










### AFGHANISTAN

#### INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #04-2025

No. 04 (19 – 25 Jan 2025)

Disease Outbreaks	 ARI-Pneumonia	 Measles (Suspected)	 COVID-19 (Confirmed)	 AWD with dehydration	 Dengue fever (Suspected)	 CCHF (Suspected)	 Malaria (Confirmed)
Cumulative cases 2025	162,877	5,406	562	6,346	64	21	910
Cumulative deaths 2025 (CFR %)	409 (0.3)	27 (0.5)	3 (0.5)	1 (0.02)	0 (0.0)	1 (4.8)	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– 25 Jan 2025)

  
**\*1,520,227**  
Total ARI Cases

  
**\*3,408**  
Total ARI Deaths

  
**\*\*4,114**  
Samples tested for influenza




  
**\*\*230**  
Lab confirmed influenza cases

  
**5.6%**  
Influenza test positivity ratio

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

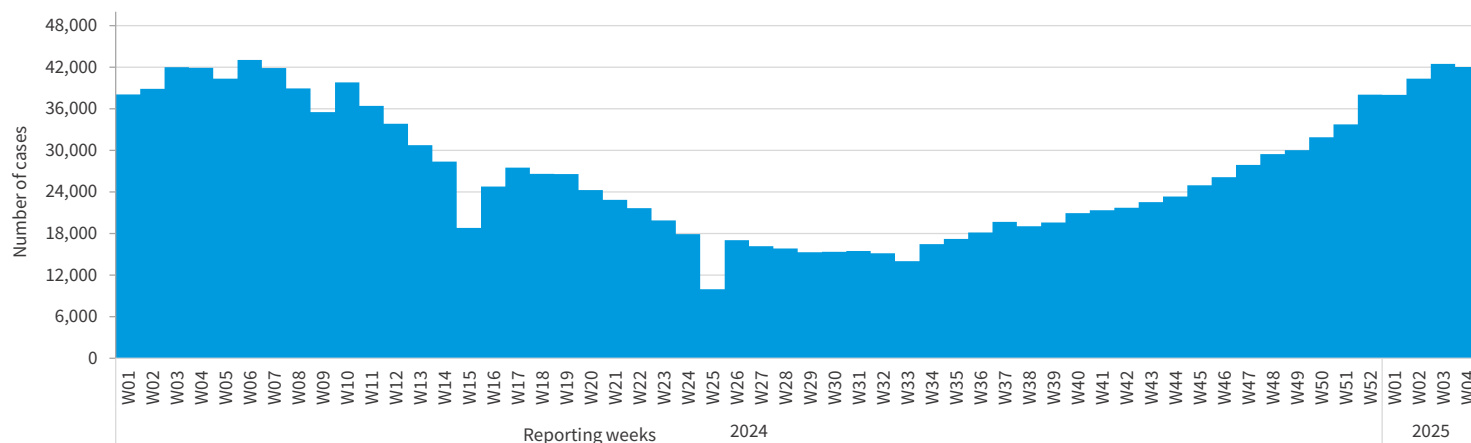
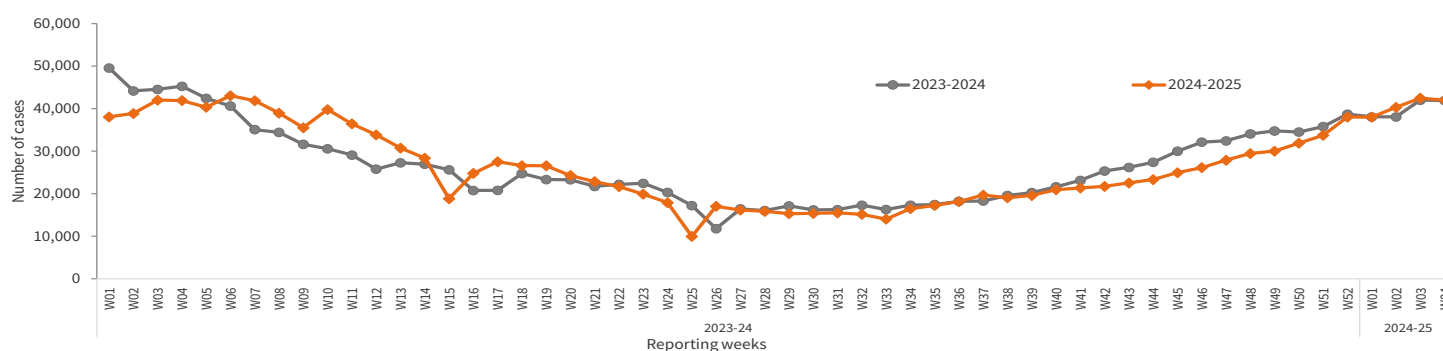
\*\*Currently, there are 10 functional influenza surveillance sentinel sites for both ILI and SARI in ten provinces of Afghanistan. At each site, there is one trained influenza surveillance assistant, collecting specimen and epidemiological data from 4 ILI and 6 SARI cases per week in the ARI season and sending them to the National Influenza Center (NIC) for testing.

**Table 1:** Summary of the ARI-Pneumonia outbreak in the last eight weeks in Afghanistan (01 Dec 2024 – 25 Jan 2025)

Indicators	W49-24	W50-24	W51-24	W52-24	W01-25	W02-25	W03-25	W04-25	Trend lines
Suspected cases	30,030	31,901	33,735	38,037	38,012	40,359	42,474 *	42,032	
Suspected deaths	45	51	60	72	99	108	96	106	
CFR (%)	0.1	0.2	0.2	0.2	0.3	0.3	0.2	0.3	

\*A data entry error was experienced during week 03-2025 and the number of ARI pneumonia cases was modified from 42,753 to 42,474.

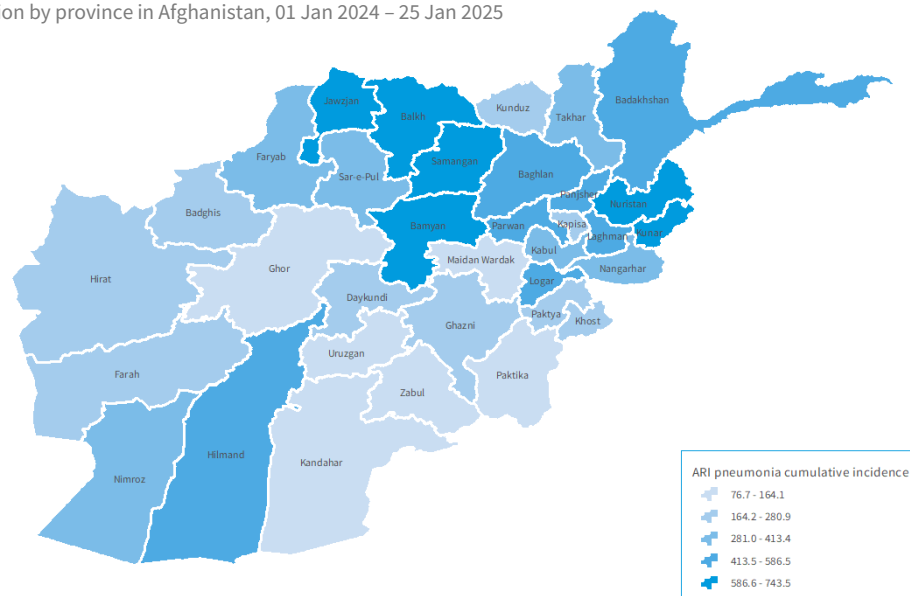
- The epi curve indicates a gradual increase in ARI pneumonia cases since week 34-2024 (Figures 1 & 2). The increase could be explained by the ongoing winter season in the country.
- During week 04-2025, 42,032 cases of ARI pneumonia and 106 associated deaths (CFR=0.3%) were reported, which shows a slight decrease in the number of ARI pneumonia cases compared to the preceding week.
- Out of the 42,032 cases, 20,717 (49.3%) were females while 25,478 (60.6%) of them were under five children.
- Since Jan 2025, 162,877 cases of ARI pneumonia and 409 associated deaths (CFR=0.3%) were reported. Out of total cases, 97,365 (59.8%) were under five, while 80,732 (49.6%) were females.
- Since the beginning of 2024, the highest cumulative incidence of ARI pneumonia per 10,000 population has been reported in Balkh (743.5), followed by Nuristan (737.7), Bamyān (695.7), and Jawzjan (664.2) provinces (Figure 3).
- During 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. Also, 3,776 samples were tested, out of which 165 were turned positive (positivity rate=4.4%).

