










AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #06-2025

No. 06 (02 – 08 Feb 2025)

Disease Outbreaks	 ARI-Pneumonia	 Measles (Suspected)	 COVID-19 (Confirmed)	 AWD with dehydration	 Dengue fever (Suspected)	 CCHF (Suspected)	 Malaria (Confirmed)
Cumulative cases 2025	250,441	9,422	719	9,456	81	23	1,280
Cumulative deaths 2025 (CFR %)	595 (0.2)	57 (0.6)	3 (0.4)	3 (0.03)	0 (0.0)	1 (4.3)	0 (0.0)

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

ARI-Pneumonia

(01 Jan 2024– 08 Feb 2025)


***1,607,791**

Total ARI Cases


***3,594**

Total ARI Deaths


****4,314**

Samples tested for influenza


****256**

Lab confirmed influenza cases




5.9%

Influenza test positivity ratio

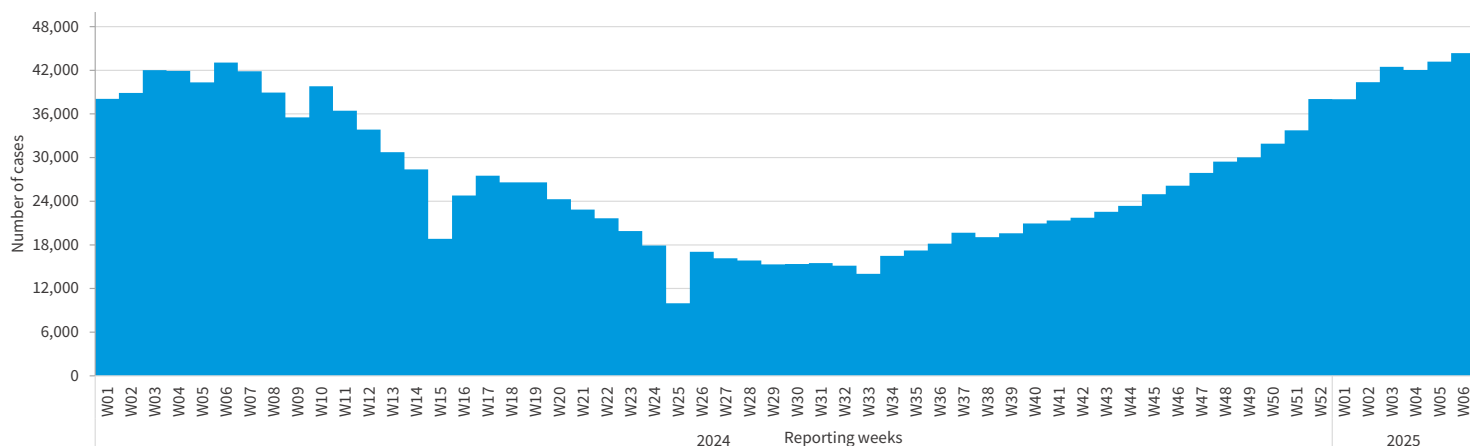
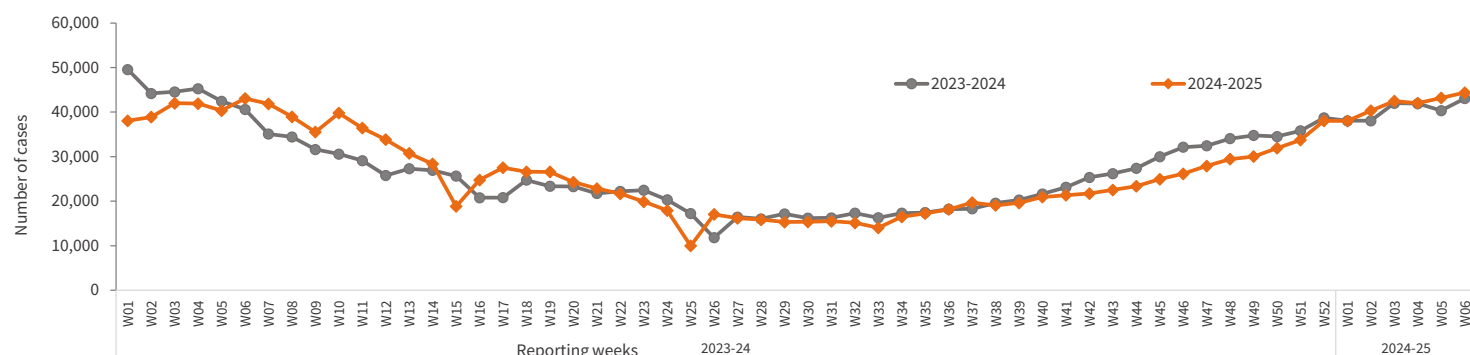
*Currently ARI related data (morbidity and mortality) are reported from 613 surveillance sentinel sites across 34 provinces in the country.

**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 (15 Dec 2024 – 08 Feb 2025)

Indicators	W51-24	W52-24	W01-25	W02-25	W03-25	W04-25	W05-25	W06-25	Trend lines
Suspected cases	33,735	38,037	38,012	40,359	42,474	42,032	43,197	44,367	
Suspected deaths	60	72	99	108	96	106	97	89	
CFR (%)	0.2	0.2	0.3	0.3	0.2	0.3	0.2	0.2	

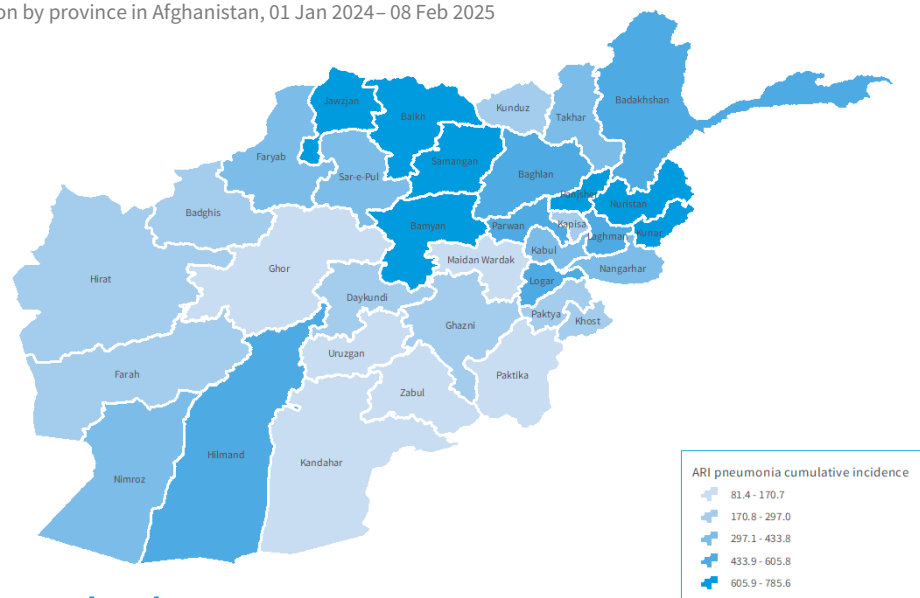
- The epi curve indicates a gradual increase in ARI pneumonia cases since week 34-2024 (Figures 1 & 2). The increase could be explained by the ongoing winter season in the country.
- During week 06-2025, 44,367 cases of ARI pneumonia and 89 associated deaths (CFR=0.2%) were reported, which shows a slight increase in the number of ARI pneumonia cases compared to the preceding week.
- Out of the 44,367 cases, 21,875 (49.3%) were females while 28,252 (63.7%) of them were under five children.
- Since the beginning of 2025, 250,441 cases of ARI pneumonia and 595 associated deaths (CFR=0.2%) were reported. Out of total cases, 152,170 (60.8%) were under five, while 124,127 (49.6%) were females.
- Since the beginning of 2024, the highest cumulative incidence of ARI pneumonia per 10,000 population has been reported in Nuristan (785.6), followed by Balkh (781.0), Bamyán (722.5), and Jawzjan (693.8) 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 – 08 Feb 2025 (N=1,607,791)**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 – 08 Feb 2025

