

AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS
SITUATION REPORT | Epidemiological week #30-2025



Disease Outbreaks	AWD with dehydration	Measles (Suspected)	CCHF (Suspected)	Dengue fever (Suspected)	Malaria (Confirmed)	COVID-19 (Confirmed)	ARI-Pneumonia
Cumulative cases 2025	89,882	80,616	931	887	25,078	2,978	873,427
Cumulative deaths 2025 (CFR %)	42 (0.05)	497 (0.6)	71 (7.6)	0 (0.0)	0 (0.0)	4 (0.1)	1,946 (0.2)

Data from 607 (99.0%) out of 613 sentinel sites

Acute Watery Diarrhea (AWD) with Dehydration

(29 Dec 2024-26 Jul 2025)











Total cases

Total deaths

Samples tested (RDTs)

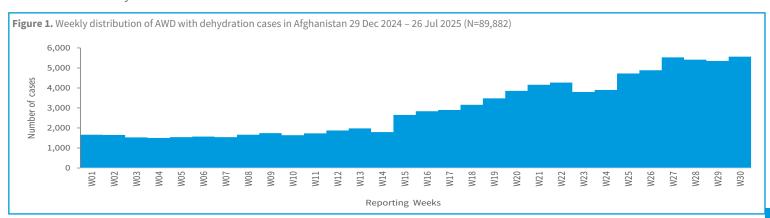
RDT-positive cases

RDT positivity rate

Table 1: Summary of the AWD with dehydration outbreak in the last eight weeks in Afghanistan (01 Jun - 26 Jul 2025)

Indicators	W23	W24	W25	W26	W27	W28	W29	W30	Trend line
Number of cases	3,797	3,897	4,722	4,884	5,528	5,412	5,350	5,560	
Number of deaths	0	0	6	3	4	6	3	4	
CFR (%)	0.00	0.00	0.13	0.06	0.07	0.11	0.06	0.07	

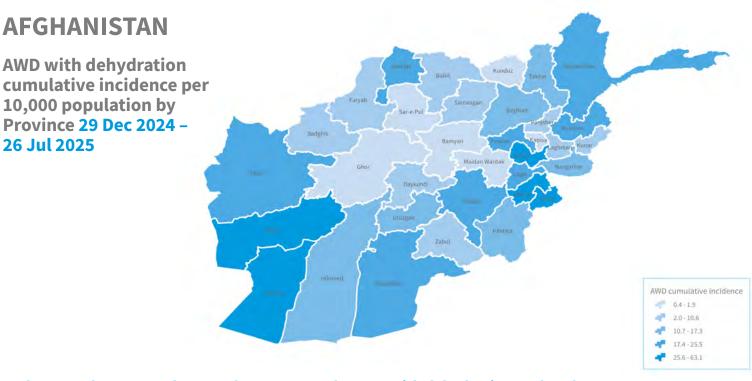
- The epidemiological curve has shown a gradual increasing trend since week 08-2025, which coincides with the start of the warmer weather (Figure 1).
- There is an ongoing AWD with dehydration outbreak in Parwan province since 10 July 2025. Since the beginning of the outbreak, a total of 294 AWD with dehydration cases [144(49.0%) were females; 6 (2.0%) were under five years old] and one death have been reported (male 50 years old). Among the suspected cases, 202 RDTs were conducted, of which 94 tested positive (positivity rate=46.5%).
- During week 30, a total of 5,560 AWD with dehydration cases with 4 associated deaths were reported from 238 districts, which shows slight increase in the number of cases compared to the previous week.
- All of the 4 new deaths were under-five children, while 1 (25.0%) of them was female reported from 3 provinces; Badakhshan (2), Daikundi (1), and Zabul.
- Out of the 5,560 AWD with dehydration cases, 2,807 (50.5%) were females and 3,197 (57.5%) were under-five children.
- During week 30-2025, 2 new districts (Koh Band district of Kapisa and Darah district of Panjshir province) reported alerts of AWD with dehydration.





