



AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #20-2024

No. 20 (12-18 May 2024)

Disease Outbreaks	Measles	ARI	COVID-19	AWD	CCHF	Dengue fever
Cumulative Cases 2024	25,128	678,390	*6,591	42,641	143	823
Cumulative deaths 2024 (CFR %)	111 (0.4)	1,524 (0.2)	33 (0.5)	25 (0.06)	4 (2.8)	0 (0.0)

* This number represents confirmed COVID-19 cases, while others are suspected cases. (Data from 609 (99.4%) out of 613 sentinel sites)

Measles Outbreak

(01 Jan-18 May 2024)

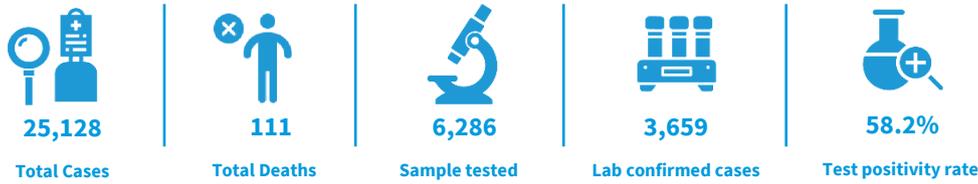


Table 1: Summary of the measles outbreak in the last eight weeks in Afghanistan (24 Mar – 18 May 2024)

Indicators	W13	W14	W15	W16	W17	W18	W19	W20	Trend line
Suspected cases	1,435	1,535	1,323	1,316	1,569	1,530	1,604	1,681	
Suspected deaths	9	12	4	7	4	2	5	6	
CFR (%)	0.6	0.8	0.3	0.5	0.3	0.1	0.3	0.4	

- The epidemiological curve of suspected measles cases demonstrates a continuously increasing trend since the beginning of 2024, except a modest downward trend observed during weeks 15 and 16 may be due to underreporting (Figure 1). The trend in 2024 is higher than that reported in 2023 and the 2-year average before 2021-2022 outbreak (Figure 2).
- During week 20-2024, a total of 1,681 suspected cases and 6 associated deaths were reported. This represents a 4.8% increase in the number of suspected measles cases compared to the preceding week.
- The 6 deaths were reported from 3 provinces: Kandahar (3), Helmand (2), and Urozgan (1); all deaths were under five children, while 2 of them were female.
- Since the beginning of 2024, a total of 25,128 suspected measles cases and 111 deaths (CFR=0.4%) were reported. Among suspected measles cases, 20,252 (80.6%) were under-five children, and 11,358 (45.2%) were females.
- Considering the number of suspected cases since the beginning of 2024, the highest cumulative incidence of suspected measles per 10,000 population is in Balkh (18.5), followed by Khost (17.4), Samangan (16.6), and Jawzjan (12.9) (Figure 3).

Figure 1. The epidemiological curve of suspected measles cases in Afghanistan, 01 Jan to 18 May 2024 (N= 25,128)

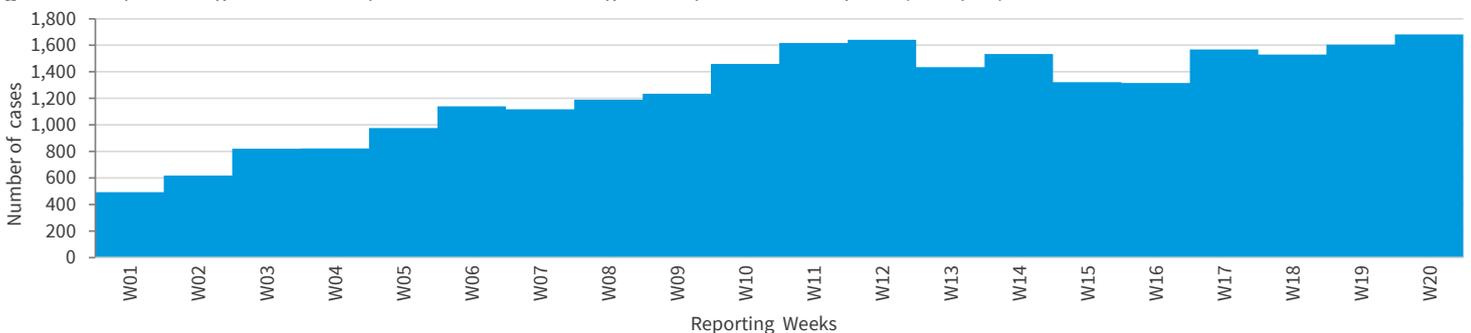


Figure 2. Comparison between the trends of suspected measles cases in 2024 vs 2023 and 2-years average (2019-2020)

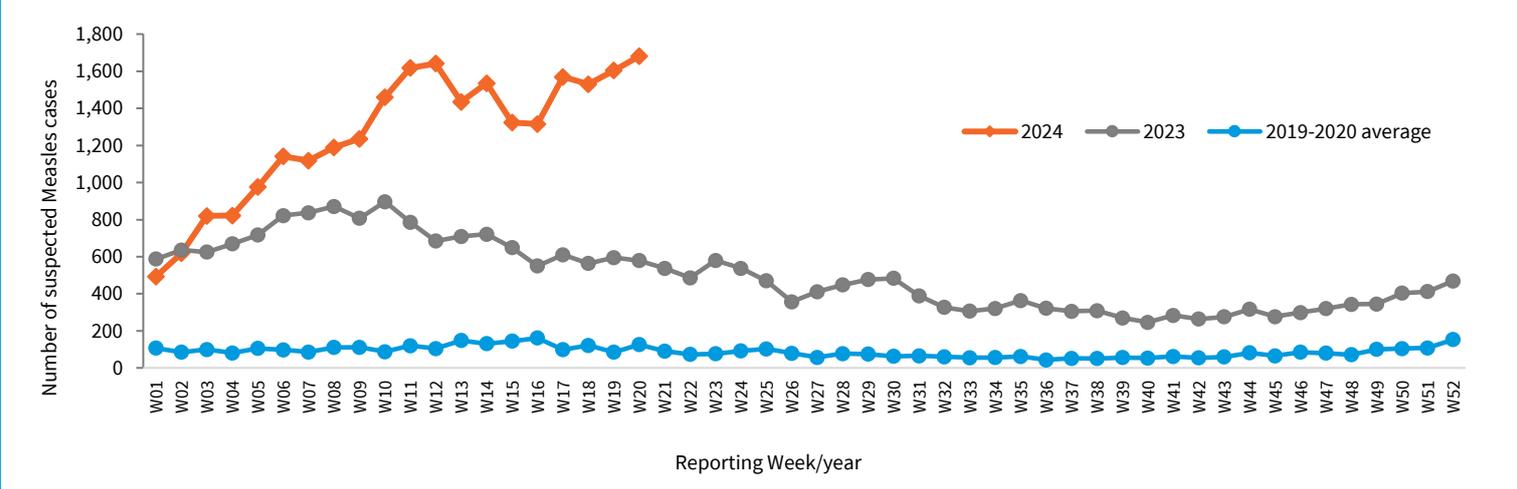
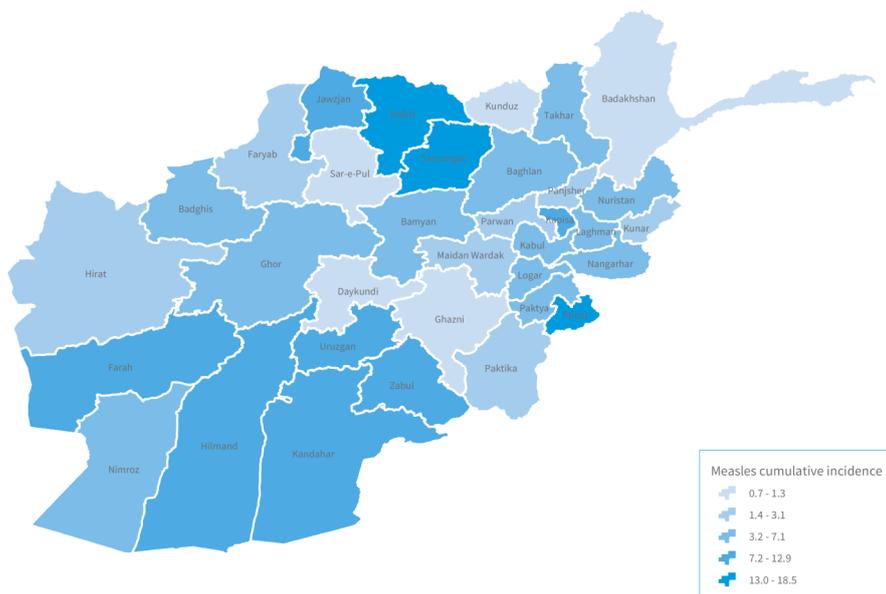


