

Lebanon

Cholera Outbreak Situation Report No 5

19 November 2022

Epidemiological Overview

The outbreak is spreading across the 8 governorates of Lebanon and across 18 out of the 26 districts. The number of suspected cases is gradually increasing across all affected areas. As of 18 November, a total of 3970 cholera cases (out of which 573 are laboratory-confirmed)

have been reported along with a total of 20 associated deaths, resulting in a case fatality ratio of 0.5%. 45% of suspected and confirmed cases are less than 15 years of age, 15% are between 15 and 24 years of age, 22% are between 25 to 44 years of age, 11% are between 45-64 and 7% are aged 65 years and older.

Overall, 98% of suspected and confirmed cases who presented to a health facility have exhibited symptoms. 19% of suspected and confirmed cases have required hospitalization. Across the country, 50 beds are currently occupied for cholera treatment. The majority of cases continue to be predominantly reported from Akkar and the North, and to a lesser extent from Mount Lebanon, Bekaa, and Baalbek-Hermel. Tripoli, Halba and Minieh hospitals continue to receive an increased number of cholera patients. Over 700 stool and water samples were tested at AUB-WHO collaborating center and Rafik Hariri University Hospital Reference laboratories. 57.9% of stool samples and 33.5% of water samples tested positive for Cholera.

Serotype *Vibrio Cholerae* O1 El-Tor Ogawa was identified as the currently circulating Cholera strain in Lebanon, similar to the one circulating in the region.

World Health Organization (WHO) has graded the overall risk of the Cholera outbreak in Lebanon to be very high at the National level and high at the regional level.

All cases (suspected and confirmed)		Confirmed Cases		Deaths (confirmed)	
New (past 24 h)	Cumulative	New (past 24 h)	Cumulative	New	Cumulative
132	3970	4	573	0	20

Cholera Surveillance update – 18 November 2022

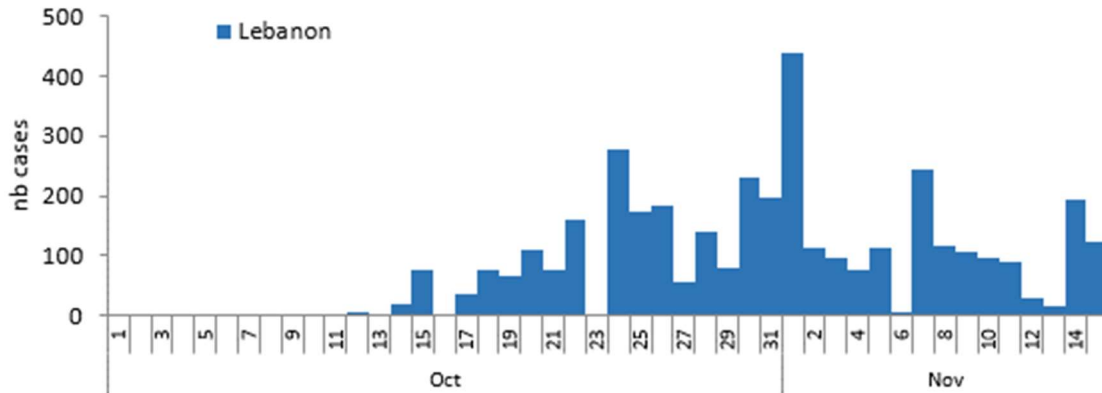


Figure 1. Distribution of confirmed Cholera cases by date, as of 15 November 2022

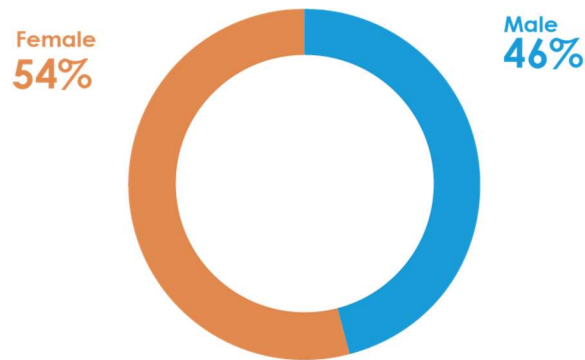


Figure 2. Distribution of confirmed cases by gender, as of 15 November 2022

Cholera Outbreak Response

Multi-Sectoral Coordination and Leadership

The task force for Cholera response coordination headed by the Minister of Public Health met twice over the past week to discuss progress of interventions.

