World Health Organization
Afghanistan

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INFECTIOUS DISEASE OUTBREAKS
SITUATION REPORT | Epidemiological week #13-2025

No. 13 (23– 29 Mar 2025)

Disease Outbreaks	ARI-Pneumonia	Measles (Suspected)	COVID-19 (Confirmed)	AWD with dehydration	Dengue fever (Suspected)	CCHF (Suspected)	Malaria (Confirmed)
Cumulative cases 2025	517,000	28,618	1,056	21,533	115	68	2,609
Cumulative deaths 2025 (CFR %)	1,162 (0.2)	193 (0.7)	4 (0.4)	8 (0.04)	0 (0.0)	2 (2.9)	0 (0.0)

(Data from 600 (97.9%) out of 613 sentinel sites)

ARI-Pneumonia

(29 Dec 2024-29 Mar 2025)

*517,000
Total ARI Cases

*1,162
Total ARI Deaths

**1,258
Samples tested for influenza

**131
Lab confirmed influenza cases

10.4%
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 (02 Feb – 29 Mar 2025)

Indicators	W06	W07	W08	W09	W10	W11	W12	W13	Trend lines
Suspected cases	44,367	42,999	43,538	40,796	40,910	37,792	33,881 *	26,643	
Suspected deaths	89	94	71	96	92	81	72	61	
CFR (%)	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	

*A delayed reporting was experienced during weeks 12-2025 and the number of ARI pneumonia cases were modified from 33,857 to 33,881.

- 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 13-2025, 26,643 cases of ARI pneumonia and 61 associated deaths (CFR=0.2%) were reported, which shows a 21.4% decrease in the number of ARI pneumonia cases compared to the preceding week.
- Out of the 26,643 cases, 13,077 (49.1%) were females while 16,893 (63.4%) were under five children.
- During the reporting period, 100 samples were collected for influenza, none of them resulted positive (some samples are still under process).
- Since the beginning of 2025, 517,000 cases of ARI pneumonia and 1,162 associated deaths (CFR=0.2%) were reported. Out of total cases, 326,958 (63.2%) were under five, while 255,695 (49.5%) were females. Also, 1,258 samples have been tested for influenza, out of which 131 were positive (positivity rate = 10.4%).
- Since the beginning of 2025, the highest cumulative incidence of ARI pneumonia per 10,000 population has been reported in Nuristan (265.2), followed by Kunar (264.8), Panjsher (257.5), and Badakhshan (223.4) provinces (Figure 3).

Figure 1. Weekly distribution of ARI pneumonia cases in Afghanistan, 29 Dec 2024 – 29 Mar 2025 (N= 517,000)

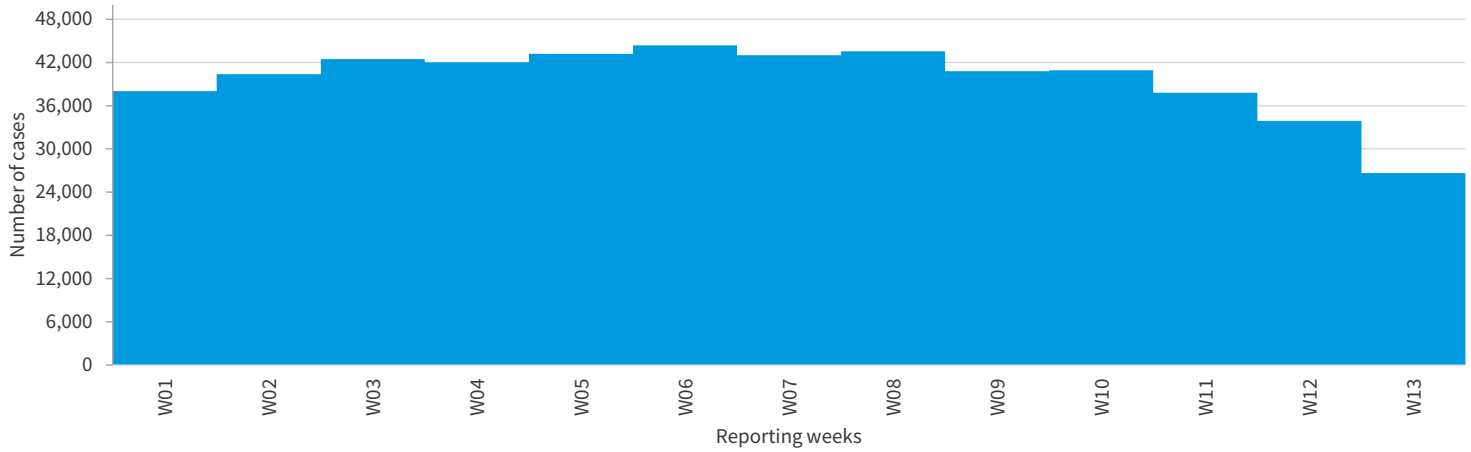

Figure 2. Comparison between the trends of ARI pneumonia cases in 2025 vs 3-year average (2022-2024)

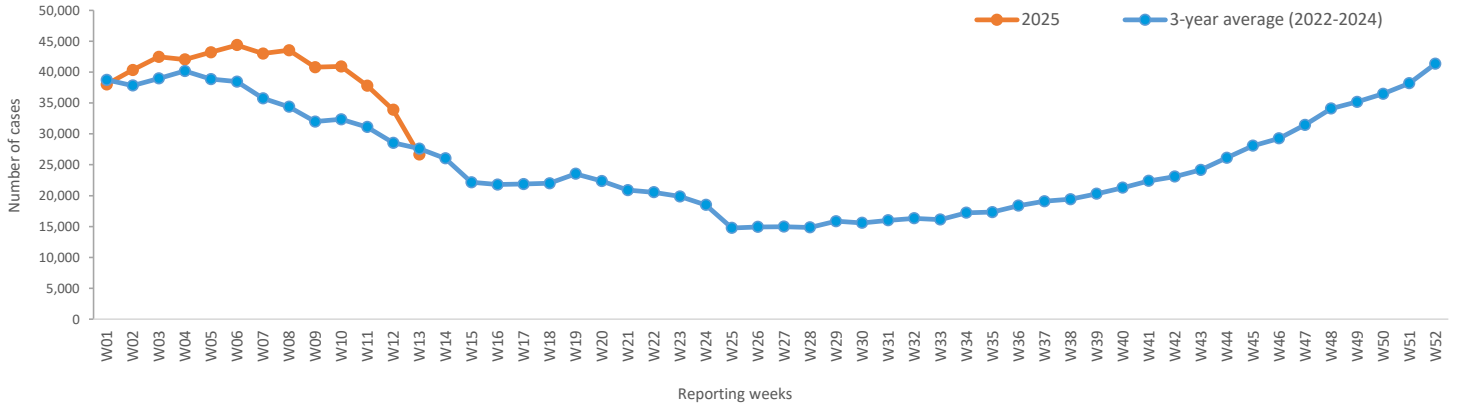

Figure 3. ARI-Pneumonia cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 29 Mar 2025

