World Health Organization
Afghanistan

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INFECTIOUS DISEASE OUTBREAKS
SITUATION REPORT | Epidemiological week #37-2025

No. 37 (07- 13 Sep 2025)

Disease Outbreaks	AWD with dehydration	Measles (Suspected)	CCHF (Suspected)	Dengue fever (Suspected)	Malaria (Confirmed)	COVID-19 (Confirmed)
Cumulative cases 2025	125,199	88,994	1,234	1,368	44,808	3,622
Cumulative deaths 2025 (CFR %)	63 (0.05)	525 (0.6)	90 (7.3)	0 (0.0)	0 (0.0)	5 (0.1)

Data from 609 (99.3%) out of 613 sentinel sites

Acute Watery Diarrhea (AWD) with Dehydration

(29 Dec 2024-13 Sep 2025)

125,199 Total cases

63 Total deaths

8,835 Samples tested (RDTs)

1,068 RDT-positive cases

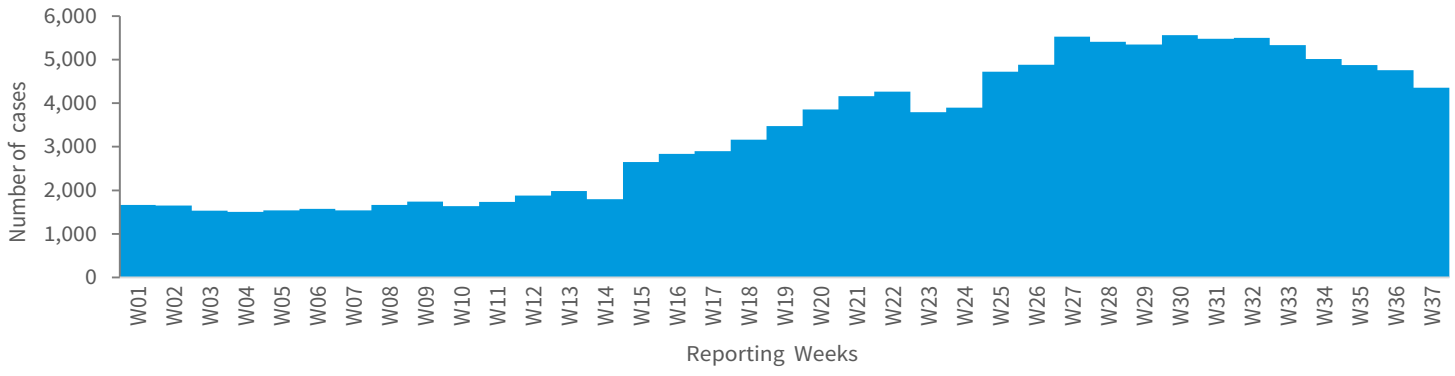
12.1% RDT positivity rate

Table 1: Summary of the AWD with dehydration outbreak in the last eight weeks in Afghanistan (20 Jul - 13 Sep 2025)

Indicators	W30	W31	W32	W33	W34	W35	W36	W37	Trend line
Number of cases	5,560	5,480	5,503	5,331	5,015	4,874	4,760	4,354	
Number of deaths	4	4	2	2	5	2	4	2	
CFR (%)	0.07	0.07	0.04	0.04	0.10	0.04	0.08	0.05	

- The epidemiological curve has shown a gradual decreasing trend since week 30-2025, following its highest peak in week 30-2025 with 5,560 suspected cases in a single week (Figure 1).
- There is an ongoing AWD with a dehydration outbreak in central region (Parwan and Kapisa) with a total of 1,786 suspected cases and 6 deaths (CFR 0.3%).
  - Parwan Province: Since the onset on 10 July 2025, a total of 1,473 cases have been reported from 9 districts. Of the 615 RDTs conducted, 213 tested positive (positivity rate 34.6%). Three deaths have been reported (CFR 0.2%). The epidemic curve shows a declining trend since 31 August 2025.
  - Kapisa Province: Since the onset on 02 August 2025, a total of 313 cases have been reported from 7 districts. Of the 312 RDTs conducted, 163 tested positive (positivity rate 52.2%). Three deaths have been reported (CFR 1.0%). The epidemic curve shows fluctuations, with a daily average of 9 cases during the past 7 days.
- During week 37-2025, a total of 4,354 AWD with dehydration cases, with 2 associated deaths (CFR 0.05%), were reported from 210 districts. This shows an 8.5% decrease in the number of cases compared to the previous week.

Figure 1. Weekly distribution of AWD with dehydration cases in Afghanistan 29 Dec 2024–13 Sep 2025 (N=125,199)



- Both of 2 deaths were under five from Urozgan, while one was female.
- Out of the 4,354 AWD with dehydration cases, 2,173 (49.9%) were females and 2,454 (56.4%) were under-five children.
- During week 37-2025, no new districts reported alert of AWD with dehydration.
- Since Jan 2025, 125,199 cases of AWD with dehydration, with 63 associated deaths (CFR 0.05%) were reported from 344 districts. Out of total cases, 62,029 (49.5%) were females, while 71,134 (56.8%) were under-five children.
- Since Jan 2025, 8,835 Rapid Diagnostic Tests (RDT) have been conducted among AWD with dehydration cases, of which 1,068 tests turned positive (positivity rate 12.1%).
- Since the beginning of 2025, the highest cumulative incidence of AWD with dehydration per 10,000 population was reported from Paktya (87.1), followed by Nimroz (76.3), Kabul (64.7), Farah (60.7), and Khost (60.4) (Figure 2).

