

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

دعامي روغتيا وزارت
 دڅارنې او پلټنې عمومي رياست
 د ناروغيو دملي سرويلانس او څېړگون دپيارټمنټ

Epidemiological Report | Week # 22 – 2026

22 (31 May – 6 June, 2026)

Summary:

Out of **613** functional surveillance sentinel sites, **607 (99 %)** submitted reports this week.

A total of **676,138** new consultations were reported, among which **243,457 (36%)** were due to surveillance-targeted diseases, which include **125,005 (51.3%)** females and **115,370 (47.4%)** children under five.

The most frequently reported surveillance-targeted diseases this week were ARI cough & cold with **131,872** cases (**19.5%**), acute diarrheal diseases with **88,738** cases (**13.1%**), and pneumonia with **17,069** cases (**2.5%**).

A total of **394** deaths were reported this week, of which **65 (16.5%)** deaths were due to surveillance-targeted diseases. This includes **43 ARI pneumonia** deaths, **10 hemorrhagic fever** deaths, **6 suspected meningitis** deaths, **2 measles** deaths, **3 AWD with dehydration** deaths and **1 acute viral hepatitis** death.

During this week, **29** outbreaks were reported: **8 pertussis** outbreaks, **7 scabies** outbreaks, **4 measles** outbreaks, **3 CCHF** outbreaks, **2 dog bite/ suspected rabies** outbreaks, **2 chickenpox** outbreaks, **1 mumps** outbreak, **1 typhoid fever** outbreak and **1 anthrax** outbreak.

Table 1: Top 7 priority infectious diseases cases and deaths out of total consultations in Week 22-2026

Top 7 Diseases	Cases				Deaths				Total				
	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	1208	861	1035	993	0	0	3	0	4097	0.6	3	0.8	0.07
ARI-Pneumonia	5706	2798	5177	3388	16	6	14	7	17069	2.5	43	10.9	0.25
Measles	221	99	202	81	0	0	2	0	603	0.1	2	0.5	0.33
CCHF	0	126	0	56	0	8	0	2	182	0.0	10	2.5	5.49
Confirmed Malaria	177	766	167	668	0	0	0	0	1778	0.3	0	0.0	0.00
Dengue Fever	0	19	0	17	0	0	0	0	36	0.0	0	0.0	0.00
Covid-19	0	429	3	455	0	0	0	0	887	0.1	0	0.0	0.00

