

HEALTH BRIEF

17 February - 04 March 2024

Emergency Readiness and Response

Situation overview

Continued escalation of violence along the border between Hezbollah and Israel resulting in civilian casualties and damage to homes and other properties.



1 054
People wounded



260
People killed

• Increase in the # of injured by 17.5% and # of fatalities by 34% since 17 Feb 2024. *Source: MoPH Lebanon.*



91 288
People displaced



1 089
staying in 18 temporary shelters

IOM data as of 27 February 2024

- Violence clashes along the border between Lebanon and Israel have intensified during this report period.
- **3.41%** percent increase since 13 Feb 2024.
- **10.6%** decrease in people staying in temporary collective shelters.
- **354** cadastres hosting IDPs who will relocate to self-arranged accommodations.
- On 13 February 2024, two ambulance vehicles were destroyed as the result of the Israeli strikes on Meiss Al-Jabal raising the attack on healthcare workers to 5 attacks to date.

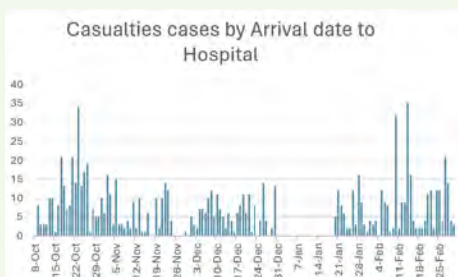


7
Health workers targeted



3 445
PSU consultations

- Six PHCCs are closed in the South: three in Bent Jbeil and three in Marjeyoun. Health facilities that remained open in the areas with increased hostilities have reported very low consultations, and healthcare 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 readiness levels.
- Despite the insecurity in southern Lebanon, MoPH and Health partners continue to provide vital health services to the displaced people.
- WHO is deeply concerned about the rising attacks on health workers and facilities in Lebanon, with seven health workers killed so far.



Health needs and response

- **Public Health Emergency Operation Center** set up by MoPH with WHO's support, remains staffed and operational.
- MoPH and health partners continued to provide life-saving health services to those injured during the conflict and displaced people. PHEOC and partners continued to conduct field missions to monitor the health situation among displaced people as well as others.
- The coordination of the health sector at national and subnational levels has been improved to ensure that health services are available and accessible to those who need them. 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** for high-risk, medium-risk, and low-risk zones - completed with 106 hospitals reached (519 trainees) of which 10 hospitals started drafting or updating their MCM plans which will be followed by drills and simulation exercises. An MCM drill was conducted at Sibliin Governmental Hospital to test the drafted MCM plan on 27 February 2024.
- A new round of hospitals on the management of psychiatric emergencies and basic psychosocial support skills started on 1 February. 45 hospitals completed Module 3, reaching 261 nurses and 75 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

- In light of the escalating clashes, the WHO requires approximately USD 10 million to maintain its emergency preparedness and response in Lebanon. An additional 2.5 million \$ will be needed to ensure the continuation of health services.
- Maintain stronger national and subnational coordination mechanisms 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 decreased by 58% during the 28-day period of 8 January to 4 February 2024 as compared to the previous 28-day period, with over 503,000 new cases reported. The number of new deaths decreased by 31% as compared to the previous 28-day period, with over 10,000 new fatalities reported. As of 4 February 2024, over 774 million confirmed cases and more than seven million deaths have been reported globally.
 - In Lebanon, a total of 380 new COVID-19 cases with 4 associated deaths 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 4.7%. The case fatality ratio stands at 0.88. In the past two weeks, the ICU COVID-19 occupancy rate at referral hospitals was 4%.
 - As of 28 February 2024, Lebanon has registered a total of 1,251,208 COVID-19 cases and 10,997 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.
- 100 specimens from suspected SARI and ILI cases were tested of which 19 specimens were positive for seasonal influenza virus, with influenza B (Victoria) being the predominant influenza subtype. Three specimens were positive for SARS-CoV-2 virus. Specimens taken from children are being stored to be tested for RSV at a later time. Most positive influenza cases were observed in the 6 to 15 years age group (47%), followed by the 16 to 50 years age group (37%).
 - 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 Introduction (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.
 - 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.

2- Integration of seasonal influenza and other respiratory disease surveillance

- On 23 February 2024, WHO announced the recommendations for the viral composition of influenza vaccines for the 2024-2025 influenza season in the northern hemisphere. The recommendations issued will be used by the national vaccine regulatory agencies and pharmaceutical companies to develop, produce, and license influenza vaccines for the following influenza season.
- 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-week7, a total of

B. Food and Waterborne Diseases

- Given 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

- 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 is scaling up the cholera preparedness and response capacities while leveraging and sustaining the gains made during the cholera outbreak.

