







AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #32-2025

No. 32 (03 - 09 Aug 2025)

Disease Outbreaks	 AWD with dehydration	 Measles (Suspected)	 CCHF (Suspected)	 Dengue fever (Suspected)	 Malaria (Confirmed)	 COVID-19 (Confirmed)
Cumulative cases 2025	100,865	83,578	1,011	1,043	30,682	3,112
Cumulative deaths 2025 (CFR %)	48 (0.05)	507 (0.6)	76 (7.5)	0 (0.0)	0 (0.0)	4 (0.1)


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

Acute Watery Diarrhea (AWD) with Dehydration

(29 Dec 2024-09 Aug 2025)


100,865
Total cases


48
Total deaths


6,723
Samples tested (RDTs)


670
RDT-positive cases





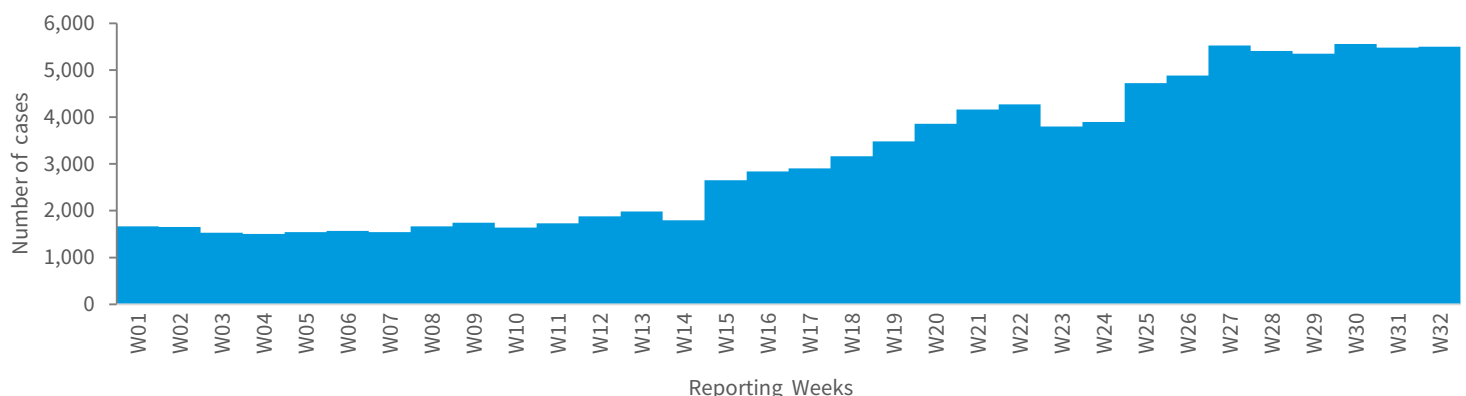

10.0%
RDT positivity rate

Table 1: Summary of the AWD with dehydration outbreak in the last eight weeks in Afghanistan (15 Jun - 09 Aug 2025)

Indicators	W25	W26	W27	W28	W29	W30	W31	W32	Trend line
Number of cases	4,722	4,884	5,528	5,412	5,350	5,560	5,480	5,503	
Number of deaths	6	3	4	6	3	4	4	2	
CFR (%)	0.13	0.06	0.07	0.11	0.06	0.07	0.07	0.04	

- The epidemiological curve has shown a gradual increasing trend since week 08-2025, which coincides with the start of the warmer weather; however, stabilization at the higher level is observed in the last 6 weeks (Figure 1).
- There is an ongoing AWD with a dehydration outbreak in Parwan province since 10 July 2025. From the beginning of the outbreak, a total of 753 AWD with dehydration cases [370 (49.1%) were females; and 22 (2.9%) were under-five children] and one death have been reported (a 50-year-old male). Among the suspected cases, 356 RDTs were conducted, of which 154 tested positive (positivity rate 43.3%).
- During week 32, a total of 5,503 AWD with dehydration cases, with 2 associated deaths (CFR 0.04%), were reported from 229 districts. This shows stabilization in the number of cases compared to the previous week.
- Both of the new deaths were under-five males, reported from Badakhshan province.
- Out of the 5,503 AWD with dehydration cases, 2,775 (50.4%) were females and 3,060 (55.6%) were under-five children.
- During week 32-2025, no new districts reported any alerts of AWD with dehydration.

Figure 1. Weekly distribution of AWD with dehydration cases in Afghanistan 29 Dec 2024 – 09 Aug 2025 (N=100,865)



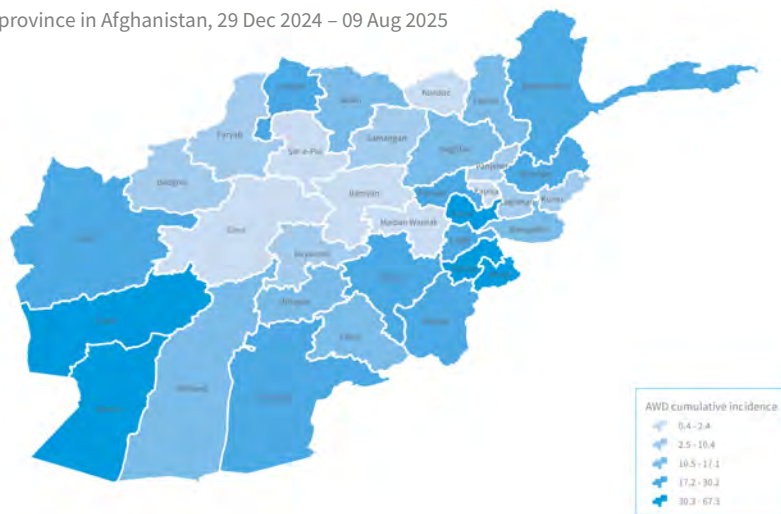


- Since Jan 2025, 100,865 cases of AWD with dehydration with 48 associated deaths (CFR 0.05%) were reported from 338 districts. Out of total cases, 49,791 (49.4%) were females, while 57,593 (57.1%) were under-five children.
- Since Jan 2025, 6,723 Rapid Diagnostic Tests (RDT) have been conducted on AWD with dehydration cases, of which 670 tests turned positive (positivity rate 10.0%).
- Since the beginning of 2025, the highest cumulative incidence of AWD with dehydration per 10,000 population was reported from Paktya (67.3), followed by Nimroz (67.3), Kabul (52.4), Khost (50.9), and Farah (48.9) (Figure 2).

