



AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #40-2024

No. 40 (29 Sep - 05 Oct 2024)

Disease Outbreaks

AWD with dehydration

Dengue fever
(Suspected)

CCHF
(Suspected)

Measles
(Suspected)

COVID-19
(Confirmed)

Malaria
(Confirmed)

Cumulative Cases 2024

146,555

2,597

1,101

52,539

11,047

64,674

Cumulative deaths 2024 (CFR %)

70 (0.05)

1 (0.04)

89 (8.1)

237 (0.5)

63 (0.6)

2 (0.003)

(Data from 610 (99.5%) out of 613 sentinel sites)

Acute Watery Diarrhea (AWD) with Dehydration Outbreak (01 Jan-05 Oct 2024)



146,555

Total AWD with dehydration cases



70

Total AWD with dehydration deaths



7,671

Samples tested for AWD with dehydration (RDTs)



1,112

RDT-positive cases for AWD with dehydration



14.5%

RDT positivity rate for AWD with dehydration

Table 1: Summary of the AWD with dehydration outbreak in the last eight weeks in Afghanistan (11 Aug – 05 Oct 2024)

Indicators	W33	W34	W35	W36	W37	W38	W39	W40	Trend line
Number of cases	6,081	6,048	5,224	5,528	4,463	4,177	3,657	3,228	
Number of deaths	3	1	3	2	1	2	2	3	
CFR (%)	0.05	0.02	0.06	0.04	0.02	0.05	0.05	0.09	

- The epi-curve shows a decreasing trend since week 31-2024, which could be linked to the end of the summer season (Figure 1).
- During week 40-2024, 3,228 AWD with dehydration cases with 3 associated deaths were reported from 179 districts, which shows an 11.7% decrease in the number of cases compared to the previous week.
- The 3 new deaths were all under-five children while 2 of them were females, reported from 2 provinces; Badakhshan (2) and Paktika (1).
- During week 40-2024, 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 (116.6) followed by Nimroz (109.5), Logar (91.8), and Kabul (72.2) (Figure 2).
- Since the beginning of 2024, a total of 146,555 AWD with dehydration cases and 70 associated deaths (CFR=0.05%) were reported from 346 districts. Out of the total cases, 81,069 (55.3%) were under-five children, and 72,621 (49.6%) were females.
- Since the beginning of 2024, 7,671 Rapid Diagnostic Tests (RDTs) have been conducted on AWD with dehydration cases, of which 1,112 tests turned positive (positivity rate 14.5%).

Figure 1. The weekly distribution of AWD with dehydration cases in Afghanistan 01 Jan– 05 Oct 2024 (N=146,555)

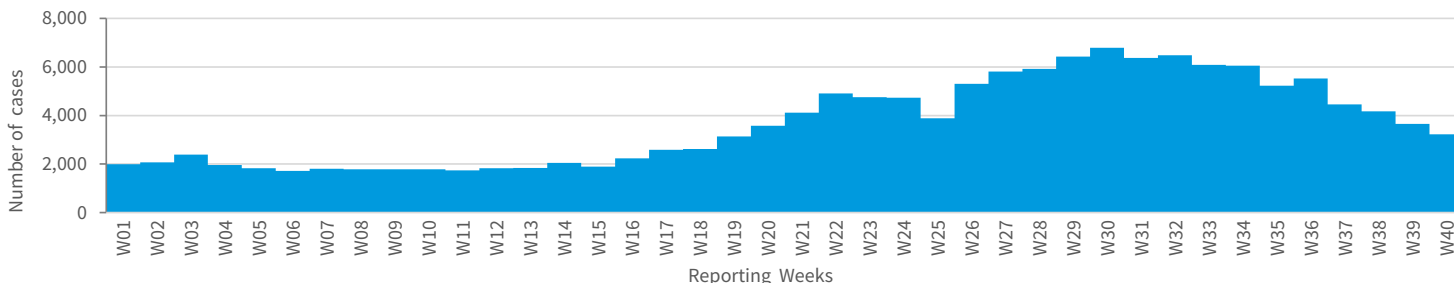
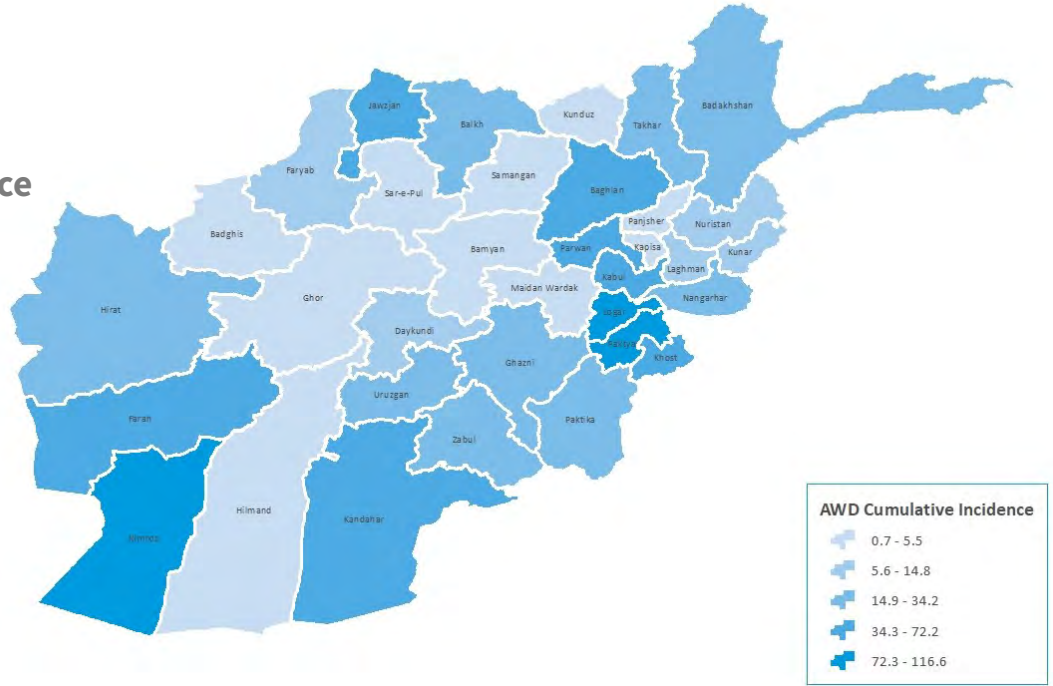




Figure 2. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 05 Oct 2024

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AWD with dehydration cumulative incidence per 10,000 population by province 01 Jan - 05 Oct 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’ focal points have been trained on Event-based Surveillance (EBS) and e-surveillance procedures from the Central, East, South, and Southeast regions.
 - A total of 29 Surveillance Supporting Team members (SSTs) from Nangarhar, Kunar, Laghman, and Nuristan provinces were trained on sample collection, storage, and shipment of surveillance-targeted diseases.
 - 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-05 Oct 2024)



