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INFECTIOUS DISEASE OUTBREAKS SITUATION REPORT | Epidemiological week #02-2024

No. 02 (07 - 13 Jan 2024)

Disease Outbreaks	ARI	COVID-19	÷ S € AWD	ن ير. Measles	CCHF	→ Dengue fever
Cumulative Cases 2024	76,952	390	4,063	1,112	13	81
Death 2024 (CFR %)	197 (0.2)	2 (0.5)	5 (0.1)	2 (0.2)	0 (0.0)	0 (0.0)
Cumulative Cases 2023	1,384,646	230,647	222,249	25,876	1,243	1,496
Death 2023 (CFR %)	2,798 (0.2)	7,972 (3.5)	101 (0.05)	64 (0.2)	114 (9.2)	1 (0.07)

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

Acute Respiratory Infection (ARI) (01-13 Jan 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 ARI season and sending them to National Influenza Center (NIC) for testing.

Table 1: Summary of the ARI outbreak in the last eight weeks (19 Nov 2023-13 Jan 2024)

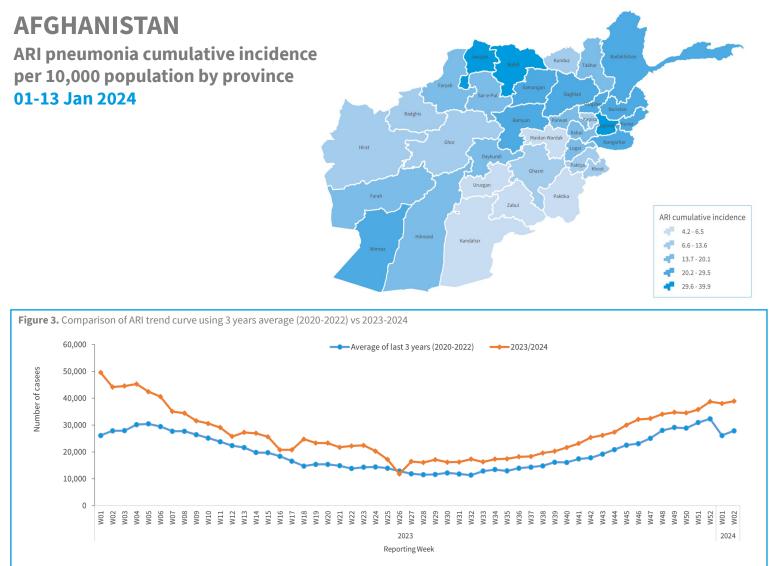
Indicators	W47	W48	W49	W50	W51	W52	W1-24	W2-24	Trend lines
Suspected cases	32,434	34,056	34,762	34,514	35,793 *	38,719	38,071*	38,881	
Suspected deaths	51	77	59	65	75	79	91	106	
CFR (%)	0.16	0.23	0.17	0.19	0.21	0.20	0.24	0.27	A

*Delayed reporting was experienced in the number of ARI cases during week 01-2024 and were corrected from 37,776 to 38,071.

- The epi curve shows an increase in ARI cases since the 3rd week of September 2023, which could be linked to the change of the season to cold weather across the country (Figure 1).
- During week 02-2024, a total of 38,881 cases of ARIpneumonia and 106 associated deaths were reported, which shows stabilization in the number of ARI cases and 16.5% increase in the number of deaths compared to the previous week.
- Since 01 Jan 2024, a total of 76,952 ARI-pneumonia cases and 197 associated deaths were reported from 34 provinces. Out of the total cases, 47,824 (62.1%) were underfive children and 38,314 (49.8%) were females. The cumulative incidence by province is shown in Figure 2.
- Out of total deaths, 165 (83.8%) were under-five children and 87 (44.2%) were females.
- The current number of cases is higher than the average number of cases reported during the three preceding years (2020-2022), the higher number in 2023-24 could be explained by the improvement in reporting due to the enhancement of the surveillance system and expansion of surveillance sentinel sites. (Figure 3).
- Between Jan and Dec 2023, a total of 1,384,646 ARIpneumonia cases (49.5% female, 61.5% under-5) and 2,798 deaths (46.1% female and 82.4% <5 children) with CFR=0.2% were reported. Also, 3,353 samples were collected for influenza, of which 168 were reported positive (positivity rate, 5.0%).



