

AFGHANISTAN

EMERGENCY SITUATION REPORT



Key figures (monthly)



142 529

Outpatient consultations (PHCs & Hospitals)



110 449

Essential drugs distributed

Summary of outbreaks (monthly)



76 430 ARI-Pneumonia



35 40 Measles



17 126

AWD with dehydration



16 846

Malaria



118 COVID-19



Dengue fever



162 CCHF



WHO Representative, Dr. SALVADOR Edwin Ceniza visit to the earthquake-affected areas in Kunar Province. Photo credit: WHO Afghanistan

Highlights

The response to the earthquake that hit eastern Afghanistan continued, with around 18,000 beneficiaries receiving consultations through six mobile health teams (MHTs).

Through 79 WHO-supported primary health care facilities, a total of **142,529 population** received outpatient consultations across 22 provinces.

The confirmed malaria cases rose by 30.4%, while ARI-Pneumonia cases increased by 11.8%, representing the largest caseload (76,430 new cases) for the month.

Although new cases of Acute Watery Diarrhea (AWD) with dehydration and suspected measles declined by 17.4% and 29.1% respectively, both remain among the top three cumulative caseloads, with 133,211 and 90,707 cases to date.

Epidemiological overview

Disease Outbreaks

The epidemiological situation in September 2025 was marked by the below trends:

- Acute Watery Diarrhea (AWD): 17,126 new cases and 8 deaths (CFR 0.05%), representing a 17.4% decrease from August. This marks the first decline since the upward trend began in mid-February, indicating a potential shift in transmission dynamics.
- Acute Respiratory Infection (ARI)-Pneumonia: 76,430 new cases and 125 deaths (CFR 0.2%), marking an 11.8% increase from August. This sustained rise positions ARI as a leading cause of mortality this month.
- Suspected Dengue Fever: 297 new cases, an 8.8% increase from August. No dengue fever-associated deaths have been reported since January of 2025, despite continued case detection.
- **Confirmed Malaria:** 16,846 new cases, showing a 30.4% increase, with a gradual rise observed since April. This sustained growth signals expanding transmission.
- Suspected Measles: 3,540 new cases and 10 deaths (CFR 0.3%), showing an 30.4% increase from August. The notable rise in both morbidity and mortality highlights the need for strengthened response.
- COVID-19: 118 new confirmed cases, reflecting a 52.2% decrease from August. No deaths were reported.
- Suspected Crimean-Congo Hemorrhagic Fever (CCHF): 162 new cases and 3 deaths (CFR 1.9%), with a slight decrease 2.4% from August. CCHF maintains a high case fatality rate, requiring continued monitoring.

Health service delivery

Key milestones achieved in WHO-supported primary healthcare facilities & hospitals during September 2025 include:



142 722

People received OPD consultations



7 886

Pregnant, CBA women received TT2+ vaccination



5 431

Pregnant and lactating women received Infant and IYCF counselling



2 731

Women received postnatal care (PNC)



5 3 3 9

Women received antenatal care (ANC)



618

institutional deliveries conducted



6 785

Under 5 children received DTP, Penta3, and Measles vaccination



5 816

Individuals received mental health consultations



118 946

People living in remote and underserved areas received health education and awareness-raising materials



110 449

Patients received essential drugs for their basic health services needs

Facilities supported

WHO supported 79 primary healthcare facilities across 22 provinces, two Emergency Trauma Centers (Spinboldak and Torkham), two specialized hospitals (infectious disease and national mental health), and five inpatient mental health wards in eight provinces.