**Figure 1.** Weekly distribution of ARI pneumonia cases in Afghanistan, 01 Jan 2024 – 25 Jan 2025 (N=1,520,227)**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 – 25 Jan 2025

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### ARI pneumonia cumulative incidence per 10,000 population by province

01 Jan 2024–25 Jan 2025



### Updates on the response activities to the ARI outbreak

- Since the beginning of 2025, World Health Organization (WHO) has conducted two online awareness campaigns on winter-related diseases specifically pneumonia through its official social media accounts (Facebook and Twitter). A total of 47,949 people reached in week 03 of 2025. [Facebook link](#)
- 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– 25 Jan 2025)



65,159

Total Cases



316

Total Deaths



14,889

Sample tested



8,686

Lab confirmed cases



58.3%

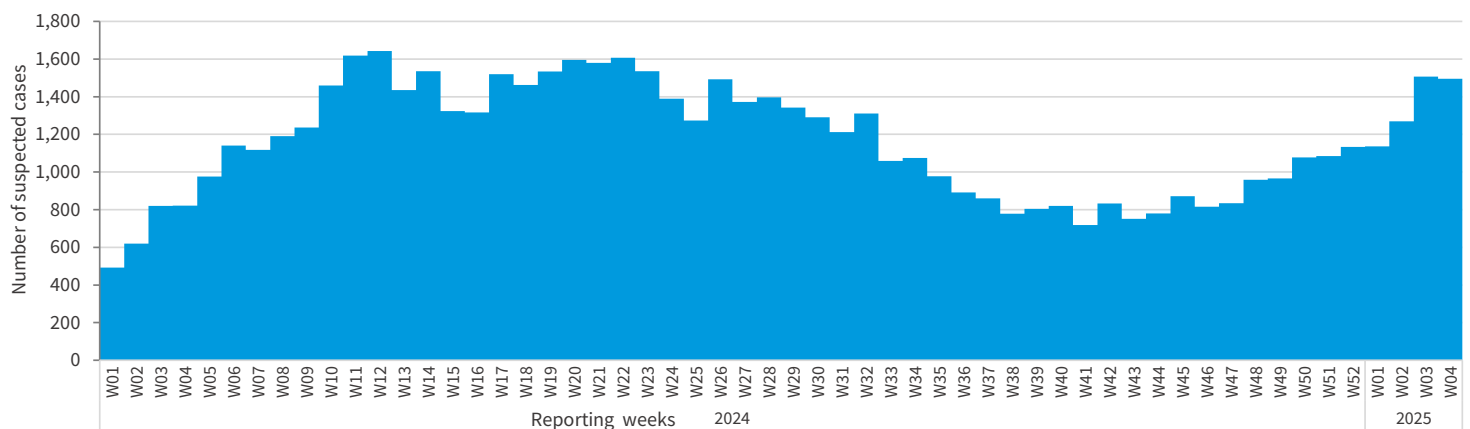
Test positivity rate

**Table 2:** Summary of the measles outbreak in the last eight weeks in Afghanistan (01 Dec 2024 – 25 Jan 2025)

Indicators	W49-24	W50-24	W51-24	W52-24	W01-25	W02-25	W03-25	W04-25	Trend line
Suspected cases	966	1,077	1,085	1,134	1,136	1,269	1,506	1,495	
Suspected deaths	6	7	2	10	8	7	7	5	
CFR (%)	0.6	0.6	0.2	0.9	0.7	0.6	0.5	0.3	

- 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 04-2025, a total of 1,495 suspected cases and 5 associated deaths were reported which shows a stabilization in the number of suspected cases compared to the preceding week. Out of the 1,495 cases, 679 (45.4%) were females and 1,206 (80.7%) were under-five children.
- All of the 5 new deaths were under-five children while 2 of them were females. The deaths were reported from 3 provinces: Herat (3), Helmand (1), and Badakhshan (1).
- Since Jan 2025, 5,406 cases of suspected measles and 27 associated deaths (CFR=0.5%) were reported. Out of total cases, 4,495 (83.1%) were under five, while 2,516 (46.5%) were females.
- Since the beginning of 2024, Balkh has reported the highest cumulative incidence of suspected measles cases per 10,000 population (43.7), followed by Urozgan (34.4), Khost (33.8), and Helmand (31.9) (Figure 6).
- During 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 25 Jan 2025 (N= 65,159)



**Figure 5.** Comparison between the trends of suspected measles cases in 2024-2025 vs 2023-2024

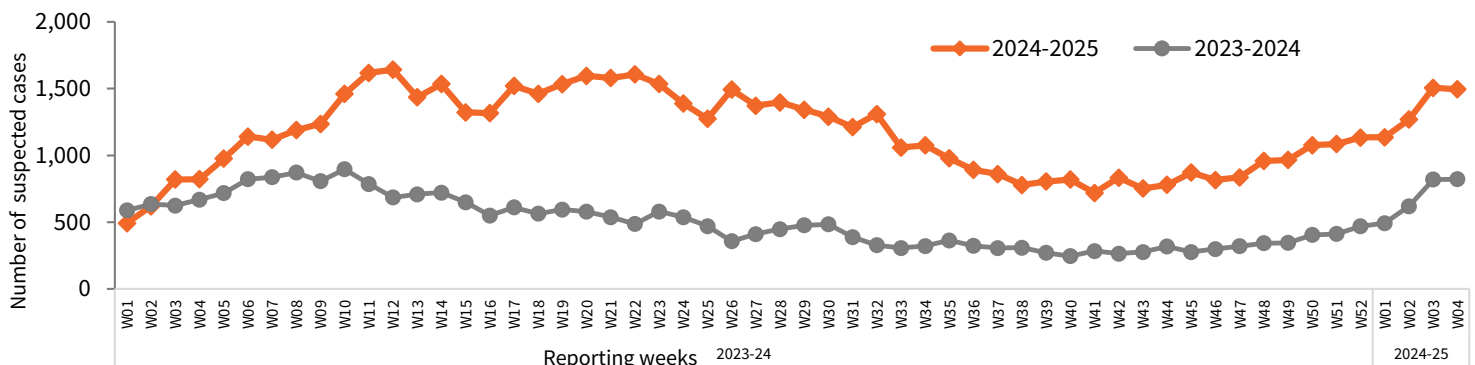
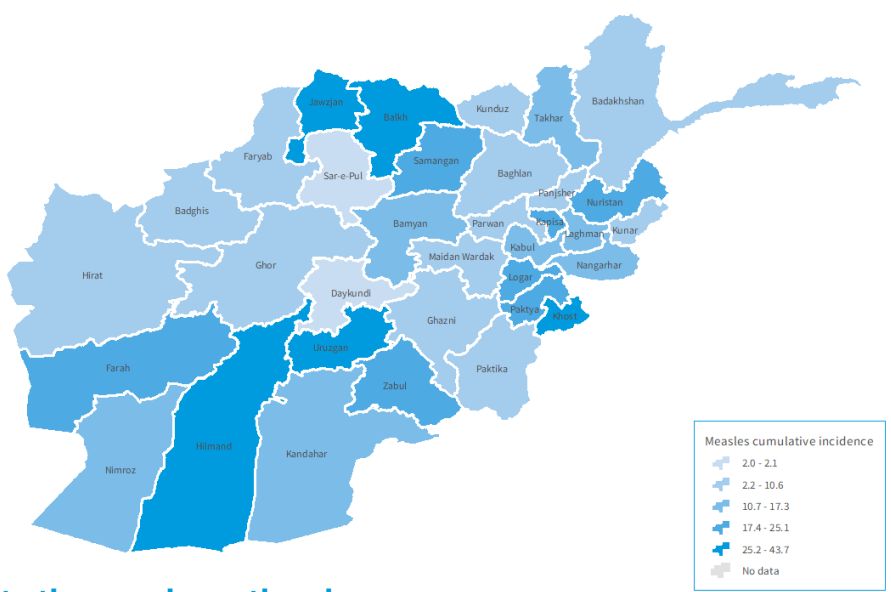




