

**Ministry of Public Health**  
**Monitoring & Inspection General Directorate**  
**National Diseases Surveillance and Response Department**

وزارت صحت عامه  
 ریاست عمومی نظارت و بازرسی  
 دیپارتمنت ملی سرویلانس و پاسخ دهی به امراض

دعامة روغتیا وزارت  
 دڅارنې او پلتنې عمومي ریاست  
 د ناروغیو دملي سرویلانس او څیرگون دیپارټمنټ

Epidemiological Report | Week # 04– 2026

04 (25 Jan - 31 Jan, 2026)

**Summary:**

Out of **613** functional surveillance sentinel sites, **605 (98.7 %)** submitted reports this week.

A total of **644,449** new consultations were reported, among which **253,818 (39.4%)** were due to surveillance-targeted diseases, which include **128,423 (50.6%)** females and **111,999 (44.1%)** children under five.

The most frequently reported surveillance-targeted diseases this week were ARI cough & cold with **180,226** cases (**27.9%**), acute diarrheal diseases with **29,797** cases (**4.6%**), and pneumonia with **40,514** cases (**6.3%**).

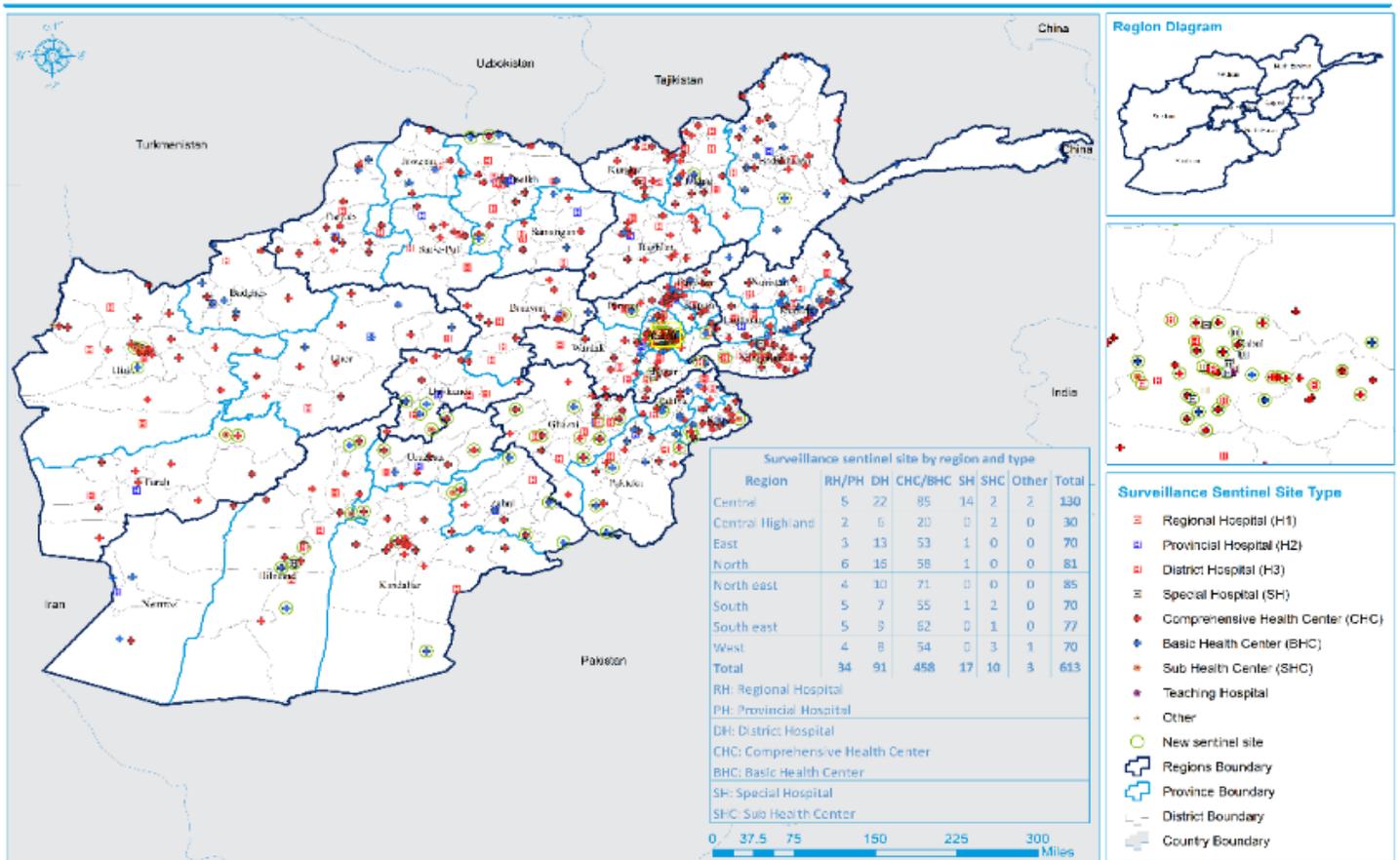
A total of **448** deaths were reported this week, of which **90 (20.1%)** deaths were due to surveillance-targeted diseases. This includes **84 ARI pneumonia** deaths, **1 suspected meningitis** death, **3 acute viral hepatitis** deaths and **2 AWD with dehydration** deaths.

During this week, 31 outbreaks were reported: **5 measles** outbreaks, **16 scabies** outbreaks, **2 pertussis** outbreaks, **3 chickenpox** outbreaks, **4 dog bite/suspected rabies** outbreak and **1 ARI** outbreak.

**Table 1: Top 7 priority infectious diseases cases and deaths out of total consultations in Week 04-2026**

Top 7 Diseases	Cases				Deaths				Total				CFR
	Male		Female		Male		Female		Cases		Deaths		
	< 5 Y	> 5 Y	< 5 Y	> 5 Y	< 5 Y	> 5 Y	< 5 Y	> 5 Y	Number	%	Number	%	
AWD with Dehydration	380	262	365	269	1	0	0	1	1276	0.2	2	0.4	0.16
ARI-Pneumonia	13435	6983	12039	8057	44	6	26	8	40514	6.3	84	18.8	0.21
Measles	199	47	176	38	0	0	0	0	460	0.1	0	0.0	0.00
CCHF	0	5	0	0	0	0	0	0	5	0.0	0	0.0	0.00
Confirmed Malaria	13	60	4	56	0	0	0	0	133	0.0	0	0.0	0.00
Dengue Fever	0	1	0	0	0	0	0	0	1	0.0	0	0.0	0.00
Covid-19	1	673	6	715	0	0	0	0	1395	0.2	0	0.0	0.00

Figure 1: Surveillance/ NDSR sentinel sites location by type of health facility, 2026