- Since Jan 2025, 89,882 cases of AWD with dehydration with 42 associated deaths (CFR 0.05%) were reported from 334 districts. Out of total cases, 44,266 (49.2%) were females, while 51,445 (57.2%) were under-five children.
- Since Jan 2025, 5,924 Rapid Diagnostic Tests (RDT) have been conducted on AWD with dehydration cases, of which 548 tests turned positive (positivity rate 9.3%).
- Since the beginning of 2025, the highest cumulative incidence of AWD with dehydration per 10,000 population was re-

Figure 2. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 26 Jul 2025



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

- During week 30-2025, WHO distributed around 10,000 Information Education and Communication (IEC) materials on AWD with dehydration prevention and control as part of response to the recent AWD with dehydration outbreak in Parwan province.
- During the same period, WHO supplied 32 AWD with dehydration case management kits as part of response to AWD with dehydration outbreak in Parwan province.
- Since the beginning of 2025, the following activities have been conducted as part of AWD with dehydration outbreak response activity:
 - ° 1,012 kits of Cary Blairs have been distributed to all 34 provinces across the country.
 - ° 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.
 - $^{\circ}~$ 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 2024-26 Jul 2025)











Total Cases

Total Deaths

Sample tested

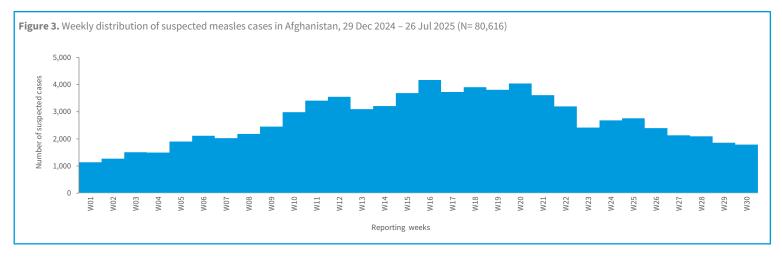
Lab confirmed cases

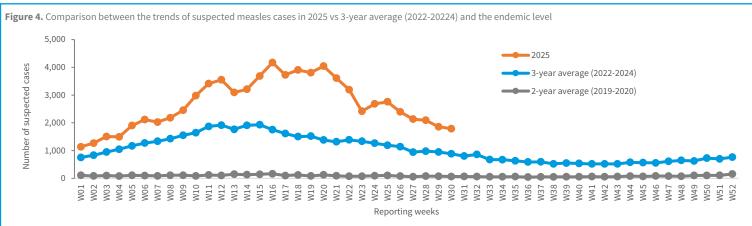
Test positivity rate

Table 2: Summary of the measles outbreak in the last eight weeks in Afghanistan (01 Jun - 26 Jul 2025)

Indicators	W23	W24	W25	W26	W27	W28	W29	W30	Trend line
Suspected cases	2,416	2,683	2,759	2,396	2,133	2,093	1,858	1,790	
Suspected deaths	11	13	14	8	16	11	12	13	
CFR (%)	0.5	0.5	0.5	0.3	0.8	0.5	0.6	0.7	

- The epi curve of suspected measles cases has shown a decreasing trend since week 20-2025, 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 30-2025, a total of 1,790 suspected cases and 13 associated deaths (CFR 0.7%) were reported, which shows a slight decrease in the number of suspected cases compared to the preceding week.
- Out of the total 1,790 cases, 820 (45.8%) were females and 1,329 (74.2%) were under-five children.
- All of the 13 new deaths were under five children, while 7 (53.8%) were females, reported from 7 provinces: Herat (4), Faryab (2), Jawzjan (2), Urozgan (2), Badakhshan (1), Helmand (1), and Kandahar (1).
- Since the beginning of 2025, 80,616 suspected measles cases and 497 associated deaths (CFR 0.6%) were reported. Out of total cases, 37,959 (47.1%) were females, while 62,167 (77.1%) were under-five children.





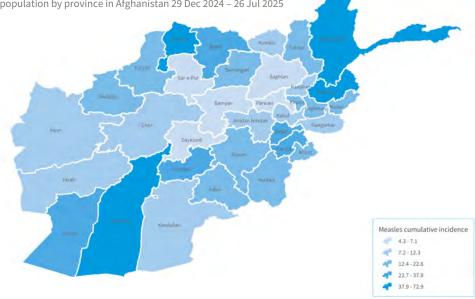


• Since the beginning of 2025, the highest cumulative incidence of suspected measles cases per 10,000 population has been reported from Helmand (72.9), followed by Badakhshan (49.7), Jawzjan (43.6), Nuristan (42.3), and Urozgan (37.8) (Figure 5).



