



AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #45-2024

No. 45 (03 - 09 Nov 2024)

Disease Outbreaks

AWD with dehydration

Dengue fever
(Suspected)

CCHF
(Suspected)

Measles
(Suspected)

COVID-19
(Confirmed)

Malaria
(Confirmed)

Acute Respiratory Infection

Cumulative Cases 2024

160,794

3,882

1,170

52,881

12,399

75,725

1,140,161

Cumulative deaths 2024 (CFR %)

80 (0.05)

2 (0.05)

93 (7.9)

253 (0.5)

68 (0.5)

3 (0.004)

2,630 (0.2)

(Data from 609 (99.3%) out of 613 sentinel sites)

Acute Watery Diarrhea (AWD) with Dehydration Outbreak (01 Jan-09 Nov 2024)

160,794
Total AWD with dehydration cases

80
Total AWD with dehydration deaths

8,920
Samples tested for AWD with dehydration (RDTs)

1,336
RDT-positive cases for AWD with dehydration

15.0%
RDT positivity rate for AWD with dehydration

Table 1: Summary of the AWD with dehydration outbreak in the last eight weeks in Afghanistan (15 Sep – 09 Nov 2024)

Indicators	W38	W39	W40	W41	W42	W43	W44	W45	Trend line
Number of cases	4,177	3,657	3,228	3,067	2,954	2,808	2,659	2,750	
Number of deaths	2	2	3	2	1	4	0	3	
CFR (%)	0.05	0.05	0.09	0.07	0.03	0.14	0.00	0.11	

- 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 45-2024, 2,750 AWD with dehydration cases with 3 associated deaths were reported from 157 districts, which is almost close to the number of cases reported in the previous week.
- The 3 new deaths were all under-five males reported from 3 provinces (Kabul, Nimroz, and Paktika).
- During week 45-2024, 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 (130.9) followed by Nimroz (123.7), Logar (100.1), and Kabul (79.1) (Figure 2).
- Since the beginning of 2024, a total of 160,794 AWD with dehydration cases and 80 associated deaths (CFR=0.05%) were reported from 350 districts. Out of the total cases, 89,223 (55.5%) were under-five children, and 79,586 (49.5%) were females.
- Since the beginning of 2024, 8,920 Rapid Diagnostic Tests (RDTs) have been conducted on AWD with dehydration cases, of which 1,336 tests turned positive (positivity rate 15.0%).

Figure 1. The epidemiological curve of AWD with dehydration cases in Afghanistan 01 Jan – 09 Nov 2024 (N=160,794)

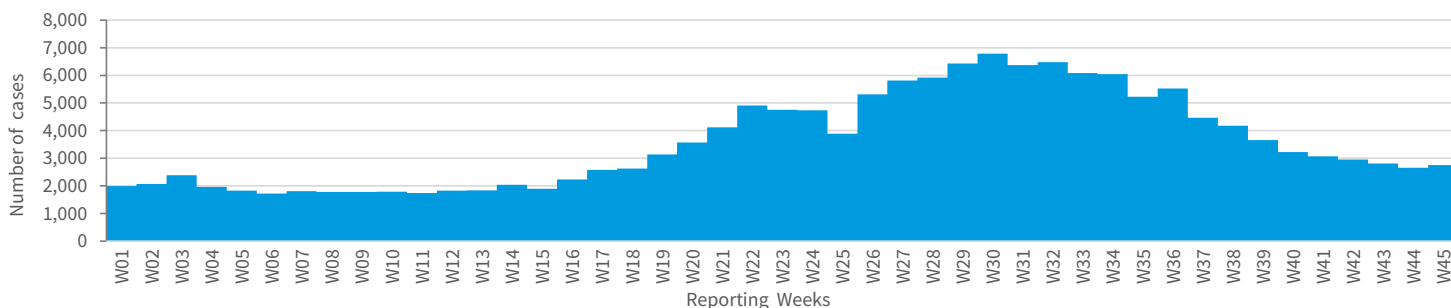
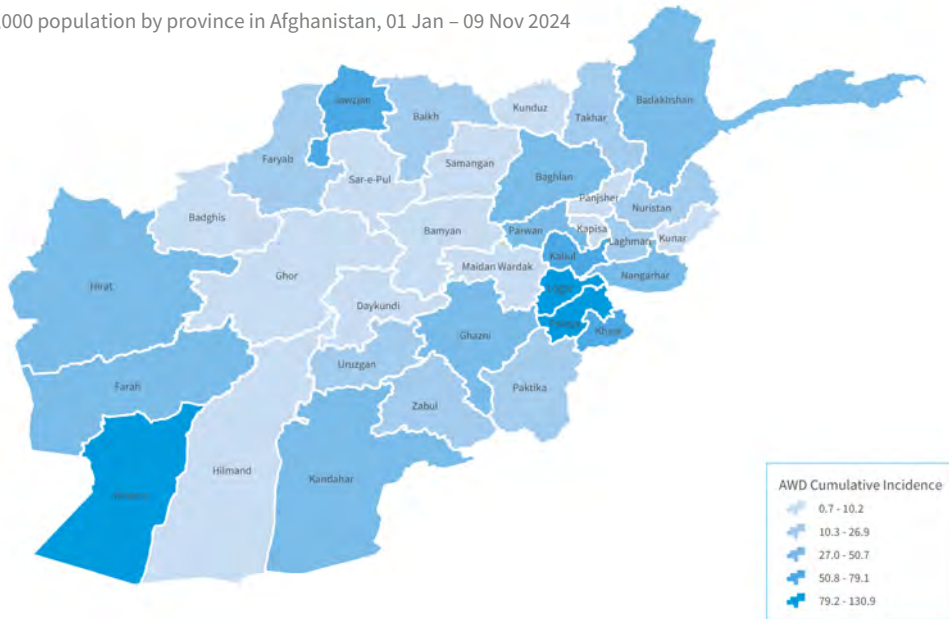




Figure 2. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 09 Nov 2024

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AWD with dehydration cumulative incidence per 10,000 population by province 01 Jan - 09 Nov 2024



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

- During week 45-2024, a total of 151 and 242 healthcare workers including medical doctors, Community Health Supervisors, and Heads of Health Facilities have been trained on Event-based Surveillance (EBS) procedures in Badakhshan and Nangarhar provinces respectively. This brings the total number of healthcare workers trained on EBS procedures to 722 in Bamyan (124 including 26 females), Herat (205, all males), Badakhshan (151 including 3 females), and Nangarhar (242, all males) provinces.
- Since the beginning of 2024, the following activities have been conducted:
 - A total of 485 Surveillance sentinel sites’ FPs have been trained on E-surveillance (automated analysis) in the Central, East, Southeast, and West 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 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 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 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 WASH updates are shared on a bi-weekly basis; thus, no updates for this week.

Dengue Fever Outbreak (01 Jan-09 Nov 2024)



3,882
Total Cases



2
Total Deaths



***1,419**
Sample tested



497
Lab confirmed cases



35.0%
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 (15 Sep – 09 Nov 2024)

Indicators	W38	W39	W40	W41	W42	W43	W44	W45	Trend line
Suspected cases	118	138	194	152	181	333	337	282	
suspected deaths	0	0	1	0	0	0	1 *	0	
CFR (%)	0.0	0.0	0.5	0.0	0.0	0.0	0.3	0.0	

*A delayed reporting was experienced during week 44-2024 and the number of suspected dengue fever deaths was changed from 0 to 1.

- The epi curve of suspected dengue fever cases shows an increasing trend starting from week 26, reaching its highest peak in week 44-2024 (Figure 3).
- During week 45-2024, 282 suspected cases of dengue fever with no associated deaths were reported from Nangarhar province. This shows a 16.3% decrease in the number of suspected cases compared to the preceding week.
- The one death reported with a delay during week 44-2024 was 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 3,882 suspected cases of dengue fever with 2 associated deaths were reported (CFR=0.05%), out of which 1,791 (46.1%) were females, and 62 (1.6%) were under-five children. The geographical distribution and weekly change rate are shown in Figure 5.
- Since the beginning of 2024, a total of 1,419 samples have been tested, out of which 497 were positive by PCR (positivity rate 35.0%).

