








AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS


SITUATION REPORT | Epidemiological week #02-2025

No. 02 (05 – 11 Jan 2025)

Disease Outbreaks	 ARI-Pneumonia	 Measles (Suspected)	 COVID-19 (Confirmed)	 AWD with dehydration	 Dengue fever (Suspected)	 CCHF (Suspected)	 Malaria (Confirmed)
Cumulative cases 2025	78,343	2,405	122	3,313	32	10	485
Cumulative deaths 2025 (CFR %)	206 (0.3)	15 (0.6)	2 (1.6)	0 (0.0)	0 (0.0)	1 (10.0)	0 (0.0)
Cumulative Cases 2024	1,357,350	59,753	13,812	175,262	4,722	1,221	81,304
Cumulative deaths 2024 (CFR %)	2,999 (0.2)	289 (0.5)	75 (0.5)	88 (0.05)	2 (0.04)	95 (7.8)	2 (0.002)

(Data from 603 (98.4%) out of 613 sentinel sites)


ARI-Pneumonia (01 Jan 2024– 11 Jan 2025)


***1,435,693**
Total ARI Cases


***3,205**
Total ARI Deaths


****3,906**
Samples tested for influenza





****181**
Lab confirmed influenza cases


4.6%
Influenza test positivity ratio

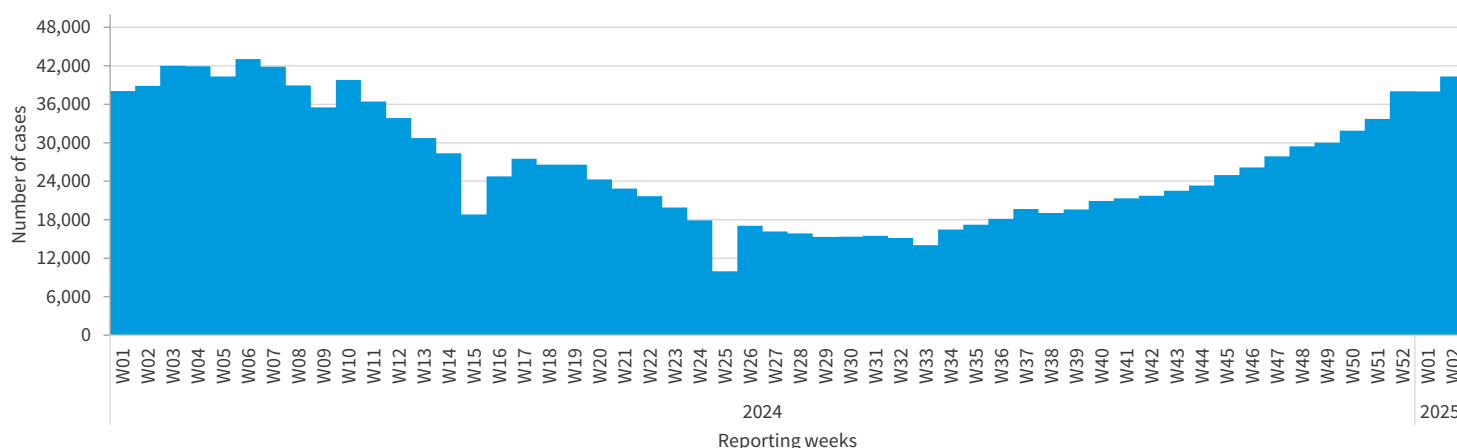
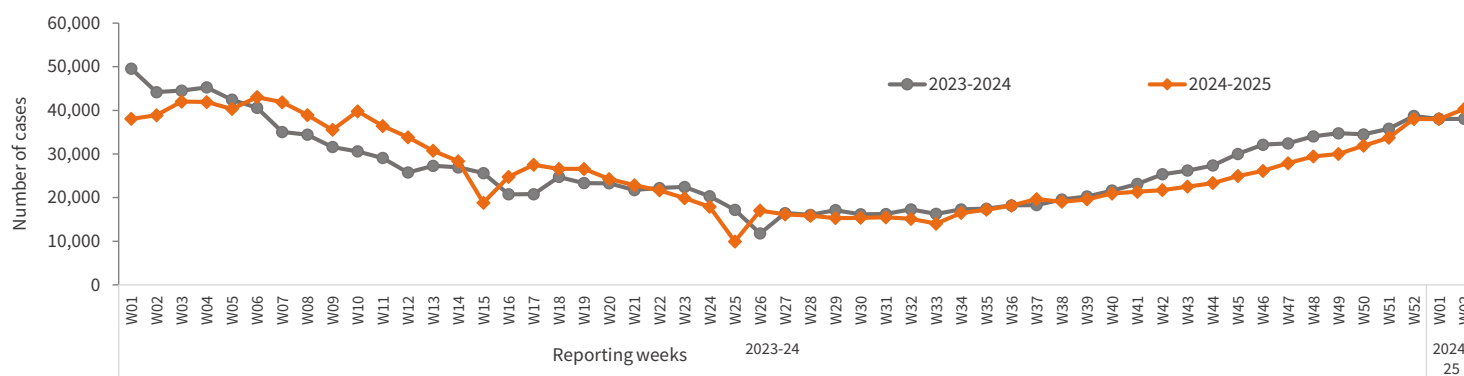
*Currently ARI related data (morbidity and mortality) are reported from 613 surveillance sentinel sites across 34 provinces in the country.

**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

Table 1: Summary of the ARI-Pneumonia outbreak in the last eight weeks in Afghanistan (17 Nov 2024 – 11 Jan 2025)

Indicators	W47-24	W48-24	W49-24	W50-24	W51-24	W52-24	W01-25	W02-25	Trend lines
Suspected cases	27,890	29,451	30,030	31,901	33,735	38,037	38,012	40,331	
Suspected deaths	46	45	45	51	60	72	99	107	
CFR (%)	0.2	0.2	0.1	0.2	0.2	0.2	0.3	0.3	

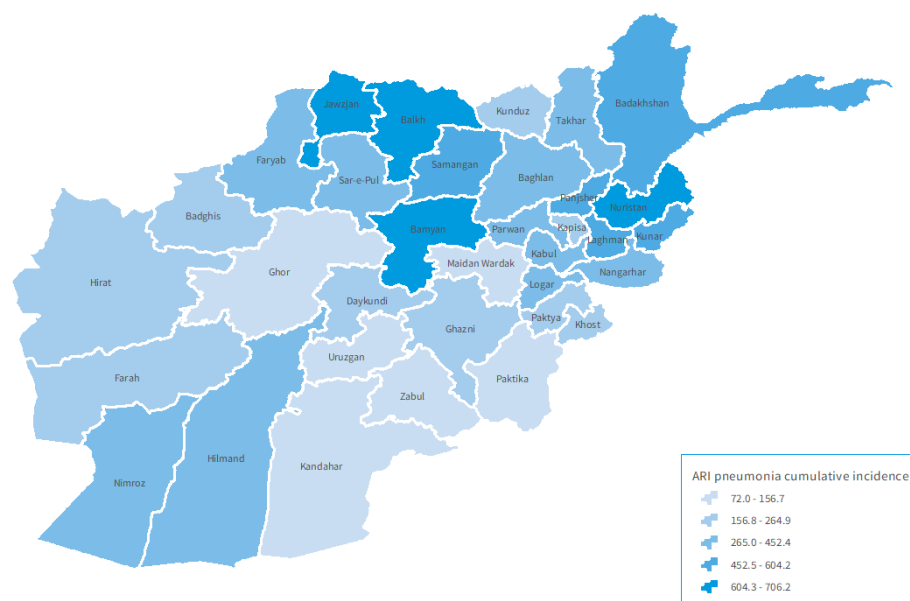
- The epi curve indicates a gradual increase in ARI pneumonia cases since week 34-2024 (Figures 1 & 2). The increase could be explained by the ongoing winter season in the country.
- During week 02-2025, 40,331 cases of ARI pneumonia and 107 associated deaths (CFR=2.5%) were reported, which shows a 6.1% increase in the number of ARI pneumonia cases compared to the preceding week.
- Out of the 40,331 cases, 20,012 (49.6%) were females while 23,863 (59.2%) of them were under five children.
- Since the beginning of 2024, the highest cumulative incidence of ARI pneumonia per 10,000 population has been reported in Balkh (706.2), followed by Nuristan (700.4), Bamyan (669.0), and Jawzjan (629.6) provinces (Figure 3).
- Between Jan and Dec 2024, a total of 1,357,350 ARI Pneumonia cases (49.4% females and 62.8% under five) and 2,999 associated deaths (CFR of 0.2% ; 45.8% females, 83.6% under five) were reported from 34 provinces.