Figure 3. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 01 Jan-18 May 2024

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Suspected measles cumulative incidence per 10,000 population by province 01 Jan–18 May 2024



Updates on the preparedness and response to the Measles outbreak

- During week 20-2024, a total of 295 children aged 9-59 months were vaccinated against measles in Nangarhar, Kapisa, Urozgan, and Helmand provinces. This brings the total number of children vaccinated to 16,251 as part of outbreak response immunization campaigns since the beginning of 2024.
- During May 2024, an additional 267,289 children 9-59 months were vaccinated in the second round of Phase 1 of the Multi-Antigen Acceleration Campaign (MAAC) in 13 provinces (Balkh, Farah, Faryab, Helmand, Kabul, Kandahar, Kapisa, Khost, Kunar, Logar, Nangarhar, Takhar, and Zabul). This brings the total number of 9-59 children vaccinated in both rounds to 503,269.
- Since the beginning of 2024, a total of 126 measles case management kits have been distributed to WHO sub-offices across the country.

Acute Respiratory Infection (ARI) (01 Jan-18 May 2024)



***678,390**
Total ARI Cases



***1,524**
Total Deaths



****1,580**
Samples tested for influenza



****65**
Lab confirmed influenza cases



4.1%
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 2: Summary of the ARI outbreak in the last eight weeks in Afghanistan (24 Mar – 18 May 2024)

Indicators	W13	W14	W15	W16	W17	W18	W19	W20	Trend lines
Suspected cases	30,749	28,367	18,827	24,775	27,521	26,601	26,585	24,270	
Suspected deaths	70	58	49	60	44	40	47	64	
CFR (%)	0.2	0.2	0.3	0.2	0.2	0.2	0.2	0.3	

- The epi curve indicates a steady and significant decline in ARI cases since week 07-2024, following the typical seasonal increase observed during the winter (Figures 4 & 6). This decrease could be explained by the conclusion of the winter in some of the provinces across the country.
- During week 20-2024, 24,270 cases of ARI pneumonia and 64 associated deaths were reported. This represents an 8.7% decrease in the number of suspected cases compared to the preceding week.
- Since the beginning of 2024, a total of 678,390 ARI pneu-

monia cases and 1,524 associated deaths (CFR=0.2%) were reported from 34 provinces. Out of the total cases, 427,911 (63.1%) were under-five children, and 335,154 (49.4%) were females.

- Considering the number of cases since the beginning of 2024, the highest cumulative incidence of ARI per 10,000 population is in Balkh (323.2), followed by Bamyan (294.3), Jawzjan (280.6), and Laghman (259.7) provinces (Figure 5).
- Out of 1,524 deaths, 1,332 (87.4%) were under-five children and 680 (44.6%) were females.

Figure 4. The epidemiological curve of ARI Pneumonia cases in Afghanistan, 01 Jan – 18 May 2024 (N=678,390)

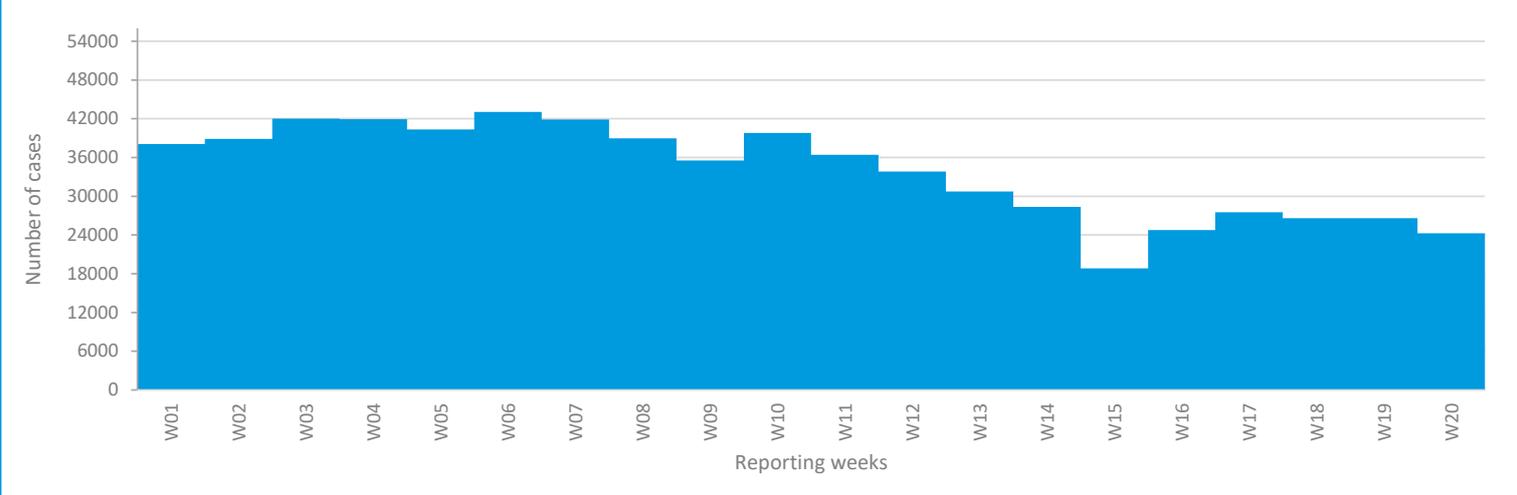


Figure 5. ARI pneumonia cumulative incidence per 10,000 population by province, Afghanistan 01 Jan- 18 May 2024

