AFGHANISTAN
INFECTIOUS DISEASE OUTBREAKS
SITUATION REPORT | Epidemiological week #32-2023

No. 32/(06-12 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 598 (97.5%) out of 613 surveillance sentinel sites)	897*	128,880	224,863	19,420	613
Death (CFR %)	91* (10.14)	63 (0.05)	7,940 (3.5)	55 (0.3)	1 (0.2)

A backlog of 81 CCHF cases and 4 deaths were added to the cumulative number of cases and deaths

Outbreak of Crimean Congo Hemorrhagic Fever (CCHF)
(01 Jan to 12 Aug 2023)

Table 1: Summary of the CCHF outbreak in the last eight weeks (18 Jun - 12 Aug 2023)

Indicators	W25	W26	W27	W28	W29	W30	W31	W32	Epi-curve
Suspected cases	53	119	107	59	33	38	40	10	
% Change cases	1.9	124.5	-10.1	-44.9	-44.1	15.2	5.3	-75.0	
Suspected deaths	8	13	16	3	2	3	2	1	
CFR (%)	15.1	10.9	15.0	5.1	6.1	7.9	5.0	10.0	

- During week 32-2023, a total of 10 new cases of CCHF and 1 new death were reported (Table 1, Figure 1).

- An additional 81 suspected cases and 4 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 897 and 91, respectively (CFR 10.1%), since the beginning of 2023. (Figure2)

- The CCHF-associated deaths were reported from 14 provinces, more than half of which were reported from 2 provinces; Kabul (45, 49.5%) and Balkh (11, 12.1%).

- Out of the total cases, 896 (99.9%) were above 5 years of age and 288 (32.1%) were females.

- Totally, 793 samples of suspected CCHF cases were tested since the beginning of 2023, of which 273 samples were positive (34.4% positivity).
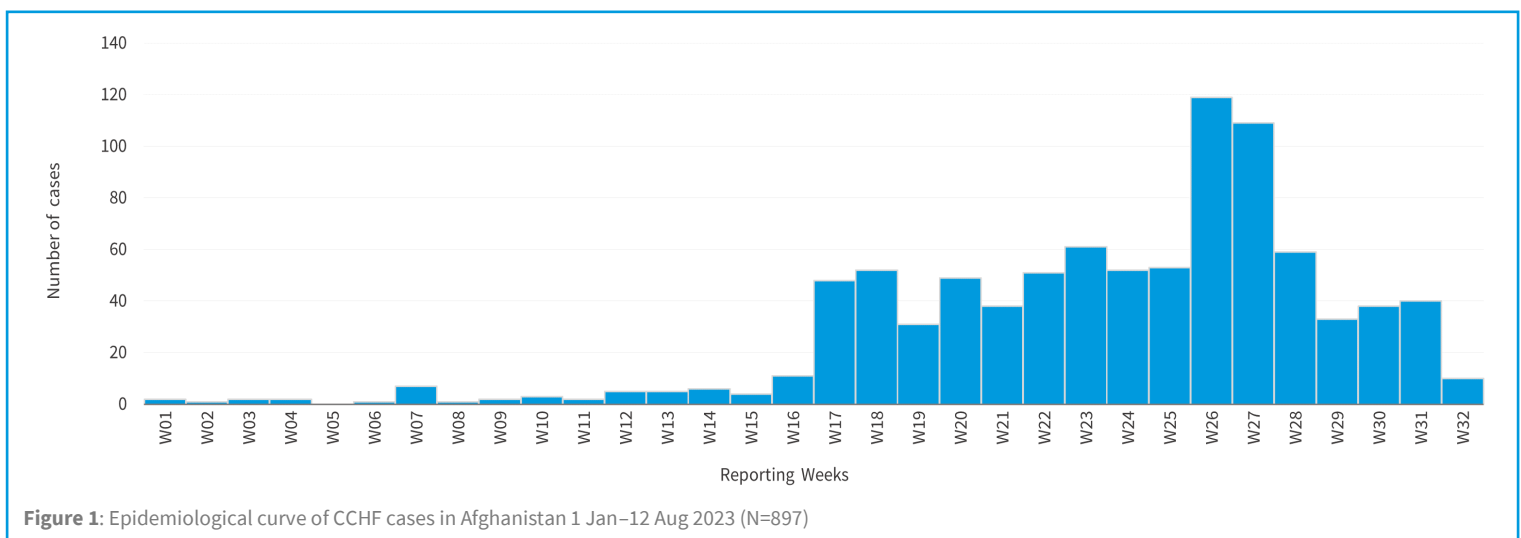

Figure 1: Epidemiological curve of CCHF cases in Afghanistan 1 Jan–12 Aug 2023 (N=897)