Figure 2. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 09 Aug 2025

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



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

- During week 32-2025, WHO trained 20 social mobilizers (including 7 females) to conduct RCCE activities in 5 high-risk districts of Parwan province (Chaharikar, Bagram, Jabulseraj, Shinwari, and Said Khail) as part of the ongoing health response to the AWD with dehydration outbreak.
- During the same period, WHO conducted AWD with dehydration case management training for 30 HCWs (26 males and 4 females) involved directly in case management activities from 5-7 Aug 2025 in Parwan province.
- During the reporting period, WHO distributed 10,000 IEC materials in local languages to raise awareness on recognizing early symptoms, practicing good hygiene and sanitation, and ensuring safe water and food handling. This brings the number of IEC material distributed to Parwan province as part of the response to the recent AWD with dehydration to 20,000.
- Since the beginning of 2025, the following activities have been conducted as part of AWD with dehydration outbreak response activity:
 - WHO supplied 32 AWD with dehydration case management kits as part of the response to the AWD with dehydration outbreak in Parwan province.
 - 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.
 - 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 July 2025, the following WASH response activities were implemented:

- A total of 43,771 individuals from three provinces (Farah, Nimroz, and Parwan) participated in hygiene promotion sessions aimed at strengthening community awareness and preventive practices.
- A total of 136,850 individuals were provided the clean drinking water by distribution of aqua tab, chlorin, and PUR sachets (water purification sachets) in Baghlan province.
- A total 12,814 individuals received hand washing soap in Parwan province.
- Around 23,700 individuals gained access to safe drinking water through the construction of deep boreholes with solar powered piped system in Nangarhar province.



Measles

(29 Dec 2024-09 Aug 2025)



83,578

Total Cases



507

Total Deaths



9,936

Sample tested



6,130

Lab confirmed cases



61.7%

Test positivity rate

Table 2: Summary of the measles outbreak in the last eight weeks in Afghanistan (15 Jun - 09 Aug 2025)

Indicators	W25	W26	W27	W28	W29	W30	W31	W32	Trend line
Suspected cases	2,759	2,396	2,133	2,093	1,858	1,790	1,557	1,405	
Suspected deaths	14	8	16	11	12	13	6	4	
CFR (%)	0.5	0.3	0.8	0.5	0.6	0.7	0.4	0.3	

- 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 higher than the 3-year average (2022-2024), however, following the same pattern (Figure 4).
- During week 32-2025, a total of 1,405 suspected cases and 4 associated deaths (CFR 0.3%) were reported, which shows a decrease of 9.8% in the number of suspected cases compared to the preceding week.
- Out of the total 1,405 cases, 613 (43.6%) were females and 1,072 (76.3%) were under-five children.
- All the 4 new deaths were under five children, while 2 (50.0%) were females, reported from 3 provinces: Faryab (2), Badakhshan (1), and Urozgan (1).
- Since the beginning of 2025, 83,578 suspected measles cases and 507 associated deaths (CFR 0.6%) were reported. Out of total cases, 39,305 (47.0%) were females, while 64,372 (77.0%) 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 (75.2), followed by Badakhshan (52.0), Jawzjan (44.9), Nuristan (42.5), and Urozgan (39.3) (Figure 5).