Health

Surveillance:

The technical support mission organized the past weeks by WHO to support Cholera Surveillance was concluded, with recommendations focusing on : improving quality, timeliness and completeness of data reporting through standardizing line listing and updating cholera case definitions, as well as decentralization and automation of reporting alerts, cases and response by using DHIS 2 system.

On 10 November WHO conducted a visit to the RRTs under ESU deployment and is currently following up on the process of alert receipt, investigation, referral, response, and overall reporting channels.

UNHCR continues its support to ESU through its implementing partners (AMEL, IOCC, RI).

Relief International (RI) supported the Ministry of Public Health (MoPH) in stool sampling in Bekaa and Baalbek-Hermel governorates. RI referred 120 suspected cases from Marj, Aarsal and Raït towns.

International Orthodox Christian Charities (IOCC) continues to support ESU with stool collection and water sampling in targeted Informal Settlements (ISs) in Akkar and North Lebanon.

Medical and Global Nutrition Aid (MAGNA) is conducting daily surveillance of Acute Watery Diarrhea (AWD) cases at clinic level in Bekaa-Baalbek. Their mobile clinic is currently inactive.

International Medical Corps (IMC) continues to conduct daily surveillance of AWDs and suspected cholera cases at community level and in Primary Health Care Centers (PHCCs), and refer identified/suspected cases to hospitals/PHCCs according to MoPH guidelines. IMC identified 96 cases of notifiable diseases in all areas (5 in Tripoli, 20 in Beirut Mount Lebanon (BML), 28 in South and 43 in Bekaa). In Akkar, two AWD cases were referred to PHCCs by Community Health Workers (CHWs).

Médecins du Monde (MdM) Medical Coordinator and Pharmacy Advisor have been trained by ESU on District Health Information System (DHIS2) to report suspected cases by RRTs.

International Rescue Committee (IRC) is monitoring AWD cases at community and supported PHCCs levels.

Laboratory

WHO supported the MoPH Laboratories Taskforce to finalize the national testing strategy and related Standard Operating Procedures (SOPs).

WHO continues its support to 6 laboratories in governmental hospitals (Halba, Tripoli, Nabatieh, Saida, Baalbek, and Zahle) providing training on Cholera testing through the Laboratories Taskforce.

Case Management, and Infection, Prevention and Control (IPC)

WHO continues to assess hospitals to be considered as Diarrhea Treatment Centers (DTCs), including Baalbek and Zahle Government Hospitals.

WHO provided a five days training and coaching in each of Menieh Governmental Hospital, Tripoli Governmental Hospital, Bebnine Field Hospital, and Halba Governmental Hospital. WHO continues to provide technical guidance on IPC and clinical care to these hospitals in addition to conducting direct coaching and monitoring of the quality and adequacy of care. Follow up visits and training are planned once per week for the coming 3-5 weeks.

UNHCR continues to fully cover the cost of hospitalization for all suspected and confirmed cases of Cholera for its Persons of Concern.

UNICEF provided 7,025 Oral Rehydration Salts (ORS) to symptomatic or high-risk individuals.

MdM RRTs in Bekaa and Tripoli have been trained by Médecins sans Frontières (MSF) Belgium on case management and IPC.

After receiving the training from ESU-MoPH, RI trained 4 staff and 60 frontline workers on DHIS2. IOCC trained 24 staff in Bekaa/Baalbek-Hermel and 8 in North/Akkar on DHIS2.

MAGNA trained 6 staff on identification of cholera symptoms and promotion of preventive measures.

IRC trained 20 community health workers on Cholera.

Caritas Lebanon trained 16 health frontline staff on Cholera.

Oral Cholera Vaccines (OCV)

As of November 16, 2022 a total of 274 teams were deployed in 4 governorates, covering 30 cadasters in 6 districts. On average, each team was administering around 110-140 doses per day, reaching a cumulative number of 162,224 doses since November 12, 2022 (27% of the 600,000 total doses received).

UNHCR, WHO and UNICEF joined the MoPH mission to the North, Akkar, Bekaa and Baalbek for the launch and implementation of the first national OCV campaign.

