

HEALTH BRIEF

11 - 19 January 2023

Health Updates

COVID-19 updates



New cases in past week

1 660

Cumulative cases

1 227 016



Total deaths in past week

12

Cumulative deaths

10 775

CHOLERA updates



New cases in past week

0

Cumulative cases

6 250

Total death in past week

0

Cumulative deaths

23

Epidemiology situation - Based on MOPH data

A. Public Health Emergencies of International Concern

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

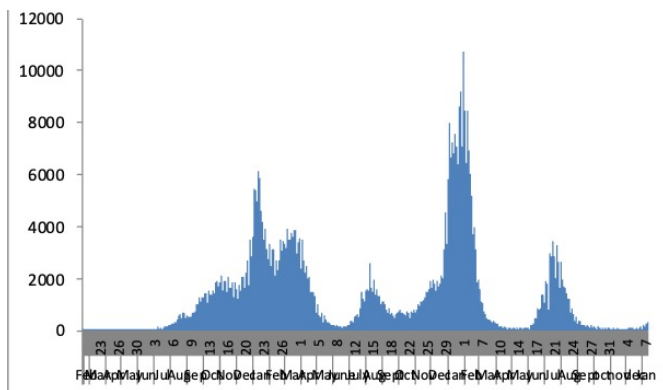


Figure 1: COVID-19 epi curve in Lebanon

1. COVID-19

- Based on epidemiological and response capacity indicators, the COVID-19 pandemic in Lebanon is classified as community transmission level 3.
- During this reporting period, a total of 1,660 new COVID-19 cases and 12 associated deaths have been reported. The highest COVID-19 incidence has been in Beirut and Mount Lebanon.
- Lebanon has registered a total of 1,227,016 COVID-19 cases and 10,775 deaths since the start of the pandemic. Over the past week, there has been 14 new deaths and the mortality rate is 0.26 per 100,000.
- On average daily basis for the past week, 23% of the ICU beds are occupied.
- WHO is providing technical and financial support for the execution of the 4th round of the national seroepidemiological investigation protocol for COVID-19 infection.
- WHO is supporting NGS sequencing at national level at the Center for Infectious Disease Research at AUB.

Distribution of confirmed Cholera cases by date

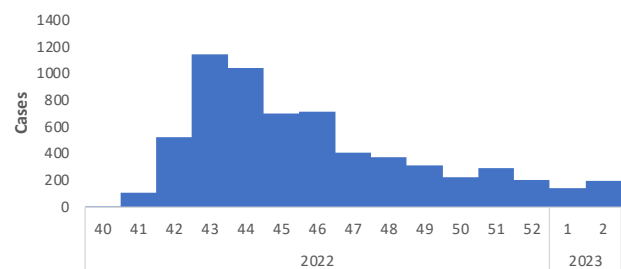


Figure 2: Distribution of suspected and confirmed cholera cases since the start of the outbreak

2. Cholera

- In 2022, there has been 8 active cholera outbreaks from countries of the Eastern Mediterranean Region (EMR), including Lebanon.
- Lebanon has been dealing with a cholera outbreak since October 6, 2022. Prior to this, the last cholera case in Lebanon was reported in 1993.
- Since the start of this outbreak, a total of 6,250 suspected cases and over 670 laboratory-confirmed cases were recorded across the country.
- The last cholera-associated death was registered on December 5th, 2022 and the total deaths reported so far is 23. After it had peaked to over 11% at the start of the outbreak, the cholera case fatality ratio (CFR) at national level currently sits at 0.36%. This is due to both improved case management and suspected case reporting.
- Cholera cases at national level peaked on epi week 33 (October 31st) with 440 cases reported in one day, after which there has been a steady decrease in the overall cases and attack rate. At national level, majority of the cases were recorded from Akkar, the North, Bekaa, and Baalbek-Hermel.