Figure 2. ARI pneumonia cumulative incidence per 10,000 population by province, Afghanistan 01 - 13 Jan 2024



Response to acute respiratory infection outbreak

Surveillance

- Emergency Preparedness and Response Committees (EPR) are active at the provincial level.
- Surveillance support teams (SSTs) are actively participating in outbreak investigation and response activities in 34 provinces.
- Supervisory visits have been conducted in different provinces to strengthen early detection and timely response to ARI outbreaks.

Lab and supplies

• During week 02-2024, a total of 2,500 VTM were delivered

to Kunduz NDSR office. This brings the total number of VTM delivered to Northeast and Central east NDSR offices to 6,500 since 01 Jan 2024.

Case management

• As a part of the winter preparedness and response plan to ARI outbreak in 2023-24, a total of 397 case management kits have been prepositioned in WHO main office and regional sub-offices.

Risk Communication and Community Engagement (RCCE)

No RCCE activities conducted since 01 Jan 2024.

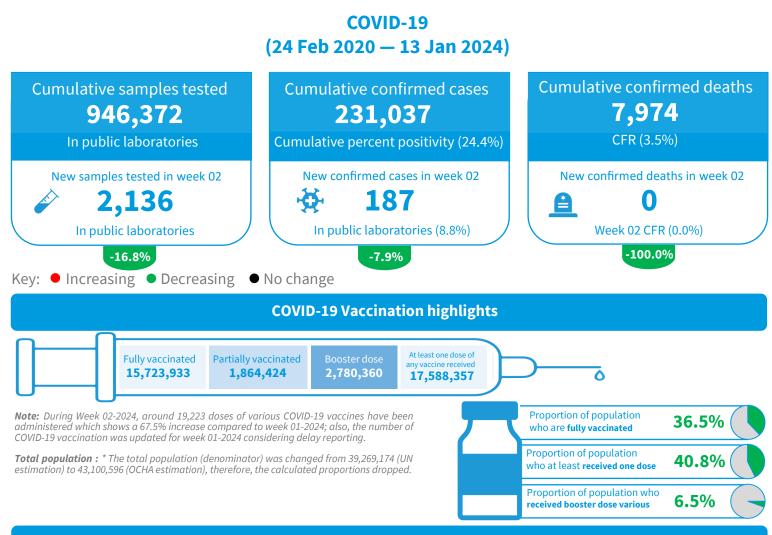
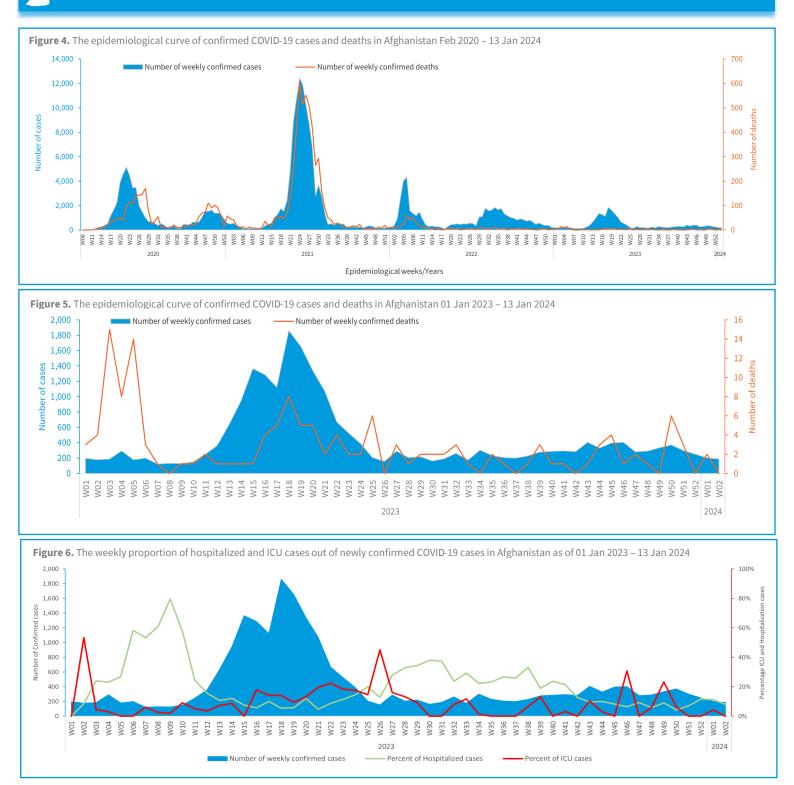


