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 # 32- 2025

32 (03 - 09 August 2025)

Summary:

- Out of 613 functional surveillance sentinel sites, 612 (99.9%) have submitted reports this week.
- A total of 722,770 new consultations were reported, among which 258,776 (35.8%) were due to surveillance-targeted diseases, which include 132,795 (51.3%) females and 123,908 (47.9%) children under five.
- The most frequently reported surveillance-targeted diseases this week were ARI cough & cold with 131,886 cases (18.2%), acute diarrheal diseases with 101,647 cases (14.1%), and pneumonia with 16,619 cases (2.3%).
- A total of 363 deaths were reported this week, of which 67 (18.5%) deaths were due to surveillance-targeted diseases. This includes 50 ARI pneumonia deaths, 4 suspected measles deaths, 2 AWD with dehydration deaths, 4 suspected meningitis deaths, 4 suspected hemorrhagic fever deaths, and 3 acute viral hepatitis deaths.
- During this week, 41 outbreaks were reported: 7 measles outbreaks, 10 scabies outbreaks, 7 anthrax outbreaks, 5 chickenpox outbreaks, 4 AWD + dehydration outbreaks, 1 impetigo outbreak, 3 dog bite/suspected rabies outbreaks, 2 mumps outbreaks, 1 unknown poisoning outbreak, and 1 food poisoning outbreak.

Table 1: Top 7 priority infectious diseases cases and deaths out of total consultations in week 32-2025

	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	1587	1141	1473	1302	2	0	0	0	5503	0.8	2	0.6	0.0
ARI-Pneumonia	5564	2881	4932	3242	18	4	26	2	16619	2.3	50	13.8	0.3
Measles	618	174	454	159	2	0	2	0	1405	0.2	4	1.1	0.3
CCHF	0	25	0	13	0	3	0	1	38	0.0	4	1.1	10.5
Confirmed Malaria	294	1447	247	1212	0	0	0	0	3200	0.4	0	0.0	0.0
Dengue Fever	0	17	0	20	0	0	0	0	37	0.0	0	0.0	0.0
Covid-19	3	646	1	678	0	0	0	0	1328	0.2	0	0.0	0.0

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

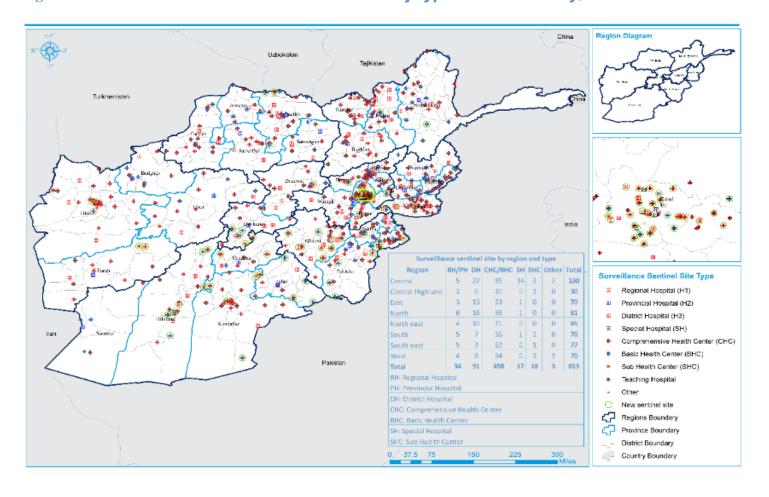


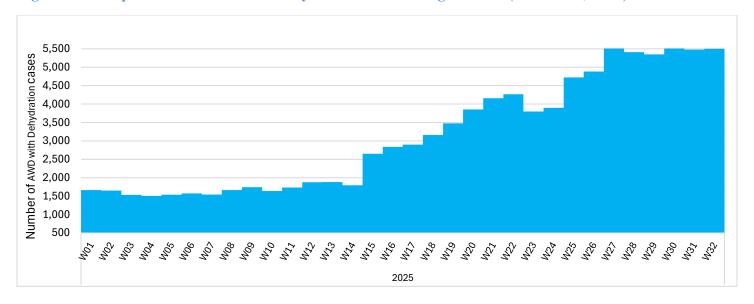
Table 2: Cumulative data on 17 surveillance priority diseases (W01-W32, 2025)

