World Health Organization
Afghanistan

AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS
SITUATION REPORT | Epidemiological week #50-2024

No. 50 (08 - 14 Dec 2024)

Disease Outbreaks	ARI-Pneumonia	Measles (Suspected)	COVID-19 (Confirmed)	AWD with dehydration	Dengue fever (Suspected)	CCHF (Suspected)	Malaria (Confirmed)
Cumulative Cases 2024	1,285,578	57,534	13,053	171,600	4,631	1,203	80,480
Cumulative deaths 2024 (CFR %)	2,876 (0.2)	277 (0.5)	71 (0.5)	87 (0.05)	2 (0.04)	94 (7.8)	2 (0.002)

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

ARI-Pneumonia

(01 Jan-14 Dec 2024)

*1,285,578	*2,876	**3,564	**142	4.0%
Total ARI Cases	Total ARI Deaths	Samples tested for influenza	Lab confirmed influenza cases	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 1: Summary of the ARI-Pneumonia outbreak in the last eight weeks in Afghanistan (20 Oct – 14 Dec 2024)

Indicators	W43	W44	W45	W46	W47	W48	W49	W50	Trend lines
Suspected cases	22,534	23,349	24,952	26,145	27,890	29,451	30,030	31,901	
Suspected deaths	35	39	66	50	46	45	45	60	
CFR (%)	0.2	0.2	0.3	0.2	0.2	0.2	0.1	0.2	

- The epi curve indicates a gradual increase in ARI-Pneumonia cases since week 34-2024 (Figures 1 & 2). The increase could be explained by the start of the country's winter season.
- During week 50-2024, 31,901 cases of ARI-Pneumonia and 60 associated deaths were reported, which shows a 6.2% increase in the number of ARI-Pneumonia cases compared to the preceding week.
- Since the beginning of 2024, a total of 1,285,578 ARI-Pneumonia cases and 2,876 associated deaths (CFR=0.2%) were reported from 34 provinces. Out of the total cases, 809,001 (62.9%) were under-five children, and 635,737 (49.5%) were females.
- Out of 2,876 deaths, 2,409 (83.8%) were under-five children and 1,312 (45.6%) were females.
- Since the beginning of 2024, the highest cumulative incidence of ARI-Pneumonia per 10,000 population has been reported in Nuristan (631.4) followed by Balkh (630.7), Bamyan (607.1), and Jawzjan (579.5) provinces (Figure 3).

Figure 1. Weekly distribution of ARI-Pneumonia cases in Afghanistan, 01 Jan – 14 Dec 2024 (N=1,285,578)

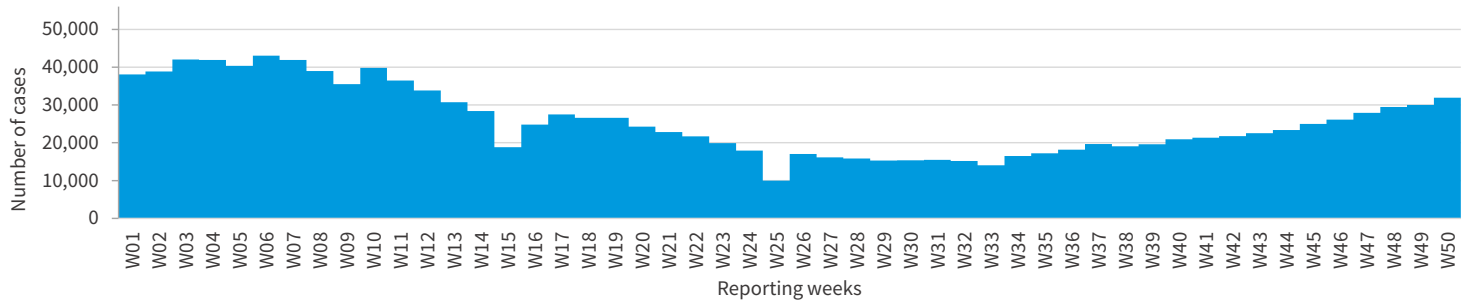

Figure 2. Comparison between the trends of ARI-Pneumonia cases in 2024 vs 2023 and the 3-year average (2020-2022)

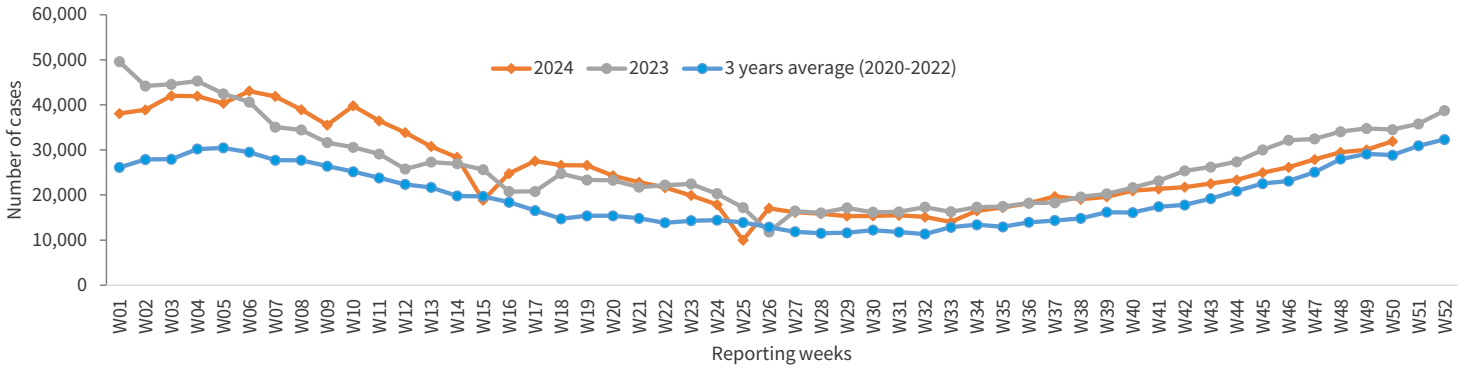

Figure 3. ARI-Pneumonia cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 14 Dec 2024

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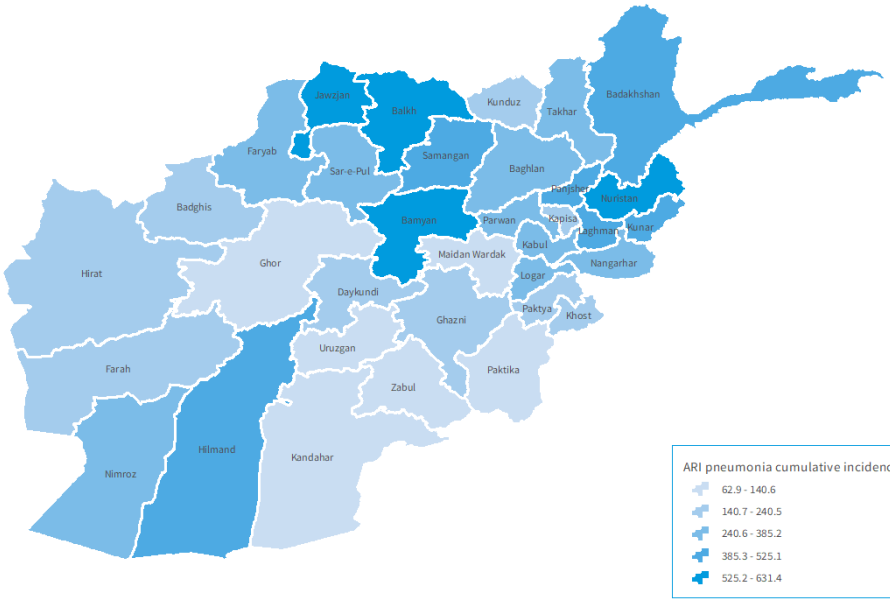
ARI pneumonia cumulative incidence per 10,000 population by province

