








AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #15-2025

No. 15 (06 – 12 Apr 2025)

Disease Outbreaks	 Measles (Suspected)	 AWD with dehydration	 ARI-Pneumonia	 COVID-19 (Confirmed)	 Dengue fever (Suspected)	 CCHF (Suspected)	 Malaria (Confirmed)
Cumulative cases 2025	36,021	26,076	567,377	1,089	135	83	3,392
Cumulative deaths 2025 (CFR %)	237 (0.7)	9 (0.03)	1,275 (0.2)	4 (0.4)	0 (0.0)	3 (3.6)	0 (0.0)

Data from 602 (98.2%) out of 613 sentinel sites

Measles

(29 Dec 2024-12 Apr 2025)



36,021

Total Cases



237

Total Deaths



6,850

Sample tested



4,332




Lab confirmed cases



63.2%

Test positivity rate

Table 1: Summary of the measles outbreak in the last eight weeks in Afghanistan (16 Feb – 12 Apr 2025)

Indicators	W08	W09	W10	W11	W12	W13	W14	W15	Trend line
Suspected cases	2,182	2,452	2,982	3,412	3,552	3,095 *	3,209 *	3,688	
Suspected deaths	21	21	18	19	17	30 *	15	27	
CFR (%)	1.0	0.9	0.6	0.6	0.5	1.1	0.5	0.7	

*A delayed reporting was experienced during weeks 13 and 14-2025 and the number of suspected measles cases were modified from 2,589 to 3,095 and from 3,200 to 3,209, respectively. Additionally, the reported number of deaths for week 13-2025 was revised from 28 to 30.

- The epidemiological curve of suspected measles cases has shown a steady increase since the beginning of 2025, this is the highest weekly number of reported cases since week 15-2022 when 3,818 cases were reported (Figure 1). The trend in 2025 is higher than the 3-years average (2022-2024) (Figure 2).
- During week 15-2025, a total of 3,688 suspected cases and 27 associated deaths (CFR=0.7%) were reported which shows a 14.9% increase in the number of suspected cases compared to the preceding week. Out of the total cases, 1,798 (48.8%) were females and 2,875 (78.0%) were under-five children.
- Out of 27 new deaths, 26 (96.3%) were under-five children, while 12 (44.4%) were females reported from 8 provinces: Herat (13), Helmand (5), Kabul (3), Badakhshan (2), Kandahar (1), Nimroz (1), Urozgan (1) and Zabul (1).
- Since the beginning of 2025, 36,021 cases of suspected measles and 237 associated deaths (CFR=0.7%) were reported. Out of total cases, 16,620 (46.1%) were females, while 29,099 (80.8%) were under-five children.
- Since the beginning of 2025, the highest cumulative incidence of suspected measles cases per 10,000 population has been reported from Helmand (31.3), followed by Nuristan (24.0), Urozgan (22.4), and Jawzjan (21.3) (Figure 3).

Figure 1. Weekly distribution of suspected measles cases in Afghanistan, 29 Dec 2024 to 12 Apr 2025 (N= 36,021)

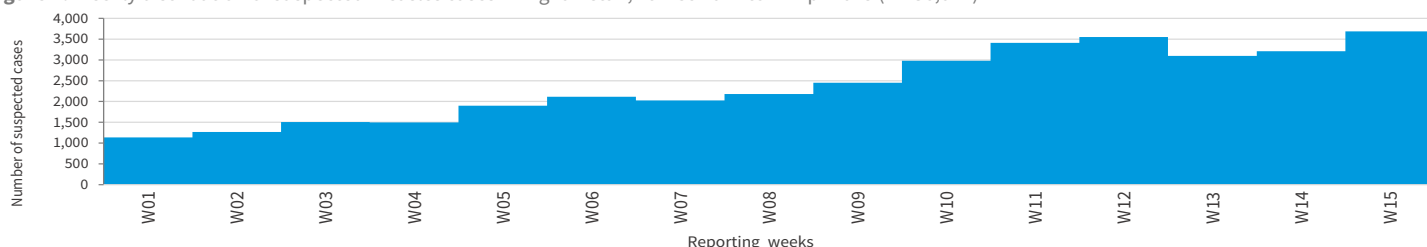




Figure 2. Comparison between the trends of suspected measles cases in 2025 vs 3-year average (2022-20224) and the endemic level

