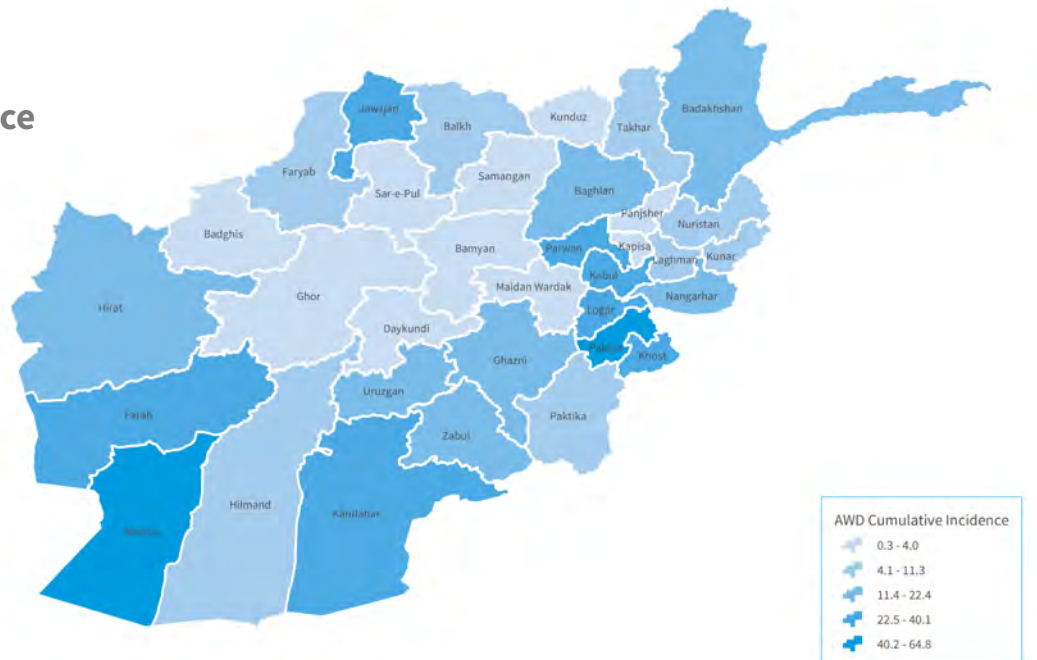


Figure 5. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 13 Jul 2024

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AWD with dehydration cumulative incidence per 10,000 population by province 01 Jan - 13 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:

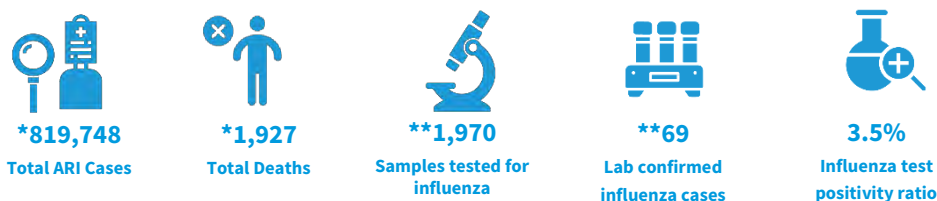
- A total of 403 sentinel sites' focal points (including 24 Females) have been trained on surveillance procedures in Kabul province, East, South, North and West regions.
- A total of 114 Cary Blair kits (100 pieces/kit) and 424 RDTs have been distributed to 7 WHO sub-offices.
- A total of 175 HCWs have 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 flood-affected communities.
- A total of 125 case management kits have been distributed to AWD with dehydration-targeted areas.

WASH update:

There are no updates from the WASH cluster for this week.

Acute Respiratory Infection (ARI)

(01 Jan-13 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 (19 May – 13 Jul 2024)

Indicators	W21	W22	W23	W24	W25	W26	W27	W28	Trend lines
Suspected cases	22,848	21,666	19,895	17,904	9,964	17,045	16,160 *	15,967	
Suspected deaths	41	62	49	40	46	50	61	54	
CFR (%)	0.2	0.3	0.2	0.2	0.5	0.3	0.4	0.3	

*Delayed reporting was experienced during week 27 in the number of ARI cases and modified from 16,116 to 16,160.

- 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 28-2024, 15,967 cases of ARI pneumonia and 54 associated deaths were reported, which shows a slight decrease in the number of ARI cases compared to the preceding week.
- Since the beginning of 2024, a total of 819,748 ARI pneumonia cases and 1,927, associated deaths (CFR=0.2%) were reported from 34 provinces. Out of the total cases, 516,326 (63.0%) were under-five children, and 405,450 (49.5%) were females.
- Since the beginning of 2024, the highest cumulative incidence of ARI per 10,000 population is in Bamyān (392.9), followed by Balkh (389.4), Jawzjan (351.4), and Nooristan (327.7) provinces (Figure 8).
- Out of 1,927 deaths, 1,682 (87.3%) were under-five children and 888 (46.1%) were females.



