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INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #31-2024

No. 31 (28 Jul-03 Aug 2024)

Disease Outbreaks

Cumulative Cases 2024

Cumulative deaths 2024 (CFR %)

Measles

42,800

188 (0.4)

AWD

101,670

50 (0.05)

ARI

865,909

2,067 (0.2)

COVID-19

*9,159

47 (0.5)

CCHF

771

63 (8.2)

Dengue fever

1,516

0 (0.0)

*This number represents confirmed COVID-19 cases, while others are suspected cases. (Data from 612 (99.8%) out of 613 sentinel sites)

Measles Outbreak

(01 Jan-03 Aug 2024)

42,800

Total Cases

188

Total Deaths

9,487

Sample tested

5,562

Lab confirmed cases

58.6%

Test positivity rate

Table 1: Summary of the measles outbreak in the last eight weeks in Afghanistan (09 Jun – 03 Aug 2024)

Indicators	W24	W25	W26	W27	W28	W29	W30	W31	Trend line
Suspected cases	1,548	1,451	1,687	1,600	1,634	1,571	1,504	1,470	
Suspected deaths	6	4	4	13	7	3	8	10	
CFR (%)	0.4	0.3	0.2	0.8	0.4	0.2	0.5	0.7	

- The epidemiological curve of suspected measles cases demonstrates an increasing trend since the beginning of 2024, peaking around week 22, with a slight decline seen between weeks 26 to 31 (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 31-2024, a total of 1,470 suspected cases and 10 associated deaths were reported. This shows a slight decrease in the number of suspected measles cases compared to the preceding week.
- The 10 deaths were reported from 7 provinces: Kandahar (3), Kunduz (2), Baghlan (1), Faryab (1), Helmand (1), Jawzjan (1), and Nooristan (1). All deaths were under five, while half of them were females.
- Since the beginning of 2024, a total of 42,800 suspected measles cases and 188 deaths (CFR=0.4%) were reported. Among suspected measles cases, 34,293 (80.1%) were under-five children, and 19,419 (45.4%) were females.
- Since the beginning of 2024, Khost has reported the highest cumulative incidence of suspected measles cases per 10,000 population (51.3), followed by Balkh (26.0), Samangan (19.7), and Jawzjan (19.6) (Figure 3).

Figure 1. Weekly distribution of suspected measles cases in Afghanistan, 01 Jan to 03 Aug 2024 (N= 42,800)

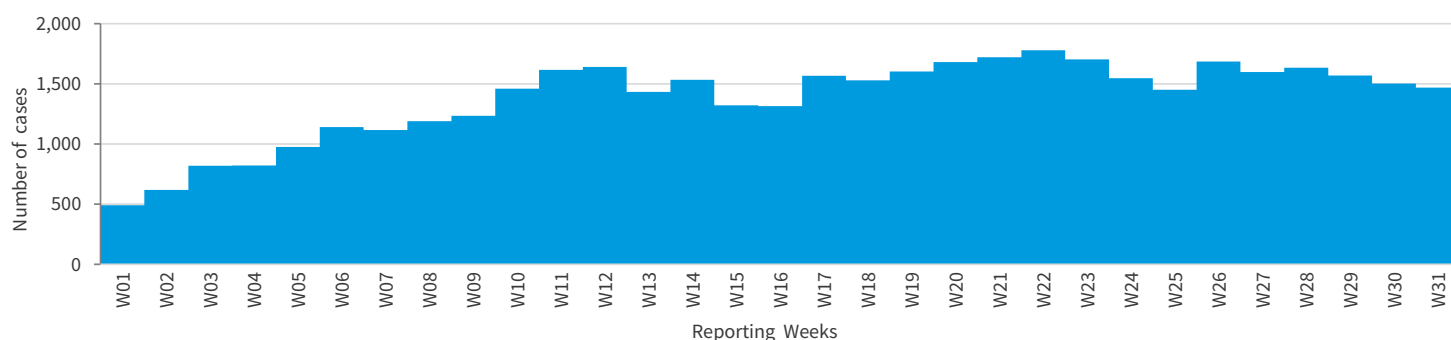




Figure 2. Comparison between the trends of suspected measles cases in 2024 vs 2023 and 2-years average (2019-2020)

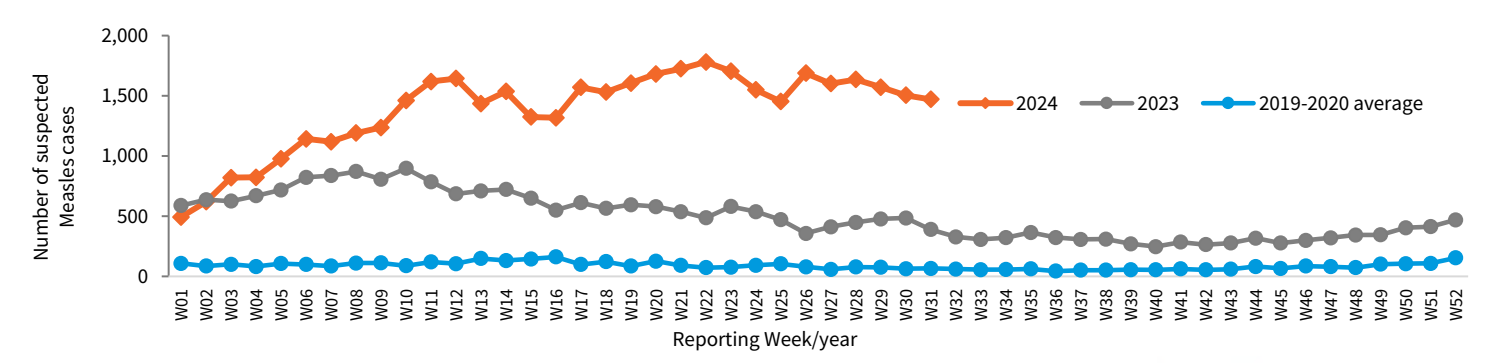
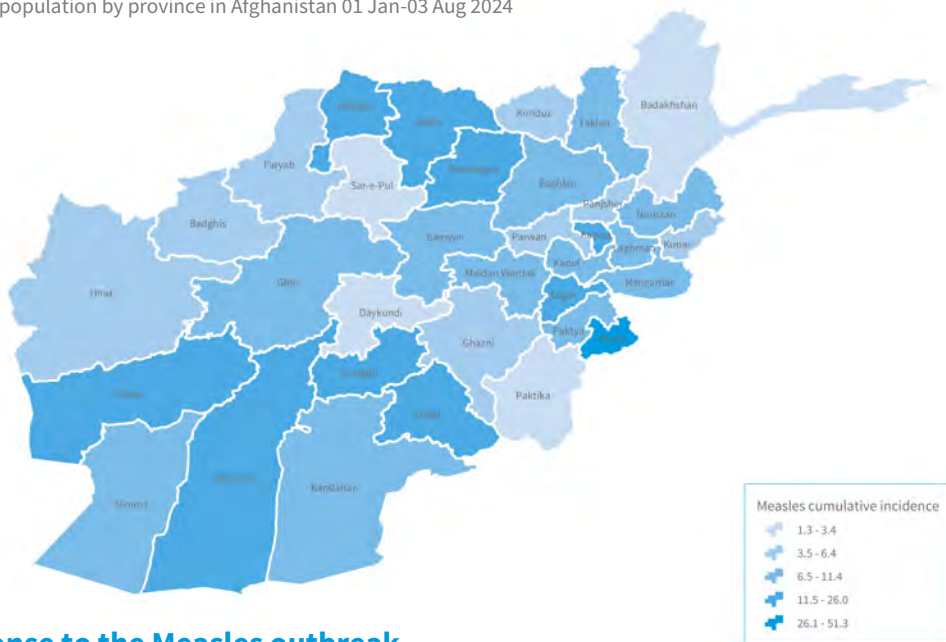


