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INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #19-2025

No. 19 (04 – 10 May 2025)

Disease Outbreaks	 Measles (Suspected)	 AWD with dehydration	 ARI-Pneumonia	 COVID-19 (Confirmed)	 Dengue fever (Suspected)	 CCHF (Suspected)	 Malaria (Confirmed)
Cumulative cases 2025	51,571	38,192	670,325	1,244	304	213	6,653
Cumulative deaths 2025 (CFR %)	336 (0.7)	12 (0.03)	1,470 (0.2)	4 (0.3)	0 (0.0)	10 (4.7)	0 (0.0)

Data from 611 (99.7%) out of 613 sentinel sites

Measles

(29 Dec 2024-10 May 2025)

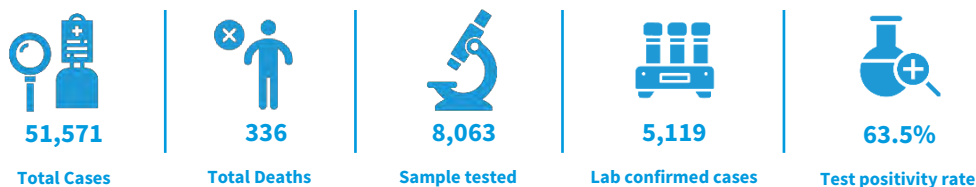

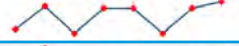



Table 1: Summary of the measles outbreak in the last eight weeks in Afghanistan (16 Mar – 10 May 2025)

Indicators	W12	W13	W14	W15	W16	W17	W18	W19	Trend line
Suspected cases	3,552	3,095	3,209	3,688	4,172	3,729	3,905	3,744	
Suspected deaths	17	28	15	27	27	15	27	30	
CFR (%)	0.5	0.9	0.5	0.7	0.6	0.4	0.7	0.8	

- 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 (Figure 1). The trend in 2025 is higher than the 3-year average (2022–2024) (Figure 2).
- During week 19-2025, a total of 3,744 suspected cases and 30 associated deaths (CFR=0.8%) were reported, which shows a slight decrease in the number of suspected cases compared to the preceding week.
- Out of the total cases, 1,842 (49.2%) were females and 2,821 (75.3%) were under-five children.
- All of 30 new deaths were under-five children, while 18 (60.0%) were females, reported from 9 provinces: Herat (11), Helmand (6), Badakhshan (3), Jawzjan (3), Kabul (2), Khost (2), Farah (1), Kandahar (1), and Kunar (1).
- Since the beginning of 2025, 51,571 suspected measles cases and 336 associated deaths (CFR=0.7%) were reported. Out of total cases, 24,066 (46.7%) were females, while 40,849 (79.2%) 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 (46.6), followed by Nuristan (34.3), Badakhshan (28.9), Jawzjan (28.9), and Urozgan (27.6) (Figure 3).

Figure 1. Weekly distribution of suspected measles cases in Afghanistan, 29 Dec 2024 to 10 May 2025 (N= 51,571)

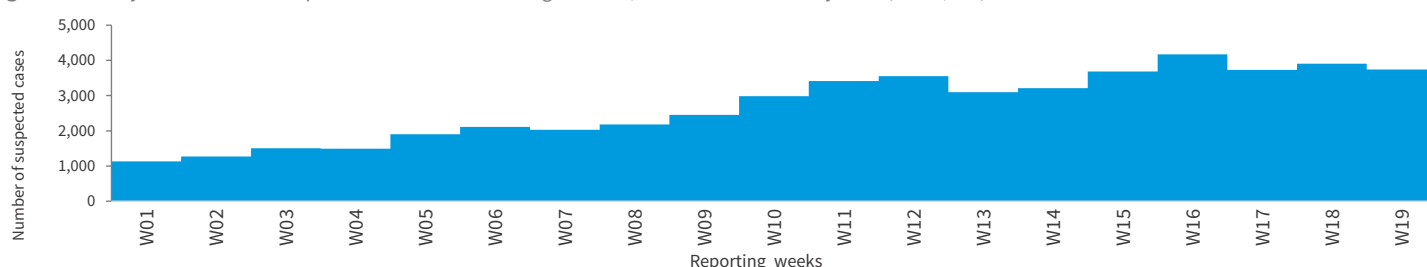


Figure 2. Comparison between the trends of suspected measles cases in 2025 vs 3-year average (2022-20224) and the endemic level

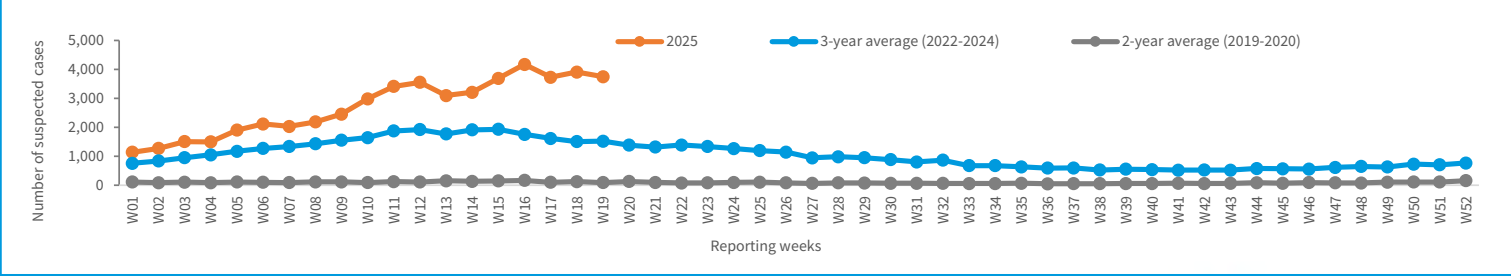
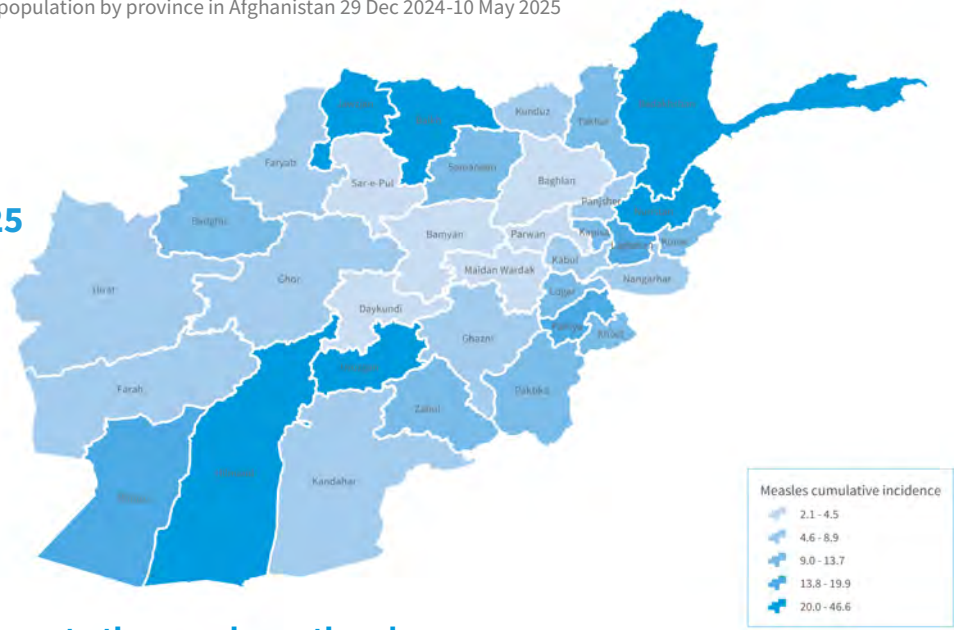


