World Health Organization
Afghanistan

AFGHANISTAN
INFECTIOUS DISEASE OUTBREAKS
SITUATION REPORT | Epidemiological week **#04-2023**

No. 04/(22 to 28 Jan)

Disease Outbreaks	AWD (May 22 - Jan 23)	ARI (Oct 22 - Jan 23)	COVID-19 (Feb 20 - Jan 23)	Pertussis (Jun 22 - Jan 23)	Measles (Jan 22 - Jan 23)	Dengue fever (Jan 22 - Jan 23)
Cumulative Cases (Date from 605 (98.7%) out of 613 surveillance sentinel sites)	251,735	3,336,163	208,498	1,069	79,734	1,298
Death "CFR (%)	90 (0.04)	1,048 (0.03)	7,879 (3.8)	15 (1.4)	397 (0.5)	2 (0.15)

Acute Watery Diarrhea (AWD) with Dehydration Outbreak
(01 May 2022 to 28 Jan 2023)

Table 1: summary of the AWD with Dehydration outbreak in the last eight weeks (04 Dec 2022 – 28 Jan 2023)

Indicators	W-49	W-50	W-51	W-52	W01	W02	W03	W04	Epi-curve
Suspected cases	3,700	3,488	2,829	2,789	2,940	2,420	2,002	1,557	
Deaths	0	1	1	0	0	2	1	0	
CFR (%)	0.00	0.03	0.04	0.00	0.00	0.08	0.05	0.00	
% Change cases	-7.1	-5.7	-18.9	-1.4	5.4	-17.7	-17.3	-22.2	

- During week 04-2023, a total of 1,557 new AWD cases with dehydration were reported which indicates 22.2% decrease in the number of cases, compared to the previous week.
- No new deaths were reported during the last week.
- Out of 251,735 cases, 139,389 (55.4%) were children below 5 years and 125,715 (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.

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AWD with dehydration attack rate per 1,000 population by province
As of 28 Jan 2023

AWD attack rate/1,000
- 0.2 - 5.0
- 5.1 - 10.0
- 10.1 - 15.0
- 15.1 - 20.0
- 20.1 - 28.5
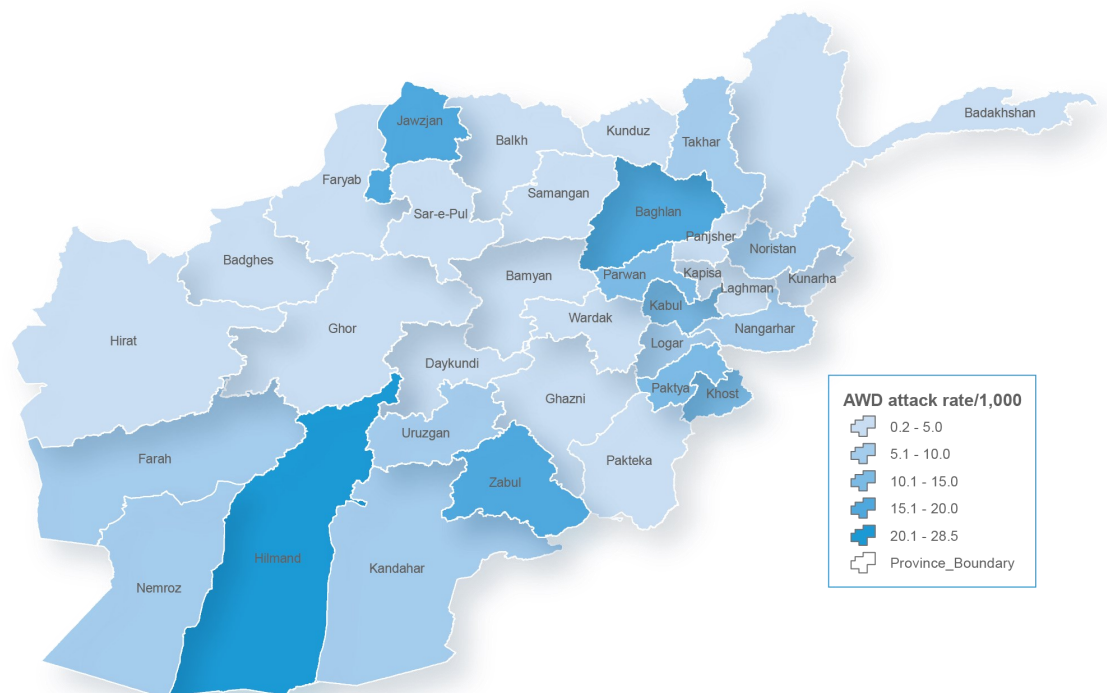- Province_Boundary

