World Health Organization
Afghanistan

AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS
SITUATION REPORT | Epidemiological week #32-2024

No. 32 (04 - 10 Aug 2024)

Disease Outbreaks	AWD with dehydration	Dengue fever (Suspected)	CCHF (Suspected)	Measles (Suspected)	COVID-19 (Confirmed)	Malaria (Confirmed)
Cumulative Cases 2024	108,149	1,644	816	44,346	9,419	38,592
Cumulative deaths 2024 (CFR %)	53 (0.05)	0 (0.0)	67(8.2)	198 (0.4)	47 (0.5)	1 (0.003)

(Data from 608 (99.2%) out of 613 sentinel sites)

Acute Watery Diarrhea (AWD) with Dehydration Outbreak

(01 Jan-10 Aug 2024)

108,149
Total AWD with dehydration cases

53
Total AWD with dehydration deaths

5,747
Samples tested for AWD with dehydration (RDTs)

793
RDT-positive cases for AWD with dehydration

13.8%
RDT positivity rate for AWD with dehydration

Table 1: Summary of the AWD with dehydration outbreak in the last eight weeks in Afghanistan (16 Jun – 10 Aug 2024)

Indicators	W25	W26	W27	W28	W29	W30	W31	W32	Trend line
Suspected cases	3,884	5,310	5,813	5,922	6,428	6,788	6,369	6,479	
Suspected deaths	3	4	2	6	1	1	2	3	
CFR (%)	0.1	0.1	0.0	0.1	0.0	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 1).
- During week 32-2024, 6,479 AWD with dehydration cases with 3 associated deaths were reported from 238 districts, which shows a slight increase in the number of cases compared to the previous week.
- The 3 new deaths were reported from 3 provinces: Badakhshan (1), Bamyan (1) and Kabul (1). Out of the total deaths, 2 were under-five and all were male.
- During week 32-2024, 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 (82.5) followed by Paktya (81.2), Logar (57.4), and Kabul (53.6) (Figure 2).
- Since the beginning of 2024, a total of 108,149 AWD with dehydration cases and 53 associated deaths (CFR=0.05%) were reported from 337 districts. Out of the total cases, 60,201 (55.7%) were under-five children, and 53,555 (49.5%) were females.
- Since the beginning of 2024, 5,747 Rapid Diagnostic Tests (RDTs) have been conducted on AWD with dehydration cases, of which 793 tests turned positive (positivity rate 13.8%).

Figure 1. Weekly distribution of AWD with dehydration cases in Afghanistan 01 Jan– 10 Aug 2024 (N=108,149)

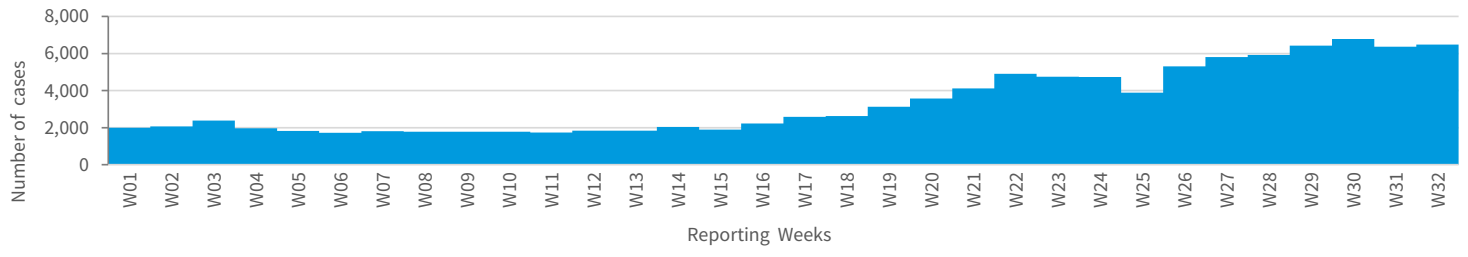

Figure 2. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 10 Aug 2024

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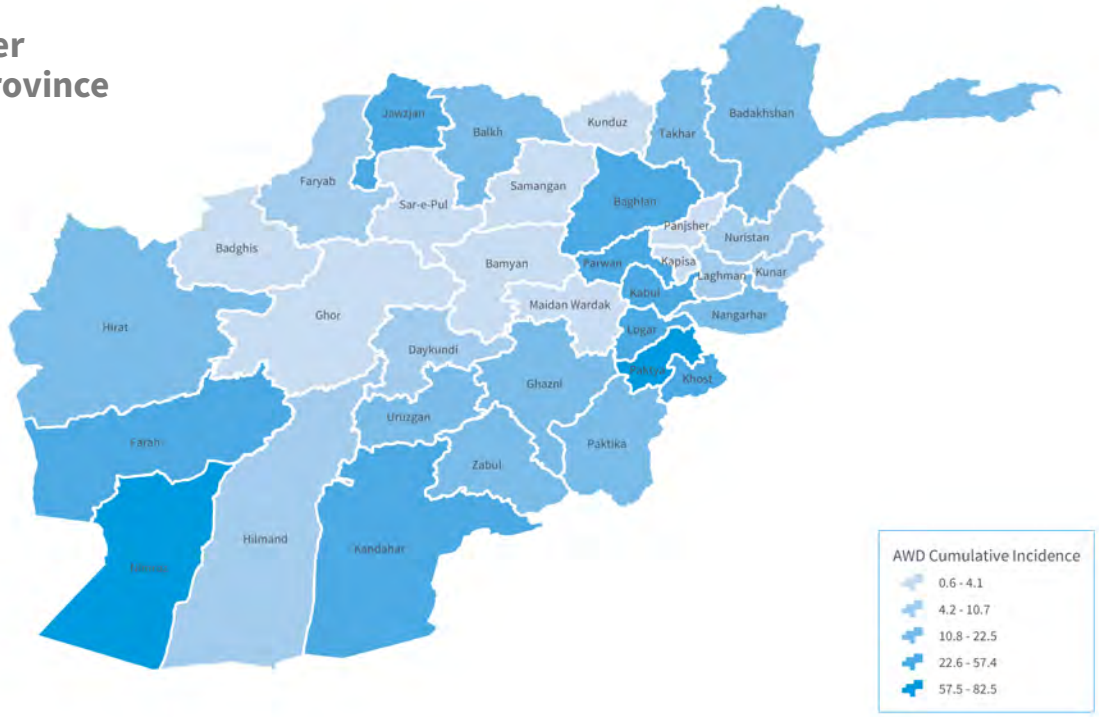
AWD with dehydration cumulative incidence per 10,000 population by province
01 Jan - 10 Aug 2024