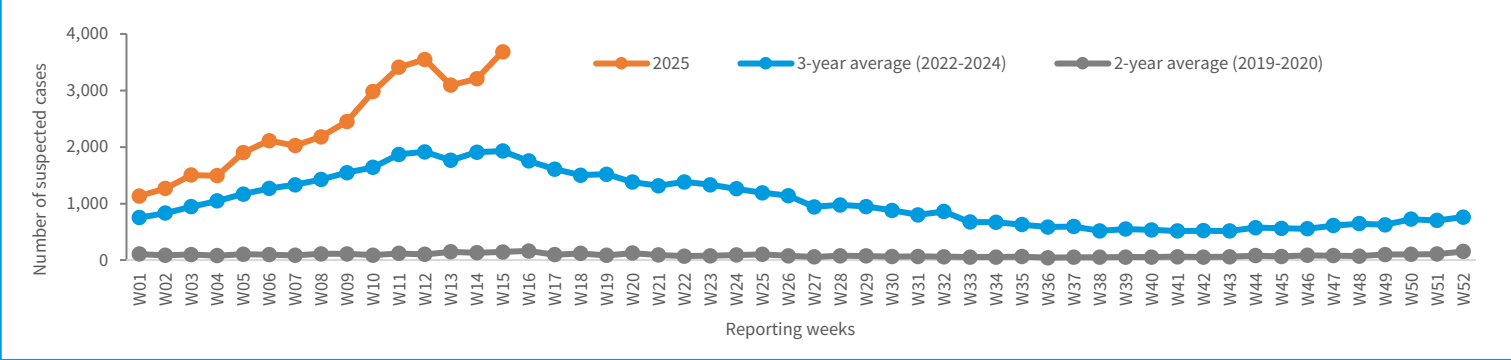
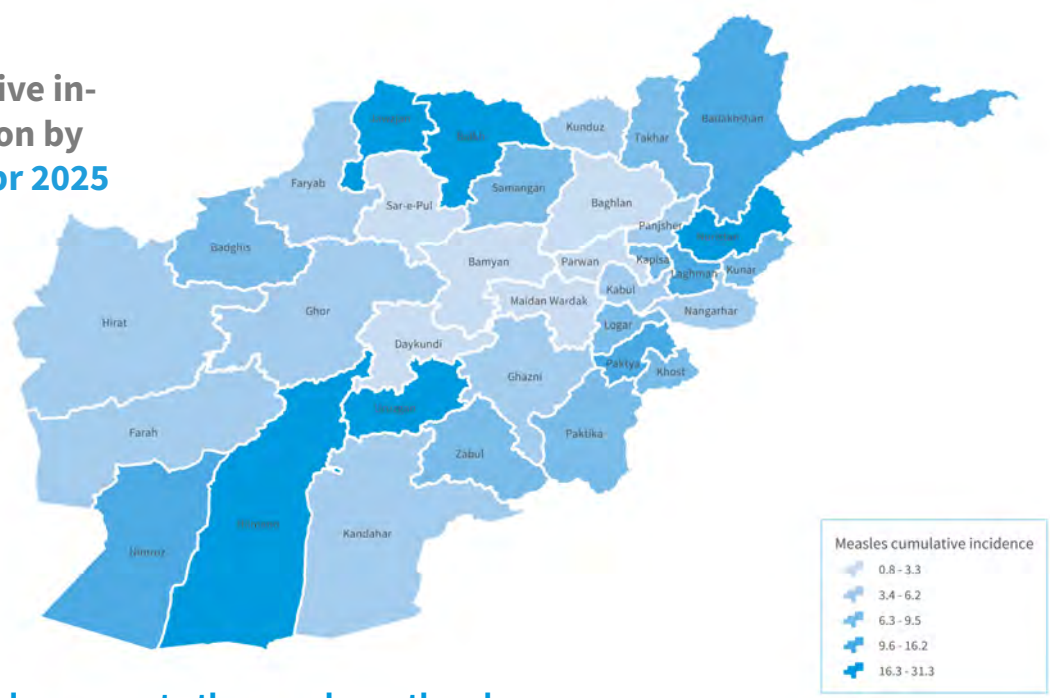


Figure 3. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 29 Dec 2024-12 Apr 2025

AFGHANISTAN
Suspected measles cumulative in-
cidence per 10,000 population by
province 09 Dec 2024 – 12 Apr 2025



Updates on the preparedness and response to the measles outbreak

- During week 15-2025, a total of 3,851 children aged 9-59 months were vaccinated against measles as part of outbreak response in 7 provinces (Kabul, Parwan, Uruzgan, Kandahar, Paktika, Faryab and Nuristan). This brings the number of children aged 9-59 months vaccinated against measles as part of outbreak response immunization activities to 16,455 across the country since the beginning of 2025.
- Since the beginning of 2025, a total of 180 measles case management kits have been distributed to 34 provinces across the country.

Acute Watery Diarrhea (AWD) with Dehydration
(29 Dec 2024-12 Apr 2025)

26,076
Total AWD with dehydration cases

9
Total AWD with dehydration deaths

1,614
Samples tested for AWD with dehydration (RDTs)

93
RDT-positive cases for AWD with dehydration

5.8%
RDT positivity rate for AWD with dehydration

Table 2: Summary of the AWD with dehydration outbreak in the last eight weeks in Afghanistan (16 Feb – 12 Apr 2025)

Indicators	W08	W09	W10	W11	W12	W13	W14	W15	Trend line
Number of cases	1,664	1,742	1,637	1,733	1,877	1,981	1,796	2,649	
Number of deaths	0	1	0	1	1	0	0	1	
CFR (%)	0.00	0.06	0.00	0.06	0.05	0.00	0.00	0.04	



- The epidemiological curve has shown a gradual increasing trend since week 08-2025, which is coinciding with the start of warmer weather (Figure 4).
- During week 15-2025, 2,649 AWD with dehydration cases with one associated death were reported from 162 districts, which shows a 47.5% increase in the number of cases compared to the previous week.
- The new death was a male under-five years old child, reported from Badakhshan province.
- Out of the 2,649 AWD with dehydration cases, 1,336 (50.4%) were females and 1,562 (59.0%) were under-five children.
- During week 15-2025, no new district reported alert of AWD with dehydration.
- Since Jan 2025, 26,076 cases of AWD with dehydration with 9 associated deaths (CFR = 0.03%) were reported. Out of total cases, 15,376 (59.0%) were under-five, while 12,735 (48.8%) were females.
- Since Jan 2025, 1,614 Rapid Diagnostic Tests (RDT) have been conducted on AWD with dehydration cases, of which 93 tests turned positive (positivity rate 5.8%).
- Since the beginning of 2025, the highest cumulative incidence of AWD with dehydration per 10,000 population was reported from Nimroz (23.8) followed by Khost (20.6), Paktya (17.9), Farah (17.2), and Kabul (15.3) (Figure 5).

Figure 4. Weekly distribution of AWD with dehydration cases in Afghanistan 29 Dec 2024– 12 Apr 2025 (N=26,076)

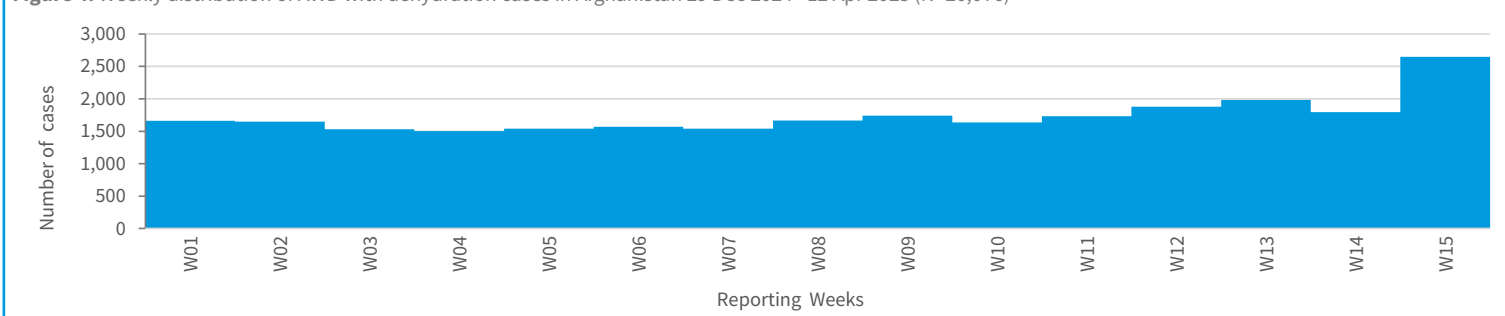


Figure 5. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 12 Apr 2025

AFGHANISTAN

AWD with dehydration cumulative incidence per 10,000 population by province 29 Dec 2024 – 12 Apr 2025



