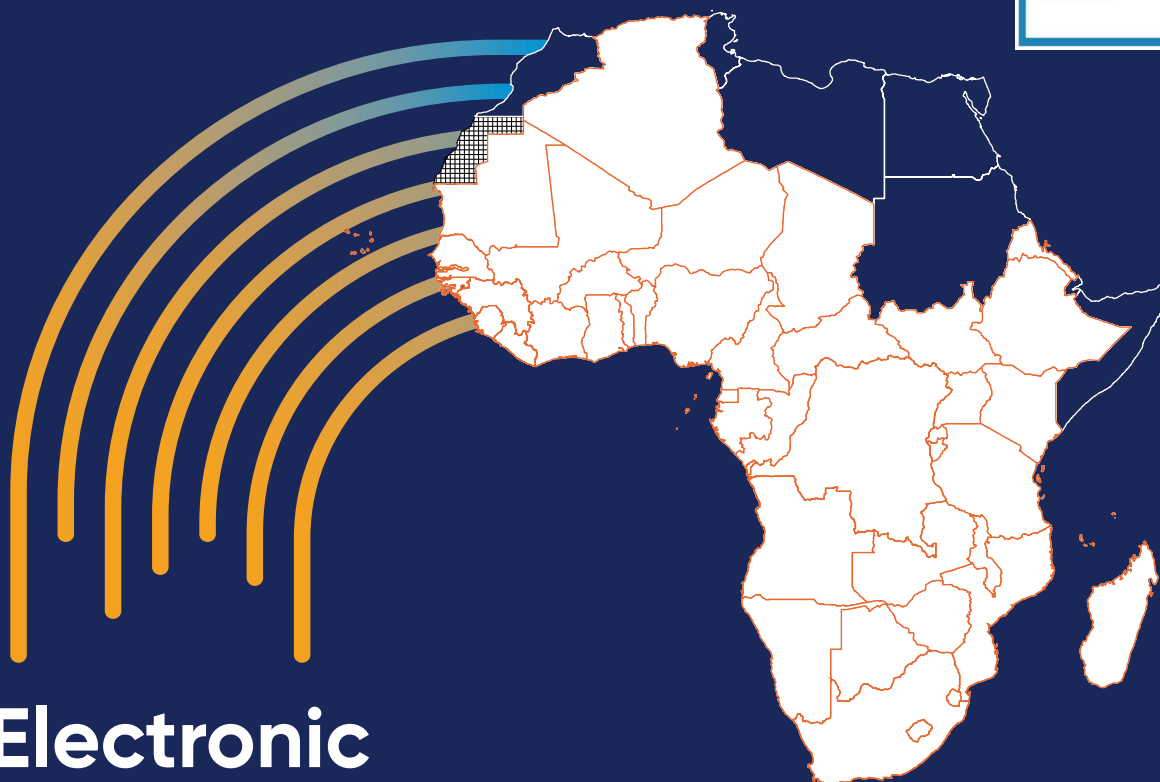
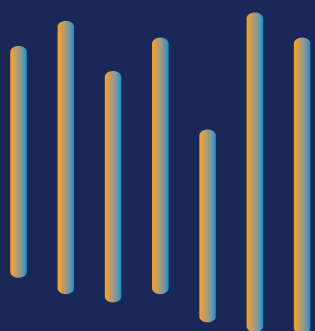




Electronic SURVEILLANCE MONTHLY BULLETIN

The BULLETIN provides standardized updates on eSURV/ISS implementation, key performance indicators in WHO AFRO, aiding stakeholders in monitoring active surveillance progress, addressing gaps, and guiding evidence-based decisions at regional and national, and subnational levels.



July
2026

Volume 1 | Issue 7



KEY HIGHLIGHTS OF eSURV/ISS PERFORMANCE INDICATORS: JULY 2026

114,297

Total Visits
Conducted



51.2 %

Districts
Coverage

277

Unreported
Suspected AFP



2,317

Unreported
Suspected VPDs

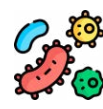
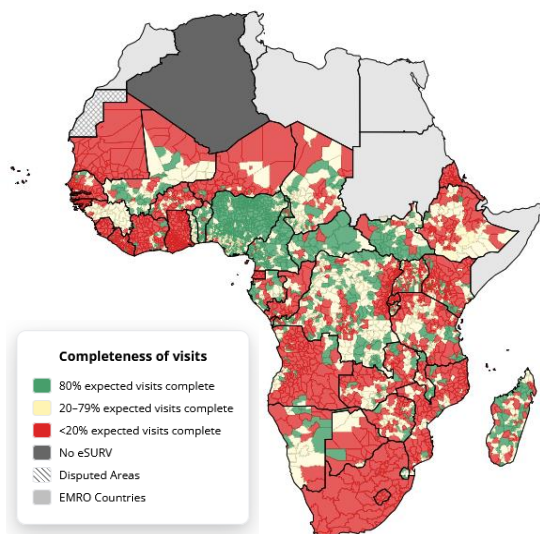


Figure1: eSURV implementing Countries.



