Lebanon

Cholera Outbreak Situation Report No 7

10 December 2022

Epidemiological Overview

The outbreak is spreading across the 8 governorates of Lebanon (20 out of the 26 districts). The number of suspected cases is gradually increasing across all affected areas. As of 9 December, a total of 5,105 cholera suspected and confirmed cases have been reported along with a total of 23 associated deaths, resulting in a case fatality ratio of 0.5%. Three new deaths have been registered within this last reporting period. 46 per cent of suspected and confirmed cases are less than 15 years of age, 15 per cent are between 15 and 24 years of age, 21 per cent are between 25 to 44 years of age, 11 per cent are between 45-64 and 7 per cent are aged 65 years and older. Females continue to represent 53 per cent of the cases.

Figure 1: Map showing the distribution of confirmed cases

Overall, 21 per cent of suspected and confirmed cases have required hospitalization. Across the country, 25 beds are currently occupied for cholera treatment. The majority of cases continue to be predominantly reported from Akkar, Mennieh-Donnieh and Tripoli, and to a lesser extent from Mount Lebanon and Baalbek-Hermel. Currently, an increase in cases has been seen in the Bekaa and this is currently being investigated. Tripoli, Halba and Mennieh governmental hospitals continue to receive the highest number of cholera patients amongst cholera-dedicated hospitals. So far, 1,141 suspected samples of stool and water sewage were sent to the AUB-WHO collaborating center and the Rafik Hariri University Hospital Reference laboratory. Out of these samples, 440 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.

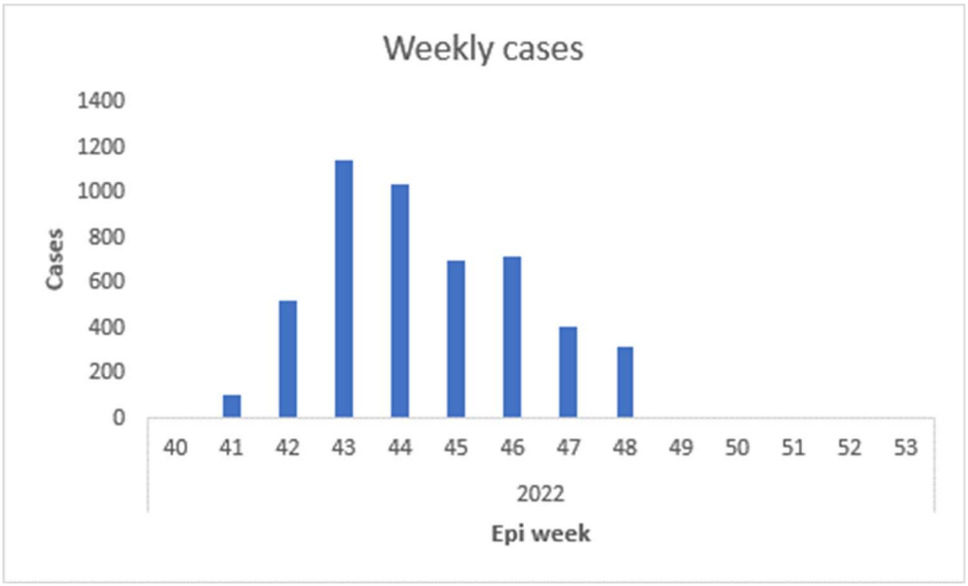

Figure 2. Distribution of confirmed Cholera cases by epi week, as of 05 December 2022

Figure 3. Distribution of confirmed cases by gender, as of 06 December 2022

Cholera Outbreak Response

Multi-Sectoral Coordination and Leadership

The national Cholera Task Force coordination forum headed by the Minister of Public Health is now meeting once per week while the Oral Cholera Vaccine (OCV) Committee also meets once a week to ensure regular coordination for the response activities.\

The cholera outbreak response is a standard item on the agenda of the Humanitarian Country Team and Emergency Operation Cell (EOC) meetings to discuss the response and look at cross-sectoral matters. All the above comes in addition to the sector level meetings regularly held at national and sub-national levels.

Health

Coordination:

The National Health Sector Working Group continues to hold cholera coordination meetings on an *ad hoc* basis. The latest meeting was held on 9 December with health sector partners and the Ministry of Public Health (MoPH).

WHO is supporting the MoPH Public Health Emergency Operations Centre (PHEOC) with additional surge capacity. Five rapid response officers were recruited in hotspot areas to liaise with the rapid response teams (RRT) and relevant health authorities in order to facilitate the response implementation at Caza level. These officers will conduct field visits to the supported hospitals and identify main gaps and needs, and ensure timely information dissemination on alerts in close coordination with the surveillance teams.

Photo credit: UNICEF

Surveillance:

Lebanon is currently in its first wave of cases which have currently plateaued. However, having different spikes in cases and then a plateau, followed by another spike, is a usual trait in any cholera outbreak. An increase in cases in the Bekaa region has been recently noted and is currently being investigated by the Epidemiological Surveillance Unit (ESU) at the MoPH.

