

Ministry of Public Health

Monitoring Evaluation & Health Information System GD

وزارت صحت عامه

Diseases Surveillance Department

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ریاست عمومی نظارت ارزیابی و سیستم معلومات صحتی

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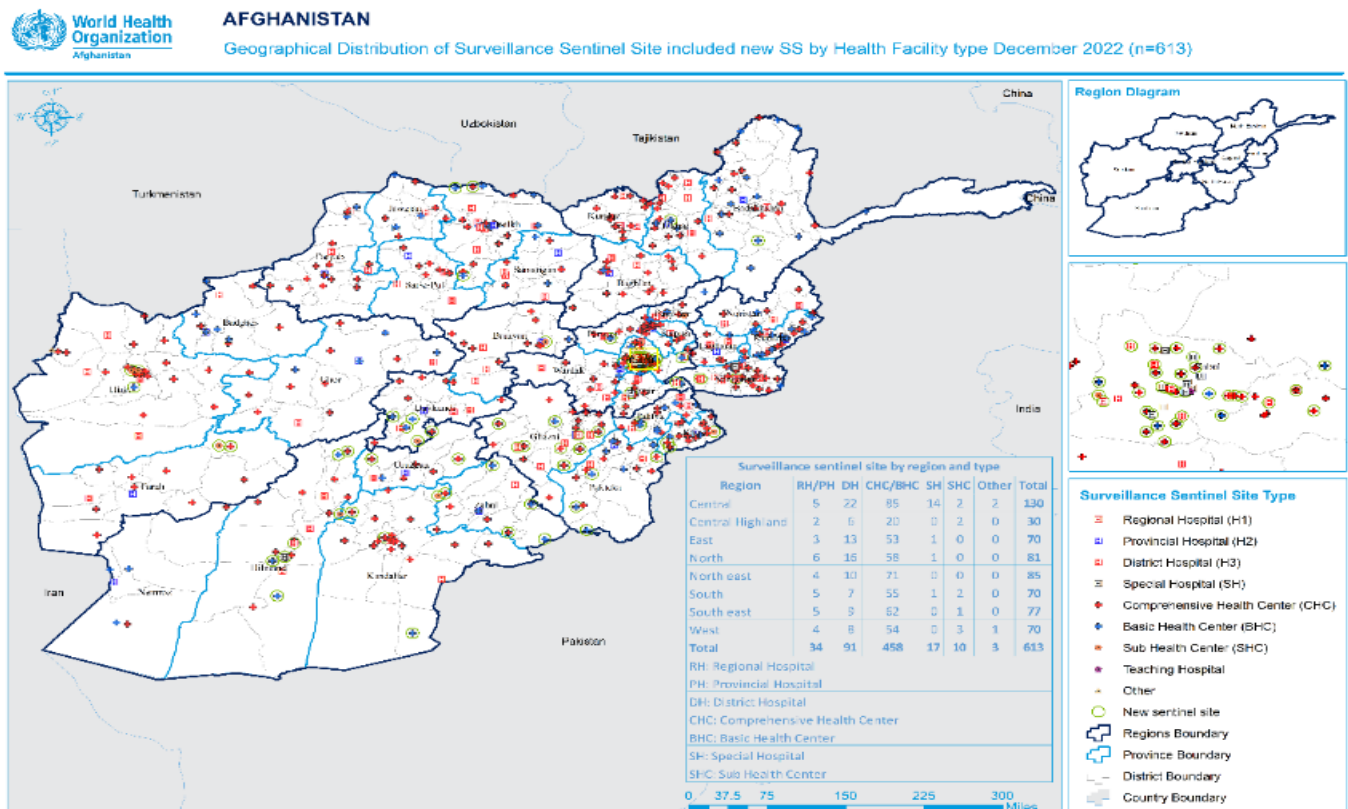
Epidemiological Report | Week # 08 – 2025

No. 08 (16 – 22 Feb 2025)

Summary:

- Out of **613** functional surveillance sentinel sites, **611 (99.7%)** have submitted reports this week.
- A total of **700,578** new consultations, of which **270,787 (38.7%)** were due to Surveillance targeted diseases. That included **142,038 (52.5%) males** and **128,739 (47.5%) females**. Also, **125,739 (46.4%)** people under five years old and **145,048 (53.6%)** people five years old and over were reported this week.
- The main causes of consultations this week were ARI Cough & Cold (**188,681 = 26.9%** cases out of total new consultations), Acute Diarrheal Diseases (**32,347 = 4.6%** cases out of total new consultations), and Pneumonia (**43,538 = 6.2%** cases out of total new consultations).
- A total of **435** deaths were reported this week, of which **103 (23.7%)** deaths were due to surveillance-targeted diseases, which include **71 ARI Pneumonia** deaths, **21 suspected Measles** deaths, **07 Suspected Meningitis** deaths, **03 Acute Viral Hepatitis** deaths and **01 Neonatal Tetanus** death.
- During this week, **45** outbreaks were reported: **19 Measles** outbreaks, **13 Scabies** outbreaks, **07 Chickenpox** outbreaks, **02 ARI Pneumonia** outbreaks, **01 Dog bite/suspected Rabies** outbreak, **01 Typhoid Fever** outbreak, **01 Pertussis** outbreak, and **01 Mumps** outbreak.
- Moreover, **44** confirmed COVID-19 cases, and **2182** 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

