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INFECTIOUS DISEASE OUTBREAKS
SITUATION REPORT | Epidemiological week #35-2024

No. 35 (25 - 31 Aug 2024)


Disease Outbreaks	 AWD with dehydration	 Dengue fever (Suspected)	 CCHF (Suspected)	 Measles (Suspected)	 COVID-19 (Confirmed)	 Malaria (Confirmed)
Cumulative Cases 2024	125,471	1,953	941	48,384	9,900	47,375
Cumulative deaths 2024 (CFR %)	60 (0.05)	0 (0.0)	78 (8.3)	219 (0.5)	55 (0.6)	2 (0.004)


(Data from 607 (99.0%) out of 613 sentinel sites)

Acute Watery Diarrhea (AWD) with Dehydration Outbreak (01 Jan-31 Aug 2024)


125,471
Total AWD with dehydration cases


60
Total AWD with dehydration deaths


6,462
Samples tested for AWD with dehydration (RDTs)


938
RDT-positive cases for AWD with dehydration





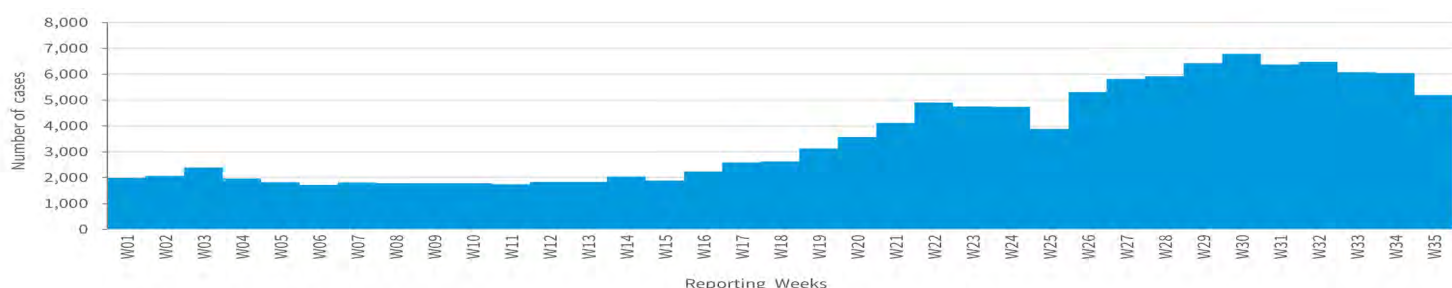

14.5%
RDT positivity rate for AWD with dehydration

Table 1: Summary of the AWD with dehydration outbreak in the last eight weeks in Afghanistan (07 Jul – 31 Aug 2024)

Indicators	W28	W29	W30	W31	W32	W33	W34	W35	Trend line
Number of cases	5,922	6,428	6,788	6,369	6,479	6,081	6,048	5,193	
Number of deaths	6	1	1	2	3	3	1	3	
CFR (%)	0.10	0.02	0.01	0.03	0.05	0.05	0.02	0.06	

- The epicurve shows a decreasing trend over the past five weeks, which could be linked to the approaching end of the summer season (Figure 1).
- During week 35-2024, 5,193 AWD with dehydration cases with 3 associated deaths were reported from 212 districts, which shows a 14.1% decrease in the number of cases compared to the previous week.
- The new deaths were all under five children, with one of them being female. They were reported from 2 provinces, Urozgan (2) and Badakhshan (1).
- During week 35-2024, no new district reported an AWD with dehydration alert.
- The highest cumulative incidence of AWD with dehydration per 10,000 population was reported from Nimroz (94.9) followed by Paktya (94.6), Logar (75.2), and Kabul (61.6) (Figure 2).
- Since the beginning of 2024, a total of 125,471 AWD with dehydration cases and 60 associated deaths (CFR=0.05%) were reported from 341 districts. Out of the total cases, 69,547 (55.4%) were under-five children, and 62,027 (49.4%) were females.
- Since the beginning of 2024, 6,462 Rapid Diagnostic Tests (RDTs) have been conducted on AWD with dehydration cases, of which 938 tests turned positive (positivity rate 14.5%).

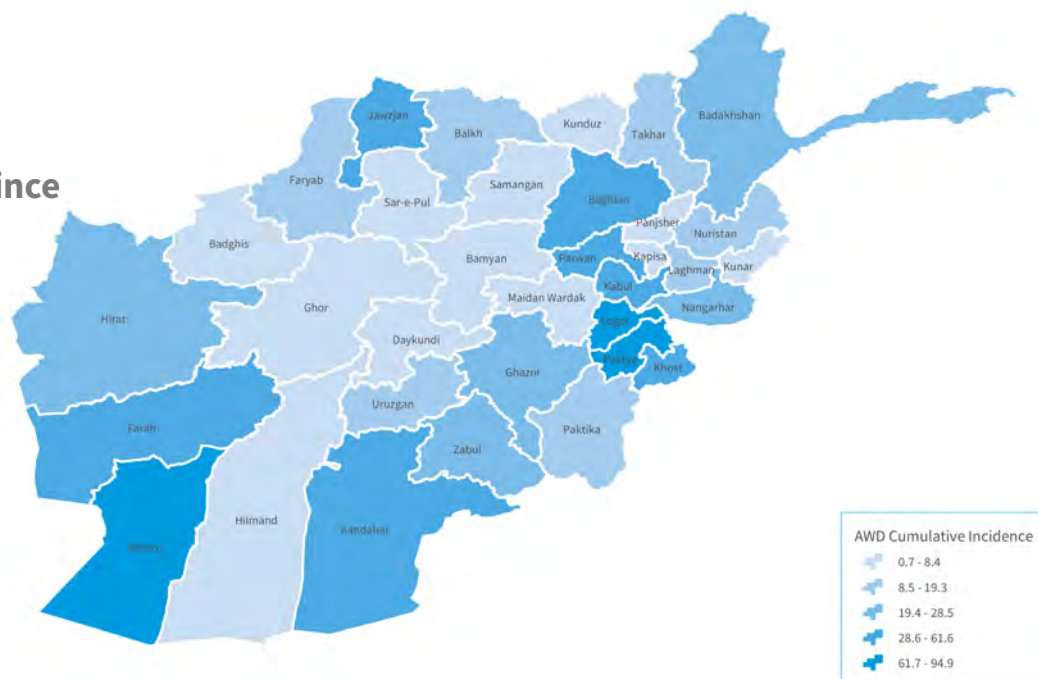
Figure 1. The weekly distribution of AWD with dehydration cases in Afghanistan 01 Jan– 31 Aug 2024 (N=125,471)



**Figure 2.** AWD with dehydration cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 31 Aug 2024

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**AWD with dehydration
cumulative incidence per
10,000 population by province
01 Jan – 31 Aug 2024**



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

- During week 35-2024, a total of 81 surveillance sentinel sites' focal points from the East region have been trained on EBS and e-surveillance phase-2 (automated analysis). This brings the total number of surveillance sentinel sites' focal points trained on EBS and e-surveillance to 238 in the Central and East regions.
- Since the beginning of 2024, the following activities have been conducted:
 - A total of 403 sentinel sites' focal points (including 24 females) have been trained on surveillance procedures in Kabul province, East, South, North, and West regions.
 - A total of 114 Cary Blair kits (100/kit) and 424 RDT kits have been distributed to 7 WHO sub-offices.
 - A total of 125 case management kits have been distributed to the affected communities.
 - A total of 210 HCWs have been trained on AWD with dehydration case management in 5 regions: Central region (70 including 15 females), East region (35 including 15 females), South region (35 all males), North region (35 including 5 females), and Northeast region (35 including 17 females).
 - A total of 38 Data Management Officers, Data Assistants, and Data Entry Clerks (including 3 females) have been trained on data management and analysis.
 - A total of 2,700 Information, Education, and Communication (IEC) materials (1,200 posters and 1,500 brochures) on AWD have been delivered by WHO to Ghor province. These IEC materials have been used in health facilities and flood-affected communities.