Figure 2. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024-13 Sep 2025

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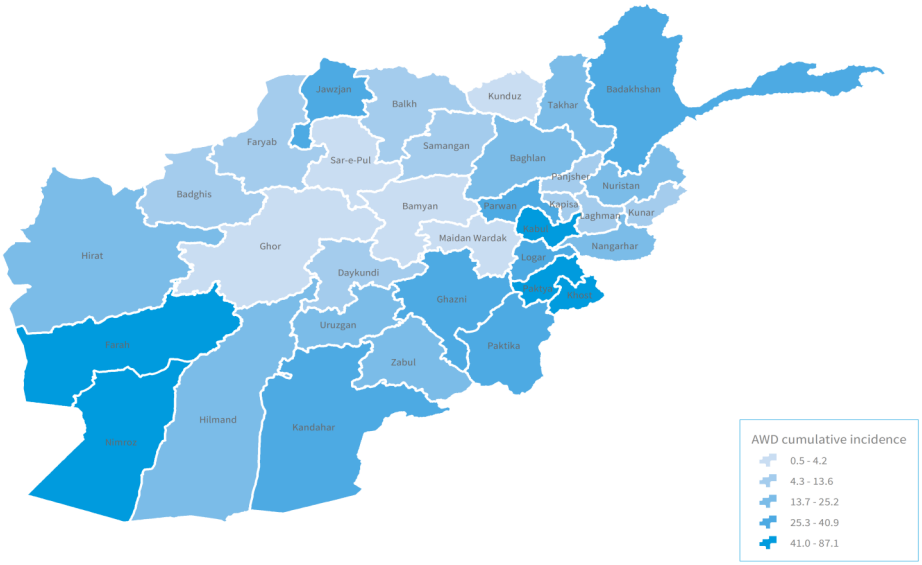
AWD with dehydration cumulative incidence per 10,000 population by Province 29 Dec 2024 – 13 Sep 2025



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

- During week 37 of 2025, WHO conducted a three-day training on AWD with dehydration case management for 30 healthcare workers (including 12 females) in Kapisa Province.
- Since the beginning of 2025, the following activities have been conducted as part of AWD with dehydration outbreak response activity:
  - WHO supplied 425 AWD with dehydration case management to all 34 province as part of the response to AWD with dehydration outbreak.
  - WHO distributed 30,000 IEC materials on AWD with dehydration to East region and Parwan province to raise awareness on recognizing early symptoms, practicing good hygiene and sanitation, and ensuring safe water and food handling.
  - 1,012 kits of Cary Blairs and 1,330 kits of Rapid Diagnostic Test (RDTs) have been distributed to all 34 provinces across the country.
  - 60 boxes (100 gloves/box) of gloves have been distributed to the Kabul surveillance office.
  - 813 boxes of PPE were distributed to all 34 provinces across the country.
  - 60 HCWs (including 17 females) in Parwan province and 59 HCWs (including 7 females) in the East and South regions have been trained in AWD with dehydration case management by WHO.
  - 44 National Disease Surveillance and Response (NDSR) staff, including 2 females, have been trained on surveillance data management, analysis, and visualization from 34 provinces.
  - 26 Surveillance Support Team (SST) members, including 1 female, have been trained on surveillance functions, rapid response, and Water Quality Management (WQM) from 6 provinces (Kabul, Kunar, Laghman, Nangarhar, Kunduz, and Kandahar).
  - WHO trained and deployed 20 social mobilizers (including 7 females) to 5 high-risk districts of Parwan province (Chaharikar, Bagram, Jabulseraj, Shinwari, and Said Khail) for RCCE activities as part of the response to AWD with dehydration outbreak. The team reached to 50,328 [including 16,621 (33.0%) females] individuals.

WASH update:

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

- A total of 29,480 individuals from 6 provinces (Parwan, Paktika, Kapisa, Nimroz, Kabul and Nangarhar) participated in hygiene promotion sessions aimed at strengthening community awareness and preventive practices.

- A total of 6,040 individuals were provided the clean drinking water by the distribution of Aqua Tab, chlorine, and PUR sachets (water purification sachets) in Baghlan province.
- A total of 9,528 individuals received hand-washing soap in 4 provinces (Parwan, Kapisa, Paktika, and Kabul).
- Around 16,963 individuals gained access to safe drinking water through the construction and rehabilitation of deep boreholes with a solar-powered piped system in Nangarhar and Parwan provinces.

Measles
(29 Dec 2024-13 Sep 2025)

88,994	525	10,733	6,499	60.6%
Total Cases	Total Deaths	Sample tested	Lab confirmed cases	Test positivity rate

Table 2: Summary of the measles outbreak in the last eight weeks in Afghanistan (20 Jul - 13 Sep 2025)

Indicators	W30	W31	W32	W33	W34	W35	W36	W37	Trend line
Suspected cases	1,790	1,557	1,405	1,344	1,205	1,040	969	858	
Suspected deaths	13	6	4	6	5	2	1	4	
CFR (%)	0.7	0.4	0.3	0.4	0.4	0.2	0.1	0.5	

- The epi curve of suspected measles cases shows a decreasing trend since week 20-2025 (Figure 3). The trend in 2025 is slightly higher than the 3-year average (2022-2024) but follows a similar pattern (Figure 4).
- During week 37-2025, a total of 858 suspected cases and 4 associated deaths (CFR 0.5%) were reported, which shows a decrease of 11.5% in the number of suspected cases compared to the preceding week.
- Out of the total 858 cases, 383 (44.6%) were females and 671 (78.2%) were under-five children.
- All 4 new deaths were under-five-year-old, while 2 of them were females, reported from 2 provinces: Kabul (3) and Faryab (1).
- Since the beginning of 2025, 88,994 suspected measles cases and 525 associated deaths (CFR 0.6%) were reported. Out of total cases, 41,802 (47.0%) were females, while 68,504 (77.0%) were under-five children.

Figure 3. Weekly distribution of suspected measles cases in Afghanistan, 29 Dec 2024-13 Sep 2025 (N= 88,994)