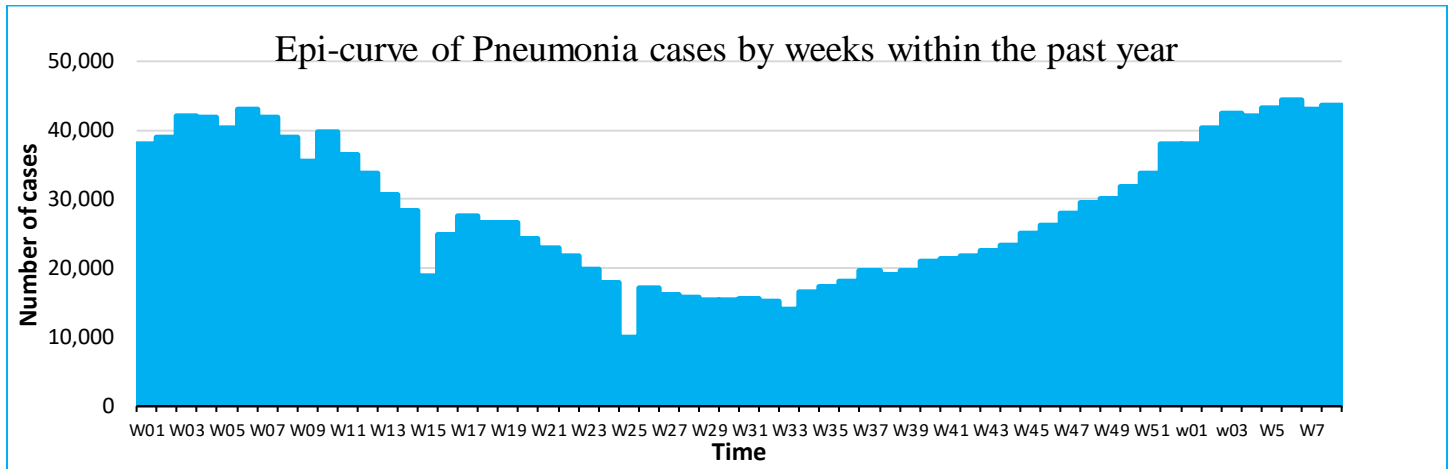


Indicator – based Surveillance (IBS):

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

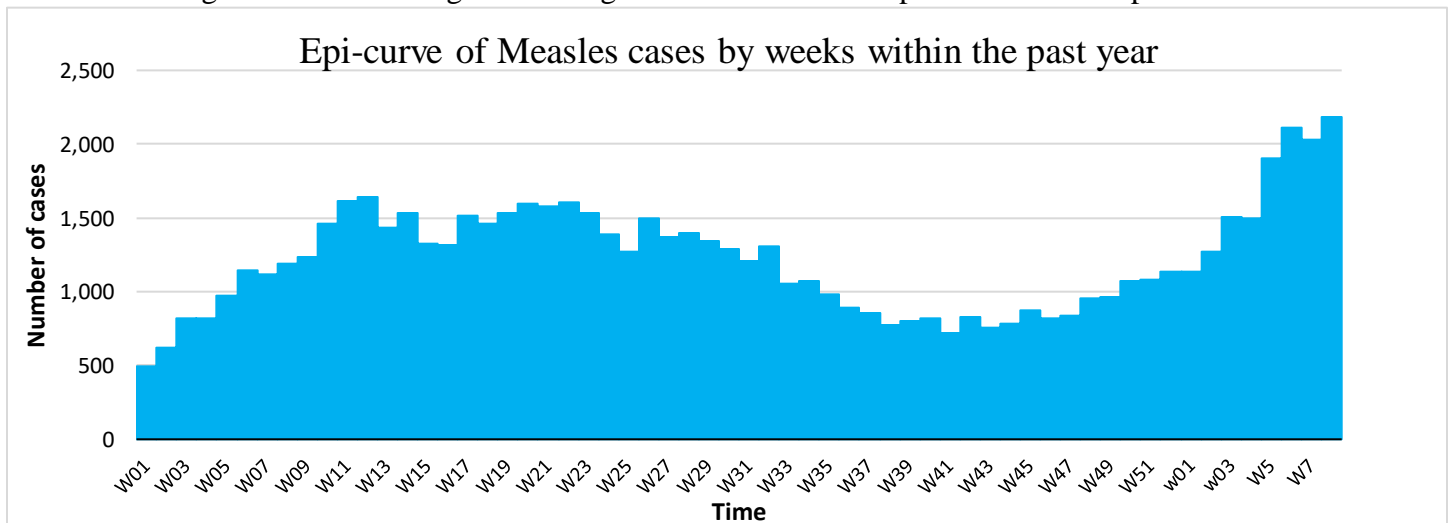
The epi-curve of ARI Pneumonia illustrates a notable increase in pneumonia cases beginning in week 34 of 2024. Additionally, the cases are in the same trend during the first eight weeks of 2025 compared to the same period in 2024, meanwhile, this week, it is on same trend compared to the previous week.



