World Health Organization
Afghanistan

AFGHANISTAN
INFECTIOUS DISEASE OUTBREAKS
SITUATION REPORT | Epidemiological week #12-2025

No. 12 (16– 22 Mar 2025)

Disease Outbreaks	ARI-Pneumonia	Measles (Suspected)	COVID-19 (Confirmed)	AWD with dehydration	Dengue fever (Suspected)	CCHF (Suspected)	Malaria (Confirmed)
Cumulative cases 2025	490,333	26,026	1,036	19,652	114	63	2,376
Cumulative deaths 2025 (CFR %)	1,101 (0.2)	165 (0.6)	4 (0.4)	8 (0.04)	0 (0.0)	2 (3.2)	0 (0.0)

(Data from 607 (99.0%) out of 613 sentinel sites)

ARI-Pneumonia
(29 Dec 2024-22 Mar 2025)

|				
***490,333**	***1,101**	****1,158**	****131**	**11.3%**
Total ARI Cases	**Total ARI Deaths**	**Samples tested for influenza**	**Lab confirmed influenza cases**	**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 (26 Jan – 22 Mar 2025)

| Indicators	W05	W06	W07	W08	W09	W10	W11	W12	Trend lines
Suspected cases	43,197	44,367	42,999	43,538	40,796	40,910	37,792	33,857	
Suspected deaths	97	89	94	71	96	92	81	72	
CFR (%)	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	

- The epi curve indicates a declining trend since week 6-2025, this might be due to the conclusion of winter season (Figures 1 & 2).
- During week 12-2025, 33,857 cases of ARI pneumonia and 72 associated deaths (CFR=0.2%) were reported, which shows a 10.4% decrease in the number of ARI pneumonia cases compared to the preceding week.
- Out of the 33,857 cases, 16,893 (49.9%) were females while 21,830 (64.5%) were under five children.
- During the reporting period, 100 samples were collected for influenza, out of which 3 were positive (positivity rate = 3.0%).
- Since the beginning of 2025, 490,333 cases of ARI pneumonia and 1,101 associated deaths (CFR=0.2%) were reported. Out of total cases, 310,042 (63.2%) were under five, while 242,607 (49.5%) were females. Also, 1,158 samples have been tested for influenza, out of which 131 were positive (positivity rate = 11.3%).
- Since the beginning of 2025, the highest cumulative incidence of ARI pneumonia per 10,000 population has been reported in Kunar (253.5), followed by Nuristan (249.4), Panjsher (243.3), and Badakhshan (211.3) provinces (Figure 3).

Figure 1. Weekly distribution of ARI pneumonia cases in Afghanistan, 29 Dec 2024 – 22 Mar 2025 (N= 490,333)
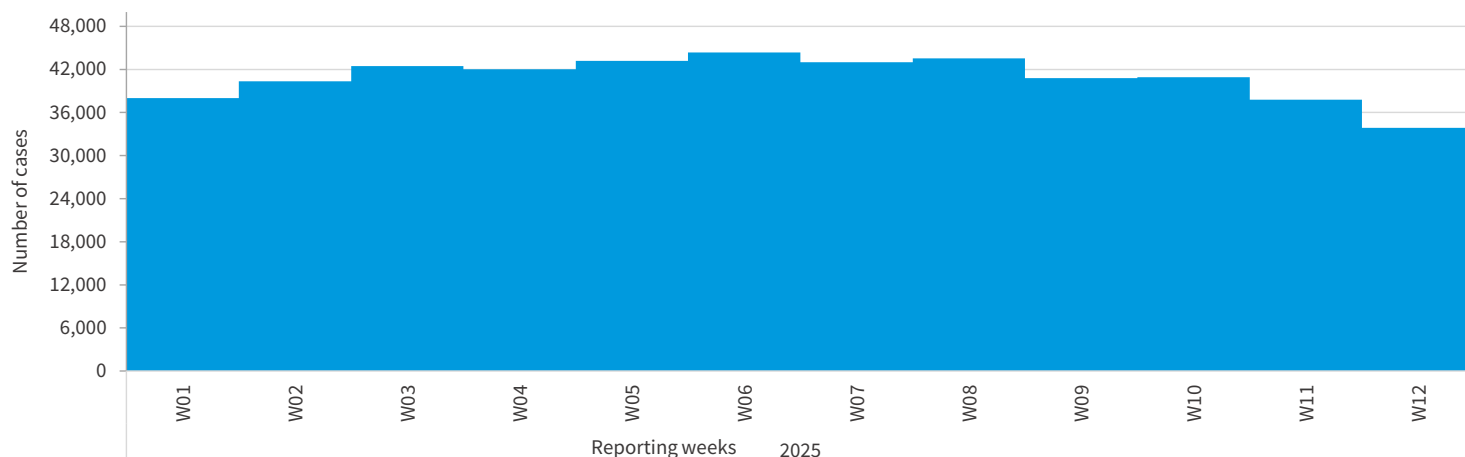
Figure 2. Comparison between the trends of ARI pneumonia cases in 2025 vs 3-year average (2022-2024)
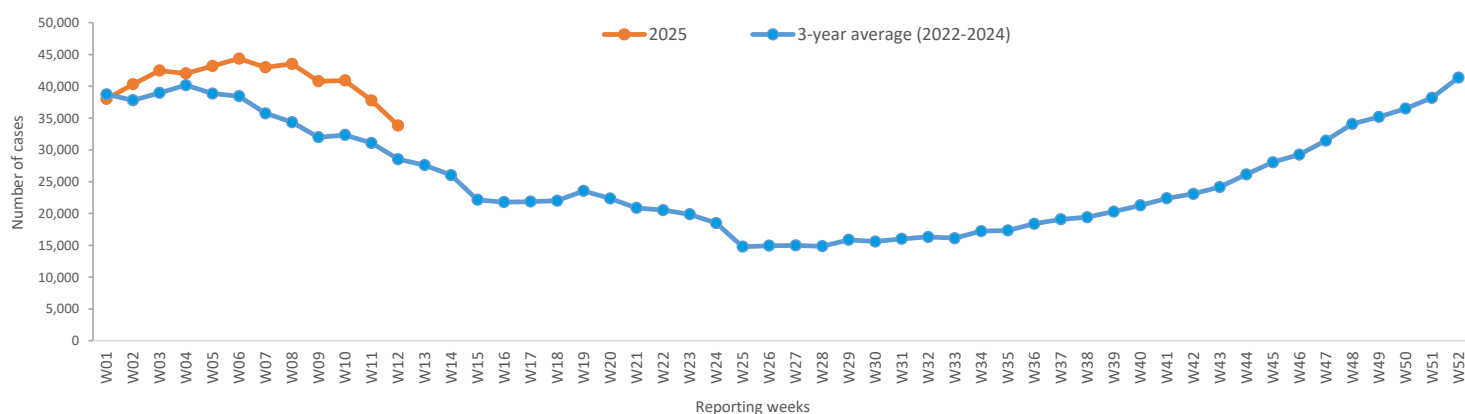
Figure 3. ARI-Pneumonia cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 22 Mar 2025

