



AFGHANISTAN

INFECTIOUS DISEASE OUTBREAKS

SITUATION REPORT | Epidemiological week #17-2024

No. 17 (21-27 Apr 2024)

Disease Outbreaks

Cumulative Cases 2024

Cumulative deaths 2024 (CFR %)

Measles

20,313

98 (0.5)



ARI

600,934

1,373 (0.2)



COVID-19

*4,705

27 (0.6)



AWD

33,307

16 (0.05)



CCHF

93

2 (2.2)



Dengue fever

702

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-27 Apr 2024)



20,313

Total Cases



98

Total Deaths



5,184

Sample tested



2,996

Lab confirmed cases



57.8%

Test positivity rate

Table 1: Summary of the measles outbreak in the last eight weeks (03 Mar – 27 Apr 2024)

Indicators	W10	W11	W12	W13	W14	W15	W16	W17	Trend line
Suspected cases	1,460	1,618	1,642	1,435	1,535	1,323	1,316	1,569	
Suspected deaths	9	9	7	9	12	4	7	4	
CFR (%)	0.6	0.6	0.4	0.6	0.8	0.3	0.5	0.3	

- The epidemiological curve of suspected measles cases has shown an increase this week, reversing the modest downward trend observed over the previous four weeks, which needs close monitoring (Figures 1 & 2).
- During week 17-2024, a total of 1,569 suspected cases and 4 associated deaths were reported. This represents a 19.2% increase in the number of suspected measles cases compared to the preceding week.
- The 4 deaths were reported from 3 provinces: Helmand (2), Kabul (1), and Parwan (1); all deaths were under five children, while half of them were females.
- Since the beginning of 2024, a total of 20,313 suspected measles cases and 98 deaths (CFR=0.5%) were reported. Among suspected measles cases, 16,358 (80.5%) were under-five children, and 9,170 (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 (15.8), followed by Samangan (14.9), Khost (12.5), and Farah (10.6) provinces (Figure 3).

Figure 1. The epidemiological curve of suspected measles cases in Afghanistan, 01 Jan to 27 Apr 2024 (N= 20,313)

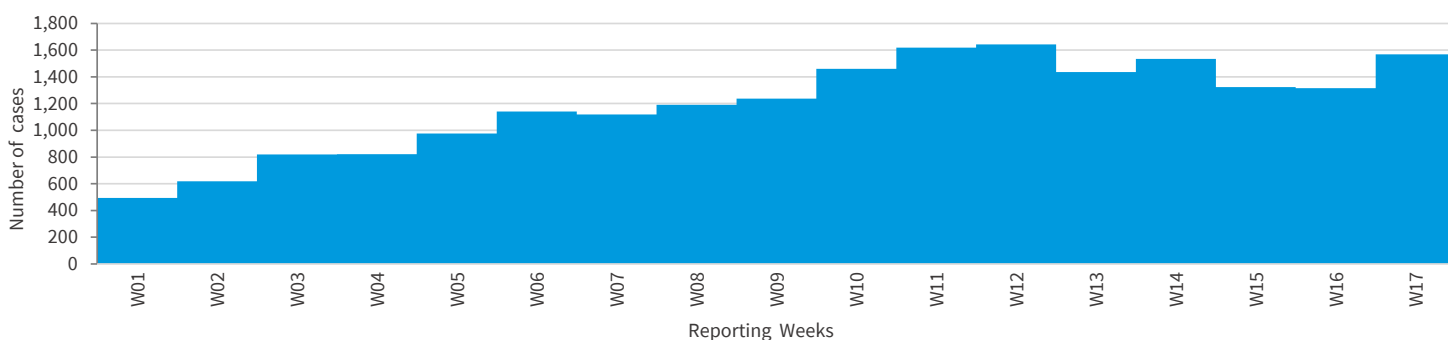




Figure 2. Comparison between the trends of suspected measles cases in 2024 vs 2023 and 2-years average (2019-2020)

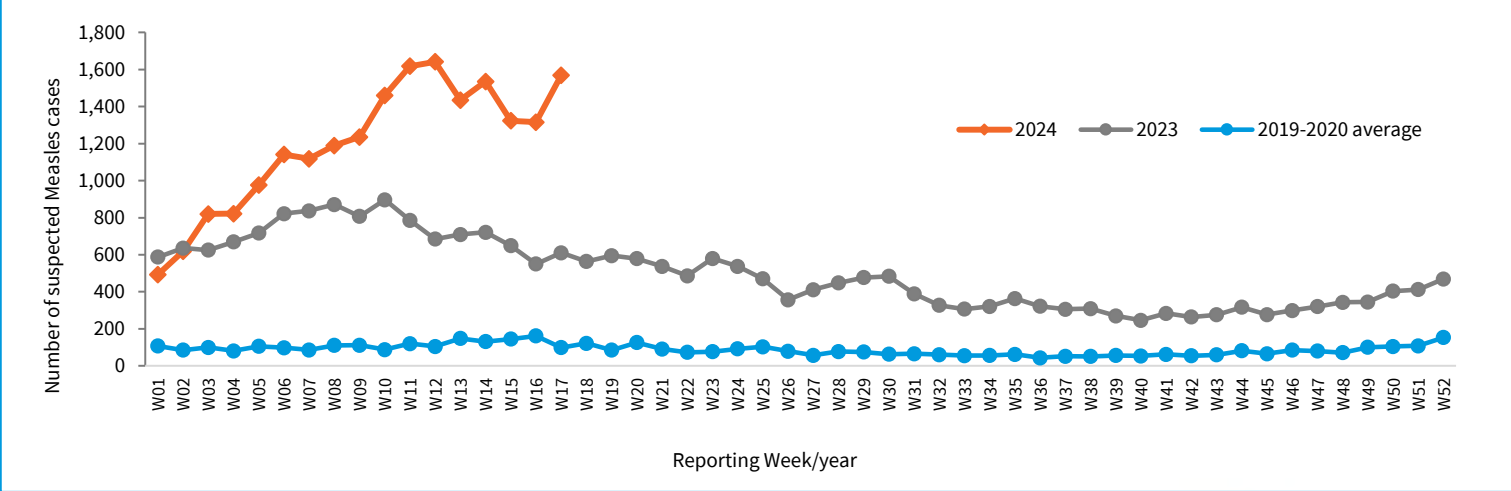
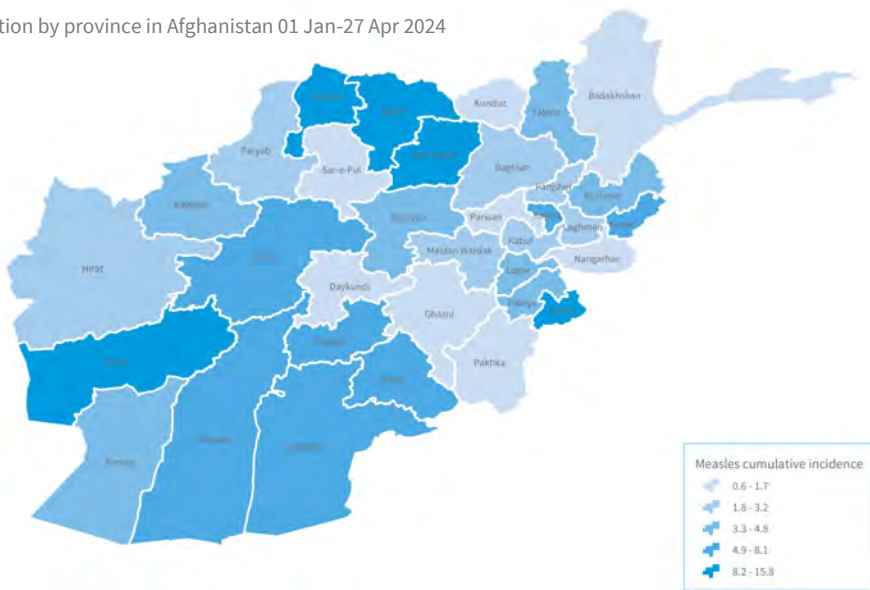