Indicators	< 5 Y		≥ 5 Y		Total Cases	Deaths	CFR
	Male	Female	Male	Female			
Epi-Week 08	15277	13540	6908	7813	43538	71	0.16%
Cumulative Incidence	110091	98989	60239	67659	336978	760	0.23%

Figure 3: Epidemic situation of Measles

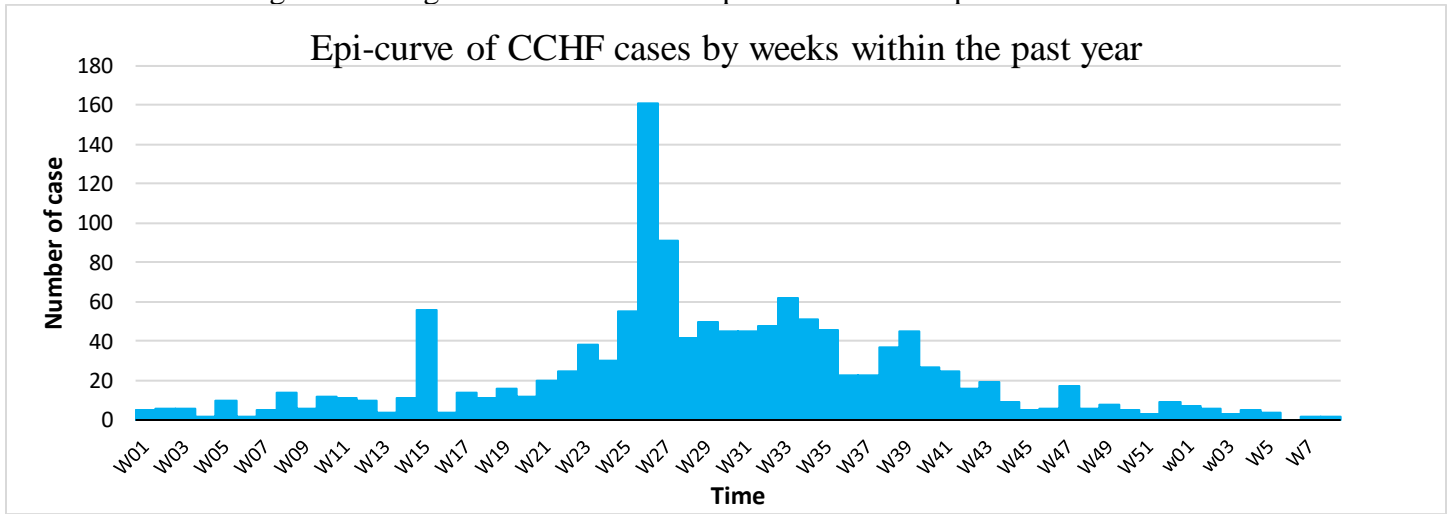
The epi-curve of Measles illustrates a notable increase in cases starting in week 42 of 2024. Additionally, the cases show a significant rise during the first eight weeks of 2025 compared to the same period in 2024.



Indicators	< 5 Y		≥ 5 Y		Total Cases	Deaths	CFR
	Male	Female	Male	Female			
Epi-Week 08	944	871	200	167	2182	21	0.96%
Cumulative Incidence	5961	5271	1274	1125	13631	90	0.66%