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Geographical Distribution of Crimean-Congo Hemorrhagic Fever (CCHF) cases by Province
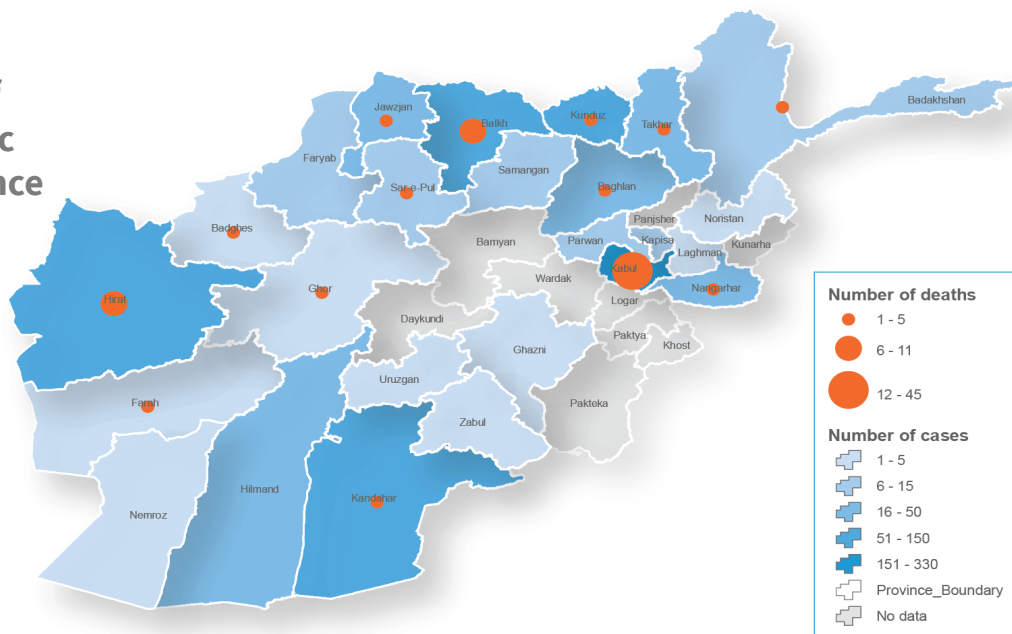### As of 12 Aug 2023

Figure 2. Geographical Distribution of Crimean-Congo Hemorrhagic Fever (CCHF) cases by Province in Afghanistan, 01 Jan–12 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 before COVID-19 pandemic (2017 – 2019).

  ° Average of cases reported after COVID-19 pandemic (2020 – 2022).

  ° 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 34, with 92 suspected cases), which was exceeded during week 26-2023 (119 suspected cases).

Potential reasons behind that increase could be explained by:

- A real increase in the number of cases 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.
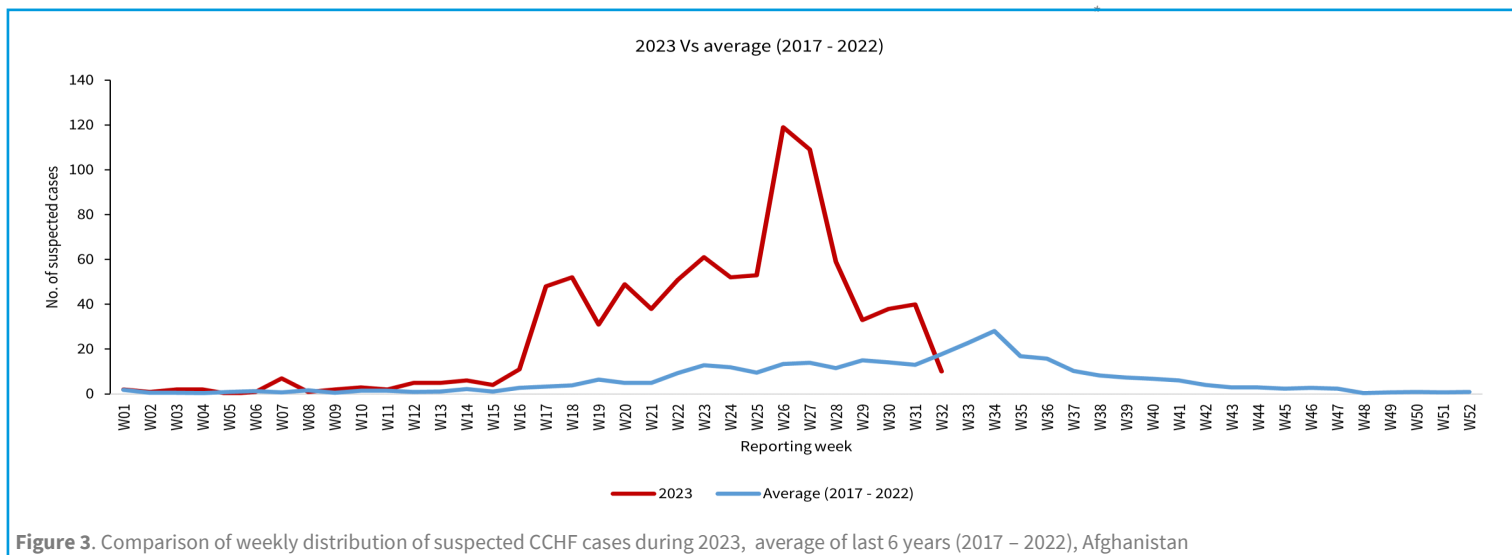

Figure 3. Comparison of weekly distribution of suspected CCHF cases during 2023, average of last 6 years (2017 – 2022), Afghanistan

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.
- WHO and FAO conducted coordination meeting to discuss on how to limit the spread of CCHF outbreak.

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.
- During last week; 199,300 information education materials (IEC) on CCHF were handed to MoPH. These materials will be used as part of outbreak preparedness and response in high risk areas and affected communities.

