



### AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #19-2024

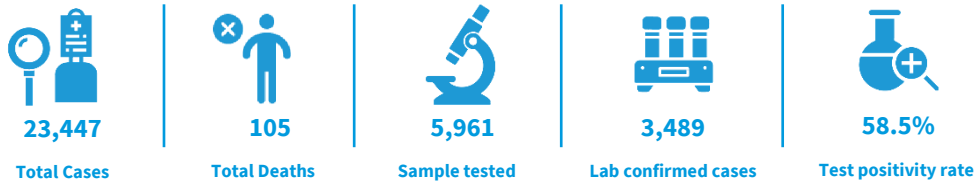
No. 19 (05-11 May 2024)

Disease Outbreaks	Measles	ARI	COVID-19	AWD	CCHF	Dengue fever
Cumulative Cases 2024	23,447	654,120	*6,192	39,075	125	772
Cumulative deaths 2024 (CFR %)	105 (0.4)	1,460 (0.2)	33 (0.5)	22 (0.06)	3 (2.4)	0 (0.0)

\* This number represents confirmed COVID-19 cases, while others are suspected cases. (Data from 610 (99.5%) out of 613 sentinel sites)

### Measles Outbreak

(01 Jan-11 May 2024)



**Table 1:** Summary of the measles outbreak in the last eight weeks in Afghanistan (17 Mar – 11 May 2024)

Indicators	W12	W13	W14	W15	W16	W17	W18	W19	Trend line
Suspected cases	1,642	1,435	1,535	1,323	1,316	1,569	1,530	1,604	
Suspected deaths	7	9	12	4	7	4	2	5	
CFR (%)	0.4	0.6	0.8	0.3	0.5	0.3	0.1	0.3	

- The epidemiological curve of suspected measles cases has shown a continuous increasing trend since the beginning of 2024, except a modest downward trend observed during weeks 15 and 16 maybe due to underreporting (Figure 1). The trend in 2024 is higher than that reported in 2023 and the 2-years average before 2021-2022 outbreak (Figure 2).
- During week 19-2024, a total of 1,604 suspected cases and 5 associated deaths were reported. This represents a 5% increase in the number of suspected measles cases compared to the preceding week.
- The 5 deaths were reported from 4 provinces: Kandahar (2), Kabul (1), Herat (1), and Faryab (1); all deaths were under-five children, while 2 of them were female.
- Since the beginning of 2024, a total of 23,447 suspected measles cases and 105 deaths (CFR=0.4%) were reported. Among suspected measles cases, 18,884 (80.5%) were under-five children, and 10,613 (45.3%) 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 (17.5), followed by Samangan (16.1), Khost (15.5), and Jawzjan (12.1) (Figure 3).

**Figure 1.** The epidemiological curve of suspected measles cases in Afghanistan, 01 Jan to 11 May 2024 (N= 23,447)



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

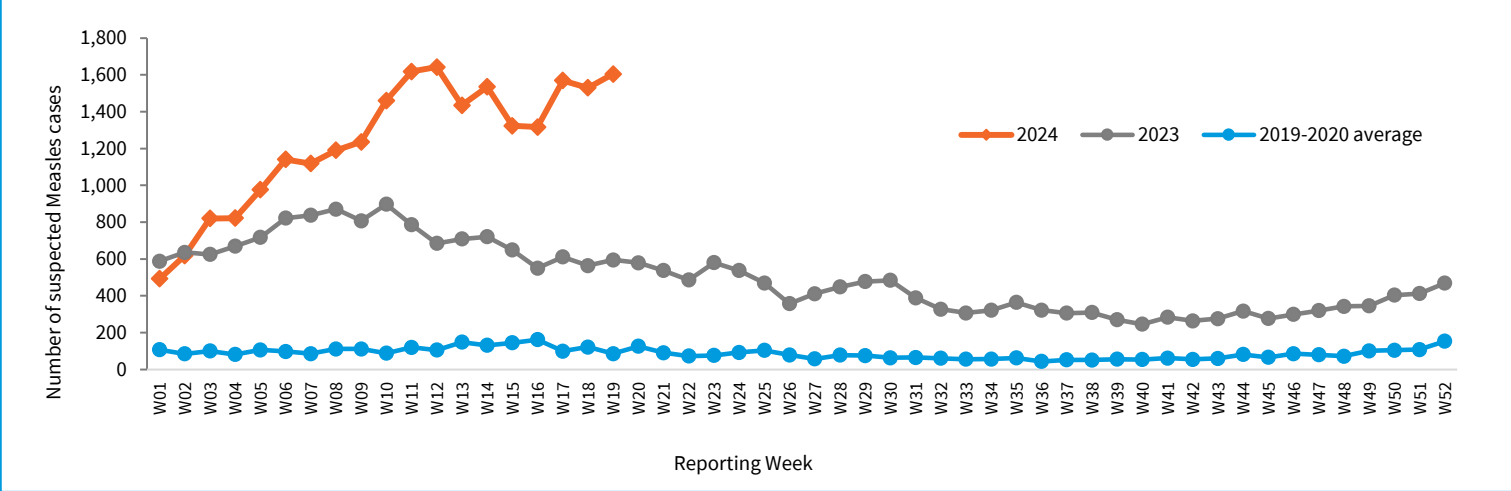
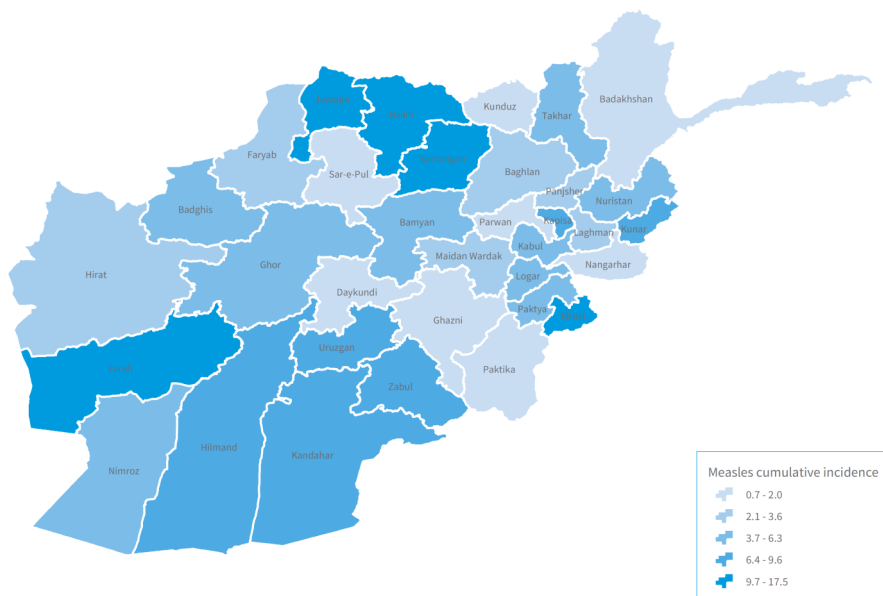


