

LEBANON: CHOLERA OUTBREAK

Situation report #3

26 October 2022

KEY FIGURES*

*FIGURES UPDATED AS OF 24 OCTOBER

All cases (suspected & confirmed)		Confirmed cases (last 24 hours)		Deaths	
New	Cummulative	New	Cummulative	New	Cummulative
165	718	48	287	1	11

UPDATES

- Lebanon is on its 23rd day of the Cholera outbreak, which was declared on 6th of October 2022 by the MOPH
- WHO has graded the overall risk of the Cholera outbreak in Lebanon to be very high at the National level and high at regional level
- The trend of suspected and confirmed cholera cases reported in recent days continued to show signs of increasing in numbers and spreading to new areas.
- The source of infection could be linked to people drinking contaminated water or eating contaminated food.
- Minister of Health together with officials from WHO, UNICEF, UNHCR, IOM and UNWRA visited health facilities and water stations in Akkar, Tripoli, Minieh-Doniyeh, Baalbeck, Aarsal and other locations to monitor the cholera situation and response activities, while meeting with local officials and communities.
- National Standing Inter-Ministerial Committee is established at the Prime Minister's Office to support, coordinate and facilitate the national response
- National Standing Multidisciplinary Task Force, headed by the Minister of Public Health, was established at the MOPH to coordinate and operationalize the response and was expanded to include representatives from Donors, NNGOs and INGOs
- MOPH released a circular disseminating the clinical management protocol for cholera patients. It can be found [here](#).
- MOPH designated 12 governmental hospitals as Diarrhea Treatment Centers (DTCs) while some selected PHCs will be considered as cholera treatment units (CTUs)
- Due to the Global vaccine shortage, OCV will only be available as one dose in countries that have outbreaks. For that, and with the support of WHO and UNICEF, the MOPH applied to the ICG for 600,000 doses of cholera vaccine to be prioritized to the most vulnerable population groups (refugees and host communities)
- MoPH will be receiving a donation of 12,000 OCV doses from France (Sanofi) to be used in the prison population due to the high-risk setting.
- WHO called for a donor meeting to brief the donors and other UN agencies on cholera situation on Thursday 20 October 2022
- WHO convened series of technical meetings to finalize the technical guidance and tools for integrated RRTs and surveillance/laboratory.