EPI situation continued

- The most affected age group has been children less than 15 years of age, but adult ages are also affected
- Nationally, over 80% of cholera cases have not required hospitalization, and these cases were managed at out-patient clinics or home. Cholera hospitalization in major referral hospitals peaked at more than 220 inpatients per day on epi week 42 (October 17) but has continued to drop since then with almost no daily hospitalizations since the start of 2023.
- Lebanon deployed the first dose of OCV vaccines through door-to-door community campaigns on November 17 (epi week 46). The MoPH, with the support of WHO, UNICEF, UNHCR and other partners, devised and executed a vaccine deployment plan that prioritized areas with the highest attack rates, and with documented water contamination at the source and household level.
- Lebanon has so far administered slightly over 1 million OCV doses (Euvichol Plus) in Akkar, Minieh-Donnieh, Tripoli, Koura, Zgharta, Hermel, Baalbek, Zahle, and West Bekaa. Lebanon will look to deploy the remaining 470,000 OCV doses among highly condensed and populated areas of Jbeil, Keserwan, Maten, and Chouf.
- WHO is currently, in collaboration with CDC, MOPH, and CRD, supporting the planning and execution of an OCV vaccine effectiveness study. This will be a matched case-control in areas where OCV has been deployed. This study will have interesting implications on: the single-dose strategy, using Euvichol-Plus as an OCV vaccine type, and acquired immunity among a population with no previous exposure to cholera.
- Under the leadership of the MOPH, WHO is currently facilitating a series of training sessions for NGOs with capacity to be deployed as rapid response teams in hotspot areas for investigation of suspected cholera cases.
- WHO has continued its efforts towards the establishment and piloting of the PHEOC and has supported the MOPH with essential human resources at central and peripheral levels during this cholera emergency.
- WHO is hosting a technical mission from the International Centre for Diarrheal Disease Research Bangladesh (ICDDR, B) that is currently reviewing the clinical guidelines and practices at the referral hospitals, and the mission team will conduct field visits to treating centers, interview treating physicians and national experts, and provide recommendations based on lessons learned.

3. Monkeypox

- Globally, there are 84,916 confirmed mpox cases, 81 associated deaths, and 110 countries reporting cases. In the EMR, there are so far 80 confirmed cases and 1 deaths.
- Throughout 2022, the MOPH in Lebanon has detected and reported 26 laboratory-confirmed cases of mpox.
- Among these cases, 58% were between 25 and 34 years old, 19% were between 35 and 44 years old, 15% were equal or great than 45 years old. One 8-year-old female has also tested positive.
- The majority of cases were reported among males with only 2 cases among females.

- Overall, 61% of cases identified as Men who have Sex with Men (MSM).
- WHO has supported the MOPH with relevant technical guidance.
- WHO, with the support of USAID, has initiated the strengthening of mpox surveillance at national level by engaging thematic NGOs to support with the integration of mpox and HIV activities among high-risk sexual minorities.
- WHO is supporting the national reference laboratory at RHUH with essential human resources, laboratory reagents and testing kits (targeted and commercial) for the mpox response.

B. Seasonal influenza

- With the support of WHO and CDC, the MOPH was able to strengthen respiratory disease surveillance by re-activating SARI surveillance. Currently, there are 19 functional sentinel sites across the country: 13 Influenza-like Illness (ILI) and 6 Severe Acute Respiratory Infections (SARI) sentinel sites which operate as per national guidelines by collecting specimens and sending them to the National Influenza Center (NIC) for laboratory testing.
- From Epi week 45 2022 till Epi week 02 2023, the influenza sentinel network enrolled a total of 622 patients, out of which 596 were tested. Of these tested, 144 specimens were positive for influenza and 32 were specimens positive for SARS-CoV-2.
- The influenza positivity rate has peaked in week 46 at 36% and then started decreasing to reach 14% in week 02 of year 2023.
- Out of the positive influenza specimens, 143 were influenza A and 1 was influenza B. Out of the influenza A specimens, 86 (59.7%) were H3N2, and 53 (36.8%) were H1N1 pdm09, while 4 (2.8%) were un-subtyped. The detected influenza B case was from the Victoria lineage. Co-circulation of SARS-CoV-2 and influenza was reported in 3 out of the 144 positive specimens.
- WHO continues, through the PIP framework and the CDC influenza division, to support the sentinel site surveillance mechanism through trainings, procurement of sample collection kits, and transportation of specimens.
- WHO will be supporting the MOPH in strengthening monitoring of other respiratory diseases of epidemic and pandemic potential, starting with RSV among children under 5 years of age.

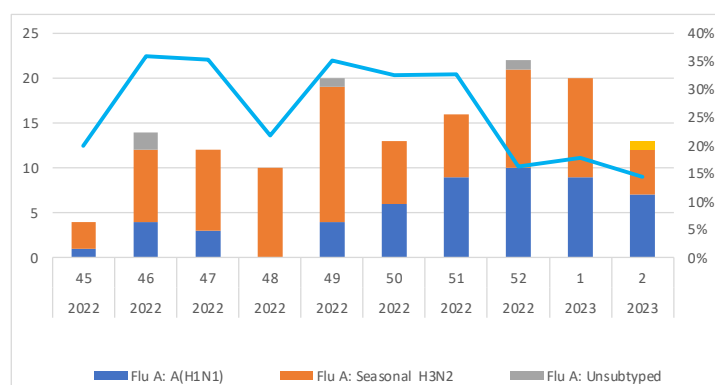


Figure 3: Number of tested specimens by influenza virus subtypes/lineages and percentage of specimens testing positive for influenza viruses in Lebanon from SARI/ILI sites (week 45, 2022 - week 02, 2023)

C. Vaccine-Preventable Diseases

It remains a priority by the MOPH and WHO to ensure high coverage and completeness of routine immunizations, according to the national calendar for all children under 5 to avoid any potential outbreak of Vaccine-Preventable Diseases (VPDs).