WASH updates

During the last two weeks of August (16 – 31 Aug 2024), the following activities were conducted as WASH response:

- Hygiene promotion in 6 provinces (Ghazni, Kabul, Kunar, Laghman, Nangarhar, and Paktya) which reached 6,282 beneficiaries.
- Distribution of hygiene kits in Laghman which reached 116 beneficiaries.

Dengue Fever Outbreak (01 Jan-31 Aug 2024)

**1,953**

Total Cases

**0**

Total Deaths

***821**

Sample tested

**309**

Lab confirmed cases

**37.6%**

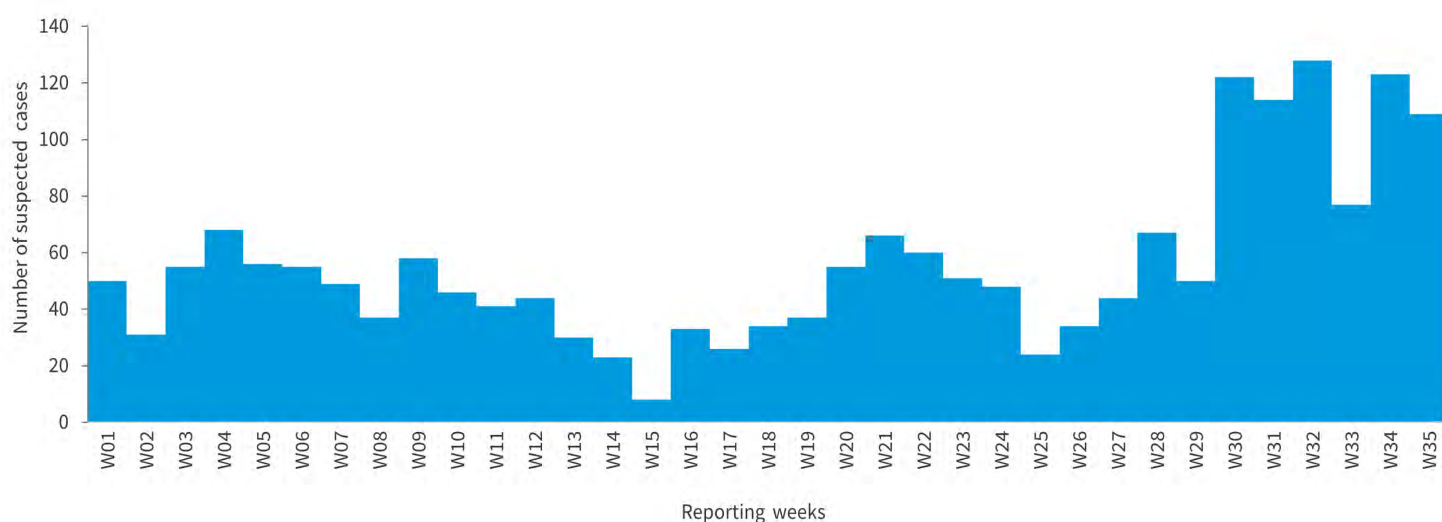
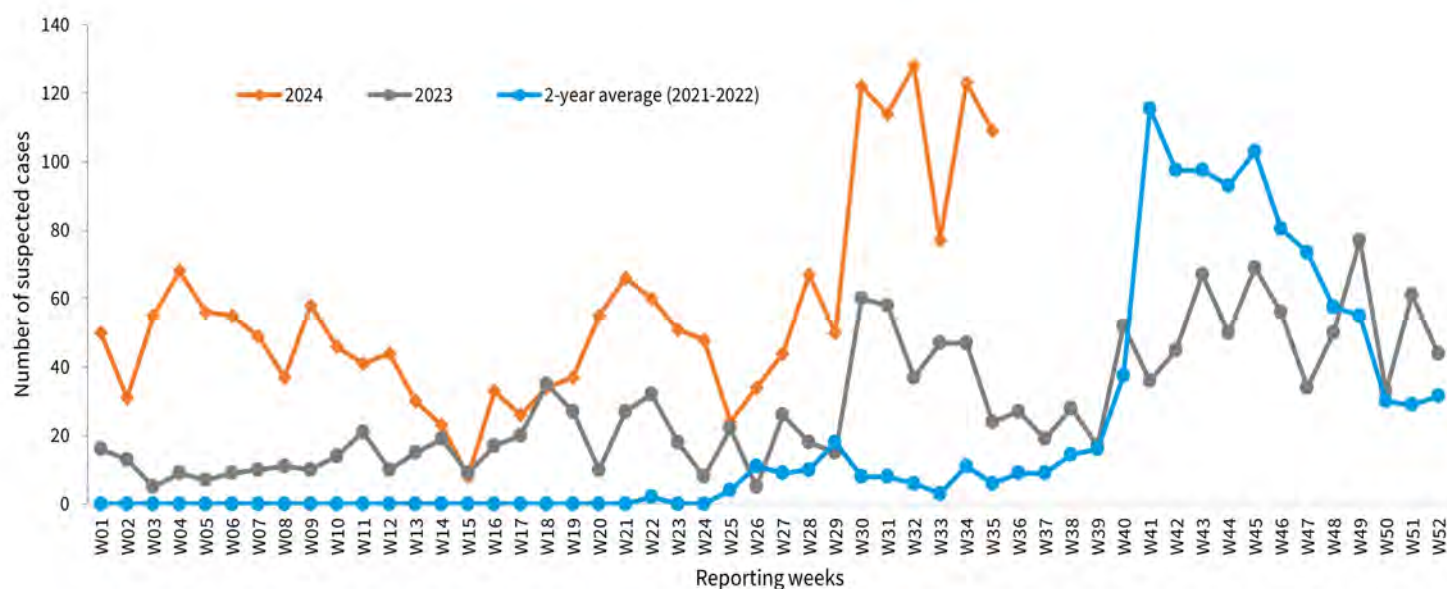
Test positivity ratio