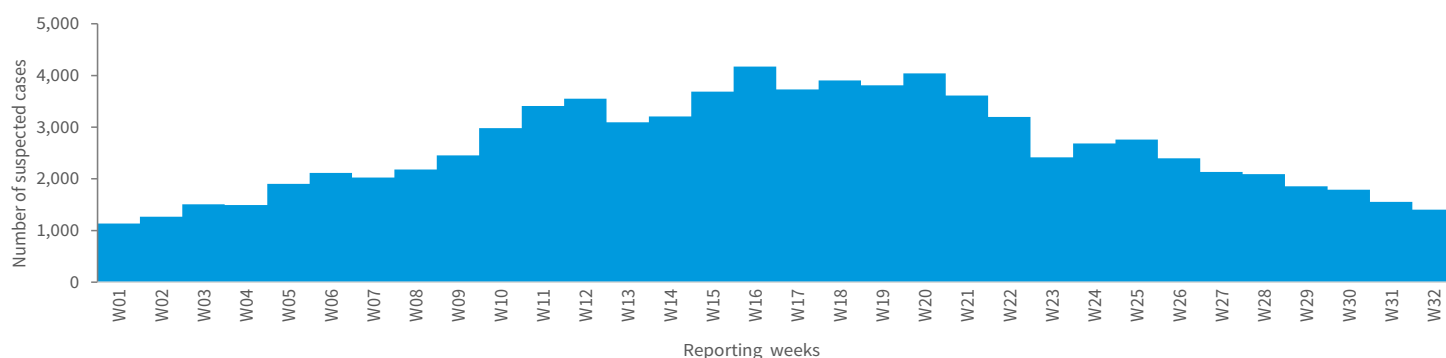
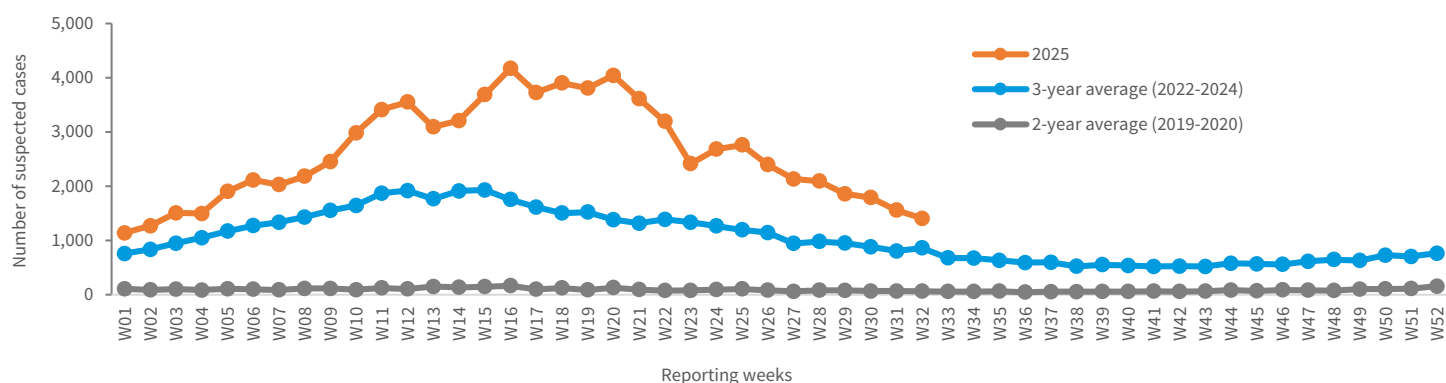
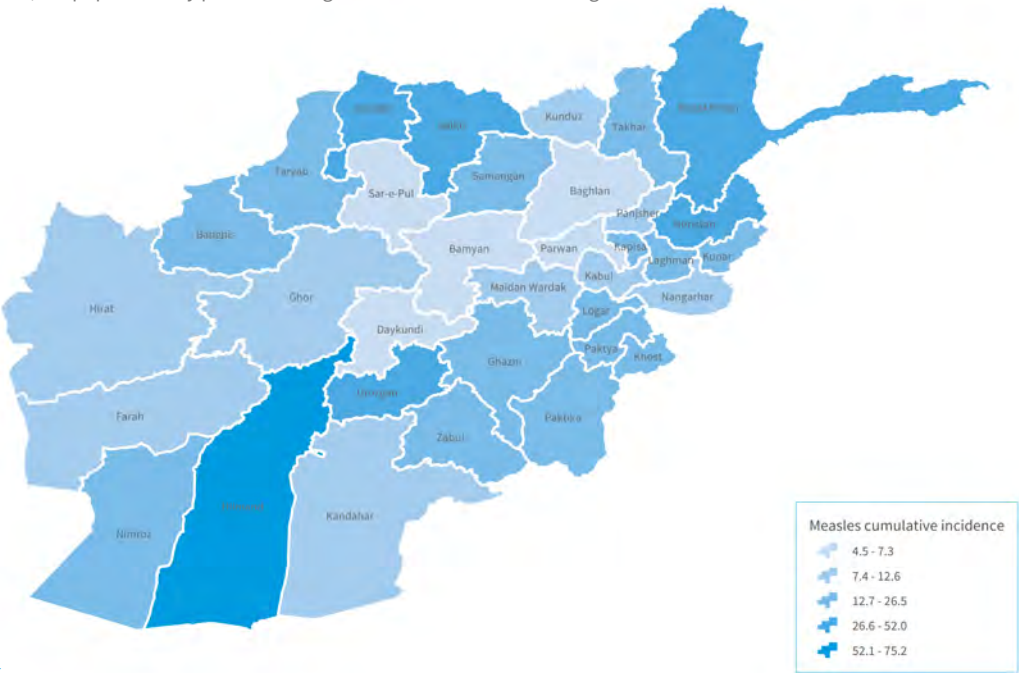
Figure 3. Weekly distribution of suspected measles cases in Afghanistan, 29 Dec 2024 – 09 Aug 2025 (N= 83,578)**Figure 4.** Comparison between the trends of suspected measles cases in 2025 vs 3-year average (2022-20224) and the endemic level



Figure 5. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 29 Dec 2024 – 09 Aug 2025

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Suspected measles cumulative incidence per 10,000 population by province 29 Dec 2024 – 09 Aug 2025



Updates on the preparedness and response to the measles outbreak

- During week 32-2025, a total of 244 children aged 9-59 months were vaccinated against measles as part of the outbreak response in 4 provinces (Logar, Jawzjan, Zabul and Urozgan). This brings the number of children aged 9-59 months vaccinated against measles as part of outbreak response immunization activities to 26,006 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 country.
 - 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 2024-09 Aug 2025)


1,011
Total cases


76
Total deaths


840
Samples tested


295
Lab-confirmed CCHF cases



35.1%
test positivity rate

Table 3: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (15 Jun - 09 Aug 2025)

Indicators	W25	W26	W27	W28	W29	W30	W31	W32	Trend line
Suspected cases	127	64	56	67	46	39	41	39	
Suspected deaths	12	3	8	4	5	3	2	3	
CFR (%)	9.4	4.7	14.3	6.0	10.9	7.7	4.9	7.7	

- The epi-curve of suspected CCHF cases shows a decreasing trend since week 26-2025, with its highest peak in week 25-2025 (127 suspected cases) (Figures 6 & 7).
- During week 32-2025, 39 new suspected CCHF cases with 3 associated deaths (CFR 7.7%) were reported compared to 41 cases and 2 deaths in the previous week (Table 3).



