



AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #12-2023

No. 12/(19 to 25 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 517(84.3%) out of 613 surveillance sentinel sites)	270,786	4,865,146	209,960	1,137	86,113	1,378
Death (CFR %)	95 (0.04)	1,568 (0.03)	7,882 (3.80)	15 (1.32)	416 (0.48)	2 (0.15)

Acute Watery Diarrhea (AWD) with Dehydration Outbreak (01 May 2022 to 25 Mar 2023)

Table 1: summary of the AWD with Dehydration outbreak in the last eight weeks (29 Jan – 25 Mar 2023)

Indicators	W05	W06	W07	W08	W09	W10	W11	W12	Epi-curve
Suspected cases	2,266	2,339	2,263	2,836	1,815	1,878	2,486	2,713	
% Change cases	12.6	3.2	-3.2	25.3	-36.0	3.5	32.4	9.1	
Deaths	1	1	0	1	0	1	0	0	
CFR (%)	0.04	0.04	0.00	0.04	0.00	0.05	0.00	0.00	

- During week 12-2023, a total of 2,713 new AWD cases with dehydration and no new deaths were reported which indicates 9.1% increase in the number of cases.
- Out of 270,786 cases, 149,893 (55.4%) were children below 5 years and 135,178 (49.9%) were females.
- A total of 2,659 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 177 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. However, during the last 2 weeks there has been an increase in the number of cases which should be monitored closely (Figure 2).

AFGHANISTAN AWD with dehydration attack rate per 1,000 population by province As of 25 Mar 2023



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

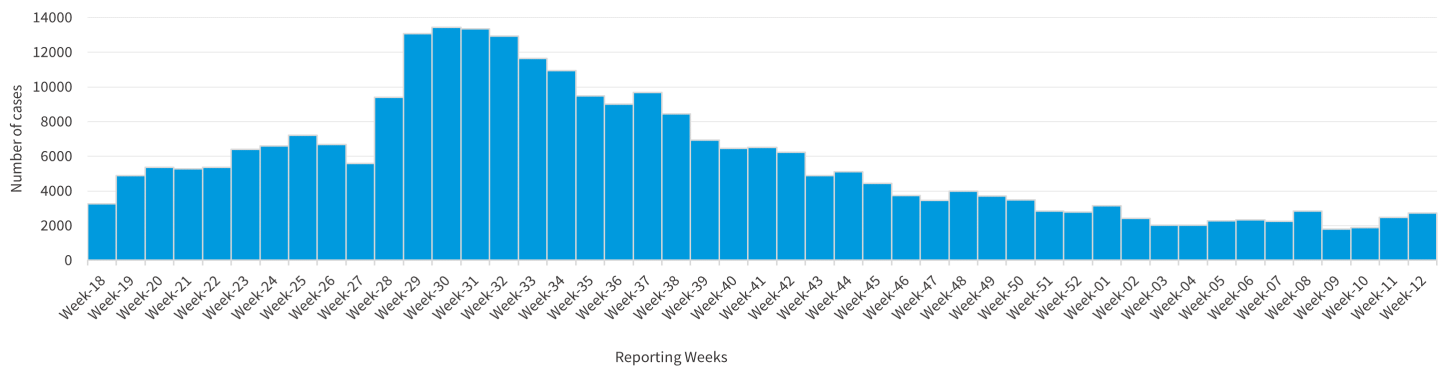


Figure 2. Epidemiological curve of AWD with dehydration cases in Afghanistan May 2022- Mar 2023 (N=270,786)

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 community event-base surveillance (EBS) in 6 provinces (Kabul, Badakhshan, Bamyán, Herat, Kandahar and Nangarhar).
- Supervisory visits have been conducted in different provinces to strengthen early detection and timely response to AWD outbreaks.

Case Management

- A ToT has been provided to 46 health care workers on AWD case management from all regions across the country, as part of preparedness plan for 2023 seasons.

Laboratory and Supplies

As part of the preparedness plan for 2023 season:

- A total of 3,750 Cary Blairs and 325 kits of RDTs were prepositioned at 34 provinces for supporting specimen collection and confirmation of AWD cases with dehydration.
- Forty laboratory technologists, from regional reference labs (RRLs) (5), provincial PCR labs (28), infectious diseases hospital (IDH) (2), Afghan Japan Hospital Lab (1) and the central public health laboratory (CPHL) (4), were trained on sample collection, transportation, and impact of sample quality on lab results.

WASH and RCCE

During period between 1 and 15 March 2023, the following activities were carried out under WASH:

- About 22,000 hygiene kits were distributed to more than 150,000 individuals in 9 provinces (Faryab, Helmand, Herat, Kandahar, Kapisa, Khost, Kunduz, Laghman and Takhar).
- Clean water was provided to more than 120,000 individuals by chlorination of 1,918 wells in 4 outbreak affected provinces (Herat, Kandahar, Khost and Kunar).
- Sanitation and hygiene facilities were provided to more than 13,500 individuals by installation and rehabilitation of emergency latrines in 10 outbreak affected provinces (Balkh, Faryab, Helmand, Herat, Kabul, Khost, Kunduz, Nangarhar, Parwan and Takhar).
- Hygiene promotion sessions were provided to more than 129,000 individuals in 8 outbreak affected provinces (Balkh, Faryab, Helmand, Herat, Kandahar, Kunduz, Laghman and Takhar).
- Safe drinking water was provided to more than 3,000 individuals by rehabilitation of water supply systems in 4 provinces (Faryab, Herat, Jawzjan and Kunduz).
- Household water treatment promotion (distribution of water treatment material along with awareness session on the use and different ways of water purification) activities were conducted in 3 provinces (Helmand, Khost, and Parwan) reaching 4,000 residents.

