

HEALTH BRIEF

20 March - 03 April 2024

Emergency Readiness and Response

Situation overview

Continued escalation of violence along the border between Hezbollah and Israel resulting in civilian casualties and damage to homes and other properties.



1 281
People wounded



331
People killed

- Increase in the # of injured by 4.6% and # of fatalities by 4.8% since 20 March 2024. *Source: MoPH Lebanon.*



91 405
People displaced



1 470
staying in 18 temporary shelters

IOM data as of 26 March 2024

- Violence clashes along the border between Lebanon and Israel have intensified during this report period.
- 0.1% percent increase since 12 March 2024.
- 1.54% decrease in people staying in temporary collective shelters.
- 372 cadasters hosting IDPs who will relocate to self-arranged accommodations.
- One ambulance vehicle was completely destroyed as the result of the strikes on Tayr-Harfa in South Lebanon on 27 March 2024 resulting in the death of 2 paramedics. Additionally, a charitable NGO health center was targeted by an Israeli airstrike in the town of Habbariyeh in the South, resulting in the death of 7 paramedics, injuries among civilians, and center damage.
- 16 health workers targeted in 9 attacks.
- 4,288 mobile units consultations.

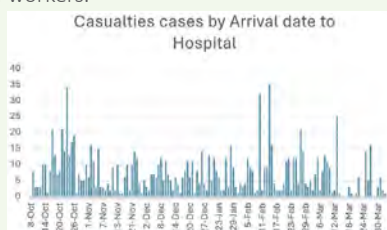


7
Health workers targeted



3 961
PSU consultations

- Two PHCCs are still closed in Bent Jbeil. Health facilities that remained open in the areas with increased hostilities have reported very low consultations, and healthcare workers are reporting increased difficulties arriving at their duty stations.
- PSU (PHC Satellite Unit) continues to provide services to displaced populations including providing integrated primary healthcare, including childhood vaccination, reproductive health consultations, awareness sessions, and psychological support.
- Referral hospitals continue to offer mass casualty management to injured individuals, and all hospitals are at their highest preparedness and readiness levels.
- Despite the insecurity in southern Lebanon, MoPH and Health partners continue to provide vital health services to the displaced people.
- WHO is deeply concerned about the rising attacks on health workers and facilities in Lebanon and it advocates for the protection of civilians and health workers.



Health needs and response

- **Public Health Emergency Operation Center** set up by MoPH with WHO's support, remains staffed and operational.
- WHO and MoPH training health workers in hospital readiness for mass casualty management with Module 1 completed for 125 hospitals reaching 3,092 trainees; Module 2 on Mass Casualty Management completed for 118 hospitals reaching 571 trainees, and Module 3 on Management of psychiatric emergencies and basic psychosocial support skills is ongoing.
- **Mass casualty management** training for high-risk, medium-risk, and low-risk zones - completed with 118 hospitals reached (571 trainees) of which 10 hospitals started drafting or updating their MCM plans which will be followed by drills out of which 5 already conducted tabletop exercises complemented by activation drills (Sibline Governmental Hospital, Baabda Governmental Hospital, Batroun Governmental Hospital, Saint John University Hospital and Rafik Hariri University Hospital).
- A new round of hospitals on the management of psychiatric emergencies and basic psychosocial support skills started on 1 February. A total of 1,407 frontliners (160 Doctors trained in 58 hospitals and 1,247 nurses trained in 79 hospitals) have been trained with WHO direct support so far. Maintaining a strong surveillance system to detect potential disease outbreaks - no suspected or confirmed disease outbreak in the South or with displaced population.
- Other sectors have been actively responding to ongoing emergencies and assisting displaced individuals, such as shelter, food, nutrition, WASH, and protection.

Gaps and priorities

- In light of the escalating clashes, the WHO requires approximately USD 10 million to maintain its emergency preparedness and response in Lebanon.
- Maintain stronger national and subnational coordination mechanisms for emergency preparedness and response through the PHEOC and Health Sector Coordination mechanism.
- Improve the mass casualty and emergency care management capacities among frontline health workers through training and mentoring.
- Continued advocacy for protection and respect of health care at all times.
- Continued support for urgent basic health needs access including medications, especially among the internally displaced.
- Continued support for communicable diseases surveillance, early detection of outbreaks, and awareness among displaced population and in the assigned shelters, ex: respiratory diseases (Flu, COVID, RSV), lice and scabies, and waterborne diseases.

