



COVID-19 Epidemiological Bulletin Afghanistan

Epidemiological Week 19 (8 – 14 May 2022)

Cumulative samples tested 583,722 In public laboratories only	Cumulative confirmed cases 179,279 Cumulative percent positivity (30.7%)	Cumulative confirmed deaths 7,691 CFR (4.28 %)
New samples tested in week19 4,356 ↑ 393 % In public laboratories only	New confirmed cases in week19 283 ↑ 192 % Weekly percent positivity (6%)	New confirmed deaths in week19 6 ↑ 200 % Weekly CFR (2.1%)

Key: ↑ increasing ↓ decreasing ● no change

Table 1: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (19 Mar – 14 May 2022)

Indicators	W12-22	W13-22	W14-22	W15-22	W16-22	W17-22	W18-22	W19-22	Epi-curve
Samples tested (in public Labs)	4,287	4,275	5,222	3,771	3,713	3,271	884	4,356	
Confirmed cases	432	289	327	269	266	210	97	283	
Percent positivity (%)	10	7	6	7	7	6	11	6	
Confirmed deaths	8	9	5	2	4	1	2	6	
CFR (%)	1.9	3.1	1.5	0.7	1.5	0.5	2.1	2.1	

Highlights of the week

Since the beginning of the pandemic in Feb 2020, a total of **583,722** samples have been tested for COVID-19 through the public laboratories in the country. In week19-2022, **4,356** samples were tested in public labs, of which **283** samples tested positive for COVID-19 (percent positivity **6**) and **6** new death was reported. This represents **192%** and **200%** increase in cases and deaths, respectively, compared to week 18 2022, (Table 1). Reduction in different figures during week18 coincided with long Eid holidays following the month of Ramadan. Although all COVID-19 labs were functional during the week18 but most of the mild/moderate cases were not willing to go to the lab for testing, in addition to delayed reporting in the system due to Eid holidays.

Cumulatively, **179,279** confirmed cases (overall percent positivity **30.7**) of COVID-19 with **7,691** associated deaths (case fatality ratio = **4.28%**) have been reported in Afghanistan since Feb 2020.

As of 14th May 2022, **90.4** %, cases have recovered.

In week 19, 2022, the highest numbers of COVID-19 cases were reported in the Central East and East regions (69 and 55 cases, respectively) (Table 2). The top five provinces that reported positive cases included Kabul (43 cases), Nangarhar (43 cases), Parwan (28 cases), Kunduz (19 cases), and Zabul (19 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 19, 2022 (8 – 14 May 2022)

Region	Epi-curve	# of new cases in week 19 (%)	% of change compared to week 18	Cumulative number (%)
Central East		69 (24 %)	82%	49,041 (27.4%)
Central West		37 (13%)	NA	14,886 (8.3%)
East		55 (19%)	NA	20,714 (11.6%)
North		19 (7%)	NA	14,897 (8.3%)
North East		38 (13%)	NA	18,901 (10.5%)
South		35 (12%)	46%	21,640 (12.1%)
South East		30 (11%)	NA	11,745 (6.5%)
West		0 (0%)	NA	27,455 (15.3%)
National		283 (100%)	192%	179,279 (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 - 14 May 2022)

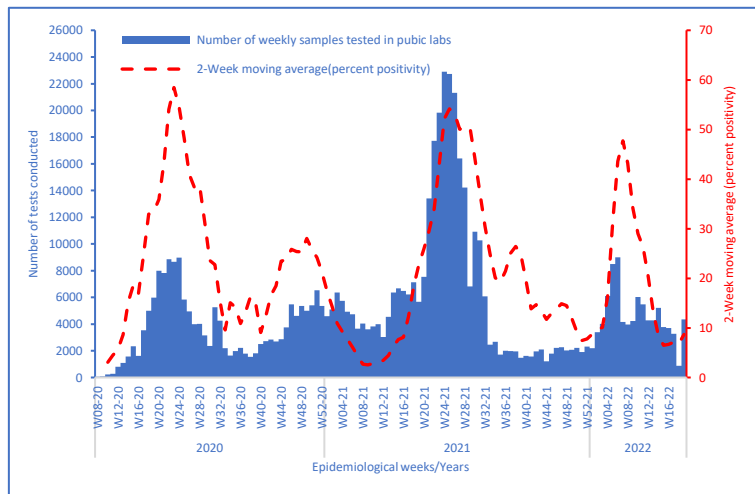


Figure 2: Geographic distribution of COVID-19 confirmed cases in Afghanistan (24 Feb 2020 - 14 May 2022)

