



### AFGHANISTAN

#### INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #46-2024

No. 46 (10 - 16 Nov 2024)

Disease Outbreaks	Acute Respiratory Infection	Measles (Suspected)	COVID-19 (Confirmed)	AWD with dehydration	Dengue fever (Suspected)	CCHF (Suspected)	Malaria (Confirmed)
Cumulative Cases 2024	1,166,306	53,697	12,524	163,328	4,161	1,179	77,156
Cumulative deaths 2024 (CFR %)	2,680 (0.2)	257 (0.5)	68 (0.5)	82 (0.05)	2 (0.05)	94 (8.0)	3 (0.004)

(Data from 608 (99.2%) out of 613 sentinel sites)

### Acute Respiratory Infection (ARI)

(01 Jan-16 Nov 2024)



\*1,166,306

Total ARI Cases



\*2,680

Total ARI Deaths



\*\*2,928

Samples tested for influenza



\*\*125

Lab confirmed influenza cases



4.3%

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. Also, a typo error was done in the number of lab-confirmed influenza cases in week 45-2024 and was corrected from 177 to 117.

**Table 1:** Summary of the ARI outbreak in the last eight weeks in Afghanistan (22 Sep – 16 Nov 2024)

Indicators	W39	W40	W41	W42	W43	W44	W45	W46	Trend lines
Suspected cases	19,605	20,942	21,349	21,729	22,534	23,349	24,952	26,145	
Suspected deaths	47	39	47	36	35	39	66	50	
CFR (%)	0.2	0.2	0.2	0.2	0.2	0.2	0.3	0.2	

- The epi curve indicates a gradual increase in ARI cases since week 34-2024, following the typical seasonal decrease observed during the summer (Figures 1 & 2). The increase could be explained by the start of the fall season in the country.
- During week 46-2024, 26,145 cases of ARI pneumonia and 50 associated deaths were reported, which shows a 4.8% increase in the number of ARI cases compared to the preceding week.
- Since the beginning of 2024, a total of 1,166,306 ARI pneumonia cases and 2,680 associated deaths (CFR=0.2%) were reported from 34 provinces. Out of the total cases, 735,238 (63.0%) were under-five children, and 577,046 (49.5%) were females.
- Out of 2,680 deaths, 2,263 (84.4%) were under-five children and 1,219 (45.5%) were females.
- Since the beginning of 2024, the highest cumulative incidence of ARI per 10,000 population has been reported in Nooristan (568.5), followed by Balkh (567.8), Bamyan (556.4), and Jawzjan (529.5) provinces (Figure 3).

**Figure 1.** The epidemiological curve of ARI Pneumonia cases in Afghanistan, 01 Jan – 16 Nov 2024 (N=1,166,306)

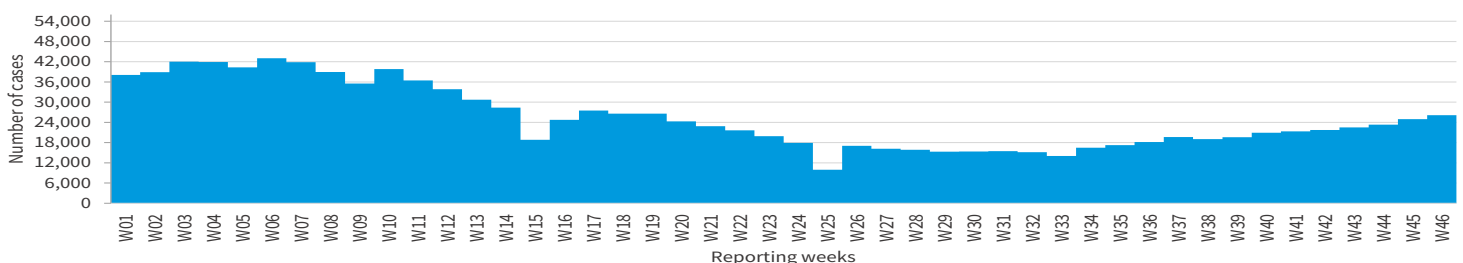


Figure 2. Comparison between the trends of ARI cases in 2024 vs 2023 and the 3-year average (2020-2022)

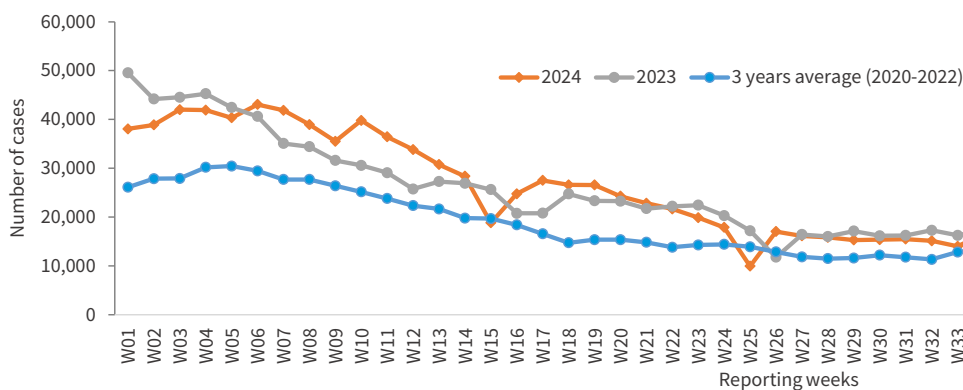
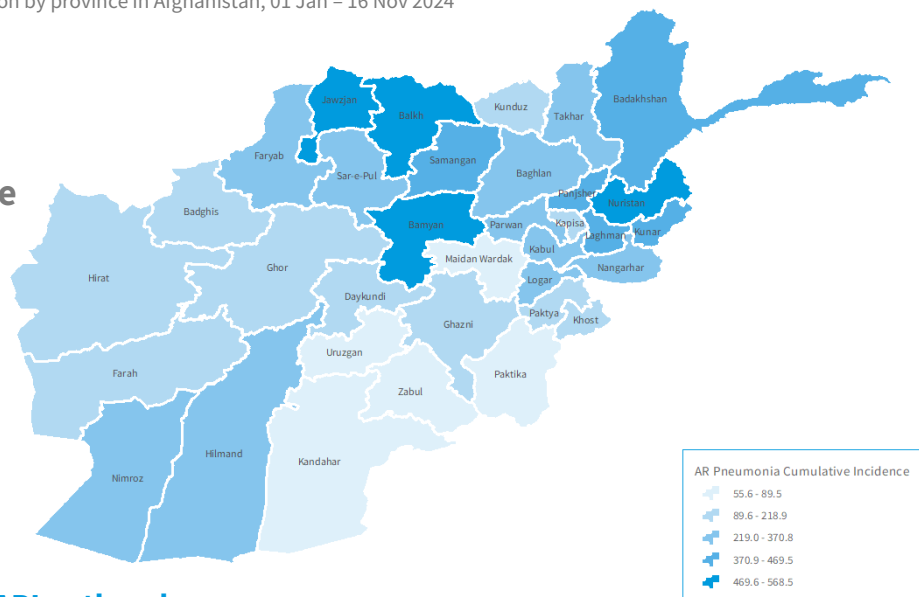


Figure 3. ARI pneumonia cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 16 Nov 2024

# AFGHANISTAN

## ARI pneumonia cumulative incidence per 10,000 population by province

01 Jan-16 Nov 2024



### Updates on the response activities to the ARI outbreak

- During week 46-2024, a total of 60 healthcare workers have been trained on ARI case management in the South (30, all males) and West (30 including 10 females) regions. This brings the total number of HCWs trained on ARI case management to 160 in 4 regions (Central, Southeast, West, and South) since the beginning of 2024.
- Since the beginning of 2024:
  - A total of 6,500 Viral Transport Media (VTM) have 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).

