

AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS SITUATION REPORT | Epidemiological week #21-2025

No. 21 (18-24May 2025)

Disease Outbreaks	Measles (Suspected	کچ AWD with dehydration	Dengue (Suspec	fever	CCHF Suspected)	Malari (Confirme	а	Magazan (Karala) Pneumonia	COVID-19 (Confirmed)	
Cumulative cases 2025	59,290	46,461	41	3	320	9,208	7:	17,154	1,502	
Cumulative deaths 2025 (CFR %)	384 (0.6) 13 (0.03)	0 (0	.0)	20 (6.3)	0 (0.0)	1,5	75 (0.2)	4 (0.3)	
Data from 610 (99.5%) out of 613 sentinel sites Measles (29 Dec 2024-24 May 2025)										
Image: second										
Table 1: Summary of the measles outbreak in the last eight weeks in Afghanistan (30 Mar – 24 May 2025)										
Indicators	W13	W15 W16	W17	W18	W19	W20	W21	Trend	d line	

Suspected cases 3,0	095 3,688	3 4,172	3,729	3,905	3,808	4,043	3,612	
						· · · · ·	0,012	✓
Suspected deaths 2	28 27	27	15	27	30	21	27	
CFR (%) 0).9 0.7	0.6	0.4	0.7	0.8	0.5	0.7	

- The epi curve of suspected measles cases has shown a steady increase since the beginning of 2025, reaching its highest peak in week 16 with 4,172 reported cases (Figure 1). The trend in 2025 is higher than the 3-year average (2022-2024) (Figure 2). Fluctuations at high level have been observed in the past few weeks.
- During week 21-2025, a total of 3,612 suspected cases and 27 associated deaths (CFR=0.7%) were reported, which shows a 10.7% decrease in the number of suspected cases compared to the preceding week.
- $\bullet\,$ Out of the total cases, 1,718 (47.6%) were females and 2,605 (72.1%) were under-five children.
- Out of 27 new deaths, 26 (96.3%) were under-five children, while 14 (51.9%) were females, reported from 11 provinces: Herat (9), Helmand (6), Kabul (2), Jawzjan (2), Badakhshan (2), Takhar (1), Paktika (1), Kunar (1), Kandahar (1), Faryab (1), and Dykundi (1).
- Since the beginning of 2025, 59,290 suspected measles cases and 384 associated deaths (CFR=0.6%) were reported. Out of total cases, 27,843 (47.0%) were females, while 46,445 (78.3%) were under-five children.
- Since the beginning of 2025, the highest cumulative incidence of suspected measles cases per 10,000 population has been reported from Helmand (53.5), followed by Nuristan (38.9), Badakhshan (35.6), Jawzjan (32.3), and Urozgan (29.9) (Figure 3).







Updates on the preparedness and response to the measles outbreak

CFR (%)

Number of deaths

0

0.00

1

0.04

0

0.00

- During week 21-2025, a total of 1,728 children aged 9-59 months were vaccinated against measles as part of the outbreak response in 8 provinces (Kabul, Helmand, Kandahar, Paktika, Samangan, Nangarhar, Badghis and Farah). This brings the number of children aged 9-59 months vaccinated against measles as part of outbreak response immunization activities to 22,081 across the country since the beginning of 2025.
- Since the beginning of 2025, the following activities have been conducted to address the measles outbreak:
 - ° A total of 68 Health Care Workers (HCWs) including 10 females have been trained in measle case management from Central region.
 - ^o An online measles awareness campaign has been conducted through World Health Organization (WHO) official social media accounts (Facebook and X), reaching approximately 20,573 individuals.
 - ^o A total of 180 measles case management kits have been distributed to 34 provinces across the country.

	Ac	ute Wa			(AWD) 24 May 2		ehydra	ation	
O		Ť		Ś			ļ		↓
Total AWD w	46,461 13 Total AWD with Total AWD with dehydration cases dehydration deaths			3,207 Samples tested for AWD with dehydration (RDTs)			2 42 tive cases for dehydration		7.5% sitivity rate for AWD th dehydration
Table 2: Summary of	f the AWD v	with dehyo	dration ou	ıtbreak in	the last e	ight week	s in Afgha	nistan (30) Mar – 24 May 2025)
Indicators	W14	W15	W16	W17	W18	W19	W20	W21	Trend line
Number of cases	1,796	2,649	2,837	2,900	3,160	3,478	3,853	4,157	

