# World Health Organization
## Afghanistan

# AFGHANISTAN
## INFECTIOUS DISEASE OUTBREAKS
## SITUATION REPORT I Epidemiological week #02-2023

| Disease Outbreaks | AWD (May 22-Jan 2023) | ARI (Oct 22-Jan 2023) | COVID-19 (Feb 20-Jan 2023) | Pertussis (Jan 22-Jan2023) | Measles (Jan 22-Jan 2023) | Dengue fever (Jun 22-Jan 2023) |
|---|---|---|---|---|---|---|
| Cumulative Cases (Data from 613 surveillance sentinel sites) | 248,149 | 2,877,598 | 207,984 | 1,047 | 78,441 | 1,287 |
| Deaths "CFR (%)" | 89 (0.04) | 791 (0.03) | 7,856 (3.7) | 15 (1.4) | 394 (0.5) | 2 (0.2) |

## Acute Watery Diarrhea (AWD) with Dehydration Outbreak (01 May 2022 to 14 Jan 2023)

Table 1: summary of the AWD with Dehydration outbreak in the last eight weeks (19 Nov 2022 – 14 Jan 2023)

| Indicators | W-47 | W-48 | W-49 | W-50 | W-51 | W-52 | W01-23 | W02-23 | Epi-curve |
|---|---|---|---|---|---|---|---|---|---|
| Suspected cases | 3,443 | 3,983 | 3,700 | 3,488 | 2,829 | 2,789 | 2,940 | 2,420 | |
| Deaths | 3 | 2 | 0 | 1 | 1 | 0 | 0 | 2 | |
| CFR (%) | 0.09 | 0.05 | 0.00 | 0.03 | 0.04 | 0.00 | 0.00 | 0.08 | |
| % Change cases | -7.8 | 15.7 | -7.1 | -5.7 | -18.9 | -1.4 | 5.4 | -17.7 | |

- Out of 248,149 cases, 137,536 (55.4%) children below 5 years and 123,901 (49.9%) were females.
- A total of 2,644 samples were tested for AWD.
- The first few cases of AWD with dehydration were reported to the National Disease Surveillance and Response System (NDSR), MoPH and WHO on 04 May 2022 from Kandahar city of Kandahar province and spread to 175 districts in all 34 prov-inces.

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## AWD with dehydration attack rate per 1,000 population by province

As of 14 Jan 2023



**AWD attack rate/1,000**
- 0.2 - 5.0
- 5.1 - 10.0
- 10.1 - 15.0
- 15.1 - 20.0
- 20.1 - 28.3
- Province_Boundary
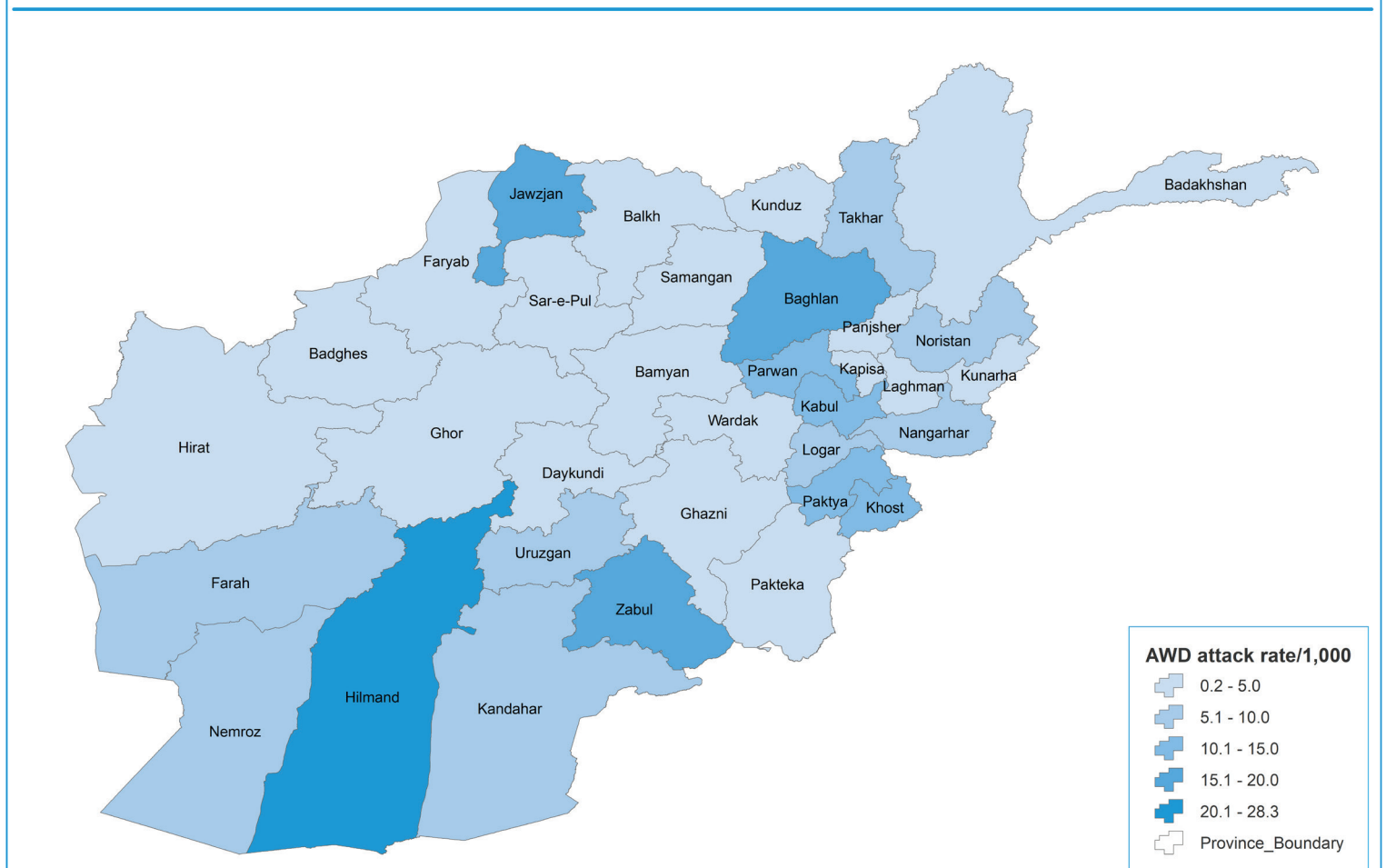
**Figure 1**. AWD with dehydration attack rate per 1,000 population by province in Afghanistan, May 2022 - Jan 2023
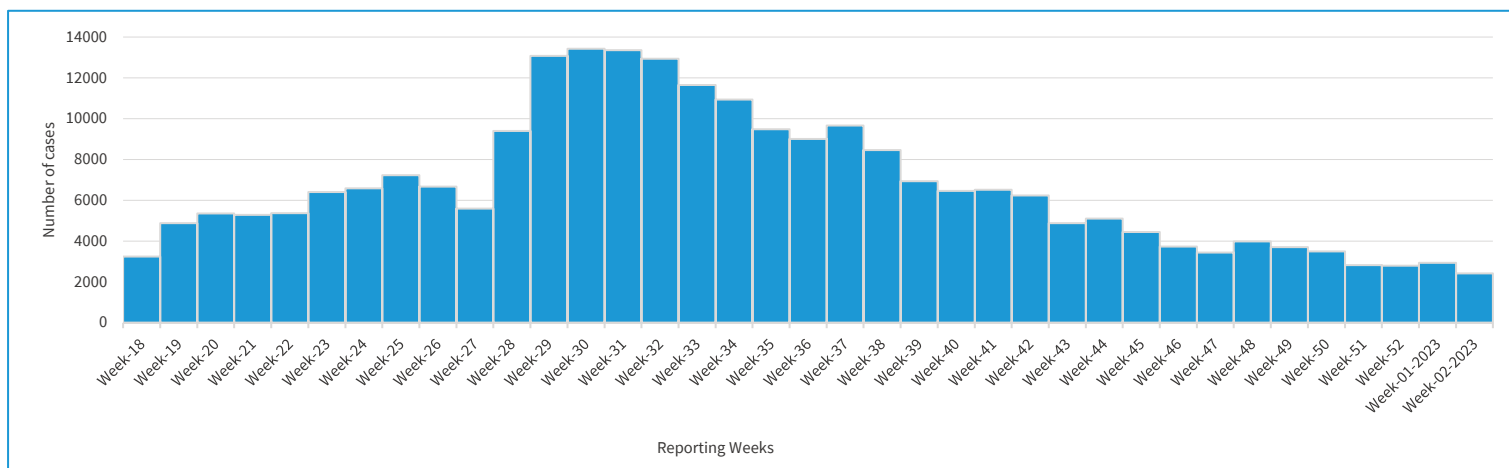
**Figure 2**. Epidemiological curve of AWD with dehydration cases in Afghanistan May 2022-Jan 2023 (N=248,149)

