



I. Introduction

Event-based surveillance is an organized and rapid capture of epidemiologic data on acute public health threats. It includes risk assessment and use of International Health Regulation (IHR) Decision Instrument for notification of health events.

II. Objectives

1. To capture all types of health events with potential public health risk including rare and new events
2. To immediately assess and respond to all captured health events in order to decrease morbidity, mortality, and disability to minimize economic impact
3. To immediately disseminate available information regarding ongoing health events to relevant or concerned agencies for proper coordination of response and support activities
4. To provide information for International Health Regulations (IHR) notification.

III. Core Processes

A. Capture – sources of health events can be from the different media (television, radio, print and internet), health facilities at the different levels of the health system (DOH and other attached agencies, partner agencies and local government units), and from the general public (concerned citizens). There are 2 types of Capture namely:

- **Active** - purposeful daily gathering of health events by the ESR staff through the internet and other media sources such as television, radio and print.
- **Passive** - health events reported by the media people, health facilities such as DOH and other attached agencies, partner agencies and Local Government Units by email, fax, phone calls or text messages to the ESR staff.

A total of 3,702 health events were captured by the ESR Unit from January 1 to December 31, 2018, which is 34% higher compared to 2017 which has 2,767. Three thousand six hundred ninety-two (99.7%) health events were captured passively, while 10 (0.3%) health events were captured actively.

Three thousand six hundred sixty-three (98.9%) health events were captured through the DOH (EB, HEMB, RESUs, FDA and RITM) while 29 (0.8%) were captured through IHR Focal Persons of different countries and 10 (0.3%) from the internet. (**Fig. 1**).

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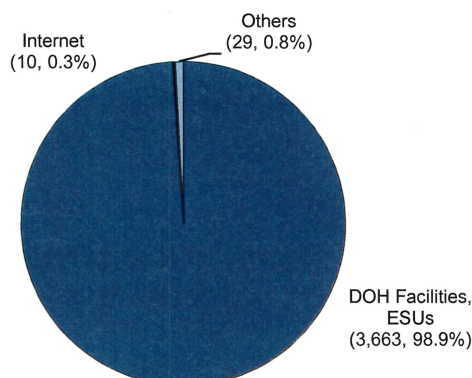

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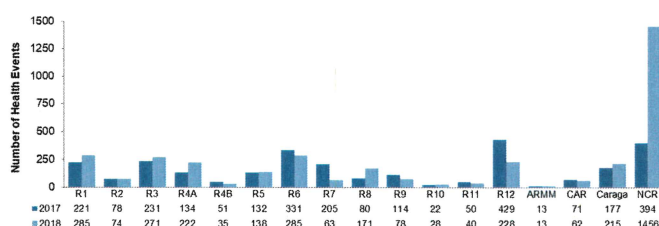
Computer Programmer II

Figure 1. Proportion of Captured Health Events by Source of Information (N=3,702), Philippines, 2018



Out of 3,702 health events, 3,664 (99%) were reported by the Regional Epidemiology and Surveillance Units (RESUs). National Capital Region (NCR) had the most (1,456, 40%) number of captured health events for this year, followed by Region 6 (285, 8%) and Region 1 (285, 8%). (**Fig. 2**).

Figure 2. No. of Captured Health Events per Region Philippines, 2017 vs 2018



The 29 (0.8%) health events reported by IHR Focal Persons from other countries are for contact tracing and release of laboratory results.

B. Filter – It is a process of reviewing which health events should be discarded or warrants further investigation.

Criteria for Filtering Health Events

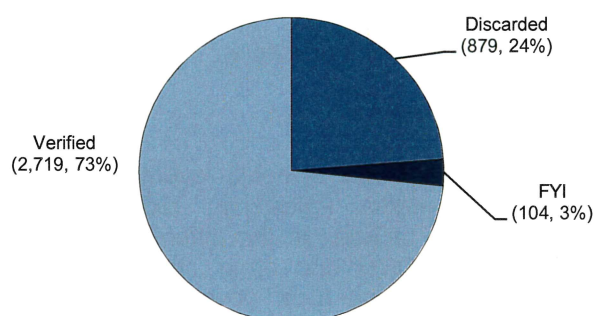
- Unknown illness/unusual health events
- High morbidity or mortality
- Potential for international spread of the disease
- Interference with travel or trade
- Disease for elimination/eradication
- Suspected, accidental or deliberate biological and chemical threats
- Double/multiple reporting of same health event

The ESR Unit filtered all 3,702 health events captured for the year. Of these, 2,719 (73%) were identified as acute public health threats, 879 (24%) were discarded and 104 (3%) for information only (**Fig. 3**).