AFGHANISTAN

ARI pneumonia cumulative incidence per 10,000 population by province

29 Dec 2024 —22 Mar 2025

ARI pneumonia cumulative incidence
- 24.8 - 54.5
- 54.6 - 77.0
- 77.1 - 105.5
- 105.6 - 186.7
- 186.8 - 253.5
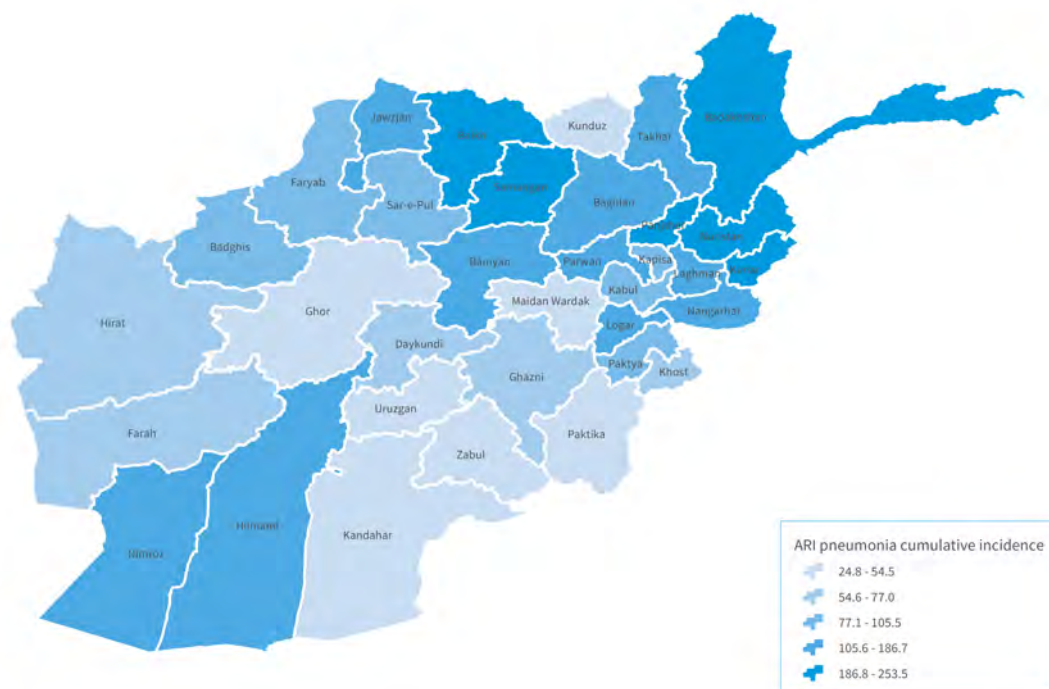
Updates on the response activities to the ARI outbreak

- 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 2024-22 Mar 2025)

26,026
Total Cases

165
Total Deaths

5,812
Sample tested

3,689
Lab confirmed cases

63.5%
Test positivity rate

Table 2: Summary of the measles outbreak in the last eight weeks in Afghanistan (26 Jan – 22 Mar 2025)

Indicators	W05	W06	W07	W08	W09	W10	W11	W12	Trend line
Suspected cases	1901	2115	2027	2182	2452	2982	3,412	3,549	
Suspected deaths	15	15	12	21	21	18	19	17	
CFR (%)	0.8	0.7	0.6	1.0	0.9	0.6	0.6	0.5	

- The epidemiological curve of suspected measles cases has shown a steady increase since the beginning of 2025 reaching a new peak of 3,549 cases in week 12, the highest recorded since week 15 of 2022 (3,818) (Figure 4). The trend in 2025 is higher than the 3-years average (2022-2024) (Figure 5).
- During week 12-2025, a total of 3,549 suspected cases and 17 associated deaths (CFR=0.5%) were reported which shows a slight increase in the number of suspected cases compared to the preceding week. Out of the total cases, 1,618 (45.6%) were females and 2,816 (79.3%) were under-five children.
- All 17 new deaths were under five, while 10 (58.8%) were females reported from 7 provinces: Herat (9), Helmand (2), Kapisa (2), Baghlan (1), Jawzjan (1), Samangan (1), and Urozgan (1).
- Since the beginning of 2025, 26,026 cases of suspected measles and 165 associated deaths (CFR=0.6%) were reported. Out of total cases, 11,934 (45.9%) were females, while 21,275 (81.7%) 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 (21.9), followed by Urozgan (17.7), Nuristan (17.4), and Jawzjan (15.6) (Figure 6).
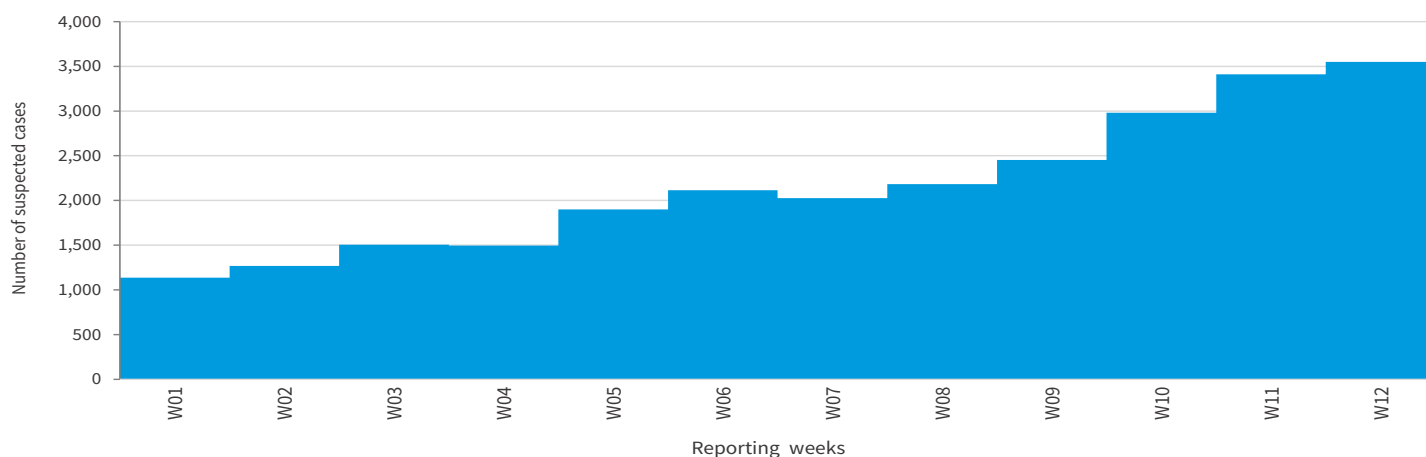
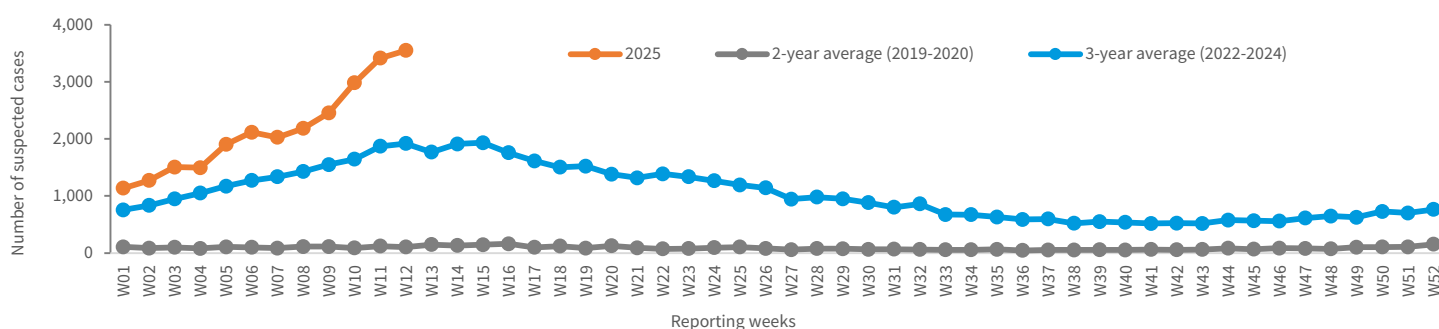**Figure 4.** Weekly distribution of suspected measles cases in Afghanistan, 29 Dec 2024 to 22 Mar 2025 (N= 26,026)