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/kit) and 424 RDT kits have been distributed to 7 WHO sub-offices.
  - A total of 210 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), North region (35 including 5 females), 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:

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

Dengue Fever Outbreak

(01 Jan-10 Aug 2024)

1,644	0	*665	222	33.4%
Total Cases	Total Deaths	Sample tested	Lab confirmed cases	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

Table 2: Summary of the dengue fever outbreak in the last eight weeks in Afghanistan (16 Jun – 10 Aug 2024)

Indicators	W25	W26	W27	W28	W29	W30	W31	W32	Trend line
Suspected cases	24	34	44	67	50	122	114	128	
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 fluctuation until week 26, followed by a sharp increase, peaking at 128 cases in week 32-2024 which should be closely monitored (Figure 3).
- During week 32 of 2024, 128 suspected cases of dengue fever with no associated deaths were reported from Nangarhar province. This represents a 12.3% 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 higher than the number of suspected cases reported in the corresponding week in 2023 (Figure 4).
- Since the beginning of 2024, a total of 1,644 suspected cases of dengue fever with no associated deaths were reported, out of which 900 (54.7%) were females, and 26 (1.6%) were under-five children. The geographical distribution and weekly change rate are shown in Figure 5.
- Since the beginning of 2024, a total of 665 samples have been tested, out of which 222 were positive by PCR (positivity rate 33.4%).

Figure 3. Weekly distribution of suspected dengue fever cases in Afghanistan 1 Jan – 10 Aug 2024, (N=1,644)

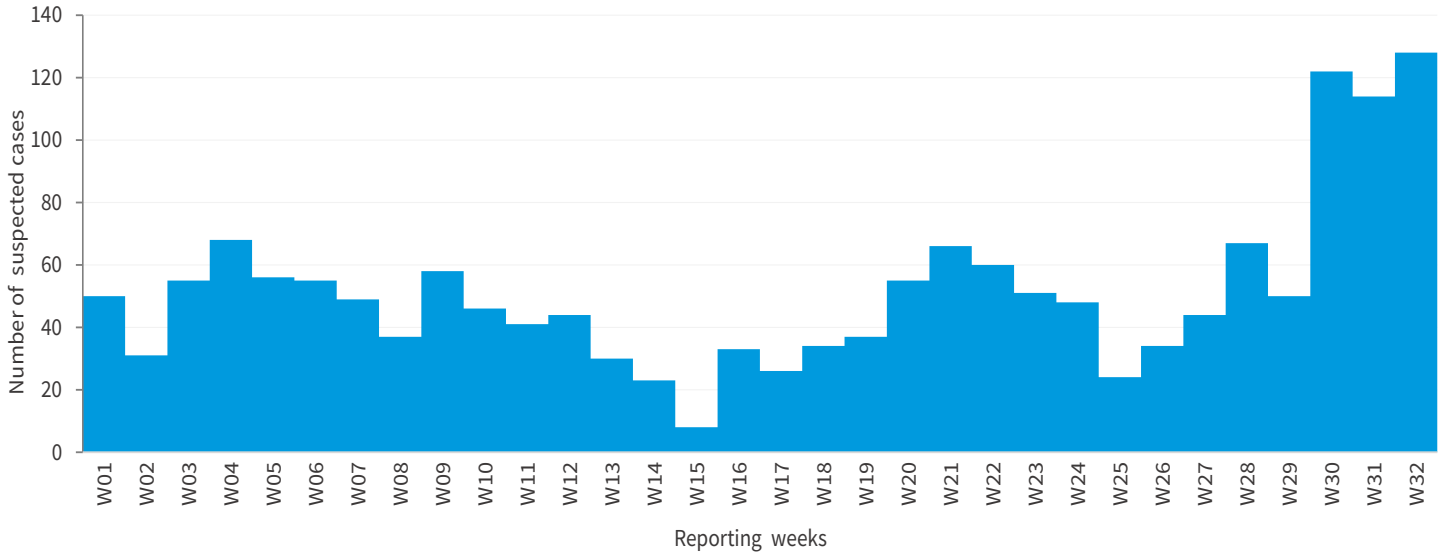


Figure 4. Comparison between the trends of suspected dengue fever cases in 2024 vs 2023 and 2-year average (2021-2022).