Figure 4: Epidemic situation of CCHF

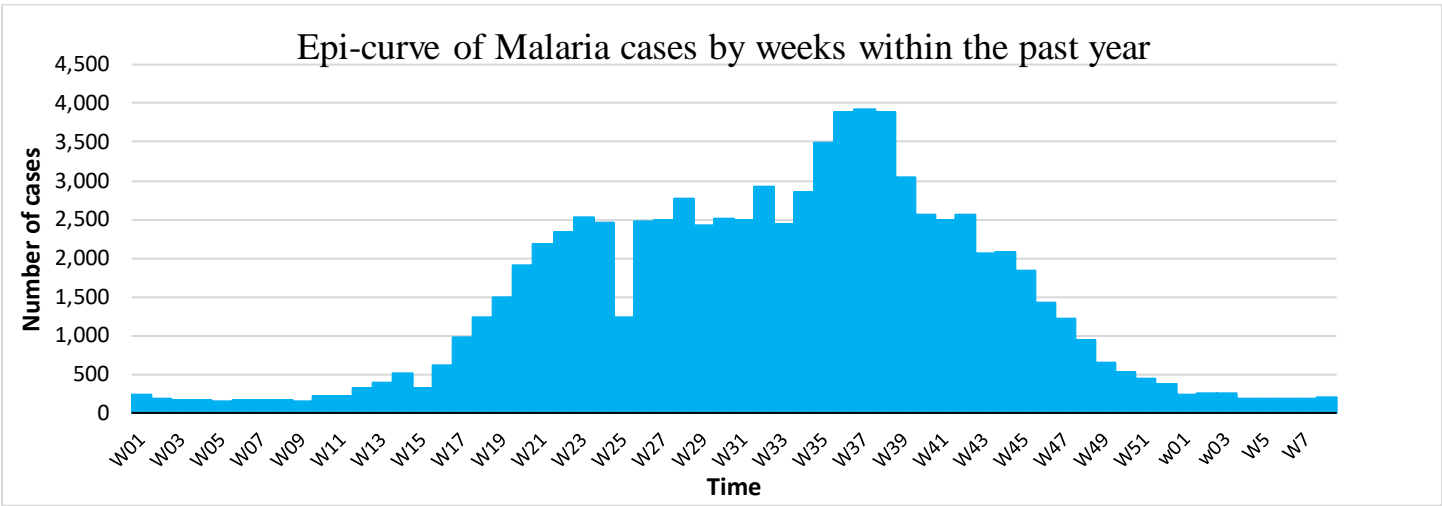
The epi-curve of CCHF illustrates a notable increase in cases in week 27 of 2024. Additionally, the cases are in the same trend during the first eight weeks of 2025 compared to the same period in 2024.



Indicators	< 5 Y		≥ 5 Y		Total Cases	Deaths	CFR
	Male	Female	Male	Female			
Epi-Week 08	0	0	1	1	2	0	0
Cumulative Incidence	0	0	15	14	29	1	3%

Figure 5: Epidemic situation of Confirmed Malaria

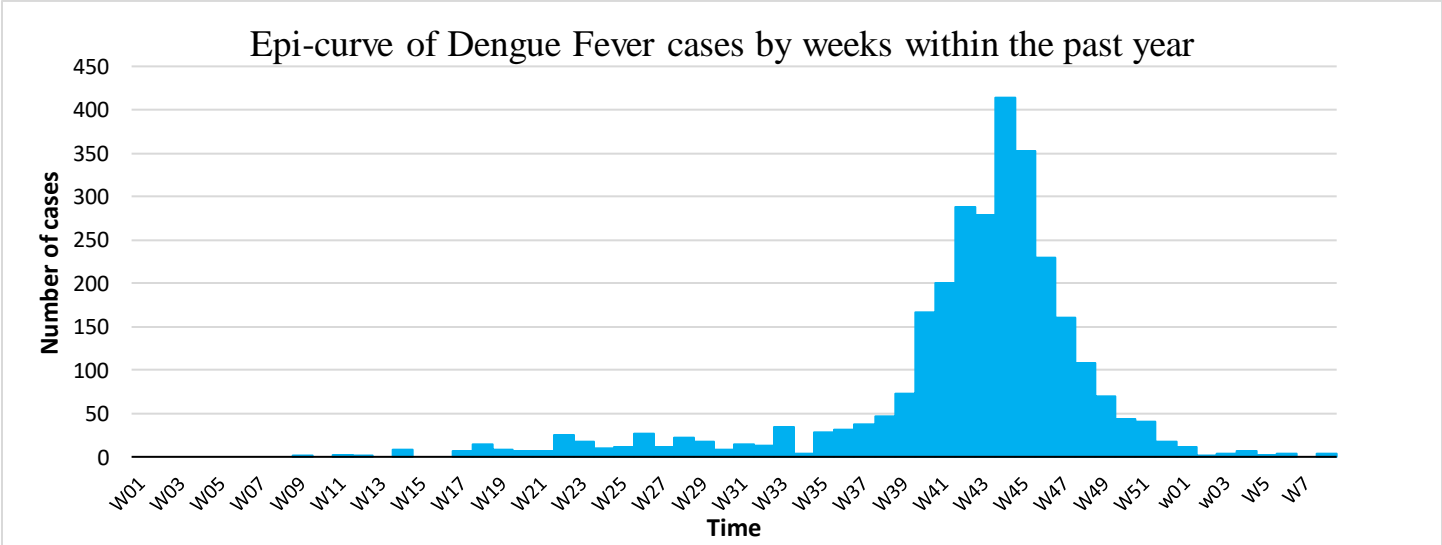
The epi-curve of Malaria illustrates a notable decrease in cases starting in week 39 of 2024. Additionally, the cases are in the same trend during the first eight weeks of 2025 compared to the same period in 2024.