The epi curve shows gradual decline in the number of AWD with dehydration cases since week-32 2022, this decline is explained by seasonal change towards winter and partially impact of response to AWD outbreak in affected provinces. Since last 6-8 weeks, the majority of the culture and RDTs results are negative for the expected pathogen, hence the report of more than 2,000 cases/weekly might be due to other AWD causative agents.

## Response to the AWD outbreak

### Leadership and Coordination

• Health and WASH cluster partners coordination meeting was conducted recently, and the AWD preparedness and response plan will be revised and updated for 2023.

• Emergency and Preparedness Response Committees (EPR) are active at the provincial level.

### Surveillance

• Surveillance support teams (SSTs) are actively participating in outbreak investigation and response activities in 34 provinces.

• As part of the pilot implementation of event based surveillance (EBS), a total of 836 community health supervisors (CHSs) and medical officers have been trained on procedures of EBS in 6 provinces.

• Supervisory visits have been conducted in different provinces to strengthen early detection and timely response to AWD outbreaks.

### Case Management

• Since the beginning of the outbreak in May 2022, a total of 1,681 HCWs have been trained on AWD case management in 34 provinces.

### Laboratory and Supplies

• During Dec-2022-Jan 2023, a total 34 AWD investigation and 34 RDT kits were supplied to all 34 provinces.

• 5 central AWD case management kits were distributed to Paktia, Paktika, Ghazni, Nuristan and Kunduz provinces (One kit/ province) to support AWD case management.

• 700 Cary Blairs were distributed to Kabul, Balkh, Kandahar and Nangarhar provinces to support sample collection and transportation.

• 5 AWD investigation kits were distributed to Kabul NDSR office for supporting the AWD investigation.

• Overall, since the beginning of the outbreak between May 2022-Jan 2023, more than 500 AWD case management kits and more than 1,000 investigation kits (Cary Bliars & RDTs) were distributed to all outbreak affected areas.

### WASH and RCCE

• A total of 4,400 wells were chlorinated to provide clean water to 148,000 individuals in 5 provinces.

• In Taloqan district of Takhar province, water supply system was rehabilitated to provide safe water for more than 4,000 individuals.

• In 5 provinces, emergency latrines were installed and rehabilitated to provide sanitation and hygienic facility for 4,500 individuals.

• Overall, around 6,500 hygiene Kits were distributed to provide facility for hygienic practice to 35,700 individuals in 6 provinces.

• Hygiene promotion campaigns were conducted to increase awareness of hygienic practices for more than 133,000 individuals in 12 provinces.

## Acute Respiratory Infection (ARI) (01 Oct 2022 to 14 Jan 2023)

| | | | | | |
|---|---|---|---|---|---|
| **2.87M** Total ARI cases | **791** Total ARI deaths | **200** Influenza sample tested | **41** Influenza lab confirmed cases | **20.5%** Influenza test positivity ratio |

**Table 2: summary of the acute respiratory infection outbreak in the last eight weeks (19 Nov 2022 – 14 Jan 2023)**

| Indicators | W-47 | W-48 | W-49 | W-50 | W-51 | W-52 | W-01-23 | W-02-23 | Epi-curve |
|---|---|---|---|---|---|---|---|---|---|
| Suspected cases | 197,009 | 216,926 | 217,673 | 228,085 | 235,165 | 235,561 | 247,244 | 210,234 | |
| Deaths | 35 | 39 | 55 | 72 | 69 | 66 | 78 | 83 | |
| CFR (%) | 0.02 | 0.02 | 0.03 | 0.03 | 0.03 | 0.03 | 0.03 | 0.04 | |
| % Change cases | 8.7 | 10.1 | 0.3 | 4.8 | 3.1 | 0.2 | 5.0 | -15.0 | |

- Case definition of ARI: Acute onset of cough, cold, coryza (runny nose), pharyngitis, laryngitis, bronchitis, or bronchiolitis with or without fever, Influenza-Like Illness (ILI), and pneumonia including SARI and suspected COVID-19.
- Since Oct 2022, out of the total 2,877,598 ARI cases, 1,311,601 (45.6%) were children below 5 and 1,497,413 (52.0%) were females.

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Geographical Distribution of ARI (Cough&Cold/Pneumonia) cases by Province

