

Disease Outbreaks	AWD (May-Nov 2022)	COVID-19 (Feb 20-Nov 2022)	Measles (Jan-Nov 2022)	Dengue fever (Jun-Nov 2022)	CCHF (Jan-Nov 2022)	Pertussis (Jan-Nov 2022)	Malaria (Jun-Nov 2022)
Cumulative Cases <small>(Data from 519 surveillance sentinel sites)</small>	222,337	205,189	73,345	984	380	810	2,591
Deaths "CFR (%)"	80 (0.04)	7,832 (3.81)	380 (0.52)	2 (0.20)	15 (3.94)	15 (1.85)	0 (0.00)

Acute Watery Diarrhea (AWD) with Dehydration Outbreak (01 May to 19 Nov 2022)

Current Week	Cumulative Figures
3,734 new cases (54.9% under 5)	222,337 cases (<5 years, 55.2%)
1 new death	80 deaths (76.2% < 5 years), CFR=0.04%
1 new district (Khost) reported new alert	173 districts in all 34 provinces
16 samples collected	2,578 samples collected

- During week 46-2022, a total of 3,734 new AWD cases with dehydration and 1 new death were reported which indicates 16.1% and 50.0% decrease in the number of cases and deaths, respectively, compared to the previous week (Figure 2).
- The highest number of new AWD cases were reported from Kabul (1,204, 32.2%), followed by Baghlan (547, 14.7%), Helmand (231, 6.2%) and Zabul (189, 5.1%) provinces.
- The newly reported death was a female below 5 from Parwan province.
- Cumulatively, Kabul (49,662, 22.3%), Helmand (38,651,

- 17.4%), Baghlan (15,226, 6.8%), Nangarhar (12,350, 5.6%), and Kandahar (11,933, 5.4%), are the most affected provinces (Figure 1).
- Out of the total 222,337 cases, 122,813 (55.2%) were children below 5 years and 111,219 (50.0%) were females (Figure 3).
- The first few cases of AWD 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 173 districts in 34 provinces.

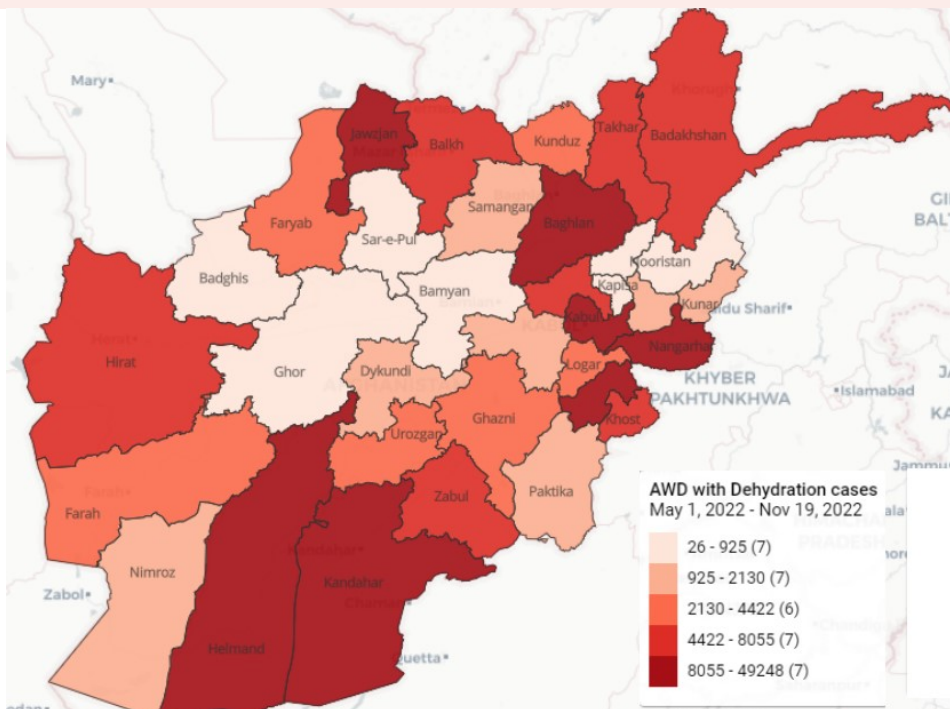


Figure 1. Hotspot areas of AWD with dehydration cases in Afghanistan, May-Nov 2022 (N=222,337)

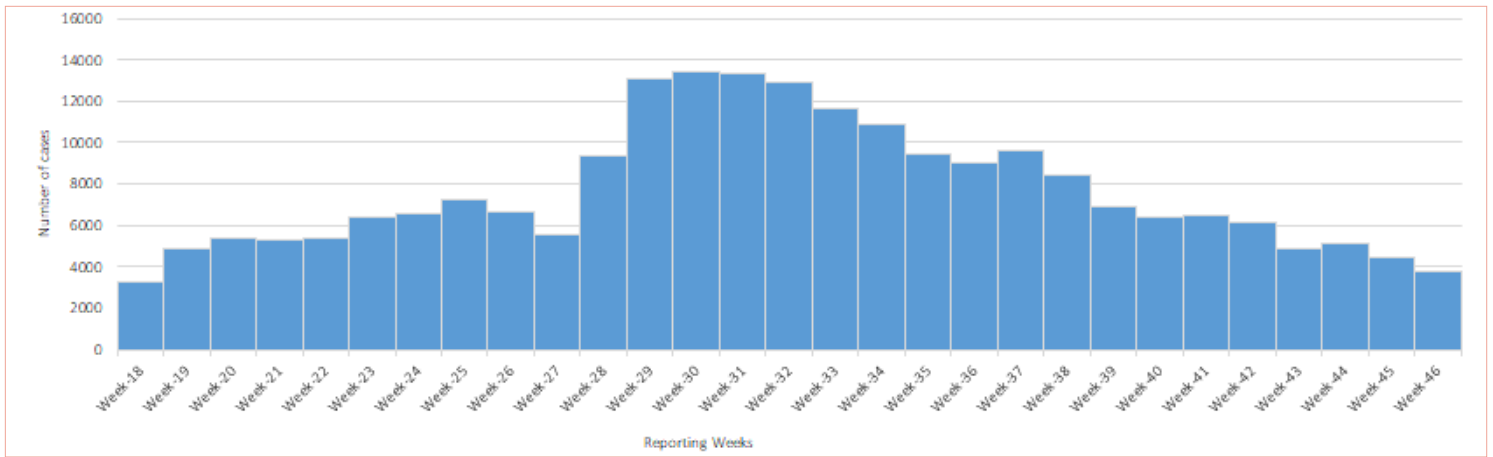


Figure 2. Weekly distribution of AWD with dehydration cases in Afghanistan May-Nov 2022 (N=222,337)

