



### AFGHANISTAN

#### INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #05-2024

No. 05 (28 Jan-03 Feb 2024)

Disease Outbreaks	ARI	COVID-19	AWD	Measles	CCHF	Dengue fever
Cumulative Cases 2024	201,220	1,067	10,249	3,730	26	260
Death 2024 (CFR %)	481 (0.2)	8 (0.8)	8 (0.08)	14 (0.4)	0 (0.0)	0 (0.0)
Cumulative Cases 2023	1,384,646	*230,647	222,249	25,876	1,243	1,496
Death 2023 (CFR %)	2,798 (0.2)	*7,972 (3.5)	101 (0.05)	64 (0.2)	114 (9.2)	1 (0.07)

(Data from 610 (99.5%) out of 613 surveillance sentinel sites

\* These figures represent the cumulative number of confirmed COVID-19 cases and associated deaths recorded from February 2020 to December 2023.

### Acute Respiratory Infection (ARI)

(01 Jan-03 Feb 2024)



\*201,220

Total ARI Cases



\*481

Total Deaths



\*\*439

Samples tested for influenza



\*\*\*19

Lab confirmed influenza cases



4.3%

Influenza test positivity ratio

\*Currently ARI related data (morbidity and mortality) are reported from 613 surveillance sentinel sites across 34 provinces in the country.

\*\*Currently, there are 10 functional influenza surveillance sentinel sites for both ILI and SARI in ten provinces of Afghanistan. At each site, there is one trained influenza surveillance assistant, collecting specimen and epidemiological data from 4 ILI and 6 SARI cases per week in the ARI season and sending them to the National Influenza Center (NIC) for testing.

\*\*\*Data entry error was experienced during the past 4 weeks, and the number of lab-confirmed cases was modified from 24 to 19.

**Table 1:** Summary of the ARI outbreak in the last eight weeks (10 Dec 2023-03 Feb 2024)

Indicators	W50	W51	W52	W1-24	W2-24	W3-24	W4-24	W5-24	Trend lines
Suspected cases	34,514	35,793 *	38,719	38,071	38,881	42,010	41,919 *	40,339	
Suspected deaths	65	75	79	91	106	95	91	98	
CFR (%)	0.19	0.21	0.20	0.24	0.27	0.23	0.22	0.24	

\*A delayed reporting was experienced during week 04-2024, the number of ARI cases was modified from 41,794 to 41,919.

- The epi curve shows an increase in ARI cases since the 3rd week of September 2023, which could be linked to the change of the season to cold weather across the country (Figure 1).
- During week 05-2024, a total of 40,339 cases of ARI pneumonia and 98 associated deaths were reported, which shows a stabilization in the number of ARI cases compared to the previous week.
- Since 01 Jan 2024, a total of 201,220 ARI-pneumonia cases and 481 associated deaths were reported from 34 provinces. Out of the total cases, 126,407 (62.8%) were under-five children and 99,414 (49.4%) were females. The cumulative incidence per 10,000 population by province is shown in (Figure 2).
- Out of a total of 481 deaths, 413 (85.9%) were under-five children and 209 (43.5%) were females.
- The current number of cases is higher than the average number of cases reported during the three preceding years (2020-2022), the higher number in 2023-24 could be explained by the improvement in reporting due to the enhancement of the surveillance system and expansion of surveillance sentinel sites. (Figure 3).
- Between Jan and Dec 2023, a total of 1,384,646 ARI-pneumonia cases (49.5% female, 61.5% under-5) and 2,798 deaths (46.1% female and 82.4% <5 children) with CFR=0.2% were reported. Also, 3,353 samples were collected for influenza, out of which 168 were reported positive (positivity rate, 5.0%).



Figure 1. The epidemiological curve of ARI Pneumonia cases in Afghanistan, 01 Jan 2023 – 03 Feb 2024 (N=1,585,866)

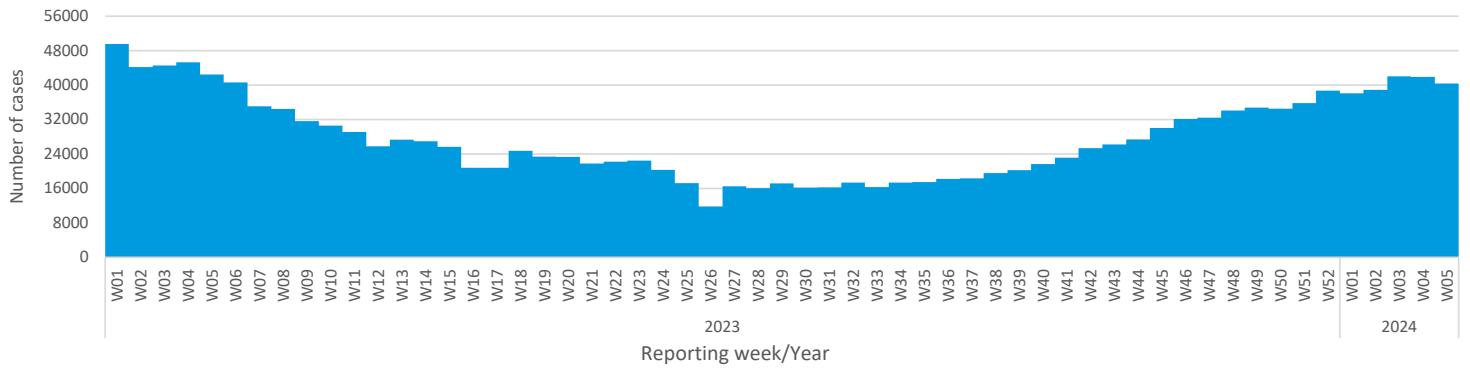


Figure 2. ARI pneumonia cumulative incidence per 10,000 population by province, Afghanistan 01 Jan-03 Feb 2024

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## ARI pneumonia cumulative incidence per 10,000 population by province 01 Jan-03 Feb 2024

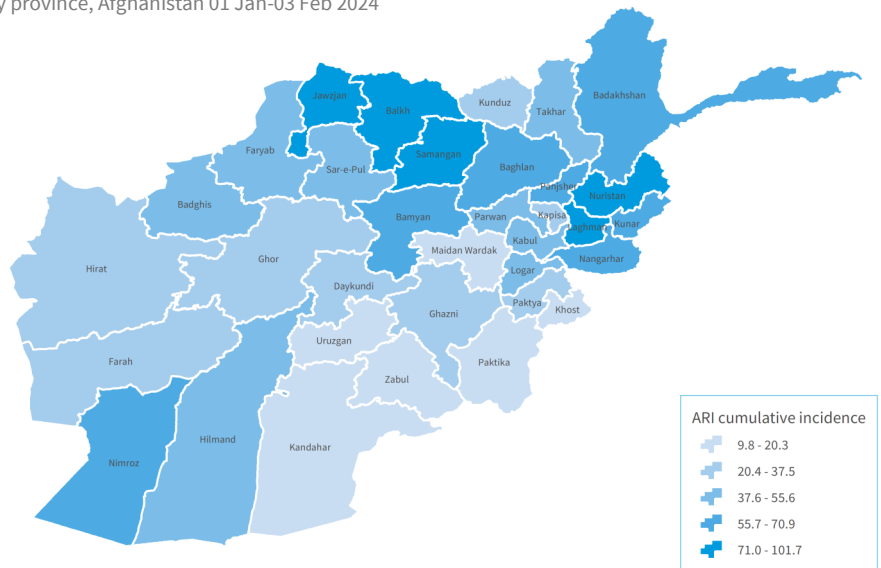
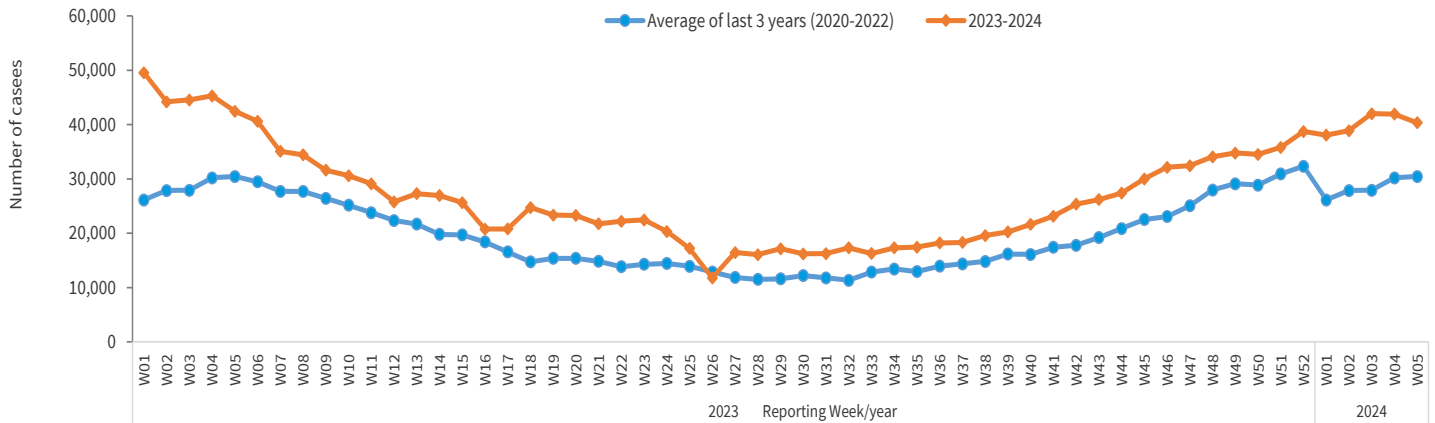