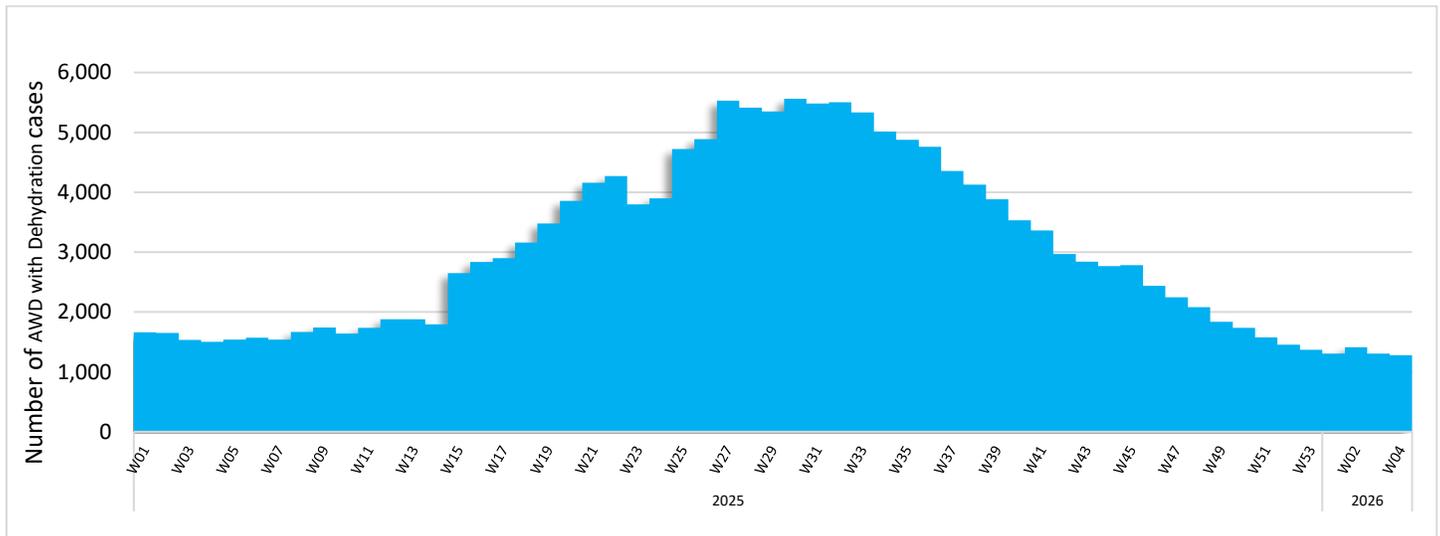
**Table 2: Cumulative data on 17 surveillance priority diseases (W04, 2026)**

Surveillance Indicators	Cases				Deaths				Total				CFR
	Male		Female		Male		Female		Cases		Deaths		
	< 5 Y	> 5 Y	< 5 Y	> 5 Y	< 5 Y	> 5 Y	< 5 Y	> 5 Y	Number	%	Number	%	
<b>AWD with Dehydration</b>	1,599	1,121	1,455	1,125	1	0	0	1	5,300	0.2	2	0.1	0.04
<b>Acute Bloody Diarrhea</b>	8,057	9,503	7,396	9,480	0	0	0	0	34,436	1.3	0	0.0	0.00
<b>AFP</b>	36	26	26	10	0	0	0	0	98	0.0	0	0.0	0.00
<b>Acute Viral Hepatitis</b>	167	213	161	244	3	3	0	1	785	0.0	7	0.4	0.89
<b>Acute Watery Diarrhea</b>	27,621	17,302	25,981	19,054	0	0	0	0	89,958	3.3	0	0.0	0.00
<b>ARI-C&amp;C</b>	151,316	218,796	146,396	248,356	0	0	0	0	764,864	28.2	0	0.0	0.00
<b>Probable Diphtheria</b>	0	0	0	0	0	0	0	0	0	0.0	0	0.0	0.00
<b>CCHF</b>	0	17	0	14	0	0	0	0	31	0.0	0	0.0	0.00
<b>Confirmed Malaria</b>	54	272	35	214	0	0	0	0	575	0.0	0	0.0	0.00
<b>Measles</b>	836	158	772	178	3	1	1	0	1,944	0.1	5	0.3	0.26
<b>Covid-19</b>	5	2,851	28	3,150	0	0	0	0	6,034	0.2	0	0.0	0.00
<b>Pertussis</b>	52	3	38	7	0	0	0	0	100	0.0	0	0.0	0.00
<b>ARI-Pneumonia</b>	53,559	28,007	48,526	32,546	161	33	136	29	162,638	6.0	359	19.2	0.22
<b>Meningitis</b>	176	139	145	116	7	6	4	3	576	0.0	20	1.1	3.47
<b>Dengue Fever</b>	0	22	0	9	0	0	0	0	31	0.0	0	0.0	0.00
<b>Neonatal Tetanus</b>	0	0	0	0	0	0	0	0	0	0.0	0	0.0	0.00
<b>Typhoid Fever</b>	127	1,815	128	2,169	0	0	0	0	4,239	0.2	0	0.0	0.00
<b>NDSR targeted diseases/Deaths</b>	<b>243,605</b>	<b>280,245</b>	<b>231,087</b>	<b>316,672</b>	<b>175</b>	<b>43</b>	<b>141</b>	<b>34</b>	<b>1,071,69</b>	<b>39.5</b>	<b>393</b>	<b>21</b>	<b>0.04</b>
<b>Total of new clients/ death</b>	<b>420,917</b>	<b>756,400</b>	<b>404,817</b>	<b>1,131,156</b>	<b>564</b>	<b>507</b>	<b>434</b>	<b>369</b>	<b>2,713,290</b>	<b>100</b>	<b>1,874</b>	<b>100</b>	<b>0.07</b>

### Epidemic situation of AWD with dehydration:

- The epi-curve of AWD with dehydration illustrates a gradual decrease since week 33-2025.
- During 4<sup>th</sup> week of 2026, a total of 1,276 cases and 2 death have been reported (CFR=0.2%)
- Out of the total cases, 745 (58.4%) were under-five children, and 634 (49.7%) were females.
- Since the beginning of 2026, a total of 5,300 AWD + dehydration cases and 2 death (CFR=0.04%) have been reported. Of these cases 3,054 (57.6%) are children under five and 2,580 (48.7%) are females.

