World Health Organization
Afghanistan

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INFECTIOUS DISEASE OUTBREAKS
SITUATION REPORT | Epidemiological week #16-2024

No. 16 (14-20 Apr 2024)

Disease Outbreaks	Measles	ARI	COVID-19	AWD	CCHF	Dengue fever
Cumulative Cases 2024	18,744	573,413	*3,886	30,723	83	677
Cumulative deaths 2024 (CFR %)	94 (0.5)	1,329 (0.2)	24 (0.7)	14 (0.1)	2 (2.4)	0 (0.0)

** This number represents confirmed COVID-19 cases, while others are suspected cases.*
(Data from 610 (99.5%) out of 613 sentinel sites)

Measles Outbreak

(01 Jan-20 Apr 2024)

18,744	94	4,894	2,835	57.9%
Total Cases	Total Deaths	Sample tested	Lab confirmed cases	Test positivity rate

Table 1: Summary of the measles outbreak in the last eight weeks (25 Feb – 20 Apr 2024)

Indicators	W09	W10	W11	W12	W13	W14	W15	W16	Trend line
Suspected cases	1,236	1,460	1,618	1,642	1,435	1,535	1,323	1,316	
Suspected deaths	8	9	9	7	9	12	4	7	
CFR (%)	0.6	0.6	0.6	0.4	0.6	0.8	0.3	0.5	

- The epidemiological curve of suspected measles cases demonstrates a gradual declining trend for the last 4 weeks following a rising trend since the third week of November 2023, suggesting a shift in the epidemiological situation. This decrease could be explained by decreasing community transmission as winter concludes in some of the provinces across the country and could be attributed to the first stage of the multi-antigen acceleration campaign targeting 53 districts in 13 provinces (Figure 1 and 2).
- During week 16-2024, a total of 1,316 suspected cases and 7 associated deaths were reported. This represents a stabilization in number of suspected measles cases compared to the preceding week.
- The 7 deaths were reported from 4 provinces: Urozgan (3), Herat (2), Jawzjan (1), and Kabul (1); all deaths were under-five children, while 5 of them were females.
- Since the beginning of 2024, a total of 18,744 suspected measles cases and 94 deaths (CFR=0.5%) were reported. Among suspected measles cases, 15,096 (80.5%) were under-five children, and 8,462 (45.1%) 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 Balkh (14.6), followed by Samangan (14.3), Khost (11.3), and Farah (10.3) provinces (Figure 3).

Figure 1. The epidemiological curve of suspected measles cases in Afghanistan, 01 Jan to 20 Apr 2024 (N= 18,744)

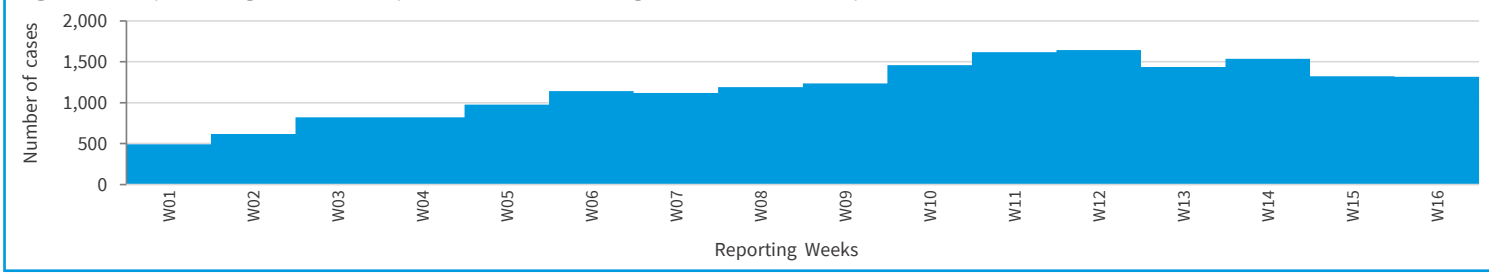

Figure 2. Comparison between the trends of suspected measles cases in 2024 vs 2023 and 2-years average (2019-2020)

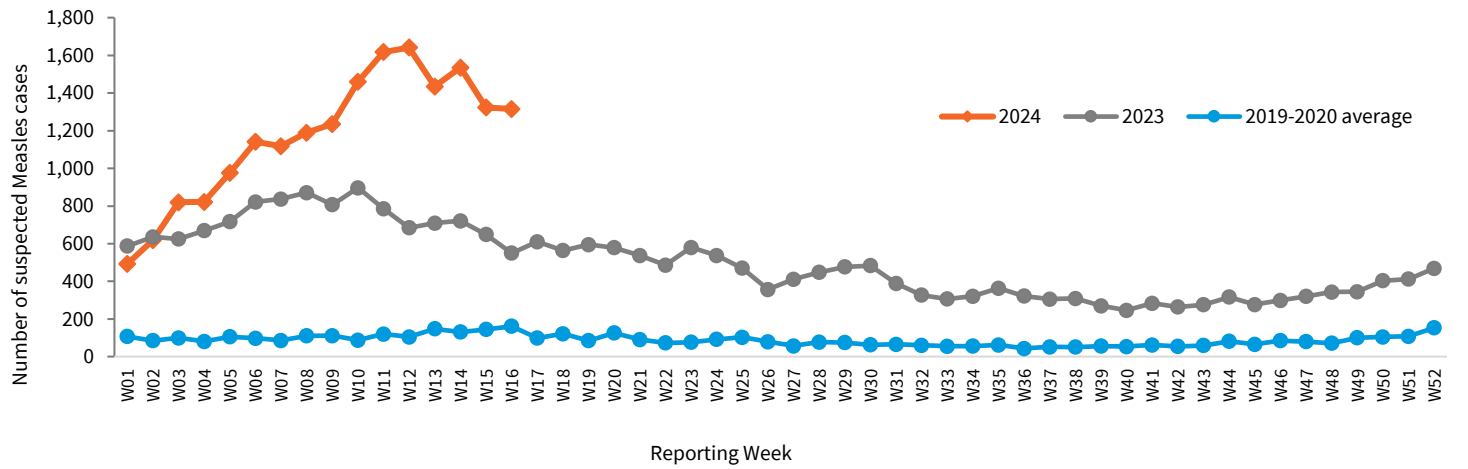

Figure 3. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 01 Jan-20 Apr 2024