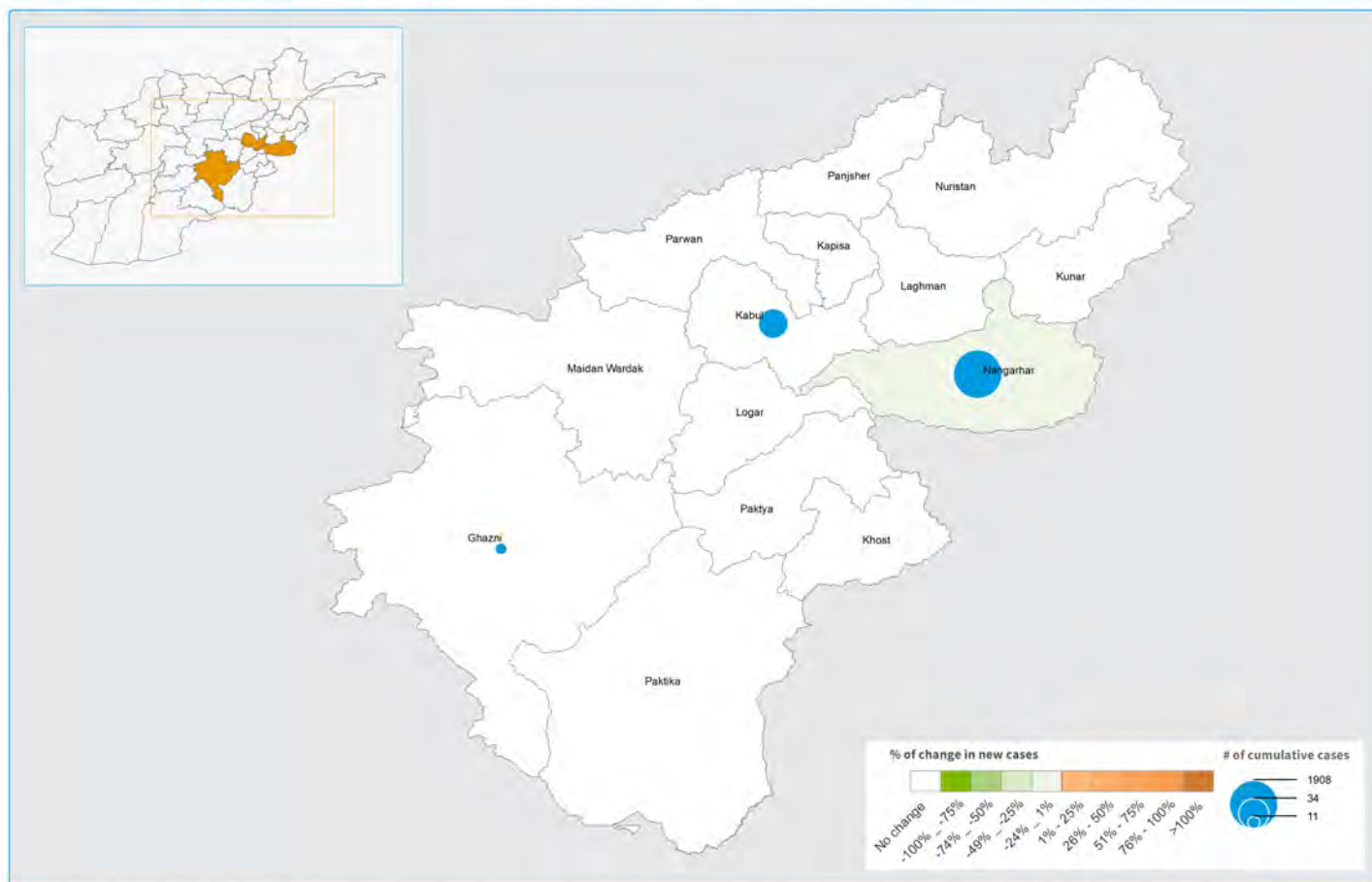
Note: Dengue fever laboratory data was reviewed, utilizing the confirmed case definition from WHO. This definition is characterized by confirmation through PCR, positive virus culture, DENV NS1 antigen detection, seroconversion of IgG in paired sera, or a significant increase (fourfold) in IgG titer 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 2:** Summary of the dengue fever outbreak in the last eight weeks in Afghanistan (07 Jul – 31 Aug 2024)

Indicators	W28	W29	W30	W31	W32	W33	W34	W35	Trend line
Suspected cases	67	50	122	114	128	77	123	109	
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 illustrates a fluctuation until week 26, followed by an increase since then, peaking at 128 cases in week 32-2024 (Figure 3).
- During week 35-2024, 109 suspected cases of dengue fever with no associated deaths were reported from Nangarhar province. This represents an 11.4% decrease in the number of suspected cases compared to the preceding week.
- Since the beginning of 2024, the number of suspected dengue fever cases is higher than the 2-year average (2021-2022) and even higher than the number of suspected cases reported in the corresponding weeks in 2023 (Figure 4).
- Since the beginning of 2024, a total of 1,953 suspected cases of dengue fever with no associated deaths were reported, out of which 1,051 (53.8%) were females, and 39 (2.0%) were under-five children. The geographical distribution and weekly change rate are shown in Figure 5.
- Since the beginning of 2024, a total of 821 samples have been tested, out of which 309 were positive by PCR (positivity rate 37.6%).

Figure 3. The epidemiological curve of suspected dengue fever cases in Afghanistan 1 Jan – 31 Aug 2024, (N=1,953)**Figure 4.** Comparison between the trends of suspected dengue fever cases in 2024 vs 2023 and 2-year average (2021– 2022)

**Figure 5.** Geographical distribution of suspected dengue fever cases and percent change of new cases in Afghanistan, 01 Jan – 31 Aug 2024**Geographical distribution of suspected dengue fever cases in Nangarhar, Ghazni and Kabul provinces and weekly percent of changes (between weeks 34 and 35, 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: 31 Aug 2024.

Updates in the response to the dengue fever outbreak

Since the beginning of 2024, the following activities were conducted:

- A total of 835 dengue fever RDT kits (10 tests/kit) have been distributed to South and East WHO sub-regional offices.
- A total of 386 HCWs (MDs and Nurses) have been trained on dengue fever case management from Kandahar (46 males and 42 females), Southeast region (64 males and 43 females), and East region (104 males and 87 females).
- A total of 150 lab technicians of HFs of Kandahar (28), Southeast region (54), and East region (68) have been trained on dengue fever diagnosis.

Outbreak of Crimean Congo Hemorrhagic Fever (CCHF)

(01 Jan-31 Aug 2024)



941

Total CCHF cases



78

Total CCHF deaths



625

Samples tested for CCHF



237

Lab-confirmed CCHF cases



37.9%

CCHF test positivity rate

Table 3: Summary of the CCHF outbreak in the last eight weeks in Afghanistan (07 Jul – 31 Aug 2024)

Indicators	W28	W29	W30	W31	W32	W33	W34	W35	Trend line
Suspected cases	48	62	59	55	43	53	41	33	
Suspected deaths	2	7	4	3	4	4	3	2	
CFR (%)	4.2	11.3	6.8	5.5	9.3	7.5	7.3	6.1	



- The epi-curve of suspected CCHF cases shows a declining trend since week 29 (Figures 6 & 7).
- During week 35-2024, 33 new suspected CCHF cases with 2 associated deaths were reported, which shows a 19.5% decrease in the number of suspected CCHF cases compared to the preceding week (Table 3).
- The new deaths were both over five females reported from Kabul.
- Since the beginning of 2024, a total of 941 suspected cases of CCHF with 78 associated deaths (CFR=8.3%) were reported. Out of the total cases, 940 (99.9%) were over-five, while 275 (29.2%) were females.
- The reported deaths were mostly over five years old (77, 98.7%), while 19 (24.4%) were females. Deaths were reported from 7 provinces Kabul (47), Balkh (14), Herat (6), Kunduz (4), Kapisa (3), Baghlan (2), and Nangarhar (2).
- Since the beginning of 2024, a total of 625 samples of suspected CCHF cases have been tested, out of which 237 were positive (positivity rate 37.9%) from 12 provinces.
- The positive cases were reported from Kabul (160), Balkh (23), Kunduz (20), Herat (11), Kapisa (9), Takhar (3), Baghlan (3), Nangarhar (3), Badakhshan (2), Helmand (1), Paktika (1), and Kandahar (1).
- The highest cumulative incidence of suspected CCHF per 100,000 population in 2024 is reported from Balkh (8.3) followed by Kabul (6.0), Kapisa (5.5), and Jawzjan (4.4) provinces (Figure 8).

