



AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #09-2023

No. 09/(26 Feb to 04 Mar)

Disease Outbreaks	AWD (May 22 - Mar 23)	ARI (Oct 22 - Mar 23)	COVID-19 (Feb 20 - Mar 23)	Pertussis (Jun 22 - Mar 23)	Measles (Jan 22 - Mar 23)	Dengue fever (Jan 22 - Mar 23)
Cumulative Cases (Data from 601(98.1%) out of 613 surveillance sentinel sites)	263,696	4,353,661	209,233	1,107	83,785	1,338
Death (CFR %)	94 (0.04)	1,382 (0.03)	7,898 (3.8)	15 (1.4)	406 (0.5)	2 (0.15)

Acute Watery Diarrhea (AWD) with Dehydration Outbreak (01 May 2022 to 04 Mar 2023)

Table 1: summary of the AWD with Dehydration outbreak in the last eight weeks (08 Jan 2022 – 04 Mar 2023)

Indicators	W02	W03	W04	W05	W06	W07	W08	W09	Epi-curve
Suspected cases	2,427	2,022	2,012	2,266	2,339	2,263	2,836	1,802	
% Change cases	-23.2	-16.7	-0.5	12.6	3.2	-3.2	25.3	-36.5	
Deaths	2	1	0	1	1	0	1	0	
CFR (%)	0.08	0.05	0.00	0.04	0.04	0.00	0.04	0.00	

- During week 09-2023, a total of 1,802 new AWD cases with dehydration and no new deaths were reported which shows 36.5% decrease in the number of cases.
- Out of 263,696 cases, 145,879 (55.3%) were children below 5 years and 131,653 (49.9%) were females.
- A total of 2,651 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 (Figure 1).

- The epi curve shows gradual decline in the number of AWD with dehydration cases from week-32 2022 to week-7 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. (Figure 2).

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AWD with dehydration attack rate per 1,000 population by province

As of 04 Mar 2023

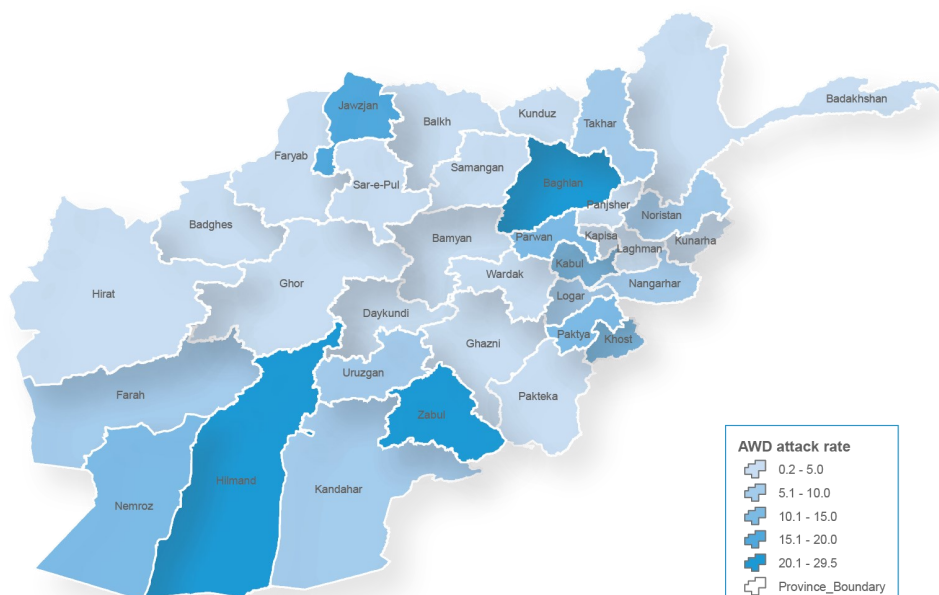


Figure 1. AWD with dehydration attack rate per 1,000 population by province in Afghanistan, May 2022 - Mar 2023

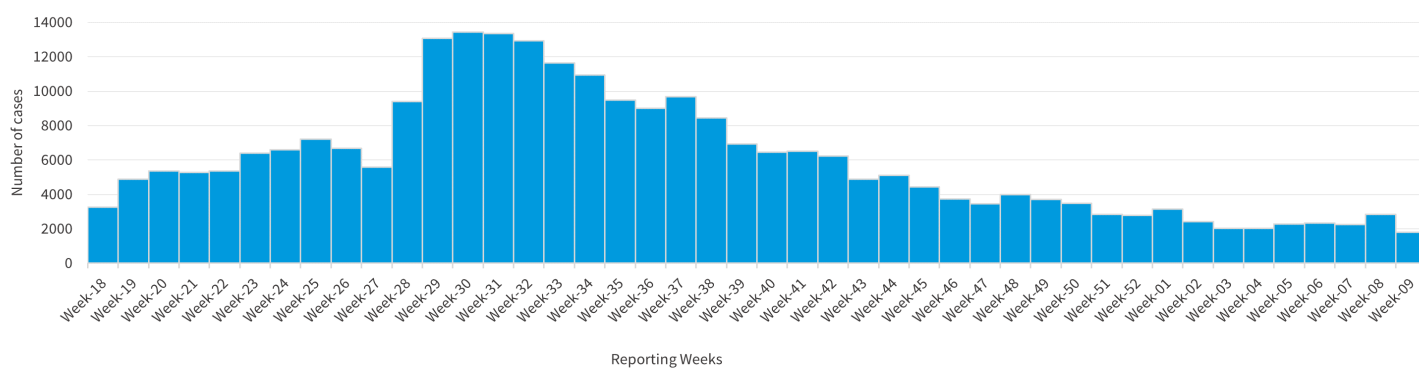


Figure 2. Epidemiological curve of AWD with dehydration cases in Afghanistan May 2022- Mar 2023 (N=263,696)