0

0.00

0

0.00

1

0.02

1

0.03

2

0.07

----- 22.6 - 53.5

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- The epidemiological curve has shown a gradual increasing trend since week 08-2025, which coincide with the start of warmer weather (Figure 4).
- During week 21-2025, 4,157 AWD with dehydration cases with one associated death were reported from 194 districts, which shows a 7.9% increase in the number of cases compared to the previous week.
- Out of the 4,157 AWD with dehydration cases, 2,013 (48.4%) were females and 2,327 (56.0%) were under-five children.
- The new death was an under-five female from Urozgan province.
- During week 21-2025, 2 new districts reported alert of AWD with dehydration.
- Since Jan 2025, 46,461 cases of AWD with dehydration with 13 associated deaths (CFR = 0.03%) were reported. Out of total cases, 22,774 (49.0%) were females, while 27,034 (58.2%) were under-five children.
- Since Jan 2025, 3,207 Rapid Diagnostic Tests (RDT) have been conducted on AWD with dehydration cases, of which 242 tests turned positive (positivity rate 7.5%).
- Since the beginning of 2025, the highest cumulative incidence of AWD with dehydration per 10,000 population was reported from Nimroz (42.8), followed by Khost (31.4), Paktya (29.7), Farah (26.4), and Kabul (25.6) (Figure 5).



Figure 5. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 24 May 2025

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AWD with dehydration cumulative incidence per 10,000 population by province 29 Dec 2024 - 24 May 2025



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

- Since the beginning of 2025, the following activities have been conducted as part of AWD with dehydration outbreak response activity:
 - ° 30 HCWs, including 7 females from East region, have been trained on AWD with dehydration case management.
 - 300 AWD with dehydration case management kits have been distributed to all 34 provinces.
 - ^o 800 kits of Cary-Blair and 1,330 kits of Rapid Diagnostic Test (RDTs) have been distributed to all 34 provinces.
 - ^o 44 National Disease Surveillance and Response (NDSR) staff, including 2 females, have been trained on surveillance data management, analysis, and visualization from 34 provinces.
 - ° 26 Surveillance Support Team (SST) members, including 1 female, have been trained on surveillance functions, rapid response, and Water Quality Management (WQM) from 6 provinces (Kabul, Kunar, Laghman, Nangarhar, Kunduz, and Kandahar).
 - ° 60 boxes (100 gloves/box) of gloves have been distributed to Kabul surveillance office.

WASH update:

In April 2025, the following WASH response activities were implemented:

• 4,914 individuals in Kabul and Paktika provinces participated in hygiene promotion sessions.

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- 2,899 individuals in Kabul province received hand washing soap.
- Provision of clean drinking water by construction and rehabilitation of deep boreholes with solar powered piped system in three provinces (Nangarhar, Farah, and Nimroz).

Dengue Fever

• in three provinces (Nangarhar, Farah, and Nimroz).



Table 3: Summary of the dengue fever outbreak in the last eight weeks in Afghanistan (02 Apr – 24 May 2025)

Indicators	W14	W15	W16	W17	W18	W19	W20	W21	Trend line
Suspected cases	3	17	43	35	33	58	41	68	
suspected 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 of suspected dengue fever cases shows a gradual increase since week 15 which could be attributed to the summer season and warmer temperature in the East region (Figures 6 & 7).
- During week 21-2025, 68 suspected cases of dengue fever with no associated deaths were reported from Nangarhar province. Out of total cases, 64 (94.1%) cases were over-five years old, while 24 (35.3%) were females.
- Since the beginning of 2025, 413 suspected dengue fever cases, with no associated deaths were reported from 6 provinces (Nangarhar, Laghman, Kunar, Kabul, Ghazni, and Paktya). Out of total cases, 402 (97.3%) were over-five years old, while 183 (44.3%) were females.
- Since the beginning of 2025, a total of 48 samples have been tested, out of which 8 were positive (positivity rate 16.7%). The geographical distribution of suspected dengue fever cases and the percent change of new cases in Nangarhar province of Afghanistan is shown in Figure 8.



*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 and DENV NS1 antigen detection, excluding cases that were only positive for IgM or IgG based on a single sample <u>https://cdn.who.int/media/docs/default-source/outbreak-toolkit/dengue--outbreak-toolbox_20220921.pdf</u>?sfvrsn=29de0271_2

Figure 8. Geographical distribution of suspected dengue fever cases and percent change of new cases in East region, 29 Dec 2024 – 24 May 2025



Crimean Congo Hemorrhagic Fever (CCHF)

(29 Dec 2024-24 May 2025)



Table 4: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (30 Mar – 24 May 2025)

Indicators	W14	W15	W16	W17	W18	W19	W20	W21	Trend line
Suspected cases	7	11	14	32	45	35	46	61	
Suspected deaths	0	1	2	2	1	2	6	4	
CFR (%)	0.0	9.1	14.3	6.3	2.2	5.7	13.0	6.6	

• The epi-curve of suspected CCHF cases shows a gradual increase since week 15-2025 warranting close monitoring as we approach Eid al-Adha (Figures 9 & 10).

