








AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS
SITUATION REPORT | Epidemiological week #28-2025

No. 28 (06-12 Jul 2025)


Disease Outbreaks	 AWD with dehydration	 Measles (Suspected)	 CCHF (Suspected)	 Dengue fever (Suspected)	 Malaria (Confirmed)	 COVID-19 (Confirmed)	 ARI-Pneumonia
Cumulative cases 2025	78,972	76,967	846	736	20,808	2,655	840,374
Cumulative deaths 2025 (CFR %)	35 (0.04)	472 (0.6)	63 (7.4)	0 (0.0)	0 (0.0)	4 (0.2)	1,871 (0.2)

Data from 608 (99.2%) out of 613 sentinel sites

Acute Watery Diarrhea (AWD) with Dehydration (29 Dec 2024-12 Jul 2025)


78,972
Total cases


35
Total deaths


4,988
Samples tested (RDTs)


398
RDT-positive cases






8.0%
RDT positivity rate

Table 1: Summary of the AWD with dehydration outbreak in the last eight weeks in Afghanistan (18 May - 12 Jul 2025)

Indicators	W21	W22	W23	W24	W25	W26	W27	W28	Trend line
Number of cases	4,160	4,268	3,797	3,897	4,722	4,884	5,528	5,412	
Number of deaths	1	4	0	0	6	3	4	6	
CFR (%)	0.02	0.09	0.00	0.00	0.13	0.06	0.07	0.11	

- 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 28, a total of 5,412 AWD with dehydration cases with 6 associated deaths were reported from 241 districts, which shows almost stabilization in the number of cases compared to the previous week.
- All of the 6 new deaths were under-five children, while 3 (50.0%) of them were females reported from 3 provinces: Badakhshan (3), Kabul (2), and Baghlan (1).
- Out of the 5,412 AWD with dehydration cases, 2,689 (49.7%) were females and 3,040 (56.2%) were under-five children.
- During week 28-2025, one new district (Seorai district of Zabul province) reported alert of AWD with dehydration.
- Since Jan 2025, 78,972 cases of AWD with dehydration with 35 associated deaths (CFR 0.04%) were reported from 321 districts. Out of total cases, 38,804 (49.1%) were females, while 45,237 (57.3%) were under-five children.

Figure 1. Weekly distribution of AWD with dehydration cases in Afghanistan 29 Dec 2024 – 12 Jul 2025 (N=78,972)



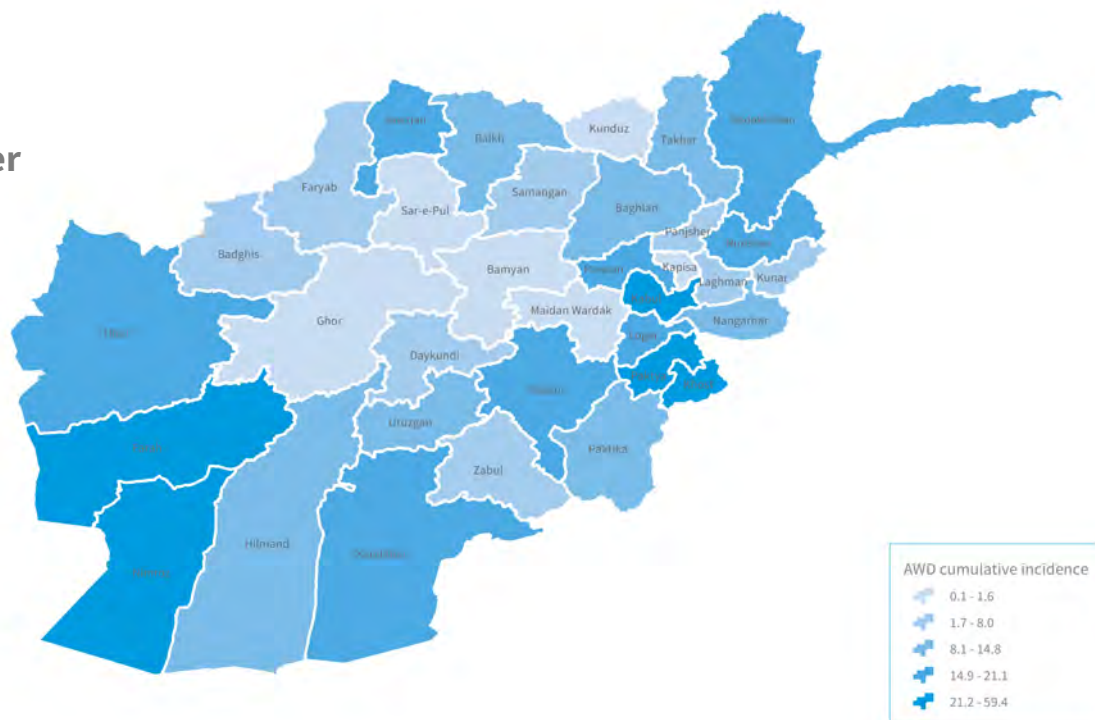


- Since Jan 2025, 4,988 Rapid Diagnostic Tests (RDT) have been conducted on AWD with dehydration cases, of which 398 tests turned positive (positivity rate 8.0%).
- Since the beginning of 2025, the highest cumulative incidence of AWD with dehydration per 10,000 population was reported from Nimroz (59.4), followed by Paktya (51.8), Khost (43.3), Kabul (41.5), and Farah (38.7) (Figure 2).

Figure 2. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 12 Jul 2025

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**AWD with dehydration
cumulative incidence per
10,000 population by
Province 29 Dec 2024 –
12 Jul 2025**



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

- During week 28-2025, 212 kits of Cary Blairs were distributed to all 34 provinces across the country. This brings the total number Cary Blair kits to 1,012 since the beginning of 2025.
- Since the beginning of 2025, the following activities have been conducted as part of AWD with dehydration outbreak response activity:
 - 417 AWD with dehydration case management kits have been distributed to all 34 provinces.
 - 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.
 - 813 boxes of PPE were distributed to all 34 provinces across the country.
 - 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 June 2025, the following WASH response activities were implemented:

- A total of 19,047 individuals from five provinces (Kabul, Paktika, Kandahar, Nimroz, and Farah) participated in hygiene promotion sessions aimed at strengthening community awareness and preventive practices.
- In Farah province, 594 individuals gained access to safe drinking water through the rehabilitation of boreholes equipped with hand pumps.



