



COVID-19 Epidemiological Bulletin Afghanistan

Epidemiological Week 18 (1 – 7 May 2022)

Cumulative samples tested 579,366 In public laboratories only	Cumulative confirmed cases 178,996 Cumulative percent positivity (30.8%)	Cumulative confirmed deaths 7,685 CFR (4.29 %)
New samples tested in week18 884 ↓72 % In public laboratories only	New confirmed cases in week18 97 ↓54 % Weekly percent positivity (11%)	New confirmed deaths in week18 2 ↑100 % Weekly CFR (2.1%)

Key: ↑ increasing ↓ decreasing ● no change

Table 1: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (12 Mar – 7 May 2022)

Indicators	W 11-22	W 12-22	W 13-22	W 14-22	W 15-22	W 16-22	W 17-22	W 18-22	Epi-curve
Samples tested (in public Labs)	5,479	4,287	4,275	5,222	3,771	3,713	3,271	884	
Confirmed cases	887	432	289	327	269	266	210	97	
Percent positivity (%)	16	10	7	6	7	7	6	11	
Confirmed deaths	11	8	9	5	2	4	1	2	
CFR (%)	1.2	1.9	3.1	1.5	0.7	1.5	0.5	2.1	

Highlights of the week

Since the beginning of the pandemic in Feb 2020, a total of **579,366** samples have been tested for COVID-19 through the public laboratories in the country.

In week18-2022, **884** samples were tested in public labs, of which **97** samples tested positive for COVID-19 (percent positivity **11**) and **2** new death was reported. This represents **54%** decrease in cases and **100%** increase in deaths, compared to week 17 2022, respectively (**Table 1**).

Cumulatively, **178,996** confirmed cases (overall percent positivity **30.8**) of COVID-19 with **7,685** associated deaths (**case fatality ratio = 4.29%**) have been reported in Afghanistan since Feb 2020.

As of 7th May 2022, **90.4 %**, cases have recovered.

In week 18, 2022, the highest numbers of COVID-19 cases were reported in the Central East and South regions (**38** and **24** cases, respectively) (**Table 2**). The top five provinces that reported positive cases included Helmand (**24** cases), Kapisa (**19** cases), Nangarhar (**11** cases), Logar (**10** cases), and Kabul (**8** 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 18, 2022 (1 – 7 May 2022)

Region	Epi-curve	# of new cases in week 18 (%)	% of change compared to week 17	Cumulative number (%)
Central East		38 (39 %)	-16%	48,72 (27.4%)
Central West		3 (3%)	-81%	14,849 (8.3%)
East		19 (20%)	-70%	20,659 (11.5%)
North		0 (0%)	NA	14,878 (8.3%)
North East		6 (6%)	-84%	18,863 (10.5%)
South		24 (25%)	NA	21,605 (12.1%)
South East		7 (7%)	-42%	11,715 (6.5%)
West		0 (0%)	NA	27,455 (15.4%)
National		97 (100%)	-54%	178,996 (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 - 7 May 2022)

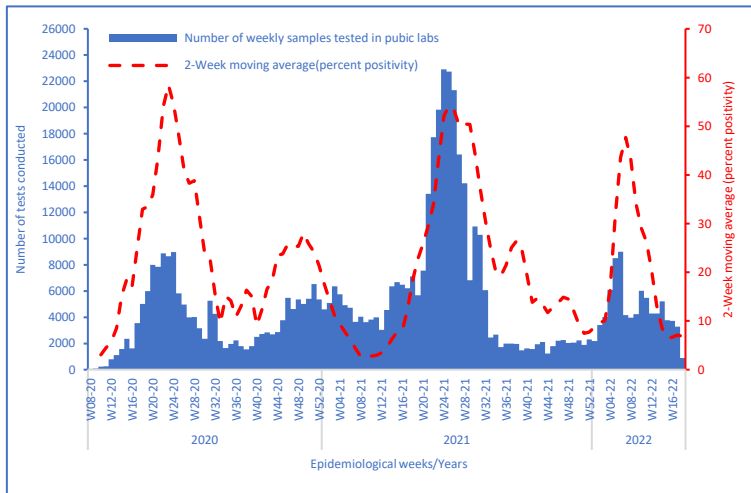


Figure 3: Weekly distribution of confirmed COVID-19 cases in Afghanistan (24 Feb 2020 - 7 May 2022)