As of 14 Jan 2023

**# of ARI cases**
- 16863 - 75000
- 75001 - 150000
- 150001 - 225000
- 225001 - 300000
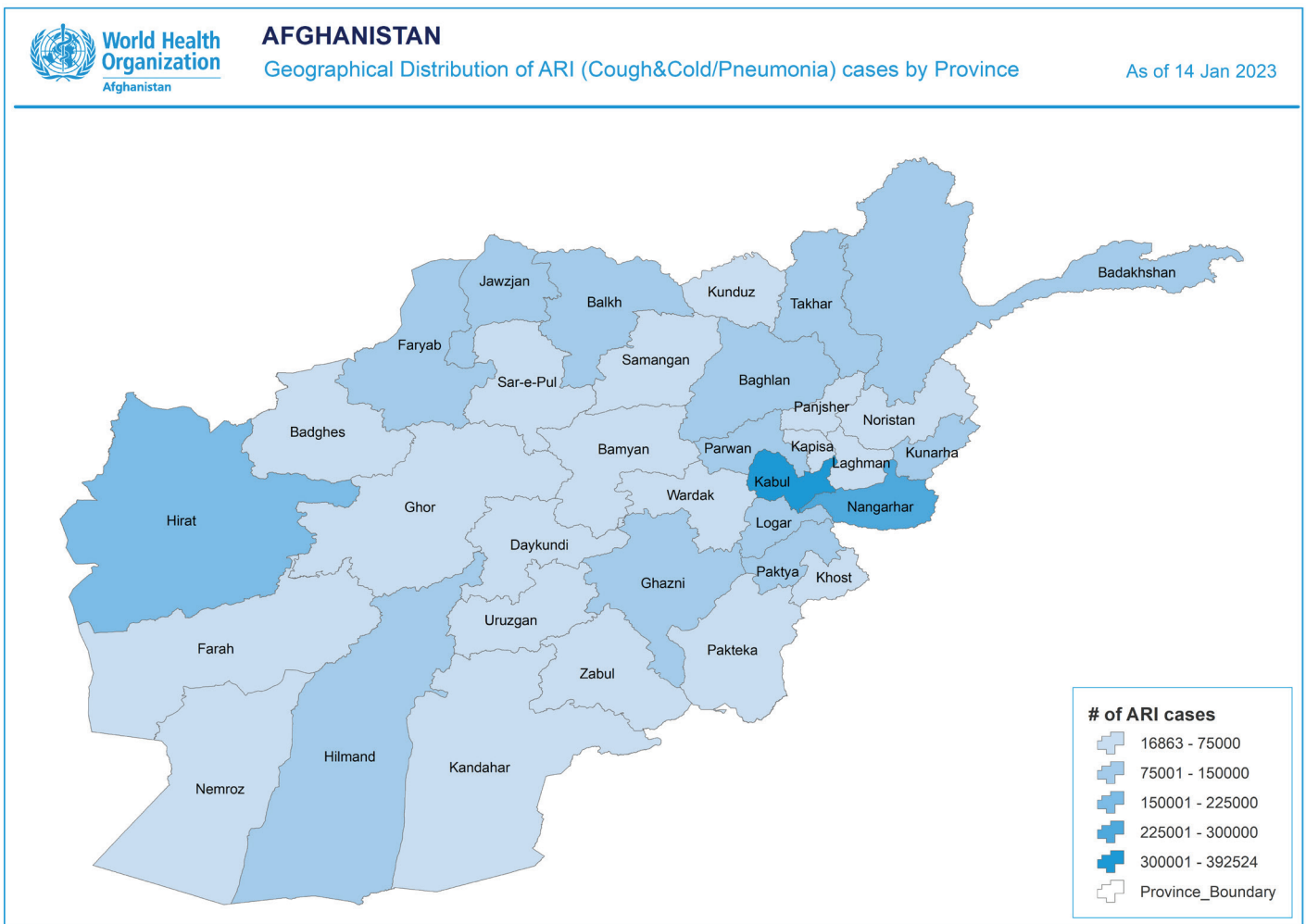- 300001 - 392524
- Province_Boundary

**Figure 3**. Geographical distribution of ARI cases by province in Afghanistan Oct 2022– Jan 2023 (N=2,877,598)
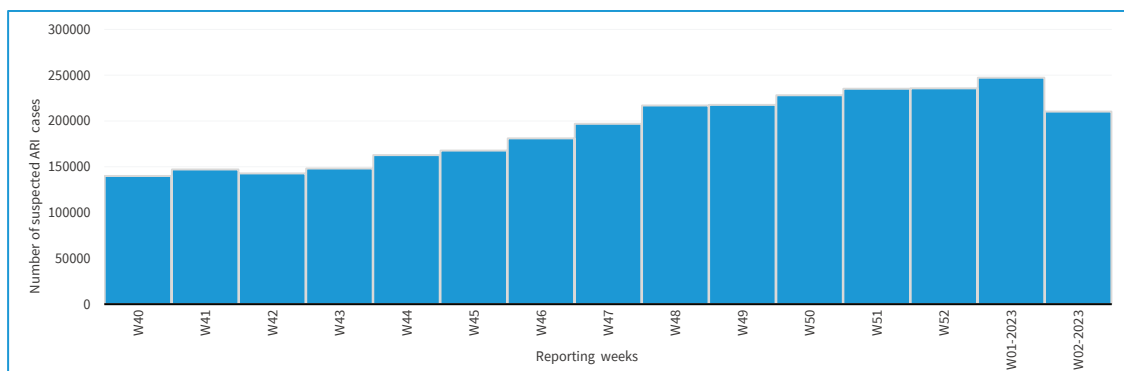
**Figure 4**. Epidemiological curve of ARI cases in Afghanistan, Oct 2022- Jan 2023 (N=2,877,598)
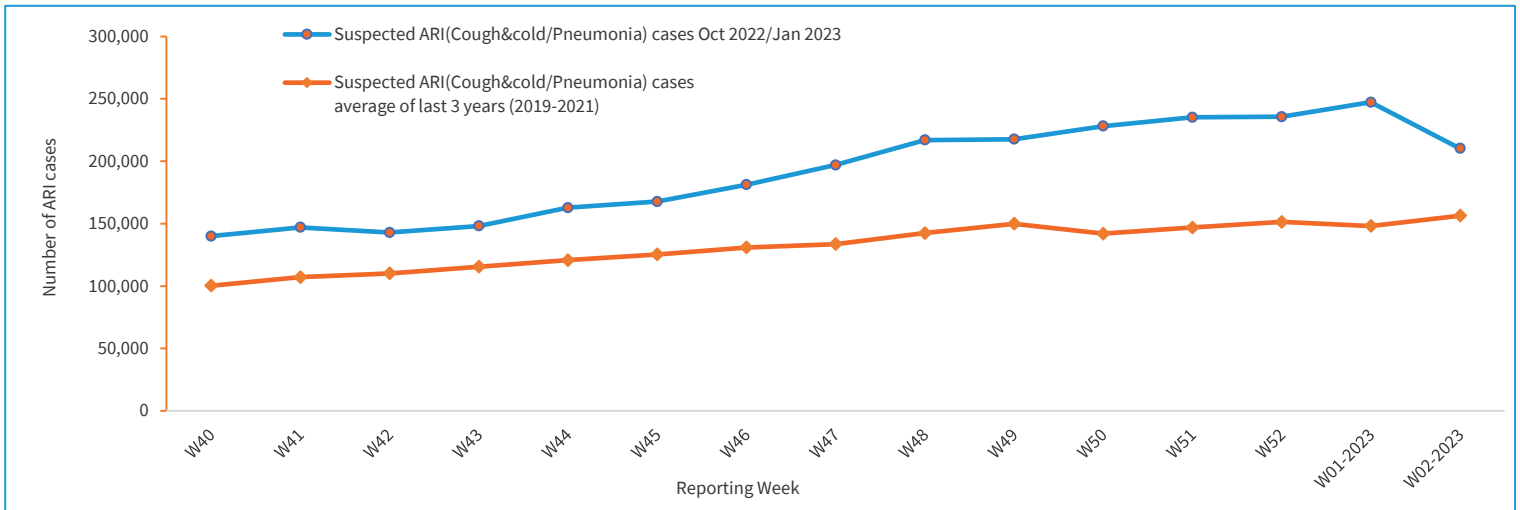
**Figure 5**. Comparision of ARI trend curve using 3 years average (2019-2021) vs 2022-2023, in Afghanistan

Figure 5 shows gradual increase in the number of ARI cases in 2022 as compared to in last three years average. However, this increase in 2022 could be explained by multiple factors such as lack of immunity to some pathogens after stopping mask use after 3 years of COVID-19.