Figure 3. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 01 Jan-11 May 2024

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## Suspected measles cumulative incidence per 10,000 population by province 01 Jan–11 May 2024



### Updates on the preparedness and response to the Measles outbreak

- During week 19-2024, a total of 970 children aged 9-59 months were vaccinated against measles in Parwan, Bamyan, Wardak, Helmand, Urozgan, Paktya, and Takhar provinces. This brings the total number of children vaccinated to 15,956 as part of outbreak response immunization campaigns since the beginning of 2024.
- 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, 126 measles case management kits have been distributed to WHO sub-offices across the country.

### Acute Respiratory Infection (ARI) (01 Jan-11 May 2024)



**\*654,120**  
Total ARI Cases



**\*1,460**  
Total Deaths



**\*\*1,527**  
Samples tested for influenza



**\*\*63**  
Lab confirmed influenza cases



**4.1%**  
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 (17 Mar – 11 May 2024)

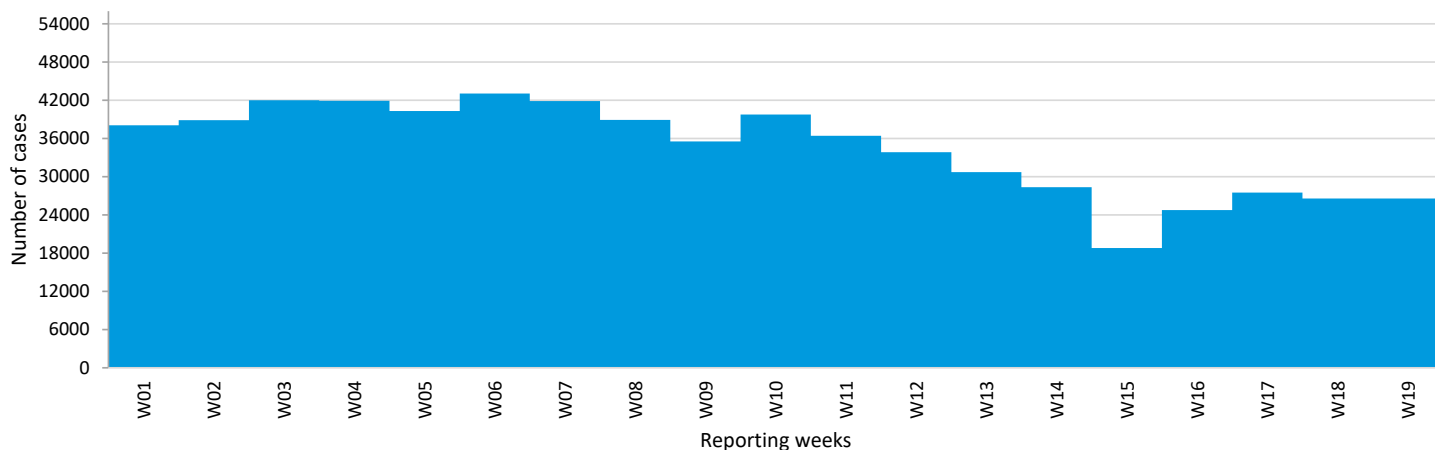
Indicators	W12	W13	W14	W15	W16	W17	W18	W19	Trend lines
Suspected cases	33,841	30,749	28,367	18,827	24,775	27,521	26,601	26,585	
Suspected deaths	59	70	58	49	60	44	40	47	
CFR (%)	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.2	

- 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). This decrease could be explained by the conclusion of the winter in some of the provinces across the country.
- During week 19-2024, 26,585 cases of ARI pneumonia and 47 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 654,120 ARI pneu-

monia cases and 1,460 associated deaths (CFR=0.2%) were reported from 34 provinces. Out of the total cases, 412,764 (63.1%) were under-five children, and 322,924 (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 (311.8), followed by Bamyan (276.1), Jawzjan (267.4), and Laghman (251.8) provinces (Figure 5).
- Out of 1,460 deaths, 1,282 (87.8%) were under-five children and 659 (45.1%) were females.

**Figure 4.** The epidemiological curve of ARI Pneumonia cases in Afghanistan, 01 Jan – 11 May 2024 (N=654,120)



**Figure 5.** ARI pneumonia cumulative incidence per 10,000 population by province, Afghanistan 01 Jan- 11 May 2024

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## ARI pneumonia cumulative incidence per 10,000 population by province

