



AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #26-2025

No. 26 (22-28 Jun 2025)

Disease Outbreaks



AWD with dehydration



Measles
(Suspected)



CCHF
(Suspected)



Dengue fever
(Suspected)



Malaria
(Confirmed)



COVID-19
(Confirmed)



ARI-Pneumonia

Cumulative cases 2025

68,031

72,741

720

628

16,882

2,444

808,000

Cumulative deaths 2025 (CFR %)

26 (0.04)

445 (0.6)

50 (6.9)

0 (0.0)

0 (0.0)

4 (0.2)

1,780 (0.2)

Data from 611 (99.7%) out of 613 sentinel sites

Acute Watery Diarrhea (AWD) with Dehydration

(29 Dec 2024-28 Jun 2025)



68,031

Total cases



26

Total deaths



4,167

Samples tested (RDTs)



311

RDT-positive cases



7.5%

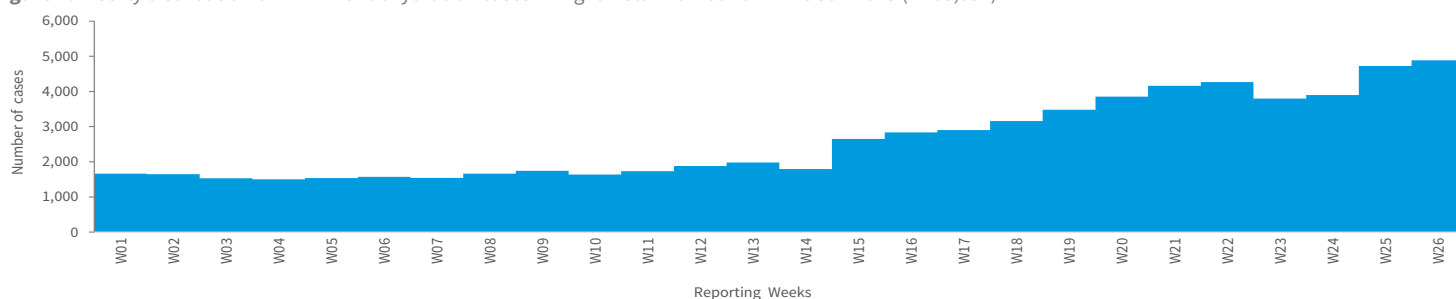
RDT positivity rate

Table 1: Summary of the AWD with dehydration outbreak in the last eight weeks in Afghanistan (04 May - 28 Jun 2025)

Indicators	W19	W20	W21	W22	W23	W24	W25	W26	Trend line
Number of cases	3,478	3,853	4,160	4,268	3,797	3,897	4,722	4,883	
Number of deaths	1	0	1	4	0	0	6	3	
CFR (%)	0.03	0.00	0.02	0.09	0.00	0.00	0.13	0.06	

- 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 26-2025, 4,883 AWD with dehydration cases with 3 associated deaths were reported from 220 districts, which shows a slight increase in the number of cases compared to the previous week.
- Out of 3 new deaths, one was under five child, while 2 of them were females reported from 2 provinces: Badakhshan (2), and Kabul (1).
- Out of the 4,883 AWD with dehydration cases, 2,468 (50.5%) were females and 2,754 (56.4%) were under-five children.
- During week 26-2025, no new district reported alert of AWD with dehydration.
- Since Jan 2025, 68,031 cases of AWD with dehydration with 26 associated deaths (CFR 0.04%) were reported from 300 districts. Out of total cases, 33,453 (49.2%) were females, while 39,118 (57.5%) were under-five children.
- Since Jan 2025, 4,167 Rapid Diagnostic Tests (RDT) have been conducted on AWD with dehydration cases, of which 311 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 (54.9), followed by Paktya (44.6), Khost (39.6), Kabul (36.2), and Farah (35.0) (Figure 2).

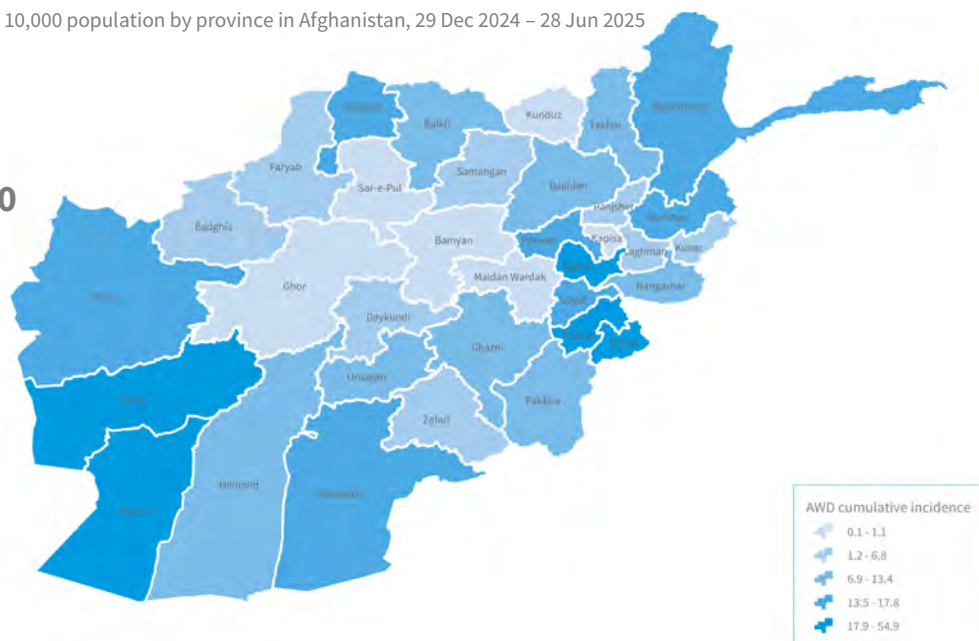
Figure 1. Weekly distribution of AWD with dehydration cases in Afghanistan 29 Dec 2024 – 28 Jun 2025 (N=68,031)



**Figure 2.** AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 28 Jun 2025

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**AWD with dehydration
cumulative incidence per 10,000
population by province
29 Dec 2024 – 28 Jun 2025**



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

- During week 26-2025, 117 AWD with dehydration treatment kits were distributed to five WHO regional sub-offices (Herat, Nangarhar, Mazar, Kandahar, and Kunduz).
- During the same period, a total of 813 boxes of PPE were distributed to all 34 province across the country.
- Since the beginning of 2025, the following activities have been conducted as part of AWD with dehydration outbreak response activity:
 - 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.
 - 60 boxes (100 gloves/box) of gloves have been distributed to the Kabul surveillance office.
 - 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).
 - 59 HCWs, including 7 females, have been trained on AWD with dehydration case management from the East and South regions.

