










### AFGHANISTAN

#### INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #22-2025

No. 22 (25-31 May 2025)

Disease Outbreaks	 Measles (Suspected)	 AWD with dehydration	 Dengue fever (Suspected)	 CCHF (Suspected)	 Malaria (Confirmed)	 ARI-Pneumonia	 COVID-19 (Confirmed)
Cumulative cases 2025	62,470	50,715	462	378	10,727	739,201	1,826
Cumulative deaths 2025 (CFR %)	399 (0.6)	17 (0.03)	0 (0.0)	24 (6.3)	0 (0.0)	1,630 (0.2)	4 (0.2)

Data from 610 (99.5%) out of 613 sentinel sites

### Measles

(29 Dec 2024-31 May 2025)



62,470

Total Cases



399

Total Deaths



8,493

Sample tested



5,446



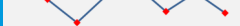
Lab confirmed cases



64.1%

Test positivity rate

**Table 1:** Summary of the measles outbreak in the last eight weeks in Afghanistan (06 Apr – 31 May 2025)

Indicators	W15	W16	W17	W18	W19	W20	W21	W22	Trend line
Suspected cases	3,688	4,172	3,729	3,905	3,808	4,043	3,613 *	3,179	
Suspected deaths	27	27	15	27	30	21	26 *	16	
CFR (%)	0.7	0.6	0.4	0.7	0.8	0.5	0.7	0.5	

\*A delayed reporting and data entry errors were experienced during week 21-2025, and the number of suspected cases and deaths were revised from 3,612 to 3,613 and from 27 to 26, respectively.

- 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), however, it is declining for the past two weeks. The trend in 2025 is higher than the 3-year average (2022-2024) (Figure 2).
- During week 22-2025, a total of 3,179 suspected cases and 16 associated deaths (CFR=0.5%) were reported, which shows a 12.0% decrease in the number of suspected cases compared to the preceding week.
- Out of the total 3,179 cases, 1,525 (48.0%) were females and 2,326 (73.2%) were under-five children.
- All of 16 new deaths were under-five, while 8 (50.0%) were females, reported from 9 provinces: Herat (3), Badakhshan (3), Jawzjan (2), Kabul (2), Kandahar (2), Badghis (1), Dykundi (1), Helmand (1), and Khost (1).
- Since the beginning of 2025, 62,470 suspected measles cases and 399 associated deaths (CFR=0.6%) were reported. Out of total cases, 29,368 (47.0%) were females, while 48,772 (78.1%) 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 (56.5), followed by Nuristan (39.7), Badakhshan (37.8), Jawzjan (34.1), and Urozgan (30.7) (Figure 3).

**Figure 1.** Weekly distribution of suspected measles cases in Afghanistan, 29 Dec 2024 to 31 May 2025 (N= 62,470)

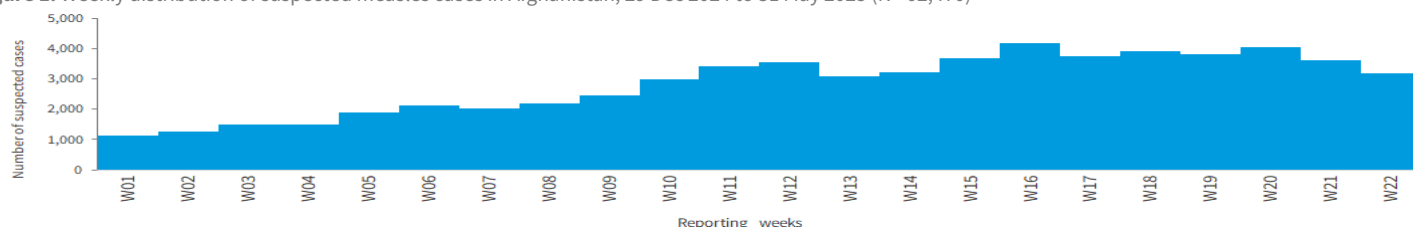




Figure 2. Comparison between the trends of suspected measles cases in 2025 vs 3-year average (2022-20224) and the endemic level

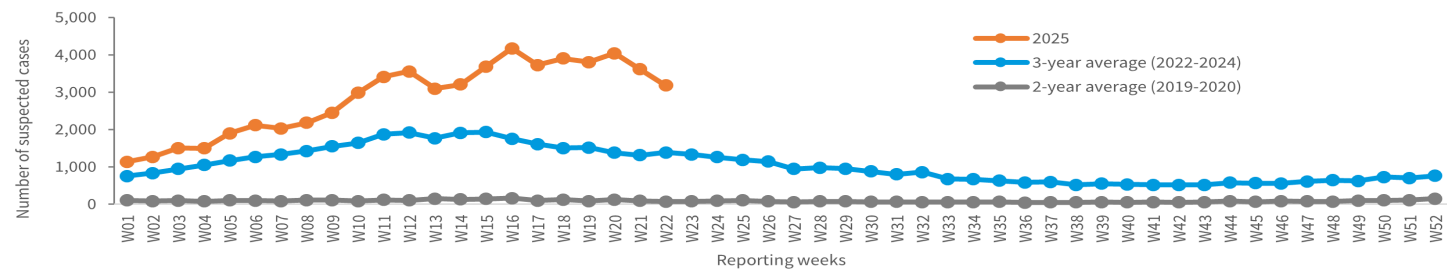
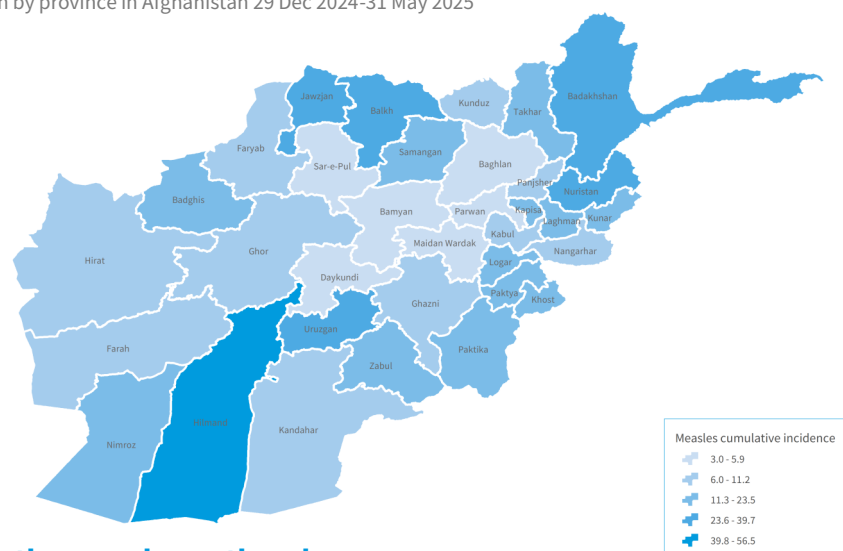