		Ca	ses			De	aths		Total				
Surveillance Indicators	M	ale	Fei	male	M	ale	Fen	ıale	Cases	;	Dea	ths	CFR
	< 5 Y	> 5 Y	< 5 Y	> 5 Y	< 5 Y	> 5 Y	< 5 Y	> 5 Y	Number	%	Number	%	
AWD with Dehydration	30,396	20,684	27,204	22,591	27	2	17	2	100,875	0.5	48	0.4	0.05
Acute Bloody Diarrhea	95,985	110,926	87,062	115,789	1	2	1	1	409,762	1.9	5	0.0	0.00
AFP	284	176	189	99	0	0	1	0	748	0.0	1	0.0	0.13
Acute Viral Hepatitis	1,813	2,344	1,645	2,349	15	17	10	15	8,151	0.0	57	0.4	0.70
Acute Watery Diarrhea	467,060	277,275	433,958	301,010	5	4	3	0	1,479,303	6.8	12	0.1	0.00
ARI-C&C	1,013,882	1,366,456	975,955	1,619,123	0	0	0	0	4,975,416	22.7	0	0.0	0.00
Probable Diphtheria	0	1	0	1	0	0	0	0	2	0.0	0	0.0	0.00
CCHF	0	633	2	262	0	44	0	28	897	0.0	72	0.5	8.03
Confirmed Malaria	2,775	13,779	2,635	11,493	0	0	0	0	30,682	0.1	0	0.0	0.00
Measles	34,458	9,815	29,914	9,391	237	8	255	7	83,578	0.4	507	3.9	0.61
Covid-19	144	24,058	196	23,940	0	3	0	10	48,338	0.2	13	0.1	0.03
Pertussis	283	54	236	52	0	0	0	0	625	0.0	0	0.0	0.00
ARI-Pneumonia	302,669	155,483	272,125	176,927	872	201	784	174	907,204	4.1	2,031	15.4	0.22
Meningitis	1,518	1,356	1,407	1,491	70	24	55	25	5,772	0.0	174	1.3	3.01
Dengue Fever	0	222	0	164	0	0	0	0	386	0.0	0	0.0	0.00
Neonatal Tetanus	6	4	2	1	1	1	0	0	13	0.0	2	0.0	15.38
Typhoid Fever	1,655	22,964	1,584	29,121	0	0	0	0	55,324	0.3	0	0.0	0.00
NDSR targeted diseases/Deaths	1,952,928	2,006,230	1,834,114	2,313,804	1,228	306	1,126	262	8,107,076	37.1	2,922	22	0.04
Total of new clients/ death	3,427,259	5,944,399	3,308,394	9,197,535	4,390	3,133	3,153	2,480	21,877,587	100	13,156	100	0.06

Epidemic situation of AWD with dehydration:

- The epi-curve of AWD with dehydration illustrates a gradual increase from week 11-2025.
- During 32nd week of 2025, a total of 5,503 cases and 2 deaths have been reported (CFR=0.03%)
- Out of the total cases, 3,060 (55.6%) were under-five children, and 2,775 (50.4%) were females.
- Since the beginning of 2025, a total of 100,875 AWD + dehydration cases and 48 deaths (CFR=0.05%) have been reported. Of these cases 49,795 (49.4%) are females and 57,600 (57.1%) are children under five.

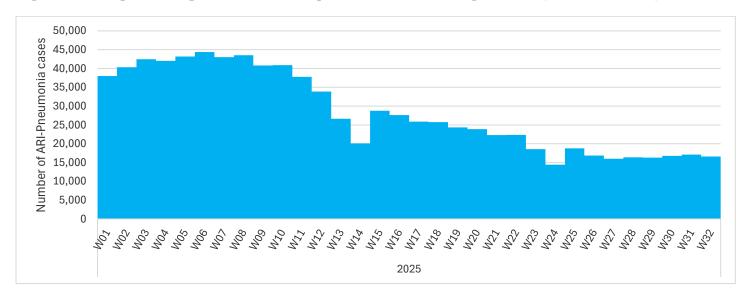
Figure 2: The epi-curve of AWD with dehydration cases in Afghanistan (W01-W32, 2025)



