



AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #40-2025

No. 40 (28 Sep- 04 Oct 2025)

Disease Outbreaks	 AWD with dehydration	 Measles (Suspected)	 CCHF (Suspected)	 Dengue fever (Suspected)	 Malaria (Confirmed)	 COVID-19 (Confirmed)
Cumulative cases 2025	136,740	91,516	1,320	1,630	61,086	3,712
Cumulative deaths 2025 (CFR %)	66 (0.05)	532 (0.6)	92 (7.0)	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 2024-04 Oct 2025)



136,740

Total cases



66

Total deaths



9,953

Samples tested (RDTs)



1,295

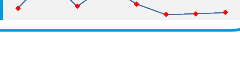
RDT-positive cases



13.0%

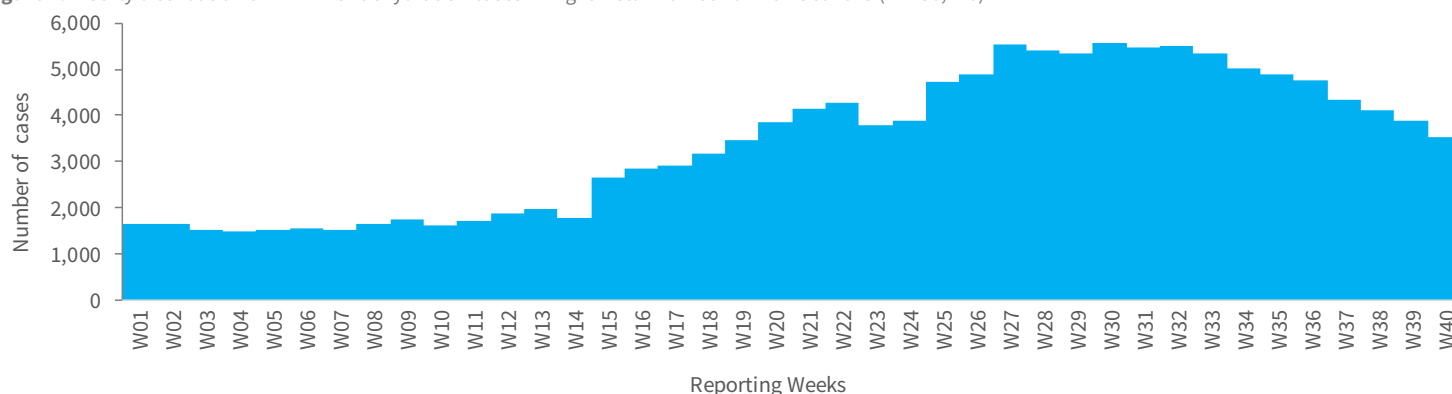
RDT positivity rate

Table 1: Summary of the AWD with dehydration outbreak in the last eight weeks in Afghanistan (10 Aug - 04 Oct 2025)

Indicators	W33	W34	W35	W36	W37	W38	W39	W40	Trend line
Number of cases	5,331	5,015	4,874	4,760	4,354	4,129	3,883	3,529	
Number of deaths	2	5	2	4	2	1	1	1	
CFR (%)	0.04	0.10	0.04	0.08	0.05	0.02	0.03	0.03	

- The epidemiological curve has shown a gradual decreasing trend since week 30-2025 (Figure 1).
- There is an ongoing AWD with a dehydration outbreak in central region (Parwan and Kapisa) with a total of 2,049 suspected cases and 6 deaths (CFR 0.3%).
 - Parwan province: Since its start on 10 July 2025, a total of 1,592 cases have been reported across nine districts. Of the 693 RDTs conducted, 230 were confirmed positive, yielding a positivity rate of 33.2%. Three deaths have been recorded, (CFR 0.2%). The epidemic curve indicates a declining trend since 27 September 2025.
 - Kapisa Province: Since its start on 02 August 2025, a total of 457 cases have been reported across 7 districts. Of the 456 RDTs conducted, 227 were confirmed positive, yielding a positivity rate of 49.8%. Three deaths have been recorded, (CFR 0.7%). The epidemic curve shows fluctuations, with a daily average of 6 for the past 7 days.

Figure 1. Weekly distribution of AWD with dehydration cases in Afghanistan 29 Dec 2024-04 Oct 2025 (N=136,740)



