AFGHANISTAN
INFECTIOUS DISEASE OUTBREAKS
SITUATION REPORT | Epidemiological week #31-2023

No. 31/(30 Jul-05 Aug)

Disease Outbreaks	CCHF (Jan - Aug 23)	AWD (Jan - Aug 23)	COVID-19 (Feb 20 - Aug 23)	Measles (Jan - Aug 23)	Dengue fever (Jan - Aug 23)
Cumulative Cases (Data from 597 (97.4%) out of 613 surveillance sentinel sites)	806*	120,574	224,599	19,094	518
Death (CFR %)	86 (10.67)	59 (0.05)	7,938 (3.5)	51 (0.3)	0 (0)

* A backlog of 76 CCHF cases and 7 deaths were added to the cumulative number of cases and deaths.

Outbreak of Crimean Congo Hemorrhagic Fever (CCHF)
(01 Jan to 05 Aug 2023)

Table 1: Summary of the CCHF outbreak in the last eight weeks (11 Jun - 05 Aug 2023)

Indicators	W24	W25	W26	W27	W28	W29	W30	W31	Epi-curve
Suspected cases	63	55	100	90	46	24	37	15	
% Change cases	21.2	-12.7	81.8	-10.0	-48.9	-47.8	54.2	-59.5	
Suspected deaths	7	5	11	13	4	0	4	1	
CFR (%)	11.1	9.1	11.0	14.4	8.7	0.0	10.8	6.7	

- During week 31-2023, a total of 15 new cases of CCHF (1 case was confirmed positive by PCR) and 1 new death was reported (Figure 1, Table 1).

- An additional 76 suspected cases and 7 deaths, were added due to backlog, to the cumulative number of cases and deaths; this brings the total number of suspected CCHF cases and associated deaths to 806 and 86, respectively (CFR 10.7%), since the beginning of 2023. (Figure2)

- The CCHF-associated deaths were reported from 14 prov-inces more than half of which were reported from 2 provinces; Kabul (43, 50.0%) and Balkh (13, 15.1%).

- Out of the total cases, 805 (99.9%) were above 5 years of age and 245 (30.4%) were females.

- Totally, 771 samples of suspected CCHF cases were tested since the beginning of 2023, of which 259 samples were positive (33.6% positivity).
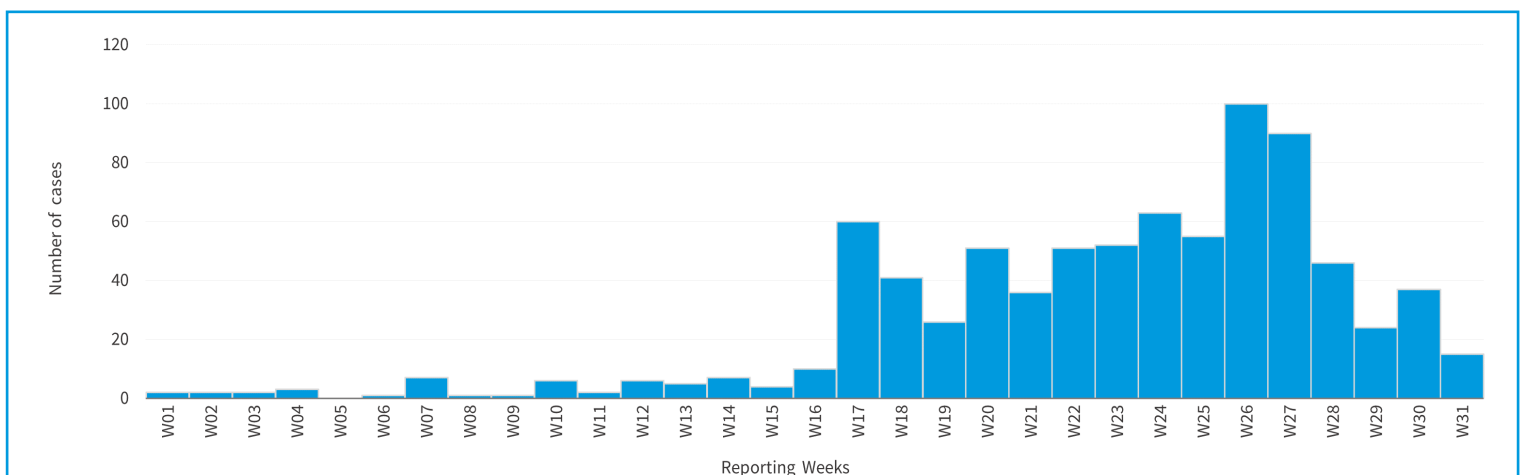

Figure 1: Epidemiological curve of CCHF cases in Afghanistan 1 Jan–05 Aug 2023 (N=806)

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Geographical Distribution of Crimean-Congo Hemorrhagic Fever (CCHF) cases by Province
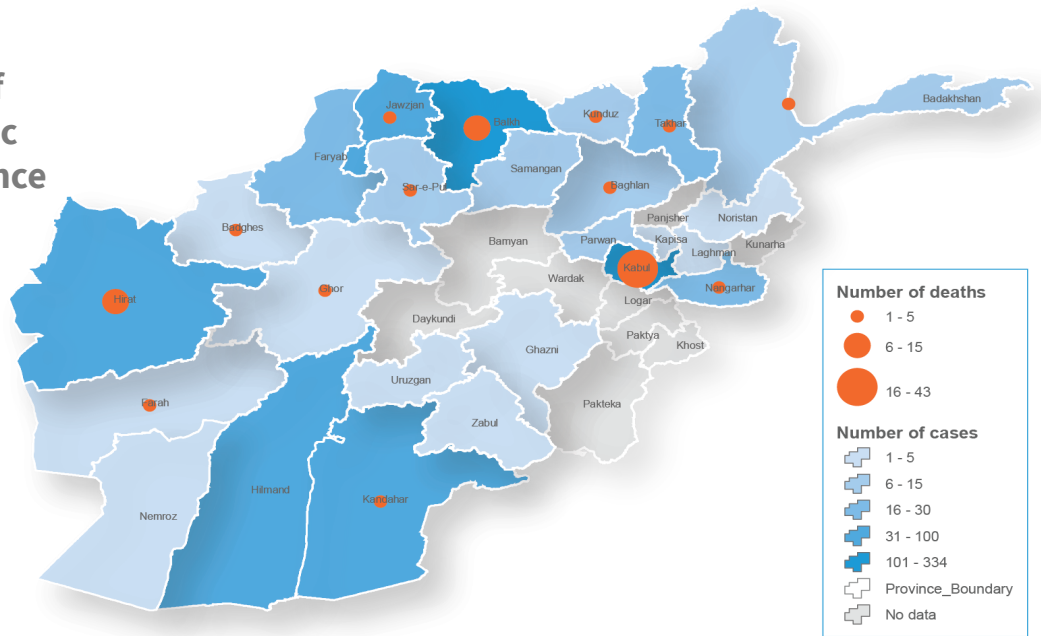### As of 05 Aug 2023

Figure 2. Geographical Distribution of Crimean-Congo Hemorrhagic Fever (CCHF) cases by Province in Afghanistan, 01 Jan–05 Aug 2023

CCHF Epi Situation between 2017 to 2022

- Crimean Congo Hemorrhagic fever (CCHF) is endemic in Afghanistan; between 2017 and 2022, the total number of suspected cases and deaths reported were 1,971 and 207 respectively.

