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Monitoring Evaluation & Health Information System GD
Diseases Surveillance Department
وزارت صحت عامه
ریاست عمومی نظارت ارزیابی و سیستم معلومات صحی
دیپارتمنت سرویلانس امراض
د عامی روغتیا وزارت
د څارنی ارزونی او روغتیایی معلوماتو د سیستم عمومی ریاست
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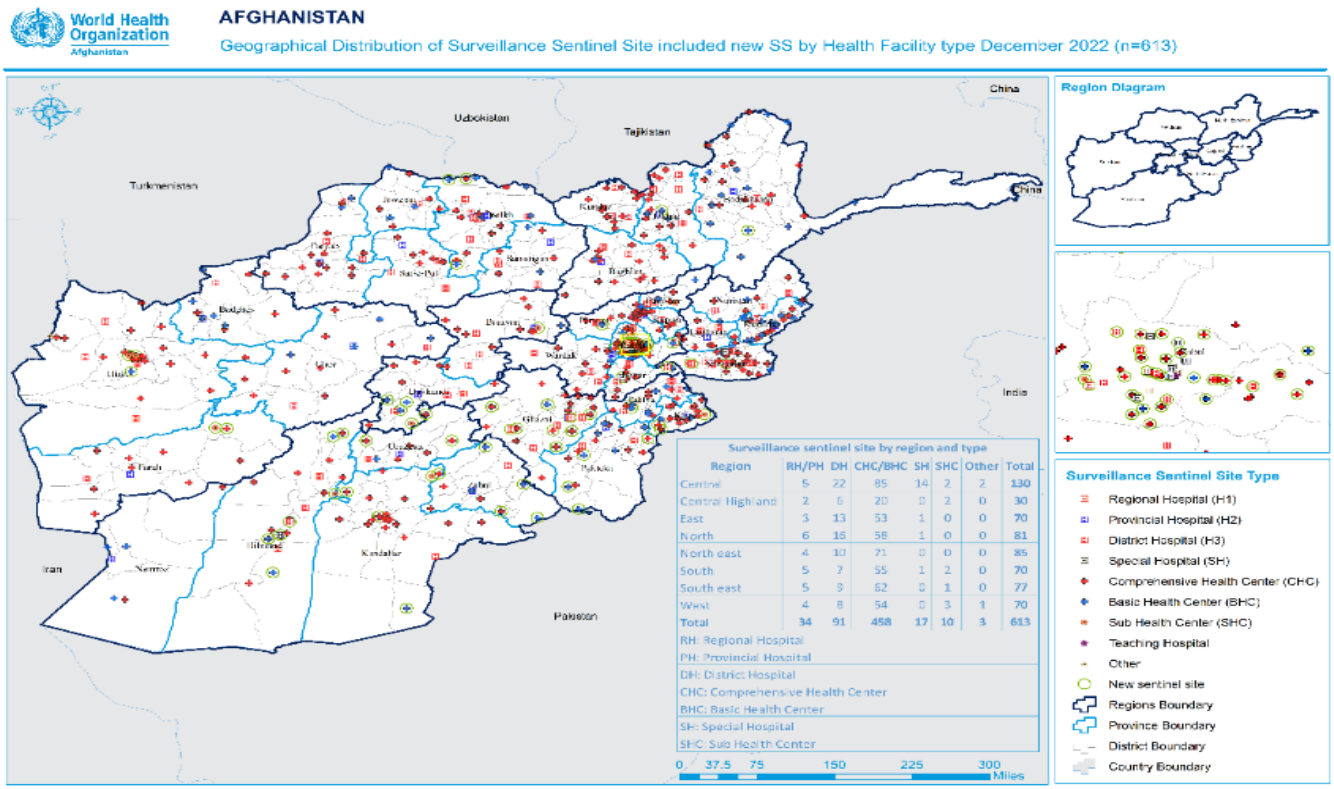
Epidemiological Report | Week # 04 – 2025 **No. 04 (19 – 25 Jan 2025)**

Summary:

