










AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #25-2025

No. 25 (15-21 Jun 2025)

Disease Outbreaks	 AWD with dehydration	 Measles (Suspected)	 CCHF (Suspected)	 Dengue fever (Suspected)	 Malaria (Confirmed)	 COVID-19 (Confirmed)	 ARI-Pneumonia
Cumulative cases 2025	63,148	70,345	656	595	15,118	2,255	791,157
Cumulative deaths 2025 (CFR %)	23 (0.04)	437 (0.6)	47 (7.2)	0 (0.0)	0 (0.0)	4 (0.2)	1,740 (0.2)

Data from 609 (99.3%) out of 613 sentinel sites

Acute Watery Diarrhea (AWD) with Dehydration

(29 Dec 2024-21 Jun 2025)



63,148

Total cases



23

Total deaths



3,919

Samples tested (RDTs)



298




RDT-positive cases



7.6%

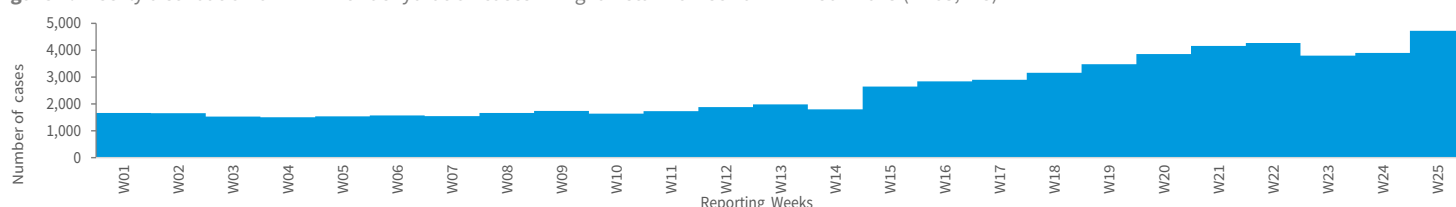
RDT positivity rate

Table 1: Summary of the AWD with dehydration outbreak in the last eight weeks in Afghanistan (27 Apr – 21 Jun 2025)

Indicators	W18	W19	W20	W21	W22	W23	W24	W25	Trend line
Number of cases	3,160	3,478	3,853	4,160	4,268	3,797	3,897	4,722	
Number of deaths	0	1	0	1	4	0	0	6	
CFR (%)	0.00	0.03	0.00	0.02	0.09	0.00	0.00	0.13	

- The epidemiological curve has shown a gradual increasing trend since week 08-2025, which coincides with the start of the warmer weather (Figure 1).
- During week 25-2025, 4,722 AWD with dehydration cases with 6 associated deaths were reported from 220 districts, which shows an increase of 21.2% in the number of cases compared to the previous week.
- The 6 new deaths were all under five children, while 3 of them were females reported from 3 provinces: Badakhshan (3), Kabul (2), and Daikundi (1).
- Out of the 4,722 AWD with dehydration cases, 2,318 (49.1%) were females and 2,778 (58.8%) were under-five children.
- During week 25-2025, no new district reported alert of AWD with dehydration.
- Since Jan 2025, 63,148 cases of AWD with dehydration with 23 associated deaths (CFR 0.04%) were reported from 300 districts. Out of total cases, 30,985 (49.1%) were females, while 36,364 (57.6%) were under-five children.
- Since Jan 2025, 3,919 Rapid Diagnostic Tests (RDT) have been conducted on AWD with dehydration cases, of which 298 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 (52.1), followed by Paktya (41.2), Khost (37.9), Kabul (33.7), Farah and (33.1) (Figure 2).

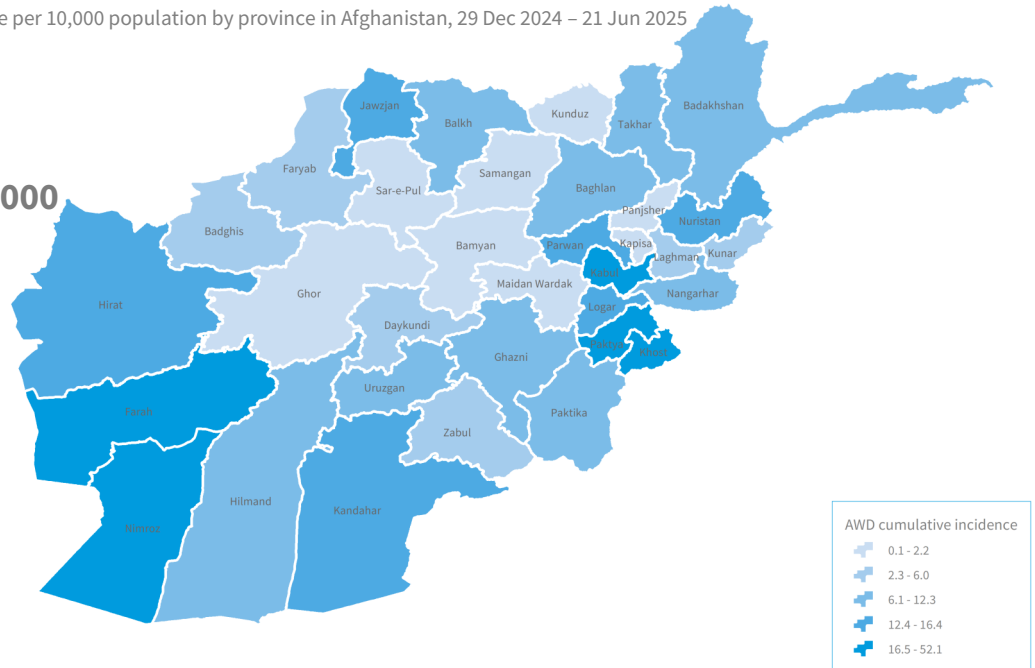
Figure 1. Weekly distribution of AWD with dehydration cases in Afghanistan 29 Dec 2024 – 21 Jun 2025 (N=63,148)



**Figure 2.** AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 21 Jun 2025

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**AWD with dehydration
cumulative incidence per 10,000
population by province
29 Dec 2024 – 21 Jun 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 the 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 May 2025, the following WASH response activities were implemented:

- 16,876 individuals in 3 provinces (Kabul, Kunduz and Paktika) participated in hygiene promotion sessions.
- 4,144 individuals in Kabul province received family hygiene kits.
- 1,358 individuals were provided clean drinking water by construction of deep boreholes with solar powered piped system in Nangarhar province.

