



**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. ESR Objectives**

1. To detect rare and new events that are not specifically included in Epidemic-prone Disease Case Surveillance (EDCS)
2. To capture all types of health events of public health concern
3. To immediately verify, assess, and notify offices for appropriate response for control and prevention
4. To monitor the status of health events
5. To provide information for 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 two ways of capturing events:


- **Active** - purposeful daily gathering of health events by the ESR Unit staff
- **Passive** - health events reported by ESUs, media people, health agencies, email, fax, phone calls or text messages to the EB-ESR unit.


A total of **10,192** health events were captured by the ESR Unit from January 1 to December 31, 2021. This is a 45% higher compared to 2020 with 7,049 captured health events (*Annex A*). Eight thousand nine hundred ten (87%) health events were captured passively, while 1,282 (13%) health events were captured actively.


Eight thousand seven hundred fourteen (85%) health events were captured through the different offices and institutions of DOH (HEMB, RESUs, FDA, and RITM) while 1,450 (14%) were captured through the IHR system, and 28 (0.3%) actively from the internet. (*Fig. 1*). IHR reports from other countries included TB cases during air travel, Rabies case with exposure history in the Philippines, Confirmed COVID-19 Cases (OF and FN); and COVID-19 Variant cases.


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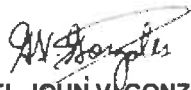
  
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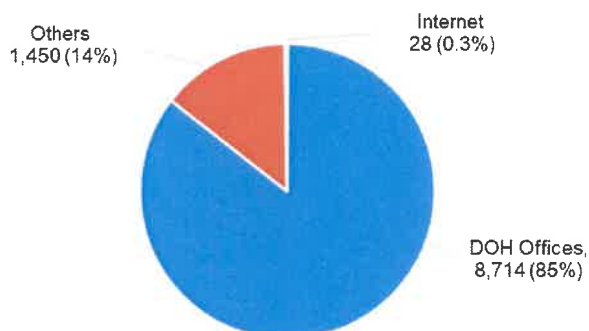
  
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**Figure 1.** Proportion of Captured Health Events by Source of Information, Philippines, 2021 (N=10,192)



Out of 10,192 health events, 7,386 (72%) were reported by the Regional Epidemiology and Surveillance Units (RESU). Eastern Visayas had the most (1,243, 12%) number of captured health events, followed by Zamboanga Peninsula (1,073, 11%) and SOCCSARGEN (888, 9%). (Fig. 2).

**Figure 2.** No. of Captured Health Events by Region, Philippines, 2020 vs 2021



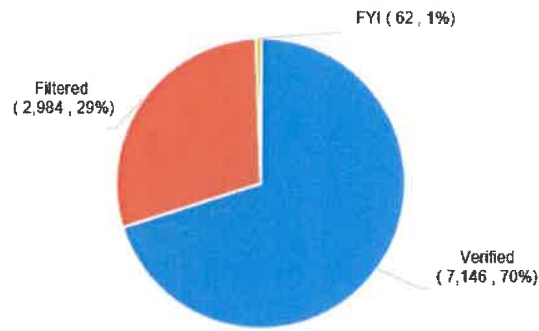
**B. Filter** – It is the process of reviewing which health event should be reportable to national stakeholders or warrants further investigation.

**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

Among the captured health events, 7,146 (70%) were identified as acute public health threats and disseminated to national stakeholders. Two thousand nine hundred eighty-four (29%) were filtered while 62 (1%) were considered as for information only (Fig. 3).

**Figure 3.** Distribution of Captured Health Events after Filtering, Philippines, 2021 (N=10,192)

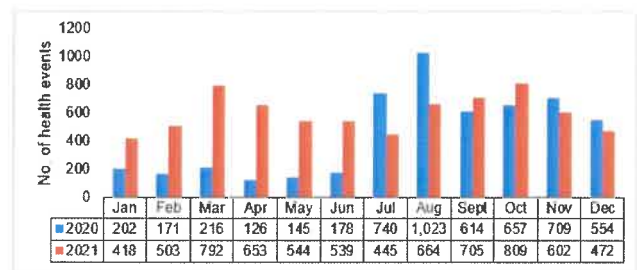


**C. Verification** – It is the process by which a health event can be substantiated and shall be done within 24 hours from the date and time of capture. It shall involve asking another informant about the event; if possible from trained health personnel. Also, this includes confirming the basic information as to time, place and person.

Out of the 7,146 verified health events, majority (6,323, 88%) were verified by ESR Unit within 24 hours, while the remaining 823 (12%) were verified beyond 24 hours.

