

# HEALTH BRIEF

## 1 - 20 July 2024

### Emergency Readiness and Response

#### Situation overview

- The escalation of violence along the border between Hezbollah and Israel continued to intensify, resulting in increased civilian casualties and damage to homes and public infrastructure.
- The intensity of cross-border clashes in recent weeks could have been influenced by the ongoing conflict in Gaza.
- The prolonged ceasefire negotiations between Israel and Hamas may also have contributed to the prolong and increased cross-border clashes in southern Lebanon.
- The cross-border clashes have impacted the livelihood of the people living in the South and along the border with Israel, and many of them were displaced.



**2 012**  
People wounded



Out of which  
**490**  
People killed

- Increase in the # of casualties by 11.3% and # of fatalities by 11.6% since 29 June 2024. *Source: MoPH Lebanon.*



**98 002**  
People displaced



**1 440**  
staying in 16  
temporary shelters

*IOM data as of 9 July 2024*

- The violence clashes between Lebanon and Israel along the border intensified during this report period.
- **1.2%** percent increase since 25 June 2024.
- **0.98% increase** in people staying in temporary collective shelters.
- **337** cadasters hosting IDPs who will relocate to self-arranged accommodations.
- Since the beginning of hostilities across the Southern border, 13 attacks on health care workers have been recorded targeting health care workers resulting in the death of 21 paramedics.

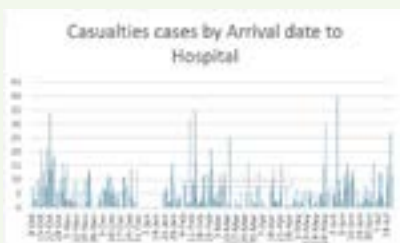


**18**  
Health workers  
targetted



**47 163**  
PSU consultations

- **19** health workers died in 13 attacks.
- 87,310 PSU services through mobile units.
- Six PHCCs are still closed in the South: 3 in Bint 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, including mental health support, medications for chronic illnesses, etc.
- 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.



### 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 completed with a total of 1,885 frontliners (160 Doctors trained in 58 hospitals and 1,725 nurses trained in 108 hospitals) have been trained with WHO direct support.
- **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. MCM Activation Drills started on June 6 for 77 hospitals while coaching sessions were delivered to 35 hospitals in preparation for the activation drills by the PHEOC trainers. Target to be reached with activation drills is 118 hospitals.
- 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.

## A. Acute Respiratory Infections

### 1- COVID-19

- While no longer classified as a public health emergency, COVID-19 remains a persistent public health concern requiring ongoing monitoring.
- During the 28-day period from 29 April to 26 May 2024, global COVID-19 trends showed a decrease in new cases by 11% (with over 129,000 new cases reported) and a decrease in new deaths by 36% (with more than 1,800 new fatalities reported), while hospitalizations and ICU admissions decreased by 57% and 38%, respectively, primarily influenced by declining figures in the Americas region. These trends reflect ongoing global efforts amidst varying testing frequencies and reporting delays across countries.
- For the past 4 weeks, the sentinel for inpatients, enrolled 100 cases. Positivity rates were 5% for COVID-19 and 0% for Influenza.
- For the past 4 weeks, the sentinel for outpatients, enrolled 41 cases. Positivity rates were 7% for COVID-19 and 0% for Influenza.
- In summary, there is decrease in influenza activity and relative wave of COVID-19 activity from week 12 to week 22.

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

- WHO supported the NIC with a new assay for respiratory pathogens, allowing for comprehensive testing of the 21 pathogens that are prevalent during the 2023-2024 season. This will enable more accurate identification and monitoring of respiratory infections.

## B. Food and Waterborne Diseases

### 1- Cholera/Acute Watery Diarrhea

- During this reporting period, 25 acute watery diarrhea patients were enrolled through the AWD sentinel surveillance system. These cases were identified in Baalbeck (18) and Hermel (7).
- No cholera cases were recorded to date across the country, and the laboratory tests of the suspected cases were negative.
- WHO with the kind donation from the Canadian government has supported with 1400 Rapid Diagnostic Testing (RDT) for cholera testing.
- WHO and MoPH have been enhancing surveillance and laboratory capabilities to guarantee timely detection and confirmation of possible cholera outbreaks, by decentralizing testing in 3 new public hospitals in Akkar, Tripoli and Baalbeck.
- WASH partners have intensified efforts to improve the water and sanitation in high-risk settlements.
- As part of the preparedness plan and with the support of the WASH and Health sectors, the MOPH with all the partners are finalizing the Oral Cholera Vaccine (OCV) deployment plan.