Figure 3. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 01 Jan-27 Apr 2024

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Suspected measles cumulative incidence per 10,000 population by province 01 Jan–27 Apr 2024



Updates on the preparedness and response to the Measles outbreak

- During week 17-2024, a total of 430 children aged 9-59 months were vaccinated against measles in Kapisa, Nuristan, Wardak, Khost, Paktya, and Urozgan. This brings the total number of vaccinated children to 14,372 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-27 Apr 2024)



***600,934**
Total ARI Cases



***1,373**
Total Deaths



****1,405**
Samples tested for influenza



****62**
Lab confirmed influenza cases



4.4%
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 (03 Mar – 27 Apr 2024)

Indicators	W10-24	W11-24	W12-24	W13-24	W14-24	W15-24	W16-24	W17-24	Trend lines
Suspected cases	39,793	36,433	33,841	30,749	28,367	18,827	24,775	27,521	
Suspected deaths	116	75	59	70	58	49	60	44	
CFR (%)	0.3	0.2	0.2	0.2	0.2	0.3	0.2	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 (Figures 4 & 6). However, an increase was observed during the past two weeks, which requires close monitoring.
- During week 17-2024, 27,521 cases of ARI pneumonia and 44 associated deaths were reported. This represents an increase of 11.1% in suspected cases compared to the preceding week.
- Since the beginning of 2024, a total of 600,934 ARI pneumonia cases and 1,373 associated deaths (CFR=0.2%) were reported from 34 provinces. Out of the total cases, 379,563 (63.2%) were under-five children, and 296,738 (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 (287.8), followed by Jawzjan (243.4), Bamyan (242.2), and Laghman (232.6) provinces (Figure 5).
- Out of 1,373 deaths, 1,211 (88.2%) were under-five children and 621 (45.2%) were females.

Figure 4. The epidemiological curve of ARI Pneumonia cases in Afghanistan, 01 Jan – 27 Apr 2024 (N=600,934)

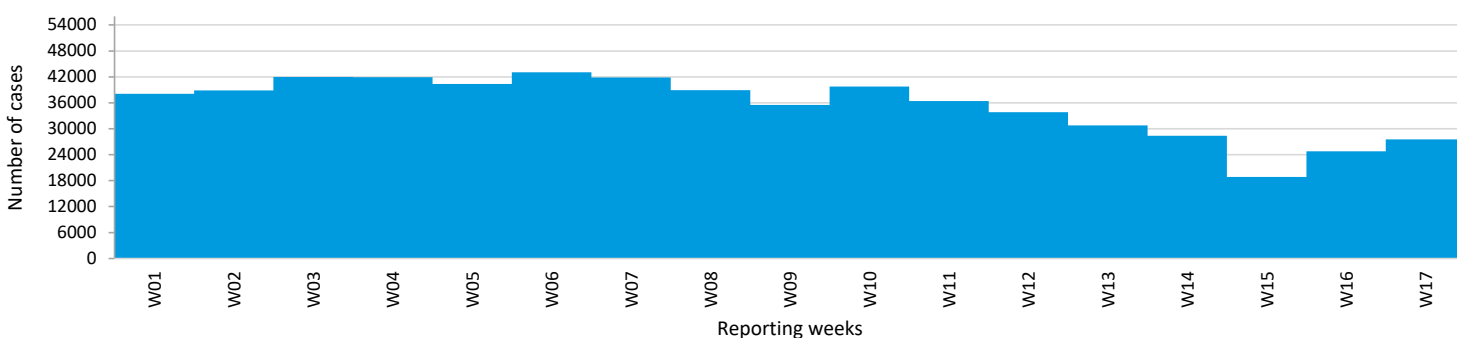


Figure 5. ARI pneumonia cumulative incidence per 10,000 population by province, Afghanistan 01 Jan- 27 Apr 2024

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ARI pneumonia cumulative incidence per 10,000 population by province