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

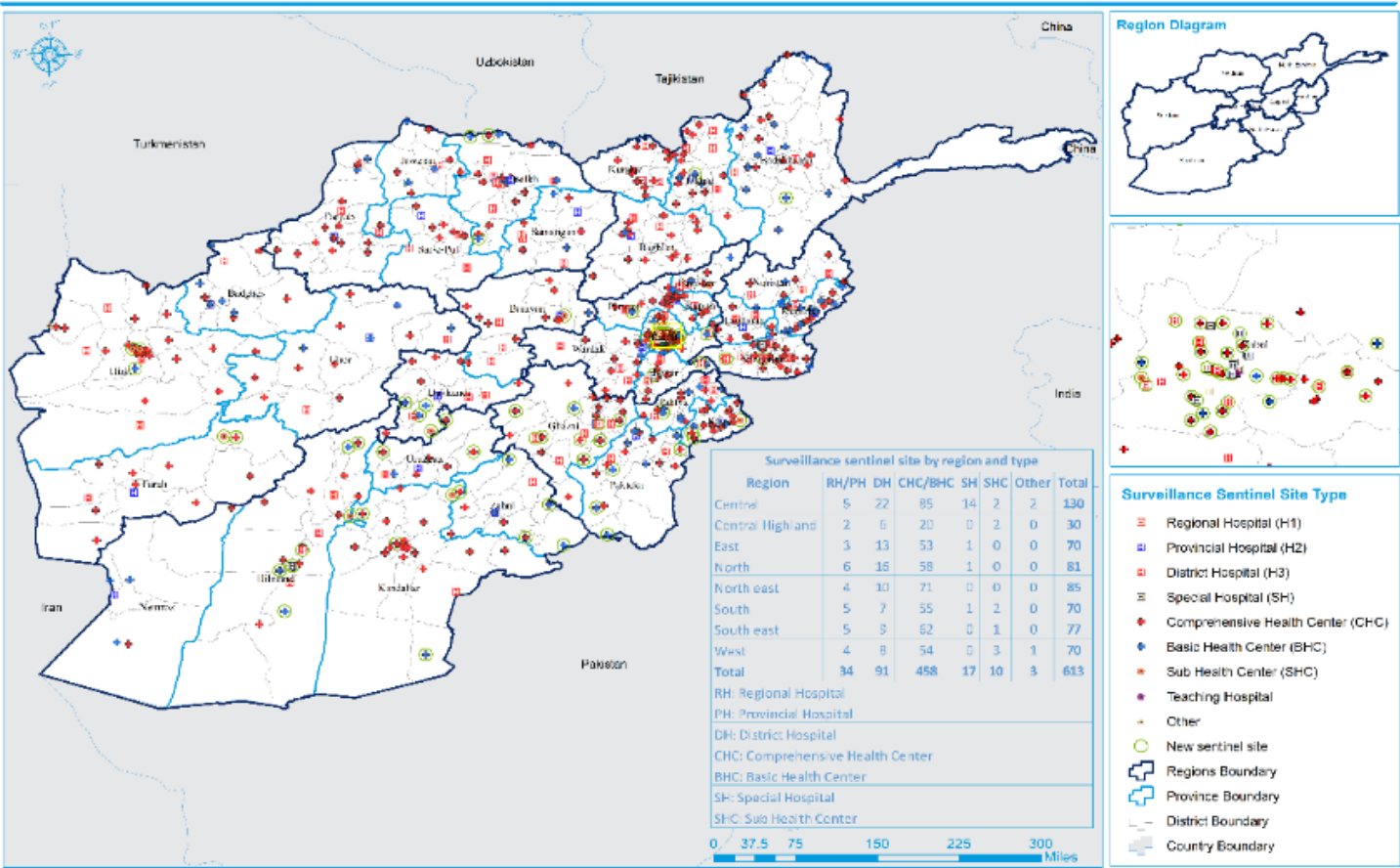


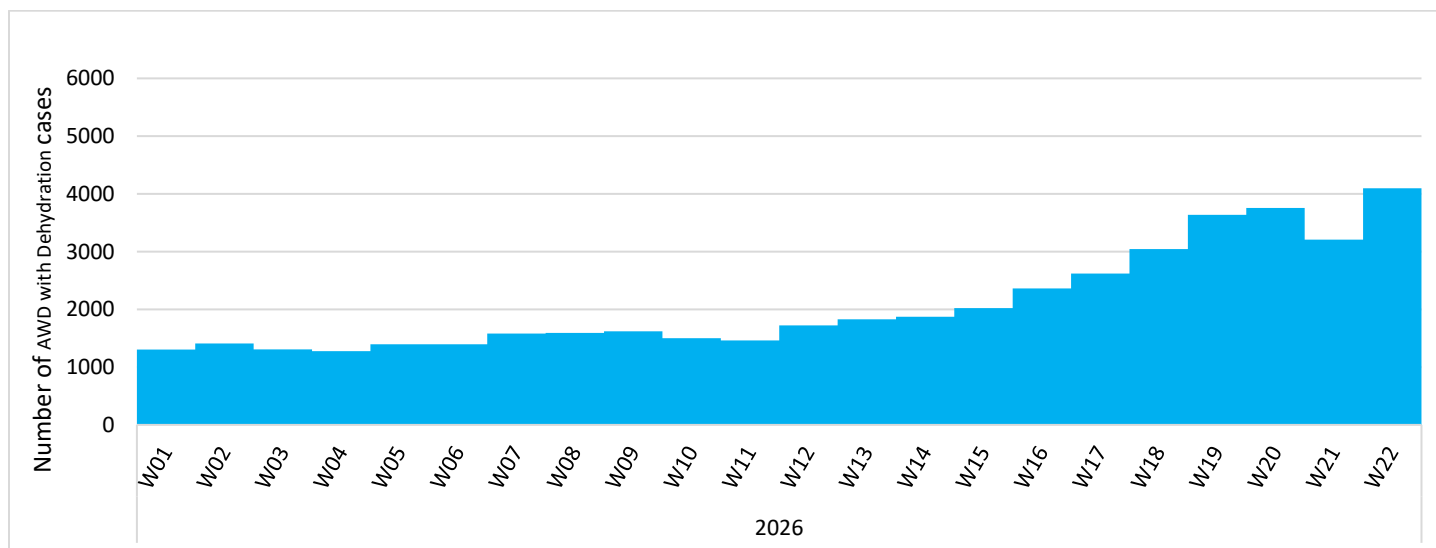
Table 2: Cumulative data on 17 surveillance priority diseases (W22, 2026)

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	%	
AWD with Dehydration	13,314	9,942	11,995	10,769	9	2	8	2	46,020	0.3	21	0.2	0.05
Acute Bloody Diarrhea	61,139	68,459	56,648	70,469	0	0	0	0	256,715	1.8	0	0.0	0.00
AFP	198	106	193	87	0	0	0	0	584	0.0	0	0.0	0.00
Acute Viral Hepatitis	952	1,260	795	1,335	14	10	5	5	4,342	0.0	34	0.4	0.78
Acute Watery Diarrhea	245,401	147,362	231,989	162,335	0	0	0	0	787,087	5.4	0	0.0	0.00
ARI-C&C	749,231	966,500	724,515	1,141,353	0	0	0	0	3,581,599	24.6	0	0.0	0.00
Probable Diphtheria	0	0	0	2	0	0	0	0	2	0.0	0	0.0	0.00
CCHF	0	384	0	179	0	14	0	5	563	0.0	19	0.2	3.37
Confirmed Malaria	1,204	4,974	1,120	4,210	0	0	0	0	11,508	0.1	0	0.0	0.00
Measles	5,534	1,345	4,765	1,386	28	2	23	0	13,030	0.1	53	0.6	0.41
Covid-19	28	13,444	115	13,362	0	0	0	0	26,949	0.2	0	0.0	0.00
Pertussis	427	42	398	30	0	0	0	0	897	0.0	0	0.0	0.00
ARI-Pneumonia	219,358	109,340	198,993	126,184	559	129	453	99	653,875	4.5	1,240	13.7	0.19
Meningitis	868	672	773	634	37	28	35	30	2,947	0.0	130	1.4	4.41
Dengue Fever	0	233	0	124	0	0	0	0	357	0.0	0	0.0	0.00
Neonatal Tetanus	3	0	3	0	1	0	1	0	6	0.0	2	0.0	0.00
Typhoid Fever	769	11,681	728	14,998	0	0	0	0	28,176	0.2	0	0.0	0.00
NDSR targeted diseases/Deaths	1,298,426	1,335,744	1,233,030	1,547,457	648	185	525	141	5,414,657	37.2	1,499	17	0.03
Total of new clients/ death	2,280,163	3,963,249	2,222,456	6,097,718	2,723	2,543	1,976	1,794	14,563,585	100	9,036	100	0.06

Epidemic situation of AWD with dehydration:

- The epi-curve of AWD with dehydration illustrates a gradual increase since week 07-2026.
- During 22nd week of 2026, a total of 4,097 cases and 3 deaths have been reported (CFR=0.07%)
- Out of the total cases, 2,243 (54.7%) were under-five children, and 2,028 (49.4%) were females.
- Since the beginning of 2026, a total of 46,020 AWD + dehydration cases and 21 deaths (CFR=0.05%) have been reported. Of these cases 25,309 (55%) are children under five and 22,764 (49.5%) are females.

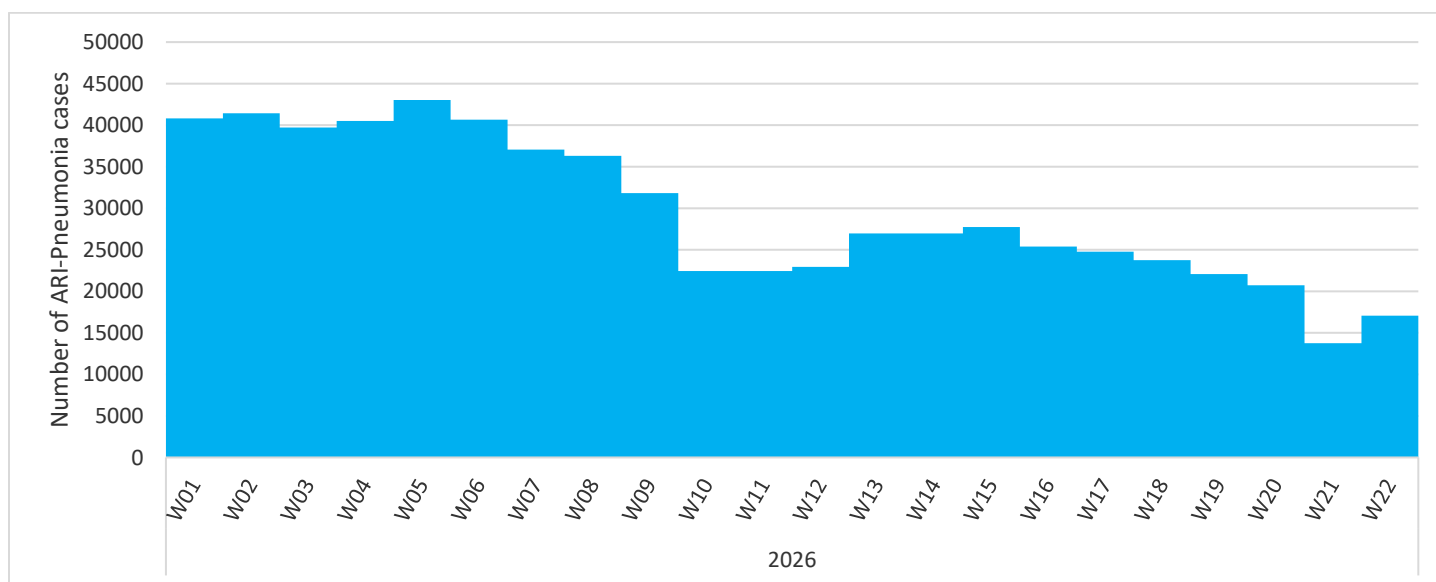
Figure 2: Epidemic curve of AWD with dehydration cases in Afghanistan (W 01, 2025 to W 22, 2026)