• During week 21-2025, 61 new suspected CCHF cases with 4 associated deaths (CFR=6.6%) were reported compared to 46 cases and 6 deaths in the previous week (Table 4).

- All the new deaths were over-five-years old, while 1 (25.0%) was female. Deaths were from 4 provinces [Badakhshan (1), Kabul (1), Nangarhar (1), and Takhar (1)].
- Since the beginning of 2025, a total of 320 suspected CCHF cases, with 20 associated deaths (CFR=6.3%), were reported. Out of total 320 cases, 318 (99.4%) were over-five years old, while 116 (36.3%) were females. Also, 247 samples have been tested, 73 of them were positive (positivity rate = 29.6%).
- Since the beginning of 2025, the highest cumulative incidence of suspected CCHF per 100,000 population is reported from Kapisa (3.3), followed by Kabul (2.3), Kandahar (1.7), Balkh (1.3), and Nangarhar (1.0) (Figure 11).





Figure 11. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 29 Dec 2024 – 24 May 2025

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Crimean-Congo Hemorrhagic Fever (CCHF) cases cumulative incidence per 100,000 population by province and provincial distribution of deaths 29 Dec 2024-24 May 2025



Updates on the response to the CCHF outbreak

- During week 21-2025, WHO distributed around 6,000 (3,000 posters and 3,000 brochures) informational, educational, and communication (IEC) materials covering CCHF, AWD with dehydration and ARI pneumonia to Bamyan province.
- During Week 21, the following activities were carried out in Balkh Province as part of the preparedness and response efforts for CCHF:
 - ° Emergency Preparedness and Response (EPR) meetings was decided to be conducted every Sunday to coordinate ongoing activities.
 - ° Surveillance Support Teams (SSTs) initiated health education and awareness sessions in the health facilities where they were deployed.
 - ° A meeting was held with the Haj and Awqaf Department and approximately 300 Mullahs (religious leaders) to encourage the inclusion of CCHF prevention messages in Friday prayers.

- A joint meeting was convened with the Communicable Disease Control (CDC) department, Veterinary Department, Municipality, and other stakeholders to clarify roles and responsibilities and provide updates on contributions to CCHF preparedness and response.
- ° The Veterinary Department began spraying livestock shelters across both urban and rural districts.
- ° The relevant implementing partner instructed clinic heads to integrate CCHF awareness into routine health education.
- ° A CCHF prevention awareness campaign is scheduled to be conducted in Mazar city on 28 May 2025, under the coordination of the Provincial Public Health Directorate (PPHD).
- •Since the beginning of 2025, the following activities have been conducted as part of outbreak preparedness activities:
- A mass awareness campaign in Baghlan province to enhance community engagement and to create awareness on the prevention of CCHF, AWD, ARIs, measles, dengue, and other infectious diseases in the community has been conducted by WHO. During the campaign, 30 social mobilizers, including 15 (50%) females have been trained on CCHF, AWD, Measles, and ARIs. Over 30,000 people have been reached (50% women), and more than 7,000 Information, Education, and Communication (IEC) materials in local languages have been distributed.
- ° 66 Healthcare Workers (HCWs) including 7 females have been trained on CCHF case management from 34 provinces.
- 31 Lab technicians including 4 females from 6 Regional Reference Laboratories (RRLs), Infectious Disease Hospital (IDH), and Central Public Health Laboratory (CPHL) have been trained on the diagnosis of CCHF, Dengue fever, and Mpox.

Confirmed Malaria

(29 Dec 2024-24 May 2025)



Table 5: Summary of the malaria outbreak in the last eight weeks in Afghanistan (30 Mar – 24 May 2025)

Indicators	W14	W15	W16	W17	W18	W19	W20	W21	Trend line
Confirmed cases	231	552	643	718	838	1,104	1,267	1,246	
Confirmed 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 of confirmed malaria cases shows a gradual increase since week 15-2025. The trend is closely following the 3-year average (2022-2024) (Figures 12 & 13).
- During week 21-2025, 1,246 cases with no associated deaths were reported from 20 provinces. Out of the total cases, 591 (47.4%) were females and 240 (19.3%) were under-five children.
- Since the beginning of 2025, 9,208 confirmed malaria cases with no associated deaths have been reported. Out of total cases, 4,209 (45.7%) were females and 1,580 (17.2%) were under-five children.
- Since the beginning of 2025, the highest cumulative incidence of malaria per 10,000 population was reported from Nuristan (42.7) followed by Kunar (28.2), Laghman (16.1), and Nangarhar (13.7) (Figure 14).