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 2024-22 Mar 2025

AFGHANISTAN

Suspected measles cumulative incidence per 10,000 population by province 09 Dec 2024 – 22 Mar 2025

Measles cumulative incidence
- 0.4 - 1.8
- 1.9 - 4.3
- 4.4 - 6.4
- 6.5 - 9.5
- 9.6 - 21.9
- No data
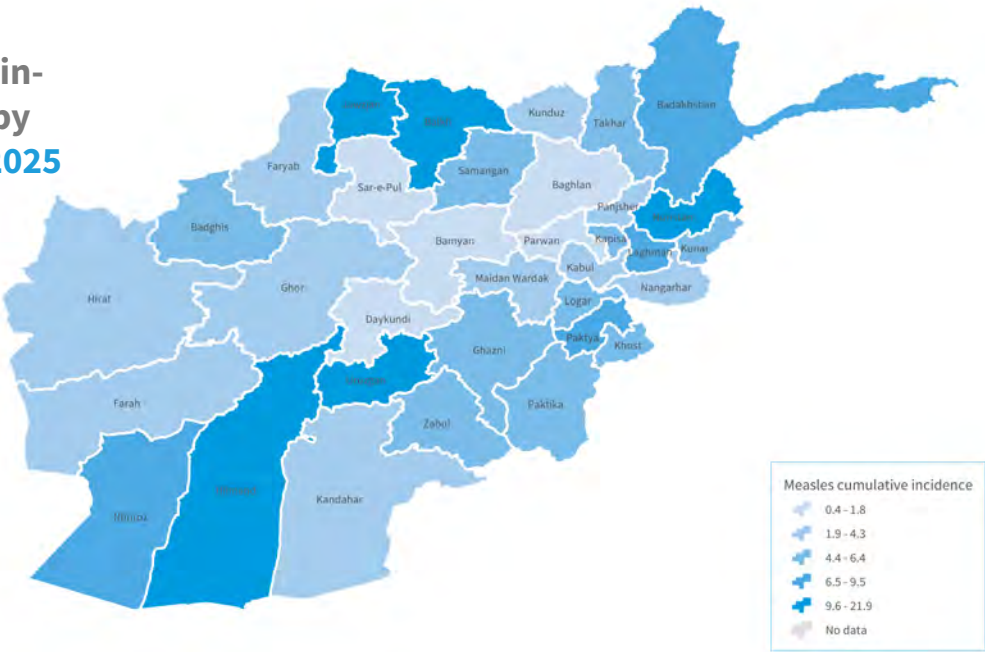
Updates on the preparedness and response to the measles outbreak

During week 12-2025, a total of 756 children aged 9-59 months were vaccinated against measles as part of outbreak response in 8 provinces (Kabul, Kapisa, Wardak, Urozgan, Kandahar, Zabul, Paktika and Ghor). This brings the number of children aged 9-59 months vaccinated against measles as part of outbreak response immunization activities to 11,656 across the country since the beginning of 2025.

COVID-19
(24 Feb 2020 — 22 Mar 2025)

Cumulative samples tested	Cumulative confirmed cases	Cumulative confirmed deaths
1,089,309	**245,144**	**8,052**
In public laboratories	Cumulative positivity rate (22.5%)	CFR (3.3%)
New samples tested in week 12	New confirmed cases in week 12	New confirmed deaths in week 12
720	**23**	**0**
In public laboratories	Weekly positivity rate (3.2%)	Week 12 CFR (0.0%)
-46.8%	-46.5%	-100.0%

Key: 🔴 Increasing 🟢 Decreasing ⚫ No change

COVID-19 Vaccination highlights

Fully vaccinated	Partially vaccinated	Booster dose	At least one dose of any vaccine received
*17,083,906	*1,866,324	*3,492,266	*18,950,230

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.

*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%**

* 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 (26 Jan – 22 Mar 2025)

Indicators	W05	W06	W07	W08	W09	W10	W11	W12	Trend line
Samples tested (in public Labs)	1,638	1,609	1,520	1,375	1,569	1,566	1,354 *	720	
Confirmed cases	69	72	62	50	69	58	43 *	23	
Percent positivity (%)	4.2	4.5	4.1	3.6	4.4	3.7	3.2	3.2	
Deaths	0	0	0	0	0	0	1	0	
CFR (%)	0.0	0.0	0.0	0.0	0.0	0.0	2.3	0.0	

*A delayed reporting was experienced during weeks 11-2025 and the number of tested samples and confirmed cases were modified from 1,143 to 1,354 and from 37 to 43, respectively.*

- The epidemiological curve of confirmed COVID-19 cases indicates a fluctuation at the lower level in the recent weeks (Figures 7).
- During week 12-2025, a total of 720 samples were tested in public labs, of which 23 were positive for COVID-19 (positivity rate 3.2%) with no associated deaths were reported. The number of positive cases shows a 46.5% decrease compared to the preceding week (Table 3).
- Since the beginning of 2025, 1,036 confirmed cases of COVID-19 and 4 associated deaths (CFR=0.4%) were reported. Out of total cases, 476 (45.9%) were females.