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.
- Totally, 1,018 medical officers and community health supervisors (CHSs) have been trained on procedures of event base surveillance (EBS) in 6 provinces (Kabul, Badakhshan, Bamyán, Herat and Kandahar).
- 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

- 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 Blairs & RDTs) were distributed to all outbreak affected areas.

WASH and RCCE

From 16-26 February 2023, the following activities were carried out as WASH responses:

- More than 14,800 Hygiene kits were distributed in 6 provinces reaching in total 89,509 individuals; this brings the total number of hygiene kits to 37,838 in 9 provinces.
- Clean waters were provided to more than 150,000 people by chlorination of 2,000 wells in 4 outbreak affected provinces.
- Sanitation and hygiene facilities were provided to more than 22,000 individuals by installation of emergency latrines and rehabilitations in 6 outbreak affected provinces.
- Hygiene and water treatment promotion sessions were provided to more than 144,800 people in 6 outbreak affected province.
- Safe Drinking water supply system rehabilitations in Kandahar and Zabul provinces supported more than 111,000 individuals.
- Household water treatment promotion in 3 provinces reaching 2,709 individuals.

Acute Respiratory Infection (ARI) (01 Oct 2022 to 04 Mar 2023)

4.3M
Total Cases

1,382
Total Deaths

843
Influenza
samples tested

172
Influenza
lab confirmed cases

20.4%
Influenza test
positivity ratio

Table 2: summary of the acute respiratory infection outbreak in the last eight weeks (08 Jan 2022 – 04 Mar 2023)

Indicators	W-02	W-03	W-04	W-05	W-06	W-07	W-08	W-09	Epi-curve
Suspected cases	213,476	225,249	231,087	219,397	216,354	192,490	200,318	187,926	
% Change cases	-13.7	5.5	2.6	-5.1	-1.4	-11.0	4.1	-6.2	
Deaths	100	128	112	83	65	68	72	45	
CFR (%)	0.05	0.06	0.05	0.04	0.03	0.04	0.04	0.02	

- 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 09-2023, a total of 187,926 new ARI cases and 45 new deaths were reported which indicates 6.2% and 37.5% decrease in the number of cases and deaths, respectively, compared to the previous week.
- Since Oct 2022, out of the total 4,353,661 ARI cases, representing 13.3% of the total population of Afghanistan, 1,962,373 (45.1%) were children below 5 years of age and 2,261,770 (52.0%) were females.
- The epi curve shows the gradual increase in the weekly number of ARI cases 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. Despite the slight fluctuations, there is an overall stabilization in the number of reported cases since week 2- 2023 (Figure 3).

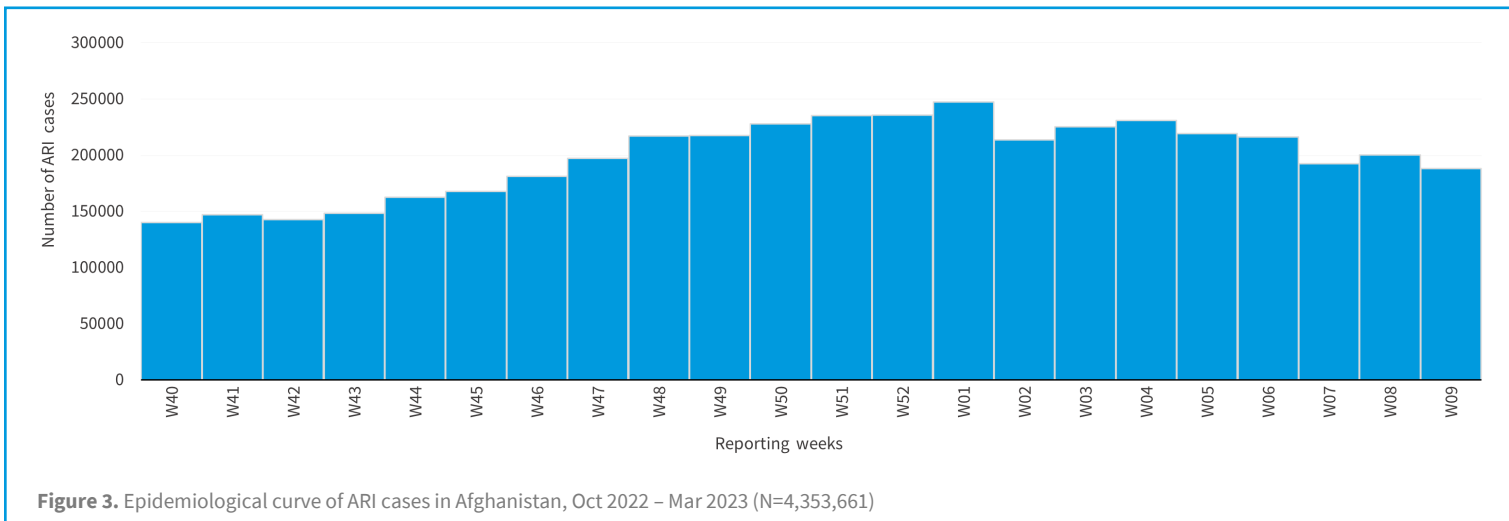


Figure 3. Epidemiological curve of ARI cases in Afghanistan, Oct 2022 – Mar 2023 (N=4,353,661)

