



AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #13-2024

No. 13 (24 - 30 Mar 2024)

Disease Outbreaks	Measles	ARI	COVID-19	AWD	CCHF	Dengue fever
Cumulative Cases 2024	14,570	501,444	2,958	24,553	64	613
Cumulative deaths 2024 (CFR %)	71 (0.5)	1,162 (0.2)	22 (0.7)	13 (0.1)	1 (1.6)	0 (0.0)

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

Measles Outbreak (01 Jan-30 Mar 2024)



14,570

Total Cases



71

Total Deaths



3,910

Sample tested



2,262

Lab confirmed cases



57.9%

Test positivity rate

Table 1: Summary of the suspected measles outbreak in the last eight weeks (04 Feb - 30 Mar 2024)

Indicators	W06-24	W07-24	W08-24	W09-24	W10-24	W11-24	W12-24	W13-24	Trend line
Suspected cases	1,141	1,118	1,190	1,236	1,460	1,618	1,642	1,435	
Suspected deaths	4	6	5	8	9	9	7	9	
CFR (%)	0.4	0.5	0.4	0.6	0.6	0.6	0.4	0.6	

- The epidemiological curve of suspected measles cases demonstrates a rising trend since the third week of November 2023. This could be explained by increased community transmission exacerbated by the winter season and low immunization coverage (Figure 1). However, a decline in the curve was observed this week.
- During week 13-2024, a total of 1,435 suspected cases and 9 associated deaths were reported, which shows a 12.6% decrease in the number of suspected cases compared to the preceding week.
- The nine deaths were reported from 6 provinces: Herat (3), Kandahar (2), Farah (1), Helmand (1), Kabul (1), and Nimroz (1); all deaths were under-five children, and five were females.
- Since the beginning of 2024, a total of 14,570 suspected measles cases and 71 deaths (CFR=0.5%) were reported. Among suspected measles cases, 11,728 (80.5%) were under-five children, and 6,615 (45.4%) were females.
- Considering the number of suspected cases since the beginning of 2024, the highest cumulative incidence of suspected measles per 10,000 population is in Samangan (12.1) followed by Balkh (11.3), Farah (8.9), and Khost (8.5) provinces (Figure 2).

Figure 1. The epidemiological curve of suspected measles cases in Afghanistan, 01 Jan 2023 to 30 Mar 2024 (N= 40,446)

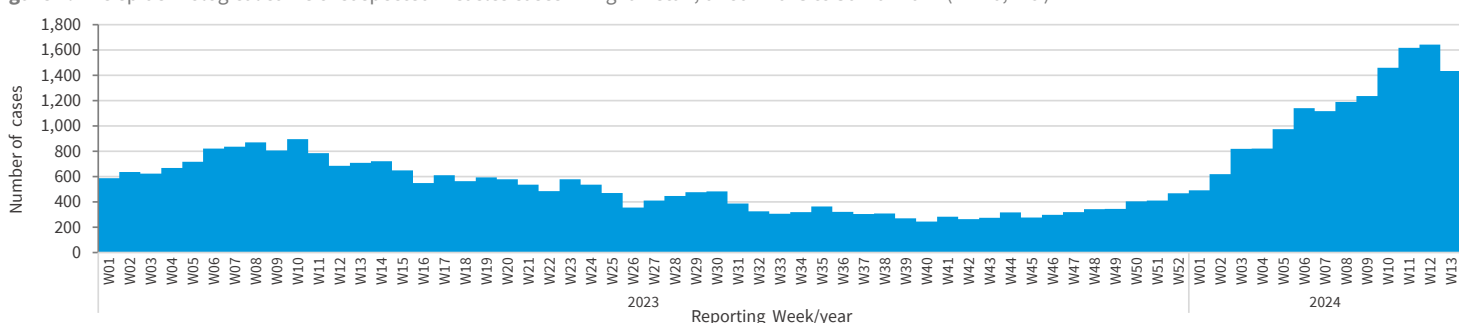




Figure 2. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 01 Jan-30 Mar 2024

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Suspected measles cumulative incidence per 10,000 population by province 01 Jan—30 Mar 2024

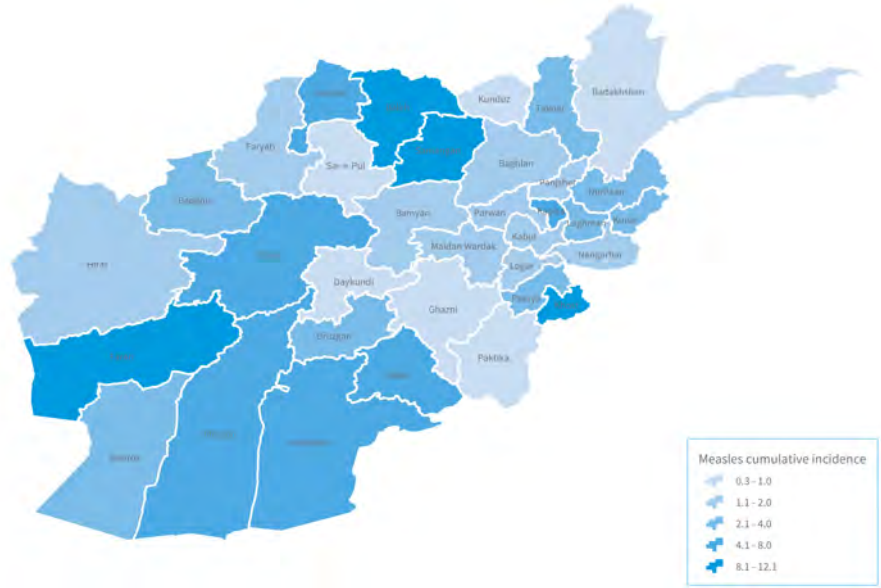
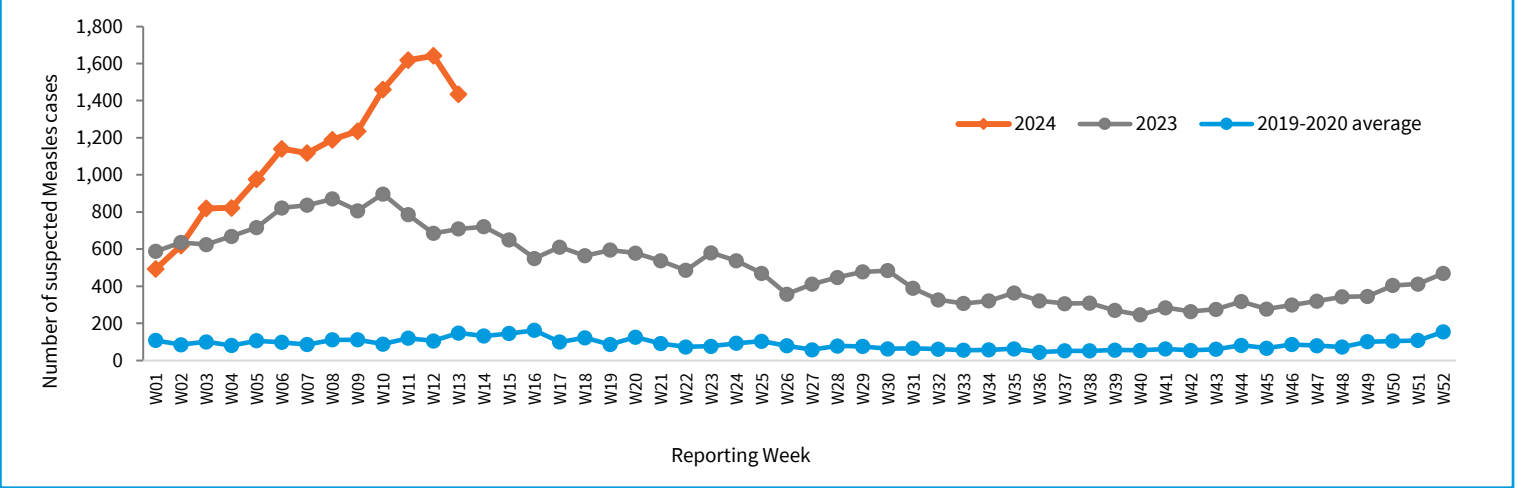


Figure 3. Comparison between the trends of suspected measles cases in 2024 vs 2023 and 2-years average (2019-2020)



Comparing the trend of suspected measles cases in 2024 with the trend for the average number reported during 2019-2020 and the trend of 2023 reveals that despite prevention efforts, the number of suspected measles cases has not decreased to the endemic levels observed in 2019-2020 and has even surpassed 2023 trend (Figure 3).

