



Libya COVID-19 Surveillance Weekly Bulletin

Epidemiological Week 33 (16 – 22 Aug)

Data as received from the National Center for Disease Center (NCDC)

Total tested	New tested	Total active	Total confirmed	New confirmed	Total recovered	New recovered	Total deaths	New deaths
1,494,653	48,608	78,333	296,879	12,261	214,470	7,306	4,076	143

Highlights:

- Libya reported a declining trend in cases for a second week proportional to the lab testing. Although it is important to note that there is still ongoing community transmission in all districts in the country, and case numbers, while declining, remain high in most districts, especially in the South.
- 29 COVID-19 labs (out of 34) reported 48,608 new lab tests done in Epi-week 33. Thus, out of the 1,494,653 tests in Libya since the beginning of the response, 296,879 (19.9%) were confirmed positive for SARS-CoV-2 (COVID-19).
- Compared to Epi-week 32, there was a 12% decrease in overall national testing: by regions, West (14% decrease), South (63% increase) and East (17% increase). Thus, **93% (45,223) of national testing was performed in the West** as compared to both East (only 1646 tests) and South (only 1739 tests) Regions. (-see fig. 1)
- The national positivity rate for Epi-week has a decreasing trend since week 28. It decreased from 26.9% in week 32 to 25.2 in week 33, mainly representing the West with a positivity rate of 23%. It cannot be generalized based on the positivity rate in the East (37.6%) and South (70.4%), which differ markedly from the national-level positivity rate. It is recommended that positivity rates should be kept below 5% in all districts. National numbers of cases, deaths and lab tests are skewed to West.
- The overall number of new cases reported in EPID week 33 shows a 17% decrease (**12,261 cases**) from **14,771 cases last week**. Case incidence per 100,000 decreased from 216.9 in week 32 to 180 in week 33, with **West reporting a 22% decrease** in new patients. East reported a 12% increase, and South had a 42% increase in cases. The lab testing remains a limiting factor, and **an underestimate for East and South due to insufficient tested numbers**. The reasons behind the increased case numbers are weak implementation and adjustment of Public Health and Social Measures.
- Libya has not reported an official confirmation of the Delta variant. However, Delta is suspected because of its circulation in neighboring Tunisia and Algeria.**
- In Epi-week 33, the number of new deaths (143) showed a 22% decrease compared to last week. As a result, the mortality rate decreased from 2.7 to 2.1 deaths per 100,000 cases, with a case fatality rate of 1.17%. As compared to last week, West reported a 30% decrease in deaths for the reporting week, East (4% increase) and 7% decrease reported in South (- see table 1)
- Libya remains classified under community transmission with Alpha and Beta Variants of Concern (VOC) circulation.
- In week 32, EWARN in Libya reported 730 confirmed cases of COVID-19 (Fever, cough and difficulty breathing)

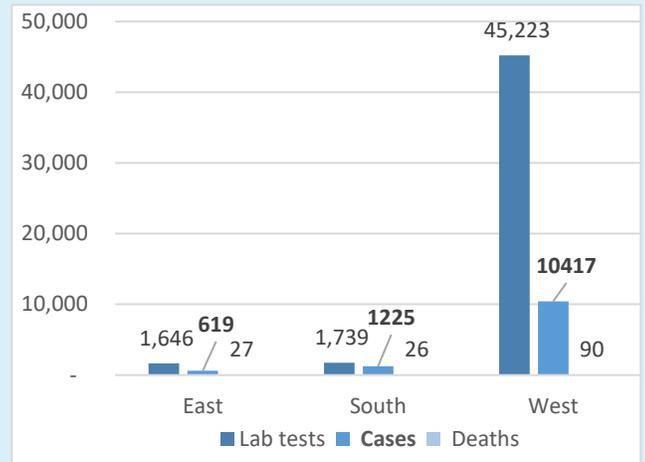


Fig. 1: COVID-19 cases, deaths, and lab tests for Epi-week 33 by region

- Libya implements PCR testing conducted 72 hours for entry with no testing on arrival or quarantine for arriving passengers. In addition, Libya has not implemented any vaccine exemptions or imposing entry restrictions for any country.