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

Measles

(29 Dec 2024-28 Jun 2025)



72,741

Total Cases



445

Total Deaths



8,535

Sample tested



5,449

Lab confirmed cases



63.8%

Test positivity rate

Table 2: Summary of the measles outbreak in the last eight weeks in Afghanistan (04 May - 28 Jun 2025)

Indicators	W19	W20	W21	W22	W23	W24	W25	W26	Trend line
Suspected cases	3,808	4,043	3,613	3,196	2,416	2,683	2,759	2,396	
Suspected deaths	30	21	26	16	11	13	14	8	
CFR (%)	0.8	0.5	0.7	0.5	0.5	0.5	0.5	0.3	



- 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 26-2025, a total of 2,396 suspected cases and 8 associated deaths (CFR 0.3%) were reported, which shows a 13.2% decrease in the number of suspected cases compared to the preceding week.
- Out of the total 2,396 cases, 1,177 (49.1%) were females and 1,752 (73.1%) were under-five children.
- All of 8 new deaths were under-five, while 4 (50.0%) were females, reported from 5 provinces: Helmand (2), Faryab (2), Kabul (2), Jawzjan (1), and Badakhshan (1).
- Since the beginning of 2025, 72,741 suspected measles cases and 445 associated deaths (CFR 0.6%) were reported. Out of total cases, 34,247 (47.1%) were females, while 56,301 (77.4%) 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 (66.5), followed by Badakhshan (44.3), Nuristan (41.5), Jawzjan (40.3), and Urozgan (34.5) (Figure 5).

Figure 3. Weekly distribution of suspected measles cases in Afghanistan, 29 Dec 2024 – 28 Jun 2025 (N= 72,741)

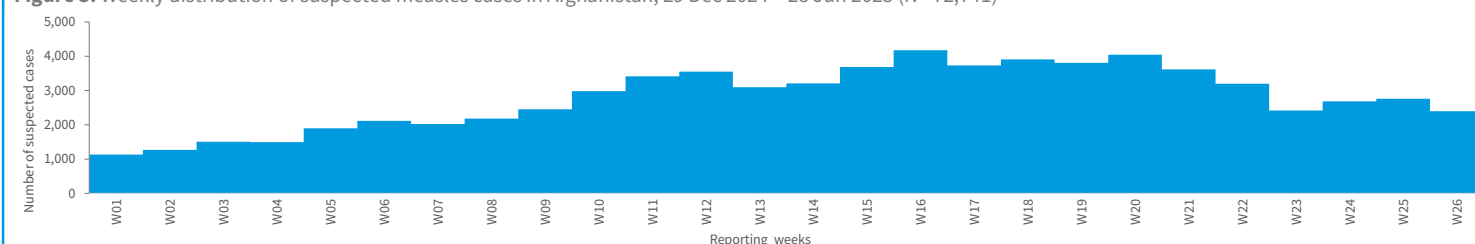


Figure 4. Comparison between the trends of suspected measles cases in 2025 vs 3-year average (2022-20224) and the endemic level

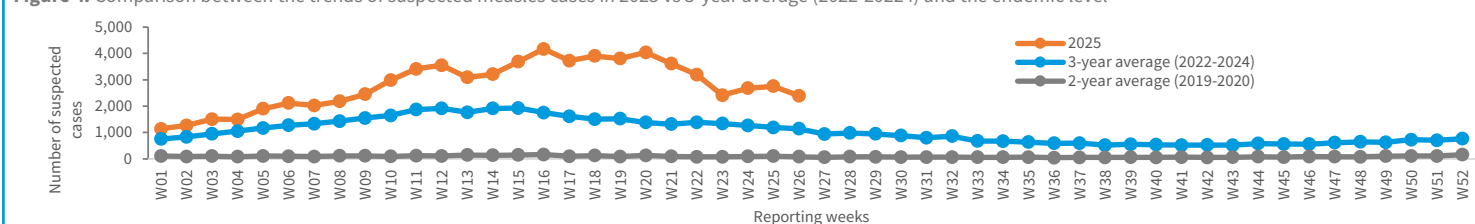
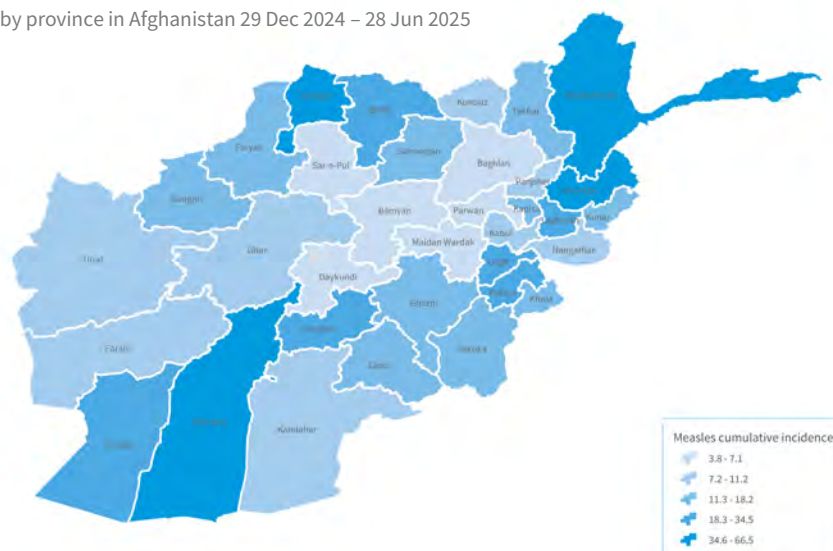


Figure 5. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 29 Dec 2024 – 28 Jun 2025

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Suspected measles cumulative incidence per 10,000 population by province 29 Dec 2024 – 28 Jun 2025