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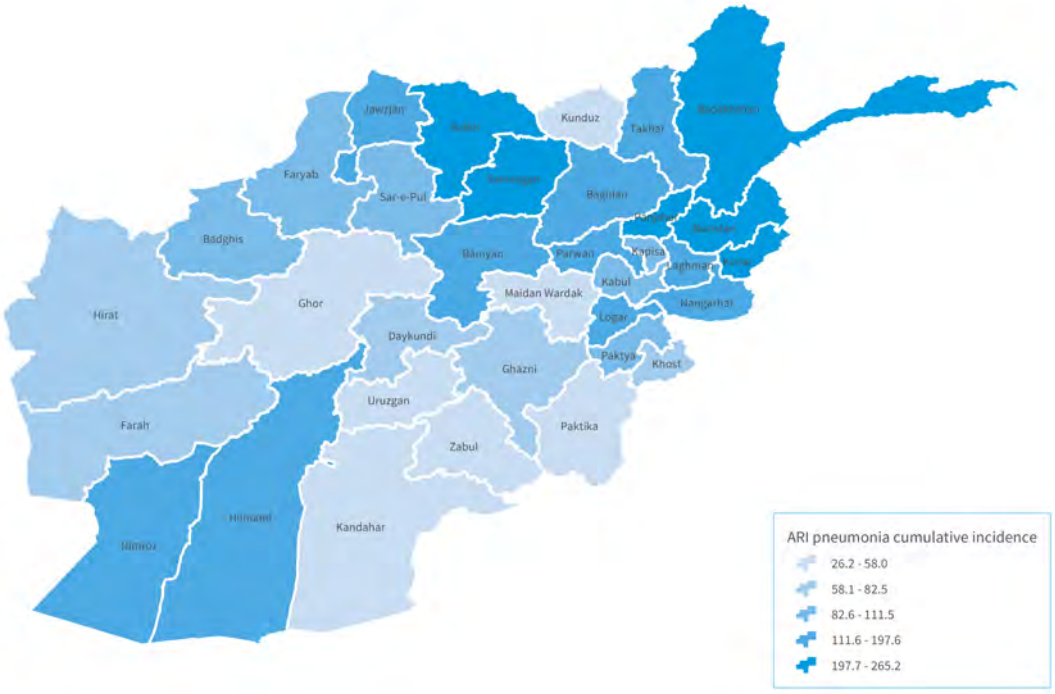
ARI pneumonia cumulative incidence per 10,000 population by province

29 Dec 2024 —29 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 2024-29 Mar 2025)

28,618	193	6,327	4,025	63.6%
Total Cases	Total Deaths	Sample tested	Lab confirmed cases	Test positivity rate

Table 2: Summary of the measles outbreak in the last eight weeks in Afghanistan (02 Feb – 29 Mar 2025)

Indicators	W06	W07	W08	W09	W10	W11	W12	W13	Trend line
Suspected cases	2115	2027	2182	2452	2982	3,412	3,552 *	2,589	
Suspected deaths	15	12	21	21	18	19	17	28	
CFR (%)	0.7	0.6	1.0	0.9	0.6	0.6	0.5	1.1	

**A delayed reporting was experienced during weeks 12-2025 and the number of suspected measles cases were modified from 3,549 to 3,552.*

- The epidemiological curve of suspected measles cases has shown a steady increase since the beginning of 2025 (Figure 4). The trend in 2025 is higher than the 3-years average (2022-2024) (Figure 5).
- During week 13-2025, a total of 2,589 suspected cases and 28 associated deaths (CFR=1.1%) were reported which shows a 27.1% decrease in the number of suspected cases compared to the preceding week. Out of the total cases, 1,214 (46.9%) were females and 2,085 (80.5%) were under-five children.
- All 28 new deaths were under-five children, while 18 (64.3%) were females reported from 7 provinces: Jawzjan (11), Herat (10), Kabul (2), Kunar (2), Badakhshan (1), Badghis (1), and Kandahar (1).
- Since the beginning of 2025, 28,618 cases of suspected measles and 193 associated deaths (CFR=0.7%) were reported. Out of total cases, 13,151 (46.0%) were females, while 23,360 (81.6%) 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 (22.1), followed by Nuristan (19.4), Urozgan (19.2), and Jawzjan (17.1) (Figure 6).

Figure 4. Weekly distribution of suspected measles cases in Afghanistan, 29 Dec 2024 to 29 Mar 2025 (N= 28,618)

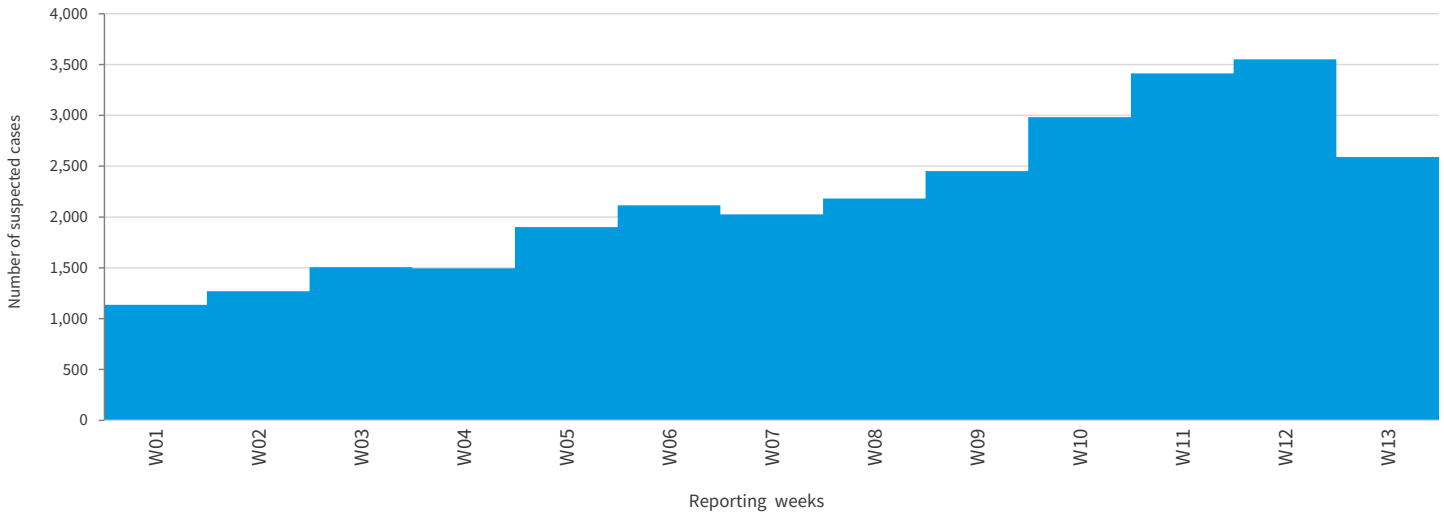


Figure 5. Comparison between the trends of suspected measles cases in 2025 vs 3-year average (2022-20224) and the endemic level

