



Event-based Surveillance and Response Quarter 3 Report, 2019 (July 1 - September 30, 2019)

2019 3rd Quarter Summary of Captured Health Events

- A total of 774 health events were captured and verified by EB-ESRU from July 1 - September 30, 2019
- From the 774 verified health events, 301 (39%) were reported as acute public health threats and disseminated to nationwide stakeholders
- Region 1 had the most number (148, 19%) of captured health events followed by Region 3 (80, 10%)
- The most number of reported health events by EB-ESRU were Vaccine Preventable Diseases (83, 28%) followed by Zoonotic Diseases (57, 19%)

CAPTURE	No.	%	VERIFICATION of TRUE HE ¹	No.	%	VERIFICATION (cont'd)	No.	%
Total no. of HE¹ captured:	774		Verified by EB-ESRU	6	2%	Status:		
			Verified by RESUs ²	270	90%	Ongoing	149	50%
			Verified by IHR ³ focal units	14	5%	Closed	98	33%
			Others	11	4%	Controlled	54	18%
Source:			Total	301	100%	Total	301	100%
DOH	753	97%	Disease Classification of True HE¹:					
Internet	17	2%	VPD ⁵	83	28%	ASSESSMENT	No.	%
Others	4	1%	Zoonotic Diseases	57	19%	Level of Concern:		
Total	774	100%	Food and Water-borne Dse.	51	17%	PHELC ⁷	230	76%
Regions with most no. of captured HE¹:			Vector-borne Diseases	39	13%	PHERC ⁸	43	14%
Region 1	148	19%	Others	29	10%	PHENC ⁹	28	9%
Region 3	80	10%	Maternal Death	27	9%	PHEIC ¹⁰	0	0%
Region 12	76	10%	EREID ⁴	7	2%	Total	301	100%
Means of Capture:			Chemical-related	5	2%			
Active	7	0.9%	Meningococcal Diseases	3	1%	RESPONSE	No.	
Passive	767	99.1%	HIV-Related Disease ⁶	0	0%	No. of HE ¹ with local response	774	
Total	774	100%	Total	301	100%	No. investigated by FETP ¹³	6	
FILTER	No.	%	Top regions with verified HE¹:			Fellows		
Reported	301	39%	NCR	32	11%	FEEDBACK MADE TO RO¹¹	No.	
Filtered	432	56%	Region 3	30	10%	This quarter	774	
FYI	41	5%	Region 6	29	10%	YTD ¹²	2147	
Total	774	100%	Region 12	29	10%			

Regional Distribution of Captured Health Events

Region	No. of captured (3rd QTR 2019)	VERIFIED AS TRUE HEALTH EVENTS				STATUS (3rd QTR 2019)			ASSESSMENT (3rd QTR 2019)				Total no. of Health Events responded locally (3rd QTR 2019)	Total no. of HE with feedback to Regional Office (3rd QTR 2019)
		3rd QTR 2019	2nd QTR 2019	3rd QTR 2018	2nd QTR 2018	Closed	Controlled	Ongoing	PHELC ⁷	PHERC ⁸	PHENC ⁹	PHEIC ¹⁰		
Passive														
Region 1	148	6	7	8	39	6	0	0	6	0	0	0	148	148
Region 2	34	16	7	14	26	2	1	13	16	0	0	0	34	34
Region 3	80	30	20	42	82	10	9	11	22	7	1	0	80	80
Region 4A	13	9	11	37	61	1	4	4	2	6	1	0	13	13
Region 4B	8	8	5	9	12	0	0	8	5	3	0	0	8	8
Region 5	49	16	20	15	28	12	2	2	15	1	0	0	49	49
Region 6	54	29	34	39	70	20	3	6	27	2	0	0	54	54
Region 7	12	10	10	8	18	3	2	5	9	1	0	0	12	12
Region 8	35	10	11	23	20	1	1	8	7	3	0	0	35	35
Region 9	26	14	6	10	18	10	1	3	14	0	0	0	26	26
Region 10	19	14	7	4	14	8	2	4	14	0	0	0	19	19
Region 11	23	9	9	5	3	1	1	7	9	0	0	0	23	23
Region 12	76	29	39	44	26	7	7	15	22	6	1	0	76	76
Caraga	58	15	17	26	30	11	3	1	15	0	0	0	58	58
BARMM	4	4	2	1	5	0	0	4	1	2	1	0	4	4
CAR	28	15	9	7	20	1	8	6	13	2	0	0	28	28
NCR	74	36	28	58	277	5	10	21	24	8	4	0	74	74
IHR	14	14	28	15	6	0	0	14	0	0	14	0	14	14
Others	12	11	6	0	0	0	0	11	8	0	3	0	12	12
Sub-total	767	295	276	365	755	98	54	143	229	41	25	0	767	767
Active	7	6	1	5	1	0	0	0	1	2	3	0	7	7
Total	774	301	277	370	756	98	54	143	230	43	28	0	774	774