Updates on the preparedness and response to the measles outbreak

- During week 26-2025, a total of 254 children aged 9-59 months were vaccinated against measles as part of the outbreak response in 5 provinces (Wardak, Kandahar, Paktya, Paktika, and Kunar). This brings the number of children aged 9-59 months vaccinated against measles as part of outbreak response immunization activities to 23,742 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 227 Health Care Workers (HCWs) including 48 females have been trained in measles case management from 6 regions: Central (68, including 10 females), West (40, including 20 females), North (30, including 9 females), East (30, including 9 females), South (29, all males), Northeast (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 2024-28 Jun 2025)



720

Total cases



50

Total deaths



533

Samples tested



190

Lab-confirmed
CCHF cases



35.6%

test positivity rate

Table 3: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (04 May - 28 Jun 2025)

Indicators	W19	W20	W21	W22	W23	W24	W25	W26	Trend line
Suspected cases	35	46	61	58	59	92	127	64	
Suspected deaths	2	6	4	4	7	4	12	3	
CFR (%)	5.7	13.0	6.6	6.9	11.9	4.3	9.4	4.7	

- 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 26-2025, 64 new suspected CCHF cases with 3 associated deaths (CFR 4.7%) were reported compared to 127 cases and 12 deaths in the previous week (Table 3).
- All the new cases were over-five-year-old, while 20 (31.3%) of them were females reported from 10 provinces [Kabul (28), Kandahar (10), Kapisa (8), Herat (5), Balkh (4), Jawzjan (3), Kunduz (3), Baghlan (1), Nangarhar (1), and Takhar (1)].
- All the 3 new deaths were over-five-years-old, while 2 (66.7%) of them were females reported from 2 provinces, Kabul (2) and Herat (1).
- Since the beginning of 2025, a total of 720 suspected CCHF cases, with 50 associated deaths (CFR 6.9%), were reported. Out of the total 720 cases, 717 (99.6%) were over-five years old, while 224 (31.1%) were females. Also, 533 samples have been tested, 190 of them were positive (positivity rate 35.6%).
- Since the beginning of 2025, the highest cumulative incidence of suspected CCHF per 100,000 population is reported from Kapisa (5.5), followed by Kabul (4.9), Kandahar (4.3), Balkh (3.2), and Jawzjan (2.2) (Figure 8).

Figure 6. Weekly distribution of suspected CCHF cases in Afghanistan 29 Dec 2024 – 28 Jun 2025, (N=720)

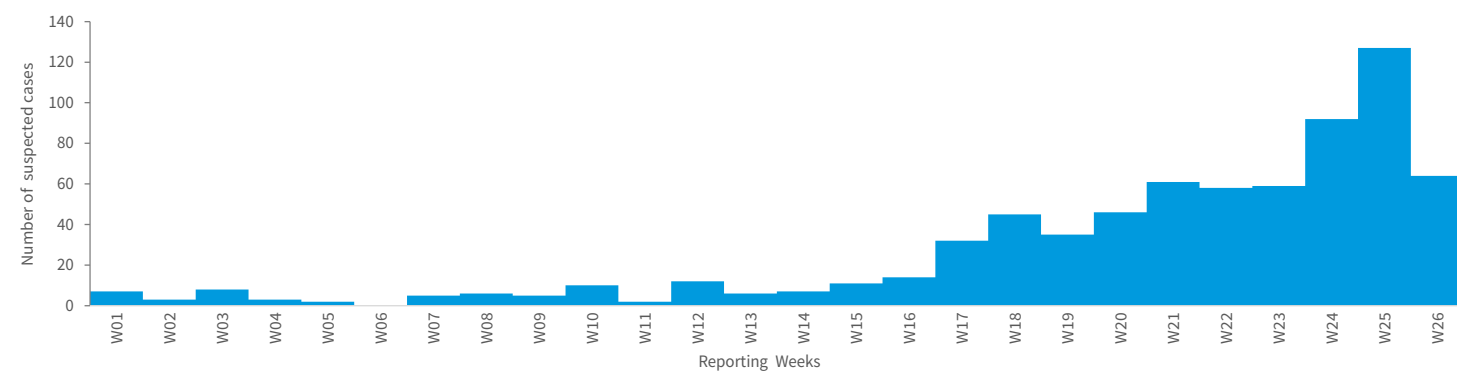


Figure 7. Comparison between the trends of suspected CCHF cases in 2025 vs 3-year average (2022-2024)