Figure 6. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 01 Jan 2024-25 Jan 2025

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## Suspected measles cumulative incidence per 10,000 population by province 01 Jan 2024 – 25 Jan 2025



### Updates on the preparedness and response to the measles outbreak

- During week 04-2025, a total of 964 children aged 9-59 months were vaccinated against measles outbreaks in 7 provinces (Helmand, Kandahar, Zabul, Sar-e-pul, Jawzjan, Nuristan and Farah). This brings the number of children 9-59 months who have been vaccinated against measles as part of outbreak response immunization activities to 35,729 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.

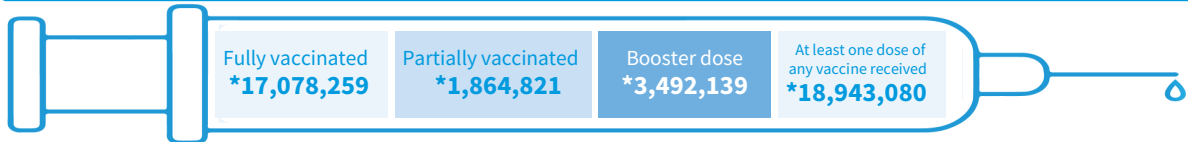
### COVID-19

(24 Feb 2020 — 25 Jan 2025)

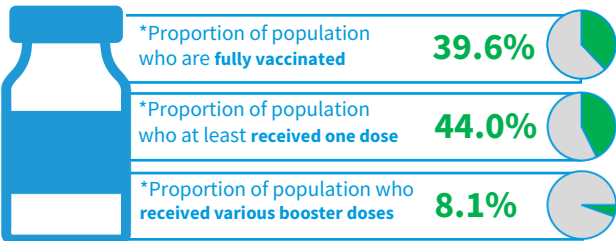
<b>Cumulative samples tested</b> <b>1,077,659</b> In public laboratories  New samples tested in week 04 <b>1,739</b> In public laboratories <b>-22.1%</b>	<b>Cumulative confirmed cases</b> <b>244,670</b> Cumulative positivity rate (22.7%)  New confirmed cases in week 04 <b>150</b> Weekly positivity rate (8.6%) <b>-2.0%</b>	<b>Cumulative confirmed deaths</b> <b>8,051</b> CFR (3.3%)  New confirmed deaths in week 04 <b>1</b> Week 04 CFR (0.7%) <b>100.0%</b>
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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.



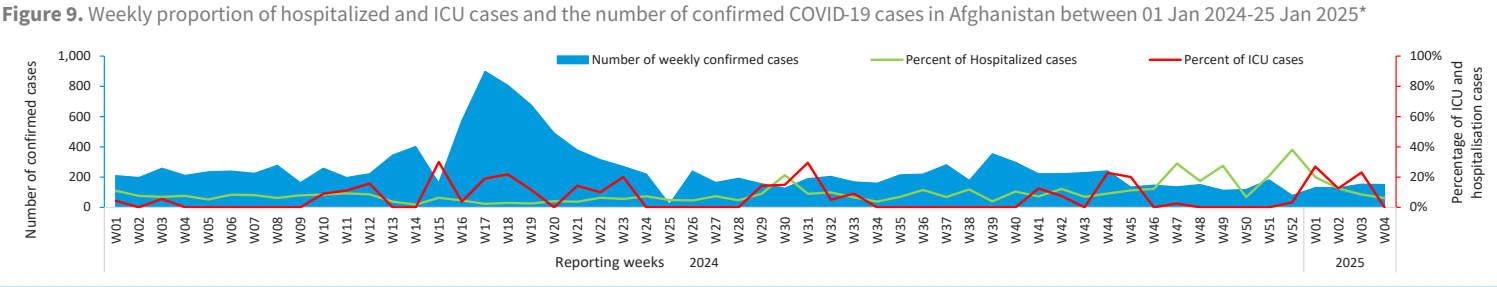
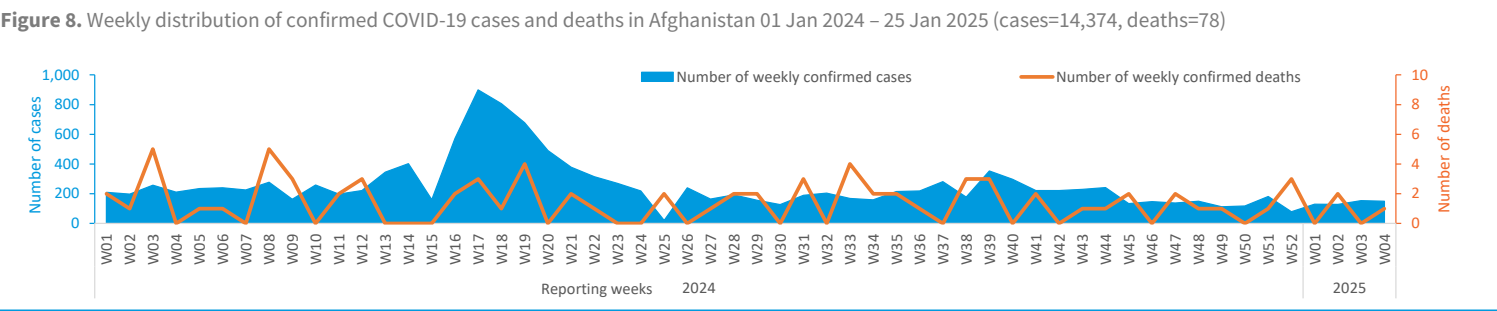
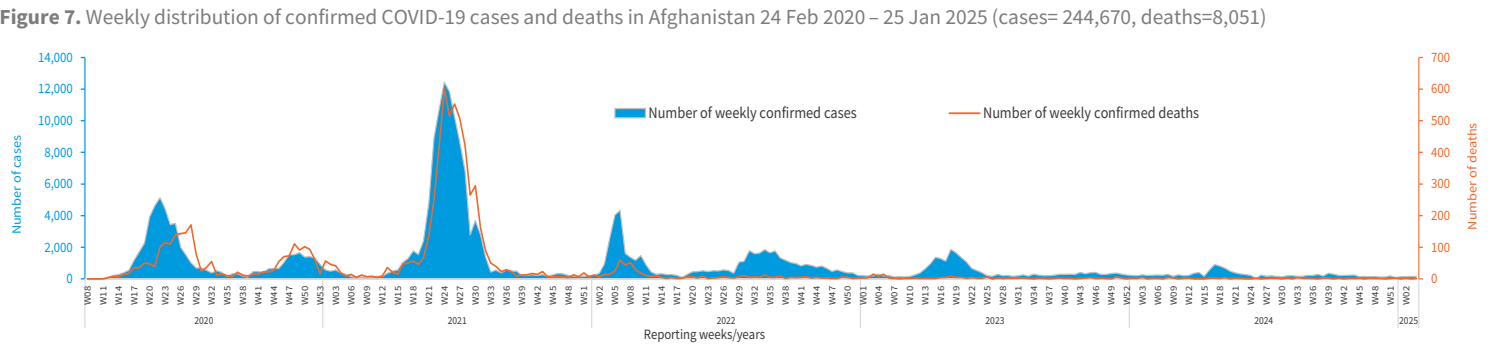
\* The denominator is 43,100,596 based on OCHA estimation 2024

