

HEALTH BRIEF

19 April - 03 May 2024

Emergency Readiness and Response

Situation overview

- The escalation of violence along the border between Hezbollah and Israel has intensified recently, resulting in increased civilian casualties and damage to homes and other properties.
- The recent retaliatory attacks on Israel and Iran may have led to an increase in the intensity of cross-border clashes between Israel and Hezbollah.



1 403
People wounded



out of which
348
People killed

- Increase in the # of casualties by 5.15% and # of fatalities by 1.75% since 18 April 2024. *Source: MoPH Lebanon.*



93 040
People displaced



1 557
staying in 18 temporary shelters

IOM data as of 30 April 2024

- Violence clashes along the border between Lebanon and Israel have intensified during this reporting period.
- 1.03% percent increase since 9 April 2024.
- 1.5% increase in people staying in temporary collective shelters.
- 355 cadasters hosting IDPs who will relocate to self-arranged accommodations.
- Since the beginning of hostilities across the Southern border, 9 attacks have been recorded targeting health care workers resulting in the death of 16 paramedics.

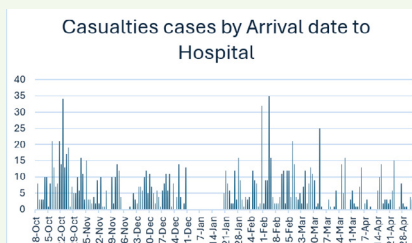


16
Health workers targeted



4 801
PSU consultations

- Six PHCCs are still closed in the South: 3 in Bent Jbeil and 3 in Marjeoun.
- Health facilities that remained open in the areas with increased hostilities have reported very low consultations, and healthcare workers are reporting increased difficulties arriving at their duty stations.
- PSU (PHC Satellite Unit) continues to provide services to displaced populations including providing integrated primary healthcare, including childhood vaccination, reproductive health consultations, awareness sessions, and psychological support.
- Referral hospitals continue to offer mass casualty management to injured individuals, and all hospitals are at their highest preparedness and readiness levels.
- Despite the insecurity in southern Lebanon, MoPH and Health partners continue to provide vital health services to the displaced people.
- WHO is deeply concerned about the rising attacks on health workers and facilities in Lebanon and it advocates for the protection of civilians and health workers.



Health needs and response

- Public Health Emergency Operation Center** set up by MoPH with WHO's support, remains staffed and operational.
- WHO and MoPH training health workers in hospital readiness for mass casualty management with Module 1 completed for 125 hospitals reaching 3,092 trainees; Module 2 on Mass Casualty Management completed for 118 hospitals reaching 571 trainees, and Module 3 on Management of psychiatric emergencies and basic psychosocial support skills is completed with a total of 1,885 frontliners (160 Doctors trained in 58 hospitals and 1,725 nurses trained in 108 hospitals) have been trained with WHO direct support so far.
- Mass casualty management** training for high-risk, medium-risk, and low-risk zones - completed with 118 hospitals reached (571 trainees) of which 15 hospitals started drafting or updating their MCM plans which will be followed by activation drills.
- The PHC network has seen an increase in the number of patients with acute or chronic illnesses who are demanding continuity of services, including medications for chronic diseases.
- Maintaining a strong surveillance system to detect potential disease outbreaks - no suspected or confirmed disease outbreak in the South or with displaced population was reported.
- Other sectors have been actively responding to ongoing emergencies and assisting displaced individuals, such as shelter, food, nutrition, WASH, and protection.
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Gaps and priorities

- In light of the escalating clashes, the WHO requires approximately USD 12 million to maintain its emergency preparedness and response in Lebanon.
- Maintain stronger national and subnational coordination mechanisms for emergency preparedness and response through the PHEOC and Health Sector Coordination mechanism.
- Improve the mass casualty and emergency care management capacities among frontline health workers through training and mentoring.
- Continued advocacy for protection and respect of health care at all times.
- Continued support for urgent basic health needs access including medications, especially among the internally displaced.
- Continued support for communicable diseases surveillance, early detection of outbreaks, and awareness among displaced population and in the assigned shelters, ex: respiratory diseases (Flu, COVID, RSV), lice and scabies, and waterborne diseases.

