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INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #17-2025

No. 17 (20 – 26 Apr 2025)

Disease Outbreaks	 Measles (Suspected)	 AWD with dehydration	 ARI-Pneumonia	 COVID-19 (Confirmed)	 Dengue fever (Suspected)	 CCHF (Suspected)	 Malaria (Confirmed)
Cumulative cases 2025	43,922	31,828	620,841	1,158	213	133	4,753
Cumulative deaths 2025 (CFR %)	279 (0.6)	11 (0.03)	1,373 (0.2)	4 (0.3)	0 (0.0)	7 (5.3)	0 (0.0)

Data from 608 (99.2%) out of 613 sentinel sites

Measles

(29 Dec 2024-26 Apr 2025)



43,922

Total Cases



279

Total Deaths



7,705

Sample tested



4,852




Lab confirmed cases



63.0%

Test positivity rate

Table 1: Summary of the measles outbreak in the last eight weeks in Afghanistan (02 Mar – 26 Apr 2025)

Indicators	W10	W11	W12	W13	W14	W15	W16	W17	Trend line
Suspected cases	2,982	3,412	3,552	3,095	3,209	3,688	4,172 *	3,729	
Suspected deaths	18	19	17	28	15	27	27	15	
CFR (%)	0.6	0.6	0.5	0.9	0.5	0.7	0.6	0.4	

*A delayed reporting was experienced during week 16-2025 and the number of suspected measles cases were modified from 4,169 to 4,172.

- The epi curve of suspected measles cases has shown a steady increase since the beginning of 2025, reaching its highest peak in week 16 with 4,172 reported cases. However, a slight decrease is noticed in the last week (Figure 1). The trend in 2025 is higher than the 3-year average (2022-2024) (Figure 2).
- During week 17-2025, a total of 3,729 suspected cases and 15 associated deaths (CFR=0.4%) were reported, which shows a 10.6% decrease in the number of suspected cases compared to the preceding week.
- Out of the total cases, 1,749 (46.9%) were females and 2,812 (75.4%) were under-five children.
- All of the 15 new deaths were under-five children, while 9 (60.0%) were females, reported from 5 provinces: Herat (6), Helmand (5), Badakhshan (2), Jawzjan (1), and Kabul (1).
- Since the beginning of 2025, 43,922 suspected measles cases and 279 associated deaths (CFR=0.6%) were reported. Out of total cases, 20,397 (46.4%) were females, while 35,092 (79.9%) 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 (39.4), followed by Nuristan (27.8), Jawzjan (25.3), and Urozgan (25.2) (Figure 3).

Figure 1. Weekly distribution of suspected measles cases in Afghanistan, 29 Dec 2024 to 26 Apr 2025 (N= 43,922)

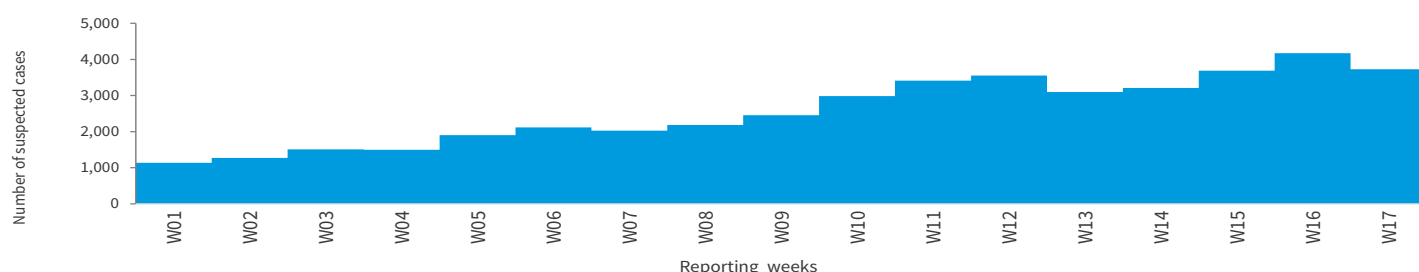




Figure 2. Comparison between the trends of suspected measles cases in 2025 vs 3-year average (2022-20224) and the endemic level

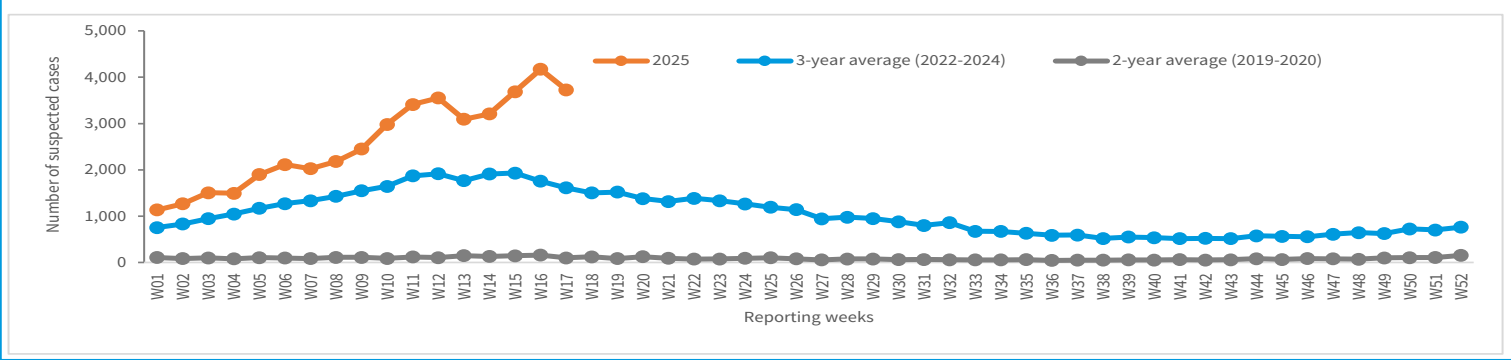
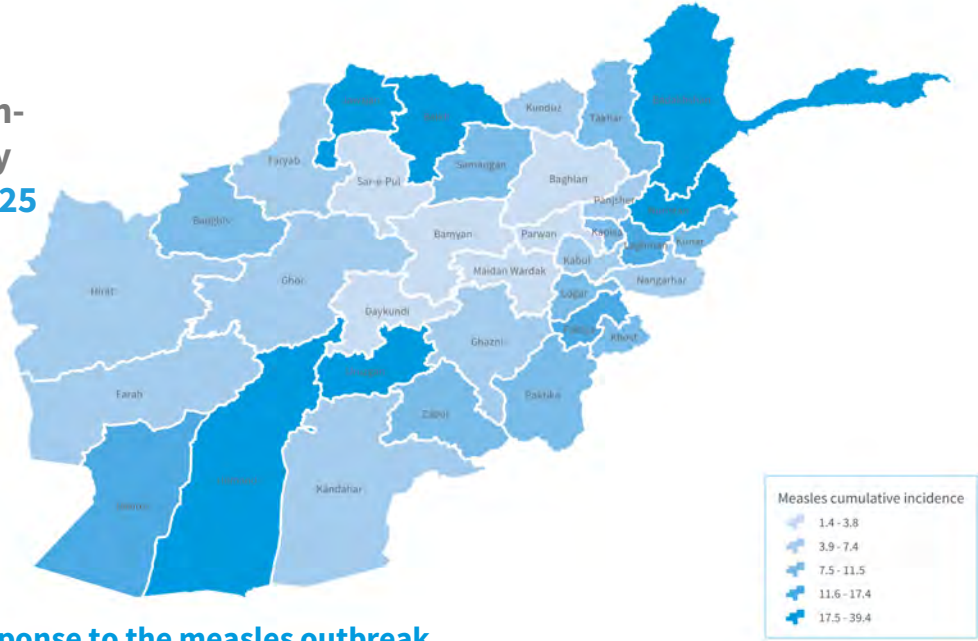