Figure 3. The epidemiological curve of suspected dengue fever cases in Afghanistan 1 Jan – 09 Nov 2024, (N=3,882)

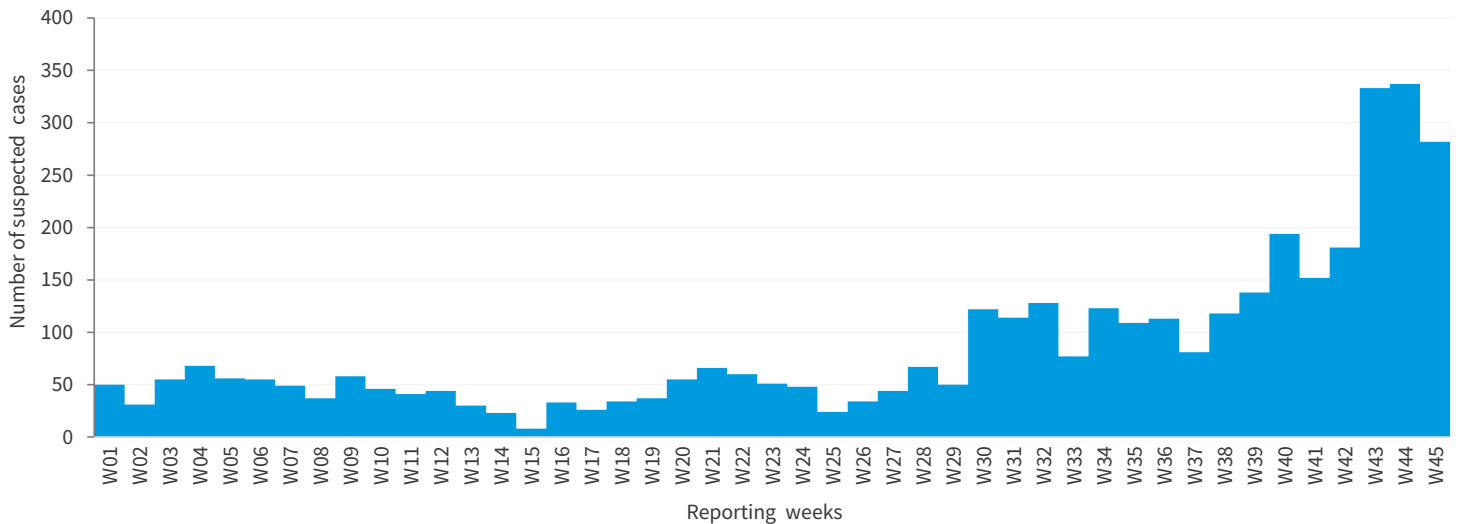


Figure 4. Comparison between the trends of suspected dengue fever cases in 2024 vs 2023 and 2-year average (2021-2022).

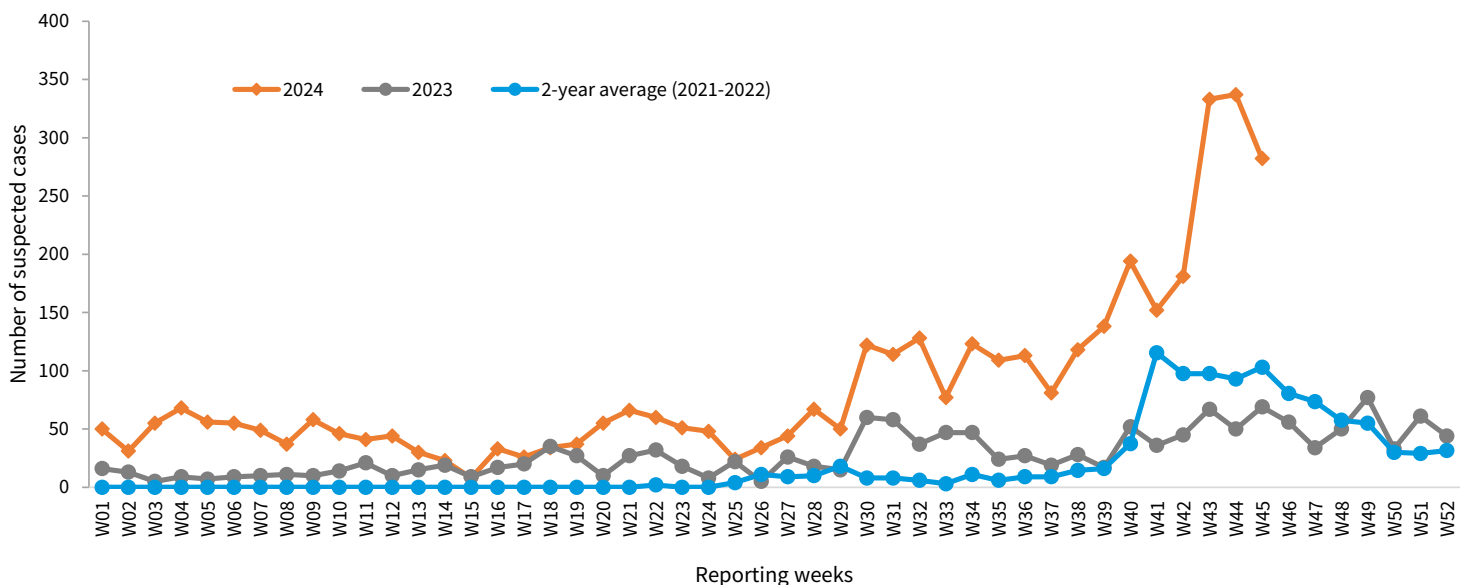
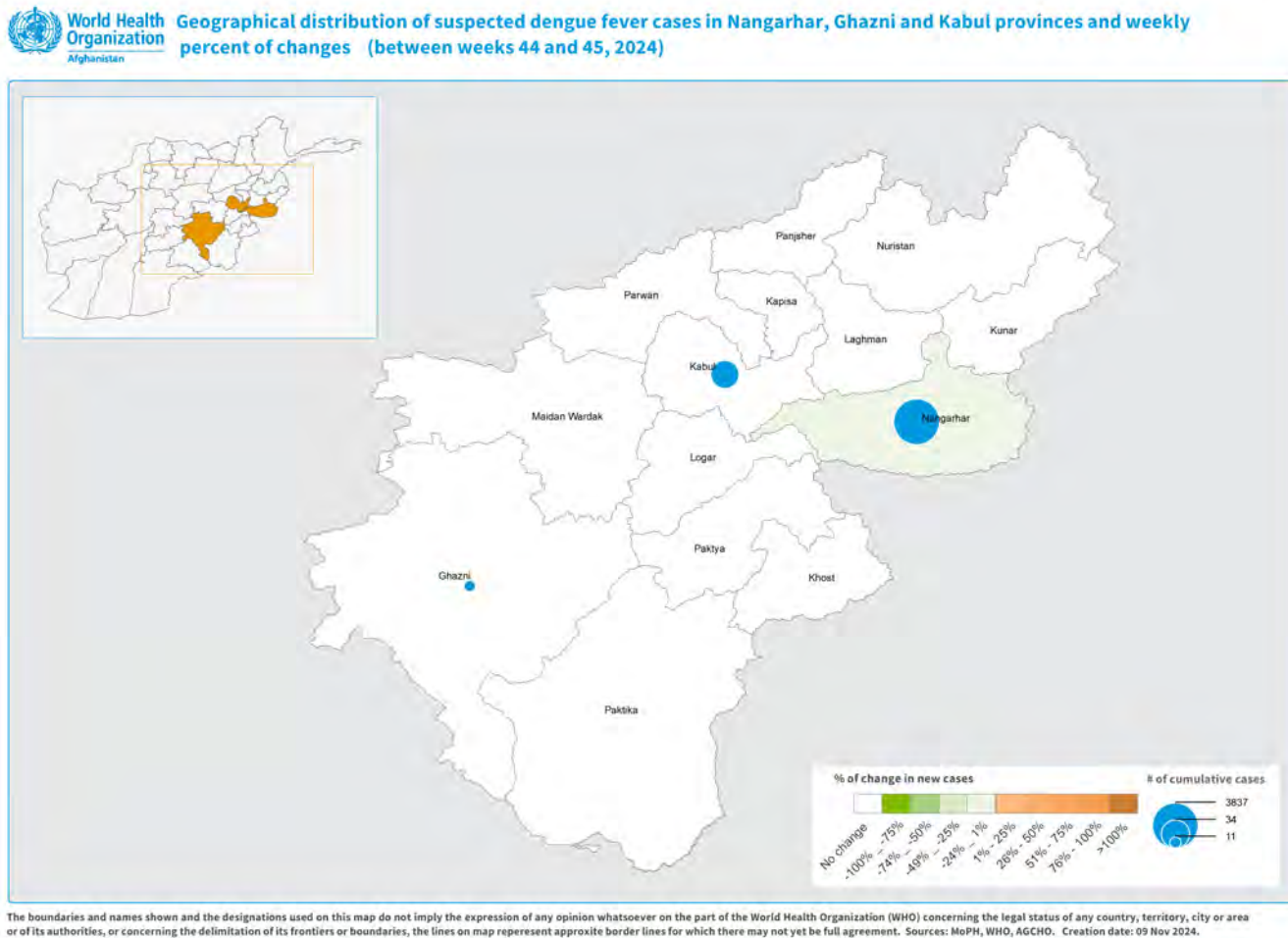