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ARI pneumonia cumulative incidence per 10,000 population by province

01 Jan 2024–08 Feb 2025




Updates on the response activities to the ARI outbreak

- Since the beginning of 2025, World Health Organization (WHO) has conducted 3 online awareness campaigns on winter-related diseases specifically pneumonia through its official social media accounts ([Facebook](#) and [Twitter](#)). A total of 64,306 people have been reached.
- 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– 08 Feb 2025)




69,175

Total Cases




346

Total Deaths




15,974

Sample tested



9,381



Lab confirmed cases



58.7%

Test positivity rate

Table 2: Summary of the measles outbreak in the last eight weeks in Afghanistan (15 Dec 2024 – 08 Feb 2025)

Indicators	W51-24	W52-24	W01-25	W02-25	W03-25	W04-25	W05-25	W06-25	Trend line
Suspected cases	1,085	1,134	1,136	1,269	1,506	1,495	1,901	2,115	
Suspected deaths	2	10	8	7	7	5	15	15	
CFR (%)	0.2	0.9	0.7	0.6	0.5	0.3	0.8	0.7	

- The epidemiological curve of suspected measles cases shows a gradual increase since week 43-2024 (Figure 4). The trend in 2024-25 is higher than that reported in 2023-24 (Figure 5).
- During week 06-2025, a total of 2,115 suspected cases and 15 associated deaths (CFR=0.7%) were reported which shows a 11.3% increase in the number of suspected cases compared to the preceding week. Out of the 2,115 cases, 1,723 (81.5%) were under-five children, while 1,000 (47.3%) were females.
- Out of total 15 new deaths, 13 deaths were under-five children while 7 of them were females. The deaths were reported from 7 provinces: Herat (5), Helmand (3), Kabul (2), Kandahar (2), Jawzjan (1), Kunar (1), and Urozgan (1).
- Since Jan 2025, 9,422 cases of suspected measles and 57 associated deaths (CFR=0.6%) were reported. Out of total cases, 7,736 (82.1%) were under five, while 4,412 (46.8%) were females.
- Since the beginning of 2024, Balkh has reported the highest cumulative incidence of suspected measles cases per 10,000 population (46.5), followed by Urozgan (37.1), Khost (34.9), and Helmand (34.9) (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 08 Feb 2025 (N= 69,175)

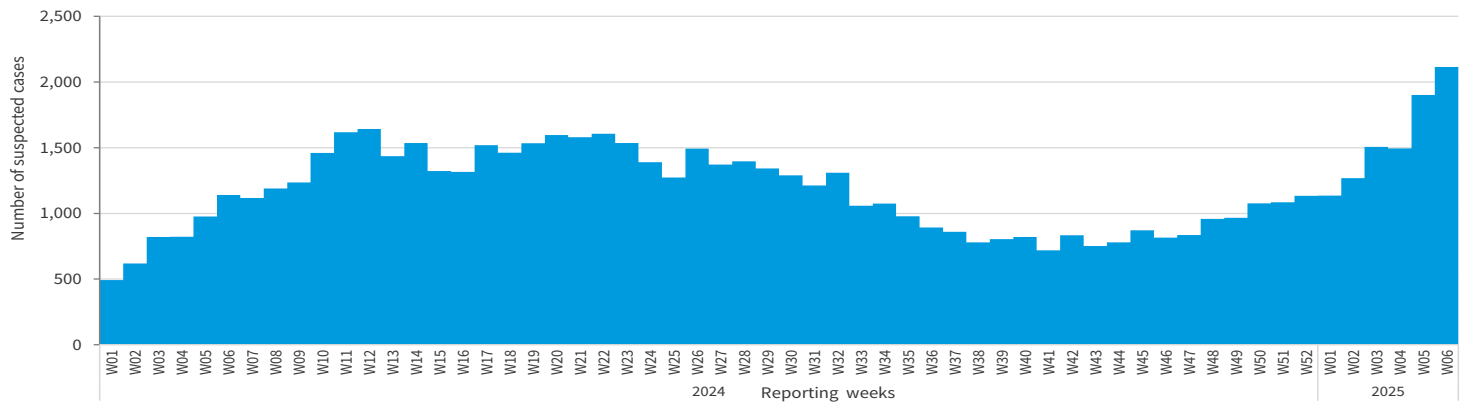


Figure 5. Comparison between the trends of suspected measles cases in 2024-2025 vs 2023-2024

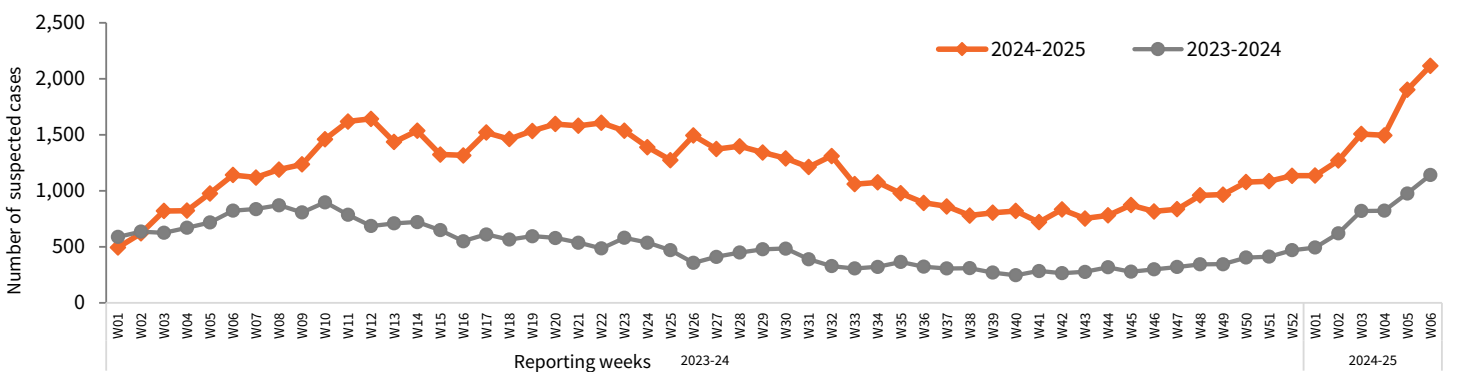
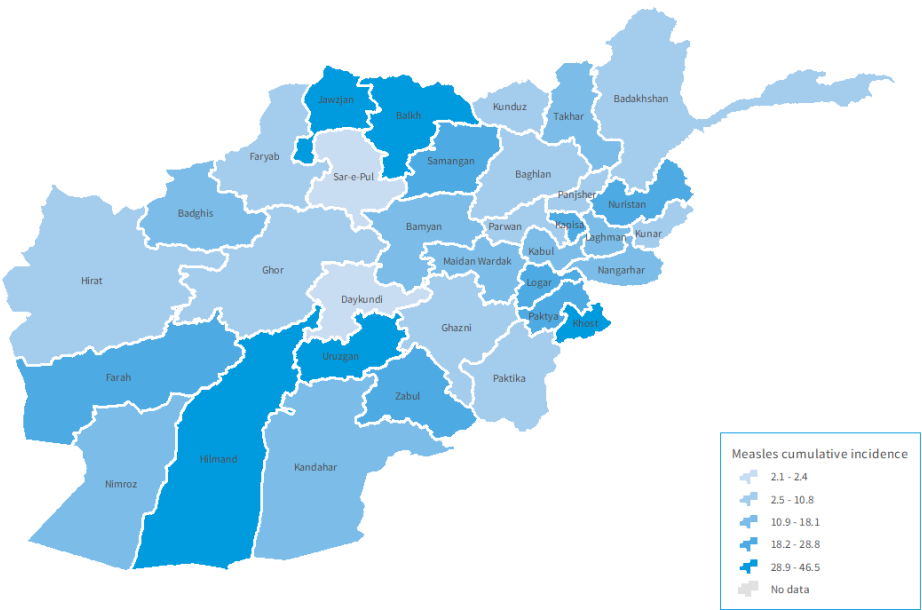