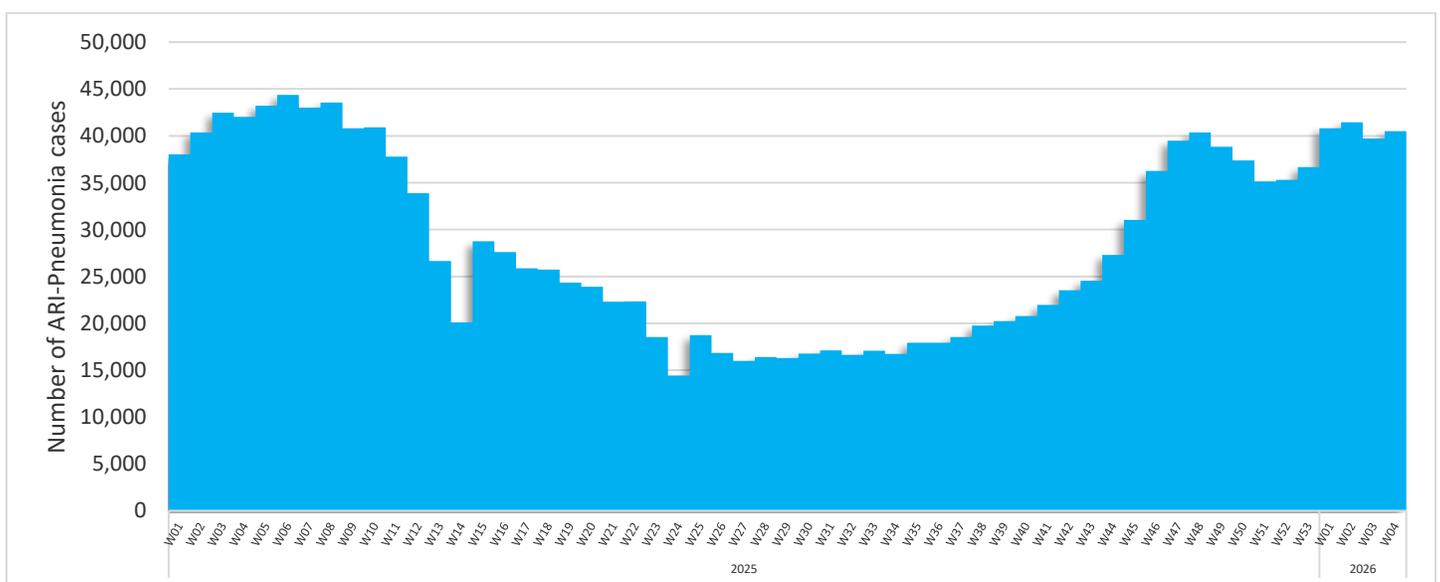
Figure 2: Epidemic curve of AWD with dehydration cases in Afghanistan (W 01, 2025 to W 04, 2026)



### Epidemic situation of ARI pneumonia:

- The epi-curve of ARI pneumonia illustrates a notable increase since week 52-2025.
- During the 4<sup>th</sup> week of 2026, a total of 40,514 cases and 84 deaths have been reported (CFR=0.21%)
- Out of the total cases, 25,474 (62.8%) were under-five children, and 20,096 (49.6%) were females.
- Since the beginning of 2026, a total of 162,638 ARI pneumonia cases and 359 deaths (CFR=0.2%) have been reported. Of these cases 102,085 (62.7%) are children under five and 81,072 (49.8%) are females.

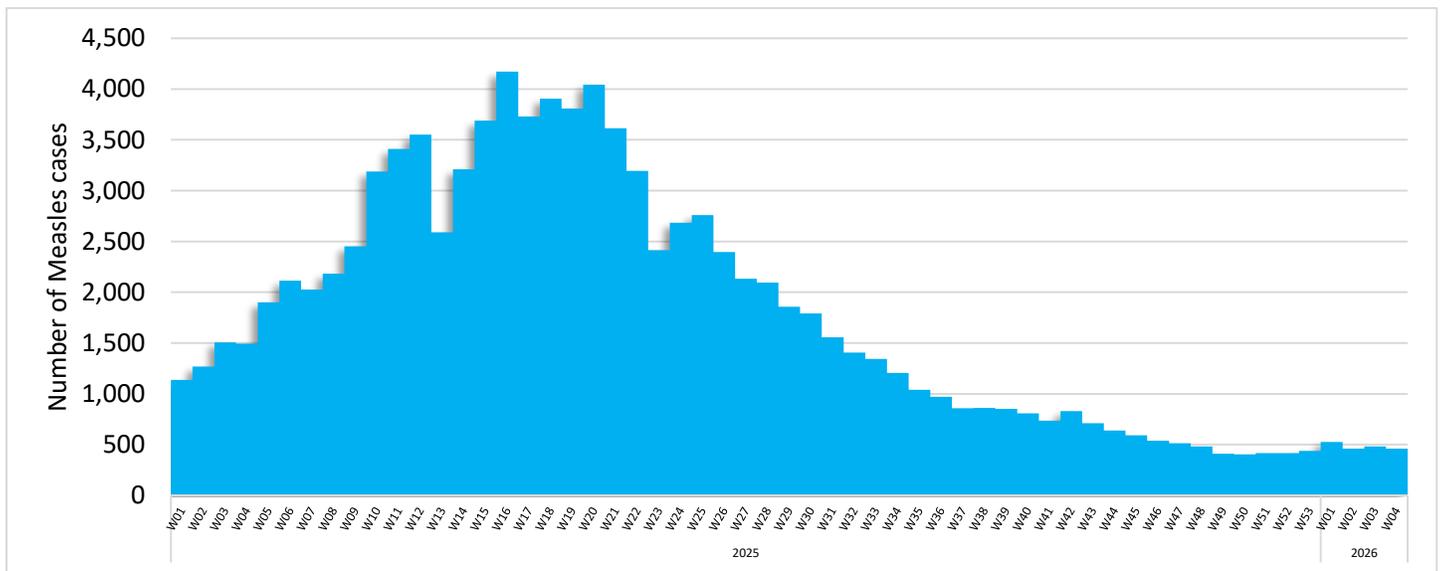
Figure 3: Epidemic curve of ARI pneumonia cases in Afghanistan (W 01, 2025 to W 04, 2026)



### Epidemic situation of measles:

- The epi-curve of measles illustrates a notable decrease since week 20-2025.
- During the 4<sup>th</sup> week of 2026, a total of 460 cases and 0 death have been reported (CFR=0.0%)
- Out of the total cases, 375 (81.5%) were under-five children, and 214 (46.5%) were females.
- Since the beginning of 2026, a total of 1,944 measles cases and 5 death (CFR=0.3%) have been reported. Of these cases 1,608 (82.7%) are children under five and 950 (48.8%) are females.