Measles

(29 Dec 2024-12 Jul 2025)



76,967

Total Cases



472

Total Deaths



8,803

Sample tested



5,553

Lab confirmed cases



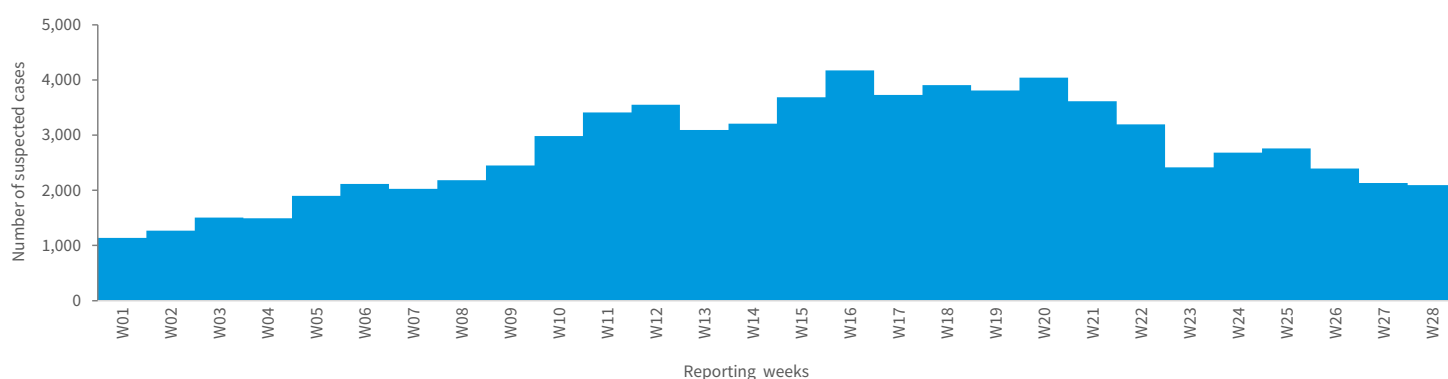
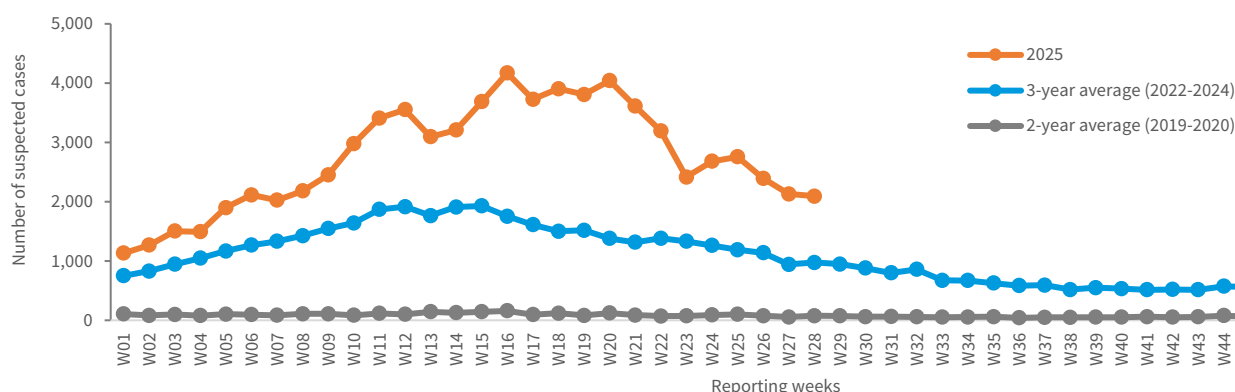
63.1%

Test positivity rate

Table 2: Summary of the measles outbreak in the last eight weeks in Afghanistan (18 May - 12 Jul 2025)

Indicators	W21	W22	W23	W24	W25	W26	W27	W28	Trend line
Suspected cases	3,613	3,196	2,416	2,683	2,759	2,396	2,133	2,093	
Suspected deaths	26	16	11	13	14	8	16	11	
CFR (%)	0.7	0.5	0.5	0.5	0.5	0.3	0.8	0.5	

- The epi curve of suspected measles cases has shown a decreasing trend 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 significantly higher than the 3-year average (2022-2024) (Figure 4).
- During week 28-2025, a total of 2,093 suspected cases and 11 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 2,093 cases, 1,001 (47.8%) were females and 1,534 (73.3%) were under-five children.
- Out of all 11 new deaths, 10 (90.9%) were under-five, while 7 (63.6%) were females, reported from 7 provinces: Faryab (3), Badakhshan (2), Kabul (2), Helmand (1), Herat (1), Jawzjan (1), and Kandahar (1).
- Since the beginning of 2025, 76,967 suspected measles cases and 472 associated deaths (CFR 0.6%) were reported. Out of total cases, 36,264 (47.1%) were females, while 59,441 (77.2%) were under-five children.

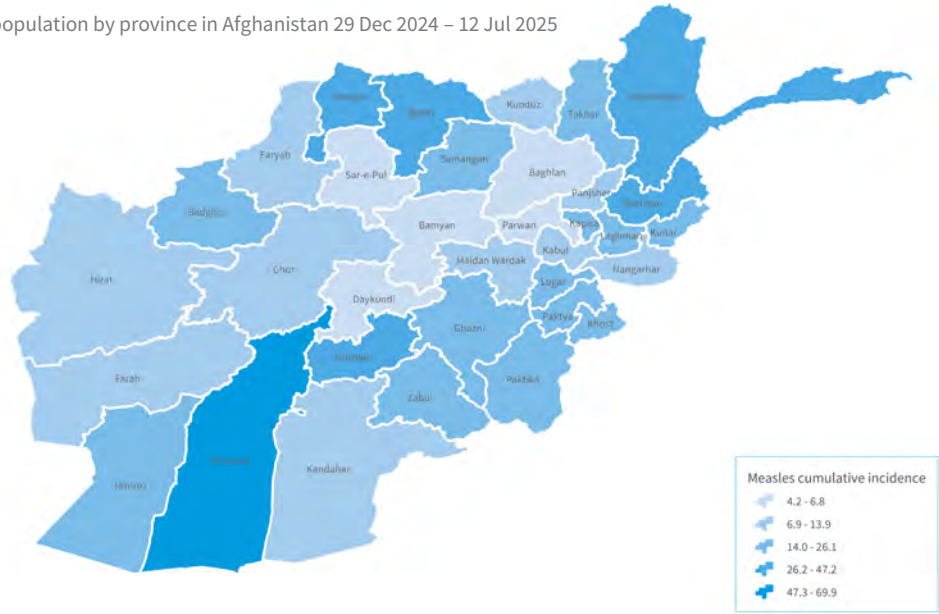
Figure 3. Weekly distribution of suspected measles cases in Afghanistan, 29 Dec 2024 – 12 Jul 2025 (N= 76,967)**Figure 4.** Comparison between the trends of suspected measles cases in 2025 vs 3-year average (2022-20224) and the endemic level



- Since the beginning of 2025, the highest cumulative incidence of suspected measles cases per 10,000 population has been reported from Helmand (69.9), followed by Badakhshan (47.2), Nuristan (42.2), Jawzjan (42.0), and Urozgan (36.4) (Figure 5).

