World Health Organization
Afghanistan

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INFECTIOUS DISEASE OUTBREAKS
SITUATION REPORT | Epidemiological week #29-2024

No. 29 (14-20 Jul 2024)

Disease Outbreaks	Measles	AWD	ARI	COVID-19	CCHF	Dengue fever
Cumulative Cases 2024	39,826	88,473	835,018	*8,903	657	1,280
Cumulative deaths 2024 (CFR %)	170 (0.4)	47 (0.05)	1,977 (0.2)	43 (0.5)	57 (8.7)	0 (0.0)

*This number represents confirmed COVID-19 cases, while others are suspected cases.
(Data from 609 (99.3%) out of 613 sentinel sites)

Measles Outbreak

(01 Jan-20 Jul 2024)

39,826	170	9,052	5,327	58.8%
Total Cases	Total Deaths	Sample tested	Lab confirmed cases	Test positivity rate

Table 1: Summary of the measles outbreak in the last eight weeks in Afghanistan (26 May – 20 Jul 2024)

Indicators	W22	W23	W24	W25	W26	W27	W28	W29	Trend line
Suspected cases	1,780	1,704	1,548	1,451	1,687	1,600	1,634	1,571	
Suspected deaths	6	7	6	4	4	13	7	3	
CFR (%)	0.3	0.4	0.4	0.3	0.2	0.8	0.4	0.2	

- The epidemiological curve of suspected measles cases demonstrates an increasing trend since the beginning of 2024, peaking around Week 22, with stabilization seen in the last 3 weeks (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 29-2024, a total of 1,571 suspected cases and 3 associated deaths were reported. This shows a stabilization in the number of suspected measles cases compared to the preceding week.
- The 3 deaths were reported from 2 provinces: Kandahar (2) and Herat (1). All reported deaths were under-five children and 2 of them were females.
- Since the beginning of 2024, a total of 39,826 suspected measles cases and 170 deaths (CFR=0.4%) were reported. Among suspected measles cases, 31,897 (80.1%) were under-five children, and 18,036 (45.3%) were females.
- Since the beginning of 2024, Khost has reported the highest cumulative incidence of suspected measles cases per 10,000 population (44.2), followed by Balkh (24.5), Samangan (19.2), and Jawzjan (18.6) (Figure 3).

Figure 1. Weekly distribution of suspected measles cases in Afghanistan, 01 Jan to 20 Jul 2024 (N= 39,826)

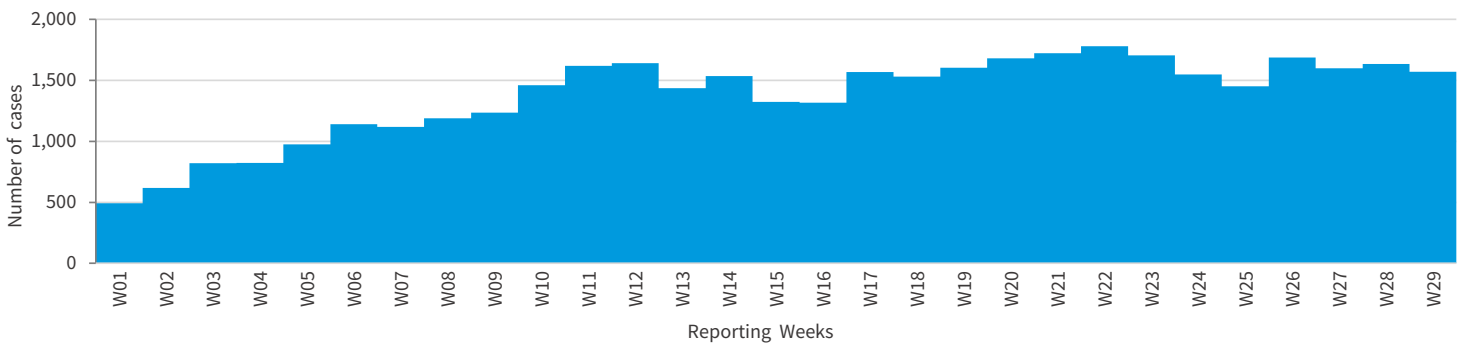

Figure 2. Comparison between the trends of suspected measles cases in 2024 vs 2023 and 2-years average (2019-2020)

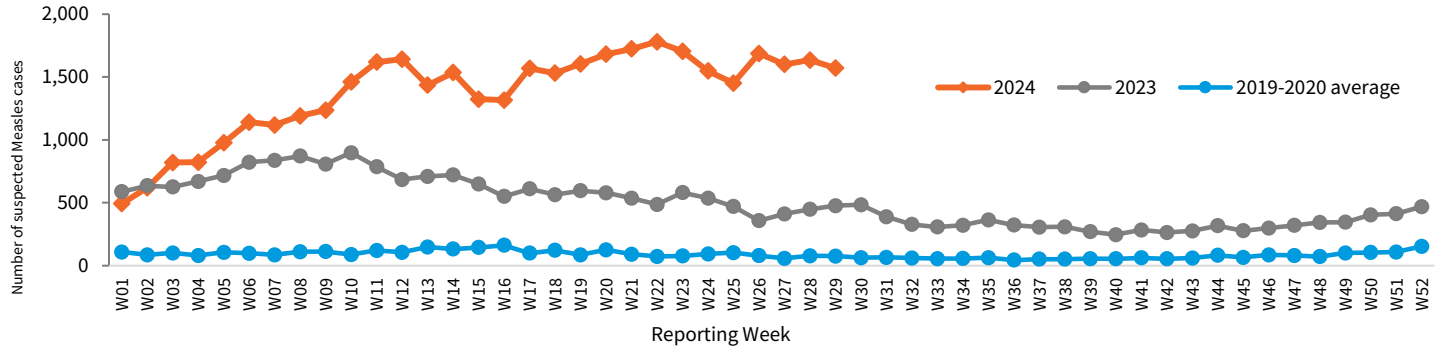

Figure 3. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 01 Jan-20 Jul 2024

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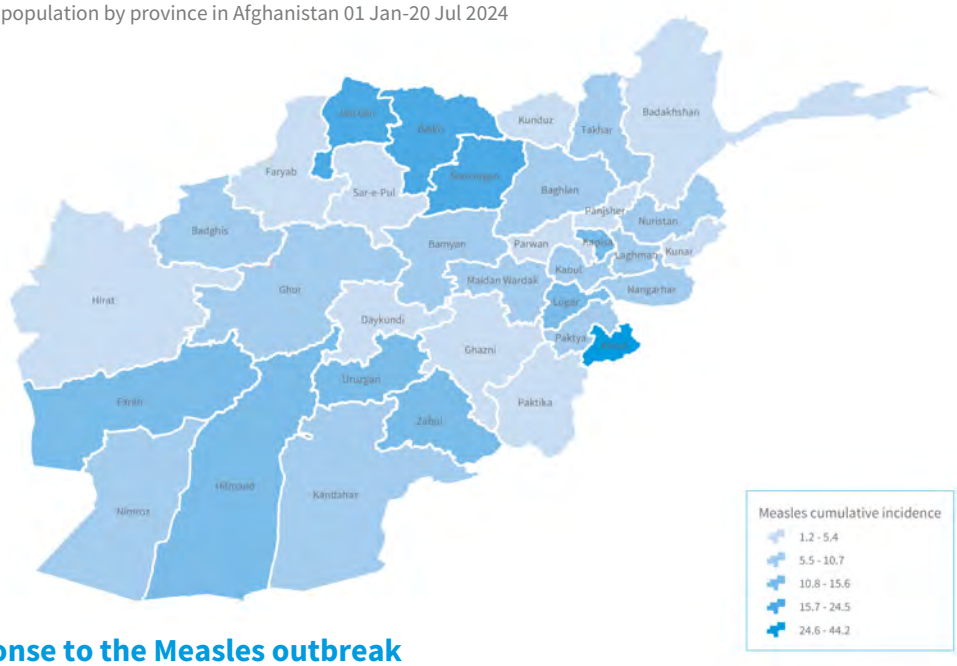
Suspected measles cumulative incidence per 10,000 population by province

01 Jan—20 Jul 2024



Updates on the preparedness and response to the Measles outbreak

- During week 29-2024, a total of 231 children aged 9-59 months received measles vaccine in Paktika, Zabul, Nuristan, Wardak, and Urozgan provinces. This brings the total number of vaccinated children as part of outbreak response immunization activities to 19,507 since the beginning of 2024 across the country.