Figure 6. Weekly distribution of ARI Pneumonia cases in Afghanistan, 01 Jan – 13 Jul 2024 (N=819,847)

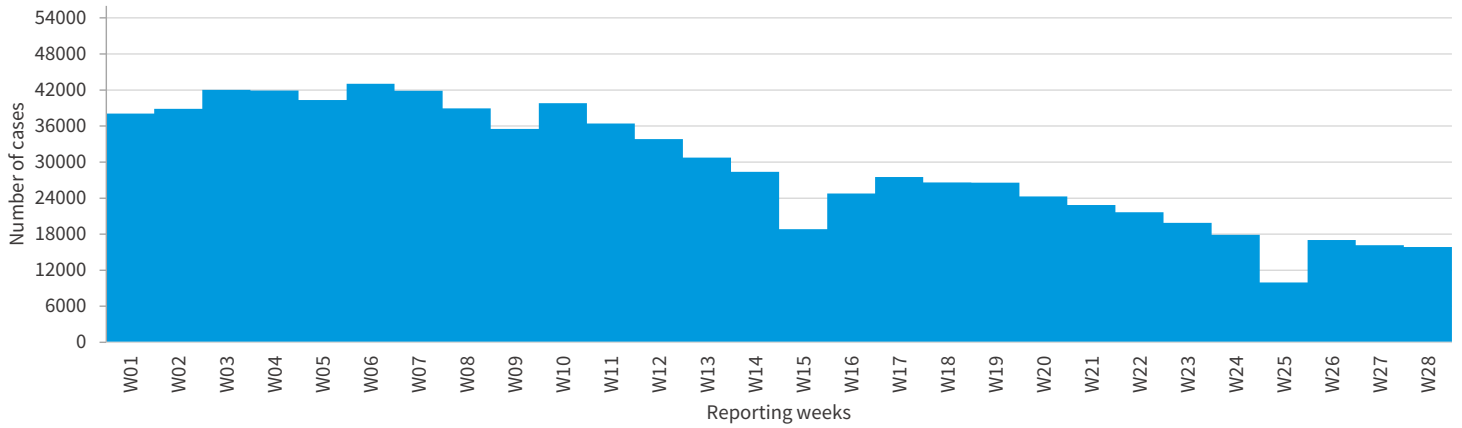


Figure 7. Comparison between the trend of ARI cases in 2024 vs 2023 and 3-years average, Afghanistan (2020-2022)

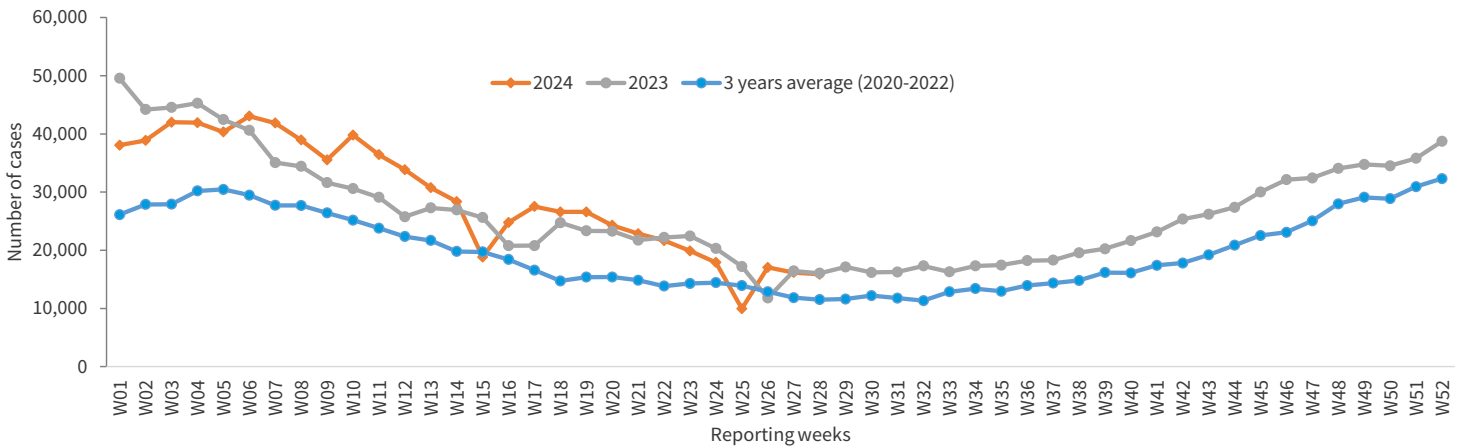
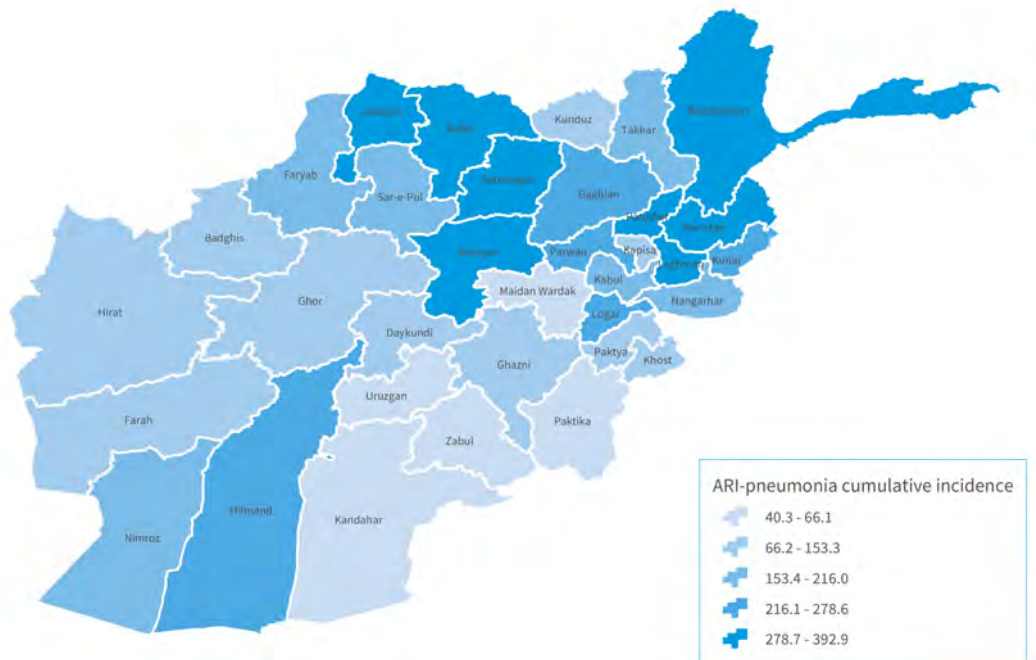


