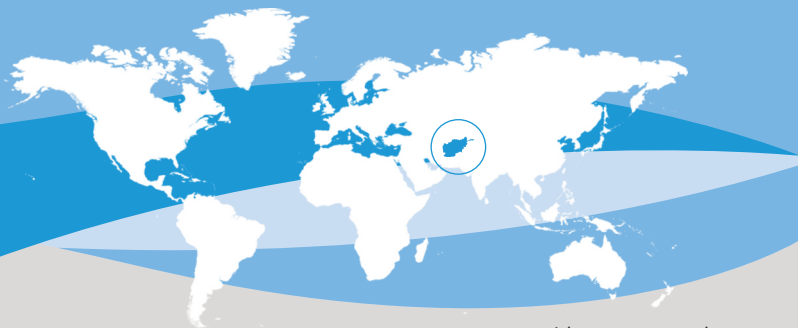









**AFGHANISTAN**

**INFECTIOUS DISEASE OUTBREAKS**

**SITUATION REPORT | Epidemiological week #03-2023**







No. 03/ (15 to 21 Jan)

 Disease Outbreaks	 AWD (May 22-Jan 2023)	 ARI (Oct 22-Jan 2023)	 COVID-19 (Feb 20-Jan 2023)	 Pertussis (Jan 22-Jan 2023)	 Measles (Jan 22-Jan 2023)	 Dengue fever (Jun 22-Jan 2023)
Cumulative Cases (Data from 593 (96.7%) out of 613 surveillance sentinel sites)	<b>250,178</b>	<b>3,106,089</b>	<b>208,231</b>	<b>1,060</b>	<b>79,069</b>	<b>1,290</b>
<b>Deaths "CFR (%)"</b>	<b>90 (0.04)</b>	<b>936 (0.03)</b>	<b>7,871 (3.8)</b>	<b>15 (1.4)</b>	<b>394 (0.5)</b>	<b>2 (0.2)</b>

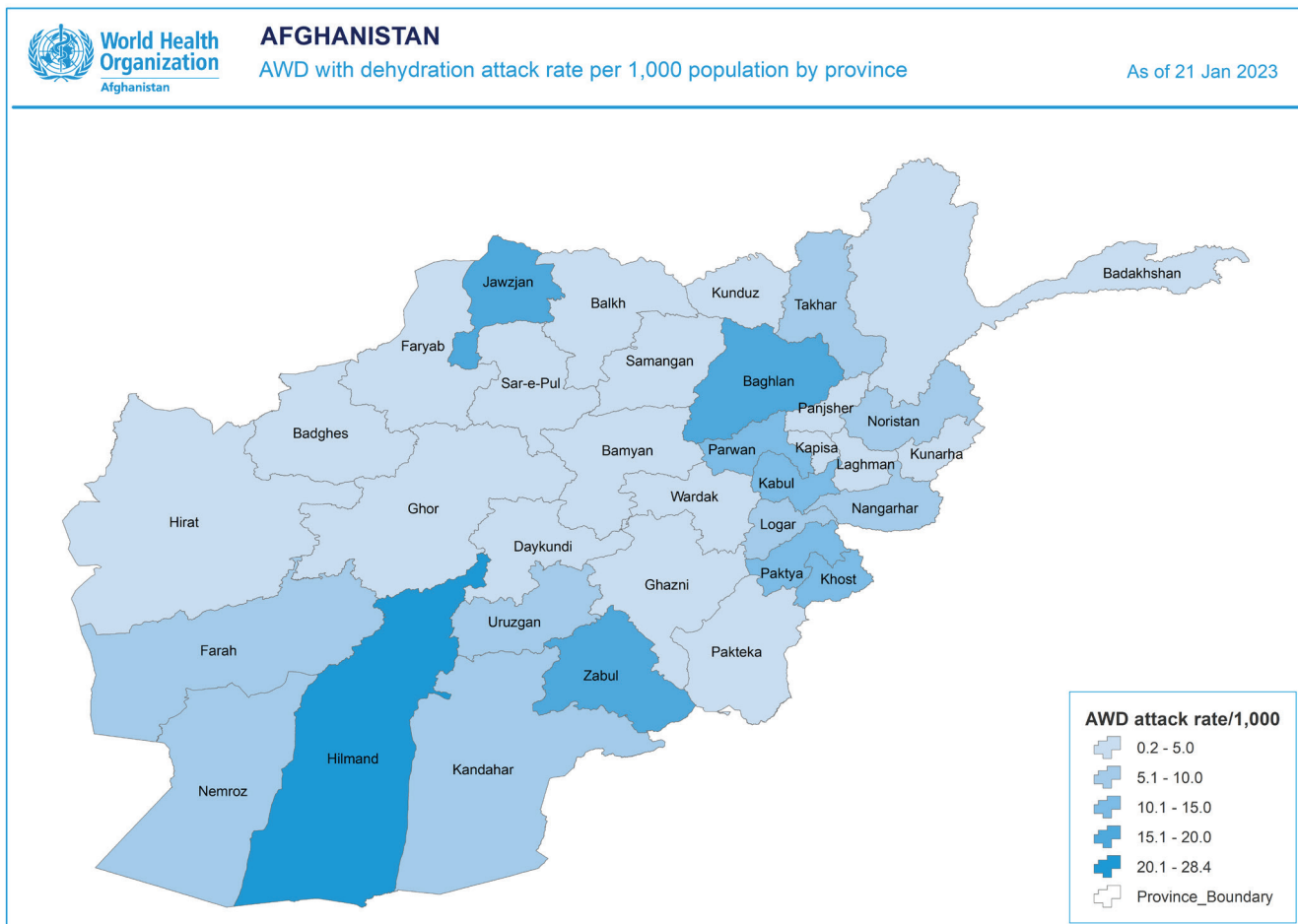
**Acute Watery Diarrhea (AWD) with Dehydration Outbreak (01 May 2022 to 21 Jan 2023)**

Table 1: summary of the AWD with Dehydration outbreak in the last eight weeks (26 Nov 2022 – 21 Jan 2023)