Figure 5. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 29 Dec 2024 – 12 Jul 2025

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Suspected measles
cumulative incidence
per 10,000 population by
province 29 Dec 2024 – 12 Jul 2025




Updates on the preparedness and
response to the measles outbreak


- During week 28-2025, 165 measles case management kits were distributed to 8 WHO’s regional sub-offices. This brings the total number of measles case management kits to 345 since the beginning of 2025.
- During week 28-2025, a total of 466 children aged 9-59 months were vaccinated against measles as part of the outbreak response in 8 provinces (Parwan, Wardak, Kandahar, Zabul, Paktya, Takhar, Nangarhar and Kunar). This brings the number of children aged 9-59 months vaccinated against measles as part of outbreak response immunization activities to 24,208 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 257 Health Care Workers (HCWs) including 62 females have been trained in measles case management from 7 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), and Southeast region (30, including 5 females).
 - 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 2024-12 Jul 2025)




846
Total cases




63
Total deaths



673
Samples tested






246
Lab-confirmed
CCHF cases



36.6%
test positivity rate

Table 3: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (18 May - 12 Jul 2025)

Indicators	W21	W22	W23	W24	W25	W26	W27	W28	Trend line
Suspected cases	61	60	60	92	127	64	56	67	
Suspected deaths	4	4	8	4	12	3	8	4	
CFR (%)	6.6	6.7	13.3	4.3	9.4	4.7	14.3	6.0	

- The epi-curve of suspected CCHF cases shows an increasing trend since week 15-2025 warranting close monitoring for the period after the Eid-ul-Adha. However, a significant decrease is noticed in the past 3 weeks after its peak in week 25 with 127 suspected cases (Figures 6 & 7).



- During week 28-2025, 67 new suspected CCHF cases with 4 associated deaths (CFR 6.0%) were reported compared to 56 cases and 8 deaths in the previous week (Table 3).
- All the new cases were over-five-year-old, while 18 (26.9%) of them were females reported from 13 provinces [Kabul (29), Balkh (7), Kapisa (7), Herat (6), Kandahar (4), Kunduz (4), Badakhshan (2), Jawzjan (2), Takhar (2), Bamyán (1), Nangarhar (1), Parwan (1), and Samangan (1)].
- All the 4 new deaths were over-five-years-old, while 2 (50.0%) of them were females reported from 3 provinces, Kabul (2), Balkh (1), and Kandahar (1).
- Since the beginning of 2025, a total of 846 suspected CCHF cases, with 63 associated deaths (CFR 7.4%), were reported.
- Out of the total 846 cases, 842 (99.5%) were over-five years old, while 267 (31.6%) were females. Also, 673 samples have been tested, 246 of them were positive (positivity rate 36.6%).
- Since the beginning of 2025, the highest cumulative incidence of suspected CCHF per 100,000 population is reported from Kapisa (7.8), followed by Kabul (5.7), Kandahar (4.8), Balkh (3.8), and Jawzjan (2.4) (Figure 8).

Figure 6. Weekly distribution of suspected CCHF cases in Afghanistan 29 Dec 2024 – 12 Jul 2025, (N=846)

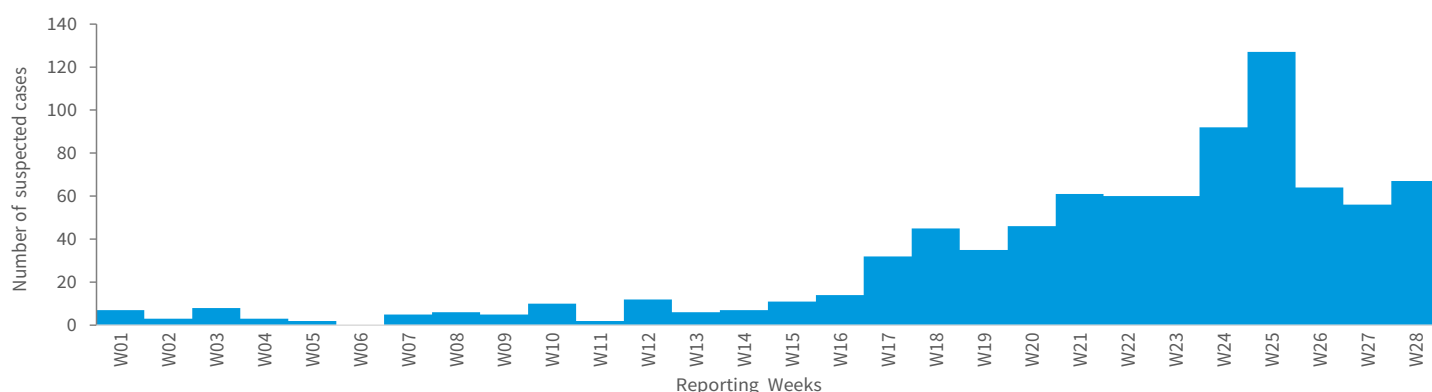
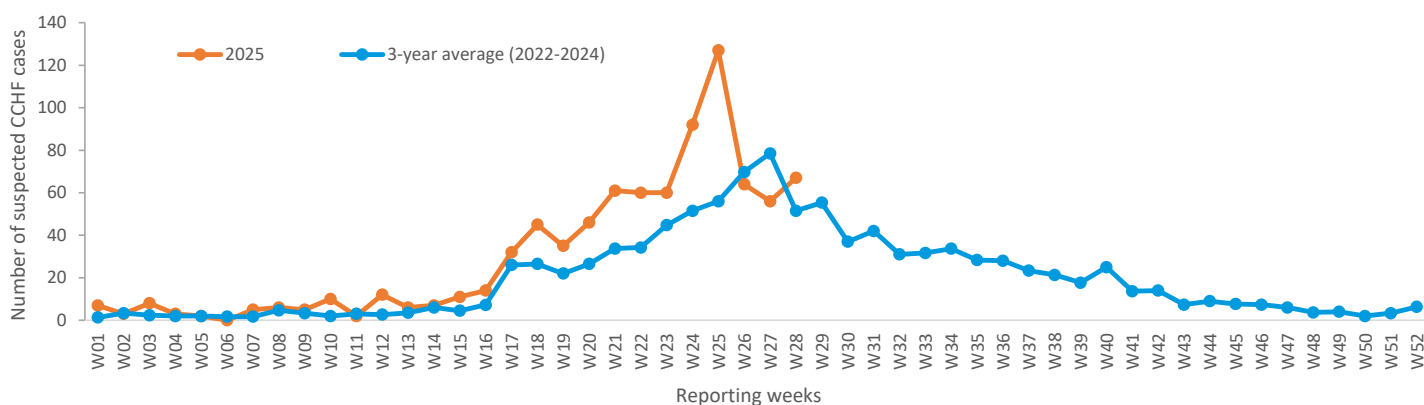


Figure 7. Comparison between the trends of suspected CCHF cases in 2025 vs 3-year average (2022-2024)