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

Since the beginning of 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, rapid response, and Water Quality Management (WQM) from 6 provinces (Kabul, Kunar, Laghman, Nangarhar, Kunduz and Kandahar).
- A total of 800 kits of Cary-Blair and 1,330 kits of AWD with dehydration Rapid Diagnostic Test (RDTs) have been distributed to all 34 provinces across the country.
- A total of 300 AWD with dehydration case management kits have been distributed to 34 provinces across the country.

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.

ARI-Pneumonia
(29 Dec 2024-12 Apr 2025)

***567,377**
Total ARI Cases

***1,275**
Total ARI Deaths

****1,413**
Samples tested for influenza

****131**
Lab confirmed influenza cases

9.3%
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 3: Summary of the ARI-Pneumonia outbreak in the last eight weeks in Afghanistan (16 Feb – 12 Apr 2025)

Indicators	W08	W09	W10	W11	W12	W13	W14	W15	Trend lines
Suspected cases	43,538	40,796	40,910	37,792	33,881	28,177 *	20,088 *	28,755	
Suspected deaths	71	96	92	81	72	65 *	41 *	68	
CFR (%)	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	

- *A delayed reporting was experienced during weeks 13 and 14-2025 and the number of ARI pneumonia cases were modified from 26,643 to 28,177 and from 20,050 to 20,088, respectively. Additionally, in weeks 13 and 14-2025, the reported number of deaths were revised from 61 to 65 and from 50 to 41, respectively.*
- The epi curve indicates a declining trend since week 6-2025, however in this week, a remarkable increase was observed. Possible explanation could be that week 14 was the Eid week which may have affected the health seeking behavior (Figures 6 & 7).
 - During week 15-2025, 28,755 cases of ARI pneumonia and 68 associated deaths (CFR=0.2%) were reported, which shows a 43.1% increase in the number of ARI pneumonia cases compared to the preceding week.
 - Out of the 28,755 cases, 14,292 (49.7%) were females while 18,955 (65.9%) were under-five children.
 - During the reporting period, 100 samples were collected for influenza, none of them resulted positive.
 - Since the beginning of 2025, 567,377 cases of ARI pneumonia and 1,275 associated deaths (CFR=0.2%) were reported. Out of total cases, 360,335 (63.5%) were under-five children, while 280,577 (49.5%) were females. Also, 1,413 samples have been tested for influenza, out of which 131 were positive (positivity rate = 9.3%).
 - Since the beginning of 2025, the highest cumulative incidence of ARI pneumonia per 10,000 population has been reported in Nuristan (295.5), followed by Kunar (285.9), Panjsher (280.0), and Samangan (246.4) provinces (Figure 8).

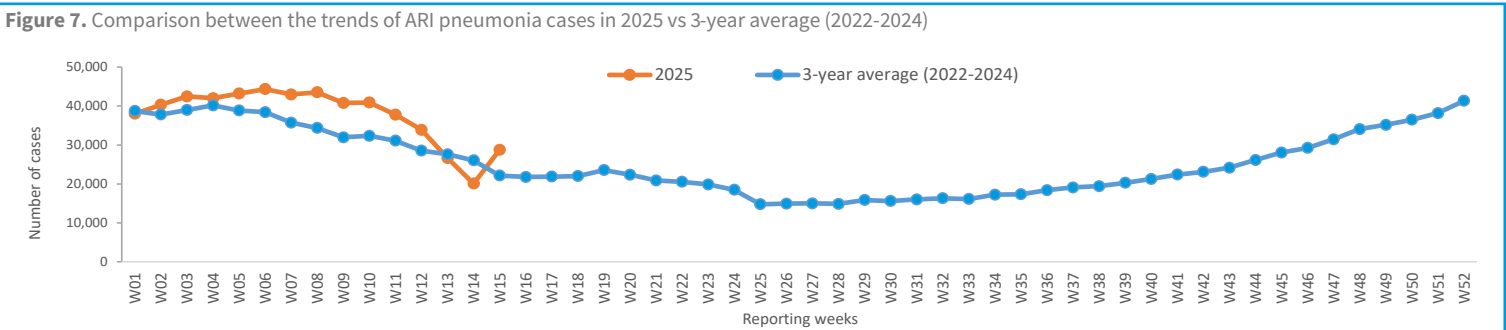
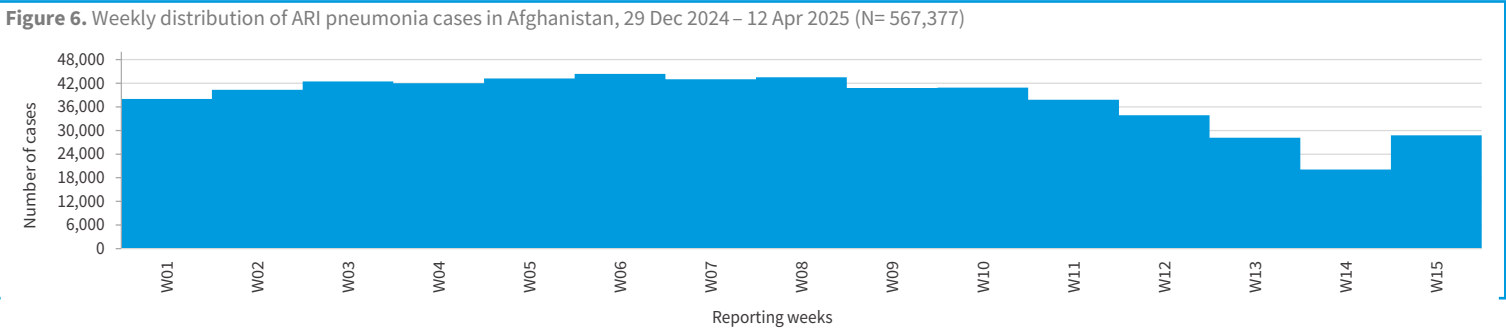