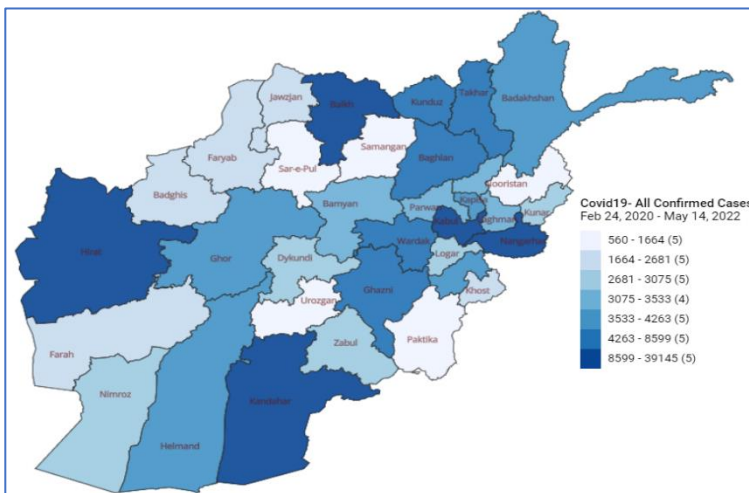


Figure 3: Weekly distribution of confirmed COVID-19 cases in Afghanistan (24 Feb 2020 - 14 May 2022)

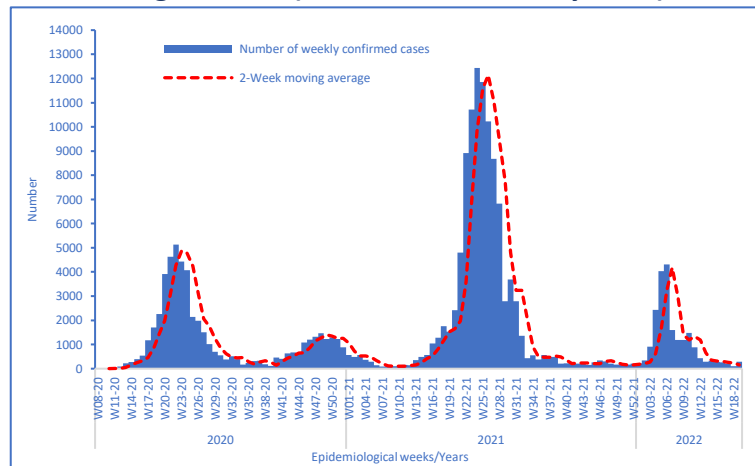


Figure 4: Weekly distribution of COVID-19 associated deaths in Afghanistan (24 Feb 2020 - 14 May 2022)

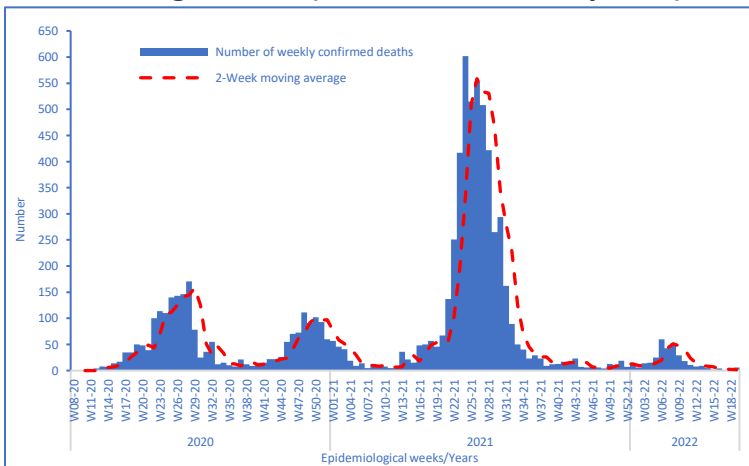


Figure 5: Age & sex distribution of COVID-19 cases in Afghanistan (24 Feb 2020 - 14 May 2022)

