

Disease Outbreaks	AWD (May-Oct 2022)	COVID-19 (Feb 20-Oct 2022)	Measles (Jan-Oct 2022)	Dengue fever (Jun-Oct 2022)	CCHF (Jan-Oct 2022)	Pertussis (Jan-Oct 2022)	Malaria (Jun-Oct 2022)
Cumulative Cases (Data from 519 surveillance sentinel sites)	209,055	202,993	71,614	616	367	768	1,816
Deaths "CFR (%)"	*74 (0.03)	7,821 (3.85)	378 (0.53)	1 (0.16)	15 (4.08)	15 (1.95)	0 (0.00)

Acute Watery Diarrhea (AWD) with Dehydration Outbreak (01 May to 29 Oct 2022)

Current Week	Cumulative Figures
4,873 new cases (62.5% under 5)	209,055 cases (<5 years, 55.0%)
4 new deaths	*74 deaths (74.3% < 5 years), CFR=0.03%
13 new districts (in 6 provinces) reported new alerts	166 districts in all 34 provinces
57 samples collected	2,494 samples collected

*Correction: 6 AWD associated deaths reported during week 42 from Kabul city was due to data entry error. The total number of AWD associated deaths as of week 43 are corrected, accordingly.

- During week 43-2022, a total of 4,873 new AWD cases with dehydration and 4 new deaths were reported which indicates 21.8% decrease and 100% increase in the number of cases and deaths, respectively, compared to previous week (Figure 2).
- The highest number of new AWD cases were reported from Kabul (1,202, 24.6%), followed by Helmand (1,069, 21.9%), Baghlan (466, 9.6%) and Nangarhar (346, 7.1%) provinces.
- Out of newly reported 4 deaths, (1, 25.0%) was female and (3, 75.0%) were children below 5. Deaths were reported from 3 provinces (Nuristan (2), Hirat (1) and Kabul (1)).
- Cumulatively, Kabul (45,800, 21.9%), Helmand (36,668, 17.5%), Baghlan (13,782, 6.6%), Nangarhar (11,663, 5.6%), and Kandahar (11,372, 5.4%), are the most affected provinces (Figure 1).
- Out of the total 209,055 cases, 115,084 (55.0 %) were children below 5 years and 104,668 (50.1%) were females (Figure 3).
- The first few cases of AWD 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 166 districts in 34 provinces.

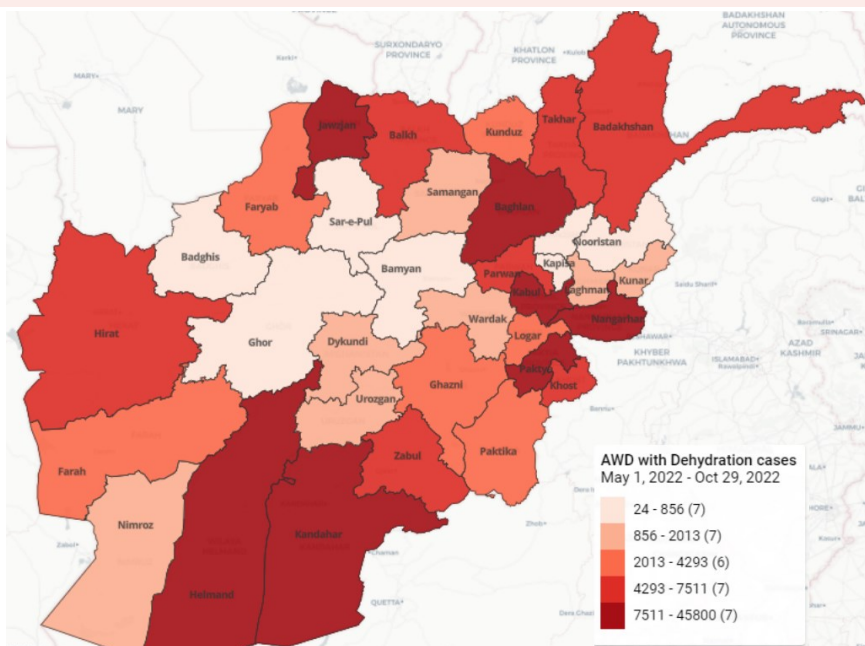


Figure 1. Hotspot areas of AWD with dehydration cases in Afghanistan, May-Oct 2022 (N=209,055)

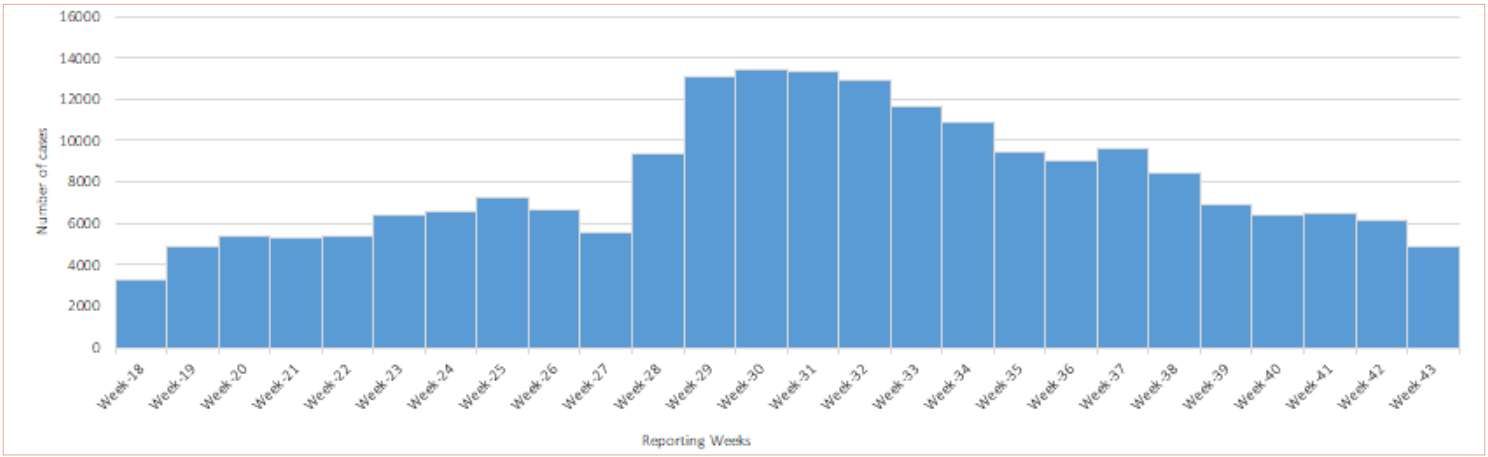


Figure 2. Weekly distribution of AWD with dehydration cases in Afghanistan May-Oct 2022 (N=209,055)