Figure 6. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 01 Jan 2024-08 Feb 2025

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Suspected measles cumulative incidence per 10,000 population by province 01 Jan 2024 – 08 Feb 2025

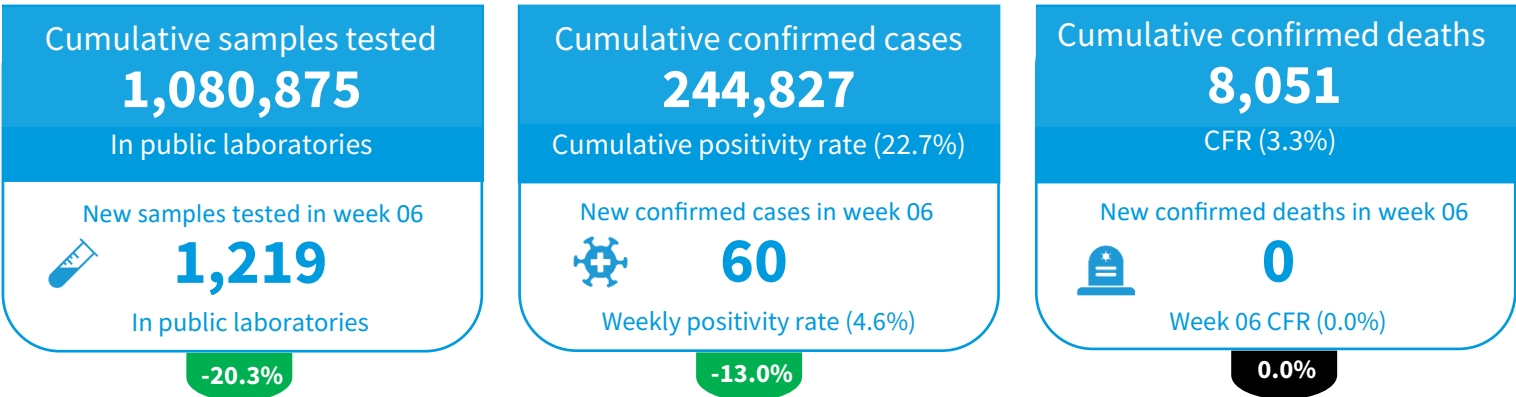


Updates on the preparedness and response to the measles outbreak

- Since the beginning of 2024, a total of 36,811 children aged 9-59 months have been vaccinated against measles as part of outbreak response immunization activities across the country.
- 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 — 08 Feb 2025)

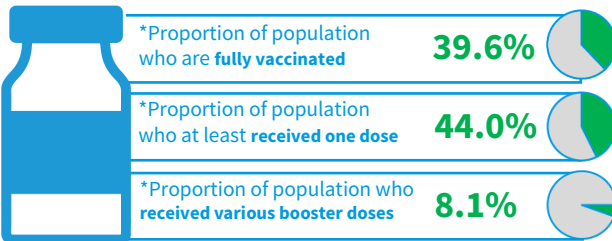


Key: ● Increasing ● Decreasing ● No change

COVID-19 Vaccination highlights








*Note: During January 2025, around 5,902 doses of various COVID-19 vaccines have been administered which shows a 79.0% increase compared to December 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 (15 Dec 2024 – 08 Feb 2025)

Indicators	W51-24	W52-24	W01-25	W02-25	W03-25	W04-25	W05-25	W06-25	Trend line
Samples tested (in public Labs)	2,109	2,295	1,830	2,191	2,333 *	1,943 *	1,619 *	1,291	
Confirmed cases	182	79	130	129	164 *	167	69 *	60	
Percent positivity (%)	8.6	3.4	7.1	5.9	7.0	8.6	4.3	4.6	
Deaths	1	3	0	2	0	1	0	0	
CFR (%)	0.5	3.8	0.0	1.6	0.0	0.6	0.0	0.0	

*A delay reporting was experienced during weeks 03, 04, 05-2025 and the number of tested samples were modified from 2,231 to 2,333, from 1,925 to 1,943 and from 1,404 to 1,619 respectively. Also, the delayed reporting was experienced during week 03 and week 05 in number of confirmed cases and were modified from 153 to 164, and from 61 to 69, 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 06-2025, a total of 1,291 samples were tested in public labs, of which 60 were positive for COVID-19 (positivity rate 4.6%), while no associated death was reported. The number of positive cases shows a 13.0% decrease compared to the preceding week (Table 3).
- During week 06-2025, among 60 confirmed cases, 3 (5.0%) were hospitalized, while none of the hospitalized cases were admitted to ICU (Figure 8). Of the 60 COVID-19 confirmed cases, 27 (45.0%) were females.
- Since Jan 2025, 719 confirmed cases of COVID-19 and 3 associated deaths (CFR=0.4%) were reported. Out of total cases, 330 (45.9%) were females, while females accounted for two-third of the deaths (2 – 66.7%).
- 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%). Also, 124,469 were collected and 13,812 were reported positive (positivity rate=11.1%).