- Out of **613** functional surveillance sentinel sites, **608 (99.2%)** have submitted reports this week.
- A total of **680,237** new consultations, of which **266,868 (39.2%)** were due to Surveillance targeted diseases. That included **138,718 (52%) males** and **128,150 (48%) females.** Also, **116,254 (43.6%)** people under five years old and **150,614 (56.4%)** people five years old and over were reported this week.
- The main causes of consultations this week were ARI Cough & Cold (**188,531 = 27.7%** cases out of total new consultations), Acute Diarrheal Diseases (**30,835 = 4.5%** cases out of total new consultations), and Pneumonia (**42,032= 6.2%** cases out of total new consultations).
- A total of **476** deaths were reported this week, of which **125 (26.3%)** deaths were due to surveillance-targeted diseases, which include **106 ARI Pneumonia** deaths, **05 suspected Measles** deaths, **04 Suspected Meningitis** deaths, **05 Acute Viral Hepatitis** deaths, **04 Acute Watery Diarrhea** with **Dehydration** deaths and **01 COVID-19** death.
- During this week, **41** outbreaks were reported: **19 Measles** outbreaks, **13 Clinical Scabies** outbreaks, **03 Chickenpox** outbreaks, **03 Dog bite/ suspected Rabies** outbreaks, **02 ARI Pneumonia** outbreaks and **01 Viral Hepatitis** outbreak.
- Moreover, **150** confirmed COVID-19 cases, and **1495** suspected Measles cases (IBS) were reported at the national level.

Figure 1: Surveillance/NDSR Sentinel Sites with GPS location by type of Health Facility, 2025

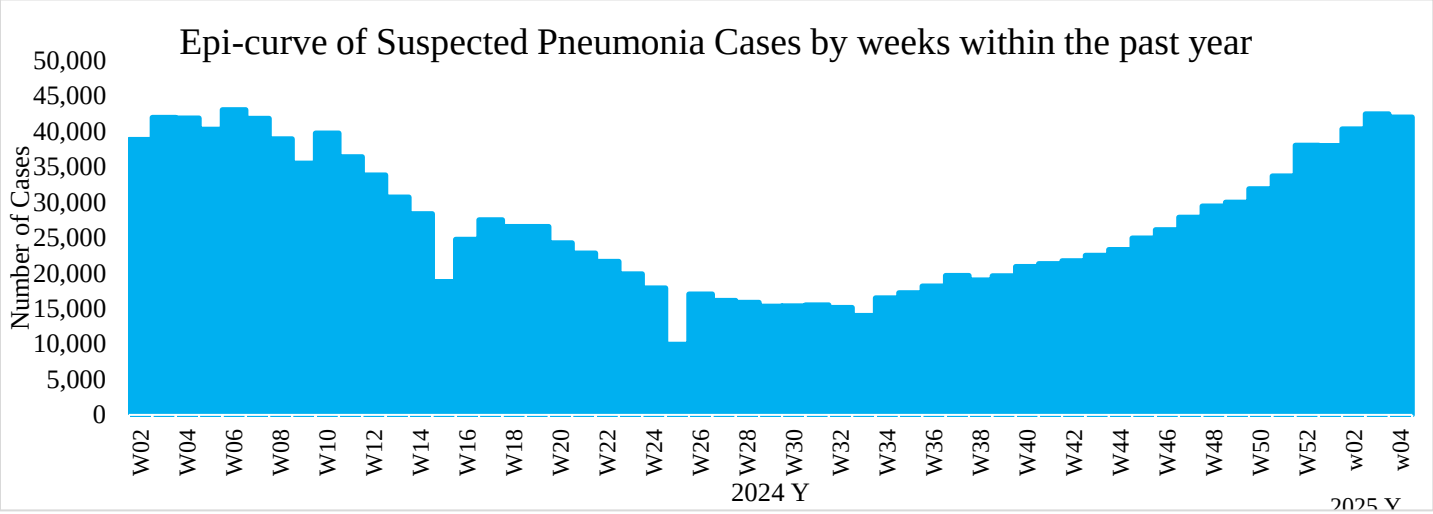


Indicator – based Surveillance (IBS):

The indicator-based surveillance component of the NDSR, reports 17 priority conditions/infectious diseases from sentinel sites on weekly basis. The data is compared with previous weeks and the corresponding weeks of the previous three years, and the alert and epidemic thresholds are checked to see if disease incidence has crossed these levels, and necessary action is initiated.

