



AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #33-2024

No. 33 (11 - 17 Aug 2024)

Disease Outbreaks

Cumulative Cases 2024

Cumulative deaths 2024 (CFR %)

AWD with dehydration

114,230

56 (0.05)

Dengue fever
(Suspected)

1,721

0 (0.0)

CCHF
(Suspected)

867

73 (8.4)

Measles
(Suspected)

45,716

206 (0.5)

COVID-19
(Confirmed)

9,553

51 (0.5)

Malaria
(Confirmed)

41,036

2 (0.005)

(Data from 601 (98.1%) out of 613 sentinel sites)

Acute Watery Diarrhea (AWD) with Dehydration Outbreak (01 Jan-17 Aug 2024)

114,230
Total AWD with dehydration cases

56
Total AWD with dehydration deaths

5,972
Samples tested for AWD with dehydration (RDTs)

835
RDT-positive cases for AWD with dehydration

14.0%
RDT positivity rate for AWD with dehydration

Table 1: Summary of the AWD with dehydration outbreak in the last eight weeks in Afghanistan (23 Jun – 17 Aug 2024)

Indicators	W26	W27	W28	W29	W30	W31	W32	W33	Trend line
Suspected cases	5,310	5,813	5,922	6,428	6,788	6,369	6,479	6,081	
Suspected deaths	4	2	6	1	1	2	3	3	
CFR (%)	0.08	0.03	0.10	0.02	0.01	0.03	0.05	0.05	

- The epi curve shows a considerable increase since week 16-2024; however, stabilization at a higher level has been observed in the past 3 weeks. 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 33-2024, 6,081 AWD with dehydration cases with 3 associated deaths were reported from 230 districts, which shows a 6.1% decrease in the number of cases compared to the previous week.
- The 3 new deaths were reported from 2 provinces: Kabul (2) and Badakhshan (1). Out of the total deaths, 2 were under-five while one was female.
- During week 33-2024, 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 (87.3) followed by Paktya (86.6), Logar (63.8), and Kabul (56.5) (Figure 2).
- Since the beginning of 2024, a total of 114,230 AWD with dehydration cases and 56 associated deaths (CFR=0.05%) were reported from 339 districts. Out of the total cases, 63,591 (55.7%) were under-five children, and 56,487 (49.5%) were females.
- Since the beginning of 2024, 5,972 Rapid Diagnostic Tests (RDTs) have been conducted on AWD with dehydration cases, of which 835 tests turned positive (positivity rate 14.0%) (Figure 3)

Figure 1. Weekly distribution of AWD with dehydration cases in Afghanistan 01 Jan – 17 Aug 2024 (N=114,230)

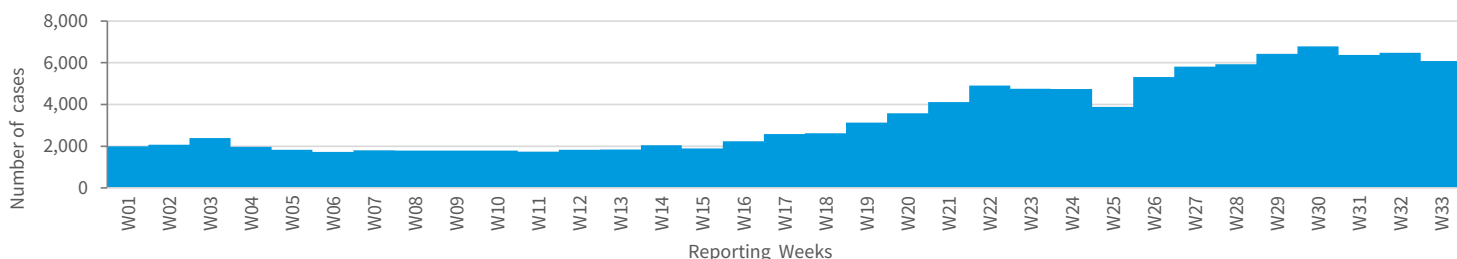




Figure 2. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 17 Aug 2024

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AWD with dehydration cumulative incidence per 10,000 population by province 01 Jan - 17 Aug 2024

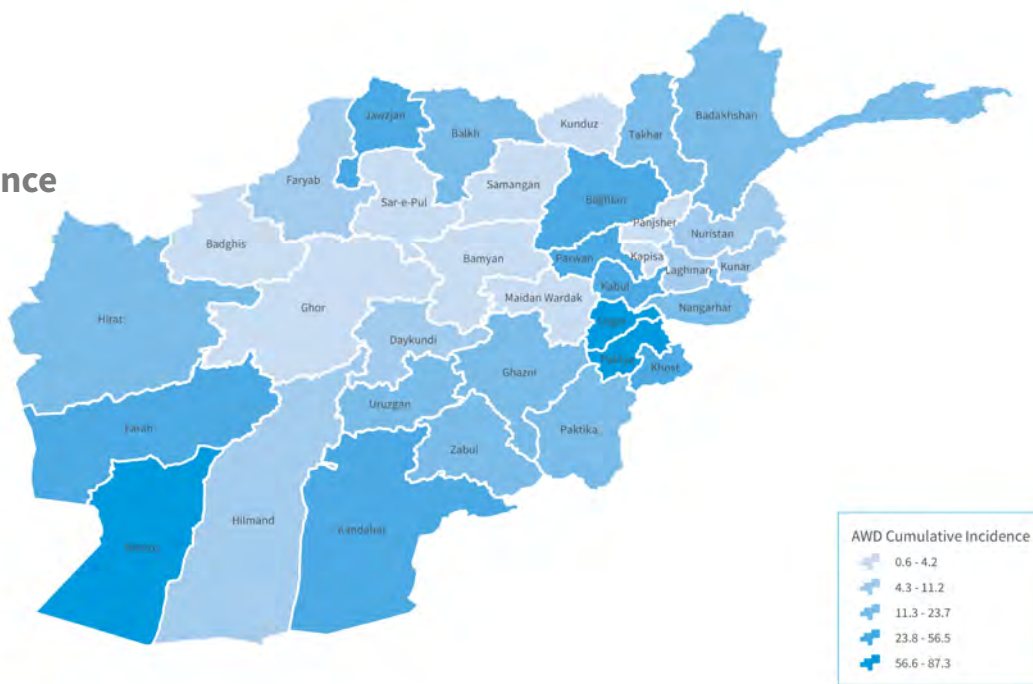
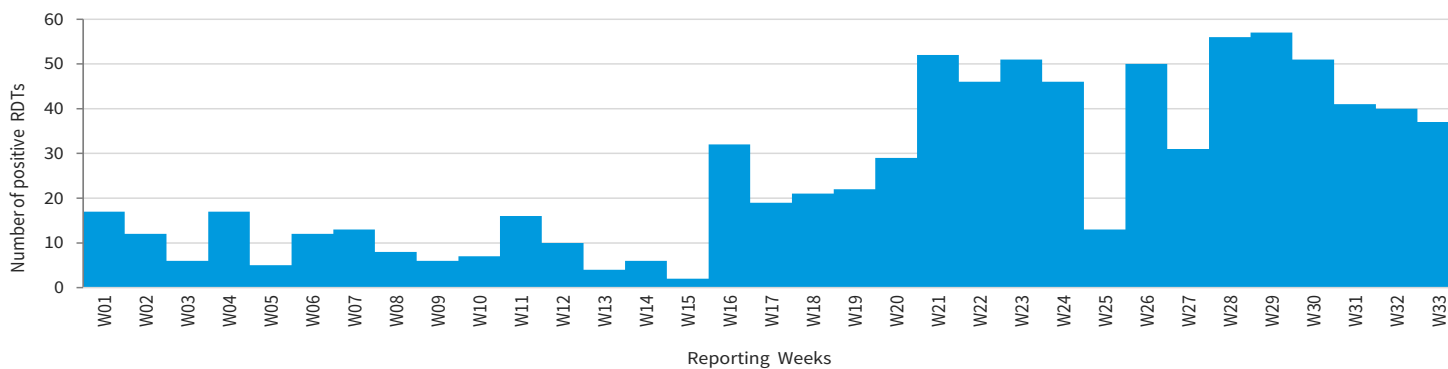