Figure 6. Weekly distribution of suspected CCHF cases in Afghanistan 01 Jan – 31 Aug 2024, (N=941)

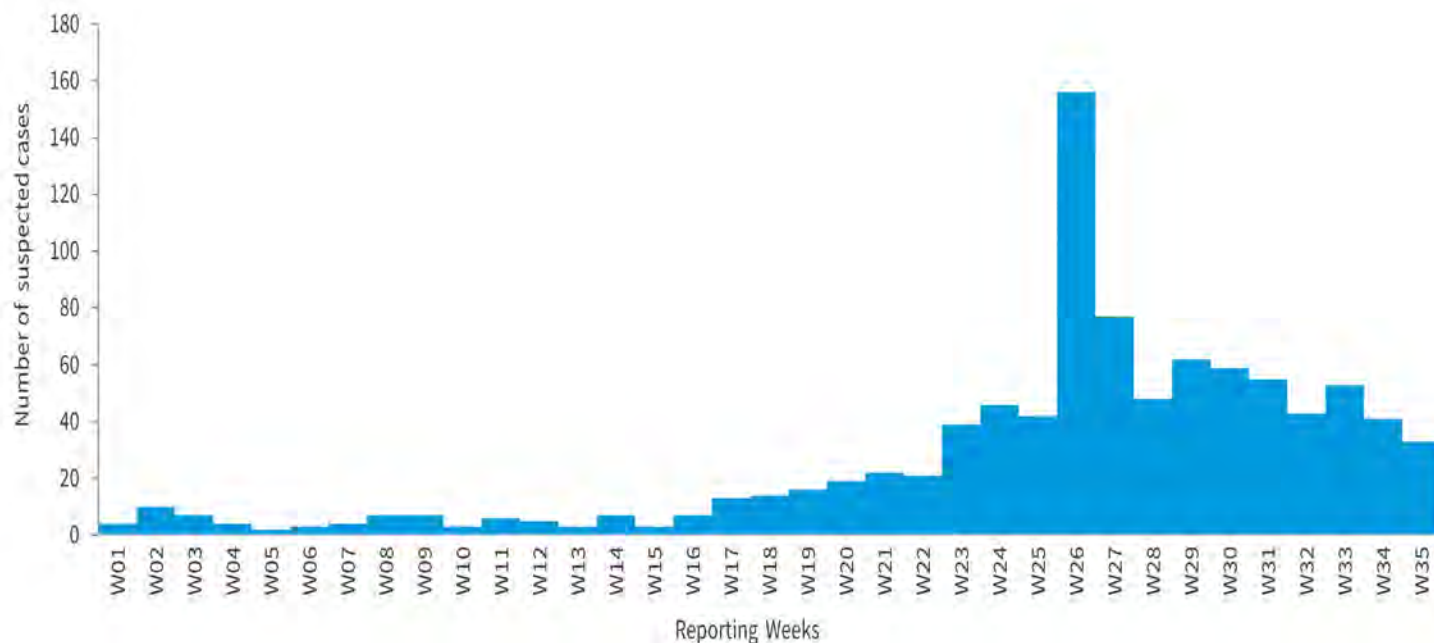


Figure 7. Comparison between the trends of suspected CCHF cases in 2024 vs 2023 and 3-year average (2020-2022)

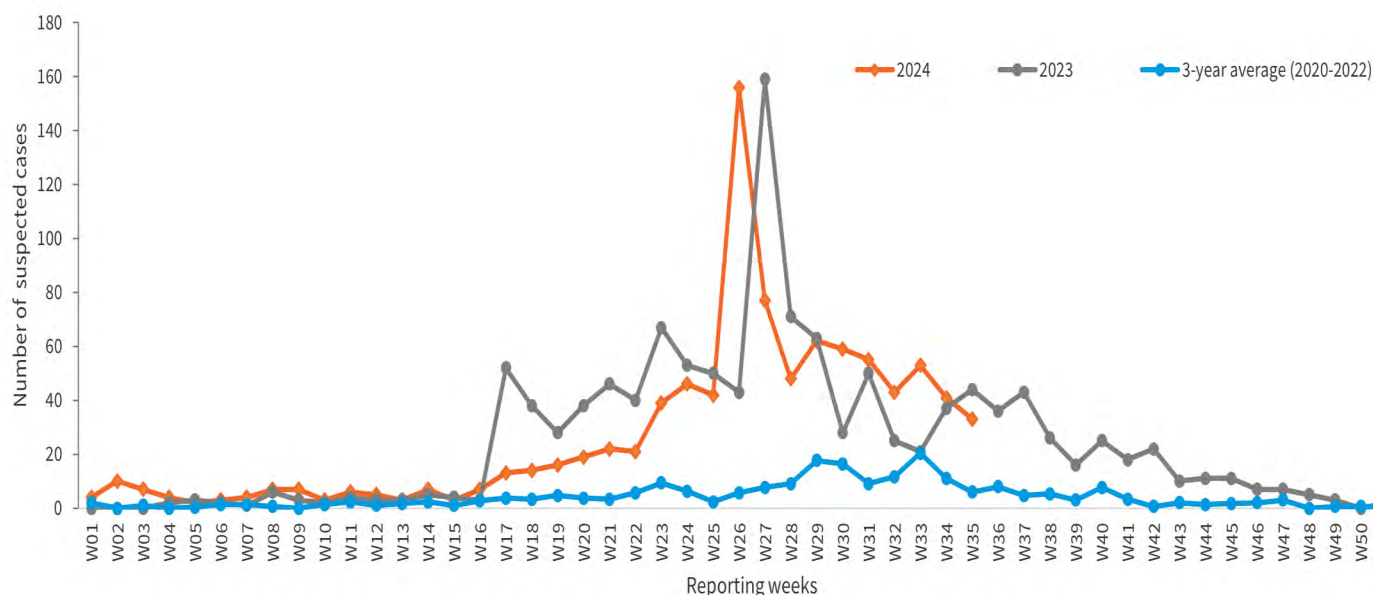
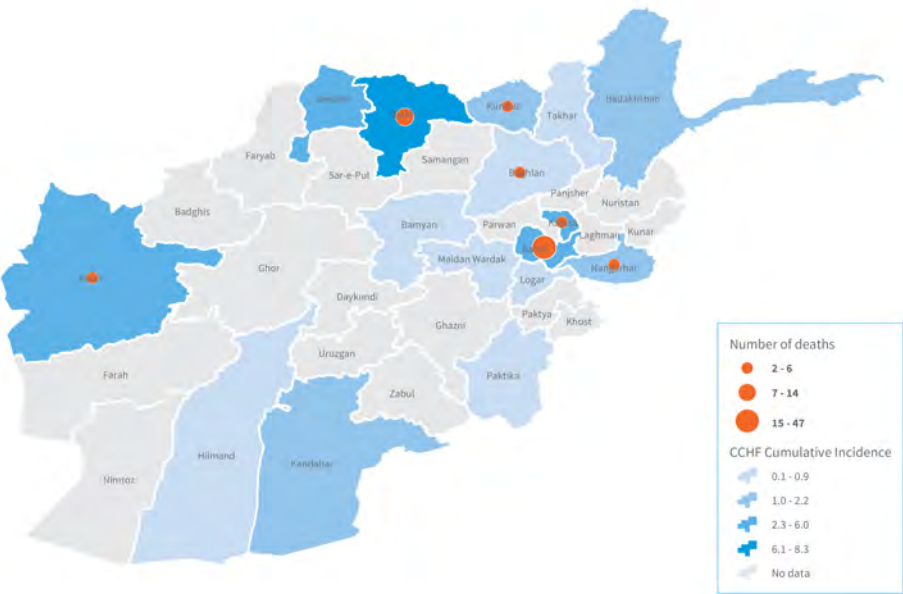