Under the leadership of MoPH, UNHCR is supporting the Operations cost for the campaign implemented by Amel Association, Lebanese Red Cross, Medair, MSF Belgium, and MSF Swiss. UNHCR provided:

- A total of 740 boxes of 50 surgical masks for each partner.
- In West Bekaa, UNHCR provided Amel Association with a refrigerator for the vaccines.
- IEC material (Flyers, banners and roll ups) was distributed to all stakeholders.

WHO is supporting MoPH to complete a second ICG application for an additional two million doses of OCV to cover 19 districts (phase 2).

WHO has submitted a CERF application to procure 915,790 doses of OCV (out of the two million doses planned by MoPH) to ensure coverage among people living in the 8 districts identified as hotspots.

Logistics, Kits and Supplies

UNICEF distributed 49,000 Oral Rehydration Salts (ORS) to Health, WASH, and RCCE partners across Cholera affected areas.

UNHCR received 1,000 cholera testing kits to be delivered to ESU for diagnostic confirmation.

WHO delivered 500 Rapid Diagnostic Tests (RDTs) to MoPH with an additional 5,500 in the pipeline.

WHO received 2,000 Cary Blair for Cholera culture for distribution to MoPH Surveillance team MOPH and to hospitals.

WHO is finalizing the procurement of additional medical supplies from the local market to cover 5000 Cholera patients.

MdM continues to purchase medication, medical supply and equipment for Medical Mobile Units active in Macharh El Qaa. Purchase of IPC materials for Terbol PHCC is ongoing.

IOCC distributed 475 ORS to 95 beneficiaries in North Lebanon/Akkar and 20 ORS to 4 beneficiaries in BML (Sabra).

IMC donated 200 packs of medical supplies to a supported facility in the Akkar area.

IRC provided PPEs and 1,500 ORS to 3 supported PHCCs and distributed 90 hygiene kits to households in Bebnine.

Water Sanitation and Hygiene (WaSH)

Support to Communities

Nearly 58,000 m³ of water has been distributed through water trucking, while over 12,000 m³ of wastewater has been disinfected and desludged since the start of the outbreak. UNICEF with its partners Action Against Hunger (AAH), Development for People and Nature Association (DPNA), LebRelief, LOST, SAWA, Save the Children (SC), Solidarités International (SI), and World Vision International (WVI), as well as Oxfam and Norwegian Refugee Council (NRC) has continued the full-scale cholera WaSH response in nearly 100 informal settlements and some collective shelters with suspected or confirmed cases (including water testing, water tanks cleaning, hygiene kits distribution and awareness raising, disinfection spraying, increasing the safety of water and wastewater disposal). To date, 4,372 cholera disinfection kits which will support 26,232 people and 5,128 cholera family hygiene kits which will support 30,768 people have been distributed in hotspot areas by UNICEF and its partners, Lebanese Red Cross (LRC), International Rescue Committee (IRC), International Organization for Migration (IOM) and Oxfam. Nearly 50,000 people received hygiene awareness sessions and prevention messages. Over 1,000 water tanks have been cleaned and chlorinated. Nabad and UTOPIA (Oxfam's partners) provided refresher cholera sessions to 154 community hygiene volunteers so they can start disseminating information to their communities, while IRC trained further 25 community health workers.

UNICEF delivered 10 tons of chlorine powder to LRC who distributed it to 8 municipalities in Akkar to chlorinate the water used in water trucking. Oxfam conducted a water source mapping in Saaide and Bouday and tested all the identified sources. Oxfam will be supporting in water chlorination for private water truckers and water shops.

Support to Water and Wastewater Systems

Nearly 277,000 liters of fuel have been distributed by UNICEF and ICRC to Water Establishments and Wastewater Treatment Plants across Lebanon, benefitting over 850,000 people living across the affected areas (see details below). The rehabilitation of the water supply system in Bebnine is underway, which will benefit 10,000 community members by providing them with access to clean water (UNICEF). Following an assessment of the Bebnine PHC, UNICEF installed 2 portable latrines and cleaned and disinfected the PHC's water tanks.