### Measles Outbreak

(01 Jan-16 Nov 2024)



53,697

Total Cases



257

Total Deaths



11,849

Sample tested



6,988

Lab confirmed cases



59.0%

Test positivity rate

Table 2: Summary of the measles outbreak in the last eight weeks in Afghanistan (22 Sep – 16 Nov 2024)

Indicators	W39	W40	W41	W42	W43	W44	W45	W46	Trend line
Suspected cases	804	820	719	833	752	780	872	816	
Suspected deaths	4	6	4	2	3	6	1	4	
CFR (%)	0.5	0.7	0.6	0.2	0.4	0.8	0.1	0.5	



- The epidemiological curve of suspected measles cases shows a decreasing trend since week 26-2024 with almost stabilization observed in the recent weeks (Figure 4). The trend in 2024 is higher than that reported in 2023 and the 2-year average before the 2021-2022 outbreak period (Figure 5).
- During week 46-2024, a total of 816 suspected cases and 4 associated deaths were reported showing a 6.4% decrease in the number of suspected cases compared to the preceding week.
- The new deaths were all under-five while 3 of them were females reported from 4 provinces: Faryab, Helmand, Urozgan, and Zabul.
- Since the beginning of 2024, a total of 53,697 suspected measles cases and 257 deaths (CFR=0.5%) were reported. Among suspected measles cases, 42,879 (79.9%) were under-five children, and 24,397 (45.4%) were females.
- Since the beginning of 2024, Balkh has reported the highest cumulative incidence of suspected measles cases per 10,000 population (34.5), followed by Khost (30.5), Urozgan (26.5), and Jawzjan (25.1) (Figure 6).

Figure 4. The epidemiological curve of suspected measles cases in Afghanistan, 01 Jan to 16 Nov 2024 (N= 53,697)

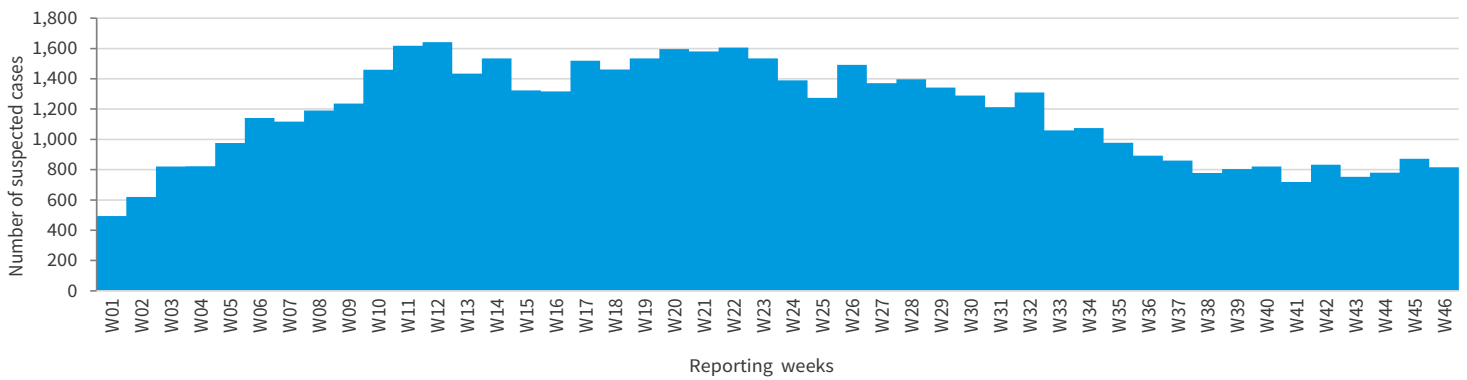


Figure 5. Comparison between the trends of suspected measles cases in 2024 vs 2023 and the 2-year average (2019-2020)

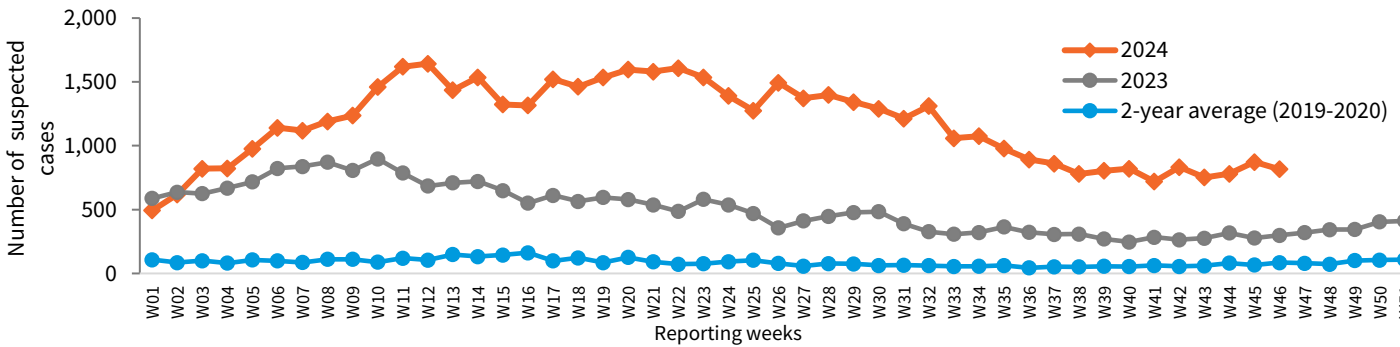
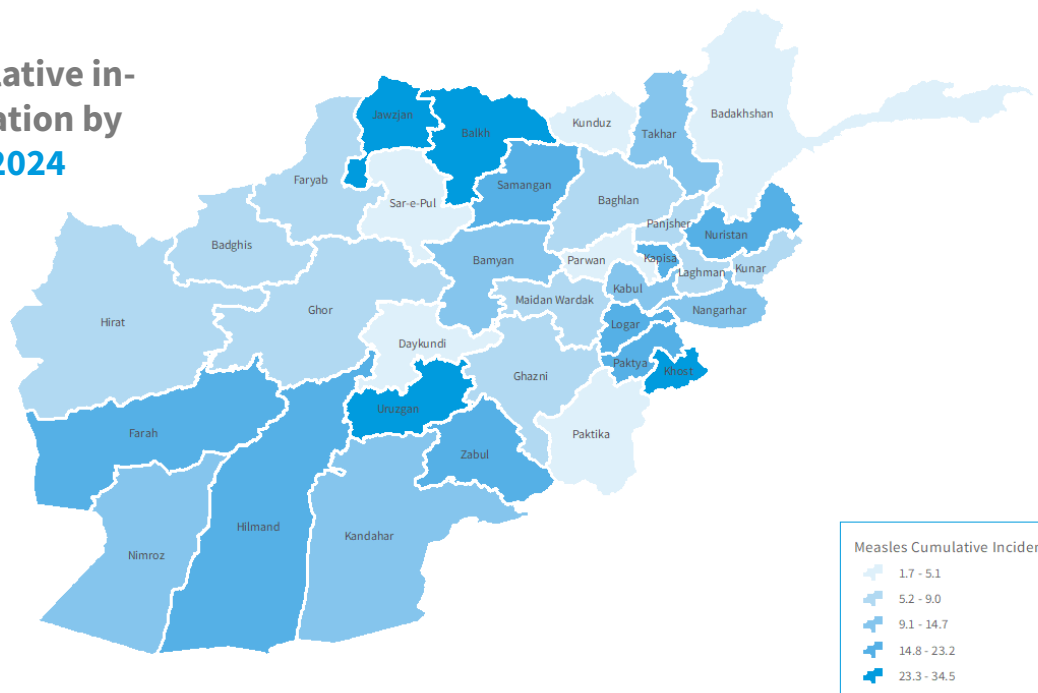