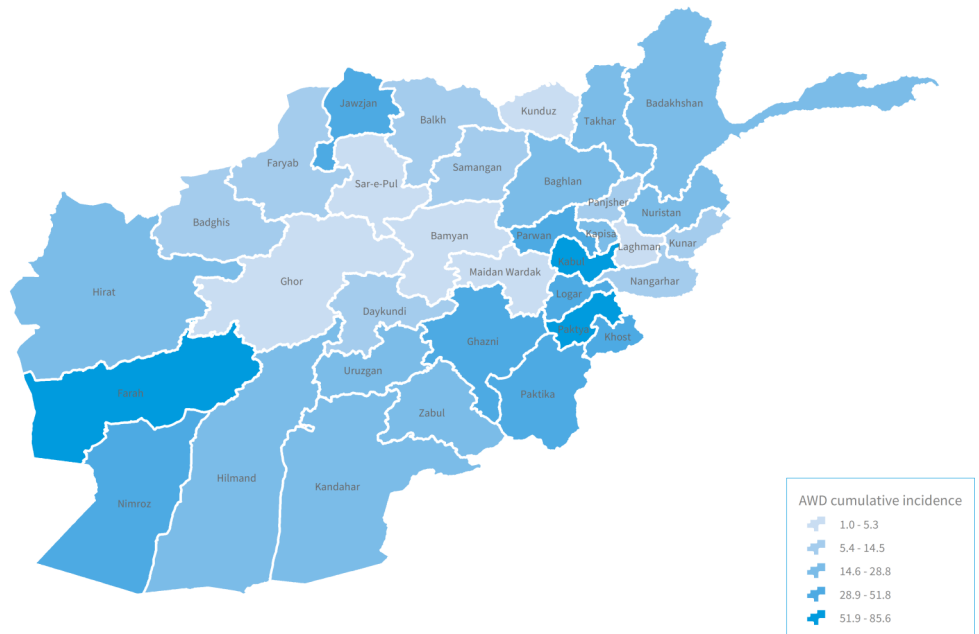


- During week 40-2025, a total of 3,529 AWD with dehydration cases, with 1 associated death (CFR 0.03%), were reported from 169 districts. This shows a 9.1% decrease in the number of cases compared to the previous week.
- The new death was over five years old male from Kabul province.
- Out of the 3,529 AWD with dehydration cases, 1,704 (48.3%) were females and 2,034 (57.6%) were under-five children.
- During week 40-2025, no new districts reported alert of AWD with dehydration.
- Since Jan 2025, 136,740 cases of AWD with dehydration, with 66 associated deaths (CFR 0.05%) were reported from 348 districts. Out of total cases, 67,734 (49.5%) were females, while 77,556 (56.7%) were under-five children.
- Since Jan 2025, a total of 9,953 Rapid Diagnostic Tests (RDT) have been conducted among AWD with dehydration cases, of which 1,295 tests turned positive (positivity rate 13.0%).
- Since the beginning of 2025, the highest cumulative incidence of AWD with dehydration per 10,000 population was reported from Kabul (85.6), followed by Paktya (73.0), Farah (63.6), Paktika (51.8), and Nimroz (45.7) (Figure 2).

Figure 2. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024-04 Oct 2025

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AWD with dehydration cumulative incidence per 10,000 population by Province 29 Dec 2024 – 04 Oct 2025



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

- During week 40-2025, WHO conducted online awareness campaign of AWD with dehydration through its official social media channels ([Facebook](#) and [X](#)), reaching over 30,000 individuals over both platforms.
- Since the beginning of 2025, the following activities have been conducted as part of AWD with dehydration outbreak response activity:
 - Delivery of 425 AWD with dehydration case management kits.
 - Distribution of 30,000 IEC materials mainly to East and Central regions raise awareness on recognizing early symptoms, practicing good hygiene and sanitation, and ensuring safe water and food handling practices.
 - Delivery of Cary Blair kits (1,012) and rapid diagnostic tests (RDTs) (1,330).
 - Distribution of 873 sets of PPEs
 - Training of 149 HCWs on AWD with dehydration case management in Parwan (60 HCWs including 17 females), Kapisa (30 HCWs including 12 females), and East and South regions (59 HCWs including 7 females).
 - Training and deployment of 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 by WASH cluster partners:

- A total of 29,480 individuals from 6 provinces (Parwan, Paktika, Kapisa, Nimroz, Kabul and Nangarhar) participated in hygiene promotion sessions.
- Distribution of Aqua Tabs, chlorine, and PUR (water purification sachets) in Baghlan to 6,040 individuals.
- Distribution of hand-washing soap in four provinces (Parwan, Kapisa, Paktika, and Kabul) to 9,528 individuals.
- Construction and rehabilitation of deep boreholes equipped with solar-powered piped systems in Nangarhar and Parwan provinces provided safe drinking water to around 16,963 individuals.

Note: WASH updates are shared on a monthly basis by the WASH Cluster on the 10th of the following month.

Measles

(29 Dec 2024-04 Oct 2025)



91,516

Total Cases



532

Total Deaths



11,061

Sample tested



6,664

Lab confirmed cases



60.2%

Test positivity rate

Table 2: Summary of the measles outbreak in the last eight weeks in Afghanistan (10 Aug - 04 Oct 2025)

Indicators	W33	W34	W35	W36	W37	W38	W39	W40	Trend line
Suspected cases	1,344	1,205	1,040	969	858	861	851	809	
Suspected deaths	6	5	2	1	4	3	2	2	
CFR (%)	0.4	0.4	0.2	0.1	0.5	0.3	0.2	0.2	

- The epi curve of suspected measles cases shows stabilization at the lower level over the past 4 weeks (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 40-2025, a total of 809 suspected cases and 2 associated deaths (CFR 0.2%) were reported, which shows 4.9% decrease in the number of suspected cases compared to the preceding week.
- Out of the total 809 cases, 391 (48.3%) were females and 632 (78.1%) were under-five children.
- Both new deaths were females, while both were under-five-year-old, from Faryab and Kunar provinces.
- Since the beginning of 2025, 91,516 suspected measles cases and 532 associated deaths (CFR 0.6%) were reported. Out of total cases, 43,017 (47.0%) were females, while 70,471 (77.0%) were under-five children.
- Since the beginning of 2025, the highest cumulative incidence of suspected measles cases per 10,000 population has been reported from Helmand (64.8), followed by Badakhshan (48.3), Jawzjan (47.1), Urozgan (43.3), and Balkh (32.2%) (Figure 5).

Figure 3. Weekly distribution of suspected measles cases in Afghanistan, 29 Dec 2024-04 Oct 2025 (N= 91,516)

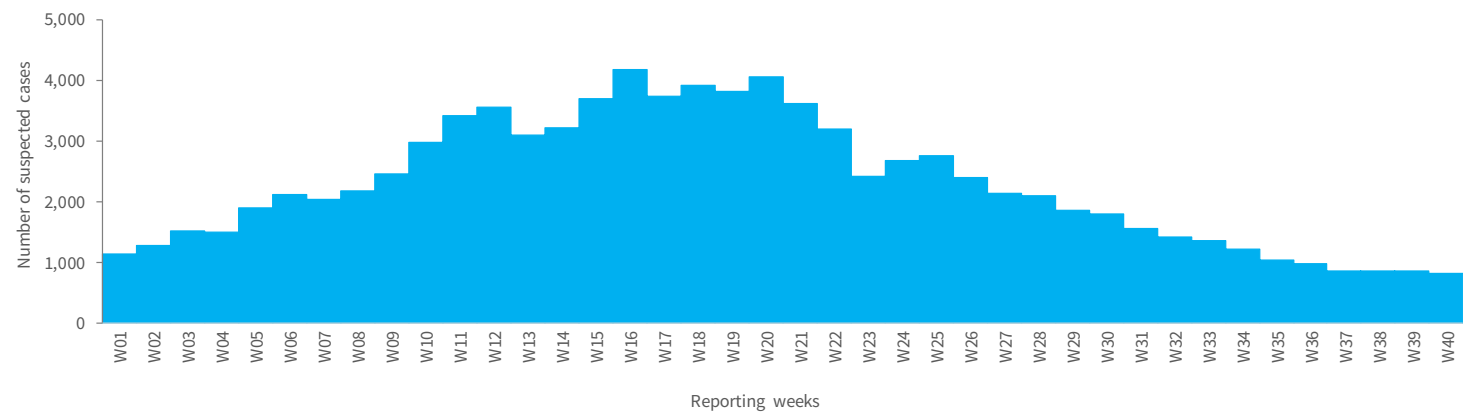


Figure 4. Comparison between the trends of suspected measles cases in 2025 vs 3-year average (2022-2024) and the endemic level