Figure 3. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 29 Dec 2024-31 May 2025

**AFGHANISTAN**  
**Suspected measles**  
**cumulative incidence**  
**per 10,000 population by**  
**province 29 Dec 2024 – 31 May 2025**



**Updates on the preparedness and response to the measles outbreak**

- Since the beginning of 2025, the following activities have been conducted to address the measles outbreak:
  - A total of 22,081 children aged 9-59 months have been vaccinated against measles as part of the outbreak response immunization activities across the country.
  - A total of 168 Health Care Workers (HCWs) including 48 females have been trained in measles case management from 4 regions: Central (68 including 10 females), West (40 including 20 females), North (30 including 9 females), and East (30 including 9 females).
  - A total of 180 measles case management kits have been distributed to 34 provinces across the country.
  - 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.

**Acute Watery Diarrhea (AWD) with Dehydration**  
(29 Dec 2024-31 May 2025)

**50,715**  
Total AWD with dehydration cases

**17**  
Total AWD with dehydration deaths

**3,453**  
Samples tested for AWD with dehydration (RDTs)

**261**  
RDT-positive cases for AWD with dehydration

**7.6%**  
RDT positivity rate for AWD with dehydration

**Table 2: Summary of the AWD with dehydration outbreak in the last eight weeks in Afghanistan (06 Apr – 31 May 2025)**

Indicators	W15	W16	W17	W18	W19	W20	W21	W22	Trend line
Number of cases	2,649	2,837	2,900	3,160	3,478	3,853	4,160 *	4,251	
Number of deaths	1	0	2	0	1	0	1	4	
CFR (%)	0.04	0.00	0.07	0.00	0.03	0.00	0.02	0.09	

\*A delayed reporting was experienced during week 21-2025, and the number of cases was modified from 4,157 to 4,760.



- The epidemiological curve has shown a gradual increasing trend since week 08-2025, which coincides with the start of the warmer weather (Figure 4).
- During week 22-2025, 4,251 AWD with dehydration cases with 4 associated deaths were reported from 213 districts, which shows a slight increase in the number of cases compared to the previous week.
- Out of the 4,251 AWD with dehydration cases, 2,113 (49.7%) were females and 2,379 (56.0%) were under-five children.
- Out of the 4 new deaths, 3 were under-five, while 2 (50.0%) were females reported from 3 provinces: Badakhshan (2), Kabul (1), and Zabul (1).
- During week 22-2025, one new district (Gereshk district of Helmand province) reported an alert of AWD with dehydration.
- Since Jan 2025, 50,715 cases of AWD with dehydration with 17 associated deaths (CFR = 0.03%) were reported. Out of total cases, 24,889 (49.1%) were females, while 29,416 (58.0%) were under-five children.
- Since Jan 2025, 3,453 Rapid Diagnostic Tests (RDT) have been conducted on AWD with dehydration cases, of which 261 tests turned positive (positivity rate 7.6%).
- Since the beginning of 2025, the highest cumulative incidence of AWD with dehydration per 10,000 population was reported from Nimroz (45.7), followed by Khost (33.1), Paktya (32.1), Farah (28.2), and Kabul (27.9) (Figure 5).

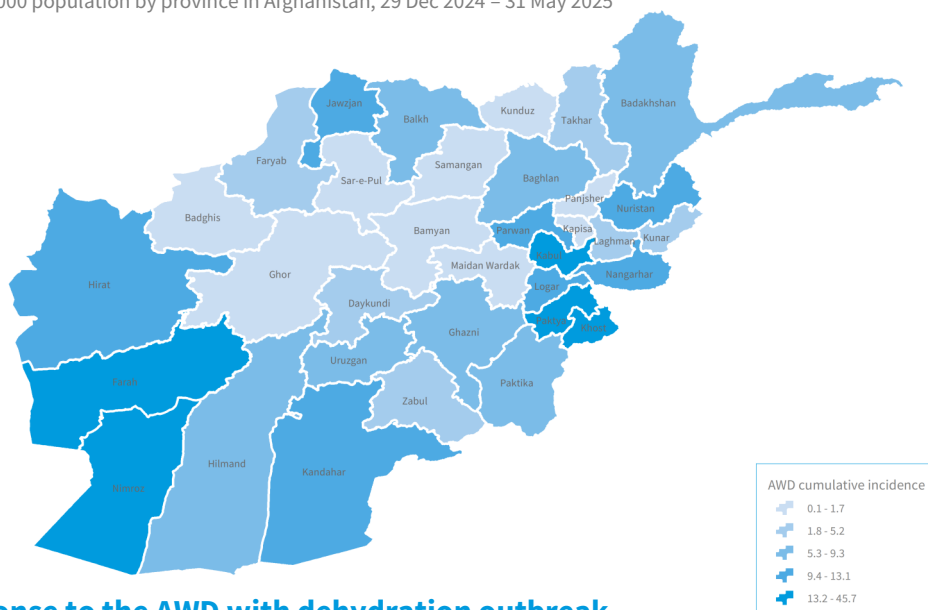
**Figure 4.** Weekly distribution of AWD with dehydration cases in Afghanistan 29 Dec 2024– 31 May 2025 (N=50,715)



**Figure 5.** AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 31 May 2025

## AFGHANISTAN

### AWD with dehydration cumulative incidence per 10,000 population by province 29 Dec 2024 – 31 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, have been trained on AWD with dehydration case management from East region.
  - 300 AWD with dehydration case management kits have been distributed to all 34 provinces.
  - 800 kits of Cary-Blair and 1,330 kits of Rapid Diagnostic Test (RDTs) have been distributed to all 34 provinces.
  - 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 the 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.


