World Health Organization
Afghanistan

AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS
SITUATION REPORT | Epidemiological week #34-2024

No. 34 (18 - 24 Aug 2024)

Disease Outbreaks	AWD with dehydration	Dengue fever (Suspected)	CCHF (Suspected)	Measles (Suspected)	COVID-19 (Confirmed)	Malaria (Confirmed)
Cumulative Cases 2024	120,278	1,844	908	47,119	9,724	43,886
Cumulative deaths 2024 (CFR %)	57 (0.05)	0 (0.0)	76 (8.4)	213 (0.5)	53 (0.5)	2 (0.005)

(Data from 609 (98.3%) out of 613 sentinel sites)

Acute Watery Diarrhea (AWD) with Dehydration Outbreak

(01 Jan-24 Aug 2024)

120,278
Total AWD with dehydration cases

57
Total AWD with dehydration deaths

6,200
Samples tested for AWD with dehydration (RDTs)

890
RDT-positive cases for AWD with dehydration

14.4%
RDT positivity rate for AWD with dehydration

Table 1: Summary of the AWD with dehydration outbreak in the last eight weeks in Afghanistan (30 Jun – 24 Aug 2024)

Indicators	W27	W28	W29	W30	W31	W32	W33	W34	Trend line
Suspected cases	5,813	5,922	6,428	6,788	6,369	6,479	6,081	6,048	
Suspected deaths	2	6	1	1	2	3	3	1	
CFR (%)	0.03	0.10	0.02	0.01	0.03	0.05	0.05	0.02	

- The epi curve shows a considerable increase since week 16-2024; however, stabilization at a higher level has been observed in the past 4 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 34-2024, 6,048 AWD with dehydration cases with 1 associated death were reported from 228 districts, which shows almost stabilization in the number of cases compared to the previous week.
- The new death was an under-five female reported from Baghlan.
- During week 34-2024, 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 (91.2) followed by Paktya (90.9), Logar (70.4), and Kabul (59.2) (Figure 2).
- Since the beginning of 2024, a total of 120,278 AWD with dehydration cases and 57 associated deaths (CFR=0.05%) were reported from 340 districts. Out of the total cases, 66,854 (55.6%) were under-five children, and 59,429 (49.4%) were females.
- Since the beginning of 2024, 6,200 Rapid Diagnostic Tests (RDTs) have been conducted on AWD with dehydration cases, of which 890 tests turned positive (positivity rate 14.4%).

Figure 1. The weekly distribution of AWD with dehydration cases in Afghanistan 01 Jan– 24 Aug 2024 (N=120,278)

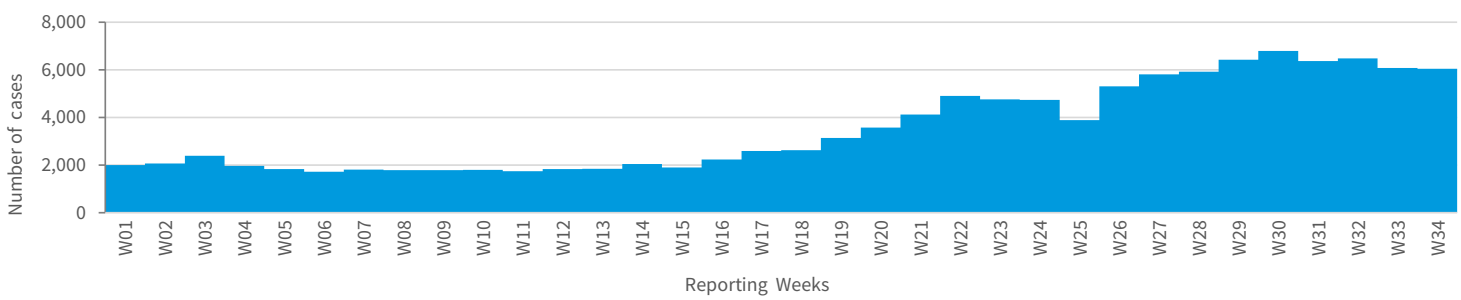

Figure 2. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 24 Aug 2024

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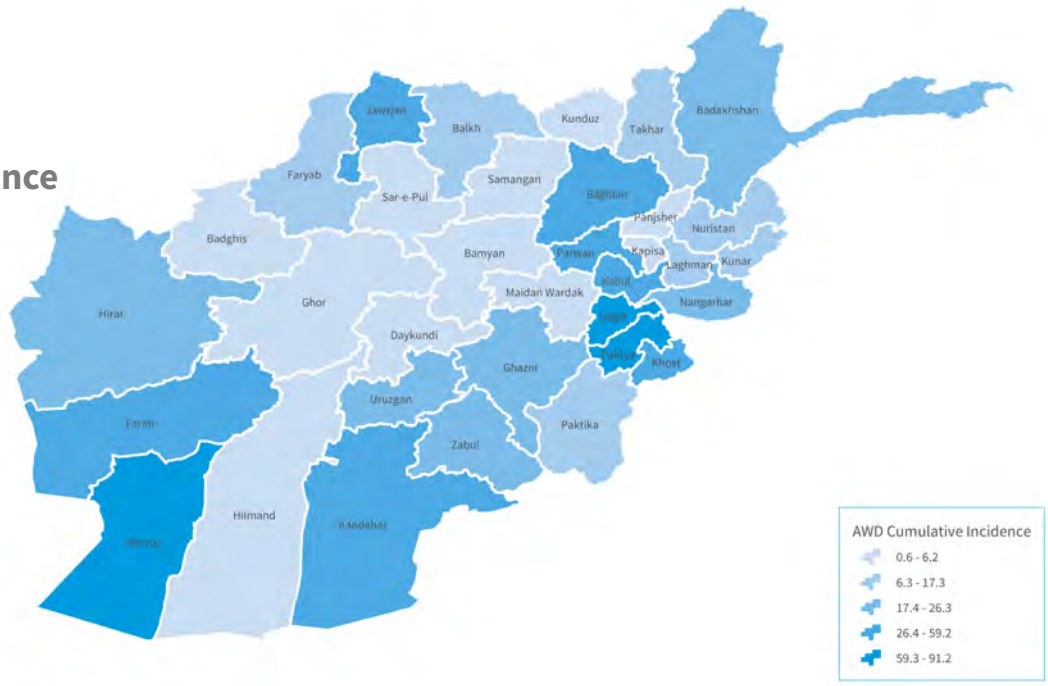
AWD with dehydration cumulative incidence per 10,000 population by province
01 Jan - 24 Aug 2024