Figure 3. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 29 Dec 2024-26 Apr 2025

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Suspected measles cumulative incidence per 10,000 population by province 29 Dec 2024 – 26 Apr 2025



Updates on the preparedness and response to the measles outbreak

Since the beginning of 2025, the following activities have been conducted as a preparedness and response to measles outbreak:

- A total of 17,736 children aged 9-59 months have been vaccinated against measles as part of the outbreak response immunization activities across the country.
- A total of 180 measles case management kits have been distributed to 34 provinces across the country.
- An online measles awareness campaign has been conducted through World Health Organization (WHO) official social media accounts ([Facebook](#) and [X](#)), reaching approximately 12,342 individuals.

Acute Watery Diarrhea (AWD) with Dehydration

(29 Dec 2024-26 Apr 2025)

31,828
Total AWD with dehydration cases

11
Total AWD with dehydration deaths

2,146
Samples tested for AWD with dehydration (RDTs)

163
RDT-positive cases for AWD with dehydration

7.6%
RDT positivity rate for AWD with dehydration

Table 2: Summary of the AWD with dehydration outbreak in the last eight weeks in Afghanistan (02 Mar – 26 Apr 2025)

Indicators	W10	W11	W12	W13	W14	W15	W16	W17	Trend line
Number of cases	1,637	1,733	1,877	1,981	1,796	2,649	2,837	2,915	
Number of deaths	0	1	1	0	0	1	0	2	
CFR (%)	0.00	0.06	0.05	0.00	0.00	0.04	0.00	0.07	



- The epidemiological curve has shown a gradual increasing trend since week 08-2025, which coincide with the start of warmer weather (Figure 4).
- During week 17-2025, 2,915 AWD with dehydration cases with 2 associated deaths (CFR=0.07%) were reported from 168 districts, which shows a slight increase in the number of cases compared to the previous week.
- Among the two newly reported deaths, one was under-five child, while one was a female with one death reported from Badakhshan and the other from Nuristan provinces.
- Out of the 2,915 AWD with dehydration cases, 1,463 (50.2%) were females and 1,680 (57.6%) were under-five children.
- During week 17-2025, no new district reported alert of AWD with dehydration.
- Since Jan 2025, 31,828 cases of AWD with dehydration with 11 associated deaths (CFR = 0.03%) were reported. Out of total cases, 15,600 (49.0%) were females, while 18,708 (58.8%) were under-five children.
- Since Jan 2025, 2,146 Rapid Diagnostic Tests (RDT) have been conducted on AWD with dehydration cases, of which 163 tests turned positive (positivity rate 7.6%).
- Since the beginning of 2025, the highest cumulative incidence of AWD with dehydration per 10,000 population was reported from Nimroz (29.2), followed by Khost (23.9), Paktya (21.2), Farah (20.4), and Kabul (18.3) (Figure 5).

Figure 4. Weekly distribution of AWD with dehydration cases in Afghanistan 29 Dec 2024– 26 Apr 2025 (N=31,828)

