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INFECTIOUS DISEASE OUTBREAKS
SITUATION REPORT | Epidemiological week #44-2025

No. 44 (26 Oct - 01 Nov 2025)

Disease	 AWD with dehydration	 Measles (Suspected)	 CCHF (Suspected)	 Dengue fever (Suspected)	 Malaria (Confirmed)	 ARI-Pneumonia	 COVID-19 (Confirmed)
Cumulative cases 2025	148,671	94,428	1,421	3,363	72,499	1,153,406	3,932
Cumulative deaths 2025 (CFR %)	73 (0.05)	535 (0.6)	97 (6.8)	0 (0.0)	0 (0.0)	2,445 (0.2)	5 (0.1)

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

Acute Watery Diarrhea (AWD) with Dehydration (29 Dec 2024-01 Nov 2025)


148,671
Total cases


73
Total deaths


11,093
Samples tested (RDTs)


1,533
RDT-positive cases

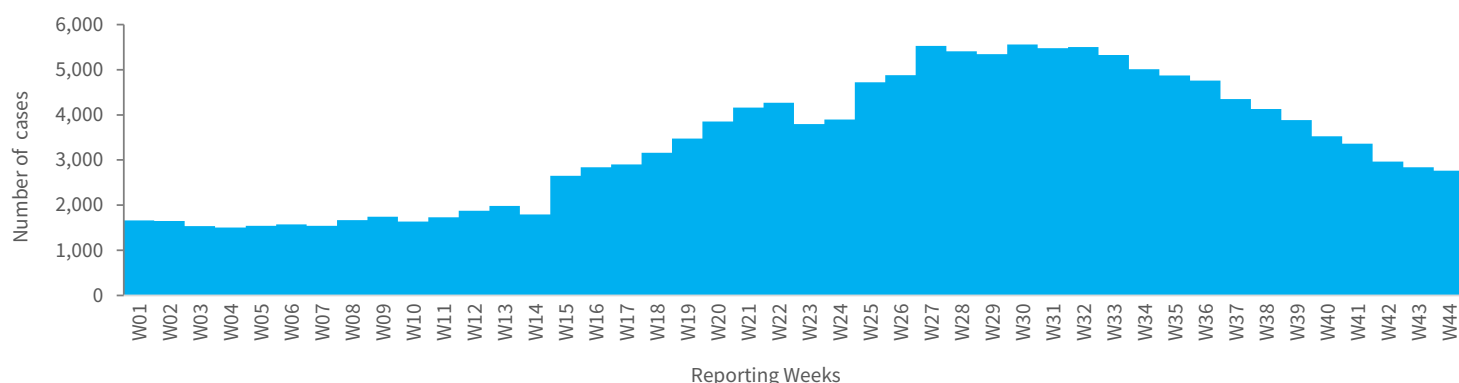

13.8%
RDT positivity rate

Table 1: Summary of the AWD with dehydration outbreak in the last eight weeks in Afghanistan (07 Sep - 01 Nov 2025)

Indicators	W37	W38	W39	W40	W41	W42	W43	W44	Trend line
Number of cases	4,354	4,129	3,883	3,529	3,362	2,966	2,839	2,764	
Number of deaths	2	1	1	1	1	1	4	1	
CFR (%)	0.05	0.02	0.03	0.03	0.03	0.03	0.14	0.04	

- The epidemiological curve has shown a gradual decreasing trend since week 30-2025 (Figure 1).
- During week 44-2025, a total of 2,764 AWD with dehydration cases, with one associated death (CFR 0.04%), were reported from 159 districts. This shows a slight decrease in the number of cases compared to the previous week.
- The new death was a male child under five, reported from Badakhshan Province.
- Out of the 2,764 AWD with dehydration cases, 1,365 (49.4%) were females and 1,736 (62.8%) were under-five children.
- During week 44-2025, no new district reported an alert of AWD with dehydration.
- Since Jan 2025, 148,671 cases of AWD with dehydration, with 73 associated deaths (CFR 0.05%) were reported from 350 districts. Out of total cases, 73,637 (49.5%) were females, while 84,870 (57.1%) were children under five.

Figure 1. Weekly distribution of AWD with dehydration cases in Afghanistan 29 Dec 2024-01 Nov 2025 (N=148,671)



