



CHOLERA OUTBREAK IN LEBANON

Situation Report #9

06 December 2022



4827
Suspected Cases



652
Confirmed Cases



22
Related Deaths



0.45%
CFR

HIGHLIGHTS

Figures updated as of 05 December 2022

- Lebanon is on its 61st day of the Cholera outbreak, which was declared on the 6 October 2022 by the MOPH
- Two new deaths were registered during this reporting period. CFR is 0.45%
- WHO continues its deployment of new nurses and infectious diseases specialists to the DTUs, which has significantly enhanced the quality of care.
- Oral Cholera Vaccination door-to-door campaign covered host communities and refugees living in Akkar, Minieh-Donniyeh, Tripoli, Baalback, Zahle, and West Bekaa. As of 3 December, the campaign reached 479,688 residents with a single dose.
- Lebanon was approved for an additional 1,803,600 OCV doses from the ICG
- WHO submitted a new proposal to the Contingency Fund for Emergencies (CFE) to procure additional doses of the OCV vaccines.

SITUATION UPDATE

EPIDEMIOLOGY

- As of 5 December 2022, a total of 4,827 suspected cholera cases (out of which 652 are laboratory-confirmed) and 22 associated deaths (CFR 0.45%) were reported across the country.
 - Of these cases, 25% are under 5 years of age, 19% are in the age group 5 to 14 years, 15% are in the age group 15 to 24, 22% are in the age group 25 to 44, and the remaining 19% 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 25 beds at cholera treatment centers are currently occupied with cholera patients.
- Among the 20 out of the 26 districts at 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 158 laboratory-confirmed cases since the start of the outbreak.
- So far, 1,228 samples were sent to the reference labs (AUB-CC and RHUH) for confirmation. Out of those, 303 out of 778 stool samples and 146 out of 450 water sewage samples turned out positive for Cholera.

SITUATION UPDATE

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

Figure 1: Epi Curve (suspected and confirmed cases)

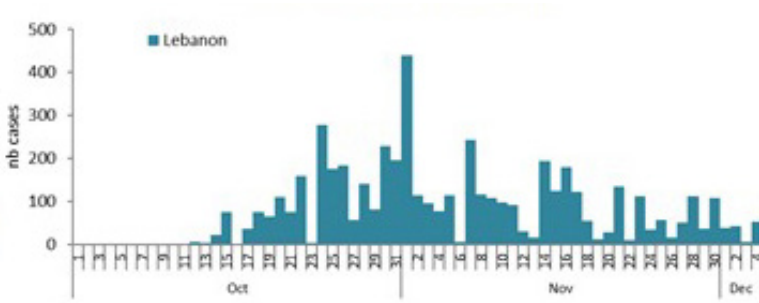


Figure 2: Distribution of cholera cases by age groups (suspected and confirmed cases)

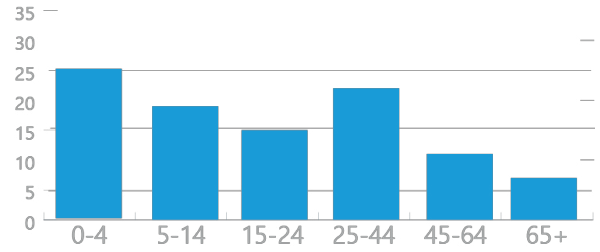


Figure 3: Map showing cumulative attack rate per district (/100,000) (suspected and confirmed)

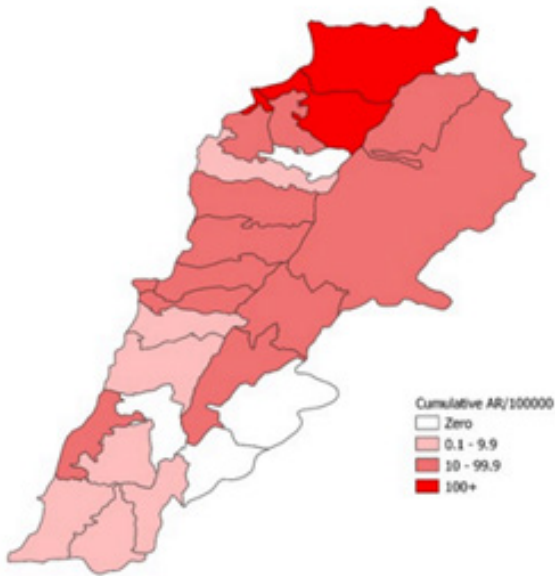


Figure 4: Map showing the distribution (confirmed cases)