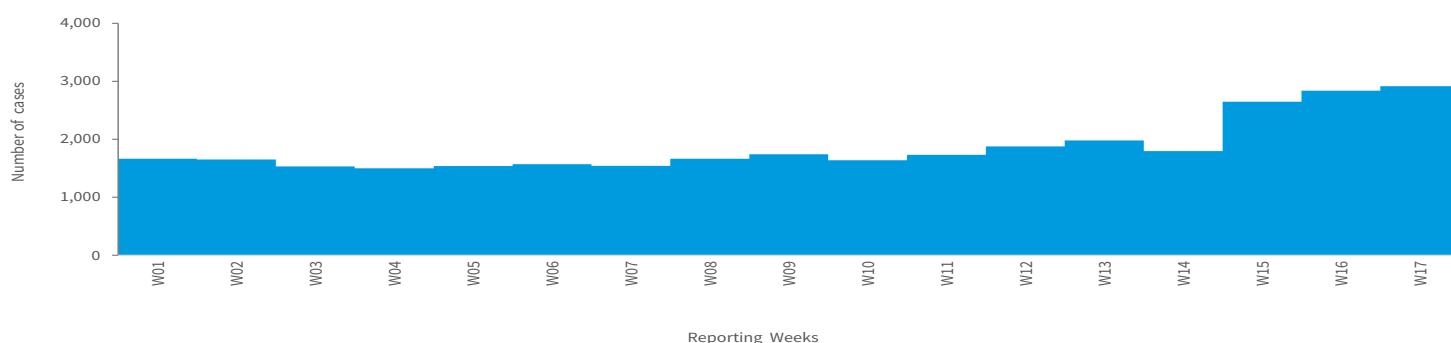
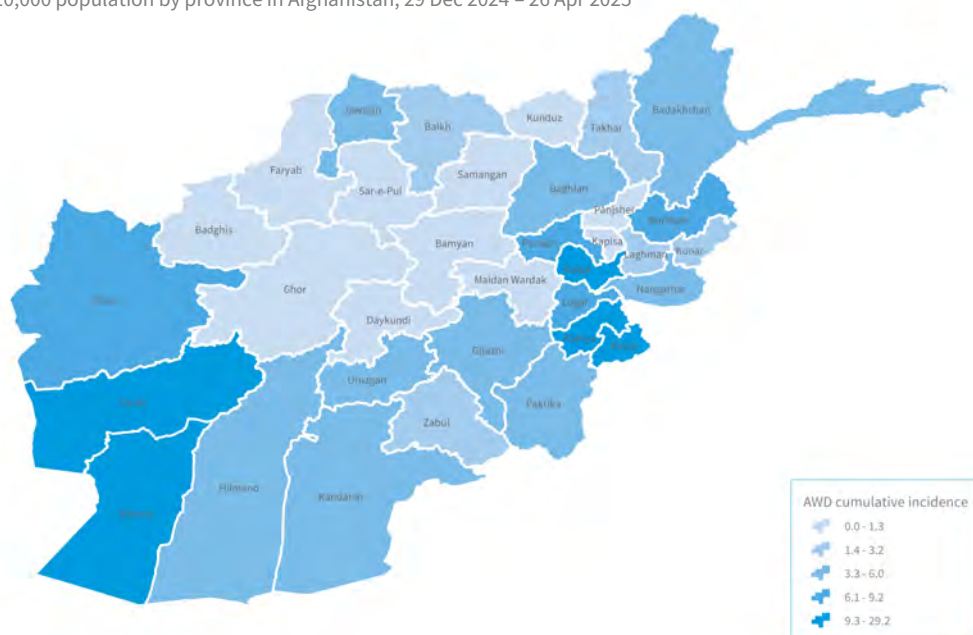


Figure 5. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 26 Apr 2025

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AWD with dehydration cumulative incidence per 10,000 population by province 29 Dec 2024 – 26 Apr 2025



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

- During week 17-2025, a total of 60 boxes (100 gloves/box) of gloves were distributed to Kabul surveillance office.
- Since the beginning of 2025, the following activities have been conducted as part of AWD with dehydration outbreak response activity:
 - A total of 300 AWD with dehydration case management kits have been distributed to 34 provinces across the country.
 - 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 44 National Disease Surveillance and Response (NDSR) staff, 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).

**WASH update:**

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

- 12,734 individuals in Kabul, Helmand, Logar, and Paktika provinces participated in hygiene promotion sessions.
- 7,400 individuals in Kandahar and Logar provinces received hygiene kits.

ARI-Pneumonia

(29 Dec 2024-26 Apr 2025)

***620,841**

Total ARI Cases

***1,373**

Total ARI Deaths

****1,458**

Samples tested for influenza

****135**

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 (02 Mar – 26 Apr 2025)

Indicators	W10	W11	W12	W13	W14	W15	W16	W17	Trend lines
Suspected cases	40,910	37,792	33,881	28,177	20,088	28,755	27,599	25,865	
Suspected deaths	92	81	72	65	41	68	44	54	
CFR (%)	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	

- The epi curve indicates a gradual downward trend in reported cases since week 06- 2025. However, a significant drop was observed in week 14, which could be attributed to Eid-ul-fitr holidays and health seeking behavior (Figures 6 & 7).
- During week 17-2025, 25,865 cases of ARI pneumonia and 54 associated deaths (CFR=0.2%) were reported, which shows a 6.3% decrease in the number of ARI pneumonia cases compared to the preceding week.
- Out of the total 25,865 cases, 12,696 (49.1%) were females while 16,928 (65.4%) were under-five children.
- During the reporting period, 30 samples were collected for influenza, out of which 2 resulted positive (positivity rate=6.7%).
- Since the beginning of 2025, 620,841 cases of ARI pneumonia and 1,373 associated deaths (CFR=0.2%) were reported. Out of total cases, 395,137 (63.6%) were under-five children, while 306,916 (49.4%) were females. Also, 1,458 samples have been tested for influenza, out of which 135 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 (332.0), followed by Kunar (308.8), Panjsher (304.8), and Samangan (273.7) provinces (Figure 8).

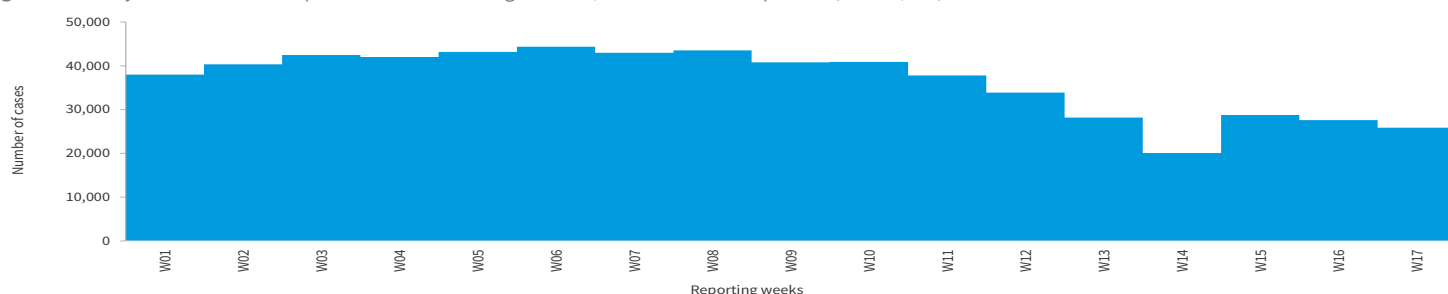
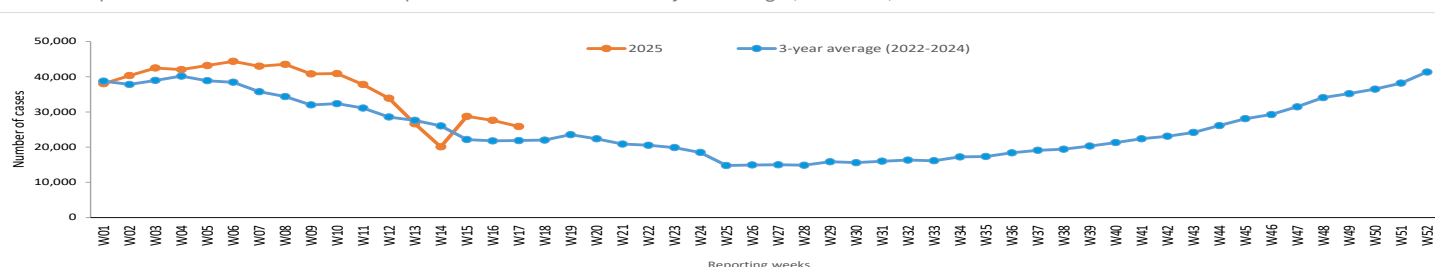
Figure 6. Weekly distribution of ARI pneumonia cases in Afghanistan, 29 Dec 2024 – 26 Apr 2025 (N= 620,841)**Figure 7.** Comparison between the trends of ARI pneumonia cases in 2025 vs 3-year average (2022-2024)

