World Health Organization
Afghanistan

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INFECTIOUS DISEASE OUTBREAKS
SITUATION REPORT | Epidemiological week #10-2025

No. 10 (02– 08 Mar 2025)

Disease Outbreaks	ARI-Pneumonia	Measles (Suspected)	COVID-19 (Confirmed)	AWD with dehydration	Dengue fever (Suspected)	CCHF (Suspected)	Malaria (Confirmed)
Cumulative cases 2025	418,042	19,272	953	16,040	98	49	1,979
Cumulative deaths 2025 (CFR %)	948 (0.2)	129 (0.7)	3 (0.3)	6 (0.04)	0 (0.0)	2 (4.1)	0 (0.0)

(Data from 610 (99.5%) out of 613 sentinel sites)

ARI-Pneumonia

(29 Dec 2024-08 Mar 2025)

*418,042
Total ARI Cases

*948
Total ARI Deaths

**948
Samples tested for influenza

**121
Lab confirmed influenza cases

12.8%
Influenza test positivity ratio

*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.

Table 1: Summary of the ARI-Pneumonia outbreak in the last eight weeks in Afghanistan (12 Jan – 08 Mar 2025)

Indicators	W03	W04	W05	W06	W07	W08	W09	W10	Trend lines
Suspected cases	42,474	42,032	43,197	44,367	42,999	43,538	40,796 *	40,268	
Suspected deaths	96	106	97	89	94	71	96	92	
CFR (%)	0.2	0.3	0.2	0.2	0.2	0.2	0.2	0.2	

*A delayed reporting was experienced during weeks 09-2025 and the number of ARI pneumonia cases was modified from 40,755 to 40,796.

- The epi curve indicates a gradual increasing trend since the beginning of the 2025 (Figures 1 & 2), however stabilization has been observed for the last 4 weeks. The trend of ARI pneumonia is higher in 2025 compared to the 3-year average (2022-2024).
- During week 10-2025, 40,268 cases of ARI pneumonia and 92 associated deaths (CFR=0.2%) were reported, which shows a slight decrease in the number of ARI pneumonia cases compared to the preceding week.
- Out of the 40,268 cases, 19,735 (49.0%) were females while 26,813 (66.6%) were under five children.
- During the reporting period, 130 samples were collected for influenza, out of which 9 were turned positive (positivity rate = 6.9%).
- Since the beginning of 2025, 418,042 cases of ARI pneumonia and 948 associated deaths (CFR=0.2%) were reported. Out of total cases, 263,090 (62.9%) were under five, while 206,706 (49.4%) were females. Also, 948 samples have been tested for influenza, out of which 121 were turned positive (positivity rate = 12.8%).
- Since the beginning of 2025, the highest cumulative incidence of ARI pneumonia per 10,000 population has been reported in Kunar (221.7), followed by Nuristan (207.2), Panjsher (196.9), and Samangan (180.7) provinces (Figure 3).

Figure 1. Weekly distribution of ARI pneumonia cases in Afghanistan, 29 Dec 2024 – 08 Mar 2025 (N= 418,042)

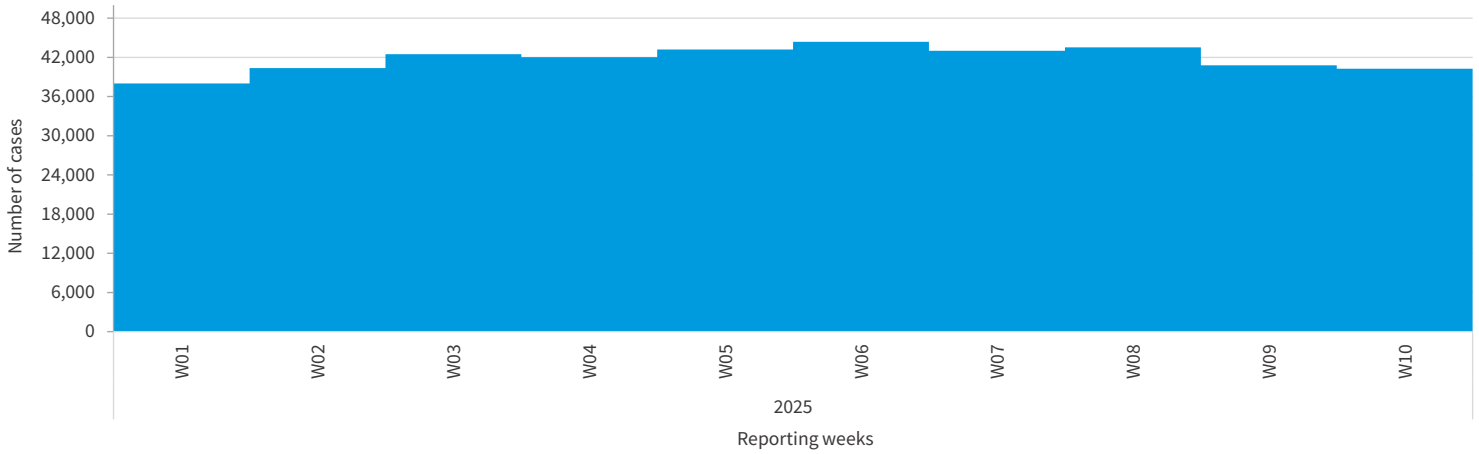

Figure 2. Comparison between the trends of ARI pneumonia cases in 2025 vs 3-year average (2022-2024)

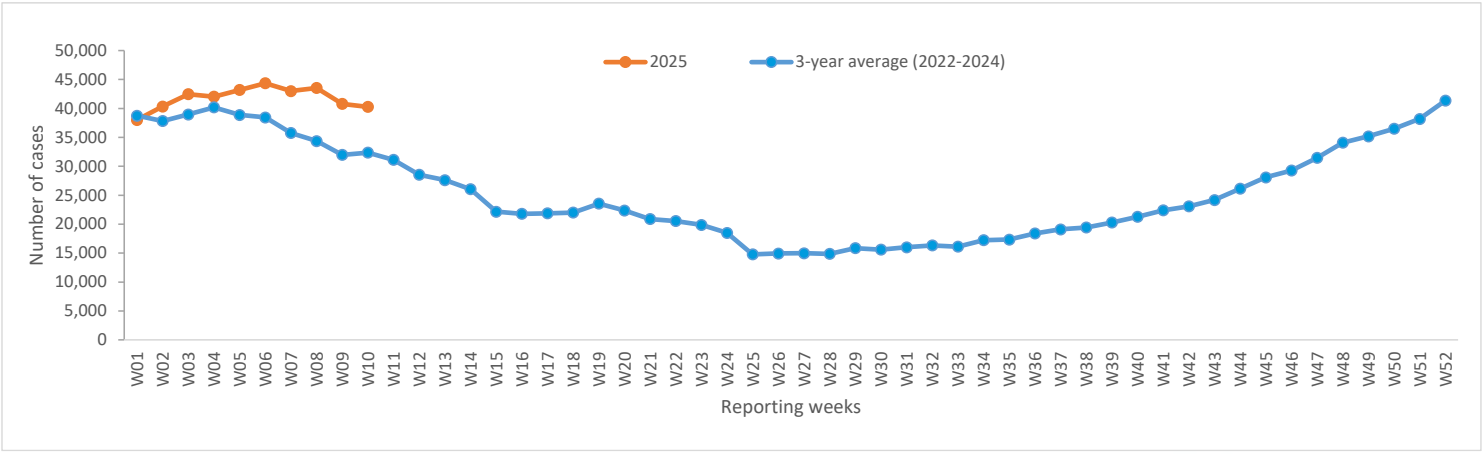

Figure 3. ARI-Pneumonia cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 08 Mar 2025