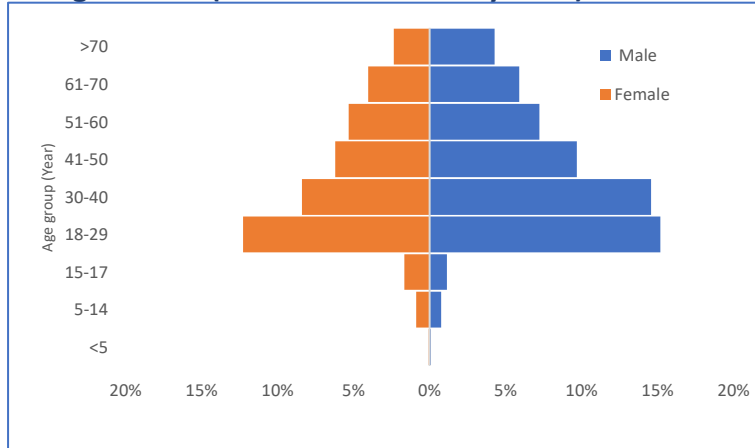
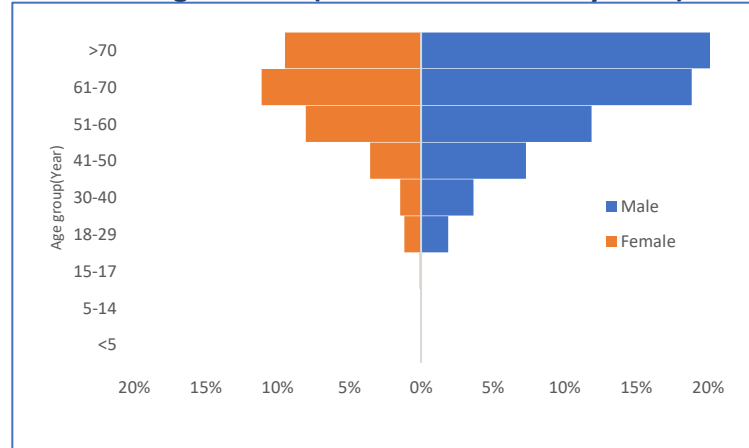


Figure 6: Age & sex distribution of COVID-19 associated deaths in Afghanistan (24 Feb 2020 - 14 May 2022)



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.

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 - 14 May 2022 (n=1,742)

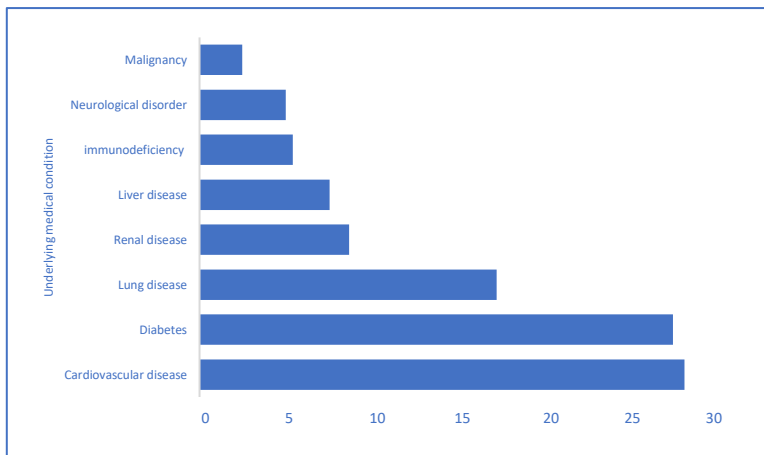
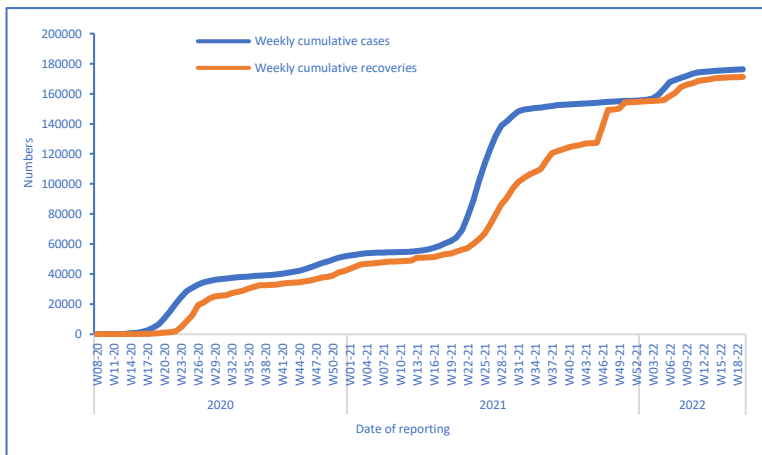