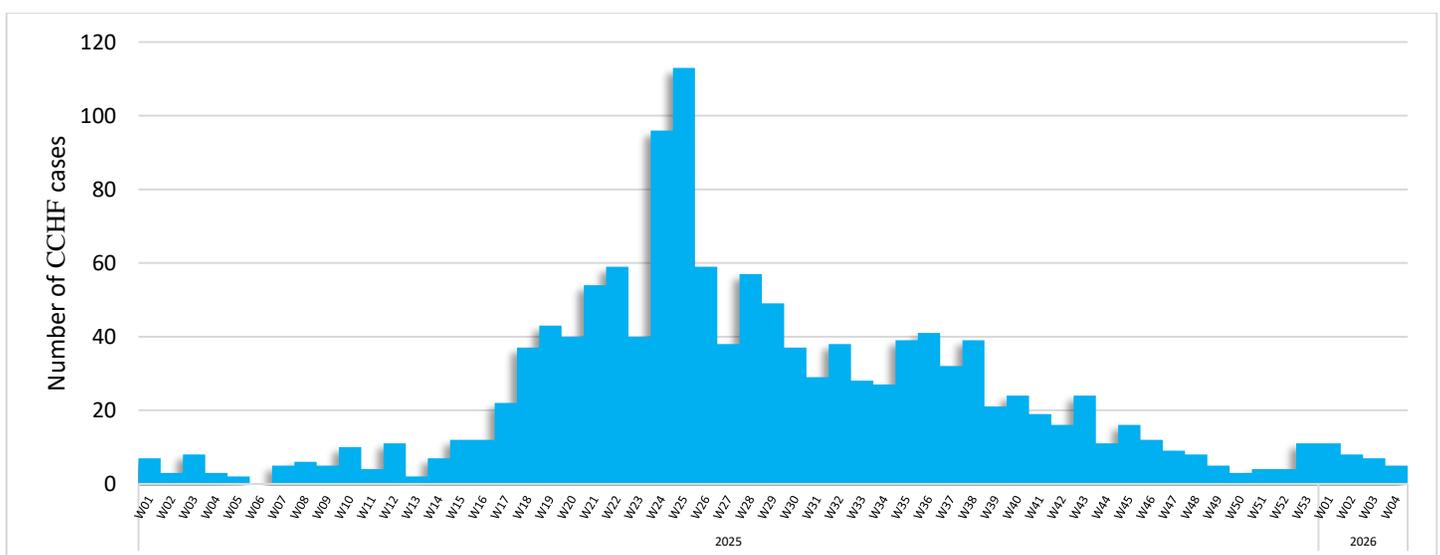
**Figure 4: Epidemic curve of suspected measles cases in Afghanistan (W 01, 2025 to W 04, 2026)**



### Epidemic situation of CCHF:

- The epi-curve of suspected CCHF cases has shown a gradual decrease since week 25-2025.
- During week 4<sup>th</sup> 2026, a total of 5 cases and 0 death have been reported (CFR= 0.0%)
- Out of the total cases, none of them children under five, and 0 of them (0.0%) was female.
- Since the beginning of 2026, a total of 31 suspected CCHF cases and 0 death (CFR=0.0%) have been reported. Of these cases 0 (0.0%) are children under five and 14 (45.1%) are females.

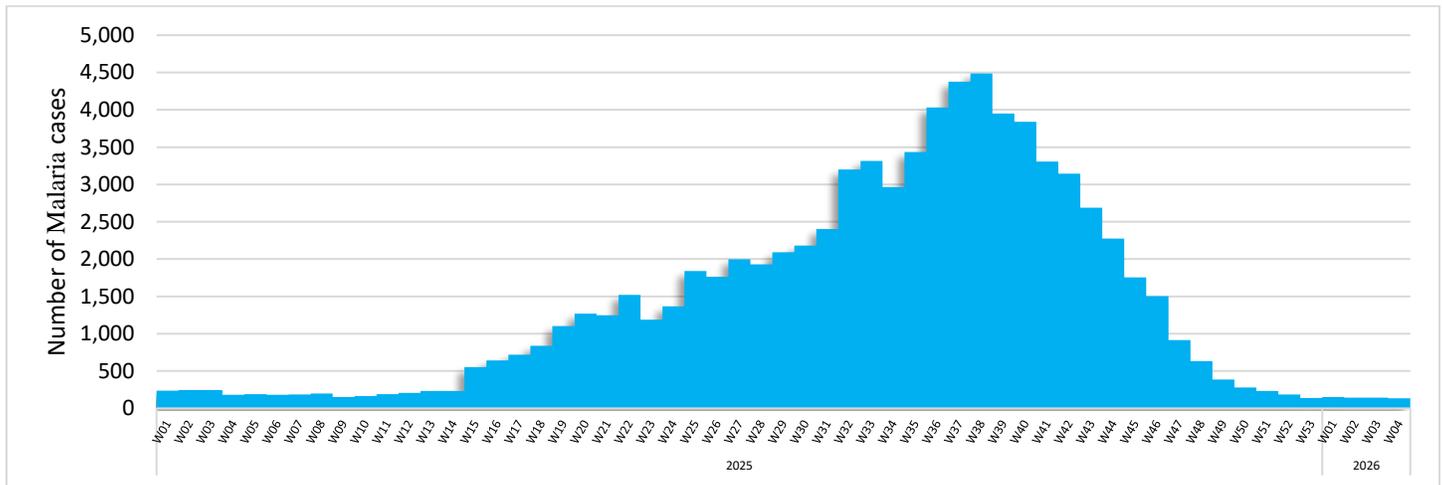
**Figure 5: Epidemic curve of suspected CCHF cases in Afghanistan (W 01, 2025 to W 04, 2026)**



### Epidemic situation of malaria:

- The epi-curve of confirmed malaria illustrates a considerable decrease since week 39-2025.
- During 4<sup>th</sup> week of 2026, a total of 133 cases and zero deaths have been reported (CFR=0.0%)
- Out of the total cases, 17 (12.8%) were children under-five, and 60 (45.1%) were females.
- Since the beginning of 2026, a total of 575 confirmed malaria cases and zero deaths have been reported. Of these cases 89 (15.5%) are children under-five, and 249 (43%) are females.