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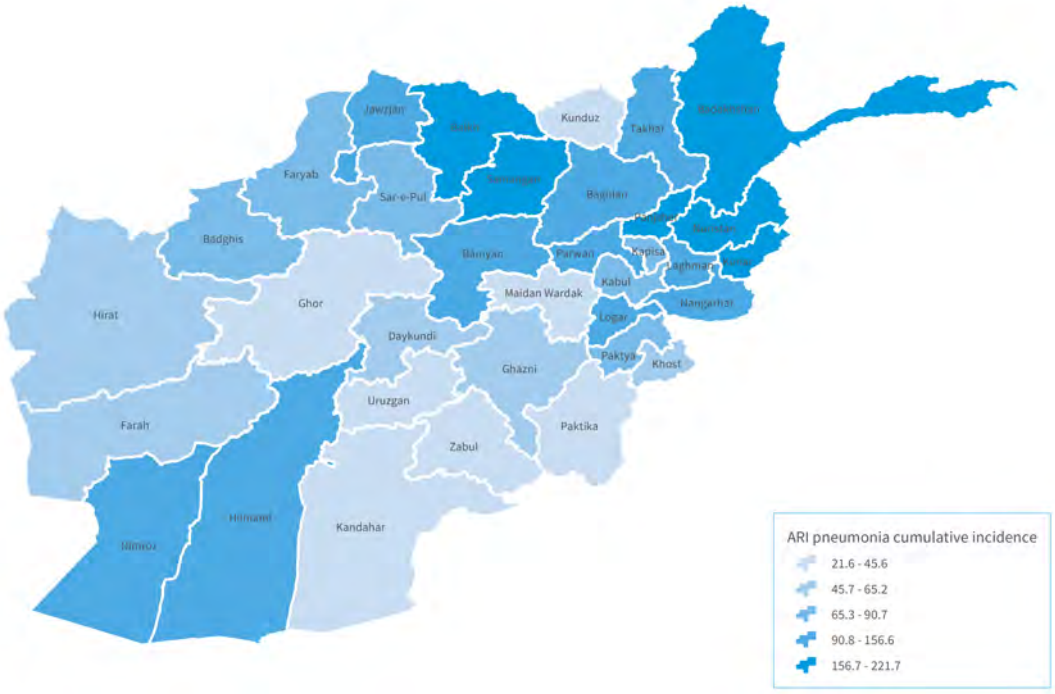
ARI pneumonia cumulative incidence per 10,000 population by province

29 Dec 2024 —08 Mar 2025



Updates on the response activities to the ARI outbreak

- Since the beginning of 2025, World Health Organization (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.

Measles

(29 Dec 2024-08 Mar 2025)

19,272	129	4,702	2,953	62.8%
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 (12 Jan – 08 Mar 2025)

Indicators	W03	W04	W05	W06	W07	W08	W09	W10	Trend line
Suspected cases	1506	1495	1901	2115	2027	2182	2,452	3,189	
Suspected deaths	7	5	15	15	12	21	21	18	
CFR (%)	0.5	0.3	0.8	0.7	0.6	1.0	0.9	0.6	

- The epidemiological curve of suspected measles cases shows a gradual increase since the beginning of 2025 (Figure 4). The trend in 2025 is higher than the 3-years average (2022-2024) (Figure 5).
- During week 10-2025, a total of 3,189 suspected cases and 18 associated deaths (CFR=0.6%) were reported which shows a 30.1% increase in the number of suspected cases compared to the preceding week. Out of the total cases, 1,320 (41.4%) were females and 2,640 (82.8%) were under-five children.
- All 18 new deaths were under five, while 9 (50.0%) were females reported from 8 provinces: Herat (7), Kunar (3), Helmand (2), Jawzjan (2), Badakhshan (1), Badghis (1), Kandahar (1), and Zabul (1).
- Since the beginning of 2025, 19,272 cases of suspected measles and 129 associated deaths (CFR=0.7%) were reported. Out of total cases, 8,829 (45.8%) were females, while 15,914 (82.6%) were under five.
- Since the beginning of 2025, the highest cumulative incidence of suspected measles cases per 10,000 population has been reported from Helmand (15.0), followed by Nuristan (13.9), Urozgan (13.7), Jawzjan (11.7), and Balkh (11.3) (Figure 6).

Figure 4. Weekly distribution of suspected measles cases in Afghanistan, 29 Dec 2024 to 08 Mar 2025 (N= 19,272)

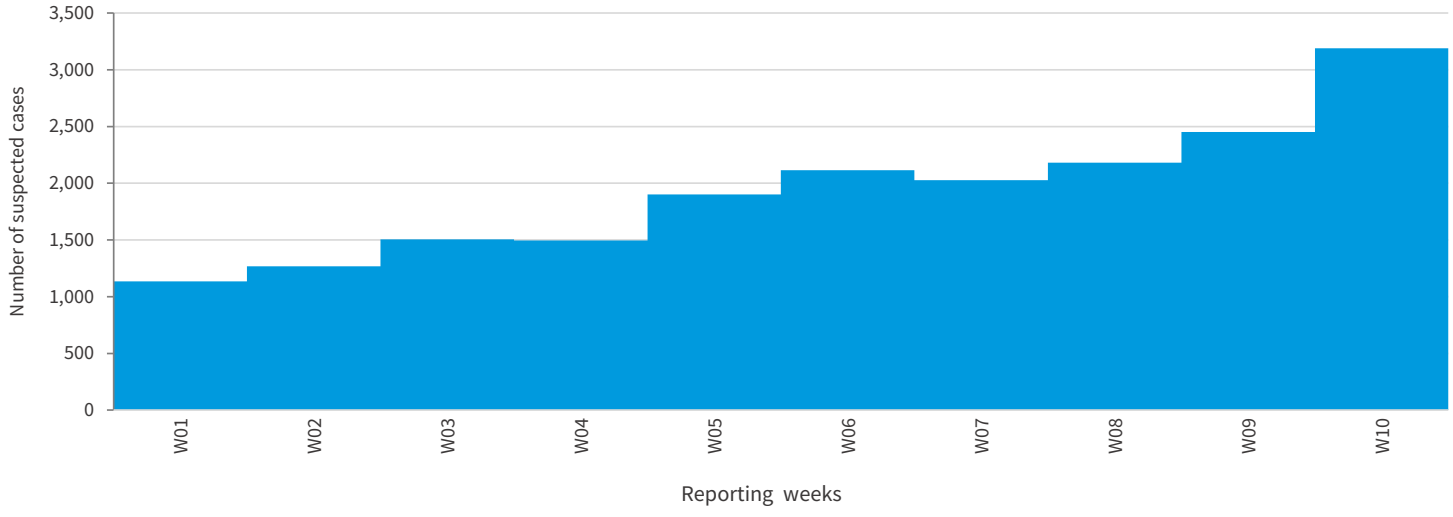


Figure 5. Comparison between the trends of suspected measles cases in 2025 vs 3-year average (2022-2024)

