

# HEALTH BRIEF

## 3 - 17 February 2024

### Emergency Readiness and Response

#### Situation overview

Continued escalation of violence along the border between Hezbollah and Israel resulting in damages to homes and land.

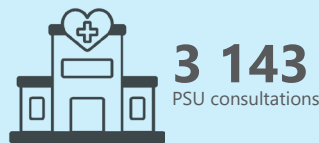


• Increase in the # of injured by 22.04% and # of fatalities by 21.25% since 30 Jan 2024.



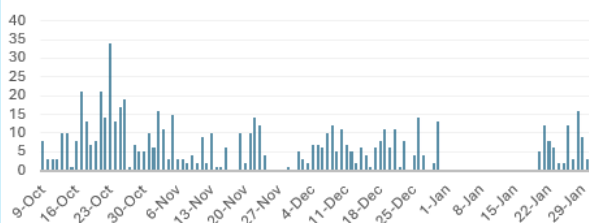
IOM data as of 13 February 2024

- Continued escalation of violence along the border between Hezbollah and Israel resulting in damage to homes and land.
- 1.28% percent increase since 6 Feb 2024.
- 9.9% decrease in people staying in temporary collective shelters.
- 338 cadastres hosting IDPs who will relocate to self-arranged accommodations.
- On 13 February 2023, two ambulance vehicles were completely destroyed as the result of the Israeli strikes on Meiss Al-Jabal raising the attack on health care workers to 5 attacks till date.



- Nine PHCCs remain closed, six in Marjayoun and three in Bint Jbeil districts. Health facilities that remained open in the areas with increased hostilities have reported very low consultations, and health-care workers are reporting increased difficulties arriving at their duty stations.
- PSU continues to provide services to displaced populations including providing integrated primary healthcare, including childhood vaccination, reproductive health consultations, awareness sessions, and psychological support.
- Referral hospitals continue to offer mass casualty management to injured individuals, and all hospitals are at their highest preparedness and response levels.
- Despite the insecurity in southern Lebanon, MoPH and Health partners continue to provide vital health services to the people who were displaced.

**Casualties cases by Arrival date to Hospital**



### Health needs and response

- **Public Health Emergency Operation Center** set up by MoPH with WHO's support, remains staffed and operational.
- PHEOC and partners continued to conduct field missions to monitor the health situation among displaced people.
- WHO and MoPH training health workers in hospital readiness for mass casualty management with Module 1 completed for 125 hospitals reaching 3,092 trainees; Module 2 on Mass Casualty Management, and Module 3 on Management of psychiatric emergencies and basic psychosocial support skills are ongoing.
- **Mass casualty management** training for high-risk, medium-risk and low-risk zones - completed with 87 hospitals reached (418 trainees) of which 10 hospitals started drafting or updating their MCM plans which will be followed by drills and simulation exercises.
- A new round for 12 hospitals on the management of psychiatric emergencies and basic psychosocial support skills started on 1 February. Six hospitals completed Module 3 reaching 60 nurses and eight doctors.
- Maintaining a strong surveillance system to detect potential disease outbreaks - no suspected or confirmed disease outbreak in the South or with displaced population.
- Maintaining effective coordination for health emergency response activities using health sector mechanisms led by MoPH.
- Other sectors have been actively responding to ongoing emergencies and assisting displaced individuals, such as shelter, food, nutrition, WASH, and protection.

### Gaps and priorities

- Continued support to enhance national and subnational coordination for emergency preparedness and response through the PHEOC and Health Sector Coordination mechanism.
- Improve the mass casualty and emergency care management capacities among frontline health workers through training and mentoring.
- Continued advocacy for protection and respect of health care at all times.
- Continued support for urgent basic health needs access including medications, especially among the internally displaced.
- Continued support for communicable diseases surveillance, early detection of outbreaks, and awareness among displaced population and in the assigned shelters, ex: respiratory diseases (Flu, COVID, RSV), lice and scabies, and waterborne diseases.