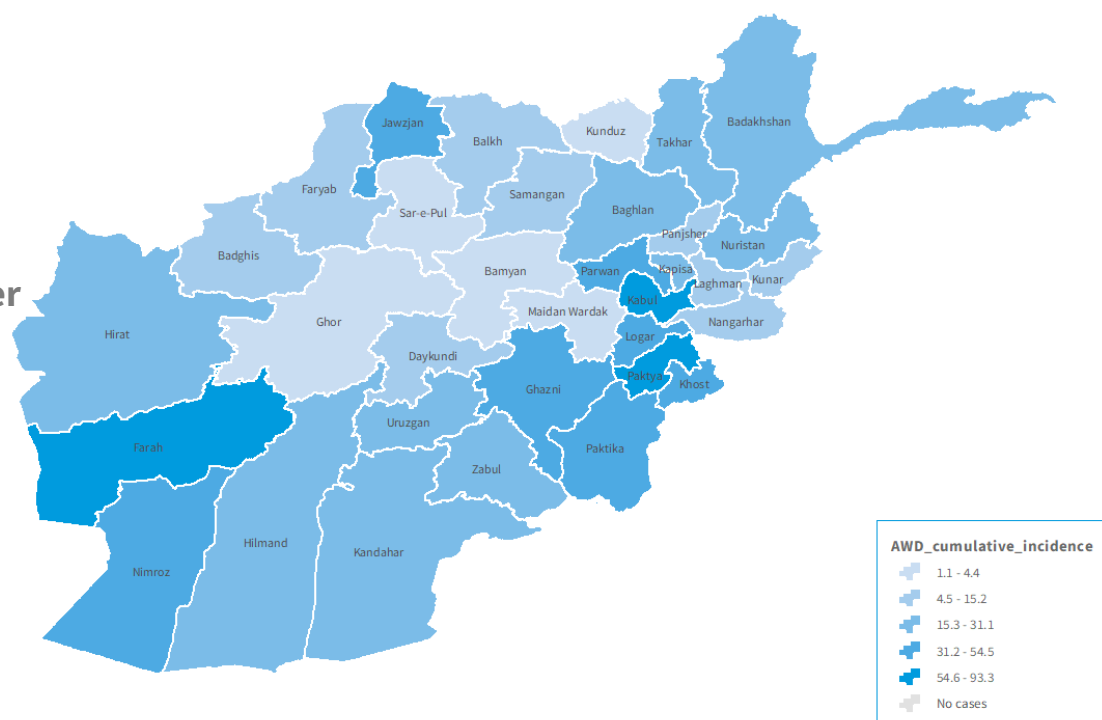


- Since Jan 2025, a total of 11,093 Rapid Diagnostic Tests (RDT) have been conducted among AWD with dehydration cases, of which 1,533 tests turned positive (positivity rate 13.8%).
- Since the beginning of 2025, the highest cumulative incidence of AWD with dehydration per 10,000 population was reported from Kabul (93.3), followed by Paktya (80.8), Farah (71.1), Paktika (54.5), and Nimroz (52.4) (Figure 2).
- There is an ongoing AWD with dehydration outbreak in Central (Parwan and Kapisa), Northeast (Kunduz, Baghlan and Takhar), and East (Nangarhar, Laghman, Nuristan, and Kunar) regions.
 - Central region: since its start on 10 July 2025, a total of 2,151 cases have been reported from Central region. Of the 1,251 RDTs conducted, 487 were confirmed positive, yielding a positivity rate of 38.9%. Six deaths have been recorded (CFR 0.3%). The epidemic curve indicates a declining trend over the past five weeks.
 - Northeast region: Since its start on 11 Aug 2025, a total of 521 cases have been reported from the Northeast region. Of the 519 RDTs conducted, 146 were confirmed positive, yielding a positivity rate of 28.1%. Four deaths have been recorded (CFR 0.8%). The epidemic curve indicates a declining trend over the past four weeks.
 - East region: since its start on 06 Aug 2025, a total of 1,565 cases have been reported from the East region. Of the 1,316 RDTs conducted, 132 were confirmed positive, yielding a positivity rate of 10.0%. Four deaths have been recorded, (CFR 0.3%). The epidemic curve indicates a declining trend over the past four weeks.

Figure 2. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024-01 Nov 2025

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**AWD with dehydration
cumulative incidence per
10,000 population by
Province 29 Dec 2024 –
01 Nov 2025**



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

- Since the beginning of 2025, the following activities have been conducted as part of AWD with dehydration outbreak response activity:
 - A campaign on Risk Communication and Community Engagement (RCCE) has been conducted in earthquake-affected areas of Kunar and Nangarhar provinces. The campaign aimed to raise awareness and promote preventive behaviors against infectious diseases. A total of 30 trained social mobilizers (including 15 females) have been deployed to the affected areas. During the campaign, 15,000 IEC materials were distributed across 207 villages, reaching 33,463 individuals, including 14,785 (44.2%) females.
 - A total of 179 HCWs, including 46 females, have been trained in 4 regions: In Northeast region (30, including 10 females), in Central region (90 HCWs, including 29 females), and in East and South regions (59 HCWs, including 7 females).
 - 88 SST members, including 12 females, have been trained in surveillance support activities.
 - Online awareness campaign of AWD with dehydration has been conducted through official social media channels ([Facebook](#) and [X](#)) of WHO, reaching over 36,000 individuals over both platforms.
 - 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 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 50,328 [including 16,621 (33.0%) females] individuals.

WASH update:

In Sep 2025, the following WASH response activities were implemented by WASH cluster partners:

- A total of 44,474 individuals from 4 provinces (Parwan, Kapisa, Nimroz, and Kabul) participated in hygiene promotion sessions.
- Distribution of Family Hygiene Kits in Farah and Parwan provinces to 11,603 individuals.
- Distribution of hand-washing soap in three provinces (Parwan, Kapisa, and Kabul) to 48,981 individuals.
- Construction and rehabilitation of deep boreholes equipped with solar-powered piped systems in Nangarhar province provided safe drinking water to around 5,698 individuals.

Measles

(29 Dec 2024-01 Nov 2025)

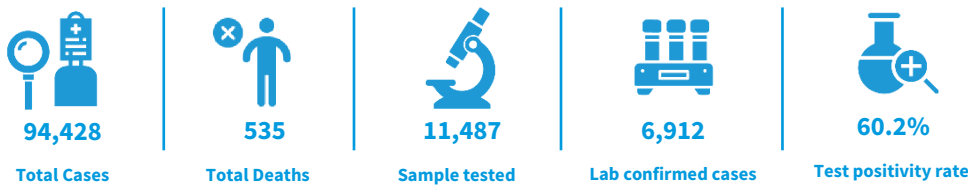
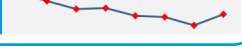


Table 2: Summary of the measles outbreak in the last eight weeks in Afghanistan (07 Sep - 01 Nov 2025)

Indicators	W37	W38	W39	W40	W41	W42	W43	W44	Trend line
Suspected cases	858	861	851	809	734	831	709	638	
Suspected deaths	4	3	2	2	1	1	0	1	
CFR (%)	0.5	0.3	0.2	0.2	0.1	0.1	0.0	0.2	

- The epi curve of suspected measles cases shows a significant decline over the past two weeks which might be due to measles immunization campaign conducted in 17 provinces and almost 8.3 million children were vaccinated (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 44-2025, a total of 638 suspected cases with one associated death were reported (CFR 0.2%), which shows 10.0% decrease in the number of suspected cases compared to the preceding week.
- The new death was male under five, reported from Helmand province.
- Out of the total 638 cases, 299 (46.9%) were females and 470 (73.7%) were under-five children.
- Since the beginning of 2025, 94,428 suspected measles cases and 535 associated deaths (CFR 0.6%) were reported. Out of total cases, 44,368 (47.0%) were females, while 72,669 (77.0%) were children under five.
- Since the beginning of 2025, the highest cumulative incidence of suspected measles cases per 10,000 population has been reported from Helmand (66.6), followed by Badakhshan (49.4), Jawzjan (48.0), Urozgan (44.7), and Balkh (33.0) (Figure 5).

Figure 3. Weekly distribution of suspected measles cases in Afghanistan, 29 Dec 2024-01 Nov 2025 (N= 94,428)

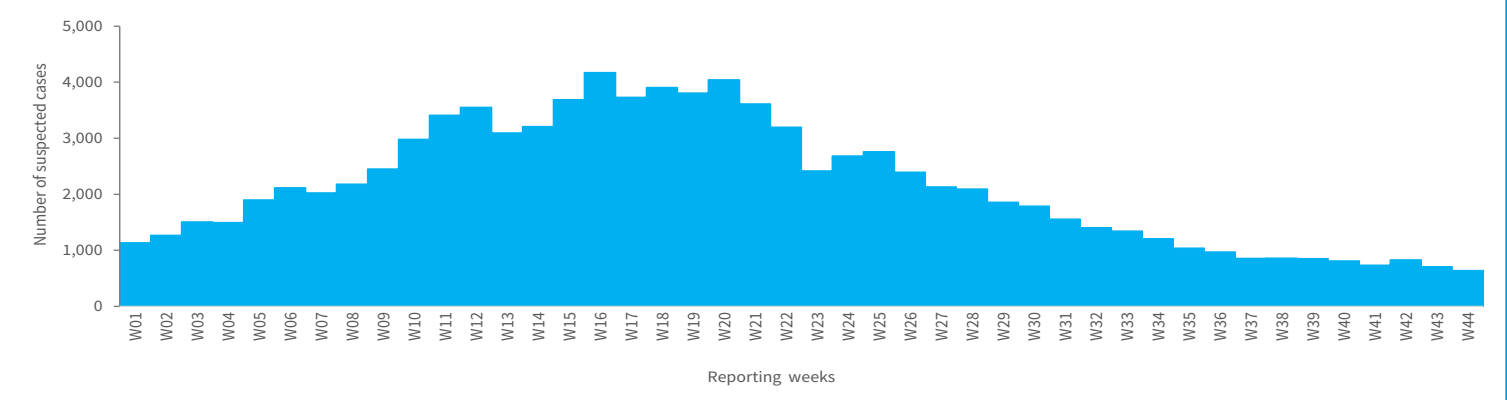




Figure 4. Comparison between the trends of suspected measles cases in 2025 vs 3-year average (2022-2024) and the endemic level

