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 دیبارتمنت

Epidemiological Report | Week # 27- 2025

27 (29 Jun- 05 Jul 2025)

Summary:

- Out of 613 functional surveillance sentinel sites, 611 (99.7%) have submitted reports this week.
- A total of 720,139 new consultations were reported among which 259,740 (36%) were due to surveillance-targeted diseases, which include 133,872 (51.5%) females. and 123,898 (47.7%) children under five.
- The most frequently reported surveillance-targeted diseases this week were ARI cough & cold with 132,473 cases (18.4%), acute diarrheal diseases with 103,352 cases (14.3%), and pneumonia with 15,991 cases (2.2%).
- A total of 424 deaths were reported this week, of which 72 (17%) deaths were due to surveillance-targeted diseases. This includes 39 ARI pneumonia deaths, 16 suspected measles deaths, 4 AWD with dehydration deaths, 6 suspected meningitis deaths, 6 hemorrhagic fever deaths and 1 acute viral hepatitis deaths.
- During this week, 35 outbreaks were reported: 8 measles outbreaks, 6 scabies outbreaks, 8 chickenpox outbreaks, 3 brucellosis, 2 confirmed malaria, 2 CCHF outbreaks, 2 dog bite/ suspected rabies outbreaks, 2 anthrax outbreaks, 1 pertussis outbreak and 1 food poisoning outbreak.

Table 1: Top 7 priority infectious diseases cases and deaths out of total consultations in week 27-2025

	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	1665	1201	1414	1248	2	0	2	0	5528	0.8	4	0.9	0.1
ARI-Pneumonia	5332	2635	4953	3071	12	9	16	2	15991	2.2	39	9.2	0.2
Measles	862	255	744	272	8	0	8	0	2133	0.3	16	3.8	0.8
CCHF	0	22	1	15	0	5	0	1	38	0.0	6	1.4	15.8
Confirmed Malaria	176	896	175	751	0	0	0	0	1998	0.3	0	0.0	0.0
Dengue Fever	0	13	0	6	0	0	0	0	19	0.0	0	0.0	0.0
Covid-19	2	604	27	628	0	0	0	0	1261	0.2	0	0.0	0.0

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

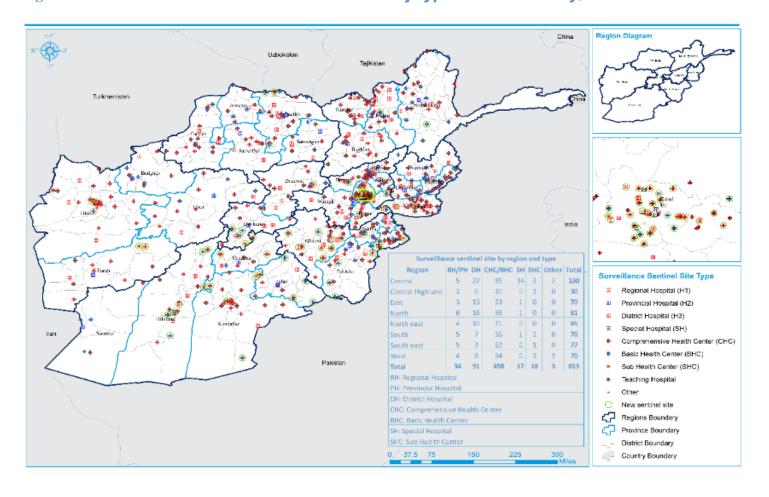


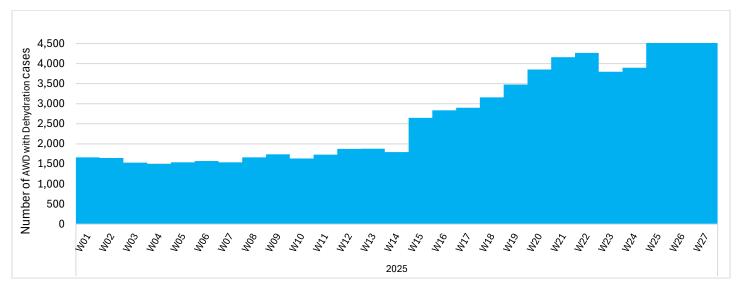
Table 2: Cumulative data on 17 surveillance priority diseases (W01-W27, 2025)