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

- During week 34-2024, a total of 32 surveillance sentinel sites' focal points from the central west region have been trained on EBS and e-surveillance phase-2 (automated analysis). This brings the total surveillance sentinel sites' focal points trained on EBS and e-surveillance to 166 in central west and central east regions.
- 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 the affected communities.
  - 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:

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

Dengue Fever Outbreak

(01 Jan-24 Aug 2024)

1,844	0	*751	262	34.9%
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 (30 Jun – 24 Aug 2024)

Indicators	W27	W28	W29	W30	W31	W32	W33	W34	Trend line
Suspected cases	42	67	50	122	114	128	77	123	
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 weeks 32-2024, and another lower peak during week 34 after a significant decrease in the previous week (Figure 3).
- During week 34-2024, 123 suspected cases of dengue fever with no associated deaths were reported from Nangarhar province. This represents a 59.7% 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 1,844 suspected cases of dengue fever with no associated deaths were reported, out of which 994 (53.9%) were females, and 35 (1.9%) were under-five children. The geographical distribution and weekly change rate are shown in Figure 5.
- Since the beginning of 2024, a total of 751 samples have been tested, out of which 262 were positive by PCR (positivity rate 34.9%).

Figure 3. The epidemiological curve of suspected dengue fever cases in Afghanistan 1 Jan – 24 Aug 2024, (N=1,844)

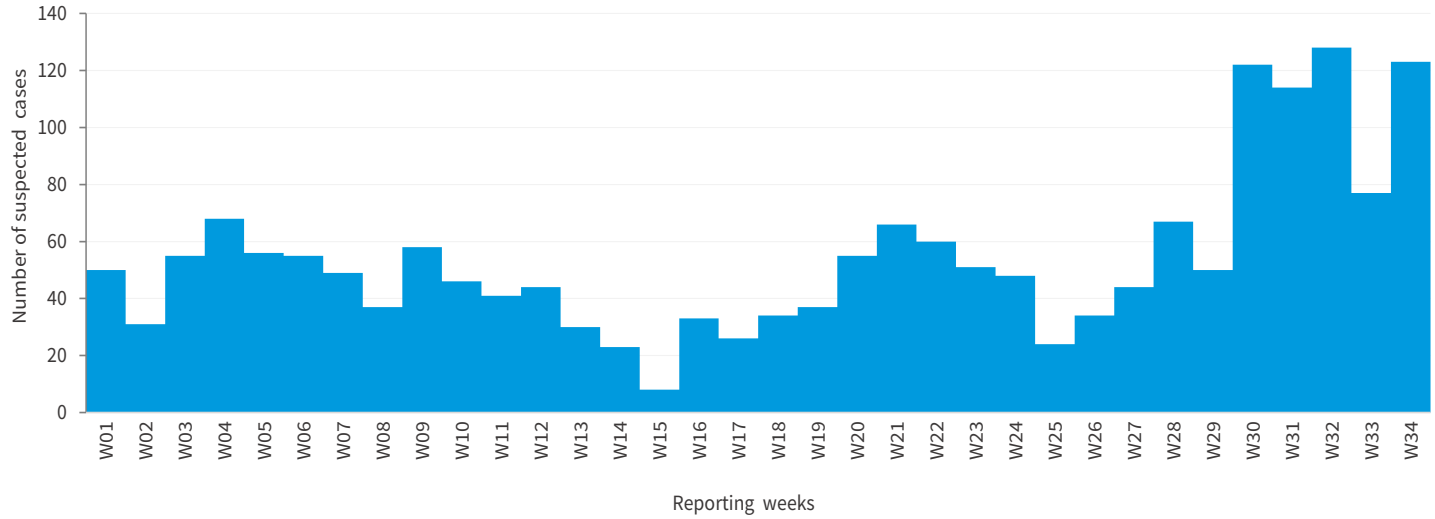


Figure 4. Comparison between the trends of suspected dengue fever cases in 2024 vs 2023 and 2-year average (2021– 2022)