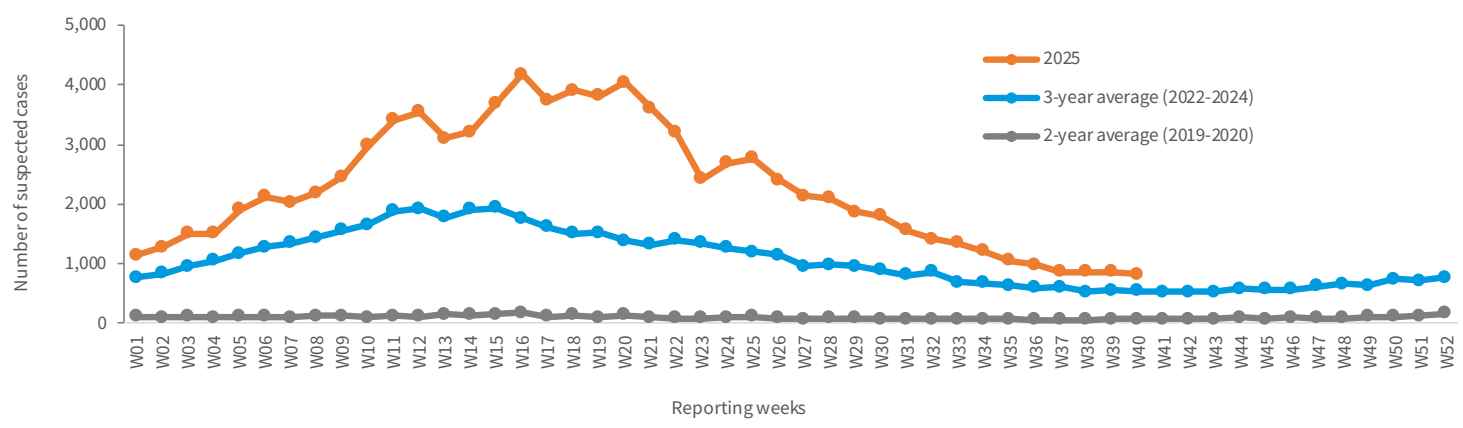


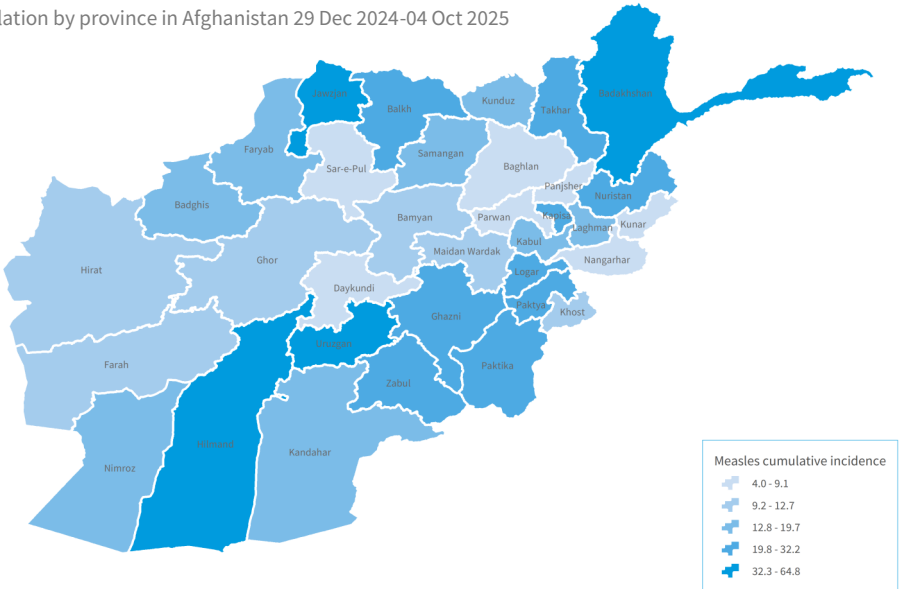
Figure 5. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 29 Dec 2024-04 Oct 2025

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Suspected measles cumulative incidence per 10,000 population by province 29 Dec 2024 – 04 Oct 2025

Updates on the preparedness and response to the measles outbreak

- During week 40-2025, WHO conducted online awareness campaign of measles through its official social media channels ([Facebook](#) and [X](#)), reaching over 4,000 individuals over both platforms.
- The first phase of the measles national vaccination campaign started on Monday, 29 Sep 2025, across 17 provinces, targeting more than 10,1 M children aged 6 months to 10 years for vaccination over 10-day period.
- Since the beginning of 2025, the following activities have been conducted to address the measles outbreak:
 - A total of 26,633 children aged 9-59 months have been vaccinated against measles as part of the outbreak response across the country.
 - 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 2024-04 Oct 2025)


1,320
Total cases


92
Total deaths


1,006
Samples tested


335
Lab-confirmed CCHF cases


33.3%
test positivity rate

Table 3: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (10 Aug - 04 Oct 2025)

Indicators	W33	W34	W35	W36	W37	W38	W39	W40	Trend line
Suspected cases	32	41	54	51	44	41	26	19	
Suspected deaths	4	6	3	0	1	2	0	0	
CFR (%)	12.5	14.6	5.6	0.0	2.3	4.9	0.0	0.0	

- The epi-curve of suspected CCHF cases shows a decreasing trend since its highest peak in week 25-2025 (Figures 6 & 7).
- During week 40-2025, 19 new suspected CCHF cases with no associated deaths were (Table 3).