Health partners remain active in supporting the laboratory component of the response, through daily surveillance of identified/suspected cholera cases, stool collection, water sampling and referrals to hospitals and PHCs.

During the last reporting period, the 3 deaths registered were from the elderly center in Tripoli where an outbreak had been identified two weeks ago.

Laboratory

Specimens received at Pasteur Institute are being processed for strain genotype and antibiotic sensitivity. The results are expected in the coming week.

Photo credit: MSF

In terms of testing capacity at National level, WHO has supported the AUB-Collaborating Center and the RHUH Laboratory to test 1,141 samples out of which 440 samples came back positive so far. In addition, Save the Children conducted a total of 179 laboratory tests and the results showed: 62 per cent of existing boreholes are bacteriologically contaminated across North, Akkar, Bekaa, Baalbek – El Hermel, Beirut, Mount Lebanon, and South Governorates. 43 per cent of water tests from entities connected to public water are showing contamination.

This has shown that a significant number of households in informal settlements (ITS) do not have access to proper water and latrine solutions. Among the water analysis conducted in public schools, 59 per cent yielded unsatisfactory results with high prevalence of coliforms, while 41 per cent yielded satisfactory results. Of those schools whose water source is a public network, 36 per cent were unsatisfactory while 64 per cent were satisfactory; and for the schools that rely on boreholes as a water source, results showed 63 per cent unsatisfactory results and 36 per cent satisfactory.

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

The severity of the cases has decreased and this can be seen through a significant decline in admission rate to the hospitals, as such, the bed occupancy in hospitals has plateaued for the time being.

Photo credit: MSF

The assessment of PHCs to be considered cholera treatment units (CTUs) was initiated on 24 of November and is still ongoing. In the North, El Rama PHC in Tripoli was recently opened and is well-equipped, thus part of the center will be dedicated as a CTU. In Bekaa, two additional PHCs were assessed. Hariri PHC in Taanayel, although spacious with potential to be considered as a CTU, requires support in terms of equipment, WASH, etc. The second PHC assessed was in Saadneyel which was found to be inadequate as a CTU. A new PHC building is currently under

construction but will require 3-4 months to be ready in addition to the needed staffing capacity. WHO concluded its assessment of hospitals; Hiram Hospital in Tyr was assessed lastly. The hospital has a dedicated unit with 12 beds and 1 ICU.

Oral Cholera Vaccines (OCV)

Photo credit: MSF

As of 4 December 2022, the cumulative number of OCV doses given so far is 479,688 representing 80 per cent for the targeted set for the first phase of the campaign. The 6 districts that are so far targeted in this deployment are: Akkar, Minnieh-Donnieh, Tripoli, Baalbeck, Zahle, and West Bekaa. Subsequently, as the numbers of cases has declined, this can be attributed to the positive impact of the vaccine in these high-risk areas.

The success witnessed in the first phase of the vaccination campaign could be attributed to people witnessing first-hand the effects of cholera on the health of people around them and the admission of severe cases to the hospital. So far, this scenario has not been seen in the other targeted areas which is why it is crucial to work on proper messaging.

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, 78 villages, 2 Palestinian camps, and more than 50,000 households.

The International Coordinating Group (ICG) on vaccine provision has approved the MoPH's request for an additional 1,803,600 OCV doses. Lebanon is expected to receive this allocation in batches. The first batch of the second phase of the vaccine is expected to arrive in the country in the next 10 days, 901,800 doses. The microplans for the vaccination rollout have been finalized by the MoPH and will be shared with partners interested to support the campaign.

It is crucial to note that the success of the vaccination campaign will depend on the role that risk communication and community engagement (RCCE) plays in mobilizing the population living outside cholera hotspots to get vaccinated.

In an effort to ensure access to the oral cholera vaccine for all populations living in high-risk areas in the country, the implementation of the national vaccination campaign includes the mobilization of over 250 vaccination teams for door-to-door vaccine inoculation, awareness-raising and community engagement, distribution of cholera education materials to raise awareness and promote vaccination, and other practical and logistical support.

Photo credit: LRC

Logistics, Kits and Supplies

It is critical to maintain a stock of medical supplies and personal protective equipment (PPEs), should the scenario of Bebnine recur in other regions at high risk. As such, WHO has procured 2,000 Cary Blairs in addition to the 14,000 RDTs procured by UNHCR alongside the normal oral rehydration salts (ORS) distributions that partners are undertaking. Additionally, IOM procured 100 cholera beds to be distributed in coordination with MoPH.