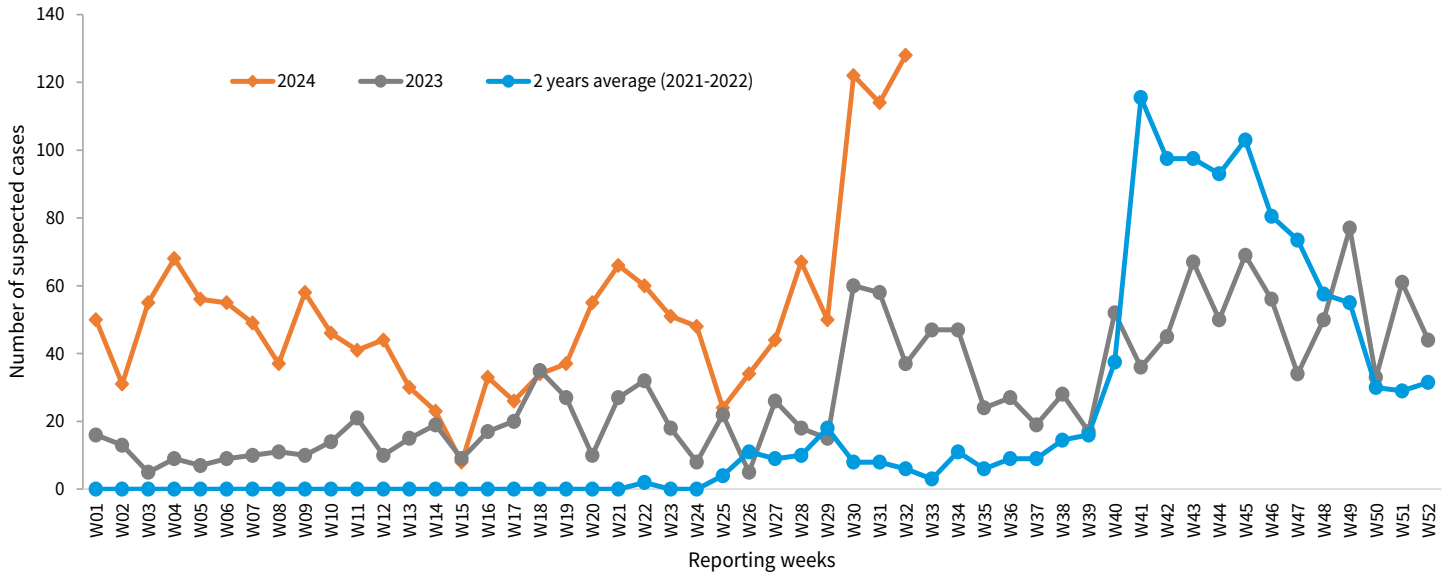
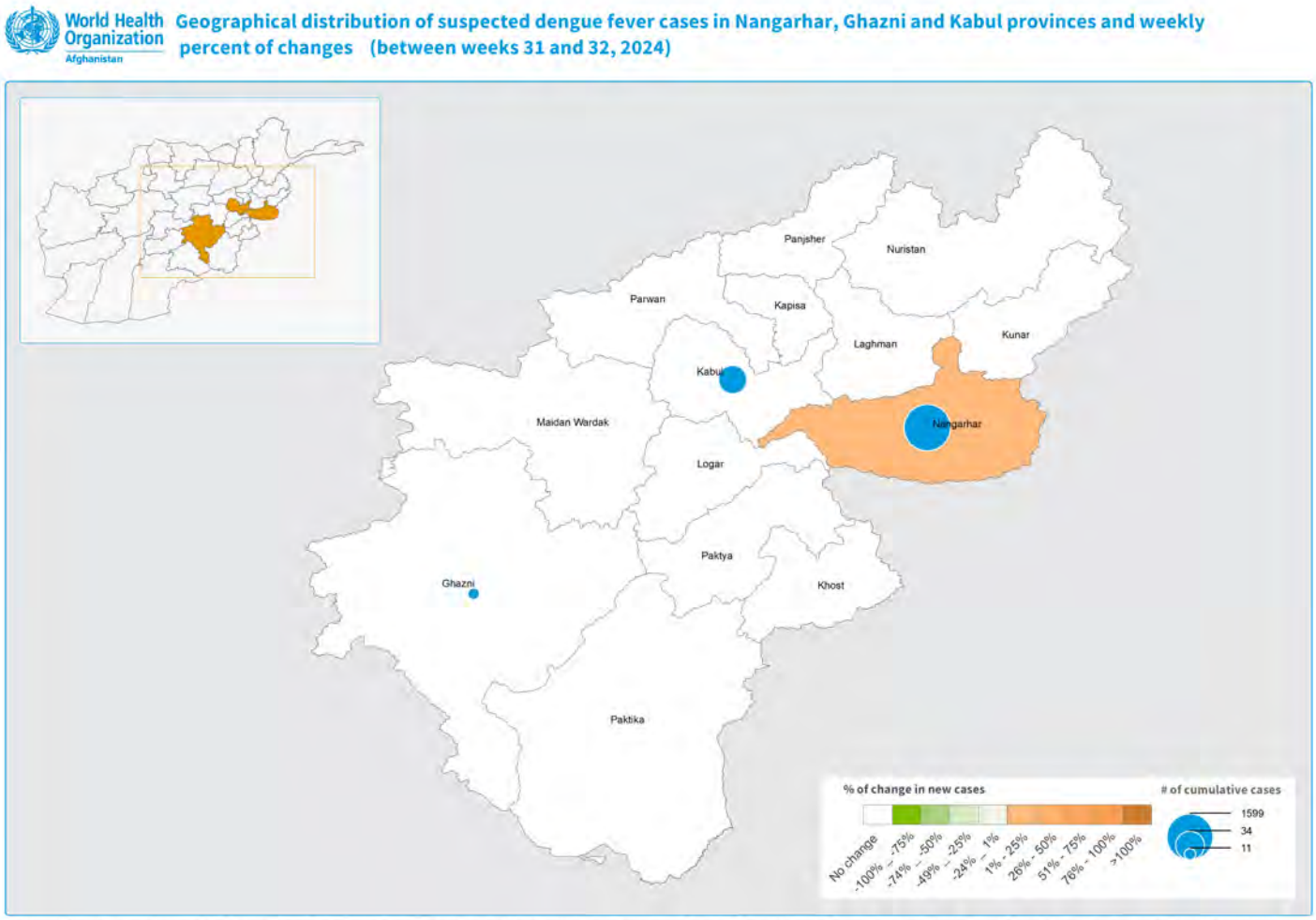


Figure 5. Geographical distribution of suspected dengue fever cases and percent change of new cases in Afghanistan, 01 Jan – 10 Aug 2024



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.