Table 2: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (19 Nov 2023-13 Jan 2024)

Indicators	W47	W48	W49	W50	W51	W52	W01	W02	Trend line
Samples tested (in public Labs)	3,020	2,720	3,508	3,227	3,372	2,872	2,566 *	2,136	~~~~~~
Confirmed cases	279	289	334	371	300	248	203	187	
Percent positivity (%)	9.2	10.6	9.5	11.5	8.9	8.6	7.9	8.8	
Deaths	1	2	0	6	3	0	2	0	
CFR (%)	0.4	0.7	0.0	1.6	1.0	0.0	1.0	0.0	
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*A delayed reporting was experienced during week 01-2024, the number of samples tested was modified from 2,293 to 2,566.

- The epidemiological curve of COVID-19 indicates a stabilization in the number of confirmed COVID-19 cases since the 3rd week of June 2023, which could be attributed to a decrease in attendance of infected individuals at healthcare facilities and an improvement in vaccination coverage among eligible populations across the country (36.5%).
- In week 02-2024, a total of 2,136 samples were tested in public labs, of which 187 samples were positive for COVID-19 (positivity rate 8.8%) while no associated deaths were reported.
- The number of confirmed COVID-19 cases shows 7.9% decrease compared to week 01-2024 while the number of deaths dropped from 2 in week 01-2024 to 0 in week 02-2024 (Figures 4-5).
- Since the beginning of the pandemic in Feb 2020, a total of 946,372 samples have been tested for COVID-19 through public laboratories.
- During week 02-2024, among 187 confirmed cases 8.0% (15 cases) were hospitalized, whereas none of the 15 hospitalized cases admitted to ICU (Figure 6).
- Between Jan and Dec 2023, a total of 162,472 samples were tested by public laboratories, of which 22,764 were positive (44.1% female, positivity rate 14.0%); also, 143 deaths (52.0% female) with CFR=0.6% were reported.



Acute Watery Diarrhea (AWD) with Dehydration Outbreak (01-13 Jan 2024)

Table 3: Summary of the AWD with Dehydration outbreak in the last eight weeks (19 Nov 2023-13 Jan 2024)

Indicators	W47	W48	W49	W50	W51	W52	W01-24	W02-24	Trend line
Suspected cases	2,969	2,676	2,382	2,395	2,281	2,363	1,995 *	2,068	
Suspected deaths	0	2	4	1	0	1	1	4	
CFR (%)	0.00	0.07	0.17	0.04	0.00	0.04	0.05	0.19	

*Delayed reporting was experienced in the number of AWD with dehydration cases during week 01-2024 and was corrected from 1,980 to 1,995.