Figure 2: Epidemic situation of Pneumonia

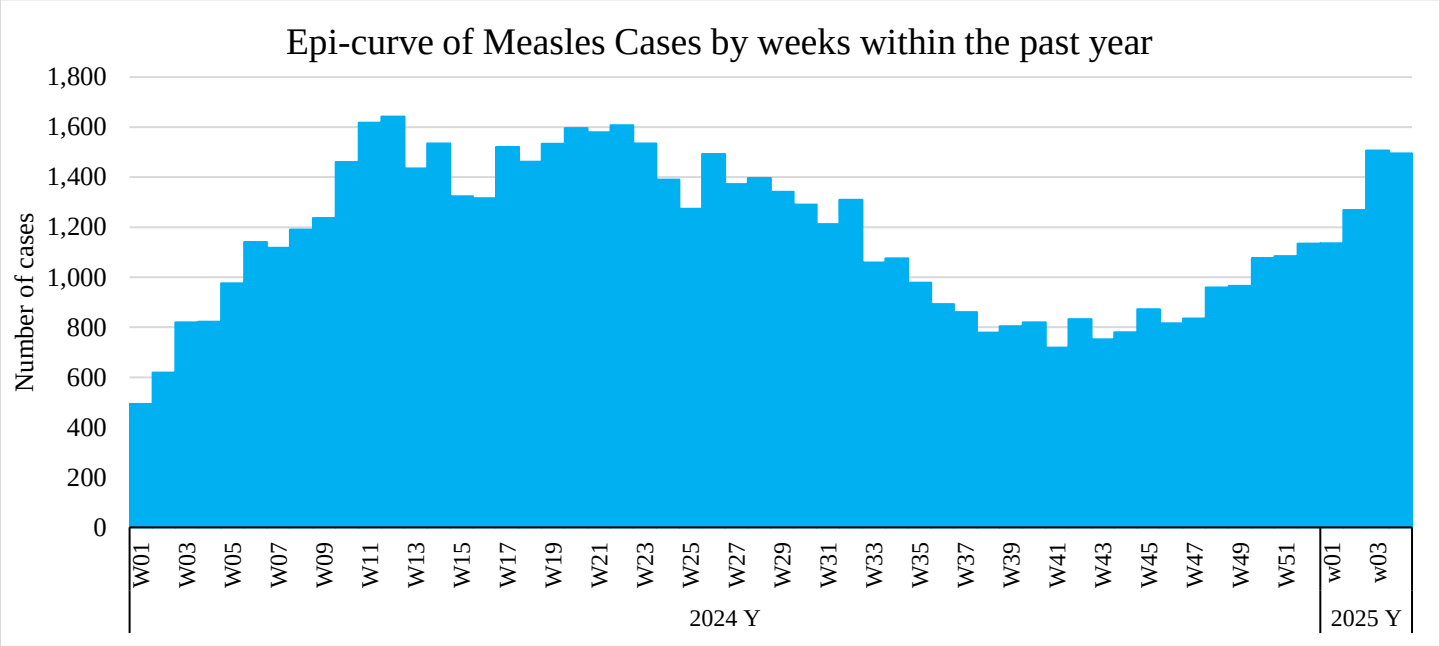
The epi-curve of ARI Pneumonia illustrates a notable increase in pneumonia cases beginning in week 34 of 2024. Additionally, the cases are in the same trend during the first four weeks of 2025 compared to the same period in 2024, but in this week, it is on an increasing trend of 0.2% compared to the previous week.



Indicators	< 5 Y		≥ 5 Y		Total Cases	Deaths	CFR
	Male	Female	Male	Female			
Epi-Week 04	13534	11944	7781	8773	42032	106	0.25 %
Cumulative Incidence	51250	46115	30895	34617	162877	409	0.25 %

Figure 3: Epidemic situation of Measles

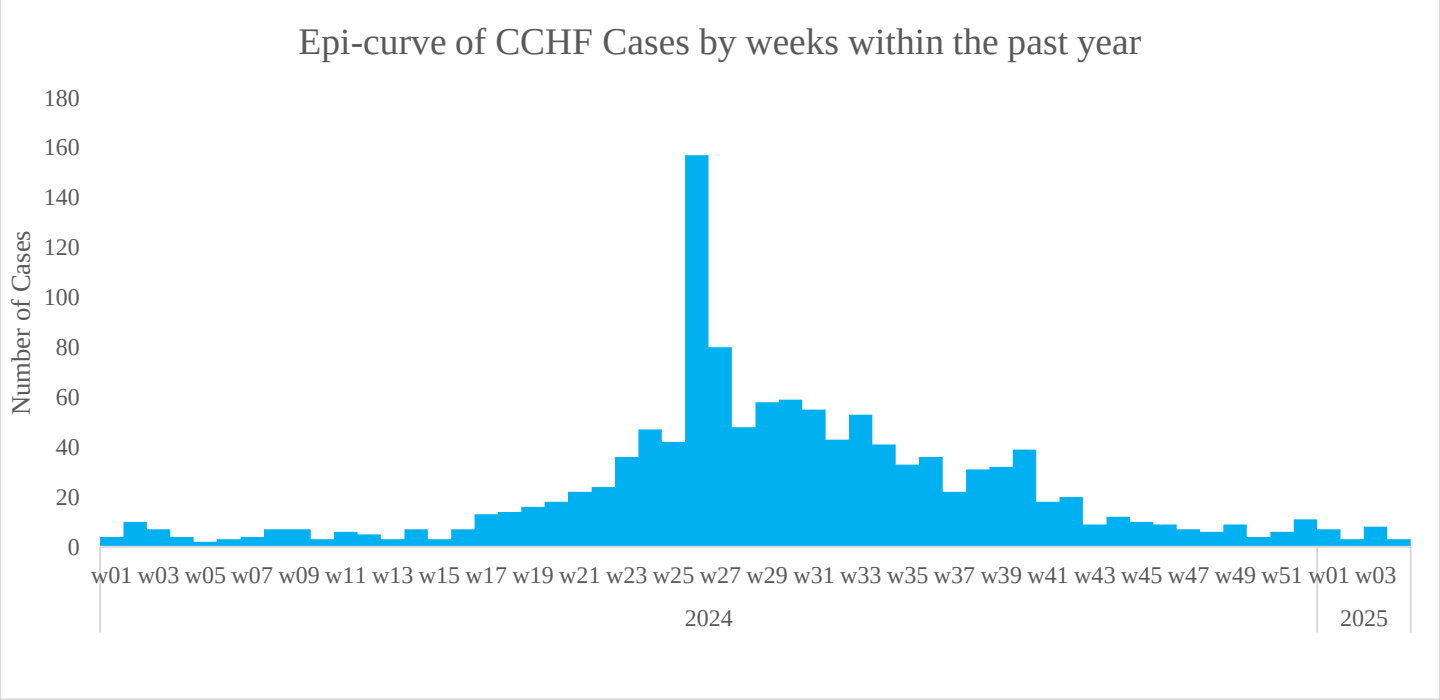
The epi-curve of Measles illustrates a notable increase in cases starting in week 42 of 2024. Additionally, the cases show a significant rise during the first four weeks of 2025 compared to the same period in 2024.