Since the beginning of 2024, the following activities have been conducted:

- A total of 103 SSTs (each team included 2 members) were trained on sample collection, storage, and shipment from 3 regions: Central (63 SSTs), West (3 SSTs), and South (37 SSTs) regions.
- A total of 126 measles case management kits have been distributed to WHO sub-offices across the country.
- During April and May 2024, a total of 593,592 children aged 9-59 months were vaccinated in 2 phases of the Multi-Antigen Acceleration Campaign (MAAC) in 78 districts of 25 provinces:
  - During the first phase, 503,269 children aged 9-59 months were vaccinated in 53 districts of 13 provinces (Kapisa, Kandahar, Logar, Zabul, Helmand, Khost, Takhar, Nangarhar, Kunar, Balkh, Faryab, Farah, and Kabul).
  - During the second phase, a total of 90,323 children aged 9-59 months were vaccinated in 25 districts of 12 provinces (Wardak, Bamyan, Parwan, Panjshir, Urozgan, Paktya, Paktika, Ghazni, Baghlan, Nuristan, Samangan, and Badghis).

Acute Watery Diarrhea (AWD) with Dehydration Outbreak

(01 Jan-20 Jul 2024)

88,473	47	4,911	658	13.4%
Total AWD with dehydration cases	Total AWD with dehydration deaths	Samples tested for AWD with dehydration (RDTs)	RDT-positive cases for AWD with dehydration	RDT positivity rate for AWD with dehydration

Table 2: Summary of the AWD with Dehydration outbreak in the last eight weeks in Afghanistan (26 May – 20 Jul 2024)

Indicators	W22	W23	W24	W25	W26	W27	W28	W29	Trend line
Suspected cases	4,906	4,755	4,737	3,884	5,310	5,813	5,922	6,388	
Suspected deaths	1	1	4	3	4	2	6	1	
CFR (%)	0.0	0.0	0.1	0.1	0.1	0.0	0.1	0.0	

- The epi curve shows a considerable increase since week 16-2024 following the stabilization observed since the beginning of 2024. A potential explanation for the increase could be the summer season and the floods which affected different provinces of the country.
- During week 29-2024, 6,388 AWD with dehydration cases with 1 associated death were reported from 246 districts, which shows a 7.9% increase in the number of cases compared to the previous week (Figure 4).
- The death was an under-five male reported from Kabul province.
- During week 29-2024, one new district (Qaram qul of Faryab province) reported an AWD with dehydration alert.
- The highest cumulative incidence of AWD with dehydration per 10,000 population was reported from Paktya (66.0) followed by Nimroz (65.5), Kabul (44.4), and Jawzjan (41.0) (Figure 5).
- Since the beginning of 2024, a total of 88,473 AWD with dehydration cases and 47 associated deaths (CFR=0.05%) were reported from 332 districts. Out of the total cases, 49,662 (56.1%) were under-five children, and 43,779 (49.5%) were females.
- Since the beginning of 2024, 4,911 Rapid Diagnostic Tests (RDTs) have been conducted on AWD with dehydration cases, of which 658 tests turned positive (positivity rate 13.4%).

Figure 4. Weekly distribution of AWD with dehydration cases in Afghanistan 01 Jan– 20 Jul 2024 (N=88,473)

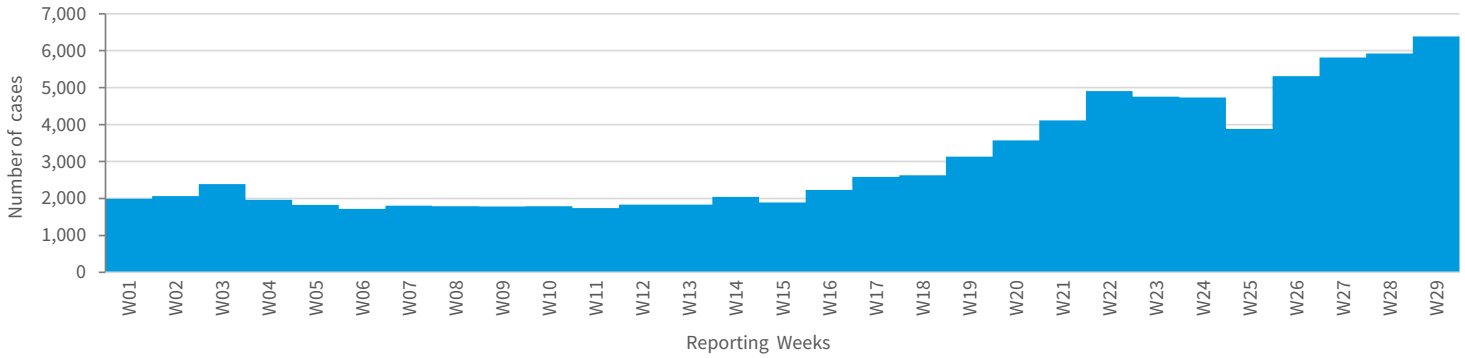
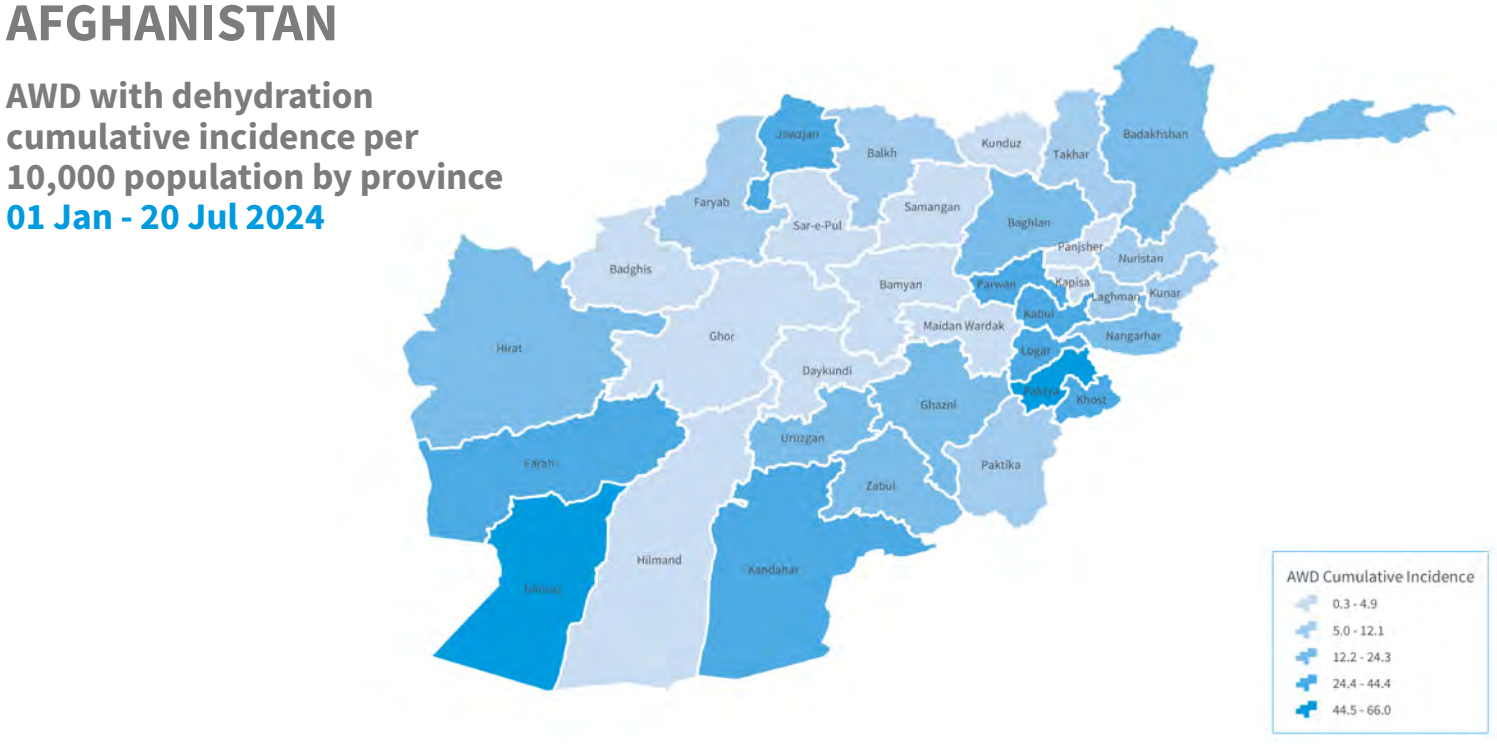