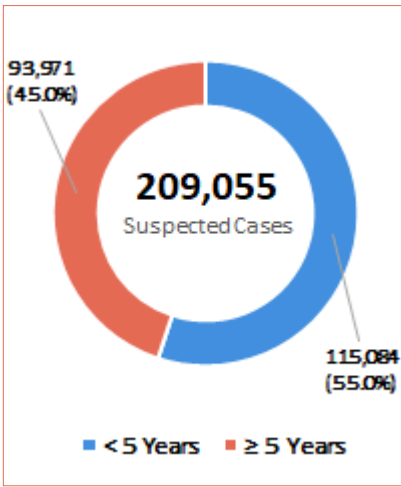


Figure 3. Distribution of AWD with dehydration cases by age groups in Afghanistan, May-Oct 2022

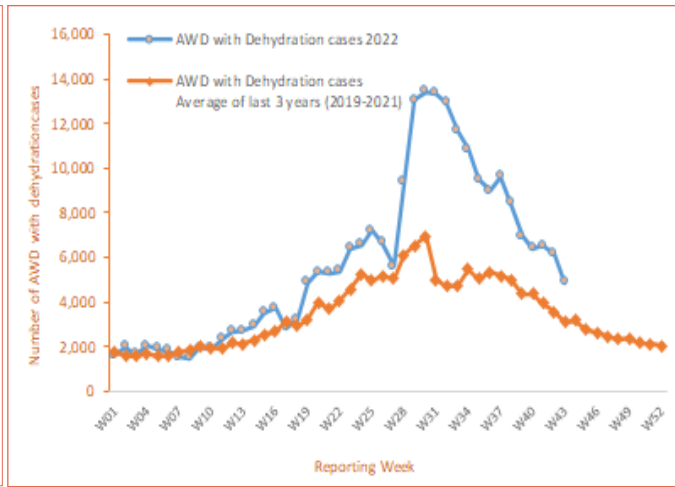


Figure 3.a. Comparing trend of AWD with dehydration cases using 3 years average (2019-2021) vs 2022, in Afghanistan

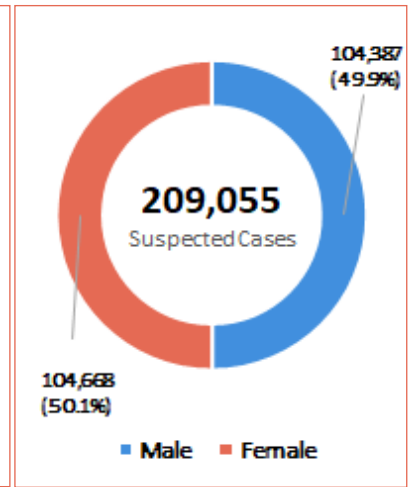


Figure 3.b. Distribution of AWD with dehydration cases by sex in Afghanistan, May-Oct 2022

Response to the AWD outbreak



Figure 4. Construction of safe water facility in a health care center, Zabol province, Afghanistan, Oct 2022



Figure 5. Training session for surveillance support teams (SSTs) on AWD case detection, reporting, sample collection and transportation, Kabul province, Afghanistan, Oct 2022

Leadership and Coordination

- Emergency and Preparedness Response Committees (EPR) are active at provincial level.
- Coordination meetings are conducted with Health-WASH partners on biweekly basis to strengthen AWD preparedness and response activities.

Surveillance

- Surveillance support teams (SSTs) were actively participating in outbreak investigation, case finding, sample collection and shipment in 34 provinces.
- A total of 54 SSTs' members have been trained on case detection, outbreak investigation, sample collection, storage and transportation.
- Surveillance supportive supervisions have been conducted at different provinces to strengthen early detection and timely response to AWD outbreaks.
- During the last week, 94 newly recruited surveillance focal points were trained on case definition of surveillance targeted diseases, monitoring the trend of diseases, filling out weekly watch chart, weekly collection and reporting of data, alert and outbreak thresholds and outbreak investigation.

Case Management

- A total of 1,344 healthcare workers (HCWs) have been trained on AWD case management in 29 provinces.
- Training of 325 HCWs is planned in the coming weeks at

the remaining provinces.

Laboratory and Supplies

- During the last week, 100 RDTs and 88 Carry Blairs were supplied to Kabul NDSR office to support the confirmation of diagnosis.
- During the last week, 20 case management kits were supplied to Helmand province.
- In total, 396 different kits (37 central kits, 334 community kits, 45 ORP kits), 700 RDTs and 1,058 Cary Blairs have been distributed to all outbreak affected areas as of 29 October-2022.

