

## Current major event

### Cholera Outbreak in Lebanon

On 6 October 2022, the Ministry of Public Health in Lebanon (MoPH) declared a cholera outbreak. The first cholera case was detected in Menieh-Doniyeh district of the North governorate, on 4 October 2022. As of 12 November 2022, a total of 3485 cases with 18 associated deaths (CFR 0.5%) were reported from all eight governorates in Lebanon.

### Editorial note

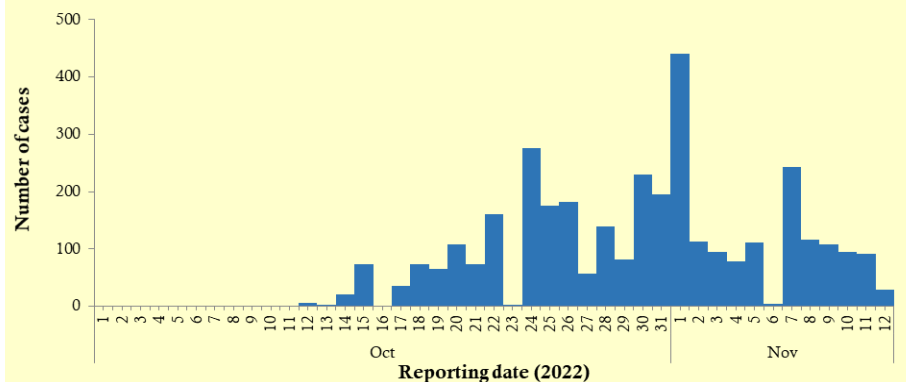
Cholera is an acute diarrhoeal disease caused by infection with *Vibrio cholerae* (type O1 or type O139) bacteria which is transmitted through the orofecal route.

The last cholera case from Lebanon was reported in 1993. Since then, no cholera case was reported from the country despite the economic crisis, humanitarian situation and the massive influx of refugees. However, on 5 October 2022, two laboratory-confirmed cholera cases were reported. The first case was a refugee living in an informal settlement in the Minieh-Doniyeh district of the North governorate in Lebanon, around 110 km away from the capital of Beirut. The second case was a female nurse attending to the cholera case, who likely got infected during patient care.

By 12 November 2022, Lebanon reported a cumulative of 3485 cases of cholera, including 536 laboratory-confirmed cases and 18 associated deaths (CFR 0.5%) from 21 districts. The highest number of cases were reported during the start of November, where 440 cases were recorded (*See graph*). The most affected governorate is Akkar reporting (60% of total cases), while Nabatieh Governorate reported the least number of cases (0.2 % of the total cases) (*See table*). The majority of the reported cases are females (54%), and children under 15 years of age represent 45% of the total reported cases.

Immediately after the outbreak declaration, a National Cholera Task Force headed by the Minister of Public Health and representatives from the line Ministries, donors and national and international NGOs, was formulated. With the support of WHO, the MoPH started implementing a response plan to control the outbreak and reduce the morbidity and mortality associated with cholera. WHO is working closely with the MoPH to strengthen the multi-sectoral coordination, facilitate the Emergency Operations Centres functions at central and peripheral levels, and mobilize the needed resources. As such, two laboratories were identified as reference labs and were supported with the needed human resources,

### Trend of reported cholera cases in Lebanon, 2022



### Geographical distribution of cholera cases reported from Lebanon, from 6 October to 12 November 2022

Governorate	Total cases
Akkar	2162 (60%)
North	772 (22%)
Mount Lebanon	194 (5.6%)
Bekaa	164 (4.7%)
Baalbeck Hermek	139 (4%)
Beirut	27 (0.8%)
South	21 (0.6%)
Nabatieh	6 (0.2%)

diagnostics and reagents. Furthermore, 12 hospitals were designated as cholera treatment centres. WHO is supporting these centres with the needed health supplies, medicines, and trained healthcare providers. In addition, four experts (2 nurses and 2 specialized doctors in intensive care units and infectious diseases) were deployed to Lebanon to coach and monitor the clinical management and infection prevention and control practices. WHO also supports monitoring the outbreak trends by providing technical support to the Epidemiological Surveillance Unit to improve data collection and management. Moreover, WHO supported the MoPH in developing the Oral Cholera Vaccine (OCV) application through which the International Coordination Group (ICG) approved a total of 600 000 doses for the first immunization phase. The first phase of the OCV campaign was launched on 12 November, targeting six of the high-risk districts. For the second vaccination phase, another OCV request, with a total of 2 million doses, was placed awaiting for the ICG approval. Oral Cholera Vaccines are recommended to supplement other preventive and control measures.

WHO is working with the health authorities and partners to scale up critical response interventions, including enhancing surveillance and laboratory capacities, ensuring adequate sanitation and safe drinking water, and promoting hygiene practices and behaviour change in communities and among health care workers.

### Update on outbreaks

in the Eastern Mediterranean Region

#### COVID-19 in 22 EMR countries

#### Current public health events of concern

[cumulative N° of cases (deaths), CFR %]

#### Coronavirus disease 2019 (COVID-19): 2019-2022

Afghanistan	[204 512 (7829), 3.8%]
Bahrain	[693 261 (1531), 0.2%]
Djibouti	[15 690 (189), 1.2%]
Egypt	[515 420 (24 798), 4.8%]
Iran (Islamic Republic of)	[7 558 893 (144 610) 1.9%]
Iraq	[2 462 272 (25 361), 1%]
Jordan	[1 746 997 (14 122), 0.8%]
Kuwait	[662 510 (2569), 0.4%]
Lebanon	[1 219 573 (10 720), 0.9%]
Libya	[507 070 (6437), 1.3%]
Morocco	[1 266 561 (16 283), 1.3%]
occupied Palestinian territory (oPt)	[703 036 (5708), 0.8%]
Oman	[399 027 (4628), 1.2%]
Pakistan	[1 574 638 (30 629), 1.9%]
Qatar	[473 440 (684), 0.1%]
Saudi Arabia	[824 438 (9432) 1.1%]
Somalia	[27 254 (1361), 5%]
Sudan	[63 595 (4981), 7.8%]
Syrian Arab Republic	[57 379 (3163), 5.5%]
Tunisia	[1 146 799 (29 266), 2.6%]
United Arab Emirates	[1 040 821 (2348), 0.2%]
Yemen	[11 945 (2159), 18.1%]