01 Jan-14 Dec 2024



Updates on the response activities to the ARI outbreak

Since the beginning of 2024:

- A total of 220 HCWs were trained on ARI Pneumonia case management in 6 regions (North, Central, Southeast, West, South, and Northeast).
- 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

(01 Jan-14 Dec 2024)

57,534	277	12,620	7,427	58.9%
Total Cases	Total Deaths	Sample tested	Lab confirmed cases	Test positivity rate

Table 2: Summary of the measles outbreak in the last eight weeks in Afghanistan (20 Oct – 14 Dec 2024)

Indicators	W43	W44	W45	W46	W47	W48	W49	W50	Trend line
Suspected cases	752	780	872	816	835	959	966	1,077	
Suspected deaths	3	6	1	4	2	5	6	7	
CFR (%)	0.4	0.8	0.1	0.5	0.2	0.5	0.6	0.6	

- The epidemiological curve of suspected measles cases shows gradual increase since week 43-2024 (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 50-2024, a total of 1,077 suspected cases and 7 associated deaths were reported showing an 11.5% increase in the number of suspected cases compared to the preceding week.
- All 7 new deaths were under five children while two of them were females reported from 4 provinces: Herat (4), Helmand (1), Kabul (1), and Paktika (1).
- Since the beginning of 2024, a total of 57,534 suspected measles cases and 277 deaths (CFR=0.5%) were reported. Among suspected measles cases, 46,002 (80.0%) were under-five children, and 26,198 (45.5%) were females.
- Since the beginning of 2024, Balkh has reported the highest cumulative incidence of suspected measles cases per 10,000 population (37.9), followed by Khost (32.1), Urozgan (28.9), and Jawzjan (27.0) (Figure 6).

Figure 4. Weekly distribution of suspected measles cases in Afghanistan, 01 Jan to 14 Dec 2024 (N= 57,534)

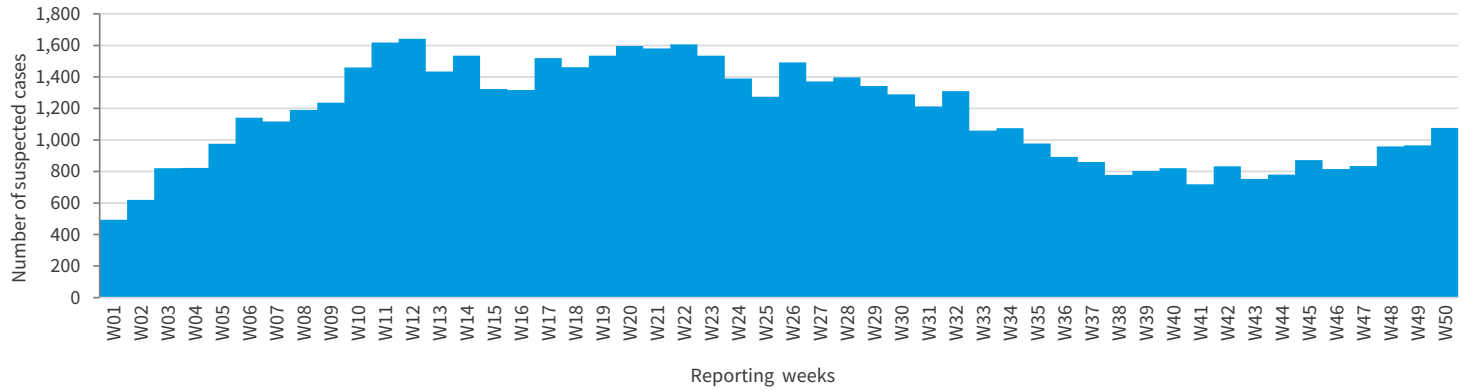


Figure 5. Comparison between the trends of suspected measles cases in 2024 vs 2023 and the 2-year average (2019-2020)

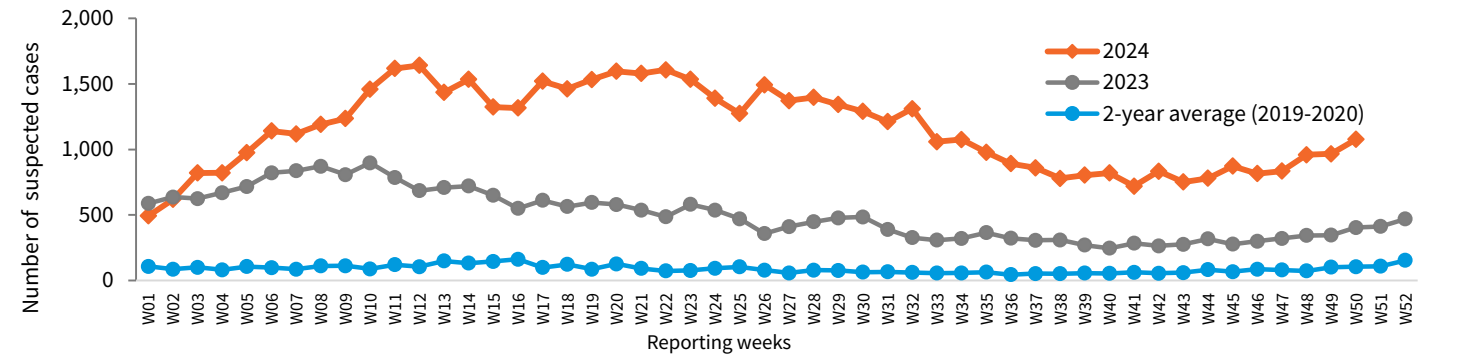
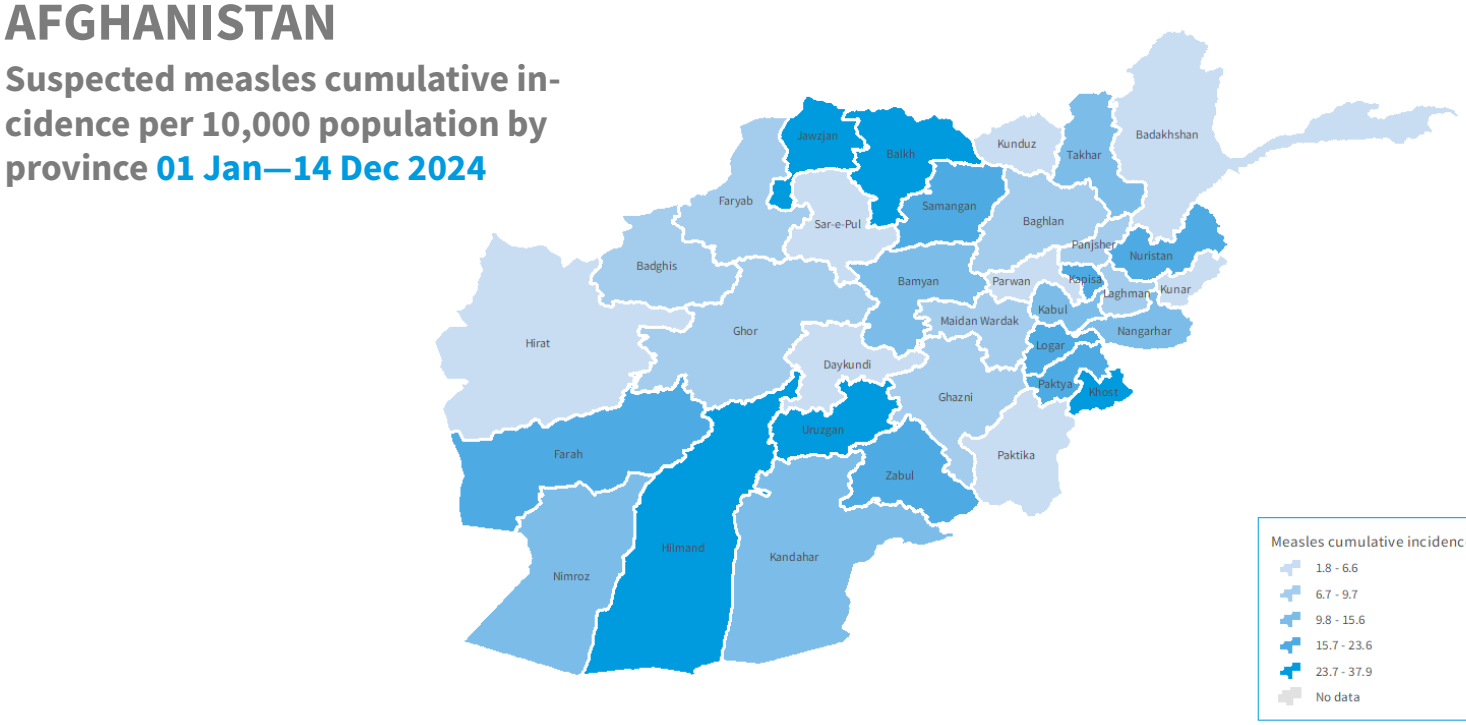