**Figure 1.** Weekly distribution of ARI pneumonia cases in Afghanistan, 01 Jan 2024 – 11 Jan 2025 (N=1,435,693)**Figure 2.** Comparison between the trends of ARI pneumonia cases in 2024-2025 vs 2023-2024**Figure 3.** ARI-Pneumonia cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan 2024 – 11 Jan 2025

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ARI pneumonia cumulative incidence per 10,000 population by province

01 Jan 2024–11 Jan 2025



Updates on the response activities to the ARI outbreak

- Since the beginning of the 2025, WHO has conducted an online awareness campaign to address winterization preparedness and raise awareness of winter-related diseases through its official social media accounts (Facebook and Twitter).
- During 2024, the following preparedness and response activities were implemented:
 - A total of 250 HCWs were trained on ARI Pneumonia case management in 7 regions (North, Northeast, Central, South, Southeast, East, and West).
 - A total of 6,500 Viral Transport Media (VTM) have been distributed to the North-east and Central-east NDSR offices.
 - Eighty-nine case management kits have been distributed to all WHO sub-offices.
 - WHO has handed over a total of 89,000 IEC materials on ARI to MoPH (64,000 Posters and 25,000 Brochures).



Measles

(01 Jan 2024– 11 Jan 2025)



62,158

Total Cases



304

Total Deaths



14,086

Sample tested



8,223

Lab confirmed cases



58.4%

Test positivity rate

Table 2: Summary of the measles outbreak in the last eight weeks in Afghanistan (17 Nov 2024 – 11 Jan 2025)

Indicators	W47-24	W48-24	W49-24	W50-24	W51-24	W52-24	W01-25	W02-25	Trend line
Suspected cases	835	959	966	1,077	1,085	1,134	1,136	1,269	
Suspected deaths	2	5	6	7	2	10	8	7	
CFR (%)	0.2	0.5	0.6	0.6	0.2	0.9	0.7	0.6	

- The epidemiological curve of suspected measles cases shows a gradual increase since week 43-2024 (Figure 4). The trend in 2024-2025 is higher than that reported in 2023-2024 (Figure 5).
- During week 02-2025, a total of 1,269 suspected cases and 7 associated deaths were reported showing 11.7% increase in the number of suspected cases compared to the preceding week. Out of the 1,269 cases, 582 (45.9%) were females and 1,071 (84.4%) were under-five children.
- Out of the 7 new deaths, 5 were under-five children while one of them was female. The deaths were reported from 3 provinces: Kabul (4), Herat (2), and Helmand (1).
- Since the beginning of 2024, Balkh has reported the highest cumulative incidence of suspected measles cases per 10,000 population (41.5), followed by Khost (33.1), Urozgan (31.9), and Helmand (29.5) (Figure 6).
- Between Jan and Dec 2024, a total of 59,753 suspected measles cases (45.5% female and 80.0% under five) and 289 deaths (CFR=0.5%; 44.6% female and 95.2% under five) were reported.

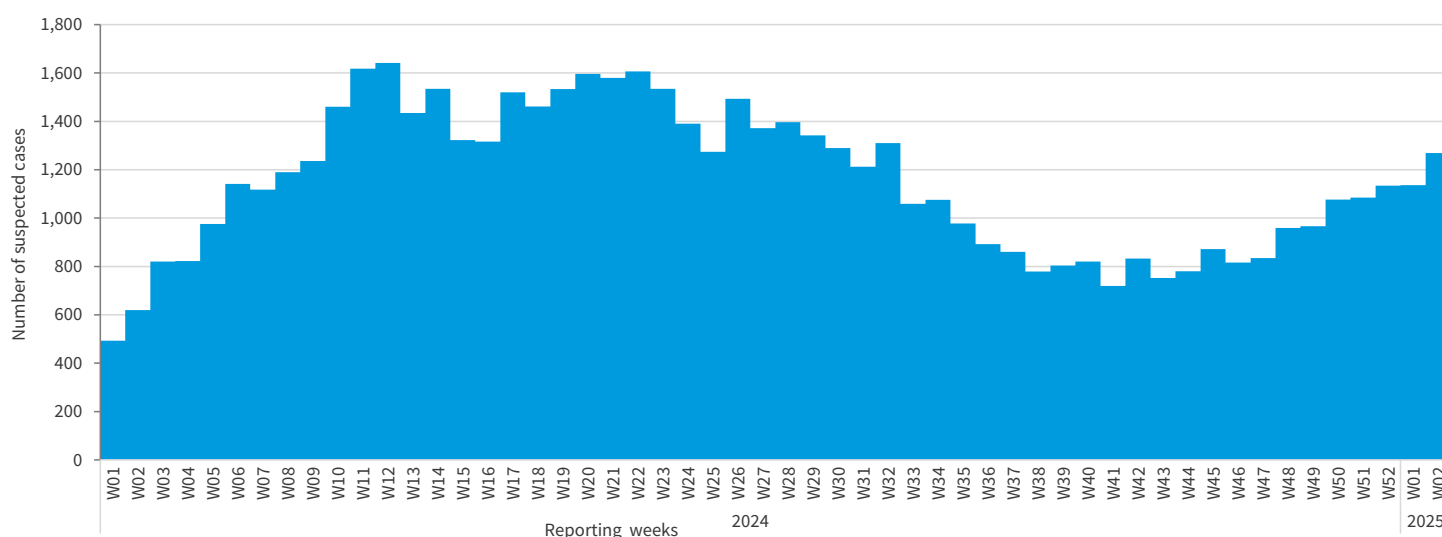
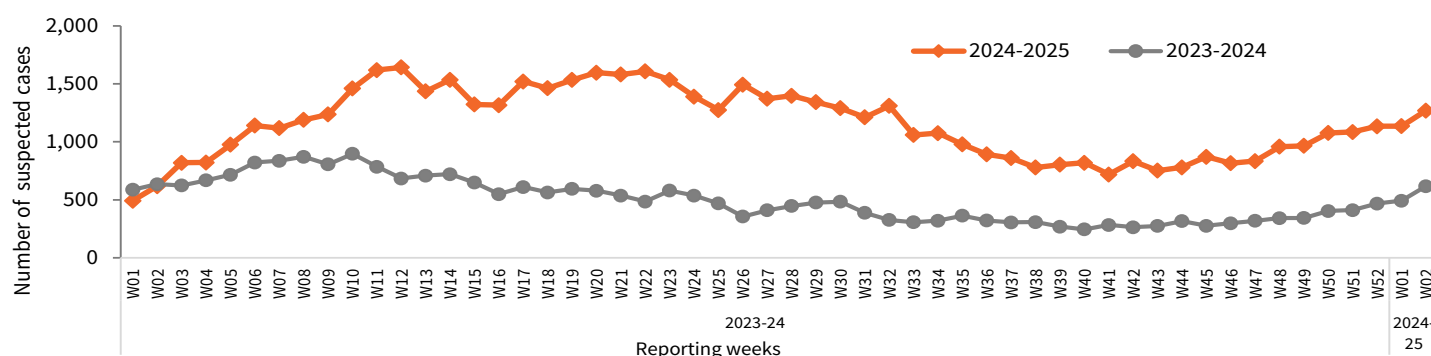
Figure 4. Weekly distribution of suspected measles cases in Afghanistan, 01 Jan 2024 to 11 Jan 2025 (N= 62,158)**Figure 5.** Comparison between the trends of suspected measles cases in 2024-2025 vs 2023-2024