### 2- Hepatitis A

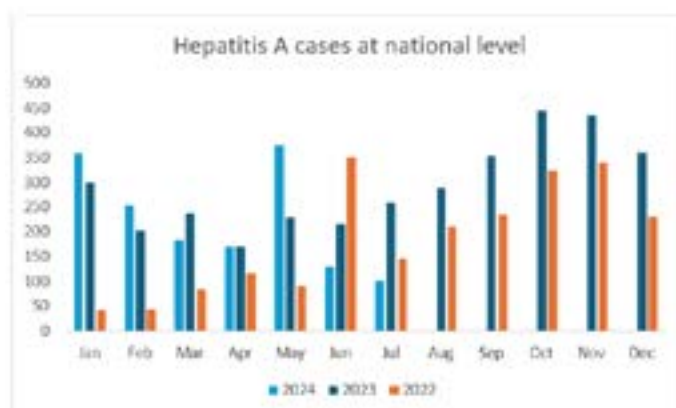


Figure 1: Number of suspected Hepatitis A cases by month for past 3 years

- During this reporting period, a total of 102 new suspected hepatitis A cases were reported across the country. These new cases were identified in Akkar (34), Bekaa (23), North (30), Mount Lebanon (9), South (3), Nabatieh (1), and Beirut (2). There were no active clusters of hepatitis A cases recorded among displaced populations in the South.
- Since the start of 2024, a total of 1,574 suspected Hepatitis A cases have been reported from health facilities across the country. Among the cases reported, majority are children with more than 75% under the age of 19 years old.
- 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.

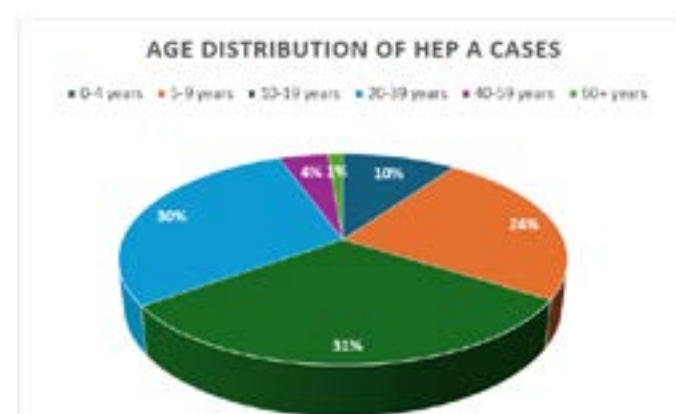


Figure 2: Distribution by age of Hepatitis A cases

## 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.

### 1- Measles

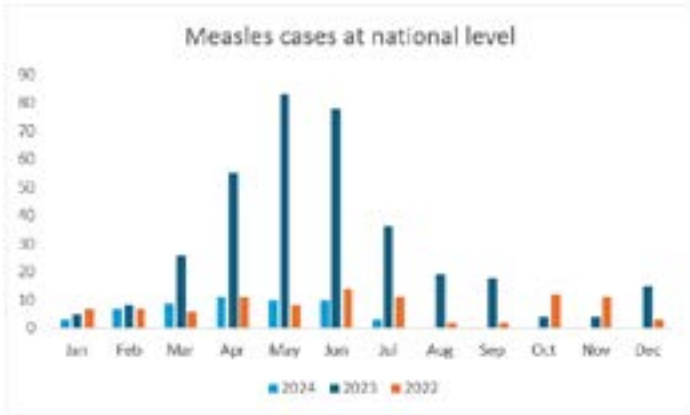


Figure 3: Number of suspected measles cases by month for past 3 years

- In the past two weeks, 3 measles cases were reported from various regions: North (2) and South (1).
- These cases span different age groups: 1 under 1 year, 1 aged 1-4 years, and 1 aged 25-64 years, with all of them being unvaccinated.
- As of 2024, there have been 168 rash cases reported, including 52 confirmed as measles, resulting in an attack rate of 0.8 per 100,000 population. Children under 5 years old were most affected, with an attack rate of 5 per 100,000. Baalbeck-Hermel reported the highest provincial attack rate at 2 per 100,000.
- Among these cases, 98% were unvaccinated, 21% required hospitalization, and no fatalities were reported.

