Ministry of Public Health

Monitoring Evaluation & Health Information System GD

Diseases Surveillance Department

د عامی روغتیا وزارت

ریاست عمومی نظارت ارزیابی و سیستم معلومات صحی دیبارتمنت سرویلانس امراض

وزارت صحت عامه

د څارنی ارزونی او روغتیایی معلوماتو د سیستم عمومی ریاست د ناروغیو د سرویلانس دیپارتمنت

Epidemiological Report | Week # 21- 2025

21 (18 May- 24 2025)

Summary:

- Out of **613** functional surveillance sentinel sites, **610** (**99.5%**) have submitted reports this week.
- A total of **734,601** new consultations were reported among which **262,529** (**35.7%**) were due to surveillance-targeted diseases, which include **135,092** (**51.4%**) **females.** and **123,719** (**47.1%**) children under five.
- The most frequently reported surveillance-targeted diseases this week were ARI cough & cold with 149,136 cases (20.3%), acute diarrheal diseases with 82,147 cases (11.2), and pneumonia with 22,309 cases (3%).
- A total of 413 deaths were reported this week, of which 91 (22%) deaths were due to surveillance-targeted diseases. This includes 58 ARI pneumonia deaths, 26 suspected measles deaths, 3 suspected meningitis deaths, 3 hemorrhagic fever deaths and 1 AWD with dehydration death.
- During this week, 48 outbreaks were reported: 15 measles outbreaks, 15 scabies outbreaks, 5 chickenpox, 4
 CCHF outbreaks, 3 dog bite/ suspected rabies, 2 food poisoning outbreaks, 1 AWD with dehydration outbreak, 1 anthrax outbreak, 1 leishmaniasis outbreak and 1 pertussis outbreak.

Table 1: Top 7 priority infectious diseases cases and deaths out of total consultations in week 21-2025

	Cases			Deaths			Total						
Top 7 Diseases	Male		Female		Male		Female		Cases		Deaths		CFR
	< 5 Y	> 5 Y	< 5 Y	> 5 Y	< 5 Y	> 5 Y	< 5 Y	> 5 Y	Number	%	Number	%	
AWD with Dehydration	1270	875	1060	955	0	0	1	0	4160	0.6	1	0.2	0.02
ARI-Pneumonia	7195	3919	6674	4521	19	7	26	6	22309	3.0	58	14.0	0.26
Measles	1414	481	1192	526	13	0	12	1	3613	0.5	26	6.3	0.72
CCHF	0	40	0	14	0	2	0	1	54	0.0	3	0.7	5.56
Confirmed Malaria	111	544	129	462	0	0	0	0	1246	0.2	0	0.0	0.00
Dengue Fever	0	9	0	9	0	0	0	0	18	0.0	0	0.0	0.00
Covid-19	1	703	12	732	0	0	0	0	1448	0.2	0	0.0	0.00

Figure 1: Surveillance/ NDSR sentinel sites location by type of health facility, 2025