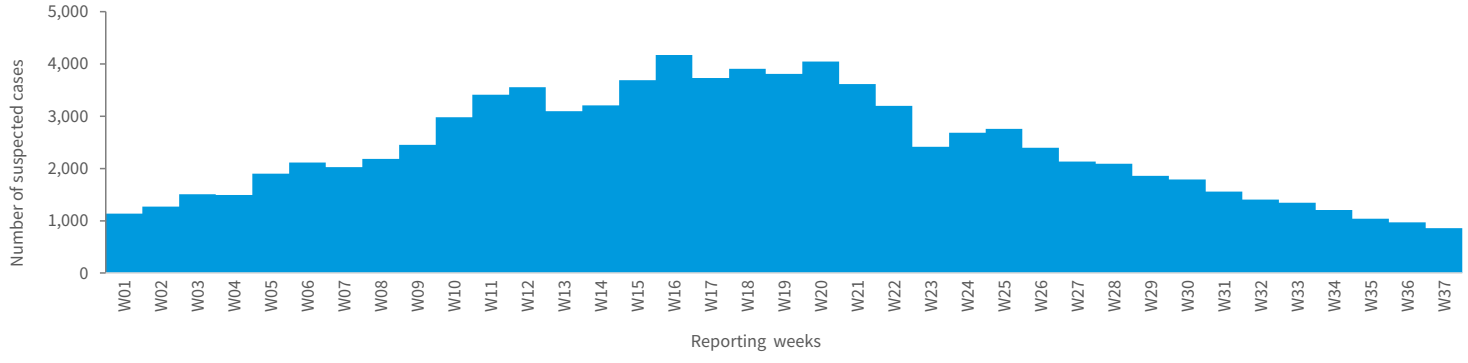
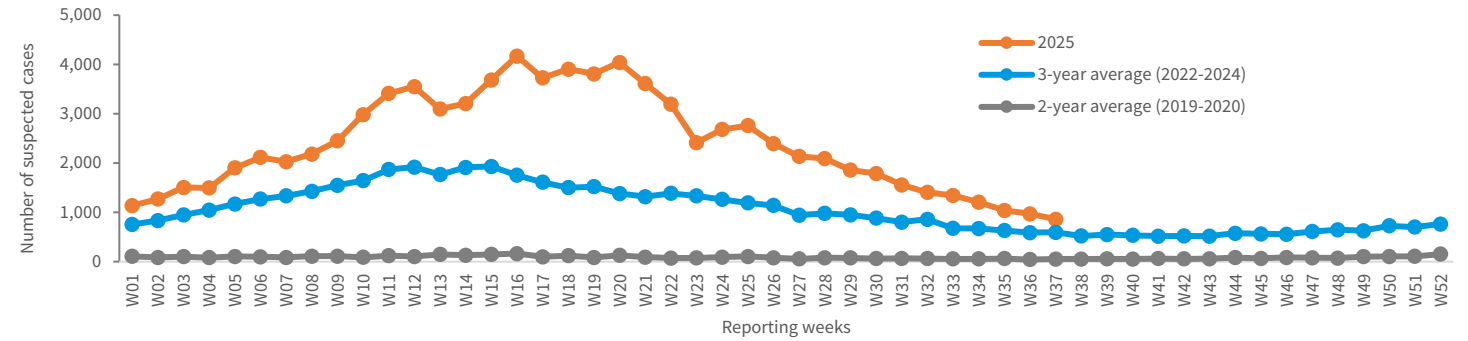


Figure 4. Comparison between the trends of suspected measles cases in 2025 vs 3-year average (2022-2024) and the endemic level



- Since the beginning of 2025, the highest cumulative incidence of suspected measles cases per 10,000 population has been reported from Helmand (79.3), followed by Badakhshan (56.3), Jawzjan (47.0), Nuristan (43.2), and Urozgan (41.4) (Figure 5).

Figure 5. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 29 Dec 2024-13 Sep 2025

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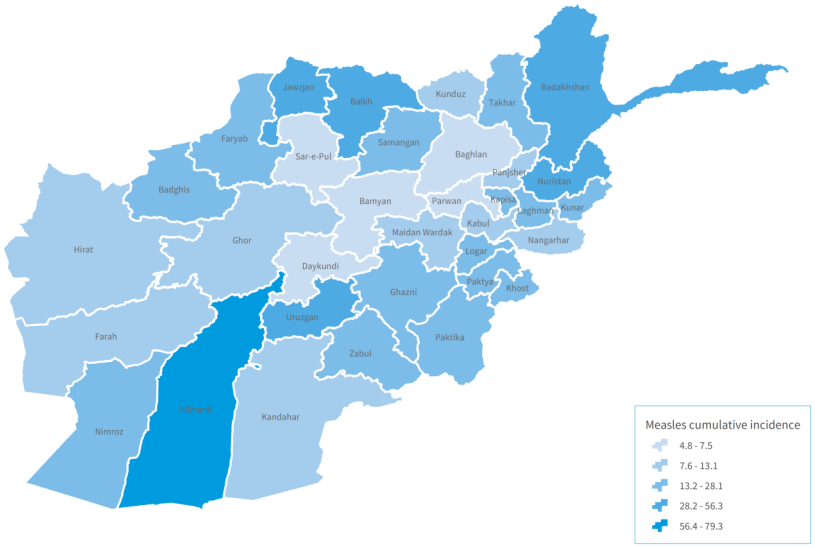
Suspected measles cumulative incidence per 10,000 population by province 29 Dec 2024 – 13 Sep 2025



Updates on the preparedness and response to the measles outbreak

- During week 37-2025, a total of 87 children aged 9-59 months were vaccinated against measles as part of the outbreak response in 3 provinces (Wardak, Kandahar, and Paktika). This brings the number of children aged 9-59 months vaccinated against measles as part of outbreak response immunization activities to 26,380 across the country since the beginning of 2025.
- Since the beginning of 2025, the following activities have been conducted to address the measles outbreak:
  - A total of 345 measles case management kits have been distributed to 8 WHO's regional sub-offices across the country.
  - A total of 257 Health Care Workers (HCWs) including 62 females have been trained in measles case management from 7 regions: Central (68, including 10 females), West (40, including 20 females), North (30, including 9 females), East (30, including 9 females), South (29, all males), Northeast (30, including 9 females), and Southeast region (30, including 5 females).
  - An online measles awareness campaign has been conducted through the World Health Organization (WHO) official social media accounts (Facebook and X), reaching approximately 20,573 individuals.

Crimean Congo Hemorrhagic Fever (CCHF)

(29 Dec 2024-13 Sep 2025)

1,234 Total cases

90 Total deaths

960 Samples tested

327 Lab-confirmed CCHF cases

34.1% test positivity rate

Table 3: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (20 Jul - 13 Sep 2025)

Indicators	W30	W31	W32	W33	W34	W35	W36	W37	Trend line
Suspected cases	39	41	39	32	41	54	51	44	
Suspected deaths	3	2	3	4	6	3	0	1	
CFR (%)	7.7	4.9	7.7	12.5	14.6	5.6	0.0	2.3	

- The epi-curve of suspected CCHF cases shows a decreasing trend since its highest peak in week 25-2025; (Figures 6 & 7).
- During week 37-2025, 44 new suspected CCHF cases with one associated death (CFR 2.3%) was reported compared to 51 cases and 0 deaths in the previous week (Table 3).
- The newly reported death is a male, over five years of age, from Herat province.
- All newly reported cases were among individuals aged over five years, of whom 17 (38.6%) were females. The cases were reported from 10 provinces: Kabul (22), Kunduz (5), Balkh (4), Herat (4), Jawzjan (3), Baghlan (2), Badakhshan (1), Kapisa

(1), Parwan (1), and Takhar (1).