The following were reasons for discarding the health events:

- Not a true health event
- Included in the Philippine Integrated Disease Surveillance and Response (PIDSRS) Weekly Monitoring
- Late Reporting (Health event was reported more than 3 months from start date)

Figure 3. Distribution of Captured Health Events after Filtering (N= 3,702), Philippines, 2018



C. Verification – It is a process by which a health event can be substantiated and should be done within 24 hours from date and time of capture. It should involve asking another informant about the event; if possible from trained health personnel. It should also include confirming the basic information as to Time, Place and Person.

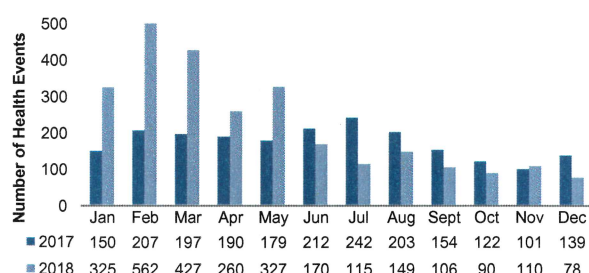
Criteria for a Verified Health Event

- Confirmed by different sources of information
- Reported by persons of authority (Rural Health Unit staff, Provincial Health Office, Regional Office, National Reference Laboratories, other DOH facilities and IHR Focal Persons from other countries)

Majority (2,032, 75%) of filtered health events were verified by ESR Central Office within 24 hours, while the remaining 687 (25%) were verified beyond 24 hours.

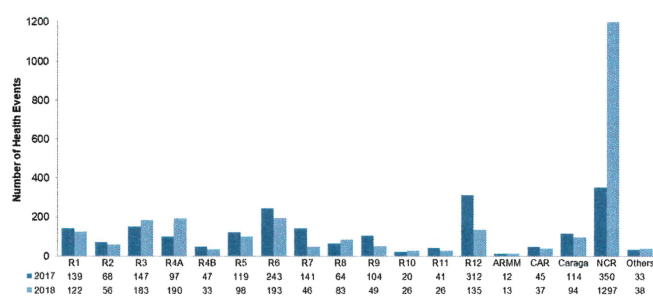
A total of 2,719 health events were identified as acute public health threats and reported to national stakeholders by EB-ESR Unit. This is 30% increase compared to 2,096 health events in 2017. Unlike in 2017 where the most number of health events were captured in July, February had the most (562, 21%) number of verified health events in 2018 (**Fig. 4**).

Figure 4. No. of Verified Health Events by Month
Philippines, 2017 vs 2018



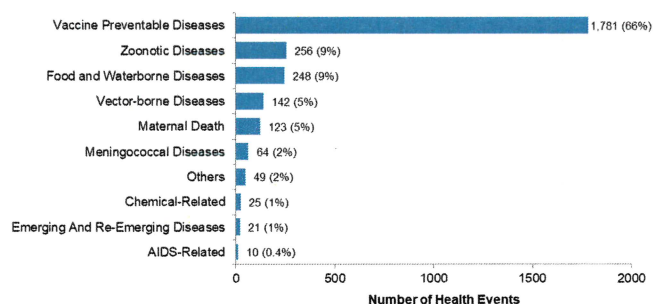
Of the 2,719 verified health events, 2,681 (99%) were verified by the RESUs. National Capital Region (NCR) had the most (1,295, 48%) number of verified health events per reporting unit in 2018, followed by Region 6 (191, 7%). The highest percentage increase from 2017 to 2018 was in NCR with a 270% increase (**Fig. 5**).