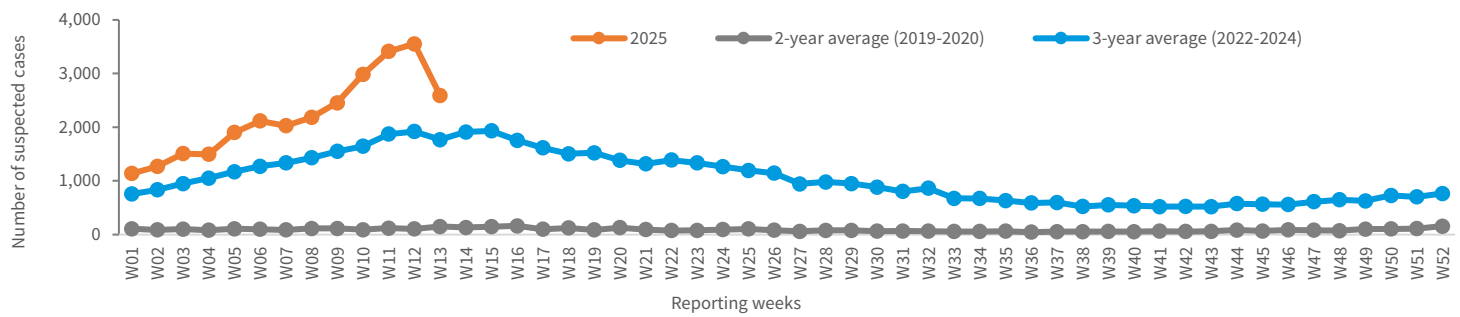


Figure 6. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 29 Dec 2024-29 Mar 2025

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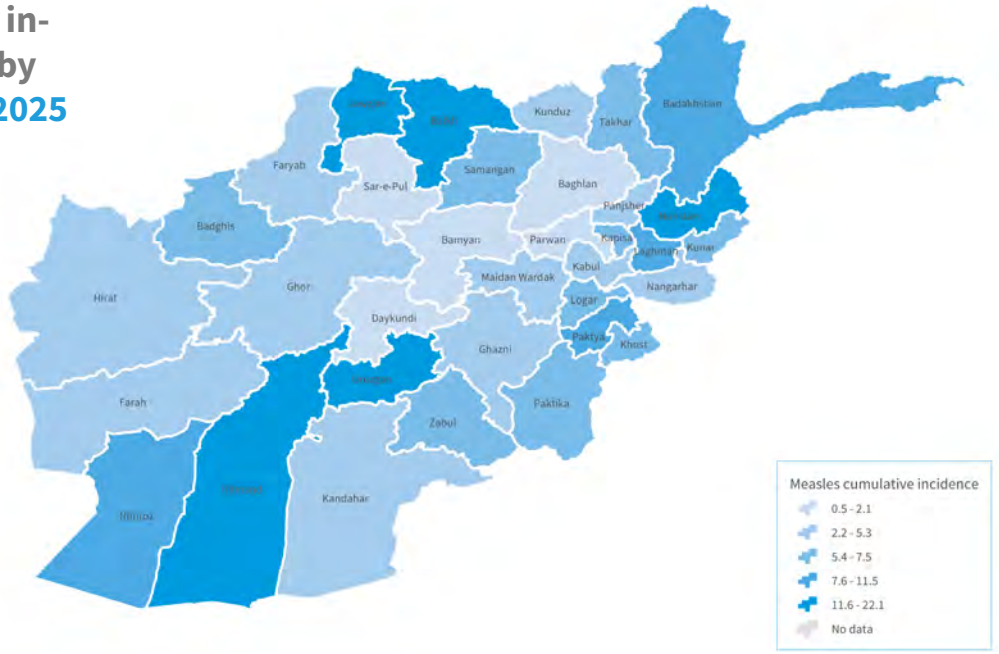
Suspected measles cumulative incidence per 10,000 population by province 09 Dec 2024 – 29 Mar 2025



Updates on the preparedness and response to the measles outbreak

Since the beginning of 2025, a total of 11,656 children aged 9-59 months were vaccinated against measles as part of outbreak response immunization activities.

COVID-19

(24 Feb 2020 — 29 Mar 2025)

Cumulative samples tested
1,090,709
In public laboratories

New samples tested in week 13
1,020
In public laboratories
-6.8%

Cumulative confirmed cases
245,164
Cumulative positivity rate (22.5%)

New confirmed cases in week 13
13
Weekly positivity rate (1.3%)
-56.7%

Cumulative confirmed deaths
8,052
CFR (3.3%)

New confirmed deaths in week 13
0
Week 13 CFR (0.0%)
0.0%

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

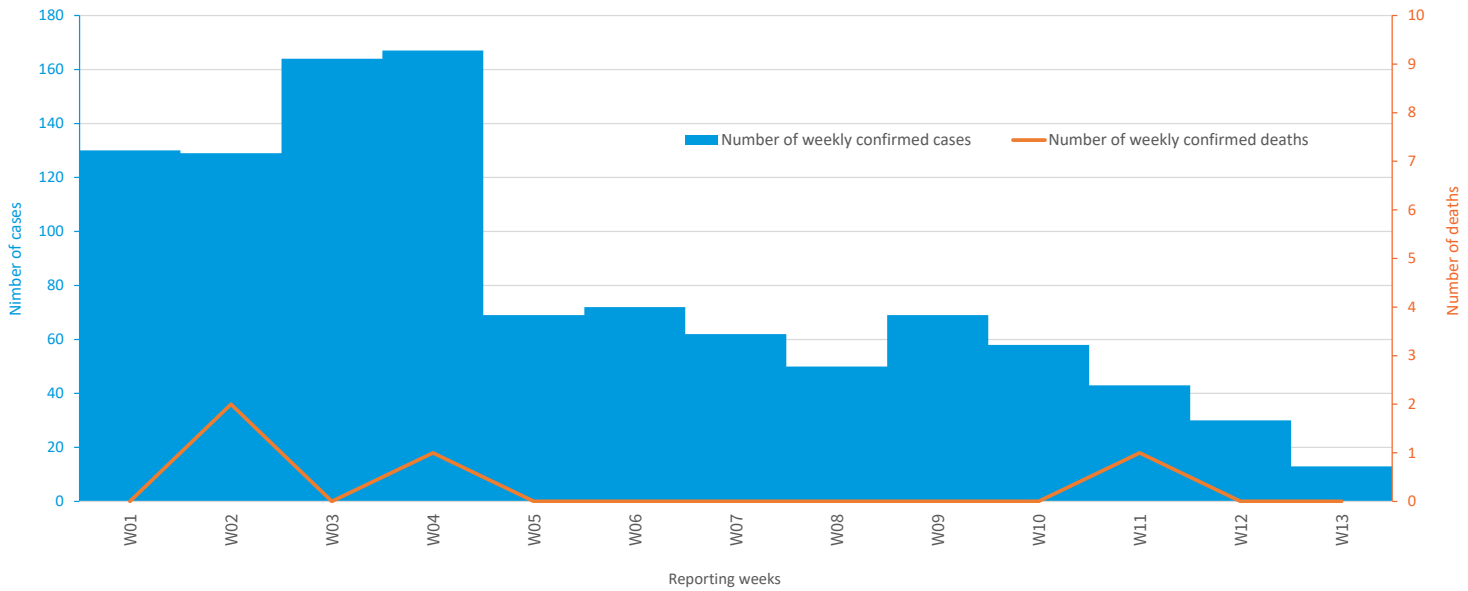
Table 3: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (02 Feb – 29 Mar 2025)