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

Dengue Fever

(29 Dec 2024-31 May 2025 )



462  
Total Cases



0  
Total Deaths

50  
\*Sample tested


47  
By PCR

3  
By NS1

8  
Lab confirmed cases


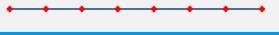

5  
By PCR

3  
By NS1



16.0%  
Test positivity ratio

Table 3: Summary of the dengue fever outbreak in the last eight weeks in Afghanistan (06 Apr – 31 May 2025)

Indicators	W15	W16	W17	W18	W19	W20	W21	W22	Trend line
Suspected cases	17	43	35	33	58	41	68	49	
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 increase with fluctuation since week 15-2025 which could be attributed to the summer season and warmer temperature in the East region, warranting close monitoring (Figures 6 & 7).
- During week 22-2025, 49 suspected cases of dengue fever with no associated deaths were reported from Nangarhar province. Out of total cases, 46 (93.9%) cases were over-five years old, while 23 (46.9%) were females.
- Since the beginning of 2025, 462 suspected dengue fever cases, with no associated deaths were reported from 6 provinces (Nangarhar, Laghman, Kunar, Kabul, Ghazni, and Paktya). Out of total cases, 448 (97.0%) were over-five years old, while 206 (44.6%) were females.
- Since the beginning of 2025, a total of 50 samples have been tested, out of which 8 were positive (positivity rate 16.0%). 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.

Figure 6. Weekly distribution of suspected dengue fever cases in Afghanistan 29 Dec 2024– 31 May 2025, (N=462)

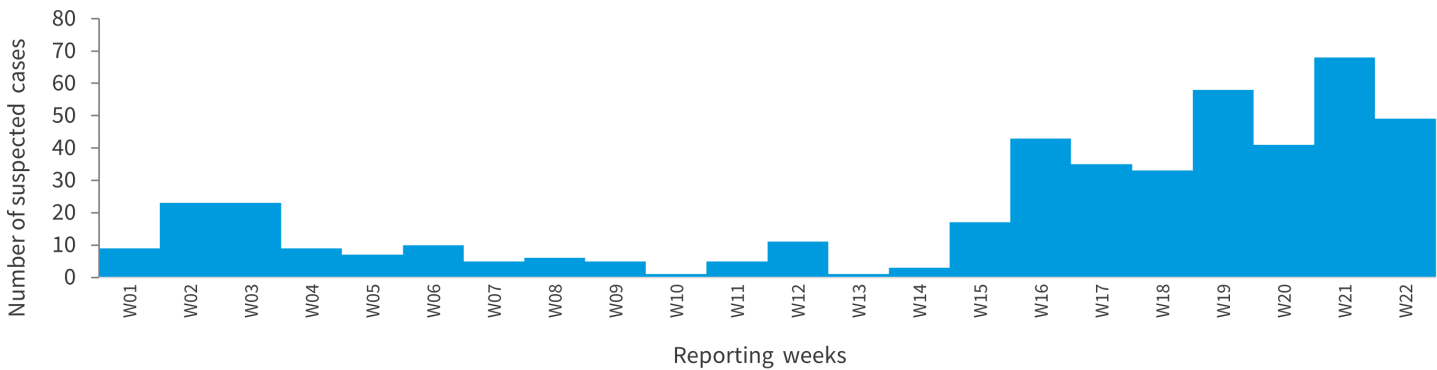
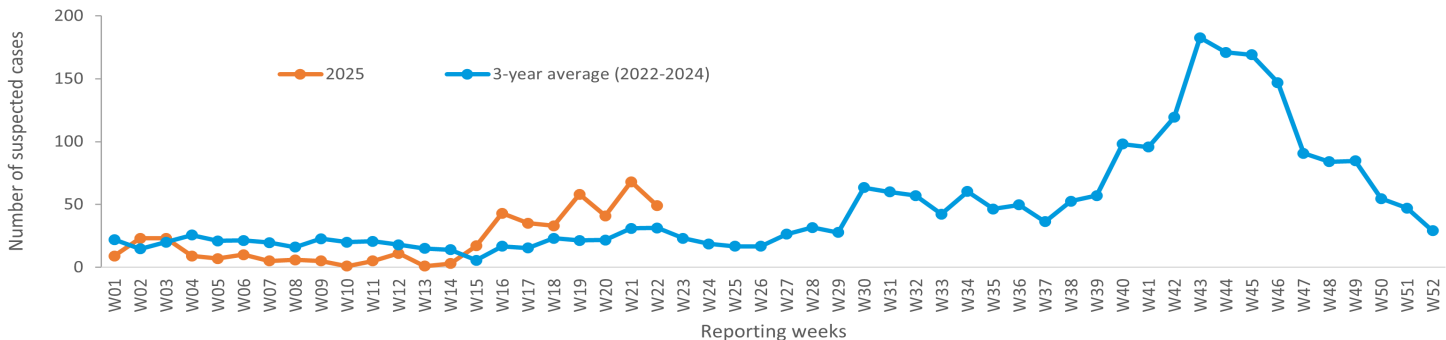
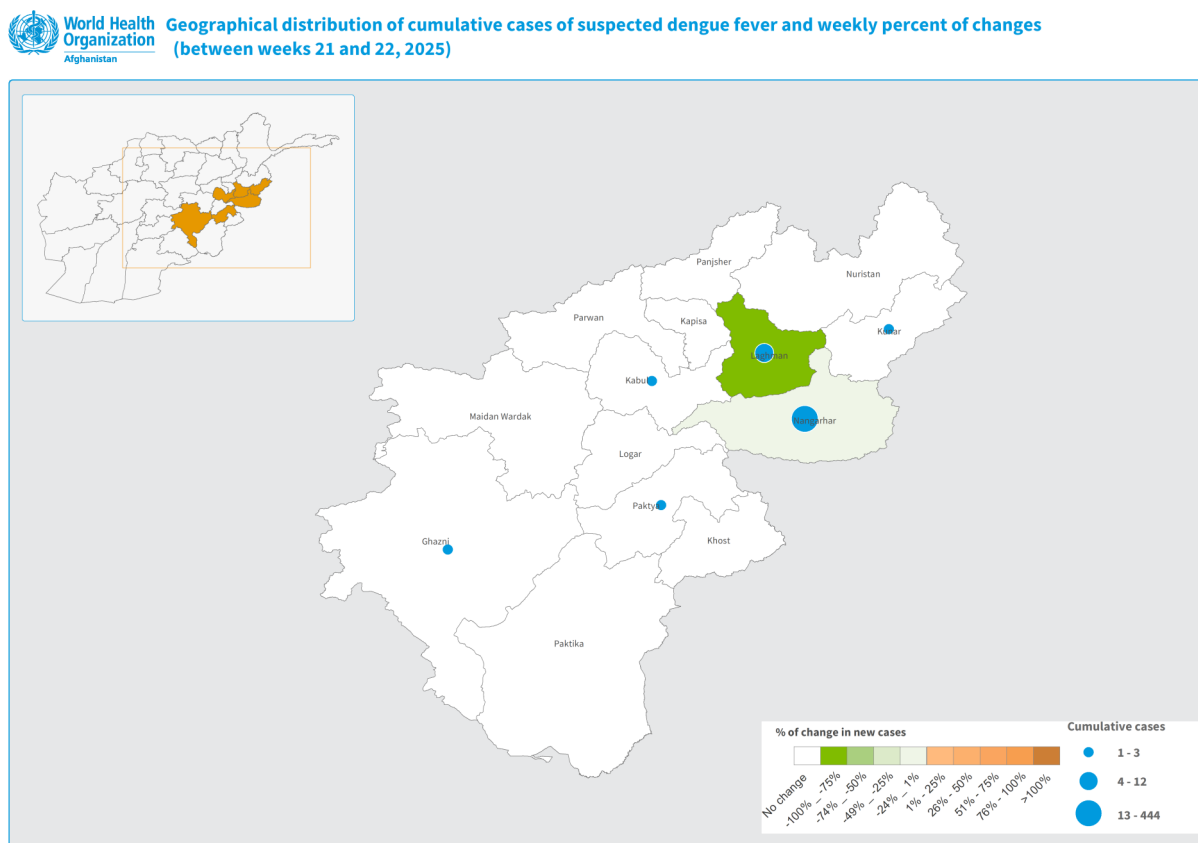