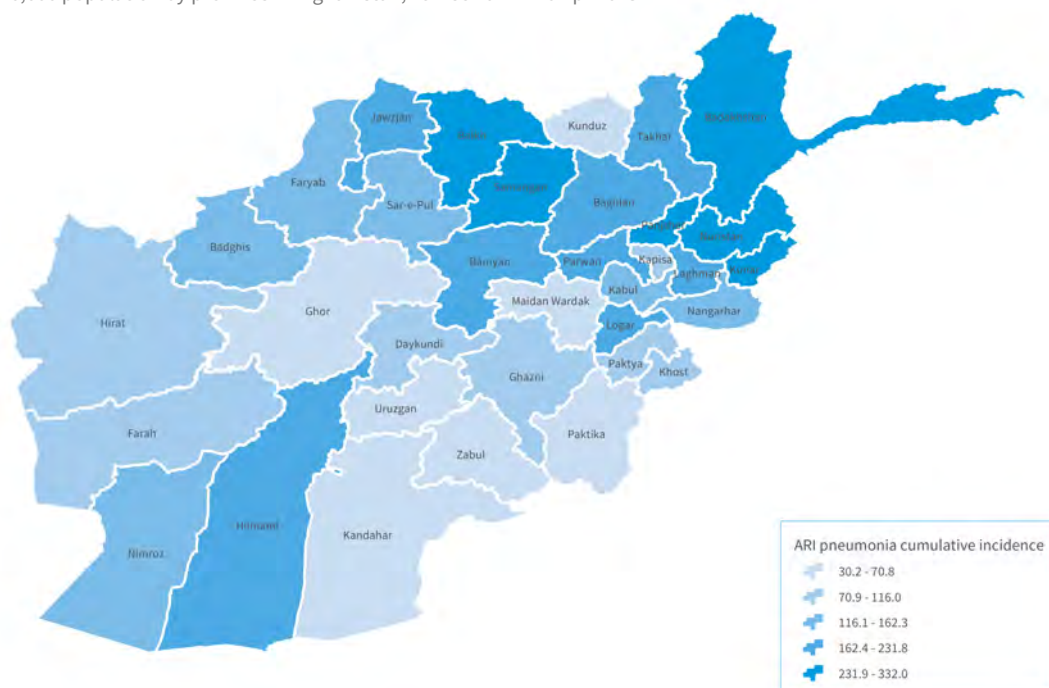


Figure 8. ARI-Pneumonia cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 26 Apr 2025

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ARI pneumonia cumulative incidence per 10,000 population by province

29 Dec 2024 — 26 Apr 2025



Updates on the response activities to the ARI outbreak

- Since the beginning of 2025, a total of 1,172 ARI pneumonia case management kits have been distributed to 34 provinces across the country.
- 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.

COVID-19

(24 Feb 2020 — 26 Apr 2025)

Cumulative samples tested

1,094,444

In public laboratories

New samples tested in week 17



1,008

In public laboratories

-18.2%

Cumulative confirmed cases

245,276

Cumulative positivity rate (22.4%)

New confirmed cases in week 17



25

Weekly positivity rate (2.5%)

-28.6%

Cumulative confirmed deaths

8,052

CFR (3.3%)

New confirmed deaths in week 17



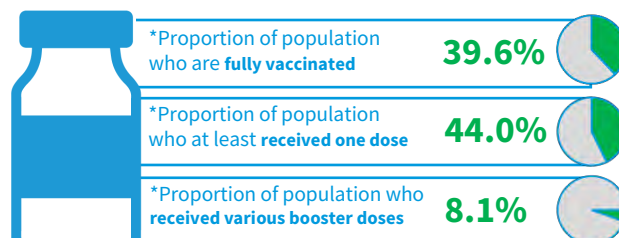
0

Week 17 CFR (0.0%)

0.0%

Key: ● Increasing ● Decreasing ● No change

COVID-19 Vaccination highlights



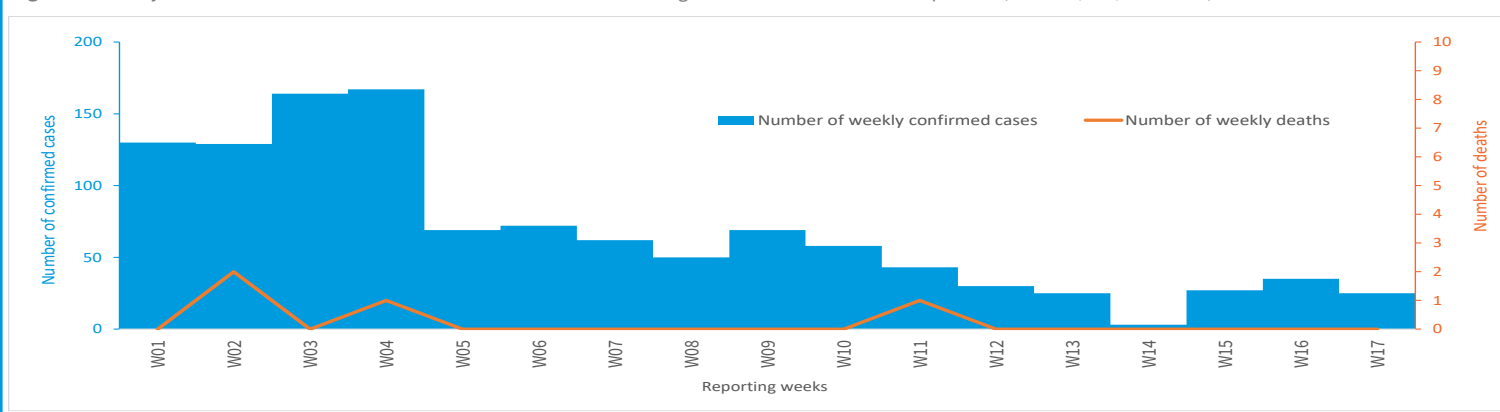
* The denominator is 43,100,596 based on OCHA estimation 2024

