



# CHOLERA OUTBREAK IN LEBANON

## Situation Report #6

14 November 2022



**3369**

Suspected Cases



**536**

Confirmed Cases



**18**

Related Deaths



**0.5%**

CFR

## HIGHLIGHTS

*Figures updated as of 13 November 2022*

- Lebanon is on its 41st day of the Cholera outbreak, which was declared on the 6th of October 2022 by the MOPH.
- The outbreak has spread to the eight governorates and to 20 out of 26 cadasters. The cases are slowly increasing as the outbreak is spreading to new communities.
- No new reported deaths during this reporting period.
- Oral Cholera Vaccination campaign has been extended to host communities in six districts on Saturday 12 and Sunday 13 November 2022. The door-to-door campaign covered host communities and refugees living in Akkar, Minieh-Donniyeh, Tripoli, Baalback, Zahle, and West Bekaa. The campaign reached 60,866 residents with a single dose.
- WHO has submitted a CERF application to procure 915,790 doses of oral cholera vaccine to cover people living in the eight districts identified as hotspots.
- WHO continued the assessment visits to a selected number of designated peripheral laboratories in public hospitals on 8 November. Most of these labs have the capacity to test stool and water samples but are short on human resources.
- WHO continues its deployment of new nurses to the DTUs which has significantly enhanced the quality of care.
- Tripoli laboratory at the Lebanese University is a potential reference lab for cholera in the North, awaiting the final quality assurance process with Pasteur Institute. The lab has already received RDTs and will be supported by WHO.
- WHO presented in the second donor briefing on Friday 11 November an update on the situation and highlighted the most urgent needs for the Cholera Response.

## SITUATION UPDATE

### EPIDEMIOLOGY

- As of 13 November 2022, a total of 3,369 suspected cholera cases (out of which 536 are laboratory-confirmed) and 18 associated deaths (CFR 0.5%) were reported across the country.
  - Of these cases, 26% 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 18% are distributed in the higher age groups.
  - Overall, 98% of suspected and confirmed cases who presented to a health facility have exhibited symptoms.
  - Overall, 19% of suspected and confirmed cases have required hospitalization. Across the country, 56 beds at cholera treatment centers are currently occupied by cholera patients.

# SITUATION UPDATE

- All eight governorates have reported laboratory-confirmed cases while 20 out of the 26 Qada 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 below map).
- Across Akkar, there are 40 affected cadasters including Bebnine which has registered 136 laboratory-confirmed cases since the start of the outbreak.

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

Figure 1: Epi Curve (suspected and confirmed cases)

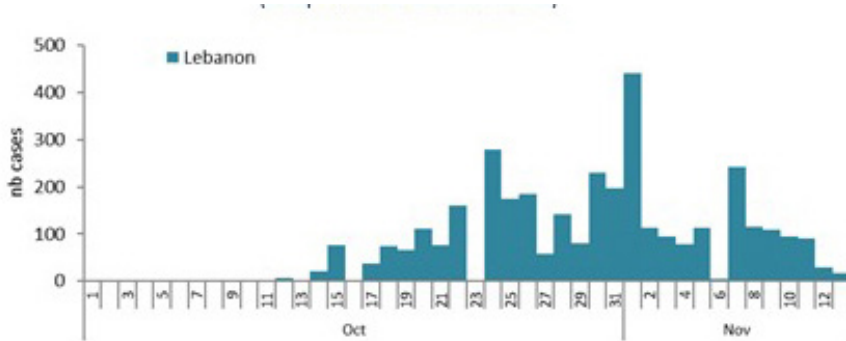


Figure 2: Map showing the distribution (confirmed cases)



Figure 3: Distribution of cholera cases by sex (suspected and confirmed cases)

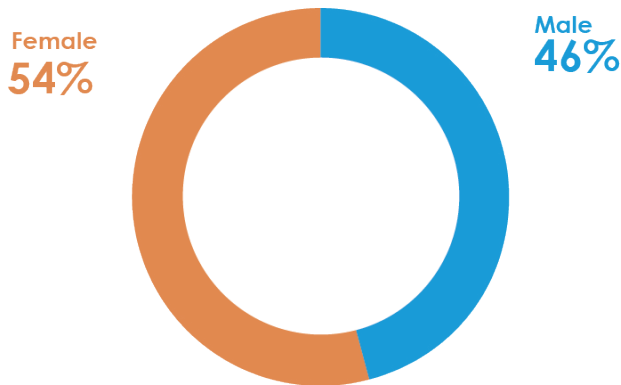


Figure 4: Distribution of cholera cases by age groups (suspected and confirmed cases)