01 Jan-11 May 2024

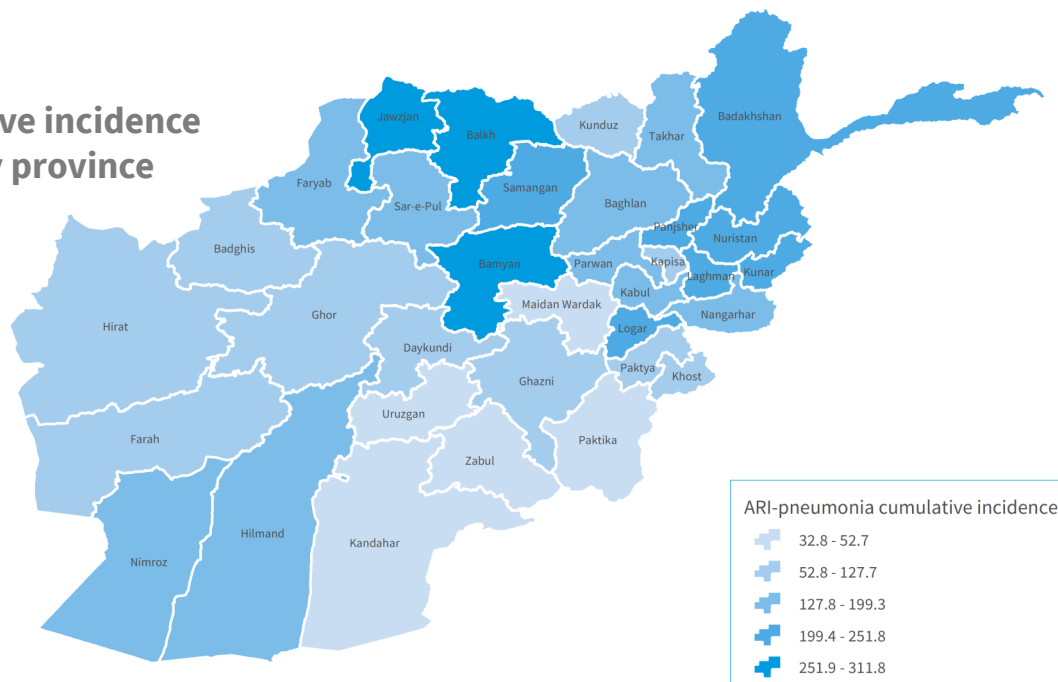
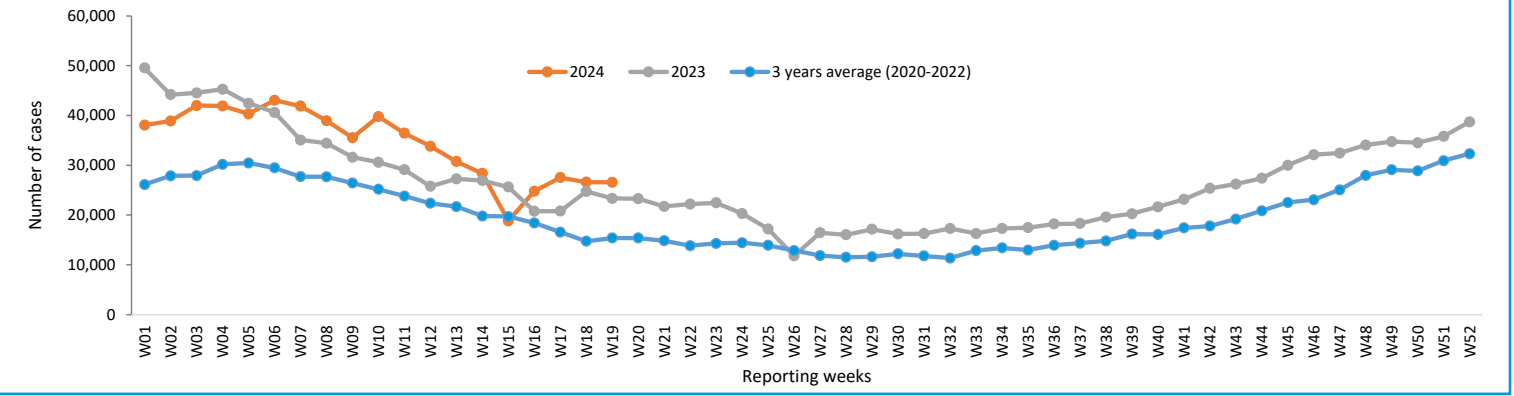




Figure 6. Comparison between the trend of ARI cases in 2024 vs 2023 and 3-years average, Afghanistan (2020-2022)



### 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.
- Eithy-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 — 11 May 2024)

Cumulative samples tested

**991,434**

In public laboratories

New samples tested in week 19



**2,402**

In public laboratories

-22.2%

Cumulative confirmed cases

**236,850**

Cumulative percent positivity (23.9%)

New confirmed cases in week 19



**480**

Weekly percent positivity (20.0%)

-39.8%

Cumulative confirmed deaths

**8,004**

CFR (3.4%)

New confirmed deaths in week 19



**4**

Week 19 CFR (0.8%)

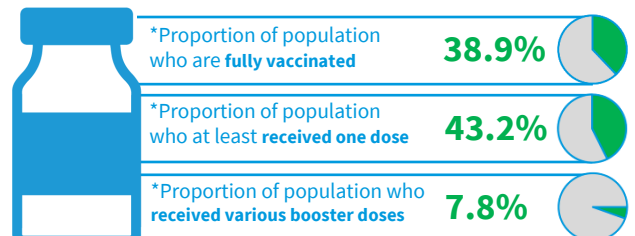
+300.0%

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 55.7% decrease compared to Mar-2024.



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



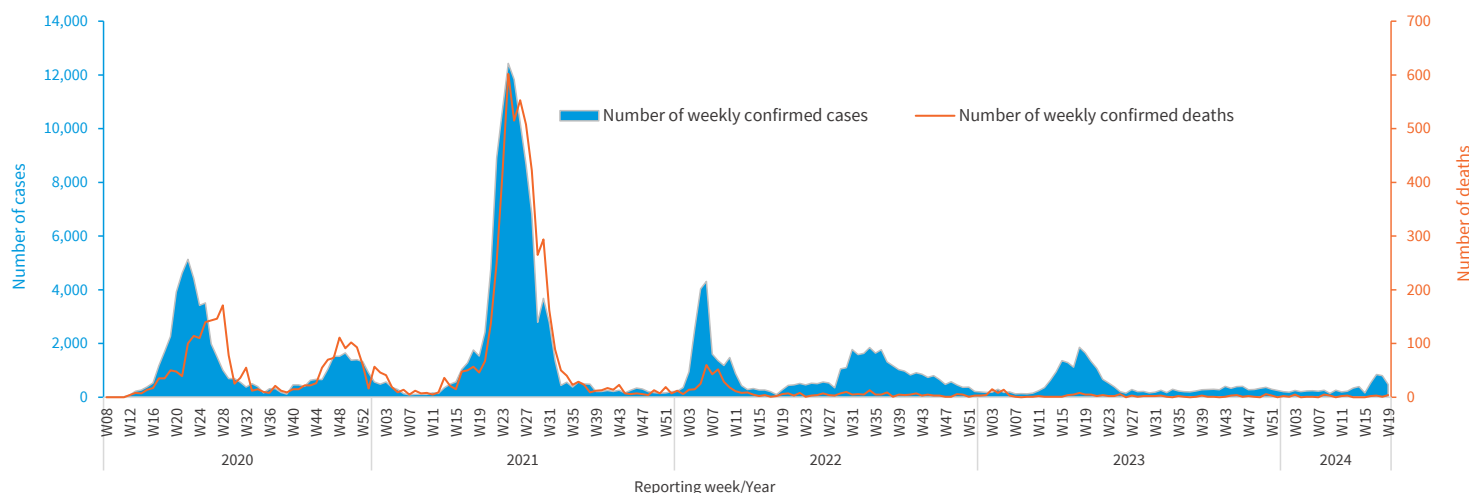
**Table 3:** Summary of COVID-19 indicators in the last 8 weeks in (17 Mar – 11 May 2024)