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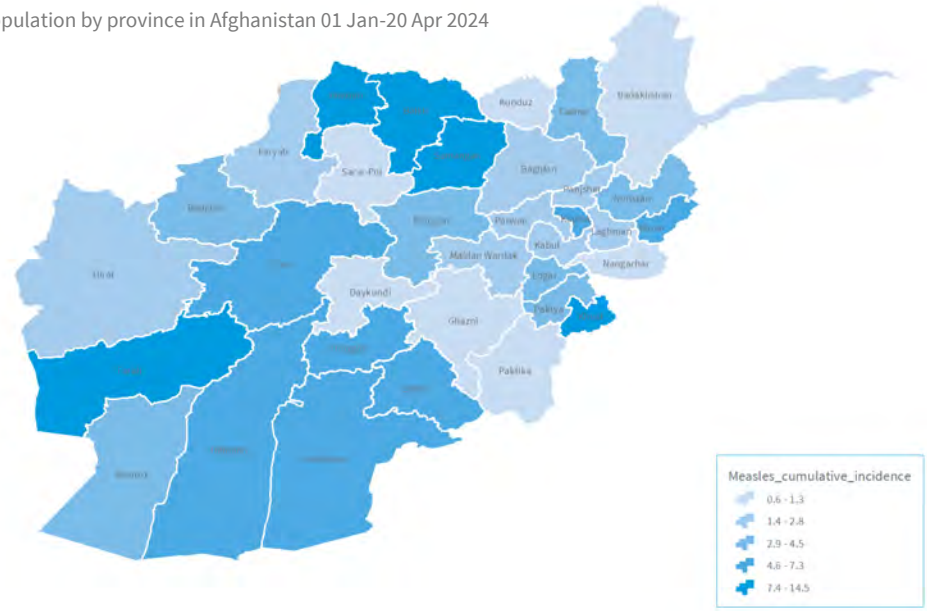
Suspected measles cumulative incidence per 10,000 population by province

01 Jan—20 Apr 2024



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 the number of suspected measles cases has not decreased to the endemic levels observed in 2019-2020 and has even surpassed 2023 trend (Figure 2).

Updates on the preparedness and response to the Measles outbreak

- During week 16-2024, a total of 288 children aged 9-59 months were vaccinated against measles in Kunduz province. This brings the total number of vaccinated children to 14,042 since 2024, as part of outbreak response immunization campaigns.
- During Mar 2024, about 226,306 under-five children were vaccinated in the first phase of Multi-Antigen Acceleration Campaign (MAAC) in 13 provinces (Balkh, Farah, Faryab, Helmand, Kabul, Kandahar, Kapisa, Khost, Kunar, Logar, Nangarhar, Takhar, and Zabul).
- Since the beginning of 2024, a total of 126 measles case management kits have been distributed to WHO sub-offices across the country.

Acute Respiratory Infection (ARI)

(01 Jan-20 Apr 2024)

*573,413	*1,329	**1,375	**61	4.4%
Total ARI Cases	Total Deaths	Samples tested for influenza	Lab confirmed influenza cases	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 (25 Feb – 20 Apr 2024)

Indicators	W9-24	W10-24	W11-24	W12-24	W13-24	W14-24	W15-24	W16-24	Trend lines
Suspected cases	35,533	39,793	36,433	33,841	30,749	28,367	18,827	24,775	
Suspected deaths	93	116	75	59	70	58	49	60	
CFR (%)	0.3	0.3	0.2	0.2	0.2	0.2	0.3	0.2	

- The epi curve indicates a steady and significant decline in ARI cases since week 07-2024, following the typical seasonal increase observed during the winter (Figure 4). However, during this week, a huge increase was observed, which requires close monitoring.
- During week 16-2024, 24,775 cases of ARI pneumonia and 60 associated deaths were reported. This represents an increase of 31.6% in suspected cases compared to the preceding week, which may be low due to low reporting during the Eid holiday.
- Since the beginning of 2024, a total of 573,413 ARI pneumonia cases and 1,329 associated deaths (CFR=0.2%) were reported from 34 provinces. Out of the total cases, 362,297 (63.2%) were under-five children, and 283,107 (49.4%) were females.
- Considering the number of cases since the beginning of 2024, the highest cumulative incidence of ARI per 10,000 population is in Balkh (275.9), followed by Jawzjan (231.1), Bamyan (225.6), and Laghman (222.7) provinces. (Figure 5).
- Out of 1,329 deaths, 1,168 (87.9%) were under-five children and 606 (45.6%) were females.
- Since week 7 of 2024, the number of ARI cases has gradually declined, aligning with the trend observed in 2023 and the average of the preceding years (2020-2022). This decline could be attributed to the conclusion of the winter season in several provinces across the country (Figure 6).

Figure 4. The epidemiological curve of ARI Pneumonia cases in Afghanistan, 01 Jan – 20 Apr 2024 (N=573,413)

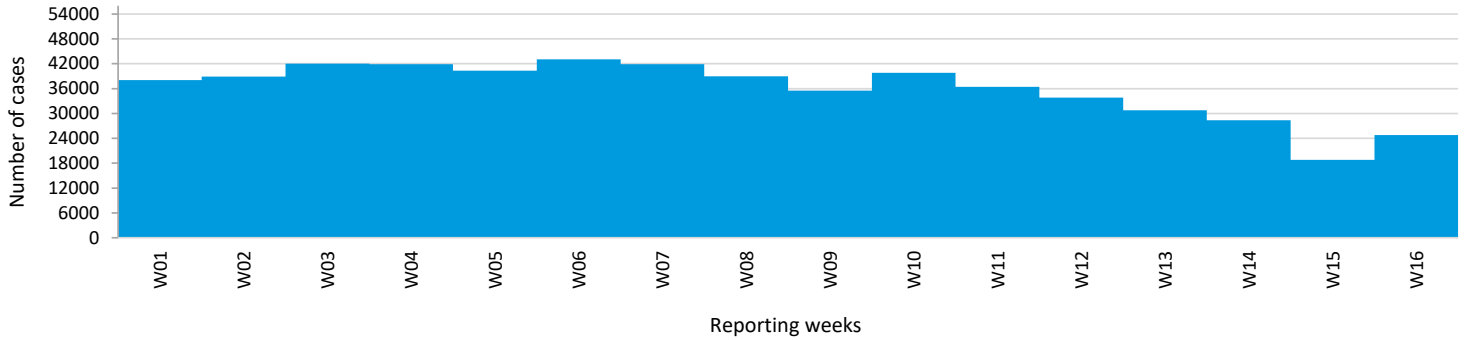


Figure 5. ARI pneumonia cumulative incidence per 10,000 population by province, Afghanistan 01 Jan- 20 Apr 2024