Figure 1. AWD with dehydration attack rate per 1,000 population by province in Afghanistan, May 2022 - Jan 2023
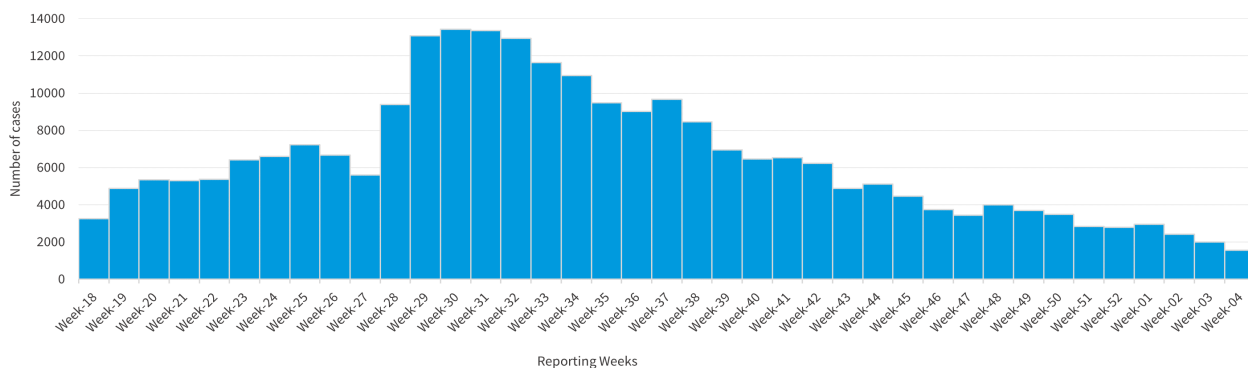
Figure 2. Epidemiological curve of AWD with dehydration cases in Afghanistan May 2022-Jan 2023 (N=251,735)

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

During the epi-week 4 the following consumable supplied:

- 3 dengue ELISA kits, 2 CCHF ELISA kits and 150 Optical 96-well Reaction Plate kits supplied to central public health laboratory (CPHL).

- 2 dengue ELISA kits, 2 CCHF ELISA kits and 50 Optical 96-well Reaction Plate kits were distributed to infectious disease hospitals (IDH).

- 4 dengue ELISA kits and 1 CCHF ELISA kits were supplied to Nangarhar reference laboratory.

WASH and RCCE
During the past 4 weeks, the following responses were given:
- More than 11,000 hygiene kits distributed to 67,849 individuals in 8 provinces.

- Clean water was provided to more than 68,000 individuals by chlorination of 2,618 wells in 8 provinces.

- Safe water was provided to more than 3,000 individuals by rehabilitations of water supply system in Baghlan, Faryab and Helmand provinces.

- Sanitation and hygiene facilities provided to more than 8,000 people in 10 provinces by emergency latrines installations & rehabilitations.

Acute Respiratory Infection (ARI)
(01 Oct 2022 to 28 Jan 2023)

3.3M
Total Cases

1,048
Total Deaths

261
Influenza
sample tested

46
Influenza
lab confirmed cases

17.6%
Influenza test
positivity ratio

Table 2: summary of the acute respiratory infection outbreak in the last eight weeks (04 Dec 2022 – 28 Jan 2023)

Indicators	W-49	W-50	W-51	W-52	W-01	W-02	W-03	W-04	Epi-curve
Suspected cases	217,673	228,085	235,165	235,561	247,244	213,476	225,249	230,074	
Deaths	55	72	69	66	78	100	128	112	
CFR (%)	0.03	0.03	0.03	0.03	0.03	0.05	0.06	0.05	
% Change cases	0.3	4.8	3.1	0.2	5.0	-13.7	5.5	2.1	

- 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 04-2023, a total of 230,074 new ARI cases and 112 new deaths were reported which indicates 2.1% increase and 12.5% decrease in the number of cases and deaths respectively, compared to the previous week.
- Since Oct 2022, out of the total 3,336,163 ARI cases representing 10.2% of the total population of Afghanistan, 1,510,783 (45.3%) were children below 5 and 1,732,604 (51.9%) were females.
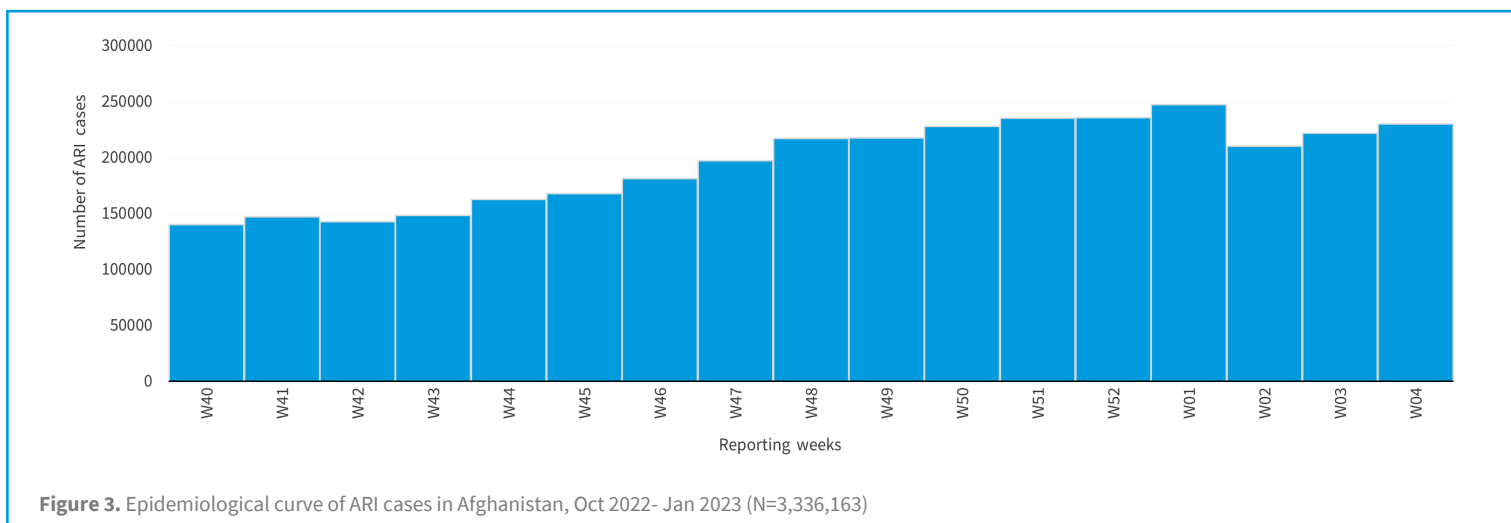

Figure 3. Epidemiological curve of ARI cases in Afghanistan, Oct 2022- Jan 2023 (N=3,336,163)

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 drop from 247,244 in week 1 to 210,234 in week 2 and start increasing trend a gain which could be explain by the problems in reporting system.