Acute Respiratory Infection (ARI) (01 Oct 2022 to 25 Mar 2023)

4.8M
Total Cases

1,568
Total Deaths

1,098
Influenza
samples tested

180
Influenza
lab confirmed cases

16.4%
Influenza test
positivity ratio

Table 2: summary of the acute respiratory infection outbreak in the last eight weeks (29 Jan – 25 Mar 2023)

Indicators	W05	W06	W07	W08	W09	W10	W11	W12	Epi-curve
Suspected cases	219,397	216,354	192,490	200,318	190,123	187,716	176,562	141,697	
% Change cases	-5.1	-1.4	-11.0	4.1	-5.1	-1.3	-5.9	-19.7	
Deaths	83	65	68	72	46	60	48	77	
CFR (%)	0.04	0.03	0.04	0.04	0.02	0.03	0.03	0.05	

- 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 12-2023, a total of 141,697 new ARI cases and 77 new deaths were reported which indicates 19.7% decrease in the number of cases and 60.4% increase in the number of deaths, compared to the previous week.
- Since Oct 2022, out of the total 4,865,146 ARI cases, representing 14.9% of the total population of Afghanistan, 2,197,375 (45.2%) were children below 5 years of age and 2,529,648 (52.0%) were females.
- The epi curve shows the gradual increase in the weekly number of ARI cases since week 40- 2022 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. The curve shows decline in the number of ARI cases since week 4-2023 onwards (Figure 3).

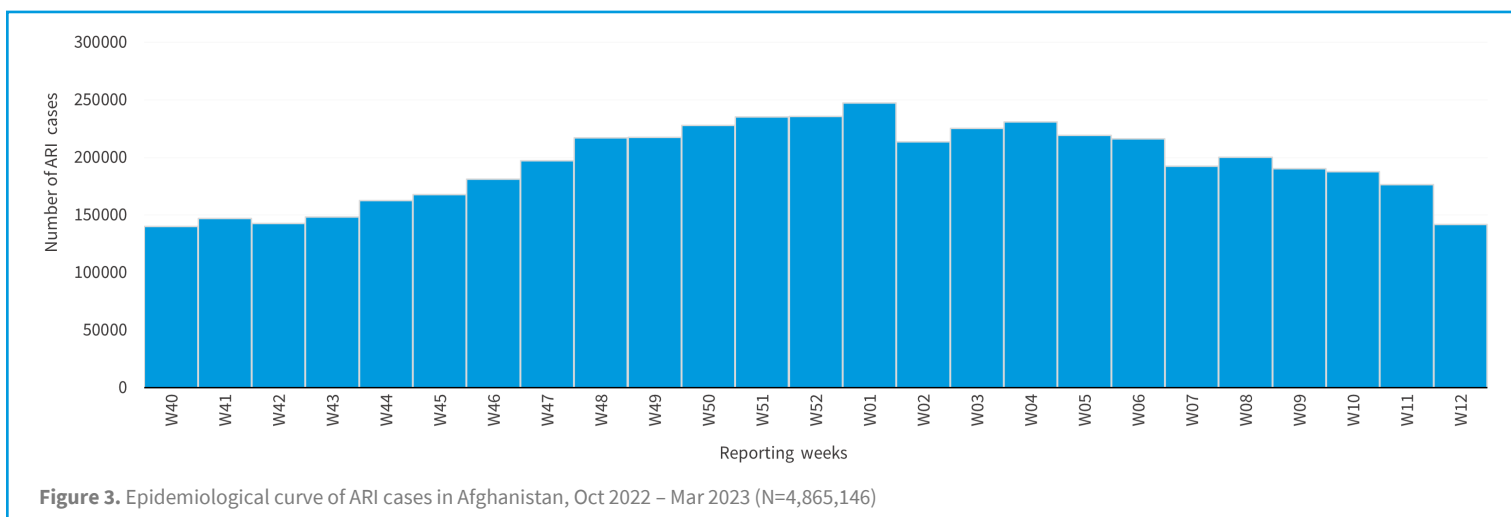


Figure 3. Epidemiological curve of ARI cases in Afghanistan, Oct 2022 – Mar 2023 (N=4,865,146)