Measles

(29 Dec 2024-21 Jun 2025)



70,345

Total Cases



437

Total Deaths



8,497

Sample tested



5,448

Lab confirmed cases



64.1%

Test positivity rate

Table 2: Summary of the measles outbreak in the last eight weeks in Afghanistan (27 Apr – 21 Jun 2025)

Indicators	W18	W19	W20	W21	W22	W23	W24	W25	Trend line
Suspected cases	3,905	3,808	4,043	3,613	3,196	2,416	2,683	2,759	
Suspected deaths	27	30	21	26	16	11	13	14	
CFR (%)	0.7	0.8	0.5	0.7	0.5	0.5	0.5	0.5	



- The epi curve of suspected measles cases has shown a decrease since week 20-2025 following a steady increase from the beginning of the year with its highest peak in week 16 with 4,172 reported cases (Figure 3). The trend in 2025 is higher than the 3-year average (2022-2024) (Figure 4).
- During week 25-2025, a total of 2,759 suspected cases and 14 associated deaths (CFR 0.5%) were reported, which shows almost stabilization in the number of suspected cases compared to the preceding week.
- Out of the total 2,759 cases, 1,336 (48.4%) were females and 2,007 (72.7%) were under-five children.
- All of 14 new deaths were under-five, while 5 (35.7%) were females, reported from 8 provinces: Jawzjan (4), Kabul (2), Kandahar (2), Kunar (2), Badghis (1), Farah (1), Helmand (1), and Urozgan (1).
- Since the beginning of 2025, 70,345 suspected measles cases and 437 associated deaths (CFR 0.6%) were reported. Out of total cases, 33,070 (47.0%) were females, while 54,549 (77.5%) 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 (64.2), followed by Badakhshan (42.8), Nuristan (41.2), Jawzjan (38.7), and Urozgan (33.5) (Figure 5).

Figure 3. Weekly distribution of suspected measles cases in Afghanistan, 29 Dec 2024 – 21 Jun 2025 (N= 70,345)



Figure 4. Comparison between the trends of suspected measles cases in 2025 vs 3-year average (2022-20224) and the endemic level

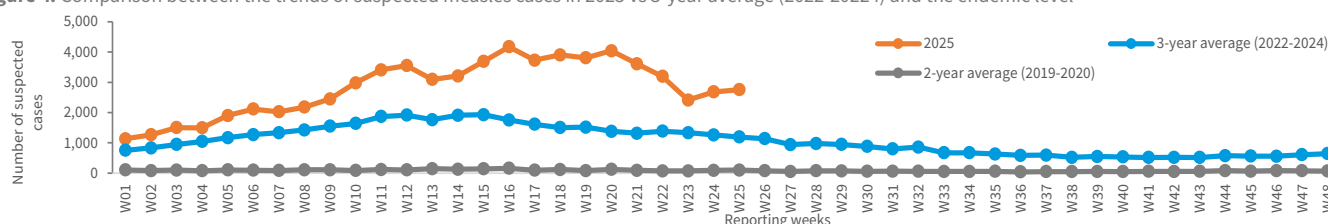
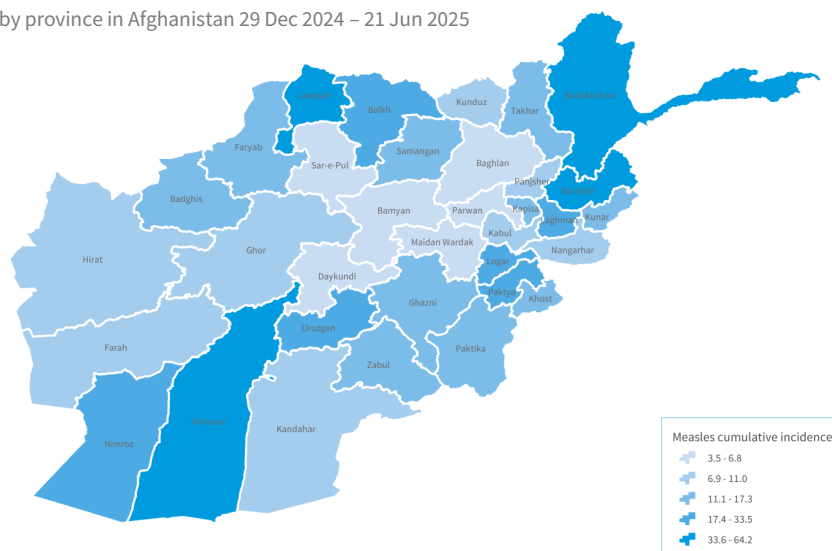


Figure 5. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 29 Dec 2024 – 21 Jun 2025

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Suspected measles cumulative incidence per 10,000 population by province 29 Dec 2024 – 21 Jun 2025



Updates on the preparedness and response to the measles outbreak

- During week 25-2025, a total of 448 children aged 9-59 months were vaccinated against measles as part of the outbreak response in 4 provinces (Logar, Helmand, Urozgan, and Nangarhar). This brings the number of children aged 9-59 months vaccinated against measles as part of outbreak response immunization activities to 23,488 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 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 the World Health Organization (WHO) official social media accounts ([Facebook](#) and [X](#)), reaching approximately 20,573 individuals.



Crimean Congo Hemorrhagic Fever (CCHF)

(29 Dec 2024-21 Jun 2025)



656

Total cases



47

Total deaths



489

Samples tested



176

Lab-confirmed
CCHF cases



36.0%

test positivity rate

Table 3: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (27 Apr – 21 Jun 2025)

Indicators	W18	W19	W20	W21	W22	W23	W24	W25	Trend line
Suspected cases	45	35	46	61	58	59	92	127	
Suspected deaths	1	2	6	4	4	7	4	12	
CFR (%)	2.2	5.7	13.0	6.6	6.9	11.9	4.3	9.4	

- The epi-curve of suspected CCHF cases shows increasing trend since week 15-2025 warranting close monitoring for the period after the Eid-ul-Adha (Figures 6 & 7).
- During week 25-2025, 127 new suspected CCHF cases with 12 associated deaths (CFR 9.4%) were reported compared to 92 cases and 4 deaths in the previous week (Table 3).
- All the new cases were over-five-year-old, while 29 (22.8%) of them were females reported from 12 provinces [Kabul (67), Kandahar (12), Herat (11), Balkh (11), Helmand (7), Kunduz (5), Takhar (5), Badakhshan (2), Jawzjan (2), Kapisa (2), Parwan (2), and Nangarhar (1)].
- All the 12 new deaths were over-five-years-old, while 3 (25%) of them were females reported from 5 provinces, Kabul (5), Balkh (2), Herat (2), Kandahar (2), and Jawzjan (1).
- Since the beginning of 2025, a total of 656 suspected CCHF cases, with 47 associated deaths (CFR 7.2%), were reported. Out of the total 656 cases, 653 (99.5%) were over-five years old, while 204 (31.1%) were females. Also, 489 samples have been tested, 176 of them were positive (positivity rate 36.0%).
- Since the beginning of 2025, the highest cumulative incidence of suspected CCHF per 100,000 population is reported from Kabul (4.5), followed by Kapisa (4.3), Kandahar (3.8), Balkh (3.0), and Jawzjan (1.8) (Figure 8).