Epidemic situation of ARI pneumonia:

- The epi-curve of ARI pneumonia illustrates a notable decrease since week 06-2026.
- During the 22nd week of 2026, a total of 17,069 cases and 43 deaths have been reported (CFR=0.2%)
- Out of the total cases, 10,883 (63.7%) were under-five children, and 8,565 (50%) were females.
- Since the beginning of 2026, a total of 653,875 ARI pneumonia cases and 1,240 deaths (CFR=0.2%) have been reported. Of these cases 418,351 (63.9%) are children under five and 325,177 (49.7%) are females.

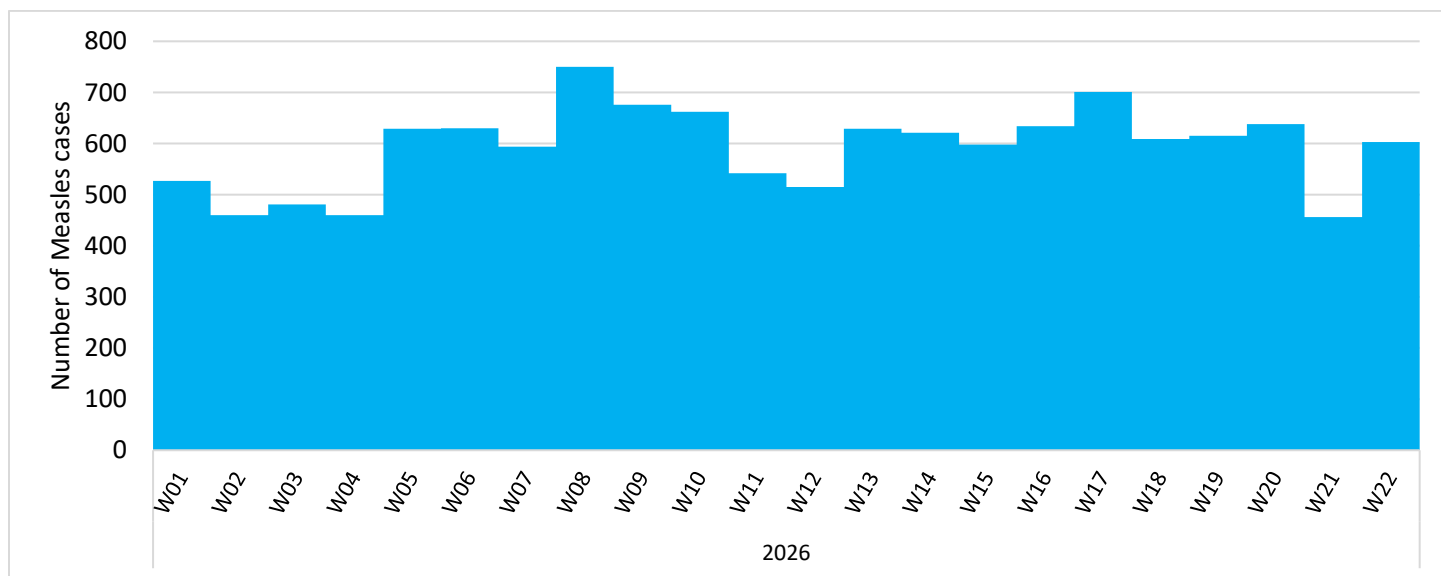
Figure 3: Epidemic curve of ARI pneumonia cases in Afghanistan (W 01, 2025 to W 22, 2026)



Epidemic situation of measles:

- The epi-curve of measles illustrates a notable increase since week 05-2026.
- During the 22nd week of 2026, a total of 603 cases and 2 deaths have been reported (CFR=0.3%)
- Out of the total cases, 423 (70%) were under-five children, and 283 (46.9%) were females.
- Since the beginning of 2026, a total of 13,030 measles cases and 53 deaths (CFR=0.4%) have been reported. Of these cases 10,299 (79%) are children under five and 6,151 (47.2%) are females.