### 2- Poliovirus

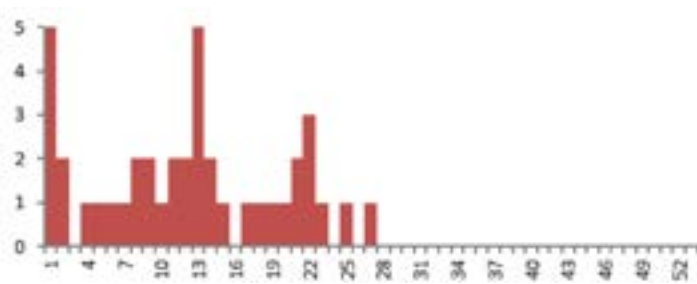


Figure 4: AFP cases by epidemiological week of onset

- During the past 2 weeks, 1 new suspected acute flaccid paralysis (AFP) case was detected through active case finding and reported for further investigation. This new case was identified in the North, aged under 5 years and vaccinated. Since the beginning of 2024, the national surveillance system has identified a total of 40 suspected AFP cases reported from 8 provinces, with 34 cases involving Lebanese residents and 6 cases involving Syrian residents. All reported AFP cases had received at least one dose of a polio-containing vaccine, and no poliovirus (wild or vaccine-derived) has been detected in Lebanon.

## D. Other Communicable Diseases

### 1- Monkeypox

- The latest updates from on mpox (monkeypox) highlight the ongoing efforts and strategic measures being taken to address the outbreak. As of June 2024, WHO has released a strategic framework aimed at enhancing the prevention and control of mpox. This includes guidance on surveillance, laboratory work, clinical care, infection prevention, and community engagement.

### 2- Meningitis

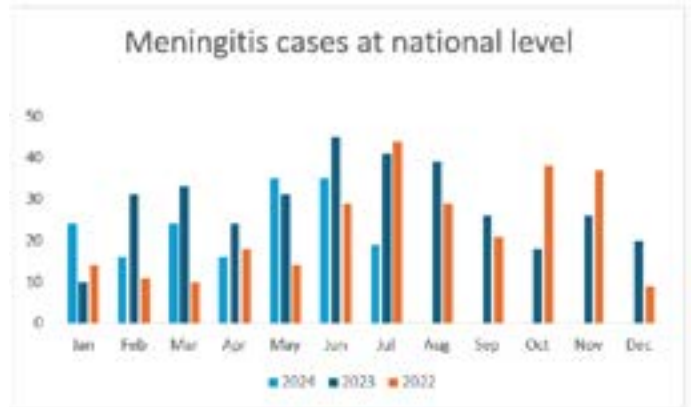


Figure 5: Number of suspected meningitis cases by month for past 3 years

- Over the past two weeks, 19 cases of meningitis were reported including bacterial with no identified agent (1), viral (4), and unspecified agents (14).
- The cases were distributed across Mount-Lebanon (6), North (5), Beirut (3), Bekaa (2), Akkar (2), and South (1).
- Since January 1, 2024, a total of 177 meningitis cases have been reported, with 69 classified as bacterial, including 1 *Neisseria meningitidis* (NM), 3 *Haemophilus influenzae* (HI), and 8 *Streptococcus pneumoniae* (SP), in addition to 53 cases viral and 76 unspecified.
- The annualized incidence rate reached 5.3/100000. The most affected mohafazas are Beirut (9/100000) and South (8.5/100000). High risk age group is under 5 years (22/100000). The follow up found 15 deaths (CFR at 8.5%).
- The highest risk group is children under 5 years, with an incidence rate of 19 per 100,000.
- Since the start of 2024, 13 associated deaths were reported across the country, resulting in a case fatality rate (CFR) of 8.7%.

## E. Surveillance news globally

- Iran reported its first locally acquired cases of dengue on 14 June 2024 in Bandar-Lengheh, Hormozgan Province, with subsequent cases totaling 12 as of 17 July 2024. Dengue is a mosquito-borne viral disease caused by the dengue virus, which poses a significant public health threat globally and has prompted heightened measures and WHO support in Iran.



## F. WHO support to disease surveillance

- The integrated disease surveillance structure established at the MoPH is currently:
  - 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 and conducting field investigations.
- Preparations for the consultation of priority disease surveillance with main stakeholders have been initiated with support from WHO.



*History teaches us that the next pandemic is a matter of when, not if. Now is the time to invest in preparing for the pandemics of the future, and to strengthen the global architecture for health emergency preparedness and response. We urge #G20 leaders and donors to support the Pandemic Fund's Strategic Plan for 2024 to 2029. Together, we can make the world safer, and more prepared for the next pandemic.*



Dr. Tedros Adhanom Ghebreyesus,  
WHO Secretary General

## WHO response

Epidemiological Surveillance Unit in collaboration with WHO organize discussion on Influenza-like Illness



The Epidemiological Surveillance Unit (ESU) at the Ministry of Public Health, in collaboration with WHO and funded by CDC and PIP, is convening to discuss Influenza-Like Illness (ILI) trends. This gathering aims to provide feedback on the current influenza season, reflect on lessons learned, and strategize for the upcoming season. Together, we are committed to strengthening our preparedness and response to influenza outbreaks!