Figure 6. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 01 Jan-14 Dec 2024



Updates on the preparedness and response to the measles outbreak

- During week 50-2024, a total of 406 children 9-59 months have been vaccinated against measles in 7 provinces (Nuristan, Nangarhar, Ghazni, Paktya, Urozgan, Helmand and Wardak). This brings the number of children 9-59 months who have been vaccinated against measles as part of outbreak response immunization activities to 32,284 across the country.
- Since the beginning of 2024, the following activities have been conducted:
  - 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).
  - 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.

COVID-19

(24 Feb 2020 — 14 Dec 2024)

Cumulative samples tested
1,064,794
In public laboratories

New samples tested in week 50
1,946
In public laboratories
+6.7%

Cumulative confirmed cases
243,834
Cumulative positivity rate (22.9%)

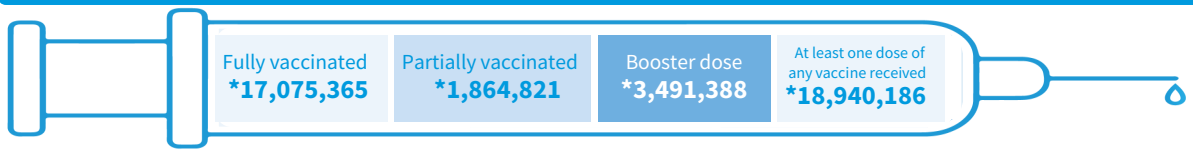
New confirmed cases in week 50
105
Weekly positivity rate (5.4%)
-7.1%

Cumulative confirmed deaths
8,044
CFR (3.3%)

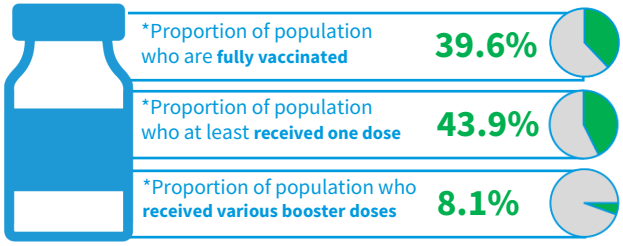
New confirmed deaths in week 50
0
Week 50 CFR (0.0%)
-100.0%

Key: ● Increasing ● Decreasing ● No change

COVID-19 Vaccination highlights



Note: During November 2024, around 1,447 doses of various COVID-19 vaccines have been administered which shows a 91.7% increase compared to October 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 (20 Oct – 14 Dec 2024)

Indicators	W43	W44	W45	W46	W47	W48	W49	W50	Trend line
Samples tested (in public Labs)	2,198	2,048	1,859	2,089	1,763	2,222	1,824 *	1,946	
Confirmed cases	230	241	134	147	138	150	113 *	105	
Percent positivity (%)	10.5	11.8	7.2	7.0	7.8	6.8	6.2	5.4	
Deaths	1	1	2	0	2	1	1 *	0	
CFR (%)	0.4	0.4	1.5	0.0	1.4	0.7	0.9	0.0	

**A delayed reporting was experienced during week 49-2024 and the number of tested samples, confirmed COVID-19 cases and deaths were modified from 1,608 to 1,824, from 109 to 113, and from 0 to 1, 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 50-2024, a total of 1,946 samples were tested in public labs, of which 105 were positive for COVID-19 (positivity rate 5.4%) with no associated deaths. The number of positive cases shows a slight decrease compared to the preceding week (Table 3 and Figure 8).
- Since the beginning of 2024, a total of 13,053 COVID-19 confirmed cases and 71 deaths (CFR=0.5%) have been reported. Out of the total cases, 7,074 (54.2%) were females while females represented almost 3 quarters of deaths (53 - 74.6%).
- During week 50-2024, among 105 confirmed cases, 9 (8.6%) were hospitalized, while none of the hospitalized cases were admitted to ICU (Figure 9).
- Since the beginning of 2024, a total of 118,647 samples of COVID-19 have been tested by public health laboratories across the country, out of which 13,053 were positive (positivity rate 11.0%), while the overall number of COVID-19 samples tested by public health laboratories reached to 1,064,794 since the beginning of the pandemic in February 2020.

