



AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #15-2024

No. 15 (07-13 Apr 2024)

Disease Outbreaks	Measles	ARI	COVID-19	AWD	CCHF	Dengue fever
Cumulative Cases 2024	17,428	548,638	3,520	28,490	76	644
Cumulative deaths 2024 (CFR %)	87 (0.5)	1,269 (0.2)	23 (0.7)	13 (0.1)	1 (1.3)	0 (0.0)

(Data from 605 (98.7%) out of 613 sentinel sites)

Measles Outbreak

(01 Jan-13 Apr 2024)



17,428

Total Cases



87

Total Deaths



4,621

Sample tested



2,674

Lab confirmed cases



57.9%

Test positivity rate

Table 1: Summary of the suspected measles outbreak in the last eight weeks (18 Feb – 13 Apr 2024)

Indicators	W08	W09	W10	W11	W12	W13	W14	W15	Trend line
Suspected cases	1,190	1,236	1,460	1,618	1,642	1,435	1,535	1,323	
Suspected deaths	5	8	9	9	7	9	12	4	
CFR (%)	0.4	0.6	0.6	0.6	0.4	0.6	0.8	0.3	

- The epidemiological curve of suspected measles cases demonstrates a rising trend since the third week of November 2023. This could be explained by increased community transmission exacerbated by the winter season and low immunization coverage (Figure 1, 3).
- During week 15-2024, a total of 1,323 suspected cases and 4 associated deaths were reported. This represents a decrease of 13.8% in suspected cases when compared to the preceding week.
- The 4 deaths were reported from 3 provinces: Herat (2), Kandahar (1), and Nimroz (1); all deaths were under-five children, while 1 of them was female.
- Since the beginning of 2024, a total of 17,428 suspected measles cases and 87 deaths (CFR=0.5%) were reported. Among suspected measles cases, 14,022 (80.5%) were under-five children, and 7,862 (45.1%) were females.
- Considering the number of suspected cases since the beginning of 2024, the highest cumulative incidence of suspected measles per 10,000 population is in Balkh (13.7) followed by Samangan (13.6), Khost (10.3), and Farah (9.8) provinces (Figure 2).

Figure 1. The epidemiological curve of suspected measles cases in Afghanistan, 01 Jan to 13 Apr 2024 (N= 17,428)

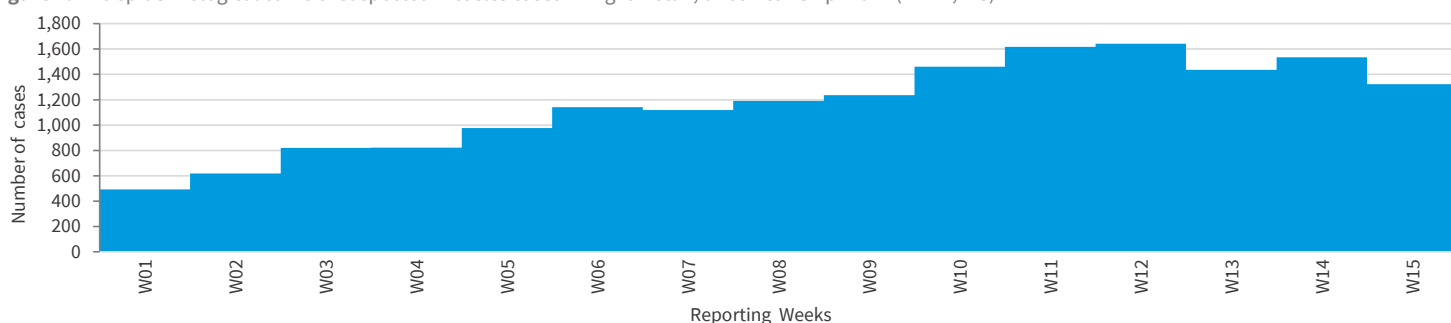




Figure 2. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 01 Jan-13 Apr 2024

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Suspected measles cumulative incidence per 10,000 population by province 01 Jan–13 Apr 2024

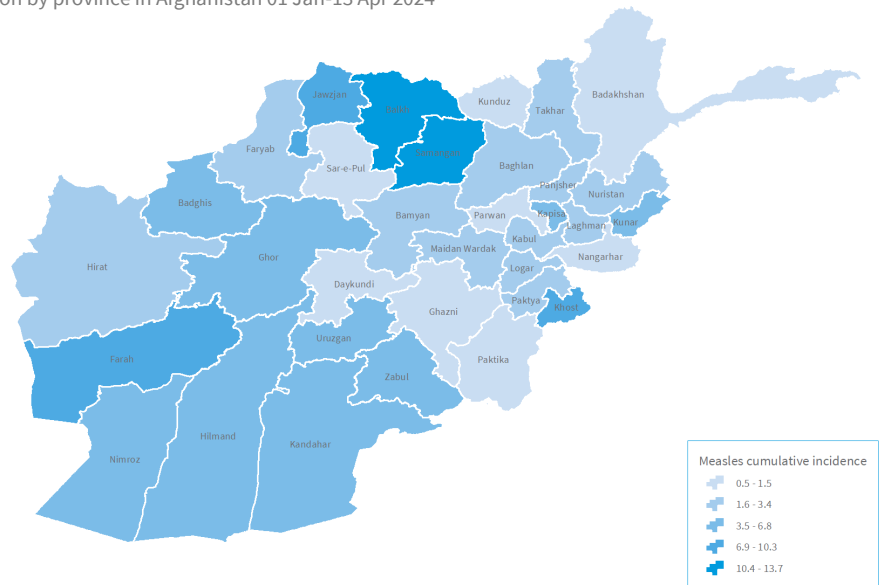
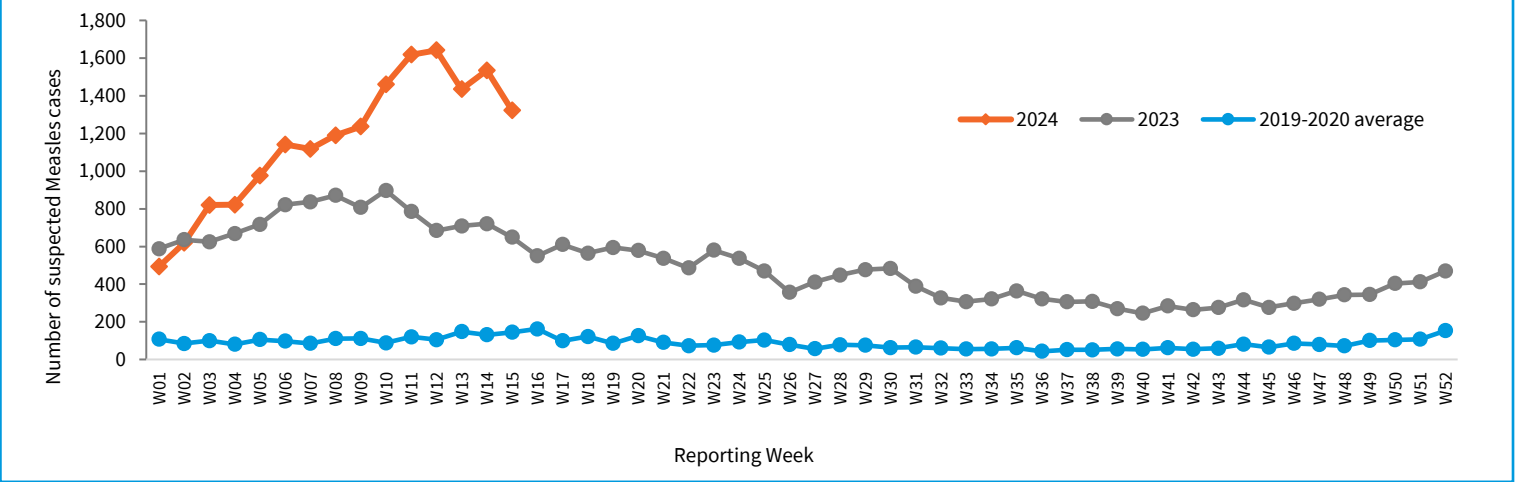


Figure 3. Comparison between the trends of suspected measles cases in 2024 vs 2023 and 2-years average (2019-2020)



Comparing the trend of suspected measles cases in 2024 with the trend for the average number reported during 2019-2020 and the trend of 2023 reveals that despite prevention efforts, the number of suspected measles cases has not decreased to the endemic levels observed in 2019-2020 and has even surpassed 2023 trend (Figure 3).