- Since the beginning of 2025, a total of 1,234 suspected CCHF cases, with 90 associated deaths (CFR 7.3%), were reported. Out of the total 1,234 cases, 1,229 (99.6%) were aged over five years, and 394 (31.9%) were females. A total of 960 samples were tested, of which 327 were positive, yielding a positivity rate of 34.1%.
- Since the beginning of 2025, the highest cumulative incidence of suspected CCHF per 100,000 population is reported from Kapisa (8.7), followed by Kabul (8.4), Balkh (6.0), Kandahar (5.2), and Kunduz (4.7) (Figure 8).

Figure 6. Weekly distribution of suspected CCHF cases in Afghanistan 29 Dec 2024–13 Sep 2025, (N=1,234)

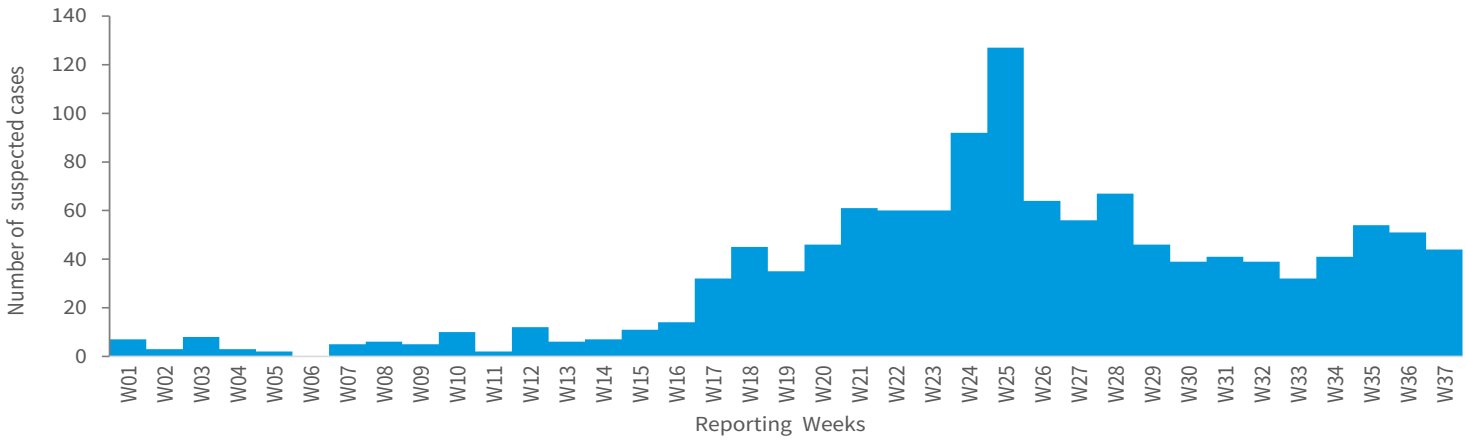
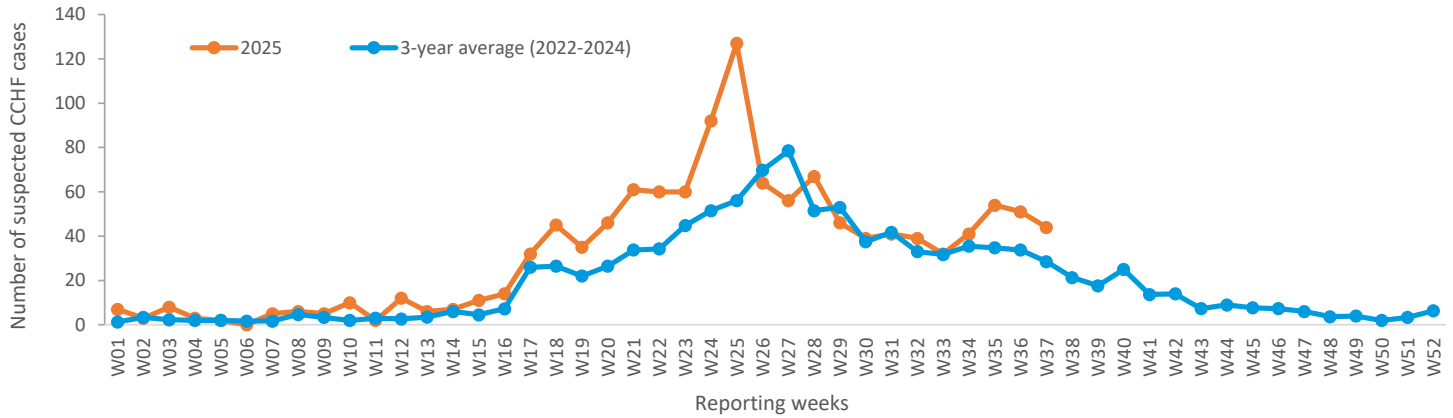


Figure 7. Comparison between the trends of suspected CCHF cases in 2025 vs 3-year average (2022-2024)



Updates on the response to the CCHF outbreak

Since the beginning of 2025, the following activities have been conducted as part of outbreak preparedness activities:

- A total of 27 packs of vial ceftriaxone 250mg (10 vials per pack), 100 vials of Vancomycin 500mg, and 80 packs of ribavirin injections (10 ampoules per pack) have been distributed to 5 WHO regional sub-offices (Herat, Nangarhar, Balkh, Kunduz, and Kandahar).
- Online awareness campaigns on Crimean-Congo Hemorrhagic Fever (CCHF) have been conducted by WHO through its official social media channels (Facebook and X), reaching over 35,967 in X and 1,762 Facebook users to date. The campaigns focused on increasing public awareness and promoting preventive measures against CCHF.
- WHO distributed around 7,700 (2,900 brochures and 4,800 posters) informational, educational, and communication (IEC) materials of CCHF to WHO sub-offices in Balkh, Herat, Kandahar, Nangarhar, Kabul, Kunduz, and Badakhshan provinces. This brings the total number of IEC materials to 13,700 (5,900 brochures and 7,800 posters) distributed to all WHO sub-offices across the country.
- 66 Healthcare Workers (HCWs), including 7 females, have been trained on CCHF case management from 34 provinces.
- 31 Lab technicians, including 4 females from 6 Regional Reference Laboratories (RRLs), Infectious Disease Hospital (IDH), and Central Public Health Laboratory (CPHL) have been trained on the diagnosis of CCHF, Dengue fever, and Mpox.