1. Measles

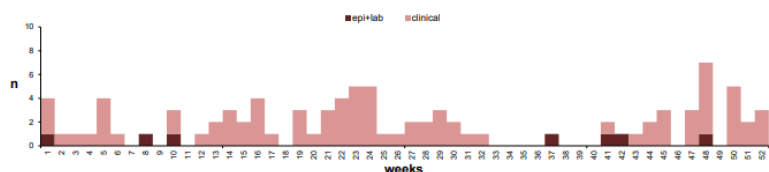


Figure 4: Number of suspected measles cases by week in 2022

- In 2022, there was a total of 95 reported measles cases including 4 laboratory-confirmed case. Of these cases, 54% were from the North and Akkar governorates while 13% were from Mount Lebanon and another 13% from Beqaa.
- Overall, 39% of cases were between 1-4 years of age, 34% between 5-9 years of age, and 13% were under 1.
- Overall, 30% of measles cases were zero dose individuals, i.e had not taken a single dose of measles-containing vaccines throughout their life course.
- WHO continues to support the laboratory pillar of the national measles response and is hosting a laboratory accreditation mission on the 30th of January 2023 at the NIC.

2. AFP surveillance and poliovirus circulation

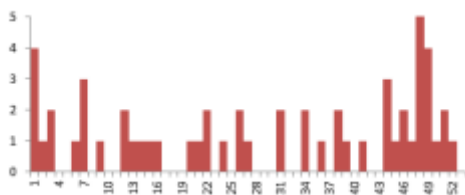


Figure 5: AFP cases by epidemiological week of onset

- During 2022, the national surveillance system was able to detect 57 AFP cases, 2 of which were zero dose cases, i.e cases who had not taken any dose of polio vaccine. These cases were distributed to Mount Lebanon (15), the North (10), Bekaa (10), South (9), Akkar (4), Beirut (4), Baalbek-Hermel (3), and Nabatieh (2).
- The nationality of these reported cases were 65% Lebanese, 34% Syrian, and 1% Palestinian.
- WHO continues to support the MOPH with human resources for active AFP surveillance and transportation of specimens (AFP and ES) in all governorates of the country.
- Although Lebanon has not detected and reported cVDPV2, it has been classified as a high-risk country for cVDPV2 introduction and has initiated and almost completed the preparedness checklist for nOPV2 vaccine introduction in case of detected cVDPV2 circulation.

- In anticipation for this potential circulation, WHO has supported the MOPH in updating its national immunization calendar to include a second IPV dose (now at 2 and 4 months of age) as additional protection against WPV2 derivatives.

D. Other communicable diseases

1. Meningitis

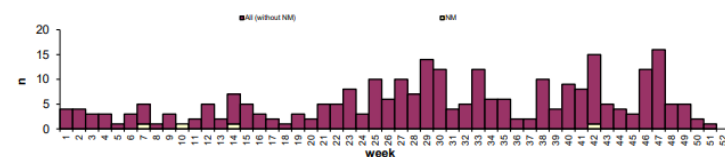


Figure 6: Meningitis cases over time

- Throughout 2022, there were 276 reported cases of meningitis based on clinical presentation. of the geographical distribution of the reported cases include, 32% from Mount Lebanon, 25% from Beqaa, 17% from the South, 14% from Beirut, and the rest from other governorates. Based on incidence rates, the most affected areas are Beirut and the Bekaa.
- Upon further specimen extraction (CSF and serum), 216 of these cases were classified as bacterial infection. Culture results showed 29 cases of *S. pneumoniae*, 5 cases of *H. influenza*, and 4 cases of *N. meningitidis*.

Health security is a strategic investment. #COVID19 has demonstrated that a health crisis can have devastating effects on whole societies, economies and national security. We must stop the panic-and-neglect cycle and keep a laser focus on preparedness.

Dr Tedros Adhanom Ghebreyesus

Enhancing the detection capacity for emerging infectious diseases through re-establishment of the central public health laboratory in Lebanon



WHO representative in Lebanon Dr. Abdinasir Abubakar accompanied by the Ambassador of the Kingdom of Norway to Lebanon Mr. Martin Yttervik, carried out a field visit to the National Influenza Center (NIC) and future Central Public Health Laboratory (CPHL) located at the Rafic Hariri University Hospital (RHUH) on Wednesday 18 January 2023 to check the current situation of the building that will host the CPHL for emerging and re-emerging infectious diseases in Lebanon. Mr Martin and Dr Abdinasir later paid a courtesy visit to Dr. Firas Abiad, the Minister of Public Health from his office to further discuss Norway's commitment to supporting the re-establishment of CPHL, and overall prevention and control of emerging infectious diseases in the country.

