

# CHOLERA OUTBREAK IN LEBANON

## Situation Report #10

13 December 2022

World Health Organization  
Organisation mondiale de la Santé



**5135**  
Suspected Cases



**658**  
Confirmed Cases



**23**  
Related Deaths



**0.44%**  
CFR

## HIGHLIGHTS

Figures updated as of 11 December 2022

- Lebanon is on its 69th day of the Cholera outbreak, which was declared on the 6th of October 2022 by the MOPH.
- 1 new death was registered during this reporting period with CFR of 0.44%.
- WHO continues its deployment of coaching teams (infectious diseases specialists and nurses) to additional DTUs, which has significantly enhanced quality of care.
- The 1st phase of the Oral Cholera Vaccination door-to-door campaign was concluded on December 3 with 525,630 individuals reached with a single-dose strategy. The areas covered were host communities and refugees living in Akkar, Minieh-Donniyeh, Tripoli, Baalback, Zahle, and West Bekaa.
- Lebanon was approved for an additional 1,803,600 OCV doses from the ICG which will be received in two batches. The first batch of 901,800 doses will be received on Wednesday December 14th. The second phase of the campaign will start on 17th December, under MOPH leadership with the support of WHO, UNHCR, UNICEF and other partners.
- WHO was able to secure an additional allocation under the Contingency Fund for Emergencies (CFE) to complement the overall cost of the cholera vaccine. As such, the total allocations received so far under the cholera response amount to \$2,245,420.
- WHO submitted a new proposal to Qatar Charity to support the Cholera preparedness and response in Lebanon.

## SITUATION UPDATE

### EPIDEMIOLOGY

- As of December 11th, 2022, a total of 5,135 suspected cholera cases (out of which 658 are laboratory-confirmed) and 23 associated deaths (CFR 0.44%) were reported across the country.
  - Of these cases, 29% are under 5 years of age, 18% are in the age group 5 to 14 years, 14% are in the age group 15 to 24, 21% are in the age group 25 to 44, and the remaining 18% are distributed in the higher age groups.
  - Overall, 21% of suspected and confirmed cases have required hospitalization, which has decreased over the past 10 days. Across the country, around 20 beds at cholera treatment centres are currently occupied by cholera patients.
- Among the 20 out of the 26 districts at the national level with recorded laboratory-confirmed cases, Akkar and the North governorates, and to a lesser extent from Mount Lebanon, Bekaa, and Baalbek-Hermel (refer to the below map) still record the highest number of cases.
- Across Akkar, there are 40 affected cadasters including Bebnine which has registered laboratory-confirmed cases since the start of the outbreak.

# SITUATION UPDATE

- The overall trend of the new cholera cases has stabilized in recent days in most of the provinces; in Akkar, Tripoli, the North, and other mohafazas. However, an increase of cholera cases has been recorded in Bekaa, and investigation and response activities have been initiated.
- So far, 1248 samples were sent to the reference labs (AUB-CC and RHUH) for confirmation. Out of those, 304 out of 798 stool samples and 146 out of 450 water sewage samples turned out positive for Vibrio Cholera.

## Reported Cholera cases by date, district, age, gender, nationality and hospital admission

Figure 1: Epi Curve (suspected and confirmed cases)

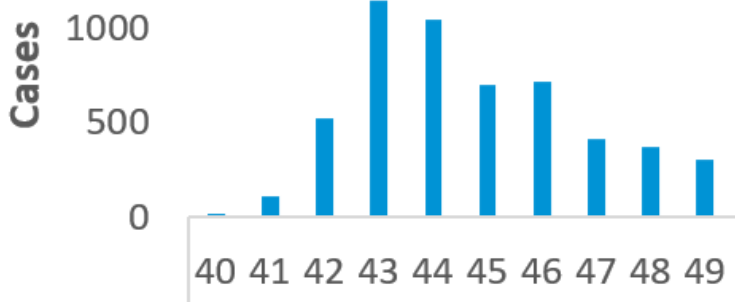


Figure 2: Distribution of cholera cases by age groups (suspected and confirmed cases)