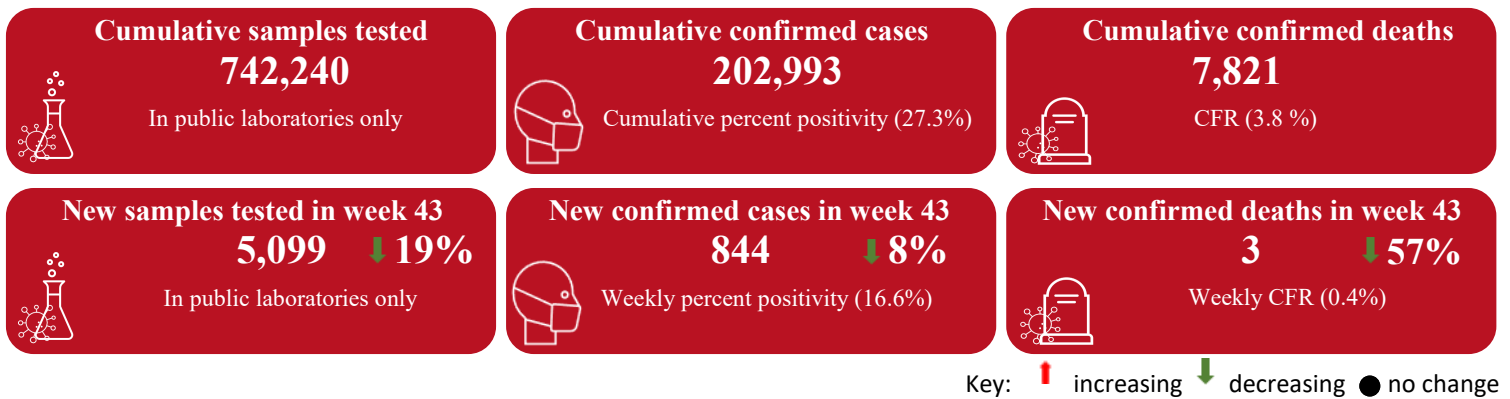
WASH and RCCE

- WASH cluster continued supporting lifesaving WASH response by providing chlorinated water through water trucking to 359,490 people in AWD affected areas.
- Construction of two WASH facilities for provision of safe drinking water in two healthcare centers of Zabul province have been completed.
- Hygiene promotion focusing on hand-washing behavioral change in AWD affected districts is ongoing.
- Distribution of family hygiene kits, soap and water purification tablets to 125,500 people in different locations of Kabul city is in progress.



Figure 6. Training session of newly recruited surveillance focal points on case definition, weekly watch chart, collection and reporting of data and outbreak investigation, Oct 2022

COVID-19 (24 Feb 2020 – 22 Oct 2022)



COVID-19 Vaccination highlights



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

Table 1: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (5 Sep – 29 Oct 2022)

Indicators	W36-22	W37-22	W38-22	W39-22	W40-22	W41-22	W42-22	W43-22	Epi-curve
Samples tested (in public Lab)	8,250	7,422	7,398	6,505	6,617	5,930	6,275	5,099	
Confirmed cases	1,771	1,321	1,125	1,005	949	824	913	844	
Percent positivity (%)	21	18	15	15	14	14	15	17	
Confirmed deaths	5	9	1	5	4	5	7	3	
CFR (%)	0.3	0.7	0.1	0.5	0.4	0.6	0.8	0.4	

Highlights of the week

- Since the beginning of the pandemic in Feb 2020, a total of 742,240 samples have been tested for COVID-19 through the public laboratories.
- In week 43-2022, 5,099 samples were tested in public labs, of which 844 samples were positive for COVID-19 (test positivity of 16.6%) and 3 new deaths were reported. This represents 8% and 57% decrease in the number of newly reported cases and deaths, respectively, compared to week 42-2022 (Table 1).
- Cumulatively, 202,993 confirmed cases (overall test positivity of 27.3%) of COVID-19 with 7,821 associated deaths (case fatality ratio = 3.8%) have been reported in Afghanistan since Feb 2020.
- As of 29 Oct 2022, 88.9 % of cases have recovered.
- In week 43-2022, 5 out of 8 regions reported decrease in the number of newly reported cases compared to week 42. At the provincial level, the highest numbers of weekly new cases were reported from Hirat (85 cases), Nangarhar (80 cases), Zabul (69 cases), Bamyán (57 cases), and Farah (47 cases).

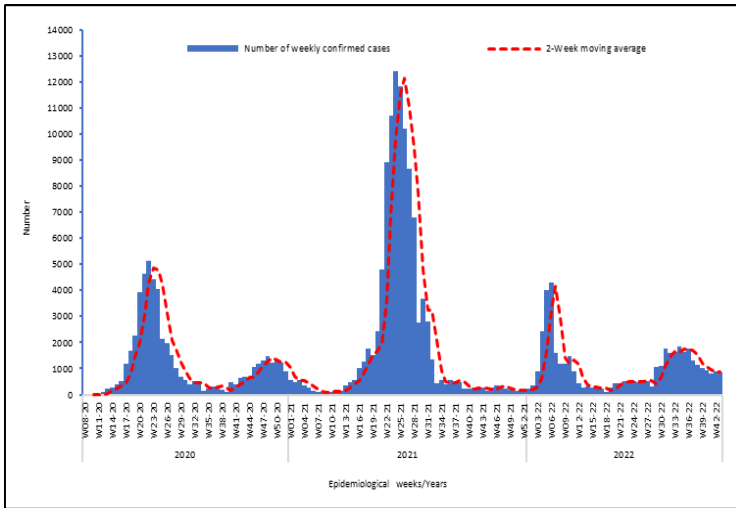


Figure 7: Weekly distribution of confirmed COVID-19 cases in Afghanistan (24 Feb 2020 - 29 Oct 2022)

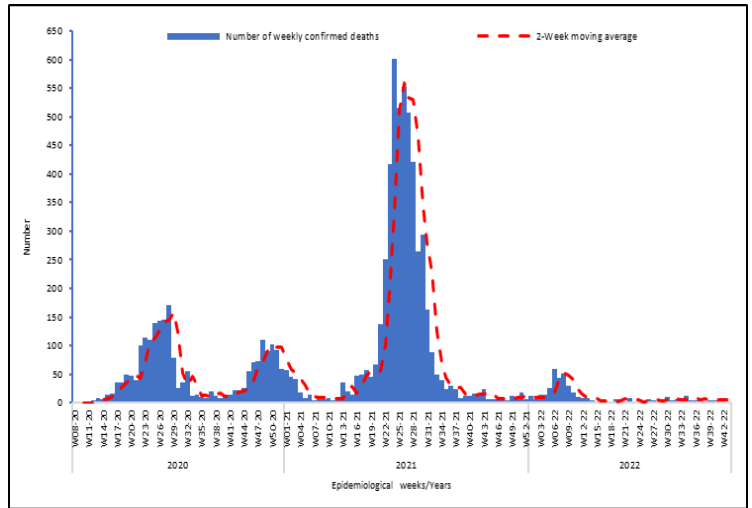


Figure 8: Weekly distribution of COVID-19 associated deaths in Afghanistan (24 Feb 2020 - 29 Oct 2022)