Updates on the preparedness and response to the Measles outbreak

- During Mar 2024, about 226,306 under-five children were vaccinated in the Multi-Antigen Acceleration Campaign (MAAC) in 13 provinces (Balkh, Farah, Faryab, Helmand, Kabul, Kandahar, Kapisa, Khost, Kunar, Logar, Nangarhar, Takhar, and Zabul).
- Since the beginning of 2024, a total of 13,754 children aged 9-59 months have been vaccinated against measles as part of outbreak response immunization campaigns.
- Since the beginning of 2024, a total of 126 measles case management kits have been distributed to WHO sub-offices across the country.

Acute Respiratory Infection (ARI) (01 Jan-13 Apr 2024)



***548,638**

Total ARI Cases



***1,269**

Total Deaths



****1,334**

Samples tested for influenza



****61**

Lab confirmed influenza cases



4.6%

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.



Table 2: Summary of the ARI outbreak in the last eight weeks (18 Feb – 13 Apr 2024)

Indicators	W8-24	W9-24	W10-24	W11-24	W12-24	W13-24	W14-24	W15-24	Trend lines
Suspected cases	38,948	35,533	39,793	36,433	33,841	30,749	28,367	18,827	
Suspected deaths	81	93	116	75	59	70	58	49	
CFR (%)	0.2	0.3	0.3	0.2	0.2	0.2	0.2	0.3	

- The epi curve indicates a steady and significant decline in ARI cases since week 07-2024, following the typical seasonal increase observed during the winter (Figure 4).
- During week 15-2024, 18,827 cases of ARI pneumonia and 49 associated deaths were reported. This represents a decrease of 33.6% in suspected cases compared to the preceding week.
- Since the beginning of 2024, a total of 548,638 ARI pneumonia cases and 1,269 associated deaths (CFR=0.2%) were reported from 34 provinces. Out of the total cases, 346,780 (63.2%) were under-five children, and 270,907 (49.4%) were females.
- Considering the number of cases since the beginning of

- 2024, the highest cumulative incidence of ARI per 10,000 population is in Bamyan (12.6) followed by Balkh (8.5), Laghman (8.2), and Jawzjan (7.7) provinces. (Figure 5).
- Out of 1,269 deaths, 1,117 (88.0%) were under-five children and 572 (45.1%) were females.
- Since week 7 of 2024, the number of ARI cases has gradually declined, aligning with the trend observed in 2023 and the average of the preceding years (2020-2022). This decline could be attributed to the conclusion of the winter season in several provinces across the country. Notably, this week, the number of cases has rapidly dropped below both the 2023 and three-year averages which could be explained by the Eid holiday (Figure 6).

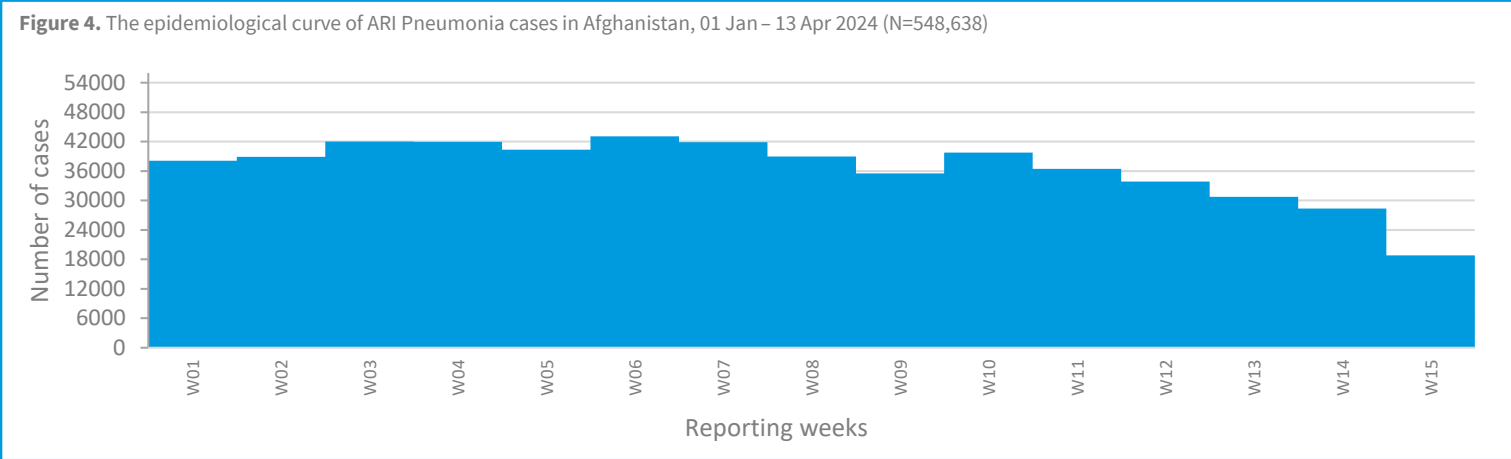


Figure 4. The epidemiological curve of ARI Pneumonia cases in Afghanistan, 01 Jan – 13 Apr 2024 (N=548,638)

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ARI pneumonia cumulative incidence per 10,000 population by province 01 Jan-13 Apr 2024