Epidemiology situation - Based on Moph data

COVID-19 Updates during the reporting period



104

New cases

1 251 739

Cumulative cases



1

New deaths

11 001

Cumulative deaths

A. Acute Respiratory Infections

- On 27 March 2024, WHO launched a new network for coronaviruses "CoViNet", to facilitate and coordinate global expertise and capacities for early and accurate detection, monitoring, and assessment of SARS-CoV-2, MERS-CoV and novel coronaviruses of public health importance. The network currently includes 36 laboratories from 21 countries in all six WHO regions.

1- COVID-19

- COVID-19 is still a public health threat that needs to be monitored and addressed, even though it is no longer classified as a public health emergency.
- The latest figures available globally show the number of new cases decreased by 44% during the past 28-day period of 5 February to 3 March 2024 compared to the previous 28-day period (8 January to 4 February 2024), with over two hundred and ninety-two thousand new cases reported. The number of new deaths decreased by 51% as compared to the previous 28-day period, with 6,200 new fatalities reported. As of 3 March 2024, over 774 million cumulative confirmed cases and more than seven million deaths have been reported globally, since the start of the pandemic.
- In Lebanon, a total of 104 new COVID-19 cases with 1 associated death were reported during this reporting period.
- The positivity rate was 3.3%, while the case fatality ratio stands at 0.88. In the past two weeks, the ICU COVID-19 occupancy rate at referral hospitals was 2%.
- As of 27 March 2024, Lebanon has registered a total of 1,251,739 COVID-19 cases and 11,001 deaths since the start of the pandemic.

2- Integration of seasonal influenza and other respiratory disease surveillance

- With the support of WHO, MoPH continued to monitor the circulation of seasonal influenza viruses and other respiratory viruses. Based on the data obtained from the National Influenza Center (NIC) for Epi-weeks 10-11, a total of 205 specimens from suspected SARI and ILI cases were tested of which 56 specimens were positive for seasonal influenza virus, with influenza B (Victoria) being the predominant influenza subtype. 9 specimens were positive for SARS-CoV-2 virus. 4 cases of co-circulation of influenza B (Victoria) and SARS-CoV-2 were reported. Specimens taken from children are being stored to be tested for RSV at a later time. Most positive influenza cases were observed in the 6 to 15 years age group (44%), followed by the 16 to 50 years age group (40%), and the 0 to 5 years age group (13%).

- Preparation with the MoPH has been initiated for the next Influenza season, mainly with the Partnership for Influenza Vaccine Introduction (PIVI) support to Lebanon.

B. Food and Waterborne Diseases

1- Cholera/Acute Watery Diarrhea

- In Lebanon, there were no reports of suspected or confirmed cases of cholera during this reporting period.
- WHO and the MoPH are constantly monitoring AWD cases with high vigilance. There are no reported active AWD clusters among displaced populations in Lebanon.
- Cholera remains a significant public health concern in Lebanon and MoPH together with WHO is scaling up the cholera preparedness and response capacities while leveraging and sustaining the gains made during the cholera outbreak.

2- Hepatitis A

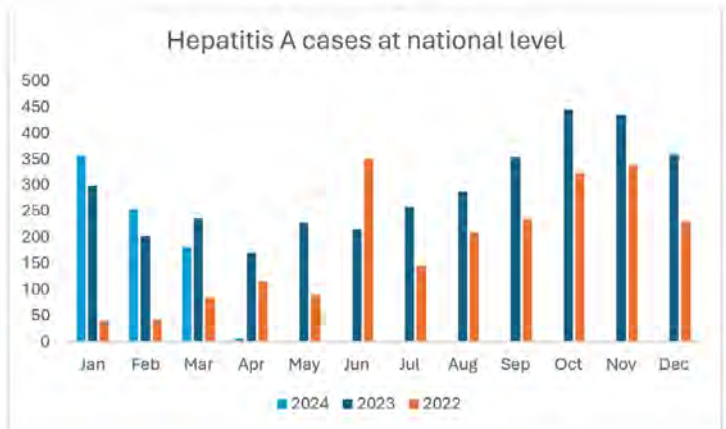


Figure 1: Number of suspected Hepatitis A cases by month for past 3 years

- During this reporting period, a total of 90 new suspected hepatitis A cases were reported across the country.
- Since the start of 2024, a total of 802 suspected Hepatitis A cases have been reported from health facilities across the country; this is within the average expected number of cases compared to previous years; Among the cases reported, 29.1% are between 10-19 years old, followed by 28.7% among 20-39 years old, and 28.2% among 5-9 years old.
- The reported suspected Hepatitis A cases were distributed in North (433), Beqaa (162), Mount Lebanon (101), South (57), Nabatieh (29), Beirut (10), and unknown (10); the distribution of cases is relatively similar with previous years. There were no active clusters of hepatitis A cases recorded among displaced populations in the South.