Indicators	W12	W13	W14	W15	W16	W17	W18	W19	Trend line
Samples tested (in public Labs)	2,704	2,678	2,667	1,139	2,240	3,064	3,087 *	2,402	
Confirmed cases	222	342	396	160	533	847	798 *	480	
Percent positivity (%)	8.2	12.8	14.8	14.0	23.8	27.6	25.9	20.0	
Deaths	3	0	0	0	2	3	1 *	4	
CFR (%)	1.4	0.0	0.0	0.0	0.4	0.4	0.1	0.8	

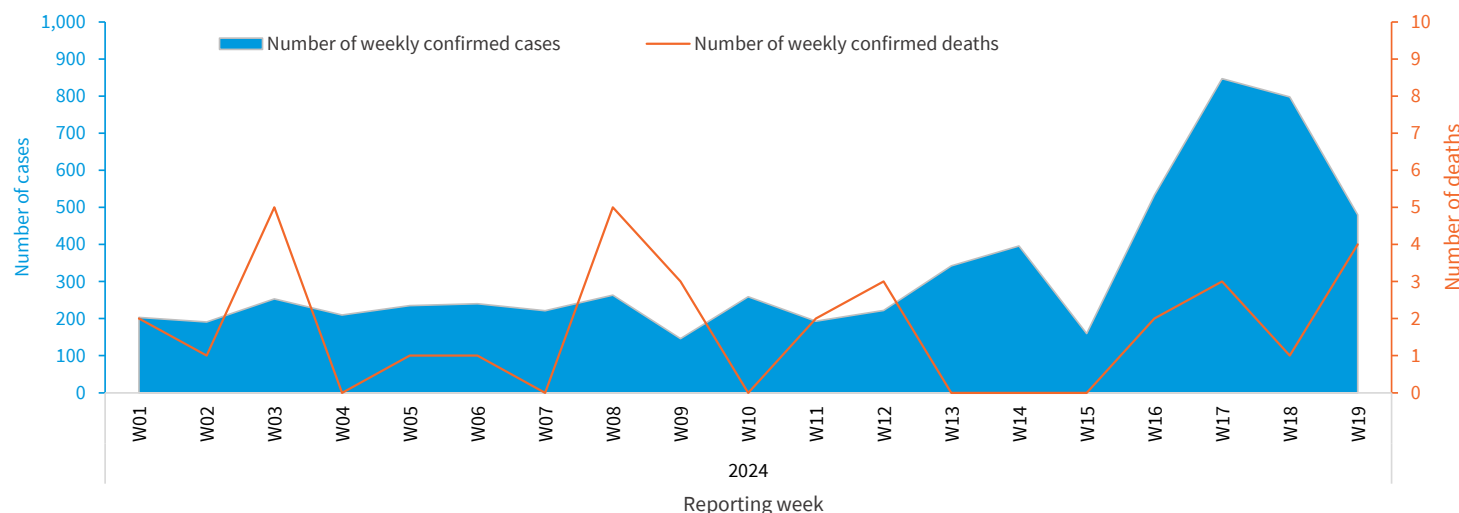
\*A delayed reporting was experienced during week 18-2024, the number of deaths, samples tested, and the number of confirmed cases were modified from 0 to 1, from 2,840 to 3,087 and from 711 to 798, respectively.

- 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 19-2024, a total of 2,402 samples were tested in public labs, of which 480 were positive for COVID-19 (positivity rate 20.0%) with 4 associated deaths (CFR=0.8%). This number of positive cases shows a 39.8% decrease in the number of positive cases compared to the preceding week (Table 3 and Figure 8).
- Since the beginning of 2024, a total of 6,192 COVID-19 confirmed cases and 33 deaths (CFR=0.5) have been reported. Out of the total cases, 2,969 (47.9) were females, while out of total deaths, 13 (40.6%) were females.
- During week 19-2024, among 480 confirmed cases, 3.5% (17 cases) were hospitalized while 2 cases were admitted to the ICU (Figure 9).
- Since the beginning of 2024, a total of 50,869 samples of COVID-19 have been tested by public health laboratories across the country, out of which 6,192 were positive (positivity rate 12.2%), while the overall number of COVID-19 samples tested by public health laboratories reached to 991,434 since the beginning of the pandemic in February 2020.

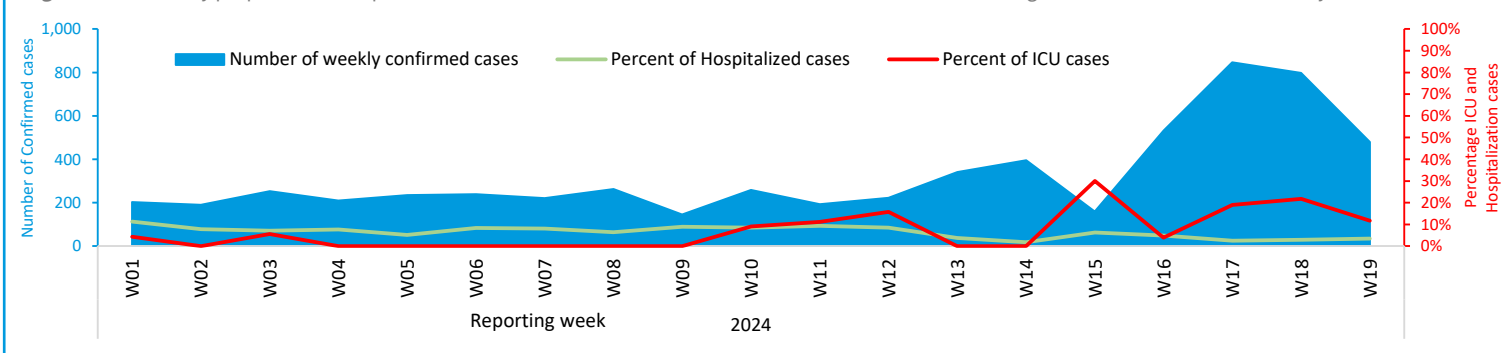
**Figure 7.** The epidemiological curve of confirmed COVID-19 cases and deaths in Afghanistan Feb 2020 –11 May 2024 (cases= 236,850, deaths=8,004)



**Figure 8.** The epidemiological curve of confirmed COVID-19 cases and deaths in Afghanistan 01 Jan – 11 May 2024 (cases=6,192, deaths=33)



**Figure 9.** The weekly proportion of hospitalized and ICU cases and the number of confirmed COVID-19 cases in Afghanistan between 01 Jan-11 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

- During week 19-2024, a total of 930 VTM kits (50 units per kit) were distributed to all sub-regional offices across the country.
- During week 19-2024, a total of 221 COVID-19 RDT kits (25 tests per kit) were distributed to all sub-regional offices across the country. This brings the total number of RDT kits to 1,571 across the country.

