



## Event-based Surveillance and Response Quarter 3 Report, 2018 (July 1 - September 30, 2018)

### 2018 3rd Quarter Summary of Captured Health Events

- Of the 733 captured health events, 370 (50%) were verified as true
- National Capital Region had the most number (109, 15%) of captured health events followed by Region I (85, 12%)
- The most common verified health events were Vaccine Preventable Diseases (118, 32%) followed by Zoonotic Diseases (71, 19%)
- Majority (164, 44%) of the status of health events were ongoing

CAPTURE		No.	%	VERIFICATION of TRUE HE <sup>1</sup>		No.	%	VERIFICATION (cont'd)		No.	%	
<b>Total no. of HE<sup>1</sup> captured:</b>		<b>733</b>		Verified by Central ESR	5	1.4%	<b>Status:</b>					
<b>Source:</b>				Verified by RESUs <sup>2</sup>	350	94.6%	Closed		117	32%		
DOH	713	97.3%	Verified by IHR <sup>3</sup> focal units	15	4.1%	Ongoing		164	44%			
Others	15	2.0%	<b>Total</b>	<b>370</b>	<b>100%</b>	Controlled		89	24%			
Internet	5	0.7%	<b>Disease Classification of True HE<sup>1</sup>:</b>				<b>Total</b>	<b>370</b>	<b>100%</b>			
<b>Total</b>	<b>733</b>	<b>100%</b>	VPD <sup>5</sup>	118	31.9%	<b>ASSESSMENT</b>		<b>No.</b>	<b>%</b>			
<b>Regions with most no. of captured HE<sup>1</sup>:</b>			Zoonotic Diseases	71	19.2%	<b>Level of Concern:</b>						
NCR	109	15%	Food and Water-borne Dse.	66	17.8%	PHELC <sup>7</sup>		303	81.9%			
Region I	85	12%	Vector-borne Diseases	54	14.6%	PHERC <sup>8</sup>		50	13.5%			
Region 13	81	11%	Maternal Death	32	8.6%	PHENC <sup>9</sup>		16	4.3%			
<b>Means of Capture:</b>			Others	22	5.9%	PHEIC <sup>10</sup>		1	0.3%			
Active	5	0.7%	Chemical-related Diseases	5	1.4%	<b>Total</b>		<b>370</b>	<b>100%</b>			
Passive	728	99.3%	Meningococcal Diseases	1	0.3%	<b>RESPONSE</b>		<b>No.</b>	<b>%</b>			
<b>Total</b>	<b>733</b>	<b>100%</b>	EREID	1	0.3%	No. of HE <sup>1</sup> with local response		303	81.9%			
<b>FILTER</b>		<b>No.</b>	<b>%</b>	AIDS <sup>6</sup> -related	0	0.0%	No. investigated by FETP <sup>13</sup>		11	3.0%		
True health event	370	50%	<b>Total</b>	<b>370</b>	<b>100%</b>	Follows						
Discarded	359	49%	<b>Top regions with verified HE<sup>1</sup>:</b>				<b>FEEDBACK MADE TO RO<sup>11</sup></b>	<b>No.</b>	<b>%</b>			
FYI	4	1%	NCR	58	16%		This quarter	733	100%			
<b>Total</b>	<b>733</b>	<b>100%</b>	Region 12	44	12%		YTD <sup>12</sup>	3094	100%			
			Region 3	42	11%							

### Regional Distribution of Captured Health Events

Region	No. of captured (3rd QTR 2018)	VERIFIED AS TRUE HEALTH EVENTS				STATUS (3rd QTR 2018)			ASSESSMENT (3rd QTR 2018)				Total no. of Health Events responded locally (3rd QTR 2018)	Total no. of HE with feedback to Regional Office (3rd QTR 2018)	
		3rd QTR 2018	2nd QTR 2018	3rd QTR 2017	2nd QTR 2017	Closed	Controlled	Ongoing	PHELC <sup>7</sup>	PHERC <sup>8</sup>	PHENC <sup>9</sup>	PHEIC <sup>10</sup>			
<b>Passive</b>															
Region 1	85	8	39	44	64	3	2	3	8	0	0	0	8	85	
Region 2	20	14	26	29	13	1	2	11	14	0	0	0	14	20	
Region 3	81	42	82	66	22	22	14	6	36	6	0	0	36	81	
Region 4A	52	37	61	32	26	5	14	18	20	17	0	0	20	52	
Region 4B	9	9	12	19	10	3	2	4	9	0	0	0	9	9	
Region 5	36	15	28	34	29	5	1	9	15	0	0	0	15	36	
Region 6	52	39	70	70	74	23	7	9	39	0	0	0	39	52	
Region 7	11	8	18	37	28	1	4	3	6	2	0	0	6	11	
Region 8	57	23	20	6	21	6	5	12	19	3	1	0	19	57	
Region 9	24	10	18	32	25	8	0	2	9	1	0	0	9	24	
Region 10	4	4	14	2	10	0	1	3	4	0	0	0	4	4	
Region 11	6	5	3	9	20	0	1	4	5	0	0	0	5	6	
Region 12	69	44	26	76	87	16	11	17	44	0	0	0	44	69	
ARMM	1	1	5	2	7	0	1	0	1	0	0	0	1	1	
CAR	16	7	20	6	25	1	1	5	7	0	0	0	7	16	
CARAGA	81	26	30	23	39	15	4	7	26	0	0	0	26	81	
NCR	109	58	277	106	73	6	17	35	35	21	2	0	35	109	
IHR	15	15	6	8	9	0	2	13	1	0	13	1	1	15	
<b>Sub-total</b>	<b>728</b>	<b>365</b>	<b>755</b>	<b>601</b>	<b>582</b>	<b>115</b>	<b>89</b>	<b>161</b>	<b>298</b>	<b>50</b>	<b>16</b>	<b>1</b>	<b>298</b>	<b>728</b>	
<b>Active</b>															
	5	5	1	0	0	2	0	3	5	0	0	0	5	5	
<b>Total</b>	<b>733</b>	<b>370</b>	<b>756</b>	<b>601</b>	<b>582</b>	<b>117</b>	<b>89</b>	<b>164</b>	<b>303</b>	<b>50</b>	<b>16</b>	<b>1</b>	<b>303</b>	<b>733</b>	