Figure 3. Comparison of ARI trend curve using 3 years average (2020-2022) vs 2023-2024



### Response to acute respiratory infection outbreak

#### Surveillance

- Emergency Preparedness and Response Committees (EPR) are active at the provincial level.
- Surveillance support teams (SSTs) are actively participating in outbreak investigation and response activities in 34 provinces.
- Supervisory visits have been conducted in different provinces to strengthen early detection and timely response to ARI outbreaks.

#### Lab and supplies

- Since 1 Jan 2024, a total of 6,500 VTM have been distributed to North-east and Central-east NDSR offices.

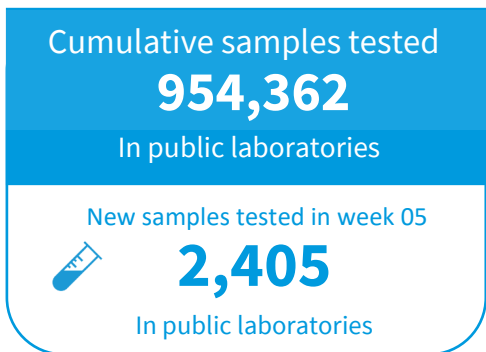
#### Case management

- As a part of the winter preparedness and response plan to ARI outbreak in 2023-24, a total of 397 case management kits have been prepositioned in the WHO main office and regional sub-offices.

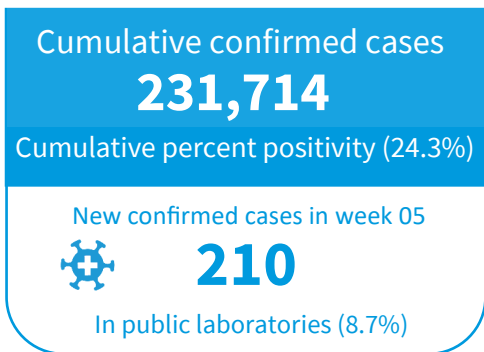
#### Risk Communication and Community Engagement (RCCE)

- In Jan 2024, the World Health Organization (WHO) co-led a meeting of the Risk Communication and Community Engagement (RCCE) Sub-working Group (SWG). The meeting was attended by over 13 representatives from various organizations involved in RCCE and the purpose of the meeting was to discuss the RCCE plans and priorities of health partners for the year 2024.

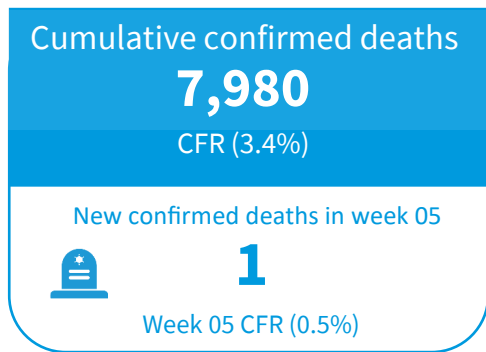
## COVID-19 (24 Feb 2020 – 03 Feb 2024)



+1.8%



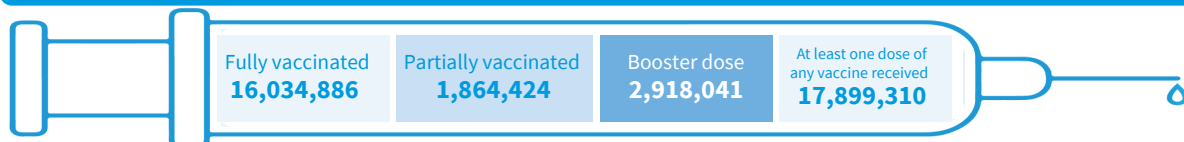
0.0%



+100.0%

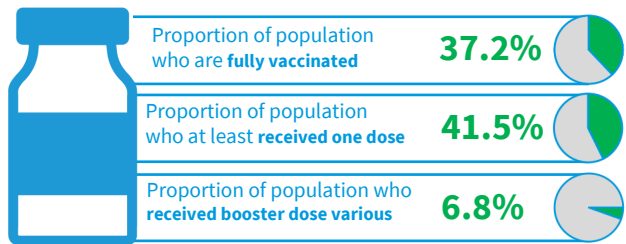
Key: ● Increasing ● Decreasing ● No change

### COVID-19 Vaccination highlights



**Note:** During Week 05-2024, around 41,800 doses of various COVID-19 vaccines have been administered which shows a 98.5% decrease compared to Week 4-2024; also, the number of COVID-19 vaccinations was updated for Week 04-2024 considering the delay reporting.

\*The total population (denominator) was changed from 39,269,174 (UN estimation) to 43,100,596 (OCHA estimation), therefore, the calculated proportions dropped.



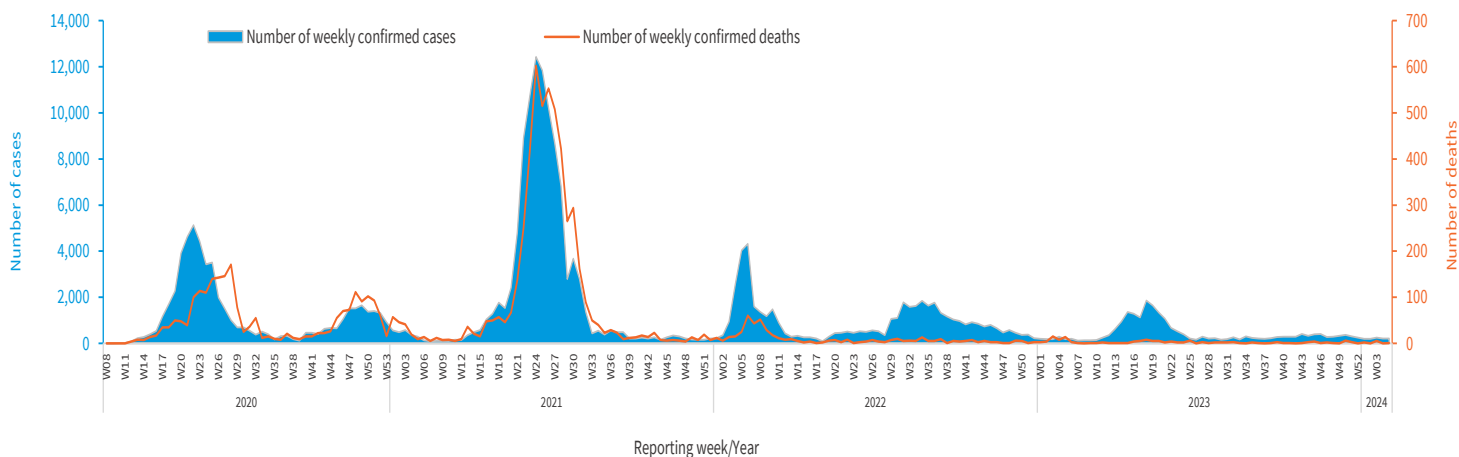
**Table 2:** Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (10 Dec 2023-03 Feb 2024)