Updates on the response to the CCHF outbreak

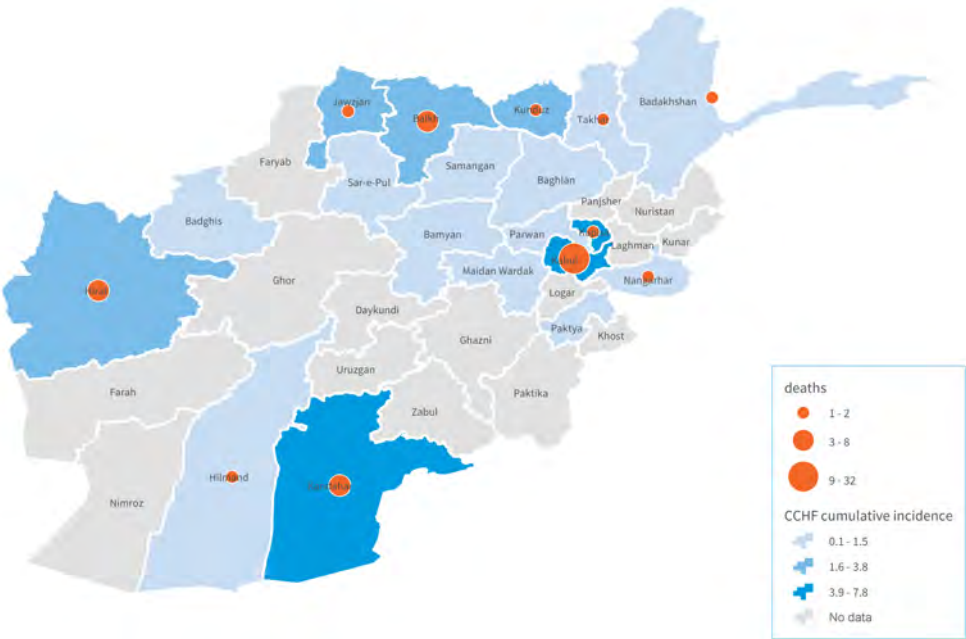
- During week 28-2025, 27 packs of vial ceftriaxone 250mg (10 vial per pack) were distributed to 5 WHO regional sub-offices (Herat, Nangarhar, Balkh, Kunduz, and Kandahar).
- During the same period, 100 vial of Vancomycin 500mg were distributed to 5 WHO regional sub-offices (Herat, Nangarhar, Balkh, Kunduz, and Kandahar).
- Since the beginning of 2025, the following activities have been conducted as part of outbreak preparedness activities:
 - 80 packs (10 ampoules per pack) of ribavirin injections have been distributed to five WHO regional sub-offices (Herat, Nangarhar, Mazar, Kandahar, and Kunduz).
 - WHO has 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 Face-book users to date. The campaign focused on increasing public awareness and promoting preventive measures against CCHF.
 - 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 before Eid-ul-Adha:
 - 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.

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 – 12 Jul 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 2024-12 Jul 2025



Dengue Fever
(29 Dec 2024-12 Jul 2025)

736
Total Cases

0
Total Deaths

75
*Sample tested

71 By PCR	4 By NS1
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11
Lab confirmed cases

7 By PCR	4 By NS1
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14.7%
Test positivity ratio

Table 4: Summary of the dengue fever outbreak in the last eight weeks in Afghanistan (18 May - 12 Jul 2025)

Indicators	W21	W22	W23	W24	W25	W26	W27	W28	Trend line
Suspected cases	68	49	49	35	49	33	56	52	
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	

**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*



- The epi curve of suspected dengue fever cases shows increasing trend since week 15-2025 and fluctuation at higher level in the recent week which could be attributed to the summer season and warmer temperature in the East region, warranting close monitoring (Figures 9 & 10).
- During week 28-2025, 52 suspected cases of dengue fever with no associated deaths were reported from Nangarhar compared to 56 cases in the preceding week.
- Out of total 52 cases, 50 (96.2%) cases were over-five years old, while 18 (34.6%) were females.
- Since the beginning of 2025, 736 suspected dengue fever cases, with no associated deaths were reported from 6 provinces (Nangarhar, Laghman, Kunar, Kabul, Ghazni, and Paktya). Out of total cases, 708 (96.2%) were over-five years old, while 311 (42.3%) were females.
- Since the beginning of 2025, a total of 75 samples have been tested, out of which 11 were positive (positivity rate 14.7%). The geographical distribution of suspected dengue fever cases and the percent change of new cases in Nangarhar province of Afghanistan is shown in Figure 11.

Figure 9. Weekly distribution of suspected dengue fever cases in Afghanistan 29 Dec 2024 – 12 Jul 2025, (N=736)