Figure 6. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 01 Jan 2024-11 Jan 2025

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Suspected measles cumulative incidence per 10,000 population by province 01 Jan 2024 – 11 Jan 2025

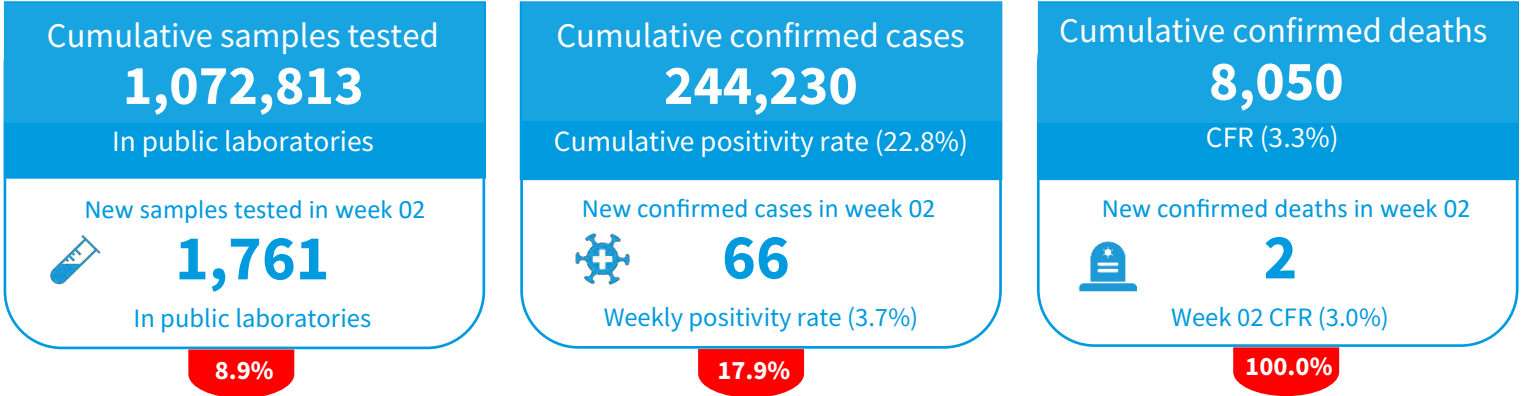


Updates on the preparedness and response to the measles outbreak

- During week 02-2025, a total of 469 children aged 9-59 months were vaccinated against measles outbreaks in 5 provinces (Helmand, Urozgan, Paktya, Paktika and Nangarhar). This brings the number of children 9-59 months who have been vaccinated against measles as part of outbreak response immunization activities to 34,228 across the country since the beginning of 2024.
- During 2024, a total of 103 SSTs (each team included 2 members) were trained on sample collection, storage, and shipment from 3 regions: Central (63 SSTs), West (3 SSTs), and South (37 SSTs) regions.
- During 2024, a total of 126 measles case management kits have been distributed to WHO sub-offices across the country.

COVID-19

(24 Feb 2020 — 11 Jan 2025)

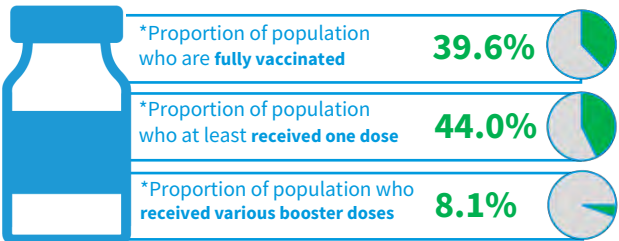


Key: ● Increasing ● Decreasing ● No change

COVID-19 Vaccination highlights



*Note: During December 2024, around 1,922 doses of various COVID-19 vaccines have been administered which shows a 26.8% decrease compared to November 2024.



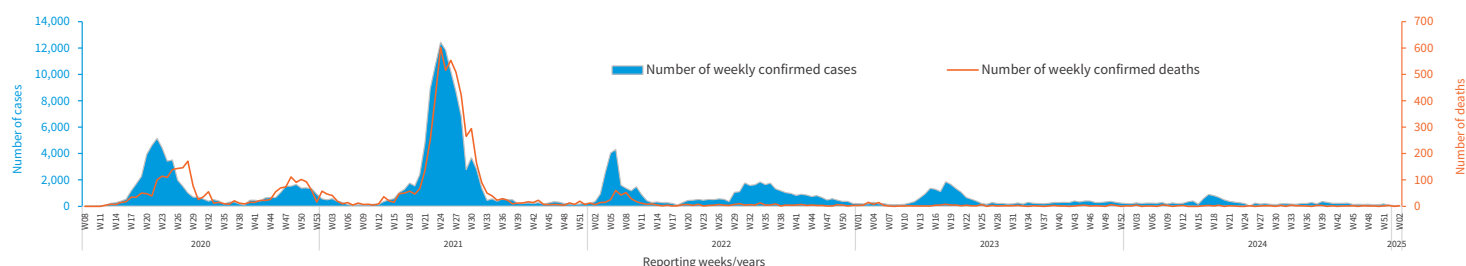
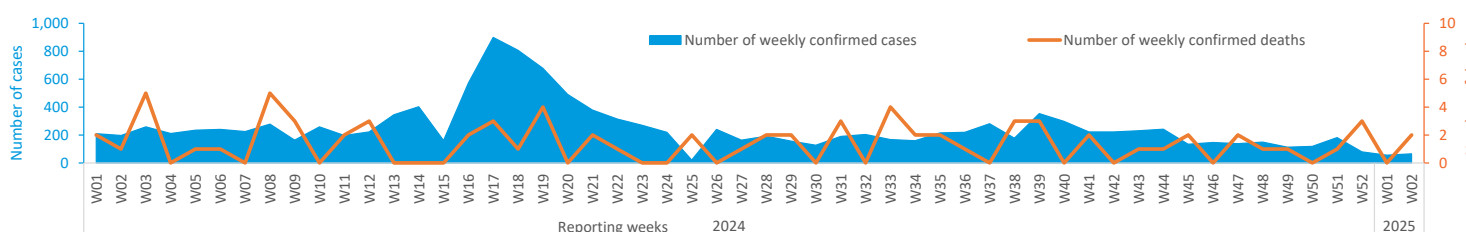
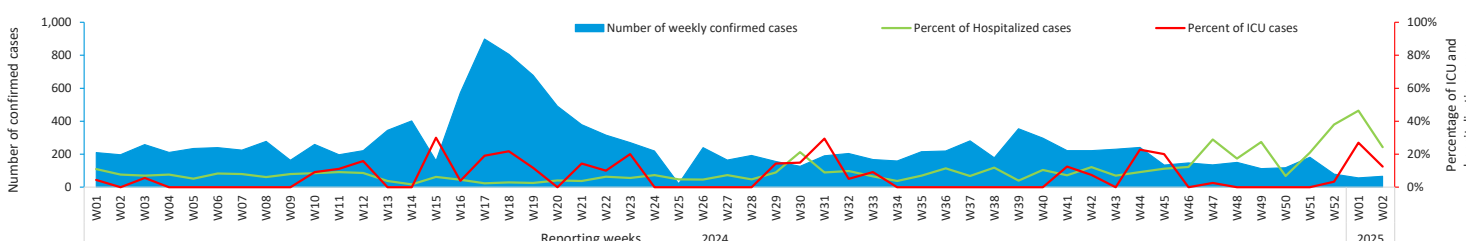
* The denominator is 43,100,596 based on OCHA estimation 2024

**Table 3:** Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (17 Nov 2024 – 11 Jan 2025)

Indicators	W47-24	W48-24	W40-24	W50-24	W51-24	W52-24	W01-25	W02-25	Trend line
Samples tested (in public Labs)	1,763	2,222	1,824	2,183	2,109	2,295	1,617 *	1,761	
Confirmed cases	138	150	113	118	182	79	56 *	66	
Percent positivity (%)	7.8	6.8	6.2	5.4	8.6	3.4	3.5	3.7	
Deaths	2	1	1	0	1	3	0	2	
CFR (%)	1.4	0.7	0.9	0.0	0.5	3.8	0.0	3.0	

*A delayed reporting was experienced during week 01-2024 and the number of tested samples and confirmed COVID-19 cases were modified from 1,384 to 1,617, and from 55 to 56, respectively.

