



AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #18-2024

No. 18 (28 Apr-04 May 2024)

Disease Outbreaks	Measles	ARI	COVID-19	AWD	CCHF	Dengue fever
Cumulative Cases 2024	21,843	627,535	*5,625	35,933	109	735
Cumulative deaths 2024 (CFR %)	100 (0.5)	1,413 (0.2)	28 (0.5)	18 (0.05)	2 (1.8)	0 (0.0)

* This number represents confirmed COVID-19 cases, while others are suspected cases.

(Data from 613 (100.0%) out of 613 sentinel sites)

Measles Outbreak

(01 Jan-04 May 2024)

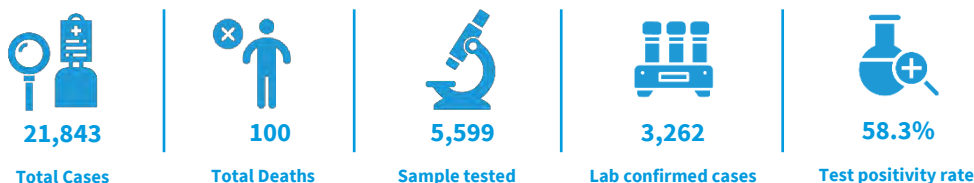


Table 1: Summary of the measles outbreak in the last eight weeks in Afghanistan (10 Mar – 04 May 2024)

Indicators	W11	W12	W13	W14	W15	W16	W17	W18	Trend line
Suspected cases	1,618	1,642	1,435	1,535	1,323	1,316	1,569	1,530	
Suspected deaths	9	7	9	12	4	7	4	2	
CFR (%)	0.6	0.4	0.6	0.8	0.3	0.5	0.3	0.1	

- The epidemiological curve of suspected measles cases has shown an increase for the last two weeks, reversing the modest downward trend observed over the previous four weeks, which needs close monitoring (Figures 1). The trend in 2024 is higher than that reported in 2023 (Figure 2).
- During week 18-2024, a total of 1,530 suspected cases and 2 associated deaths were reported. This represents a stabilization in the number of suspected measles cases compared to the preceding week.
- The 2 deaths were reported from 2 provinces: Kabul (1) and Kandahar (1); both deaths were among under-five children, while one of them was female.
- Since the beginning of 2024, a total of 21,843 suspected measles cases and 100 deaths (CFR=0.5%) were reported. Among suspected measles cases, 17,611 (80.6%) were under-five children, and 9,871 (45.2%) 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 (16.7), followed by Samangan (15.5), Khost (13.9), and Farah (11.3) (Figure 3).

Figure 1. The epidemiological curve of suspected measles cases in Afghanistan, 01 Jan to 04 May 2024 (N= 21,843)

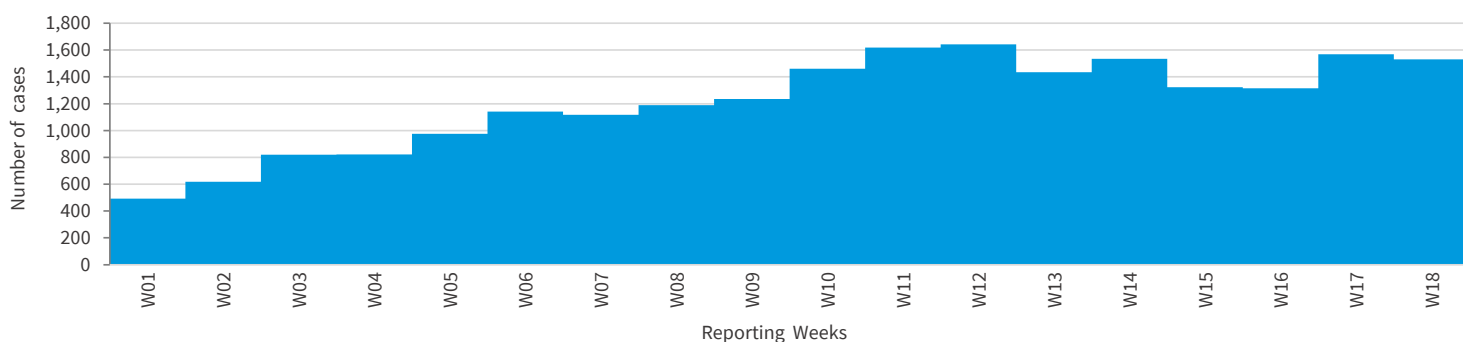




Figure 2. Comparison between the trends of suspected measles cases in 2024 vs 2023 and 2-years average (2019-2020)

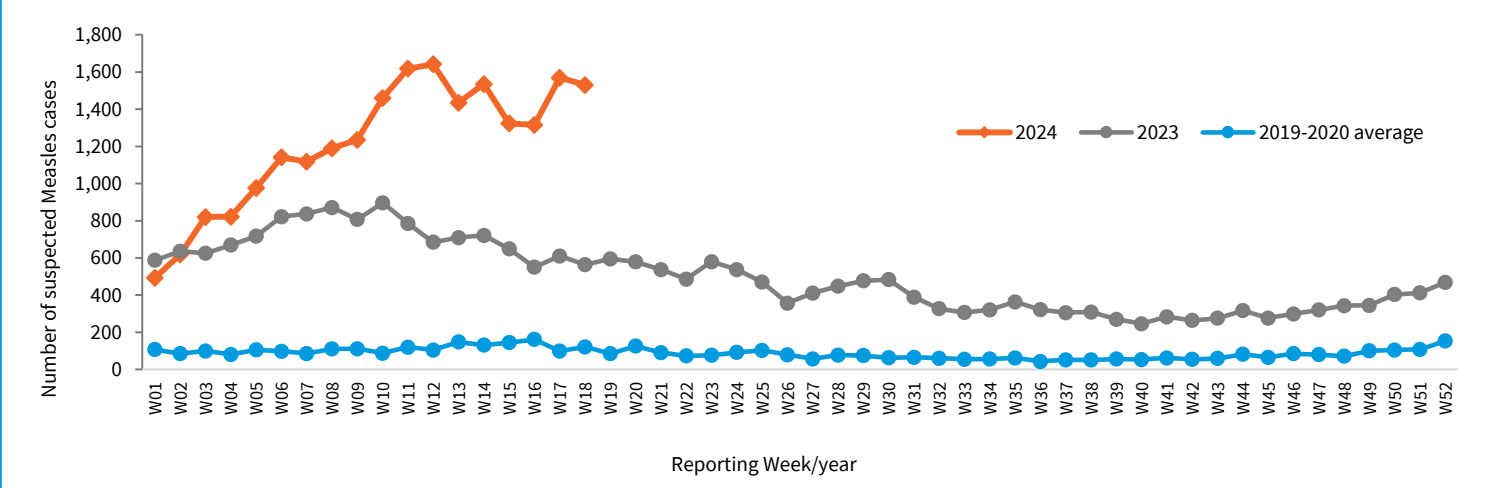
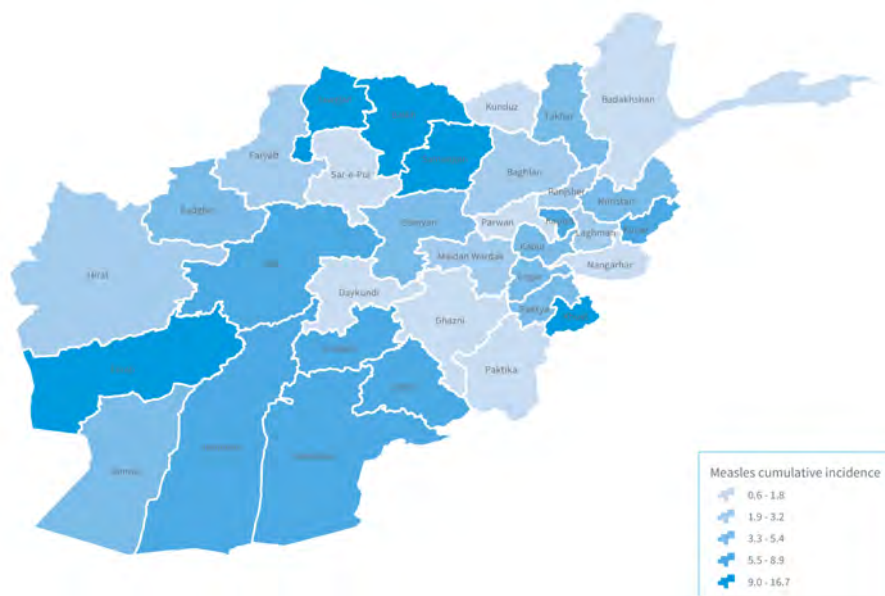