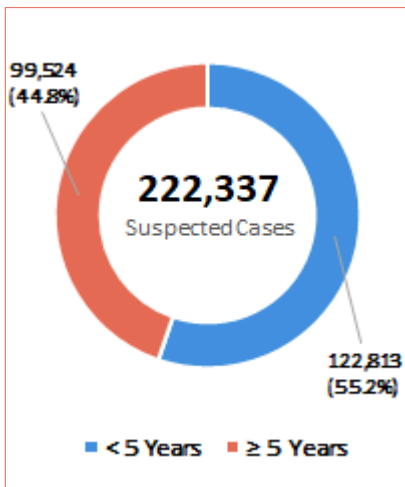


Figure 3. Distribution of AWD with dehydration cases by age groups in Afghanistan, May-Nov 2022

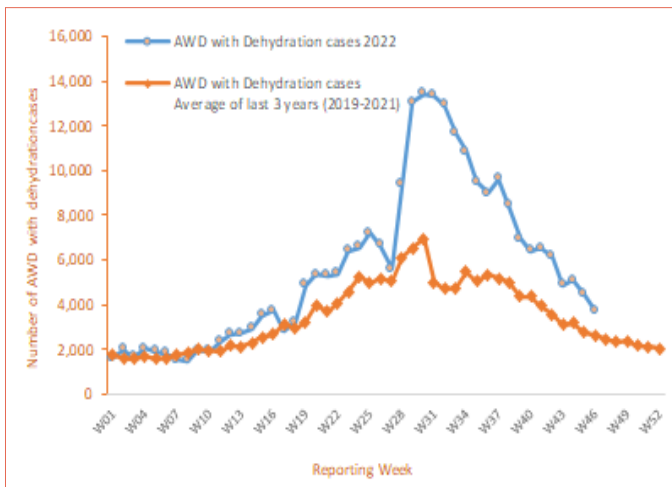


Figure 3.a. Comparing trend of AWD with dehydration cases using 3 years average (2019-2021) vs 2022, in Afghanistan

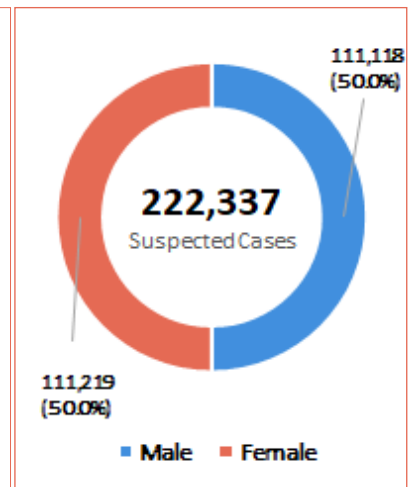


Figure 3.b. Distribution of AWD with dehydration cases by sex in Afghanistan, May-Nov 2022

Response to the AWD outbreak



Figure 4. Training of AWD with dehydration case management to Healthcare workers in Zabol province, Nov 2022



Figure 5. Training session of newly recruited surveillance focal points on case definition, weekly watch chart, collection and reporting of data and outbreak investigation, Nov 2022

Leadership and Coordination

- Emergency and Preparedness Response Committees (EPR) are active at the provincial level.
- Coordination meetings are conducted with Health-WASH partners on a biweekly basis to strengthen AWD preparedness and response activities.

Surveillance

- During the last week, 59 SST members (Laborants) from 32 provinces were trained on personnel protection, rational use of RDTs, sample collection, storage and transportation in Kabul.
- Surveillance support teams (SSTs) are actively participating in outbreak investigation, case finding, sample collection and shipment in 34 provinces.
- Supervisory visits have been conducted at different provinces to strengthen early detection and timely response to AWD outbreaks.
- A total of 94 newly recruited surveillance focal points have been trained on case definition of surveillance targeted diseases, monitoring the trend of diseases, filling out weekly watch chart, weekly collection and reporting of data, alert and outbreak thresholds and conducting outbreak investigation.

Case Management

- During the last week, 58 health workers (MD) were trained on AWD case management in Kandahar province. The total

number of HCWs trained on AWD case management reached to 1,472 in 31 provinces.

- Training of 197 HCWs is planned in the coming weeks at the remaining provinces.

Laboratory and Supplies

- A total of 20 case management kits have been supplied to Helmand province to support AWD case management.
- A total of 396 different kits (37 central kits, 334 community kits, 45 ORP kits), 700 RDTs and 1,058 Cary Blairs have been distributed to all outbreak affected areas.

WASH and RCCE

- 12,541 Hygiene Kits have been distributed in 8 provinces reaching almost 80,000 individuals in November 2022.
- Hygiene promotion in 9 provinces benefited 115,000 individuals.
- 4,210 wells chlorinated in 6 provinces reaching more than 180,000 individuals.
- Water supply system rehabilitation in Kunduz supported 500 individuals & water trucking in Badghis supported 38,000 individuals.
- Emergency latrines installations & rehabilitations in 12 provinces supported around 10,000 individuals.