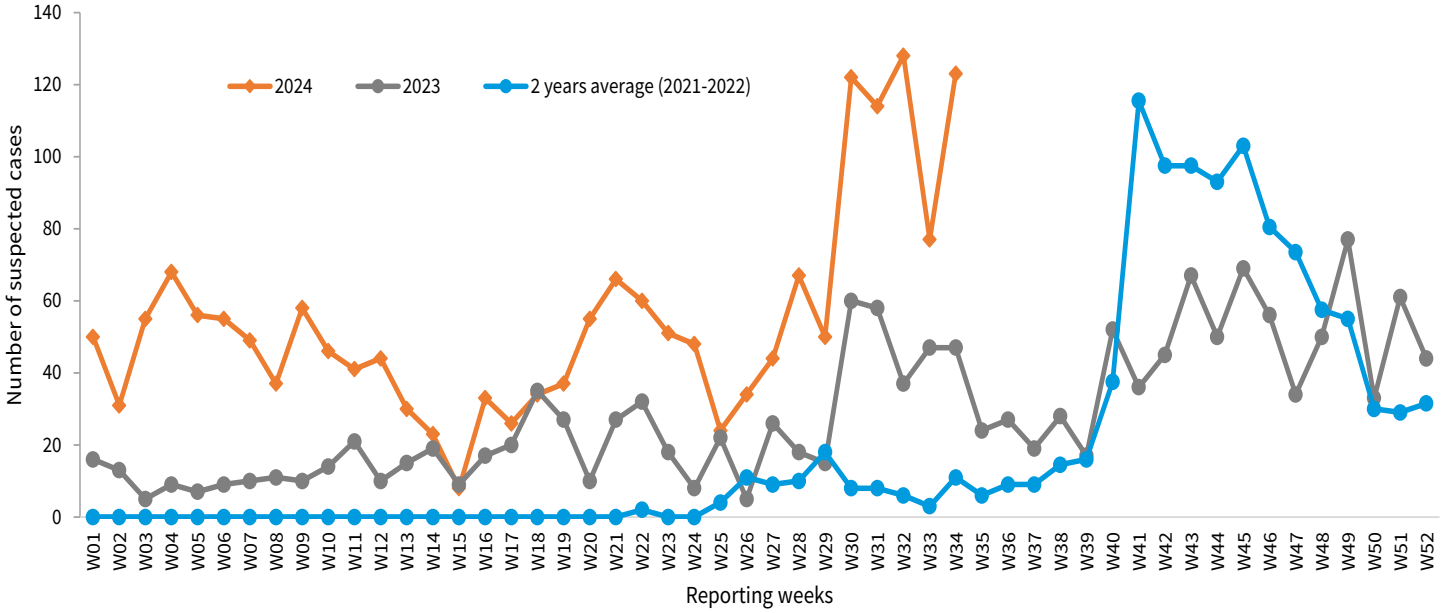
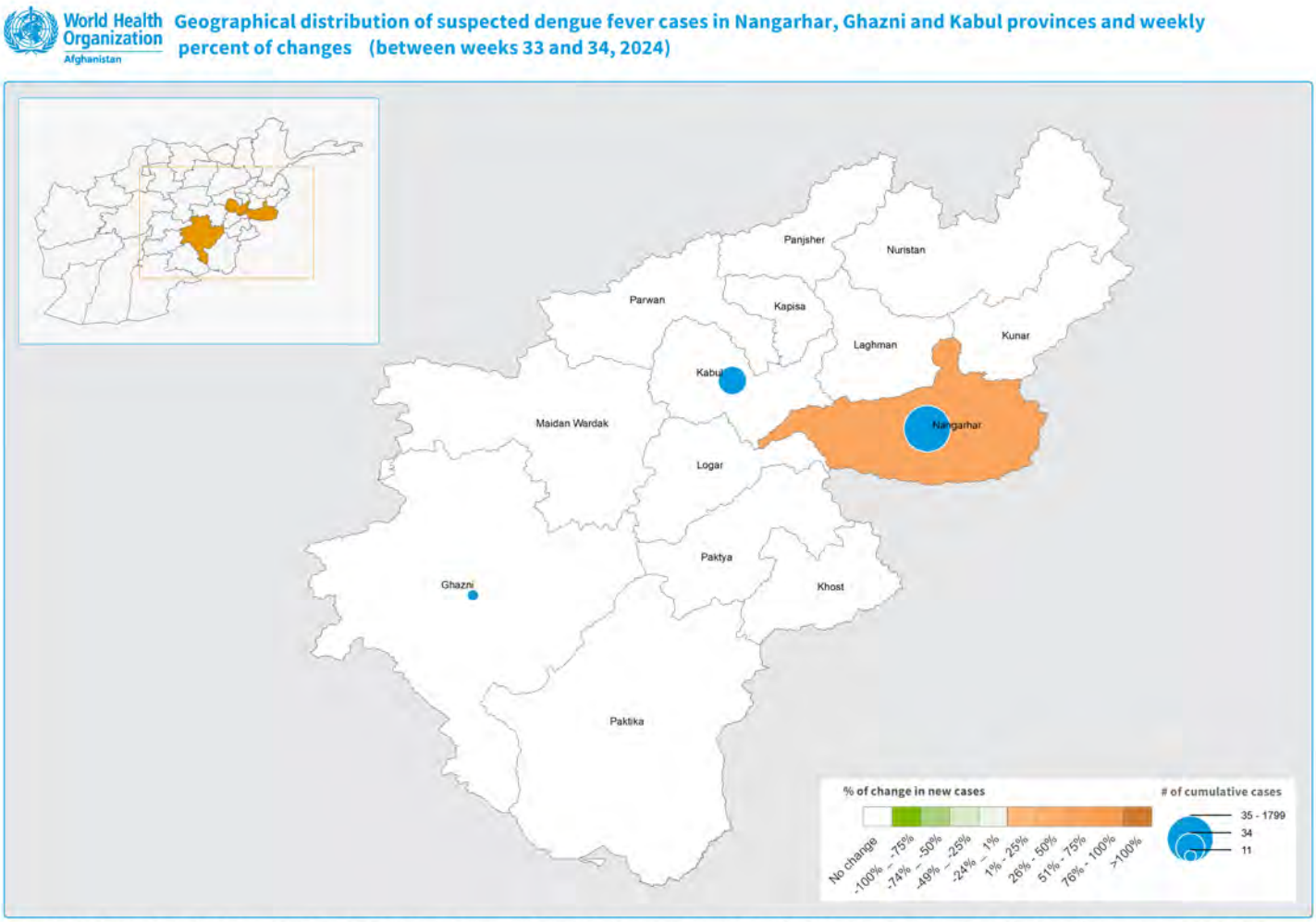


Figure 5. Geographical distribution of suspected dengue fever cases and percent change of new cases in Afghanistan, 01 Jan – 24 Aug 2024



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-24 Aug 2024)

908 Total CCHF cases

76 Total CCHF deaths

603 Samples tested for CCHF

237 Lab-confirmed CCHF cases

39.3% CCHF test positivity rate

Table 3: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (30 Jun – 24 Aug 2024)

Indicators	W27	W28	W29	W30	W31	W32	W33	W34	Trend line
Suspected cases	77	48	62	59	55	43	53	41	
Suspected deaths	13	2	7	4	3	4	4	3	
CFR (%)	16.9	4.2	11.3	6.8	5.5	9.3	7.5	7.3	

- The epi-curve of suspected CCHF cases shows a gradually increasing trend since week 16-2024, peaking around week 26 -2024; while a decrease is observed in the last weeks followed by stabilization at a relatively high level during the past 5 weeks (Figures 6 & 7).
- During week 34-2024, 41 new suspected CCHF cases with 3 associated deaths were reported, which shows a 22.6% decrease in the number of suspected CCHF cases compared to the preceding week (Table 3).
- The 3 new deaths were reported from Kabul (2) and Kapisa (1); all deaths were males above five years of age.
- Since the beginning of 2024, a total of 908 suspected cases of CCHF with 76 associated deaths (CFR=8.4%) were reported. Out of the total cases, 907 (99.9%) were over-five, while 266 (29.3%) were females.
- The reported deaths were mostly over five years old (75, 98.7%), while 17 (22.4%) were females. Deaths were reported from 7 provinces Kabul (45), Balkh (14), Herat (6), Kunduz (4), Kapisa (3), Baghlan (2), and Nangarhar (2).
- Since the beginning of 2024, a total of 603 samples of suspected CCHF cases have been tested, out of which 237 were positive (positivity rate 39.3%) from 12 provinces.
- The positive cases were reported from Kabul (160), Balkh (23), Kunduz (20), Herat (11), Kapisa (9), 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 (8.3) followed by Kabul (5.8), Kapisa (5.2), and Jawzjan (4.0) provinces (Figure 8).