Outbreak of Crimean Congo Hemorrhagic Fever (CCHF)

(01 Jan - 10 Aug 2024)

816 Total CCHF cases

67 Total CCHF deaths

***559** Samples tested for CCHF

***214** Lab-confirmed CCHF cases

38.3% CCHF test positivity rate

**Data entry errors were experienced during week 31-2024 and the number of samples collected, and lab-confirmed CCHF cases were corrected from 623 to 551 and from 204 to 207, respectively.*

Table 3: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (16 Jun – 10 Aug 2024)

Indicators	W25	W26	W27	W28	W29	W30	W31	W32	Trend line
Suspected cases	42	157	80	48	58	59	56 *	44	
Suspected deaths	4	17	13	2	6	3	3	4	
CFR (%)	9.5	10.8	16.3	4.2	10.3	5.1	5.4	9.1	

**A delayed reporting was experienced during week 31-2024 and the number of suspected CCHF case was modified from 55 to 56.*

- 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 4 weeks, a stabilization at a relatively high level was observed (Figures 6 & 7).
- During week 32-2024, 44 new suspected CCHF cases with 4 associated deaths were reported, which shows a 21.4% decrease in the number of suspected CCHF cases compared to the preceding week (Table 3).
- The 4 new deaths were reported from Herat (2), Kabul (1), and Balkh (1); all deaths were above five years of age, while one was female.
- Since the beginning of 2024, a total of 816 suspected cases of CCHF with 67 associated deaths (CFR=8.2%) were reported. Out of the total cases, 815 (99.9%) were over-five, while 245 (30.0%) were females.
- The 67 deaths were mostly over five years old (66, 98.5%), while 15 (22.4%) were females. Deaths were reported from 6 provinces Kabul (41), Balkh (11), Herat (8), Kunduz (3), Kapisa (2), and Baghlan (2).
- Since the beginning of 2024, a total of 559 samples of suspected CCHF cases have been tested, out of which 214 were positive (positivity rate 38.3%) from 12 provinces.
- The positive cases were reported from Kabul (143), Balkh (24), Kunduz (17), Herat (10), Kapisa (6), Takhar (3), Baghlan (3), Nangarhar (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 (7.7) followed by Kabul (5.1), Kapisa (4.3), and Jawzjan (3.6) provinces (Figure 8).

Figure 6: Weekly distribution of suspected CCHF cases in Afghanistan 01 Jan –10 Aug 2024, (N=816)

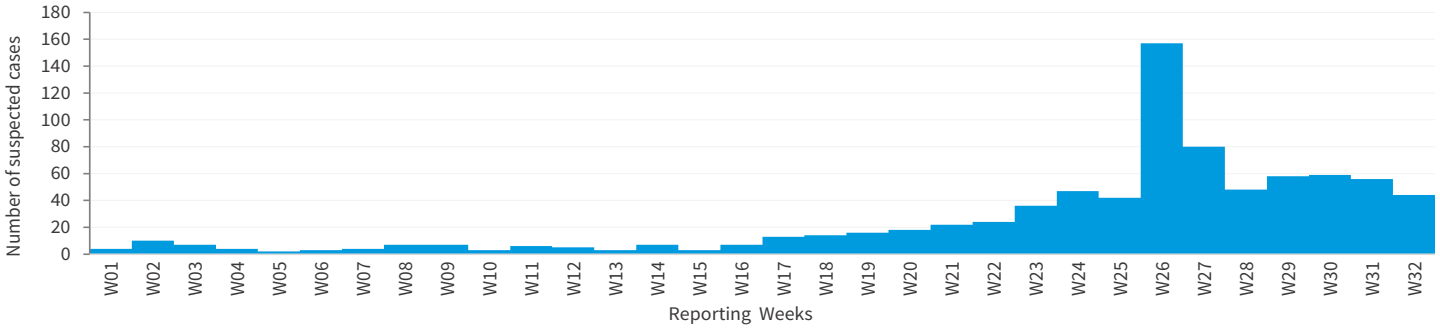


Figure 7. Comparison between the trends of suspected CCHF cases in 2024 vs 2023 and 3-years average (2020-2022)

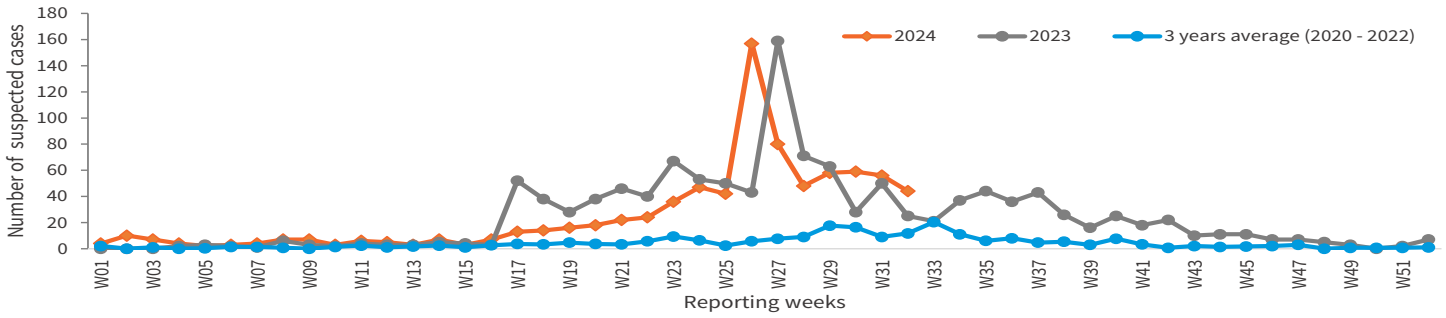


Figure 8. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 01 Jan – 10 Aug 2024