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Suspected measles cumulative incidence per 10,000 population by province 29 Dec 2024 -26 Jul 2025



Updates on the preparedness and response to the measles outbreak

- During week 30-2025, a total of 166 children aged 9-59 months were vaccinated against measles as part of the outbreak response in 3 provinces (Kabul, Urozgan, and Kunduz,). This brings the number of children aged 9-59 months vaccinated against measles as part of outbreak response immunization activities to 25,627 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 345 measles case management kits have been distributed to 8 WHO's regional sub-offices across the coun-
 - ° 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 2024-26 Jul 2025)





Samples tested Lab-confirmed

CCHF cases

test positivity rate

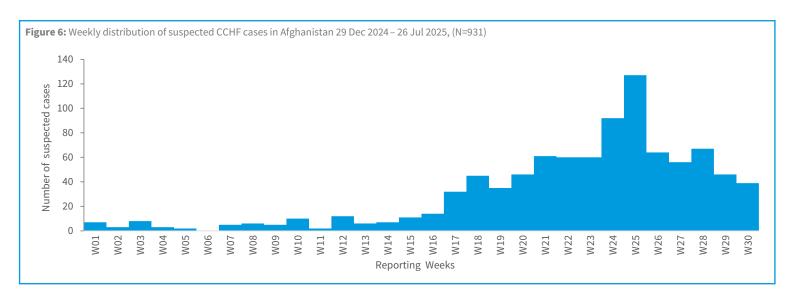
Table 3: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (01 Jun - 26 Jul 2025)

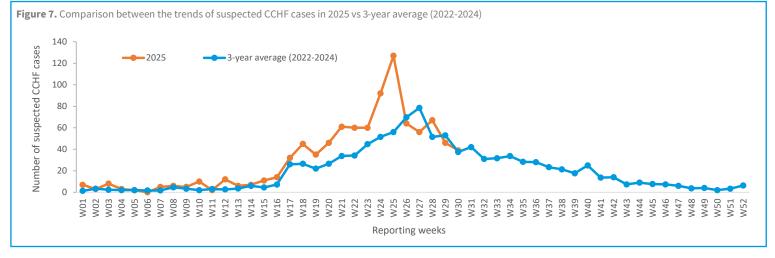
Indicators	W23	W24	W25	W26	W27	W28	W29	W30	Trend line
Suspected cases	60	92	127	64	56	67	46	39	
Suspected deaths	8	4	12	3	8	4	5	3	
CFR (%)	13.3	4.3	9.4	4.7	14.3	6.0	10.9	7.7	

• The epi-curve of suspected CCHF cases shows decreasing trend since week 26-2025, with its highest peak in week 25-2025 with 127 reported cases after Eid-ul-Adha (Figures 6 & 7).



- During week 30-2025, 39 new suspected CCHF cases with 3 associated deaths (CFR 7.7%) were reported compared to 46 cases and 5 deaths in the previous week (Table 3).
- All the new cases were over-five-year-old, while 6 (15.4%) of them were females reported from 8 provinces [Kabul (24), Balkh (5), Kunduz (3), Jawzjan (2), Nangarhar (2), Herat (1), Kandahar (1), and Kapisa (1)].
- All the 3 new deaths were over-five-years-old males reported from 2 provinces, Kabul (2), and Kapisa (1).
- Since the beginning of 2025, a total of 931 suspected CCHF cases, with 71 associated deaths (CFR 7.6%), were reported. Out of the total 931 cases, 927 (99.6%) were over-five years old, while 289 (31.0%) were females. Also, 751 samples have been tested, 260 of them were positive (positivity rate 34.6%).
- Since the beginning of 2025, the highest cumulative incidence of suspected CCHF per 100,000 population is reported from Kapisa (8.1), followed by Kabul (6.3), Kandahar (4.9), Balkh (4.5), and Jawzjan (3.0) (Figure 8).





