

LEBANON: CHOLERA OUTBREAK

Situation report #2

19 October 2022

KEY FIGURES*

*FIGURES UPDATED AS OF 17 OCTOBER

CONFIRMED CASES		DEATH	
NEW	CUMULATIVE	NEW	CUMULATIVE
46	89	1	3

UPDATES

- Lebanon is on its 14th day of the Cholera outbreak, which was declared around 6 weeks after the first Cholera case was observed in Syria
- A National Standing Inter-Ministerial Committee is established at the Prime Minister Office to support and facilitate the national response
- A National Standing Multidisciplinary Task Force, headed by the Minister of Public Health established at the MOPH to coordinate the response. The Task Force includes WHO, UN partners, and main Government senior officials related to the Health, WASH and RCCE response for Cholera
- Sewage and water specimens have also been collected from the Informal Tented Settlements (ITS) in Menieh-Doniyyeh, which tested positive for Vibrio Cholera
- MOPH, with the support of WHO and partners, has intensified efforts to enhance surveillance and investigate all alerts in a comprehensive systematic manner
- WHO initiated a series of capacity building trainings for a) hospitals around case management and for b) the designated labs for rapid confirmation of cases
- WHO has graded the overall risk of the Cholera outbreak in Lebanon to be very high at National level and high at regional level
- WHO is exploring the possibility of securing around 1 million Oral Cholera Vaccine (OCV) doses targeting the most vulnerable identified populations as part of the cholera response strategy.

SITUATION UPDATE

EPIDEMIOLOGY

- So far, cases have been reported from the different cadasters of Akkar, Menieh-Doniyyeh, Baalbeck and Keserwan
- A total of 89 cases have been confirmed, majority being from ITSs and their surrounding areas. Around 57% of cases are among children less than 15 years of age; around 69% of cases did not necessitate advanced hospital care
- A total of 6 cumulative deaths have been observed, three have been confirmed due to cholera infection.