Figure 7. Comparison between the trends of suspected dengue fever cases in 2025 vs 3-year average (2022-2024)



\*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 [https://cdn.who.int/media/docs/default-source/outbreak-toolkit/dengue-outbreak-toolbox\\_20220921.pdf?sfvrsn=29de0271\\_2](https://cdn.who.int/media/docs/default-source/outbreak-toolkit/dengue-outbreak-toolbox_20220921.pdf?sfvrsn=29de0271_2)

**Figure 8.** Geographical distribution of suspected dengue fever cases and percent change of new cases in East region, 29 Dec 2024 – 31 May 2025

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 represent approximate border lines for which there may not yet be full agreement. Sources: MoPH, WHO, AGCHO. Creation date: 31 May 2025.

## Crimean Congo Hemorrhagic Fever (CCHF)

(29 Dec 2024-31 May 2025 )



378

Total CCHF cases



24

Total CCHF deaths



311

Samples tested for CCHF



88

Lab-confirmed CCHF cases



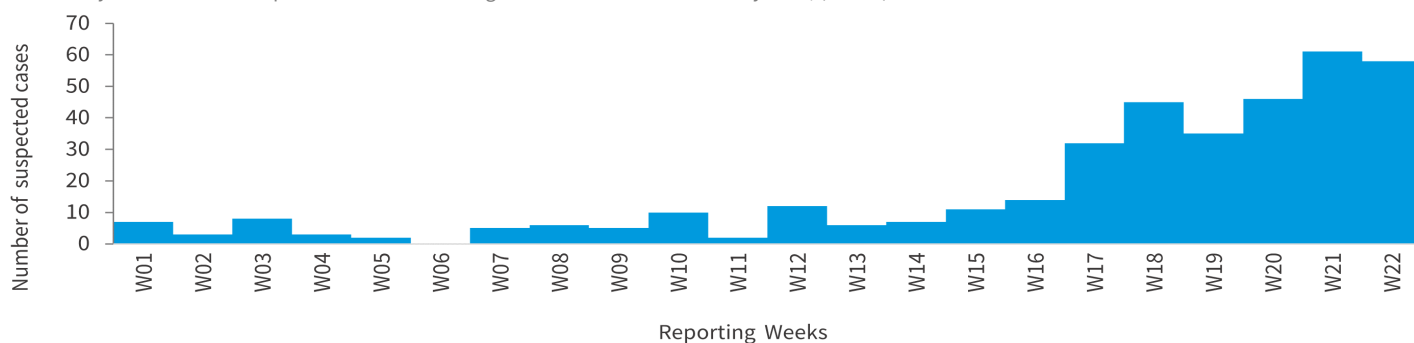
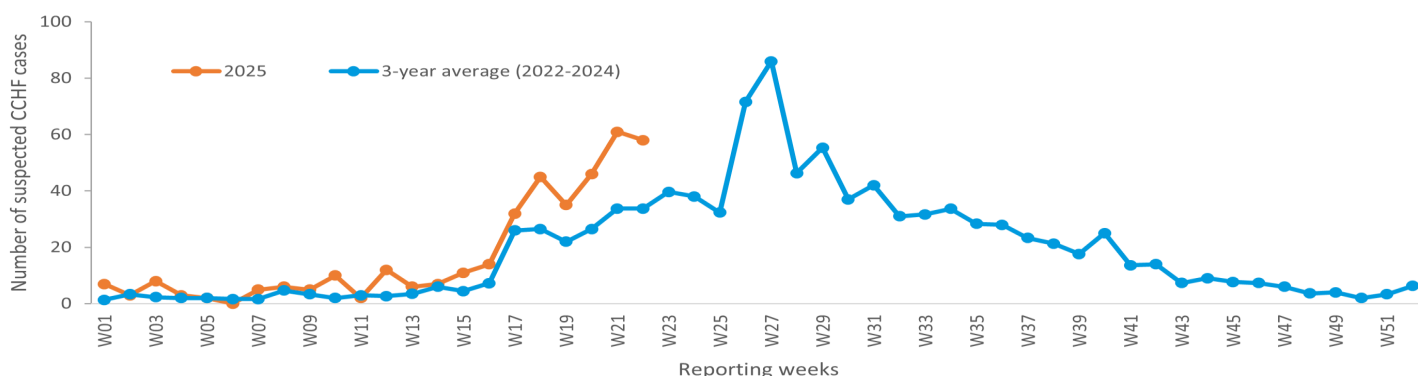
28.3%