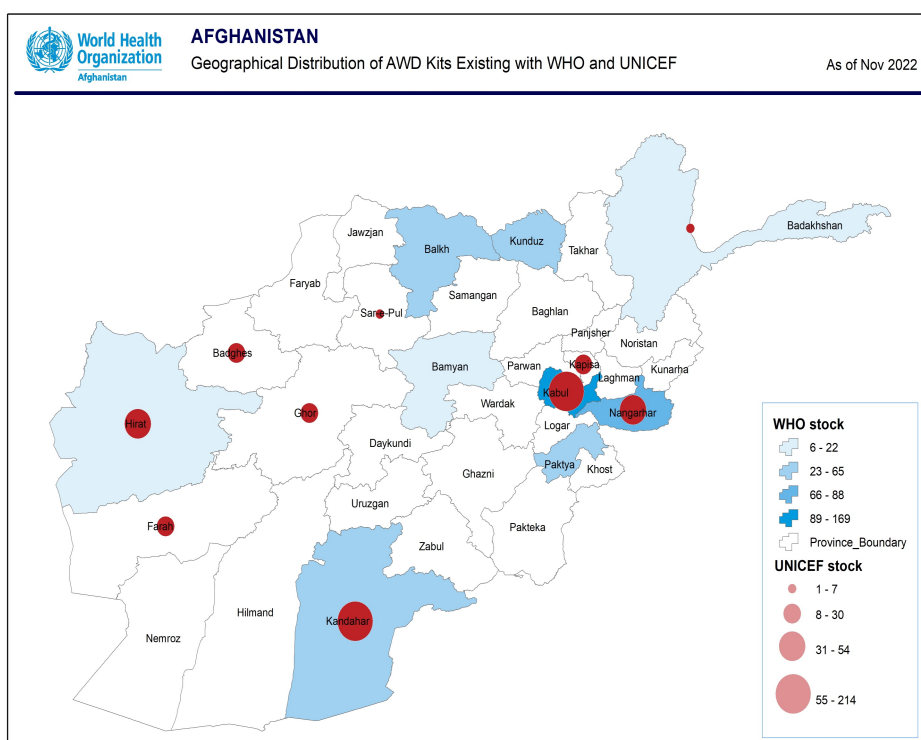
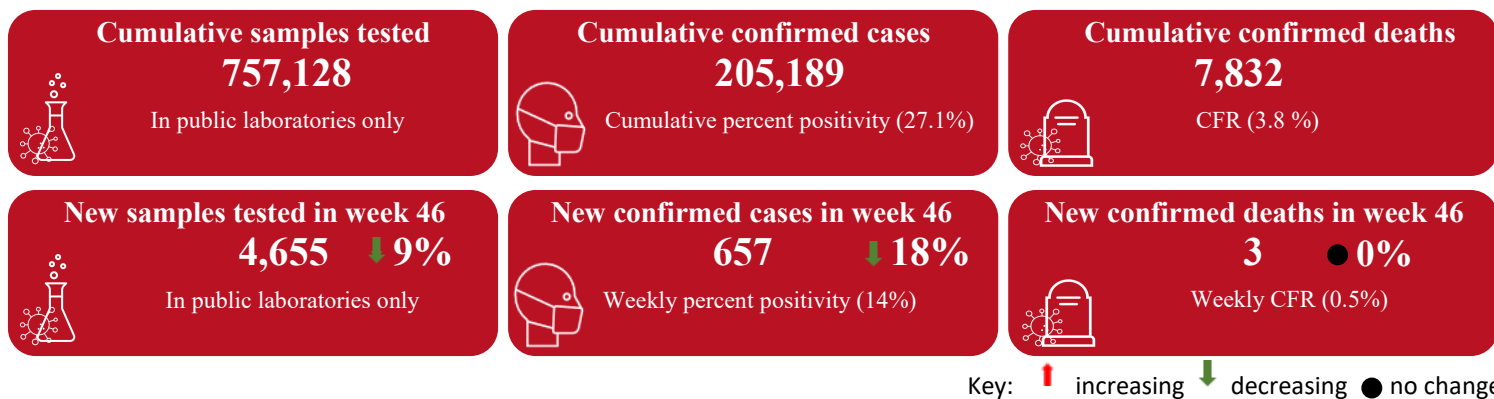


Figure 6. Distribution of existing AWD kits of WHO and UNICEF by province in Afghanistan, Nov 2022

COVID-19 (24 Feb 2020 – 19 Nov 2022)



COVID-19 Vaccination highlights



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

Table 1: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (26 Sep – 19 Nov 2022)

Indicators	W39-22	W40-22	W41-22	W42-22	W43-22	W44-22	W45-22	W46-22	Epi-curve
Samples tested (in public Lab)	6,505	6,617	5,930	6,275	5,099	5,123	5,110	4,655	
Confirmed cases	1,005	949	824	913	844	739	800	657	
Percent positivity (%)	15	14	14	15	17	14	16	14	
Confirmed deaths	5	4	5	7	3	5	3	3	
CFR (%)	0.5	0.4	0.6	0.8	0.4	0.7	0.4	0.5	

Highlights of the week

- Since the beginning of the pandemic in Feb 2020, a total of 757,128 samples have been tested for COVID-19 through the public laboratories.
- In week 46-2022, 4,655 samples were tested in public labs, of which 657 samples were positive for COVID-19 (test positivity of 14%) and 3 new deaths were reported. This represents an 18% decrease in the number of newly reported cases and stabilization in the number of deaths, respectively, compared to week 45-2022 (Table 1).
- Cumulatively, 205,189 confirmed cases (overall test positivity of 27.1%) of COVID-19 with 7,832 associated deaths (case fatality ratio = 3.8%) have been reported in Afghanistan since Feb 2020.
- As of 19 Nov 2022, 89.2% of cases have recovered.
- In week 46-2022, 4 out of 8 regions reported a decrease in the number of newly reported cases compared to week 45. At the provincial level, the highest numbers of weekly new cases were reported from Nangarhar (71 cases), Bamyan (56 cases), Dykundi (47 cases), Hirat (43 cases), and Panjsher (39 cases).

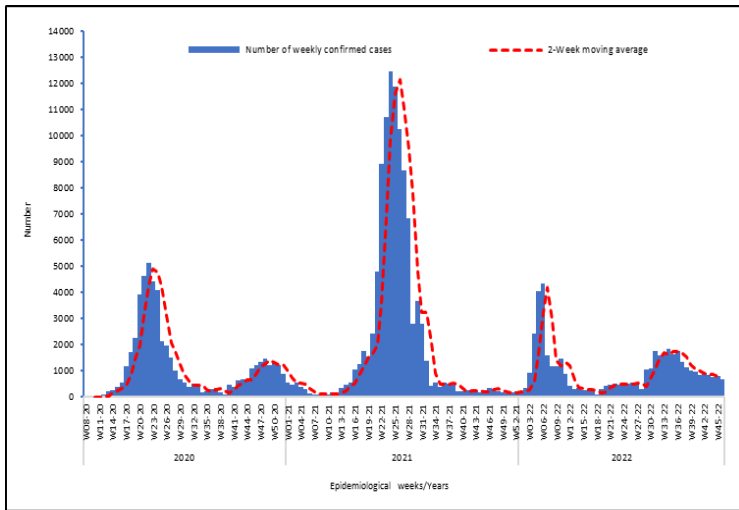


Figure 7: Weekly distribution of confirmed COVID-19 cases in Afghanistan (24 Feb 2020 - Nov 2022)