Indicators	< 5 Y		≥ 5 Y		Total Cases	Deaths	CFR
	Male	Female	Male	Female			
Epi-Week 08	13	17	95	73	198	0	0%
Cumulative Incidence	111	103	793	655	1662	0	0%

Figure 6: Epidemic situation of Dengue Fever

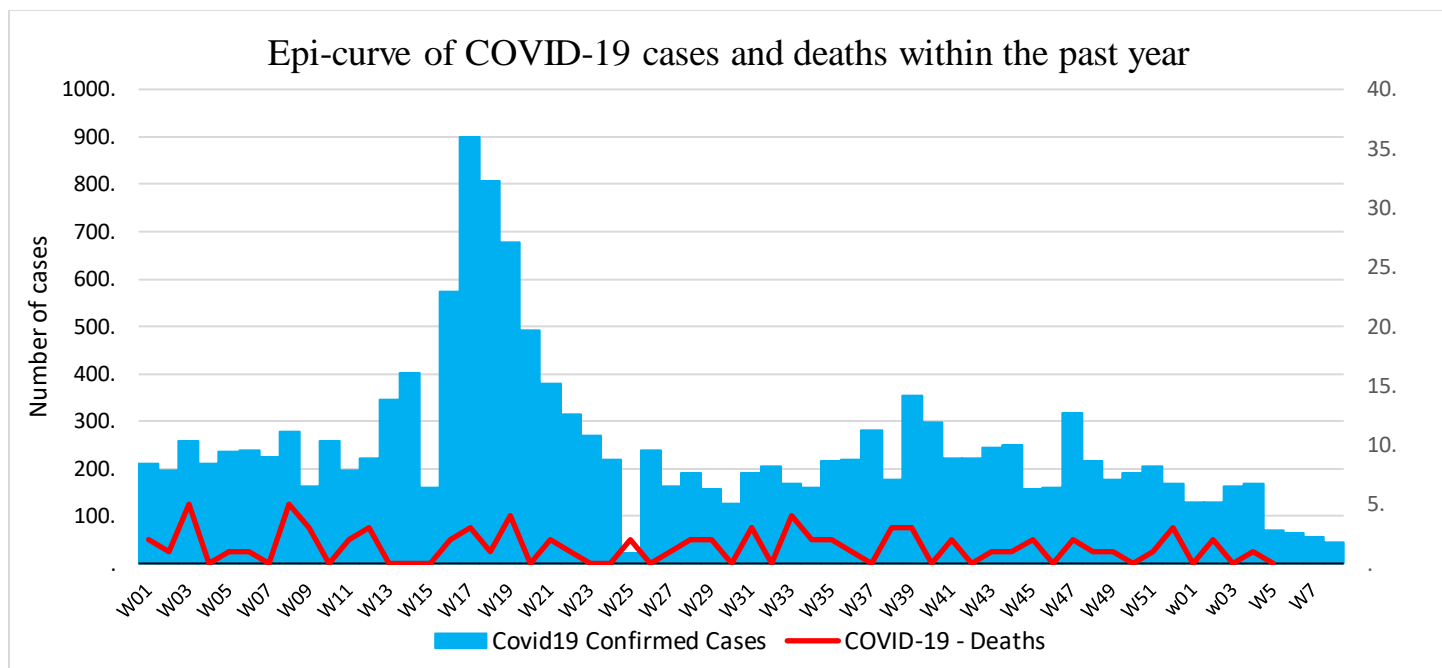
The epi-curve of Dengue Fever illustrates a notable decrease in cases starting in week 45 of 2024. Additionally, the cases are in a decreasing trend during the first eight weeks of 2025 compared to the same period in 2024.



Indicators	< 5 Y		≥ 5 Y		Total Cases	Deaths	CFR
	Male	Female	Male	Female			
Epi-Week 06	0	0	2	2	4	0	0%
Cumulative Incidence	0	0	13	17	30	0	0%

Figure 7: Epidemic situation of COVID-19

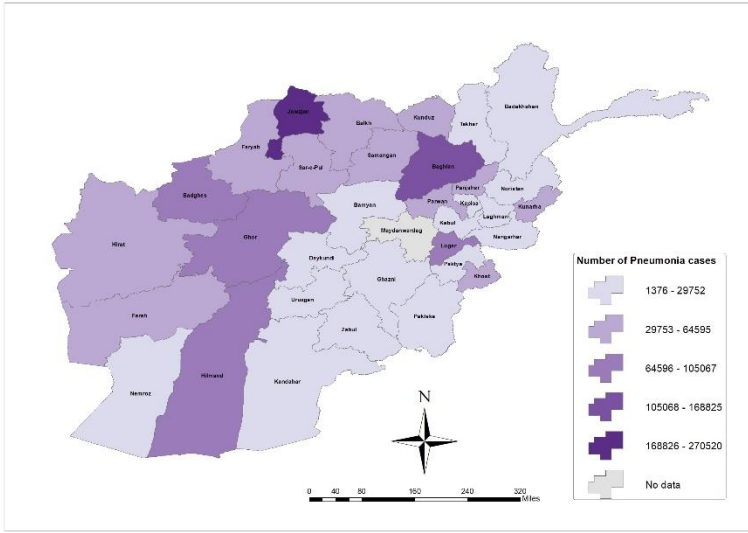
The epi-curve of COVID-19 shows a notable increase in the number of cases from weeks 16 to 22 of 2024. However, at the beginning of 2025, the number of cases is significantly lower in the first eight weeks of 2025 compared to the same period in 2024.