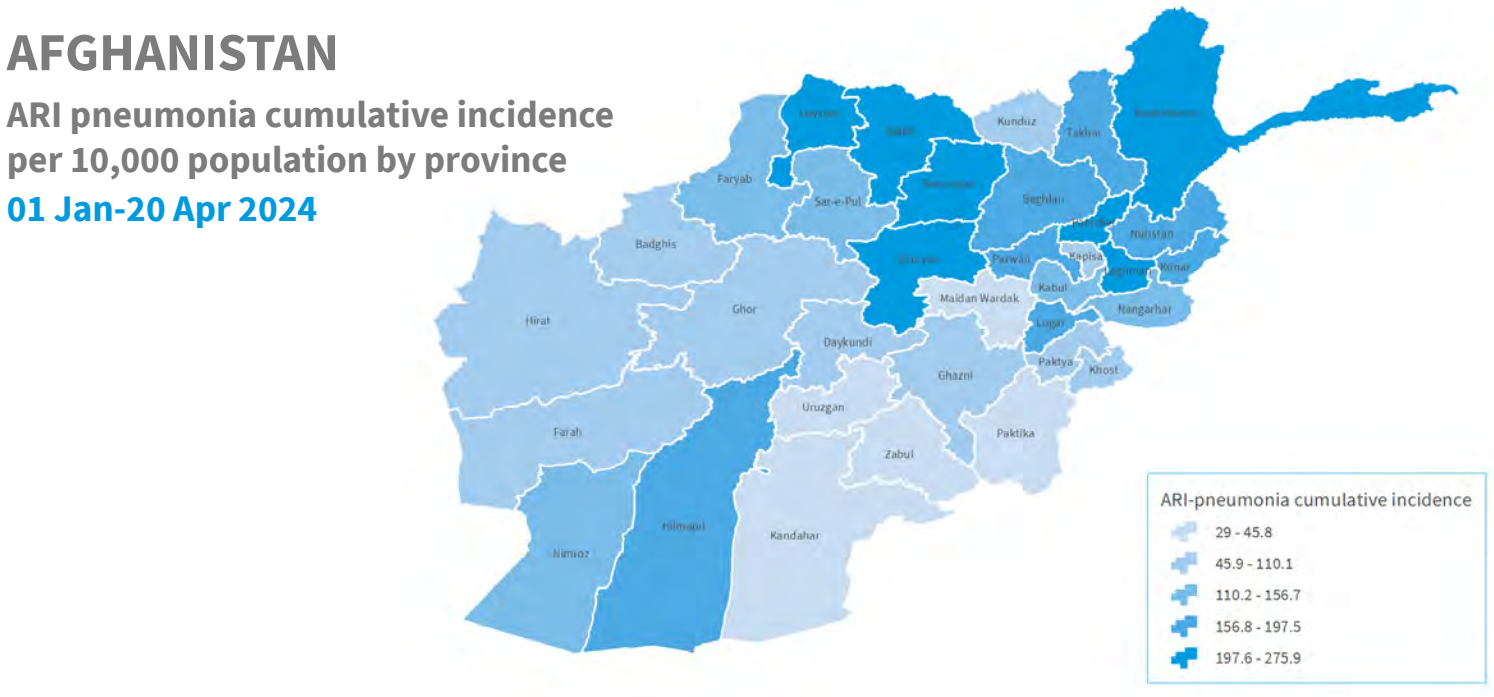
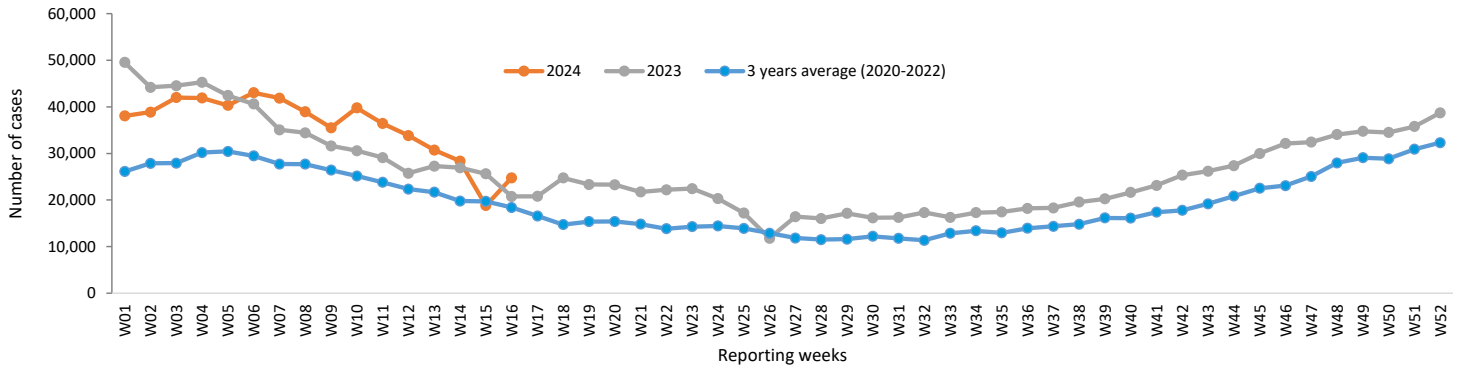


Figure 6. Comparison between the trend of ARI cases in 2024 vs 2023 and 3-years average (2020-2022)



Updates on the response activities to the ARI outbreak

- Since the beginning of 2024, a total of 6,500 Viral Transport Media (VTM) have been distributed to the North-east and Central-east NDSR offices.
- Since the beginning of 2024, 89 Pediatric Severe Acute Malnutrition (PED-SAM) case management kits have been distributed to WHO sub-offices across the country to support ARI case management.
- Since the beginning of 2024, WHO has handed over a total of 89,000 (64,000 Posters and 25,000 Brochures) Information, Education, and Communication (IEC) materials on ARI.
- Since Jan 2024, the World Health Organization (WHO) has 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 — 20 Apr 2024)

Cumulative samples tested	Cumulative confirmed cases	Cumulative confirmed deaths
982,259	**234,544**	**7,996**
In public laboratories	Cumulative percent positivity (23.9%)	CFR (3.4%)
New samples tested in week 16	New confirmed cases in week 16	New confirmed deaths in week 16
1,618	**352**	**1**
In public laboratories	Weekly percent positivity (21.8%)	Week 16 CFR (0.3%)
42.1%	120.0%	100.0%

Key: ● Increasing ● Decreasing ● No change

COVID-19 Vaccination highlights

Fully vaccinated	Partially vaccinated	Booster dose	At least one dose of any vaccine received
*16,389,426	*1,864,424	*3,163,044	*18,253,850

Note: During Mar 2024, around 199,239 doses of various COVID-19 vaccines have been administered which shows a 50.2% decrease compared to Feb-2024.