## Epidemiology situation - Based on Moph data

COVID-19 Updates during the reporting period



**322**

New cases

**1 250 828**

Cumulative cases



**1**

New deaths

**10 993**

Cumulative deaths

### A. Acute Respiratory Infections

#### 1- COVID-19

- COVID-19 is still a public health threat that needs to be monitored and addressed, even though it is no longer classified as a public health emergency.
- The latest figures available globally show the number of new cases increased by 4% during the 28-day period of 11 December 2023 to 7 January 2024 as compared to the previous 28-day period, with over 1.1 million new cases. The number of new deaths decreased by 26% as compared to the previous 28-day period, with 8,700 new fatalities reported.
- In Lebanon, a total of 322 new COVID-19 cases with 1 associated death were reported during this reporting period.
- Despite the slight increase of new cases during the winter season in Lebanon, the overall caseload is still under the threshold with lower severity, hospitalization, and deaths due to COVID. The positivity rate was 5.1%. The case fatality ratio stands at 0.88. In the past two weeks, the ICU COVID-19 occupancy rate at referral hospitals was 2%.
- As of 13 February 2024, Lebanon has registered a total of 1,250,828 COVID-19 cases and 10,993 deaths since the start of the pandemic.
- At the national level, COVID-19 vaccine coverage remains at 50.4% for the first dose, 44.4% for the second dose, and 27.6% for the third dose.
- WHO continued to support ESU in maintaining a strong surveillance system to detect cases and monitor COVID-19 hospitalizations and deaths.
- In continuation to previous capacity-building support and established partnership and network to monitor respiratory disease surveillance, WHO will continue liaising with the MoPH and its partners for monitoring of trends and circulation of variants of concern.

#### 2- Integration of seasonal influenza and other respiratory disease surveillance

- With the support of WHO, the MoPH continued to monitor the circulation of seasonal influenza viruses and other respiratory viruses. Based on the data obtained from the National Influenza Center (NIC), for Epi-week 5, a total of 106 specimens from suspected SARI and ILI cases were tested of which 16 specimens were positive for seasonal influenza virus, with influenza B (Victoria) being the predominant influenza subtype. 6 specimens were positive for SARS-CoV-2 virus. Specimens from children have been stored to be tested for RSV later. Most positive influenza cases were observed in the 16 to 50 years age group (50%) followed by the 6 to 15 years age group (38%).
- Ahead of the 2023/24 influenza season, the MoPH in Lebanon received 10,000 doses of seasonal influenza vaccine from the Partnership for Influenza Vaccine In-

roduction (PIVI) under the Task Force of Global Health (TFGH). The vaccination campaign prioritized high-risk groups such as healthcare workers, elderly individuals, and people with co-morbidities, resulting in a total of 7,907 influenza doses administered among target groups, with 885 distributed through the hospital network for health workers and 7,022 through the Primary Health Care (PHC) network for PHC health workers, PHC elderly beneficiaries, elderly homes, dialysis patients, and children with comorbidities.

- WHO continued to support the MoPH to strengthen seasonal influenza preparedness and response capacities at national and subnational levels. These supports currently include:
  - Improvement of data processes, interoperability, and data flow through building capacities to use R software.
  - Initiating procurement of essential test kits and other reagents for typing and subtyping.
  - Field visits to SARI/ILI sentinel sites to monitor the influenza surveillance program and propose corrective measures to improve specimens' collection.
  - Documenting successes and lessons learned from the SARI sentinel sites reactivation in the 2022/23 season.
  - Training of the NIC and ESU teams to ensure synchronization and flow of virologic information and data from the National Influenza Center (NIC) to regional and global reporting platforms (EMFLU, FluID, and FluNet).
  - Continuous engagement and training with sentinel site staff and diagnosing physicians.
  - Drafting of algorithms and protocols for pathogen testing for different respiratory diseases.
  - Analysis of weekly data and dissemination of information through regular influenza situation reports.

### B. Food and Waterborne Diseases

- In view of recent displacement and population movement in the south, WHO together with MoPH in Lebanon has been strengthening preparedness for AWD outbreaks by supporting a sentinel network of 12 active sites for timely detection and confirmation of potential cholera or other water-borne pathogens.

#### 1- Cholera/Acute Watery Diarrhea

- At the global level, as 2024 begins, 40,900 cholera cases and 775 deaths were reported in January alone from 17 countries across four regions (the African Region, the Eastern Mediterranean Region, the Region of the Amer-

icas, and the Southeast Asia Region). WHO considers the current global risk from cholera as very high and is responding with urgency to reduce deaths and contain outbreaks in countries around the world.