Epidemic situation of ARI pneumonia:

- The epi-curve of ARI pneumonia illustrates a notable decrease since week 09-2025.
- During the 32nd week of 2025, a total of 16,619 cases and 50 deaths have been reported (CFR=0.3%)
- Out of the total cases, 10,496 (63.1%) were under-five children, and 8,174 (49.2%) were females.
- Since the beginning of 2025, a total of 907,204 ARI pneumonia cases and 2,031 deaths (CFR=0.22%) have been reported. Of these cases 449,052 (49.5%) are females and 574,794 (63.4%) are children under five.

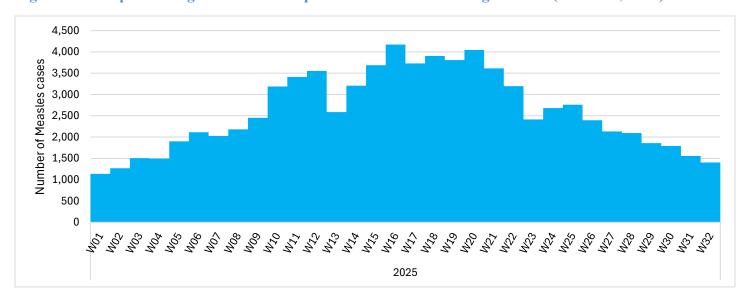
Figure 3: The epidemiological curve of ARI pneumonia cases in Afghanistan (W01-W32, 2025)



Epidemic situation of measles:

- The epi-curve of measles illustrates a notable decrease since week 20-2025.
- During the 32nd week of 2025, a total of 1,405 cases and 4 deaths have been reported (CFR=0.3%)
- Out of the total cases, 1,072 (76.3%) were under-five children, and 613 (43.6%) were females.
- Since the beginning of 2025, a total of 83,578 measles cases and 507 deaths (CFR=0.6%) have been reported. Of these cases 39,305 (47%) are females and 64,372 (77%) are children under five.

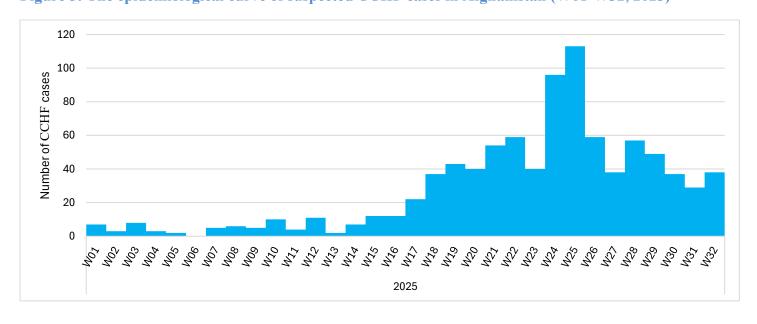
Figure 4: The epidemiological curve of suspected measles cases in Afghanistan (W01-W2, 2025)



Epidemic situation of CCHF:

- The epi-curve of suspected CCHF cases has shown a gradual decrease since week 25-2025.
- During week 32nd 2025, a total of 38 cases and 4 deaths have been reported (CFR=10.5%)
- Out of the total cases, none of them children under five, and 13 of them (34.2%) were female.
- Since the beginning of 2025, a total of 897 suspected CCHF cases and 72 deaths (CFR=8%) have been reported. Of these cases 264 (29.4%) are females and 2 (0.2%) are children under five.

