

# CHOLERA OUTBREAK IN LEBANON

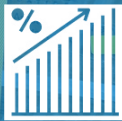
## Situation Report #5

09 November 2022

 **2722**  
Suspected Cases

 **448**  
Confirmed Cases

 **18**  
Related Deaths

 **1%**  
CFR

## HIGHLIGHTS

Figures updated as of 07 November 2022

- Lebanon is on its 34th day of the Cholera outbreak, which was declared on the 6th of October 2022 by the MOPH.
- The outbreak is spreading to the 8 governorates and to 18 out of 26 cadasters. The number of suspected cases is gradually increasing across all affected areas.
- The National Cholera Task Force, headed by the Minister of Public Health, was expanded to include representatives from Line Ministries, Donors, NNGOs and INGOs and currently meets twice per week.
- The two technical task forces focusing on clinical case management and the oral cholera vaccine rollout at the MOPH are currently operational.
- Oral Cholera Vaccination campaign has been launched on Friday 4th of November for three central prisons and on Saturday 5th of November for frontline healthcare workers in hotspot areas.
- The OCV campaign for other high-risk areas will be launched this coming Saturday 12th of November and will target refugees and host communities.
- Two field hospitals were deployed and operational in Bebnine and Arsal, and they already receiving cholera patients.
- Additional spaces were added to Halba and Tripoli Government Hospitals to accommodate the increased number of cholera cases, this will free the emergency department and other wards.
- The MOPH will receive the second batch of Oral Cholera Vaccines (600,000 doses) on Tuesday 8th of November to complement the 13,440 Sanofi donations that were received last week. Current efforts are underway to secure additional doses under the CERF funding.

## SITUATION UPDATE

### EPIDEMIOLOGY

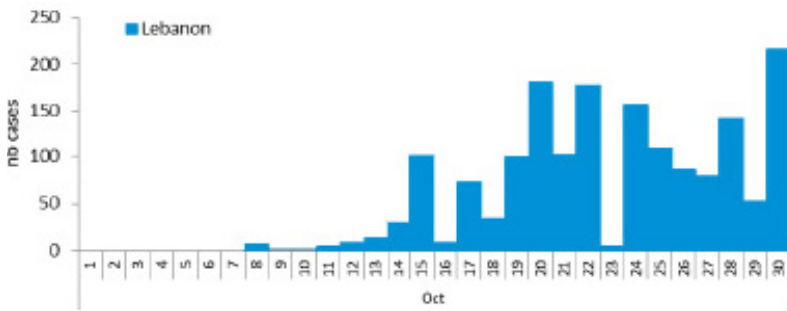
- As of the 7th of November 2022, a total of 2,722 suspected cholera cases (out of which 448 are laboratory-confirmed) and 18 associated deaths (CFR 1%) were reported across the country.
  - o Of these cases, 25% are under 5 years of age, 19% are age group 5 to 14 years, 15% are age group 15 to 24, 22% are age group 25 to 44, and the remaining 19% are distributed in the higher age groups.
  - o Overall, 97% of suspected and confirmed cases who presented to a health facility have exhibited symptoms.

# SITUATION UPDATE

Overall, 19% of suspected and confirmed cases have required hospitalization. Across the country, 93 beds at cholera treatment centers are currently occupied. Tripoli, Halba and Menyeh hospitals continued to receive an increased number of cholera patients.

- All 8 governorates have reported laboratory-confirmed cases while 18 out of the 26 cadasters at the national level recorded laboratory-confirmed cases.
- The majority of cases continue to be predominantly reported from Akkar and the North governorates, and to a lesser extent from Mount Lebanon, Bekaa, and Baalbek-Hermel (*refer the above map*).
- Across Akkar, there are 40 affected cadasters including Bebnine which has registered 128 laboratory-confirmed cases since the start of the outbreak
- Over 700 stool and water samples were tested at AUB – WHO collaborating center and RHUH Reference Laboratory, and 57.9% of stool samples, and 33.5% of water samples tested positive for cholera.