Figure 7. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 29 Dec 2024 – 22 Mar 2025 (cases=1,036, deaths=4)
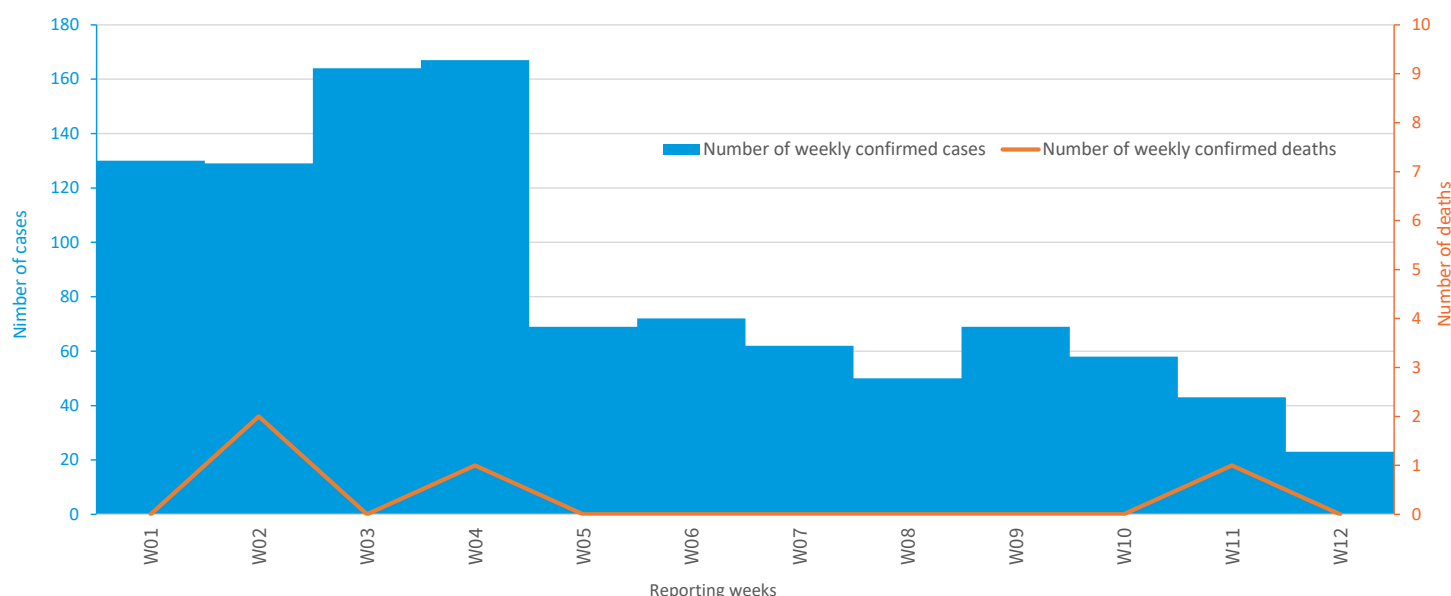
Acute Watery Diarrhea (AWD) with Dehydration
(29 Dec 2024-22 Mar 2025)

19,652
Total AWD with dehydration cases

8
Total AWD with dehydration deaths

1,081
Samples tested for AWD with dehydration (RDTs)

54
RDT-positive cases for AWD with dehydration

5.0%
RDT positivity rate for AWD with dehydration

Table 4: Summary of the AWD with dehydration outbreak in the last eight weeks in Afghanistan (26 Jan – 22 Mar 2025)

Indicators	W05	W06	W07	W08	W09	W10	W11	W12	Trend line
Number of cases	1,539	1,571	1,541	1,664	1,742	1,637	1,733	1,879	
Number of deaths	1	1	2	0	1	0	1	1	
CFR (%)	0.1	0.1	0.1	0.0	0.1	0.0	0.1	0.1	

- The epidemiological curve has shown a gradual increasing trend since week 08-2025 (Figure 8).
- During week 12-2025, 1,879 AWD with dehydration cases with one associated death were reported from 130 districts, which shows a 8.4% increase in the number of cases compared to the previous week.
- Out of the 1,879 AWD with dehydration cases, 917 (48.8%) were females and 1,104 (58.8%) were under-five children.
- During week 12-2025, no new district reported alert of AWD with dehydration.
- Since Jan 2025, 19,652 cases of AWD with dehydration with 8 associated deaths (CFR = 0.04%) were reported. Out of total cases, 11,593 (59.0%) were under five, while 9,538 (48.5%) were females.
- Since Jan 2025, 1,081 Rapid Diagnostic Tests (RDT) have been conducted on AWD with dehydration cases, of which 54 tests turned positive (positivity rate 5.0%).
- Since the beginning of 2025, the highest cumulative incidence of AWD with dehydration per 10,000 population was reported from Nimroz (18.6) followed by Khost (16.6), Paktya (13.9), Farah (12.7), and Kabul (11.9) (Figure 9).

Figure 8. Weekly distribution of AWD with dehydration cases in Afghanistan 29 Dec 2024– 22 Mar 2025 (N=19,652)
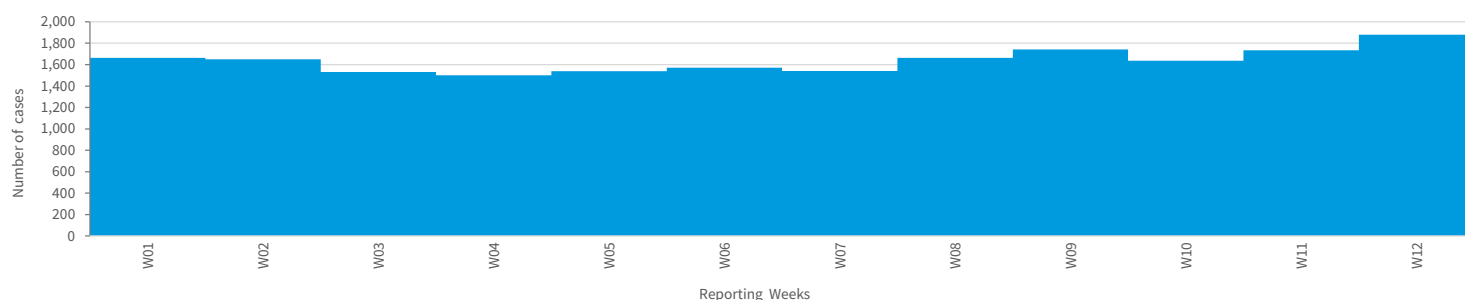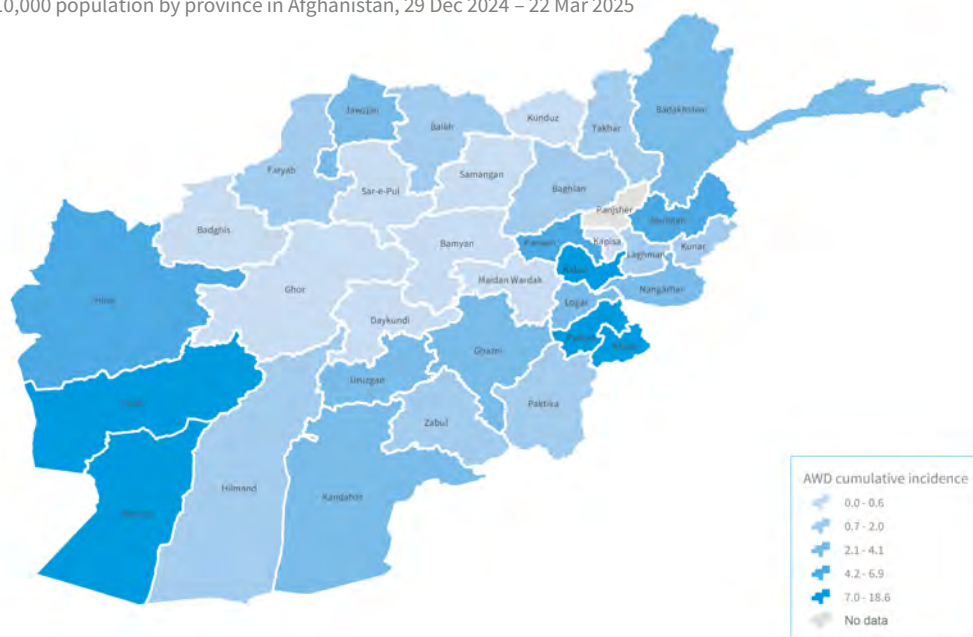