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- The epi-curve of AWD with dehydration cases shows a decreasing trend since the 4th week of August 2023. This decline could be explained by seasonal changes, the conclusion of the summer season in the country.
- During week 02-2024; 2,068 AWD with dehydration cases and 4 associated deaths were reported from 130 districts which shows a slight increase (3.7%) in the number of cases compared to the previous week. The AWD with dehydration associated deaths were increased from 1 in week 01-2024 to 4 in week 02-2024 (Figures 7 & 8).
- The deceased cases were reported from 2 provinces, Kabul (3) and Helmand(1); out of total deaths, 3 (75.0%) were under five children and 1 (25.0%) was female.
- Since 1 Jan 2024, a total of 4,063 AWD with dehydration cases were reported, of which 2,238 (55.1%) were underfive children and 2,035 (50.1%) were females.
- During week 01-2024, no new district reported any alert

of AWD with dehydration and the number of districts reported AWD with dehydration suspected cases remained at 165 since the beginning of 2024.

- Since the beginning of 2024, a total of 110 rapid diagnostic tests (RDTs) were conducted among AWD with dehydration cases of which 21 of them were reported positive (positivity rate 19.1%).
- Between Jan and Dec 2023, a total of 222,249 AWD with dehydration cases (49.8% female, 57.1% under-5) and 101 deaths (44.6% females, 81.2% under-5) with CFR=0.2% were reported. Also, 6,079 RDTs were conducted, of which 1,333 were positive (positivity rate 21.9%).

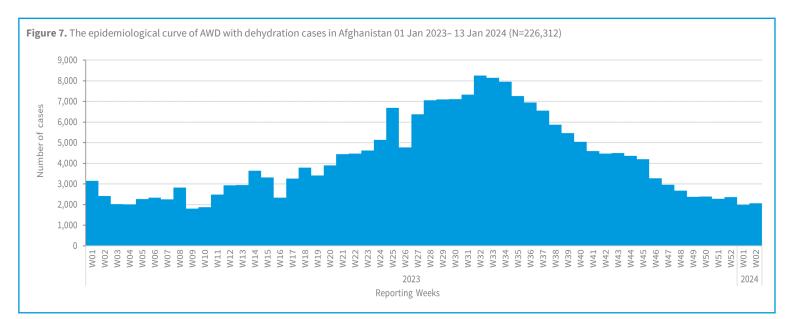
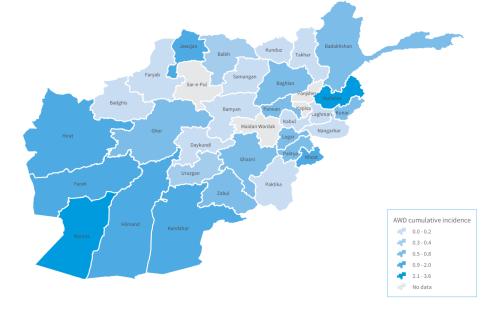


Figure 8. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 01 – 13 Jan 2024

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AWD with dehydration cumulative incidence per 10,000 population by province 01 - 13 Jan 2024



Preparedness and response to the AWD Outbreak

Leadership and Coordination

- Emergency Preparedness and Response Committees (EPR) are active at the provincial level.
- An integrated AWD preparedness plan has been developed jointly between Health and WASH clusters and endorsed by the Ministry of Public Health.

Surveillance

- Surveillance support teams (SSTs) are actively participating in outbreak investigation and response activities in 34 provinces.
- Supervisory visits have been conducted in different provinces to strengthen early detection and timely response to AWD outbreaks.

Case Management

• Case management kits supplied during 2023 are being used for responding to AWD with dehydration outbreak cases reported since 01 Jan 2024.

Laboratory and Supplies

• Laboratory kits supplied during 2023 are being used for the confirmation of AWD with dehydration outbreak cases reported since 01 Jan 2024.

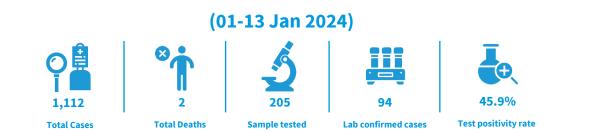
WASH

During the first two weeks of Jan 2024 (01-15 Jan 2024), the following activities were conducted as WASH response:

- Provision of clean water to 6,700 individuals by chlorination of 177 wells in Kabul province.
- Establishment and/or rehabilitation of water supply system to 891 individuals in Nangarhar and Paktya provinces.
- Installation of emergency latrines sufficient for 25,490 individuals in Herat province.
- Conducting hygiene promotion session to 150,400 individuals in 7 provinces (Ghazni, Herat, Kabul, Kunar, Laghman, Nangarhar and Paktya).
- Distribution of hygiene kits to 143,950 individuals in 5 provinces (Herat, Kabul, Kunar, Laghman and Nangarhar).