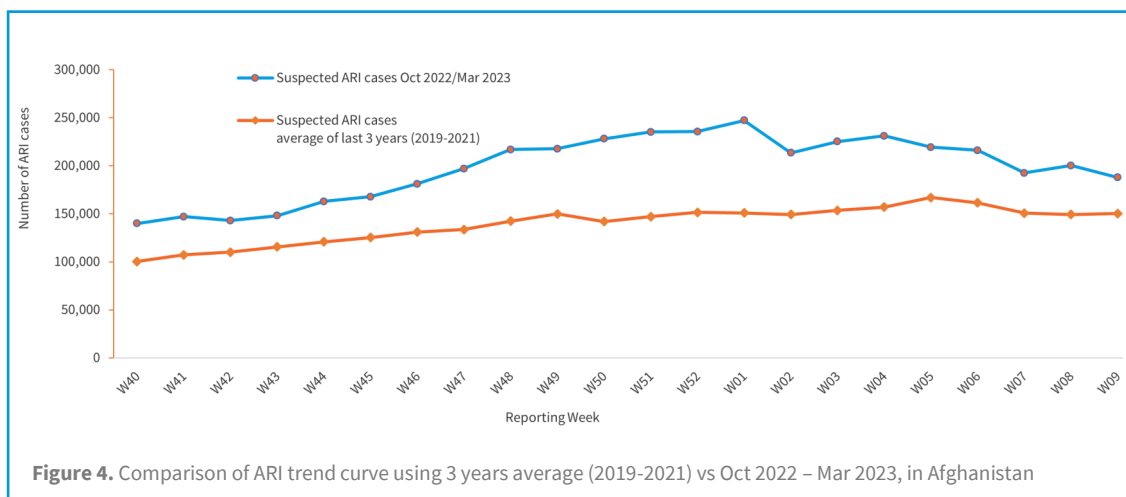


Figure 4. Comparison of ARI trend curve using 3 years average (2019-2021) vs Oct 2022 – Mar 2023, in Afghanistan

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. However, decreasing trend has been observed since week 2 of the current year, which might be due to seasonal changes.

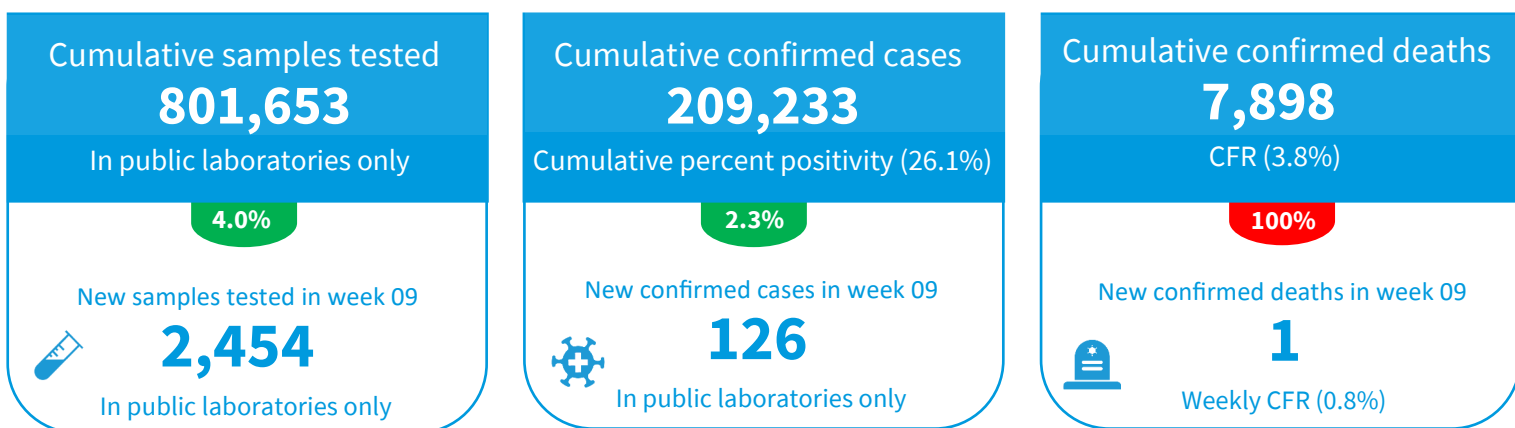
Response to Acute Respiratory Infection outbreak

- 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.

•As part of preparedness and response activities to infectious disease outbreaks during the winter season, medical supplies have been prepositioned in all 34 provinces across the country.

•During the last week, 21 medical officers and 15 nurses were trained on ARI case management in Badakhshan province. This brings the total number of ARI trained HCWs to 286.