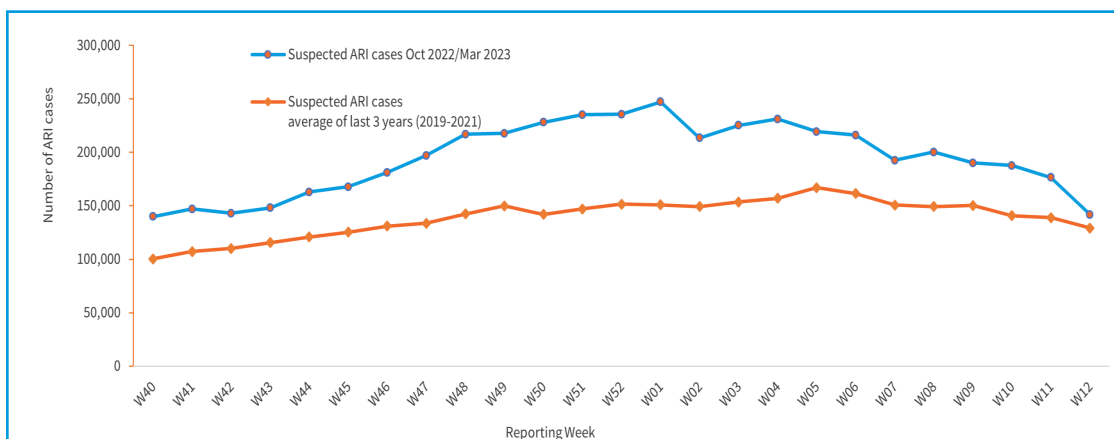


Figure 4. Comparison of ARI trend curve using 3 years average (2019-2021) vs Oct 2022 – Mar 2023, in Afghanistan

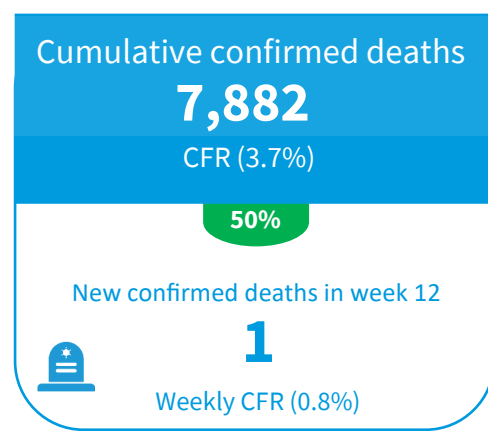
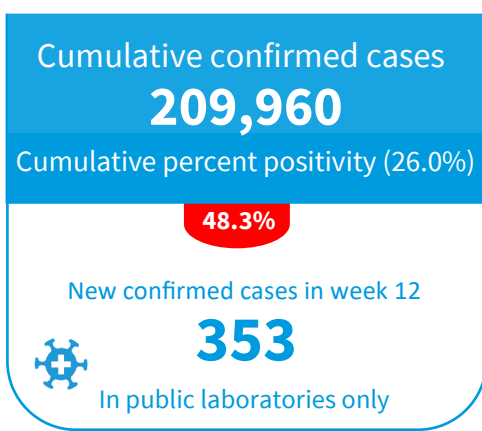
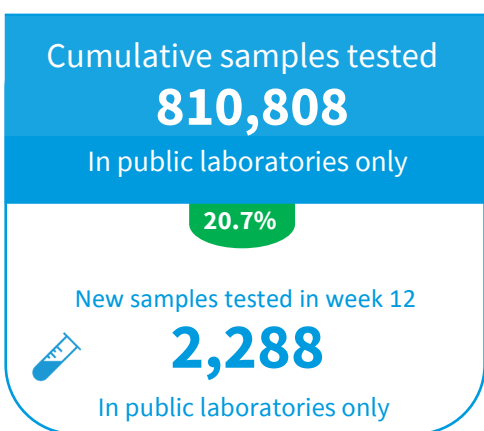
Figure 4 shows gradual increase in the number of ARI cases in 2022 compared to the average of the last three years. This increase in 2022 could be explained by multiple factors such as lack of immunity to some pathogens due to stopping preventive measures after 3 years of COVID-19, increased access to the health services, and expansion of NDSR sentinel sites. However, decreasing trend has been observed since week 4 of the current year, which could be explained by the ending of the winter season.

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/EPHS implementing partners.
- A total of 80 samples were 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, 133 medical officers from South-eastern region, 10 medical officers and 38 nurses from East region were trained on ARI case management, this brings the total number of HCWs trained on ARI case management to 627 in 12 provinces.

COVID-19 (24 Feb 2020 – 25 Mar 2023)



Key: ● Increasing ● Decreasing ● No change

COVID-19 Vaccination highlights



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

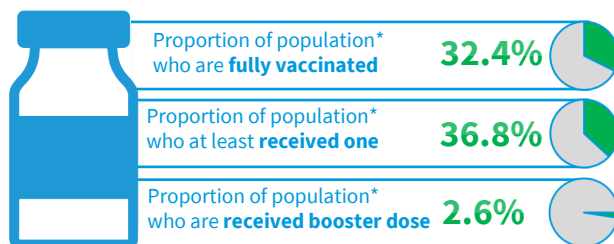


Table 3: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (29 Jan - 25 Mar 2023)

Indicators	W05	W06	W07	W08	W09	W10	W11	W12	Epi-curve
Samples tested (in public Labs)	2,163	1,960	2,180	2,556	2,454	2,817	4,050	2,288	
Confirmed cases	178	181	121	129	126	136	238	353	
% Change cases	-33.3	1.7	-33.1	6.6	-2.3	7.9	75.0	48.3	
Percent positivity (%)	8.2	9.2	5.6	5.0	5.1	4.8	5.9	15.4	
Deaths	14	3	1	0	1	1	2	1	
CFR (%)	7.9	1.7	0.8	0.0	0.8	0.7	0.8	0.3	



- Since the beginning of the pandemic in Feb 2020, a total of 810,808 samples have been tested for COVID-19 through public laboratories.
- In week 12-2023, 2,288 samples were tested in public labs, of which 353 samples were positive for COVID-19 (test positivity of 15.4%) and one new death were reported. This represents 48.3% increase in the number of confirmed cases and 50.0% decrease in the number of deaths, compared to the previous week.