- All newly reported cases were among individuals aged over five years, of whom 7 (36.8%) were females.
- Since the beginning of 2025, a total of 1,320 suspected CCHF cases, with 92 associated deaths (CFR 7.0%), were reported. Most of the cases (1,315, 99.6%) were aged over five years, and 412 (31.2%) were females. A total of 1,006 samples were tested, of which 335 were positive, yielding a positivity rate of 33.3%.
- Since the beginning of 2025, the highest cumulative incidence of suspected CCHF per 100,000 population is reported from Kabul (10.6), followed by Kapisa (9.0), Kunduz (7.2), Kandahar (5.7), and Balkh (5.7) (Figure 8).

Figure 6: Weekly distribution of suspected CCHF cases in Afghanistan 29 Dec 2024-04 Oct 2025, (N=1,320)

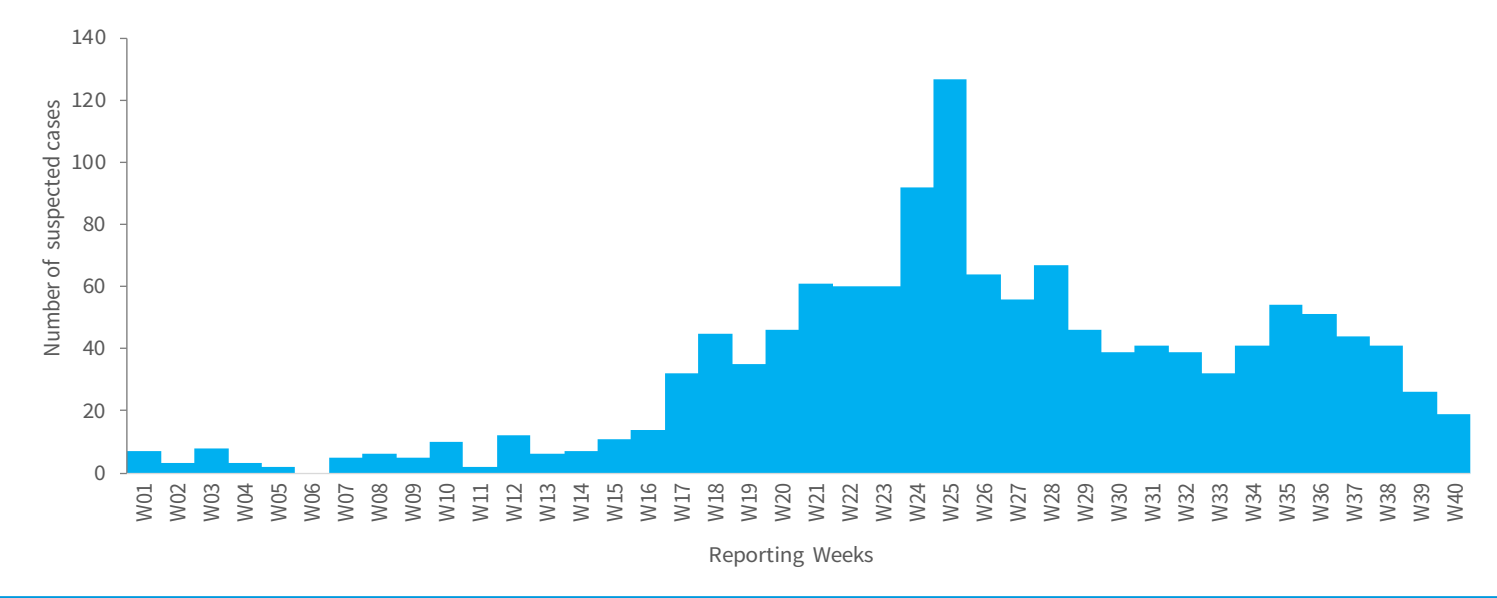
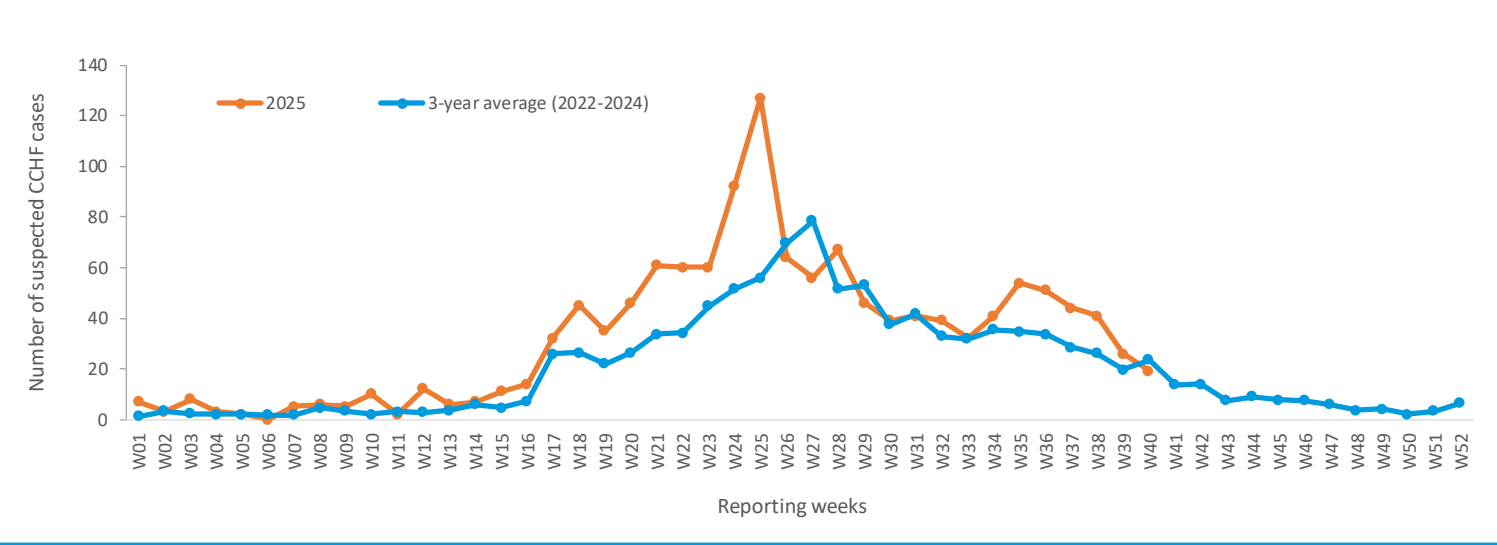


Figure 7. Comparison between the trends of suspected CCHF cases in 2025 vs 3-year average (2022-2024)



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 more than 37,000 individuals over both platforms. The campaigns focused on increasing public awareness and promoting preventive measures against CCHF.
 - Distribution of 13,700 IEC materials on CCHF (5,900 brochures and 7,800 posters) to all sub-offices across the country.
 - Training of 66 HCWs (7 females) on CCHF case management.
 - Training of 31 laboratory technicians, including 4 females, from 8 laboratories on the diagnosis of CCHF, dengue fever, and mpox.