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

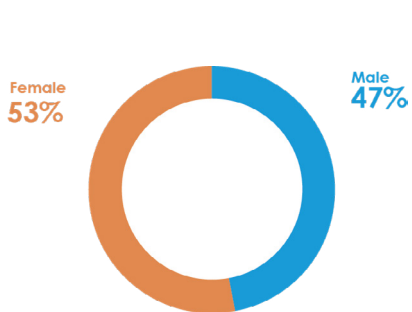


Figure 6: Distribution of cholera cases by nationality (suspected and confirmed cases)

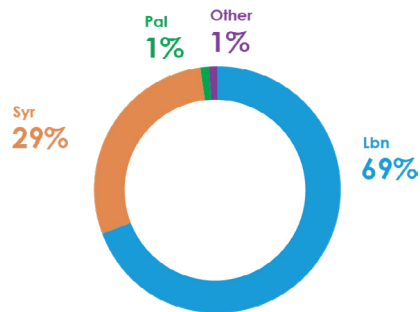


Figure 7: Distribution of cholera cases by hospital admission (suspected and confirmed cases)

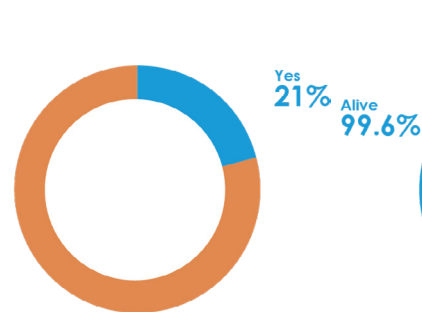
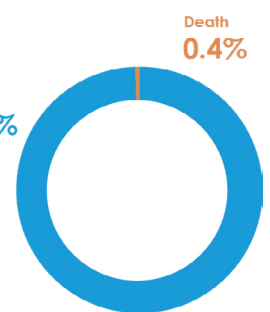


Figure 8: Distribution of cholera cases by outcome (suspected and confirmed cases)



CHOLERA OUTBREAK RESPONSE

MAIN HIGHLIGHTS



HEALTH

Coordination and Leadership

- The next Cholera ad-hoc Joint National Health Sector Working Group will be taking place virtually this Friday, December 9th, 2022, to give an overview of the general response and situation update and ensure proper coordination between all health actors. The minutes of the meeting and presentation can be found [here](#).
- WHO is supporting the MoPH Public Health Emergency Operations Centre (PHEOC) with additional surge capacity. Five Rapid Response Officers were recruited in hot spots to liaise with the RRT teams and relevant health authorities in order to facilitate the response implementation at Qada level. In addition, they will be conducting field visits to the supported hospitals to identify the main gaps and needs to be addressed. Their role extends to ensuring timely information dissemination on alerts in close coordination with the surveillance teams. Additionally, a data analyst was recruited to analyze public health information using quantitative, and qualitative methods and improve health programs' effectiveness using data-driven insights; and a health facility trainer was recruited to develop public health emergency plans, health policies and procedures that facilitate compliance and emergency response plan).
- Furthermore, WHO is supporting the Governorates and Qadaa physicians based in cholera hot spot areas through supplementing their transportation expenses.

Surveillance and Lab Capacity

- Specimens received at Pasteur Institute are processed for strain genotype and antibiotic sensitivity with results expected this week.
- The 2,000 Cary Blair for cholera culture procured by WHO and received on Thursday 10 November are progressively distributed to the supported labs. WHO has supported the AUB-Collaborating Center and the RHUH Laboratory to test 1,141 samples of which 440 samples came back positive so far.

Case Management and IPC

- The assessment of PHCs to be considered DTUs was initiated on the 24 November and is still ongoing. In the North, El Rama PHC in Tripoli was recently opened and is well-equipped, thus part of the center will be dedicated as a CTU. In Bekaa, two additional PHCCs were assessed. Hariri PHC in Taanayel, although spacious with the potential to be considered as a CTU, the center requires support in terms of equipment, WASH... The second PHC assessed was in Saadneyel. It was found to be inadequate as a CTU in addition to resistance from the center director. A new PHC building is currently under construction but will require 3-4 months to be ready in addition to the needed staffing capacity.
- WHO concluded its assessment of hospitals; Hiram Hospital in Tyr was assessed lastly. The hospital has a dedicated unit with 12 beds and 1 ICU. Further guidance on the patient flow and how to organize the triage and stabilization areas. Nurses were trained on proper IPC measures and the hospital prepared a complete protocol for case management. Gaps in training remain.