- Females represented 25.9% (510), and 97.5% (1,922) were over five years of age.

- The most frequently reported occupational groups were those dealing with animals (butchers, farmers, shepherds and animal dealers) representing 37.7% (743) followed by housewives (23.2%, 457).

- The number of CCHF cases reported during 2023 is higher than: (Figure 3)

  ○ Average of cases reported over the past 6 years (2017 – 2022).

- The highest weekly number of cases during the past 6 years was recorded in 2019 (week 35, with 92 suspected cases), which was exceeded during week 26-2023 (100 suspected cases). (Figure3)

- Potential reasons behind that increase:

  ○ A real increase in the numbers of cases that could be attributed to environmental and ecological changes affecting the vectors breeding.

  ○ Enhanced reporting due to improvements brought to the national disease surveillance and response
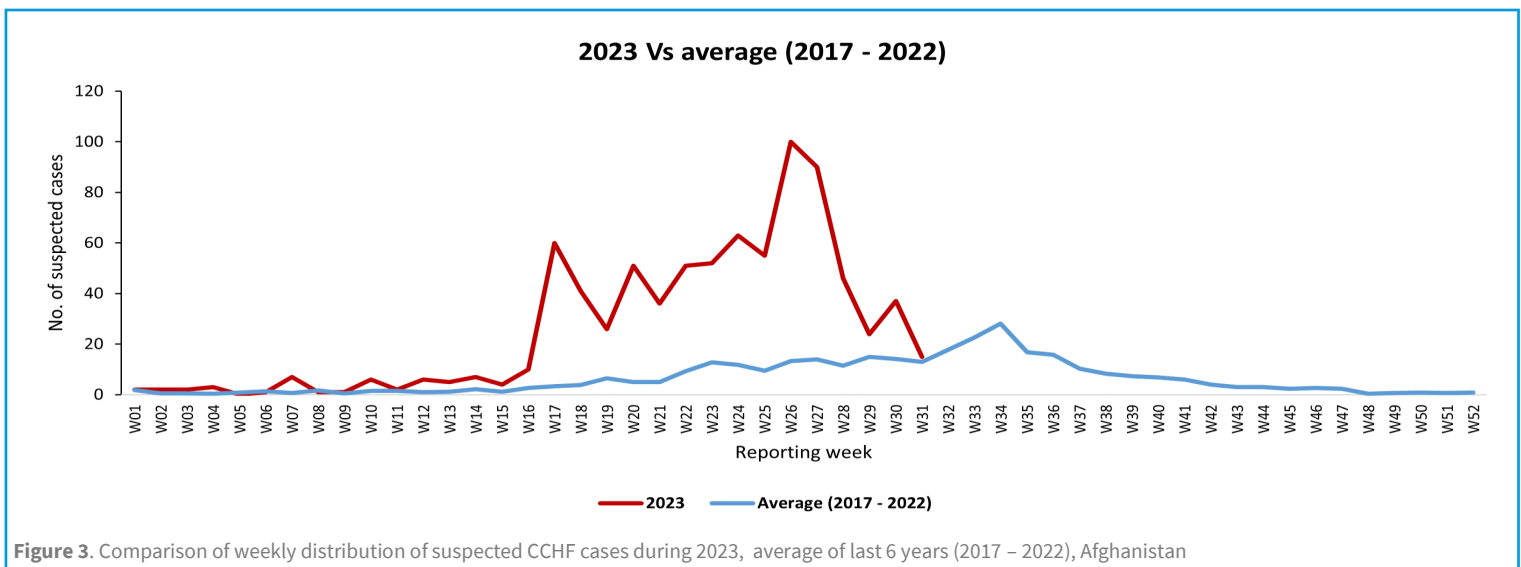

Figure 3. Comparison of weekly distribution of suspected CCHF cases during 2023, average of last 6 years (2017 – 2022), Afghanistan

Response to CCHF outbreak during 2023

Coordination and leadership

- National zoonosis committee meeting has been held and chaired by CDC-MoPH where relevant departments from the Ministry of Agriculture, Kabul Municipality, Ministry of Information and Technology, and national and international partners attended the meeting; coordinating the preparedness and response to zoonotic diseases outbreak (including CCHF); public awareness and case management of infected cases were discussed and decided among the committee members.

Surveillance

- Surveillance support teams (SSTs) are actively participating in outbreak investigation and response activities in 34 provinces.

Laboratory and supplies

- CCHF PCR kits were delivered to the advanced Lab of the Infectious Disease Hospital (2), Balkh RRL (1) and Herat RRL (1); this makes the total number of CCHF PCR kits supplied to different laboratories to 13 since the beginning of 2023.
- Four (4) Automated Nucleic acid extraction machines are delivered to the CPHL (1), Nangarhar RRL (1), Herat RRL (1), and Balkh RRL (1) that will minimize the sample processing time and improve the quality of the results and the safety of the lab staff.
- On-the-job training has been conducted for Nangarhar, Herat and Balkh RRLs' staff; the capacities have been built to utilize the PCR and ELISA technologies for laboratory confirmation of CCHF.
- A 6-day training on PCR and ELISA has been conducted for 6 Regional NDSR lab focal points at CPHL.

Case management

- Case management guideline for CCHF has been revised and is being reviewed by the MoPH for their endorsement; a one-day workshop was also held with the participation of representatives from specialty hospitals and the guideline protocol department of MoPH to present and finalize the guideline.
- Since the beginning of 2023, a total of 177 healthcare workers (HCWs) from all regions have been trained on CCHF case management protocol.
- A total of 1,600 double bags were donated by WHO to Balkh province to support CCHF case management.
- A total of 15 Ribavirin (antiviral medicine) courses (each course containing 84 tablets), and 200 personal protective equipment for infection prevention and control have been supplied to the North region.

