



“For the past 100 days, our unwavering commitment has been to serve all people of the world with equity, objectivity and neutrality. That will continue to be our sole focus in the days, weeks and months ahead.” - Dr. Tedros Adhanom Ghebreyesus

Highlight

- A total of 91,471 (2,997 today) confirmed cases from 22 (Yemen new) countries in the East Mediterranean Region and total deaths are at 4,576 (140 today).
- Lebanon is still in level 3 of COVID 19 transmission scenarios “Lebanon is experiencing cases clusters in time, geographic location and/or common exposure (Clusters of cases)”.
- Following the memo issued by MOPH to self-isolate all asymptomatic, mild, and clinically recovered cases, an application was developed to follow up daily on cases that are in self-isolation for assessment of clinical and total recovery. Currently, **114** COVID-19 cases have been reported as recovered by hospitals; this number might however underestimate the true number of recoveries in self-isolation.
- A total of 1,170 tests were carried out in the last 24 hours, out of which 243 were done at RHUH. The breakdown is as follows:
 - 691 residents (13 positive)
 - 479 expats (14 positive)

Global update

as per [WHO dashboard](#) 10 April 2020 at 6pm

Globally cases	1,521,252 (41,775 new)
Countries, areas or territories with cases	209 countries (0 new)
Total deaths (CFR: 5.6%)	92,798 (7,211 new)
Confirmed cases in China	83,305 (56 new)
Confirmed cases in USA	425,889 (30,859)
Confirmed cases in Spain	152,446 (5,756)
Confirmed cases in Italy	143,626 (4,204)

WHO RISK ASSESSMENT
Global Level - Very High

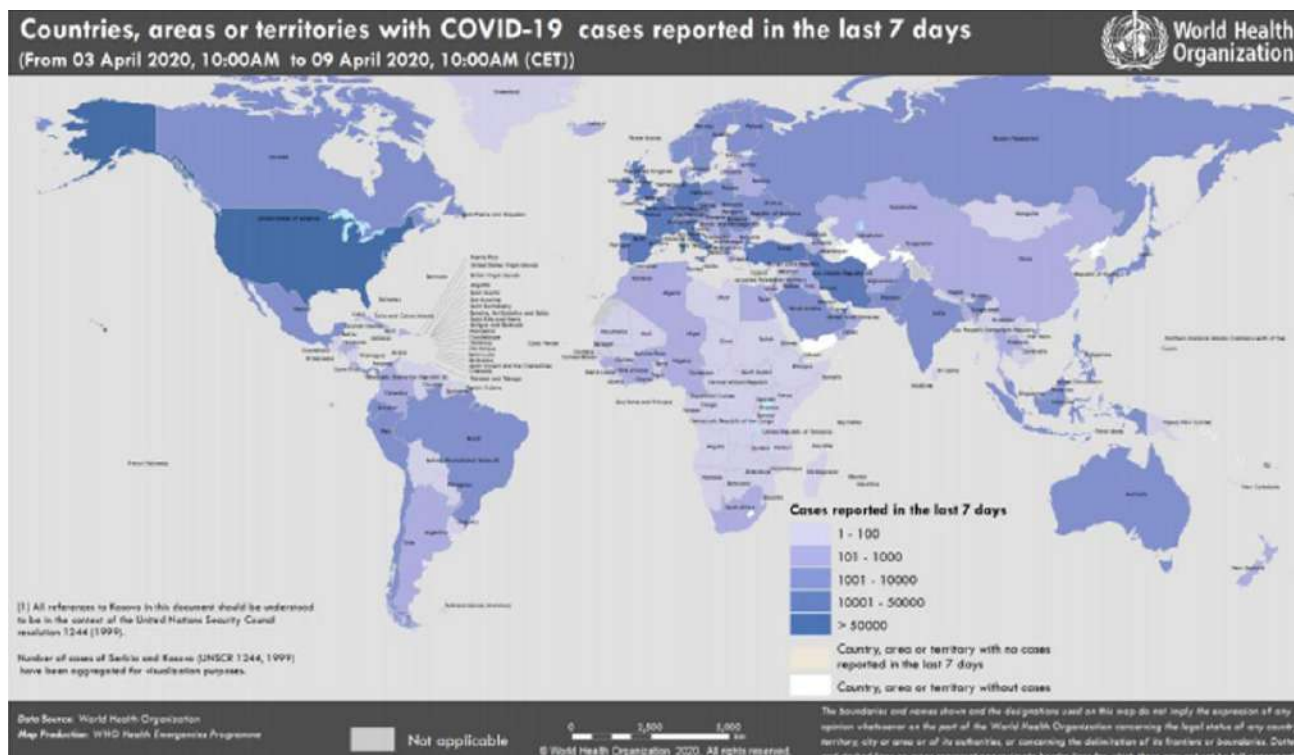


Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19, 09 April 2020

Distribution of COVID-19 cases as reported by the Epidemiological Surveillance Unit at the MOPH dashboard at 4pm