- All of the 39 new cases were over-five-year-olds, while 19 (48.7%) of them were females reported from 11 provinces [Kabul (22), Herat (5), Baghlan (2), Balkh (2), Kunduz (2), Badakhshan (1), Bamyan (1), Jawzjan (1), Kandahar (1), Nangarhar (1), and Parwan (1)].
- All the 3 new deaths were over-five-year-olds, while one was female reported from Kabul (2) and Herat (1) provinces.
- Since the beginning of 2025, a total of 1,011 suspected CCHF cases, with 76 associated deaths (CFR 7.5%), were reported. Out of the total 1,011 cases, 1,007 (99.6%) were over five years old, while 323 (31.9%) were females. Also, 840 samples have been tested, 295 of them were positive (positivity rate 35.1%).
- Since the beginning of 2025, the highest cumulative incidence of suspected CCHF per 100,000 population is reported from Kapisa (8.2), followed by Kabul (7.0), Kandahar (5.1), Balkh (4.6), and Jawzjan (3.3) (Figure 8).

Figure 6: Weekly distribution of suspected CCHF cases in Afghanistan 29 Dec 2024 – 09 Aug 2025, (N=1,011)

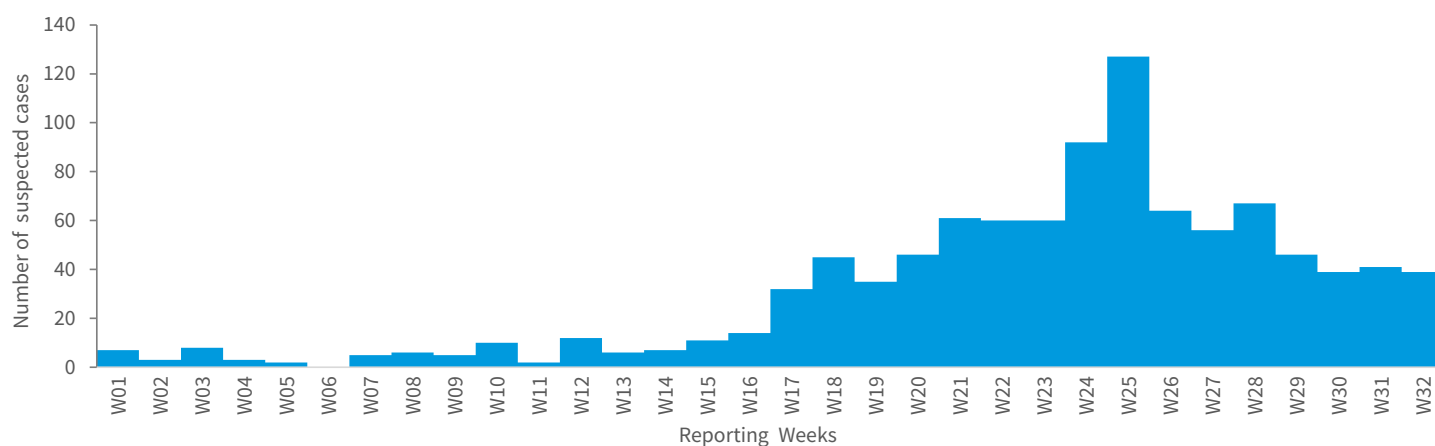
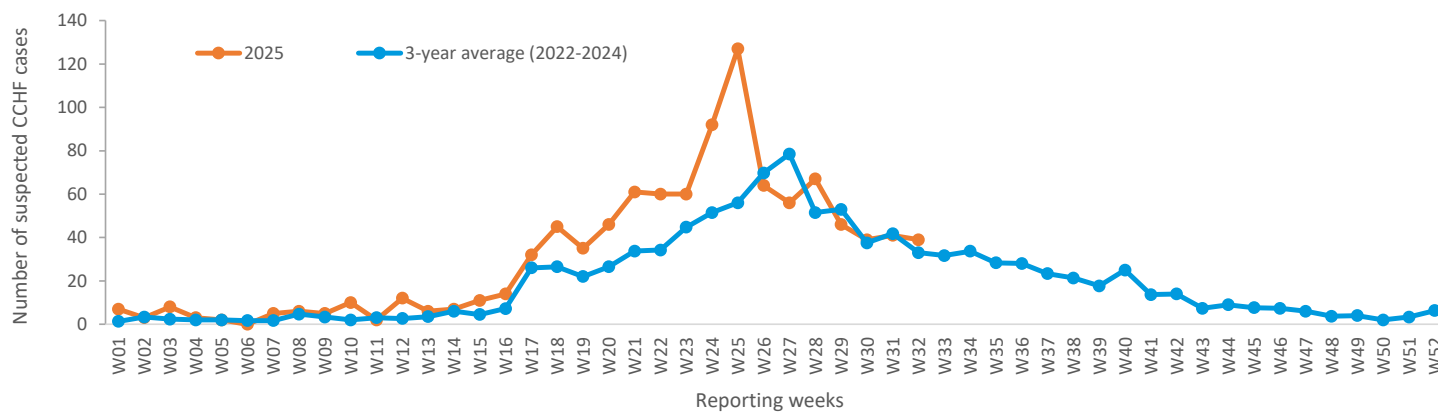


Figure 7. Comparison between the trends of suspected CCHF cases in 2025 vs 3-year average (2022-2024)



Updates on the response to the CCHF outbreak

- 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 vials per pack), 100 vials of Vancomycin 500mg, and 80 packs of ribavirin injections (10 ampoules per pack) have been distributed to 5 WHO regional sub-offices (Herat, Nangarhar, Balkh, Kunduz, and Kandahar).
 - Online awareness campaigns on Crimean-Congo Hemorrhagic Fever (CCHF) have been conducted by WHO through its official social media channels ([Facebook](#) and [X](#)), reaching over 35,967 in [X](#) and 1,762 [Facebook](#) users to date. The campaigns 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.
 - 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.