RCCE

- 9,538 people (2,736 females) were reached through a 7-day mass awareness campaign on Crimean-Congo hemorrhagic fever (CCHF) in three districts of Herat province.
- 45 social mobilizers (15 women) were deployed to 23 locations in these districts to raise awareness through community engagement sessions and interpersonal communications.
- More than 13,000 information, education and communication (IEC) materials (e.g., brochures and posters) on CCHF have been distributed during the campaign in Herat.

Acute Watery Diarrhea (AWD) with Dehydration Outbreak
(01 Jan to 05 Aug 2023)

Table 2: summary of the AWD with Dehydration outbreak in the last eight weeks (11 Jun - 05 Aug 2023)

Indicators	W24	W25	W26	W27	W28	W29	W30	W31	Epi-curve
Suspected cases	5,143	6,688	4,775	6,373	7,059	7,105	7,323	7,474	
% Change cases	11.2	30.0	-28.6	33.5	10.8	0.7	3.1	2.1	
Suspected deaths	1	7	1	3	3	4	4 *	5	
CFR (%)	0.02	0.10	0.02	0.05	0.04	0.06	0.05	0.07	

Delayed data entry was experienced and the number of deaths was corrected from 3 to 4 in week 30.

- During week 31-2023, a total of 7,474 new AWD cases with dehydration and 5 new deaths were reported from 231 districts all over the country (Figure 5).

- The number of AWD with dehydration cases is increasing. The general trend is on the rise since week 10-2023 which is linked to the summer season (Figure 4).

- During last week, 1 new district (Markaz-e-behsood district of Wardak province) reported alert of AWD with dehydration.

- The new deaths reported this week were from 2 provinces: Jawzjan (3) and Helmand (2). Four deaths (80.0%) were females and all were under-five.

- Since Jan 2023, a total of 120,574 AWD with dehydration cases were reported from 330 districts, out of which 68,784 (57.0%) were children below 5 years and 59,796 (49.6%) were females.

- A total of 1,752 RDTs were conducted among AWD with dehydration cases since the beginning of 2023.

Figure 4. Epidemiological curve of AWD with dehydration cases in Afghanistan 01 Jan–05 Aug 2023 (N=120,574)
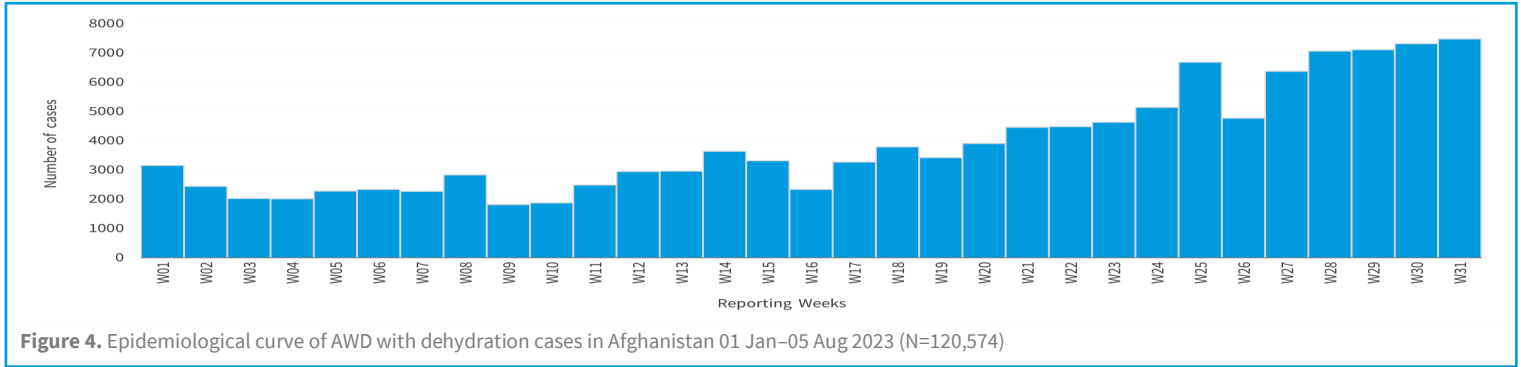
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AWD with dehydration attack rate per 10,000 population by province
As of 05 Aug 2023

Figure 5. AWD with dehydration attack rate per 10,000 population by province in Afghanistan, 01 Jan–05 Aug 2023
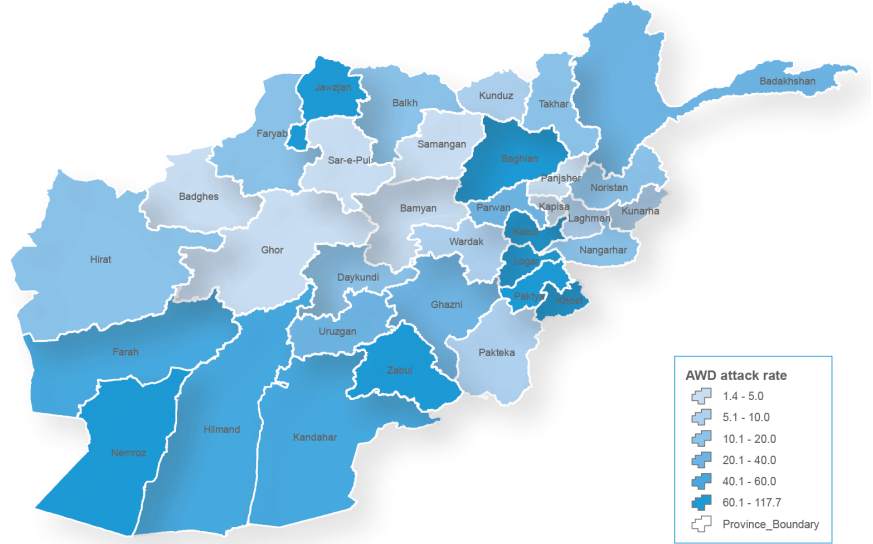
Preparedness and response to the AWD Outbreak

Leadership and Coordination

- Regular biweekly AWD task force meetings are conducted for health partners to coordinate the 2023 season AWD outbreak response.
- 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

- During last week, a total of 32 NDSR focal points of Central West region (Wardak, Dykundi, Bamyan and Parwan) provinces were trained on surveillance procedures.
- In total, 195 SST members have been trained on outbreak investigation and reporting, lab sample collection and transportation in 7 regions since the begining of 2023.
- 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 AWD outbreaks.

Case Management

- Since Jan 2023, a total of 762 HCWs have been trained on AWD case management in 5 regions (Central, Central Highland, West, North and East).
- Around 350 HCWs are targeted for case management training over the coming few weeks.