Figure 6: Weekly distribution of suspected CCHF cases in Afghanistan 29 Dec 2024 – 21 Jun 2025, (N=656)

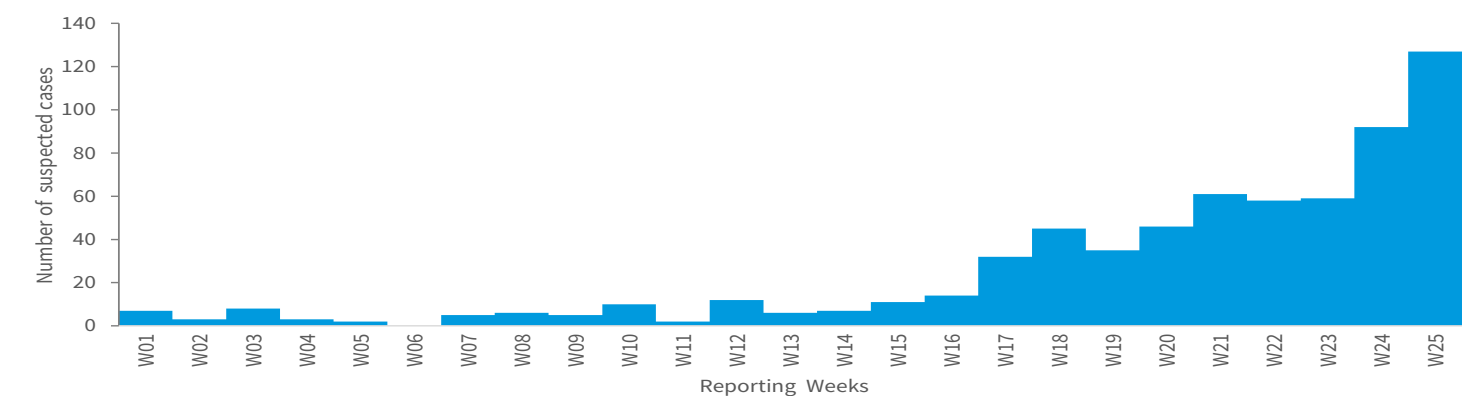


Figure 7. Comparison between the trends of suspected CCHF cases in 2025 vs 3-year average (2022-2024)

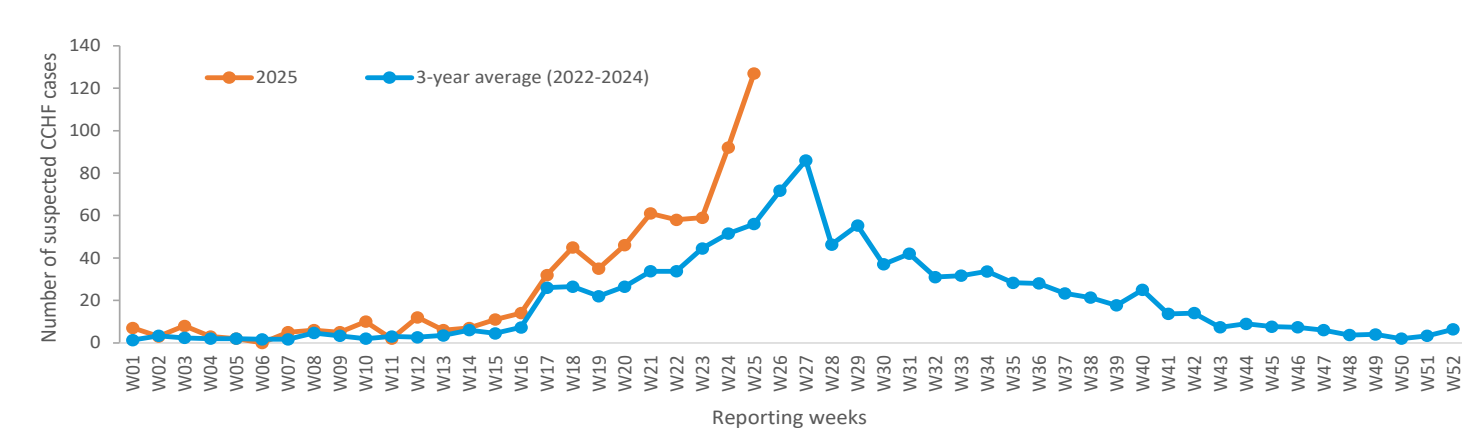
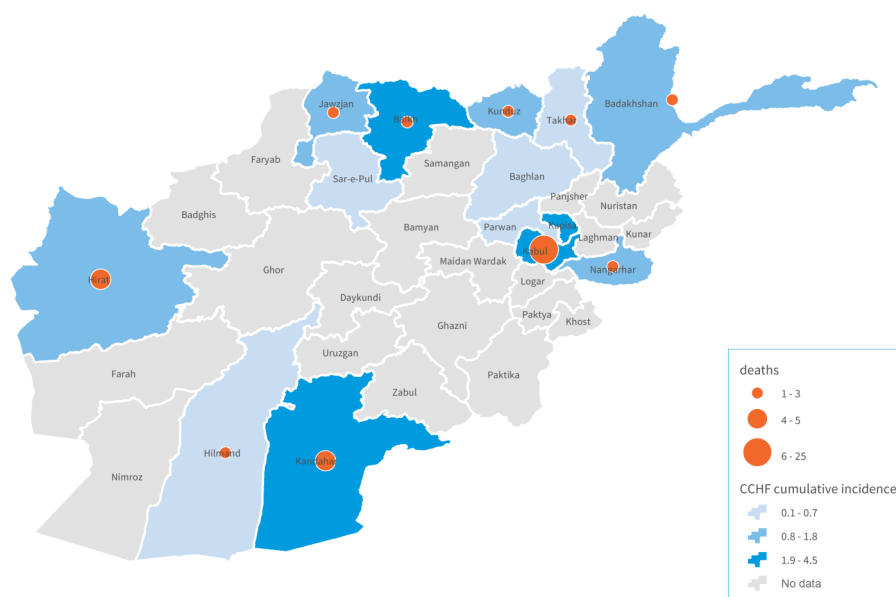