Figure 3. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 01 Jan-04 May 2024

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Suspected measles cumulative incidence per 10,000 population by province 01 Jan—04 May 2024



Updates on the preparedness and response to the Measles outbreak

- During week 18-2024, a total of 317 children aged 9-59 months were vaccinated against measles in Wardak, Nimroz, Nuristan, and Urozgan. This brings the total number of vaccinated children to 14,689 since the beginning of 2024, as part of outbreak response immunization campaigns.
- During Mar 2024, about 226,306 under-five children were vaccinated in the first phase of 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 126 measles case management kits have been distributed to WHO sub-offices across the country.

Acute Respiratory Infection (ARI) (01 Jan-04 May 2024)



***627,535**

Total ARI Cases



***1,413**

Total Deaths



****1,460**

Samples tested for influenza



****63**

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.



Table 2: Summary of the ARI outbreak in the last eight weeks in Afghanistan (10 Mar – 04 May 2024)

Indicators	W11	W12	W13	W14	W15	W16	W17	W18	Trend lines
Suspected cases	36,433	33,841	30,749	28,367	18,827	24,775	27,521	26,601	
Suspected deaths	75	59	70	58	49	60	44	40	
CFR (%)	0.2	0.2	0.2	0.2	0.3	0.2	0.2	0.2	

- 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 (Figures 4 & 6). However, a slight increase was observed during the past two weeks, which requires close monitoring.
- During week 18-2024, 26,601 cases of ARI pneumonia and 40 associated deaths were reported. This represents a stabilization in the number of suspected cases compared to the preceding week.
- Since the beginning of 2024, a total of 627,535 ARI pneumonia cases and 1,413 associated deaths (CFR=0.2%)

were reported from 34 provinces. Out of the total cases, 396,319 (63.2%) were under-five children, and 309,857 (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 Balkh (300.2), followed by Bamyan (258.2), Jawzjan (255.4), and Laghman (241.7) provinces (Figure 5).
- Out of 1,413 deaths, 1,245 (88.1%) were under-five children and 636 (45.0%) were females.

Figure 4. The epidemiological curve of ARI Pneumonia cases in Afghanistan, 01 Jan – 04 May 2024 (N=627,535)

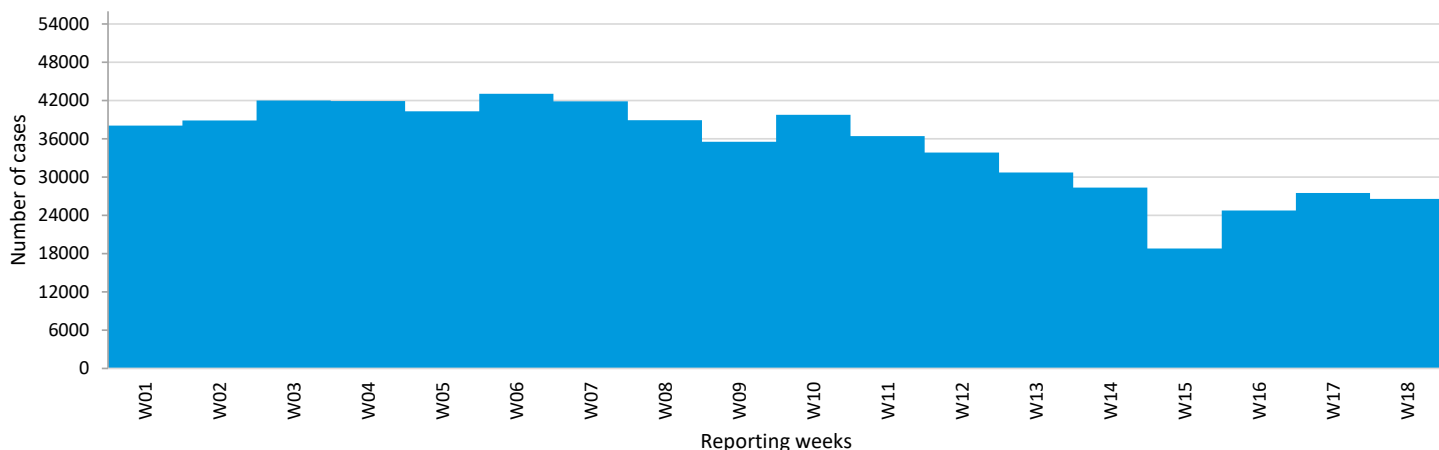


Figure 5. ARI pneumonia cumulative incidence per 10,000 population by province, Afghanistan 01 Jan- 04 May 2024

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ARI pneumonia cumulative incidence per 10,000 population by province 01 Jan-04 May 2024