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ARI pneumonia cumulative incidence per 10,000 population by province

01 Jan-18 May 2024

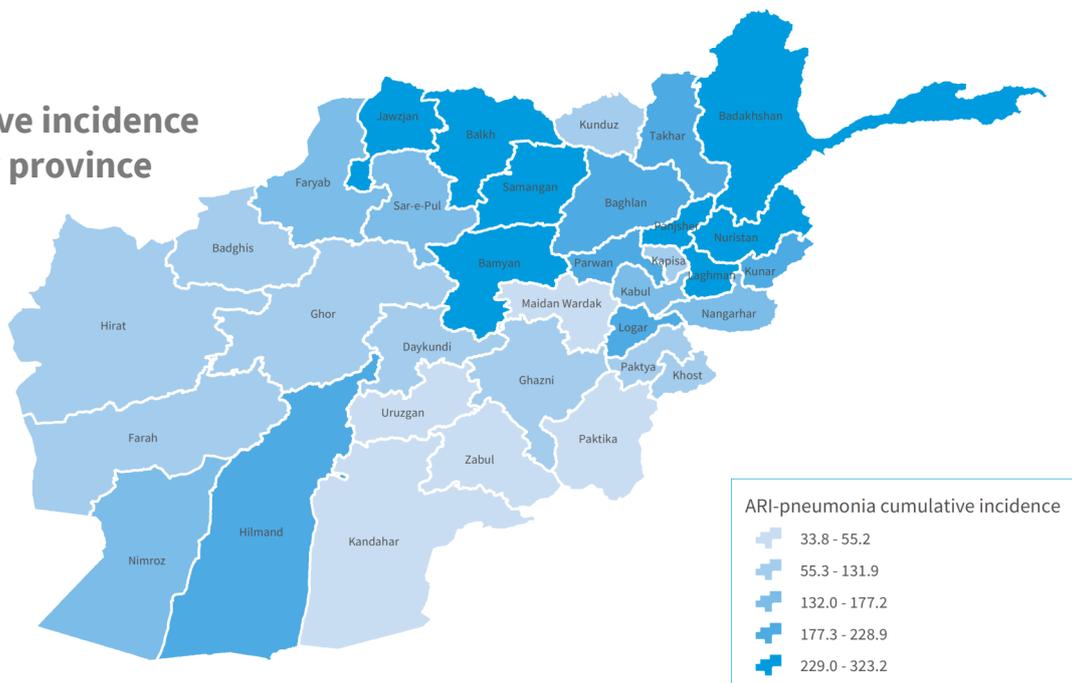
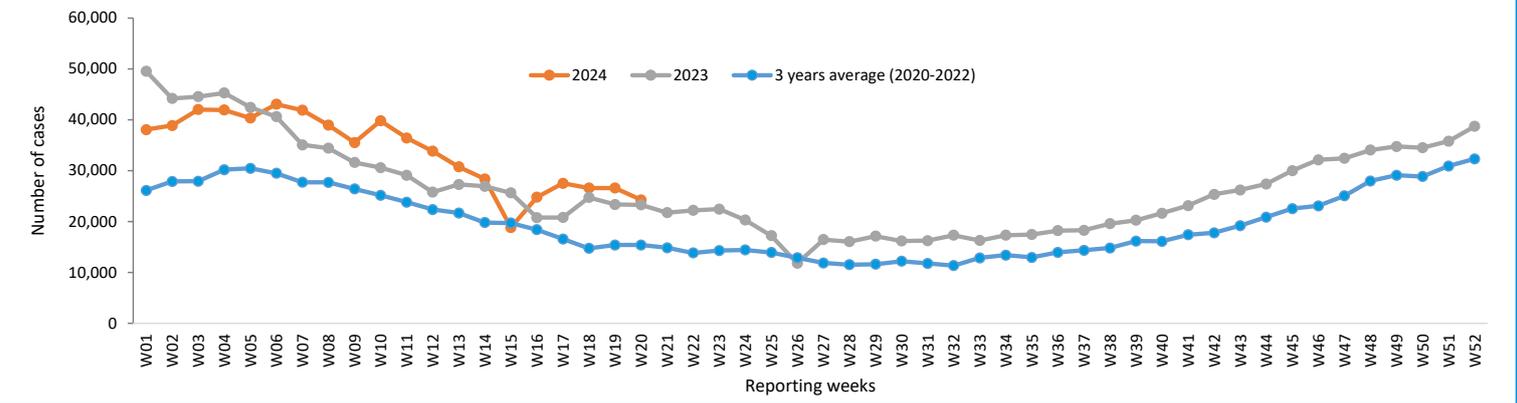


Figure 6. Comparison between the trend of ARI cases in 2024 vs 2023 and 3-years average, Afghanistan (2020-2022)



Updates on the response activities to the ARI outbreak

Since the beginning of 2024:

- A total of 6,500 Viral Transport Media (VTM) has been distributed to the North-east and Central-east NDSR offices.
- Eighty-nine Pediatric Severe Acute Malnutrition (PED-SAM) case management kits have been distributed to WHO sub-offices across the country to support ARI case management.
- WHO has handed over a total of 89,000 (64,000 Posters and 25,000 Brochures) Information, Education, and Communication (IEC) materials on ARI to MoPH.
- The World Health Organization (WHO) has co-led two monthly meetings of the Risk Communication and Community Engagement (RCCE) Sub-working Group (SWG). The purpose of the meeting was to recap 2023 RCCE activities and to discuss the RCCE plans and priorities of health partners for 2024.

COVID-19

(24 Feb 2020 — 18 May 2024)

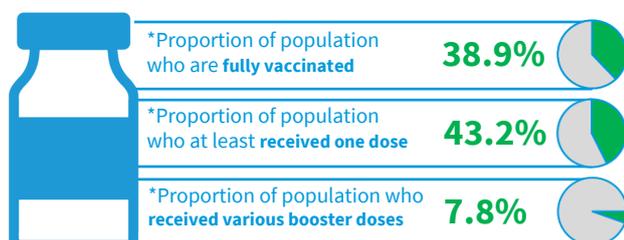
<p>Cumulative samples tested</p> <p>993,716</p> <p>In public laboratories</p> <hr/> <p>New samples tested in week 20</p> <p>2,031</p> <p>In public laboratories</p> <p>-23.4%</p>	<p>Cumulative confirmed cases</p> <p>237,249</p> <p>Cumulative percent positivity (23.9%)</p> <hr/> <p>New confirmed cases in week 20</p> <p>342</p> <p>Weekly percent positivity (16.8%)</p> <p>-36.3%</p>	<p>Cumulative confirmed deaths</p> <p>8,005</p> <p>CFR (3.4%)</p> <hr/> <p>New confirmed deaths in week 20</p> <p>0</p> <p>Week 20 CFR (0.0%)</p> <p>-100.0%</p>
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Key: ● Increasing ● Decreasing ● No change

COVID-19 Vaccination highlights



*Note: During Apr 2024, around 132,821 doses of various COVID-19 vaccines have been administered which shows a 55.7% decrease compared to Mar-2024.