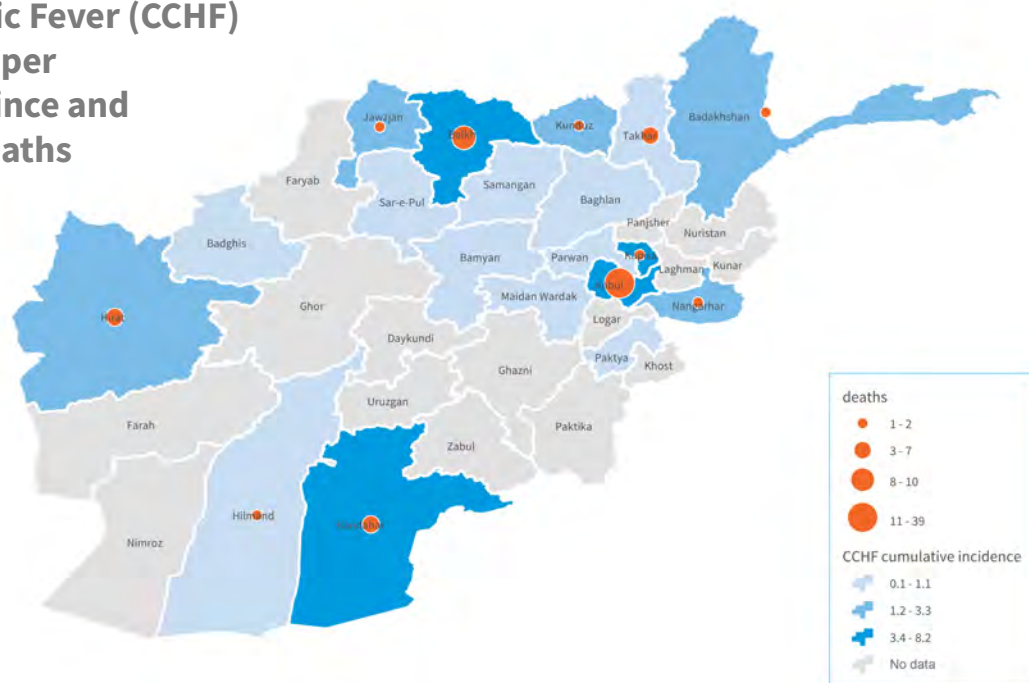
Figure 8. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 29 Dec 2024 – 09 Aug 2025

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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 2024-09 Aug 2025



Dengue Fever

(29 Dec 2024-09 Aug 2025)