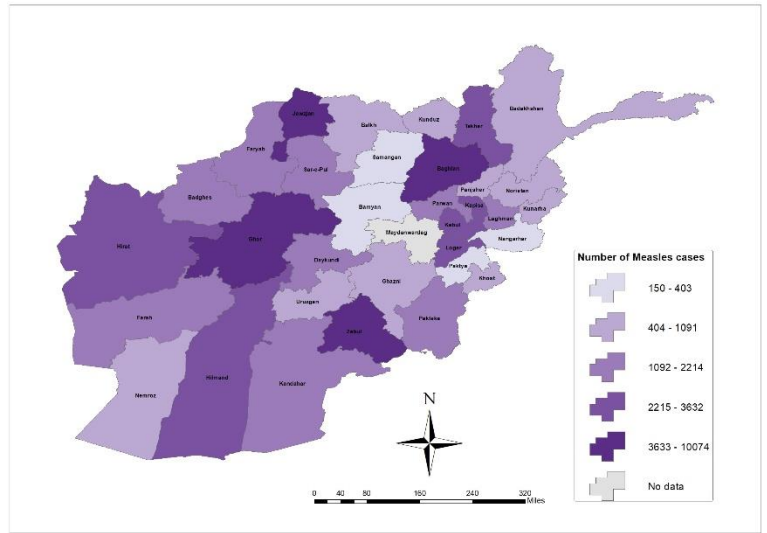
Indicators	< 5 Y		≥ 5 Y		Total Cases	Deaths	CFR
	Male	Female	Male	Female			
Epi-Week 06	7	6	914	873	44	0	0.0%
Cumulative Incidence	69	69	6655	6584	13377	12	0.09%

Figur 8; Geographically cumulative cases by province in Afghanistan 29 Dec 2024-22 Feb 2025

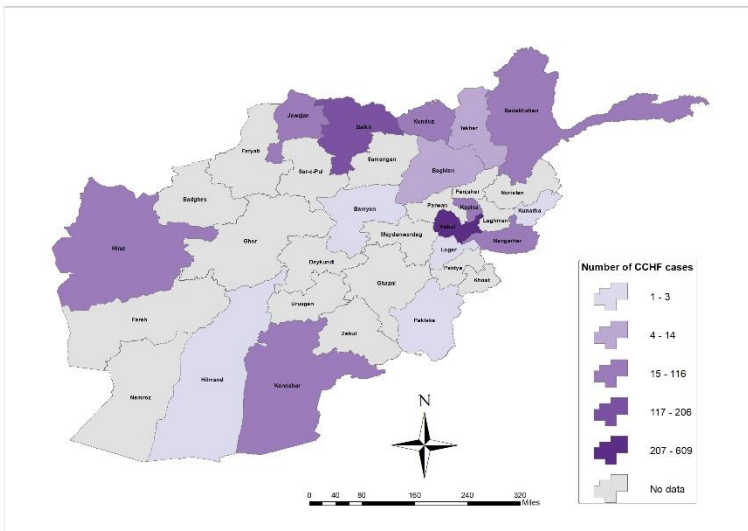
Figur 8: A (Pneumonia)



Figur 8: B (Measles)



Figur 8: C (CCHF)



Figur 8: D (Malaria)

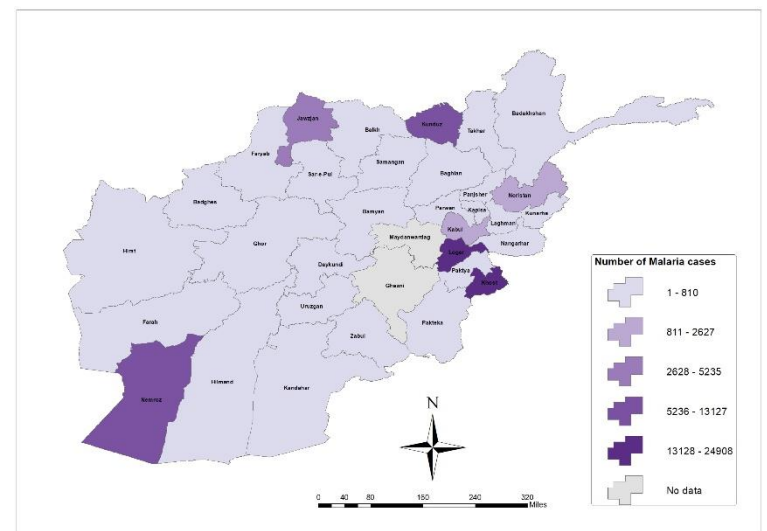


Table 1: Afghanistan Infectious Disease Outbreaks report | Epidemiological week # 08-2025