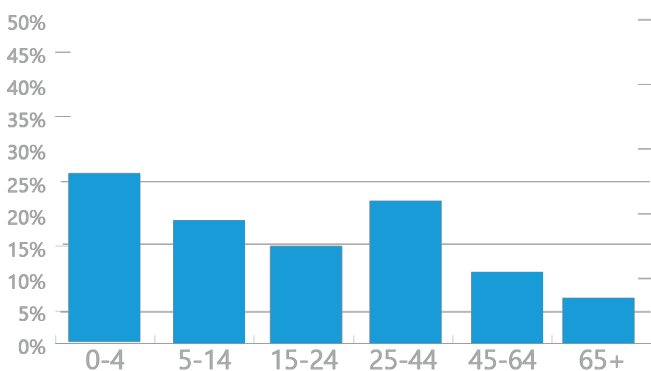
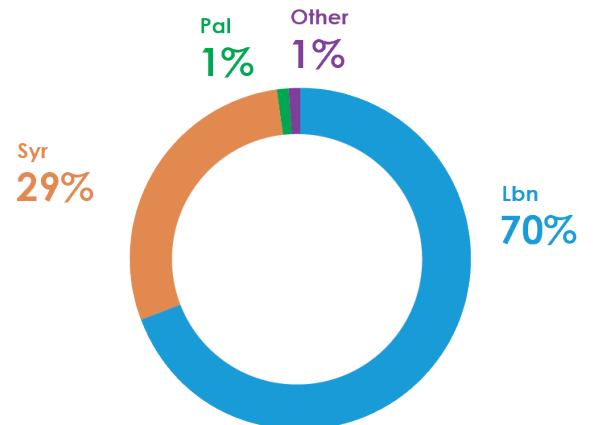


Figure 5: Distribution of cholera cases by nationality (suspected and confirmed cases)



# CHOLERA OUTBREAK RESPONSE

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

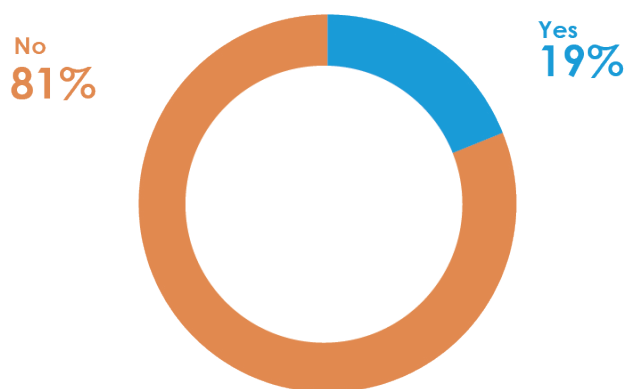
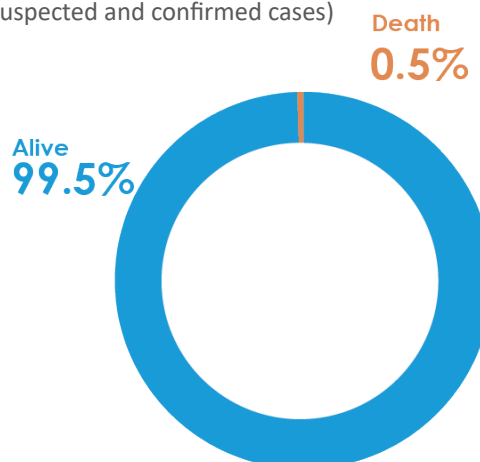


Figure 7: Distribution of cholera cases by outcome (suspected and confirmed cases)



## MAIN HIGHLIGHTS



### HEALTH

#### Coordination and Leadership

- National multisectoral cholera task force led by the MOPH is operational and continues to meet twice a week. All sectors both government and other partners are well represented.
- WHO is actively contributing to the weekly Inter-Sectoral situation report for cholera, prepared and disseminated by OCHA with the contribution of all relevant sectors.
- The Joint National Health Sector Working Group, co-chaired by WHO and UNHCR, continues to meet twice a month to discuss the cholera response and ensure proper coordination between all health actors. During the latest meeting done on Friday 11 November, the PHC department at the MOPH introduced the centers that will be considered as CTUs and the modality of the service delivery.
- WHO together with UNDP, UNHCR, OCHA, and DRM representatives discussed ways to reactivate and operationalize the subnational coordination mechanism at the governate level.
- WHO presented during the second donor briefing on Friday 11 November, along with other UN sister agencies, an update on the situation and highlighted the most urgent needs for the Cholera Response. Donors reiterated the need to intensify community mobilization awareness raising and chlorination at the household level.
- In preparation for the RRT trainings, WHO conducted a meeting with the PHEOC team and UNHCR to agree on the training modality, content, and dates for the trainings. The RRTs will be deployed to all cadasters to support the response to cholera alerts from the field.