Indicators	< 5 Y		≥ 5 Y		Total Cases	Deaths	CFR
	Male	Female	Male	Female			
Epi-Week 04	665	541	151	138	1495	5	0.3 %
Cumulative Incidence	2414	2081	476	435	5406	27	0.5 %

Figure 4: Epidemic situation of CCHF

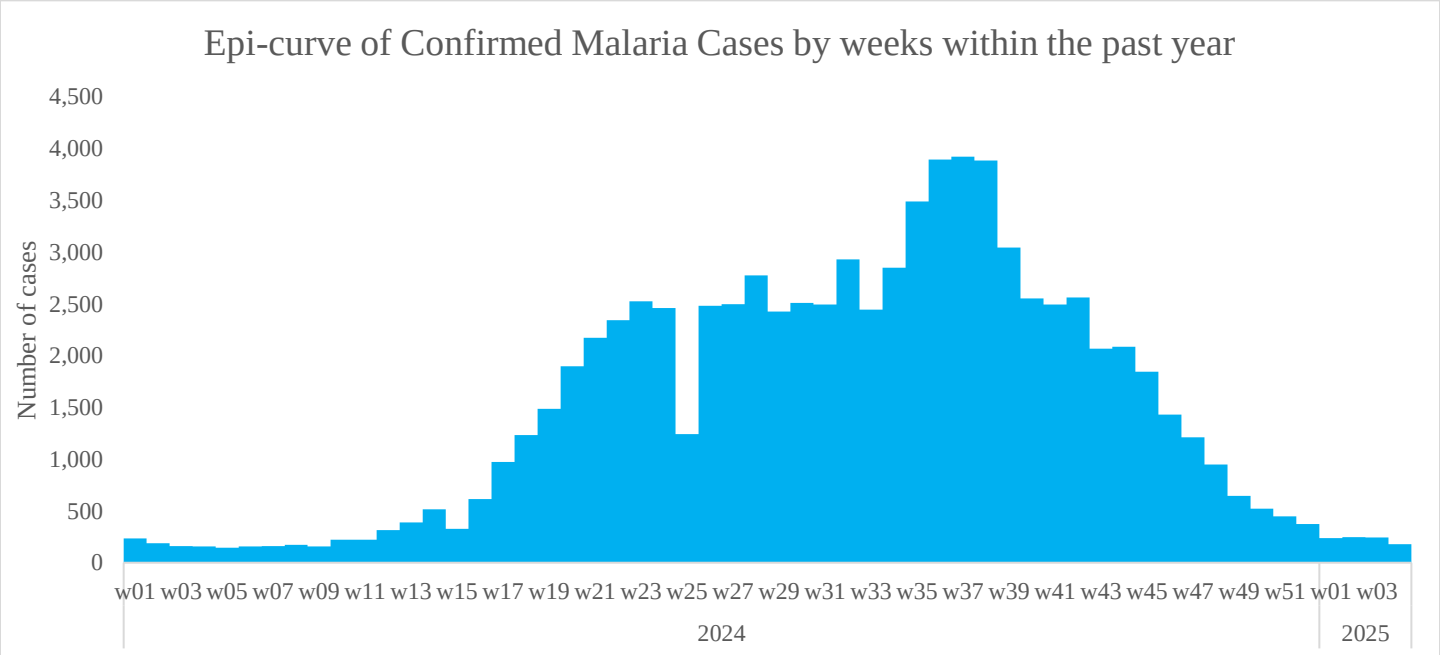
The epi-curve of CCHF illustrates a notable increase in cases starting in week 27 of 2024. Additionally, the cases are in the same trend during the first four weeks of 2025 compared to the same period in 2024.