Figure 8. Cumulative incidence of Crimean-Congo Hemorrhagic Fever (CCHF) cases per 100,000 population by province and provincial distribution of deaths in Afghanistan, 01 Jan – 31 Aug 2024

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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 –31 Aug 2024



Updates on the response to the CCHF outbreak

Since the beginning of 2024, the following activities have been conducted:

- A total of 569 doses of ribavirin tablets and 1,540 doses of ribavirin injections have been distributed to the Infectious Disease Hospital (IDH) in Kabul and all WHO sub-offices.
- Insecticides have been supplied to all 34 provinces for cattle spraying against ticks in animal markets by MAIL and FAO.
- The national Crimean-Congo Hemorrhagic Fever (CCHF) preparedness and response plan has been drafted and shared with MoPH for endorsement. The plan aims to prepare and respond to the CCHF outbreak with focused interventions on surveillance/outbreak investigation, laboratory confirmation, case management and supplies, RCCE for high-risk individuals, and the capacity of healthcare workers.

RCCE

Since the beginning of 2024, the following RCCE activities have been conducted as a response to outbreaks:

- WHO has conducted a mass online awareness campaign through the WHO's official social media accounts (Facebook and Twitter) on CCHF and dengue fever preventive measures as a response to infectious diseases, reaching around 25,000 social media users.
- WHO has conducted a seven-day training and mass awareness campaign in Herat, Balkh, and Kandahar provinces, focused on Crimean-Congo Hemorrhagic Fever (CCHF) and other infectious diseases. The campaign included one day of training followed by six days of community outreach. During the campaign, WHO deployed around 110 (43 female and 67 male) social mobilizers to Herat (40 including 18 females), Balkh (35 including 16 females), and Kandahar (35 including 9 females) provinces and reached around 111,696 people through mass awareness campaigns on CCHF and other infectious diseases.

Measles Outbreak
(01 Jan-31 Aug 2024)



48,384

Total Cases



219

Total Deaths



10,051

Sample tested



5,918

Lab confirmed cases



58.9%

Test positivity rate

Table 4: Summary of the measles outbreak in the last eight weeks in Afghanistan (07 Jul – 31 Aug 2024)

Indicators	W28	W29	W30	W31	W32	W33	W34	W35	Trend line
Suspected cases	1,634	1,571	1,504	1,470	1,546	1,370	1,403	1,265	
Suspected deaths	7	3	8	10	10	8	7	6	
CFR (%)	0.4	0.2	0.5	0.7	0.6	0.6	0.5	0.5	



- The epidemiological curve of suspected measles cases demonstrates an increasing trend since the beginning of 2024, peaking around week 22, while a gradual decline and slight fluctuation was noticed during weeks 23-35 (Figure 9). The trend in 2024 is higher than that reported in 2023 and the 2-year average before the 2021-2022 outbreak period (Figure 10).
- During week 35-2024, a total of 1,265 suspected cases and 6 associated deaths were reported. This shows a 9.8% decrease in the number of suspected measles cases compared to the preceding week.
- The 6 deaths were reported from 4 provinces: Herat (2), Urozgan (2), Helmand (1), and Kunar (1). All the deaths were among under-five while 3 of them were females.
- Since the beginning of 2024, a total of 48,384 suspected measles cases and 219 deaths (CFR=0.5%) were reported. Among suspected measles cases, 38,861 (80.3%) were under-five children, and 22,011 (45.5%) were females.
- Since the beginning of 2024, Khost has reported the highest cumulative incidence of suspected measles cases per 10,000 population (67.5), followed by Balkh (28.6), Jawzjan (21.2), and Samangan (20.2) (Figure 11).

Figure 9. Weekly distribution of suspected measles cases in Afghanistan, 01 Jan - 31 Aug 2024 (N= 48,384)

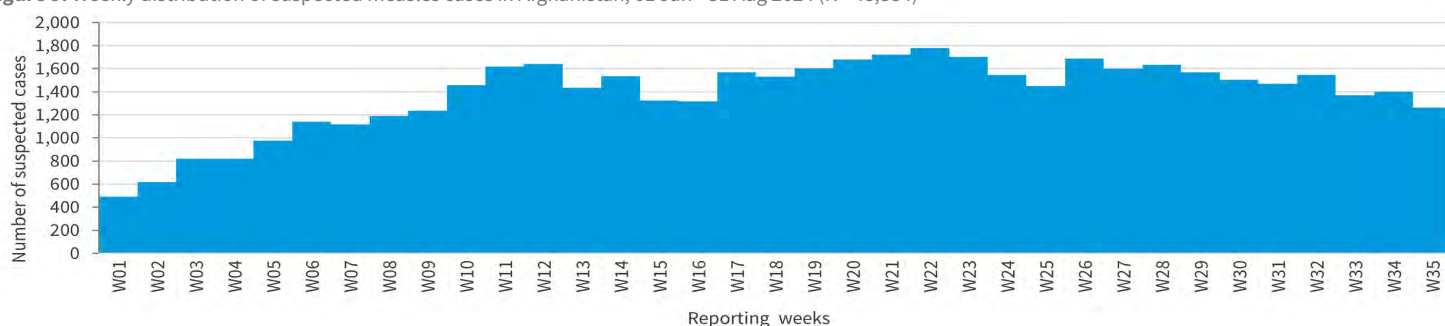


Figure 10. Comparison between the trends of suspected measles cases in 2024 vs 2023 and 2-year average (2019-2020)