Figure 8. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 29 Dec 2024-13 Sep 2025

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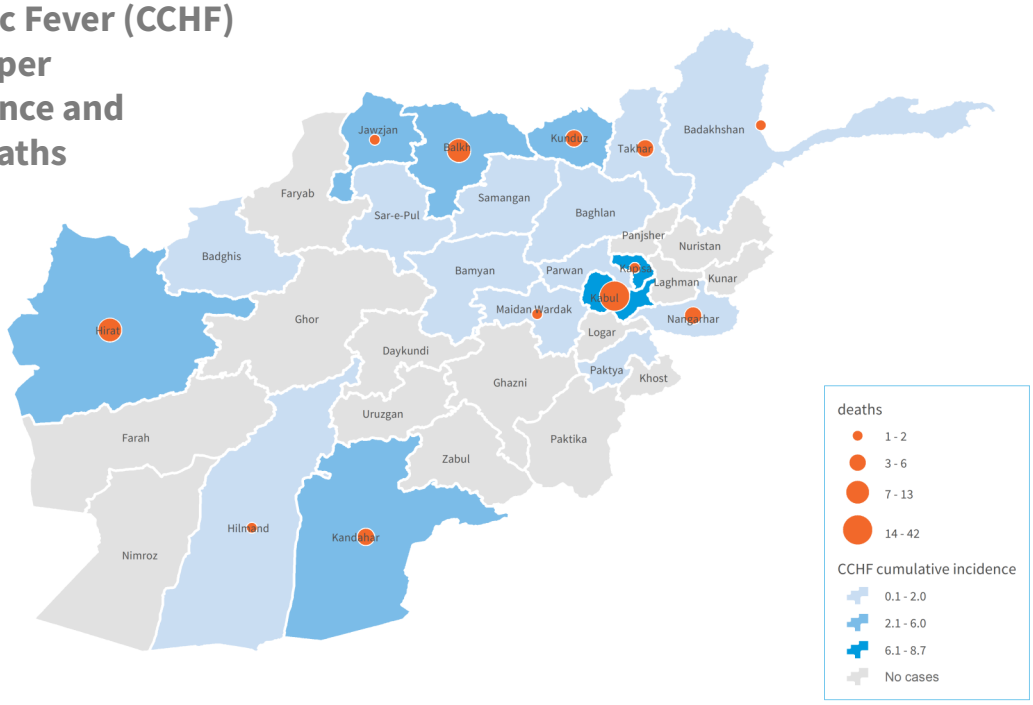
Crimean-Congo Hemorrhagic Fever (CCHF) Cases cumulative incidence per 100,000 population by province and provincial distribution of deaths

29 Dec 2024-13 Sep 2025



Dengue Fever

(29 Dec 2024-13 Sep 2025)

1,368 Total Cases

0 Total Deaths

210 *Sample tested

206 By PCR | **4** By NS1

26 Lab confirmed cases

22 By PCR | **4** By NS1

12.4% Test positivity ratio

Table 4: Summary of the dengue fever outbreak in the last eight weeks in Afghanistan (20 Jul - 13 Sep 2025)

Indicators	W30	W31	W32	W33	W34	W35	W36	W37	Trend line
Suspected cases	87	80	76	76	52	69	65	63	
suspected deaths	0	0	0	0	0	0	0	0	
CFR (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

- The epi curve of suspected dengue fever cases shows a gradual decreasing trend since week 30-2025 (Figures 9 & 10).
- During week 37-2025, 63 suspected cases of dengue fever with no associated deaths were reported from 3 provinces [Nangarhar (59), Laghman (2), and Kunar (2)] which shows a slight decrease in the number of cases compared to the preceding week.
- Out of the total 63 cases, 23 (36.5%) were females, while 62 (98.4%) of them were over five years old.
- Since the beginning of 2025, 1,368 suspected dengue fever cases, with no associated deaths, were reported from 6 provinces (Nangarhar, Laghman, Kunar, Kabul, Ghazni, and Paktya). Out of total cases, 1,318 (96.3%) were over five years old, while 577 (42.2%) were females.
- Since the beginning of 2025, a total of 210 samples have been tested, out of which 26 were positive (positivity rate 12.4%). The geographical distribution of suspected dengue fever cases at district levels in the East region provinces is shown in Figure 11.

**Note: Dengue fever laboratory data were reviewed, utilizing the confirmed case definition from WHO. This definition is characterized by confirmation through PCR, positive virus culture, DENV NS1 antigen detection, seroconversion of IgG in paired sera, or a significant increase (fourfold) in IgG titer in paired sera. The focus was placed on cases confirmed by PCR and DENV NS1 antigen detection, excluding cases that were only positive for IgM or IgG based on a single sample https://cdn.who.int/media/docs/default-source/outbreak-toolkit/dengue--outbreak-toolbox_20220921.pdf?sfvrsn=29de0271_2*

Figure 9. Weekly distribution of suspected dengue fever cases in Afghanistan 29 Dec 2024-13 Sep 2025, (N=1,368)

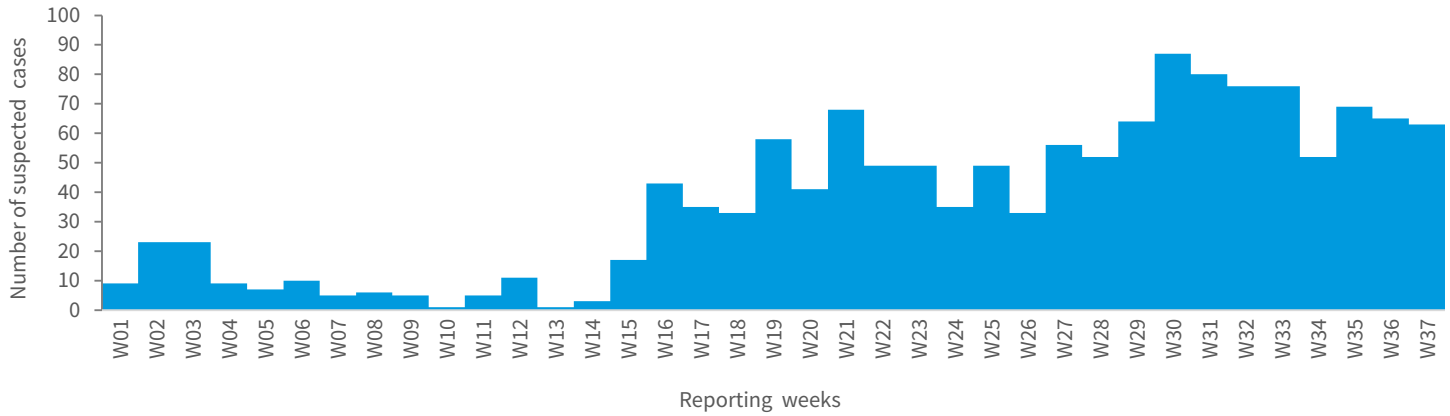


Figure 10. Comparison between the trends of suspected dengue fever cases in 2025 vs 3-year average (2022-2024)