Figure 7. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 01 Jan 2024 – 08 Feb 2025 (cases=14,531, deaths=78)

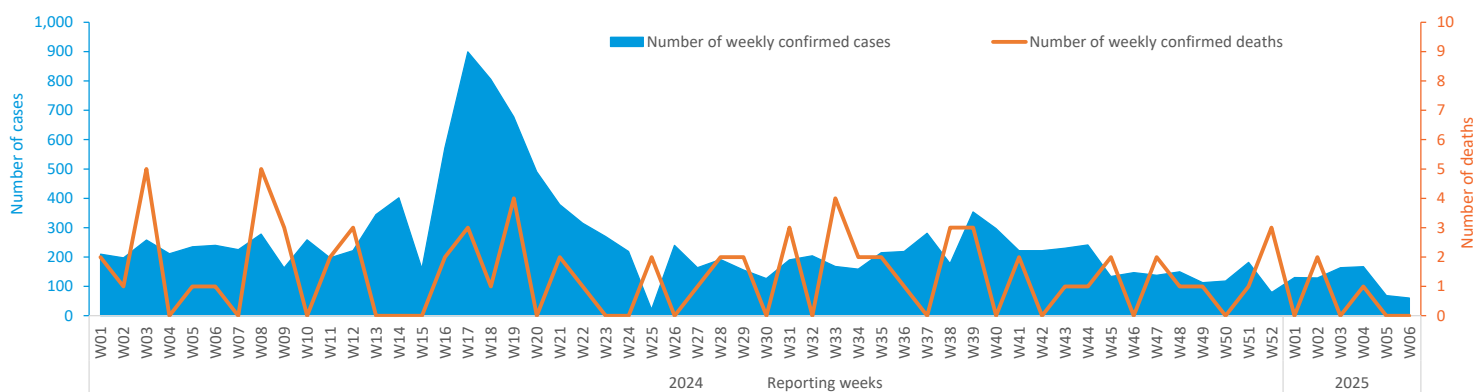
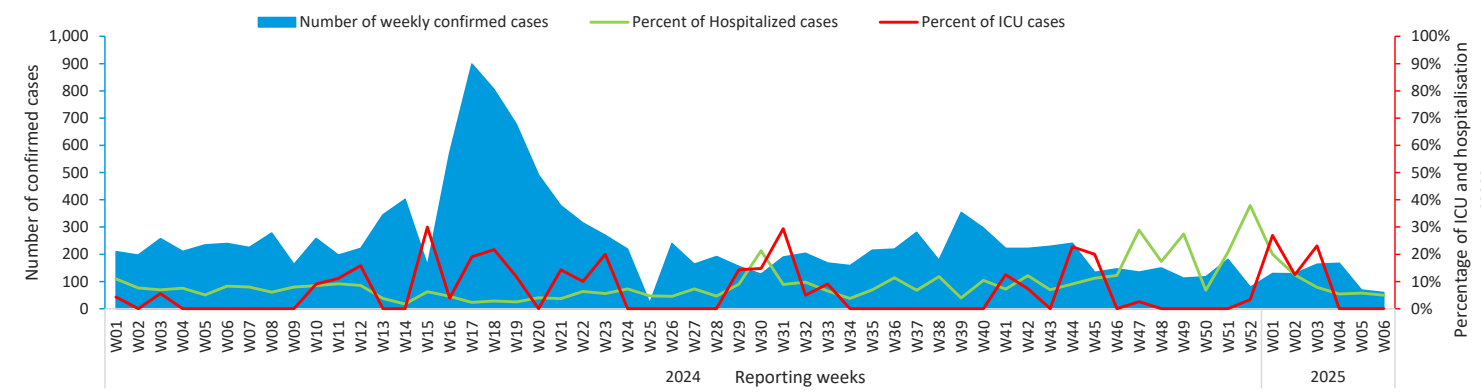


Figure 8. Weekly proportion of hospitalized and ICU cases and the number of confirmed COVID-19 cases in Afghanistan between 01 Jan 2024-01 Feb 2025*




*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 2024-08 Feb 2025)




184,718

Total AWD with dehydration cases




91

Total AWD with dehydration deaths




10,643

Samples tested for AWD with dehydration (RDTs)



1,482



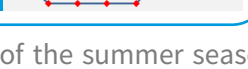
RDT-positive cases for AWD with dehydration



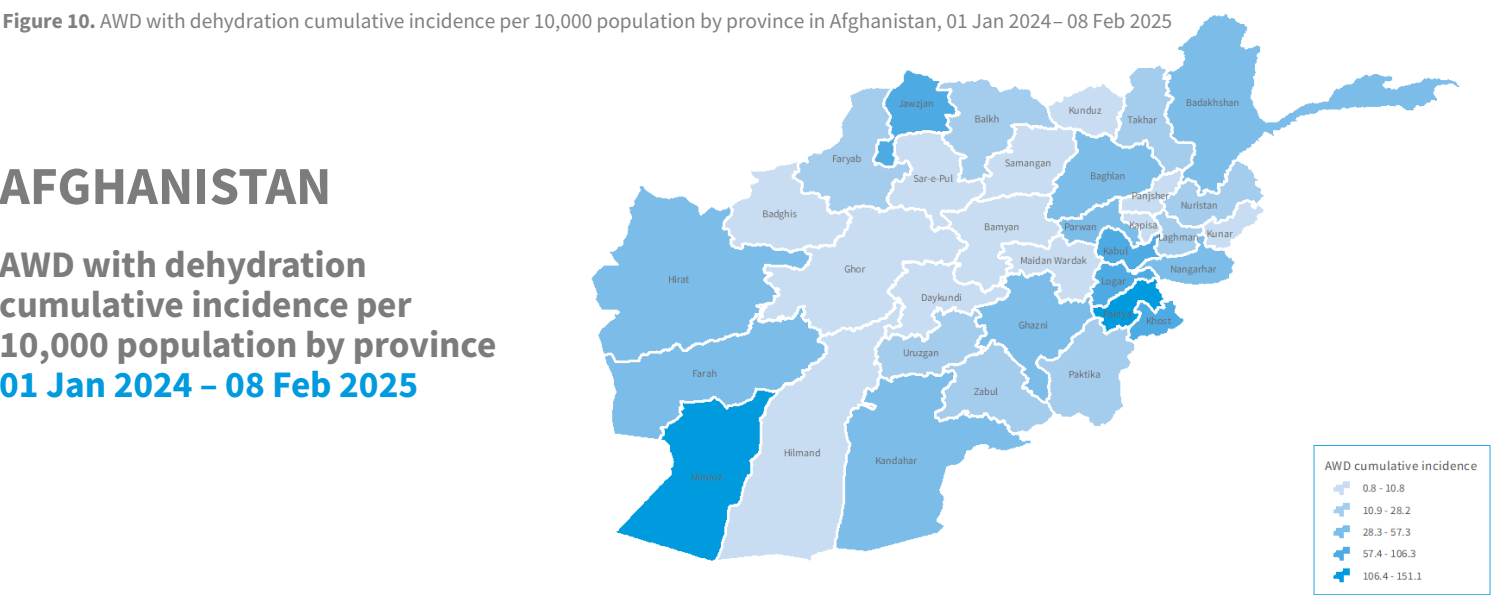
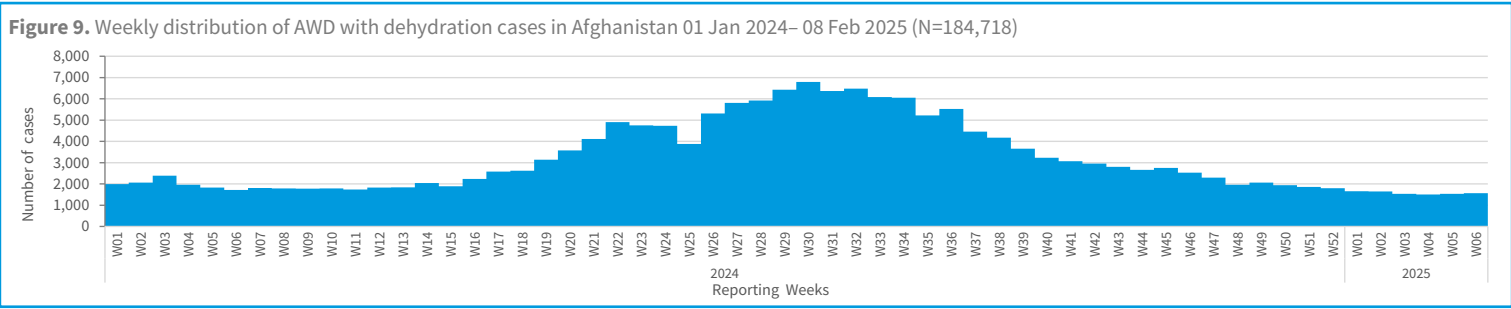
13.9%