- In Lebanon, there were no reports of suspected or confirmed cases of cholera during this reporting period.
- Active early warning surveillance is in place through existing EWARS reporting sites and field missions of trained RRTs to areas with reported AWDs and transportation of specimens to the capacitated central and peripheral laboratories for investigation and confirmatory testing.
- WHO and the MoPH are constantly monitoring AWD cases with high vigilance. There are no reported active AWD clusters among displaced populations in Lebanon.
- Cholera remains a significant public health concern in Lebanon and MoPH together with WHO are scaling up the cholera preparedness and response capacities while leveraging and sustaining the gains made during the cholera outbreak.

## 2- Hepatitis A

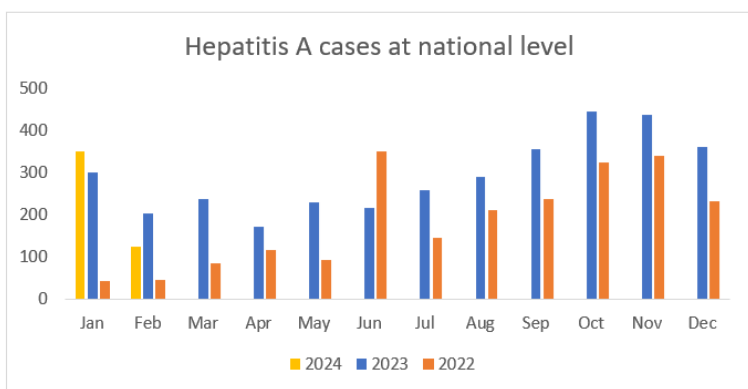


Figure 1: Number of suspected Hepatitis A cases by month for past 3 years

- During this reporting period, a total of 168 new suspected hepatitis A cases were reported across the country.
- Since the start of 2024, a total of 473 suspected Hepatitis A cases have been reported from health facilities across the country, of which 32.1% have been reported among 20-39 years old, followed by 28.7% among 10-19 years old, and 24.7% among 5-9 years old.
- Suspected Hepatitis A cases were distributed in North (253), Beqaa(85), Mount Lebanon (65), South (40), Nabatieh (17), Beirut (9), and unknown (4). There were no active clusters of hepatitis A cases recorded among displaced populations in the South.
- The MoPH surveillance team continued to monitor the epidemiological situation of food and waterborne diseases at public and private facilities across the country.
- Coordination is ongoing between the surveillance and WASH sectors to ensure suspected cases of water-borne diseases are detected and appropriate WASH interventions are implemented.
- MoPH is collaborating with other lines ministries to enhance the water and sanitation conditions in high-risk areas, including awareness-raising campaigns and promoting chlorination.

## C. Vaccine-preventable diseases

- Vaccine-preventable diseases remain 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).
- WHO is also supporting the strengthening of the National Immunization Technical Advisory Group (NITAG) for a better definition of roles and responsibilities and improved access to tools and resources for evidence generation and translation into recommendations.
- Through Gavi support, WHO is supporting the MoPH in improving routine immunization coverage, decreasing the number of zero-dose children, and decreasing the number of under-immunized children.

### 1- Measles

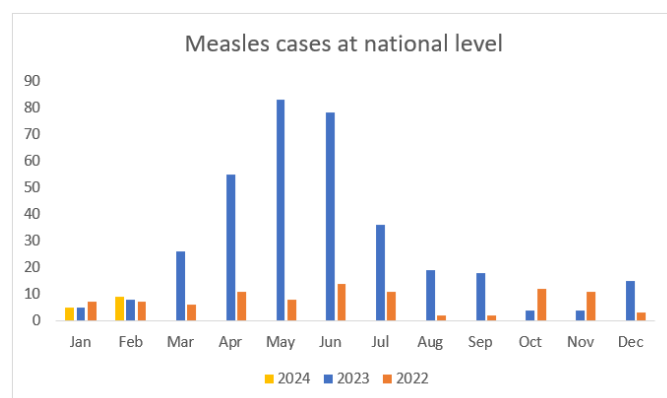


Figure 2: Number of suspected measles cases by month for past 3 years

- During this reporting period, a total of 9 new suspected measles cases were reported from Mount Lebanon (4), Akkar (1) and Baalbeck Hermel (1), Bekaa (1) Beirut (1), and South (1). The new suspected cases affected various age groups, and 8 of these suspected cases were unvaccinated.
- There were no active clusters of measles cases recorded among displaced populations in the South.
- The MoPH surveillance team conducts periodic series of field investigations for the reported suspected cases, and blood samples are collected and sent to the central laboratory for confirmation.
- Since the start of 2024, a total of 14 suspected measles cases have been reported at the national level. Among these cases, one case was lab-confirmed.
- Further analysis of the available data indicated that the South and Baalbeck Hermel districts have the highest measles attack rate, while 0- 4 age group and 10-14 age group have the highest attack rates, followed by the 5-9 age group.
- Overall, 13 out of 14 measles cases reported were zero-dose children, which means those children had not taken a single dose of measles-containing vaccines throughout their life course.
- Following last year's strengthening of decentralized capacities for early detection with the support of WHO, the MoPH is maintaining high vigilance at the start of 2024 for the detection of clusters of measles and any new outbreak wave.