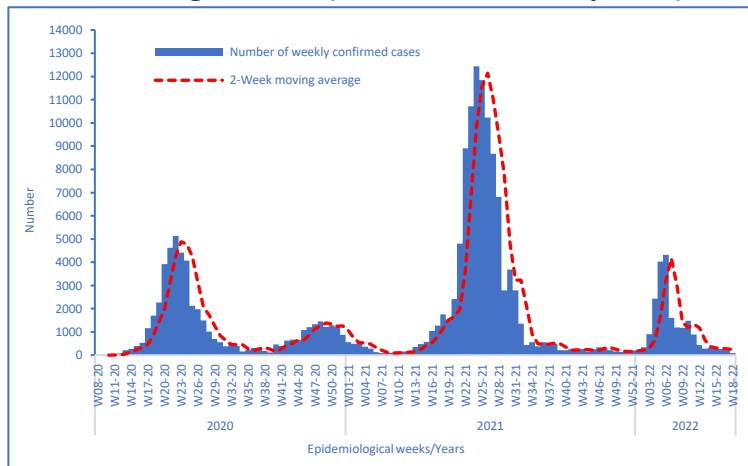
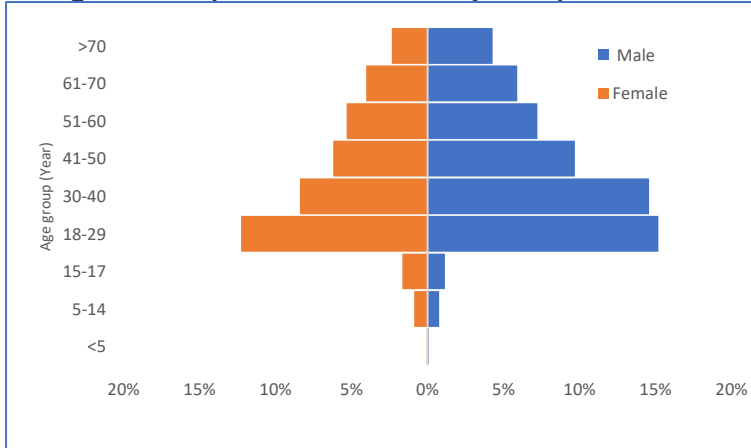


Figure 5: Age & sex distribution of COVID-19 cases in Afghanistan (24 Feb 2020 - 7 May 2022)



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.

Figure 2: Geographic distribution of COVID-19 confirmed cases in Afghanistan (24 Feb 2020 - 7 May 2022)

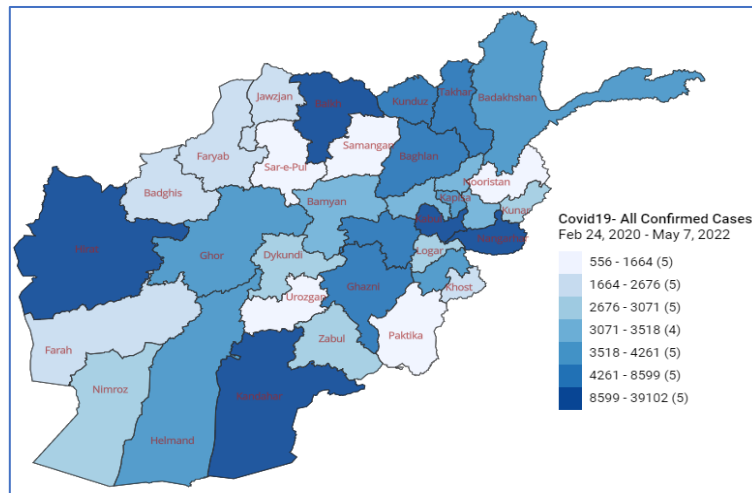


Figure 4: Weekly distribution of COVID-19 associated deaths in Afghanistan (24 Feb 2020 - 7 May 2022)