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



Table 3: Summary of COVID-19 indicators in the last 8 weeks in (24 Mar – 18 May 2024)

Indicators	W13	W14	W15	W16	W17	W18	W19	W20	Trend line
Samples tested (in public Labs)	2,678	2,667	1,139	2,240	3,064	3,087	2,653 *	2,031	
Confirmed cases	342	396	160	533	847	798	537 *	342	
Percent positivity (%)	12.8	14.8	14.0	23.8	27.6	25.9	20.2	16.8	
Deaths	0	0	0	2	3	1	4	0	
CFR (%)	0.00	0.00	0.00	0.38	0.35	0.13	0.74	0.00	

*A delayed reporting was experienced during week 19-2024, the number of samples tested and the number of confirmed cases were modified from 2,402 to 2,653 and from 480 to 537, respectively.

- The epidemiological curve indicates a decreasing trend in the last 2 weeks following an increase during weeks 16 to 18-2024 in the number of confirmed COVID-19 cases; since this increase was following a long-term stabilization, the trend needs to be closely monitored (Figure 7).
- During week 20-2024, a total of 2,031 samples were tested in public labs, of which 342 were positive for COVID-19 (positivity rate 16.8%) with no associated deaths. This number of positive cases shows a 36.3% decrease compared to the preceding week (Table 3 and Figure 8).
- Since the beginning of 2024, a total of 6,591 COVID-19 confirmed cases and 33 deaths (CFR=0.5) have been reported. Out of the total cases, 3,523 (53.5%) were females, while out of total deaths, 24 (72.7%) were females.
- During week 20-2024, among 342 confirmed cases, 3.2% (11 cases) were hospitalized while no cases were admitted to the ICU (Figure 9).
- Since the beginning of 2024, a total of 53,262 samples of COVID-19 have been tested by public health laboratories across the country, out of which 6,591 were positive (positivity rate 12.4%), while the overall number of COVID-19 samples tested by public health laboratories reached to 993,716 since the beginning of the pandemic in February 2020.

Figure 7. The epidemiological curve of confirmed COVID-19 cases and deaths in Afghanistan Feb 2020 –18 May 2024 (cases= 237,249, deaths=8,005)

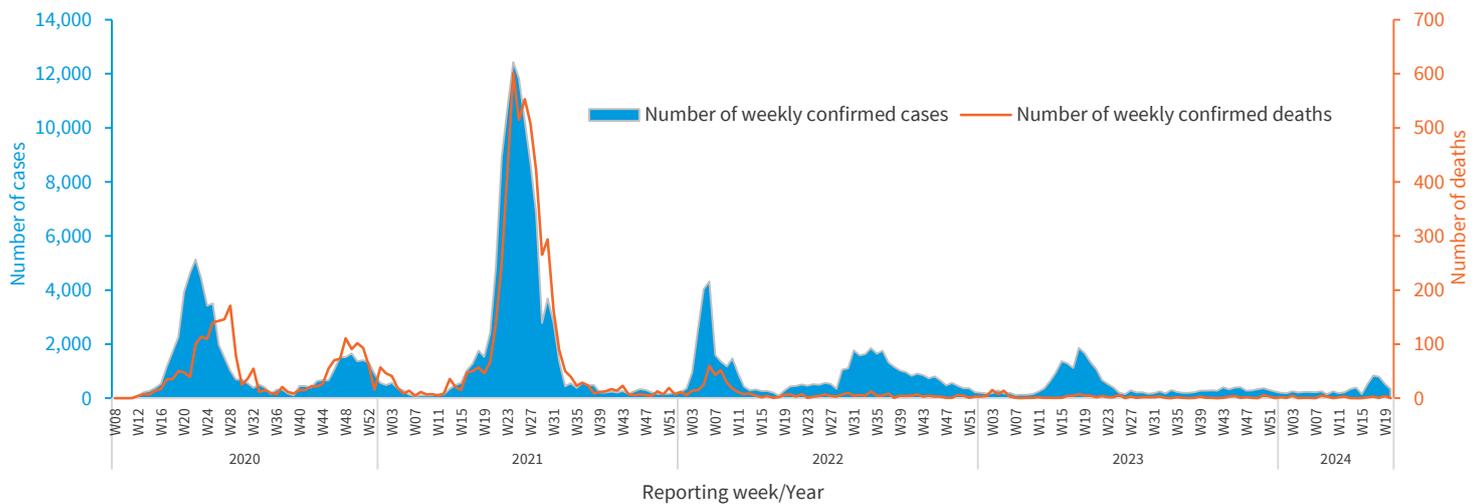


Figure 8. The epidemiological curve of confirmed COVID-19 cases and deaths in Afghanistan 01 Jan – 18 May 2024 (cases=6,591, deaths=33)

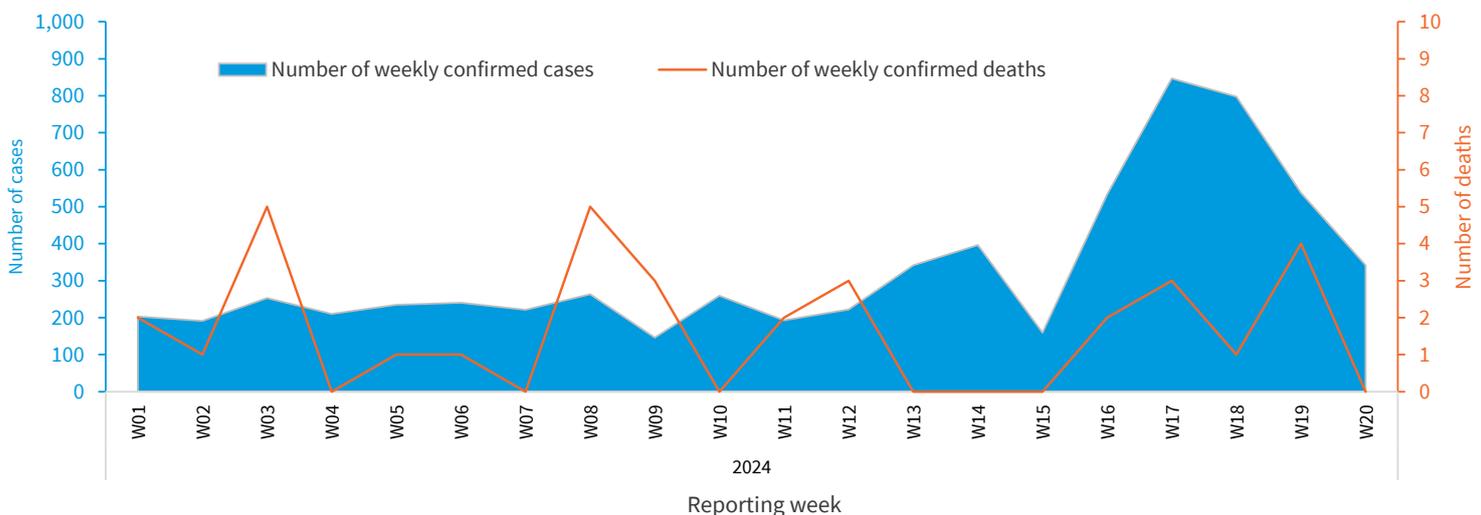
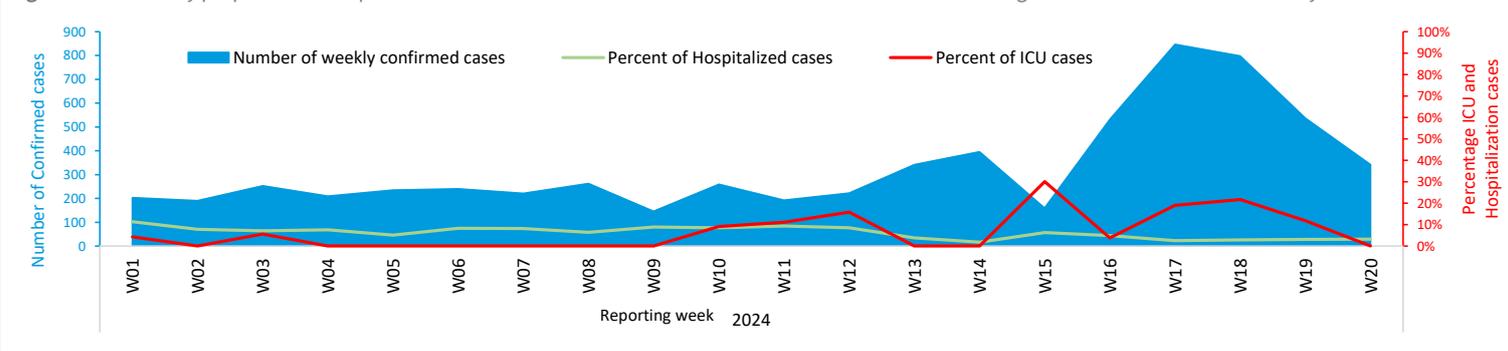


