








AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #11-2025

No. 11 (09– 15 Mar 2025)

Disease Outbreaks	 ARI-Pneumonia	 Measles (Suspected)	 COVID-19 (Confirmed)	 AWD with dehydration	 Dengue fever (Suspected)	 CCHF (Suspected)	 Malaria (Confirmed)
Cumulative cases 2025	456,476	22,499	1,007	17,773	103	51	2,169
Cumulative deaths 2025 (CFR %)	1,029 (0.2)	148 (0.7)	4 (0.4)	7 (0.04)	0 (0.0)	2 (3.9)	0 (0.0)

(Data from 612 (99.8%) out of 613 sentinel sites)

ARI-Pneumonia (29 Dec 2024-15 Mar 2025)


***456,476**

Total Cases


***1,029**

Total Deaths


****1,058**

Samples tested for influenza


****128**

Lab confirmed influenza cases





12.1%

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 (19 Jan – 15 Mar 2025)

Indicators	W04	W05	W06	W07	W08	W09	W10	W11	Trend lines
Suspected cases	42,032	43,197	44,367	42,999	43,538	40,796	40,910	37,792	
Suspected deaths	106	97	89	94	71	96	92	81	
CFR (%)	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2	

*A delayed reporting was experienced during weeks 10-2025 and the number of ARI pneumonia cases was modified from 40,268 to 40,910.

- The epidemiological curve indicates a gradual increasing trend since the beginning of 2025 (Figures 1 & 2), however a slight decrease has been observed for the last 3 weeks.
- During week 11-2025, 37,792 cases of ARI pneumonia and 81 associated deaths (CFR=0.2%) were reported, which shows a 7.6% decrease in the number of ARI pneumonia cases compared to the preceding week.
- Out of the 37,792 cases, 18,572 (49.1%) were females while 24,756 (65.5%) were under five children.
- During the reporting period, 110 samples were collected for influenza, out of which 7 were positive (positivity rate = 6.4%).
- Since the beginning of 2025, 456,476 cases of ARI pneumonia and 1,029 associated deaths (CFR=0.2%) were reported. Out of total cases, 288,212 (63.1%) were under five, while 225,714 (49.4%) were females. Also, 1,058 samples have been tested for influenza, out of which 128 were turned positive (positivity rate = 12.1%).
- Since the beginning of 2025, the highest cumulative incidence of ARI pneumonia per 10,000 population has been reported in Kunar (238.4), followed by Nuristan (230.5), Panjsher (221.4), and Samangan (196.6) provinces (Figure 3).

Figure 1. Weekly distribution of ARI pneumonia cases in Afghanistan, 29 Dec 2024 – 15 Mar 2025 (N= 456,476)

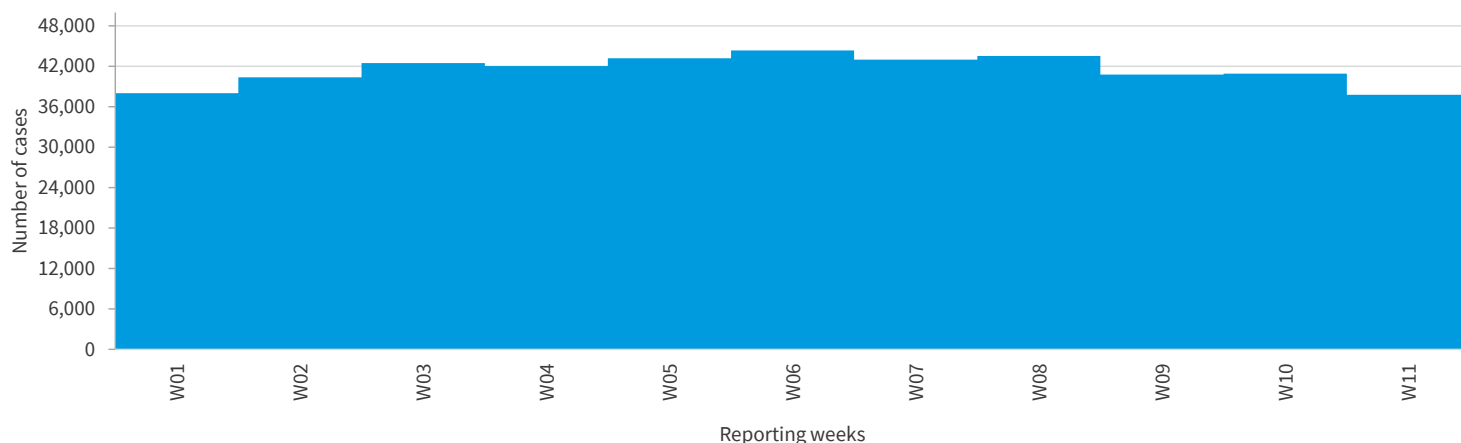


Figure 2. Comparison between the trends of ARI pneumonia cases in 2025 vs 3-year average (2022-2024)

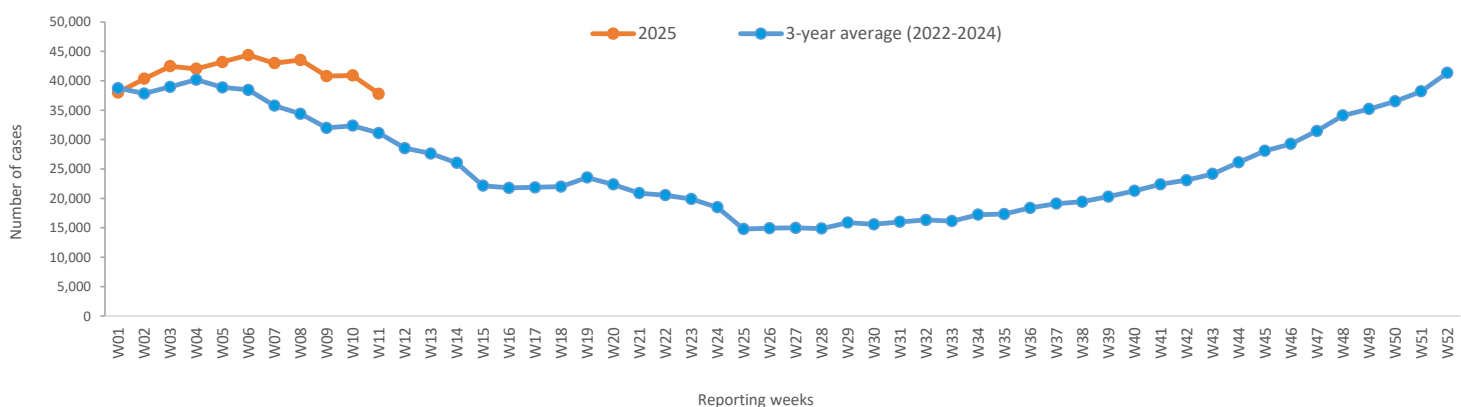
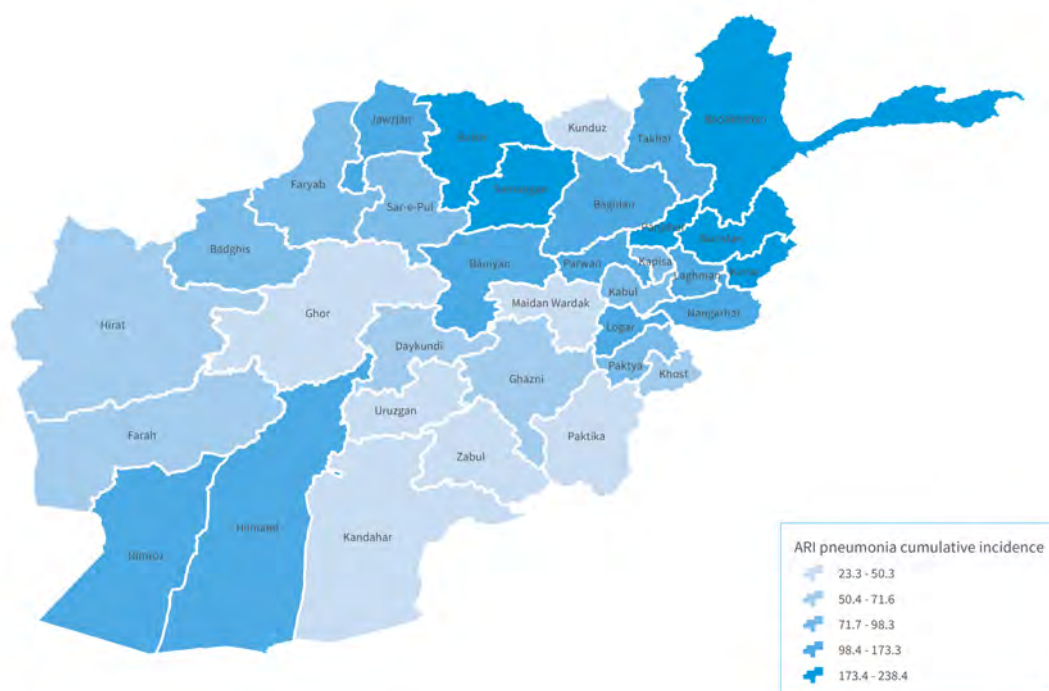