Figure 5. Geographical distribution of suspected dengue fever cases and percent change of new cases in Afghanistan, 01 Jan – 09 Nov 2024



Updates in the response to the dengue fever outbreak

Since the beginning of 2024, the following activities were conducted:

- As part of the outbreak response to dengue fever Gravitraps and larvicides are being distributed to the hotspot areas of Nangarhar province.
- 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-09 Nov 2024)

1,170
Total CCHF cases

93
Total CCHF deaths

775
Samples tested for CCHF

252
Lab-confirmed CCHF cases

32.5%
CCHF test positivity rate

Table 3: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (15 Sep – 09 Nov 2024)

Indicators	W38	W39	W40	W41	W42	W43	W44	W45	Trend line
Suspected cases	31	31	40	18	20	9	12	10	
Suspected deaths	3	1	1	1	3	0	0	0	
CFR (%)	9.7	3.2	2.5	5.6	15.0	0.0	0.0	0.0	



- The epi-curve of suspected CCHF cases shows a declining trend since week 27-2024 (Figures 6 & 7).
- During week 45-2024, 10 new suspected CCHF cases with no associated deaths were reported, which shows a 16.7% decrease in the number of suspected CCHF cases compared to the preceding week (Table 3).
- Since the beginning of 2024, a total of 1,170 suspected cases of CCHF with 93 associated deaths (CFR=7.9%) were reported. Out of the total cases, 1,165 (99.6%) were over-five, while 363 (31.0%) were females.
- The reported deaths were mostly over five years old (92, 98.9%), while 26 (28.0%) were females. Deaths were reported from 9 provinces Kabul (55), Balkh (18), Herat (5), Kunduz (4), Kapisa (4), Nangarhar (3), Baghlan (2), Badakhshan (1), and Kunar (1).
- Since the beginning of 2024, a total of 775 samples of suspected CCHF cases have been tested, out of which 252 were positive (positivity rate 32.5%) from 13 provinces.
- The positive cases were reported from 13 provinces Kabul (170), Balkh (23), Kunduz (20), Herat (12), 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 (9.6) followed by Kabul (7.9), Kapisa (6.9), and Jawzjan (6.0) provinces (Figure 8).

Figure 6. The epidemiological curve of suspected CCHF cases in Afghanistan 01 Jan – 09 Nov 2024, (N=1,170)

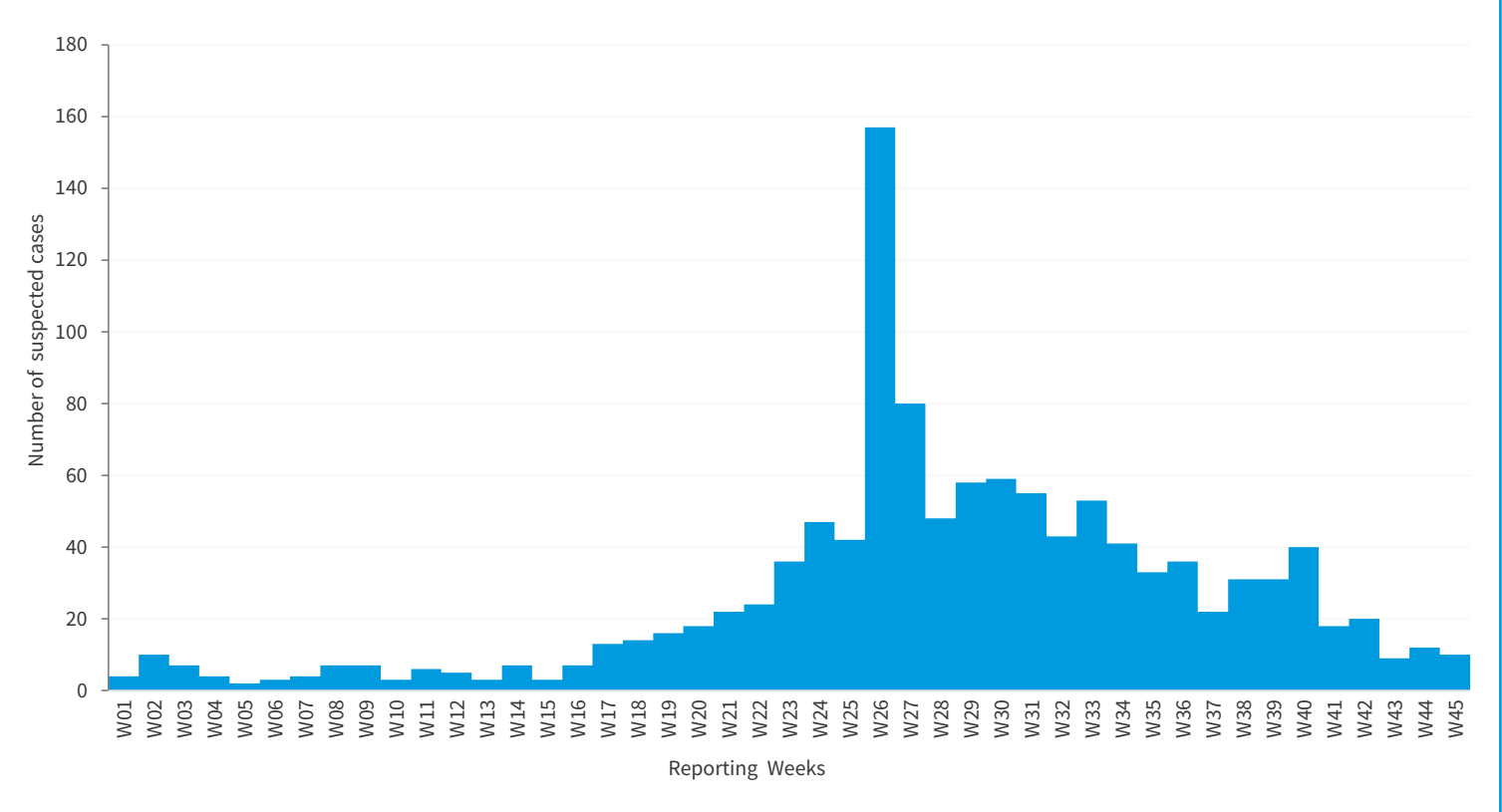


Figure 7. Comparison between the trends of suspected CCHF cases in 2024 vs 2023 and the 3-year average (2020-2022)