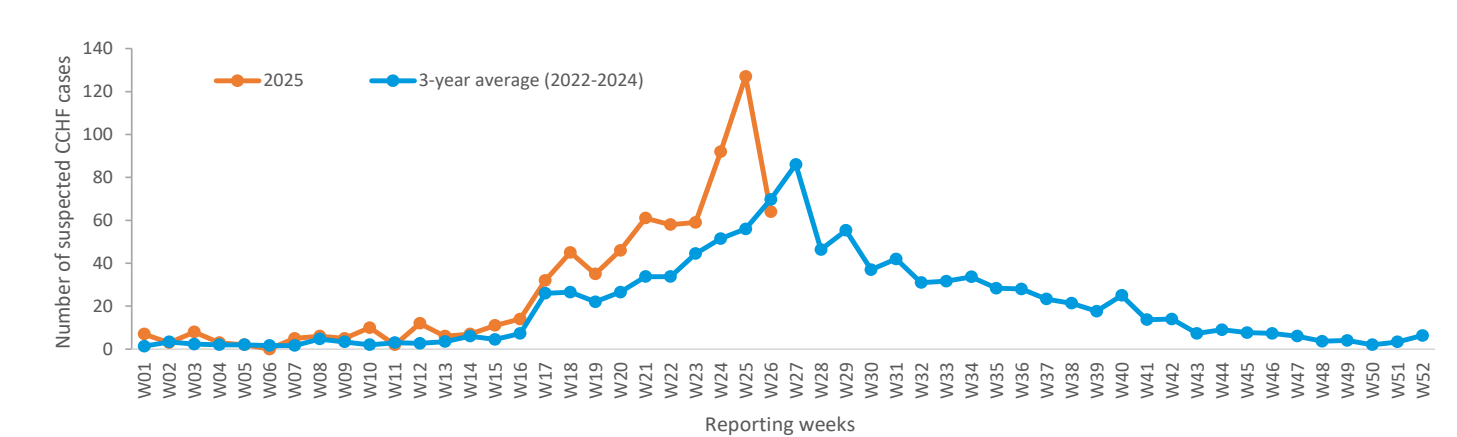
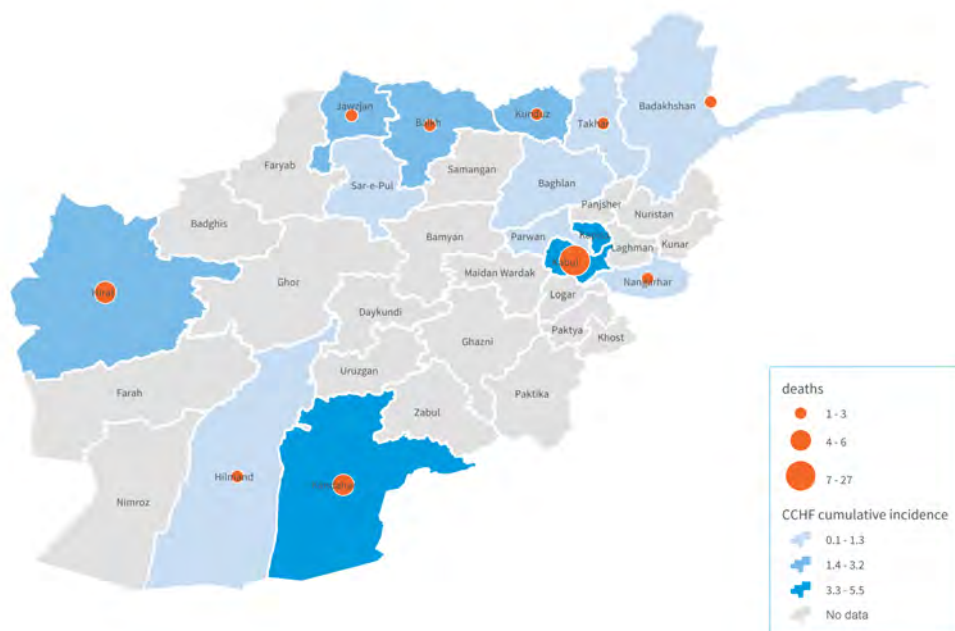




Figure 8. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 29 Dec 2024 – 28 Jun 2025

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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 2024-28 Jun 2025



Updates on the response to the CCHF outbreak

- During week 26-2025, 80 packs (10 ampoules per pack) of ribavirin injections were distributed to five WHO regional sub-offices (Herat, Nangarhar, Mazar, Kandahar, and Kunduz).
- During the same reporting period, WHO continued its ongoing online awareness campaign on Crimean-Congo Hemorrhagic Fever (CCHF) through its official social media channels ([Facebook](#) and [X](#)), reaching over 35,967 in [X](#) and 1,762 [Facebook](#) users to date. The campaign focused on increasing public awareness and promoting preventive measures against CCHF.
- Since the beginning of 2025, the following activities have been conducted as part of outbreak preparedness activities:
 - 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.
 - 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.
 - 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.
 - 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 2024-28 Jun 2025)


628
Total Cases


0
Total Deaths

65
*Sample tested
62 **3**
By PCR By NS1

11
Lab confirmed cases
8 **3**
By PCR By NS1





16.9%
Test positivity ratio

Table 4: Summary of the dengue fever outbreak in the last eight weeks in Afghanistan (04 May - 28 Jun 2025)

Indicators	W19	W20	W21	W22	W23	W24	W25	W26	Trend line
Suspected cases	58	41	68	49	49	35	49	33	
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 26-2025, 33 suspected cases of dengue fever with no associated deaths were reported from Nangarhar (32) and Kunar (1) provinces compared to 49 cases in the preceding week.
- Out of total 33 cases, 29 (87.9%) cases were over-five years old, while 12 (36.4%) were females.
- Since the beginning of 2025, 628 suspected dengue fever cases, with no associated deaths were reported from 6 provinces (Nangarhar, Laghman, Kunar, Kabul, Ghazni, and Paktya). Out of total cases, 603 (96.0%) were over-five years old, while 269 (42.8%) were females.
- Since the beginning of 2025, a total of 65 samples have been tested, out of which 11 were positive (positivity rate 16.9%). 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 – 28 Jun 2025, (N=628)