Updates on the preparedness and response to the Measles outbreak

- During Mar 2024, a total of 226,306 under-five children were vaccinated in the multi-antigen acceleration campaign in 13 provinces (Balkh, Farah, Faryab, Helmand, Kabul, Kandahar, Kapisa, Khost, Kunar, Logar, Nangarhar, Takhar, and Zabul).
- During week 13-2024, a total of 1,591 children aged 9-59 months were vaccinated against measles in 5 provinces (Kapisa, Kunar, Urozgan, Nuristan, and Parwan). This brings the total number of vaccinated children as part of outbreak response immunization campaigns to 12,411 since Jan 2024.

Acute Respiratory Infection (ARI) (01 Jan-30 Mar 2024)



***501,444**

Total ARI Cases



***1,162**

Total Deaths



****1,209**

Samples tested for influenza



****55**

Lab confirmed influenza cases



4.5%

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 2: Summary of the ARI outbreak in the last eight weeks (04 Feb - 30 Mar 2024)

Indicators	W6-24	W7-24	W8-24	W9-24	W10-24	W11-24	W12-24	W13-24	Trend lines
Suspected cases	43,053	41,874	38,948	35,533	39,793	36,433	33,841	30,749	
Suspected deaths	95	92	81	93	116	75	59	70	
CFR (%)	0.2	0.2	0.2	0.3	0.3	0.2	0.2	0.2	

- The epi curve indicates a steady decline in ARI cases since week 07-2024, following the typical seasonal increase observed during the winter (Figure 4).
- During week 13-2024, a total of 30,749 cases of ARI pneumonia and 70 associated deaths were reported, which shows a 9.1% decrease in the number of cases and an 18.6% increase in the number of deaths compared to the previous week.
- Since the beginning of 2024, a total of 501,444 ARI pneumonia cases and 1,162 associated deaths (CFR=0.2%) were reported from 34 provinces. Out of the total cases,

317,410 (63.3%) were under-five children, and 247,681 (49.4%) were females. The cumulative incidence per 10,000 population by province is shown in (Figure 5).

- Out of 1,162 deaths, 1,026 (88.3%) were under-five children and 521 (44.8%) were females.
- The current number of cases is higher than the average number of cases reported during the three preceding years (2020-2022); the higher number in 2023 and 2024 could be explained by the improvement in reporting due to the enhancement of the surveillance system and expansion of surveillance sentinel sites (Figure 6).

Figure 4. The epidemiological curve of ARI Pneumonia cases in Afghanistan, 01 Jan 2023 – 30 Mar 2024 (N=1,886,090)

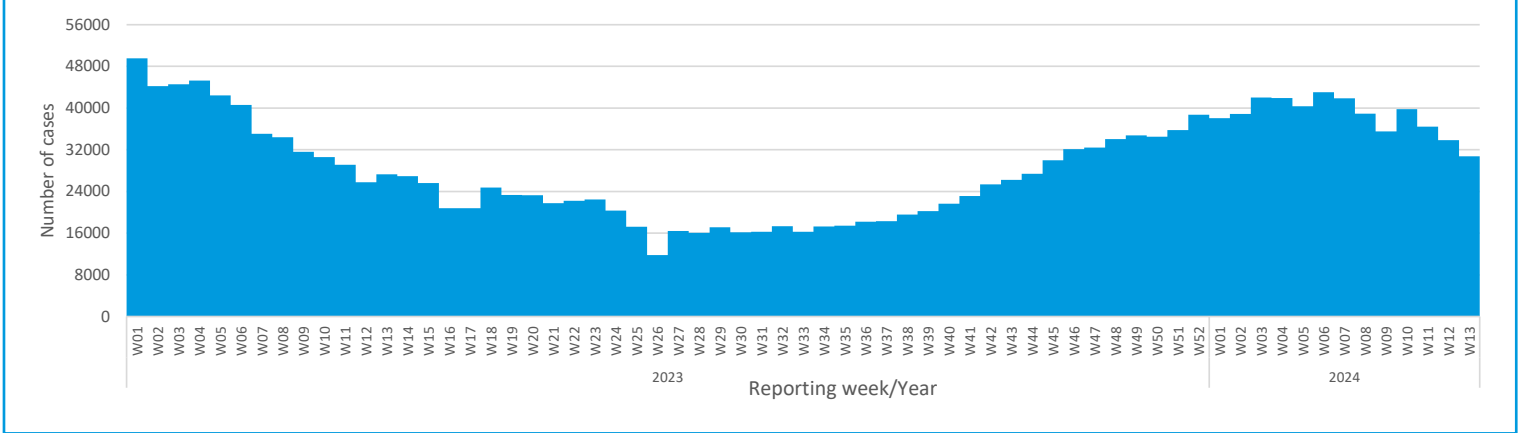


Figure 5. ARI pneumonia cumulative incidence per 10,000 population by province, Afghanistan 01 Jan- 30 Mar 2024

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ARI pneumonia cumulative incidence per 10,000 population by province 01 Jan-30 Mar 2024