Figure 3. The epidemiological curve of positive RDT of AWD with dehydration in Afghanistan 01 Jan – 17 Aug 2024



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

- During week 33-2024, a total of 134 surveillance sentinel sites’ focal points from 4 provinces of the central region (Kabul, Kapisa, Logar, Panjshir) have been trained on automated data analysis and visualization, and developing dashboards as part of the second phase of e-surveillance training.
- 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 125 case management kits have been distributed to AWD with dehydration-targeted areas.
 - A total of 210 HCWs have been trained on AWD with dehydration case management in 5 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.

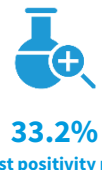
WASH update:

During the first two weeks of August (01 – 15 Aug 2024), the following activities were conducted as WASH response:

- Water Supply system rehabilitation in Balkh, benefiting 5,048 beneficiaries.
- Construction of sanitation facilities in Balkh, reaching 2,260 beneficiaries

Dengue Fever Outbreak

(01 Jan-17 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 2: Summary of the dengue fever outbreak in the last eight weeks in Afghanistan (23 Jun – 17 Aug 2024)

Indicators	W26	W27	W28	W29	W30	W31	W32	W33	Trend line
Suspected cases	34	42	67	50	122	114	128	77	
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 an increase since then, peaking at 128 cases in week 32-2024, while a significant decrease has been observed in week 33 (Figure 4).
- During week 33 of 2024, 77 suspected cases of dengue fever with no associated deaths were reported from Nangarhar province. This represents a 39.8% 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 5).
- Since the beginning of 2024, a total of 1,721 suspected cases of dengue fever with no associated deaths were reported, out of which 932 (54.2%) were females, and 29 (1.7%) were under-five children. The geographical distribution and weekly change rate are shown in Figure 6.
- Since the beginning of 2024, a total of 693 samples have been tested, out of which 230 were positive by PCR (positivity rate 33.2%) (Figure 7).

Figure 4. The epidemiological curve of suspected dengue fever cases in Afghanistan 1 Jan – 17 Aug 2024, (N=1,721)

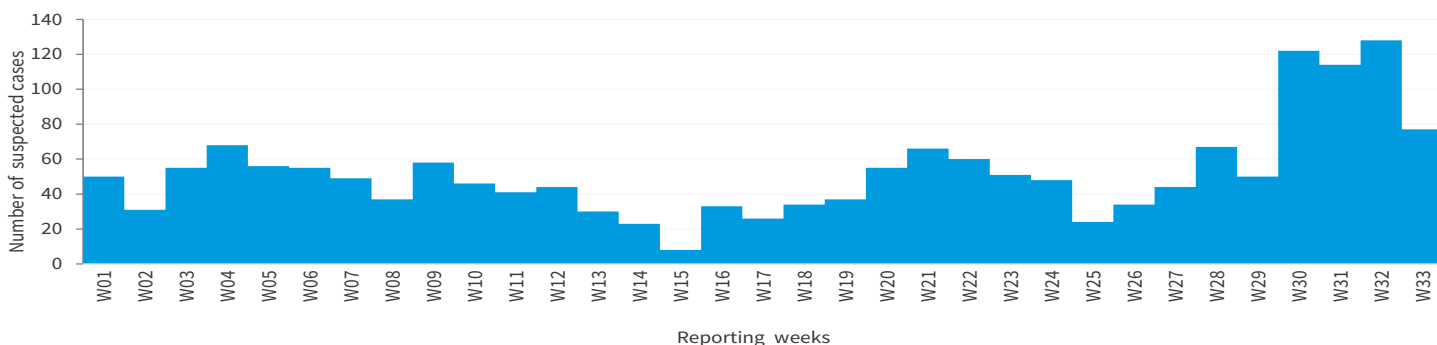


Figure 5. Comparison between the trends of suspected dengue fever cases in 2024 vs 2023 and 2-year average (2021-2022).