Confirmed Cases

**figures updated as of 24 October*

Figure 1: Distribution of confirmed cases by sex

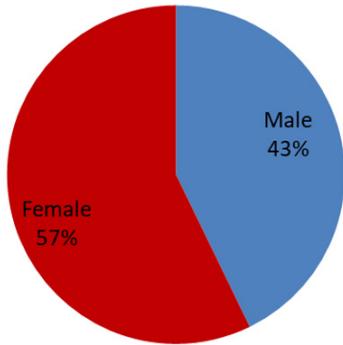


Figure 2: Map showing the distribution of cases

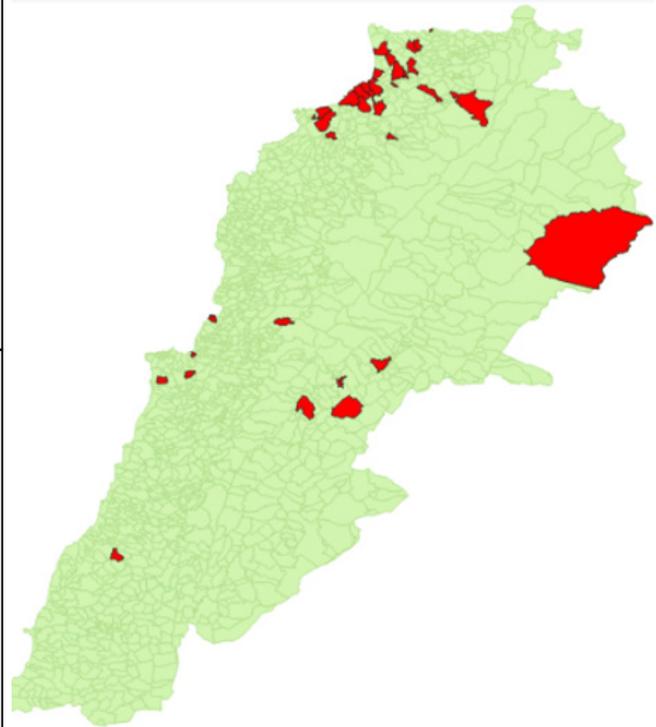


Figure 3: Distribution of confirmed cases by age groups

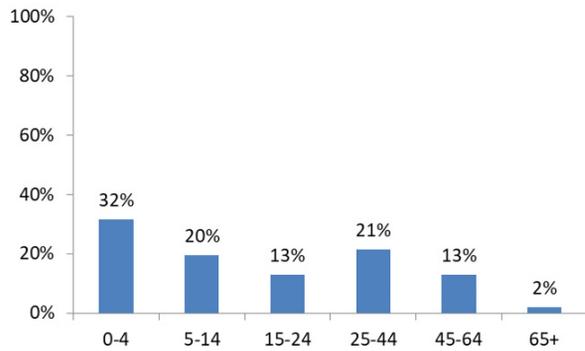


Figure 4: Distribution of confirmed cases by hospital admission

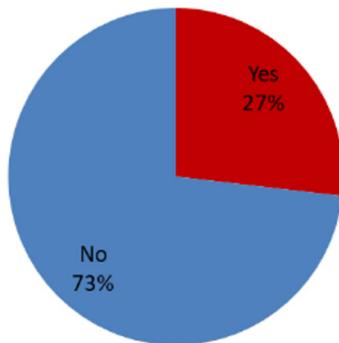


Figure 5: Distribution of confirmed cases by outcome

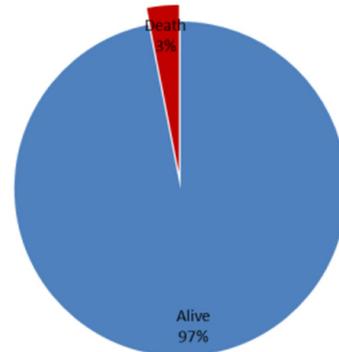
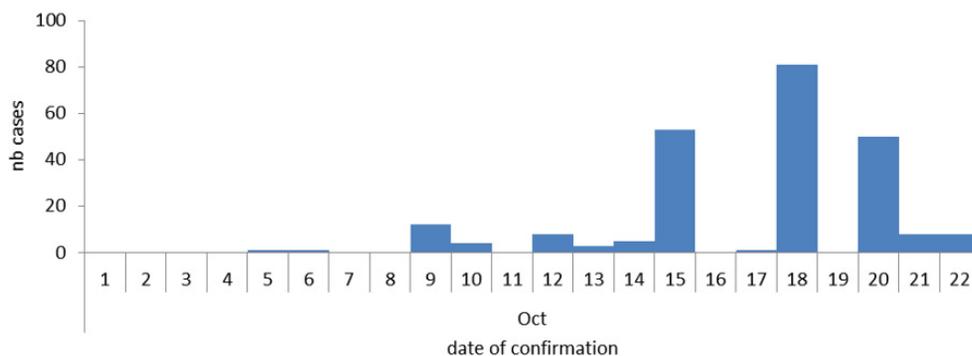


Figure 6: Epi Curve of confirmed cases



EPIDEMIOLOGY *continued*

- As of October 24th, 2022, a total of 718 suspected cholera cases and 11 associated deaths were reported from five affected governorates in Lebanon. The majority of the cases were reported from Akkar, Tripoli, Minieh-Doniyyeh, Baalbeck and Keserwan.
- Of the above cases, over 34% of cases were very severe and need to be hospitalized, and 46% of the cases were less than 15 years of age
- A total of 477 stool samples were cultured, and 287 of these samples tested positive for *Vibrio Cholerae*, serotype Ogawa. Another 266 water samples were tested, and 77 of them became positive for *Vibrio Cholerae*. Some of the test results of stool and water samples are still pending.
- Serotype *Vibrio Cholerae* O1 El-Tor Ogawa was identified as the currently circulating Cholera strain in Lebanon, similar to the one circulating in the region
- Tripoli, Halba and Minieh hospitals continued to receive an increased number of cholera patients in the last few days.
- MOPH surveillance team started collecting and reporting suspected and confirmed cholera cases from the designated hospitals and other facilities.