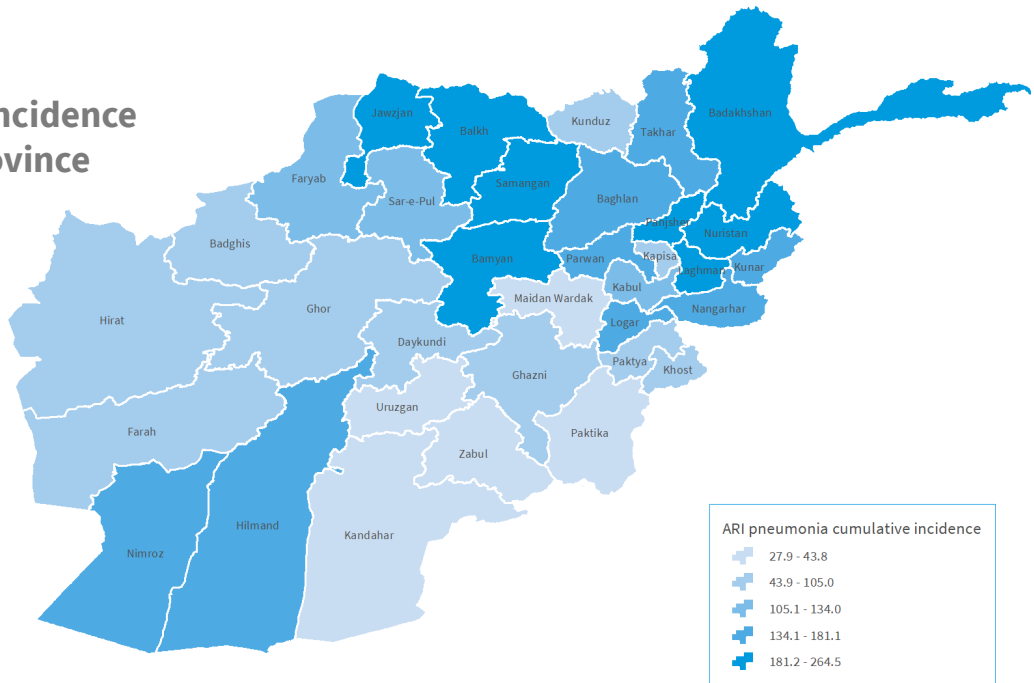
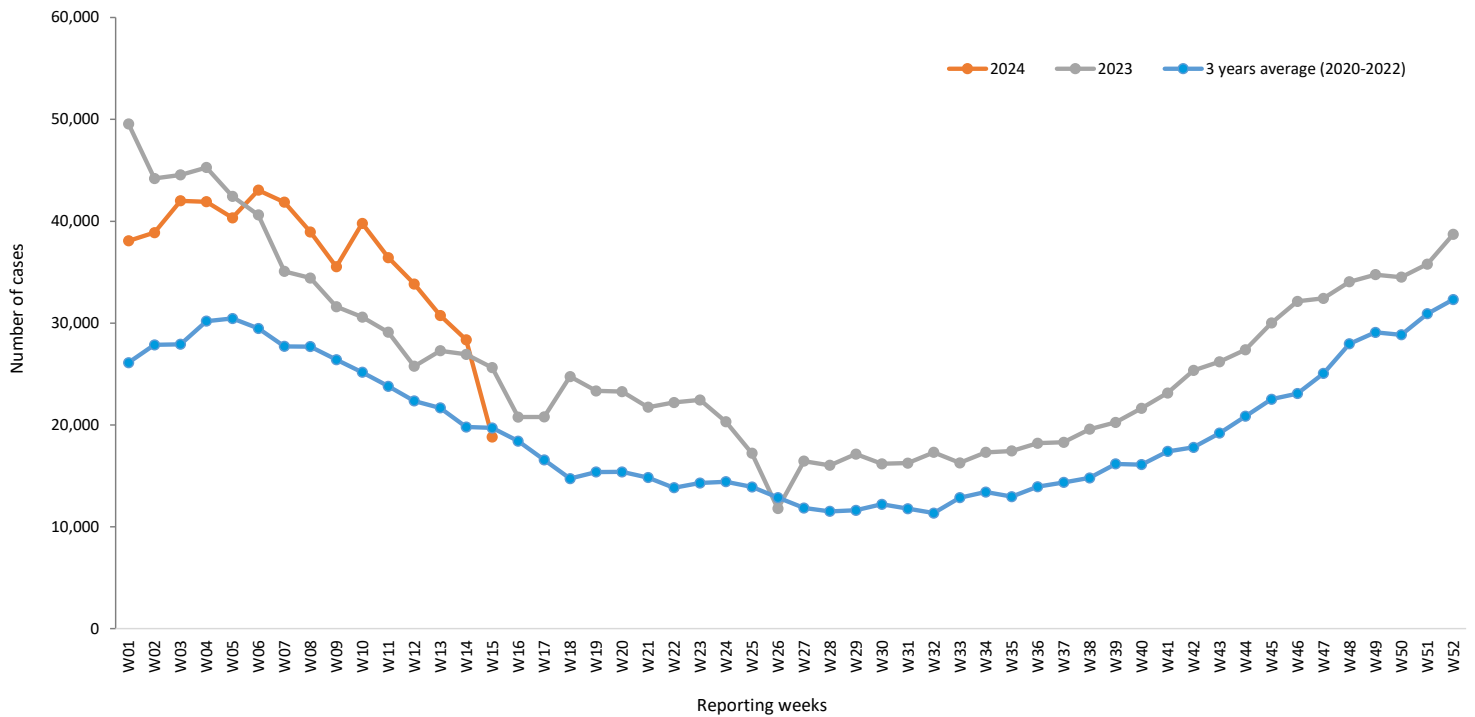




Figure 6. Comparison between the trend of ARI cases in 2024 vs 2023 and 3-years average (2020-2022)



Updates on the response activities to the ARI outbreak

Lab and supplies

- Since the beginning of 2024, a total of 6,500 Viral Transport Media (VTM) have been distributed to the North-east and Central-east NDSR offices.

Case management

- Since the beginning of 2024, a total of 89 Pediatric Severe Acute Malnutrition (PED-SAM) case management kits have been distributed to WHO sub-offices across the country to support ARI case management.

Risk Communication and Community Engagement (RCCE)

- Since the beginning of 2024, WHO has handed over a total of 89,000 (64,000 Posters and 25,000 Brochures) Information, Education, and Communication (IEC) materials on ARI.
- Since Jan 2024, the World Health Organization (WHO) has co-led two monthly meetings of the Risk Communication and Community Engagement (RCCE) Sub-working Group (SWG). The purpose of the meeting was to recap 2023 RCCE activities and to discuss the RCCE plans and priorities of health partners for 2024.

COVID-19

(24 Feb 2020 – 13 Apr 2024)

Cumulative samples tested

980,533

In public laboratories

New samples tested in week 15



1,031

In public laboratories

-61.3%

Cumulative confirmed cases

234,178

Cumulative percent positivity (23.9%)

New confirmed cases in week 15



146

Weekly percent positivity (14.5%)

-63.1%

Cumulative confirmed deaths

***7,995**

CFR (3.4%)

New confirmed deaths in week 15



0

Week 15 CFR (0.0%)

0.0%

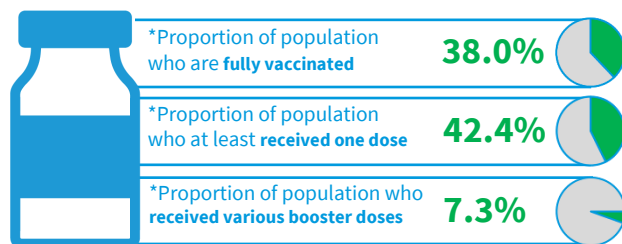
Key: ● Increasing ● Decreasing ● No change

*A data entry error was experienced in the number of deaths during week 2-2024 and one death was added.

COVID-19 Vaccination highlights



*Note: During Mar 2024, around 199,239 doses of various COVID-19 vaccines have been administered which shows a 50.2% decrease compared to Feb-2024.



* The denominator is 43,100,596 based on OCHA estimation 2024

Table 3: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (18 Feb – 13 Apr 2024)

Indicators	W08	W09	W10	W11	W12	W13	W14	W15	Trend line
Samples tested (in public Labs)	3,247	2,341	3,112	2,610	2,704	2,678	2,667*	1,031	
Confirmed cases	278	163	259	193	222	342	396*	146	
Percent positivity (%)	8.6	7.0	8.3	7.4	8.2	12.8	14.8	14.2	
Deaths	5	3	0	2	3	0	0	0	
CFR (%)	1.8	1.8	0.0	1.0	1.4	0.0	0.0	0.0	

*A delayed reporting was experienced during week 14-2024, the number of samples tested, and the number of confirmed cases were modified from 2,450 to 2,667 and from 356 to 396, respectively.