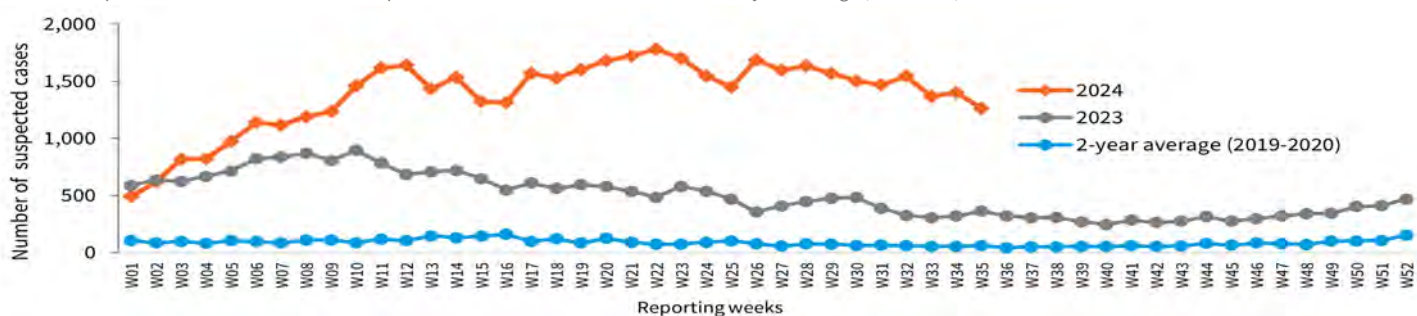
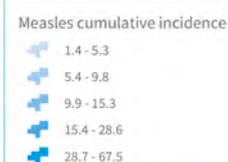
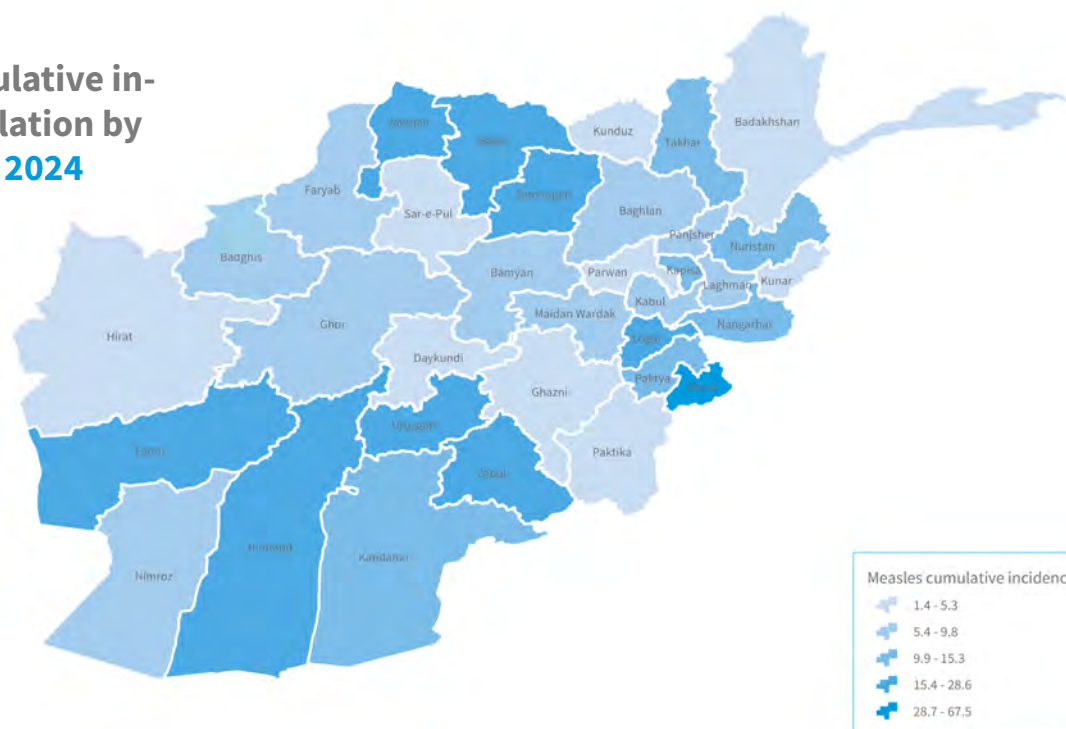


Figure 11. Suspected measles cumulative incidence per 10,000 population by province in Afghanistan 01 Jan-31 Aug 2024

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Suspected measles cumulative incidence per 10,000 population by province 01 Jan—31 Aug 2024





Updates on the preparedness and response to the Measles outbreak

- Since the beginning of 2024, the following activities have been conducted:
 - A total of 23,127 children aged 9-59 months received the measles vaccine as part of outbreak response immunization activities in the country.
 - A total of 103 SSTs (each team included 2 members) were trained on sample collection, storage, and shipment from 3 regions: Central (63 SSTs), West (3 SSTs), and South (37 SSTs) regions.
 - A total of 126 measles case management kits have been distributed to WHO sub-offices across the country.
 - During April and May 2024, a total of 794,676 children aged 9-59 months were vaccinated in 2 phases of the Multi-Antigen Acceleration Campaign (MAAC) in 78 districts of 25 provinces:
 - During the first phase, 624,767 children aged 9-59 months were vaccinated in 53 districts of 13 provinces (Kapisa, Kandahar, Logar, Zabul, Helmand, Khost, Takhar, Nangarhar, Kunar, Balkh, Faryab, Farah, and Kabul).
 - During the second phase, a total of 169,909 children aged 9-59 months were vaccinated in 25 districts of 12 provinces (Wardak, Bamyan, Parwan, Panjshir, Urozgan, Paktya, Paktika, Ghazni, Baghlan, Nuristan, Samangan, and Badghis).

COVID-19

(24 Feb 2020 — 31 Aug 2024)

Cumulative samples tested

1,030,803

In public laboratories

New samples tested in week 35

1,471

In public laboratories

-15.4%

Cumulative confirmed cases

240,587

Cumulative percent positivity (23.3%)

New confirmed cases in week 35

151

Weekly percent positivity (10.3%)

-5.0%

Cumulative confirmed deaths

8,027

CFR (3.3%)

New confirmed deaths in week 35

2

Week 35 CFR (1.3%)

0.0%

Key: ● Increasing ● Decreasing ● No change

COVID-19 Vaccination highlights



*Note: During July 2024, around 34,532 doses of various COVID-19 vaccines have been administered which shows a 38.2% decrease compared to June 2024.

