

HEALTH BRIEF

04 - 18 April 2024

Emergency Readiness and Response

Situation overview

- The escalation of violence along the border between Hezbollah and Israel has intensified recently, resulting in increased civilian casualties and damage to homes and other properties.
- The recent retaliatory attacks on Israel and Iran may have led to an increase in the intensity of cross-border clashes between Israel and Hezbollah.



1 339
People wounded



342
People killed

- Increase in the # of casualties by 4.53% and # of fatalities by 3.32% since 3 April 2024. *Source: MoPH Lebanon.*



92 094
People displaced



1 534
staying in 18 temporary shelters

IOM data as of 09 April 2024

- Violence clashes along the border between Lebanon and Israel have intensified during this reporting period.
- 0.75% percent increase since 26 March 2024.
- 4.35% increase in people staying in temporary collective shelters.
- 365 cadasters hosting IDPs who will relocate to self-arranged accommodations.
- Since the beginning of hostilities across the Southern border, 9 attacks have been recorded targeting health care workers resulting in the death of 16 paramedics.



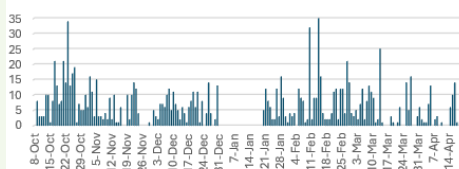
16
Health workers targeted



4 735
PSU consultations

- Six PHCCs are still closed in the South: 3 in Bent Jbeil and 3 in Marjeoun.
- 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 (PHC Satellite Unit) 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.
- 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 15 hospitals started drafting or updating their MCM plans which will be followed by activation drills.
- A new round of hospitals on the management of psychiatric emergencies and basic psychosocial support skills started on 1 February. A total of 1,572 frontliners (160 Doctors trained in 58 hospitals and 1,412 nurses trained in 89 hospitals) have been trained with WHO direct support so far.
- The PHC network has seen an increase in the number of patients with acute or chronic illnesses who are demanding continuity of services, including medications for chronic diseases.
- Maintaining a strong surveillance system to detect potential disease outbreaks - no suspected or confirmed disease outbreak in the South or with displaced population was reported.
- 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 12 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



249

New cases

1 251 988

Cumulative cases



0

New deaths

11 001

Cumulative deaths

A. Acute Respiratory Infections

- On 1 April 2024, the WHO was notified about a laboratory-confirmed case of human infection with Highly pathogenic H5N1 influenza viruses by the United States of America IHR National Focal Point. Globally, an increased number of highly pathogenic H5N1 influenza viruses among animals has been reported, and there is a possibility of human transmission. No additional associated cases of human infection have been identified in USA. Overall, WHO assesses the public health risk to the general population posed by this virus to be low.

1- COVID-19

- While no longer classified as a public health emergency, COVID-19 remains a persistent public health concern requiring ongoing monitoring.
- The latest figures available globally show the number of new cases decreased by 11% during the past 28-day period of 4-31 March 2024 compared to the previous 28-day period (5 February to 3 March 2024), with over two hundred and seven-five thousand new cases reported. The number of new deaths decreased by 41% as compared to the previous 28-day period, with over 4,200 new fatalities reported. As of 31 March 2024, over 774 million confirmed cases and more than seven million deaths have been reported globally.
- In Lebanon, a total of 249 new COVID-19 cases with no associated death were reported during this reporting period.
- The positivity rate remains stable at 3.4%, with a case fatality ratio standing at 0.88. In the past two weeks, the ICU COVID-19 occupancy rate at referral hospitals was 3%.
- As of 17 April 2024, Lebanon has registered a total of 1,251,988 COVID-19 cases and 11,001 deaths since the start of the pandemic.

2- Integration of seasonal influenza and other respiratory disease surveillance

- With the support of WHO, 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 11-12:
 - A total of 171 specimens from suspected SARI and ILI cases were tested of which 52 specimens were positive for seasonal influenza virus, with influenza B (Victoria) being the predominant influenza subtype.
 - Four specimens were positive for SARS-CoV-2 virus
 - One case of co-circulation of influenza B (Victoria) and SARS-CoV-2 was reported.
 - 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 (35%), followed by the 16 to 50 years age group (31%), and the 0 to 5 years age group (29%).