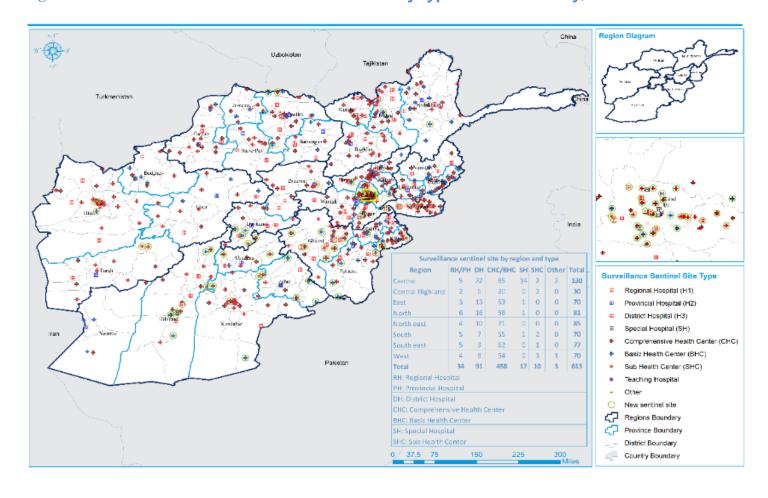


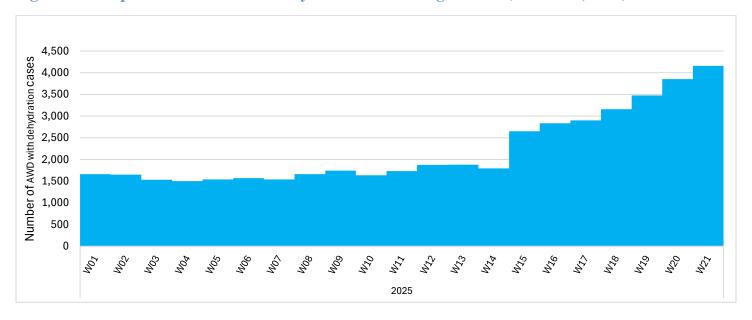
Table 2: Cumulative data on 17 surveillance priority diseases (W01-W21, 2025)

	Cases				Deaths				Total				
Surveillance Indicators	Male Female			male	ale Male Female			nale	Case	s	Dea	ths	CFR
	< 5 Y	> 5 Y	< 5 Y	> 5 Y	< 5 Y	> 5 Y	< 5 Y	> 5 Y	Number	%	Number	%	
AWD with Dehydration	14,408	9,288	12,644	10,139	8	2	3	0	46,479	0.3	13	0.1	0.03
Acute Bloody Diarrhea	52,375	60,286	47,357	62,509	1	1	1	1	222,527	1.6	4	0.0	0.00
AFP	181	125	131	67	0	0	1	0	504	0.0	1	0.0	0.20
Acute Viral Hepatitis	1,272	1,668	1,114	1,672	9	13	9	6	5,726	0.0	37	0.4	0.65
Acute Watery Diarrhea	218,560	123,384	201,511	134,357	4	0	2	0	677,812	4.8	6	0.1	0.00
ARI-C&C	722,448	984,439	696,569	1,146,490	0	0	0	0	3,549,946	24.9	0	0.0	0.00
Probable Diphtheria	0	0	0	0	0	0	0	0	0	0.0	0	0.0	0.00
CCHF	0	189	1	92	0	8	0	7	282	0.0	15	0.2	5.32
Confirmed Malaria	795	4,204	785	3,424	0	0	0	0	9,208	0.1	0	0.0	0.00
Measles	24,831	6,618	21,616	6,227	181	7	188	7	59,292	0.4	383	4.3	0.65
Covid-19	120	17,095	134	16,854	0	3	0	10	34,203	0.2	13	0.1	0.04
Pertussis	187	38	167	30	0	0	0	0	422	0.0	0	0.0	0.00
ARI-Pneumonia	239,861	122,609	215,760	138,943	685	152	601	137	717,173	5.0	1,575	17.7	0.22
Meningitis	1,006	910	940	1,008	50	18	39	15	3,864	0.0	122	1.4	3.16
Dengue Fever	0	96	0	63	0	0	0	0	159	0.0	0	0.0	0.00
Neonatal Tetanus	5	3	2	1	1	1	0	0	11	0.0	2	0.0	0.00
Typhoid Fever	996	13,503	959	17,182	0	0	0	0	32,640	0.2	0	0.0	0.00
NDSR targeted diseases/Deaths	1,277,045	1,344,455	1,199,690	1,539,058	939	205	844	183	5,360,248	38	2,171	24	0.04
Total of new clients/ death	2,242,186	3,887,212	2,169,239	5,945,770	2,985	2,062	2,170	1,698	14,244,407	100	8,915	100	0.06

Epidemic situation of AWD with dehydration:

- The epi-curve of AWD with dehydration illustrates a gradual increase since week 11-2025.
- During 21st week of 2025, a total of 4160 cases and 1 death have been reported (CFR=0.02%)
- Out of the total cases, 2330 (56.0%) were under-five children, and 2025 (48.4%) were females.
- Since the beginning of 2025, a total of 46,479 AWD + dehydration cases and 13 deaths (CFR=0.03%) have been reported. Of these cases 22,783 (49.0%) are females and 27,052 (58.2%) are children under five.