## Response to Acute Respiratory Infection outbreak

• The provincial NDSR team through provincial EPR committee is leading the outbreak response activities.
• Surveillance is conducted by the SSTs and case management is done by the BPHS and EPHS implementing partners.
• Samples are collected and shipped to CPHL/NIC for testing

• WHO provided 378 kits (medicines, reagents, equipment etc) for ARI case management to five provinces (Badakhshan, Nuristan, Daikundi, Jawzjan and Ghazni provinces.
• WHO is conducting the training for a total of 1,320 healthcare workers on ARI case management (200 HCW already trained from central region and the rest will be trained in other 7 regions)

## ❄ COVID-19 (24 Feb 2020 – 14 Jan 2023)

**Cumulative samples tested**
**785,721**
In public laboratories only

**Cumulative confirmed cases**
**207,984**
Cumulative percent positivity (26.4%)

**Cumulative confirmed deaths**
**7,856**
CFR (3.7 %)

**New samples tested in week 02**
**1,954**  ⬆ 3.0%
In public laboratories only

**New confirmed cases in week 02**
**174**  ⬇ -10.0%
Weekly percent positivity (9%)

**New confirmed deaths in week 02**
**4**  ⬆ 33.0%
Weekly CFR (2.3%)

Key: ⬆ increasing  ⬇ decreasing  ● no change

## ❄ COVID-19 Vaccination highlights

Fully vaccinated:
**10,893,784**

Partially vaccinated:
**1,708,574**

At least one dose of any vaccine received:
**12,602,358**

Proportion of population* who are fully vaccinated  **27.7%**

Proportion of population* who at least received one dose  **32.1%**

*Total population: 39,269,174*(Ref: UN estimation, AFG CMYP 2022)

Table 3: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (19 Nov 2022 - 14 Jan 2023)

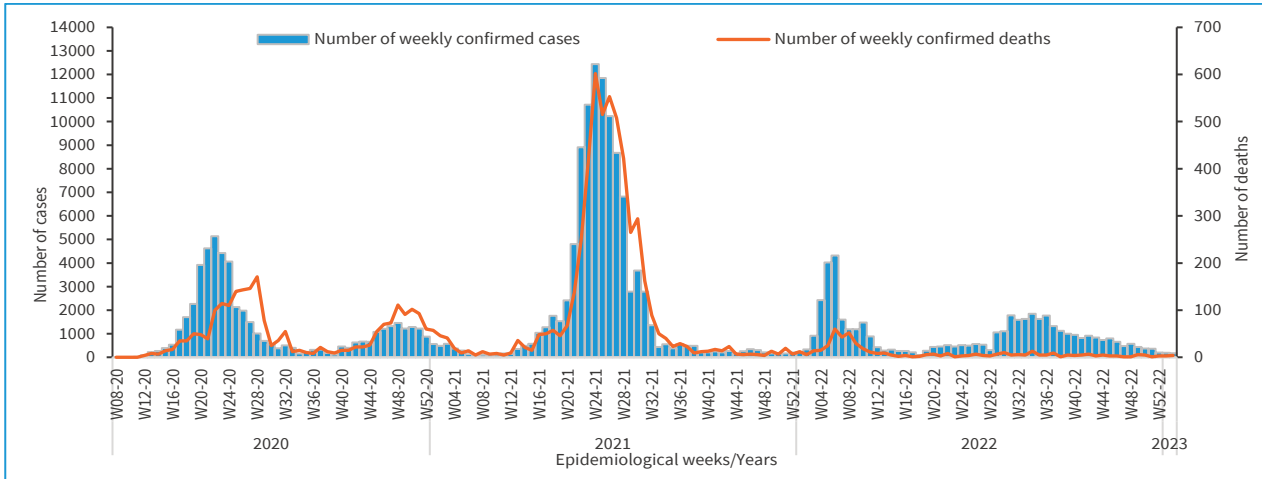| Indicators | W47-22 | W48-22 | W49-22 | W50-22 | W51-22 | W52-22 | W01-23 | W02-23 | Epi-curve |
|---|---|---|---|---|---|---|---|---|---|
| Samples tested (in public Labs) | 4,196 | 5,370 | 4,177 | 4,192 | 3,979 | 2,834 | 1,891 | 1,954 | |
| Confirmed cases | 474 | 573 | 439 | 372 | 365 | 204 | 194 | 174 | |
| Percent positivity (%) | 11 | 11 | 11 | 9 | 9 | 7 | 10 | 9 | |
| Confirmed deaths | 1 | 1 | 6 | 5 | 1 | 3 | 3 | 4 | |
| CFR (%) | 0.2 | 0.2 | 1.4 | 1.3 | 0.3 | 1.5 | 1.5 | 2.3 | |

**Figure 6.** Epidemiological curve of confirmed COVID-19 cases and deaths in Afghanistan Feb 2022 - Jan 2023

Figure 6 shows decline in the number confirmed cases and deaths since week-36 of 2022, the pattern could be explained by reduction in the number of samples tested (suspected patients are not testing), reduced susceptibility of general population to COVID-19 and impact of nationwide vaccination campaigns.
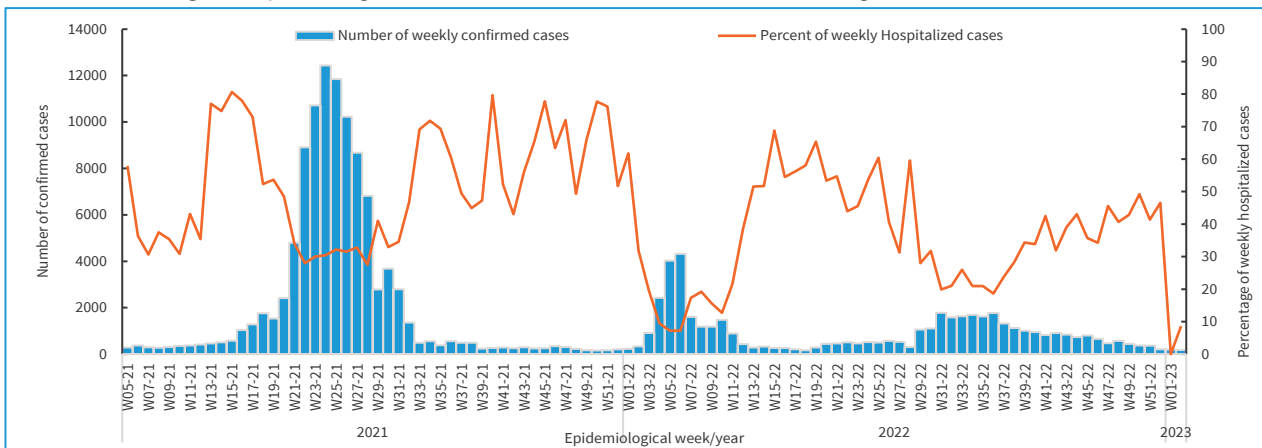


**Figure 7.** Weekly proportion of hospitalized cases out of new COVID-19 confirmed cases in Afghanistan as of Feb 2020– Jan 2023