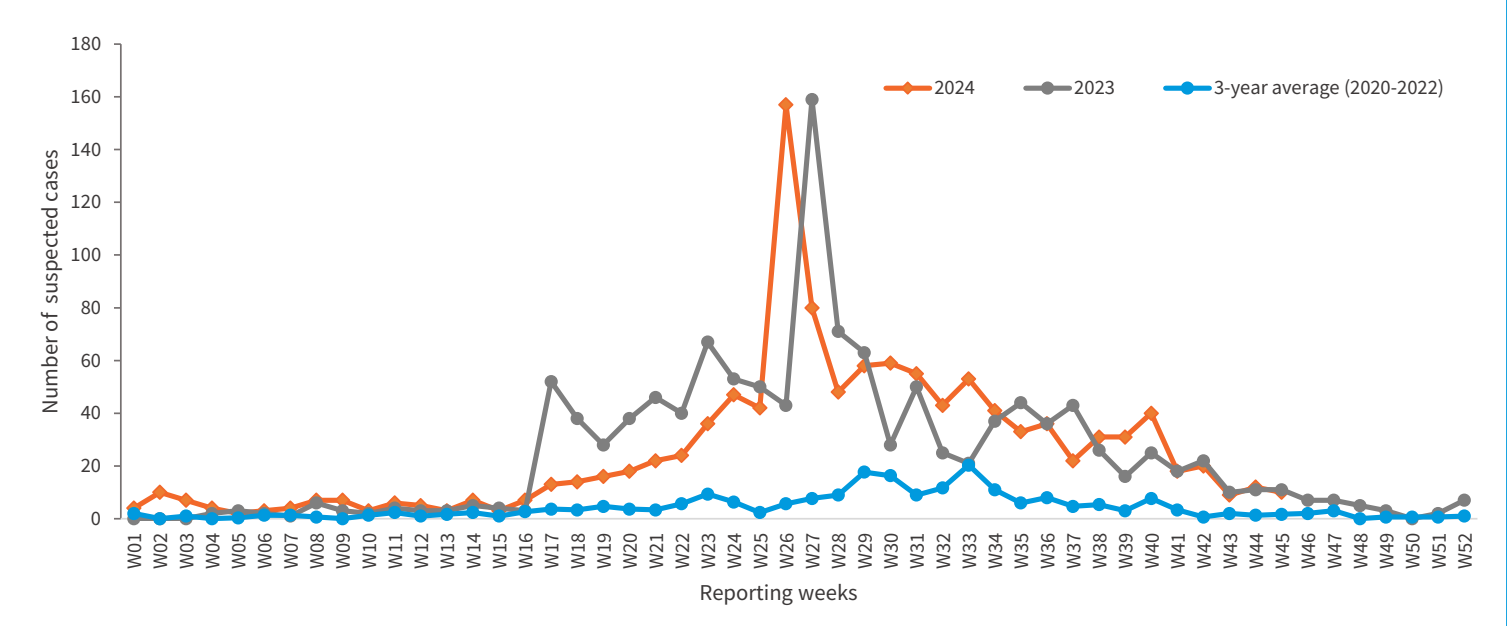
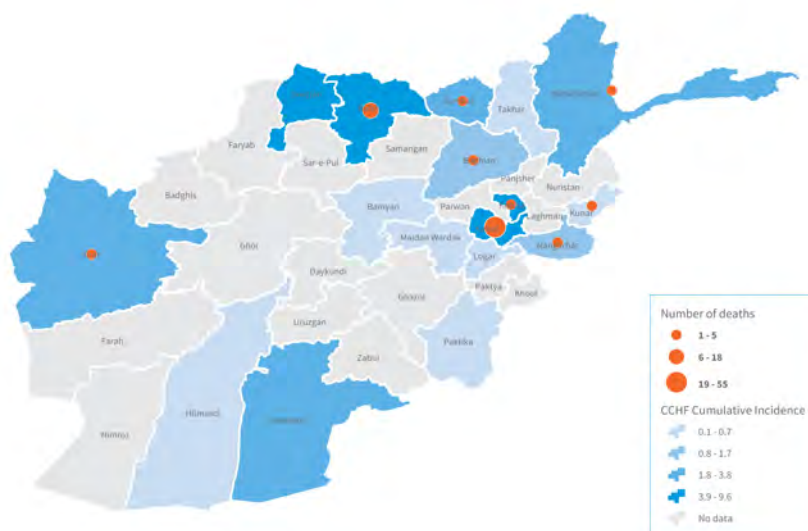




Figure 8. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 01 Jan – 09 Nov 2024

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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 – 09 Nov 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 The Ministry of Agriculture, Irrigation and Livestock (MAIL) and Food and Agriculture Organization (FAO).
 - The national 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-09 Nov 2024)



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 (15 Sep – 09 Nov 2024)

Indicators	W38	W39	W40	W41	W42	W43	W44	W45	Trend line
Suspected cases	779	804	820	719	833	752	780	872	
Suspected deaths	2	4	6	4	2	3	6	1	
CFR (%)	0.3	0.5	0.7	0.6	0.2	0.4	0.8	0.1	



- 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 45-2024, a total of 872 suspected cases and 1 associated death were reported, which shows an 11.8% increase in the number of suspected cases compared to the preceding week.
- The new death was an under-five male reported from Urozgan province.
- Since the beginning of 2024, a total of 52,881 suspected measles cases and 253 deaths (CFR=0.5%) were reported. Among suspected measles cases, 42,258 (79.9%) were under-five children, and 24,026 (45.4%) were females.
- Since the beginning of 2024, Balkh has reported the highest cumulative incidence of suspected measles cases per 10,000 population (34.0), followed by Khost (30.0), Urozgan (25.8), and Jawzjan (24.6) (Figure 11).

Figure 9. The epidemiological curve of suspected measles cases in Afghanistan, 01 Jan to 09 Nov 2024 (N= 52,881)

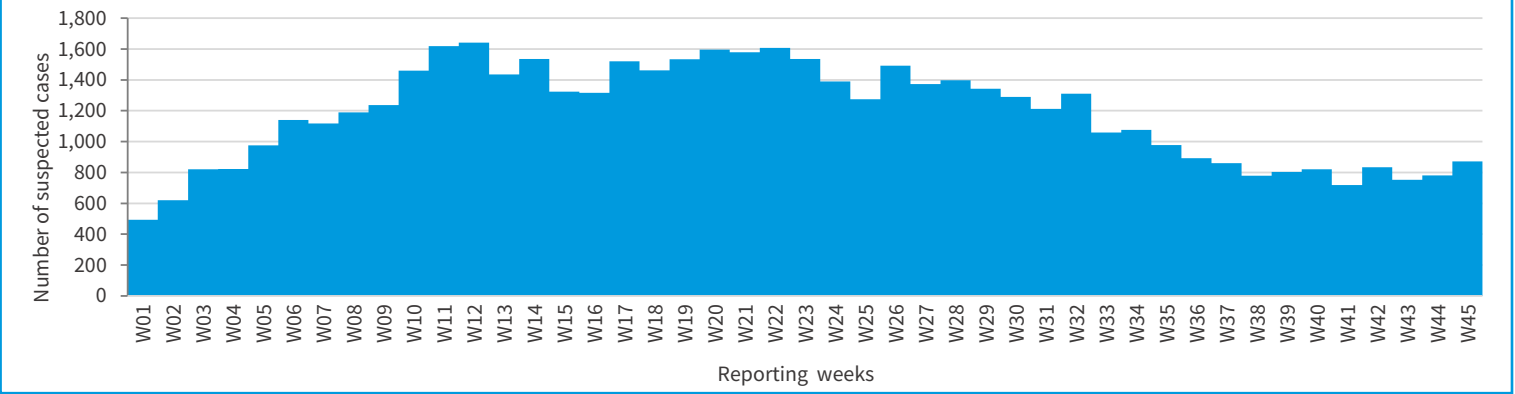


Figure 10. Comparison between the trends of suspected measles cases in 2024 vs 2023 and the 2-year average (2019-2020)