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OVERVIEW

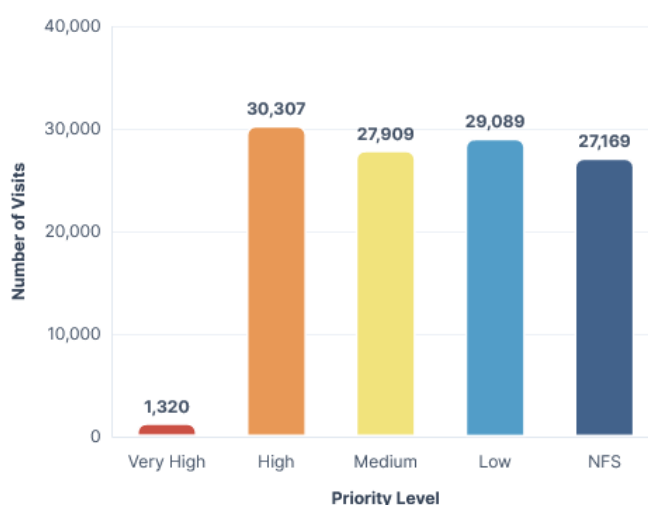
The eSURV/ISS mechanism provides pivotal, near real-time evidence from field operations, which is essential for timely informed decision-making.

- During the month in focus, low active surveillance visits activities have been observed across most implementing countries as indicated in **fig. 1**.
- At least one or more visits were recorded in all the implementing countries during the month in review.
- However, Algeria** does not implement electronic surveillance for active case search and **Eritrea & Cabo Verde** stopped implementing eSURV/ISS.

KEY OBSERVATION: JULY 2026

- Despite low active surveillance activities observed in **July 2026**, it is important to mention that active surveillance is being **implemented** across the WHO AFRO region, achieving a coverage of **51.2%**. See **fig 1**.
- Many of the visits conducted in July 2026 exhibited a higher frequency in sites categorized as **High Priority**, followed by **Low**, **medium** and **non-focal sites** as illustrated in **Figure 2**.

Figure 2: Total # of visits conducted by priority level.



Visits Conducted by Priority level: July 2026

Over **114,000** active surveillance visits were recorded regionally, with **Nigeria** contributing approximately **68,800**. **DR Congo, Cameroon, and Ethiopia** followed, while many countries reported limited activity, reflecting significant differences in reporting practices and active surveillance intensity.

High and **Medium** priority visits dominated active surveillance activities, largely driven by Nigeria. Non-Focal Site visits were also concentrated in Nigeria, suggesting possible challenges with active surveillance sites standardization and may affect perceptions of active surveillance coverage.

Therefore, migrating to the eSURV Companion App will address the denominator challenge and support clearer site representation, while improving transparency, data quality, reporting consistency, and operational efficiency, towards a stronger stakeholder confidence in active surveillance activities.