RDT positivity rate for AWD with dehydration

Table 4: Summary of the AWD with dehydration outbreak in the last eight weeks in Afghanistan (15 Dec 2024 – 08 Feb 2025)

Indicators	W51-24	W52-24	W01-25	W02-25	W03-25	W04-25	W05-25	W06-25	Trend line
Number of cases	1,862	1,800	1,663	1,650	1,532	1,501	1,539	1,571	
Number of deaths	1	0	0	0	0	1	1	1	
CFR (%)	0.1	0.0	0.0	0.0	0.0	0.1	0.1	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 9).
- During week 06-2025, 1,571 AWD with dehydration cases with one associated death were reported from 107 districts, which shows a slight increase in the number of cases compared to the previous week.
- The new death was over five male reported from Urozgan province.
- Out of the 1,571 AWD with dehydration cases, 781 (49.7%) were females and 914 (58.2%) were under-five children.
- During week 06-2025, no new district reported alert of AWD with dehydration.
- Since Jan 2025, 9,456 cases of AWD with dehydration with 3 associated deaths (CFR = 0.03%) were reported. Out of total cases, 5,567 (58.9%) were under five, while 4,575 (48.4%) were females.
- Since Jan 2025, 454 Rapid Diagnostic Tests (RDT) have been conducted on AWD with dehydration cases, of which 25 tests turned positive (positivity rate 5.5%).
- Since the beginning of 2024, the highest cumulative incidence of AWD with dehydration per 10,000 population was reported from Paktya (151.1) followed by Nimroz (147.5), Logar (106.3), and Kabul (93.0) (Figure 10).
- 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 14.3%).



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AWD with dehydration

cumulative incidence per

10,000 population by province

01 Jan 2024 – 08 Feb 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 WASH updates since 01 Sep 2024.

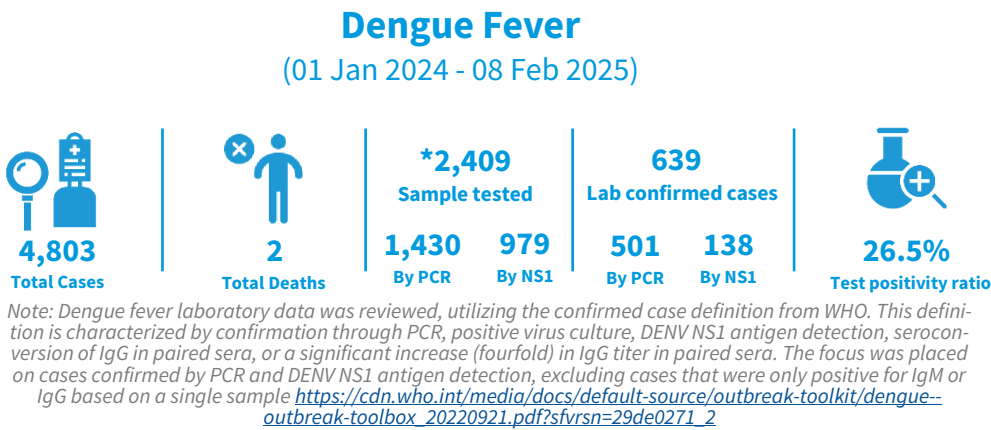


Figure 11. Weekly distribution of suspected dengue fever cases in Afghanistan 1 Jan 2024– 08 Feb 2025, (N=4,803)

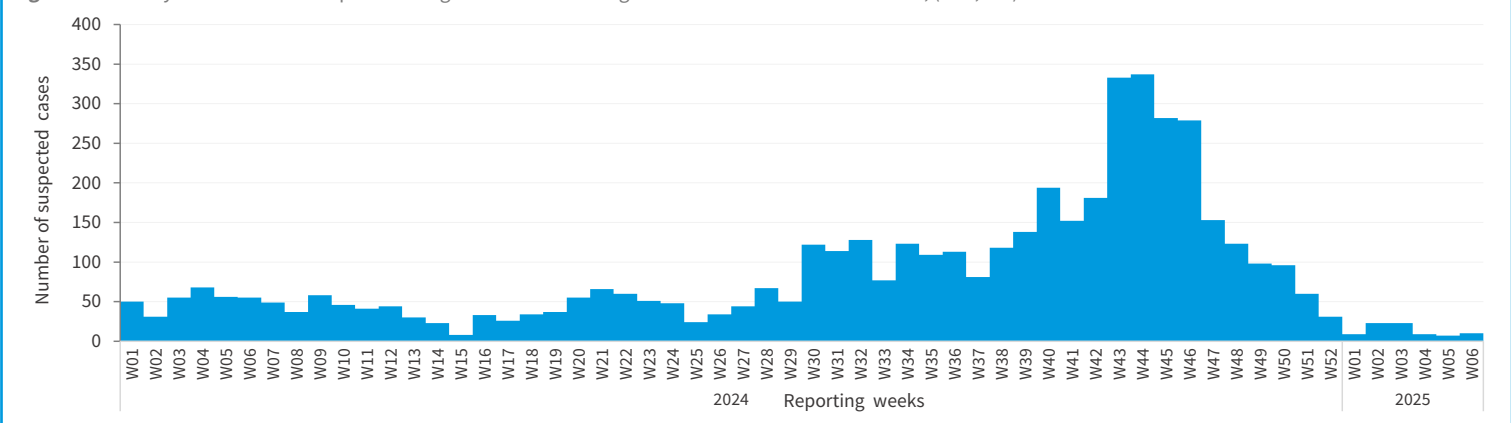


Figure 12. Comparison between the trends of suspected dengue fever cases in 2024-2025 vs 2023-2024