Figure 5. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 20 Jul 2024



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

Since the beginning of 2024, the following activities have been conducted:

- A total of 403 sentinel sites' focal points (including 24 Females) have been trained on surveillance procedures in Kabul province, East, South, North, and West regions.
- A total of 114 Cary Blair kits (100 pieces/kit) and 424 RDTs have been distributed to 7 WHO sub-offices.
- A total of 175 HCWs have been trained on AWD with dehydration case management in 4 regions: in Central region (70 including 15 females), East region (35 including 15 females), South region (35 all males), and Northeast region (35 including 17 females).
- A total of 38 Data Management Officers, Data Assistants, and Data Entry Clerks (including 3 Females) have been trained on data management and analysis.
- A total of 2,700 Information, Education, and Communication (IEC) materials (1,200 posters and 1,500 brochures) on AWD have been delivered by WHO to Ghor province. These IEC materials are used in health facilities and flood-affected communities.
- A total of 125 case management kits have been distributed to AWD with dehydration-targeted areas.

WASH update:

During the first two weeks of July (01-14 Jul 2024), the following activities were conducted as WASH response:

- Distribution of hygiene kits to 758 individuals in 3 provinces (Ghazni, Laghman, and Paktya)
- Provision of safe water to 1,099 individuals by rehabilitation of the water supply system in Helmand province.
- Conduct hygiene promotion sessions for 210,696 individuals in 13 provinces (Badghis, Bamyan, Herat, Khost, Logar, Ghazni, Kabul, Kunar, Laghman, Nangarhar, Paktya, Helmand and Kunduz).

Acute Respiratory Infection (ARI)

(01 Jan-20 Jul 2024)

*835,018	*1,977	**2,035	**70	3.4%
Total ARI Cases	Total Deaths	Samples tested for influenza	Lab confirmed influenza cases	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 outbreak in the last eight weeks in Afghanistan (26 May – 20 Jul 2024)

Indicators	W22	W23	W24	W25	W26	W27	W28	W29	Trend lines
Suspected cases	21,666	19,895	17,904	9,964	17,045	16,160	15,858 *	15,279	
Suspected deaths	62	49	40	46	50	61	54	50	
CFR (%)	0.3	0.2	0.2	0.5	0.3	0.4	0.3	0.3	

*Data entry error was experienced during week 28 in the number of ARI cases and modified from 15,867 to 15,858.

- The epi curve indicates a steady decline in ARI cases since week 07-2024, following the typical seasonal increase observed during the winter (Figures 6 & 7). This decrease could be explained by the conclusion of the winter season in the country.
- During week 29-2024, 15,279 cases of ARI pneumonia and 50 associated deaths were reported, which shows a slight decrease in the number of ARI cases compared to the preceding week.
- Since the beginning of 2024, a total of 835,018 ARI pneumonia cases and 1,977 associated deaths (CFR=0.2%) were reported from 34 provinces. Out of the total cases, 525,863 (63.0%) were under-five children, and 412,981 (49.5%) were females.
- Since the beginning of 2024, the highest cumulative incidence of ARI per 10,000 population is in Bamyan (400.9), followed by Balkh (396.5), Jawzjan (359.3), and Nooristan (336.0) provinces (Figure 8).
- Out of 1,977 deaths, 1,718 (86.9%) were under-five children and 917 (46.4%) were females.

Figure 6. Weekly distribution of ARI Pneumonia cases in Afghanistan, 01 Jan – 20 Jul 2024 (N=835,018)

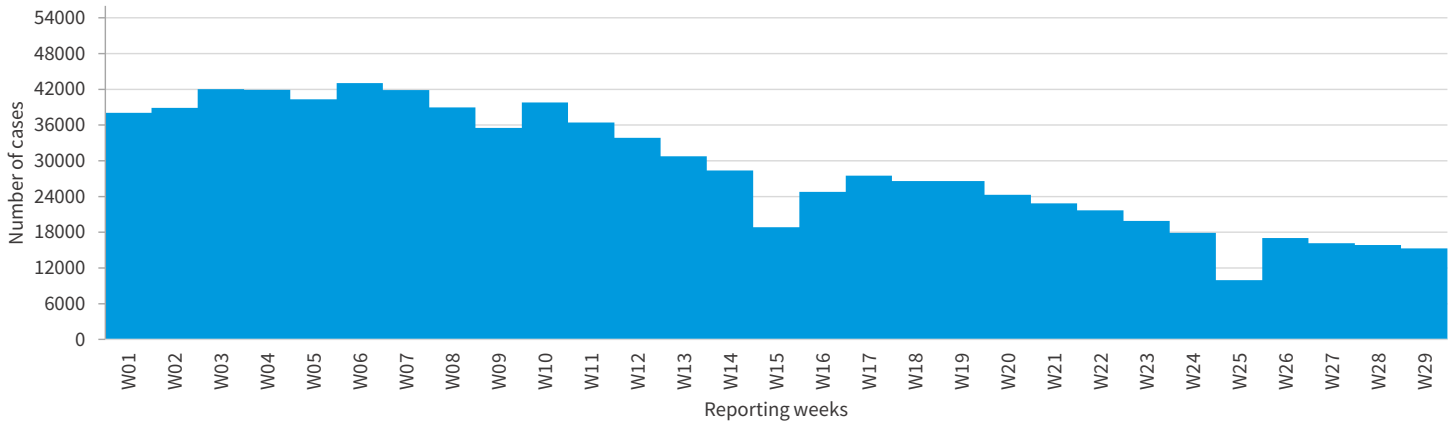


Figure 7. Comparison between the trend of ARI cases in 2024 vs 2023 and 3-years average, Afghanistan (2020-2022)