C. Vaccine-preventable diseases

- Vaccine-preventable diseases (VPDs) remain a priority by the MoPH and WHO to ensure high coverage and completeness of routine immunizations, according to the national calendar for all children under 5 to avoid any potential outbreak of VPDs. This activity is mainly supported by GAVI.
- As part of WHO support to the NITAG committee in Lebanon, a regional expert is already providing to the working group technical advice to complete the preparatory work necessary for introducing HPV in the national calendar of vaccination. In parallel, initial discussions are started to explore support from Gavi for HPV vaccine introduction at the national level.

1- Measles

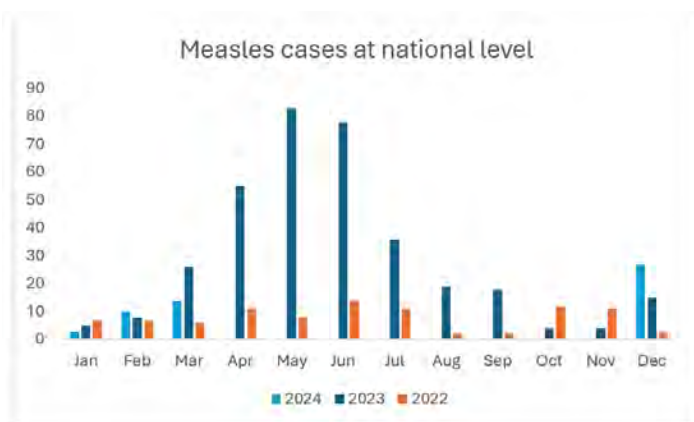


Figure 2: Number of suspected measles cases by month for past 3 years

- During this reporting period, a total of 10 new suspected measles cases were reported from South (3), North (3), Baalbeck-Hermel (2), Akkar (1) and Mount Lebanon (1). The new suspected cases affected various age groups, and all were unvaccinated.
- Since the start of 2024, a total of 27 suspected measles cases have been reported at the national level. Among these cases, 4 cases were lab-confirmed.
- Further analysis of the available data indicated that the Nabatieh, Baalbeck-Hermel and Akkar districts have the highest measles attack rate, while 0-4 age group and 5-9 age group have the highest attack rates, followed by the 10-14 age group.
- There were no active clusters of measles cases recorded among displaced populations in the South.
- Overall, 26 out of 27 measles cases reported were zero-dose children, which means those children had not taken a single dose of measles-containing vaccines throughout their life course.

2- Poliovirus

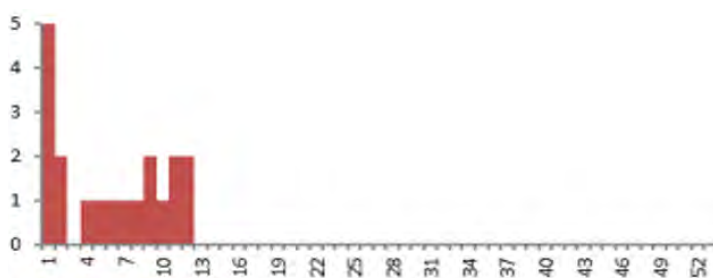


Figure 3: AFP cases by epidemiological week of onset

- During this reporting period, 4 new suspected AFP cases were detected through active case finding and reported for further investigation. These new cases were identified in Bekaa (2), Mount-Lebanon (1) and North (1), aged under 5 years (2) or 5-9 years (2).
- Since the start of 2024, the national surveillance system was able to detect 19 suspected AFP cases. All reported AFP cases had received at least one dose of a polio-containing vaccine.
- Out of 19 reported AFP cases, 17 were Lebanese and 2 were Syrian.
- Lebanon is now fully verified to deploy nOPV2 in case of cVDPV2 detection.

D. Other Communicable Diseases

1- Monkeypox

- While Mpox no longer constitutes a global public health emergency, it continues to pose a significant threat to the health of individuals and high-risk populations.
- Globally, there are 94,707 confirmed Mpox cases, and 181 associated deaths, from 117 countries reporting cases. In the EMR, there are so far 95 confirmed cases and 1 death (as of 28 February 2024).
- Since the first case was detected on the 14th of June 2022, the MoPH in Lebanon has detected and reported 27 laboratory-confirmed cases of Mpox. No new Mpox case was detected or reported from Lebanon since January 2023.