01 Jan-27 Apr 2024

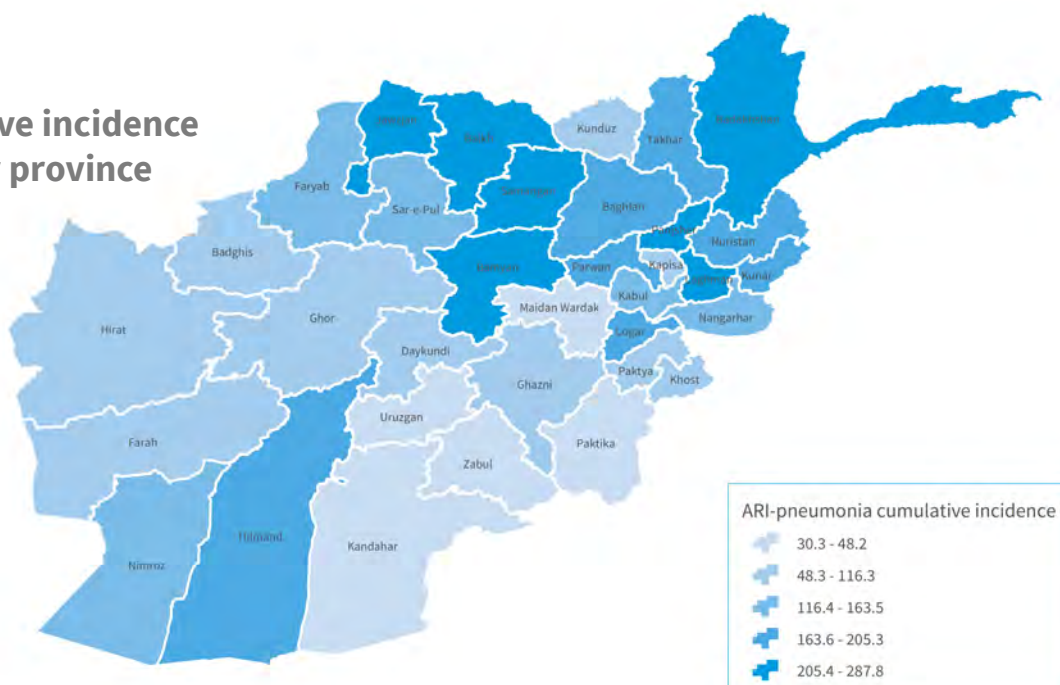
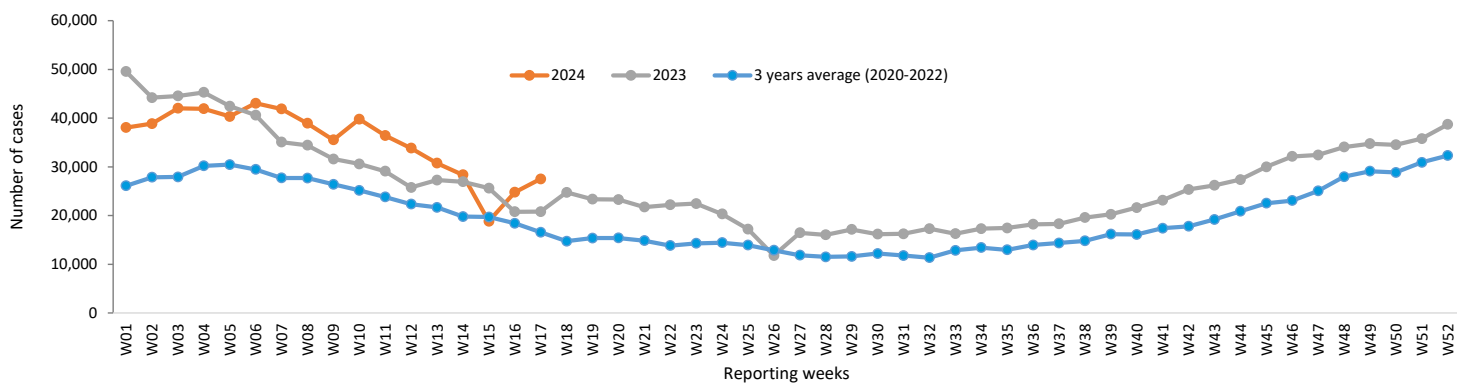




Figure 6. Comparison between the trend of ARI cases in 2024 vs 2023 and 3-years average (2020-2022)



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.
- A total of 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.
- WHO has handed over a total of 89,000 (64,000 Posters and 25,000 Brochures) Information, Education, and Communication (IEC) materials on ARI.
- 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 – 27 Apr 2024)

Cumulative samples tested

985,259

In public laboratories

New samples tested in week 17



2,376

In public laboratories

6.2%

Cumulative confirmed cases

235,363

Cumulative percent positivity (23.9%)

New confirmed cases in week 17



638

Weekly percent positivity (21.8%)

19.7%

Cumulative confirmed deaths

7,999

CFR (3.4%)

New confirmed deaths in week 17



3

Week 17 CFR (0.5%)

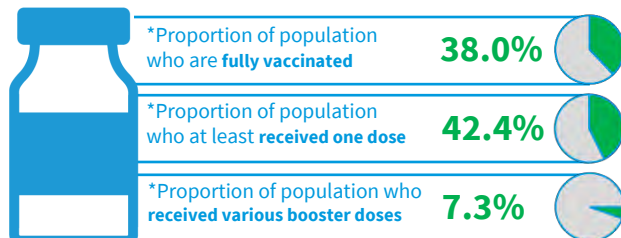
200.0%

Key: ● Increasing ● Decreasing ● No change

COVID-19 Vaccination highlights



*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.



*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 (03 Mar – 27 Apr 2024)

Indicators	W10	W11	W12	W13	W14	W15	W16	W17	Trend line
Samples tested (in public Labs)	3,112	2,610	2,704	2,678	2,667	1,139	2,240 *	2,378	
Confirmed cases	259	193	222	342	396	160	533 *	638	
Percent positivity (%)	8.3	7.4	8.2	12.8	14.8	14.0	23.8	26.8	
Deaths	0	2	3	0	0	0	1	3	
CFR (%)	0.0	1.0	1.4	0.0	0.0	0.0	0.2	0.5	

*A delayed reporting was experienced during week 16-2024, the number of samples tested, and the number of confirmed cases were modified from 1,618 to 2,240 and from 352 to 533, 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 17-2024, a total of 2,378 samples were tested in public labs, of which 638 were positive for COVID-19 (positivity rate 26.8%) with 3 associated deaths. This number of positive cases shows a 19.7% increase in the number of cases compared to the preceding week (Table 3 and Figure 8).
- Since the beginning of 2024, a total of 4,705 COVID-19 confirmed cases and 27 deaths (CFR=0.6) have been reported. Out of the total cases, 2,253 (47.9%) were females, while out of total deaths, 10 (37.0%) were females.
- During week 17-2024, among 638 confirmed cases, 3.3% (21 cases) were hospitalized while 4 cases was admitted to the ICU (Figure 9).
- Since the beginning of 2024, a total of 44,490 samples of COVID-19 have been tested by public health laboratories across the country. Out of which, 4,705 were positive (positivity rate 10.6%). While the overall number of COVID-19 samples tested by public health laboratories reached to 985,259 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 –27 Apr 2024 (cases= 235,363, deaths=7,999)