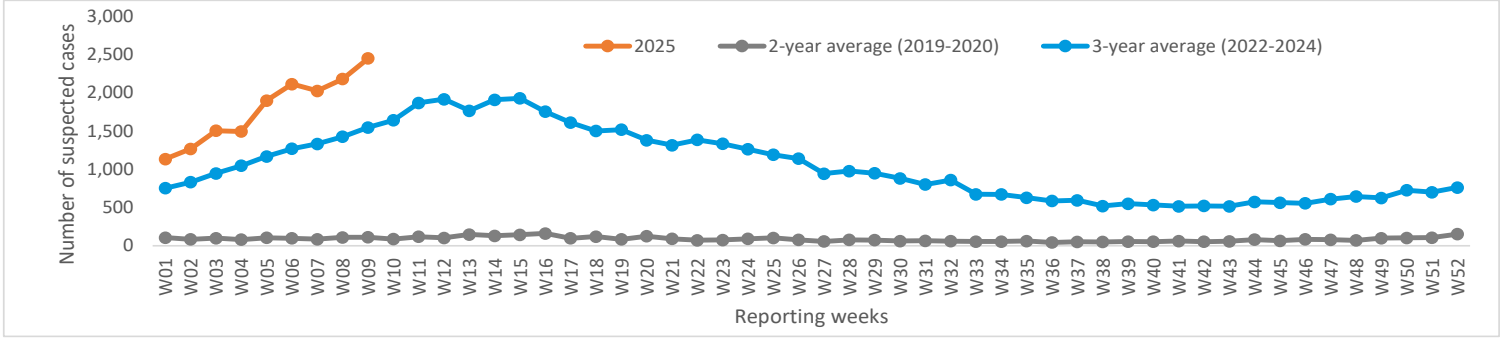


Figure 6. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 29 Dec 2024-08 Mar 2025

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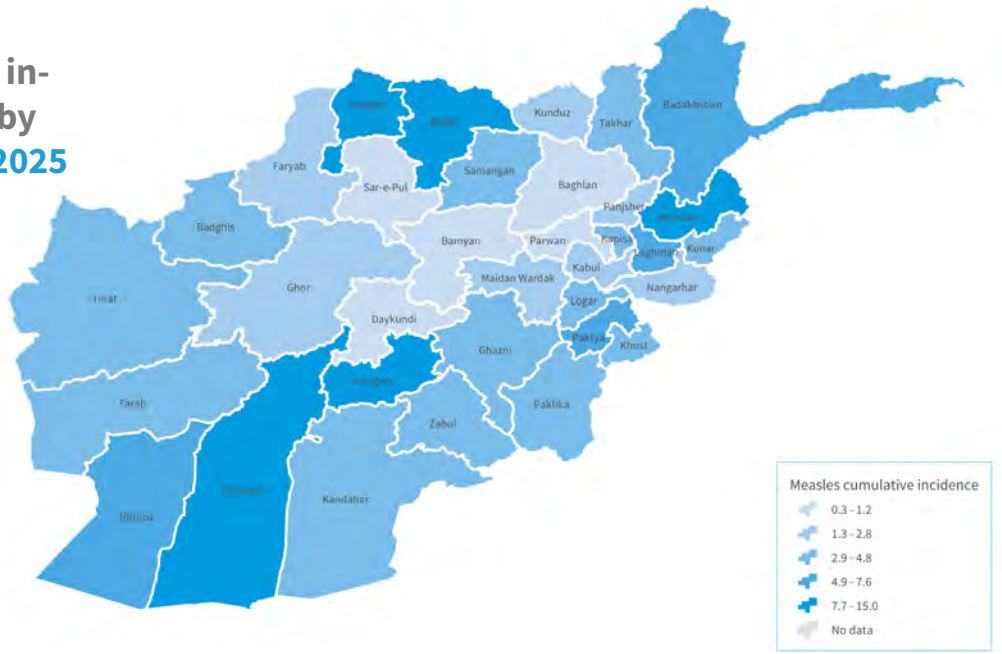
Suspected measles cumulative incidence per 10,000 population by province 09 Dec 2024 – 08 Mar 2025



Updates on the preparedness and response to the measles outbreak

- During week 10-2025, a total of 1,076 children aged 9-59 months were vaccinated against measles as part of outbreak response in 10 provinces (Kabul, Parwan, Wardak, Helmand, Urozgan, Nimroz, Zabul, Paktya, Paktika and Jawzjan). This brings the number of children aged 9-59 months vaccinated against measles as part of outbreak response immunization activities to 9,503 across the country since the beginning of 2025.

COVID-19
(24 Feb 2020 — 08 Mar 2025)

Cumulative samples tested
1,086,741
In public laboratories

New samples tested in week 10
1,312
In public laboratories
-12.8%

Cumulative confirmed cases
245,061
Cumulative positivity rate (22.6%)

New confirmed cases in week 10
50
Weekly positivity rate (3.8%)
-26.5%

Cumulative confirmed deaths
8,051
CFR (3.3%)

New confirmed deaths in week 10
0
Week 10 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

Note: During January 2025, around 5,902 doses of various COVID-19 vaccines have been administered which shows a 79.0% increase compared to December 2024.

*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

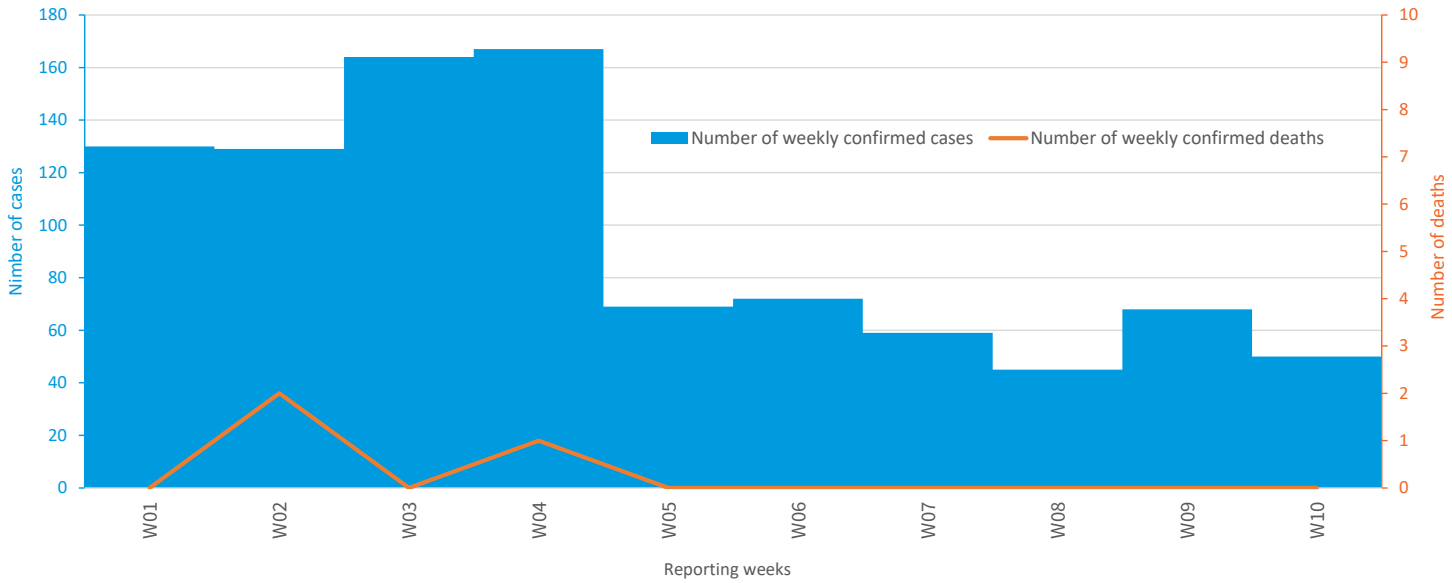
Table 3: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (12 Jan – 08 Mar 2025)