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:
 - ° A total of 27 packs of vial ceftriaxone 250mg (10 vial per pack) have been distributed to 5 WHO regional sub-offices (Herat, Nangarhar, Balkh, Kunduz, and Kandahar).
 - ° A total of 100 vial of Vancomycin 500mg have been distributed to 5 WHO regional sub-offices (Herat, Nangarhar, Balkh, Kunduz, and Kandahar).
 - ° 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:

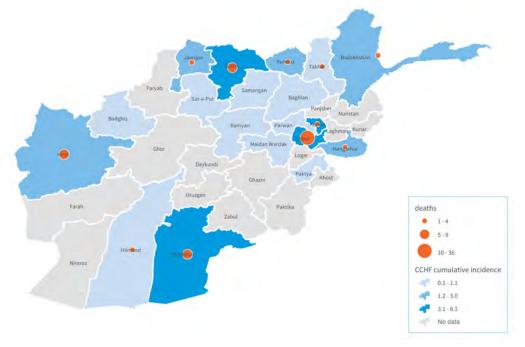


- ☐ Emergency Preparedness and Response (EPR) meetings were decided to be conducted every Sunday to coordinate ongoing activities.
- □ Joint meetings were convened with the Communicable Disease Control (CDC) department, Veterinary Department (MAIL), Municipality, and other stakeholders to clarify roles 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 – 26 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 2024-26 Jul 2025



Dengue Fever

(29 Dec 2024-26 Jul 2025)



0
Total Deaths

*Sample tested Lab confirmed cases

120 4 14 4

By PCR By NS1 By PCR By NS1

14.5%
Test positivity ratio

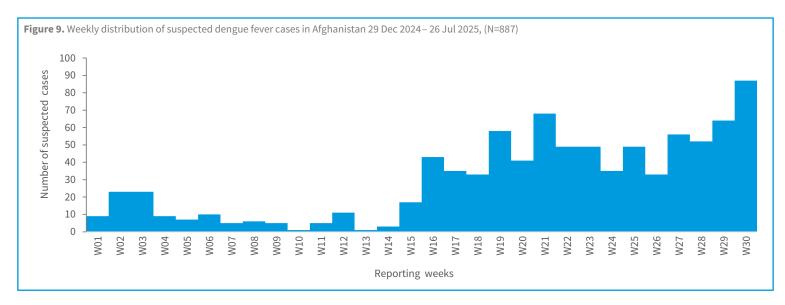
Table 4: Summary of the dengue fever outbreak in the last eight weeks in Afghanistan (01 Jun - 26 Jul 2025)

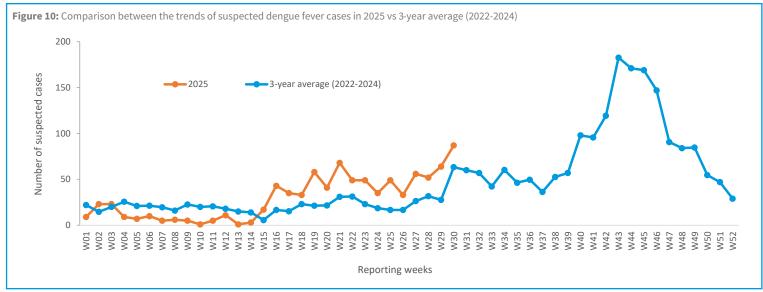
Indicators	W23	W24	W25	W26	W27	W28	W29	W30	Trend line
Suspected cases	49	35	49	33	56	52	64	87	
suspected deaths	0	0	0	0	0	0	0	0	• • • • • • • • • • • • • • • • • • • •
CFR (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

^{*}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 weeks which could be attributed to the summer season and warmer temperature in the East region, warranting close monitoring (Figures 9 & 10).
- During week 30-2025, 87 suspected cases of dengue fever with no associated deaths were reported from Nangarhar compared to 64 cases in the preceding week.
- Out of total 87 cases, 38 (43.7%) cases were females, while all were over five years old.
- Since the beginning of 2025, 887 suspected dengue fever cases, with no associated deaths were reported from 6 provinces (Nangarhar, Laghman, Kunar, Kabul, Ghazni, and Paktya). Out of total cases, 851 (95.9%) were over-five years old, while 367 (41.4%) were females.
- Since the beginning of 2025, a total of 124 samples have been tested, out of which 18 were positive (positivity rate 14.5%). 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.