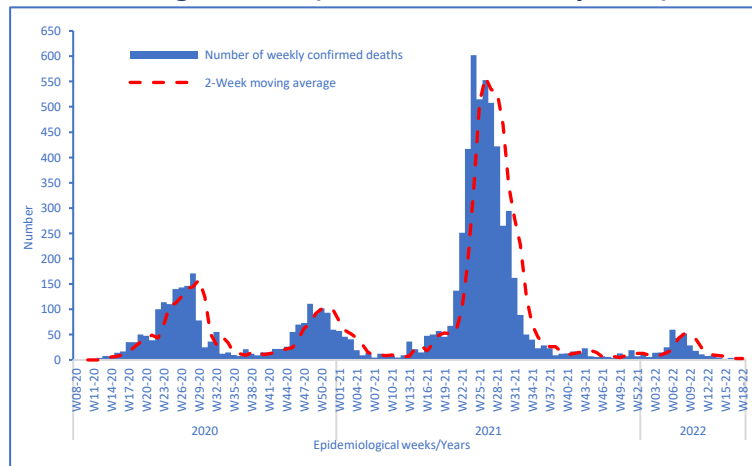
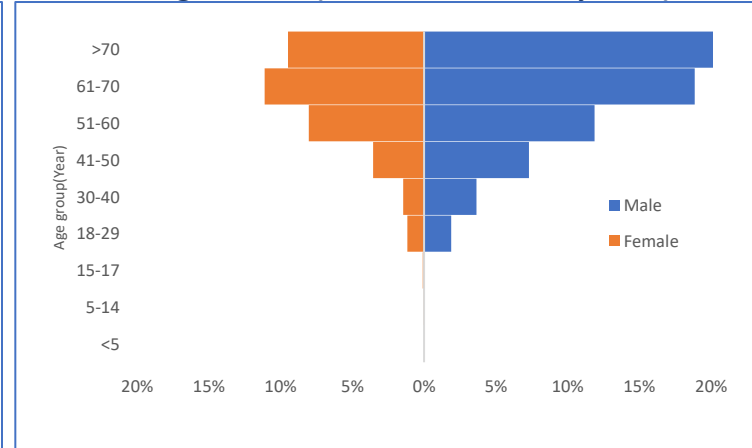


Figure 6: Age & sex distribution of COVID-19 associated deaths in Afghanistan (24 Feb 2020 - 7 May 2022)



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 - 7 May 2022 (n=1,738)

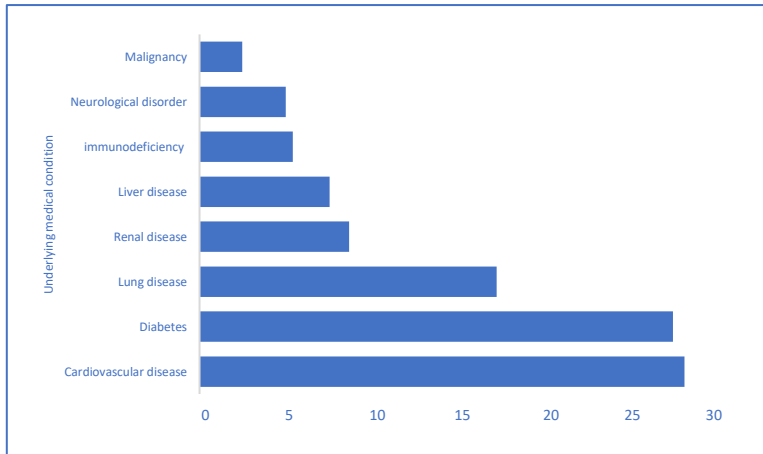
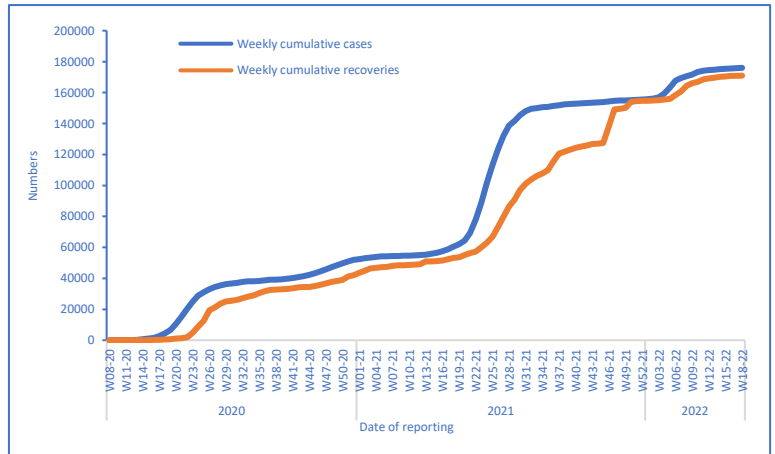