The increase in the percentage of hospitalization among confirmed COVID-19 cases could be explained by the fact that mild- moderate cases no longer seek medical advice, as seen by the reduced testing (Table 2) and hence figure #4 is limited to the more severe cases. The drop in the 2nd week of Jan-2023 is due to incomplete data entry (still ongoing).
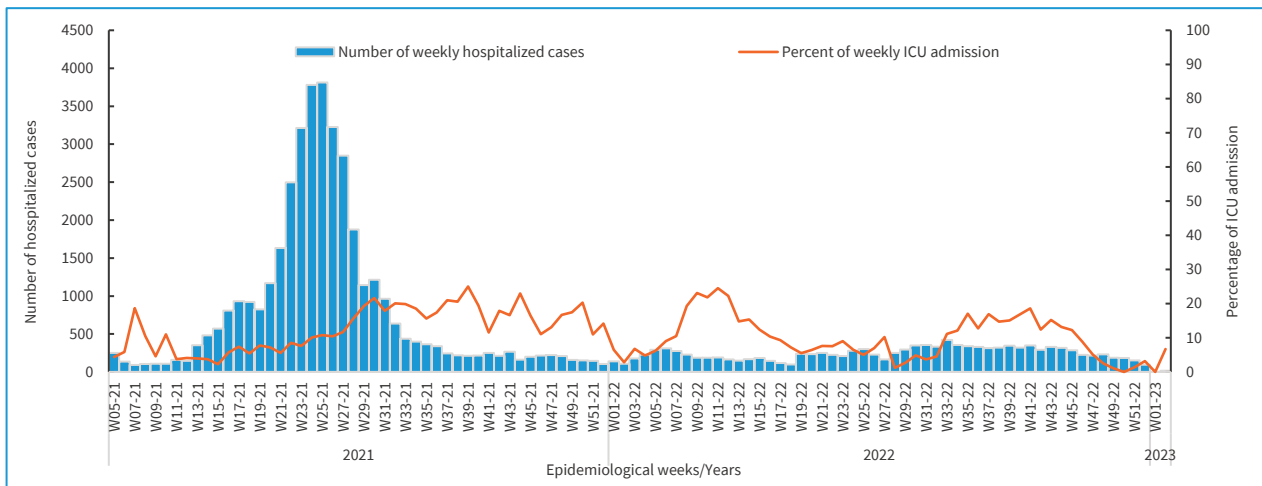


**Figure 8:** Weekly proportion of ICU admissions out of newly hospitalized COVID-19 cases in Afghanistan as of Feb 2020– Jan 2023

## Suspected pertussis outbreaks (Jan 2022-Jan 2023)

**1,047** Total Case

**15** Total deaths

### Table 4: summary of the suspected pertussis outbreak in the last eight weeks (19 Nov 22 – 14 Jan 2023)

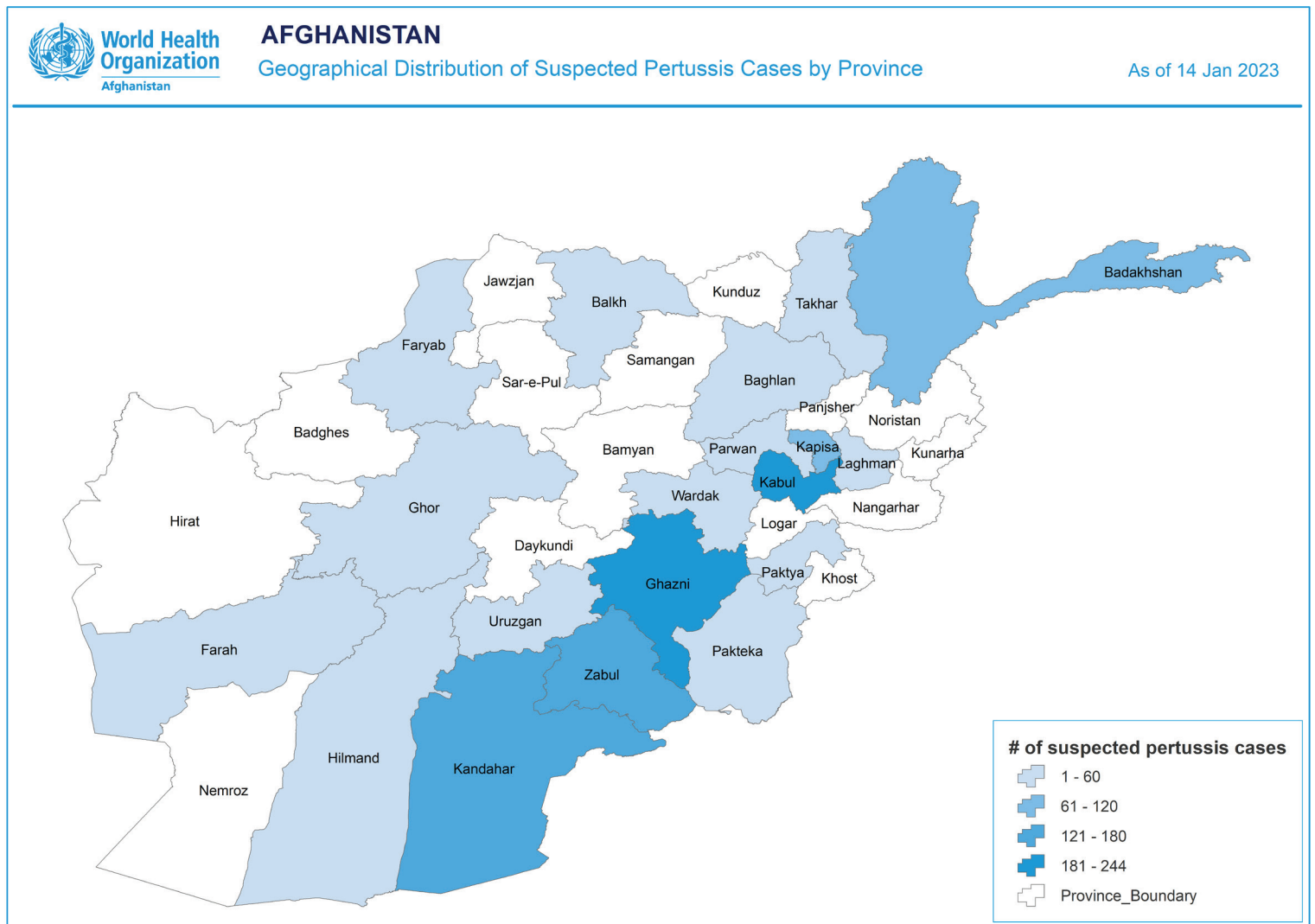| Indicators | W-47 | W-48 | W-49 | W-50 | W-51 | W-52 | W01-23 | W02-23 | Epi-curve |
|---|---|---|---|---|---|---|---|---|---|
| Suspected cases | 26 | 46 | 34 | 30 | 26 | 21 | 38 | 16 | |
| Deaths | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| CFR (%) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| % Change cases | -3.7 | 76.9 | -26.1 | -11.8 | -13.3 | -19.2 | 81.0 | -57.9 | |