Figure 8. ARI pneumonia cumulative incidence per 10,000 population by province, Afghanistan 01 Jan- 13 Jul 2024

AFGHANISTAN ARI pneumonia cumulative incidence per 10,000 population by province 01 Jan-13 Jul 2024



Updates on the response activities to the ARI outbreak

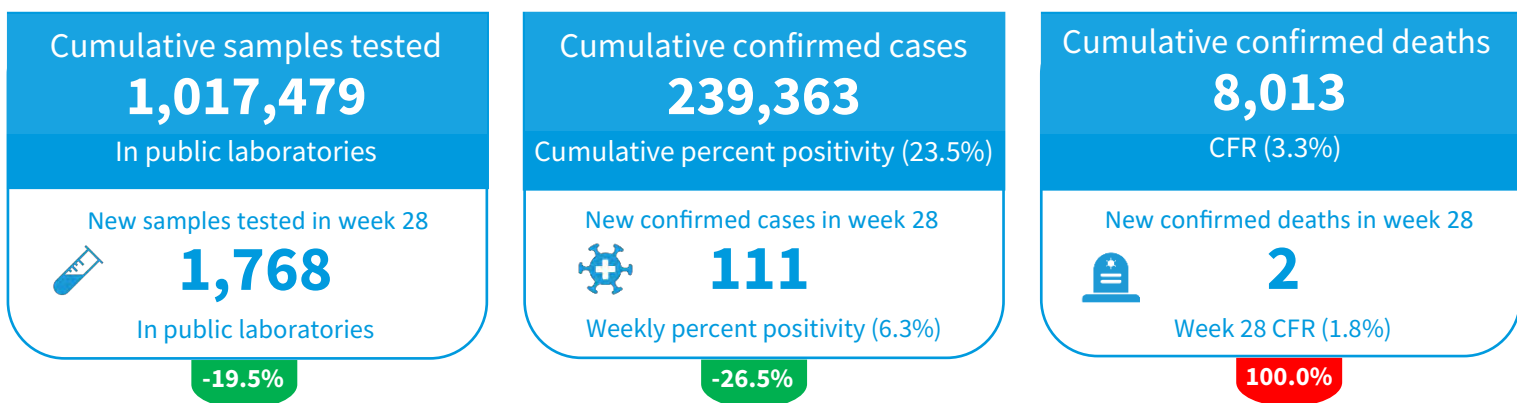
Since the beginning of 2024:

- 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 IEC materials on ARI to MoPH (64,000 Posters and 25,000 Brochures).



COVID-19

(24 Feb 2020 — 13 Jul 2024)

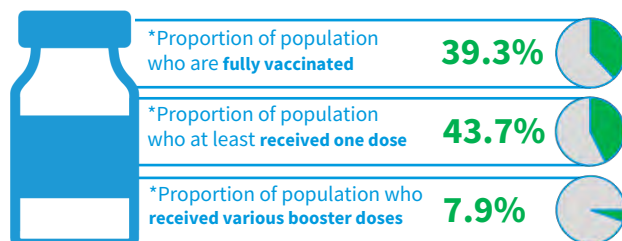


Key: ● Increasing ● Decreasing ● No change

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 (19 May – 13 Jul 2024)

Indicators	W21	W22	W23	W24	W25	W26	W27	W27	Trend line
Samples tested (in public Labs)	2,931	2,426	2,888	2,357	218	2,479	2,201 *	1,768	
Confirmed cases	349	277	269	207	21	238	151 *	111	
Percent positivity (%)	11.9	11.4	9.3	8.8	9.6	9.6	6.9	6.3	
Deaths	2	1	0	0	2	0	1	2	
CFR (%)	0.6	0.4	0.0	0.0	9.5	0.0	0.7	1.8	

*A delayed reporting and data entry error were experienced during week 27 in the number of suspected and confirmed COVID-19 cases and modified from 2,094 to 2,201 and from 165 to 151, 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 (Figures 9 & 10).
- During week 28-2024, a total of 1,768 samples were tested in public labs, of which 111 were positive for COVID-19 (positivity rate 6.3%) with 2 associated deaths. This number of positive cases shows a 26.5% decrease compared to the preceding week (Table 4 and Figure 10).
- The 2 deaths were from Kabul, aged above five years and one was female.
- Since the beginning of 2024, a total of 8,676 COVID-19 confirmed cases and 41 deaths (CFR=0.5%) have been reported. Out of the total cases, 4,715 (54.3%) were females and females represented 75.6% (31) of deaths.
- During week 28-2024, among 111 confirmed cases, 8 (7.2%) were hospitalized, while cases were admitted to ICU (Figure 11).
- Since the beginning of 2024, a total of 71,878 samples of COVID-19 have been tested by public health laboratories across the country, out of which 8,676 were positive (positivity rate 12.1%), while the overall number of COVID-19 samples tested by public health laboratories reached to 1,017,479 since the beginning of the pandemic in February 2020.