Figure 4. Comparison of ARI trend curve using 3 years average (2019-2021) vs 2022-2023, in Afghanistan
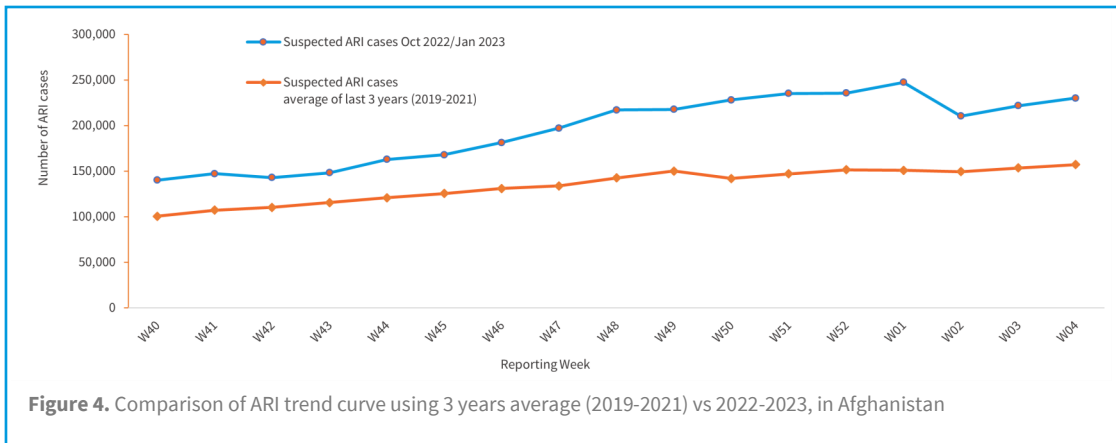
Figure 4 shows gradual increase in the number of ARI cases in 2022 as compared to the average of the last three years. This increase in 2022 could be explained by multiple factors such as lack of immunity to some pathogens after stopping mask use after 3 years of COVID-19, increased access to the health 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.

- During the epi-week 4, 30 health care workers (HCW) from Kabul specialty hospital were trained on the case management of ARI. This brings the total number of HCW trained on ARI to 70. Additional 1,250 HCWs will be trained in the remaining provinces during the coming weeks.

- 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. A team from surveillance has been dispatched to Wakhan district to conduct further epidemiological investigation and collect the specimen on going ARI outbreak. 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 — 28 Jan 2023)

Cumulative samples tested	Cumulative confirmed cases	Cumulative confirmed deaths
790,340	**208,498**	**7,879**
In public laboratories only	Cumulative percent positivity (26.4%)	CFR (3.8%)
20.0%	**11.0%**	**47.0%**
New samples tested in week 04	New confirmed cases in week 04	New confirmed deaths in week 04
1,901	**267**	**8**
In public laboratories only	In public laboratories only	Weekly CFR (3.0%)

Key: ● Increasing ● Decreasing ● No change

COVID-19 Vaccination highlights

Fully vaccinated **10,959,138**

Partially vaccinated **1,716,289**

At least one dose of any vaccine received **12,675,427**

Proportion of population* who are **fully vaccinated** **27.9%**

Proportion of population* who at least **received one dose** **32.3%**
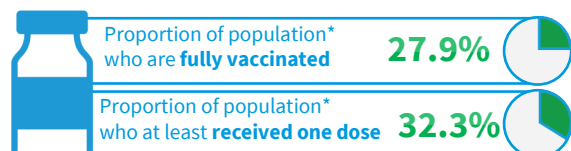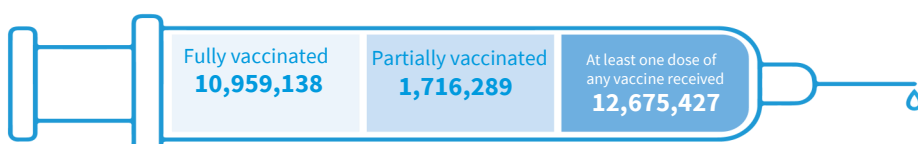
Total population: 39,269,174(Ref: UN estimation, AFG CMYP 2022)

Table 3: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (04 Dec 2022 - 28 Jan 2023)

Indicators	W49-22	W50-22	W51-22	W52-22	W01	W02	W03	W04	Epi-curve
Samples tested (in public Labs)	4,177	4,192	3,979	2,834	1,891	1,954	2,365	1,901	
Confirmed cases	439	372	365	204	194	174	240	267	
Percent positivity (%)	10.51	8.87	9.17	7.20	10.26	8.90	10.15	14.05	
Confirmed deaths	1.0	6.0	5.0	1.0	3.0	3.0	15.0	8.0	
CFR (%)	0.2	1.6	1.4	0.5	1.5	1.7	6.3	3.0	