Laboratory and Supplies

- During week 31, 11 case management kits were supplied to Nangarahr, Paktya, Kunduz, Balkh, Kandahar provinces.
- During last week, 8 laboratory investigation kits were supplied to Nangarhar and Kandahar provinces.
- A total of 3,750 Carry Blairs media for laboratory culture and 330 kits of RDTs have been prepositioned in 34 provinces for supporting specimen collection and laboratory confirmation of AWD cases with dehydration.
- Seven public health laboratories including CPHL, IDH and 5 RRLs (Kandahar, Paktya, Nangarhar, Balkh and Herat regional reference labs) have the testing/confirmation capacity for AWD with dehydration and they have been supplied with diagnostic kits.

WASH
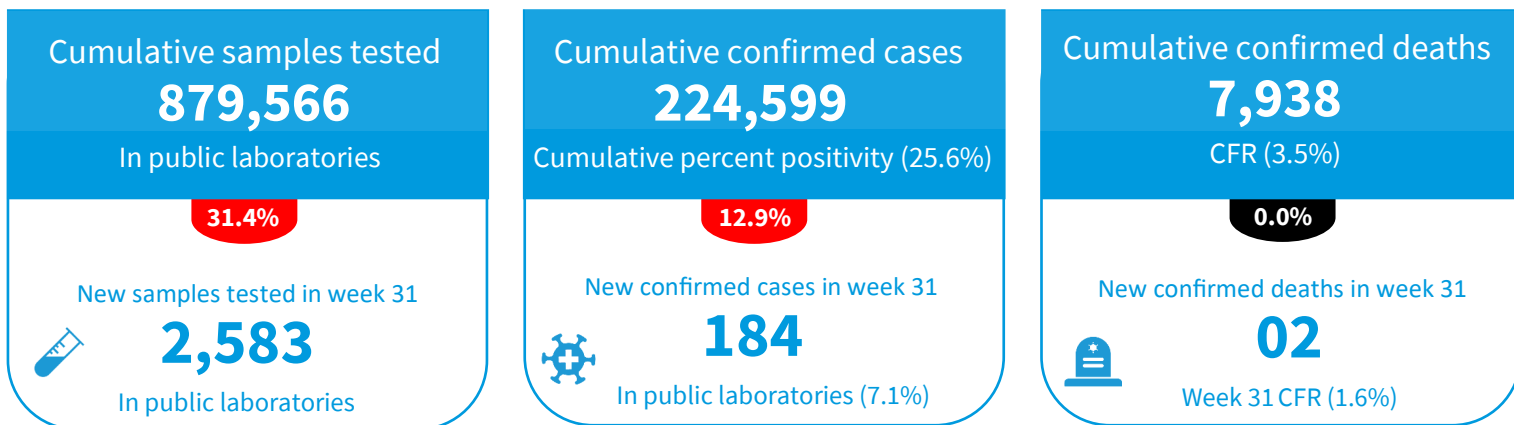
- No updates during last week, updates are shared by partners on a bi-weekly basis.

RCCE

- During last week, 45,000 IEC material (5,000 brochures and 10,000 posters) on AWD have been supplied to Badakhshan, Balkh and Kabul provinces.

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COVID-19
(24 Feb 2020 — 05 Aug 2023)

Cumulative samples tested	Cumulative confirmed cases	Cumulative confirmed deaths
879,566	**224,599**	**7,938**
In public laboratories	Cumulative percent positivity (25.6%)	CFR (3.5%)
31.4%	**12.9%**	**0.0%**
New samples tested in week 31	New confirmed cases in week 31	New confirmed deaths in week 31
2,583	**184**	**02**
In public laboratories	In public laboratories (7.1%)	Week 31 CFR (1.6%)

Key: ● Increasing ● Decreasing ● No change

COVID-19 Vaccination highlights

Fully vaccinated	Partially vaccinated	Booster dose	At least one dose of any vaccine received
14,689,087	**1,805,530**	**2,124,323**	**16,496,617**