	Cases				Deaths			Total					
Surveillance Indicators	Male Fem			male	nale Male			Female C		Cases		ths	CFR
	< 5 Y	> 5 Y	< 5 Y	> 5 Y	< 5 Y	> 5 Y	< 5 Y	> 5 Y	Number	%	Number	%	
AWD with Dehydration	22,404	15,049	19,800	16,317	15	2	10	2	73,570	0.4	29	0.3	0.04
Acute Bloody Diarrhea	74,561	86,230	67,608	90,006	1	1	1	1	318,405	1.7	4	0.0	0.00
AFP	223	149	156	82	0	0	1	0	610	0.0	1	0.0	0.16
Acute Viral Hepatitis	1,554	2,048	1,398	2,060	13	15	10	9	7,060	0.0	47	0.4	0.67
Acute Watery Diarrhea	341,811	200,307	317,210	216,993	4	0	2	0	1,076,321	5.9	6	0.1	0.00
ARI-C&C	877,325	1,191,640	845,867	1,399,485	0	0	0	0	4,314,317	23.7	0	0.0	0.00
Probable Diphtheria	0	1	0	1	0	0	0	0	2	0.0	0	0.0	0.00
ССНБ	0	488	2	197	0	30	0	20	687	0.0	50	0.4	7.28
Confirmed Malaria	1,708	8,569	1,663	6,943	0	0	0	0	18,883	0.1	0	0.0	0.00
Measles	30,951	8,664	26,959	8,304	220	7	227	7	74,878	0.4	461	4.1	0.62
Covid-19	137	20,733	186	20,564	0	3	0	10	41,620	0.2	13	0.1	0.03
Pertussis	226	45	192	33	0	0	0	0	496	0.0	0	0.0	0.00
ARI-Pneumonia	274,903	141,051	247,347	160,708	789	184	686	160	824,009	4.5	1,819	16.2	0.22
Meningitis	1,298	1,152	1,203	1,278	63	21	46	21	4,931	0.0	151	1.3	3.06
Dengue Fever	0	140	0	95	0	0	0	0	235	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	1,381	18,604	1,286	23,554	0	0	0	0	44,825	0.2	0	0.0	0.00
NDSR targeted diseases/Deaths	1,628,487	1,694,873	1,530,879	1,946,621	1,106	264	983	230	6,800,860	37.3	2,583	23	0.04
Total of new clients/ death	2,860,124	4,967,057	2,772,186	7,636,080	3,773	2,667	2,668	2,111	18,235,447	100	11,219	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 27th week of 2025, a total of 5,528 cases and 4 deaths have been reported (CFR=0.1%)
- Out of the total cases, 3,079 (55.7%) were under-five children, and 2,662 (48.1%) were females.
- Since the beginning of 2025, a total of 73,570 AWD+dehydration cases and 29 deaths (CFR=0.04%) have been reported. Of these cases 36,117 (49.1%) are females and 42,204 (57.4%) are children under five.

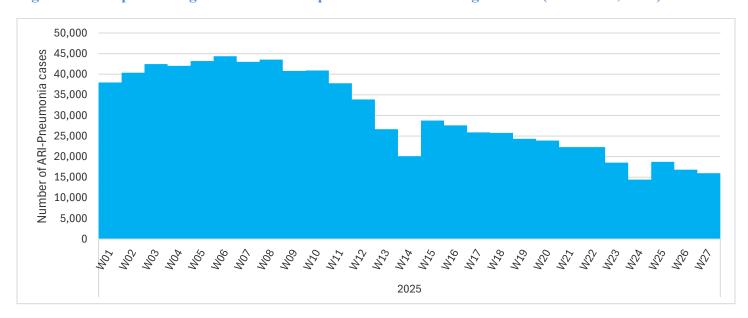
Figure 2: The epi-curve of AWD with dehydration cases in Afghanistan (W01-W27, 2025)



Epidemic situation of ARI pneumonia:

- The epi-curve of ARI pneumonia illustrates a notable decrease since week 09-2025.
- During the 27th week of 2025, a total of 15,991 cases and 39 deaths have been reported (CFR=0.2%)
- Out of the total cases, 10,285 (64.3%) were under-five children, and 8,024 (50.2%) were females.
- Since the beginning of 2025, a total of 824,009 ARI pneumonia cases and 1819 deaths (CFR=0.22%) have been reported. Of these cases 408,055 (49.5%) are females and 522,250 (63.4%) are children under five.