Figure 5. No. of Verified Health Events by Reporting Units,
Philippines, 2017 (n=2,096) vs 2018 (n=2,719)



Out of the 2,719 verified health events, most (1,780, 65%) of the health events were Vaccine Preventable Disease (e.g. Acute Flaccid Paralysis, Adverse Event Following Immunization, Diphtheria, Measles, Neonatal Tetanus Death, Pertussis, Rubella, and Varicella) followed by Zoonotic Diseases (e.g. Rabies, Leptospirosis, Schistosomiasis, Filariasis) with 254 (9%) reports (**Fig. 6**).

Figure 6 . Verified Health Events by Disease Classification
(n = 2,719), Philippines, 2018



For the summary of health events per disease classification by Region, please see Annex A.

The following are the criteria for an ongoing, controlled and closed event:

Criteria for an on-going event:

- Other information still on verification
- Specimens are to be collected and with pending laboratory results
- There are still additional cases or deaths
- The local or regional health team is currently monitoring the event
- The local or regional health teams are planning control activities of the event

Criteria for a controlled event:

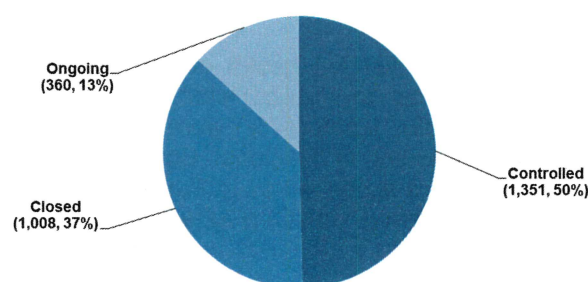
- Gradual or abrupt decrease of cases
- Cases showed good prognosis or event has already been managed but other information still on verification such as description of cases, laboratory findings, etc.
- No cases or deaths had been added
- Event was controlled or managed by the local or regional health team

Criteria for a closed event:

- Laboratory results have no significant findings that will endanger health of the public
- Cases were already discharged and in good condition (for admitted cases in the hospital)
- Follow-up reports indicate no assistance, further investigation and monitoring needed
- The health event was referred for appropriate interventions to concerned health agencies/office.

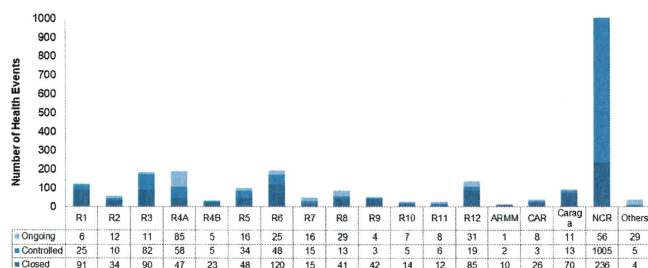
Out of the 2,719 verified health events, 360 (13%) are ongoing, 1,351 (50%) were controlled and 1,008 (37%) were closed (**Fig. 7**).

Figure 7. Proportion of Verified Health Events
by Status (n=2,719), Philippines, 2018



NCR, with a total of 1,297 verified health events, had the highest (236, 23%) number of closed events followed by Region 6 (120, 12%) with a total of 193 verified health events (**Fig. 8**).

Figure 8. Status of Verified Health Events by Region (n=2,719), Philippines, 2018



D. Assessment – It is a process by which the available information about a confirmed health event is analyzed and categorized whether it is a risk to the public. The assessment should be done within a 48-hour period and in 4 Levels of Concern, namely:

- **Public Health Event of Local Concern (PHELC)** – health event is confined to a specific geographical location or involves vulnerable groups of people in the locality.

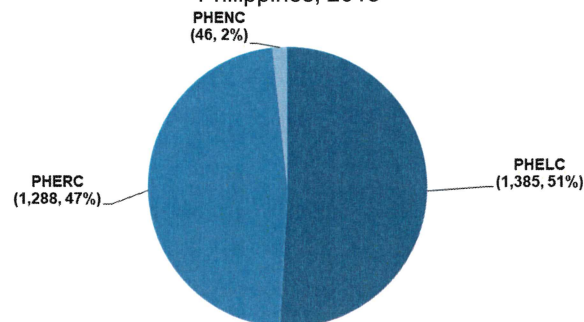
- **Public Health Event of Regional Concern (PHERC)** – health event requires additional technical and laboratory support not found in the local area. The health event has a potential to spread in other provinces/ cities/ municipalities.