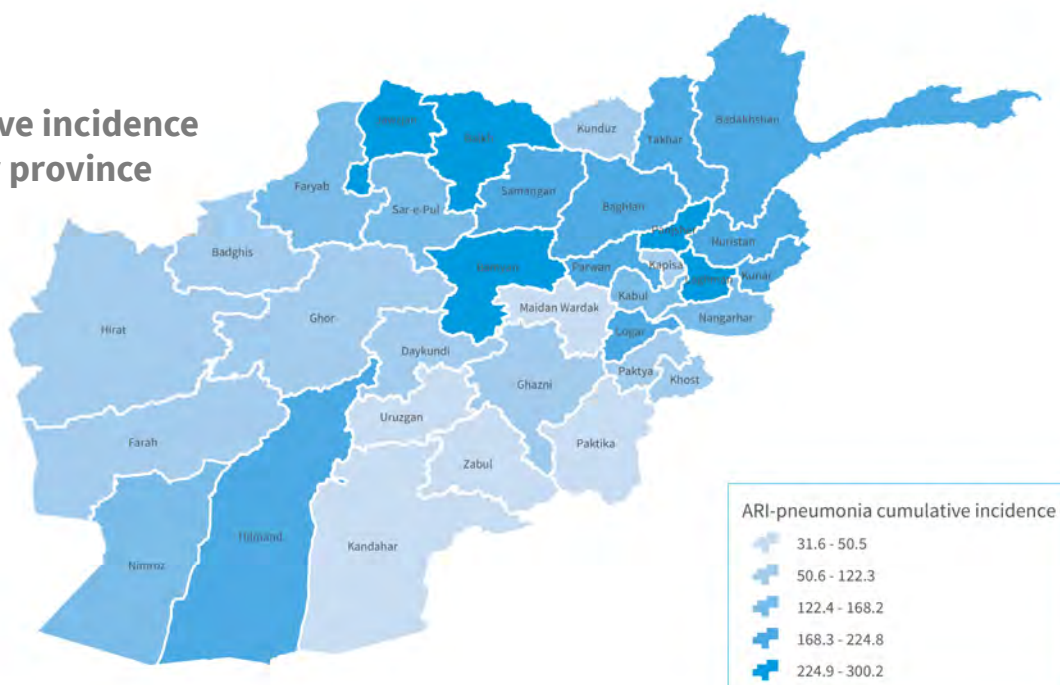
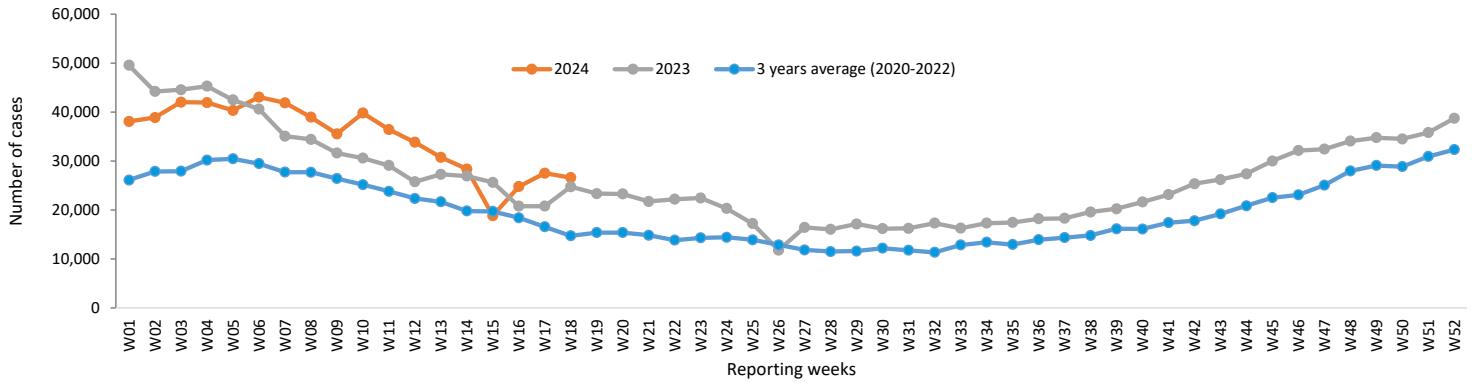




Figure 6. Comparison between the trend of ARI cases in 2024 vs 2023 and 3-years average (2020-2022), Afghanistan



Updates on the response activities to the ARI outbreak

Since the beginning of 2024:

- A total of 6,500 Viral Transport Media (VTM) has been distributed to the North-east and Central-east NDSR offices.
- Eighty-nine Pediatric Severe Acute Malnutrition (PED-SAM) case management kits have been distributed to WHO sub-offices across the country to support ARI case management.
- WHO has handed over a total of 89,000 (64,000 Posters and 25,000 Brochures) Information, Education, and Communication (IEC) materials on ARI to MoPH.
- 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 — 04 May 2024)

Cumulative samples tested

988,785

In public laboratories

New samples tested in week 18



2,840

In public laboratories

-7.3%

Cumulative confirmed cases

236,283

Cumulative percent positivity (23.9%)

New confirmed cases in week 18



711

Weekly percent positivity (25.0%)

-16.1%

Cumulative confirmed deaths

8,000

CFR (3.4%)

New confirmed deaths in week 18



0

Week 18 CFR (0.0%)

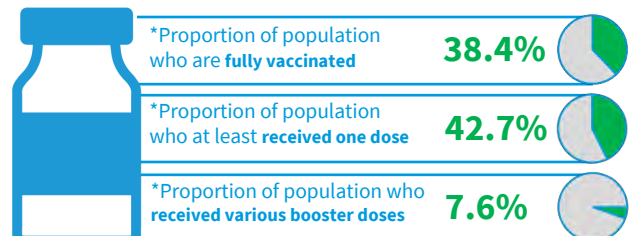
-100.0%

Key: ● Increasing ● Decreasing ● No change

COVID-19 Vaccination highlights



*Note: During Apr 2024, around 132,821 doses of various COVID-19 vaccines have been administered which shows a 59.5% decrease compared to Mar-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 (10 Mar – 04 May 2024)

Indicators	W11	W12	W13	W14	W15	W16	W17	W18	Trend line
Samples tested (in public Labs)	2,610	2,704	2,678	2,667	1,139	2,240	3,064 *	2,840	
Confirmed cases	193	222	342	396	160	533	847 *	711	
Percent positivity (%)	7.4	8.2	12.8	14.8	14.0	23.8	27.6	25.0	
Deaths	2	3	0	0	0	2 *	3	0	
CFR (%)	1.0	1.4	0.0	0.0	0.0	0.4	0.4	0.0	

*A delayed reporting was experienced during week 16 and 17-2024, the number of deaths, samples tested, and the number of confirmed cases were modified from 1 to 2 in week 16, from 2,378 to 3,064 and from 638 to 847 in week 17, respectively.