2- Meningitis

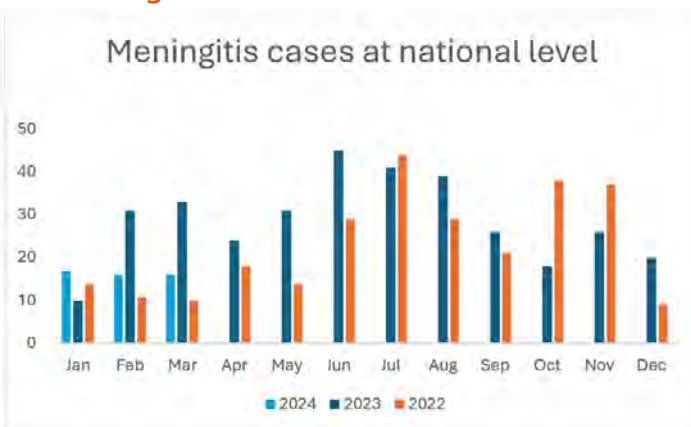


Figure 4: Number of suspected meningitis cases by month for past 3 years

- During this reporting period, 8 new suspected cases of meningitis were reported due to bacterial (5 including 1 HI), viral (2) and unspecified (1). They were located in

EPI situation *continued*

Mount Lebanon (3), South (2), Beirut (1), North (1), and Nabatieh (1).

- Since the start of 2024, a total of 49 suspected meningitis cases with no associated death were reported across the country.
- Beirut and South are the most affected governorates based on incidence per 100,000. These suspected meningitis cases were distributed in Mount Lebanon (34.7%), South (22.4%), Beirut (12.2%), Bekaa/ Baalbeck Hermel (10.2%), North/Akkar (16.3%) and Nabatieh (4.1%).
- Upon further specimen testing (CSF and serum), 27 of these cases were classified as bacterial infection. Culture results showed 6 cases of *S. pneumoniae* and 2 HI.

E. WHO support to surveillance

- The integrated disease surveillance structure established at the MoPH is currently: includes:
 - maintaining high vigilance for the detection of clusters of measles, AFP, meningitis and any new outbreak wave.
 - monitoring the epidemiological situation of food and waterborne diseases at public and private facilities across the country.
- The support of WHO in terms of seasonal influenza includes:
 - Initiating procurement of essential test kits and other reagents for typing and subtyping.
 - Analysis of weekly data and dissemination of information through regular influenza situation reports.

“ 76 years since our founding, WHO remains totally committed to the highest attainable standard of health, as a fundamental right for all people, everywhere. This Sunday is World Health Day. We call on all people to demand My Health My Right!

Dr. Tedros Adhanom Ghebreyesus, WHO Secretary General ”

World Health Day



WHO response

Visiting Lebanon, WHO Regional Director Dr Hanan Balkhy affirms support to address multiple health system challenges



Meeting with PM Najib Mikati and Health Minister Dr Firass Abiad

Accompanied by WHO Representative to Lebanon Dr Abdinasir Abubakar, the Regional Director met with Prime Minister Mr Najib Mikati and Minister of Public Health Dr Firass Abiad. They discussed key health strategies for the country and Dr Balkhy's 3 flagship initiatives to address supply chains, the health workforce and substance use across the Eastern Mediterranean Region. She reiterated WHO's commitment to support Lebanon to overcome health challenges and build on its existing strengths.



RD met with UN Resident Coordinator Imran Riza

Dr Balkhy also met UN Deputy Special Coordinator for Lebanon Mr Imran Riza, who is also the Resident and Humanitarian Coordinator for the country, to discuss the role of the UN in supporting the government and the people of Lebanon to overcome challenges, and more importantly, to strengthen and maintain institutional capacity.



At the Karantina Govt Hospital during a tour of the new building

At Karantina Governmental Hospital, the delegation was met by hospital director Dr Michel Matar, who gave a tour of the facility's new building. Dr Abiad pointed out during the tour that WHO is an essential partner and had collaborated with the Ministry of Public Health to help develop the national health strategy that was launched in 2023.



Meeting with UN partners and donor representatives at the PHEOC

The WHO delegation met with United Nations (UN) partners and donors at Lebanon's Public Health Emergency Operations Center, which is supported by WHO to help manage conflict trauma, enhance coordination, and manage resources. The serious implications of funding cuts on health care were discussed. These are expected to affect not only the Lebanese population but also the Palestinian and Syrian refugees hosted by the country.