- **Public Health Event of National Concern (PHENC)** – health event has a potential risk to cross boundaries or borders from one region to another.

- **Public Health Emergency of International Concern (PHEIC)** – health event has possible implications to international trade and travel or it may concern ill foreign nationals travelling to or from other countries. The event is rare and may involve diseases not previously reported in the country.

Out of the 2,719 verified health events 1,385 (51%) were assessed as to Public Health Event of Local Concern (PHELC), 1,288 (47%) were assessed as to Public Health Event of Regional Concern (PHERC) and 46 (2%) were assessed as to Public Health Event of National Concern (PHENC) (**Fig. 9**).

Figure 9. Proportion of Verified Health Events Assessed by Level of Concern (n=2,719) Philippines, 2018



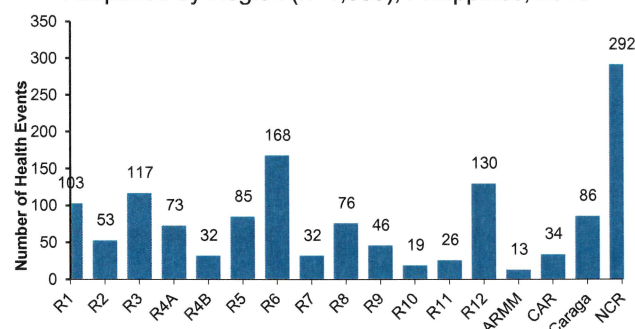
The events of International Concern were referred to concerned programs (DPCB) for information, verification, and action. The following are health events of international concern:

1. Twelve health events of Filipinos who had close contact with a confirmed Pulmonary Tuberculosis case during air travel
2. Confirmed Filipino Tuberculosis Cases in Singapore (2), New Zealand (2), Germany (1), Australia (1), Malaysia (1), and United States (1)
3. Five health events of Filipinos who had close contact with a confirmed Measles case during air travel
4. Filipino confirmed Rubella case in United States
5. One foreign national positive for Neisseria meningitidis with history of travel in the Philippines
6. One foreign national positive for Zika virus IgM with history of travel in the Philippines
7. Filipino casual contact of a Confirmed MERS-CoV case during air travel

E. Response – Public health response refers to action and decisions carried out immediately including verification or field investigation of health events through coordination with local health authorities and other involved institutions (RITM, hospitals, hazardous material department, and embassies)

Out of the 1,385 PHELC health events, all (100%) have been responded locally by the RESUs (**Fig. 10**).

Figure 10. No. of Verified Health Events with Local Response by Region (n=1,385), Philippines, 2018





Epidemiology Bureau
Applied Epidemiology and Health Management Division

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There were 26 health events that were investigated by the Field Epidemiology and Training Program (FETP) fellows this year (**Annex D**).

F. Feedback – is a process where EB-ESRU team makes a weekly summary of the health events to RESUs. It encourages the ESUs to continue reporting health events to EB in a timely manner.

A total of 52 Feedback Reports were sent weekly to respective RESUs.

IV. Conclusions

From January 1 to December 31, 2018, 3,702 health events were captured by the ESR Unit. Two thousand seven hundred nineteen (2,719) were identified as acute public health threats and reported to stakeholders by EB-ESRU Unit.

National Capital Region had the most (1,456, 39%) number of reported health events followed by Region 6 (285, 8%) and Region 1 (285, 8%). The most common reported health events for 2018 were vaccine preventable diseases. The month of February had the most number of verified health events. There were 24 verified health events that were investigated by FETP fellows in 2018.

V. Other Activities

Five activities were conducted by EB-ESRU for 2018:

A. ESR Program Implementation Review

- On May 22 – 25, 2018, ESR conducted the annual Program Implementation Review at Eagle's Point Resort, Anilao, Batangas
- The main agenda of the activity was to review the 2017 ESR Accomplishment Report on selected program indicators and discuss the mechanism of integration of ESR and PIDSR and Operational Planning for 2018
- A total of 15 participating RESUs attended the activity



B. ESR Data Management Training

- On June 19 – 22, 2018, ESR conducted a Data Management Training at Royce Hotel, Clark, Pampanga
- The objective of the training was to capacitate ESR surveillance staff on basic concepts of data management, thereby improving the quality of surveillance and data being produced and analyzed
- A total of 47 participants from different ESUs attended the training