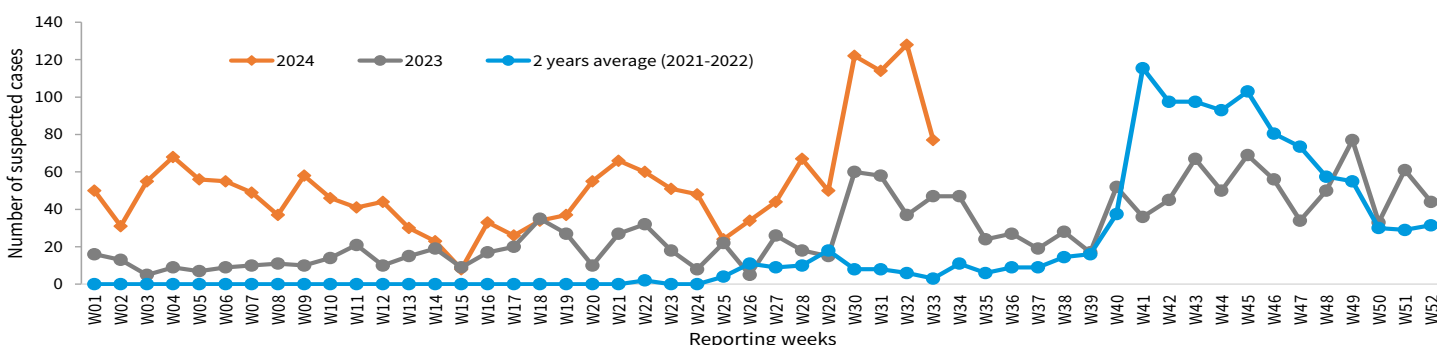
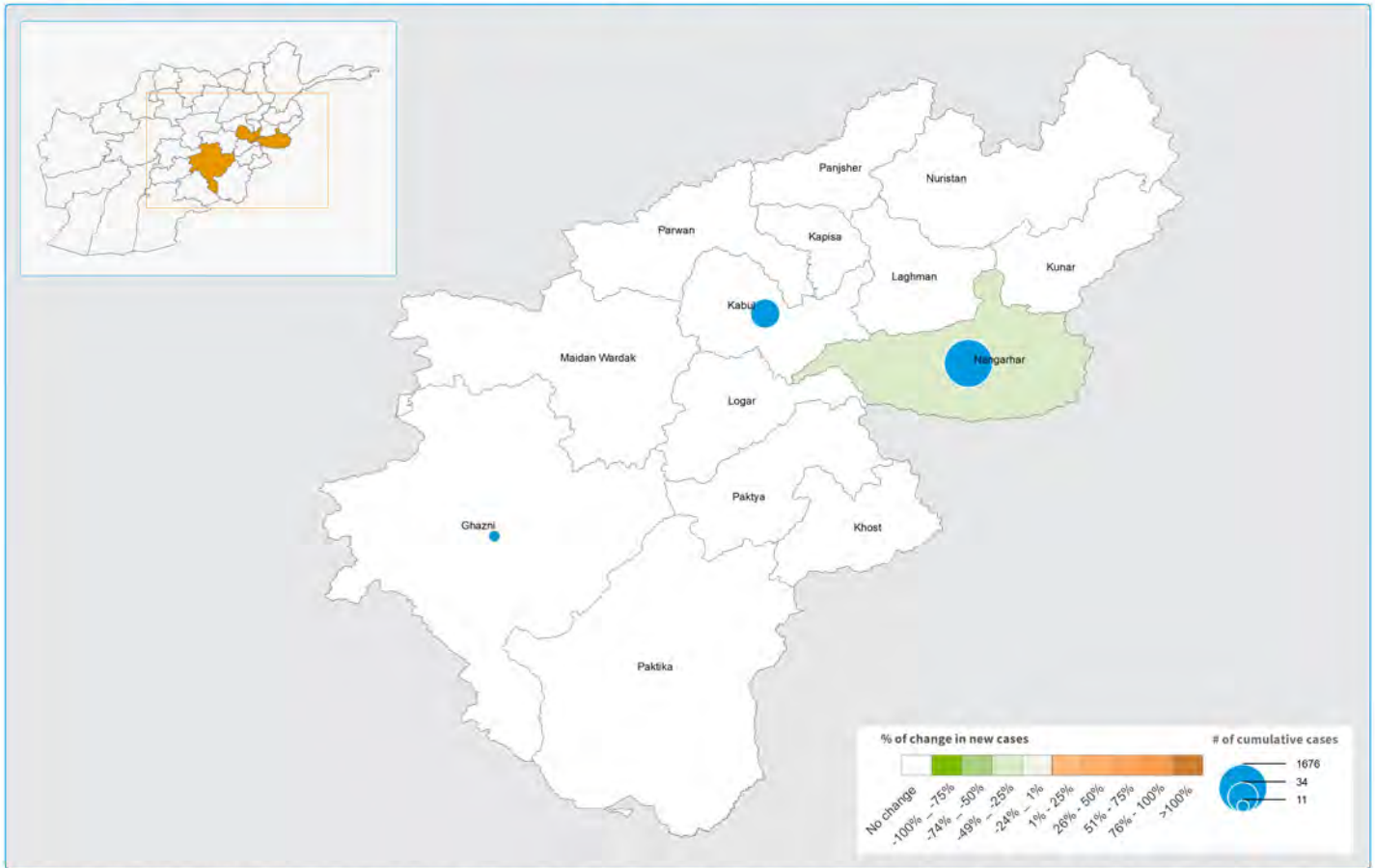




Figure 6. Geographical distribution of suspected dengue fever cases and percent change of new cases in Afghanistan, 01 Jan – 17 Aug 2024