**Pertussis Highlight**
• Out of the total 1,047 cases, 722 (69.0%) were children below 5 years and 501 (47.9%) were females.
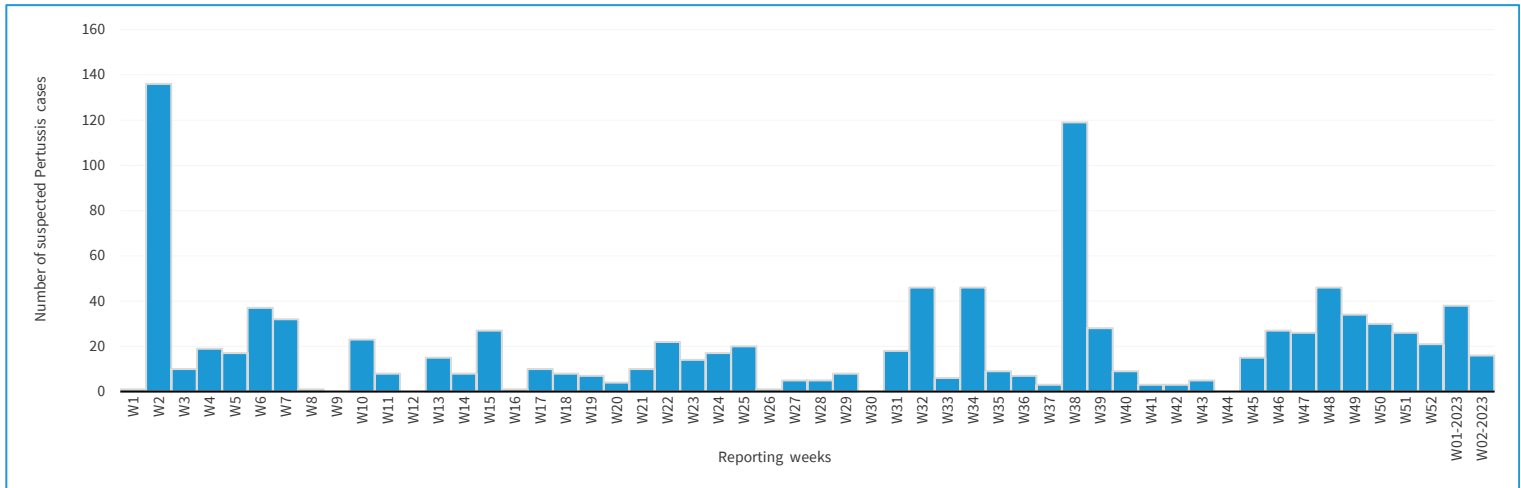
**Figure 9**. Epidemioglocial curve of suspected Pertussis cases in Afghanistan, Jan 2022 to Jan 2023 (N=1,047)

Figure 9 shows increase in the number of pertussis cases in the last 10 weeks, which is align with over all ARI increases given the winter season and lower immunity rate among children.

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Geographical Distribution of Suspected Pertussis Cases by Province

As of 14 Jan 2023



**Figure 10**. Geographical distribution of suspected pertussis cases in Afghanistan Jan 2022 - Jan 2023 (N=1,047)

## Response to the pertussis outbreak

### Case Management

• 40 health care workers from Kabul hospitals were trained on case management of pertussis and ARI.

• As part of preparedness and response activities to the ex-

pected pertussis outbreak during the winter season, required supplies has been distributed in five provinces (Badakhshan, Jawzjan, Daikundi, Nooristan and Ghazni).

## Measles outbreak (01 Jan 2022 to 14 Jan 2023)

| | | | | |
|---|---|---|---|---|
| **78,441** Total Case | **394** Total deaths | **9,867** Sample tested | **5,787** Lab confirmed cases | **58.7%** Test positivity ratio |

Table 5: summary of the suspected measles outbreak in the last eight weeks (19 Nov 2022 – 14 Jan 2023)

| Indicators | W-47 | W-48 | W-49 | W-50 | W-51 | W-52 | W-01-23 | W-02-23 | Epi-curve |
|---|---|---|---|---|---|---|---|---|---|
| Suspected cases | 679 | 636 | 568 | 699 | 608 | 685 | 588 | 633 | |
| Deaths | 3 | 0 | 0 | 1 | 2 | 1 | 3 | 2 | |
| CFR (%) | 0.44 | 0.00 | 0.00 | 0.14 | 0.33 | 0.15 | 0.51 | 0.32 | |
| % Change cases | 22.1 | -6.3 | -10.7 | 23.1 | -13.0 | 12.7 | -14.2 | 7.7 | |

- Out of 2 new reported deaths, all were female and children below 5. The deaths were reported from 2 provinces (Zabul and Farah).
- Out of the total 78,441 cases, 60,570 (77.2%) were children below 5 and 38,247 (48.8%) were females.
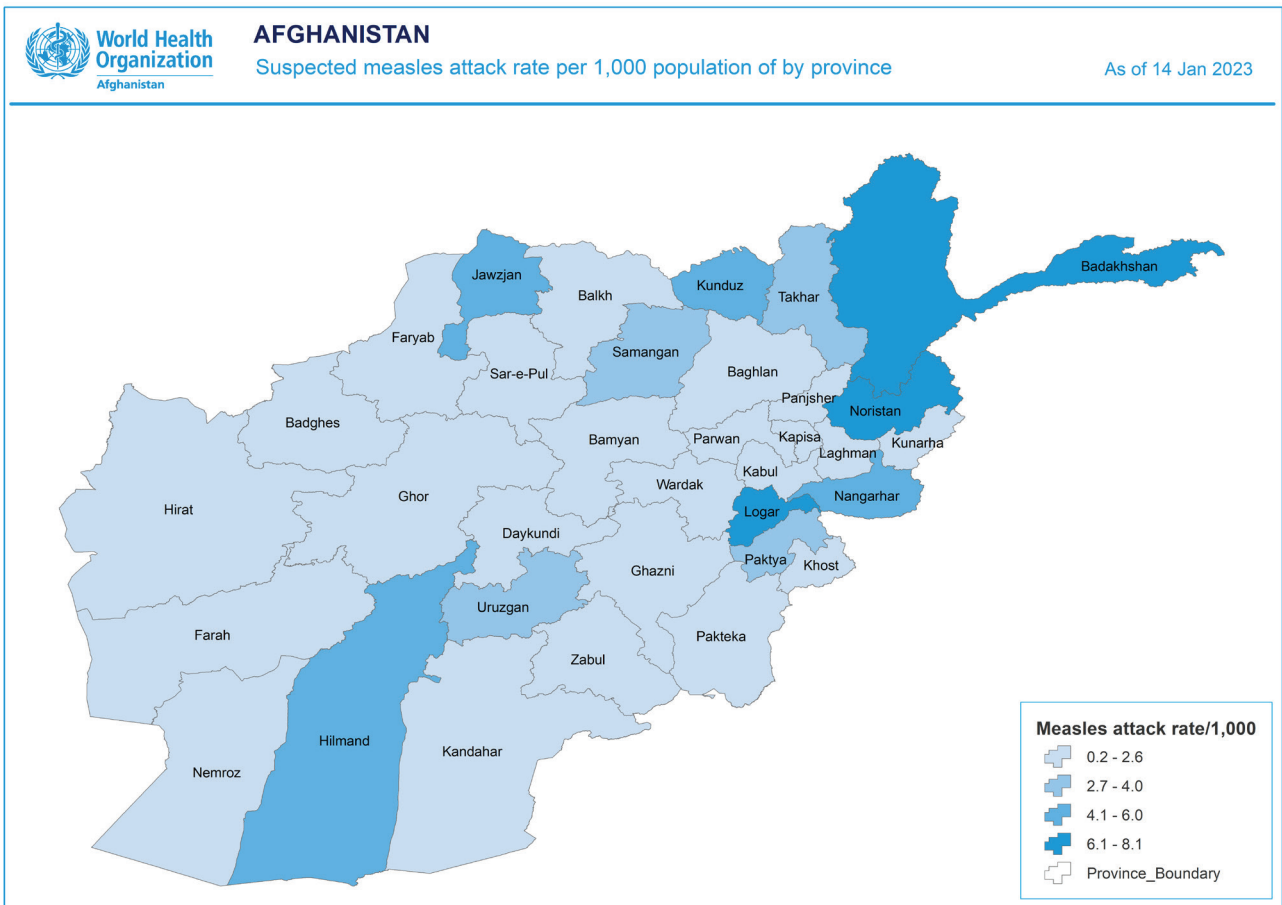


