

# Lebanon

## Cholera Outbreak Situation Report No 6

26 November 2022

### Epidemiological Overview

The outbreak is spreading across the 8 governorates of Lebanon and across 20 out of the 26 districts. The number of suspected cases is gradually increasing across all affected areas. As of 26 November, a total of 4,337 cholera suspected and confirmed cases have been reported along with a total of 20 associated deaths, resulting in a case fatality ratio of 0.46%. No new deaths have been registered within this last reporting period. 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.

All cases (suspected and confirmed)		Confirmed Cases		Deaths (confirmed)	
New (past 24 h)	Cumulative	New (past 24 h)	Cumulative	New	Cumulative
34	4337	7	595	0	20

*Cholera Surveillance Update – 26 November 2022*



Figure 1. Map showing the distribution of confirmed cases as of 20 November 2022

Overall, 20% 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 a high number of cholera patients. So far, 1,013 suspected stool samples and water sewage were sent to the AUB-WHO collaborating center and Rafik Hariri University Hospital Reference laboratories. Out of these samples, 438 stool and water sewage 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.

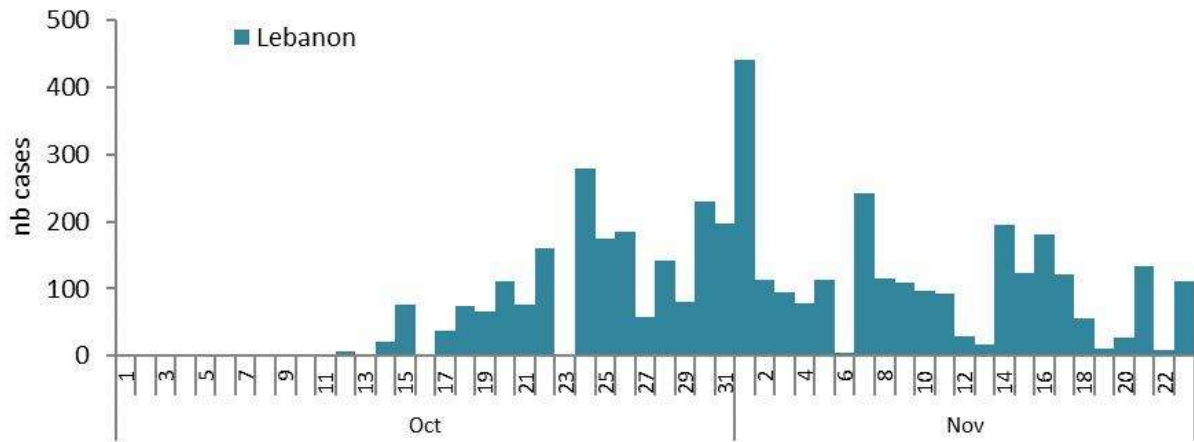


Figure 2. Distribution of confirmed Cholera cases by date, as of 24 November 2022

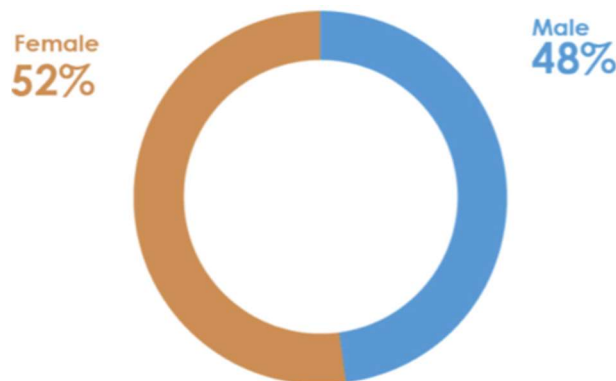


Figure 3. Distribution of confirmed cases by gender, as of 23 November 2022

## Cholera Outbreak Response

### Multi-Sectoral Coordination and Leadership

The national Cholera Task Force coordination forum headed by the Minister of Public Health continues to meet twice weekly to ensure overall guidance to the response.

The cholera outbreak response is a standard item on the agenda of the Humanitarian Country Team meetings. In addition, the Emergency Operation Cell (EOC) meets on a weekly basis to discuss the response and look at cross-sectoral matters. Finally, regular briefings to donors are being convened to provide an overview of the situation and highlighting key gaps in the response. All the above comes in addition to the sector level meetings regularly held at national and sub-national levels.

## Health

### Coordination

The Joint National Health Sector Working Group, co-chaired by WHO, UNHCR and Amel, continues to meet twice a month to discuss the cholera response and ensure proper coordination between all health actors. Minutes of meeting and presentation can be found [here](#).