## Acute Watery Diarrhea (AWD) with Dehydration Outbreak (01 Jan-11 May 2024)



**39,075**

Total AWD with dehydration cases



**22**

Total AWD with dehydration deaths



**2,211**

Samples tested for AWD with dehydration (RDTs)



**235**

RDT-positive cases for AWD with dehydration



**10.6%**

RDT positivity rate for AWD with dehydration

**Table 4:** Summary of the AWD with Dehydration outbreak in the last eight weeks in Afghanistan (17 Mar – 11 May 2024)

Indicators	W12	W13	W14	W15	W16	W17	W18	W19	Trend line
Suspected cases	1,834	1,837	2,044	1,893	2,233	2,584	2,624 *	3,144	
Suspected deaths	1	0	0	0	1	2	2	4	
CFR (%)	0.1	0.0	0.0	0.0	0.0	0.1	0.1	0.1	

\*Data entry error was experienced during week 18 and the number of AWD cases was corrected from 2,626 to 2,624

- The epi curve shows a considerable increase over the past 4 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 19-2024, 3,144 AWD with dehydration cases with 4 associated deaths were reported from 162 districts, which shows a 19.8% increase in the number of cases compared to the previous week (Figure 10).
- All 4 deaths were reported from 3 provinces: Kabul (2), Baghlan (1), and Paktika (1); all deaths were under-five children, while 1 of them was female.
- The highest cumulative incidence of AWD per 10,000 population was reported from Nimroz (36.7), followed by Paktya (29.8), Kabul (23.4), and Farah (16.4) (Figure 11).
- Since the beginning of 2024, a total of 39,075 AWD with dehydration cases and 22 associated deaths (CFR=0.06%) were reported from 279 districts, out of which 21,798 (55.8%) were under-five children and 19,411 (49.7%) were females.
- Since the beginning of 2024, 2,211 Rapid Diagnostic Tests (RDTs) have been conducted on AWD with dehydration cases, of which 235 tests turned positive (positivity rate 10.6%).

**Figure 10.** The epidemiological curve of AWD with dehydration cases in Afghanistan 01 Jan- 11 May 2024 (N=39,075)

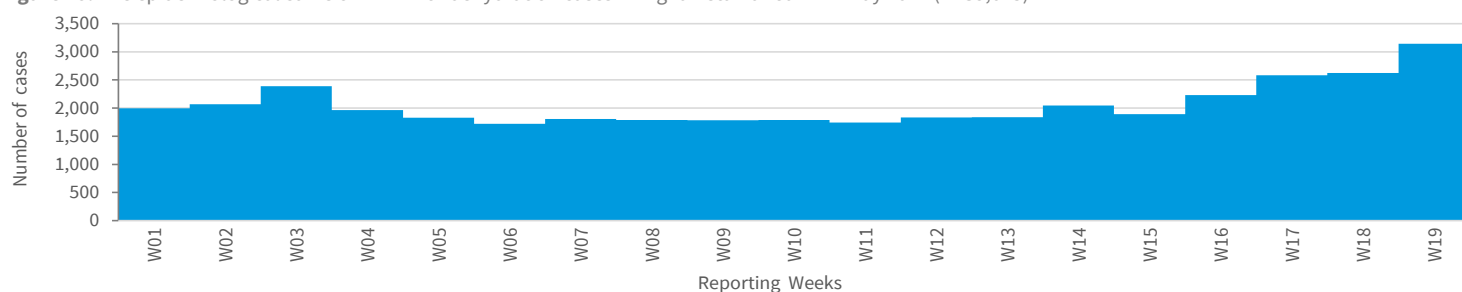
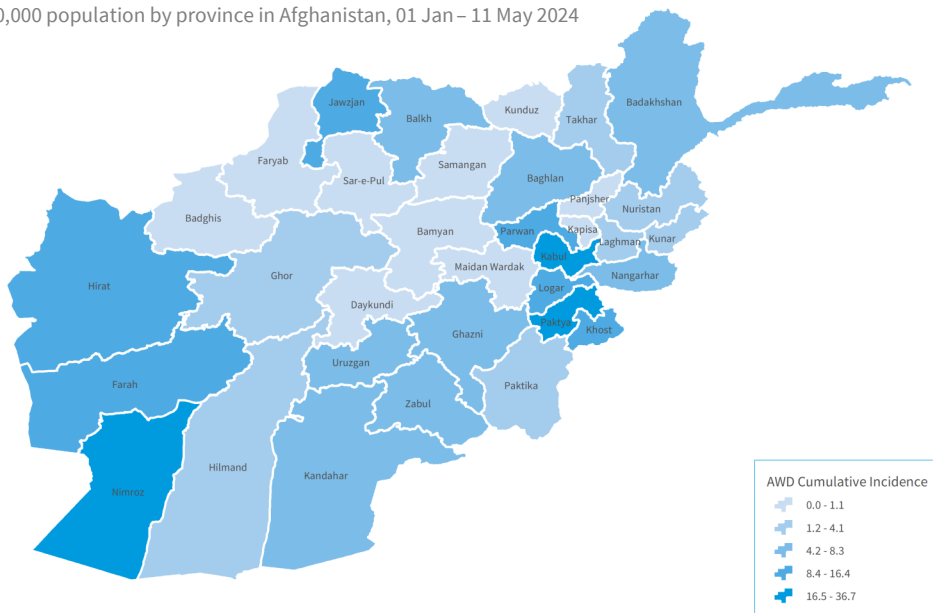


Figure 11. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 11 May 2024

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## AWD with dehydration cumulative incidence per 10,000 population by province 01 Jan - 11 May 2024



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

- During week 19-2024, 81 Cary Blair packs (100 units per pack) were distributed to all WHO sub-regional offices. This brings the total number of distributed Cary Blair kits to 89 since the beginning of 2024.
- During week 19-2024, 74 AWD with dehydration RDT kits (10 tests per kit) were distributed to all WHO sub-regional offices across the country.
- 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.
- Since the beginning of 2024, a total of 70 HCWs have been trained in AWD case management from East (35, including 15 females) and Northeast (35, including 17 females) regions.
- Since the beginning of 2024, a total of 125 AWD case management kits have been distributed to WHO regional sub-offices in Kandahar, Nangarhar, Balkh, Herat, Bamyan, Kunduz, and Paktya.