Figure 9. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 22 Mar 2025

AFGHANISTAN

AWD with dehydration cumulative incidence per 10,000 population by province 29 Dec 2024 – 22 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 Zabul 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 2024-22 Mar 2025)

114
Total Cases

0
Total Deaths

***7**
Sample tested

4 By PCR
3 By NS1

3
Lab confirmed cases

0 By PCR
**3** By NS1

42.9%
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 (26 Jan – 22 Mar 2025)

Indicators	W05	W06	W07	W08	W09	W10	W11	W12	Trend line
Suspected cases	7	10	5	6	5	1	5	11	
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 stabilization at low level since the beginning of 2025 (Figures 10 & 11).
- During week 12-2025, 11 suspected cases of dengue fever with no associated deaths were reported from Nangarhar province. Out of total cases, 10 were over five while 8 (72.7%) of them were females.
- Since the beginning of 2025, 114 suspected dengue fever cases, with no associated deaths reported from Nangarhar province. Out of total cases, 111 (97.4%) were over five, while 60 (52.6%) were females.
- Since the beginning of 2025, a total of 7 samples (4 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– 22 Mar 2025, (N=114)
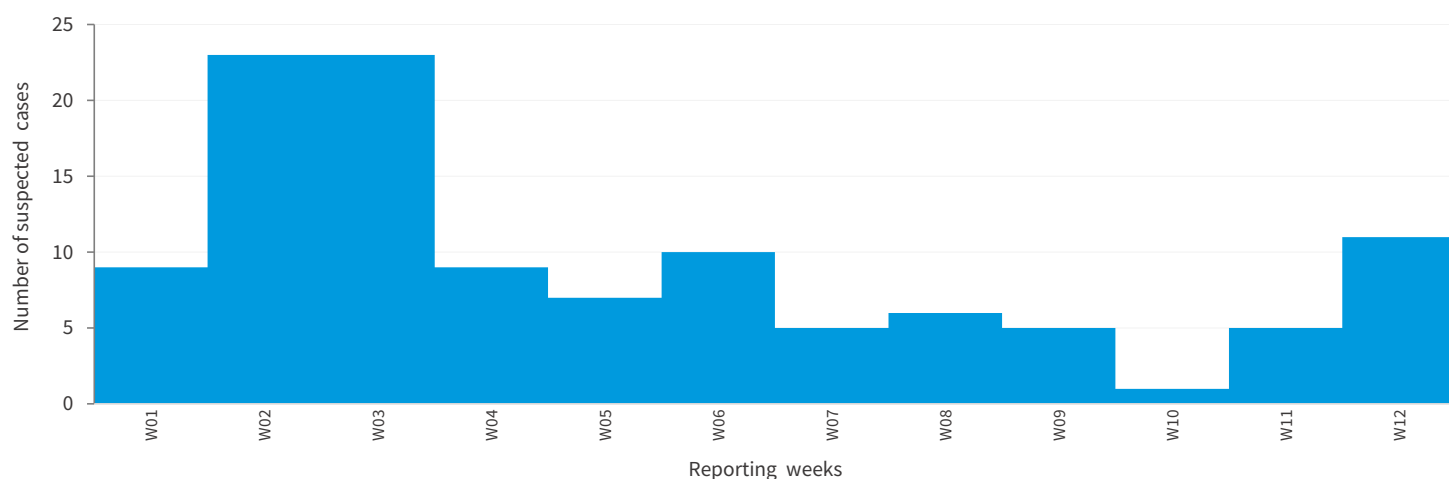
Figure 11. Comparison between the trends of suspected dengue fever cases in 2025 vs 3-year average (2022-2024)