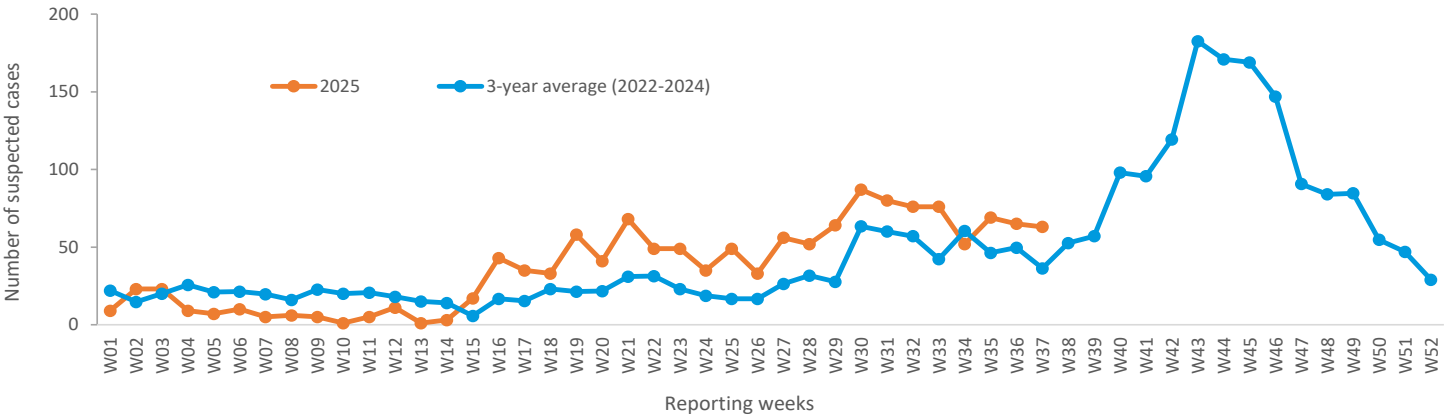
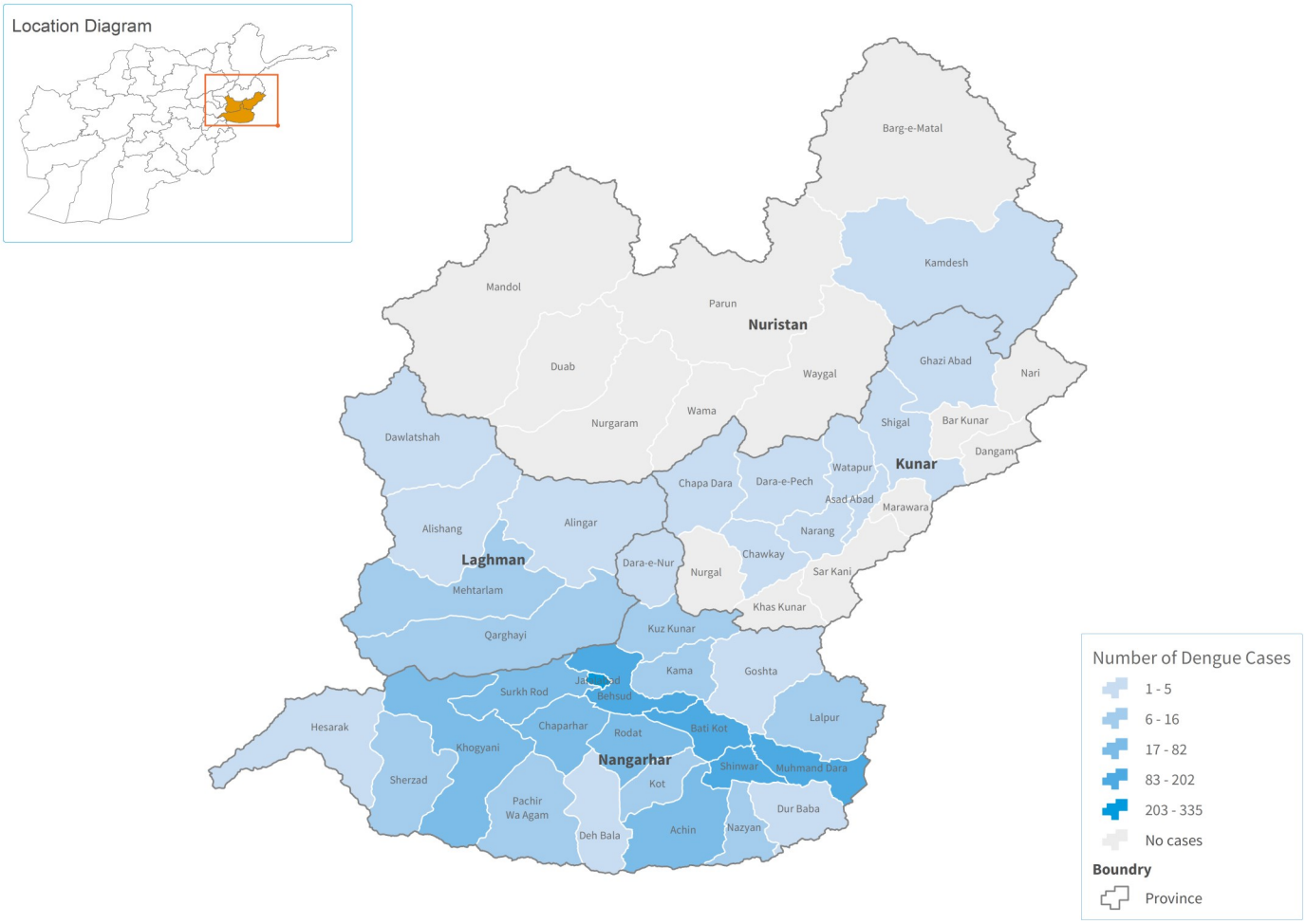


Figure 11. Geographical distribution of suspected dengue fever cases at district levels in East region provinces, 29 Dec 2024-13 Sep 2025



Updates on the response to dengue fever outbreak

- Since the beginning of 2025, a total of 350 kits (10 tests per kit) of dengue fever RDTs have been distributed to 6 provinces (Nangarhar, Kunar, Laghman, Nuristan, Kandahar, and Ghazni).