Indicators	W50	W51	W52	W01	W02	W03	W04	W05	Trend line
Samples tested (in public Labs)	3,227	3,372	2,872	2,566	2,182	3,176	2,363 *	2,405	
Confirmed cases	371	300	248	203	191	253	210 *	210	
Percent positivity (%)	11.5	8.9	8.6	7.9	8.8	8.0	8.9	8.7	
Deaths	6	3	0	2	0	5	0	1	
CFR (%)	1.6	1.0	0.0	1.0	0.0	2.0	0.0	0.5	

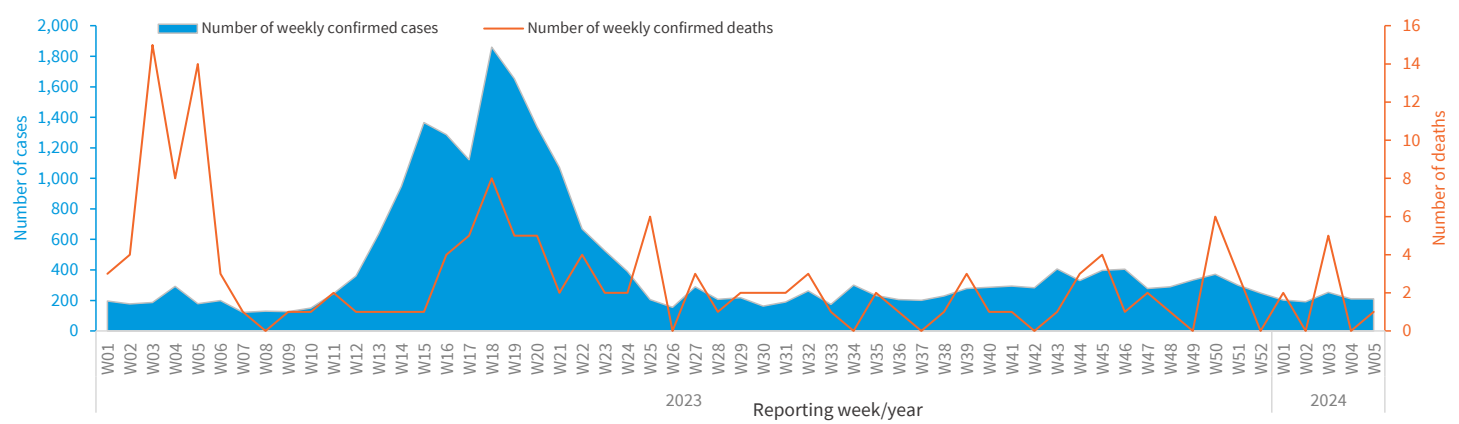
\*A delayed reporting was experienced during week 04-2024, the number of samples tested, and the number of confirmed cases were modified from 2,153 to 2,363 and from 202 to 210, respectively.

- The epidemiological curve indicates a stabilization in the number of confirmed COVID-19 cases since the 3rd week of June 2023, which could be attributed to a decrease in attendance of infected individuals at healthcare facilities and an improvement in vaccination coverage among eligible populations across the country (37.2%).
- During week 05-2024, a total of 2,405 samples were tested in public labs, of which 210 were positive for COVID-19 (positivity rate 8.7%), and one COVID-19-associated death was reported.
- The number of confirmed COVID-19 cases shows stabilization in week 05 -2024 and one associated death reported compared to none in the previous week (Figures 4-5).
- Since the beginning of the pandemic in Feb 2020, a total of 954,362 samples have been tested for COVID-19 through public laboratories.
- During week 05-2024, among 210 confirmed cases, 5.2% (11 cases) were hospitalized while no cases were admitted to ICU (Figure 6).
- Between Jan and Dec 2023, a total of 162,472 samples were tested by public laboratories, of which 22,764 were positive (44.1% female, positivity rate 14.0%); also, 143 deaths (52.0% female) with CFR=0.6% were reported.

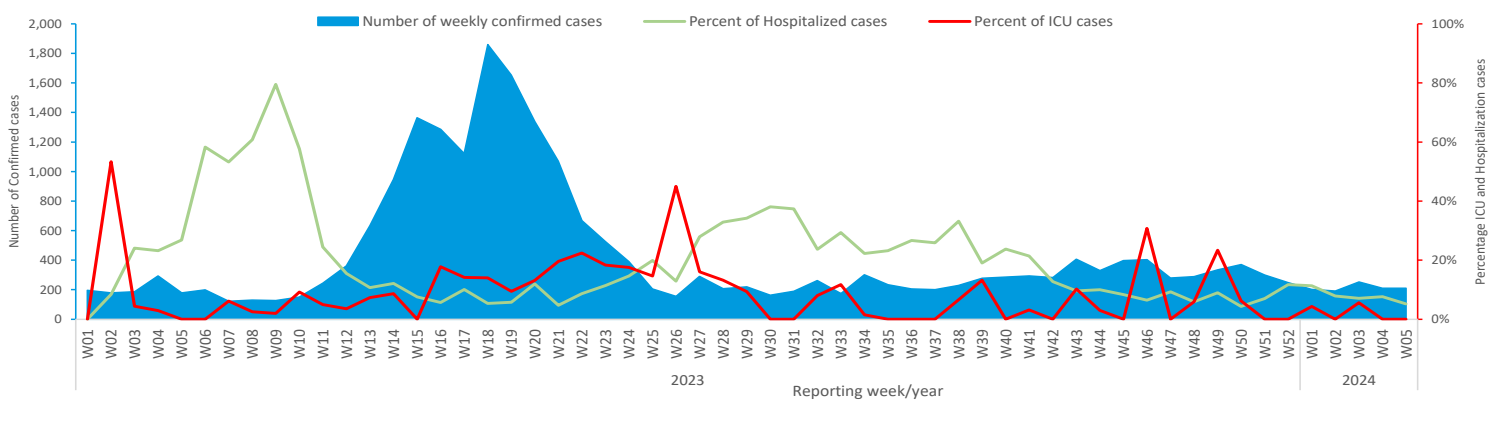
**Figure 4.** The epidemiological curve of confirmed COVID-19 cases and deaths in Afghanistan Feb 2020 – 03 Feb 2024



**Figure 5.** The epidemiological curve of confirmed COVID-19 cases and deaths in Afghanistan 01 Jan 2023 – 03 Feb 2024



**Figure 6.** The weekly proportion of hospitalized and ICU cases out of newly confirmed COVID-19 cases in Afghanistan between 01 Jan 2023 to 03 Feb 2024