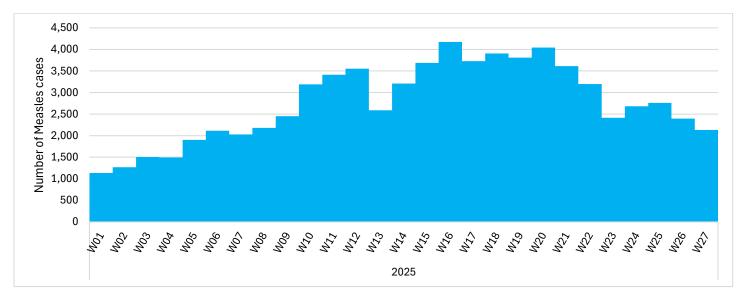
Figure 3: The epidemiological curve of ARI pneumonia cases in Afghanistan (W01-W27, 2025)



Epidemic situation of measles:

- The epi-curve of measles illustrates a notable decrease since week 20-2025.
- During the 27th week of 2025, a total of 2,133 cases and 16 deaths have been reported (CFR=0.8%)
- Out of the total cases, 1,606 (75.3%) were under-five children, and 1,016 (47.6%) were females.
- Since the beginning of 2025, a total of 74,878 measles cases and 461 deaths (CFR=0.6%) have been reported. Of these cases 35,263 (47.1%) are females and 57,910 (77.3%) are children under five.

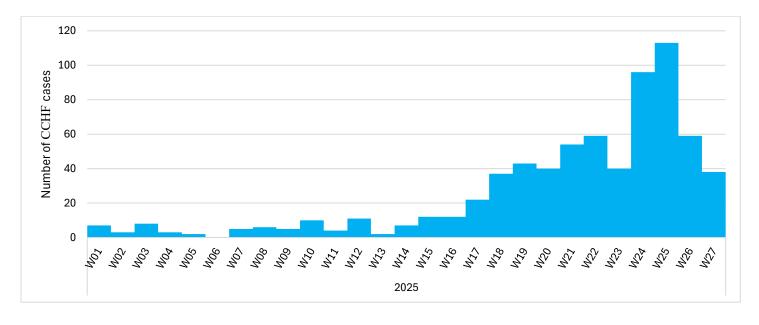
Figure 4: The epidemiological curve of suspected measles cases in Afghanistan (W01-W27, 2025)



Epidemic situation of CCHF:

- The epi-curve of suspected CCHF cases has shown a gradual decrease since week 25-2025.
- During week 27th 2025, a total of 38 cases and 6 deaths have been reported (CFR=15.8%)
- Out of the total cases, 1 (2.1%) were under-five children, and 16 of them (42.1%) were female.
- Since the beginning of 2025, a total of 687 suspected CCHF cases and 50 deaths (CFR=7.3%) have been reported. Of these cases 199 (28.9%) are females and 2 (0.3%) are children under five.

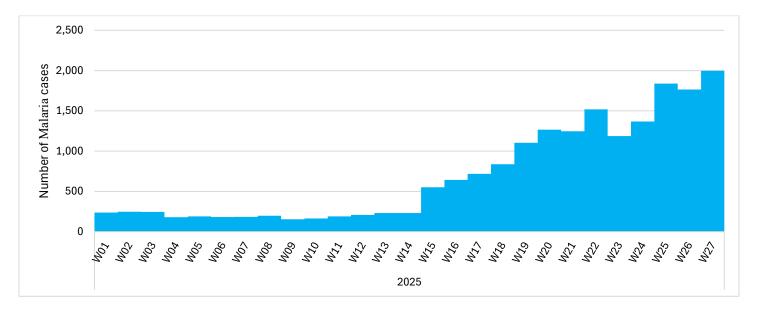
Figure 5: The epidemiological curve of suspected CCHF cases in Afghanistan (W01-W27, 2025)



Epidemic situation of malaria:

- The epi-curve of confirmed malaria illustrates a considerable increase since week 15-2025
- During 27th week of 2025, a total of 1,998 cases and zero deaths have been reported (CFR=0.0%)
- Out of the total cases, 351 (17.6%) were children under-five, and 926 (46.3%) were females.
- Since the beginning of 2025, a total of 18,883 confirmed malaria cases and zero deaths have been reported. Of these cases 8,606 (45.6%) are females and 3,371 (17.8%) are children under five.

