



CHOLERA OUTBREAK IN LEBANON

Situation Report #11

20 December 2022



5294
Suspected Cases



661
Confirmed Cases



23
Related Deaths



0.43%
CFR

Figures updated as of 19 December 2022

HIGHLIGHTS

- Lebanon is on its 75th day of the Cholera outbreak, which was declared on October 6, 2022, by the MOPH.
- No new deaths were registered during this reporting period with CFR of 0.43%.
- Coaching teams made of infectious diseases specialists and nurses continue to be deployed by WHO to additional DTUs, which has significantly shown an enhancement in the quality of care.
- The 1st phase of the Oral Cholera Vaccination door-to-door campaign was concluded on December 4 with 525,630 individuals reached. The second phase was initiated on December 17.
- Lebanon was approved for an additional 1,803,600 OCV doses from the ICG which will be received in two batches. The first batch of 901,800 doses was received on Wednesday, December 14. Under the leadership of the MoPH and with the support of WHO, UNHCR, and UNICEF, the second phase of the campaign started on Saturday, December 17.

SITUATION UPDATE

EPIDEMIOLOGY

- As of December 19 2022, a total of 5,328 suspected cholera cases (out of which 663 are laboratory-confirmed) and 23 associated deaths (CFR 0.43%) were reported across the country.
 - Of these cases, 29% are under 5 years of age, 19% are in the age group 5 to 14 years, 14% are in the age group 15 to 24, 21% are in the age group 25 to 44, and the remaining 18% 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 10 beds at cholera treatment centers are currently occupied by cholera patients.
- At the national level, 20 out of the 26 districts have registered laboratory-confirmed. Although the cumulative attack rate continues to be the highest in both Akkar and the North governorates, the month of December has witnessed sporadic surges in both the Bekaa and Baalbek-Hermel governorates (refer to the below map).
- Across Akkar, there are 43 affected cadasters including Bebnine which has registered laboratory-confirmed cases since the start of the outbreak.
- The overall trend of the new cholera cases has stabilized in recent days in most of the provinces; in Akkar, Tripoli, the North, and other mohafazas. However, an increase in cholera cases has been recorded in Bekaa, and investigation and response activities have been initiated.

SITUATION UPDATE

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

Figure 1: Epi Curve (suspected and confirmed cases)

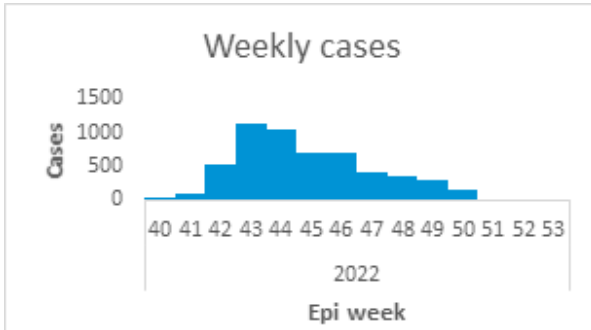


Figure 2: Distribution of cholera cases by age groups (suspected and confirmed cases)

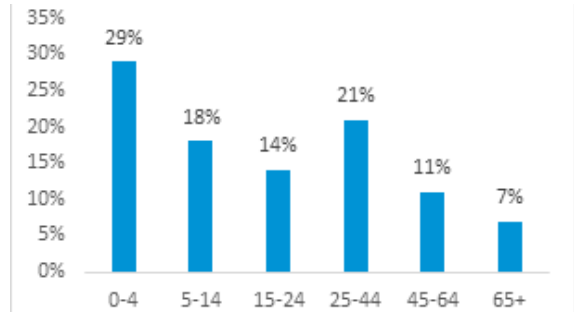


Figure 3: Map showing cumulative attack rate per district (/100,000) (suspected and confirmed)

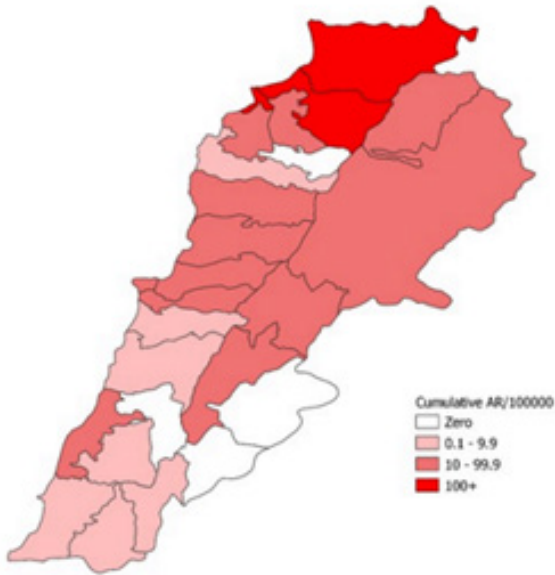


Figure 4: Map showing the distribution (confirmed cases)