Figure 3. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 29 Dec 2024-10 May 2025

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




Updates on the preparedness and response to the measles outbreak


- During week 19-2025, a total of 615 children aged 9-59 months were vaccinated against measles as part of the outbreak response in 9 provinces (Kabul, Wardak, Helmand, Urozgan, Paktya, Paktika, Jawzjan, Takhar and Nuristan). This brings the number of children aged 9-59 months vaccinated against measles as part of outbreak response immunization activities to 19,522 across the country since the beginning of 2025.
- During week 19-2025, an online measles awareness campaign was conducted through World Health Organization (WHO) official social media accounts ([Facebook](#) and [X](#)), reaching approximately 20,573 individuals.
- 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 2024-10 May 2025)




38,192
Total AWD with dehydration cases




12
Total AWD with dehydration deaths



2,667
Samples tested for AWD with dehydration (RDTs)

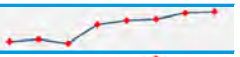




211
RDT-positive cases for AWD with dehydration



7.9%
RDT positivity rate for AWD with dehydration

Table 2: Summary of the AWD with dehydration outbreak in the last eight weeks in Afghanistan (16 Mar – 10 May 2025)

Indicators	W12	W13	W14	W15	W16	W17	W18	W19	Trend line
Number of cases	1,877	1,981	1,796	2,649	2,837	2,900	3,160	3,219	
Number of deaths	1	0	0	1	0	2	0	1	
CFR (%)	0.05	0.00	0.00	0.04	0.00	0.07	0.00	0.03	



- 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 19-2025, 3,219 AWD with dehydration cases with one associated deaths were reported from 183 districts, which shows a slight increase in the number of cases compared to the previous week.
- The new reported death was a male, under-five-child, reported from Badakhshan province.
- Out of the 3,219 AWD with dehydration cases, 1,621 (50.4%) were females and 1,892 (58.8%) were under-five children.
- During week 19-2025, no new district reported alert of AWD with dehydration.
- Since Jan 2025, 38,192 cases of AWD with dehydration with 12 associated deaths (CFR = 0.03%) were reported. Out of total cases, 18,755 (49.1%) were females, while 22,368 (58.6%) were under-five children.
- Since Jan 2025, 2,667 Rapid Diagnostic Tests (RDT) have been conducted on AWD with dehydration cases, of which 211 tests turned positive (positivity rate 7.9%).
- Since the beginning of 2025, the highest cumulative incidence of AWD with dehydration per 10,000 population was reported from Nimroz (36.3), followed by Khost (27.7), Paktya (25.1), Farah (23.1), and Kabul (21.2) (Figure 5).

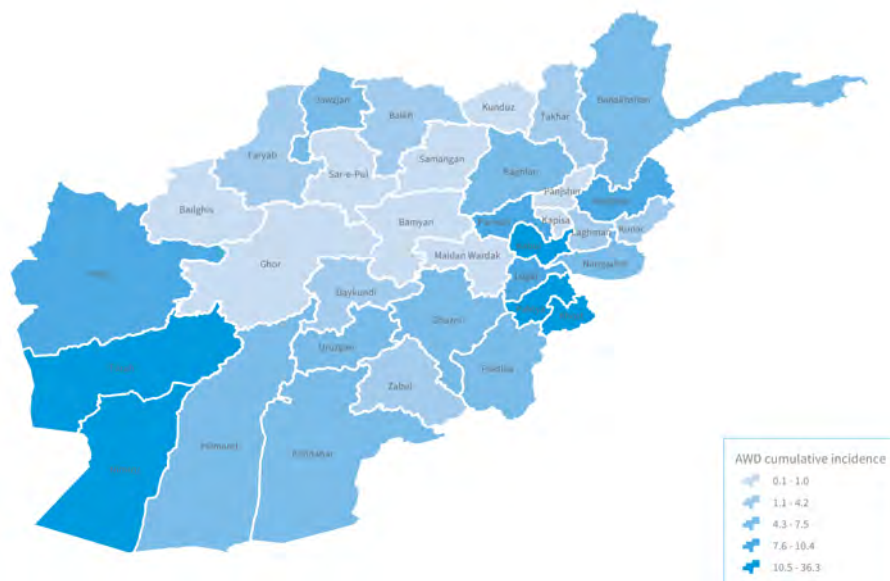
Figure 4. Weekly distribution of AWD with dehydration cases in Afghanistan 29 Dec 2024– 10 May 2025 (N=38,192)



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

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AWD with dehydration cumulative incidence per 10,000 population by province 29 Dec 2024 – 10 May 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 30 HCWs including 7 females from East region have been trained on AWD with dehydration case management.
- 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).
- A total of 60 boxes (100 gloves/box) of gloves have been distributed to Kabul surveillance office.