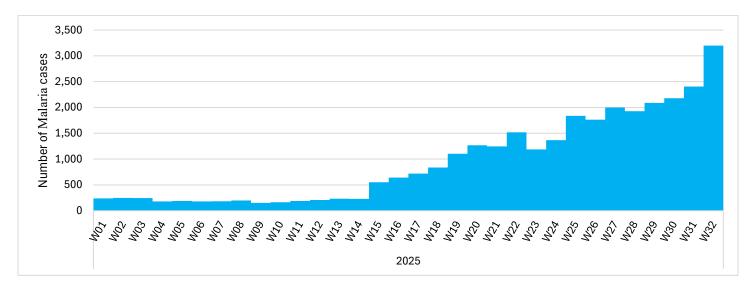
Figure 5: The epidemiological curve of suspected CCHF cases in Afghanistan (W01-W32, 2025)



Epidemic situation of malaria:

- The epi-curve of confirmed malaria illustrates a considerable increase since week 15-2025
- During 32nd week of 2025, a total of 3,200 cases and zero deaths have been reported (CFR=0.0%)
- Out of the total cases, 541(16.9%) were children under-five, and 1,459 (45.6%) were females.
- Since the beginning of 2025, a total of 30,682 confirmed malaria cases and zero deaths have been reported. Of these cases 14,128 (46.1%) are females and 5,410 (17.6%) are children under five.

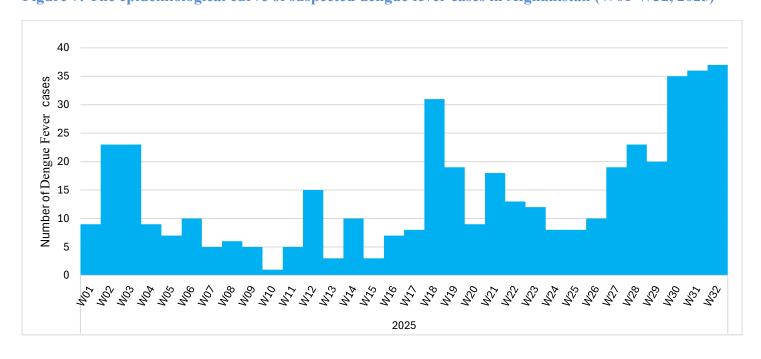
Figure 6: The epidemiological curve of confirmed malaria cases in Afghanistan (W01-W32, 2025)



Epidemic situation of dengue fever:

- The epi-curve of suspected dengue fever illustrates stabilization at low level since the beginning of 2025.
- During 32nd week of 2025, a total of 37 cases and 0 deaths have been reported (CFR=0.0%)
- Out of the total cases, none of them children under five and 20 (54.1%) cases were females.
- Since the beginning of 2025, a total of 386 suspected dengue fever cases and zero deaths have been reported. Of these cases 164 (42.5%) are females and none of them children under five.

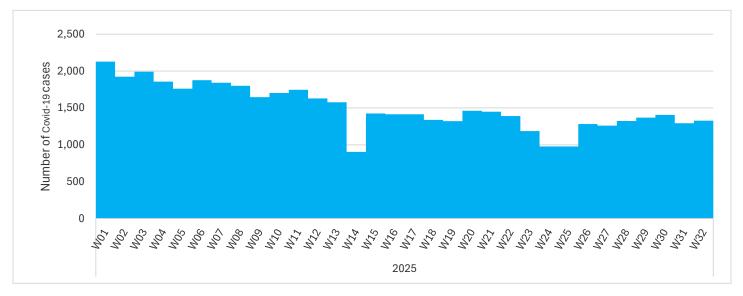
Figure 7: The epidemiological curve of suspected dengue fever cases in Afghanistan (W01-W32, 2025)



Epidemic situation of COVID-19

- The epi-curve of suspected COVID-19 illustrates a gradual decrease from weeks 1-2025.
- During 32nd week of 2025, a total of 1328 cases and 0 death have been reported (CFR=0.0%)
- Out of the total cases, 4 (0.3%) were under-five children, and 679 (51.1%) were females.
- Since the beginning of 2025, a total of 48,338 suspected COVID-19 cases and 13 deaths (CFR=0.03%) have been reported. Of these cases 24,136 (49.9%) are females and 340 (0.7%) are children under five.