**Figure 11**. Suspected measles attack rate per 1,000 population of by province in Afghanistan Jan 2022– Jan 2023 (N=78,441)
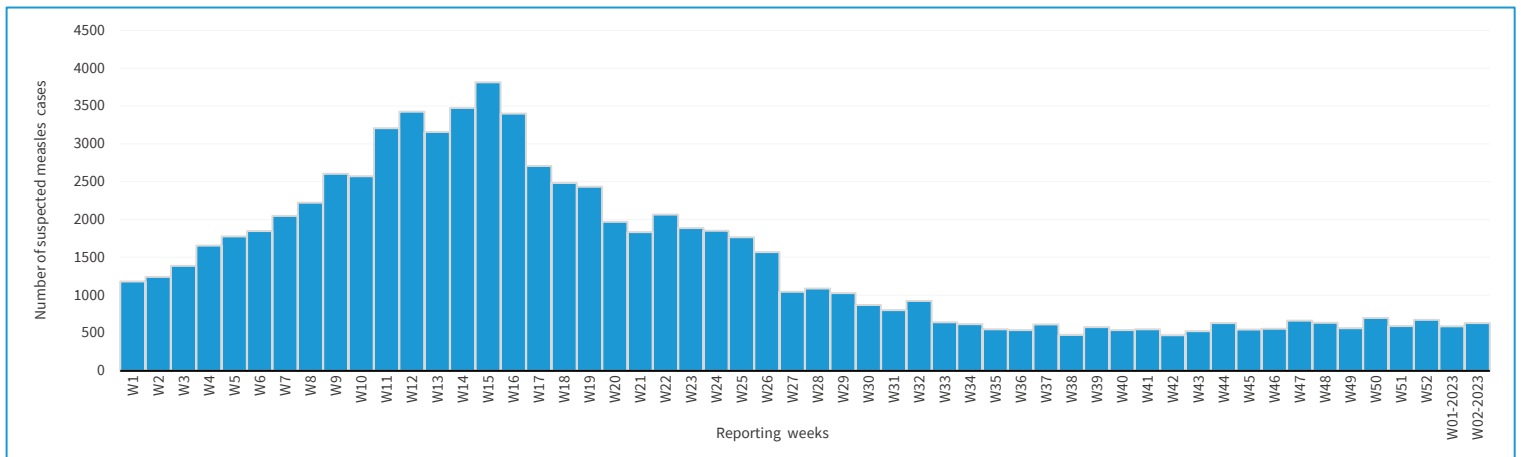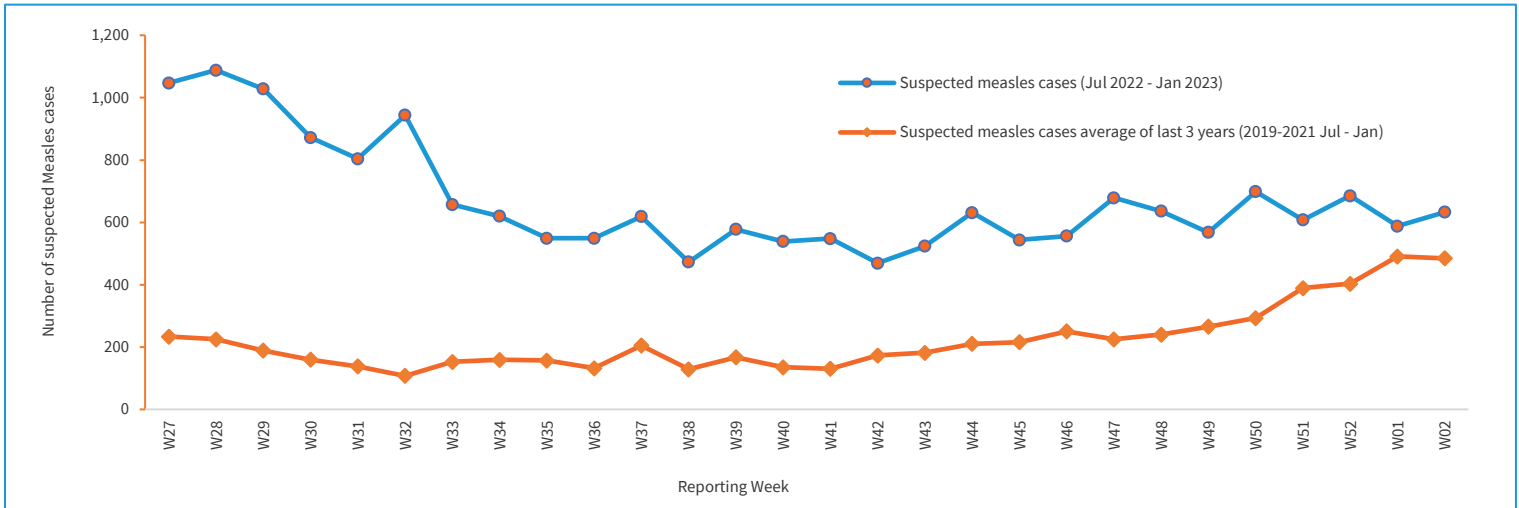


**Figure 12**. Epidemiolgical curve of suspected measles cases in Afghanistan, Jan 2022 to Jan 2023 (N=78,441)

**Figure 13**. Comparision of suspected measles trend curve using 3 years average (2019-2021) vs 2022-2023, in Afghanistan

The curve for the average of last three years shows increase in the number of suspected measles cases in the winter season (after W-42), while, curve of 2022-2023 gradually approximate to the last 3-year average, the narrowest distance was observed between both lines in the epi week 1-2023, which could be explained by the reduction in the number of susceptible children to measles and increased number of immunized children due to recent measles vaccination campaigns.

## Response to Measles outbreak

• The national measles immunization campaign was conducted during 26 Nov-12 Dec-2022; immunizing 5.3 million children aged 9-59 months in 329 planned districts of 34 provinces across the country (almost 99% admin coverage).
• Since December 2021, around 11 million children (aged between 6 months to 14 years) have been vaccinated through 5 different measles outbreak response and national immunization campaigns in 34 provinces.
• A total of 593 measles kits have been supplied to 28 provinces in 7 regions across the country to support case management.

## Dengue Fever Outbreak (01 Jun 22 to 14 Jan 2023)

| **1,287** Total Case | **2** Total deaths | **470** Sample tested | **383** Lab confirmed cases | **81.5%** Test positivity ratio |

Table 6: summary of the Dengue fever outbreak in the last eight weeks (19 Nov 2022 – 14 Jan 2023)

