

Afghanistan

Medical Summary

COVID-19

Total cases: 34,994

Daily new cases: 200 (7-day rolling average)

Total deaths: 1,094

Last case reported: 7/15/2020

Case trend: ↓ Decreasing — based on the past 3 days' data or a 7-day rolling average

General Information

Afghanistan is a developing nation classified as low income. Located in southern Asia (north and west of Pakistan and east of Iran), the climate is classified as dry (arid) to dry (semi arid), with cooler temperatures in some high altitude areas.

Travel Vaccinations

Hepatitis A

Recommended for: all travelers.

Typhoid fever

Recommended for: all travelers.

Influenza

Risk exists from November through April, although off-season transmission can occur.

Recommended for: all travelers during transmission season due to demonstrated influenza risk in this group.

Travelers not already immunized with the currently available vaccine formulation should be vaccinated. Travelers immunized with the current formulation more than 6 months earlier should consider revaccination because immunity may have declined.

Consider baloxavir or oseltamivir as standby therapy, especially for those who are at high risk for complications from influenza or inadequately vaccinated.

Hepatitis B

Recommended for: all health care workers; travelers with possible contact with contaminated needles (e.g., from acupuncture, tattooing, or injection-drug use) or possible sexual contact with a new partner during the stay.

Travelers should observe safer-sex practices and blood/bodily fluid precautions.

Yellow fever

Requirement (for entry, per WHO): No requirement for any traveler as of July 1, 2019 per the 2019 online update of *International Travel and Health*.

Recommendation (for health protection): Not recommended for any traveler.

Measles, mumps, rubella

Indicated for those born in 1957 or later (1970 or later in Canada and U.K.; 1966 or later in Australia) without evidence of immunity or of 2 countable doses of live vaccine at any time during their lives. Also indicated for those born before 1970 (in Canada) without evidence of immunity or previous vaccination with 1 countable dose of measles-containing vaccine.

Polio

Circulating vaccine-derived poliovirus (cVDPV) has been detected in humans since March 2020 in Kunar and Nangarhar provinces, and wild poliovirus (WPV) has been detected in humans in foci throughout the country, mainly in northeastern and southwestern provinces. The most recent cVDPV and WPV human polio cases occurred in May 2020. Risk to travelers is negligible.

Recommended for: all travelers (adequate primary series and 1 adult dose).

A non-IHR entry requirement for proof of vaccination has been registered with WHO: Travelers arriving from polio-endemic countries require vaccination between 4 weeks and 1 year prior to departure.

WHO exit recommendations: All residents of and travelers with stays of *more than 4 weeks* in Afghanistan should receive 1 dose of polio vaccine within 1 year prior to departure from Afghanistan to reduce the risk of international spread; ideally, vaccination should be at least 4 weeks prior to departure, but 1 dose given at least by the time of departure from Afghanistan will still provide some benefit. Travelers with stays of *less than 4 weeks* do not need a dose prior to departure from Afghanistan. Previous vaccination history is to be disregarded. Documentation should be on an ICVP (the same form used for yellow fever). To date, no information exists to indicate that this country has implemented any exit recommendation or requirement. IPV (trivalent) provides broader protection than OPV (bivalent) for locally circulating poliovirus strains.

Rabies

Preexposure vaccination:

Significant risk from dogs exists throughout the country.

Recommended for: all travelers due to lack of available human rabies immune globulin and rabies vaccine for postexposure prophylaxis.

Postexposure prophylaxis considerations:

Dog, other terrestrial mammal, and bat bites or scratches should be taken seriously, and evacuation for postexposure prophylaxis should be sought even by those already vaccinated.

Cholera

Risk exists throughout the country, especially in southeastern and northeastern provinces.

Recommended for: aid and refugee workers.

Travelers should observe strict food and beverage precautions and hand hygiene (frequent, thorough handwashing), regardless of vaccination status.

Routine Vaccinations

During the COVID-19 pandemic, routine vaccination of infants and young children aged ≤ 24 months is a top priority in the context of well-child care and should be prioritized when possible; vaccination of older children may still be conducted or postponed to a later date depending on community circumstances and resources.

Tetanus, diphtheria, pertussis

Due to increasingly frequent pertussis outbreaks worldwide, all travelers should receive Tdap vaccine every 10 years, assuming they previously received an adequate primary series. Those who received Td or TT for their most recent booster should receive an immediate dose of Tdap, regardless of the interval since the last tetanus dose.

Pneumococcal

Recommended for adults aged ≥ 65 years and all adults with chronic disease or immunocompromising conditions.

Varicella

Indicated for all persons born outside the U.S. or born in the U.S. after 1979, except not indicated for persons with an adequate vaccination history (2 lifetime doses), reliable evidence of previous infection, or laboratory confirmation of immunity.

Malaria

General malaria information: predominantly *P. vivax*. Transmission occurs throughout the year and is highest from April through December, particularly in snow-fed river valley areas.

Location-specific recommendations:

Chemoprophylaxis is recommended for all travelers: elevations below 2,500 m (8,200 ft) in most of the country except visits strictly limited to Allied air bases within these areas (Bagram AB, Kandahar AB, and Mazar-e Sharif AB); all cities and towns within these areas except the central urban areas of Kabul, Kandahar, Jalalabad, and Mazar-e Sharif.

Chemoprophylaxis is recommended for certain travelers (see Issues to Consider box): elevations below 2,500 m in various districts throughout the country; all cities and towns within these areas except the central urban area of Herat.

Insect precautions only are recommended (negligible transmission is reported): the central urban areas of Kabul, Kandahar, Jalalabad, Herat, and Mazar-e Sharif.

