

# CHOLERA OUTBREAK IN LEBANON

## Situation Report #4

2 November 2022



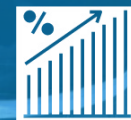
**1703**  
Suspected Cases



**390**  
Confirmed Cases



**17**  
Related Deaths



**0.89%**  
CFR

## HIGHLIGHTS

*Figures updated as of 31 October 2022*

- Lebanon is on its 30<sup>th</sup> day of the Cholera outbreak, which was declared on 6<sup>th</sup> of October 2022 by the MOPH
- WHO has graded the overall risk of the Cholera outbreak in Lebanon to be very high at the National level and high at the regional level.
- WHO published a press release “WHO warns of deadly cholera outbreak in Lebanon as cases increase” on the 31<sup>st</sup> of October 2022.
- The outbreak is spreading rapidly to the 8 governorates and to 18 out of 26 districts.
- The National Standing Multidisciplinary Task Force, headed by the Minister of Public Health, was expanded to include representatives from Donors, NNGOs and INGOs.
- Additionally, MOPH has established two technical task forces one focusing on clinical case management and one oral cholera vaccine rollout.
- MOPH released different memos pertaining to the formation of different committees in addition to decrees on hospital tariffs. These can be found [here](#).
- A list of 20 PHCs to be considered as Cholera Treatment Units (CTU) is finalized, and assessment is on going in terms of capacities and needs.
- MOPH PHC department has released its strategic guidance on the role of PHCs in cholera response together with a triage checklist.
- Due to the Global vaccine shortage, OCV will be available as one dose in countries that have outbreaks. With the support of WHO and UNICEF, the MOPH applied to the ICG for 600,000 doses of cholera vaccine to be prioritized to the most vulnerable population groups (refugees and host communities). Current efforts are underway to secure an additional 1.5 million doses.
- The joint health sector, co-led by WHO and UNHCR, hosted a meeting for MOPH with health partners to share strategies for RRTs, DTCs, and DTUs, and define coordination mechanisms at national and subnational levels.

## SITUATION UPDATE

### EPIDEMIOLOGY

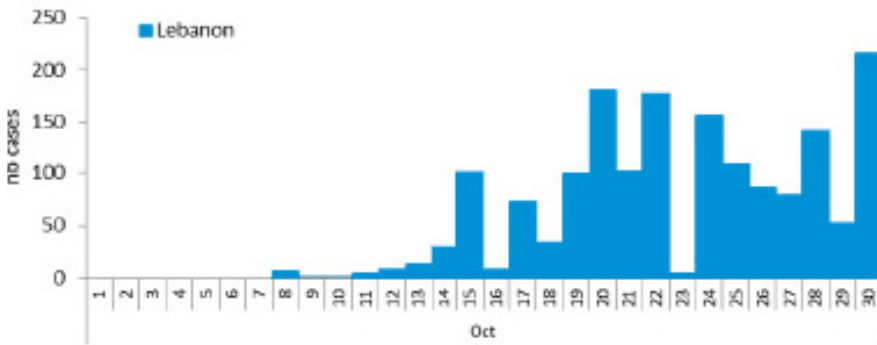
- As of October 31<sup>st</sup>, 2022, a total of 1703 suspected cholera cases (out of which 390 are laboratory-confirmed). A total of 17 associated deaths were reported across the country. Across suspected and confirmed cases, only 1% have reportedly died.
- 45% of suspected and confirmed cases are less than 14 years of age while 20% are between 25 to 44 years of age, 15% are between 15 and 24 years of age, and the rest distributed across remaining age groups.