Figure 3. ARI-Pneumonia cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 15 Mar 2025

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ARI pneumonia cumulative incidence per 10,000 population by province

29 Dec 2024 — 15 Mar 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 [X](#)) reaching approximately 64,000 individuals.



Measles

(29 Dec 2024-15 Mar 2025)

**22,499**

Total Cases

**148**

Total Deaths

**5,255**

Sample tested

**3,349**

Lab confirmed cases

**63.7%**

Test positivity rate

Table 2: Summary of the measles outbreak in the last eight weeks in Afghanistan (19 Jan – 15 Mar 2025)

Indicators	W04	W05	W06	W07	W08	W09	W10	W11	Trend line
Suspected cases	1495	1901	2115	2027	2182	2452	2,982 *	3,412	
Suspected deaths	5	15	15	12	21	21	18	19	
CFR (%)	0.3	0.8	0.7	0.6	1.0	0.9	0.6	0.6	

*A delayed reporting was experienced during weeks 10-2025 and the number of measles cases was modified from 40,268 to 40,910.

- The epidemiological curve of suspected measles cases has shown a steady increase since the beginning of 2025, reaching a new peak of 3,412 cases in week 11, the highest recorded since week 15 of 2022 (Figure 4). The trend in 2025 is higher than the 3-years average (2022-2024) (Figure 5).
- During week 11-2025, a total of 3,412 suspected cases and 19 associated deaths (CFR=0.6%) were reported which shows a 14.4% increase in the number of suspected cases compared to the preceding week. Out of the total cases, 1,487 (43.6%) were females and 2,752 (80.7%) were under-five children.
- All 19 new deaths were under five, while 13 (68.4%) were females reported from 6 provinces: Badakhshan (6), Helmand (4), Herat (4), Kandahar (3), Jawzjan (1), and Kabul (1).
- Since the beginning of 2025, 22,499 cases of suspected measles and 148 associated deaths (CFR=0.7%) were reported. Out of total cases, 10,324 (45.9%) were females, while 18,474 (82.1%) were under five.
- Since the beginning of 2025, the highest cumulative incidence of suspected measles cases per 10,000 population has been reported from Helmand (18.4), followed by Nuristan (15.8), Urozgan (15.7), Jawzjan (13.5), and Balkh (13.1) (Figure 6).