**Table 4:** Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (02 Mar – 26 Apr 2025)

Indicators	W10	W11	W12	W13	W14	W15	W16	W17	Trend line
Samples tested (in public Labs)	1,566	1,359	1,095	1,260	168	1,087 *	1,232 *	1,008	
Confirmed cases	58	43	30	25	3	27 *	35 *	25	
Percent positivity (%)	3.7	3.2	2.7	2.0	1.8	2.5	2.8	2.5	
Deaths	0	1	0	0	0	0	0	0	
CFR (%)	0.0	2.3	0.0	0.0	0.0	0.0	0.0	0.0	

*A delayed reporting was experienced during weeks 15 and 16-2025, and the number of tested samples were revised from 968 to 1,087, and from 996 to 1,232, and the number of confirmed cases from 26 to 27 and from 30 to 35, respectively.

- The epidemiological curve of confirmed COVID-19 cases indicate a gradual declines since week 9-2025 (Figure 9). However, a significant drop was observed in week 14, which could be attributed to Eid-ul-Fitr holidays and health seeking behavior, despite the labs being functional.
- During week 17-2025, a total of 1,008 samples were tested in public labs, of which 25 samples were positive for COVID-19 (positivity rate 2.5%), with no associated deaths reported (Table 4).
- Since the beginning of 2025, 1,158 confirmed cases of COVID-19 and 4 associated deaths (CFR=0.3%) were reported. Out of the total cases, 536 (46.3%) were females.

Figure 9. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 29 Dec 2024 – 26 Apr 2025 (cases=1,158, deaths=4)

Updates on the response activities to the COVID-19 outbreak

- During week 17-2025, a total of 50 COVID-19 sample collection kits were distributed to Kabul surveillance office.
- 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 2024-26 Apr 2025)



213
Total Cases



0
Total Deaths

27
Sample tested

24 By PCR
3 By NS1

6
Lab confirmed cases

3 By PCR
3 By NS1



22.2%
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 Mar – 26 Apr 2025)

Indicators	W10	W11	W12	W13	W14	W15	W16	W17	Trend line
Suspected cases	1	5	11	1	3	17	43	35	
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 the last 3 consecutive weeks (Figures 10 & 11).
- During week 17-2025, 35 suspected cases of dengue fever with no associated deaths were reported from 2 provinces, Nangarhar (31), and Laghman (4). Out of total 35 new cases, 34 (97.1%) were over-five, while 21 (60.0%) were females.
- Since the beginning of 2025, 213 suspected dengue fever cases, with no associated deaths were reported from 6 provinces (Nangarhar, Laghman, Kunar, Kabul, Ghazni, and Paktya). Out of total cases, 209 (98.1%) were over-five, while 106 (49.8%) were females.
- Since the beginning of 2025, a total of 27 samples have been tested, out of which 6 were positive (positivity rate 22.2%). The geographical distribution of suspected dengue fever cases and the 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– 26 Apr 2025, (N=213)

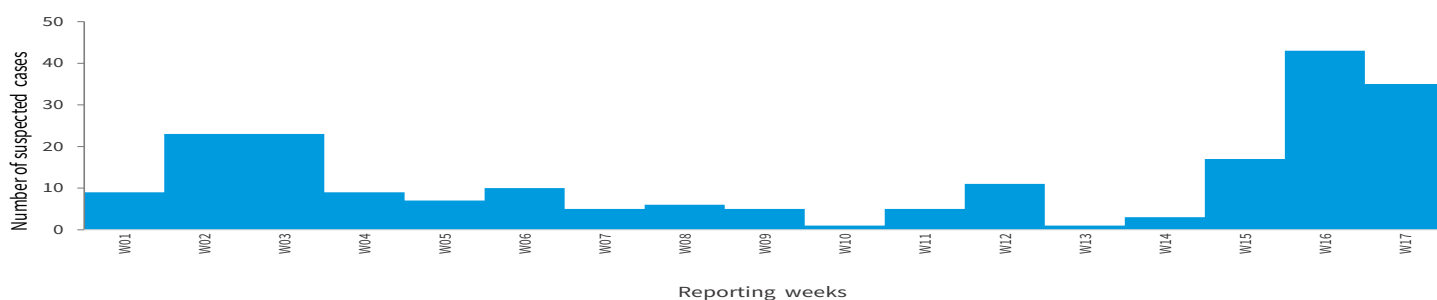


Figure 11. Comparison between the trends of suspected dengue fever cases in 2025 vs 3-year average (2022-2024)