2,597
Total Cases



1
Total Deaths



***1,297**
Sample tested



447
Lab confirmed cases



34.5%
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 (11 Aug – 05 Oct 2024)

Indicators	W33	W34	W35	W36	W37	W38	W39	W40	Trend line
Suspected cases	77	123	109	113	81	118	138	194	
suspected deaths	0	0	0	0	0	0	0	1	
CFR (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	

- The epi curve of suspected dengue fever cases shows an increasing trend since week 25, 2024 with a new peak in week 40 -2024 (Figure 3).
- During week 40-2024, 194 suspected cases of dengue fever with one associated death were reported from Nangarhar province. This represents a 40.6% increase in the number of suspected cases compared to the preceding week. This week represents the highest number of weekly suspected cases reported over the past four years.
- The first confirmed dengue fever death in 2024, is an over-five male from Nangarhar province.
- 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 2,597 suspected cases of dengue fever with one associated death were reported (CFR=0.04%), out of which 1,322 (50.9%) were females, and 48 (1.8%) were under-five children. The geographical distribution and weekly change rate are shown in Figure 5.
- Since the beginning of 2024, a total of 1,297 samples have been tested, out of which 477 were positive by PCR (positivity rate 34.5%).

Figure 3. The epidemiological curve of suspected dengue fever cases in Afghanistan 1 Jan – 05 Oct 2024, (N=2,597)

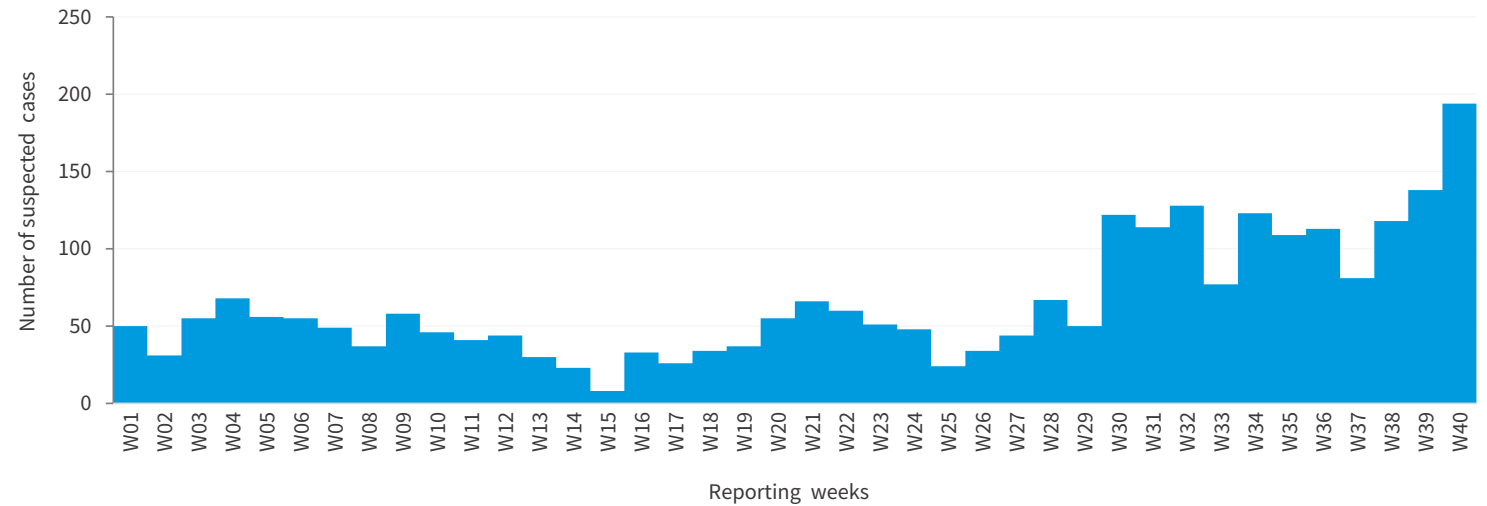


Figure 4. Comparison between the trends of suspected dengue fever cases in 2024 vs 2023 and 2-year average (2021-2022).