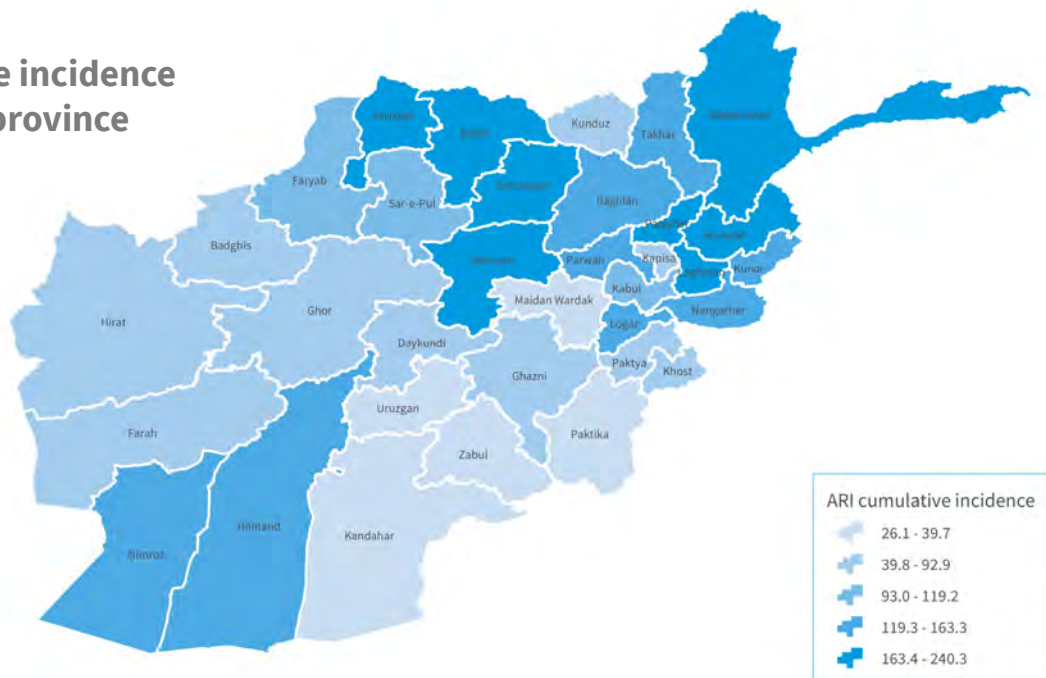
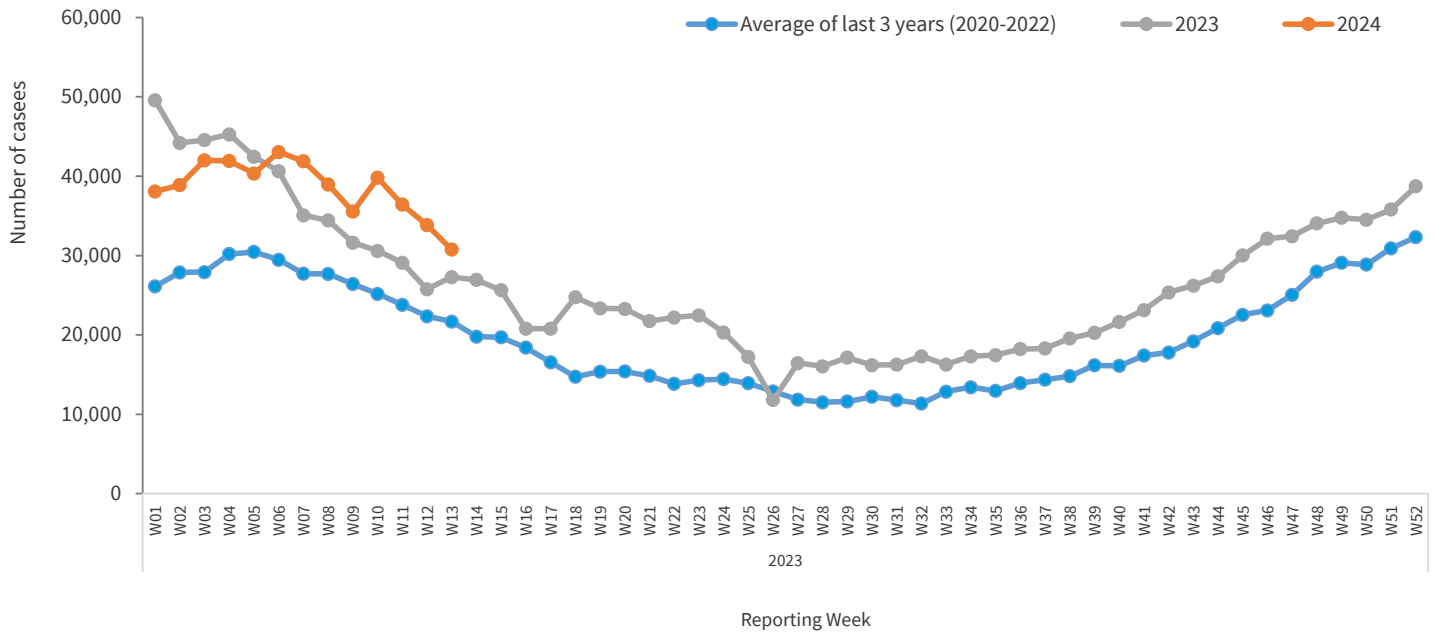




Figure 6. Comparison between the trend of ARI cases in 2024 vs 2023 and 3-years average (2020-2022)



Updates on the response activities to the ARI outbreak

Lab and supplies

- Since the beginning of 2024, a total of 6,500 Viral Transport Media (VTM) have been distributed to North-east and Central-east NDSR offices.

Case management

- As a part of the winterization preparedness and response plan to ARI in 2023-24, a total of 397 case management kits have been prepositioned in the WHO main office and regional sub-offices. These kits are being used in health facilities nationwide to respond to the ARI outbreak.

Risk Communication and Community Engagement (RCCE)

- Since the beginning of 2024, more than 85,000 Information, Education, and Communication (IEC) materials (60,000 Posters and 25,000 Brochures) on ARI have been handed over by WHO to the Ministry of Public Health (MoPH) as part of the countrywide winterization response to ARI. These IEC materials are being used in health facilities and affected communities across the country.
- Since Jan 2024, the World Health Organization (WHO) co-led two monthly meetings of the Risk Communication and Community Engagement (RCCE) Sub-working Group (SWG). The purpose of the meeting was to recap 2023 RCCE activities and to discuss the RCCE plans and priorities of health partners for 2024.

COVID-19

(24 Feb 2020 — 30 Mar 2024)

Cumulative samples tested

976,472

In public laboratories

New samples tested in week 13

2,315

In public laboratories

-14.4%

Cumulative confirmed cases

233,616

Cumulative percent positivity (23.9%)

New confirmed cases in week 13

322

In public laboratories (13.9%)

+45.0%

Cumulative confirmed deaths

7,994

CFR (3.4%)

New confirmed deaths in week 13

0

Week 13 CFR (0.0%)

-100.0%

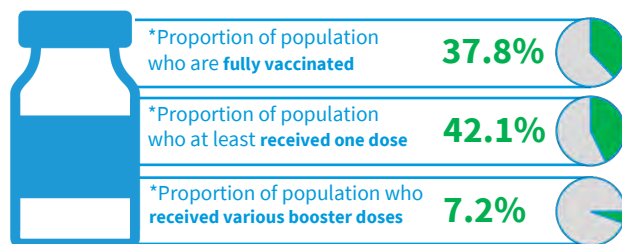
Key: ● Increasing ● Decreasing ● No change



COVID-19 Vaccination highlights



Note: During Feb 2024, around 400,304 doses of various COVID-19 vaccines have been administered which shows a 14.2% decrease compared to Jan-2024.



* 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 (04 Feb - 30 Mar 2024)

Indicators	W06	W07	W08	W09	W10	W11	W12	W13	Trend line
Samples tested (in public Labs)	3,104	2,805	3,247	2,341	3,112	2,610	2,704 *	2,315	
Confirmed cases	240	225	278	163	259	193	222 *	322	
Percent positivity (%)	7.7	8.0	8.7	6.9	8.4	7.7	8.2	13.9	
Deaths	1	0	5	3	0	2	3	0	
CFR (%)	0.4	0.0	1.8	1.8	0.0	1.0	1.4	0.0	

*A delayed reporting was experienced during week 12-2024, the number of samples tested and the number of confirmed cases were modified from 2,480 to 2,704, from 193 to 222, respectively.

- The epidemiological curve indicates a stabilization in the number of confirmed COVID-19 cases at a low level since the 3rd week of June 2023, which could be attributed to a decrease in attendance of infected individuals at healthcare facilities and an improvement in vaccination coverage among eligible populations across the country (37.8%) (Figure 7).
- During week 13-2024, a total of 2,315 samples were tested in public labs, of which 322 were positive for COVID-19 (positivity rate 13.9%) with no associated deaths. This represented a 45.0% increase in confirmed cases compared to the preceding week (Table 3 and Figure 8).
- Since the beginning of 2024, a total of 2,958 COVID-19 confirmed cases and 22 deaths (CFR=0.7) have been reported. Out of the total cases, 1,745 (59.0%) and out of total deaths, 7 (31.8%) were females.
- During week 13-2024, among 322 confirmed cases, 2.8% (9 cases) were hospitalized while no cases were admitted to the ICU (Figure 9).
- Since the beginning of the pandemic in Feb 2020; 976,472 samples have been tested for COVID-19 through public laboratories.