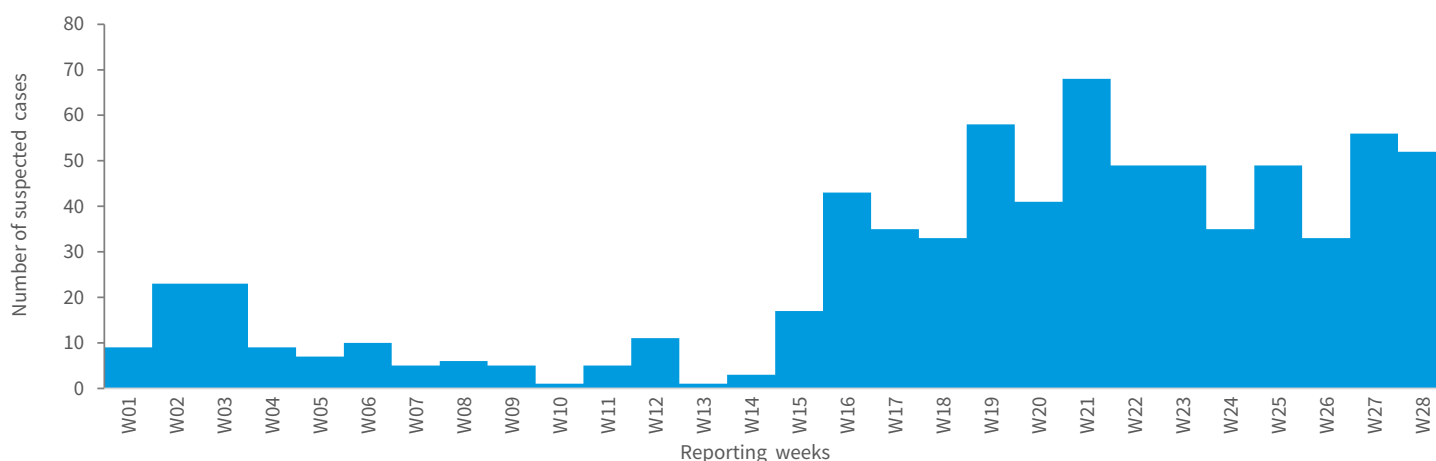
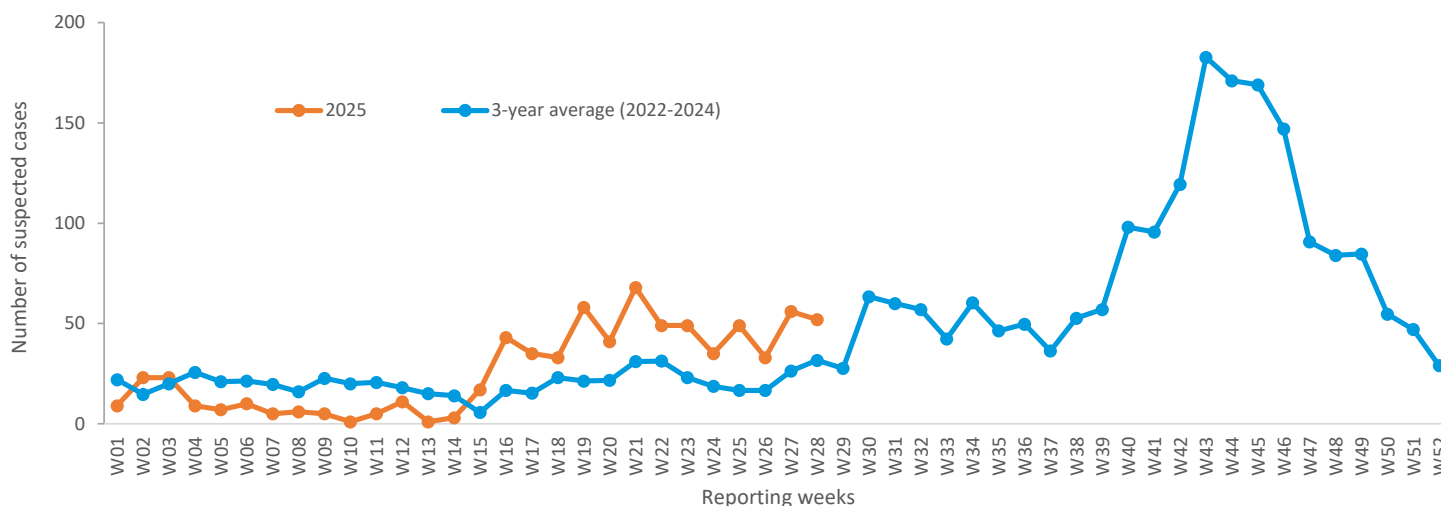
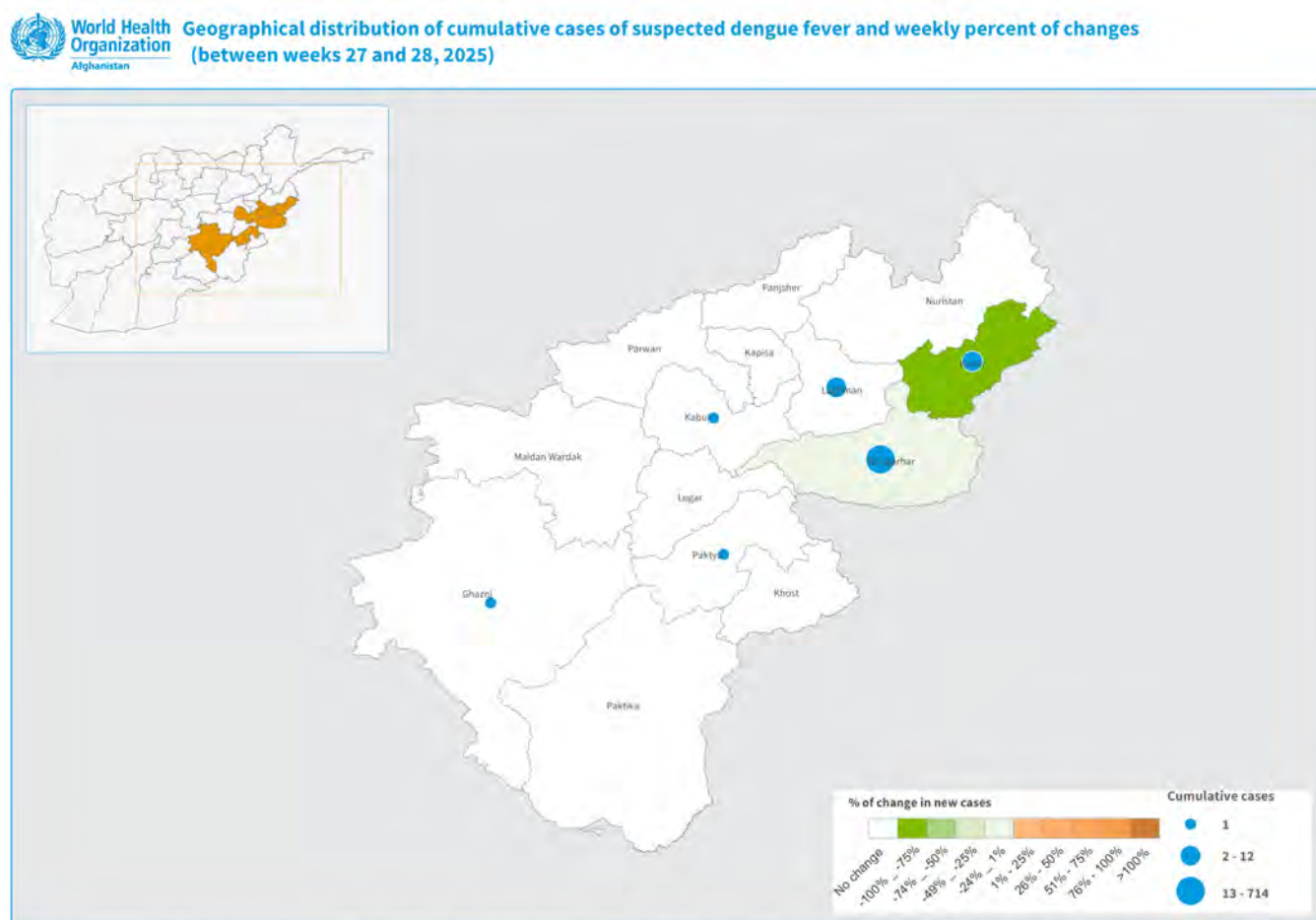


Figure 10. Comparison between the trends of suspected dengue fever cases in 2025 vs 3-year average (2022-2024)



Updates on the response to dengue fever outbreak

- During week 28-2025, 287 kits (10 test per kit) of dengue fever RDTs were distributed to 4 provinces (Nangarhar, Kunar, Laghman, and Nuristan). This brings the total number of dengue fever RDTs to 350 have been distributed to 6 provinces (Nangarhar, Kunar, Laghman, Nuristan, Kandahar, and Ghazni) since the beginning of 2025.