Figure 8: The epidemiological curve of suspected COVID-19 cases in Afghanistan (W01-W32, 2025)



Influenza surveillance activities:

- ➤ In Epidemiological week 32 of 2025, we have received reports from all ten influenza sites. Out of all new hospital admissions, 635 (12.5%) Severe Acute Respiratory Infections cases were reported, and 380 (59.8%) were under 5 years old and 320 (50.3%) were female.
- ➤ The proportion of SARI cases increased (0.4%) compared to the previous week, and 25 SARI-associated deaths were reported this week: 23 (92%) under five and 11 (44%) females.
- At all influenza sentinel sites, the highest proportion of SARI cases were reported from Bamyan (24.7%), Kabul (22%) and Balkh (19%).
- > During this week, our field staff in the country collected and shipped 50 specimens (30 SARI and 20 ILI) to the NIC. Out of all these tested specimens, no lab confirmed case reported for Influenza, and not new influenza virus subtype.

Table 3: The Afghanistan NIC lab result of influenza specimens in Week 32, 2025

Influenza site Specimen Lab			Lab	Positivity			
Illinueliza 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	0	0	0	0	0	0%
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	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	0	0	0	0	0	0%

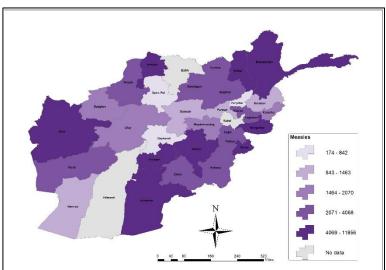
Figar 9: Geographical distribution of major infectious diseases cumulative cases by province in

Afghanistan, from 29 Dec 2024-09 August 2025

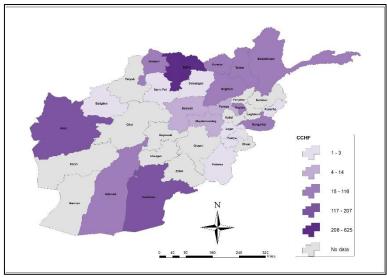
Figar 9: A (Pneumonia)

Project State Stat

Figar 9: B (Measles)



0Figar 9: C (CCHF)



Figar 9: D (Malaria)

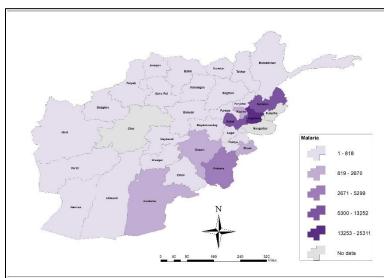


Table 4: Afghanistan infectious disease outbreaks report | Epidemiological Week # 32-2025

Table 1. Inglianistan	micchous	ections disease outbreaks report Epidemiological week # 52		7-2025				
					ases	aths	Vaccination coverage, If VPD	
Event / Diseases Name	Reported date	Province D	District	Village	Total Cases	Total Deaths	HF reported coverage	Field Estimate d Coverage
	5/8/2025	Bamyan	Kohmard	Giro Dashat-e- Safid	8	0	87%	87%
	7/8/2025	Jawzjan	Sheberghaan	Ba Ba Ali Afghania	6	0	93%	75%
	3/8/2025	Khost	Khost (Matoon)	Marmandi	16	0	77%	57%
Measles	2/8/2025	Kunduz	Aliabad	Qasim Ali	10	0	75%	50%
	5/8/2025	Takhar	Taloqan	Charmqari	5	0	89%	50%
	5/8/2025	Urozgan	DehRawood	Naw Abad	11	0	85%	69%
	4/8/2025	Zabul	Tarank-o- Jaldak	Bakhshi	8	0	92%	49%
Scabies				Bamyan (2), Herat (provinces (Total nu				(1),
Chickenpox	5 Chickenp	ox outbreaks		om Bamyan (1), Hei				ya (1) and
Dog bite/Suspected Rabies	3 Dog bite/	3 Dog bite/ Suspected Rabies outbreaks were reported from Helmand (1), Herat (1) and Paktya (1) provinces (Total number of cases = 37)						
Anthrax	7 Anthrax of	7 Anthrax outbreaks were reported from Badakhshan (3), Kudnz (1) and Takhar (3) provinces (Total number of cases = 8)						
AWD + Dehydration	4 AWD with Dehydration outbreaks were reported from Kapisa (2) and Nangarhar (2) provinces (Total number of cases = 6)							
Impetigo	1 Impetigo outbreak was reported from Herat province (Total number of cases = 22)							
Mumps		2 Mumps outbreaks were reported from Herat (1) and Kandahar (1) provinces (Total number of cases = 24)						
Unknown poisoning	1 Unknown = 66)	poisoning ou	tbreak was repo	rted from Nangarhai	prov	ince (Total numb	er of cases
Food Poisoning	1 Food pois	soning outbrea	ak was reported	form Panjshir provin	ice (T	otal n	umber of ca	ses = 8)