Epidemiology situation - Based on Moph data

COVID-19 Updates during the reporting period



107

New cases

1 252 095

Cumulative cases



0

New deaths

11 001

Cumulative deaths

A. Acute Respiratory Infections

- Globally, there have been increased detections of A(H5N1) viruses in non-avian species including wild and domestic terrestrial and marine mammals and, more recently in goats and dairy cattle in the United States of America. On 24th April 2024, WHO, FAO and WOAHP published a joint risk assessment focusing on A(H5N1) viruses. Based on available information, WHO assesses the current overall public health risk posed by A(H5N1) to be low, and for those with exposure to infected birds or animals or contaminated environments, the risk of infection is considered low-to-moderate.
- On 9 April 2024, the WHO was notified about a case of human infection with an influenza A(H9N2) virus in Viet Nam by the IHR National Focal Point. Case investigation identified that the case lives near a poultry market, where poultry trade occurs daily in front of his house. No reports of new cases with respiratory symptoms among contacts of the case or outbreaks in the community where the case resides. Based on available information, WHO assesses the risk to the general population posed by this virus as low.

1- COVID-19

- While no longer classified as a public health emergency, COVID-19 remains a persistent public health concern requiring ongoing monitoring.
- The latest figures available globally show the number of new cases decreased by 11% during the past 28-day period of 4-31 March 2024 compared to the previous 28-day period (5 February to 3 March 2024), with over two hundred and seven-five thousand new cases reported. The number of new deaths decreased by 41% as compared to the previous 28-day period, with over 4,200 new fatalities reported. As of 31 March 2024, over 774 million confirmed cases and more than seven million deaths have been reported globally.
- In Lebanon, a total of 107 new COVID-19 cases with no associated death were reported during this reporting period.
- The positivity rate remains stable at 3.8%, with a case fatality ratio standing at 0.88. In the past two weeks, the ICU COVID-19 occupancy rate at referral hospitals was 3%.
- As of 24 April 2024, Lebanon has registered a total of 1,252,095 COVID-19 cases and 11,001 deaths since the start of the pandemic.

2- Integration of seasonal influenza and other respiratory disease surveillance

- With the support of WHO, MoPH continued to monitor the circulation of seasonal influenza viruses and other respiratory viruses. Based on the data obtained from the

National Influenza Center (NIC) for Epi-weeks 13-16:

- A total of 163 specimens from suspected SARI and ILI cases were tested of which 24 specimens were positive for seasonal influenza virus, with influenza B (Victoria) being the single influenza subtype identified.
- Eleven specimens were positive for SARS-CoV-2 virus.
- Specimens taken from children are being stored to be tested for RSV at a later time.
- Most positive influenza cases were observed in the 6 to 15 years age group (42%), followed by the 16 to 50 years age group (29%), and the 0 to 5 years age group (17%).
- Preparation with the MoPH has been initiated for the next Influenza season, mainly with the Partnership for Influenza Vaccine Introduction (PIVI) support to Lebanon.

B. Food and Waterborne Diseases

1- Cholera/Acute Watery Diarrhea

- During this reporting period, 6 suspected cholera cases were identified. Among these cases, 4 were reported by 2 sentinel sites (MSF Aarsal and Iman Souhi Aarsal), while Bekaa hospital reported the remaining 2 cases. Samples were collected and sent to AUB for culture testing, which yielded negative results for cholera.
- The surveillance team continues to closely monitor the AWD/ cholera cases in Aarsal and Bekaa with high vigilance and will be sending water samples for testing to further investigate the situation.
- Cholera remains a significant public health concern and MoPH together with WHO and other partners are enhancing cholera prevention and control measures in Lebanon while leveraging the lessons learned from the last cholera outbreak.