Figure 3. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 01 Jan-03 Aug 2024

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Suspected measles cumulative incidence per 10,000 population by province 01 Jan—03 Aug 2024



Updates on the preparedness and response to the Measles outbreak

• During week 31-2024, a total of 363 children aged 9-59 months in 4 provinces (Kandahar, Urozgan, Paktika, and Zabul) received measles vaccine as part of outbreak response immunization activities. This brings the total number of children vaccinated in outbreak response immunization to 20,435 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: Central (63 SSTs), West (3 SSTs), and 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 the 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, Bamyán, Parwan, Panjshir, Urozgan, Paktya, Paktika, Ghazni, Baghlan, Nuristan, Samangan, and Badghis).

Acute Watery Diarrhea (AWD) with Dehydration Outbreak (01 Jan-03 Aug 2024)

101,670
Total AWD with dehydration cases

50
Total AWD with dehydration deaths

5,461
Samples tested for AWD with dehydration (RDTs)

745
RDT-positive cases for AWD with dehydration

13.6%
RDT positivity rate for AWD with dehydration



Table 2: Summary of the AWD with dehydration outbreak in the last eight weeks in Afghanistan (09 Jun – 03 Aug 2024)

Indicators	W24	W25	W26	W27	W28	W29	W30	W31	Trend line
Suspected cases	4,737	3,884	5,310	5,813	5,922	6,428	6,788	6,369	
Suspected deaths	4	3	4	2	6	1	1	2	
CFR (%)	0.1	0.1	0.1	0.0	0.1	0.0	0.0	0.0	

- 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 summer season and the floods which affected different provinces of the country (Figure 4).
- During week 31-2024, 6,369 AWD with dehydration cases with 2 associated deaths were reported from 248 districts, which shows a 6.2% decrease in the number of cases compared to the previous week.
- The 2 new deaths were both under-five females reported from Bamyan (1) and Kabul (1).
- During week 31-2024, no new district reported an AWD with dehydration alert.
- The highest cumulative incidence of AWD with dehydration per 10,000 population was reported from Nimroz (76.8) followed by Paktya (76.0), Logar (51.1), and Kabul (50.4) (Figure 5).
- Since the beginning of 2024, a total of 101,670 AWD with dehydration cases and 50 associated deaths (CFR=0.05%) were reported from 332 districts. Out of the total cases, 56,754 (55.8%) were under-five children, and 50,326 (49.5%) were females.
- Since the beginning of 2024, 5,461 Rapid Diagnostic Tests (RDTs) have been conducted on AWD with dehydration cases, of which 745 tests turned positive (positivity rate 13.6%).

Figure 4. Weekly distribution of AWD with dehydration cases in Afghanistan 01 Jan– 03 Aug 2024 (N=101,670)

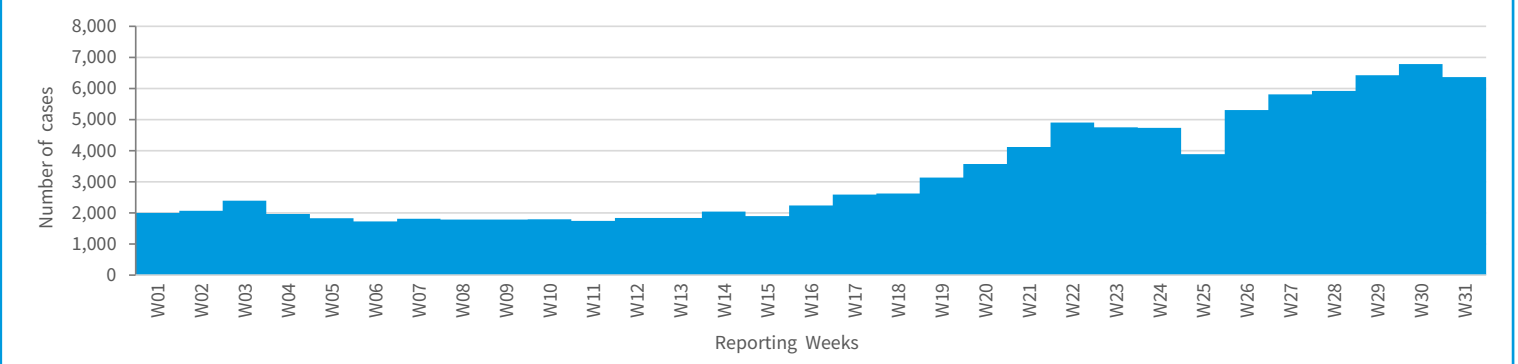
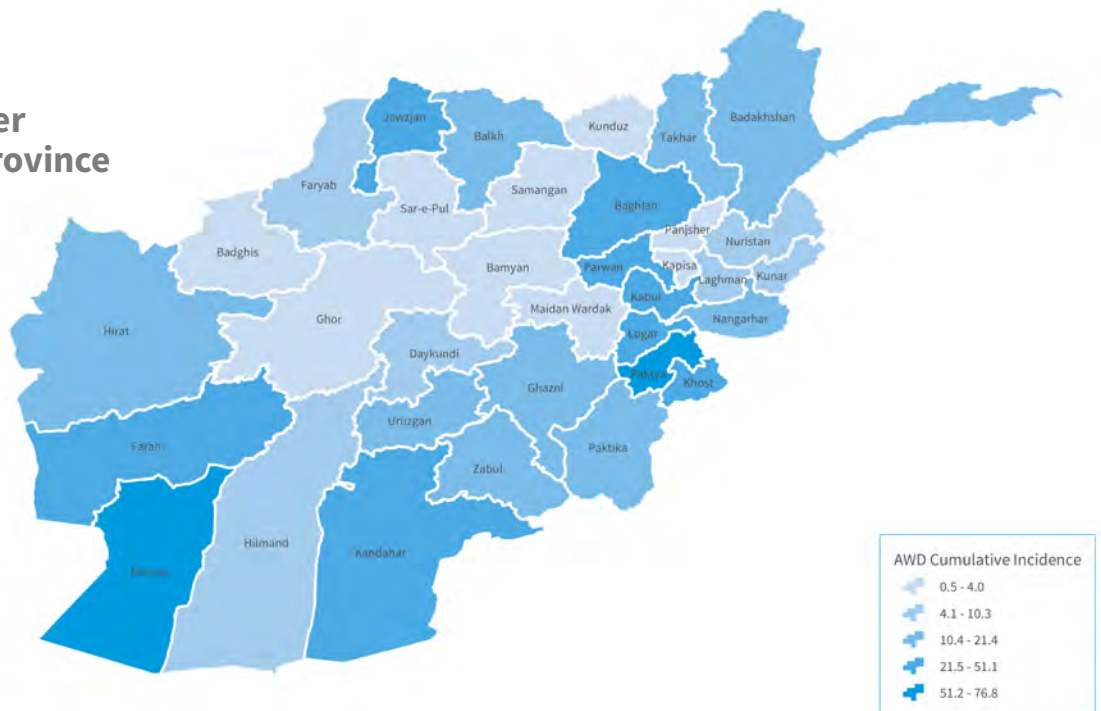