Figure 6. Weekly distribution of suspected CCHF cases in Afghanistan 01 Jan – 24 Aug 2024, (N=908)

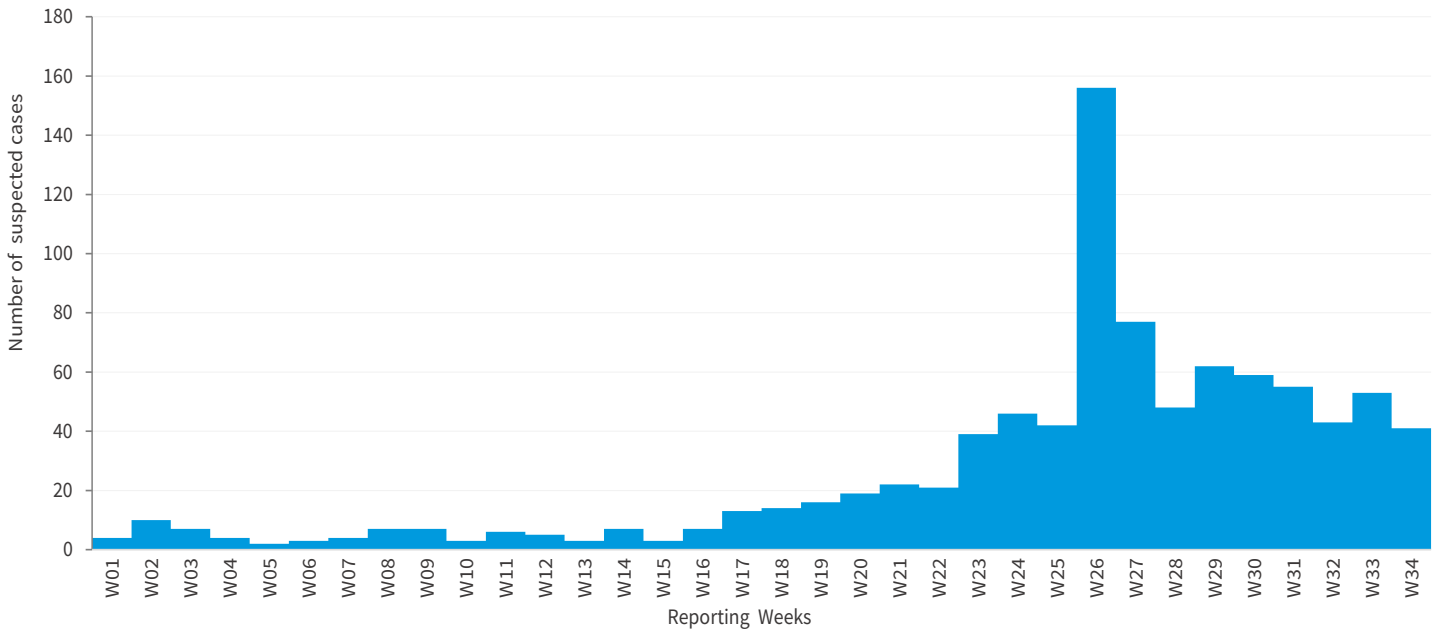


Figure 7. Comparison between the trends of suspected CCHF cases in 2024 vs 2023 and 3-years average (2020-2022)

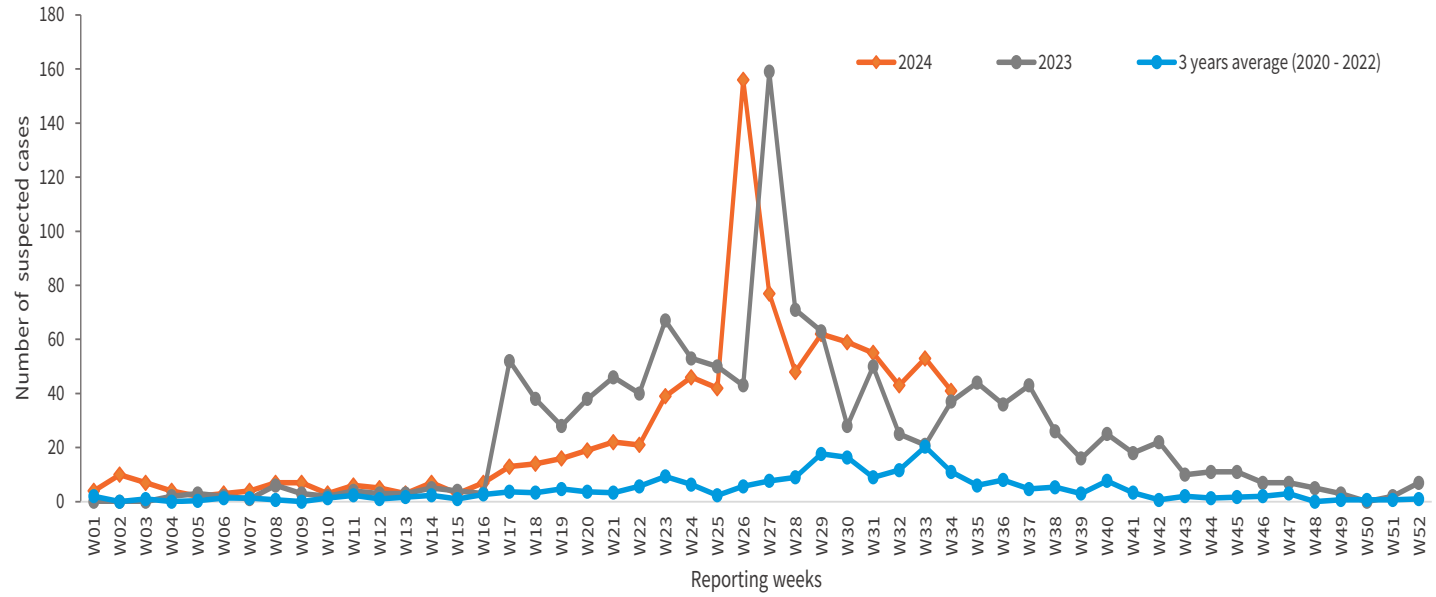


Figure 8. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 01 Jan – 24 Aug 2024