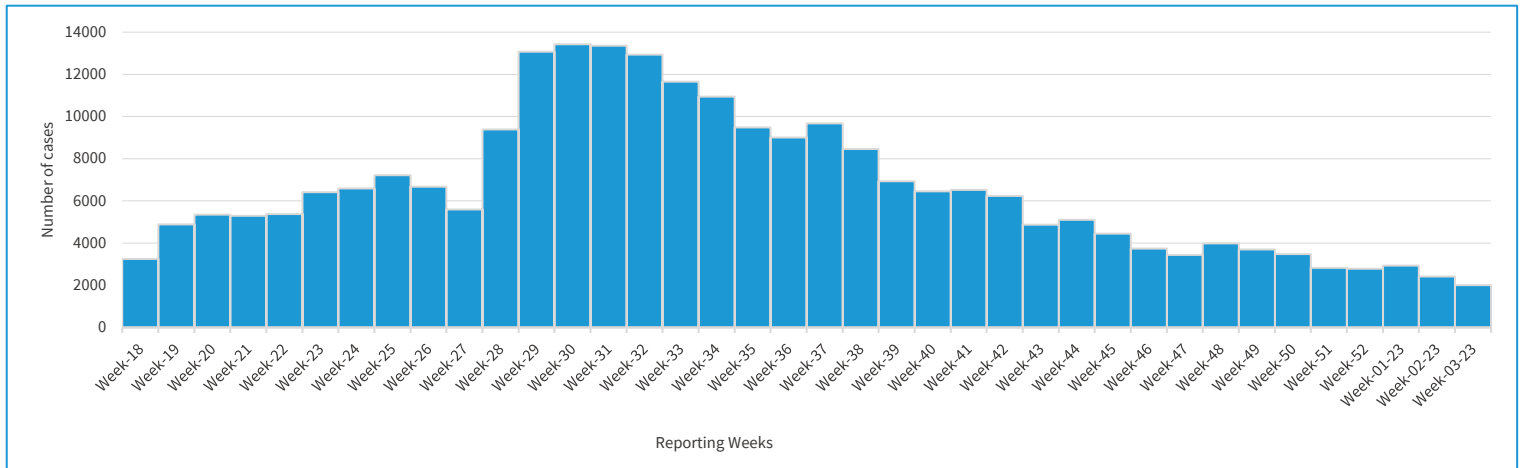
Indicators	W-48	W-49	W-50	W-51	W-52	W01-23	W02-23	W03-23	Epi-curve
Suspected cases	3,983	3,700	3,488	2,829	2,789	2,940	2,420	2,002	
Deaths	2	0	1	1	0	0	2	1	
CFR (%)	0.05	0.00	0.03	0.04	0.00	0.00	0.08	0.05	
% Change cases	15.7	-7.1	-5.7	-18.9	-1.4	5.4	-17.7	-17.3	

- During week 03-2023, a total of 2,002 new AWD cases with dehydration and 1 new death were reported which indicates 17.3% and 50.0% decrease in the number of cases and deaths respectively, compared to the previous week.
- The newly reported death was male under 5 years of age from Jawzjan province.
- Out of 250,178 cases, 138,592 (55.4%) were children below 5 years and 124,934 (49.9%) were females.

- A total of 2,647 samples were tested for AWD.
- The first few cases of AWD with dehydration were reported to the National Disease Surveillance and Response System (NDSR), MoPH and WHO on 04 May 2022 from Kandahar city of Kandahar province and spread to 175 districts in all 34 provinces.



**Figure 1.** AWD with dehydration attack rate per 1,000 population by province in Afghanistan, May 2022 - Jan 2023



**Figure 2.** Epidemiological curve of AWD with dehydration cases in Afghanistan May 2022-Jan 2023 (N=250,178)

The epi curve shows gradual decline in the number of AWD with dehydration cases since week-32 2022, this decline could be explained by seasonal change towards winter and partially impact of response to AWD outbreak with improved WASH activities in the affected provinces.

## Response to the AWD outbreak

### Leadership and Coordination

- Series of meetings have been conducted between health and WASH cluster partners, and the AWD preparedness and response plan will be revised and updated for 2023.
- Emergency and Preparedness Response Committees (EPR) are active at the provincial level.

### Surveillance

- Surveillance support teams (SSTs) are actively participating in outbreak investigation and response activities in 34 provinces.
- A total of 836 community health supervisors (CHSs) and medical officers have been trained on procedures of event base surveillance (EBS) in 6 provinces.
- Supervisory visits have been conducted in different provinces to strengthen early detection and timely response to AWD outbreaks.

### Case Management

- Since the beginning of the outbreak in May 2022, a total of 1,681 HCWs have been trained on AWD case management in 34 provinces.

### Laboratory and Supplies

- Since the beginning of the outbreak, a total 34 AWD investigation and 34 RDT kits were supplied to all 34 provinces.

- For supporting of the AWD case management, 5 central AWD case management kits were distributed to Paktia, Paktika, Ghazni, Nuristan and Kunduz provinces (One kit/ province).

- Overall, since the beginning of the outbreak between May 2022-Jan 2023, more than 500 AWD case management kits and more than 1,000 investigation kits (Cary Bliars & RDTs) were distributed to all outbreak affected areas.

### WASH and RCCE

- 148,000 individuals have been provided clean water by chlorination of 4,400 wells in 5 provinces.
- A water supply system was rehabilitated to provide safe water for more than 4,000 individuals in Taloqan district of Takhar province.
- Emergency latrines were installed and rehabilitated for provision of sanitation and hygienic facility to 4,500 individuals in 5 provinces.
- Overall, around 6,500 hygiene Kits were distributed to provide facility for hygienic practice to 35,700 individuals in 6 provinces.
- For increasing awareness of hygienic practices, hygiene promotion campaigns were conducted for more than 133,000 individuals in 12 provinces.