7
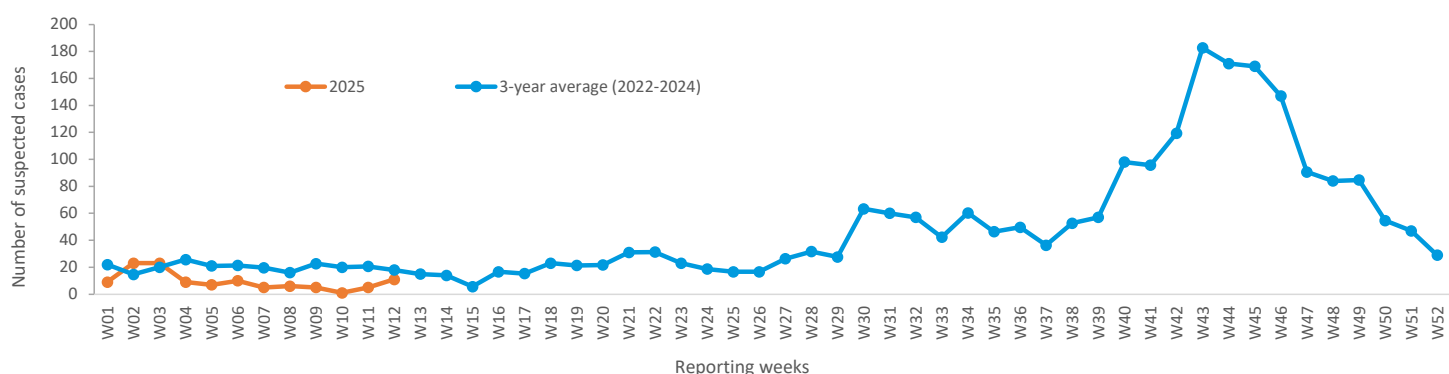
Figure 12. Geographical distribution of suspected dengue fever cases and percent change of new cases in Nangarhar province, 29 Dec 2024– 22 Mar 2025
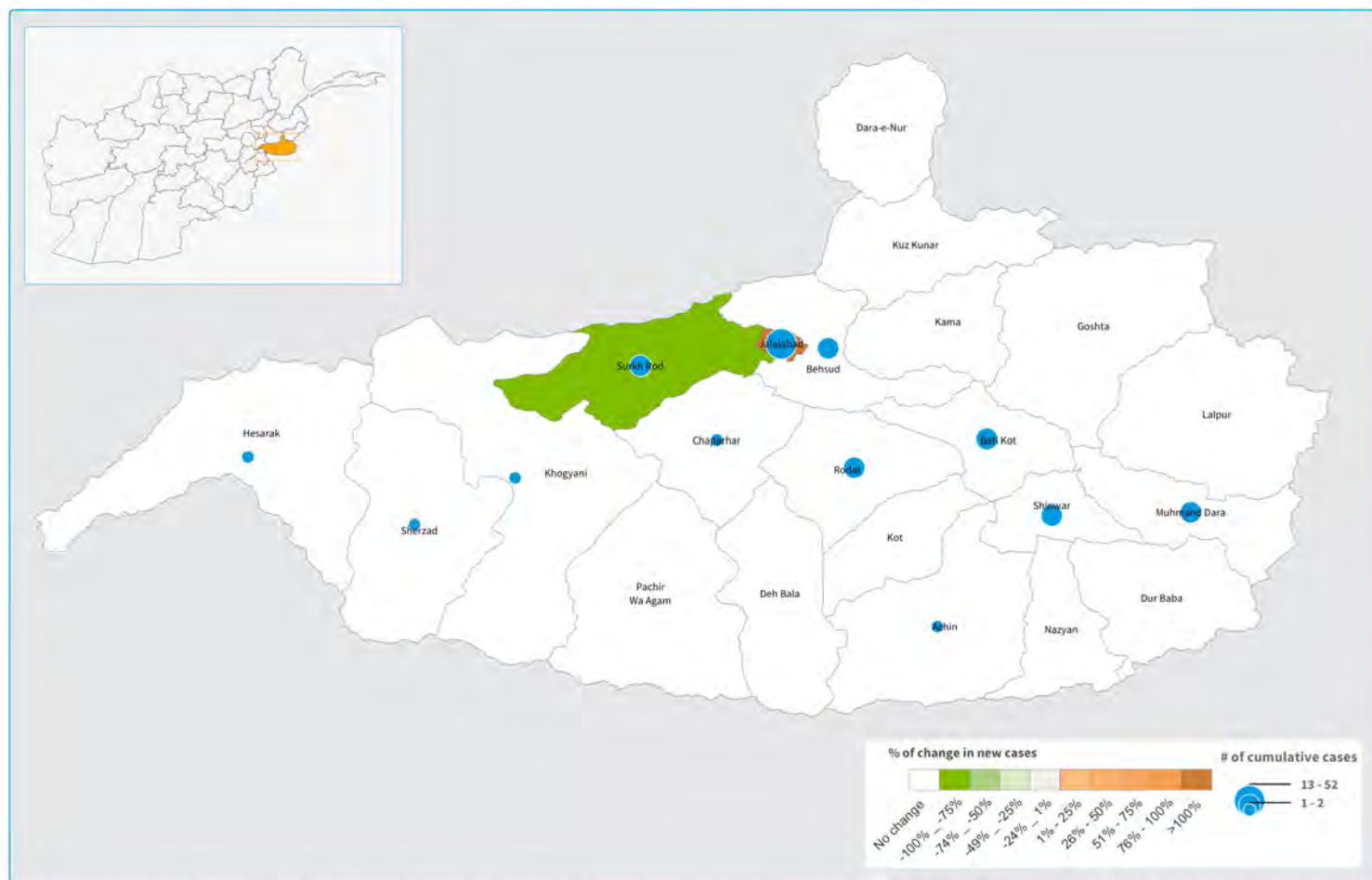
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization (WHO) concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries, the lines on map represent approxite border lines for which there may not yet be full agreement. Sources: MoPH, WHO, AGCHO. Creation date: 22 Mar 2025.

Crimean Congo Hemorrhagic Fever (CCHF)
(29 Dec 2024-22 Mar 2025)

63	2	50	10	20.0%
Total CCHF cases	Total CCHF deaths	Samples tested for CCHF	Lab-confirmed CCHF cases	CCHF test positivity rate

Table 6: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (26 Jan – 22 Mar 2025)

Indicators	W05	W06	W07	W08	W09	W10	W11	W12	Trend line
Suspected cases	2	0	7	6	5	10	2	12	
Suspected deaths	0	0	1	0	0	0	0	0	
CFR (%)	0.0	0.0	14.3	0.0	0.0	0.0	0.0	0.0	

- The epi-curve of suspected CCHF cases shows Stabilization at low level since the beginning the of 2025 (Figures 13 & 14).
- During week 12-2025, 12 new suspected CCHF cases with no deaths were reported compared to 2 cases in the previous week (Table 6). All the new cases were over-five-year while 4 (33.3%) were females reported from Kabul (6), Nangarhar (4), Badakhshan (1) and Kandahar (1) provinces.
- Since the beginning of 2025, a total of 63 suspected CCHF cases, with 2 associated deaths (CFR=3.2%) were reported. All the reported cases were over five, while 27 (42.9%) were females. Also, 50 samples have been tested, 10 of them were positive (positivity rate = 20.0%).

- Since the beginning of 2025, the highest cumulative incidence of suspected CCHF per 100,000 population in 2024 is reported from Jawzjan (0.73) followed by Kabul (0.49), Nangarhar (0.30), Badakhshan (0.28), and Kandahar (0.26) provinces (Figure 15).

Figure 13. Weekly distribution of suspected CCHF cases in Afghanistan 29 Dec 2024 – 22 Mar 2025, (N=63)
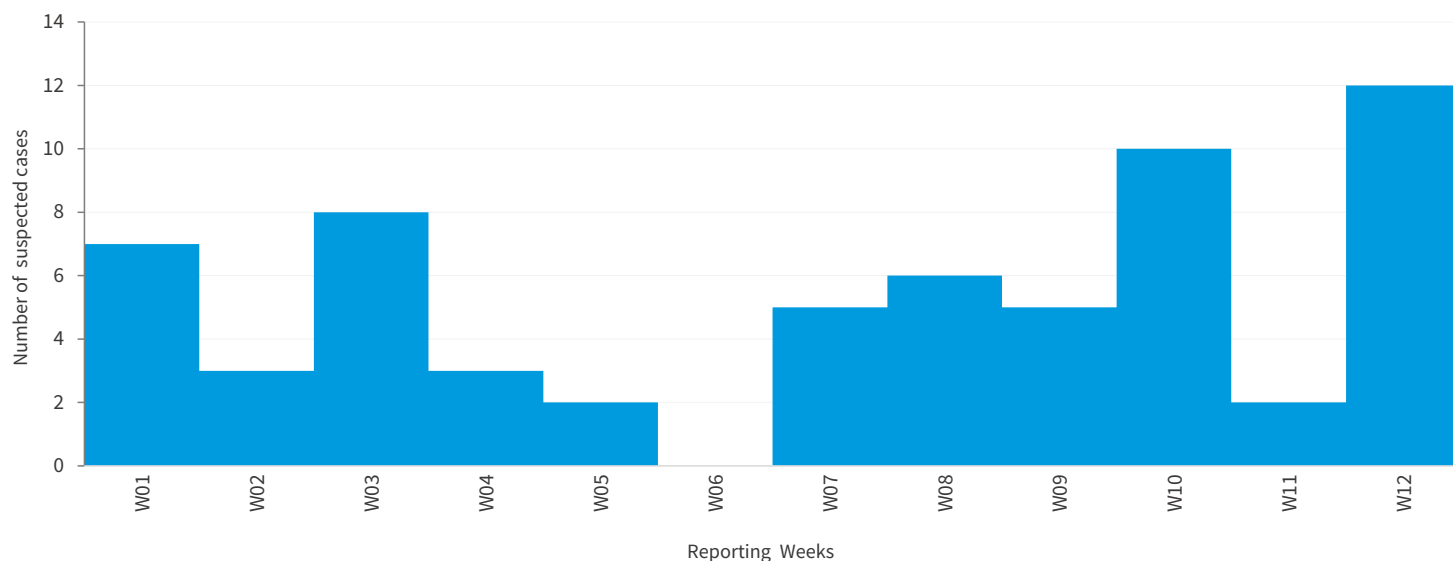

