

HEALTH BRIEF

05 - 19 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.



1 225
People wounded



316
People killed

• Increase in the # of injured by 16.3% and # of fatalities by 21.5% since 4 March 2024. *Source: MoPH Lebanon.*



91 316
People displaced



1 493
staying in 18 temporary shelters

IOM data as of 12 March 2024

- Violence clashes along the border between Lebanon and Israel have intensified during this report period.
- **0.03%** percent increase since 27 Feb 2024.
- **1.63%** increase in people staying in temporary collective shelters.
- **355** cadasters hosting IDPs who will relocate to self-arranged accommodations.
- On 4 March 2024, a civil defense center of a local NGO was targeted with an airstrike in Odaiseh Village in South Lebanon resulting in the death of 3 paramedics, the injury of 2 other paramedics, and the destruction of ambulances: raising the attack on healthcare workers to 7 attacks to date.



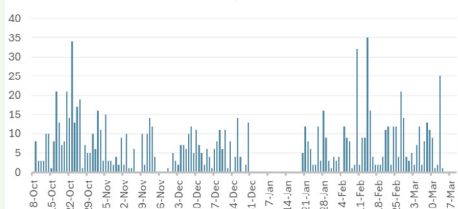
7
Health workers targeted



3 961
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 and it advocates for the protection of civilians and health workers.

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.
- 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 completed for 118 hospitals reaching 571 trainees, and Module 3 on Management of psychiatric emergencies and basic psychosocial support skills is ongoing.
- **Mass casualty management** training for high-risk, medium-risk, and low-risk zones - completed with 118 hospitals reached (571 trainees) of which 10 hospitals started drafting or updating their MCM plans which will be followed by drills out of which 5 already conducted tabletop exercises complemented by activation drills (Siblin Governmental Hospital, Baabda Governmental Hospital, Batroun Governmental Hospital, Saint John University Hospital and Rafik Hariri University Hospital).
- A new round of hospitals on the management of psychiatric emergencies and basic psychosocial support skills started on 1 February. 83 hospitals completed Module 3, reaching 595 nurses and 129 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.
- 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



427

New cases

1 251 635

Cumulative cases



3

New deaths

11 000

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 44% during the past 28-day period of 5 February to 3 March 2024 compared to the previous 28-day period (8 January to 4 February 2024), with over two hundred and ninety-two thousand new cases reported. The number of new deaths decreased by 51% as compared to the previous 28-day period, with 6,200 new fatalities reported. As of 3 March 2024, over 774 million confirmed cases and more than seven million deaths have been reported globally.
- In Lebanon, a total of 427 new COVID-19 cases with 3 associated deaths were reported during this reporting period.
- The positivity rate was 4%, while 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 20 March 2024, Lebanon has registered a total of 1,251,635 COVID-19 cases and 11,000 deaths since the start of the pandemic.

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-weeks 8-9, a total of 220 specimens from suspected SARI and ILI cases were tested of which 44 specimens were positive for seasonal influenza virus, with influenza B (Victoria) being the predominant influenza subtype. 13 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 (39%), followed by the 16 to 50 years age group (30%), and the 0 to 5 years age group (27%).
- 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.

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

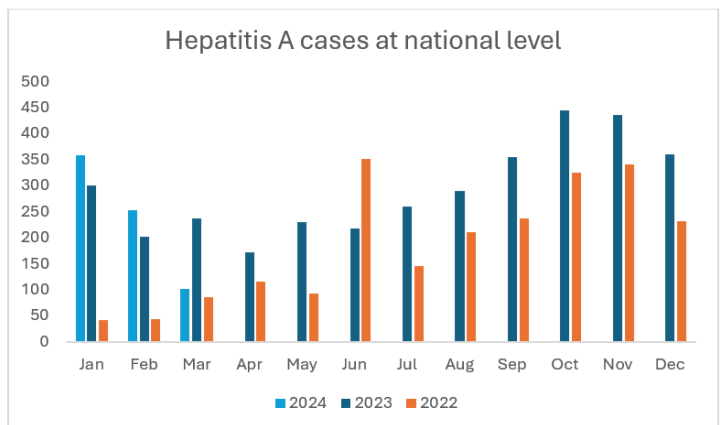


Figure 1: Number of suspected Hepatitis A cases by month for past 3 years

- During this reporting period, a total of 150 new suspected hepatitis A cases were reported across the country.
- Since the start of 2024, a total of 712 suspected Hepatitis A cases have been reported from health facilities across the country, of which 29.5% have been reported among 20-39 years old, followed by 28.8% among 10-19 years old, and 27.1% among 5-9 years old.
- The reported suspected Hepatitis A cases were distributed in North (369), Beqaa (153), Mount Lebanon (88), South (55), Nabatieh (27), Beirut (10), and unknown (10). There were no active clusters of hepatitis A cases recorded among displaced populations in the South.