- Since the beginning of the pandemic in Feb 2020, a total of 790,340 samples have been tested for COVID-19 through public laboratories.
- In week 04-2023, 1,901 samples were tested in public labs, of which 267 samples were positive for COVID-19 (test positivity of 14.05%) and 8 new deaths were reported. This represents a 11.3% increase and 46.7% decrease in the number of newly reported cases and deaths, respectively, compared to the previous week.
- Last week 8 samples were sequenced and the results were: 1 Omicron, 3 recombinant variants (2 XAD and 1 XAC), and 4 19A variants.
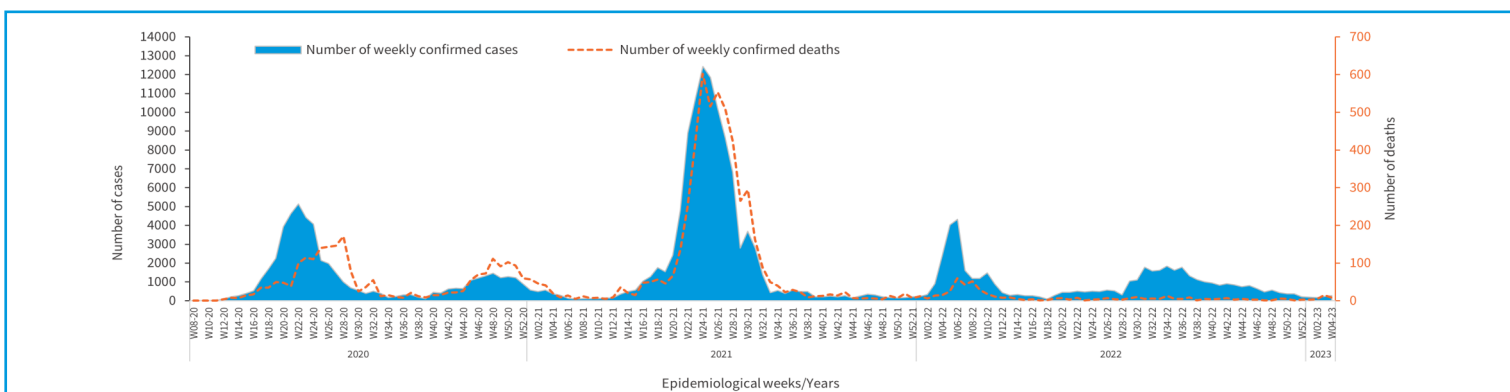

Figure 5. Epidemiological curve of confirmed COVID-19 cases and deaths in Afghanistan Feb 2022 - Jan 2023

Figure 5 shows a decline trend of confirmed cases and deaths since week-36 of 2022, with stabilization of the number of cases and deaths at very low level during the past 5 weeks. 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.
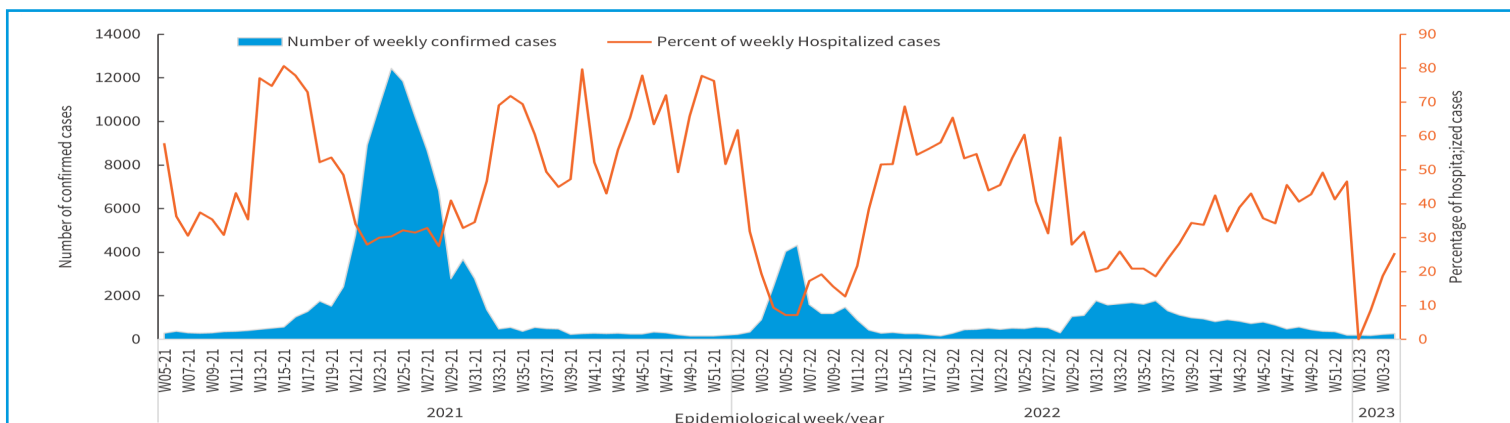