Indicators	< 5 Y		≥ 5 Y		Total Cases	Deaths	CFR
	Male	Female	Male	Female			
Epi-Week 04	0	0	2	3	5	0	0
Cumulative Incidence	0	0	10	11	21	1	4.7 %

Figure 5: Epidemic situation of Confirmed Malaria

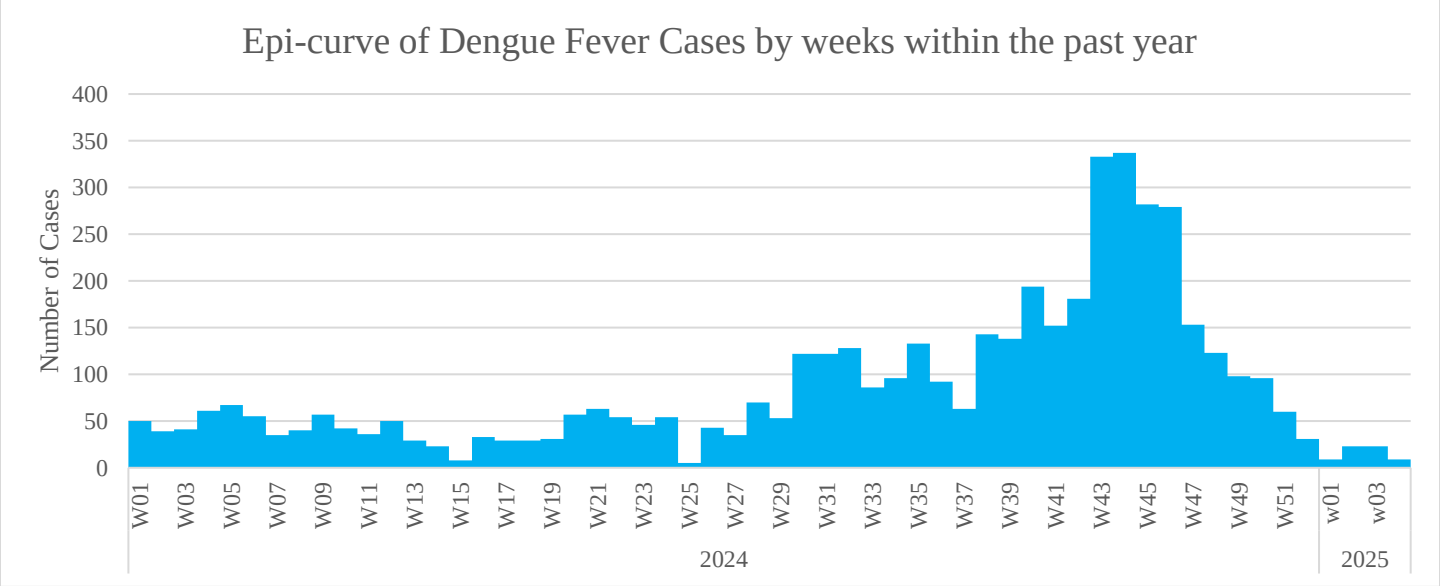
The epi-curve of Malaria illustrates a notable decrease in cases starting in week 39 of 2024. Additionally, the cases are in the same trend during the first four weeks of 2025 compared to the same period in 2024.



Indicators	< 5 Y		≥ 5 Y		Total Cases	Deaths	CFR
	Male	Female	Male	Female			
Epi-Week 04	8	6	95	71	180	0	0
Cumulative Incidence	59	54	427	370	910	0	0

Figure 6: Epidemic situation of Dengue Fever

The epi-curve of Dengue Fever illustrates a notable decrease in cases starting in week 45 of 2024. Additionally, the cases are in a decreasing trend during the first four weeks of 2025 compared to the same period in 2024.