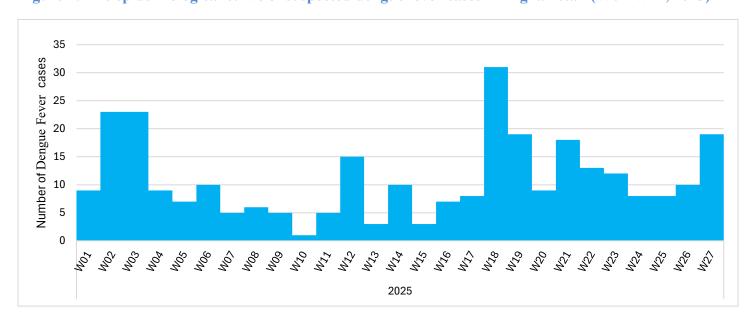
Figure 6: The epidemiological curve of confirmed malaria cases in Afghanistan (W01-W27, 2025)



Epidemic situation of dengue fever:

- The epi-curve of suspected dengue fever illustrates stabilization at low level since the beginning of 2025.
- During 27th week of 2025, a total of 19 cases and 0 deaths have been reported (CFR=0.0%)
- Out of the total cases, none of them children under five and 6 (31.6%) cases were females.
- Since the beginning of 2025, a total of 235 suspected dengue fever cases and zero deaths have been reported. Of these cases 95 (40.4%) are females and none of them children under five.

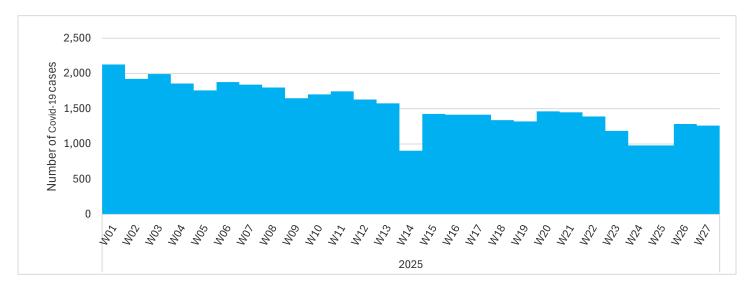
Figure 7: The epidemiological curve of suspected dengue fever cases in Afghanistan (W01-W27, 2025)



Epidemic situation of COVID-19

- The epi-curve of suspected COVID-19 illustrates a gradual decrease from weeks 1-2025.
- During 27th week of 2025, a total of 1,261 cases and 0 death have been reported (CFR=0.0%)
- Out of the total cases, 29 (2.3%) were under-five children, and 655 (51.9%) were females.
- Since the beginning of 2025, a total of 41,620 suspected COVID-19 cases and 13 deaths (CFR=0.03%) have been reported. Of these cases 20,750 (49.8%) are females and 323 (0.8%) are children under five.

Figure 8: The epidemiological curve of suspected COVID-19 cases in Afghanistan (W01-W27, 2025)



Influenza surveillance activities:

- ➤ During Epidemiological Week 27 of 2025, reports were received from all ten influenza sentinel sites. Out of all new hospital admissions, 521 (9.5%) were Severe Acute Respiratory Infection (SARI) cases. Among these, 307 (58.9%) were children under five years of age, and 274 (52.5%) were female.
- ➤ The proportion of SARI cases decreased by 0.4% compared to the previous week, and 25 SARI-associated deaths were reported, of which 20 (80%) children under five, and 15 (60%) were female.
- ➤ The highest proportion of SARI cases was reported from Kabul (21%), followed by Bamyan (17.7%) and Balkh (14%).
- ➤ During this week, field staff collected and shipped 40 respiratory specimens (24 from SARI cases and 16 from ILI cases) to the NIC. Among the tested specimens, no confirmed influenza cases were reported. However, 2 positives for COVID-19, and no new influenza virus subtypes were detected.