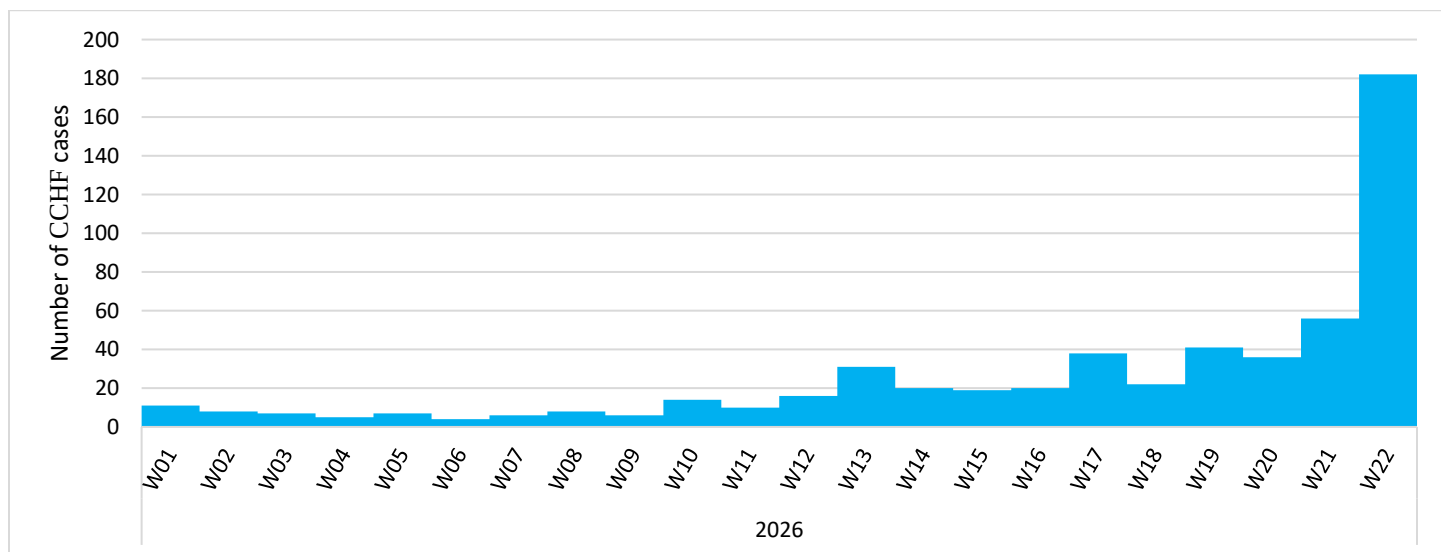
Figure 4: Epidemic curve of suspected measles cases in Afghanistan (W 01, 2025 to W 22, 2026)



Epidemic situation of CCHF:

- The epi-curve of suspected CCHF cases has shown a gradual increase since week 10-2026.
- During week 22nd 2026, a total of 182 cases and 10 death have been reported (CFR= 5.5%)
- Out of the total cases, none of them children under five, and 56 of them (30.7%) was females.
- Since the beginning of 2026, a total of 563 suspected CCHF cases and 19 deaths (CFR= 3.4%) have been reported. Of these cases 0 (0.0%) are children under five and 179 (31.8%) are females.

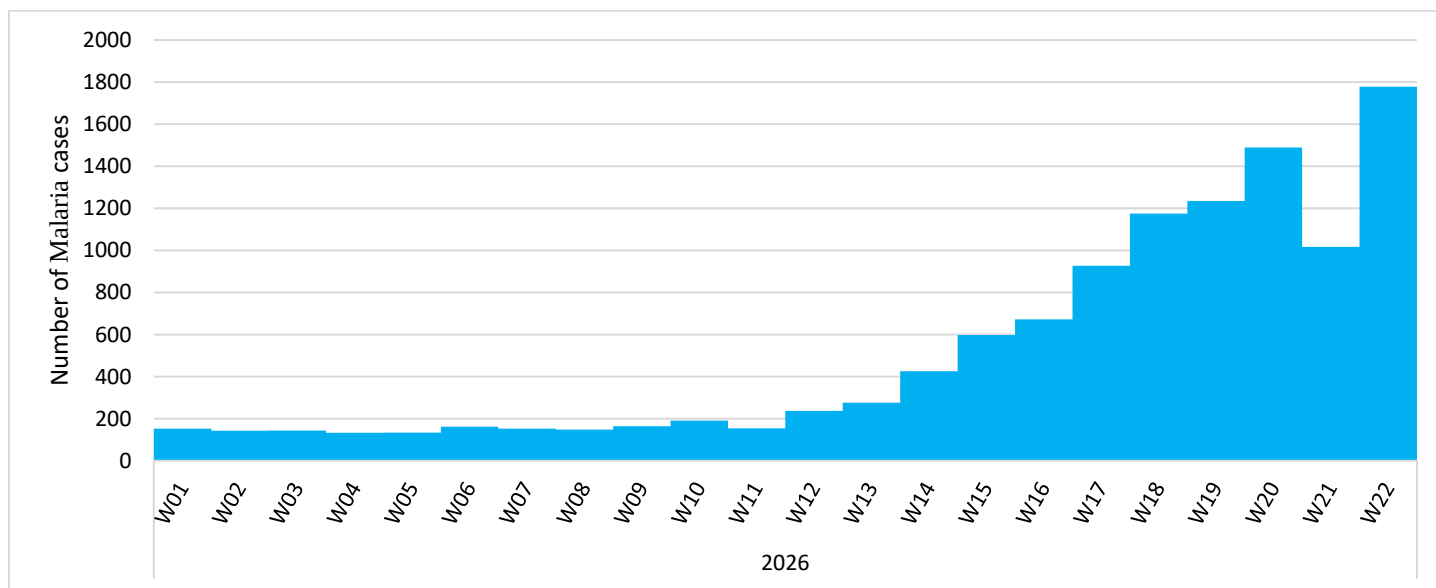
Figure 5: Epidemic curve of suspected CCHF cases in Afghanistan (W 01, 2025 to W 22, 2026)



Epidemic situation of malaria:

- The epi-curve of confirmed malaria illustrates a considerable increase since week 09-2026.
- During 22nd week of 2026, a total of 1,778 cases and 0 death have been reported (CFR=0.0%)
- Out of the total cases, 344 (19.3%) were children under-five, and 835 (46.9%) were females.
- Since the beginning of 2026, a total of 11,508 confirmed malaria cases and zero deaths have been reported. Of these cases 2,324 (20.2%) are children under-five, and 5,330 (46.3%) are females.