Figure 7. The epidemiological curve of confirmed COVID-19 cases and deaths in Afghanistan Feb 2020 – 30 Mar 2024 (cases= 233,616, deaths=7,994)

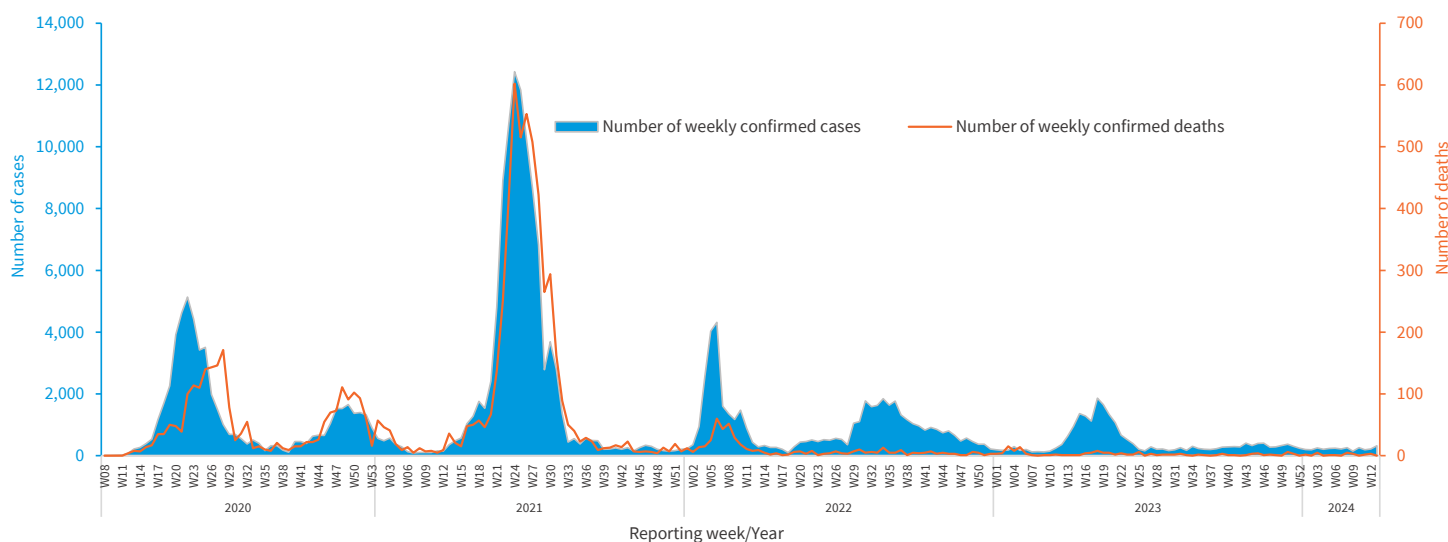




Figure 8. The epidemiological curve of confirmed COVID-19 cases and deaths in Afghanistan 01 Jan 2023 – 30 Mar 2024 (cases= 25,722, deaths=165)

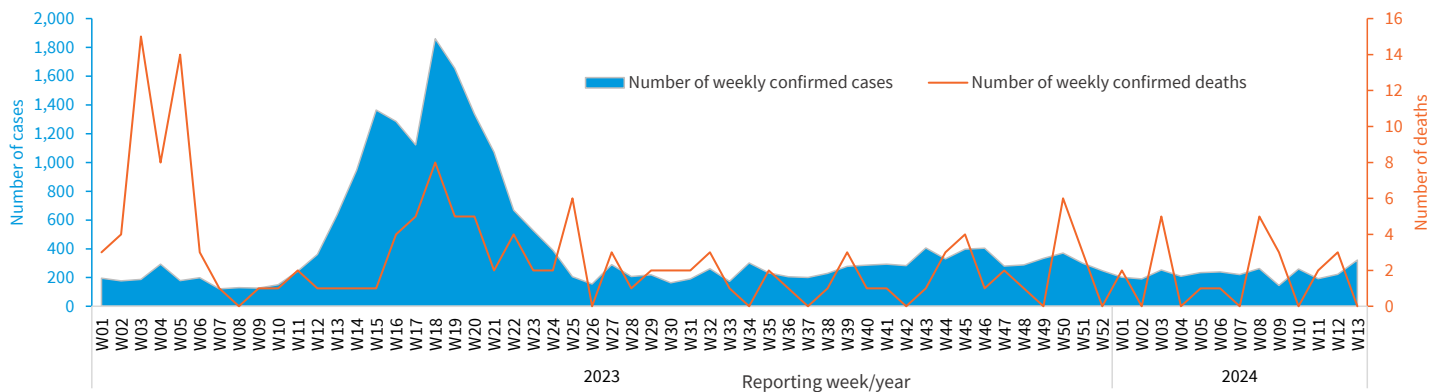
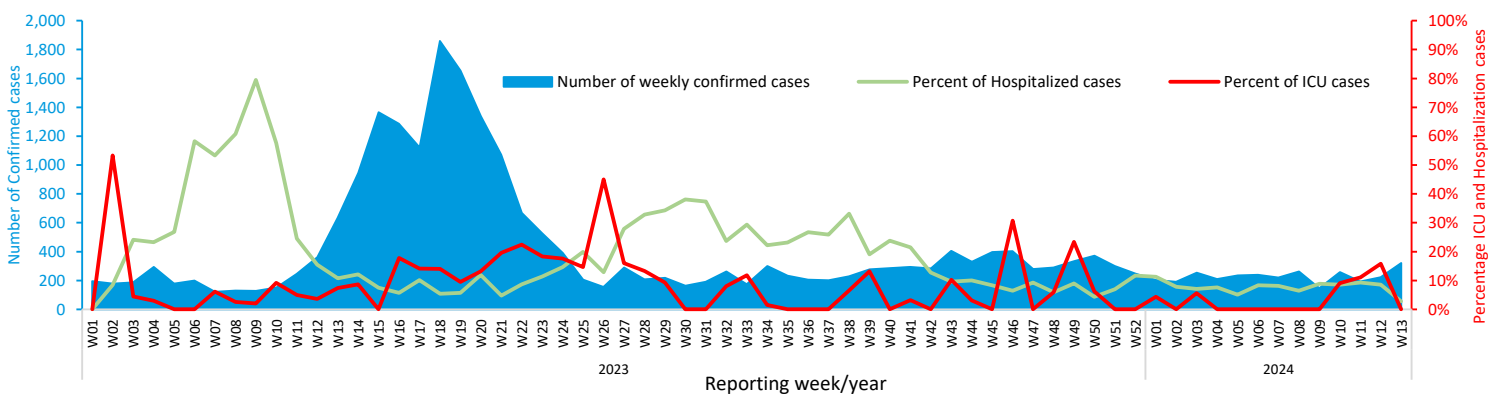


Figure 9. The weekly proportion of hospitalized and ICU cases and the number of confirmed COVID-19 cases in Afghanistan between 01 Jan 2023 and 30 Mar 2024*



*The hospitalized rate was calculated among confirmed cases, while the ICU rate was calculated among hospitalized cases.

Update on the response activities to COVID-19

Since the beginning of 2024, a total of 50 kits (25 tests per kit) of COVID-19 RDTs have been distributed to each of Baghlan, Takhar, Badakhshan, and Kunduz NDSR offices.