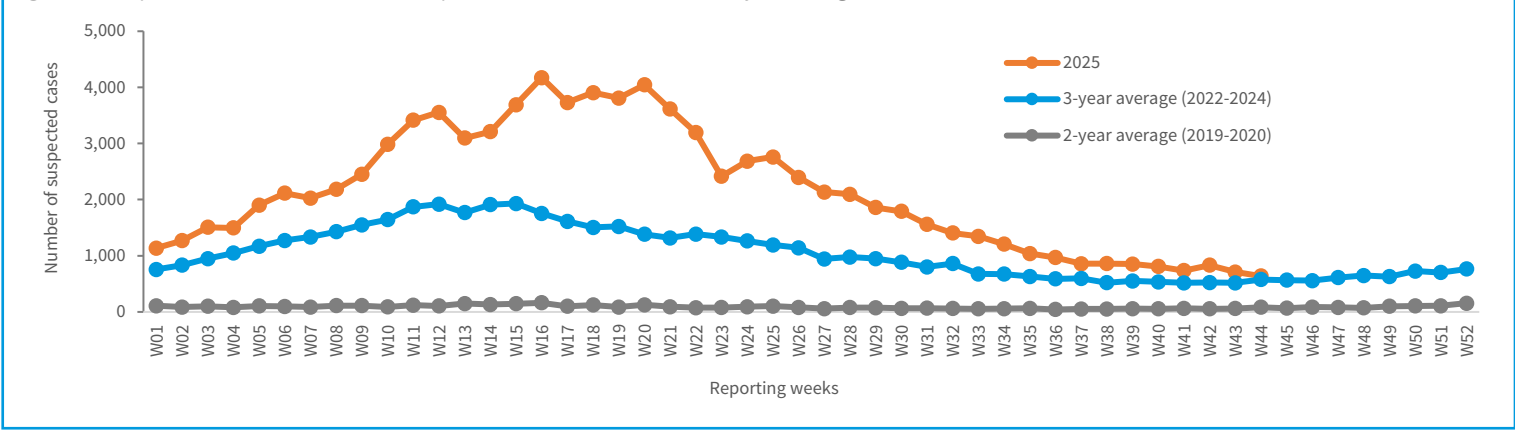


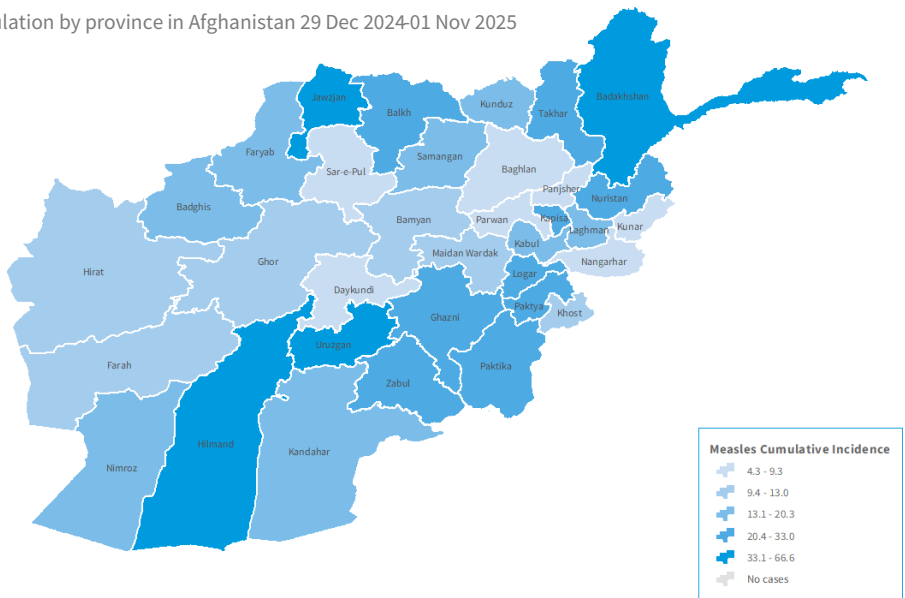
Figure 5. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 29 Dec 2024-01 Nov 2025

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Suspected measles cumulative incidence per 10,000 population by province 29 Dec 2024 – 01 Nov 2025

Updates on the preparedness and response to the measles outbreak

- During week 44-2025, a total of 52 children aged 9-59 months were vaccinated against measles as part of the outbreak response in 2 provinces (Zabul and Farah). This brings the number of children aged 9-59 months vaccinated against measles as part of outbreak response immunization activities to 26,917 across the country since the beginning of 2025.
- The second phase of the immunization campaign commenced on 29 October 2025 and is scheduled to continue for ten days. This phase targets 17 remaining provinces, with a goal of vaccinating approximately 9.1 million children.
- Since the beginning of 2025, the following activities have been conducted to address the measles outbreak:
 - The first phase of nationwide measles immunization campaign has successfully completed and approximately 8.3 million children aged 6 months to 10 years were reached across 17 cold-weather provinces.
 - WHO has conducted an online awareness campaign of measles through its official social media channels ([Facebook](#) and [X](#)), reaching over 16,000 individuals over both platforms.
 - A total of 345 measles case management kits have been distributed to 8 WHO 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).



Crimean Congo Hemorrhagic Fever (CCHF)

(29 Dec 2024-01 Nov 2025)



1,421
Total cases



97
Total deaths



1,084
Samples tested



348
Lab-confirmed
CCHF cases



32.1%
test positivity rate

Table 3: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (07 Sep - 01 Nov 2025)

Indicators	W37	W38	W39	W40	W41	W42	W43	W44	Trend line
Suspected cases	44	41	26	28	37	20	21	14	
Suspected deaths	1	2	0	0	2	1	2	0	
CFR (%)	2.3	4.9	0.0	0.0	5.4	5.0	9.5	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 44-2025, 14 new suspected CCHF cases with no associated deaths were reported (Table 3).
- All newly reported cases were among individuals aged over five years, of whom 4 (28.6%) were females.
- Since the beginning of 2025, a total of 1,421 suspected CCHF cases, with 97 associated deaths (CFR 6.8%), were reported. Most of the cases (1,416, 99.6%) were aged over five years, and 443 (31.2%) were females. A total of 1,084 samples were tested, of which 348 were positive, yielding a positivity rate of 32.1%.
- Since the beginning of 2025, the highest cumulative incidence of suspected CCHF per 100,000 population is reported from Kabul (11.3), followed by Kapisa (9.3), Kunduz (7.8), Balkh (6.2), and Kandahar (6.1) (Figure 8).