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

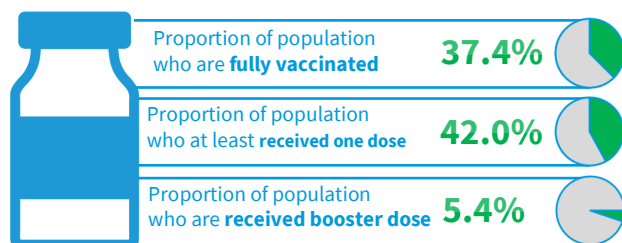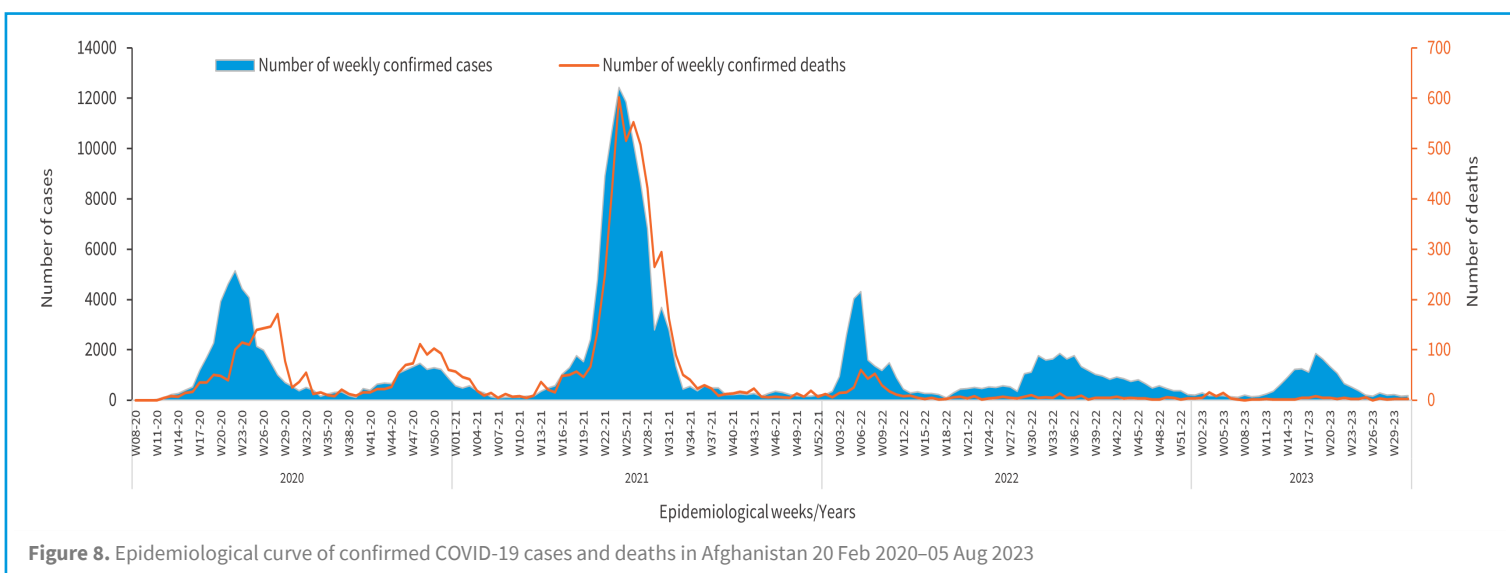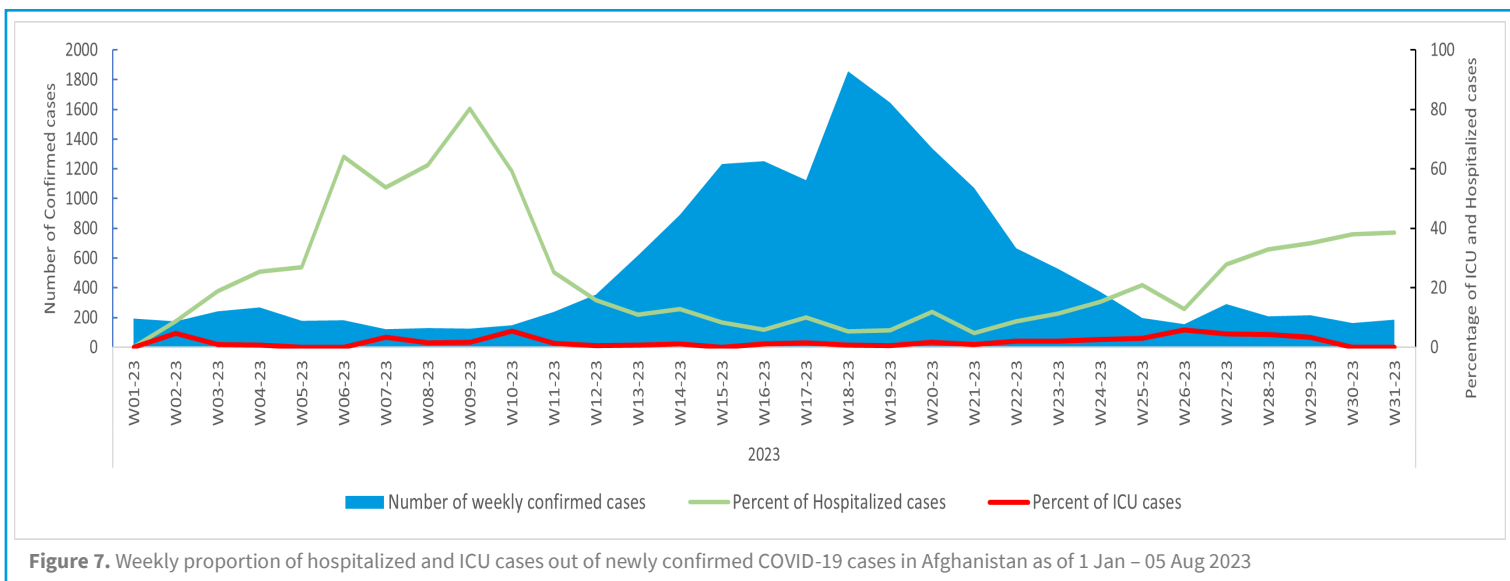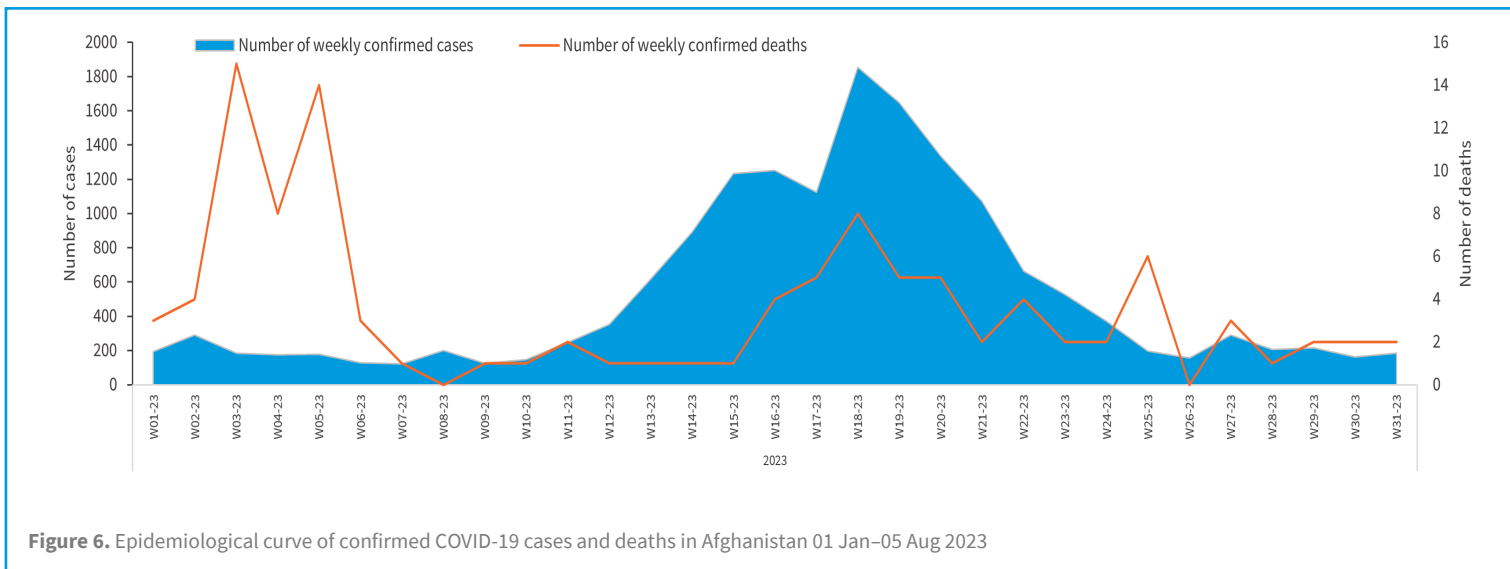| Proportion of population who are **fully vaccinated** | **37.4%** |
| Proportion of population who at least **received one dose** | **42.0%** |
| Proportion of population who are **received booster dose** | **5.4%** |

Table 3: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (11 Jun - 05 Aug 2023)

Indicators	W24	W25	W26	W27	W28	W29	W30	W31	Epi-curve
Samples tested (in public Labs)	3,022	1,943	904	2,183	2,553	2,482	1,966	2,583	
Confirmed cases	372	196	155	290	207	214	163	184	
% Change cases	-29.3	-47.3	-20.9	87.1	-28.6	3.4	-23.8	12.9	
Percent positivity (%)	12.3	10.1	17.1	13.3	8.1	8.6	8.3	7.1	
Deaths	2	6	0	3	1	2	2	2	
CFR (%)	0.5	3.1	0.0	1.0	0.5	0.9	1.2	1.1	

A delayed reporting was experienced during week 30-2023, the number of samples tested, new cases and deaths were modified from 1,752 to 1,966, from 134 to 163 and from 1 to 2, respectively.

