Situation Overview

Following the first reported cholera case in Lebanon, the Ministry of Public Health (MoPH) declared a cholera outbreak on 6 October 2022. As of 17 January 2023, 6,158 confirmed and suspected cholera cases have been reported in Lebanon.

The overall response to the cholera outbreak is led by the MoPH on behalf of the Government of Lebanon. The MoPH has developed, in coordination with partners, a Lebanon Cholera Preparedness and Response Strategic Plan and Operational Plan. As part of the plan, WHO has the overall coordinating and advising role.

UNHCR is supporting the national cholera response plan and working closely with the Government of Lebanon, UN agencies and NGOs. UNHCR is an active member of the National Cholera Taskforce, in addition to the membership of the Oral Cholera Vaccination (OCV) Committee along with the Hospitals and Primary Health Care Committees.

UNHCR’s Interventions

- Enhance cholera prevention, response, and surveillance structures, to contain the outbreak, including supporting the vaccination campaign.
- Increase the capacity of healthcare facilities and ensure access to early diagnosis, treatment, and timely life-saving support for patients.
- Strengthen community awareness about cholera; ensure hygiene and shelter measures to control the spread of cholera, with particular attention to populations in high-risk areas.
- Provide necessary support, including through the deployment of nurses as part of rapid response teams to identify cases, trace contacts, and refer to hospitals.
- Support refugee cholera patients by covering hospital admission costs for severe cases.
- Ensure access to hygiene, shelter, and sanitation for Lebanese and refugees living in inadequate shelters.
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| Public Health | Prevention and surveillance | • **250 vaccination teams** mobilized for door-to-door vaccine provision, community engagement and distribution of cholera education materials.  
• **944,000 individuals vaccinated** received the oral cholera vaccines, out of which **61% are Lebanese** and **35% are Syrian**.  
• **15,000 rapid testing kits** procured and 1,000 testing kits delivered.  
• **270,000 Oral Rehydration Solutions (ORS)** procured for treatment.  
• **48,550 surgical masks** distributed to all implementing frontline partners of the Oral Cholera Vaccination campaign. |
| | Case management and hospital support | • **2 COVID-19 treatment facilities in Halba and Tripoli** were converted into cholera treatment centers.  
• **200 cholera beds** procured to capacitate hospitals to receive severe cases.  
• **11 health facilities supported** in prevention efforts, including hygiene practices and awareness.  
• **100% of hospital costs covered by UNHCR** for all suspected and confirmed cases among refugee patients. |
| | Risk Communication and Community Engagement (RCCE) | • **20 nurses**, as part of Rapid Response Teams of humanitarian partners, deployed across the country for referrals and treatment.  
• **500 + Outreach Volunteers (OVs)** trained on awareness raising, information sharing and surveillance in high-risk locations.  
• Dissemination of cholera and vaccination campaign materials through all communication channels (i.e., social media channels, Whatsapp communication tree, etc.) |
| | Hygiene and sanitation | • **1,679 hygiene kits distributed** in Collective Shelters across the country.  
• **36 Collective Shelters** supported in **flush chlorination**.  
• **256 cholera hotspots** supported with water testing, sample collection, case tracking and transportation of identified patients. |

I was vaccinated because of the disease. It is scary, to be honest. We might be drinking dirty water and getting sick worries us.

Fatima
Syrian Refugee Mother

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COVID-19 unit converted to a Cholera Treatment Center in Halba Governmental Hospital.