### WASH

- No updates for this week.

## Outbreak of Crimean Congo Hemorrhagic Fever (CCHF) (01 Jan - 11 May 2024)



**125**  
Total CCHF cases



**3**  
Total CCHF deaths



**89**  
Samples tested for CCHF



**13**  
Lab-confirmed CCHF cases



**14.6%**  
CCHF test positivity rate

Table 5: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (17 Mar – 11 May 2024)

Indicators	W12	W13	W14	W15	W16	W17	W18	W19	Trend line
Suspected cases	5	3	7	3	7	13	14	16	
Suspected deaths	0	1	0	0	1	0	0	1	
CFR (%)	0.0	33.3	0.0	0.0	14.3	0.0	0.0	6.3	

- The epi-curve of suspected CCHF cases shows a gradually increasing trend over the last four weeks, following a period of low stabilization since the beginning of 2024. This recent rise should be closely monitored to identify potential outbreaks and guide public health interventions (Figures 12 & 13).
- During week 19-2024, 16 new suspected CCHF cases with one associated deaths were reported (Table 5).
- The death was male, over-five reported from Kabul province.



- Since the beginning of 2024, a total of 125 suspected cases of CCHF with 3 associated deaths (CFR=2.4%) were reported. All the suspected cases were over five years of age, while 46 (36.8%) of them were females.
- The 3 deaths were all over five, while 2 were females, reported from Balkh (2) and Kabul (1) provinces.
- Since the beginning of 2024, a total of 89 samples of suspected CCHF cases have been tested, out of which 13 were positive (positivity 14.6%) reported from 5 provinces; Kabul (9), Balkh (1), Kapisa (1), Helmand (1), and Paktika (1).
- The highest cumulative incidence of CCHF per 100,000 population in 2024 is reported from Kapisa followed by Balkh, Kabul, and Jawzjan provinces (Figure 14).

Figure 12. The epidemiological curve of CCHF cases in Afghanistan 01 Jan –11 May 2024, (N=125)

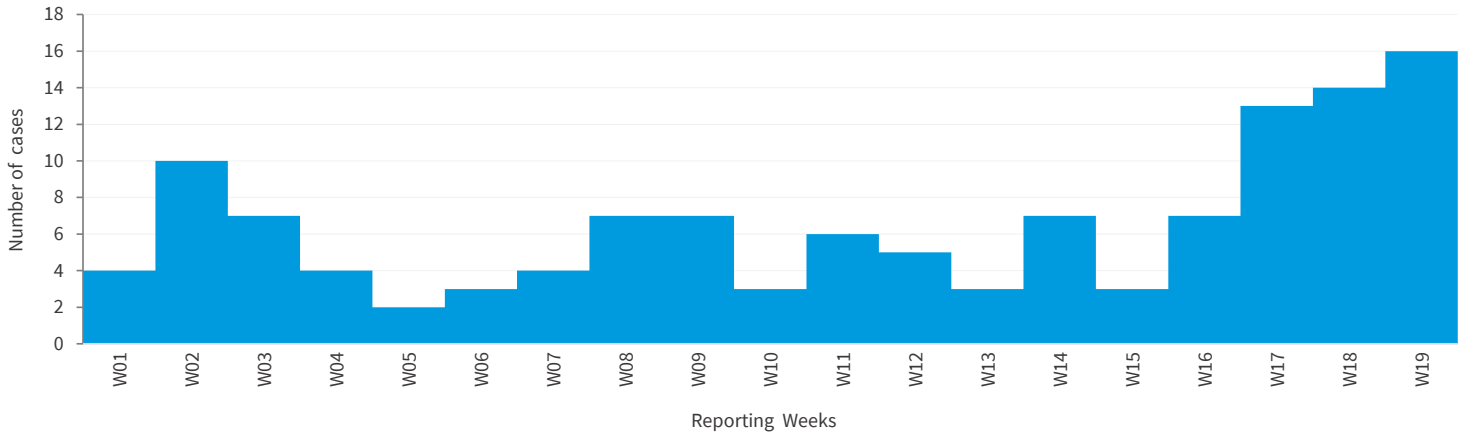


Figure 13. Comparison between the trends of suspected CCHF cases in 2014 vs 2023 and 3 years average (2020-2022)