Figure 8. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 29 Dec 2024 – 21 Jun 2025

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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 2024-21 Jun 2025



Updates on the response to the CCHF outbreak

- Since the beginning of 2025, the following activities have been conducted as part of outbreak preparedness activities:
 - WHO conducted an online awareness campaign on Crimean-Congo Hemorrhagic Fever (CCHF) through its official social media channels ([Facebook](#) and [X](#)) reaching over 137,000 users to date. The campaign focused on increasing public awareness and promoting preventive measures against infectious diseases.
 - 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.
 - 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.
 - Following activities have been carried out in some of the hotspot provinces 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 ongoing activities.
 - ◊ Surveillance Support Teams (SSTs) initiated health education and awareness sessions in the health facilities where they were deployed. Meetings were held with the Haj and Awqaf Departments and religious leaders (Mullahs) to encourage the inclusion of CCHF prevention messages in Friday prayers.
 - ◊ Joint meetings were 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 sprayed on livestock shelters across both urban and rural districts.
 - ◊ The relevant implementing partners instructed clinic heads to integrate CCHF awareness into routine health education.
 - ◊ CCHF prevention awareness campaigns were conducted with the coordination of the Provincial Public Health Directorate (PPHD).
 - 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.



Dengue Fever

(29 Dec 2024-21 Jun 2025)



595
Total Cases



0
Total Deaths

57
*Sample tested
54 By PCR
3 By NS1

8
Lab confirmed cases
5 By PCR
3 By NS1



14.0%
Test positivity ratio

Table 4: Summary of the dengue fever outbreak in the last eight weeks in Afghanistan (27 Apr – 21 Jun 2025)

Indicators	W18	W19	W20	W21	W22	W23	W24	W25	Trend line
Suspected cases	33	58	41	68	49	49	35	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 increasing trend since week 15-2025 which could be attributed to the summer season and warmer temperature in the East region, warranting close monitoring (Figures 9 & 10).
- During week 25-2025, 49 suspected cases of dengue fever with no associated deaths were reported from Nangarhar (48) and Kunar (1) provinces compared to 35 cases in the preceding week.
- Out of total 49 cases, 48 (98.0%) cases were over-five years old, while 18 (36.7%) were females.
- Since the beginning of 2025, 595 suspected dengue fever cases, with no associated deaths were reported from 6 provinces (Nangarhar, Laghman, Kunar, Kabul, Ghazni, and Paktya). Out of total cases, 574 (96.5%) were over-five years old, while 257 (43.2%) were females.
- Since the beginning of 2025, a total of 57 samples have been tested, out of which 8 were positive (positivity rate 14.0%). The geographical distribution of suspected dengue fever cases and the percent change of new cases in Nangarhar province of Afghanistan is shown in Figure 11.

Figure 9. Weekly distribution of suspected dengue fever cases in Afghanistan 29 Dec 2024 – 21 Jun 2025, (N=595)