WASH update:

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

- 4,914 individuals in Kabul and Paktika provinces participated in hygiene promotion sessions.
- 2,899 individuals in Kabul province received hand washing soap.
- Provision of clean drinking water by construction and rehabilitation of deep boreholes with solar powered piped system in three provinces (Nangarhar, Farah, and Nimroz).

ARI-Pneumonia
(29 Dec 2024-10 May 2025)

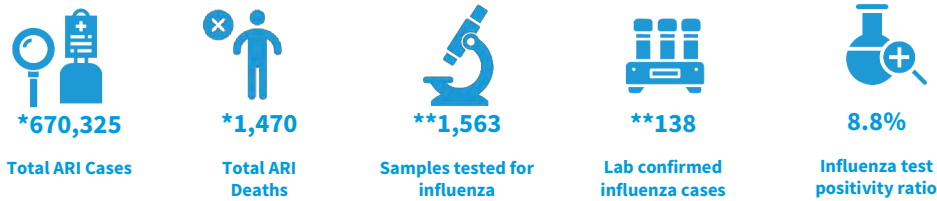





Table 3: Summary of the ARI-Pneumonia outbreak in the last eight weeks in Afghanistan (16 Mar – 10 May 2025)

Indicators	W12	W13	W14	W15	W16	W17	W18	W19	Trend lines
Suspected cases	33,881	28,177	20,088	28,755	27,599	25,866	25,747	23,736	
Suspected deaths	72	65	41	68	44	55	52	44	
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 (Figures 6 & 7).
- During week 19-2025, 23,736 cases of ARI pneumonia and 44 associated deaths (CFR=0.2%) were reported, which shows a 7.8% decrease in the number of ARI pneumonia cases compared to the preceding week.
- Out of the total 23,736 cases, 12,026 (50.7%) were females while 14,996 (63.2%) were under-five children.
- During the reporting period, 35 samples were collected for influenza, out of which 1 resulted positive (positivity rate=2.9%).
- Since the beginning of 2025, 670,325 cases of ARI pneumonia and 1,470 associated deaths (CFR=0.2%) were reported. Out of total cases, 426,486 (63.6%) were under-five children, while 331,295 (49.4%) were females. Also, 1,563 samples have been tested for influenza, out of which 138 were positive (positivity rate = 8.8%).
- Since the beginning of 2025, the highest cumulative incidence of ARI pneumonia per 10,000 population has been reported in Nuristan (366.2), followed by Kunar (329.9), Panjsher (328.4), and Samangan (302.0) provinces (Figure 8).

Figure 6. Weekly distribution of ARI pneumonia cases in Afghanistan, 29 Dec 2024 – 10 May 2025 (N= 670,325)

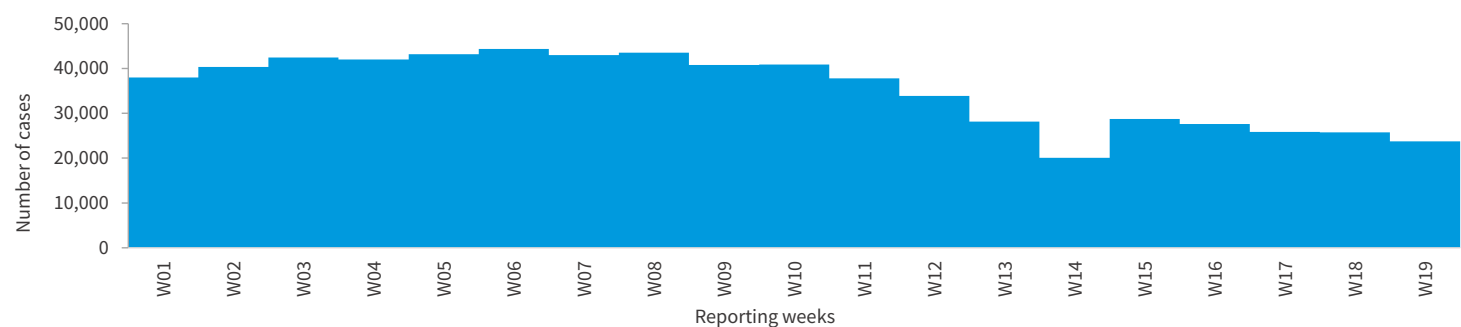
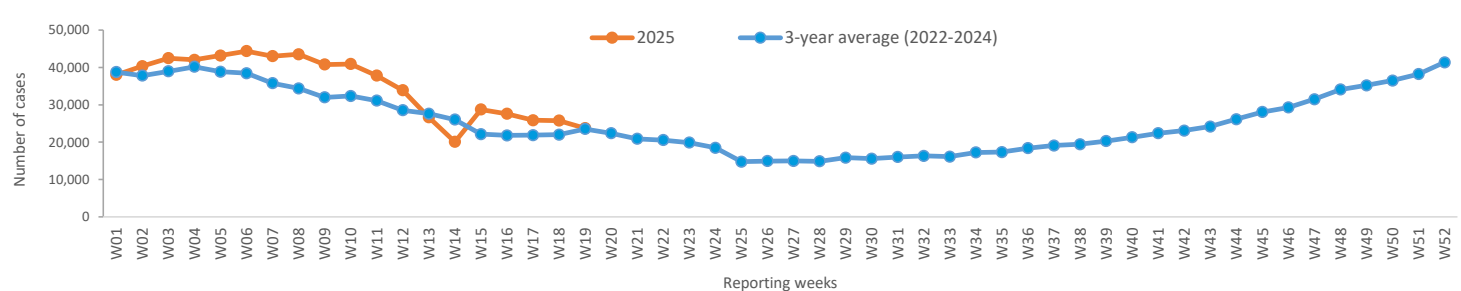


Figure 7. Comparison between the trends of ARI pneumonia cases in 2025 vs 3-year average (2022-2024)



^{*}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.