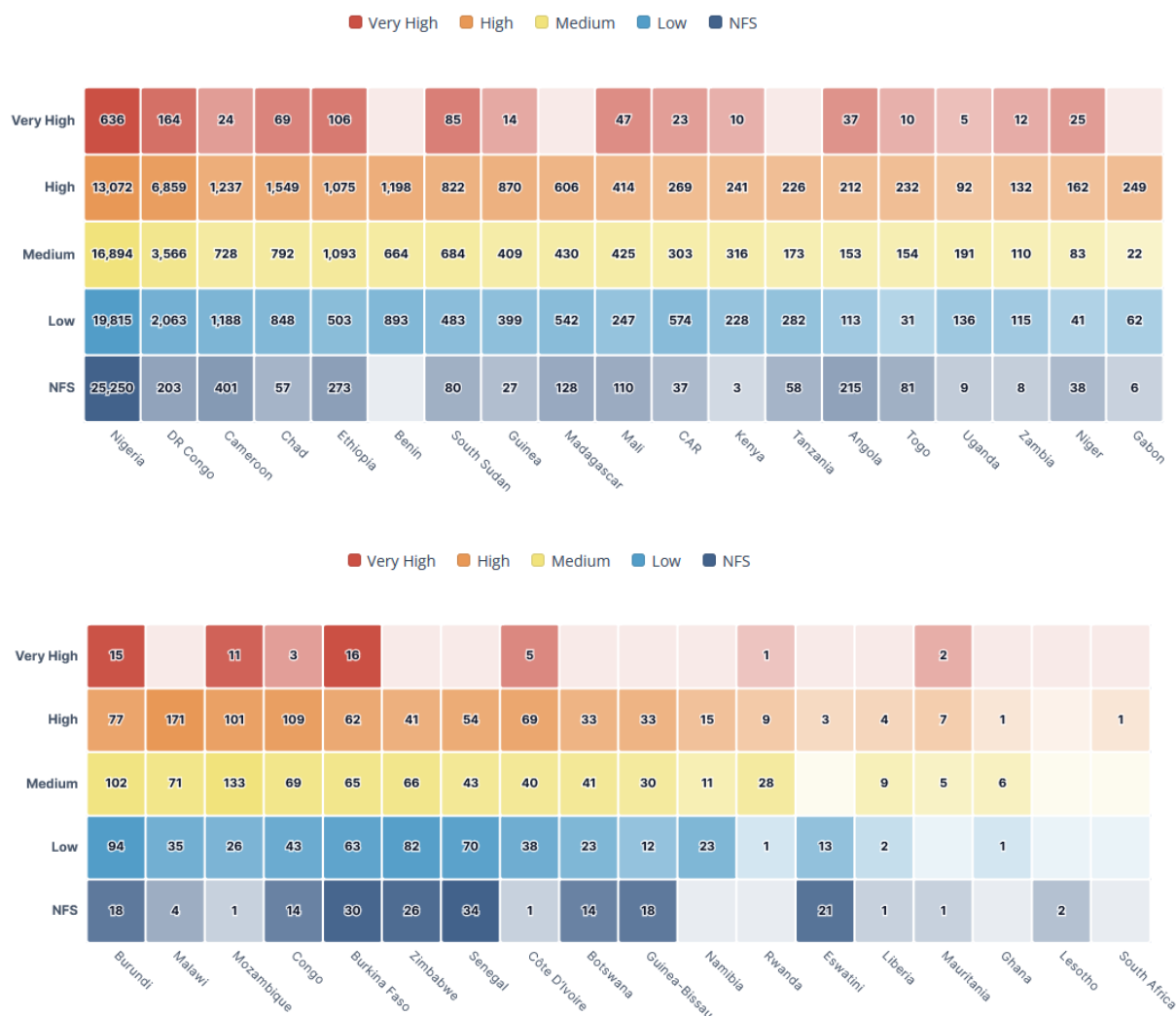


Fig 3: Cumulative # of visits conducted by country/priority level.

Proportion of Joint Supportive Supervision Conducted: July 2026

- **Definition and Purpose:** Joint Supportive Supervision (JSS) is a collaborative mechanism between government ministries (MoH) and WHO, designed to strengthen national surveillance systems at the operational level through direct partnership.
- **Core Activities:** During JSS visits, teams conduct systematic assessments to identify gaps in reporting structures, provide on-the-job training for surveillance officers/health workers, and resolve technical and logistical issues within the reporting channels.
- **Regional Implementation Metrics:** As of end of July 2026, **114,297 active case search visits** were conducted, out of which **5,351 were Joint Supportive Supervision visits** representing **4.7%** of the total visits.
- **Interpretation of Engagement:** The high rate of co-implementation demonstrates significant and active participation by Ministry of Health counterparts and partners in the operational deployment and usage of the eSURV tools and ISS methodology.