COVID-19 (24 Feb 2020 – 04 Mar 2023)



Key: ● Increasing ● Decreasing ● No change

COVID-19 Vaccination highlights



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

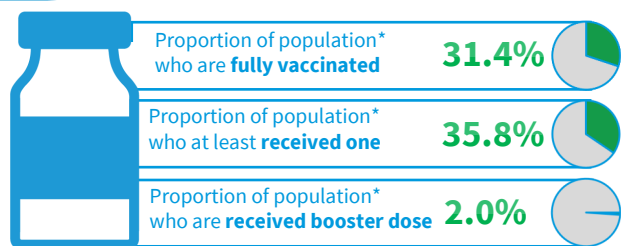


Table 3: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (08 Jan 2022 - 04 Mar 2023)

Indicators	W02	W03	W04	W05	W06	W07	W08	W09	Epi-curve
Samples tested (in public Labs)	1,954	2,365	1,901	2,163	1,960	2,180	2,556	2,454	
Confirmed cases	174	240	267	178	181	121	129	126	
% Change cases	-10.8	6.3	57.3	-38.5	11.2	-39.2	6.6	-2.3	
Percent positivity (%)	8.9	10.1	14.0	8.2	9.2	5.6	5.0	5.1	
Deaths	3	15	8	14	3	1	0	1	
CFR (%)	1.7	6.3	3.0	7.9	1.7	0.8	0.0	0.8	

- Since the beginning of the pandemic in Feb 2020, a total of 801,653 samples have been tested for COVID-19 through public laboratories.
- In week 09-2023, 2,454 samples were tested in public labs, of which 126 samples were positive for COVID-19 (test positivity of 5.1%) and one new death was reported. This represents 2.3% decrease in the number of confirmed cases and 100% increase in the number of deaths, compared to the previous week.

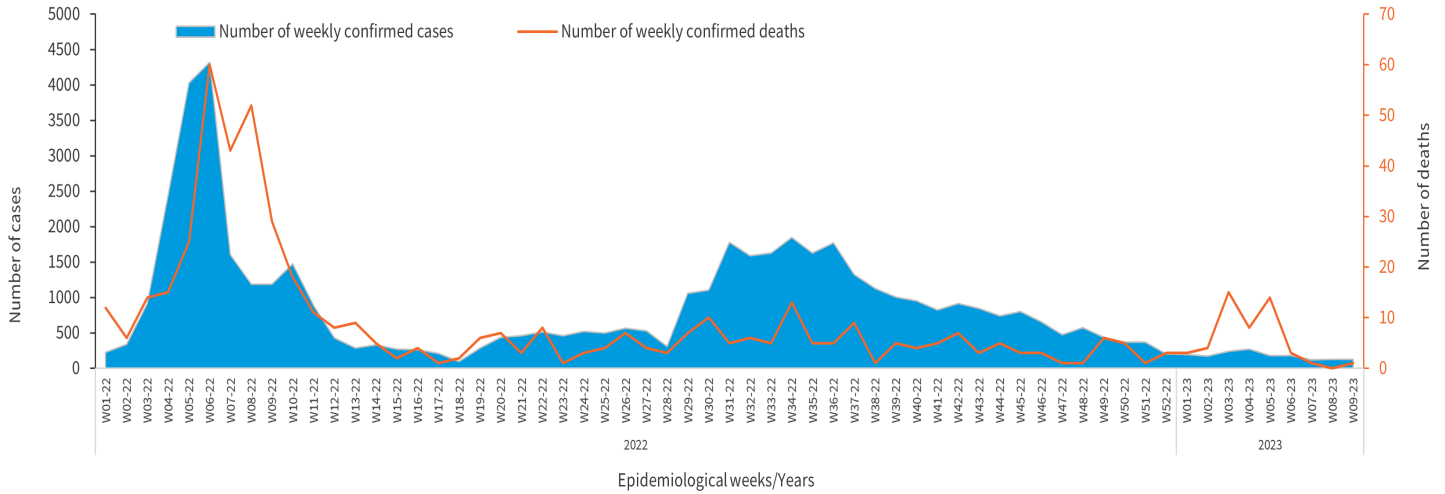


Figure 5. Epidemiological curve of confirmed COVID-19 cases and deaths in Afghanistan Jan 2022 - Mar 2023

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 9 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 nation-wide vaccination campaigns.