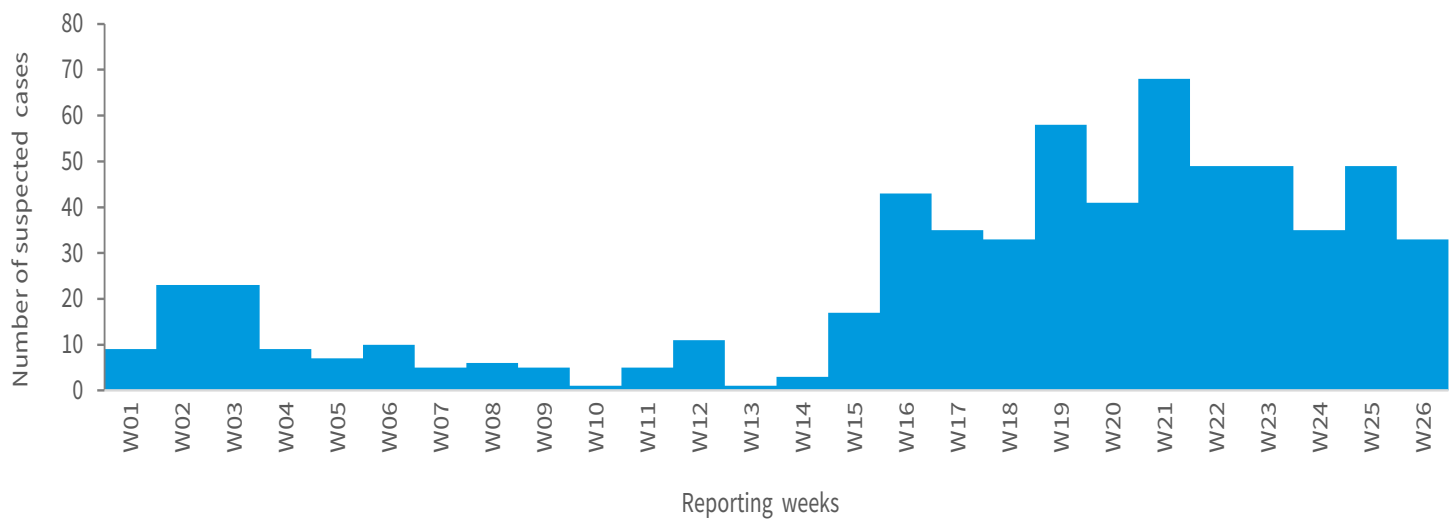
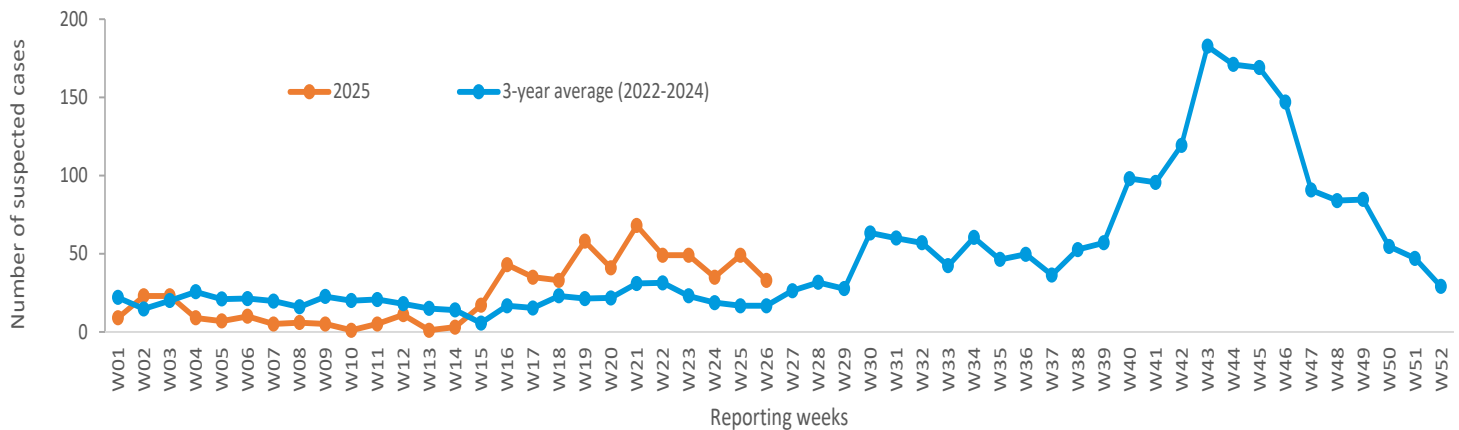
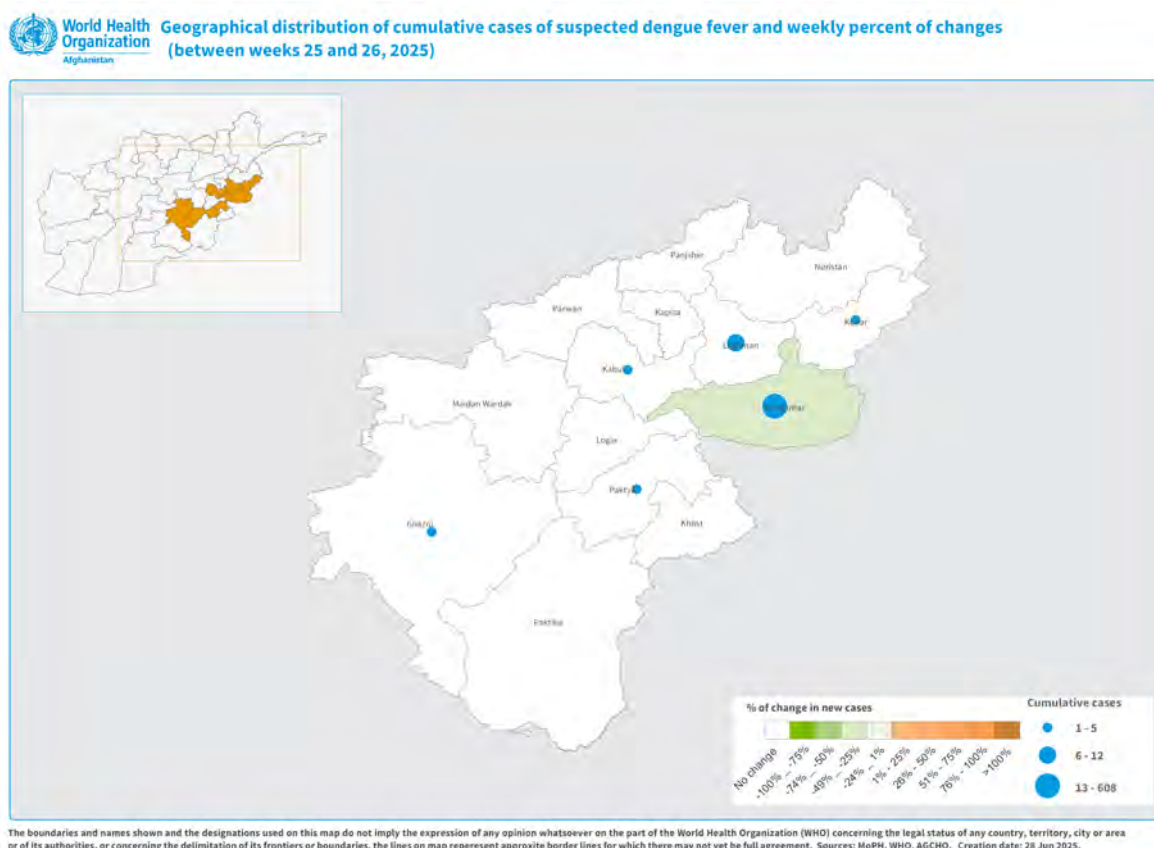


Figure 10. Comparison between the trends of suspected dengue fever cases in 2025 vs 3-year average (2022-2024)