2- Hepatitis A

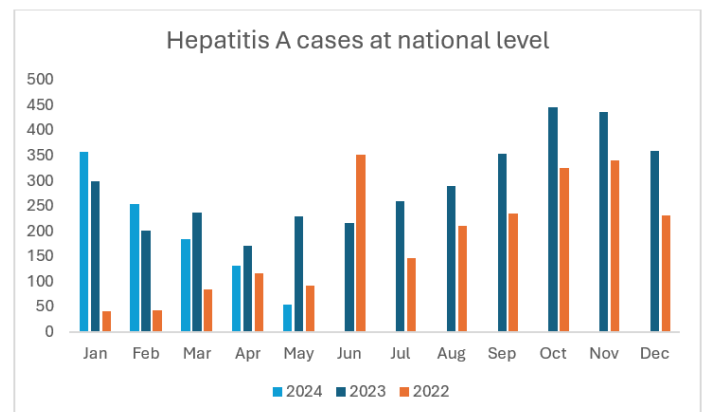


Figure 1: Number of suspected Hepatitis A cases by month for past 3 years

- During this reporting period, a total of 129 new suspected hepatitis A cases were reported across the country.

These new cases were identified in North (50), Bekaa (66), Mount Lebanon (3), South (5), Nabatieh (1), Beirut (3) and unknown (1).

- Specifically, clusters of Hepatitis A cases were reported in Kamed Lawz area (West Bekaa), as well as in Akkar and Koura (North). Surveillance teams are investigating the situation, and water samples were collected from networks and wells for testing. Among these samples, 3 out of 5 samples from Kamed Lawz area were non-conforming, and 3 samples taken from wells in Koura were also non-conforming.
- Coordination is ongoing between the surveillance and WASH sectors to ensure suspected cases of water-borne diseases are detected and appropriate WASH interventions are implemented.
- Since the start of 2024, a total of 983 suspected Hepatitis A cases have been reported from health facilities across the country. Among the cases reported, 31.4% are between 10-19 years old, followed by 29.5% among 20-39 years old, and 26.2% among 5-9 years old.
- The reported suspected Hepatitis A cases were distributed in North (514), Beqaa (234), Mount Lebanon (110), South (64), Nabatieh (32), Beirut (16), and unknown (13). There were no active clusters of hepatitis A cases recorded among displaced populations in the South.

C. Vaccine-preventable diseases

- Vaccine-preventable diseases (VPDs) remain a priority by the MoPH and WHO to ensure high coverage and completeness of routine immunizations, according to the national calendar for all children under 5 to avoid any potential outbreak of VPDs. This activity is mainly supported by GAVI.
- As part of WHO support to the NITAG committee in Lebanon, a regional expert is already providing to the working group technical advice to complete the preparatory work necessary for introducing Human papillomavirus vaccines (HPV) in the national calendar of vaccination. In parallel, initial discussions are started to explore support from Gavi for HPV vaccine introduction at national level.

1- Measles

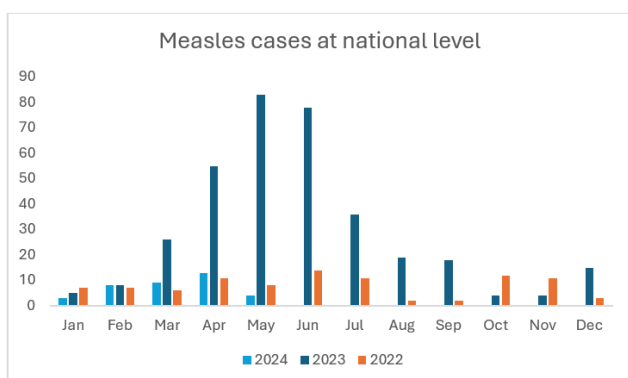


Figure 2: Number of suspected measles cases by month for past 3 years

- During this reporting period, a total of 7 new suspected measles cases were reported from Baalbeck-Hermel (3), Mt Lebanon (1), North (1), South (1) and Unspecified (1).

The new suspected cases affected various age groups, and all cases were unvaccinated.

- Since the start of 2024, a total of 37 suspected measles cases have been reported at the national level, indicating a decrease compared to the number of cases observed in the previous year. Among these cases, 7 cases were lab-confirmed.
- Baalbeck-Hermel district has the highest measles attack rate, while the most affected age group was under 5 years.
- There were no active clusters of measles cases recorded among displaced populations in the South.
- Overall, 36 out of 37 measles cases reported were zero-dose children, which means those children had not taken a single dose of measles-containing vaccines throughout their life course.