Figure 6. Weekly proportion of hospitalized cases out of new COVID-19 confirmed cases in Afghanistan as of Feb 2020– Jan 2023
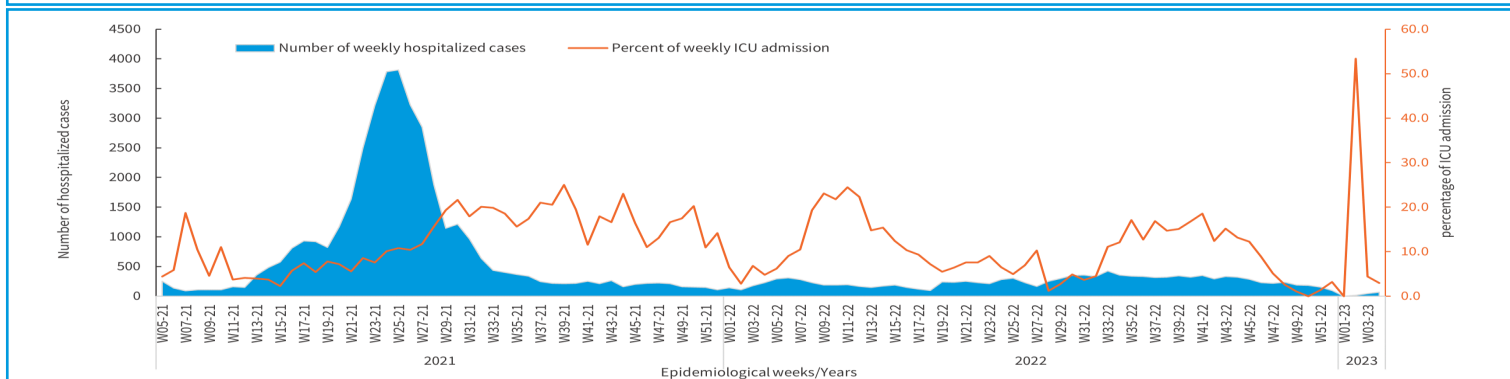

Figure 7. Weekly proportion of ICU admissions out of newly hospitalized COVID-19 cases in Afghanistan as of Feb 2020– Jan 2023

Suspected Pertussis Outbreaks
(Jan 2022 — Jan 2023)

1,069
Total Cases

15
Total Deaths

Table 4: summary of the suspected pertussis outbreak in the last eight weeks (04 Dec 2022 – 28 Jan 2023)

Indicators	W-49	W-50	W-51	W-52	W-01	W-02	W-03	W-04	Epi-curve
Suspected cases	568	699	608	685	588	633	625	665	
Deaths	0	1	2	1	3	2	0	3	
CFR (%)	0.00	0.14	0.33	0.15	0.51	0.32	0.00	0.45	
% Change cases	-10.7	23.1	-13.0	12.7	-14.2	7.7	-1.3	6.4	

- During week 04-2023, a total of 9 new suspected pertussis cases were reported from Badakhshan (6), Kapisa (2) and Nuristan (1) provinces, this brings the total number of suspected cases to 1,069 from 20 province.

- Out of the total 1,069 cases, 740 (69.2%) were children below 5 years and 509 (47.6%) were females.

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Geographical Distribution of Suspected Pertussis Cases by Province
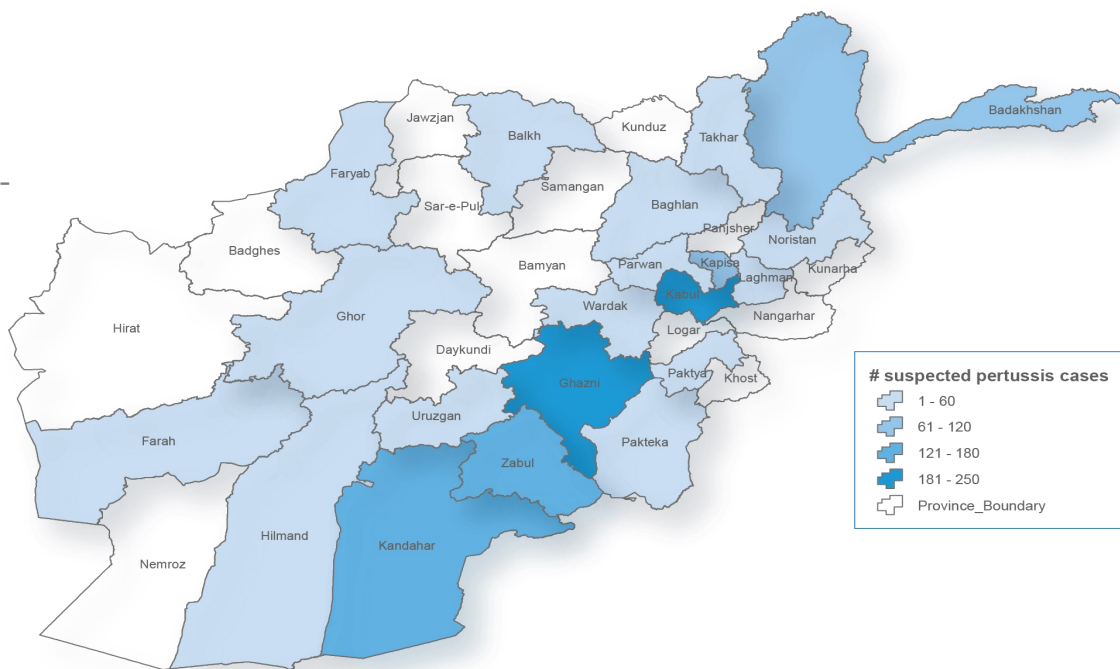**As of 28 Jan 2023**