Figure 6: Weekly distribution of suspected CCHF cases in Afghanistan 29 Dec 2024-01 Nov 2025, (N=1,421)

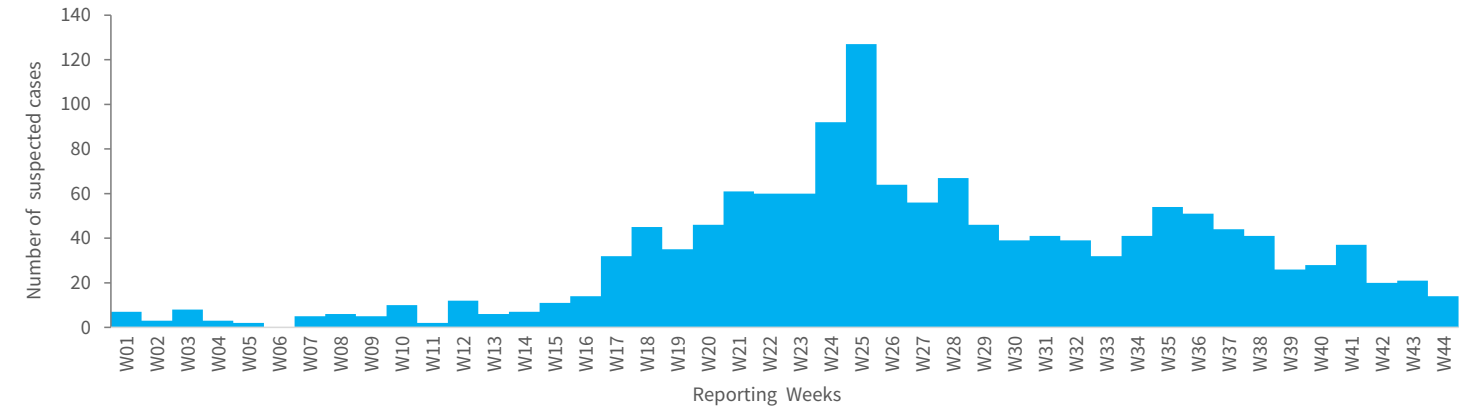
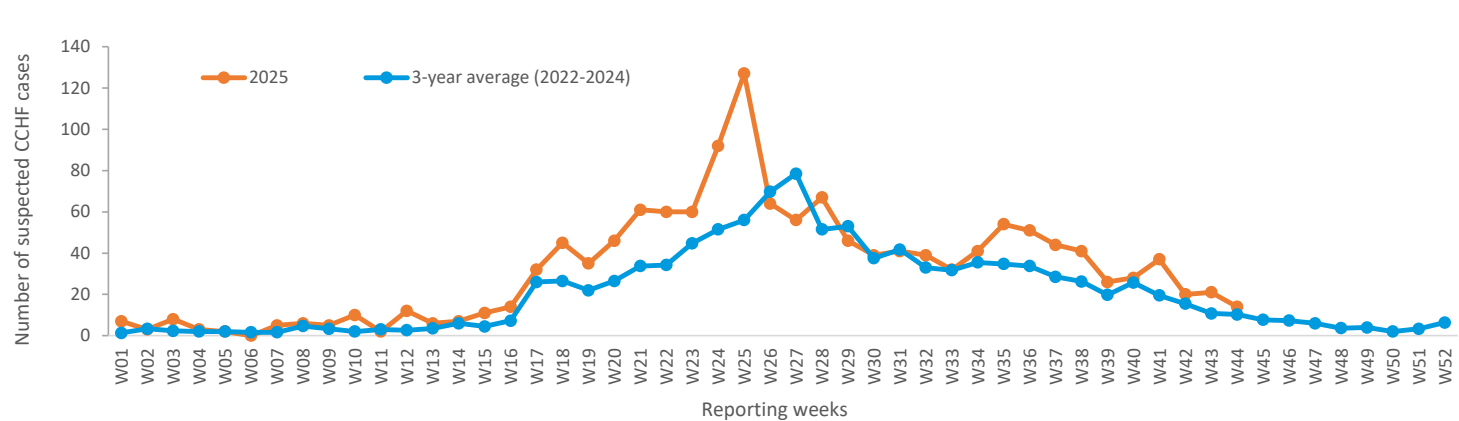


Figure 7. Comparison between the trends of suspected CCHF cases in 2025 vs 3-year average (2022-2024)



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:
- Distribution 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) 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.

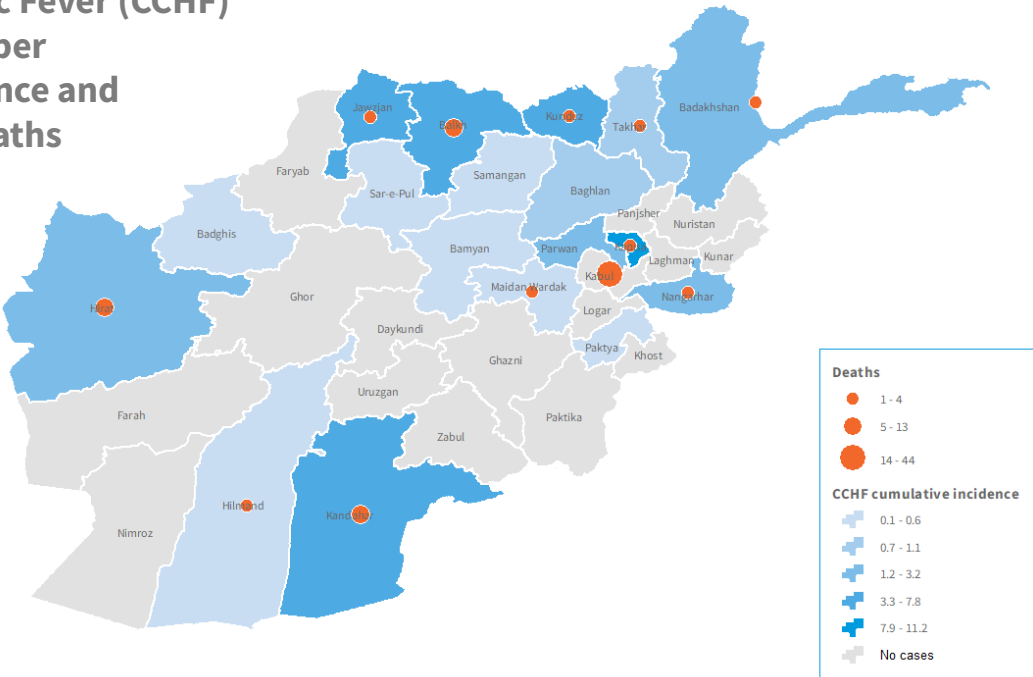
Figure 8. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 29 Dec 2024-01 Nov 2025

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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 2024-01 Nov 2025



