

# HEALTH BRIEF

22 July 4 August 2024

## Emergency Readiness and Response

### Situation overview

- Tensions have remained high at the Lebanese-Israeli border for the past two weeks, resulting in increased civilian casualties and damage to homes and public infrastructure.
- Recurring attacks by Israeli armed forces to civilian areas in the South and Beka have resulted in significant increase of civilian deaths and injuries, including women and children
- The delayed ceasefire negotiations between Israel and Hamas may also have contributed to the increased cross-border clashes in Lebanon.
- The disruption of tourist season and commercial flights has had a negative impact on the local economy, and many people have left the country.
- The government and humanitarian partners have scaled up their readiness and response to a wider conflict by updating their contingency plans and stocking up on humanitarian supplies, such as trauma and surgery kits.

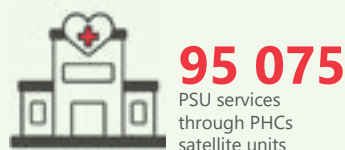


- Increase in the # of casualties by 25.9% and # of fatalities by 21.2% since 21 July 2024.

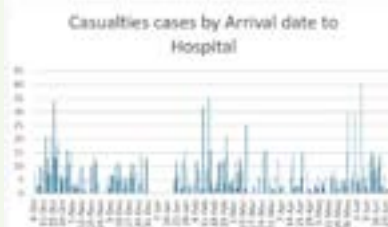


IOM data as of 6 August 2024

- The violence clashes between Lebanon and Israel along the border intensified during this report period.
- It has increased by **5.9%** percent increase since 25 June 2024.
- **10% increase** in people staying in temporary collective shelters.
- **357** cadasters hosting IDPs who will relocate to self-arranged accommodations.
- Since the beginning of hostilities across the Southern border, 15 attacks on health care workers have been recorded targeting health care workers resulting in the death of 19 paramedics.



- 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.



## 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 completed on 6 August 2024 for 112 hospitals across Lebanon while coaching sessions were delivered to 37 hospitals in preparation for the activation drills by the PHEOC trainers.
- Surge capacity deployed to WCO: to support the current emergency including security officer, OSL, MHPSS expert, Deputy Incident Manager. Regional trauma expert will be deployed next week.
- 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. WHO received 2M\$ CFE to support the 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.
- Globally, during the 28-day period (24 June to 21 July 2024), the number of new cases and deaths increase by 30% and 26% compared to the previous 28-day period (27 May to 23 June 2024). During this period, an average of 17,358 specimens across 85 countries were tested for SARS-CoV-2 each week. Globally, JN.1 is the most reported variant of interest (VOI), now reported by 135 countries, accounting for 25.7% of sequences in week 29, having declined from a prevalence of 30.2% in week 26. As of 21 July 2024, over 775 million confirmed cases and more than seven million deaths have been reported globally since the beginning of pandemic.
- In Lebanon, for the past 2 weeks, local PCR positivity rate was of 12.4%, and 6% ICU occupancy. In total in Lebanon, 1,253,901 cases were recorded and 11,003 deaths. The community transmission is at level 3.

### 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 reported from Akkar (1), Zahleh (1), Baalbeck (15) and Hermel (4).
- Since the start of 2024, a total of 301 AWD cases have been reported from health facilities across the country.
- No cholera cases were confirmed to date across the country, and the laboratory tests of the suspected cases were all negative.
- WHO with the financial support from the Canadian Government has supported with 1,400 Rapid Diagnostic Testing (RDT) for cholera testing, and these RDTs were distributed to sentinel sites and partners.
- The National Cholera Task Force has met several times and is finalizing the rollout of pre-emptive oral cholera vaccination campaign in targeting high risk communities, and the campaign is set to begin on August 19, 2024.
- WASH partners have intensified efforts to improve the water and sanitation in high-risk settlements and are preparing an active dashboard for water testing results with ESU.