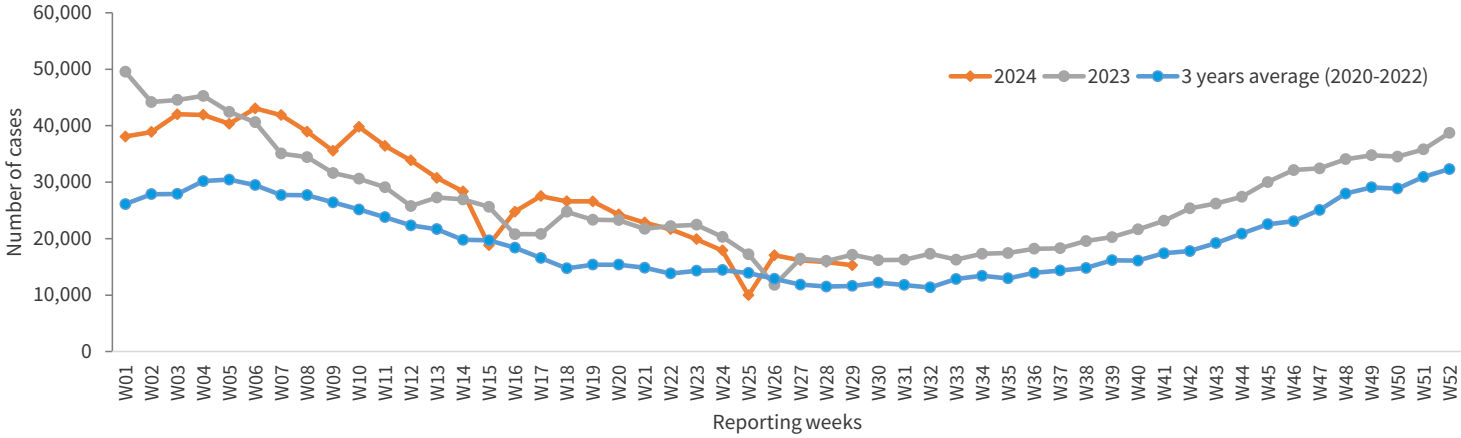


Figure 8. ARI pneumonia cumulative incidence per 10,000 population by province, Afghanistan 01 Jan- 20 Jul 2024

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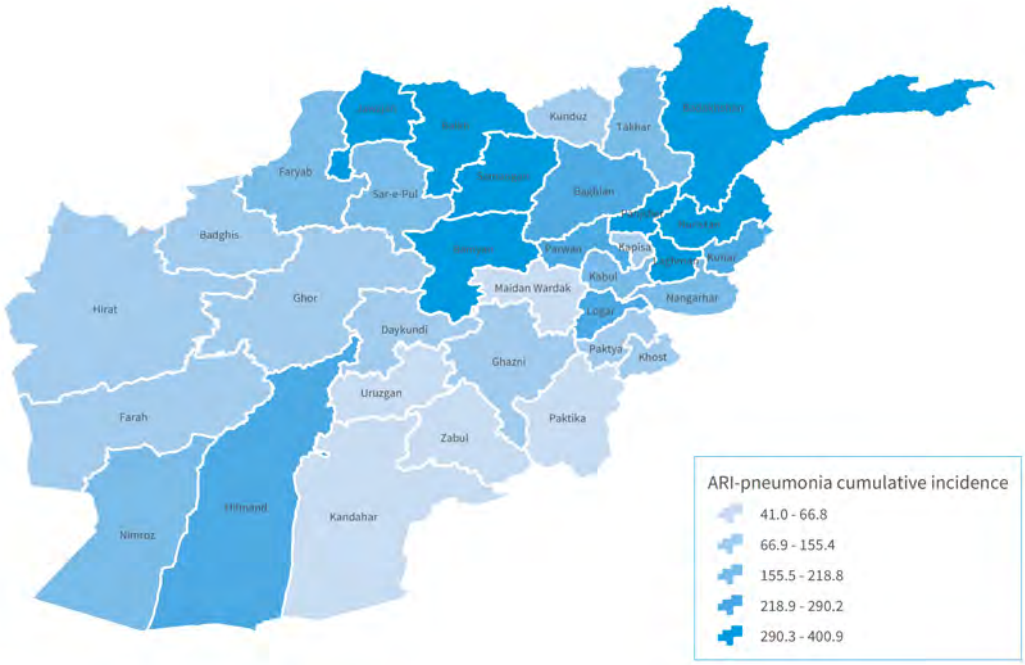
ARI pneumonia cumulative incidence per 10,000 population by province

01 Jan-20 Jul 2024



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 all WHO sub-offices.
- WHO has handed over a total of 89,000 IEC materials on ARI to MoPH (64,000 Posters and 25,000 Brochures).

COVID-19

(24 Feb 2020 — 20 Jul 2024)

Cumulative samples tested
1,020,028
In public laboratories

New samples tested in week 29
1,901
In public laboratories
-21.3%

Cumulative confirmed cases
239,590
Cumulative percent positivity (23.5%)

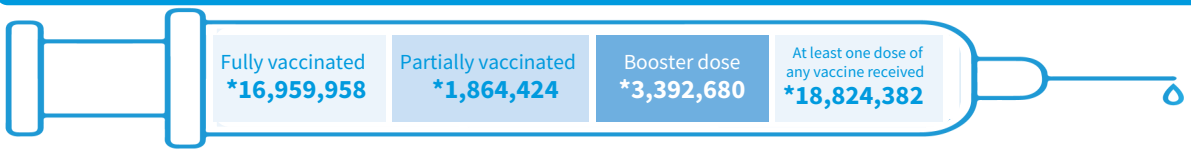
New confirmed cases in week 29
154
Weekly percent positivity (8.1%)
-16.3%

Cumulative confirmed deaths
8,015
CFR (3.3%)

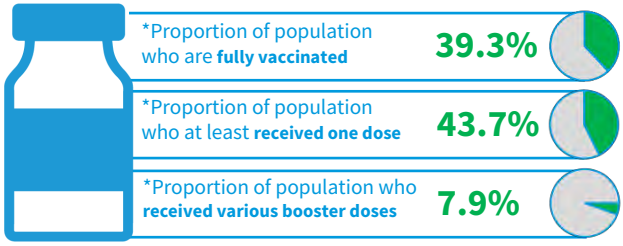
New confirmed deaths in week 29
2
Week 29 CFR (1.3%)
0.0%

Key: Increasing Decreasing No change

COVID-19 Vaccination highlights



Note: During June 2024, around 55,856 doses of various COVID-19 vaccines have been administered which shows a 68.4% decrease compared to May 2024.



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

Table 4: Summary of COVID-19 indicators in the last 8 weeks in (26 May – 20 Jul 2024)

Indicators	W22	W23	W24	W25	W26	W27	W28	W29	Trend line
Samples tested (in public Labs)	2,426	2,888	2,357	218	2,479	2,201	2,416 *	1,901	
Confirmed cases	277	269	207	21	238	151	184 *	154	
Positivity rate (%)	11.4	9.3	8.8	9.6	9.6	6.9	7.6	8.1	
Deaths	1	0	0	2	0	1	2	2	
CFR (%)	0.4	0.0	0.0	9.5	0.0	0.7	1.1	1.3	

**A delayed reporting was experienced during week 28 in the number of suspected and confirmed COVID-19 cases modified from 1,768 to 2,416 and from 111 to 184, respectively.*

- The epidemiological curve of confirmed COVID-19 cases indicates a decreasing trend since week 18-2024, following a peak during week 17-2024 (Figures 9 & 10).
- During week 29-2024, a total of 1,901 samples were tested in public labs, of which 154 were positive for COVID-19 (positivity rate 8.1%) with 2 associated deaths. This number of positive cases shows a 16.3% decrease compared to the preceding week (Table 4 and Figure 10).
- The 2 deaths were from Kabul and Paktya provinces, both were over-five years old females.
- Since the beginning of 2024, a total of 8,903 COVID-19 confirmed cases and 43 deaths (CFR=0.5%) have been reported. Out of the total cases, 4,832 (54.3%) were females while females represented 76.7% (33) of deaths.
- During week 29-2024, among 154 confirmed cases, 10 (6.5%) were hospitalized, and 2 cases were admitted to ICU (Figure 11).
- Since the beginning of 2024, a total of 74,427 samples of COVID-19 have been tested by public health laboratories across the country, out of which 8,903 were positive (positivity rate 12.0%), while the overall number of COVID-19 samples tested by public health laboratories reached to 1,020,028 since the beginning of the pandemic in February 2020.