Figure 6. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 01 Jan-16 Nov 2024

# AFGHANISTAN

## Suspected measles cumulative incidence per 10,000 population by province 01 Jan–16 Nov 2024

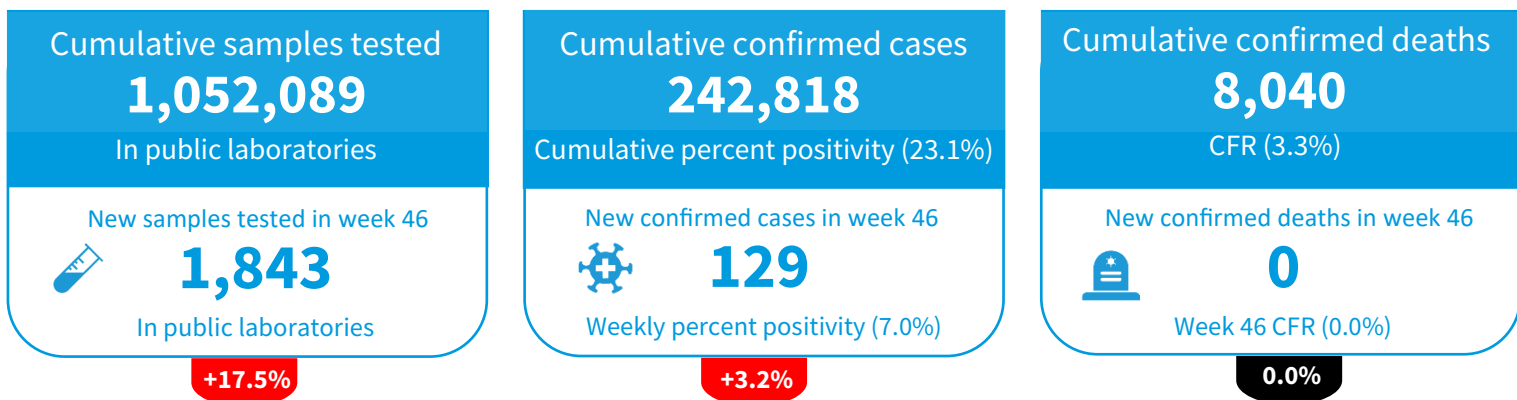


### Updates on the preparedness and response to the Measles outbreak

- During week 46-2024, a total of 589 children 9-59 months have been vaccinated against measles in 5 provinces (Wardak, Helmand, Urozgan, Zabul, and Nangarhar). This brings the number of children 9-59 months who have been vaccinated against measles to 30,758 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).

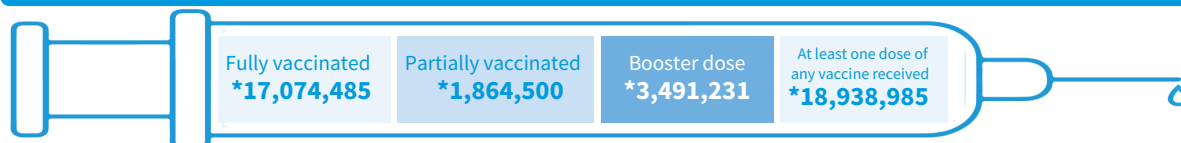
### COVID-19

(24 Feb 2020 — 16 Nov 2024)

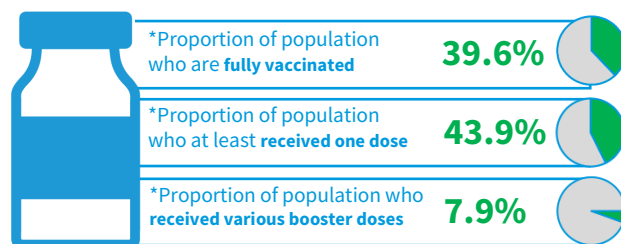


Key: ● Increasing ● Decreasing ● No change

### 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.



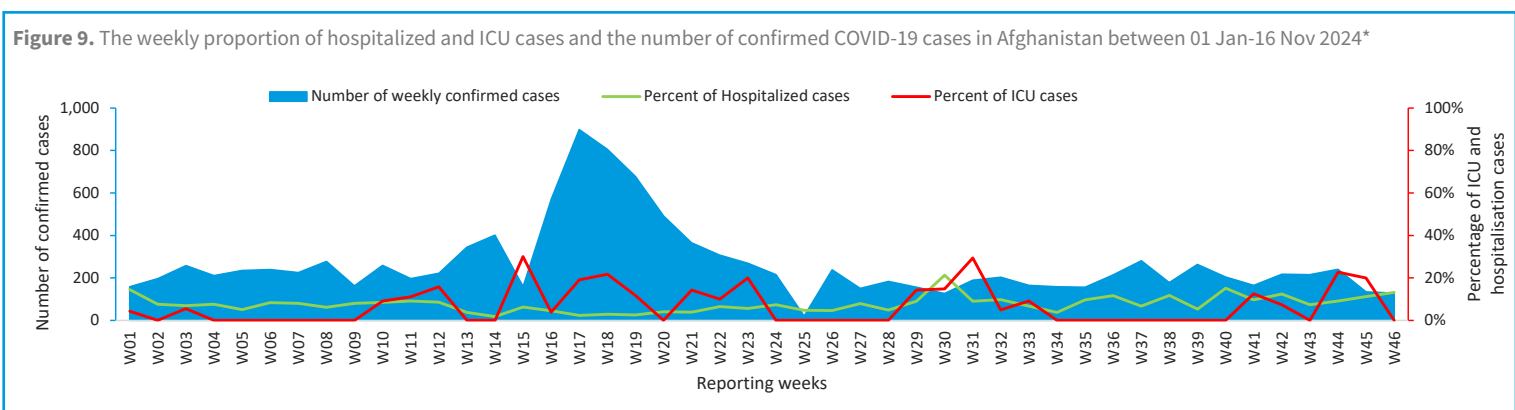
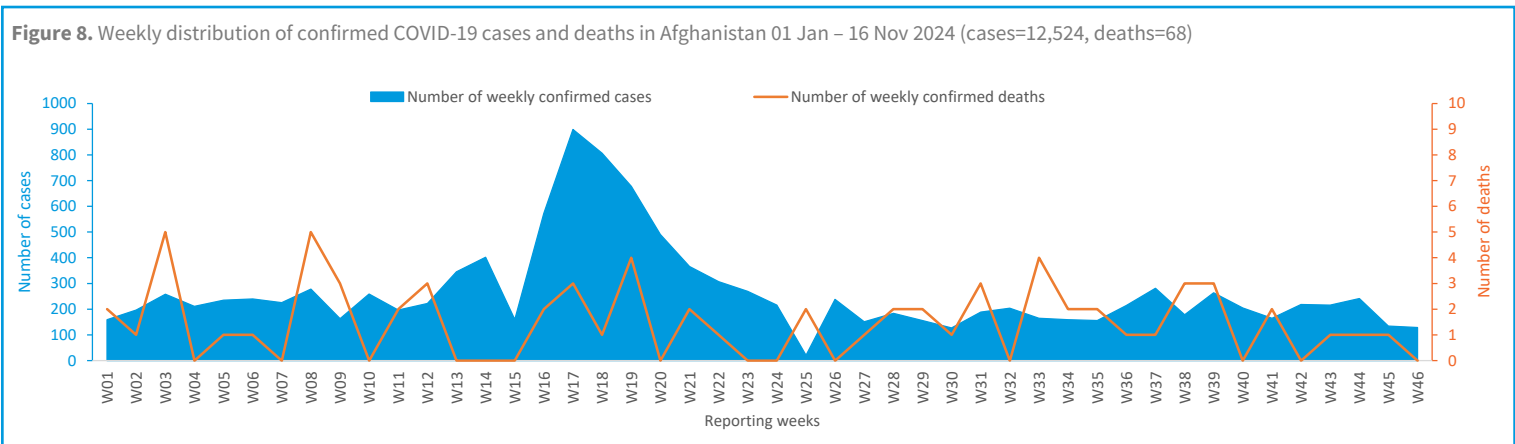
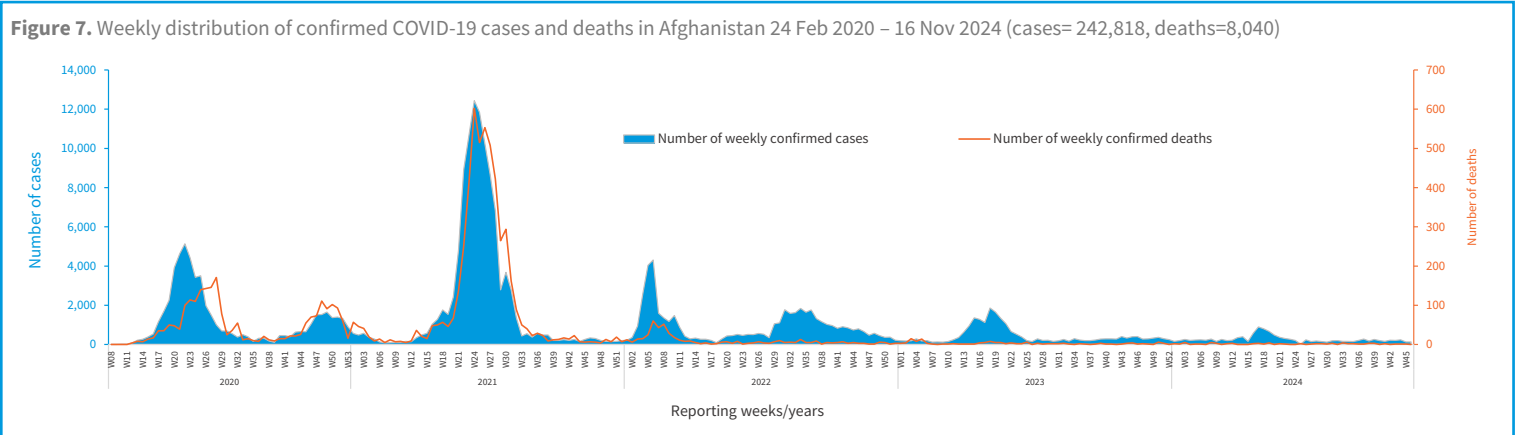
\* The denominator is 43,100,596 based on OCHA estimation 2024