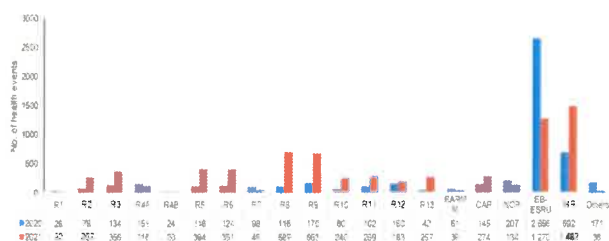
The month of October showed the most (809, 11%) number of verified health events in 2021 (Fig. 4).

**Figure 4.** No. of Verified Health Events by Month Philippines, 2020(n=5,335) vs 2021 (n=7,146)



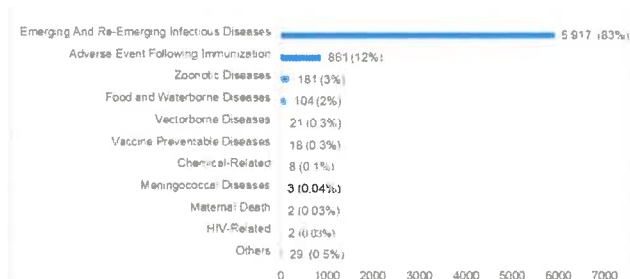
Of the 7,146 verified health events, 1,482 (21%) were verified by the International Health Regulation – National Focal Points (IHR – NFPs), followed by EB – ESRU with 1,270 (18%) verified health events per reporting unit in 2021. (Fig. 5).

**Figure 5.** No. of Verified Health Events by Reporting Units, Philippines, 2020 (n=5,335) vs 2021 (n=7,146)



Out of the 7,146 verified health events, majority (5,917, 83%) health events were Emerging and re-emerging Infectious Diseases (e.g. COVID-19, COVID-19 Variants) followed by Adverse Event Following Immunization (e.g. Sinovac, Astrazeneca, Moderna, Pfizer, and Janssen) with 861 (12%) reports. (Fig. 6). Complete information of the classification of HE are found in Annex B.

**Figure 6.** Verified Health Events by Disease Classification (n= 7,146), Philippines, 2021



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

**Criteria for an ongoing event:**

- Other information still for verification
- Specimens are to be collected and with pending laboratory results
- The concerned team is currently monitoring the event
- There are ongoing response activities for the health event
- There are planned activities for the health event
- There are continuous additional cases or deaths

**Criteria for a controlled event:**

- Gradual or abrupt decrease of cases/no additional cases detected from the last date of onset within 2 incubation periods
- Event has already been managed or no further management is needed but other information is still for verification such as the description of cases, laboratory findings, etc

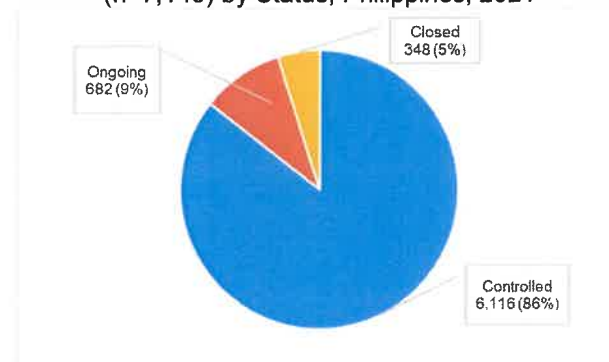
- There are ongoing activities and no new planned activities for the health event

**Criteria for a closed event:**

- No active case/s reported
- No cases or deaths have been added from the last date of onset within 2 incubation periods
- There are no planned or ongoing activities
- Admitted cases are discharged and/or in good condition, or died
- Until the COVID-19 pandemic is ongoing, all COVID-19-related health events reported in ESR will not be closed

Out of the 7,146 verified health events, 682 (9%) are still ongoing, 6,116 (86%) were controlled and 348 (5%) were closed (Fig. 7).

**Figure 7.** The proportion of Verified Health Events (n=7,146) by Status, Philippines, 2021



Bicol Region, with a total of 394 verified health events, had the highest (45, 13%) closed events followed by Region 6 (40, 11%) with a total of 391 verified health events (Fig. 8).