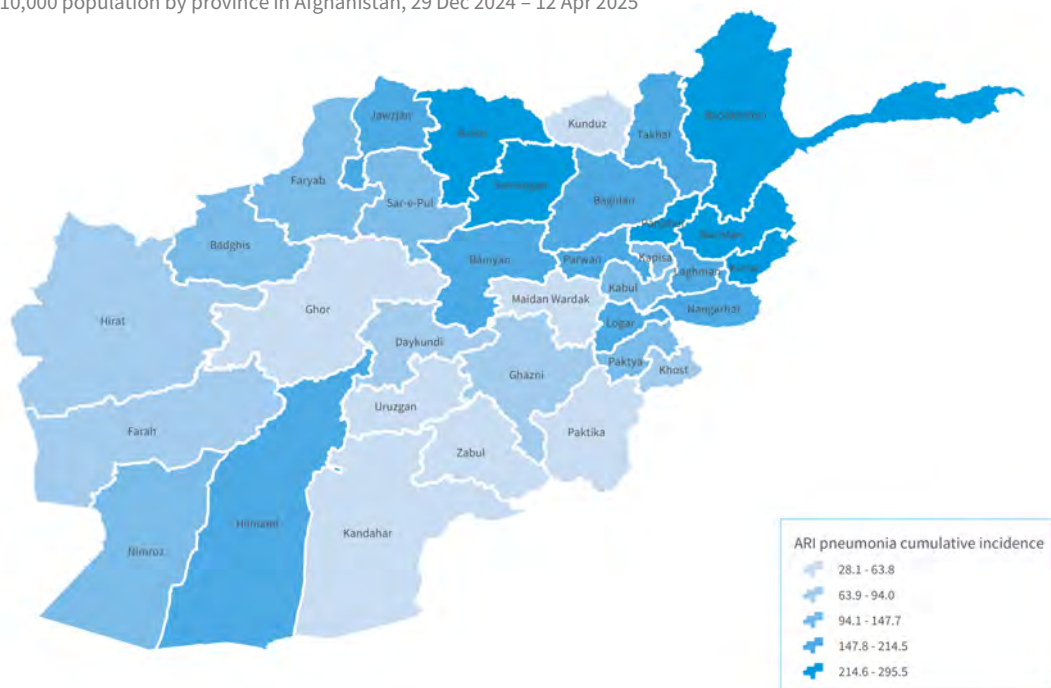


Figure 8. ARI-Pneumonia cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 12 Apr 2025

AFGHANISTAN

ARI pneumonia cumulative incidence per 10,000 population by province

29 Dec 2024 —12 Apr 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.
- Since the beginning of 2025, a total of 1,172 ARI pneumonia management kits have been distributed to 34 provinces across the country.

COVID-19

(24 Feb 2020 — 12 Apr 2025)

Cumulative samples tested

1,091,923

In public laboratories

New samples tested in week 15



813

In public laboratories

405.0%

Cumulative confirmed cases

245,207

Cumulative positivity rate (22.5%)

New confirmed cases in week 15



20

Weekly positivity rate (2.5%)

566.7%

Cumulative confirmed deaths

8,052

CFR (3.3%)

New confirmed deaths in week 15



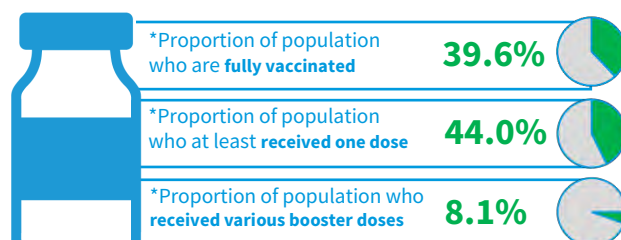
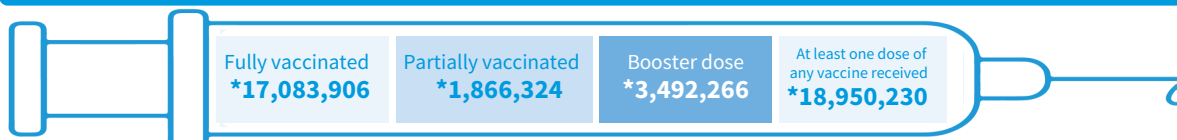
0

Week 15 CFR (0.0%)

0.0%

Key: ● Increasing ● Decreasing ● No change

COVID-19 Vaccination highlights



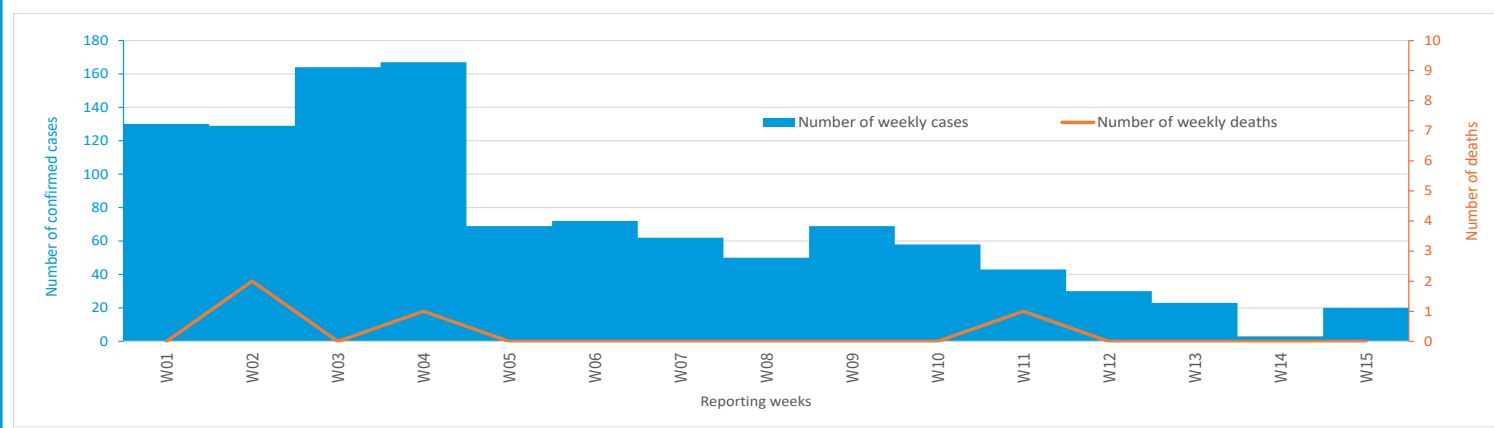
* The denominator is 43,100,596 based on OCHA estimation 2024