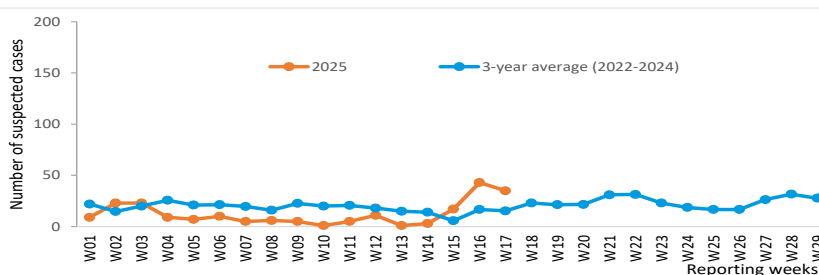
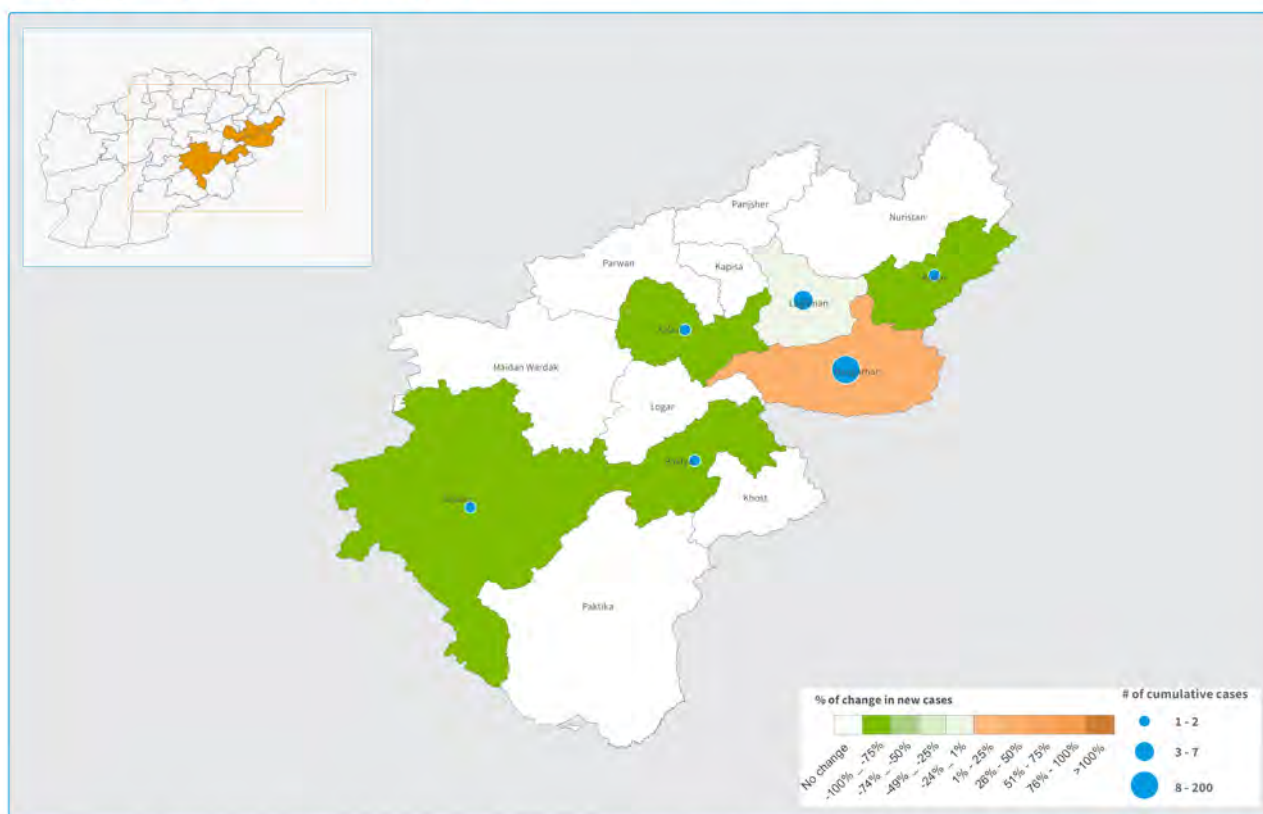


Figure 12. Geographical distribution of suspected dengue fever cases and percent change of new cases in Nangarhar province, 29 Dec 2024– 26 Apr 2025



Geographical distribution of cumulative cases of suspected dengue fever and weekly percent of changes (between weeks 16 and 17, 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: 26 Apr 2025.

Crimean Congo Hemorrhagic Fever (CCHF)

(29 Dec 2024-26 Apr 2025)



133

Total CCHF cases



7

Total CCHF deaths



110

Samples tested for CCHF



32

Lab-confirmed CCHF cases



29.1%

CCHF test positivity rate

Table 6: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (02 Mar – 26 Apr 2025)

Indicators	W10	W11	W12	W13	W14	W15	W16	W17	Trend line
Suspected cases	10	2	12	6 *	7 *	11	14	32	
Suspected deaths	0	0	0	0	0	1	2 *	2	
CFR (%)	0.0	0.0	0.0	0.0	0.0	9.1	14.3	6.3	

- *A delayed reporting was experienced during weeks 13, 14 and 16-2025, and the number of suspected CCHF cases was revised from 5 to 6 in week 13, from 3 to 7 in week 14 and the number of deaths from 1 to 2 in week 16.
- The epi-curve of suspected CCHF cases shows a gradual increase since week 15-2025, with a significant increase in this week (Figures 13 & 14).
 - During week 17-2025, 32 new suspected CCHF cases and 2 deaths (CFR= 6.3%) were reported compared to 14 cases in the previous week (Table 6). All the new cases were over-five-year-old, while 9 (28.1%) of them were females reported from 7 provinces [Kabul (19), Kandahar (4), Balkh (3), Kapisa (2), Nangarhar (2), Badakhshan (1), and Takhar (1)].
 - The new 2 deaths were both over-five, males reported from Kabul province.
 - Since the beginning of 2025, a total of 133 suspected CCHF cases, with 7 associated deaths (CFR=5.3%), were reported. Out of total 133 cases, 131 (98.5%) were over-five, while 47 (35.3%) were females. Also, 110 samples have been tested, 32 of them were positive (positivity rate = 29.1%).
 - Since the beginning of 2025, the highest cumulative incidence of suspected CCHF per 100,000 population is reported from Kabul (1.12), followed by Kapisa (0.89), Jawzjan (0.85), Nangarhar (0.56), and Kandahar (0.47) (Figure 15).

Figure 13. Weekly distribution of suspected CCHF cases in Afghanistan 29 Dec 2024 – 26 Apr 2025, (N=133)

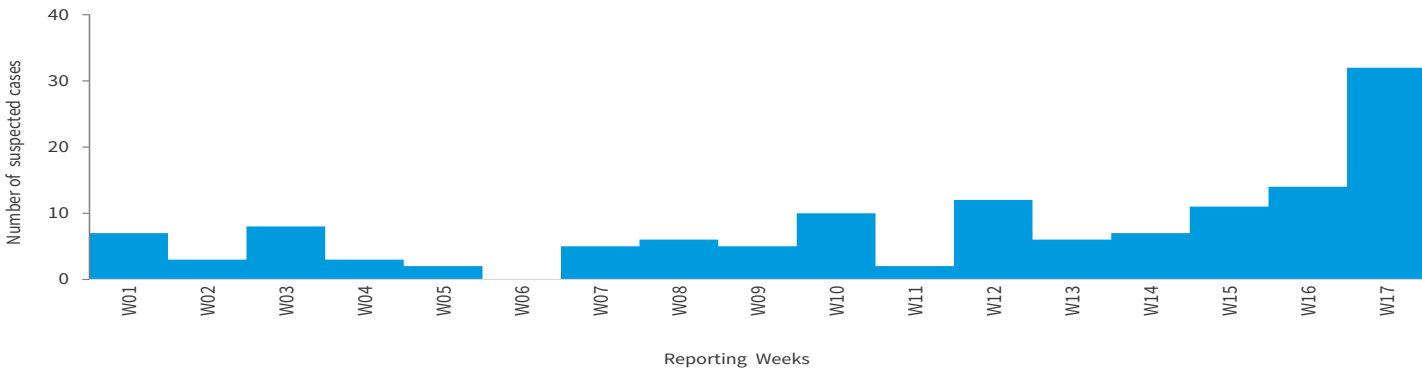


Figure 14. Comparison between the trends of suspected CCHF cases in 2025 vs 3-year average (2022-2024)