Figure 14. Malaria cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 - 24 May 2025

AFGHANISTAN **Confirmed malaria cumulative** Incidence per 10.000 population by province 29 Dec 2024 - 24 May 2025 Malaria cumulative incidence 0.0 - 0.6 - 07-15 42 1.6 - 6.1 1 6.2 - 16.1 æ 16.2 - 42.7 No data ARI-Pneumonia (29 Dec 2024-24 May 2025) Q 20% 138 717.154 **Total ARI Cases** Total ARI Samples tested for Lab confirmed Influenza test positivity ratio Deaths influenza influenza cases Table 6: Summary of the ARI-Pneumonia outbreak in the last eight weeks in Afghanistan (30 Mar – 24 May 2025)

Indicators	W14	W15	W16	W17	W18	W19	W20	W21	Trend lines
Suspected cases	20,088	28,755	27,599	25,866	25,747	24,345	23,885	22,335	
Suspected deaths	41	68	44	55	52	44	47	58	$\bigwedge \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\$
CFR (%)	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.3	

• The epi curve indicates a gradual downward trend in reported cases since week 06-2025 (Figures 15 & 16).

• During week 21-2025, 22,335 cases of ARI pneumonia and 58 associated deaths (CFR=0.3%) were reported, which shows a 6.5% decrease in the number of ARI pneumonia cases compared to the preceding week.

- Out of the total 22,335 cases, 11,222 (50.2%) were females while 13,899 (62.2%) were under-five children.
- During the reporting period, 60 samples were collected for influenza, none of which tested positive.
- Since the beginning of 2025, 717,154 cases of ARI pneumonia and 1,575 associated deaths (CFR=0.2%) were reported. Out of total cases, 455,625 (63.5%) were under-five children, while 354,698 (49.5%) were females. Also, 1,678 samples have been tested for influenza, out of which 138 were positive (positivity rate = 8.2%).
- Since the beginning of 2025, the highest cumulative incidence of ARI pneumonia per 10,000 population has been reported in Nuristan (398.5), followed by Kunar (351.0), Panjsher (348.1), and Samangan (324.2) provinces (Figure 17).



Figure 17. ARI-Pneumonia cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 24 May 2025



Updates on the response activities to the ARI outbreak

- Since the beginning of 2025, a total of 1,172 ARI pneumonia case management kits have been distributed to 34 provinces across the country.
- Since the beginning of 2025, World Health Organization (WHO) has conducted 3 online awareness campaigns on winterrelated diseases, specifically pneumonia, through its official social media accounts (Facebook and X) reaching approximately 64,000 individuals.



COVID-19 Vaccination highlights





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

Table 7: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (30 Mar – 24 May 2025)

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Indicators	W14	W15	W16	W17	W18	W19	W20	W21	Trend line
Samples tested (in public Labs)	173	1,100	1,298	1,198	1,071	676	764 *	791	
Confirmed cases	3	28	39	31	66	32	62 *	172	
Percent positivity (%)	1.7	2.5	3.0	2.6	6.2	4.7	8.1	21.7	
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	•••••

*Delayed reporting was experienced during weeks 20-2025 and the number of tested samples and confirmed cases were revised from 716 to 764, and from 50 to 62, respectively.

• The epidemiological curve of confirmed COVID-19 cases indicates a gradual decline since week 9-2025, however, in this week a significant increase was observed in the number of positive cases which should be closely monitored (Figure 18).

• During week 21-2025, a total of 791 samples were tested in public labs, of which 172 samples were positive for COVID-19 (positivity rate 21.7%), with no associated deaths were reported (Table 7), which indicates a significant increase compared to the preceding week.

• Since the beginning of 2025, 1,502 confirmed cases of COVID-19 and 4 associated deaths (CFR=0.3%) were reported. Out of the total cases, 677 (45.1%) were females.



Updates on the response activities to the COVID-19 outbreak

• Since the beginning of 2025, a total of 850 kits of Viral Transport Medium (VTM) and 2,295 kits of Rapid Diagnostic Test (RDT) have been distributed to all 34 provinces across the country.

Note: MOPH is the source of epidemiological data <u>Case definition & alert/outbreak thresholds</u>

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