2- Hepatitis A

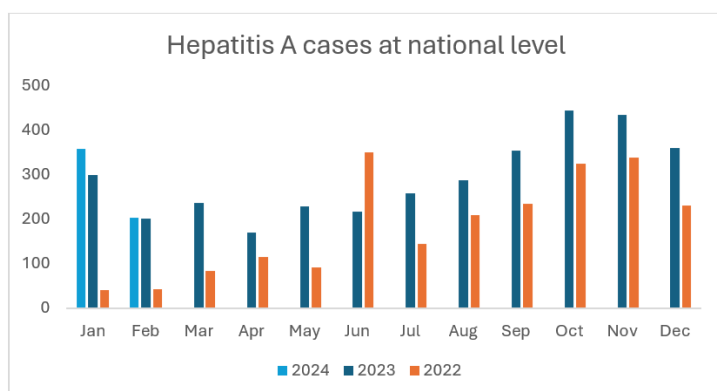


Figure 1: Number of suspected Hepatitis A cases by month for past 3 years

- During this reporting period, a total of 89 new suspected hepatitis A cases were reported across the country.
- Since the start of 2024, a total of 562 suspected Hepatitis A cases have been reported from health facilities across the country, of which 30.4% have been reported among 20-39 years old, followed by 27.9% among 10-19 years old, and 27% among 5-9 years old.
- The reported suspected Hepatitis A cases were distributed in North (302), Beqaa (99), Mount Lebanon (73), South (48), Nabatieh (24), Beirut (10), and unknown (6). 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

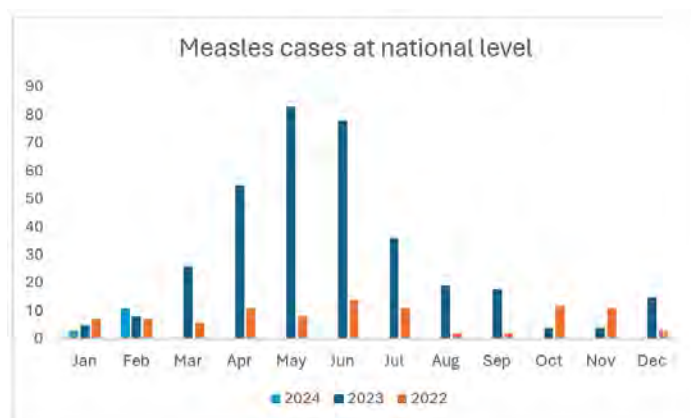


Figure 2: Number of suspected measles cases by month for past 3 years

- During this reporting period, a total of 7 new suspected measles cases were reported from Mount Lebanon (2), Nabatieh (2), Akkar (1), Bekaa (1), and North (1). The new suspected cases affected various age groups, and 5 of these suspected cases were unvaccinated.
- Since the start of 2024, a total of 14 suspected measles cases have been reported at the national level. Among these cases, two cases were lab-confirmed.
- There were no active clusters of measles cases recorded among displaced populations in the South.
- The MoPH surveillance team conducts periodic field investigations for the reported suspected cases, and blood samples were collected and sent to the central laboratory for confirmation.
- Further analysis of the available data indicated that the Nabatieh district has 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, 12 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

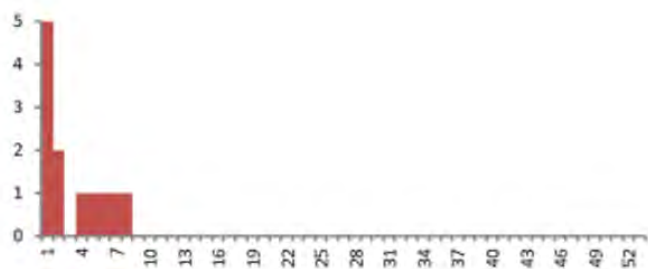


Figure 3: AFP cases by epidemiological week of onset

- During this reporting period, 2 new suspected AFP cases were detected through active case finding and reported for further investigation. These new cases were identified in Akkar (1) and Hermel (1), aged under 5 years.
- Since the start of 2024, the national surveillance system was able to detect 12 suspected AFP cases. All reported AFP cases had received at least one dose of a polio-containing vaccine.
- Out of 12 reported AFP cases, 10 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 93,921 confirmed Mpox cases, and 179 associated deaths, from 117 countries reporting cases. In the EMR, there are so far 95 confirmed cases and 1 death (as of 31 January 2024).
- 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