Indicators	W06	W07	W08	W09	W10	W11	W12	W13	Trend line
Samples tested (in public Labs)	1,609	1,520	1,375	1,569	1,566	1,354	1,095 *	1,020	
Confirmed cases	72	62	50	69	58	43	30 *	13	
Percent positivity (%)	4.5	4.1	3.6	4.4	3.7	3.2	2.7	1.3	
Deaths	0	0	0	0	0	1	0	0	
CFR (%)	0.0	0.0	0.0	0.0	0.0	2.3	0.0	0.0	

A delayed reporting was experienced during weeks 12-2025 and the number of tested samples and confirmed cases were modified from 720 to 1,095 and from 23 to 30, respectively.

- The epidemiological curve of confirmed COVID-19 cases indicates a fluctuation at the lower level in the recent weeks (Figures 7).
- During week 13-2025, a total of 1,020 samples were tested in public labs, of which 13 were positive for COVID-19 (positivity rate 1.3%) with no associated deaths were reported. The number of positive cases shows a 56.7% decrease compared to the preceding week (Table 3).
- Since the beginning of 2025, 1,056 confirmed cases of COVID-19 and 4 associated deaths (CFR=0.4%) were reported. Out of total cases, 488 (46.2%) were females.

Figure 7. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 29 Dec 2024 – 29 Mar 2025 (cases=1,056, deaths=4)



Acute Watery Diarrhea (AWD) with Dehydration

(29 Dec 2024-29 Mar 2025)

21,533 Total AWD with dehydration cases

8 Total AWD with dehydration deaths

1,191 Samples tested for AWD with dehydration (RDTs)

58 RDT-positive cases for AWD with dehydration

4.9% RDT positivity rate for AWD with dehydration

Table 4: Summary of the AWD with dehydration outbreak in the last eight weeks in Afghanistan (02 Feb – 29 Mar 2025)

Indicators	W06	W07	W08	W09	W10	W11	W12	W13	Trend line
Number of cases	1,571	1,541	1,664	1,742	1,637	1,733	1,879	1,881	
Number of deaths	1	2	0	1	0	1	1	0	
CFR (%)	0.1	0.1	0.0	0.1	0.0	0.1	0.1	0.0	

- The epidemiological curve has shown a gradual increasing trend since week 08-2025 (Figure 8).
- During week 13-2025, 1,881 AWD with dehydration cases with no associated deaths were reported from 126 districts, which shows stabilization in the number of cases compared to the previous week.
- Out of the 1,881 AWD with dehydration cases, 931 (49.5%) were females and 1,124 (59.8%) were under-five children.
- During week 13-2025, no new district reported alert of AWD with dehydration.
- Since Jan 2025, 21,533 cases of AWD with dehydration with 8 associated deaths (CFR = 0.04%) were reported. Out of total cases, 12,717 (59.1%) were under five, while 10,469 (48.6%) were females.
- Since Jan 2025, 1,191 Rapid Diagnostic Tests (RDT) have been conducted on AWD with dehydration cases, of which 58 tests turned positive (positivity rate 4.9%).
- Since the beginning of 2025, the highest cumulative incidence of AWD with dehydration per 10,000 population was reported from Nimroz (20.3) followed by Khost (18.0), Paktya (15.2), Farah (14.2), and Kabul (13.0) (Figure 9).

Figure 8. Weekly distribution of AWD with dehydration cases in Afghanistan 29 Dec 2024– 29 Mar 2025 (N=21,533)