Table 3: The Afghanistan NIC lab result of influenza specimens in Week 27, 2025

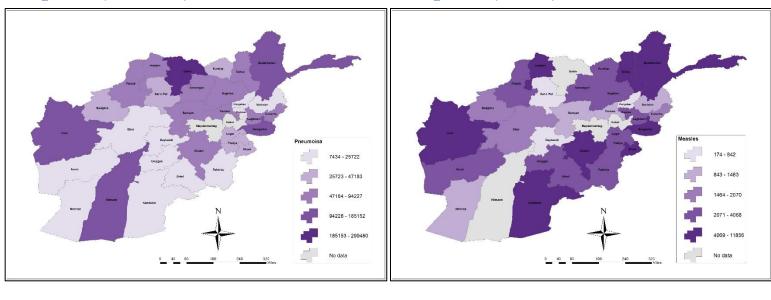
Influenza site	Specimen	Lab	Lab c	Positivity			
Influenza site	Tested	Confirmed	Flu A (H1N1pdm09)	Flu A (H3)	Flu B (Victoria)	Flu B (Yamagata)	rate (%)
Baghlan	0	0	0	0	0	0	0%
Balkh	5	1	0	0	0	0	20%
Bamyan	5	1	0	0	0	0	20%
Herat	5	0	0	0	0	0	0%
Kabul	5	0	0	0	0	0	0%
Kandahar	5	0	0	0	0	0	0%
Kapisa	0	0	0	0	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	40	2	0	0	0	0	5%

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

Afghanistan, from 29 Dec 2024-05 July 2025

Figar 9: A (Pneumonia)

Figar 9: B (Measles)



0Figar 9: C (CCHF)

Figar 9: D (Malaria)

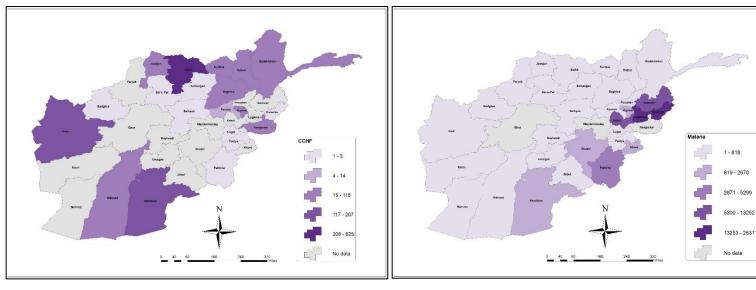


Table 4: Afghanistan infectious disease outbreaks report | Epidemiological Week # 27-2025

Table 4: Alghanistan	infectious (uisease outb	reaks report	Epidennological	W eer	# 41	-2023	
		Reported date Province	District		Total Cases	Total Deaths	Vaccination coverage, If VPD	
Event / Diseases Name				Village			HF reported coverage	Field Estimate d Coverage
	30/6/2025	Balkh	Mazar-e- Shareef	Guzar-e-Hayat	8	0	90%	56%
	29/6/2025	Kandahar	Shah_Wali_ Kot	Chinar village	6	0	85%	70%
	2/7/2025	Kunar	Daangam	Kachalia	6	1	100%	95%
	4/7/2025	Nangarhar	Shinwar	25 Canal	10	0	100%	85%
Measles	4/7/2025	Nangarhar	Jalal_Abad	Khalis Famili	13	0	100%	45%
	30/6/2025	Paktya	Jaji	Ali Khil	15	0	55%	45%
	28/6/2025	Parwan	Bagram	Laghmani	8	0	75%	60%
	1/7/2025	Takhar	Taloqan	Qara Parchaw - Masjid Qari Sediq	6	0	75%	60%
Pertussis	3/7/2025	Takhar	Taloqan	Freng Abad	5	0	80%	70%
Scabies			e reported from laber of cases = 2	Kunduz (2), Laghma 58)	n (1),	Nang	arhar (2) an	d Urozgan
Chickenpox		8 Chickenpox outbreaks were reported from Bamyan (1), Dykundi (1), Kunduz (1), Nangarhar (1) Panjshir (1), Parwan (1), Herat (1) and Wardak (1) provinces (Total number of cases = 176)						
CCHF	2 CCHF outbreaks were reported from Kapisa (1) and Kabul (1) provinces (Total number of cases = 7 and 1 death)							
Dog bite/Suspected Rabies	2 Dog bite/Suspected Rabies outbreaks were reported from Kabul (1) and Kandahar (1) provinces (Total number of cases = 0 and 2 deaths)							
Confirmed Malaria	2 confirmed Malaria outbreaks were reported form Kandahar (1) and Nangarhar (1) provinces (Total number of cases = 205)							
Brucellosis	3 Brucellosis outbreaks were reported from Bamyan (2) and Ghor (1) provinces (Total number of cases = 73)							
Anthrax	2 Anthrax o	outbreaks wer	re reported from	Takhar province (To	otal nu	ımber	of cases $= 2$	(1)
Food Poisoning	1 Food pois	sing outbreak	was reported from	om Logar province (Total 1	numb	er of cases 1	3)