**Table 3:** Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (01 Dec 2024 – 25 Jan 2025)

Indicators	W49-24	W50-24	W51-24	W52-24	W01-25	W02-25	W03-25	W04-25	Trend line
Samples tested (in public Labs)	1,824	2,183	2,109	2,295	1,830	2,191	2,231 *	1,739	
Confirmed cases	113	118	182	79	130	129	153 *	150	
Percent positivity (%)	6.2	5.4	8.6	3.4	7.1	5.9	6.9	8.6	
Deaths	1	0	1	3	0	2	0	1	
CFR (%)	0.9	0.0	0.5	3.8	0.0	1.6	0.0	0.7	

*\*A delay reporting was experienced during week 03-2025 and the number of tested samples and confirmed COVID-19 cases were modified from 2,009 to 2,231, and from 112 to 153, 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 04-2025, a total of 1,739 samples were tested in public labs, of which 150 cases were positive for COVID-19 (positivity rate 8.6%) and one associated death was reported. The number of positive cases shows a slight decrease compared to the preceding week (Table 3 and Figure 8).
- The new deaths was over five male reported from Kabul province.
- During week 04-2025, among 150 confirmed cases, 9 (6.0%) were hospitalized, while none of the hospitalized cases were admitted to ICU (Figure 9). Of the 150 COVID-19 confirmed cases, 83 (55.3%) were females.
- Since Jan 2025, 562 confirmed cases of COVID-19 and 3 associated deaths (CFR=0.5%) were reported. Out of total cases, 259 (46.1%) were females.
- During 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%).



*\*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 2024-25 Jan 2025)

**181,608**  
Total AWD with dehydration cases

**89**  
Total AWD with dehydration deaths

**10,483**  
Samples tested for AWD with dehydration (RDTs)

**1,471**  
RDT-positive cases for AWD with dehydration

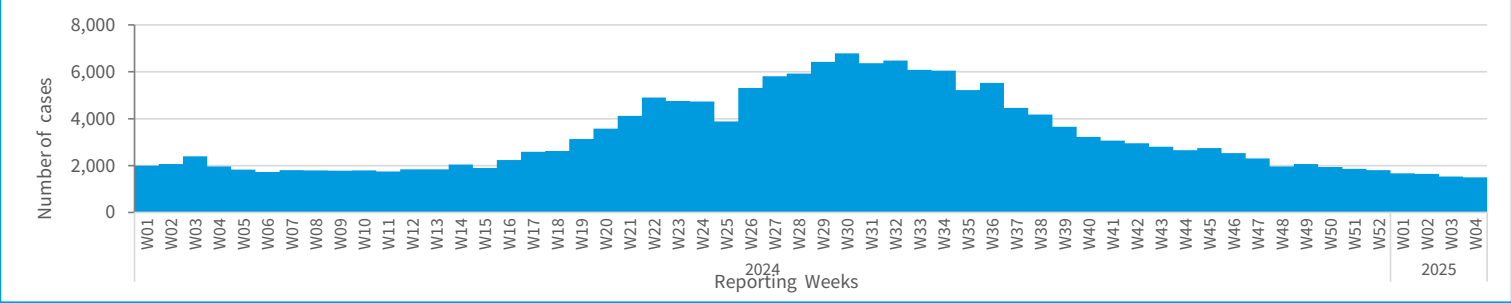
**14.0%**  
RDT positivity rate for AWD with dehydration

**Table 4:** Summary of the AWD with dehydration outbreak in the last eight weeks in Afghanistan (01 Dec 2024 – 25 Jan 2025)

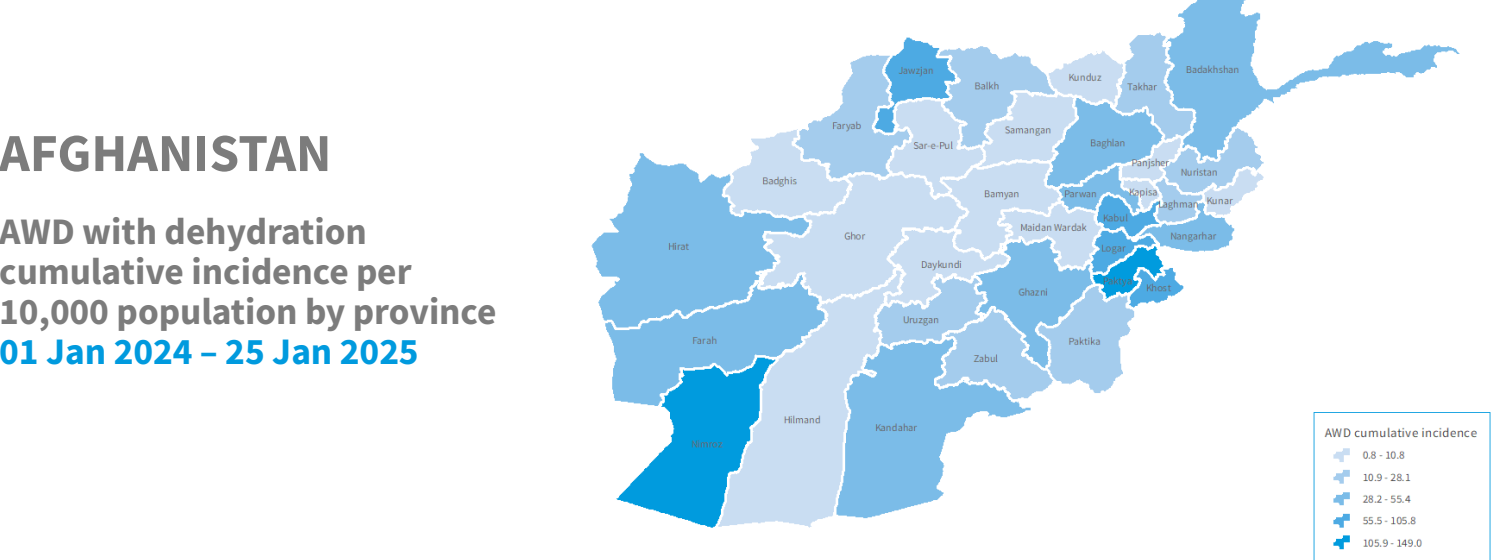
Indicators	W49-24	W50-24	W51-24	W52-24	W01-25	W02-25	W03-25	W04-25	Trend line
Number of cases	2,066	1,940	1,862	1,800	1,663	1,650	1,532	1,501	
Number of deaths	1	1	1	0	0	0	0	1	
CFR (%)	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.1	