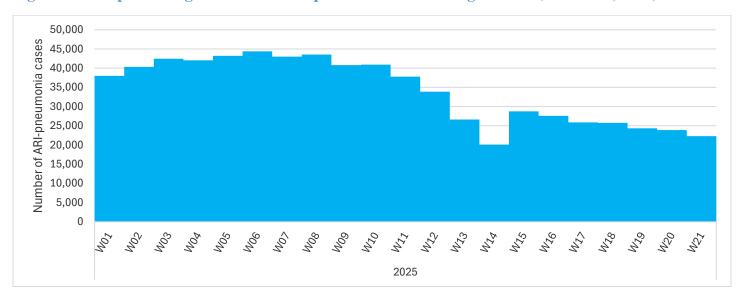
Figure 2: The epi-curve of AWD with dehydration cases in Afghanistan (W01-W21, 2025)



Epidemic situation of ARI pneumonia:

- The epi-curve of ARI pneumonia illustrates a notable decrease since week 09-2025.
- During the 21st week of 2025, a total of 22,309 cases and 58 deaths have been reported (CFR=0.3%)
- Out of the total cases, 13,869 (61.2%) were under-five children, and 11,195 (59.2%) were females.
- Since the beginning of 2025, a total of 717,173 ARI pneumonia cases and 1575 deaths (CFR=0.22%) have been reported. Of these cases 354,703 (49.4%) are females and 455,621 (63.5%) are children under five.

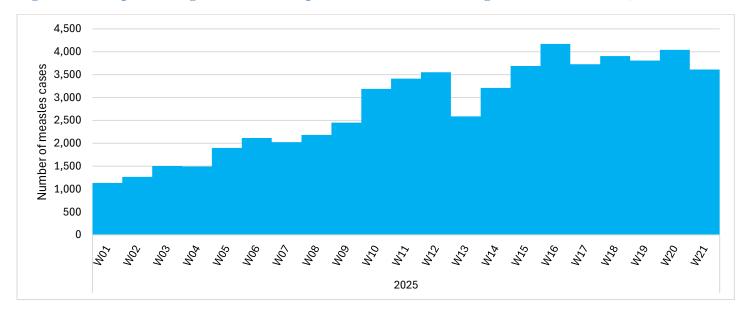
Figure 3: The epidemiological curve of ARI pneumonia cases in Afghanistan (W01-W21, 2025)



Epidemic situation of measles:

- The epi-curve of measles illustrates a notable increase since week 01-2025.
- During the 21st week of 2025, a total of 3,613 cases and 26 deaths have been reported (CFR=0.7%)
- Out of the total cases, 2,606 (72.1%) were under-five children, and 1,718 (47.5%) were females.
- Since the beginning of 2025, a total of 59,292 measles cases and 383 deaths (CFR=0.65%) have been reported. Of these cases 27,843 (46.9%) are females and 46,447 (78.3%) are children under five.

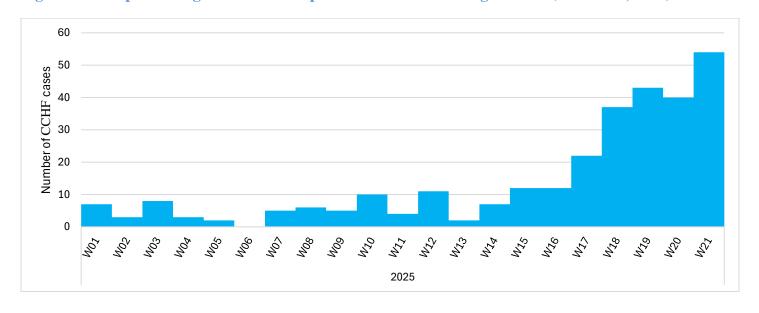
Figure 4: The epidemiological curve of suspected measles cases in Afghanistan (W01-W21, 2025)



