



AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #06-2023

No. 06/(05 to 11 Feb)

Disease Outbreaks	AWD (May 22 - Feb 23)	ARI (Oct 22 - Feb 23)	COVID-19 (Feb 20 - Feb 23)	Pertussis (Jun 22 - Feb 23)	Measles (Jan 22 - Feb 23)	Dengue fever (Jan 22 - Feb 23)
Cumulative Cases (Data from 599 (97.7%) out of 613 surveillance sentinel sites)	256,795	3,772,765	208,857	1,088	81,277	1,311
Death "CFR (%)	92 (0.04)	1,196 (0.03)	7,896 (3.8)	15 (1.4)	401 (0.5)	2 (0.15)

Acute Watery Diarrhea (AWD) with Dehydration Outbreak (01 May 2022 to 11 Feb 2023)

Table 1: summary of the AWD with Dehydration outbreak in the last eight weeks (18 Dec 2022 – 11 Feb 2023)

Indicators	W-51	W-52	W01	W02	W03	W04	W05	W06	Epi-curve
Suspected cases	2,829	2,789	3,160	2,427	2,022	2,012	2,266	2,339	
Deaths	1	0	0	2	1	0	1	1	
CFR (%)	0.04	0.00	0.00	0.08	0.05	0.00	0.04	0.04	
% Change cases	-18.9	-1.4	13.3	-23.2	-16.7	-0.5	12.6	3.2	

- During week 06-2023, a total of 2,339 new AWD cases with dehydration and 1 new death were reported which shows stabilization in the number of cases and deaths, compared to the previous week.
- The newly reported death was male under 5 years of age from Nimroz province.
- Out of 256,795 cases, 142,113 (55.3%) were children be-

- low 5 years and 128,222 (49.9%) were females.
- A total of 2,648 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 176 districts in all 34 provinces.

AFGHANISTAN AWD with dehydration attack rate per 1,000 population by province As of 11 Feb 2023



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

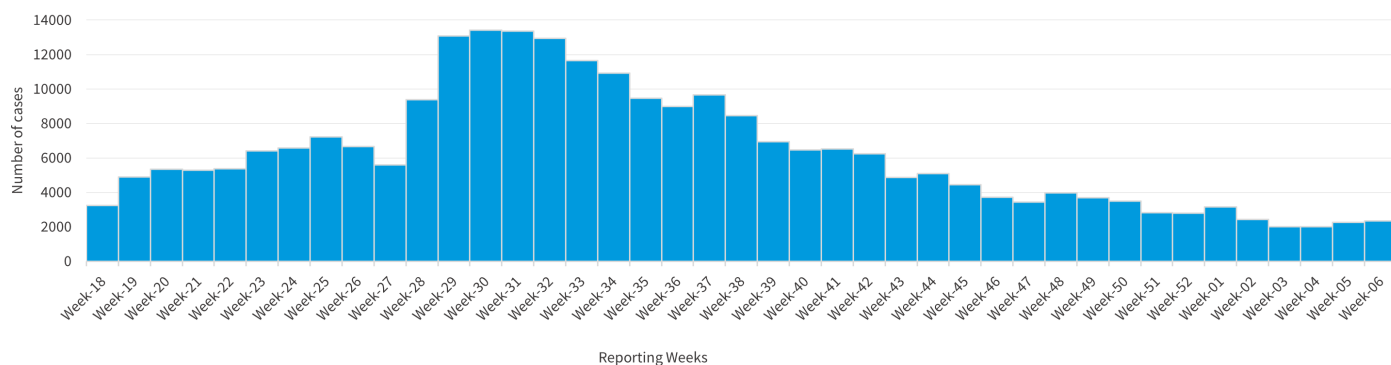


Figure 2. Epidemiological curve of AWD with dehydration cases in Afghanistan May 2022-Feb 2023 (N=256,795)

The epi curve shows gradual decline in the number of AWD with dehydration cases from week-32 2022 to week-4 2023, 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. However, the number of cases is slightly increased in the last two weeks which could be due to the change of weather toward the AWD season in some of the provinces.

Response to the AWD Outbreak

Leadership and Coordination

- Regular biweekly AWD task force meetings are conducted among the partners to prepare for the next season of AWD outbreak response.
- 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 Healthcare workers (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.

- 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

During the past 6 weeks, the following activities were implemented:

- A total of 110 drums of chlorine powder (each drum of 50 kgs) were distributed to health facilities in 7 provinces (Faryab, Samangan, Takhar, Sari Pul, Jawzjan, Baghlan and Kunduz) for the surface disinfection and cleaning purpose.
- Around 12,000 peoples were provided with hygiene kits and soap along with hygiene promotion sessions in outbreak affected areas of Balkh and Kandahar provinces. This brings the total number of people who received hygiene kits and soap to 79,694 in the outbreak affected areas in 9 provinces.
- Clean water has been provided to more than 68,000 individuals by chlorination of 2,618 wells in 8 provinces.
- Safe water has been provided to more than 3,000 individuals by rehabilitations of water supply system in Baghlan, Faryab and Helmand provinces.
- Sanitation and hygiene facilities have been provided to more than 8,000 people in 10 provinces by emergency latrines installations & rehabilitations.