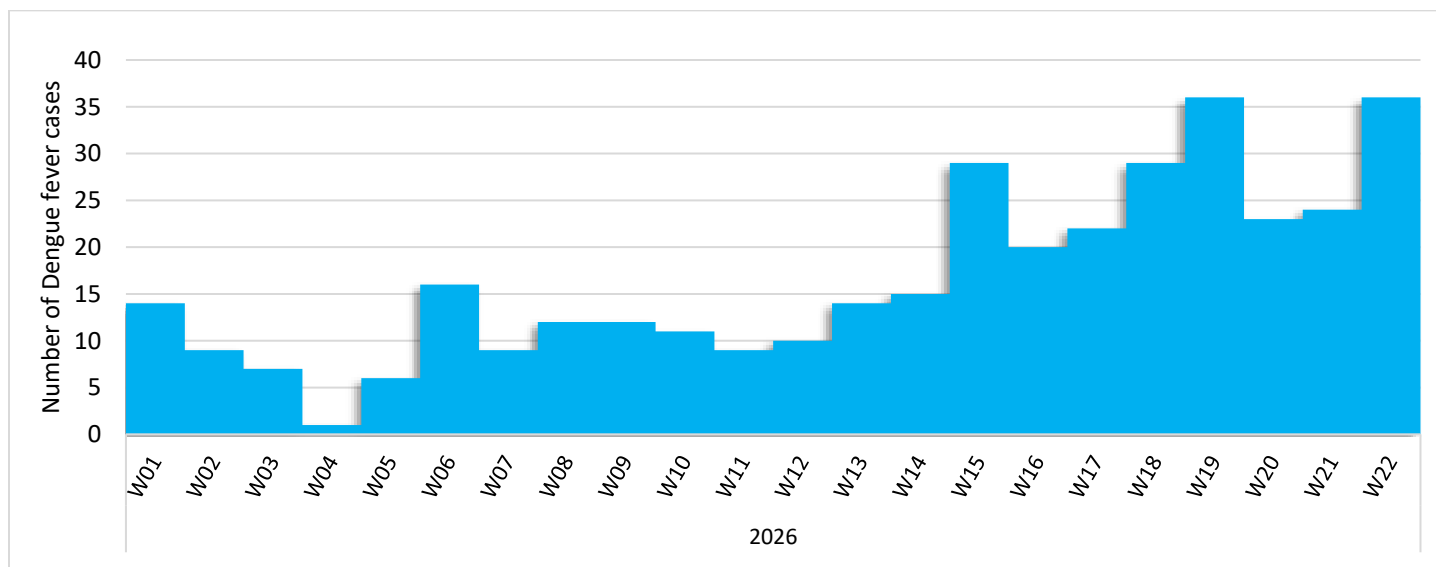
Figure 6: Th Epidemic curve of confirmed malaria cases in Afghanistan (W 01, 2025 to W 22, 2026)



Epidemic situation of dengue fever:

- The epi-curve of suspected dengue fever illustrates a considerable increase since week 13 of 2026.
- During 22nd week of 2026, a total of 36 cases and 0 deaths have been reported (CFR=0.0%)
- Out of the total cases, none of them were children under five and 17 (47.2%) cases were female.
- Since the beginning of 2026, a total of 357 suspected dengue fever cases and 0 death (CFR=0.0%) have been reported. Of these cases none of them are children under five and 124 (34.7%) cases are females.

Figure 7: Epidemic curve of suspected dengue fever cases in Afghanistan (W 01, 2025 to W 22, 2026)



Epidemic situation of COVID-19

- The epi-curve of suspected COVID-19 illustrates a gradual decrease from weeks 48-2025.
- During 22nd week of 2026, a total of 887 cases and 0 death have been reported (CFR=0.0%)
- Out of the total cases, 3 (0.3%) were under-five children, and 458 (51.6%) were females.
- Since the beginning of 2026, a total of 26,949 suspected COVID-19 cases and 0 death (CFR=0.0%) have been reported. Of these cases 143 (0.5%) are under-five children, and 13,477 (50%) are females.

Figure 8: Epidemic curve of suspected COVID-19 cases in Afghanistan (W 01, 2025 to W 22, 2026)

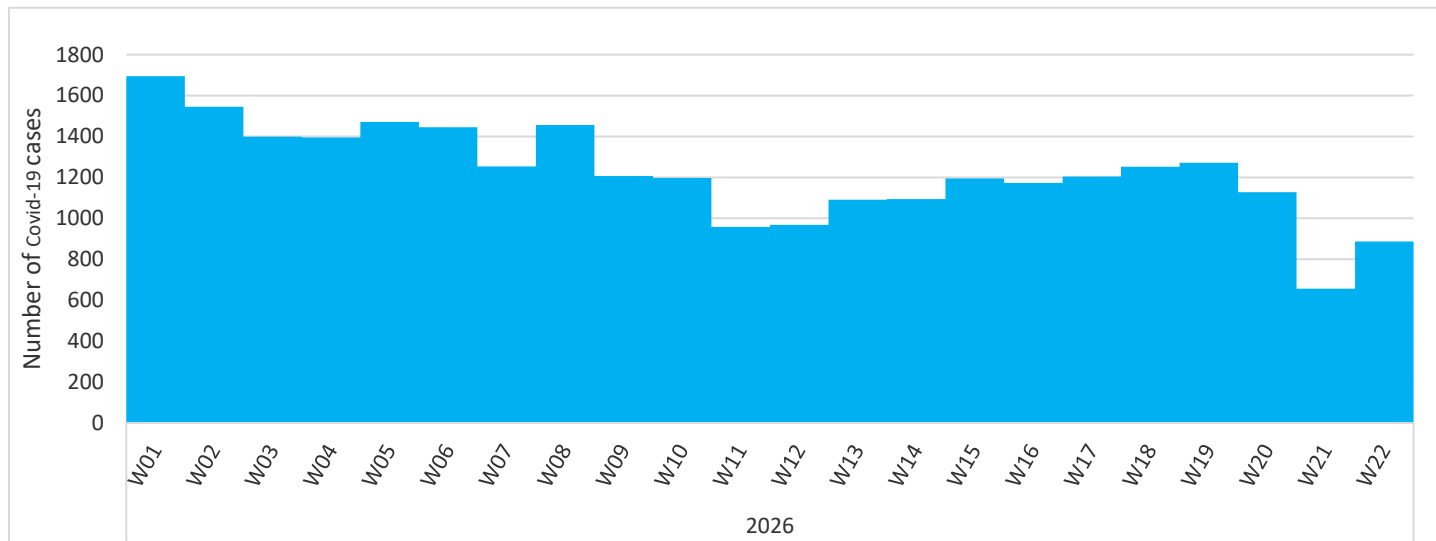


Figure 9: Geographical distribution of major infectious diseases cumulative cases by province in 2026

Figure 9: A (Pneumonia)

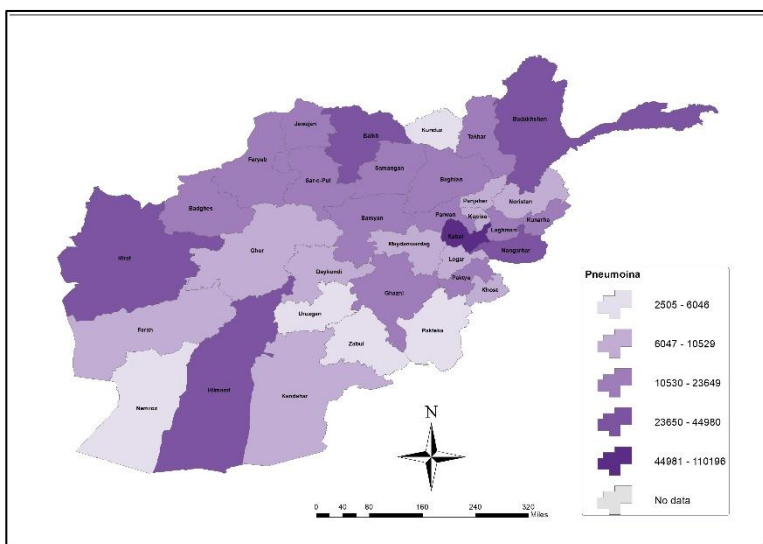


Figure 9: B (Measles)