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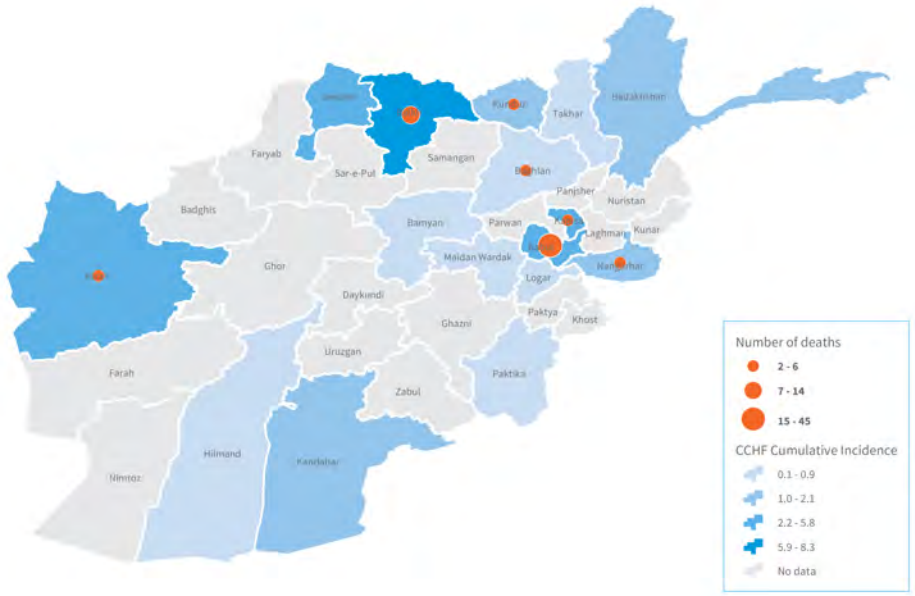
Crimean-Congo Hemorrhagic Fever (CCHF) cases cumulative incidence per 100,000 population by province and provincial distribution of deaths 01 Jan –24 Aug 2024



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 fever 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-24 Aug 2024)

47,119	213	9,936	5,849	58.9%
Total Cases	Total Deaths	Sample tested	Lab confirmed cases	Test positivity rate

Table 4: Summary of the measles outbreak in the last eight weeks in Afghanistan (30 Jun – 24 Aug 2024)

Indicators	W27	W28	W29	W30	W31	W32	W33	W34	Trend line
Suspected cases	1,600	1,634	1,571	1,504	1,470	1,546	1,370	1,403	
Suspected deaths	13	7	3	8	10	10	8	7	
CFR (%)	0.8	0.4	0.2	0.5	0.7	0.6	0.6	0.5	

- 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 29-34 that should be monitored closely (Figure 9). The trend in 2024 is higher than that reported in 2023 and the 2-year average before the 2021-2022 outbreak (Figure 10).
- During week 34-2024, a total of 1,403 suspected cases and 7 associated deaths were reported. This shows a slight increase in the number of suspected measles cases compared to the preceding week.
- The 7 deaths were reported from 5 provinces: Helmand (2), Kandahar (2), Faryab (1), Kunduz (1), Urozgan (1). All the deceased deaths were among under-five children while 5 of them were females.
- Since the beginning of 2024, a total of 47,119 suspected measles cases and 213 deaths (CFR=0.5%) were reported. Among suspected measles cases, 37,804 (80.2%) were under-five children, and 21,411 (45.4%) were females.
- Since the beginning of 2024, Khost has reported the highest cumulative incidence of suspected measles cases per 10,000 population (63.5), followed by Balkh (27.9), Jawzjan (20.9), and Samangan (20.1) (Figure 11).

Figure 9. Weekly distribution of suspected measles cases in Afghanistan, 01 Jan - 24 Aug 2024 (N= 47,119)

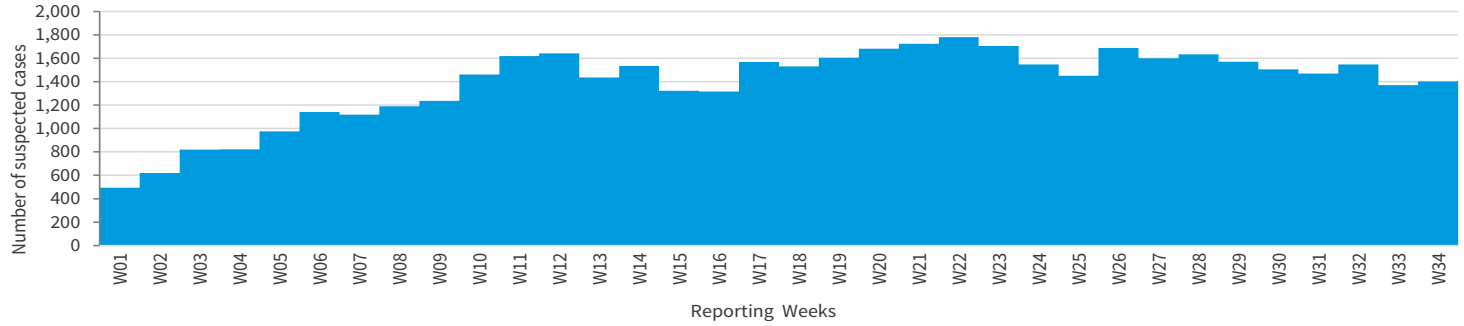


Figure 10. Comparison between the trends of suspected measles cases in 2024 vs 2023 and 2-years average (2019-2020)

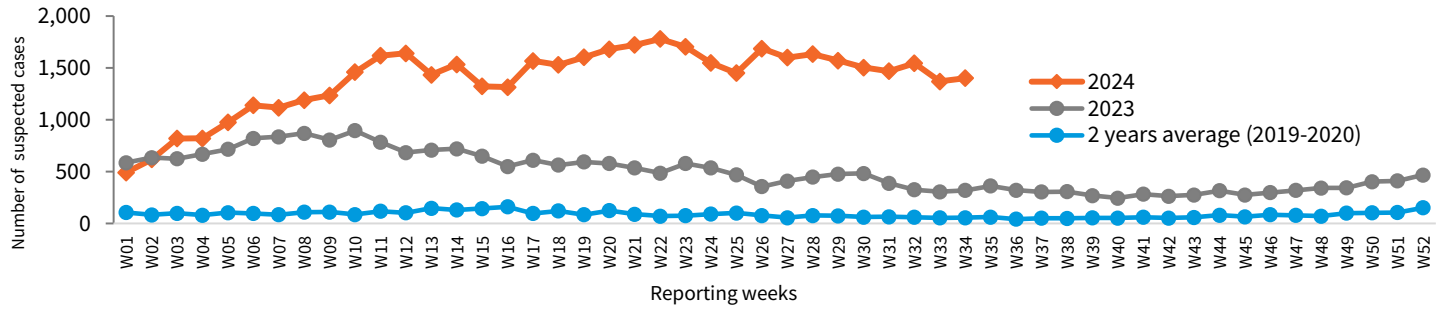


Figure 11. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 01 Jan-24 Aug 2024