Acute Respiratory Infection (ARI) (01 Oct 2022 to 11 Feb 2023)

3.7M
Total Cases

1,196
Total Deaths

552
Influenza
samples tested

63
Influenza
lab confirmed cases

11.4%
Influenza test
positivity ratio

Table 2: summary of the acute respiratory infection outbreak in the last eight weeks (18 Dec 2022 – 11 Feb 2023)

Indicators	W-51	W-52	W-01	W-02	W-03	W-04	W-05	W-06	Epi-curve
Suspected cases	235,165	235,561	247,244	213,476	225,249	231,087	219,397	216,192	
Deaths	69	66	78	100	128	112	83	65	
CFR (%)	0.03	0.03	0.03	0.05	0.06	0.05	0.04	0.03	
% Change cases	3.1	0.2	5.0	-13.7	5.5	2.6	-5.1	-1.5	

- 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 06-2023, a total of 216,192 new ARI cases and 65 new deaths were reported which shows stabilization in the number of cases and 21.7% decrease in the number of deaths, compared to the previous week.
- Since Oct 2022, out of the total 3,772,765 ARI cases, representing 11.5% of the total population of Afghanistan, 1,701,517 (45.1%) were children below 5 years of age and 1,958,499 (51.9%) were females.

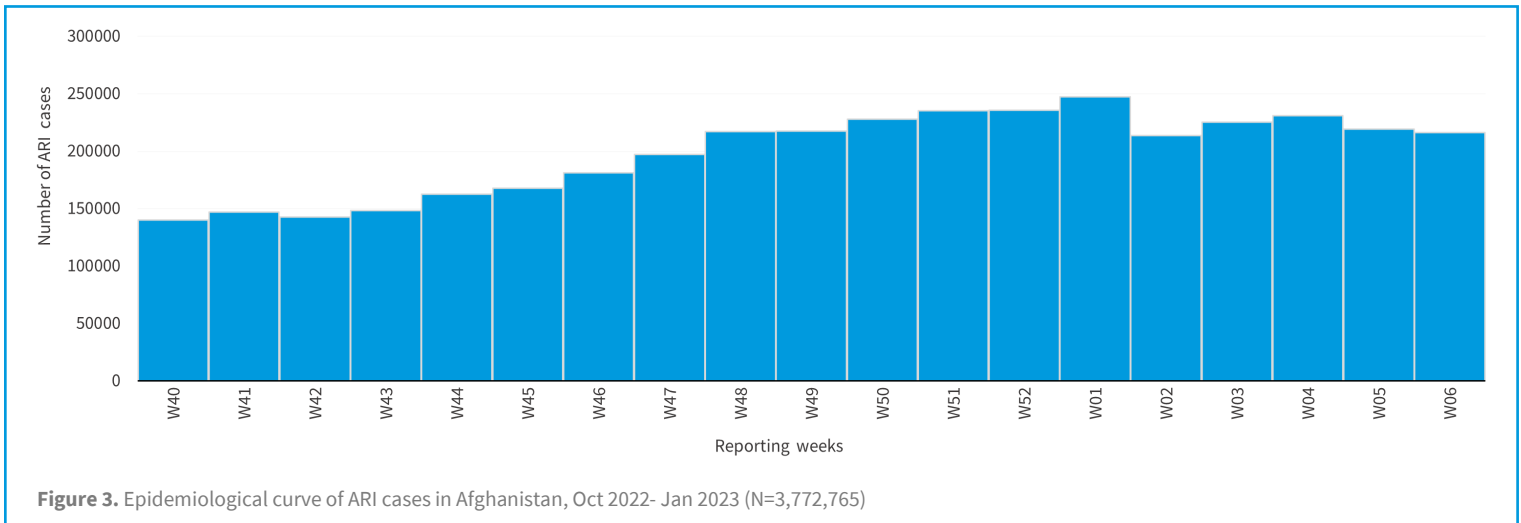


Figure 3. Epidemiological curve of ARI cases in Afghanistan, Oct 2022- Jan 2023 (N=3,772,765)

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. Slight reduction is seen in epi-week 2-2023, after which the epi curve shows stabilization till epi-week 6-2023.

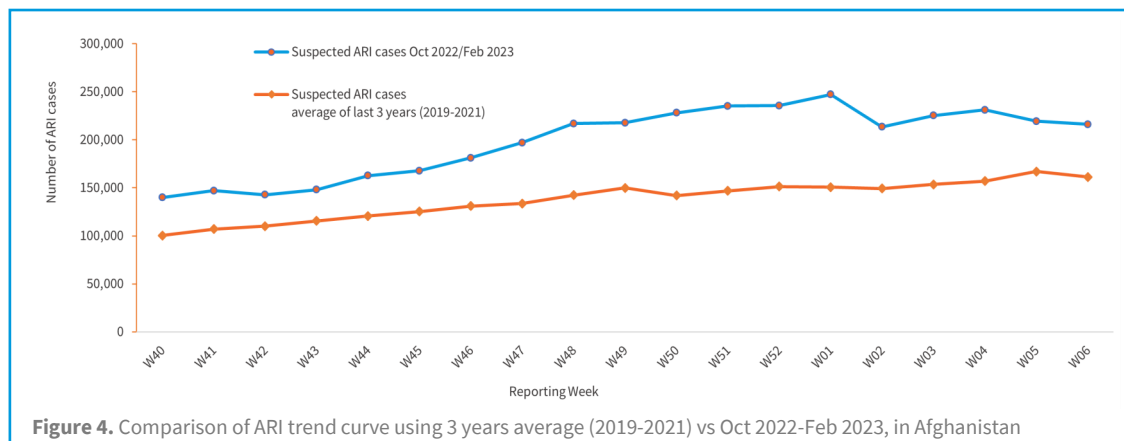


Figure 4. Comparison of ARI trend curve using 3 years average (2019-2021) vs Oct 2022-Feb 2023, in Afghanistan