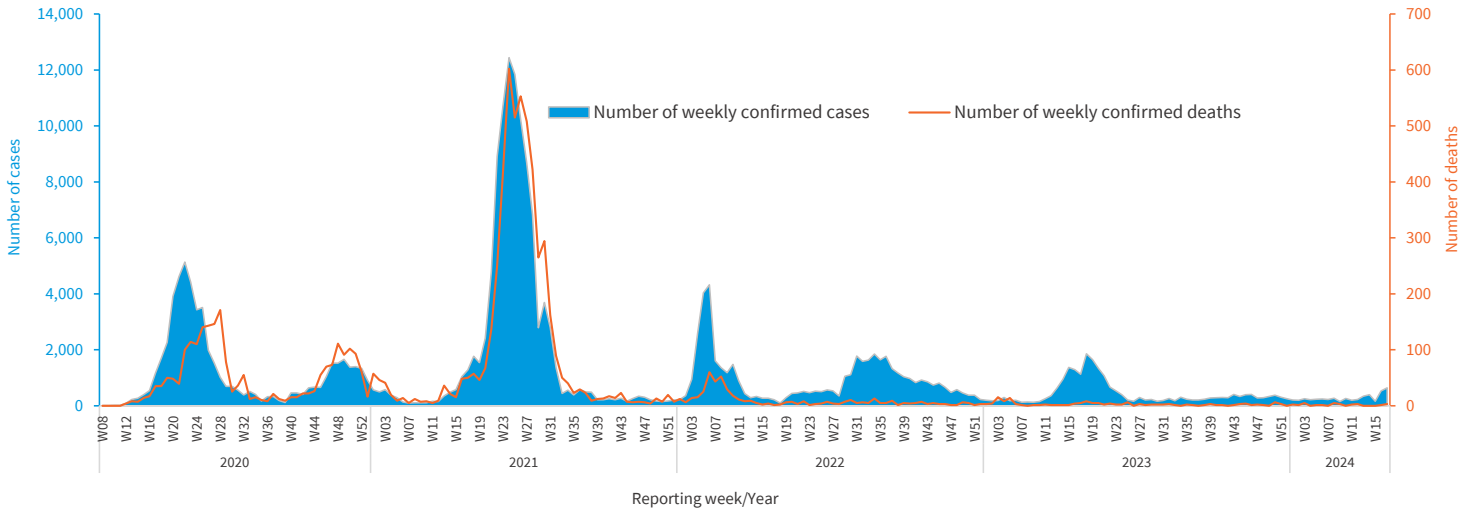


Figure 8. The epidemiological curve of confirmed COVID-19 cases and deaths in Afghanistan 01 Jan – 27 Apr 2024 (cases=4,705, deaths=27)

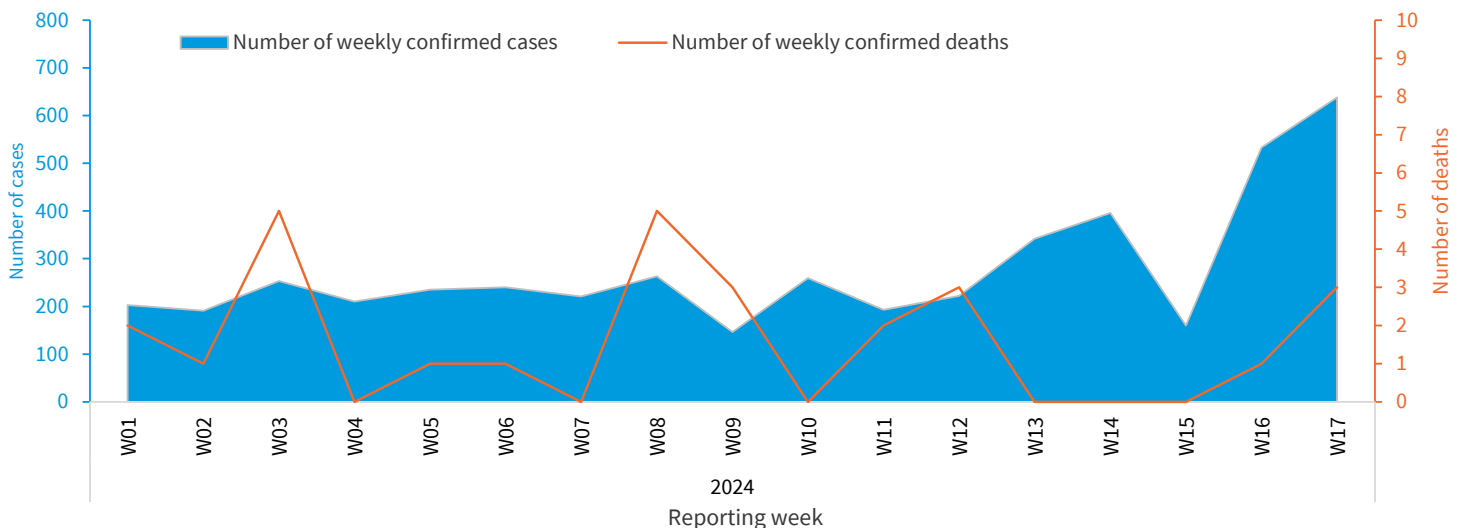
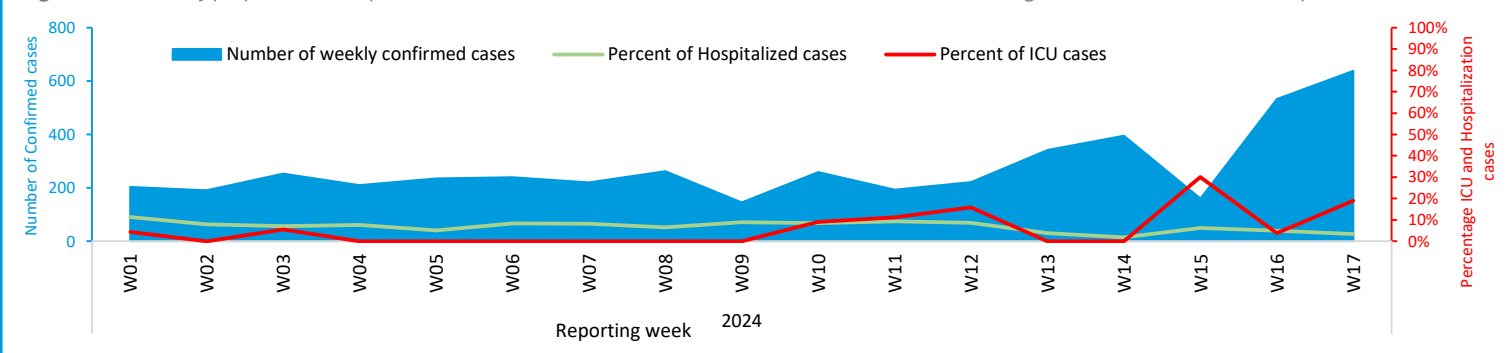