C. ESR Manual of Procedures (MOP) Enhancement and Establishment of Guidelines for Hospital Surveillance Unit

- On July 10 – 13, 2018, ESR conducted Manual of Procedures (MOP) Enhancement and Establishment of Guidelines for Hospital Surveillance Unit (HSU) Writeshop at Seda Atria Hotel, Iloilo City with the following objectives:
 1. To review ESR MOP in line with the core process implementation of each ESU level
 2. To establish guidelines for Hospital Surveillance Unit
- A total of 32 participants from the various Epidemiology and Surveillance Units (Regional, Local, and Hospital) were able to share their knowledge and expertise on the matter



D. ESR Training Part I & II: Basic Epidemiology, Public Health Surveillance, and Steps in Epidemiologic Investigation

- ESR conducted a two-part training for newly hired ESU staff from the different ESUs nationwide

Date	Venue
September 17 – 21, 2018	Hotel Dominique, Tagaytay City
October 16 – 19, 2018	Chalet Baguio Hotel, Baguio City

- The activity focused on capacitating the participants on Basic Epidemiology, Public Health Surveillance, Data Analysis and Presentation, Steps in Epidemiologic Investigation, and Data Management during Epidemiologic Investigations
- A total of 24 surveillance staff from the national and regional levels successfully completed the two-part training



E. ESR Technical Assistance Visits

ESR Technical Assistance Visits in Regional Epidemiology and Surveillance Units (RESU) and other established ESUs were done with the following objectives:

- To assess functionality and efficiency of ESR
- To identify areas for improvement and come up with agreements and recommendations to strengthen ESR surveillance

Region	Date
7	October 23 – 26, 2018
1	November 6 – 9, 2018
8	November 13 – 16, 2018
3	November 19 – 21, 2018



Summary of findings:

- A total of 26 Epidemiology and Surveillance Units (4 Regional ESUs, 6 Provincial ESUs, 1 Municipal ESUs, 7 City ESUs, and 8 Hospitals) were monitored
- Majority (24, 92%) of ESUs visited have a functional ESR established, where the 6 core processes (Capture, Filter, Verify, Assess, Response, and Feedback) are being practiced
- 13 (50%) do not have an ESR database
- Majority (15, 58%) do not analyze data
- Majority (18, 69%) do not prepare ESR accomplishment reports

Acknowledgements

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Philippine Integrated Disease Surveillance and Response (PIDSR) Team

Field Epidemiology Training Program (FETP) Team

Regional Epidemiology and Surveillance Units

Research Institute for Tropical Medicine

Food and Drug Administration

Bureau of Quarantine

Bureau of Animal Industry

DOH-retained and tertiary hospitals

Department of Education

Bureau of Jail Management and Penology

Annex A:

Summary of Health Events per Disease Classification by Region from January 1- December 31, 2018