- Preparation with the MoPH has been initiated for the next Influenza season, mainly with the Partnership for Influenza Vaccine Introduction (PIVI) support to Lebanon.

B. Food and Waterborne Diseases

1- Cholera/Acute Watery Diarrhea

- In Lebanon, there were no reports of suspected or confirmed cases of cholera during this reporting period.
- 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 and MoPH together with WHO are enhancing cholera preparedness and response in Lebanon while leveraging the gains made during the cholera outbreak.

2- Hepatitis A

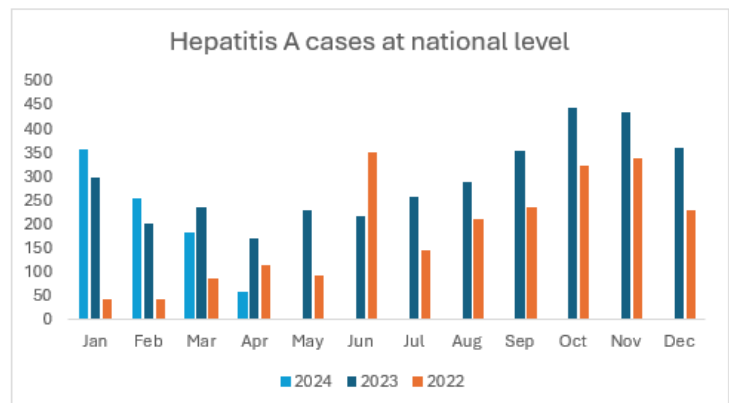


Figure 1: Number of suspected Hepatitis A cases by month for past 3 years

- During this reporting period, a total of 52 new suspected hepatitis A cases were reported across the country.
- Since the start of 2024, a total of 854 suspected Hepatitis A cases have been reported from health facilities across the country; this is within the average expected number of cases compared to previous years; Among the cases reported, 29.6% are between 10-19 years old, followed by 28.2% among 20-39 years old, and 28% among 5-9 years old.
- The reported suspected Hepatitis A cases were distributed in North (464), Beqaa (168), Mount Lebanon (107), South (59), Nabatieh (31), Beirut (13), and unknown (12); the distribution of cases is relatively similar with previous years. There were no active clusters of hepatitis A cases recorded among displaced populations in the South.

C. Vaccine-preventable diseases

- Vaccine-preventable diseases (VPDs) 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 VPDs. This activity is mainly supported by GAVI.
- As part of WHO support to the NITAG committee in Lebanon, a regional expert is already providing to the working group technical advice to complete the preparatory work necessary for introducing Human papillomavirus vaccines (HPV) in the national calendar of vaccination. In parallel, initial discussions are started to explore support from Gavi for HPV vaccine introduction at national level.

1- Measles

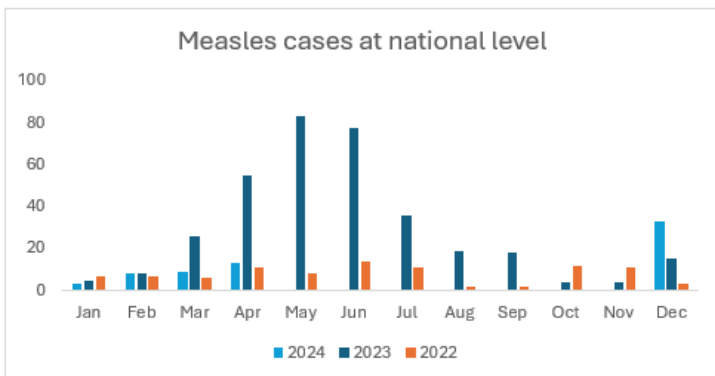


Figure 2: Number of suspected measles cases by month for past 3 years

- During this reporting period, a total of 13 new suspected measles cases were reported from Baalbeck-Hermel (2), Mount-Lebanon (2), North (2), Beirut (1), Bekaa (1), Nabatieh (1) and Unspecified (4). The new suspected cases affected various age groups, and 11 cases were unvaccinated.
- Since the start of 2024, a total of 33 suspected measles cases have been reported at the national level, indicating a decrease compared to the number of cases observed in the previous year. Among these cases, 5 cases were lab-confirmed.
- Baalbeck-Hermel and Akkar districts have the highest measles attack rate, while the most affected age group was under 5 years.
- There were no active clusters of measles cases recorded among displaced populations in the South.
- Overall, 30 out of 33 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