Dengue Fever

(29 Dec 2024-01 Nov 2025)

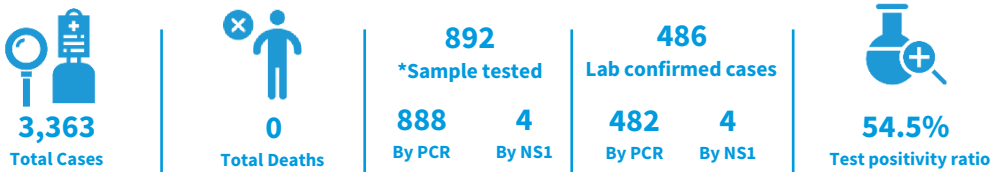
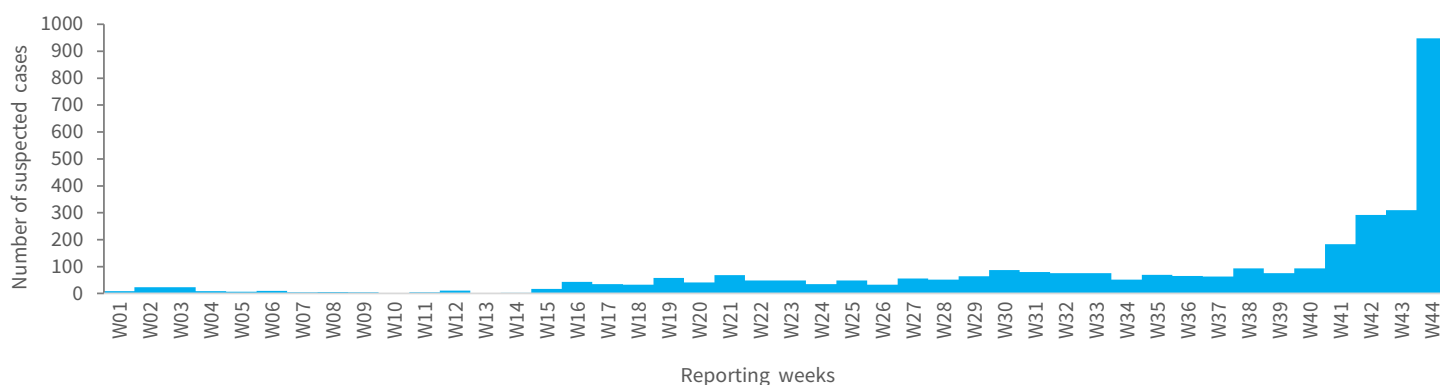
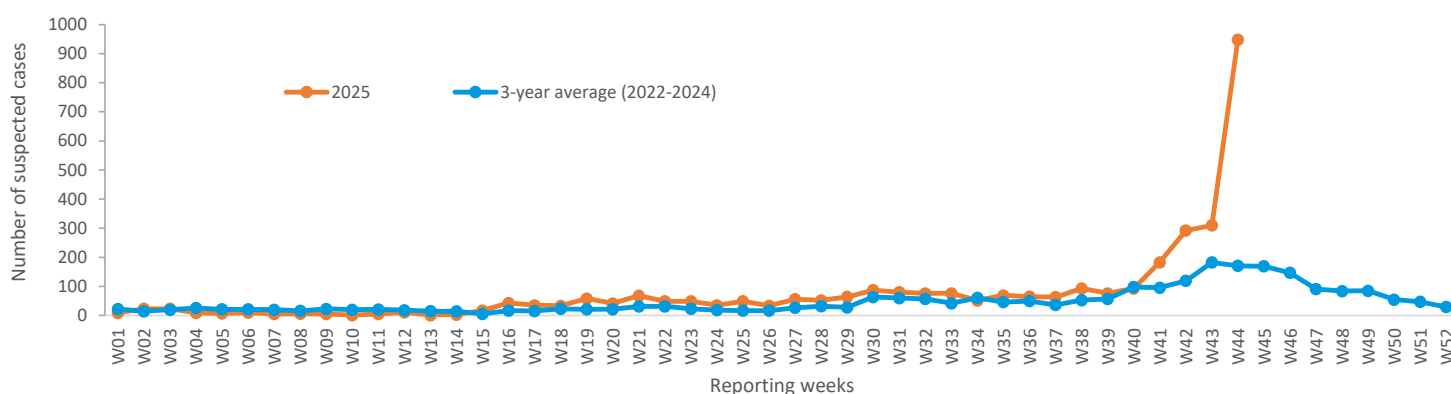
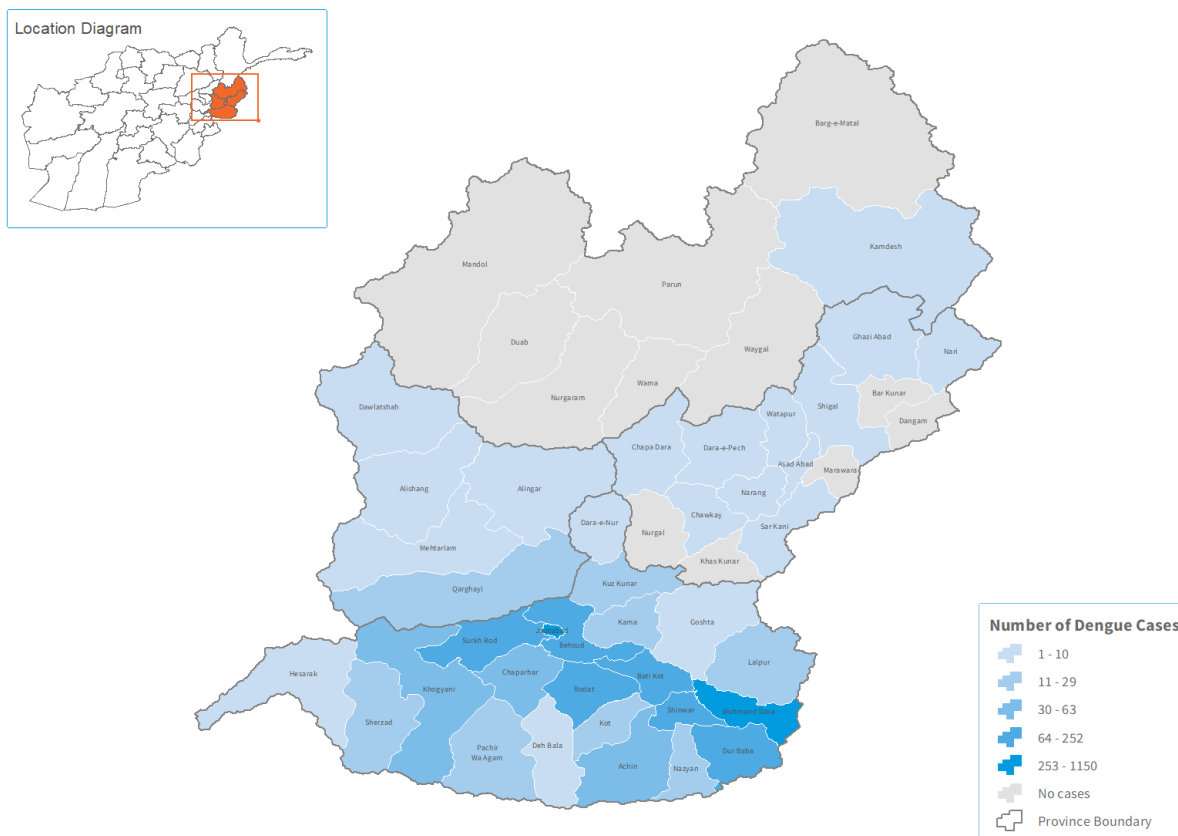