WHO continues supporting the Ministry of Public Health (MoPH) Emergency Operations Centre with the aim of enhancing its capacity to manage and coordinate the cholera response both at peripheral and central level. This will be done through the recruitment of additional temporary support staff at central and Qaza level, based on an agreed upon temporary support plan between WHO and the MoPH.

### Surveillance:

International Medical Corps (IMC) continues to conduct daily surveillance of acute watery diarrhea (AWD)/suspected cholera cases at the community level and in the primary health care centers (PHCCs), in addition to ensuring the referral of identified/suspected cases to the hospitals/PHCCs. International Orthodox Christian Charities (IOCC) are currently supporting MoPH-Epidemiological Surveillance Unit (ESU) with the stool collection and water sampling in the targeted informal settlements (ITs) in Akkar and North Lebanon.

UNHCR delivered an initial batch of 1,000 cholera rapid diagnostic tests (RDTs) to the MoPH - ESU on the 18 November 2022. In addition, UNHCR is ensuring ongoing support to the ESU in partnership with AMEL at central level, IOCC, Relief International (RI), for rapid response teams (RRT) supporting the MoPH for sampling and testing and case investigation.

AMEL's mobile medical units (MMUs) continue to support sampling by ESU for suspected cases in Baalbek/Hermel.

Moreover, IOM initiated the RING (recognize, identify, notify, give support) trainings on points of entry (POEs) for non-health staff, in addition to ongoing infection prevention and control (IPC) trainings for healthcare staff.

RI's nurses continue to provide support for MoPH/ESU in stool sampling in Bekaa and Baalbek/Hermel governorates. RI's health team received training on the district health information software by MoPH and started reporting on suspected cases through the software. RI's nurses provided support to UNHCR in completing the suspected/confirmed cases database in Bekaa and Baalbek/Hermel governorates. A total of 490 awareness sessions were provided in Bekaa and Baalbek/Hermel governorates, 364 sessions in Beirut/Mount Lebanon and 496 sessions in North governorate.

### Laboratory

Final confirmation of strain genotype and antibiotic sensitivity is still pending results from CDC.

WHO received 2,000 Cary Blair for cholera culture which were handed to the MoPH for further distribution to the supported labs.

Additionally, between 16 and 18 November, WHO supported the Cholera Laboratory Committee in conducting 6 training workshops for laboratory specialists and doctors which took place in Halba, Tripoli, Saida, Nabatieh, Zahle, and Baalbek governmental hospital labs. Based on the capacity of each lab, supplies and training materials were customized for the culture and identification of *Vibrio Cholerae* from clinical specimens (stool samples) and environmental samples (water and sewage). Reagents were provided to each lab based on its capacity to test (between 10 and 50 tests per week)

Furthermore, WHO supported the Cholera Laboratory Committee to conduct technical assessment visits to review the capacity of peripheral governmental hospital laboratories for the detection and confirmation of cholera. The committee assessed the basic infrastructure, the qualifications, and competency of staff and current practices for detecting and confirming *Vibrio Cholerae*.

So far, 43.2% of stool and water sewage samples collected and sent to the reference labs (AUB-CC and RHUUH) turned out positive (438 out of 1,013 samples tested).

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

On 18 November, WHO delivered cholera kits (central and peripheral) to the following hospitals: Halba Governmental Hospital, Tripoli Governmental Hospital, Menieh Governmental Hospital, Bebnine Field Hospital, and RHUH. The distribution for the remaining hospitals will continue in the coming weeks.

Caritas conducted a training on cholera for 250 migrant workers and 16 Lebanese beneficiaries, in Beirut and Mount Lebanon during which UNODC distributed hygiene kits for all attendees.

IOCC continues to provide oral rehydration salts (ORS) in the North and Akkari.

UNICEF distributed 10,955 ORS to symptomatic or high-risk individuals.

UNHCR in collaboration with many stakeholders in the Cholera Hospitalization Taskforce have provided feedback to the hospitalization form to be used for cholera patients. UNHCR provided technical advice to UNICEF for the installation of the interim solution of Wastewater Treatment in the Cholera Treatment Center in Tripoli Governmental Hospital. The work is planned to be executed by UNICEF. At the same time, UNHCR completed works in the CTC prisoners' section in Tripoli Governmental Hospital.

A post coaching and training assessment conducted in Halba Governmental Hospital, supported by WHO, showed remarkable improvement in patient care. The improvement is more focused on patient flow with separate entrance and exit, in addition to the well-defined nursing circulation and separated sections for dirty and for clean utilities and dedicated sections for staff, toilets and showers. A new triage area was also designed within the CTU along with an observation and

stabilization space for patients. There is a possibility for vertical expansion towards other units in the hospital.