- The epidemiological curve of confirmed COVID-19 cases indicates a fluctuation at the lower level in the recent weeks following the peak in the week 17-2024 (Figures 7 & 8).
- During week 02-2025, a total of 1,761 samples were tested in public labs, of which 66 cases were positive for COVID-19 (positivity rate 3.7%) with 2 associated deaths (CFR 3.0%). The number of positive cases shows a 17.9% increase compared to the preceding week (Table 3 and Figure 8).
- The new 2 deaths were both over five females reported from Kabul province.
- During week 02-2025, among 66 confirmed cases, 16 (24.2%) were hospitalized, while 2 of hospitalized case (12.5%) were admitted to ICU (Figure 9). Of the 66 COVID-19 confirmed cases, 30 (45.5%) were females.
- Since the beginning of 2024, a total of 127,847 samples of COVID-19 were tested by public health laboratories across the country, out of which 13,934 were positive (positivity rate 10.9%), while the overall number of COVID-19 samples tested by public health laboratories reached to 1,072,813 since the beginning of the pandemic in February 2020.
- Between Jan and Dec 2024, a total of 13,812 COVID-19 confirmed cases and 75 deaths (CFR=0.5%) have been reported. Out of the total cases, 7,411 (53.7%) were females while females represented almost 3 quarters of deaths (55 - 73.3%).

Figure 7. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 24 Feb 2020 – 11 Jan 2025 (cases=244,230, deaths=8,050)**Figure 8.** Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 01 Jan 2024 – 11 Jan 2025 (cases=13,934, deaths=77)**Figure 9.** Weekly proportion of hospitalized and ICU cases and the number of confirmed COVID-19 cases in Afghanistan between 01 Jan 2024-11 Jan 2025*

*The hospitalization rate was calculated among confirmed cases, while the ICU rate was calculated among hospitalized cases.

Update on the response activities to COVID-19

- Since the beginning of 2024, the below supplies have been distributed to all regional sub-offices:
 - A total of 930 VTM kits (50 units per kit).
 - A total of 1,571 COVID-19 RDT kits (25 tests per kit).



Acute Watery Diarrhea (AWD) with Dehydration (01 Jan 2024-11 Jan 2025)



178,575
Total AWD with dehydration cases



88
Total AWD with dehydration deaths



10,320
Samples tested for AWD with dehydration (RDTs)



1,464
RDT-positive cases for AWD with dehydration



14.2%
RDT positivity rate for AWD with dehydration

Table 4: Summary of the AWD with dehydration outbreak in the last eight weeks in Afghanistan (17 Nov 2024 – 11 Jan 2025)

Indicators	W47-24	W48-24	W49-24	W50-24	W51-24	W52-24	W01-25	W02-25	Trend line
Number of cases	2,301	1,965	2,066	1,940	1,862	1,800	1,663	1,650	
Number of deaths	2	1	1	1	1	0	0	0	
CFR (%)	0.09	0.05	0.05	0.05	0.05	0.00	0.00	0.00	

- The epi-curve shows a decreasing trend since week 31-2024, which could be linked to the end of the summer season (Figure 10).
- During week 02-2025, 1,650 AWD with dehydration cases with no associated deaths were reported from 108 districts, which shows a stabilization in the number of cases reported compared to the previous week.
- Out of the 1,650 AWD with dehydration cases, 769 (46.6%) were females and 974 (59.0%) were under-five children.
- During week 02-2025, a new district (Said Karam from Paktya) reported an alert of AWD with dehydration.
- Since the beginning of 2024, the highest cumulative incidence of AWD with dehydration per 10,000 population was reported from Paktya (146.5) followed by Nimroz (140.9), Logar (105.3), and Kabul (89.4) (Figure 11).
- Since the beginning of 2024, 10,320 Rapid Diagnostic Tests (RDTs) have been conducted on AWD with dehydration cases, of which 1,464 tests turned positive (positivity rate 14.2%).
- Between Jan and Dec 2024, a total of 175,262 AWD with dehydration cases (49.4% females and 55.5% under five) and 88 associated deaths (CFR=0.05% ; 42.0% female and 90.9% under five) were reported from 353 districts.

Figure 10. Weekly distribution of AWD with dehydration cases in Afghanistan 01 Jan 2024– 11 Jan 2025 (N=178,575)

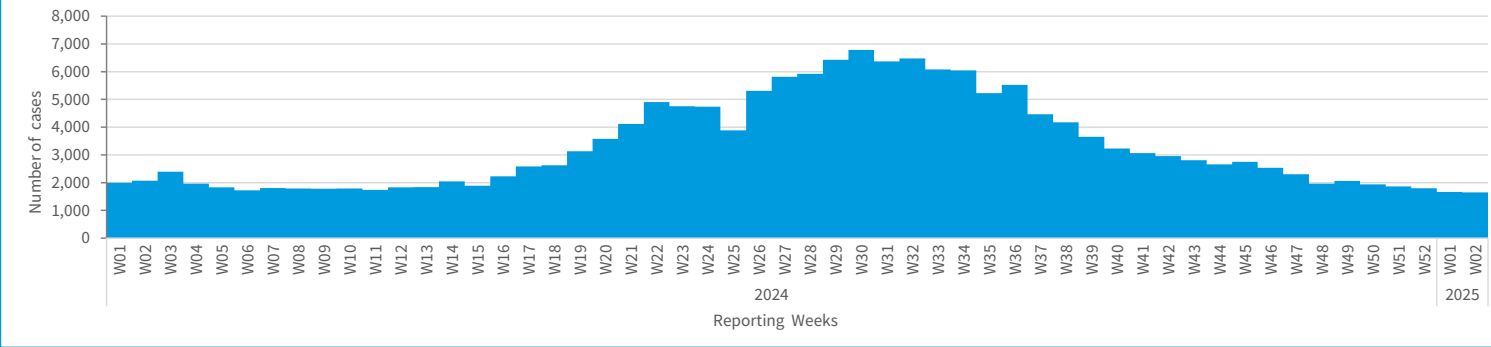
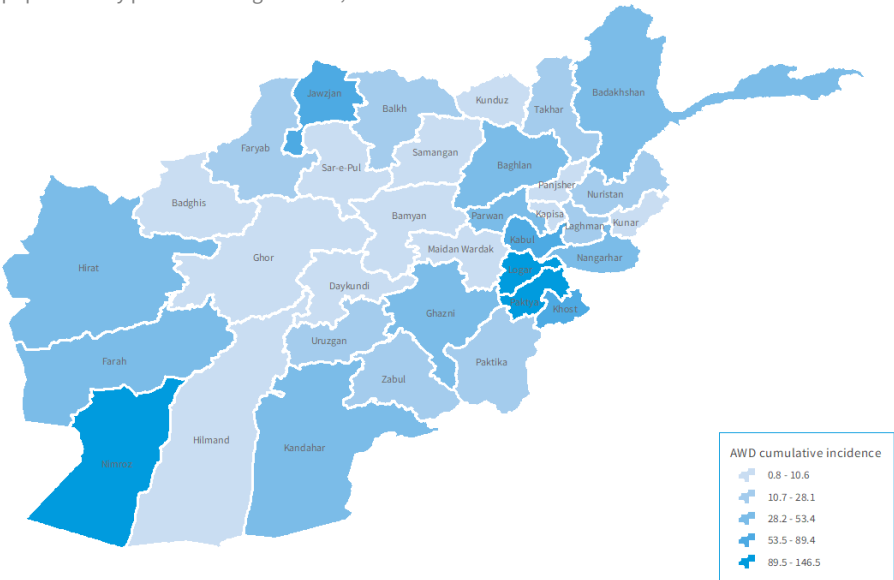


Figure 11. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan 2024 – 11 Jan 2025