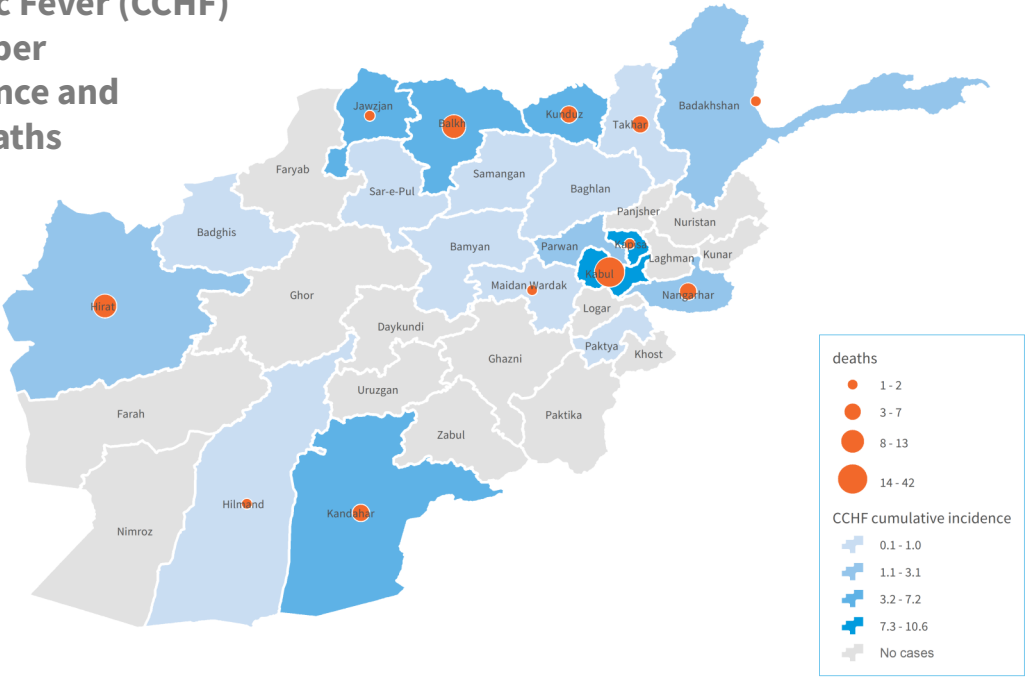
Figure 8. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 29 Dec 2024-04 Oct 2025

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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 2024-04 Oct 2025





