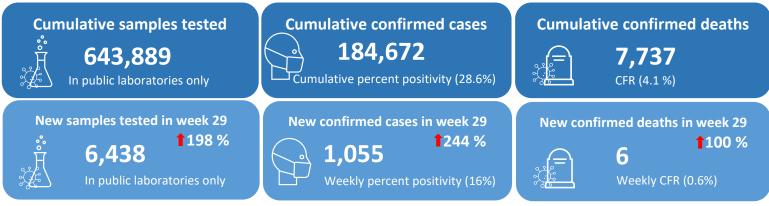


COVID-19 Epidemiological Bulletin Afghanistan

Epidemiological Week 29 (17-23 July 2022)



Key: \uparrow increasing \downarrow decreasing \bullet no change 28 May - 23 Jul 2022)

Table 1: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (28 May – 23 Jul 2022)

Indicators			W24-22	W25-22	W26-22		W28-22	W29-22	Epi-curve
Samples tested (in public Labs)	6,610	7,235	9 <i>,</i> 395	5,572	7,207	4,468	2,160	6 <i>,</i> 438	
Confirmed cases	512	463	519	498	566	531	352	1,055	· · · · · · · · · · · · · · · · · · ·
Percent positivity (%)	8	6	6	9	8	12	16	16	
Confirmed deaths	8	1	3	4	7	4	3	6	A A A A A A A A A A A A A A A A A A A
CFR (%)	1.6	0.2	0.6	0.8	1.2	0.8	0.9	0.6	1 to the second

Highlights of the week

- Since the beginning of the pandemic in Feb 2020, a total of 643,889 samples have been tested for COVID-19 through the public laboratories in the country.
- In week 29-2022, 6,438 samples were tested in public labs, of which 1,055 samples tested positive for COVID-19 (percent positivity 16) and 6 new deaths were reported. This represents 244% and 100% increase in cases and deaths, respectively, compared to week 28-2022, (Table 1). The observed increase in the number of cases reported during week 29 could be explained by two reasons: first the increased number of tests conducted and second: late reporting following EID period when reporting was incomplete due to holidays. The trend to be confirmed during the next 2 weeks.
- Cumulatively, 184,672 confirmed cases (overall percent positivity 28.6) of COVID-19 with 7,737 associated deaths (case fatality ratio = 4.1%) have been reported in Afghanistan since Feb 2020.
- As of 23rd July 2022, 90.0 %, of cases have recovered.
- In week 29-2022, all 8 regions reported increase in the number of newly reported cases during week 29 compared to week 28(Table 2). The top five provinces that reported positive cases included Kunduz (188 cases), Parwan (172 cases), Samangan (70 cases), Wardak (64 cases), and Kabul (57 cases).
- The WHO supported building the in-country capacity for genome sequencing, after training of two national staff on sequencing techniques in Dubai (December 2021). The WHO supported the procurement of the Oxford Nanopore Sequencer with the reagents and consumables. Initially, the plan is to conduct genome

Sequencing for COVID-19, with a plan to expand it to include other high-threat Pathogens. The team is currently working on Processing the COVID-19 samples for sequencing, the results will be shared when available. Recently the WHO supported 14 GeneXpert PCR machines in 12 provinces with an average capacity of 1000 tests per day.

Table 2: COVID-19 cases by region in Afghanistan,as of week 29, 2022 (17-23 Jul 2022)

Region	Epi-curve	# of new cases in week 29 (%)	% of change compared to week 28	Cumulative number (%)
Central East	\sim	150 (14 %)	163%	50,042 (27.1%)
Central West	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	283 (27%)	396%	15,898(8.6%)
East	- Man	69 (7%)	109%	21,885 (11.9%)
North	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	115 (11%)	360%	15,264 (8.3%)
North East	m	337 (32%)	244%	19,775 (10.6%)
South	m	45 (4%)	165%	21,962(11.9%)
South East	~~~~	47 (4%)	161%	12,218 (6.6%)
West	hank	9 (1%)	350%	27,628 (15.0%)
National	m	1,055 (100%)	244%	184,672 (100%)

 In week 29-2022, No new confirmed cases have been reported among health care workers.

