

HEALTH BRIEF

4 - 11 January 2023

Health Updates

COVID-19 updates



New cases in past week

1 316

Cumulative cases

1 224 495



Total deaths in past week

9

Cumulative deaths

10 757

CHOLERA updates



New cases in past week

73

Cumulative cases

6064

Total death in past week

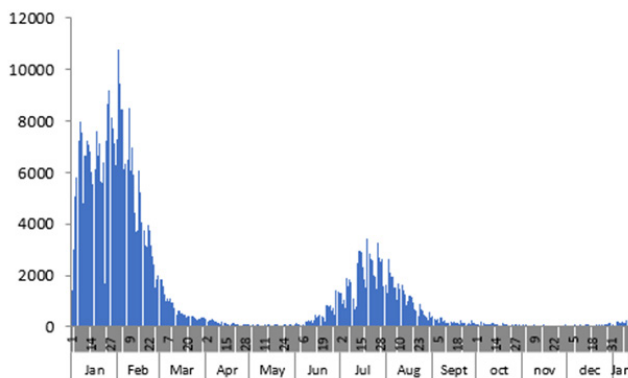
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Cumulative deaths

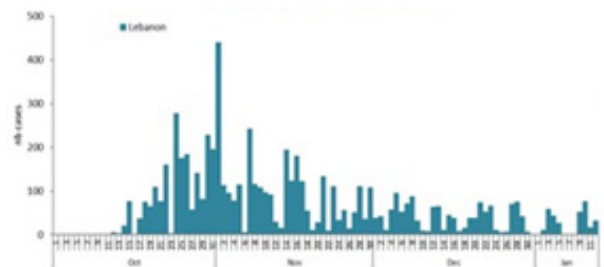
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Epidemiology situation - Based on MOPH data

Number of COVID-19 cases by week reported to the MOPH



Distribution of confirmed Cholera cases by date



COVID-19

- For the week ending 11 January 2023, a total of 1,316 cases and 9 associated deaths were reported during this reporting period, with a daily average of 188 cases. The trend of new cases has slightly increased during this reporting period due to the winter season and possible circulation of new Omicrom subvariants.
- The cumulative number of COVID-19 cases recorded since the start of the pandemic in Lebanon is 1,224,495 and 10,757 deaths (CFR 0.88%).
- The average local positivity rate is 14.8%, but it's important to note that the number of tests has declined in recent weeks due to many factors including the use RDTs, people not being willing to test due to mild symptoms, and not reported lab results by the private sector, etc.
- In the past week, 98 hospital beds were occupied by COVID patients, while the average ICU occupancy was 15%.
- The overall COVID-19 vaccine coverage in the country is 44.3% (people received two doses). The vaccine uptake among the target groups has been declining due to hesitance and other factors. This figure was last reported on 27 December 2022 by MOPH.

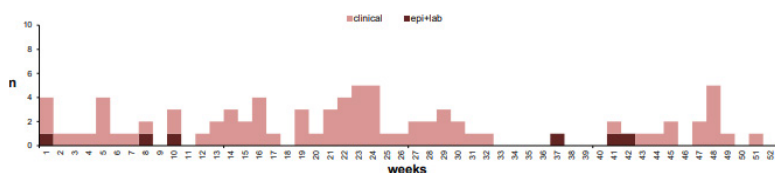
Cholera updates

- Lebanon is on its 78th day of the Cholera outbreak, which was declared on October 6, 2022, by the MOPH.
- To date, a total of 6,064 cases and 23 associated deaths were recorded across the country.
- No new deaths were registered during this reporting period with CFR of 0.43%.
- The overall trend of cholera continued to decline, but daily average of **25 cases** were recorded during this report period. Its still too early to declare the end of the cholera outbreak, and the response activities should be scaled up to avoid any resurgence of cases. Its critical to enhance the water and sanitation and risk communication activities in high risk areas, including household chlorination.
- In 2nd phase of the OCV campaign targeting high risk areas started 17 December and over 800,000 people in total received cholera vaccine in different locations. The Ministry of Health and partners have intensified their efforts to increase the coverage and vaccine uptake, despite increased hesitance and refusals.
- Over 525,630 individuals received one single dose by mid-December 2022 as part of the 1st phase of the Oral Cholera Vaccination campaign, while the target was 600,000 people.
- WHO continued to engage and update the partners on cholera situation, and advocate the joint efforts to sustain the cholera preparedness and response activities in Lebanon.