Event / Diseases Name	Reported date	Province	District	Village	Total Cases	Total Deaths	Vaccination coverage, If VPD	
							HF reported coverage	Field Estimated Coverage
Suspected Measles	11/02/2025	Sar e Pul	Gosfandee	Alaghan Afghania	11	0	87%	90%
	17/02/2025	Sar e Pul	Sar-e-Pul	Faiz Abaad	13	0	114%	80%
	18/02/2025	Kabul	Istalif	Dara e Estalif	15	0	40%	12%
	18/02/2025	Badakhshan	Argo	Qoshqlaq	23	0	90%	82%
	20/02/2025	Badakhshan	Baharak	Formoragh	24	0	90%	82%
	18/02/2025	Zabul	Shah-joy	Painda khil	8	0	98%	10%
	18/02/2025	Helmand	Garamsir	Hazarjoft Bazar	7	0	10%	70%
	18/02/2025	Helmand	Nahre-Sarag	Nowzad river	5	0	70%	10%
	20/02/2025	Urozgan	Chinarto	Mo Shahi	8	0	118%	35%
	16/02/2025	Paktika	Sharan	Sharan	7	0	94%	72%
	16/02/2025	Paktya	Gardez	Rabat	9	0	15%	80%
	19/02/2025	Paktya	Gardez	Baghka	9	0	60%	40%
	16/02/2025	Farah	Khak-e-Safid	Kariz Sadeq	8	0	38%	20%
	16/02/2025	Badghis	Moqur	Tal-e-Khoshk	5	1	63%	20%
	17/02/2025	Badghis	Qadis	Khwaja Ahmad Quly	9	0	59%	0%
	19/02/2025	Herat	City	Female Prison	8	0	90%	80%
	20/02/2025	Ghor	Taywara	Kilgo	9	0	65%	15%
	17/02/2025	Logar	Puli Alam	Jawzar	12	0	NA	NA
15/02/2025	Herat	City	Shalbafan	11	0	100%	95%	
Scabies	13 Scabies outbreaks were reported from Kapisa (02), Takhar (02), Ghazni (02), Kabul (01), Kunduz (01), Nangarhar (01), Pakya (01), Panjshir (01), Zabul (01) and Jawzjan (01) provinces. (Total Number of Cases = 369)							
Chickenpox	07 Chickenpox outbreaks were reported from Laghman (01), Kandahar (01), Kapisa (01), Herat (01), Ghor (01), Logar (01), and Bamyan (01) provinces. (Total Number of Cases = 100)							
ARI Pneumonia	02 ARI Pneumonia outbreaks were reported from Parwan (01), and Bamyan (01) provinces. (Total Number of Cases = 66)							
Dog bite/ suspected Rabies	01 Dog bite/suspected Rabies outbreak was reported from Kunar province. (Total Number of Cases = 23)							
Mumps	01 Mumps outbreak was reported from Bamyan province. (Total Number of Cases = 38)							
Pertussis	01 Pertussis outbreak was reported from Kapisa province. (Total Number of Cases = 11)							

Typhoid Fever

01 Typhoid outbreak was reported from Zabul province.
(Total Number of Cases = 31)

Figure 8: (Total outbreaks = 45) 19 Measles outbreaks, 13 Clinical Scabies outbreaks, 07 Chickenpox outbreaks, 02 ARI-Pneumonia outbreaks, 01 Dog bite/suspected Rabies outbreak, 01 Mumps outbreak, 01 Pertussis outbreak and 01 Typhoid Fever outbreak.