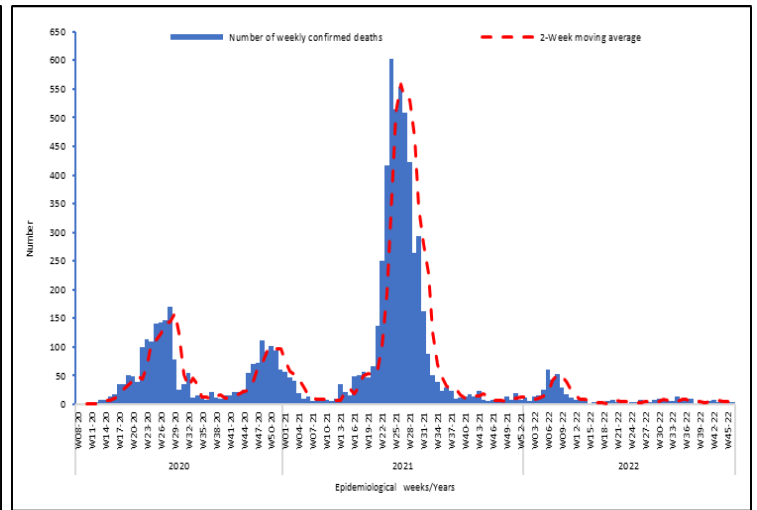


Figure 8: Weekly distribution of COVID-19 associated deaths in Afghanistan (24 Feb 2020 - Nov 2022)

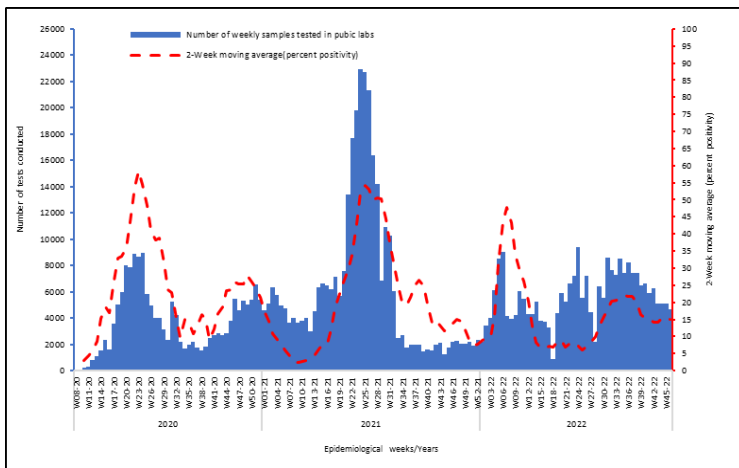


Figure 9: Number of weekly PCR tests conducted and 2-week moving average of percent positivity in Afghanistan (24 Feb 2020 - Nov 2022)

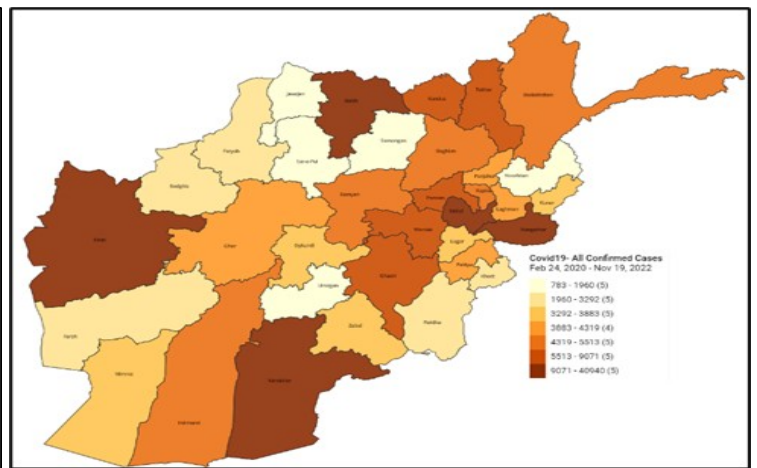


Figure 10: Geographic distribution of COVID-19 confirmed cases in Afghanistan (24 Feb 2020 - Nov 2022)

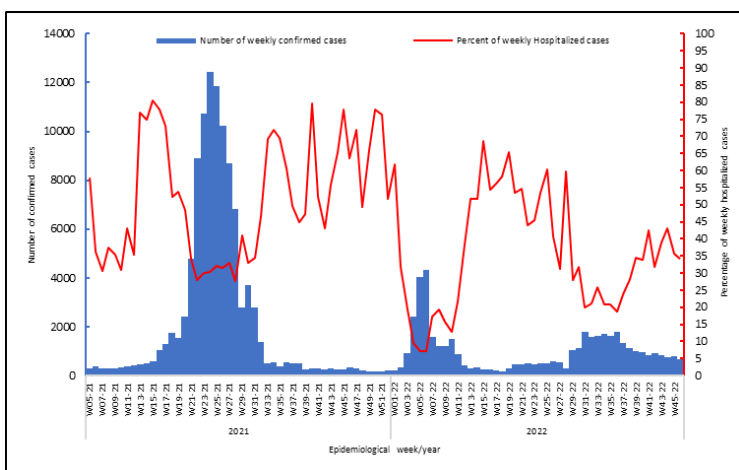


Figure 11: Weekly proportion of hospitalized cases out of new COVID-19 confirmed cases in Afghanistan as of (24 Feb 2020- Nov 2022)

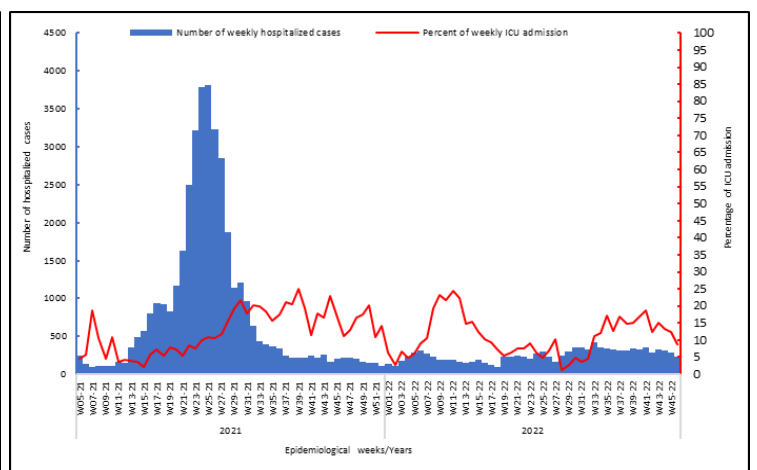


Figure 12: Weekly proportion of ICU admissions out of newly hospitalized COVID-19 cases in Afghanistan as of (24 Feb 2020- Nov 2022)