**Table 4:** Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (16 Feb – 12 Apr 2025)

Indicators	W08	W09	W10	W11	W12	W13	W14	W15	Trend line
Samples tested (in public Labs)	1,375	1,569	1,566	1,354	1,095	1,249	161 *	813	
Confirmed cases	50	69	58	43	30	23	3 *	20	
Percent positivity (%)	3.6	4.4	3.7	3.2	2.7	1.8	1.9	2.5	
Deaths	0	0	0	1	0	0	0	0	
CFR (%)	0.0	0.0	0.0	2.3	0.0	0.0	0.0	0.0	

*A delayed reporting was experienced during weeks 14-2025 and the number of tested samples and confirmed cases were modified from 76 to 161, and from 1 to 3, respectively.

- The epidemiological curve of confirmed COVID-19 cases indicates a fluctuation at the lower level in the recent weeks (Figures 9). However, a decline has been observed in last two weeks, this could be due to Eid holidays and health seeking behavior despite the labs were functional.
- During week 15-2025, a total of 813 samples were tested in public labs, of which 20 sample was positive for COVID-19 (positivity rate 2.5%) with no associated deaths were reported (Table 4).
- Since the beginning of 2025, 1,089 confirmed cases of COVID-19 and 4 associated deaths (CFR=0.4%) were reported. Out of total cases, 502 (46.1%) were females.

Figure 9. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 29 Dec 2024 – 12 Apr 2025 (cases=1,089, deaths=4)

Updates on the response activities to the COVID-19 outbreak

Since the beginning of 2025, a total of 800 kits of Viral Transport Medium (VTM) and 2,295 kits of Rapid Diagnostic Test (RDT) have been distributed to all 34 provinces across the country.

Dengue Fever

(29 Dec 2024-12 Apr 2025)



135
Total Cases



0
Total Deaths

***21**
Sample tested

14 By PCR
7 By NS1

3
Lab confirmed cases

0 By PCR
3 By NS1



14.3%
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 (16 Feb – 12 Apr 2025)

Indicators	W08	W09	W10	W11	W12	W13	W14	W15	Trend line
Suspected cases	6	5	1	5	11	1	3	17	
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, however a considerable increase has been observed during week 15-2025 (Figures 10 & 11).
- During week 15-2025, 17 suspected cases of dengue fever with no associated deaths were reported from Nangarhar province. All 17 new cases were over-five, while 7 were females.
- Since the beginning of 2025, 135 suspected dengue fever cases, with no associated deaths reported from Nangarhar province. Out of total cases, 132 (97.8%) were over-five, while 67 (49.6%) were females.
- Since the beginning of 2025, a total of 21 samples (14 PCR and 7 NS1) have been tested, out of which the 3 by NS1 were positive (positivity rate 14.3%). 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– 12 Apr 2025, (N=135)

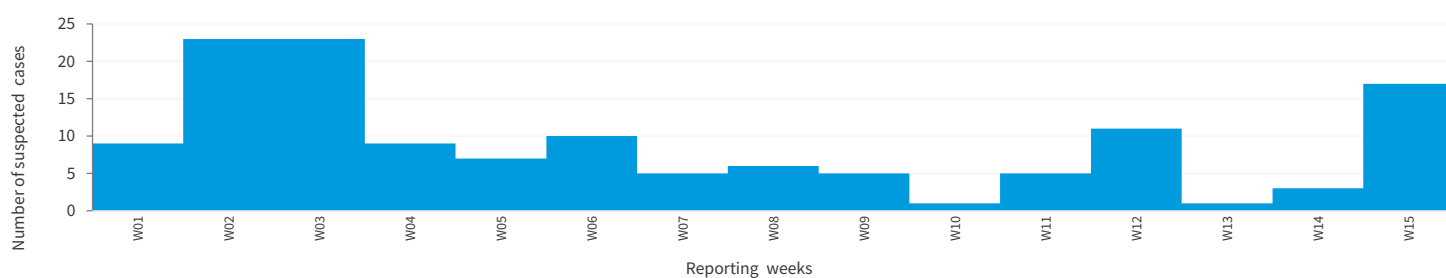


Figure 11. Comparison between the trends of suspected dengue fever cases in 2025 vs 3-year average (2022-2024)