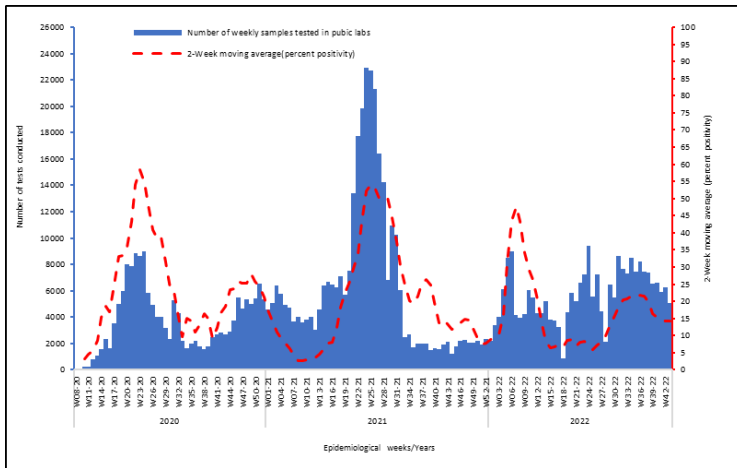


Figure 9: Number of weekly PCR tests conducted and 2-week moving average of percent positivity in Afghanistan (24 Feb 2020 - 29 Oct 2022)

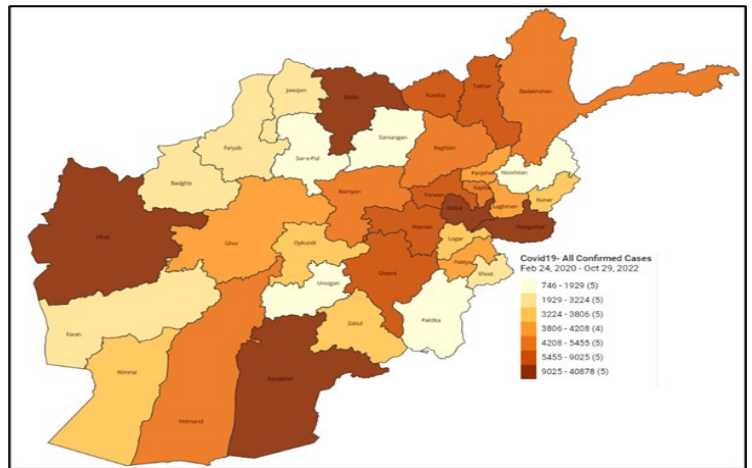


Figure 10: Geographic distribution of COVID-19 confirmed cases in Afghanistan (24 Feb 2020 - 29 Oct 2022)

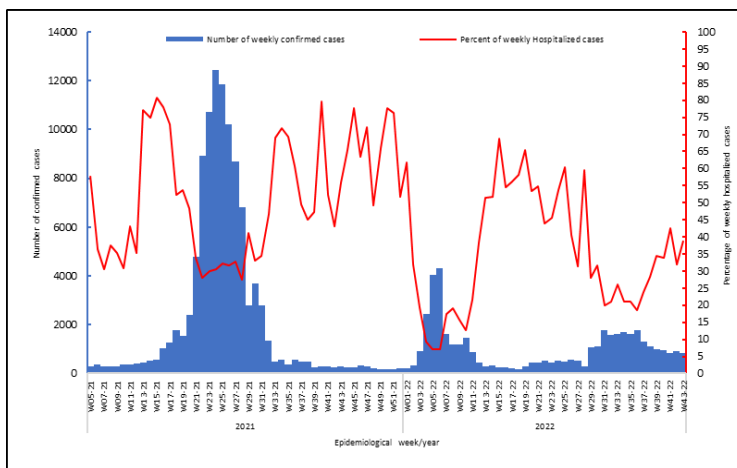


Figure 11: Weekly proportion of hospitalized cases out of new COVID-19 confirmed cases in Afghanistan as of (24 Feb - 29 Oct 2022)

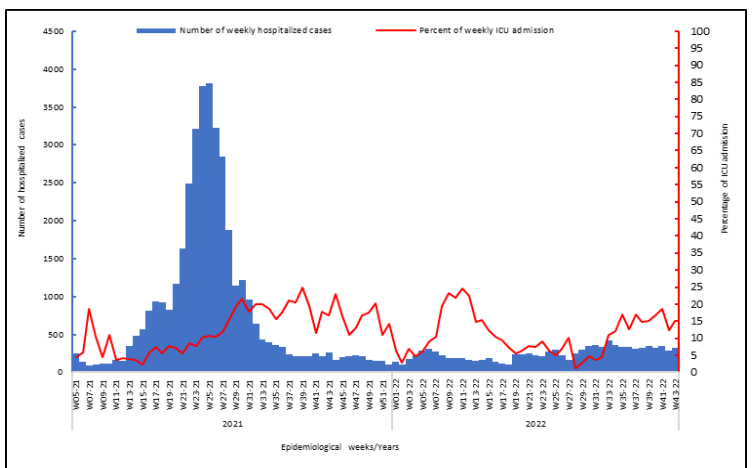


Figure 12: Weekly proportion of ICU admissions out of newly hospitalized COVID-19 cases in Afghanistan as of (24 Feb - 29 Oct 2022)

Measles outbreak (01 Jan to 29 Oct 2022)

71,614 Total cases
 378 Total deaths
 7,745 Samples tested
 3,686 Lab confirmed cases
 47.6% Test positivity ratio

Table 2 summary of the measles outbreak in the last eight weeks (04 Sep– 29 Oct 2022)

Indicators	W-36	W-37	W-38	W-39	W-40	W-41	W-42	W-43	Epi-curve
Suspected cases	549	619	473	578	539	548	469	524	
Deaths	0	2	1	1	2	0	0	0	
CFR (%)	0.00	0.32	0.21	0.17	0.37	0.00	0.00	0.00	

- During epidemiological week 43-2022, a total of 524 new cases were reported which indicates 11.7% increase in the number of new cases compared to last week.
- No new deaths were reported during the last 3 weeks.
- The average number of weekly suspected measles cases was 537 during the last 8 weeks (Figure 15).
- During the last week, 6 out of 8 regions reported increase in the suspected measles cases compared to the preceding week. The highest relative increase was reported in the West and North East regions (130% and 110%, respectively) (Table 3).
- The most affected provinces are Badakhshan (12.0%), Kabul (10.2%), Nangarhar (10.0%), Kunduz (7.9%), Helmand (7.4%), Takhar (5.4%) and Hirat (5.1%) (Figure 14).
- Out of the total 7,744 samples tested for measles, 3,686 were laboratory confirmed from Jan-Oct 2022.
- During the last week, 2 new districts reported suspected measles cases (Figure 13).