Figure 8: Weekly cumulative COVID-19 confirmed cases and recoveries in Afghanistan (24 Feb 2020 - 14 May 2022)



COVID-19 Vaccination highlights

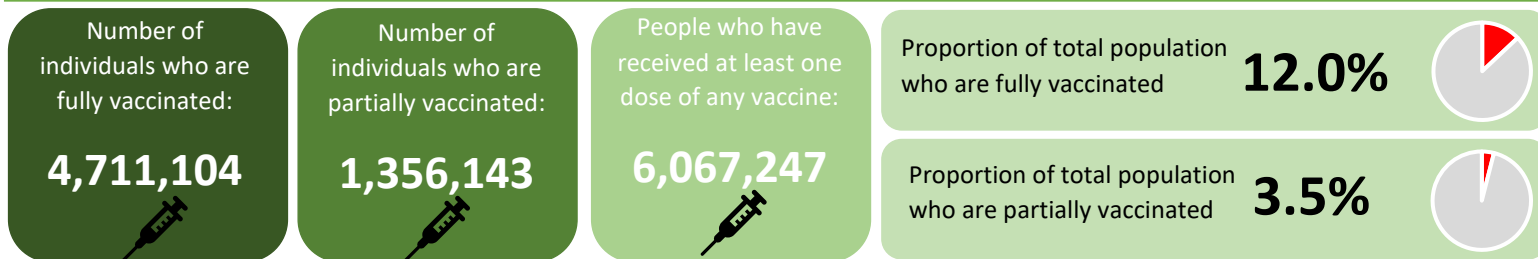


Figure 9: Distribution of individuals who received at least one dose by target group in Afghanistan, as of 14 May 2022

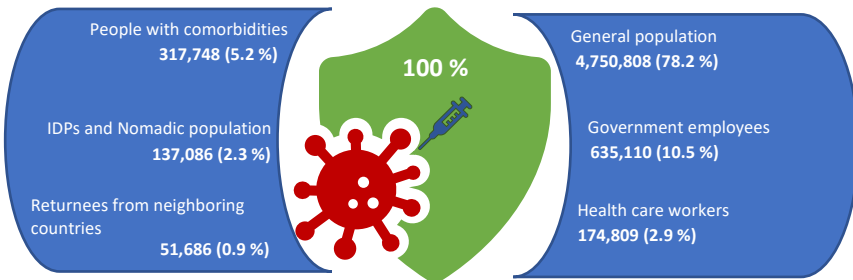
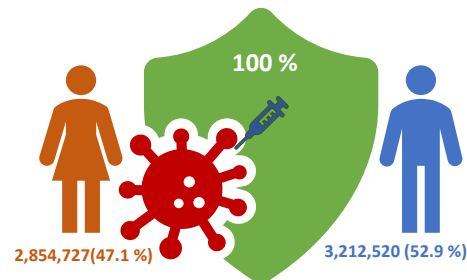


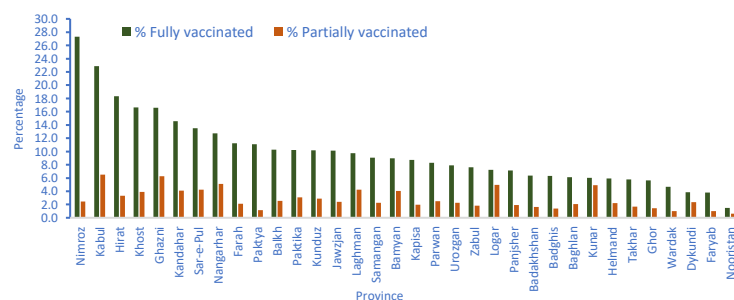
Figure 10: Distribution of administered doses by gender in Afghanistan, as of 14 May 2022



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 14 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/#/>