Situation Report # 5
Libyan Arab Jamahiriya crisis
10 March 2011

Highlights

1. Intense fighting in and around Ras Lanuf has resulted in increasing numbers of patients, overwhelming the capacity of local health care facilities. A total of 52 critically injured patients, mostly with weapon-related injuries, have been referred to Ajdabiya Hospital, which is staffed mainly by doctors returning from the Libyan diaspora. Post-operative patients are referred to hospitals in Benghazi. WHO has dispatched 4000 doses of tetanus toxoid to Benghazi to prevent potential infections arising from the delayed treatment of injuries. These supplies will be distributed to hospitals in eastern Libya.

2. The Tunisian Ministry of Public Health, in collaboration with WHO, has set up a disease early alert and response system at the border with Tunisia. The system, which is being implemented in all temporary camps and fixed health care facilities in the area, aims to monitor the refugees' health in order to 1) detect and respond to potential epidemics; 2) monitor specialized care needs, and 3) follow up on patients referred to hospitals.

3. WHO has issued a public health risk assessment for the crisis (http://www.who.int/diseasecontrol_emergencies/publications/who_hse_gar_dce_2011_1/en/index.html). The purpose of the risk assessment is to provide health professionals in United Nations agencies, nongovernmental organizations, donor agencies and local authorities in Libya with up-to-date technical guidance on the major public health threats faced by the affected population.

4. Almost a quarter of a million people have left Libya since the crisis began.
Health situation

Egyptian border:

5. The numbers of people crossing from Libya into Egypt at Saloum border have been falling since 25 February 2011. On 8 March, a total of 2094 people (338 Egyptians and 1756 non-Egyptians) crossed the border, compared to over 12 000 on 25 February 2011. A cumulative total of 107 432 people have crossed since 11 February 2011 (figures as of 8 March 2011).

Numbers crossing per day since 19 February 2011

6. The weather at Saloum border is cold and rainy, with temperatures dropping to freezing point at night. Many refugees are sleeping out in the open, without adequate blankets, shelter or sanitation, leading to fears of outbreaks of acute respiratory infections and diarrhoeal diseases.

7. As of 8 March 2011, a cumulative total of 131 injured people had crossed the border since 22 February 2011. A total of 58 people were referred, mostly to Alexandria hospitals. Another 57 were treated and discharged. Two people have died, and 14 patients are still undergoing treatment.

Causes of Injuries on Salloum Border from 22 February to 8 March 2011

<table>
<thead>
<tr>
<th>Cause of Injuries</th>
<th>Nationality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Egyptian</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Car Accidents</td>
<td>36</td>
</tr>
<tr>
<td>Gunshot wound</td>
<td>4</td>
</tr>
<tr>
<td>Medical problems</td>
<td>4</td>
</tr>
<tr>
<td>Clashes in revolution</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>48</td>
</tr>
</tbody>
</table>
**Tunisian border:**

8. According to the Tunisian authorities, more than 103,000 people, including Tunisians and nationals of 59 other countries have crossed into Tunisia since the beginning of the crisis. There has been a significant reduction in the number of new arrivals since 3 March 2011.

9. As of 7 March 2011, there were around 16,000 individuals remaining in Choucha camp. Nationals of Bangladesh are now being repatriated; new arrivals include increasing numbers of individuals and families of African origin.

10. From 23 February to 7 March 2011, a cumulative total of around 4000 patients were treated at Ras Jedir border health posts, of whom 98 were subsequently referred either to the military field hospital or to other hospitals.

11. From 24 February to 7 March 2011, a total of 4014 patients were seen at Choucha camp, of whom 29 were referred to regional hospitals.