Risk Communication and Community Engagement (RCCE)

• No RCCE activities conducted since 01 Jan 2024.



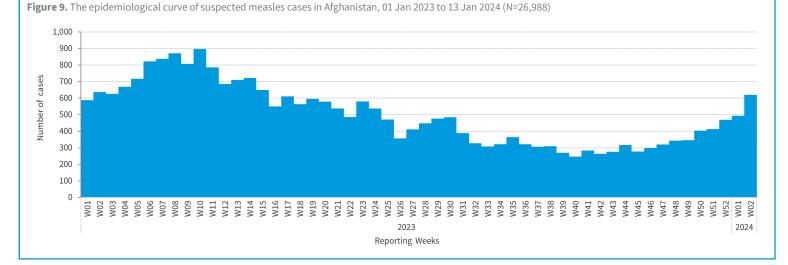
Measles Outbreak

Table 4: Summary of the suspected measles outbreak in the last eight weeks (19 Nov 2023-13 Jan 2024)

Indicators	W47	W48	W49	W50	W51	W52	W01-24	W02-24	Trend line
Suspected cases	320	343	345	404	412	469	493 *	619	
Suspected deaths	0	0	0	0	0	0	0	2	
CFR (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	

*Delayed reporting was experienced in the number of suspected measles cases during week 01-2024 and was corrected from 472 to 493.

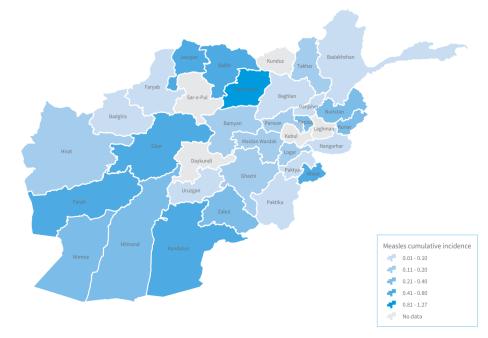
- The epidemiological curve of suspected measles cases demonstrates a rising trend since the third week of November 2023, which could be explained by increased community transmission exacerbated by the winter season and low immunization coverage (Figure 9).
- During week 02-2024, a total of 619 suspected cases and 2 measles-associated deaths were reported which shows 25.6% increase in the number of suspected measles cases compared to the previous week. The suspected measles associated deaths increased from 0 in week 01-2024 to 2 in week 02-2024.
- The deceased cases were both under five females reported from two provinces, Farah (1) and Jawzjan(1).
- Since 01 Jan 2024, a total of 1,112 suspected measles cases and 2 deaths (CFR=0.2%) were reported. Among suspected measles cases 910 (81.8%) were under-five children and 512 (46.0%) were females.
- Between Jan and Dec 2023, a total of 25,876 suspected measles cases (47.1% female, 71.5% under 5) and 64 deaths (43.8% females, 92.2% under 5) with CFR=0.2% were reported. Also, 5,497 samples were tested; of which 2,639 were positive (positivity rate= 48.0%).



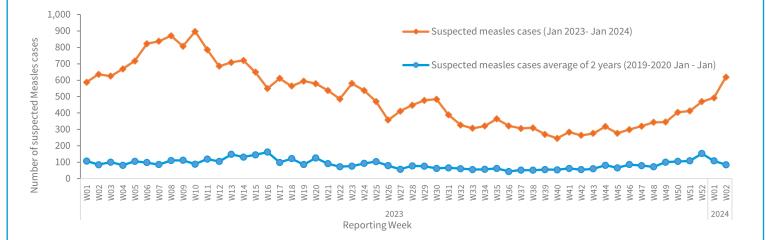
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Figure 10. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 01 –13 Jan 2024

Suspected measles cumulative incidence per 10,000 population by province 01-13 Jan 2024







Comparing the 2023-24 trend with the trend for the average number of suspected cases reported during 2019-2020; reveals that despite efforts to control the outbreak, measles cases are still occurring at a higher rate during years 2023-24 as compared to the endemic level during 2019-2020 (Figure 11).