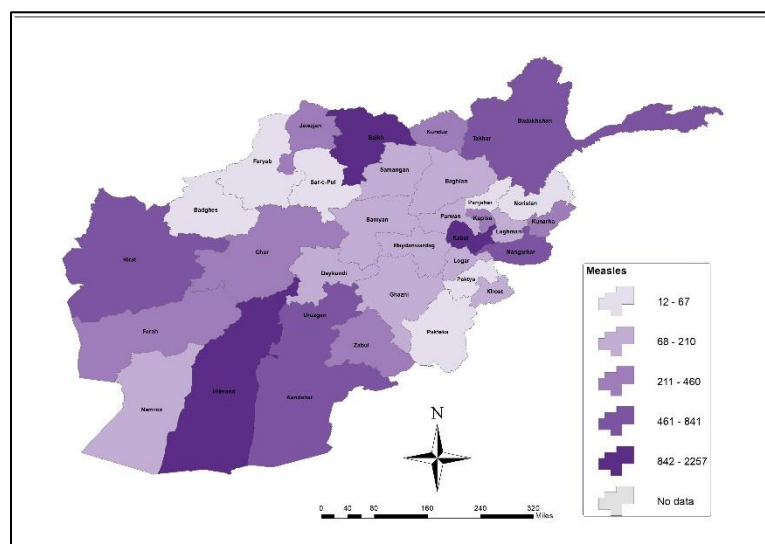


Figure 9: C (CCHF)

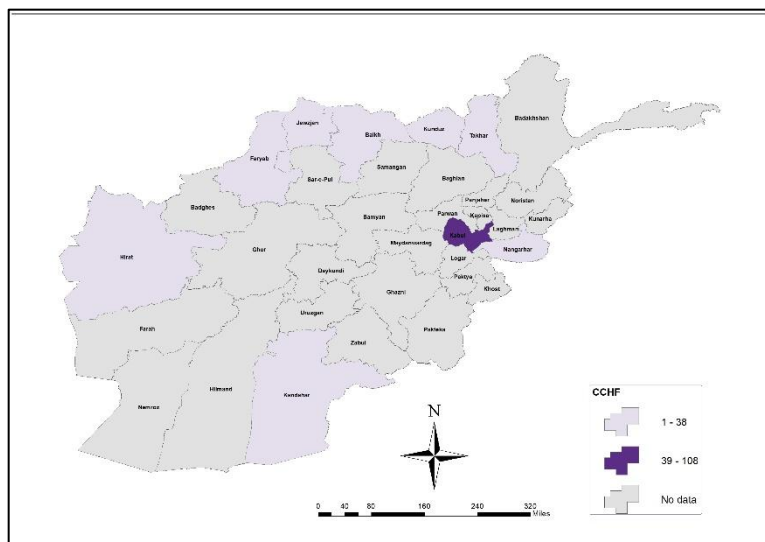
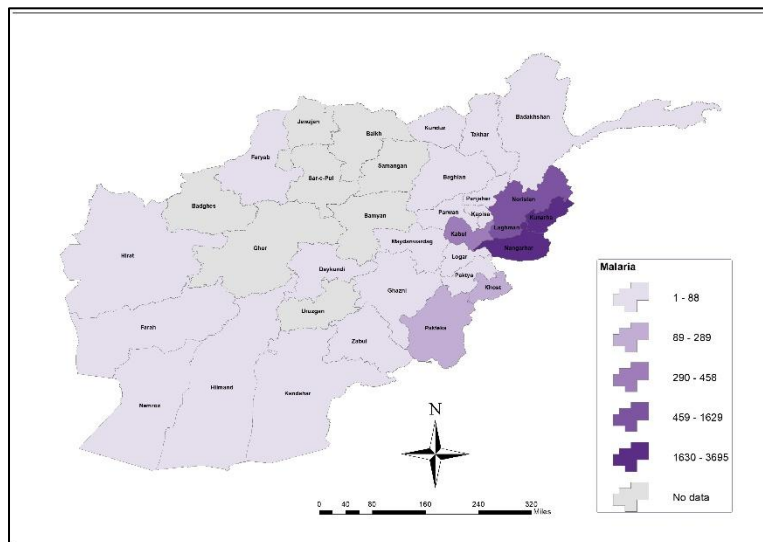


Figure 9: D (Malaria)



Influenza surveillance activities

- In epidemiological week 22 of 2026, we have received reports from all ten influenza sites. Out of all new hospital admissions, 773 (13%) Severe Acute Respiratory Infections cases were reported, and 471 (60.9%) were under 5 years old and 395 (51%) were female.
- The proportion of SARI cases increased (2.3%) compared to the previous week, and 18-SARI-associated deaths were reported this week: 15 (83%) under five and 11 (61%) females.
- At all influenza sentinel sites, the highest proportion of SARI cases were reported from Bamiyan (25,3%), Balkh (19%), and Badakhshan (13.5%).
- 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, 3 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 22, 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	5	0	0	0	0	0	0	0%
Badakhshan	5	1	0	0	1	0	0	20%
Balkh	5	0	0	0	0	0	0	0%
Bamiyan	5	0	0	0	0	0	0	0%
Herat	5	0	0	0	0	0	0	0%
Kabul	5	1	0	0	1	0	0	20%
Kapisa	5	0	0	0	0	0	0	0%
Kandahar	5	0	0	0	0	0	0	0%
Nangarhar	5	0	0	0	0	0	0	0%
Paktia	5	1	0	0	1	0	0	20%
Total	50	3	0	0	3	0	0	6%

Table 4: Afghanistan infectious disease outbreaks report | Epidemiological Week # 22-2026