12. No epidemics have been reported.

13. Two deaths have been recorded since the beginning of the crisis.

**Number of patients treated at the health posts at the Tunisian/Libyan border**
Number and percentage of consultations (excluding referrals) at Choucha camp

<table>
<thead>
<tr>
<th>Clinical diagnosis</th>
<th>24 Feb-1 Mar</th>
<th>02 Mars</th>
<th>03 Mar</th>
<th>04 Mar</th>
<th>05 Mars</th>
<th>06 Mars</th>
<th>07 Mars</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Influenza-like illness</td>
<td>270</td>
<td>12.4</td>
<td>33</td>
<td>11.9</td>
<td>29</td>
<td>18.0</td>
<td>82</td>
</tr>
<tr>
<td>Bronchopneumonia</td>
<td>26</td>
<td>1.2</td>
<td>26</td>
<td>9.4</td>
<td>8</td>
<td>5.0</td>
<td>17</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>71</td>
<td>3.3</td>
<td>22</td>
<td>7.9</td>
<td>10</td>
<td>6.2</td>
<td>18</td>
</tr>
<tr>
<td>Bloody diarrhoea</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Unexplained fever</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>War wounds</td>
<td>(2 referrals)</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Other wounds and injuries</td>
<td>134</td>
<td>6.1</td>
<td>13</td>
<td>4.7</td>
<td>8</td>
<td>5.0</td>
<td>19</td>
</tr>
<tr>
<td>Diabetes</td>
<td>30</td>
<td>1.4</td>
<td>5</td>
<td>1.8</td>
<td>2</td>
<td>1.2</td>
<td>4</td>
</tr>
<tr>
<td>Hypertension/cardio-vascular diseases</td>
<td>15</td>
<td>0.7</td>
<td>1</td>
<td>0.4</td>
<td>1</td>
<td>0.6</td>
<td>2</td>
</tr>
<tr>
<td>Psychological/psychiatric syndrome</td>
<td>10</td>
<td>0.5</td>
<td>3</td>
<td>1.1</td>
<td>3</td>
<td>1.9</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>1,625</td>
<td>74.5</td>
<td>174</td>
<td>62.8</td>
<td>100</td>
<td>62.1</td>
<td>216</td>
</tr>
<tr>
<td>Total</td>
<td>2,181</td>
<td>100</td>
<td>277</td>
<td>100</td>
<td>161</td>
<td>100</td>
<td>358</td>
</tr>
</tbody>
</table>

Data being verified/analysed.

Libya:

14. The continuing lack of access to Libya means it has not been possible to evaluate the health situation or have any reliable data on the numbers of deaths and casualties. The Emergency Relief Coordinator is continuing to advocate for humanitarian access to the country, particularly the west.

15. The two trauma hospitals in Tripoli (Central Trauma Hospital and Abosleem Trauma Hospital) have a total bed capacity of 1405 between them. Tripoli Medical Centre has a total bed capacity of 1438.

16. Although the situation is not yet critical, there are growing shortages of many medicines in the eastern part of the country, including insulin to treat diabetes.

17. Two truckloads of medicines sent by the Libyan authorities in Tripoli to the eastern part of the country were unable to reach their destination because of the ongoing conflict.

18. There is likely to be a critical shortage of ambulances and paramedical staff to transport injured patients to health care facilities. Ambulances were ill equipped even before the current crisis began.

Health response

Tunisia

19. Health facilities in Choucha camp have been strengthened by two new medical teams as well as a Moroccan field hospital and a medical unit sponsored by Algeria. There are now a total of seven health care points in the camp. The Moroccan hospital is equipped with an operating theatre, scanner room, laboratory and two operating rooms as well as 30 beds and an ambulance. Medical services are provided by 25 physicians, 21 nurses and 20 medical technicians. Another field hospital donated by the United Arab Emirates is on standby and will be put into operation in case of need.

20. The epidemiological unit of the Tunisian MoPH is coordinating the disease early alert and response system, in collaboration with WHO. The aim of the alert and response system is to:

   a) Detect and respond to epidemics (real-time identification of number/nature of suspected cases of and/or deaths from communicable diseases, supported by rapid diagnostic confirmation and immediate care and/or preventive treatments for patients, family members and those in the surrounding area).
b) Monitor specialized care needs, e.g. for traumatic war injuries, obstetric/gynaecological complications, tetanus, psychological/psychiatric disorders, noncommunicable diseases such as diabetes, hypertension, cardiovascular diseases.

c) Follow up patients referred for hospitalization and ensure they are reintegrated into the repatriation process on their discharge from hospital.

21. The disease early alert and response system is up and running in health care structures at Raj Jedir border, Choucha camp and the transit camp at Djerba airport. It will shortly be expanded to the border post at Dhibat and to hospitals in Ben Guardane, Zarzis, Djerba, Ramada and Tataouine. Replacement medical teams in Choucha camp have been trained on data collection procedures.