WHO has initiated preparations for the PHC assessment for CTP. 5 PHCs are selected as priority in the first batch of assessment.

RI's team of nurses is conducting follow up visits to camps where suspected cases were previously detected and are supporting in the follow up and assessment for recovery of cases. The team conducted field visits to 12 camps in Arsal and distributed ORS.

MdM provided surgical face masks, hand sanitizers and examination gloves for C-RRT teams and they are purchasing additional personal protective equipment (PPEs).

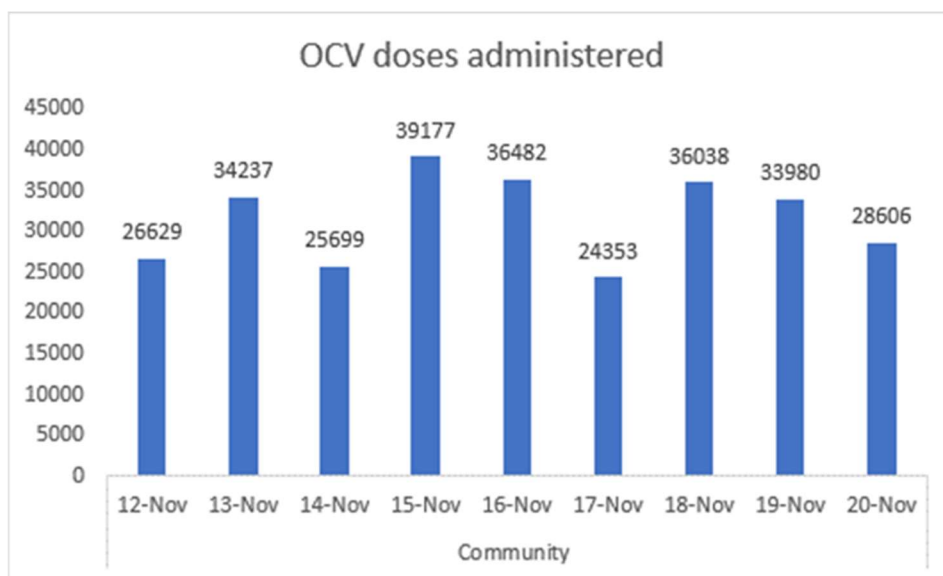
### Oral Cholera Vaccines (OCV)

As of 24 November, 12 days from the start of the national Cholera vaccination campaign, a total of 362,624 OCV doses have been administered.

This campaign has so far gathered the support of 4 NGOs, 250 field teams, 945 health and administrative staff, 82 educational institutions, and 4 prisons, reaching 4 governorates, 6 districts, 53 villages, and more than 45,000 households.

Ongoing support by UNHCR for operational cost and coordination for the OCV campaign in partnership with MEDAIR, AMEL, LRC, and collaboration with MSF Swiss and Belgium. In addition, UNICEF provided technical support to MoPH on planning and implementation of the OCV campaign.

As part of phase 2 planning of this campaign, WHO is supporting the MoPH to complete a second ICG application for additional two million doses of OCV to cover 19 districts at national level.



*Figure 4: OCV doses administered for Healthcare workers, prisons and during the first door-to-door vaccination campaign, as of 20 November.*

## Logistics, Kits and Supplies

UNICEF procured 49,000 ORS which have been distributed to Health, WASH, and RCCE partners across cholera affected areas.

WHO is supporting the MoPH with drugs and supplies to diagnose and treat patients with cholera which includes 5,500 RDTs, 98 Sodium dichloroisocyanurate, drug kits (5 central kits and 5 peripheral kits), and supplies kits (5 central kits and 5 peripheral kits) in addition to ORS (7,000 sacks) and Zinc (2,100 tab).

IOM are procuring cholera kits to support the MoPH.

## **Water Sanitation and Hygiene (WaSH)**

### Coordination

Referral Distribution and Monitoring System (RDMS) is used for cases referrals to the WaSH sector partners according to the geosplit. The system is linked with the Activity Info used by the aid community for reporting and feeds the required information into the MoPH/DRM dashboard.

### Support to Communities

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 over 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, 4,500 cholera disinfection kits which will support 27,000 people and 6,115 cholera family hygiene kits which will support almost 37,000 people have been distributed in hotspot areas by UNICEF and its partners, LRC, IRC, IOM and Oxfam. 7,274 water tanks have been cleaned and chlorinated. UNICEF distributed to partners 2,000 Cholera Disinfection/PPE Kits for frontline workers.