- The epidemiological curve indicates an increasing trend for the past two weeks following a long-term stabilization in the number of confirmed COVID-19 cases. However, the number significantly dropped in week 15, which could be explained by the Eid holiday (Figure 7).
- During week 15-2024, a total of 1,031 samples were tested in public labs, of which 146 were positive for COVID-19 (positivity rate 14.2%) with no associated deaths. This represents a 63.1% decrease in number of confirmed cases compared to the preceding week (Table 3 and Figure 8).
- Since the beginning of 2024, a total of 3,520 COVID-19 confirmed cases and 23 deaths (CFR=0.7) have been reported. Out of the total cases, 1,679 (47.7%) were females, while out of total deaths, 7 (30.4%) were females.
- During week 15-2024, among 146 confirmed cases, 5.5% (8 cases) were hospitalized while no cases were admitted to the ICU (Figure 9).
- Since the beginning of 2024, a total of 39,793 samples of COVID-19 have been tested by public health laboratories across the country, while the overall number of COVID-19 samples tested by public health laboratories reached to 980,533 since the beginning of the pandemic in February 2020.

Figure 7. The epidemiological curve of confirmed COVID-19 cases and deaths in Afghanistan Feb 2020 –13 Apr 2024 (cases= 234,178, deaths=7,995)

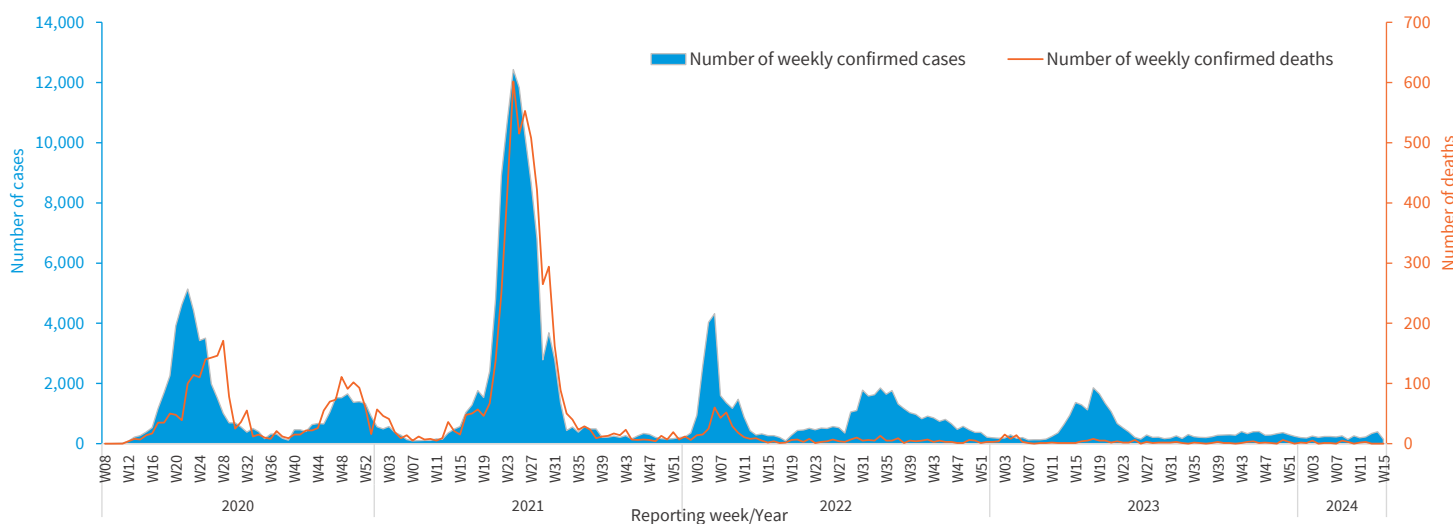


Figure 8. The epidemiological curve of confirmed COVID-19 cases and deaths in Afghanistan 01 Jan – 13 Apr 2024 (cases=3,520, deaths=23)

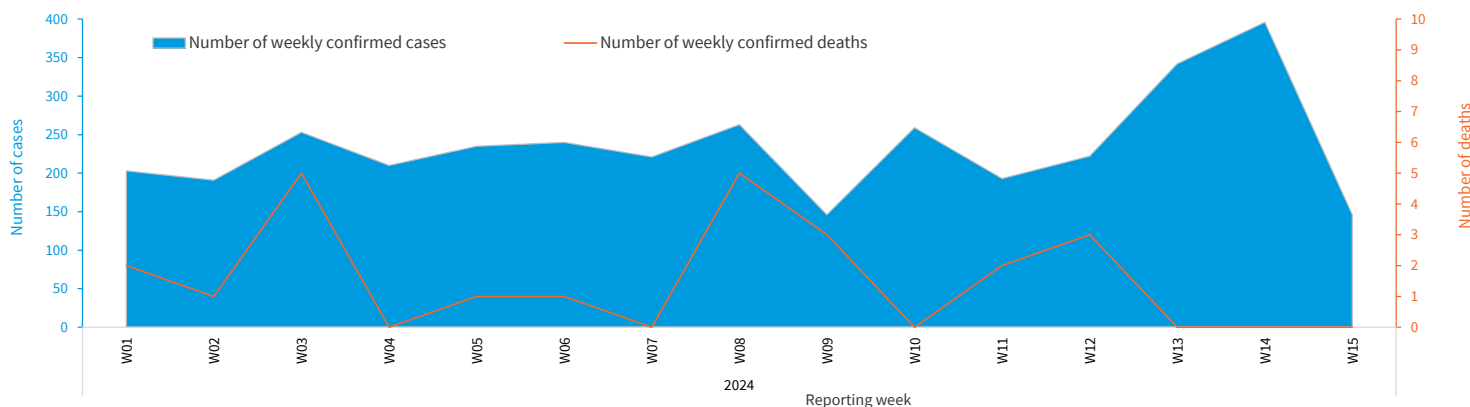
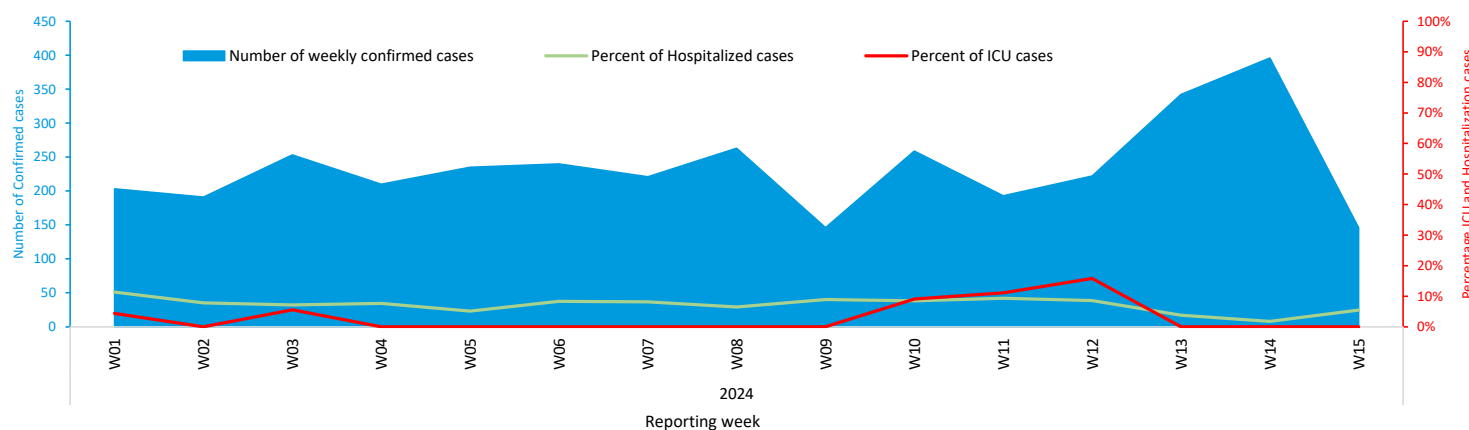


Figure 9. The weekly proportion of hospitalized and ICU cases and the number of confirmed COVID-19 cases in Afghanistan between 01 Jan-13 Apr 2024*



*The hospitalized rate was calculated among confirmed cases, while the ICU rate was calculated among hospitalized cases.