*Proportion of population who are **fully vaccinated**	38.0%
*Proportion of population who at least **received one dose**	42.4%
*Proportion of population who **received various booster doses**	7.3%

** 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 (25 Feb – 20 Apr 2024)

Indicators	W09	W10	W11	W12	W13	W14	W15	W16	Trend line
Samples tested (in public Labs)	2,341	3,112	2,610	2,704	2,678	2,667	1,139 *	1,618	
Confirmed cases	163	259	193	222	342	396	160 *	352	
Percent positivity (%)	7.0	8.3	7.4	8.2	12.8	14.8	14.0	21.8	
Deaths	3	0	2	3	0	0	0	1	
CFR (%)	1.8	0.0	1.0	1.4	0.0	0.0	0.0	0.3	

**A delayed reporting was experienced during week 15-2024, the number of samples tested, and the number of confirmed cases were modified from 1,031 to 1,139 and from 146 to 160, respectively.*

- The epidemiological curve indicates an increasing trend following a long-term stabilization in the number of confirmed COVID-19 cases, which should be closely monitored (Figure 7).
- During week 16-2024, a total of 1,618 samples were tested in public labs, of which 352 were positive for COVID-19 (positivity rate 21.8%) with one associated death. This number of positive cases is more than doubled compared to the preceding week (Table 3 and Figure 8). The low number of cases in week 15 could be due to under-reporting during the Eid holidays.
- Since the beginning of 2024, a total of 3,886 COVID-19 confirmed cases and 24 deaths (CFR=0.6) have been reported. Out of the total cases, 1,852 (47.7%) were females, while out of total deaths, 7 (29.2%) were females.
- During week 16-2024, among 352 confirmed cases, 7.4% (26 cases) were hospitalized while 1 case was admitted to the ICU (Figure 9).
- Since the beginning of 2024, a total of 41,490 samples of COVID-19 have been tested by public health laboratories across the country, while the overall number of COVID-19 samples tested by public health laboratories reached to 982,259 since the beginning of the pandemic in February 2020.

Figure 7. The epidemiological curve of confirmed COVID-19 cases and deaths in Afghanistan Feb 2020 –20 Apr 2024 (cases= 234,544, deaths=7,996)

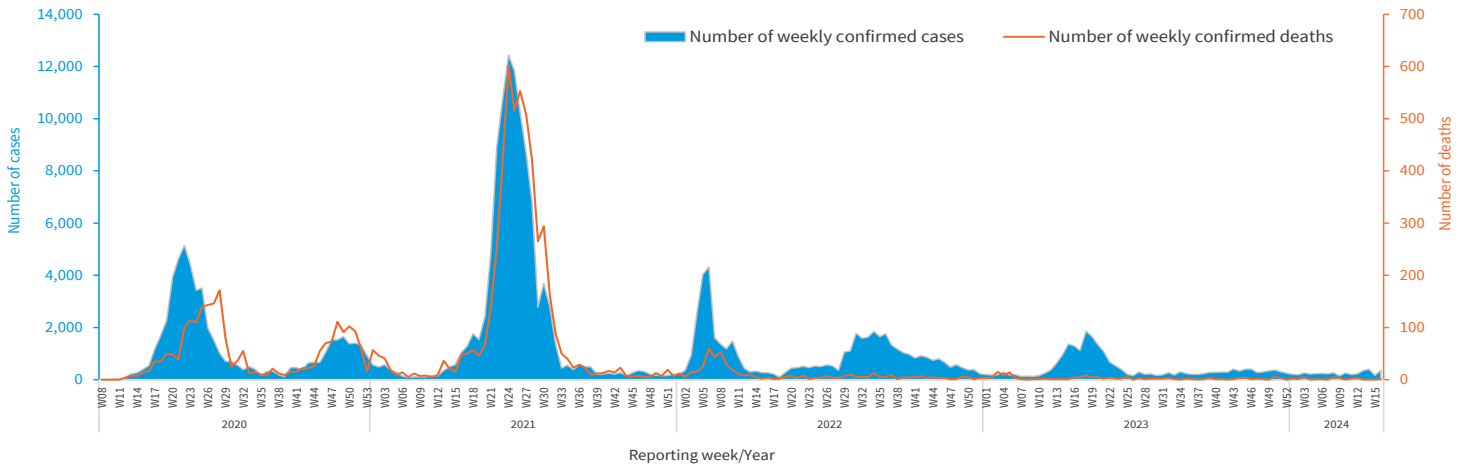


Figure 8. The epidemiological curve of confirmed COVID-19 cases and deaths in Afghanistan 01 Jan – 20 Apr 2024 (cases=3,886, deaths=24)

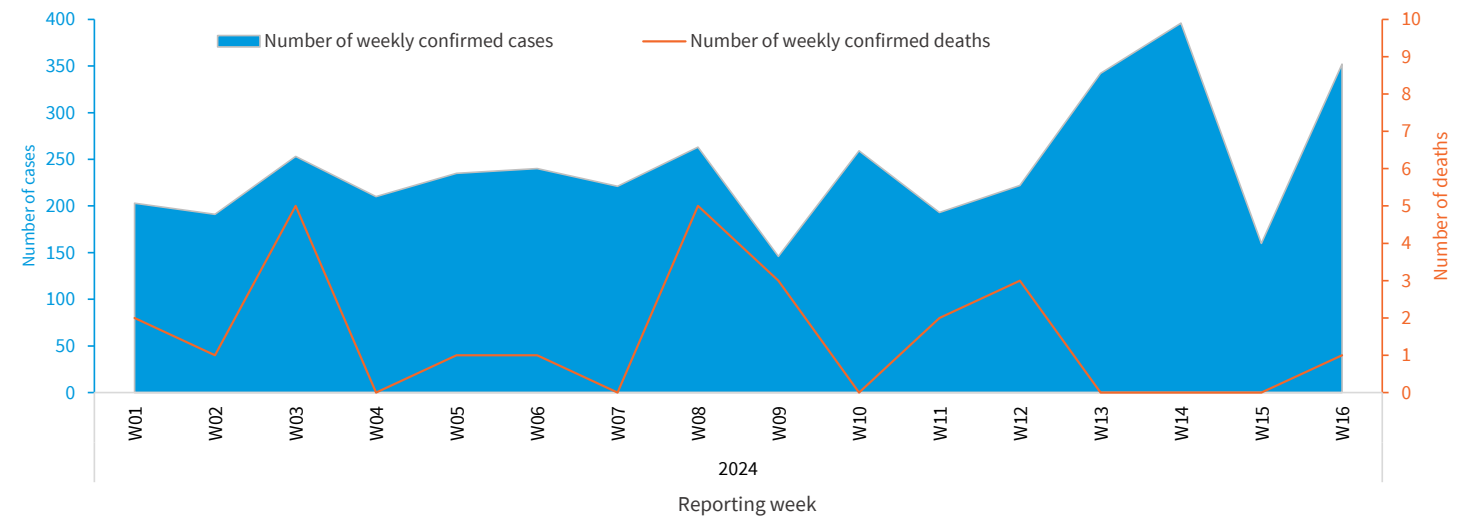
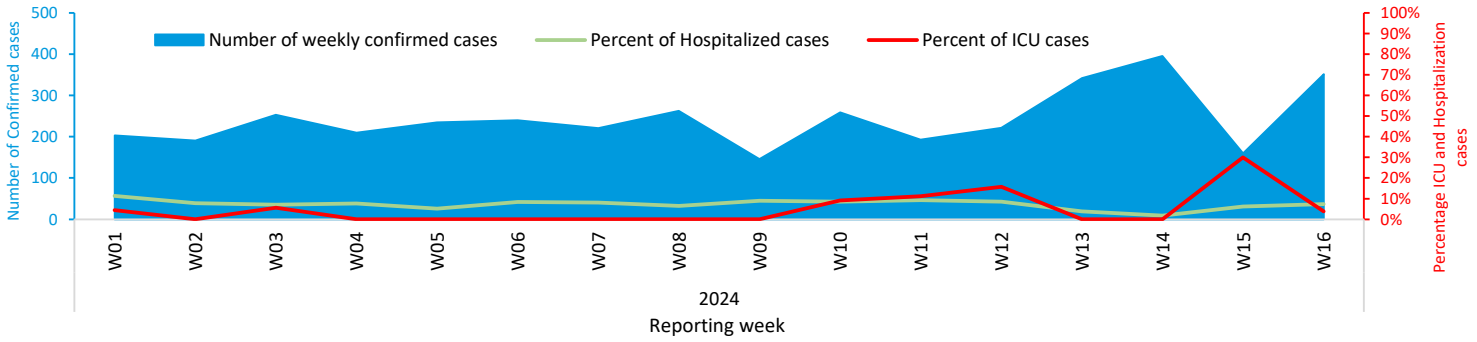