Figure 14. Comparison between the trends of suspected CCHF cases in 2025 vs 3-year average (2022-2024)
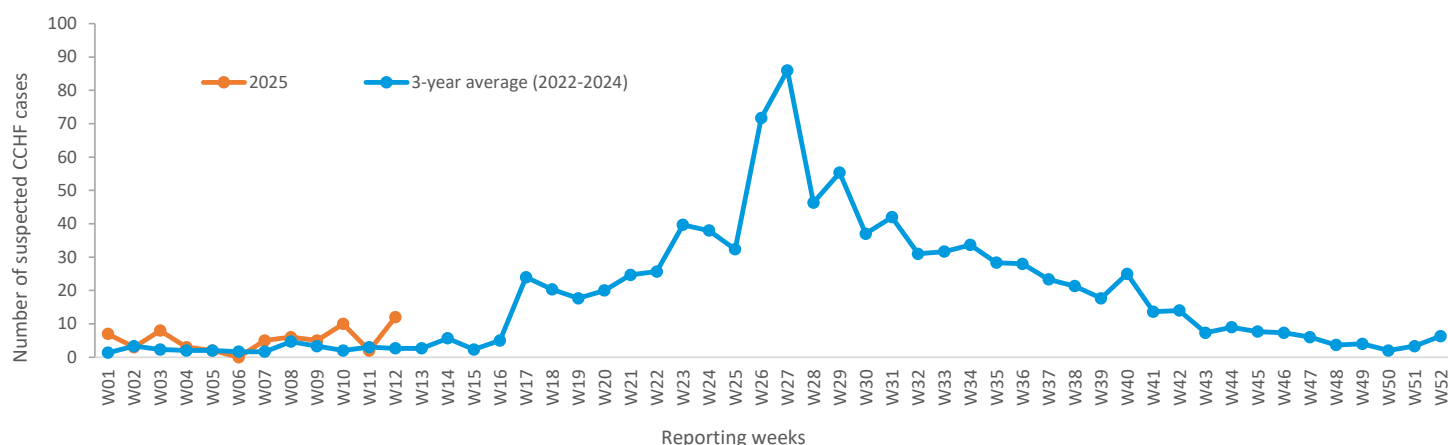

Figure 15. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 29 Dec 2024 – 22 Mar 2025

AFGHANISTAN

Crimean-Congo Hemorrhagic Fever (CCHF) cases cumulative incidence per 100,000 population by province and provincial distribution of deaths 29 Dec 2024-22 Mar 2025
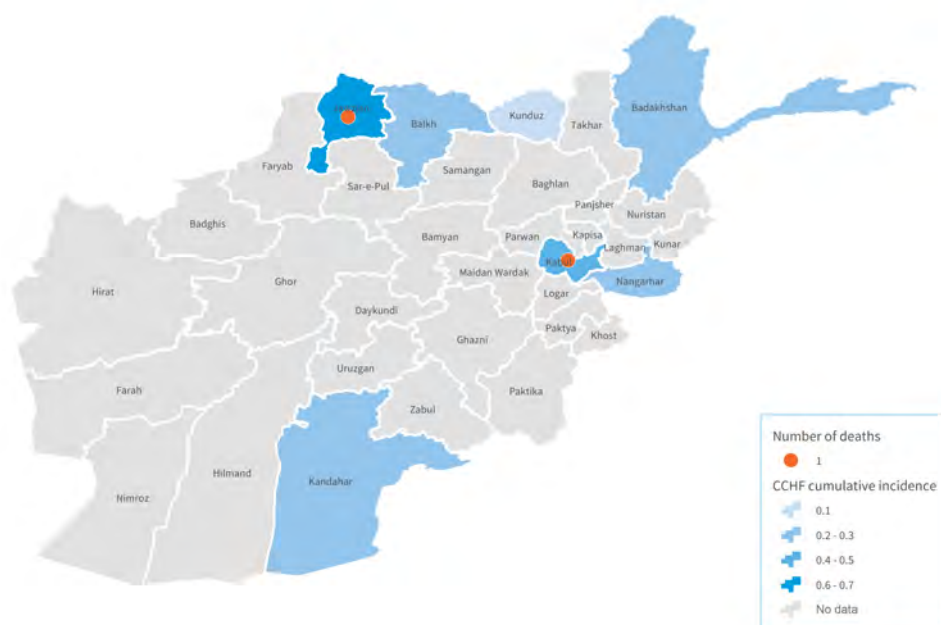
Updates on the response to the CCHF outbreak

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.
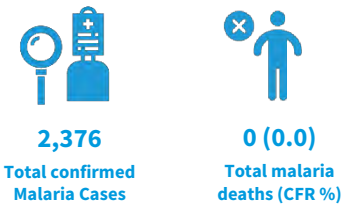
Malaria
(29 Dec 2024-22 Mar 2025)

2,376
Total confirmed Malaria Cases

0 (0.0)
Total malaria deaths (CFR %)

Table 7: Summary of the malaria outbreak in the last eight weeks in Afghanistan (26 Jan – 22 Mar 2025)

Indicators	W05	W06	W07	W08	W09	W10	W11	W12	Trend line
Confirmed cases	189	181	184	198	153	164	190	207	
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 fluctuation at low level. The trend of malaria cases in 2025 closely follows the trend observed in 3-year average (2022-2024) (Figures 17).

- During week 12-2025, 207 cases with no associated deaths were reported from 16 provinces compared to 190 cases in the previous week. Out of the total cases, 91 (44.0%) were females and 30 (14.5%) were under-five children.

- Since the beginning of 2025, 2,376 confirmed malaria cases with no associated deaths have been reported. Out of total 2,376 cases, 1,075 (45.2%) were female and 339 (14.3%) were under five children.