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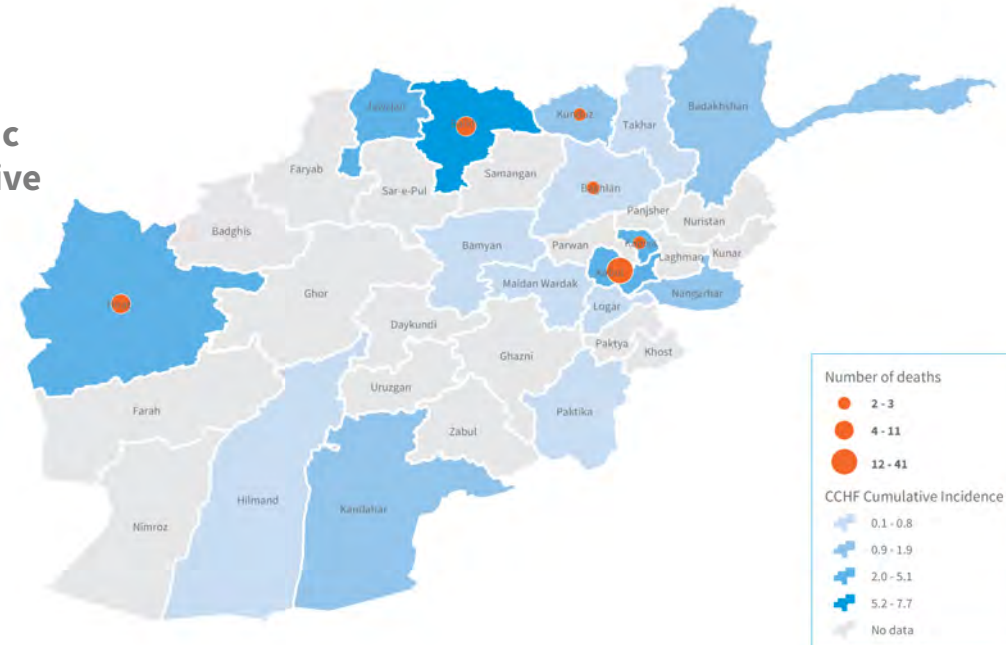
Crimean-Congo Hemorrhagic Fever (CCHF) cases cumulative incidence per 100,000 population by province and provincial distribution of deaths 01 Jan –10 Aug 2024



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.
- 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.

Measles Outbreak

(01 Jan-10 Aug 2024)

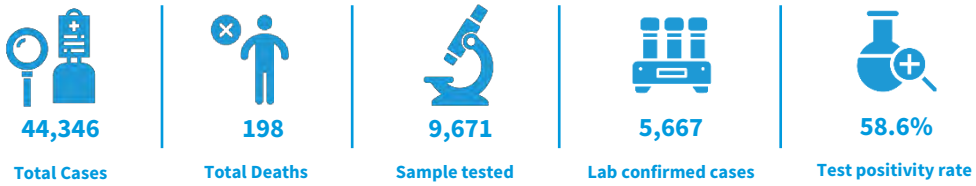


Table 4: Summary of the measles outbreak in the last eight weeks in Afghanistan (16 Jun – 10 Aug 2024)

Indicators	W25	W26	W27	W28	W29	W30	W31	W32	Trend line
Suspected cases	1,451	1,687	1,600	1,634	1,571	1,504	1,470	1,546	
Suspected deaths	4	4	13	7	3	8	10	10	
CFR (%)	0.3	0.2	0.8	0.4	0.2	0.5	0.7	0.6	

- The epidemiological curve of suspected measles cases demonstrates an increasing trend since the beginning of 2024, peaking around week 22, with a slight decline noticed between weeks 29-31, while an increase observed during week 32 that should be monitored closely (Figure 9). The trend in 2024 is higher than that reported in 2023 and the 2-year average before 2021-2022 outbreak (Figure 10).
- During week 32-2024, a total of 1,546 suspected cases and 10 associated deaths were reported. This shows a 5.2% increase in the number of suspected measles cases compared to the preceding week.
- The 10 deaths were reported from 5 provinces: Kunduz (3), Herat (3), Helmand (2), Badghis (1), and Badakhshan (1). Out of total deaths, 8 were under-five and 3 were females.
- Since the beginning of 2024, a total of 44,346 suspected measles cases and 198 deaths (CFR=0.4%) were reported. Among suspected measles cases, 35,508 (80.1%) were under-five children, and 20,126 (45.4%) were females.
- Since the beginning of 2024, Khost has reported the highest cumulative incidence of suspected measles cases per 10,000 population (54.9), followed by Balkh (26.8), Samangan (20.0), and Jawzjan (19.8) (Figure 11).

Figure 9. Weekly distribution of suspected measles cases in Afghanistan, 01 Jan to 10 Aug 2024 (N= 44,346)

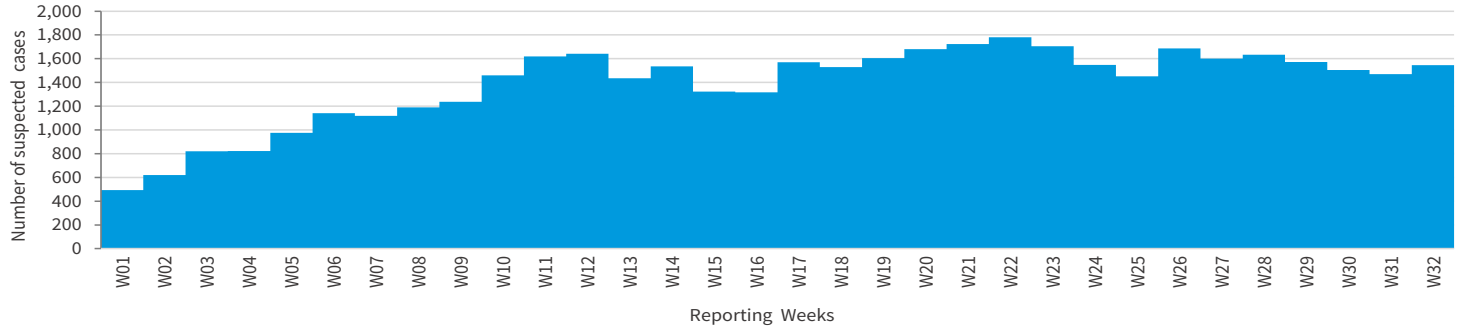


Figure 10. Comparison between the trends of suspected measles cases in 2024 vs 2023 and 2-year average (2019-2020)