Measles outbreak (01 Jan to 19 Nov 2022)

73,345 Total cases
 382 Total deaths
 9,264 Samples tested
 5,475 Lab confirmed cases
 59.1% Test positivity ratio

Table 2 summary of the measles outbreak in the last eight weeks (25 Sep– 19 Nov 2022)

Indicators	W-39	W-40	W-41	W-42	W-43	W-44	W-45	W-46	Epi-curve
Suspected cases	578	539	548	469	524	631	544	556	
Deaths	1	2	0	0	0	0	2	2	
CFR (%)	0.17	0.37	0.00	0.00	0.00	0.00	0.37	0.36	

- During epidemiological week 46-2022, a total of 556 new cases and 2 new deaths were reported which indicates a 2.2% increase in the number of new cases compared to last week.
- Out of the 2 newly reported deaths, (1, 50.0%) was female and both were children below 5. The deaths were reported from 2 provinces (Samangan and Hirat).
- The average number of weekly suspected measles cases was 549 during the last 8 weeks (Figure 15).
- During the last week, 3 out of 8 regions reported an increase in the number of suspected measles cases compared to the preceding week. The highest relative increase was reported in the East and South East regions (70.0% and 44.4%, respectively) (Table 3)
- The most affected provinces are Badakhshan (11.8%), Kabul (10.4%), Nangarhar (9.9%), Helmand (7.8%), Kunduz (7.7%), Takhar (5.3%) and Hirat (5.0%) (Figure 14).
- Out of the total 9,264 samples tested for measles, 5,475 were laboratory confirmed from Jan-Nov 2022.
- During the last week, 2 new districts reported suspected measles cases (Figure 13).

Table 3 number of suspected measles cases per region in the last 8 weeks 2022

Regions	W-39	W-40	W-41	W-42	W-43	W-44	W-45	W-46	Epi-curve	% of change compared to week 45
Central East	172	169	117	151	162	167	170	169		169 (↓ 0.6)
South	111	136	121	108	111	208	182	159		159 (↓ 12.6)
East	75	61	79	49	61	71	40	68		68 (↑ 70.0)
North	51	25	38	33	45	51	41	41		41 (↓ 0.0)
North East	42	50	42	20	42	28	27	39		39 (↑ 44.4)
South East	81	56	105	56	56	59	41	38		38 (↓ 7.3)
West	13	19	10	10	23	17	21	25		25 (↑ 19.0)
Central West	33	23	36	42	24	30	22	17		17 (↓ 22.7)

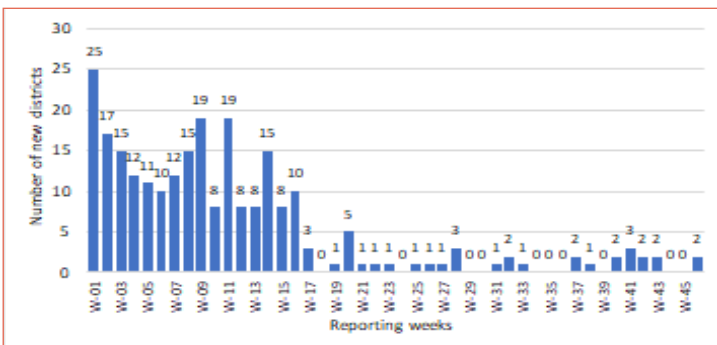


Figure 13. New districts reporting suspected measles cases on weekly basis

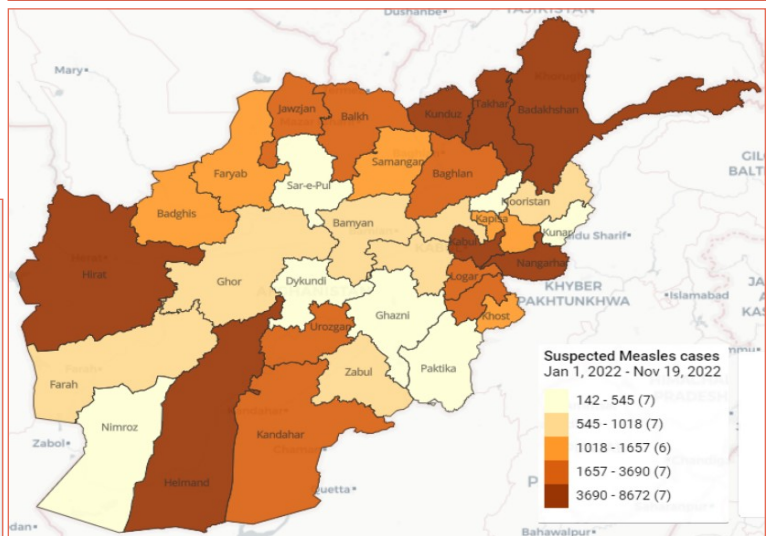


Figure 14. Geographical distribution of suspected measles cases in Afghanistan Jan - Nov 2022 (N=73,345)