Acute Watery Diarrhea (AWD) with Dehydration Outbreak

Table 2: summary of the AWD with Dehydration outbreak in the last eight weeks (18 Jun - 12 Aug 2023)

Indicators	W25	W26	W27	W28	W29	W30	W31	W32	Epi-curve
Suspected cases	6,688	4,775	6,373	7,059	7,105	7,323	7525 *	8,255	
% Change cases	30.0	-28.6	33.5	10.8	0.7	3.1	2.8	9.7	
Suspected deaths	7	1	3	3	4	4	5	4	
CFR (%)	0.10	0.02	0.05	0.04	0.06	0.05	0.07	0.05	

*Delayed data entry was experienced and the number of cases was corrected from 7,474 to 7,525 in week 31.

- 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 week 32-2023, a total of 8,255 new AWD cases with dehydration and 4 new deaths were reported from 241 districts all over the country (Figure 5).
- During week 32-2023, one new district (Almar district of Faryab province) reported alert of AWD with dehydration.
- The new deaths reported this week were from 3 provinces: Kabul (2), Ghazni (1) and Urozgan (1). One death (25.0%) was female and all were under five.
- Since Jan 2023, a total of 128,880 AWD with dehydration cases were reported from 331 districts, out of which 73,578 (57.1%) were children below 5 years and 63,899 (49.6%) were females.
- A total of 1,997 RDTs were conducted among AWD with dehydration cases since the beginning of 2023.
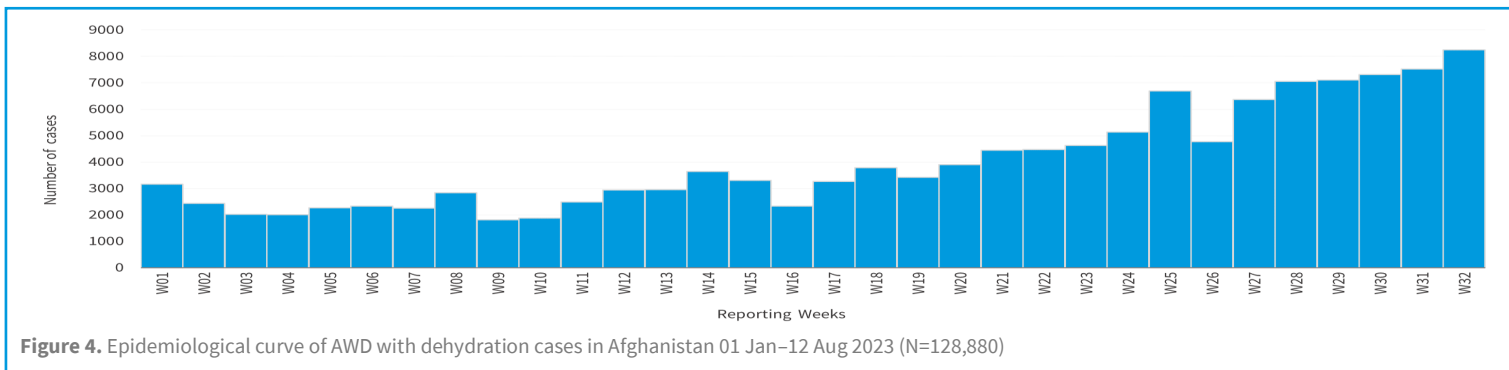
Figure 4. Epidemiological curve of AWD with dehydration cases in Afghanistan 01 Jan–12 Aug 2023 (N=128,880)

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AWD with dehydration attack rate per 10,000 population by province
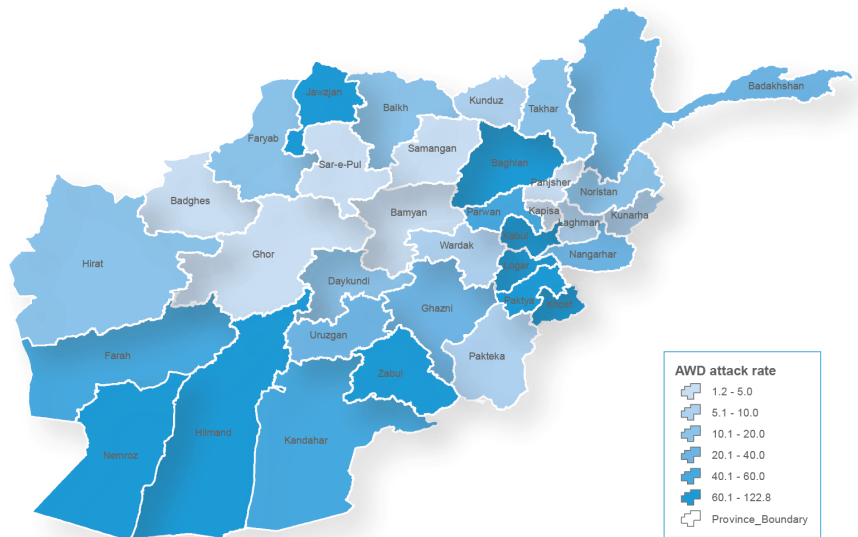**As of 12 Aug 2023**

Figure 5. AWD with dehydration attack rate per 10,000 population by province in Afghanistan, 01 Jan–12 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 36 participants (28 surveillance focal points, 4 NDSR provincial officers, and 4 data management officers) were trained on e-surveillance in Kandahar province. This brings the total number of FPs trained on e-surveillance to 226 in 7 regions. (Central East, Central West, Northeast, East, West, South, North).
- In total, 195 SST members have been trained on outbreak investigation and reporting, lab sample collection and transportation in 7 regions since the beginning 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