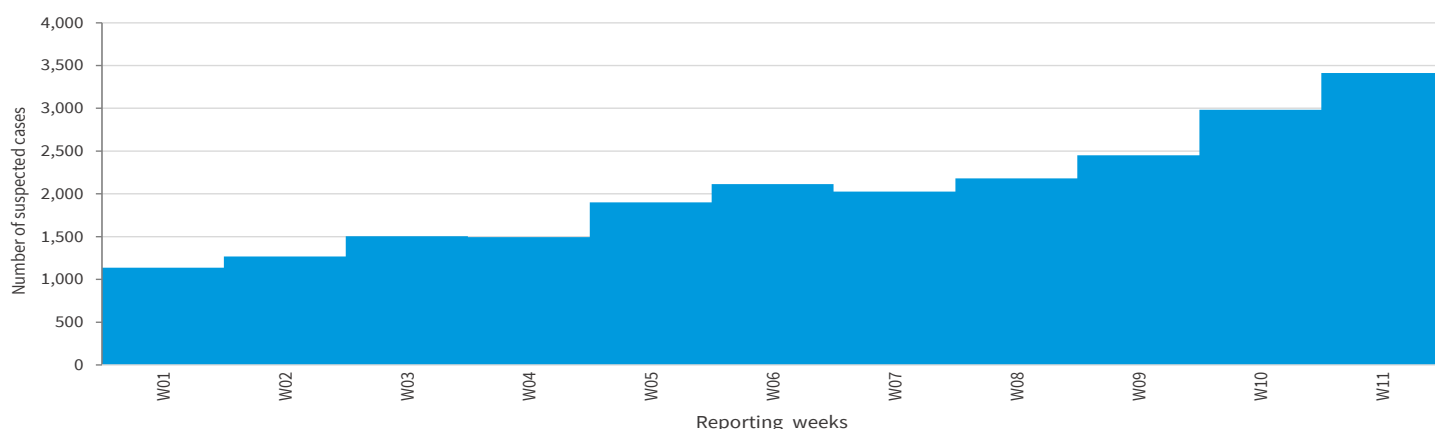
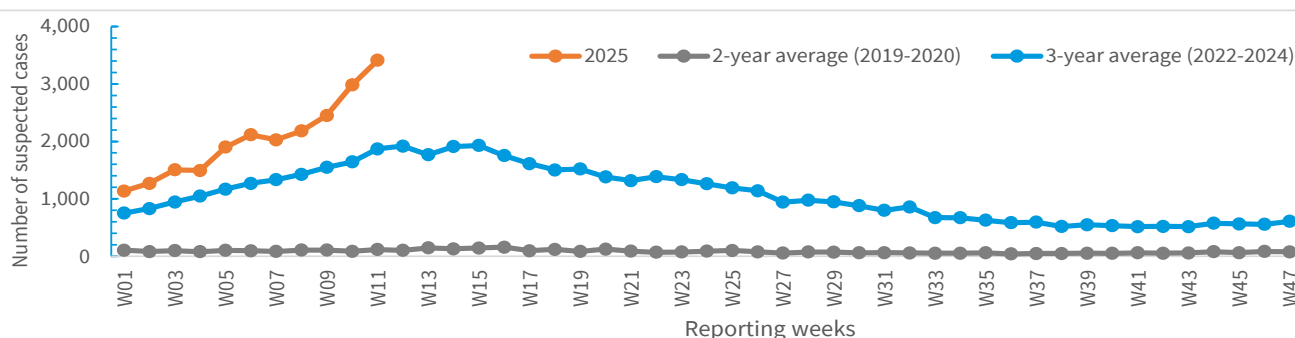
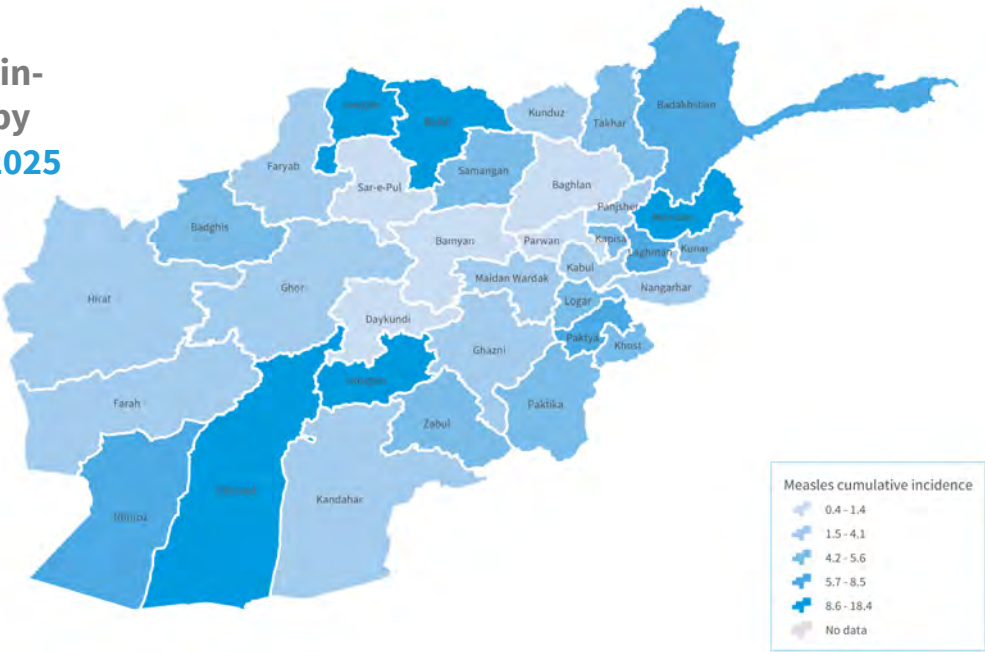
Figure 4. Weekly distribution of suspected measles cases in Afghanistan, 29 Dec 2024 to 15 Mar 2025 (N= 22,499)**Figure 5.** Comparison between the trends of suspected measles cases in 2025 vs 3-year average (2022-20224) and the endemic level

Figure 6. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 29 Dec 2024-15 Mar 2025

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Suspected measles cumulative incidence per 10,000 population by province 29 Dec 2024 – 15 Mar 2025




Updates on the preparedness and response to the measles outbreak

During week 11-2025, a total of 1,397 children aged 9-59 months were vaccinated against measles as part of outbreak response in 13 provinces (Helmand, Urozgan, Zabul, Paktya, Ghazni, Faryab, Takhar, Kabul, Nangarhar, Laghman, Nuristan, Kapisa and Farah). This brings the number of children aged 9-59 months vaccinated against measles as part of outbreak response immunization activities to 10,900 across the country since the beginning of 2025.

COVID-19


(24 Feb 2020 — 15 Mar 2025)

Cumulative samples tested
1,088,378
In public laboratories

New samples tested in week 11
**1,143**
In public laboratories


-27.0%

Cumulative confirmed cases
245,115
Cumulative positivity rate (22.5%)

New confirmed cases in week 11
**37**
Weekly positivity rate (3.2%)

-36.2%

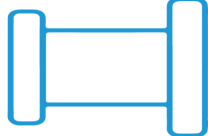
Cumulative confirmed deaths
8,052
CFR (3.3%)

New confirmed deaths in week 11
**1**
Week 11 CFR (2.7%)

+100.0%

Key: ● Increasing ● Decreasing ● No change

COVID-19 Vaccination highlights




Fully vaccinated
***17,083,906**

Partially vaccinated
***1,866,324**

Booster dose
***3,492,266**

At least one dose of any vaccine received
***18,950,230**



*Proportion of population who are **fully vaccinated**
39.6%

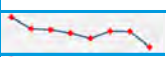

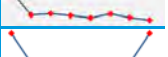

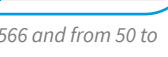
*Proportion of population who at least **received one dose**
44.0%

*Proportion of population who **received various booster doses**
8.1%

*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.

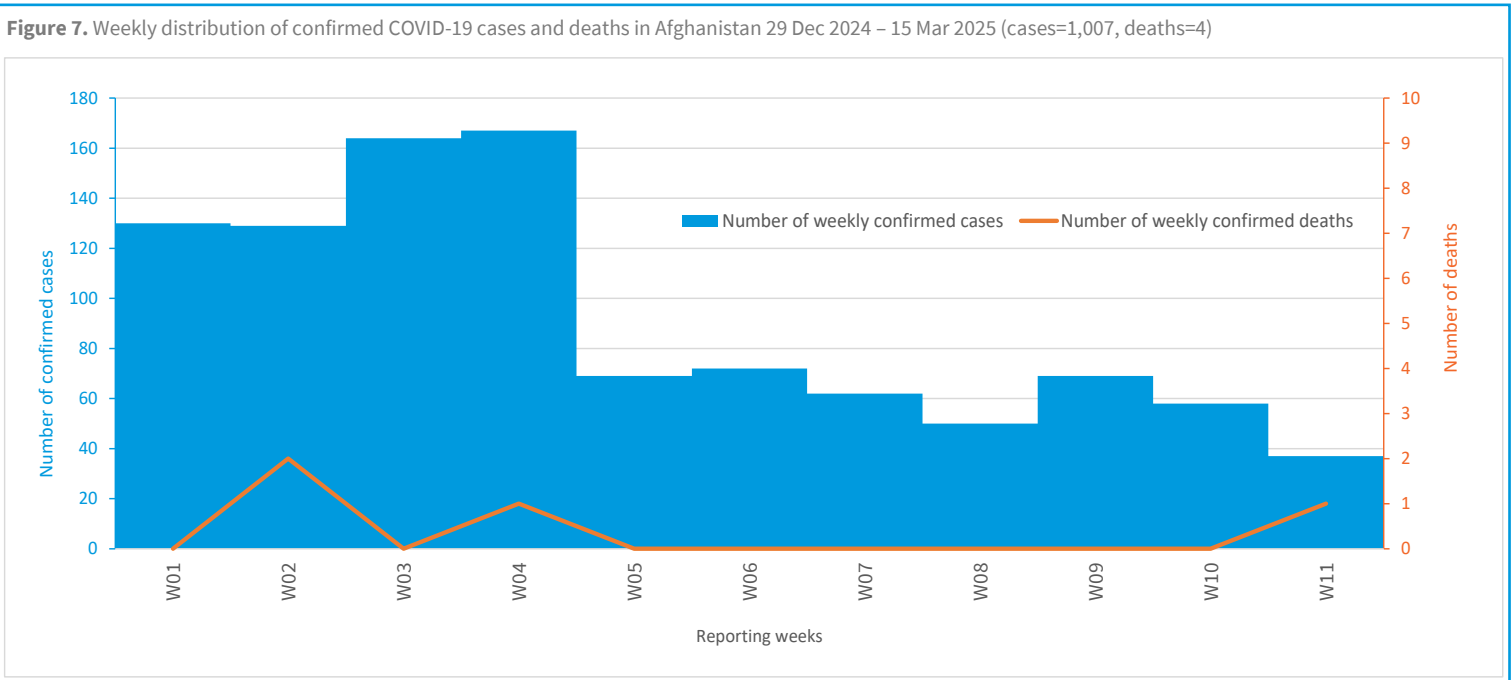
* The denominator is 43,100,596 based on OCHA estimation 2024

