



COVID-19 Epidemiological Bulletin Afghanistan

Epidemiological Week 16 (17 – 23 Apr 2022)

Cumulative samples tested 575,211 In public laboratories only	Cumulative confirmed cases 178,689 Cumulative percent positivity (31.0%)	Cumulative confirmed deaths 7,682 CFR (4.29 %)
New samples tested in week16 3,713 ↓ 2 % In public laboratories only	New confirmed cases in week16 266 ↓ 1 % Weekly percent positivity (7%)	New confirmed deaths in week16 4 ↑ 100 % Weekly CFR (1.5%)

Key: ↑ increasing ↓ decreasing ● no change

Table 1: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (26 Feb – 23 Apr 2022)

Indicators	W09-22	W10-22	W11-22	W12-22	W13-22	W14-22	W15-22	W16-22	Epi-curve
Samples tested (in public Labs)	4,234	6,028	5,479	4,287	4,275	5,222	3,771	3,713	
Confirmed cases	1,187	1,477	887	432	289	327	269	266	
Percent positivity (%)	28	25	16	10	7	6	7	7	
Confirmed deaths	29	18	11	8	9	5	2	4	
CFR (%)	2.4	1.2	1.2	1.9	3.1	1.5	0.7	1.5	

Highlights of the week

Since the beginning of the pandemic in Feb 2020, a total of **575,211** samples have been tested for COVID-19 through the public laboratories in the country.

In week16-2022, **3,713** samples were tested in public labs, of which **266** samples tested positive for COVID-19 (percent positivity **7**) and **4** new deaths were reported. This represents **1%** decrease in cases and **100%** increase in deaths, compared to week 15 2022, respectively (**Table 1**).

Cumulatively, **178,689** confirmed cases (overall percent positivity **31.0**) of COVID-19 with **7,682** associated deaths (**case fatality ratio = 4.29%**) have been reported in Afghanistan since Feb 2020.

As of 23rd April 2022, **90.5 %**, cases have recovered.

In week 16, 2022, the highest numbers of COVID-19 cases were reported in the East and Northeast regions (**74** and **52** cases, respectively) (**Table 2**). The top five provinces that reported positive cases included Nangarhar (**43** cases), Kunduz (**27** cases), Kabul (**23** cases), Nimroz (**16** cases), and Laghman (**15** cases).

The WHO supported building the in-country capacity for genome sequencing, after training of two national staff on sequencing techniques in Dubai (December 2021). The WHO supported the procurement of the Oxford Nanopore Sequencer with the reagents

and consumables. Initially, the plan is to conduct genome sequencing for COVID-19, with a plan to expand it to include other high-threat pathogens. The team is currently working on processing the COVID-19 samples for sequencing, the results will be shared when available.

Table 2: COVID-19 cases by region in Afghanistan, as of week 16, 2022 (17 – 23 Apr 2022)

Region	Epi-curve	# of new cases in week 16 (%)	% of change compared to week 15	Cumulative number (%)
Central East		49 (18 %)	9%	48,889 (27.4%)
Central West		18 (7%)	6%	14,830 (8.3%)
East		74 (28%)	28%	20,577 (11.5%)
North		32 (12%)	NA	14,859 (8.3%)
North East		52 (20%)	27%	18,819 (10.5%)
South		30 (11%)	-49%	21,571 (12.1%)
South East		8 (3%)	-79%	11,696 (6.5%)
West		3 (1%)	NA	27,448 (15.4%)
National		266 (100%)	-1%	178,689 (100%)

Overall, Afghanistan has reported **4,758** confirmed cases and **97** associated deaths among healthcare workers (HCWs) since 2020. To date, Herat, Kabul, Nangarhar, Balkh and Kunar reported the highest number of positive cases among HCWs.