Epidemiological situation:

	Positivity Rate		Case incidence per 100,000			Mortality rate per 100,000			Case Fatality Rate		
Epi-week 33	25.2		180			2.1			1.17%		
Cumulative	19.9%		4,359			60			1.4%		
Region	New cases in the last 7 days (%)	Change in new cases in the previous 7 days	Cumulative cases (%)	New deaths in the last 7 days (%)	Change in new deaths in the last 7 days	Cumulative deaths (%)	New lab tests are done in the last 7 days (%)	Change in new labs tests in the last 7 days	Cumulative lab tests (%)	Positivity rate	Cumulative positivity rate
West	10,417 (85%)	-22%	273,541 (92.1%)	90 (63%)	-30%	3,243 (79.6%)	45,223 (93%)	-14%	1,412,608 (94.5%)	23	19.3
East	619 (5%)	12%	10,579 (3.6%)	27 (18.8%)	4%	471 (11.5%)	1,646 (3.4%)	17%	49,327 (3.3%)	37.6	21.4
South	1,225 (10%)	42%	12,759 (4.3%)	26 (18.2%)	-7%	362 (8.9%)	1,739 (3.6%)	63%	32,718 (2.2%)	70.4	39
Libya	12,261 (100%)	-17%	296,879 (100%)	143 (100%)	-22%	4,076 (100%)	48,608 (100%)	-12%	1,494,653 (100%)	25.2	19.9

Table 1: Cumulative and within last 7 days comparative positive COVID-19 cases, testing and deaths.

Based on reporting figures, it appears that the highest transmission now exists in the South region (70.4%), followed by East and then West, signifying the need for sustaining the previous testing levels, especially in East and South. In week 30, Libya achieved the highest number of tests performed in a week with 68,434 tests which shows the threshold and capacity that Libya can achieve in one week, provided resources are available, and the highest number of tests performed in a month was in July 2021, with 181,477 tests.

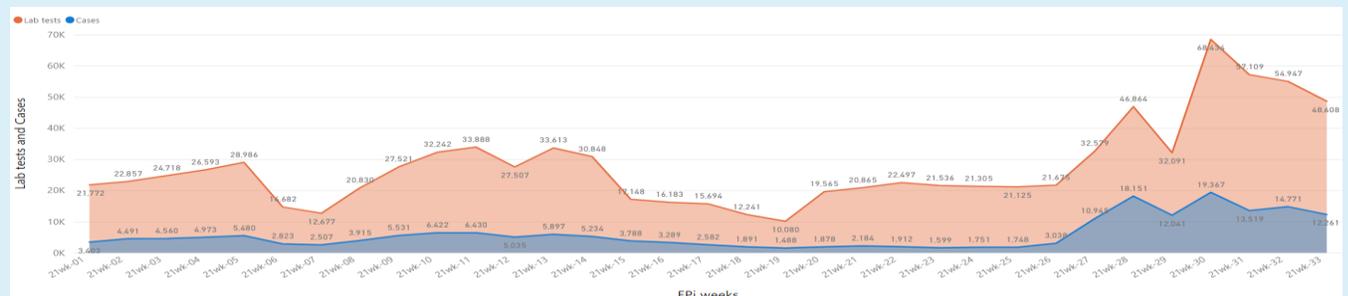


Fig. 2: Number of COVID-19 Laboratory tests performed vs confirmed positive cases per Epi-Weeks 2021 calendars.



Fig. 3: Weekly COVID-19 cases and deaths, as of Aug 22nd, 2021 (Epi-week 33)

The above figure #3 reflects the weekly number of cases and deaths for this year, reflecting the overall increasing trend in cases and deaths since Jul 3rd (Week 26) with a decreasing trend in the last two weeks. Death numbers reporting changed to the region instead of the municipality since Jul 27th, 2021, by the Emergency Unit in the MOH.

In the past epi-week, **Tobruk, Benghazi, and Jabal al Akhdar in East, Murzuq, Sabha and Wadi Ashaati in South, Nalut in West** showed a significant increase in cases compared to last reporting week. The three districts reporting the highest number of new cases continue to be: **Tripoli with 4448 (16% decrease), Misrata with 1365 (44% decrease) and Almageb 1192 (8% decrease)**. The highest case incidences per 100,000 were recorded in Tripoli and Nalut for West, Aljufra, Sabha and Wadi Ashaati in South and Alkufra, Benghazi and Tobruk in East, showing high levels of ongoing community transmission. The recommended levels of 10 and less than 10 cases per 100,000 population signify low levels of community transmission. See Table II below for absolute numbers.