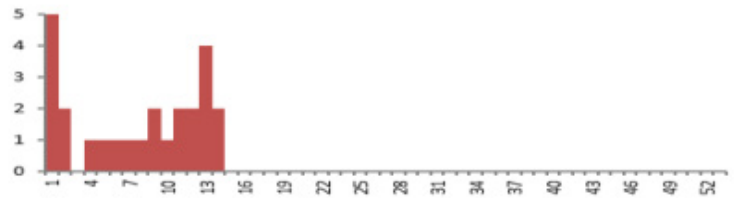


Figure 3: AFP cases by epidemiological week of onset

- During this reporting period, 2 new suspected AFP cases were detected through active case finding and reported for further investigation. These new cases were identified in Mount-Lebanon (1) and North (1), aged 5-9 years (2).
- Since the start of 2024, the national surveillance system was able to detect 25 suspected AFP cases. All reported AFP cases had received at least one dose of a polio-containing vaccine.
- Out of 25 reported AFP cases, 22 were Lebanese and 3 were Syrian.
- Lebanon is now fully verified to deploy nOPV2 in case of cVDPV2 detection.

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 94,707 confirmed Mpox cases, and 181 associated deaths, from 117 countries reporting cases. In the EMR, there are so far 95 confirmed cases and 1 death (as of 28 February 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

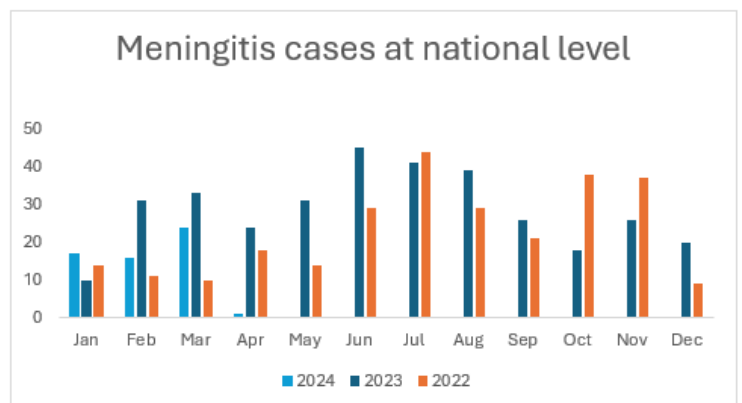


Figure 4: Number of suspected meningitis cases by month for past 3 years

- During this reporting period, only 1 new suspected case of meningitis was reported due to bacterial (HI), located in Mount Lebanon. This may be due to a delay in reporting during this month due to the holiday season.

EPI situation *continued*

- Since the start of 2024, a total of 58 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 (37.9%), South (24.1%), Beirut (10.3%), Bekaa/ Baalbeck Hermel (10.3%), North/Akkar (12.1%) and Nabatieh (5.2%).
- Upon further specimen testing (CSF and serum), 31 of these cases were classified as bacterial infection. Culture results showed 6 cases of *S. pneumoniae* and 2 HI.

E. WHO support to surveillance

- The integrated disease surveillance structure established at the MoPH is currently: includes:
 - maintaining high vigilance for the detection of clusters of measles, AFP, meningitis, and any new outbreak wave.
 - monitoring the epidemiological situation of food and waterborne diseases at public and private facilities across the country.
- The support of WHO in terms of seasonal influenza 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.

“
Health is not a luxury for those who can afford it – it's a right for all.