Supporting organizations: Amel, Caritas, International Medical Corps (IMC), International Orthodox Christian Charities (IOCC), IOM, Lebanese Red Cross (LRC), Medecins du Monde (MdM), Medecins Sans Frontières (MSF), Medair, Relief International, Save The Children, UNICEF, UNHCR, WHO

Water Sanitation and Hygiene (WaSH)

Access to safe, sufficient and affordable water for drinking and domestic use is limited for communities across Lebanon, especially the most vulnerable ones. Lebanon's water and sanitation infrastructure remains on the brink of collapse. As a result, communities are at a higher risk of water supply systems contamination and having direct contact with wastewater, which increases the likelihood of cholera spreading. Inadequate amounts of safe water poses a particularly significant risk to infants and young children who are more vulnerable to water and sanitation related diseases, which are one of the leading causes of death for children under the age of 5.

Photo credit: Amel Association

Coordination

Based on the lessons from the initial 50 days of cholera response the WaSH sector cholera task force revised the sector-recommended cholera kits and contextualized the case-area targeted interventions (CATI) approach.

Support to Communities

The full-scale cholera WaSH response has continued to the confirmed and suspected cases referred to the sector partners through the referral distribution and monitoring system (RDMS), according to the response coverage geosplit. To date, nearly 7,300 cholera disinfection kits and over 7,500 cholera family hygiene kits have been distributed, benefiting over 40,000 people. Nearly 45,000 household chlorination tablets have been distributed.

Over 15,000 water tanks have been cleaned and chlorinated. More than 50 spraying interventions and cleaning campaigns were conducted for outdoor unsanitary settings (open defecation, accumulated solid waste). In informal settlements, 20 latrines have been constructed or

rehabilitated, and some handwashing facilities and water tanks installed.

Support to Water and Wastewater Systems

Photo credit: LRC

Nearly 277,000 liters of fuel have been distributed 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.

More than half a million individuals living in the southern suburbs of Beirut have gained improved access to public water supply through installation of 800Kva generators for Gallery Semaan pumping station. The chlorination systems in Nabaa al Qaah Pumping Station (which provides water to around 35,700 subscribers living in Iqlim el Kharroub) and in Batloon Pumping Station (which provides water to around 31,500 subscribers living in Aley and Shouf districts) have been solarized and will enhance the safety of distributed water.

Supporting organizations: Action Contre la Faim (ACF), Development for People and Nature Association (DPNA), International Committee of the Red Cross (ICRC), IOM, International Rescue Committee (IRC), INTERSOS, Lebanese Red Cross (LRC), LebRelief, Lebanese Organization for Studies and Training (LOST), MADA, Nabad, Save the Children, SAWA, Solidarités International (SI), World Vision International (WVI), Oxfam, Norwegian Refugee Council (NRC), UNICEF.

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 coordinating 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 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 2.5 million people were reached with cholera messaging through traditional media and 250,818 people through social media.

- More than 900 cholera awareness pieces were published on national TV and Radio, including tier-one media, reaching more than 40% of the population.
- Consultations and workshops took place across Akkar, North Lebanon, South Lebanon, Mount Lebanon, Bekaa, and Baalbek-Hermel during which was shared information about the outbreak with key local stakeholders, including religious and community leaders.
- Over 340,000 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.
- 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 WFP's beneficiaries at food distribution sites. IEC material on the importance of chlorination as well as child-friendly videos on cholera prevention are also being prepared.
- Through mainstreamed and targeted outreach for AWD/cholera, outreach volunteers shared information on vaccination, addressing, and reporting any related rumors/misinformation.
- IOM is reaching out to migrant workers in Beirut and training certain leaders to be involved in migrant community engagement to deliver cholera awareness messages to different nationalities. Around 2,000 flyers were distributed in different migrant languages.

A lack of funding for the cholera response poses a challenge to the continuity of community and social mobilization activities. These activities are inclusive, involving community members, coordination with other organizations, and core behavioral change activities – including the regular chlorination of water at household level. RCCE programming requires teams to be regularly present within communities to build relationships and establish trust, especially for door-to-door chlorination and awareness campaigns. Current funding cannot sustain a full RCCE response, which places existing interventions in hotspot areas at risk. Funding is urgently required to provide support at the community level to contain the cholera outbreak and provide continual support.

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		

Funding reported as received *

Sector	New Funds	Repurposed Funds	TOTAL Received
Health	$4,455,000	$4,990,000	$9,445,000
WASH	$8,257,000	$275,000	$8,532,000
RCCE			

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

For inquiries, please contact

Health Sector	WaSH Sector	RCCE Taskforce
Dr. Alissar Rady, WHO Stephanie Laba, UNHCR Maher el Tawil, AMEL Health Sector Coordinators lebhealthsector@who.int	Jakub Pajak, UNICEF Michele Citton, LebRelief WaSH Sector Coordinators jpajak@unicef.org m.citton@leb-relief.org	Luca Solimeo, UNICEF RCCE Taskforce Coordinator lsolimeo@unicef.org

Inter-sectoral Coordination

Helena Mazarro OCHA Lebanon ochalebanon@un.org	Camilla Jelbart, Michael Schaadt Inter-Agency Coordination Lebanon lebbeia@unhcr.org