22. The following working groups have been established to manage and monitor the refugees' health:

- A working group on water and sanitation. The group has identified key areas for improvement (provision of 400 additional latrines, improvement of basic hygiene, collection and management of solid waste, provision of water for domestic use). As of 7 March 2011, half of the additional latrines had already been installed, and 16 additional hand-washing stations were being established.
- A working group on mental health to coordinate mental health activities of the different humanitarian agencies working at the border.
- A working group on maternal and child health. Around 90 women and 70 children have been registered in the camp. The Tunisian National Office on Family and Population is providing reproductive health care services, with support from UNFPA.

23. To facilitate coordination, the MoPH/WHO operations room at the border has established videoconferencing facilities with the MoPH in Tunis as well as with WHO offices in Tunis, Cairo and Geneva.

24. A French military ship containing humanitarian aid docked at Zarsis commercial port on 7 March. The ship is equipped with a 69-bed capacity hospital and two surgical services.

25. The Federation of Islamic Medical Associations and the Arab Medical Union have formed a joint Relief Committee, and has asked WHO for help to coordinate its relief efforts.

26. The MoPH, with the support of WHO, is setting up a system for monitoring medical stocks including international donations.

27. Health partners in Tunisia include the Tunisian Military Health Corps, the Moroccan Government Cooperation, the Solidarity Volunteers of Sfax, the Union Base of the University Central Hospital Hedi Chaker, the Association Sante pour le Peuple, the Ministries of Women's Affairs and Civil Protection, the Tunisian Red Crescent, International Medical Corps, International Committee of the Red Cross, International Organization for Migration, International Relief and Development, Islamic Relief, Johanniter Assistance, Medecins sans Frontieres, Merlin, Save the Children, UNICEF and UNFPA.

28. The United Nations Office for the Coordination of Humanitarian Affairs is convening a daily meeting of all humanitarian sectors at the border to review the situation and exchange information on the overall humanitarian response.

Egypt

29. The MoPH is screening new arrivals at all ports of entry in Egypt, providing first aid, and referring cases to hospitals as required. It has also established procedures for dealing with dead bodies.

30. At the Salloum border crossing, the authorities are able to manage the health care and medical needs of people leaving Libya.

31. WHO is in discussions with the Arab Scout Organization (ASO), which has offered to deploy volunteers to the Egyptian border to help with 1) medical screening of people crossing the border; 2) emergency mental health management and referral; 3) referral services; 4) registration and tracking of medical supplies.
**Libya**

32. WHO has dispatched 4000 doses of tetanus toxoid to Benghazi to prevent potential infections arising from the delayed treatment of injuries. These supplies will be distributed to hospitals in eastern Libya.

33. The Arab Medical Union (AMU) has managed to deploy some physicians through Tunisia to provide medical care in Libyan hospitals. The AMU has asked donors to consider supporting the salaries of 250 nurses who are urgently needed to work inside Libya for the next six months.

34. The Libyan Red Crescent has two medical teams, one at Tripoli airport and one at the Tunisian/Libyan border, to help people leaving the country.

35. The Libyan Red Crescent, with help from the WHO focal point in Benghazi, has set up a system to manage emergency medical supplies for eastern Libya.

**Coordination**

36. WHO's Regional Office for the Eastern Mediterranean has convened a meeting of all health partners in Cairo next week to exchange information and coordinate the health response.

**Donors**

37. WHO has received US$400 000 from the United Nations Central Emergency Response Fund to implement the emergency health response at the Tunisian-Libyan border.

38. Ten trauma kits A and B (drugs and supplies to cover 1,000 surgical interventions) and five surgical supply kits (to meet the surgical and post-operative needs of 500 patients for ten days), funded respectively by Italy and Norway, have been sent to eastern Libya.

For further information please contact:

**Dr Naeema Algasseer (Assistant Regional Director)**

shoc@emro.who.int

**Dr Ahmed El Ganainy (Emergency Operations Manager)**

Elganainya@emro.who.int

**Mr Osama Maher (Emergency Operations and Response)**

mahero@emro.who.int