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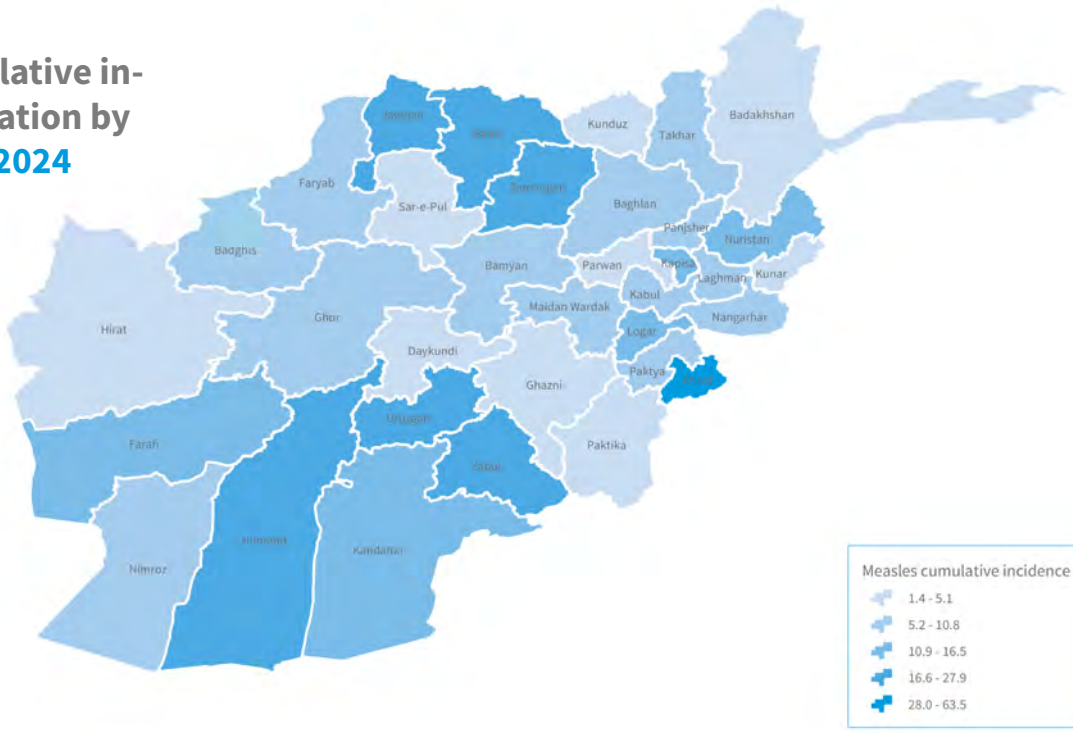
Suspected measles cumulative incidence per 10,000 population by province 01 Jan—24 Aug 2024



Updates on the preparedness and response to the Measles outbreak

- During week 34-2024, a total of 441 children aged 9-59 months received the measles vaccine in five provinces (Wardak, Helmand, Kunduz, Urozgan, and Paktya) as part of outbreak response immunization activities. This brings the total number of children vaccinated in outbreak response immunization to 23,127 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 — 24 Aug 2024)

Cumulative samples tested
1,029,093
In public laboratories

New samples tested in week 34
1,500
In public laboratories
+3.7%

Cumulative confirmed cases
240,411
Cumulative percent positivity (23.4%)

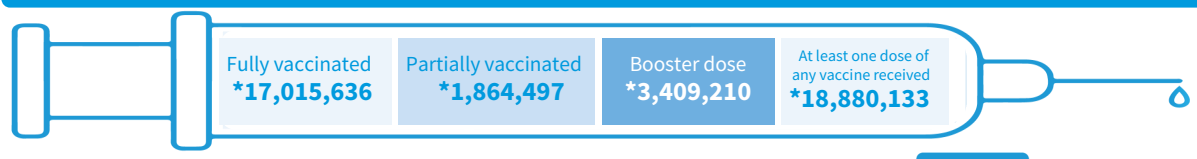
New confirmed cases in week 34
134
Weekly percent positivity (8.9%)
-18.8%

Cumulative confirmed deaths
8,025
CFR (3.3%)

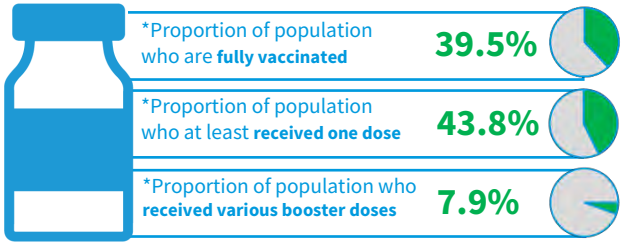
New confirmed deaths in week 34
2
Week 34 CFR (1.5%)
-50.0%

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 Afghanistan (30 Jun – 24 Aug 2024)

Indicators	W27	W28	W29	W30	W31	W32	W33	W34	Trend line
Samples tested (in public Labs)	2,201	2,416	1,945	1,818	2,020	2,237	1,446 *	1,500	
Confirmed cases	151	184	156	127	189	204	165 *	134	
Percent positivity (%)	6.9	7.6	8.0	7.0	9.4	9.1	11.4	8.9	
Deaths	1	2	2	1	3	0	4	2	
CFR (%)	0.7	1.1	1.3	0.8	1.6	0.0	2.4	1.5	

**A delayed reporting was experienced during week 33 and the number of samples tested and confirmed COVID-19 cases were modified from 1,302 to 1,446 and from 128 to 165, 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 34-2024, a total of 1,500 samples were tested in public labs, of which 134 were positive for COVID-19 (positivity rate 8.9%) with 2 associated deaths (CFR 1.5%). The number of positive cases shows an 18.8% decrease compared to the preceding week (Table 5 and Figure 13).
- The two new deaths were both over five, while one of them was female and both from Kabul.
- Since the beginning of 2024, a total of 9,724 COVID-19 confirmed cases and 53 deaths (CFR=0.5%) have been reported. Out of the total cases, 5,248 (54.0%) were females while females represented around 3 quarters of deaths (39 - 73.6%).
- During week 34-2024, among 134 confirmed cases, 6 (4.5%) were hospitalized, while none of the hospitalized cases were admitted to ICU (Figure 14).
- Since the beginning of 2024, a total of 83,492 samples of COVID-19 have been tested by public health laboratories across the country, out of which 9,724 were positive (positivity rate 11.6%), while the overall number of COVID-19 samples tested by public health laboratories reached to 1,029,093 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 – 24 Aug 2024 (cases= 240,411, deaths=8,025)

