

# CHOLERA OUTBREAK IN LEBANON

## Situation Report #8

29 November 2022



**4455**  
Suspected Cases



**601**  
Confirmed Cases



**20**  
Related Deaths



**0.44%**  
CFR

## HIGHLIGHTS

*Figures updated as of 28 November 2022*

- Lebanon is on its 54th day of the Cholera outbreak, which was declared on the 6th of October 2022 by the MOPH.
- No new deaths were registered during this reporting period.
- An outbreak of cholera among residents of an elderly home in Tripoli was reported.
- 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 421,300 residents with a single dose.
- Lebanon was approved for an additional 1,803,600 OCV doses from the ICG.
- WHO continues its deployment of new nurses and infectious diseases specialists to the DTUs, which has significantly enhanced the quality of care.

## SITUATION UPDATE

### EPIDEMIOLOGY

- As of November 28th, 2022, a total of 4,455 suspected cholera cases (out of which 601 are laboratory-confirmed) and 20 associated deaths (CFR 0.44%) 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, 20% of suspected and confirmed cases have required hospitalization, which has decreased over the past 10 days. Across the country, around 50 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 146 laboratory-confirmed cases since the start of the outbreak.
- So far, 1141 samples were sent to the reference labs (AUB-CC and RHUH) for confirmation. Out of those, 440 stool and water sewage samples were positive.

# SITUATION UPDATE

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

Figure 1: Epi Curve (suspected and confirmed cases)

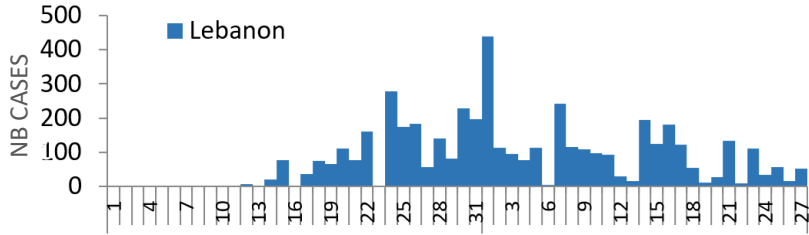


Figure 2: Distribution of cholera cases by age groups (suspected and confirmed cases)

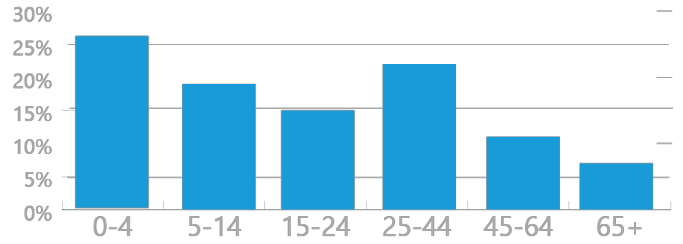


Figure 3: Map showing cumulative attack rate per district (/100,000) (suspected and confirmed)

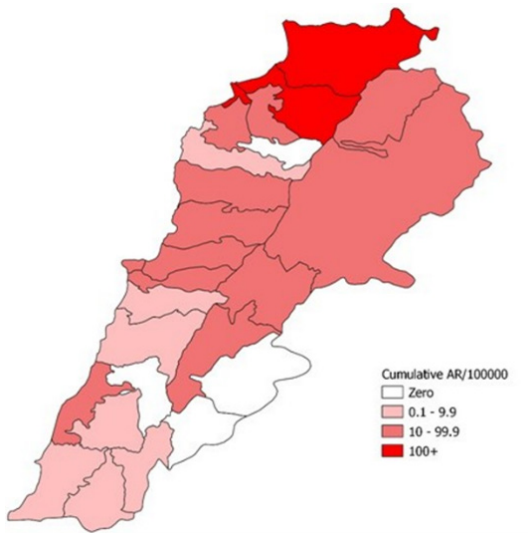


Figure 4: Map showing the distribution (confirmed cases)

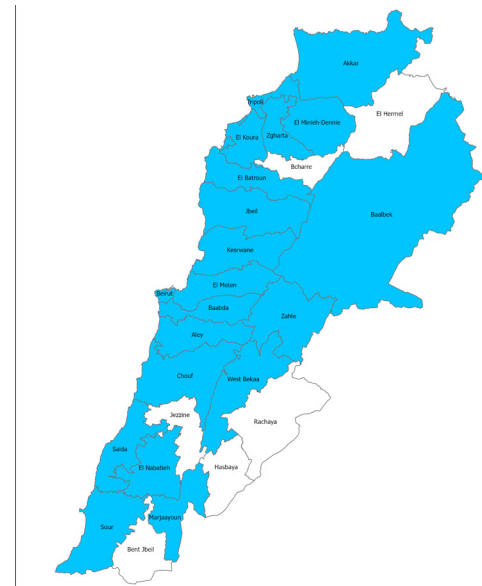


Figure 5: Distribution of cholera cases by sex (suspected and confirmed cases)