## 2- Poliovirus

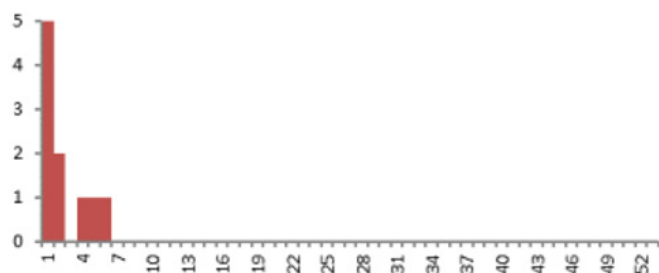


Figure 3: AFP cases by epidemiological week of onset

- During the past 2 weeks, 2 new suspected AFP cases were detected through active case finding and reported for further investigation. These new cases were identified in Beirut (1) and Nabatieh (1), aged 5-9y.
- Since the start of 2024, the national surveillance system was able to detect 10 suspected AFP cases. All reported AFP cases had received at least one dose of a polio-containing vaccine.
- Out of 10 reported AFP cases, 8 were Lebanese and 2 were Syrian.
- Lebanon is now fully verified to deploy nOPV2 in case of cVDPV2 detection.
- WHO continues to provide technical support to update the national immunization calendar with the recent SAGE recommendations stressing the importance of additional IPV campaigns in areas at high risk or with persistent of poliovirus circulation.
- WHO supported the MoPH in adopting an integrated disease surveillance structure focusing on the decentralization of essential early detection and notification functions to all administrative levels.

## D. Other Communicable Diseases

### 1- Monkeypox

- While Mpox no longer constitutes a global public health emergency, it continues to pose a significant threat to the health of individuals and high-risk populations.
- WHO continued to support the MoPH in Lebanon in optimizing available resources to sustain the gains and leveraging the Mpox response for broader preventive sexual health programming.
- Globally, there are 93,030 confirmed Mpox cases, and 176 associated deaths, from 117 countries reporting cases. In the EMR, there are so far 95 confirmed cases and 1 death (as of 31 December 2023).
- There is no new global data available during this reporting period due to the delay in reporting.
- Since the first case was detected on the 14th of June 2022, the MoPH in Lebanon has detected and reported 27 laboratory-confirmed cases of Mpox.
- No new Mpox case was detected or reported from Lebanon since January 2023.

## 2- Meningitis

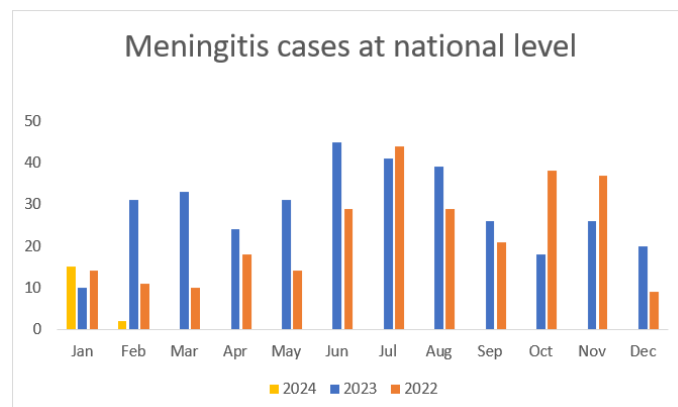


Figure 4: Number of suspected meningitis cases by month for past 3 years

- During this reporting period, 6 new suspected cases of meningitis were reported due to viral (3) and bacterial (3). They were located in South (3), Baalbeck-Hermel (2) and Beirut (1).
- Since the start of 2024, a total of 17 suspected meningitis cases with no associated death were reported across the country.
- Beirut is the most affected governorate based on incidence per 100,000. These suspected meningitis cases were distributed in Mount Lebanon (29.4%), South (23.5%), Beirut (17.6%) and Bekaa/ Baalbeck Hermel (23.5%) and North/Akkar (5.9%).
- Upon further specimen testing (CSF and serum), 9 of these cases were classified as bacterial infection. Culture results showed 1 case of *S. pneumoniae*.