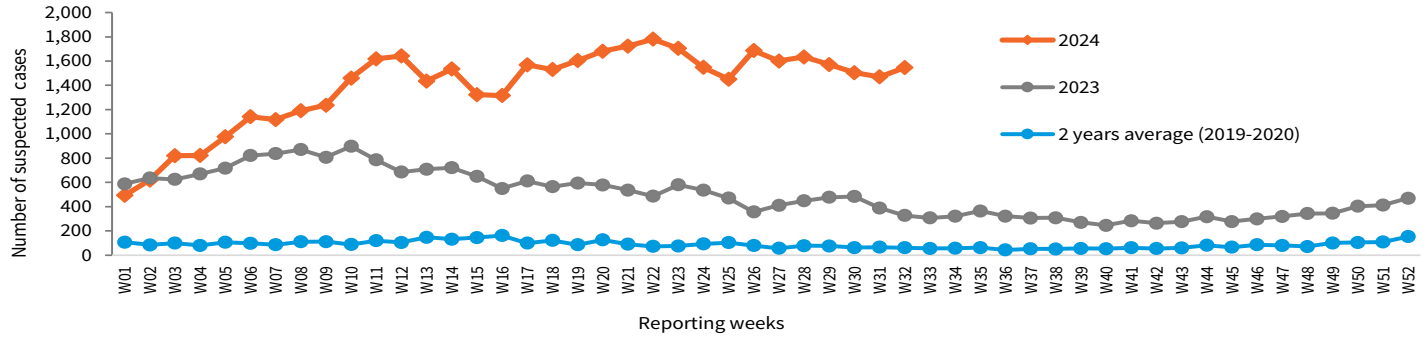


Figure 11. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 01 Jan-10 Aug 2024

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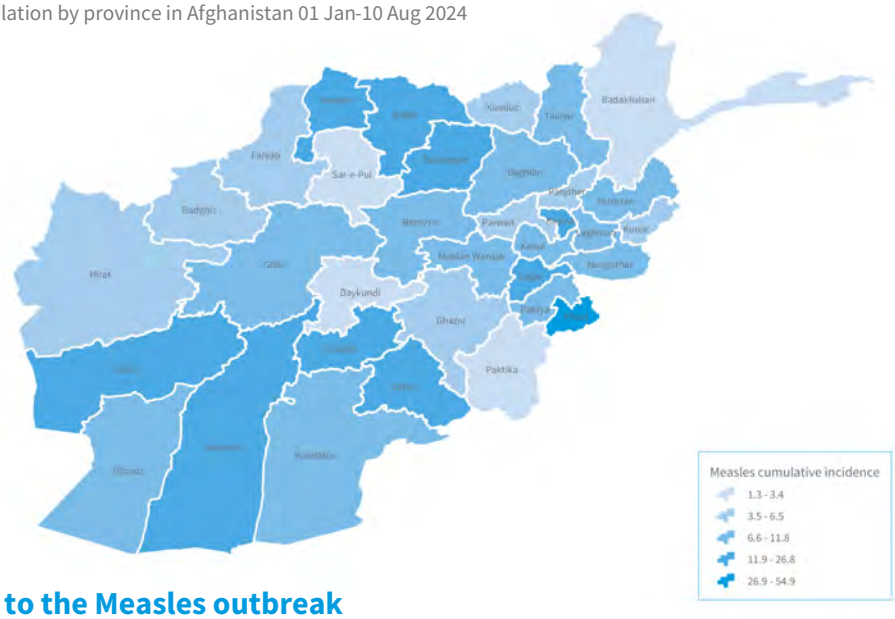
Suspected measles cumulative incidence per 10,000 population by province

01 Jan—10 Aug 2024



Updates on the preparedness and response to the Measles outbreak

- During week 32-2024, a total of 1,848 children aged 9-59 months in 8 provinces (Kunduz, Urozgan, Helmand, Kabul, Nuristan, Badghis, Khost and Badakhshan) received measles vaccine as part of outbreak response immunization activities. This brings the total number of children vaccinated in outbreak response immunization to 22,283 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, Bamyan, Parwan, Panjshir, Urozgan, Paktya, Paktika, Ghazni, Baghlan, Nuristan, Samangan, and Badghis).

COVID-19

(24 Feb 2020 — 10 Aug 2024)

Cumulative samples tested
1,026,050
In public laboratories

New samples tested in week 32
2,140
In public laboratories
+5.9%

Cumulative confirmed cases
240,106
Cumulative percent positivity (23.4%)

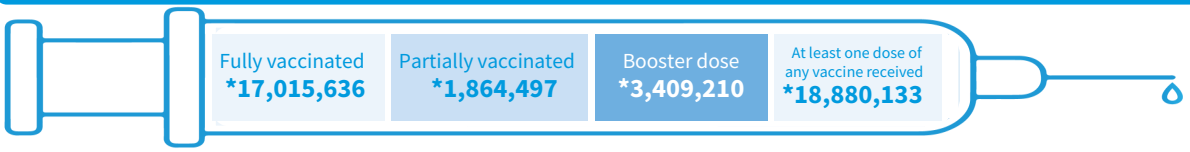
New confirmed cases in week 32
198
Weekly percent positivity (9.3%)
+4.8%

Cumulative confirmed deaths
8,019
CFR (3.3%)

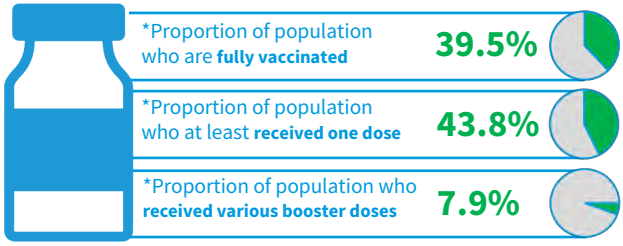
New confirmed deaths in week 32
0
Week 32 CFR (0.0%)
-100.0%

Key: ● Increasing ● Decreasing ● No change

COVID-19 Vaccination highlights



Note: During July 2024, around 34,532 doses of various COVID-19 vaccines have been administered which shows a 38.2% decrease compared to June 2024.