Table 3: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (19 Jan – 15 Mar 2025)


Indicators	W04	W05	W06	W07	W08	W09	W10	W11	Trend line
Samples tested (in public Labs)	1,948	1,638	1,609	1,520	1,375	1,569	1,566 *	1,143	
Confirmed cases	167	69	72	62	50	69	58 *	37	
Percent positivity (%)	8.6	4.2	4.5	4.1	3.6	4.4	3.7	3.2	
Deaths	1	0	0	0	0	0	0	1	
CFR (%)	0.6	0.0	0.0	0.0	0.0	0.0	0.0	2.7	

**A delayed reporting was experienced during weeks 10-2025 and the number of tested samples and confirmed cases were modified from 1,312 to 1,566 and from 50 to 58, respectively.*


- The epidemiological curve of confirmed COVID-19 cases indicates a fluctuation at the lower level in the recent weeks (Figures 7).
- During week 11-2025, a total of 1,143 samples were tested in public labs, of which 37 were positive for COVID-19 (positivity rate 3.2%) and one associated death were reported (CFR=2.7%). The number of positive cases shows a 36.2% decrease compared to the preceding week (Table 3).
- Since the beginning of 2025, 1,007 confirmed cases of COVID-19 and 4 associated deaths (CFR=0.4%) were reported. Out of total cases, 463 (46.0%) were females.




Acute Watery Diarrhea (AWD) with Dehydration (29 Dec 2024-15 Mar 2025)




17,773
Total AWD with dehydration cases




7
Total AWD with dehydration deaths



943
Samples tested for AWD with dehydration (RDTs)






48
RDT-positive cases for AWD with dehydration



5.1%
RDT positivity rate for AWD with dehydration

Table 4: Summary of the AWD with dehydration outbreak in the last eight weeks in Afghanistan (19 Jan – 15 Mar 2025)

Indicators	W04	W05	W06	W07	W08	W09	W10	W11	Trend line
Number of cases	1,501	1,539	1,571	1,541	1,664	1,742	1,637	1,733	
Number of deaths	1	1	1	2	0	1	0	1	
CFR (%)	0.07	0.06	0.06	0.13	0.00	0.06	0.00	0.06	



- The epidemiological curve has shown a gradual increasing trend since week 08-2025 (Figure 8).
- During week 11-2025, 1,733 AWD with dehydration cases with one associated death were reported from 120 districts, which shows a 5.9% increase in the number of cases compared to the previous week.
- Out of the 1,733 AWD with dehydration cases, 838 (48.4%) were females and 994 (57.4%) were under-five children.
- During week 11-2025, one new district (Ghazni city of Ghazni province) reported alert of AWD with dehydration.
- Since Jan 2025, 17,773 cases of AWD with dehydration with 7 associated deaths (CFR = 0.04%) were reported. Out of total cases, 10,489 (59.0%) were under five, while 8,621 (48.5%) were females.
- Since Jan 2025, 943 Rapid Diagnostic Tests (RDT) have been conducted on AWD with dehydration cases, of which 48 tests turned positive (positivity rate 5.1%).
- Since the beginning of 2025, the highest cumulative incidence of AWD with dehydration per 10,000 population was reported from Nimroz (16.4) followed by Khost (15.0), Paktya (12.6), Farah (11.4), and Kabul (10.8) (Figure 9).

Figure 8. Weekly distribution of AWD with dehydration cases in Afghanistan 29 Dec 2024– 15 Mar 2025 (N=17,773)

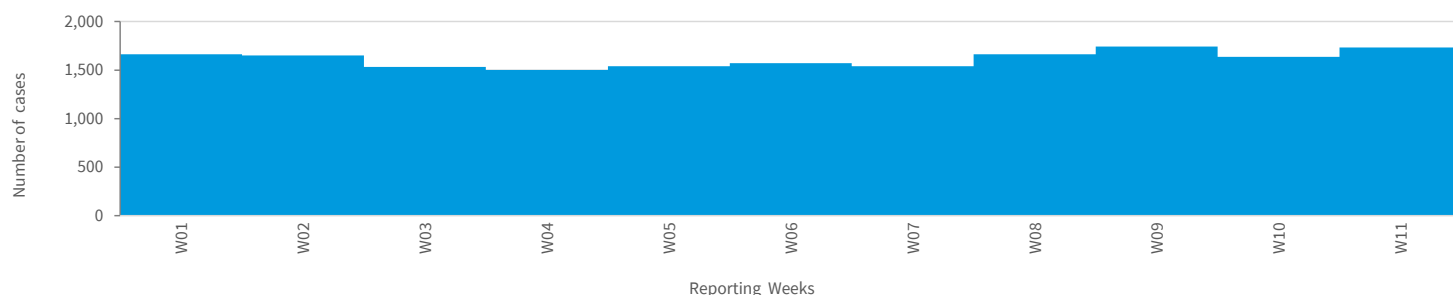
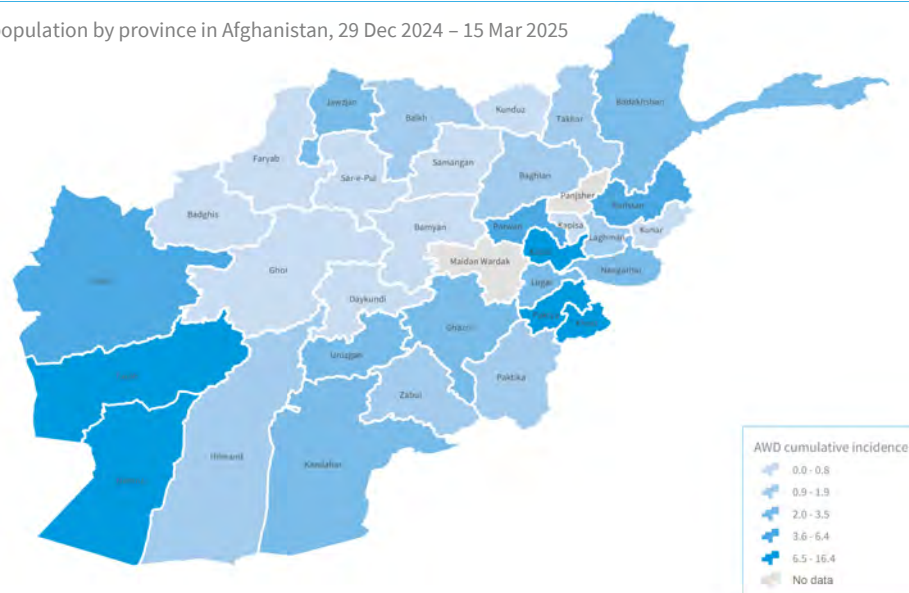