Figure 9. The weekly proportion of hospitalized and ICU cases and the number of confirmed COVID-19 cases in Afghanistan between 01 Jan-18 May 2024*



*The hospitalization rate was calculated among confirmed cases, while the ICU rate was calculated among hospitalized cases.

Update on the response activities to COVID-19

- Since the beginning of 2024, the below supplies were distributed to all regional sub-offices
 - A total of 930 VTM kits (50 units per kit) .
 - A total of 1,571 COVID-19 RDT kits (25 tests per kit).

Acute Watery Diarrhea (AWD) with Dehydration Outbreak (01 Jan-18 May 2024)



42,641

Total AWD with dehydration cases



25

Total AWD with dehydration deaths



2,451

Samples tested for AWD with dehydration (RDTs)



259

RDT-positive cases for AWD with dehydration



10.6%

RDT positivity rate for AWD with dehydration

Table 4: Summary of the AWD with Dehydration outbreak in the last eight weeks in Afghanistan (24 Mar – 18 May 2024)

Indicators	W13	W14	W15	W16	W17	W18	W19	W20	Trend line
Suspected cases	1,837	2,044	1,893	2,233	2,584	2,624	3,135 *	3,575	
Suspected deaths	0	0	0	1	2	2	4	1	
CFR (%)	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.0	

*Data entry error was experienced during week 19-2024 and the number of AWD cases was corrected from 3,144 to 3,135

- The epi curve shows a considerable increase over the past 5 weeks following the stabilization. One potential explanation could be the floods, and the trend should be monitored as we approach the summer season.
- During week 20-2024, 3,575 AWD with dehydration cases with 1 associated death were reported from 190 districts, which shows a 14.0% increase in the number of cases compared to the previous week (Figure 10).
- The deceased case was an under-five male from Kabul province.
- During week 20-2024, one new district (Rohany Baba) from Paktya province reported an alert of AWD with dehydration.
- The highest cumulative incidence of AWD per 10,000 population was reported from Nimroz (38.7), followed by Paktya (32.7), Kabul (25.2), and Farah (17.5) (Figure 11).
- Since the beginning of 2024, a total of 42,641 AWD with dehydration cases and 25 associated deaths (CFR=0.06%) were reported from 285 districts, out of which 23,894 (56.0%) were under-five children and 21,486 (50.4%) were females.
- Since the beginning of 2024, 2,451 Rapid Diagnostic Tests (RDTs) have been conducted on AWD with dehydration cases, of which 259 tests turned positive (positivity rate 10.6%).

Figure 10. The epidemiological curve of AWD with dehydration cases in Afghanistan 01 Jan- 18 May 2024 (N=42,641)

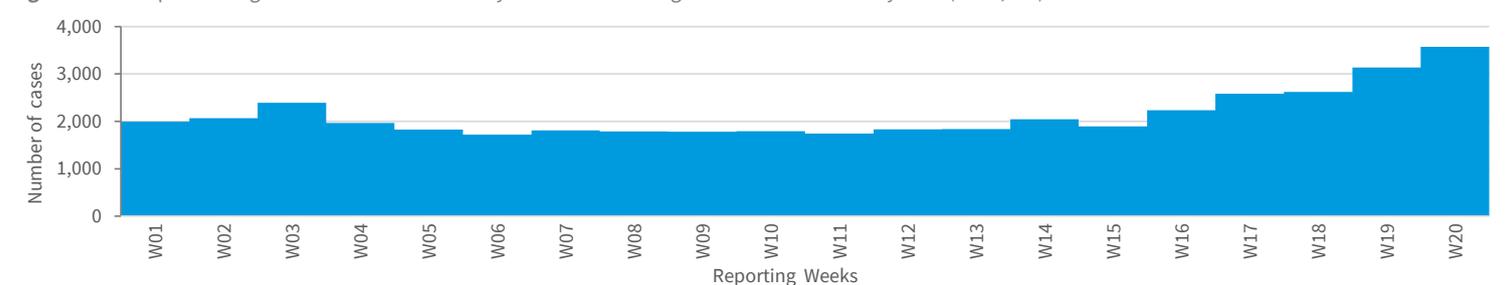
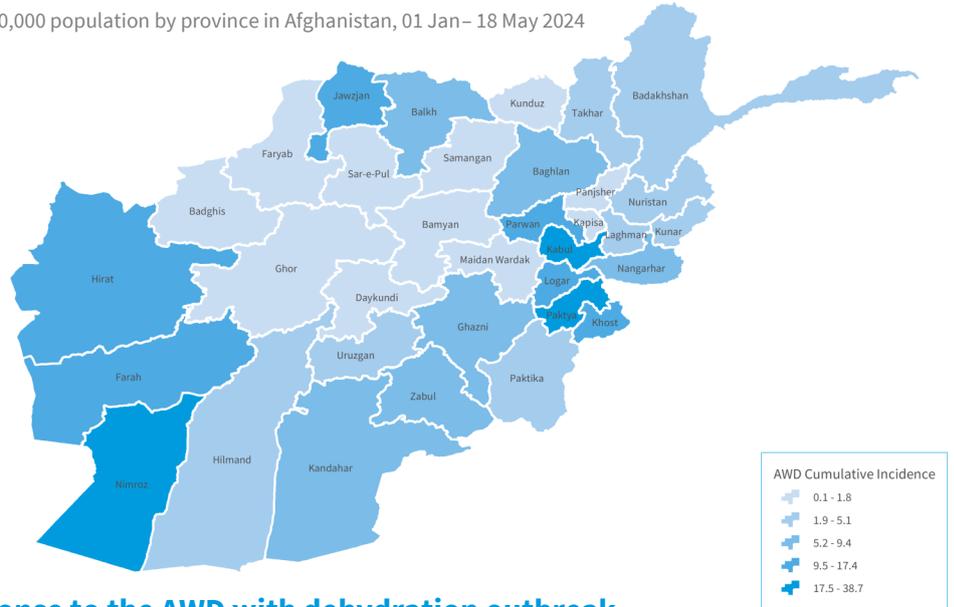