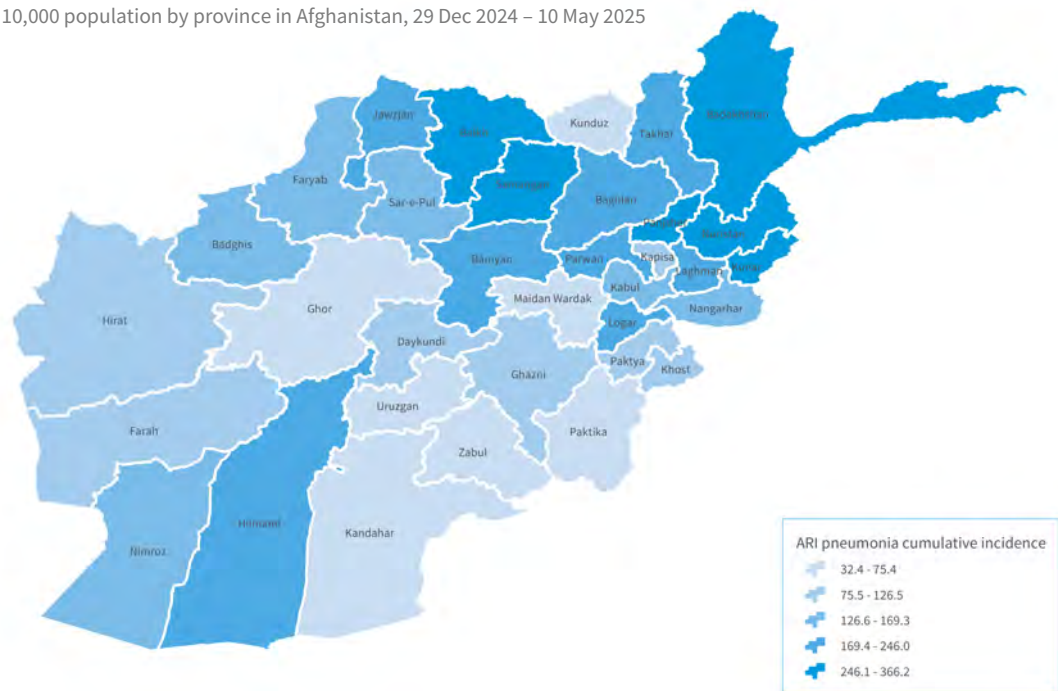


Figure 8. ARI-Pneumonia cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 10 May 2025

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ARI pneumonia cumulative incidence per 10,000 population by province

29 Dec 2024 —10 May 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 — 10 May 2025)

Cumulative samples tested
1,096,026
In public laboratories

New samples tested in week 19

532
In public laboratories

-40.4%

Cumulative confirmed cases
245,362
Cumulative positivity rate (22.4%)

New confirmed cases in week 19

18
Weekly positivity rate (3.4%)

-70.0%

Cumulative confirmed deaths
8,052
CFR (3.3%)

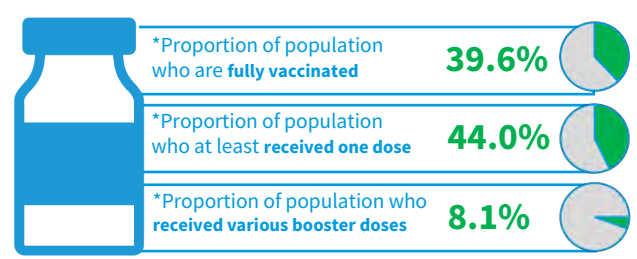
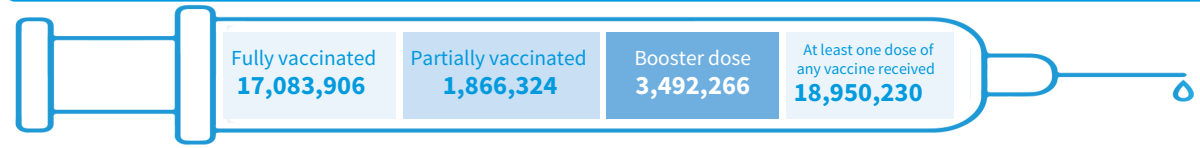
New confirmed deaths in week 19

0
Week 19 CFR (0.0%)

0.0%

Key: ● Increasing ● Decreasing ● No change

COVID-19 Vaccination highlights



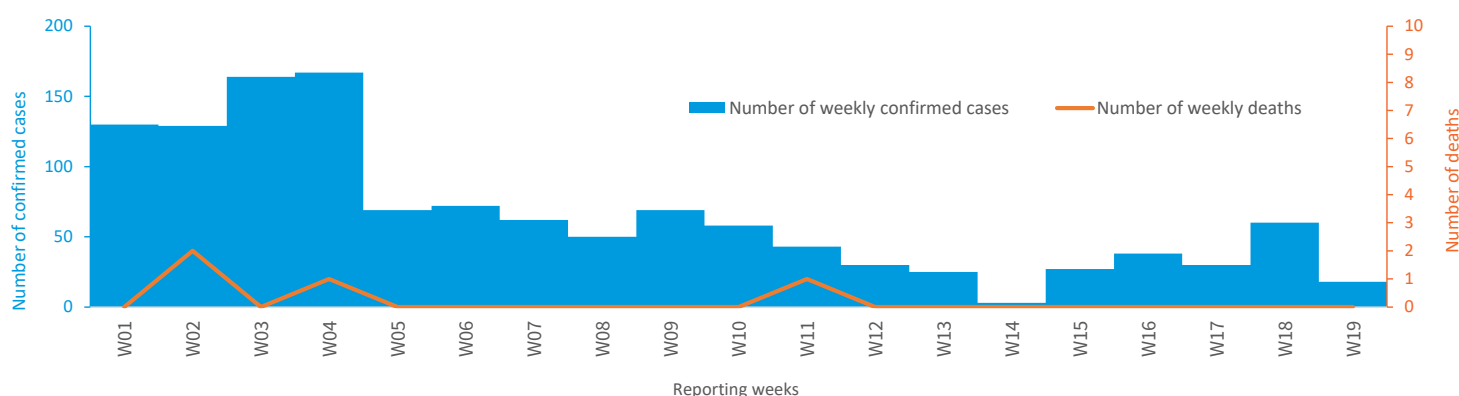
* The denominator is 43,100,596 based on OCHA estimation 2024

**Table 4:** Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (16 Mar – 10 May 2025)

Indicators	W12	W13	W14	W15	W16	W17	W18	W19	Trend line
Samples tested (in public Labs)	1,095	1,260	168	1,087	1,280	1,117	893 *	532	
Confirmed cases	30	25	3	27	38	30	60 *	18	
Percent positivity (%)	2.7	2.0	1.8	2.5	3.0	2.7	6.7	3.4	
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	

*Delayed reporting was experienced during weeks 18-2025 and the number of tested samples and confirmed cases were revised from 778 to 893, and from 52 to 60, respectively.