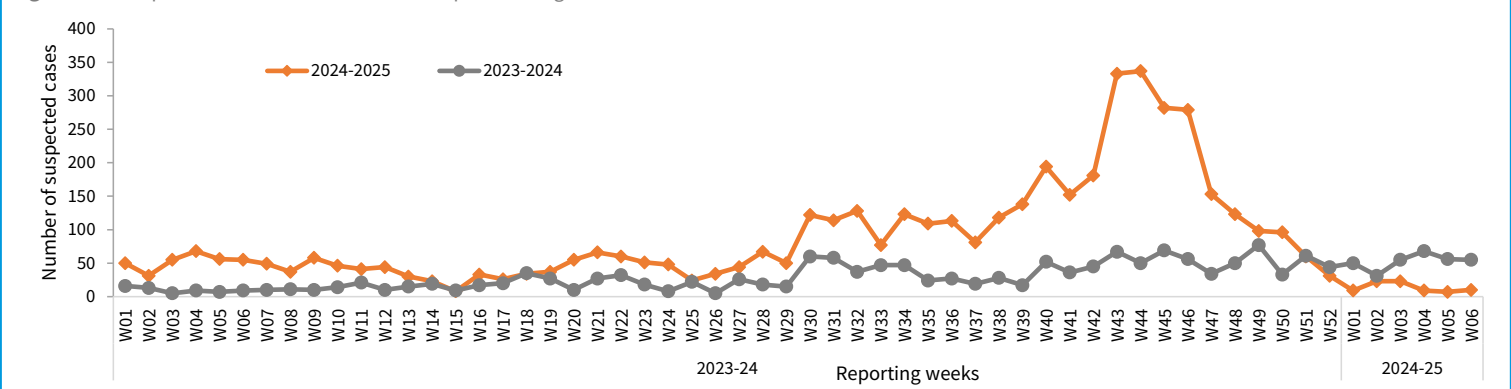
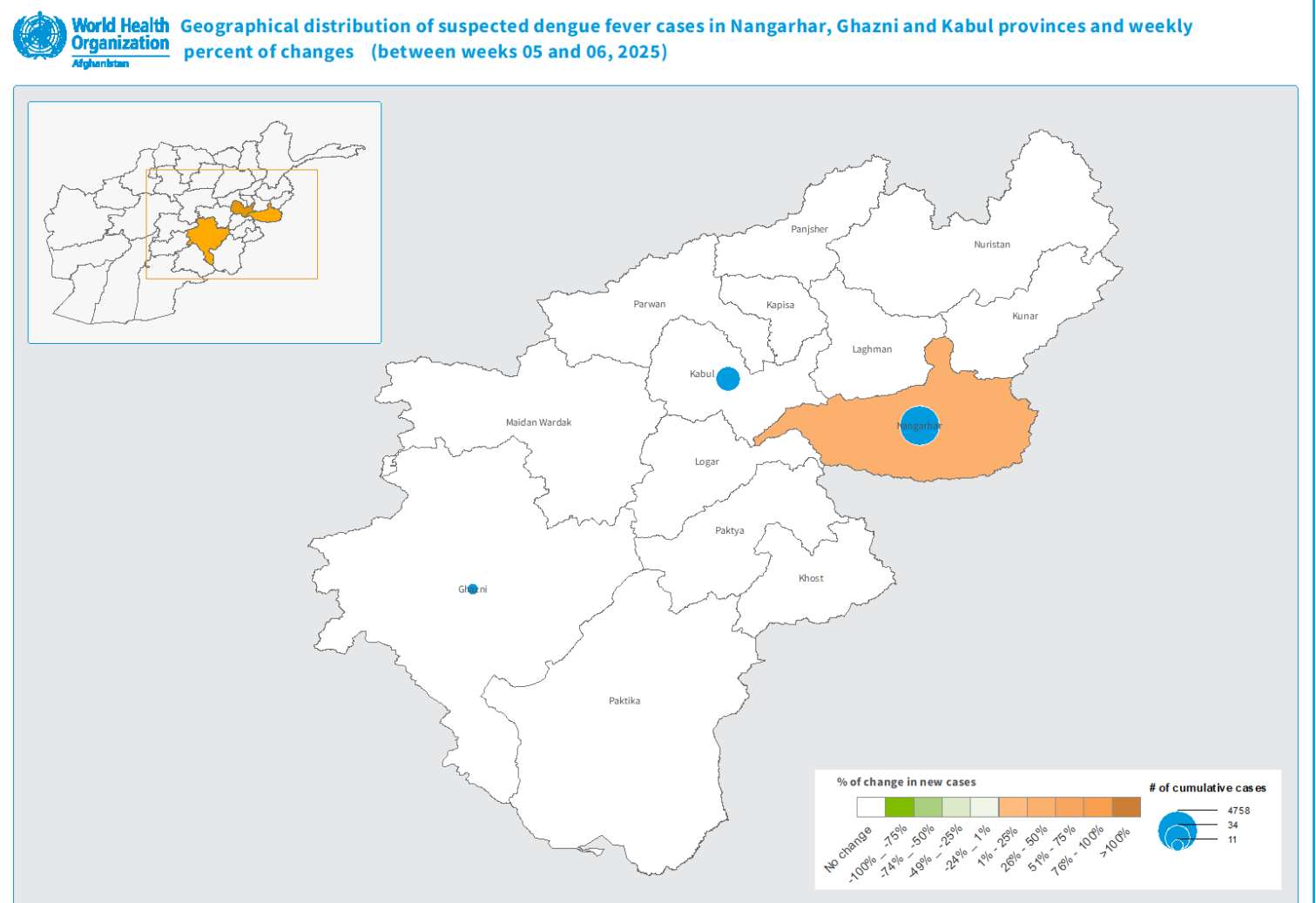


Figure 14. Geographical distribution of suspected dengue fever cases and percent change of new cases in Afghanistan, 01 Jan 2024– 08 Feb 2025



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: 08 Feb 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[®]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 - 08 Feb 2025)