Figure 11. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan– 18 May 2024

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AWD with dehydration cumulative incidence per 10,000 population by province 01 Jan - 18 May 2024



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

- Since the beginning of 2024, the below supplies were distributed to all regional sub-offices
 - A total of 89 Cary Blair kits.
 - A total of 74 AWD with dehydration RDT kits (10 tests per kit).
 - A total of 125 AWD case management kits.
- A total of 319 sentinel sites’ focal points, including 15 females, have been trained on surveillance procedures in Kabul province, East, South, and West regions.
- A total of 70 HCWs have been trained in AWD case management from East (35, including 15 females) and Northeast (35, including 17 females) regions.

WASH

During the first two weeks of May 2024 (01-18 May), the following activities were conducted as WASH response:

- Hygiene Kits distribution in three provinces (Ghazni, Laghman, and Paktya) reached 871 individuals.
- Hygiene Promotion in five provinces (Ghazni, Kabul, Kunar, Laghman, Nangarhar, and Paktya) reached 10,810 beneficiaries.

RCCE

- During week 20-2024, WHO sent a total of 2,700 (1,200 Poster and 1,500 Brochure) Information, Education, and Communication (IEC) materials on AWD to Ghor province for those affected by the flood. These IEC materials will be used in health facilities and affected communities.

Outbreak of Crimean Congo Hemorrhagic Fever (CCHF) (01 Jan - 18 May 2024)



143

Total CCHF cases



4

Total CCHF deaths



102

Samples tested for CCHF



16

Lab-confirmed CCHF cases



15.7%

CCHF test positivity rate

Table 5: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (24 Mar – 18 May 2024)

Indicators	W13	W14	W15	W16	W17	W18	W19	W20	Trend line
Suspected cases	3	7	3	7	13	14	16	18	
Suspected deaths	1	0	0	1	0	0	1	1	
CFR (%)	33.3	0.0	0.0	14.3	0.0	0.0	6.3	5.6	



- The epi-curve of suspected CCHF cases shows a gradually increasing trend over the last five weeks, following a period of low stabilization since the beginning of 2024. This recent rise should be closely monitored to identify potential outbreaks and guide public health interventions (Figures 12 & 13).
- During week 20-2024, 18 new suspected CCHF cases with one associated death were reported (Table 5).
- The death was an over-five male from Balkh province.
- Since the beginning of 2024, a total of 143 suspected cases of CCHF with 4 associated deaths (CFR=2.8%) were reported. All the suspected cases were over five years of age, while 49 (34.3%) of them were females.
- The 4 deaths were all over five, while 2 were females, reported from Balkh (3) and Kabul (1) provinces.
- Since the beginning of 2024, a total of 102 samples of suspected CCHF cases have been tested, out of which 16 were positive (positivity 15.7%) reported from 5 provinces; Kabul (12), Balkh (1), Kapisa (1), Helmand (1), and Paktika (1).
- The highest cumulative incidence of CCHF per 100,000 population in 2024 is reported from Kapisa followed by Balkh, Kabul, and Jawzjan provinces (Figure 14).