Measles

- No new measles cases were recorded during this reporting period.
- Since January 1, 2022, a total of 141 rash cases were detected including 2 new cases since last week. Eighty-two were classified as measles cases with six new cases positive. Out of the total confirmed cases, 58% were under 5 years old; 34% were unvaccinated and 5% of the cases were inpatient.
- MOPH and partners continued to enhance the surveillance to identify potential measles cases, but also vaccination among under-immunized children in the areas close to the Syrian border in the North of Lebanon.

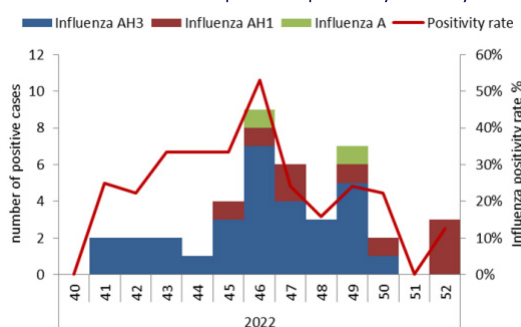
Cumulative number of measles (2022) = 82
 Cumulative number of rash cases (2022) = 141



ILI/SARI sentinel surveillance

- In the past 4 weeks, 144 samples were collected from suspected ILI patients at outpatient clinics. Of these samples, 35 tested positive for influenza A(H3) and AH1.
- In the past 4 weeks, 109 samples were collected from suspected SARI patients at inpatient hospitals. Of these samples, five tested positive for SARS-CoV2 while 12 samples tested positive for influenza. The circulating subtypes are mainly AH3 and AH1.
- The surveillance unit has intensified efforts to expand the sentinel surveillance sites and monitor the circulating influenza subtype.

Sentinel Influenza tested samples and positivity rates by week



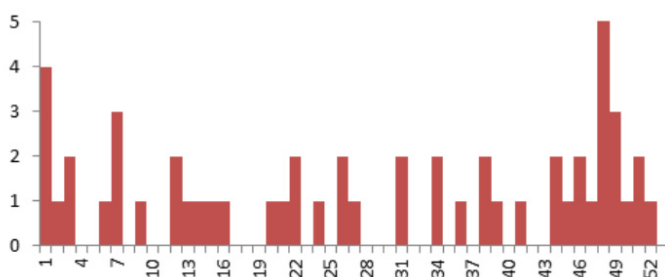
Acute Flaccid Paralysis surveillance

- Over the past week, three AFP case was detected 1 in Mount Lebanon, and 1 in Beirut.
- Since the 1st of Jan 2022, the total number of AFP reached 55 cases, 15 in Mount Lebanon, 10 of which are in Bekaa, 9 in the North and 10 in the South, 3 in Baalbek/Hermel, 4 in Beirut and 4 in Akkar.
- No wild poliovirus or vaccine-derived poliovirus was detected in 2022 through ongoing environmental surveillance.

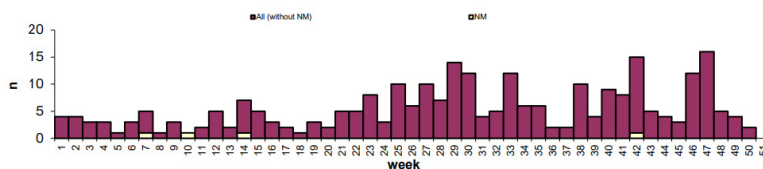
Meningitis

- Thirteen new suspected meningitis cases were reported during this reporting period.
- Four new deaths due to meningitis were reported during this period, keeping the total deaths since January 2022 at 21 (CFR at 7.7%).
- To date, the total number reported increased to 274 cases (since Jan 1, 2022), with the highest number reported from Mount Lebanon at 89 and Beqaa at 67 cases. 214 were classified as bacterial cases of which 4 were due to Neisseria meningitides, 4 to Haemophilus influenza, and 29 to Pneumococcus.

