

Health Policy for COVID-19 pandemic and Cholera Outbreak for Bread & Net
Version 1

Setting: Conference

Venue: Antwork

Dates: 15-17 November 2022

Written by: Ghinwa El Hayek, MPH - Date: 22-October-2022

Disclaimer: In this Health Policy, SMEX aims to provide all information on health risks and the necessary precautions for all participants joining us in Beirut for Bread&Net. SMEX will provide assistance, within reasonable limits, to participants to keep Bread&Net a safe environment.

Nonetheless, SMEX is not responsible for the participants' health. The participants are responsible for their own wellbeing. We advise the participants to take all precautions based on their health conditions and precedents.

PURPOSE:

SMEX takes all reasonable steps to protect the participants at Bread&Net from any harm, whether physical or psychological. This includes guiding participants on the minimum precautionary measures that need to be in place to protect them from COVID-19 and Cholera during the B&N conference and their time in Lebanon in general, as outlined in the below policies. The approach used in this policy is in line with the newest global recommendations that are also followed by the Lebanese Ministry of Health and WHO.

SCOPE:

This policy for COVID-19 and Cholera measures are applicable to all participants (in person) in B&N.

Update on COVID-19 Pandemic Status- *Date: 22-October-2022*

Definition: Coronavirus disease 2019 (COVID-19) is caused by an infection with severe acute respiratory syndrome coronavirus 2, or SARS-CoV-2.

Worldwide¹: Number of covid-19 cases worldwide has been stable lately, yet in many countries there is an increase in reported cases. In the MENA region, a 50% increase in cases during the past 7 days was seen in Libya and Sudan, while in Egypt, Morocco and Tunisia there was a 10-30% increase in cases. There is a new COVID-19 subvariant descendant of the highly infectious Omicron. This highly mutant variant, called XxB, avoids the antibodies used in monoclonal therapies, potentially making a whole class of COVID treatments ineffective.

Lebanon²:

For the week ending 19-Oct-2022, there was a total of 672 cases and 7 deaths. The daily average is currently 96 cases. The number of cases has been stabilizing. The

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<https://covid19.who.int/#:~:text=Globally%2C%20as%20of%207%3A26pm,vaccine%20doses%20have%20been%20administered.>

² https://www.linkedin.com/posts/who-lebanon_check-out-our-weekly-health-brief-with-the-activity-6989197264032251904-lozC?utm_source=share&utm_medium=member_desktop

average local positivity rate is 6.3%, noting that the number of tests has declined in recent weeks. As such there might be many undetected cases.

The overall vaccine coverage is 44.2% (below the recommended % for community protection).

It is still not influenza season in Lebanon (Later November until April)³ as such flu like cases could very well be COVID-19.

Update on Cholera Outbreak Status- Date: 22-October-2022

Definition: A potentially life-threatening watery diarrheal disease caused by *Vibrio Cholera* serogroup O1 and O139.

Worldwide: Cholera cases have surged in 2022, due to ongoing conflicts, poverty, and poor sanitation infrastructure in many places. Outbreaks have been reported in 29 countries⁴. Usually, fewer than 20 countries report outbreaks in a year. Cholera outbreaks have been detected in Afghanistan, Bangladesh, Benin, Cameroon, Democratic Republic of Congo, Ethiopia, India, Iraq, Haiti, Kenya, Lebanon, Malawi, Mozambique, Nepal, Nigeria, Pakistan, Syrian, South Sudan, Somalia, Tanzania, Yemen, and Zambia, among other countries⁵. There is a current shortage of cholera vaccines and given the emergence of many outbreaks, WHO instructed to temporarily suspend the standard two-dose vaccination regimen in cholera outbreak response campaigns, using instead a single-dose approach. The pivot in strategy will allow for the doses to be used in more countries, at a time of unprecedented rise in cholera outbreaks worldwide.

Lebanon⁷: Lebanon is currently on its 16th day of the Cholera outbreak, which was declared after 6 weeks of the cholera case in Syria. The last case of cholera in Lebanon was in 1993. Around 220 cases and 5 deaths have been confirmed. The majority of cases being in informal tented settlements (ITS) and in the areas around them. Half of the cases (52%) are among children less than 14 years old. Currently, 72% of cases did not require advanced hospital care and 28% were admitted to the hospital.

The areas with the most cases are: Akkar, Menieh-Doniyyeh, Tripoli, Baalbeck, Keserwan, Zahle, Zgharta, and Baabda.