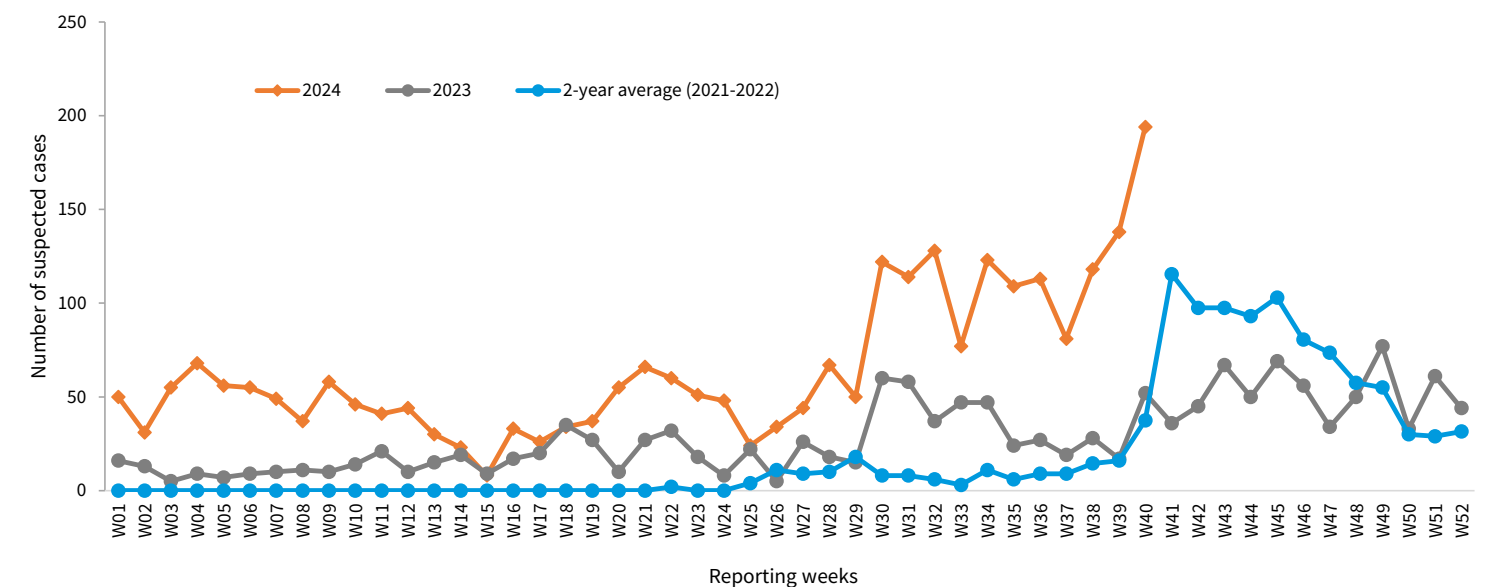
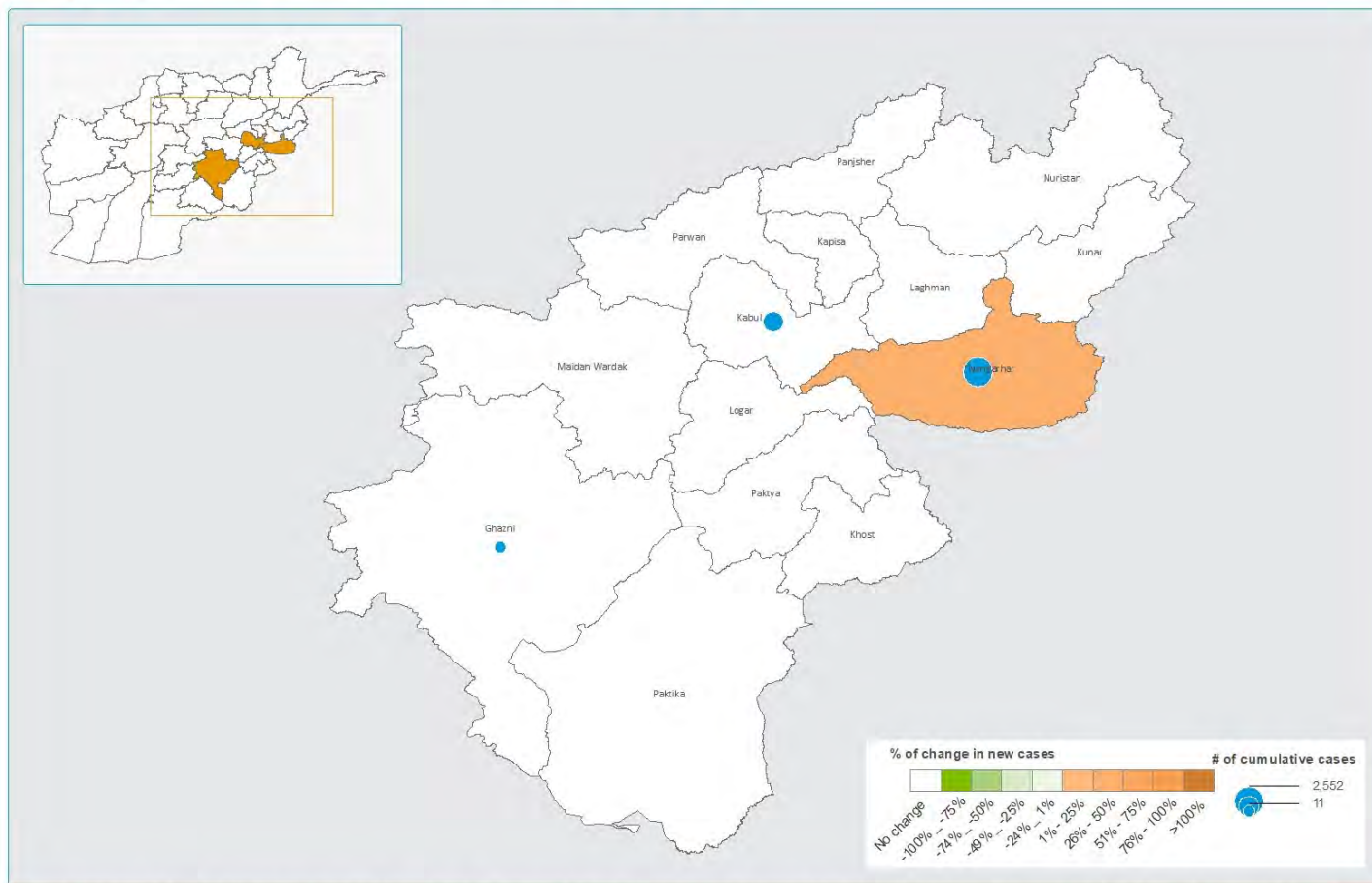




Figure 5. Geographical distribution of suspected dengue fever cases and percent change of new cases in Afghanistan, 01 Jan – 05 Oct 2024



Geographical distribution of suspected dengue fever cases in Nangarhar, Ghazni and Kabul provinces and weekly percent of changes (between weeks 39 and 40, 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: 05 Oct 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-05 Oct 2024)



1,101

Total CCHF cases



89

Total CCHF deaths



752

Samples tested for CCHF



251

Lab-confirmed CCHF cases



33.4%

CCHF test positivity rate

Table 3: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (11 Aug – 05 Oct 2024)

Indicators	W33	W34	W35	W36	W37	W38	W39	W40	Trend line
Suspected cases	53	41	33	36	22	31	31	40	
Suspected deaths	4	3	2	5	1	3	1	1	
CFR (%)	7.5	7.3	6.1	13.9	4.5	9.7	3.2	2.5	



- The epi-curve of suspected CCHF cases shows a declining trend since week 27-2024 (Figures 6 & 7).
- During week 40-2024, 40 new suspected CCHF cases with 1 associated death were reported, which shows a 29.0% increase in the number of suspected CCHF cases compared to the preceding week (Table 3). The recent increase could be attributed to the CCHF outbreak which occurred in Parwan province in the last week of Sep 2024.
- The new death was an over-five female, reported from Nangarhar province.
- On 21 Sep 2024, a CCHF outbreak was reported from Kafshan valley of Shinwari district. After the investigations and contact tracings as of Oct 1, 2024, a total of 36 cases have been detected among which 10 were confirmed by RT-PCR testing. The cases were referred to National Infectious Disease Hospital (NIDH) of Kabul.
- Since the beginning of 2024, a total of 1,101 suspected cases of CCHF with 89 associated deaths (CFR=8.1%) were reported. Out of the total cases, 1,097 (99.6%) were over-five, while 346 (31.4%) were females.
- The reported deaths were mostly over five years old (88, 98.9%), while 24 (27.0%) were females. Deaths were reported from 8 provinces Kabul (53), Balkh (18), Herat (5), Kunduz (4), Kapisa (3), Nangarhar (3), Baghlan (2), and Kunar (1).
- Since the beginning of 2024, a total of 752 samples of suspected CCHF cases have been tested, out of which 251 were positive (positivity rate 33.4%) from 13 provinces.
- The positive cases were reported from Kabul (170), 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 (9.4) followed by Kabul (7.3), Kapisa (6.3), and Jawzjan (5.3) provinces (Figure 8).