Table 3 number of suspected measles cases per region in the last 8 weeks 2022

Regions	W-36	W-37	W-38	W-39	W-40	W-41	W-42	W-43	Epi-curve	% of change compared to week 42
Central East	146	181	94	172	169	117	151	162		162 (↑ 7.3)
South	70	113	121	111	136	121	108	111		111 (↑ 2.8)
East	69	94	90	75	61	79	49	61		61 (↑ 24.5)
South East	75	59	37	81	56	105	56	56		56 (↓ 0.0)
North	57	51	27	51	25	38	33	45		45 (↑ 36.4)
North East	80	53	53	42	50	42	20	42		42 (↑ 110.0)
Central West	42	46	35	33	23	36	42	24		24 (↓ 42.9)
West	10	22	16	13	19	10	10	23		23 (↑ 130.0)

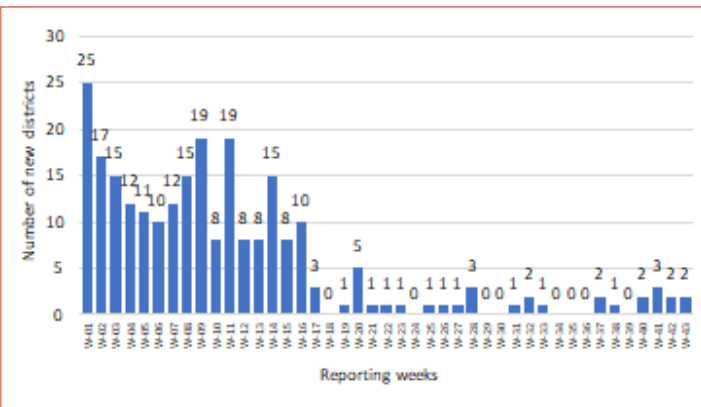


Figure 13. New districts reporting suspected measles cases on weekly basis in Afghanistan Jan– Oct 2022 (N=246)

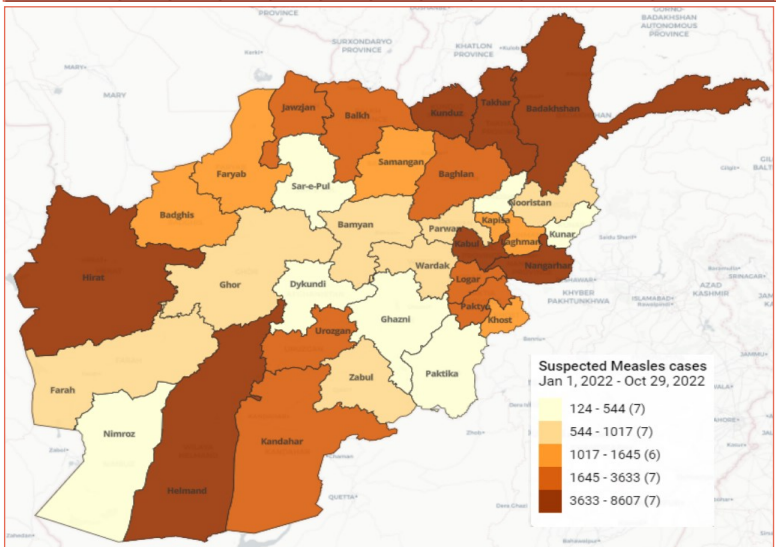


Figure 14. Geographical distribution of suspected measles cases in Afghanistan Jan - Oct 2022 (N=71,614)

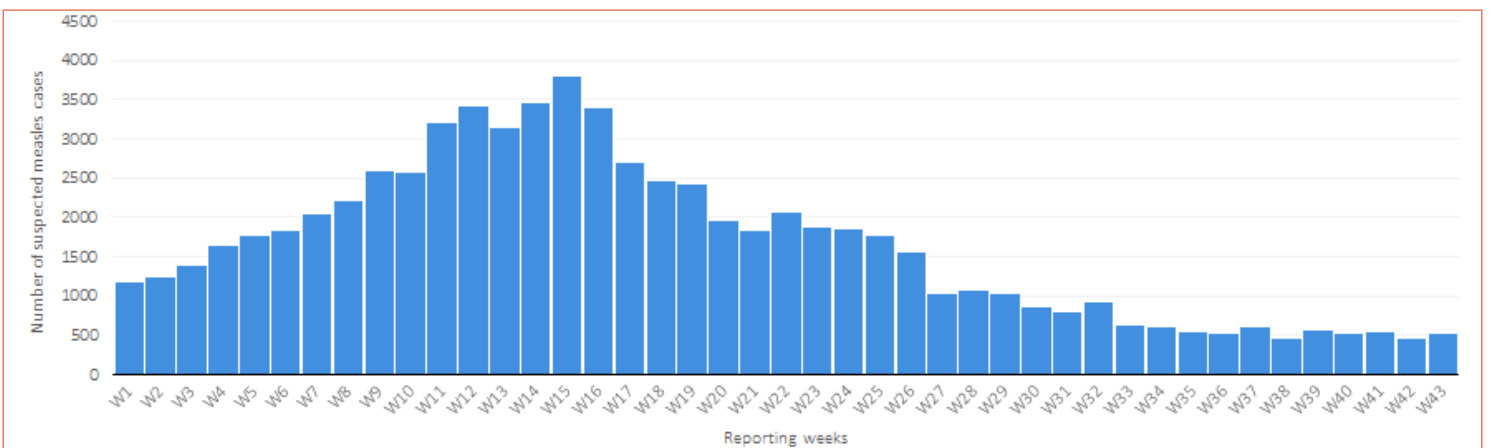


Figure 15. Weekly distribution of suspected measles cases in Afghanistan, Jan– Oct 2022 (N=71,614)