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AWD with dehydration cumulative incidence per 10,000 population by province 01 Jan 2024 – 11 Jan 2025





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

Since the beginning of 2024, the following activities have been conducted:

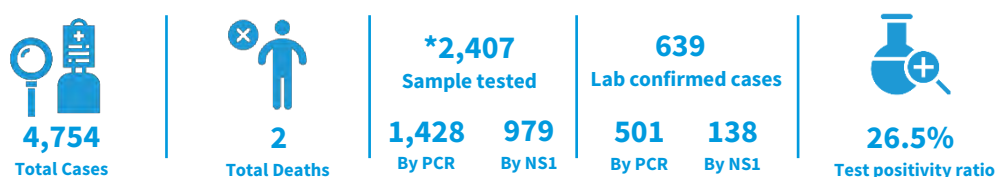
- A total of 1,483 surveillance staff (969 CHSs and HF's Heads, 485 surveillance focal points, and 29 SSTs) have been trained on surveillance procedures, event-based surveillance (EBS), and e-surveillance in the country.
- A total of 210 HCWs have been trained on AWD with dehydration case management in 5 regions: Central region (70 including 15 females), East region (35 including 15 females), South region (35 all males), North region (35 including 5 females), and Northeast region (35 including 17 females).
- A total of 38 Data Management Officers, Data Assistants, and Data Entry Clerks (including 3 females) have been trained on data management and analysis.
- A total of 114 Cary Blair kits (100/kit) and 424 RDT kits have been distributed to 7 WHO sub-offices.
- A total of 125 case management kits have been distributed to the affected communities.
- A total of 2,700 Information, Education, and Communication (IEC) materials (1,200 posters and 1,500 brochures) on AWD have been delivered by WHO to Ghor province. These IEC materials have been used in health facilities and flood-affected communities.

WASH update:

- There are no updates for the past 2 weeks.

Dengue Fever

(01 Jan 2024 - 11 Jan 2025)

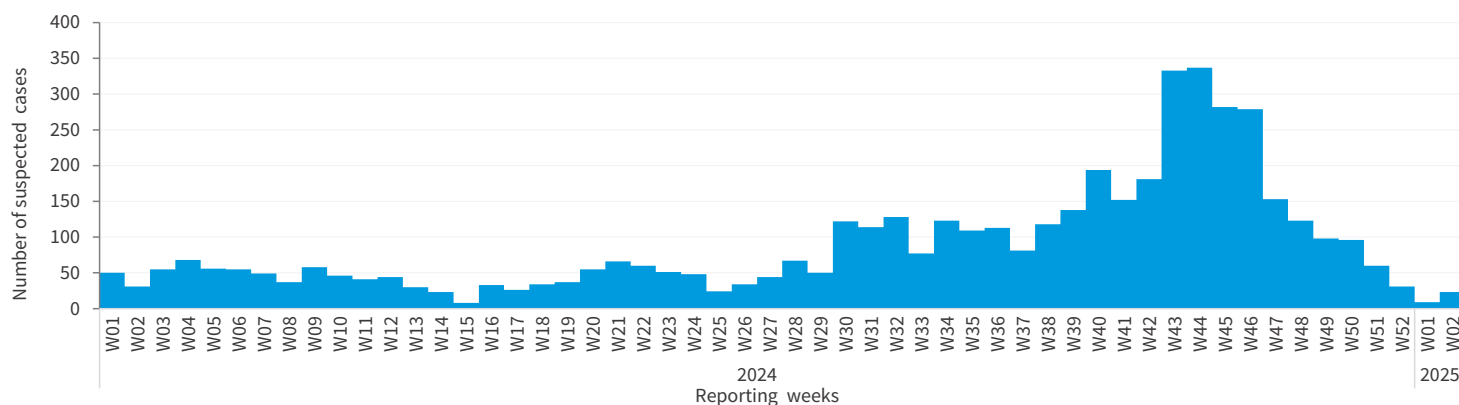
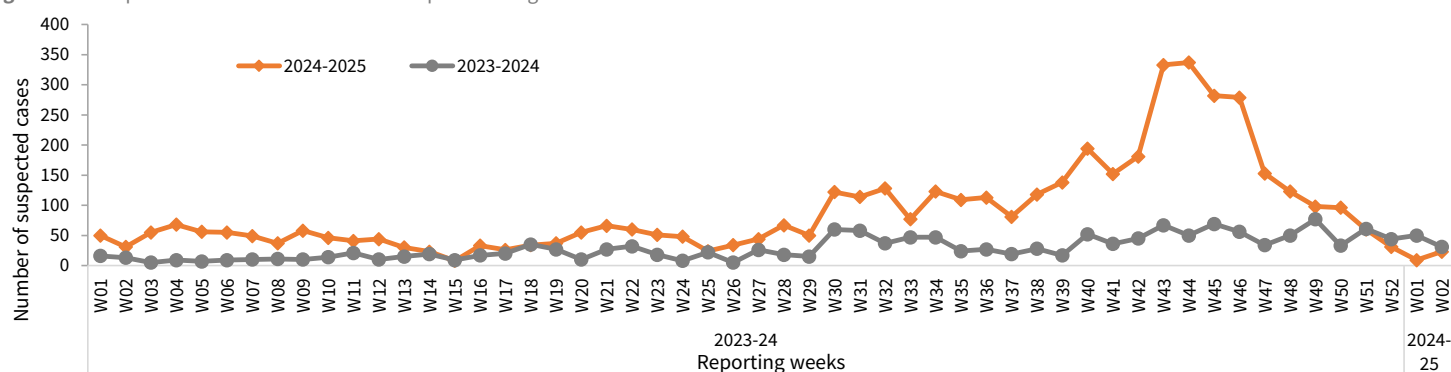


Note: Dengue fever laboratory data was reviewed, utilizing the confirmed case definition from WHO. This definition is characterized by confirmation through PCR, positive virus culture, DENV NS1 antigen detection, seroconversion of IgG in paired sera, or a significant increase (fourfold) in IgG titer 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

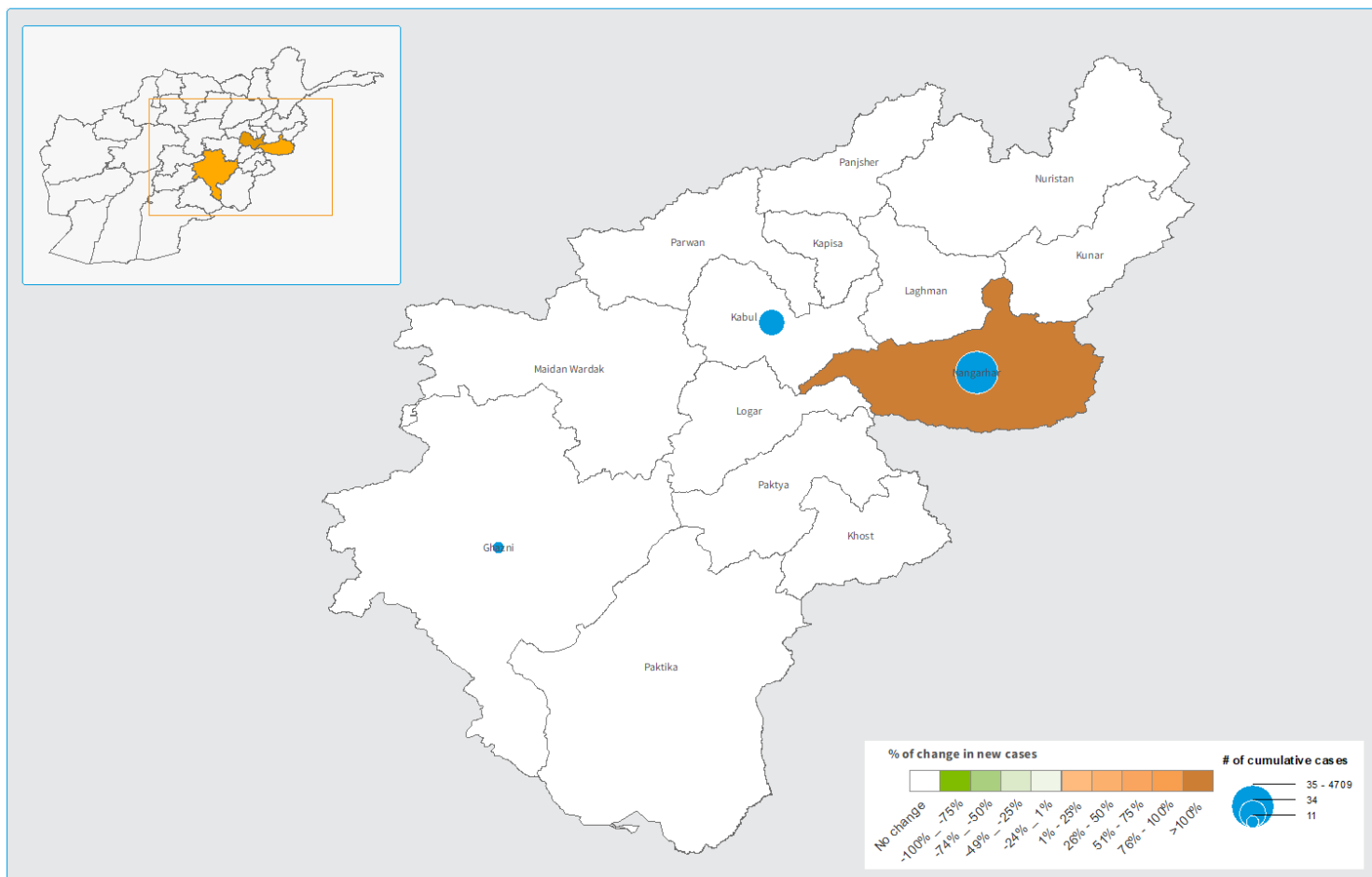
Table 5: Summary of the dengue fever outbreak in the last eight weeks in Afghanistan (17 Nov 2024 – 11 Jan 2025)