# SITUATION UPDATE

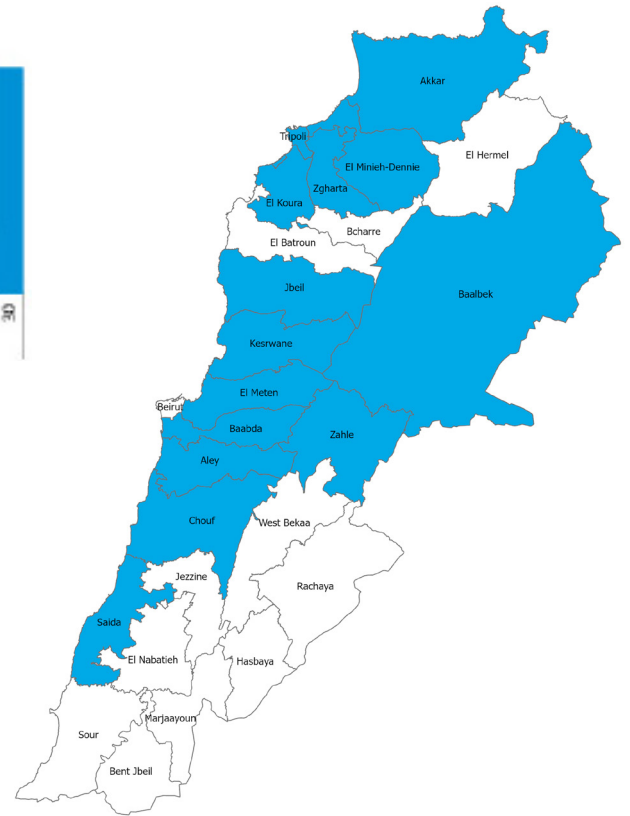
## EPIDEMIOLOGY *continued*

- Overall, 88% of suspected and confirmed cases who presented to a health facility have exhibited symptoms.
- Overall, 21% of suspected and confirmed cases have required hospitalization. Across the country, 93 beds are currently occupied for cholera treatment. Tripoli, Halba and Minieh hospitals continued to receive an increased number of cholera patients in the last few days.
- All 8 governorates are now reportedly affected and laboratory-confirmed cases have been documented from 18 out of the 26 districts at national level.
- The majority of cases continue to be predominantly reported from Akkar and the North, and to a lesser extent from Mount Lebanon, Bekaa, and Baalbek-Hermel.
- Across Akkar, there are 34 affected cadasters including Bebnine which has registered 106 laboratory-confirmed cases.
- 57.9% of stool samples, and 33.5% of water samples tested at AUB – WHO collaborating center turned out positive for Cholera.

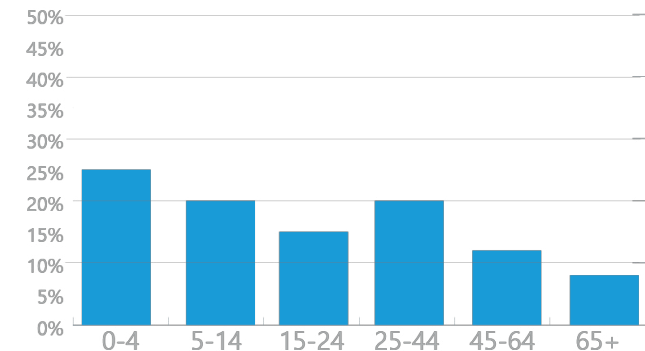
Distribution of confirmed cases by date



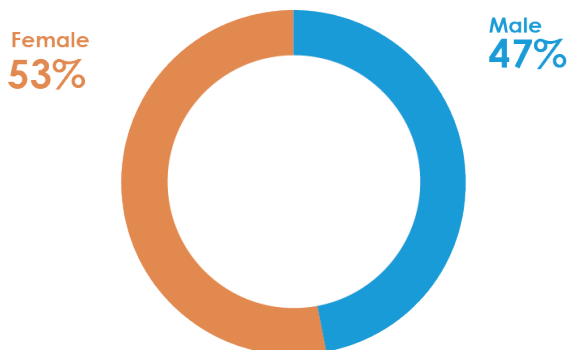
Distribution of confirmed cases by district



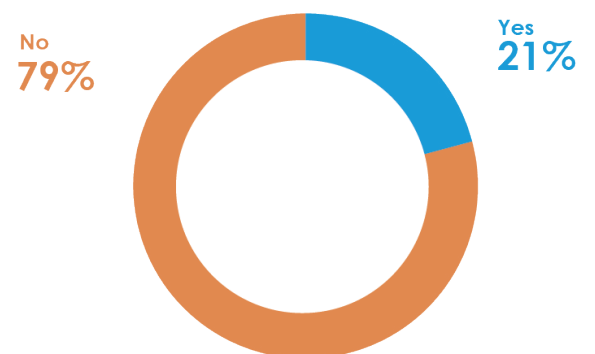
Distribution of confirmed cases by age group



Distribution of confirmed cases by gender



Distribution of confirmed cases by hospital admission



# CHOLERA OUTBREAK RESPONSE

## MAIN HIGHLIGHTS



### HEALTH

#### Coordination and Leadership

- National multisectoral cholera task force led by the MOPH is operational and meets twice a week. All sectors both government and other partners are well represented.
- Sub-national coordination remains an area in need of further strengthening. While regional DRM EOCs have been activated, linkages among municipalities and humanitarian actors need to be further developed.
- Inter-sectoral approaches remain at the core of the cholera response, and all sectors are fully engaged with the coordination and response activities at all levels
- Partner mapping completed across 4 response areas (Akkar/North, Beirut/Mt. Lebanon, Bekaa/Baalbek-Hermal, and South).
- The joint health sector, co-lead by WHO and UNHCR, hosted a meeting for MoPH with health partners to share strategies for RRTs, DTCs and DTUs, and define coordination mechanisms at national and subnational levels.

