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MINISTRY OF PUBLIC HEALTH

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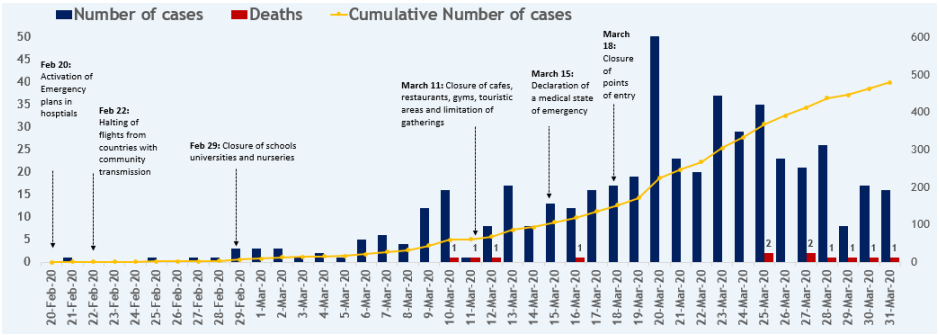
Current Health Event

COVID-19 Pandemic

On 31 December 2019, WHO was informed of a cluster of pneumonia cases of unknown etiology in Wuhan, Hubei Province, China. On 9 January 2020, China CDC reported a novel coronavirus as the causative agent of this outbreak, which is phylogenetically in the SARS-CoV clade. The disease associated to it is now referred to as novel coronavirus disease 2019 (COVID-19). On 30 January, WHO declared COVID-19 outbreak a Public Health Emergency of International Concern (PHEIC).

Figure 1: COVID-19 new cases since first case detected in Lebanon over time based on MoPH updated reports (*WHO/MoPH, March 31st 2020*)



Editorial note:

COVID-19 is caused by a contagious newly identified virus. There are currently no therapeutics or vaccines available and there is presumably no pre-existing immunity in the population. People may be sick with the virus for 1 to 14 days before developing symptoms. The most common symptoms of coronavirus disease (COVID-19) are fever, tiredness, and dry cough. Most people (about 80%) recover from the disease without needing special treatment. More rarely, the disease can be serious and even fatal. Older people, and people with other medical conditions (such as asthma, diabetes, or heart disease), may be more vulnerable to becoming severely ill.

By the end of February 2020, several countries were experiencing sustained local transmission. On 11 March, WHO Director General characterized COVID-19 as a pandemic. As of 31 March 2020, 750,890 confirmed cases of COVID-19 have been reported worldwide, with an estimated 36,405 deaths—4.85% case fatality rate. Of the reported cases, around 423,946 confirmed cases were reported from the European region, 163,014 from the Region of the Americas, 104,868 Western Pacific region, 50,349 Eastern Mediterranean Region, 4,215 South-East Asia, and 3,786 from the African Region.

Based on the evolution and epidemiologic progress of COVID-19 in the country, WHO has identified four transmission scenarios: Countries with no cases (No Cases); countries with one or more cases, imported or locally detected (Sporadic Cases); countries experiencing cases clusters in time, geographic location and/or common exposure (Clusters of cases); and countries experiencing larger outbreaks of local transmission (Community transmission).

Following declaration of COVID-19 as a PHEIC, the Ministry of Public Health in Lebanon initiated COVID-19 surveillance on January 31st, 2020. On February 20th, 2020, MoPH requested all hospitals to activate their emergency plan and perform a simulation exercise to enhance preparedness. The first COVID-19 case detected in Lebanon was confirmed on February 21st, 2020, imported from Qom, Iran. Thereafter, Lebanon halted all flights coming from countries with reported COVI-19 community transmission and on February 29th, the ministry of education requested closure of all educational institutions. On March 11th, WHO declared COVID-19 a pandemic and Lebanon proceeded with closure of public places to limit unnecessary gatherings. On March 15th, Lebanon declared a state of medical emergency followed by closure of all points of entry and exit.

As of 31 March 2020, 479 cumulative cases had been confirmed in Lebanon and 12 associated deaths, placing Lebanon in phase 3 of WHO transmission scenarios. Cases were most commonly reported among those 20-49 years of age (54.4%), had mild to moderate infections (73%), and had previous contact with a confirmed case (53%). Overall, fatalities in Lebanon were most highly reported among those 70-79 years of age (13.5%), followed by those 80+ (10.0%).

The ministry of public health, with the support of WHO and other partners, geared its efforts towards preparedness and response to COVID-19 through acceleration of the below activities:

Provision of personal protective equipment to ensure safety of health personnel, reagents and supplies to ensure timely diagnosis of COVID-19 at the reference laboratory at Rafik Hariri University Hospital (RHUH);

Ensuring at risk travelers are identified early at all Points of Entry and referred for appropriate management by provision of Personal Protective Equipment (PPE), recruitment of additional health staff, and provision of relevant IEC material;

Coordination with key partners, namely on communication and social mobilization, UN country team for the 8 pillars of the COVID-19 response plan, and participating in the National Task Force for COVID-19 established by the Prime Minister;

Providing normative guidance and supporting capacity building in terms of Infection Control and Prevention, case management, Standrad Operating Procedures for transport of patients, triage and reference for care, self isolation, quarantine standards;

Acceleration of capacity building for health response in Lebanon;

Enhancement of COVID-19 event based surveillance and reporting at community level through launching of the COVID-19 call center.

WHO Pillars for COVID-19 Strategic Preparedness and Response:

1. Country-level coordination, planning and monitoring
2. Risk communication and community engagement
3. Surveillance/rapid response teams/case investigation
4. Points of entry
5. National laboratories
6. Infection prevention and control
7. Case management
8. Operational support and logistics

Notifiable Diseases in Lebanon
[Cumulative n° of cases among all residents]
as of 07 February 2020

Disease	2019	2020	Jan 20	Feb 20
Vaccine Preventable Diseases				
Polio	0	0	0	0
AFP	87	14	11	3
Measles	1070	12	12	0
Mumps	124	2	2	0
Pertussis	78	9	8	1
Rabies	0	0	0	0
Rubella	26	0	0	0
Tetanus	0	0	0	0
Viral Hep. B	278	11	7	4
Brucellosis	224	11	10	1
Cholera	0	0	0	0
Hydatid cyst	30	2	2	0
Typhoid fever	257	19	16	3
Viral Hep. A	426	20	18	2
Meningitis	448	25	22	3
Viral Hep. C	78	9	8	1