Table 4: Summary of the dengue fever outbreak in the last eight weeks in Afghanistan (07 Sep - 01 Nov 2025)

Indicators	W37	W38	W39	W40	W41	W42	W43	W44	Trend line
Suspected cases	63	93	76	93	183	292	310	948	
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 steady rise in the number of suspected dengue fever cases since week 38–2025, with a marked surge during the past 4 weeks, requiring close monitoring (Figures 9 & 10).
- During week 44-2025, 948 suspected cases of dengue fever with no associated deaths were reported from Nangarhar province, which shows a threefold increase compared to the preceding week.
- Out of the total cases, 361 (38.1%) were females, while 932 (98.3%) were over five years old.
- Since the beginning of 2025, 3,363 suspected dengue fever cases, with no associated deaths, have been reported from 6 provinces (Nangarhar, Laghman, Kunar, Kabul, Ghazni, and Paktia). Out of total cases, 3,284 (97.7%) were over five years old, while 1,355 (40.3%) were females.
- Since the beginning of 2025, a total of 892 samples have been tested, out of which 486 were positive (positivity rate 54.5%). 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 (four-fold) 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 2024-01 Nov 2025, (N=3,363)**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 2024-01 Nov 2025

Updates on the response to dengue fever outbreak

Since the beginning of 2025, the following activities have been conducted:

- 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).

- A total of 31 laboratory technicians, including 4 females, from 8 laboratories have been trained on the diagnosis of dengue fever.

Confirmed Malaria

(29 Dec 2024-01 Nov 2025)



72,499

Total Malaria Cases



0 (0.0)

Total malaria deaths (CFR %)

Table 5: Summary of the malaria outbreak in the last eight weeks in Afghanistan (07 Sep - 01 Nov 2025)

Indicators	W37	W38	W39	W40	W41	W42	W43	W44	Trend line
Confirmed cases	4,376	4,489	3,949	3,840	3,307	3,145	2,687	2,274	
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 downward trend during the past six weeks (weeks 39–43) after a 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 44-2025, 2,274 confirmed cases with no associated deaths were reported from 20 provinces, which shows a 15.4% decrease in the number of cases compared to the previous week.
- Out of the 2,274 cases, 1,106 (48.6%) were females and 431 (19.0%) were under-five children.
- Since the beginning of 2025, 72,499 confirmed malaria cases with no associated deaths have been reported. Out of total cases, 33,841 (46.7%) were females and 12,987 (17.9%) were children under five.
- Since the beginning of 2025, the highest cumulative incidence of malaria per 10,000 population was reported from Nuristan (176.1), followed by Kunar (145.9), Laghman (135.9), and Nangarhar (70.8) (Figure 14).

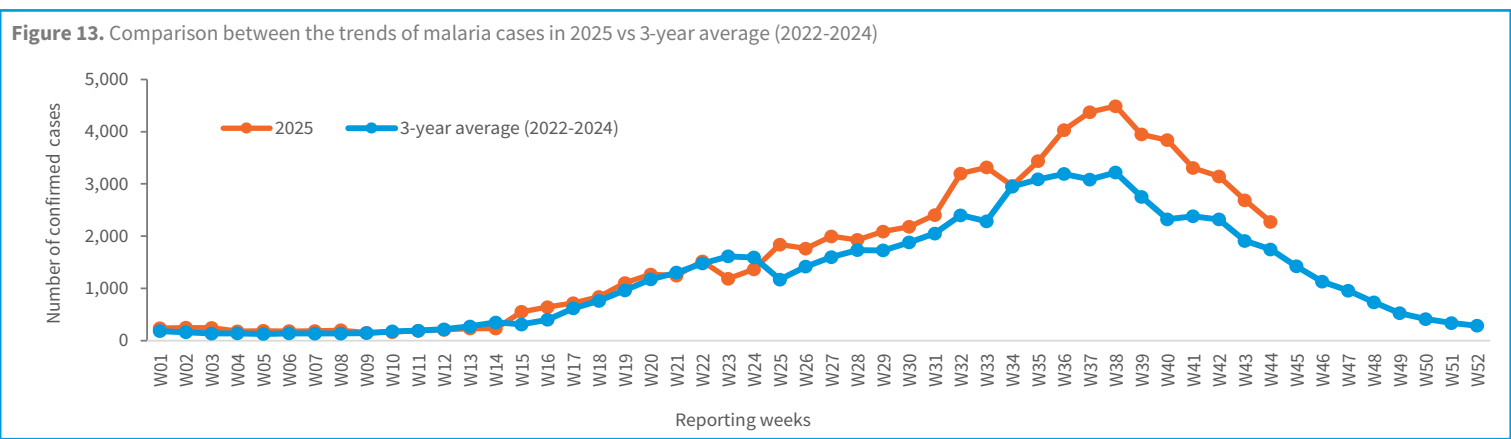
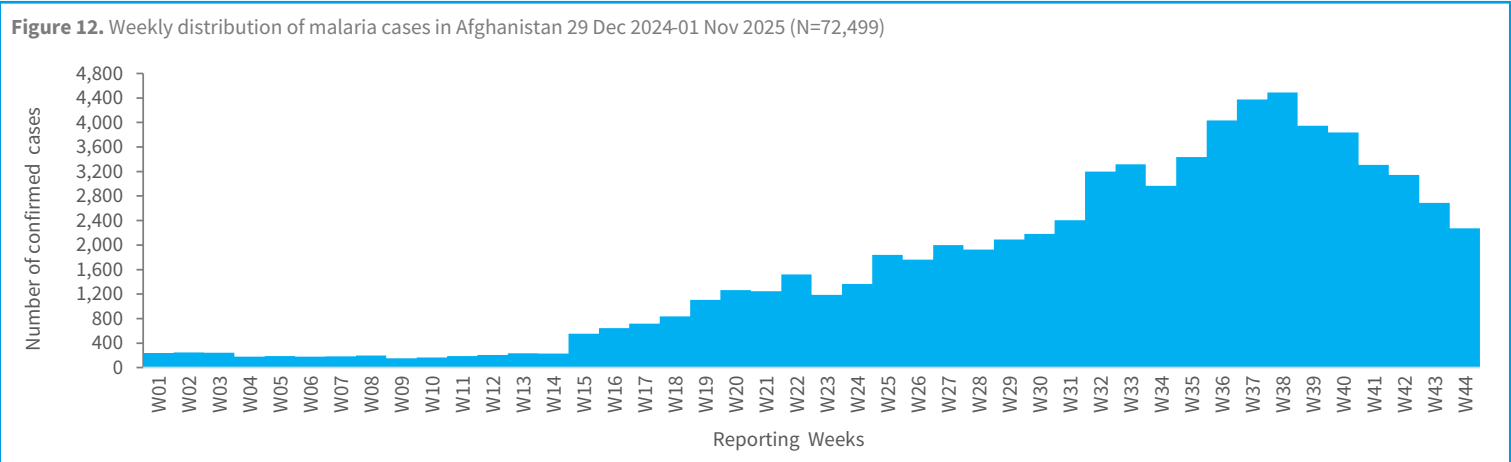