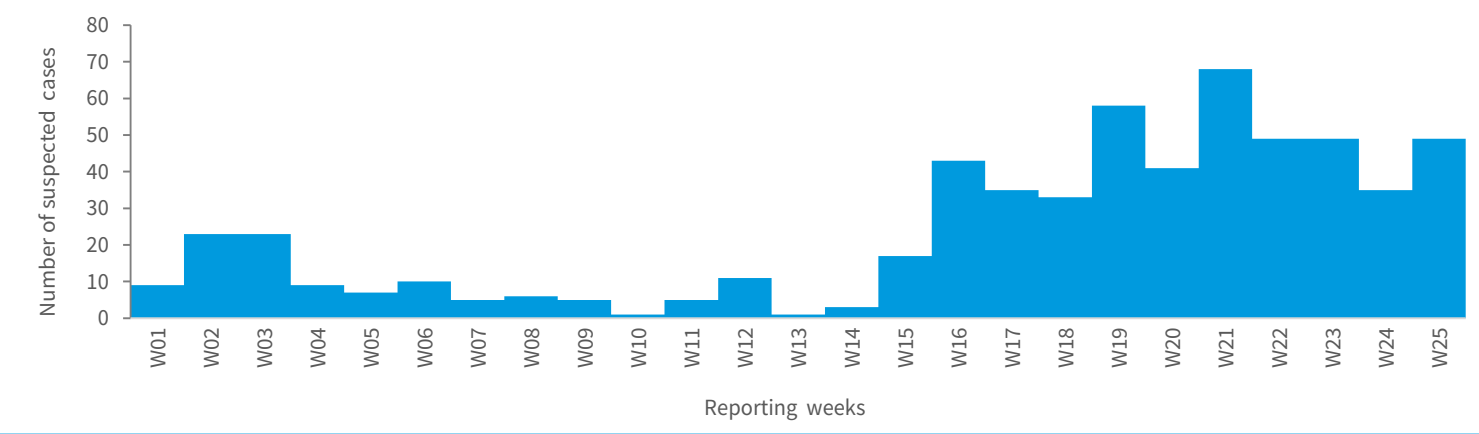
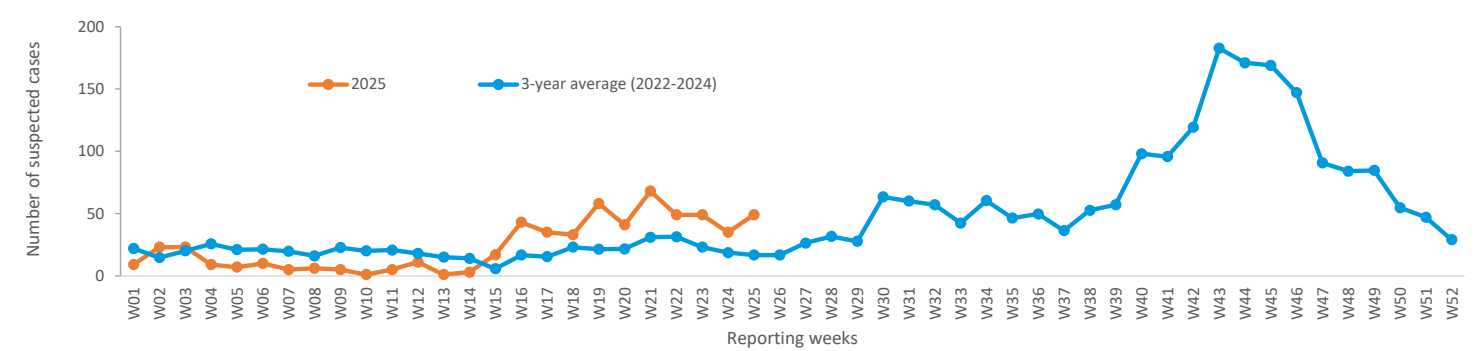
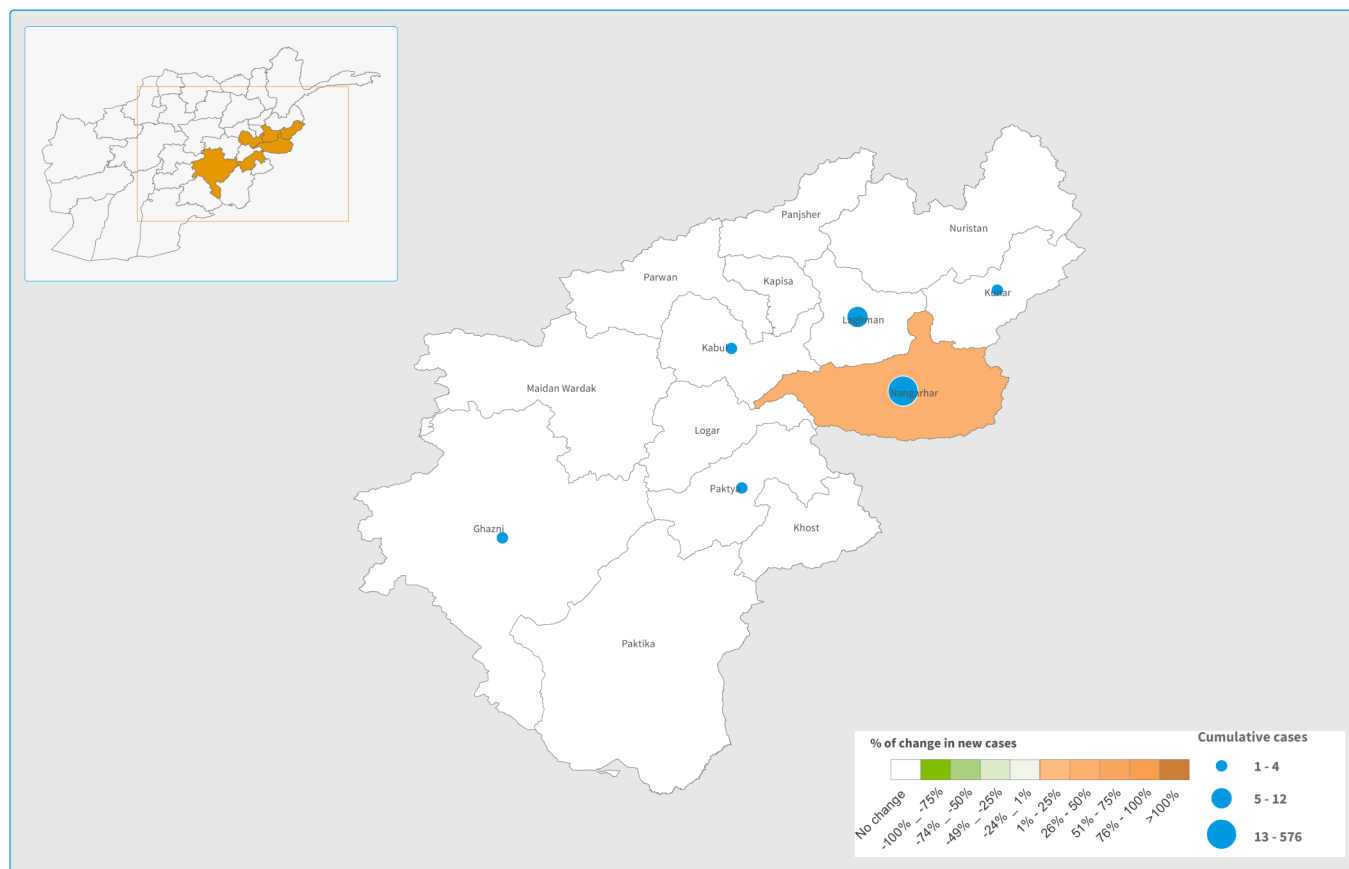


Figure 10. Comparison between the trends of suspected dengue fever cases in 2025 vs 3-year average (2022-2024)



*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

**Figure 11.** Geographical distribution of suspected dengue fever cases and percent change of new cases in the East region, 29 Dec 2024 – 21 Jun 2025**Geographical distribution of cumulative cases of suspected dengue fever and weekly percent of changes (between weeks 24 and 25, 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: 21 Jun 2025.

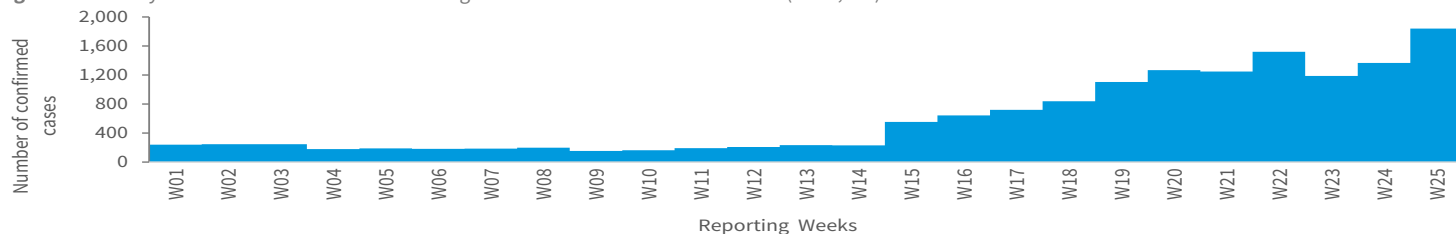
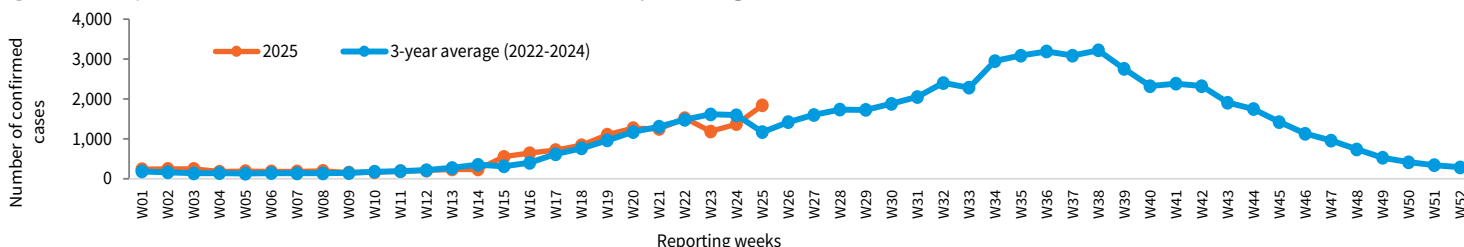
Confirmed Malaria