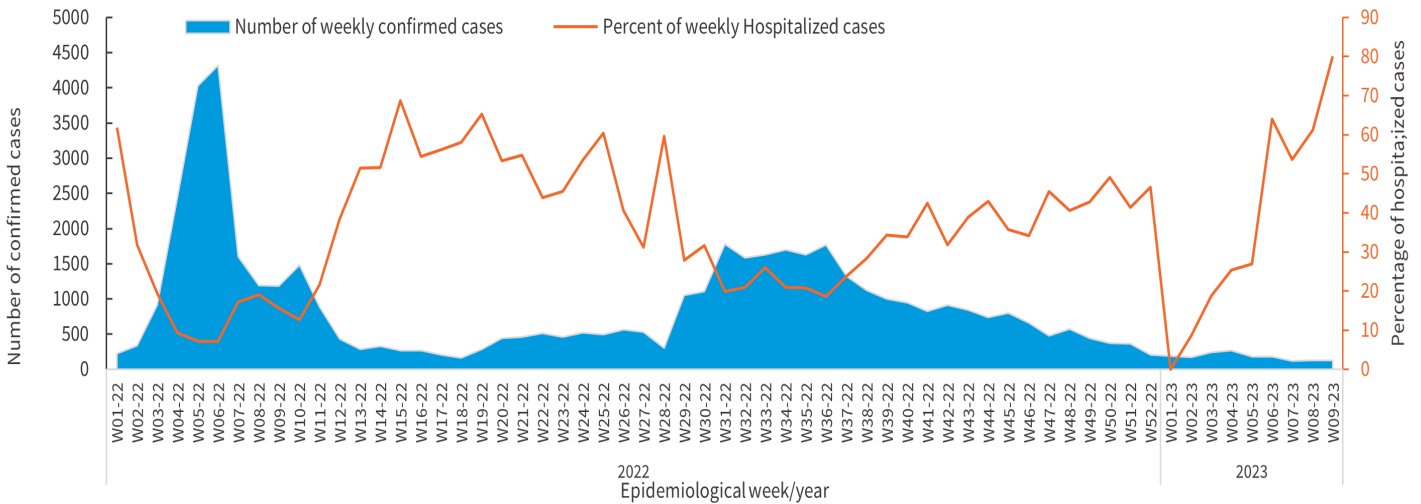


Figure 6. Weekly proportion of hospitalized cases out of new COVID-19 confirmed cases in Afghanistan as of Jan 2022 - Mar 2023

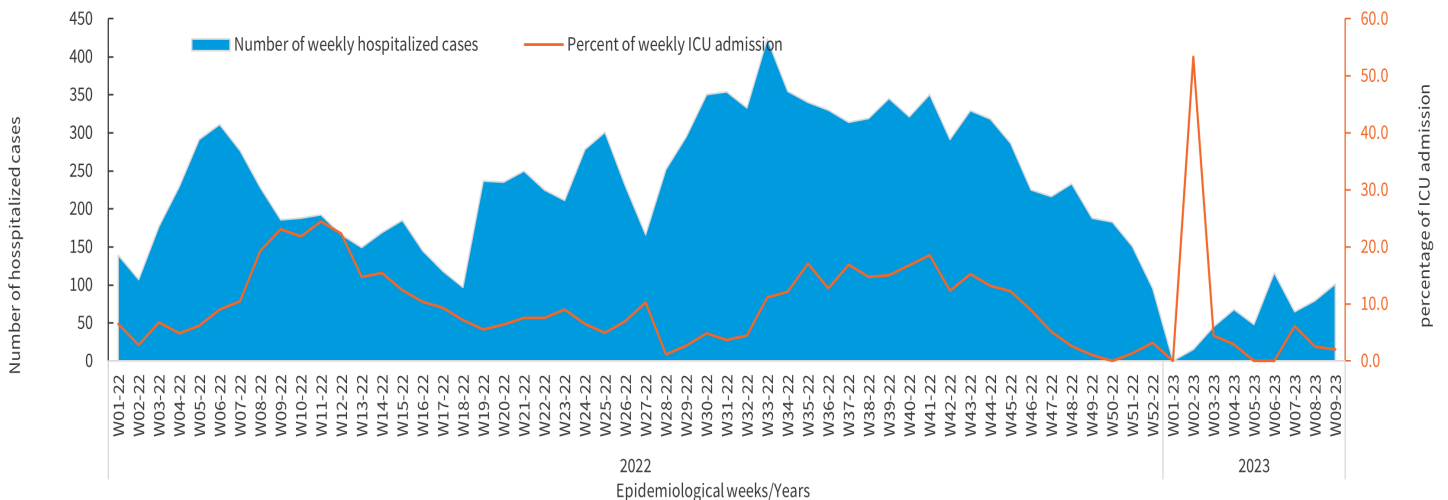


Figure 7. Weekly proportion of ICU admissions out of newly hospitalized COVID-19 cases in Afghanistan as of Jan 2022 - Mar 2023

Suspected Pertussis Outbreaks (Jan 2022 – Feb 2023)



1,107

Total Cases



15

Total Deaths

Table 4: summary of the suspected pertussis outbreak in the last eight weeks (08 Jan 2022 – 04 Mar 2023)

Indicators	W02	W03	W04	W05	W06	W07	W08	W09	Epi-curve
Suspected cases	16	13	9	13	6	4	12	3	
% Change cases	-57.9	-18.8	-30.8	44.4	-53.8	-33.3	200.0	-75.0	
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	

- During week 09-2023, a total of 3 new suspected pertussis cases were reported from 3 provinces (Kabul, Kapisa and Urozgan), this brings the total number of suspected cases to 1,107 from 20 provinces.
- Out of the total 1,107 cases, 776 (70.1%) were children below 5 years and 525 (47.4%) were females.