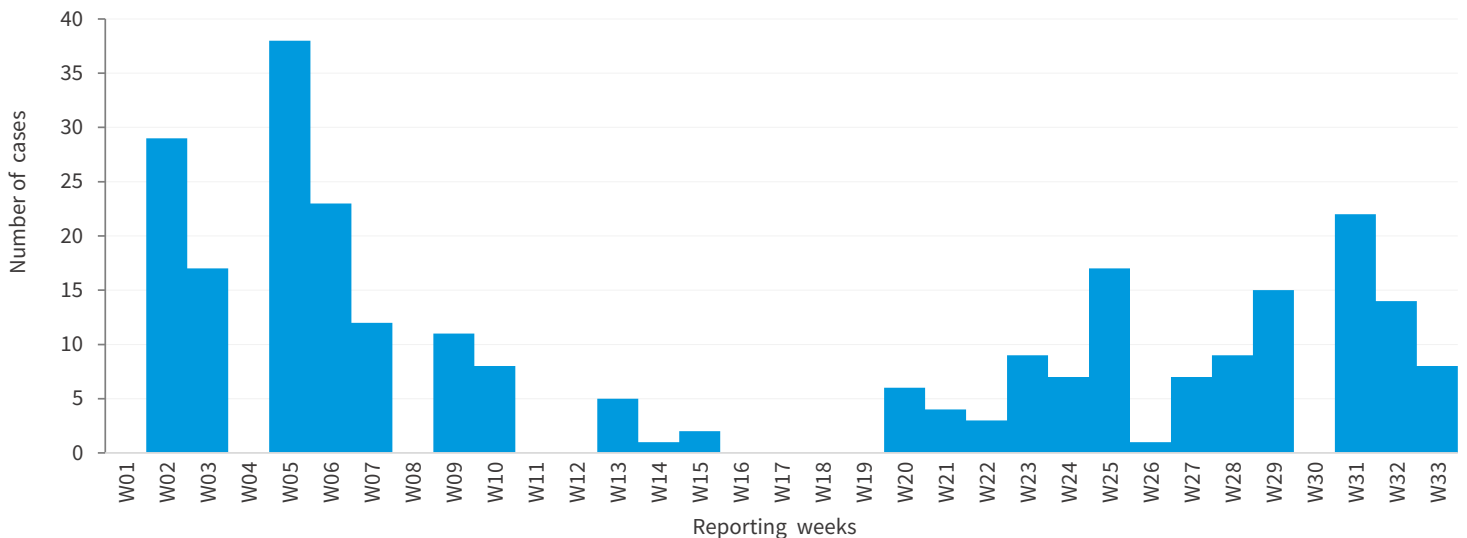


Geographical distribution of suspected dengue fever cases in Nangarhar, Ghazni and Kabul provinces and weekly percent of changes (between weeks 32 and 33, 2024)



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: 17 Aug 2024.

Figure 7. The epidemiological curve of confirmed dengue fever cases 01 Jan – 17 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 HF 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-17 Aug 2024)



867

Total CCHF cases



73

Total CCHF deaths



582

Samples tested for CCHF



227

Lab-confirmed CCHF cases



39.0%

CCHF test positivity rate

Table 3: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (23 Jun – 17 Aug 2024)

Indicators	W26	W27	W28	W29	W30	W31	W32	W33	Trend line
Suspected cases	156	77	48	62	59	55	43 *	53	
Suspected deaths	17	13	2	7	4	3	4	4	
CFR (%)	10.9	16.9	4.2	11.3	6.8	5.5	9.3	7.5	

*A data entry error was experienced during week 32-2024 and the number of suspected CCHF cases was modified from 44 to 43.

- The epi-curve of suspected CCHF cases shows a gradually increasing trend since week 16-2024, peaking around week 26-2024. An increase has also been observed in the latest week following the stabilization at a relatively high level during the past 4 weeks (Figures 8 & 9).
- During week 33-2024, 53 new suspected CCHF cases with 4 associated deaths were reported, which shows a 23.3% increase in the number of suspected CCHF cases compared to the preceding week (Table 3).
- The 4 new deaths were reported from Kabul (2), Balkh (1), and Kunduz (1); all deaths were above five years of age, while one was female.
- Since the beginning of 2024, a total of 867 suspected cases of CCHF with 73 associated deaths (CFR=8.4%) were reported. Out of the total cases, 866 (99.9%) were over-five, while 260 (30.0%) were females.
- The 73 deaths were mostly over five years old (72, 98.6%), while 17 (23.3%) were females. Deaths were reported from 7 provinces Kabul (43), Balkh (14), Herat (6), Kunduz (4), Kapisa (2), Baghlan (2), and Nangarhar (2).
- Since the beginning of 2024, a total of 582 samples of suspected CCHF cases have been tested, out of which 227 were positive (positivity rate 39.0%) from 12 provinces (Figure 10).
- The positive cases were reported from Kabul (152), Balkh (23), Kunduz (19), Herat (11), Kapisa (8), 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 (8.2) followed by Kabul (5.5), Kapisa (4.6), and Jawzjan (3.6) provinces (Figure 11).

Figure 8. Weekly distribution of suspected CCHF cases in Afghanistan 01 Jan –17 Aug 2024, (N=867)

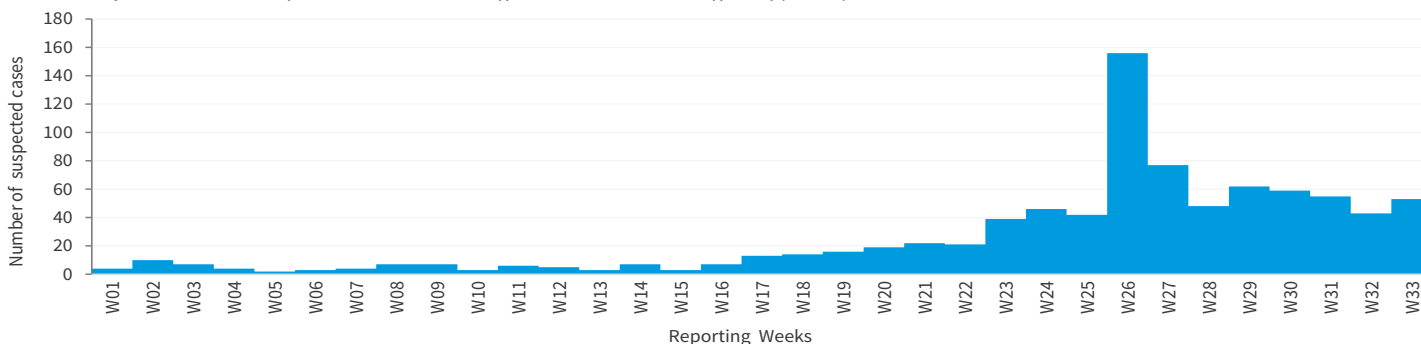


Figure 9. Comparison between the trends of suspected CCHF cases in 2024 vs 2023 and 3-years average (2020-2022)

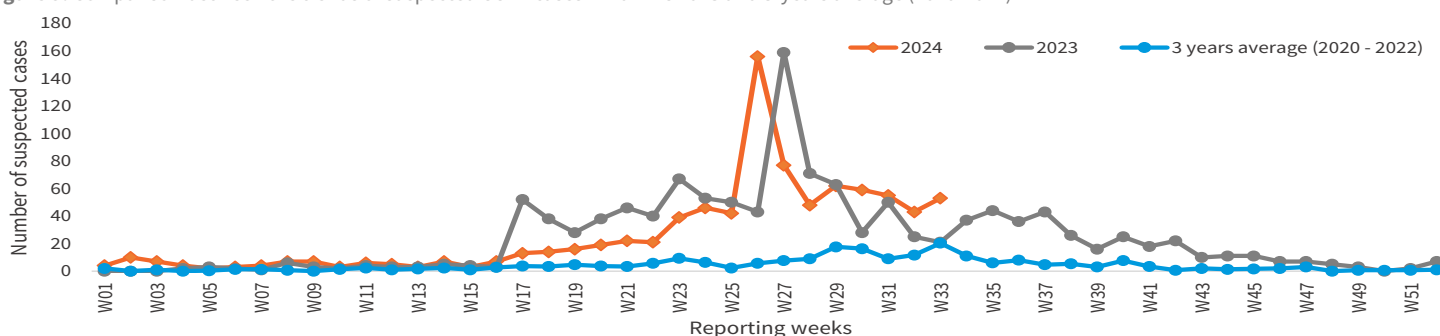




Figure 10. The epidemiological curve of confirmed CCHF cases in 01 Jan – 17 Aug 2024