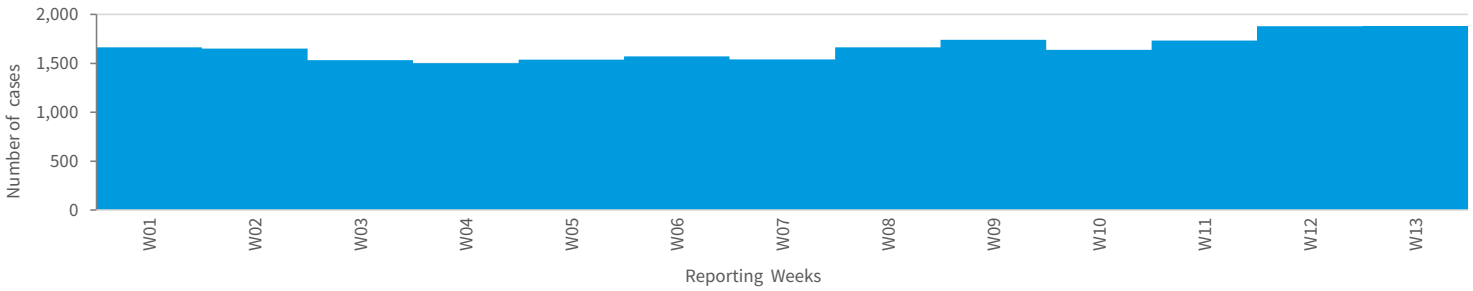


Figure 9. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 29 Mar 2025

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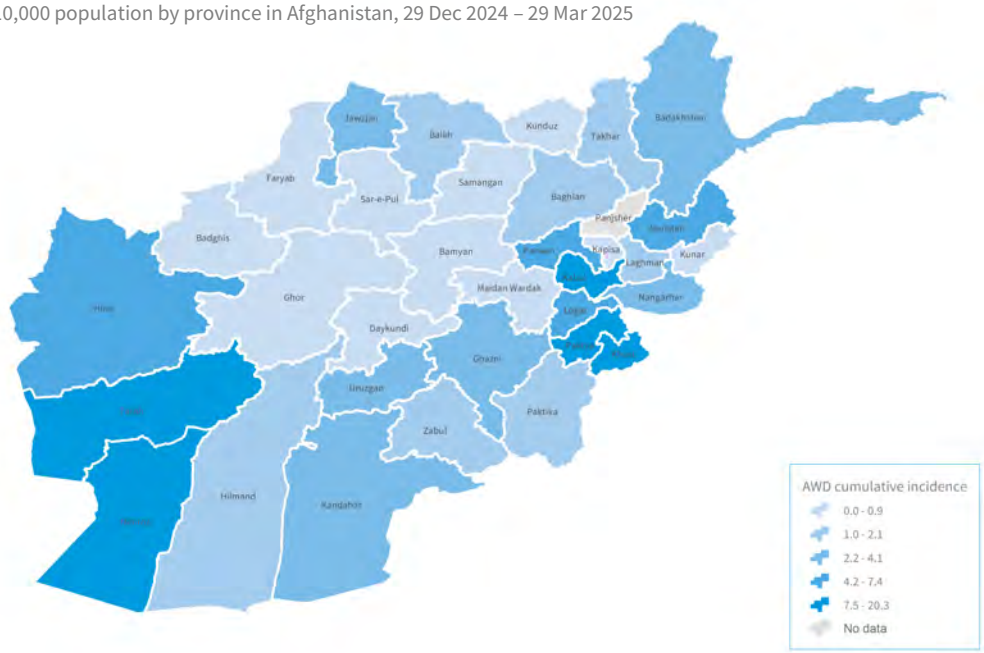
AWD with dehydration cumulative incidence per 10,000 population by province 29 Dec 2024 – 29 Mar 2025



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 2024-29 Mar 2025)

115 Total Cases

0 Total Deaths

***8** Sample tested — **4** By PCR, **4** By NS1

3 Lab confirmed cases — **0** By PCR, **3** By NS1

37.5% 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 (02 Feb – 29 Mar 2025)

Indicators	W06	W07	W08	W09	W10	W11	W12	W13	Trend line
Suspected cases	10	5	6	5	1	5	11	1	
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 13-2025, 1 suspected over-five male case of dengue fever with no associated deaths were reported from Nangarhar province.
- Since the beginning of 2025, 115 suspected dengue fever cases, with no associated deaths reported from Nangarhar province. Out of total cases, 112 (97.4%) were over five, while 60 (52.2%) were females.
- Since the beginning of 2025, a total of 8 samples (4 PCR and 4 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– 29 Mar 2025, (N=115)

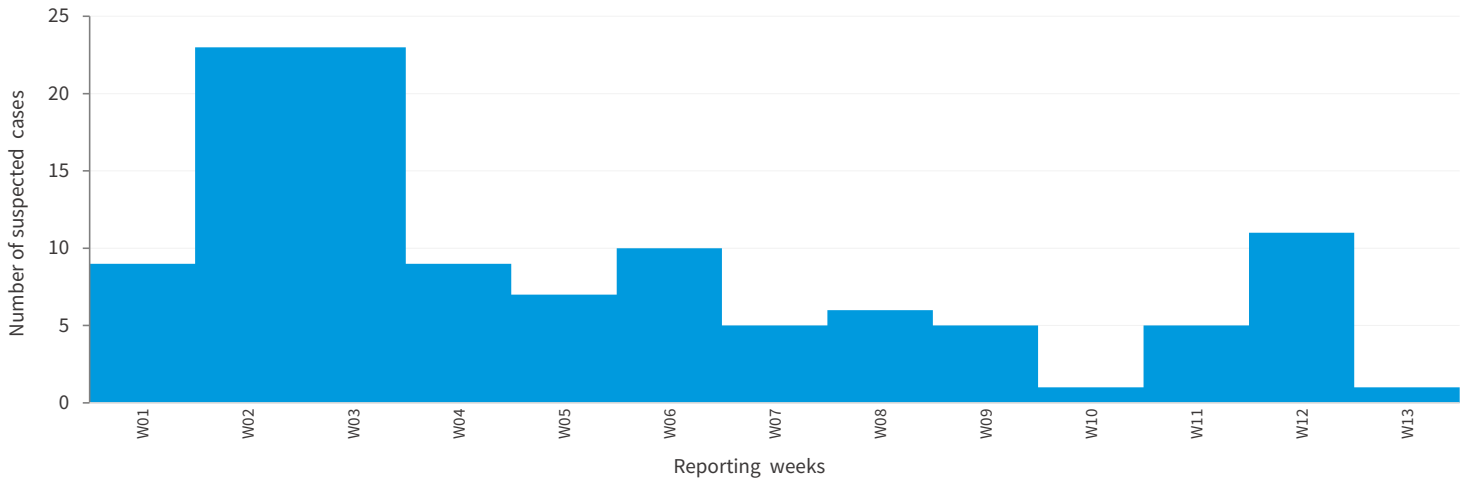


Figure 11. Comparison between the trends of suspected dengue fever cases in 2025 vs 3-year average (2022-2024)