Figure 9. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 24 Feb 2020 –13 Jul 2024 (cases= 239,363, deaths=8,013)

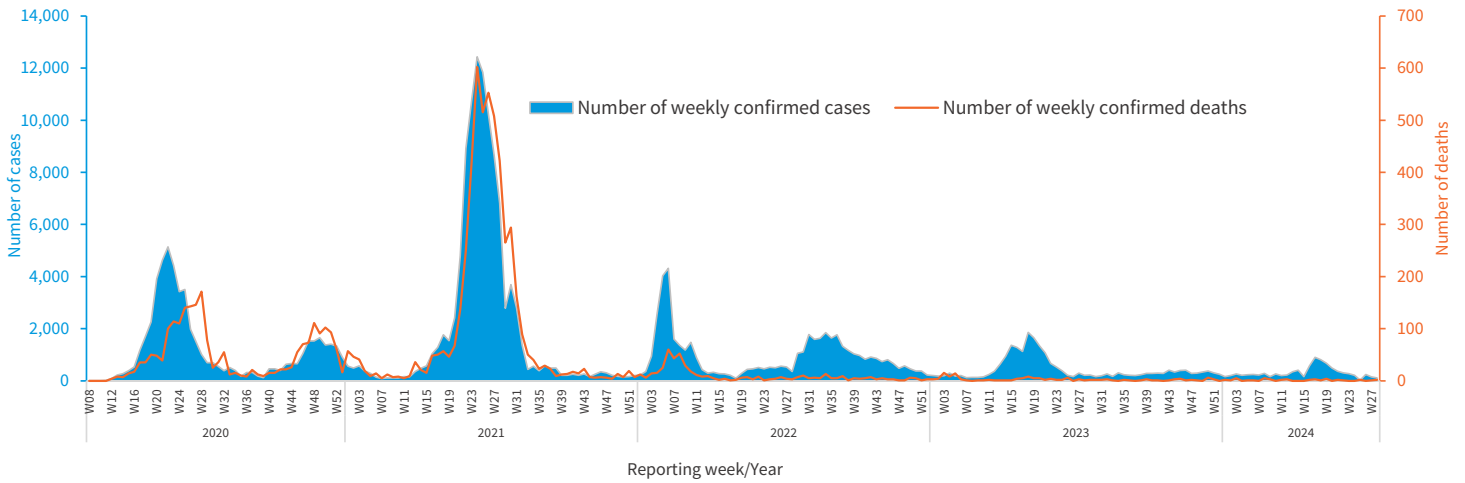


Figure 10. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 01 Jan – 13 Jul 2024 (cases=8,676, deaths=41)

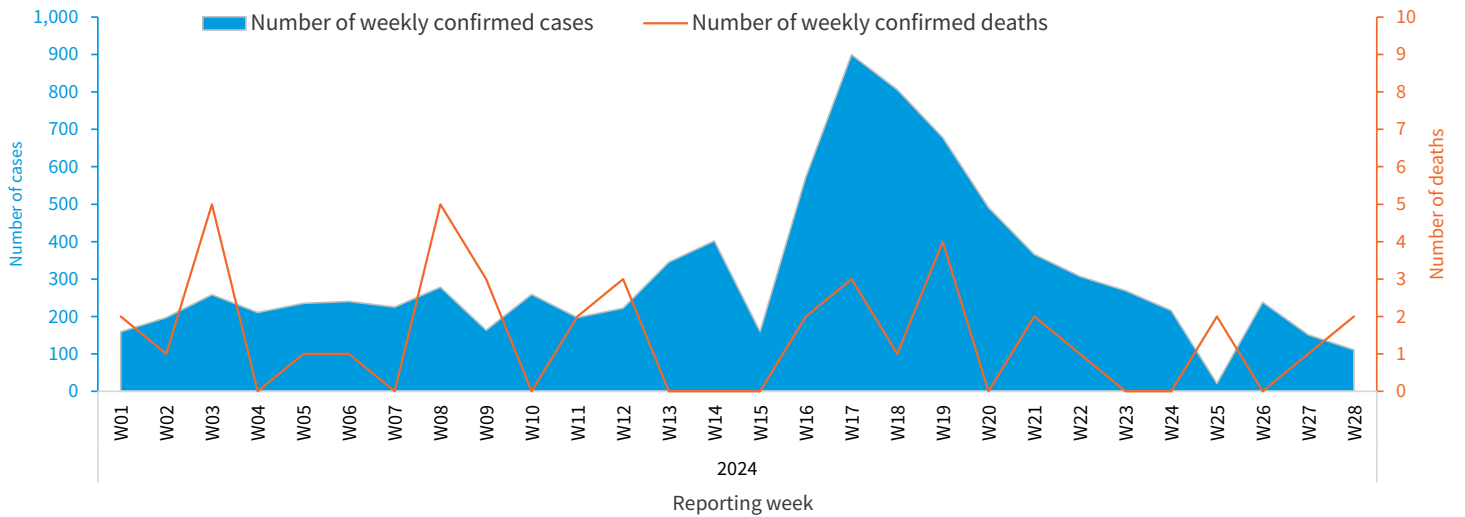
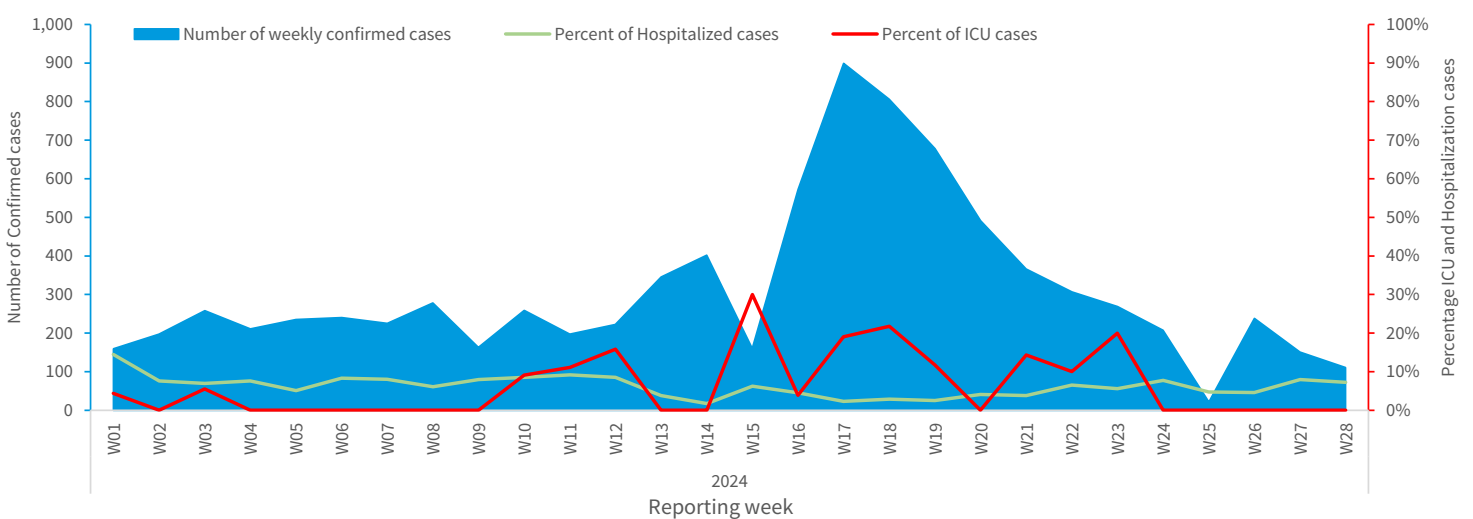