- 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.
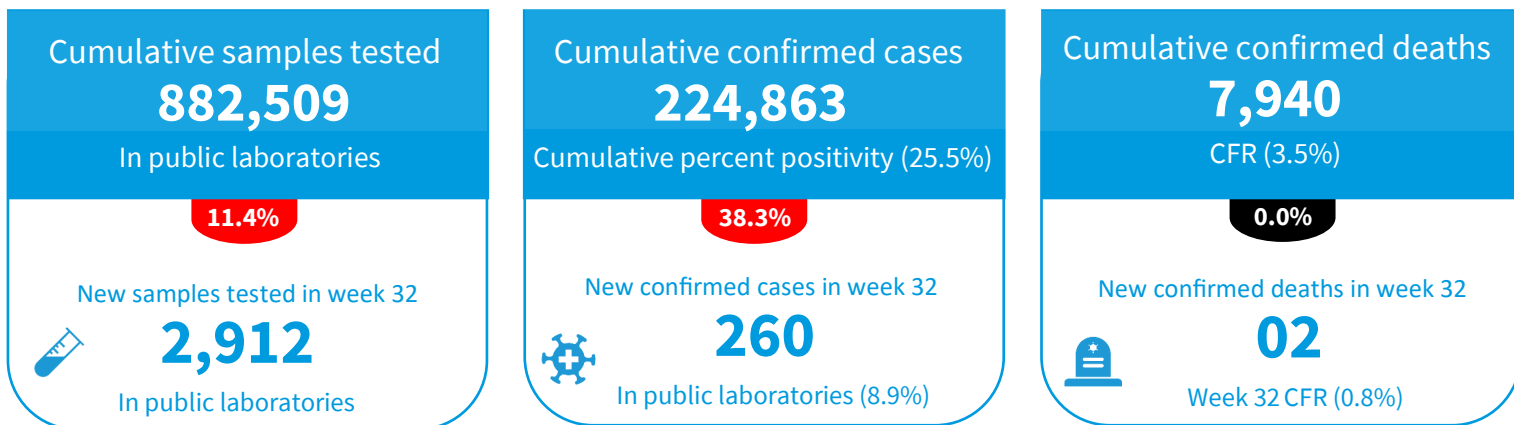
WASH

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

RCCE

- During last week; 139,000 information education materials (IEC) on AWD were handed to MoPH. These materials will be used as part of outbreak preparedness and response in high-risk areas and affected communities.

COVID-19
(24 Feb 2020 — 12 Aug 2023)

Cumulative samples tested	Cumulative confirmed cases	Cumulative confirmed deaths
882,509	**224,863**	**7,940**
In public laboratories	Cumulative percent positivity (25.5%)	CFR (3.5%)
11.4%	**38.3%**	**0.0%**
New samples tested in week 32	New confirmed cases in week 32	New confirmed deaths in week 32
2,912	**260**	**02**
In public laboratories	In public laboratories (8.9%)	Week 32 CFR (0.8%)

Key: ● Increasing ● Decreasing ● No change

COVID-19 Vaccination highlights

Fully vaccinated **14,719,550**	Partially vaccinated **1,825,551**	Booster dose **2,169,214**	At least one dose of any vaccine received **16,545,101**

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

Proportion of population who are **fully vaccinated** **37.5%**

Proportion of population who at least **received one dose** **42.1%**

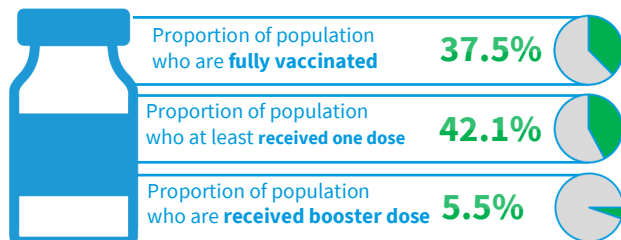Proportion of population who are **received booster dose** **5.5%**

Table 3: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (18 Jun - 12 Aug 2023)

Indicators	W25	W26	W27	W28	W29	W30	W31	W32	Epi-curve
Samples tested (in public Labs)	1,943	904	2,183	2,553	2,482	1,966	2614 *	2,912	
Confirmed cases	196	155	290	207	214	163	188 *	260	
% Change cases	-47.3	-20.9	87.1	-28.6	3.4	-23.8	15.3	38.3	
Percent positivity (%)	10.1	17.1	13.3	8.1	8.6	8.3	7.2	8.9	
Deaths	6	0	3	1	2	2	2	2	
CFR (%)	3.1	0.0	1.0	0.5	0.9	1.2	1.1	0.8	

*A delayed reporting was experienced during week 31-2023, the number of samples tested and new cases were modified from 2,583 to 2,614 and from 184 to 188 respectively.

- During week 32, the number of COVID-19 cases increased by 38%; however, generally, the epi curve shows a decline in the number of confirmed cases over the past 12 weeks (Figure 7).

- Since the beginning of the pandemic in Feb 2020, a total of 882,509 samples have been tested for COVID-19 through public laboratories.

- In week 32-2023, a total of 2,912 samples were tested in public labs, of which 260 samples were positive for COVID-19 (test positivity of 8.9%) and 2 new deaths were reported (CFR=0.8%).