- The epidemiological curve indicates an increasing trend following a long-term stabilization in the number of confirmed COVID-19 cases, which should be closely monitored (Figure 7).
- During week 18-2024, a total of 2,840 samples were tested in public labs, of which 711 were positive for COVID-19 (positivity rate 25.0%) without associated deaths. This number of positive cases shows a 16.1% decrease in the number of cases compared to the preceding week (Table 3 and Figure 8).
- Since the beginning of 2024, a total of 5,625 COVID-19 confirmed cases and 28 deaths (CFR=0.5) have been reported. Out of the total cases, 2,673 (47.5%) were females, while out of total deaths, 10 (35.7%) were females.
- During week 18-2024, among 711 confirmed cases, 2.4% (17 cases) were hospitalized while 5 cases were admitted to the ICU (Figure 9).
- Since the beginning of 2024, a total of 48,115 samples of COVID-19 have been tested by public health laboratories across the country, out of which 5,625 were positive (positivity rate 11.7%), while the overall number of COVID-19 samples tested by public health laboratories reached to 988,785 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 –04 May 2024 (cases= 236,283, deaths=8,000)

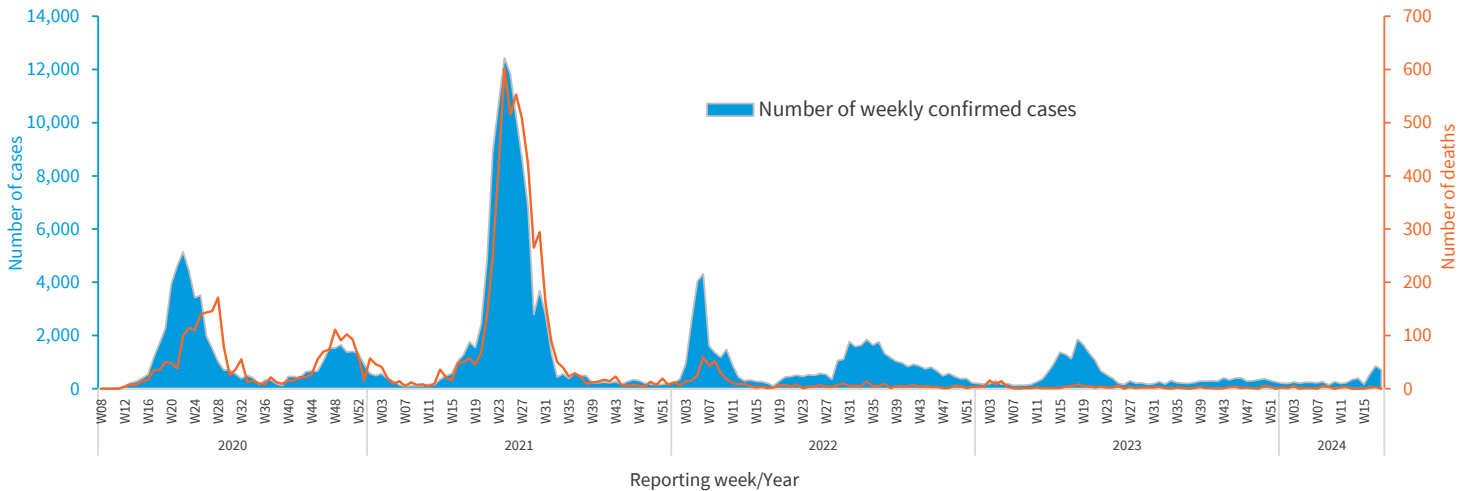


Figure 8. The epidemiological curve of confirmed COVID-19 cases and deaths in Afghanistan 01 Jan – 04 May 2024 (cases=5,625, deaths=28)

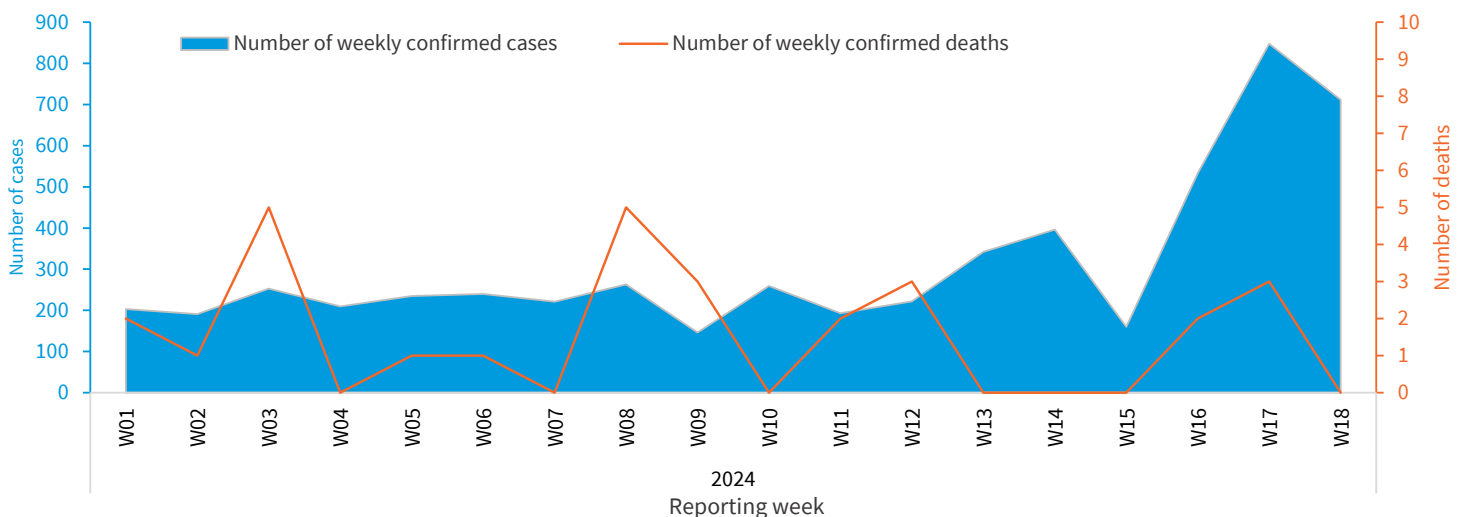
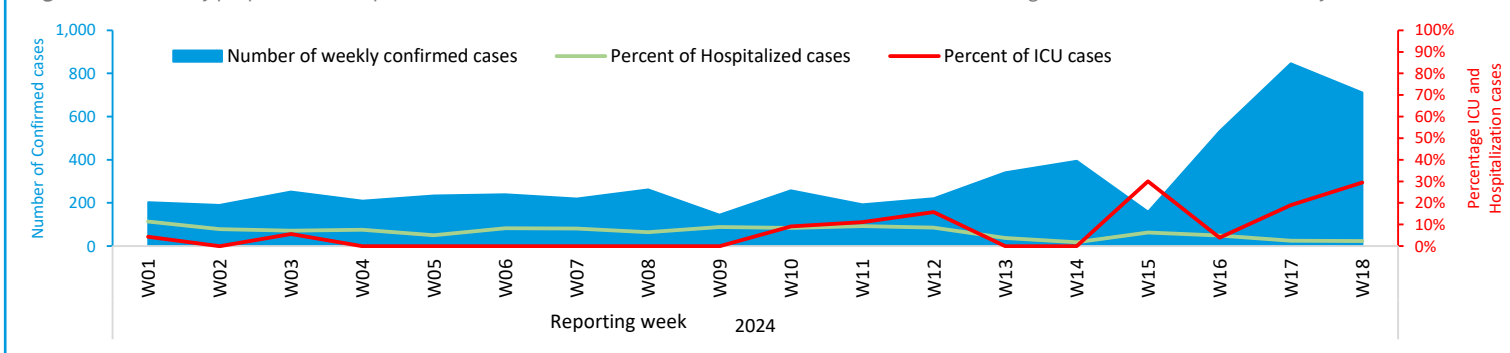




Figure 9. The weekly proportion of hospitalized and ICU cases and the number of confirmed COVID-19 cases in Afghanistan between 01 Jan-04 May 2024*



*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 regional sub-offices across the country.