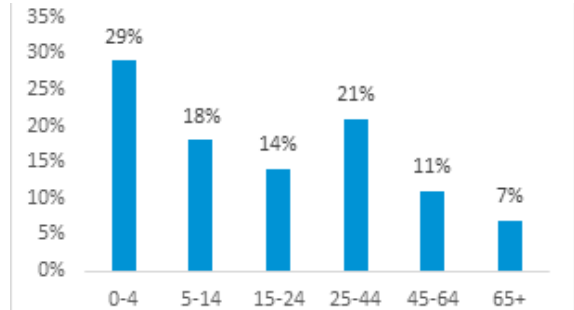


Figure 3: Map showing cumulative attack rate per district (/100,000) (suspected and confirmed)

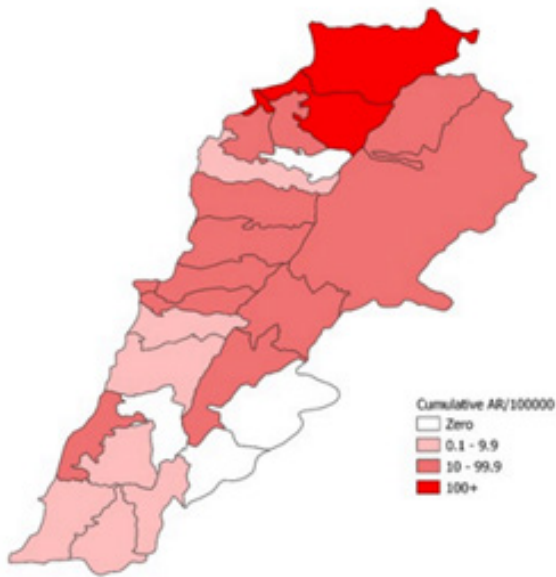


Figure 4: Map showing the distribution (confirmed cases)



Figure 5: Distribution of cholera cases by sex (suspected and confirmed cases)



Figure 6: Distribution of cholera cases by nationality (suspected and confirmed cases)

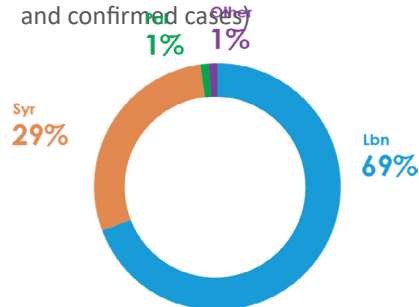


Figure 7: Distribution of cholera cases by hospital admission (suspected and confirmed cases)

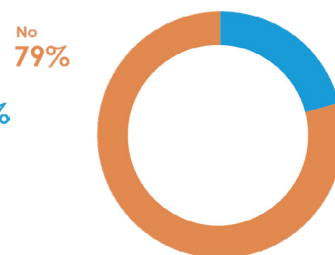
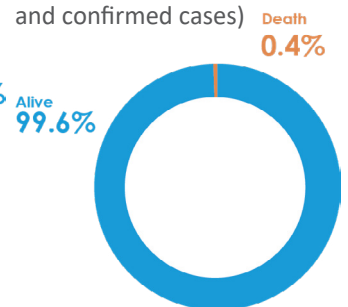


Figure 8: Distribution of cholera cases by outcome (suspected and confirmed cases)



# CHOLERA OUTBREAK RESPONSE

## MAIN HIGHLIGHTS



### HEALTH

#### Coordination and Leadership

- The national Cholera Task Force coordination forum headed by the Minister of Public Health is now meeting once per week while the Oral Cholera Vaccine (OCV) Committee also meets once a week to ensure regular coordination for the response activities
- The last Cholera ad-hoc Joint National Health Sector Working Group for 2022 took place virtually last Friday, December 9th, 2022, to give an overview of the general response and situation update and ensure proper coordination between all health actors.
- WHO continues its support to the MOPH Public Health Emergency Operations Centre (PHEOC) with additional surge capacity. A meeting will take place on Thursday, December 15th at MOPH between the PHEOC Manager and the Governorates and Qada Physicians in cholera hot spot areas to ensure timely information dissemination on alerts, in close coordination with the surveillance teams.