Figure 1: Number of weekly PCR tests conducted and 2-week moving average of percent positivity in Afghanistan (24 Feb 2020 - 23 Apr 2022)

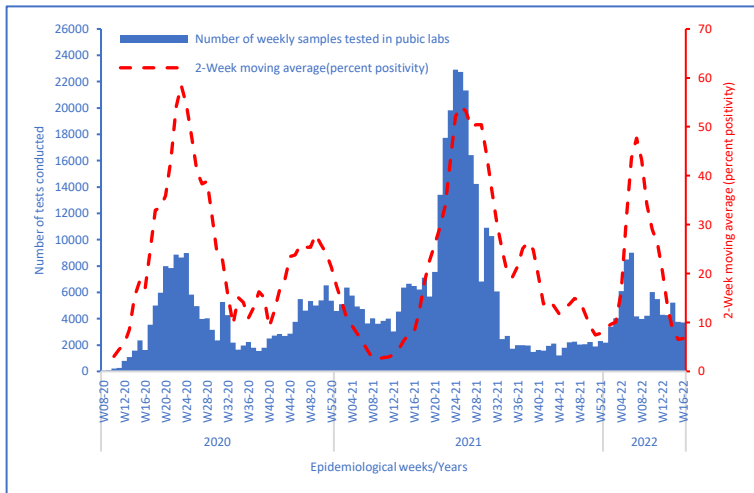


Figure 2: Geographic distribution of COVID-19 confirmed cases in Afghanistan (24 Feb 2020 - 23 Apr 2022)

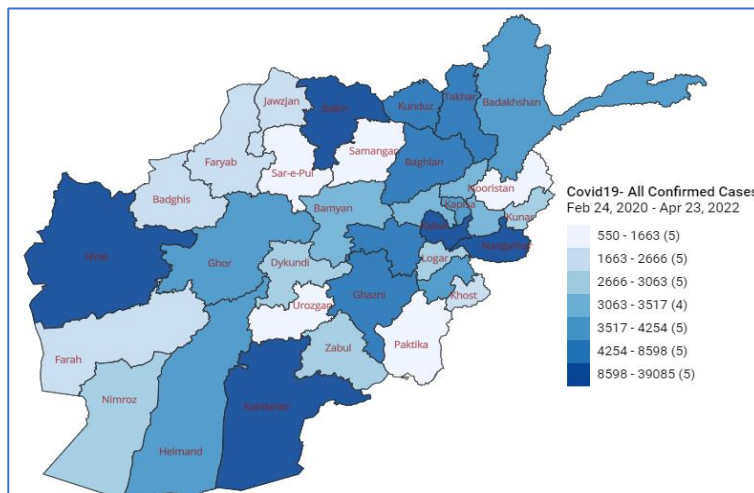


Figure 3: Weekly distribution of confirmed COVID-19 cases in Afghanistan (24 Feb 2020 - 23 Apr 2022)

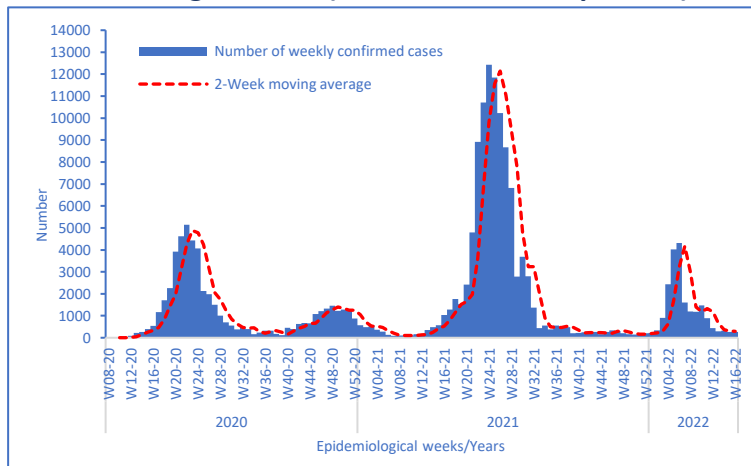


Figure 4: Weekly distribution of COVID-19 associated deaths in Afghanistan (24 Feb 2020 - 23 Apr 2022)