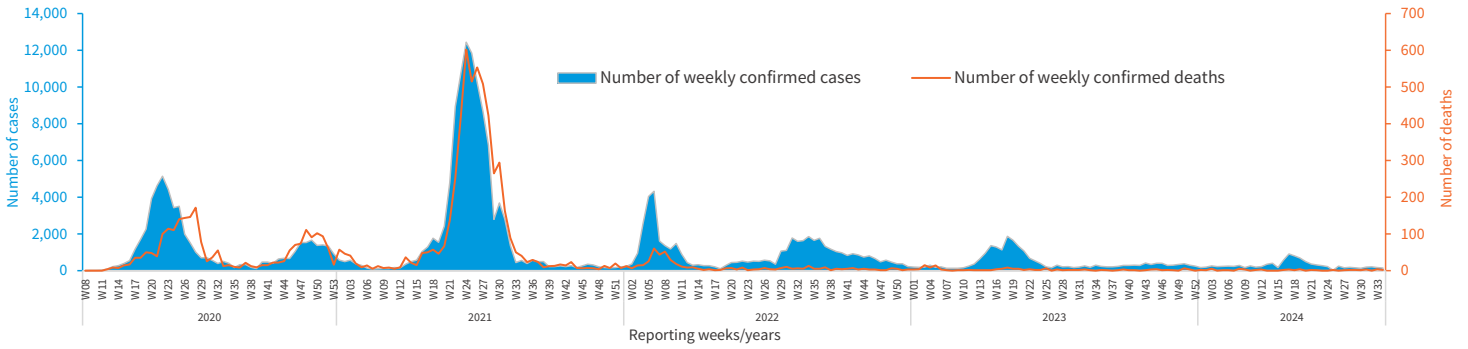


Figure 13. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 01 Jan – 24 Aug 2024 (cases=9,724, deaths=53)

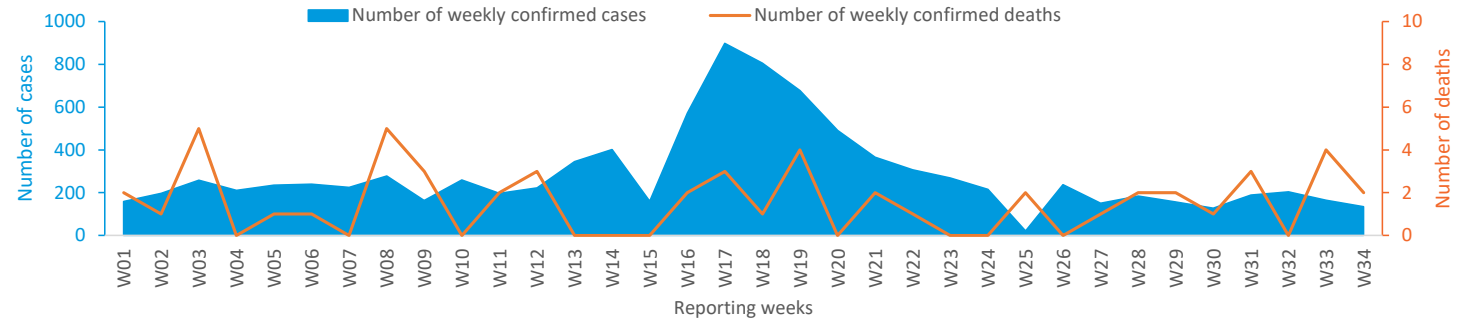
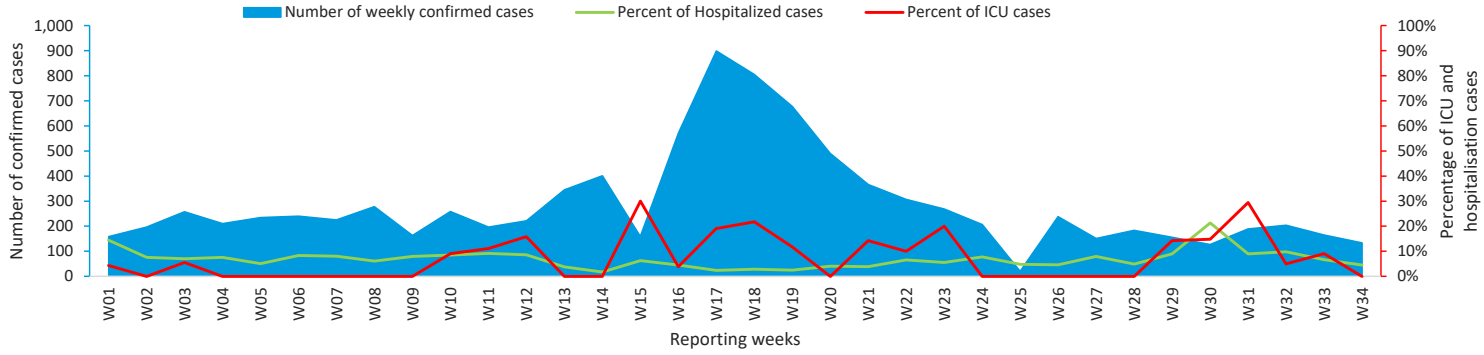


Figure 14. The weekly proportion of hospitalized and ICU cases and the number of confirmed COVID-19 cases in Afghanistan between 01 Jan - 24 Aug 2024*



**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-24 Aug 2024)

43,886
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 (30 Jun – 24 Aug 2024)

Indicators	W27	W28	W29	W30	W31	W32	W33	W34	Trend line
Confirmed cases	2,498	2,774	2,426	2,509	2,494	2,931	2,444	2,850	
Confirmed deaths	0	0	0	0	0	0	1	0	
CFR (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.04	0.00	

- The epi curve of confirmed malaria cases shows a gradual increase, with the peak reached during week 32-2024, also an increase has been observed in week 34 compared to the previous week (Figure 15).
- During week 34-2024, 2,850 confirmed cases with no associated deaths were reported from 24 provinces, which shows a 16.6% increase in the number of cases compared to the previous week.
- The trend in 2024 are higher than the 3-year average (2020-22) and closely followed the trend observed in 2023 (Figure 16).
- The highest cumulative incidence of malaria per 10,000 population was reported from Nuristan (272.4) followed by Kunar (189.8), Laghman (89.2), and Nangarhar (50.2) (Figure 17).
- Since the beginning of 2024, a total of 43,886 confirmed malaria cases with 2 associated deaths were reported from 32 provinces. Out of the total cases, 9,138 (20.8%) were under-five children, and 20,532 (46.8%) were females.