#### Surveillance and Lab Capacity

- WHO supported the MOPH Taskforce on laboratories in finalizing the testing strategy and related SOPs.
- Following last week's visit to Akkar, the WHO team together with the ESU surveillance team conducted a field visit to Baalback and Zahle governmental hospitals to assess and improve the cholera surveillance and reporting at the level of the health facilities. The team provided technical support to strengthen the use of proper case definitions in addition to ensuring adequate timely linkages to case management.
- WHO team has also conducted a visit to the RRTs under ESU deployment and followed up on the process of alert receipt, investigation, referral, response, and overall reporting channels.

# CHOLERA OUTBREAK RESPONSE

## HEALTH *continued*

### Surveillance and Lab Capacity

WHO continues to recommend the use of standardized case definitions, unified line lists, and proper use of RDTs and testing strategies.

- Preliminary results of antibiotics sensitivity and sequencing have been discussed and samples were sent to the Pasteur Institute and CDC to determine the origin of the strains currently circulating in Lebanon, as well as the antimicrobial sensitivity.
- WHO delivered 500 RDTs to MOPH with an additional 5,500 in the pipeline.
- WHO received 2,000 Cary Blair for cholera culture on Thursday 10 November, which will be distributed to hospitals and the Surveillance team at MOPH this coming week.
- As part of WHO's contingency planning to ensure continuous support for case management, additional cholera drug, and supply kits will be arriving in the coming days. Additionally, as a contingency for 5,000 patients, WHO is finalizing the procurement of additional medical supplies from the local market.
- With WHO support, all six laboratories in governmental hospitals (Halba, Tripoli, Nabatieh, Saida, Baalbeck, and Zahle) will be trained in the week of 14 November for proper cholera testing by the Laboratories Taskforce.
- So far, 981 samples were sent to AUB-WHO collaborating center and RHUH for confirmation. Out of those, 280 stool samples and 99 water sewage samples were positive.

### Case Management and IPC

- 
- In addition to the 12 hospitals already assessed to be considered as DTUs, WHO assessed two additional hospitals, Baalbeck and Zahle Governmental Hospitals. In terms of capacity, Zahle can repurpose the COVID-19 ward to become a DTU and Baalbeck has a unit of 36 beds that could be expanded. Both hospitals require partners' support to be operational in case needed to be considered as referral hospitals. Support includes the procurement of needed equipment and beds, additional staffing support, capacity building for existing staff on case management and IPC, and solid and wastewater management. For both hospitals, the wastewater is not treated however, for Zahle specifically, the hospital water is treated but not tested frequently.
  - In the pipeline, two additional hospitals will be assessed alongside different PHCCs to be considered as DTUs.
  - The initial five days of training and coaching on cholera case management were completed in each of Menniyeh Governmental Hospital, Tripoli Governmental Hospital, Bebnine Field Hospital, and Halba Governmental Hospital. These teams are fully supported by WHO and provide technical guidance on IPC and clinical care in addition to conducting direct coaching and monitoring of the quality and adequacy of the care. This project is jointly led by the MOPH and WHO. Follow-up trainings are planned once per week for the next three to five weeks.

### Cholera Vaccine

- 
- On November 12th, MOPH Lebanon started the mass vaccination campaign for the newly arrived 600,000 doses of Euvichol Plus (OCV) approved by the ICG on 8 November 2022.
  - Over the course of two days (12 and 13 November), the MOPH has already administered 60,866 OCV doses representing more than 10% of the overall doses already deployed by the ICG.
  - On day one, a total of 26,629 doses were administered across six districts representing 74.28% of the overall target for that day.
  - On day two, a total of 34,237 doses were administered across six districts representing 92.78% of the overall target for that day.