Water Establishment	Water Station Name	Type of Water Station	Fuel Distribution (Liters)
NLWE	Al Ouyoun	Water Pumping Station	51,000
	Ain Yaaqoub	Water Pumping Station	38,000
	Beddawi	Wastewater Lifting Station	10,000
	Qoabayat	Water Pumping Station	24,000
	Tripoli	Water Pumping Station	43,000
	Mohammara	Water Pumping Station	4,000
	Rahbe	Water Pumping Station	2,500
	Ouadi El Jamous	Water Pumping Station	4,500
	Bourj Arab	Water Pumping Station	1,000
BWE	Chamsine	Water Pumping Station	6,000
	Kabb Elias	Water Pumping Station	7,000
	Temnine el Tahta	Water Pumping Station	4,850
	Nassrieh	Water Pumping Station	4,850
	Ain Ali	Water Pumping Station	24,000
TWWTP	Minieh	Wastewater Lifting Station	26,000

	Tripoli	Wastewater Treatment Plant	19,000
	Nahr el bared	Wastewater Lifting Station	7,000
Total			276,700

Risk Communication and Community Engagement (RCCE)

RCCE response aims to increase the public's knowledge on cholera prevention, the importance of chlorination, and how to use ORS. As the RCCE Lebanon Task Force lead, UNICEF is leading coordination efforts with other sectors and actors on the ground to ensure an integrated response and intervention through awareness raising and community engagement.

Activities have included the following:

As part of the ongoing cholera prevention and response efforts, and to promote and enhance positive behaviors, a set of short videos with prominent medical professionals have been developed by UNICEF and the MoPH and disseminated to increase knowledge among people and communities and to raise awareness on Cholera symptoms, transmission, prevention, treatment (including chlorination), and the importance of the OCV.

Over 125,000 people received and were engaged in awareness messages on cholera prevention and treatment through community messaging and door-to-door campaigning in high risk and vulnerable areas through UNICEF partners.

Since 24 October 2022, UNHCR and partners' outreach volunteers held 232 awareness and info-sharing sessions on AWD/cholera, reaching more than 3,000 persons (59% women and girls) with targeted messaging, along with 38 community-based referrals.

During the reporting period, outreach volunteers reported vaccine hesitancy from communities due to limited knowledge on the side effects of the OCV and its interaction with the COVID-19 vaccine, coupled with requests for more information on the OCV.

Under the FIND project, IOM is conducting COVID-19 Ag rapid tests for a certain number of individuals. Before each screening, a Cholera awareness session is conducted. Furthermore, IOM are reaching out to migrant workers in Beirut and capacitating migrant leaders to be involved in a form of migrant community engagement to deliver the correct message, with more than 11,562 attendees from different nationalities in Cholera awareness raising sessions.

Furthermore, IOM conducted hygiene kit and winterization distribution, which included Cholera awareness sessions for 500 beneficiaries, in addition to awareness sessions in 2 PHCs supported by IOM (reaching around 150 beneficiaries/week). Printing of another batch of 10,000 of Cholera awareness IEC flyers in different migrant languages is in the pipeline.

Consultations and workshops took place across Akkar, North Lebanon, South Lebanon, Mount Lebanon, Bekaa, and Baalbek-Hermel during which UNICEF shared information about the outbreak with key local stakeholders, including religious and community leaders.

Through its RCCE partner Balamand University, UNICEF supported 24 Cholera sensitization sessions with over 5,000 participants. Attendees included UN partner organizations, teachers, frontline workers, municipality workers, and community volunteers.

Balamand University has also delivered cholera awareness sessions with approximately 400 participants in public and private schools in collaboration with the MEHE.

Cholera IEC materials, such as posters and flyers, have been printed and mass-distributed to municipalities and communities with the LRC through mobile medical units under the immunization program, as well as through direct distribution to partners and other stakeholders.

Coordination with other UN agencies, sectors, and community-based organizations (CBOs) to scale up community engagement is also ongoing. For example, UNICEF is conducting awareness raising on Cholera for beneficiaries at WFP distribution sites. IEC material on the importance of chlorination as well as child-friendly videos on Cholera prevention are also being prepared.

In the past week, UNHCR disseminated five audio messages via WhatsApp communication tree to raise awareness on prevention of cholera, with an approximate reach of 180,000 individuals. In addition, UNHCR and partners' outreach volunteers held 94 awareness and info-sharing sessions on AWD/cholera, and shared 219 messages on community-based WhatsApp networks, reaching more than 87,000 persons over the past two weeks.

IOM has printed 10,000 copies of IEC material in other languages for migrant populations.