Figure 9. The weekly proportion of hospitalized and ICU cases and the number of confirmed COVID-19 cases in Afghanistan between 01 Jan-27 Apr 2024*



*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 (01 Jan-27 Apr 2024)



33,307

Total AWD with dehydration cases



16

Total AWD with dehydration deaths



1,637

Samples tested for AWD with dehydration (RDTs)



183

RDT-positive cases for AWD with dehydration



11.2%

RDT positivity rate for AWD with dehydration

Table 4: Summary of the AWD with Dehydration outbreak in the last eight weeks (03 Mar – 27 Apr 2024)

Indicators	W10	W11	W12	W13	W14	W15	W16	W17	Trend line
Suspected cases	1,790	1,742	1,834	1,837	2,044	1,893	2,233	2,584	
Suspected deaths	0	0	1	0	0	0	1	2	
CFR (%)	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.1	

- The epi curve shows a considerable increase during weeks 16 and 17 following the stabilization. One potential explanation could be the floods, and the trend should be monitored as we approach the summer season.
- During week 17-2024, 2,584 AWD with dehydration cases with 2 associated deaths were reported from 147 districts, which shows a 15.7% increase in the number of cases compared to the previous week (Figure 10).
- The two new deaths were under five females reported from Kabul and Kunar.
- The highest cumulative incidence of AWD per 10,000 population was reported from Nimroz (32.4) followed by Paktya (24.5), Kabul (20.3), and Farah (14.1) provinces (Figure 11).
- Since the beginning of 2024, a total of 33,307 AWD with dehydration cases and 16 associated deaths (CFR=0.05%) were reported from 267 districts, out of which 18,367 (55.1%) were under-five children and 16,597 (49.8%) were females.
- Since the beginning of 2024, 1,637 Rapid Diagnostic Tests (RDTs) have been conducted on AWD with dehydration cases, of which 183 tests turned positive (positivity rate 11.2%).

Figure 10. The epidemiological curve of AWD with dehydration cases in Afghanistan 01 Jan- 27 Apr 2024 (N=33,307)

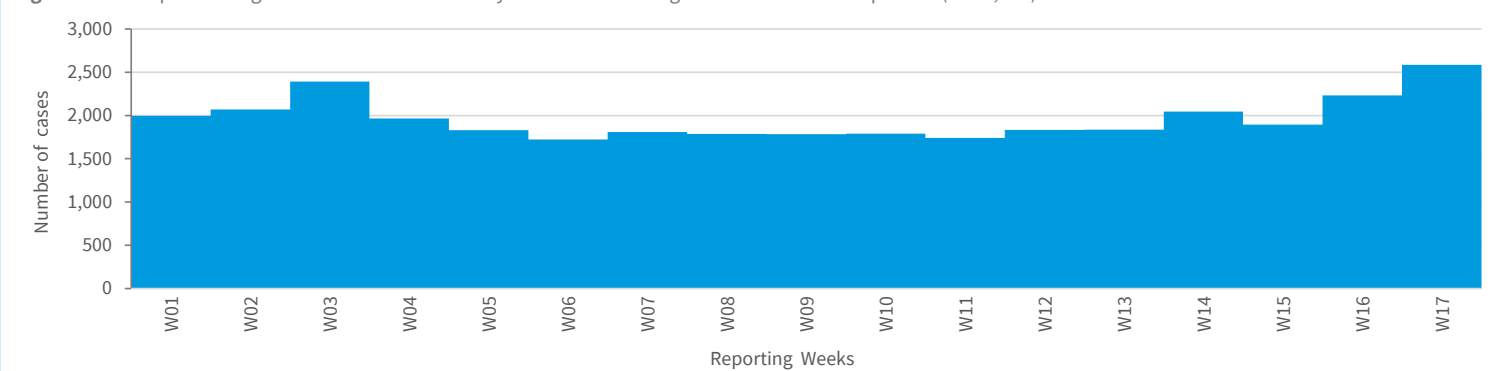
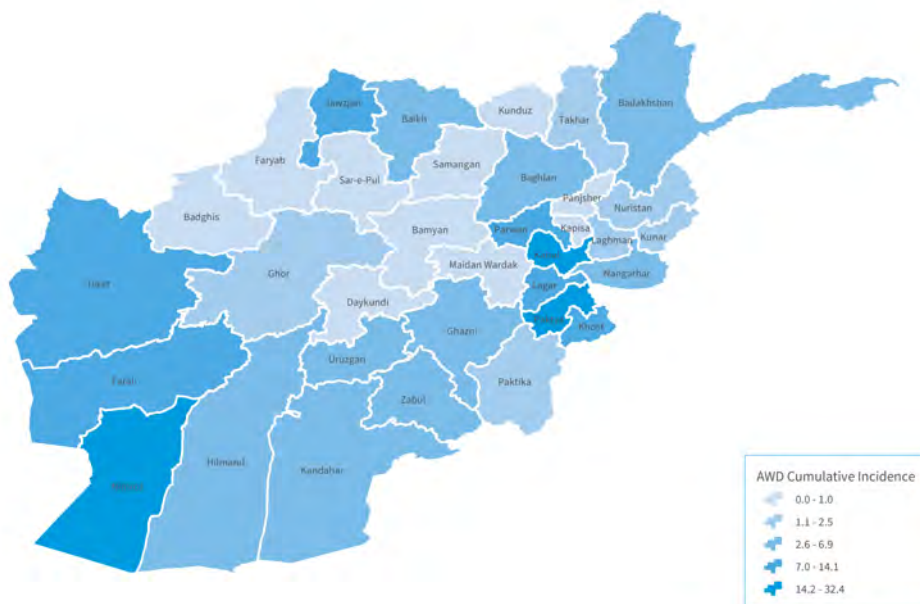