Figure 15. The epidemiological curve of confirmed malaria cases in Afghanistan 01 Jan– 24 Aug 2024 (N=43,886)

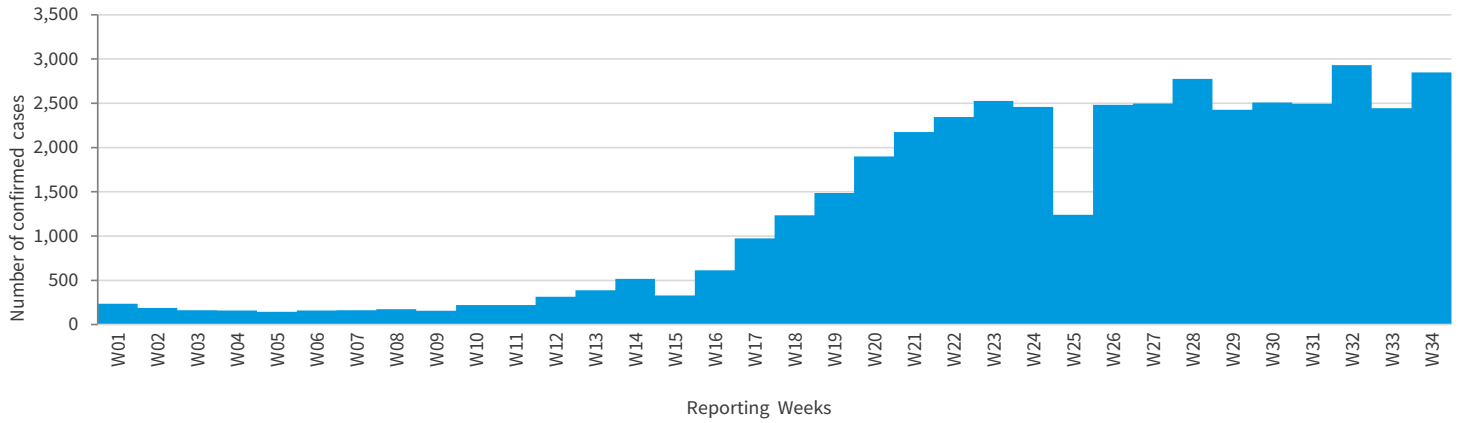


Figure 16. Comparison between the trends of confirmed malaria cases in 2024 vs 2023 and 3-year average (2020–2022)

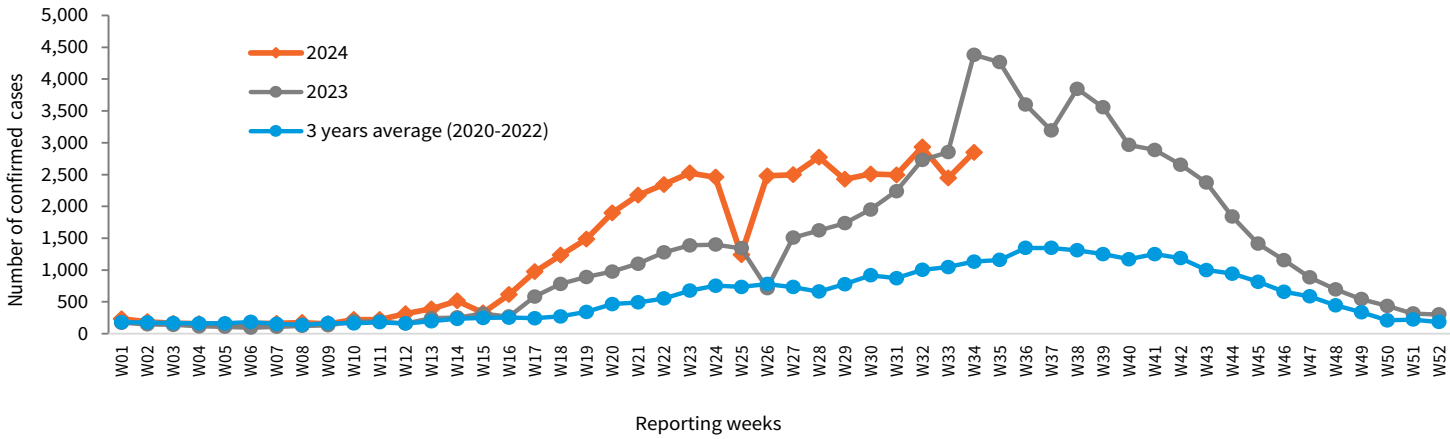
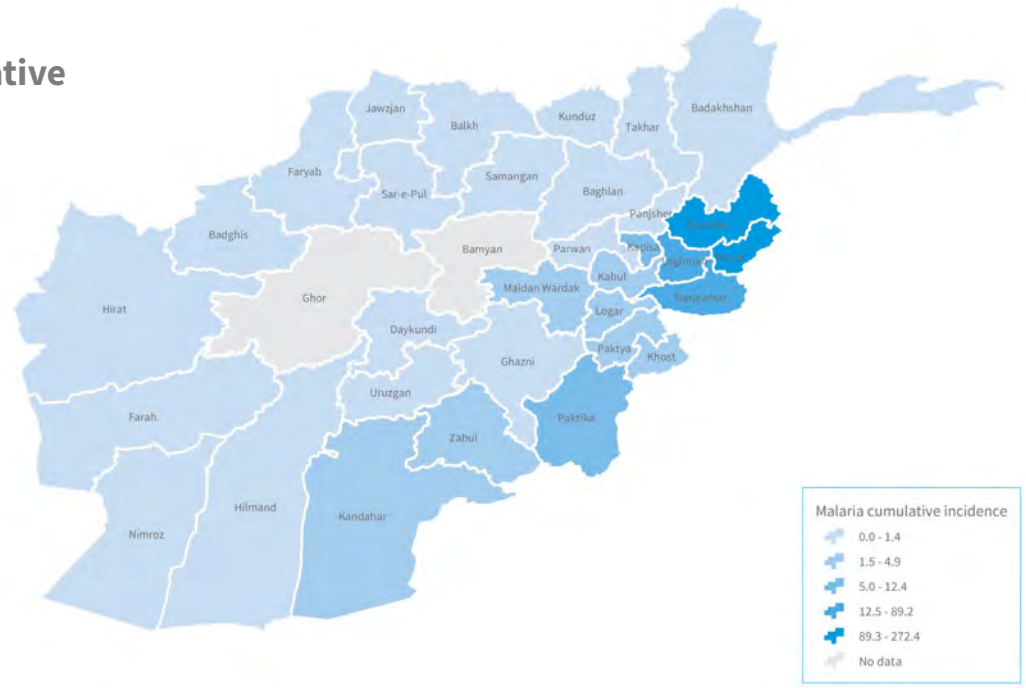


Figure 17. Confirmed malaria cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 24 Aug 2024

AFGHANISTAN

Confirmed malaria cumulative Incidence per 10,000 population by province

01 Jan-24 Aug 2024



Note: MOPH is the source of epidemiological data

Case definition & alert/outbreak thresholds

Contact us for further information:

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