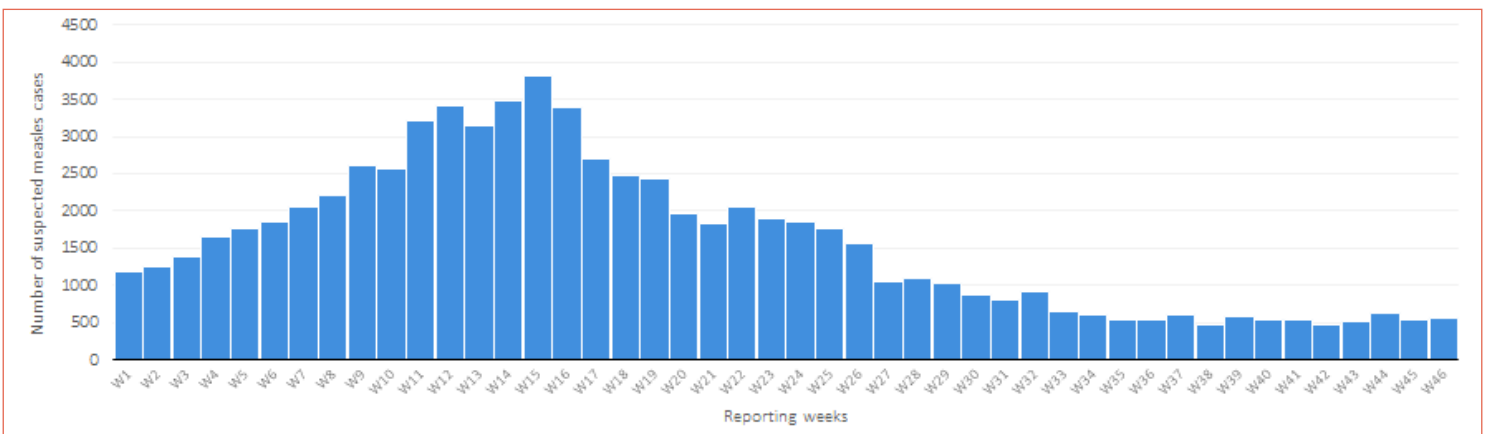


Figure 15. Weekly distribution of suspected measles cases in Afghanistan, Jan– Nov 2022 (N=73,345)

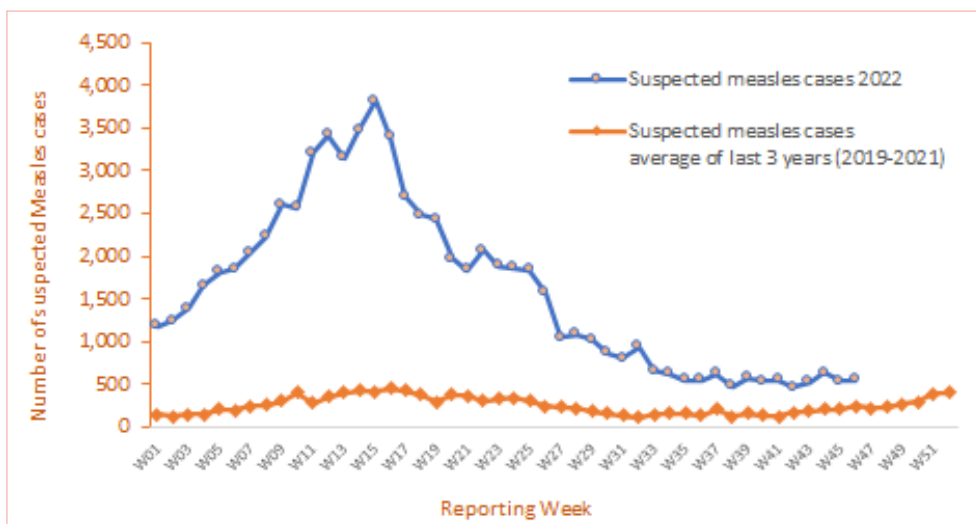


Figure 16. Comparing trend of suspected measles cases using 3 years average (2019-2021) vs 2022, in Afghanistan

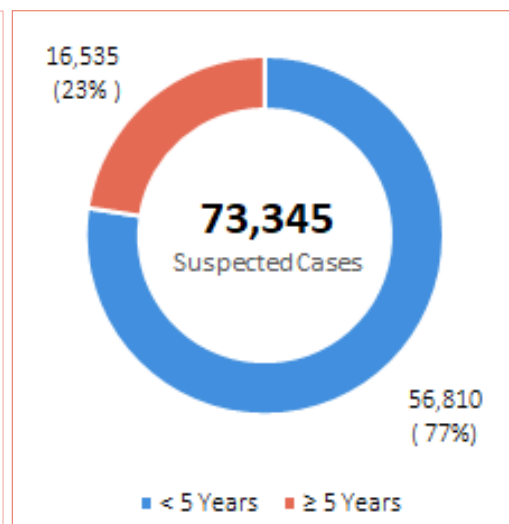


Figure 17. Distribution of suspected measles cases by age groups in Afghanistan, Jan-Nov 2022

Response to Measles outbreak

- During the last week, cascade trainings started for district coordinators, cluster supervisors and frontline workers in 34 provinces and will be continued until 23 November 2022.
- The national immunization campaign is planned to be started on 26th November 2022 for 10 days.
- As part of preparation activities, all dry supplies have been procured and supplied to 34 provinces.
- Since December 2021, around 6 million children (aged between 6 months to 14 years) have been vaccinated through 4 different measles outbreak response immunization campaigns in 29 provinces.
- A total of 593 measles kits have been supplied to 28 provinces in 7 regions across the country to support case management.



Figure 18. TOT training to national and provincial EPI staff as preparation for National Immunization Campaign, Wardak, Afghanistan, Nov 2022

Dengue Fever Outbreak (01 Jun to 19 Nov 2022)

Highlight:

- A total of 73 suspected dengue fever cases have been reported during week 46-2022 from Nangarhar (72) and Kabul (1) provinces which bring the total number of cases and deaths to 984 and 2, respectively as of 19 Nov 2022.
- The new case reported from Kabul had recent travel history to Pakistan (endemic for dengue).
- Out of 984 reported cases, 190 (19.3%) were females and 979 (99.5%) were over five years of age.
- Out of 984 samples, 383 (38.9%) samples were positive using PCR (370 and 13 in Nangarhar and Kabul, respectively).