Acute Watery Diarrhea (AWD) with Dehydration Outbreak (01 Jan-30 Mar 2024)

Table 4: Summary of the AWD with Dehydration outbreak in the last eight weeks (04 Feb - 30 Mar 2024)

Indicators	W06-24	W07-24	W08-24	W09-24	W10-24	W11-24	W12-24	W13-24	Trend line
Suspected cases	1,722	1,808	1,787	1,784	1,790	1,742	1,834	1,837	
Suspected deaths	0	1	1	2	0	0	1	0	
CFR (%)	0.0	0.1	0.1	0.1	0.0	0.0	0.1	0.0	

- The epi-curve of AWD with dehydration cases shows a decreasing trend since the 4th week of August 2023 with almost stabilization during the past 8 weeks. The decline could be explained by seasonal changes towards winter in the country.
- During week 13-2024, 1,837 AWD with dehydration cases with no associated deaths were reported from 129 districts, which shows a stabilization in the number of cases compared to the previous week (Figure 10). The cumulative incidence of AWD with dehydration cases per 10,000 population by province is illustrated in Figure 11.
- Since the beginning of 2024, a total of 24,553 AWD with dehydration cases and 13 associated deaths (CFR=0.1%) were reported, out of which 13,338 (54.3%) were under-five children and 12,279 (50.0%) were females.
- The number of districts reporting AWD with dehydration has reached 250 since the beginning of 2024, while no additional new district has reported AWD with dehydration cases this week.
- Since the beginning of 2024, 894 Rapid Diagnostic Tests (RDTs) have been conducted on AWD with dehydration cases, of which 130 tests turned positive (positivity rate 14.5%).



Figure 10. The epidemiological curve of AWD with dehydration cases in Afghanistan 01 Jan 2023– 30 Mar 2024 (N=246,805)

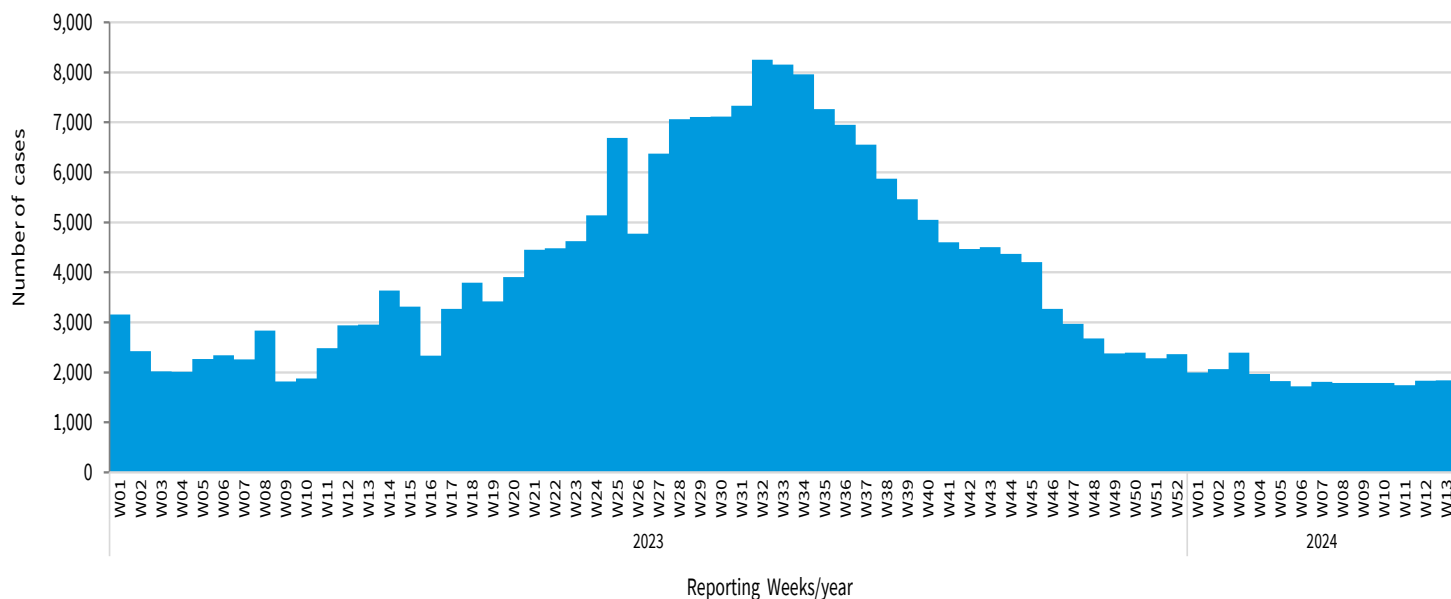
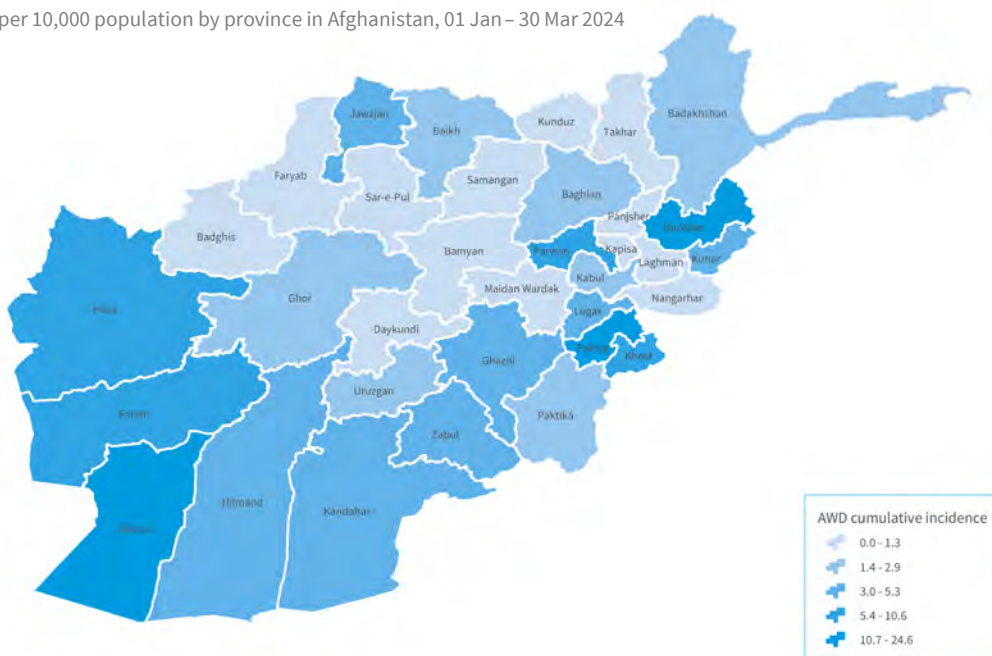


Figure 11. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 30 Mar 2024

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AWD with dehydration cumulative incidence per 10,000 population by province 01 Jan - 30 Mar 2024



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

Surveillance

- Since Jan 2024, a total of 233 sentinel sites’ focal points, including 10 females, were trained on surveillance procedures in Kabul, East, and South regions.
- The case management kits, lab reagents and RCCE materials supplied during 2023 are being used for the response to AWD with dehydration outbreaks reported during 2024.

Lab and Supplies

- Since the beginning of 2024, a total of 8 kits of Carry Blairs (125/kit) and 125 AWD case management kits were distributed to WHO regional offices in Kandahar, Nangarhar, Balkh, Herat, Bamyan, Kunduz and Paktya provinces.