Joint Supervision conducted by country

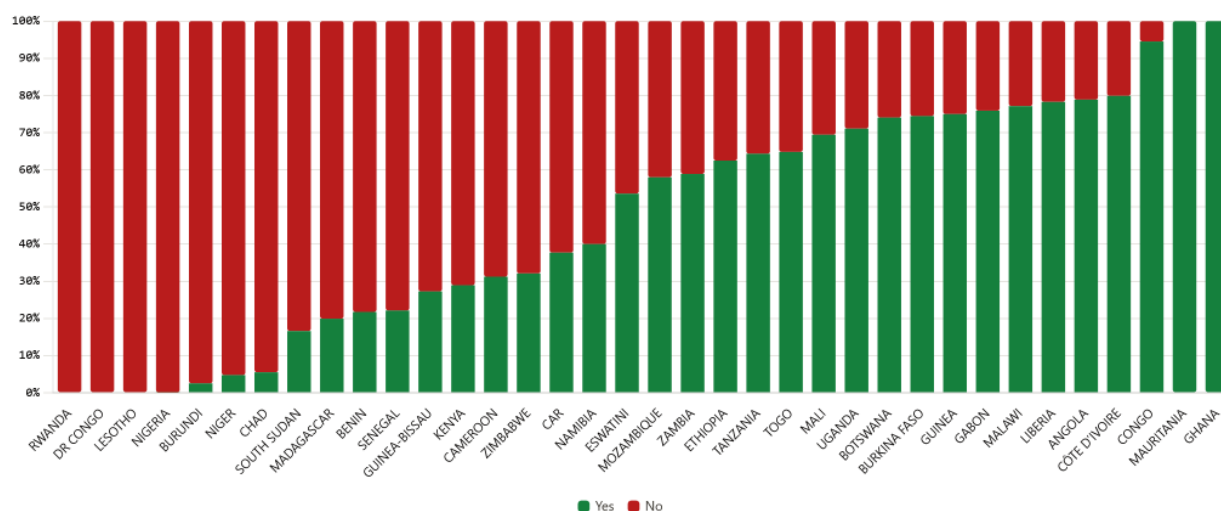


Figure 3: Proportion of JSS conducted.

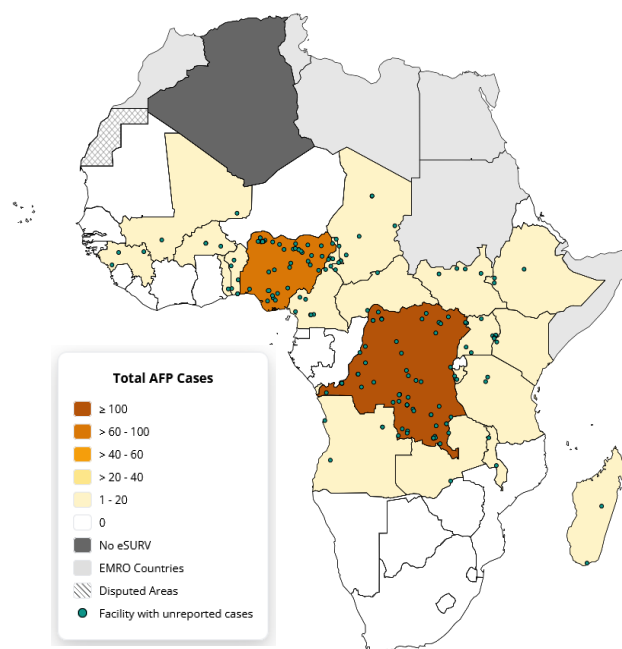
Unreported AFP found during Active Case Search Visits: July 2026

Active Case Search of suspected AFP remains a critical component of electronic surveillance activities. In this regard, data collected in July 2026 showed a total of 277 unreported suspected AFP cases across all reporting countries.

However, **DRC and Nigeria** have recorded the **highest incidence** of the unreported suspected cases of AFP in July 2026 among the top ten countries (see table 1 below).

From these finding, it is expected that these unreported suspected cases would be reviewed to ascertain if they are true or false instances of AFP.

Figure 4: Map of Unreported suspected AFP



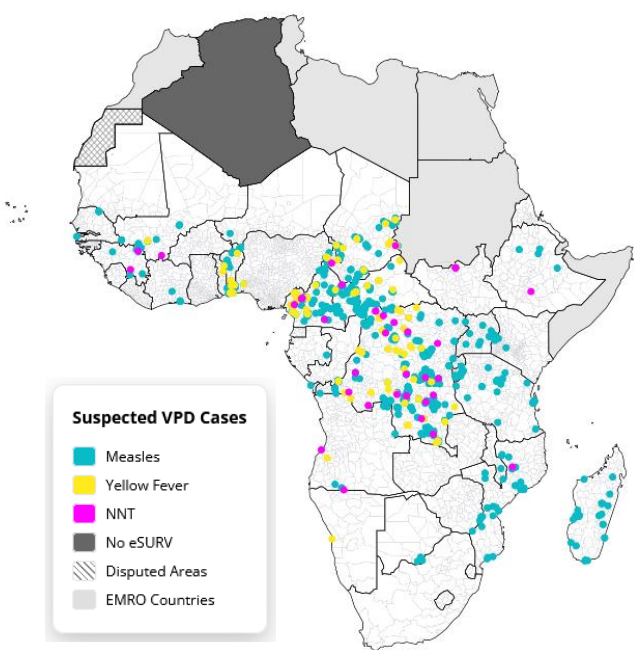
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COUNTRY	AFP CASES	DISTRICTS REPORTED	FACILITIES REPORTED	TREND
DRC	110	48	73	
Nigeria	82	30	39	
Cameroon	17	15	16	
Angola	9	3	4	
South Sudan	8	4	4	
Uganda	8	7	8	
Chad	8	6	7	
Benin	7	6	6	
Ethiopia	4	3	3	
Mali	4	2	2	