Figure 14. Malaria cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024-01 Nov 2025



ARI-Pneumonia

(29 Dec 2024-01 Nov 2025)



*1,153,406

Total Cases



2,445

Total Deaths



**3,041

Samples tested for influenza



**187

Lab-confirmed influenza cases



6.1%

Influenza test positivity ratio

Table 7: Summary of the ARI-Pneumonia outbreak in the last eight weeks in Afghanistan (07 Sep - 01 Nov 2025)

Indicators	W37	W38	W39	W40	W41	W42	W43	W44	Trend lines
Suspected cases	18,525	19,762	20,222	20,777	21,957	23,510	24,558	27,288	
Suspected deaths	36	26	36	35	30	32	49	51	
CFR (%)	0.2	0.1	0.2	0.2	0.1	0.1	0.2	0.2	

- The epi curve indicates a gradual increasing trend in reported cases since week 28-2025; however, the trend is following the same seasonal pattern (Figures 16 & 17).
- During week 44-2025, 27,288 cases of ARI pneumonia and 51 associated deaths (CFR 0.2%) were reported, which shows an 11.1% increase in the number of ARI pneumonia cases compared to the preceding week.
- Out of the total cases, 13,578 (49.8%) were females, while 16,710 (61.2%) were under-five children.
- During the reporting period, 100 samples were collected for influenza, and 24 tested positive (positivity rate 24.0%).
- Since the beginning of 2025, 1,153,406 cases of ARI pneumonia and 2,445 associated deaths (CFR 0.2%) were reported. Out of total cases, 727,619 (63.1%) were under-five children, while 572,146 (49.6%) were females. Also, 3,041 samples have been tested for influenza, out of which 187 were positive (positivity rate 6.1%).
- Since the beginning of 2025, the highest cumulative incidence of ARI pneumonia per 10,000 population has been reported in Samangan (642.3), followed by Bamyan (599.7), Jawzjan (468.2), and Nuristan (444.2) (Figure 18).

*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.

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Figure 16. Weekly distribution of ARI pneumonia cases in Afghanistan, 29 Dec 2024-01 Nov 2025 (N=1,153,406)

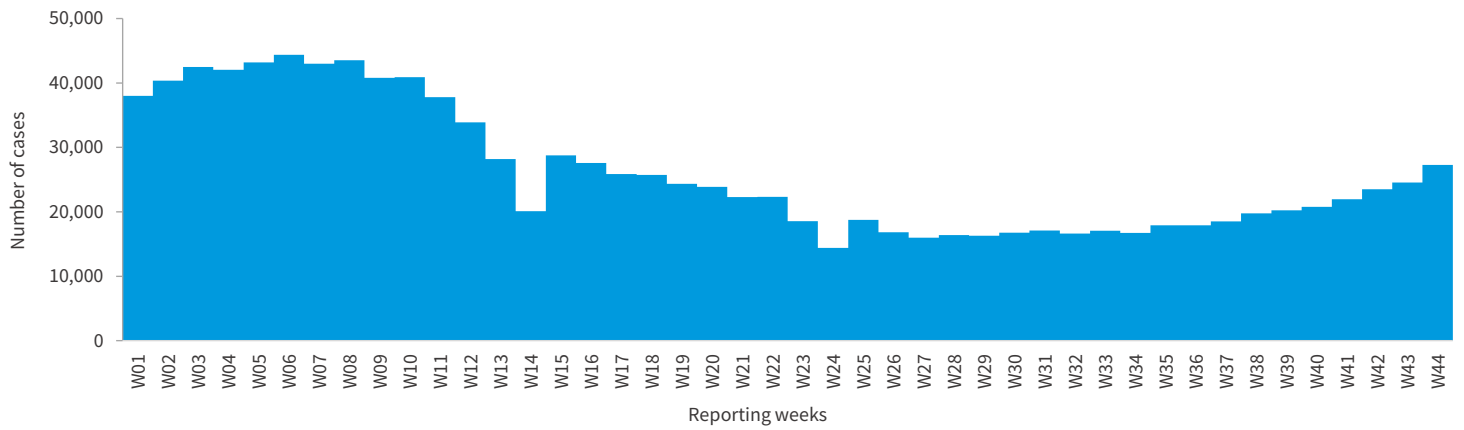


Figure 17. Comparison between the trends of ARI pneumonia cases in 2025 vs 3-year average (2022-2024)