- 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 04-2025, 1,501 AWD with dehydration cases with one associated death were reported from 109 districts, which shows a slight decrease in the number of cases reported compared to the previous week. The new death was under five male reported from Urozgan province.
- Out of the 1,501 AWD with dehydration cases, 730 (48.6%) were females and 880 (58.6%) were under-five children.
- During week 04-2025, no new district reported alert of AWD with dehydration.
- Since Jan 2025, 6,346 cases of AWD with dehydration with one associated death (CFR = 0.02%) were reported. Out of total cases, 3,738 (58.9%) were under five, while 3,034 (47.8%) were females.
- Since Jan 2025, 294 Rapid Diagnostic Tests (RDT) have been conducted on AWD with dehydration cases, of which 14 tests turned positive (positivity rate 4.8%).
- Since the beginning of 2024, the highest cumulative incidence of AWD with dehydration per 10,000 population was reported from Paktya (149.0) followed by Nimroz (144.4), Logar (105.8), and Kabul (91.2) (Figure 11).
- During 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. Also, 10,189 Rapid Diagnostic Tests (RDTs) have been conducted on AWD with dehydration cases, of which 1,457 tests turned positive (positivity rate

**Figure 10.** Weekly distribution of AWD with dehydration cases in Afghanistan 01 Jan 2024– 25 Jan 2025 (N=181,608)



**Figure 11.** AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan 2024– 18 Jan 2025



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AWD with dehydration  
cumulative incidence per  
10,000 population by province  
01 Jan 2024 – 25 Jan 2025





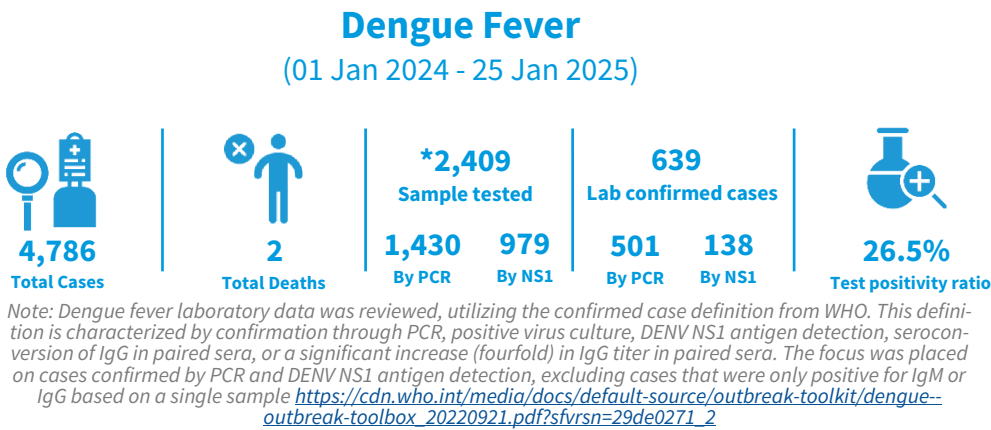
Updates on the preparedness and response to the AWD with dehydration outbreak

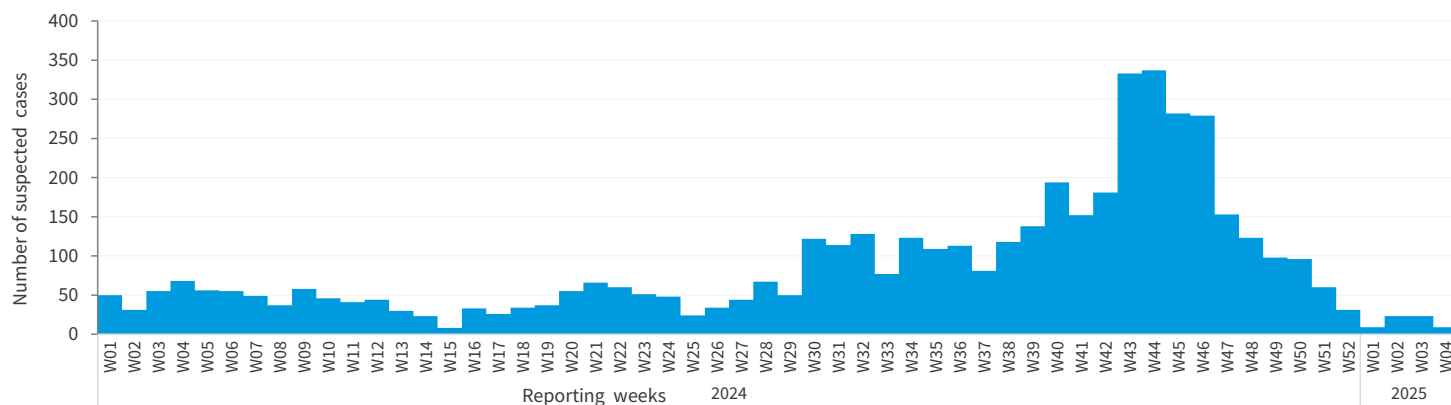
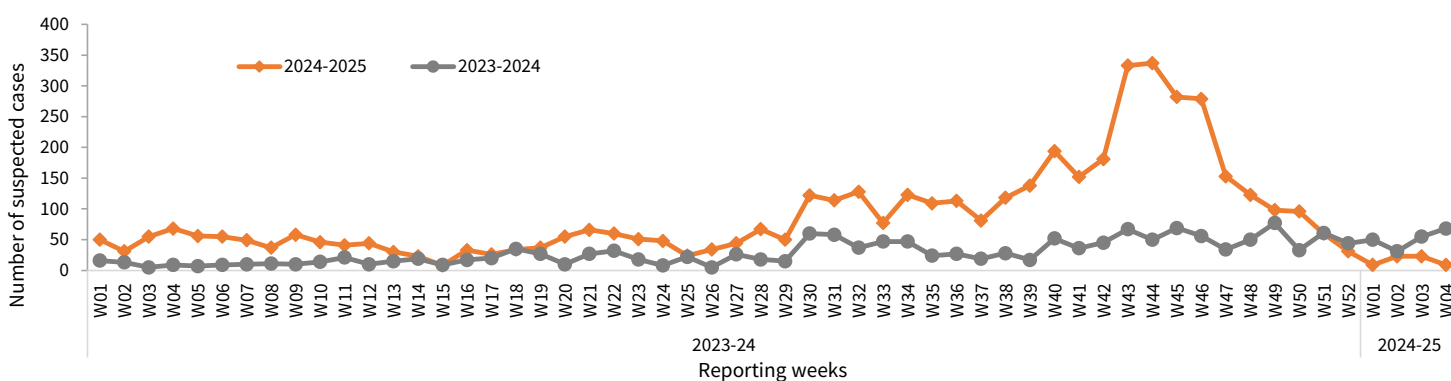
Since the beginning of 2024, the following activities have been conducted:

- 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.