Epidemic situation of CCHF:

- The epi-curve of suspected CCHF cases has shown a gradual increase since week 16-2025.
- During week 21st 2025, a total of 54 cases and 3 deaths have been reported (CFR=5.7%)
- All the reported cases were individuals over five years of age, and 14 of them (25.9%) were female.
- Since the beginning of 2025, a total of 282 suspected CCHF cases and 15 deaths (CFR=5.3%) have been reported. Of these cases 93 (32.9%) are females and 1 (0.4%) are children under five.

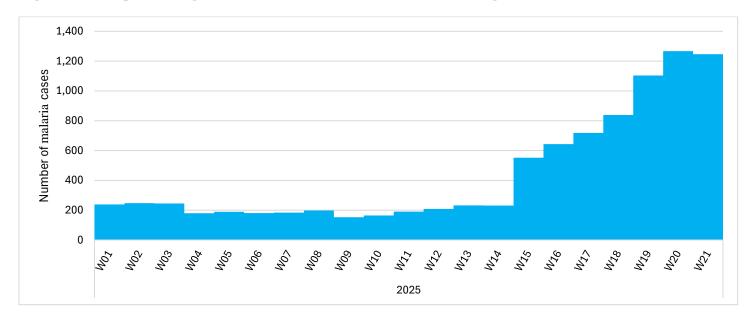
Figure 5: The epidemiological curve of suspected CCHF cases in Afghanistan (W01-W21, 2025)



Epidemic situation of malaria:

- The epi-curve of confirmed malaria illustrates a considerable increase since week 15-2025
- During 21st week of 2025, a total of 1,246 cases and zero deaths have been reported (CFR=0.0%)
- Out of the total cases, 240 (19.3%) were children under-five, and 591 (47.4%) were females.
- Since the beginning of 2025, a total of 9,208 confirmed malaria cases and zero deaths have been reported. Of these cases 4,209 (45.7%) are females and 1,580 (17.2%) are children under five.

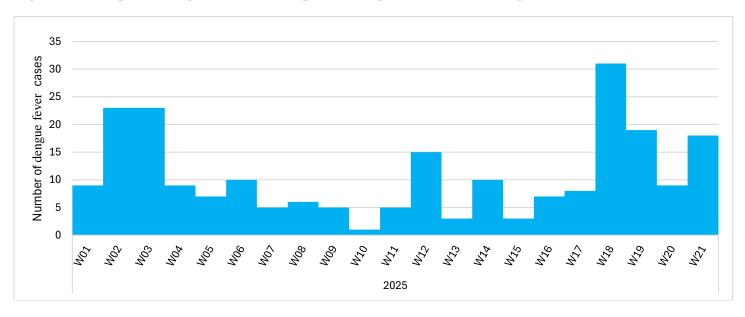
Figure 6: The epidemiological curve of confirmed malaria cases in Afghanistan (W01-W21, 2025)



Epidemic situation of dengue fever:

- The epi-curve of suspected dengue fever illustrates stabilization at low level since the beginning of 2025.
- During 21st week of 2025, a total of 18 cases and 0 deaths have been reported (CFR=0.0%)
- Out of the total cases, none of them children under five and 9 (50%) cases were females.
- Since the beginning of 2025, a total of 159 suspected dengue fever cases and zero deaths have been reported. Of these cases 63 (39.2%) are females and none of them children under five.