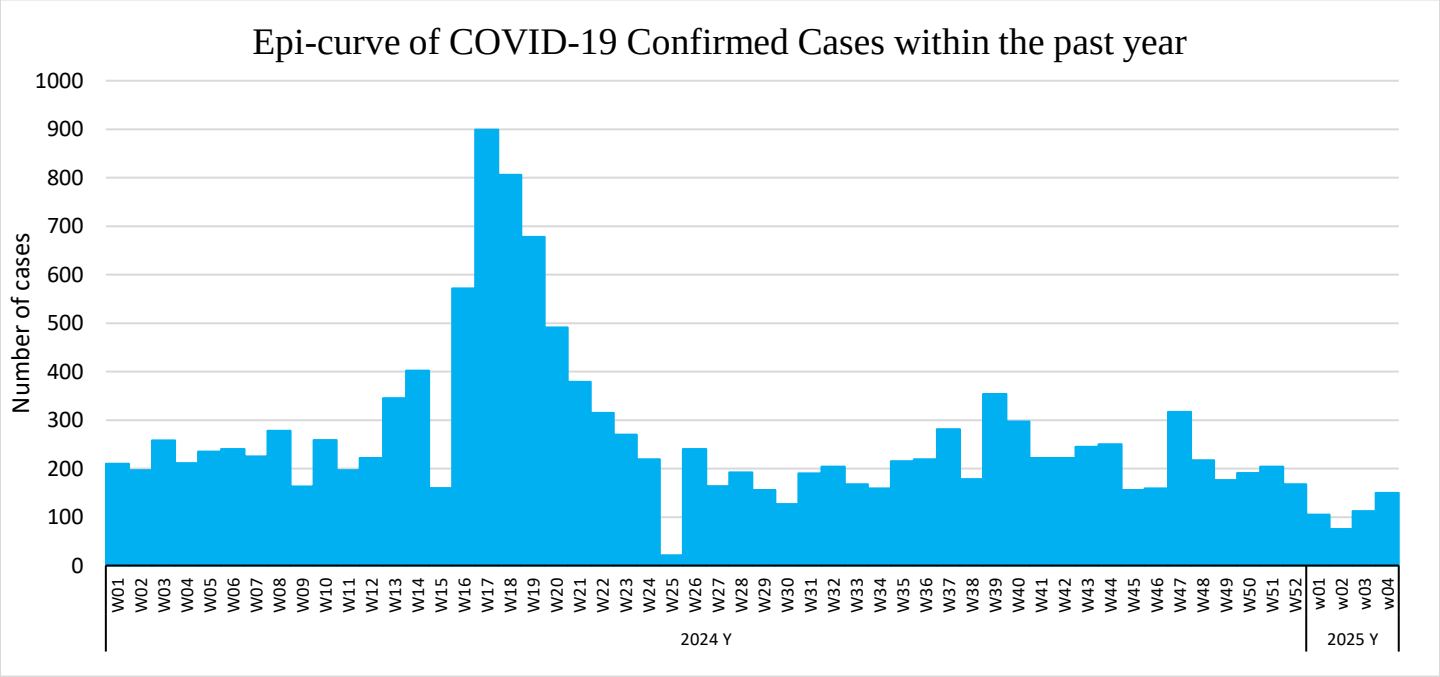


Indicators	< 5 Y		≥ 5 Y		Total Cases	Deaths	CFR
	Male	Female	Male	Female			
Epi-Week 04	0	0	5	4	9	0	0
Cumulative Incidence	0	0	28	36	64	0	0

Figure 7: Epidemic situation of COVID-19

The epi-curve of COVID-19 shows a notable increase in the number of cases from weeks 16 to 22 of 2024. However, at the beginning of 2025, the number of cases is significantly lower in the first four weeks of 2025 compared to the same period in 2024.

- **Specimens Tested:** 1744
- **Positive Cases:** 159 (9.1 % positivity rate, up by 3.5 % from the previous week)
- **Contacts Traced:** **77** contacts out of **21** were traced that were mostly family members, with an average of 4 contacts per case
- **Number of passengers** screened for COVID-19 at the three points of entry (Kandahar, Nangarhar and Nimroz provinces) = 44,710



Indicators	< 5 Y		≥ 5 Y		Total Cases	Deaths	CFR
	Male	Female	Male	Female			
Epi-Week 04	5	7	946	899	1857	1	0.05 %
Cumulative Incidence	26	42	3936	3894	7898	12	0.15 %

Table 1: Afghanistan Infectious Disease Outbreaks report | Epidemiological week # 04-2025

