

AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS
SITUATION REPORT | Epidemiological week #38-2024



Disease Outbreaks	AWD with dehydration	Dengue fever (Suspected)	CCHF (Suspected)	Measles (Suspected)	COVID-19 (Confirmed)	Malaria (Confirmed)
Cumulative Cases 2024	139,670	2,265	1,030	50,915	10,578	59,078
Cumulative deaths 2024 (CFR %)	65 (0.05)	0 (0.0)	87 (8.4)	227 (0.4)	60 (0.6)	2 (0.003)

(Data from 606 (98.9%) out of 613 sentinel sites)

Acute Watery Diarrhea (AWD) with Dehydration Outbreak

(01 Jan-21 Sep 2024)



Total AWD with dehvdration cases



Total AWD with dehvdration deaths



Samples tested for AWD with dehydration (RDTs)



RDT-positive cases for AWD with dehydration



RDT positivity rate for AWD with dehydration

Table 1: Summary of the AWD with dehydration outbreak in the last eight weeks in Afghanistan (28 Jul – 21 Sep 2024)

Indicators	W31	W32	W33	W34	W35	W36	W37	W38	Trend line
Number of cases	6,369	6,479	6,081	6,048	5,224	5,528	4,463	4,177	
Number of deaths	2	3	3	1	3	2	1	2	/
CFR (%)	0.03	0.05	0.05	0.02	0.06	0.04	0.02	0.05	

- The epi-curve shows a decreasing trend over the past 7 weeks, which could be linked to the approaching end of the summer season (Figure 1).
- During week 38-2024, 4,177 AWD with dehydration cases with 2 associated deaths were reported from 195 districts, which shows a 6.4% decrease in the number of cases compared to the previous week.
- The new deaths were both, under five males reported from Kabul and Paktika provinces.
- During week 38-2024, no new district reported an AWD with dehydration alert.
- The highest cumulative incidence of AWD with dehydration per 10,000 population was reported from Paktya (107.8) followed by Nimroz (104.2), Logar (86.8), and Kabul (68.7) (Figure 2).
- Since the beginning of 2024, a total of 139,670 AWD with dehydration cases and 65 associated deaths (CFR=0.05%) were reported from 343 districts. Out of the total cases, 77,268 (55.3%) were under-five children, and 69,242 (49.6%) were females.
- Since the beginning of 2024, 7,224 Rapid Diagnostic Tests (RDTs) have been conducted on AWD with dehydration cases, of which 1,061 tests turned positive (positivity rate 14.7%).

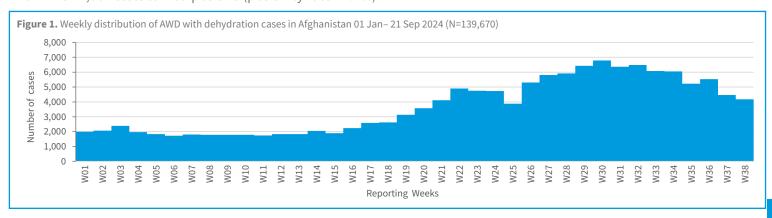
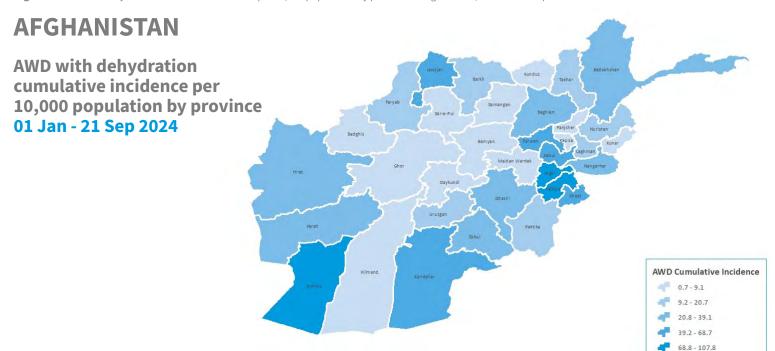




Figure 2. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 21 Sep 2024



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 405 Sentinel sites' FPs have been trained on Event-based Surveillance (EBS) and e-surveillance procedures in the Central, East, South and Southeast regions.
- A total of 37 Surveillance Support Team (SST) members from Nangarhar, Kunar, Laghman, and Nuristan have been trained on case definition, biosafety protocol, personnel protective equipment (PPE) utilization, use of RDTs, sample collection, storage, and shipment.
- 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:

There are no updates for the past 2 weeks.