WHO technical team visit CDW and Mt Lebanon Hospital to review preparedness of health sector in Lebanon



At the Ministry of Public Health's central drug warehouse in Karantinacentra



During the Mass Casualty Management drill at Mount Lebanon Hospital

The WHO technical team visited the Ministry of Public Health's central drug warehouse as part of the ongoing review of preparedness and readiness capacity for WHO and health sector in general in Lebanon. The aim of the visit was to assess the level of emergency trauma kit stock and the status of the MoPH warehouse. WHO procured, prepositioned and distributed trauma emergency surgical kits with the generous donations from the German and Spanish government humanitarian funds. The team also joined the Mass Casualty Management Activation Drill carried out by the Mount Lebanon Hospital team under the supervision of the Public Health Emergency Operations Center (PHEOC) trainers. This comes under the hospital preparedness and readiness initiative in which MoPH with the support of WHO implemented across the country.

## WHO response

### UN Mission led by UN RC to Arsal for an overview of the current challenges with access to adequate WaSH in Informal Settlements and associated public health and protection risks



UN team meets with community leaders and stakeholders at Arsal municipality



With Al Iman PHC director at the center's pharmacy



UN team meeting with the "shaweesh" at a Syrian refugee informal settlement



Team members standing right before the wastewater dumping pond

In a fact-finding mission on the current challenges with access to WASH and associated public health challenges to Arsal region, a team led by UN Resident and Humanitarian Coordinator for Lebanon Imran Riza accompanied by WHO representative in Lebanon Dr Abdnasir Abubakar, UNICEF deputy representative Ettie Higgins, OCHA head of office Kristen Knutson joint by their teams and stakeholders including Ministry of Public Health.

The trip started off with a meeting at the office of Baalbek-Hermel Governor Bachir Khodr followed by a bigger meeting at the Arsal Municipality where challenges and bottles necks were voiced by mukhtars and stakeholders and potential opportunities were voiced by the UN team.

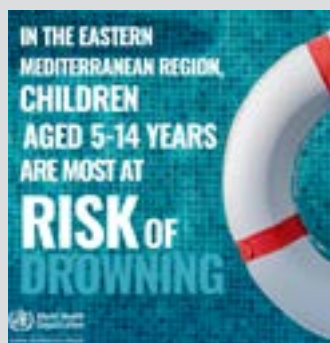
The visit to Al Iman Primary Health Center & Acute Watery Diarrhea sentinel site was to better understand the burden of diseases, unmet needs, operational challenges to health programmes that the PHC faces. The next stop was to an Informal Settlement in Arsal 63 households, 321 individuals, with recurring sanitation and wastewater removal issues. The last leg of the visit by the mission was to the wastewater dumping ponds in the outskirts of Arsal.

The visit brought to the forefront crucial issues faced by the people living in Arsal whether the host communities or the Syrian refugees. Understanding the current practices of wastewater management and their public health and environmental impact and potential short and mid-term solutions.

After the visit Imran Riza wrote that "Opportunities to build sustainable and effective solutions to key water, sanitation and health challenges are possible. Communities' concerns should inform how we move ahead."

From his side, Dr Abdnasir highlighted the importance of engaging with the "local communities and partners to gain a better understanding of health and WASH situation. Humanitarian needs in Arsal communities remain high and an urgent response is needed".

He concluded by thanking Governor Bashir Khodr, for welcoming UN team, "We value the collaboration between the governor's office and humanitarian partners to better address the needs of local communities in Arsal and other locations".







## WHO teams up with IOC and France to support healthy Paris Olympics

The World Health Organization is taking part in the Paris Olympics in multiple fields, supporting the International Olympic Committee (IOC) and France to help make the world’s leading sport spectacle, which officially starts this Friday, healthy and safe for spectators and athletes alike.

“Just as athletes and fans around the world have been preparing for the Paris Olympics, WHO has been working with the IOC and the Government of France to make sure these Games are healthy and safe for everyone involved,” said WHO Director-General Dr Tedros Adhanom Ghebreyesus. “From promoting physical activity to protecting people from a range of health threats, WHO has been proud to play its part in making the Paris Olympics a success.”

WHO and the IOC, close partners through a memorandum of understanding first signed in 2020 and renewed this year, have launched the Let’s Move physical activity promotion campaign, leveraging the power of sport, and the platform of the Paris Olympics, to motivate sports stars and the global public to move for better health. [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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