Figure 9. The weekly proportion of hospitalized and ICU cases and the number of confirmed COVID-19 cases in Afghanistan between 01 Jan-20 Apr 2024*



*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 1,350 kits of COVID-19 Rapid Diagnostic Tests (RDT) have been distributed to 7 WHO regional sub-offices across the country.

Acute Watery Diarrhea (AWD) with Dehydration Outbreak

30,723
Total AWD with dehydration cases

14
Total AWD with dehydration deaths

1,389
Samples tested for AWD with dehydration (RDTs)

171
RDT-positive cases for AWD with dehydration

12.3%
RDT positivity rate for AWD with dehydration

Table 4: Summary of the AWD with Dehydration outbreak in the last eight weeks (25 Feb – 20 Apr 2024)

Indicators	W09	W10	W11	W12	W13	W14	W15	W16	Trend line
Suspected cases	1,784	1,790	1,742	1,834	1,837	2,044	1,893	2,233	
Suspected deaths	2	0	0	1	0	0	0	1	
CFR (%)	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.0	

- The epi curve shows a considerable increase during week 16 following the stabilization! One potential explanation could be the floods, and the trend should be monitored as we are approaching summer season.
- During week 16-2024, 2,233 AWD with dehydration cases with one associated death were reported from 150 districts, which shows an 18.0% increase in the number of cases compared to the previous week (Figure 10).
- The new death was an under-five male reported from Paktika province.
- The highest cumulative incidence of AWD per 10,000 population was reported from Nimroz (30.0) followed by Paktya (22.9), Kabul (18.9), and Farah (13.2) provinces (Figure 11).
- Since the beginning of 2024, a total of 30,723 AWD with dehydration cases and 14 associated deaths (CFR=0.05%) were reported, out of which 16,856 (54.9%) were under-five children and 15,332 (49.9%) were females.
- No new district reported alerts during week 16; the number of districts reporting AWD with dehydration remained at 257 since the beginning of 2024.
- Since the beginning of 2024, 1,389 Rapid Diagnostic Tests (RDTs) have been conducted on AWD with dehydration cases, of which 171 tests turned positive (positivity rate 12.3%).

Figure 10. The epidemiological curve of AWD with dehydration cases in Afghanistan 01 Jan– 20 Apr 2024 (N=30,723)