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

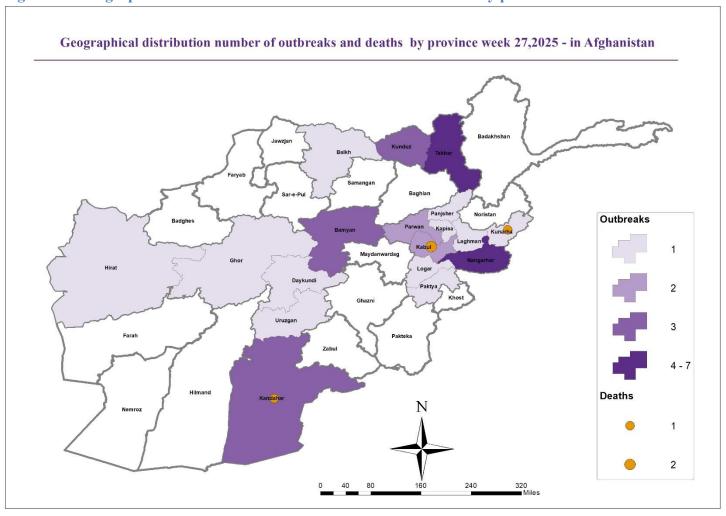


Table 5: Summary of diseases outbreaks during 2025 (29 Dec 2024 to 5 July 2025)

Disease/Event	Disease/Event	Lab-Confirm	Total Cases	Total Deaths
Measles	492	211	4951	92
Chickenpox	123	28	2030	0
Scabies	294	0	11284	0
Dog bite/Suspected Rabies	51	0	348	12
ARI-Pneumonia	6	3	213	4
Viral Hepatitis	4	1	65	0
Pertussis	11	4	127	0
Anthrax	6	0	7	0
Tinea Capitis	1	0	16	0
ARI-Cough and Cold	1	0	48	0
Food Poisoning	12	0	130	3
Typhoid Fever	4	0	64	2
Mumps	2	0	50	0
CCHF	25	17	72	7
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	7	4	922	0
Rubella	1	1	6	0
COVID-19	5	3	143	0
Brucellosis	3	0	73	0
Grand Total	1059	274	20876	120

Table 6: Laboratory information from RRL, CPHL, NIDH and provincial labs in Week # 27-2025

Lab Specimen	Specimen Tested	Specimen Confirmed	Positivity rate (%)
COVID-19	109	36	33.0
Chickenpox	24	1	4.2
CCHF	16	1	6.3
Measles	33	17	51.5
Hepatitis	5	3	60.0
Pertussis	4	0	0.0
Dengue Fever	107	84	78.5
AWD (Water Sample)	52	15	28.8
SARI	17	0	0.0
ILI	0	0	0.0
Brucellosis	0	0	0.0
ARI/Pneumonia	0	0	0.0
Typhoid	13	1	0.0
Total	380	158	41.6

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.
- Increasing the number of CCHF cases, and it is recommended to strengthen its control measure 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 2,210 (IBS+EBS) suspected measles cases with 17 (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.