- During week 31, the number of COVID-19 cases was slightly increased, however, generally, the epi curve shows a decline in the number of confirmed cases over the past 12 weeks (Figure 6).

- Since the beginning of the pandemic in Feb 2020, a total of 879,566 samples have been tested for COVID-19 through public laboratories.

- In week 31-2023, a total of 2,583 samples were tested in public labs, of which 184 samples were positive for COVID-19 (test positivity of 7.1%) and 3 new deaths were reported (CFR=1.6%).

- During week 31-2023, 38.6% (71/184 confirmed cases) were hospitalized, while no cases were admitted to the ICU (Figure 7).

Figure 6. Epidemiological curve of confirmed COVID-19 cases and deaths in Afghanistan 01 Jan–05 Aug 2023

Figure 7. Weekly proportion of hospitalized and ICU cases out of newly confirmed COVID-19 cases in Afghanistan as of 1 Jan – 05 Aug 2023

Figure 8. Epidemiological curve of confirmed COVID-19 cases and deaths in Afghanistan 20 Feb 2020–05 Aug 2023

Measles Outbreak
(01 Jan to 05 Aug 2023)

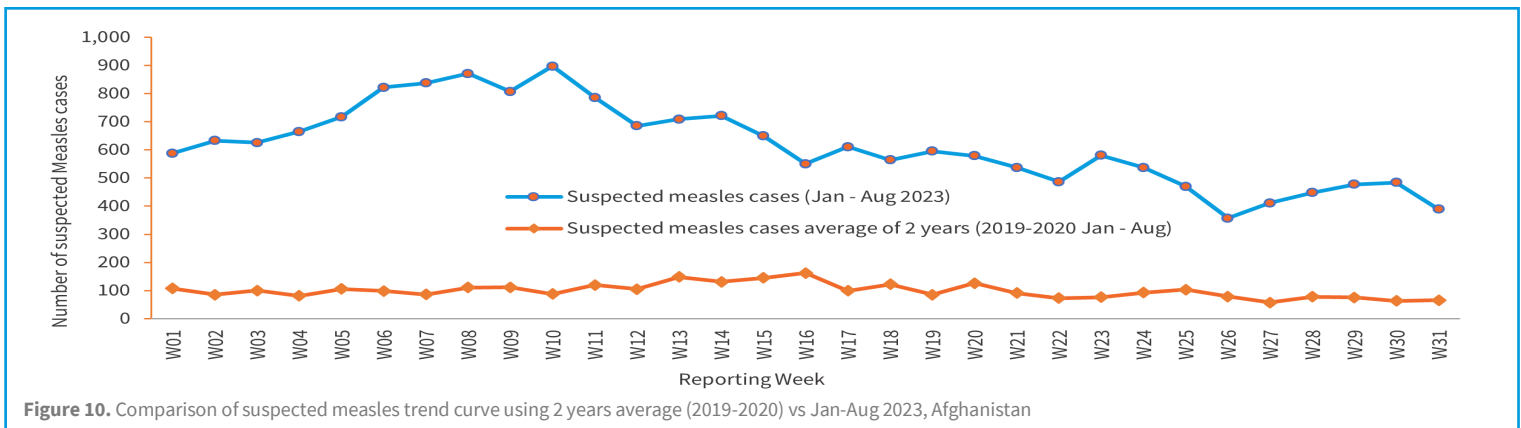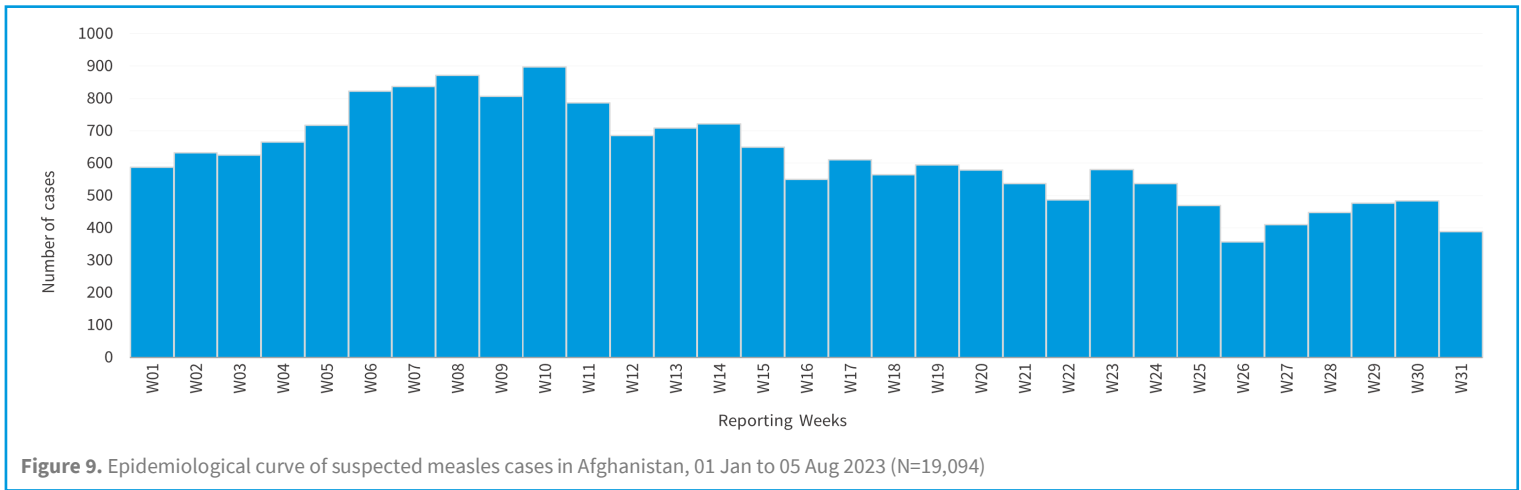| **19,054**	**51**	**4,494**	**2,246**	**50.0%**
Total Cases	Total Deaths	Sample tested	Lab confirmed cases	Test positivity ratio

Table 4: summary of the suspected measles outbreak in the last eight weeks (11 Jun - 05 Aug 2023)

Indicators	W24	W25	W26	W27	W28	W29	W30	W31	Epi-curve
Suspected cases	537	470	357	411	448	477	484 *	389	
% Change cases	-7.4	-12.5	-24.0	15.1	9.0	6.5	1.5	-19.6	
Suspected deaths	2	1	0	0	1	1	1	0	
CFR (%)	0.4	0.2	0.0	0.0	0.2	0.2	0.2	0.0	

Delayed data entry was experienced and the number of suspected cases was corrected from 477 to 484 in week 30.