EPI situation *continued*

- 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.

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.
- Active preparatory work is ongoing by the NITAG committee for the potential introduction of HPV vaccine.

1- Measles

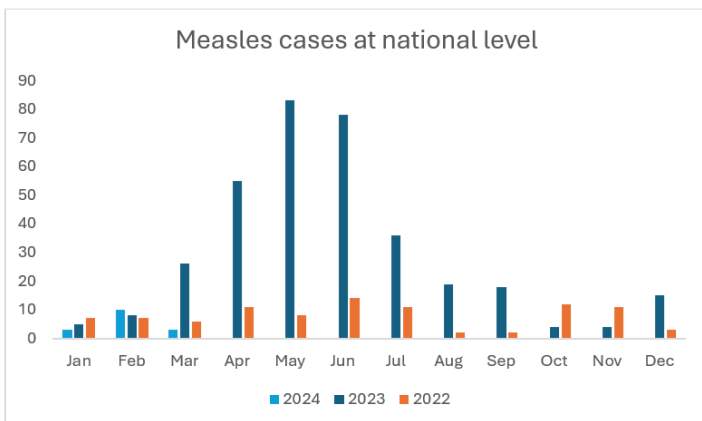


Figure 2: Number of suspected measles cases by month for past 3 years

- During this reporting period, a total of 6 new suspected measles cases were reported from Nabatieh (2), Mount Lebanon (1), Akkar (1), Baalbeck-Hermel (1), and North (1). The new suspected cases affected various age groups, and all were unvaccinated.
- Since the start of 2024, a total of 16 suspected measles cases have been reported at the national level. Among these cases, 3 cases were lab-confirmed.
- 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.
- There were no active clusters of measles cases recorded among displaced populations in the South.
- Overall, 15 out of 16 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.

2- Poliovirus

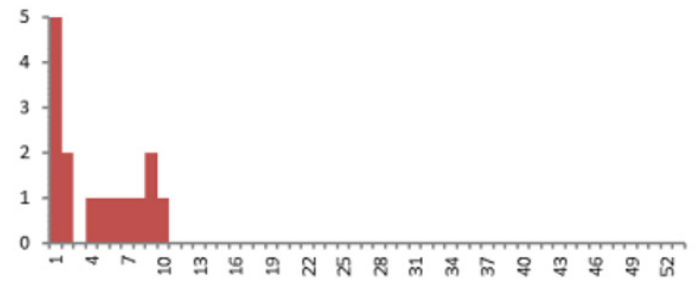


Figure 3: AFP cases by epidemiological week of onset

- During this reporting period, 3 new suspected AFP cases were detected through active case finding and reported for further investigation. These new cases were identified in Beirut (1), Mount Lebanon (1), and North (1), aged under 5 years (1) or 10-14 (2).
- Since the start of 2024, the national surveillance system has been able to detect 15 suspected AFP cases. All reported AFP cases had received at least one dose of a polio-containing vaccine.
- Out of 15 reported AFP cases, 13 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 poliovirus circulation.

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.
- 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).
- 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