Figure 11. AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 27 Apr 2024

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AWD with dehydration cumulative incidence per 10,000 population by province 01 Jan - 27 Apr 2024



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

Since Jan 2024:

- A total of 319 sentinel sites’ focal points, including 15 females, have been trained on surveillance procedures in Kabul province, East, South, and West regions.
- A total of 70 HCWs (38 males and 32 females) have been trained on AWD case management from East and Northeast regions.
- 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

During the last two weeks of Apr 2024 (14-27 Apr 2024), the following activities were conducted as WASH response:

- Distribution of hygiene Kits to 3,000 individuals in 4 provinces (Ghazni, Laghman, Paktika and Paktya).
- Conduct hygiene Promotion sessions for 7,400 individuals in 6 provinces (Ghazni, Kabul, Kunar, Laghman, Nangarhar, and Paktya).

Outbreak of Crimean Congo Hemorrhagic Fever (CCHF) (01 Jan - 27 Apr 2024)



93
Total CCHF cases



2
Total CCHF deaths



55
Samples tested for CCHF



5
Lab-confirmed CCHF cases



9.1%
CCHF test positivity rate

Table 5: Summary of the CCHF outbreak in the last eight weeks (03 Mar – 27 Apr 2024)

Indicators	W10	W11	W12	W13	W14	W15	W16	W17	Trend line
Suspected cases	3	6	5	3	7	3	7	10	
Suspected deaths	0	0	0	1	0	0	1	0	
CFR (%)	0.0	0.0	0.0	33.3	0.0	0.0	14.3	0.0	

- 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 17-2024, 10 new suspected CCHF cases with no associated deaths were reported (Table 5).



- Since the beginning of 2024, a total of 93 suspected cases of CCHF with two associated deaths (CFR=2.2) were reported. All the suspected cases were over five years of age, while 33 (35.5%) 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 –27 Apr 2024, (N=93)

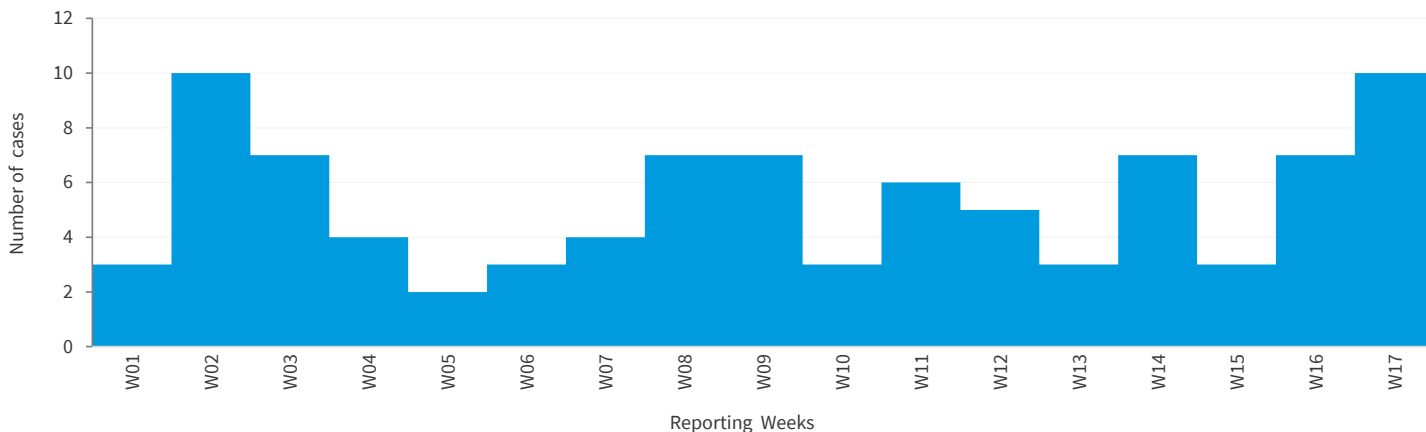


Figure 13. Comparison between the trends of suspected CCHF cases in 2014 vs 2023 and 3 years average (2020-2022)