Acute Watery Diarrhea (AWD) with Dehydration Outbreak (01 Jan-04 May 2024)



35,933

Total AWD with dehydration cases



18

Total AWD with dehydration deaths



1,921

Samples tested for AWD with dehydration (RDTs)



213

RDT-positive cases for AWD with dehydration



11.1%

RDT positivity rate for AWD with dehydration

Table 4: Summary of the AWD with Dehydration outbreak in the last eight weeks in Afghanistan(10 Mar – 04 May 2024)

Indicators	W11	W12	W13	W14	W15	W16	W17	W18	Trend line
Suspected cases	1,742	1,834	1,837	2,044	1,893	2,233	2,584	2,626	
Suspected deaths	0	1	0	0	0	1	2	2	
CFR (%)	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.1	

- The epi curve shows a considerable increase over the past 3 weeks following the stabilization. One potential explanation could be the floods, and the trend should be monitored as we approach the summer season.
- During week 18-2024, 2,626 AWD with dehydration cases with 2 associated deaths were reported from 172 districts, which shows stabilization in the number of cases compared to the previous week (Figure 10).
- Both reported deaths were under-five females reported from Kabul and Nuristan.
- The highest cumulative incidence of AWD per 10,000 population was reported from Nimroz (34.4) followed by Paktya (27.1), Kabul (21.7), and Farah (15.1) (Figure 11).
- Since the beginning of 2024, a total of 35,933 AWD with dehydration cases and 18 associated deaths (CFR=0.05%) were reported from 273 districts, out of which 19,897 (55.4%) were under-five children and 17,899 (49.8%) were females.
- Since the beginning of 2024, 1,921 Rapid Diagnostic Tests (RDTs) have been conducted on AWD with dehydration cases, of which 213 tests turned positive (positivity rate 11.1%).

Figure 10. The epidemiological curve of AWD with dehydration cases in Afghanistan 01 Jan- 04 May 2024 (N=35,933)

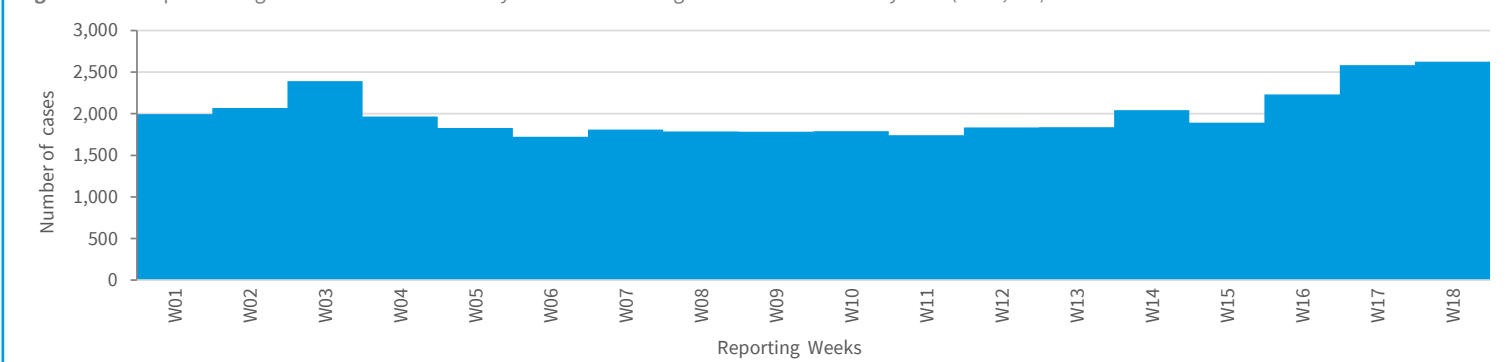
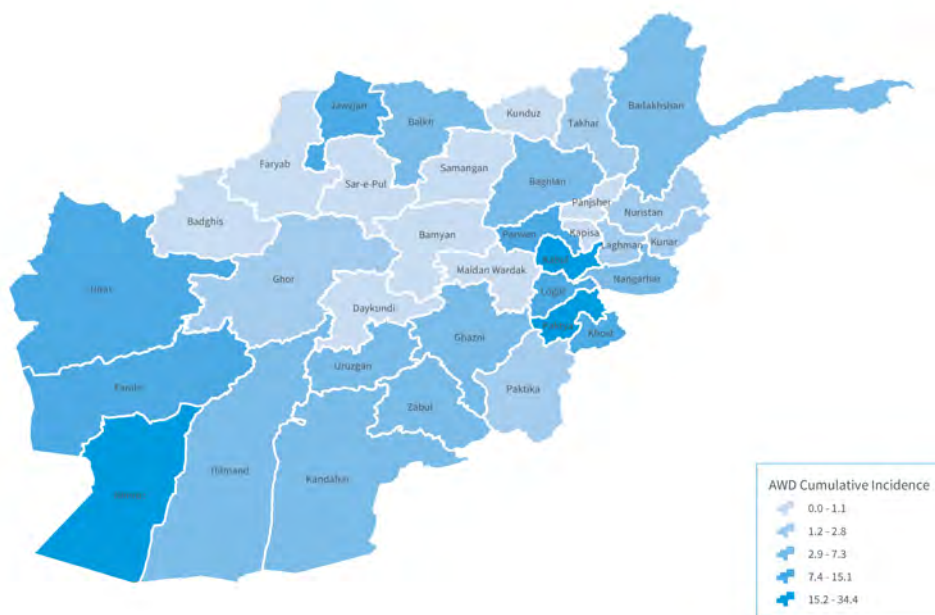




Figure 11. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 04 May 2024

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AWD with dehydration cumulative incidence per 10,000 population by province 01 Jan - 04 May 2024



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

Since the beginning of 2024:

- A total of 319 sentinel sites’ focal points, including 15 females, have been trained on surveillance procedures in Kabul province, East, South, and West regions.
- A total of 70 HCWs have been trained on AWD case management from the East (35, including 15 females) and the North-east (35, including 17 females) regions.
- A total of 125 AWD case management kits and eight kits of Carry Blairs (125/kit) have been distributed to WHO regional sub-offices in Kandahar, Nangarhar, Balkh, Herat, Bamyan, Kunduz, and Paktya.