Event / Diseases Name	Investigation date	Province	District	Village	Total Cases	Total Deaths	Vaccination coverage, If VPD	
							HF reported coverage	Field Estimated Coverage
Measles	4/6/2026	Herat	Enjeel	Moslem Abad	8	0	100%	85%
	2/6/2026	Kabul	Kabul	Khushal Khan	9	0	50%	30%
	3/6/2026	Wardak	Behsod	Sabz Derakht School	9	0	78%	87%
	6/6/2026	Zabul	Qalat	khar joy	8	0	90%	69%
Pertussis	2/6/2026	Jawzjan	Murdeyan	Chelek Ganj Afghanistania	7	0	100%	23%
	1/6/2026	Jawzjan	Mengajek	Charshango	11	0	90%	45%
	3/6/2026	Kabul	Bagrami	Hussain Khil	6	0	215%	70%
	3/6/2026	Kabul	Kabul	Shahrak Dawlatzai	5	0	215%	50%
	2/6/2026	Kabul	Mirbachkot	Qarya Bala	6	0	102%	60%
	1/6/2026	Kabul	Kabul	Darulaman	5	0	117%	80%
	6/6/2026	Kapisa	Nijrab	Ghucholan	1	0	75%	60%
	6/6/2026	Kapisa	Nijrab	Dara e Ghus	1	0	94%	85%
Scabies	7 Scabies outbreaks were reported from Balkh (1), Ghor (1), Herat (1), Logar (1), Panjshir (1), Urozgan (1) and Wardak (1) provinces (Total number of cases = 185)							
Chickenpox	2 Chickenpox outbreaks were reported from Herat (1) and Kunduz (1) provinces (Total number of cases = 45)							
CCHF	3 CCHF outbreaks were reported from Baghlan (1) and Kabul (2) provinces (Total number of cases = 6 and 1 death)							
Dog bite/ Suspected Rabies	2 Dog bite/ Suspected Rabies outbreaks were reported from Herat (1) and Paktika (1) provinces (Total number of cases = 31 and 1 death)							
Anthrax	1 Anthrax outbreak was reported form Jawzjan province (Total number of cases = 1)							
Mumps	1 Mumps outbreak was reported from Paktya province (Total number of cases = 17)							
Typhoid Fever	1 Typhoid fever outbreaks were reported from Bamyan province (Total number of cases = 45)							

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

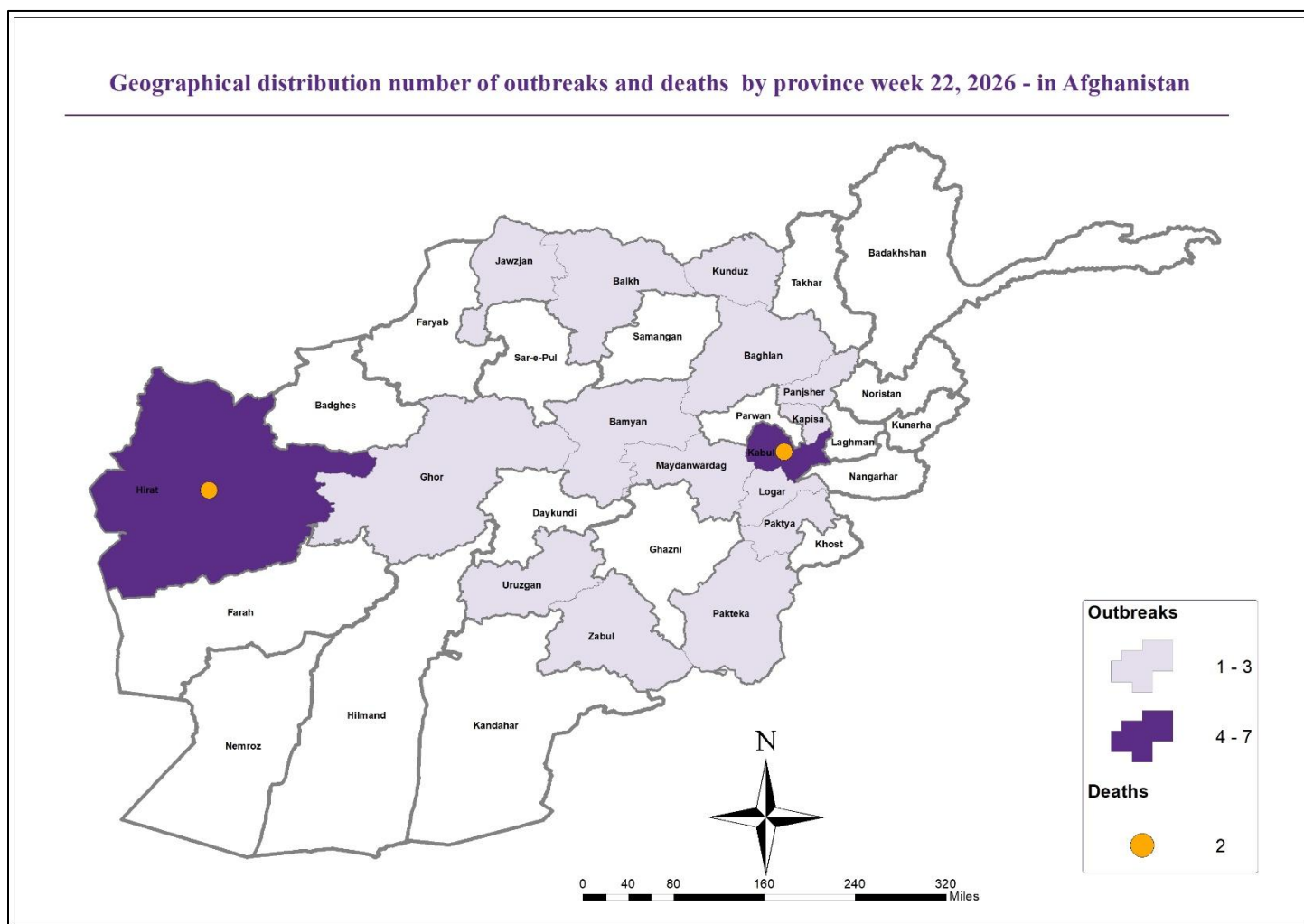


Table 5: Summary of diseases outbreaks during 2026

Disease/Event	Disease/Event	Lab-Confirm	Total Cases	Total Deaths
Measles	100	47	917	16
Scabies	311	0	13291	0
Chickenpox	150	27	2455	0
Dog bite/Suspected Rabies	66	0	552	14
CCHF	16	7	52	1
Food Poisoning	10	0	170	2
Pertussis	127	40	721	0
Anthrax	17	0	18	0
AWD with Dehydration	2	1	25	0
Acute Watery Diarrhea	1	0	38	0
Malaria	3	1	814	0
ARI-Pneumonia	7	0	337	4
Brucellosis	0	0	0	0
Viral Hepatitis	0	0	0	0
COVID-19	1	0	30	0
Impetigo	1	0	9	0
Typhoid Fever	7	0	147	0

Mumps	23	0	274	0
Leishmaniasis	5	0	471	0
Botulism	0	0	0	0
Tinea Capitis	1	0	11	0
ARI-Cough and Cold	0	0	0	0
Acute Bloody Diarrhea	1	0	15	0
Rubella	0	0	0	0
Probable Diphtheria	1	0	15	0
Neonatal Tetanus	1	0	1	1
Dengue fever	0	0	0	0
Mushroom Poisoning	1	0	9	0
Donkey Bite	1	0	43	0
Grand Total	853	123	20415	38