**Table 3:** Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (22 Sep – 16 Nov 2024)

Indicators	W39	W40	W41	W42	W43	W44	W45	W46	Trend line
Samples tested (in public Labs)	1,966	1,856	1,572	2,138	2,156	2,025	1,672 *	1,843	
Confirmed cases	264	205	165	218	216	241	134 *	129	
Percent positivity (%)	13.4	11.0	10.5	10.2	10.0	11.9	8.0	7.0	
Deaths	3	0	2	0	1	1	1	0	
CFR (%)	1.1	0.0	1.2	0.0	0.5	0.4	0.7	0.0	

\*A delayed reporting was experienced during week 45-2024 and the number of samples tested and confirmed COVID-19 cases were modified from 1,568 to 1,672 and from 125 to 134, 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 7 & 8).
- During week 46-2024, a total of 1,843 samples were tested in public labs, of which 129 were positive for COVID-19 (positivity rate 7.0%) with no associated deaths (CFR 0.0%). The number of positive cases shows a 3.2% increase compared to the preceding week (Table 3 and Figure 8).
- Since the beginning of 2024, a total of 12,524 COVID-19 confirmed cases and 68 deaths (CFR=0.5%) have been reported. Out of the total cases, 6,788 (54.2%) were females while females represented 3 quarters of deaths (50 - 73.5%).
- During week 46-2024, among 129 confirmed cases, 17 (13.2%) were hospitalized, while none of the hospitalized cases were admitted to ICU (Figure 9).
- Since the beginning of 2024, a total of 110,014 samples of COVID-19 have been tested by public health laboratories across the country, out of which 12,524 were positive (positivity rate 11.4%), while the overall number of COVID-19 samples tested by public health laboratories reached to 1,052,089 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).

## Acute Watery Diarrhea (AWD) with Dehydration Outbreak


(01 Jan-16 Nov 2024)




**163,328**  
Total AWD with dehydration cases




**82**  
Total AWD with dehydration deaths



**9,175**  
Samples tested for AWD with dehydration (RDTs)






**1,360**  
RDT-positive cases for AWD with dehydration



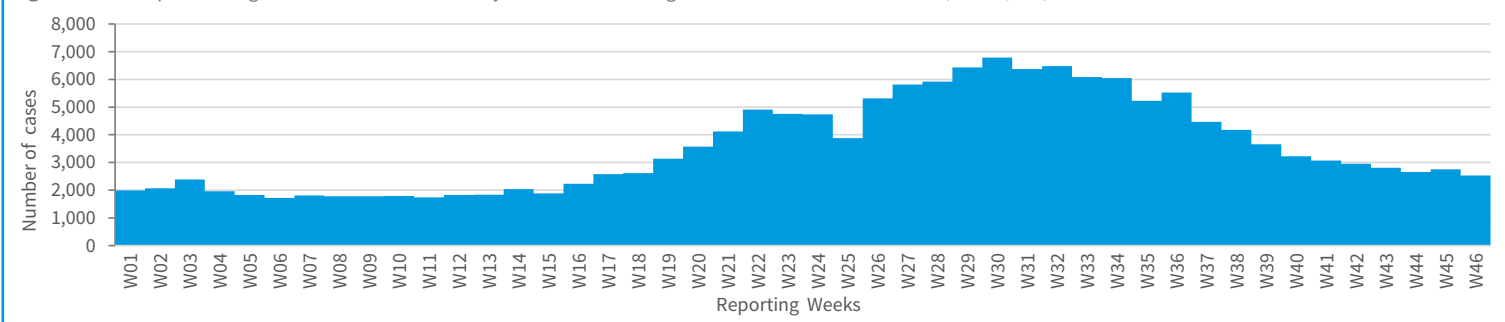
**14.8%**  
RDT positivity rate for AWD with dehydration

**Table 4:** Summary of the AWD with dehydration outbreak in the last eight weeks in Afghanistan (22 Sep – 16 Nov 2024)

Indicators	W39	W40	W41	W42	W43	W44	W45	W46	Trend line
Number of cases	3,657	3,228	3,067	2,954	2,808	2,659	2,750	2,534	
Number of deaths	2	3	2	1	4	0	3	2	
CFR (%)	0.05	0.09	0.07	0.03	0.14	0.00	0.11	0.08	

- The epi-curve shows a decreasing trend since week 31-2024, which could be linked to the end of the summer season (Figure 10).
- During week 46-2024, 2,534 AWD with dehydration cases with 2 associated deaths were reported from 144 districts, which shows a 7.9% decrease in the number of cases reported compared to the previous week.
- The 2 new deaths were reported from Nimroz province, both were under-fives while one of them was female.
- During week 46-2024, 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 (133.2) followed by Nimroz (127.0), Logar (101.2), and Kabul (80.5) (Figure 11).
- Since the beginning of 2024, a total of 163,328 AWD with dehydration cases and 82 associated deaths (CFR=0.05%) were reported from 350 districts. Out of the total cases, 90,626 (55.5%) were under-five children, and 80,843 (49.5%) were females.
- Since the beginning of 2024, 9,175 Rapid Diagnostic Tests (RDTs) have been conducted on AWD with dehydration cases, of which 1,360 tests turned positive (positivity rate 14.8%).