Figure 4 shows gradual increase in the number of ARI cases in 2022 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 due to stopping preventive measures after 3 years of COVID-19, increased access to the health services, and expansion of NDSR sentinel sites.

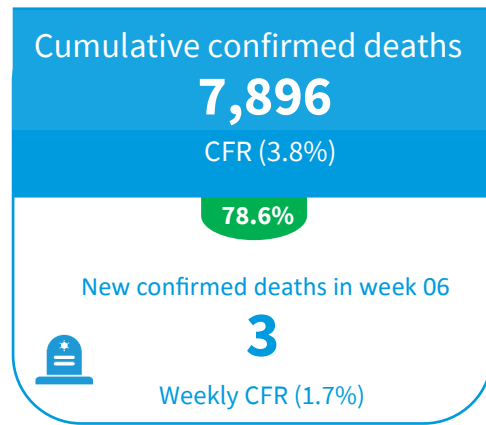
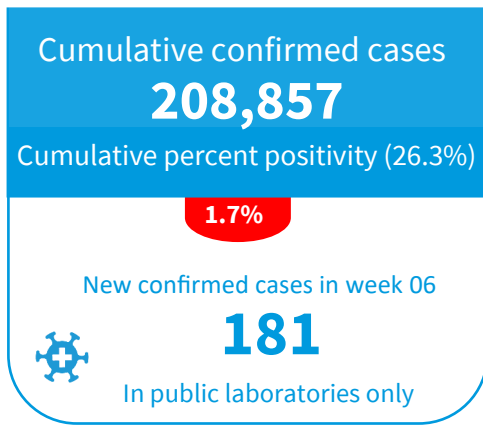
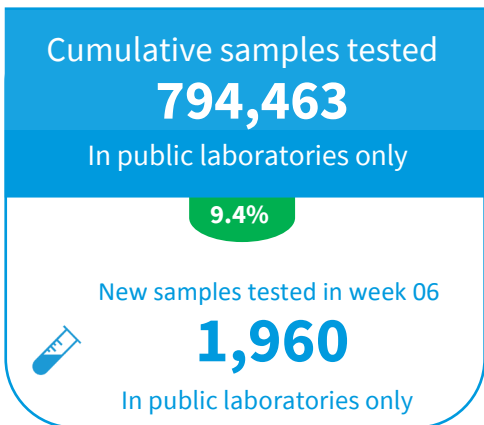


Response to Acute Respiratory Infection outbreak

- 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.
- Since the beginning of the outbreak, a total of 512 ARI case management kits and 960 packs of essential antibiotics were distributed in the 13 highly affected provinces.
- In the last week, 56 health care workers (HCWs) from 34 provinces were provided with the ARI case management ToT, this brings the total number of HCWs trained on ARI case management to 126. Approximately, 1,250 HCWs will be trained in all 34 provinces across the country in 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.

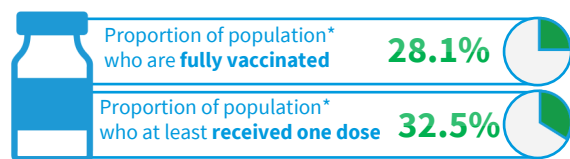
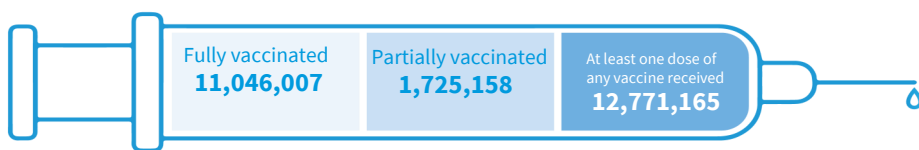
- The following response activities has been conducted in Badakhshan province for ARI outbreak:
 - ⇒The third emergency preparedness and response committee (EPR) meeting was conducted at the Badakhshan provincial public health directorate with the local health authorities, partners and WHO to coordinate the response to ARI outbreak on-the ground.
 - ⇒6 samples were collected among 33 SARI cases, that were tested for influenza and their results were negative.
 - ⇒Additional 15 samples were tested for COVID-19 and all were negative.
 - ⇒Health education sessions were conducted to 150 residents of Wakhan district (near to Pamir e Kalan village) on the prevention, control and health seeking measures of ARI.
 - ⇒Medical staff of Khandooq, Qala-e-Panj and Kapee-kot health facilities were provided on the job training on ARI case detection, reporting and management.
 - ⇒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 e Kalan village to support the case management, as well.