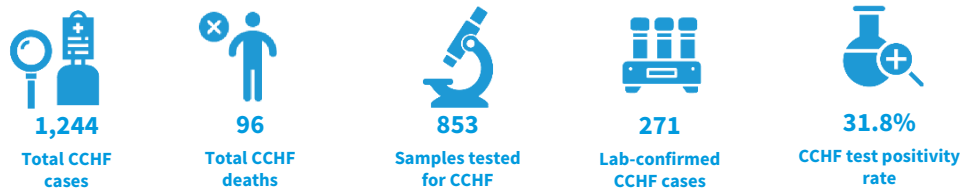
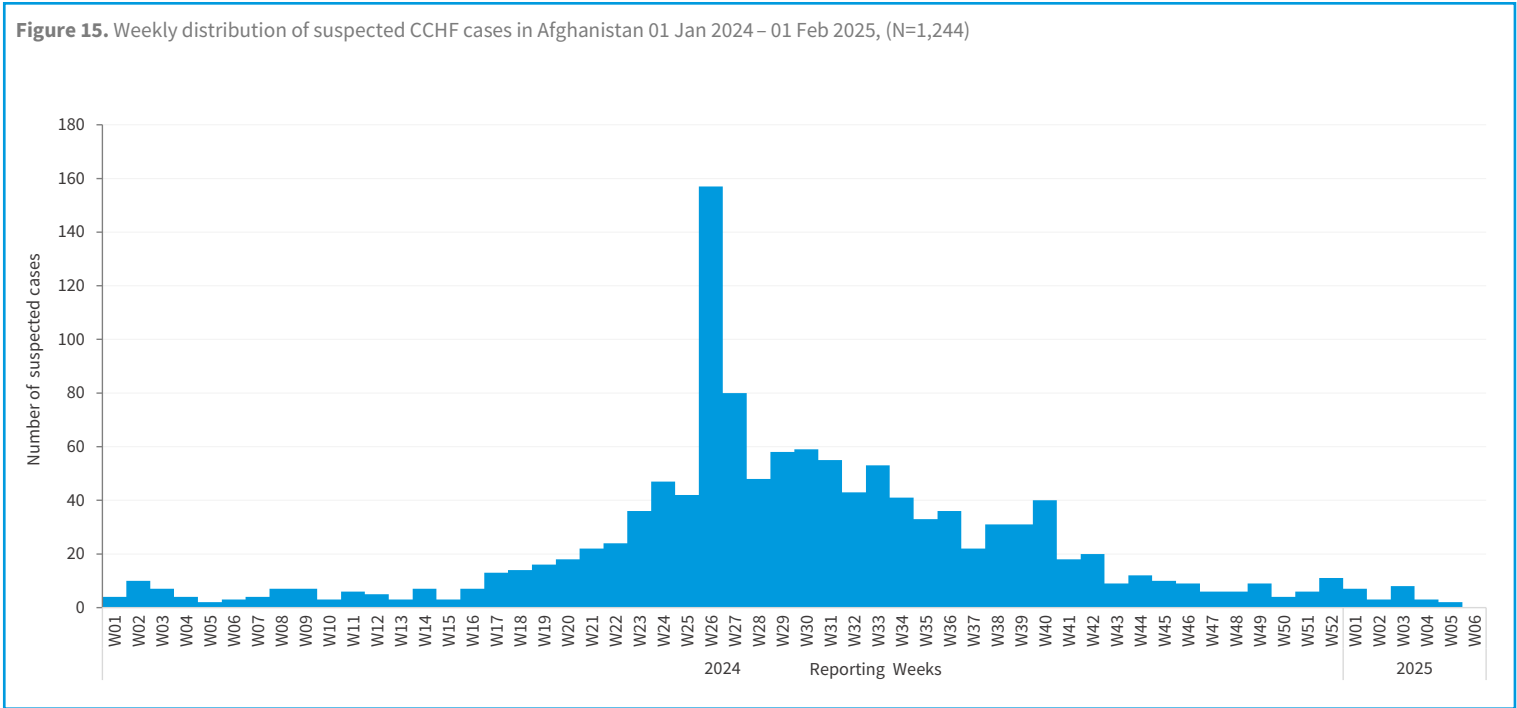
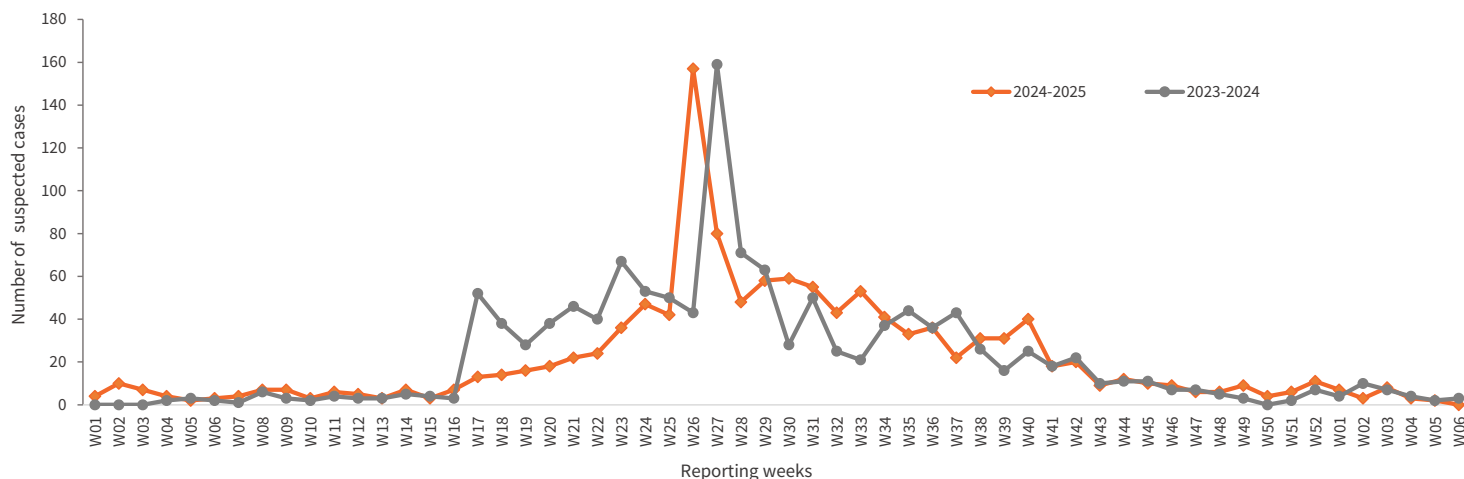


Table 6: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (15 Dec 2024 – 08 Feb 2025)

Indicators	W50-24	W51-24	W52-24	W01-25	W02-25	W03-25	W04-25	W05-25	W06-25	Trend line
Suspected cases	4	6	11	7	3	8	3	2	0	
Suspected deaths	0	0	1	1	0	0	0	0	0	
CFR (%)	0.0	0.0	9.1	14.3	0.0	0.0	0.0	0.0	0.0	

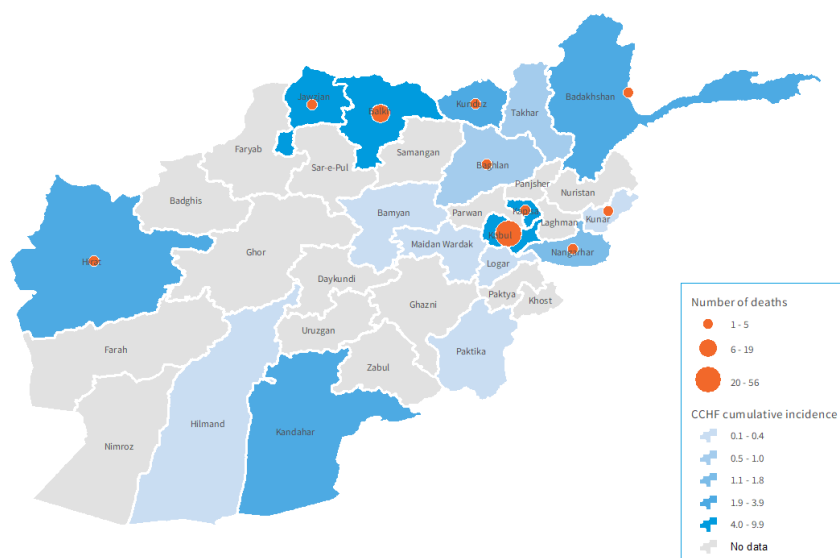
- The epi-curve of suspected CCHF cases shows a declining trend since week 27-2024 (Figures 14 & 15).
- During week 06-2025, no new suspected CCHF cases and deaths were reported (Table 6).
- Since the beginning of 2025, a total of 23 suspected CCHF cases, with one associated death (CFR=4.3%) were reported. All of the reported cases were over five, while 12 (52.2%) were females. Also, 9 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 (9.9) followed by Kabul (8.5), Jawzjan (7.1), and Kapisa (7.0) provinces (Figure 16).
- 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.** Comparison between the trends of suspected CCHF cases in 2024-2025 vs 2023-2024**Figure 16.** 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 – 08 Feb 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 - 08 Feb 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—08 Feb 2025)



82,584
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 (15 Dec 2024 – 08 Feb 2025)

Indicators	W51-24	W52-24	W01-25	W02-25	W03-25	W04-25	W05-25	W06-25	Trend line
Confirmed cases	449	375	238	247	245	180	189	181	
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 17 & 18).
- During week 06-2025, 181 cases with no associated deaths were reported from 12 provinces, which shows a slight decrease in the number of cases compared to the previous week. Out of the total cases, 84 (46.4%) were females and 24 (13.3%) were under-five children.
- Since the beginning of 2024, the highest cumulative incidence of malaria per 10,000 population was reported from Nuriestan (422.5) followed by Kunar (302.7), Laghman (193.3), and Nangarhar (106.1) (Figure 19).
- 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 17. Weekly distribution of malaria cases in Afghanistan 01 Jan 2024–08 Feb 2025 (N=82,584)