- The epi-curve shows a decrease in the number of suspected measles cases during week 31 after increment in the 4 previous consecutive weeks. However, overall, measles cases are showing a slow declining trend since week 10 (Figure 9).

- During epidemiological week 31-2023, a total of 389 suspected cases were reported which indicates 19.6% decrease in the number of cases compared to the last week.

- Since Jan 2023, a total of 19,094 suspected measles cases were reported, out of which 13,521 (70.8%) were children under 5 years of age and 9,003 (47.2%) were females.

Figure 9. Epidemiological curve of suspected measles cases in Afghanistan, 01 Jan to 05 Aug 2023 (N=19,094)

Figure 10. Comparison of suspected measles trend curve using 2 years average (2019-2020) vs Jan-Aug 2023, Afghanistan

Comparing the current trend with the trend for the average number of suspected cases reported during 2019-2020; reveals that despite efforts to control the outbreak, still, measles cases are occurring at a higher rate as compared to the endemic level during 2019-2020 (Figure 10).

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Suspected measles attack rate per 10,000 population of by province
As of 05 Aug 2023

Measles attack rate
- 0.0 - 2.0
- 2.1 - 4.0
- 4.1 - 6.0
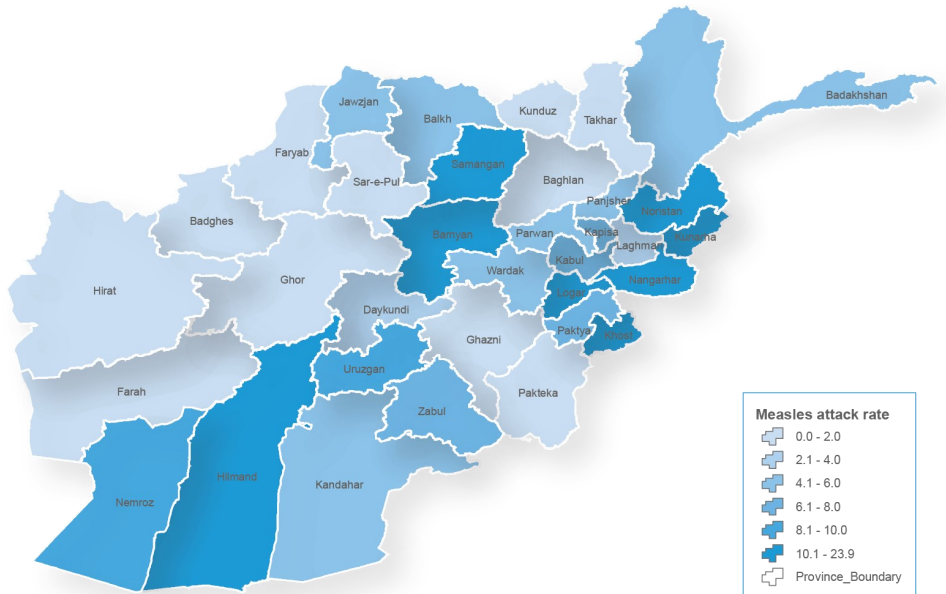- 6.1 - 8.0
- 8.1 - 10.0
- 10.1 - 23.9
- Province_Boundary

Figure 11. Suspected measles attack rate per 10,000 population by province in Afghanistan 01 Jan–05 Aug 2023 (N=19,094)

Dengue Fever Outbreak
(01 Jan to 05 Aug 2023)

576	1	182	40	22.0%
Total Cases	**Total Deaths**	**Sample tested**	**Lab confirmed cases**	**Test positivity ratio**

Table 5: summary of the Dengue fever outbreak in the last eight weeks (11 Jun - 05 Aug 2023)

Indicators	W24	W25	W26	W27	W28	W29	W30	W31	Epi-curve
Suspected cases	8	22	5	26	18	15	60	58	
% Change cases	-55.6	175.0	-77.3	420.0	-30.8	-16.7	300.0	-3.3	
Deaths	0	0	0	0	0	0	0	0	
CFR (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

