COVID-19 Epidemiological Bulletin Afghanistan

World Health Organization
Afghanistan

Cumulative samples tested	**Cumulative confirmed cases**	**Cumulative confirmed deaths**
578,482 In public laboratories only	**178,901** Cumulative percent positivity (30.9%)	**7,683** CFR (4.29 %)

New samples tested in week17 ↓15 %	**New confirmed cases in week17** ↓21 %	**New confirmed deaths in week17** ↓75 %
3,271 In public laboratories only	**210** Weekly percent positivity (6%)	**1** Weekly CFR (0.5%)

Key: ↑ increasing ↓ decreasing ● no change

Table 1: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (5 Mar – 30 Apr 2022)

Indicators	W 10-22	W 11-22	W 12-22	W 13-22	W 14-22	W 15-22	W 16-22	W 17-22	Epi-curve
Samples tested (in public Labs)	6,028	5,479	4,287	4,275	5,222	3,771	3,713	3,271	
Confirmed cases	1,477	887	432	289	327	269	266	210	
Percent positivity (%)	25	16	10	7	6	7	7	6	
Confirmed deaths	18	11	8	9	5	2	4	1	
CFR (%)	1.2	1.2	1.9	3.1	1.5	0.7	1.5	0.5	

Highlights of the week

Since the beginning of the pandemic in Feb 2020, a total of **578,482** samples have been tested for COVID-19 through the public laboratories in the country.

In week17-2022, **3,271** samples were tested in public labs, of which **210** samples tested positive for COVID-19 (percent positivity **6**) and **1** new death was reported. This represents **21%** and **75%** decrease in cases and deaths, compared to week 16 2022, respectively **(Table 1).** Cumulatively, **178,901** confirmed cases (overall percent positivity **30.9**) of COVID-19 with **7,683** associated deaths (**case fatality ratio = 4.29%**) have been reported in Afghanistan since Feb 2020.

As of 30th April 2022, **90.4** %, cases have recovered.

In week 17, 2022, the highest numbers of COVID-19 cases were reported in the East and Central East regions (**63** and **45** cases, respectively) **(Table 2).** The top five provinces that reported positive cases included Nangarhar (**34** cases), Logar (**24** cases), Laghman (**15** cases), Takhar (**15** cases), and Samangan (**15** cases).

The WHO supported building the in-country capacity for genome sequencing, after training of two national staff on sequencing techniques in Dubai (December 2021). The WHO supported the procurement of the Oxford Nanopore Sequencer with the reagents and consumables. Initially, the plan is to conduct genome sequencing for COVID-19, with a plan to expand it to include other high-threat pathogens. The team is currently working on processing the COVID-19 samples for sequencing, the results will be shared when available.

Table 2: COVID-19 cases by region in Afghanistan, as of week 17, 2022 (24 – 30 Apr 2022)

Region	Epi-curve	# of new cases in week 17 (%)	% of change compared to week 16	Cumulative number (%)
Central East		45 (21 %)	-8%	48,934 (27.4%)
Central West		16 (8%)	-11%	14,846 (8.3%)
East		63 (30%)	-15%	20,641 (11.5%)
North		19 (9%)	-41%	14,878 (8.3%)
North East		38 (18%)	-27%	18,858 (10.5%)
South		10 (5%)	-67%	21,581 (12.1%)
South East		12 (6%)	50%	11,708 (6.5%)
West		7 (3%)	NA	27,455 (15.4%)
National		210 (100%)	-21%	178,901 (100%)

Overall, Afghanistan has reported **4,758** confirmed cases and **97** associated deaths among healthcare workers (HCWs) since 2020. To date, Herat, Kabul, Nangarhar, Balkh and Kunar reported the highest number of positive cases among HCWs.

Figure 1: Number of weekly PCR tests conducted and 2-week moving average of percent positivity in Afghanistan (24 Feb 2020 - 30 Apr 2022)
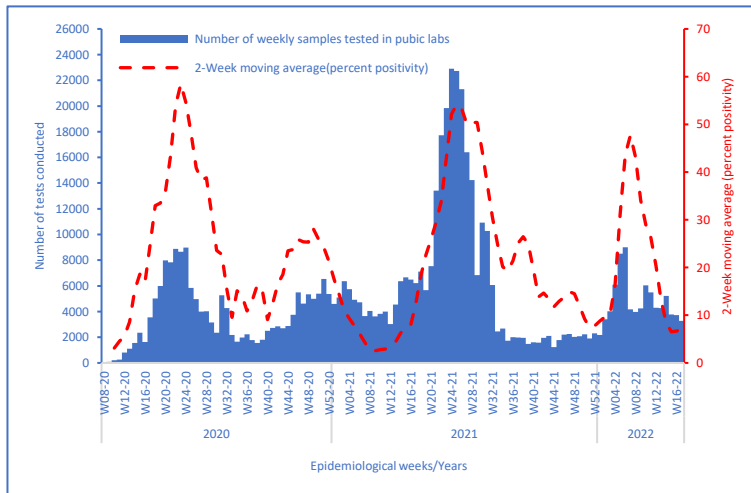