**Figure 11.** Geographical distribution of suspected dengue fever cases and percent change of new cases in the East region, 29 Dec 2024– 12 Jul 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: 12 Jul 2025.

Confirmed Malaria

(29 Dec 2024-12 Jul 2025)



20,808
Total Malaria
Cases

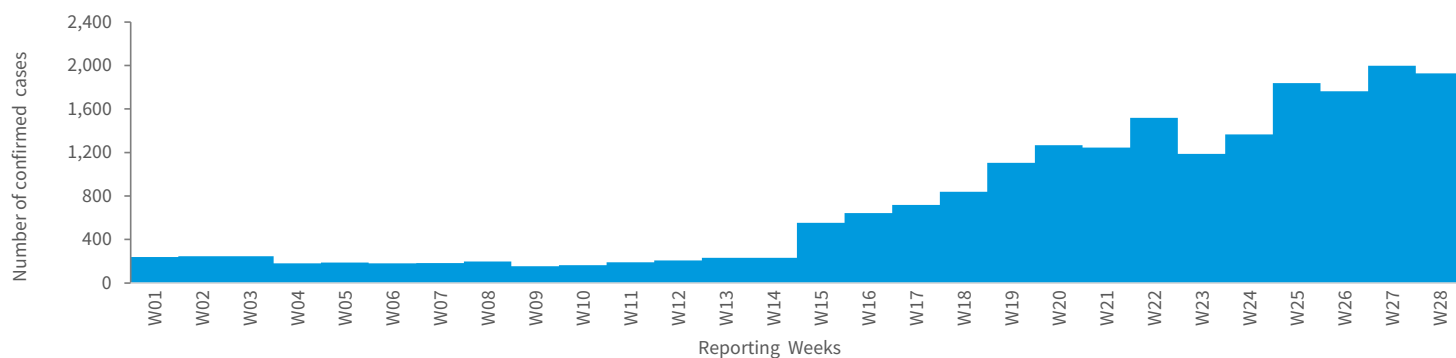
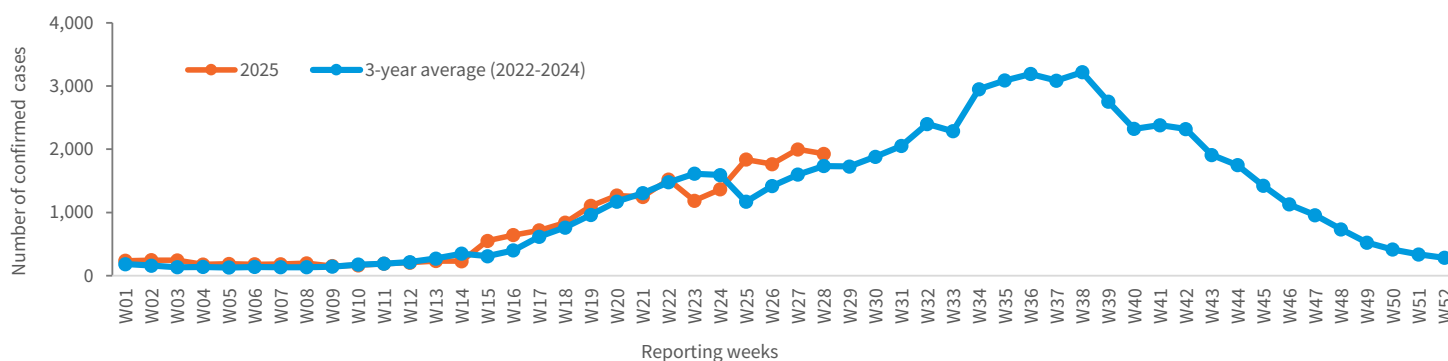


0 (0.0)
Total malaria
deaths (CFR %)

Table 5: Summary of the malaria outbreak in the last eight weeks in Afghanistan (18 May - 12 Jul 2025)

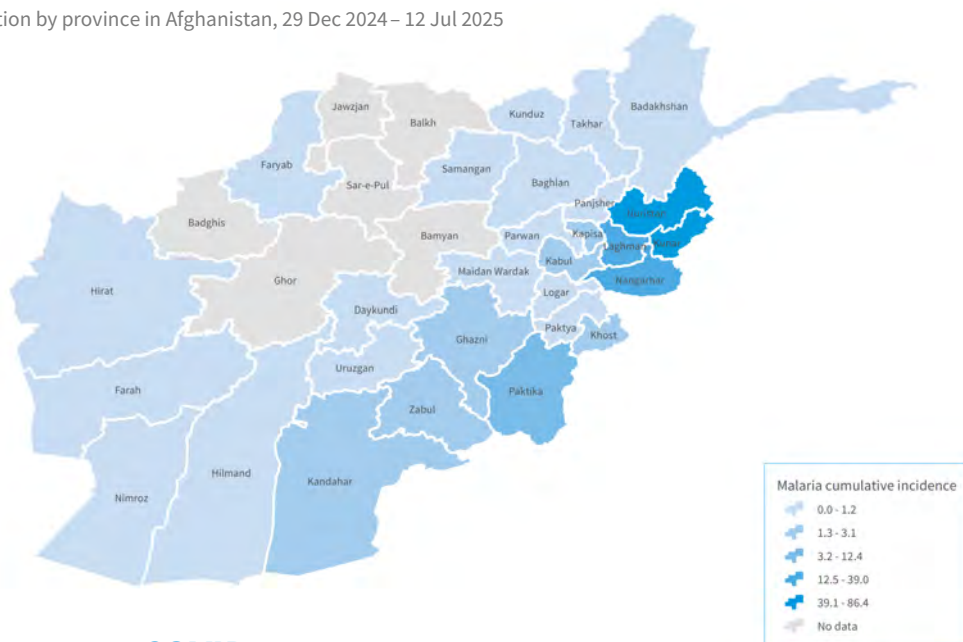
Indicators	W21	W22	W23	W24	W25	W26	W27	W28	Trend line
Confirmed cases	1,246	1,519	1,186	1,367	1,838	1,764	1,998	1,928	
Confirmed deaths	0	0	0	0	0	0	0	0	
CFR (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

- 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 above the 3-year average in the past 3 weeks (2022-2024) (Figures 12 & 13).
- During week 28-2025, 1,928 cases with no associated deaths were reported from 20 provinces, which shows a slight decrease in the number of cases compared to previous week.
- Out of the 1,928 cases, 911 (47.3%) were females and 369 (19.1%) were under-five children.
- Since the beginning of 2025, 20,808 confirmed malaria cases with no associated deaths have been reported. Out of total cases, 9,516 (45.7%) were females and 3,740 (18.0%) were under-five children.
- Since the beginning of 2025, the highest cumulative incidence of malaria per 10,000 population was reported from Nuristan (86.4) followed by Kunar (62.0), Laghar (39.0), and Nangarhar (32.1) (Figure 14).