1,043
Total Cases

0
Total Deaths

152
*Sample tested
148 By PCR
4 By NS1

24
Lab confirmed cases
20 By PCR
4 By NS1

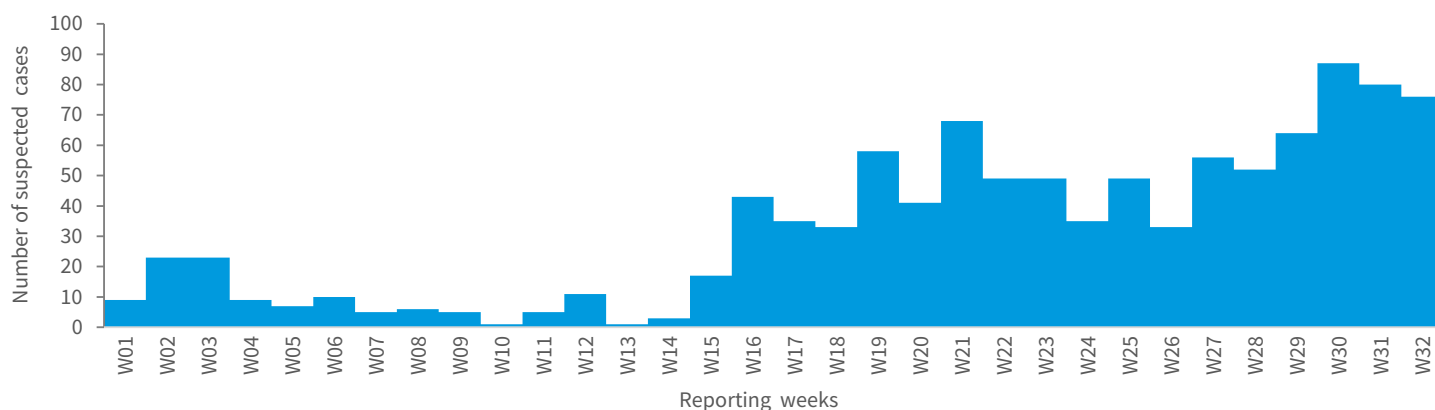
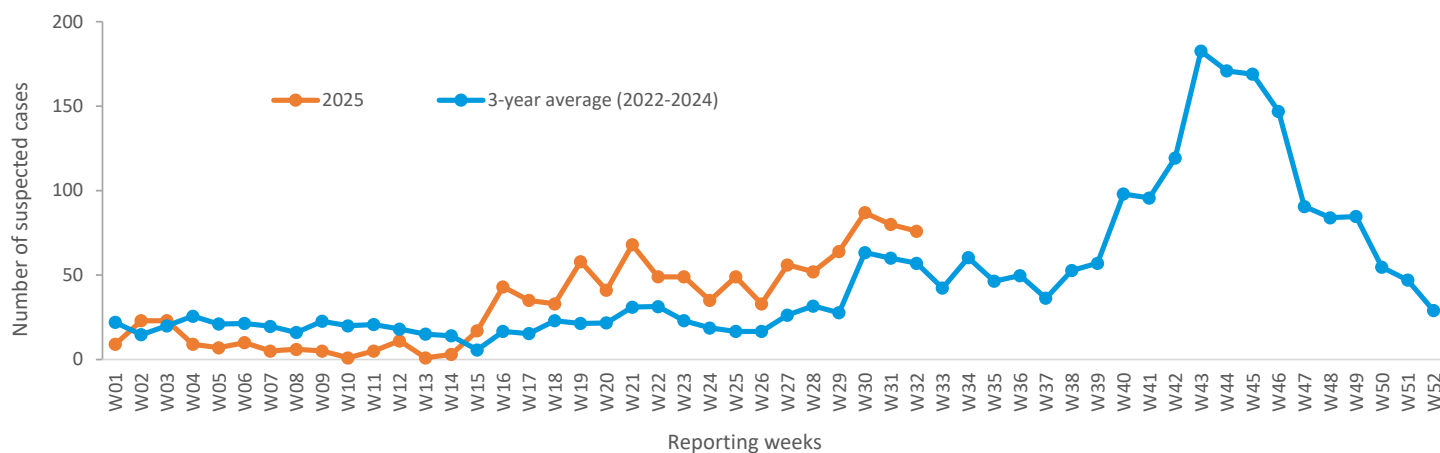
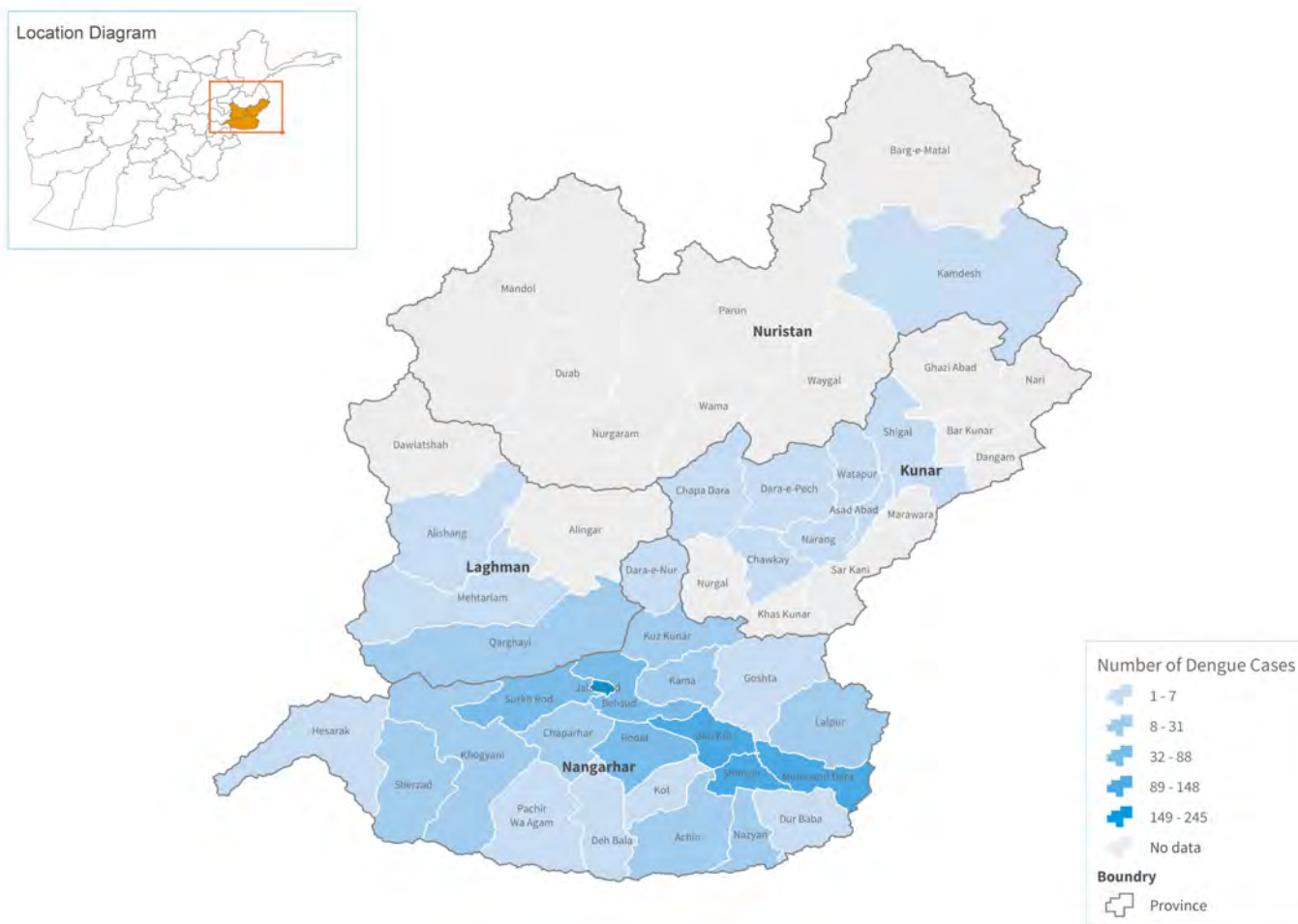
15.8%
Test positivity ratio

Table 4: Summary of the dengue fever outbreak in the last eight weeks in Afghanistan (15 Jun - 09 Aug 2025)

Indicators	W25	W26	W27	W28	W29	W30	W31	W32	Trend line
Suspected cases	49	33	56	52	64	87	80	76	
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 an increasing trend since week 15-2025, following the similar seasonal pattern of last three years, which could be attributed to the summer season and warmer temperature in the East region, warranting close monitoring (Figures 9 & 10).
- During week 32-2025, 76 suspected cases of dengue fever with no associated deaths were reported from Nangarhar province, compared to 80 cases in the preceding week.
- Out of the total 76 cases, 30 (39.5%) were females, while 75 (98.7%) of them were over five years old.
- Since the beginning of 2025, 1,043 suspected dengue fever cases, with no associated deaths, were reported from 6 provinces (Nangarhar, Laghman, Kunar, Kabul, Ghazni, and Paktia). Out of total cases, 1,002 (96.1%) were over five years old, while 432 (41.4%) were females.
- Since the beginning of 2025, a total of 152 samples have been tested, out of which 24 were positive (positivity rate 15.8%). The geographical distribution of suspected dengue fever cases at district levels in the East region provinces is shown in Figure 11.