Over 400,000 chlorine tablets are being distributed by UNICEF to partners and communities. 10,000 tablets have already been delivered to partners in Bekaa governorate. Each family will receive 5 tablets and each tablet can treat water for 16 days, which equates to approximately three months (80 days).

7,075 tons of lime powder has been distributed by UNICEF to partners in Bebnine and Aarsal to neutralize wastewater, supporting up to 40,000 people living in the area.

Oxfam conducted a water source mapping in Nahr el-Bared camp, Badawi camp and Shatila camp, Oxfam will be supporting water chlorination for private water truckers and water shops. Oxfam trained 30 CHVs to conduct awareness sessions in Chatila camp.

## 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.

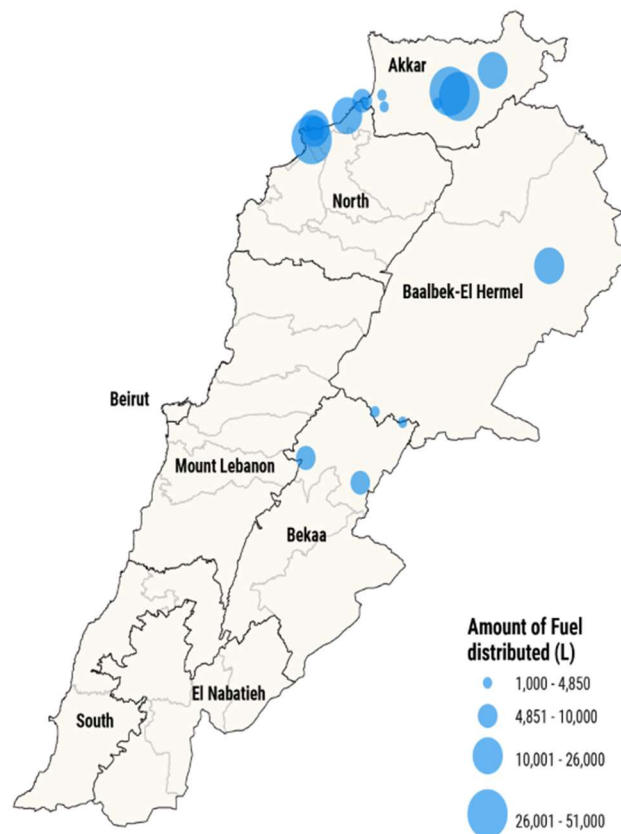


Figure 5. Map showing the distribution of fuel as of 24 November 2022

## **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:

- To promote and enhance positive behaviors, a set of 10 short videos with prominent medical professionals have been developed by UNICEF and the MOPH and disseminated

to national TV stations and radios to raise awareness on Cholera symptoms, transmission, prevention, treatment (including chlorination), and the importance of the OCV.

- More than 900 Cholera awareness pieces were published during the first 2 weeks of November free of charge on national TV and Radio, including tier-one media, reaching more than 40% of the population.
- Over 200,000 individuals have been engaged in Cholera prevention and awareness raising through community engagement and door-to-door activities, especially in hotspot areas, through UNICEF partners.
- Over 2.5 million people were reached with Cholera messaging through traditional media and 250,818 people through UNICEF social media.
- Since 24 October 2022, UNHCR and partners' outreach volunteers held 364 awareness and info-sharing sessions on AWD/cholera, reaching more than 4,700 persons (61% women and girls) with targeted messaging, along with 49 community-based referrals. Selected outreach volunteers were assigned to specific Informal Tented Settlements and Collective Shelters for site assessment and safe identification and referral of WASH, Health and Protection cases.
- In the past week, UNHCR disseminated the IEC materials on the OCV and the schedules of the OCV campaign to those who are living in the targeted areas of the campaign via WhatsApp communication trees. Through mainstreaming of AWD/cholera awareness raising, UNHCR and partners' outreach volunteers shared information on vaccination, addressing, and reporting any related rumors/misinformation
- IOM are reaching out for migrant workers in Beirut and governorates and capacitating certain migrant leaders to be involved in a form of migrant community engagement to deliver the correct message, with more than 14,000 attendees from different nationalities in Cholera awareness raising sessions
- 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.
- 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.
- IOM have printed 10,000 copies of IEC material in other languages for migrant population
- 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.



## 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
	<b>TOTAL</b>	<b>21,322,323</b>
		<b>GRAND TOTAL IMMEDIATE NEEDS (USD): 21,322,323</b>

#### Funding reported as received \*

Sector	New Funds	Repurposed Funds	TOTAL Received
Health	\$3,455,000	\$4,990,000	\$8,445,000
WASH	\$8,000,000		\$8,000,000
RCCE			

\* Some of these funds are beyond the three months of the priority funding needs estimated in the first table

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