WASH

- The updates are provided on a bi-weekly basis; hence, there are no updates for this week.

Outbreak of Crimean Congo Hemorrhagic Fever (CCHF) (01 Jan - 04 May 2024)



109

Total CCHF cases



2

Total CCHF deaths



74

Samples tested for CCHF



6

Lab-confirmed CCHF cases



8.1%

CCHF test positivity rate

Table 5: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (10 Mar – 04 May 2024)

Indicators	W11	W12	W13	W14	W15	W16	W17	W18	Trend line
Suspected cases	6	5	3	7	3	7	13 *	14	
Suspected deaths	0	0	1	0	0	1	0	0	
CFR (%)	0.0	0.0	33.3	0.0	0.0	14.3	0.0	0.0	

*A delayed report was experienced during week 17 in the number of CCHF suspected cases and was modified from 10 to 13.

- The epi-curve shows a gradual increasing trend for the last 3 weeks following low stabilization since 2024 that should be closely monitored (Figures 12 & 13).
- During week 18-2024, 14 new suspected CCHF cases with no associated deaths were reported (Table 5).



- Since the beginning of 2024, a total of 109 suspected cases of CCHF with two associated deaths (CFR=1.8) were reported. All the suspected cases were over five years of age, while 41 (37.6%) of them were females.
- The two deaths were both over five females from Balkh province.
- Since the beginning of 2024, a total of 74 samples of suspected CCHF cases have been tested, out of which 6 were positive (positivity 8.1%) reported from 4 provinces; Kabul (2), Balkh (1), Kapisa (1), Helamand (1), and Paktika (1).
- The highest cumulative incidence of CCHF per 100,000 population in 2024 is reported from Kapisa followed by Balkh, Jawzjan, and Kabul provinces (Figure 14).

Figure 12: The epidemiological curve of CCHF cases in Afghanistan 01 Jan –04 May 2024, (N=109)

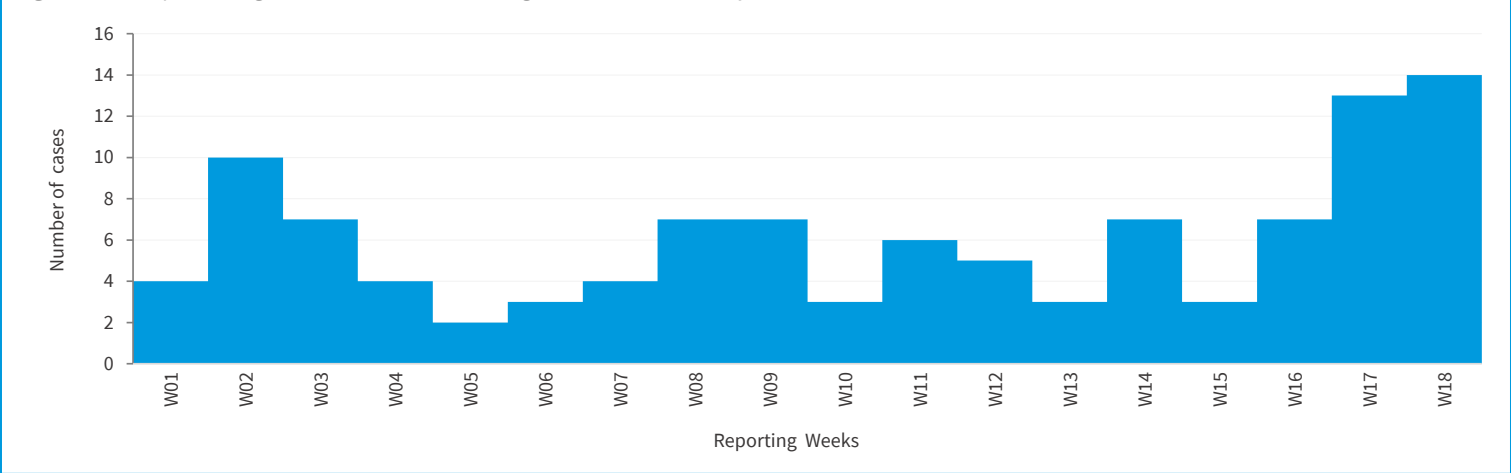


Figure 13. Comparison between the trends of suspected CCHF cases in 2014 vs 2023 and 3 years average (2020-2022)