Indicators	W03	W04	W05	W06	W07	W08	W09	W10	Trend line
Samples tested (in public Labs)	2,333	1,948	1,638	1,609	1,456	1,263	1,505 *	1,312	
Confirmed cases	164	167	69	72	59	45	68 *	50	
Percent positivity (%)	7.0	8.6	4.2	4.5	4.1	3.6	4.5	3.8	
Deaths	0	1	0	0	0	0	0	0	
CFR (%)	0.0	0.6	0.0	0.0	0.0	0.0	0.0	0.0	

**A delayed reporting was experienced during weeks 09-2025 and the number of tested samples and confirmed cases were modified from 1,296 to 1,505 and from 54 to 68, respectively.*

- The epidemiological curve of confirmed COVID-19 cases indicates a fluctuation at the lower level in the recent weeks (Figures 7).
- During week 10-2025, a total of 1,312 samples were tested in public labs, of which 50 were positive for COVID-19 (positivity rate 3.8%) while no associated death was reported. The number of positive cases shows a 26.5% decrease compared to the preceding week (Table 3).
- Since the beginning of 2025, 953 confirmed cases of COVID-19 and 3 associated deaths (CFR=0.3%) were reported. Out of total cases, 438 (46.0%) were females.

Figure 7. Weekly distribution of confirmed COVID-19 cases and deaths in Afghanistan 29 Dec 2024 – 08 Mar 2025 (cases=953, deaths=3)



Acute Watery Diarrhea (AWD) with Dehydration

(29 Dec 2024-08 Mar 2025)

16,040 Total AWD with dehydration cases

6 Total AWD with dehydration deaths

839 Samples tested for AWD with dehydration (RDTs)

37 RDT-positive cases for AWD with dehydration

4.4% RDT positivity rate for AWD with dehydration

Table 4: Summary of the AWD with dehydration outbreak in the last eight weeks in Afghanistan (12 Jan – 08 Mar 2025)

Indicators	W03	W04	W05	W06	W07	W08	W09	W10	Trend line
Number of cases	1,532	1,501	1,539	1,571	1,541	1,664	1,742	1,637	
Number of deaths	0	1	1	1	2	0	1	0	
CFR (%)	0.0	0.1	0.1	0.1	0.1	0.0	0.1	0.0	

- The epi-curve shows a decreasing trend since the beginning of 2025 (Figure 8), however, a slight increase has been observed during the past three weeks.
- During week 10-2025, 1,637 AWD with dehydration cases with no associated deaths were reported from 112 districts, which shows a 6.0% decrease in the number of cases compared to the previous week.
- Out of the 1,637 AWD with dehydration cases, 796 (48.6%) were females and 966 (59.0%) were under-five children.
- During week 10-2025, no new district reported alert of AWD with dehydration.
- Since Jan 2025, 16,040 cases of AWD with dehydration with 6 associated deaths (CFR = 0.04%) were reported. Out of total cases, 9,495 (59.2%) were under five, while 7,783 (48.5%) were females.
- Since Jan 2025, 839 Rapid Diagnostic Tests (RDT) have been conducted on AWD with dehydration cases, of which 37 tests turned positive (positivity rate 4.4%).
- Since the beginning of 2025, the highest cumulative incidence of AWD with dehydration per 10,000 population was reported from Nimroz (15.0) followed by Khost (13.5), Paktya (11.4), Farah (10.3), and Kabul (9.8) (Figure 9).

Figure 8. Weekly distribution of AWD with dehydration cases in Afghanistan 29 Dec 2024– 08 Mar 2025 (N=16,040)

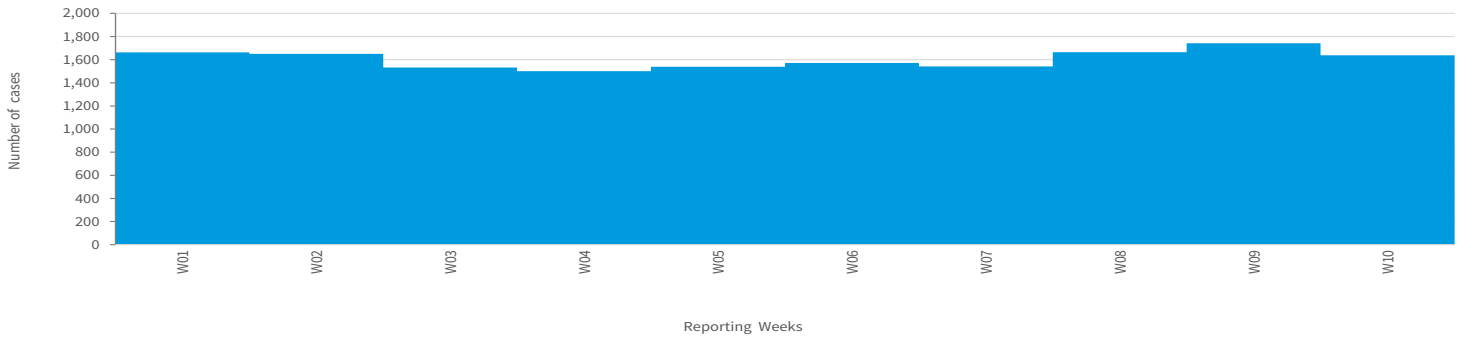


Figure 9. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 08 Mar 2025

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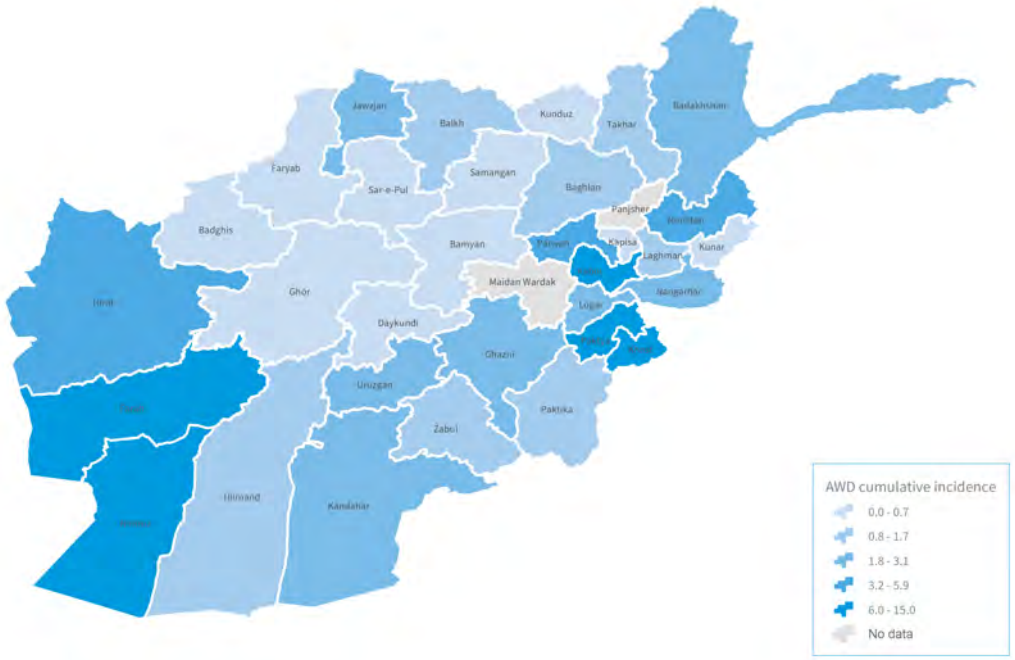
AWD with dehydration cumulative incidence per 10,000 population by province
29 Dec 2024 – 08 Mar 2025