## Acute Watery Diarrhea (AWD) with Dehydration Outbreak (01 Jan-03 Feb 2024)

**Table 3:** Summary of the AWD with Dehydration outbreak in the last eight weeks (10 Dec 2023-03 Feb 2024)

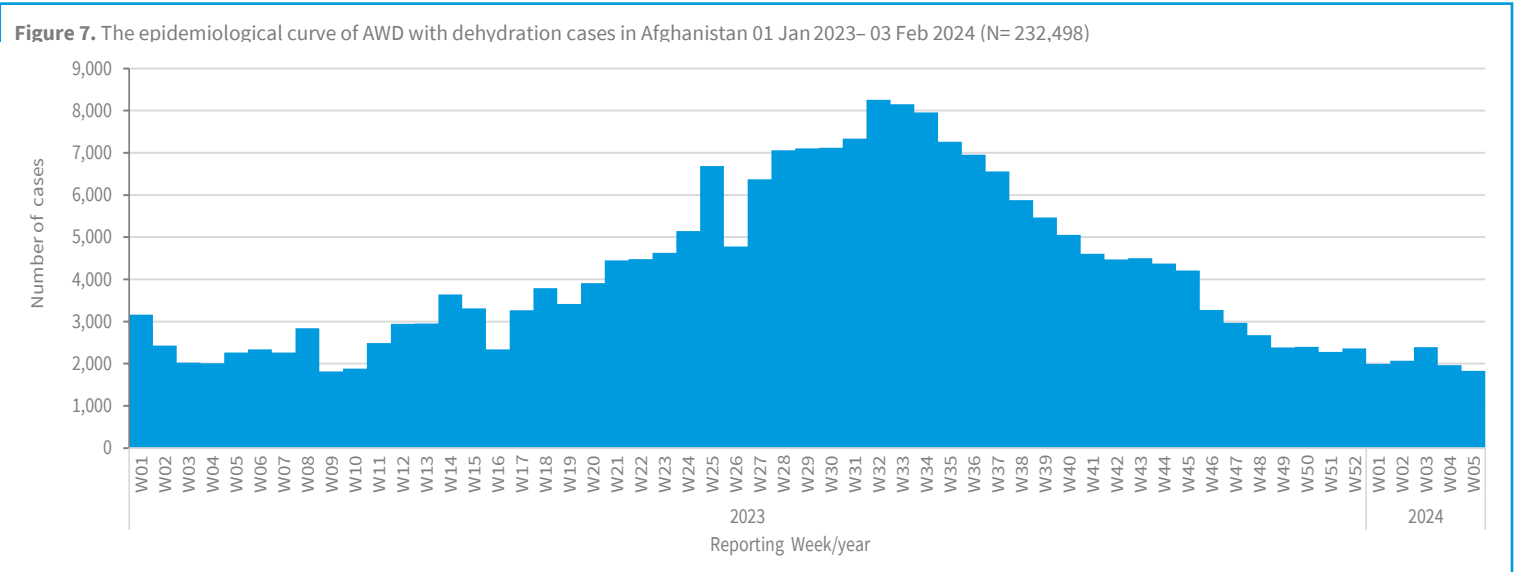
Indicators	W50	W51	W52	W01-24	W02-24	W03-24	W04-24	W05-24	Trend line
Suspected cases	2,395	2,281	2,363	1,995	2,068	2,391	1,966 *	1,829	
Suspected deaths	1	0	1	1	4	3	0	0	
CFR (%)	0.04	0.00	0.04	0.05	0.19	0.13	0.00	0.00	

\* A delayed reporting was experienced during week 04-2024, the number AWD cases modified from 1,948 to 1,966.



- The epi-curve of AWD with dehydration cases shows a decreasing trend since the 4th week of August 2023. This decline could be explained by seasonal changes, the conclusion of the summer season in the country.
- During week 05-2024; 1,829 AWD with dehydration cases with no associated deaths were reported from 121 districts compared to 1,966 cases in the previous week (Figures 7 & 8).
- Since 01 Jan 2024, a total of 10,249 AWD with dehydration cases were reported, out of which 5,592 (54.6%) were under-five children and 5,095 (49.7%) were females.
- During week 05-2024, no new district reported an alert of AWD with dehydration and the number of districts reported AWD with dehydration remained at 209 since the beginning of 2024.
- Since the beginning of 2024, a total of 247 rapid diagnostic tests (RDTs) were conducted among AWD with dehy-

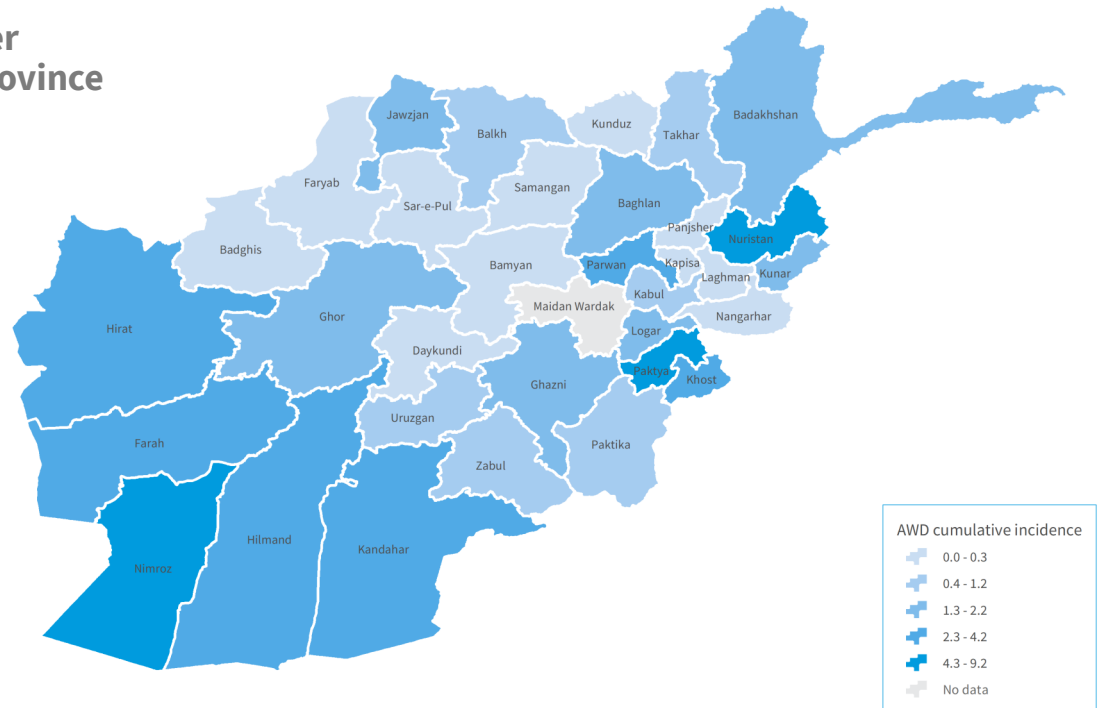
- dration cases, of which 43 samples were reported positive (positivity rate 17.4%).
- Between Jan and Dec 2023, a total of 222,249 AWD with dehydration cases (49.8% female, 57.1% under-5) and 101 deaths (44.6% females, 81.2% under-5) with CFR=0.2% were reported. Also, 6,079 RDTs were conducted, of which 1,333 were positive (positivity rate 21.9%).



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## AWD with dehydration cumulative incidence per 10,000 population by province 01 Jan - 03 Feb 2024

**Figure 8.** AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 03 Feb 2024



## Preparedness and response to the AWD Outbreak

### Leadership and Coordination

- Emergency Preparedness and Response Committees (EPR) are active at the provincial level.
- An integrated AWD preparedness plan has been developed jointly between Health and WASH clusters and endorsed by the Ministry of Public Health.

### Surveillance

- Since Jan 2024, a total of 2,485 bottles of hand sanitizer have been distributed to 34 provincial NDSR offices across the country for Infection Prevention and Control (IPC) activities.
- Surveillance support teams (SSTs) actively participate in outbreak investigation and response activities in 34 provinces.
- Supervisory visits have been conducted in different provinces to strengthen early detection and timely response to AWD outbreaks.

### Case Management

- Case management kits supplied during 2023 are being used for responding to AWD with dehydration outbreak cases reported since 01 Jan 2024.

### Laboratory and Supplies

- Laboratory kits supplied during 2023 are being used for the confirmation of AWD with dehydration outbreak cases reported since 01 Jan 2024.