Update on the response activities to COVID-19

Since the beginning of 2024, a total of 1,350 kits of COVID-19 Rapid Diagnostic Tests (RDT) have been distributed to 7 WHO regions across the country.

Acute Watery Diarrhea (AWD) with Dehydration Outbreak (01 Jan-13 Apr 2024)



28,490

Total AWD with dehydration



13

Total AWD with dehydration deaths



1,111

Samples tested for AWD with dehydration (RDTs)



141

RDT-positive cases for AWD with dehydration



12.7%

RDT positivity rate for AWD with dehydration

Table 4: Summary of the AWD with Dehydration outbreak in the last eight weeks (18 Feb – 13 Apr 2024)

Indicators	W08	W09	W10	W11	W12	W13	W14	W15	Trend line
Suspected cases	1,787	1,784	1,790	1,742	1,834	1,837	2,044	1,893	
Suspected deaths	1	2	0	0	1	0	0	0	
CFR (%)	0.1	0.1	0.0	0.0	0.1	0.0	0.0	0.0	

- The epi-curve of AWD with dehydration cases shows a stabilization since the beginning of 2024.
- During week 15-2024, 1,893 AWD with dehydration cases with no associated deaths were reported from 124 districts, which shows a 7.4% decrease in the number of cases compared to the previous week (Figure 10).



- The highest cumulative incidence of AWD per 10,000 population was reported from Nimroz (27.5) followed by Paktya (20.8), Kabul (17.7), and Farah (12.5) provinces (Figure 11).
- Since the beginning of 2024, a total of 28,490 AWD with dehydration cases and 13 associated deaths (CFR=0.1%) were reported, out of which 15,580 (54.7%) were under-five children and 14,189 (49.8%) were females.
- One new district, Mirzakah in Paktya province, reported an AWD alert during the past week. This brings the total number of districts reporting cases of AWD with dehydration to 257 since the beginning of 2024.
- Since the beginning of 2024, 1,111 Rapid Diagnostic Tests (RDTs) have been conducted on AWD with dehydration cases, of which 141 tests turned positive (positivity rate 12.7%).

Figure 10. The epidemiological curve of AWD with dehydration cases in Afghanistan 01 Jan– 13 Apr 2024 (N=28,490)

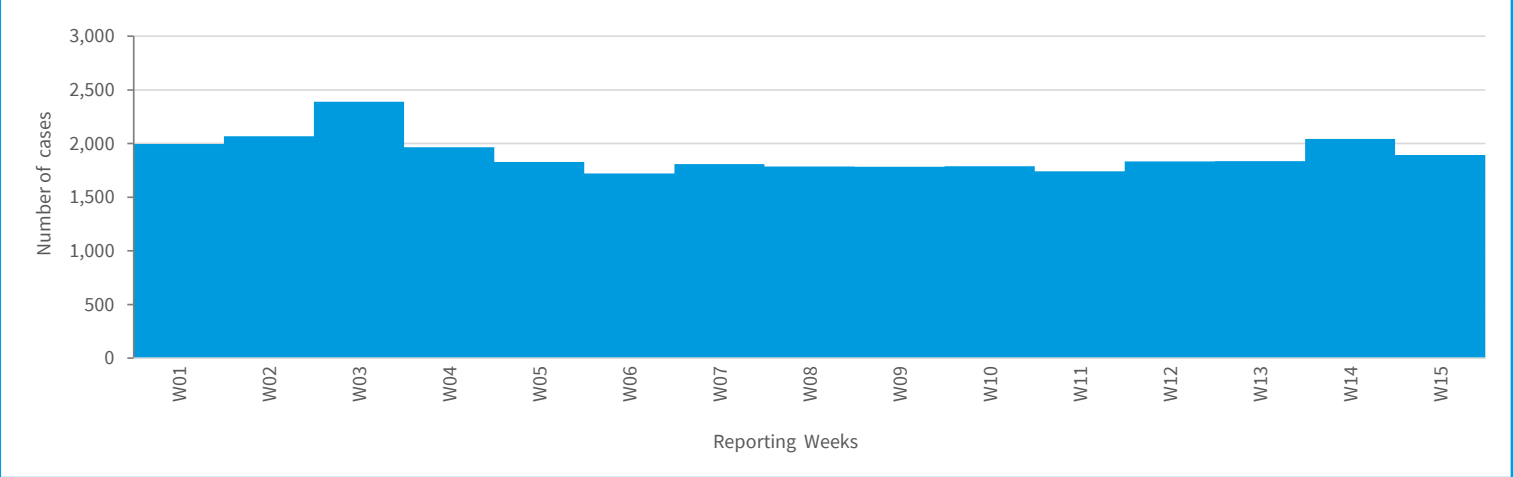
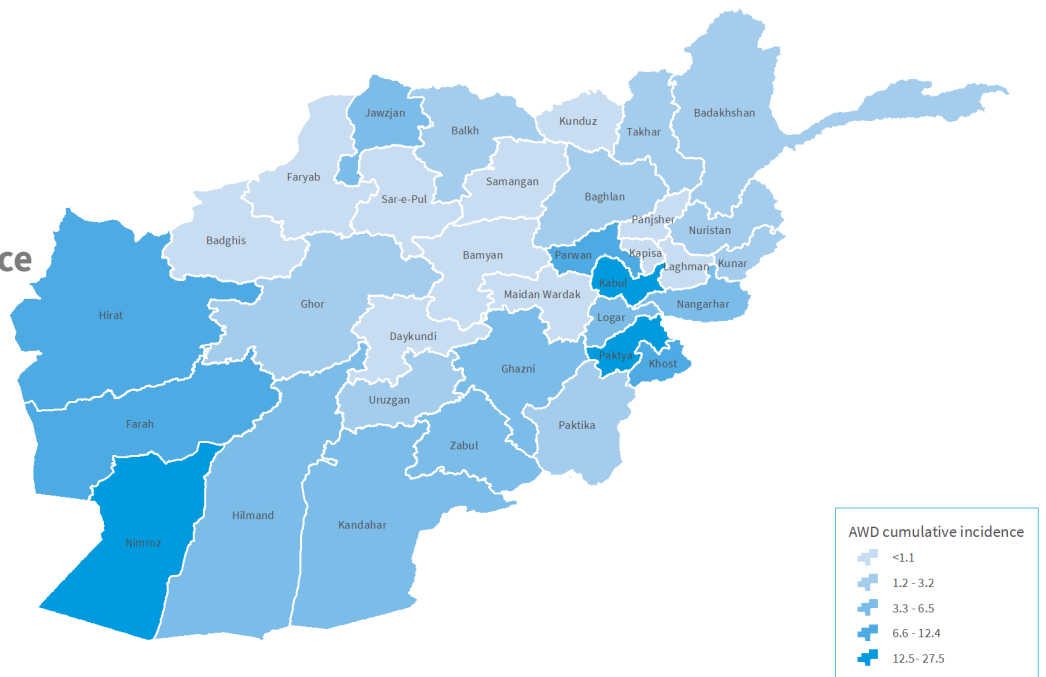


Figure 11. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 13 Apr 2024

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AWD with dehydration cumulative incidence per 10,000 population by province 01 Jan - 13 Apr 2024



Updates on the preparedness and response to the AWD with dehydration outbreak

Surveillance

- Since Jan 2024, a total of 233 sentinel sites’ focal points, including 10 females, have been trained on surveillance procedures in Kabul, East, and South regions.