CCHF test positivity rate

**Table 4:** Summary of the CCHF outbreak in the last eight weeks in Afghanistan (06 Apr – 31 May 2025)

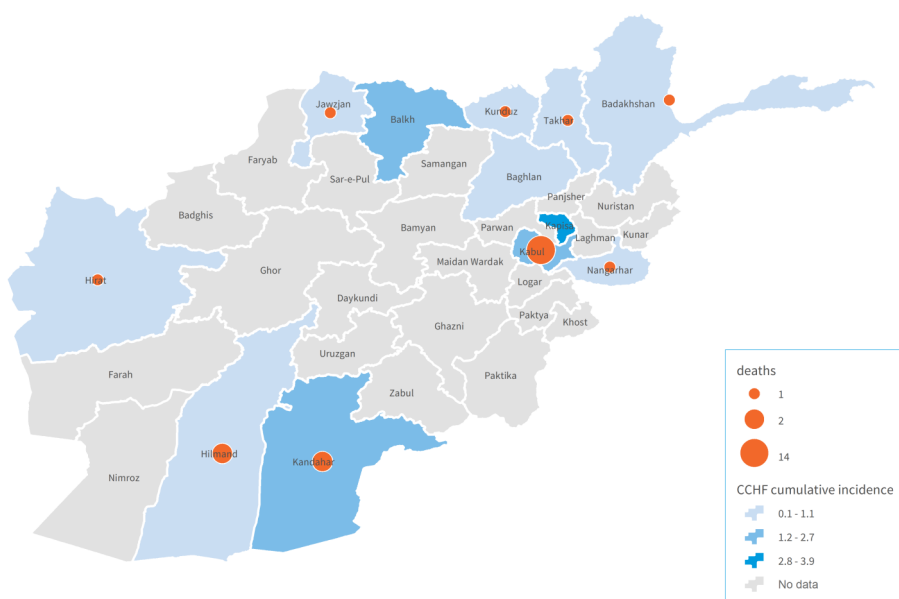
Indicators	W15	W16	W17	W18	W19	W20	W21	W22	Trend line
Suspected cases	11	14	32	45	35	46	61	58	
Suspected deaths	1	2	2	1	2	6	4	4	
CFR (%)	9.1	14.3	6.3	2.2	5.7	13.0	6.6	6.9	

- 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 22-2025, 58 new suspected CCHF cases with 4 associated deaths (CFR=6.9%) were reported compared to 61 cases and 4 deaths in the previous week (Table 4).
- All the new cases were over-five-year-old, while 16 (27.6%) of them were females reported from 9 provinces [Kabul (30), Balkh (9), Kapisa (4), Herat (4), Badakhshan (3), Kandahar (3), Nangarhar (2), Kunduz (2), and Baghlan (1)].
- Since the beginning of 2025, a total of 378 suspected CCHF cases, with 24 associated deaths (CFR=6.3%), were reported. Out of the total 378 cases, 376 (99.5%) were over-five years old, while 132 (34.9%) were females. Also, 311 samples have been tested, 88 of them were positive (positivity rate = 28.3%).
- Since the beginning of 2025, the highest cumulative incidence of suspected CCHF per 100,000 population is reported from Kapisa (3.9), followed by Kabul (2.7), Kandahar (1.9), Balkh (1.7), and Nangarhar (1.1) (Figure 11).

**Figure 9.** Weekly distribution of suspected CCHF cases in Afghanistan 29 Dec 2024 – 31 May 2025, (N=378)**Figure 10.** Comparison between the trends of suspected CCHF cases in 2025 vs 3-year average (2022-2024)**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 – 31 May 2025

## AFGHANISTAN

**Crimean-Congo Hemorrhagic Fever (CCHF) cases cumulative incidence per 100,000 population by province and provincial distribution of deaths 29 Dec 2024-31 May 2025**



### Updates on the response to the CCHF outbreak

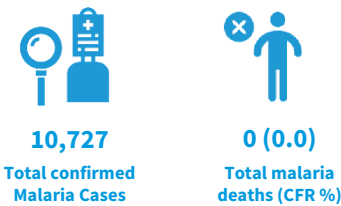
- During week 22-2025, WHO distributed around 7,700 (2,900 brochures and 4,800 posters) informational, educational, and communication (IEC) materials of CCHF to WHO sub offices in Balkh, Herat, Kandahar, Nangarhar, Kabul, Kunduz and Badakhshan provinces. This brings the total number of IEC materials to 13,700 (5,900 brochures and 7,800 posters) distributed to all WHO sub offices across the country.
- Since the beginning of 2025, the following activities have been carried out in Balkh Province as part of the preparedness and response efforts for CCHF:
  - Emergency Preparedness and Response (EPR) meetings were decided to be conducted every Sunday to coordinate on-going 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 (MAIL), 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:
  - WHO conducted 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. 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 2024-31 May 2025)



**Table 5:** Summary of the malaria outbreak in the last eight weeks in Afghanistan (06 Apr – 31 May 2025)

Indicators	W15	W16	W17	W18	W19	W20	W21	W22	Trend line
Confirmed cases	552	643	718	838	1,104	1,267	1,246	1,519	
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, which coincides with the start of the warmer weather. The trend is closely following the 3-year average (2022-2024) (Figures 12 & 13).
- During week 22-2025, 1,519 cases with no associated deaths were reported from 19 provinces. Out of the total 1,519 cases, 678 (44.6%) were females and 283 (18.6%) were under-five children.
- Since the beginning of 2025, 10,727 confirmed malaria cases with no associated deaths have been reported. Out of total cases, 4,887 (45.6%) were females and 1,863 (17.4%) were under-five children.
- Since the beginning of 2025, the highest cumulative incidence of malaria per 10,000 population was reported from Nuristan (49.1) followed by Kunar (32.8), Laghman (18.9), and Nangarhar (16.1) (Figure 14).