Confirmed Cases

Figure 1: Epi Curve of confirmed cases

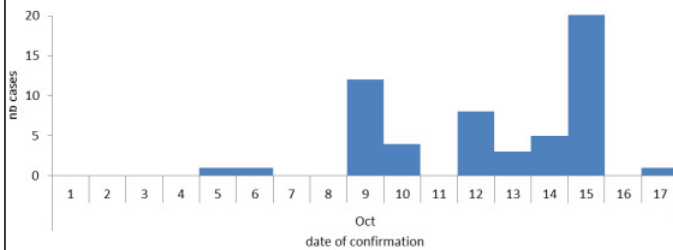


Figure 2: Map showing the distribution of cases

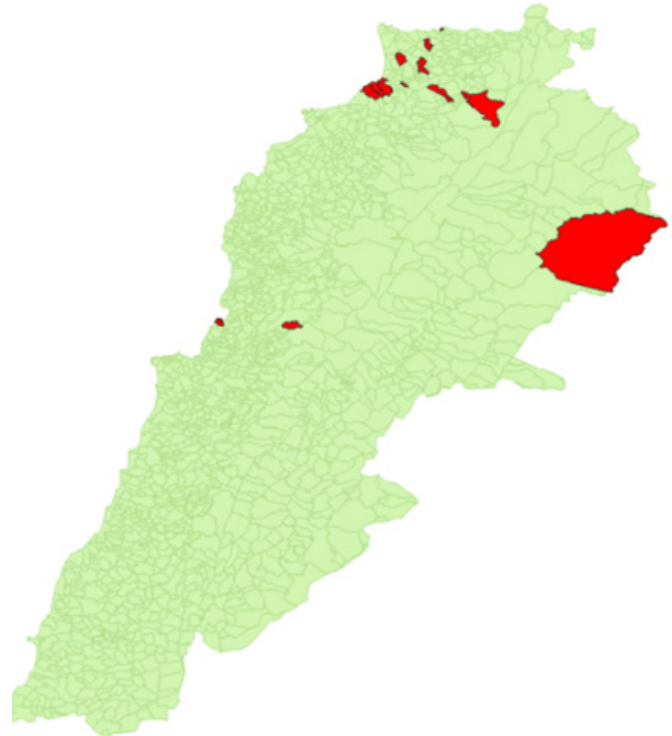


Figure 3: Distribution of confirmed cases by sex

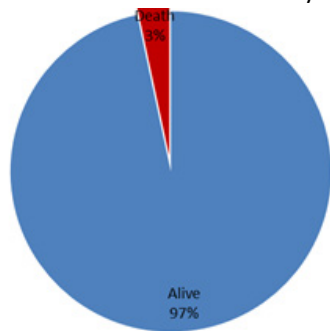


Figure 4: Distribution of confirmed cases by age groups

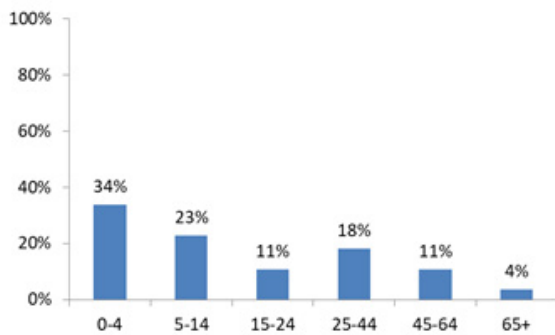


Figure 5: Distribution of confirmed cases by nationality

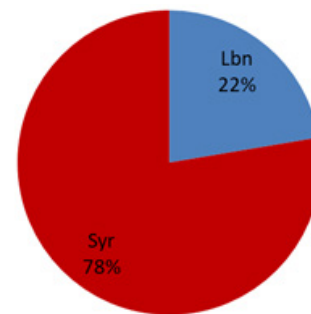


Figure 6: Distribution of confirmed cases by hospital admission

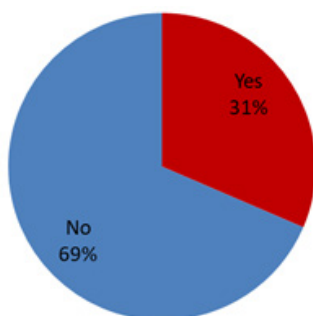
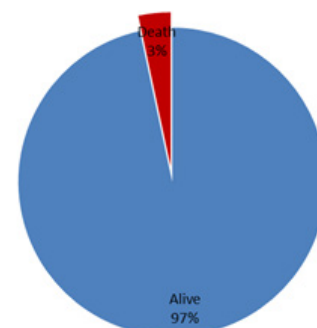


Figure 7: Distribution of confirmed cases by outcome



HEALTH

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

With the main support from WHO:

- Updated and disseminated to all concerned partners the following relevant information: case definitions for suspected and confirmed cases; SOPs for investigations, sample collection, and referral
- Ongoing field investigations in high-risk areas with active support from UNHCR
- ToT on surveillance and reporting was conducted for peripheral ESU staff. Another one was conducted for Quadaa physicians
- Rolling out of 28 similar training sessions was initiated over 5 consecutive days this week to hospitals, health facilities, medical centres, and NGOs at all levels
- Over 175 specimens were collected and sent to WHO Collaborating Centre and Reference Lab for confirmatory culture of *Vibrio Cholera*
- Environmental surveillance continues across the country; 3 water/sewage samples were confirmed to be positive for *V. Cholera*
- A total of 1,000 RDTs were procured and distributed to the Emergency Rooms of referral hospitals
- One referral laboratory is already operational (AUB WHO collaborating centre);
- 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.

In the pipeline

- 13,000 RDTs are expected to be delivered to the MOPH within the coming few days
- The process of upgrading the RHUH reference lab is ongoing and will be completed soon.

B. Case management and IPC

- MOPH identified initially 8 referral public hospitals across the country to be considered as Cholera Treatment Centres (CTCs)
- As of 18 October 2022, WHO had already conducted a rapid assessment of 7 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 to severe cases
- Clinical care guidelines and SOPs have been disseminated to referral hospitals, PHCs and other frontline health workers
- Procurement of the following has been completed and delivered as of 16 October 2022:
 - o 1 central reference medication kit for case management was delivered to each of the following hospitals: RHUH, Hermel, Halba, Dahr el Bachek, Machghara, Menieh, Tripoli, Hiram, Nabatiyeh, Ain w Zein, Dar Al Amal, LAU – Rizk
 - o 1 central reference kit for renewable supplies was delivered to each of the following hospitals: Halba, Menieh and Tripoli
 - o 1 peripheral reference kit for renewable supplies was delivered to each of the following hospitals: Hermel, Dahr El Bechek and Machghara
 - o 1 peripheral case management kit was delivered to each of the following prisons: Roumieh, Tripoli, Zahle
 - o 17 hospitals received RDT kits.

In the pipeline

- Additional Cholera medical and supplies kits
- Training of frontline health care workers on triage and case management both at hospital and PHC levels.

C. Risk Communication and Community Engagement (RCCE)

The RCCE working group (led by UNICEF and co-led by WHO, with partners participation) supported the following:

- A preparedness and response RCCE strategic plan integrated into the National Inter-Sectoral Plan;
- Awareness sessions were already initiated at Points of Entry and targeted various groups such as migrant workers, partners and CBOs, PHC staff in the most at risk areas.

In the pipeline

- o 2-pager flyer with information targeting various groups could be printed or shared through WhatsApp
- o A poster to be placed in key public places of the affected areas (clinics, schools, markets)
- o Leaflet with more detailed information for sectors, partners and frontline workers/volunteers (Arabic and English)
- o Social media package including 8 posts with visuals
- o An animation video for TV and social media
- o Translating IEC material into migrants' languages with support from IOM and other partners and will be shared with Embassies of countries of origin
- o A Q/A form for partners and media.

WASH

- WHO conducted a detailed assessment of the capacity of the 8 water quality monitoring labs established in 2016 at 8 Governmental Hospitals. 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 \$1,556,985 USD
- 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 current energy crisis is an important limitation for access to safe water and sanitation
- The country is witnessing a severe shortage of medical supplies and diagnostics, which increases the reliance on donor support
- There is a global high demand for cholera medical supplies, kits, and vaccines against which Lebanon is competing, which could delay procurement.

CONTACT INFORMATION

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