Confirmed Malaria

(29 Dec 2024-13 Sep 2025)

48,808
Total Malaria Cases

0 (0.0)
Total malaria deaths (CFR %)

Table 5: Summary of the malaria outbreak in the last eight weeks in Afghanistan (20 Jul - 13 Sep 2025)

Indicators	W30	W31	W32	W33	W34	W35	W36	W37	Trend line
Confirmed cases	2,180	2,404	3,200	3,316	2,966	3,436	4,032	4,376	
Confirmed deaths	0	0	0	0	0	0	0	0	
CFR (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

- The epi curve of confirmed malaria cases shows a gradual increase since week 15-2025, which coincides with the start of the warmer weather. The trend in 2025 is slightly higher than the 3-year average (2022-2024) since week 25-2025 (Figures 12 & 13).
- During week 37-2025, 4,376 confirmed cases with no associated deaths were reported from 20 provinces, which shows a 8.5% increase in the number of cases compared to the previous week.
- Out of the 4,376 cases, 2,056 (47.0%) were females and 696 (15.9%) were under-five children.
- Since the beginning of 2025, 48,808 confirmed malaria cases with no associated deaths have been reported. Out of total cases, 22,593 (46.3%) were females and 8,519 (17.5%) were under-five children.
- Since the beginning of 2025, the highest cumulative incidence of malaria per 10,000 population was reported from Nuristan (175.8), followed by Kunar (167.8), Laghman (103.4), and Nangarhar (74.8) (Figure 14).

Figure 12. Weekly distribution of malaria cases in Afghanistan 29 Dec 2024-13 Sep 2025 (N=48,808)

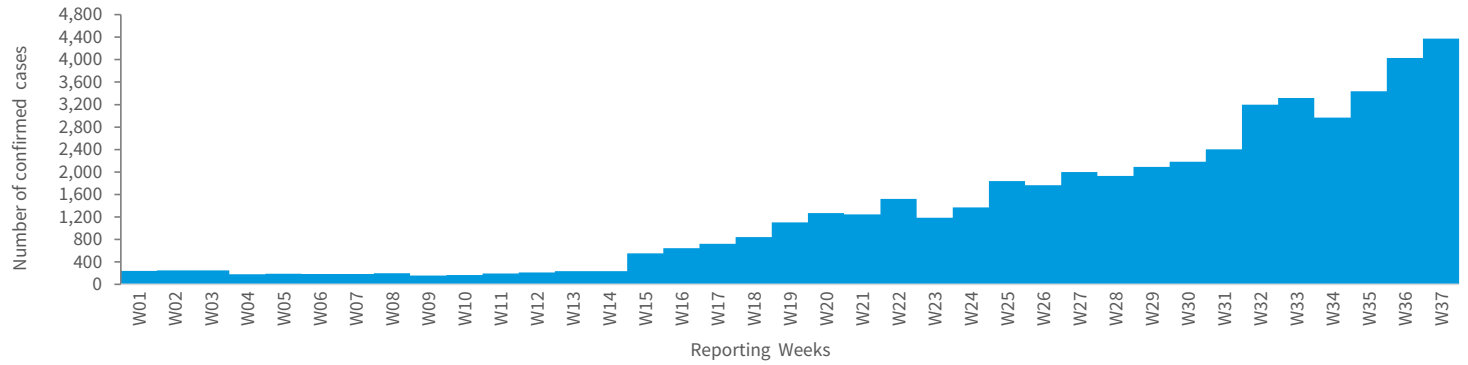


Figure 13. Comparison between the trends of malaria cases in 2025 vs 3-year average (2022-2024)

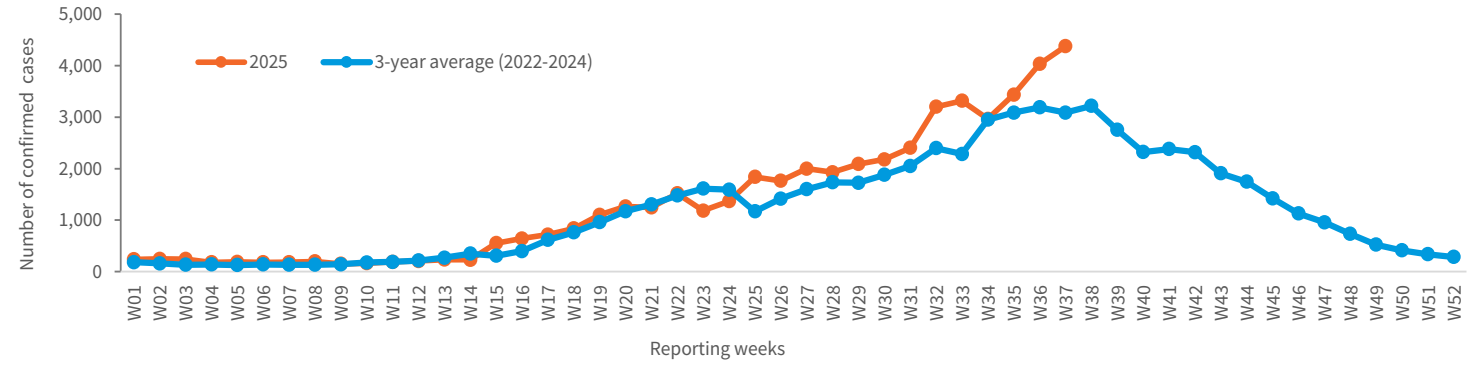


Figure 14. Malaria cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024-13 Sep 2025