| Indicators | W-47 | W-48 | W-49 | W-50 | W-51 | W-52 | W-01-23 | W-02-23 | Epi-curve |
|---|---|---|---|---|---|---|---|---|---|
| Suspected cases | 72 | 106 | 46 | 36 | 12 | 9 | 9 | 12 | |
| Deaths | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| CFR (%) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| % Change cases | -1.4 | 47.2 | -56.6 | -21.7 | -66.7 | -25.0 | 0.0 | 33.3 | |
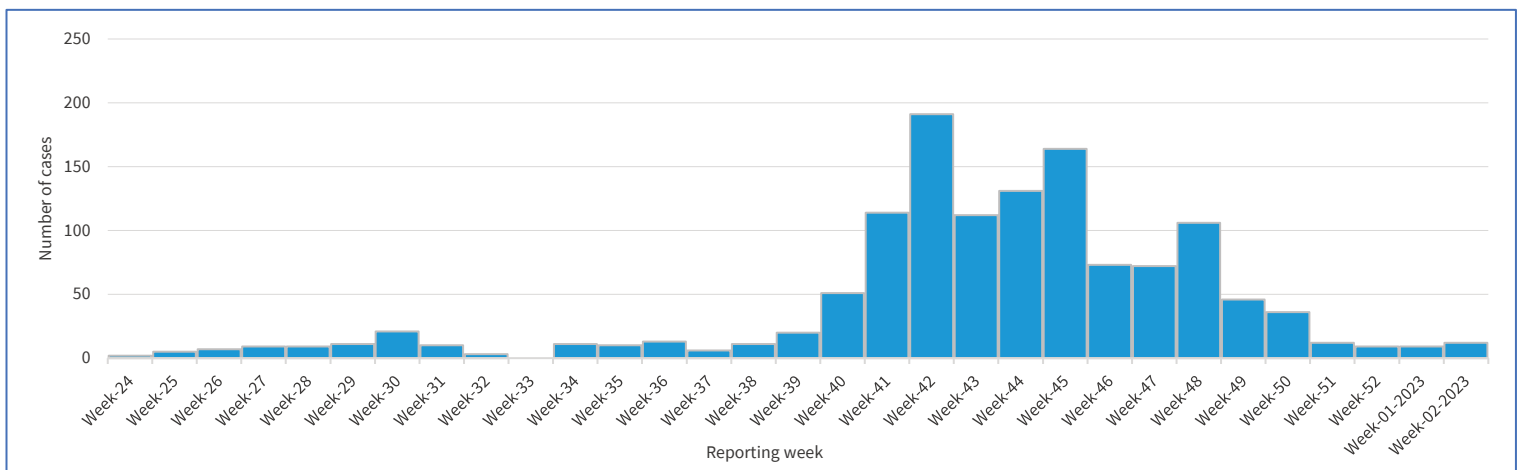


**Figure 14**. Epidemiological curve of dengue fever cases in Afghanistan Jun 2022 - Jan 2023 (N=1,287)

Figure 14 shows decline in the number of dengue cases in the last 6 weeks, which is mainly due to seasonal change (winter season in Nangarhar province).

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**Geographical distribution of suspected dengue fever cases in Afghanistan and weekly percent of changes**
(between weeks 1 and 2, 2023)



**1,287** Suspected cases      **2** Number of Deaths
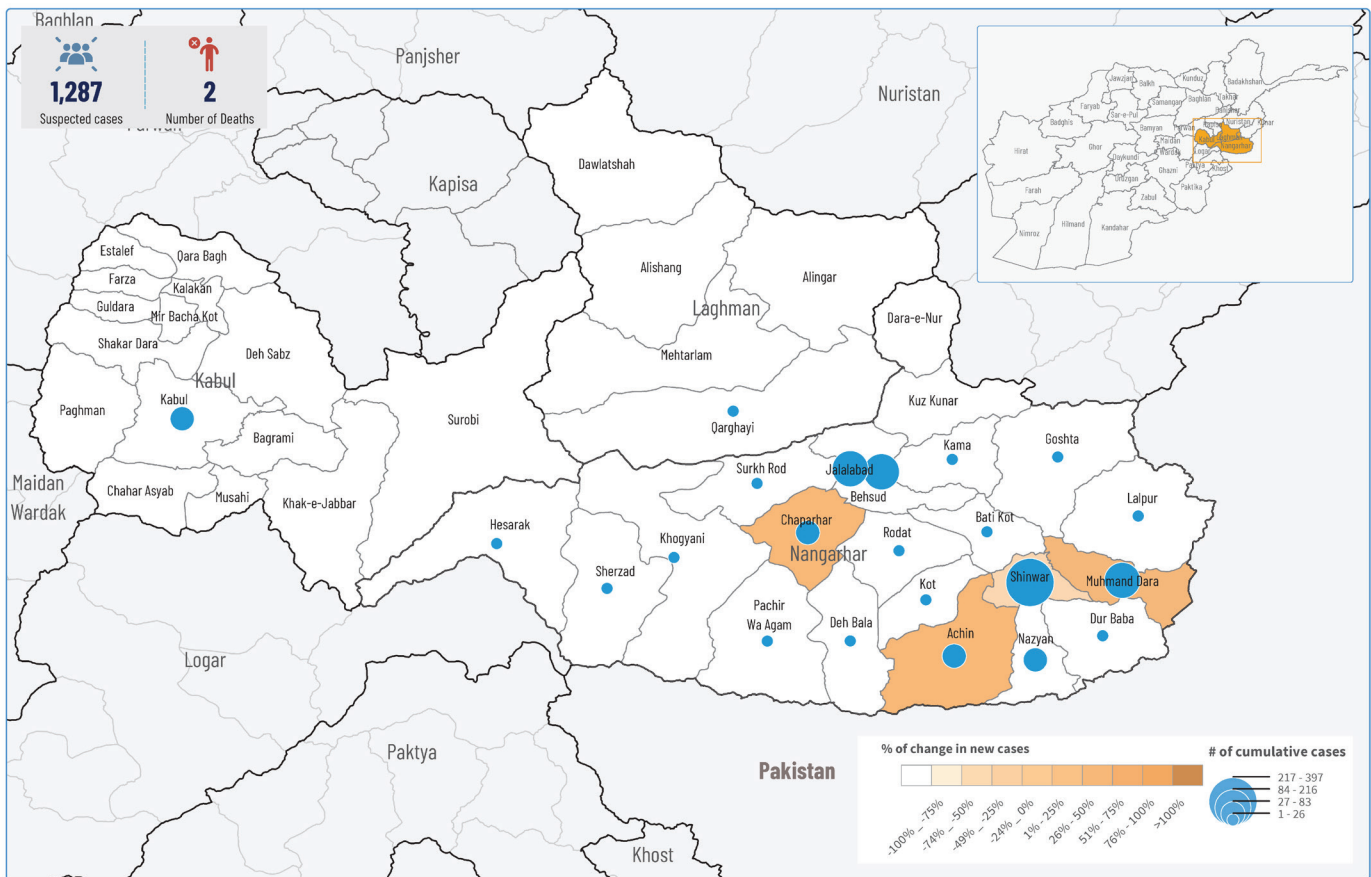
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization (WHO) concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries, the lines on map represent approxite border lines for which there may not yet be full agreement. Sources: MoPH, WHO, AGCHO.  Creation date: 14 January 2023.

**Figure 15**. Hotspot areas of dengue fever cases and percent change of new cases in Afghanistan, Jun 2022 - Jan 2023 (N=1,287)

## Response to the dengue fever outbreak

• A task force committee meeting on den-gue outbreak preparedness and response was conducted in Nangarhar province on Jan 2023.

• Since July 2022 a total of 9 PCR kits has been delivered to the Nangarhar reference lab (RL) to support the case confir-mation of diagnosis among suspected dengue cases.

• Overall, 1,000 Kgs of larvicides have been released and dis-tributed to Nangarhar sub-office to support dengue fever vec-tor control activities.

• A task force committee is coordinating the dengue fever out-break response activities with the active participation of

PPHD, WHO, NDSR, vector control program, BPHS and EPHS implementers in the outbreak affected areas.

• Surveillance support teams and entomology teams continue to do their work after receiving on-the-job training.

• Health education sessions were conducted in two villages, among those identified as hotspot areas; the main message was to raise public awareness regarding source reduction ac-tivities as well as how to protect themselves from being infect-ed.

Note: MOPH is the source of epidemiological data

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