Figure 5. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 03 Aug 2024

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AWD with dehydration cumulative incidence per 10,000 population by province 01 Jan - 03 Aug 2024



AWD Cumulative Incidence

- 0.5 - 4.0
- 4.1 - 10.3
- 10.4 - 21.4
- 21.5 - 51.1
- 51.2 - 76.8



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/kit) and 424 RDT kits 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: 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 have been used in health facilities and flood-affected communities.
 - A total of 125 case management kits have been distributed to AWD with dehydration-targeted areas.

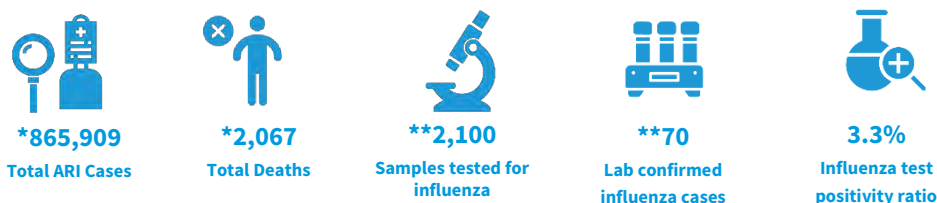
WASH update:

During the last two weeks of July (16-31 Jul 2024), the following activities were conducted as WASH response:

- Provision of clean water to 399 individuals by chlorination of wells in 3 provinces (Kunar, Laghman and Nangarhar)
- Distribution of hygiene kits to 1,155 individuals in 4 provinces (Ghazni, Laghman, Nangarhar and Paktya).
- Provision of sanitation facilities to 460 individuals by construction of latrines in Balkh province.
- Conduct hygiene promotion sessions to 14,259 individuals in 9 provinces (Badghis, Bamyán, Ghazni, Kabul, Kunduz, Logar, Paktya, Kunar and Laghman).

Acute Respiratory Infection (ARI)

(01 Jan-03 Aug 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 (09 Jun – 03 Aug 2024)

Indicators	W24	W25	W26	W27	W28	W29	W30	W31	Trend lines
Suspected cases	17,904	9,964	17,045	16,160	15,858	15,311	15,370	15,489	
Suspected deaths	40	46	50	61	54	50	35	55	
CFR (%)	0.2	0.5	0.3	0.4	0.3	0.3	0.2	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 31-2024, 15,489 cases of ARI pneumonia and 55 associated deaths were reported, which shows a stabilization in the number of ARI cases compared to the preceding week.
- Since the beginning of 2024, a total of 865,909 ARI pneumonia cases and 2,067 associated deaths (CFR=0.2%) were reported from 34 provinces. Out of the total cases, 545,398 (63.0%) were under-five children, and 428,501 (49.5%) were females.
- Since the beginning of 2024, the highest cumulative incidence of ARI per 10,000 population has been reported in Bamyán (416.4), followed by Balkh (410.4), Jawzjan (374.8), and Nooristan (362.1) provinces (Figure 8).
- Out of 2,067 deaths, 1,792 (86.7%) were under-five children and 954 (46.2%) were females.



Figure 6. Weekly distribution of ARI Pneumonia cases in Afghanistan, 01 Jan – 03 Aug 2024 (N=865,909)

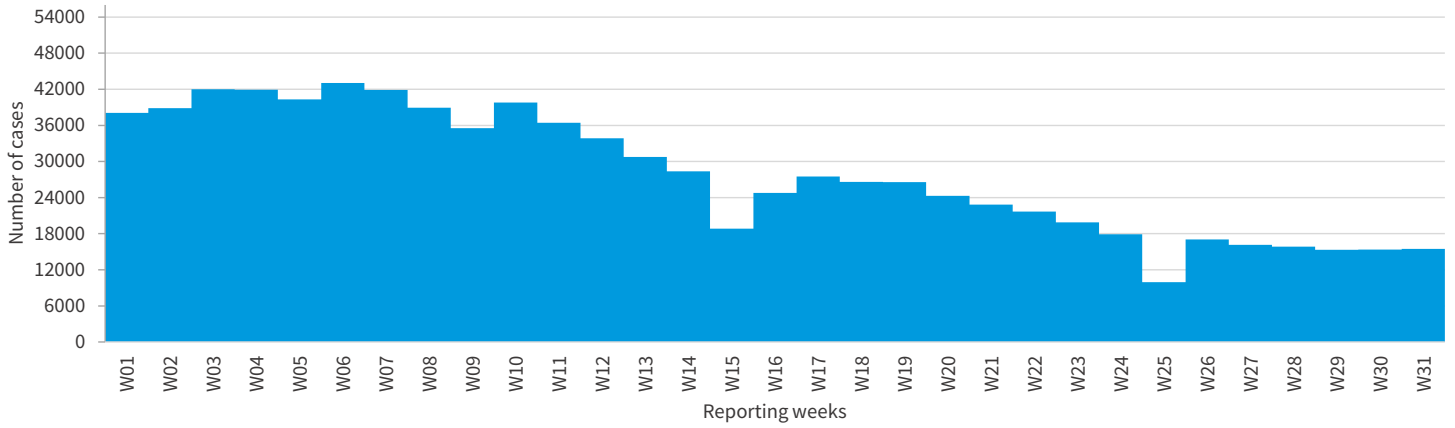


Figure 7. Comparison between the trend of ARI cases in 2024 vs 2023 and 3-years average, Afghanistan (2020-2022)