1,630
Total Cases



0
Total Deaths

293
*Sample tested

289
By PCR

4
By NS1

78
Lab confirmed cases

74
By PCR

4
By NS1



26.6%
Test positivity ratio

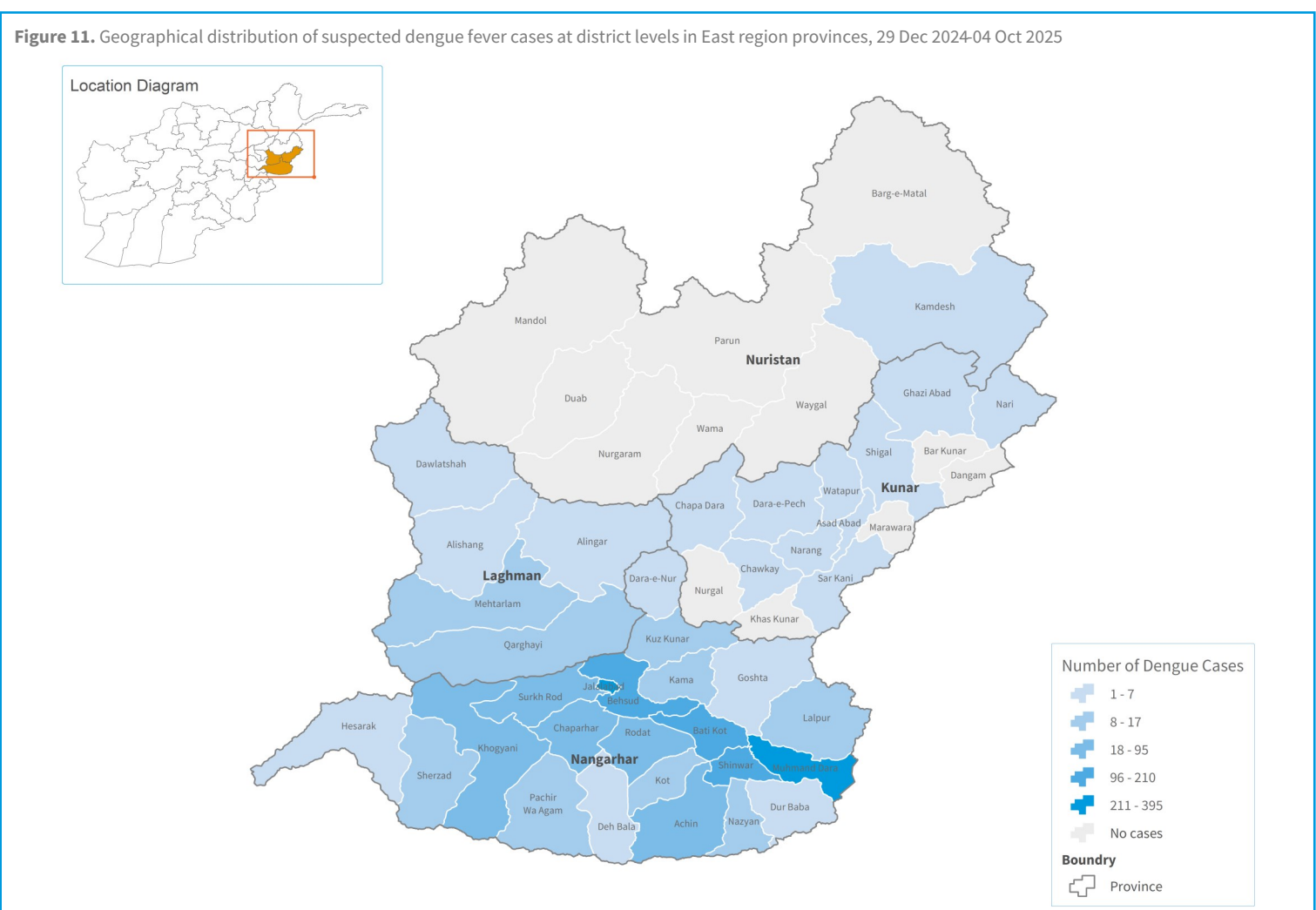
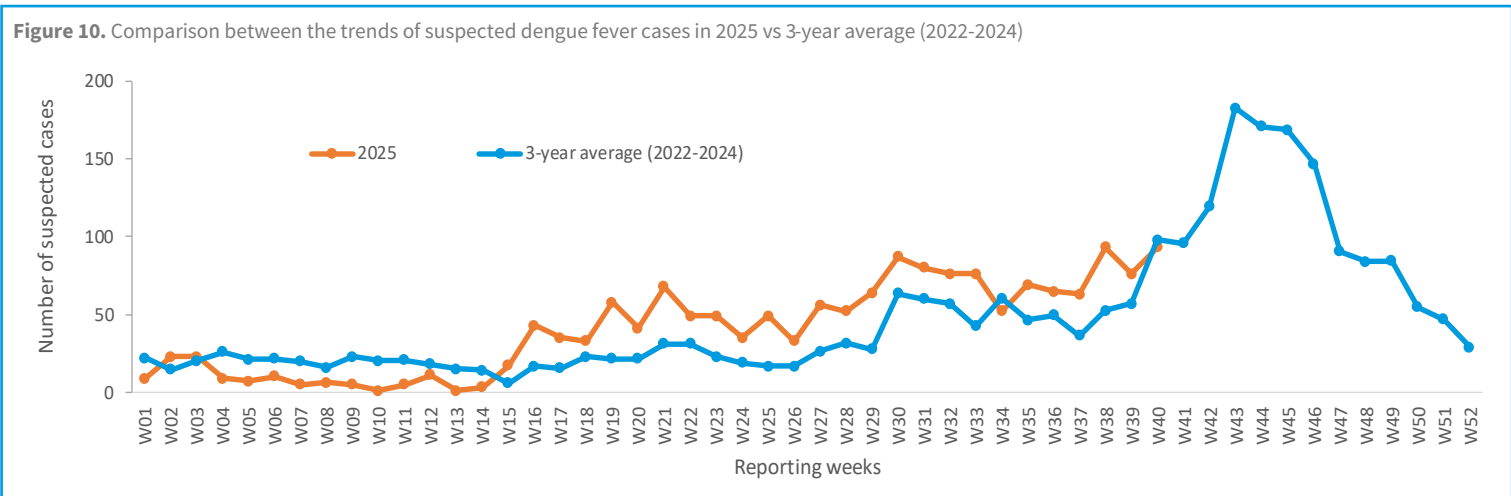
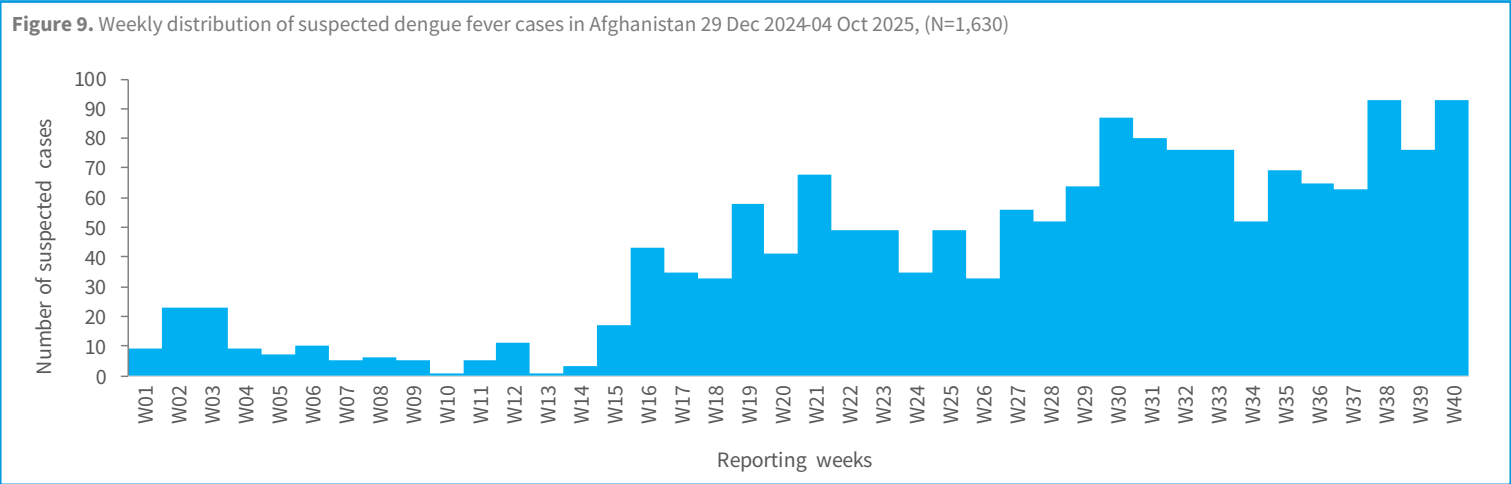
Table 4: Summary of the dengue fever outbreak in the last eight weeks in Afghanistan (10 Aug - 04 Oct 2025)

Indicators	W33	W34	W35	W36	W37	W38	W39	W40	Trend line
Suspected cases	76	52	69	65	63	93	76	93	
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 fluctuations at a higher level, with an average of 73 cases per week over the past eight weeks (Figures 9 & 10).
- During week 40-2025, 93 suspected cases of dengue fever with no associated deaths were reported from Nangarhar, which shows 22.4% decrease in the number of cases compared to the preceding week.
- Out of the total cases, 33 (35.5%) were females, while all were over five years old.
- Since the beginning of 2025, 1,630 suspected dengue fever cases, with no associated deaths, were reported from 6 provinces (Nangarhar, Laghman, Kunar, Kabul, Ghazni, and Paktya). Out of total cases, 1,577 (96.7%) were over five years old, while 660 (40.5%) were females.
- Since the beginning of 2025, a total of 293 samples have been tested, out of which 78 were positive (positivity rate 26.6%). 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*