- A total of 58 suspected dengue fever cases with no new deaths were reported during week 31-2023; most of the cases (91.4%, 57 cases) were reported from Nangarhar province while the remaining case was reported from Laghman province, which brings the total number of suspected cases to 576 and one death since the beginning of 2023.
- During week 31, the number of weekly suspected cases shows almost stabilization compared to week 30 (Figure 12).
- Out of 576 reported cases, 303 (52.6%) were females and 563 (97.7%) were over 5 years of age.
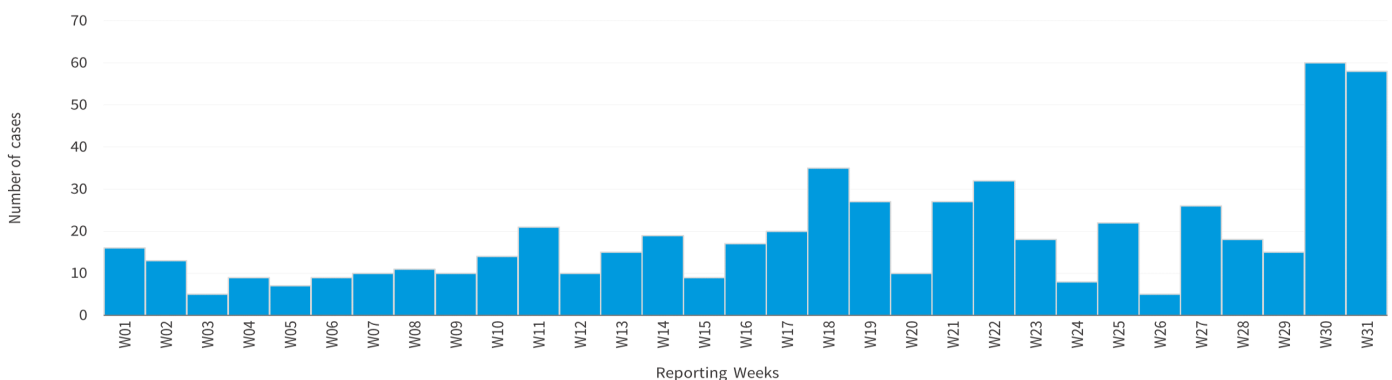- Since Jan 2023, a total of 182 samples have been collected, out of which 40 were confirmed (22.0% positivity).
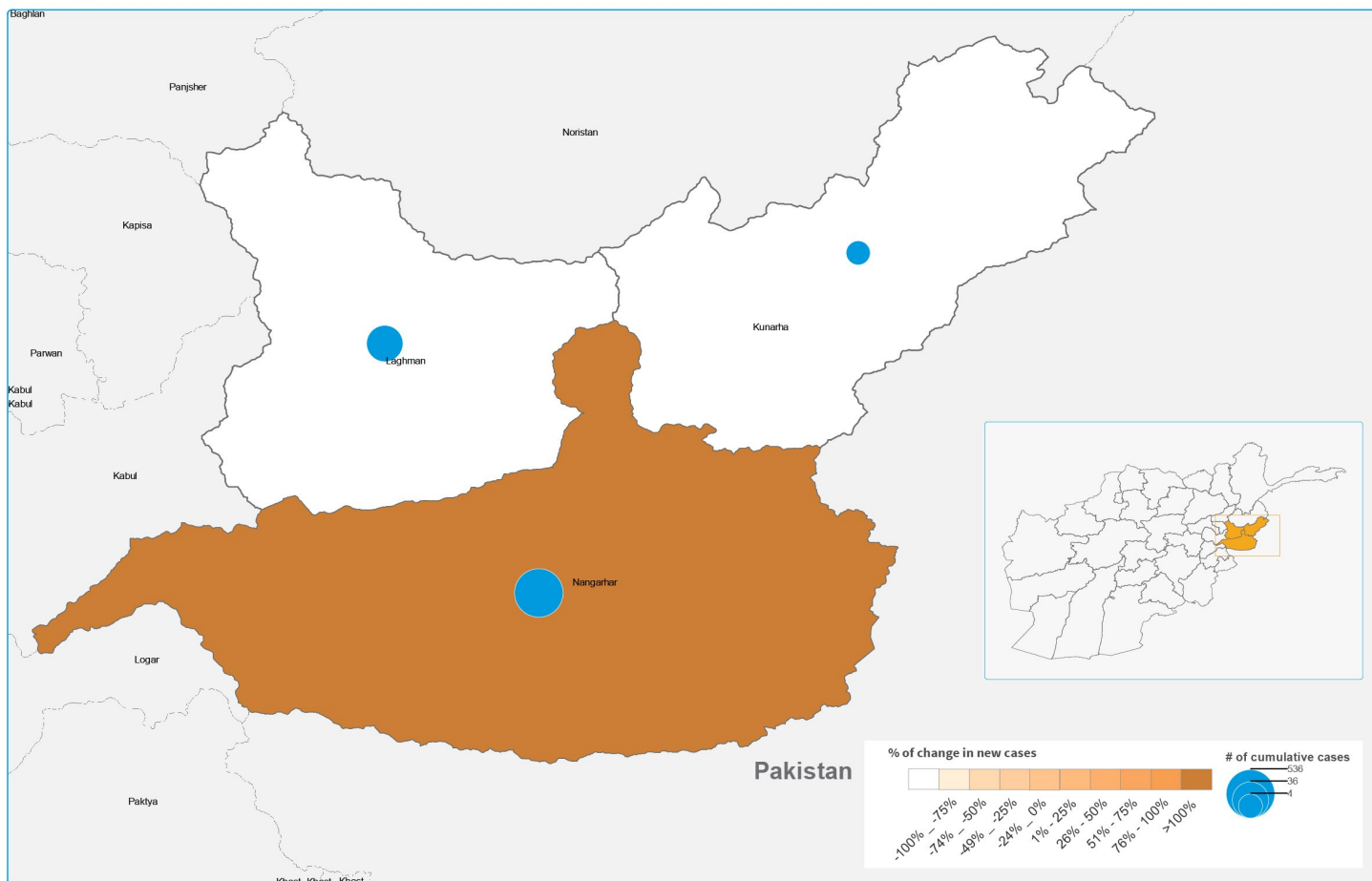

Figure 12. Epidemiological curve of dengue fever cases in Afghanistan 01 Jan–05 Aug 2023 (N=576)

World Health Organization
Afghanistan

Geographical distribution of suspected dengue fever cases in Afghanistan and weekly percent of changes (between weeks 30 and 31, 2023)

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization (WHO) concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries, the lines on map reperesent approxite border lines for which there may not yet be full agreement. Sources: MoPH, WHO, AGCHO.   Creation date: 05 Aug 2023.

Figure 13. Hotspot areas of dengue fever cases and percent change of new cases in Afghanistan, Jan-Aug 2023

Response to the Dengue fever outbreak

- Case management guideline for dengue fever has been revised and being reviewed by the MoPH for their endorsement; a one-day workshop was also held with the participation of representatives from specialty hospitals and the guideline protocol department of MoPH to present and finalize the guideline.

- Since the beginning of 2023, a total of 320 HCWs have been trained on dengue case management in the East region.

Outbreaks of suspected botulism

- During week 30-2023, two outbreaks of suspected botulism were reported from 2 regions; North region (Balkh) and West region (Badghis).

- In Balkh province:

  ° The outbreak occurred in Qaraghojla village, Dawlatabad district of Balkh province.

  ° Total number of suspected cases was 4, including one death.

  ° One case has recovered while the remaining 2 cases are hospitalized in the national infectious disease hospital in Kabul.

  ° All cases were over 5 years of age and 2 (50.0%) were females, the death case was female.

- In Badghis province:

  ° The outbreak occurred in Ghaib Ali Dasht in Qadis district, Badghis province.

  ° Total number of suspected cases was 8, including 5 deaths.

  ° One case has recovered while the remaining 2 cases are admitted to the ICU in Herat Regional Hospital.

  ° Seven (87.5%) cases were over 5 years of age and 5 (62.5%) were females.

  ° Among the 5 deaths, 3 (60.0%) were females (all >5 years) and 4 (80.0%) were above five years.

Response to botulism outbreaks

- WHO delivered botulism anti-toxin to the hospitalized cases for the needed treatment in the outbreak affected provinces.

- Strategic stockpiling of the heptavalent botulism anti-toxin has been initiated and expected to be delivered within 2 weeks to Afghanistan.

Note: MOPH is the source of epidemiological data

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