#### Surveillance and Lab Capacity

- Specimens received at Pasteur Institute are processed for strain genotype and antibiotic sensitivity with results received by the Ministry of Public Health.
- WHO continues to support the AUB-Collaborating Center and the RHUH Laboratory to test 1,248 cholera samples of which 450 samples came back positive so far.
- WHO continues to monitor the quality of cholera testing at national and regional reference laboratories.

#### Case Management and IPC

- The assessment of PHCs to be considered DTUs was initiated on the 24th of November. In total, the assessment was completed for five PHCs considered as priority centers. Two centers in Tripoli, one in Bekaa and one in Akkar might be eligible for some design changes and support with medical items and beds.
- WHO will conduct an assessment of the hospitals post coaching and training for Cholera in terms of IPC, WASH, structure and design change, case management and community outreach. As such, a post-coaching/training evaluation tool was developed to be used, in addition to the existing standard tool.
- WHO continues its support to the hospitalization committee for Cholera case management and IPC measures in the following DTCs/CTCs: Al Iman PHC in Bebnine, Halba, Tripoli, Minnieh, Baabda, Saida, Nabatiyeh, Baalbeck, Zahleh, Hermel Governmental Hospitals, Dar El Amal as well as the elderly home in Tripoli. Five consecutive days of thorough coaching followed by weekly follow-up visits have significantly enhanced the quality of care at these facilities.
- WHO supported the deployment of quality and health promotion nurses in Tripoli Governmental Hospital to promote good practices for cholera prevention and treatment among the families accessing the hospital.
- WHO's support to surge capacity for the two designated CTCs in the North and Akkar governorates has reached a total of 148 nurses and doctors.
- As part of WHO support to MOPH for outbreak preparedness and response readiness, an assessment of the Human Resource capacity within the remaining CTCs is ongoing with the aim of estimating the need for nursing surge capacity should an outbreak occur in various high-risk regions.