Figure 9. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 24 Feb 2020 –20 Jul 2024 (cases= 239,590, deaths=8,015)

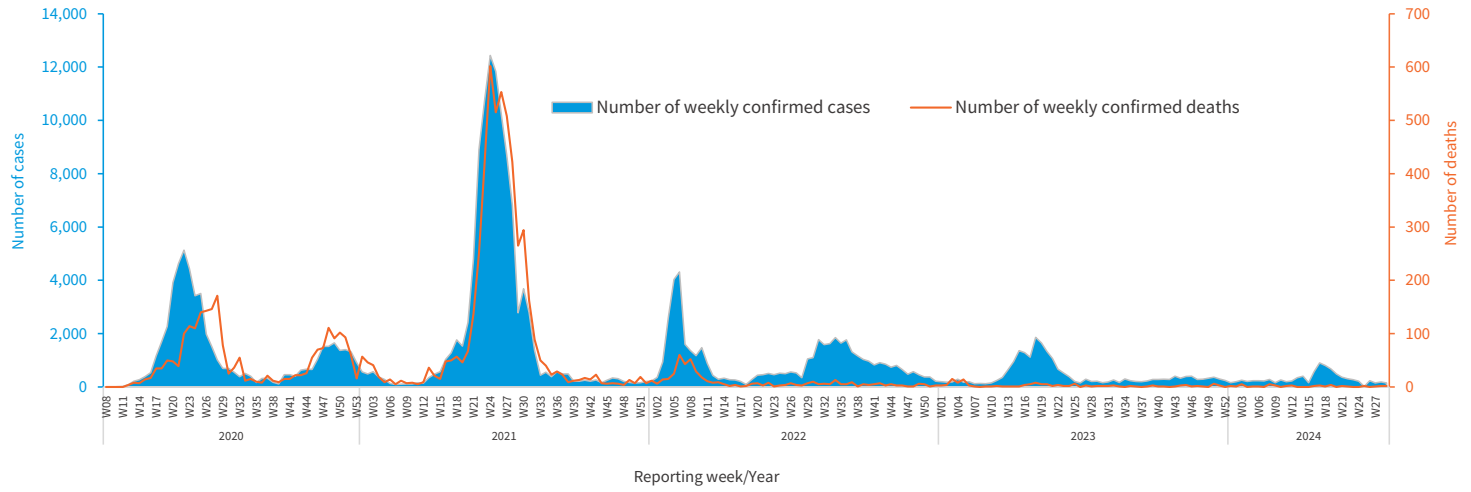


Figure 10. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 01 Jan – 20 Jul 2024 (cases=8,903, deaths=43)

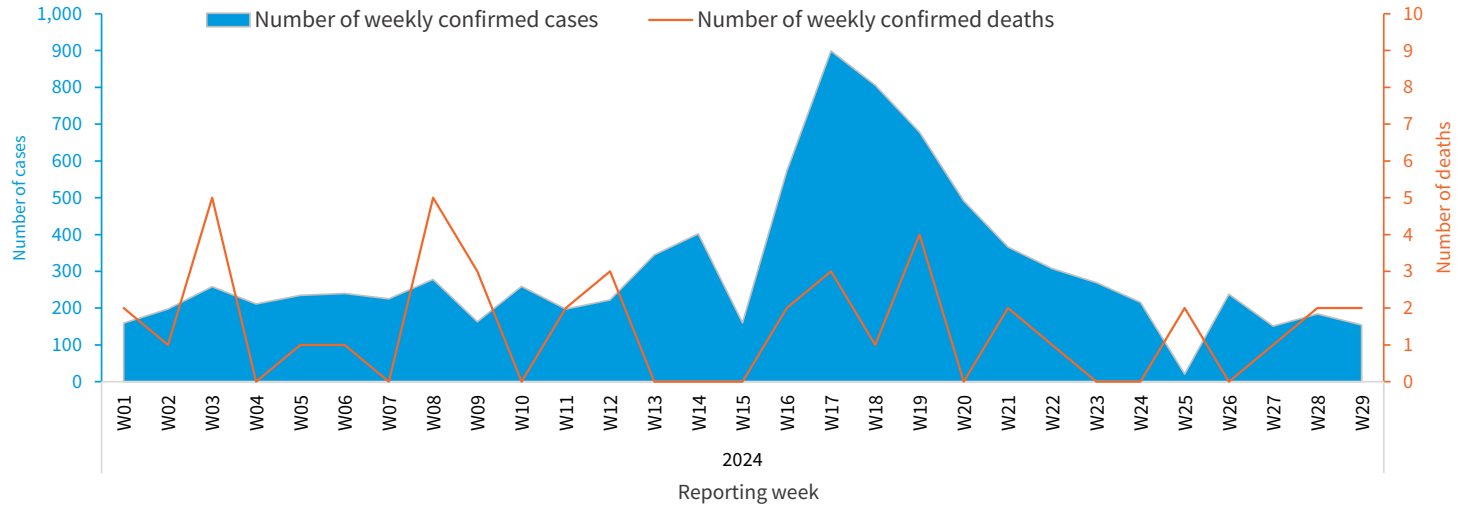
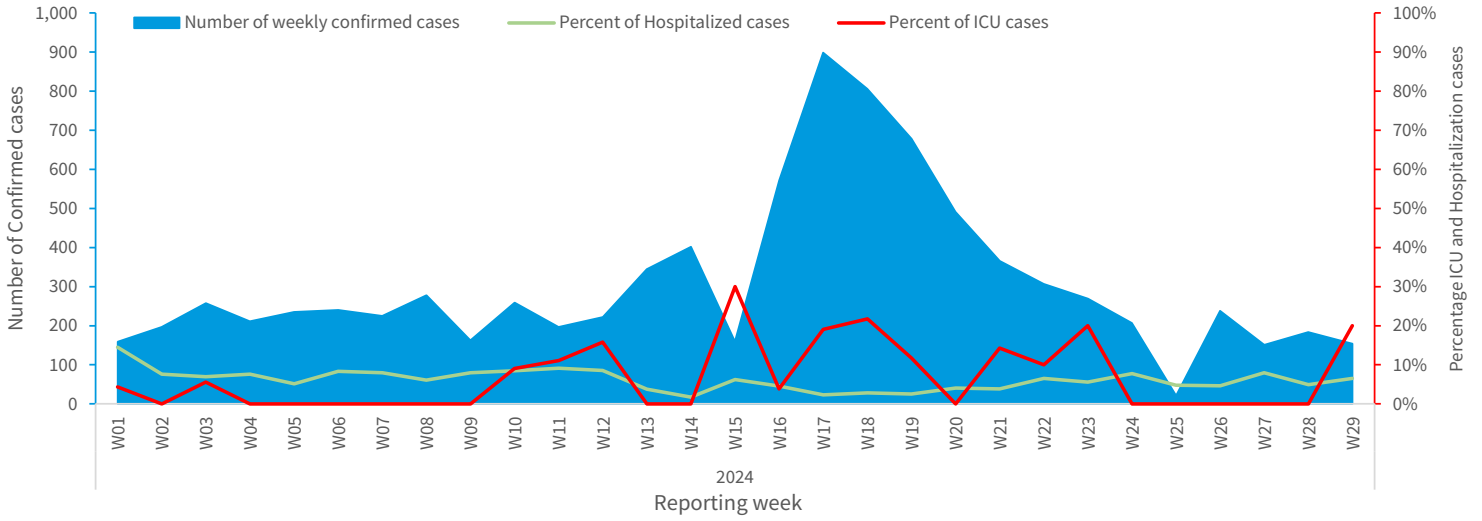


Figure 11. The weekly proportion of hospitalized and ICU cases and the number of confirmed COVID-19 cases in Afghanistan between 01 Jan-20 Jul 2024*



**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 have been 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).