### WASH

During the last two weeks of Jan 2024 (16 - 27 Jan 2024), the following activities were conducted as WASH response:

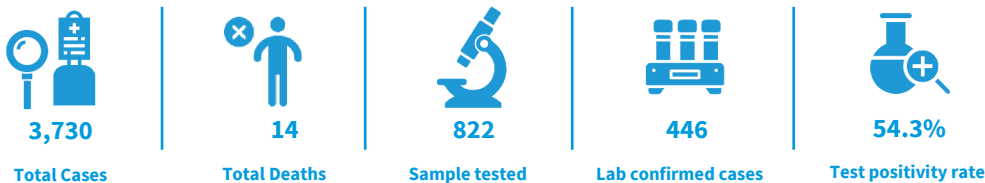
- Distribution of hygiene kits to 3,500 individuals in 4 provinces (Kunar, Laghman, Nangarhar and Uruzgan).
- Distribution of hand washing soaps to 553 individuals in Uruzgan province.
- Distribution of aquatabs to 1,659 individuals in Uruzgan provinces.
- Conducting hygiene promotion sessions reaching 7,700 individuals in different districts of 7 provinces (Ghazni, Kabul, Kunar, Laghman, Nangarhar, Paktya, and Uruzgan).

### Risk Communication and Community Engagement (RCCE)

- Since 01 Jan 2024, RCCE materials printed in 2023 are being used in outbreak investigations and response to AWD with dehydration outbreaks.

## Measles Outbreak

(01 Jan-03 Feb 2024)



**Table 4:** Summary of the suspected measles outbreak in the last eight weeks (10 Dec 2023-03 Feb 2024)

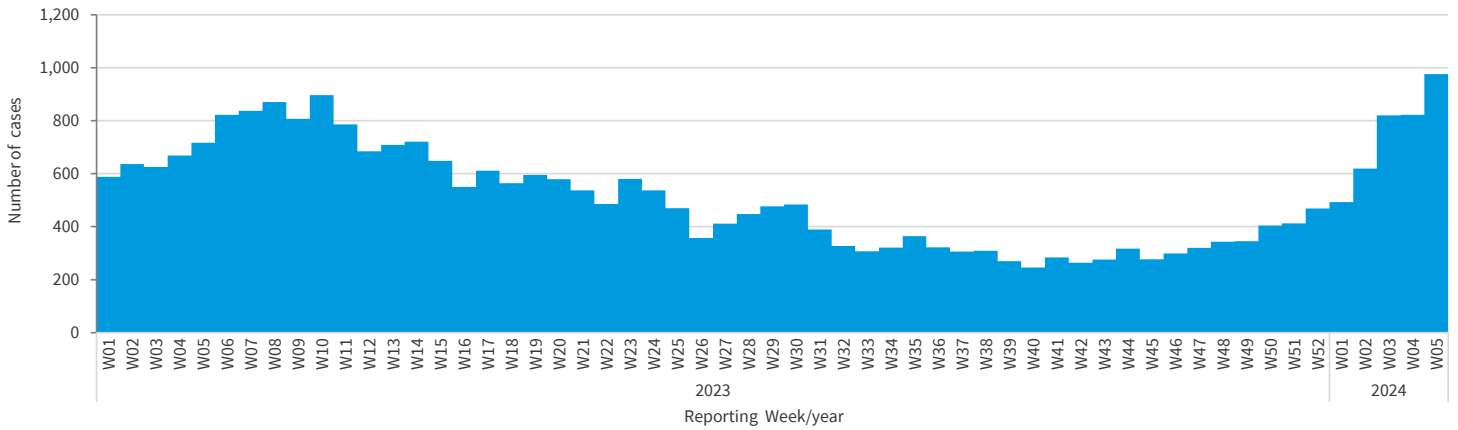
Indicators	W50	W51	W52	W01-24	W02-24	W03-24	W04-24	W05-24	Trend line
Suspected cases	404	412	469	493	619	820	822 *	976	
Suspected deaths	0	0	0	0	2	2	3	7	
CFR (%)	0.0	0.0	0.0	0.0	0.3	0.2	0.4	0.7	

\* A data entry error was experienced during week 04-2024, the number of suspected measles cases was modified from 825 to 822.

- The epidemiological curve of suspected measles cases demonstrates a rising trend since the third week of November 2023, which could be explained by increased community transmission exacerbated by the winter season and low immunization coverage (Figure 9).
- During week 05-2024, a total of 976 suspected cases and 7 measles-associated deaths were reported which shows an 18.7% increase in the number of suspected measles cases compared to the previous week, and an increase in measles-associated deaths to 7 deaths compared to 3 deaths in the previous week .
- The 7 deceased cases were reported from 5 provinces: Jawzjan (2), Parwan (2), Faryab (1), Ghor (1) and Herat (1). All the deceased cases were under five years of age, while 3 (42.9%) out of 7 were females.
- Since Jan 2024, a total of 3,730 suspected measles cases and 14 deaths (CFR=0.4%) were reported. Among suspected measles cases, 2,988 (80.1%) were under-five children and 1,730 (46.4%) were females.
- Between Jan and Dec 2023, a total of 25,876 suspected measles cases (47.1% female, 71.5% under 5) and 64 deaths (43.8% females, 92.2% under 5) with CFR=0.2% were reported. Also, 5,497 samples were tested; of which 2,639 were positive (positivity rate= 48.0%).



Figure 9. The epidemiological curve of suspected measles cases in Afghanistan, 01 Jan 2023 to 03 Feb 2024 (N= 29,606)



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## Suspected measles cumulative incidence per 10,000 population by province 01 Jan-03 Feb 2024

Figure 10. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 01 Jan-03 Feb 2024

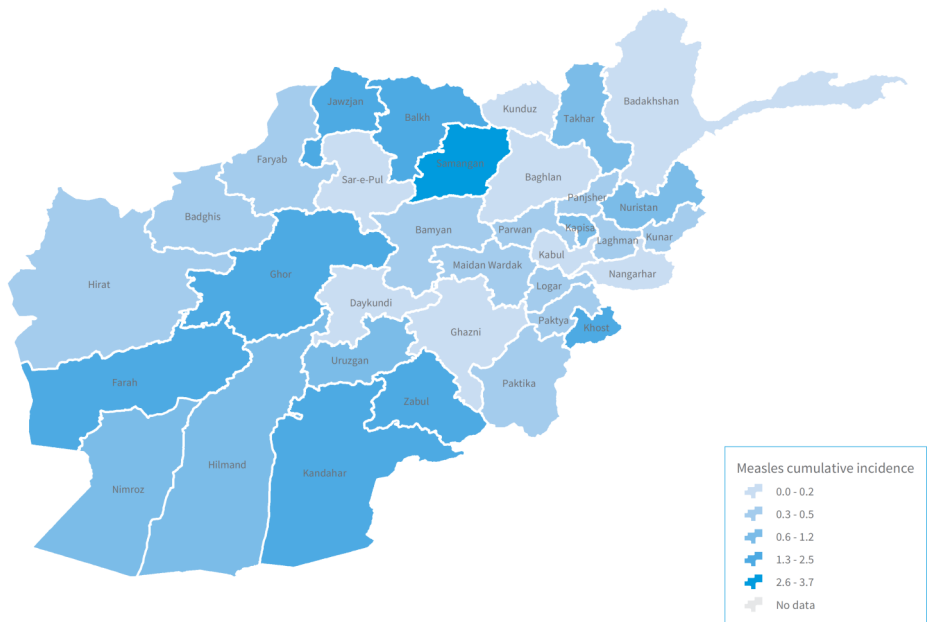
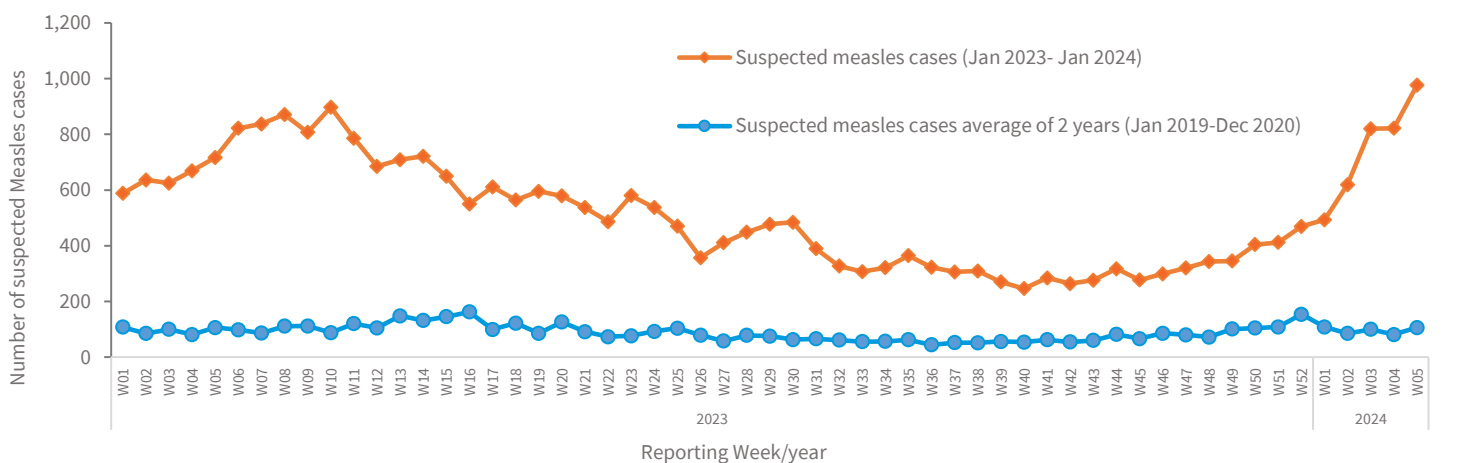