6



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 2024-04 Oct 2025)



61,086
Total Malaria
Cases



0 (0.0)
Total malaria
deaths (CFR %)

Table 5: Summary of the malaria outbreak in the last eight weeks in Afghanistan (10 Aug - 04 Oct 2025)

Indicators	W33	W34	W35	W36	W37	W38	W39	W40	Trend line
Confirmed cases	3,316	2,966	3,436	4,032	4,376	4,489	3,949	3,840	
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 considerable decline during the past two weeks. This followed the sharp rise observed over the preceding four weeks (35 to 38). The trend in 2025 is slightly higher than the 3-year average (2022-2024) since week 25-2025 (Figures 12 & 13).
- During week 40-2025, 3,840 confirmed cases with no associated deaths were reported from 19 provinces, which shows a slight decrease in the number of cases compared to the previous week.
- Out of the 3,840 cases, 1,817 (47.3%) were females and 706 (18.4%) were under-five children.
- Since the beginning of 2025, 61,086 confirmed malaria cases with no associated deaths have been reported. Out of total cases, 28,401 (46.5%) were females and 10,862 (17.8%) were under-five children.
- Since the beginning of 2025, the highest cumulative incidence of malaria per 10,000 population was reported from Nuristan (142.8), followed by Kunar (122.0), Laghman (104.1), and Nangarhar (62.2) (Figure 14).

Figure 12. Weekly distribution of malaria cases in Afghanistan 29 Dec 2024-04 Oct 2025 (N=61,086)

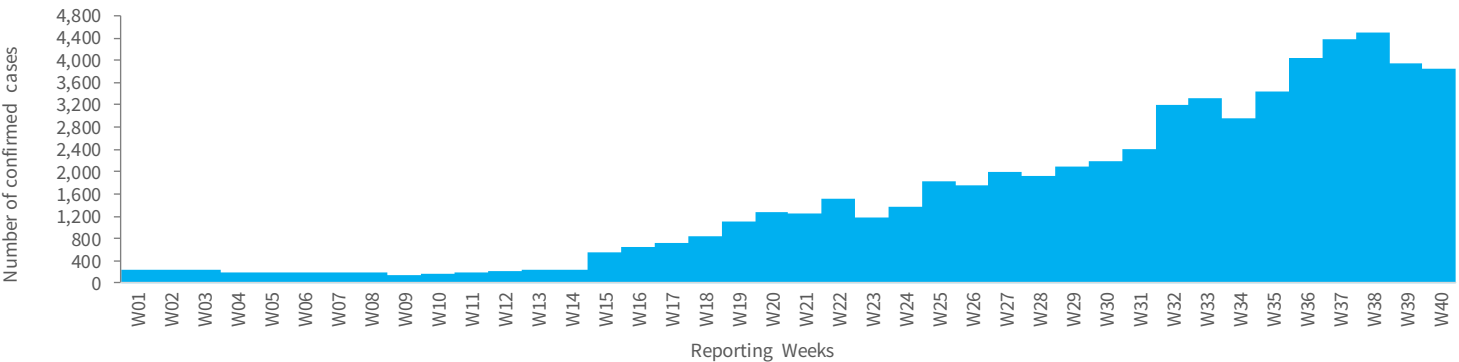


Figure 13. Comparison between the trends of malaria cases in 2025 vs 3-year average (2022-2024)

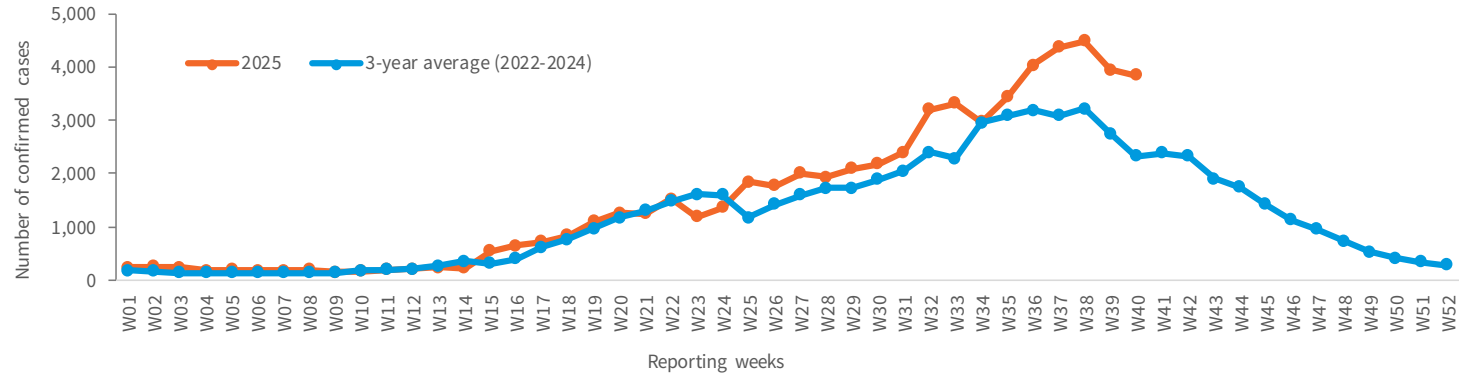
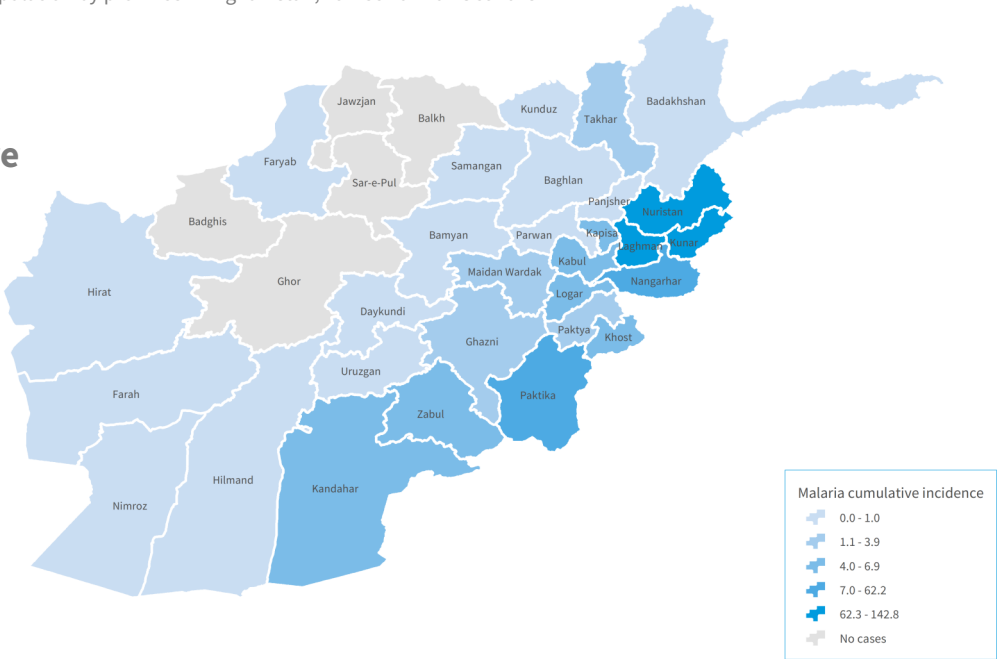