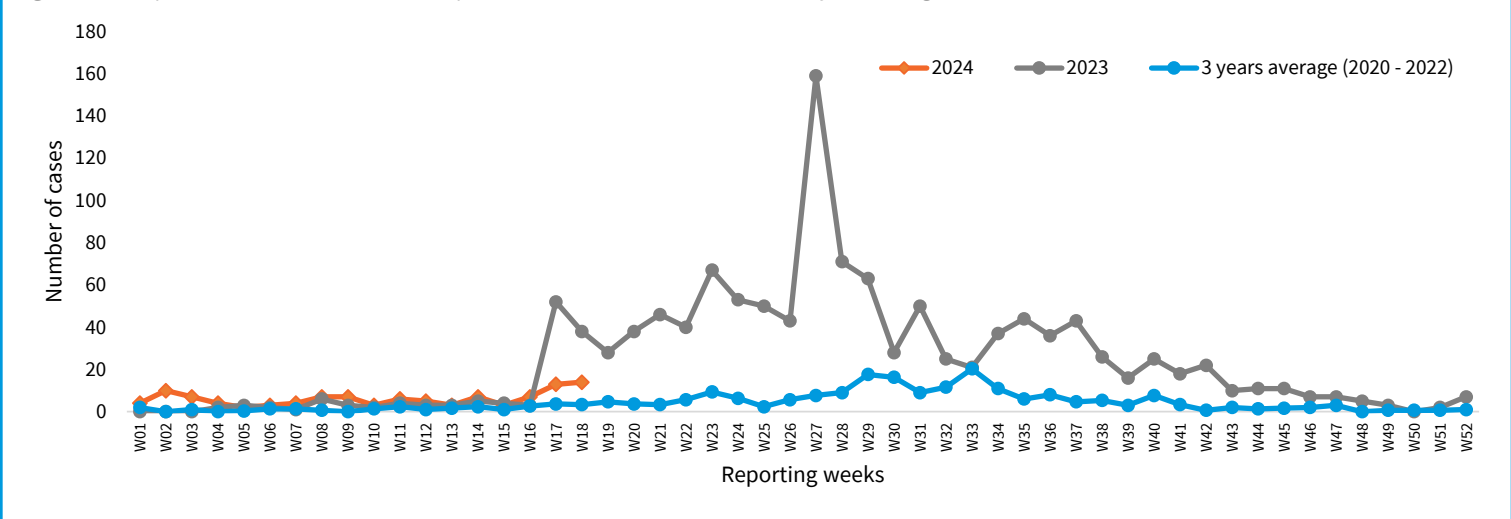
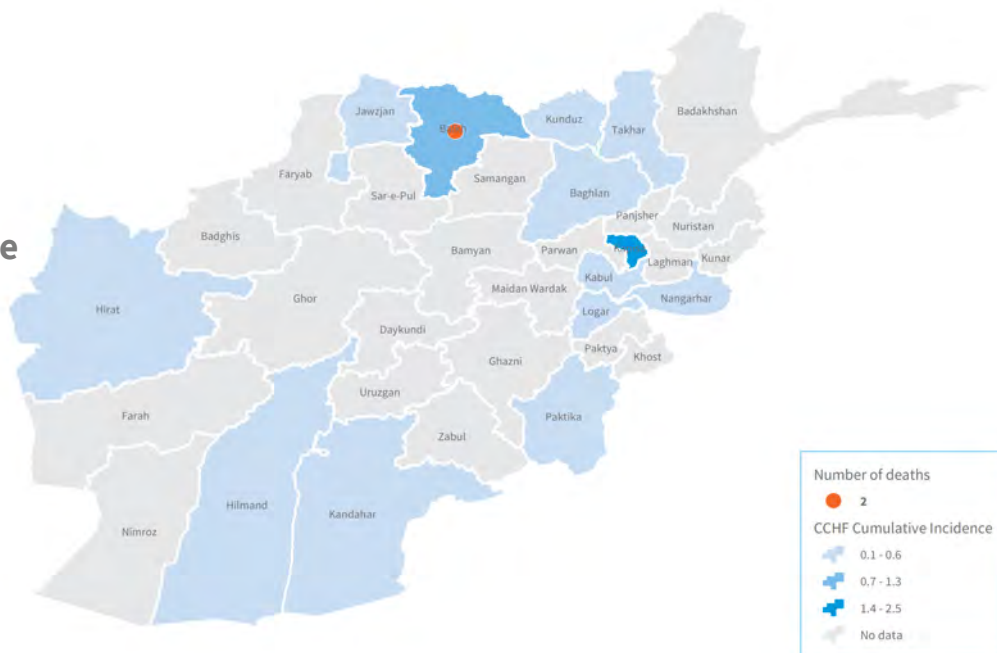


Figure 14. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 01 Jan – 04 May 2024

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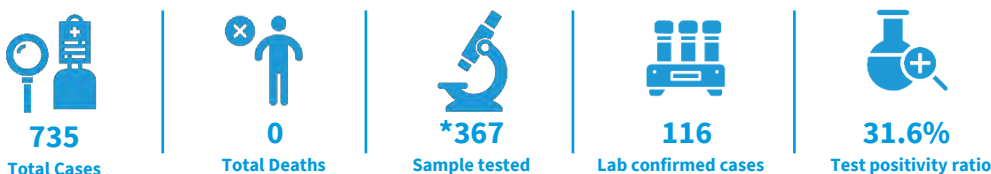
Crimean-Congo Hemorrhagic Fever (CCHF) cases cumulative incidence per 100,000 population by province and provincial distribution of deaths 01 Jan –04 May 2024



Updates on the response to the CCHF outbreak

- The national Crimean-Congo Hemorrhagic Fever (CCHF) preparedness and response plan has been drafted and it will be shared with MoPH for endorsement. The plan is aimed to be used for responding to the CCHF outbreak with focused interventions on surveillance/outbreak investigation, laboratory confirmation, case management and supplies, and the capacity of healthcare workers.
- 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.

Dengue Fever Outbreak (01 Jan-04 May 2024)



Note: Dengue fever laboratory data was reviewed, utilizing the confirmed case definition from WHO. 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 https://cdn.who.int/media/docs/default-source/outbreak-toolkit/dengue--outbreak-toolbox_20220921.pdf?sfvrsn=29de0271_2

Table 6: Summary of the dengue fever outbreak in the last eight weeks in Afghanistan (10 Mar – 04 May 2024)

Indicators	W11	W12	W13	W14	W15	W16	W17	W18	Trend line
Suspected cases	41	43	28	23	8	33	25	33	
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 an increasing trend over the past 3 weeks following a short period of modest decrease, which requires close monitoring (Figure 15).
- During week 18-2024, 33 suspected cases of dengue fever with no associated deaths were reported from Nangarhar province, which shows a 38.0% increase in the number of suspected cases reported compared to the preceding week.
- Since the beginning of 2024, the number of suspected dengue fever cases is higher than 2-year average (2021-2022), even higher than 2023 trend (Figure 16).
- Since the beginning of 2024, a total of 735 suspected cases of dengue fever with no associated deaths were reported, out of which 459 (62.4%) were females, and 8 (1.1%) 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 367 samples have been tested, out of which 116 were positive by PCR (positivity 31.6%).

Figure 15. The epidemiological curve of suspected dengue fever cases in Afghanistan 1 Jan – 04 May 2024, (N=735)

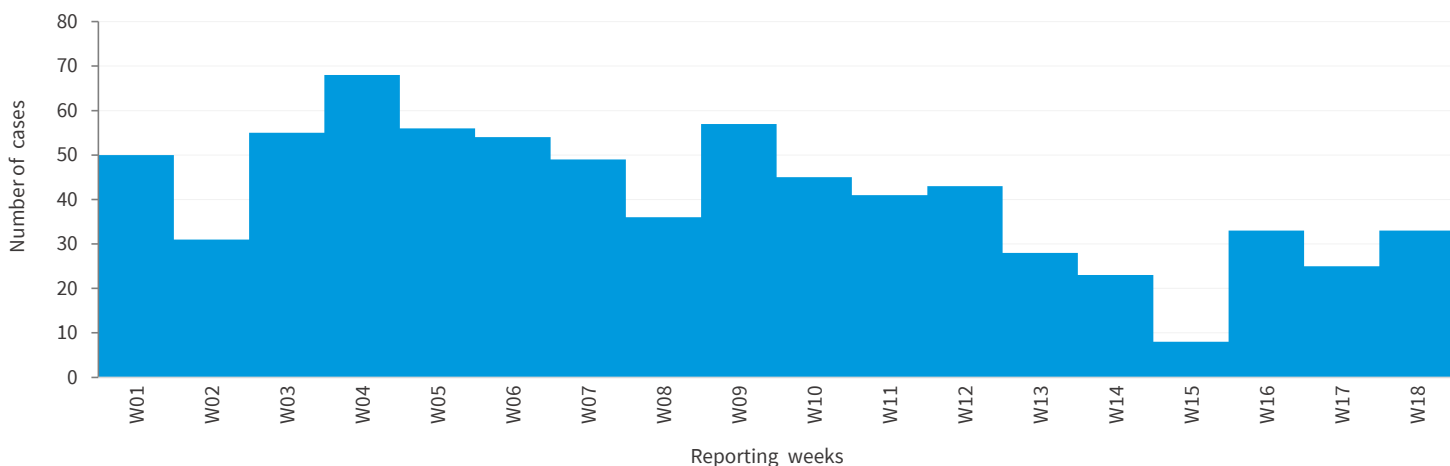




Figure 16. Comparison between the trends of suspected dengue fever cases in 2024 vs 2023 and 2-years average (2021-2022).