Indicators	W47-24	W48-24	W49-24	W50-24	W51-24	W52-24	W01-25	W02-25	Trend line
Suspected cases	153	123	98	96	60	31	9	23	
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 a gradual decrease since week 45-2024 following an increasing trend since week 26-2024 reaching its highest peak in week 44-2024 (Figure 12).
- During week 02-2025, 23 suspected cases of dengue fever, with no associated deaths, were reported from Nangarhar province, compared to 9 in the preceding week.
- Since the beginning of 2025, 32 suspected dengue fever cases, with no associated deaths reported. All of the reported cases were over five, while 14 (43.8%) were females.
- Since the beginning of 2024, the number of suspected dengue fever cases has been higher than the cases reported in 2023-24; however, in the recent 3 weeks, the cases have been reported lower than that reported during 2023-24 (Figure 13).
- Since the beginning of 2024, a total of 2,407 samples (1,428 PCR and 979 NS1) have been tested, out of which 639 (501 by PCR and 138 by NS1) were positive (total positivity rate 26.5%).
- Between Jan and Dec 2024, a total of 4,722 suspected cases of dengue fever (44.4% female and 1.8% under five) with 2 associated deaths (CFR of 0.04%; both over five males) were reported. The geographical distribution and weekly change rate are shown in Figure 14.

**Figure 12.** Weekly distribution of suspected dengue fever cases in Afghanistan 1 Jan 2024 – 11 Jan 2025, (N=4,754)**Figure 13.** Comparison between the trends of suspected dengue fever cases in 2024-2025 vs 2023-2024**Figure 14.** Geographical distribution of suspected dengue fever cases and percent change of new cases in Afghanistan, 01 Jan 2024 – 11 Jan 2025

Geographical distribution of suspected dengue fever cases in Nangarhar, Ghazni and Kabul provinces and weekly percent of changes (between weeks 01 and 02, 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: 11 Jan 2025.



Updates in the response to the dengue fever outbreak

- Since the beginning of 2024, the following activities were conducted:
- As part of the outbreak response to dengue fever, Gravitraps and larvicides are supplied to the MoPH.
 - A total of 835 dengue fever RDT kits (10 tests/kit) have been distributed to South and East WHO sub-regional offices.
 - A total of 386 HCWs (MDs and Nurses) have been trained on dengue fever case management from Kandahar (46 males and 42 females), Southeast region (64 males and 43 females), and East region (104 males and 87 females).
 - A total of 150 lab technicians of HFs of Kandahar (28), Southeast region (54), and East region (68) have been trained on dengue fever diagnosis.

Crimean Congo Hemorrhagic Fever (CCHF)

(01 Jan 2024 - 11 Jan 2025)

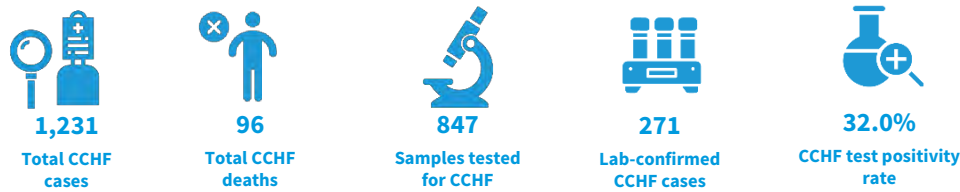
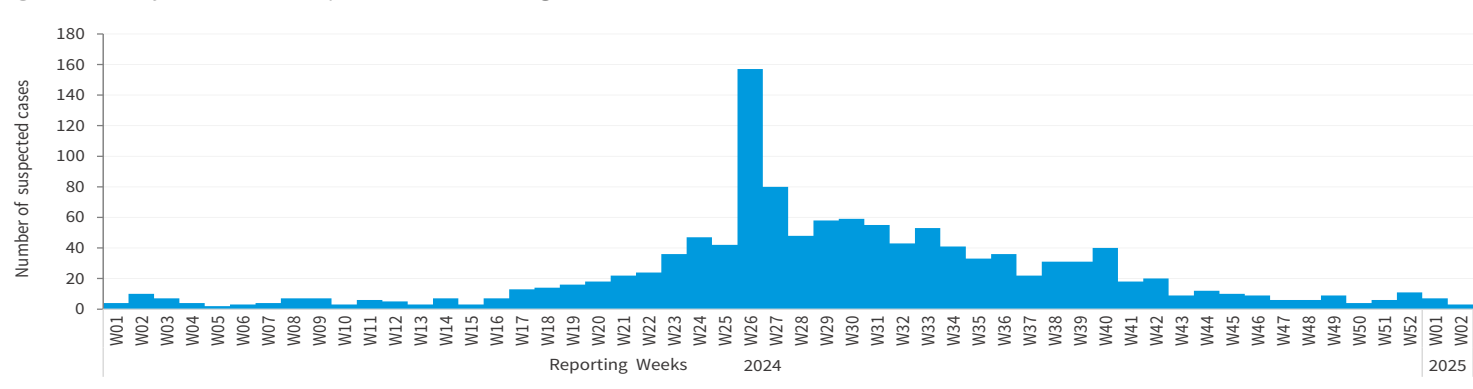