Preparedness and response to the Measles Outbreak

• During week 02-2024, a total of 21 children aged 9-59 months were vaccinated in Qalat district of Zabul province as the outbreak response activity by implementing partners.

Outbreak of Crimean Congo Hemorrhagic Fever (CCHF) (01-13 Jan 2024)

Table 5: Summar	y of the CCHF outbreak in the last eight	weeks (19 Nov 2023-13 Jan 2024)

W47	W48	W49	W50	W51	W52	W01-24	W02-24	Trend line
7	5	3	0	2	7	3	10	
0	0	0	0	0	0	0	0	• • • • • • • • •
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	• • • • • • • • •
	7 0	7 5 0 0	7 5 3 0 0 0	7 5 3 0 0 0 0 0	7 5 3 0 2 0 0 0 0 0	7 5 3 0 2 7 0 0 0 0 0 0	7 5 3 0 2 7 3 0 0 0 0 0 0 0 0	7 5 3 0 2 7 3 10 0 0 0 0 0 0 0 0

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• The epi-curve for Crimean-Congo Hemorrhagic Fever (CCHF) indicates a decreasing trend in the number of suspected CCHF cases since 3rd week of September 2023. This decline could be attributed to seasonal changes towards winter and response activities (Figures 12 & 13).

associated deaths were reported. All the suspected cases were over five years of age while 3 (23.1%) of them were females.

• In total, 2 samples of suspected CCHF cases were tested since the beginning of 2024, of which none of them were reported positive (positivity rate 0.0%).

Between Jan and Dec 2023, a total of 1,243 suspected

CCHF cases (27.2% females, 0.2% under-5) and 114

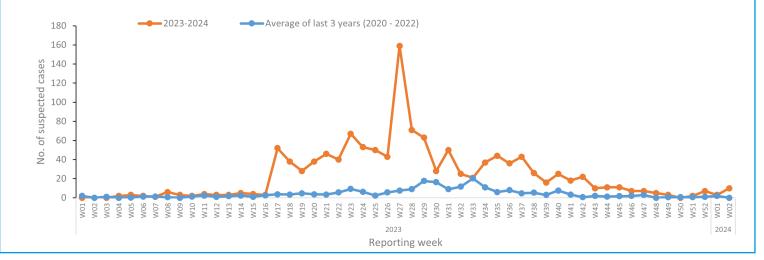
deaths (27.2% female, 100.0% over 5) with CFR=9.2%

were reported. Also, 1,098 samples were tested; of which

383 were positive (positivity rate 34.9%).

- During week 02-2024, 10 new suspected CCHF cases with no associated deaths were reported, which shows an increase (from 3 in week 01-2024 to 10 in week 02-2024) in number of cases compared to the previous week (Table 5).
- Figure 12. The epidemiological curve of CCHF cases in Afghanistan 01 Jan 2023 13 Jan 2024, (N=1,256) 180 160 140 Number of cases 120 100 80 60 40 20 0 N16 W21 W22 W23 W25 W25 W26 W26 W27 W28 W28 N13 V14 V15 V18 N19 W52 V08 V09 N10 V11 N12 V17 V20 V35 N36 V38 V39 N42 V43 N45 V46 N49 N50 **V**02 N03 V04 V05 V07 N30 N31 N32 N33 V34 V37 V40 V41 V44 N47 N51 W01 W02 2023 Reporting Weeks 2024
- Since 01 Jan 2024, 13 suspected cases of CCHF with no