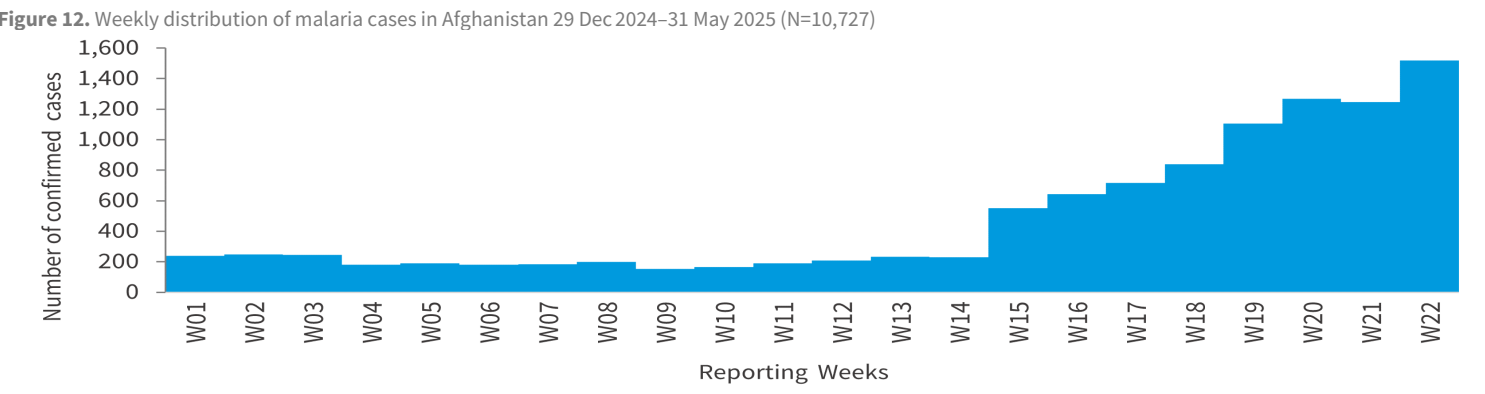




Figure 13. Comparison between the trends of malaria cases in 2025 vs 3-year average (2022-2024)

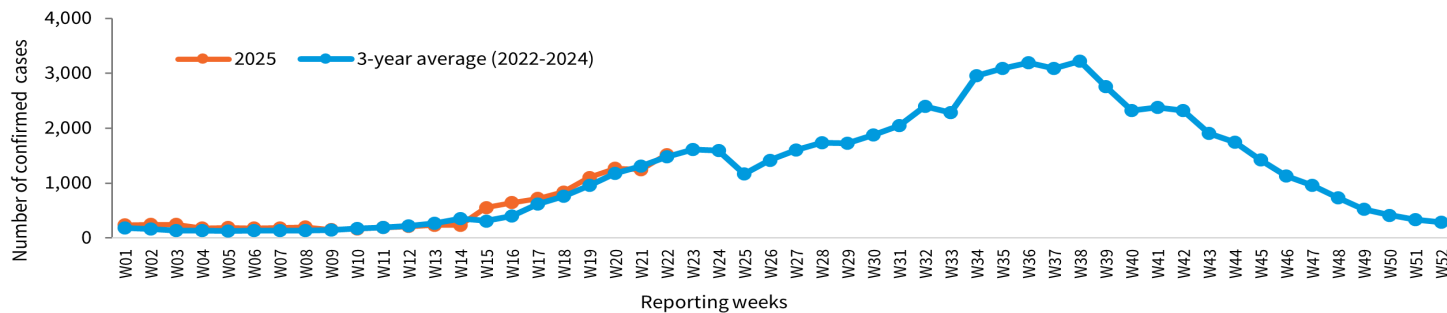
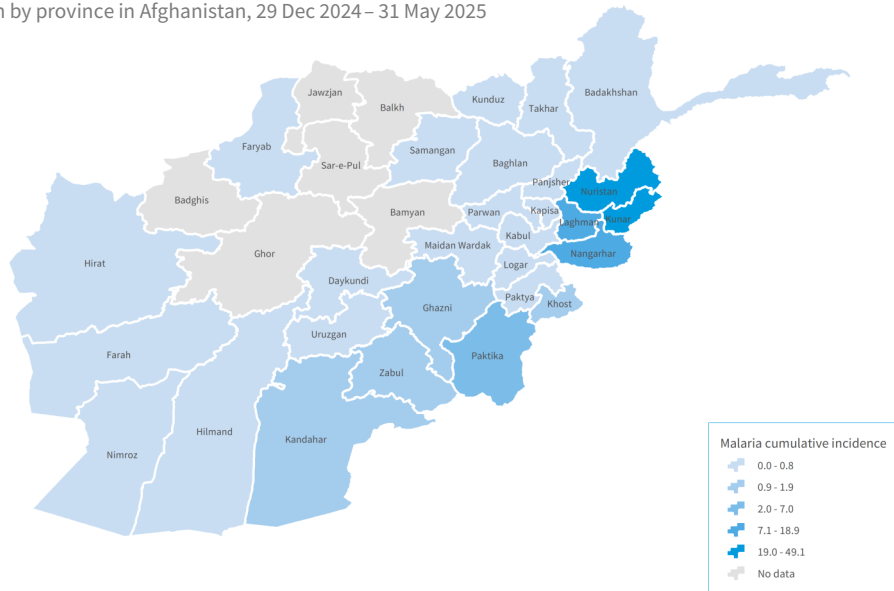


Figure 14. Malaria cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 31 May 2025