## 2- Hepatitis A

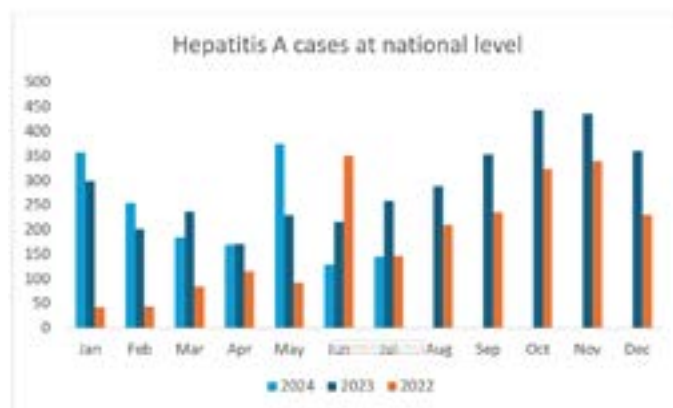


Figure 1: Number of suspected Hepatitis A cases by month for past 3 years

- During this reporting period, a total of 104 new suspected hepatitis A cases were reported across the country. These new cases were reported from Akkar (17), Bekaa (53), North (16), Mount Lebanon (5), South (6), Nabatieh (4), and Beirut (3). There were no active clusters of hepatitis A cases recorded among displaced populations in the South.
- Since the start of 2024, a total of 1,678 suspected Hepatitis A cases have been reported from health facilities across the country. Among the cases reported, majority were children with more than 75% under the age of 19 years old.

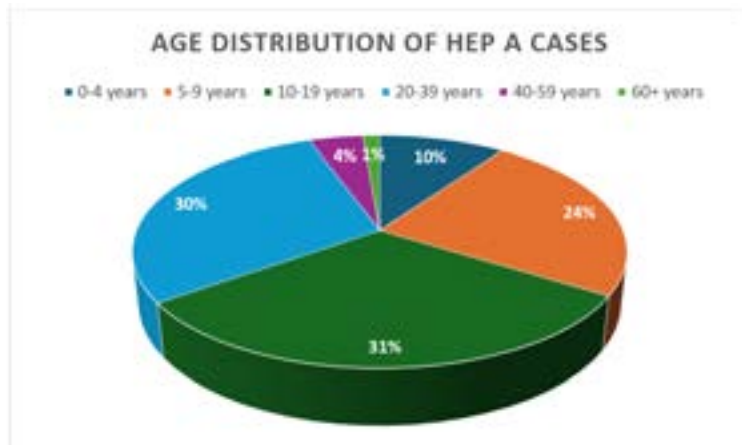


Figure 2: Distribution by age of Hepatitis A cases

- 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 (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

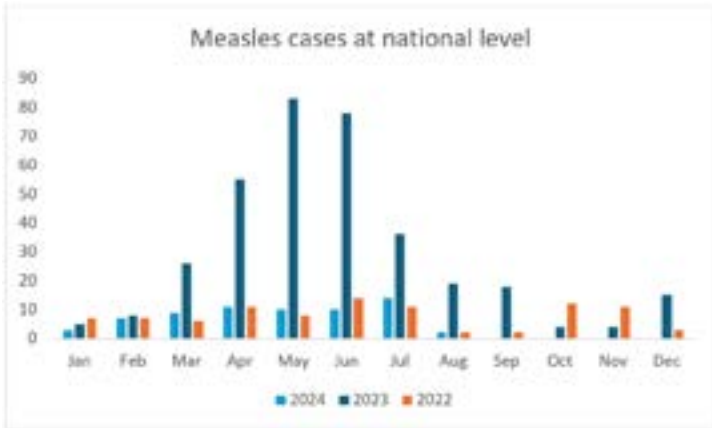


Figure 3: Number of suspected measles cases by month for past 3 years

- For the year 2024, a total of 178 suspected measles cases were reported from across the countries. Of these suspected cases, 61 were laboratory confirmed as measles. The most affected age group was those under five years of age, with an attack rate of 6.4 per 100,000. The highest number of measles cases observed in Baalbeck-Hermel and Akkar, at 2 per 100,000. Of the measles cases reported, 97% were unvaccinated, and 20% required hospitalization. No fatalities associated with measles have been reported.