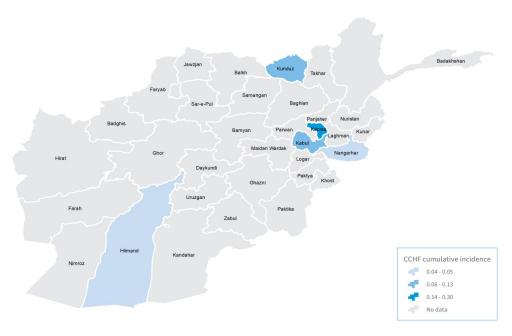




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Crimean-Congo Hemorrhagic Fever (CCHF) cases cumulative incidence per 100,000 population by province **01-13** Jan 2024

Figure 14. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province in Afghanistan, 01–13 Jan 2024



Response to CCHF outbreak during

Coordination and leadership (2023)

• A 2-day national workshop was conducted in Kabul-Afghanistan focused on implementing the One Health approach and involved various stakeholders, including experts from organizations like WHO, FAO, MoPH, NEPA, MAIL, Dairy Form Union, and Kabul University's veterinary department. The workshop covered six key areas: leadership and governance, multisectoral coordination, environmental health, zoonotic disease, food safety, and antimicrobial resistance,

Surveillance

- Since Jan 2024, a total of 100 tick samples and 85 cattle blood samples were collected from 14 districts of Kabul province.
- Since Jan 2024, more than 100 animal shelters were sprayed by insecticide in 14 districts of Kabul province. Also, the spraying activities are on-going in 4 live animal markets in Kabul province (Qarabagh, Company, Sarai Shamali, and Arzan Qimat).
- Since Jan 2024, a total of 280 veterinarians have been trained on the case definition of CCHF as well as collection, storage, and transportation of the of blood and tick samples to Central Veterinary Diagnostic and Research Laboratory (CVDRL) for confirmation and vector control activities.
- Since Jan 2024, blood samples were collected from cattle to determine the CCHF seroprevalence, and tick samples

were collected for vector surveillance activities in Kabul province.

• Surveillance support teams (SSTs) are actively participating in outbreak investigation and response activities in 34 provinces.

Laboratory and supplies

• Laboratory kits supplied during 2023 are being used for the confirmation of CCHF cases reported since 01 Jan 2024.

Case management

• Case management supplies delivered during 2023 are being used for responding to CCHF outbreak cases reported since 01 Jan 2024.

Risk Communication and Community Engagement (RCCE)

• Since Jan 2024, 700 butchers received training on preventive measures against CCHF and safe handling of animals through the partnership with Food and Agriculture Organization (FAO).

Dengue Fever Outbreak (01-13 Jan 2024)

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Test positivity ratio

Table 6: Summary of the Dengue fever outbreak in the last eight weeks (19 Nov 2023-13 Jan 2024)

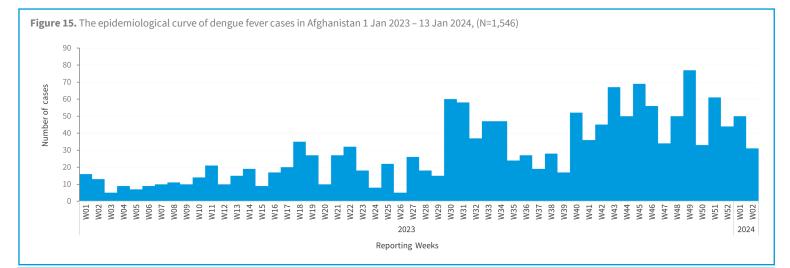
Indicators	W47	W48	W49	W50	W51	W52	W01-24	W02-24	Trend line
Suspected cases	34	50	77	33	61	44	50	31	
Deaths	0	0	0	0	0	0	0	0	• • • • • • • •
CFR (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	• • • • • • • •

Overall, the epidemiological curve depicts a rising trend in suspected dengue fever cases starting from the last week of Aug 2023; this could be linked to increased vector activity and enhanced surveillance in vector-borne disease detection and reporting (Figures 15 & 16).