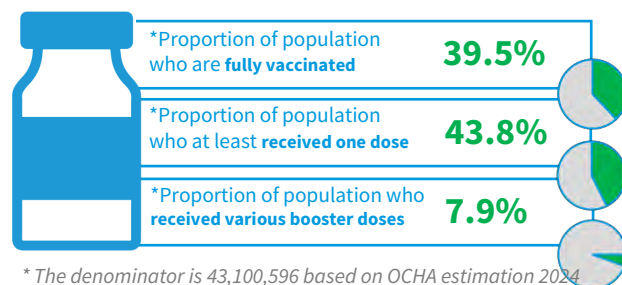
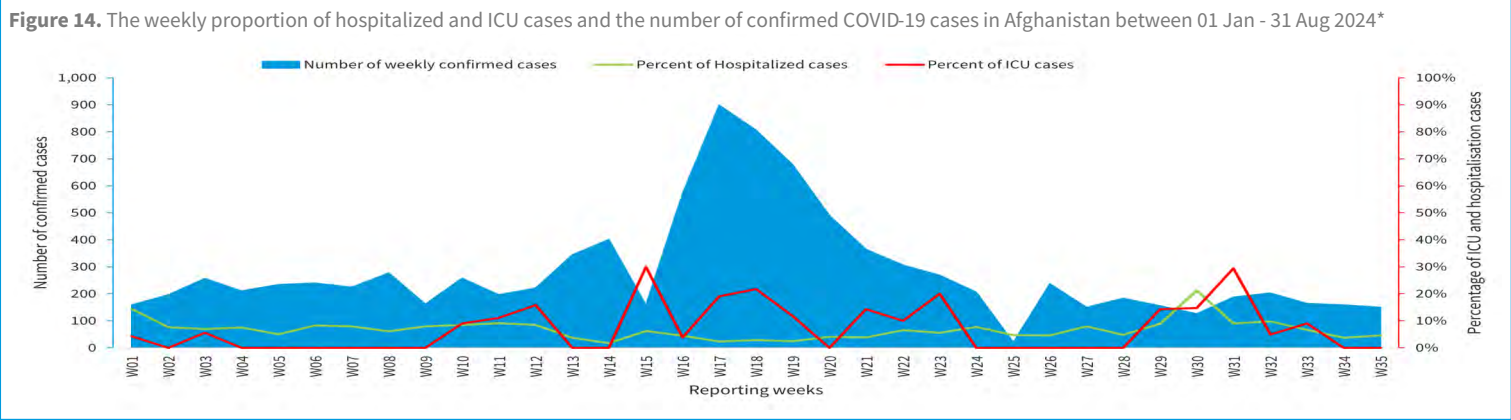
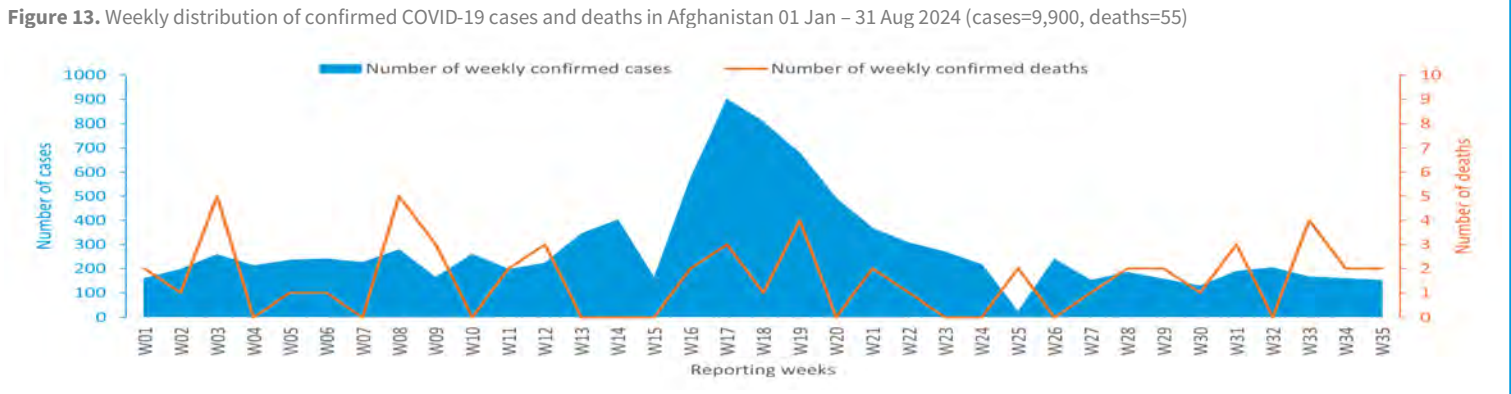
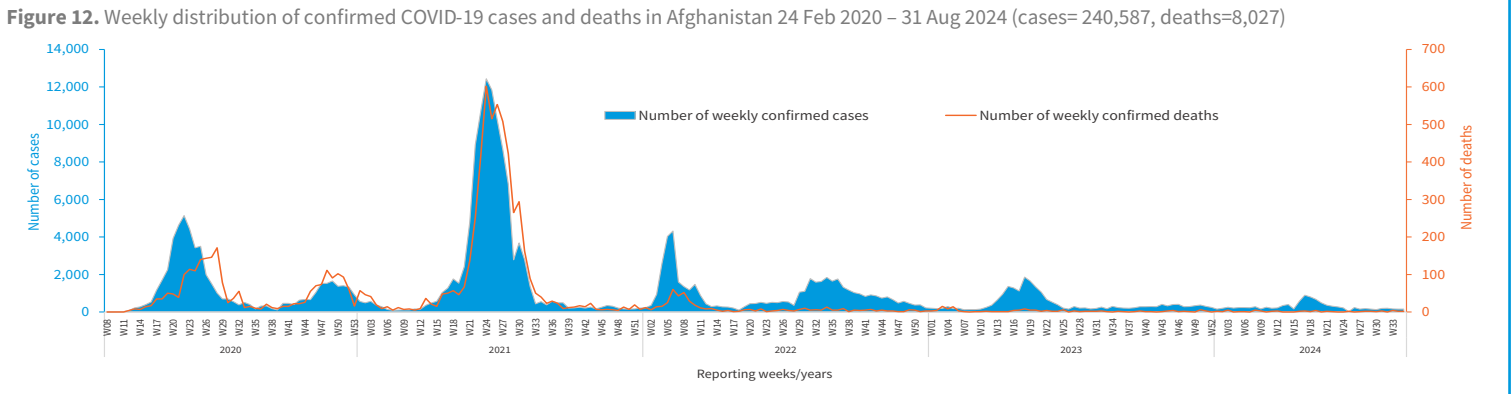


Table 5: Summary of COVID-19 indicators in the last 8 weeks in Afghanistan (07 Jul – 31 Aug 2024)

Indicators	W28	W29	W30	W31	W32	W33	W34	W35	Trend line
Samples tested (in public Labs)	2,416	1,945	1,818	2,020	2,237	1,446	1,739 *	1,471	
Confirmed cases	184	156	127	189	204	165	159 *	151	
Percent positivity (%)	7.6	8.0	7.0	9.4	9.1	11.4	9.1	10.3	
Deaths	2	2	1	3	0	4	2	2	
CFR (%)	1.1	1.3	0.8	1.6	0.0	2.4	1.3	1.3	

*A delayed reporting was experienced during week 34 and the number of samples tested and confirmed COVID-19 cases were modified from 1,500 to 1,739 and from 134 to 159, respectively.

- The epidemiological curve of confirmed COVID-19 cases indicates a decreasing trend since week 18-2024, following a peak during week 17-2024 (Figures 12 & 13).
- During week 35-2024, a total of 1,471 samples were tested in public labs, of which 151 were positive for COVID-19 (positivity rate 10.3%) with 2 associated deaths (CFR 1.3%). The number of positive cases shows a slight decrease compared to the preceding week (Table 5 and Figure 13).
- The two new deaths were both over five females reported from Kabul.
- Since the beginning of 2024, a total of 9,900 COVID-19 confirmed cases and 55 deaths (CFR=0.6%) have been reported. Out of the total cases, 5,385 (54.4%) were females while females represented around 3 quarters of deaths (41 - 74.5%).
- During week 35-2024, among 151 confirmed cases, 7 (4.6%) were hospitalized, while none of the hospitalized cases were admitted to ICU (Figure 14).
- Since the beginning of 2024, a total of 85,202 samples of COVID-19 have been tested by public health laboratories across the country, out of which 9,900 were positive (positivity rate 11.6%), while the overall number of COVID-19 samples tested by public health laboratories reached to 1,030,803 since the beginning of the pandemic in February 2020.



*The hospitalization 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, the below supplies have been distributed to all regional sub-offices:
 - A total of 930 VTM kits (50 units per kit).
 - A total of 1,571 COVID-19 RDT kits (25 tests per kit).



Confirmed Malaria Outbreak

(01 Jan-31 Aug 2024)



47,375

Total confirmed
Malaria Cases



2 (0.004)

Total malaria
deaths (CFR %)

Table 6: Summary of the confirmed malaria outbreak in the last eight weeks in Afghanistan (07 Jul – 31 Aug 2024)

Indicators	W28	W29	W30	W31	W32	W33	W34	W35	Trend line
Confirmed cases	2,774	2,426	2,509	2,494	2,931	2,444	2,850	3,489	
Confirmed deaths	0	0	0	0	0	1	0	0	
CFR (%)	0.00	0.00	0.00	0.00	0.00	0.04	0.00	0.00	

- The epi curve of confirmed malaria cases shows a gradual increase, with the peak reached during week 35-2024 (Figure 15).
- During week 35-2024, 3,489 confirmed cases with no associated deaths were reported from 20 provinces, which shows a 22.4% increase in the number of cases compared to the previous week.
- The trend of confirmed malaria cases in 2024 is higher than the 3-year average (2020-22) while closely following the trend observed in 2023 (Figure 16).
- Since the beginning of 2024, a total of 47,375 confirmed malaria cases with 2 associated deaths were reported from 32 provinces. Out of the total cases, 9,865 (20.8%) were under-five children, and 22,203 (46.9%) were females.
- The highest cumulative incidence of malaria per 10,000 population was reported from Nuristan (290.3) followed by Kunar (202.2), Laghman (96.9), and Nangarhar (55.0) (Figure 17).