Table 1: Top 10 Countries with most Unreported Suspected AFP cases

Unreported Suspected VPDs: July 2026

Figure 5: Dot map of Unreported Suspected VPDs



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During the month of July 2026, the **DRC–Angola block** bears the highest burden of suspected VPD cases, with DRC emerging as the region's main hotspot. Dense clusters of **measles, yellow fever, and NNT cases** occur simultaneously across multiple health zones.

The **Eastern and Southern block** shows widespread but less concentrated activity, dominated by **measles**. In the **West block**, moderate transmission is observed, particularly **yellow fever** along the **Nigeria–Benin corridor**.

The **Lake Chad Basin block** reports lower but persistent levels of **measles and yellow fever**, indicating ongoing cross-border transmission and surveillance needs.

The observation highlights possible gap in passive surveillance, indicating an immediate need to strengthen the implementation of field activities and enable timely containment actions.

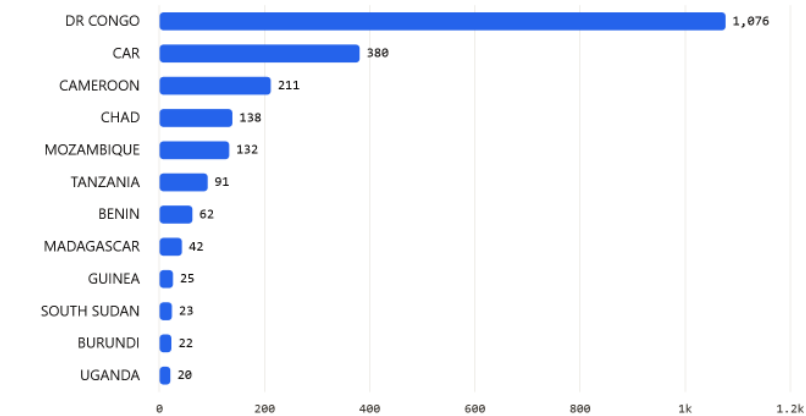


Figure 6: Top twelve countries with the highest incidence of unreported suspected VPDs.

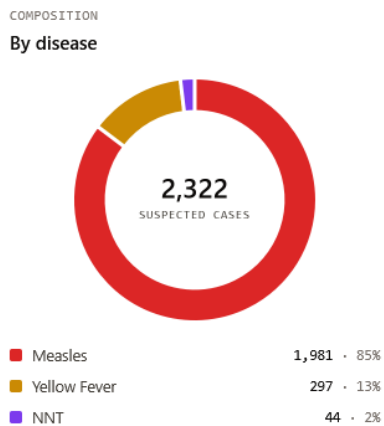


Figure 7: Composition by Disease

Monitoring Chart Availability and Usage: July 2026

The monitoring chart in active surveillance sites allows the surveillance officers at district, provincial, and national levels to analyze disease trends, guide clinical decisions, enhance quality and safety, and support continuous improvement (see the graph below)

Consistent maintenance of these tools ensures accurate tracking of operational-level activity implementation, supporting informed decision-making and program effectiveness.