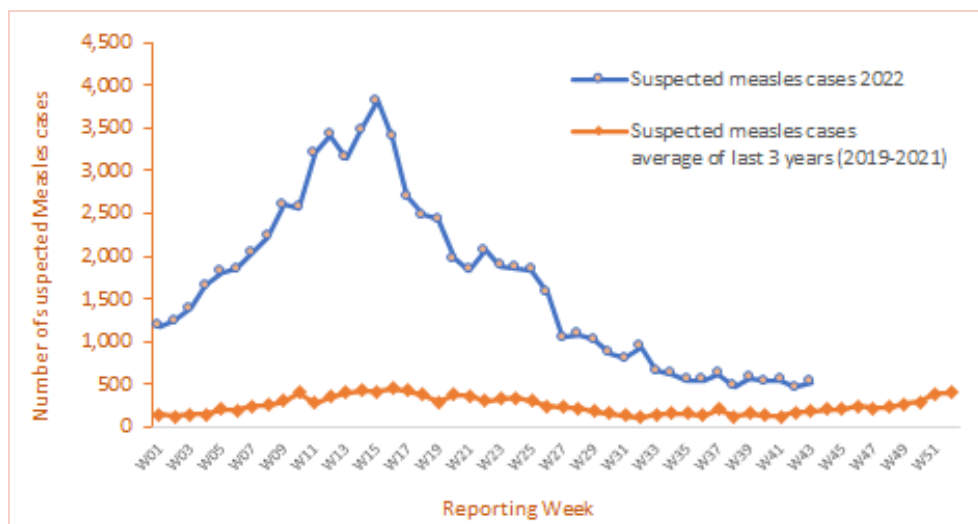


Figure 16. Comparing trend of suspected measles cases using 3 years average (2019-2021) vs 2022, in Afghanistan

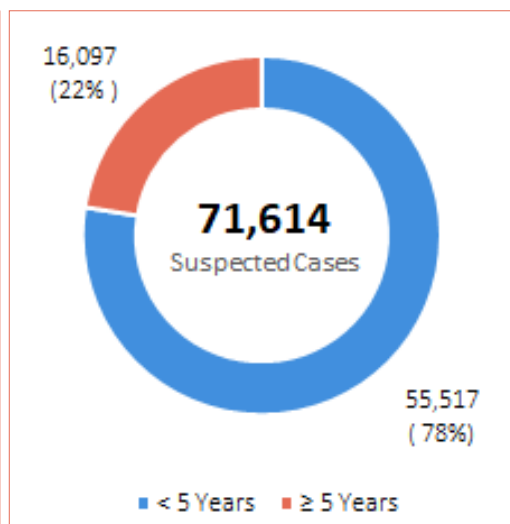


Figure 17. Distribution of suspected measles cases by age groups in Afghanistan, Jan-Oct 2022

Response to Measles outbreak

- Since December 2021, around 6 million children (aged between 6 months to 14 years) have been vaccinated through 4 different measles outbreak response immunization campaigns in 29 provinces.
- A national immunization campaign is planned to be conducted in November 2022. National TOT training has been conducted to more than 100 national and provincial EPI staff.
- Preparation is ongoing to cascade the training to district coordinators, cluster supervisors and frontline workers which will take place as soon as possible in all 34 provinces.
- As part of preparation activities, all dry supplies have been procured and supplied to 34 provinces.



Figure 18. TOT training to national and provincial EPI staff as preparation for National Immunization Campaign, Kabul, Afghanistan, Oct 2022

Dengue Fever Outbreak (01 Jun to 29 Oct 2022)

Highlight:

- A total of 112 suspected dengue fever cases have been reported during week 43-2022 from Nangarhar (106) and Kabul (6) provinces which brings the total number of cases to 616 as of 29 Oct 2022.
- The new cases reported from Kabul had recent travel history to Pakistan (endemic area for dengue).
- No new deaths have been reported during the last week.
- Out of 616 reported cases, 139 (22.5%) were females and 612 (99.3%) were over five years of age.
- Out of 616 samples, 178 samples were positive using PCR (165 and 13 in Nangarhar and Kabul, respectively).