COVID-19 Surveillance in Lebanon

10 APRIL 2020 UPDATE

Figure 1: Cases by age group

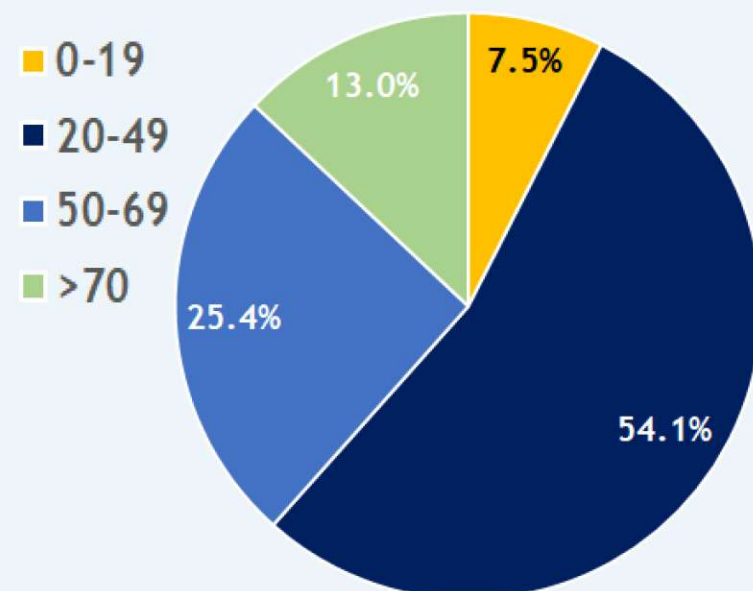


Figure 2: Cases by source of exposure

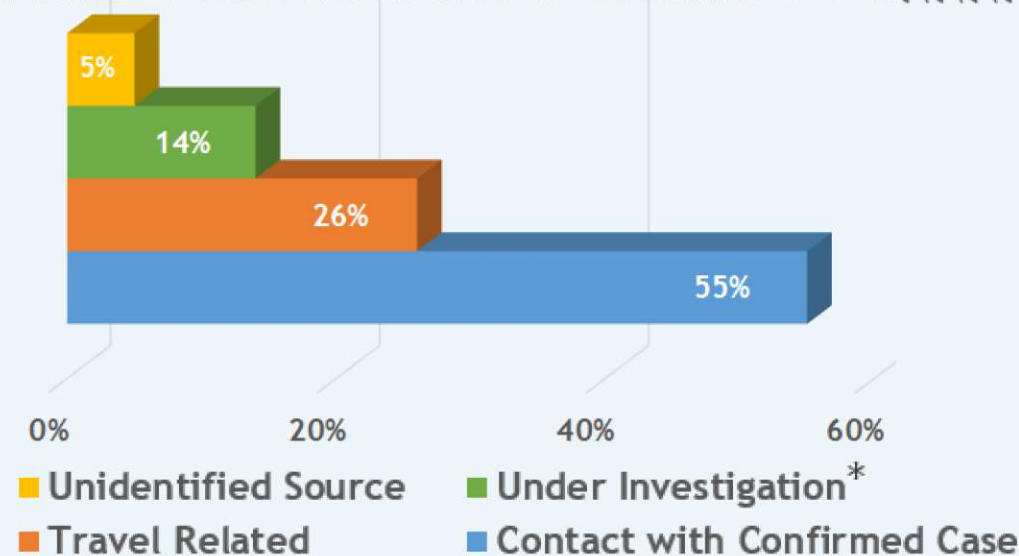


Figure 3: Cases by clinical presentation