Updates on the response to dengue fever outbreak

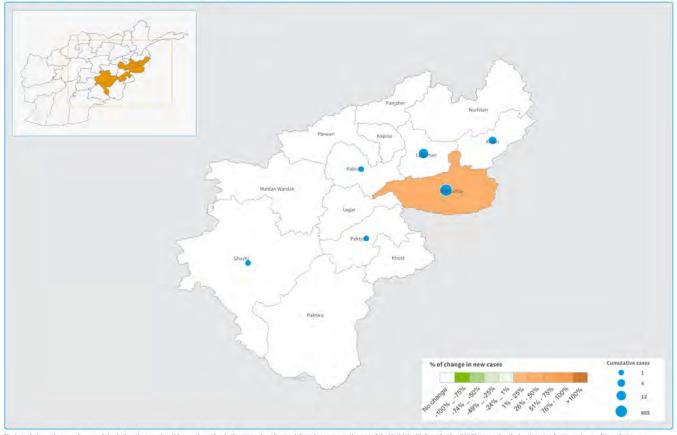
• Since the beginning of 2025, a total of 350 kits (10 test per kit) of dengue fever RDTs have been distributed to 6 provinces (Nangarhar, Kunar, Laghman, Nuristan, Kandahar, and Ghazni).



Figure 11. Geographical distribution of suspected dengue fever cases and percent change of new cases in the East region, 29 Dec 2024 - 26 Jul 2025



World Health Geographical distribution of cumulative cases of suspected dengue fever and weekly percent of changes Organization (hetween weeks 29 and 30, 2025) (between weeks 29 and 30, 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 reperesent approxite border lines for which there may not yet be full agreement. Sources: MoPH, WHO, AGCHO. Creation date: 26 Jul 2025.

Confirmed Malaria

(29 Dec 2024-26 Jul 2025)



25,078 Total Malaria



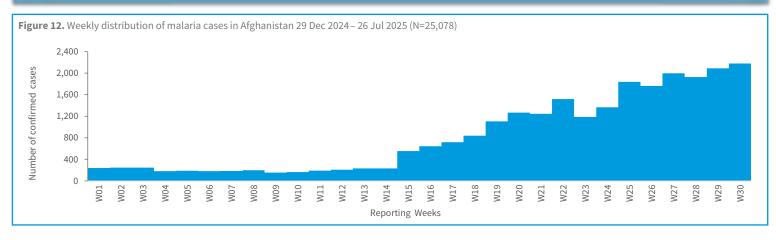
0(0.0)Total malaria

deaths (CFR %)

Table 5: Summary of the malaria outbreak in the last eight weeks in Afghanistan (01 Jun - 26 Jul 2025)

Indicators	W23	W24	W25	W26	W27	W28	W29	W30	Trend line
Confirmed cases	1,186	1,367	1,838	1,764	1,998	1,928	2,090	2,180	
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 in 2025 is above the 3-year average in the past 4 weeks (2022-2024) (Figures 12 & 13).
- During week 30-2025, 2,180 cases with no associated deaths were reported from 21 provinces, which shows a slight increase in the number of cases compared to previous week.
- Out of the 2,180 cases, 1,050 (48.2%) were females and 394 (18.1%) were under-five children.
- Since the beginning of 2025, 25,078 confirmed malaria cases with no associated deaths have been reported. Out of total cases, 11,542 (46.0%) were females and 4,498 (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 (99.0) followed by Kunar (73.9), Laghman (47.8), and Nangarhar (39.1) (Figure 14).