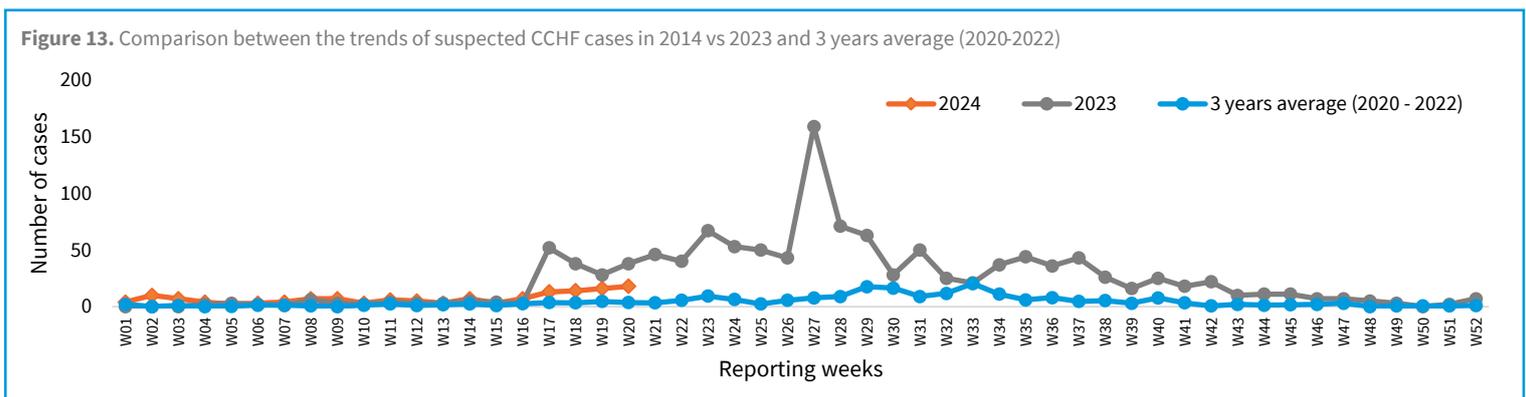
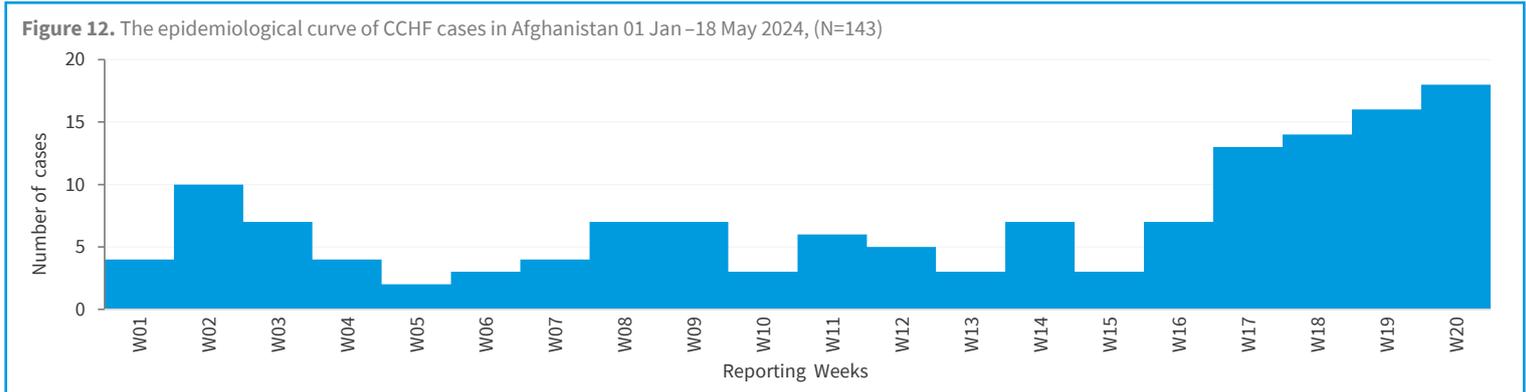
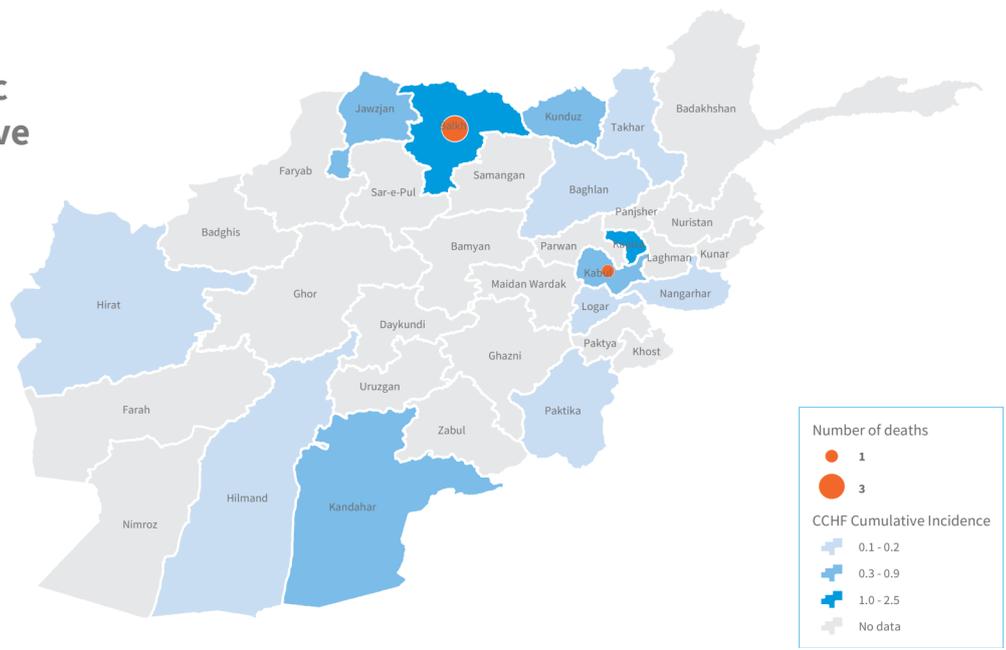


Figure 14. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 01 Jan – 18 May 2024

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Crimean-Congo Hemorrhagic Fever (CCHF) cases cumulative incidence per 100,000 population by province and provincial distribution of deaths 01 Jan –18 May 2024



Updates on the response to the CCHF outbreak

- The national Crimean-Congo Hemorrhagic Fever (CCHF) preparedness and response plan has been drafted and it will be shared with MoPH for endorsement. The plan is aimed to be used for responding to the CCHF outbreak with focused interventions on surveillance/outbreak investigation, laboratory confirmation, case management and supplies, and the capacity of healthcare workers.
- Since the beginning of 2024, a total of 469 doses of ribavirin 200mg tablets and 1,530 ribavirin injections have been supplied to 7 WHO sub-offices across the country.

Dengue Fever Outbreak (01 Jan-18 May 2024)



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, 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 6: Summary of the dengue fever outbreak in the last eight weeks in Afghanistan (24 Mar – 18 May 2024)

Indicators	W13	W14	W15	W16	W17	W18	W19	W20	Trend line
Suspected cases	28	23	8	33	25	33	37	51	
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 illustrates an increasing trend over the past 5 weeks following a short period of modest decrease, which requires close monitoring (Figure 15).
- During week 20-2024, 51 suspected cases of dengue fever with no associated deaths were reported from Nangarhar province, which shows a 37.8% increase in the number of suspected cases compared to the preceding week.
- Since the beginning of 2024, the number of suspected dengue fever cases is higher than the 2-year average (2021-2022), even higher than the 2023 trend (Figure 16).
- Since the beginning of 2024, a total of 823 suspected cases of dengue fever with no associated deaths were reported, out of which 504 (61.2%) were females, and 9 (1.1%) were under 5 years of age. The geographical distribution and weekly change rate are shown in (Figure 17).
- Since the beginning of 2024, a total of 391 samples have been tested, out of which 123 were positive by PCR (positivity 31.5%).

Figure 15. The epidemiological curve of suspected dengue fever cases in Afghanistan 1 Jan – 18 May 2024, (N=823)

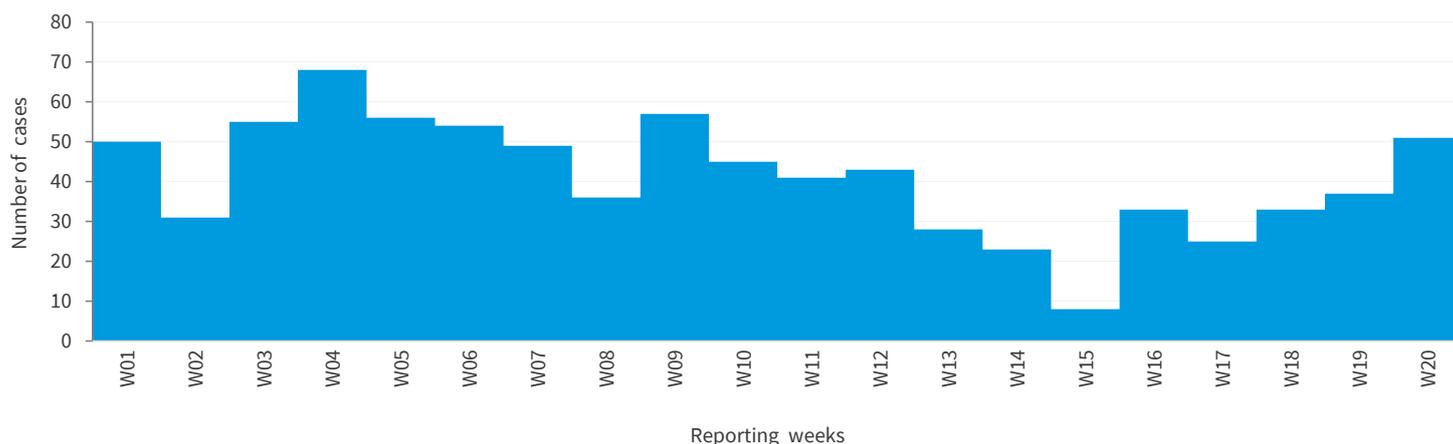


Figure 16. Comparison between the trends of suspected dengue fever cases in 2024 vs 2023 and 2-years average (2021-2022).