Outbreak of Crimean Congo Hemorrhagic Fever (CCHF)

(01 Jan - 20 Jul 2024)

657 Total CCHF cases

57 Total CCHF deaths

509 Samples tested for CCHF

190 Lab-confirmed CCHF cases

37.3% CCHF test positivity rate

Table 5: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (26 May – 20 Jul 2024)

Indicators	W22	W23	W24	W25	W26	W27	W28	W29	Trend line
Suspected cases	24	36	47	42	157	80	48	58	
Suspected deaths	1	4 *	5	4	17	13	2	6	
CFR (%)	4.2	5.6	10.6	9.8	10.8	16.3	4.2	10.3	

**Data entry error was experienced during week 23-2024 and the number of deaths was modified from 3 to 4.*

- The epi-curve of suspected CCHF cases shows a gradually increasing trend over the past 10 weeks before reaching a peak in week 26-2024. However, in the last 3 weeks, a considerable decrease was observed which should be closely monitored to confirm the trend (Figures 12 & 13).
- During week 29-2024, 58 new suspected CCHF cases with 6 associated deaths were reported, which shows a 20.8% increase in the number of suspected CCHF cases compared to the preceding week (Table 5).
- The 6 new deaths were reported from 4 provinces; Kabul (2), Herat (2), Baghlan (1), and Kapisa (1); all deaths were above five years, while 4 of them were females.
- Since the beginning of 2024, a total of 657 suspected cases of CCHF with 57 associated deaths (CFR=8.7%) were reported. Out of the total cases, 656 (99.8%) were over-five, while 196 (29.8%) were females.
- The 57 deaths were mostly over five years old (56, 98.2%), while 13 (22.8%) were females. Deaths were reported from 6 provinces Kabul (37), Balkh (10), Herat (4), Kunduz (3), Kapisa (2), and Baghlan (1).
- Since the beginning of 2024, a total of 509 samples of suspected CCHF cases have been tested, out of which 190 were positive (positivity rate 37.3%) from 11 provinces.
- The positive cases were reported from Kabul (124), Balkh (24), Kunduz (16), Herat (9), Kapisa (6), Takhar (3), Baghlan (3), Badakhshan (2), Helmand (1), Paktika (1), and Kandahar (1).
- The highest cumulative incidence of suspected CCHF per 100,000 population in 2024 is reported from Balkh (6.4) followed by Kabul (4.2), Kapisa (3.7), and Jawzjan (2.8) provinces (Figure 14).

Figure 12. Weekly distribution of suspected CCHF cases in Afghanistan 01 Jan –20 Jul 2024, (N=657)

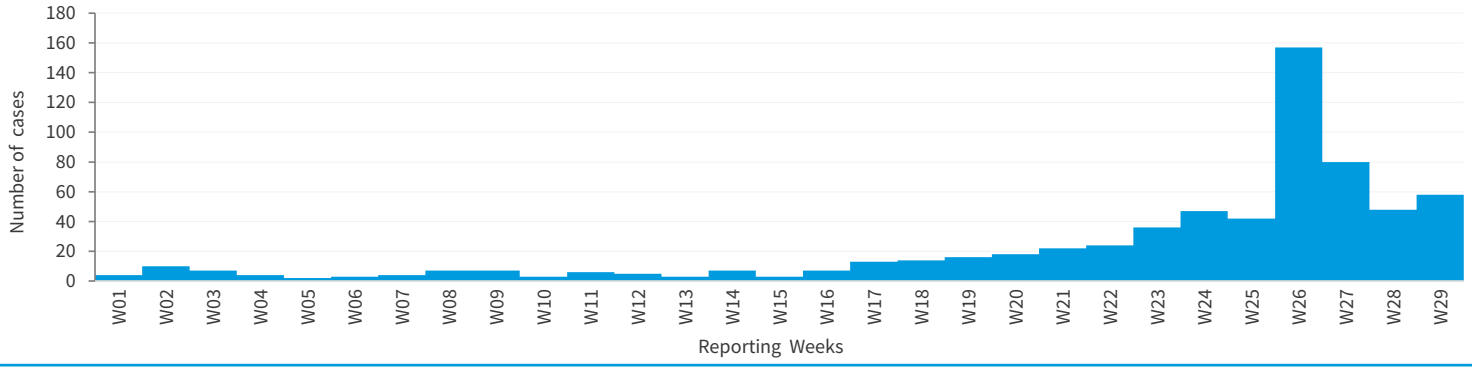


Figure 13. Comparison between the trends of suspected CCHF cases in 2024 vs 2023 and 3-years average (2020-2022)

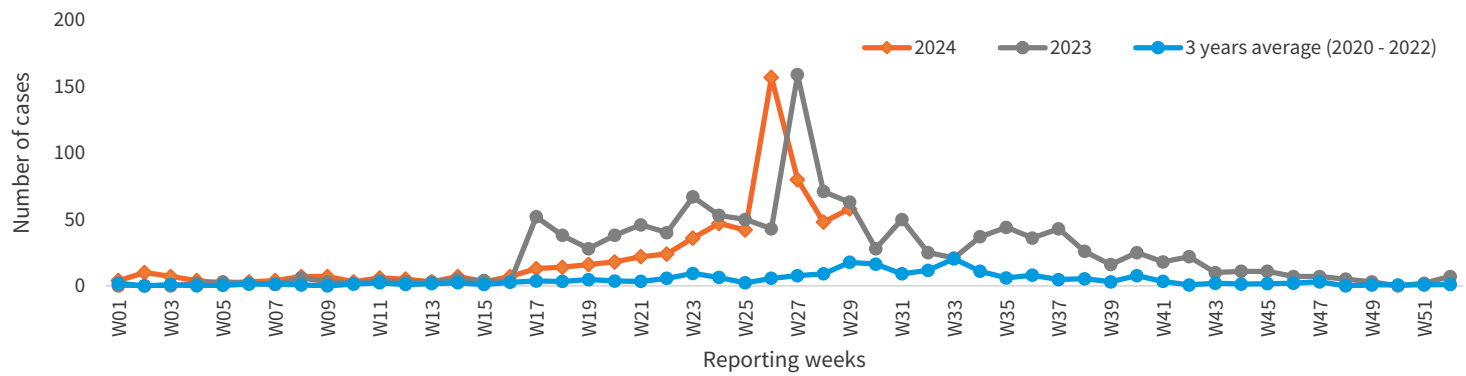


Figure 14. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 01 Jan – 20 Jul 2024