Figure 11. Comparison of suspected measles trend curve using 2 years average (2019-2020) vs 2023-2024, Afghanistan



Comparing the 2023-24 trend with the trend for the average number of suspected cases reported during 2019-2020; reveals that despite efforts to control the outbreak, measles cases are still occurring at a higher rate during years 2023-24 as compared to the endemic level during 2019-2020 (Figure 11).

### Preparedness and response to the Measles Outbreak

- Since Jan 2024, a total of 1,221 children aged 9-59 months have been vaccinated in various provinces as a response to the measles outbreak by the implementing partner.

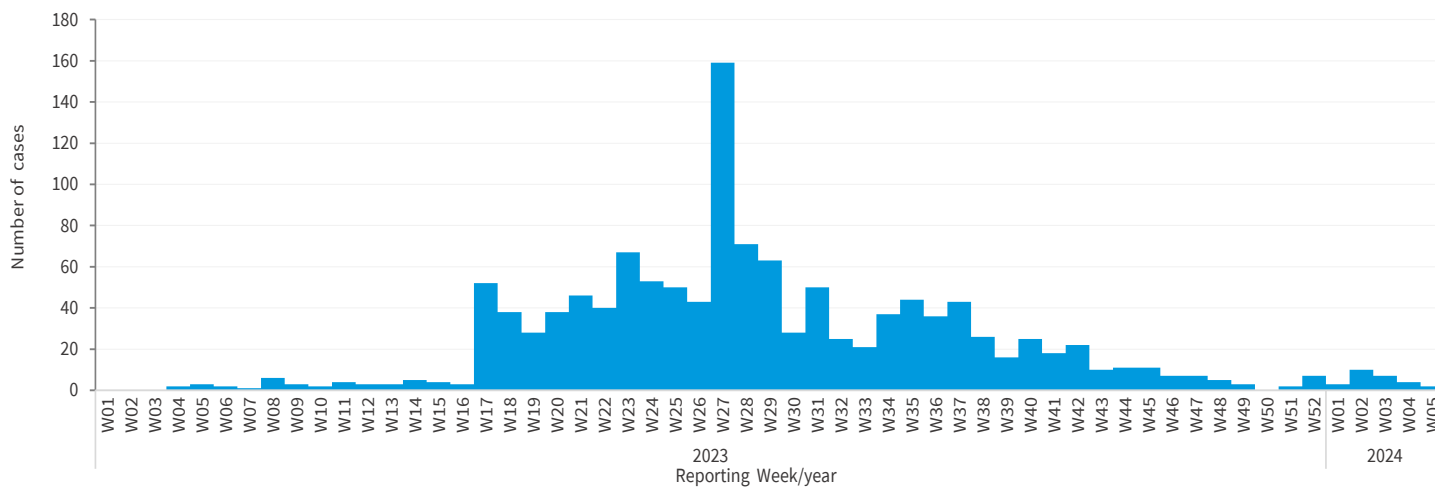
## Outbreak of Crimean Congo Hemorrhagic Fever (CCHF) (01 Jan-03 Feb 2024)

**Table 5:** Summary of the CCHF outbreak in the last eight weeks (10 Dec 2023-03 Feb 2024)

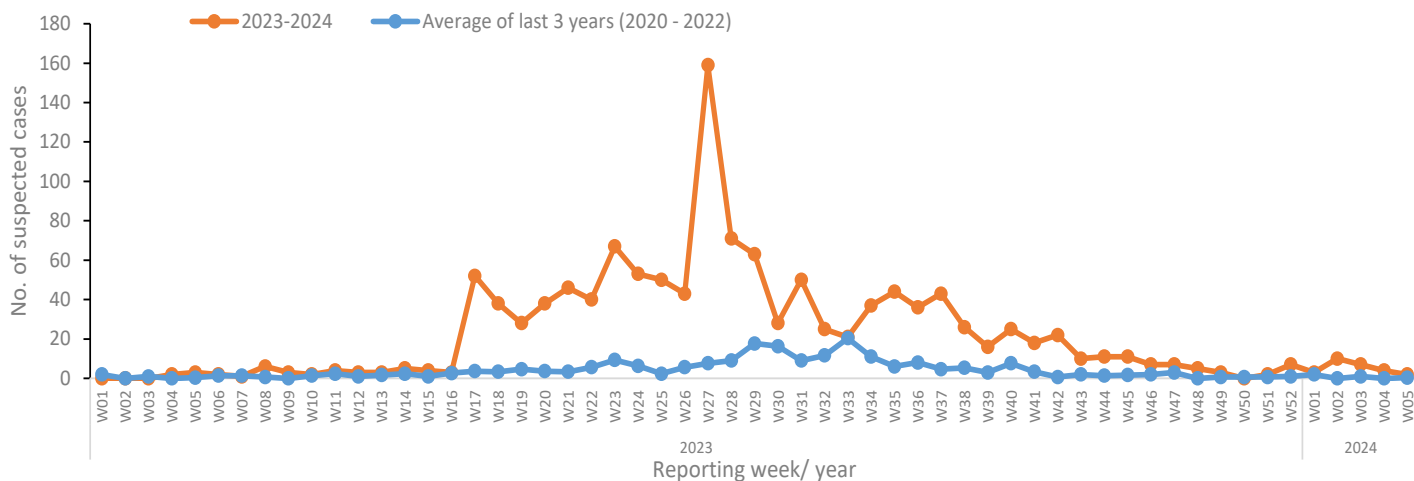
Indicators	W50	W51	W52	W01-24	W02-24	W03-24	W04-24	W05-24	Trend line
Suspected cases	0	2	7	3	10	7	4	2	
Suspected deaths	0	0	0	0	0	0	0	0	
CFR (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

- The epi-curve for Crimean-Congo Hemorrhagic Fever (CCHF) indicates a decreasing trend in the number of suspected CCHF cases since 3rd week of September 2023. This decline could be attributed to seasonal changes towards winter and response activities (Figures 12 & 13).
- During week 05-2024, 2 new suspected CCHF cases with no associated deaths were reported, compared to 4 cases reported in the previous week (Table 5).
- Since 01 Jan 2024, a total of 26 suspected cases of CCHF with no associated deaths were reported. All the suspected cases were over five years of age, while 6 (23.1%) of them were females.
- Since 01 Jan 2024, a total of 19 samples of suspected CCHF cases have been tested, of which none of them were reported positive (positivity rate 0%).
- Between Jan and Dec 2023, a total of 1,243 suspected CCHF cases (27.2% females, 0.2% under 5) and 114 deaths (27.2% female, 100% over 5) with CFR=9.2% were reported. Also, 1,098 samples were tested; of which 383 were positive (positivity rate 34.9%).