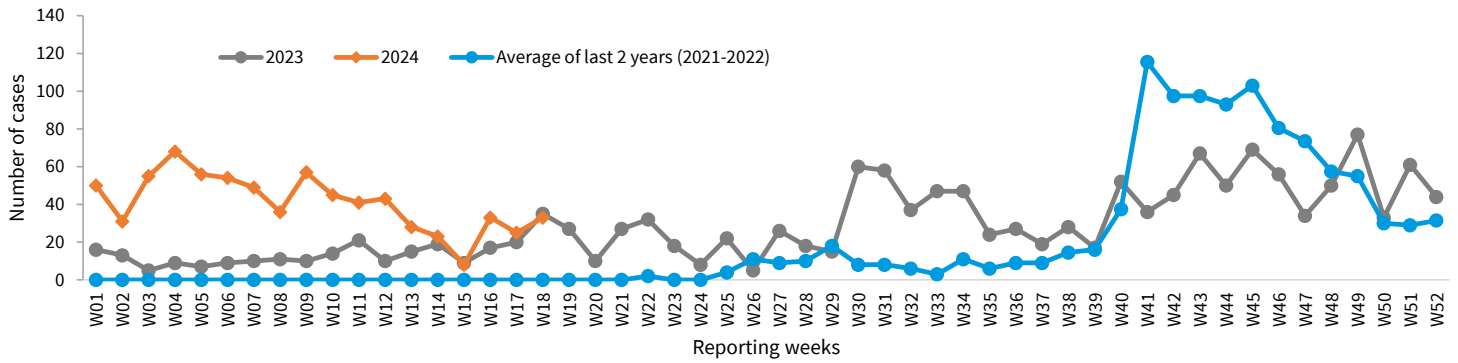
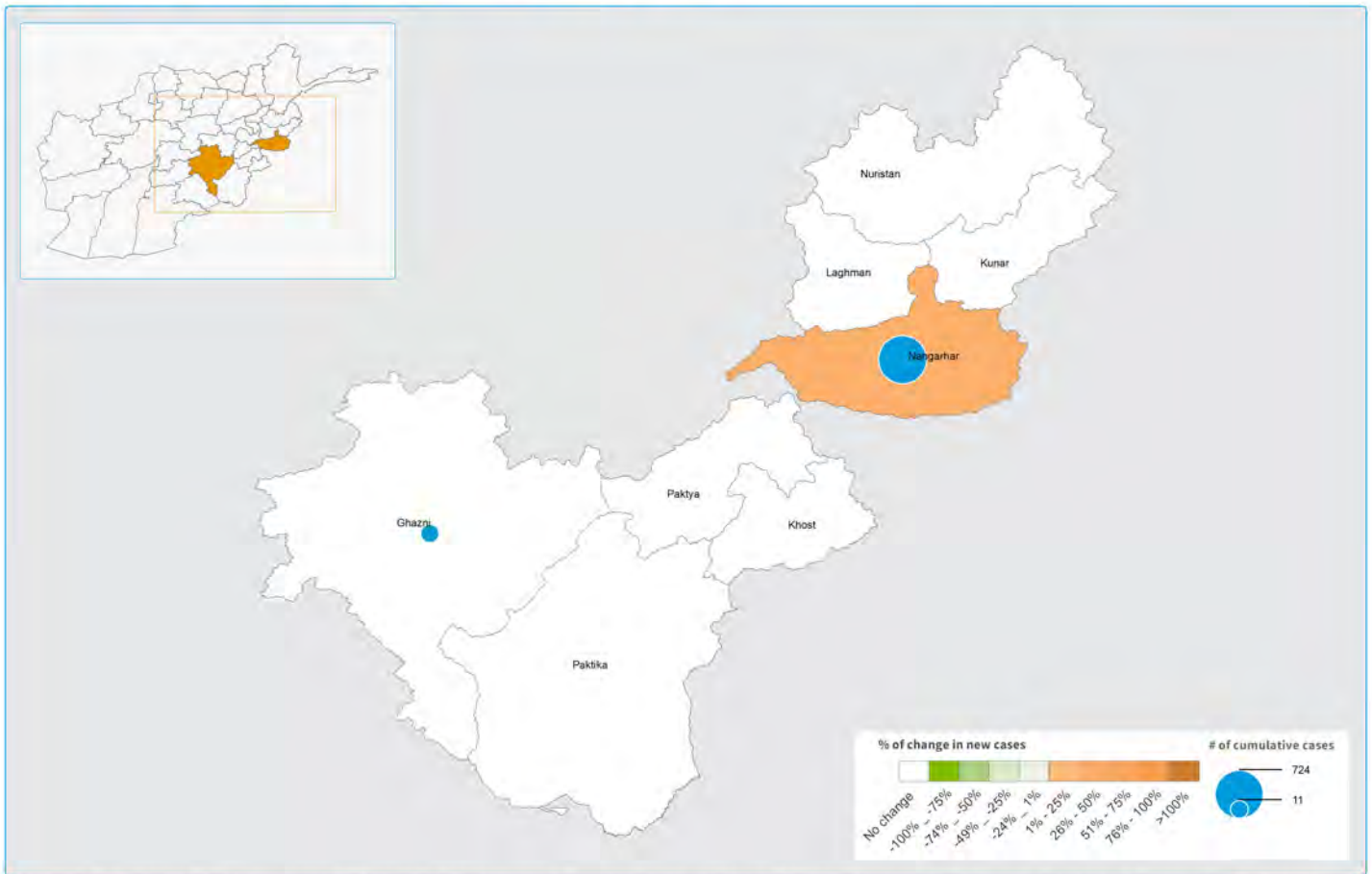


Figure 17. Geographical distribution of suspected dengue fever cases and percent change of new cases in Afghanistan, 01 Jan – 04 May 2024



Geographical distribution of suspected dengue fever cases in Nangarhar and Ghazni provinces and weekly percent of changes (between weeks 17 and 18, 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: 04 May 2024.

Updates in the response to the dengue fever outbreak

Since the beginning of 2024,

- A total of 28 lab technicians of HFs have been trained on dengue fever diagnosis in Kandahar province.
- A total of 64 HCWs (Medical doctors) have been trained on dengue fever case management in Kandahar province.
- 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

Contact us for further information:

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