### 2- Poliovirus

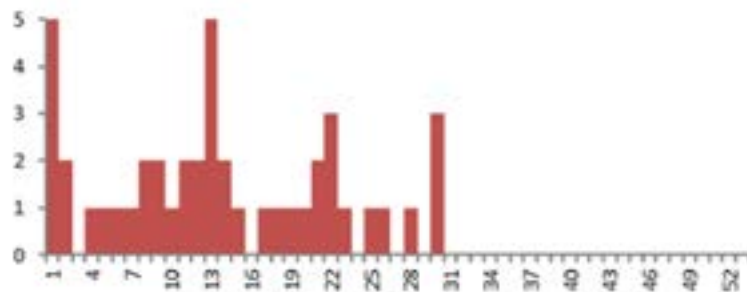


Figure 4: AFP cases by epidemiological week of onset

- In the past two weeks, four new cases of AFP were reported from from Mount Lebanon (1), Nabatieh (1), the North (1), and the South (1), with ages ranging from under 5 years (2 cases), 5-9 years (1 case), and 10-14 years (1 case). Among these cases, one child was unvaccinated.
- To date, a total of 44 Acute Flaccid Paralysis (AFP) cases have been reported across eight provinces, with 36 cases involving Lebanese residents, 1 Palestinian and 7 cases involving Syrian, and with no wild or vaccine-derived poliovirus detected.
- Environmental surveillance in May identified Non-Polio Enteric Viruses (NPEV) and Sabin-Like Poliovirus type 3 (SL3) in the North; NPEV, SL1, and SL3 in Bekaa; NPEV and SL1 in Nabatieh South; and NPEV in Beirut/Mount Lebanon.

## D. Other Communicable Diseases

### 1- Monkeypox

- No new cases of Mpox were reported in Lebanon during this reporting period.
- New Mpox strain of “clade 1b” which is more severe and deadly is spreading to multiple African countries in the last few months. This new strain can spread from person-to-person more easily than previous strains.
- On Wednesday 15 August 2024, World Health Organization declared the spread of this new Mpox strain to be a public health emergency of international concern (PHEIC) under the International Health Regulations (2005) (IHR).
- WHO recommended actions to scale up the coordinated response to interrupt the transmission of the new mpox strain, while international communities should extend support to the affected countries.

### 2- Meningitis

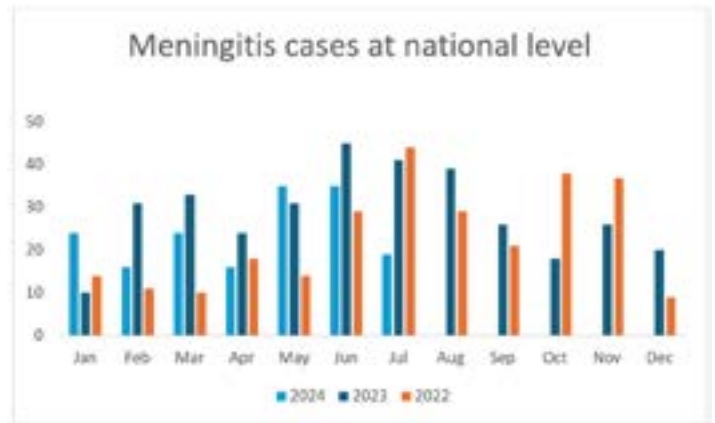


Figure 5: Number of suspected meningitis cases by month for past 3 years

- In the past two weeks, 24 suspected meningitis cases were reported, including bacterial with unspecified agents (5) and cases with unspecified agents (19). The new cases were distributed across Mount-Lebanon (10), Beirut (3), Bekaa (3), Baalbeck-Hermel (2), Nabatieh (2), North (2), South (1), and Akkar (1).
- Since January 1, 2024, a total of 214 meningitis cases have been reported, with 78 classified as bacterial, including 1 *Neisseria meningitidis* (NM), 3 *Haemophilus influenzae* (HI), and 8 *Streptococcus pneumoniae* (SP), in addition to 54 cases of viral and 82 unspecified.
- The annualized incidence rate has reached 5.8 per 100,000. The most affected mohafazas are Beirut (9 per 100,000) and South (8 per 100,000). The high-risk age group is under 5 years (23 per 100,000). Follow-up found 17 deaths, resulting in a case fatality rate (CFR) of 8%.
- The highest risk group is children under 5 years, with an incidence rate of 23 per 100,000.

## 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.
- Last week, circulating Vaccine-Derived Poliovirus type 2 (cVDPV2) was detected in Gaza, Palestine, as part of routine environmental surveillance.
- Dr. Tedros, Director-General of the WHO, announced the convening of an Emergency Committee to determine if the Mpox outbreak, which has severely affected the DRC with over 14,000 cases and 511 deaths since early 2024, constitutes a public health emergency of international concern. This decision is prompted by the virus's spread to neighboring countries Burundi, Kenya, Rwanda, and Uganda, and the rising number of cases reported.



WHO online course **Mental Health and Psychosocial Support for Humanitarian Workers** is designed to help humanitarian workers provide appropriate mental health and psychosocial support to their communities during emergencies. To enroll [click here](#).

## 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.



WHO has released its first-ever clinical treatment [guideline](#) for tobacco cessation in adults and young people. It recommends a comprehensive set of tobacco cessation interventions, including behavioural support by health providers and medications.