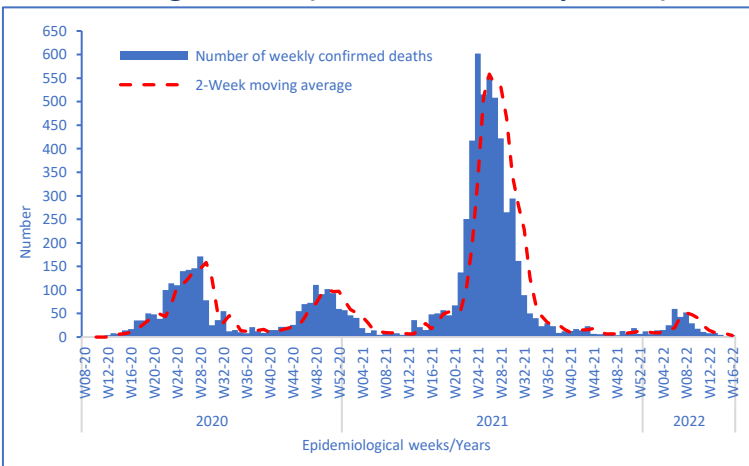


Figure 5: Age & sex distribution of COVID-19 cases in Afghanistan (24 Feb 2020 - 23 Apr 2022)

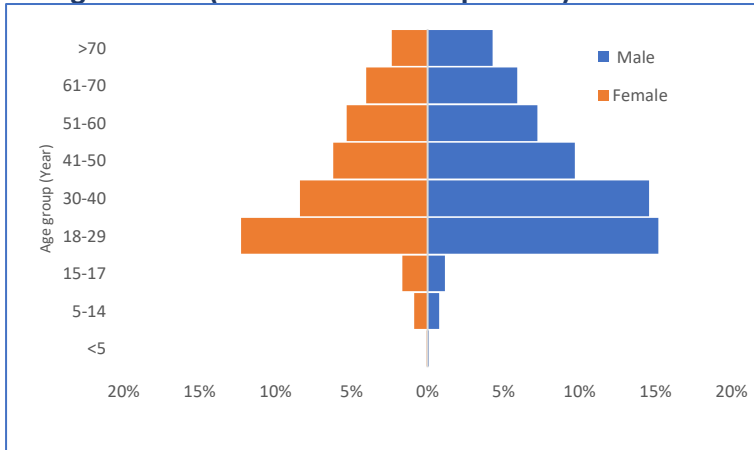
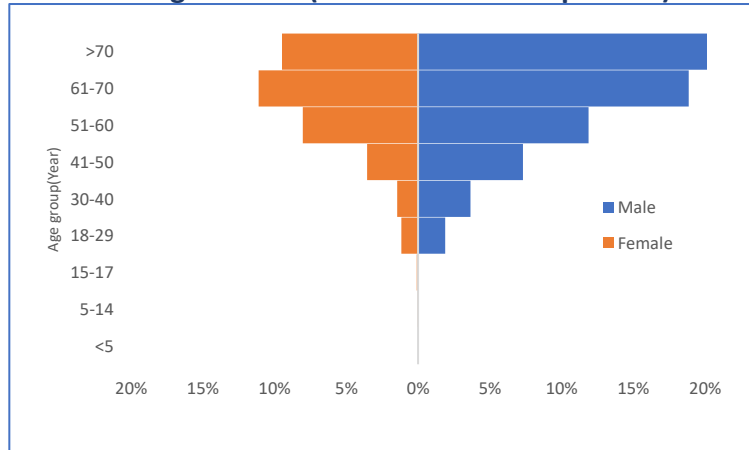


Figure 6: Age & sex distribution of COVID-19 associated deaths in Afghanistan (24 Feb 2020 - 23 Apr 2022)



Of the confirmed COVID-19 cases, **58%** have been reported among males and **42%** among females. Majority of cases have been reported among those aged 18-40 years.