Region	District	Cases		% Increase / decrease		Case incidence per 100,000
		wk-32	wk-33			wk-33
East	Al Jabal Al Akhdar	8	13	63	●	5.354112782
East	Alkufra	79	49	-38	●	86
East	Almarj	0	0	-	●	0
East	Benghazi	311	375	21	●	44
East	Derna	96	57	-41	●	28
East	Ejdabia	40	37	-8	●	17
East	Tobruk	17	88	418	●	44
South	Aljufra	224	146	-35	●	244
South	Ghat	11	0	-100	●	0
South	Murzuq	19	42	121	●	44
South	Sebha	371	731	97	●	434
South	Ubari	26	16	-38	●	17
South	Wadi Ashshati	213	290	36	●	303
West	Al Jabal Al Gharbi	1282	1017	-21	●	277
West	Aljfara	1249	1013	-19	●	184
West	Almageb	1295	1192	-8	●	222
West	Azzawya	767	588	-23	●	161
West	Misrata	2444	1365	-44	●	202
West	Nalut	318	339	7	●	310
West	Sirt	227	86	-62	●	57
West	Tripoli	5264	4448	-16	●	364
West	Zwara	510	369	-28	●	102
Total		14771	12261			180



Table II: Comparative number and trends of COVID-19 positive cases in epi week 32 vs 33 by district

Epidemiological Focus of the current epidemiological week: Engaging communities in contact tracing

- Contact tracing is a vital component of public health response to infectious disease outbreaks. Evidence from previous contact tracing efforts shows that across all contexts, community trust is critical to success.
- Libya should establish best practice principles for community engagement and how they can be operationalized, monitored, and measured as part of any community-centred contact tracing strategy.
- Implementing contact tracing requires close and consistent engagement with local communities at all stages, from planning to monitoring and evaluation.
 - Train contract tracers in fundamental principles of risk communication and community engagement (RCCE).

- Identify trusted community leaders or representatives to support relationship building with the community members and affected individuals. They may be faith or ethnic group leaders, community leaders, public officials, informal gatekeepers, teachers, local businesspeople like drivers, salon owners, or others.
- Establish a community feedback mechanism (if one is not already in place) to ensure that rumours, misinformation, concerns, and suggestions from the community related to contact tracing efforts
- Connect with local RCCE actors
- Work with local RCCE actors
- Work with trusted community leaders and mobilizers
- Establish or align messages and procedures for community health risks related to potential exposure.
- Coordinate with trusted community leaders and mobilizers or representatives in areas where contract tracing occurs to connect with households and discuss upcoming contact tracing visits.
- Monitoring and evaluation (M&E) plans can measure the effectiveness of community engagement on contact tracing and should be integrated from the onset of the response.
 - Proportion of identified contacts that agree to trace and quarantine.
 - Per cent of identified contacts that complete tracing and quarantine or become a case
 - Per cent of contact tracers trained in community engagement
 - Proportion of contact tracers from the community (have equal representation from marginalized groups and gender balance)
- Libya needs to increase knowledge and understanding of outbreak response programme managers and implementers on the importance of putting communities at the heart of contact tracing while empowering community members to do so.
- Libya should establish contact tracing by communities as a collaborative process in partnership with the country's Risk Communication and Community Engagement activities.

Technical guidance and other resources

New global COVID-19 WHO normative guidance made available this week:

- [Joint Statement from Unitaid and the World Health Organization \(on behalf of the Access to COVID-19 Tools Accelerator\) regarding availability of tocilizumab \(who.int\)](#)
- [Call for experts to join Scientific Advisory Group for the Origins of Novel Pathogens \(who.int\)](#)
- [Making clean cooking affordable and accessible during COVID-19: 'Pay-as-you-go' smart meters promote health equity, Nairobi \(who.int\)](#)

Links to important resources:

- [Technical Guidance](#)
- [WHO Coronavirus Disease \(COVID-19\) Dashboard](#)
- [WHO COVID-19 Operational Updates](#)
- [WHO COVID-19 case definitions](#)
- [WHO Eastern Mediterranean Region Update](#)
- [COVID-19 Dynamic Infographic Dashboard for Libya](#)
- [National Center for Disease Control Libya Facebook page](#)
- [WHO Libya Facebook page](#)
- [WHO Libya Twitter handle](#)
- [Risk Communication and Community Engagement Resources and Updates](#)
- [COVID-19 vaccination tracker for EMRO countries](#)

For further information, please contact:

Ms. Elizabeth Hoff, WHO Representative for Libya, WHO Libya, hoffe@who.int

Mr. Azret Kalmykov, Health Cluster Coordinator, WHO Libya, kalmykova@who.int

Dr. Salahuddin Sadi, Technical Officer (Epidemiologist), WHO Libya, sadis@who.int

For more information, please visit www.who.int | www.reliefweb.int | www.humanitarianresponse.info