**Figure 12:** The epidemiological curve of CCHF cases in Afghanistan 01 Jan 2023 – 03 Feb 2024, (N=1,269)



**Figure 13:** Comparison of trend curves for suspected CCHF cases using 3 years average (2020-2022) vs 2023-2024, Afghanistan



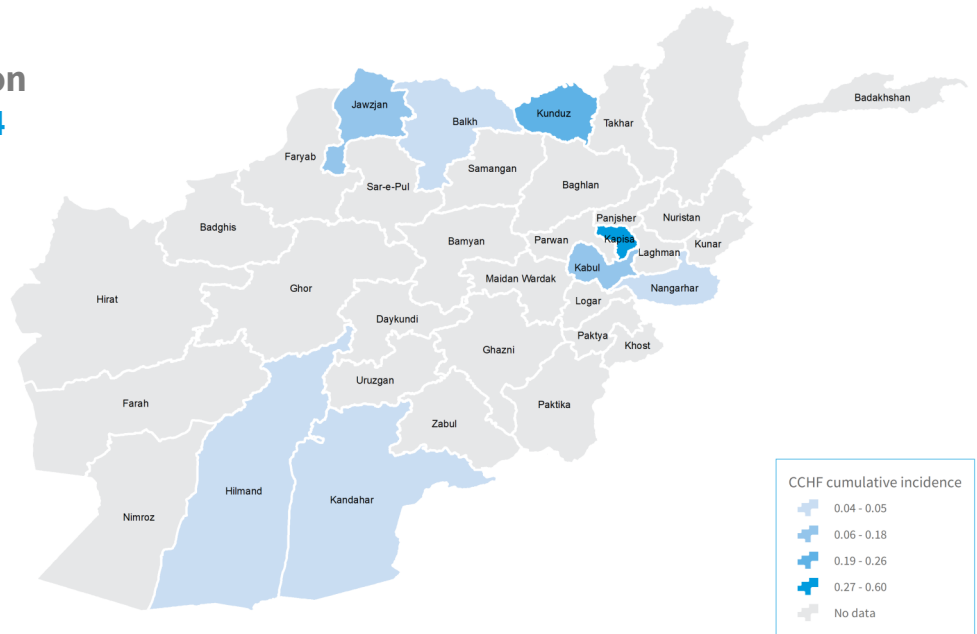




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## Crimean-Congo Hemorrhagic Fever (CCHF) cases cumulative incidence per 100,000 population by province 01 Jan -03 Feb 2024

Figure 14. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province in Afghanistan, 01 Jan -03 Feb 2024



### Response to CCHF outbreak

#### Coordination and leadership (during 2023)

- A 2-day national workshop was conducted in Kabul-Afghanistan focused on implementing the One Health approach and involved various stakeholders, including experts from organizations like WHO, FAO, MoPH, NEPA, MAIL, Dairy Form Union, and Kabul University's veterinary department. The workshop covered six key areas: leadership and governance, multisectoral coordination, environmental health, zoonotic disease, food safety, and antimicrobial resistance, highlighting existing structures, gaps, and challenges. The main recommendations from the workshop included securing government support and creating a strategic national plan, along with establishing a national-level Technical Working Group (TWG).

#### Response jointly with FAO

Since Jan 2024, the following activities have been conducted as an outbreak response to CCHF in 7 provinces ((Balkh, Herat, Kandahar, Kabul, Kunduz, Nangarhar and Takhar) through the partnership with the Food and Agriculture Organization (FAO):

- A total of 835 tick samples, and 388 blood samples have been collected from cattle.
- A total of 15,018 households' animal stables and 43 live animal markets as well as 36 commercial dairy forms have been sprayed.
- Awareness sessions related to the source of CCHF, route of transmission, and signs and symptoms of CCHF have been conducted in 60,715 households.
- A total of 28,043 flyers and stickers were distributed between the targeted communities in Balkh, Herat, Kandahar, Kunduz, and Nangarhar provinces.
- A total of 280 veterinarians have been trained on the case definition of CCHF as well as the collection, storage, and

transportation of the blood and tick samples to the Central Veterinary Diagnostic and Research Laboratory (CVDRL) for confirmation and vector control activities.

- Surveillance support teams (SSTs) actively participate in outbreak investigation and response activities in 34 provinces.
- A total of 700 butchers received training on preventive measures against CCHF and the safe handling of animals.

#### Laboratory and supplies

- Since 01 Jan 2024, a total of 469 doses of ribavirin 200mg film-coated tablets and 1,530 ribavirin injections have been supplied to 7 WHO sub-offices across the country.

#### Case management

- Case management supplies delivered during 2023 are being used for responding to CCHF outbreak cases reported since 01 Jan 2024.

## Dengue Fever Outbreak (01 Jan-03 Feb 2024)



260

Total Cases



0

Total Deaths



\*126

Sample tested



\*88

Lab confirmed cases



69.8%

Test positivity ratio

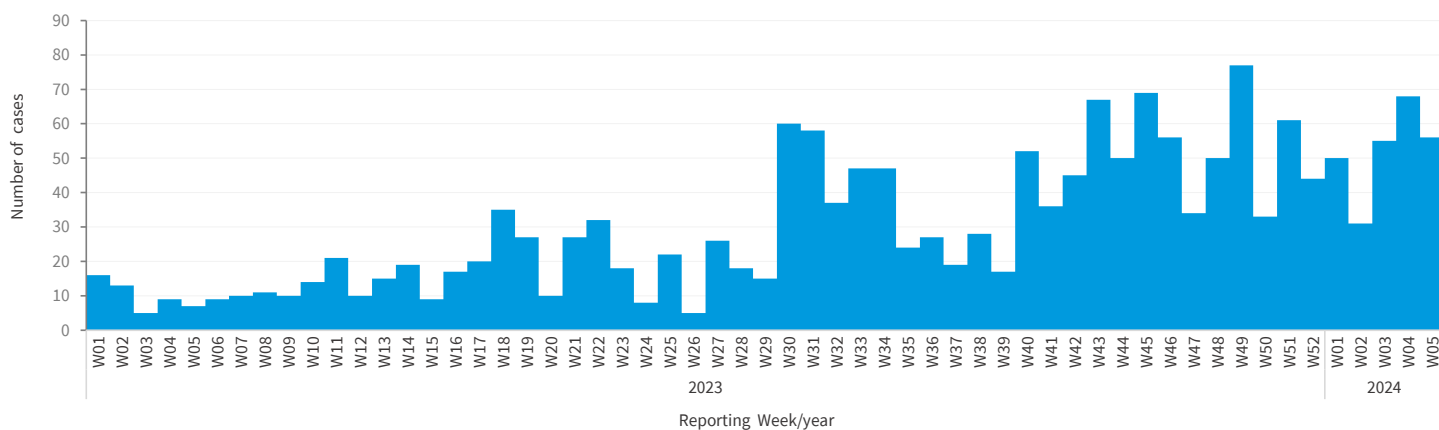
\*Delayed report was experienced during week 04-2024, and the number of samples tested, confirmed cases, and positivity rate were revised.

