

LEBANON: CHOLERA OUTBREAK

Situation report #1

12 October 2022

KEY FIGURES

Total AWD cases	Total positive cholera cases/RDTs	Total confirmed cholera cases/culture	Total AWD deaths	Case Fatality Rate	Attack rate
-	-	18	-	-	-

BACKGROUND

- First cholera case was detected in Aleppo, Syria on August 22nd, 2022, and over 10,000 suspected cases were reported so far. As of 8 October, the cholera outbreak has spread in Syria to 13 out of 14 governorates
- Lebanon considered high risk due mainly to deterioration in water and sanitation across the country, limited access to Hygiene measures among the most vulnerable populations, and very limited resources at government level
- Last cholera outbreak in Lebanon was in 1993

EXECUTIVE SUMMARY

- First cholera case detected in Menieh-Doniyyeh district of the North governorate, Lebanon on October 4th, 2022
- The Minister of Health declared a cholera outbreak on 6th October and committed to support and coordinate the response activities
- On October 12th, a total of 18 cholera cases were laboratory confirmed, 10 of which linked to the index case in Menieh-Doniyyeh and the remaining 4 from Akkar governorate. An additional 4 cases were confirmed from Aarsal district in Baalbek governorate on October 10th.
- Sewage and water specimens have also been collected in the Menieh-Doniyyeh ITS and tested positive for vibrio cholera
- The available data indicates that the affected districts are Menieh-Doniyyeh, Akkar, and Aarsal
- MoPH with the support of WHO and partners has intensified efforts to enhance surveillance and investigate all alerts in a comprehensive manner.
- MOPH with support from WHO, UNICEF, UNHCR and Partners has initiated the response to increasing readiness and containment of the cholera outbreak

SITUATION UPDATE

EPIDEMIOLOGY

Confirmed cases

Figure 1: Epi Curve of confirmed cases

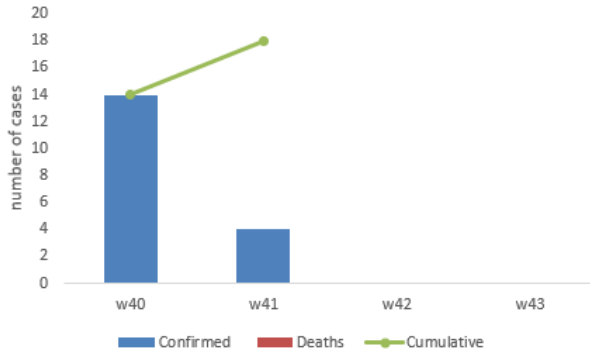


Figure 2: Map showing the distribution

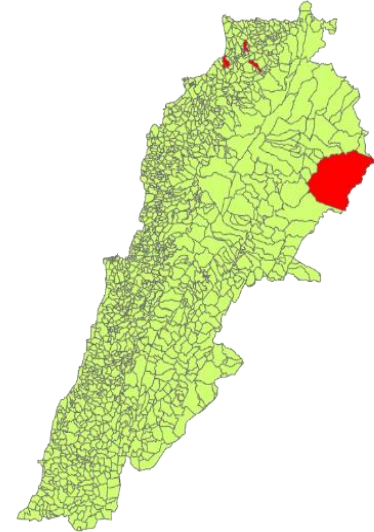


Figure 3: Distribution of cholera cases by sex

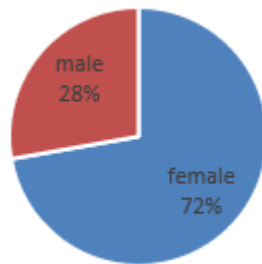


Figure 4: Distribution of cholera cases by age groups

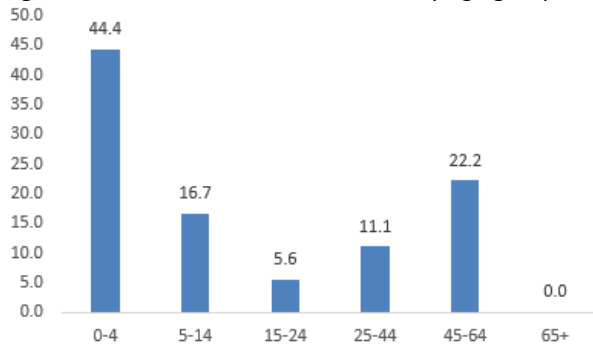


Figure 5: Distribution of cholera cases by nationality

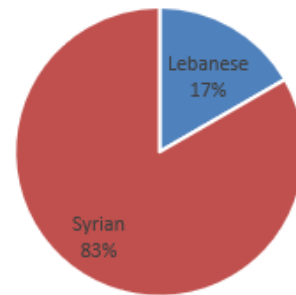


Figure 6: Distribution of cholera cases by hospital admission

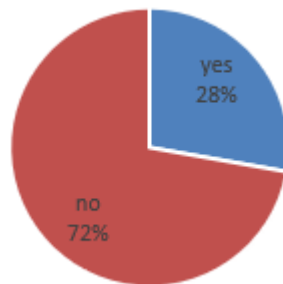
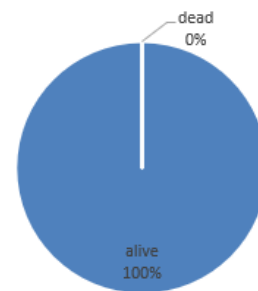