- During week 32-2023, 20.4% (53/260 confirmed cases) were hospitalized, while no cases were admitted to the ICU (Figure 8).
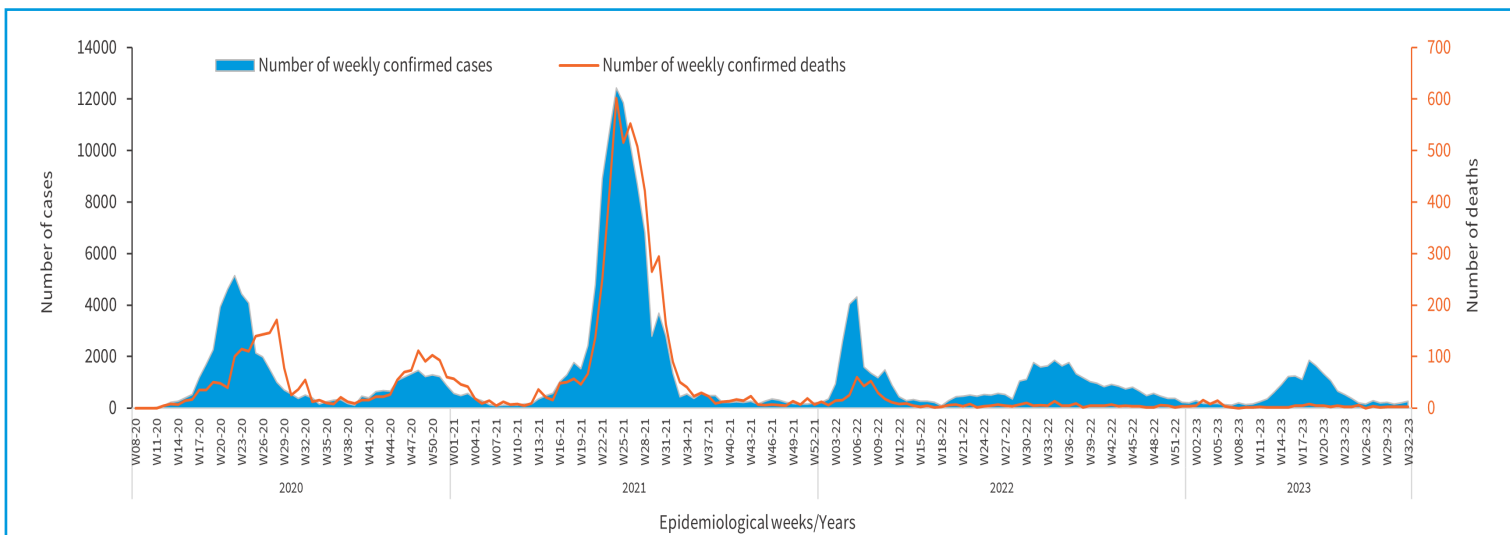
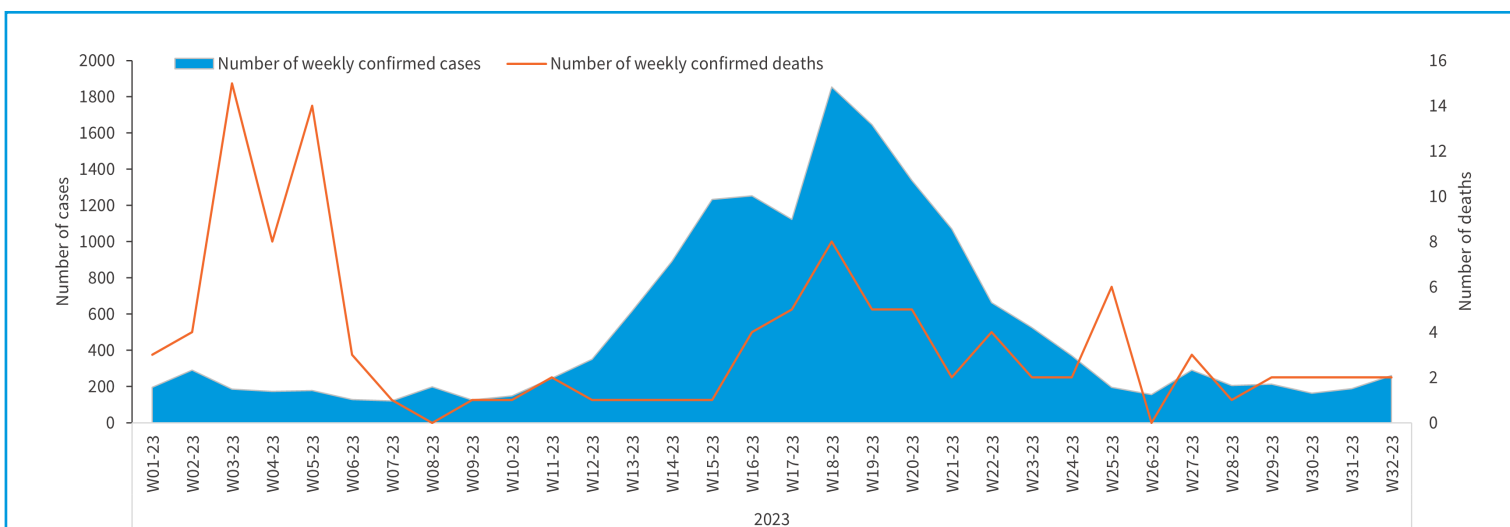**Figure 6.** Epidemiological curve of confirmed COVID-19 cases and deaths in Afghanistan 01 Jan–12 Aug 2023