**Figure 8.** Status of Verified Health Events by Reporting Unit (n= 7,146), Philippines, 2021



**D. Assessment** – It is the process by which the available information about a confirmed health event is analyzed and categorized as 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:

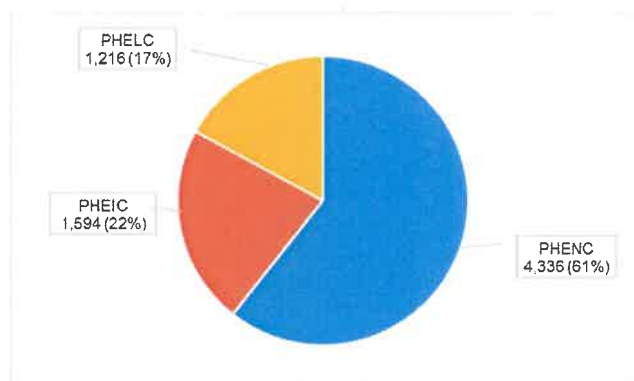
- **Public Health Event of Local Concern (PHELC)** – health event is confined to a specific geographical location or involves vulnerable groups of people in the locality.



- **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 to 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 traveling to or from other countries. The event is rare and may involve diseases not previously reported in the country.

Out of the 7,146 verified health events 4,336 (61%) were assessed as Public Health Event of National Concern (PHENC), 1,594 (22%) were assessed as Public Health Emergency of International Concern (PHEIC) and 1,216 (17%) were assessed as Public Health Event of Local Concern (PHELC) (Fig. 9).

**Figure 9.** Proportion of Verified Health Events Assessed by Level of Concern (n=7,146) Philippines, 2021



Health events assessed as PHEIC were referred to concerned programs (DPCB, BOQ, and HEMB) for information, verification, and action. The following are health events of international concern:

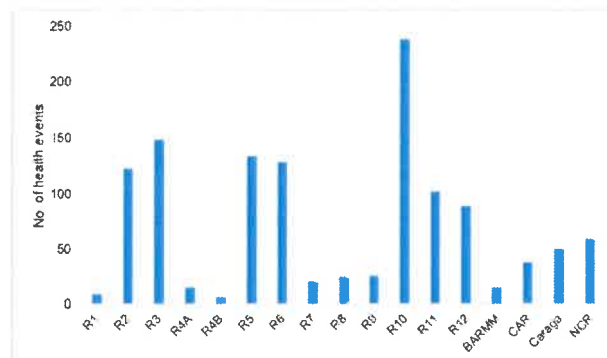
1. One Thousand five hundred ninety-two health events of Filipinos who had been infected with COVID-19 variants.
2. One Confirmed Filipino Tuberculosis Cases in New Zealand.
3. One Foreign National Confirmed Rabies Case in New York, United States of America with history of travel to Cagayan de Oro City.

**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)

All PHELC health events (100%) have been responded locally by the RESUs and/or local ESUs (Fig. 10).

**Figure 10.** No. of Verified Health Events with Local Response by Region (n=1,216) Philippines, 2021



There were 7 health events that were investigated by the Field Epidemiology and Training Program (FETP) fellows this year.

Please see Annex C for complete list

**F. Feedback** – is the process where 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.

#### IV. Conclusion

From January 1 to December 31, 2021, 10,192 health events were captured by the ESR Unit. Seven thousand one hundred forty-six were identified as acute public health threats and reported to stakeholders at the national level.

Eastern Visayas had the most (1,243, 12%) number of reported health events followed by Zamboanga Peninsula (1,073, 11%) and SOCCSKARGEN (888, 9%). Emerging and re-emerging infectious diseases are the most (5,971, 83%) reported health events. The month of October had the most number of verified health events. There were 7 verified health events that were investigated by FETP fellows in 2021.

#### V. Other Activities

Five activities were conducted/attended by EB-ESRU for 2021.



**1. Field Monitoring of Data Quality for COVID-19 ROF cases in selected facilities**

- On January 13 – 15, 2021, the IHR Unit of EB visited Temporary Treatment and Monitoring Facility (TTMF) and COVID-19 Converted Facilities (CCF)
- Objectives:
  - To track progress in the implementation of the TTMF/CCF Database (capturing of cases, data management analysis, and dissemination)
  - To identify best practices and areas for improvement in the TTMF/CCF Database
  - To provide mentoring activities such as hands-on training in encoding of case information, data management, analysis, and report generation
- Activities:
  - Interviewed data managers and records' review using the Monitoring and Evaluation Tool for TTMF and CCF
  - Oriented/Reviewed on the use of database to generate automatic reports
  - One-on-one mentoring for other issues and concerns regarding data collection with flagged countries
- TTMF/CCFs visited:
  - Manila Prince Hotel
  - Silver Oaks
  - Vieve Hotel
  - Windy Ridge
  - Summit Hotel
  - National Government Administrative Center (NGAC) – South
  - National Government Administrative Center (NGAC) – North
  - Club Balai Isabel
  - Canyon Cove
- Summary of Findings:
  - A total of 8 TTMF/CCFs were visited
  - Of which, 6 (75%) were already utilizing the database
  - Provided orientation to concerned staff in 2 (25%) TTMF/CCFs
  - All quarantine facilities visited submit reports through electronic mail and BOQ Viber Group Chat
  - Six data managers updated the database daily
  - All data managers requested for additional variables that are necessary for their daily reporting
  - No data on the whole genome sequencing and re-swabbing were found among the quarantine facilities visited