Figure 2: Geographic distribution of COVID-19 confirmed cases in Afghanistan (24 Feb 2020 - 30 Apr 2022)
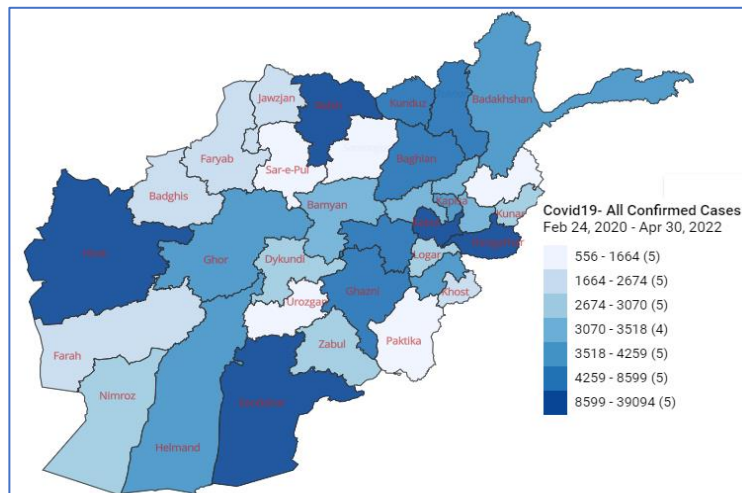

Figure 3: Weekly distribution of confirmed COVID-19 cases in Afghanistan (24 Feb 2020 - 30 Apr 2022)
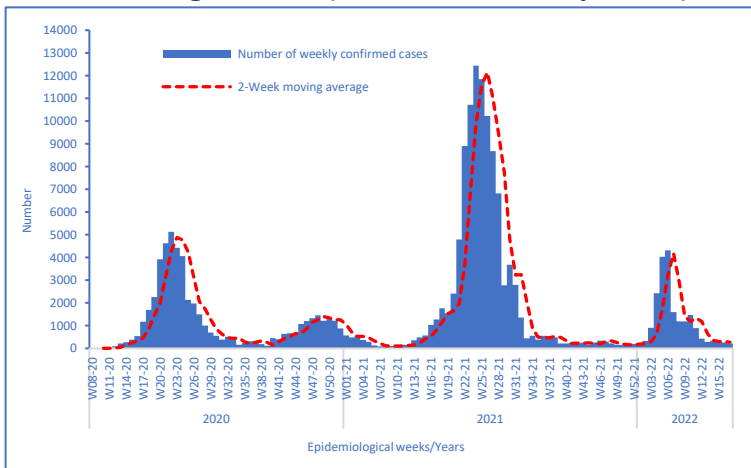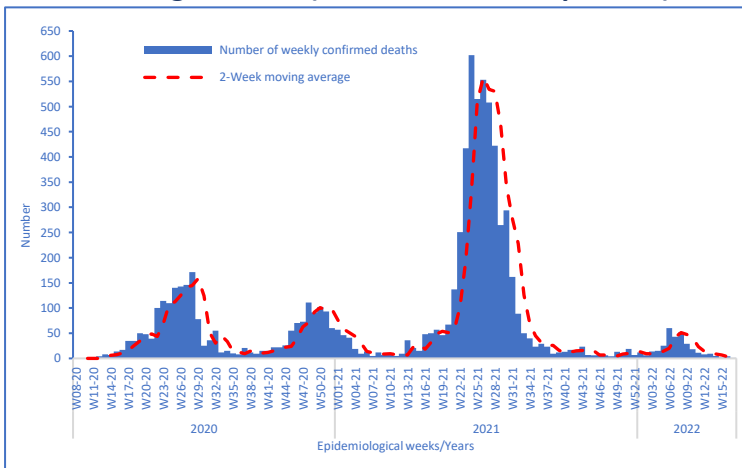

Figure 4: Weekly distribution of COVID-19 associated deaths in Afghanistan (24 Feb 2020 - 30 Apr 2022)