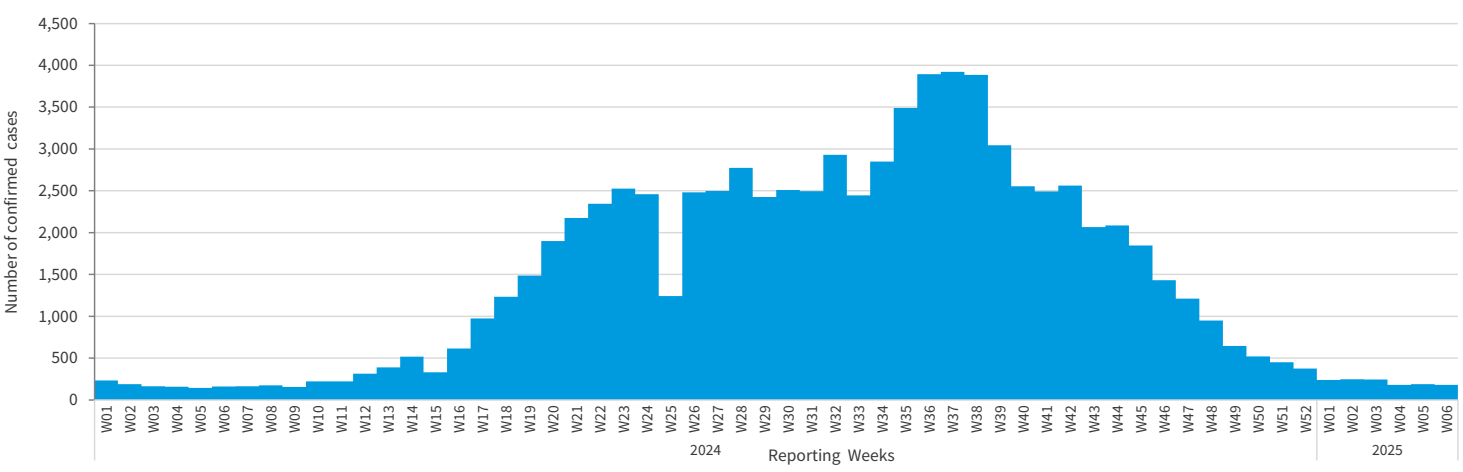


Figure 18. Comparison between the trends of malaria cases in 2024-25 vs 2023-24

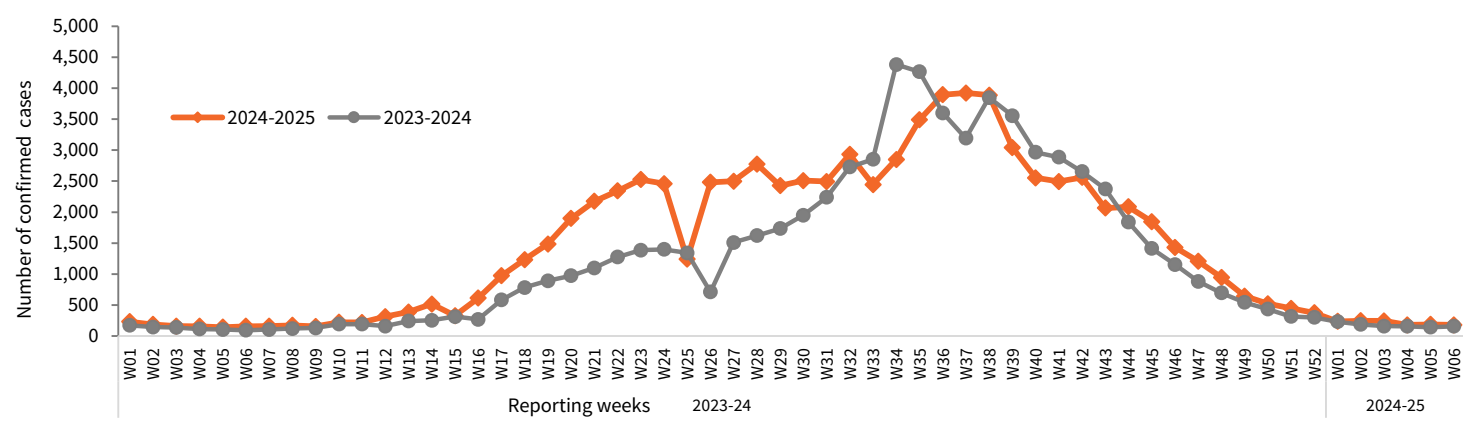
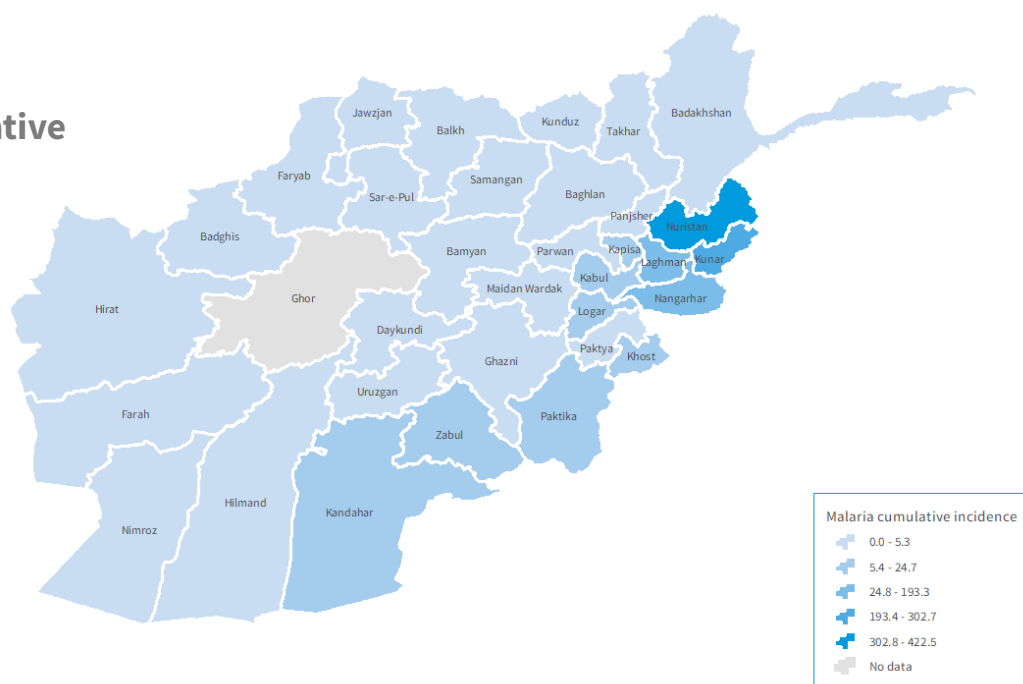




Figure 19. Malaria cumulative incidence per 10,000 population by province in Afghanistan, 08 Jan 2024 – 01 Feb 2025

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**Confirmed malaria cumulative
Incidence per 10,000
population by province
01 Jan 2024 – 08 Feb 2025**



Note: MOPH is the source of epidemiological data

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

Contact us for further information:

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- Infectious Hazard Preparedness Team – Health Emergencies Program (WHE)– (emacoafghipt@who.int)