CHOLERA OUTBREAK RESPONSE

MAIN HIGHLIGHTS

HEALTH

A. Coordination and leadership

- Maintained effective coordination and leadership at the national level to coordinate cholera outbreak response and promote an effective and integrated response.
- National multisectoral cholera task force led by the MOPH is operational and meets twice a week. All sectors both government and other partners are well represented.
- Inter-sectoral approaches remain at the core of the cholera response, and all sectors are fully engaged with the coordination and response activities at all levels
- Partner mapping completed across 4 response areas (Akkar/North, Beirut/Mt. Lebanon, Bekaa/Baalbek-Hermal, and South).
- Sub-national coordination remains an area in need of further strengthening. While regional DRM EOCs have been activated, linkages among municipalities and humanitarian actors need to be further developed

B. Surveillance and lab capacity for early detection and referral of cases

- Enhanced early warning surveillance across the country to detect, investigate and respond to cholera cases through ESU network of surveillance officers
- Supported and facilitated the ongoing field investigations of suspected cholera cases in high-risk areas, including testing kits, transportation and additional human resources
- Supported 7 training sessions for cholera surveillance and case management at central and peripheral levels
- Over 700 stool and water samples were collected and sent to WHO Collaborating Centre and Reference Lab for confirmatory culture of *Vibrio Cholera*
- Environmental surveillance has been strengthened across the country and water and sewage samples were collected and forwarded to the reference laboratories.
- RHUH reference laboratory started the cholera culture, AUB WHO collaborating centre continued to support the

cholera culture and sequencing.

- The Cholera circulating in Lebanon has been identified by genomic sequencing as Serotype O1, el Tor, Ogawa, sequence type 230 (ST230), similar to the strain circulating in the region; sensitivity to antibiotics is under investigation
- Supplies were donated to the reference laboratory to perform laboratory analysis (culture) for a large number of samples.

C. Case management and IPC

- MOPH identified 12 referral public hospitals across the country to be considered as Cholera Treatment Centres (CTCs) while number of PHCs will be designated as cholera stabilization centers
- Completed rapid assessment of 9 out of the 12 Governmental Hospitals, assessing mainly the infection, prevention and control (IPC) measures and their capacity to safely treat and manage Cholera patients. Most of these hospitals need waste management capacity building and IPC support, case management and supply kits, as well as training on case management and adequate care for severe cases.
- In close consultation with the MOPH and the three public hospitals already providing Cholera care, the critical needs in terms of human resources of health have been identified and surge capacity initiated
- Technical working group has been established by the Minister of Health with the aim of training, coaching and monitoring cholera case management practices at referral hospitals. The teams will be supported by WHO experts, and will include IPC practices as well as patient flow recommendations
- MoPH decree that the cost of hospitalization for Lebanon nationals will be fully covered by the MoPH, while UNCHR will cover the cost of hospitalization for Syria refugees
- Regional and GOARN expertise will be deployed and expected to provide additional technical support.

D. Cholera vaccine

- MOPH in coordination with partners prepared and submitted OCV proposal requesting 600,000 doses to target high-risk population, including refugees, host communities and prisoners. MoPH is also expecting 12,000 cholera vaccine donations from the French government and Sanofi.
- MOPH established a national task force to develop the operational plan for the implementation of the cholera vaccination.
- ICG committee feedback is expected in the next two days.

E. Risk Communication and Community Engagement (RCCE)

- Major knowledge gaps on cholera prevention still exist among the public and more and more misinformation is spreading through social media.
- RCCE working group intensified efforts to develop and disseminate accurate cholera prevention messages to different communication channels, but more needs to be done
- Child-friendly IEC materials are currently being designed and a child-friendly awareness video is being scripted.

WASH

- The assessment of the 8 water quality labs at governmental hospitals has been completed. Environmental surveillance for cholera is ongoing.
- Needs and gaps are being assessed for rapid support and operationalization of these labs.

RESOURCES

- A preliminary total cost for the immediate WHO response is estimated at around \$4,841,044; Meanwhile WHO has so far repurposed some of the existing funds, pending an appeal to be done as soon as possible.

CONSTRAINTS, CHALLENGES, PRIORITY NEEDS

- The outbreak is rapidly spreading and the involvement of relevant line ministers and partners is critical
- Some of the designated referral hospital lack adequate space to manage cholera patients and required additional space
- The current energy crisis is an important limitation for access to safe water and sanitation
- The available cholera supplies for medical and non-medical is not enough, and it's critical to procure more supplies
- There is increased global demand for cholera medical supplies, kits, and vaccines against which Lebanon is competing, and this could delay procurement.

CONTACT INFORMATION

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