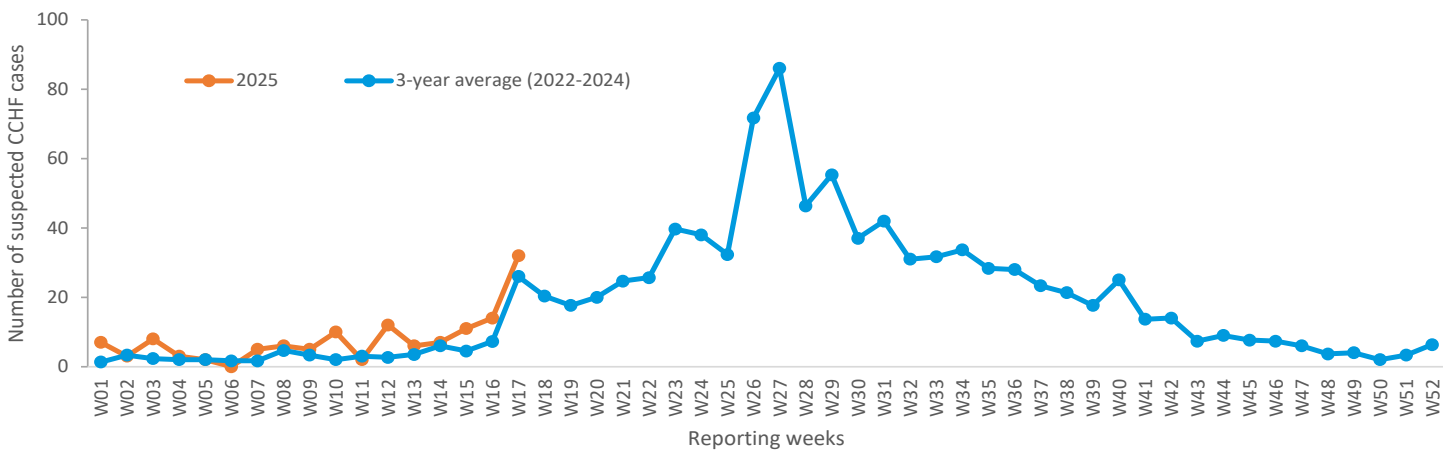
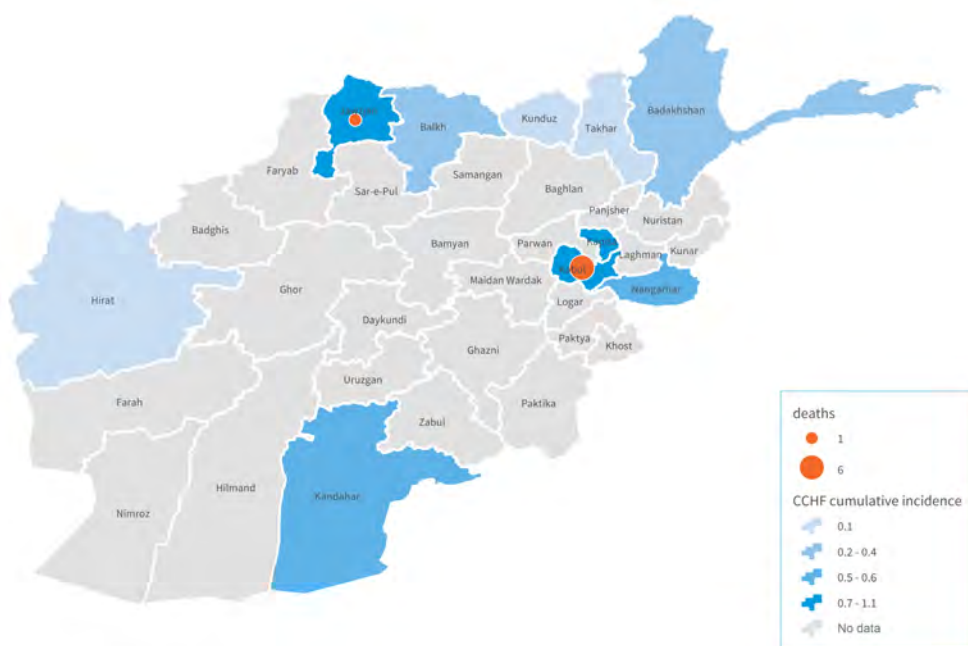




Figure 15. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 29 Dec 2024 – 26 Apr 2025

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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 2024-26 Apr 2025



Updates on the response to the CCHF outbreak

Since the beginning of 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 technicians 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 2024-26 Apr 2025)