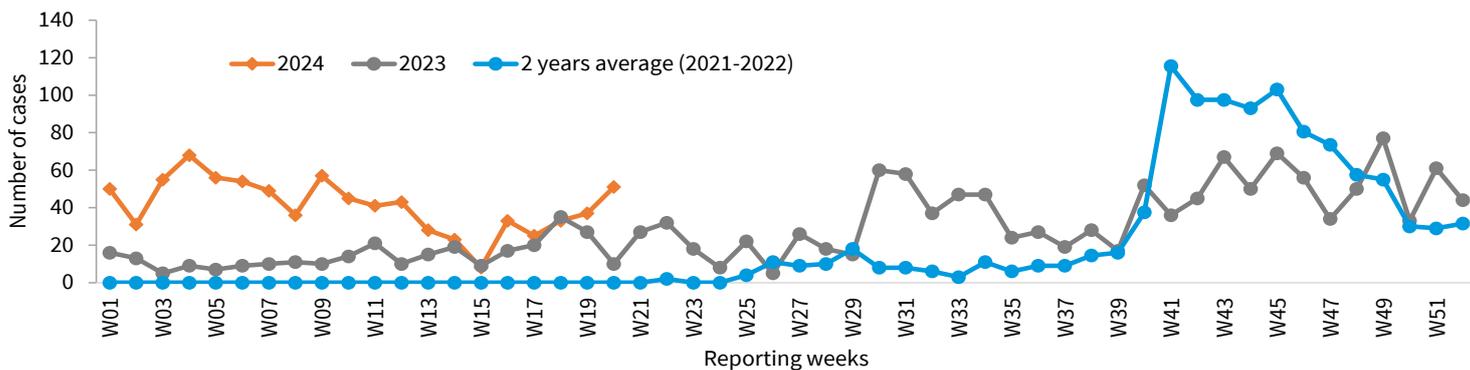
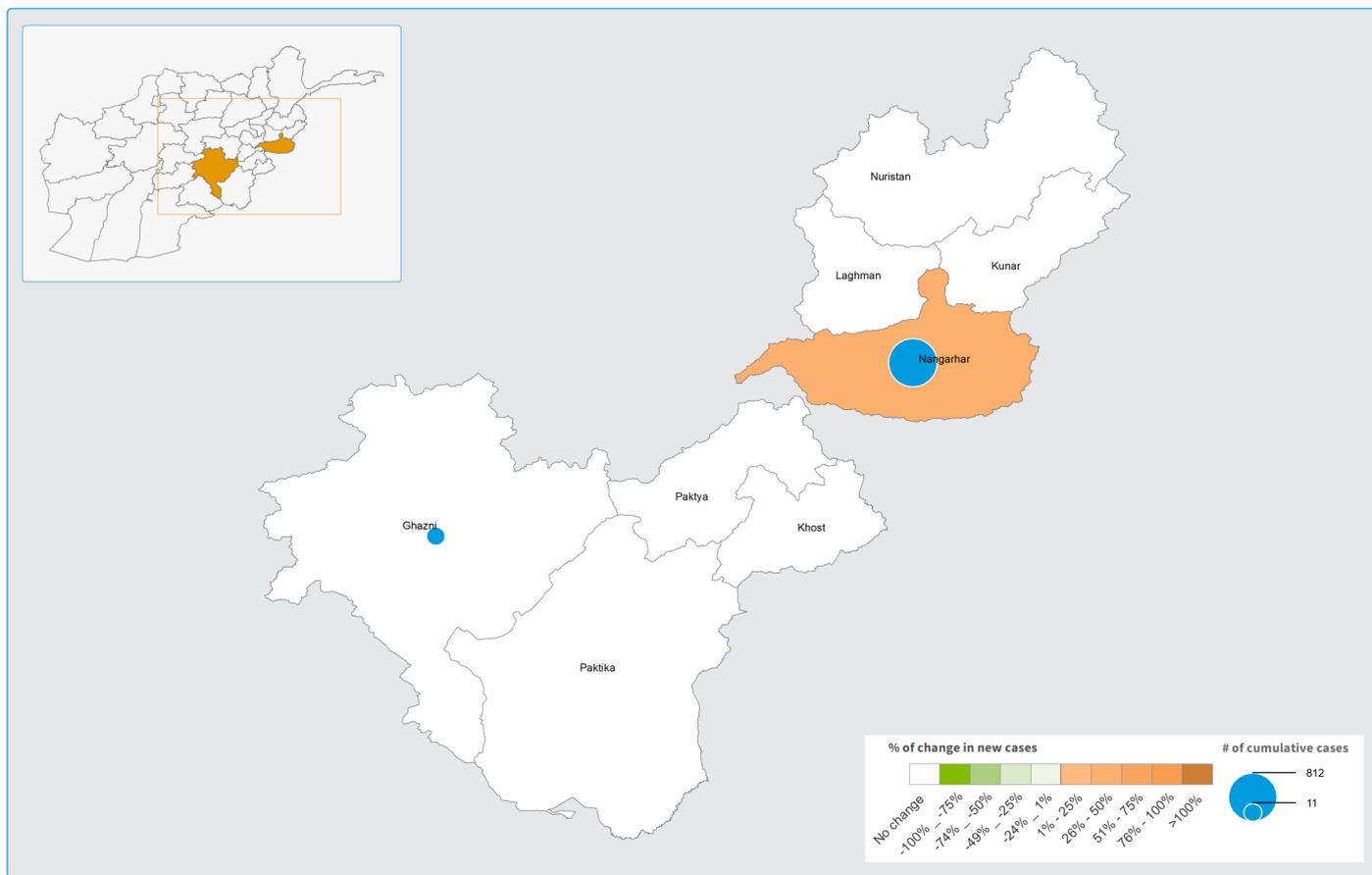


Figure 17. Geographical distribution of suspected dengue fever cases and percent change of new cases in Afghanistan, 01 Jan – 18 May 2024



Geographical distribution of suspected dengue fever cases in Nangarhar and Ghazni provinces and weekly percent of changes (between weeks 19 and 20, 2024)



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: 18 May 2024.

Updates in the response to the dengue fever outbreak

- During week 20-2024, a total of 74 HCWs (MDs, all males) have been trained on dengue fever case management in Nangarhar, Kunar, and Laghman provinces. This brings the total number of HCWs trained on dengue fever case management to 138 in east region and Kandahar province since the beginning of the year.
- Since the beginning of 2024,
 - A total of 480 dengue fever RDT kits were distributed to the South and East WHO sub-regional offices.
 - A total of 28 lab technicians of HFs have been trained on dengue fever diagnosis in Kandahar province.

Note: MOPH is the source of epidemiological data

Case definition & alert/outbreak thresholds

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