Monitoring chart status at RI facilities - by country

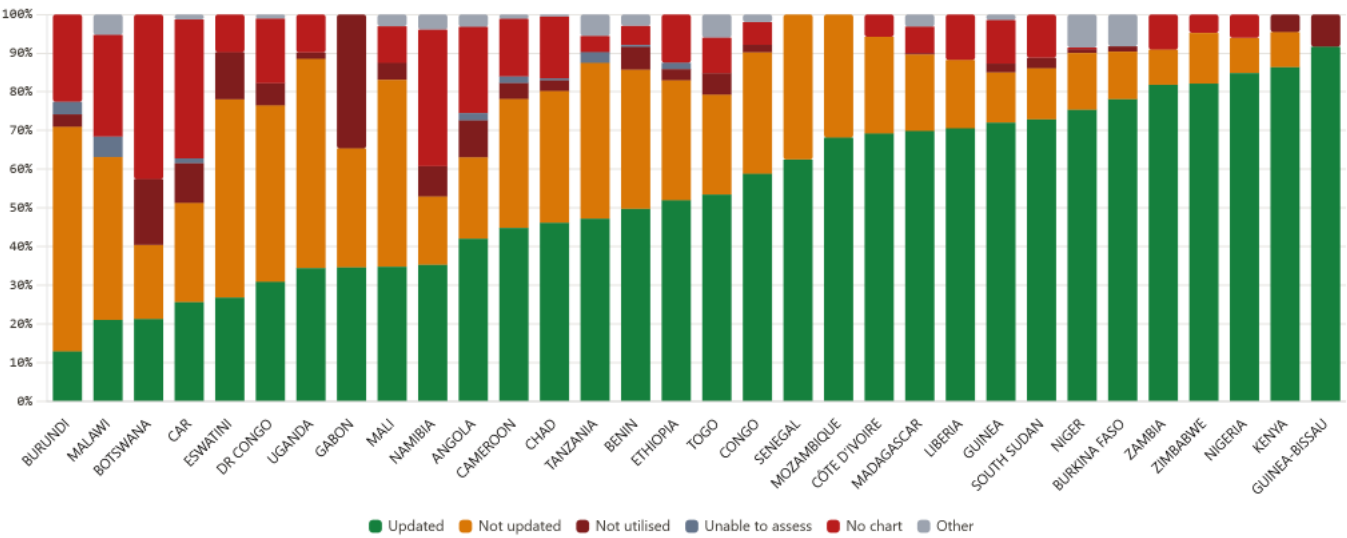


Figure 8: Monitoring Chart Usage by Country

Stock Status of Blank Case Investigation Forms: July 2026

The case investigation form (CIF) is as essential as stool sample collection kits or viral transport medium (VTM) tubes in active surveillance sites.

As of July 2026, High shortage (**over 60%**) of CIF is reported in **Zimbabwe, Lesotho, Eswatini, Burundi, Chad, Congo, Mali, and Guinea**, as illustrated in (Fig 9).

There is a pressing requirement to replenish these essential resources in the designated countries to ensure uninterrupted field operations and prevent disruptions in the data and sample collection workflow.