Figure 8. Geographical distribution of suspected pertussis cases in Afghanistan Jan 2022 - Jan 2023 (N=1,069)
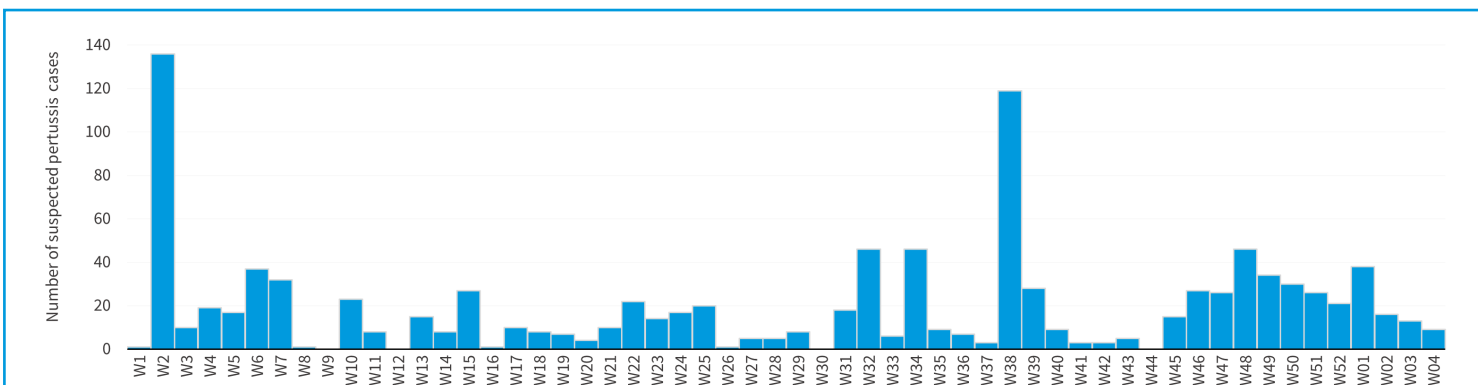

Figure 9. Epidemiolocal curve of suspected Pertussis cases in Afghanistan, Jan 2022 to Jan 2023 (N=1,069)

Measles Outbreak
(01 Jan 2022 to 28 Jan 2023)

79,734	**397**	**9,867**	**5,787**	**58.7%**
Total Cases	**Total Deaths**	**Sample tested**	**Lab confirmed cases**	**Test positivity ratio**

Table 5: summary of the suspected measles outbreak in the last eight weeks (04 Dec 2022 – 28 Jan 2023)

Indicators	W-49	W-50	W-51	W-52	W-01-23	W-02-23	W-03-23	W-04-23	Epi-curve
Suspected cases	568	699	608	685	588	633	625	665	
Deaths	0	1	2	1	3	2	0	3	
CFR (%)	0.00	0.14	0.33	0.15	0.51	0.32	0.00	0.45	
% Change cases	-10.7	23.1	-13.0	12.7	-14.2	7.7	-1.3	6.4	

- During epidemiological week 04-2023, a total of 665 new cases were reported which indicates 6.4% increase in the number of new suspected cases, compared to last week.
- The 3 newly reported deaths were 2 females and 1 male, all were under 5 children years of age from Kunar (2) and Logar (1)provinces.
- Out of the total 79,734 cases, 61,540 (77.2%) were children under 5 children and 38,874 (48.8%) were females.

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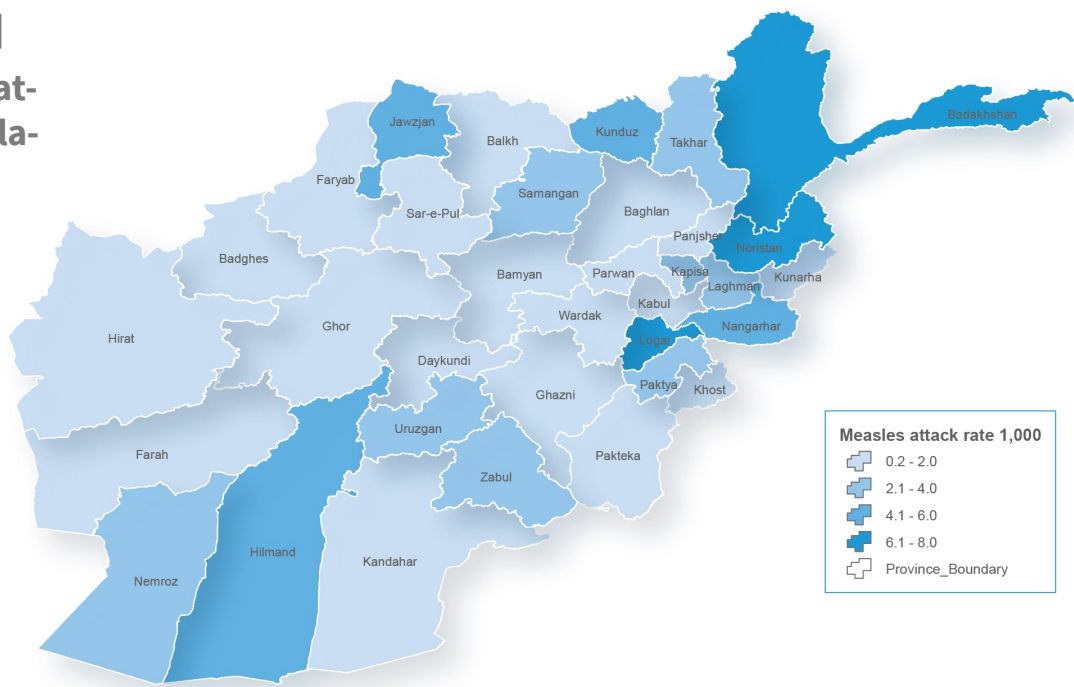**Suspected measles attack per 1,000 population of by province**
As of 28 Jan 2023

Measles attack rate 1,000
- 0.2 - 2.0
- 2.1 - 4.0
- 4.1 - 6.0
- 6.1 - 8.0
- Province_Boundary