**Figure 12.** Weekly distribution of malaria cases in Afghanistan 29 Dec 2024 – 12 Jul 2025 (N=20,808)**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 – 12 Jul 2025

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Confirmed malaria cumulative Incidence per 10,000 population by province 29 Dec 2024 – 12 Jul 2025



COVID-19

(24 Feb 2020 – 12 Jul 2025)

Cumulative samples tested

1,002,858

In public laboratories

New samples tested in week 28

626

In public laboratories

-14.7%

Cumulative confirmed cases

246,764

Cumulative positivity rate (24.6%)

New confirmed cases in week 28

**64**

Weekly positivity rate (10.2%)

-38.5%

Cumulative confirmed deaths

8,052

CFR (3.3%)

New confirmed deaths in week 28

**0**

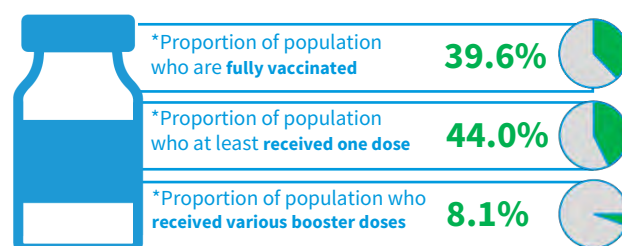
Week 28 CFR (0.0%)

0.0%

Key: ● Increasing ● Decreasing ● No change



COVID-19 Vaccination highlights



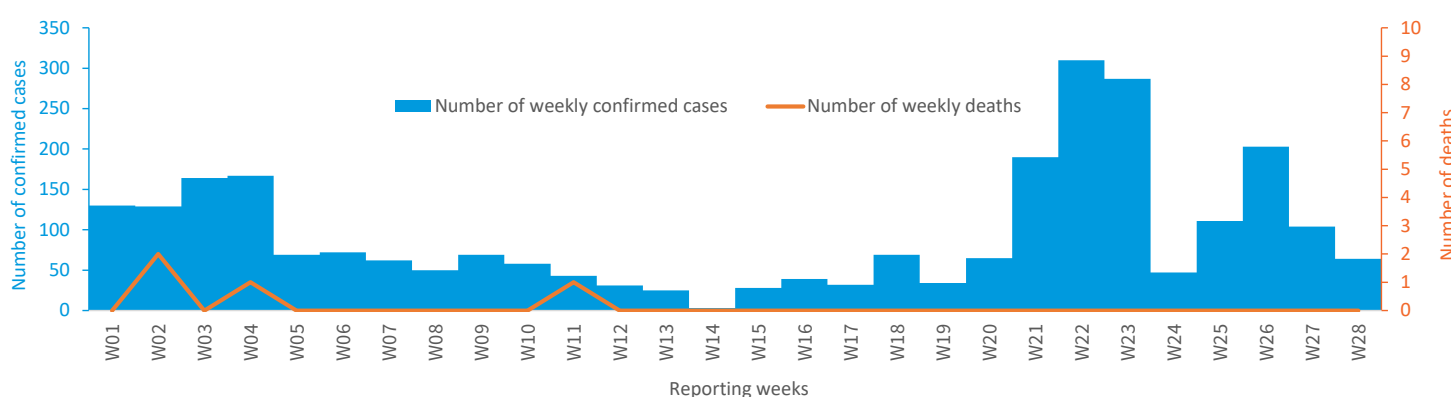
* The denominator is 43,100,596 based on OCHA estimation 2024

Table 6: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (18 May - 12 Jul 2025)

Indicators	W21	W22	W23	W24	W25	W26	W27	W28	Trend line
Samples tested (in public Labs)	999	987	881	136	433	803	734	626	
Confirmed cases	190	310	287	47	111	203	104	64	
Percent positivity (%)	19.0	31.4	32.6	34.6	25.6	25.3	14.2	10.2	
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	

- The epidemiological curve of confirmed COVID-19 cases indicates increasing trend since week 20-2025 with fluctuations in the recent weeks (Figure 15).
- During week 28-2025, a total of 626 samples were tested in public labs, of which 64 were positive for COVID-19 (positivity rate 10.2%), with no reported associated deaths (Table 6). This indicates a 38.5% decrease in the number of confirmed cases compared to the preceding week.
- Since the beginning of 2025, 2,655 confirmed cases of COVID-19 and 4 associated deaths (CFR 0.2%) were reported. Out of the total cases, 1,242 (46.8%) were females.

Figure 15. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 29 Dec 2024 – 12 Jul 2025 (cases=2,655, deaths=4)



Updates on the response activities to the COVID-19 outbreak

- During week 28-2025, 3,660 kits of Covid-19 Rapid Diagnostic Test (RDT) were distributed to all 34 provinces across the country. This brings the total number of RDTs kits distributed since the beginning of 2025 to 5,955.
- 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) have been distributed to all 34 provinces across the country.



ARI-Pneumonia

(29 Dec 2024-12 Jul 2025)


***840,374**

Total Cases


1,871

Total Deaths


****2,033**

Samples tested for
influenza



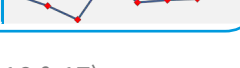

****139**

Lab-confirmed
influenza cases


6.8%

Influenza test
positivity ratio

Table 7: Summary of the ARI-Pneumonia outbreak in the last eight weeks in Afghanistan (18 May - 12 Jul 2025)

Indicators	W21	W22	W23	W24	W25	W26	W27	W28	Trend lines
Suspected cases	22,309	22,327	18,543	14,412	18,747	16,843	15,991	16,383	
Suspected deaths	58	46	25	52	42	40	39	52	
CFR (%)	0.3	0.2	0.1	0.4	0.2	0.2	0.2	0.3	

- The epi curve indicates a gradual downward trend in reported cases since week 06-2025 (Figures 16 & 17).
- During week 28-2025, 16,383 cases of ARI pneumonia and 52 associated deaths (CFR 0.3%) were reported, which shows a slight increase in the number of ARI pneumonia cases compared to the preceding week.
- Out of the total 16,383 cases, 8,109 (49.5%) were females while 10,224 (62.4%) were under-five children.
- During the reporting period, 55 samples were collected for influenza, and none were tested positive.