*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 9.** Weekly distribution of suspected dengue fever cases in Afghanistan 29 Dec 2024 – 09 Aug 2025, (N=1,043)**Figure 10.** Comparison between the trends of suspected dengue fever cases in 2025 vs 3-year average (2022-2024)**Figure 11.** Geographical distribution of suspected dengue fever cases at district levels in East region provinces, 29 Dec 2024 – 09 Aug 2025



Updates on the response to dengue fever outbreak

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

Confirmed Malaria (29 Dec 2024-09 Aug 2025)



30,682
Total Malaria
Cases



0 (0.0)
Total malaria
deaths (CFR %)

Table 5: Summary of the malaria outbreak in the last eight weeks in Afghanistan (15 Jun - 09 Aug 2025)

Indicators	W25	W26	W27	W28	W29	W30	W31	W32	Trend line
Confirmed cases	1,838	1,764	1,998	1,928	2,090	2,180	2,404	3,200	
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 slightly higher than the 3-year average (2022-2024) since week 25-2025 (Figures 12 & 13).
- During week 32-2025, 3,200 cases with no associated deaths were reported from 20 provinces, which shows an increase of 33.1% in the number of cases compared to the previous week.
- Out of the 3,200 cases, 1,459 (45.6%) were females and 541 (16.9%) were under-five children.
- Since the beginning of 2025, 30,682 confirmed malaria cases with no associated deaths have been reported. Out of total cases, 14,128 (46.0%) were females and 5,410 (17.6%) were under-five children.
- Since the beginning of 2025, the highest cumulative incidence of malaria per 10,000 population was reported from Nuristan (112.2), followed by Kunar (94.8), Laghman (60.0), and Nangarhar (47.8) (Figure 14).

Figure 12. Weekly distribution of malaria cases in Afghanistan 29 Dec 2024 – 09 Aug 2025 (N=30,682)

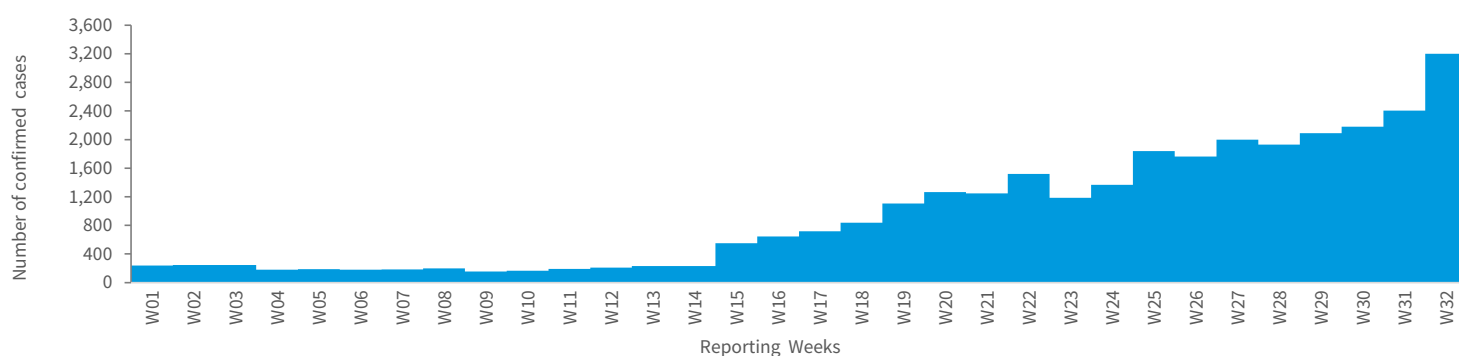
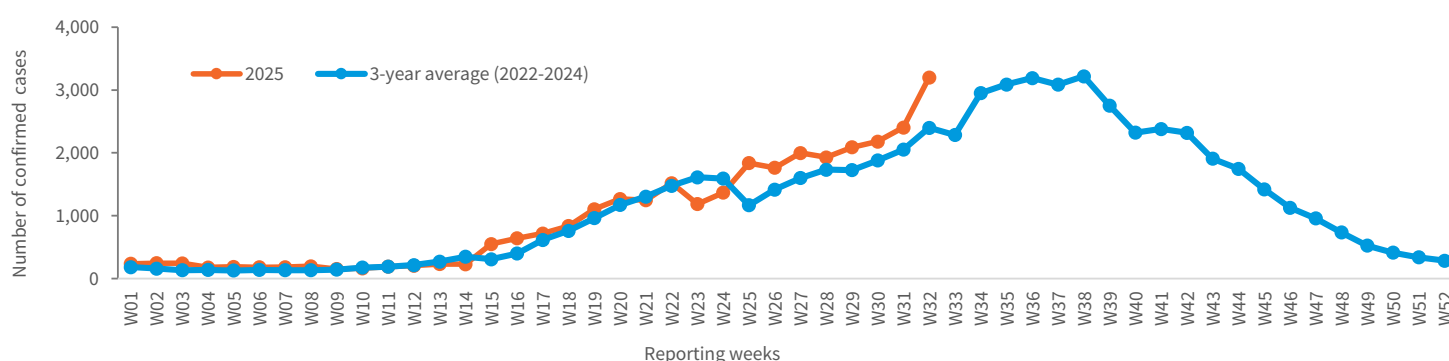