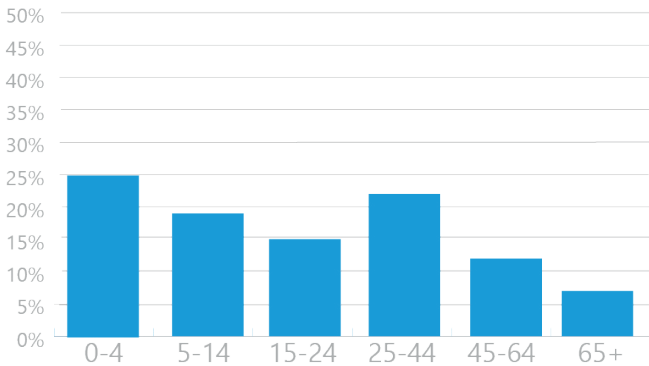
Distribution of confirmed cases by date



Distribution of confirmed cases by district



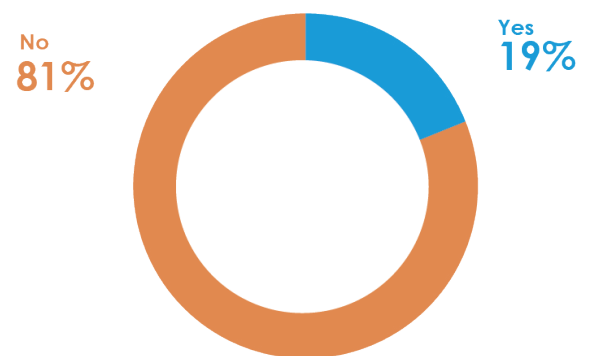
Distribution of confirmed cases by age group



Distribution of confirmed cases by gender



Distribution of confirmed cases by hospital admission



# CHOLERA OUTBREAK RESPONSE

## MAIN HIGHLIGHTS



### Coordination and Leadership

- 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.
- The Minister of Public Health alongside UN sister agencies visited health facilities in the North and Akkar on Saturday 5th of November, for fact-finding and sensitization of communities and community leaders regarding PH measures.
- A Cholera committee was created at the Baalbeck-Hermel DRM Sub-Office after the first cholera case was detected in Aarsal. WHO team visited Aarsal and met with this cholera committee, which is mainly tasked to coordinate the cholera response among stakeholders, under the leadership of the Governor, including the Qada Physician, Lebanese Red Cross (LRC), Civil Defence, Civil Society, INGOs, NGOs and political party representatives.
- The National joint Health Sector Working Group continued to meet twice a week to discuss the cholera response and ensure proper coordination between all health actors.
- WHO is actively contributing to the weekly inter-sectoral situation report for cholera prepared and disseminated by OCHA with the contribution of all sectors.

### Surveillance and Lab Capacity

- WHO team together with ESU surveillance team conducted a field visit to Akkar to assess cholera surveillance and reporting at the level of health facilities and provided technical support to strengthen the use of proper case definitions in addition to ensuring adequate and timely linkages to case management.
- To date, over 700 stool and water samples were collected and sent to WHO Collaborating Centre and RHUH Reference Lab for confirmatory culture of Vibrio Cholera.
- WHO continues its support to the RHUH Reference Lab and the AUB WHO Collaborating Center with supplies.
- Some of the positive stool samples will be transferred to Pasteur Institute and US-CDC for quality control and genetic sequencing.
- WHO delivered additional RDTs to the Ministry of Public Health, and more are expected to be delivered by end of this week.