** The denominator is 43,100,596 based on OCHA estimation 2024*

Table 5: Summary of COVID-19 indicators in the last 8 weeks in (16 Jun – 10 Aug 2024)

Indicators	W25	W26	W27	W28	W29	W30	W31	W32	Trend line
Samples tested (in public Labs)	218	2,479	2,201	2,416	1,945	1,818	2,020 *	2,140	
Confirmed cases	21	238	151	184	156	127	189 *	198	
Percent positivity (%)	9.6	9.6	6.9	7.6	8.0	7.0	9.4	9.3	
Deaths	2	0	1	2	2	1	3	0	
CFR (%)	9.5	0.0	0.7	1.1	1.3	0.8	1.6	0.0	

**A delayed reporting was experienced during week 31 and the number of samples tested and confirmed COVID-19 cases were modified from 1,611 to 2,020 and from 127 to 189, 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 12 & 13).
- During week 32-2024, a total of 2,140 samples were tested in public labs, of which 198 were positive for COVID-19 (positivity rate 9.3%) with no associated deaths. The number of positive cases shows a slight increase compared to the preceding week (Table 5 and Figure 13).
- Since the beginning of 2024, a total of 9,419 COVID-19 confirmed cases and 47 deaths (CFR=0.5%) have been reported. Out of the total cases, 5,084 (54.0%) were females while females represented around 3 quarters of deaths (35 - 74.5%).
- During week 32-2024, among 198 confirmed cases, 4 (2.0%) were hospitalized, while no cases were admitted to ICU (Figure 14).
- Since the beginning of 2024, a total of 80,449 samples of COVID-19 have been tested by public health laboratories across the country, out of which 9,419 were positive (positivity rate 11.7%), while the overall number of COVID-19 samples tested by public health laboratories reached to 1,026,050 since the beginning of the pandemic in February 2020.

Figure 12. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 24 Feb 2020 –10 Aug 2024 (cases= 240,106, deaths=8,019)

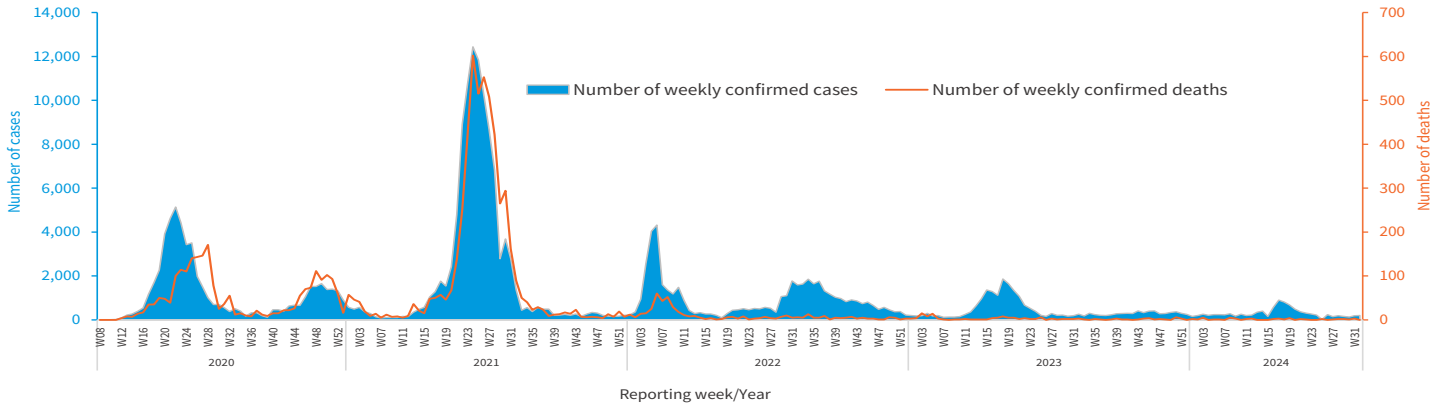


Figure 13. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 01 Jan – 10 Aug 2024 (cases=9,419, deaths=47)