Vaccine Preventable Diseases	R1	R2	R3	R4A	R4B	R5	R6	R7	R8	R9	R10	R11	R12	Caraga	CAR	NCR	ARMM	IHR	Total	
Acute Flaccid Paralysis	4	0	2	2	0	4	17	0	2	3	0	0	7	0	0	0	0	0	41	
Adverse Event among Dengvaxia Vaccinees	18	1	68	124	0	12	16	15	6	2	5	0	5	7	2	1000	0	0	1281	
Adverse Event Following Immunization	6	3	3	8	4	11	24	2	8	2	1	4	10	5	2	4	0	0	97	
Diphtheria	1	1	4	1	0	1	1	0	1	1	0	0	0	0	0	28	0	0	39	
Measles	25	3	17	18	2	15	22	5	7	3	2	2	12	10	3	108	7	6	267	
Measles-Rubella	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	
Neonatal Tetanus	2	0	1	2	0	0	3	0	2	1	0	0	9	0	0	1	0	0	21	
Pertussis	2	2	4	1	0	0	2	0	1	0	0	0	0	1	3	7	0	0	23	
Rubella	0	2	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	1	6	
Varicella	0	0	0	2	0	0	1	0	1	0	0	0	1	0	0	0	0	0	5	
Total:																				1781
Zoonotic Diseases	R1	R2	R3	R4A	R4B	R5	R6	R7	R8	R9	R10	R11	R12	Caraga	CAR	NCR	ARMM	IHR	Total	
Avian Deaths	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
Anthrax	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2	
Capillariasis	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	
Filariasis	0	1	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	3	
Leptospirosis	0	0	1	1	0	0	0	0	0	1	0	1	0	5	0	8	0	0	17	
Rabies	24	11	25	5	2	8	20	3	7	16	4	2	14	6	4	58	0	0	209	
Schistosomiasis	1	0	8	0	4	0	6	0	1	0	0	0	1	0	0	1	0	0	22	
Total:																				256
Food and Waterborne Diseases	R1	R2	R3	R4A	R4B	R5	R6	R7	R8	R9	R10	R11	R12	Caraga	CAR	NCR	ARMM	IHR	Total	
Acute Gastroenteritis	1	0	0	0	0	0	0	0	0	0	0	0	5	1	0	0	0	0	7	
Acute Watery Diarrhea	0	0	0	1	0	3	0	0	4	0	0	0	0	0	1	0	0	0	9	
Cholera	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	2	
Diarrhea	1	0	2	1	11	7	2	4	1	0	3	3	8	3	2	1	2	0	51	
Foodborne Illness	16	11	16	7	3	11	15	7	4	1	7	7	9	15	8	27	3	0	167	
Hepatitis A	0	0	0	0	0	1	0	0	0	0	0	0	1	2	0	0	0	0	4	
Paralytic Shellfish Poisoning	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
Typhoid Fever	0	0	0	0	0	2	0	1	1	0	0	0	1	0	1	1	0	0	7	
Total:																				248
Vector-borne Diseases	R1	R2	R3	R4A	R4B	R5	R6	R7	R8	R9	R10	R11	R12	Caraga	CAR	NCR	ARMM	IHR	Total	
Chikungunya	6	0	0	3	1	5	5	0	13	0	0	0	8	2	0	0	0	0	43	
Dengue	4	17	3	0	0	4	1	6	11	0	1	1	6	7	2	2	0	0	65	
Japanese Encephalitis	2	0	1	0	1	0	0	0	0	0	0	0	0	0	2	0	0	0	6	
Malaria	2	0	3	2	0	0	1	2	1	0	1	0	7	2	2	5	0	0	28	
Total:																				142
Maternal Death	R1	R2	R3	R4A	R4B	R5	R6	R7	R8	R9	R10	R11	R12	Caraga	CAR	NCR	ARMM	IHR	Total	
Maternal Death	0	0	12	0	0	1	51	0	7	16	0	0	17	18	0	1	0	0	123	
Total:																				123
Meningococcal Diseases	R1	R2	R3	R4A	R4B	R5	R6	R7	R8	R9	R10	R11	R12	Caraga	CAR	NCR	ARMM	IHR	Total	
Meningococcemia	0	2	6	4	4	11	2	0	1	2	1	2	2	3	1	21	1	1	64	
Total:																				64
Others	R1	R2	R3	R4A	R4B	R5	R6	R7	R8	R9	R10	R11	R12	Caraga	CAR	NCR	ARMM	IHR	Total	
Others	2	1	2	1	1	0	2	1	3	0	1	1	5	3	3	3	0	20	49	
Total:																				49
Chemical Related	R1	R2	R3	R4A	R4B	R5	R6	R7	R8	R9	R10	R11	R12	Caraga	CAR	NCR	ARMM	IHR	Total	
Chemical Exposure	0	0	1	1	0	2	2	0	0	0	0	2	1	2	1	5	0	0	17	
Alcohol Intoxication	0	0	1	3	0	0	0	0	0	0	0	0	1	0	0	3	0	0	8	
Total:																				25
Emerging And Re-Emerging Diseases	R1	R2	R3	R4A	R4B	R5	R6	R7	R8	R9	R10	R11	R12	Caraga	CAR	NCR	ARMM	IHR	Total	
Ebola	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	
MERS-CoV	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0	1	8	
SARS	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
Zika	0	0	3	0	1	0	0	0	0	0	0	0	0	0	0	6	0	1	11	
Total:																				21
AIDS-related	R1	R2	R3	R4A	R4B	R5	R6	R7	R8	R9	R10	R11	R12	Caraga	CAR	NCR	ARMM	IHR	Total	
AIDS-related Death	0	0	0	0	0	0	0	0	0	2	0	0	4	2	0	2	0	0	10	
Total:																				10