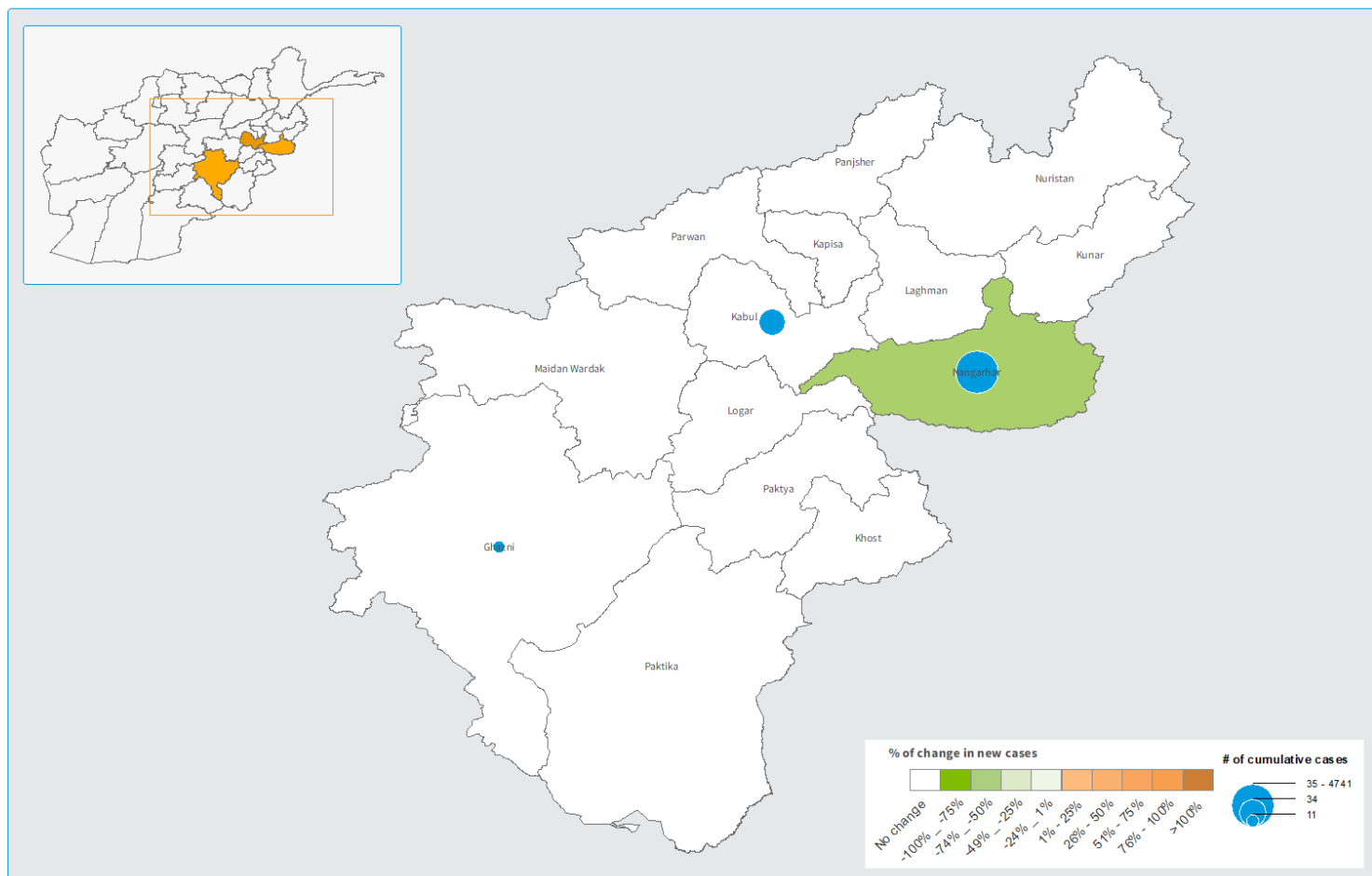
WASH update:

There are no updates for the past 2 weeks.



**Figure 12.** Weekly distribution of suspected dengue fever cases in Afghanistan 1 Jan 2024– 25 Jan 2025, (N=4,786)**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– 25 Jan 2025

Geographical distribution of suspected dengue fever cases in Nangarhar, Ghazni and Kabul provinces and weekly percent of changes (between weeks 03 and 04, 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: 25 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, Gravitrap<sup>®</sup>s 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 - 25 Jan 2025)

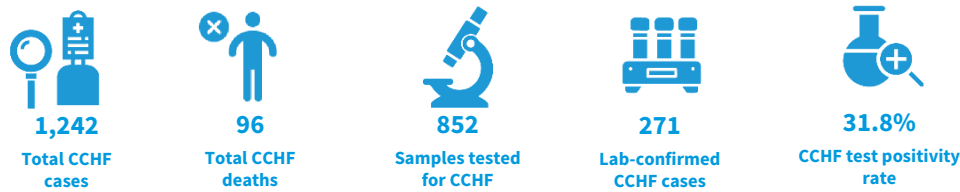
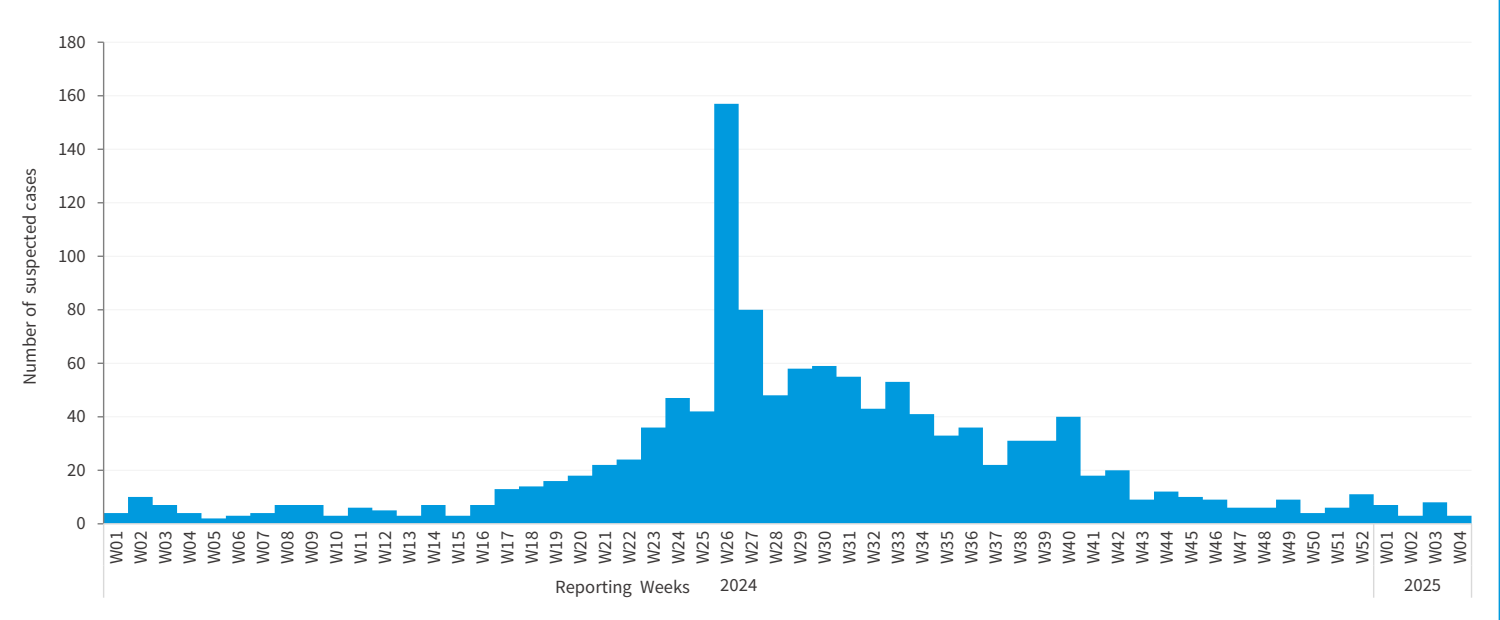