- The epidemiological curve of confirmed COVID-19 cases indicates a gradual decline since week 9-2025 (Figure 9).
- During week 19-2025, a total of 532 samples were tested in public labs, of which 18 samples were positive for COVID-19 (positivity rate 3.4%), with no associated deaths reported (Table 4).
- Since the beginning of 2025, 1,244 confirmed cases of COVID-19 and 4 associated deaths (CFR=0.3%) were reported. Out of the total cases, 572 (46.0%) were females.

Figure 9. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 29 Dec 2024 – 10 May 2025 (cases=1,244, deaths=4)

Updates on the response activities to the COVID-19 outbreak

- Since the beginning of 2025, a total of 50 COVID-19 sample collection kits have been 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 2024-10 May 2025)



304
Total Cases



0
Total Deaths

35
*Sample tested

32 **3**
By PCR By NS1

7
Lab confirmed cases

4 **3**
By PCR By NS1



20.0%
Test positivity ratio

Table 5: Summary of the dengue fever outbreak in the last eight weeks in Afghanistan (16 Mar – 10 May 2025)

Indicators	W12	W13	W14	W15	W16	W17	W18	W19	Trend line
Suspected cases	11	1	3	17	43	35	33	58	
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	

*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



- The epi curve of suspected dengue fever cases shows a gradual increase since week 15 which could be attributed to the summer season and warmer temperature in the East region (Figures 10 & 11).
- During week 19-2025, 58 suspected cases of dengue fever with no associated deaths were reported from 2 provinces, Nangarhar (57), and Kunar (1). Out of total 58 new cases, 55 (94.8%) were over-five, while 24 (41.4%) were females.
- Since the beginning of 2025, 304 suspected dengue fever cases, with no associated deaths were reported from 6 provinces (Nangarhar, Laghman, Kunar, Kabul, Ghazni, and Paktya). Out of total cases, 297 (97.7%) were over-five, while 143 (47.0%) were females.
- Since the beginning of 2025, a total of 35 samples have been tested, out of which 7 were positive (positivity rate 20.0%). 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– 10 May 2025, (N=304)

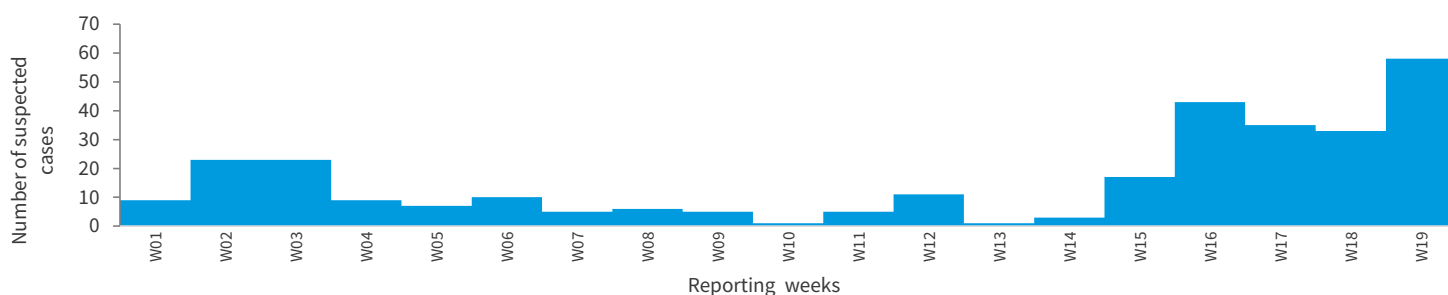


Figure 11. Comparison between the trends of suspected dengue fever cases in 2025 vs 3-year average (2022-2024)