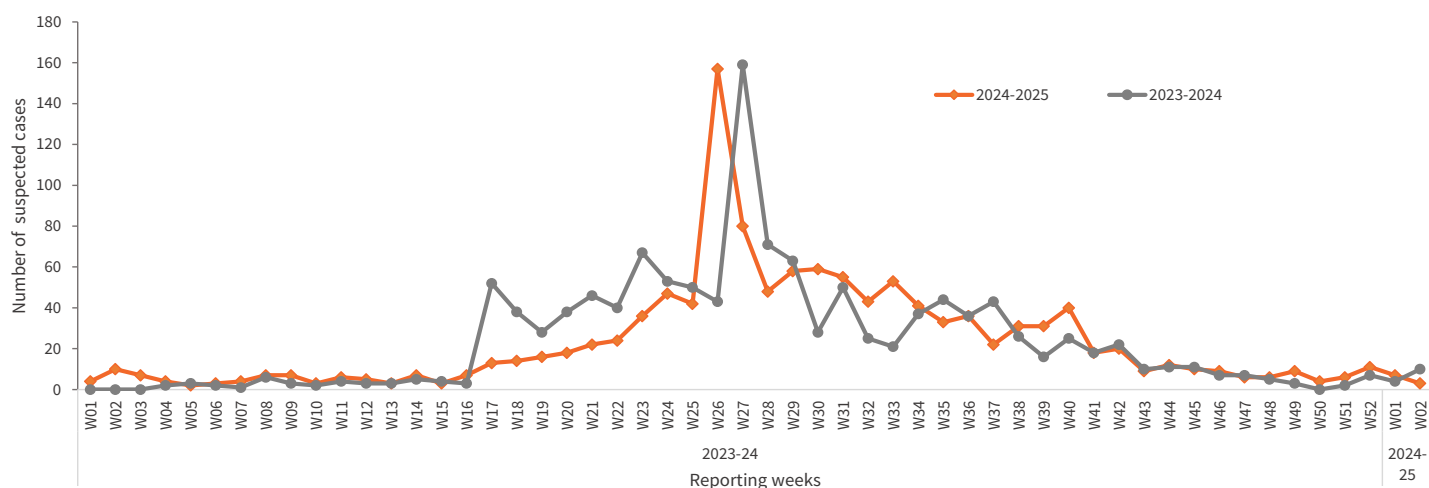
Table 6: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (10 Nov 2024 – 04 Jan 2025)

Indicators	W47-24	W48-24	W49-24	W50-24	W51-24	W52-24	W01-25	W02-25	Trend line
Suspected cases	6	6	9	4	6	11	7	3	
Suspected deaths	0	0	0	0	0	1	1	0	
CFR (%)	0.0	0.0	0.0	0.0	0.0	9.1	14.3	0.0	

- The epi-curve of suspected CCHF cases shows a declining trend since week 27-2024 (Figures 15 & 16).
- During week 02-2025, 3 new suspected CCHF cases, with no associated deaths were reported, compared to 7 cases reported in the preceding week (Table 6).
- Since the beginning of 2025, a total of 10 suspected CCHF cases, with no associated deaths were reported. All of the reported cases were over five, while 8 (80.0%) were females.
- Since the beginning of 2024:
 - The reported deaths were from 10 provinces Kabul (56), Balkh (19), Herat (5), Kunduz (4), Kapisa (4), Nangarhar (3), Baghlan (2), Badakhshan (1), Jawzjan (1), and Kunar (1).
 - A total of 847 samples of suspected CCHF cases have been tested, out of which 271 were positive (positivity rate 32.0%) from 14 provinces.
 - The positive cases have been reported from 14 provinces Kabul (170), Herat (24), Balkh (23), Kunduz (20), Kapisa (11), Nangarhar (8), Takhar (3), Baghlan (3), Badakhshan (2), Jawzjan (2), Kandahar (2), Helmand (1), Paktika (1), and Logar (1).
 - The highest cumulative incidence of suspected CCHF per 100,000 population in 2024 is reported from Balkh (9.8) followed by Kabul (8.3), Kapisa (7.0), and Jawzjan (7.0) provinces (Figure 17).
- Between Jan and Dec 2024, a total of 1,221 suspected cases of CCHF (31.6% female and 99.5% over five) with 95 associated deaths (CFR of 7.8% ; 27.4% female and 98.9% over five) were reported.

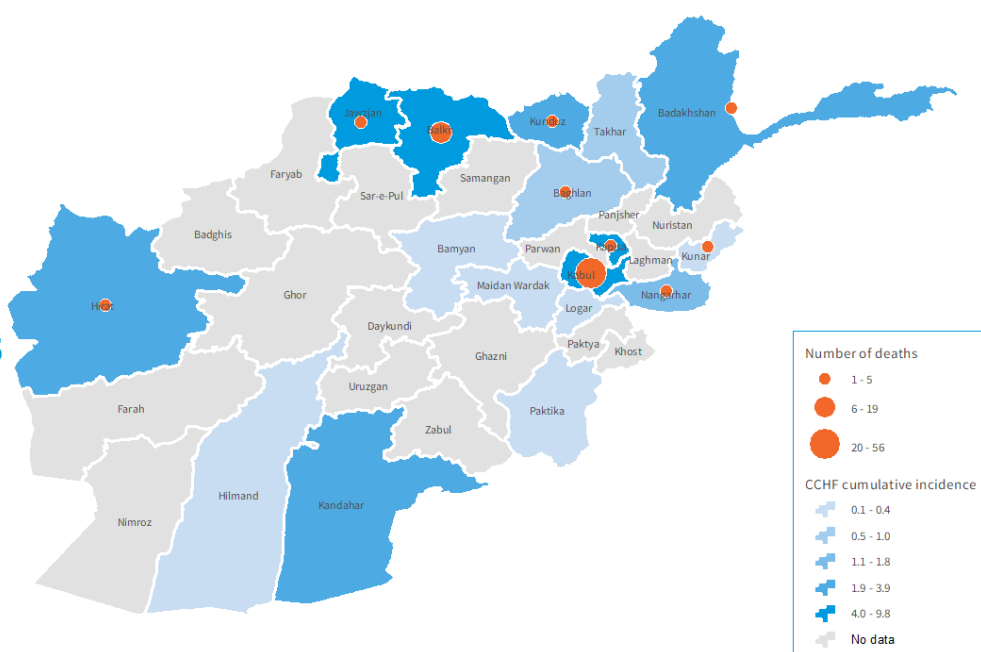
Figure 15: Weekly distribution of suspected CCHF cases in Afghanistan 01 Jan 2024 – 11 Jan 2025, (N=1,231)



**Figure 16.** Comparison between the trends of suspected CCHF cases in 2024-2025 vs 2023-2024**Figure 17.** Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 01 Jan 2024 – 11 Jan 2025

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Crimean-Congo Hemorrhagic Fever (CCHF) cases cumulative incidence per 100,000 population by province and provincial distribution of deaths 01 Jan 2024-11 Jan 2025



Updates on the response to the CCHF outbreak

Since the beginning of 2024, the following activities have been conducted:

- A total of 569 doses of ribavirin tablets and 1,540 doses of ribavirin injections have been distributed to the Infectious Disease Hospital (IDH) in Kabul and all WHO sub-offices.
- Insecticides have been supplied to all 34 provinces for cattle spraying against ticks in animal markets by The Ministry of Agriculture, Irrigation and Livestock (MAIL) and Food and Agriculture Organization (FAO).
- The national CCHF preparedness and response plan has been drafted and shared with MoPH for endorsement. The plan aims to prepare and respond to the CCHF outbreak with focused interventions on surveillance/outbreak investigation, laboratory confirmation, case management and supplies, RCCE for high-risk individuals, and the capacity of healthcare workers.

Since the beginning of 2024, the following RCCE activities have been conducted as a response to outbreaks:

- WHO has conducted a mass online awareness campaign through the WHO's official social media accounts ([Facebook](#) and [Twitter](#)) on CCHF and dengue fever preventive measures as a response to infectious diseases, reaching around 25,000 social media users.
- WHO has conducted a seven-day training and mass awareness campaign in Herat, Balkh, and Kandahar provinces, focused on Crimean-Congo Hemorrhagic Fever (CCHF) and other infectious diseases. The campaign included one day of training followed by six days of community outreach. During the campaign, WHO deployed around 110 (43 female and 67 male) social mobilizers to Herat (40 including 18 females), Balkh (35 including 16 females), and Kandahar (35 including 9 females) provinces and reached around 111,696 people through mass awareness campaigns on CCHF and other infectious diseases.