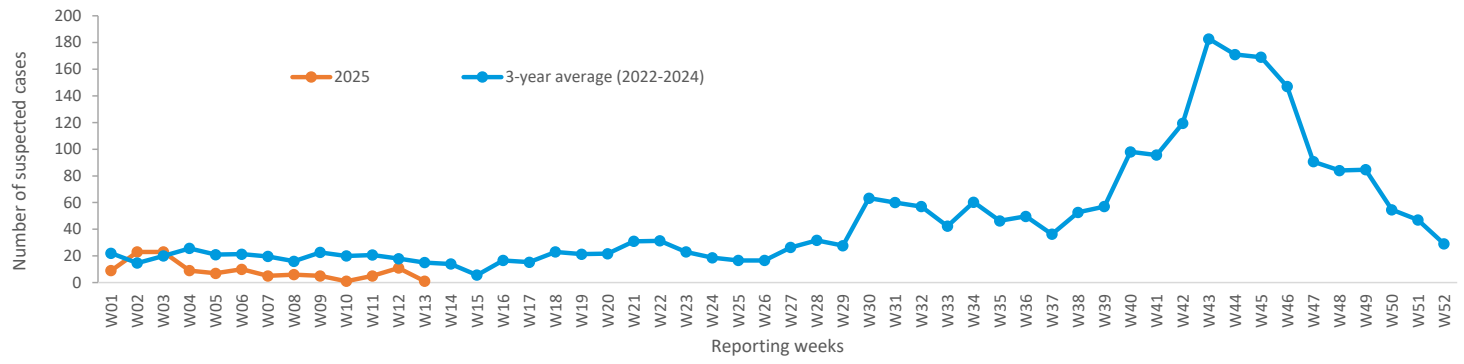
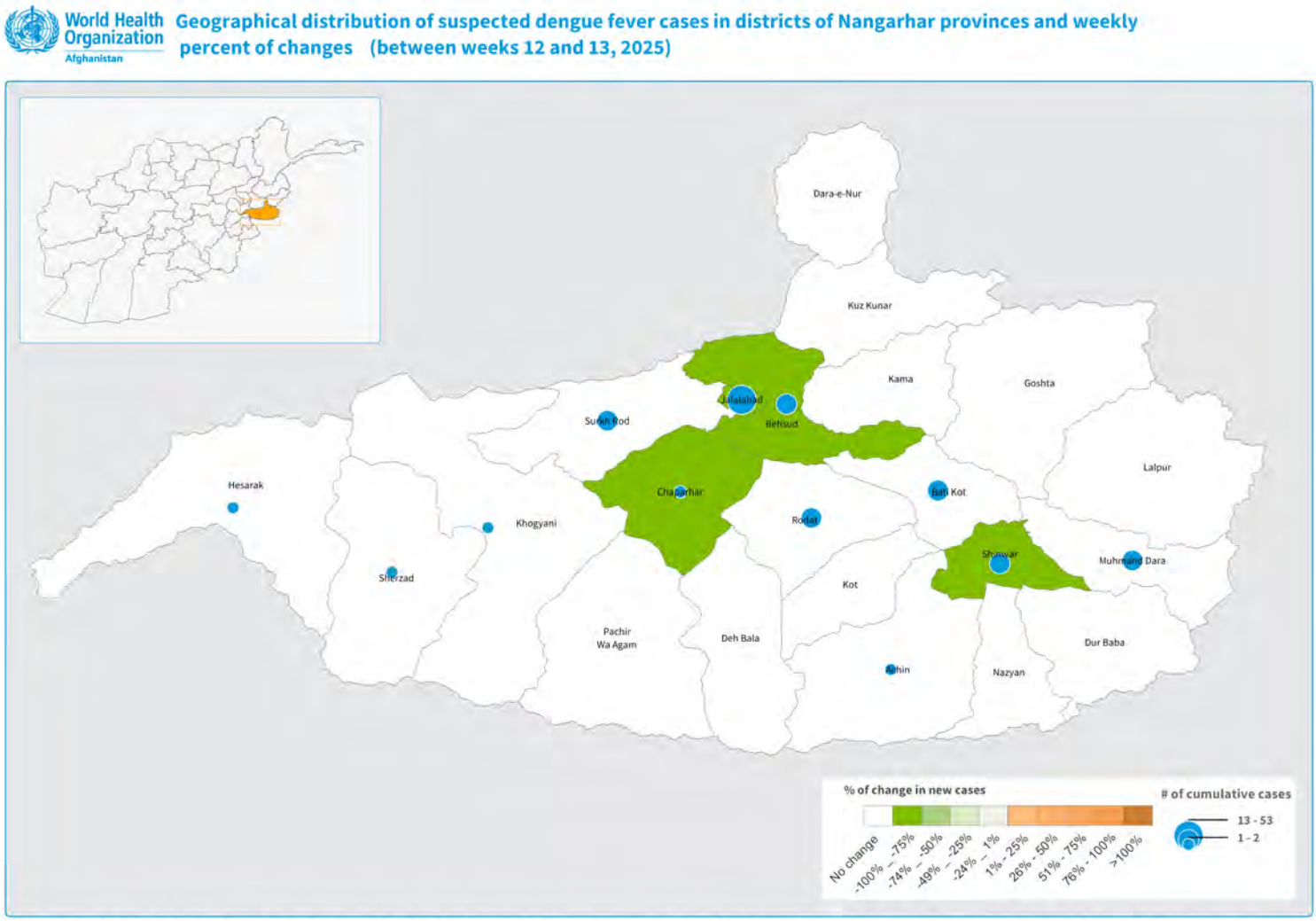


Figure 12. Geographical distribution of suspected dengue fever cases and percent change of new cases in Nangarhar province, 29 Dec 2024 – 29 Mar 2025



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 reperesent approxite border lines for which there may not yet be full agreement. Sources: MoPH, WHO, AGCHO. Creation date: 29 Mar 2025.

Crimean Congo Hemorrhagic Fever (CCHF)

(29 Dec 2024-29 Mar 2025)

68 Total CCHF cases

2 Total CCHF deaths

55 Samples tested for CCHF

11 Lab-confirmed CCHF cases

20.0% CCHF test positivity rate

Table 6: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (02 Feb – 29 Mar 2025)

Indicators	W06	W07	W08	W09	W10	W11	W12	W13	Trend line
Suspected cases	0	7	6	5	10	2	12	5	
Suspected deaths	0	1	0	0	0	0	0	0	
CFR (%)	0.0	14.3	0.0	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 13-2025, 5 new suspected CCHF cases with no deaths were reported compared to 12 cases in the previous week (Table 6). All the new cases were over-five-year males reported from Kabul province.
- Since the beginning of 2025, a total of 68 suspected CCHF cases, with 2 associated deaths (CFR=2.9%) were reported. All the reported cases were over five, while 27 (39.7%) were females. Also, 55 samples have been tested, 11 of them were positive (positivity rate = 20.0%).

- Since the beginning of 2025, the highest cumulative incidence of suspected CCHF per 100,000 population is reported from Jawzjan (0.73) followed by Kabul (0.56), 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 – 29 Mar 2025, (N=68)

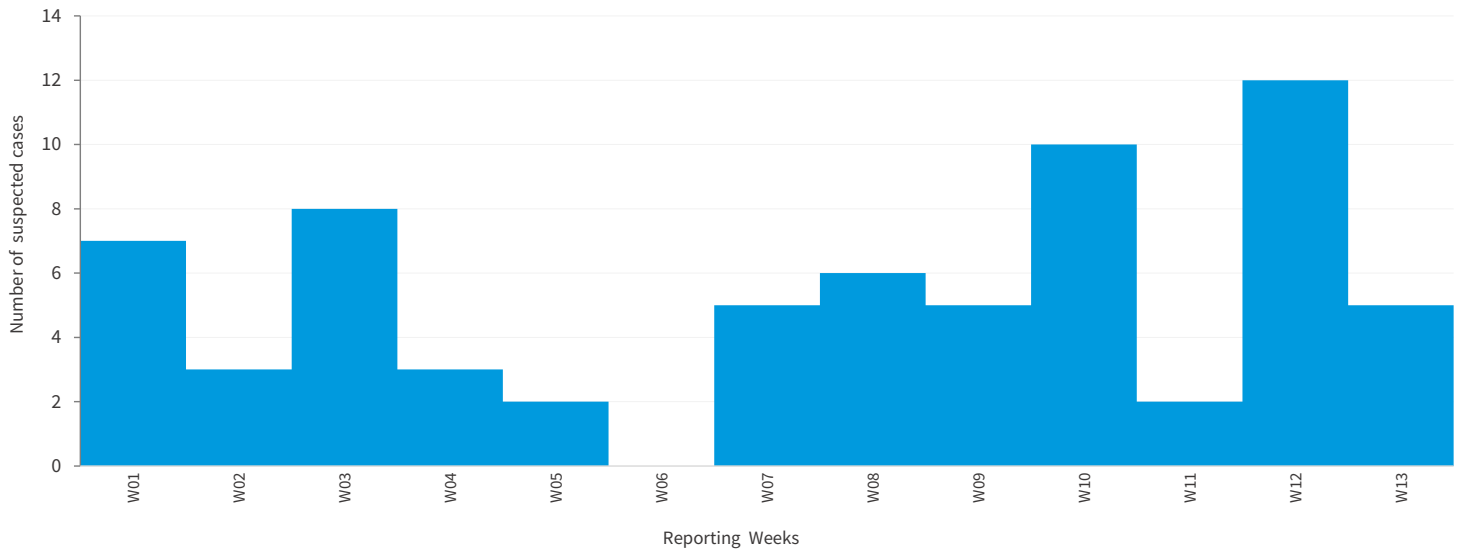


Figure 14. Comparison between the trends of suspected CCHF cases in 2025 vs 3-year average (2022-2024)