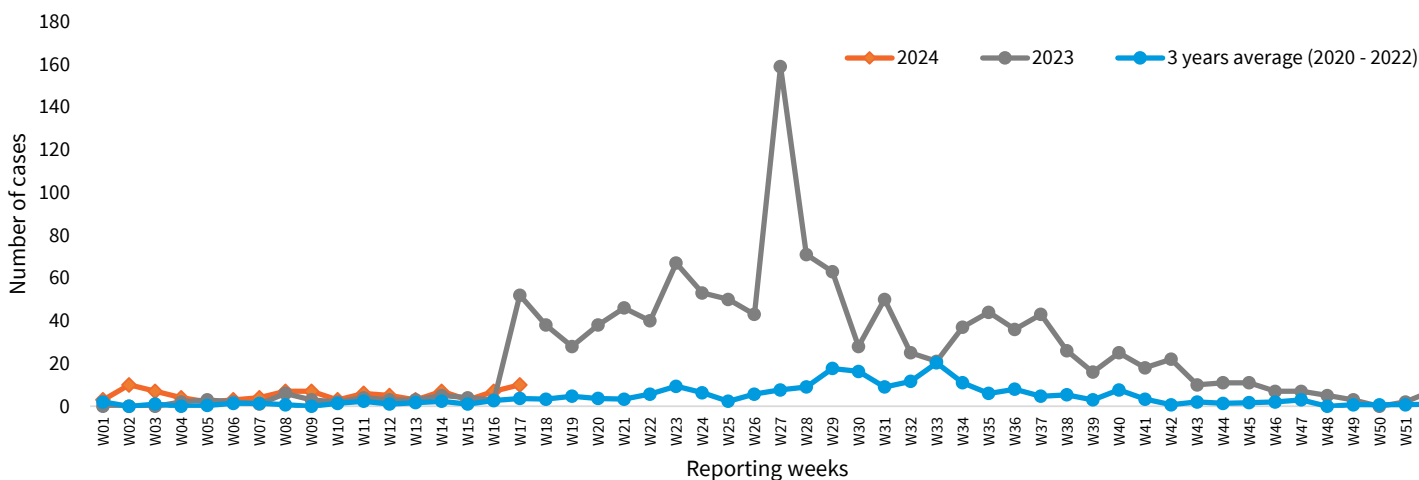
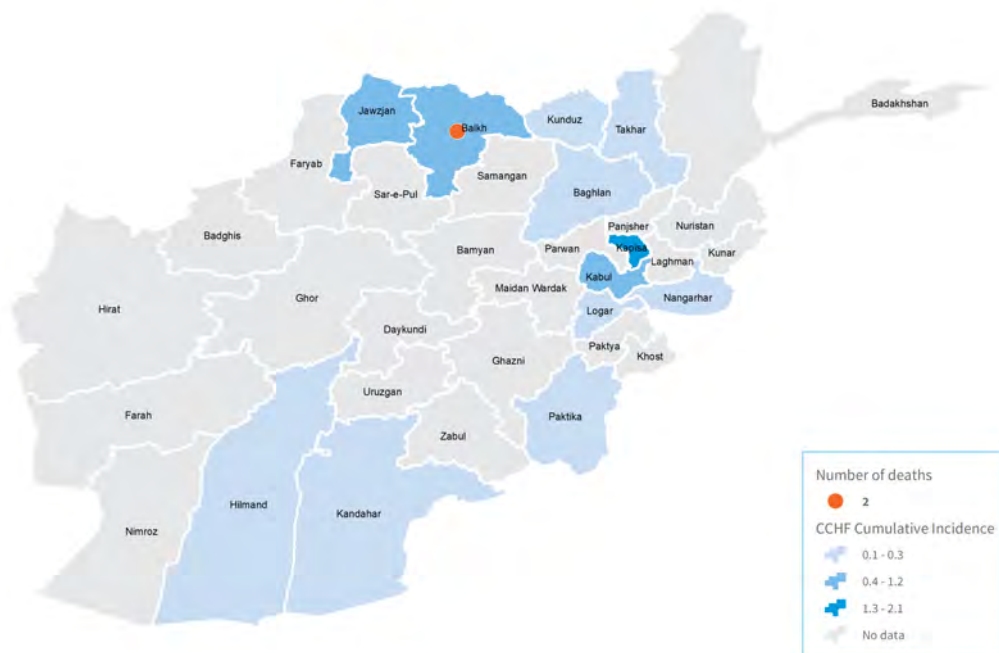


Figure 14. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 01 Jan – 27 Apr 2024

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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 –27 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-27 Apr 2024)

702
Total Cases

0
Total Deaths

***361**
Sample tested

116
Lab confirmed cases

32.1%
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 https://cdn.who.int/media/docs/default-source/outbreak-toolkit/dengue--outbreak-toolbox_20220921.pdf?sfvrsn=29de0271_2

Table 6: Summary of the dengue fever outbreak in the last eight weeks (03 Mar – 27 Apr 2024)

Indicators	W10	W11	W12	W13	W14	W15	W16	W17	Trend line
Suspected cases	45	41	43	28	23	8	33	25	
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 8 weeks, following a period characterized by intermittent fluctuations of dengue suspected cases (Figure 15).
- During week 17-2024, 25 suspected cases of dengue fever with no associated deaths were reported from Nangarhar province, which shows a 24.2% decrease in the number of suspected cases reported in the preceding week.
- 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 702 suspected cases of dengue fever with no associated deaths were reported, out of which 435 (62.0%) were females, and 7 (1.0%) 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 361 samples have been collected, out of which 116 were positive (positivity 32.1%).

Figure 15. The epidemiological curve of suspected dengue fever cases in Afghanistan 1 Jan – 27 Apr 2024, (N=702)

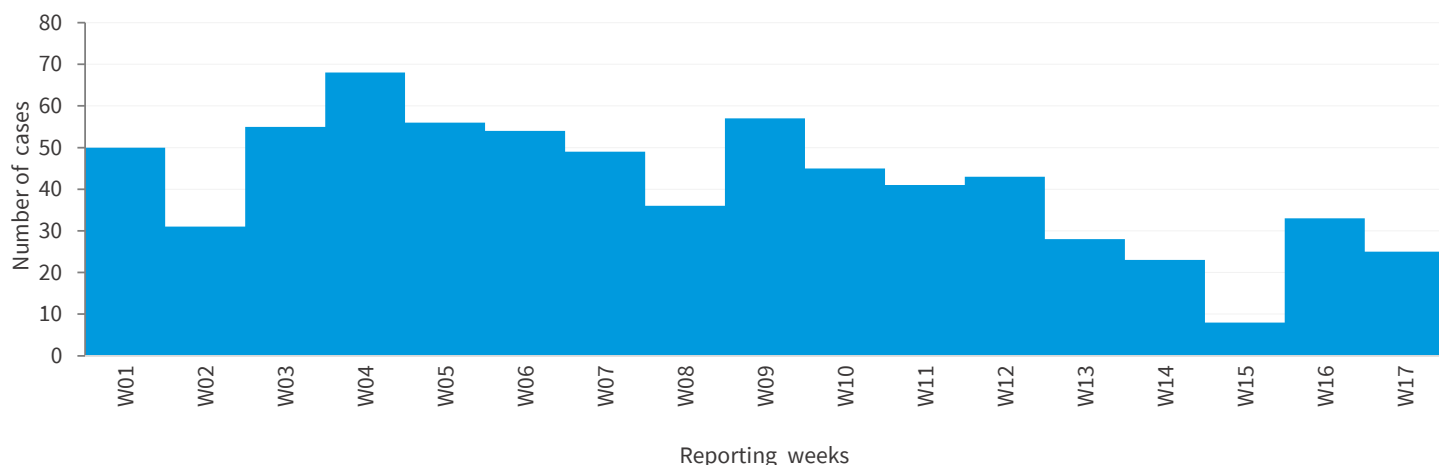




Figure 16. Comparison between the trends of suspected dengue fever cases in 2024 vs 2023 and 2-years average (2021-2022).