**Acute Respiratory Infection (ARI) (01 Oct 2022 to 21 Jan 2023)**









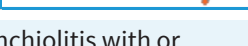
 <b>3.1M</b> Total ARI cases	 <b>936</b> Total ARI deaths	 <b>261</b> Influenza sample tested	 <b>46</b> Influenza lab confirmed cases	 <b>17.6%</b> Influenza test positivity ratio
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Table 2: summary of the acute respiratory infection outbreak in the last eight weeks (26 Nov 2022 – 21 Jan 2023)

Indicators	W-48	W-49	W-50	W-51	W-52	W-01-23	W-02-23	W-03-23	Epi-curve
Suspected cases	216,926	217,673	228,085	235,165	235,561	247,244	213,476	225,249	
Deaths	39	55	72	69	66	78	100	128	
CFR (%)	0.02	0.03	0.03	0.03	0.03	0.03	0.05	0.06	
% Change cases	10.1	0.3	4.8	3.1	0.2	5.0	-13.7	5.5	

- Case definition of ARI: Acute onset of cough, cold, coryza (runny nose), pharyngitis, laryngitis, bronchitis, or bronchiolitis with or without fever, Influenza-Like Illness (ILI), and pneumonia including severe acute respiratory illness (SARI) and suspected COVID-19.
- During week 03-2023, a total of 225,249 new ARI cases and 128 new deaths were reported which indicates 5.5% and 28.0% increase in the number of cases and deaths respectively, compared to the previous week.
- 17 deaths were reported from epi-week 52, 53-2022 and epi-week 1-2023 from Pamir Kalan village, Wakhan district of Badakhshan province due to ARI. Out of 17 deaths, 9 (52.9%) were female and 7 (41.2%) were under 5 years of age.
- Since Oct 2022, out of the total 3,106,089 ARI cases which representing 7.2% of the total population of Afghanistan, 1,411,795 (45.5%) were children below 5 and 1,614,660 (52.0%) were females.

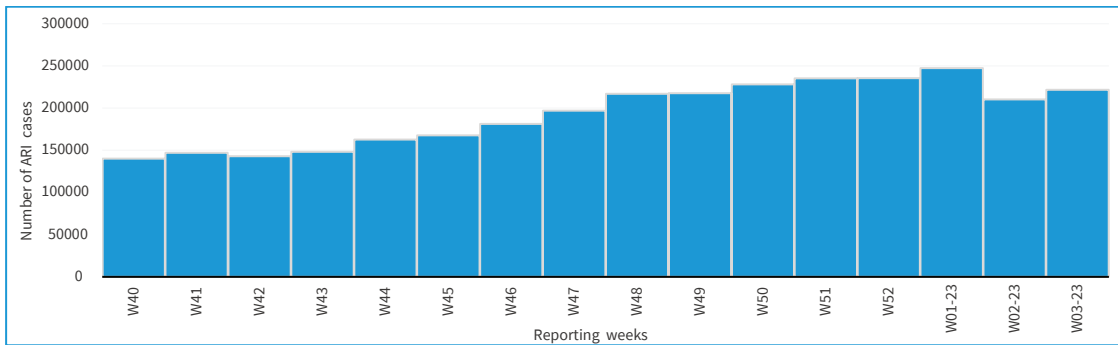


Figure 3. Epidemiological curve of ARI cases in Afghanistan, Oct 2022- Jan 2023 (N=3,106,089)

Figure 3. shows the gradual increase in the weekly number of ARI until epi-week 1-2023 which might be due to multiple factors such as seasonal changes, relatively harsh winter, poor socio-economic condition and susceptibility to the infectious pathogen. However, the number slightly decreased in the last two weeks which might be the reflection of response activities such as winterization support, case management and health promotion.

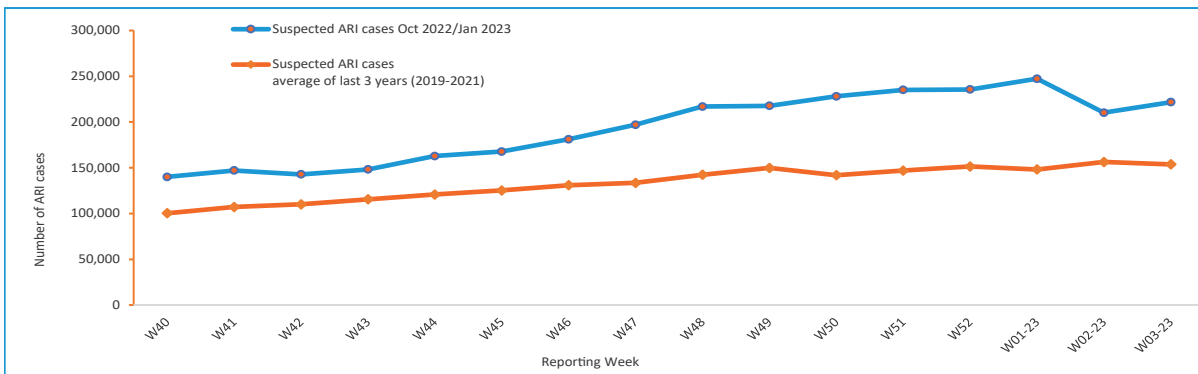


Figure 4. Comparison of ARI trend curve using 3 years average (2019-2021) vs 2022-2023, in Afghanistan

Figure 4 shows gradual increase in the number of ARI cases in 2022 as compared to the average of the last three years. This increase in 2022 could be explained by multiple factors such as lack of immunity to some pathogens after stopping mask use after 3 years of COVID-19, increased access to the health services, and expansion of NDSR sentinel sites.

**Response to Acute Respiratory Infection outbreak**

- The provincial NDSR team through provincial EPR committee is leading the outbreak response activities.
- Surveillance is conducted by the SSTs and case management is done by the BPHS and EPHS implementing partners.
- Samples are collected and shipped to CPHL/NIC for testing.
- WHO provided 378 kits (medicines, reagents, equipment etc) for ARI case management to five provinces (Badakhshan, Nuristan, Daikundi, Jawzjan and Ghazni provinces).
- WHO is conducting the training for a total of 1,320 healthcare workers on ARI case management (40 HCW already trained from central region and the rest will be trained across the all 34 provinces in the country).
- As part of preparedness and response activities to infectious disease outbreaks during the winter season, required supplies has been prepositioned in all 34 provinces across the country.