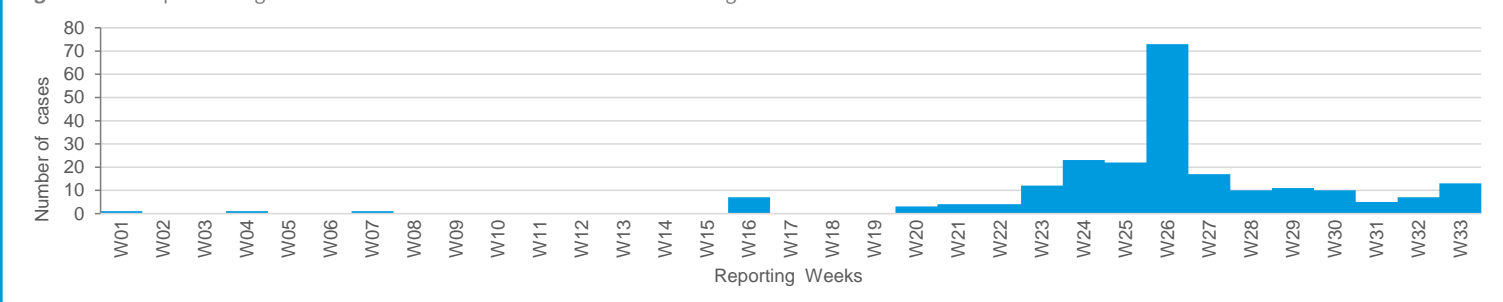
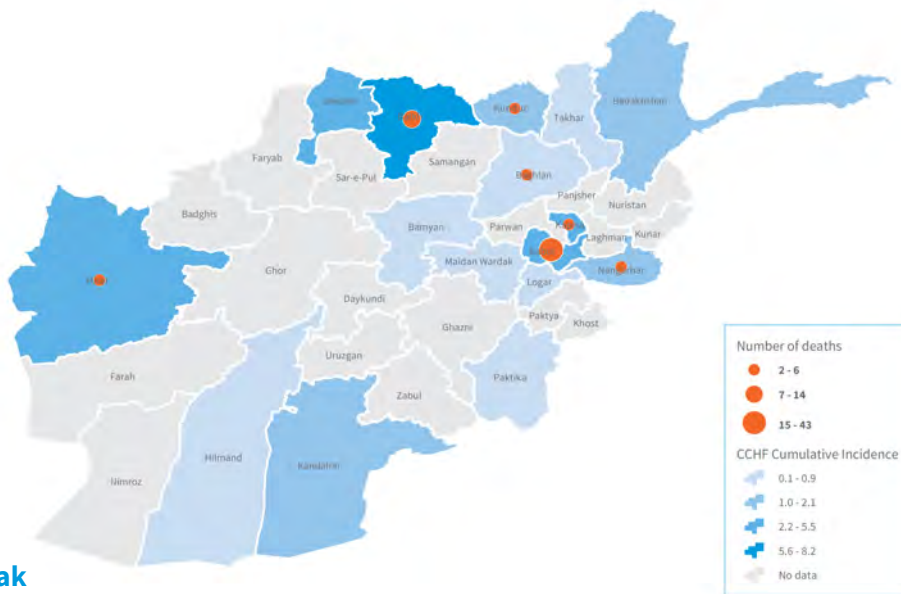


Figure 11. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 01 Jan – 17 Aug 2024

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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 –17 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-17 Aug 2024)



45,716

Total Cases



206

Total Deaths



9,797

Sample tested



5,752

Lab confirmed cases



58.7%

Test positivity rate



Table 4: Summary of the measles outbreak in the last eight weeks in Afghanistan (23 Jun – 17 Aug 2024)

Indicators	W26	W27	W28	W29	W30	W31	W32	W33	Trend line
Suspected cases	1,687	1,600	1,634	1,571	1,504	1,470	1,546	1,370	
Suspected deaths	4	13	7	3	8	10	10	8	
CFR (%)	0.2	0.8	0.4	0.2	0.5	0.7	0.6	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 and fluctuations noticed between weeks 29-33 that should be monitored closely (Figure 12). The trend in 2024 is higher than that reported in 2023 and the 2-year average before the 2021-2022 outbreak (Figure 13).
- During week 33-2024, a total of 1,370 suspected cases and 8 associated deaths were reported. This shows an 11.4% decrease in the number of suspected measles cases compared to the preceding week.
- The 8 deaths were reported from 5 provinces: Herat (2), Kandahar (2), Urozgan (2), Jawzjan (1), and Kabul (1). Out of the total deaths, 7 were under-five and 6 were females.
- Since the beginning of 2024, a total of 45,716 suspected measles cases and 206 deaths (CFR=0.5%) were reported. Among suspected measles cases, 36,652 (80.2%) were under-five children, and 20,749 (45.4%) were females.
- Since the beginning of 2024, Khost has reported the highest cumulative incidence of suspected measles cases per 10,000 population (59.1), followed by Balkh (27.4), Jawzjan (20.5), and Samangan (20.0) (Figure 14).

Figure 12. Weekly distribution of suspected measles cases in Afghanistan, 01 Jan to 17 Aug 2024 (N= 45,716)

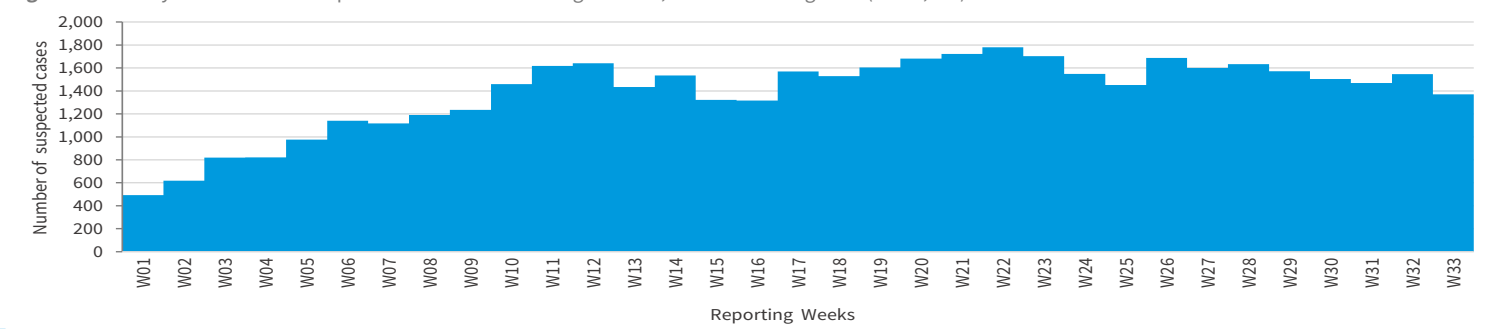


Figure 13. Comparison between the trends of suspected measles cases in 2024 vs 2023 and 2-years average (2019-2020)