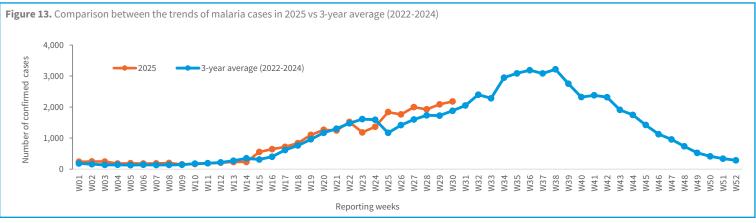
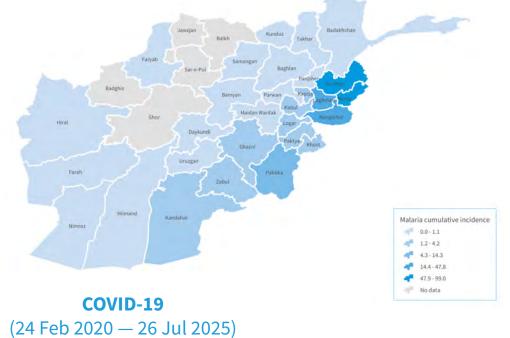


Figure 14. Malaria cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 - 26 Jul 2025

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Confirmed malaria cumulative Incidence per 10,000 population by province 29 Dec 2024 - 26 Jul 2025



Cumulative samples tested 1,004,502 In public laboratories

New samples tested in week 30

817

In public laboratories

+1.5%

Cumulative confirmed cases 247,087

Cumulative positivity rate (24.6%)

New confirmed cases in week 30

Weekly positivity rate (21.1%)

+15.4%

Cumulative confirmed deaths 8,052

CFR (3.3%)

New confirmed deaths in week 30

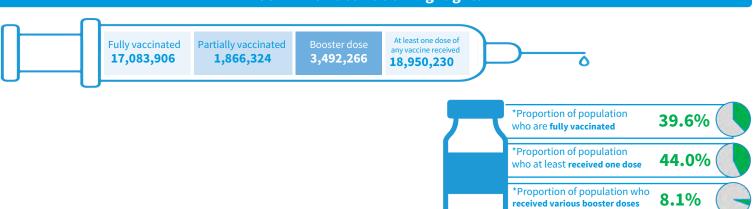


Week 30 CFR (0.0%)

0.0%

Key: ● Increasing ● Decreasing ● No change





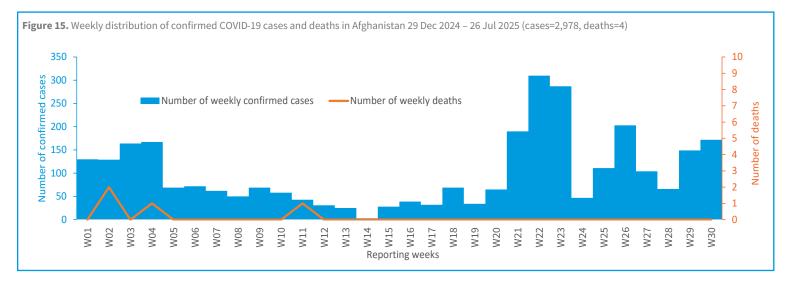
^{*} The denominator is 43,100,596 based on OCHA estimation 2024

Table 6: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (01 Jun - 26 Jul 2025)

Indicators	W23	W24	W25	W26	W27	W28	W29	W30	Trend line
Samples tested (in public Labs)	881	136	447	803	735	647	805 *	817	
Confirmed cases	287	47	111	203	104	66	149 *	172	
Percent positivity (%)	32.6	34.6	24.8	25.3	14.1	10.2	18.5	21.1	
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 data entry was experienced during week 29-2025 and the number of samples tested and confirmed cases were revised from 751 to 805 and from 127 to 149, respectively.

- 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 30-2025, a total of 817 samples were tested in public labs, of which 172 were positive for COVID-19 (positivity rate 21.1%), with no reported associated deaths (Table 6). This represents 15.4% increasese in the number of cases compared to the cases reported in the previous week.
- Since the beginning of 2025, 2,978 confirmed cases of COVID-19 and 4 associated deaths (CFR 0.1%) were reported. Out of the total cases, 1,381 (46.4%) were females.



Updates on the response activities to the COVID-19 outbreak

- Since the beginning of 2025:
- A total of 5,955 kits of Covid-19 Rapid Diagnostic Test (RDT) have been distributed to all 34 provinces across the country.
- 850 kits of Viral Transport Medium (VTM) have been distributed to all 34 provinces across the country.
- WHO has carried out an awareness campaign on COVID-19 prevention through WHO's official social media platforms (<u>Facebook</u> and <u>X</u>), reaching over 100,000 individuals.