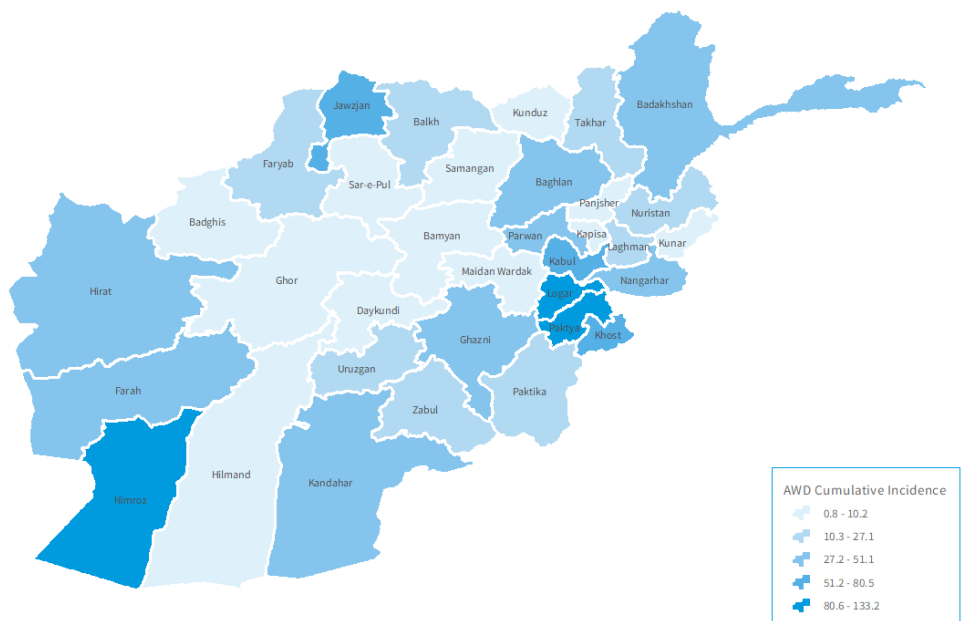
**Figure 10.** The epidemiological curve of AWD with dehydration cases in Afghanistan 01 Jan– 16 Nov 2024 (N=163,328)



**Figure 11.** AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 16 Nov 2024

## AFGHANISTAN

**AWD with dehydration cumulative incidence per 10,000 population by province 01 Jan - 16 Nov 2024**



**AWD Cumulative Incidence**

- 0.8 - 10.2
- 10.3 - 27.1
- 27.2 - 51.1
- 51.2 - 80.5
- 80.6 - 133.2



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

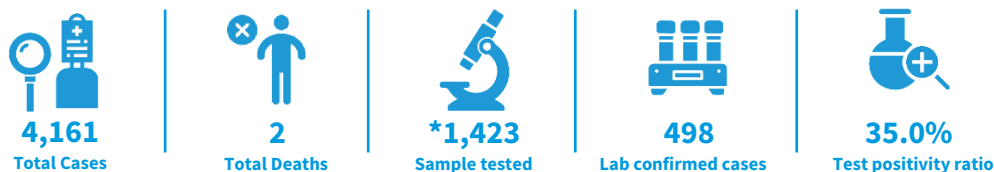
- During week 46-2024, a total of 87 sentinel sites’ focal points have been trained on Event-based Surveillance (EBS) procedures in Balkh province. This brings the total number of healthcare workers (MDs, CHSs, Heads of HFs) trained on EBS procedures to 809 in 5 provinces: Balkh (87 including 10 females), Bamyan (124 including 26 females), Herat (205, all males), Badakhshan (151 including 3 females), and Nangarhar (242, all males).
- 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:

There are no updates for the past 2 weeks.




### Dengue Fever Outbreak

(01 Jan-16 Nov 2024)



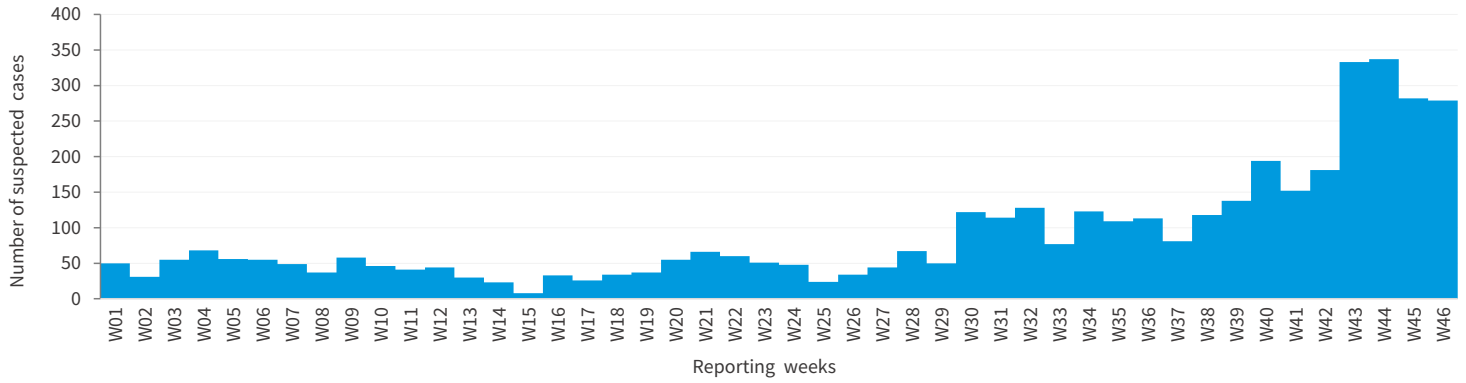
Note: Dengue fever laboratory data was reviewed, utilizing the confirmed case definition from WHO. This definition is characterized by confirmation through PCR, positive virus culture, DENV NS1 antigen detection, seroconversion of IgG in paired sera, or a significant increase (fourfold) in IgG titer 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](https://cdn.who.int/media/docs/default-source/outbreak-toolkit/dengue--outbreak-toolbox_20220921.pdf?sfvrsn=29de0271_2)

**Table 5:** Summary of the dengue fever outbreak in the last eight weeks in Afghanistan (22 Sep – 16 Nov 2024)

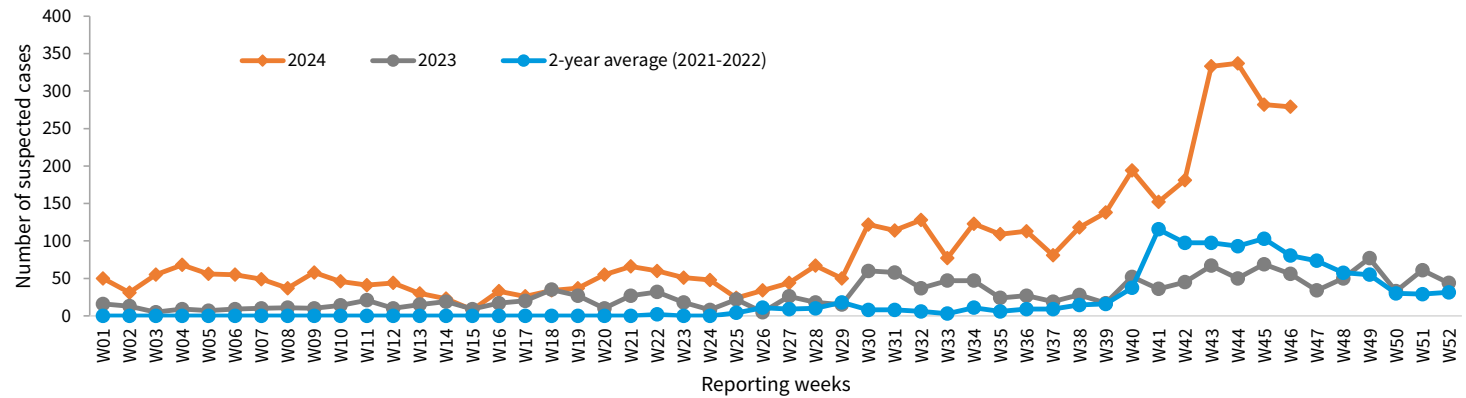
Indicators	W39	W40	W41	W42	W43	W44	W45	W46	Trend line
Suspected cases	138	194	152	181	333	337	282	279	
suspected deaths	0	1	0	0	0	1	0	0	
CFR (%)	0.0	0.5	0.0	0.0	0.0	0.3	0.0	0.0	