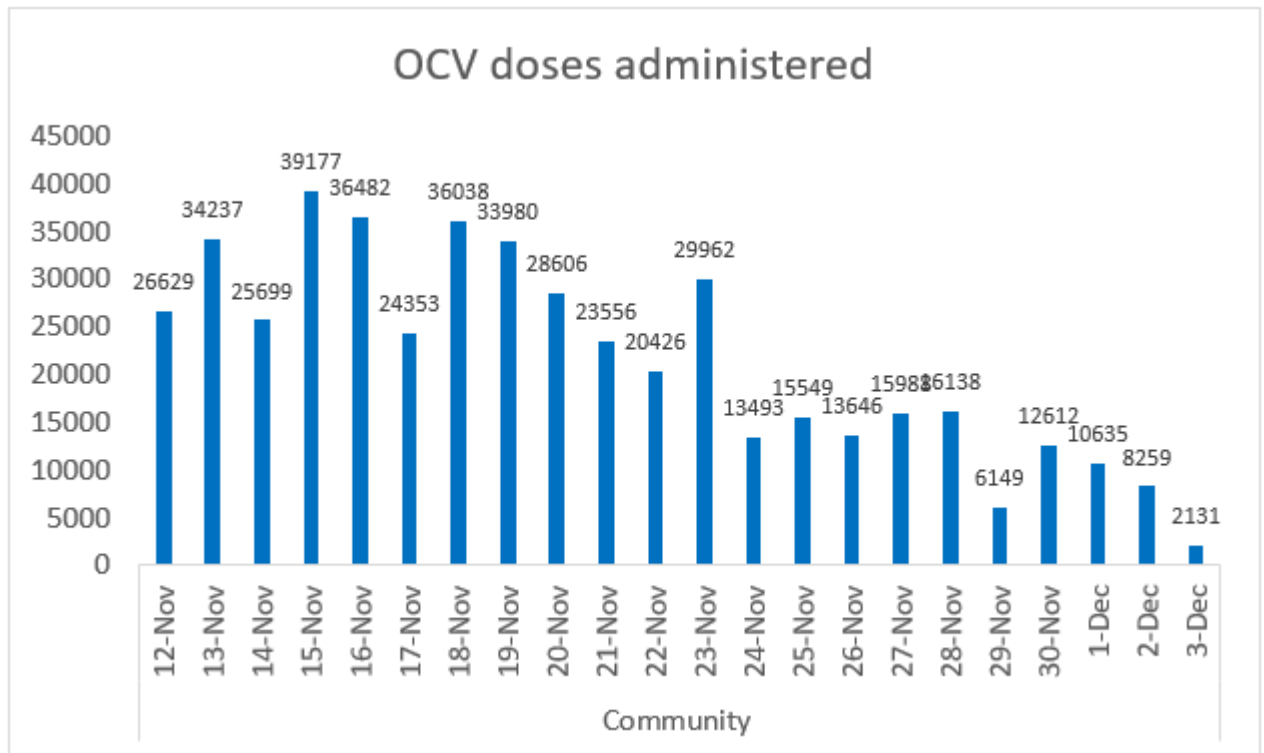
CHOLERA OUTBREAK RESPONSE

HEALTH *continued*

Cholera Vaccine

- As of 4 December, and within the third week of the national Cholera vaccination campaign initiation, a total of 479,582 OCV doses have been administered representing 80% of the target set for the first phase of the campaign.
- The six districts that are so far targeted in this deployment are: Akkar, Minieh-Donniyeh, Tripoli, Baalback, Zahle, and West Bekaa.
- This campaign has so far gathered the support of four 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. The ICG has approved the MOPH's request for an additional 1,803,600 OCV doses. Lebanon is expected to receive this allocation in batches, the first of which are 901,800 doses of the Eucivhol Plus type in the next two weeks.

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



Risk Communication and Community Engagement (RCCE)

- Billboards are up since 1 December 2022, on the hot spots areas in locations in Beirut, Bekaa, and Tripoli to boost Cholera preventive messages to the general audience with an emphasis. For now, 20 unipoles, walls, and bridges at the entrances of the big cities with few 4x3 inside the cities have been secure. This is done with the assistance of UNICEF field staff and in coordination with MOPH.
- Preparation is ongoing for Phase 2 of the national cholera campaign. Challenges will be addressed to tailor messages accordingly.
- A child-friendly video script on cholera response targeting children is being prepared now and will be ready by next week.

CHOLERA OUTBREAK RESPONSE



- The training for the five operational water quality monitoring laboratories initiated on 25 November is ongoing and is expected to be completed by 7 December 2022.
- A WHO Regional mission to Lebanon will take place on the 7th and 8th of December to provide technical support on cholera WASH-related issues. The main objectives of the mission are 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 6 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 1.7 million 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 CFE proposal to request USD 545,420 to cover the gap in funding.

CONSTRAINTS, CHALLENGES, PRIORITY NEEDS

- The outbreak is spreading and the involvement of relevant line ministries remains insufficient.
- The PHEOC at the MOPH remains understaffed. Urgent deployment is needed to be finalized at the MOPH level to improve sub-national coordination and all DRM suboffices strengthening.
- 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 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 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.

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.