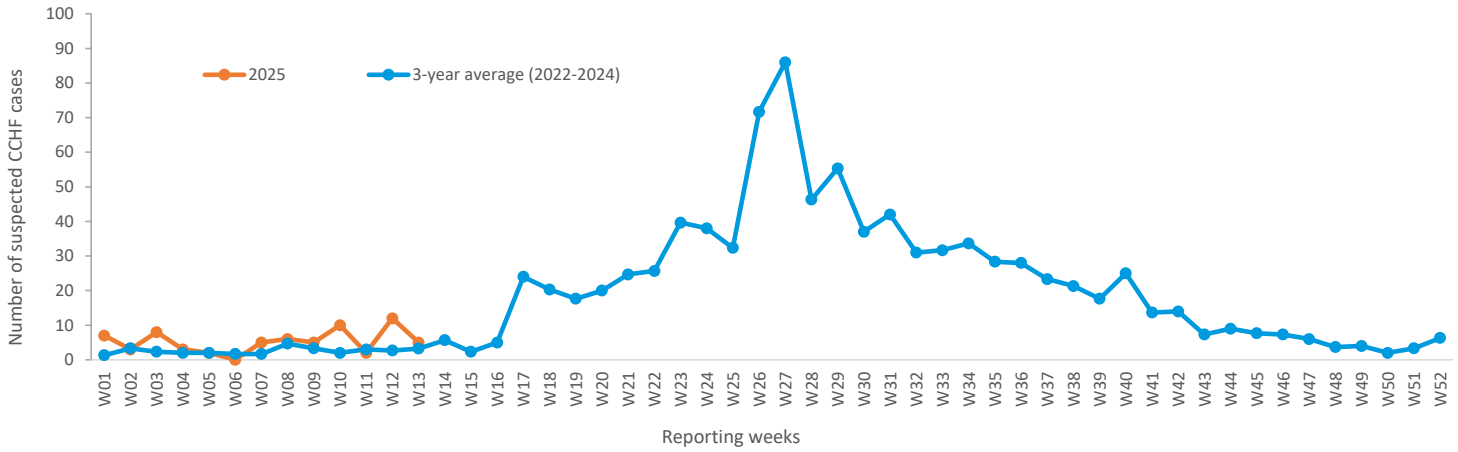


Figure 15. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 29 Dec 2024 – 29 Mar 2025

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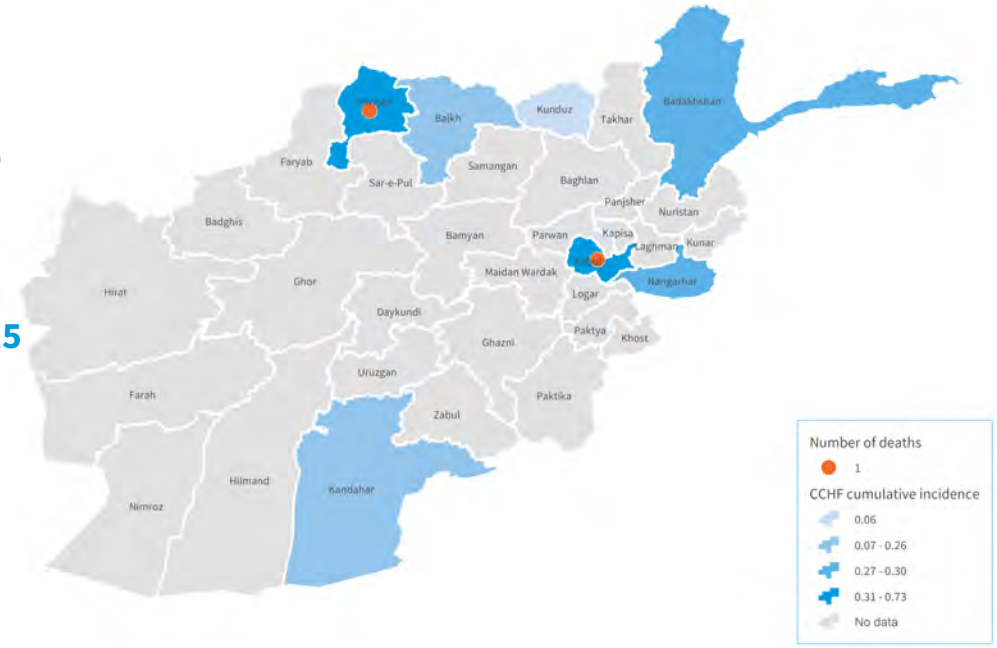
Crimean-Congo Hemorrhagic Fever (CCHF) cases cumulative incidence per 100,000 population by province and provincial distribution of deaths 29 Dec 2024-29 Mar 2025



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 2024-29 Mar 2025)

2,609
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 (02 Feb – 29 Mar 2025)

Indicators	W06	W07	W08	W09	W10	W11	W12	W13	Trend line
Confirmed cases	181	184	198	153	164	190	208 *	232	
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	

**A delayed reporting was experienced during weeks 12-2025 and the number confirmed malaria cases were modified from 207 to 208.*

- 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 16 & 17).
- During week 13-2025, 232 cases with no associated deaths were reported from 12 provinces compared to 208 cases in the previous week. Out of the total cases, 101 (43.5%) were females and 41 (17.7%) were under-five children.
- Since the beginning of 2025, 2,609 confirmed malaria cases with no associated deaths have been reported. Out of total 2,609 cases, 1,176 (45.1%) were female and 381 (14.6%) were under five children.
- Since the beginning of 2025, the highest cumulative incidence of malaria per 10,000 population was reported from Nuristan (17.6) followed by Kunar (9.5), Laghman (3.7), and Nangarhar (3.5) (Figure 18).