Figure 6. Weekly distribution of suspected CCHF cases in Afghanistan 01 Jan – 05 Oct 2024, (N=1,101)

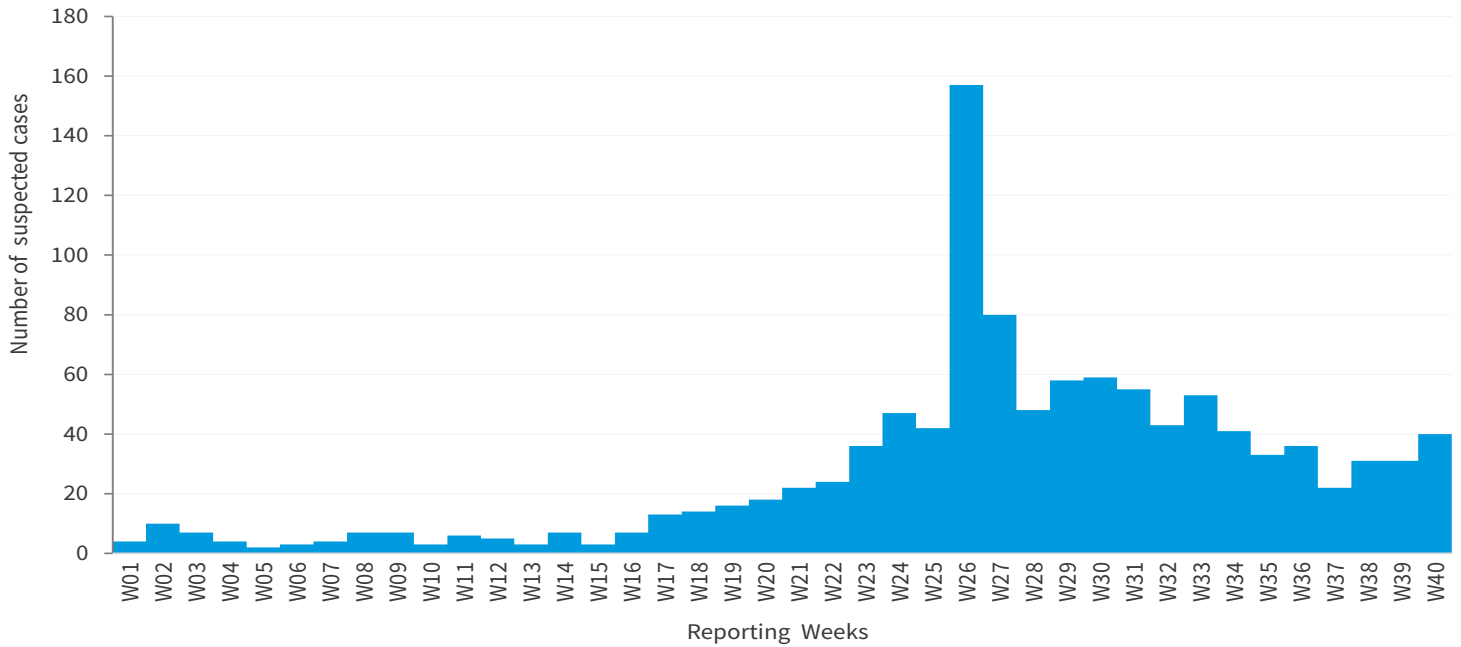


Figure 7. Comparison between the trends of suspected CCHF cases in 2024 vs 2023 and the 3-year average (2020-2022)

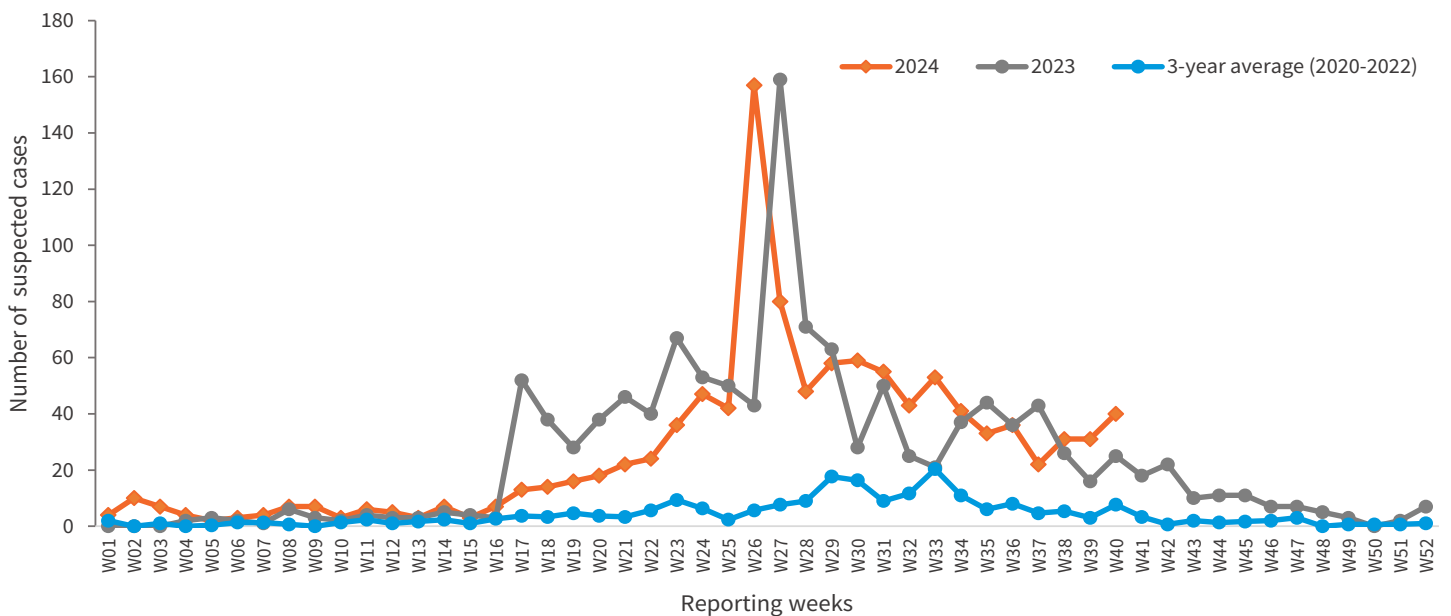
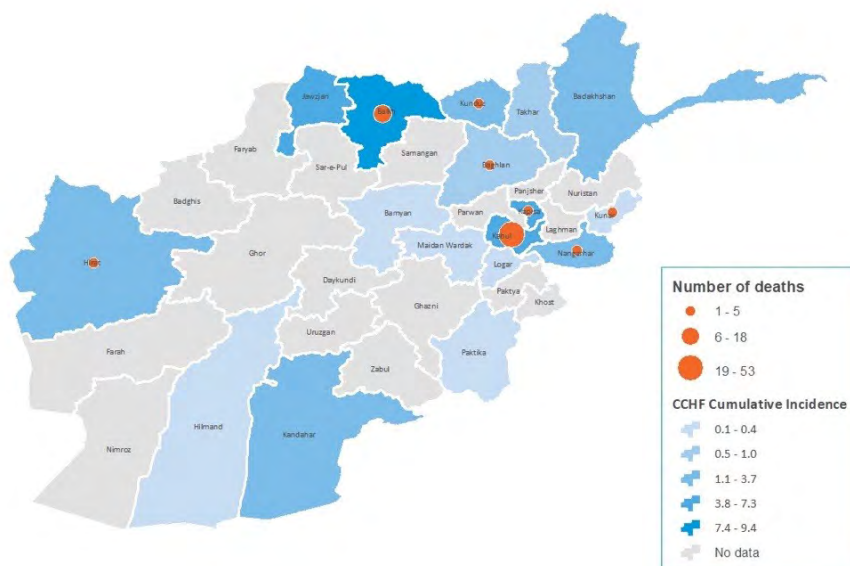