Figure 7. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 24 Feb 2020 – 14 Dec 2024 (cases= 243,834, deaths=8,044)

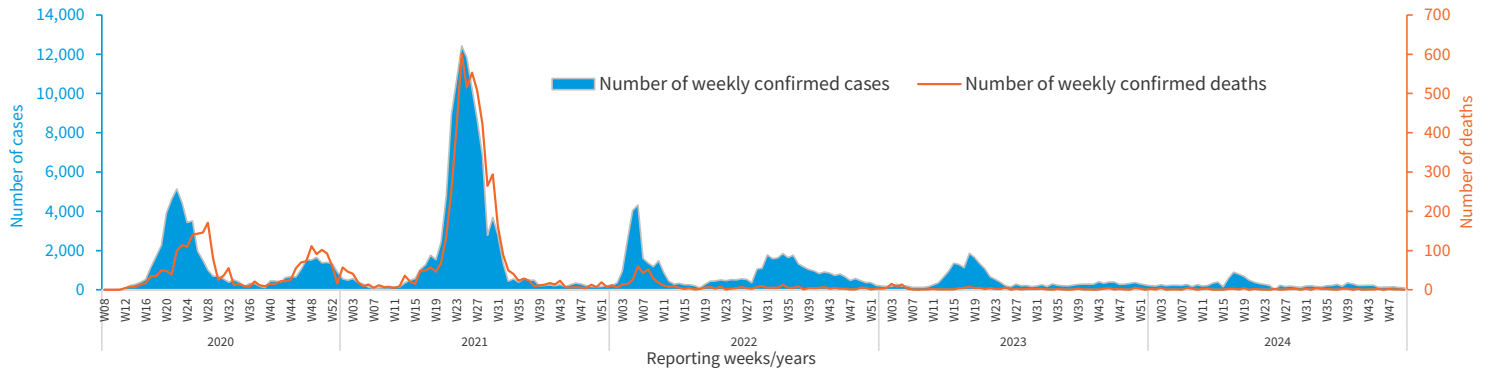


Figure 8. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 01 Jan – 14 Dec 2024 (cases=13,053, deaths=71)

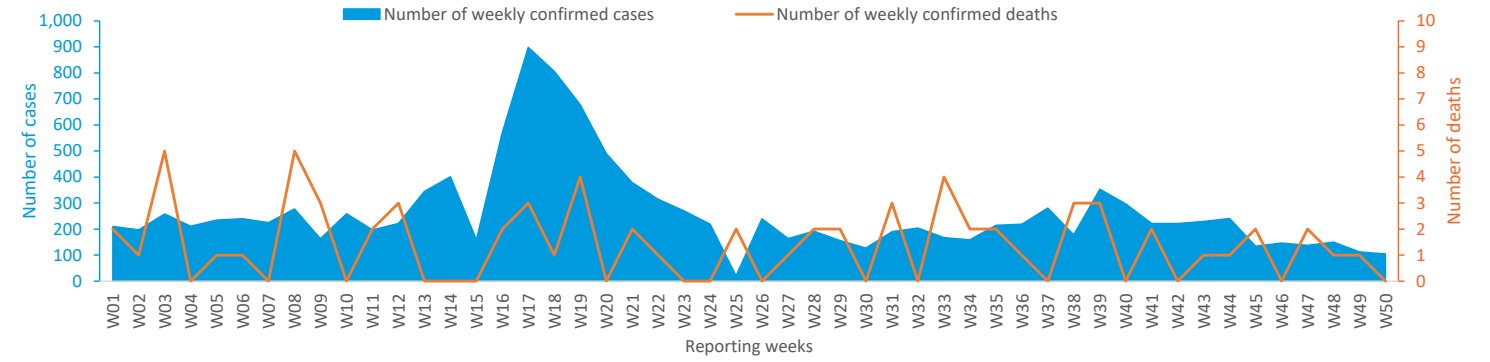
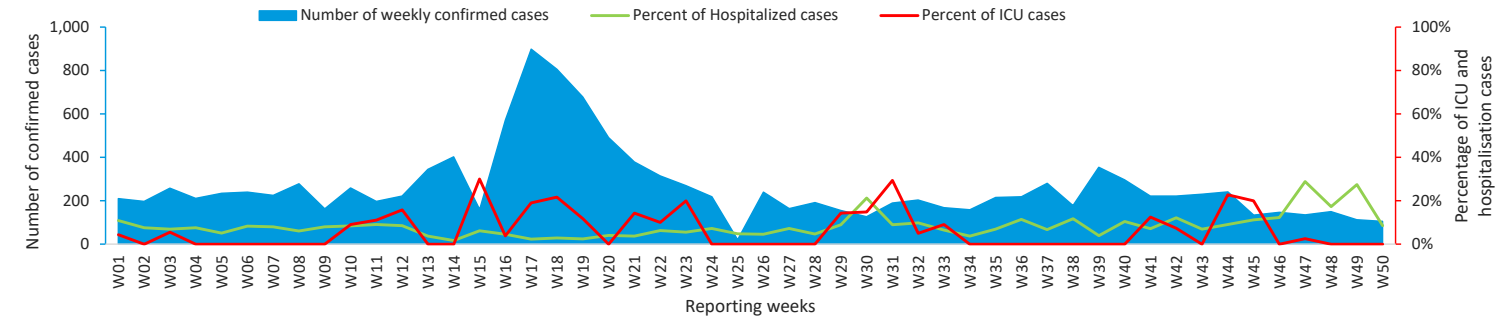


Figure 9. Weekly proportion of hospitalized and ICU cases and the number of confirmed COVID-19 cases in Afghanistan between 01 Jan-14 Dec 2024*



**The hospitalization rate was calculated among confirmed cases, while the ICU rate was calculated among hospitalized cases.*

Update on the response activities to COVID-19

- Since the beginning of 2024, the below supplies have been distributed to all regional sub-offices:
  - A total of 930 VTM kits (50 units per kit).
  - A total of 1,571 COVID-19 RDT kits (25 tests per kit).

Acute Watery Diarrhea (AWD) with Dehydration

(01 Jan - 14 Dec 2024)

171,600
Total AWD with dehydration cases

87
Total AWD with dehydration deaths

9,933
Samples tested for AWD with dehydration (RDTs)

1,436
RDT-positive cases for AWD with dehydration

14.5%
RDT positivity rate for AWD with dehydration

Table 4: Summary of the AWD with dehydration outbreak in the last eight weeks in Afghanistan (20 Oct – 14 Dec 2024)

Indicators	W43	W44	W45	W46	W47	W48	W49	W50	Trend line
Number of cases	2,808	2,659	2,750	2,534	2,301	1,965	2,066	1,940	
Number of deaths	4	0	3	2	2	1	1	1	
CFR (%)	0.14	0.00	0.11	0.08	0.09	0.05	0.05	0.05	

- 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 50-2024, 1,940 AWD with dehydration cases with one associated death were reported from 120 districts, which shows a 6.1% decrease in the number of cases reported compared to the previous week.
- The new death was an under five male reported from Kabul province.
- During week 50-2024, a new district (Sarkaani of Kunar province) reported an alert of AWD with dehydration.
- The highest cumulative incidence of AWD with dehydration per 10,000 population was reported from Paktya (140.7) followed by Nimroz (134.6), Logar (103.9), and Kabul (85.2) (Figure 11).
- Since the beginning of 2024, a total of 171,600 AWD with dehydration cases and 87 associated deaths (CFR=0.05%) were reported from 351 districts. Out of the total cases, 95,267 (55.5%) were under-five children, and 84,848 (49.4%) were females.
- Since the beginning of 2024, 9,933 Rapid Diagnostic Tests (RDTs) have been conducted on AWD with dehydration cases, of which 1,436 tests turned positive (positivity rate 14.5%).