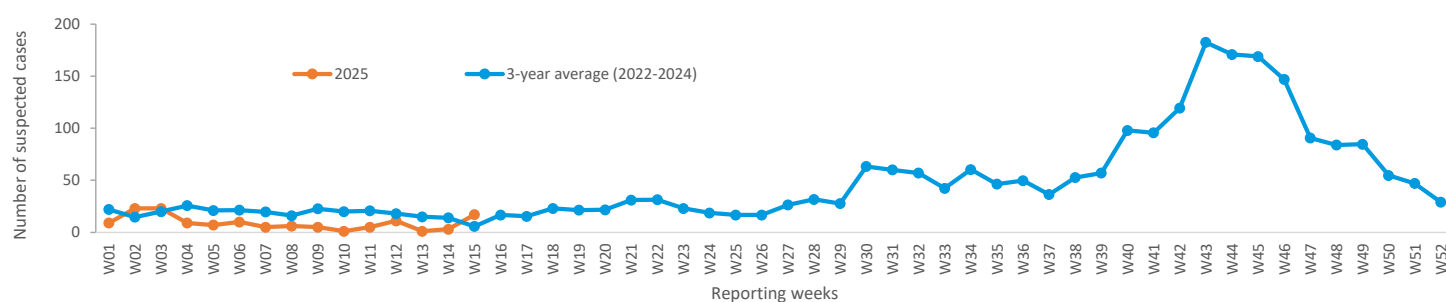
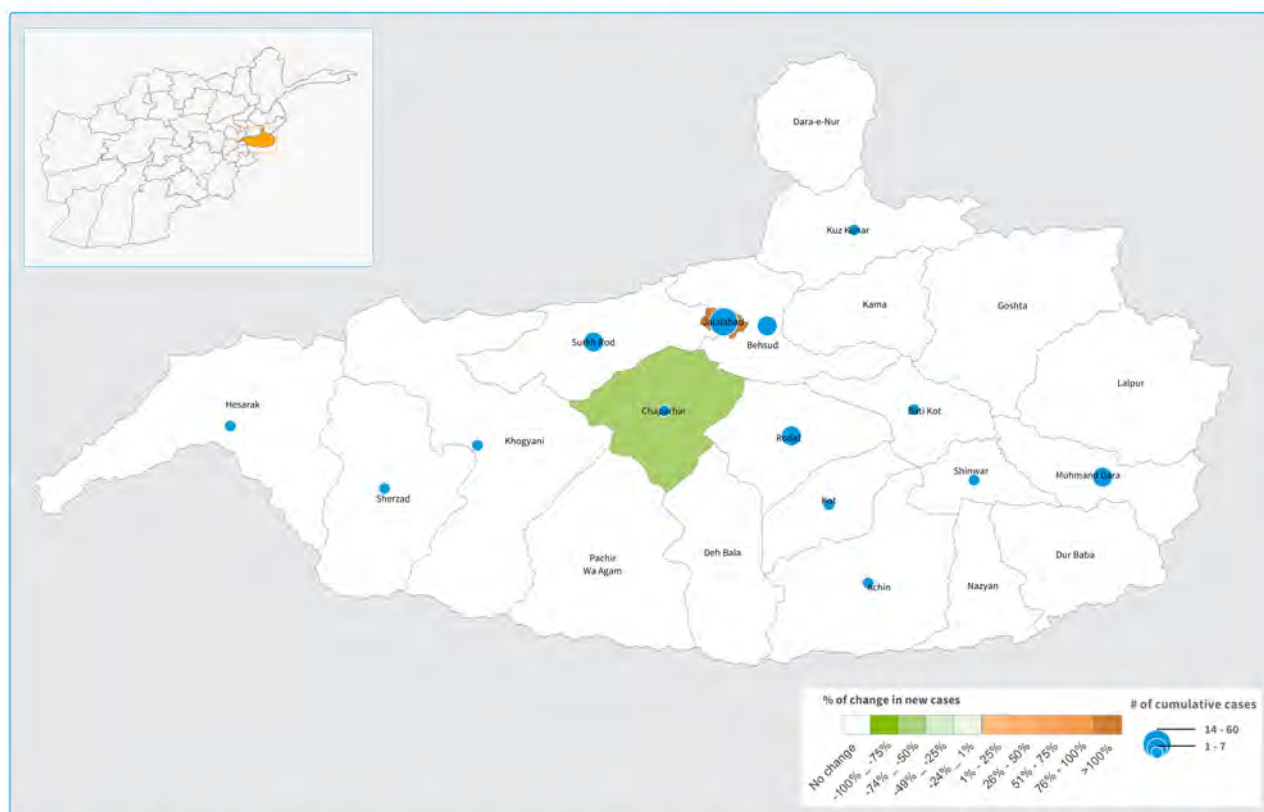


Figure 12. Geographical distribution of suspected dengue fever cases and percent change of new cases in Nangarhar province, 29 Dec 2024– 12 Apr 2025



Geographical distribution of suspected dengue fever cases in districts of Nangarhar provinces and weekly percent of changes (between weeks 14 and 15, 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: 12 Apr 2025.



Crimean Congo Hemorrhagic Fever (CCHF)

(29 Dec 2024-12 Apr 2025)



83

Total CCHF
cases



3

Total CCHF
deaths



64

Samples tested
for CCHF



13

Lab-confirmed
CCHF cases



20.3%

CCHF test positivity
rate

Table 6: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (16 Feb – 12 Apr 2025)

Indicators	W08	W09	W10	W11	W12	W13	W14	W15	Trend line
Suspected cases	6	5	10	2	12	5	3	11	
Suspected deaths	0	0	0	0	0	0	0	1	
CFR (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	9.1	

- The epi-curve of suspected CCHF cases shows stabilization at low level since the beginning the of 2025 (Figures 13 & 14).
- During week 15-2025, 11 new suspected CCHF cases and one death (CFR=9.1%) were reported compared to 3 cases in the previous week (Table 6). All the new cases were over-five-year-old, while 5 (45.5%) of them were females reported from 3 provinces [Kabul (9), Herat (1), and Kapisa (1)].
- The new death was over-five, female reported from Kabul province.
- Since the beginning of 2025, a total of 83 suspected CCHF cases, with 3 associated deaths (CFR=3.6%) were reported. All the reported cases were over five, while 33 (40.2%) were females. Also, 64 samples have been tested, 13 of them were positive (positivity rate = 20.3%).
- Since the beginning of 2025, the highest cumulative incidence of suspected CCHF per 100,000 population is reported from Jawzjan (0.73) and Kabul (0.73), followed by 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 – 12 Apr 2025, (N=83)

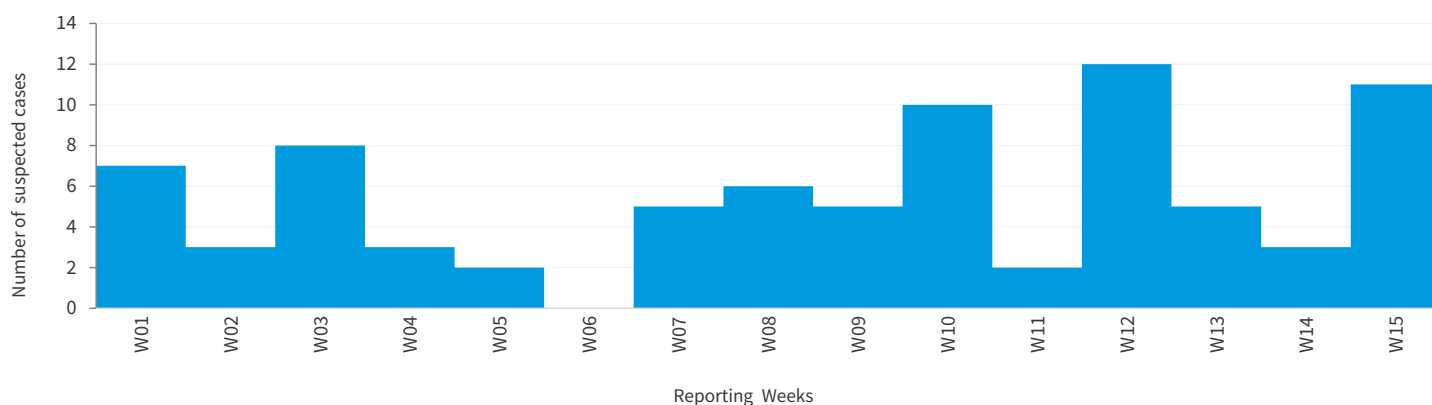


Figure 14. Comparison between the trends of suspected CCHF cases in 2025 vs 3-year average (2022-2024)