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



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

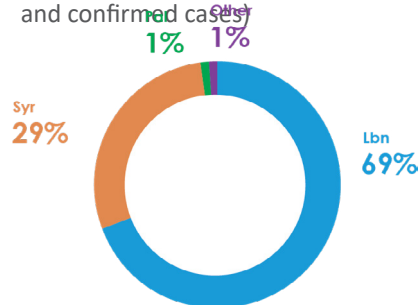


Figure 7: Distribution of cholera cases by hospital admission (suspected and confirmed cases)

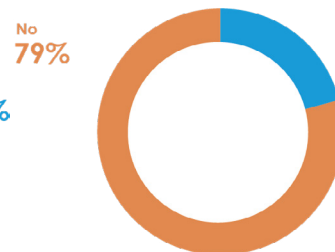
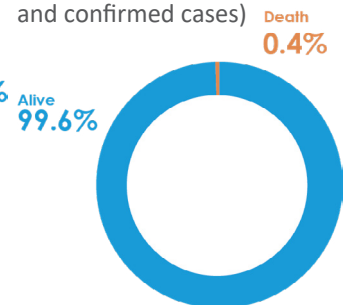


Figure 8: Distribution of cholera cases by outcome (suspected and confirmed cases)



CHOLERA OUTBREAK RESPONSE

MAIN HIGHLIGHTS



HEALTH

Coordination and Leadership

- On December 15th, the Public Health Emergency Operation Center (PHEOC) team called for a meeting under the patronage of Minister of Public Health Dr. Firass Abiad to explain the roles of responsibilities of Rapid Response Team officers as well as Governorate and Qadas physicians working in Cholera hotspots. Dr. Abiad acknowledged the latter's efforts since the onset of the outbreak and their commitment, especially during the complex financial and socio-economic crisis in the country, especially the high transportation cost. WHO continues to support these teams in an effort to ensure coordination of the Cholera response at the peripheral level.

Surveillance and Lab Capacity

- Specimens received at Pasteur Institute are processed for strain genotype and antibiotic sensitivity with results highlighting all strains belonging to the seventh pandemic *Vibrio cholerae* El Tor lineage. The analysis has confirmed the circulation of two strains with different antimicrobial resistance profiles.
- WHO continues to support the AUB-Collaborating Center and the RHUH Laboratory to test 1,261 cholera samples of which 451 samples came back positive so far.
- WHO continues to monitor the quality of cholera testing at national and regional reference laboratories.

Case Management and IPC

- The assessment of PHCs to be considered DTUs was initiated on November 24. In total, the assessment was completed for five PHCs considered priority centers in Tripoli, Bekaa and Akkar might be eligible for some design changes and support with medical items and beds. Aside from their non-conformity of the wastewater to WASH standards, and due to the close proximity of these 5 PHCs to hospitals designated as CTC/ CTU, the MOPH decided not to consider these as reference CTU.
- WHO initiated the post-coaching and training assessment and evaluation for CTC. So far, Tripoli and Halba Governmental Hospitals were re-assessed and the assessment included improvements in IPC, WASH, skills acquired by the nursing teams, case management and community outreach alongside other improvements such as patient flow and isolation. For this, a post-coaching/training evaluation tool was used, in addition to the existing standard tool. Both hospitals showed clear improvement in the overall case management, use of separated CTU, patient flow and nurses' quality improvement and documentation, and also the continuous presence of a physician for patient follow-up.
- WHO will support the training of 20 selected PHCs in IPC based on a list shared by the MOPH. A training plan and materials will be prepared to support the training.
- WHO continues to deploy quality and health promotion nurses in Tripoli Governmental Hospital to promote good practices for cholera prevention and treatment among the families accessing the hospital.