Dengue Fever Outbreak

(01 Jan-21 Sep 2024)











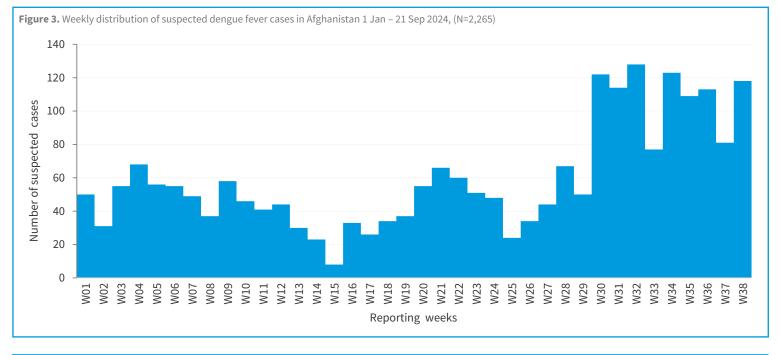
Note: Dengue fever laboratory data was reviewed, utilizing the confirmed case definition from WHO. This definition is characterized by confirmation through PCR, positive virus culture, DENV NS1 antigen detection, seroconversion of IgG in paired sera, or a significant increase (fourfold) in IgG titer 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 (28 Jul – 21 Sep 2024)

Indicators	W31	W32	W33	W34	W35	W36	W37	W38	Trend line
Suspected cases	114	128	77	123	109	113	81	118	~~~
suspected 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 dengue fever suspected cases shows increasing trend since week 25-2024 (Figure 3).
- During week 38-2024, 118 suspected cases of dengue fever with no associated deaths were reported from Nangarhar province. This represents a 45.7% 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 weeks in 2023 (Figure 4).
- Since the beginning of 2024, a total of 2,265 suspected cases of dengue fever with no associated deaths were reported, out of which 1,191 (52.6%) were females, and 43 (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 1,020 samples have been tested, out of which 320 were positive by PCR (positivity rate 31.4%).



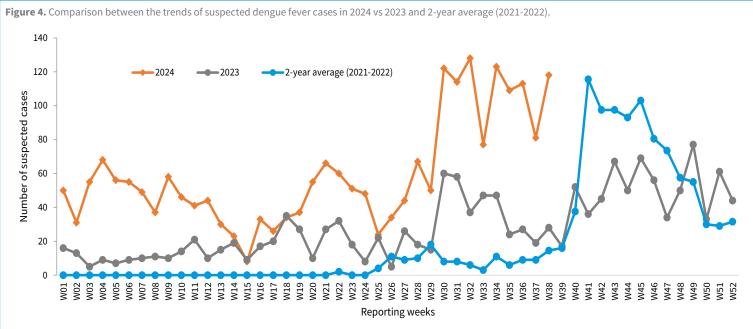
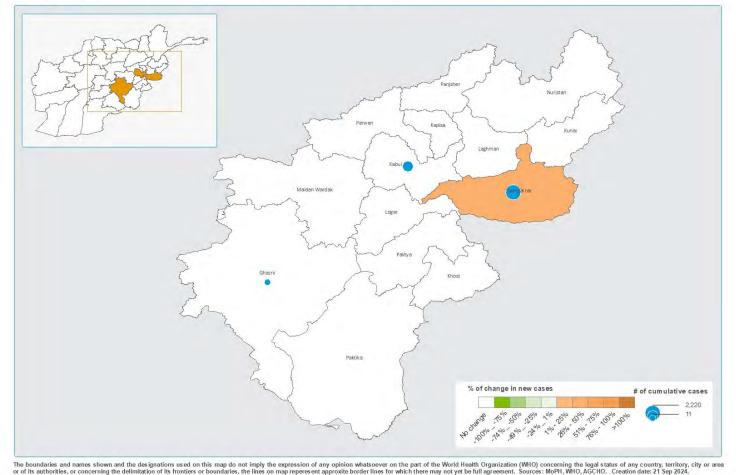




Figure 5. Geographical distribution of suspected dengue fever cases and percent change of new cases in Afghanistan, 01 Jan – 21 Sep 2024

World Health Geographical distribution of suspected dengue fever cases in Nangarhar, Ghazni and Kabul provinces and weekly percent of changes (between weeks 37 and 38, 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-21 Sep 2024)