## AFGHANISTAN

### Confirmed malaria cumulative Incidence per 10,000 population by province

29 Dec 2024 – 31 May 2025



## ARI-Pneumonia

(29 Dec 2024-31 May 2025)



739,201

Total ARI Cases



\*1,630

Total ARI Deaths



\*\*1,723

Samples tested for influenza



\*\*138

Lab confirmed influenza cases



8.0%

Influenza test positivity ratio

Table 6: Summary of the ARI-Pneumonia outbreak in the last eight weeks in Afghanistan (06 Apr– 31 May 2025)

Indicators	W15	W16	W17	W18	W19	W20	W21*	W22	Trend lines
Suspected cases	28,755	27,599	25,866	25,747	24,345	23,885	22,309	22,073	
Suspected deaths	68	44	55	52	44	47	58	55	
CFR (%)	0.2	0.2	0.2	0.2	0.2	0.2	0.3	0.2	

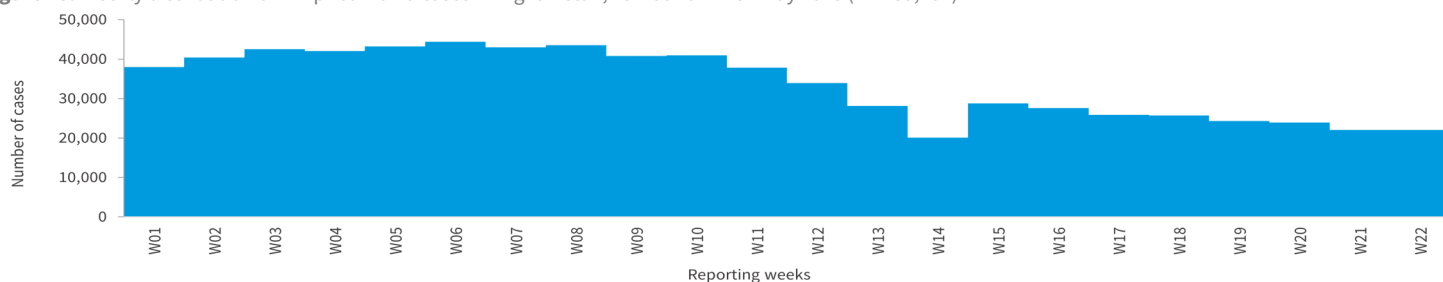
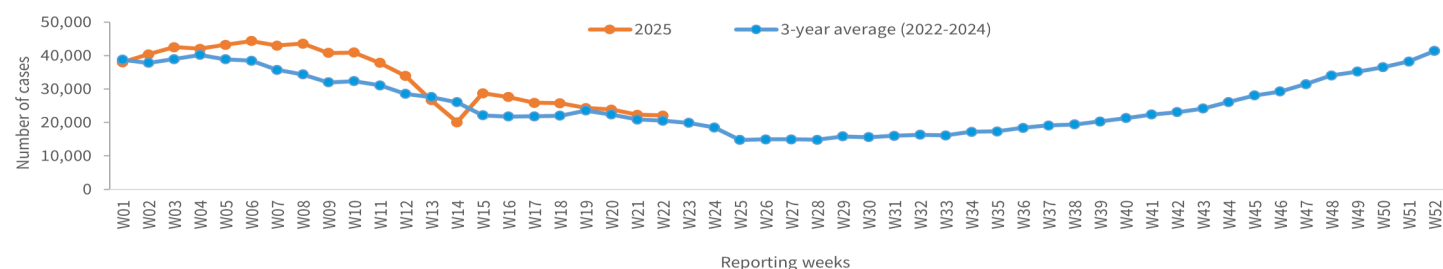
\*A data entry error was experienced during week 21-2025, and the number of ARI pneumonia cases was revised from 22,335 to 22,309.

- The epi curve indicates a gradual downward trend in reported cases since week 06-2025 (Figures 15 & 16).
- During week 22-2025, 22,073 cases of ARI pneumonia and 55 associated deaths (CFR=0.2%) were reported, which shows a slight decrease in the number of ARI pneumonia cases compared to the preceding week.
- Out of the total 22,073 cases, 11,074 (50.2%) were females while 13,143 (59.5%) were under-five children.
- During the reporting period, 45 samples were collected for influenza, none of which tested positive.
- Since the beginning of 2025, 739,201 cases of ARI pneumonia and 1,630 associated deaths (CFR=0.2%) were reported. Out of total cases, 468,738 (63.4%) were under-five children, while 365,745 (49.5%) were females. Also, 1,723 samples have been tested for influenza, out of which 138 were positive (positivity rate = 8.0%).
- Since the beginning of 2025, the highest cumulative incidence of ARI pneumonia per 10,000 population has been reported in Nuristan (413.5), followed by Kunar (360.0), Panjsher (358.9), and Samangan (334.4) provinces (Figure 17).

\*Currently ARI related data (morbidity and mortality) are reported from 613 surveillance sentinel sites across 34 provinces in the country.

\*\*Currently, there are 10 functional influenza surveillance sentinel sites for both ILI and SARI in ten provinces of Afghanistan. At each site, there is one trained influenza surveillance assistant, collecting specimen and epidemiological data from 4 ILI and 6 SARI cases per week in the ARI season and sending them to the National Influenza Center (NIC) for testing.