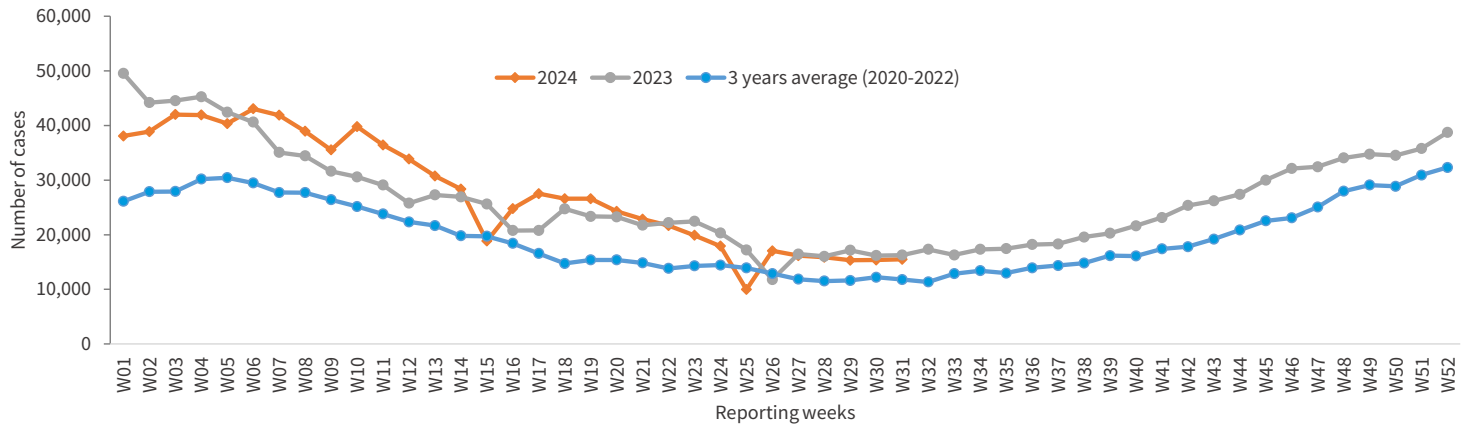
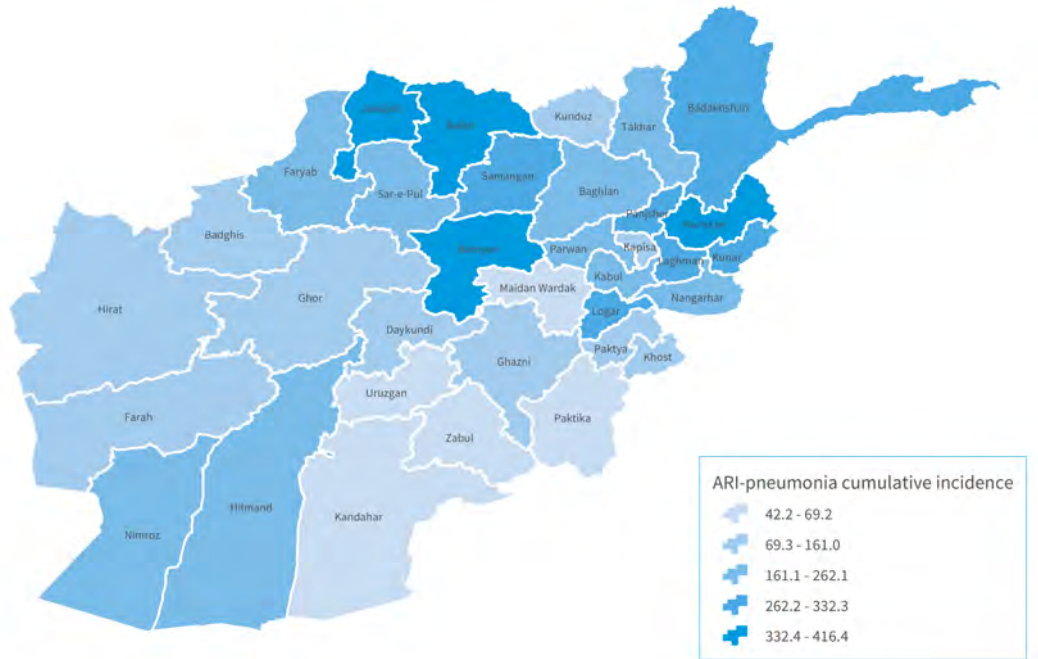


Figure 8. ARI pneumonia cumulative incidence per 10,000 population by province, Afghanistan 01 Jan-03 Aug 2024

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ARI pneumonia cumulative incidence per 10,000 population by province

01 Jan-03 Aug 2024



Updates on the response activities to the ARI outbreak

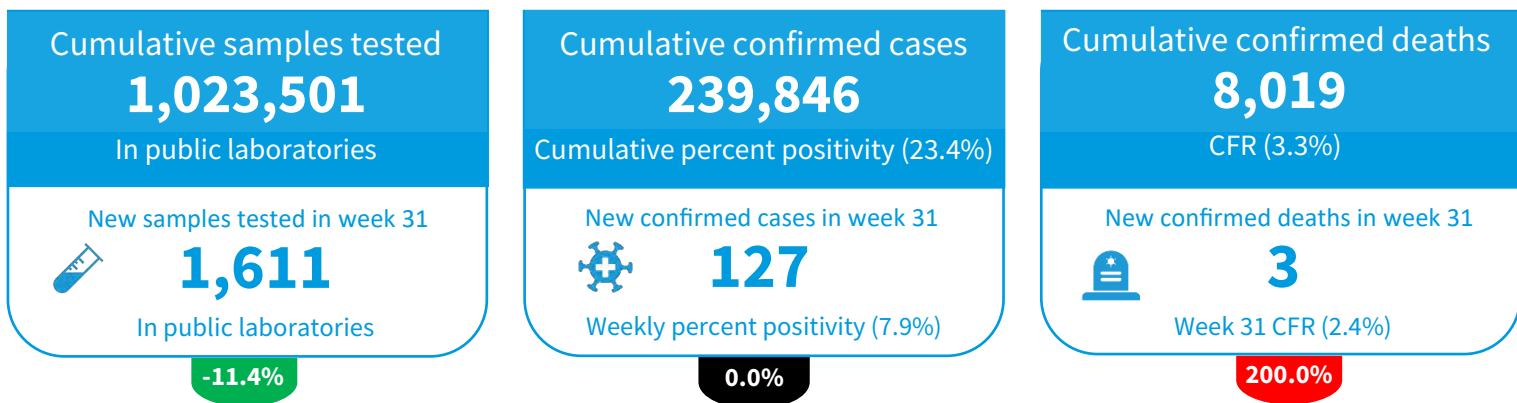
Since the beginning of 2024:

- 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 — 03 Aug 2024)

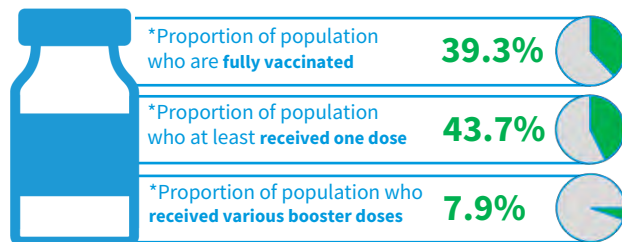


Key: ● Increasing ● Decreasing ● No change

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 (09 Jun – 03 Aug 2024)

Indicators	W24	W25	W26	W27	W28	W29	W30	W31	Trend line
Samples tested (in public Labs)	2,357	218	2,479	2,201	2,416	1,945	1,818 *	1,611	
Confirmed cases	207	21	238	151	184	156	127 *	127	
Percent positivity (%)	8.8	9.6	9.6	6.9	7.6	8.0	7.0	7.9	
Deaths	0	2	0	1	2	2	1	3	
CFR (%)	0.0	9.5	0.0	0.7	1.1	1.3	0.8	2.4	

*A delayed reporting was experienced during week 30 and the number of samples tested and confirmed COVID-19 cases were modified from 1,522 to 1,818 and from 76 to 127, respectively.