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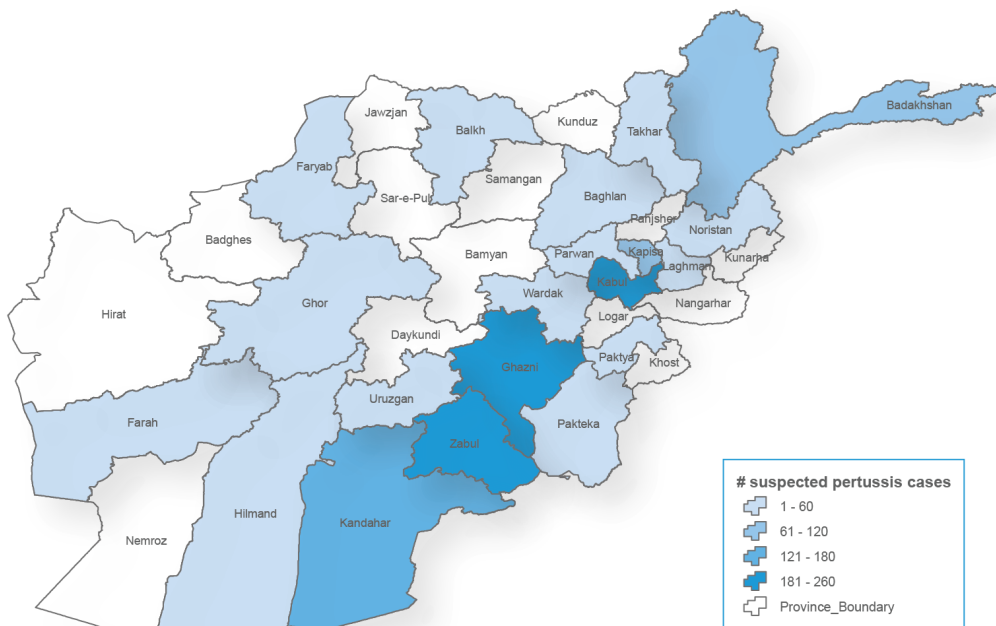


Figure 8. Geographical distribution of suspected pertussis cases in Afghanistan Jan 2022 - Mar 2023 (N=1,107)

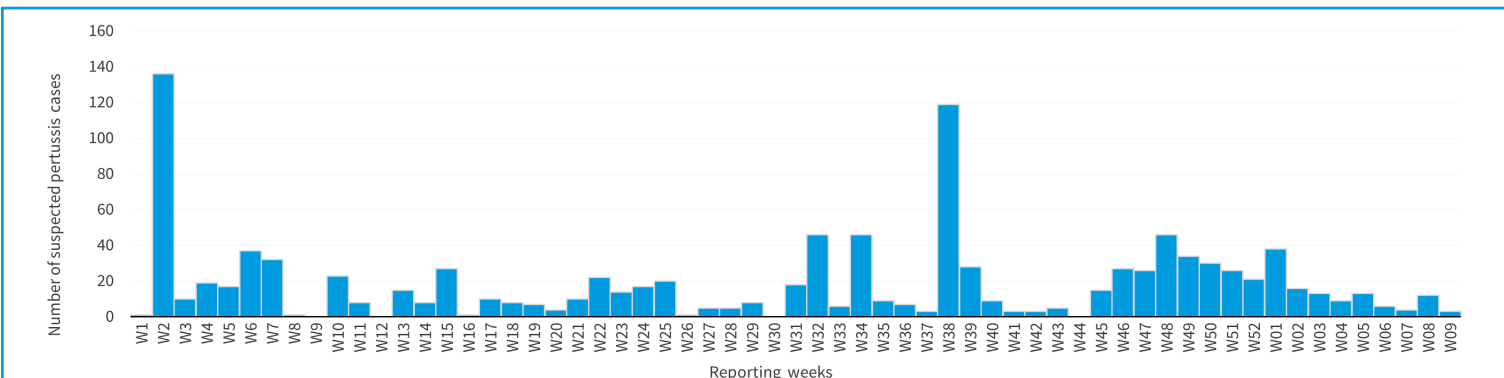


Figure 9. Epidemiological curve of suspected Pertussis cases in Afghanistan, Jan 2022 to Mar 2023 (N=1,107)

Measles Outbreak (01 Jan 2022 to 04 Mar 2023)


83,785
Total Cases


406
Total Deaths


10,535
Sample tested


6,190
Lab confirmed cases







58.8%
Test positivity ratio

Table 5: summary of the suspected measles outbreak in the last eight weeks (08 Jan 2022 – 04 Mar 2023)

Indicators	W-02	W-03	W-04	W-05	W-06	W-07	W-08	W-09	Epi-curve
Suspected cases	633	625	665	717	822	837	871	800	
% Change cases	7.7	-1.3	6.4	7.8	14.6	1.8	4.1	-8.2	
Deaths	2	0	3	3	1	3	2	0	
CFR (%)	0.3	0.0	0.5	0.4	0.1	0.4	0.2	0.0	

- During epidemiological week 09-2023, a total of 800 new cases and no new deaths were reported which indicates 8.2% decrease in the number of cases compared to last week.
- Out of the total 83,785 cases, 64,464 (76.9%) were children under 5 years of age and 40,750 (48.6%) were females.