Main Hotlines related to as per MOPH website:

³ Assaf-Casals, A., Saleh, Z., Khafaja, S., Fayad, D., Ezzeddine, H., Saleh, M., ... & Dbaibo, G. S. (2020). The burden of laboratory-confirmed influenza infection in Lebanon between 2008 and 2016: a single tertiary care center experience. *BMC infectious diseases*, 20(1), 1-15.

⁴ <https://www.who.int/news/item/19-10-2022-shortage-of-cholera-vaccines-leads-to-temporary-suspension-of-two-dose-strategy--as-cases-rise-worldwide>

⁵ <https://www.ecdc.europa.eu/en/all-topics-z/cholera/surveillance-and-disease-data/cholera-monthly>

⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9359765/>

⁷ https://www.linkedin.com/posts/who-lebanon_check-out-our-weekly-health-brief-with-the-activity-6989197264032251904-lozC?utm_source=share&utm_medium=member_desktop

- Hotline for COVID-19 and Cholera: **1787**
- Hotline for the Patient Admission to Hospitals: 01/832700
- Vaccine Registration Form: covax.moph.gov.lb
- COVID-19 Vaccine Hotline: **1214**

Main references:

MOPH page for Cholera: <https://www.moph.gov.lb/en/Pages/2/64577/cholera-surveillance-in-lebanon>

MOPH page for COVID-19:

<https://www.moph.gov.lb/en/DynamicPages/index/2#/en/Pages/2/24870/novel-coronavirus-2019->

COVID-19 Health and Safety measures

BASIC PRINCIPLES:

Avoid the 3Cs: spaces that are closed, crowded or involve close contact.

Distancing: As per WHO⁸, there should be a physical distance of at least 1 meter from others, even if they don't appear to be sick. Avoid crowds and close contact.

Ventilation: The risks of getting COVID-19 are higher in crowded and inadequately ventilated spaces where infected people spend long periods of time together in close proximity. For closed spaces, open windows to increase the amount of natural ventilation when indoors and encourage wearing masks⁹.

Hygiene Practices:

- Regular hand washing with water and soap and especially after touching doors or when just arriving at the venue.
- Coughing and sneezing shall be done in the person's elbow to prevent droplets from contaminating surfaces and the air surrounding the person.
- Disinfection of meeting spaces will take place on a daily basis.

Infographics on basic hygiene practices in English can be found [here](#) and [here](#). They can be hung around the conference venue.

Infographic on COVID-19 transmission and hygiene practices in Arabic can be found [here](#) and [here](#).

When to isolate: If participants feel any symptoms, they have to stay at home or at the hotel and refrain from visiting the event venue. If symptoms persist and the concerned person eventually tests positive, they have to inform Bread&Net team without delay to trigger contact tracing.

Symptoms include but are not limited to:

- Cough and/or sneezing
- Fever (38 degrees Celsius or above) or feeling feverish/chills
- Diarrhea and/or vomiting
- Sore or itchy throat
- Muscle or body aches
- Headaches and fatigue (tiredness)
- Runny nose or stuffy nose

⁸ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

⁹ Ditto

- Loss of taste or smell
- Discoloration of fingers or toes in addition to red or irritated eyes
- Difficulty breathing or shortness of breath
- Chest pain
- Skin rashes
- Having any other signs of infectious diseases

Protection of vulnerable people: As per WHO recommendation, the best way to protect oneself and others is through vaccination.

Moreover, to ensure participants who have fragile medical conditions are kept safe, participants with special conditions or who live with a person with a specific condition are encouraged to make themselves known to SMEX. Special conditions include pregnancy, diabetes, cancer, cardiac issues, respiratory problems, and age over 60. This has been done through a pre-registration questionnaire.

SPECIFIC POINTS

TRANSPORTATION

To ensure social-distancing in vehicles, kindly wear masks and open windows as much as possible.

MASKS

All participants must wear masks whenever in closed spaces and when attendance exceeds the set room capacity. For outdoor encounters or activities, masks are not mandatory. Outside of these mandatory requirements, wearing a mask is the participants' personal decision.

TRAVEL

All requirements for COVID-19 travel guidelines and restrictions are retrieved from the [IATA Travel Official Website](#) and from the Ministry of Public Health Memos shared.

COVID-19 Cases Tracking and Monitoring

a. COVID-19 Testing:

1. Participants may use self-antigen tests to regularly monitor their health if they feel concerned.
2. Antibody tests (serology tests) are not considered as proof of infection.

In case of an increase in Covid-19 cases, random self-antigen tests will be administered to participants. This is to be determined in November 2022.

b.Tracing and Monitoring

Once a positive case is confirmed among any of the participants, tracking and monitoring shall take place and specific measures will be implemented.