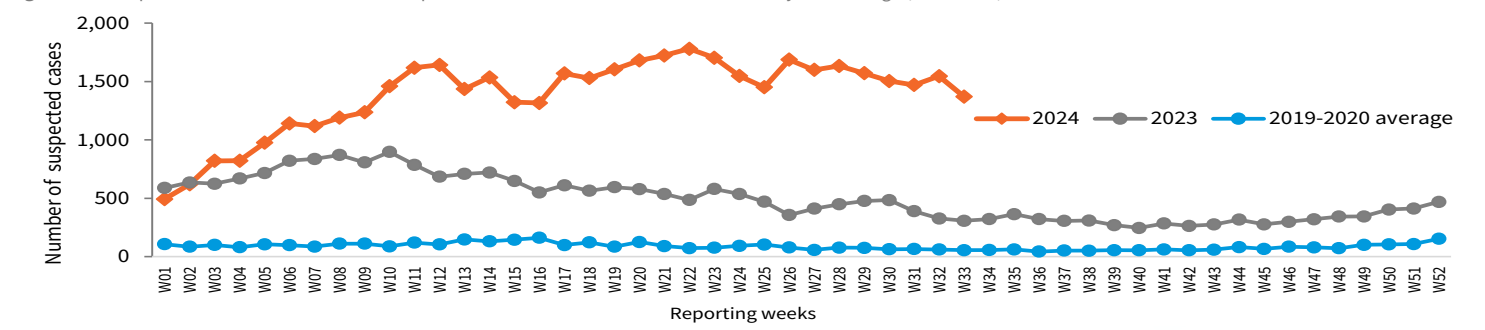
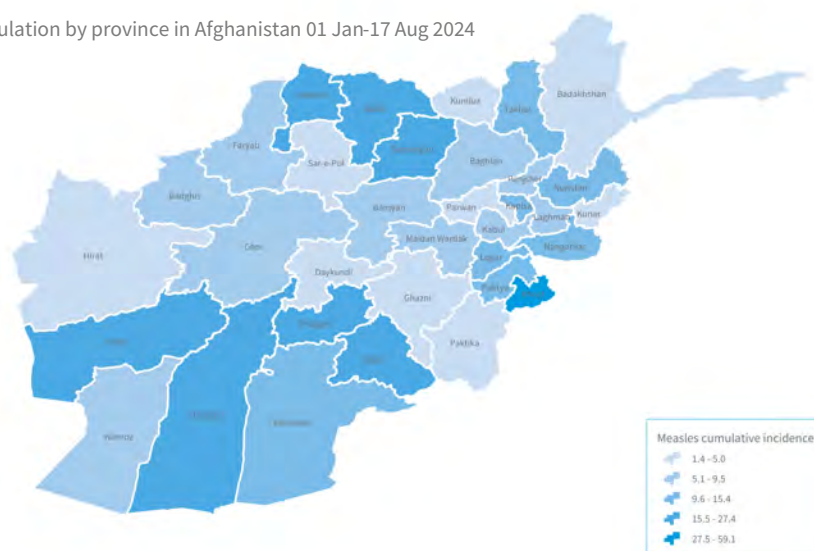


Figure 14. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 01 Jan-17 Aug 2024

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Suspected measles cumulative incidence per 10,000 population by province 01 Jan—17 Aug 2024



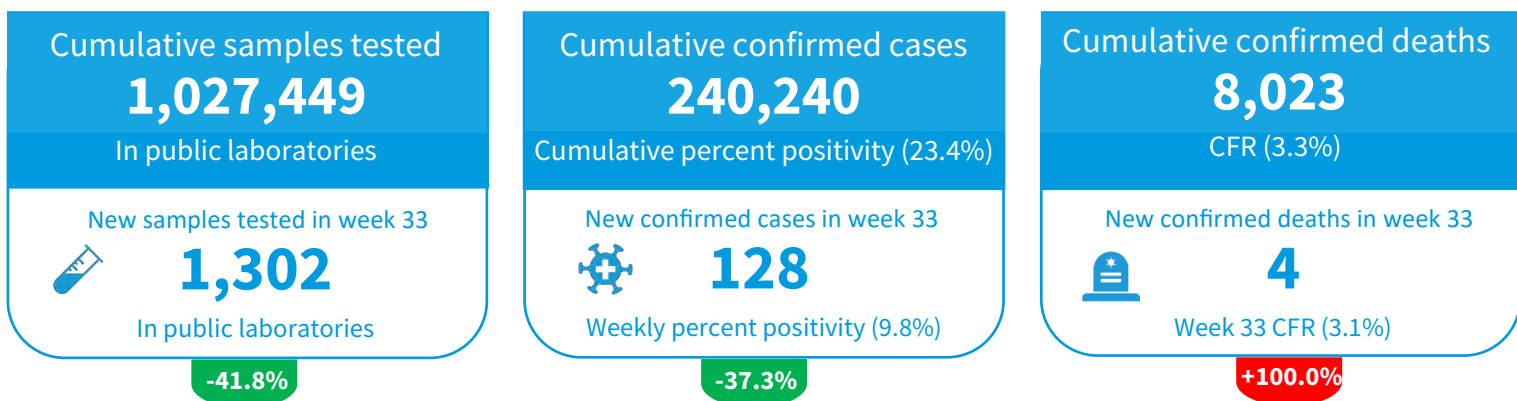


Updates on the preparedness and response to the Measles outbreak

- During week 33-2024, a total of 403 children aged 9-59 months received measles vaccine as part of outbreak response immunization activities in Laghman province. This brings the total number of children vaccinated in outbreak response immunization to 22,686 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).