**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 – 28 Jun 2025

Updates on the response to dengue fever outbreak

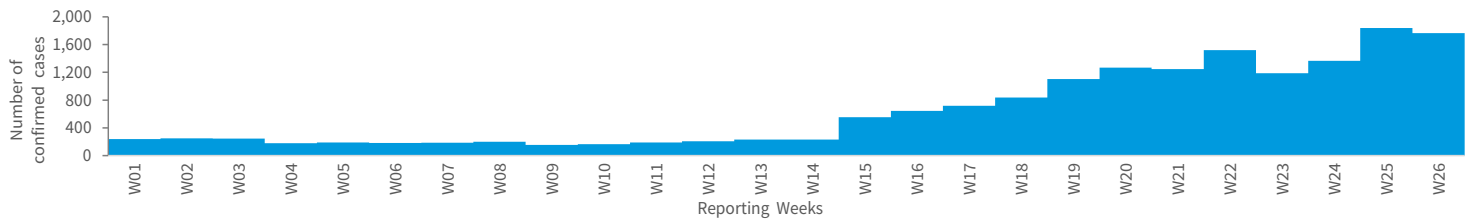
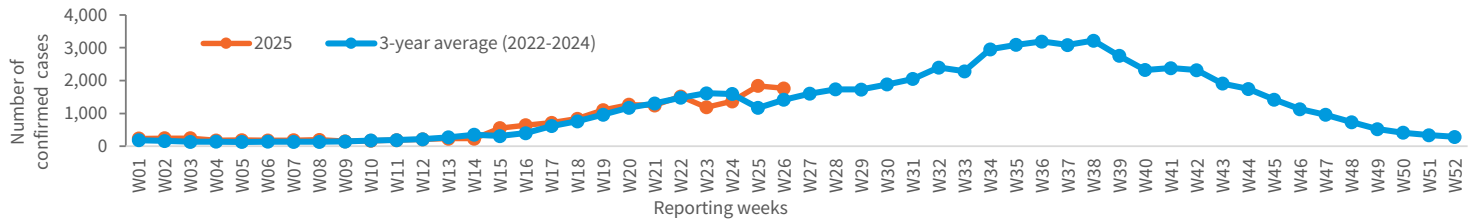
- During week 26-2025, 63 kits (10 test per kit) of dengue fever RDTs were distributed to six provinces (Nangarhar, Kunar, Laghman, Nuristan, Kandahar, and Ghazni).

Confirmed Malaria (29 Dec 2024-28 Jun 2025)

**16,882**Total Malaria
Cases**0 (0.0)**Total malaria
deaths (CFR %)**Table 5:** Summary of the malaria outbreak in the last eight weeks in Afghanistan (04 May - 28 Jun 2025)

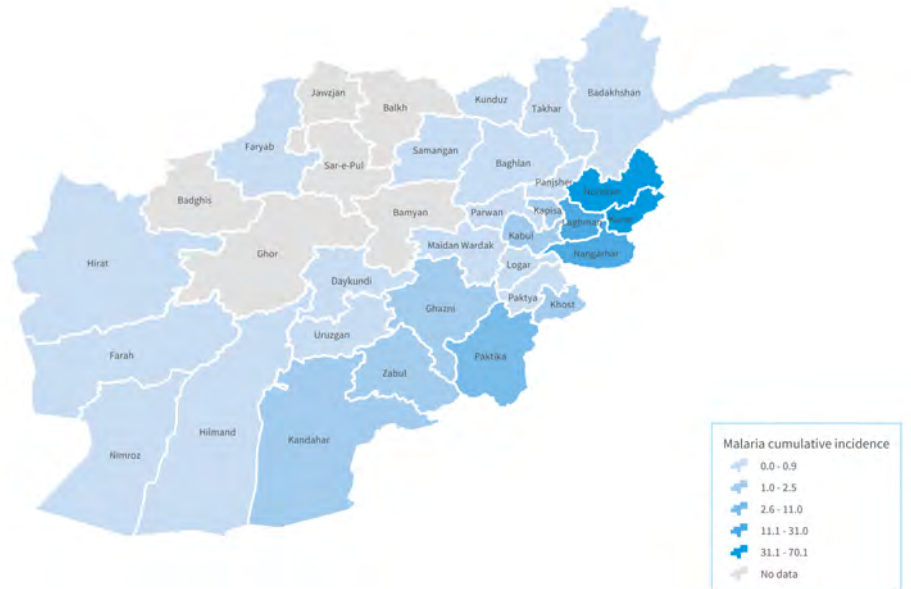
Indicators	W19	W20	W21	W22	W23	W24	W25	W26	Trend line
Confirmed cases	1,104	1,267	1,246	1,519	1,186	1,367	1,838	1,764	
Confirmed deaths	0	0	0	0	0	0	0	0	
CFR (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

- 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 26-2025, 1,764 cases with no associated deaths were reported from 19 provinces, which shows a slight decrease in the number of cases compared to previous week.
- Out of the 1,764 cases, 786 (44.6%) were females and 327 (18.5%) were under-five children.
- Since the beginning of 2025, 16,882 confirmed malaria cases with no associated deaths have been reported. Out of total cases, 7,679 (45.5%) were females and 3,020 (17.9%) were under-five children.
- Since the beginning of 2025, the highest cumulative incidence of malaria per 10,000 population was reported from Nuristan (70.1) followed by Kunar (50.3), Laghman (31.0), and Nangarhar (25.9) (Figure 14).