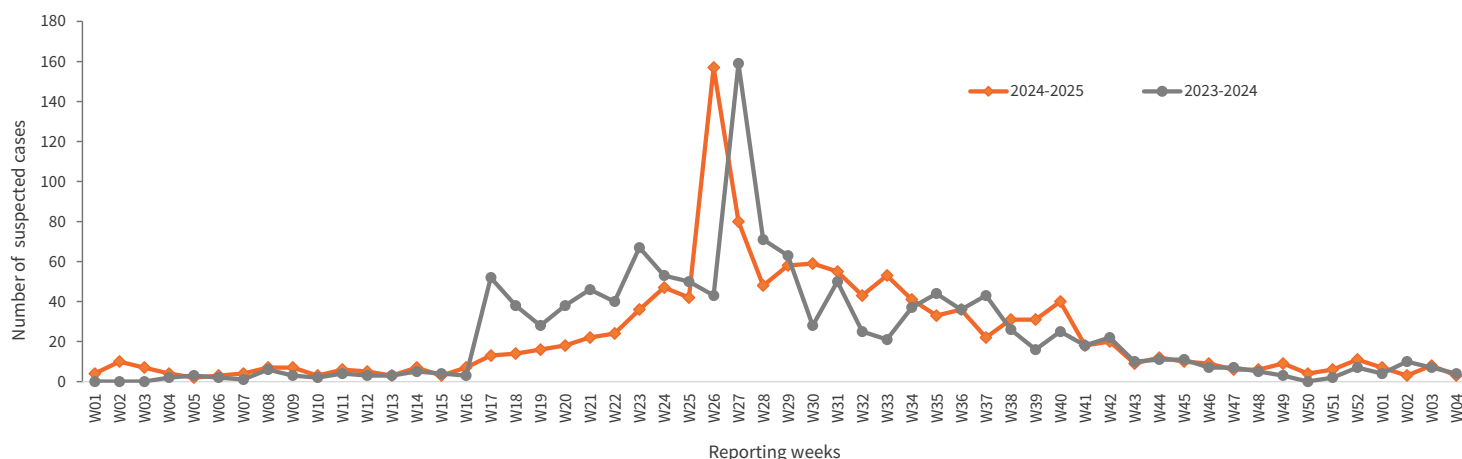
Table 6: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (01 Dec 2024 – 25 Jan 2025)

Indicators	W49-24	W50-24	W51-24	W52-24	W01-25	W02-25	W03-25	W04-25	Trend line
Suspected cases	9	4	6	11	7	3	8	3	
Suspected deaths	0	0	0	1	1	0	0	0	
CFR (%)	0.0	0.0	0.0	9.1	14.3	0.0	0.0	0.0	

- The epi-curve of suspected CCHF cases shows a declining trend since week 27-2024 (Figures 15 & 16).
- During week 04-2025, 3 new suspected CCHF cases, with no associated deaths were reported, compared to 8 cases reported in the preceding week (Table 6).
- Since the beginning of 2025, a total of 21 suspected CCHF cases, with one associated death (CFR=4.8%) were reported. All of the reported cases were over five, while 12 (57.1%) were females. Also, 8 samples have been tested, none of them turned out positive.
- Since the beginning of 2024, the highest cumulative incidence of suspected CCHF per 100,000 population in 2024 is reported from Balkh (9.8) followed by Kabul (8.4), Jawzjan (7.1) , and Kapisa (7.0) provinces (Figure 17).
- During 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. Also, 844 samples of suspected CCHF cases have been tested, out of which 271 turned positive (positivity rate 32.1%).

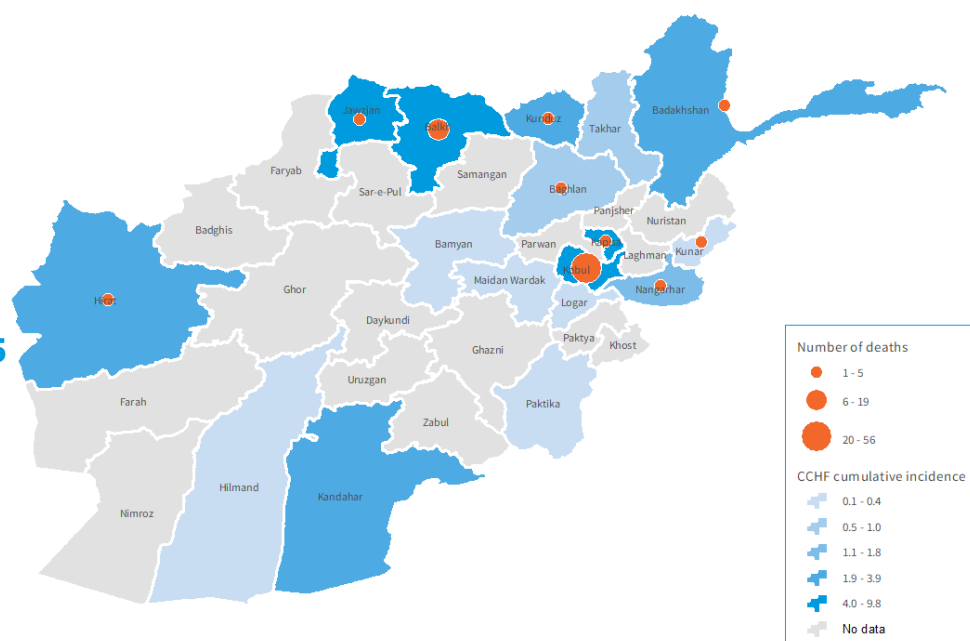
Figure 15: Weekly distribution of suspected CCHF cases in Afghanistan 01 Jan 2024 – 25 Jan 2025, (N=1,242)



**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 – 25 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 - 25 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 conducted a mass online awareness campaign on CCHF and dengue fever preventive measures, reaching around 25,000 social media users through WHO official social media accounts ([Facebook](#) and [Twitter](#)).
- Additionally, WHO carried out a seven-day training and community outreach campaign in Herat, Balkh, and Kandahar provinces, deploying 110 social mobilizers and reaching approximately 111,696 people.