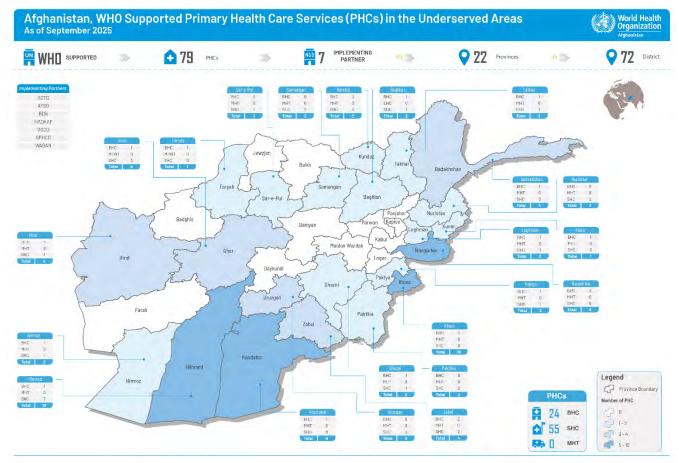


Fig. 1: WHO supported primary health care facilities, Afghanistan (September 2025)

Beneficiary data

- A total of **142,529 people** received outpatient consultations at WHO-supported facilities including:
 - **61,722** women (43.3%)
 - **34,747** men (24.4%)
 - **22,834** girls (16.0%)
 - **23,226 boys** (16.3%)
- Key services provided included the following:
 - √ 7,886 TT2+ vaccinations administered to pregnant and childbearing-age women.
 - ✓ **6,785** DTP, Penta3, and Measles vaccinations provided to children under five.
 - √ 5,431 pregnant and lactating women received Infant and Young Child Feeding (IYCF) counselling sessions.
 - ✓ **5,816** mental health consultations conducted.
 - √ 110,449 patients received essential medicines through basic health services.
 - √ 5,339 women received antenatal care (ANC)
 - ✓ 2,731 women received postnatal care (PNC)
 - ✓ 618 institutional deliveries supported.
 - √ 118,946 people in remote and underserved areas reached with health education and awarenessraising materials.

Earthquake response

On 31 August 2025, a 6.0 magnitude earthquake struck eastern Afghanistan, causing widespread devastation, and triggering a severe and ongoing public health crisis. Majority of the casualties and destruction occurred in five districts of Kunar Province, where majority of the houses were damaged or destroyed, with nearby provinces of Nangarhar and Laghman also suffering damages and casualties. The disaster resulted in 2,205 fatalities and 3,640 injured, displacing hundreds of thousands of people. Nearly half a million people (498,130) are in urgent need of health assistance, with 6,782 homes destroyed and 21 health facilities damaged.

The situation has evolved from an acute emergency into a protracted displacement crisis. Families are living in overcrowded temporary settlements with limited access to safe water, sanitation, and healthcare. In September alone, the following infectious diseases were reported in the earthquake affected areas:

- 8,055 cases of acute respiratory infections
- 3,333 acute diarrheal cases of which 2,370 were acute watery diarrhoea cases
- 535 cases of malaria
- 436 suspected cases of COVID-19

Vulnerable groups, including women, children, and the elderly, are facing increased health and protection risks, compounded by barriers to accessing care and the imminent threat of a harsh winter.

The World Health Organization (WHO), in coordination with health authorities and partners, is leading a multifaceted response and the following have been achieved:

- Six Mobile Health Teams have been deployed, provided 17,944 consultations for women and girls (31% women, 14% girls), including trauma care, maternal and child health services.
- 4,827 Mental Health and Psychosocial Support (MHPSS) consultations provided to young population [women (21%), men (30%), girls (6%), boys (8%)] and people aged 65+ (35%) to address widespread distress.
- Four dedicated surveillance support teams are actively detecting and responding to disease outbreaks.
- Over 52 metric tonnes of essential medical supplies have been distributed to the earthquake affected areas.

Challenges & risks

Key bottlenecks

- Health system under strain due to a significant increase in malaria cases and persistently high incidence
 of other syndromes (ARI, AWD with dehydration as well as Dengue and suspected CCHF), despite their
 recent decline.
- The influx of returnees is straining already limited health resources, overwhelming both facilities and health personnel.
- The earthquake caused significant human and material losses, leaving vulnerable populations at heightened risk of disease.
- Approaching winter is expected to exacerbate the existing gaps in shelter and healthcare, increasing the
 risk of disease outbreaks. A \$6M funding shortfall further threatens to severely hamper the emergency
 response.