Figure 7. Weekly proportion of hospitalized and ICU cases out of newly confirmed COVID-19 cases in Afghanistan as of 1 Jan–12 Aug 2023
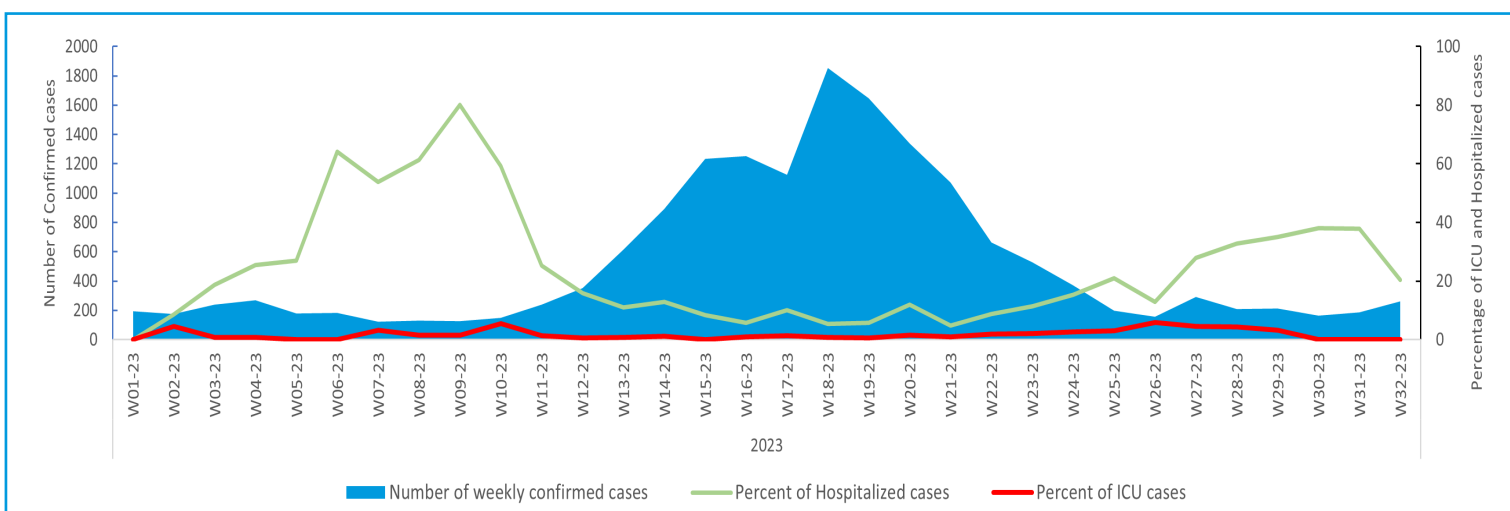

Figure 8. Epidemiological curve of confirmed COVID-19 cases and deaths in Afghanistan 20 Feb 2020–12 Aug 2023

Measles Outbreak
(01 Jan to 12 Aug 2023)

19,420
Total Cases

55
Total Deaths

4,505
Sample tested

2,248
Lab confirmed cases

49.9%
Test positivity ratio

Table 4: summary of the suspected measles outbreak in the last eight weeks (18 Jun - 12 Aug 2023)

Indicators	W25	W26	W27	W28	W29	W30	W31	W32	Epi-curve
Suspected cases	470	357	411	448	477	484	389	326	
% Change cases	-12.5	-24.0	15.1	9.0	6.5	1.5	-19.6	-16.2	
Suspected deaths	1	0	0	1	1	1	0	4	
CFR (%)	0.2	0.0	0.0	0.2	0.2	0.2	0.0	1.2	

- The epi-curve shows a decrease in the number of suspected measles cases during week 32 compared to the previous week. The overall measles cases are also showing a slow declining trend since week 10 (Figure 9).

- During epidemiological week 32-2023, a total of 326 suspected cases were reported which indicates 16.2% decrease in the number of cases compared to last week.

- During week 32-2023, a total of 4 deaths were reported from Helmand (3) and Ghor (1) provinces; all of them were below 5 years of age while one of them was female (25%).

- Since Jan 2023, a total of 19,420 suspected measles cases were reported, out of which 13,751 (70.8%) were children under 5 years of age and 9,164 (47.2%) were females.
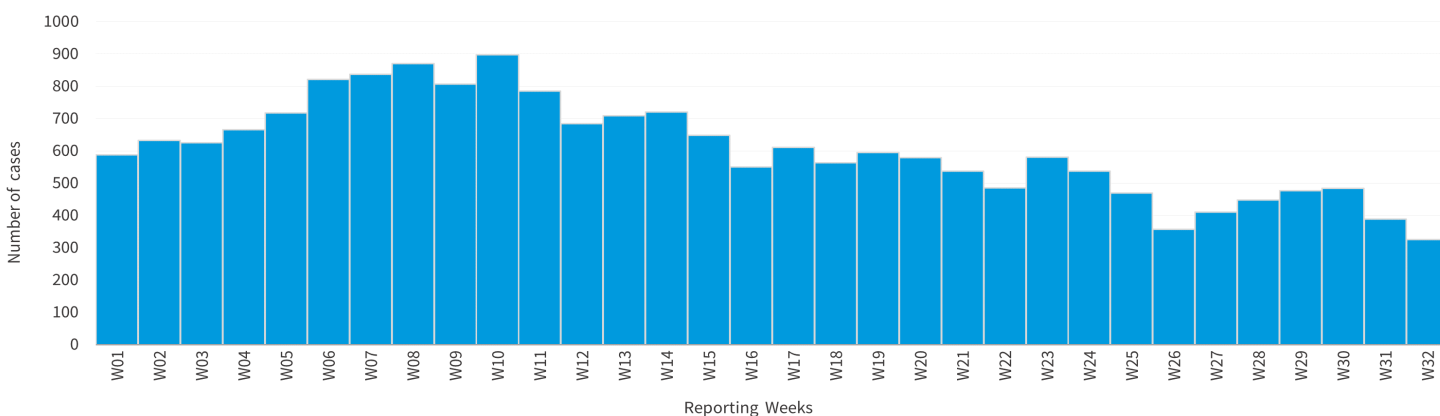