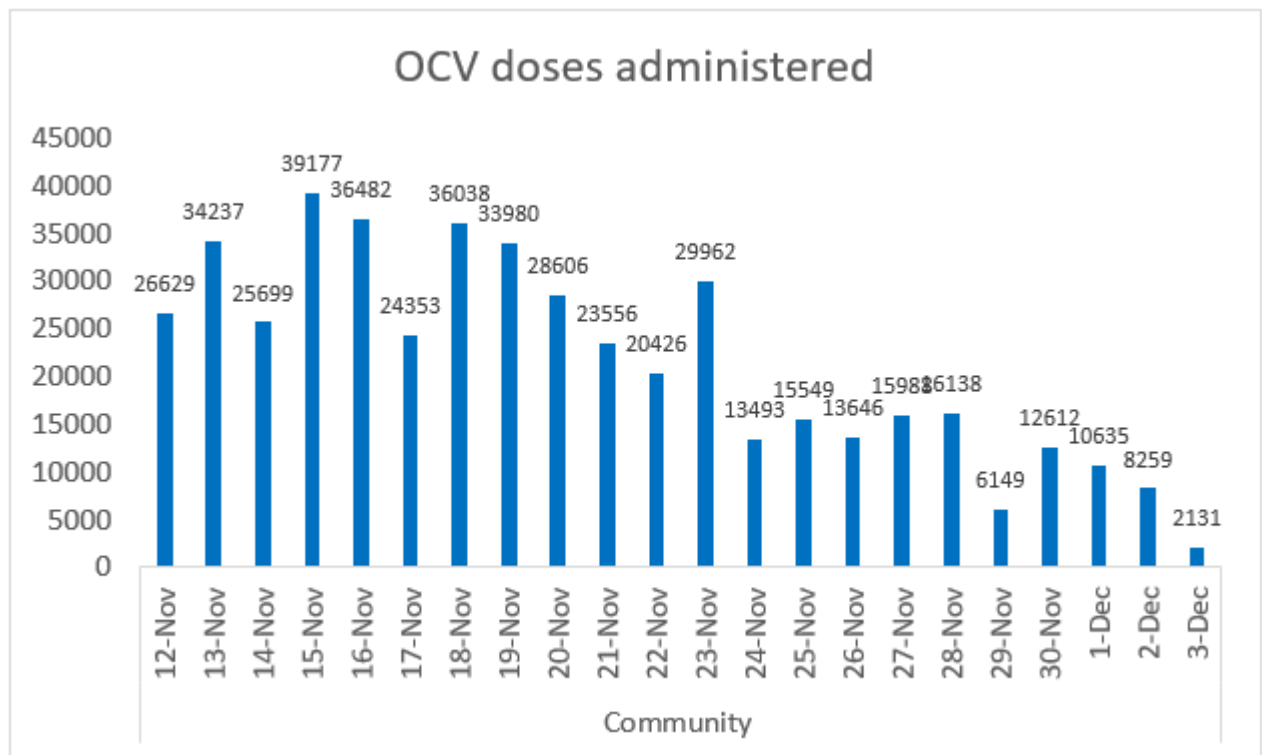
CHOLERA OUTBREAK RESPONSE

HEALTH *continued*

Cholera Vaccine

- The ICG has approved the second MoPH request for an additional 1,803,600 OCV doses, and the first shipment, 901,800 Euvichol Plus doses, has arrived on Wednesday December 14.
- The second phase of the OCV campaign started on Saturday December 17 and is targeting: the remaining cadasters in Akkar, all of Tripoli, all of Donniyeh, 53 new cadasters in Baalbeck in addition to the Wavel Palestinian camp, and 49 new cadasters in Zahle.
- The first two days of the second phase of the OCV campaign have been met with a refusal rate, which will be addressed under the leadership of the MoPH, with improved and restructured sensitization and social mobilization.

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



Risk Communication and Community Engagement(RCCE)

- A Child-Friendly video on cholera response targeting children will be produced and finalized by the end of this week.
- The IEC material for the phase 2 cholera campaign is being disseminated and distributed over social media and at key locations in areas where there is cholera outbreak.

CHOLERA OUTBREAK RESPONSE



- The training that was initiated for the six operational water quality monitoring laboratories on of November 25, has been completed by December 17, 2022.

RESOURCES

- The immediate WHO response need is estimated at around USD 11.2 million for the next 6 months, with an additional USD 1 million needed for the vaccination procurement, the additional amount attributed to the higher cost of the available vaccine (Sanchol).
- WHO has secured USD 2,245,420 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 proposal to Qatar Charity to request USD 1 million to cover the gap in funding. Repurposing funds from ECHO for Cholera response is under process for USD 1 million.

CONSTRAINTS, CHALLENGES, PRIORITY NEEDS

- The outbreak is spreading, and the involvement of relevant line ministries remains insufficient.
- Rapid Response teams and Qada health units should be engaged, activated and supported for a better-coordinated response.
- Community engagement remains suboptimal and there is a need to strengthen RCCE, especially around vaccination.
- 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 limiting access to safe water and sanitation. There is a need to accelerate Chlorination at the community and household level.
- Donor fatigue and competing global priorities could affect the availability of funding for the response.

WHO Lebanon would like to thank the generous support of all partners and donors who have and are still contributing generously to supporting WHO'S work in Lebanon. 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.