WHO Health Emergencies Programme

Priorities for next month

- Further enhance early warning system, disease surveillance and rapid response capacity.
- Develop and operationalize the winterization plan to address cold-weather health risks.
- Scaling up health response efforts to the earthquake affected populations.
- Maintain and strengthen health screening and service delivery at key Points of Entry and in returnee settlements.

Annexes

Annex A: Summary of Infectious Disease Outbreaks in Afghanistan; September 2025

Indicators	AWD with dehydration	Suspected Measles	Suspected CCHF	Suspected Dengue fever	Confirmed Malaria	Confirmed COVID-19	ARI- Pneumonia
Monthly new cases (% change compared to August) *	17,126 (↓17.4)	3,540 (\$\square\$29.1)	162 (↓2.4)	297 (↑8.8)	16,846 (↑30.4)	118 (↓52.2)	76,430 (↑11.8)
Monthly new deaths (CFR%)	8 (0.05)	10 (0.3)	3 (1.9)	0 (0.0)	0 (0.00)	0 (0.0)	125 (0.2)
Cumulative cases **	133,211	90,707	1,301	1,537	57,246	3,684	1,035,316
Cumulative deaths (CFR%)	65 (0.05)	530 (0.6)	92 (7.1)	0 (0.0)	0 (0.0)	5 (0.4)	2,248 (0.2)

^{*}Monthly percent change figures should be interpreted cautiously. September 2025 covers data for 4 epidemiological weeks, while August 2025 covered 5 epiweeks. ** COVID-19 cumulative numbers have been reported since the start of the pandemic

Annex B: Beneficiary demographics of WHO supported PHCs & Hospital services; September 2025

Age	Male	Female
Over 18 years	34,747	61,722
Under 18 years	23,226	22,834

Annex C: Infectious diseases cases reported among returnees by the SSTs, 31 Aug - 27 Sep 2025

Pi	Male		Female		Total		
Diseases	<5 Years	≥5 Years	<5 Years	≥5 Years	Male	Female	Total
Acute bloody diarrhea	12	13	7	9	25	16	41
ARI Cough and Cold	81	173	42	93	254	135	389
Acute Watery Diarrhea	7	13	3	5	20	8	28
Chickenpox	0	13	1	7	13	8	21
Suspected COVID-19	0	150	0	60	150	60	210
Suspected dengue fever	3	41	0	40	44	40	84
ARI Pneumonia	11	14	9	3	25	12	37
Scabies	28	84	33	79	112	112	224
Suspected Measles	1	4	1	1	5	2	7
AWD with severe dehydration	0	7	0	1	7	1	8
Pertussis	4	29	0	17	33	17	50
Acute Jaundice syndrome	0	1	0	0	1	0	1
Grand Total	147	542	96	315	689	411	1,100

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- Enhanced screening was implemented at Points of Entry (PoEs) with 78,991 individuals were screened at returnee camps and border crossings in Herat (Islam Qala) and Nangarhar (Torkham).
- Among the returnees, 209 RDTs were conducted for suspected COVID-19 cases; of these, 46 RDTs were positive (positivity rate of 22.0%).
- 73 RDTs were conducted among suspected dengue fever cases, of which 25 were positive (positivity rate of 34.2%).
- Additionally, 23 RDTs were conducted for AWD with dehydration cases, of which, four were positive (positivity rate of 17.4%).

Annex D: Capacity-building sessions for health workers during September 2025

Training Name	Male	Female	Total
AWD Case Management	18	12	30
Influenza Surveillance	23	9	32
Mass Casualty Management - MCM	16	7	23
NDSR Focal Points Training	87	2	89
PSEAH	239	46	285
Psychological First Aid (PFA) and Stress Management	52	43	95
Grand Total	435	119	554

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