- The epi curve of suspected dengue fever cases shows an increasing trend starting from week 26, reaching its highest peak in week 44-2024 while a decrease has been observed in the past 2 weeks (Figure 12)
- During week 46-2024, 279 suspected cases of dengue fever with no associated deaths were reported from Nangarhar province. This shows almost a stabilization 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 13).
- Since the beginning of 2024, a total of 4,161 suspected cases of dengue fever with 2 associated deaths were reported (CFR=0.05%), out of which 1,890 (45.4%) were females, and 67 (1.6%) were under-five children. The geographical distribution and weekly change rate are shown in Figure 14.
- Since the beginning of 2024, a total of 1,423 samples have been tested, out of which 498 were positive by PCR (positivity rate 35.0%).

**Figure 12.** The epidemiological curve of suspected dengue fever cases in Afghanistan 1 Jan – 16 Nov 2024, (N=4,161)

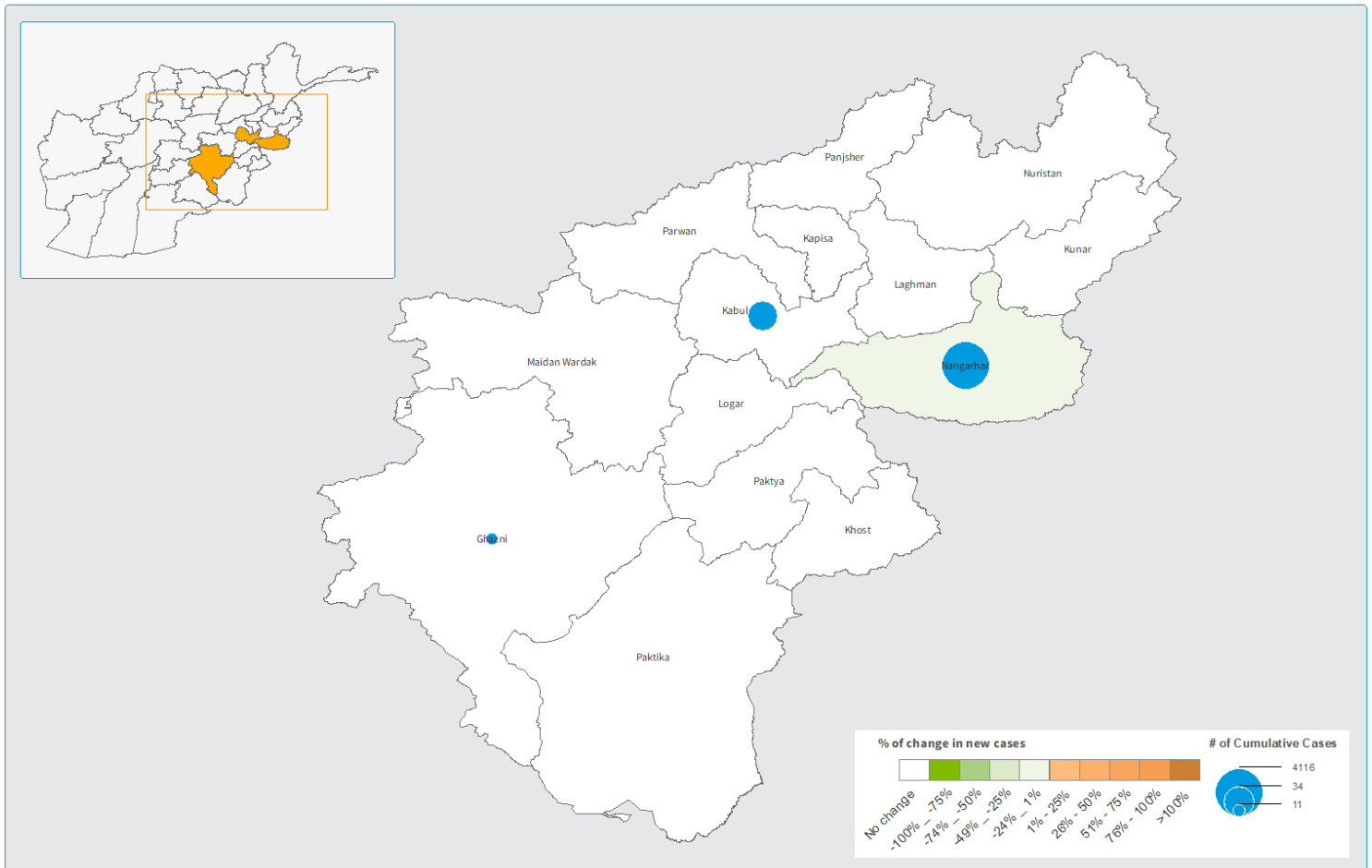


**Figure 13.** Comparison between the trends of suspected dengue fever cases in 2024 vs 2023 and 2-year average (2021-2022).



**Figure 14.** Geographical distribution of suspected dengue fever cases and percent change of new cases in Afghanistan, 01 Jan – 16 Nov 2024

**World Health Organization** Geographical distribution of suspected dengue fever cases in Nangarhar, Ghazni and Kabul provinces and weekly percent of changes (between weeks 45 and 46, 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: 19 Nov 2024.



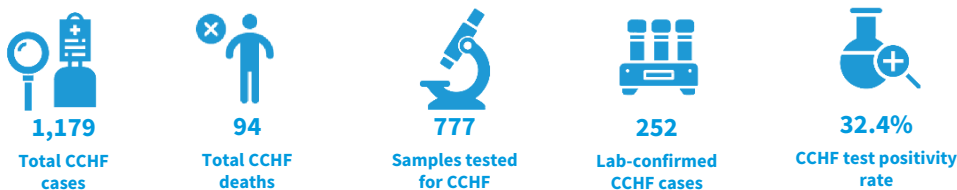
### Updates in the response to the dengue fever outbreak

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

- As part of the outbreak response to dengue fever Gravitrap 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-16 Nov 2024)