- Since the beginning of 2025, the highest cumulative incidence of malaria per 10,000 population was reported from Nuristan (15.6) followed by Kunar (8.7), Laghman (3.5), and Nangarhar (3.2) (Figure 18).
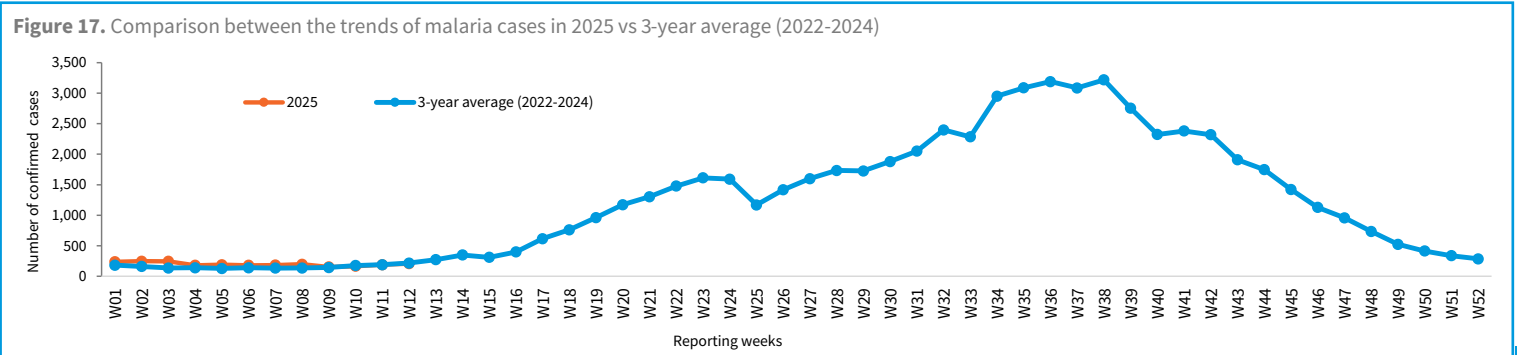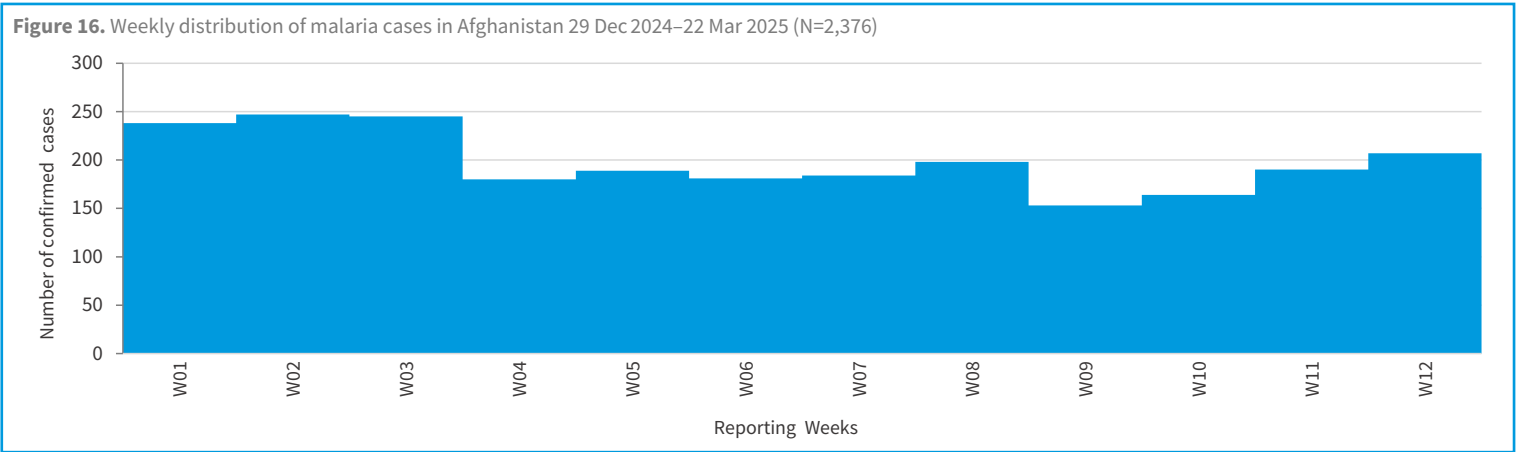

Figure 16. Weekly distribution of malaria cases in Afghanistan 29 Dec 2024–22 Mar 2025 (N=2,376)

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 – 22 Mar 2025

AFGHANISTAN

Confirmed malaria cumulative Incidence per 10,000 population by province
29 Dec 2024 – 22 Mar 2025

Malaria cumulative incidence
- 0.0 - 0.1
- 0.2
- 0.3
- 0.4 - 8.7
- 8.8 - 15.6
- No data
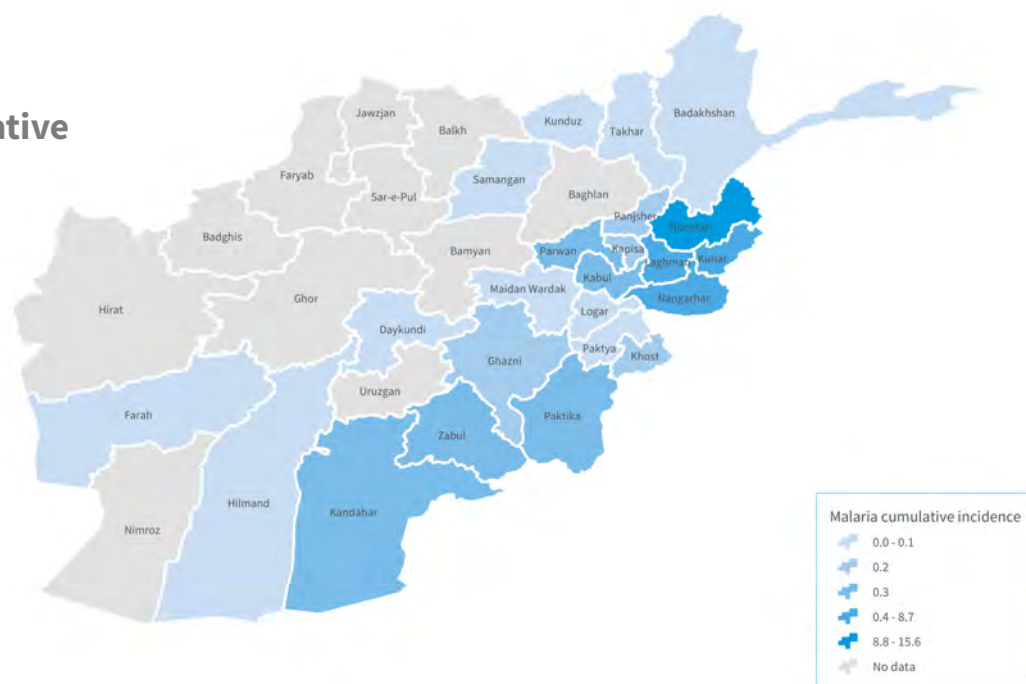
Note: MOPH is the source of epidemiological data

Case definition & alert/outbreak thresholds

Contact us for further information:

- Dr. Mohamed Tahoun, MD, MPH, PhD: Epidemiologist, WHO-CO, (tahounm@who.int)
- Infectious Hazard Preparedness Team – Health Emergencies Program (WHE)– (emacoafgihpt@who.int)