Figure 7: Distribution of cholera cases by outcome



CHOLERA OUTBREAK RESPONSE

MAIN HIGHLIGHTS

- A Joint National Cholera Preparedness and Response plan has been developed with the support of WHO, UNICEF, UNHCR and other partners
- Minister of Health organized a press briefing on 6th October to declare the cholera outbreak, and the acting UN Resident Coordinator together with WHO, UNHCR and UNICEF representatives attended the press briefing
- A first field coordination mission was organized by MOPH supported by WHO, UNHCR, UNICEF and IOM on Saturday, 8th October to monitor the WASH and Health response activities at field level in the Akkar region
- A high-level fact-finding mission was organized by the MOPH, with the minister of Health Dr Abiad and visited two areas in Akkar (Rihaniyeh and Sir Donniah) to discuss the needs and ensure the coordination between WASH and Health national authorities, and WHO, UNICEF and UNHCR senior staff participated in this field visit.

HEALTH

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

- Updated and disseminated to all concerned Partners with the following relevant information: case definitions for suspected and confirmed cases; SOPs for investigations, sample collection, and referral.
- Field investigations in high-risk areas ongoing with active support from UNHCR
- A ToT on surveillance and reporting for peripheral ESU staff was conducted and similar training will be rolled out to the hospitals, health facilities, and medical centres at all levels in the coming 5 days.
- Over 50 specimens are already sent to WHO collaborating centre Reference Lab for Vibrio cholera confirmatory culture
- Environmental surveillance has been enhanced and samples collected from wastewater treatment sites across the country have been done and will continue to conduct on a weekly basis
- A total of 100 RDTs are procured and distributed to the surveillance teams
- Two referral laboratories are already operational (AUB WHO collaborating centre and LAU microbiology laboratory)

In the pipeline

- 1000 RDTs kits will be delivered within this week to the MOPH
- The process of upgrading the RHUH reference lab is ongoing and will be completed soon.

B. Case management and IPC

- MoPH identified 8 referral public hospitals across the country as a cholera treatment centres
- WHO initiated on Thursday 6th October for the rapid assessment of the Governmental hospital in terms of IPC and capacity to safely treat and manage cholera patients; The assessment already identified the Halba Hospital needs and already addressed most of these needs.
- Clinical care guidelines and SOPs have been updated and disseminated to referral hospitals, PHCs and other frontline health workers.
- UNICEF procured 3,000 ORS packets and distributed to Health sector partners in North and Akkar for distribution to suspected cases;
- UNHCR dispatched an emergency stock of medicines and supplies to Halba Government Hospital for the treatment of the admitted patients and for infection prevention and control.

In the pipeline

- WHO procured 5 Cholera treatment kits to manage around 500 patient and expected to be in the country soon
- Support the assessment of the remaining 8 designated Hospitals designated as cholera treatment centres and it will be completed by October 18, 2022
- UNICEF procured 10 Acute Watery Diarrhea (AWD) Periphery kits and 40 AWD Community kits to manage an estimated 4,600 mild and moderate cases and 400 severe cases; and 100,000 packs of low osmolar ORS.
- UNHCR is looking into further support with the possibility of converting the COVID-19 units into cholera treatment centres/units in coordination with other agencies.

C. Laboratory support

- Two reference laboratories were identified to support the cholera outbreak investigations
 - 18 stool/rectal samples confirmed to be positive for *V. cholerae*
 - 3 water/sewage samples confirmed to be positive for *V. cholerae*
- RHUH reference laboratory will be ready for cholera culture activities soon
- Procurement of laboratory supplies initiated and expected to be in the country soon.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

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

- A preparedness and response RCCE strategic plan integrated into the National Inter-Sectorial Plan;

- Awareness sessions initiated by IOM's field coordinators and health care workers targeting migrants in Beirut, North, and Bekaa; around 20,000 cholera prevention IEC flyers were reprinted and distributed in most at-risk areas
- Contextualized awareness sessions were designed and conducted by UNICEF and Balamand University for partners and CBOs, and on-line training was initiated for around 200 NGO staff;
- Training session on cholera awareness, detection, prevention and referral has been incorporated as part of the ongoing training on EPI at PHC, reaching already 8 PHCCs on Friday 7 October.
- Land Crossing Borders Vaccination points are being trained on triage and referral of suspected cases

In the pipeline

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

WATER, SANITATION AND HYGIENE

- UNICEF secured Emergency fuel support (41,000 Litres) on Saturday, October 8 for the main water stations and three lifting stations draining the Wastewater from Nahr el Bared, Minie and Beddawi catchment area to Tripoli wastewater treatment
- UNICEF increased the amount of water in all areas of interventions of ITSs to at least 35/l/p/d of clean water. Cleaning and disinfecting water tanks on the sites is ongoing, with replacement of WASH hardware where needed.

RESOURCES

- A preliminary total cost for the immediate response is estimated at around 12,250,000 USD
- Most agencies have so far repurposed some of the existing funds, pending an appeal to be done the soonest 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 and kits, against which Lebanon is competing, which could delay procurement

CONTACT INFORMATION

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