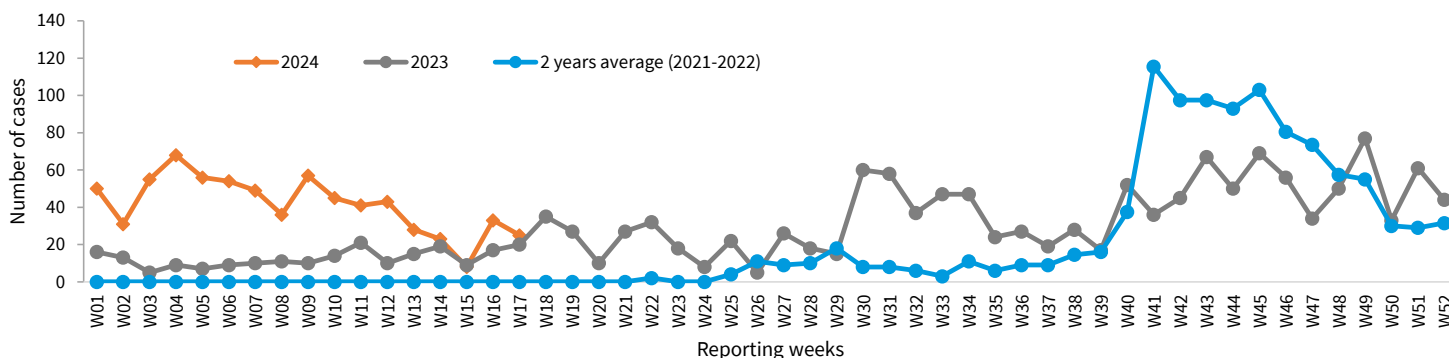
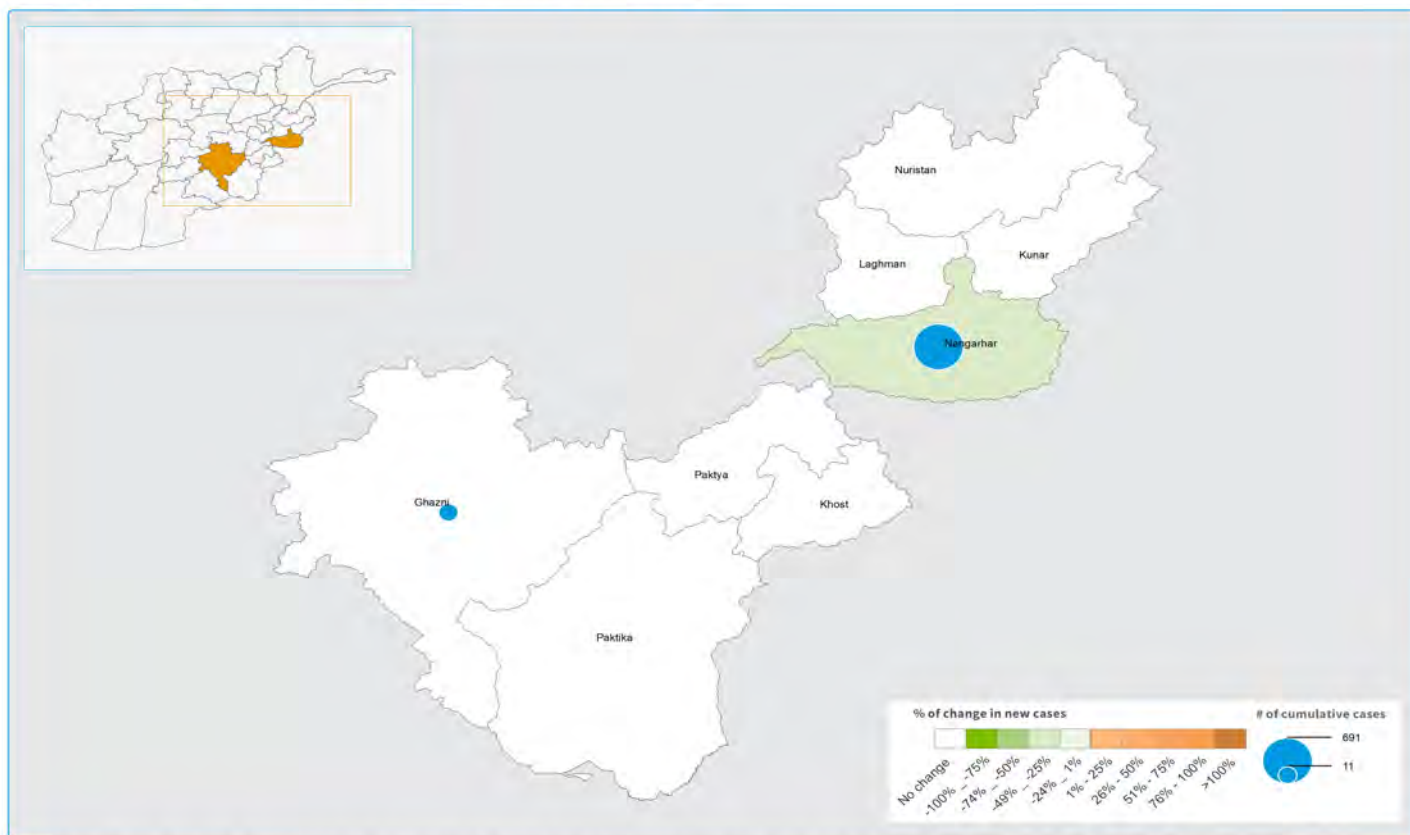


Figure 17. Geographical distribution of suspected dengue fever cases and percent change of new cases in Afghanistan, 01 Jan – 27 Apr 2024



Geographical distribution of suspected dengue fever cases in Nangarhar and Ghazni provinces and weekly percent of changes (between weeks 16 and 17, 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, AGCHO. Creation date: 27 Apr 2024.

Updates in the response to the dengue fever outbreak

Since the beginning of 2024:

- A total of 28 lab technicians of HF's have been trained on dengue fever diagnosis in Kandahar province.
- A total of 64 HCWs including 20 females have been trained on dengue fever case management in Kandahar province.
- 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

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