**Figure 12.** Weekly distribution of malaria cases in Afghanistan 29 Dec 2024 – 28 Jun 2025 (N=16,882)**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 – 28 Jun 2025

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Confirmed malaria cumulative
Incidence per 10,000
population by province
29 Dec 2024 – 28 Jun 2025



COVID-19

(24 Feb 2020 — 28 Jun 2025)

Cumulative samples tested

1,101,371

In public laboratories

New samples tested in week 26



690

In public laboratories

+59.4%

Cumulative confirmed cases

246,553

Cumulative positivity rate (22.4%)

New confirmed cases in week 26



160

Weekly positivity rate (23.2%)

+44.1%

Cumulative confirmed deaths

8,052

CFR (3.3%)

New confirmed deaths in week 26



0

Week 26 CFR (0.0%)

0.0%

Key: ● Increasing ● Decreasing ● No change

COVID-19 Vaccination highlights



*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%**

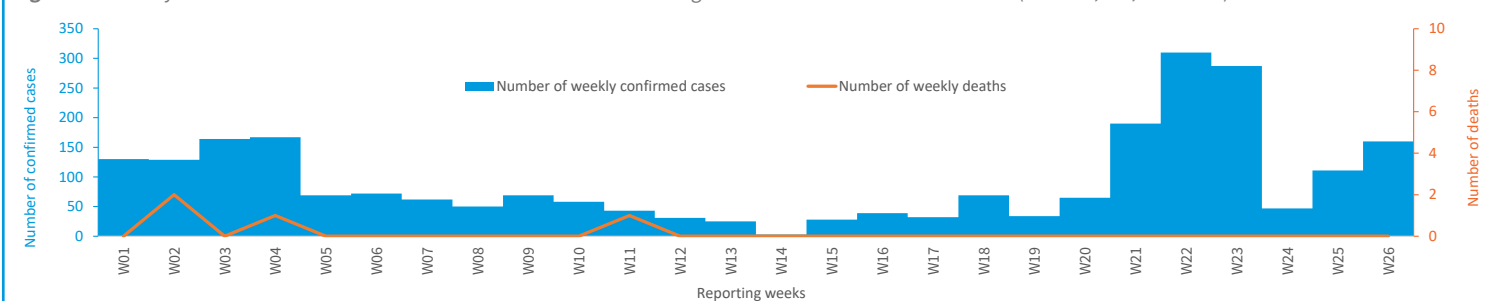
* The denominator is 43,100,596 based on OCHA estimation 2024

Table 6: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (04 May - 28 Jun 2025)

Indicators	W19	W20	W21	W22	W23	W24	W25	W26	Trend line
Samples tested (in public Labs)	698	874	999	987	881	136	433 *	690	
Confirmed cases	34	65	190	310	287	47	111 *	160	
Percent positivity (%)	4.9	7.4	19.0	31.4	32.6	34.6	25.6	23.2	
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 25-2025 and the number of tested samples and confirmed cases were revised from 373 to 433 and from 90 to 111, respectively.

- The epidemiological curve of confirmed COVID-19 cases indicates a gradual decline since week 9-2025; however, since week 21-2025, it is fluctuating at high level (Figure 15).
- During week 26-2025, a total of 690 samples were tested in public labs, of which 160 were positive for COVID-19 (positivity rate 23.2%), with no reported associated deaths (Table 6). This indicates an increase of 44.1% in the number of confirmed cases compared to the preceding week.
- Since the beginning of 2025, 2,444 confirmed cases of COVID-19 and 4 associated deaths (CFR 0.2%) were reported. Out of the total cases, 1,126 (46.1%) were females.

Figure 15. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 29 Dec 2024 – 28 Jun 2025 (cases=2,444, deaths=4)

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 2024-28 Jun 2025)

***808,000**

Total Cases

**1,780**

Total Deaths

****1,918**Samples tested for
influenza****139**Lab-confirmed
influenza cases**7.2%**Influenza test
positivity ratio

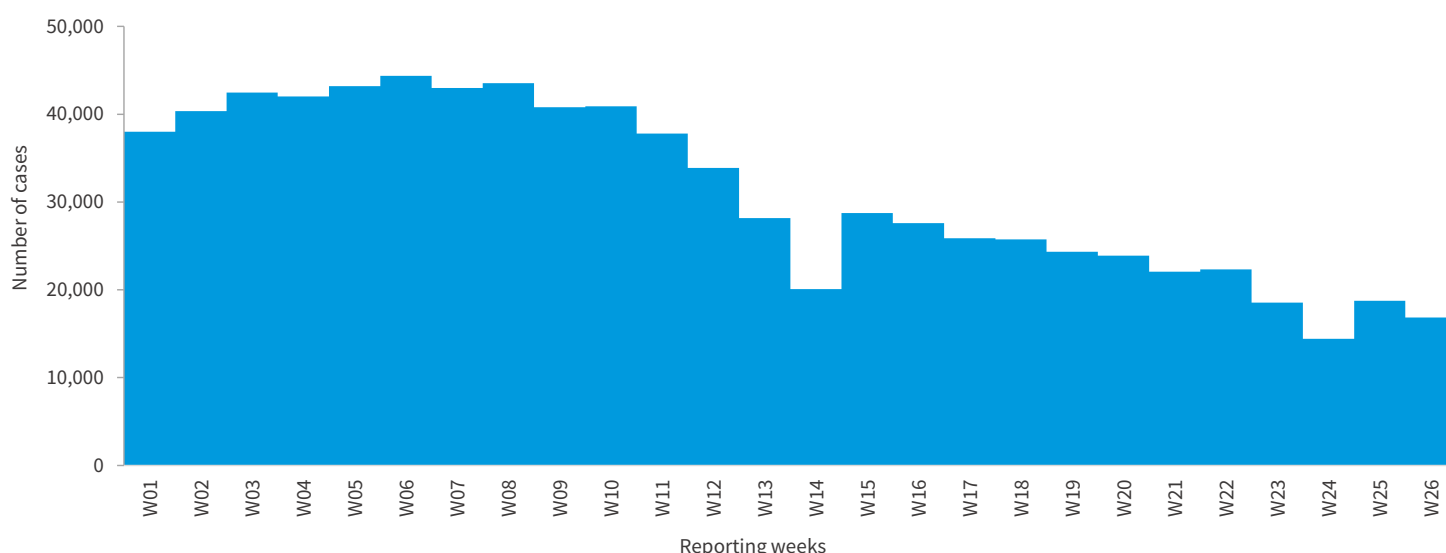
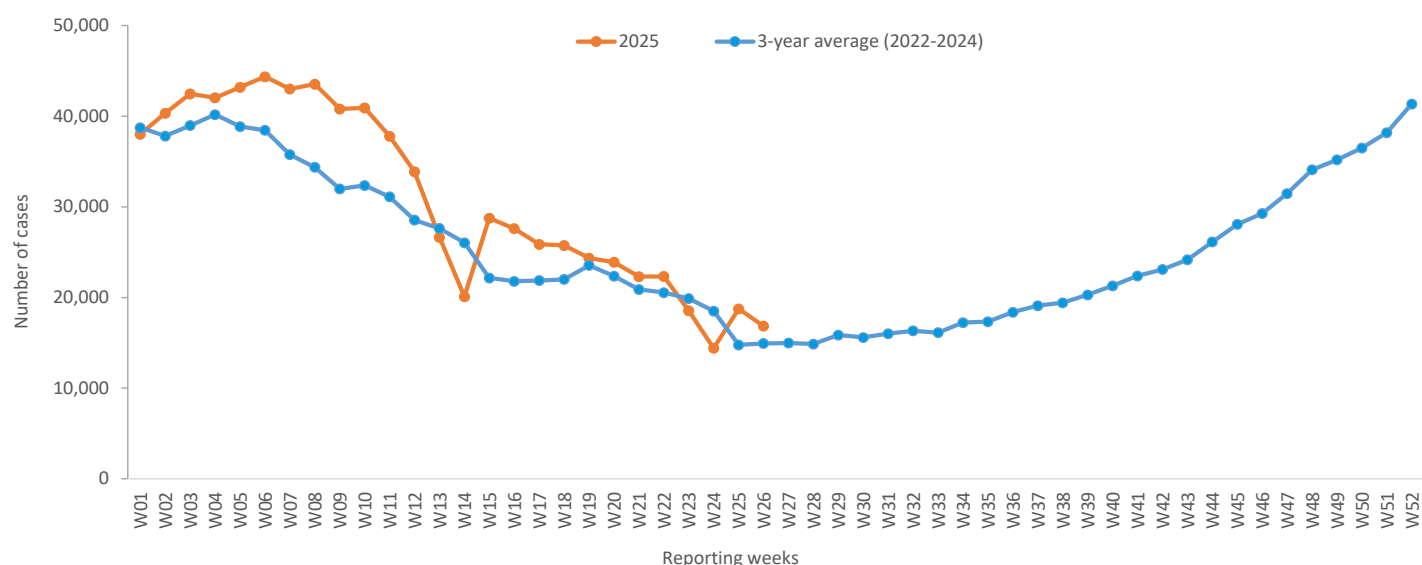
*Currently ARI related data (morbidity and mortality) are reported from 613 surveillance sentinel sites across 34 provinces in the country.