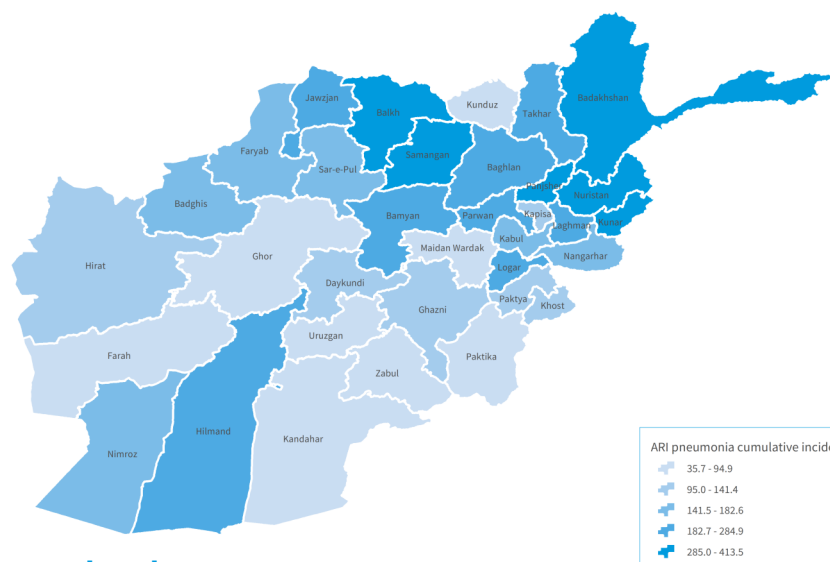


**Figure 15.** Weekly distribution of ARI pneumonia cases in Afghanistan, 29 Dec 2024 – 31 May 2025 (N= 739,201)**Figure 16.** Comparison between the trends of ARI pneumonia cases in 2025 vs 3-year average (2022-2024)**Figure 17.** ARI-Pneumonia cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 31 May 2025

## AFGHANISTAN

### ARI pneumonia cumulative incidence per 10,000 population by province

29 Dec 2024 —31 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 winter-related diseases, specifically pneumonia, through its official social media accounts ([Facebook](#) and [X](#)) reaching approximately 64,000 individuals.

## COVID-19

(24 Feb 2020 — 31 May 2025)

Cumulative samples tested

**1,099,162**

In public laboratories

New samples tested in week 22

**918**

In public laboratories

- 8.1%

Cumulative confirmed cases

**245,935**

Cumulative positivity rate (22.4%)

New confirmed cases in week 22

**297**

Weekly positivity rate (32.4%)

+56.3%

Cumulative confirmed deaths

**8,052**

CFR (3.3%)

New confirmed deaths in week 22

**0**

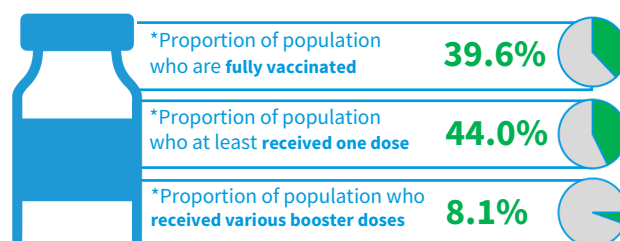
Week 22 CFR (0.0%)

0.0%

Key: ● Increasing ● Decreasing ● No change



## COVID-19 Vaccination highlights



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

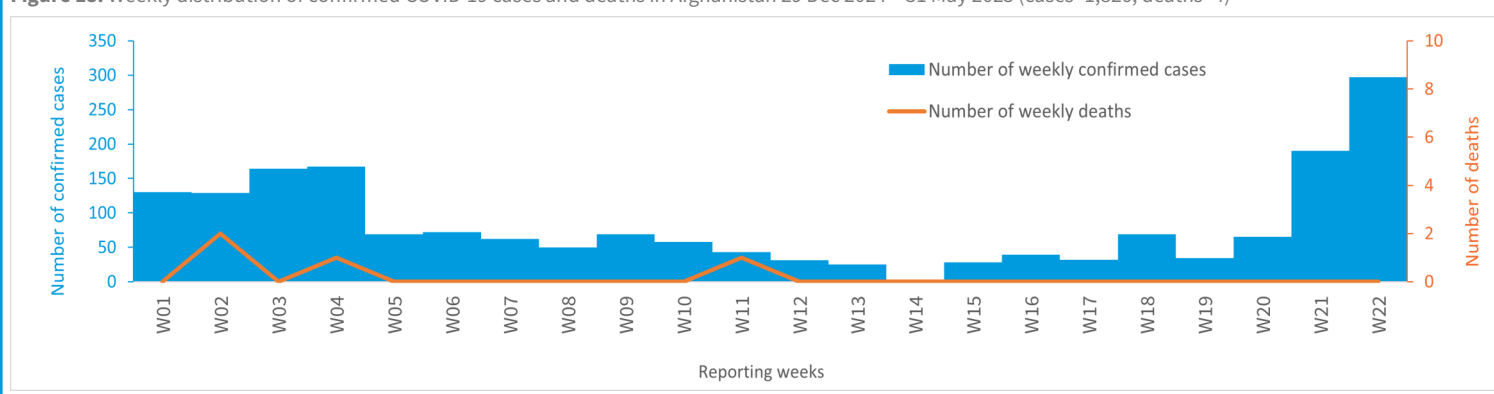
**Table 7:** Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (06 Apr – 31 May 2025)

Indicators	W15	W16	W17	W18	W19	W20	W21	W22	Trend line
Samples tested (in public Labs)	1,100	1,298	1,207	1,091	698	874	999 *	918	
Confirmed cases	28	39	32	69	34	65	190 *	297	
Percent positivity (%)	2.5	3.0	2.7	6.7	4.9	7.4	19.0	32.4	
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 21-2025 and the number of tested samples and confirmed cases were revised from 719 to 999, and from 172 to 190, respectively.

- The epidemiological curve of confirmed COVID-19 cases indicates a gradual decline since week 9-2025; however, in the past two weeks, a significant increase was observed in the number of positive cases which should be closely monitored (Figure 18).
- During week 22-2025, a total of 918 samples were tested in public labs, of which 297 samples were positive for COVID-19 (positivity rate 32.4%), with no associated deaths were reported (Table 7), which indicates a significant increase compared to the preceding week.
- Since the beginning of 2025, 1,826 confirmed cases of COVID-19 and 4 associated deaths (CFR=0.2%) were reported. Out of the total cases, 832 (45.6%) were females.

**Figure 18.** Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 29 Dec 2024 – 31 May 2025 (cases=1,826, deaths=4)



### 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

[Case definition & alert/outbreak thresholds](#)

### Contact us for further information:

- Dr. Mohamed Tahoun, MD, MPH, PhD: Epidemiologist, WHO-CO, (tahounm@who.int)
- Infectious Hazard Preparedness Team – Health Emergencies Program (WHE)– (emacoafghipt@who.int)