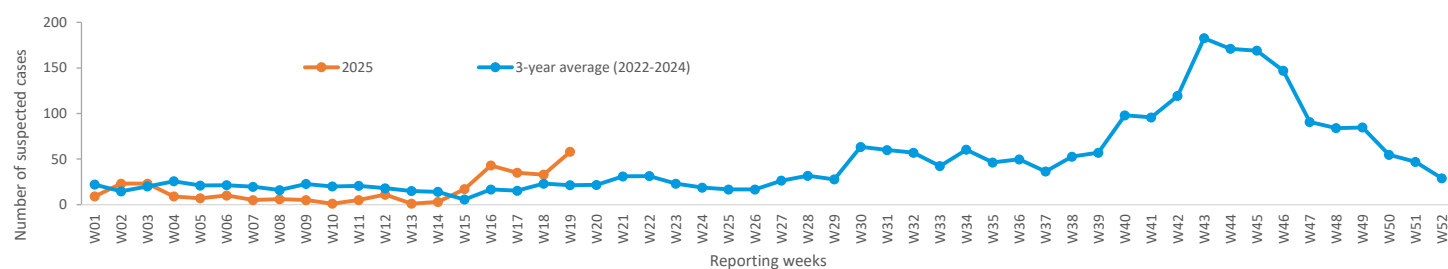
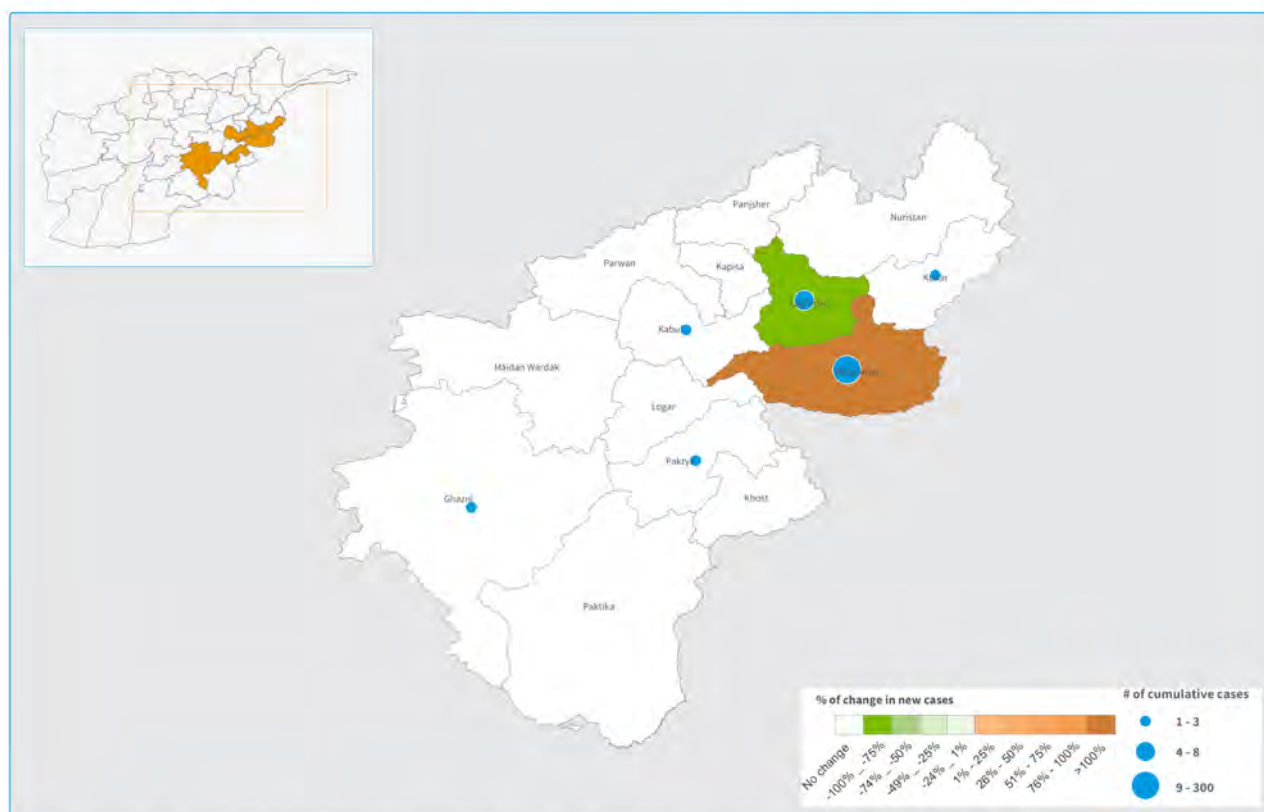


Figure 12. Geographical distribution of suspected dengue fever cases and percent change of new cases in East region, 29 Dec 2024 – 10 May 2025



Geographical distribution of cumulative cases of suspected dengue fever and weekly percent of changes (between weeks 18 and 19, 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: 10 May 2025.



Crimean Congo Hemorrhagic Fever (CCHF)

(29 Dec 2024-10 May 2025)



213
Total CCHF
cases



10
Total CCHF
deaths



177
Samples tested
for CCHF



46
Lab-confirmed
CCHF cases



26.0%
CCHF test positivity
rate

Table 6: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (16 Mar – 10 May 2025)

Indicators	W12	W13	W14	W15	W16	W17	W18	W19	Trend line
Suspected cases	12	6	7	11	14	32	45	35	
Suspected deaths	0	0	0	1	2	2	1 *	2	
CFR (%)	0.0	0.0	0.0	9.1	14.3	6.3	2.2	5.7	

*Delayed reporting was experienced during week 18-2025, and the number of deaths was revised from zero to one.

- The epi-curve of suspected CCHF cases shows a gradual increase since week 15-2025 warranting close monitoring as we approach Eid al-Adha (Figures 13 & 14).
- During week 19-2025, 35 new suspected CCHF cases with 2 associated deaths (CFR=5.7) were reported compared to 45 cases in the previous week (Table 6).
- All the new cases were over-five-year-old, while 10 (28.6%) of them were females reported from 8 provinces [Kabul (21), Balkh (6), Kandahar (2), Nangarhar (2), Herat (1), Kapisa (1), Kunduz (1), and Takhar (1)].
- Both of the new deaths were over-five-years, females, reported from Herat (1) and Kunduz (1) provinces.
- Since the beginning of 2025, a total of 213 suspected CCHF cases, with 10 associated deaths (CFR=4.7%), were reported. Out of total 213 cases, 211 (99.1%) were over-five years old, while 76 (35.7%) were females. Also, 177 samples have been tested, 46 of them were positive (positivity rate = 26.0%).
- Since the beginning of 2025, the highest cumulative incidence of suspected CCHF per 100,000 population is reported from Kabul (1.65), followed by Kandahar (1.30), Kapisa (1.19), Jawzjan (0.97), and Nangarhar (0.82) (Figure 15).

Figure 13. Weekly distribution of suspected CCHF cases in Afghanistan 29 Dec 2024 – 10 May 2025, (N=213)

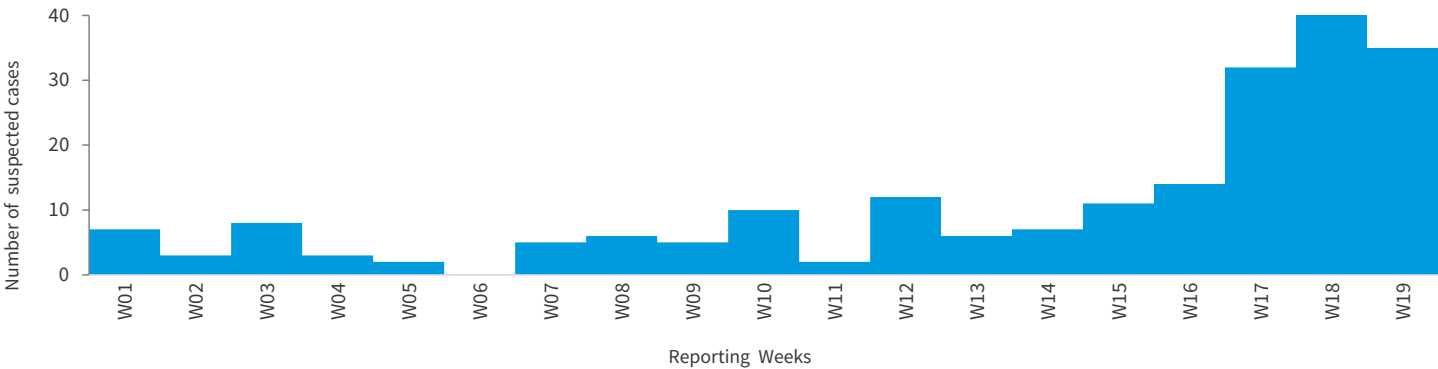


Figure 14. Comparison between the trends of suspected CCHF cases in 2025 vs 3-year average (2022-2024)