Figure 8. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 01 Jan – 05 Oct 2024

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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 – 05 Oct 2024



Updates on the response to the CCHF outbreak

- On 2 Oct 2024, a team consisting of WHO, NDSR, and JACK team members visited the Shinwar district of Parwan province and provided the needed support as well as investigated and responded to the cluster of confirmed CCHF cases in the province.
- 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-05 Oct 2024)



52,539

Total Cases



237

Total Deaths



10,869

Sample tested



6,386

Lab confirmed cases



58.8%

Test positivity rate

Table 4: Summary of the measles outbreak in the last eight weeks in Afghanistan (11 Aug – 05 Oct 2024)

Indicators	W33	W34	W35	W36	W37	W38	W39	W40	Trend line
Suspected cases	1,370	1,403	1,265	892	860	779	804	820	
Suspected deaths	8	7	6	4	2	2	4	6	
CFR (%)	0.6	0.5	0.5	0.4	0.2	0.3	0.5	0.7	



- The epidemiological curve of suspected measles cases shows a decreasing 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 40-2024, a total of 820 suspected cases and 6 associated deaths were reported.
- The 6 new deaths were all under five children while 3 of them were females, reported from 4 provinces: Kandahar (3), Herat (1), Jawzjan (1), and Kabul (1).
- Since the beginning of 2024, a total of 52,539 suspected measles cases and 237 deaths (CFR=0.5%) were reported. Among suspected measles cases, 42,252 (80.4%) were under-five children, and 23,931 (45.5%) were females.
- Since the beginning of 2024, Khost has reported the highest cumulative incidence of suspected measles cases per 10,000 population (69.3), followed by Balkh (31.1), Jawzjan (22.9), and Urozgan (21.7) (Figure 11).

Figure 9. Weekly distribution of suspected measles cases in Afghanistan, 01 Jan to 05 Oct 2024 (N= 52,539)

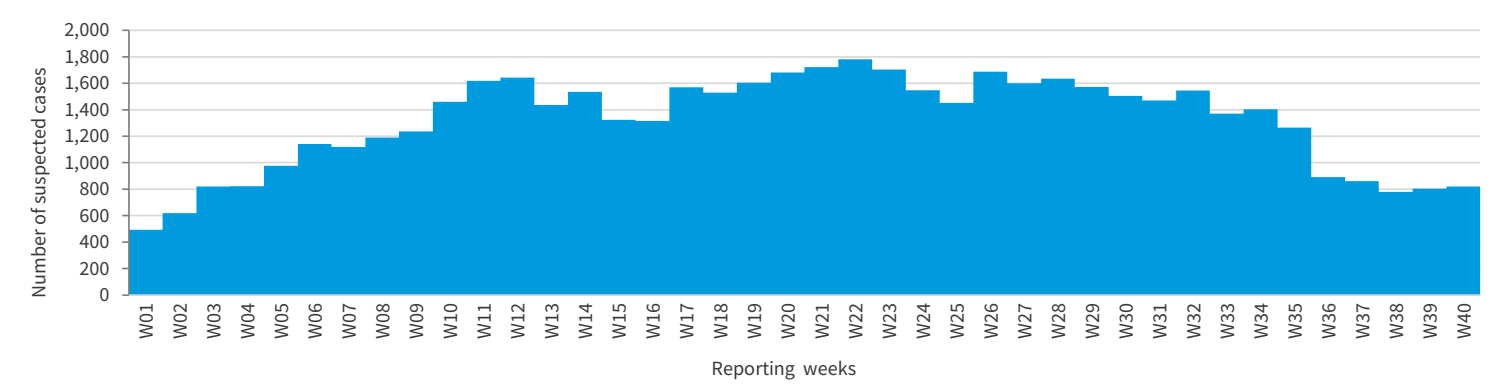


Figure 10. Comparison between the trends of suspected measles cases in 2024 vs 2023 and the 2-year average (2019-2020)

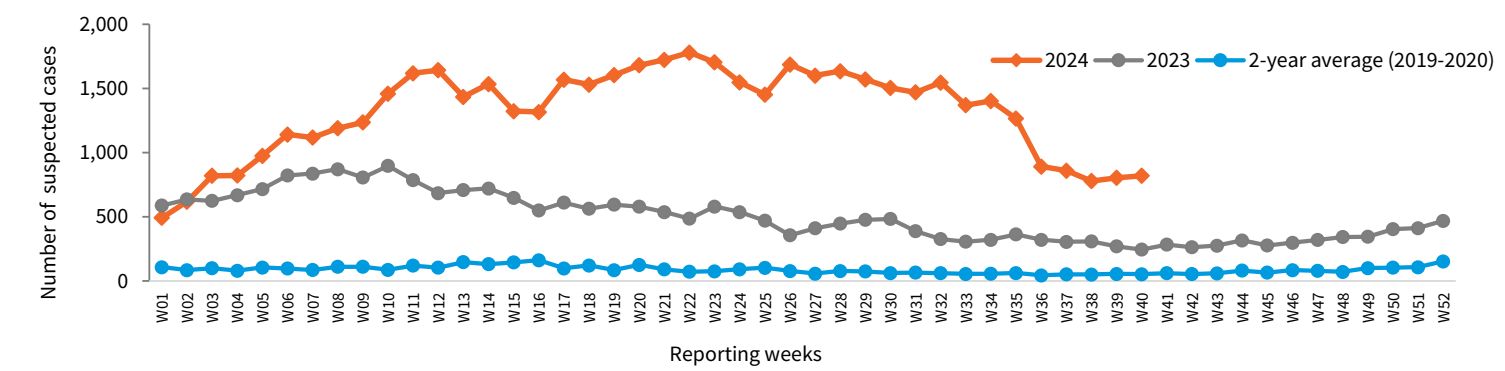
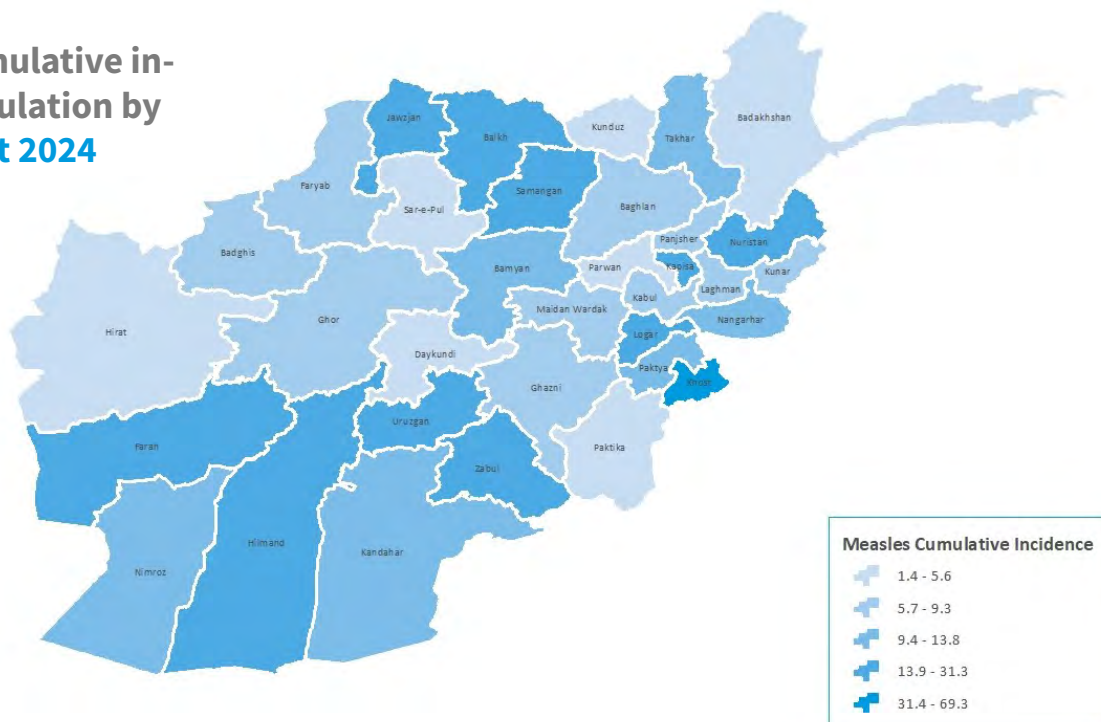