Figure 5: Age & sex distribution of COVID-19 cases in Afghanistan (24 Feb 2020 - 30 Apr 2022)
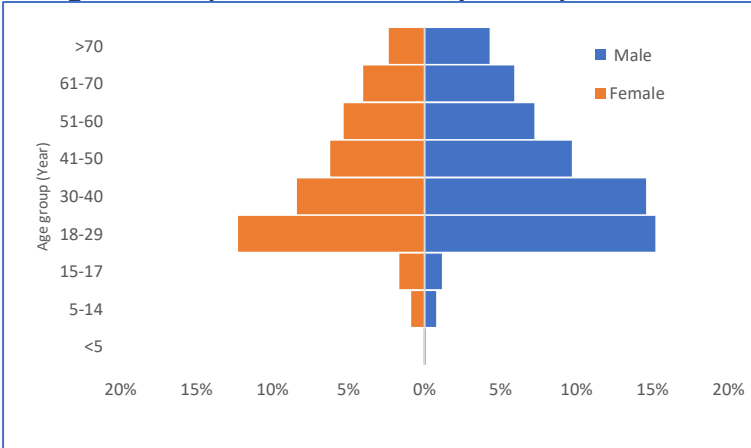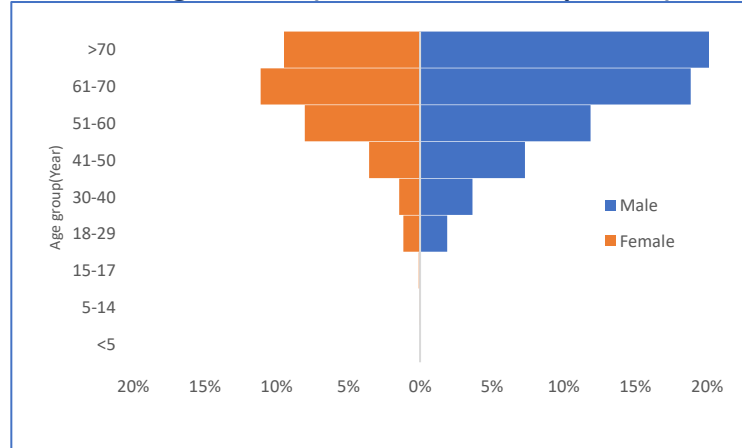

Figure 6: Age & sex distribution of COVID-19 associated deaths in Afghanistan (24 Feb 2020 - 30 Apr 2022)

Of the confirmed COVID-19 cases, **58%** have been reported among males and **42%** among females. Majority of cases have been reported among those aged 18-40 years.

Of the COVID-19 associated deaths, **65%** were reported among males and **35%** among females. The trend indicates that most reported deaths were among those aged over 70 years.

Figure 7: Proportion of underlying medical conditions among COVID-19 associated deaths in Afghanistan, 24 Feb 2020 - 30 Apr 2022 (n=1,735)
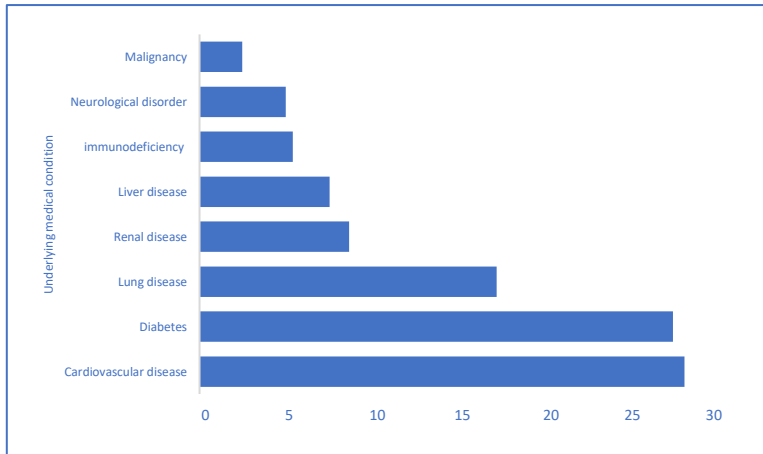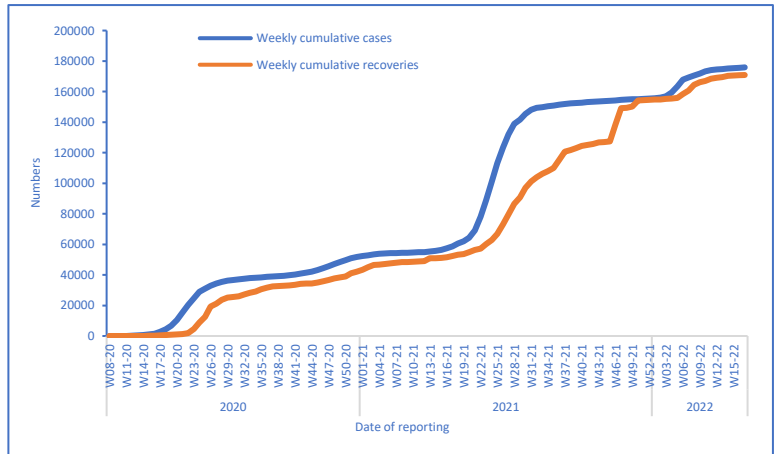