Figure 15. The epidemiological curve of confirmed malaria cases in Afghanistan 01 Jan– 31 Aug 2024 (N=47,375)

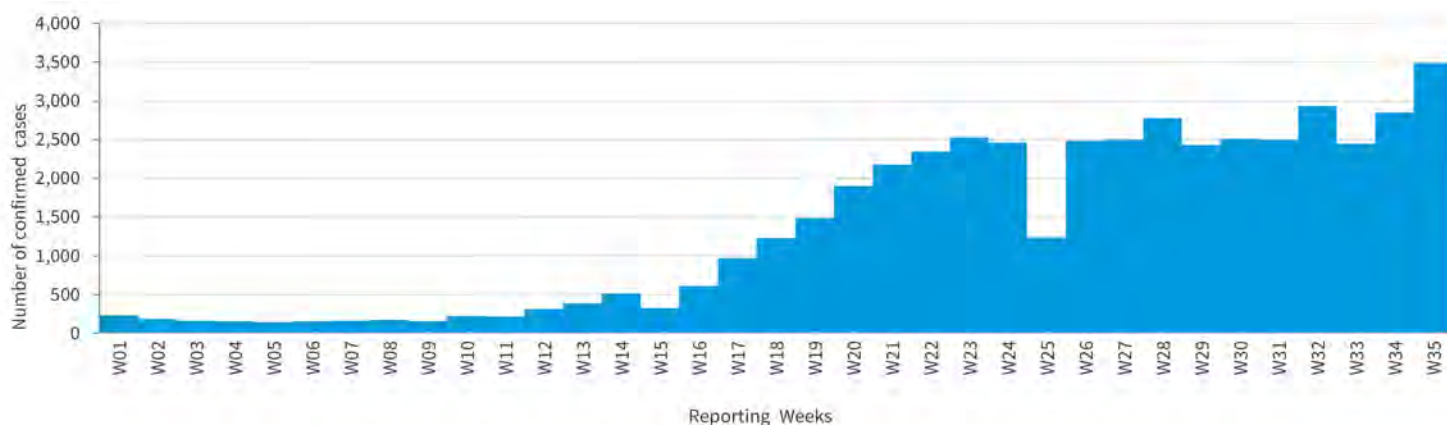


Figure 16. Comparison between the trends of confirmed malaria cases in 2024 vs 2023 and 3-year average (2020–2022)

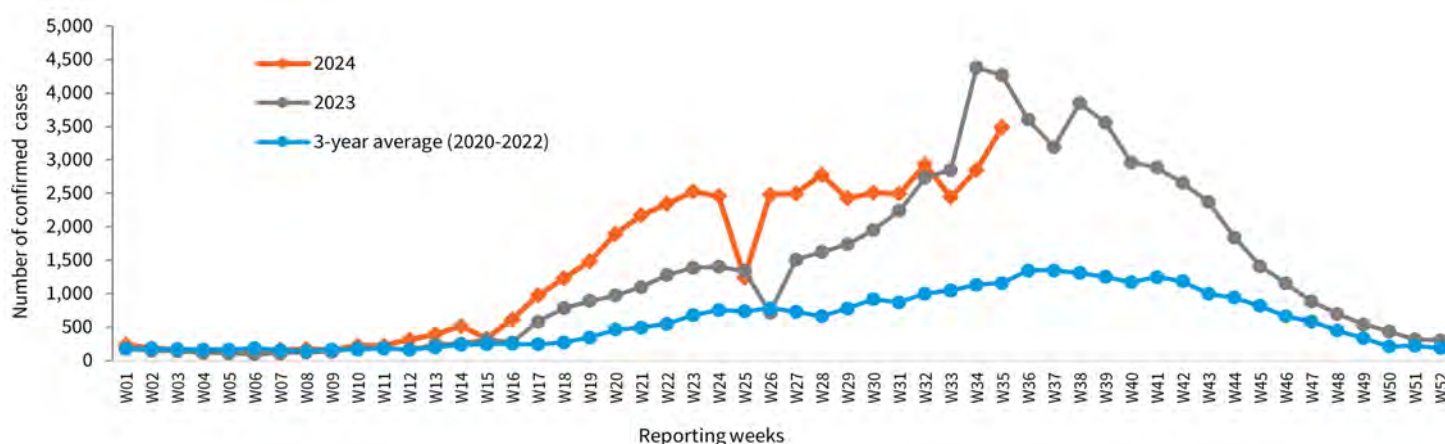
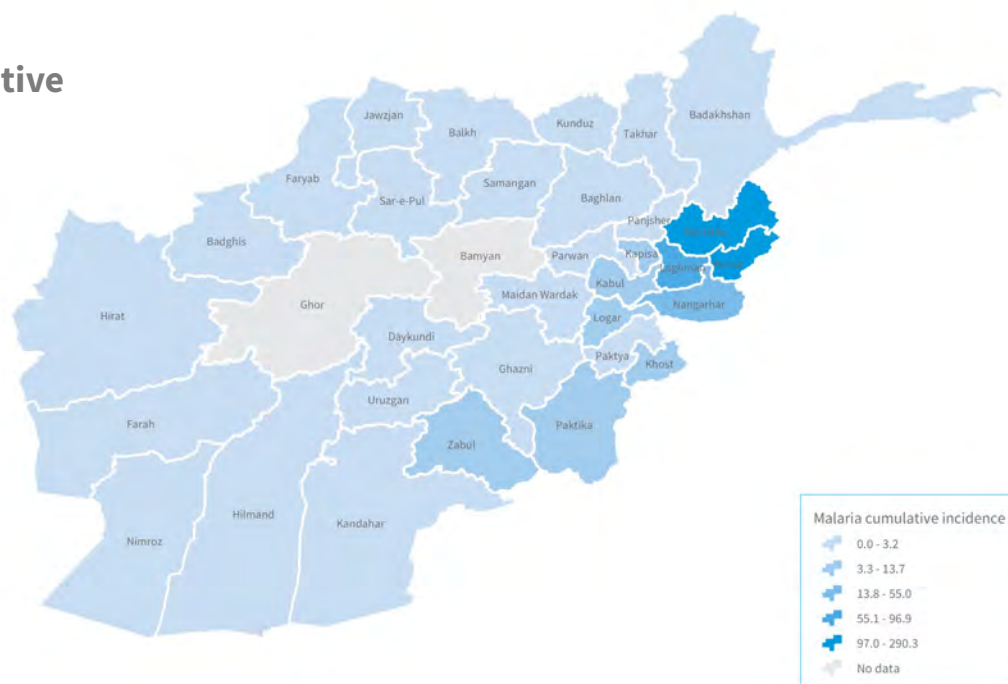




Figure 17. Confirmed malaria cumulative incidence per 10,000 population by province in Afghanistan, 01 Jan – 31 Aug 2024

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Confirmed malaria cumulative
Incidence per 10,000
population by province
01 Jan-31 Aug 2024



Note: MOPH is the source of epidemiological data

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

Contact us for further information:

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