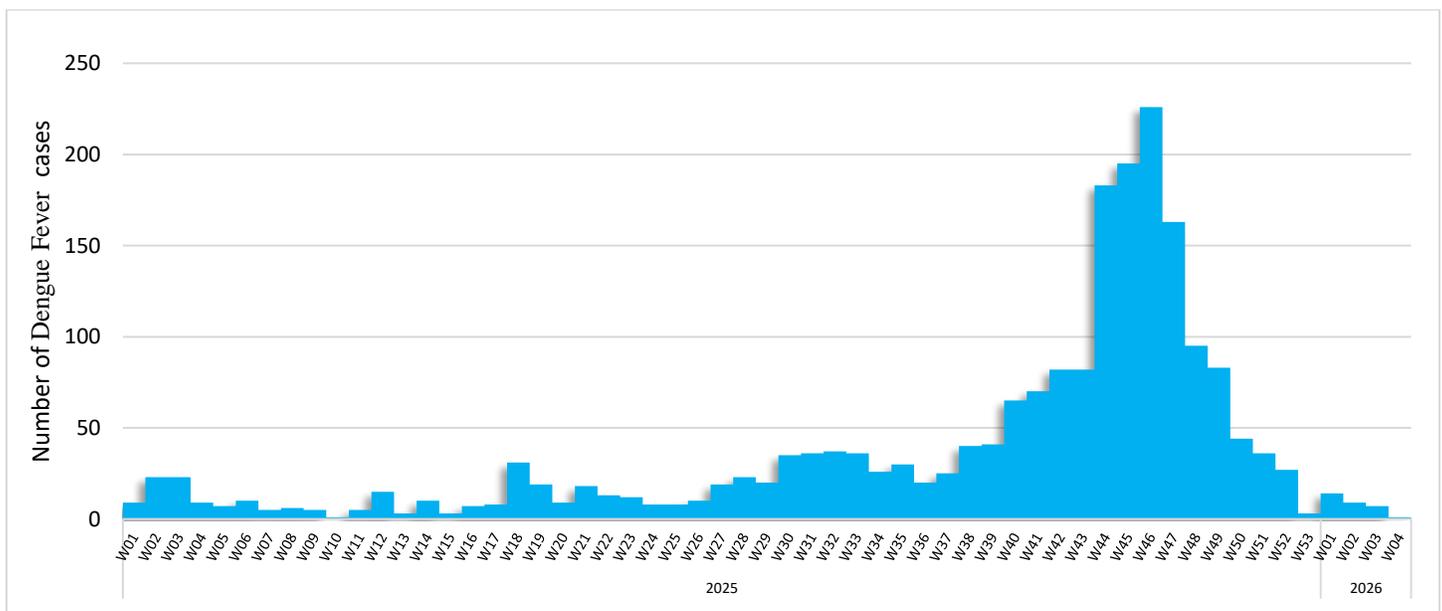
Figure 6: Th Epidemic curve of confirmed malaria cases in Afghanistan (W 01, 2025 to W 04, 2026)



### Epidemic situation of dengue fever:

- The epi-curve of suspected dengue fever illustrates a considerable decrease since week 47 of 2025.
- During 4<sup>th</sup> week of 2026, a total of 1 case and 0 deaths have been reported (CFR=0.0%)
- Out of the total cases, none of them were children under five and 0 (0.0%) cases were female.
- Since the beginning of 2026, a total of 31 suspected dengue fever cases and 0 death (CFR=0.0%) have been reported. Of these cases none of them are children under five and 9 (29%) cases are females.

Figure 7: Epidemic curve of suspected dengue fever cases in Afghanistan (W 01, 2025 to W 04, 2026)



## Epidemic situation of COVID-19

- The epi-curve of suspected COVID-19 illustrates a gradual decrease from weeks 48-2025.
- During 4<sup>th</sup> week of 2026, a total of 1,395 cases and 0 death have been reported (CFR=0.0%)
- Out of the total cases, 7 (0.5%) were under-five children, and 721 (51.7%) were females.
- Since the beginning of 2026, a total of 6,034 suspected COVID-19 cases and 0 death (CFR=0.0%) have been reported. Of these cases 33 (0.5%) are under-five children, and 3,178 (52.7%) are females.

Figure 8: Epidemic curve of suspected COVID-19 cases in Afghanistan (W 01, 2025 to W 04, 2026)

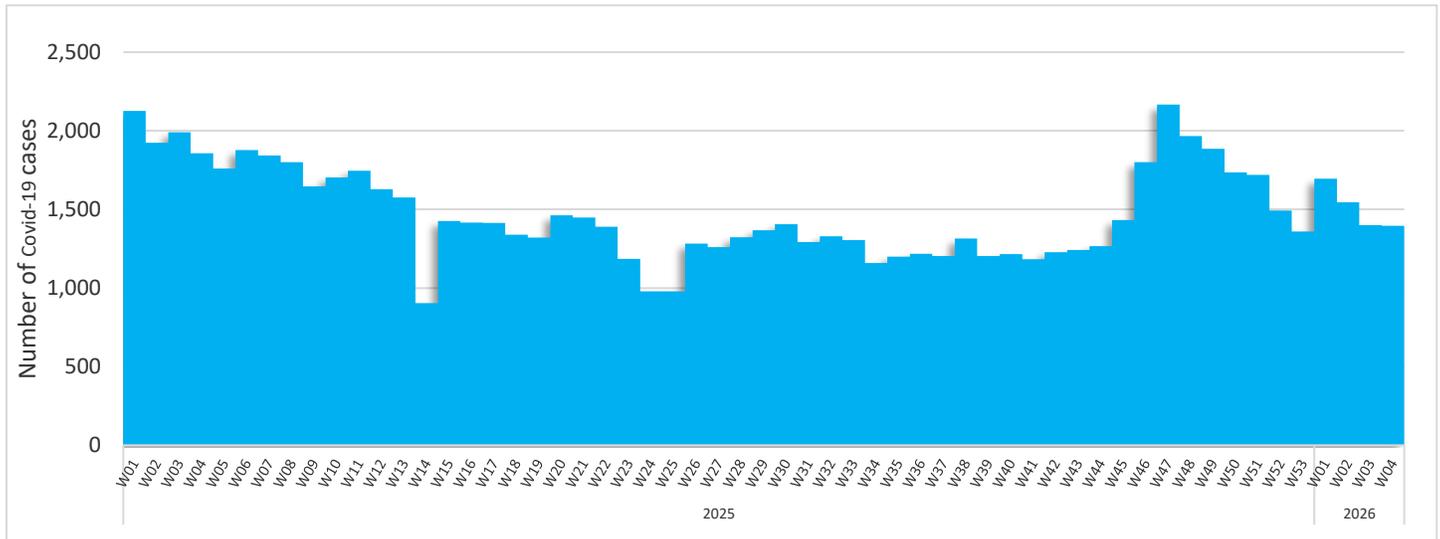


Figure 9: Geographical distribution of major infectious diseases cumulative cases by province in 2026

Figure 9: A (Pneumonia)

Figure 9: B (Measles)

