

## CHOLERA OUTBREAK IN LEBANON

### Situation Report #7

23 November 2022



## HIGHLIGHTS

*Figures updated as of 20 November 2022*

- Lebanon is on its 47th day of the Cholera outbreak, which was declared on the 6th of October 2022 by the MOPH.
- The outbreak has spread to the eight governorates and to 20 out of 26 districts. The cases are slowly increasing as the outbreak is spreading to new communities.
- Two new deaths were registered during this reporting period.
- Oral Cholera Vaccination door-to-door campaign covered host communities and refugees living in Akkar, Minieh-Donniyeh, Tripoli, Baalback, Zahle, and West Bekaa. The campaign reached 288,579 residents with a single dose.
- Requested an additional two million doses for ICRG.
- WHO continues its deployment of new nurses to the DTUs which has significantly enhanced the quality of care.
- WHO is currently planning HR support to PHEOC for the next 3-6 months to facilitate coordination between partners and line ministries at national and subnational levels.

## SITUATION UPDATE

### EPIDEMIOLOGY

- As of 20th of November 2022, a total of 4,009 suspected cholera cases (out of which 580 are laboratory-confirmed) and 20 associated deaths (CFR 0.49%) were reported across the country.
  - Of these cases, 26% are under five years of age, 19% are age group 5 to 14 years, 15% are age group 15 to 24, 22% are age group 25 to 44, and the remaining 18% are distributed in the higher age groups.
  - Overall, 19% of suspected and confirmed cases have required hospitalization, which has decreased over the past ten days. Across the country, 56 beds at cholera treatment centers are currently occupied by cholera patients.
- Among the 20 out of the 26 districts at the 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 141 laboratory-confirmed cases since the start of the outbreak.
- So far, 1,013 samples were sent to the reference labs (AUB-CC and RHUH) for confirmation. Out of those, 438 stool and water sewage samples were positive.

# SITUATION UPDATE *continued*

- All eight governorates have reported laboratory-confirmed cases while 20 out of the 26 districts at the national level recorded laboratory-confirmed cases.
- The majority of cases continue to be predominantly reported from Akkar and the North governorates, and to a lesser extent from Mount Lebanon, Bekaa, and Baalbek-Hermel (*refer the below map*).
- Across Akkar, there are 40 affected cadasters including Bebnine which has registered 136 laboratory-confirmed cases since the start of the outbreak.

## Distribution of Cholera cases by date, district, age, gender, nationality and hospital admission

Figure 1: Epi Curve (suspected and confirmed cases)

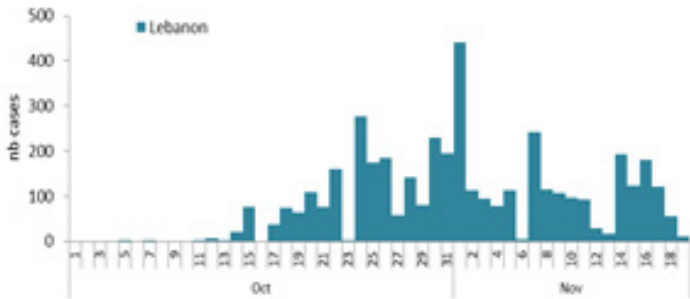


Figure 2: Distribution of cholera cases by age groups (suspected and confirmed cases)

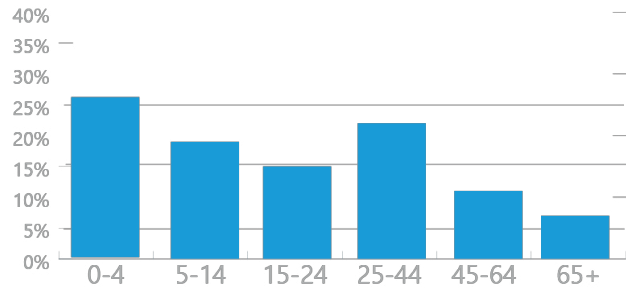


Figure 3: Map showing cumulative attack rate per district (/100,000) (suspected and confirmed)

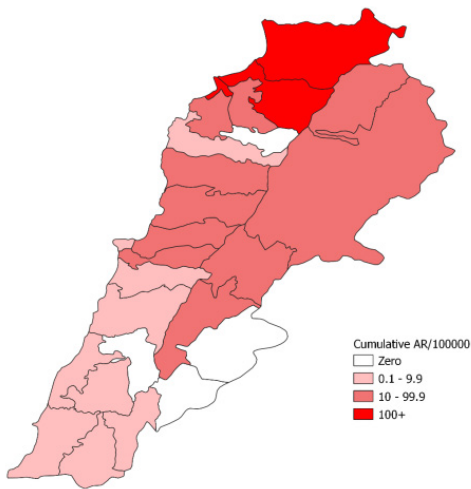


Figure 4: Map showing the distribution (confirmed cases)