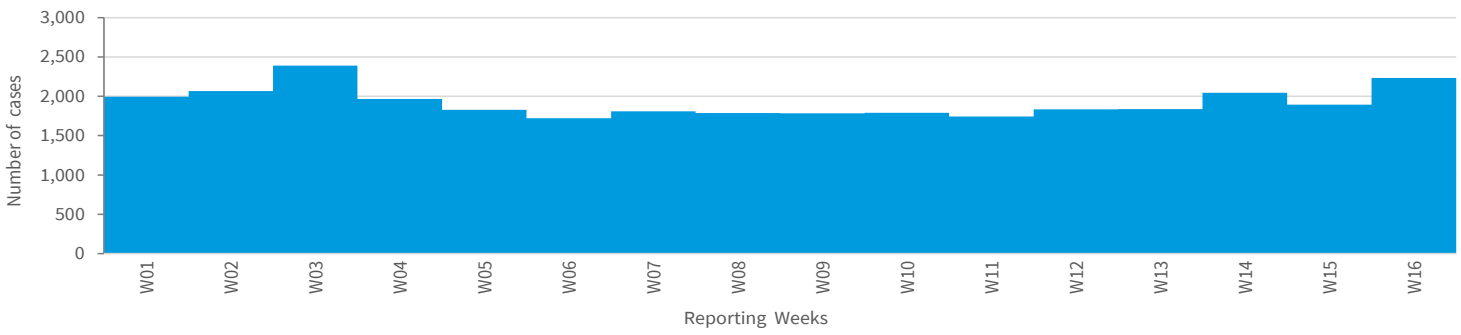


Figure 11. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 20 Apr 2024

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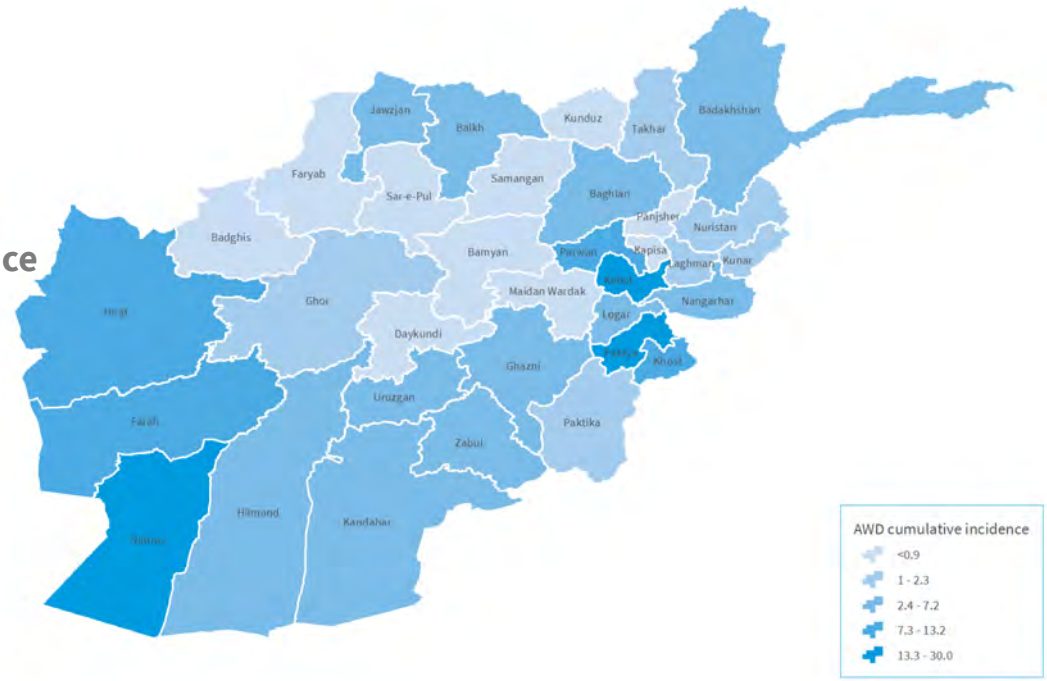
AWD with dehydration cumulative incidence per 10,000 population by province 01 Jan - 20 Apr 2024



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

- Since Jan 2024, a total of 233 sentinel sites' focal points, including 10 females, have been trained on surveillance procedures in Kabul, East, and South regions.
- Since the beginning of 2024, a total of 8 kits of Carry Blairs (125/kit) and 125 AWD case management kits have been distributed to WHO regional sub-offices in Kandahar, Nangarhar, Balkh, Herat, Bamyan, Kunduz, and Paktya.

WASH

- The updates are provided on a bi-weekly basis; hence, there are no updates for this week.

Outbreak of Crimean Congo Hemorrhagic Fever (CCHF)

(01 Jan - 20 Apr 2024)

83	2	55	5	9.1%
Total CCHF cases	Total CCHF deaths	Samples tested for CCHF	Lab-confirmed CCHF cases	CCHF test positivity rate

Table 5: Summary of the CCHF outbreak in the last eight weeks (25 Feb – 20 Apr 2024)

Indicators	W09	W10	W11	W12	W13	W14	W15	W16	Trend line
Suspected cases	7	3	6	5	3	7	3	7	
Suspected deaths	0	0	0	0	1	0	0	1	
CFR (%)	0.0	0.0	0.0	0.0	33.3	0.0	0.0	14.3	

- The epi-curve shows a low and stable trend with some fluctuation in the number of suspected CCHF cases since the beginning of 2024, following the peak during the week 27-2023 (Figures 12 & 13).
- During week 16-2024, 7 new suspected CCHF cases with one associated death were reported (Table 5).

- The death case was female, over five, and reported from Balkh province.
- Since the beginning of 2024, a total of 83 suspected cases of CCHF with two associated deaths (CFR=2.4) were reported. All the suspected cases were over five years of age, while 28 (33.7%) of them were females.
- The two deaths were both over five females from Balkh province.
- Since the beginning of 2024, a total of 55 samples of suspected CCHF cases have been tested, out of which 5 were positive (positivity 9.1%) reported from 4 provinces; Kabul (2), Balkh (1), Kapisa (1), and Paktika (1).
- The highest cumulative incidence of CCHF per 100,000 population in 2024 is reported from Kapisa followed by Balkh, Jawzjan, and Kabul provinces (Figure 14).

Figure 12: The epidemiological curve of CCHF cases in Afghanistan 01 Jan –20 Apr 2024, (N=83)

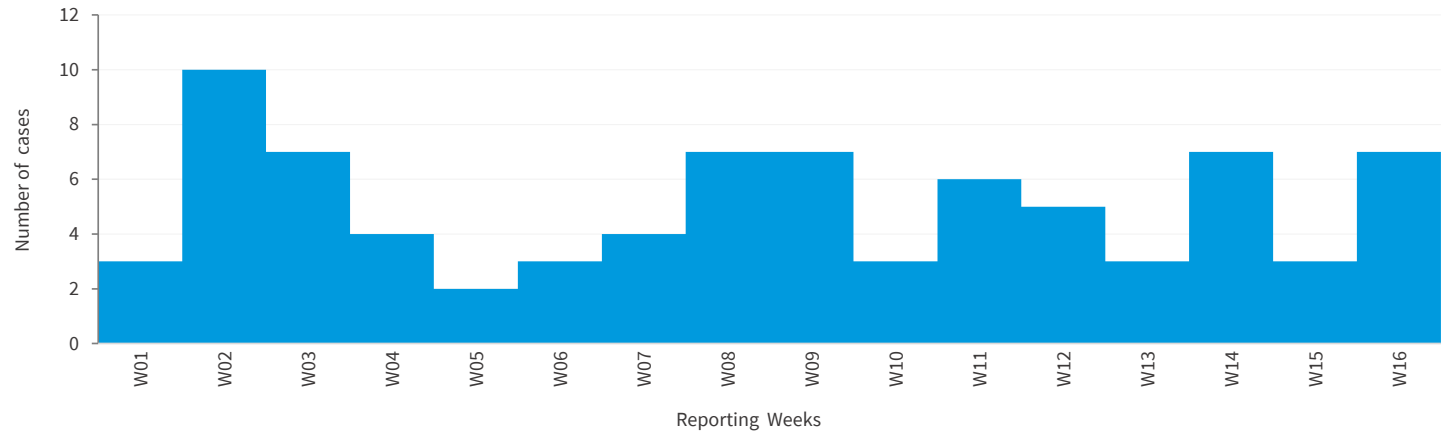


Figure 13. Comparison between the trends of suspected CCHF cases in 2014 vs 2023 and 3 years average (2020-2022)