Figure 10. Weekly distribution of AWD with dehydration cases in Afghanistan 01 Jan– 14 Dec 2024 (N=171,600)

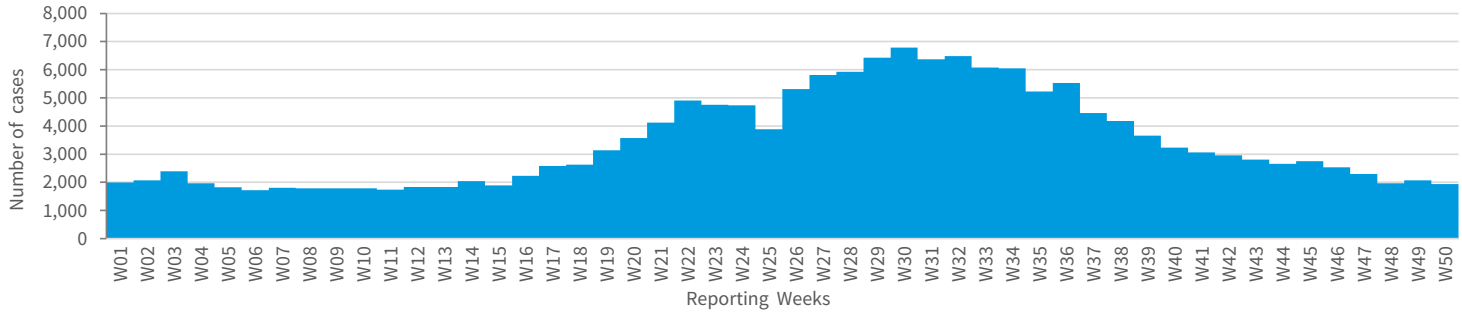


Figure 11. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 14 Dec 2024

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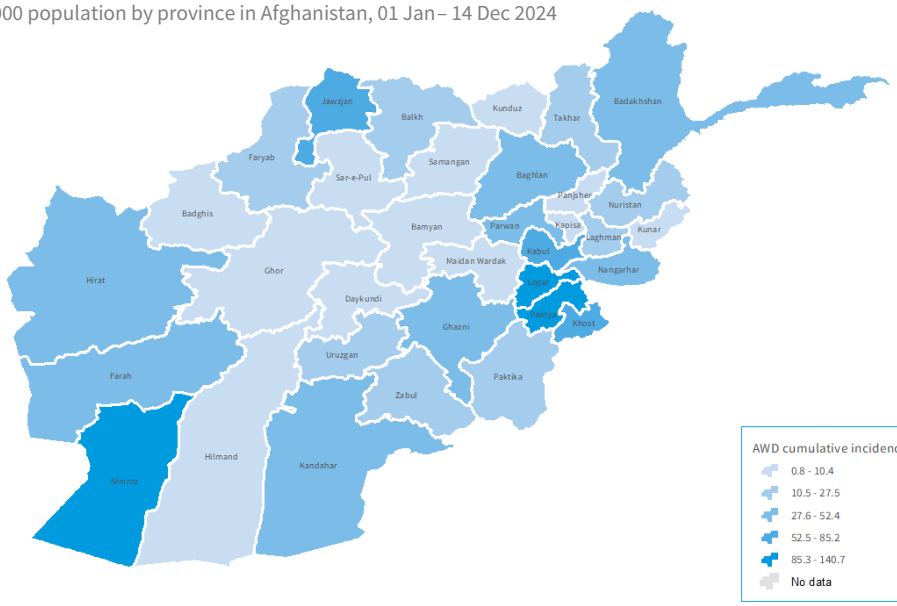
AWD with dehydration cumulative incidence per 10,000 population by province
01 Jan - 14 Dec 2024



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 969 head of health facilities and CHSs have been trained on Event-based Surveillance (EBS) procedures in 6 provinces: Kandahar (160, all males), Balkh (87 including 10 females), Bamyan (124 including 26 females), Herat (205, all males), Badakhshan (151 including 3 females), and Nangarhar (242, all males).
- 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

(01 Jan - 14 Dec 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 5: Summary of the dengue fever outbreak in the last eight weeks in Afghanistan (20 Oct – 14 Dec 2024)

Indicators	W43	W44	W45	W46	W47	W48	W49	W50	Trend line
Suspected cases	333	337	282	279	153	123	98	96	
suspected deaths	0	1	0	0	0	0	0	0	
CFR (%)	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	

- The epi curve of suspected dengue fever cases shows a decrease during the past 6 weeks following an increasing trend since week 26 reaching its highest peak in week 44-2024 (Figure 12).
- During week 50-2024, 96 suspected cases of dengue fever with no associated deaths were reported from Nangarhar province. This shows a slight decrease 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 4,631 suspected cases of dengue fever with 2 associated deaths were reported (CFR=0.04%), out of which 2,055 (44.4%) were females, and 82 (1.8%) were under-five children. The geographical distribution and weekly change rate are shown in Figure 14.
- Since the beginning of 2024, a total of 1,428 samples have been tested, out of which 501 were positive by PCR (positivity rate 35.1%).

Figure 12. Weekly distribution of suspected dengue fever cases in Afghanistan 1 Jan – 14 Dec 2024, (N=4,631)

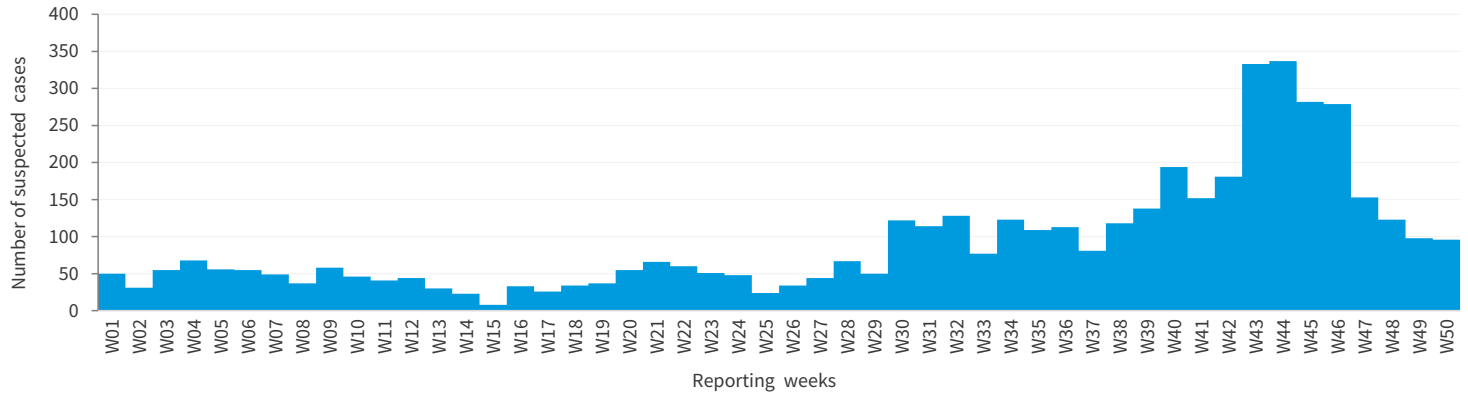


Figure 13. Comparison between the trends of suspected dengue fever cases in 2024 vs 2023 and 2-year average (2021-2022).