The emergency preparedness and response committee (EPR) meeting was conducted at the Badakhshan provincial public health directorate with the Local health authorities, partners and WHO to coordinate the response to ARI outbreak on-the ground. Agha Khan foundation (AKF) in collaboration with AKF-Tajikistan reached out to the affected area, investigated the outbreak, provided immediate case management, health education and promotion sessions. WHO has delivered and prepositioned medicines and medical supplies at the district level as part of the winterization preparedness and these have been deployed to Pamir Kalan village to support the case management, as well. More supplies are underway to ensure sufficient medicines in the affected area.

**COVID-19 (24 Feb 2020 – 21 Jan 2023)**

<b>Cumulative samples tested</b> <b>788,439</b> In public laboratories only	<b>Cumulative confirmed cases</b> <b>208,231</b> Cumulative percent positivity (26.4%)	<b>Cumulative confirmed deaths</b> <b>7,871</b> CFR (3.7%)
<b>New samples tested in week 03</b> <b>2,365</b> ↑ 21.0% In public laboratories only	<b>New confirmed cases in week 03</b> <b>240</b> ↑ 38.0% Weekly percent positivity (10.1%)	<b>New confirmed deaths in week 03</b> <b>15</b> ↑ 275.0% Weekly CFR (6.2%)

Key: ↑ increasing ↓ decreasing ● no change

**COVID-19 Vaccination highlights**

<b>Fully vaccinated:</b> <b>10,956,619</b>	<b>Partially vaccinated:</b> <b>1,716,164</b>	<b>At least one dose of any vaccine received:</b> <b>12,672,783</b>	Proportion of population* who are fully vaccinated: <b>27.7%</b>
			Proportion of population* who at least received one dose: <b>32.1%</b>

\*Total population: 39,269,174\*(Ref: UN estimation, AFG CMYP 2022)

Table 3: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (26 Nov 2022 - 21 Jan 2023)

Indicators	W48-22	W49-22	W50-22	W51-22	W52-22	W01-23	W02-23	W03-23	Epi-curve
Samples tested (in public Labs)	5,370	4,177	4,192	3,979	2,834	1,891	1,954	2,365	
Confirmed cases	573	439	372	365	204	194	174	240	
Percent positivity (%)	10.7	10.5	8.9	9.2	7.2	10.3	8.9	10.1	
Confirmed deaths	1	1	6	5	1	3	3	15	
CFR (%)	0.2	0.2	1.6	1.4	0.5	1.5	1.7	6.3	

Since the beginning of the pandemic in Feb 2020, a total of 788,439 samples have been tested for COVID-19 through public laboratories. In week 03-2023, 2,365 samples were tested in public labs, of which 240 samples were positive for COVID-19 (test positivity of 10.1%) and 15 new deaths were reported. This represents a 21.0% and 400% increase in the number of newly reported cases and deaths, respectively, compared to the previous week.

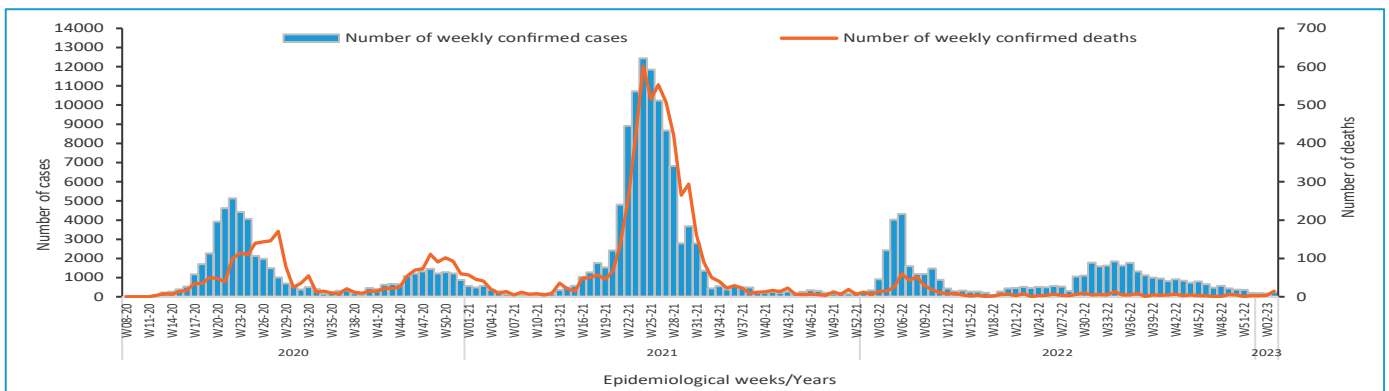
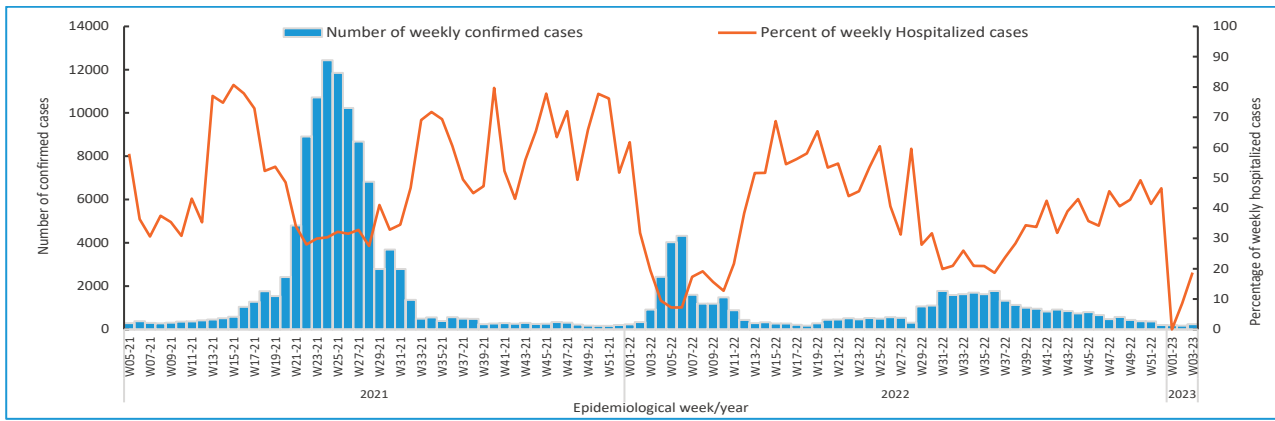


Figure 5. Epidemiological curve of confirmed COVID-19 cases and deaths in Afghanistan Feb 2022 - Jan 2023

Figure 5 shows decline trend of confirmed cases and deaths since week-36 of 2022, the pattern could be explained by reduction in the number of samples tested (suspected patients are not testing), reduced susceptibility of general population to COVID-19 and impact of nationwide vaccination campaigns.