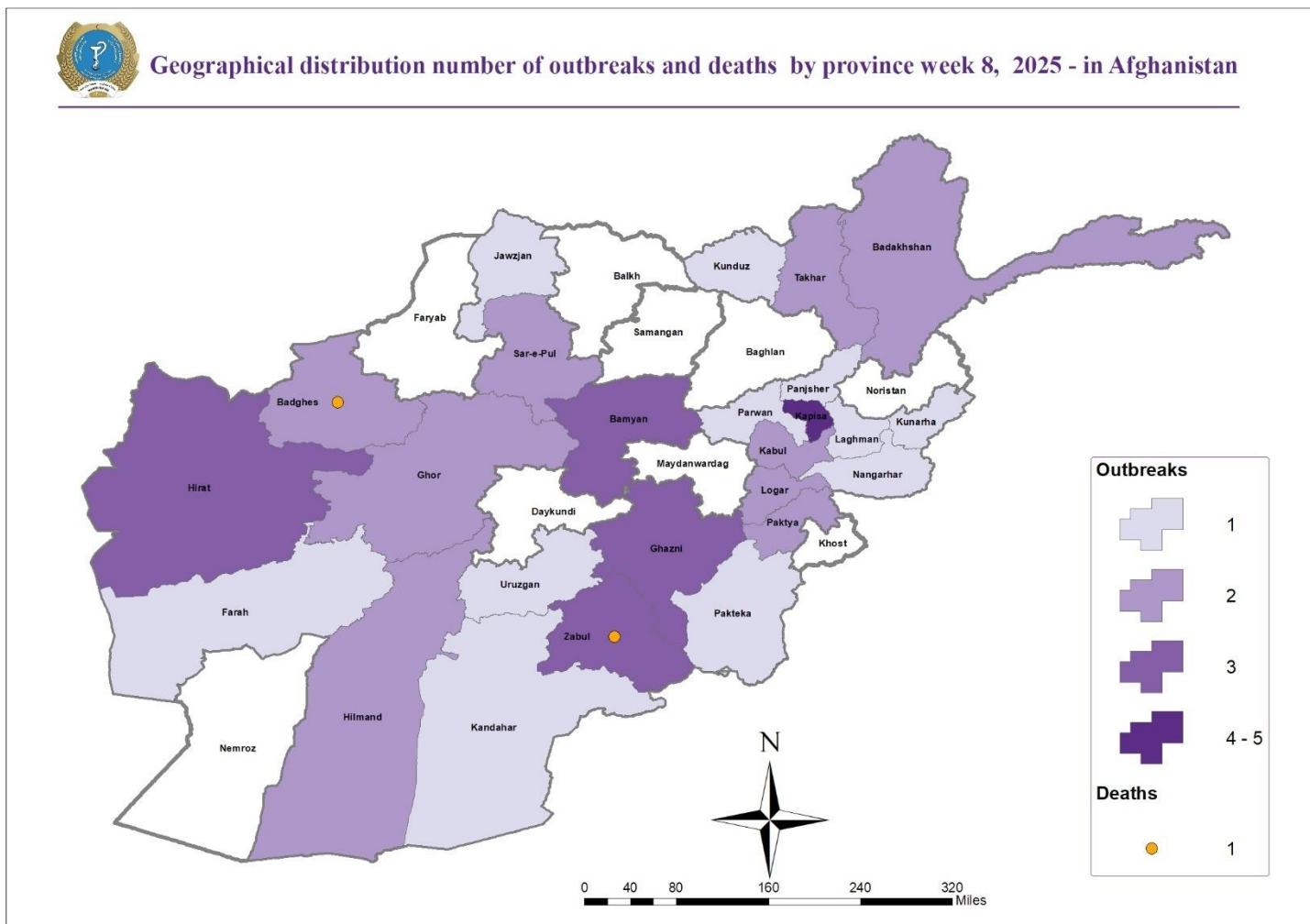


Table 2: Updated Cumulative Outbreak Reports During 2025 (29 Dec 2024 to 22 Feb 2025)

Disease/Event	Disease/Event	Lab-Confirm	Total Cases	Total Deaths
Measles	156	32	1733	38
Chickenpox	36	11	613	0
Scabies	89	0	3294	0
Dog bite/Suspected Rabies	15	0	114	2
ARI-Pneumonia	6	0	213	4
Viral Hepatitis	3	0	41	0
Pertussis	4	1	42	0
Anthrax	1	0	1	0
Tinea Capitis	1	0	16	0
ARI-Cough and Cold	1	0	48	0
Food Poisoning	1	0	18	0
Typhoid Fever	2	0	37	2
Mumps	1	0	38	0
Grand Total	316	44	6208	46

Laboratory Surveillance:

Lab Specimen	Specimen Tested	Specimen Confirmed	Positivity rate (%)
Malaria	430	2	0.5
Measles	381	232	60.9
COVID-19	365	15	4.1
SARI	78	4	5.1
Chickenpox	57	45	78.9
ILI	52	5	9.6
Hepatitis	23	13	56.5
Brucellosis	9	3	33.3
ARI/Pneumonia	5	2	40.0
CCHF	4	2	50.0
Pertussis	2	0	0.0
Dengue Fever	2	2	100.0
Typhoid	0	0	0.0
Monkey Pox	0	0	0.0
Total	1408	325	30.5

Influenza Surveillance activities:

In Epidemiological Week 08 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, 2394 (24.1%) Severe Acute Respiratory Infections cases were reported, and 1388 (57.9%) were under 5 years old. The proportion of SARI cases decreased compared to week 07-2025; 49 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 (59.3%), Kabul (49%), and Badakhshan (48.6%). 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 **2383 (IBS+EBS)** suspected Measles cases with **22 (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.