Figure 10. Suspected measles attack rate per 1,000 population of by province in Afghanistan Jan 2022– Jan 2023

Figure 11 shows increasing trend of suspected weekly measles cases, reached to the peak at epi-week 15-2022 and followed decreasing pattern. Since epi-week 33-2022, the weekly number of suspected measles cases has been stabilized which could be explained by the response activities especially immunization complains and decrease susceptibility of the children.
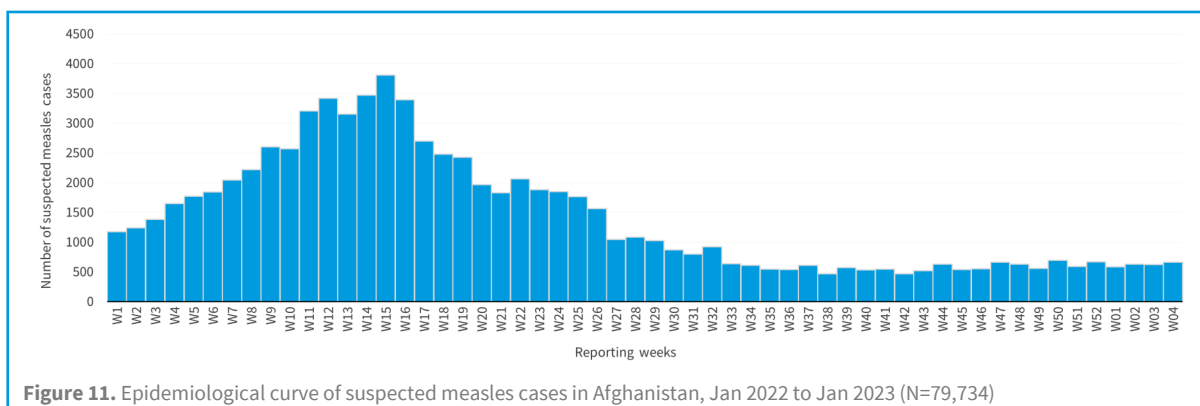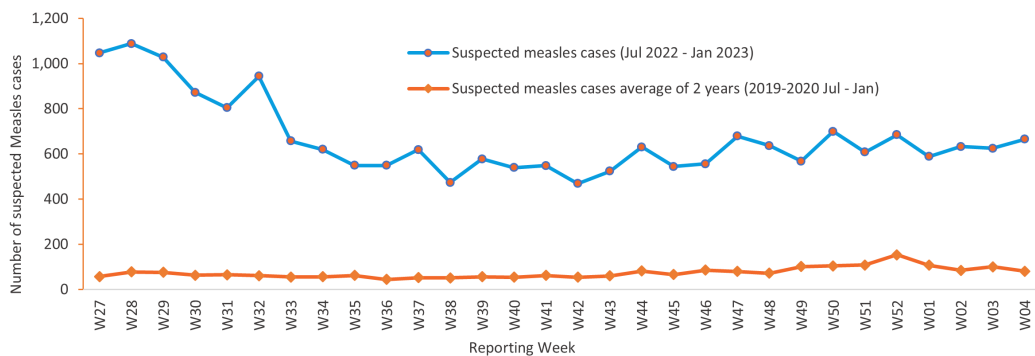
Figure 11. Epidemiological curve of suspected measles cases in Afghanistan, Jan 2022 to Jan 2023 (N=79,734)

Figure 12. Comparison of suspected measles trend curve using 3 years average (2019-2021) vs 2022-2023, in Afghanistan

The weekly number of suspected measles cases indicates decreasing trend from week 27-35, 2022, followed by stabilization up to week 4-2023, laying above the average of last 2-years (2019-2020). The decrease and stabilization of the weekly number of suspected measles cases after week 27, 2022, could be attributed to the nationwide vaccination campaigns and decrease susceptibility of the children against measles.

Response to Measles outbreak

- During the epi-week 4, based on outbreak response from implementing partners (NGOs) around 1,977 children aged 9-59 months were vaccinated in different provinces across the country.
- 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 2022 to 28 Jan 2023)

1,298	**2**	**470**	**383**	**81.5%**
Total Cases	**Total Deaths**	**Sample tested**	**Lab confirmed cases**	**test positivity ratio**

Table 6: summary of the Dengue fever outbreak in the last eight weeks (04 Dec 2022 – 28 Jan 2023)

Indicators	W-49	W-50	W-51	W-52	W-01	W-02	W-03	W-04	Epi-curve
Suspected cases	46	36	12	9	9	12	3	8	
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	-56.6	-21.7	-66.7	-25.0	0.0	33.3	-75.0	166.7	

- A total of 8 suspected dengue fever cases with no new deaths have been reported during week 04-2023, all cases were reported from Nangarhar province, which brings the total number of cases and deaths to 1,298 and 2, respectively.