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Suspected measles attack per 1,000 population of by province
As of 04 Mar 2023

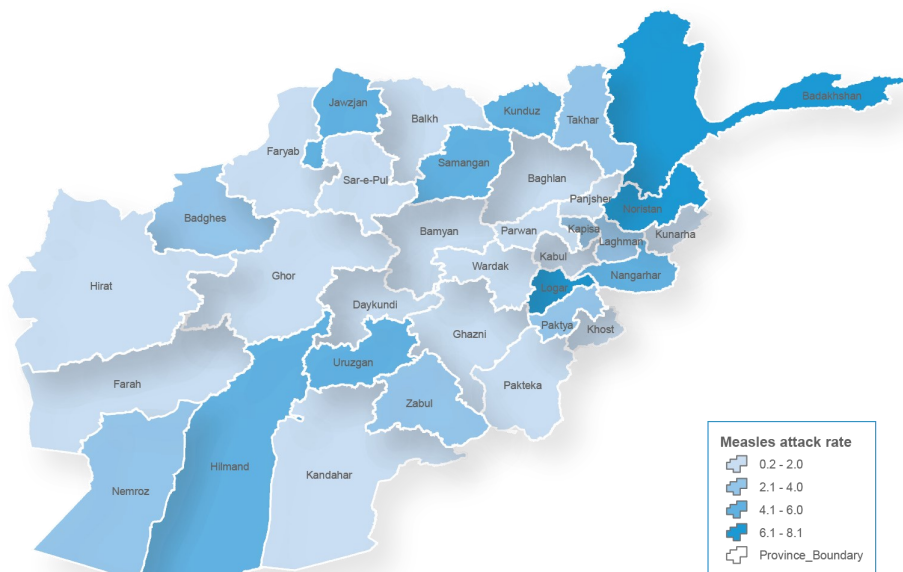


Figure 10. Suspected measles attack rate per 1,000 population of by province in Afghanistan Jan 2022 - Mar 2023 (N=83,785)

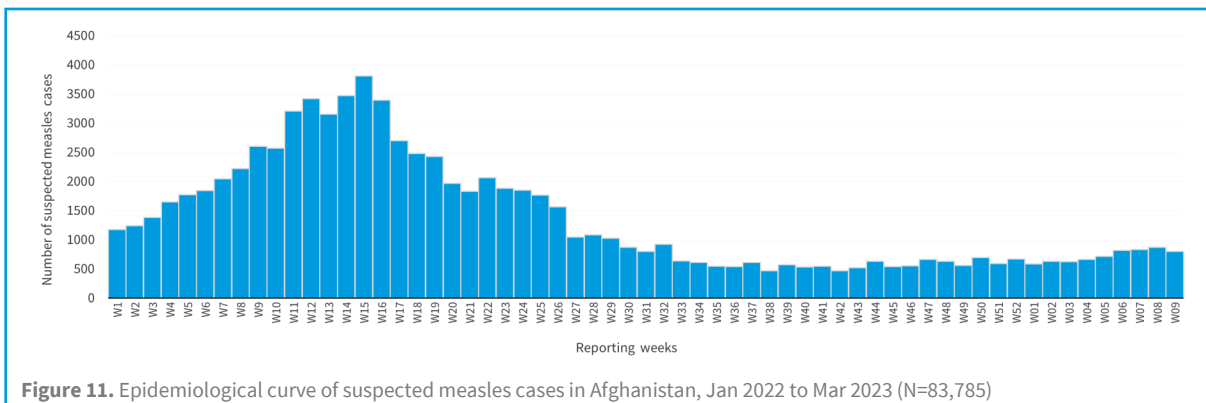
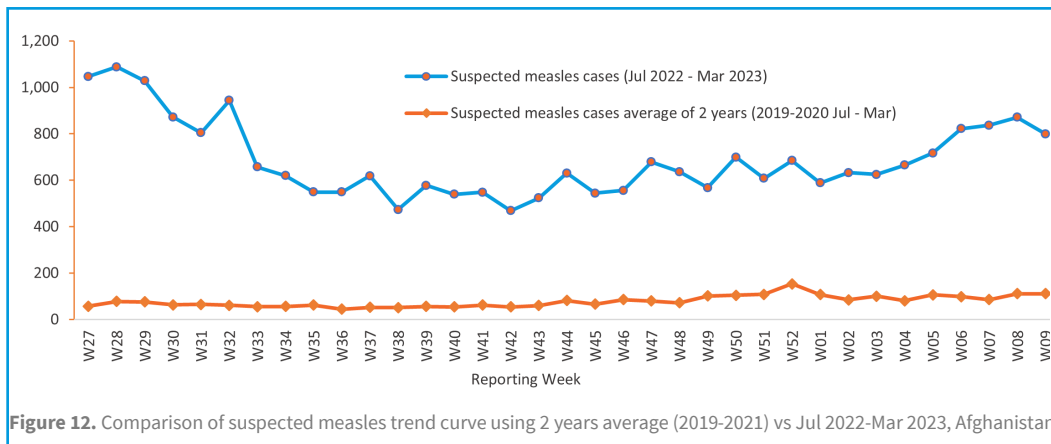


Figure 11. Epidemiological curve of suspected measles cases in Afghanistan, Jan 2022 to Mar 2023 (N=83,785)

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 between weeks 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-Mar 2023, Afghanistan

Response to Measles outbreak

- During the last week, a total of 390 children aged 9-59 months were vaccinated for measles as a response to outbreak by the implementing partners (NGOs) in different province. This brings the total number of vaccinated children by NGS to 3,390 in outbreak affected areas across the county.
- The national measles immunization campaign was conducted during November – December 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 04 Mar 2023)

1,338	2	474	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 (08 Jan 2022 – 04 Mar 2023)

Indicators	W-02	W-03	W-04	W-05	W-06	W-07	W-08	W-09	Epi-curve
Suspected cases	12	3	8	6	7	9	10	8	
% Change cases	33.3	-75.0	166.7	-25.0	16.7	28.6	11.1	-20.0	
Deaths	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
CFR (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

- A total of 8 suspected dengue fever cases with no new deaths have been reported during week 09-2023, all cases were reported from Nangarhar province, which brings the total number of cases and deaths to 1,338 and 2, respectively.
- Out of 1,338 reported cases, 328 (24.4%) were females and 1,324 (99%) were over 5 years of age.