Annex B:

Annual Statistical Comparison of Health Events in 2017 and 2018 by Region

Region	NO. OF CAPTURED HEALTH EVENTS		VERIFIED AS TRUE HEALTH EVENTS		STATUS (2018)			ASSESSMENT (2018)				Total no. of HE responded locally	Total no. of HE with feedback to RO
	2017	2018	2017	2018	Closed	Controlled	Ongoing	PHELC	PERC	PHENC	PHEIC		
Passive													
Region 1	221	284	139	122	91	25	6	103	19	0	0	122	284
Region 2	78	74	68	56	34	10	12	53	3	0	0	56	74
Region 3	231	270	147	182	89	82	11	115	67	0	0	182	270
Region CaLaBaRZon	134	222	97	190	47	58	85	73	117	0	0	190	222
Region MiMaRoPa	51	34	47	32	22	5	5	30	2	0	0	32	34
Region 5	132	138	119	97	47	34	16	84	12	1	0	97	138
Region 6	330	283	242	191	119	48	24	165	21	5	0	191	283
Region 7	205	62	141	45	15	15	15	31	14	0	0	45	62
Region 8	80	171	64	83	41	13	29	76	6	1	0	83	171
Region 9	114	78	104	49	42	3	4	46	3	0	0	49	78
Region 10	22	28	20	26	14	5	7	19	7	0	0	26	28
Region 11	50	40	41	26	12	6	8	26	0	0	0	26	40
Region 12	429	228	312	135	85	19	31	130	5	0	0	135	228
Caraga	13	215	12	94	70	13	11	86	8	0	0	94	215
CAR	71	62	45	37	26	3	8	34	2	1	0	37	62
ARMM	177	13	114	13	10	2	1	13	0	0	0	13	13
NCR	394	1454	350	1295	236	1005	54	287	1001	7	0	1295	1454
IHR	34	30	33	30	0	5	25	0	0	30	0	30	30
Others	0	6	0	6	3	0	3	5	0	1	0	6	6
<i>Sub-total</i>	2766	3692	2095	2709	1003	1351	355	1376	1287	46	0	2709	3692
Active	1	10	1	10	5	0	5	9	1	0	0	10	10
Total	2767	3702	2096	2719	1008	1351	360	1385	1288	46	0	2719	3702



Annex C:

Number of Verified Cases and Deaths of Health Events from January 1- December 31, 2018

Health Event	Total No. of Health Events	Total No. of Cases	Total No. of Deaths
Vaccine Preventable Diseases			
Acute Flaccid Paralysis	41	43	2
Adverse Event among Dengvaxia Vaccinees	1281	1281	138
Adverse Event Following Immunization	97	150	26
Diphtheria	39	39	11
Measles	267	4707	146
Measles-Rubella	1	10	0
Neonatal Tetanus	21	21	17
Pertussis	23	28	2
Rubella	6	7	0
Varicella	5	136	1
	1781	6422	343
Zoonotic Diseases			
Avian Deaths	1	0	0
Anthrax	2	2	1
Capillariasis	2	2	1
Filariasis	3	62	0
Leptospirosis	17	1249	160
Rabies	209	211	209
Schistosomiasis	22	77	1
	256	1603	372
Health Event	Total No. of Health Events	Total No. of Cases	Total No. of Deaths
Food and Waterborne Diseases			
Acute Gastroenteritis	7	93	3
Acute Watery Diarrhea	9	444	2
Cholera	2	7	0
Diarrhea	51	3234	54
Foodborne Illness	167	3724	16
Hepatitis A	4	155	0
Paralytic Shellfish Poisoning	1	1	0
Typhoid Fever	7	52	1
	248	7710	76
Vector-borne Diseases			
Chikungunya	43	1815	0
Dengue	65	7382	46
Japanese Encephalitis	6	6	1
Malaria	28	28	1
	142	9231	48
Maternal Death			
Maternal Death	123	123	123
	123	123	123
Meningococcal Diseases			
Meningococemia	64	66	38
	64	66	38
Others			
Others	49	679	1
	49	679	1
Chemical Related			
Chemical Exposure	17	412	8
Alcohol Intoxication	8	48	25
	25	460	33
Emerging And Re-Emerging Diseases			
Ebola	1	1	0
MERS-CoV	8	9	0
SARS	1	1	1
Zika	11	12	0
	21	23	1
AIDS-related			
AIDS-related Death	10	10	10
	10	10	10