Event / Diseases Name	Reported date	Province	District	Village	Total Cases	Total Deaths	Vaccination coverage, If VPD	
							HF reported coverage	Field Estimated Coverage
Suspected Measles	21/01/25	Balkh	Mazar-I-Sharif City	Balkh-e Bastan	9	0	95%	85%
	16/01/25	Farah	Farah City	Soor	10	0	81%	40%
	21/01/25	Ghazni	Center	Shahrak Mahjeerin	21	0	85%	30%
	24/01/25	Ghor	Taywara	Siachob	7	0	100%	25%
	18/01/25	Helmand	Marjah	Block #6	10	0	80%	10%
	21/01/25	Helmand	Kajaki	Safid Hesar Shah	10	0	75%	8%
	23/01/25	Jawzjan	Qush Tepa	Charsai	7	0	100%	25%
	18/01/25	Kabul	12	Arzan Qimat	7	0	58%	44%
	19/01/25	Kandahar	Dand	Qasam Poll	5	0	90%	70%
	22/01/25	Kandahar	Boldak	Rabat Kochian	5	0	50%	30%
	19/01/25	Kunduz	Emam Sahib	Halqa Kol	11	0	60%	20%
	21/01/125	Kunduz	Emam Sahib	Gozari Nayeeb	13	0	56%	31%
	18/01/25	Nuristan	Waygale	Gaket	17	0	91%	25%
	19/01/25	Saripul	Saripul	Naw Abaad	9	0	90%	60%
	24/01/25	Urozgan	Tarin-Kot	Wach Naqil	13	0	54%	38%
	24/01/25	Urozgan	Chinartoo	Chaka-Joy	12	0	85%	42%
	19/01/25	Zabul	Meezan	Hassana	8	0	90%	34%
	21/01/25	Zabul	Khaki-Afghna	Sra Qalla	10	0	87%	28%
	23/01/25	Zabul	Jaldak	Haji Ghani Jaldak Tarnak	7	0	90%	68%
ARI Pneumonia	16/01/2025	Badakhshan	Zebak	Dashteikhan	56	0	0	0
	18/01/25		Eshkashum	Gharan	39	3	0	0
Viral Hepatitis	22/01/25	Bamyan	Waras	Qushang Joy and Quta	21	0	0	0
Scabies	13 Clinical Scabies Outbreaks Were Reported from Bamyan (**01**), Ghazni (**01**), Kabul (**01**), Kapisa (**01**), Kunar (**01**), Nangarhar (**01**), Nuristan (**02**), Panjshir (**01**), Takhar (**03**) and Wardak (**01**) Provinces. (Total Number of Cases = 609)							
Chickenpox	03 Clinical Chickenpox Outbreaks Were Reported from Herat (**01**), Paktia (**01**) and Laghman (**01**) Provinces. (Total Number of Cases = 114).							
Dog bite/ suspected Rabies	03 Dog Bite/ Suspected Rabies Outbreaks Were Reported from Khost (**01**), Logar (**01**) and Paktika (**01**) Provinces. (Total Number of Cases = 19).							

Figure 8: Measles, Scabies, Dog bite/suspected Rabies, Chickenpox, ARI Pneumonia, Viral Hepatitis, COVID-19 cases, and deaths during 04th week of 2025.