Of the COVID-19 associated deaths, **65%** were reported among males and **35%** among females. The trend indicates that most reported deaths were among those aged over 70 years.

Figure 7: Proportion of underlying medical conditions among COVID-19 associated deaths in Afghanistan, 24 Feb 2020 - 23 Apr 2022 (n=1,728)

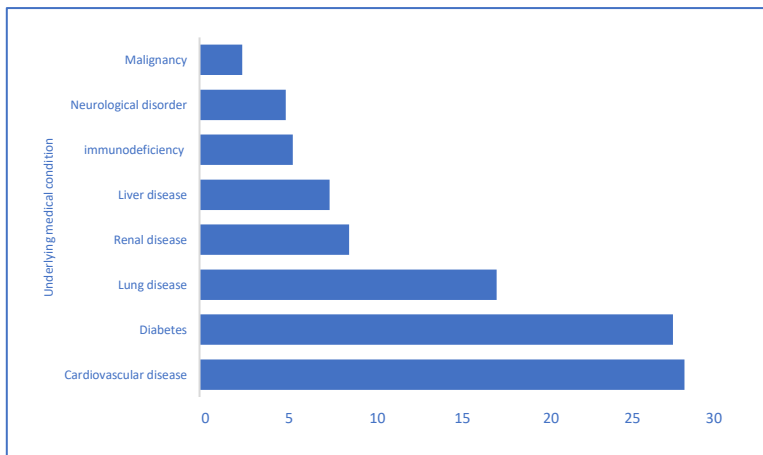
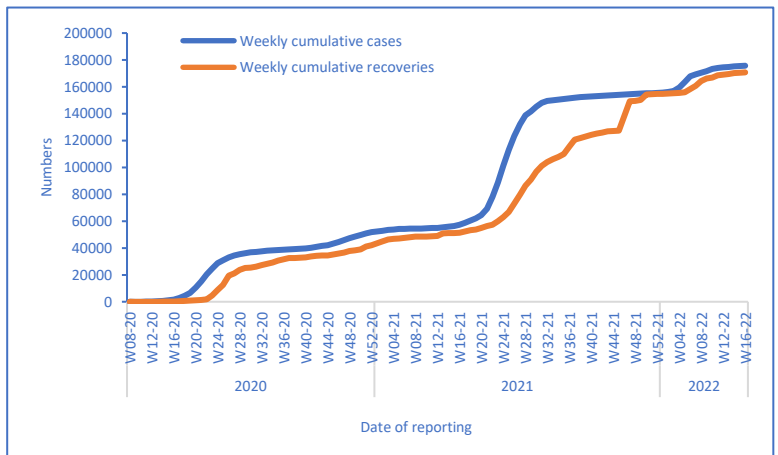


Figure 8: Weekly cumulative COVID-19 confirmed cases and recoveries in Afghanistan (24 Feb 2020 - 23 Apr 2022)



COVID-19 Vaccination highlights

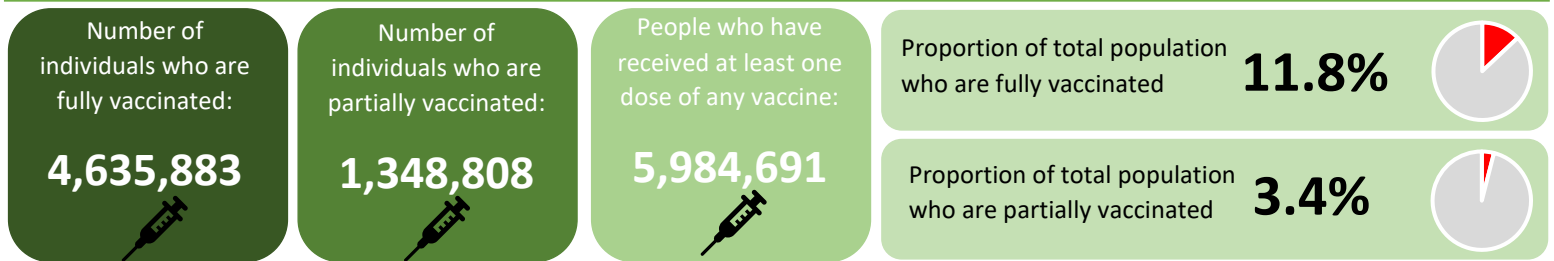


Figure 9: Distribution of individuals who received at least one dose by target group in Afghanistan, as of 23 Apr 2022