- The epidemiological curve of confirmed COVID-19 cases indicates a decreasing trend since week 18-2024, following a peak during week 17-2024 (Figures 9 & 10).
- During week 31-2024, a total of 1,611 samples were tested in public labs, of which 127 were positive for COVID-19 (positivity rate 7.9%) with 3 associated deaths. The number of positive cases shows a stabilization compared to the preceding week (Table 4 and Figure 10).
- The new deaths were all over-five, while 2 of them were females, reported from different districts of Kabul province.
- Since the beginning of 2024, a total of 9,159 COVID-19 confirmed cases and 47 deaths (CFR=0.5%) have been reported. Out of the total cases, 4,939 (53.9%) were females while females represented around 3 quarters of deaths (35 - 74.5%).
- During week 31-2024, among 127 confirmed cases, 16 (12.6%) were hospitalized, and 5 cases were admitted to ICU (Figure 11).
- Since the beginning of 2024, a total of 77,900 samples of COVID-19 have been tested by public health laboratories across the country, out of which 9,159 were positive (positivity rate 11.8%), while the overall number of COVID-19 samples tested by public health laboratories reached to 1,023,501 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 –03 Aug 2024 (cases= 239,846, deaths=8,019)

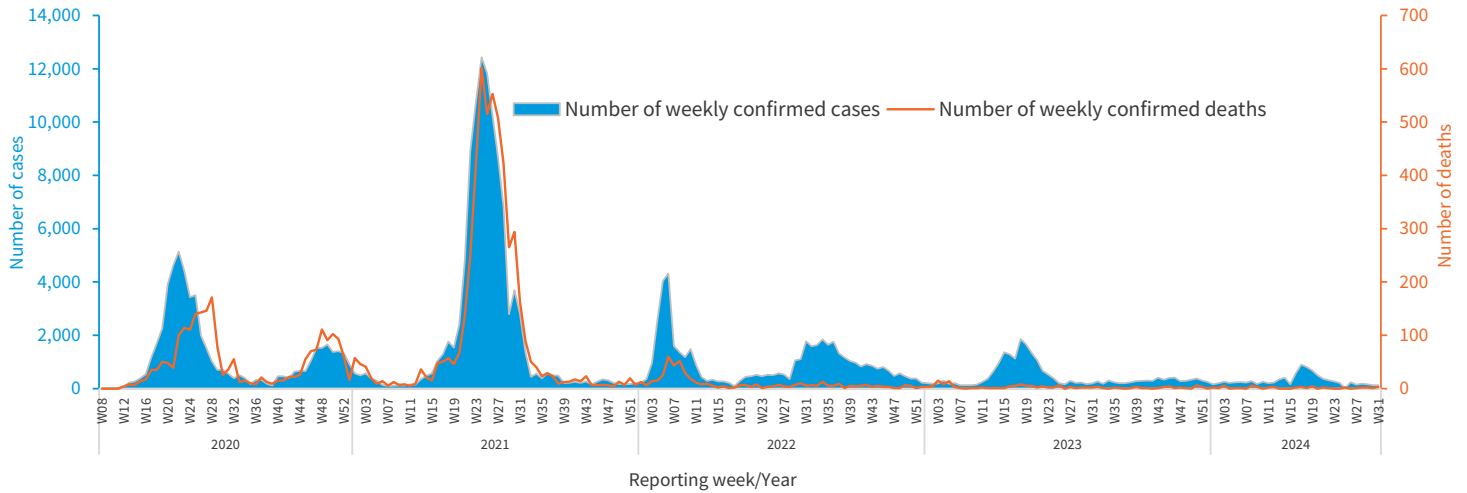


Figure 10. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 01 Jan – 03 Aug 2024 (cases=9,159, deaths=47)

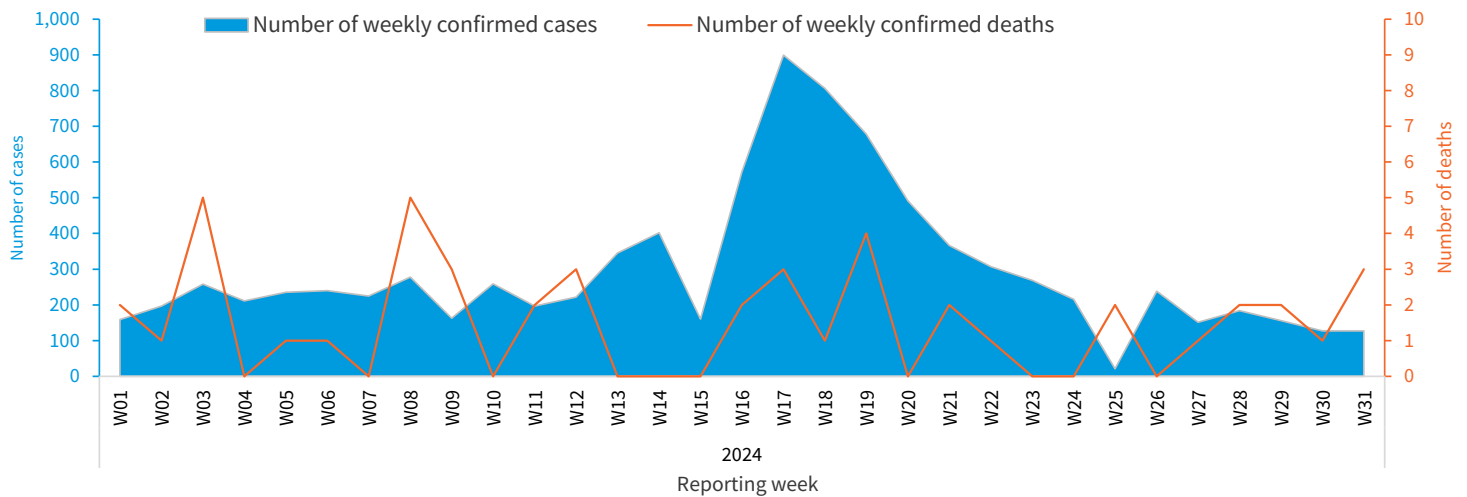
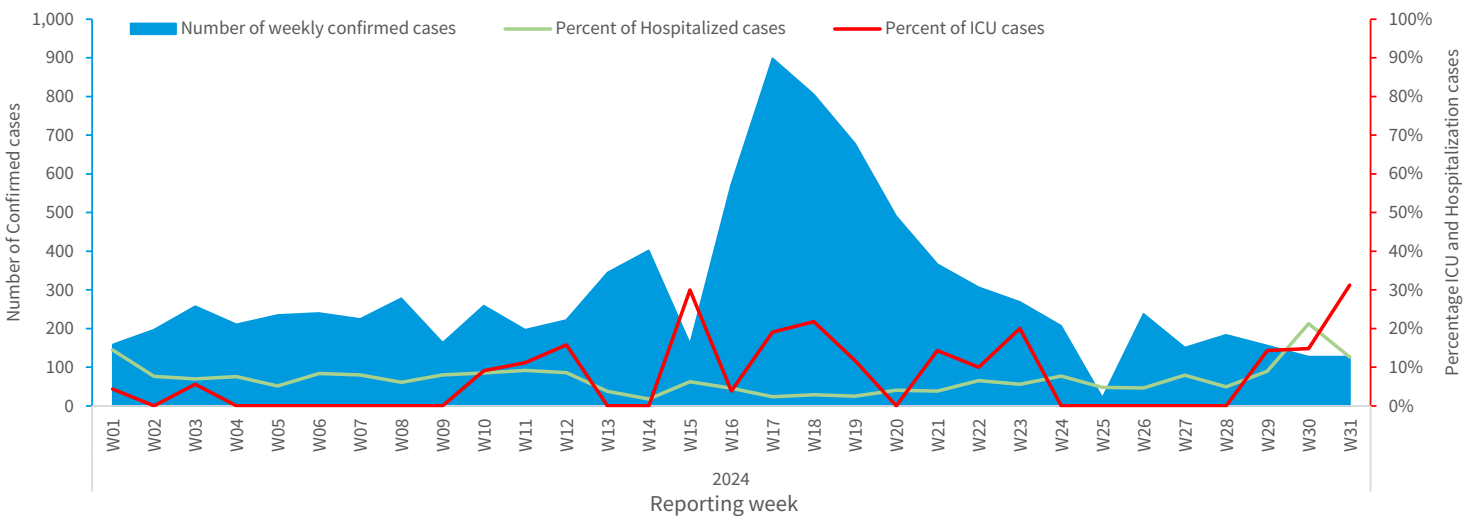