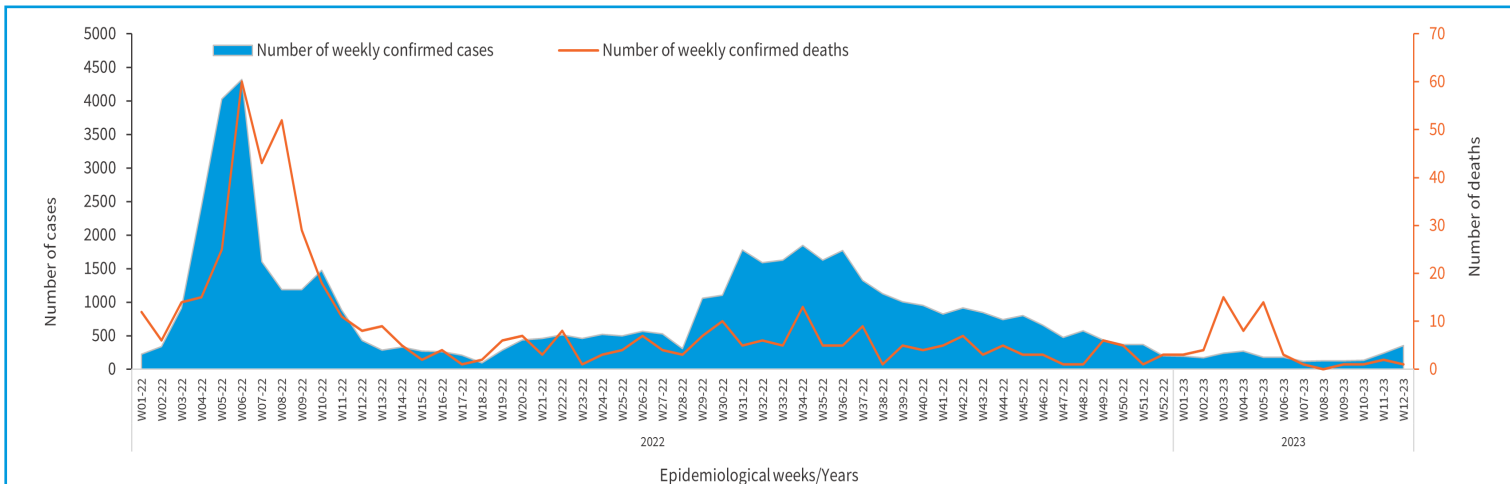


Figure 5. Epidemiological curve of confirmed COVID-19 cases and deaths in Afghanistan Jan 2022 - Mar 2023

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 11 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. An increase in the number of confirmed cases has been seen in the past 3 weeks, that needs to be monitored.

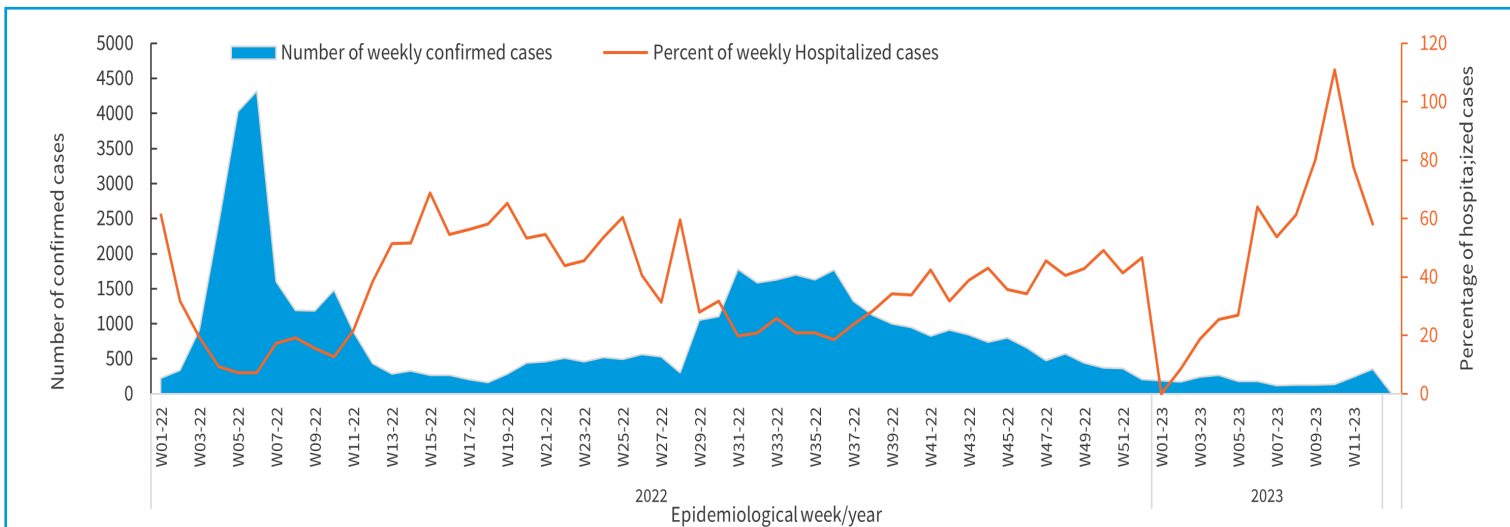


Figure 6. Weekly proportion of hospitalized cases out of new COVID-19 confirmed cases in Afghanistan as of Jan 2022 - Mar 2023