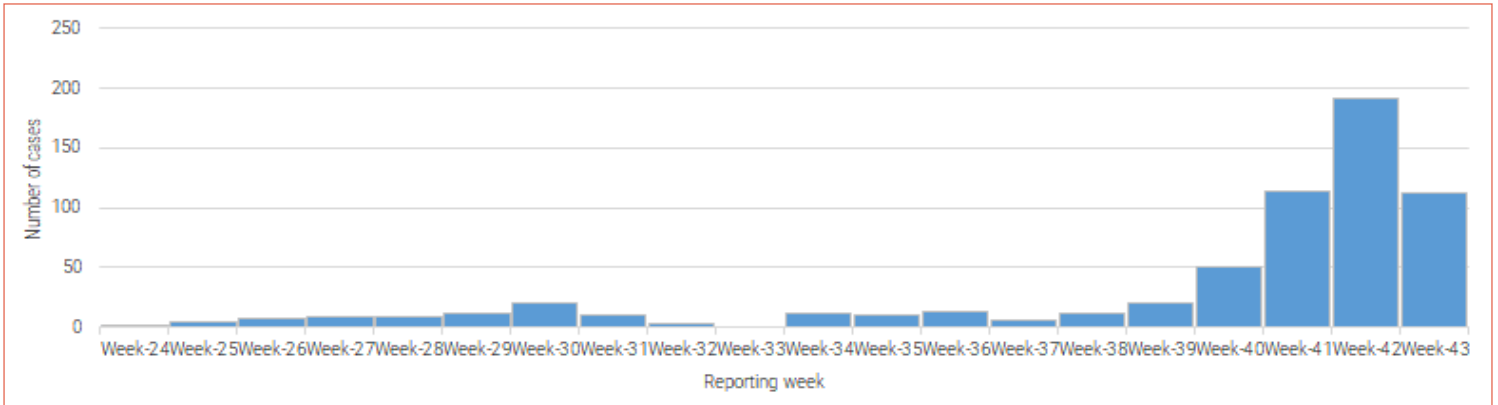
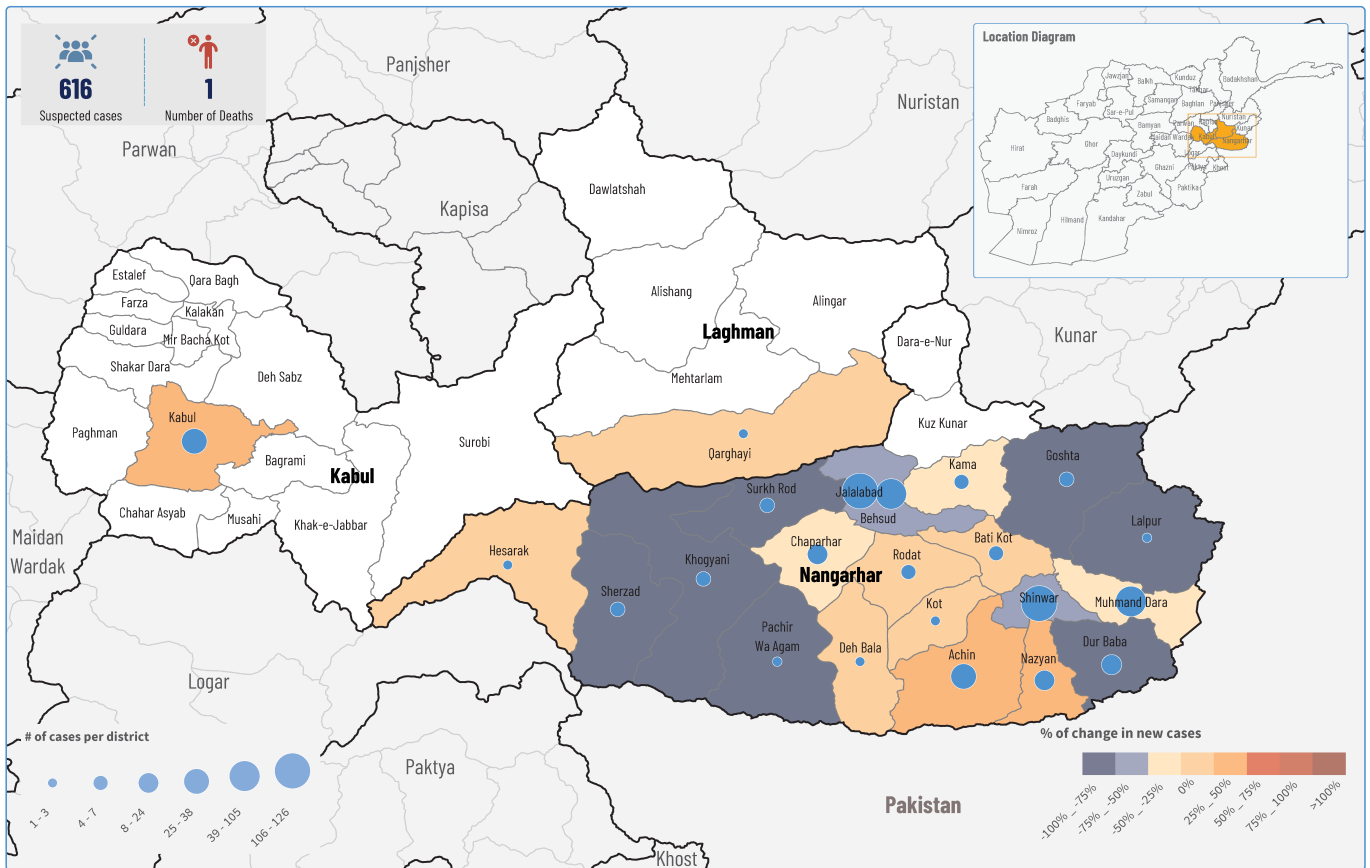


Figure 19. Weekly distribution of dengue fever cases in Afghanistan Jun-Oct 2022 (N=616)



Geographical distribution of suspected dengue fever cases in Afghanistan and weekly percent of changes
(between weeks 42 and 43, 2022)



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the World Health Organization.
Creation date: 29 October 2022 Sources: MoPH, WHO, AGCHO. Feedback: nasseryr@who.int

Figure 20. Hotspot areas of dengue fever cases and percent change of new cases in Afghanistan, Jun-Oct 2022 (N=616)

Response to the dengue fever outbreak

- Required medicine for dengue fever case management has been provided to Kabul infectious disease hospital (IDH) and Nangarhar regional hospital.
- Fourteen members of the surveillance support teams (SSTs) have been trained on sample collection, packing, transportation and use of RDTs in Nangarhar Province.
- Six laboratory technicians have been trained on using PCR and ELISA tests for confirmation of dengue fever at Nangarhar regional reference laboratory (RRL).
- Field investigation was conducted to confirm the availability of dengue fever vectors (*Aedes aegypti* and *Aedes albopictus*) Kabul province. After extensive investigation, no vectors were detected in Kabul province.
- Efforts are in place to release larvicides from the customs to be used in the field.
- During the last week, an internal WHO meeting on dengue fever was held. A field mission to Nangarhar province was decided between 6-13 November to provide the technical support to the response activities and closely monitor the situation.



Figure 21. Dengue vector investigation in Kabul province, Afghanistan Oct 2022

Other infectious diseases outbreaks (Jan-Oct 2022)

CCHF Highlight:

- During week 43-2022, a total of 3 new suspected CCHF cases were reported from Kabul, Herat and Ghazni provinces. This brings the total number of suspected CCHF cases to 367 from 25 provinces.
- Out of 367 cases, 291 (80.1%) were males and all were over five years of age.
- Out of 367 cases, 103 (28.1%) were lab confirmed using PCR.
- No new deaths have been reported for the last six weeks, and the total number of CCHF associated deaths remained

- at 15 (Kabul (5), Herat (3), Takhar (2), Kapisa (2), Nangarhar (2) and Badghis (1)).
- The CCHF cases are managed in the health facilities according to the national guidelines. Ribavirin and double bags needed for the treatment of CCHF cases have been distributed to all regions.
- Totally, 91 healthcare workers (HCWs) have been trained on CCHF case management in 8 regions (33 provinces) as of 29 Oct 2022.