WASH

During the last two weeks of Mar 2024 (16-30 Mar 2024), the following activities were conducted as WASH response:

- Provision of safe water to 3,900 individuals by construction/rehabilitation of water supply systems in 6 provinces (Badghis, Ghazni, Herat, Wardak, Nangarhar, and Takhar).
- Provision of clean water to 1,400 individuals by chlorination of 80 wells in Khost and Paktika province.
- Provision of hygiene services to 676 individuals by installation of 5 handwashing facilities in Kandahar and Zabul provinces.
- Distribution of hygiene kits to 11,300 individuals in 9 provinces (Badakhshan, Badghis, Herat, Kunar, Kunduz, Logar,



Nangarhar, Takhar, and Zabul).

- Conduct household water treatment promotion sessions for around 2,200 individuals in 10 provinces (Badakhshan, Herat, Khost, Kunar, Kunduz, Logar, Nangarhar, Paktika, Takhar, and Zabul).
- Conduct hygiene promotion sessions for 14,650 individuals in 14 provinces (Badakhshan, Badghis, Ghazni, Herat, Kabul, Kandahar, Khost, Kunar, Kunduz, Wardak, Nangarhar, Paktika, Takhar, and Zabul).
- Provision of sanitary facilities to 990 individuals by installation/rehabilitation of latrines in 9 provinces (Kabul, Kandahar, Khost, Kunar, Kunduz, Nangarhar, Paktika, Paktya and Takhar).

Outbreak of Crimean Congo Hemorrhagic Fever (CCHF) (01 Jan-30 Mar 2024)

Table 5: Summary of the CCHF outbreak in the last eight weeks (04 Feb - 30 Mar 2024)

Indicators	W06-24	W07-24	W08-24	W09-24	W10-24	W11-24	W12-24	W13-24	Trend line
Suspected cases	3	4	7	7	3	6	5	3	
Suspected deaths	0	0	0	0	0	0	0	1	
CFR (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	33.3	

- The epi-curve indicates that the peak for suspected CCHF cases was during the week 27-2023 with a declining trend in the weeks later, while a stabilization is observed in recent weeks in 2024. The decline could be attributed to seasonal changes towards winter and response activities (Figures 12 & 13).
- During week 13-2024, 3 new suspected CCHF cases and one associated death were reported, compared to the 5 cases and 0 deaths in the preceding week (Table 5).
- The deceased case was an over-five female, reported from Balkh province.
- Since the beginning of 2024, a total of 64 suspected cases of CCHF with one associated death were reported. All the suspected cases were over five years of age, while 22 (34.4%) of them were females.
- Since the beginning of 2024, a total of 48 samples of suspected CCHF cases have been tested, out of which two were positive, both were under-five males reported from Balkh and Kapisa provinces (positivity 4.2%).

Figure 12: The epidemiological curve of CCHF cases in Afghanistan 01 Jan 2023 –30 Mar 2024, (N=1,307)

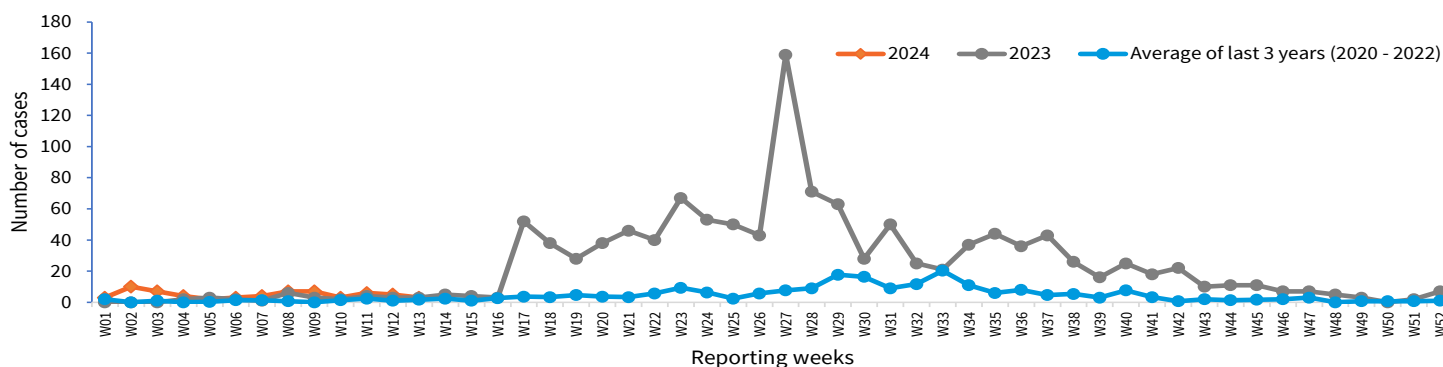
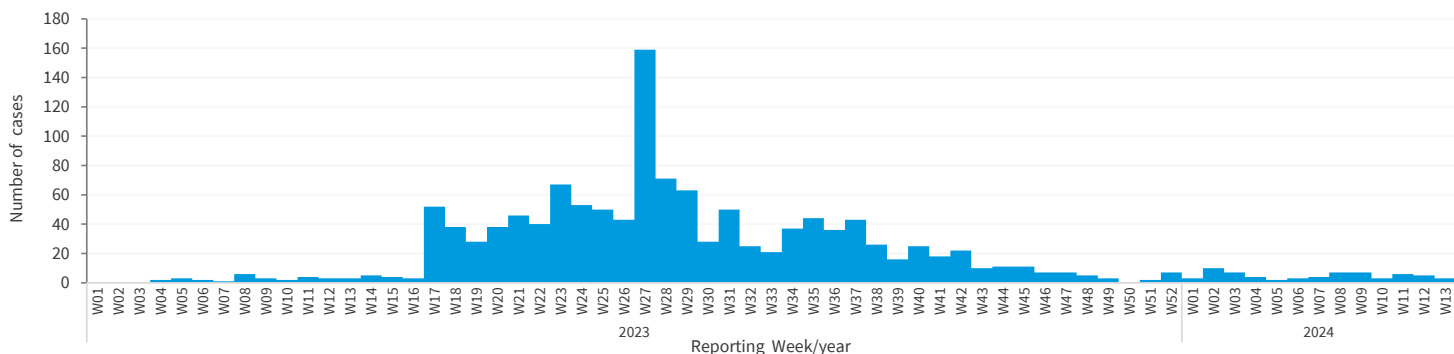
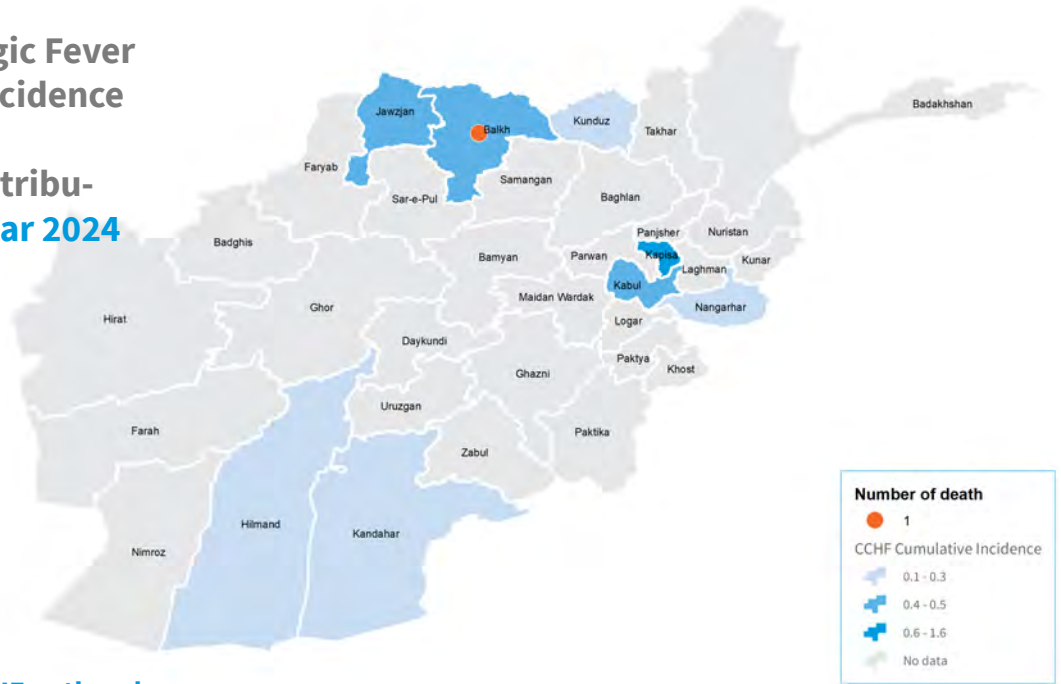