Dr. Tedros Adhanom Ghebreyesus,
WHO Secretary General

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Mental Health Matters

Did you know?

Globally, over 22% of people who live through a disaster or emergency are estimated to suffer from a mental disorder.

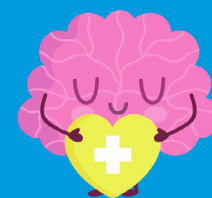


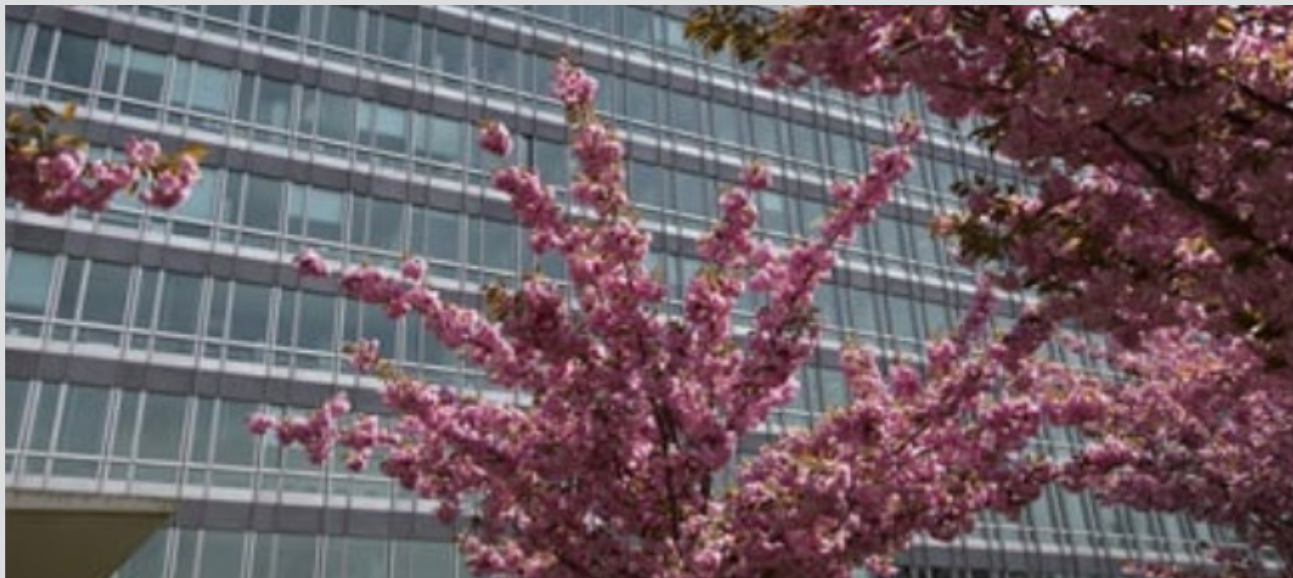
Stigma and discrimination around mental health problems can lead to limiting the mental health services'

- acceptability
- availability
- accessibility
- affordability



To counter stigma and discrimination and remind us how important it is to prioritize mental health, the WHO Eastern Mediterranean Regional Office worked with community organizations to capture stories of people with lived experience of mental health problems.





Leading health agencies outline updated terminology for pathogens that transmit through the air

Following consultation with public health agencies and experts, the World Health Organization (WHO) publishes a global technical consultation report introducing updated terminology for pathogens that transmit through the air. The pathogens covered include those that cause respiratory infections, e.g. COVID-19, influenza, measles, Middle East respiratory syndrome (MERS), severe acute respiratory syndrome (SARS), and tuberculosis, among others.

The publication, entitled "[Global technical consultation report on proposed terminology for pathogens that transmit through the air](#)", is the result of an extensive, multi-year, collaborative effort and reflects shared agreement on terminology between WHO, experts and four major public health agencies: Africa Centres for Disease Control and Prevention; Chinese Center for Disease Control and Prevention; European Centre for Disease Prevention and Control; and United States Centers for Disease Control and Prevention. This agreement underlines the collective commitment of public health agencies to move forward together on this matter. [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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