Figure 8: Weekly cumulative COVID-19 confirmed cases and recoveries in Afghanistan (24 Feb 2020 - 30 Apr 2022)
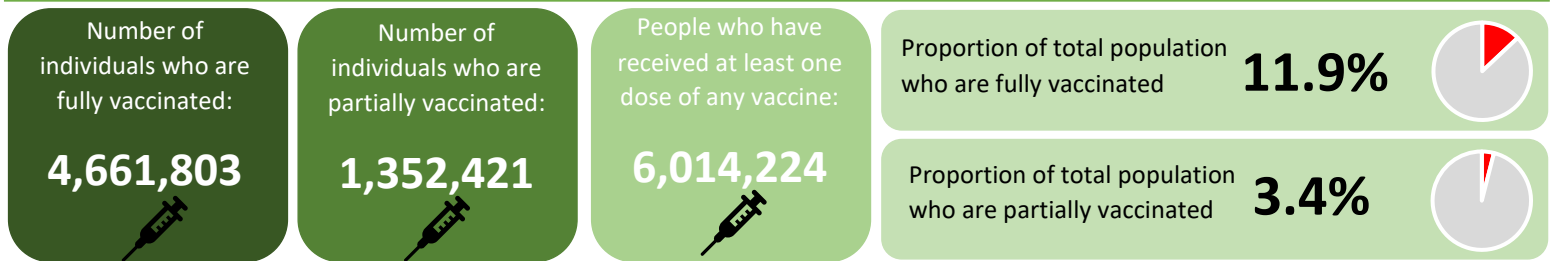

COVID-19 Vaccination highlights

Number of individuals who are fully vaccinated:

4,661,803

Number of individuals who are partially vaccinated:

1,352,421

People who have received at least one dose of any vaccine:

6,014,224

Proportion of total population who are fully vaccinated **11.9%**

Proportion of total population who are partially vaccinated **3.4%**

Figure 9: Distribution of individuals who received at least one dose by target group in Afghanistan, as of 30 Apr 2022

People with comorbidities 316,273 (5.3 %)
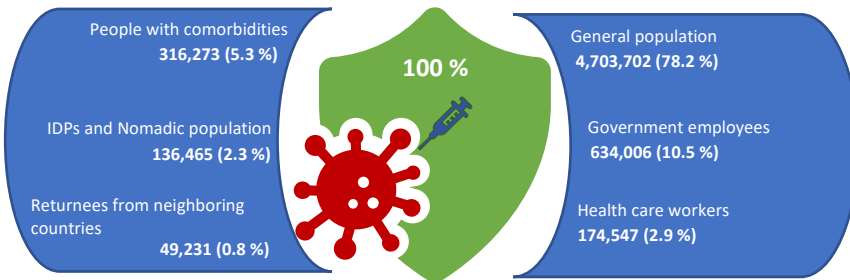
IDPs and Nomadic population 136,465 (2.3 %)

Returnees from neighboring countries 49,231 (0.8 %)

100 %

General population 4,703,702 (78.2 %)

Government employees 634,006 (10.5 %)

Health care workers 174,547 (2.9 %)

Figure 10: Distribution of administered doses by gender in Afghanistan, as of 30 Apr 2022

100 %

2,825,899(47.0 %)

3,188,325 (53.0 %)

Figure 11: Vaccination doses administered by vaccine type, as of 30 Apr 2022

3,959,563 Johnson & Johnson

1,079,323 Sinopharm

975,338 Covishield

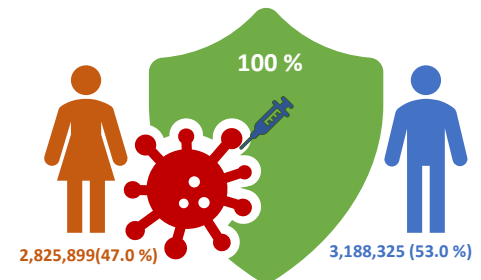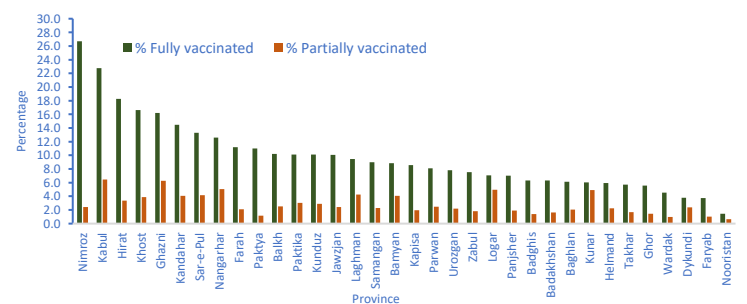## Figure 12: Proportion of fully & partially vaccinated individuals by province in Afghanistan, as of 30 Apr 2022

WHO – AFGHANISTAN EPIDEMIOLOGICAL BULLETIN | COVID-19 SURVEILLANCE PILLAR