Figure 11. Weekly proportion of hospitalized and ICU cases and the number of confirmed COVID-19 cases in Afghanistan between 01 Jan-13 Jul 2024*



*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 have been 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 - 13 Jul 2024)



599

Total CCHF cases



50

Total CCHF deaths



472

Samples tested for CCHF



175

Lab-confirmed CCHF cases



37.1%

CCHF test positivity rate

Table 5: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (19 May – 13 Jul 2024)

Indicators	W21	W22	W23	W24	W25	W26	W27	W28	Trend line
Suspected cases	22	24	36	47	42	157	80	48	
Suspected deaths	1	1	3	5	4	17	13	2	
CFR (%)	4.5	4.2	5.6	10.6	9.8	10.8	16.3	4.2	

- 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 the last 2 weeks, a considerable decrease was observed that should be closely monitored to confirm the trend (Figures 12 & 13).
- During week 28-2024, 48 new suspected CCHF cases with 2 associated deaths were reported, which shows a 40.0% decrease in the number of suspected CCHF cases compared to the preceding week (Table 5).
- The 2 new deaths were reported from Kabul province; both deaths were above five years males.
- Since the beginning of 2024, a total of 599 suspected cases of CCHF with 50 associated deaths (CFR=8.3%) were reported. Out of the total cases, 598 (99.8%) were over-five, while 173 (28.9%) were females.
- The 50 deaths were mostly over five (49, 98.0%), while 9 (18.0%) were females. Deaths were reported from 5 provinces Kabul (35), Balkh (10), Kunduz (3), Herat (1), and Kapisa (1).
- Since the beginning of 2024, a total of 472 samples of suspected CCHF cases have been tested, out of which 175 were positive (positivity rate 37.1%) from 9 provinces.
- The positive cases were reported from Kabul (115), Balkh (24), Kunduz (16), Herat (9), 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 (5.7) followed by Kabul (3.9), Kapisa (3.4), and Jawzjan (2.4) provinces (Figure 14).

Figure 12. Weekly distribution of suspected CCHF cases in Afghanistan 01 Jan –13 Jul 2024, (N=599)

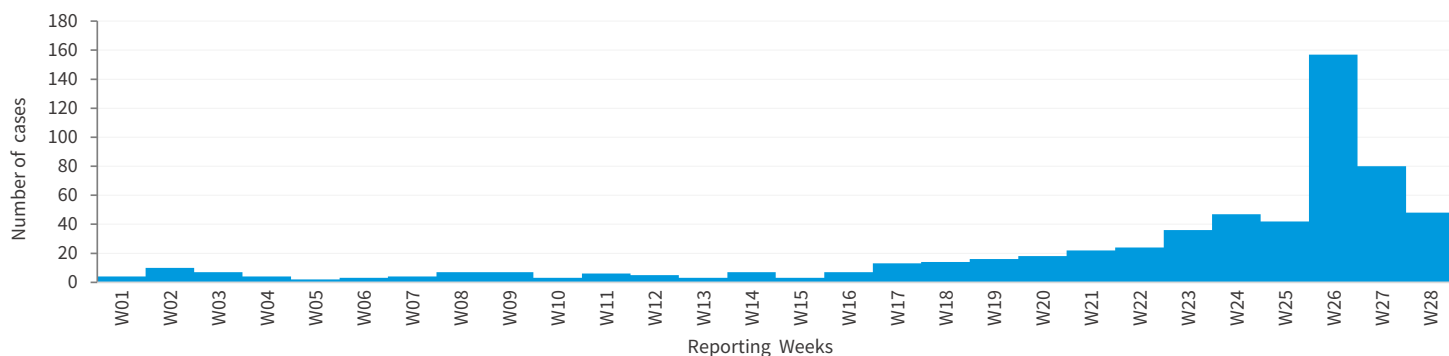


Figure 13. Comparison between the trends of suspected CCHF cases in 2024 vs 2023 and 3-years average (2020-2022)