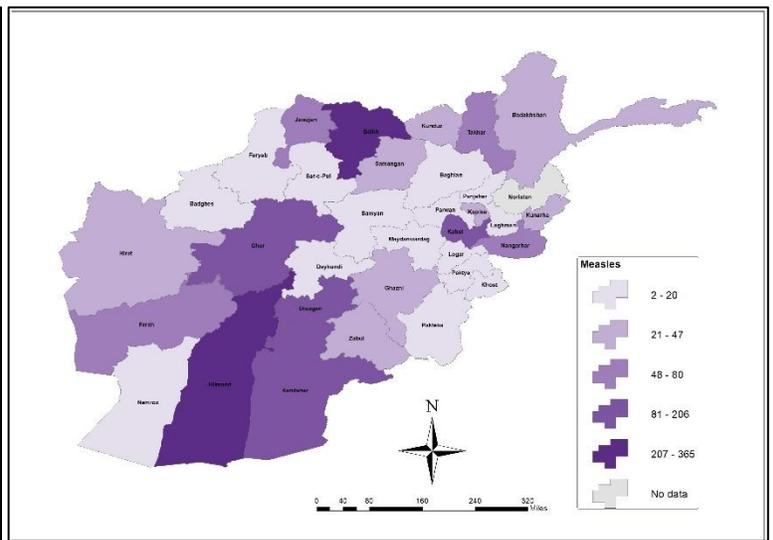
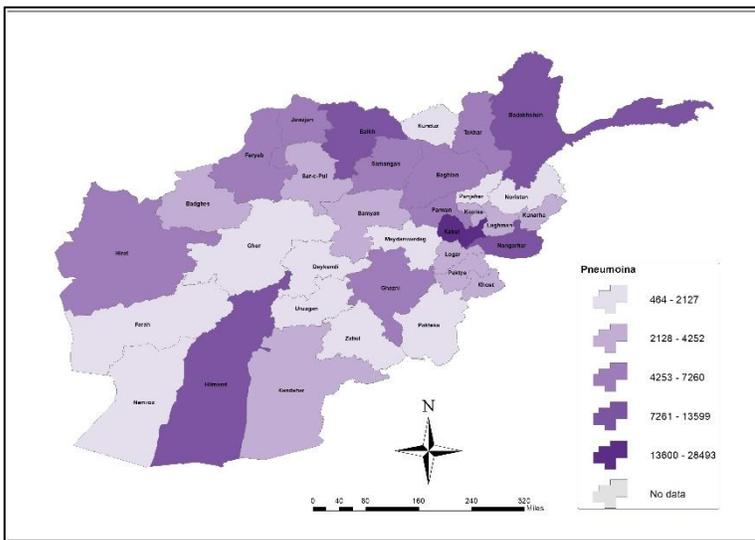


Figure 9: C (CCHF)

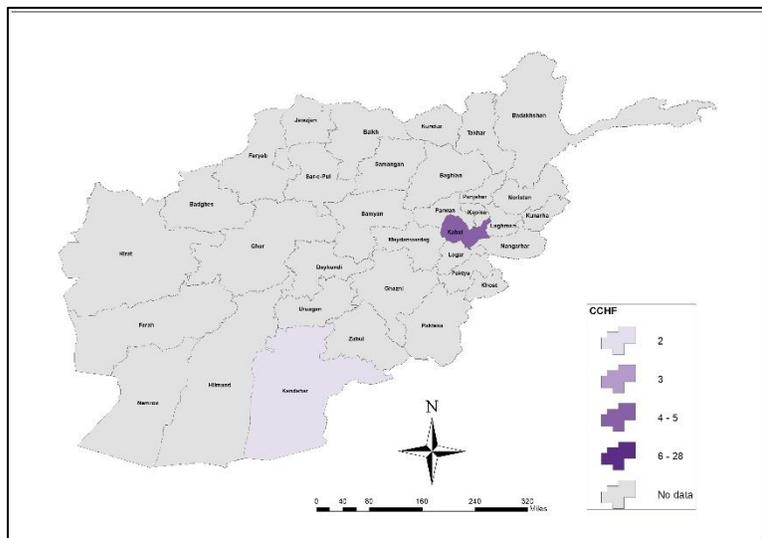
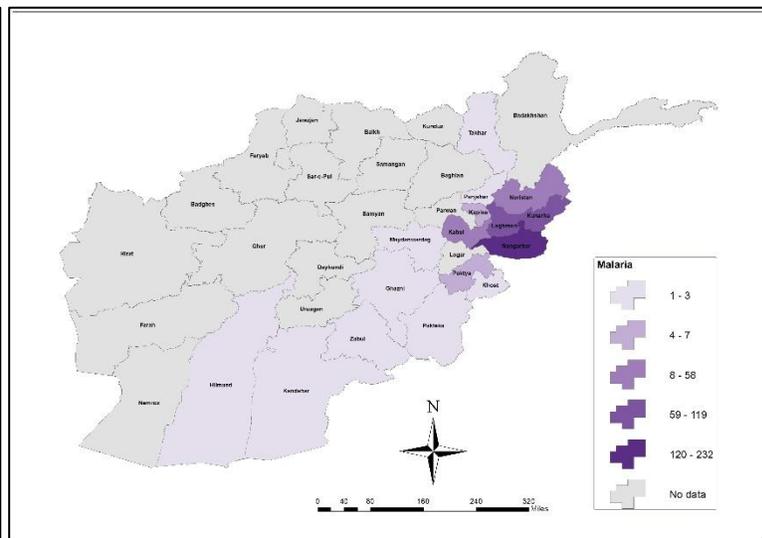


Figure 9: D (Malaria)



## Influenza surveillance activities

- In Epidemiological week 4<sup>th</sup> 2026, we have received reports from all ten influenza sites. Out of all new hospital admissions, 2136 (32.4%) Severe Acute Respiratory Infections cases were reported, and 1446 (67.6%) were under 5 years old and 1040 (48.6%) were female.
- The proportion of SARI cases increased (0.5%) compared to the previous week, and 51 SARI-associated deaths were reported this week: 37 (72.5%) under five and 20 (39.2%) females.
- At all influenza sentinel sites, the highest proportion of SARI cases were reported from Kabul (42%), Nangarhar (40%), and Bamyan (34.8%).
- During this week, our field staff in the country collected and shipped 90 specimens (54 SARI and 36 ILI) to the NIC. Out of all these tested specimens, 2 lab confirmed case reported for Influenza Flu B Victoria, but not a new influenza virus subtype.