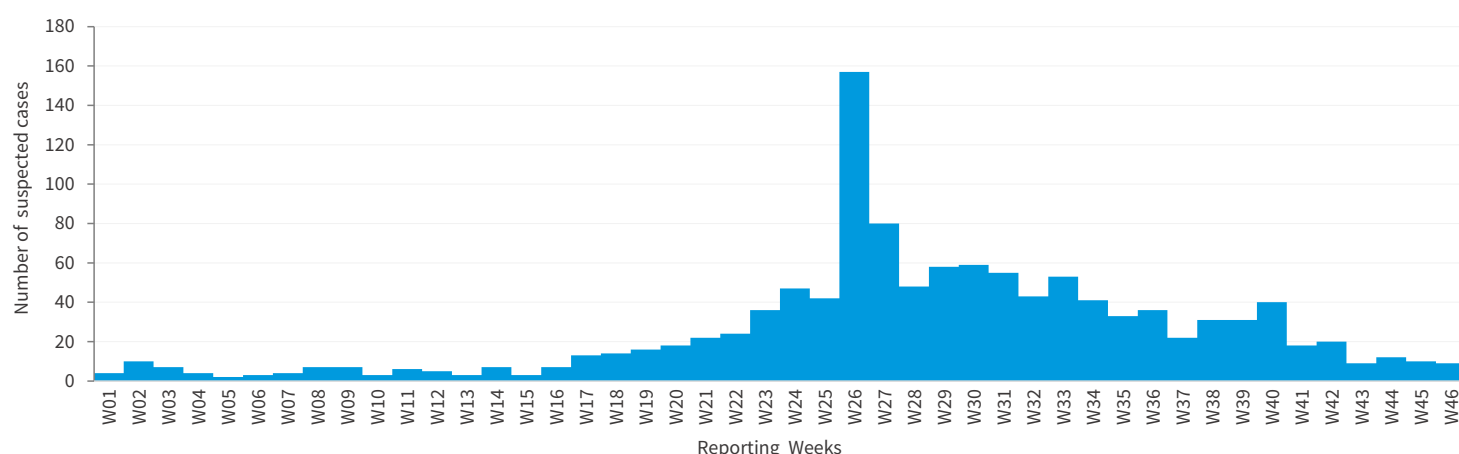


**Table 6:** Summary of the CCHF outbreak in the last eight weeks in Afghanistan (22 Sep – 16 Nov 2024)

Indicators	W39	W40	W41	W42	W43	W44	W45	W46	Trend line
Suspected cases	31	40	18	20	9	12	10	9	
Suspected deaths	1	1	1	3	0	0	0	1	
CFR (%)	3.2	2.5	5.6	15.0	0.0	0.0	0.0	11.1	

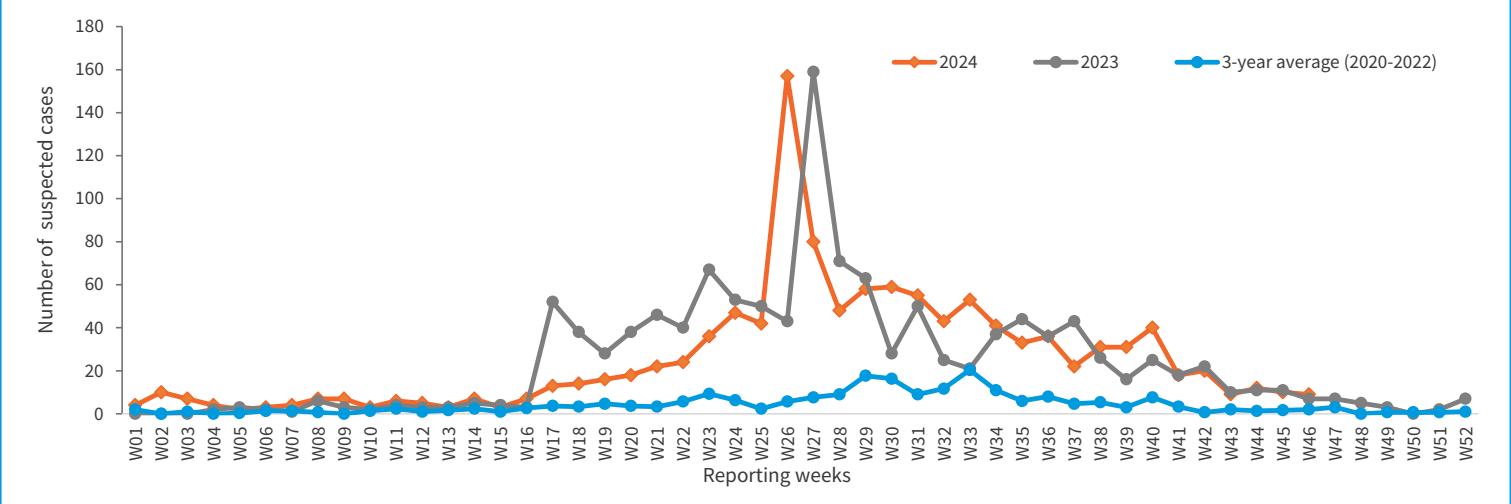
- The epi-curve of suspected CCHF cases shows a declining trend since week 27-2024 (Figures 15 & 16).
- During week 46-2024, 9 new suspected CCHF cases with one associated death were reported, which is close to the number of suspected CCHF cases reported in the preceding week (Table 6).
- The new death was an over-five male reported from Balkh province.
- Since the beginning of 2024, a total of 1,179 suspected cases of CCHF with 94 associated deaths (CFR=8.0%) were reported. Out of the total cases, 1,174 (99.6%) were over-five, while 365 (31.0%) were females.
- The reported deaths were mostly over five years old (93, 98.9%), while 26 (27.7%) were females. Deaths were reported from 9 provinces Kabul (55), Balkh (19), Herat (5), Kunduz (4), Kapisa (4), Nangarhar (3), Baghlan (2), Badakhshan (1), and Kunar (1).
- Since the beginning of 2024, a total of 777 samples of suspected CCHF cases have been tested, out of which 252 were positive (positivity rate 32.4%) 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 (9.7) followed by Kabul (8.0), Kapisa (7.0), and Jawzjan (6.0) provinces (Figure 17).

**Figure 15.** The epidemiological curve of suspected CCHF cases in Afghanistan 01 Jan – 16 Nov 2024, (N=1,179)





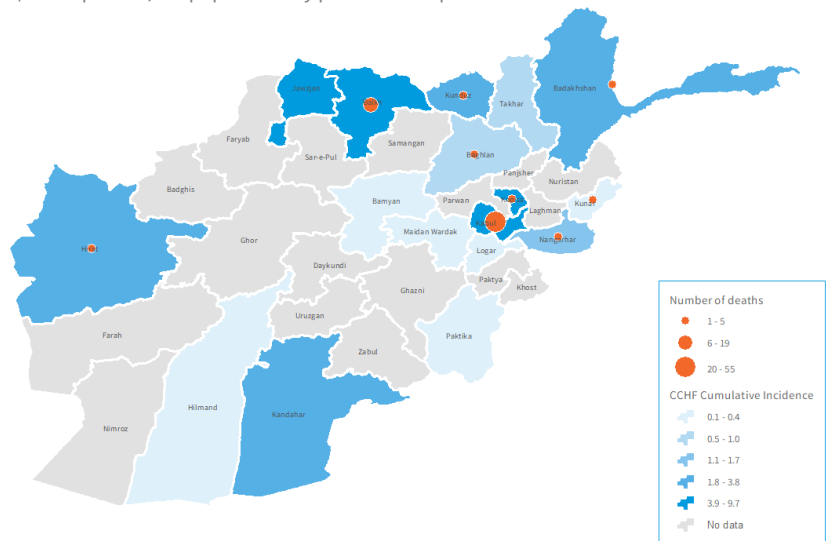
**Figure 16.** Comparison between the trends of suspected CCHF cases in 2024 vs 2023 and the 3-year average (2020-2022)



**Figure 17.** Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 01 Jan – 16 Nov 2024

## AFGHANISTAN

### Crimean-Congo Hemorrhagic Fever (CCHF) cases cumulative incidence per 100,000 population by province and provincial distribution of deaths 01 Jan – 16 Nov 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 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.