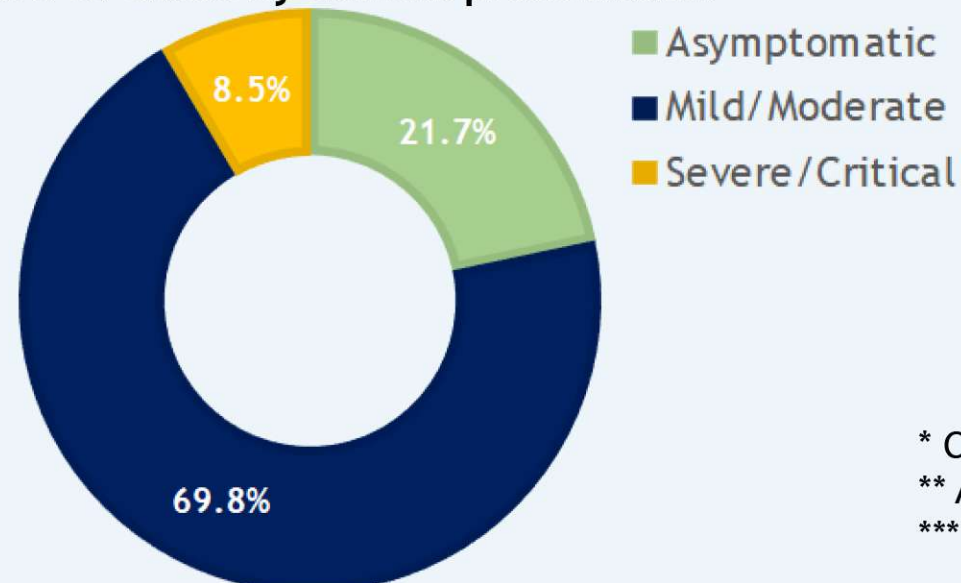
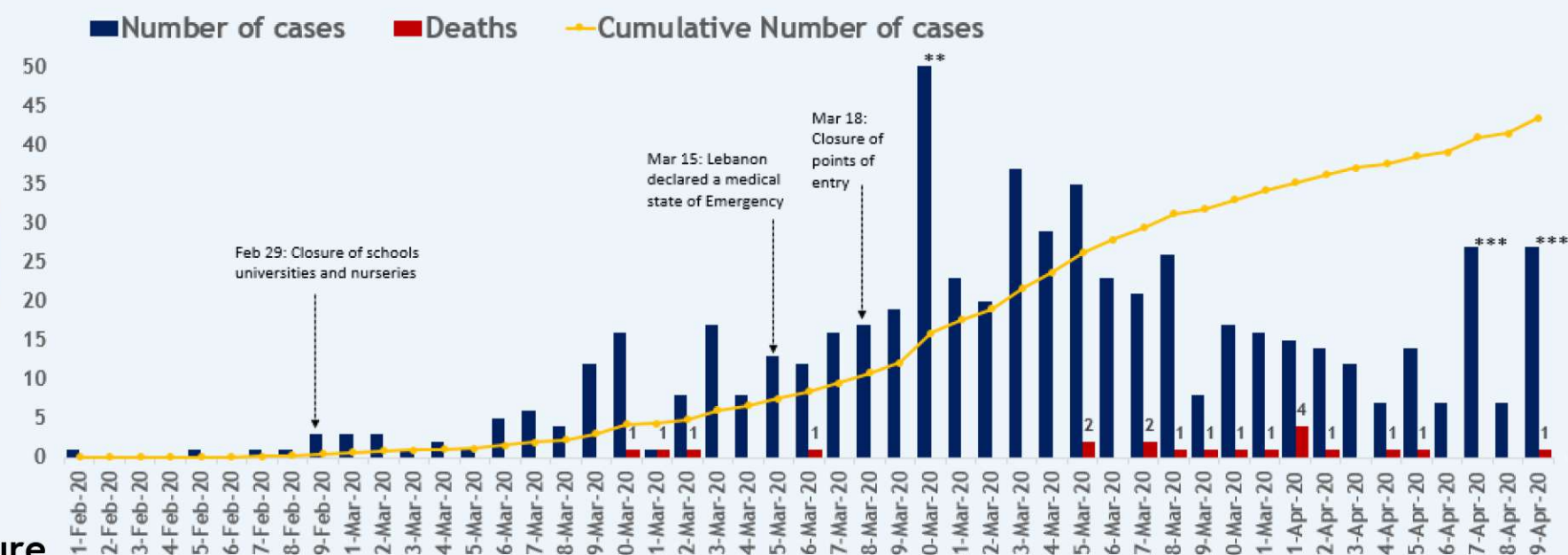


Figure 4: Cases by date of confirmation



609 Cumulative cases of COVID-19

- 27 new cases
- 49 healthcare workers
- 20 associated deaths

Call center:

- 5114 Cumulative calls received
- 351 referred to RHUH

Table 1: Distribution of fatalities by age group

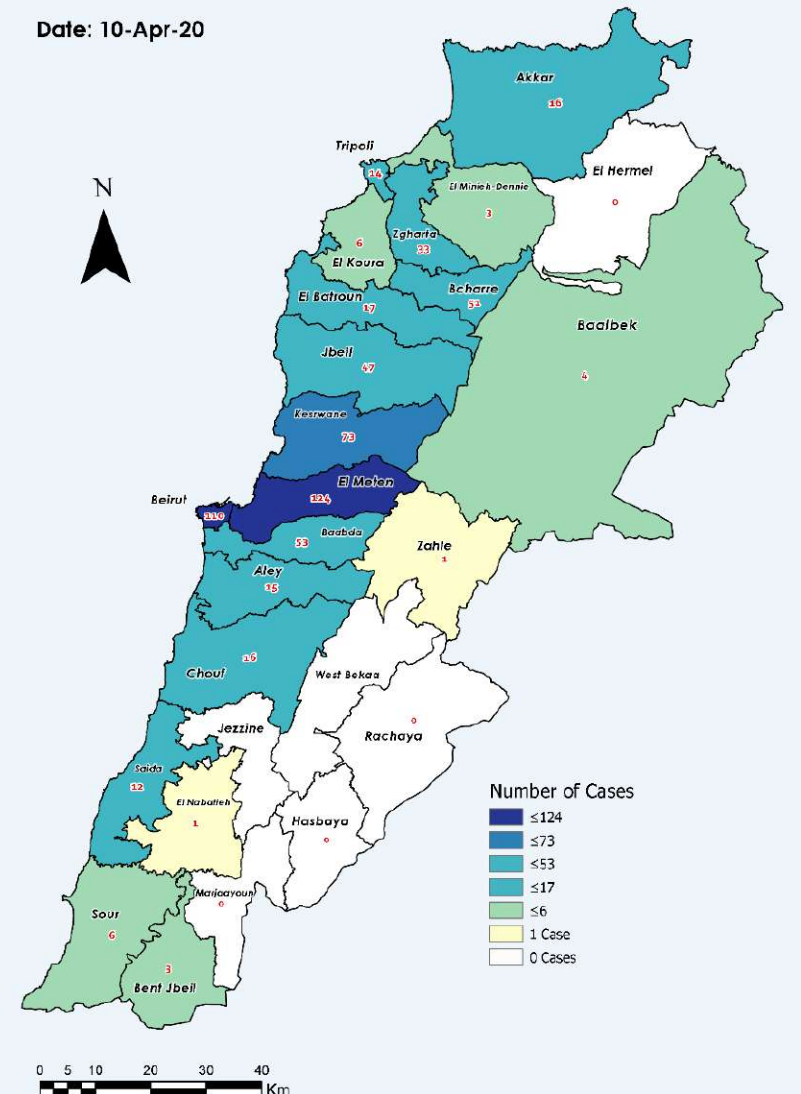
Age (years)	Deaths (n)	CFR
<10y	0	0.0%
10-19y	0	0.0%
20-29y	0	0.0%
30-39y	0	0.0%
40-49y	1	1.1%
50-59y	4	4.5%
60-69y	3	4.7%
70-79y	7	14.9%
80+y	5	16.1%
Total	20	3.3%

* Cases under investigation have not yet been classified by exposure

** Addition of new reporting laboratories

*** Massive testing of repatriates

Map 1: Cases by district of residence





Effect of COVID-19 pandemic on SDGs





People with disability during COVID-19

Why are additional considerations needed for people with disability during the COVID-19 outbreak?

Actions need to be taken to ensure that people with disability can always access the health-care services, water and sanitation services and public health information they require, including during the COVID-19 outbreak.

People with disability may be at greater risk of contracting COVID-19 because of:

- Barriers to implementing basic hygiene measures, such as hand-washing (e.g. handbasins, sinks or water pumps may be physically inaccessible, or a person may have physical difficulty rubbing their hands together thoroughly);
- Difficulty in enacting social distancing because of additional support needs or because they are institutionalized;
- The need to touch things to obtain information from the environment or for physical support;
- Barriers to accessing public health information.

Depending on underlying health conditions, people with disability may be at greater risk of developing more severe cases of COVID-19 if they become infected. This may be because of:

- COVID-19 exacerbating existing health conditions, particularly those related to respiratory function, immune system function, heart disease or diabetes;
- Barriers to accessing health care.

People with disability may also be disproportionately impacted by the outbreak because of serious disruptions to the services they rely on.

The barriers experienced by people with disability can be reduced if key stakeholders take appropriate action.

People with disability should:

- Prepare their household for the instance COVID-19 is contracted.
- Inform people they trust on what they should do if they become ill.
- Put a plan in place to ensure continuation of the care and support.
- Consider increasing the pool of caregivers.

WHO Guides

- Disability considerations during the COVID-19 outbreak. [Click here.](#)

#COVID19 and disability

People with disability may have risks of developing more severe cases of coronavirus because COVID-19 exacerbates existing health conditions, particularly related to:



Respiratory functions



Diabetes



Heart disease



Immune system



World Health
Organization

#coronavirus



Useful Links

- WHO real time [dashboard](#)
- WHO [COVID-19 page](#)
- Protect yourself ([English](#)/[Arabic](#))
- Q&A ([English](#)/[Arabic](#))
- WHO Lebanon [website](#)
- WHO Lebanon [Facebook](#) [Twitter](#) [Instagram](#)

Important numbers

- MOPH Hotline 1214
- Airport quarantine section 01-629352
- Preventive medicine center 01-843769 | 01830300
- **Call Centre 01-594459**
- Preventive medicine center 01-843769 | 01-830300
- Epidemiological Surveillance Unit 01-614194 | 01-614196

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