# CHOLERA OUTBREAK RESPONSE

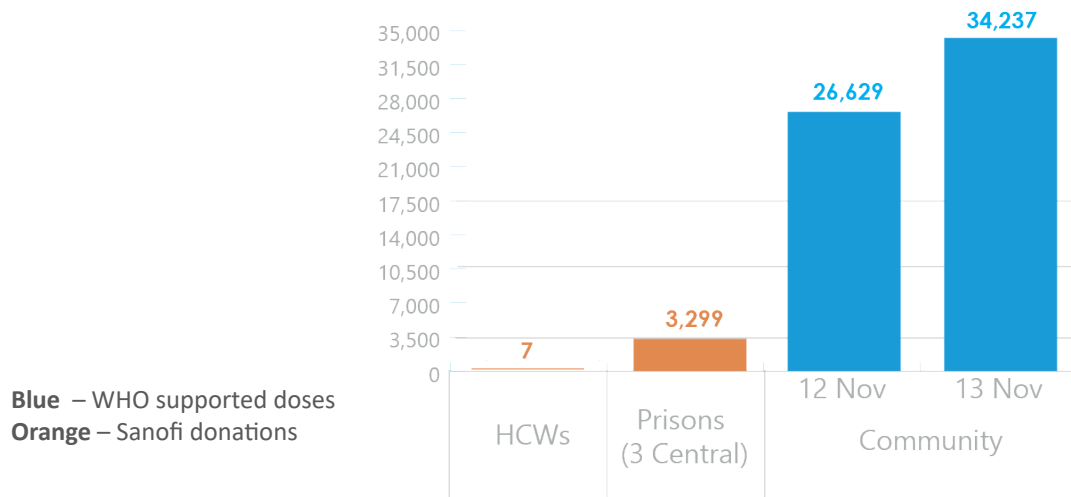
## MAIN HIGHLIGHTS

### HEALTH *continued*

- The six districts that are so far targeted in this deployment are: Akkar, Minieh-Donniyeh, Tripoli, Baalback, Zahle, and West Bekaa.
- 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 19 districts at national level.
- WHO has submitted a CERF application to procure 915,790 doses of oral cholera vaccine (out of two million doses planned by MOPH) to ensure coverage among people living in the eight districts identified as hotspots with a single-dose campaign of OCV in order to reduce morbidity and mortality and stop further transmission of the outbreak, to reach at least 90% of the targeted population for the first dose. This CERF support will help target the districts of Baalbek, Chouf, Hermel, Minieh-Donnieh, Saida, Tripoli, West Bekaa, and Zgharta.

### Cholera Vaccine

Figure 8: OCV doses administered for healthcare workers, prisons and during first door-to-door vaccination campaign



### Risk Communication and Community Engagement(RCCE)

- WHO supported the development of cholera vaccine materials 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 will be disseminated this week on all stations. This was prepared with support from WHO and in consultation with the MOPH team.
- A video showcasing the WHO response to the Cholera outbreak is under preparation and should be finalized by the end of the week.

## CHOLERA OUTBREAK RESPONSE



- Preparations for the training of the five operational water quality monitoring laboratories are initiated, training is expected to be completed by 25 November 2022.
- WHO has procured reagents and other supplies to these water quality monitoring labs sufficient for each lab to perform around 150 tests per month for a duration of six months. The supplies and reagents will be delivered during the trainings.
- WHO will undertake a rapid needs assessment of the Lebanese Agricultural Research Institute (LARI) laboratory, Fanar station, this coming Wednesday 16 November, with an aim to understand the challenges faced, assess the lab capacity, and strengthen its capacity to undertake water analysis for *Vibrio cholera* for possible support of the laboratory.

## RESOURCES

- The immediate WHO response need is estimated at around USD 10.2 million for the next six months.
- WHO has so far repurposed some of the existing funds originally planned for COVID-19, in order to support the implementation of critical cholera response activities. This is done in close consultation with the main donors to WHO in Lebanon.
- WHO has secured USD 1.7 million from WHO's contingency funds, with an additional USD 1 million in the pipeline under the CERF funding.

## CONSTRAINTS, CHALLENGES, PRIORITY NEEDS

- The outbreak is spreading and the involvement of relevant line ministries remains insufficient.
- Sub-national coordination and rapid activation of all DRM suboffices remains an area in need of further strengthening.
- Community engagement for readiness, preparedness, and response remains suboptimal, and the role of the municipalities needs to be reinforced
- There is a need to rapidly activate and support the rapid response teams at the field level and empower the Qada health units for more active engagement in the response coordination.
- It is critical to maintain 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 community and household level is imperative.
- All partners are encouraged to engage in Cholera awareness-raising campaigns in order to strengthen the response.
- Donor fatigue and competing global priorities could limit access to sufficient funding to respond adequately to the current outbreak.