4,753

Total confirmed
Malaria Cases



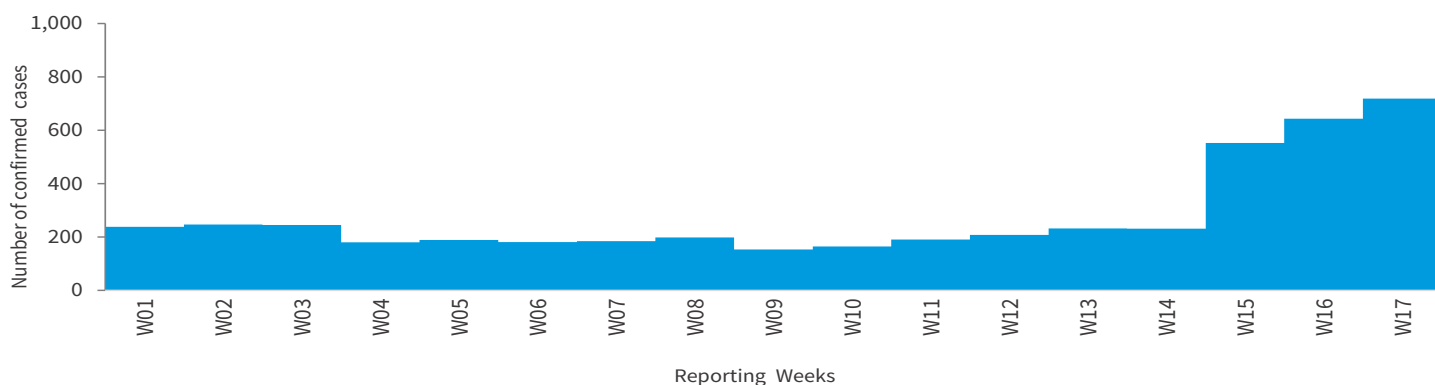
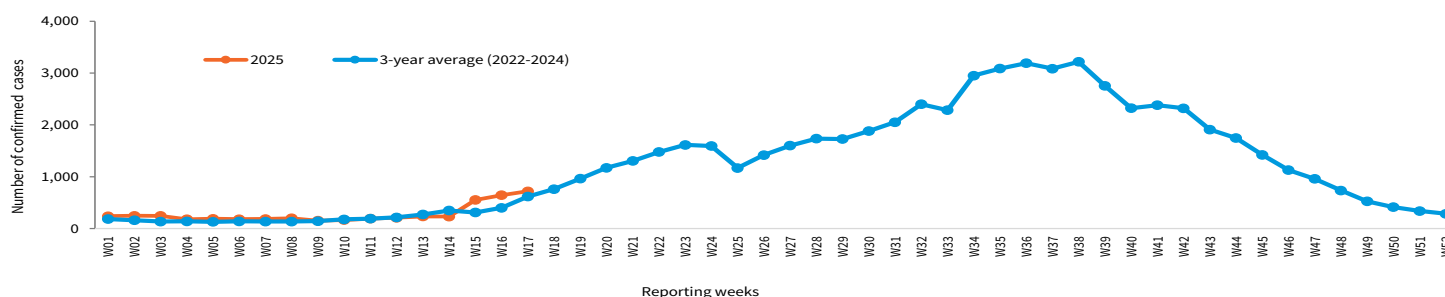
0 (0.0)

Total malaria
deaths (CFR %)

Table 7: Summary of the malaria outbreak in the last eight weeks in Afghanistan (02 Mar – 26 Apr 2025)

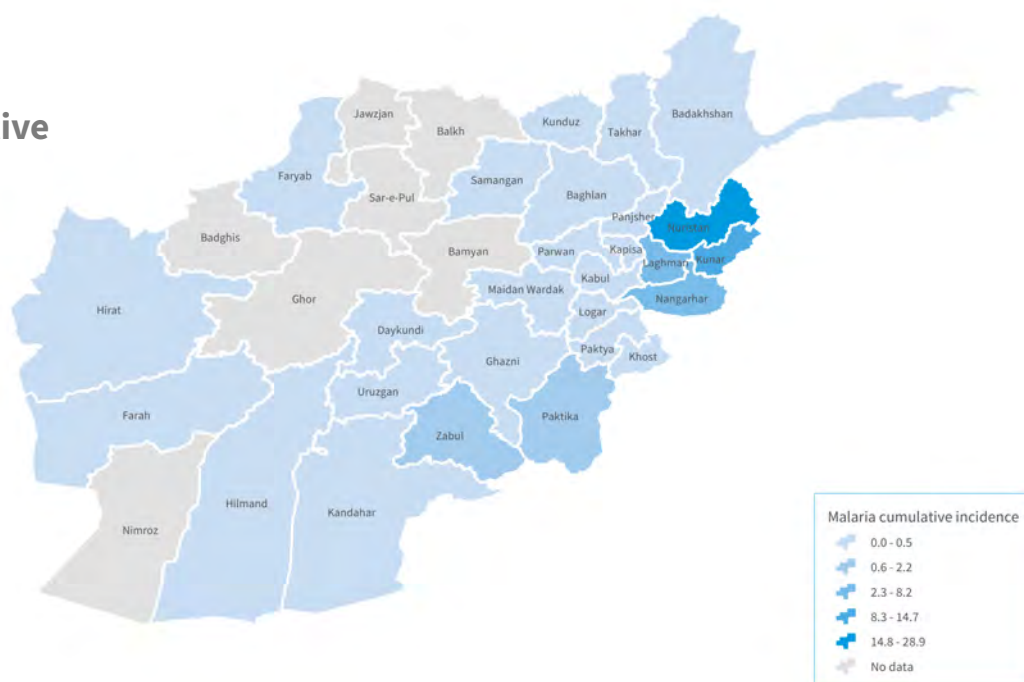
Indicators	W10	W11	W12	W13	W14	W15	W16	W17	Trend line
Confirmed cases	164	190	208	232	231	552	643	718	
Confirmed deaths	0	0	0	0	0	0	0	0	
CFR (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

- The epi curve of malaria cases shows a gradual increase since week 10-2025, however, a significant increase is noticed in the last 3 weeks. The trend is closely following the 3-year average (2022-2024) (Figures 16 & 17).
- During week 17-2025, 718 cases with no associated deaths were reported from 19 provinces. Out of the total cases, 295 (41.1%) were females and 135 (18.8%) were under-five children.
- Since the beginning of 2025, 4,753 confirmed malaria cases with no associated deaths have been reported. Out of total 4,753 cases, 2,116 (44.5%) were females and 767 (16.1%) were under-five children.
- Since the beginning of 2025, the highest cumulative incidence of malaria per 10,000 population was reported from Nuristan (28.9) followed by Kunar (14.7), Laghman (8.2), and Nangarhar (6.7) (Figure 18).

**Figure 16.** Weekly distribution of malaria cases in Afghanistan 29 Dec 2024–26 Apr 2025 (N=4,753)**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 – 26 Apr 2025

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Confirmed malaria cumulative
Incidence per 10,000
population by province
29 Dec 2024 – 26 Apr 2025



Note: MOPH is the source of epidemiological data

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

Contact us for further information:

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