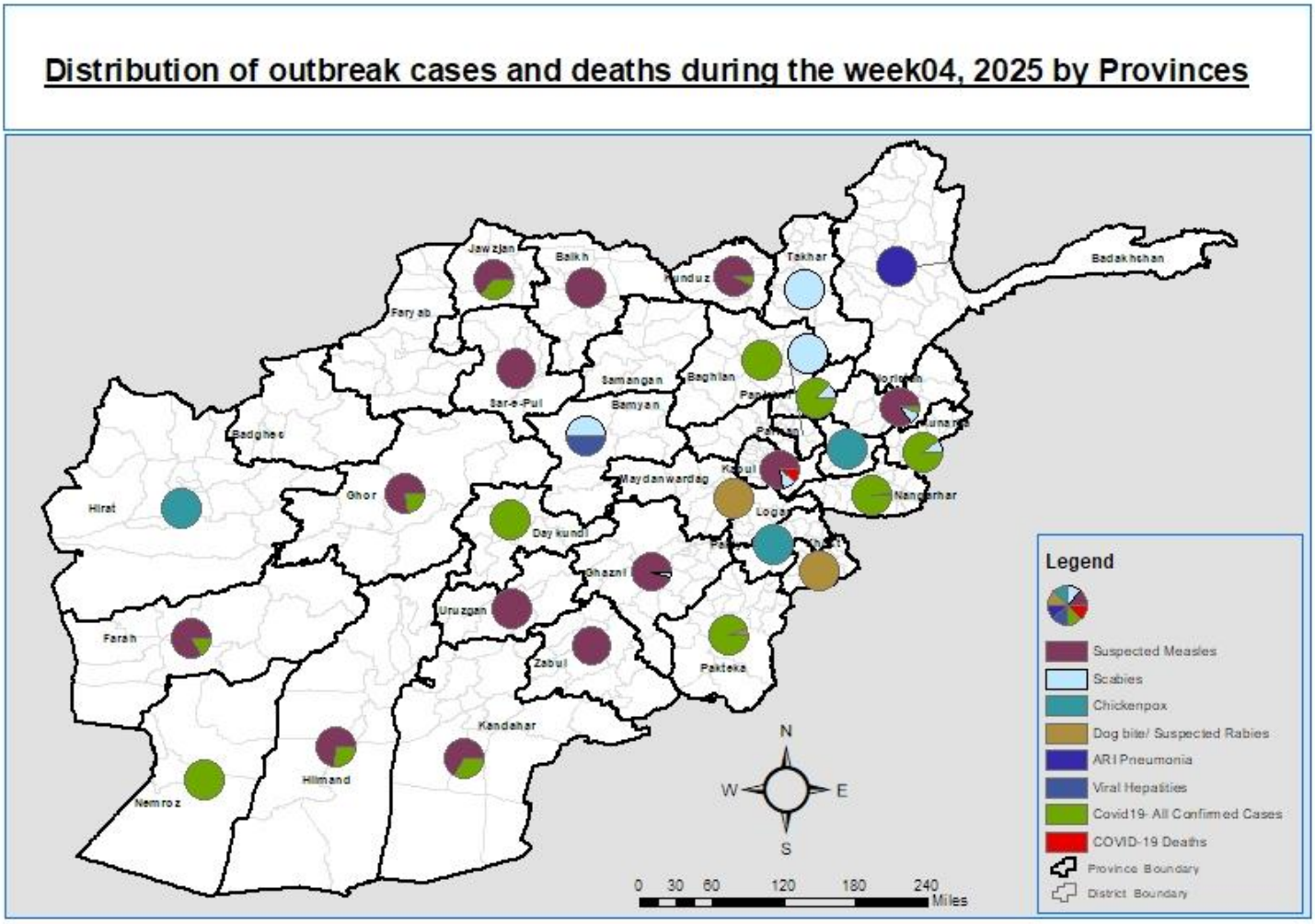


Table 2: Updated cumulative outbreak reports during 2025 (29 Dec 2024 to 25 Jan 2025)

Disease/Event	**Disease/Event**	**Lab-Confirm**	**Total Cases**	**Total Deaths**
Measles	69	18	762	18
Chickenpox	14	06	232	0
Clinical Scabies	28	0	1026	0
Dog bite/Suspected Rabies	8	0	53	1
ARI-Pneumonia	3	0	117	4
Viral Hepatitis	3	0	41	0
Pertussis	2	1	20	0
Anthrax	1	0	1	0
Tinea Capitis	1	0	16	0
Grand Total	**129**	**25**	**2268**	**23**

Laboratory Surveillance:

Lab Specimens	No of Specimen Tested	Specimen Confirmed	Positivity Rate
COVID-19	783	117	14.9
SARI	59	12	20.3
ILI	39	7	17.9
Measles	411	211	51.3
Pertussis	13	1	7.7
Dengue Fever	0	0	0.0
Chickenpox	24	8	33.3
CCHF	10	1	10.0
AWD (Cholera)	3	0	0.0
Brucellosis	0	0	0.0
ARI/Pneumonia	0	0	0.0
Typhoid	0	0	0.0
Monkey pox	0	0	0.0
Hepatitis	68	24	35.3
Water Sample	0	0	0.0
Total	**1410**	**381**	**12.9**

Influenza Surveillance activities:

In 04th Epidemiological week of 2025, we have received reports from all ten influenza sites (Kabul, Kandahar, Balkh, Herat, Bamyan, Baghlan, Nangarhar, Kapisa, Paktia, and Badakhshan) provinces. Out of all new hospital admissions, 2033 (22,9%) Severe Acute Respiratory Infections cases were reported, and 1380 (67,8%) were under 5 years old. The proportion of SARI cases increased compared to the week 03-2025, 67 SARI-associated deaths were reported this week. At the 10 Influenza sentinel sites, the top sites with the highest proportion of SARI cases were Kapisa (49,2%), Kabul (49%) and Nangarhar (44%). During this week, our field staff collected 60 SARI and 40 ILI specimens, which were then shipped to the NIC in Kabul.

Challenges and recommendations:

- Scabies cases are on increasing trend as a public health challenge due to unimproved lifestyle of the community.
- Chickenpox cases are on increasing trend, and it is recommended to provide its vaccine through the national EPI.
- Dog-bite cases are on increasing trend, and it is recommended to provide its control measure through the Zoonotic committee in national level.
- COVID-19 preventive and control measures should be strengthened.
- Vaccine preventable diseases (especially Measles and Pertussis vaccination and preventive measures) should be strengthened.
- The measles response strategy should be reviewed to respond to the current measles epidemic situation.
    - **EPI**: As the surveillance system detected **1686 (IBS+EBS)** suspected Measles cases with **05 (IBS+EBS)** deaths at the national level, further prevention and control measures should be conducted by the EPI team.
- The findings should be analyzed further at different levels, and appropriate actions should be taken by the concerned department.