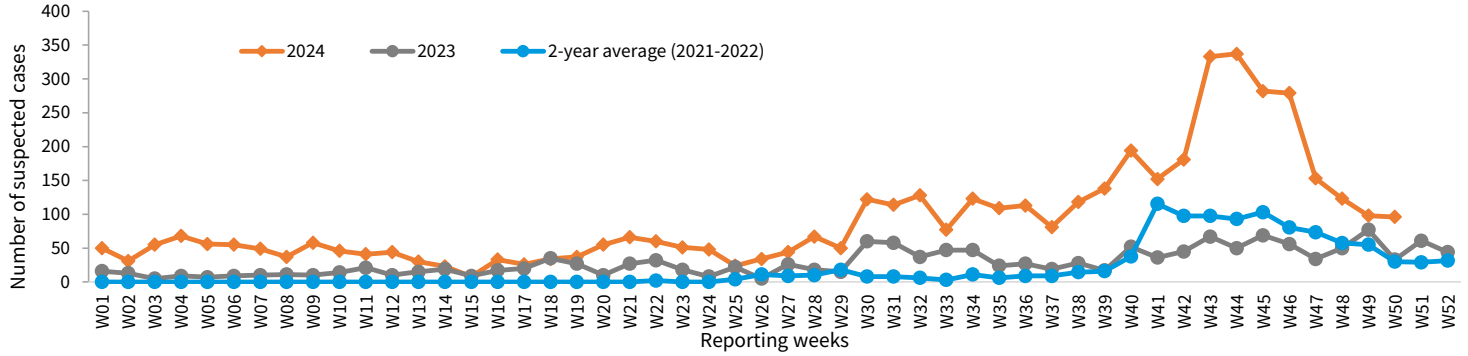
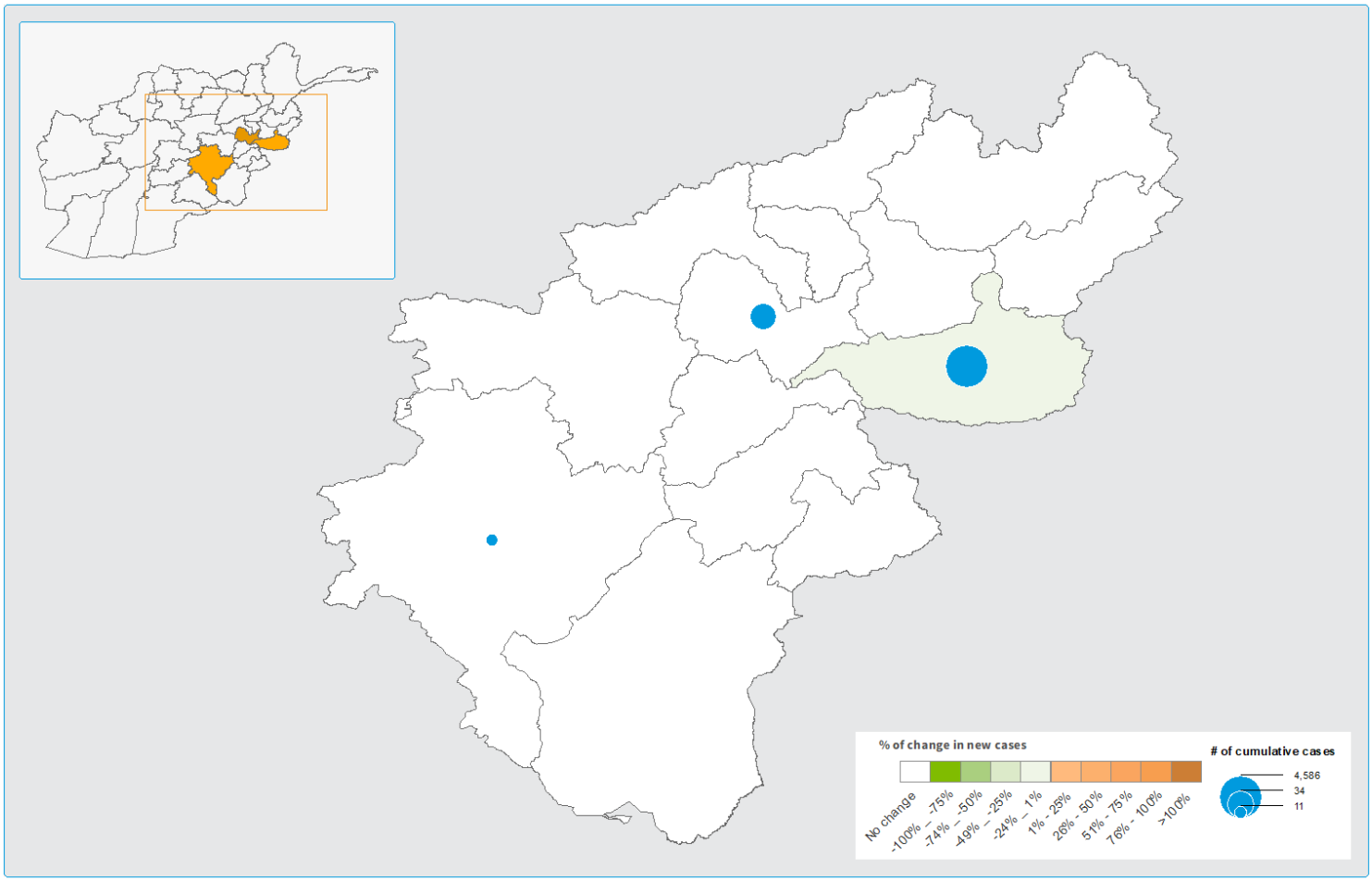


Figure 14. Geographical distribution of suspected dengue fever cases and percent change of new cases in Afghanistan, 01 Jan – 14 Dec 2024

Geographical distribution of suspected dengue fever cases in Nangarhar, Ghazni and Kabul provinces and weekly percent of changes (between weeks 49 and 50, 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 reperesent approxite border lines for which there may not yet be full agreement. Sources: MoPH, WHO, AGCHO. Creation date: 14 Dec 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.

Crimean Congo Hemorrhagic Fever (CCHF)

(01 Jan - 14 Dec 2024)

1,204 Total CCHF cases

94 Total CCHF deaths

839 Samples tested for CCHF

271 Lab-confirmed CCHF cases

32.3% CCHF test positivity rate

Table 6: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (20 Oct – 14 Dec 2024)

Indicators	W43	W44	W45	W46	W47	W48	W49	W50	Trend line
Suspected cases	9	12	10	9	6	6	9	4	
Suspected deaths	0	0	0	1	0	0	0	0	
CFR (%)	0.0	0.0	0.0	11.1	0.0	0.0	0.0	0.0	

- The epi-curve of suspected CCHF cases shows a declining trend since week 27-2024 (Figures 15 & 16).
- During week 50-2024, 4 new suspected CCHF cases with no associated deaths were reported, representing a considerable decrease compared to the number of suspected CCHF cases reported in the preceding week (Table 6).
- Since the beginning of 2024, a total of 1,204 suspected cases of CCHF with 94 associated deaths (CFR=7.8%) were reported. Out of the total cases, 1,199 (99.6%) were over-five, while 378 (31.4%) 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 839 samples of suspected CCHF cases have been tested, out of which 271 were positive (positivity rate 32.3%) from 14 provinces.
- The positive cases were reported from 14 provinces Kabul (170), Herat (24), Balkh (23), Kunduz (20), Kapisa (11), Nangarhar (8), Takhar (3), Baghlan (3), Badakhshan (2), Jawzjan (2), Kandahar (2), Helmand (1), Paktika (1), and Logar (1).
- The highest cumulative incidence of suspected CCHF per 100,000 population in 2024 is reported from Balkh (9.7) followed by Kabul (8.2), Kapisa (7.0), and Jawzjan (6.7) provinces (Figure 17).