The team at B&N communicating with a positive case shall make sure the below information is immediately recorded and reported:

1. Symptoms felt by the infected person, the date the symptoms started (to identify infectious period), and the conditions under which they performed a PCR in case they were asymptomatic.
2. Determine contacts with the infected person for the 4 days prior to the onset of their symptoms and/or their positive test result.
 - a. If a person has been in contact with a confirmed positive case:
 - b. If there are no symptoms, the suspected case needs to avoid crowded spaces, wear a mask for 10 days and get a test on day 5.
 - c. If symptoms occur, isolate for 5 days and follow the procedure in point 3.
3. Ensure that the person isolates for at least 5 days regardless of their vaccination status. If they are asymptomatic or their symptoms are resolving (without fever for 24 hours), follow that by 5 days of wearing a mask when around others to minimize the risk of infecting people they encounter¹⁰.
4. The B&N team offers, within capacity, further support and information to infected persons inclusive of a follow-up on their health status.

Cholera Health and Safety measures

[Cholera](#) is an extremely serious disease that can cause severe acute watery diarrhea with severe dehydration. It takes between 12 hours and 5 days for a person to show symptoms after consuming contaminated food or water. Cholera affects both children and adults and can kill within hours if untreated. Most people infected with *Vibrio cholerae* do not develop any symptoms, although the bacteria is present in their feces for 1-10 days after infection. This means the bacteria are shed back into the environment, potentially infecting other people¹¹.

¹⁰ <https://www.cdc.gov/media/releases/2021/s1227-isolation-quarantine-guidance.html>

¹¹ https://www.who.int/health-topics/cholera#tab=tab_1

BASIC PRINCIPLES:

Measures for the prevention of cholera mostly consist of providing clean water and proper sanitation to people who do not yet have access to basic services, as well as vaccination with Oral Cholera Vaccines.

Cholera Transmission:

[Cholera spreads](#) through an oral fecal route, through consuming water and food contaminated with the bacteria, consuming raw or not well cooked food contaminated, the hands of someone with Cholera¹².

Hygiene and [Prevention Practices](#)^{13 14}:

- Regular hand washing with water and soap before cooking, eating and after going to the toilet.
- Drink from bottled water with a known source.
- Consume cooked food.
- Do not consume raw meat.
- Wash fruits and vegetables with chlorine (in a format that is safe to consume-usually 5.25% concentration).
- Designfect water used for cooking, drinking and personal use through boiling it for 10 minutes and adding chlorine (in a format that is safe to consume-usually 5.25% concentration).
- Maintain personal hygiene.
- Dispose of feces in a sanitary manner to prevent contamination of water and food sources.

Cholera pamphlet in Arabic is [here](#) and in English is [here](#).

Cholera Cases Tracking and Monitoring

*Symptoms*¹⁵:

- Severe watery diarrhea with a milky appearance (about 1L/hour)
- Nausea and vomiting
- Thirst

¹² <https://www.unicef.org/lebanon/ar/media/9316/file>

¹³ <https://www.unicef.org/lebanon/ar/media/9316/file>

¹⁴

<https://www.cdc.gov/cholera/general/index.html#:~:text=A%20person%20can%20get%20cholera,of%20sewage%20and%20drinking%20water>.

¹⁵ <https://www.cdc.gov/cholera/illness.html>

- Leg cramps
- Restlessness or irritability
- Dehydration: Loss of skin elasticity, low blood pressure, rapid heart rate, dry mucous membranes

Testing: To test for cholera, doctors must take a stool sample or a rectal swab and send it to a laboratory to look for the cholera bacteria.

b.Tracing and monitoring

Once a positive case is confirmed among any of the participants, tracking and monitoring shall take place with proper measures to be taken.

The team in B&N communicating with a positive case shall make sure the below information is immediately recorded and reported:

1. Isolate the case and make sure they have a safe way to dispose of their feces.
2. Make sure the patient is drinking enough water and replenishing with minerals (the solution to prepare as per MOPH guidelines is 1L of water with half a spoon of salt and 6 spoons of sugar)
3. Take the patient to ER in case there is severe diarrhea
4. Wash and disinfect with clean water and chlorine all the clothes, sheets, and stuff the patient touched.
5. Whenever in contact with the patient (his clothes, stuff...) wash hands thoroughly with chlorinated water.
6. Determine contacts with the infected person for the 5 days prior to the onset of their symptoms. Monitor the suspected cases and repeat the above steps in case symptoms occur.
7. The B&N team offers, within capacity, further support and information to infected participants inclusive of a follow-up on their health status.