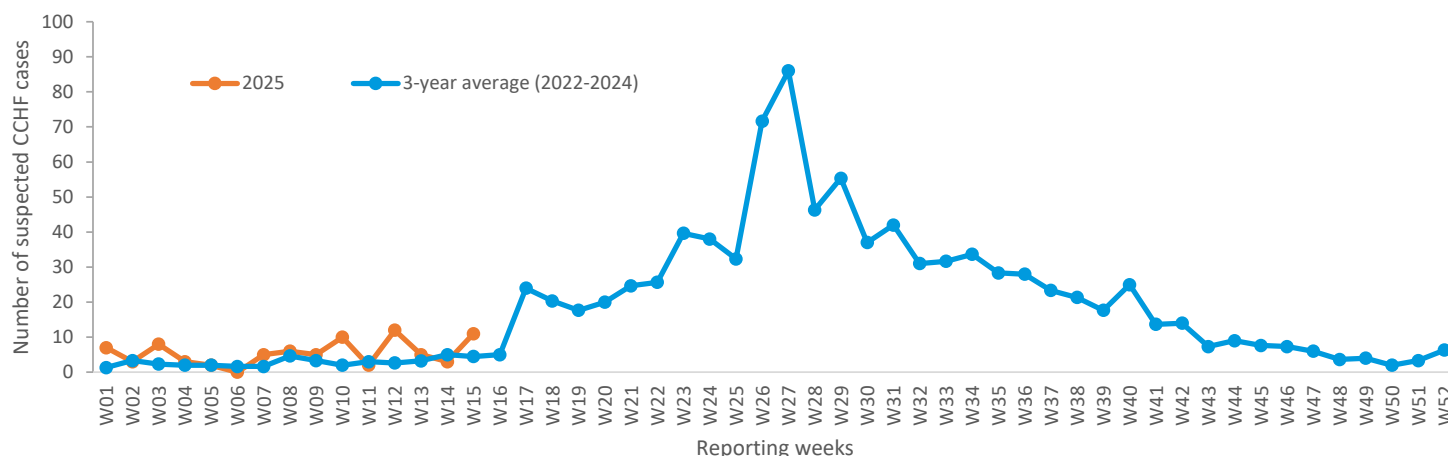
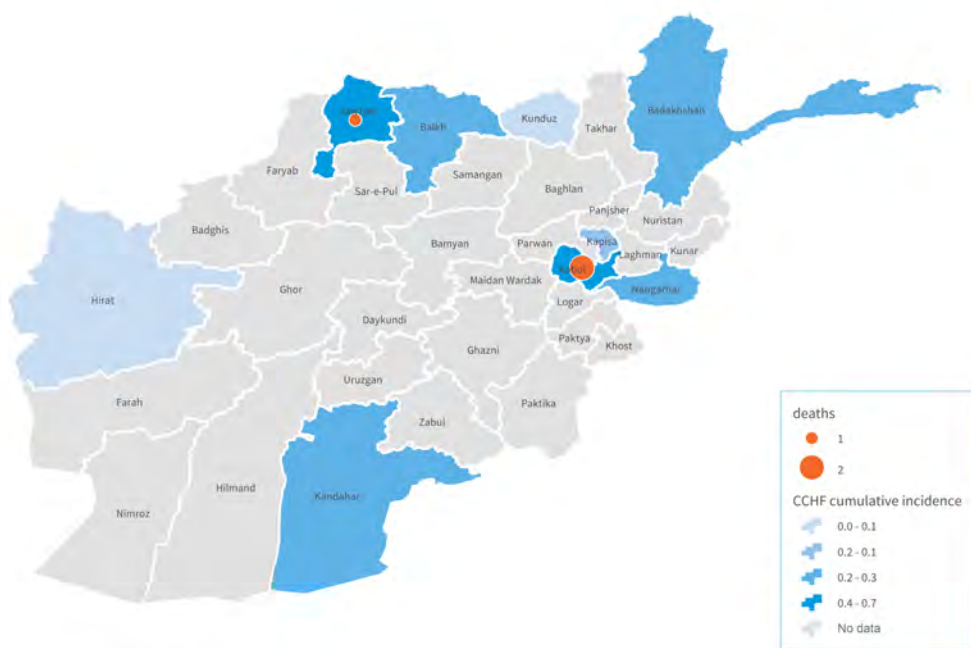




Figure 15. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 29 Dec 2024 – 12 Apr 2025

AFGHANISTAN

Crimean-Congo Hemorrhagic Fever (CCHF) cases cumulative incidence per 100,000 population by province and provincial distribution of deaths 29 Dec 2024-12 Apr 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 preparedness 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 2024-12 Apr 2025)