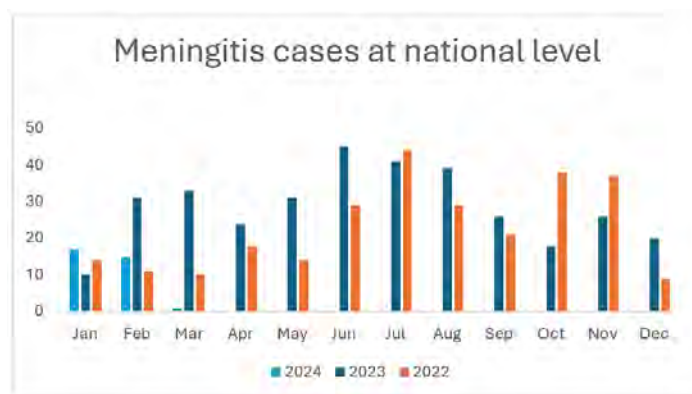


Figure 4: Number of suspected meningitis cases by month for past 3 years

- During this reporting period, 9 new suspected cases of meningitis were reported due to bacterial (6 including 2 SP), viral (2) and unspecified (1). They were located in Mount Lebanon (4), South (2), Beirut (1), North (1) and Nabatieh (1).
- Since the start of 2024, a total of 33 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 (39.4%), South (21.2%), Beirut (15.2%), Bekaa/ Baalbeck Hermel (12.1%), North/Akkar (9.1%) and Nabatieh (3%).
- Upon further specimen testing (CSF and serum), 19 of these cases were classified as bacterial infection. Culture results showed 6 cases of *S. pneumoniae*.

“ Children who survived bombardment but may not survive a famine.

Allow more aid for #Gaza.

Ceasefire.

Dr. Tedros Adhanom Ghebreyesus, WHO Secretary General ”

Message by Dr Hanan Balkhy, WHO Regional Director for the Eastern Mediterranean on
International Women’s Day, 8 March 2024
Women’s Health and Gender Equality: Essential Elements for a Better Future

WHO response

WHO delivers blood medical consumables to the Lebanese Red Cross donated by the Spanish Government



WHO representative Dr Abdinasir Abubakar and the Spanish Ambassador in Lebanon Dr Jesus I. Santos Aguado attended the handover of vital blood medical consumables that were received by the President of the Lebanese Red Cross Dr. Antoine El Zoghbi. This comes in response to the ongoing conflict situation in Lebanon, WHO is actively supporting many activities to enhance the emergency preparedness and response capacities in the health sector in collaboration with the Ministry of Public Health. The WHO is supporting the LRC to ensure quality and safe blood units through the procurement of essential blood medical consumables with generous support from the Government of Spain. These medical consumables are vital for ensuring preparedness and response measures in times of crisis, where immediate access to safe blood can mean the difference between life and death.

WHO representative reiterates WHO commitment for Universal Salt Iodization



Dr Abdinasir Abubakar, WHO representative in Lebanon attending the launching event of the revitalization universal salt iodization program at the Ministry of Public Health stressed the need for renewed commitment and timely action to push forward the Universal Salt Iodization Program in Lebanon. “WHO, UNICEF, and the Iodine Global Network recommend Universal Salt Iodization as a reasonable, safe, and cost-effective strategy that guarantees sufficient iodine intake. It is one of the public health nutrition programs implemented in Lebanon”.

An emergency drill to enhance the readiness of Sibline Governmental Hospital



From afar, it would seem like the ambulances rushing injured people to the Emergency Unit at Sibline Governmental Hospital, near the southern town of Saida, were working in the midst of a violent war. Fortunately, however, this was only a drill, successfully coordinated with relevant stakeholders such as the hospital staff, the Lebanese Red Cross, Sibline municipality, the Security General, and the local community. The mass casualty management drill was part of preparations for any acute emergency with mass casualties that could affect Lebanon’s health system. This is part of hospital preparedness and readiness for mass casualties as organized by the Ministry of Public Health’s Public Health Emergency Operations Centre (PHEOC) with technical support from WHO. Under the International Health Regulations (2005), WHO has been supporting the Ministry to strengthen hospitals’ readiness and preparedness to respond to any health emergency in the country. WHO also extended support to the establishment and operationalization of the PHEOC. Recently activated by the Minister of Health, the PHEOC has begun work to enhance the health emergency response, with the centre’s hospital task force leading on hospital preparedness and response. Using standard WHO tools, the task force completed an on-site rapid hospital readiness assessment for 48 hospitals in high-, medium- and low-risk areas. It also supported a further 52 hospitals to complete a self-assessment for hospital readiness. Based on the assessment findings, the Ministry developed the Trauma Response Plan, working with WHO and other stakeholders. Its primary aim is to minimize morbidity and mortality rates related to mass casualty events through prompt and efficient trauma care. Frontline health workers have since received advanced capacity-building training organized by the Ministry, WHO, and others to enhance their knowledge and skills. Hospitals taking part in the training were required to draft or update their mass casualty management plan and test it through a practical drill.

