

Current Health Event

Tuberculosis

Trend of tuberculosis (TB) incidence in Lebanon had been declining till the year 2011. In 2015, the National TB Programme (NTP) observed that 53% of all notified cases were among non-Lebanese. The 21% increase in TB incidence in 2015 is attributed to Syrian refugees population.

Editorial note:

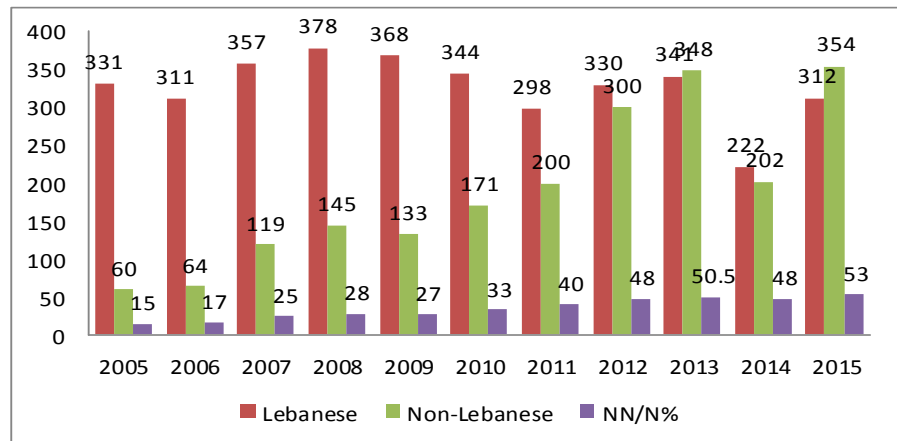
Before the Syrian crisis, in 2011, the estimated prevalence of TB in Syria was 23 per 100,000 population, and 19 per 100,000 in Lebanon.

NTP indicates that currently over half of the people referred to the programme for investigations and treatment are non-Lebanese nationals. As of December 2015, according to the NTP, 139 Syrian refugees have been diagnosed with TB in Lebanon in 2015, including one case of multi drug resistant (MDR) TB.

There has been Syrian and Lebanese returnees TB patients who were forced to interrupt their treatment because of the worsening security situation inside Syria. This interrupted TB treatment can lead to weaker identification of TB in the communities, low cure rate and potentially increase in multidrug-resistant (MDR) TB, which is difficult and expensive to treat.

The National Tuberculosis Programme (NTP) in Lebanon follows DOTS (Directly Observed Treatment Strategy), the internationally recommended TB control strategy, and has a high treatment success rate of 87% among Lebanese nationals. However, the treatment success rate is below the desired among the non-Lebanese patients due to their departure during the treatment. The NTP in Lebanon has eight TB control centers across the country.

Figure: Trend of TB cases notification in national and non-national population by years. (2005-2015). (National Tuberculosis Programme).



WHO Lebanon is ensuring the provision of anti-TB medication for 200 Syrian refugees/year in addition to the 600 Lebanese cases.

TB as an airborne disease spreads especially in congested and unhygienic living conditions, such as the ones many Syrian refugees in Lebanon as well as returning Lebanese families from Syria are exposed to.

One important issue in TB control is the provision of TB services in remote areas and among mobile populations.

Weakened or disrupted services for these communities can complicate diagnosis and treatment, potentially leading to an increase in MDR-TB.

Refugees, Lebanese returnees and host communities alike have to be granted access to good quality preventive, treatment and follow-up services to contain the spread of the disease in an efficient manner.

A communicable disease of major public health importance, such as TB, cannot be effectively addressed by targeting just one sub-population group. The Ministry of Public Health with the support of WHO intensified its awareness campaigns among high risk populations, refugees, Lebanese returnees and host communities.

Cumulative Notifiable Diseases in Lebanon*

Disease	2015	2016**	Feb.	Mar.
Vaccine Preventable Diseases				
Polio	0 (0)	0 (0)	0 (0)	0 (0)
AFP	75(9)	6 (0)	1 (0)	0 (0)
Measles	37(11)	2 (0)	0 (0)	0 (0)
Mumps	1400 (337)	53 (15)	32 (11)	3 (0)
Pertussis	37(6)	0 (0)	0 (0)	0 (0)
Rabies	0(0)	0 (0)	0 (0)	0 (0)
Rubella	9(1)	2 (0)	1 (0)	0 (0)
Tetanus	3(0)	0 (0)	0 (0)	0 (0)
Viral Hep. B	140(22)	0 (0)	0 (0)	0 (0)
Water/Food Borne Diseases				
Brucellosis	333(57)	18 (5)	3 (0)	0 (0)
Cholera	0(0)	0 (0)	0 (0)	0 (0)
Hydatic cyst	14(1)	0 (0)	0 (0)	0 (0)
Typhoid fever	473(50)	60 (0)	31 (0)	1 (0)
Viral Hep. A	877(159)	58 (6)	15 (5)	0 (1)
Other Diseases				
Leishmaniasis	32(23)	0 (0)	0 (0)	0 (0)
Meningitis	309(53)	52 (3)	28 (2)	4 (0)
Viral Hep C	65(3)	0 (0)	0 (0)	0 (0)

*Numbers in brackets refer to Syrian **as of 11 Mar. 2016