AFP cases by epidemiological week of onset



Cumulative number = 274
 Meningitis cases by time: weekly histogram (number of ccases per week)



WHO response

WHO team finalized training for six public hospital water laboratories



The training for six functional water quality monitoring laboratories at public hospitals was completed in December 2022 by WHO team. The training focused on water analysis for main bacteriological parameters including cholera at reference hospital labs including RHUH, Akkar Govt hospital, Tripoli Govt Hospital, Baalbek Govt Hospital, Dahr el Bashek hospital and Marjayoun Govt hospital.

WHO developed the Standard Operating Procedures (SOP) on water testing technology which were further modified and improved, and the SOP will be disseminated to hospital laboratory technicians to standardize the water testing methods.

WHO regional office organizes a workshop to strengthen resource mobilization for the Lebanon team



WHO Lebanon country office kick-started the year with a three-day intensive workshop on Resource Mobilization in Beirut and the training was conducted by an expert team from WHO regional office.

The purpose of this workshop was to build knowledge and skills among the staff and to have a common understanding of resource mobilization, donor stewardship at the country level and RM strategy, and donor engagement plan among other focused areas. One of the outcomes of the workshop includes the development of the Resource Mobilization Strategy for Lebanon.

One of the areas covered during the workshop includes the importance of donor visibility and WHO's commitment to acknowledge the donors who supported health programme or projects in Lebanon. There are many donors contributing to WHO's work in improving access to basic and life-saving health projects, including procurement and distribution of chronic and acute medications to PHCs, disease outbreak investigation and response, COVID and cholera responses, etc.

Almost 1 billion people around the world are served by health-care facilities with no electricity access or with unreliable electricity. Without reliable electricity in all health-care facilities, #HealthForAll cannot be reached. We must turn the tide!

Dr Tedros Adhanom Ghebreyesus

WHO Global response

TAG-VE statement on the meeting of 3 January on the COVID-19 situation in China

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The Technical Advisory Group on Virus Evolution (TAG-VE) meets regularly to review the latest scientific evidence on circulating SARS-CoV-2 variants and advises WHO on whether a change in public health strategies is warranted. The TAG-VE met on 3 January 2023 to discuss the COVID-19 situation in mainland China.

During the meeting, scientists from the China CDC presented genomic data from what they described as imported as well as locally-acquired cases of SARS-CoV-2 infections. For locally-acquired infections, data presented were based on more than 2000 genomes collected and sequenced from 1 December 2022. The China CDC analysis showed a predominance of Omicron lineages BA.5.2 and BF.7 among locally-acquired infections. BA.5.2 and BF.7 together accounted for 97.5% of all local infections as per genomic sequencing. A few other known Omicron sublineages were also detected albeit in low percentages. These variants are known and have been circulating in other countries, and at the present time no new variant has been reported by the China CDC.

As of 3 January, 773 sequences from mainland China have been submitted to the GISAID EpiCoV database, with the majority (564 sequences) collected after 1 December 2022. Of those, only 95 are labeled as locally-acquired cases, 187 as imported cases and 261 do not have this information provided. Of the locally-acquired cases, 95% belong to BA.5.2 or BF.7 lineages. This is in line with genomes from travellers from China submitted to the GISAID EpiCoV database by other countries. No new variant or mutation of known significance is noted in the publicly available sequence data. [Read full article.](#)

WHO Lebanon would like to thank the support of all partners and donors who have and are still contributing generously and directly to the WHO health response. Together health for all by all.



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