Figure 9. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 15 Mar 2025

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AWD with dehydration cumulative incidence per 10,000 population by province 29 Dec 2024 – 15 Mar 2025



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

Since the beginning of the 2025, the following activities have been conducted as part of AWD with dehydration outbreak response activity:

- A total of 44 National Disease Surveillance and Response (NDSR) staffs including 2 females have been trained on surveillance data management, analysis and visualization from 34 provinces.
- A total of 26 Surveillance Support Team (SST) members including 1 female have been trained on surveillance functions and rapid response from 6 provinces (Kabul, Kunar, Laghman, Nangarhar, Kunduz and Kandahar).

WASH update:


In February 2025, the following WASH response activities were implemented:

- 2,476 individuals in Nimroz province gained access to clean drinking water through the rehabilitation of dug wells and extension of existing water pipelines.
- 147,000 individuals in Nangarhar province received clean drinking water through the provision of fuel for water supply systems.
- 10,520 individuals in Zabol province benefited from the distribution of handwashing soap.
- 19,432 individuals in Kabul and Paktika provinces participated in hygiene promotion sessions.
- 30,576 individuals in Kabul and Urozgan provinces received hygiene kits




Dengue Fever

(29 Dec 2024-15 Mar 2025)



103
Total Cases



0
Total Deaths

***5**
Sample tested


2
By PCR

3
By NS1

3
Lab confirmed cases

0
By PCR



3
By NS1



60.0%
Test positivity ratio

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 (19 Jan – 15 Mar 2025)

Indicators	W04	W05	W06	W07	W08	W09	W10	W11	Trend line
Suspected cases	9	7	10	5	6	5	1	5	
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 epidemiological curve of suspected dengue fever cases shows stabilization at low level since the beginning of 2025 (Figures 10 & 11).
- During week 11-2025, 5 suspected cases of dengue fever with no associated deaths were reported from Nangarhar province. All the new cases were over-five-yearer while 2 of them were females.
- Since the beginning of 2025, 103 suspected dengue fever cases, with no associated deaths reported from Nangarhar province. Out of total cases, 101 (98.1%) were over five, while 52 (50.5%) were females.
- Since the beginning of 2025, a total of 5 samples (2 PCR and 3 NS1) have been tested, out of which the 3 by NS1 were positive. Geographical distribution of suspected dengue fever cases and percent change of new cases in Nangarhar province of Afghanistan is shown in Figure 12.

Figure 10. Weekly distribution of suspected dengue fever cases in Afghanistan 29 Dec 2024– 15 Mar 2025, (N=103)