# Malaria

(01 Jan 2024—25 Jan 2025)



82,214  
Total confirmed  
Malaria Cases



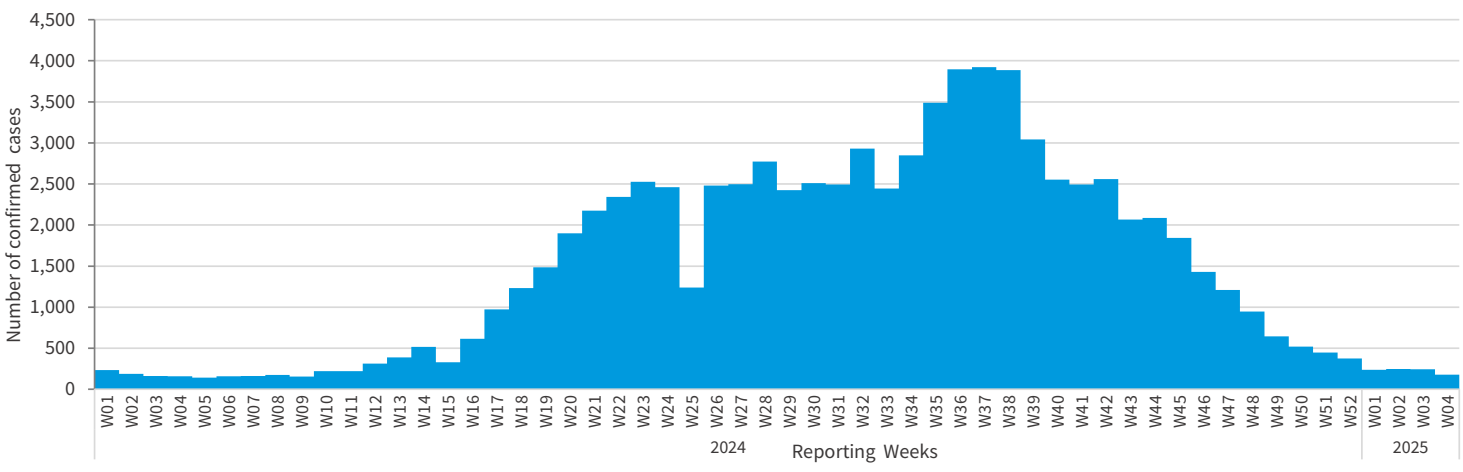
\*2 (0.002)  
Total malaria  
deaths (CFR %)

**Table 7:** Summary of the malaria outbreak in the last eight weeks in Afghanistan (01 Dec 2024 – 25 Jan 2025)

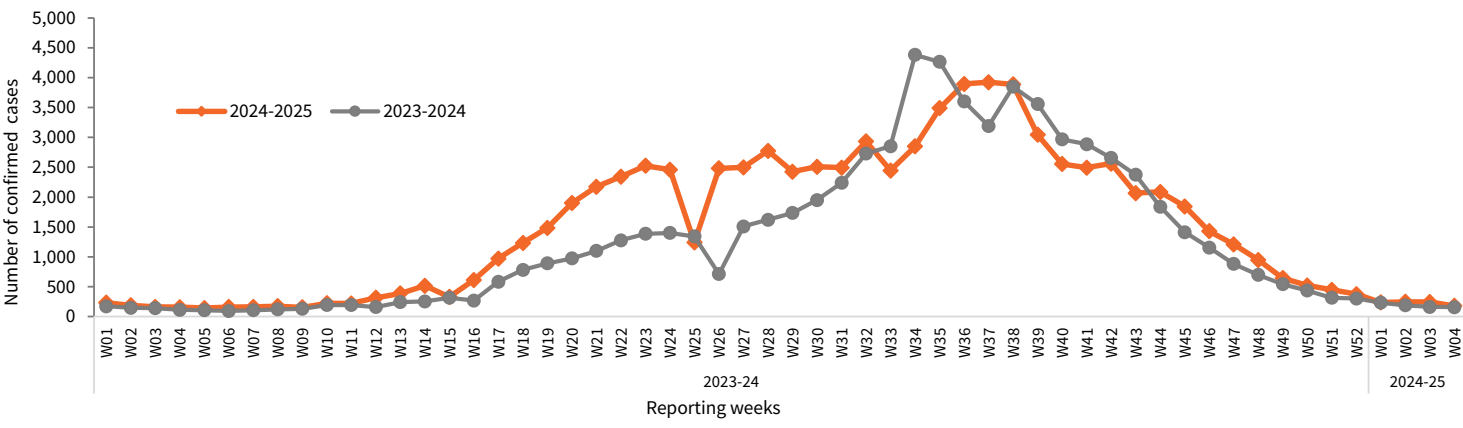
Indicators	W49-24	W50-24	W51-24	W52-24	W01-25	W02-25	W03-25	W04-25	Trend line
Confirmed cases	645	521	449	375	238	247	245	180	
Confirmed deaths	0	0	0	0	0	0	0	0	
CFR (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

- The epi curve of 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 04-2025, 180 cases with no associated deaths were reported from 11 provinces, which shows a 26.5% decrease in the number of cases compared to the previous week. Out of the total cases, 77 (42.8%) were females and 14 (7.8%) were under-five children.
- Since the beginning of 2024, the highest cumulative incidence of malaria per 10,000 population was reported from Nuristan (420.2) followed by Kunar (301.4), Laghman (192.9), and Nangarhar (105.6) (Figure 20).
- During 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 2024–25 Jan 2025 (N=82,214)



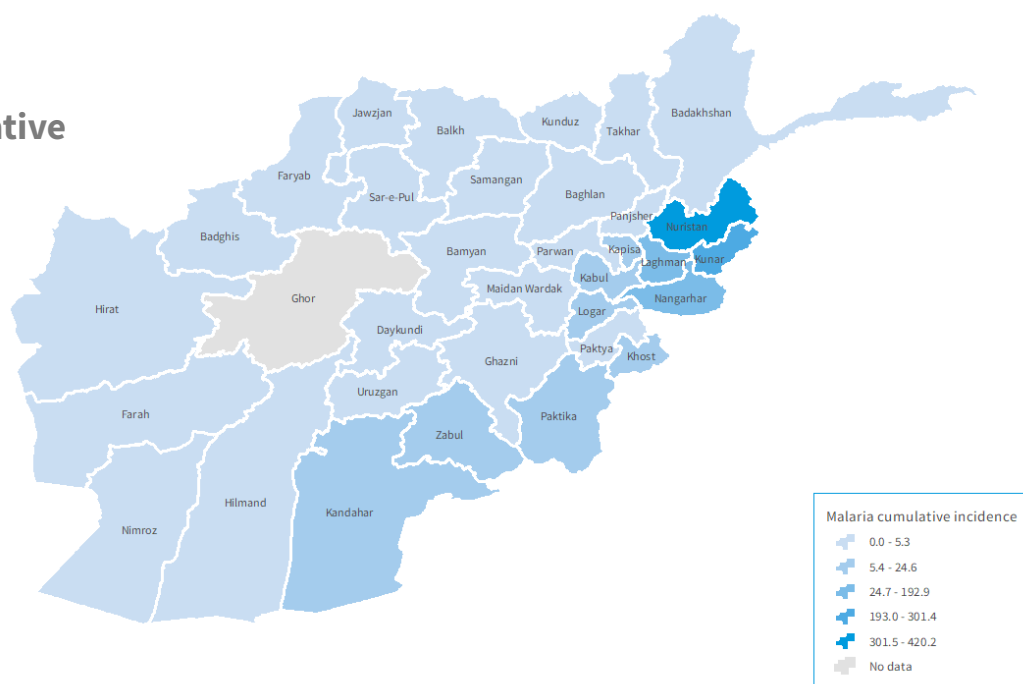
**Figure 19.** Comparison between the trends of malaria cases in 2024-25 vs 2023-24



**Figure 20.** Malaria cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan 2024 – 25 Jan 2025

## AFGHANISTAN

**Confirmed malaria cumulative  
Incidence per 10,000  
population by province  
01 Jan 2024 – 25 Jan 2025**



Note: MOPH is the source of epidemiological data

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

### Contact us for further information:

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