Figure 11. The weekly proportion of hospitalized and ICU cases and the number of confirmed COVID-19 cases in Afghanistan between 01 Jan-03 Aug 2024*



*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 - 03 Aug 2024)



771

Total CCHF cases



63

Total CCHF deaths



623

Samples tested for CCHF



204

Lab-confirmed CCHF cases



32.7%

CCHF test positivity rate

Table 5: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (09 Jun – 03 Aug 2024)

Indicators	W24	W25	W26	W27	W28	W29	W30	W31	Trend line
Suspected cases	47	42	157	80	48	58	59	55	
Suspected deaths	5	4	17	13	2	6	3	3	
CFR (%)	10.6	9.8	10.8	16.3	4.2	10.3	5.1	5.5	

- The epi-curve of suspected CCHF cases shows a gradually increasing trend since week 16-2024, peaking around week 26-2024. However, in the last 3 weeks, a stabilization at a relatively high level was observed which should be closely monitored to confirm the trend (Figures 12 & 13).
- During week 31-2024, 55 new suspected CCHF cases with 3 associated deaths were reported, which shows a 6.8% decrease in the number of suspected CCHF cases compared to the preceding week (Table 5).
- The 3 new deaths were reported from Kabul (2), and Baghlan (1); all deaths were above five years of age, while one was female.
- Since the beginning of 2024, a total of 771 suspected cases of CCHF with 63 associated deaths (CFR=8.2%) were reported. Out of the total cases, 770 (99.9%) were over-five, while 230 (29.8%) were females.
- The 63 deaths were mostly over five years old (62, 98.4%), while 14 (22.2%) were females. Deaths were reported from 6 provinces Kabul (40), Balkh (10), Herat (6), Kunduz (3), Kapisa (2), and Baghlan (2).
- Since the beginning of 2024, a total of 623 samples of suspected CCHF cases have been tested, out of which 204 were positive (positivity rate 32.7%) from 11 provinces.
- The positive cases were reported from Kabul (137), Balkh (24), Kunduz (16), Herat (10), Kapisa (6), Takhar (3), Baghlan (3), Badakhshan (2), Helmand (1), Paktika (1), and Kandahar (1).
- The highest cumulative incidence of suspected CCHF per 100,000 population in 2024 is reported from Balkh (7.5) followed by Kabul (4.9), Kapisa (3.9), and Jawzjan (3.1) provinces (Figure 14).

Figure 12: Weekly distribution of suspected CCHF cases in Afghanistan 01 Jan –03 Aug 2024, (N=771)

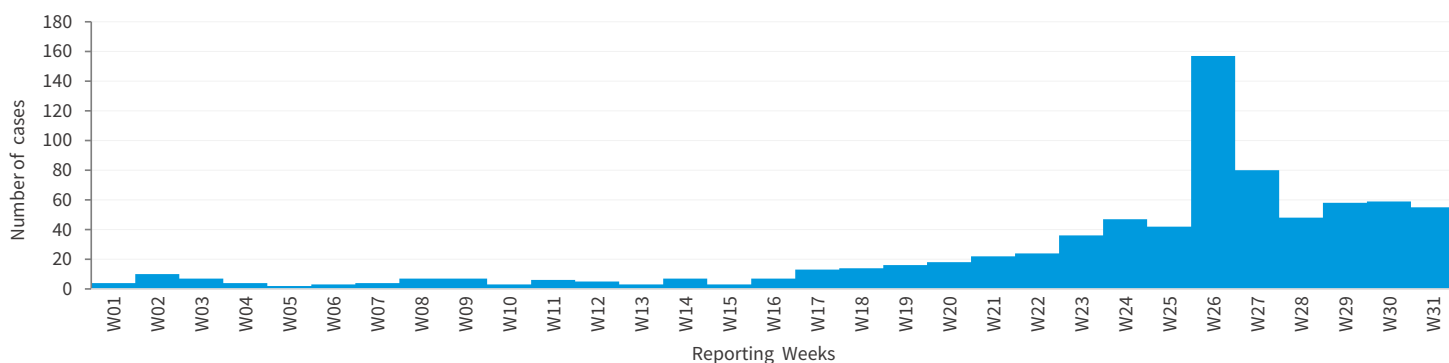


Figure 13. Comparison between the trends of suspected CCHF cases in 2024 vs 2023 and 3-years average (2020-2022)