Annex D:

Summary of Field Epidemiology and Training Program (FETP) Epidemiologic Investigations, 2018

Date	Title	Primary Investigator
January 2018		
January 8 - 12, 2018	Measles Outbreak in Davao City	Ms. Farah May Clamor
January 22 - 26, 2018	Leptospirosis Outbreak in Davao City	Ms. Denisse Lou Manalili
February 2018		
February 14 - 18, 2018	Measles Outbreak in Region IX	Ms. Denisse Lou Manalili
March 2018		
March 2 - 6, 2018	Measles Outbreak in Antique	Ms. Denisse Lou Manalili
March 2 - 6, 2018	Measles Outbreak in Taguig City	Ms. Precious May Gabalfin
May 2018		
May 21 - 25, 2018	Diarrhea Outbreak in Bacolod, Lanao del Norte	Ms. Farah May Clamor
May 29 - June 2, 2018	Filariasis Cases in a <i>Barangay</i> in Kiamba, Sarangani	Ms. Precious May Gabalfin
June 2018		
June 8 - 12, 2018	Foodborne Illness Outbreak in Clark, Pampanga	Ms. Farah May Clamor
June 17 - 22, 2018	Dengue Outbreak in Basco, Batanes	Ms. Farah May Clamor
June 20, 2018	Case Report on Confirmed Malaria case in Silang, Cavite/Research Institute for Tropical Medicine	Ms. Denisse Lou Manalili
June 27 - July 13, 2018	Leptospirosis Outbreak in National Capital Region	Ms. Farah May Clamor
June 27 - 29, 2018	Measles Outbreak in a Tertiary Hospital in Batangas City	Ms. Precious May Gabalfin
July 2018		
July 17, 2018	Cholera Outbreak in a <i>Barangay</i> in Libungan, Cotabato	Dr. Eugenia Mercedes Cañal
July 30 - August 3, 2018	Chikungunya Outbreak in a <i>Barangay</i> in Lipa City, Batangas	Dr. Ma. Ivy Rozeth Iturralde
August 2018		
August 13 - 18, 2018	Hepatitis A Outbreak in a Public High School, Calinog, Iloilo	Ms. Francis Guimputan
August 14 - 20, 2018	Chikungunya Outbreak in Nagcarlan, Laguna	Dr. Jessica Cagadas
September 2018		
September 3 - 7, 2018	Dengue Outbreak in a <i>Barangay</i> in Cabanatuan City, Nueva Ecija	Dr. Eugenia Mercedes Cañal
September 5 - 11, 2018	Foodborne Illness in San Juan City	Dr. Jessica Cagadas
September 11 - 15, 2018	Foodborne Illness Outbreak at Initao, Misamis Oriental	Dr. Ma. Ivy Rozeth Iturralde
September 23 - 25, 2018	Confirmed Case of Meliodosis in Municipality of Maripipi, Biliran	Dr. Jessica Cagadas
September 24 - 28, 2018	Investigation of Dengue Cases in National Capital Region	Dr. Ma. Ivy Rozeth Iturralde
October 2018		
September 28 - October 5, 2018	Acute Gastroenteritis Outbreak in National Capital Region and Region IV-A (Nasugbu, Batangas)	Dr. Eugenia Mercedes Cañal
October 15 - 19, 2018	Foodborne Illness among students in a Public Elementary School, Muntinlupa City	Ms. Francis Guimputan
October 22 - 26, 2018	Confirmed Zika Virus Disease Case in Dagupan, Pangasinan	Dr. Eugenia Mercedes Cañal
December 2018		
December 3 - 7, 2018	Schistosomiasis Outbreak in Baybay City, Leyte	Ms. Francis Guimputan
December 24, 2018	Measles Outbreak in an International Cruise Ship	Ms. Francis Guimputan