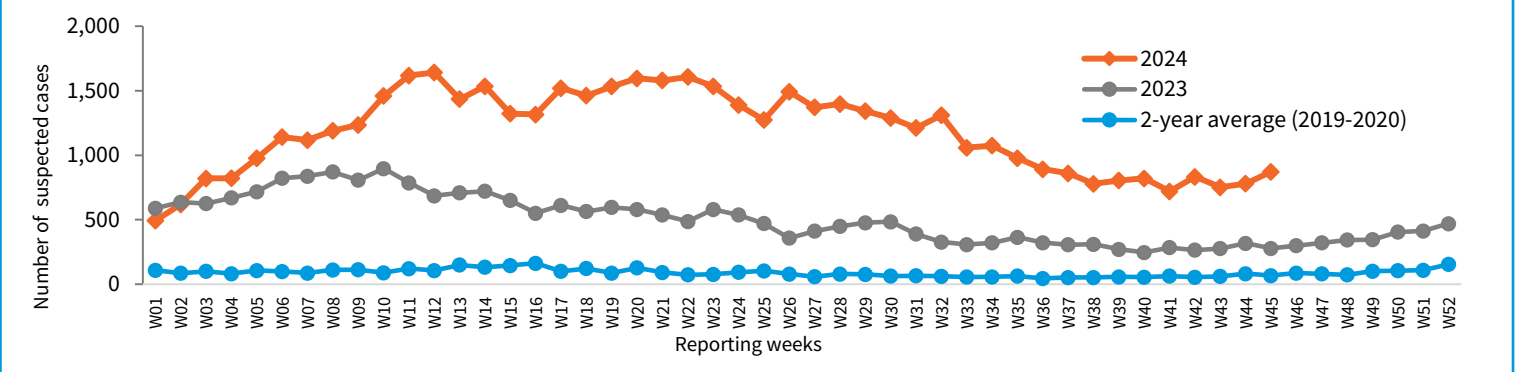
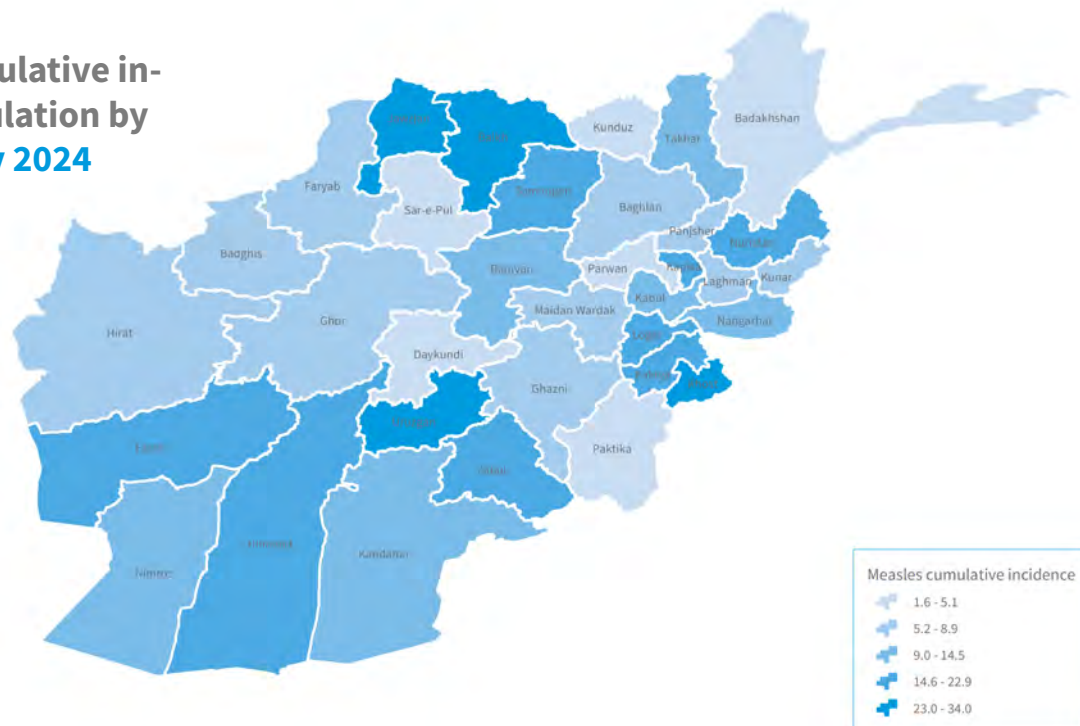


Figure 11. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 01 Jan-09 Nov 2024

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Suspected measles cumulative incidence per 10,000 population by province 01 Jan—09 Nov 2024



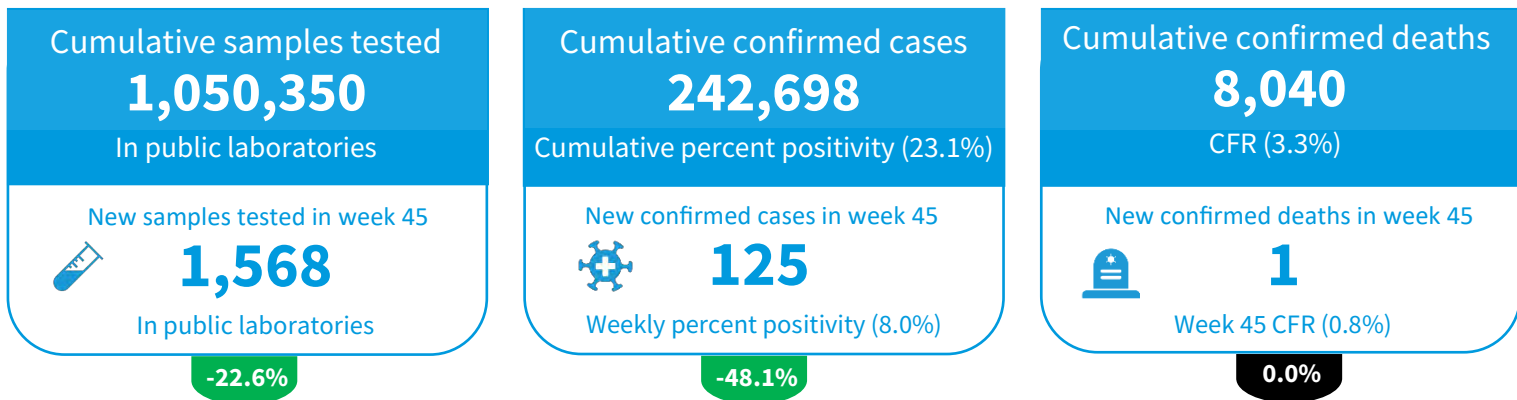


Updates on the preparedness and response to the Measles outbreak

- During week 45-2024, a total of 217 children 9-59 months have been vaccinated against the measles outbreak in 6 provinces (Zabul, Nangarhar, Kabul, Wardak, Urozgan, and Ghor). This brings the total number of children 9-59 months vaccinated against measles to 30,169 as part of outbreak response immunization activities 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 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 — 09 Nov 2024)

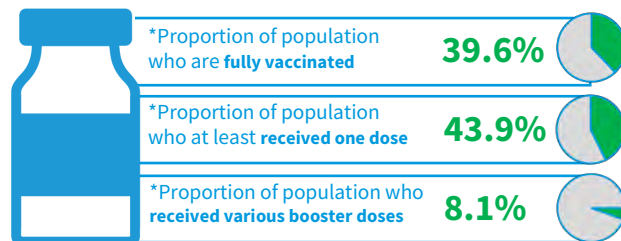


Key: ● Increasing ● Decreasing ● No change

COVID-19 Vaccination highlights



*Note: During October 2024, around 755 doses of various COVID-19 vaccines have been administered which shows a 97.2% decrease compared to September 2024.