Lab and Supplies

- Since the beginning of 2024, a total of 380 boxes of surgical gloves have been distributed to NDSR offices in 34 provinces across the country for Infection Prevention and Control (IPC) activities.
- Since the beginning of 2024, a total of 8 kits of Carry Blairs (125/kit) and 125 AWD case management kits have been distributed to WHO regional offices in Kandahar, Nangarhar, Balkh, Herat, Bamyan, Kunduz, and Paktya provinces.

WASH

During the last two weeks of Apr 2024 (31 Mar-13 Apr 2024), the following activities were conducted as WASH response:

- Safe water was provided to more than 400 individuals in Herat province through the construction/rehabilitation of water supply systems.

- Conduct household water treatment promotion sessions for over 850 individuals in 4 provinces (Herat, Kunar, Paktika, and Paktya).
- Distribution of hygiene kits to more than 4,000 individuals in 6 provinces (Ghazni, Kunar, Laghman, Nangarhar, Paktika and Paktya).
- Conduct hygiene promotion sessions for more than 13,770 individuals in 8 provinces (Badghis, Ghazni, Kabul, Kunar, Laghman, Nangarhar, Paktika and Paktya).
- Provision of sanitation facilities to more than 550 individuals by construction/rehabilitation of latrines in 5 provinces (Herat, Khost, Kunar, Paktika, and Paktya).

Outbreak of Crimean Congo Hemorrhagic Fever (CCHF) (01 Jan - 13 Apr 2024)



76
Total CCHF cases



1
Total CCHF deaths



49
Samples tested for CCHF



2
Lab-confirmed CCHF cases



4.1%
CCHF test positivity rate

Table 5: Summary of the CCHF outbreak in the last eight weeks (18 Feb – 13 Apr 2024)

Indicators	W08	W09	W10	W11	W12	W13	W14	W15	Trend line
Suspected cases	7	7	3	6	5	3	7	3	
Suspected deaths	0	0	0	0	0	1	0	0	
CFR (%)	0.0	0.0	0.0	0.0	0.0	33.3	0.0	0.0	

- The epi-curve shows a low and stable trend with some fluctuation in the number of CCHF suspected cases since the beginning of 2024, following the peak during the week 27-2023 (Figures 12 & 13).
- During week 15-2024, 3 new suspected CCHF cases with no associated death were reported, compared to the 7 cases in the preceding week (Table 5).
- Since the beginning of 2024, a total of 76 suspected cases of CCHF with one associated death (CFR=1.3) were reported. All the suspected cases were over five years of age, while 27 (35.5%) of them were females.
- The associated death case was an over-five female, reported from Balkh province in late March 2024.
- Since the beginning of 2024, a total of 49 samples of suspected CCHF cases have been tested, out of which two were positive (positivity 4.1%), and both were under-five males reported from Balkh and Kapisa provinces.
- The highest cumulative incidence of CCHF per 100,000 population is reported from Kapisa followed by Balkh and Jawzjan provinces (Figure 14).

Figure 12: The epidemiological curve of CCHF cases in Afghanistan 01 Jan –13 Apr 2024, (N=76)

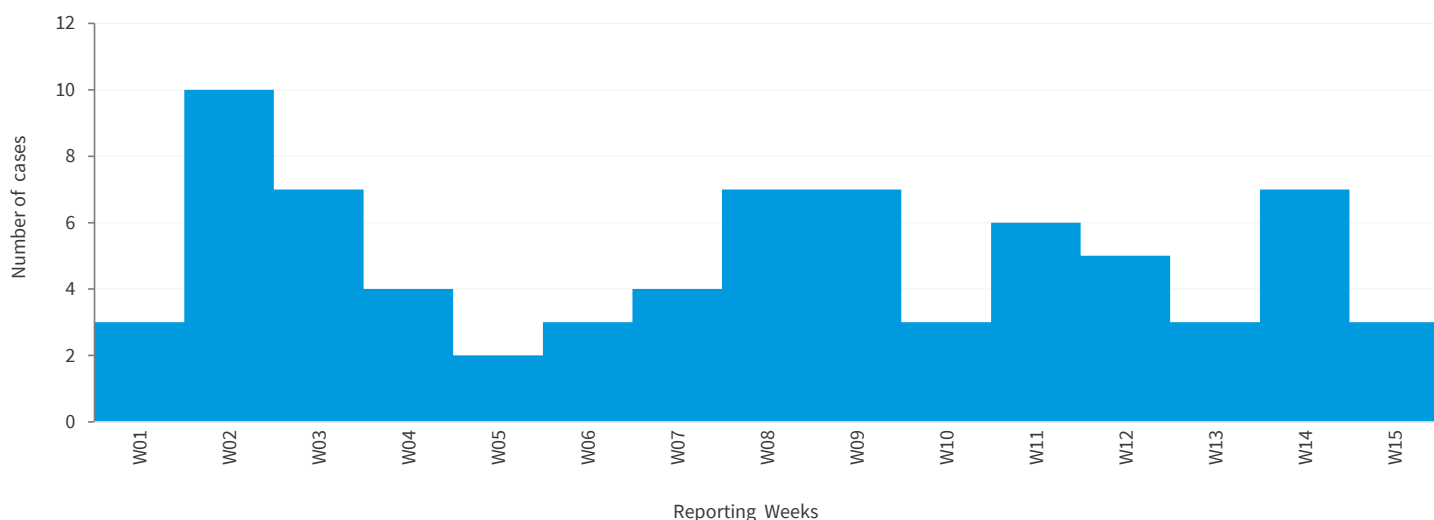


Figure 13. Comparison between the trends of suspected CCHF cases in 2014 vs 2023 and 3 years average (2020-2022)