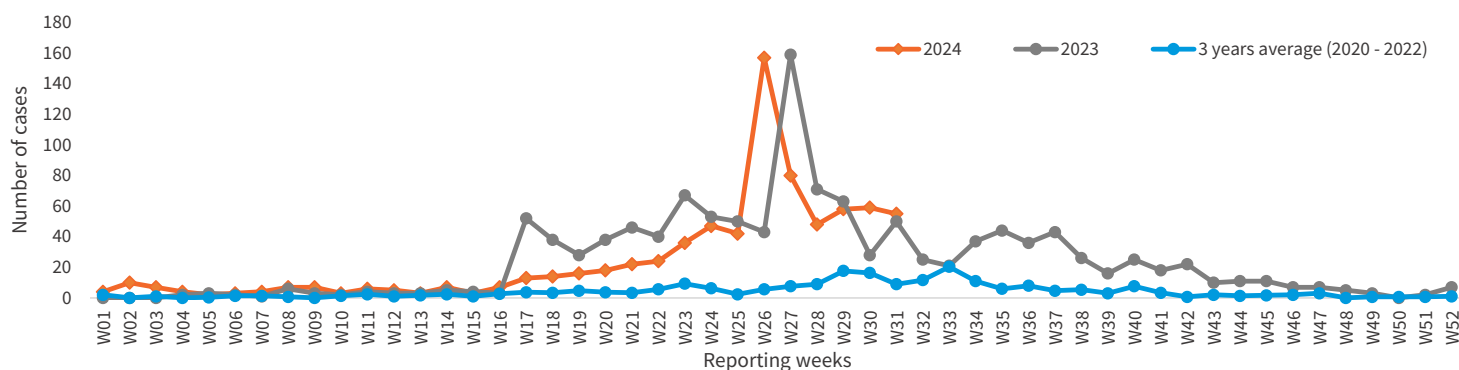
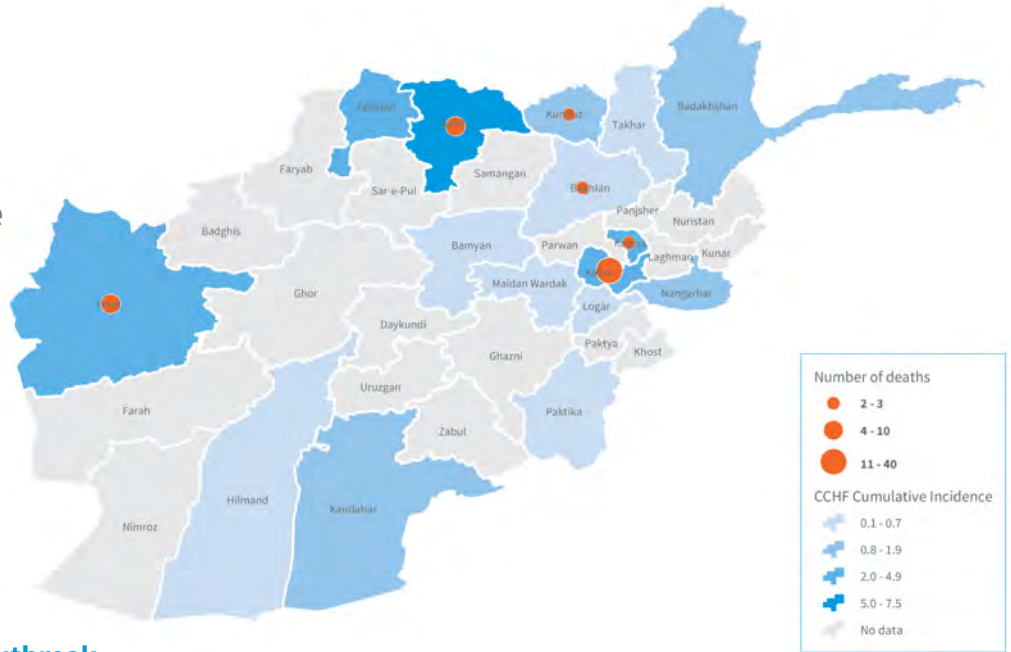




Figure 14. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 01 Jan – 03 Aug 2024

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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 –03 Aug 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 the 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/pfbid02cbTZc8dqXykBu6b2GJaRFuZiv81cDudvhZaGyAkhchNnHUBsmo9awi6DcfKK7dQYI>

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

Dengue Fever Outbreak (01 Jan-03 Aug 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 (09 Jun – 03 Aug 2024)

Indicators	W24	W25	W26	W27	W28	W29	W30	W31	Trend line
Suspected cases	46	22	34	42	67	50	122	114	
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, while a considerable increase is observed in the last 2 weeks 30 & 31-2024 (Figure 15).
- During week 31 of 2024, 114 suspected cases of dengue fever with no associated deaths were reported from Nangarhar province. This represents a 6.6% decrease 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 higher than the number of suspected cases reported in the corresponding week in 2023 (Figure 16).
- Since the beginning of 2024, a total of 1,516 suspected cases of dengue fever with no associated deaths were reported, out of which 850 (56.1%) were females, and 20 (1.3%) were under-five children. The geographical distribution and weekly change rate are shown in Figure 17.
- Since the beginning of 2024, a total of 642 samples have been tested, out of which 222 were positive by PCR (positivity rate 34.6%).

Figure 15. Weekly distribution of suspected dengue fever cases in Afghanistan 1 Jan – 03 Aug 2024, (N=1,516)

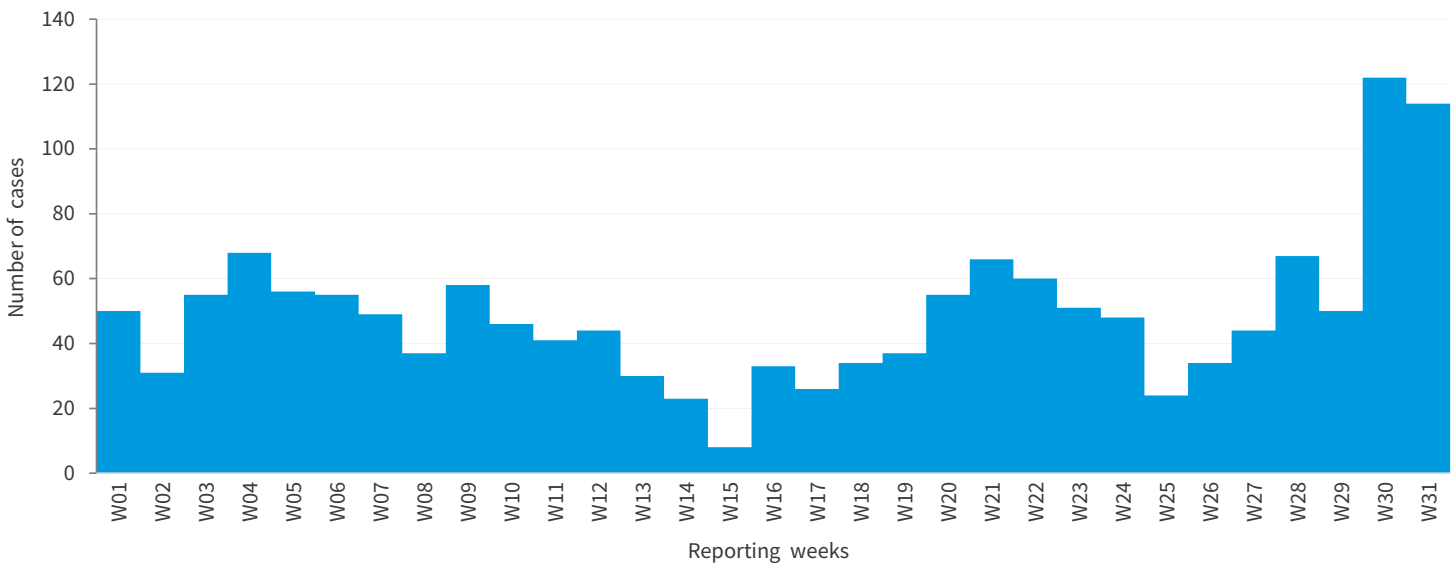


Figure 16. Comparison between the trends of suspected dengue fever cases in 2024 vs 2023 and 2-year average (2021-2022).