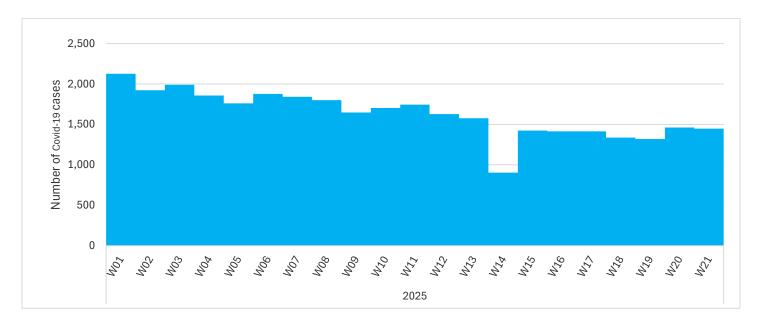
Figure 7: The epidemiological curve of suspected dengue fever cases in Afghanistan (W01-W21, 2025)



Epidemic situation of COVID-19

- The epi-curve of suspected COVID-19 illustrates a gradual decrease from weeks 1-2025.
- During 21st week of 2025, a total of 1,448 cases and 0 death have been reported (CFR=0.0%)
- Out of the total cases, 13 (0.9%) were under-five children, and 744 (51.4%) were females.
- Since the beginning of 2025, a total of 34,203 suspected COVID-19 cases and 13 deaths (CFR=0.04%) have been reported. Of these cases 16,988 (49.7%) are females and 254 (0.7%) are children under five.

Figure 8: The epidemiological curve of suspected COVID-19 cases in Afghanistan (W01-W21, 2025)



Influenza surveillance activities:

- ➤ During epidemiological week 21 of 2025, reports were received from all ten influenza sites. Out of all new hospital admissions, 795 (12.7%) were Severe Acute Respiratory Infections. Of these, 518 cases (65.1%) were under 5 years old and 372 (46.7%) were female.
- ➤ The proportion of SARI cases decreased by 1.3% compared to the previous week, A total of 47 SARI-associated deaths were reported, of which 35 (74.4%) children under five and 25 (53.1%) females.
- The highest proportion of SARI cases were reported from Paktia (39%), Badakhshan (38.5%), and Kabul (26%).
- ➤ This week, field staff collected and shipped 50 respiratory specimens (30 SARI and 20 ILI) to the NIC. Laboratory testing confirmed 3 COVID-19 with no influenza cases, and no new influenza virus subtype was identified.

Table 3: The Afghanistan NIC lab result of influenza specimens in Week 21, 2025

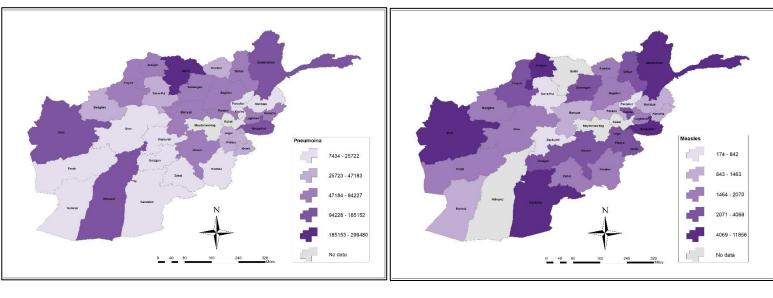
x a	Specimen	Lab	Lab co	Positivity			
Influenza site Tested		Confirmed	Flu A (H1N1pdm09)	Flu A (H3)	Flu B (Victoria)	Flu B (Yamagata)	rate (%)
Baghlan	5	0	0	0	0	0	0%
Balkh	5	0	0	0	0	0	0%
Bamyan	5	1	0	0	0	0	20%
Herat	5	2	0	0	0	0	40%
Kabul	5	0	0	0	0	0	0%
Kandahar	5	0	0	0	0	0	0%
Kapisa	5	0	0	0	0	0	0%
Nangarhar	5	0	0	0	0	0	0%
Paktia	5	0	0	0	0	0	0%
Badakhshan	5	0	0	0	0	0	0%
Total	50	3	0	0	0	0	6%

Figar 9: Geographical distribution of major infectious diseases cumulative cases by province in