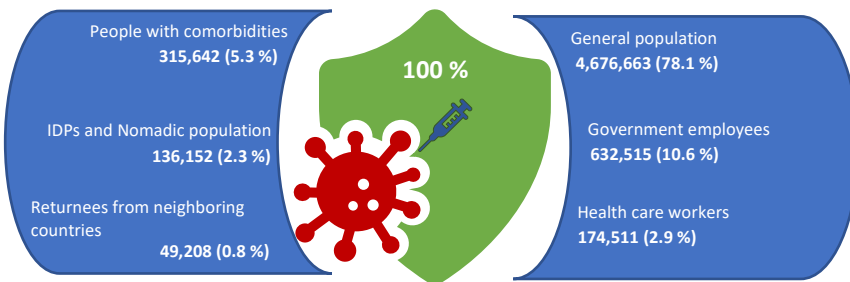


Figure 10: Distribution of administered doses by gender in Afghanistan, as of 23 Apr 2022

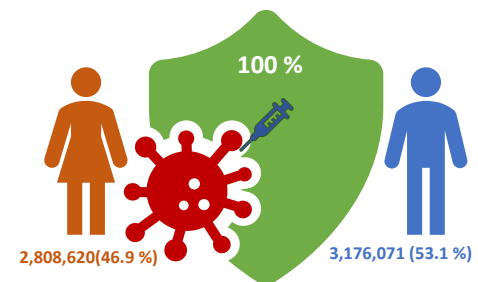


Figure 11: Vaccination doses administered by vaccine type, as of 23 Apr 2022

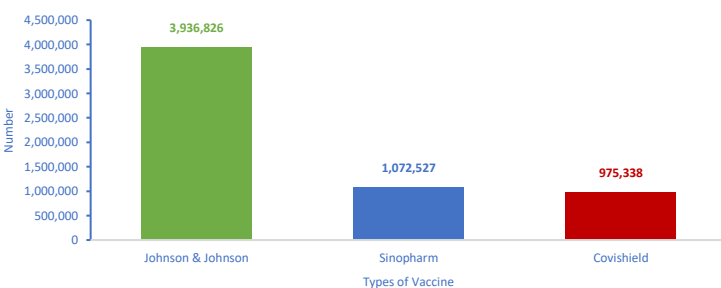
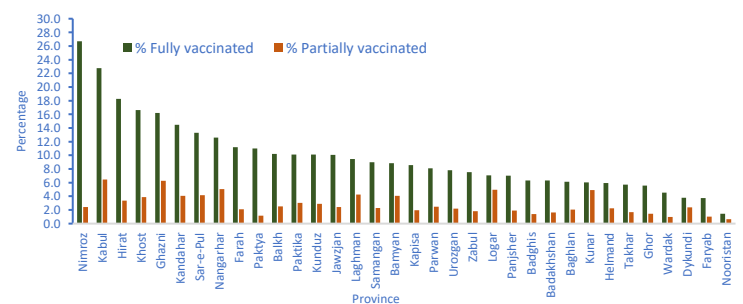


Figure 12: Proportion of fully & partially vaccinated individuals by province in Afghanistan, as of 23 Apr 2022



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- Total population: 39,269,174 (Ref: UN estimation, AFG_CMYP_2022)
 Data source: DHIS2-MoPH-Afghanistan, Public dashboard: <http://covid.moph-dw.org/#/>