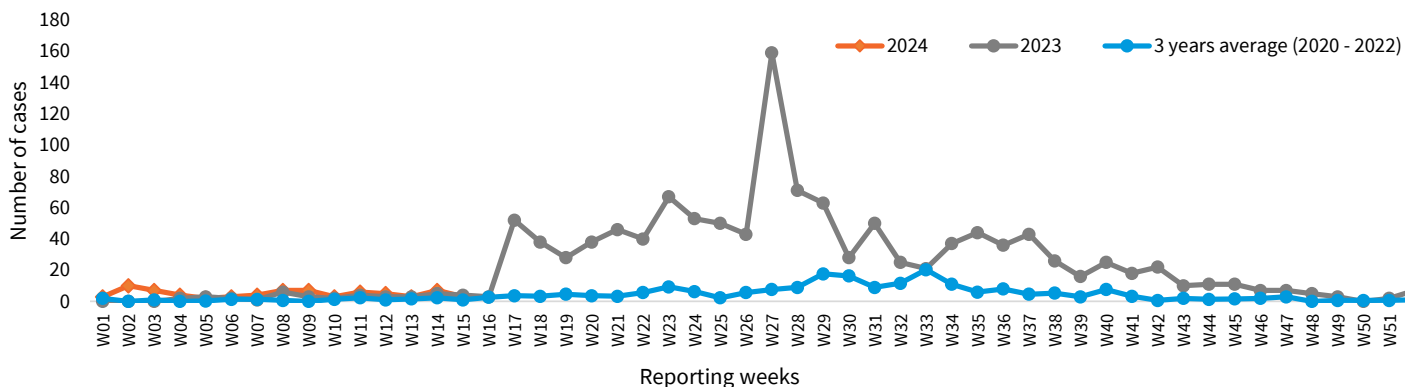
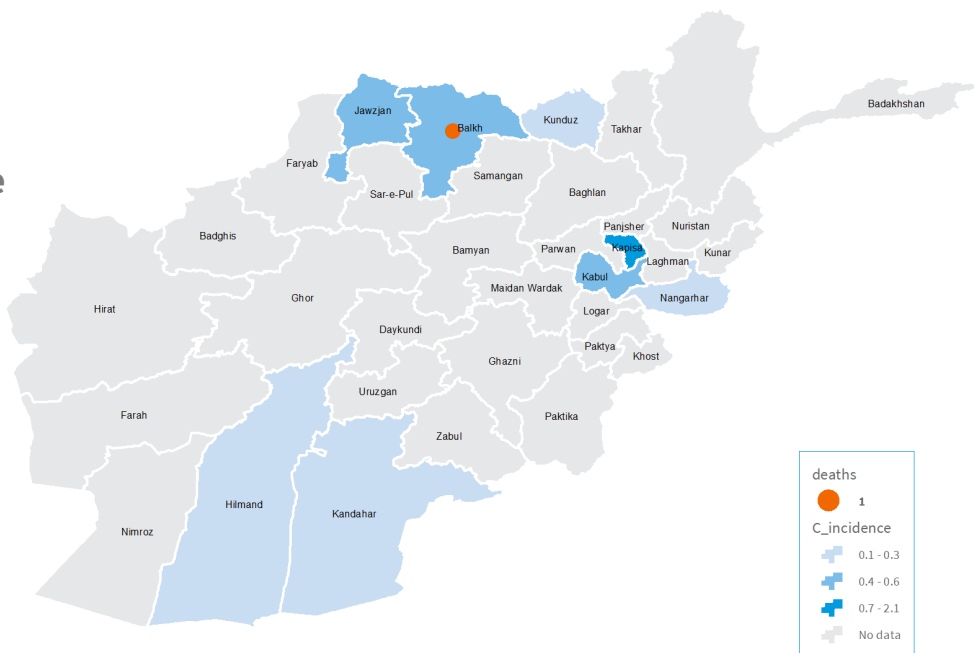


Figure 14. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 01 Jan – 13 Apr 2024

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Crimean-Congo Hemorrhagic Fever (CCHF) cases cumulative incidence per 100,000 population by province and provincial distribution of deaths in Afghanistan

01 Jan –13 Apr 2024



Updates on the response to the CCHF outbreak

- Since the beginning of 2024, a total of 469 doses of ribavirin 200mg tablets and 1,530 ribavirin injections have been supplied to 7 WHO sub-offices across the country.
- During the same period, collection of 1,000 tick samples and 500 cattle’s blood samples and sending them to CVDRL; spraying of 26,020 households’ animal stables, 46 live animal markets, and 36 commercial dairy farms; provision of awareness sessions in 60,715 households; distribution of 28,043 flyers and stickers; provision of training to 280 veterinarians on CCHF case definition and sample management as well as training of 700 butchers on preventive measures and safe handling of animals have been conducted as preparedness and response to outbreaks of CCHF in 7 provinces (Balkh, Herat, Kandahar, Kabul, Kunduz, Nangarhar, and Takhar) through the partnership with the Food and Agriculture Organization (FAO).

Dengue Fever Outbreak (01 Jan-13 Apr 2024)

644
Total Cases

0
Total Deaths

***341**
Sample tested

116
Lab confirmed cases

34.0%
Test positivity ratio

*During week 15-2024, no sample has been test for dengue fever.
 Note: Dengue fever laboratory data was reviewed, utilizing the confirmed case definition from EMRO. This definition is characterized by confirmation through PCR, positive virus culture, DENV NS1 antigen detection, seroconversion of IgG in paired sera, or a significant increase (fourfold) in IgG titer in paired sera. The focus was placed on cases confirmed by PCR, excluding cases that were only positive for IgM or IgG based on a single sample (dengue--outbreak-toolbox_20220921.pdf (who.int))



Table 6: Summary of the dengue fever outbreak in the last eight weeks (18 Feb – 13 Apr 2024)

Indicators	W08	W09	W10	W11	W12	W13	W14	W15	Trend line
Suspected cases	36	57	45	41	43	28	23	8	
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 illustrates a decreasing trend over the past 6 consecutive weeks, following a period characterized by intermittent fluctuations of dengue-suspected cases (Figure 15).
- During week 15-2024, 8 suspected cases of dengue fever with no associated deaths were reported from Nangarhar (7) and Laghman (1) provinces, which shows a 65.2% decrease in the number of suspected cases compared to the preceding week.
- since the beginning of 2024, the number of suspected dengue fever cases higher than the 2023 and 2-year average (2021-2022) trends. Notably, this week, the number of cases has dropped below 2023 figures (Figure 16).
- Since the beginning of 2024, a total of 644 suspected cases of dengue fever with no associated deaths were reported, out of which 401 (62.3%) were females, and 6 (0.9%) were under 5 years of age. The geographical distribution and weekly change rate are shown in Figure 17.
- Since the beginning of 2024, a total of 345 samples have been collected, out of which 117 were positive (positivity 33.9%).

Figure 15. The epidemiological curve of suspected dengue fever cases in Afghanistan 1 Jan – 13 Apr 2024, (N=644)

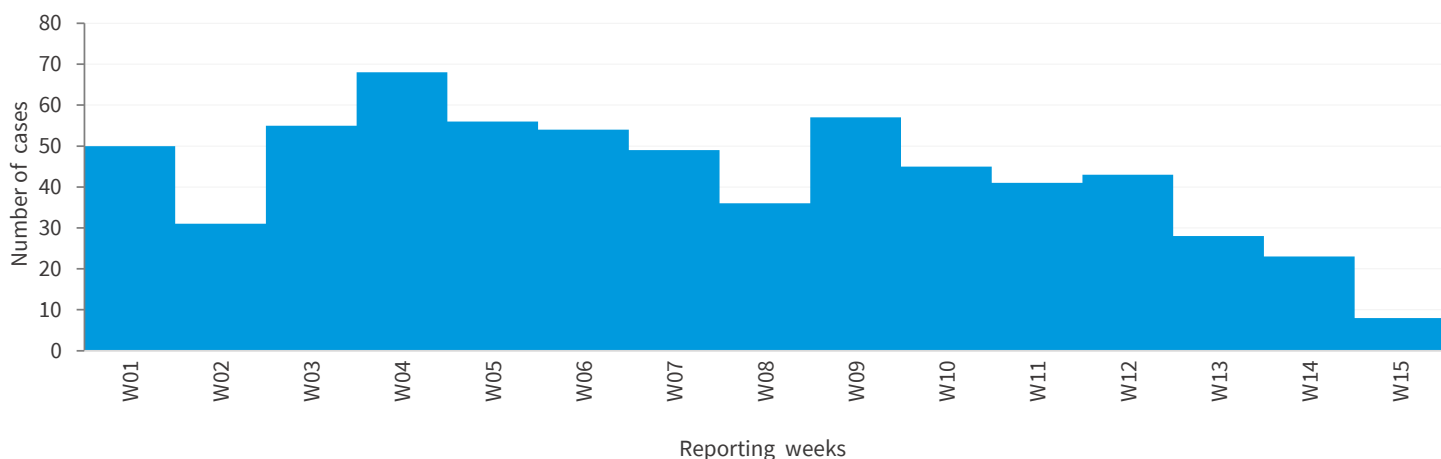


Figure 16: Comparison between the trends of suspected dengue fever cases in 2024 vs 2023 and 2-years average (2021-2022).