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

Since the beginning of the 2025, the following activities have been conducted as part of AWD with dehydration outbreak response activity:

- A total of 44 National Disease Surveillance and Response (NDSR) staffs including 2 females have been trained on surveillance data management, analysis and visualization from 34 provinces.
- A total of 26 Surveillance Support Team (SST) members including 1 female have been trained on surveillance functions and rapid response from 6 provinces (Kabul, Kunar, Laghman, Nangarhar, Kunduz and Kandahar).

WASH update:

During Jan 2025, the following activities were conducted as part of WASH response activities:

- Hygiene promotion sessions to 45,783 individuals in 5 provinces (Baghlan, Jawzjan, Kabul, Kunduz, and Paktika).
- Distribution of hygiene kits to 2,912 individuals in 2 provinces (Nangarhar and Kunar).
- Construction of solar power water supply system for 5,212 individuals in two districts (Alingar and Alishang) of Laghman province.

Dengue Fever

(29 Dec 2024-08 Mar 2025)

98 Total Cases

0 Total Deaths

***5** Sample tested — **2** By PCR, **3** By NS1

3 Lab confirmed cases — **0** By PCR, **3** By NS1

60.0% Test positivity ratio

Note: Dengue fever laboratory data was 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

Table 5: Summary of the dengue fever outbreak in the last eight weeks in Afghanistan (12 Jan – 08 Mar 2025)

Indicators	W03	W04	W05	W06	W07	W08	W09	W10	Trend line
Suspected cases	23	9	7	10	5	6	5	1	
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 stabilization at low level since the beginning of 2025 (Figure 10 & 11).
- During week 10-2025, 1 suspected case of dengue fever (female over five) with no associated deaths were reported from Nangarhar province.
- Since the beginning of 2025, 98 suspected dengue fever cases, with no associated deaths reported. Out of total cases, 96 (98.0%) were over five, while 50 (51.0%) were females.
- Since the beginning of 2025, a total of 5 samples (2 PCR and 3 NS1) have been tested, out of which the 3 by NS1 were positive. Geographical distribution of suspected dengue fever cases and percent change of new cases in Nangarhar province of Afghanistan is shown in Figure 12.

Figure 10. Weekly distribution of suspected dengue fever cases in Afghanistan 29 Dec 2024– 08 Mar 2025, (N=98)

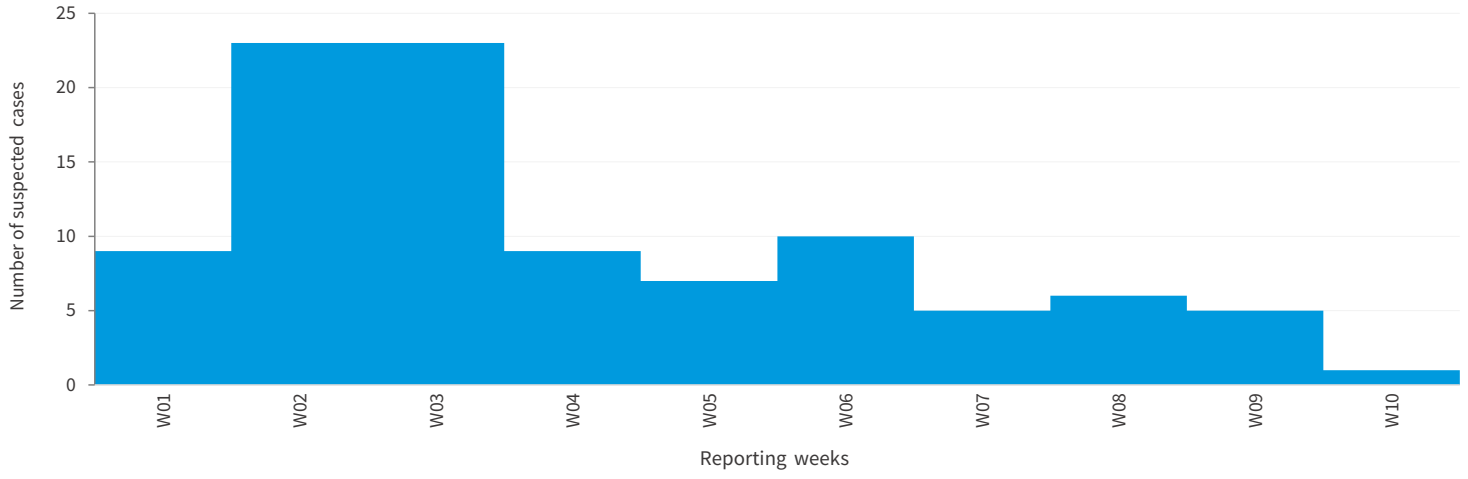


Figure 11. Comparison between the trends of suspected dengue fever cases in 2025 vs 3-year average (2022-2024)