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

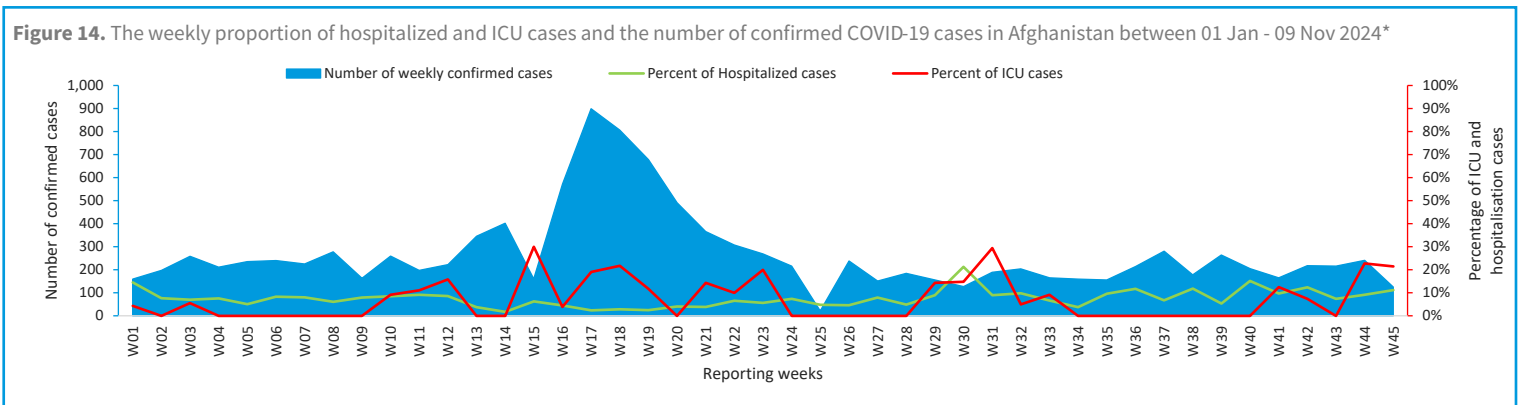
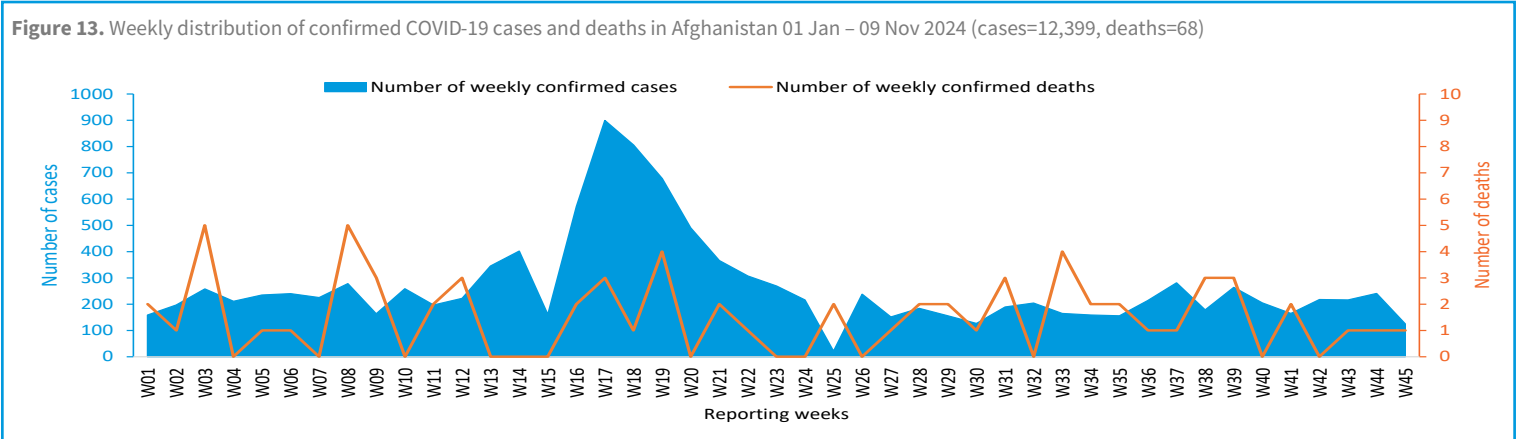
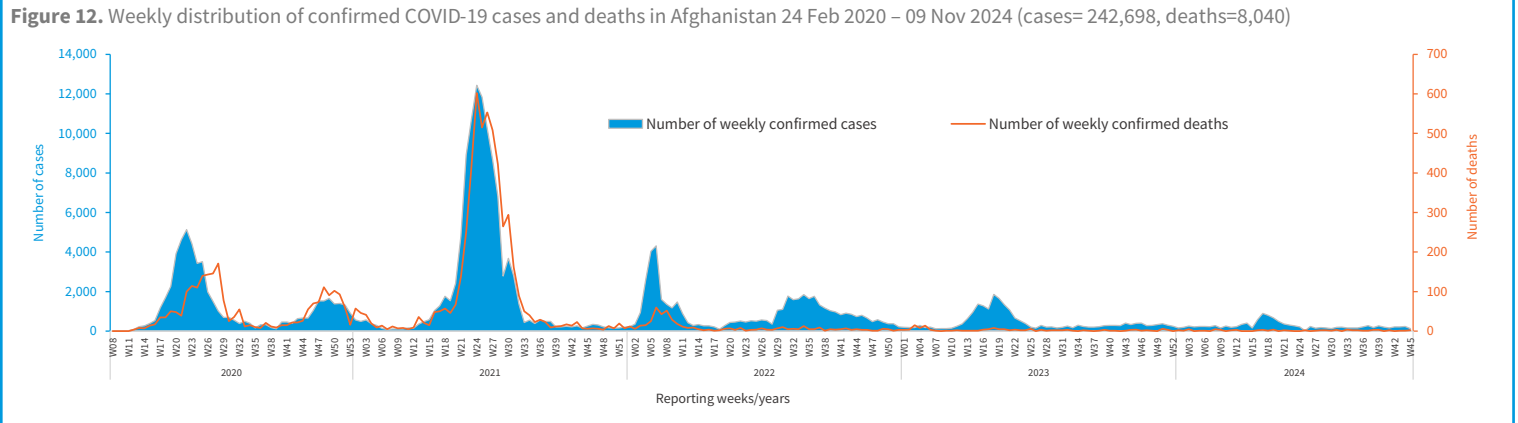
Table 5: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (15 Sep – 09 Nov 2024)

Indicators	W38	W39	W40	W41	W42	W43	W44	W45	Trend line
Samples tested (in public Labs)	1,720	1,966	1,856	1,572	2,138	2,156	2,025 *	1,568	
Confirmed cases	178	264	205	165	218	216	241 *	125	
Percent positivity (%)	10.3	13.4	11.0	10.5	10.2	10.0	11.9	8.0	
Deaths	3	3	0	2	0	1	1	1	
CFR (%)	1.7	1.1	0.0	1.2	0.0	0.5	0.4	0.8	

*A delayed reporting was experienced during week 44-2024 and the number of samples tested and confirmed COVID-19 cases were modified from 1,704 to 2,025 and from 145 to 241, respectively.