Note: During week 01-2023, number of hospitalized cases was not uploaded on the NDSR data warehouse, and is currently under investigation and will be updated accordingly.

Figure 6. Weekly proportion of hospitalized cases out of new COVID-19 confirmed cases in Afghanistan as of Feb 2020– Jan 2023

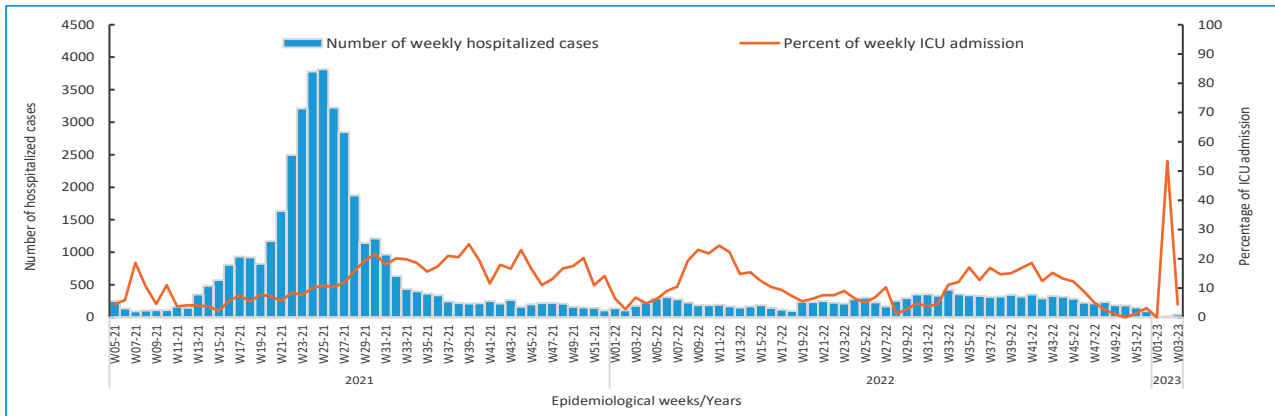


Figure 7. Weekly proportion of ICU admissions out of newly hospitalized COVID-19 cases in Afghanistan as of Feb 2020– Jan 2023

### Suspected pertussis outbreaks (Jan 2022-Jan 2023)



**1,060**  
Total clinically confirmed cases



**15**  
Total deaths

Table 4: of the suspected pertussis outbreak in the last eight weeks (26 Nov 22 – 21 Jan 2023)

Indicators	W-48	W-49	W-50	W-51	W-52	W01-23	W02-23	W03-23	Epi-curve
Suspected cases	46	34	30	26	21	38	16	13	
Deaths	0	0	0	0	0	0	0	0	
CFR (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
% Change cases	76.9	-26.1	-11.8	-13.3	-19.2	81.0	-57.9	-18.8	

- During week 03-2023, a total of 13 new suspected pertussis cases were reported from Zabul (7) and Kabul (6) provinces, this brings the total number of suspected cases to 1,060 from 19 province.
- Out of the total 1,060 cases, 735 (69.3%) were children below 5 years and 506 (47.7%) were females.

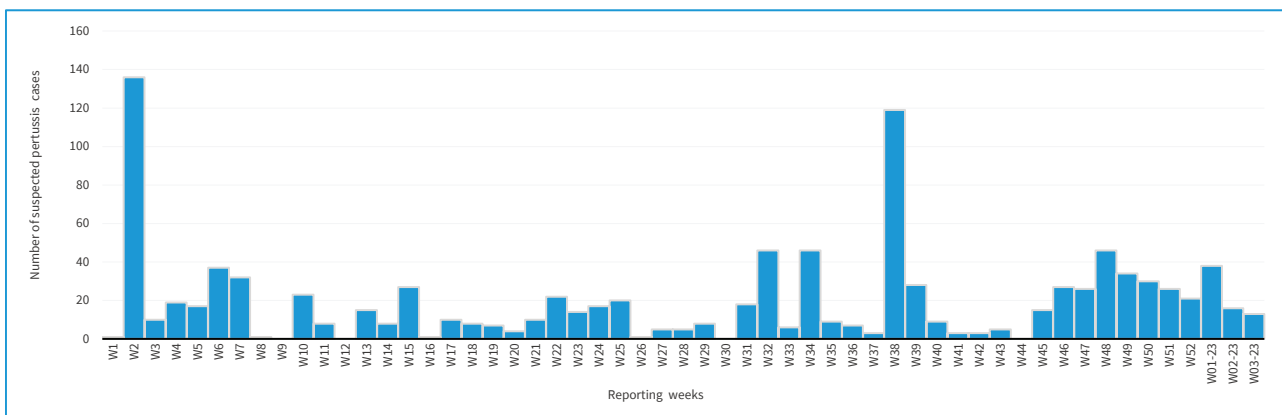


Figure 8. Epidemiological curve of suspected Pertussis cases in Afghanistan, Jan 2022 to Jan 2023 (N=1,060)

Figure 8 shows increase in the number of pertussis cases in the last 11 weeks, which is aligned with the overall increase in ARI cases during the winter season and lower immunity rate among children.