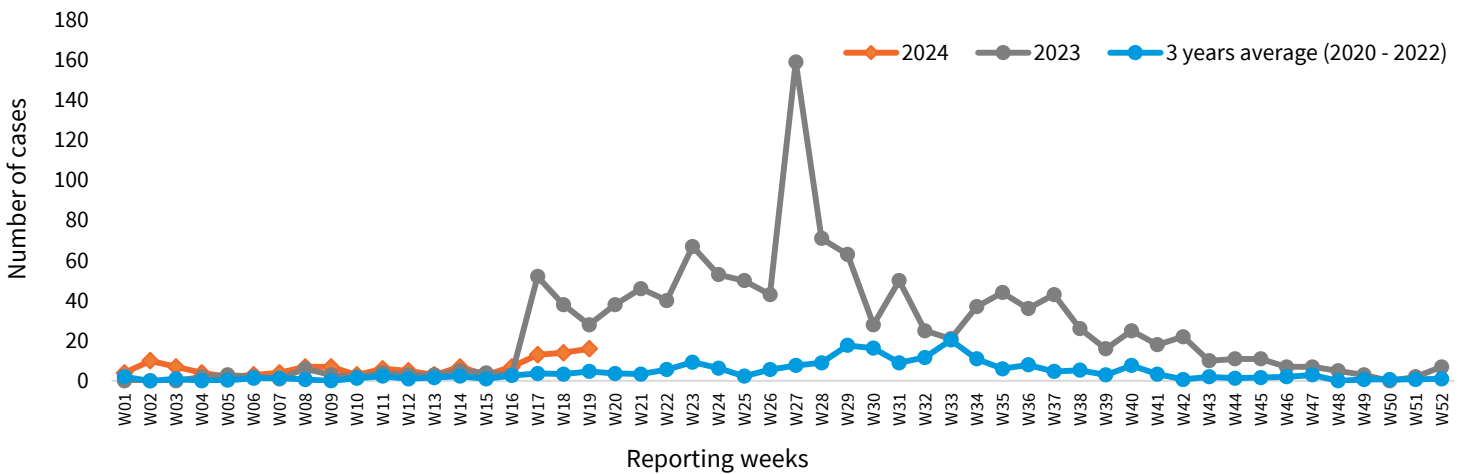
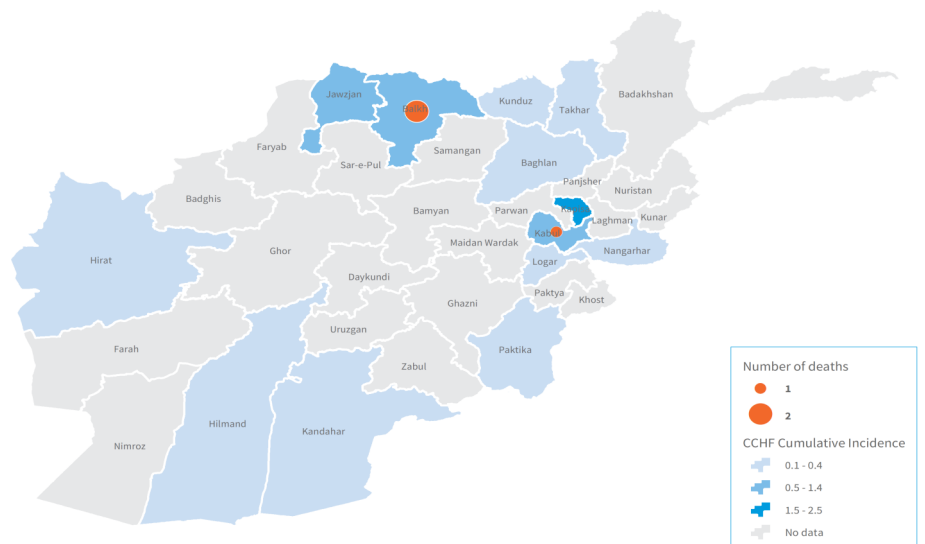


Figure 14. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 01 Jan – 11 May 2024

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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 –11 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-11 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](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 (17 Mar – 11 May 2024)

Indicators	W12	W13	W14	W15	W16	W17	W18	W19	Trend line
Suspected cases	43	28	23	8	33	25	33	37	
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 4 weeks following a short period of modest decrease, which requires close monitoring (Figure 15).
- During week 19-2024, 37 suspected cases of dengue fever with no associated deaths were reported from Nangarhar province, which shows a 12.1% increase in the number of suspected cases compared to the preceding week.
- Since the beginning of 2024, the number of suspected dengue fever cases is higher than the 2-year average (2021-2022), even higher than the 2023 trend (Figure 16).
- Since the beginning of 2024, a total of 772 suspected cases of dengue fever with no associated deaths were reported, out of which 476 (61.7%) were females, and 9 (1.2%) 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 379 samples have been tested, out of which 119 were positive by PCR (positivity 31.4%).

Figure 15. The epidemiological curve of suspected dengue fever cases in Afghanistan 1 Jan – 11 May 2024, (N=772)

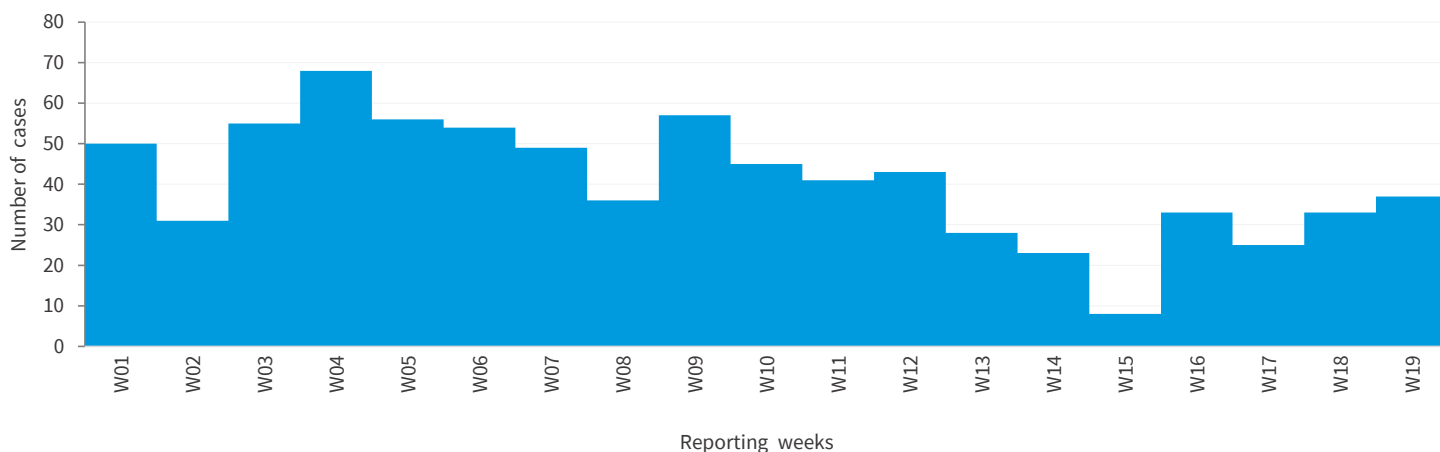


Figure 16. Comparison between the trends of suspected dengue fever cases in 2024 vs 2023 and 2-years average (2021-2022).