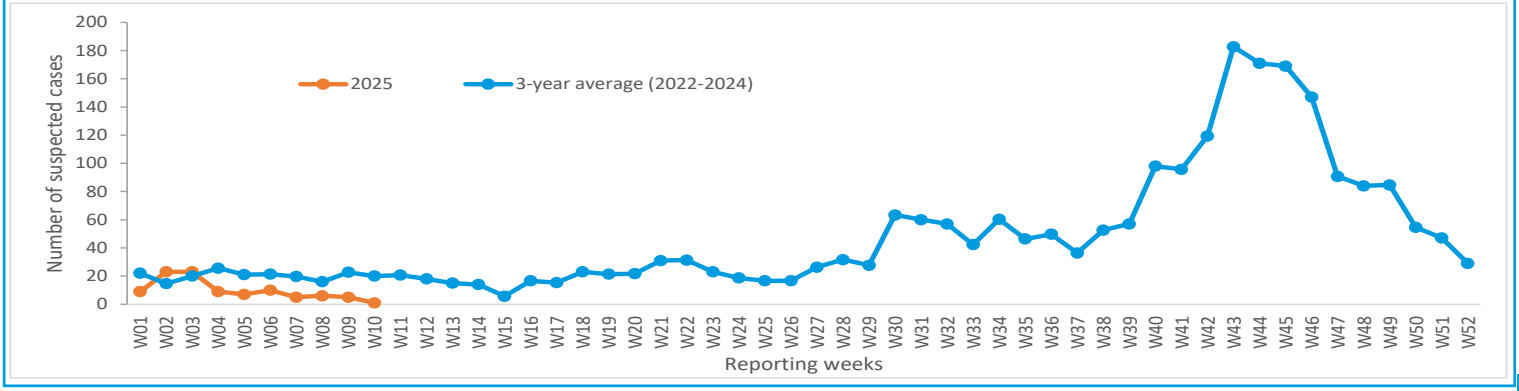
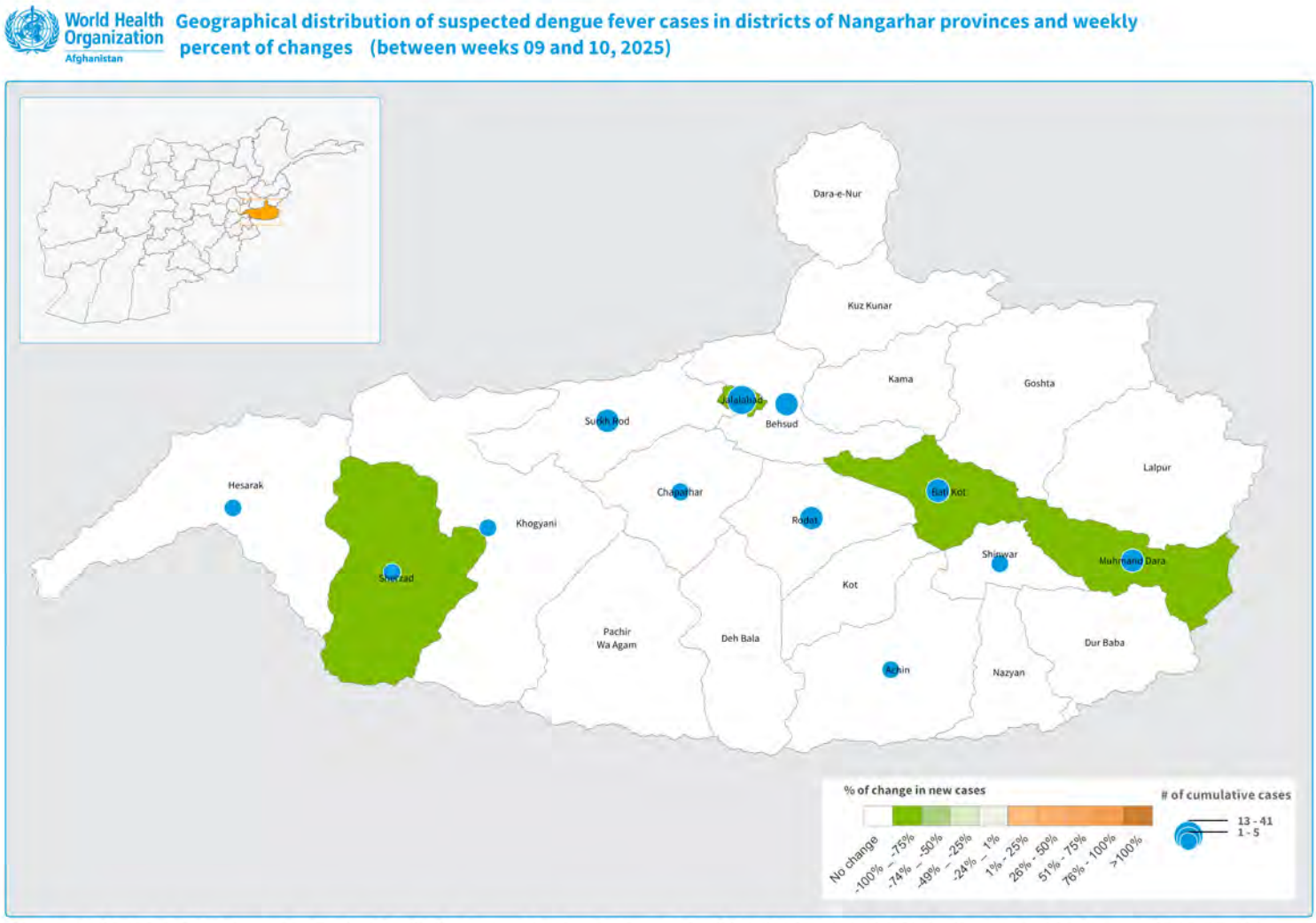


Figure 12. Geographical distribution of suspected dengue fever cases and percent change of new cases in Nangarhar province, 29 Dec 2024– 08 Mar 2025



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization (WHO) concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries, the lines on map reperesent approxite border lines for which there may not yet be full agreement. Sources: MoPH, WHO, AGCHO. Creation date: 08 Mar 2025.

Crimean Congo Hemorrhagic Fever (CCHF)

(29 Dec 2024-08 Mar 2025)

49 Total CCHF cases

2 Total CCHF deaths

25 Samples tested for CCHF

5 Lab-confirmed CCHF cases

20.0% CCHF test positivity rate

Table 6: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (12 Jan – 08 Mar 2025)

Indicators	W03	W04	W05	W06	W07	W08	W09	W10	Trend line
Suspected cases	8	3	2	0	5	6	5 *	10	
Suspected deaths	0	0	0	0	1	0	0	0	
CFR (%)	0.0	0.0	0.0	0.0	20.0	0.0	0.0	0.0	

**A delayed reporting was experienced during weeks 09-2025 and the number suspected CCHF cases was modified from 3 to 5.*

- The epi-curve of suspected CCHF cases shows Stabilization at low level since the beginning the of 2025 (Figures 13 & 14).
- During week 10-2025, 10 new suspected CCHF cases with no deaths were reported compared to 3 cases in the previous week (Table 6). All the 10 new cases were over five, while 5 (50.0%) were females.
- Since the beginning of 2025, a total of 49 suspected CCHF cases, with 2 associated deaths (CFR=4.1%) were reported. All the reported cases were over five, while 23 (46.9%) were females. Also, 25 samples have been tested, 5 of them turned out positive (positivity rate = 20.0%).

- Since the beginning of 2025, the highest cumulative incidence of suspected CCHF per 100,000 population in 2024 is reported from Jawzjan (0.73) followed by Kabul (0.39), Balkh (0.24), and Kandahar (0.21) provinces (Figure 15).

Figure 13. Weekly distribution of suspected CCHF cases in Afghanistan 29 Dec 2024 – 08 Mar 2025, (N=49)