Figure 11: Number of Outbreaks Reported and Responded During 2026

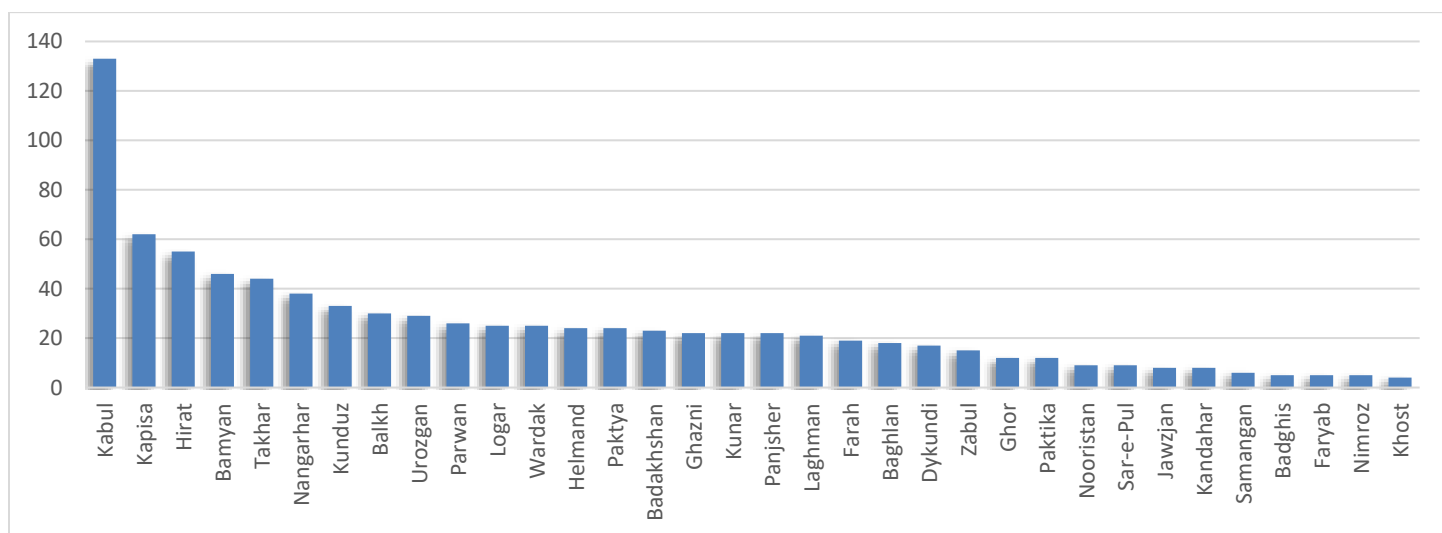


Figure 12: Outbreak Related Deaths During 2026

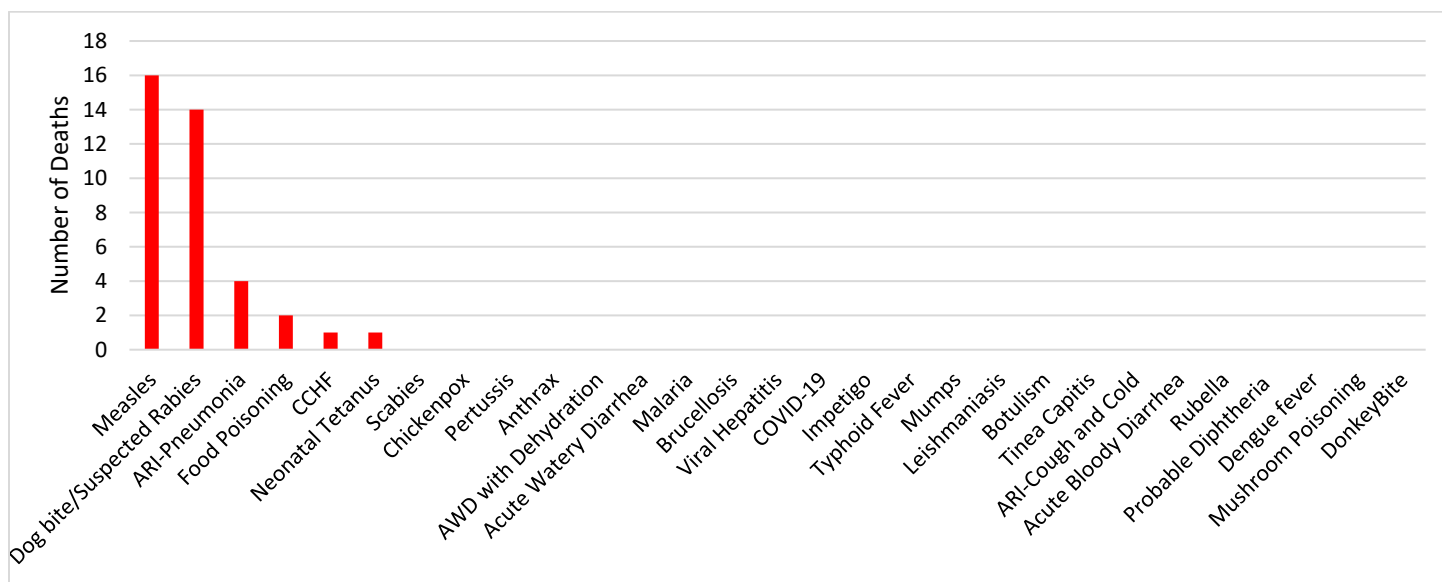


Table 6: Laboratory information from RRL, CPHL, NIDHL and provincial labs in Week # 22-2026

Lab Specimen	Specimen Tested	Specimen Confirmed	Positivity rate (%)
CCHF	184	118	64.1
Measles	69	21	30.4
Chickenpox	52	49	94.2
COVID-19	31	0	0.0
SARI	27	1	3.7
ILI	18	2	11.1
Pertussis	15	6	40.0
HAV/HEV	11	6	54.5
Dengue Fever	2	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
Monkey pox	409	203	49.6

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.
- Although the number of CCHF cases has increased since week 10 - 2026, it is recommended to maintain and strengthen control measures at the national level to prevent further transmission
- The increasing outbreaks of pertussis require strengthened vaccination coverage and preventive measures.
- The measles response strategy should be reviewed to respond to the current measles epidemic situation, as the surveillance system detected **637 (IBS+EBS)** suspected measles cases with **2 (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