 Overall, Afghanistan has reported 4,763 confirmed cases and 97 associated deaths among healthcare workers (HCWs) since 2020. To date, Herat, Kabul, Nangarhar, Balkh and Kunar reported the highest number of positive cases among HCWs. Figure 1: Number of weekly PCR tests conducted and 2-week moving average of percent positivity in Afghanistan (24 Feb 2020 – 23 Jul 2022)

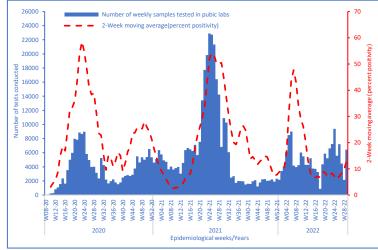


Figure 3: Weekly distribution of confirmed COVID-19 cases in Afghanistan (24 Feb 2020 - 23 Jul 2022)

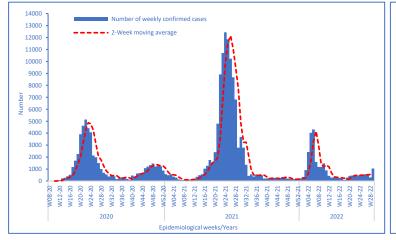
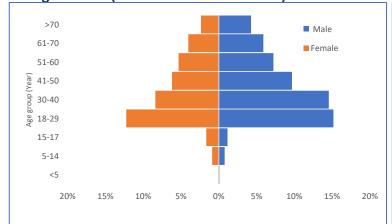


Figure 5: Age & sex distribution of COVID-19 cases in Afghanistan (24 Feb 2020 - 23 Jul 2022)



 Of the confirmed COVID-19 cases, 58% have been reported among males and 42% among females. Majority of cases have been reported among those aged 18-40 years. Figure 2: Geographic distribution of COVID-19 confirmed cases in Afghanistan (24 Feb 2020 - 23 Jul 2022)

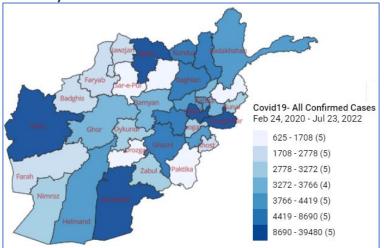


Figure 4: Weekly distribution of COVID-19 associated deaths in Afghanistan (24 Feb 2020 - 23 Jul 2022)

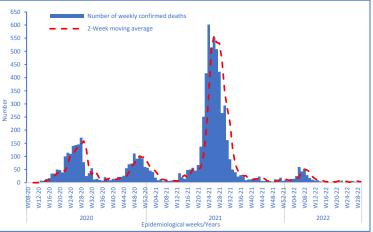
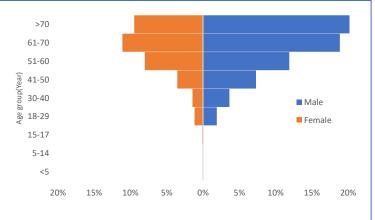


Figure 6: Age & sex distribution of COVID-19 associated deaths in Afghanistan (24 Feb 2020 - 23 Jul 2022)



 Of the COVID-19 associated deaths, 65% were reported among males and 35% among females. The graph indicates that most reported deaths were among those aged over 70 years. Figure 7: Proportion of underlying medical conditions among COVID-19 associated deaths in Afghanistan, 24 Feb 2020 - 23 Jul 2022 (n=1,845)

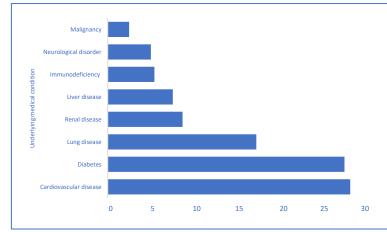


Figure 9: COVID-19 confirmatory diagnostic public laboratories in Afghanistan, as of 23 Jul 2022

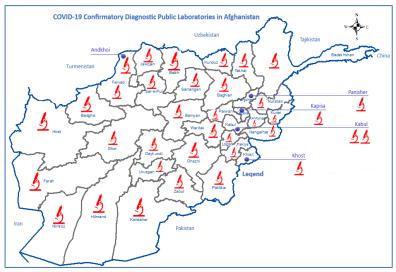


Figure 10: COVID-19 hospitals status run by MoPH and other partners in Afghanistan, as of 23 Jul 2022