WHO response

WHO and MOPH conduct trainings for hospitals on death reporting and DHIS2

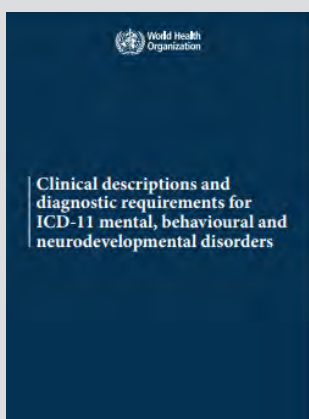


From 21 Feb to 4 March 2024, hospitals across Lebanon participated in refresher training sessions covering death reporting and the introduction of the new DHIS2 system developed by WHO. DHIS2 platform will enable data collection from all hospitals covering tracking death registry using ICD10 (International Classification of Diseases, 10th Revision, is a diagnostic and procedure coding system endorsed by WHO). These trainings were conducted by WHO and the Ministry of Public Health to ensure accurate mortality data for better healthcare planning!

WHO and UNICEF conduct a coordinatin and partnership meeting to collaborate efforts



A joint coordination and partnership meeting between WHO & UNICEF Lebanon was concluded today. Both sister agencies reaffirmed their commitment to collaborate in addressing critical needs in Lebanon. Working together will expedite the achievement of common objectives in key sectors of health, nutrition, and WASH among other areas.



New manual released to support diagnosis of mental, behavioural and neurodevelopmental disorders added in ICD-11.

[Download manual here](#)

INTERNATIONAL WOMEN’S DAY Invest in women: Accelerate progress

International Women's Day
WHO Lebanon celebrates with MOPH colleagues

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There is no limit to what women can accomplish. ACT now and make the difference!

Lina Abu Mrad
Director, National E-Health Program

World Health Organization | REPUBLIC OF LEBANON
MINISTRY OF PUBLIC HEALTH

International Women's Day
WHO Lebanon celebrates with MOPH colleagues

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Be yourself, focus, and move forward with your values!

Randa Hamadeh
Director of Primary Healthcare & Social Health Department

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MINISTRY OF PUBLIC HEALTH

International Women's Day
WHO Lebanon celebrates with MOPH colleagues

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On the occasion of International Women's Day, we praise the suffering and sacrifices of Gazan women.

Nada Ghosn
Head of Epidemiological Surveillance Program

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MINISTRY OF PUBLIC HEALTH

International Women's Day
WHO Lebanon celebrates with MOPH colleagues

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Every woman's success should be an inspiration to another. We're strongest when we cheer each other on.

Ghada el Hachem
Executive assistant of MoPH

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MINISTRY OF PUBLIC HEALTH

International Women's Day
WHO Lebanon celebrates with MOPH colleagues

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Women's progress does not need to be seen or validated by other people.

Ghada Joubrane
Communication Officer

World Health Organization | REPUBLIC OF LEBANON
MINISTRY OF PUBLIC HEALTH

International Women's Day
WHO Lebanon celebrates with MOPH colleagues

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To Lebanese women, I say: Your strength, resilience, and determination are the pillars of our society.

Jayne Haddad
Director of Preventive Health Care
Lebanese Ministry of Public Health

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MINISTRY OF PUBLIC HEALTH

International Women's Day
WHO Lebanon celebrates with MOPH colleagues

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I like to help people and my work at the Ministry allows me to create an impact to serve people.

Lina Ghulmiye
Principal Assistant to the Minister

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MINISTRY OF PUBLIC HEALTH

International Women's Day
WHO Lebanon celebrates with MOPH colleagues

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Making a positive impact on people's well-being through my work in the health sector.

Maha Naous
Pharmacist Head of Central Drug Warehouse

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MINISTRY OF PUBLIC HEALTH

International Women's Day
WHO Lebanon celebrates with MOPH colleagues

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My contribution to the health sector has impacted me first since it reflects my passion to serve in my domain ethically and it has an impact also on society since it shows the power of being a woman and doing my job perfectly besides being the mother of three.