Figure 22: Training of CCHF case management to HCWs from East, North-east and South Regions in Kabul, Oct 2022

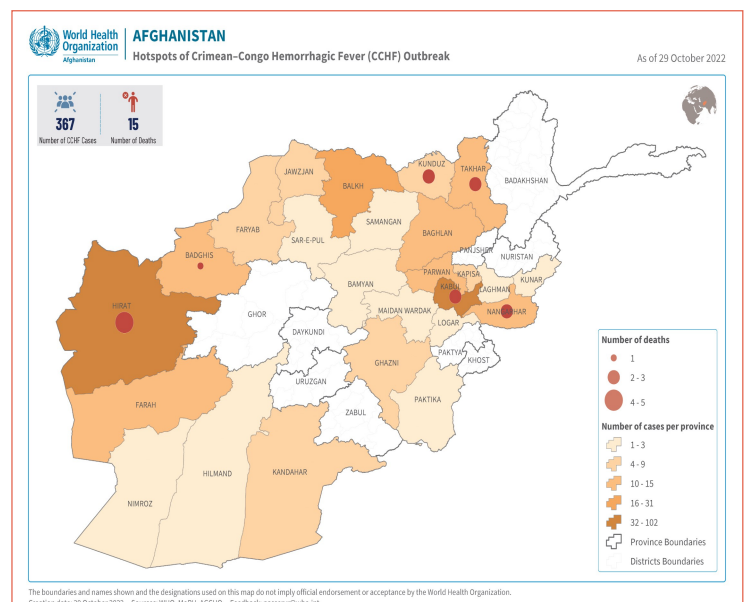


Figure 23. Hotspot areas of CCHF cases in Afghanistan, Jan-Oct 2022

Pertussis Highlight:

- During week 43-2022, a total of 5 new suspected pertussis cases were reported from Kapisa (3), Kabul (1) and Badakhshan (1) provinces, this brings the total number of suspected cases to 768 from 17 provinces.
- Out of the total 768 cases, 481 (62.6%) were children below 5 years and 365 (47.5%) were females.
- The highest number has been observed in Ghazni (188, 24.5%) followed by Kabul (167, 21.7%) and Kandahar (152, 19.8%) Figure 24.
- No new suspected pertussis associated deaths have been reported for the last eight weeks, and the total number of suspected pertussis associated deaths remains at 15.
- As part of preparedness activities to respond to expected pertussis outbreak during upcoming winter season, required supplies prepositioning is ongoing in five provinces (Badakhshan, Jawzjan, Daikundi, Nooristan and Ghazni).

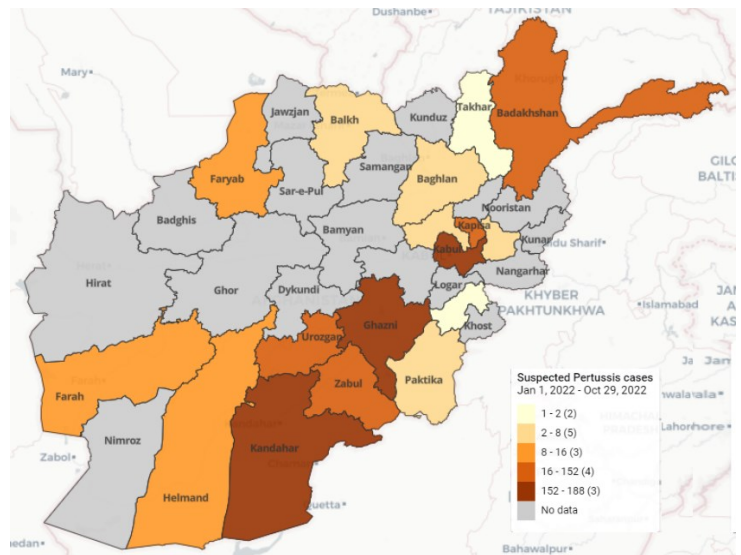


Figure 24. Geographical distribution of suspected pertussis cases in Afghanistan Jan - Oct 2022 (N=768)

Malaria Outbreak Highlight:

- During the last week, an outbreak of PF malaria reported from Amarkhil village of Sorkhrood district, Nangarhar province. The investigation is going on for active case finding, collection of descriptive data and initiating the response. Initial investigation revealed that 27 suspected cases were detected (18 (66.7%) were females and 6 (22.2%) were under 5).
- During the last week, 32 malaria case management kits were supplied to Nangarhar province; 9 kits were distributed to outbreak affected area (Amarkhil village of Surkhrood district).
- In Kandahar (Shorabak district): 683 cases (17.9% were females and 11.4% were under 5).
- In Farah (Balabolok district): 39 cases (28 (71.7%) were females and 5 (12.8%) were under 5).
- In Laghman (Alishang district): 663 cases (339 (51.1%) were females, and 142 (21.4%) were under 5).
- In Kunar (Waterproof): 562 cases (314 (55.8%) are females, and 153 (27.2%) were under 5).
- In Badghis (Qale-e-naw): 552 cases (55.1% were male and 2.0% were under 5).
- Required medicine for case management and RDTs for diagnosis of suspected malaria were supplied by partners to the outbreak affected area.
- A joint mission of the WHO and Malaria and other Vector-borne Disease Control Program (MVDP) are in the affected districts to provide the needed technical and operational support.

Note: MOPH is the source of epidemiological data

Contact us for further information:

Dr Alaa AbouZeid MD, MPH, MSc, PhD: Health Emergencies Team Lead, WHO-CO, (abouzeida@who.int)

Dr. Mohamed Moustafa Tahon, MD, PhD : Head of Infectious Hazard Preparedness, WHO-CO, (tahonm@who.int)

Dr. Mohammad Omar Mashal MD, PhD: National Surveillance Officer WHO-CO, (mmashal@who.int)

Mr. Hafizullah Safi, BSF, MBA, MPH: Data Management Officer, WHO-CO, (safih@who.int)