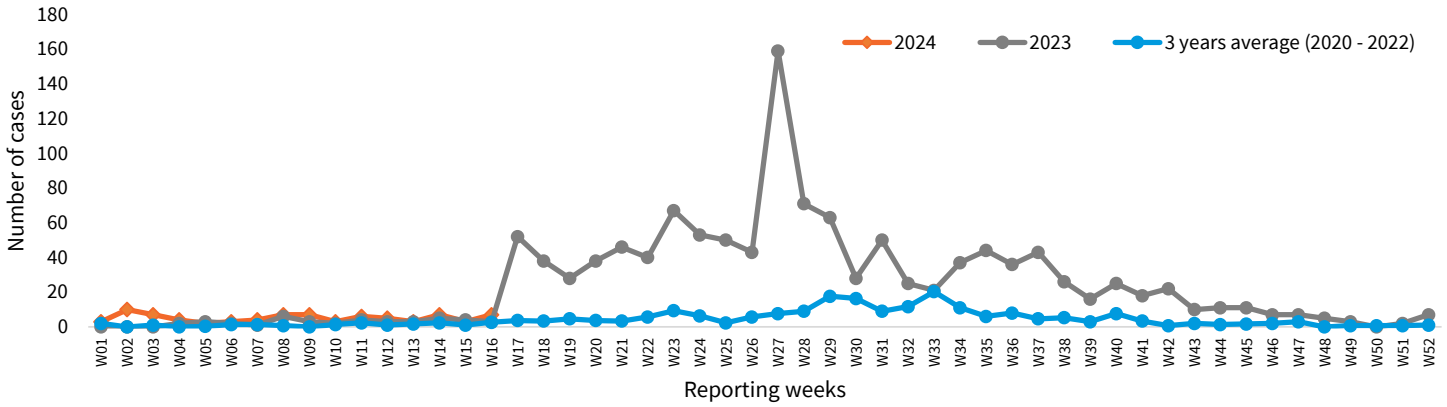


Figure 14. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 01 Jan – 20 Apr 2024

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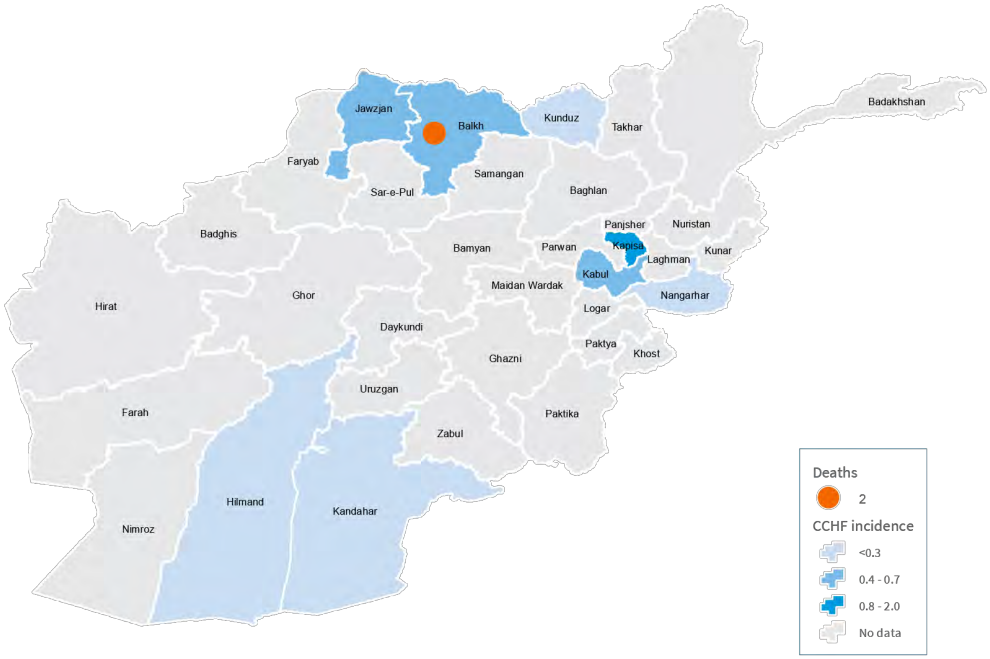
Crimean-Congo Hemorrhagic Fever (CCHF) cases cumulative incidence per 100,000 population by province and provincial distribution of deaths in Afghanistan

01 Jan –20 Apr 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-20 Apr 2024)

677	0	*353	116	32.9%
Total Cases	Total Deaths	Sample tested	Lab confirmed cases	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, 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 (25 Feb – 20 Apr 2024)

Indicators	W09	W10	W11	W12	W13	W14	W15	W16	Trend line
Suspected cases	57	45	41	43	28	23	8	33	
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 huge increase following a decreasing trend over the past 7 consecutive weeks, which requires close monitoring (Figure 15).
- During week 16-2024, 33 suspected cases of dengue fever with no associated deaths were reported from Nangarhar province, which is four times higher than the number of suspected cases reported in the preceding week. The low number of suspected cases in the preceding week may be due to low reporting during the Eid holiday.
- Since the beginning of 2024, the number of suspected dengue fever cases is higher than the 2023 and 2-year average (2021-2022) trends (Figure 16).
- Since the beginning of 2024, a total of 677 suspected cases of dengue fever with no associated deaths were reported, out of which 416 (61.4%) were females, and 6 (0.9%) 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 353 samples have been collected, out of which 116 were positive (positivity 32.9%).

Figure 15. The epidemiological curve of suspected dengue fever cases in Afghanistan 1 Jan – 20 Apr 2024, (N=677)

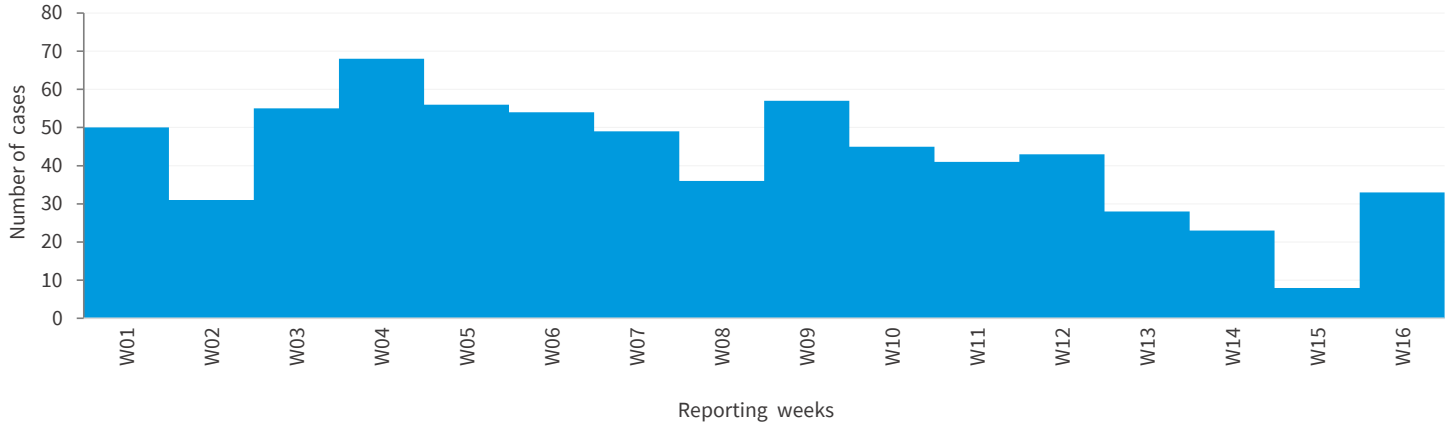


Figure 16. Comparison between the trends of suspected dengue fever cases in 2024 vs 2023 and 2-years average (2021-2022).