**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 (04 May - 28 Jun 2025)

Indicators	W19	W20	W21	W22	W23	W24	W25	W26	Trend lines
Suspected cases	24,345	23,885	22,309	22,327	18,543	14,412	18,747	16,843	
Suspected deaths	44	47	58	46	25	52	42	40	
CFR (%)	0.2	0.2	0.3	0.2	0.1	0.4	0.2	0.2	

- The epi curve indicates a gradual downward trend in reported cases since week 06-2025 (Figures 16 & 17).
- During week 26-2025, 16,843 cases of ARI pneumonia and 40 associated deaths (CFR 0.2%) were reported, which shows a 10.2% decrease in the number of ARI pneumonia cases compared to the preceding week.
- Out of the total 16,843 cases, 8,300 (49.3%) were females while 11,039 (65.5%) were under-five children.
- During the reporting period, 45 samples were collected for influenza, none were tested positive.
- Since the beginning of 2025, 808,000 cases of ARI pneumonia and 1,780 associated deaths (CFR 0.2%) were reported. Out of total cases, 511,951 (63.4%) were under-five children, while 400,024 (49.5%) were females. Also, 1,918 samples have been tested for influenza, out of which 139 were positive (positivity rate 7.2%).
- Since the beginning of 2025, the highest cumulative incidence of ARI pneumonia per 10,000 population has been reported in Nuristan (458.1), followed by Samangan (434.9), Kunar (389.4) and Panjshir (385.3) provinces (Figure 18).

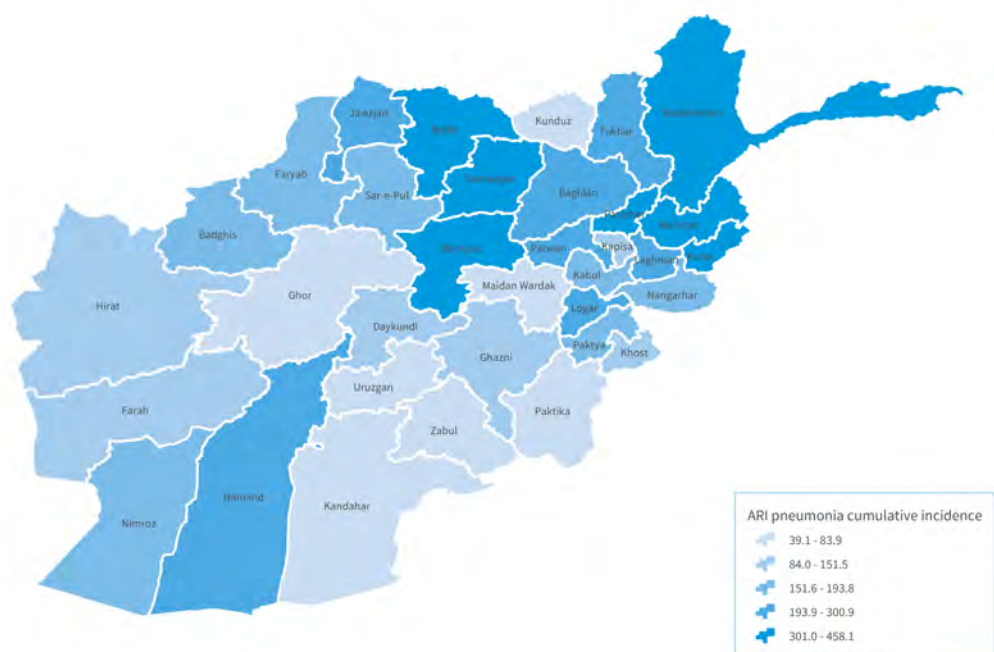
Figure 16. Weekly distribution of ARI pneumonia cases in Afghanistan, 29 Dec 2024 – 28 Jun 2025 (N=808,000)**Figure 17.** Comparison between the trends of ARI pneumonia cases in 2025 vs 3-year average (2022-2024)

**Figure 18.** ARI-Pneumonia cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 28 Jun 2025

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ARI pneumonia cumulative incidence per 10,000 population by province

29 Dec 2024 – 28 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:

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