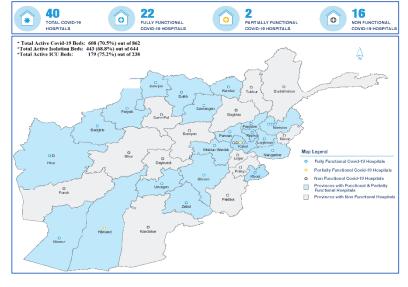
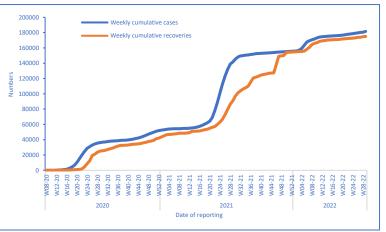


Figure 8: Weekly cumulative COVID-19 confirmed cases and recoveries in Afghanistan (24 Feb 2020 - 23 Jul 2022)

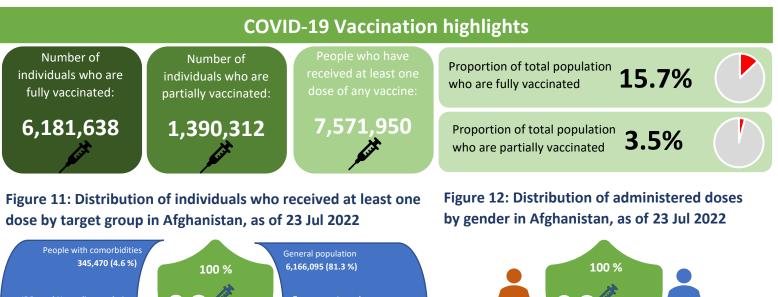


Laboratory functionality updates:

- The WHO has supported the establishment of COVID-19 laboratories since the start of the pandemic. The support included the provision of diagnostic equipment, infrastructure, capacity building and human resources.
- As of 23 July 2022, there are 36 out of 37 COVID-19 laboratories functional across 34 provinces.
- The testing capacity is 9,200 tests/24 hours.
- Recently the WHO supported 14 GeneXpert PCR machines in 12 provinces with an average capacity of 1000 tests per day.

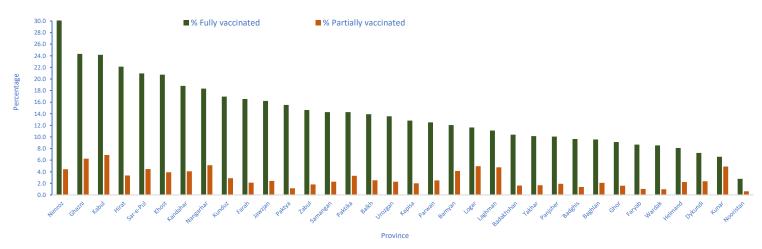
Integration of COVID-19 services into the current system

- Since the start of the pandemic, 40 COVID-19 hospitals were established in almost all provinces with number of beds ranging between 20 to 100.
- Since the beginning of 2022, there was a decrease in the COVID-19 incidence with low hospitalization rate in designated hospitals.
- The current bed occupancy rate (BOR) is around 46.5
- After discussion with the de facto MOPH, there was an agreement on the integration of the COVID-19 into the currently existing public hospitals. The integration process has started with a joint comprehensive assessment.
- The assessment will enable health sector to identify the current status of COVID-19 hospitals in the country and recommend integration options. The assessment started on 15 May 2022 and expected to be completed at the end of July 2022 using a standardized tool.



IDPs and Nomadic population 150,923 (2.0 %) Returnees from neighboring countries 67,018 (0.9 %)

Figure 13: Proportion of fully & partially vaccinated individuals by province in Afghanistan, as of 23 Jul 2022



COVID-19 vaccination campaign

- Currently, there are 347 fixed sites supported by WHO, UNICEF, CORDAID and Swedish Committee.
- A countrywide vaccination campaign has been started on 16th July 2022 with the help of 1,390 mobile teams and will continue for one month
- The target population is 4.8 million over 18 years old in 33 provinces (all except Kabul).
- Between 16 -23 July, more than 1.1 M individuals have been vaccinated through the campaigns.
- About 54.2% of the doses were received by females.
- The highest number of vaccine doses were administered in Nangarhar (100.1K), followed by Hirat (88.2K), Balkh (59.2K) and Faryab (58.8K).

Contacts for further information:

- Dr. Mohamed Moustafa Tahon: Epidemiologist WHE, WHO-CO, (tahonm@who.int)
- Hafizullah Safi : Data Management Officer WHO-CO (safih@who.int) Total population: 39,269,174 (Ref: UN estimation, AFG_CMYP_2022) Data source: DHIS2-MoPH-Afghanistan, Public dashboard: <u>http://covid.moph-dw.org/#/</u>