The Ministry of Public Health has identified the re-establishment of the CPHL functions as one of its priorities to advance national health security, and contribute to the overall capacity for epidemic preparedness and response capacity. The Minister has continued to advocate the importance of re-establishing and operationalizing the CPHL in order to meet the International Health Regulations (IHR) (2005) requirements.

WHO has been supporting the Ministry of Public Health in the process of re-establishing the Central Public Health Laboratory (CPHL) and advocating the investment to renovate and equip the five-floor building that will house the CPHL for emerging and re-emerging infectious diseases. WHO, with the support of Institut Pasteur de France, conducted thorough assessments of the building structure and equipment needs, as well as other technical support required in order to operationalize the CPHL.

Both WHO and Institut Pasteur are also providing technical guidance on the requirements needed to re-establish the CPHL in terms of identifying the list of pathogens to be tested, and testing platforms, identifying the biosafety level required, list of equipment and supplies, and human resources required.

Experts from WHO and Institut Pasteur de France assessed the building structure, developed a new design of the CPHL with biosafety level 3, and identified the essential equipment. The re-establishment of the CPHL for emerging and re-emerging infectious diseases will contribute to the national capacity to prevent, prepare for, detect and respond to future outbreaks of high-threat pathogens. Having an efficient, reliable and high-quality diagnostic capability to detect high-threat pathogens is one of IHR's core capacities, and the operationalization of the CPHL will fulfill one of the IHR requirements.

The Ambassador of the Kingdom of Norway has shown interest to support the re-establishment of the CPHL and overall epidemic preparedness and response capacity in the country. MoPH and WHO welcome the partnership of the Norwegian government to support the ongoing efforts to re-establish the national diagnostic capacity for emerging and re-emerging infectious diseases.

Dr. Abdinasir Abubakar, WHO representative in Lebanon, stated, "the field visit that the Ambassador and myself carried out to the future CPHL building was a good opportunity to see the real situation and to discuss with the technical team the importance of restoring the key functions of the CPHL. Enhancing the national diagnostic capacity for emerging and re-emerging infectious diseases is one of the priorities for the national health strategy, and WHO together with the Norway Government is committed to supporting the implementation of one of the key priorities of national health strategy and national health security".

During the meeting with the Minister, Dr. Abiad touched on the importance of early detection of outbreaks and the increased level of preparedness and expressed his appreciation for the partnership with the international community and the World Health Organization to strengthen the health sector, which is suffering from many challenges. Dr Abiad also highlighted other key functions of the CPHL; namely drug quality control, and food and water safety.

"The Minister of Public Health Dr. Abiad has a vision, and the vision is to re-establish and operationalize the CPHL. WHO together with Norway Government will assist in making that dream come true so at least the country will have a functioning CPHL after 20 years of no functioning CPHL," concluded Dr Abdinasir.

WHO will continue to advocate for increased investment by the international communities in the priority areas of the National Health Strategy, and the Norwegian government's contribution to Lebanon's health sector is highly valued.

WHO Global response

WHO launches funding appeal to help a record number of people in complex, intersecting health emergencies

WHO's Health Emergency Appeal 2023 calls for US\$ 2.54 billion

WHO is launching its 2023 health emergency appeal today for US\$ 2.54 billion to provide assistance to millions of people around the world facing health emergencies. The number of people in need of humanitarian relief has increased by almost a quarter compared to 2022, to a record 339 million.

Currently, WHO is responding to an unprecedented number of intersecting health emergencies: climate change-related disasters such as flooding in Pakistan and food insecurity across the Sahel and in the greater Horn of Africa; the war in Ukraine; and the health impact of conflict in Yemen, Afghanistan, Syria and northern Ethiopia – all of these emergencies overlapping with the health system disruptions caused by the COVID-19 pandemic and outbreaks of measles, cholera, and other killers.

“This unprecedented convergence of crises demands an unprecedented response,” said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. “More people than ever before face the imminent risk of disease and starvation and need help now. The world cannot look away and hope these crises resolve themselves. I urge donors to be generous and help WHO to save lives, prevent the spread of disease within and across borders, and support communities as they rebuild.”

WHO is currently responding to 54 health crises around the world, 11 of which are classified as Grade 3, WHO's highest level of emergency, requiring a response at all three levels of the organization. As it is often the case, the most vulnerable are the worst hit. [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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For more information: Dr Alissar Rady | Team Lead +961 3 661 131 | radya@who.int
Hala Habib | Communication Officer +961 3 870459 | hhabib@who.int