2- Poliovirus

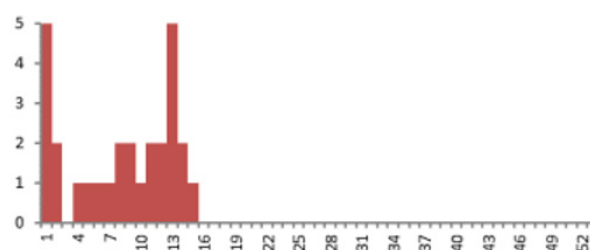


Figure 3: AFP cases by epidemiological week of onset

- During this reporting period, 3 new suspected AFP cases were detected through active case finding and reported for further investigation. These new cases were identified in Mount-Lebanon (1), Akkar (1) and North (1), aged 5-9 years (3), and vaccinated.
- Since the start of 2024, the national surveillance system was able to detect 28 suspected AFP cases. All reported AFP cases had received at least one dose of a polio-containing vaccine.
- Out of 28 reported AFP cases, 24 were Lebanese and 4 were Syrian.
- Lebanon is now fully verified to deploy nOPV2 in case of cVDPV2 detection.

D. Other Communicable Diseases

1- Monkeypox

- While Mpox no longer constitutes a global public health emergency, it continues to pose a significant threat to the health of individuals and high-risk populations.
- Globally, there are 95,226 confirmed Mpox cases, and 185 associated deaths, from 117 countries reporting cases. In the EMR, there are so far 95 confirmed cases and 1 death (as of 31 March 2024).
- Since the first case was detected on the 14th of June 2022, the MoPH in Lebanon has detected and reported 27 laboratory-confirmed cases of Mpox. No new Mpox case was detected or reported from Lebanon since January 2023.

2- Meningitis

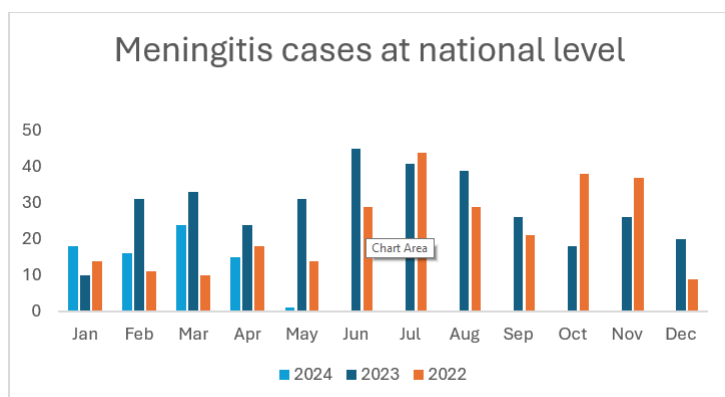


Figure 4: Number of suspected meningitis cases by month for past 3 years

- During this reporting period, 11 new suspected cases of meningitis were reported due to viral agents (3) and unspecified (8), located in Mount Lebanon (4), South (3), Bekaa (2), Beirut (1) and North (1).
- Since the start of 2024, a total of 74 suspected meningitis cases with 11 associated deaths were reported across the country.
- Beirut and South are the most affected governorates based on incidence per 100,000. These suspected meningitis cases were distributed in Mount Lebanon (36.5%), South (25.7%), Beirut (9.5%), Bekaa/ Baalbeck Hermel (10.8%), North/Akkar (10.8%), Nabatieh (5.4%) and unspecified (1.4%).
- Upon further specimen testing (CSF and serum), 31 of these cases were classified as bacterial infection. Culture results showed 6 cases of *S. pneumoniae* and 2 HI.

E. WHO support to surveillance

- The integrated disease surveillance structure established at the MoPH is currently:
 - o maintaining high vigilance for the detection of clusters of measles, AFP, meningitis, and any new outbreak wave.
 - o monitoring the epidemiological situation of food and waterborne diseases at public and private facilities across the country.
- The support of WHO in terms of seasonal influenza includes:
 - o Initiating procurement of essential test kits and other reagents for typing and subtyping.
 - o Analysis of weekly data and dissemination of information through regular influenza situation reports.