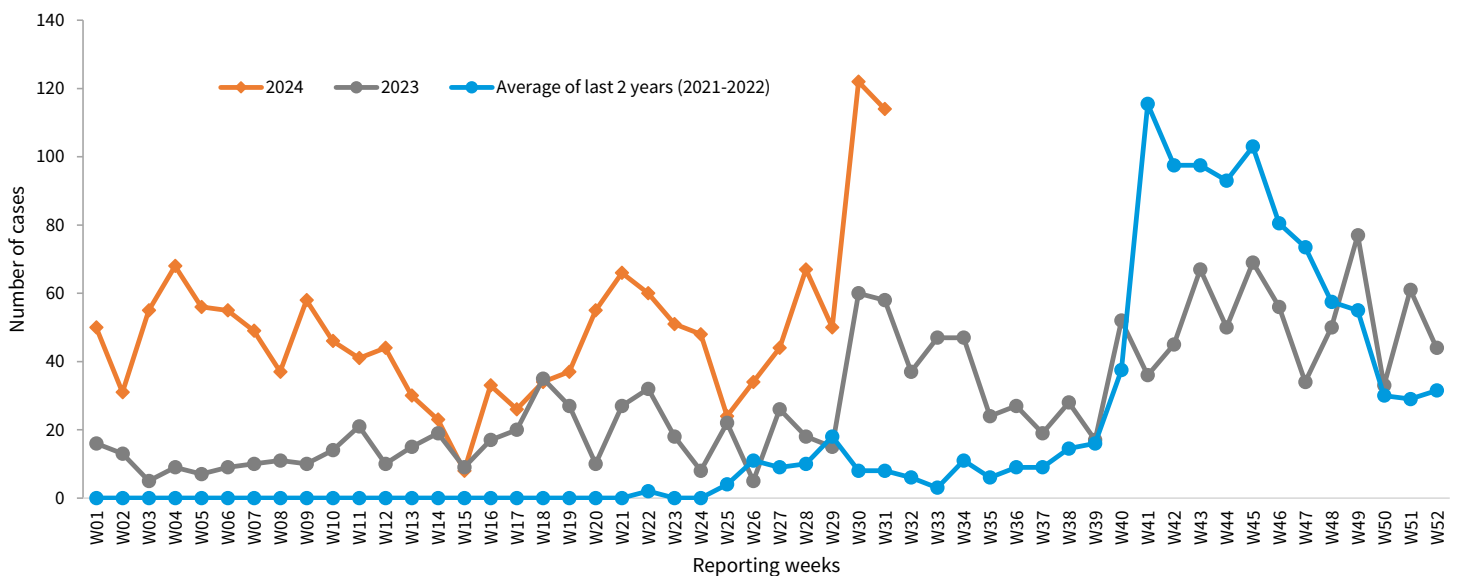
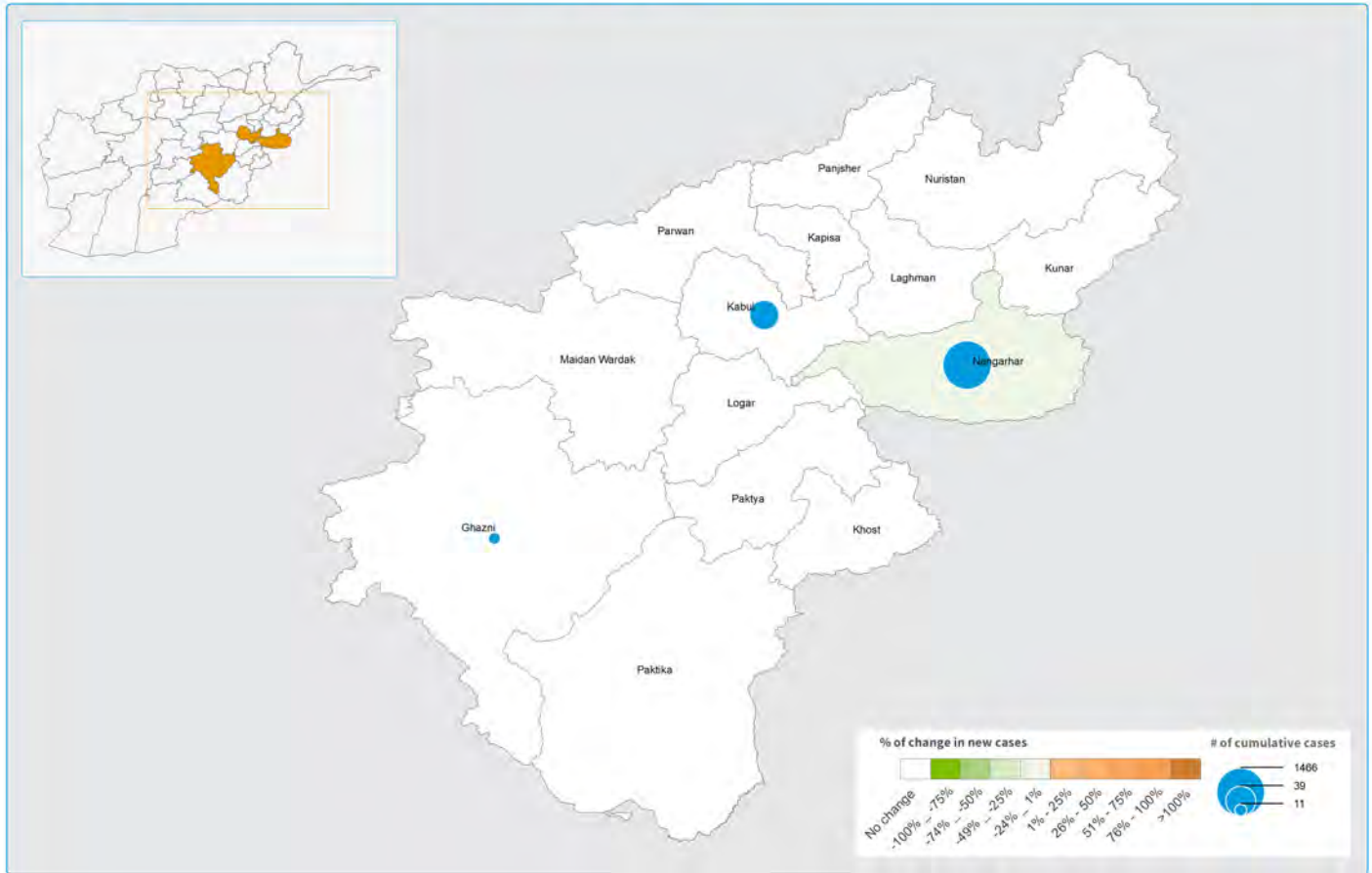




Figure 17. Geographical distribution of suspected dengue fever cases and percent change of new cases in Afghanistan, 01 Jan – 03 Aug 2024



Geographical distribution of suspected dengue fever cases in Nangarhar, Ghazni and Kabul provinces and weekly percent of changes (between weeks 30 and 31, 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: 03 Aug 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 males and 42 females), Southeast region (64 males and 43 females), and East region (104 males and 87 females).
- A total of 150 lab technicians of HFs of Kandahar (28), Southeast region (54), and East region (68) have been trained on dengue fever diagnosis.

Note: MOPH is the source of epidemiological data

Case definition & alert/outbreak thresholds

Contact us for further information:

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