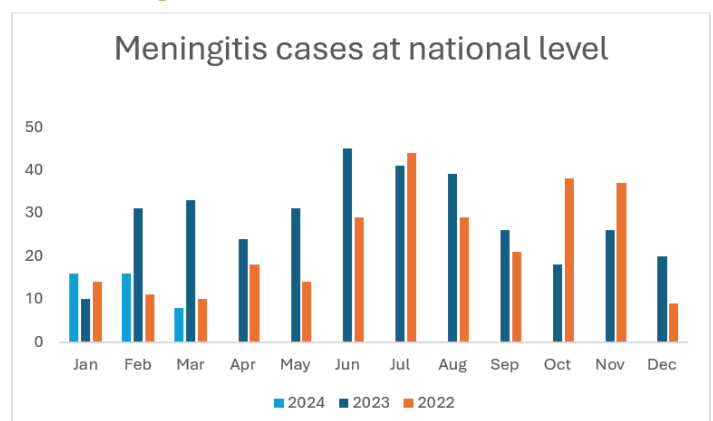


Figure 4: Number of suspected meningitis cases by month for past 3 years

EPI situation *continued*

- During this reporting period, 10 new suspected cases of meningitis were reported due to bacterial (4 including 1 SP and 1 HI), viral (4) and unspecified (2). They were located in Mount Lebanon (3), Akkar (3), South (2), Baalbeck Hermel (1) and North (1).
- Since the start of 2024, a total of 40 suspected meningitis cases with no associated death were reported across the country.
- Beirut and South are the most affected governorates based on incidence per 100,000. These suspected meningitis cases were distributed in Mount Lebanon (35%), South (22.5%), Beirut (12.5%), Bekaa/ Baalbeck Hermel (12.5%), North/Akkar (15%) and Nabatieh (2.5%).
- Upon further specimen testing (CSF and serum), 22 of these cases were classified as bacterial infection. Culture results showed 6 cases of *S. pneumoniae*.

E. WHO support to surveillance

- 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.
- WHO supported the MoPH to strengthen seasonal influenza preparedness and response capacities at national and subnational levels by strengthening ILI/ SARI sentinel network and monitoring of trends and circulation of variants of concern. The support includes:
 - Initiating procurement of essential test kits and other reagents for typing and subtyping.
 - Analysis of weekly data and dissemination of information through regular influenza situation reports.
- WHO supported the MoPH to monitor the epidemiological situation of food and waterborne diseases at public and private facilities across the country.
- WHO supported the MoPH to maintain high vigilance for the detection of clusters of measles, AFP, meningitis and any new outbreak wave.

“ Another reported attack on Al-Amal hospital in Gaza, another situation where patients and health workers are in great jeopardy. We appeal for their immediate protection, and repeat our call for a ceasefire.

Dr. Tedros Adhanom Ghebreyesus, WHO Secretary General



WHO response

WHO assesses four hospitals through simulation exercises on mass casualty management preparedness



A simulation exercise on the Mass Casualty Management Plan was conducted between March 18 and 21 in four hospitals (Baabda Governmental Hospital, RHUH, Saint John University Hospital and Batroun Governmental Hospital). The exercise was supported jointly by WHO/Ministry of Public Health. This is a follow-up to the Mass Casualty Management training that the hospital staff underwent two months ago to minimize morbidity and mortality rates related to mass casualty events through prompt and efficient care including trauma care. Frontline health workers and decision-makers have since received advanced capacity-building training organized by MoPH/PHEOC, WHO, and other partners (ICRC, Lebanese Society of Emergency Medicines) to enhance their knowledge and skills. Hospitals taking part in the simulation exercise tested their mass casualty management plan and received recommendations about how to improve their preparedness for all types of mass casualty management events. This was made possible through the generous financial support from the Spanish Government.

Twelve hospitals participate in the last mass casualty management training by WHO



The last training on Mass Casualty Management took place last week at the Qadri Hotel in Zahle with 52 decision-makers participants from 12 hospitals covering Bekaa and Baalbeck-Hermel. It was carried out by the hospital taskforce under the leadership of the Public Health Emergency Operation Center (PHEOC) at the Ministry of Public Health with support from WHO Lebanon in response to and as part of the emergency preparedness for the ongoing clashes along the Lebanese southern border. This brings the total number of hospitals trained to 118, with 517 trainees from frontline hospitals in the South.



Call for urgent agreement on international deal to prepare for and prevent future pandemics

Call from 100+ pantheon of global leaders for urgent agreement on governments to reach ambitious and equitable international deal to prepare for and prevent future pandemics.

A high-powered intervention by 23 former national Presidents, 22 former Prime Ministers, a former UN General Secretary and 3 Nobel Laureates is being made today to press for an urgent agreement from international negotiators on a Pandemic Accord, under the Constitution of the World Health Organization, to bolster the world's collective preparedness and response to future pandemics.

Former UN General Secretary Ban-ki Moon, New Zealand's former Prime Minister Helen Clark, former UK Prime Ministers Gordon Brown and Tony Blair, former Malawi President Joyce Banda, former Peru President Francisco Sagasti, and 3 former Presidents of the UN General Assembly are amongst 100+ global leaders, from all continents and fields of politics, economics and health management who today issued a joint open letter urging accelerated progress in current negotiations to reach the world's first ever multi-lateral agreement on pandemic preparedness and prevention. [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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