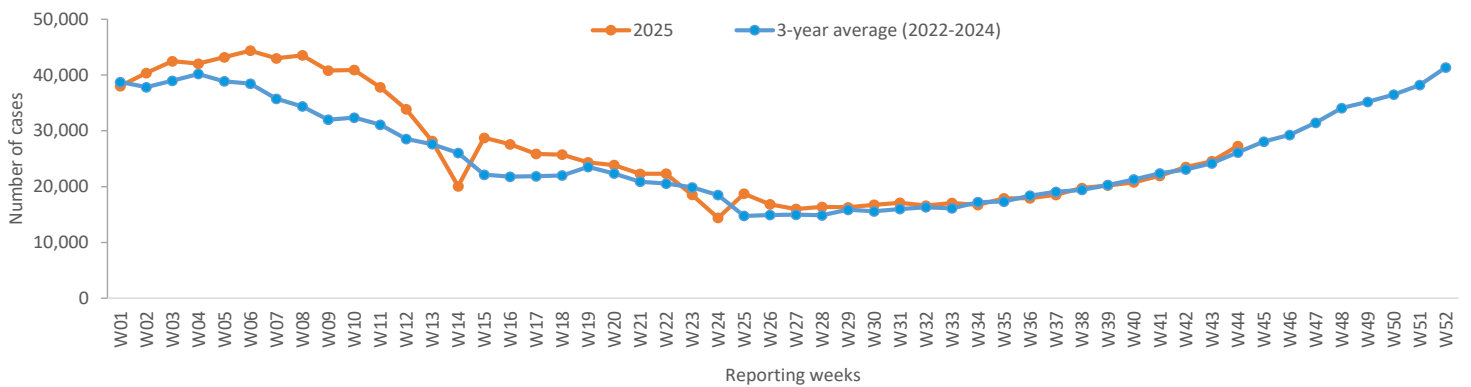
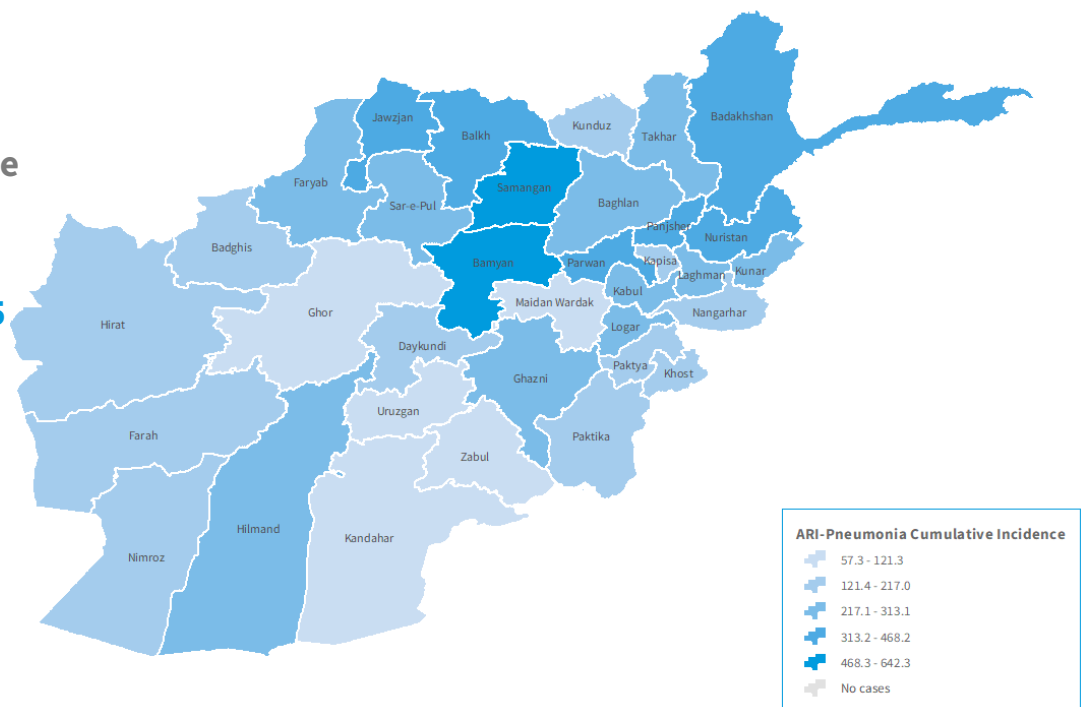


Figure 18. ARI-Pneumonia cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024-01 Nov 2025

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ARI pneumonia cumulative incidence per 10,000 population by province

29 Dec 2024 —01 Nov 2025



Updates on the response activities to the ARI outbreak

Since the beginning of 2025:

- A total of 30 influenza assistants including 8 females have been trained on sample collection storage and shipment across the country.
- 1,172 ARI pneumonia case management kits have been distributed to 34 provinces across the country.
- WHO has conducted 3 online awareness campaigns on winter-related diseases, specifically pneumonia, through its official social media accounts ([Facebook](#) and [X](#)) reaching approximately 64,000 individuals.

COVID-19

(29 Dec 2024-01 Nov 2025)

Cumulative samples tested

46,711

In public laboratories

New samples tested in week 44

516

In public laboratories

-28.4%

Cumulative confirmed cases

3,932

Cumulative positivity rate (8.4%)

New confirmed cases in week 44

22

Weekly positivity rate (4.3%)

-83.3%

Cumulative confirmed deaths

5

CFR (0.1%)

New confirmed deaths in week 44

0

Week 44 CFR (0.0%)

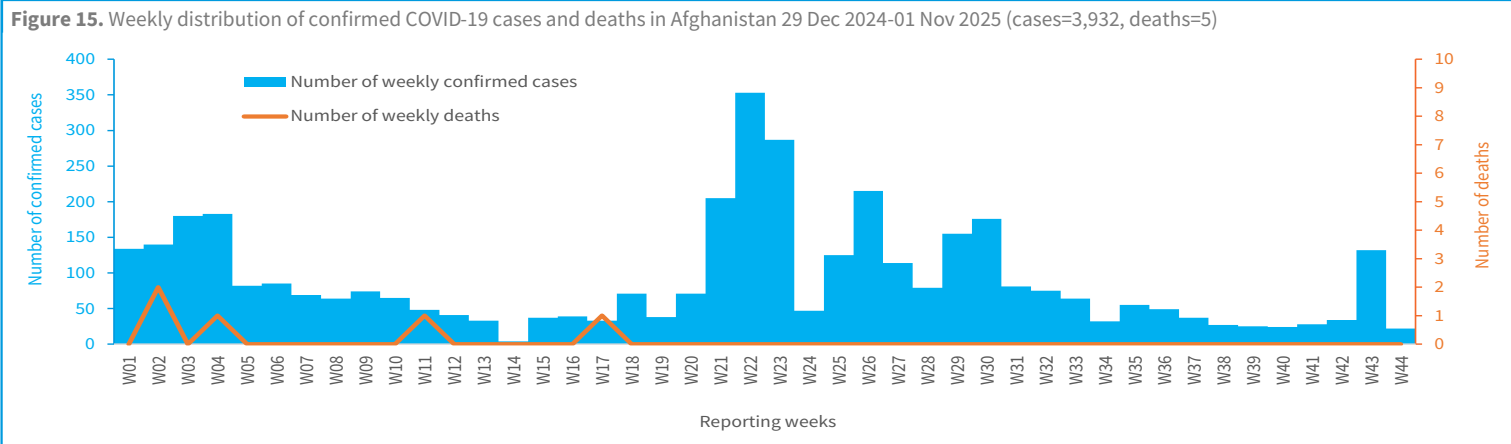
0.0%

Key: ● Increasing ● Decreasing ● No change

Table 6: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (07 Sep - 01 Nov 2025)

Indicators	W37	W38	W39	W40	W41	W42	W43	W44	Trend line
Samples tested (in public Labs)	498	446	538	461	777	583	721 *	516	
Confirmed cases	37	27	25	24	28	34	132	22	
Percent positivity (%)	7.4	6.1	4.6	5.2	3.6	5.8	18.3	4.3	
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 43-2025 and the number of samples tested was modified from 669 to 721.
- The epidemiological curve of confirmed COVID-19 cases indicates stabilization at lower level since week 39-2025 (Figure 15); however, a significant increase observed during week 43-2025 which needs close monitoring.
 - During week 44-2025, a total of 516 samples were tested in public labs, of which 22 were positive for COVID-19 (positivity rate 4.3%), with no reported deaths (Table 6). This represents nearly a sixfold decrease compared to the preceding week.
 - Since the beginning of 2025, 3,932 confirmed cases of COVID-19 and 5 associated deaths (CFR 0.1%) were reported. Out of the total cases, 1,875 (47.7%) were females.



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.
- 850 kits of Viral Transport Medium (VTM) have been distributed to all 34 provinces.

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)– (emacoafghipt@who.int)