Figure 15. Weekly distribution of suspected CCHF cases in Afghanistan 01 Jan – 14 Dec 2024, (N=1,204)

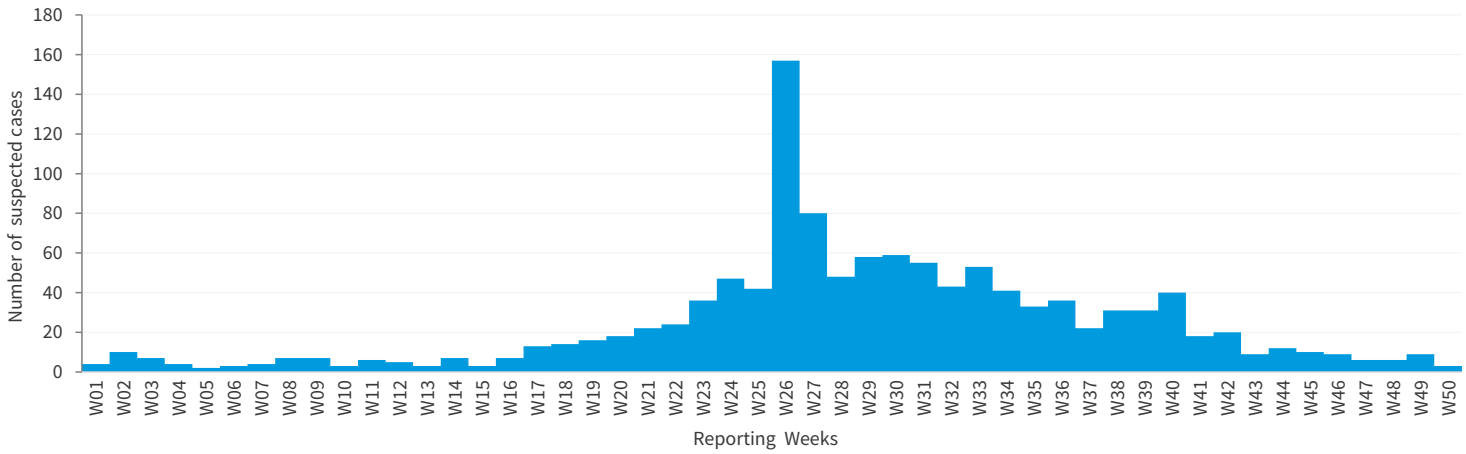


Figure 16. Comparison between the trends of suspected CCHF cases in 2024 vs 2023 and the 3-year average (2020-2022)

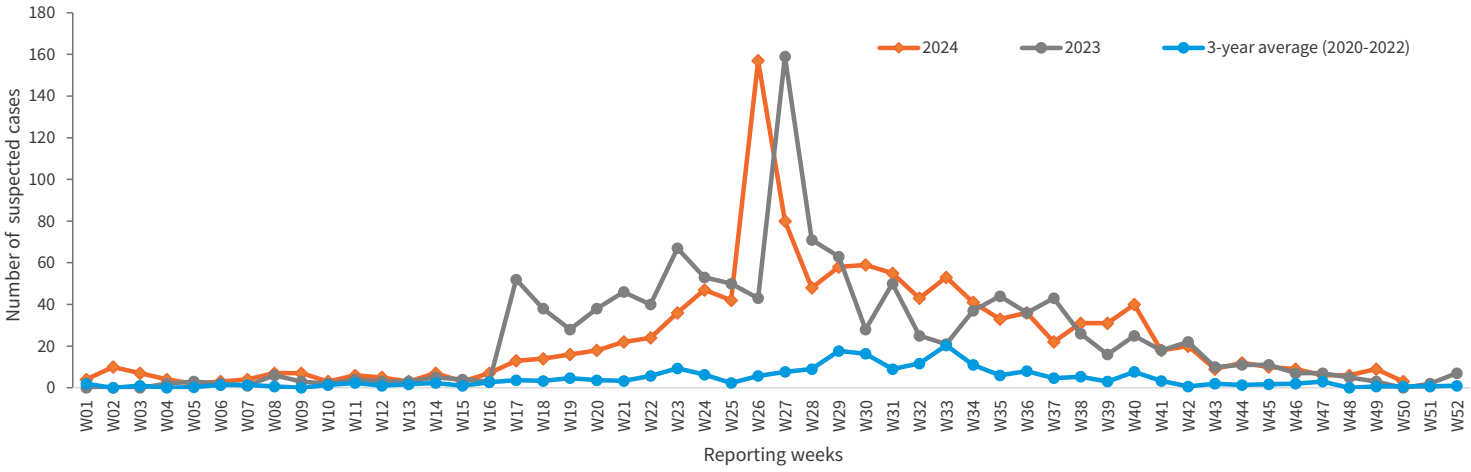


Figure 17. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 01 Jan – 14 Dec 2024

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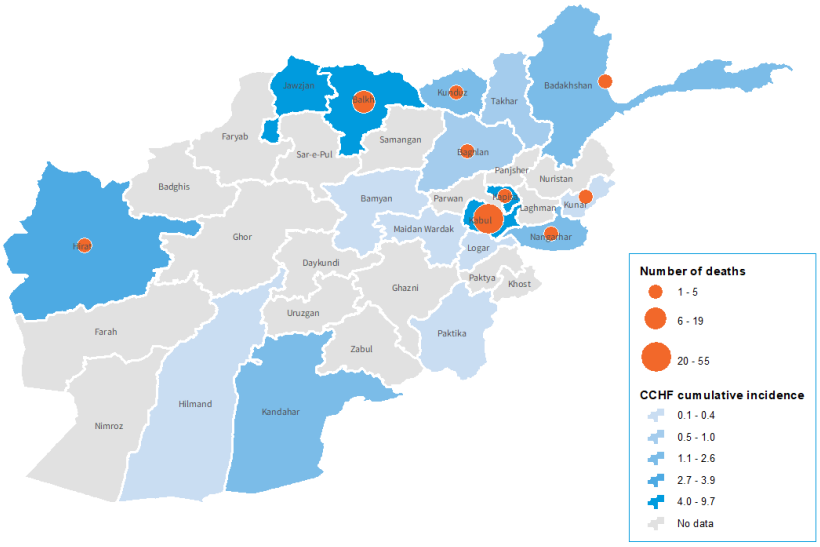
Crimean-Congo Hemorrhagic Fever (CCHF) cases cumulative incidence per 100,000 population by province and provincial distribution of deaths 01 Jan –14 Dec 2024



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.

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.

Malaria

(01 Jan - 14 Dec 2024)

80,480
Total confirmed Malaria Cases

2 (0.002)
Total malaria deaths (CFR %)

Table 7: Summary of the confirmed malaria outbreak in the last eight weeks in Afghanistan (20 Oct – 14 Dec 2024)

Indicators	W43	W44	W45	W46	W47	W48	W49	W50	Trend line
Confirmed cases	2,066	2,086	1,845	1,431	1,210	948	645	521	
Confirmed 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 confirmed malaria cases shows a declining trend since week 38-2024, 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 50-2024, 521 confirmed cases with no associated deaths were reported from 15 provinces, which shows a 19.2% decrease in the number of cases compared to the previous week.
- Since the beginning of 2024, a total of 80,480 confirmed malaria cases with 2 associated deaths (CFR=0.002%) were reported from 33 provinces. Out of the total cases, 16,759 (20.8%) were under-five children, and 37,856 (47.0%) were females.
- The highest cumulative incidence of malaria per 10,000 population was reported from Nuristan (411.4) followed by Kunar (295.3), Laghman (189.6), and Nangarhar (103.2) (Figure 20).