“*In a world where you can be anything, be kind. Anon.*”

Dr. Tedros Adhanom Ghebreyesus,
WHO Secretary General

INTERNATIONAL NURSES DAY



WHO response

WHO Lebanon deliver medical equipment to prison donated by Norway



As part of WHO continuing work to strengthen the health care system in prisons, and with the support of the Norwegian Embassy in Beirut and close collaboration with the Ministry of Interior and Municipalities, another batch of medical equipment was delivered on 23 April 2024 to several prisons including Roumieh central prison, Qobbe, Zahle, Baabda and Barbar Khazen prisons. The equipment includes ophthalmic supplies, dental equipment, glucose testing machines and will be used to support health assessment and delivery of services

WHO launches the data collection for the 4th Global School Survey in Lebanon



April 25 2024 marked the beginning of a journey to promote a healthier future, for the kids of today and the adults of tomorrow! The Ministry of Education and Higher Education (MEHE) and the Ministry of Public Health (MOPH), with support from WHO, launched the data collection for the 4th Global School Health Survey in Lebanon!

This survey plays a vital role in understanding the health behaviors that increase adolescents' health risks. By gathering comprehensive data, we can identify areas needing attention, tailor interventions, and ultimately, improve the health and well-being of our future generations. This round is targeting around 6000 students from 32 public schools and 32 private schools all over Lebanon, aged 13-18. Data collection is expected to be completed by mid-May 2024, and the final report by end of August 2024.

WHO team and Norway Ambassador visit Barbar Khazen Female prison to oversee progress of Norway project



The Norway Ambassador accompanied by the WHO Representative in Lebanon, Representatives from the Internal Security Forces, and WHO team, visited the Barbar Khazen Female prison in Verdun, on Wednesday 24 April 2024, to oversee the progress of the project supported by the Norway Ministry of Foreign Affairs, and aimed at improving access to health services for prison inmates.

The project aims at strengthening prison health care system in line with national essential services and improving inmates' health management in Lebanon's central prisons and female prisons.

Under the project, a team of healthcare providers has been conducting a comprehensive health assessment for prison inmates at entry and providing follow-up for chronic conditions and health education. So far, around 3,600 prison inmates have been assessed.

In addition, medical equipment such as glucometers, blood pressure monitors, EKG, etc. have been procured to central prisons and female prisons including Barbar Khazen. Within the project framework, WHO is also supporting the development of automated medical records for prisons.

Despite challenges faced within the prison context, in addition to the current crises in the country, WHO is committed to improving healthcare access and promoting health for all. We extend our appreciation to the Norwegian Ministry of Foreign Affairs for their invaluable support! Tobacco epidemic is one of the biggest public health threats the world has ever faced killing over 8 million people a year around the world. Lebanon is one of the countries with the highest smoking rate in the region, and government leadership for tobacco control measures is given sufficient attention and resources. Join the anti-smoking campaign in Lebanon.

WHO Representative joins IC's first School Anti-Smoking Awareness Campaign

The International College (IC) hosted the first School Anti-Smoking Awareness Campaign with the participation of the Ministry of Education and Ministry of Public Health among other stakeholders in the academic and entertainment fields. During the event WHO Lebanon Representative Dr Abdinasir Abubakar warned that "All forms of tobacco use are harmful, and there is no safe level of exposure to tobacco".

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Governments agree to continue their steady progress on proposed pandemic agreement ahead of the World Health Assembly

Governments of the world today agreed to continue working on a proposed pandemic agreement, and to further refine the draft, ahead of the Seventy-seventh World Health Assembly that starts 27 May 2024.

Governments meeting at the World Health Organization headquarters in Geneva agreed to resume hybrid and in-person discussions over coming weeks to advance work on critical issues, including around a proposed new global system for pathogen access and benefits sharing (i.e. life-saving vaccines, treatments and diagnostics); pandemic prevention and One Health; and the financial coordination needed to scale up countries’ capacities to prepare for and respond to pandemics.

“During more than two years of intensive negotiations, WHO’s Member States have shown unwavering commitment to forging a generational agreement to protect the world from a repeat of the horrors caused by the COVID-19 pandemic,” said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. “I welcome the determination that all countries have shown to continue their work and fulfill the mission on which they embarked.” [Read full article.](#)

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



WHO dashboard • WHO COVID-19 page • Q&A (English/Arabic) • WHO Lebanon website
 WHO Lebanon Facebook | Twitter | Instagram

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