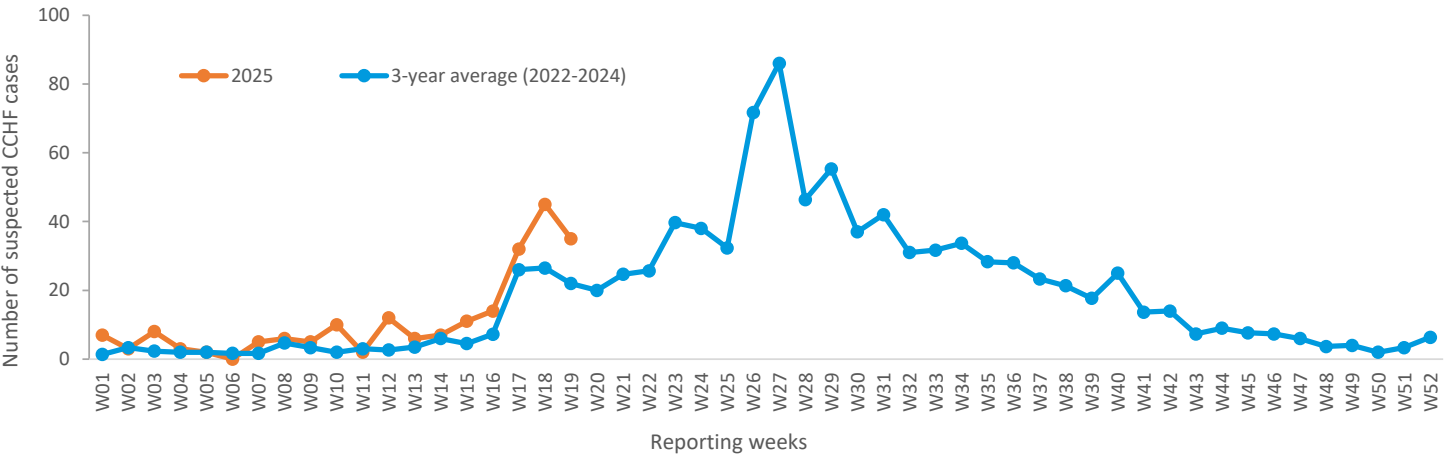
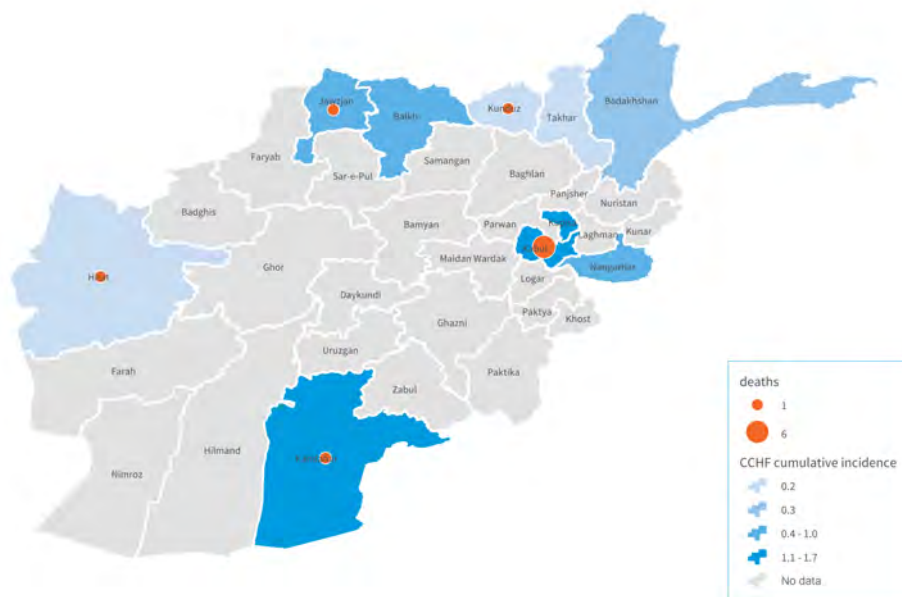




Figure 15. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 29 Dec 2024 – 10 May 2025

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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 2024-10 May 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) have been trained on the diagnosis of CCHF, Dengue fever, and Mpox.

Malaria

(29 Dec 2024-10 May 2025)