Total CCHF



Total CCHF deaths



Samples tested for CCHF



232
Lab-confirmed
CCHF cases



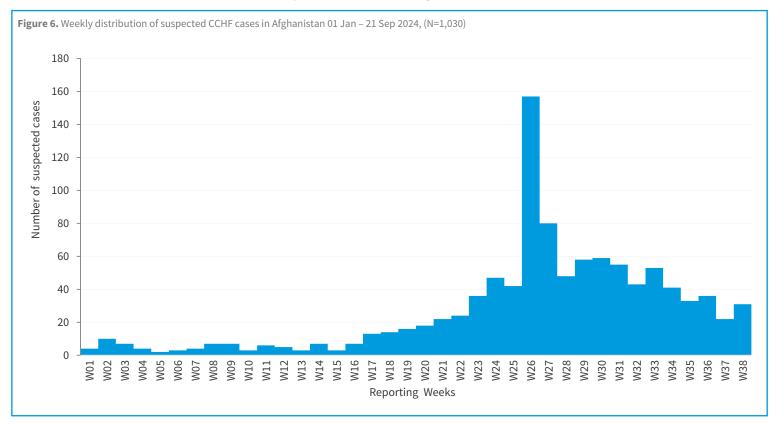
32.2%
CCHF test positivity rate

Table 3: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (28 Jul – 21 Sep 2024)

Indicators	W31	W32	W33	W34	W35	W36	W37	W38	Trend line
Suspected cases	55	43	53	41	33	36	22	31	~~~
Suspected deaths	3	4	4	3	2	5	1	3	~~~
CFR (%)	5.5	9.3	7.5	7.3	6.1	13.9	4.5	9.7	~~~\\



- The epi-curve of suspected CCHF cases shows a declining trend since week 27 (Figures 6 & 7).
- During week 38-2024, 31 new suspected CCHF cases with 3 associated death was reported, which shows a 40.9% increase in the number of suspected CCHF cases compared to the preceding week (Table 3).
- The new 3 deaths were all over-five females, reported from Kabul (2) and Balkh (1) provinces.
- Since the beginning of 2024, a total of 1,030 suspected cases of CCHF with 87 associated deaths (CFR=8.4%) were reported. Out of the total cases, 1,027 (99.7%) were over-five, while 310 (30.1%) were females.
- The reported deaths were mostly over five years old (86, 98.9%), while 23 (26.4%) were females. Deaths were reported from 8 provinces Kabul (52), Balkh (16), Herat (7), Kunduz (4), Kapisa (3), Baghlan (2), Nangarhar (2) and Kunar (1).
- Since the beginning of 2024, a total of 720 samples of suspected CCHF cases have been tested, out of which 232 were positive (positivity rate 32.2%) from 13 provinces.
- The positive cases were reported from Kabul (151), Balkh (23), Kunduz (20), Herat (11), Kapisa (11), Takhar (3), Baghlan (3), Nangarhar (3), Badakhshan (2), Jawzjan (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 (8.9) followed by Kabul (6.6), Kapisa (6.1), and Jawzjan (4.7) provinces (Figure 8).



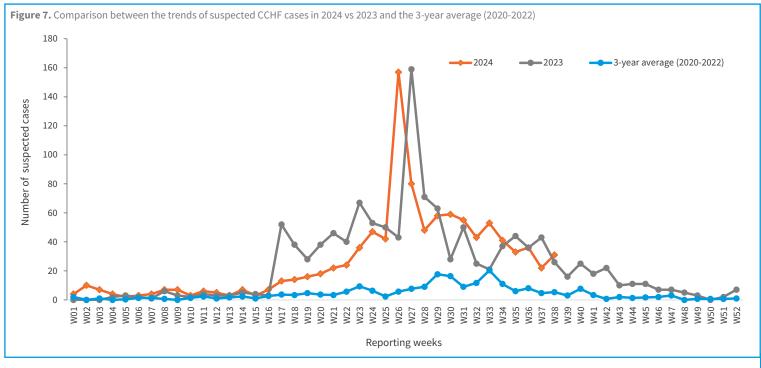
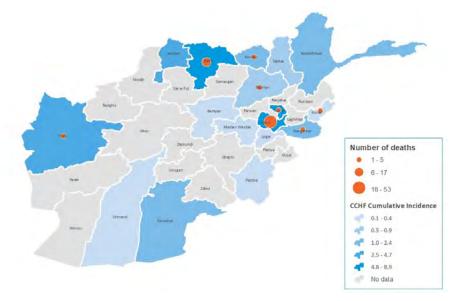