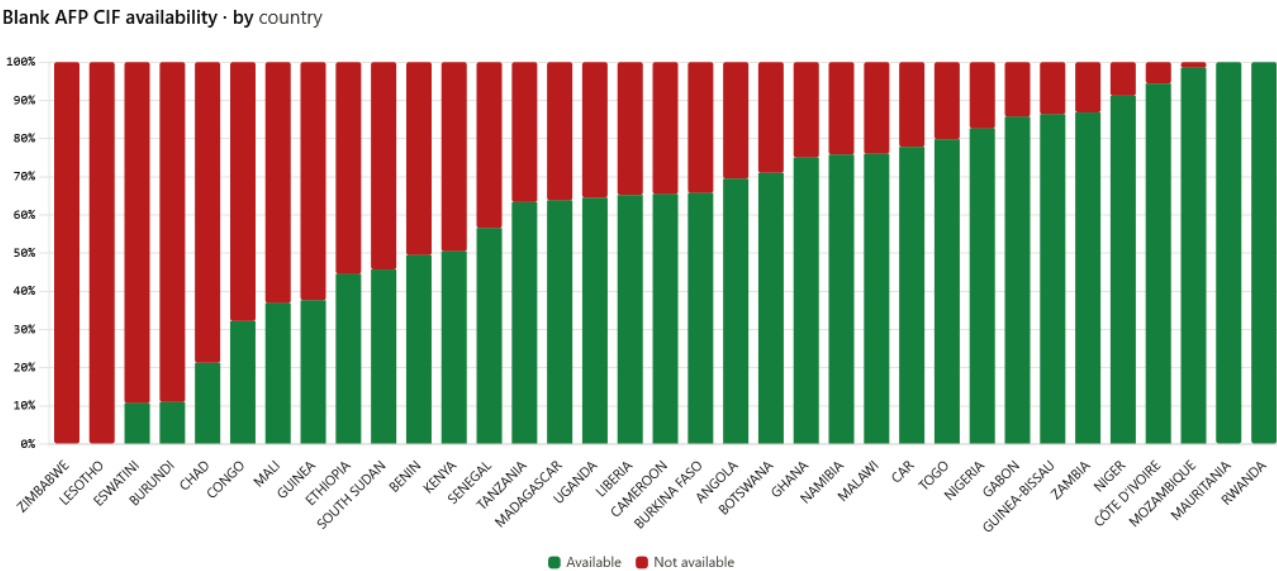


Figure 9: Stock of Blank CIF by Country

Stock Status of Stool Collection Containers: July 2026

As of July 2026, **Lesotho** reported a critical shortage of Stool Collection Kits and/or Viral Transport Media (VTM), with a 100% stockout recorded. Additionally, **Burundi, Chad, Benin, and Mali** reported significant supply deficits exceeding 50%, as illustrated in **Figure 10**.

Stool specimen bottles availability · by country

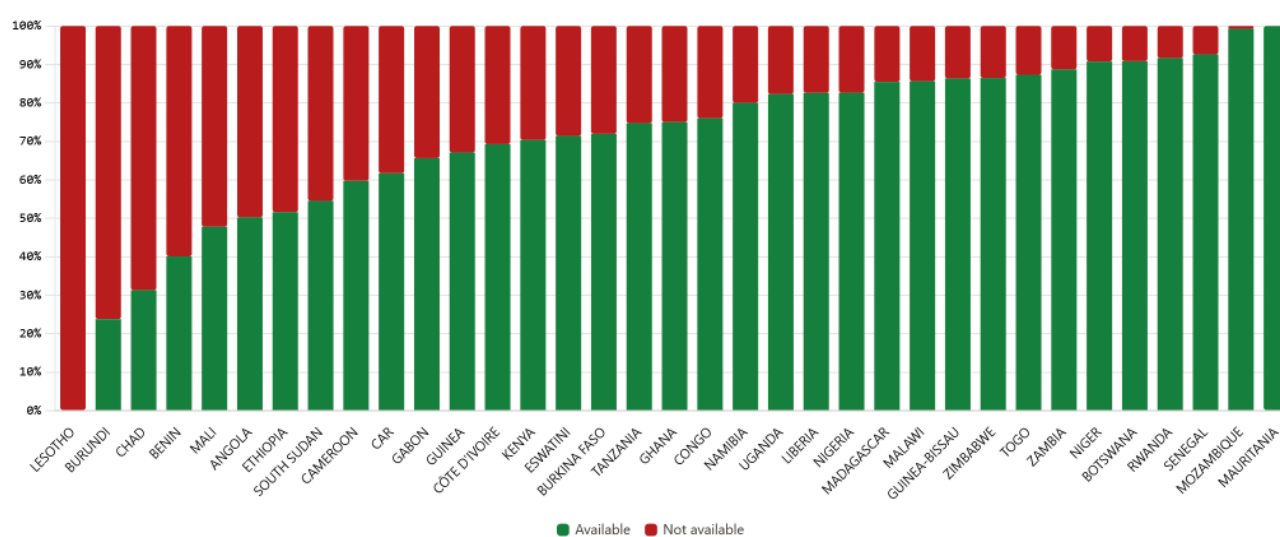


Figure 10: Stock of stool collection kits by Country

Knowledge of Acute Flaccid Paralysis (AFP) case definition: July 2026

As an AFP focal point in an active surveillance site, understanding the AFP case definition is essential for accurate early detection and reporting. The eSURV data from the reporting month revealed significant findings on AFP knowledge gaps in select countries (*see fig 11*), underscoring the need for targeted capacity-building efforts.

While discrepancies in data July stem from multiple factors, persistent challenges in data quality and harmonization across eSURV-implementing countries remain. **Strengthening standardized reporting** and cross-country alignment is critical to enhancing the reliability and comparability of active surveillance

The standardization of country forms is essential, as it ensures consistent data analysis and enables uniform interpretation of indicators—or variables—across the WHO AFRO region, facilitating seamless regional comparability and decision-making.