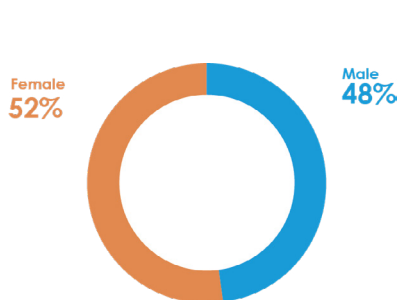


Figure 6: Distribution of cholera cases by nationality (suspected and confirmed cases)

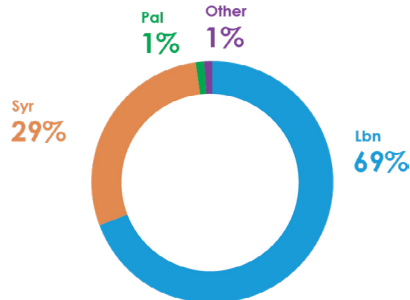


Figure 7: Distribution of cholera cases by hospital admission (suspected and confirmed cases)

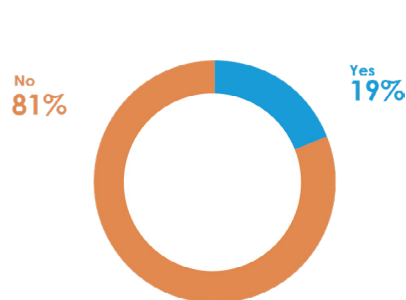
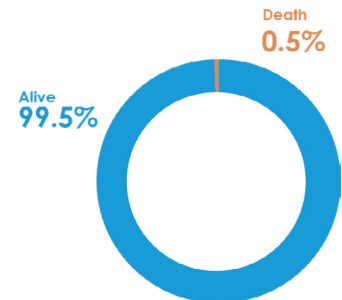


Figure 8: Distribution of cholera cases by outcome (suspected and confirmed cases)



# CHOLERA OUTBREAK RESPONSE

## MAIN HIGHLIGHTS



### HEALTH

#### Coordination and Leadership

- The next Cholera ad-hoc Joint National Health Sector Working Group will take place on Friday, December 9th, 2022, to discuss the cholera response and ensure proper coordination between all health actors. The minutes of the meeting and presentation can be found [here](#).
- On Monday, November 28th, a team of senior nurses and Infectious Disease specialists were deployed to an elderly home in Abi Samra – Tripoli, where 8 cases of cholera were detected and transferred to Tripoli Governmental Hospital as a response to the Cholera alert.
- In parallel, additional DTCs were assessed namely, Nabatiyeh, Zahleh, and Saida Governmental Hospital by the hospitalization central team; teams will be deployed for five days coaching on case management and IPC.

#### Surveillance and Lab Capacity

- Specimens were just received by Pasteur Institute and we are awaiting strain genotype and antibiotic sensitivity results.
- WHO delivered on Monday 28 November 2022 a total of 15,000 RDT to the Ministry of Public Health central warehouse. The RDTs will be distributed to hospitals as well as to the Surveillance teams at the field level.
- The 2,000 Cary Blair for cholera culture procured by WHO and received on Thursday 10 November are progressively distributed to the supported labs.
- WHO has supported the AUB-Collaborating Center and the RHUH Laboratory to test 1,141 samples of which 440 samples came back positive so far.

#### Case Management and IPC

- The assessment of PHCs to be considered DTUs was initiated on the 24th of November targeting initially five PHCs. The assessment of the El Ayadi el Baydaa PHC in Akkar showed that the center is not yet fully ready to receive Cholera patients as it needs additional supplies and beds and the water and wastewater are not chlorinated. They are currently referring their patients to Halba Governmental Hospital or to Tripoli. Another PHC in Tripoli, El Azm Wa El Saada PHC was assessed which is large and well-structured and could be used as a DTC; there is a team of nurses who are aware and trained about Cholera and they are directly involved in community awareness by social workers, and nurses.
- WHO continues its assessment of hospitals. A private university hospital in Baalbek, Dar El Amal, was visited and assessed as a potential DTC/CTC. The hospital has already dedicated 2 units for cholera, regular and ICU units are all supplied and staff are trained on the prevention of cholera transmission. In addition, another hospital in South/Tyr, Dar El Hiram, will be visited this week.

#### Cholera Vaccine

- As of November 28th, and within the third week of the national Cholera vaccination campaign initiation, a total of 421,300 OCV doses have been administered representing 106% of the target set for the first week of the campaign.
- The 6 districts that are so far targeted in this deployment are: Akkar, Minieh-Donniyeh, Tripoli, Baalback, Zahle, and West Bekaa.