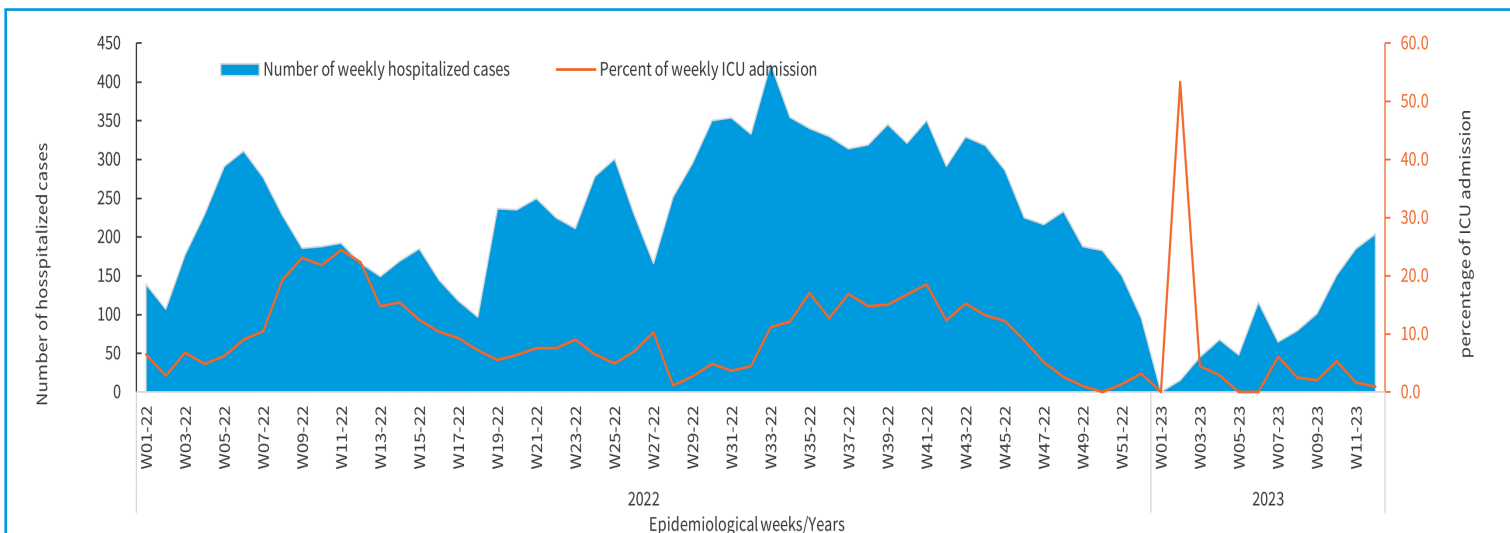






Figure 7. Weekly proportion of ICU admissions out of newly hospitalized COVID-19 cases in Afghanistan as of Jan 2022 - Mar 2023

Suspected Pertussis Outbreaks (Jan 2022 – Mar 2023)


1,137
Total Cases


15
Total Deaths

Table 4: summary of the suspected pertussis outbreak in the last eight weeks (29 Jan – 25 Mar 2023)

Indicators	W05	W06	W07	W08	W09	W10	W11	W12	Epi-curve
Suspected cases	13	6	4	12	3	6	10	12	
% Change cases	44.4	-53.8	-33.3	200.0	-75.0	100.0	66.7	20.0	
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 12-2023, a total of 12 new suspected pertussis cases were reported from 5 provinces Kabul (4), Kapisa (2), Nuristan (3), Parwan (2) and Zabul (1) this brings the total number of suspected cases to 1,137 from 20 provinces.
- Out of the total 1,137 cases, 802 (70.7%) were children below 5 years and 537 (47.3%) were females.

AFGHANISTAN Geographical Distribu- tion of Suspected Pertussis Cases by Province As of 25 Mar 2023