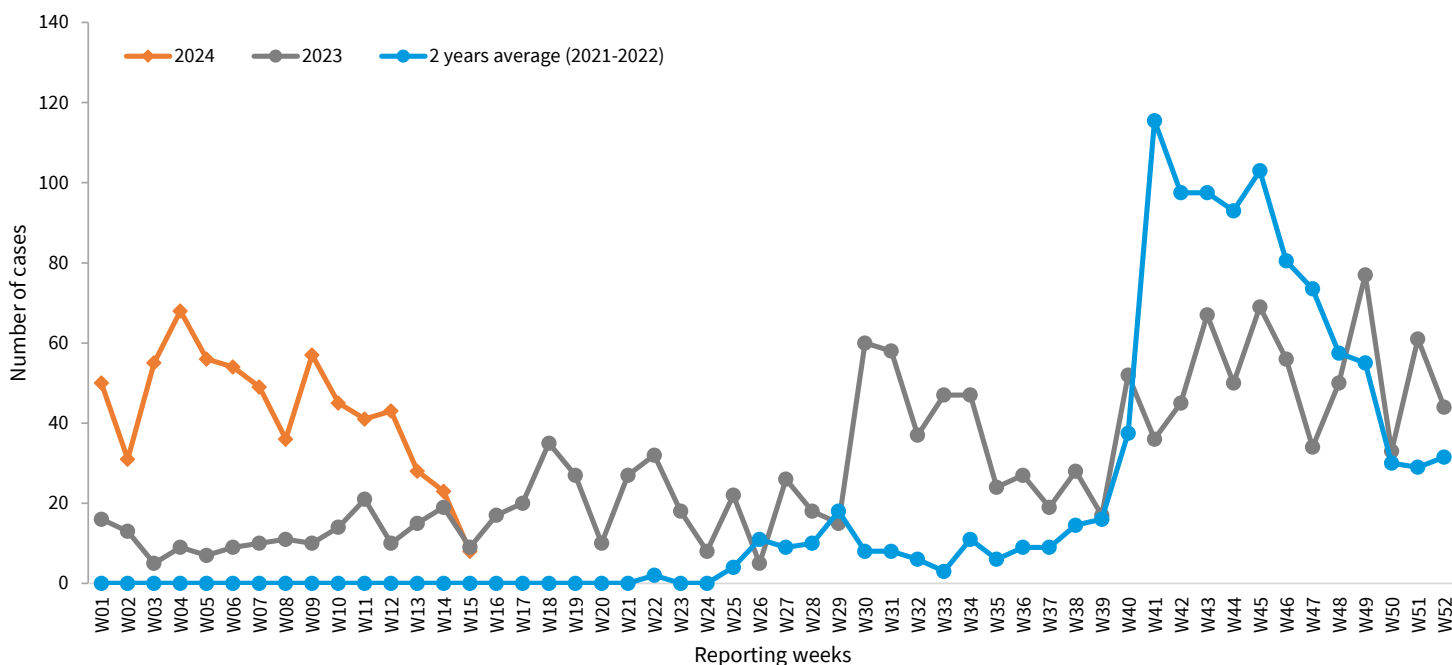
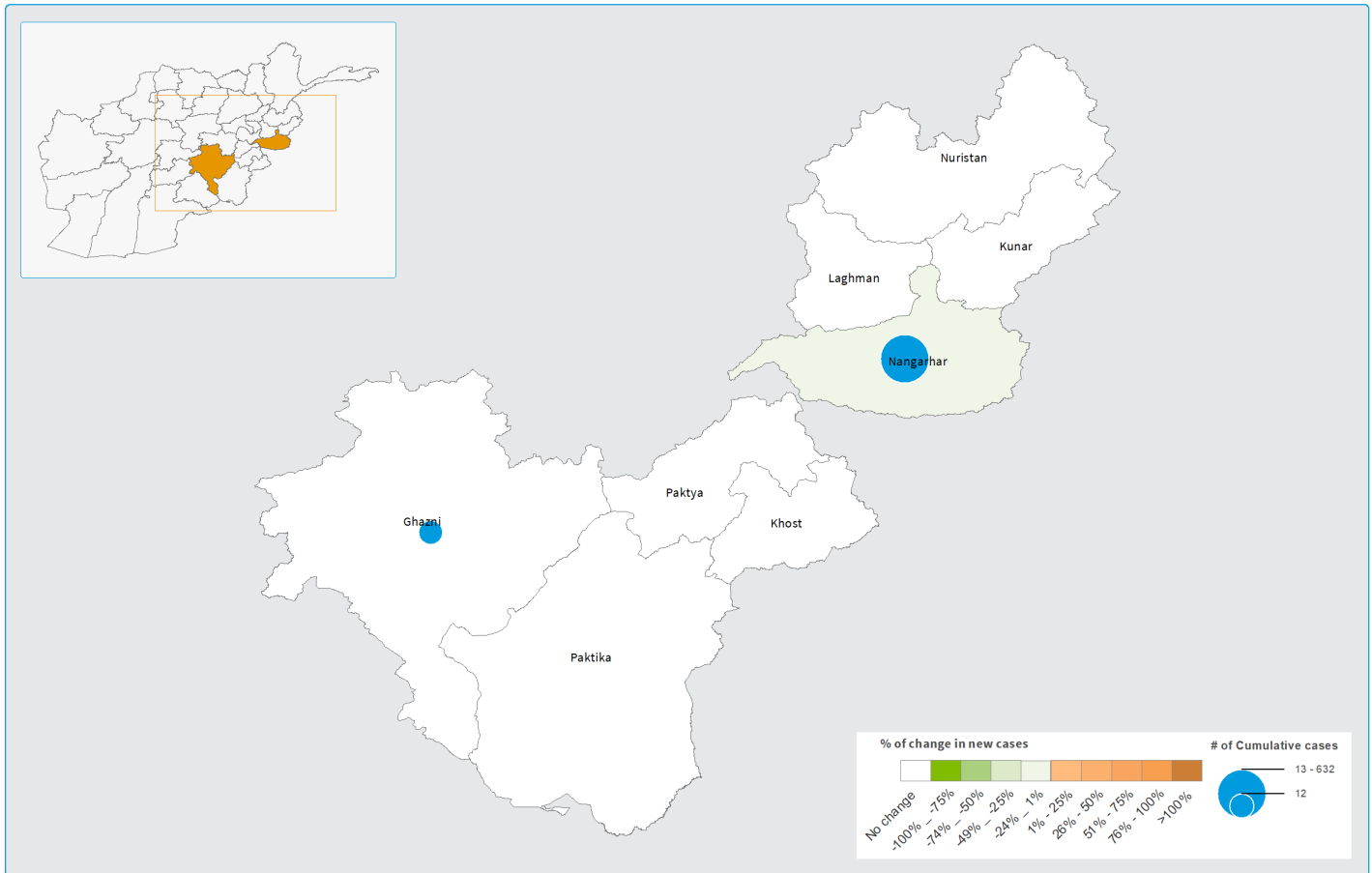




Figure 17. Geographical distribution of suspected dengue fever cases and percent change of new cases in Afghanistan, 01 Jan – 13 Apr 2024



Geographical distribution of suspected dengue fever cases in Nangarhar and Ghazni provinces and weekly percent of changes (between weeks 14 and 15, 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: 15 Apr 2024.

Updates in the response to the dengue fever outbreak

Since the beginning of 2024, a total of 400 dengue RDT kits have been distributed to South and East regions.

Note: MOPH is the source of epidemiological data

Case definition & alert/outbreak thresholds

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