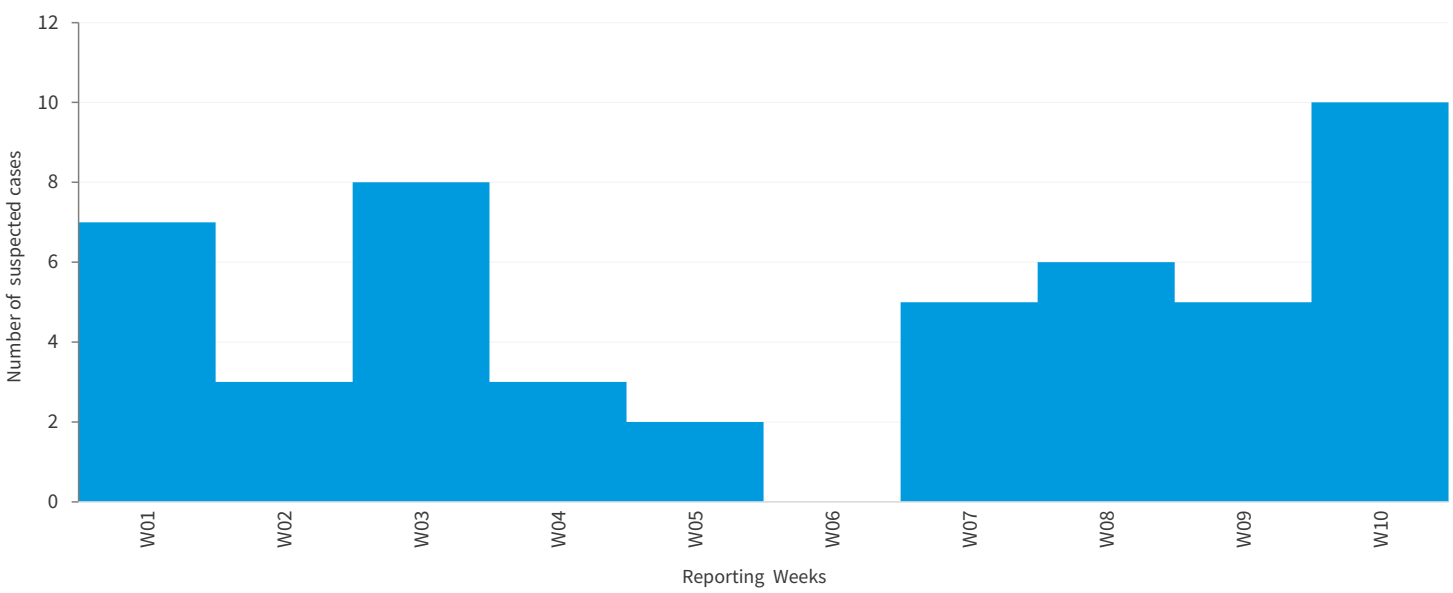


Figure 14. Comparison between the trends of suspected CCHF cases in 2025 vs 3-year average (2022-2024)

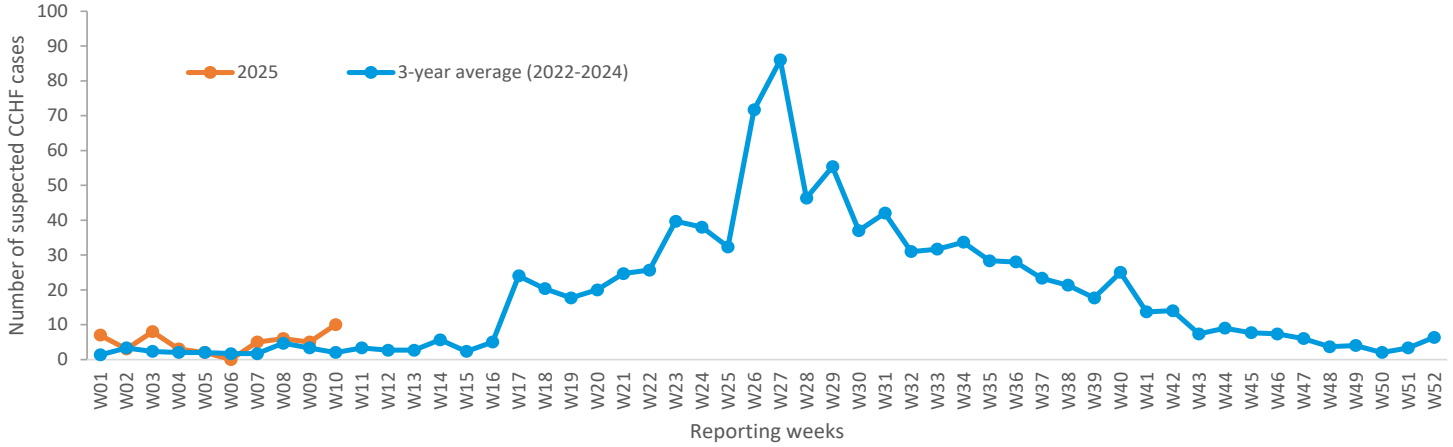


Figure 15. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 29 Dec 2024 – 08 Mar 2025

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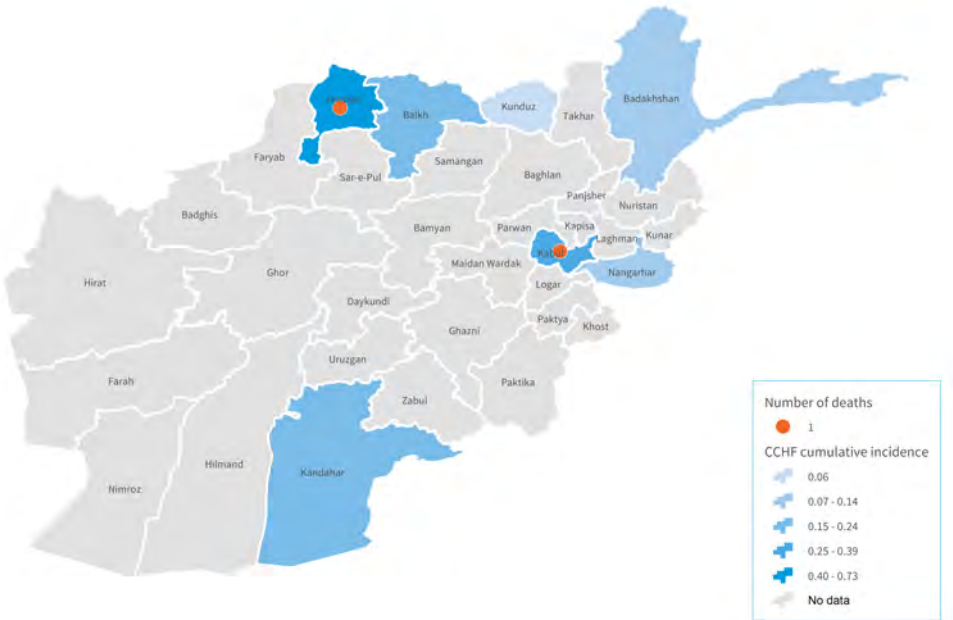
Crimean-Congo Hemorrhagic Fever (CCHF) cases cumulative incidence per 100,000 population by province and provincial distribution of deaths 29 Dec 2024-08 Mar 2025



Updates on the response to the CCHF outbreak

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

- A total of 66 Healthcare Workers (HCWs) including 7 females have been trained on CCHF case management from 34 provinces.
- A total of 31 Lab technician including 4 females from 6 Regional Reference Laboratories (RRLs), Infectious Disease Hospital (IDH), and Central Public Health Laboratory (CPHL) were trained on the diagnosis of CCHF, Dengue fever, and Mpox.

Malaria

(29 Dec 2024-08 Mar 2025)

1,979
Total confirmed Malaria Cases

0 (0.0)
Total malaria deaths (CFR %)

Table 7: Summary of the malaria outbreak in the last eight weeks in Afghanistan (12 Jan – 08 Mar 2025)

Indicators	W03	W04	W05	W06	W07	W08	W09	W10	Trend line
Confirmed cases	245	180	189	181	184	198	153	164	
Confirmed deaths	0	0	0	0	0	0	0	0	
CFR (%)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

- The epi curve of malaria cases shows fluctuation at low level. The trend of malaria cases in 2025 closely follows the trend observed in 3-year average (2022-2024) (Figures 16 & 17).
- During week 10-2025, 164 cases with no associated deaths were reported from 13 provinces compared to 153 cases in the previous week. Out of the total cases, 73 (44.5%) were females and 27 (16.5%) were under-five children.
- Since the beginning of 2025, 1,979 confirmed malaria cases with no associated deaths have been reported. Out of total 1,979 cases, 898 (45.4%) were female and 276 (13.9%) were under five children.
- Since the beginning of 2025, the highest cumulative incidence of malaria per 10,000 population was reported from Nuristan (12.9) followed by Kunar (7.5), Laghman (3.0), and Nangarhar (2.5) (Figure 18).