### Case Management and IPC

- As part of the ongoing assessment of hospitals to be considered as Diarrhoea Treatment Centres (DTCs), WHO is working with MOPH and partners to address the gaps identified during the assessment and ensure that designated DTCs are ready to manage cholera patients. Most of them lack proper waste management and require capacity building on IPC support, case management for moderate and severe cases and need supply kits, as well as human resources for health, especially in Intensive Care and emergency departments.
- The first private hospital to manage cholera patients was also assessed (Ain w Zain hospital in Chouf) and it is ready to receive cholera patients with minimal support needed as the hospital has dedicated a separate space with 20 beds with the possibility of extension.
- Experts (2 nurses and 2 specialized doctors in ICU care and Infectious diseases) were deployed to DTCs managing the cholera cases with the aim of coaching and monitoring the clinical management and IPC practices. The first hospitals that already benefiting from the coaching of the experts includes: Menyeh Govt. Hospital, Tripoli Govt. Hospital, Bebnine Field Hospital and Halba Govt. Hospital.

# CHOLERA OUTBREAK RESPONSE

## MAIN HIGHLIGHTS

### HEALTH *continued*

#### Case Management and IPC

The experts will continue to monitor the practice after the initial 5 days of training and follow-up missions will be conducted once per week for the next three weeks.

- A total of 134 additional nurses and 5 medical doctors are currently deployed at Halba Governmental Hospital and Tripoli Governmental Hospital as additional surge capacity to help the cholera patient management. Similar support is under preparation for other designated hospitals receiving cholera patients.

#### Oral Cholera Vaccine

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- MOPH Lebanon is expected to receive 600,000 doses of Euvichol Plus (OCV) approved by the ICG on November 8th and the campaign will be launched by the end of this week.
  - The vaccination campaign targeting refugees and host communities will be launched Saturday 12th of November and the campaign aims to reach 70% of the target population with a weekly target of administering 200,000 doses over the coming three weeks.
  - WHO supported the MOPH in covering the full cost of the 600,000 doses and by providing technical guidance for the selection of the target areas, the development of the related microplans, and the development and delivery of training to the implementing partners responsible for vaccine deployment.
  - WHO continued to support the MOPH and MoI in the deployment of the Schanchol (OCV) doses donated from Sanofi among prisoners and HCWs.
  - The cholera vaccines targeted prisoners and ISF guards in Tripoli, Zahle, and Roumieh central prisons and so far 3,189 out of 4,829 prisoners received cholera vaccine (around 66% of the targeted number).
  - WHO is actively engaged with the OCV task force to finalize the target populations, microplanning needs, implementing partners, trainings, logistics, data reporting, and pharmacovigilance.
  - WHO is supporting the MOPH to complete a second ICG application for additional two million doses of OCV as part of Phase 2 of this campaign to cover the 18 additional cadasters.

#### Risk Communication and Community Engagement(RCCE)

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- Continued to support the awareness-raising campaigns targeting health workers and the public.
  - Supported the development of cholera vaccine community flyer, poster, and banner in Arabic & English. Additional materials were developed including a vaccination plan booklet for Phase 1 and video on the vaccination.
  - A structured media campaign to intensify prevention and awareness through local TVs is currently under preparation with support from WHO and in consultation with the MOPH team.



- A training plan is currently under preparation for the six water quality monitoring laboratories.
- Reagents and other supplies will be provided by WHO to these water quality monitoring labs sufficient for each lab to perform around 150 tests per month for six months.

## RESOURCES

- WHO launched the cholera response plan and press statement, and the immediate WHO response need is estimated at around USD 10.2 million for the next six months.
- In the meantime, WHO has so far repurposed some of the existing funds, in order to support the implementation of critical cholera response activities.
- WHO has secured USD 1.7 million from WHO's contingency funds, while an additional USD 1 million is in the pipeline.

## CONSTRAINTS, CHALLENGES, PRIORITY NEEDS

- The outbreak is spreading and the involvement of relevant line ministries remains insufficient.
- 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.
- There is a need to rapidly activate and support the rapid response teams at field level and empower the qada health units for more active engagement in the response coordination.
- Some of the designated referral hospitals lack adequate space to manage cholera patients and required additional space.
- 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 for, and this could delay procurement; local procurement is limited.
- The current energy crisis is an important limitation for access to safe water and sanitation, however, accelerating the chlorination at the community and household levels is imperative.