#### Surveillance and Lab Capacity

- The early warning surveillance across the country is being enhanced to detect, investigate and respond to cholera cases through ESU network of surveillance officers, including additional surge staff capacity.
- Supported and facilitated the ongoing field investigations of suspected cholera cases in high-risk areas, including provision of testing kits, transportation and additional human resources.
- Supported 14 training sessions for cholera surveillance and DHIS2 use during the past week. The trained teams were from South, Nabatieh, North, Bekaa Baalbak, Hermel, Beirut, and Mount Lebanon.
- So far over 700 stool and water samples were collected and sent to WHO Collaborating Centre and Reference Lab for confirmatory culture of Vibrio Cholera.
- RHUH reference laboratory started the cholera culture, AUB WHO collaborating centre continued to support the cholera culture and sequencing. Supplies were donated to the reference laboratory to perform laboratory analysis (culture) for a large number of samples.
- WHO is coordinating with the cholera laboratory testing committee to finalize the testing strategy and SOPs.
- Samples are processed for verification at Patseur and CDC for culture and antibiogram.

#### Case Management and IPC

- The assessment of DTCs is ongoing. And so far 12 governmental hospitals were assessed mainly on the infection, prevention and control (IPC) measures and their capacity to safely treat and manage cholera patients. Most of these hospitals need waste management, capacity building and IPC support, case management and supply kits, as well as training on case management and adequate care for severe cases.
- In close consultation with the MOPH and the three public hospitals already providing cholera care, the critical needs in terms of human resources of health have been identified and surge capacity initiated
- Technical working group has been established by the Minister of Public Health with the aim of training, coaching and monitoring cholera case management practices at referral hospitals. The teams will be supported by WHO experts, and will include IPC practices as well as patient flow recommendations

# CHOLERA OUTBREAK RESPONSE

## MAIN HIGHLIGHTS

### HEALTH *continued*

#### Case Management and IPC

- The MOPH has already declared its willingness to reimburse hospitals for Emergency Room (ER) services and in-patient costs for Lebanese cholera patients. The Ministry also requested that other populations not eligible for MOPH coverage, such as refugees and migrants, be supported for hospitalization by the humanitarian partners such as UNHCR, UNRWA and IOM.
- An assessment visit to PHC in Bebnine was conducted, where a field hospital was set up in the basement. Many needs have been observed in terms of medical and IPC supplies and kits. IMC is supporting this field hospital. To date, patient care is offered by nurses from the area and from volunteers.
- A team from the MOPH, supported by WHO, has initiated a training over five days for the Halba hospital teams.

#### Oral Cholera Vaccine

- ICG has successfully approved the release of 600,000 doses of the Euvichol (OCV) to Lebanon. ICG doses will essentially target refugees and hosting communities in high-risk cadasters across the country.
- MOPH has received 13,440 doses of Shanchol (OCV) from Sanofi through the French government. Sanofi donation will mainly target HCWs across the country, in addition to prisoners and ISF guards situated in the three main central prisons (Roumieh, Qobbe, and Zahle).
- OCV task force is meeting at least twice per week to discuss target populations, microplanning needs, implementing partners, trainings, logistics, data reporting, and pharmacovigilance.
- WHO is supporting the MOPH to complete a second ICG application for additional 1.5 million doses of OCV as part of Phase 2 of this campaign.

#### Risk Communication and Community Engagement(RCCE)

- Developed 3 videos on cholera: identifying symptoms, protective measures and treatment.
- Two other videos in the pipeline; one on vaccination and one on water treatment at home.
- WHO press release on cholera outbreak response in Lebanon disseminated to all media.



#### WASH

- The assessment of the eight water quality labs at governmental hospitals has been completed. Six out of eight labs are functional. Recommendations and the quantities for consumables and equipment for rapid support to strengthen the work of these labs to undertake the bacteriological analysis including the testing of cholera were set.
- Environmental surveillance is ongoing for early detection of cholera in wastewater. Material needed to undertake wastewater sampling was identified to sustain the work related to this surveillance.
- A document on adequate water treatment and safe use of chlorine was developed to be used as a technical reference for RCCE to disseminate the appropriate messages for the safe use of chlorine for water disinfection.

## RESOURCES

- A preliminary total cost for the immediate WHO response is estimated at around 10,220,022USD for the next six months; Meanwhile WHO has so far repurposed some of the existing funds, pending an appeal to be done as soon as possible.
- WHO has secured 1.7M USD in funds with an additional 1M USD in the pipeline. A further 470,000 USD may be repurposed pending donor authorization.
- A regional WHO expert in cholera surveillance is already deployed for technical support to the MOPH team for the next three weeks. Additional experts in WASH, and case management are requested through the GOARN.

## CONSTRAINTS, CHALLENGES, PRIORITY NEEDS

- The outbreak is rapidly spreading and the involvement of relevant line ministers and partners is critical.
- Some of the designated referral hospital lack adequate space to manage cholera patients and required additional space.
- The current energy crisis is an important limitation for access to safe water and sanitation.
- The available cholera supplies for medical and non-medical is not enough, and it's critical to procure more supplies.
- There is increased global demand for cholera medical supplies, kits, and vaccines against which Lebanon is competing, and this could delay procurement.