3,393

Total confirmed
Malaria Cases



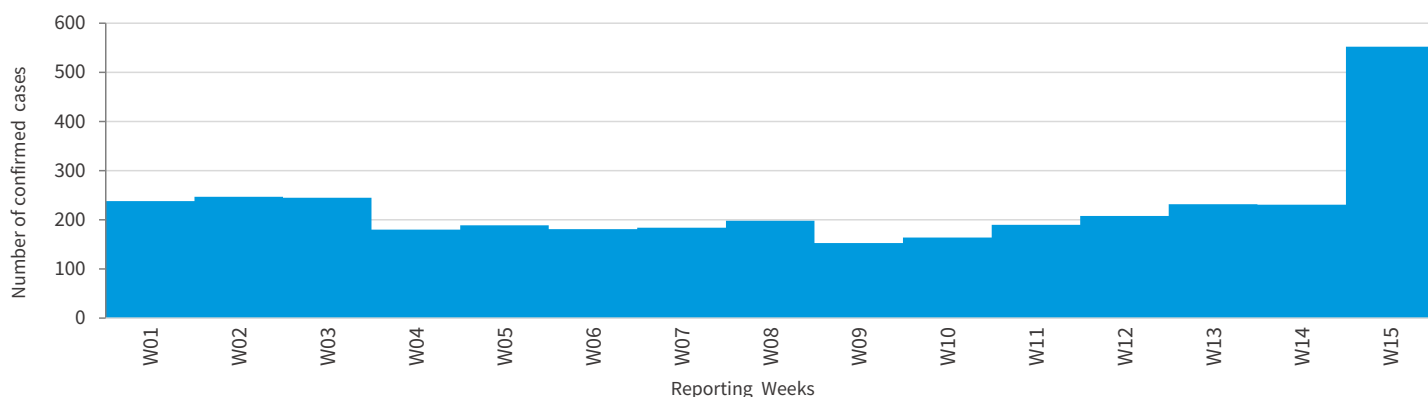
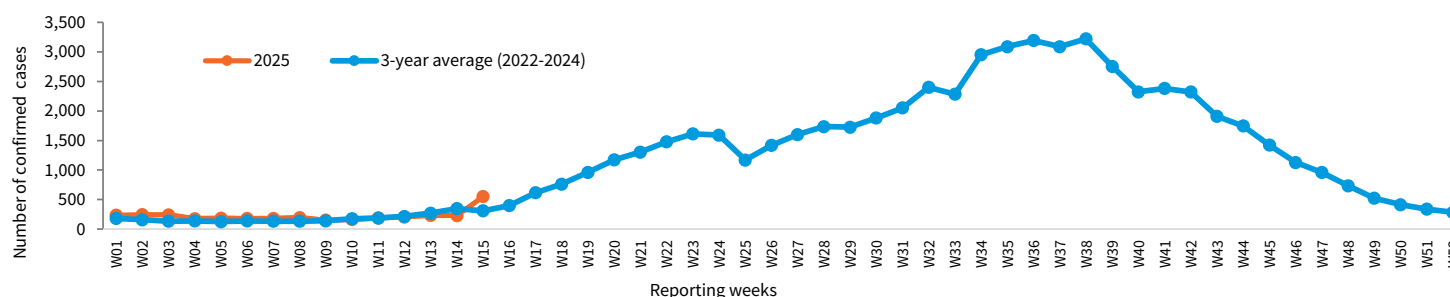
0 (0.0)

Total malaria
deaths (CFR %)

Table 7: Summary of the malaria outbreak in the last eight weeks in Afghanistan (16 Feb – 12 Apr 2025)

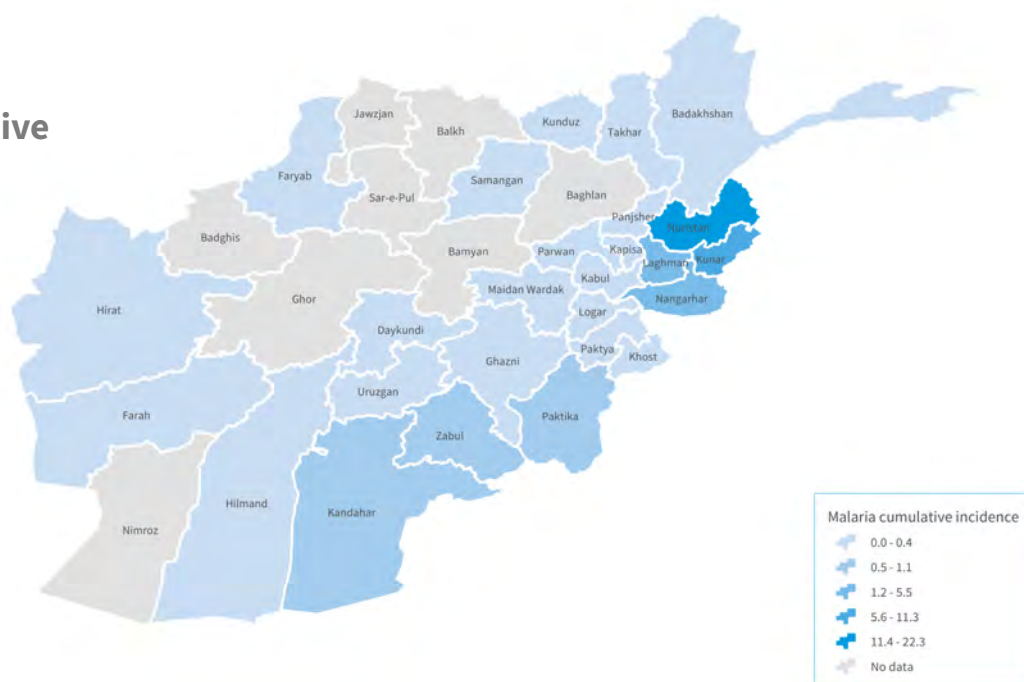
Indicators	W08	W09	W10	W11	W12	W13	W14	W15	Trend line
Confirmed cases	198	153	164	190	208	232	231	552	
Confirmed deaths	0	0	0	0	0	0	0	0	
CFR (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

- The epi curve of malaria cases shows a gradual increase since week 10 with a considerable increase observed this week. The trend of malaria cases in 2025 closely follows the trend observed in 3-year average (2022-2024) (Figures 16 & 17).
- During week 15-2025, 552 cases with no associated deaths were reported from 14 provinces compared to 231 cases in the previous week. Out of the total cases, 260 (47.1%) were females and 97 (17.6%) were under-five children.
- Since the beginning of 2025, 3,393 confirmed malaria cases with no associated deaths have been reported. Out of total 3,393 cases, 1,541 (45.4%) were female and 527 (15.5%) were under-five children.
- Since the beginning of 2025, the highest cumulative incidence of malaria per 10,000 population was reported from Nu-

**Figure 16.** Weekly distribution of malaria cases in Afghanistan 29 Dec 2024–12 Apr 2025 (N=3,393)**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 – 12 Apr 2025

AFGHANISTAN

Confirmed malaria cumulative
Incidence per 10,000
population by province
29 Dec 2024 – 12 Apr 2025



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)– (emacoafghipt@who.int)