Figure 11. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 01 Jan-05 Oct 2024

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Suspected measles cumulative incidence per 10,000 population by province 01 Jan–05 Oct 2024





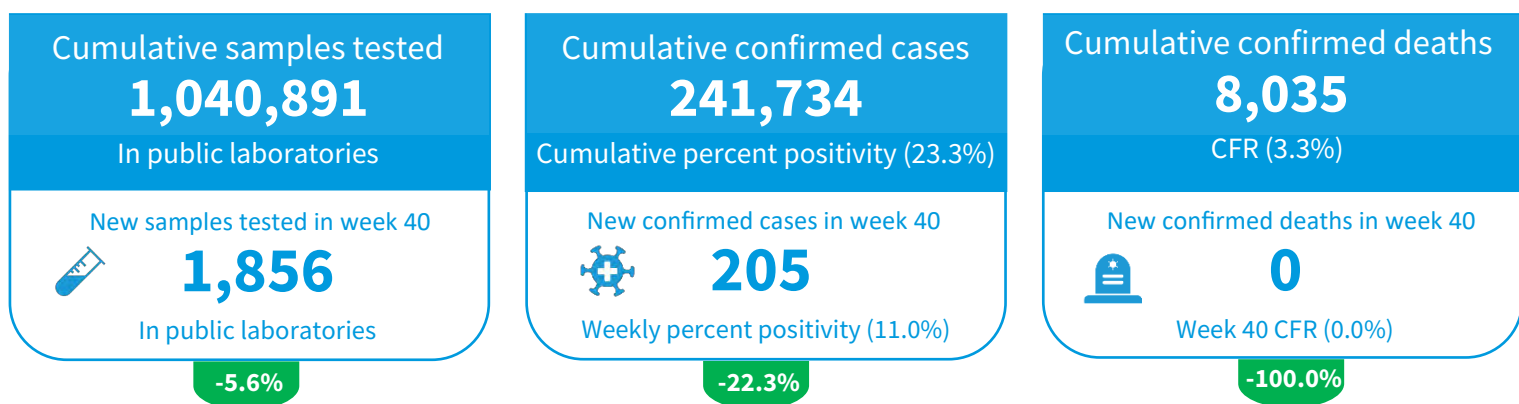
Updates on the preparedness and response to the Measles outbreak

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

- A total of 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, Bamyán, Parwan, Panjshir, Urozgan, Paktya, Paktika, Ghazni, Baghlan, Nuristan, Samangan, and Badghis).

COVID-19

(24 Feb 2020 — 05 Oct 2024)

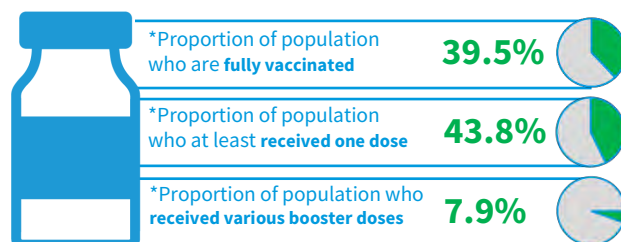


Key: ● Increasing ● Decreasing ● No change

COVID-19 Vaccination highlights



*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.