- The epidemiological curve of confirmed COVID-19 cases indicates a fluctuation at the lower level in the recent weeks following the peak in the week 17-2024 (Figures 12 & 13).
- During week 45-2024, a total of 1,568 samples were tested in public labs, of which 125 were positive for COVID-19 (positivity rate 8.0%) with one associated death (CFR 0.8%). The number of positive cases shows a 48.1% decrease compared to the preceding week (Table 5 and Figure 13).
- Since the beginning of 2024, a total of 12,399 COVID-19 confirmed cases and 68 deaths (CFR=0.5%) have been reported. Out of the total cases, 6,728 (54.3%) were females while females represented 3 quarters of deaths (50 - 73.5%).
- During week 45-2024, among 125 confirmed cases, 14 (11.2%) were hospitalized, while out of 14 hospitalized cases, 3 (21.4%) were admitted to ICU (Figure 14).
- Since the beginning of 2024, a total of 108,286 samples of COVID-19 have been tested by public health laboratories across the country, out of which 12,399 were positive (positivity rate 11.5%), while the overall number of COVID-19 samples tested by public health laboratories reached to 1,050,350 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-09 Nov 2024)



75,725

Total confirmed Malaria Cases



3 (0.004)

Total malaria deaths (CFR %)

Table 6: Summary of the confirmed malaria outbreak in the last eight weeks in Afghanistan (15 Sep – 09 Nov 2024)

Indicators	W38	W39	W40	W41	W42	W43	W44	W45	Trend line
Confirmed cases	3,886	3,043	2,553	2,493	2,560	2,066	2,086	1,845	
Confirmed deaths	0	0	0	1	0	0	0	0	
CFR (%)	0.00	0.00	0.00	0.04	0.00	0.00	0.00	0.00	

- The epi curve of confirmed malaria cases shows a declining trend over the past 7 weeks, after reaching its peak during week 37-2024. However, 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 15, 16).
- During week 45-2024, 1,845 confirmed cases with no associated deaths were reported from 18 provinces, which shows an 11.6% decrease in the number of cases compared to the previous week.
- Since the beginning of 2024, a total of 75,725 confirmed malaria cases with 3 associated deaths (CFR=0.004%) were reported from 32 provinces. Out of the total cases, 15,804 (20.9%) were under-five children, and 35,586 (47.0%) were females.
- The highest cumulative incidence of malaria per 10,000 population was reported from Nuristan (396.5) followed by Kunar (284.8), Laghman (174.2), and Nangarhar (95.6) (Figure 17).

Figure 15. The epidemiological curve of confirmed malaria cases in Afghanistan 01 Jan – 09 Nov 2024 (N=75,725)

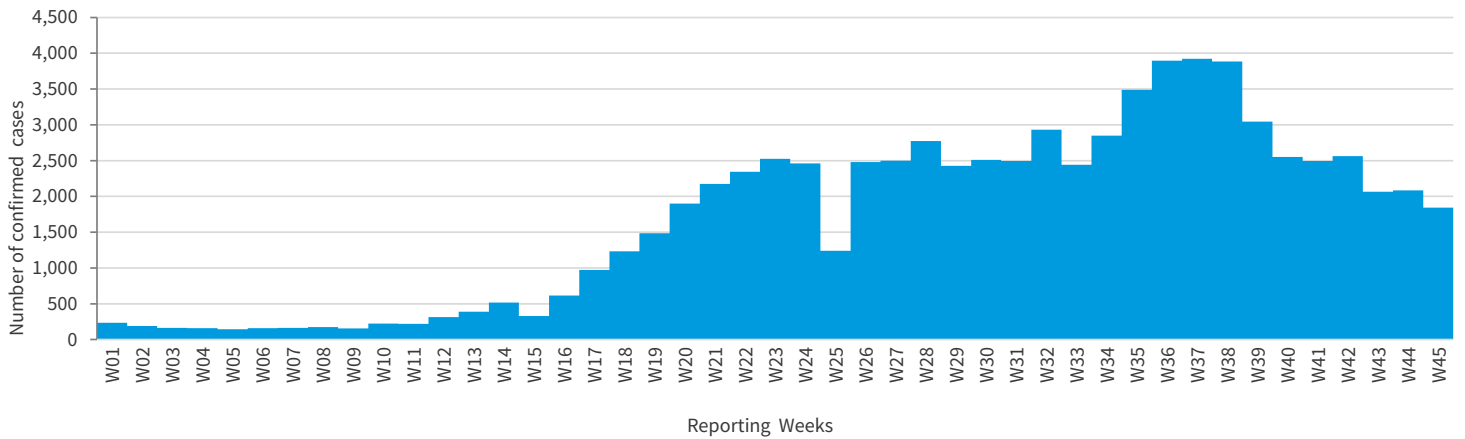


Figure 16. Comparison between the trends of confirmed malaria cases in 2024 vs 2023 and 3-year average (2020-2022)

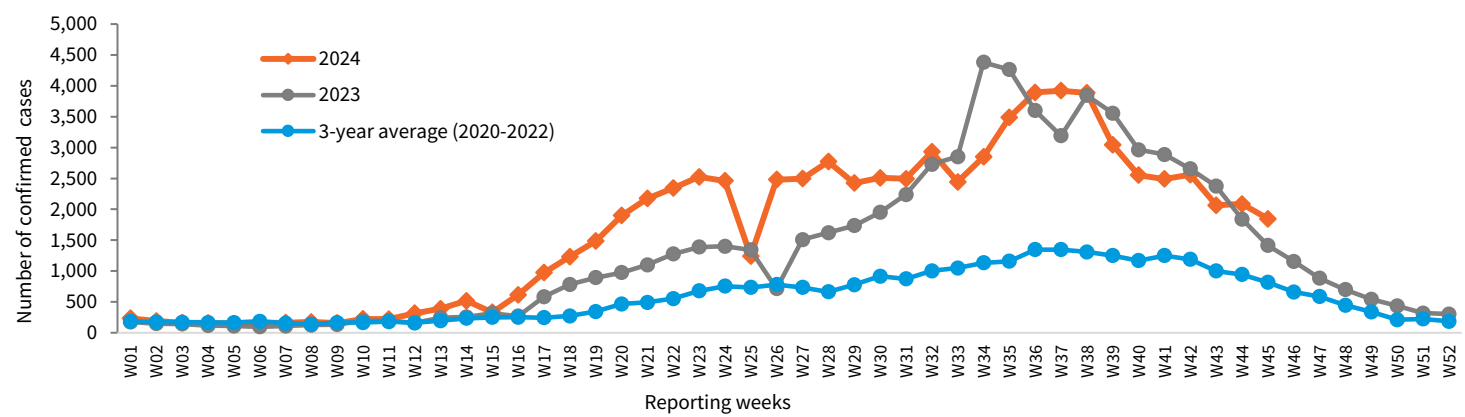
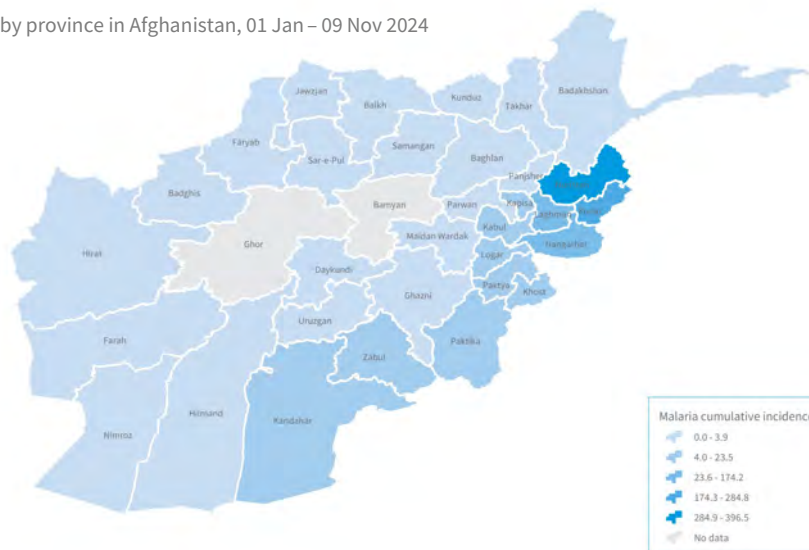




Figure 17. Confirmed malaria cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 09 Nov 2024

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Confirmed malaria cumulative
Incidence per 10,000
population by province
01 Jan-09 Nov 2024



Acute Respiratory Infection (ARI) (01 Jan-09 Nov 2024)

***1,140,160**
Total ARI Cases

***2,630**
Total ARI Deaths

****2,838**
Samples tested for influenza

****177**
Lab confirmed influenza cases

6.2%
Influenza test positivity ratio

*Currently ARI related data (morbidity and mortality) are reported from 613 surveillance sentinel sites across 34 provinces in the country.
**Currently, there are 10 functional influenza surveillance sentinel sites for both ILI and SARI in ten provinces of Afghanistan. At each site, there is one trained influenza surveillance assistant, collecting specimen and epidemiological data from 4 ILI and 6 SARI cases per week in the ARI season and sending them to the National Influenza Center (NIC) for testing.