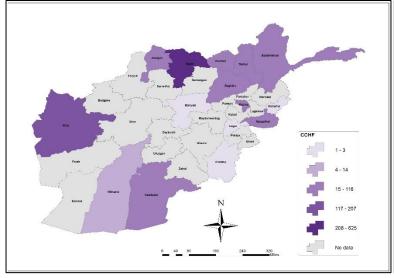
Afghanistan, from 29 Dec 2024-24 May 2025

Figar 9: A (Pneumonia)

Figar 9: B (Measles)



0Figar 9: C (CCHF)



Figar 9: D (Malaria)

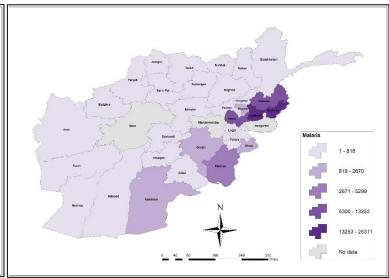


Table 4: Afghanistan infectious disease outbreaks report | Epidemiological Week # 21-2025

Table 4. Alghamstan	inicciious (iisease outb	reaks report	Epidemiological	VV CCI	π_{2}	1-2025	
					ases	aths		ination e, If VPD
Event / Diseases Name	Reported date	Province	District	Village	Total Cases	Total Deaths	HF reported coverage	Field Estimate d Coverage
	17/5/2025	Badghis	Qades	Bargul	19	1	0%	12%
	17/5/2025	Badghis	Dara-e-Bom	Loka-e-Sorkh	8	1	0%	0%
	21/5/2025	Baghlan	Pul-e-Hesar	Surab Samandan	3	2	40%	0%
	21/5/2025	Farah	Bakwah	Shagay	5	0	55%	0%
	19/5/2025	Ghazni	Ghazni	Qalay Now Sari Reg	16	0	76%	20%
	21/5/2025	Ghazni	Andar	Bala Nani	9	0	80%	10%
	17/5/2025	Helmand	Baghran	Khodsom	5	0	70%	10%
Measles	17/5/2025	Helmand	Nahr-e Saraj	Zara Edgha	8	0	70%	10%
	20/5/2025	Kabul	Kabul	Qala e Logari Darulaman	7	0	68%	41%
	21/5/2025	Kandahar	Arghandab	Sarkari- Bagh	7	0	90%	60%
	21/5/2025	Logar	Puli Alam	Dadokhil	6	0	80%	45%
	21/5/2025	Nangarhar	Batikot	Seh Pai	7	0	100%	43%
	19/5/2025	Paktika	Khoshamand	Taghar	10	0	65%	43%
	18/5/2025	Panjshir	Paryan	Shaherbeland	9	0	100%	60%
	20/5/2025	Samangan	Aybak	Taikhonak	11	1	97%	75%
Pertussis	17/5/2025	Kandahar	Ghani Qalacha	Kandahar province	6	0	91%	0%
Scabies	Kapisa (1) I (Number of	15 Scabies outbreaks were reported from Badakhshan (2), Bamyan (1), Ghazni (1), Jawzjan (1), Kapisa (1) Kunar (2) Kunduz (1), Logar (1) Paktya (2), Takhar (2) and Wardak (1) provinces (Number of cases = 699).						
Chickenpox		ox outbreaks Number of ca	•	orm Bamyan (1), Hei	rat (1)	, Lag	hman (1) and	d Paktya (2)
CCHF	4 CCHF ou provinces (tbreaks were: Number of ca	reported from B ses = 13).	aghlan (1), Herat (1)	•			
Dog bite/ Suspected Rabies	_	Suspected Ra cases = 39)	ibies were repor	ted form Ghor (1), K	abul	(1) an	d Kapisa (1)	provinces
Food Poisoning	2 Food poisoning outbreaks were reported form Nuristan (1) and Urozgan (1) provinces (Number of cases = 13)							
Leishmaniasis	1 Leishman	iasis outbreak	was reported for	orm Baghlan provinc	e (Nu	ımber	of cases =5	5)
Anthrax	1 Anthrax o	outbreak was 1	reported from B	adakhshan province	(Num	ber of	f cases = 1)	
AWD + Dehydration	1 AWD wit	h Dehydratio	n outbreak was i	reported from Kunar	provi	nce (Number of c	ases = 8)