Figure 8. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 01 Jan – 21 Sep 2024

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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 -21 Sep 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 accounts (<u>Facebook</u> and <u>Twitter</u>) 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-21 Sep 2024)



Total Cases



Total Deaths



Sample tested



6,055



58.9%

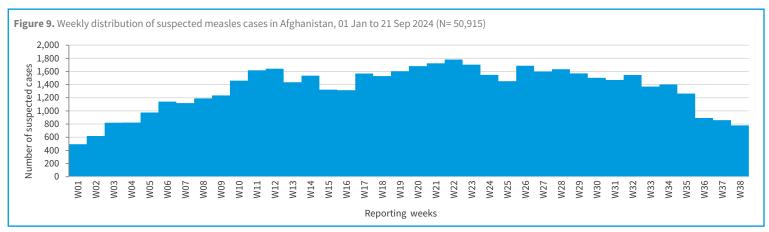
Test positivity rate

Table 4: Summary of the measles outbreak in the last eight weeks in Afghanistan (28 Jul – 21 Sep 2024)

Indicators	W31	W32	W33	W34	W35	W36	W37	W38	Trend line
Suspected cases	1,470	1,546	1,370	1,403	1,265	892	860	779	
Suspected deaths	10	10	8	7	6	4	2	2	
CFR (%)	0.7	0.6	0.6	0.5	0.5	0.4	0.2	0.3	



- The epidemiological curve of suspected measles cases shows gradual declining trend since week 26-2024 (Figure 9). The trend in 2024 is higher than that reported in 2023 and the 2-year average before the 2021-2022 outbreak period (Figure 10).
- During week 38-2024, a total of 779 suspected cases and 2 associated deaths were reported. This shows a 9.4% decrease in the number of suspected measles cases compared to the preceding week.
- The 2 new deaths were both under five males, reported from Kabul and Urozgan provinces.
- Since the beginning of 2024, a total of 50,915 suspected measles cases and 227 deaths (CFR=0.4%) were reported. Among suspected measles cases, 40,923 (80.4%) were under-five children, and 23,186 (45.5%) were females.
- Since the beginning of 2024, Khost has reported the highest cumulative incidence of suspected measles cases per 10,000 population (68.5), followed by Balkh (30.2), Jawzjan (22.1), and Urozgan (20.9) (Figure 11).



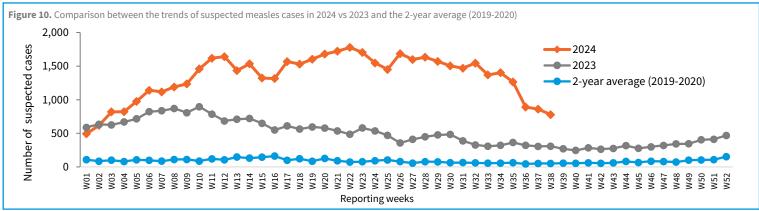
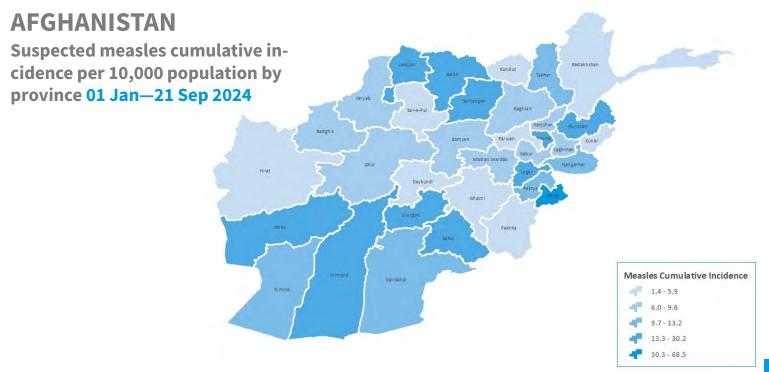


Figure 11. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 01 Jan-21 Sep 2024





Updates on the preparedness and response to the Measles outbreak

Since the beginning of 2024, the following activities have been conducted:

- A total of 28,065 children aged 9-59 months have been vaccinated against measles as part of outbreak response immunization activities across the country.
- A total of 103 SSTs (each team included 2 members) were trained on sample collection, storage, and shipment from 3 regions: 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 794,676 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, 624,767 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 169,909 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 — 21 Sep 2024)

Cumulative samples tested 1,037,069 In public laboratories New samples tested in week 38 1,720 In public laboratories -32.4%

Cumulative confirmed cases 241,236 Cumulative percent positivity (23.3%) New confirmed cases in week 38 -

> Weekly percent positivity (10.3%) -36.7%

Cumulative confirmed deaths 8,032 CFR (3.3%) New confirmed deaths in week 38 Week 38 CFR (1.7%) 200.0%

Key: ● Increasing ● Decreasing ● No change

COVID-19 Vaccination highlights At least one dose of Fully vaccinated Partially vaccinated *17,028,759 *1,864,497 *3,413,009 *18,893,256

*Note: During August 2024, around 13,104 doses of various COVID-19 vaccines have been administered which shows a 65.8% decrease compared to July 2024.

*Proportion of population 39.5% who are fully vaccinated *Proportion of population 43.8% who at least received one dose *Proportion of population who 7.9% received various booster doses

Table 5: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (28 Jul – 21 Sep 2024)

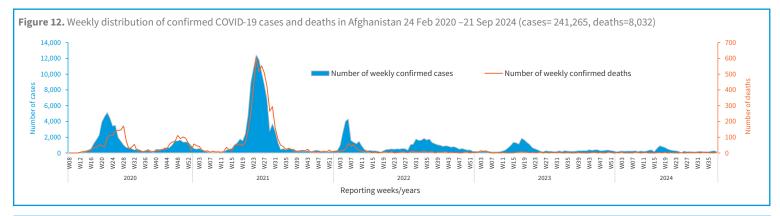
		1	1	1	1		1	1	
Indicators	W31	W32	W33	W34	W35	W36	W37*	W38	Trend line
Samples tested (in public Labs)	2,020	2,237	1,446	1,739	1,572	1,899	2,546	1,720	1
Confirmed cases	189	204	165	159	156	214	281	178	
Percent positivity (%)	9.4	9.1	11.4	9.1	9.9	11.3	11.0	10.3	
Deaths	3	0	4	2	2	1	1	3	V
CFR (%)	1.6	0.0	2.4	1.3	1.3	0.5	0.4	1.7	V

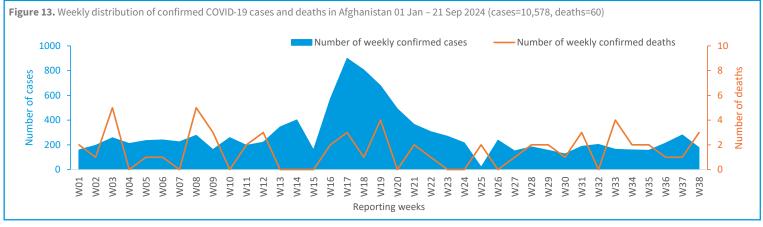
^{*}A delayed reporting was experienced during week 37 and the number of samples tested and confirmed COVID-19 cases were modified from 2,057 to 2,546 and from 234 to 281, respectively.

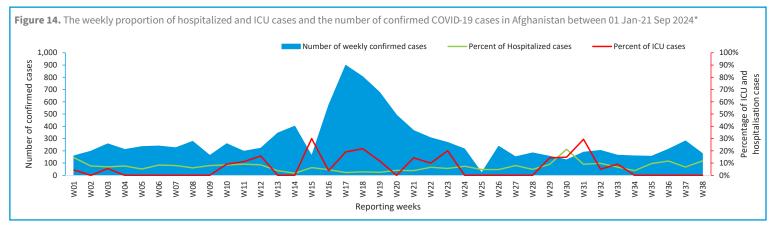
^{*} The denominator is 43,100,596 based on OCHA estimation 2024