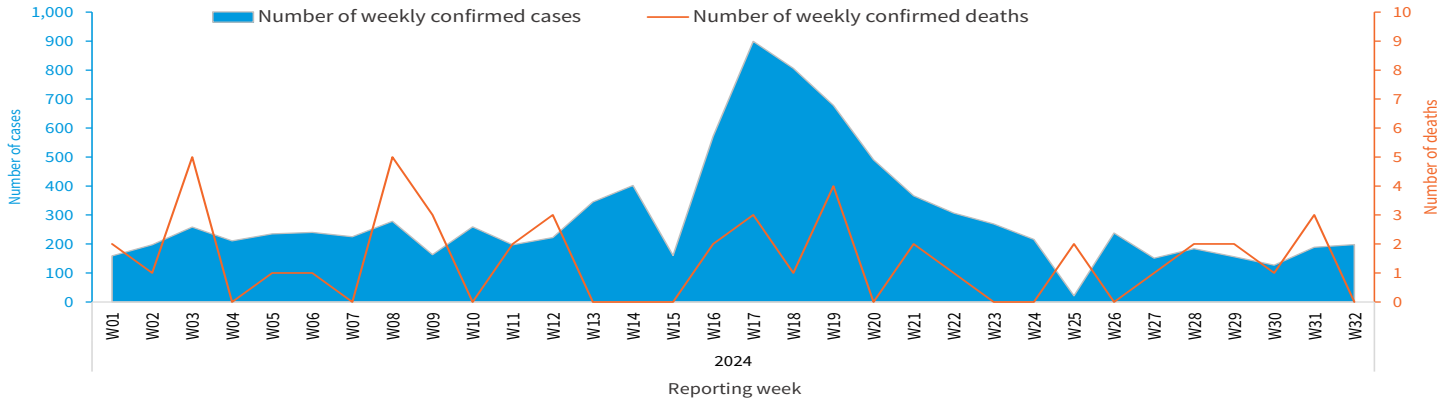
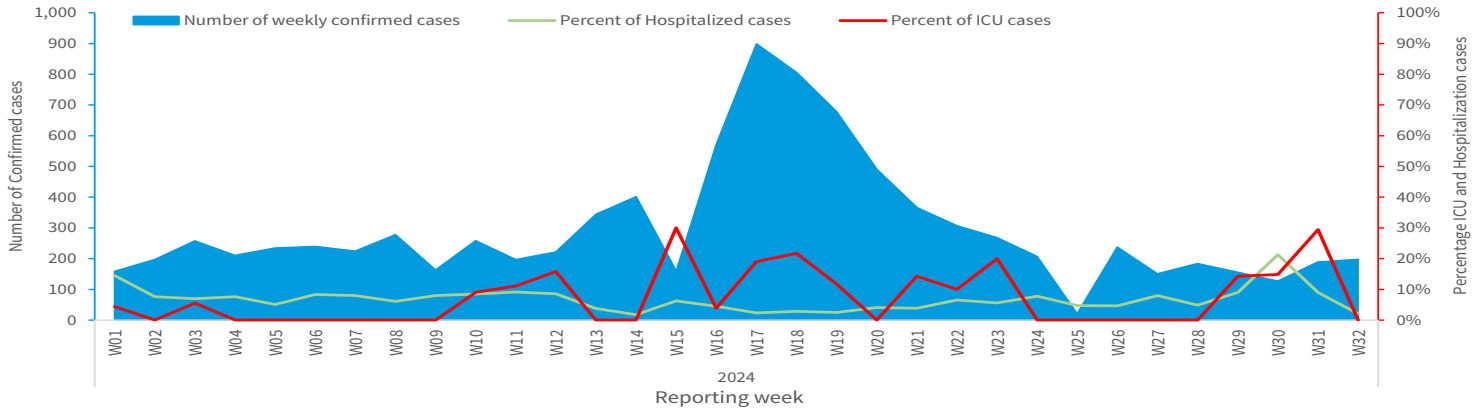


Figure 14. The weekly proportion of hospitalized and ICU cases and the number of confirmed COVID-19 cases in Afghanistan between 01 Jan-10 Aug 2024*



**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).

Confirmed Malaria Outbreak

(01 Jan-10 Aug 2024)

38,592
Total confirmed Malaria Cases

1 (0.003)
Total malaria deaths (CFR %)

Table 6: Summary of the confirmed malaria outbreak in the last eight weeks in Afghanistan (16 Jun – 10 Aug)

Indicators	W25	W26	W27	W28	W29	W30	W31	W32	Trend line
Confirmed cases	1,241	2,481	2,498	2,774	2,426	2,509	2,494	2,931	
Confirmed 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 of confirmed malaria cases shows a gradual increase, with the peak reached during week 32-2024 indicating a significant increase compared to the previous week and recording the highest number of confirmed cases since the beginning of 2024 (Figure 15).
- During week 32-2024, 2,931 confirmed cases with no associated deaths were reported from 21 provinces, which shows a 17.5% increase in the number of cases compared to the previous week.
- Since the beginning of 2024, a total of 38,592 confirmed malaria cases with one associated death were reported from 32 provinces. Out of the total cases, 8,104 (21.0%) were under-five children, and 18,114 (46.9%) were females.
- The highest cumulative incidence of malaria per 10,000 population was reported from Nuristan (250.0) followed by Kunar (170.0), Laghman (77.3), and Nangarhar (43.6) (Figure 16).

Figure 15. Weekly distribution of confirmed malaria cases in Afghanistan, 01 Jan – 10 Aug 2024 (N=38,592)

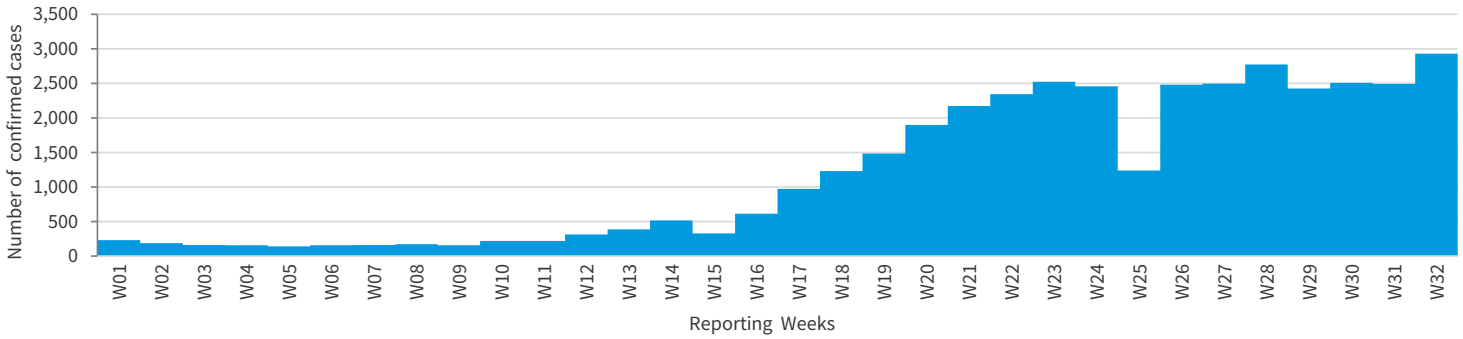


Figure 16. Confirmed malaria cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 10 Aug 2024

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Confirmed malaria cumulative Incidence per 10,000 population by province

01 Jan-10 Aug 2024

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) – (emacoafgihpt@who.int)