Legend:

- Health Event
- Regional Epidemiology and Surveillance Unit
- International Health Regulations
- Emerging and Re-emerging Infectious Diseases
- Vaccine Preventable Diseases

- Human Immunodeficiency Virus - Related Disease
- Public Health Event of Local Concern
- Public Health Event of Regional Concern
- Public Health Event of National Concern
- Public Health Emergency of International Concern

- Regional Office
- Year to date
- Field Epidemiology Training Program

Featured Event-based Surveillance and Response (ESR) Report for this Quarter

Dengue Outbreak in San Andres, Catanduanes



- On July 16 and July 22, 2019, EB received ESR reports on clustering of dengue cases in Brgy. Tominawog, Brgy. Esperanza and Brgy. Mayngaway, San Andres, Catanduanes
- On July 29, 2019, FETP Fellows conducted an epidemiologic investigation
- A total of 139 cases were identified
- Majority (73, 53%) of cases were males
- Age range: 1 - 51 years old (Median: 13 years)
- Signs and symptoms: fever (139, 100%), headache (86, 62%), body malaise (73, 53%) and vomiting (68, 49%)
- Of the 38 barangay, 20 (53%) have dengue cases
- Brgy. Alibuag had the highest attack rate (98 cases per 1,000 population), followed by Brgy. Comagaycay (17 cases per 1,000) and Brgy. Karangag (15 cases per 1,000)
- Brgy. Karangag and Brgy. Alibuag were classified as Dengue sensitive/high risk
- 25 cases tested positive with Dengue IgM ELISA and 5 were positive in Dengue PCR

Dengue Outbreak in Ipil, Zamboanga Sibugay Province



- On July 16, 2019, EB received ESR report on Dengue Outbreak in Ipil, Zamboanga Sibugay Province
- On July 23, 2019, FETP Fellows conducted an epidemiologic investigation
- On 2nd week of July, Ipil, Zamboanga declared Dengue Outbreak
- A total of 244 cases and 3 deaths were identified
- Majority (130, 55%) of cases were females
- Age range of cases: 1 - 63 years old (Median: 13 years)
- Signs and symptoms: fever (244, 100%), abdominal pain (93, 38%), headache (85, 35%) and vomiting (68, 28%)
- Brgy. Ipil Heights had the highest attack rate (110 per 10,000 population) followed by Pangi (98 per 10,000) and Guitan (71 per 10,000)
- Brgy. Sanito had House Index (HI) of 60% (Dengue sensitive/high risk $\geq 5\%$), Breteau Index (BI) is 131% (Dengue sensitive/high risk $\geq 20\%$) and Pupae per Person Index (PPI) is 21% (Dengue sensitive/high risk $\geq 1\%$)
- 3 cases tested positive in Dengue PCR, 10 cases positive with Dengue IgM and 1 case was equivocal

Melioidosis Outbreak in Province of Isabela



- A total of 20 suspect cases were identified through hospital records review and active case finding
- 8 cases were reported as deaths (CFR: 40%)
- Age range: 9 - 74 years old (Median: 53 years)
- Majority (13, 65%) were males
- Signs and symptoms: fever, abdominal pain, dyspnea, cough, headache, dysuria, and vomiting
- 7 (35%) cases exhibited disseminated infection, 6 (30%) manifested pulmonary infection, and 3 (15%) had localized infection
- 6 (18%) out of the 33 municipalities and 3 cities of Isabela had Melioidosis cases
- Santiago City had the highest attack rate at 9.17 per 100,000 pop. followed by San Isidro at 7.65 per 100,000 pop.
- Blood and wound specimen were sent to RITM for laboratory testing
- 15 (79%) out of 27 blood and wound samples were positive for *Burkholderia pseudomallei*
- Other isolated bacteria for wound swabs were *Serratia marcescens* (1) and *Staphylococcus aureus* (1) while *Diphtheroids* (1) and *Micrococcus* (1) were isolated in blood samples