Table 7: Summary of the ARI outbreak in the last eight weeks in Afghanistan (15 Sep – 09 Nov 2024)

Indicators	W38	W39	W40	W41	W42	W43	W44	W45	Trend lines
Suspected cases	19,056	19,605	20,942	21,349	21,729	22,534	23,349	24,952	
Suspected deaths	40	47	39	47	36	35	39	66	
CFR (%)	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.3	

- The epi curve indicates a gradual increase in the number of ARI cases since week 34-2024, following the typical seasonal decrease observed during the summer (Figures 18 & 19). The increase could be explained by the start of the fall season in the country.
- During week 45-2024, 24,952 cases of ARI pneumonia and 66 associated deaths were reported, which shows a 6.9% increase in the number of ARI cases compared to the preceding week.
- Since the beginning of 2024, a total of 1,141,161 ARI pneumonia cases and 2,630 associated deaths (CFR=0.2%) were reported from 34 provinces. Out of the total cases, 719,245 (63.1%) were under-five children, and 563,908 (49.5%) were females.
- Since the beginning of 2024, the highest cumulative incidence of ARI per 10,000 population has been reported in Balkh (551.7), followed by Nooristan (549.0), Bamyán (546.5), and Jawzjan (519.5) provinces (Figure 20).
- Out of 2,630 deaths, 2,225 (84.6%) were under-five children and 1,195 (45.4%) were females.

Figure 18. The epidemiological curve of ARI Pneumonia cases in Afghanistan, 01 Jan – 09 Nov 2024 (N=1,140,161)

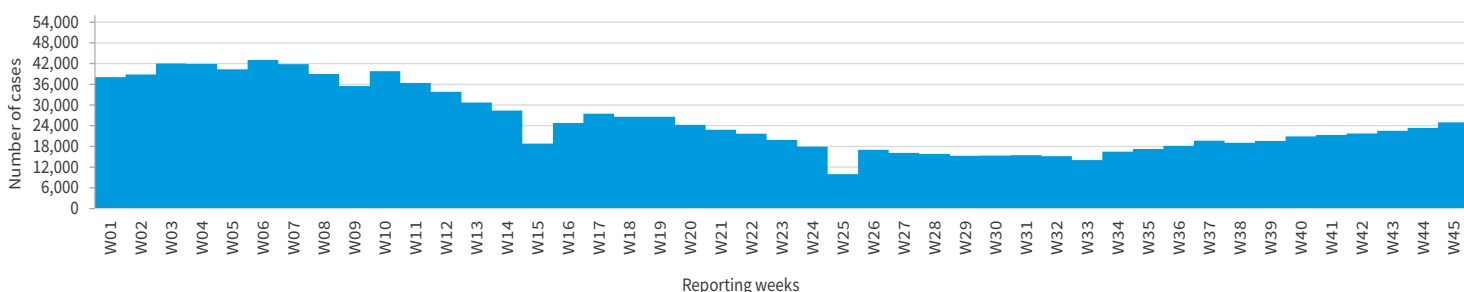




Figure 19. Comparison between the trends of ARI cases in 2024 vs 2023 and the 3-year average (2020-2022)

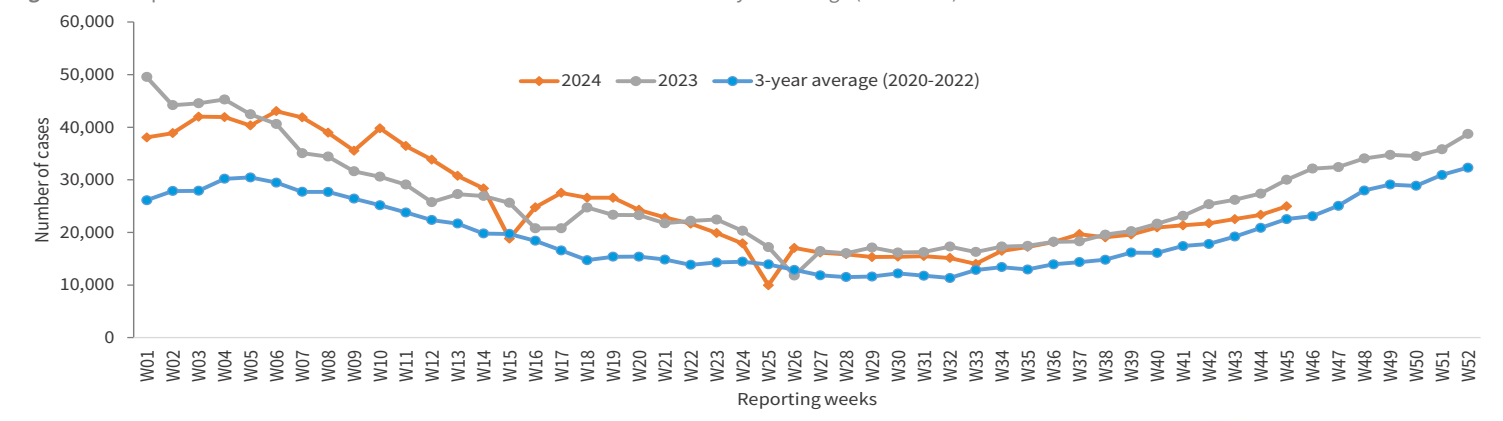
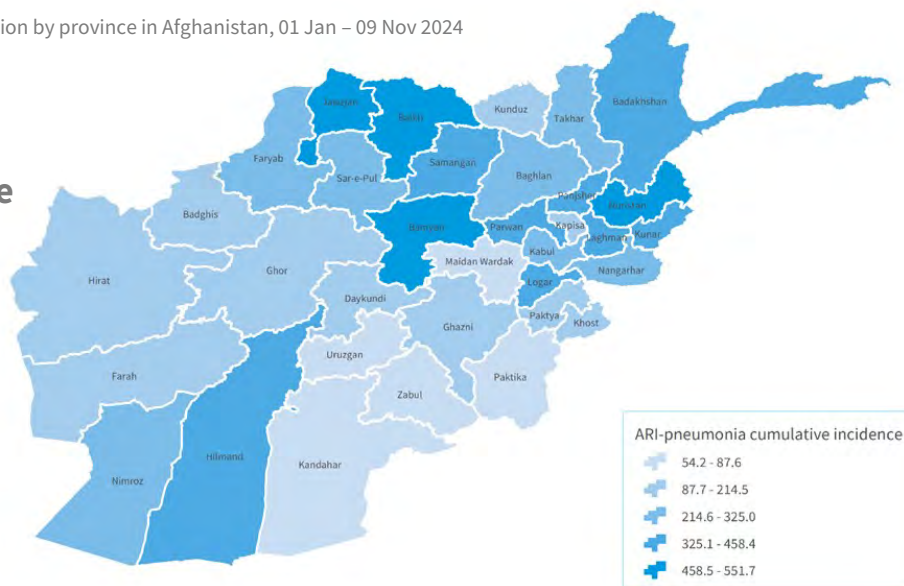


Figure 20. ARI pneumonia cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 09 Nov 2024

AFGHANISTAN

ARI pneumonia cumulative incidence per 10,000 population by province

01 Jan-09 Nov 2024



Updates on the response activities to the ARI outbreak

Since the beginning of 2024:

- A total of 100 healthcare workers (including 6 females) have been trained on ARI case management from Central and Southeast regions.
- A total of 6,500 Viral Transport Media (VTM) has been distributed to the North-east and Central-east NDSR offices.
- Eighty-nine Pediatric Severe Acute Malnutrition (PED-SAM) case management kits have been distributed to all WHO sub-offices.
- WHO has handed over a total of 89,000 IEC materials on ARI to MoPH (64,000 Posters and 25,000 Brochures).

Note: MOPH is the source of epidemiological data

Case definition & alert/outbreak thresholds

Contact us for further information:

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