Knowledge of AFP Case Definition by country

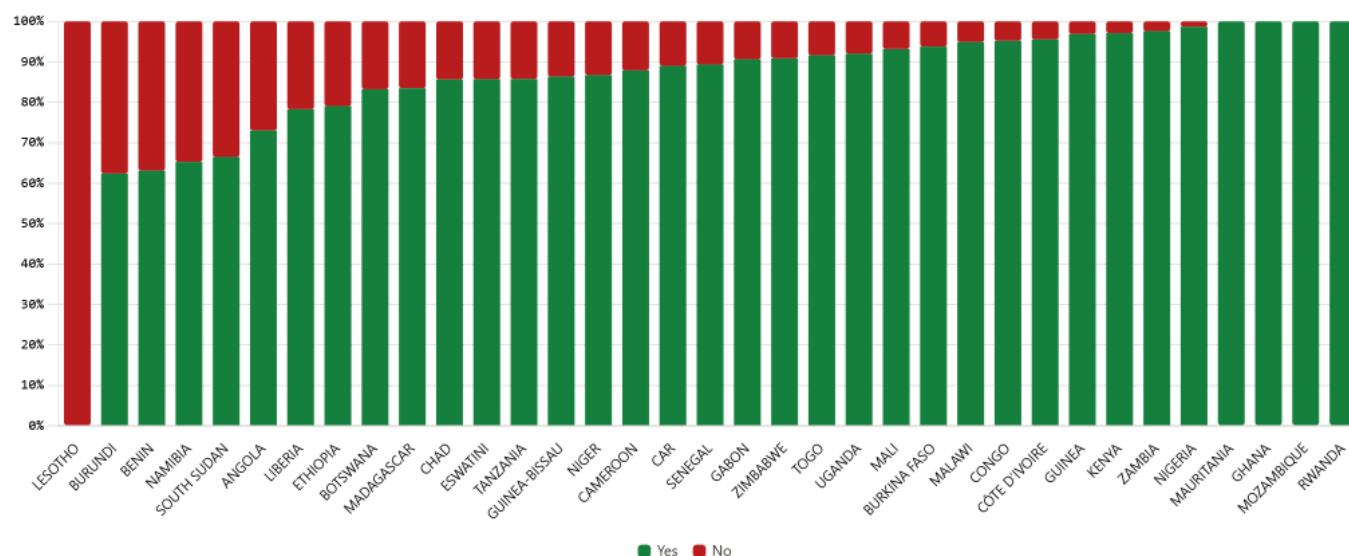


Figure 11: Knowledge of AFP Case Definition by Country

Key Update on eSURV Companion App field deployment: July 2026

As of July 2026, the number of **WHO AFRO Member States** actively **utilizing the eSURV Companion App** has risen to 19, as illustrated in the accompanying map. **Madagascar, Tanzania, and Burkina Faso** are the most recent countries to initiate field deployment of the eSURV Companion App. Ongoing progress updates regarding the eSURV Companion App rollout in additional WHO AFRO Member States will be communicated in subsequent monthly bulletins.



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Figure 12: eSURV Companion App implementing Countries.

Implementing Countries:

1. Benin
2. Burundi
3. **Burkina Faso**
4. Cameroon
5. Central African Republic
6. Chad
7. Côte d'Ivoire
8. Democratic Republic of Congo
9. Gabon
10. Liberia
11. **Madagascar**
12. Malawi
13. Mozambique
14. Namibia
15. Niger
16. Rwanda
17. South Sudan
18. Uganda
19. **United Republic of Tanzania**

Progress: **40.4%** of target countries have achieved full operational deployment.

Follow this link to the active surveillance KPI Public Dashboard:

<https://afro-rrt-who.hub.arcgis.com/pages/surveillance>

CONCLUSION

1. Active Surveillance Performance in Summary

WHO AFRO active surveillance data for July 2026 recorded 114,297 active case search (ACS) visits via the eSURV/ISS tools implementation with most visits conducted at **High and medium priority sites**.

Furthermore, visit distribution for the period under review did adhere to the outlined framework, which defines optimal frequency in **high and medium priority levels**. This **improvement in sites prioritization** has increased active surveillance sensitivity and early outbreak detection, particularly in **high-risk regions/hard to reach areas**, ensuring that corrective measures are aligned with epidemiological priorities.

2. Operational Risks Due to under-performing districts

The low performance of active case search visits 49.8 % for the period of July 2026 in the implementing countries across the WHO AFRO region pose a significant operational risk, including **underreporting** and **delayed detection of AFP and other vaccine-preventable disease (VPD) cases**.

The electronic surveillance innovation through eSURV/ISS plays a critical role in generating near real-time field data, essential for evidence-based decision-making, outbreak response, and cross-border public health coordination.

Its absence weakens active surveillance sensitivity, increasing the likelihood of undetected transmission and hindering regional efforts to contain these outbreaks.

KEY IMPLICATIONS