(29 Dec 2024-21 Jun 2025)

**15,118****Total Malaria Cases****0 (0.0)****Total malaria deaths (CFR %)****Table 5:** Summary of the malaria outbreak in the last eight weeks in Afghanistan (27 Apr – 21 Jun 2025)

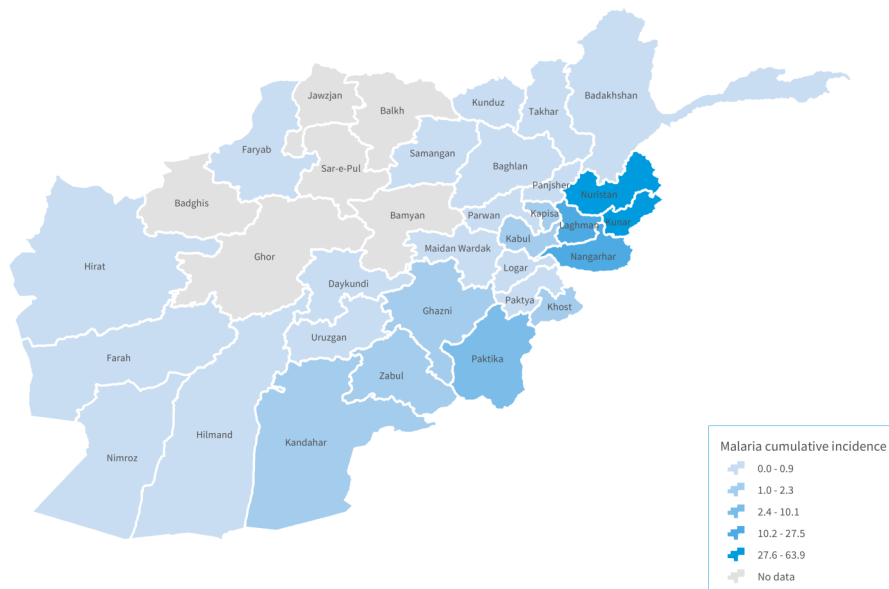
Indicators	W18	W19	W20	W21	W22	W23	W24	W25	Trend line
Confirmed cases	838	1,104	1,267	1,246	1,519	1,186	1,367	1,838	
Confirmed deaths	0	0	0	0	0	0	0	0	
CFR (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

- 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 25-2025, 1,838 cases with no associated deaths were reported from 18 provinces, which shows an increase of 34.5% in the number of cases compared to previous week.
- Out of the 1,838 cases, 850 (46.2%) were females and 340 (18.5%) were under-five children.
- Since the beginning of 2025, 15,118 confirmed malaria cases with no associated deaths have been reported. Out of total cases, 6,893 (45.6%) were females and 2,693 (17.8%) were under-five children.
- Since the beginning of 2025, the highest cumulative incidence of malaria per 10,000 population was reported from Nuristan (63.9) followed by Kunar (45.2), Laghman (27.5), and Nangarhar (23.1) (Figure 14).

**Figure 12.** Weekly distribution of malaria cases in Afghanistan 29 Dec 2024 – 21 Jun 2025 (N=15,118)**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 – 21 Jun 2025

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Confirmed malaria cumulative
Incidence per 10,000
population by province
29 Dec 2024 – 21 Jun 2025



COVID-19

(24 Feb 2020 — 21 Jun 2025)

Cumulative samples tested

1,100,510

In public laboratories

New samples tested in week 25

373

In public laboratories

+174.3%

Cumulative confirmed cases

246,364

Cumulative positivity rate (22.4%)

New confirmed cases in week 25

90

Weekly positivity rate (24.1%)

+91.5%

Cumulative confirmed deaths

8,052

CFR (3.3%)

New confirmed deaths in week 25

0

Week 25 CFR (0.0%)

0.0%

Key: ● Increasing ● Decreasing ● No change

COVID-19 Vaccination highlights

Fully vaccinated
17,083,906

Partially vaccinated
1,866,324

Booster dose
3,492,266

At least one dose of
any vaccine received
18,950,230



*Proportion of population who are **fully vaccinated** **39.6%**

*Proportion of population who at least **received one dose** **44.0%**

*Proportion of population who **received various booster doses** **8.1%**

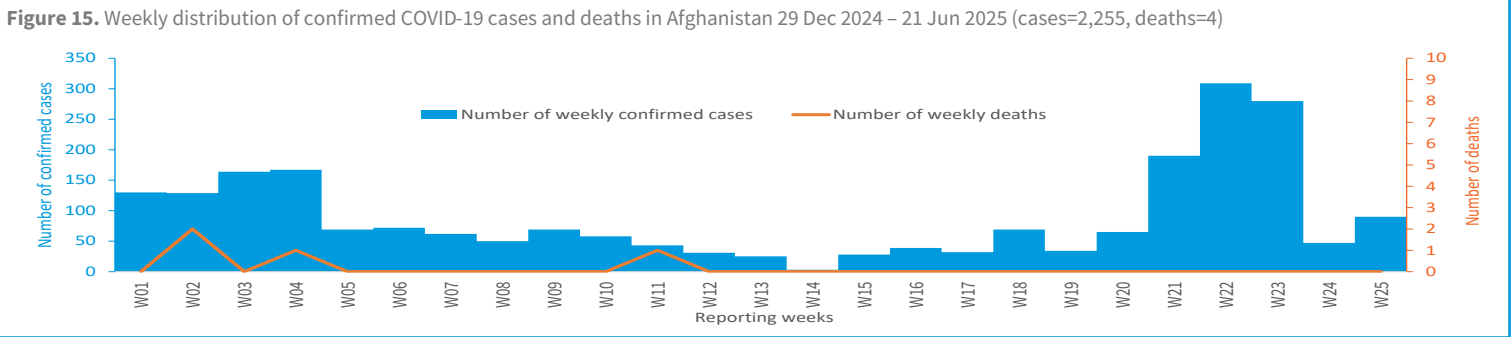
* The denominator is 43,100,596 based on OCHA estimation 2024