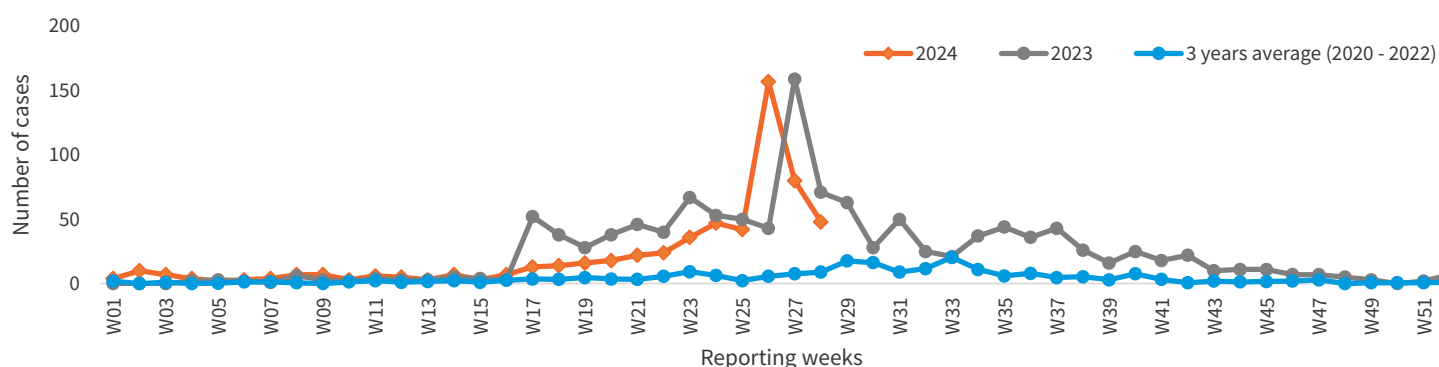
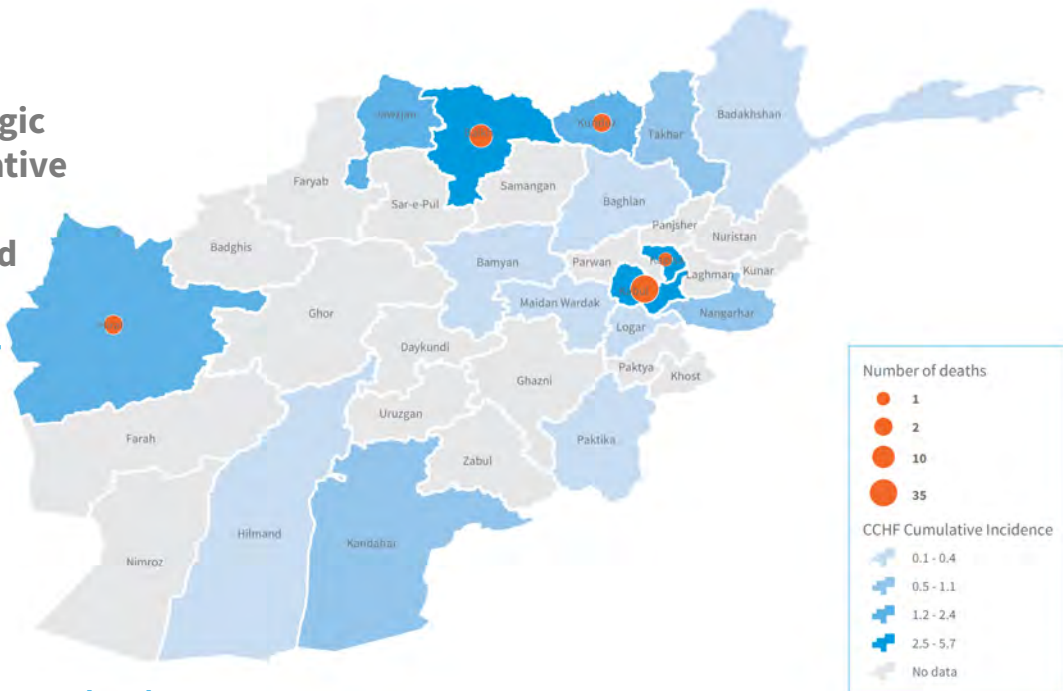




Figure 14. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 01 Jan – 13 Jul 2024

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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 – 13 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 have been distributed to Infectious Disease Hospital (IDH) in Kabul and all WHO sub-offices
- 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 individuals and the capacity of healthcare workers.

RCCE

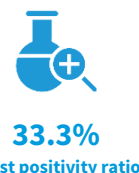
- Since the beginning of 2024, the following RCCE activities have been conducted as a response to outbreaks:
 - WHO has conducted a mass online awareness campaign through the WHO's official social media accounts (Facebook and Twitter) on CCHF and dengue preventive measures as a response to infectious diseases, reaching around 25,000 social media users.
 - 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 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.