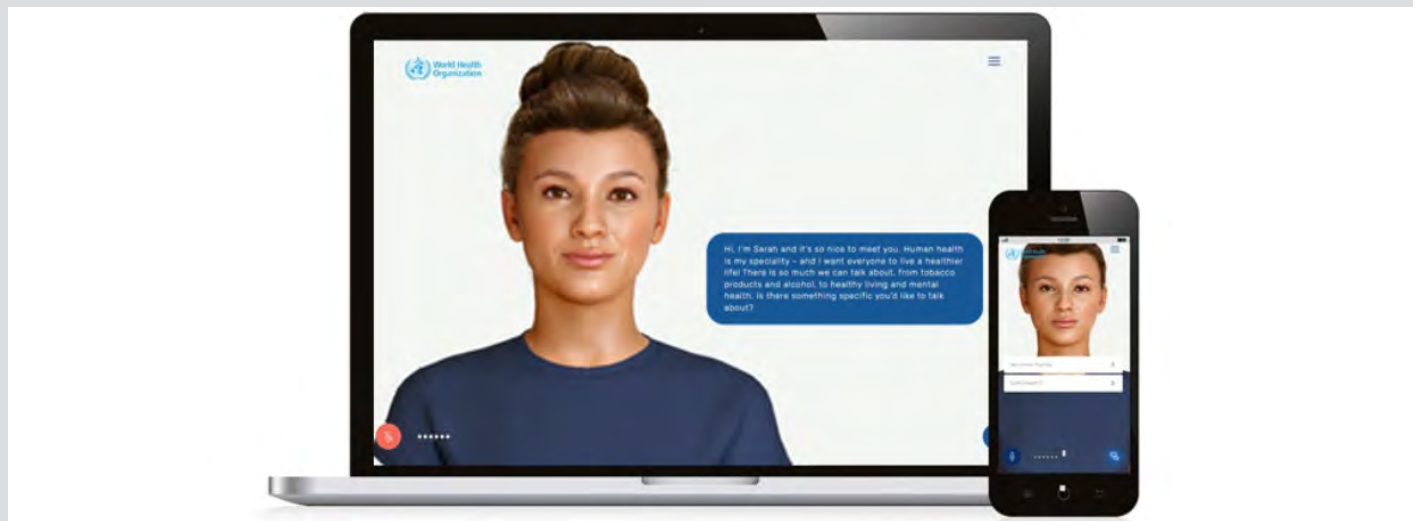
Accompanied by the Health Minister at the Central Drug Warehouse

On the 2nd day of the mission, Dr Abiad and Dr Balkhy visited Lebanon's central drug warehouse to view the medication procured by WHO, and the trauma kits sent from WHO's logistics hub in Dubai, ahead of their distribution to referral hospitals across Lebanon. WHO rebuilt the warehouse following the Beirut blast in 2020, increasing its capacity eightfold and kitting it out with an updated software system to better facilitate the distribution of life-saving medication.



Meeting with parents and children at Karagheusian PHC

The last leg of the mission took the delegation to Karagheusian Primary Healthcare Center, one of Beirut's largest primary health care centres, serving more than 10 000 patients a month. A paediatrician by training, Dr Balkhy spent time with children at the facility where WHO is working with the Ministry of Public Health to build health worker capacities and make medicines and vaccines available to patients.



WHO unveils a digital health promoter harnessing generative AI for public health

Ahead of World Health Day, focused on [‘My Health, My Right’](#), the World Health Organization (WHO) announces the launch of S.A.R.A.H., a digital health promoter prototype with enhanced empathetic response powered by generative artificial intelligence (AI).

[S.A.R.A.H. is a Smart AI Resource Assistant](#) for Health that represents an evolution of AI-powered health information avatars, using new language models and cutting-edge technology. It can engage users 24 hours a day in 8 languages on multiple health topics, on any device.

WHO’s digital health promoter is trained to provide information across major health topics, including healthy habits and mental health, to help people optimize their health and well-being journey. It aims to provide an additional tool for people to realize their rights to health, wherever they are.

S.A.R.A.H., also known as Sarah, has the ability to support people in developing better understanding of risk factors for some of the leading causes of death in the world, including cancer, heart disease, lung disease, and diabetes. She can help people access up-to-date information on quitting tobacco, being active, eating a healthy diet, and de-stressing among other things. [Read full article](#).

WHO Lebanon would like to thank the support of all partners and donors who have and are still contributing generously and directly to the WHO health response. Together health for all by all.



WHO dashboard • WHO COVID-19 page • Q&A (English/Arabic) • WHO Lebanon website
WHO Lebanon Facebook | Twitter | Instagram

Further information

- Dr Abdinasir Abubakar
WHO Lebanon Representative (ai)
abubakara@who.int
- Dr Alissar Rady
WHO Lebanon Team Lead
radya@who.int
- Hala Habib
WHO Lebanon Communication Officer
hhabib@who.int