Suspect Foodborne Illness in X High School in Caloocan City



- On September 20, 2019, the Epidemiology Bureau (EB) received a report of Suspect Foodborne Illness in X High School in Caloocan City
- On the same day, FETP fellows conducted an epidemiologic investigation
- A total of 15 cases were identified
- Cases were Grade 7, 9 and 11 students
- Age range: 9 - 18 years old (Median: 14 years old)
- Majority (10, 67%) of cases were females
- The most affected age group was 11 - 15 years old
- Signs and symptoms: vomiting (100%), abdominal pain (84%), loose bowel movement (63%), and dizziness (53%)
- Laboratory details: Fecalalysis: 6 cases tested positive for *Staphylococcus aureus*, 2 cases tested positive for *Blastocystis spp.*, 1 case tested positive for *Entamoeba histolytica*, 1 food handler tested positive for *Staphylococcus aureus*; Food Sample tested negative for *Staphylococcus aureus*

Featured Event-based Surveillance and Response (ESR) Activities for this Quarter

Mindanao Mentoring and Supervision for Epidemiology and Surveillance Unit



- On July to September, 2019, ESR and PIDSR unit of Epidemiology Bureau conducted the joint mentoring and supervisory visit to Epidemiology and Surveillance Units at Northern Mindanao, Davao, Caraga and BARMM Centers for Health and Development
- Objectives:
 - To track progress in the implementation of the ESR system (capture, verification, notification, data management, data dissemination)
 - To identify best practices and areas for improvement in the ESR implementation
 - To provide mentoring activities such as hands-on training in capturing health events, data analysis, and report generation
- Summary and Significant Findings:
 - A total of 21 ESUs were visited: 4 RESU, 3 PESU, 5 CESU, 3 MESU and 6 Hospitals
 - Of 21 ESUs visited, 15 (71%) had a functional ESR reporting system
 - 15 (71%) ESR Units uses the ESR forms and submit the report via email
 - 3 (14%) ESR Units utilizes ESR Captured Event Log Sheet, have ESR Database and uses the ESR Online
 - 2 (10%) ESR Units prepare annual accomplishment reports

Basic Applied Epidemiology Training Facilitators' and Participants' Workbook for Universal Health Care - Advance Implementation Sites (UHC-AIS)



- Representatives from three hospitals: Research Institute for Tropical Medicine (RITM), Mariano Marcos Memorial Hospital (MMM), Dr. Jose N. Rodriguez Memorial Hospital (DRJNRMH); two Municipal Health Offices: San Jose de Buan, Samar and Palawan, Occidental Mindoro; Two Regional Epidemiology and Surveillance Units: Central Luzon and Northern Mindanao; and Bureau of Quarantine (BOQ) attended the Basic Applied Epidemiology Training Facilitators and Participants' Workbook for Universal Health Care - Advance Implementation Sites (UHC-AIS) held last last September 24 - 27, 2019 at Sunlight Hotel, Coron, Palawan
- The activity aims to develop a training design and course outline that will accommodate updates and provide additional competencies needed by ESU staff, including UHC-AIS.

Prepared by:

Aena Maria C. Besilia

Aena Maria C. Besilia, RN
ESR Officer, AEHMD

Reviewed by:

Mariz Zheila C. Blanco

Mariz Zheila C. Blanco, RN
Nurse III, AEHMD

Noted by:

Herdie L. Hizon

Herdie L. Hizon
Supervising Health Program Officer, AEHMD

Vikki Carr D. de los Reyes

Vikki Carr D. de los Reyes, MD, PHSAE
ESR Supervisor, AEHMD

Ma. Nemia L. Sucaldito

Ma. Nemia L. Sucaldito, MD, PHSAE
Chief, Applied Epidemiology and Health Management Division

Approved by:

Ferchito L. Avelino

Ferchito L. Avelino, MD, MPH, PHSAE
Officer-In-Charge, Epidemiology Bureau