Table 3: The Afghanistan NIC lab result of influenza specimens in Week 4, 2026

Influenza site	Specimen Tested	Lab Confirmed	Lab confirmed influenza subtype details				Confirmed (COVID-19)	Positivity rate (%)
			Flu A (H1N1pdm09)	Flu A (H3)	Flu B (Victoria)	Flu B (Yamagata)		
Baghlan	10	0	0	0	0	0	0%	
Badakhshan	10	0	0	0	0	0	0%	
Balkh	0	0	0	0	0	0	0%	
Bamyan	10	0	0	0	0	0	0%	
Herat	10	0	0	0	0	0	0%	
Kabul	10	0	0	0	0	0	0%	
Kapisa	10	2	0	0	2	0	20%	
Kandahar	10	0	0	0	0	0	0%	
Nangarhar	10	0	0	0	0	0	0%	
Paktia	10	0	0	0	0	0	0%	
<b>Total</b>	<b>90</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2.2%</b>	

## Outbreak Situation

**Table 4: Afghanistan infectious disease outbreaks report | Epidemiological Week # 04-2026**

Event / Diseases Name	Investigation date	Province	District	Village	Total Cases	Total Deaths	Vaccination coverage, If VPD	
							HF reported coverage	Field Estimated Coverage
Measles	1/24/2026	Helmand	Nahr-e-Seraj	Jalgi Village, Musa Qala Village	8	0	46%	0%
	1/26/2026	Kunar	Khaas Kunar	Omsmani Comp	9	0	88%	95%
	1/29/2026	Parwan	Charikar	Parcha - 12	6	0	50%	70%
	1/28/2026	Takhar	Farkhar	Dehani Darai Khulam	16	0	0%	77%
	1/26/2026	Urozgan	Deh Rawood	Asakzay	12	0	80%	65%
Pertussis	1/26/2026	Kabul	Deh Sabz	Pacha Sahib	4	0	71%	79%
	1/29/2026	Kabul	Kabul	Pule Khushk	2	0	48%	41%
Scabies	16 Scabies outbreaks were reported from Balkh (1), Farah (1), Ghazni (1), Herat (1), Kabul (3), Kunduz (2), Logar (1), Nangarhar (2), Nuristan (1), and Takhar (3) provinces (Total number of cases = 560)							
Chickenpox	3 Chickenpox outbreaks were reported from Ghor (1), Kunduz (1) and Parwan (1) provinces (Total number of cases = 50)							
Dog bite/Suspected Rabies	4 Dog bite/Suspected Rabies outbreaks were reported from Herat (1), Kabul (2) and Paktika (1) provinces (Total number of cases = 29 and 1 death)							
Acute Respiratory Infection	1 ARI outbreak was reported from Badakhshan province (Total number of cases = 47)							

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

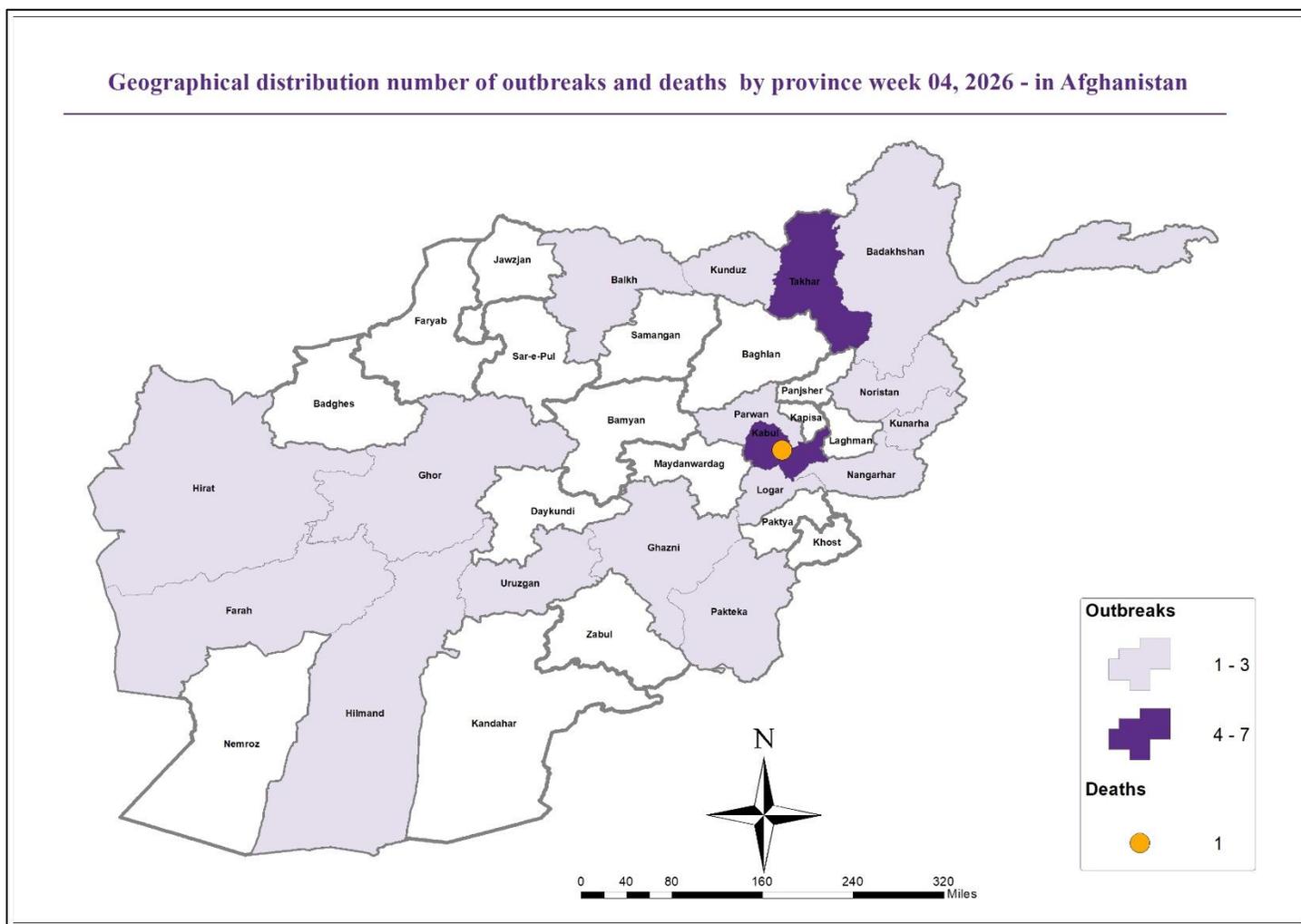


Table 5: Summary of diseases outbreaks during 2026

Disease/Event	Disease/Event	Lab-Confirm	Total Cases	Total Deaths
Measles	20	12	172	5
Scabies	68	0	2978	0
Chickenpox	23	5	302	0
Dog bite/Suspected Rabies	10	0	56	3
CCHF	1	1	5	0
Food Poisoning	1	0	13	0
Pertussis	9	0	57	0
Anthrax	1	0	1	0
AWD with Dehydration	0	0	0	0
Malaria	0	0	0	0
ARI-Pneumonia	2	0	92	0
Brucellosis	0	0	0	0
Viral Hepatitis	0	0	0	0
COVID-19	0	0	0	0
Impetigo	0	0	0	0
Typhoid Fever	0	0	0	0
Mumps	1	0	9	0