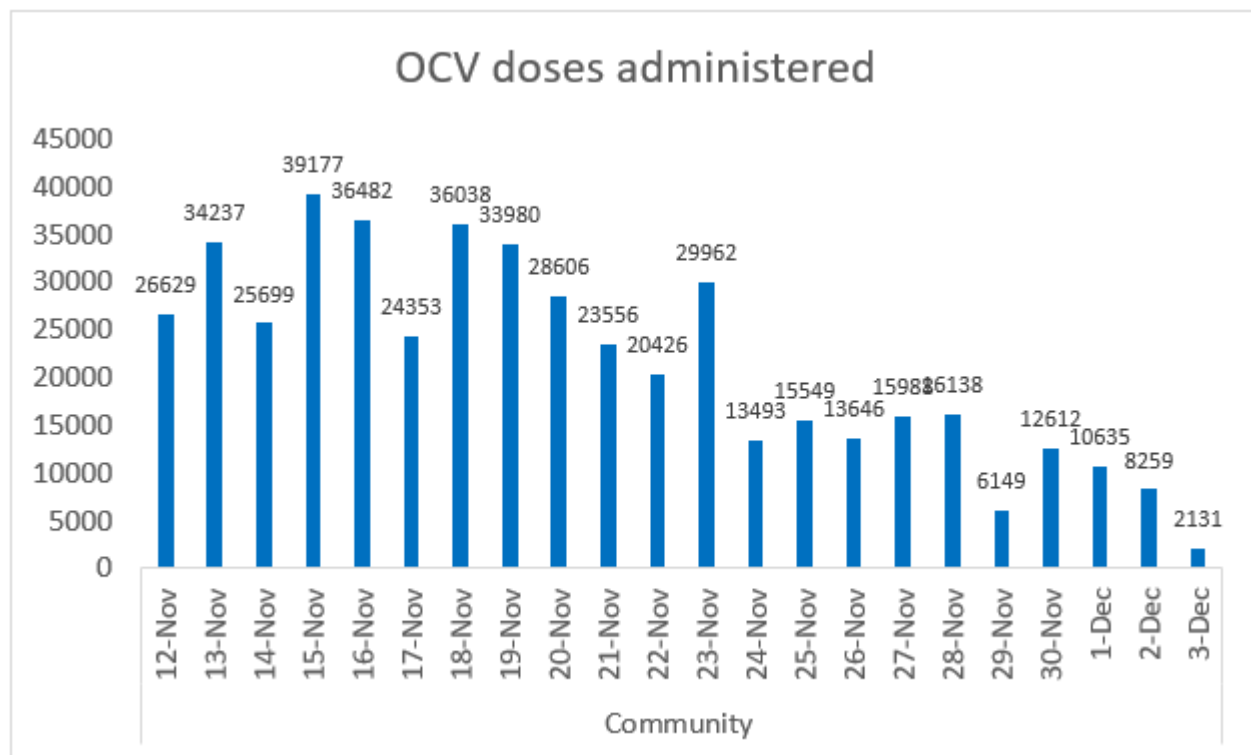
# CHOLERA OUTBREAK RESPONSE

## HEALTH *continued*

### Cholera Vaccine

- As of December 4th, the first phase of the OCV campaign was concluded after three weeks since its initiation and a total of 525,630 OCV doses have been administered, representing 80% of the target set for the first phase of the campaign. The remaining doses from phase 1 will be used in phase 2.
- The 6 districts that are so far targeted in this deployment are: Akkar, Minieh-Donniyeh, Tripoli, Baalback, Zahle, and West Bekaa.
- The operational cost of the first phase of the OCV campaign is fully covered by UNHCR through 4 NGOs, 250 field teams, 945 health and administrative staff, 82 educational institutions, and four prisons, reaching four governorates, six districts, 78 villages, two Palestinian camps, and more than 50,000 households. Other UN agencies and partners have also contributed to other campaign activities such as UNICEF and MSF.
- The ICG has approved the second MoPH request for an additional 1,803,600 OCV doses, and the first shipment, 901,800 Euvichol Plus doses, is expected to be received on Wednesday December 14.
- The second phase of the OCV campaign is expected to start on Saturday December 17th and is targeting: remaining cadasters in Akkar, all of Tripoli, all of Donniyeh, 53 new cadasters in Baalbeck in addition to the Wavel Palestinian camp, and 49 new cadasters in Zahle.

Figure 9: OCV doses administered for healthcare workers, prisons and during first door-to-door vaccination campaign.



### Risk Communication and Community Engagement(RCCE)

- Cholera Vaccine – Social Media Pack for the Phase 2 national cholera campaign.
- The OCV vaccination campaign documentation video will be published and presented during the press conference by the Minister of Public Health this Friday.
- A Child-Friendly video script on Cholera response targeting children is in its final stages.

## CHOLERA OUTBREAK RESPONSE



- The training for the six operational water quality monitoring laboratories (including RHUH) initiated on November 25 is ongoing and is expected to be completed by December 17, 2022.
- A WHO Regional mission to Lebanon took place on the 7th and 8th of December and provided technical support on cholera WASH-related issues. The main objectives of the mission were as follows:
  - o Meeting with the Health and WASH Sectors and partners active in the cholera response
  - o Outlining the role of WHO in the ongoing cholera response
  - o Overseeing the implementation of the existing overall Cholera/AWD preparedness and Response plan and the WHO response program.

## RESOURCES

- The immediate WHO response need is estimated at around USD 11.2 million for the next six months, with one additional million USD needed for the vaccination procurement, the additional amount attributed to the higher cost of the available vaccine (Sanchol).
- WHO has secured USD 2,245,420 from WHO's contingency funds, with an additional USD 1 million secured for the OCV doses under the CERF funding. In addition, WHO submitted a new proposal to Qatar Charity to request USD 1 million to cover the gap in funding. Repurposing funds from ECHO for Cholera response is under process for USD 1 million.

## CONSTRAINTS, CHALLENGES, PRIORITY NEEDS

- The outbreak is spreading, and the involvement of relevant line ministries remains insufficient.
- 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.
- Community engagement for readiness, preparedness and response remains suboptimal, and the role of the municipalities needs to be reinforced.
- It is critical to maintaining a stock of medical supplies and PPEs, should the scenario of Bebnine recur in other regions at high risk.
- 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.
- Donor fatigue and competing global priorities could limit access to sufficient funding to respond adequately to the current outbreak.

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

***Active current donors: EU, ECHO, Norway, Netherlands, Italian Cooperation, Italian Government, KFW/German Government, USAID, CDC, UHC- EU Lux- WHO, CERF.***