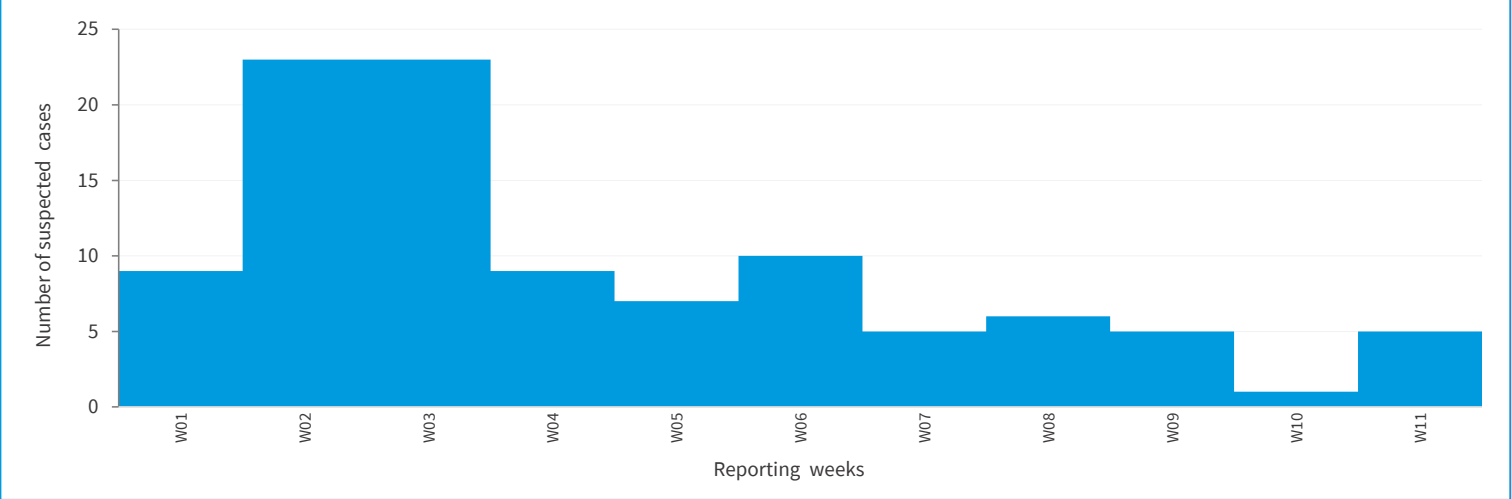
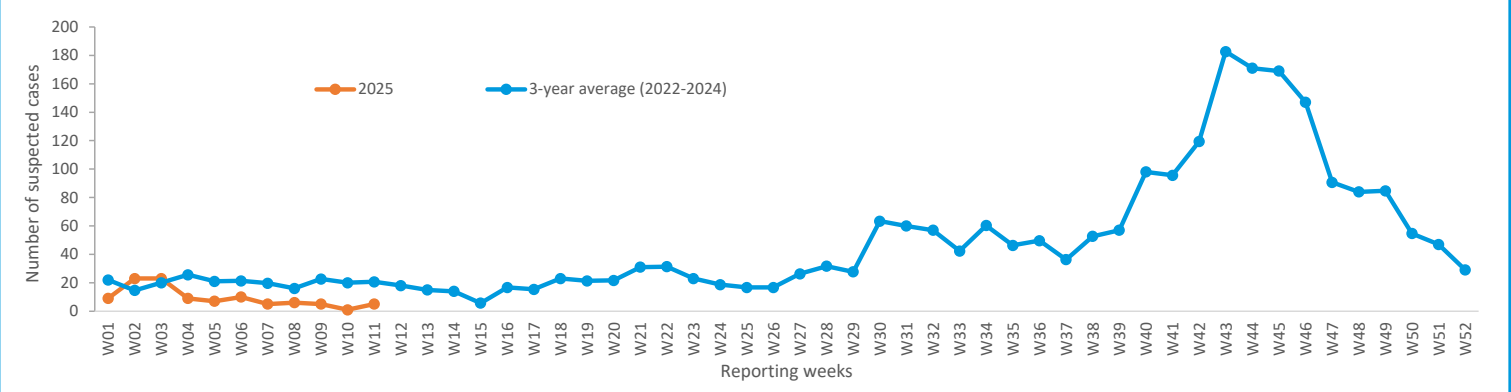
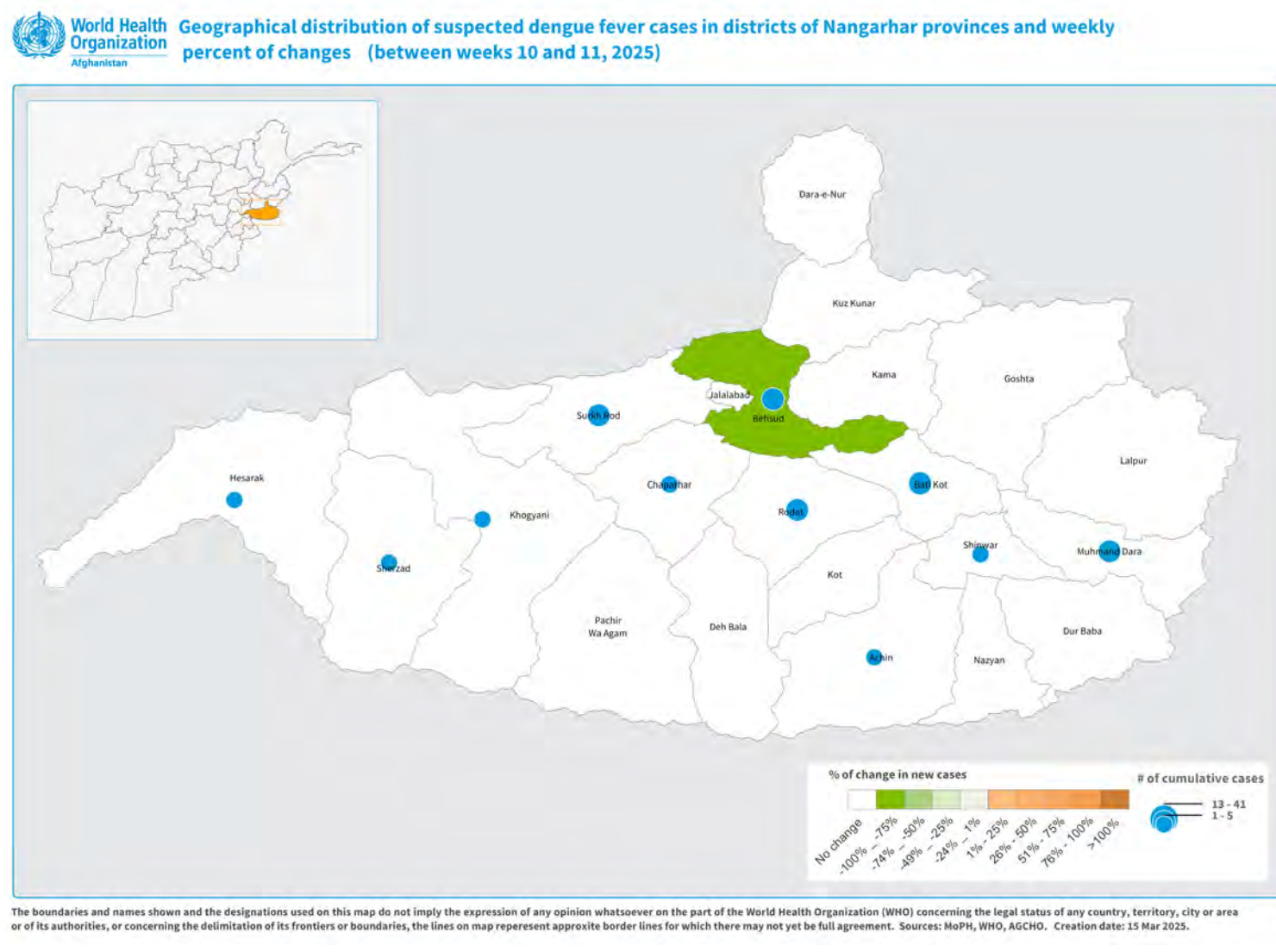


Figure 11. Comparison between the trends of suspected dengue fever cases in 2025 vs 3-year average (2022-2024)



**Figure 12.** Geographical distribution of suspected dengue fever cases and percent change of new cases in Nangarhar province, 29 Dec 2024 – 15 Mar 2025

Crimean Congo Hemorrhagic Fever (CCHF)

(29 Dec 2024-15 Mar 2025)



51

Total cases



2

Total deaths



26

Samples tested



5

Lab-confirmed cases



19.2%

Test positivity rate

Table 6: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (19 Jan – 15 Mar 2025)

Indicators	W04	W05	W06	W07	W08	W09	W10	W11	Trend line
Suspected cases	3	2	0	7	6	5	10	2	
Suspected deaths	0	0	0	1	0	0	0	0	
CFR (%)	0.0	0.0	0.0	14.3	0.0	0.0	0.0	0.0	

- The epidemiological curve of suspected CCHF cases shows Stabilization at low level since the beginning the of 2025 (Figures 13 & 14).
- During week 11-2025, 2 new suspected CCHF cases with no deaths were reported compared to 10 cases in the previous week (Table 6). Both of new cases were over-five-year males reported from Kabul and Badakhshan provinces.
- Since the beginning of 2025, a total of 51 suspected CCHF cases, with 2 associated deaths (CFR=3.9%) were reported. All the reported cases were over five, while 23 (45.1%) were females. Also, 26 samples have been tested, 5 of them turned



out positive (positivity rate = 19.2%).

Figure 13. Weekly distribution of suspected CCHF cases in Afghanistan 29 Dec 2024 – 15 Mar 2025, (N=51)