Figure 16. Weekly distribution of malaria cases in Afghanistan 29 Dec 2024–29 Mar 2025 (N=2,609)

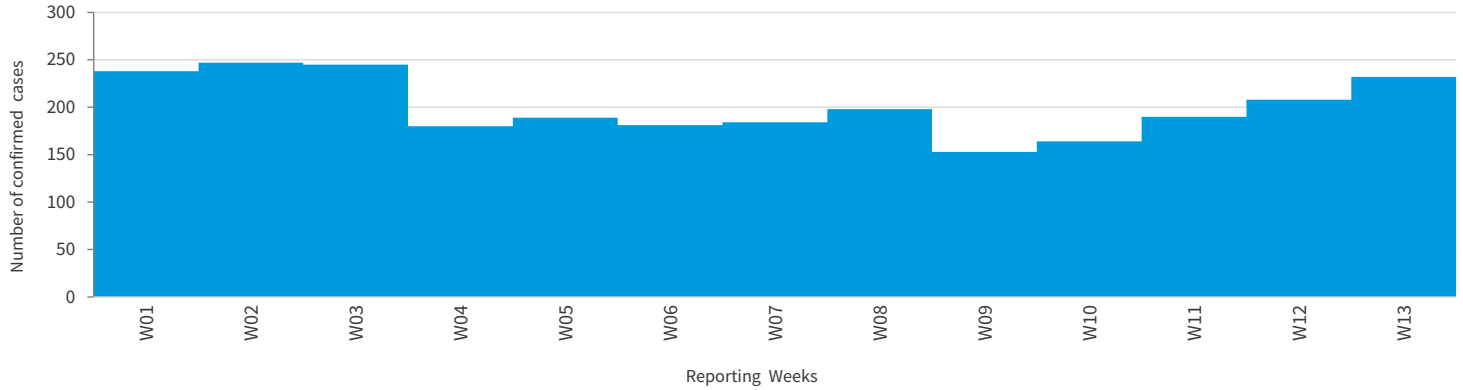


Figure 17. Comparison between the trends of malaria cases in 2025 vs 3-year average (2022-2024)

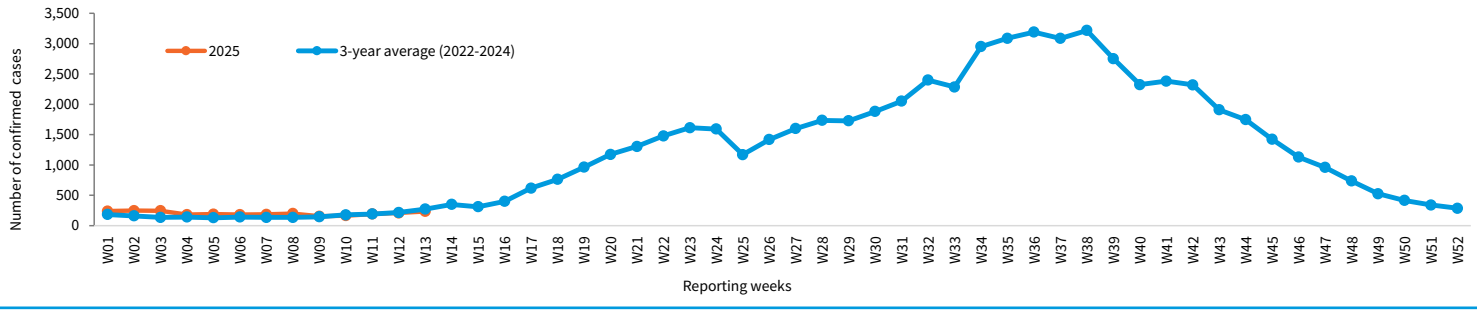
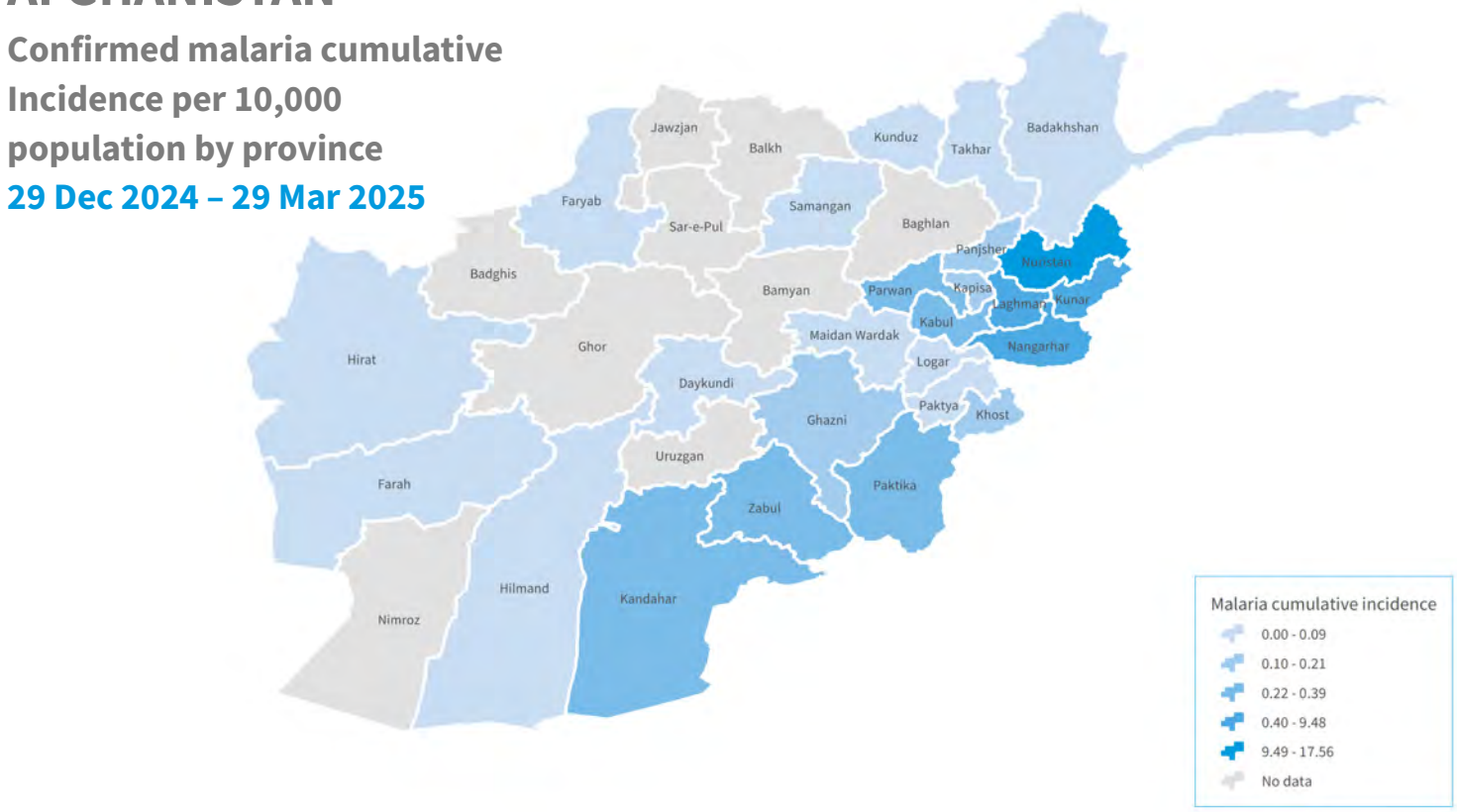


Figure 18. Malaria cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 29 Mar 2025



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)– (emacoafgihpt@who.int)