**Table 6:** Summary of the Dengue fever outbreak in the last eight weeks (10 Dec 2023-03 Feb 2024)

Indicators	W50	W51	W52	W01-24	W02-24	W03-24	W04-24	W05-24	Trend line
Suspected cases	33	61	44	50	31	55	68	56	
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	

- Overall, the epidemiological curve depicts a rising trend in suspected dengue fever cases starting from the last week of Aug 2023; this could be linked to increased vector activity and enhanced surveillance in vector-borne disease detection and reporting (Figures 15 & 16).
- During week 05-2024, 56 suspected cases of dengue fever were reported only from Nangarhar province compared to 68 suspected dengue fever cases reported in the previous week.
- Since 01 Jan 2024, a total of 260 suspected cases of dengue fever and no deaths were reported (Figure 17), out of which, 166 (63.8%) were females and 2 (0.8%) was under 5 years of age.
- Since Jan 2024, a total of 126 samples have been collected, out of which 88 were confirmed (positivity 69.8%).
- Between Jan and Dec 2023, a total of 1,496 suspected dengue fever cases (48.3% females, 2.3% under 5 children) and 1 death with CFR=0.07% were reported. Also, 921 samples were tested; out of which, 356 (positivity rate 38.7%) were posi-

**Figure 15.** The epidemiological curve of dengue fever cases in Afghanistan 1 Jan 2023 – 03 Feb 2024, (N=1,756)



**Figure 16.** Comparison of trend curves for suspected dengue fever cases using 2 years average (2021-2022) vs 2023-2024, Afghanistan

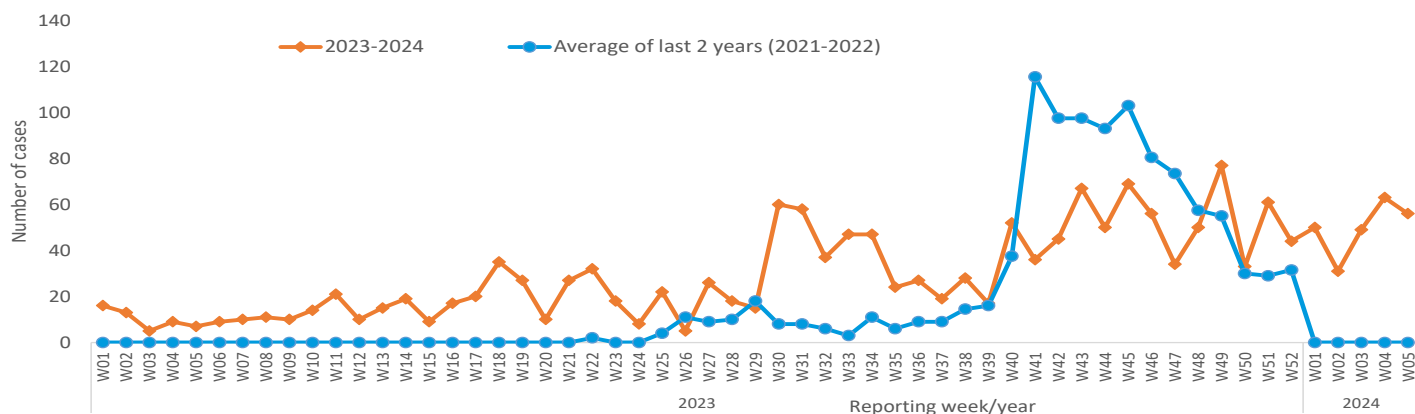
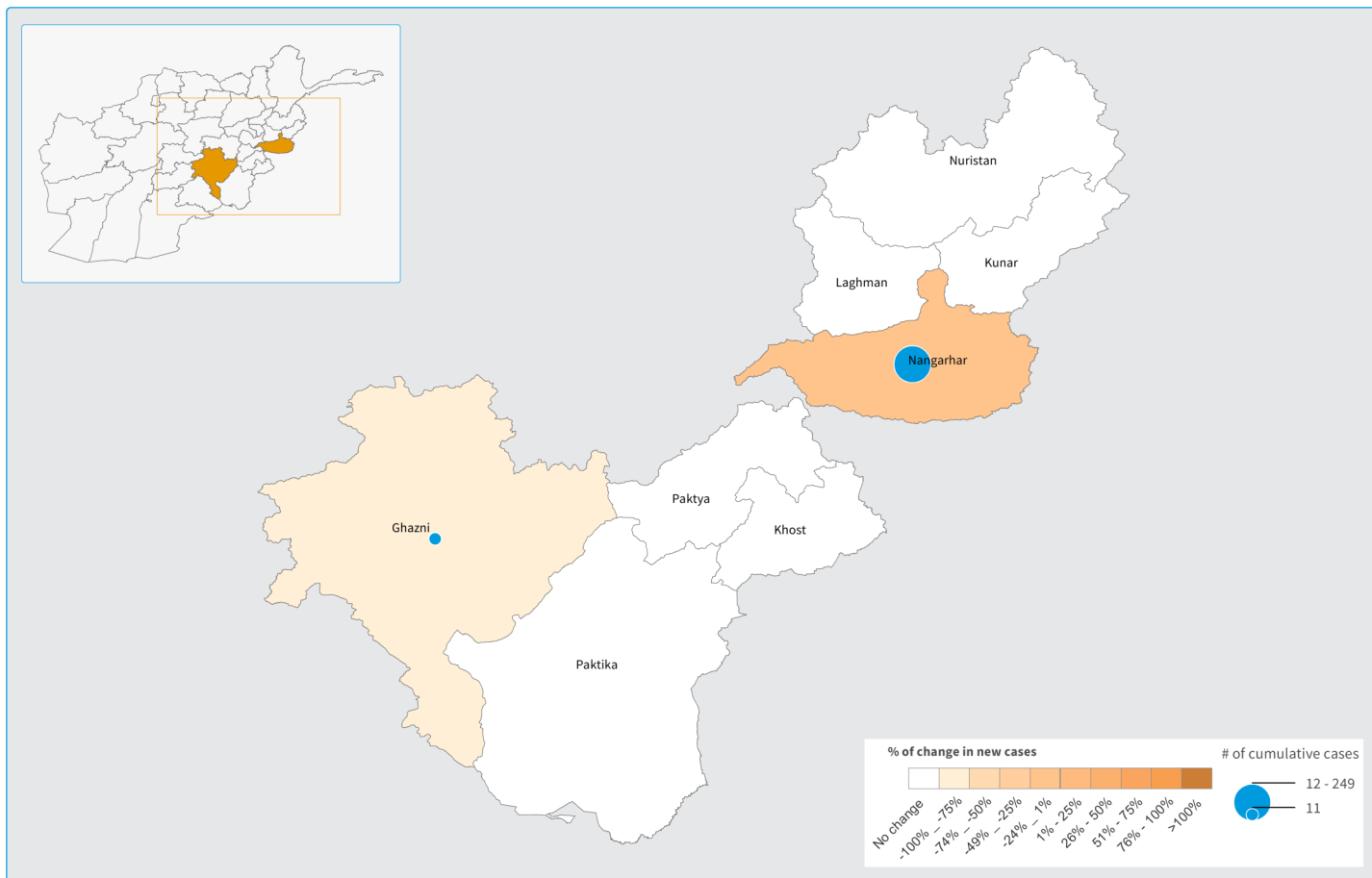


Figure 17. Geographical distribution of suspected dengue fever cases and percent change of new cases in Afghanistan, 01 Jan – 03 Feb 2024



**Geographical distribution of suspected dengue fever cases in Nangarhar and Ghazni provinces and weekly percent of changes (between weeks 04 and 05, 2024)**



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: 03 Feb 2024.

### Response to the dengue fever outbreak

- Since Jan 2024, a total of 380 Kits (10 tests/kit) of dengue RDTs have been delivered to Nangarhar, Laghman and Kunar NDSR offices.
- Emergency Preparedness and Response Committees (EPR) are active at the provincial levels.
- Surveillance support teams (SSTs) are actively participating in outbreak investigation and response activities in 34 provinces.
- Supervisory visits have been conducted in different provinces to strengthen early detection and timely response to dengue fever outbreaks.

Note: MOPH is the source of epidemiological data

### Case definition & alert/outbreak thresholds

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