- Out of 1,298 reported cases, 310 (23.8%) were females and 1,282 (98.7%) were over five years of age
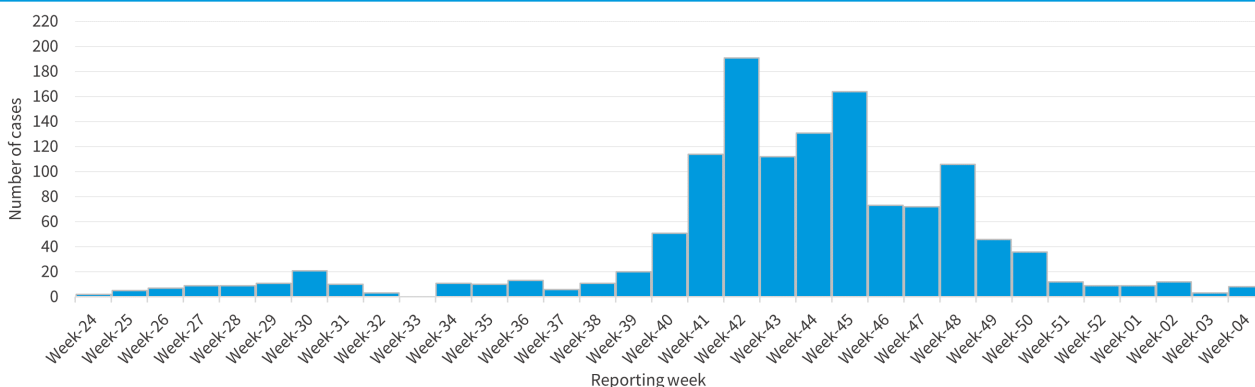

Figure 13. Epidemiological curve of dengue fever cases in Afghanistan Jun 2022 - Jan 2023 (N=1,298)

Figure 13 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).

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Geographical distribution of suspected dengue fever cases in Afghanistan and weekly percent of changes (between weeks 3 and 4, 2023)

1,298 Suspected cases

2 Number of Deaths
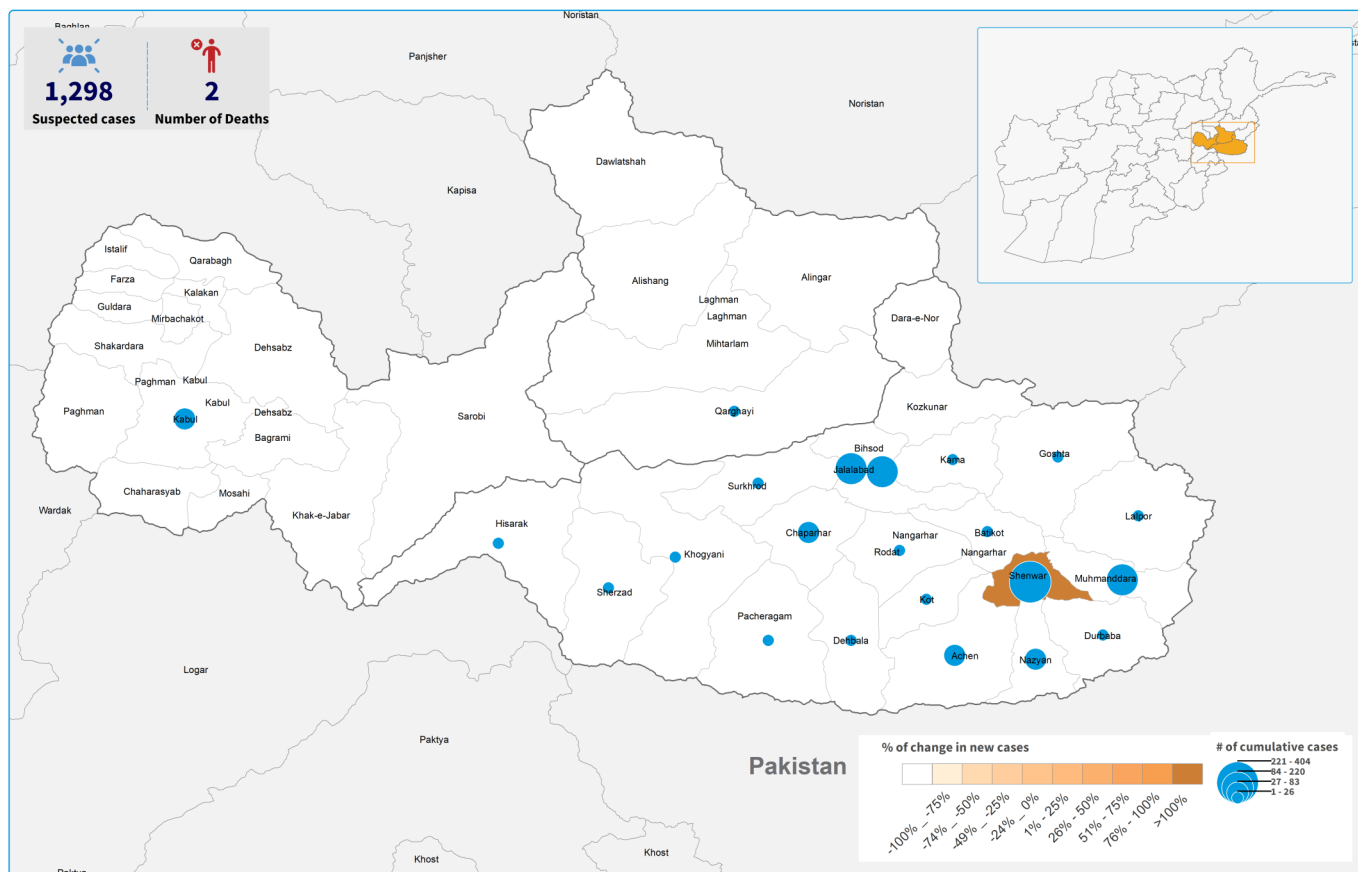
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization (WHO) concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its 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: 28 January 2023.

Figure 14. Hotspot areas of dengue fever cases and percent change of new cases in Afghanistan, Jun 2022 - Jan 2023

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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