COVID-19 (24 Feb 2020 – 11 Feb 2023)



Key: ● Increasing ● Decreasing ● No change

COVID-19 Vaccination highlights



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 (18 Dec 2022 - 11 Feb 2023)

Indicators	W51-22	W52-22	W01	W02	W03	W04	W05	W06	Epi-curve
Samples tested (in public Labs)	3,979	2,834	1,891	1,954	2,365	1,901	2,163	1,960	
Confirmed cases	365	204	194	174	240	267	178	181	
Percent positivity (%)	9.17	7.20	10.26	8.90	10.15	14.05	8.23	9.2	
Confirmed deaths	5	1	3	3	15	8	14	3	
CFR (%)	1.4	0.5	1.5	1.7	6.3	3.0	7.9	1.7	

- Since the beginning of the pandemic in Feb 2020, a total of 794,463 samples have been tested for COVID-19 through public laboratories.
- In week 06-2023, 1,960 samples were tested in public labs, of which 181 samples were positive for COVID-19 (test positivity of 9.2%) and 3 new deaths were reported. This represents stabilization in the number of cases and 78.6% decrease in the number of newly reported deaths, compared to the previous week.

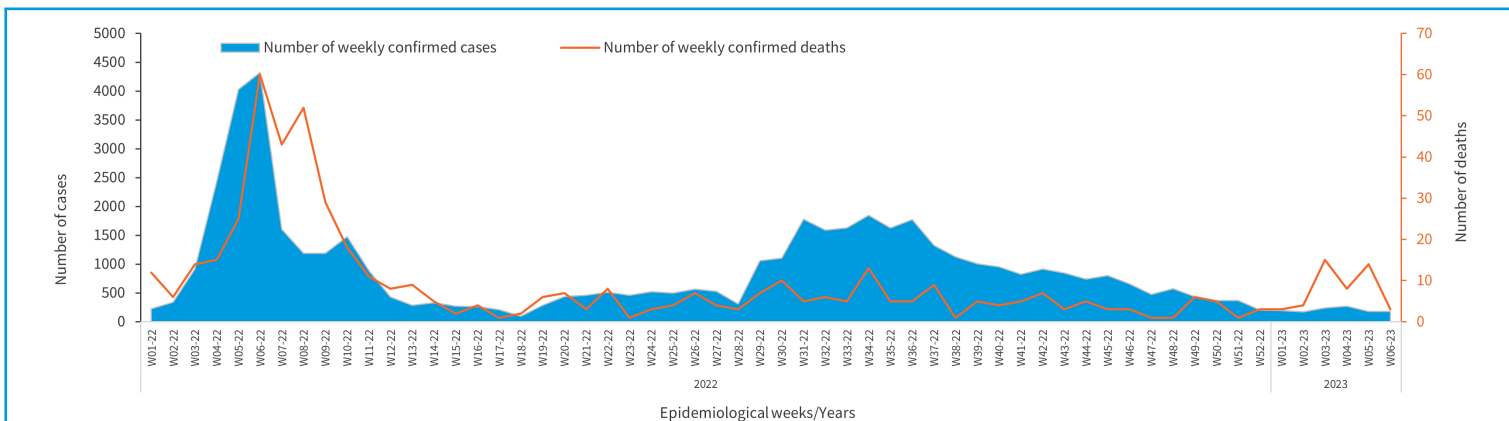


Figure 5. Epidemiological curve of confirmed COVID-19 cases and deaths in Afghanistan Jan 2022 - Feb 2023

Figure 5 shows a decline trend of confirmed cases and deaths since week-36 of 2022, with stabilization of the number of cases at very low level during the past 6 weeks. This pattern could be explained by reduction in the number of samples tested (suspected patients are not testing), closure of some COVID-19 hospitals, reduced susceptibility of general population to COVID-19 and impact of nationwide vaccination campaigns.