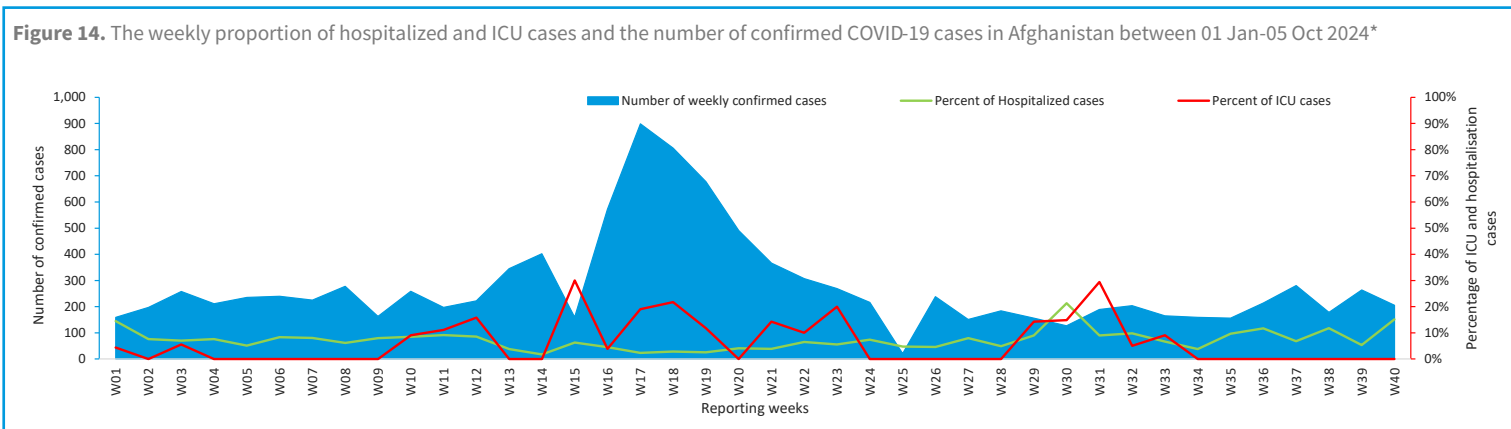
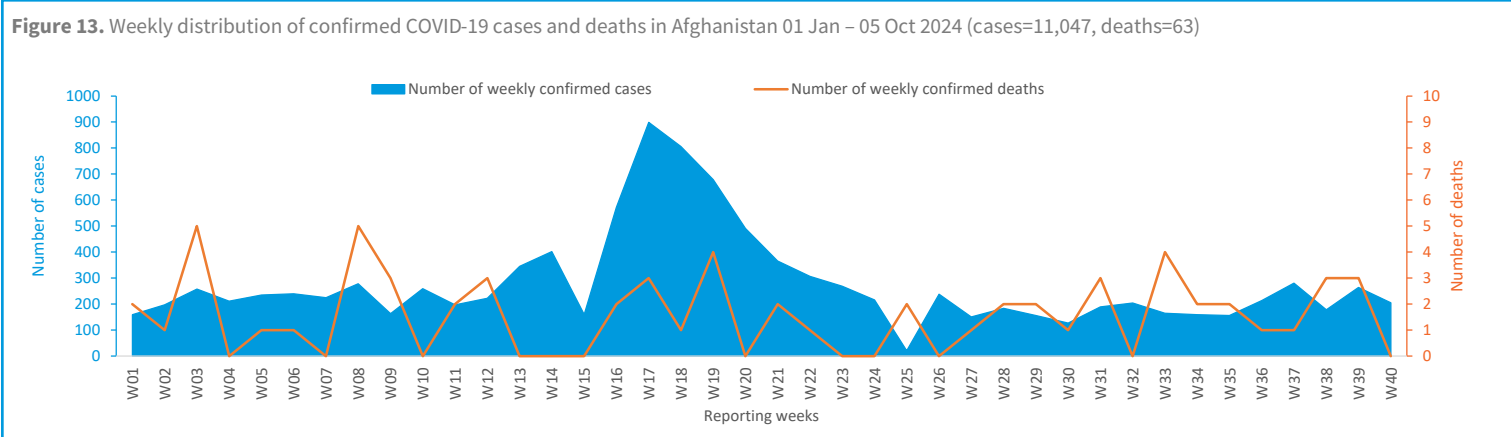
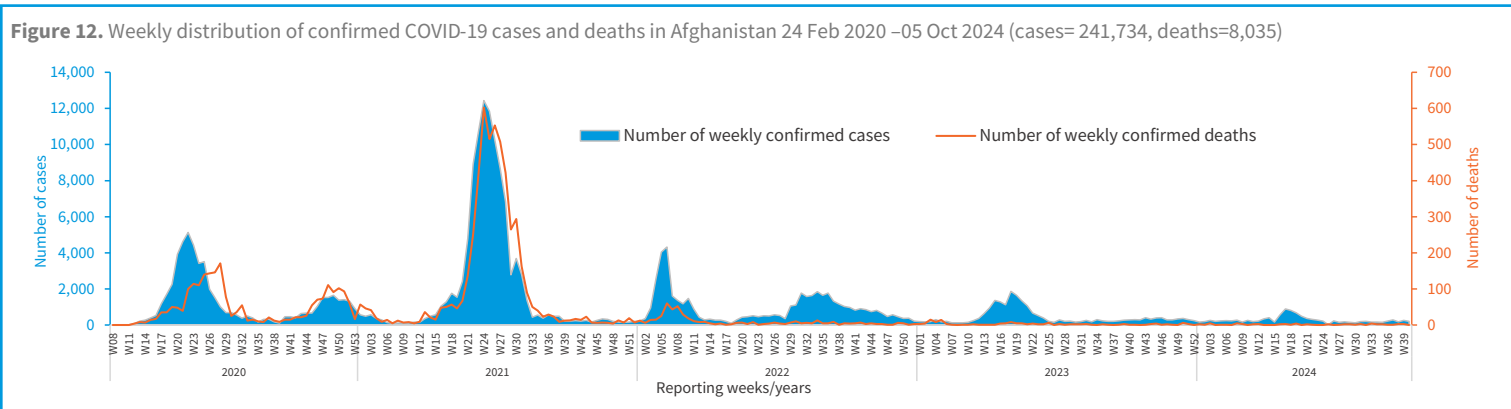
* The denominator is 43,100,596 based on OCHA estimation 2024

Table 5: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (11 Aug – 05 Oct 2024)

Indicators	W33	W34	W35	W36	W37	W38	W39	W40	Trend line
Samples tested (in public Labs)	1,446	1,739	1,572	1,899	2,546	1,720	1,966	1,856	
Confirmed cases	165	159	156	214	281	178	264	205	
Percent positivity (%)	11.4	9.1	9.9	11.3	11.0	10.3	13.4	11.0	
Deaths	4	2	2	1	1	3	3	0	
CFR (%)	2.4	1.3	1.3	0.5	0.4	1.7	1.1	0.0	



- The epidemiological curve of confirmed COVID-19 cases indicates a fluctuation in the recent weeks following the peak in the week 17-2024 (Figures 12 & 13).
- During week 40-2024, a total of 1,856 samples were tested in public labs, of which 205 were positive for COVID-19 (positivity rate 11.0%) with no associated deaths. The number of positive cases shows a 22.3% decrease compared to the preceding week (Table 5 and Figure 13).
- Since the beginning of 2024, a total of 11,047 COVID-19 confirmed cases and 63 deaths (CFR=0.6%) have been reported. Out of the total cases, 6,006 (54.4%) were females while females represented 3 quarters of deaths (47 - 74.6%).
- During week 40-2024, among 205 confirmed cases, 31 (15.1%) were hospitalized, while none of the hospitalized cases were admitted to ICU (Figure 14).
- Since the beginning of 2024, a total of 95,290 samples of COVID-19 have been tested by public health laboratories across the country, out of which 11,047 were positive (positivity rate 11.6%), while the overall number of COVID-19 samples tested by public health laboratories reached to 1,040,891 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-05 Oct 2024)



64,674

Total confirmed Malaria Cases



2 (0.003)

Total malaria deaths (CFR %)

Table 6: Summary of the confirmed malaria outbreak in the last eight weeks in Afghanistan (11 Aug – 05 Oct 2024)

Indicators	W33	W34	W35	W36	W37	W38	W39	W40	Trend line
Confirmed cases	2,444	2,850	3,489	3,895	3,922	3,886	3,043	2,553	
Confirmed deaths	1	0	0	0	0	0	0	0	
CFR (%)	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

- The overall epi curve of confirmed malaria cases shows a gradual increase, with the peak reaching during week 37-2024; however, a decrease has been observed in the past 2 weeks (Figure 15).
- During week 40-2024, 2,553 confirmed cases with no associated deaths were reported from 21 provinces, which shows a 16.1% 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 64,674 confirmed malaria cases with 2 associated deaths were reported from 32 provinces. Out of the total cases, 13,563 (21.0%) were under-five children, and 30,441 (47.1%) were females.
- The highest cumulative incidence of malaria per 10,000 population was reported from Nuristan (354.3) followed by Kunar (257.1), Laghman (142.3), and Nangarhar (79.8) (Figure 17).