Leishmaniasis	0	0	0	0
Botulism	0	0	0	0
Tinea Capitis	0	0	0	0
ARI-Cough and Cold	0	0	0	0
Acute Bloody Diarrhea	0	0	0	0
Rubella	0	0	0	0
Probable Diphtheria	1	0	15	0
Neonatal Tetanus	0	0	0	0
Dengue fever	0	0	0	0
<b>Grand Total</b>	<b>137</b>	<b>18</b>	<b>3700</b>	<b>8</b>

Figure 11: Number of Outbreaks reported and responded during 2026

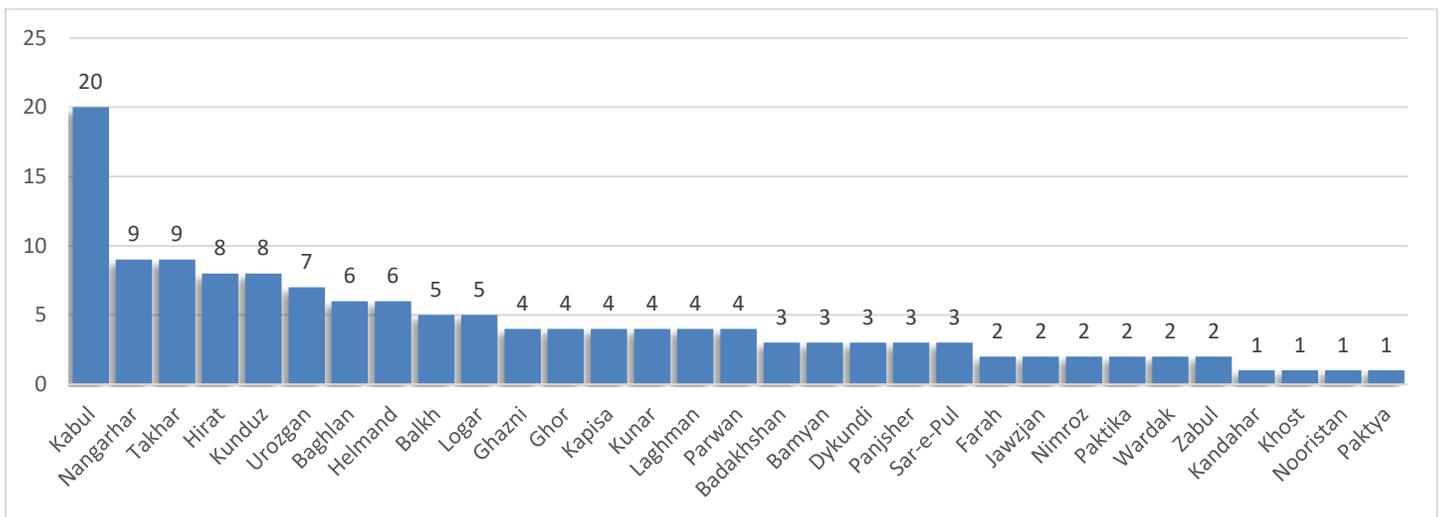
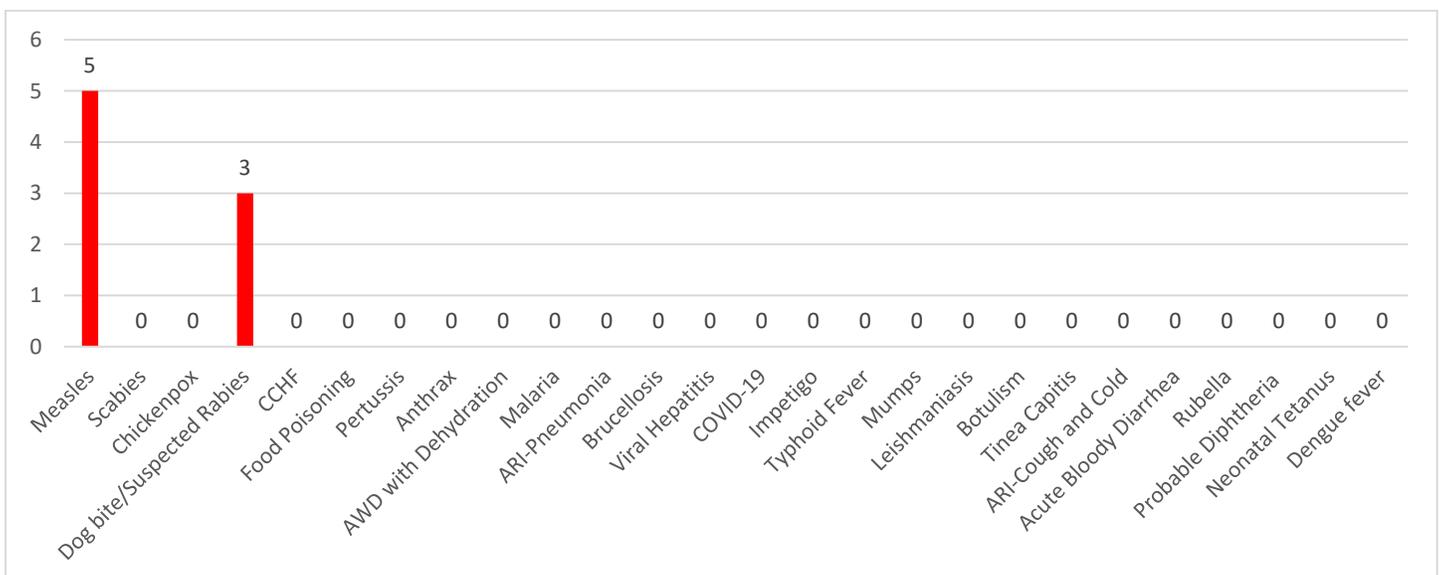


Figure 12: Outbreak Related Deaths during 2026



**Table 6: Laboratory information from RRL, CPHL, NIDHL and provincial labs in Week # 04-2026**

Lab Specimen	Specimen Tested	Specimen Confirmed	Positivity rate (%)
COVID-19	102	0	0.0
SARI	54	1	1.9
ILI	36	1	2.8
Chickenpox	33	13	39.4
Hepatitis	29	9	31.0
Measles	20	7	35.0
Pertussis	13	4	30.8
CCHF	8	1	12.5
Dengue Fever	1	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
<b>Total</b>	<b>296</b>	<b>36</b>	<b>12.2</b>

**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 **511 (IBS+EBS)** suspected measles cases with **0 (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 department concerned.

BR,

NDSR national team