“ 2.2 billion people still lack access to safely managed drinking-water -- the majority of whom live in rural areas, which are commonly served by small water supplies. The #Climate-Crisis is threatening to make this situation worse. ”

Dr. Tedros Adhanom Ghebreyesus, WHO Secretary General

WHO issued new guidelines and tools to enhance small water supplies for drinking and water quality: small water supplies, aiming to reduce the incidence of waterborne diseases, such as cholera. [Click here](#).



## WHO response

### WHO donates 6 vehicles for epidemiological surveillance in Lebanon



The Ministry of Public Health (MOPH) and WHO organized the handover yesterday of 6 new Renault Express vehicles to the Ministry's Epidemiological Surveillance Unit (ESU). WHO Lebanon donated the vehicles to support the ESU team's work in the field across Lebanon.

The handover event at the Ministry's premises was attended by Minister of Public Health Dr Firass Abiad, Head of ESU Dr Nada Ghosn and WHO Representative in Lebanon Dr Abdinasir Abubakar.

WHO remained committed to advocating and supporting gender mainstreaming in emergency preparedness and response. A series of trainings conducted in the last two months targeting 104 staff from WHO, MoPH and other partners. The objective was to sensitize staff on gender equality concepts and tools in the context of humanitarian response and ways to integrate gender in humanitarian programming. This initiative underscores our collective commitment to fostering a more inclusive and responsive approach in addressing emergencies.

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Full article on WHO Lebanon website [click here](#).

## World Child Cancer Day

In the Eastern Mediterranean Region, over 70% of children diagnosed with cancer died in 2022

Parents must know the early signs and symptoms of certain cancers and stay on the lookout for them in their children.

An unexplained high fever is a common sign of both leukaemia and lymphoma

Watch out for the symptoms of brain tumor

- headaches
- developmental delays
- increase in head circumference in infants

In the Eastern Mediterranean Region, it is estimated that more than 70% of all children with a cancer diagnosis died in 2022. Unlike cancer in adulthood, the underlying factors that contribute to childhood cancer are poorly understood, and only a small fraction of childhood cancers can be prevented. Globally, more than 1000 children are diagnosed with cancer every day. Recent medical advances make for very high chances of survival in high-income countries, where more than 80% of children diagnosed with cancer will survive. Yet only about 20% of children diagnosed with cancer will survive in some low- and middle-income countries.

In 2018, WHO launched the Global Initiative for Childhood Cancer (GICC). Its main goal is to reduce the survival gap by 2030, by making sure that at least 60% of children with cancer worldwide will survive their diagnosis. GICC is a cooperative effort involving WHO on a global, regional and country-specific scale, in partnership with St. Jude Children's Research Hospital.

This framework document is a "how-to" guide for policymakers and programme managers to effectively implement the CureAll pillars and enablers. It provides justification for action, posits priority interventions and proposes a monitoring framework.

CureAll framework: WHO Global Initiative for Childhood Cancer [click here](#)



WHO Lebanon released its Annual Report 2022.

[Click here](#).



## Children’s lives threatened by rising malnutrition in the Gaza Strip

**The situation is especially serious in the north, where 1 in 6 children under the age of 2 is acutely malnourished**  
 A steep rise in malnutrition among children and pregnant and breastfeeding women in the Gaza strip poses grave threats to their health, according to a comprehensive new analysis released by the Global Nutrition Cluster.  
 As the ongoing conflict in the Gaza Strip enters its 20th week, food and safe water have become incredibly scarce and diseases are rife, compromising women and children’s nutrition and immunity and resulting in a surge of acute malnutrition.  
 The report “Nutrition Vulnerability and Situation Analysis - Gaza” – finds that the situation is particularly extreme in the Northern Gaza Strip, which has been almost completely cut off from aid for weeks. Nutrition screenings conducted at shelters and health centres in the north found that 15.6 per cent – or 1 in 6 children under 2 years of age – are acutely malnourished. Of these, almost 3 per cent suffer from severe wasting, the most life-threatening form of malnutrition, which puts young children at highest risk of medical complications and death unless they receive urgent treatment. As the data were collected in January, the situation is likely to be even graver today. [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.*



WHO dashboard • WHO COVID-19 page • Q&A (English/Arabic) • WHO Lebanon website  
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