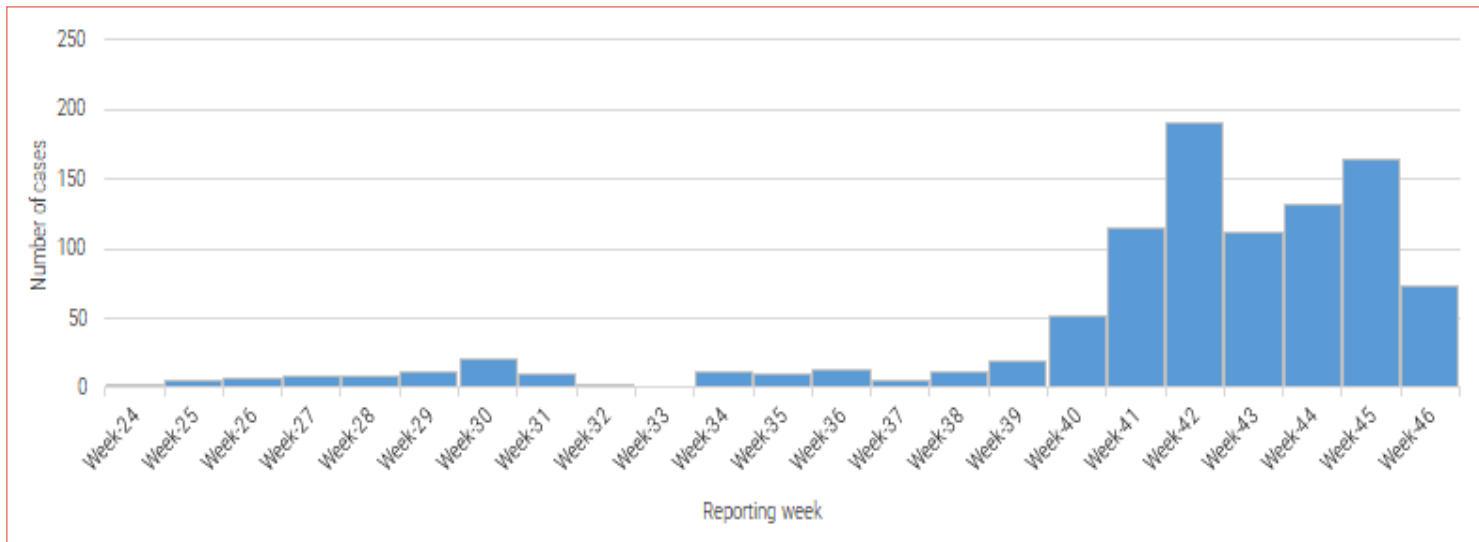
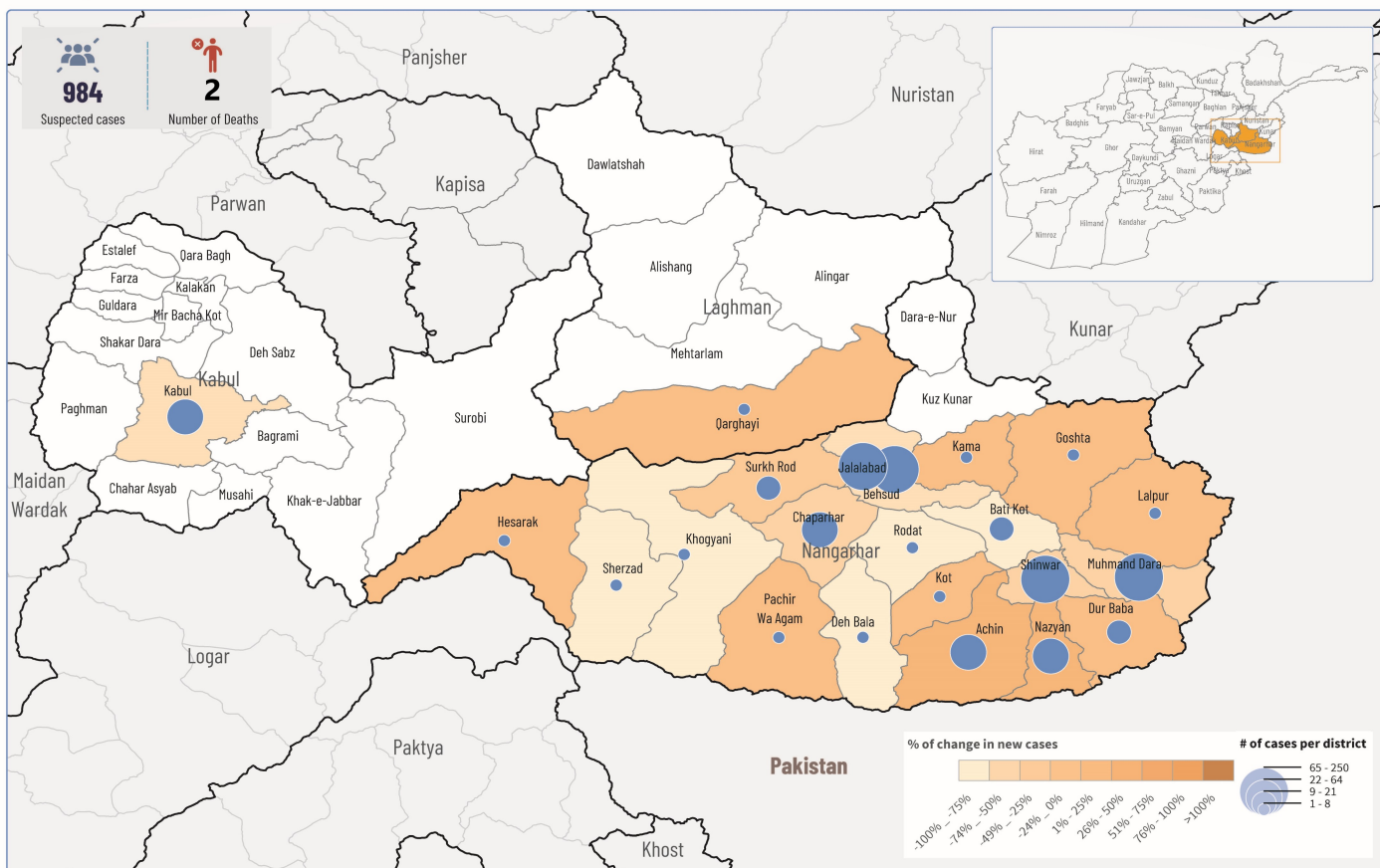


Figure 19. Weekly distribution of dengue fever cases in Afghanistan Jun-Nov 2022 (N=984)



Geographical distribution of suspected dengue fever cases in Afghanistan and weekly percent of changes (between weeks 45 and 46, 2022)



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: 19 November 2022.

Figure 20. Hotspot areas of dengue fever cases and percent change of new cases in Afghanistan, Jun-Nov 2022

Response to the dengue fever outbreak

- During the mission, it was agreed to establish a task force committee. The committee has been established with the participation of PPHD, WHO, NDSR, vector control program, BPHS and EPHS implementers to coordinate the outbreak response activities.
- Surveillance support teams and entomology teams continue to do their work after receiving on-the-job training the previous week.
- Health education sessions were conducted in two villages, among those identified as hotspot areas; the main message was to raise the public awareness regarding the source reduction activities as well as how to protect themselves from being infected.
- The BPHS implementers supplied the needed medicines (particularly paracetamol) to Torkham BHC and Ghanikhil DH.
- In response to the cases reported in Kabul, dengue fever vectors (*Aedes aegypti* and *Aedes albopictus*) have not been detected after extensive field investigation.