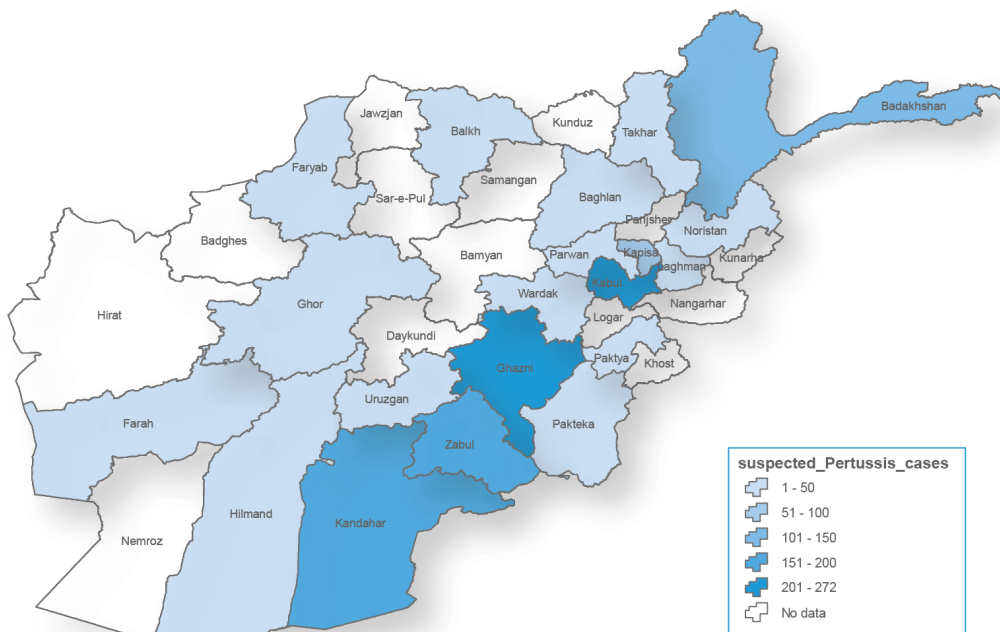


Figure 8. Geographical distribution of suspected pertussis cases in Afghanistan Jan 2022 - Mar 2023 (N=1,137)

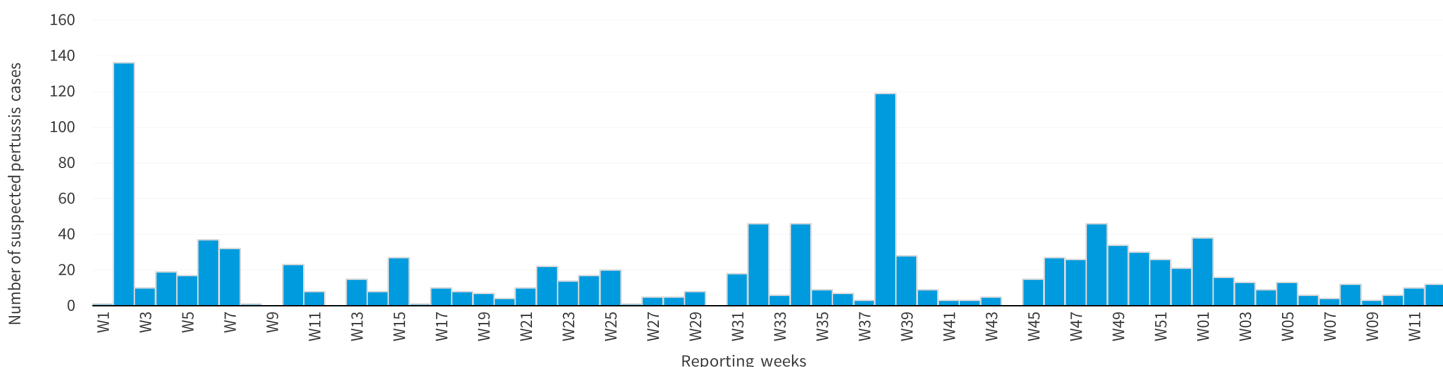


Figure 9. Epidemiological curve of suspected Pertussis cases in Afghanistan, Jan 2022 to Mar 2023 (N=1,137)

Measles Outbreak (01 Jan 2022 to 25 Mar 2023)

86,113
Total Cases

416
Total Deaths

11,397
Sample tested

6,618
Lab confirmed cases

58.0%
Test positivity ratio

Table 5: summary of the suspected measles outbreak in the last eight weeks (29 Jan – 25 Mar 2023)

Indicators	W05	W06	W07	W08	W09	W10	W11	W12	Epi-curve
Suspected cases	717	822	837	871	807	897	786	638	
% Change cases	7.8	14.6	1.8	4.1	-7.3	11.2	-12.4	-18.8	
Deaths	3	1	3	2	0	4	5	1	
CFR (%)	0.4	0.1	0.4	0.2	0.0	0.4	0.6	0.2	

- During epidemiological week 12-2023, a total of 638 new suspected cases and one new death were reported which indicates 18.8% decrease in the number of cases, compared to the last week.
- The newly reported death was a female over five years of age from Zabul province.
- Out of the total 86,113 cases, 66,145 (76.8%) were children under 5 years of age and 41,863 (48.6%) were females.

AFGHANISTAN Suspected measles attack per 1,000 population of by province As of 25 Mar 2023