“  
*Cyberbullying takes a toll on mental health. Choose compassion over cruelty online.*  
”

Dr. Tedros Adhanom Ghebreyesus,  
WHO Secretary General





## WHO response

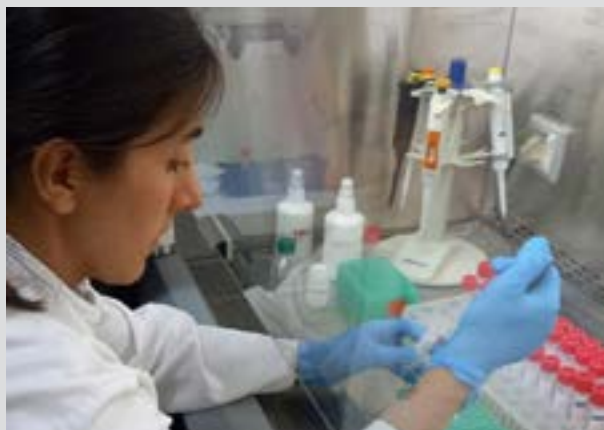
### WHO delivers to Health Ministry 32 tons of trauma and emergency surgical kits and medication



WHO delivered 32 tons of Trauma and Emergency Surgical Kits and medications to Lebanon as part of the emergency prepositioning of medical supplies to referral hospitals through the Ministry of Public Health in case of any escalation on the ground.

Dr Firass Al-Abyad, Minister of Public Health have received the consignment, accompanied by WHO representative in Lebanon Dr Abdinasir Abubakar who stressed that “We are working very closely with the MOPH and other partners to facilitate and to ensure that these supplies are ready for any eventuality. The supplies are enough for more than 1000 trauma patients as well as mental health and other medications raising the health sector’s readiness to confront any possible escalation”.

### WHO and MOPH distriergency kits to five hospitals



WHO, with generous donations from CDC and PIP, has delivered the first batch of lab reagents to the National Influenza Center. These critical reagents enable the differentiation of 21 different pathogens, strengthening preparedness for the influenza season and advancing patient care.

### Canada donates 100,000 Oral Rehydration Salts for watery diarrhea management and 1400 Rapid Diagnostic Tests for Cholera detection



With generous support from the Canadian government, 100,000 Oral Rehydration Salts (ORS) have been procured for acute watery diarrhea management. These supplies will be delivered later to public hospitals by the Ministry of Public Health, marking a crucial step in our preparedness efforts.

In another shipment through WHO, the Canadian government’s supported with 1400 Rapid Diagnostic Tests (RDTs) for cholera were provided to the Epidemiological Surveillance Unit at Ministry of Public Health. These tests will enable swift detection and response to cases, enhancing our capacity to manage and contain potential cholera outbreaks effectively.

### WHO and MOPH distribute trauma and emergency kits to five hospitals



WHO Lebanon and the Ministry of Public Health collaborated to distribute 5 trauma emergency kits to 5 hospitals in Beirut. This is a part of hospitals’ readiness to anticipate any acute emergency with mass casualty that could have an impact on the health system. Each trauma kit can cover 100 surgical procedures.

### CDC & PIP donate lab reagents to National Influenza Center



WHO, with generous donations from CDC and PIP, has delivered the first batch of lab reagents to the National Influenza Center. These critical reagents enable the differentiation of 21 different pathogens, strengthening preparedness for the influenza season and advancing patient care.



## WHO Director-General declares mpox outbreak a public health emergency of international concern

WHO Director-General Dr Tedros Adhanom Ghebreyesus has determined that the upsurge of mpox in the Democratic Republic of the Congo (DRC) and a growing number of countries in Africa constitutes a public health emergency of international concern (PHEIC) under the International Health Regulations (2005) (IHR).

Dr Tedros’s declaration came on the advice of an IHR Emergency Committee of independent experts who met earlier in the day to review data presented by experts from WHO and affected countries. The Committee informed the Director-General that it considers the upsurge of mpox to be a PHEIC, with potential to spread further across countries in Africa and possibly outside the continent. The Director-General will share the report of the Committee’s meeting and, based on the advice of the Committee, issue temporary recommendations to countries.

In declaring the PHEIC, Dr Tedros said, “The emergence of a new clade of mpox, its rapid spread in eastern DRC, and the reporting of cases in several neighbouring countries are very worrying. On top of outbreaks of other mpox clades in DRC and other countries in Africa, it’s clear that a coordinated international response is needed to stop these outbreaks and save lives.” [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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