6,653

Total confirmed
Malaria Cases



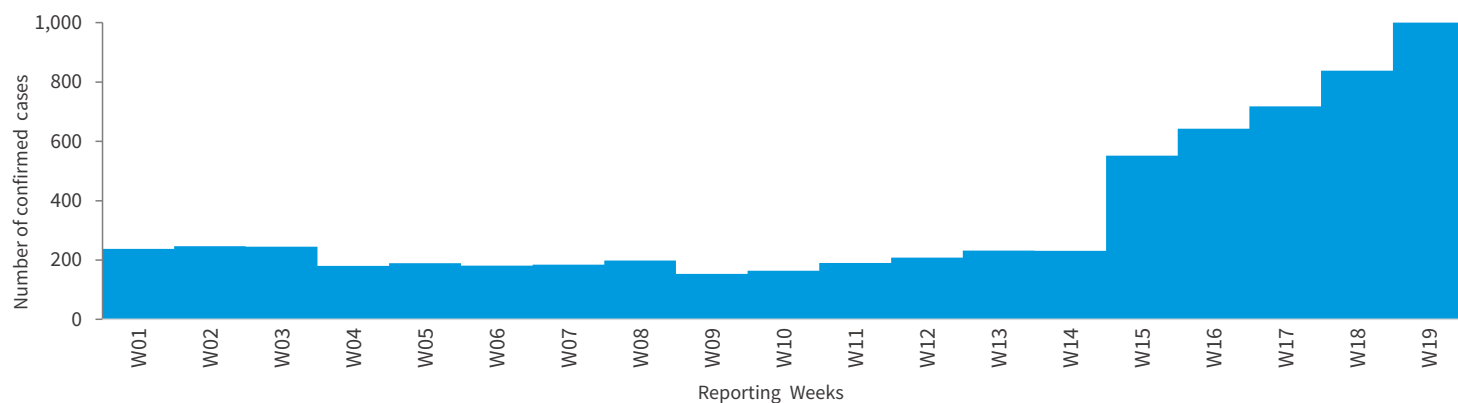
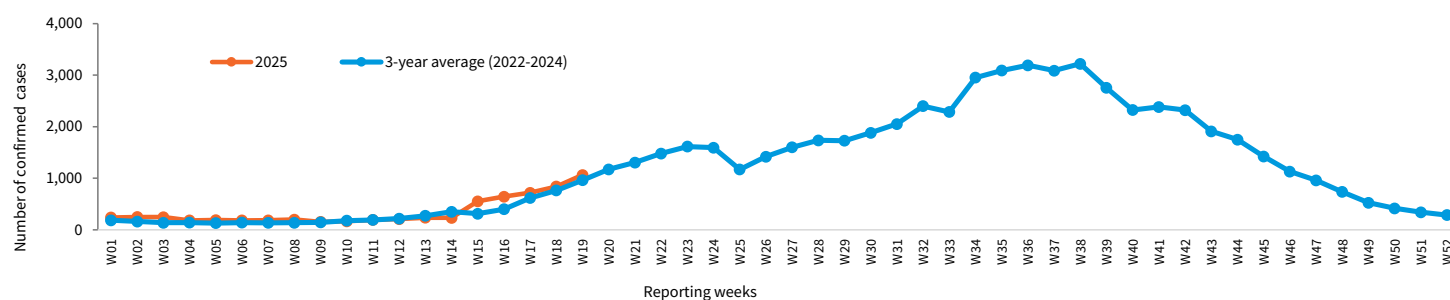
0 (0.0)

Total malaria
deaths (CFR %)

Table 7: Summary of the malaria outbreak in the last eight weeks in Afghanistan (16 Mar – 10 May 2025)

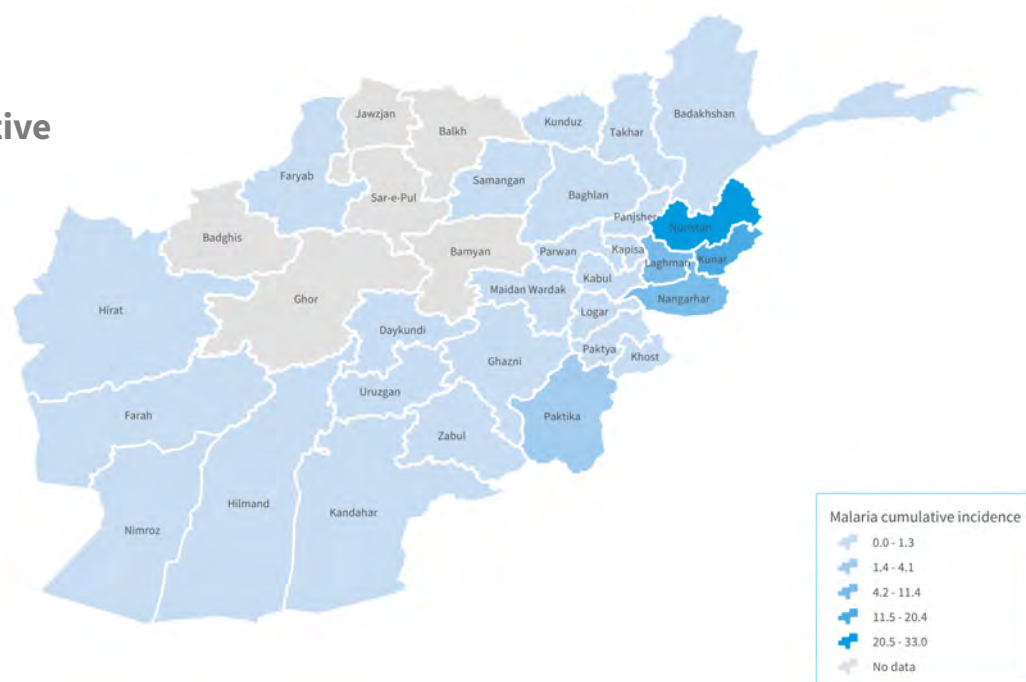
Indicators	W12	W13	W14	W15	W16	W17	W18	W19	Trend line
Confirmed cases	208	232	231	552	643	718	838	1,062	
Confirmed deaths	0	0	0	0	0	0	0	0	
CFR (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

- The epi curve of malaria cases shows a gradual increase since week 15-2025 which could be explained by the approach of the summer season. The trend is closely following the 3-year average (2022-2024) (Figures 16 & 17).
- During week 19-2025, 1,026 cases with no associated deaths were reported from 19 provinces. Out of the total cases, 503 (47.4%) were females and 183 (17.2%) were under-five children.
- Since the beginning of 2025, 6,653 confirmed malaria cases with no associated deaths have been reported. Out of total cases, 2,996 (45.0%) were females and 1,100 (16.5%) were under-five children.
- Since the beginning of 2025, the highest cumulative incidence of malaria per 10,000 population was reported from Nuristan (33.0) followed by Kunar (20.4), Laghman (11.4), and Nangarhar (9.8) (Figure 18).

**Figure 16.** Weekly distribution of malaria cases in Afghanistan 29 Dec 2024–10 May 2025 (N=6,653)**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 – 10 May 2025

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



Note: MOPH is the source of epidemiological data

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

Contact us for further information:

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