An enhanced media campaign to intensify prevention and awareness through local TVs is currently under preparation with support from WHO and UNICEF and in consultation with the MoPH team, in addition to the use of billboards to enhance the reach of cholera awareness messaging.

Challenges/Gaps

- Due to the ongoing economic crisis in Lebanon and related migration of professionals out of the country, there is an insufficient number of health care workers operating across the country, while at the same time there is a shortage of health partners to support at the secondary level. Similarly, there is a significant 'brain drain' of technical and managerial staff of Water Establishments, disabling proper functionality of the water and sanitation systems.
- The crisis has also impacted health and surveillance systems which have very limited capacity.

- Ongoing electricity blackouts and heavy reliance on generators in Lebanon have a devastating impact on the ability of water and wastewater systems to properly function, as well as operational impact across all actors and partners involved in the response. The current water tariffs are inadequate to the context. Collection and subscription rates are chronically insufficient, contributing to a huge gap between expenses and revenues, resulting in the inability of Water Establishments to cover operation and maintenance costs.
- Prevention requires substantial investment in systems – particularly water supply, wastewater treatment and their connections to functioning electrical service lines.
- Failure to mobilize a rapid, comprehensive response could result in cholera becoming endemic in Lebanon.

Key Priorities

- The outbreak is rapidly spreading and Government leadership, as well as the involvement and coordination of all relevant Government institutions and partners is critical.
- Both prevention/preparedness and response activities, including fuel to operate water supply and wastewater treatment systems, are priority to ensure swift and efficient curbing of the outbreak. Ensuring sustained electricity supply over the longer term remains critical to avoid a long-lasting and wide outbreak.
- OCVs are not a standalone solution, but rather they contribute to other preventive measures such as water and sanitation, health education, surveillance and clinical management. Response activities should aim to prioritize the needs of high-risk and vulnerable groups and settings, including securing adequate WaSH service provision in informal settlements and ensuring a focus on individuals living in overcrowded conditions such as in collective shelters and institutions.
- Response activities for cholera are relying on repurposing of planned activities within existing response plans - with the addition of some cholera specific response activities. Swift disbursing of extra funding is required to ensure that critical and time sensitive, new and previously planned activities can be implemented in a timely manner.

Further, donors should:

- Prioritize funding for activities identified as critical and in line with the coordinated response strategies developed by the WASH, Health and RCCE sectors and task force.
- Continuing flexible funding for the UN agencies, in particular UNICEF, WHO and UNHCR as sector lead agencies, to allow for greater responsiveness to rapidly evolving priorities across the whole country.

- Allow flexibility in on-going grants and continue direct funding to international and national NGOs, noting that NGOs coordinate via the sectors and are often the closest entities to communities and affected people, especially those with special needs.
- Fund the Lebanon Humanitarian Fund: LHF is particularly efficient and effective to support NGOs to respond.

Funding

Priority Funding Needs Health, WASH & RCCE

#	Pillar	Urgent Needs - 3 months
1	Leadership & Coordination	15,000
2	Surveillance	200,000
3	Laboratory	300,000
4	Case Management and IPC	2,865,325
5	Oral Cholera Vaccine*	2,000,000
6a	WASH: critical O&M support to systems, incl. fuel and subsidies	6,570,500
6b	WASH: prevention, preparedness and response	5,792,000
7	RCCE, Hygiene promotion	250,000
8	Logistics, Equipment & Supplies	2,000,000
	Sub-total	18,992,825
	7% PSC	1,329,498
	TOTAL	21,322,323
		GRAND TOTAL IMMEDIATE NEEDS (USD): 21,322,323

A meeting with donors was held on 11 November where a prioritized set of time-sensitive emergency interventions was presented for a total of US\$21M for three months – out of which US\$9.5M are already covered by the United Nations Central Emergency Response Fund (CERF) and Lebanon Humanitarian Fund (LHF).

During this briefing WHO and UNICEF gave an overview of the situation and highlighted the most urgent needs for the Response. Donors reiterated the need to intensify community mobilization awareness raising and chlorination at household level.

WHO has secured USD 1.7 million from WHO's contingency funds, with an additional USD 1 million in the pipeline under the CERF funding.

For inquiries, please contact

Health Sector

WaSH Sector

RCCE Taskforce

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