Table 6: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (27 Apr – 21 Jun 2025)

Indicators	W18	W19	W20	W21	W22	W23	W24	W25	Trend line
Samples tested (in public Labs)	1,091	698	874	999	958	799	136 *	373	
Confirmed cases	69	34	65	190	309	280	47	90	
Percent positivity (%)	6.3	4.9	7.4	19.0	32.3	35.0	34.6	24.1	
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 24-2025 and the number of tested samples was revised from 125 to 136.

- The epidemiological curve of confirmed COVID-19 cases indicates a gradual decline since week 9-2025; however, during weeks 21-23, a significant increase was observed in the number of positive cases which could be linked to Eid-ul-Adha holidays (Figure 15).
- During week 25-2025, a total of 373 samples were tested in public labs, of which 90 were positive for COVID-19 (positivity rate 24.1%), with no reported associated deaths (Table 6). This indicates an increase of 91.5% in the number of confirmed cases compared to the preceding week, which could be explained by Eid-ul-Adha holidays and health seeking behavior.
- Since the beginning of 2025, 2,255 confirmed cases of COVID-19 and 4 associated deaths (CFR 0.2%) were reported. Out of the total cases, 1,037 (46.0%) were females.



Updates on the response activities to the COVID-19 outbreak

- Since the beginning of 2025:
- WHO has carried out an awareness campaign on COVID-19 prevention through WHO’s official social media platforms ([Facebook](#) and [X](#)) reaching over 100,000 individuals.
 - 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.

ARI-Pneumonia
(29 Dec 2024-21 Jun 2025)

***791,157**

Total Cases

1,740

Total Deaths

****1,873**

Samples tested for influenza

****139**

Lab-confirmed influenza cases

7.4%

Influenza test positivity ratio

*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.



Table 7: Summary of the ARI-Pneumonia outbreak in the last eight weeks in Afghanistan (27 Apr – 21 Jun 2025)

Indicators	W18	W19	W20	W21	W22	W23	W24	W25	Trend lines
Suspected cases	25,747	24,345	23,885	22,309	22,327	18,543	14,412	18,747	
Suspected deaths	52	44	47	58	46	25	52	42	
CFR (%)	0.2	0.2	0.2	0.3	0.2	0.1	0.4	0.2	

- The epi curve indicates a gradual downward trend in reported cases since week 06-2025 (Figures 16 & 17).
- During week 25-2025, 18,747 cases of ARI pneumonia and 42 associated deaths (CFR 0.2%) were reported, which shows an increase of 30.1% in the number of ARI pneumonia cases compared to the preceding week.
- Out of the total 18,747 cases, 9,511 (50.7%) were females while 11,579 (61.8%) were under-five children.
- During the reporting period, 80 samples were collected for influenza and only 1 tested positive (positivity rate 1.3%).
- Since the beginning of 2025, 791,157 cases of ARI pneumonia and 1,740 associated deaths (CFR 0.2%) were reported. Out of total cases, 500,912 (63.3%) were under-five children, while 391,724 (49.5%) were females. Also, 1,873 samples have been tested for influenza, out of which 139 were positive (positivity rate 7.4%).
- Since the beginning of 2025, the highest cumulative incidence of ARI pneumonia per 10,000 population has been reported in Nuristan (446.0), followed by Samangan (424.7), Kunar (382.1) and Panjshir (379.2) provinces (Figure 18).

Figure 16. Weekly distribution of ARI pneumonia cases in Afghanistan, 29 Dec 2024 – 21 Jun 2025 (N=791,157)

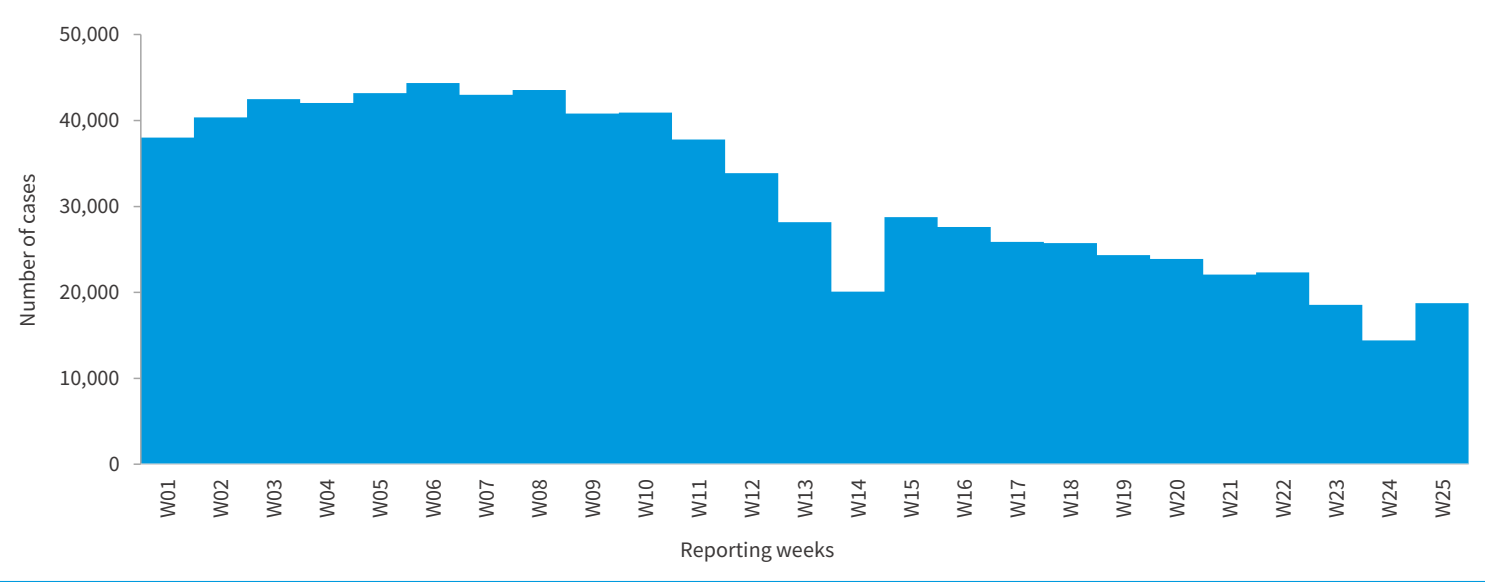


Figure 17. Comparison between the trends of ARI pneumonia cases in 2025 vs 3-year average (2022-2024)