#### Legend:

- 1 Health Event
- 2 Regional Epidemiology and Surveillance Unit
- 3 International Health Regulations
- 4 Emerging and Re-emerging Infectious Diseases
- 5 Vaccine Preventable Diseases

- 6 Acquired Immune Deficiency Syndrome
- 7 Public Health Event of Local Concern
- 8 Public Health Event of Regional Concern
- 9 Public Health Event of National Concern
- 10 Public Health Emergency of International Concern

- 11 Regional Office
- 12 Year to date
- 13 Field Epidemiology Training Program

## Featured ESR Reports for this Quarter

### Diarrhea Outbreak in Barangay Sinapangan, Libungan, North Cotabato



- ESR-EB reported the event last July 12, 2018
- On July 18 - 20, 2018, FETP fellows conducted an epidemiologic investigation
- A total of 90 cases and 1 death were reported
- Age range: 3 months - 74 years old (Median: 27 years old)
- Most (20, 22%) affected group was under 5 years old
- Majority (49, 54%) of the cases were males
- Three out of 23 (13%) rectal swabs collected tested positive for *Vibrio cholerae* Ogawa biotype and four out of five (80%) water samples tested positive for *Aeromonas*
- Five (71%) of the seven sitio were affected
- Sitio Semveren had the highest attack rate (13 cases per 100 population) followed by Sitio Lower Biak na Bato (5 cases per 100 population) and Sitio Basak (3 cases per 100 population)

### Hepatitis A Outbreak in Esteban J. Javellana Memorial High School, Calinog, Iloilo



- ESR-EB reported the event on August 8, 2018
- On August 13-18, 2018 FETP fellows conducted an epidemiologic investigation
- A total of 59 suspect Hepatitis A cases were reported
- No death was reported
- Age range: 11 - 39 years old (Median: 14 years old)
- Majority (32, 54%) of the cases were males
- Most (28, 52%) affected age group was 10- 14 years old
- 82 of 107 (77%) serum specimens tested positive for Hepatitis A virus IgM
- Of the ten water samples collected, one sample tested positive for *Salmonella enterica serovar anatum* and *Aeromonas Caviae*, and one for *Vibrio cholerae non-01* and *Aeromonas caviae*
- Of the 21 stool samples collected, three tested positive for *Aeromonas hydrophila*, one positive for *Aeromonas caviae* and one positive for both *Aeromonas caviae* and *hydrophila*

### Suspect Foodborne Illness Cases in San Juan City, Metro Manila



- ESR-EB reported the event on September 4, 2018
- On September 5, 2018 FETP fellows conducted an epidemiologic investigation
- A total of 16 cases were reported
- No death was reported
- Age range: 8 - 91 years old (Median: 30 years old)
- Cases were eight females and eight males
- Most affected age group was 21 - 40 years old
- Of 16 rectal swabs collected, three cases tested positive for *Entamoeba histolytica*, two cases for *Vibrio cholerae*, one case for *Vibrio cholerae* and multiple organisms (*Vibrio cholerae*, *Vibrio haemolyticus*, *Vibrio vulnificus*, and *Enteropathogenic Escherichia coli*), one case for *Escherichia coli* and one case for *Aeromonas caviae*
- 13 rectal swabs collected from the establishment's employees; of these, one tested positive for *Staphylococcus aureus*
- 14 water samples collected from the households of the cases; one tested positive for *Aeromonas caviae*, one *Aeromonas hydrophila*
- Five water samples taken from food establishment and found no growth after 48 hours of incubation

## Featured ESR Activities for this Quarter

### Event-based Surveillance and Response (ESR) MOP Enhancement and Writeshop for HSU Guidelines Outputs



- EB conducted the MOP Enhancement and Writeshop for HSU Guidelines on July 10 - 13, 2018 at Seda Atria, Iloilo with the following objectives:

1. To review ESR MOP in line with the core process implementation of each ESU level
2. To include Data Management in the ESR MOP
3. To finalized Online ESR User's Guide
4. To review ESR forms
5. To review and revise ESR Monitoring and Evaluation Tool
6. To establish guidelines for Hospital Surveillance Unit

### Event-based Surveillance and Response (ESR) Training Part 1



- EB conducted ESR Training Part 1 on September 17 - 21, 2018 at Hotel Dominique, Tagaytay City with the following objectives:

1. To orient participants (newly hired ESU staff) on principles of Basic Epidemiology (uses, objectives, and core epidemiologic functions)
2. To orient participants on principles of public health surveillance, data analysis, presentation and dissemination

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