Figure 16. Weekly distribution of ARI pneumonia cases in Afghanistan, 29 Dec 2024 – 12 Jul 2025 (N=840,374)

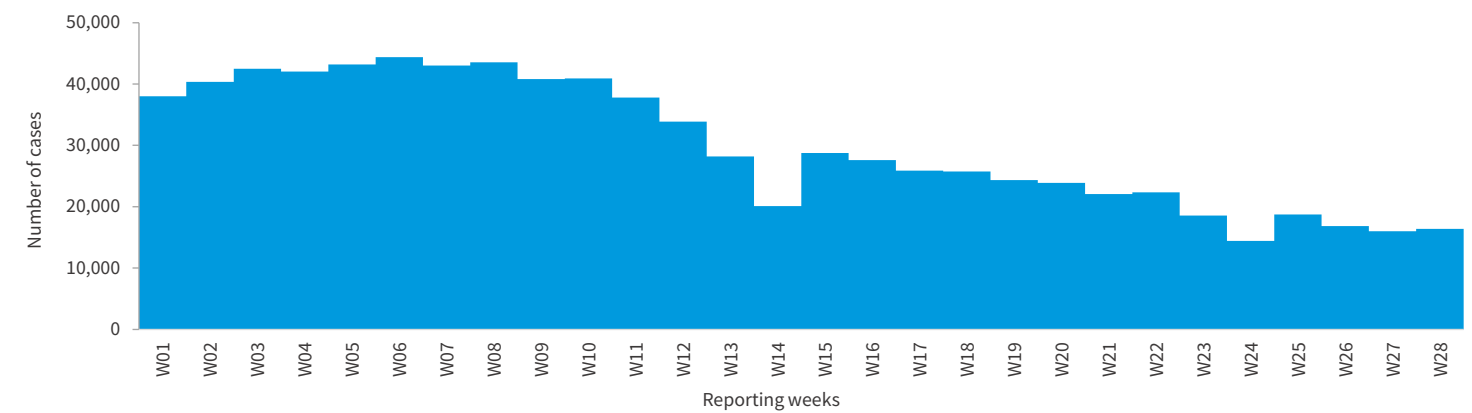
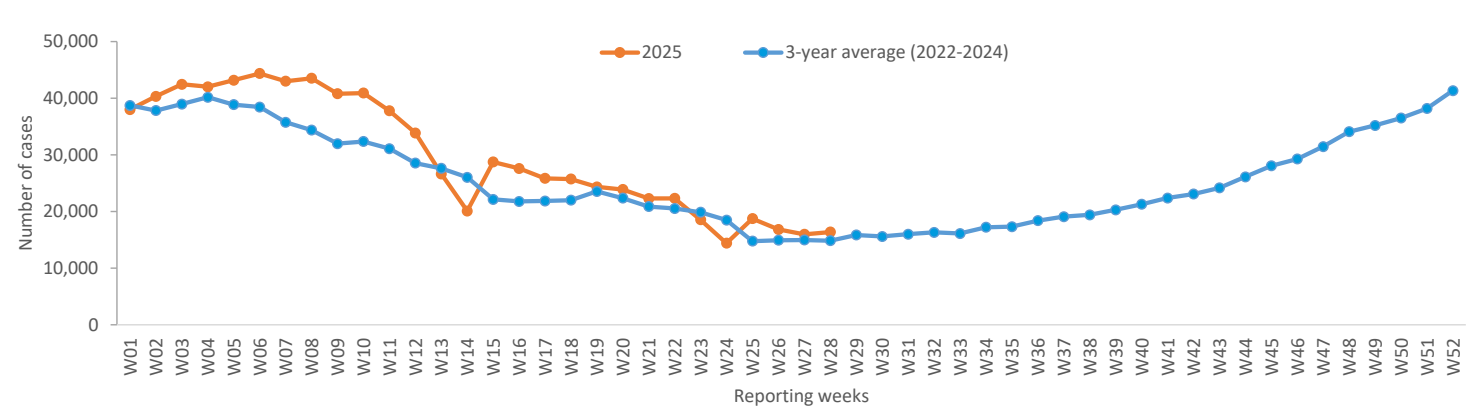


Figure 17. Comparison between the trends of ARI pneumonia cases in 2025 vs 3-year average (2022-2024)



*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.



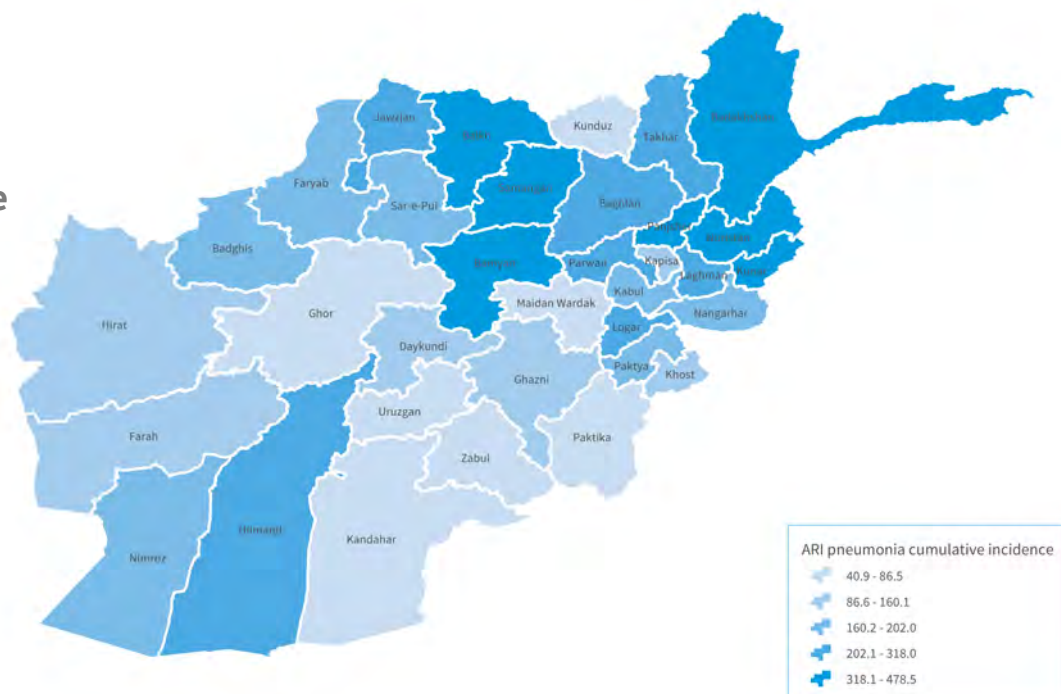
- Since the beginning of 2025, 840,374 cases of ARI pneumonia and 1,871 associated deaths (CFR 0.2%) were reported. Out of total cases, 532,460 (63.4%) were under-five children, while 416,157 (49.5%) were females. Also, 2,033 samples have been tested for influenza, out of which 139 were positive (positivity rate 6.8%).
- Since the beginning of 2025, the highest cumulative incidence of ARI pneumonia per 10,000 population has been reported in Nuristan (478.5), followed by Samangan (455.2), Kunar (403.9) and Panjshir (395.8) provinces (Figure 18).

Figure 18. ARI-Pneumonia cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 12 Jul 2025

AFGHANISTAN

ARI pneumonia cumulative incidence per 10,000 population by province

29 Dec 2024 —12 Jul 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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