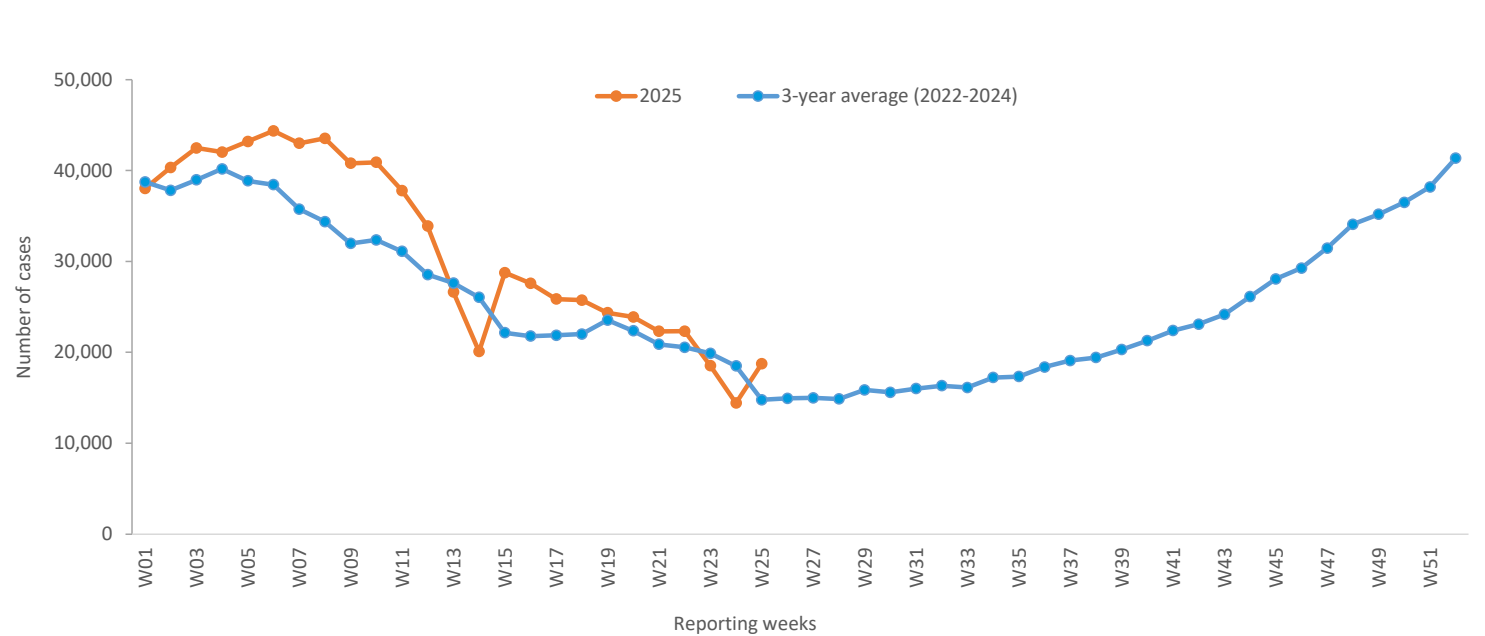


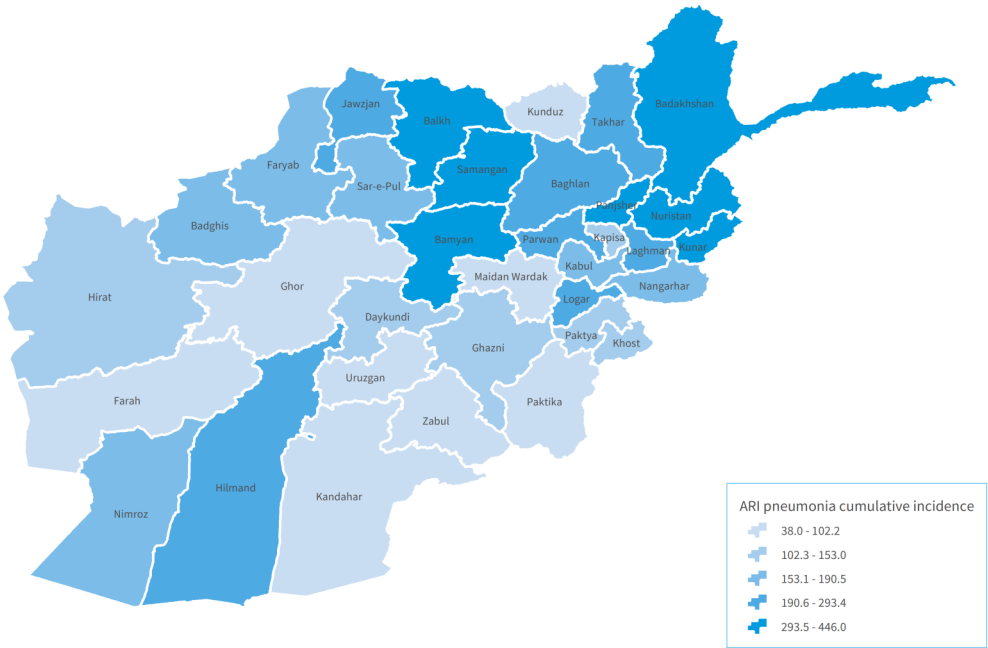


Figure 18. ARI-Pneumonia cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 21 Jun 2025

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ARI pneumonia cumulative incidence per 10,000 population by province

29 Dec 2024 —21 Jun 2025



Updates on the response activities to the ARI outbreak

Since the beginning of 2025:

- 1,172 ARI pneumonia case management kits have been distributed to 34 provinces across the country.
- 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.

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)