Malaria

(01 Jan 2024—11 Jan 2025)



81,789

Total confirmed
Malaria Cases



*2 (0.002)

Total malaria
deaths (CFR %)

Table 7: Summary of the malaria outbreak in the last eight weeks in Afghanistan (17 Nov 2024 – 11 Jan 2025)

Indicators	W47-24	W48-24	W49-24	W50-24	W51-24	W52-24	W01-25	W02-25	Trend line
Confirmed cases	1,210	948	645	521	449	375	238	247	
Confirmed deaths	0	0	0	0	0	0	0	0	
CFR (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

- The epi curve of malaria cases shows a declining trend since week 38-2024, after its peak during week 37-2024. The trend of malaria cases in 2024-25 closely follows the trend observed in 2023-24 (Figures 18 & 19).
- During week 02-2025, 247 cases with no associated deaths were reported from 14 provinces, which shows a slight increase in the number of cases compared to the previous week. Out of the total cases, 119 (48.2%) were females and 29 (11.7%) were under-five children.
- Since the beginning of 2024, the highest cumulative incidence of malaria per 10,000 population was reported from Nuristan (418.0) followed by Kunar (299.7), Laghman (192.2), and Nangarhar (105.1) (Figure 20).
- Between Jan and Dec 2024, a total of 81,304 malaria cases (47.0% female and 20.8% under-five) with 2 associated deaths (both under-five males) with CFR=0.002% were reported from 33 provinces.

Figure 18. Weekly distribution of malaria cases in Afghanistan 01 Jan 2024–11 Jan 2025 (N=81,789)

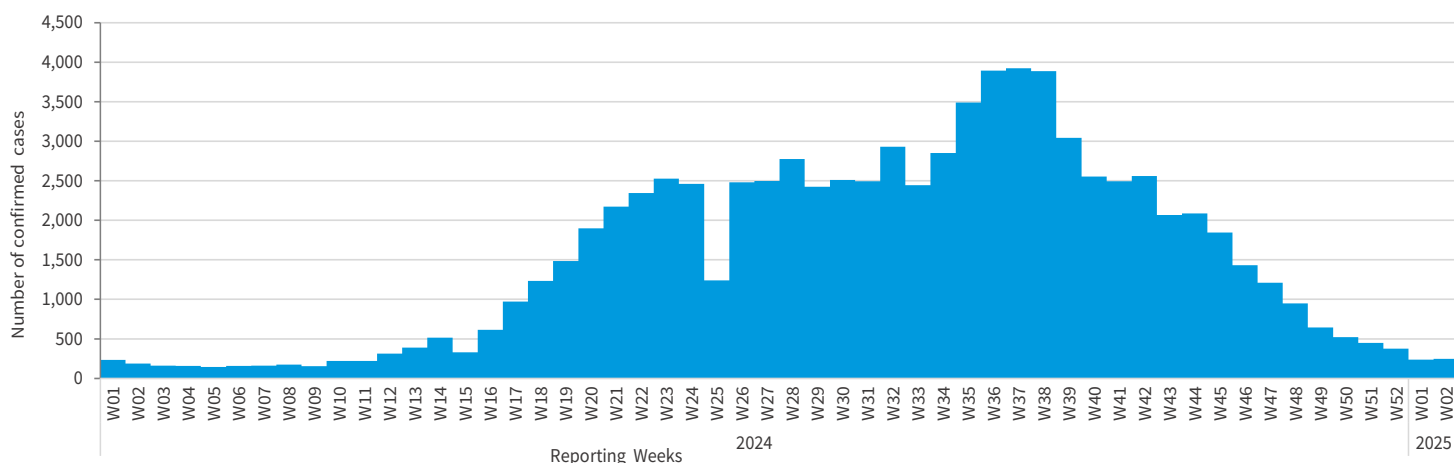
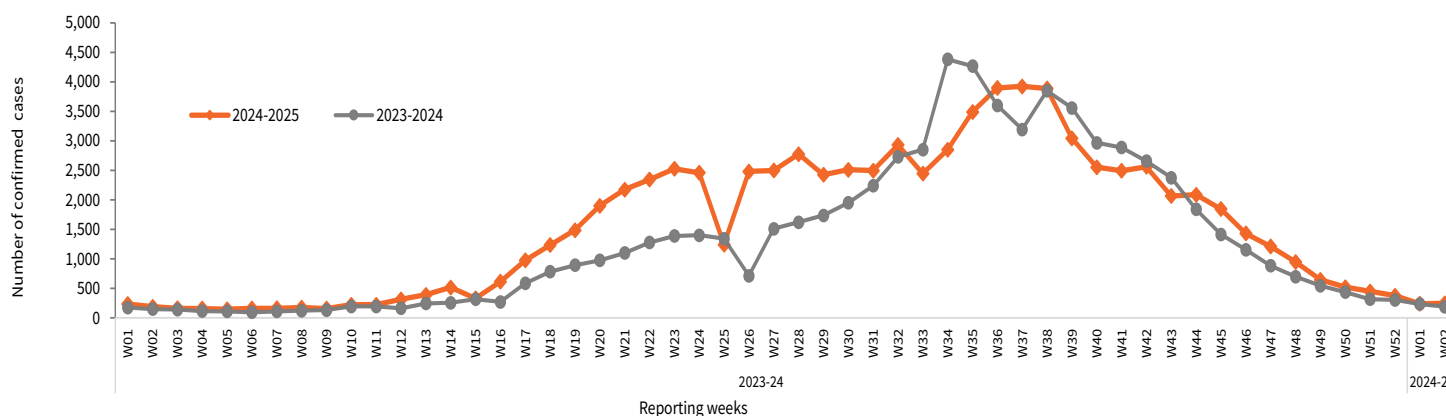


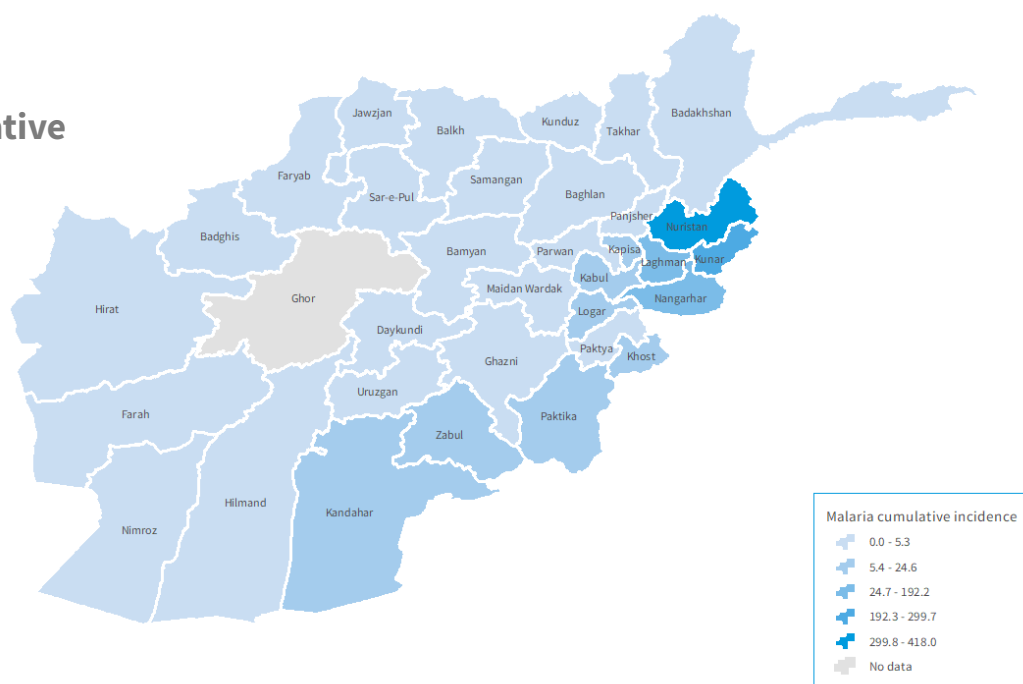
Figure 19. Comparison between the trends of malaria cases in 2024-25 vs 2023-24



**Figure 20.** Malaria cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan 2024 – 11 Jan 2025

AFGHANISTAN

**Confirmed malaria cumulative
Incidence per 10,000
population by province
01 Jan 2024 – 11 Jan 2025**



Note: MOPH is the source of epidemiological data

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

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