## Confirmed Malaria Outbreak

(01 Jan-16 Nov 2024)



**77,156**

Total confirmed Malaria Cases



**3 (0.004)**

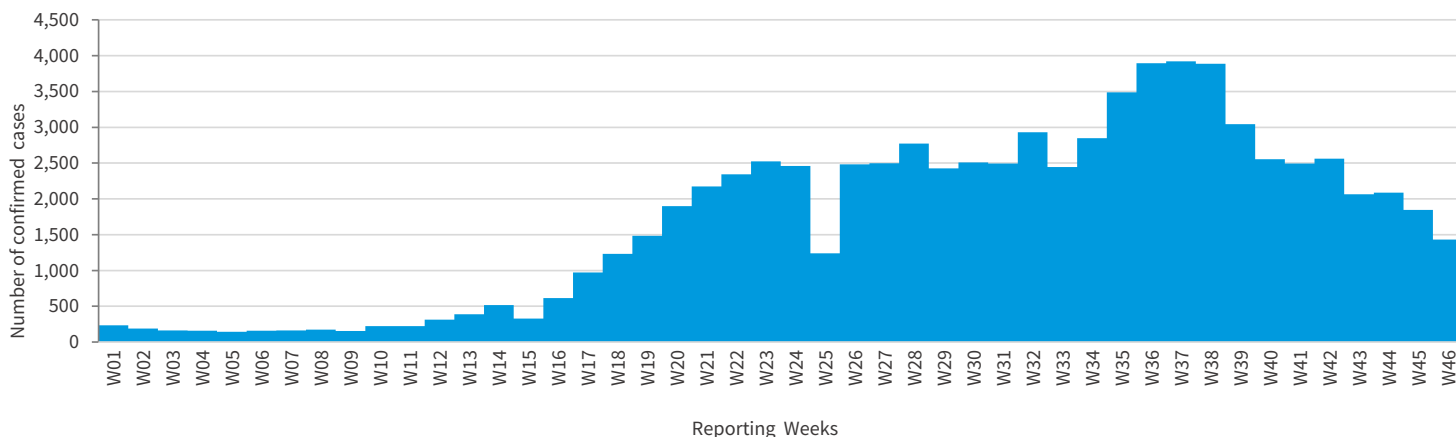
Total malaria deaths (CFR %)

**Table 7:** Summary of the confirmed malaria outbreak in the last eight weeks in Afghanistan (22 Sep – 16 Nov 2024)

Indicators	W39	W40	W41	W42	W43	W44	W45	W46	Trend line
Confirmed cases	3,043	2,553	2,493	2,560	2,066	2,086	1,845	1,431	
Confirmed deaths	0	0	1	0	0	0	0	0	
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 declining trend over the past 8 weeks, after reaching its peak during week 37-2024. 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 (Figures 18 & 19).
- During week 46-2024, 1,431 confirmed cases with no associated deaths were reported from 21 provinces, which shows a 22.4% decrease in the number of cases compared to the previous week.
- Since the beginning of 2024, a total of 77,156 confirmed malaria cases with 3 associated deaths (CFR=0.004%) were reported from 32 provinces. Out of the total cases, 16,098 (20.9%) were under-five children, and 36,253 (47.0%) were females.
- The highest cumulative incidence of malaria per 10,000 population was reported from Nuristan (400.7) followed by Kunar (287.6), Laghman (179.5), and Nangarhar (97.7) (Figure 20).

**Figure 18.** The epidemiological curve of confirmed malaria cases in Afghanistan 01 Jan–16 Nov 2024 (N=77,156)



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

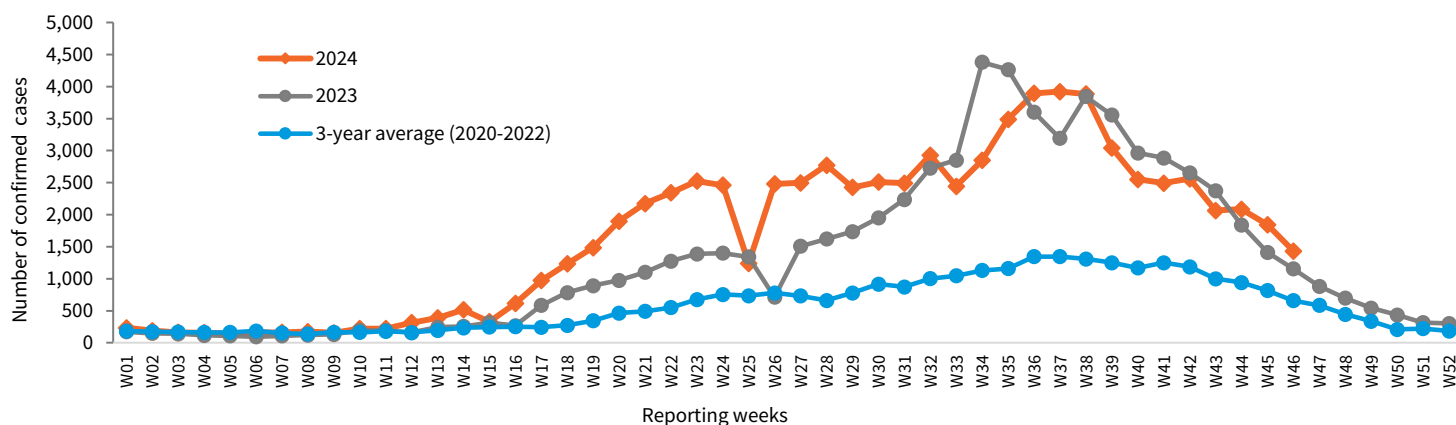
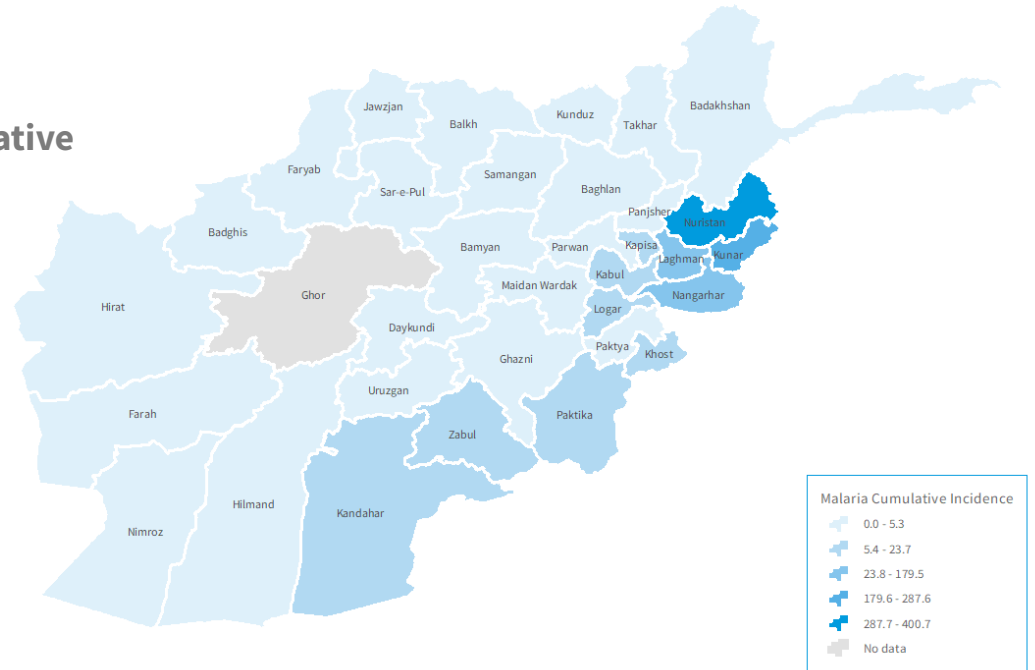




Figure 20. Confirmed malaria cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 16 Nov 2024

# AFGHANISTAN

## Confirmed malaria cumulative Incidence per 10,000 population by province 01 Jan-16 Nov 2024



Note: MOPH is the source of epidemiological data

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

### Contact us for further information:

- Dr. Mohamed Tahoun, MD, MPH, PhD: Epidemiologist, WHO-CO, (tahounm@who.int)
- Infectious Hazard Preparedness Team – Health Emergencies Program (WHE)– (emacoafghipt@who.int)