Measles outbreak (01 Jan 2022 to 21 Jan 2023)

79,069 Total Case | 394 Total deaths | 9,867 Sample tested | 5,787 Lab confirmed cases | 58.7% Test positivity ratio

Table 5: summary of the suspected measles outbreak in the last eight weeks (26 Nov 2022 – 21 Jan 2023)

Indicators	W-48	W-49	W-50	W-51	W-52	W-01-23	W-02-23	W-03-23	Epi-curve
Suspected cases	636	568	699	608	685	588	633	625	
Deaths	0	0	1	2	1	3	2	0	
CFR (%)	0.00	0.00	0.14	0.33	0.15	0.51	0.32	0.00	
% Change cases	-6.3	-10.7	23.1	-13.0	12.7	-14.2	7.7	-1.3	

- During epidemiological week 03-2023, a total of 625 new cases were reported which indicates stabilization in the number of new suspected cases, compared to last week.
- No new deaths were reported during the last week.
- Out of the total 79,069 cases, 61,058 (77.2%) were children below 5 and 38,549 (48.8%) were females.

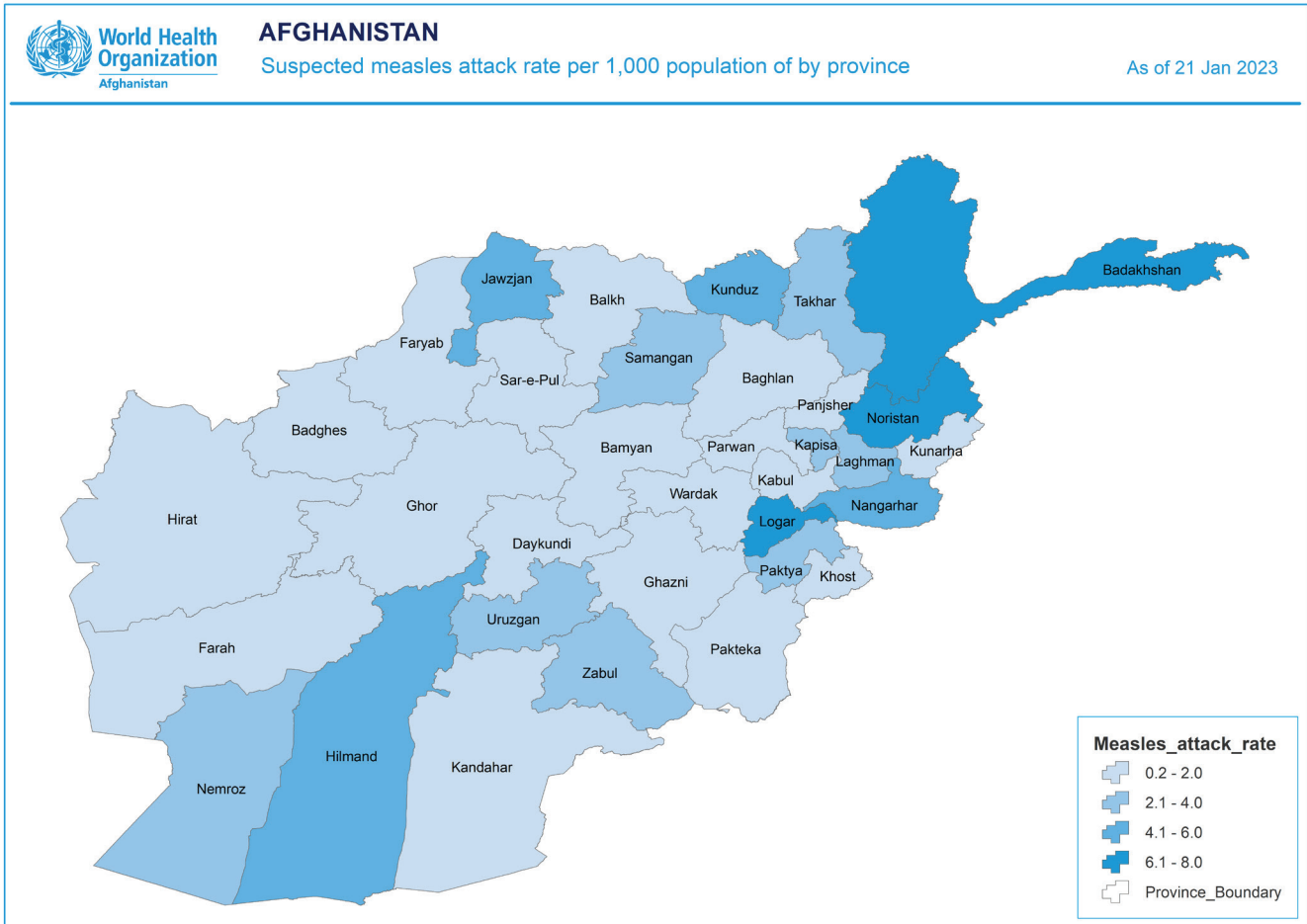


Figure 9. Suspected measles attack rate per 1,000 population of by province in Afghanistan Jan 2022– Jan 2023 (N=79,069)