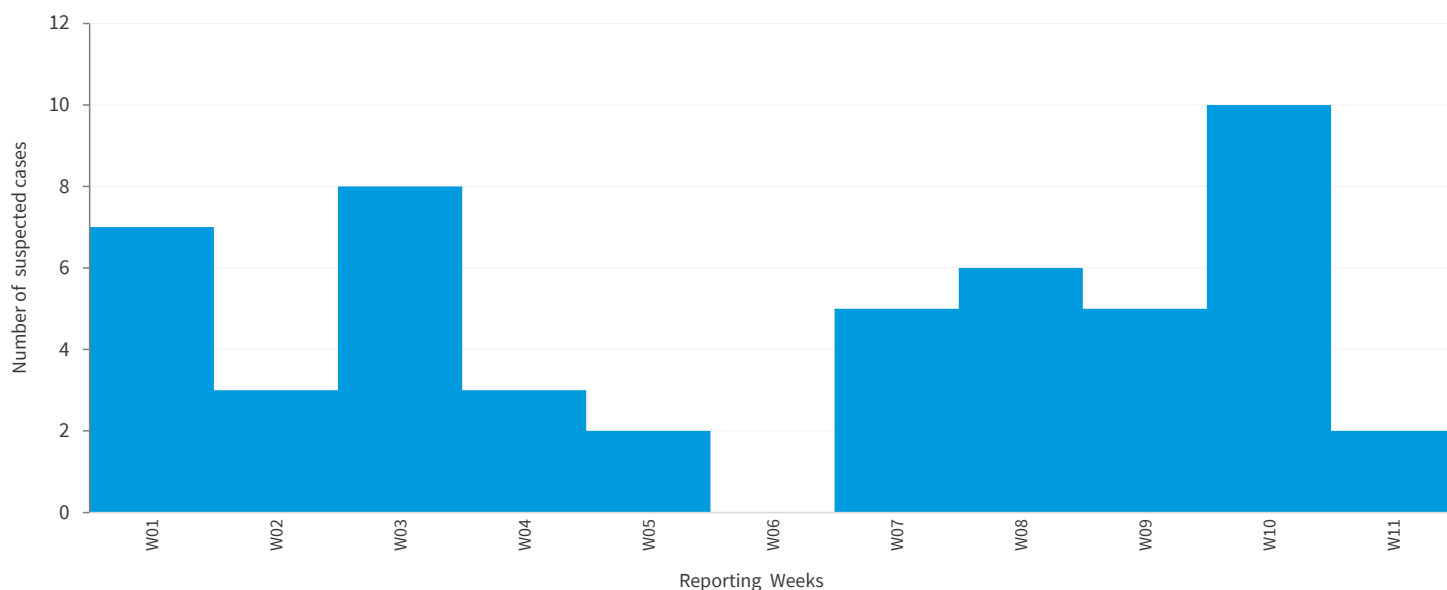


Figure 14. Comparison between the trends of suspected CCHF cases in 2025 vs 3-year average (2022-2024)

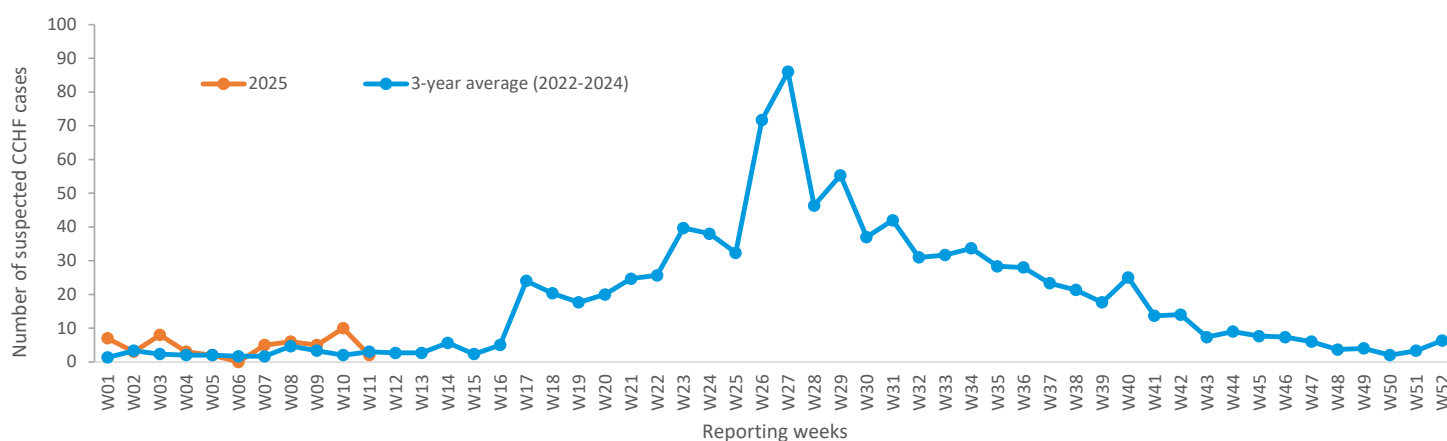
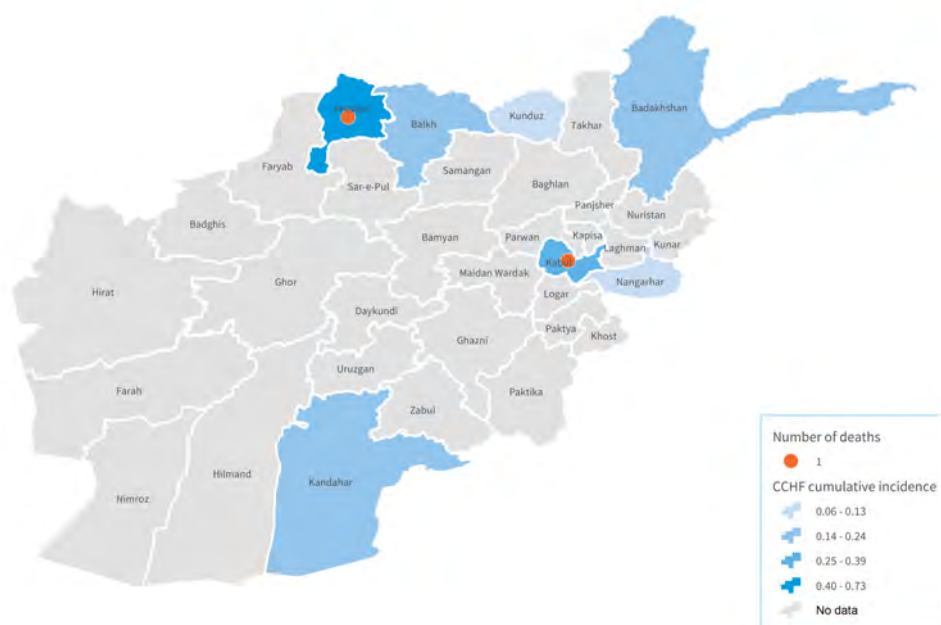


Figure 15. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 29 Dec 2024 – 15 Mar 2025

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Crimean-Congo Hemorrhagic
Fever (CCHF) cases cumulative
incidence per 100,000
population by province and
provincial distribution of
deaths 29 Dec 2024-15 Mar 2025





Updates on the response to the CCHF outbreak

Since the beginning of the 2025 the following activities have been conducted as part of outbreak response activities:

- A total of 66 Healthcare Workers (HCWs) including 7 females have been trained on CCHF case management from 34 provinces.
- A total of 31 Lab technician including 4 females from 6 Regional Reference Laboratories (RRLs), Infectious Disease Hospital (IDH), and Central Public Health Laboratory (CPHL) were trained on the diagnosis of CCHF, Dengue fever, and Mpox.