Figure 8: Weekly cumulative COVID-19 confirmed cases and recoveries in Afghanistan (24 Feb 2020 - 7 May 2022)



COVID-19 Vaccination highlights

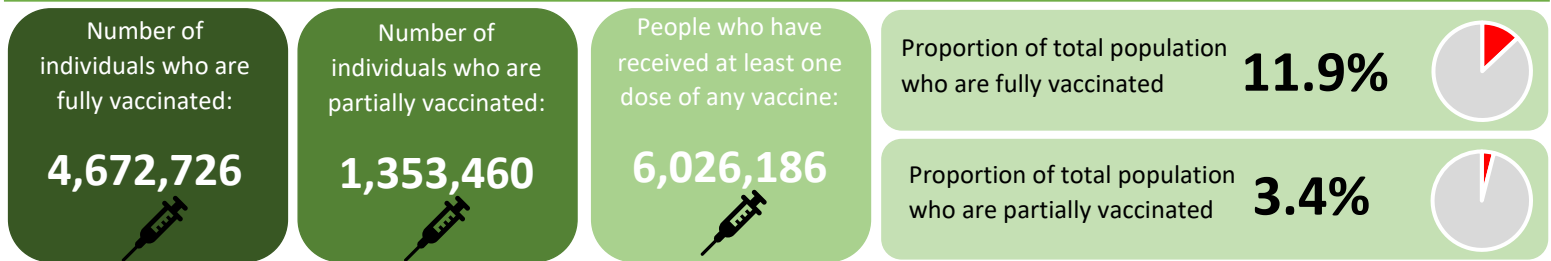


Figure 9: Distribution of individuals who received at least one dose by target group in Afghanistan, as of 7 May 2022

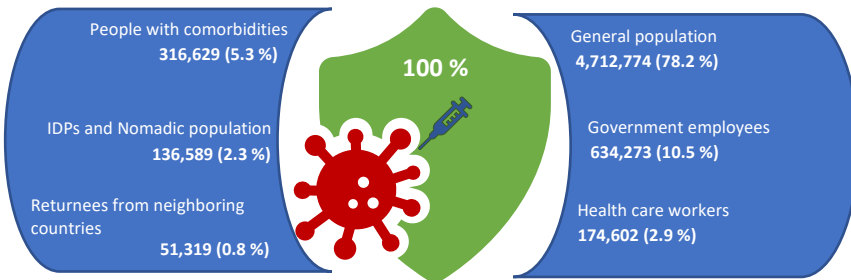
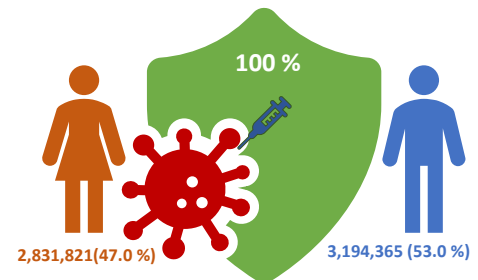


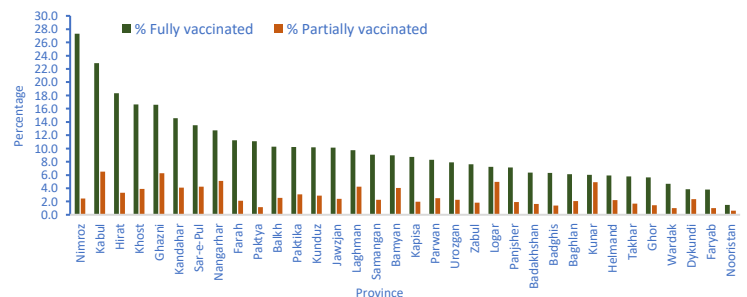
Figure 10: Distribution of administered doses by gender in Afghanistan, as of 7 May 2022



COVID-19 vaccination campaign

COVID-19 vaccination campaign is planned to take place in May 2022. The campaign will be conducted through 473 mobile vaccination teams in addition to 559 fixed sites (including Regional, provincial and district hospitals and some comprehensive health centers). The campaign will be conducted in the 34 provinces, targeting more than 5 million adult population aged 18 years and above using J&J and Sinopharm vaccines. Enough vaccine stock is available in country with more than 7 million doses to enable the campaign.

Figure 11: Proportion of fully & partially vaccinated individuals by province in Afghanistan, as of 7 May 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/#/>