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



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

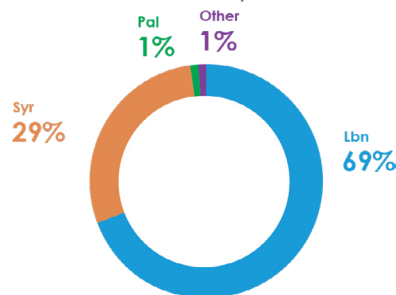


Figure 7: Distribution of cholera cases by hospital admission (suspected and confirmed cases)

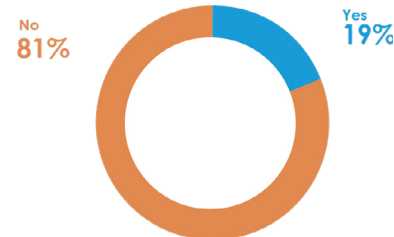
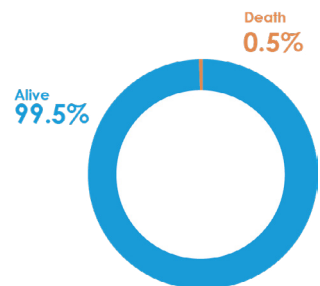


Figure 8: Distribution of cholera cases by outcome (suspected and confirmed cases)



# CHOLERA OUTBREAK RESPONSE

## MAIN HIGHLIGHTS



### HEALTH

#### Coordination and Leadership

- The Joint National Health Sector Working Group, co-chaired by WHO and UNHCR, continues to meet twice a month to discuss the cholera response and ensure proper coordination between all health actors. The minutes of the meeting and presentation can be found [here](#).
- Additional support to the Hospitalization Committee is currently being provided. Two additional senior nurses and one infectious diseases specialist will be deployed this week to Baabda Governmental Hospital and Baalbeck Governmental Hospital for case management and IPC Cholera support.
- With the aim of enhancing MOPH PHEOC capacity to manage and coordinate the Cholera response both at the peripheral and central levels, WHO will support the recruitment of additional temporary support staff at the central and Qaza level, based on an agreed-upon temporary support plan with the MOPH.

#### Surveillance and Lab Capacity

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- Final confirmation of strain genotype and antibiotic sensitivity is still pending results from CDC.
  - WHO received 2,000 Cary Blair for cholera culture on Thursday 10 November which were handed to the MOPH for further distribution to the supported labs.
  - WHO supported the Cholera Laboratory Committee to conduct technical assessment visits to review the capacity of peripheral governmental hospital laboratories for the detection and confirmation of cholera. The committee assessed the basic infrastructure, the qualifications and competency of staff, and current practices for detecting and confirming *Vibrio Cholerae*.
  - Between 16 and 18 November 2022, WHO supported the Cholera Laboratory Committee in conducting six training workshops for laboratory specialists and doctors which took place in Halba, Tripoli, Saida, Nabatieh, Zahle, and Baalbeck governmental hospital labs. Based on the capacity of each lab, supplies, and training materials were customized for the culture and identification of *Vibrio Cholerae* from clinical specimens (stool samples) and environmental samples (water and sewage). Reagents were provided to each lab based on its capacity to test (between 10 and 50 tests per week).
  - So far, 43.2% of all samples collected and sent to the reference labs (AUB-CC and RHUH) turned out positive (438 out of 1,013 samples tested).
  - WHO is supporting the MOPH with drugs and supplies to diagnose and treat patients with cholera which includes 5,500 RDTs, 98 Sodium dichloroisocyanurate, drug kits (five central kits and five peripheral kits), and supplies kits (five central kits and five peripheral kits) in addition to Oral rehydration salts (7,000 sacks) and Zinc (2,100 tab).
  - On 18th November 2022, WHO delivered kits to the following hospitals: Halba Gov. Hospital, Tripoli Gov. Hospital, Menieh Gov. Hospital, Bebnine Field Hospital, and RHUH. The distribution for the remaining hospitals will continue in the coming weeks.