ARI-Pneumonia

(29 Dec 2024-26 Jul 2025)







Total Deaths



**



6.5%

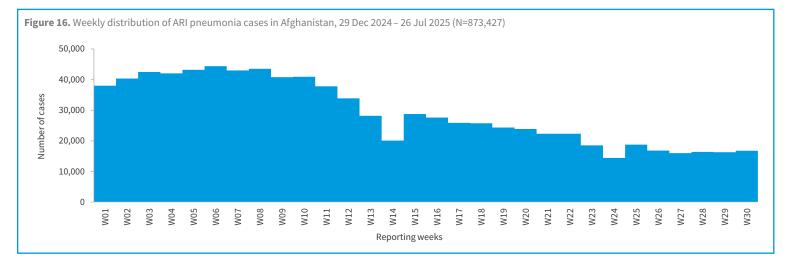
Samples tested for Lab-confirmed influenza influenza cases

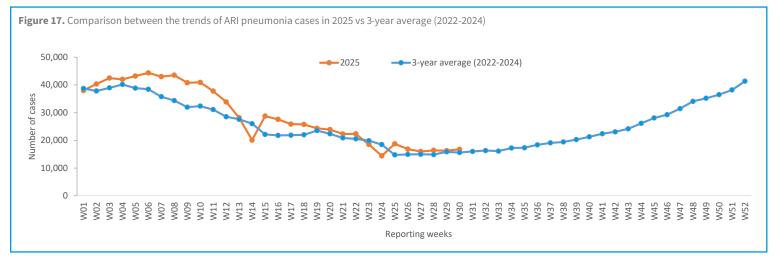
Influenza test positivity ratio

Table 7: Summary of the ARI-Pneumonia outbreak in the last eight weeks in Afghanistan (01 Jun - 26 Jul 2025)

Indicators	W23	W24	W25	W26	W27	W28	W29	W30	Trend lines
Suspected cases	18,543	14,412	18,747	16,843	15,991	16,383	16,291	16,762	
Suspected deaths	25	52	42	40	39	52	37	38	
CFR (%)	0.1	0.4	0.2	0.2	0.2	0.3	0.2	0.2	

- The epi curve indicates a gradual downward trend in reported cases since week 06-2025 (Figures 16 & 17).
- During week 30-2025, 16,762 cases of ARI pneumonia and 38 associated deaths (CFR 0.2%) were reported, which shows almost stabilization in the number of ARI pneumonia cases compared to the preceding week.
- Out of the total 16,762 cases, 8,264 (49.3%) were females while 10,527 (62.8%) were under-five children.
- During the reporting period, 45 samples were collected for influenza, and none were tested positive.





^{*}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.



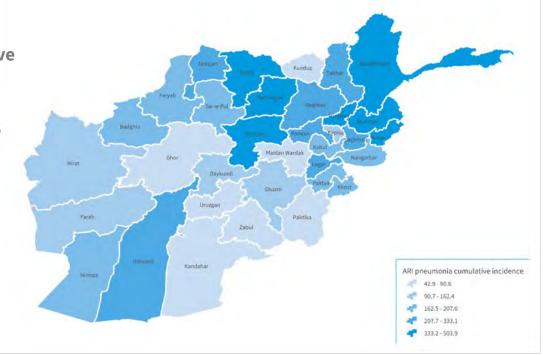
- Since the beginning of 2025, 873,427 cases of ARI pneumonia and 1,946 associated deaths (CFR 0.2%) were reported. Out of total cases, 553,506 (63.4%) were under-five children, while 432,407 (49.5%) were females. Also, 2,133 samples have been tested for influenza, out of which 139 were positive (positivity rate 6.5%).
- Since the beginning of 2025, the highest cumulative incidence of ARI pneumonia per 10,000 population has been reported in Nuristan (503.9), followed by Samangan (474.0), Kunar (418.8) and Panjshir (406.7) provinces (Figure 18).

Figure 16. Weekly distribution of ARI pneumonia cases in Afghanistan, 29 Dec 2024 – 26 Jul 2025

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ARI pneumonia cumulative incidence per 10,000 population by province

29 Dec 2024 - 26 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 (<u>Facebook</u> and <u>X</u>) 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) (emacoafgihpt@who.int)