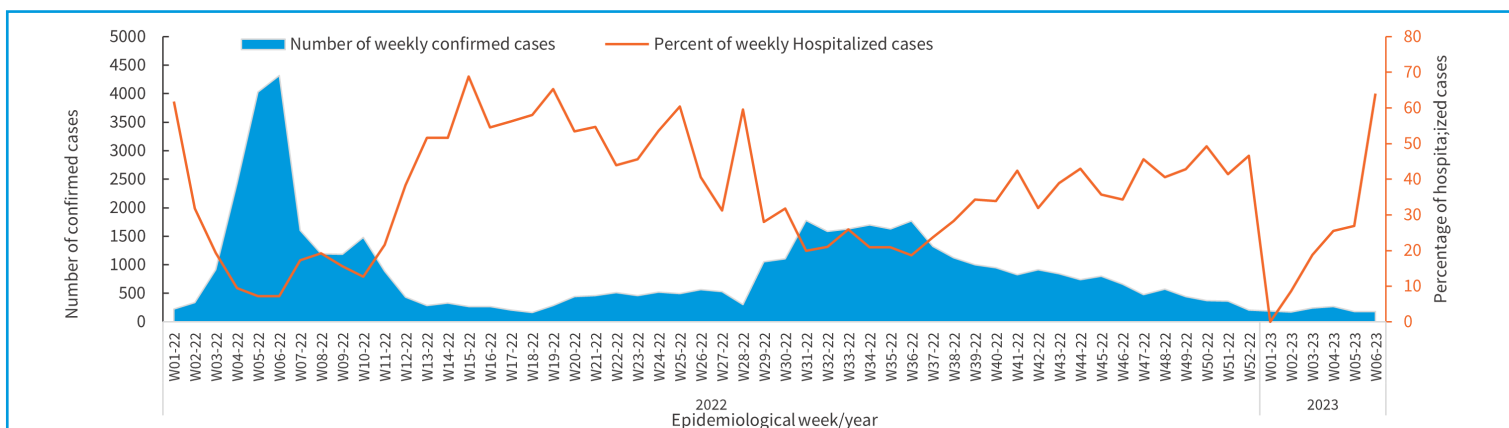


Figure 6. Weekly proportion of hospitalized cases out of new COVID-19 confirmed cases in Afghanistan as of Jan 2022- Feb 2023

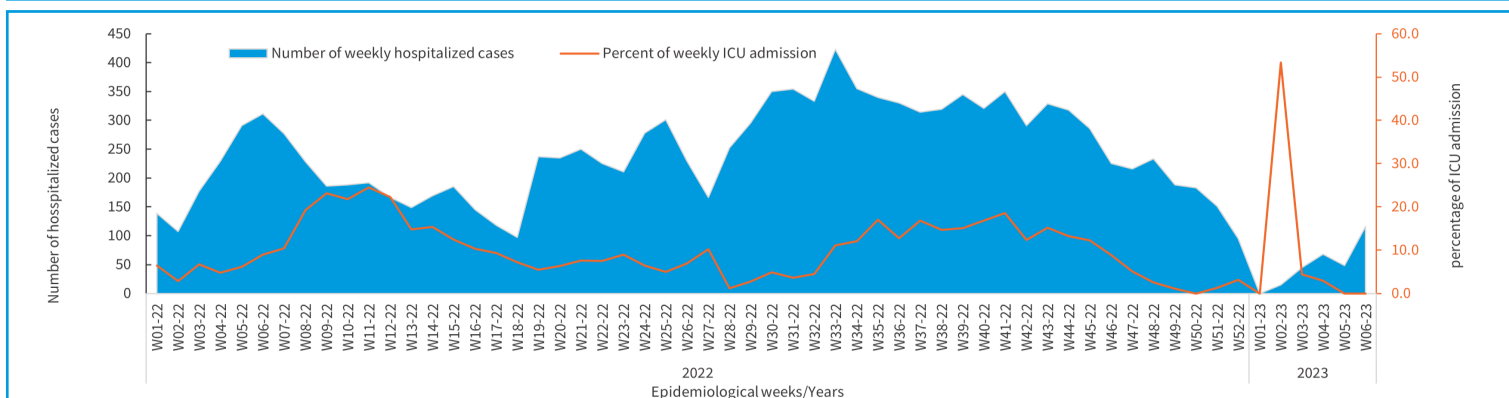


Figure 7. Weekly proportion of ICU admissions out of newly hospitalized COVID-19 cases in Afghanistan as of Jan 2022- Feb 2023

Suspected Pertussis Outbreaks (Jan 2022 – Feb 2023)

1,088
Total Cases

15
Total Deaths

Table 4: summary of the suspected pertussis outbreak in the last eight weeks (18 Dec 2022 – 11 Feb 2023)

Indicators	W-51	W-52	W01	W02	W03	W04	W05	W06	Epi-curve
Suspected cases	26	21	38	16	13	9	13	6	
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	-13.3	-19.2	81.0	-57.9	-18.8	-30.8	44.4	-53.8	

- During week 06-2023, a total of 6 new suspected pertussis cases were reported from Kabul (3) and Zabul (3) provinces, this brings the total number of suspected cases to 1,088 from 20 provinces.
- Out of the total 1,088 cases, 758 (69.7%) were children below 5 years and 519 (47.7%) were females.

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Geographical Distribution of Suspected Pertussis Cases by Province