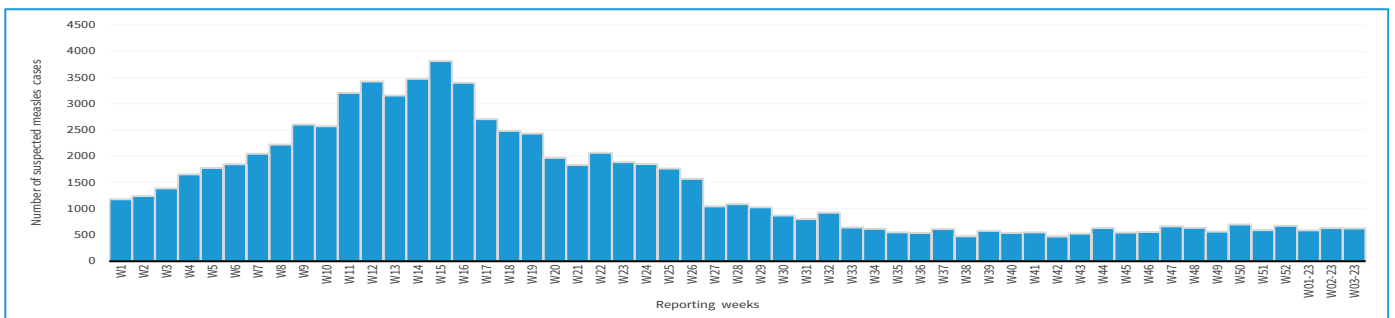
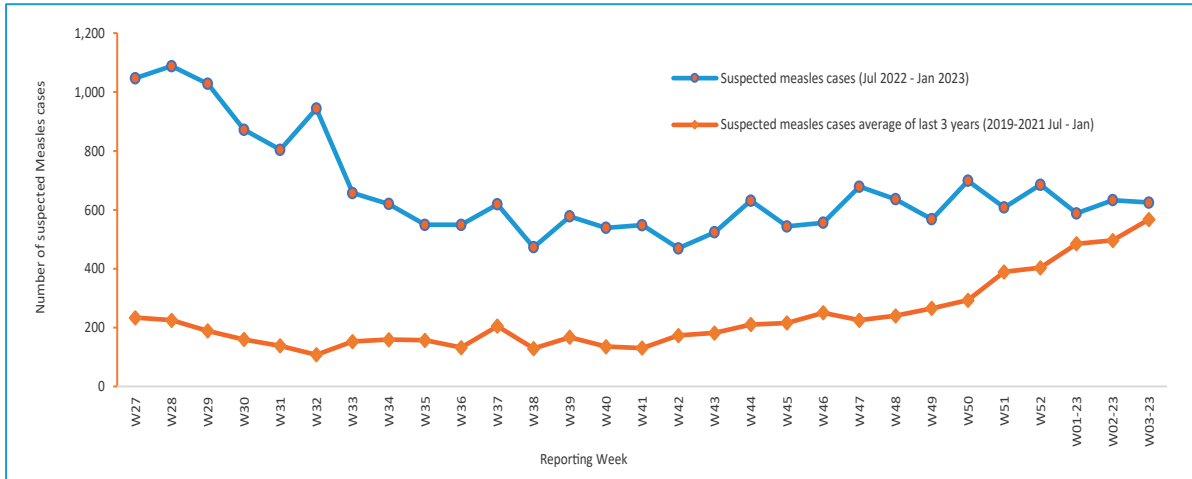


Figure 10. Epidemiological curve of suspected measles cases in Afghanistan, Jan 2022 to Jan 2023 (N=79,069)

The figure 10 shows increasing trend of suspected weekly measles cases, reached to the peak at epi-week 15 and followed decreasing pattern. Since epi-week 33, weekly number of suspected measles has been stabilized which could be explained by the response activities especially immunization compains and decrease susceptability of the children.



The weekly number of suspected measles indicating decreasing trend since epi-week 27 to epi-week 35 followed by almost stabilization up to epi-week 3-2023 and may cross the past 3-year average in the next few weeks. The decrease and stabilization of the weekly number of suspected measles could be attributed to the nationwide vaccination campaigns and decrease susceptibility of the children against measles.

Figure 11. Comparison of suspected measles trend curve using 3 years average (2019-2021) vs 2022-2023, in Afghanistan

### Response to Measles outbreak

- The national measles immunization campaign was conducted during 26 Nov-12 Dec-2022; immunizing 5.3 million children aged 9-59 months in 329 planned districts of 34 provinces across the country (almost 99% admin coverage).
- Since December 2021, around 11 million children (aged between 6 months to 14 years) have been vaccinated through 5

- different measles outbreak response and national immunization campaigns in 34 provinces.
- A total of 593 measles case management kits have been supplied to 28 provinces in 7 regions across the country to support case management.

### Dengue Fever Outbreak (01 Jun 22 to 21 Jan 2023)

<b>1,290</b> Total Case	<b>2</b> Total deaths	<b>470</b> Sample tested	<b>383</b> Lab confirmed cases	<b>81.5%</b> Test positivity ratio
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Table 6: summary of the Dengue fever outbreak in the last eight weeks (26 Nov 2022 – 21 Jan 2023)

Indicators	W-48	W-49	W-50	W-51	W-52	W-01-23	W-02-23	W-03-23	Epi-curve
Suspected cases	106	46	36	12	9	9	12	3	
Deaths	0	0	0	0	0	0	0	0	
CFR (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
% Change cases	47.2	-56.6	-21.7	-66.7	-25.0	0.0	33.3	-75.0	

- A total of 3 suspected dengue fever cases with no new deaths have been reported during week 03-2023, all cases were reported from Nangarhar province, which brings the total number of cases and deaths to 1,290 and 2, respectively.
- Out of 1,290 reported cases, 304 (22.9%) were females and 1,274 (98.7%) were over five years of age