- The epidemiological curve of confirmed COVID-19 cases indicates an increasing trend for the past 2 weeks followed by a declining trend in this week (Figures 12 & 13).
- During week 38-2024, a total of 1,720 samples were tested in public labs, of which 178 were positive for COVID-19 (positivity rate 10.3%) with 3 associated death (CFR 1.7%). The number of positive cases shows a 36.7% decrease compared to the preceding week (Table 5 and Figure 13).
- The 3 new reported deaths were all over five females.
- Since the beginning of 2024, a total of 10,578 COVID-19 confirmed cases and 60 deaths (CFR=0.6%) have been reported. Out of the total cases, 5,777 (54.6%) were females while females represented almost 3 quarters of deaths (46, 76.7%).
- During week 38-2024, among 178 confirmed cases, 21 (11.8%) were hospitalized, while none of the hospitalized cases were admitted to ICU (Figure 14).
- Since the beginning of 2024, a total of 91,468 samples of COVID-19 have been tested by public health laboratories across the country, out of which 10,578 were positive (positivity rate 11.6%), while the overall number of COVID-19 samples tested by public health laboratories reached to 1,037,069 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-21 Sep 2024)





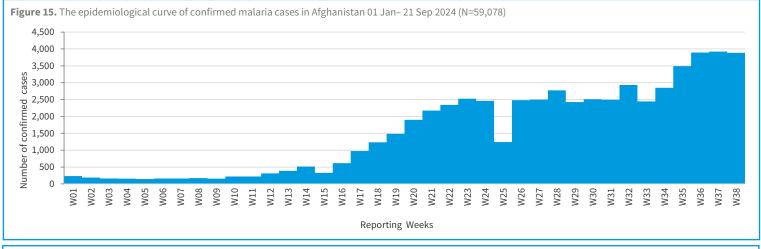


2 (0.003) Total malaria deaths (CFR %)

Table 6: Summary of the confirmed malaria outbreak in the last eight weeks in Afghanistan (28 Jul – 21 Sep 2024)

Indicators	W31	W32	W33	W34	W35	W36	W37	W38	Trend line
Confirmed cases	2,494	2,931	2,444	2,850	3,489	3,895	3,922	3,886	-
Confirmed deaths	0	0	1	0	0	0	0	0	\wedge
CFR (%)	0.00	0.00	0.04	0.00	0.00	0.00	0.00	0.00	

- The epi curve of confirmed malaria cases shows a gradual increase, with the peak reached during week 37-2024 with stabilization observed during the current week (Figure 15).
- During week 38-2024, 3,886 confirmed cases with no associated deaths were reported from 27 provinces, which shows
 a slight decrease in the number of cases compared to the previous week.
- The trend of confirmed malaria cases in 2024 is higher than the 3-year average (2020-22), while closely following the trend observed in 2023 (Figure 16).
- Since the beginning of 2024, a total of 59,078 confirmed malaria cases with 2 associated deaths were reported from 32 provinces. Out of the total cases, 12,377 (21.0%) were under-five children, and 27,808 (47.1%) were females.
- The highest cumulative incidence of malaria per 10,000 population was reported from Nuristan (336.3) followed by Kunar (238.1), Laghman (127.3), and Nangarhar (72.2) (Figure 17).



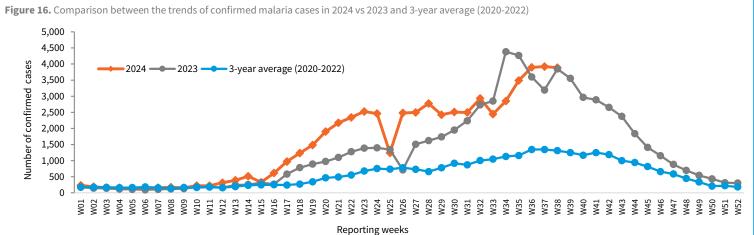
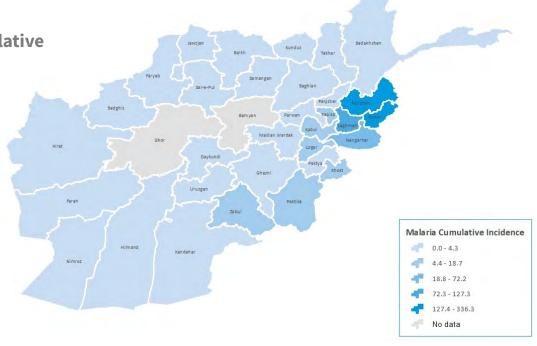




Figure 17. Confirmed malaria cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan - 21 Sep 2024

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Confirmed malaria cumulative Incidence per 10,000 population by province 01 Jan-21 Sep 2024



Note: MOPH is the source of epidemiological data Case definition & alert/outbreak thresholds

Contact us for further information:

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