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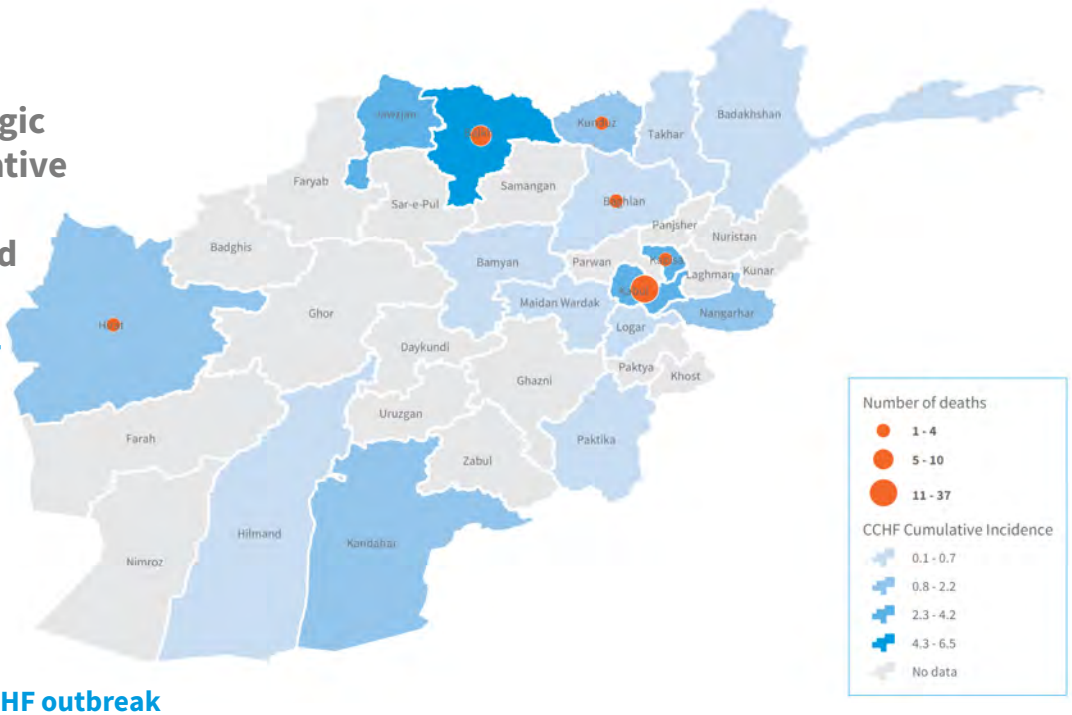
Crimean-Congo Hemorrhagic Fever (CCHF) cases cumulative incidence per 100,000 population by province and provincial distribution of deaths 01 Jan –20 Jul 2024



Updates on the response to the CCHF outbreak

Since the beginning of 2024, the following activities have been conducted:

- A total of 569 doses of ribavirin tablets and 1,540 doses of ribavirin injections have been distributed to the Infectious Disease Hospital (IDH) in Kabul and all WHO sub-offices.
- Insecticides have been supplied to all 34 provinces for cattle spraying against ticks in animal markets by MAIL and FAO.
- Animal spraying and awareness activities have been conducted in animal markets before Eid-ul-Adha by MAIL.
- The national Crimean-Congo Hemorrhagic Fever (CCHF) preparedness and response plan has been drafted and shared with MoPH for endorsement. The plan aims to prepare and respond to the CCHF outbreak with focused interventions on surveillance/outbreak investigation, laboratory confirmation, case management and supplies, RCCE for high-risk individuals, and the capacity of healthcare workers.

RCCE

- Since the beginning of 2024, the following RCCE activities have been conducted as a response to outbreaks:
  - WHO has conducted a mass online awareness campaign through the WHO's official social media accounts (Facebook and Twitter) on CCHF and dengue preventive measures as a response to infectious diseases, reaching around 25,000 social media users.
  - WHO has conducted a seven-day training and mass awareness campaign in Herat, Balkh, and Kandahar provinces, focused on Crimean-Congo Hemorrhagic Fever (CCHF) and other infectious diseases. The campaign included one day of training followed by six days of community outreach. During the campaign, WHO deployed around 110 (43 female and 67 male) social mobilizers to Herat (40 including 18 females), Balkh (35 including 16 females), and Kandahar (35 including 9 females) provinces and reached around 111,696 people through mass awareness campaigns on CCHF and other infectious diseases.

    https://www.facebook.com/WHOAfghanistan/postspfbid02cbTZc8dqXykBu6b2GJaRFuZiv81cDudvhZaGyAkhchNnHUBsmo9awi6DcfKK7dQYl

    https://twitter.com/WHOAfghanistan/status/1809471235090444707

Dengue Fever Outbreak

(01 Jan-20 Jul 2024)

1,280	0	*552	190	34.4%
Total Cases	Total Deaths	Sample tested	Lab confirmed cases	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, 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 (26 May – 20 Jul 2024)

Indicators	W22	W23	W24	W25	W26	W27	W28	W29	Trend line
Suspected cases	57	43	46	22	34	42	67	50	
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 a fluctuating trend with several peaks, notably around Week 4 and Week 21, followed by another peak in week 28-2024 (Figure 15).
- During week 29-2024, 50 suspected cases of dengue fever with no associated deaths were reported from Nangarhar province. This represents a 25.4% decrease 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), and even higher than the number of suspected cases reported in the corresponding week in 2023 (Figure 16).
- Since the beginning of 2024, a total of 1,280 suspected cases of dengue fever with no associated deaths were reported, out of which 739 (57.7%) were females, and 12 (0.9%) were under-five children. The geographical distribution and weekly change rate are shown in Figure 17.
- Since the beginning of 2024, a total of 552 samples have been tested, out of which 190 were positive by PCR (positivity rate 34.4%).

Figure 15. Weekly distribution of suspected dengue fever cases in Afghanistan 1 Jan – 20 Jul 2024, (N=1,280)

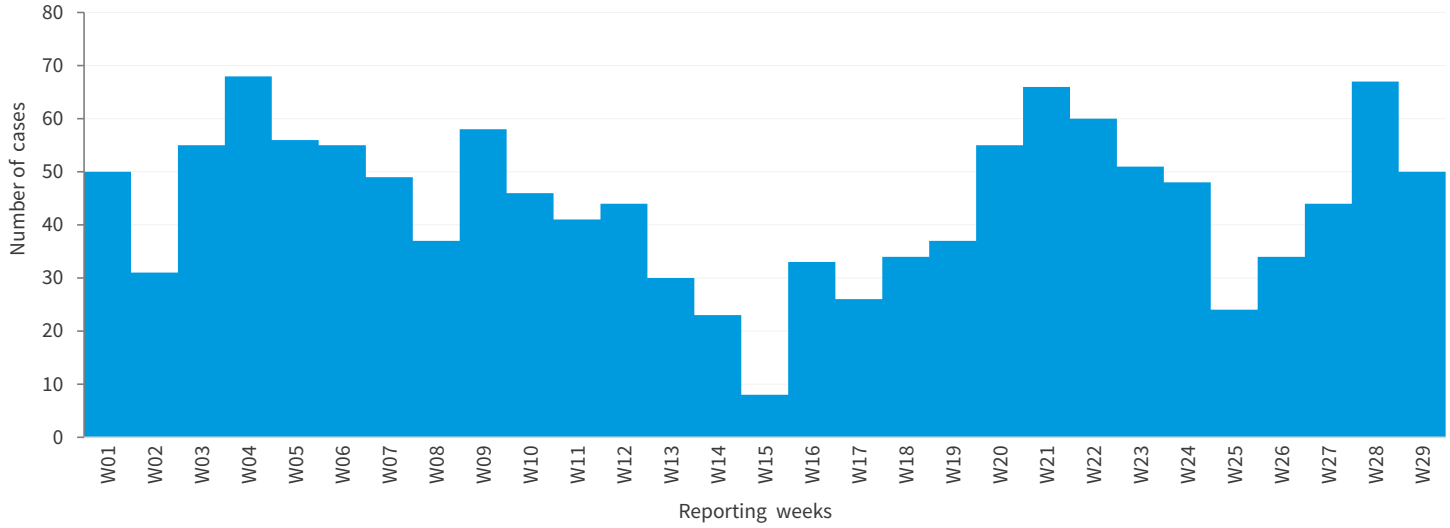


Figure 16: Comparison between the trends of suspected dengue fever cases in 2024 vs 2023 and 2-year average (2021-2022).