Figure 9. Epidemiological curve of suspected measles cases in Afghanistan, 01 Jan to 12 Aug 2023 (N=19,420)
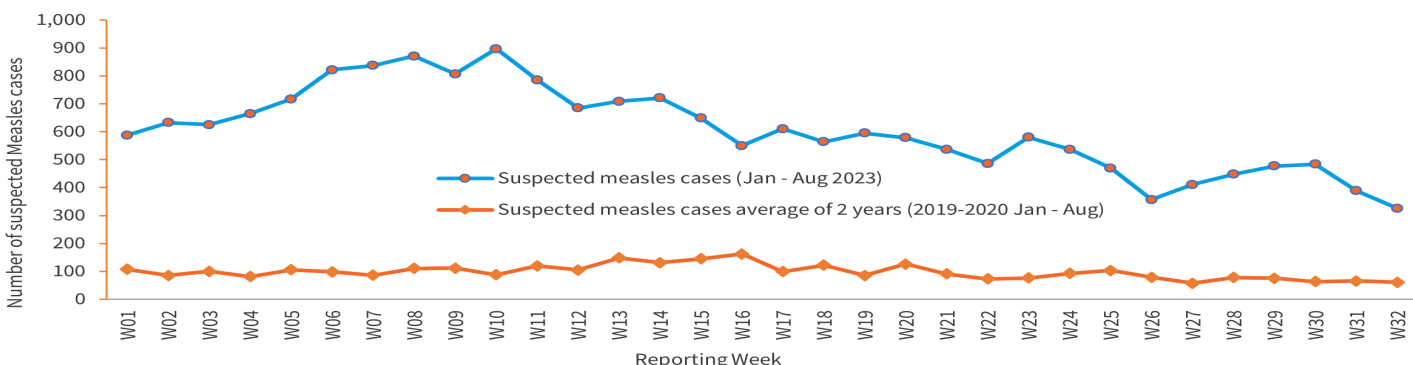

Figure 10. Comparison of suspected measles trend curve using 2 years average (2019-2020) vs Jan-Aug 2023, Afghanistan

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
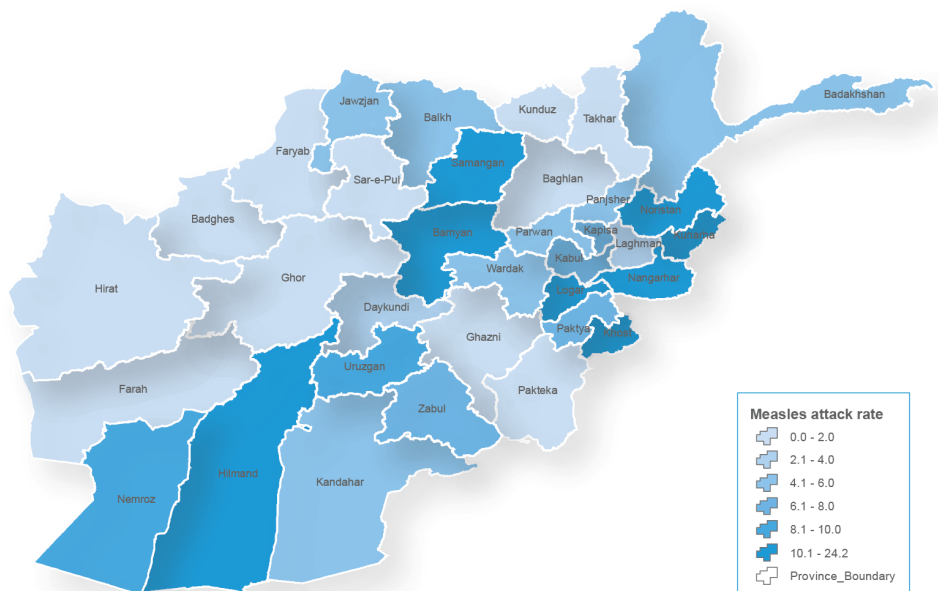### As of 12 Aug 2023

Figure 11. Suspected measles attack rate per 10,000 population by province in Afghanistan 01 Jan–12 Aug 2023 (N=19,420)

Preparedness and response to the Measles Outbreak

RCC

- During last week; 132,000 information education materials (IEC) on Measles were handed to MoPH. These materials will be used as part of outbreak preparedness and response in high risk areas and affected communities.

Dengue Fever Outbreak

613	1	193	40	20.7%
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 (18 Jun - 12 Aug 2023)

Indicators	W25	W26	W27	W28	W29	W30	W31	W32	Epi-curve
Suspected cases	22	5	26	18	15	60	58	37	
% Change cases	175.0	-77.3	420.0	-30.8	-16.7	300.0	-3.3	-36.2	
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 37 suspected dengue fever cases with no new deaths were reported during week 32-2023; most of the cases (27 cases, 73.0%,) were reported from Nangarhar province while the remaining case was reported from Kunar (7) and Laghman (3) provinces. This brings the total number of suspected dengue fever cases to 613 and one death since the beginning of 2023.