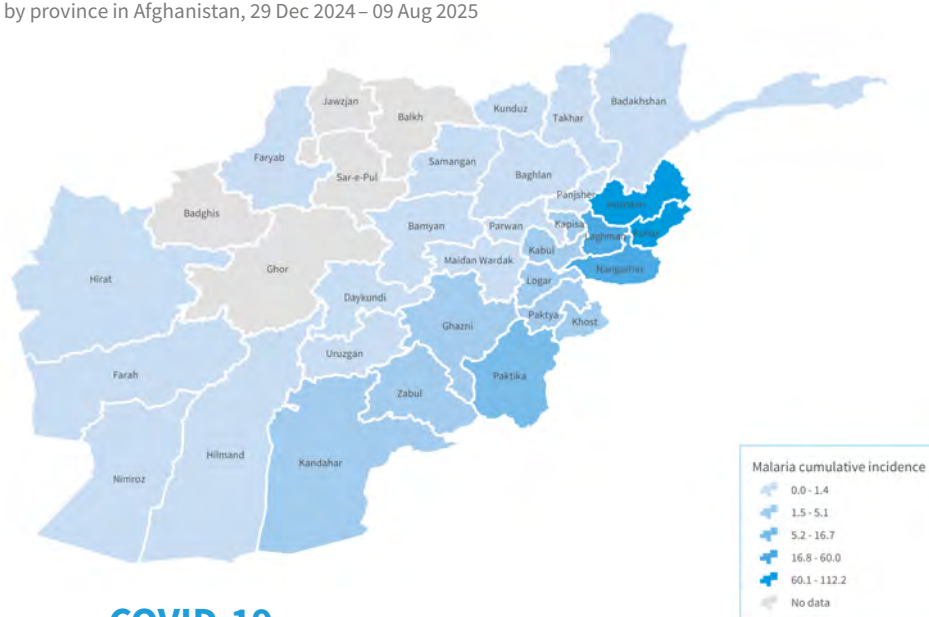
Figure 13. Comparison between the trends of malaria cases in 2025 vs 3-year average (2022-2024)



**Figure 14.** Malaria cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 09 Aug 2025

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**Confirmed malaria cumulative
Incidence per 10,000
population by province
29 Dec 2024 – 09 Aug 2025**



COVID-19

(24 Feb 2020 — 09 Aug 2025)

Cumulative samples tested

1,005,680

In public laboratories

New samples tested in week 32

492

In public laboratories

-24.5%

Cumulative confirmed cases

247,221

Cumulative positivity rate (24.6%)

New confirmed cases in week 32



54

Weekly positivity rate (11.0%)

-31.6%

Cumulative confirmed deaths

8,052

CFR (3.3%)

New confirmed deaths in week 32

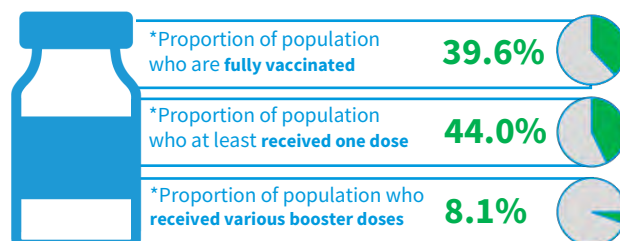
0

Week 32 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 (15 Jun - 09 Aug 2025)

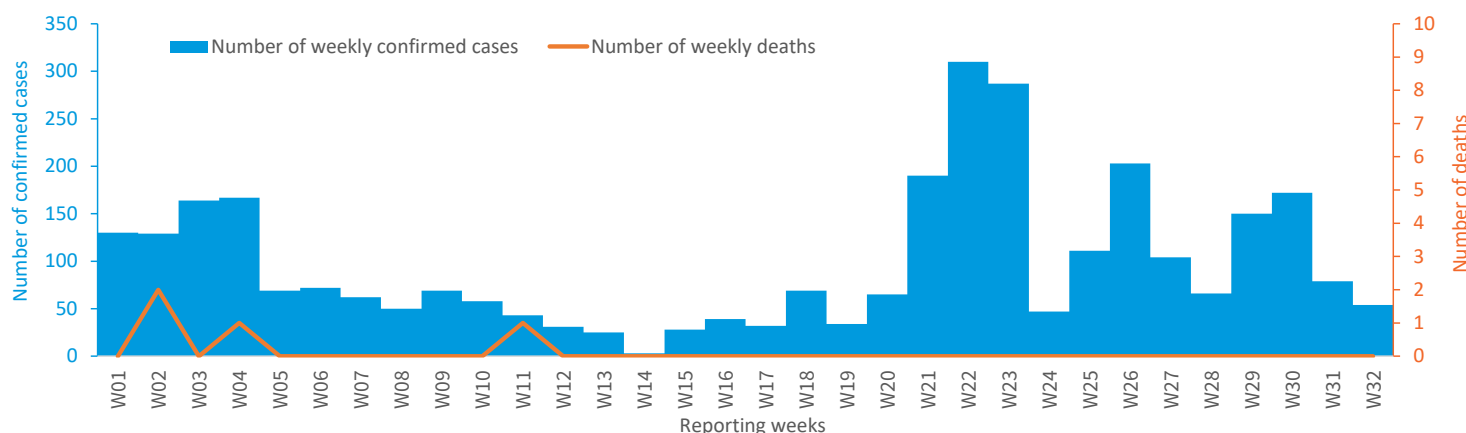
Indicators	W25	W26	W27	W28	W29	W30	W31	W32	Trend line
Samples tested (in public Labs)	447	803	735	647	822	834	652 *	492	
Confirmed cases	111	203	104	66	150	172	79 *	54	
Percent positivity (%)	24.8	25.3	14.1	10.2	18.2	20.6	12.1	11.0	
Deaths	0	0	0	0	0	0	0	0	
CFR (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

*A delayed data entry was experienced during week 31-2025, and the number of samples tested and confirmed cases were revised from 584 to 652 and from 72 to 79, respectively.



- The epidemiological curve of confirmed COVID-19 cases indicates an increasing trend since week 20-2025 with fluctuations in the recent weeks (Figure 15).
- During week 32-2025, a total of 492 samples were tested in public labs, of which 54 were positive for COVID-19 (positivity rate 11.0%), with no reported associated deaths (Table 6). This represents a 31.6% decrease in the number of confirmed cases compared to the previous week.
- Since the beginning of 2025, 3,112 confirmed cases of COVID-19 and 4 associated deaths (CFR 0.1%) were reported. Out of the total cases, 1,433 (46.0%) were females.

Figure 15. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 29 Dec 2024 – 09 Aug 2025 (cases=3,112, deaths=4)



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 ([Facebook](#) and [X](#)), reaching over 100,000 individuals.

Note: MOPH is the source of epidemiological data

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

Contact us for further information:

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