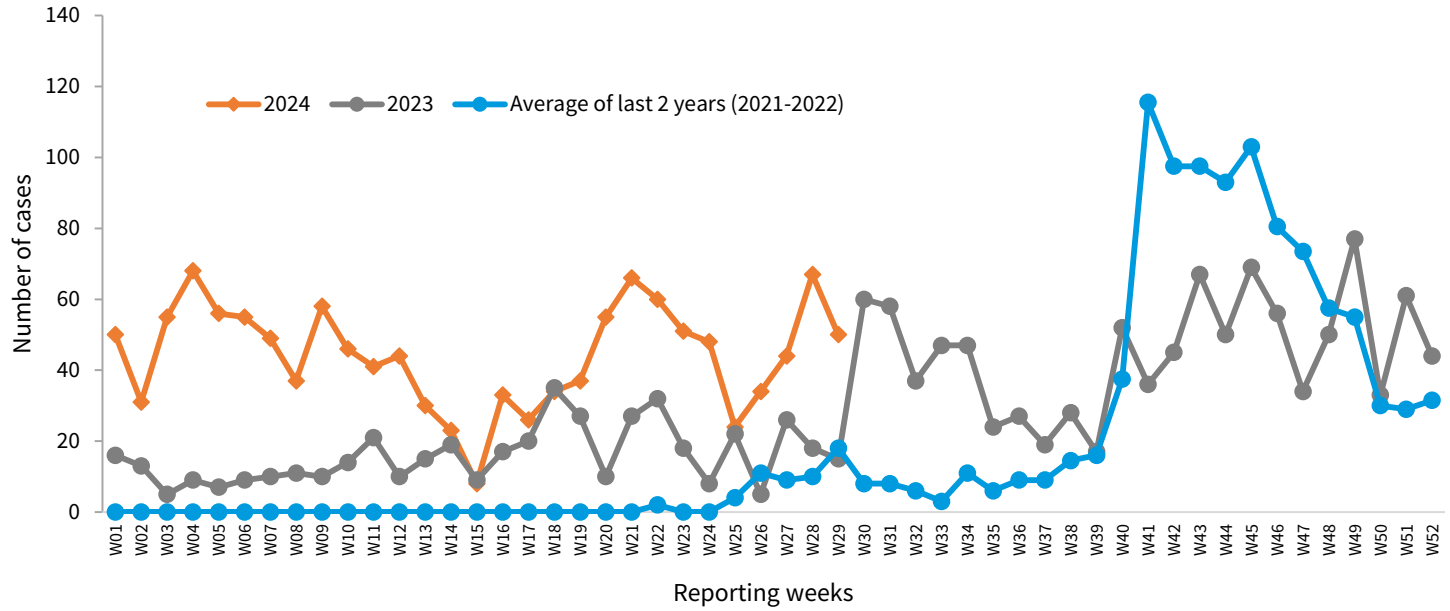
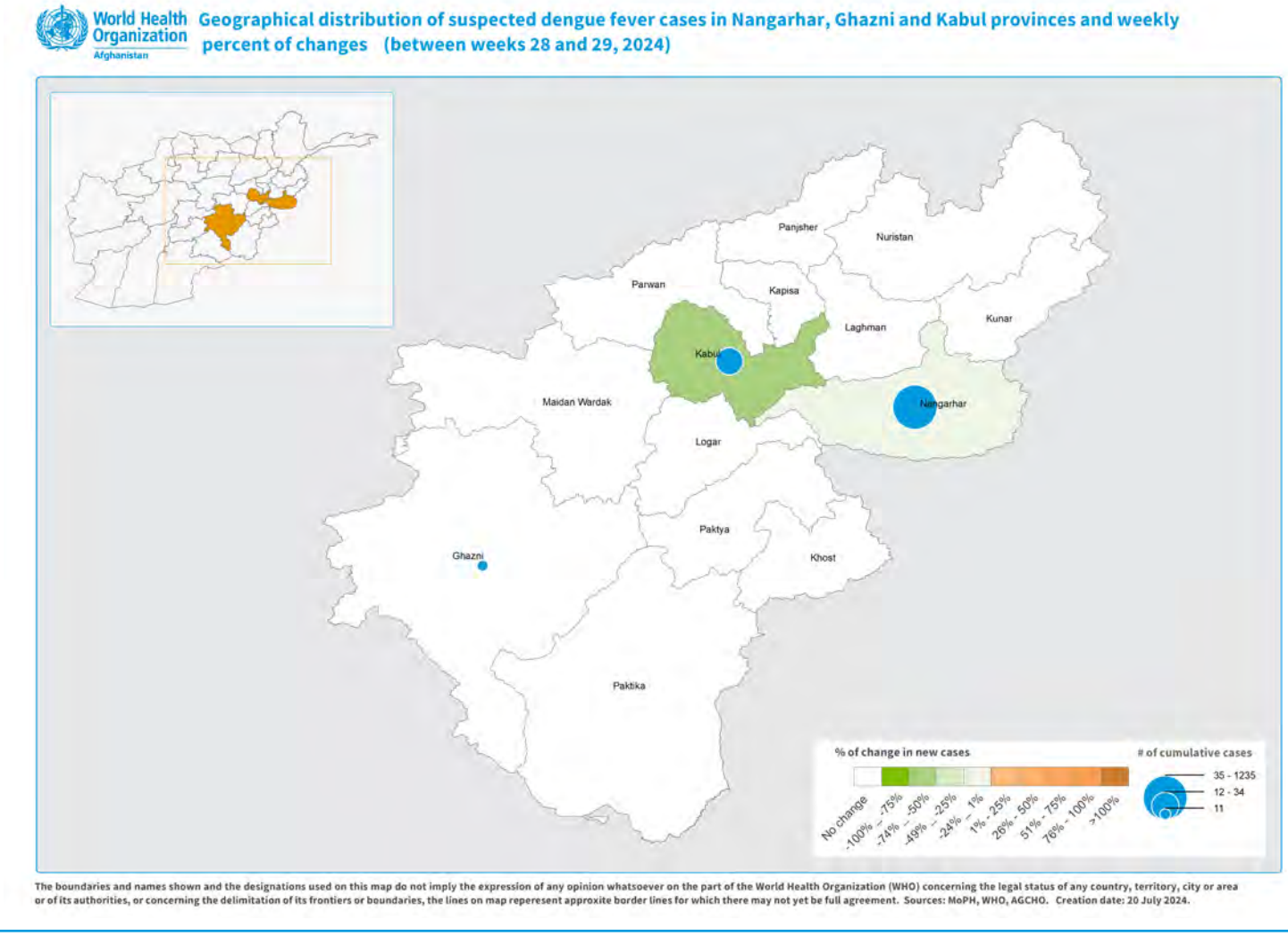


Figure 17. Geographical distribution of suspected dengue fever cases and percent change of new cases in Afghanistan, 01 Jan – 20 Jul 2024



Updates in the response to the dengue fever outbreak

Since the beginning of 2024, the following activities were conducted:

- A total of 835 dengue fever RDT kits (10 tests/kit) have been distributed to South and East WHO sub-regional offices.
- A total of 386 HCWs (MDs and Nurses) have been trained on dengue fever case management from Kandahar (46 M and 42 F), Southeast region (64 M and 43 F), and East region (104 M and 87 F).
- A total of 150 lab technicians of HFs of Kandahar (28), Southeast region (54), and East region (68) have been trained on dengue fever diagnosis.

Note: MOPH is the source of epidemiological data

Case definition & alert/outbreak thresholds

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