Figure 14. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 01 Jan - 30 Mar 2024

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Crimean-Congo Hemorrhagic Fever (CCHF) cases cumulative incidence per 100,000 population by province and provincial distribution of deaths 01 Jan –30 Mar 2024



Updates on the response to the CCHF outbreak

- Since the beginning of 2024, a total of 469 doses of ribavirin 200mg tablets and 1,530 ribavirin injections have been supplied to 7 WHO sub-offices across the country.
- During the same period, collection of 1,000 tick samples and 500 cattle’s blood samples and sending them to CVDRL; spraying of 26,020 households' animal stables, 46 live animal markets, and 36 commercial dairy farms; provision of awareness sessions in 60,715 households; distribution of 28,043 flyers and stickers; provision of training to 280 veterinarians on CCHF case definition and sample management as well as training of 700 butchers on preventive measures and safe handling of animals have been conducted as preparedness and response to outbreaks of CCHF in 7 provinces (Balkh, Herat, Kandahar, Kabul, Kunduz, Nangarhar, and Takhar) through the partnership with the Food and Agriculture Organization (FAO).

Dengue Fever Outbreak (01 Jan-30 Mar 2024)

613
Total Cases

0
Total Deaths

327
Sample tested

115
Lab confirmed cases

35.2%
Test positivity ratio

Note: Dengue fever laboratory data was reviewed, utilizing the confirmed case definition from EMRO. 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, excluding cases that were only positive for IgM or IgG based on a single sample (dengue--outbreak-toolbox_20220921.pdf (who.int))

Table 6: Summary of the dengue fever outbreak in the last eight weeks (04 Feb - 30 Mar 2024)

Indicators	W06-24	W07-24	W08-24	W09-24	W10-24	W11-24	W12-24	W13-24	Trend line
Suspected cases	54	49	36	57	45	41	43	28	
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 illustrates a decreasing trend over the past four weeks, following a period characterized by intermittent fluctuations of dengue suspected cases (Figure 15).
- The number of suspected dengue fever cases in 2024 is higher than 2 year average (2021-2022) and has surpassed the previous year's trend (Figure 16).
- During week 13-2024, 28 suspected cases of dengue fever with no associated deaths were reported only from Nangarhar, which shows a 34.9% decrease in the number of suspected cases compared to the preceding week.
- Since the beginning of 2024, a total of 613 suspected cases of dengue fever and no deaths were reported, out of which 380 (62.0%) were females, and 5 (0.8%) were under 5 years of age. The geographical distribution and weekly change rate are shown in Figure 17.
- Since the beginning of 2024, a total of 327 samples have been collected, out of which 115 were positive (positivity 35.2%).

Figure 15. The epidemiological curve of dengue fever cases in Afghanistan 1 Jan 2023 – 30 Mar 2024, (N=2,109)

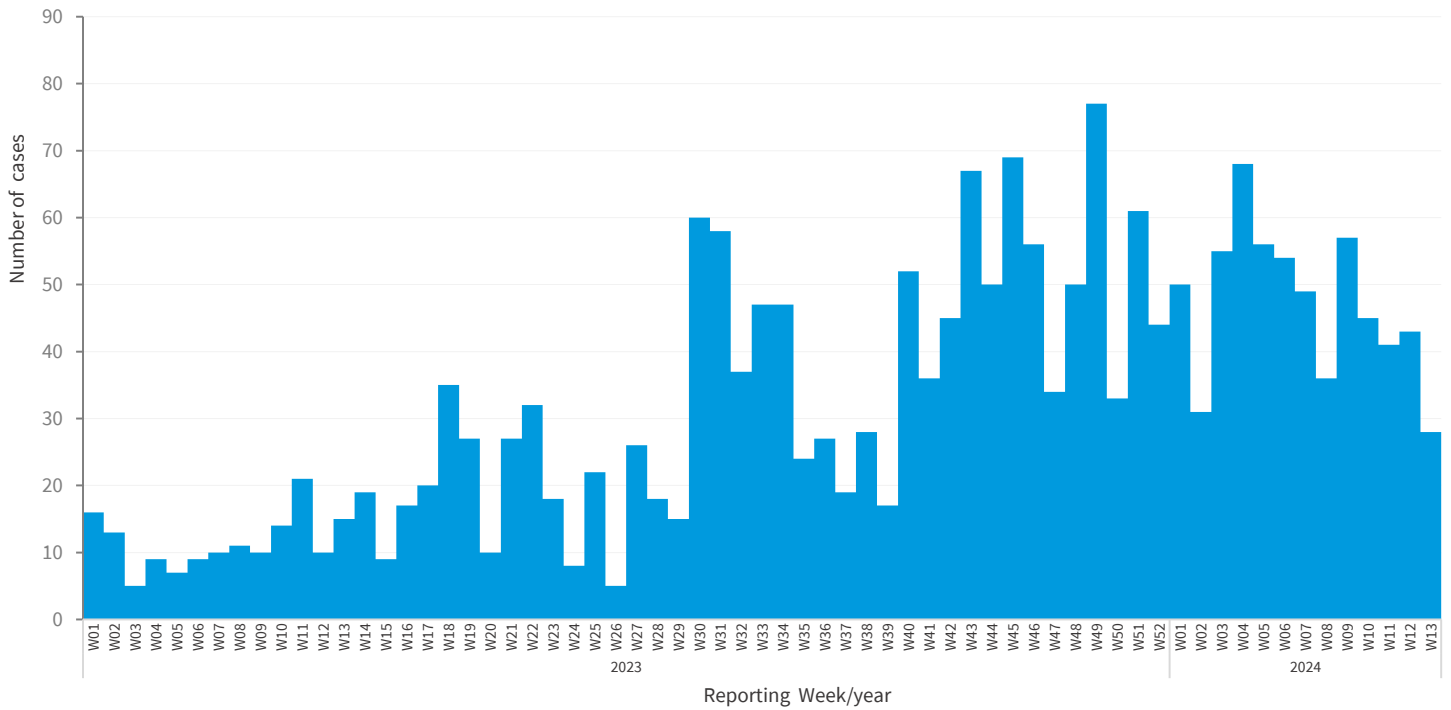


Figure 16: Comparison between the trends of suspected dengue fever cases in 2024 vs 2023 and 2-years average (2021-2022).