# CHOLERA OUTBREAK RESPONSE

HEALTH *continued*

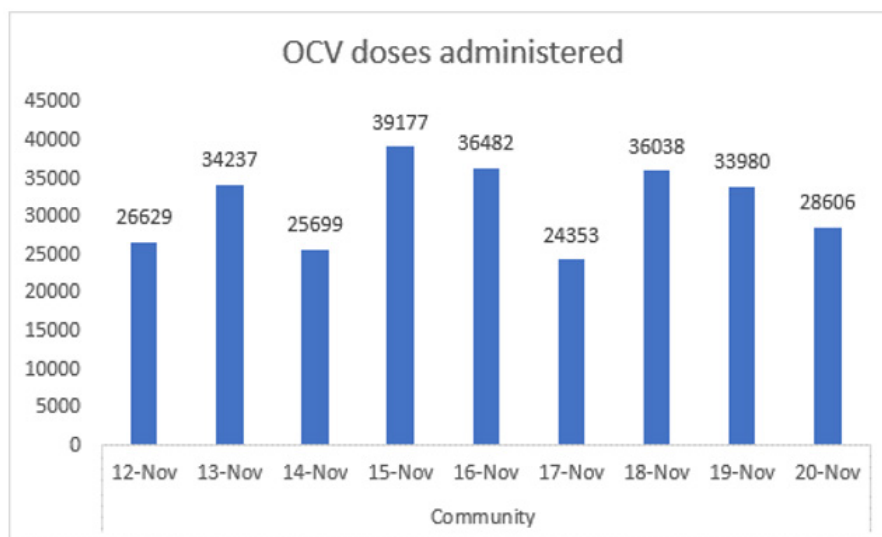
## Case Management and IPC

- A post-coaching and training assessment conducted in Halba Gov. Hospital showed remarkable improvement in patient care. The improvement is more focused on patient flow with separate entrances and exits, also the nursing circulation is well-defined and there are separate sections for dirty and for clean utilities and dedicated sections for staff, toilets, and showers. A new triage area was also designed within the CTU along with observation and stabilization of patients. There is a possibility for vertical expansion toward other units in the hospital.
- Preparations for the PHC assessment for CTP is initiated. Five PHCs are selected as a priority in the first batch of assessment.

## Cholera Vaccine

- As of November 20th, and within the first eight days from the national Cholera vaccination campaign initiation, a total of 288,579 OCV doses have been administered representing 106% of the target set for the first week 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, 53 villages, and more than 45,000 households.
- WHO is supporting the MOPH to complete a second ICG application for additional two million doses of OCV as part of Phase 2 of this campaign to cover 19 districts at the national level.
- WHO has submitted a CERF application to procure 915,790 doses of oral cholera vaccine (out of two million doses planned by MOPH) to ensure coverage among people living in the eight districts identified as hotspots with a single-dose campaign of OCV in order to reduce morbidity and mortality and stop further transmission of the outbreak, to reach at least 90% of the targeted population for the first dose. This CERF support will help target the districts of Baalbek, Chouf, Hermel, Minieh-Donnieh, Saida, Tripoli, West Bekaa, and Zgharta.

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



# CHOLERA OUTBREAK RESPONSE

## MAIN HIGHLIGHTS

### HEALTH *continued*

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

- WHO supported the development of cholera vaccine materials including a vaccination plan booklet for Phase 1 and video on the vaccination.
  - A structured media campaign to intensify prevention and awareness through local TVs will be disseminated this week on all stations. This was prepared with support from WHO and in consultation with the MOPH team.
  - A video showcasing the WHO response to the Cholera outbreak is under preparation and should be finalized by the end of the week.
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### WASH

- Preparations for the training of the five operational water quality monitoring laboratories are initiated, and training is expected to be completed by the 3rd of December 2022.
- WHO has procured reagents and other supplies to these water quality monitoring labs sufficient for each lab to perform around 150 tests per month for a duration of six months. The supplies and reagents will be delivered during the trainings.
- WHO undertook a rapid needs assessment of the Lebanese Agricultural Research Institute (LARI) laboratory, Fanar station, on Wednesday 16 November, to strengthen its capacity to undertake water analysis for *Vibrio cholera*. The assessment report was developed for possible support of the laboratory.

## RESOURCES

- The immediate WHO response need is estimated at around USD 10.2 million for the next six months.
- WHO has so far repurposed some of the existing funds originally planned for COVID-19, in order to support the implementation of critical cholera response activities. This is done in close consultation with the main donors to WHO in Lebanon.
- WHO has secured USD 1.7 million from WHO's contingency funds, with an additional USD 1 million in the pipeline under the CERF funding.

## CHOLERA OUTBREAK RESPONSE

### CONSTRAINTS, CHALLENGES, PRIORITY NEEDS

- The outbreak is spreading and the involvement of relevant line ministries remains insufficient.
- Sub-national coordination and rapid activation of all DRM suboffices remain an area in need of further strengthening.
- Community engagement for readiness, preparedness, and response remains suboptimal, and the role of the municipalities needs to be reinforced.
- 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 the response coordination.
- 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 the community and household level is imperative.
- All partners are encouraged to engage in cholera awareness-raising campaigns in order to strengthen the response.
- Donor fatigue and competing global priorities could limit access to sufficient funding to respond adequately to the current outbreak.