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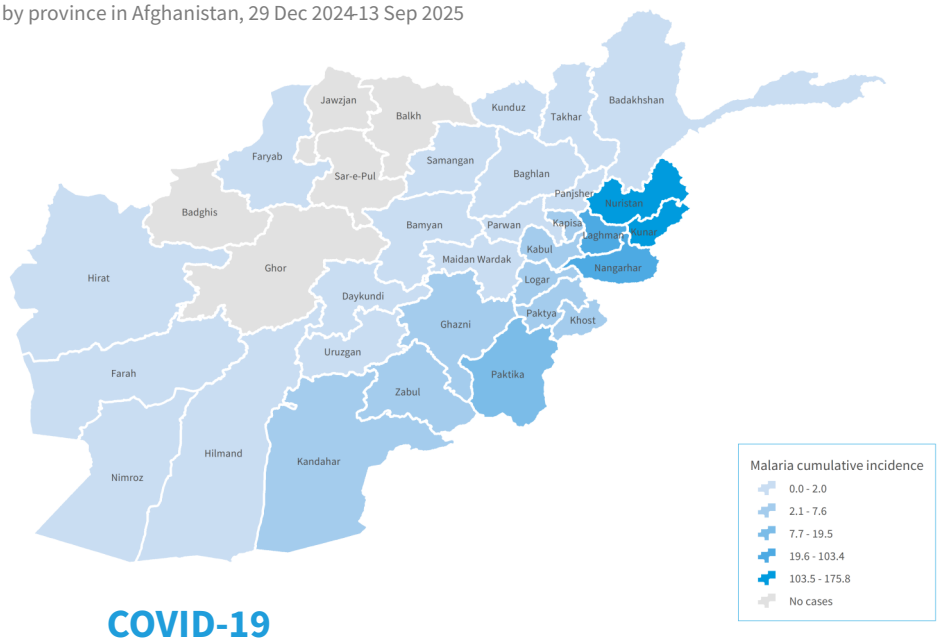
Confirmed malaria cumulative Incidence per 10,000 population by province

29 Dec 2024 – 13 Sep 2025



COVID-19

(24 Feb 2020 — 13 Sep 2025)

Cumulative samples tested
1,011,974
In public laboratories

New samples tested in week 37
437
In public laboratories
-14.1%

Cumulative confirmed cases
247,731
Cumulative positivity rate (24.5%)

New confirmed cases in week 37
34
Weekly positivity rate (7.8%)
-19.0%

Cumulative confirmed deaths
8,053
CFR (3.3%)

New confirmed deaths in week 37
0
Week 37 CFR (0.0%)
0.0%

Key: Increasing Decreasing No change

COVID-19 Vaccination highlights

Fully vaccinated	Partially vaccinated	Booster dose	At least one dose of any vaccine received
17,083,906	1,866,324	3,492,266	18,950,230

*Proportion of population who are **fully vaccinated** 39.6%

*Proportion of population who at least **received one dose** 44.0%

*Proportion of population who **received various booster doses** 8.1%

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

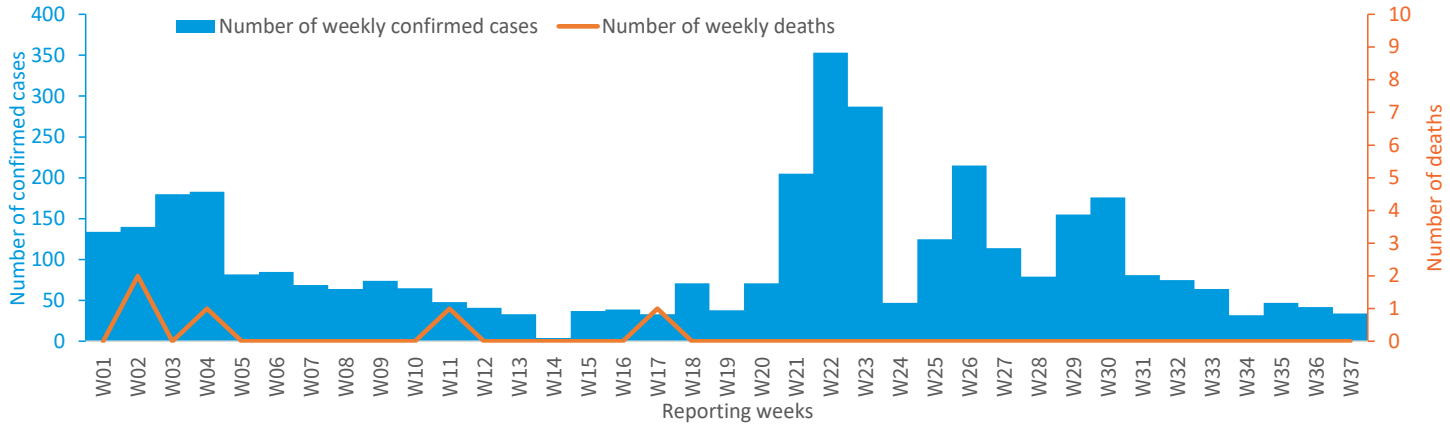
Table 6: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (20 Jul - 13 Sep 2025)

Indicators	W30	W31	W32	W33	W34	W35	W36	W37	Trend line
Samples tested (in public Labs)	848	669	551	535	525	690	511 *	437	
Confirmed cases	176	81	75	64	32	47	42	34	
Percent positivity (%)	20.8	12.1	13.6	12.0	6.1	6.8	8.2	7.8	
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	

**A delayed reporting was experienced during week 36-2025, and the number of samples tested was modified from 465 to 511.*

- The epidemiological curve of confirmed COVID-19 cases indicates a decreasing trend since week 23-2025 (Figure 15).
- During week 37-2025, a total of 437 samples were tested in public labs, of which 34 were positive for COVID-19 (positivity rate 7.8%), with no reported associated deaths (Table 6). This represents a 19.0% decrease in the number of confirmed cases compared to the previous week.
- Since the beginning of 2025, 3,622 confirmed cases of COVID-19 and 5 associated deaths (CFR 0.1%) were reported. Out of the total cases, 1,618 (44.7%) were females.

Figure 15. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 29 Dec 2024-13 Sep 2025 (cases=3,622, deaths=5)



Updates on the response activities to the COVID-19 outbreak

Since the beginning of 2025:

- A total of 5,955 kits of Covid-19 Rapid Diagnostic Test (RDT) have been distributed to all 34 provinces across the country.
- 850 kits of Viral Transport Medium (VTM) have been distributed to all 34 provinces across the country.
- WHO has carried out an awareness campaign on COVID-19 prevention through WHO's official social media platforms (Facebook and X), reaching over 100,000 individuals.

Note: MOPH is the source of epidemiological data

Case definition & alert/outbreak thresholds

Contact us for further information:

- Dr. Mohamed Tahoun, MD, MPH, PhD: Epidemiologist, WHO-CO, (tahounm@who.int)
- Infectious Hazard Preparedness Team – Health Emergencies Program (WHE)– (emacoafgihpt@who.int)