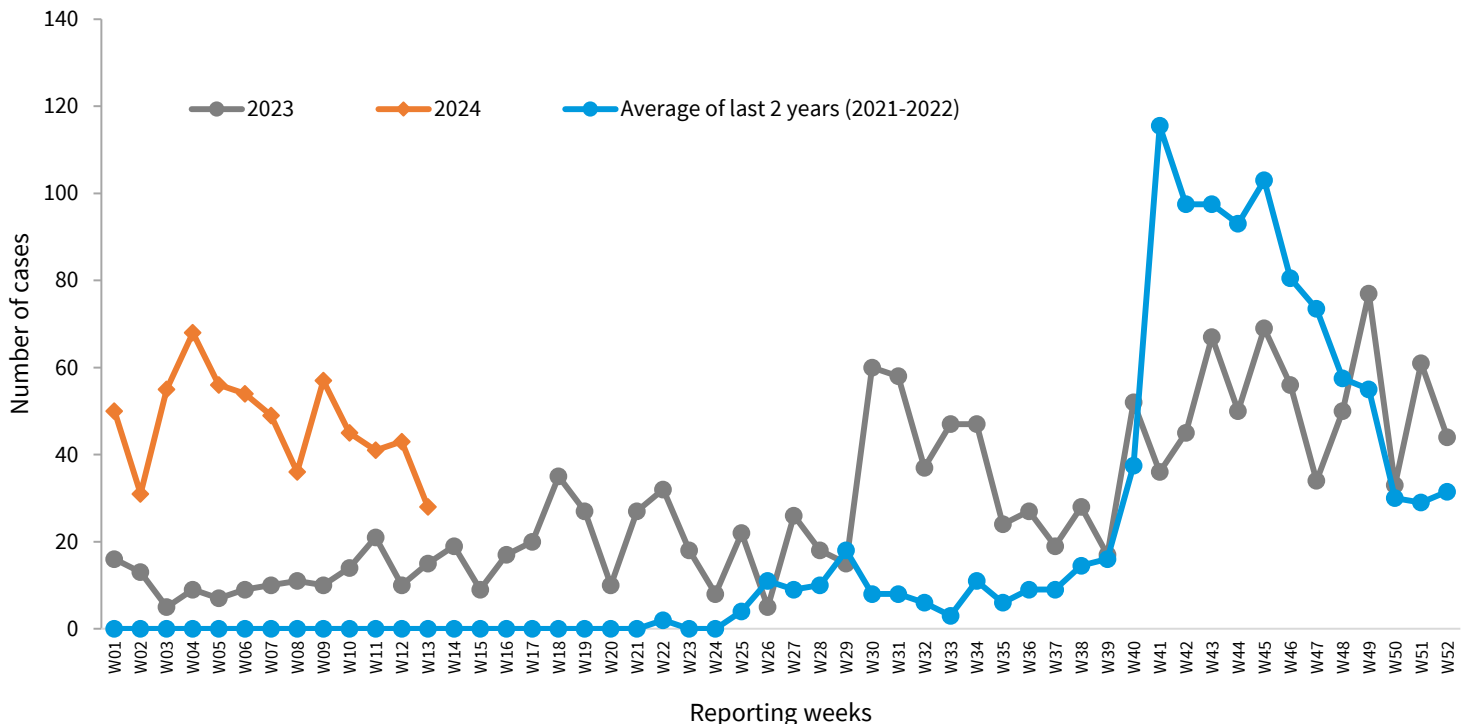
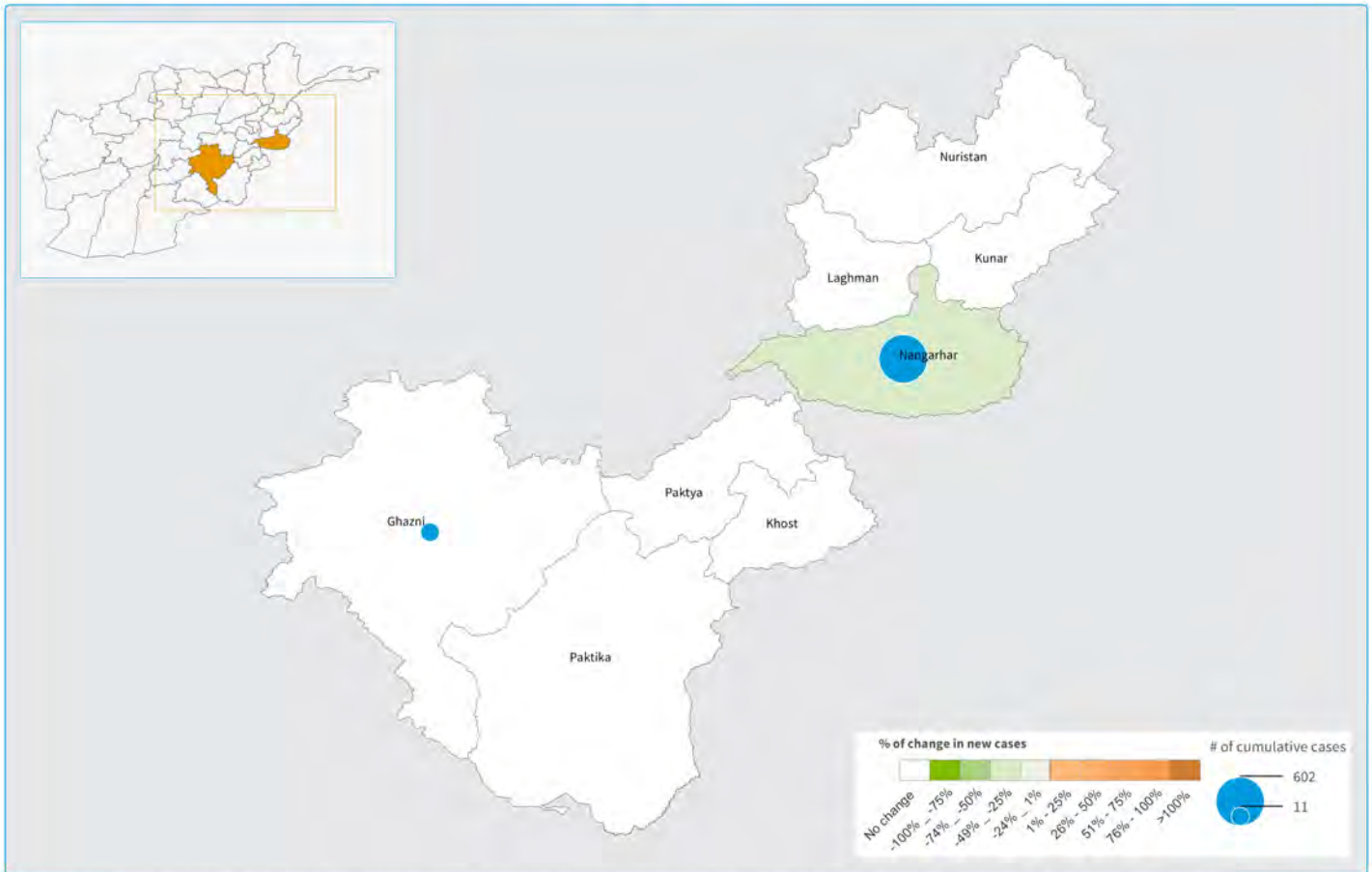




Figure 17. Geographical distribution of suspected dengue fever cases and percent change of new cases in Afghanistan, 01 Jan – 30 Mar 2024



Geographical distribution of suspected dengue fever cases in Nangarhar and Ghazni provinces and weekly percent of changes (between weeks 12 and 13, 2024)



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 represent approximate border lines for which there may not yet be full agreement. Sources: MoPH, WHO, AGCHD. Creation date: 30 Mar 2024.

Updates in the response to the dengue fever outbreak

During week 13-2024, a total of 20 dengue fever RDT kits (10 tests per kit) were distributed to 4 provinces [Paktya (5), Paktika (5), Khost (5), and Ghazni (5)]. This brings the total number of dengue fever RDTs to 400 kits distributed to Paktya, Paktika, Khost, Ghazni, and East regions since Jan 2024.

Note: MOPH is the source of epidemiological data

[Case definition & alert/outbreak thresholds](#)

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