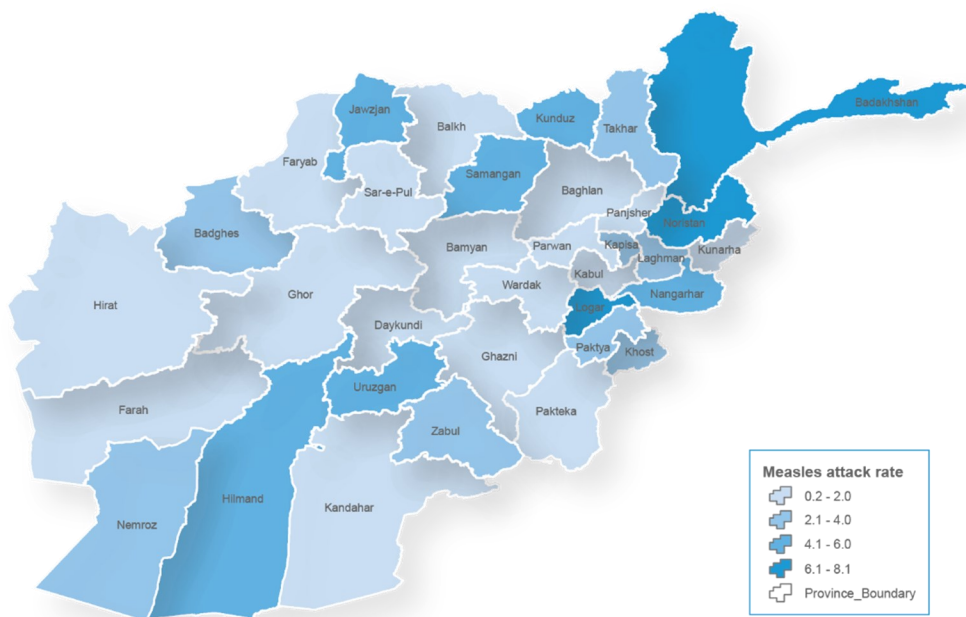


Figure 10. Suspected measles attack rate per 1,000 population of by province in Afghanistan Jan 2022 - Mar 2023 (N=86,113)

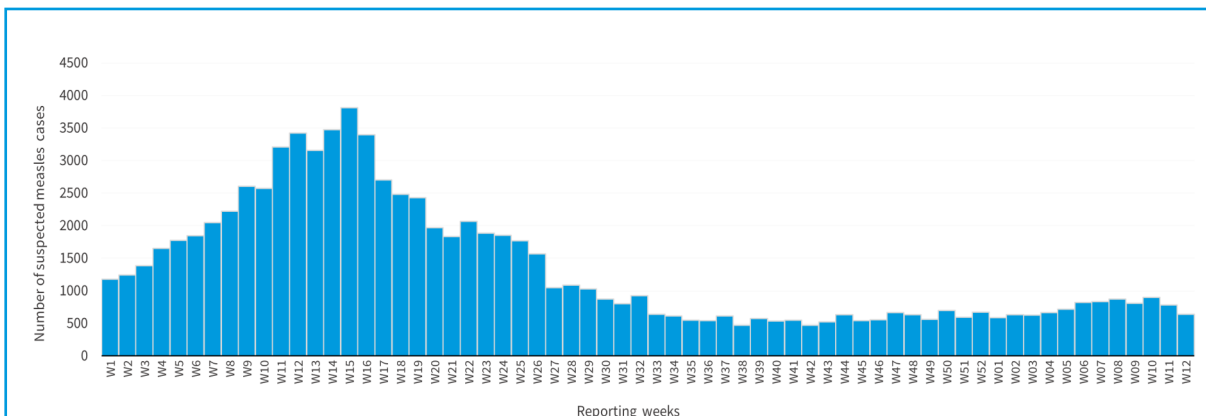
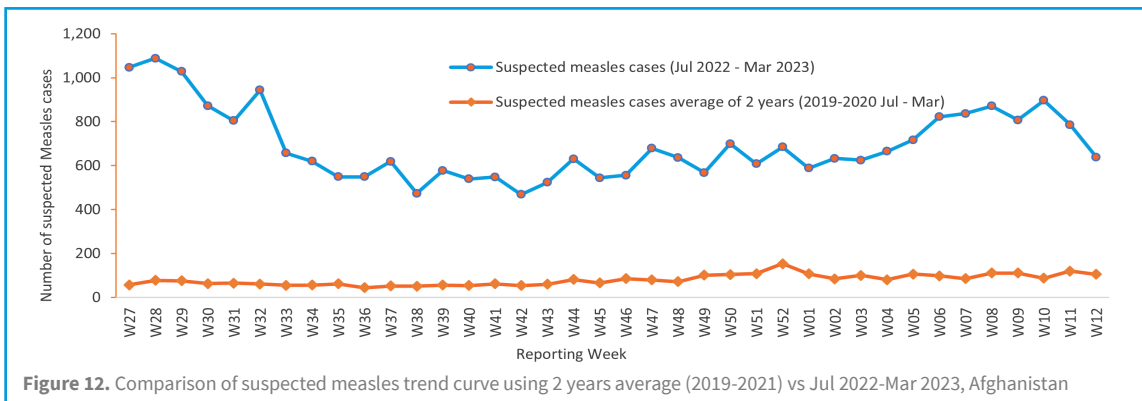


Figure 11. Epidemiological curve of suspected measles cases in Afghanistan, Jan 2022 to Mar 2023 (N=86,113)

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. However, a decrease in the number of suspected cases has been seen during weeks 11 and 12-2023.



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). An increase in the number of the suspected cases was seen between weeks 1 to week 10-2023, followed by a slight decline during weeks 11 and 12-2023.

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

Response to Measles outbreak

- Since Jan 2023, more than 5,000 children aged 9-59 months were vaccinated for measles as part of outbreak response immunization by implementing partners in different provinces.
- 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 25 Mar 2023)

1,378
Total Cases

2
Total Deaths

474
Sample tested

383
Lab confirmed cases

81.5%
Test positivity ratio

Table 6: summary of the Dengue fever outbreak in the last eight weeks (29 Jan – 25 Mar 2023)

Indicators	W05	W06	W07	W08	W09	W10	W11	W12	Epi-curve
Suspected cases	6	7	9	10	8	12	18	10	
% Change cases	-25.0	16.7	28.6	11.1	-20.0	50.0	50.0	-44.4	
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	

- A total of 10 suspected dengue fever cases with no new deaths have been reported during week 12-2023, all cases were reported from Nangarhar province, which brings the total number of cases and deaths to 1,378 and 2, respectively.
- Out of 1,378 reported cases, 354 (25.7%) were females and 1,364 (99.0%) were over 5 years of age.