Figure 10: Geographical distribution of outbreaks and related deaths by province

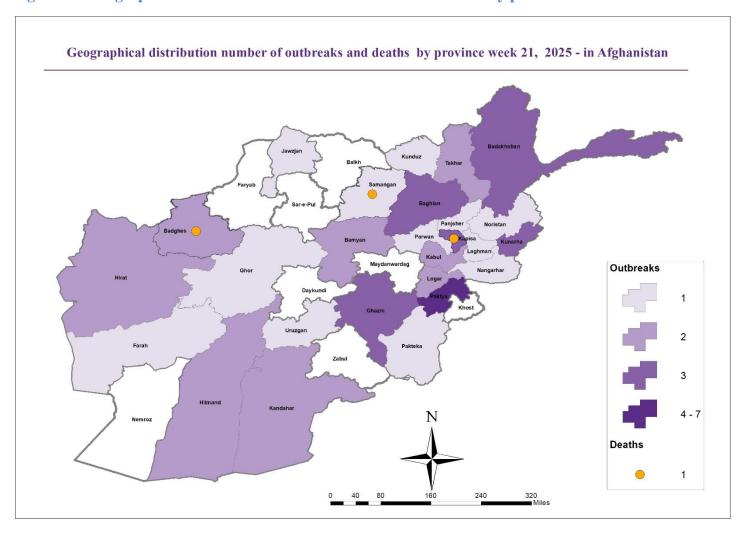


Table 5: Summary of diseases outbreaks during 2025 (29 Dec 2024 to 24 May 2025)

Disease/Event	Disease/Event	Lab-Confirm	Total Cases	Total Deaths
Measles	436	184	4427	88
Chickenpox	91	28	1424	0
Scabies	246	0	9141	0
Dog bite/Suspected Rabies	39	0	297	7
ARI-Pneumonia	6	3	213	4
Viral Hepatitis	3	1	41	0
Pertussis	8	4	103	0
Anthrax	3	0	3	0
Tinea Capitis	1	0	16	0
ARI-Cough and Cold	1	0	48	0
Food Poisoning	7	0	78	0
Typhoid Fever	4	0	64	2
Mumps	1	0	38	0
CCHF	10	7	32	1
Leishmaniasis	4	1	205	0

Botulism	2	0	4	0
Dysentery	1	0	36	0
AWD with Dehydration	3	1	40	0
Acute Bloody Diarrhea	1	0	42	0
Malaria	3	2	451	0
Rubella	1	1	6	0
COVID-19	1	1	20	0
Grand Total	872	233	16729	102

Table 6: Laboratory information from RRL, CPHL, NIDH and provincial labs in Week # 21-2025

Lab Specimen	Specimen Tested	Specimen Confirmed	Positivity rate (%)
Measles	165	120	72.7
COVID-19	142	31	21.8
Hepatitis	102	31	30.4
CCHF	63	17	27.0
Chickenpox	52	17	32.7
SARI	30	2	6.7
ILI	20	1	5.0
Dengue Fever	9	1	11.1
Pertussis	5	3	60.0
ARI/Pneumonia	5	0	0.0
Brucellosis	3	0	0.0
Typhoid	0	0	0.0
Monkey pox	0	0	0.0
Total	596	223	37.4

Challenges and recommendations:

- Increasing the number of scabies outbreaks as a public health challenge due to the unimproved lifestyle of the community, such as poor hygiene and sanitation practices.
- Increasing the number of chickenpox outbreaks due to the unavailability of the Varicella Zoster vaccine, and it is recommended to provide its vaccine through the national EPI.
- Increasing the number of dog-bite clusters, and it is recommended to provide its control measure through the Zoonotic Committee at the 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 3749 (IBS+EBS) suspected measles cases with 31 (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.