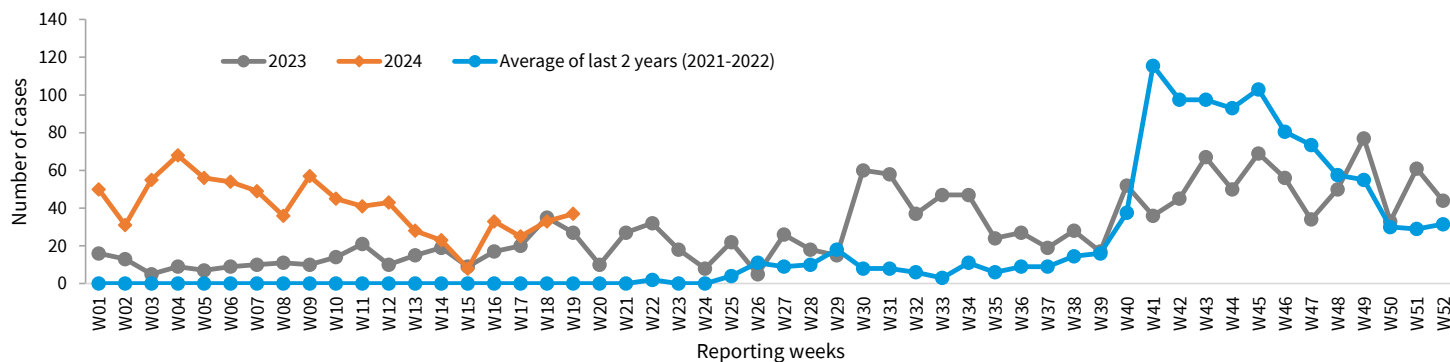
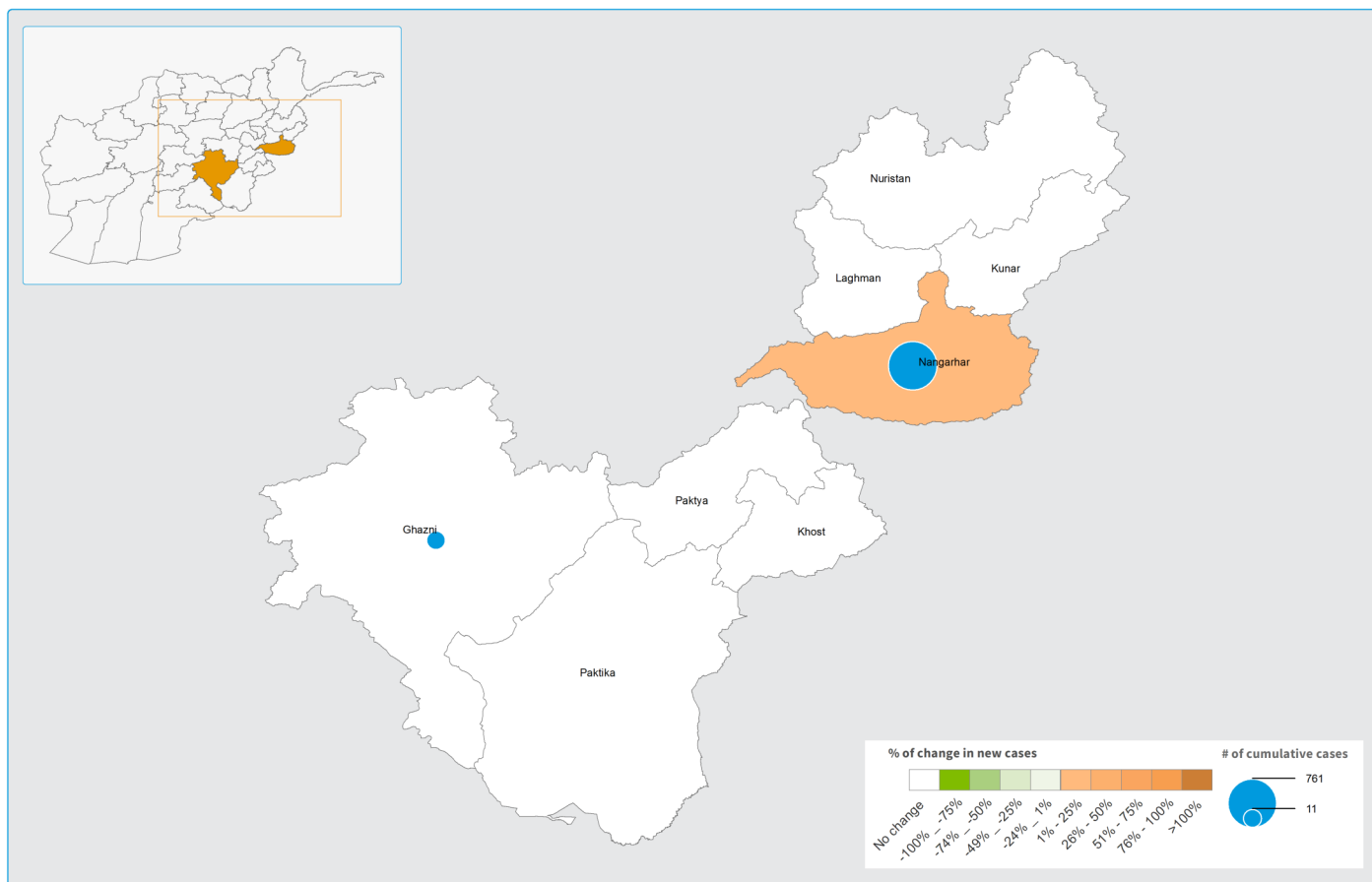


Figure 17. Geographical distribution of suspected dengue fever cases and percent change of new cases in Afghanistan, 01 Jan – 11 May 2024



Geographical distribution of suspected dengue fever cases in Nangarhar and Ghazni provinces and weekly percent of changes (between weeks 18 and 19, 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: 11 May 2024.

## Updates in the response to the dengue fever outbreak

- During week 19-2024, a total of 80 dengue fever RDT kits (10 tests per kit) were distributed to the South and East WHO sub-regional offices, this brings the total number of dengue fever RDTs to 480.
- Since the beginning of 2024, a total of 28 lab technicians of HFs have been trained on dengue fever diagnosis in Kandahar province.
- Since the beginning of 2024, a total of 64 HCWs (Medical doctors) have been trained on dengue fever case management in Kandahar province.

Note: MOPH is the source of epidemiological data

### Case definition & alert/outbreak thresholds

Contact us for further information:

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- Infectious Hazard Preparedness Team – Health Emergencies Program (WHE)– (emacoafgihpt@who.int)