- During week 32, the number of weekly suspected cases shows a 36.2% decrease compared to week 31 (Figure 12).

- Out of 613 reported cases, 320 (52.2%) were females and 600 (97.9%) were over 5 years of age.

- Since Jan 2023, a total of 193 samples have been collected, out of which 40 were confirmed (20.7% positivity).
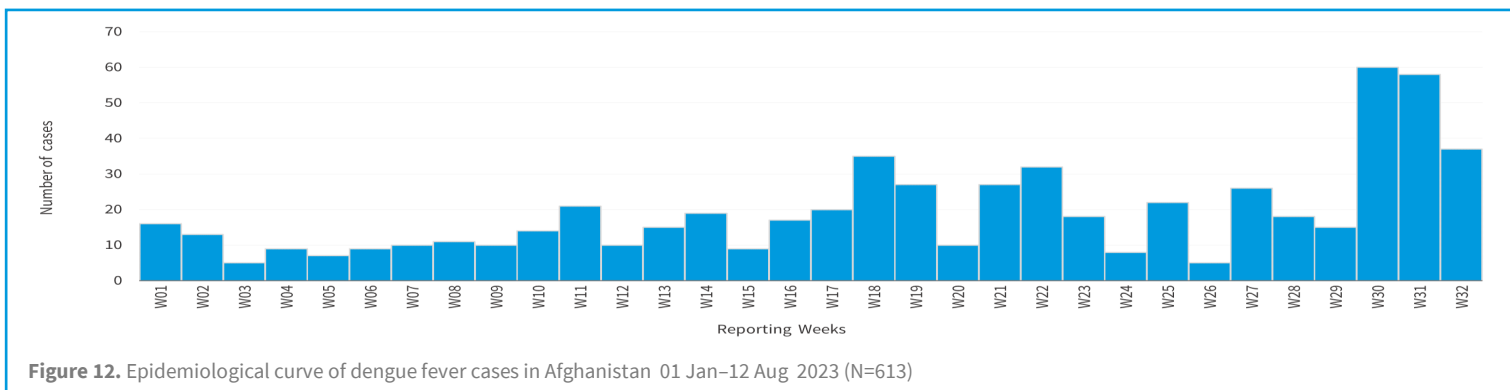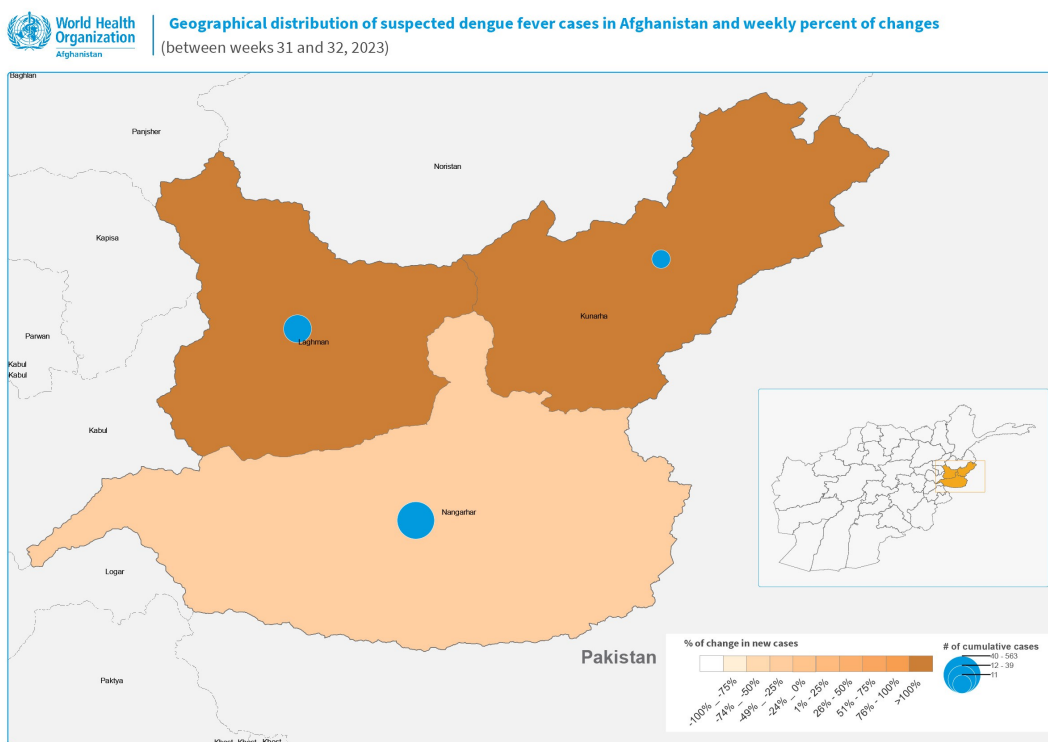
Figure 12. Epidemiological curve of dengue fever cases in Afghanistan 01 Jan–12 Aug 2023 (N=613)

Geographical distribution of suspected dengue fever cases in Afghanistan and weekly percent of changes (between weeks 31 and 32, 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: 12 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 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 320 HCWs have been trained on dengue case management in the East region.

Note: MOPH is the source of epidemiological data