Maysaloun Kasso
Head of Projects and Programs Department

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MINISTRY OF PUBLIC HEALTH

International Women's Day
WHO Lebanon celebrates with MOPH colleagues

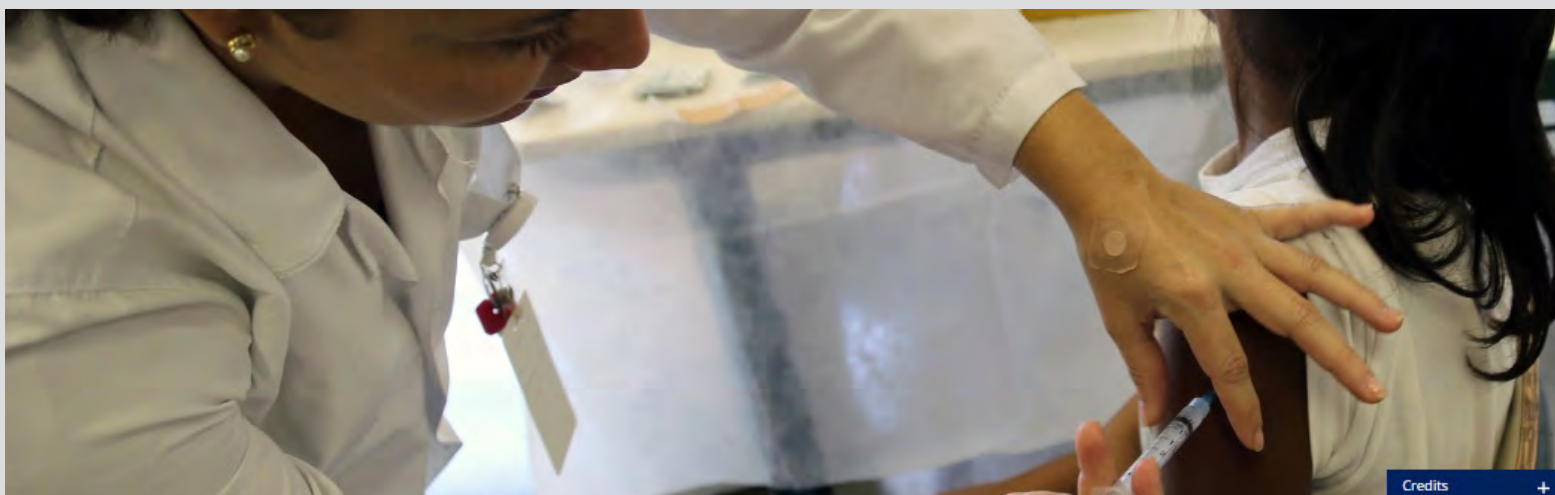
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You are the foundation of every home and company, therefore prioritize self-care; it empowers you to handle everything else.

Wafaa Housni
Head of Nutrition Department

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MINISTRY OF PUBLIC HEALTH

Women in Lebanon continue to be pillars of society and deserve recognition for their achievements across all spheres of life. This year, our focus will be on women who are playing a significant role in the Ministry of Public Health's great achievements, which is our main partner in Lebanon.



Credits +

Wave of new commitments marks historic step towards the elimination of cervical cancer

New country, policy and program commitments, plus nearly US\$ 600 million in new funding, at first-ever global forum offer a chance to save hundreds of thousands of lives by 2030.

Governments, donors, multilateral institutions, and partners today announced major new policy, programmatic and financial commitments, including nearly US\$ 600 million in new funding, to eliminate cervical cancer. If these ambitions to expand vaccine coverage and strengthen screening and treatment programs are fully realized, the world could eliminate a cancer for the first time. These commitments were made at the first-ever Global Cervical Cancer Elimination Forum: Advancing the Call to Action in Cartagena de Indias, Colombia, to catalyse national and global momentum to end this preventable disease.

Every two minutes, a woman dies from cervical cancer, although the knowledge and the tools to prevent and even eliminate this disease already exist. Vaccination against human papillomavirus (HPV) – the leading cause of cervical cancer – can prevent the vast majority of cases and, combined with screening and treatment, provides a path to elimination.

Cervical cancer is the fourth most common cancer in women worldwide, and continues to disproportionately impact women and their families in low and middle-income countries (LMICs). [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
 WHO Lebanon Facebook | Twitter | Instagram

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