COVID-19

(24 Feb 2020 – 17 Aug 2024)

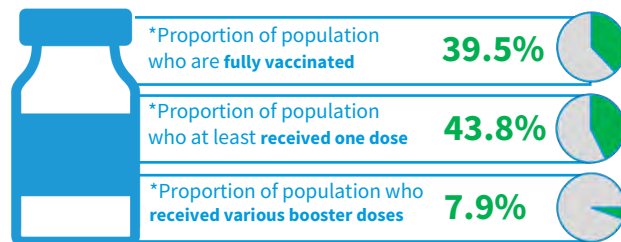


Key: ● Increasing ● Decreasing ● No change

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

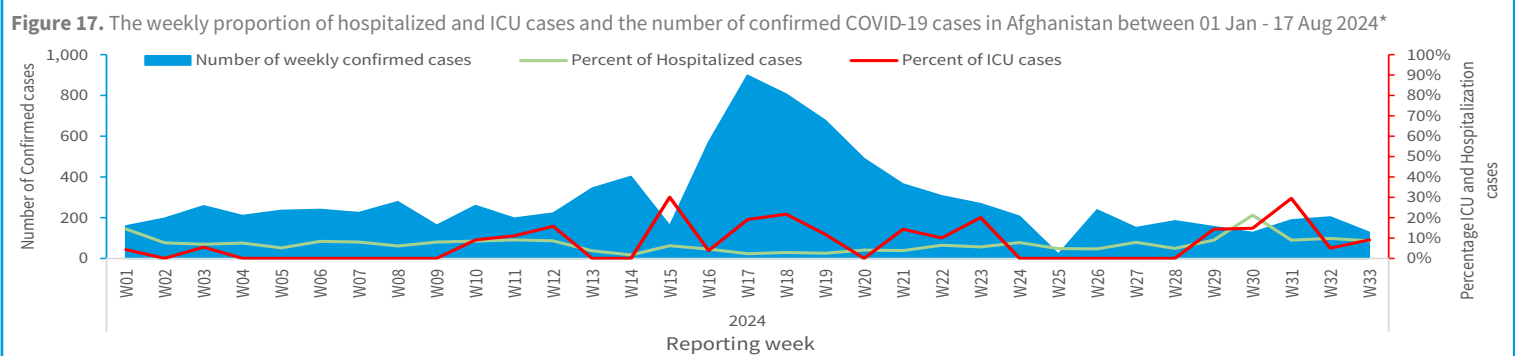
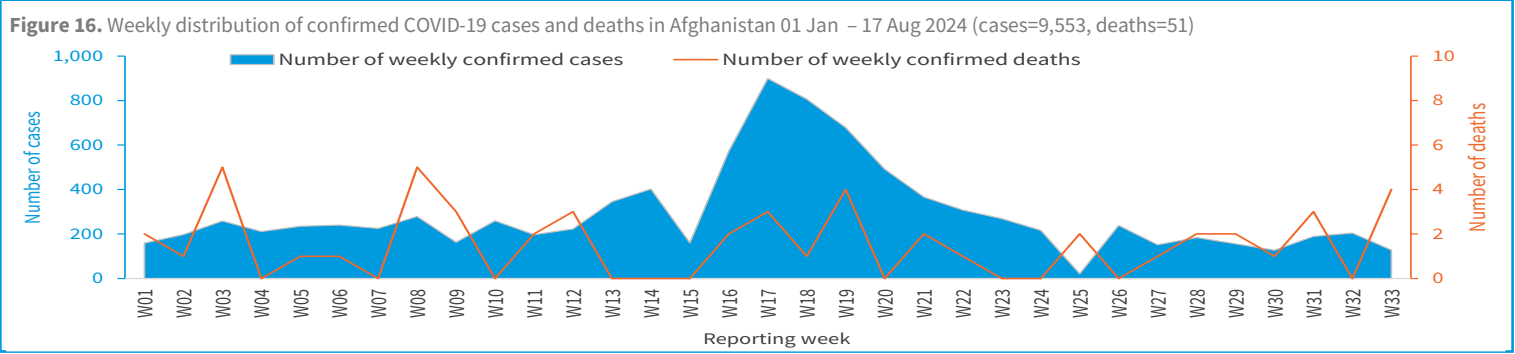
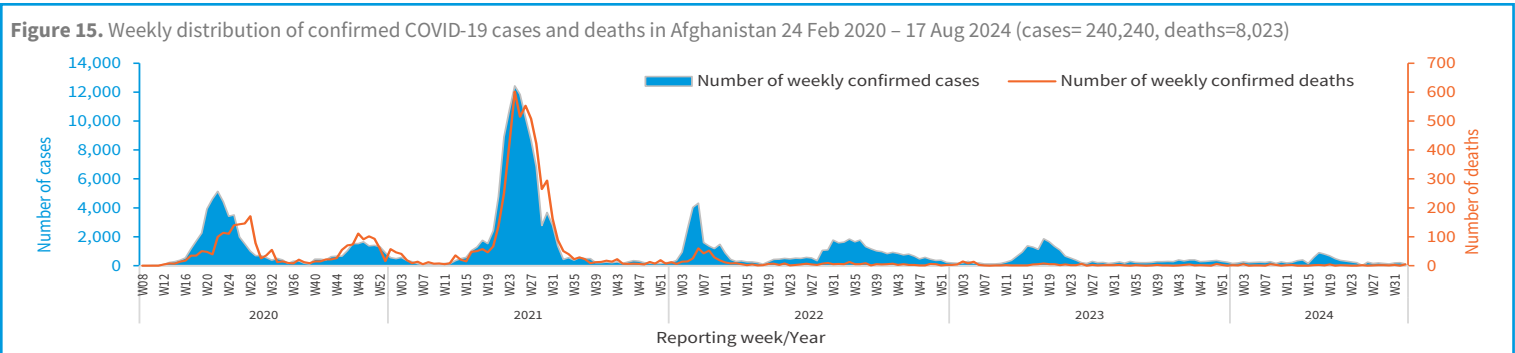
Table 5: Summary of COVID-19 indicators in the last 8 weeks in (23 Jun – 17 Aug 2024)

Indicators	W26	W27	W28	W29	W30	W31	W32	W33	Trend line
Samples tested (in public Labs)	2,479	2,201	2,416	1,945	1,818	2,020	2,237 *	1,302	
Confirmed cases	238	151	184	156	127	189	204 *	128	
Percent positivity (%)	9.6	6.9	7.6	8.0	7.0	9.4	9.1	9.8	
Deaths	0	1	2	2	1	3	0	4	
CFR (%)	0.0	0.7	1.1	1.3	0.8	1.6	0.0	3.1	