Figure 14. Malaria cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024-04 Oct 2025

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Confirmed malaria cumulative
Incidence per 10,000
population by province
29 Dec 2024 – 04 Oct 2025



COVID-19

(29 Dec 2024-04 Oct 2025)

Cumulative samples tested

44,100

In public laboratories

New samples tested in week 40

449

In public laboratories

-16.2%

Cumulative confirmed cases

3,712

Cumulative positivity rate (8.4%)

New confirmed cases in week 40

20

Weekly positivity rate (4.5%)

-20.0%

Cumulative confirmed deaths

5

CFR (0.1%)

New confirmed deaths in week 40

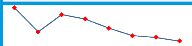
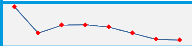
0

Week 40 CFR (0.0%)

0.0%

Key: ● Increasing ● Decreasing ● No change

Table 6: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (10 Aug - 04 Oct 2025)

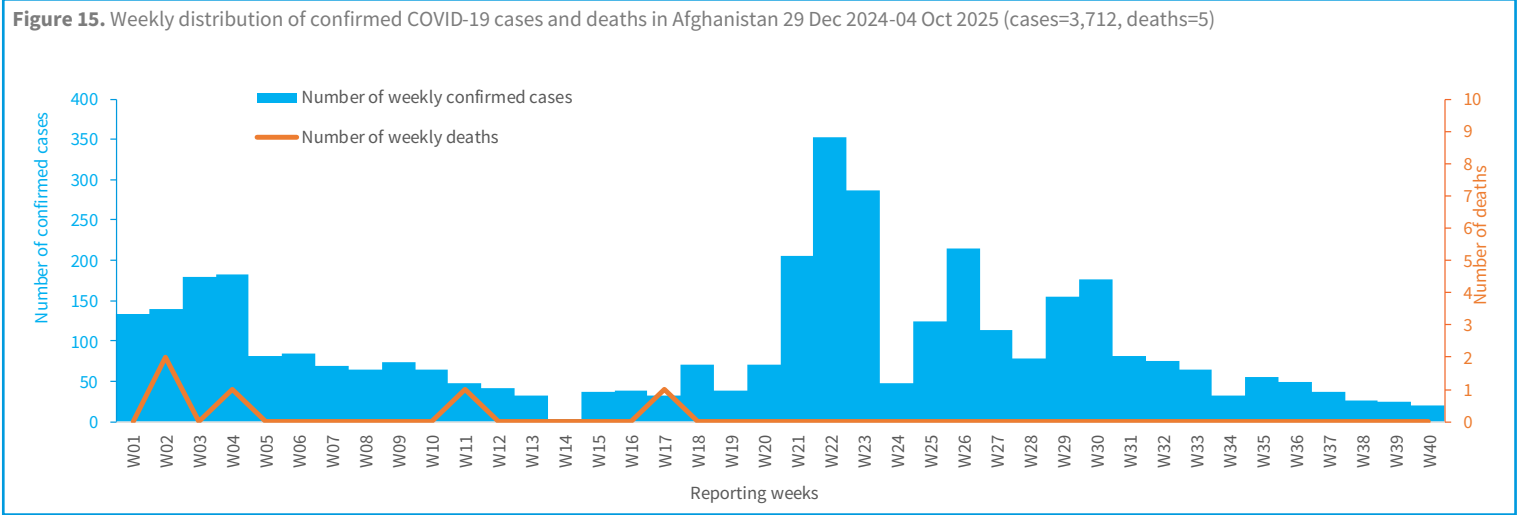
Indicators	W33	W34	W35	W36	W37	W38	W39	W40	Trend line
Samples tested (in public Labs)	535	530	704	623	498	446	536 *	449	
Confirmed cases	64	32	55	49	37	27	25	20	
Percent positivity (%)	12.0	6.0	7.8	7.9	7.4	6.1	4.7	4.5	
Deaths	0	0	0	0	0	0	0	0	
CFR (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

*A delayed reporting was experienced during week 39-2025, and the number of samples tested was modified from 505 to 536.

- The epidemiological curve of confirmed COVID-19 cases indicates a decreasing trend since week 23-2025 (Figure 15).
- During week 40-2025, a total of 449 samples were tested in public labs, of which 20 were positive for COVID-19 (positivity rate 4.5%), with no reported deaths (Table 6). This represents a 20.0% decrease in the number of confirmed cases compared to the previous week.
- Since the beginning of 2025, 3,712 confirmed cases of COVID-19 and 5 associated deaths (CFR 0.1%) were reported. Out of the total cases, 1,792 (48.3%) were females.



Figure 15. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 29 Dec 2024-04 Oct 2025 (cases=3,712, 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.
 - 850 kits of Viral Transport Medium (VTM) have been distributed to all 34 provinces.
 - 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:

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