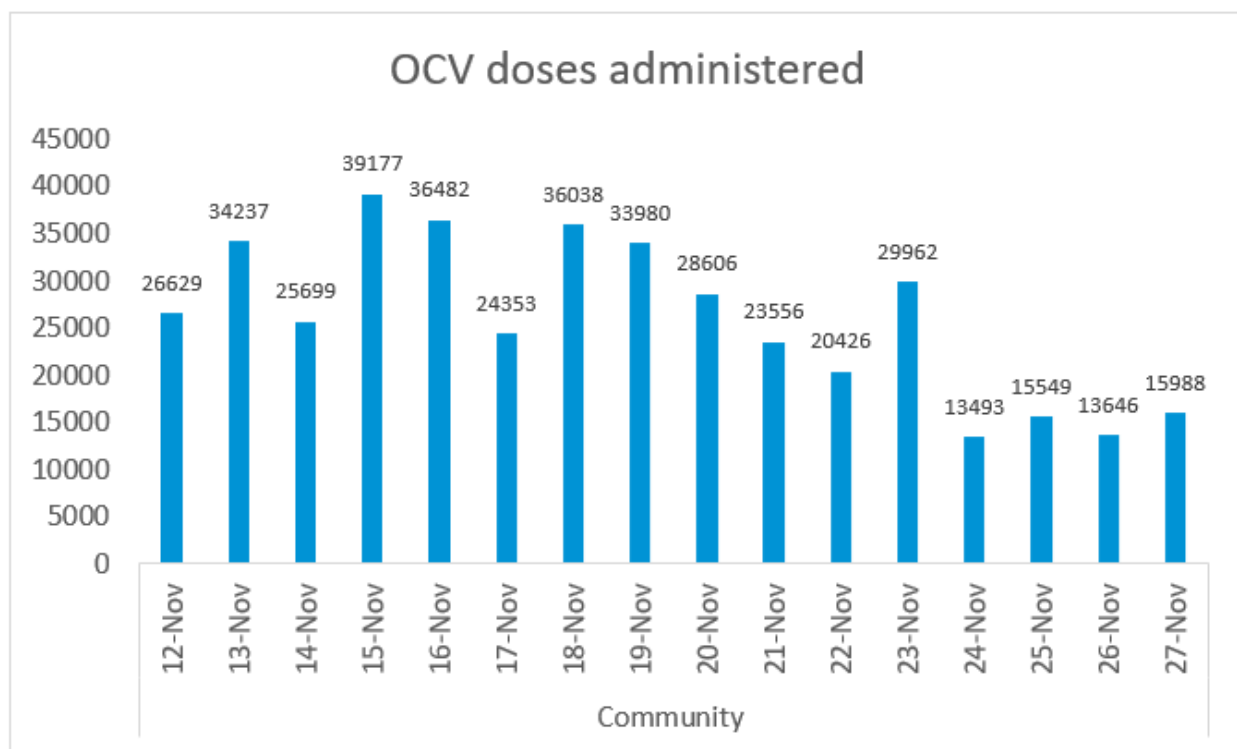
# CHOLERA OUTBREAK RESPONSE

## HEALTH *continued*

### Cholera Vaccine

- This campaign has so far gathered the support of 4 NGOs, 250 field teams, 945 health and administrative staff, 82 educational institutions, and 4 prisons, reaching 4 governorates, 6 districts, 53 villages, and more than 45,000 households.
- The ICG has approved the MOPH's request for an additional 1,803,600 OCV doses. Lebanon is expected to receive this allocation in batches, the first of which is 617,952 doses of the Shanchol type in the next two weeks.

Figure 9: OCV doses administered for healthcare workers, prisons, and during the first door-to-door vaccination campaign, as of 28 November 2022.



### Risk Communication and Community Engagement (RCCE)

- The structured media campaign focused on intensifying prevention and awareness is still ongoing through local TVs. This was prepared with support from WHO and in consultation with the MOPH team.
- Billboards have been prepared to boost Cholera preventive messages to the general audience with an emphasis on the hot spots areas in locations in Beirut, Bekaa, and Tripoli. For now, 20 unipoles, walls, and bridges at the entrances of the big cities with few 4x3 inside the cities have been secure. The campaign will go live starting December 1st and for one month. This is done with the assistance of UNICEF field staff and in coordination with MOPH.
- Preparation is underway for Phase 2 of the national cholera campaign.

## CHOLERA OUTBREAK RESPONSE



- WHO initiated the training of the five operational water quality monitoring laboratories on 25 November 2022. The training is expected to be completed by 07 December 2022; the labs are provided after the training with required reagents sufficient for each lab to perform around 150 tests per month for a duration of six months, as well as with the written SOPs of testing and reporting.

## RESOURCES

- The immediate WHO response need is estimated at around USD 11.2 million for the next 6 months, with recently one additional million USD needed for the vaccination procurement, the additional amount attributed to the higher cost of the available vaccine (Shanchol).
- 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.

## CONSTRAINTS, CHALLENGES, PRIORITY NEEDS

- The outbreak is spreading and the involvement of relevant line ministries remains insufficient.
- The PHEOC at the MOPH remains understaffed. Urgent deployment is needed to be finalized at the MOPH level to improve sub-national coordination and all DRM suboffices strengthening.
- 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 response coordination.
- Community engagement for readiness, preparedness and response remains suboptimal, and the role of the municipalities needs to be reinforced.
- It is critical to maintain 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 levels is imperative.
- Donor fatigue and competing global priorities could limit access to sufficient funding to respond adequately to the current outbreak.