<https://www.facebook.com/WHOafghanistan/posts/pfbid02cbTZc8dqYxkBu6b2GJaRFuZiv81cDudvhZaGyAkhchNnHUBsmo9awi6DcfKK7dQYI>

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

Dengue Fever Outbreak

(01 Jan-13 Jul 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 (19 May – 13 Jul 2024)

Indicators	W21	W22	W23	W24	W25	W26	W27	W28	Trend line
Suspected cases	63	57	43	46	22	34	42	67	
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	

Not: An additional 33 cases of dengue fever, delayed reported, were added over different weeks between Feb-Jul - 2024

- The epi curve illustrates a fluctuating trend with several peaks, notably around Week 4 and Week 21, followed by another peak in 28-2024 (Figure 15).
- During week 28 of 2024, 67 suspected cases of dengue fever with no associated deaths were reported from Nangarhar (66) and Kabul (1) provinces. This represents 59.5% increase in the number of suspected cases compared to the preceding week, which should be closely monitored.
- 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 1,230 suspected cases of dengue fever with no associated deaths were reported, out of which 716 (58.2%) were females, and 12 (1.0%) were under-five children. The geographical distribution and weekly change rate are shown in (Figure 17).
- Since the beginning of 2024, a total of 528 samples have been tested, out of which 176 were positive by PCR (positivity rate 33.3%).

Figure 15. Weekly distribution of suspected dengue fever cases in Afghanistan 1 Jan – 13 Jul 2024, (N=1,230)

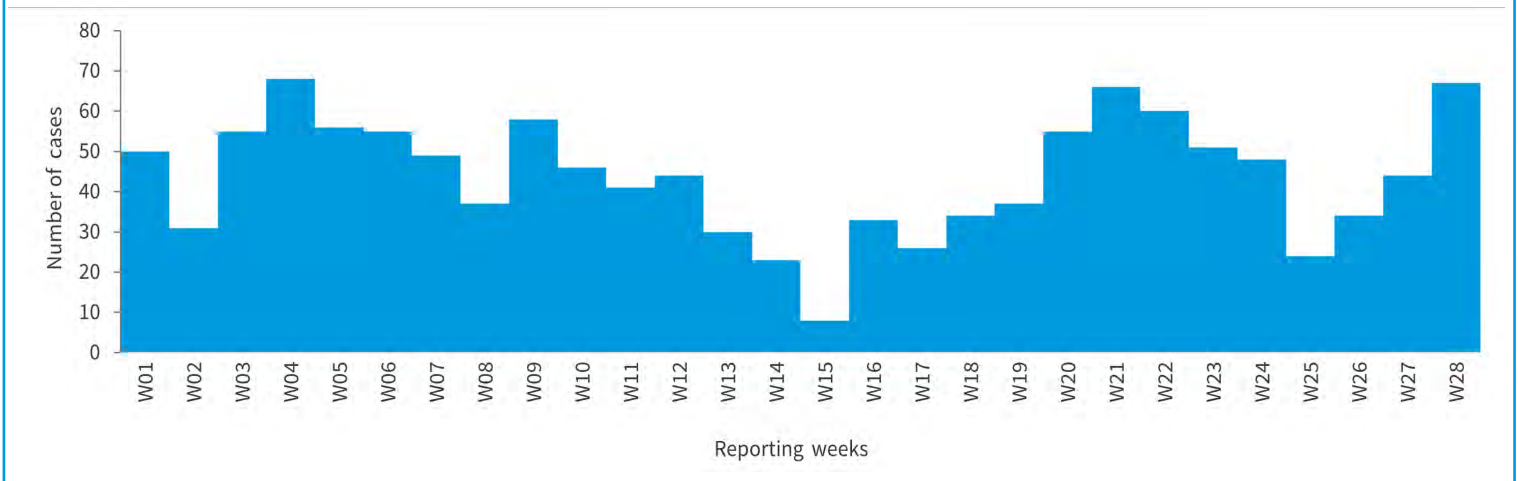


Figure 16. Comparison between the trends of suspected dengue fever cases in 2024 vs 2023 and 2-year average (2021-2022).