Figure 21. Dengue fever field visit in Nangarhar province, Afghanistan Nov 2022

Other infectious diseases outbreaks (Jan-Nov 2022)

CCHF Highlight:

- During week 46-2022, a total of 6 new suspected CCHF cases were reported from 6 provinces (Balkh, Faryab, Kabul, Paktya, Parwan and Helmand). This brings the total number of suspected CCHF cases to 380 from 26 provinces.
- Out of 380 cases, 299 (78.7%) were males and all were over five years of age.
- Out of 380 cases, 103 (27.1%) were lab confirmed using PCR.
- No new deaths have been reported for the last eight weeks, and the total number of CCHF associated deaths remained at 15 (Kabul (5), Hirat (3), Takhar (2), Kapisa (2), Nangarhar (2) and Badghis (1)).
- The CCHF cases are managed in the health facilities according to the national guidelines. Ribavirin and double bags needed for the treatment of CCHF cases have been distributed to all regions.
- Training on CCHF case management has been conducted and included 91 HCWs (33 provinces).

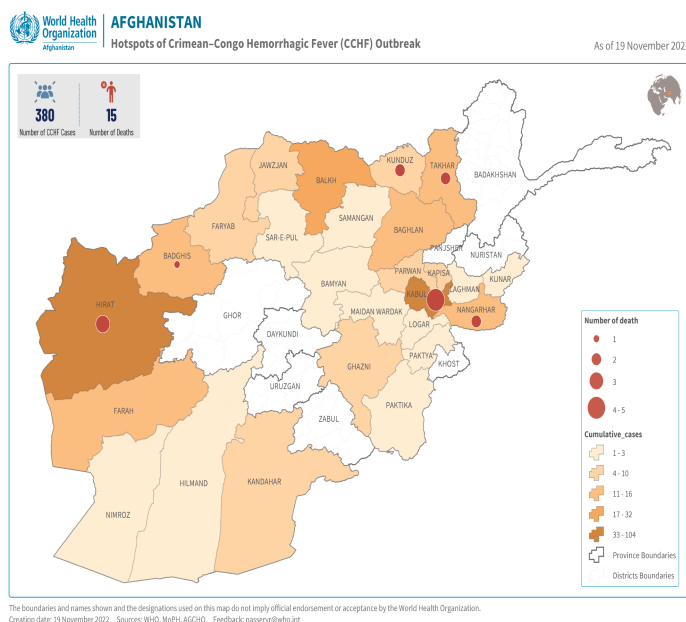


Figure 22. Hotspot areas of CCHF cases in Afghanistan, Jan-Nov 2022

Pertussis Highlight:

- During week 46-2022, a total of 27 new suspected pertussis cases were reported from Zabul (21), Kapisa (3) and Urozgan (3) provinces, this brings the total number of suspected cases to 810 from 17 provinces.
- Out of the total 810 cases, 516 (63.7%) were children below 5 years and 387 (47.8%) were females.
- The highest number has been observed in Ghazni (188, 23.2%) followed by Kabul (168, 20.7%) and Kandahar (155, 19.1%) Figure 23.
- No new suspected pertussis associated deaths have been reported for the last eleven weeks, and the total number of associated deaths remains at 15.
- As part of preparedness activities to respond to expected pertussis outbreak during upcoming winter season, required supplies prepositioning is ongoing in five provinces (Badakhshan, Jawzjan, Daikundi, Nooristan and Ghazni).

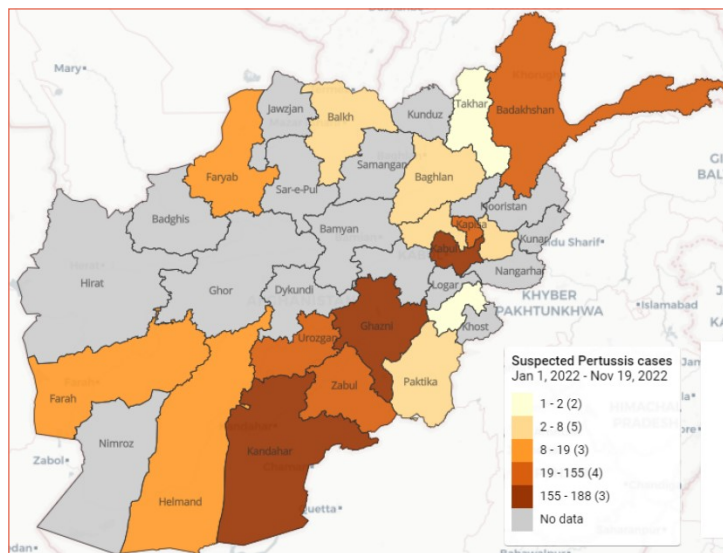


Figure 23. Geographical distribution of suspected pertussis cases in Afghanistan Jan - Nov 2022 (N=810)

Malaria Outbreak Highlight:

- During the last two weeks, there was no indication of new outbreak while comparing trends in different locations. In total, the number of suspected malaria cases remained at 2,591 from 7 provinces, Kandahar (683, 26.4%), Laghman (663, 25.6%), Kunar (562, 21.7%), Badghis (552, 21.3%), Nangarhar (86, 3.3%) Farah (39, 1.5%) and Kapisa (6, 0.2%).
- Out of 2,591 cases, 1,112 (42.9%) were females and 419 (16.2%) were children below 5.
- 32 malaria case management kits were supplied to Nangarhar province; 9 kits were distributed to outbreak affected area (Amarkhil village of Surkhrood district).
- Required medicine for case management and RDTs for the diagnosis of the suspected malaria were supplied by partners to the outbreak affected area.

Note: MOPH is the source of epidemiological data

Contact us for further information:

Dr Alaa AbouZeid MD, MPH, MSc, PhD: Health Emergencies Team Lead, WHO-CO, (abouzeida@who.int)

Dr. Mohamed Moustafa Tahon, MD, PhD : Head of Infectious Hazard Preapredness, WHO-CO, (tahonm@who.int)

Dr. Mohammad Omar Mashal MD, PhD: National Surveillance Officer WHO-CO, (mmashal@who.int)

Mr. Hafizullah Safi, BSF, MBA, MPH: Data Management Officer, WHO-CO, (safih@who.int)