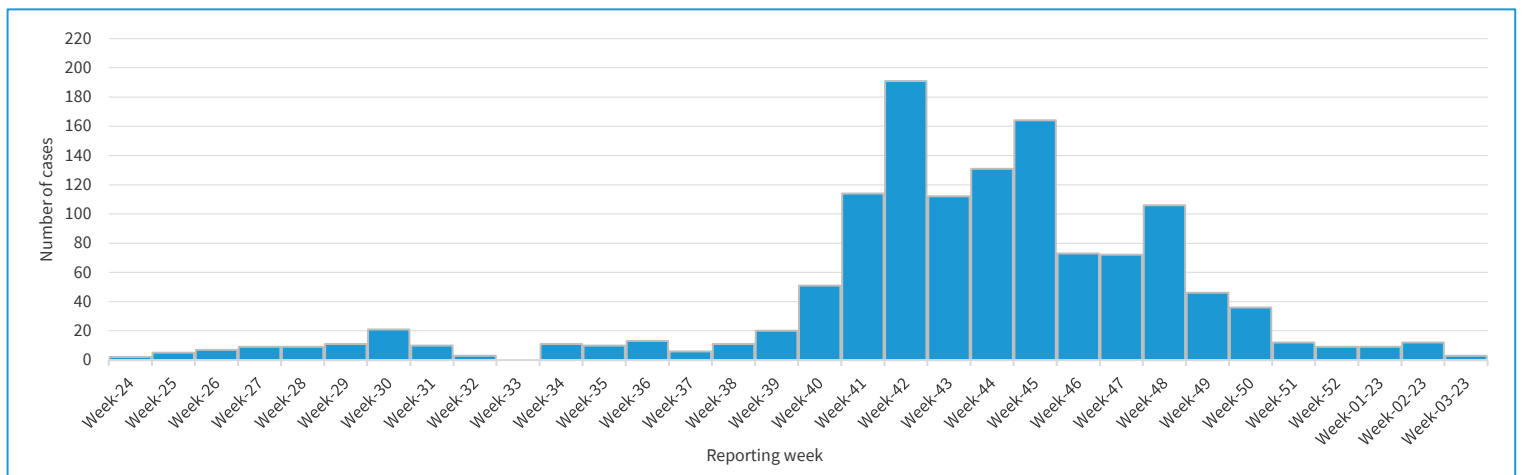
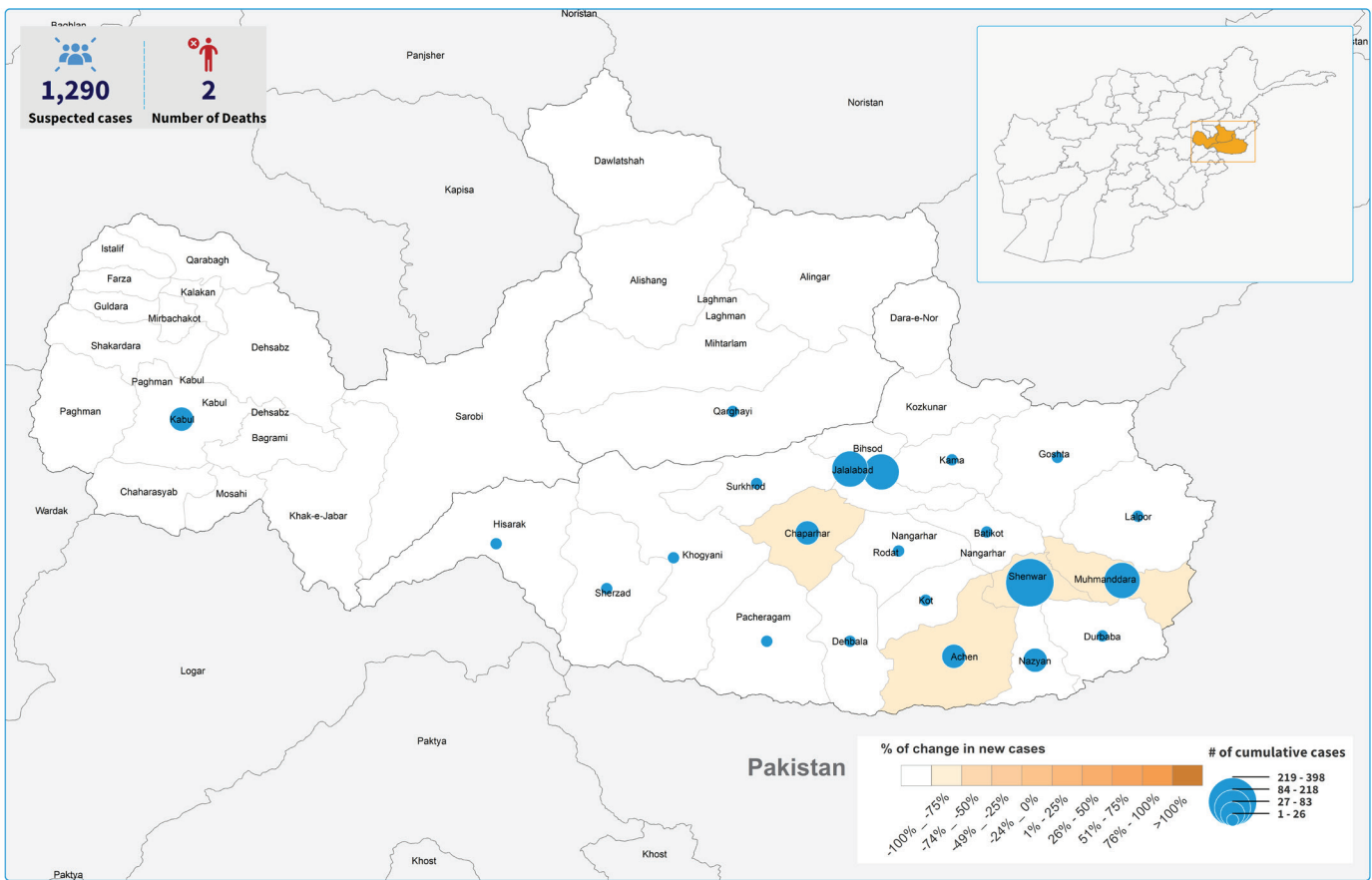


Figure 12. Epidemiological curve of dengue fever cases in Afghanistan Jun 2022 - Jan 2023 (N=1,290)

Figure 14 shows decline in the number of dengue cases in the last 6 weeks, which is mainly due to seasonal change (winter season in Nangarhar province).



**Geographical distribution of suspected dengue fever cases in Afghanistan and weekly percent of changes**  
(between weeks 2 and 3, 2023)



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, AGCHD. Creation date: 21 January 2023.

**Figure 13.** Hotspot areas of dengue fever cases and percent change of new cases in Afghanistan, Jun 2022 - Jan 2023 (N=1,290)

## Response to the dengue fever outbreak

- A task force committee meeting on dengue outbreak preparedness and response was conducted in Nangarhar province. The committee coordinated dengue fever outbreak response activities with the active participation of PPHD, WHO, NDSR, vector control program, BPHS and EPHS implementers in the outbreak affected areas.
- Since July 2022 a total of 9 PCR kits has been delivered to the Nangarhar reference lab (RL) to support the case confirmation of diagnosis among suspected dengue cases.
- Overall, 1,000 Kgs of larvicides have been released and distributed to Nangarhar sub-office to support dengue fever vector control activities.
- Surveillance support and entomology teams in addition to surveillance activities (case detection, reporting and sample collection) monitoring the outbreak situation.
- Health education sessions were conducted in two villages of hotspot areas (Jalalabad city and Shinwar district) for increasing public awareness regarding source reduction activities as well as how to protect themselves from being infected.

Note: MOPH is the source of epidemiological data

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