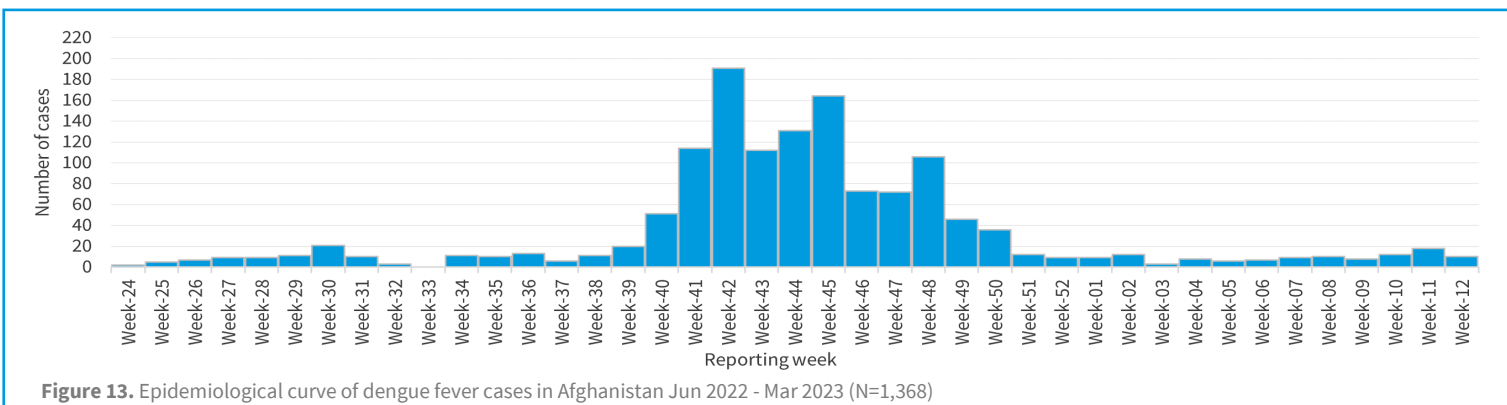
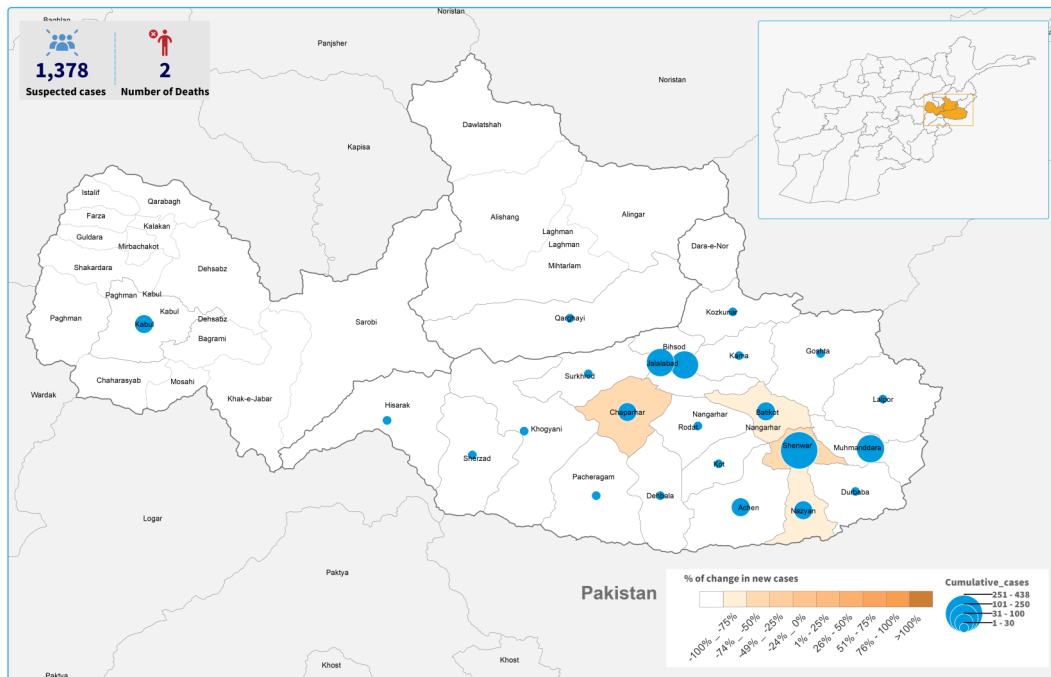


Figure 13. Epidemiological curve of dengue fever cases in Afghanistan Jun 2022 - Mar 2023 (N=1,368)

Figure 13 shows stabilization at low level in the number of suspected dengue cases during the last 10 weeks, which could be explained by the lower activity of the vector during the winter season. However, a slight increase has been witnessed during week 10 and 11-2023, requiring careful monitoring.



Geographical distribution of suspected dengue fever cases in Afghanistan and weekly percent of changes (between weeks 11 and 12, 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: 23 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

- 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.

CCHF highlights

- Between Jan 2022-Mar 2023, a total of 397 suspected CCHF cases were reported from 26 provinces (two new cases were reported last week from Nangarhar province), out of which 304 cases (76.9%) were males and all were over five years of age. From the reported cases, 105 (26.5%) 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 associated deaths have been reported in the last 10 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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