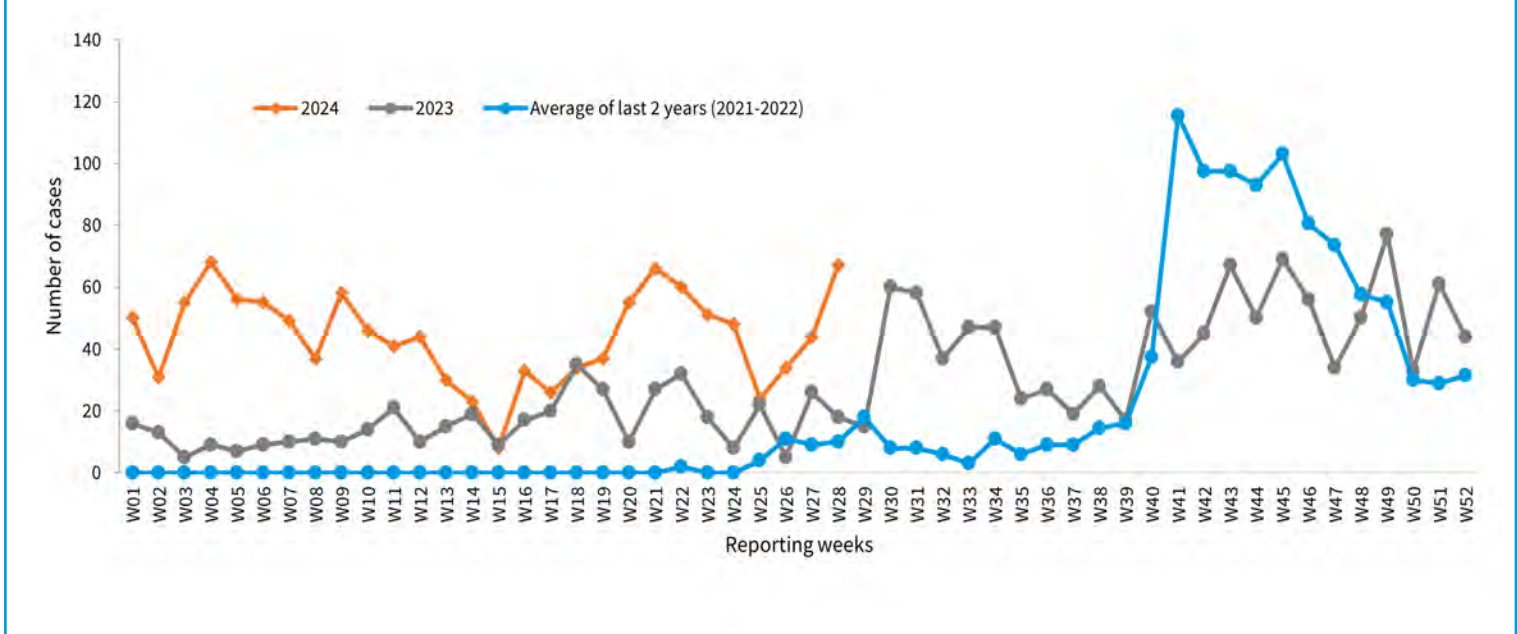
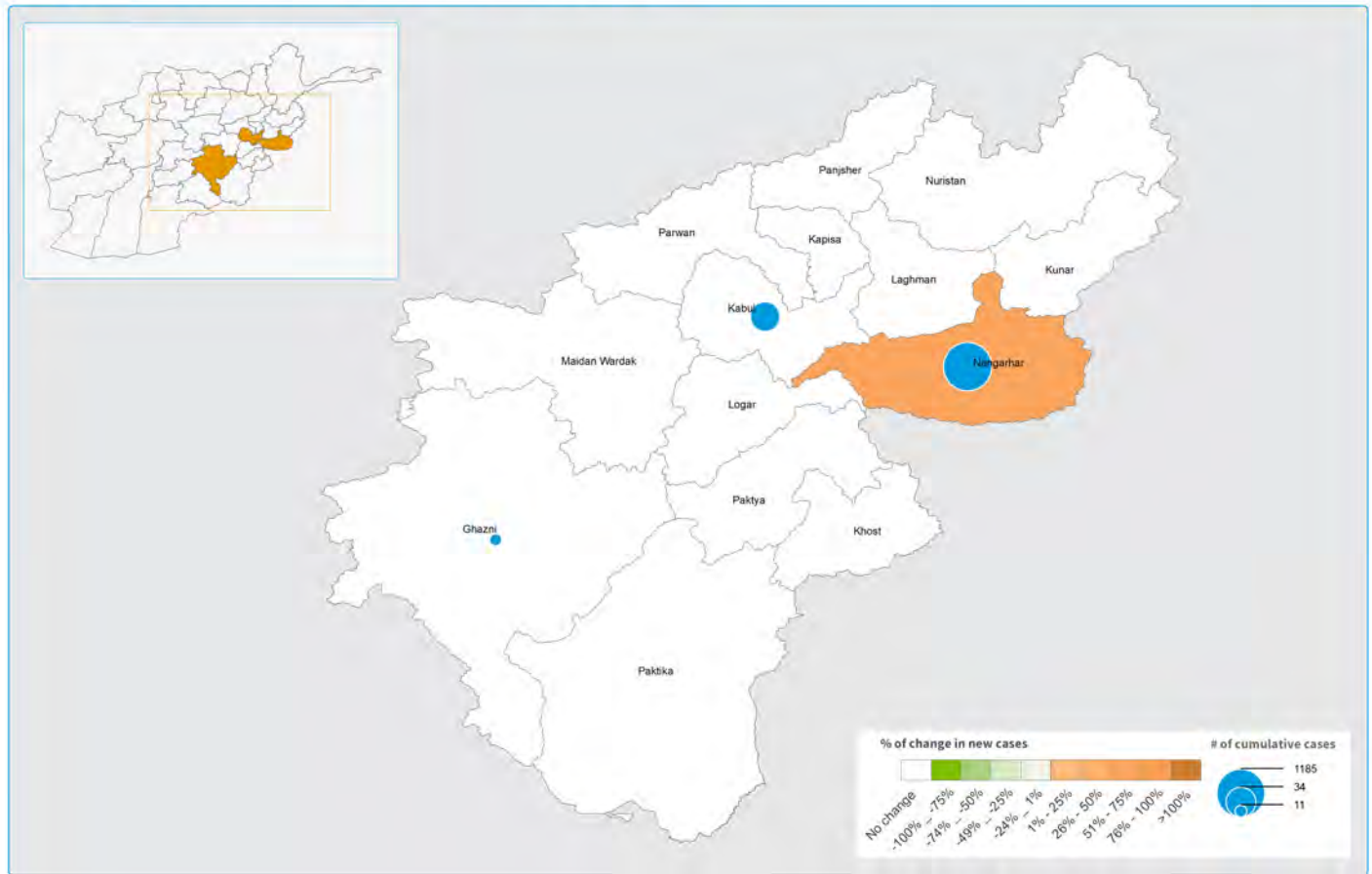




Figure 17. Geographical distribution of suspected dengue fever cases and percent change of new cases in Afghanistan, 01 Jan – 13 Jul 2024



Geographical distribution of suspected dengue fever cases in Nangarhar, Ghazni and Kabul provinces and weekly percent of changes (between weeks 27 and 28, 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: 13 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)