Malaria

(29 Dec 2024-15 Mar 2025)



2,169
Total confirmed
Cases



0 (0.0)
Total deaths
(CFR %)

Table 7: Summary of the malaria outbreak in the last eight weeks in Afghanistan (19 Jan – 15 Mar 2025)

Indicators	W04	W05	W06	W07	W08	W09	W10	W11	Trend line
Confirmed cases	180	189	181	184	198	153	164	190	
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 epidemiological curve of malaria cases shows fluctuation at low level (Figure 16). The trend of malaria cases in 2025 closely follows the trend observed in 3-year average (2022-2024) (Figure 17).
- During week 11-2025, 190 cases with no associated deaths were reported from 12 provinces compared to 164 cases in the previous week. Out of the total cases, 86 (45.3%) were females and 33 (17.4%) were under-five children.
- Since the beginning of 2025, 2,169 confirmed malaria cases with no associated deaths have been reported. Out of total 2,169 cases, 984 (45.4%) were female and 309 (14.2%) were under five children.
- Since the beginning of 2025, the highest cumulative incidence of malaria per 10,000 population was reported from Nuristan (14.3) followed by Kunar (8.1), Laghman (3.3), and Nangarhar (2.8) (Figure 18).

Figure 16. Weekly distribution of malaria cases in Afghanistan 29 Dec 2024–15 Mar 2025 (N=2,169)

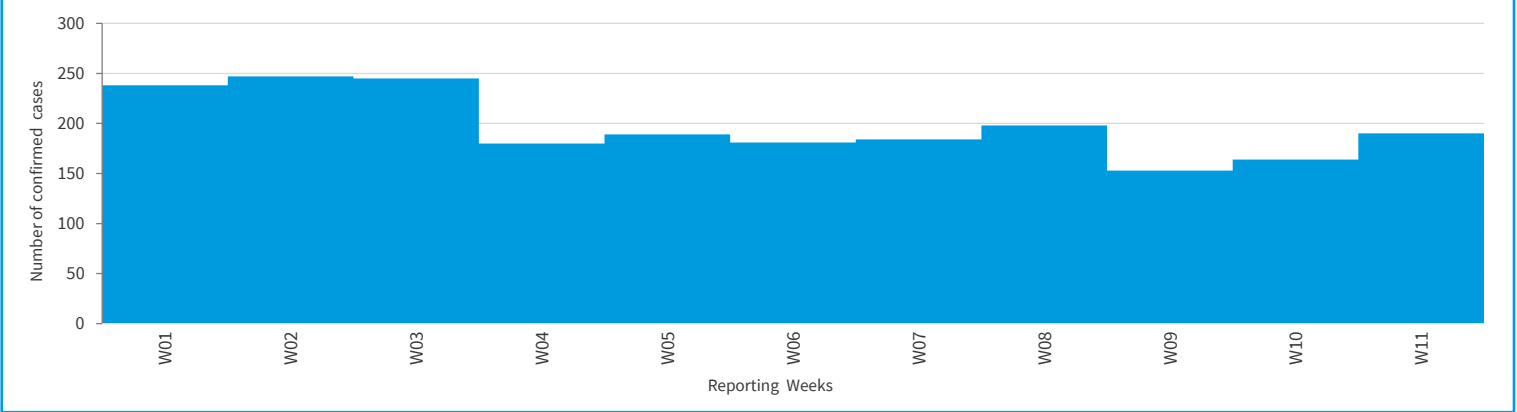


Figure 17. Comparison between the trends of malaria cases in 2025 vs 3-year average (2022-2024)

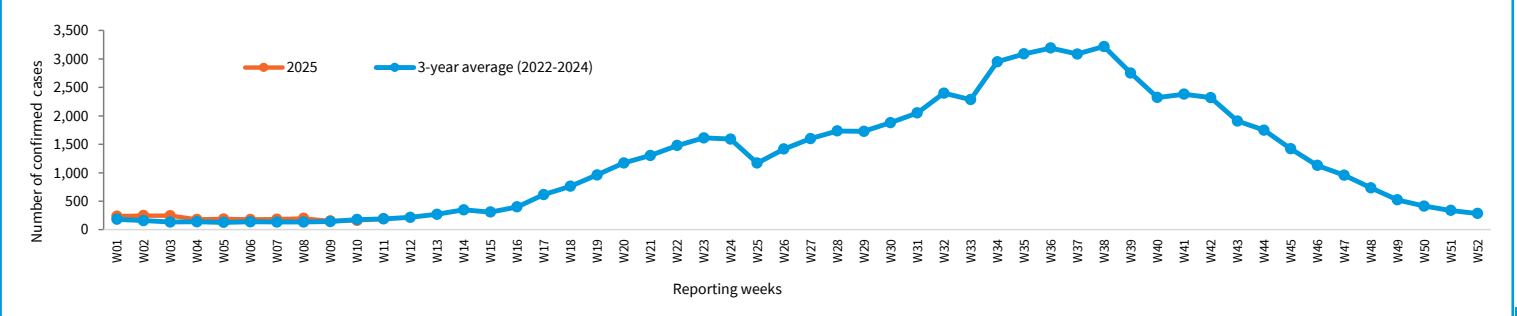
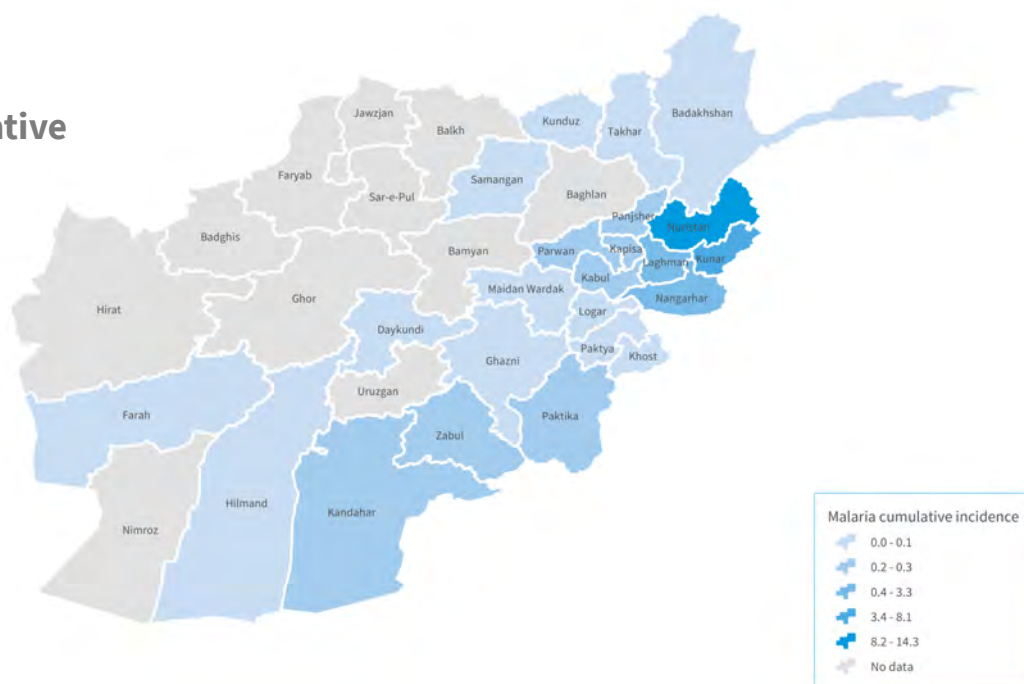




Figure 18. Malaria cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 15 Mar 2025

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**Confirmed malaria cumulative
Incidence per 10,000
population by province
29 Dec 2024 – 15 Mar 2025**



Note: MOPH is the source of epidemiological data

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

Contact us for further information:

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