Figure 15. The epidemiological curve of confirmed malaria cases in Afghanistan 01 Jan– 05 Oct 2024 (N=64,674)

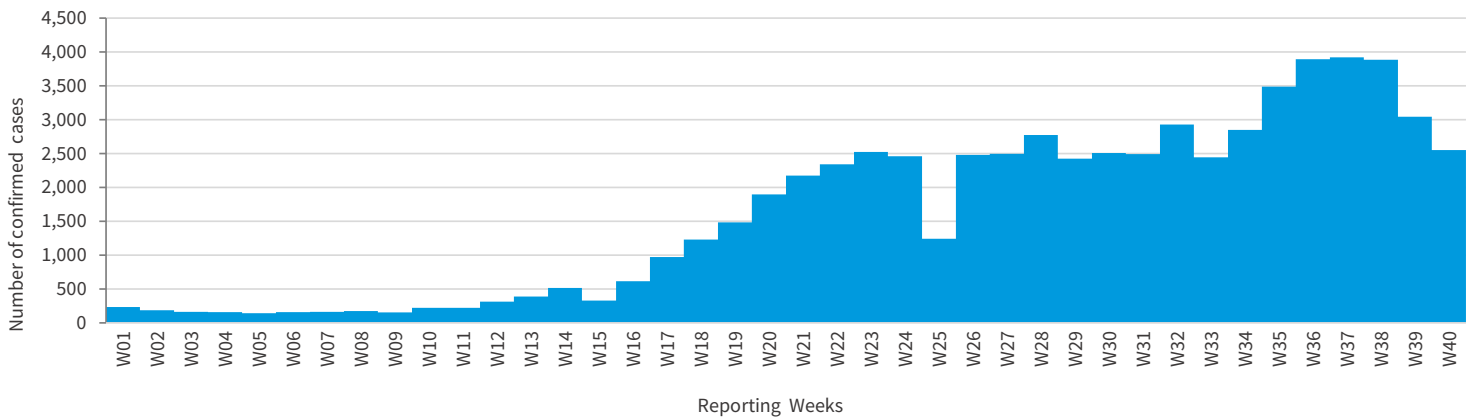


Figure 16. Comparison between the trends of confirmed malaria cases in 2024 vs 2023 and 3-year average (2020-2022)

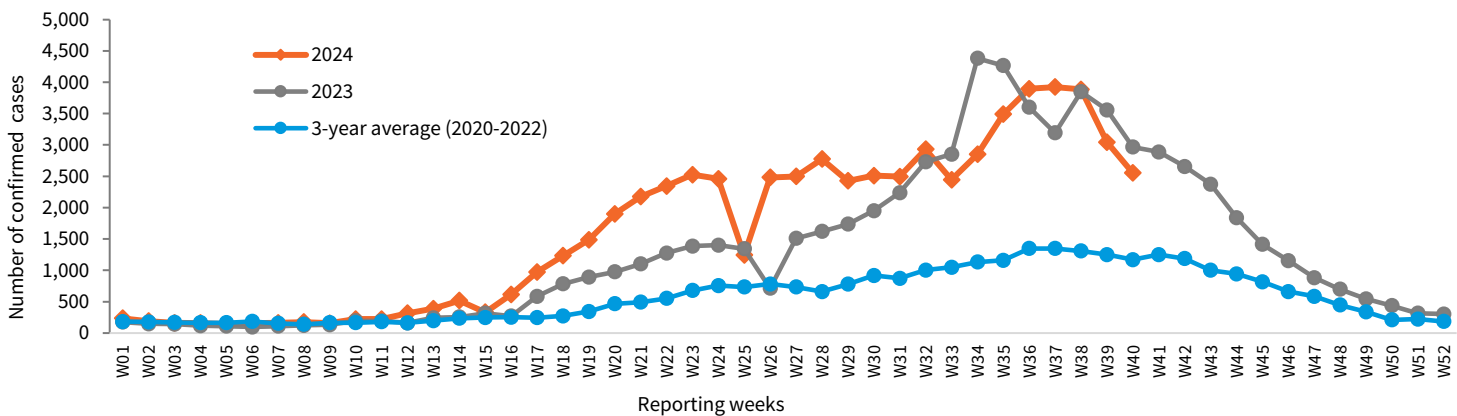
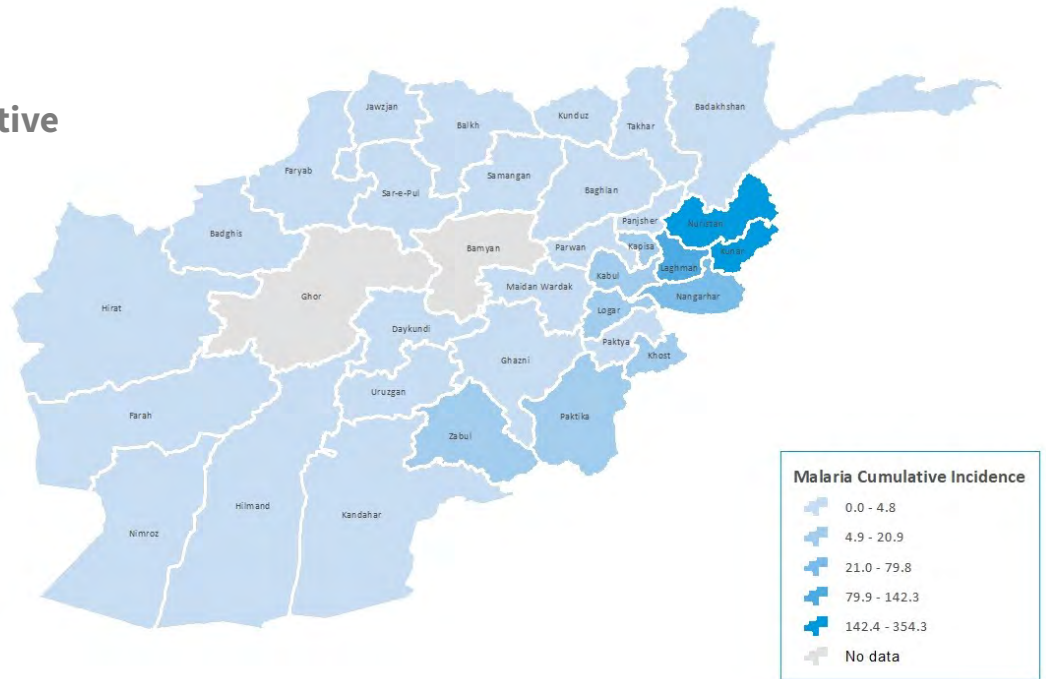




Figure 17. Confirmed malaria cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 05 Oct 2024

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Confirmed malaria cumulative
Incidence per 10,000
population by province
01 Jan-05 Oct 2024



Note: MOPH is the source of epidemiological data

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

Contact us for further information:

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