As of 11 Feb 2023

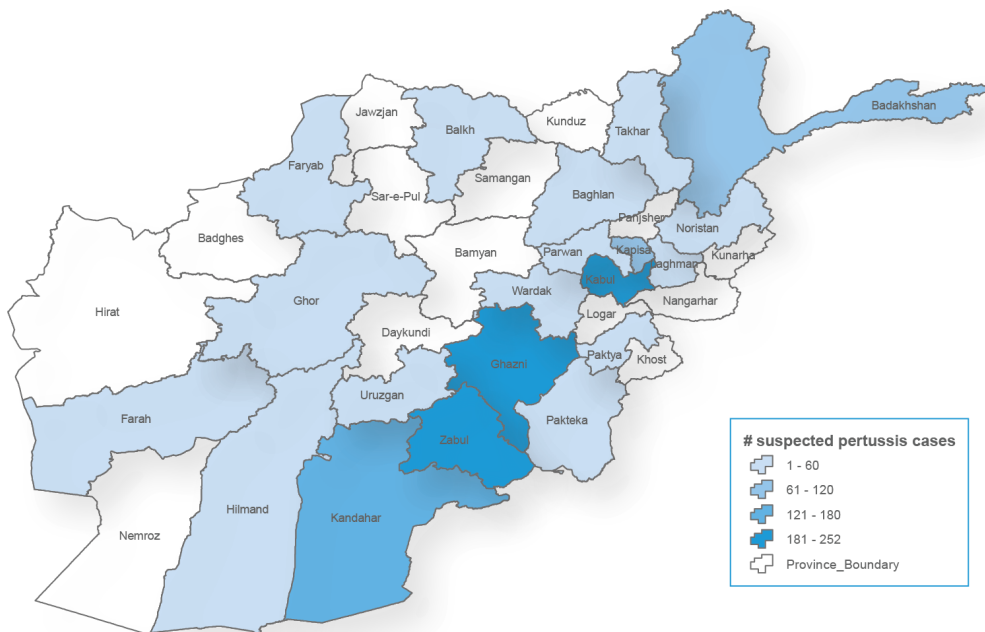


Figure 8. Geographical distribution of suspected pertussis cases in Afghanistan Jan 2022 - Feb 2023 (N=1,088)

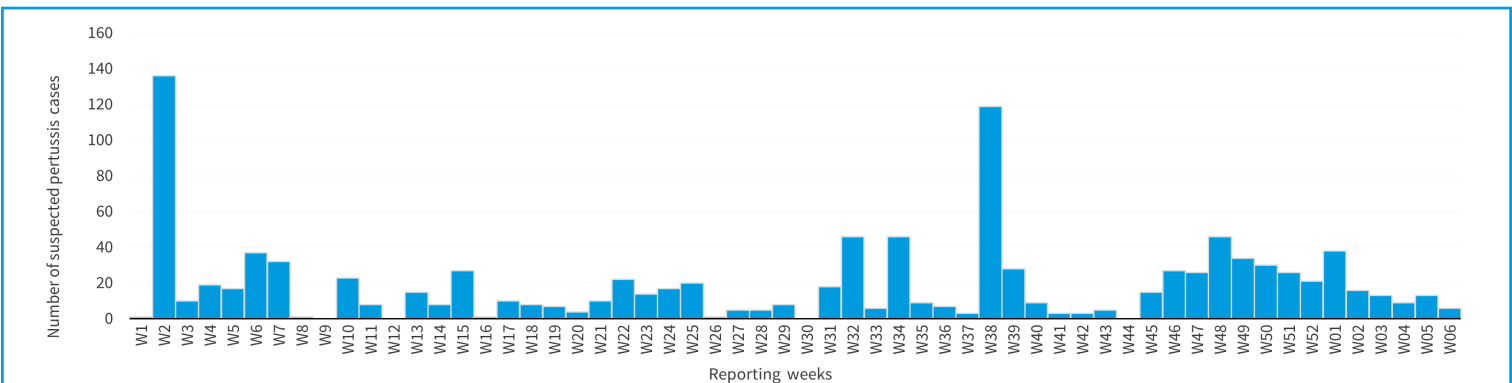


Figure 9. Epidemiological curve of suspected Pertussis cases in Afghanistan, Jan 2022 to Feb 2023 (N=1,088)

Measles Outbreak (01 Jan 2022 to 11 Feb 2023)

81,277
Total Cases

401
Total Deaths

9,978
Sample tested

5,848
Lab confirmed cases

58.6%
Test positivity ratio

Table 5: summary of the suspected measles outbreak in the last eight weeks (11 Dec 2022 – 04 Feb 2023)

Indicators	W-51	W-52	W-01	W-02	W-03	W-04	W-05	W-06	Epi-curve
Suspected cases	608	685	588	633	625	665	717	822	
Deaths	2	1	3	2	0	3	3	1	
CFR (%)	0.33	0.15	0.51	0.32	0.00	0.45	0.42	0.12	
% Change cases	-13.0	12.7	-14.2	7.7	-1.3	6.4	7.8	14.6	

- During epidemiological week 06-2023, a total of 822 new cases and 1 new death were reported which indicates 14.6% increase in the number of cases with stabilization in the number of deaths, compared to last week.
- The newly reported death was male and children under 5 years of age from Samangan province.
- Out of the total 81,277 cases, 62,667 (77.1%) were children under 5 years of age and 39,585 (48.7%) were females.

AFGHANISTAN Suspected measles at- tack per 1,000 popula- tion of by province As of 11 Feb 2023



Figure 10. Suspected measles attack rate per 1,000 population of by province in Afghanistan Jan 2022- Feb 2023 (N=81,277)