Figure 16. Weekly distribution of malaria cases in Afghanistan 29 Dec 2024–08 Mar 2025 (N=1,979)

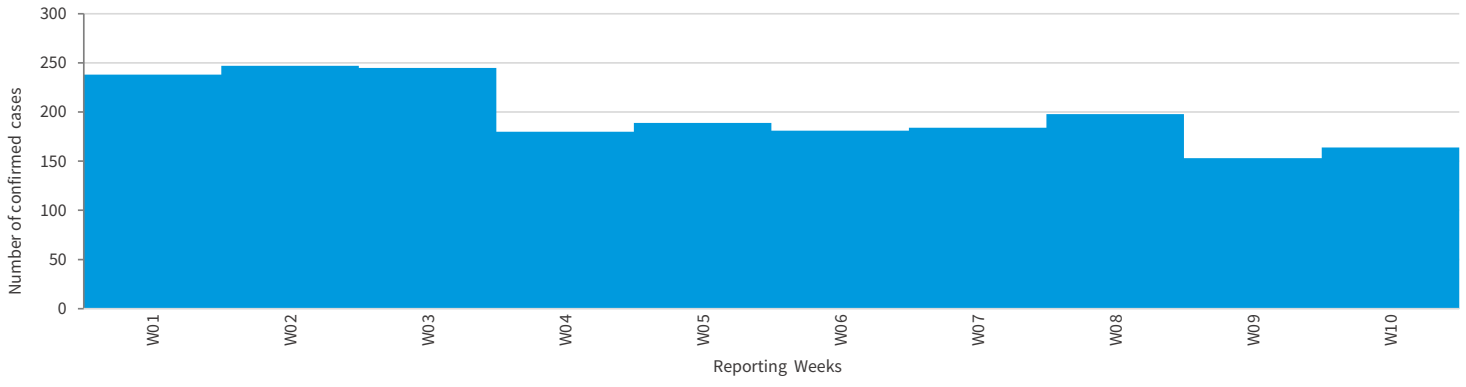


Figure 17. Comparison between the trends of malaria cases in 2025 vs 3-year average (2022-2024)

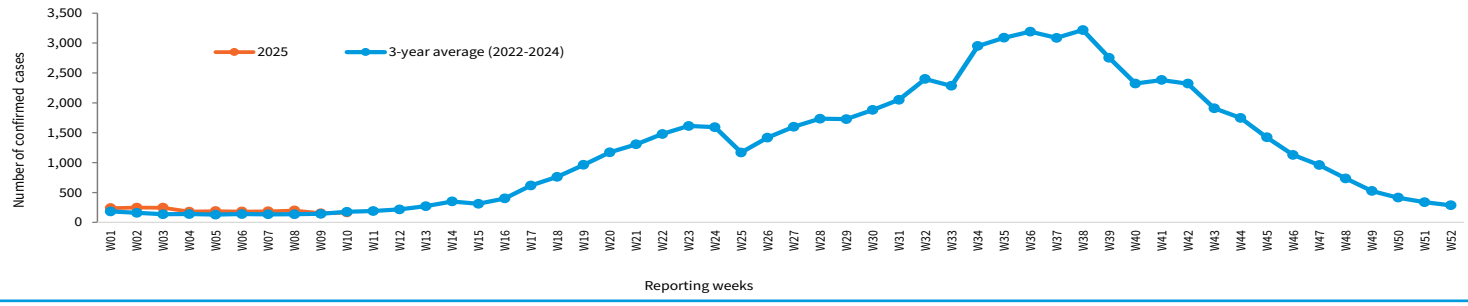
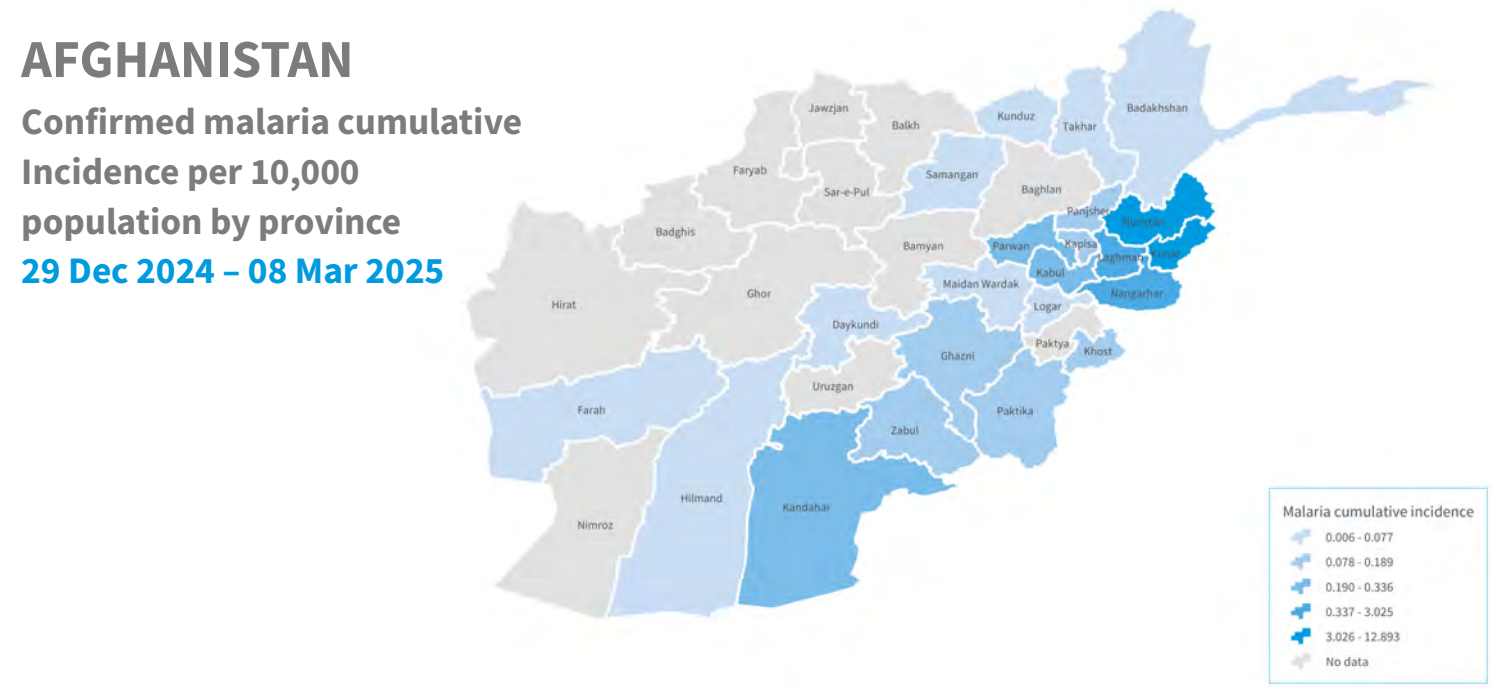


Figure 18. Malaria cumulative incidence per 10,000 population by province in Afghanistan, 29 Dec 2024 – 08 Mar 2025



Note: MOPH is the source of epidemiological data

Case definition & alert/outbreak thresholds

Contact us for further information:

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- Infectious Hazard Preparedness Team – Health Emergencies Program (WHE)– (emacoafgihpt@who.int)