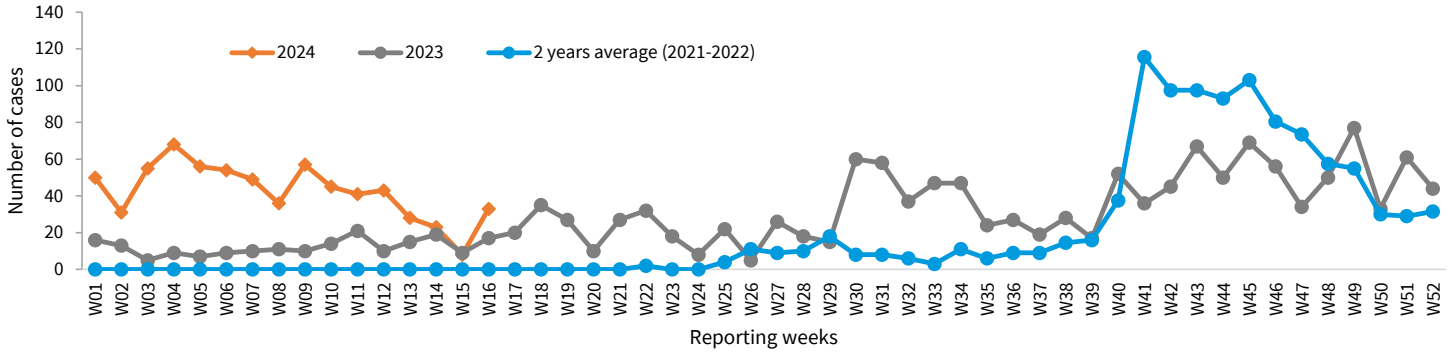
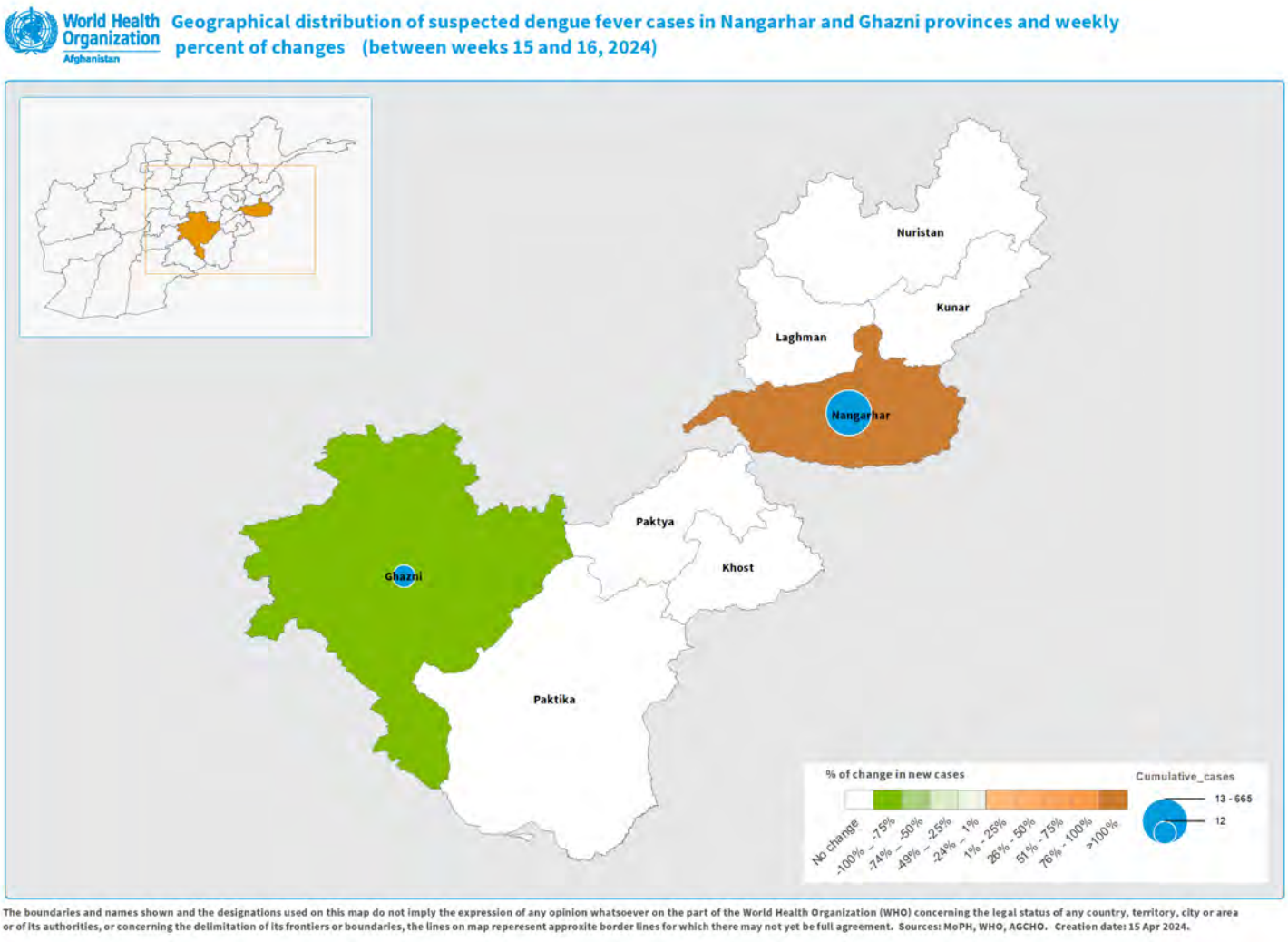


Figure 17. Geographical distribution of suspected dengue fever cases and percent change of new cases in Afghanistan, 01 Jan – 20 Apr 2024



Updates in the response to the dengue fever outbreak

- During week 16-2024, a total of 44 HCWs (Medical doctors) were trained on dengue fever case management in Kandahar province.
- Since the beginning of 2024, a total of 400 dengue RDT kits have been distributed to South and East regions.

Note: MOPH is the source of epidemiological data

Case definition & alert/outbreak thresholds

Contact us for further information:

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