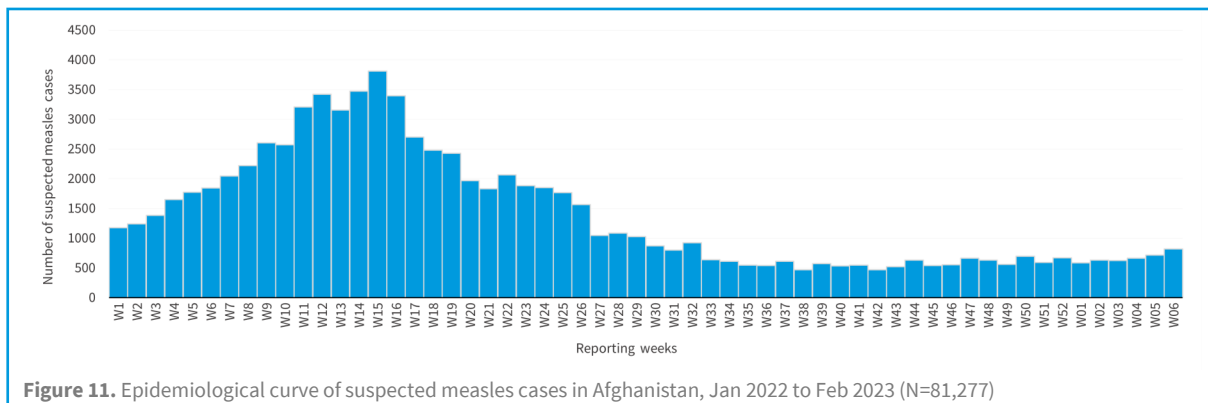
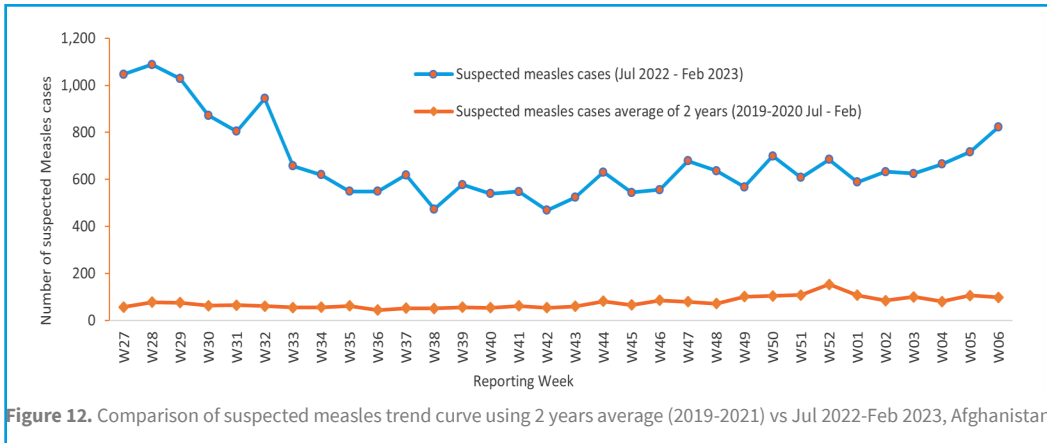


Figure 11. Epidemiological curve of suspected measles cases in Afghanistan, Jan 2022 to Feb 2023 (N=81,277)

Figure 11 shows increasing trend of suspected weekly measles cases, reached to the peak at epi-week 15-2022 and followed by decreasing pattern till epi-week-35 2022. Since epi-week 1-2023, the weekly number of suspected measles cases has been increasing which could be explained by lower immunity of children due to the harsh winter season.



The weekly number of suspected measles cases indicates decreasing trend from week 27-35, 2022, followed by stabilization up to week 1-2023, laying above the average of last 2-years (2019-2020). Since epi-week 1-2023, an increase has been observed in the trend of suspected measles cases which could be explained by the lower immunity among the children due to harsh winter season.

Figure 12. Comparison of suspected measles trend curve using 2 years average (2019-2021) vs Jul 2022-Feb 2023, Afghanistan

Response to Measles outbreak

- In the last week, around 2,000 children aged 9-59 months have been vaccinated in different provinces, as part of outbreak response immunization activities.
- 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 11 Feb 2023)










 1,311 Total Cases	 2 Total Deaths	 471 Sample tested	 383 Lab confirmed cases	 81.5% Test positivity ratio
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Table 6: summary of the Dengue fever outbreak in the last eight weeks (18 Dec 2022 – 11 Feb 2023)

Indicators	W-51	W-52	W-01	W-02	W-03	W-04	W-05	W-06	Epi-curve
Suspected cases	12	9	9	12	3	8	6	7	
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	-66.7	-25.0	0.0	33.3	-75.0	166.7	-25.0	16.7	

- A total of 7 suspected dengue fever cases with no new deaths have been reported during week 06-2023, all cases were reported from Nangarhar province, which brings the total number of cases and deaths to 1,311 and 2, respectively.
- Out of 1,311 reported cases, 313 (23.9%) were females and 1,295 (98.8%) were over five years of age.