Figure 18. Weekly distribution of confirmed malaria cases in Afghanistan 01 Jan–14 Dec 2024 (N=80,480)

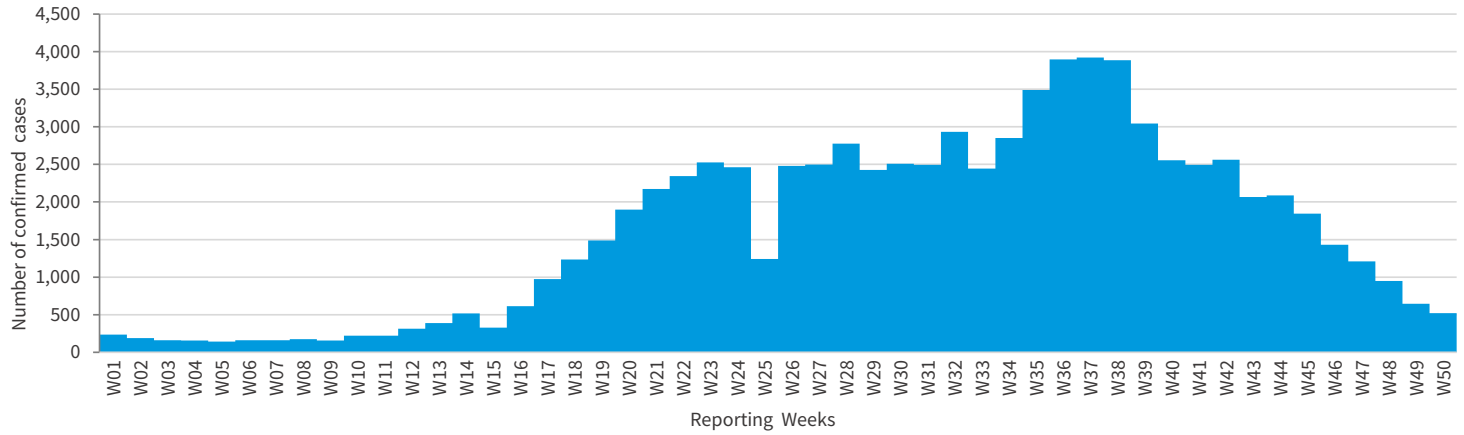


Figure 19. Comparison between the trends of confirmed malaria cases in 2024 vs 2023 and 3-year average (2020-2022)

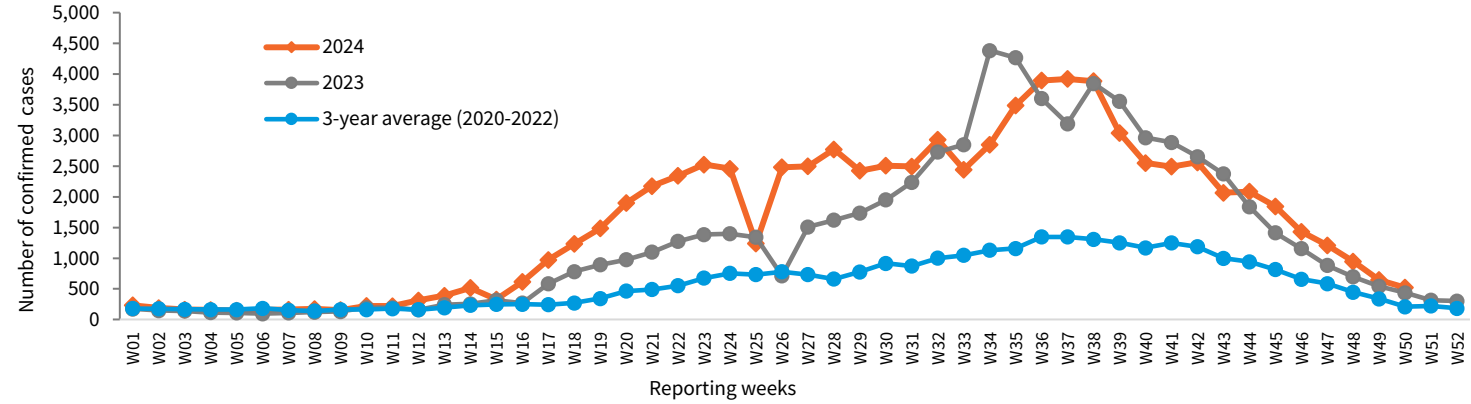


Figure 20. Confirmed malaria cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 14 Dec 2024

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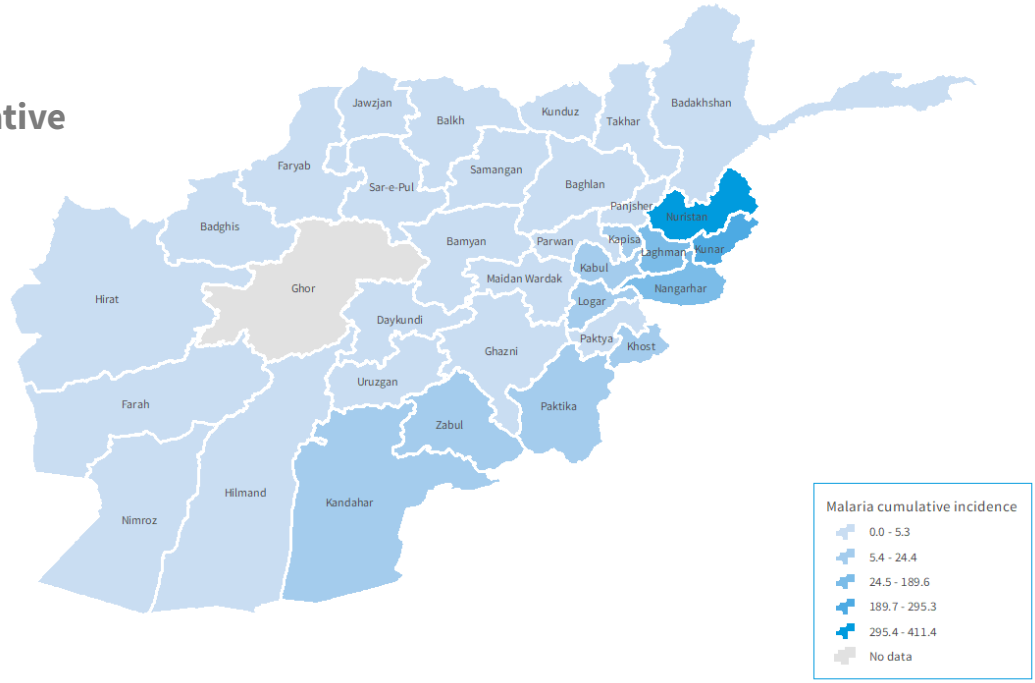
Confirmed malaria cumulative Incidence per 10,000 population by province

01 Jan-14 Dec 2024



Note: MOPH is the source of epidemiological data

Case definition & alert/outbreak thresholds

Contact us for further information:

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