During week 02-2024, 31 suspected cases of dengue fever were reported from Nangarhar province, which shows a 38.0% decrease in the number of suspected dengue fever cases compared to week 01-2024.

Since 01 Jan 2024, a total of 81 suspected cases of dengue fever and no deaths were reported (Figure 17), out of total • suspected cases, 43 (53.1%) were females and all of them were over 5 years of age.

- Since Jan 2024, a total of 37 samples have been collected, out of which 29 were confirmed (positivity 78.4%).
- Between Jan and Dec 2023, a total of 1,496 suspected dengue fever cases (48.3% females, 2.3% under 5 children) and 1 death with CFR=0.07% were reported. Also, 921 samples were tested; of which 356 were positive (positivity rate 38.7%).





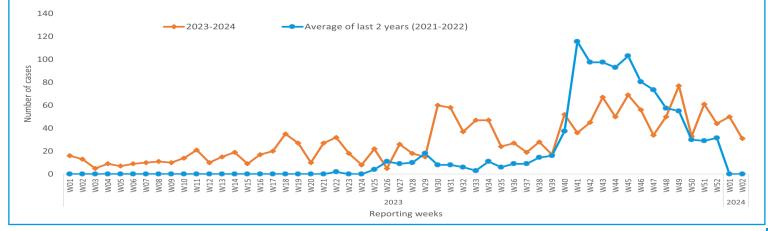
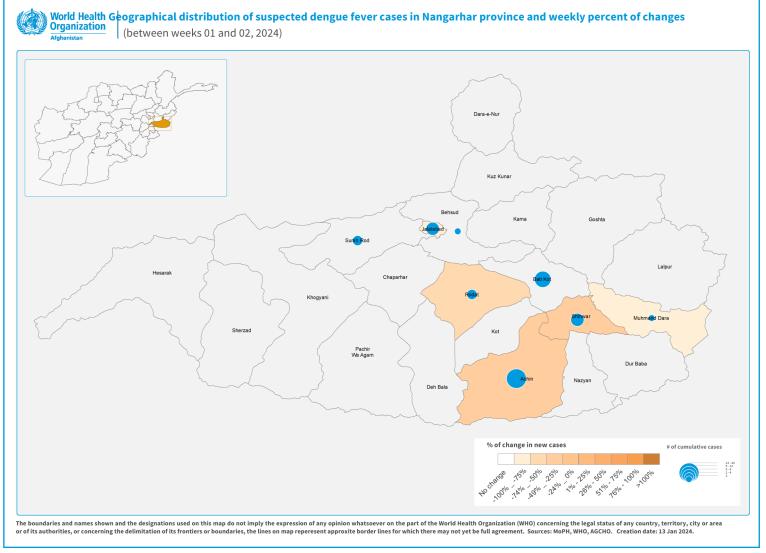


Figure 17. Geographical distribution of suspected dengue fever cases and percent change of new cases in Nangarhar province, 01-13 Jan 2024



Response to the dengue fever outbreak

- Emergency Preparedness and Response Committees (EPR) are active at the provincial levels.
- Surveillance support teams (SSTs) are actively participating in outbreak investigation and response activities in 34 provinces.
- Supervisory visits have been conducted in different provinces to strengthen early detection and timely response to dengue fever outbreaks.

Note: MOPH is the source of epidemiological data Case definition & alert/outbreak thresholds

Contact us for further information:

- Dr. Mohamed Tahoun, MD, MPH, PhD : Head of Infectious Hazard Preparedness, WHO-CO, (tahounm@who.int)
- Dr. Mohammad Omar Mashal, MD, PhD: National Surveillance Officer WHO-CO, (mmashal@who.int)
- Mr. Hafizullah Safi, BSF, MBA, MPH: Data Management Officer, WHO-CO, (safih@who.int)
- Mr. Abdul Wahid Amiri: Surveillance Data Analyst, WHO-CO, (amiria@who.int)