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

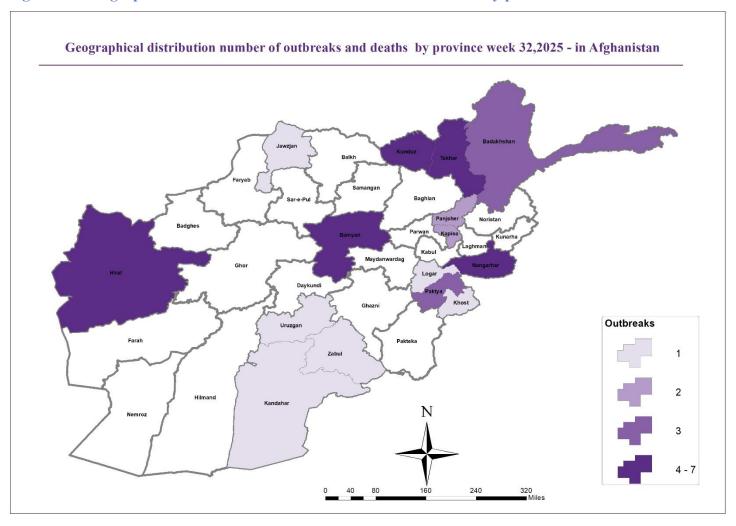


Table 5: Summary of diseases outbreaks during 2025 (29 Dec 2024 to 9 August 2025)

<u>Disease/Event</u>	Disease/Event	Lab-Confirm	Total Cases	Total Deaths
Measles	531	226	5307	92
Scabies	344	0	13749	0
Chickenpox	145	29	2350	0
Dog bite/Suspected Rabies	62	0	457	14
CCHF	27	17	75	8
Food Poisoning	17	0	259	6
Pertussis	16	4	179	0
Anthrax	15	0	17	0
AWD with Dehydration	14	11	116	1
Malaria	9	5	1216	0
ARI-Pneumonia	6	3	213	4
Brucellosis	6	0	126	0
Viral Hepatitis	5	1	77	0
COVID-19	5	3	143	0
Impetigo	5	0	152	0

Typhoid Fever	4	0	64	2
Mumps	4	0	74	0
Leishmaniasis	4	1	205	0
Botulism	3	0	14	7
Tinea Capitis	1	0	16	0
ARI-Cough and Cold	1	0	48	0
Dysentery	1	0	36	0
Acute Bloody Diarrhea	1	0	42	0
Rubella	1	1	6	0
Probably Diphtheria	1	0	2	0
Grand Total	1228	301	24943	134

Table 6: Laboratory information from RRL, CPHL, NIDH and provincial labs in Week # 32-2025

Lab Specimen	Specimen Tested	Specimen Confirmed	Positivity rate (%)
Measles	191	105	55.0
COVID-19	143	14	9.8
Chickenpox	43	18	41.9
CCHF	39	10	25.6
SARI	30	0	0.0
ILI	20	0	0.0
Dengue Fever	19	6	31.6
Hepatitis	8	2	25.0
Pertussis	1	0	0.0
Brucellosis	0	0	0.0
ARI/Pneumonia	0	0	0.0
Typhoid	0	0	0.0
M Pox	0	0	0.0
Total	494	155	31.4

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.
- Although the number of CCHF cases has decreased over the past four weeks, it is still recommended to maintain and strengthen control measures at the national level to prevent further transmission
- 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 1,469 (IBS+EBS) suspected measles cases with 4 (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.