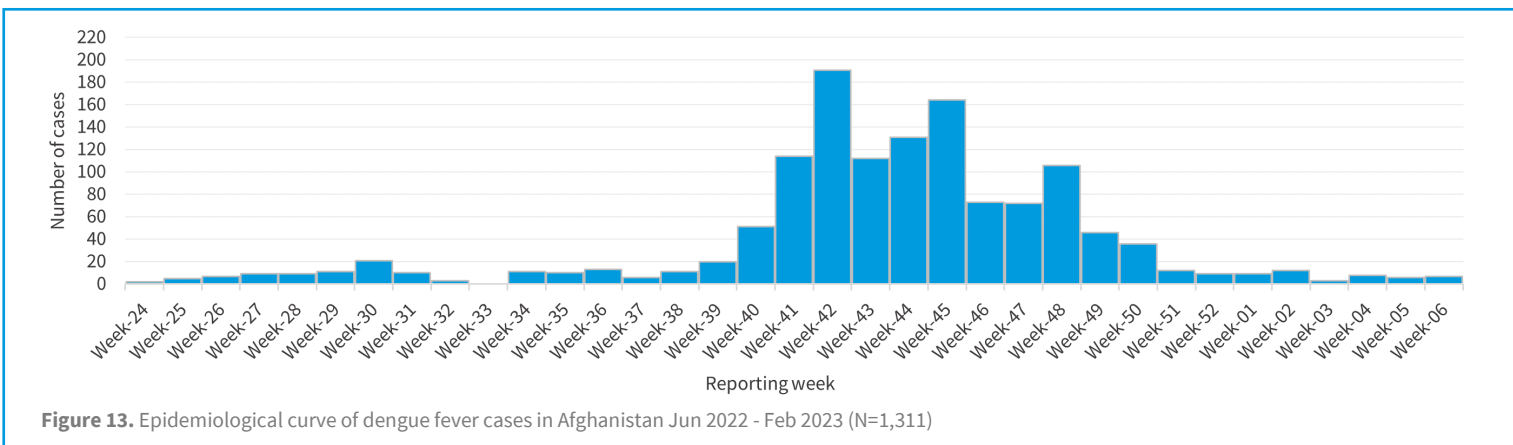


Figure 13. Epidemiological curve of dengue fever cases in Afghanistan Jun 2022 - Feb 2023 (N=1,311)

Figure 13 shows stabilization at low level in the number of suspected dengue cases during the last 8 weeks, which could be explained by the lower activity of the vector resulted by the winter season.

World Health Organization Afghanistan | Geographical distribution of suspected dengue fever cases in Afghanistan and weekly percent of changes (between weeks 5 and 6, 2023)

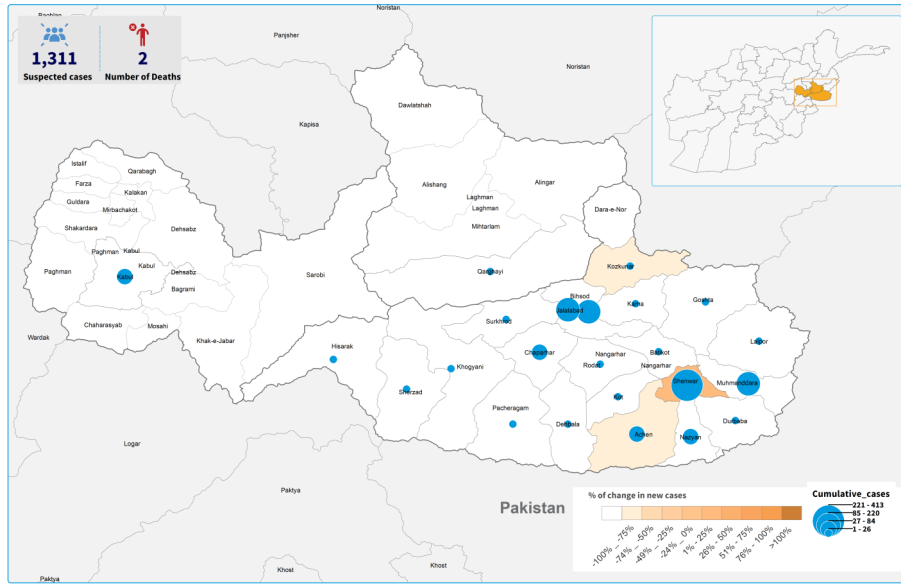


Figure 14. Hotspot areas of dengue fever cases and percent change of new cases in Afghanistan, Jun 2022 - Feb 2023

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.
- In the last two weeks, 3 kits of dengue ELISA have been supplied to central public health, 2 kits supplied to infectious disease hospital (IDH) and 4 kits supplied to Nangarhar reference laboratory for confirmation of dengue fever.

CCHF highlights

- Between Jan 2022-Feb 2023, a total of 395 suspected CCHF cases were reported from 26 provinces, out of which 304 cases (76.9%) were males and all were over five years of age. From the reported cases, 103 (26.1%) were lab confirmed using PCR.
- Between Jan-2022-Feb 2023, a total 22 CCHF associated deaths were reported from 10 provinces including the 9 deaths from 5 northern provinces, Balkh (4), Samangan (1), Jawzjan (1), Faryab (1) and Takhar (2).
- No new CCHF cases or associated deaths have been reported in the last 6 weeks.
- The CCHF cases are managed in the health facilities according to the national guidelines.
- 2,000 double bags and 500 doses ribavirin needed for the treatment of CCHF were procured and distributed to all regions.
- A total of 91 healthcare workers (in 33 provinces) were trained on CCHF case management protocol in the country.
- During the week 5, 2 kits of CCHF ELISA have been supplied to central public health, 2 kits supplied to infectious disease hospital (IDH) and 1 kit supplied to Nangarhar reference laboratory for confirmation of CCHF cases.

Note: MOPH is the source of epidemiological data

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