No preventive measures are necessary (no evidence of transmission exists): visits strictly limited to Allied air bases (Bagram AB, Kandahar AB, and Mazar-e Sharif AB); elevations above 2,500 m; all other areas not mentioned above.

Preventive measures: Travelers should observe insect precautions from dusk to dawn in areas with any level of transmission. Atovaquone-proguanil (Malarone or generic), doxycycline, mefloquine, and tafenoquine are protective in this country. G6PD testing is required prior to tafenoquine use. Drug choice depends on personal factors discussed between the traveler and medical provider.

No preventive measure is 100% effective. Immediate medical attention is necessary for fever or influenza-like illness within 3 months after travel in a malaria risk area. Include mention of travel history.

Issues to Consider	
<i>Factors favoring chemoprophylaxis</i>	<i>Factors against chemoprophylaxis</i>
<ul style="list-style-type: none"> • Adventure travel • Risk-averse and vulnerable travelers • Areas subject to infrequent epidemics • Immigrants visiting friends and relatives • Flexible itineraries • Travel longer than 1 month • Unreliable medical expertise and/or treatment drugs at destination 	<ul style="list-style-type: none"> • Air-conditioned hotels only • Urban areas only • Non-transmission season • Minimal exposure from dusk to dawn • Travel shorter than 3 days
For more information, see <i>Technical Explanation of Malaria Mapping</i> .	

Travelers' Diarrhea

High risk exists throughout the country, including in deluxe accommodations. Food and beverage precautions may reduce the likelihood of illness.

Travelers should carry loperamide for self-treatment of diarrhea and azithromycin to add if diarrhea is severe.

Other Concerns

Dengue

Low risk exists and is presumed to have widespread distribution in urban and rural areas at elevations below 2,300 m (7,500 ft). Travelers should observe daytime insect precautions.

Chikungunya

Negligible risk may exist, but current epidemiologic data are unavailable.

Tuberculosis

Tuberculosis (TB) is common in all developing countries. TB incidence in this country is greater than 100 cases per 100,000 population (the highest risk category).

A documented interferon gamma release assay or, alternatively, a tuberculin skin test is recommended before departure and after return for all travelers planning to stay more than 3 months and for stays longer than 1 month for health care workers and those with anticipated exposure in prisons, homeless shelters, refugee camps, or shanty towns.

Travelers should avoid crowded public places and public transportation (whenever possible). Domestic household workers should be screened for TB.

Leishmaniasis

Risk of cutaneous disease exists in arid and semi-arid plains and valleys and in urban areas throughout the country at elevations below 3,000 m (9,800 ft), especially in the provinces of Logar, Kabul (including the Kabul metropolitan area), Kandahar, and

Kapisa (including refugee camps). Negligible risk of visceral disease exists throughout the country. Travelers should observe insect precautions from dusk to dawn.

Snakebites

Risk of envenomation exists in areas with dense vegetation or rock formations (especially in warm weather when snakes tend to be more active). Most snakebites result from startling snakes; do not disturb or handle snakes. Boots and long pants are recommended in high-threat situations. Urgent medical care is indicated after any snakebite.

West Nile virus

Negligible risk may exist, but current epidemiologic data are unavailable.

Viral hemorrhagic fevers

Low risk of Crimean-Congo hemorrhagic fever exists throughout the country, mainly in Herat and Kabul provinces. Tick precautions are recommended. Travelers should avoid contact with infected livestock and animal tissue/blood.

Plague

Negligible risk exists along the border with Pakistan, including Nimroz Province. Transmission occurs throughout the year. Travelers should avoid contact with potentially infected rodents and their fleas.

Helminths

Low risk exists for soil-transmitted helminths in urban and rural areas and is presumed to have widespread distribution. Travelers should follow strict food and beverage precautions and wear appropriate footwear.

Security

Consular Travel Warning: Due to terrorism, military conflict, and other ongoing security concerns, U.S. (DOS), Canada (GAC), and Australia (DFAT) advise avoiding all travel to this country. U.K. (FCO) has a more limited warning.

Key Security Threats: Terrorist attacks, kidnappings, and violent crime occur throughout the country, including Kabul. International organizations and foreigners, especially Westerners, may be targeted. Additional threats to personal safety include armed conflict; landmines; military presence; a dangerous security environment throughout the country. For more information, see Consular Advice.

Medical Care

Medical care in Kabul is inadequate and usually does not meet international standards. Even routine medical/surgical acute care situations may require evacuation. Western Europe is a frequent destination. Adequate evacuation coverage for all travelers is a high priority. Medical care is extremely limited throughout the rest of the country. Shortages of routine medications and supplies may be encountered.

For a public ambulance in Kabul, call 112 from a cell phone or 020-112 from a landline. The national emergency number is 119. Public ambulances are not reliable outside of Kabul. A taxi (from official ranks or dispatched via smart phone app or radio from a reputable company) or private car is the recommended means of transport to the hospital outside of Kabul.

Upfront payment by cash, up to the total of all anticipated charges, is generally required by hospitals catering to foreigners prior to services or treatment. Upfront payment of other than a modest deposit may be waived by hospitals that have existing cashless agreements with at least some major international insurance providers.

Travax content represents decision-relevant, expert synthesis of real-time data reconciled with new and existing available advice from authoritative national and international bodies. Recommendations may differ from those of individual countries' public health authorities. Travax country-specific recommendations pertain to healthy adult travelers. Guidance regarding pediatric and special needs travelers can be found under the relevant topic in the Travax Library.

Destinations content is continuously updated as new information becomes available.

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