*A delayed reporting was experienced during week 32 and the number of samples tested and confirmed COVID-19 cases were modified from 2,140 to 2,237 and from 198 to 204, 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 15 & 16).
- During week 33-2024, a total of 1,302 samples were tested in public labs, of which 128 were positive for COVID-19 (positivity rate 9.8%) with 4 associated deaths. The number of positive cases shows a 37.3% decrease compared to the preceding week (Table 5 and Figure 16).
- Since the beginning of 2024, a total of 9,553 COVID-19 confirmed cases and 51 deaths (CFR=0.5%) have been reported. Out of the total cases, 5,154 (54.0%) were females while females represented around 3 quarters of deaths (38 - 74.5%).
- During week 33-2024, among 128 confirmed cases, 11 (8.6%) were hospitalized, while among the 11 hospitalized cases, one case (8.6%) was admitted to ICU (Figure 17).
- Since the beginning of 2024, a total of 81,848 samples of COVID-19 have been tested by public health laboratories across the country, out of which 9,553 were positive (positivity rate 11.7%), while the overall number of COVID-19 samples tested by public health laboratories reached to 1,027,449 since the beginning of the pandemic in February 2020.



*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-17 Aug 2024)**



41,036
Total confirmed Malaria Cases



2 (0.005)
Total malaria deaths (CFR %)



Table 6: Summary of the confirmed malaria outbreak in the last eight weeks in Afghanistan (23 Jun – 17 Aug 2024)

Indicators	W26	W27	W28	W29	W30	W31	W32	W33	Trend line
Confirmed cases	2,481	2,498	2,774	2,426	2,509	2,494	2,931	2,444	
Confirmed deaths	0	0	0	0	0	0	0	1	
CFR (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.04	

- The epi curve of confirmed malaria cases shows a gradual increase, with the peak reached during week 32-2024 and recording the highest number of confirmed cases since the beginning of 2024, while a significant decrease has been observed in week 33 compared to the previous week (Figure 18).
- During week 33-2024, 2,444 confirmed cases with one associated death were reported from 23 provinces, which shows a 16.6% decrease in the number of cases compared to the previous week.
- The highest cumulative incidence of malaria per 10,000 population was reported from Nuristan (259.2) followed by Kunar (179.7), Laghman (81.0), and Nangarhar (46.9) (Figure 19).
- Since the beginning of 2024, a total of 41,036 confirmed malaria cases with 2 associated deaths were reported from 32 provinces. Out of the total cases, 8,530 (20.8%) were under-five children, and 19,198 (46.8%) were females.

Figure 18. The epidemiological curve of confirmed malaria cases in Afghanistan 01 Jan – 17 Aug 2024 (N=41,036)

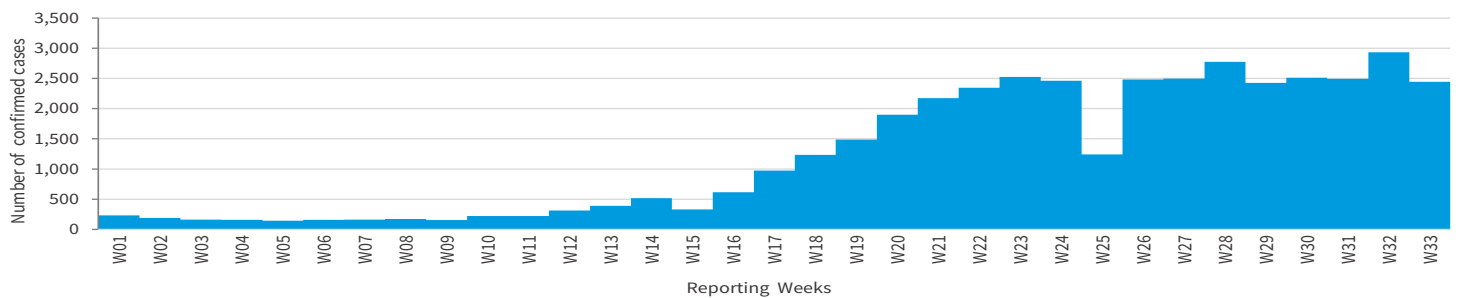
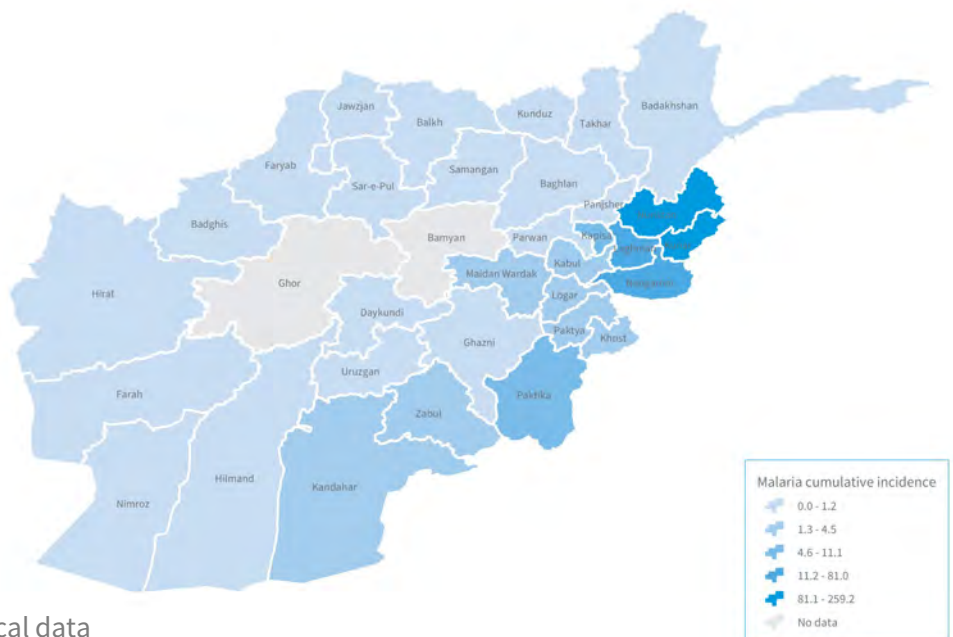


Figure 19. Confirmed malaria cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 17 Aug 2024

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Confirmed malaria cumulative incidence per 10,000 population by province 01 Jan-17 Aug 2024



Note: MOPH is the source of epidemiological data

[Case definition & alert/outbreak thresholds](#)

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