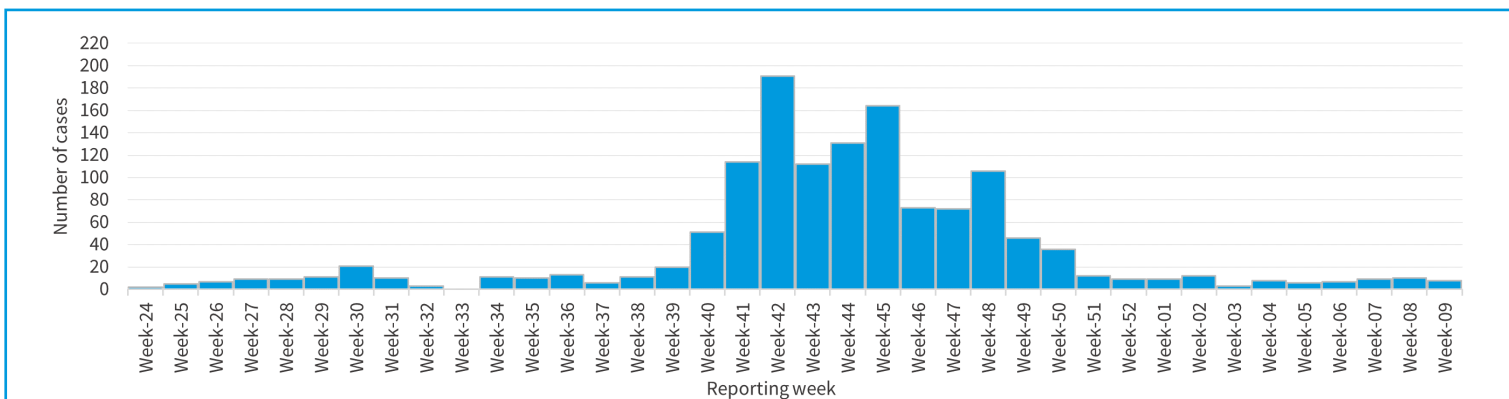


Figure 13. Epidemiological curve of dengue fever cases in Afghanistan Jun 2022 - Mar 2023 (N=1,338)

Figure 13 shows stabilization at low level in the number of suspected dengue cases during the last 9 weeks, which could be explained by the lower activity of the vector during the winter season.



Geographical distribution Of suspected dengue fever Cases in Afghanistan and weekly percent of changes (between weeks 8 and 9, 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, AGCHO. Creation date: 04 March 2023.

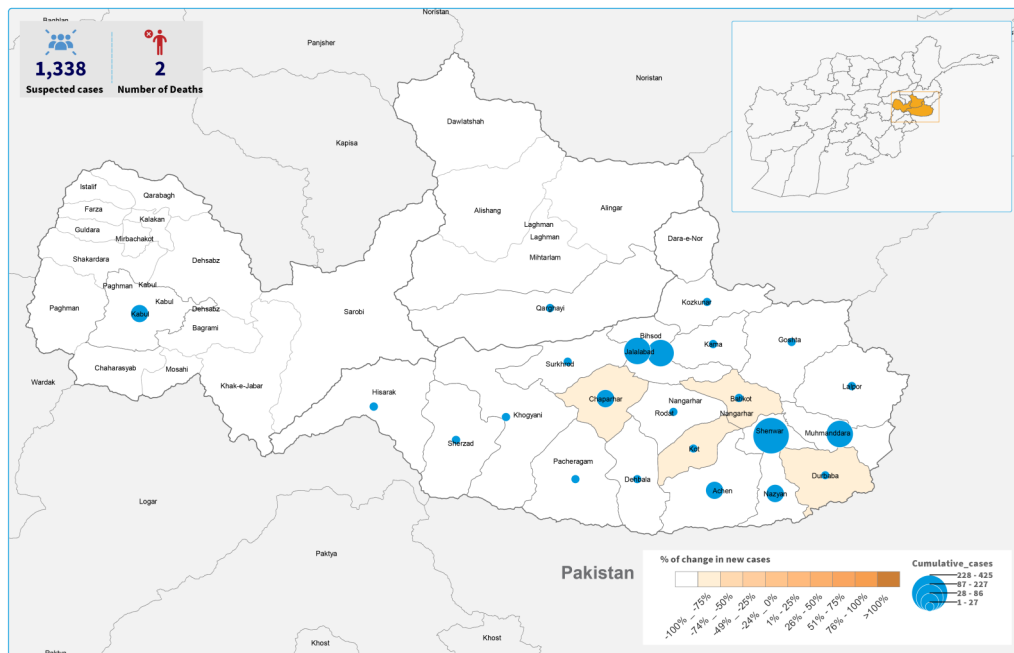


Figure 14. Hotspot areas of dengue fever cases and percent change of new cases in Afghanistan, Jun 2022 - Mar 2023

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-Mar 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 7 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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