- Seven (88%) have cases from flagged countries



**II. National Action Plan for Health Security (NAPHS) Virtual Meeting, March 4 – 26, 2021**

- On March 4 – 26, 2021, IHR unit conducted a National Action Plan for Health Security (NAPHS) virtual meetings with different DOH offices and partner agencies (HPDPB, PD, HFDB, HHRDB, HPCS, DPCB, FDA- CCRR, and FDA-CDRRHR)
- 12 (63%) out of 19 IHR JEE technical areas were engaged:
  - Legislation, Policy and Financing
  - Anti-Microbial Resistance
  - Biosafety and Biosecurity
  - National Laboratory System
  - Human Resources
  - Risk Communication
  - Chemical Events
  - Radiation Emergencies
  - Points of Entry
  - Surveillance
  - Reporting
  - Food Safety
- Objectives of the activity:
  - To review IHR State Party Annual Report (SPAR) 2020 and IHR Joint External Evaluation Results 2018 (JEE)
  - To provide and discuss updates per strategic plan
  - To provide point person per technical area assigned for the IHR \ Department Circular Order (DPO) for NAPHS
  - Other Matters





### III. Event Information Site (EIS) Training Course for National Focal Points, May 4, 6, & 11, 2021

- Four ESR officers joined the course to better navigate the WHO Event Information Site or EIS platform
- Objectives of EIS Pilot Training
  - To describe the Event Information Site (EIS) platform in the context of IHR
  - To describe National IHR Focal Point (NFP) mandatory functions
  - To demonstrate the contents of and information to be found in EIS
  - To describe the relevance of the EIS contents to the work of National Focal Points and relevant stakeholders
  - To explain the process of reporting public health events

1. **Why use EIS and how to navigate it?**  
 Event Information Site platform is to allow timely and seamless information sharing from WHO to all National Focal Points on IHR public health events

2. **How to use information posted on EIS?**  
 The information published on the EIS platform is to NFPs in confidence and not intended for public distribution. No user should take the initiative to release through public channels the information shared on the EIS platform.

However, NFPs are responsible for further informing national counterparts to ensure that all relevant sectors are provided, in confidence, with the necessary information received from WHO to prepare, prevent, and respond to public health events.

3. **How to notify and post an event on the EIS?**

- NFPs and NFP designated users: in principle, up to 5 users per State Party.
- Selected intergovernmental organizations and international bodies as defined in Article 14 of the IHR.
- Upon formal designation, new NFPs receive a WHO request to designate the five users who should be granted access to the EIS platform for their State Party.



EIS in the context of IHR:  
 Training Program for EIS Users (including NFPs)  
 Pilot Sessions

### IV. IHR State Party Annual Report (SPAR) 2021: Orientation, October 18, 2021

- On October 18, 2021, the IHR Unit of EB conducted a virtual meeting for the Orientation of IHR State Party Annual Report (SPAR) 2021
  - Agenda of the Meeting:
    1. What is IHR?
    2. IHR SPAR Scoring
    3. SPAR 2018 - 2020
    4. 13 Capacities and indicators
    5. Next Steps
  - 13 SPAR capacities and 24 indicators were presented
    - C1. Legislation and Financing
    - C2. IHR Coordination and National IHR Focal Point Functions
    - C3. Zoonotic Events and the Human-Animal Interface
    - C4. Food Safety
    - C5. Laboratory
    - C6. Surveillance
    - C7. Human Resources
    - C8. National Health Emergency Framework
    - C9. Health Service Provision
    - C10. Risk Communication
    - C11. Points of Entry
    - C12. Chemical Events
    - C13. Radiation Emergencies





**V. International Health Regulation Crystal Exercise, December 3, 2021**

- On December 3, 2021, the Epidemiology Bureau, as the IHR National Focal Point, participated during the IHR Crystal Exercise 2021 with the following objectives:
  1. To validate the accessibility of IHR NFPs and the WHO IHR Contact Point using registered contact details
  2. To practice and test the assessment by IHR NFPs of public health events using the decision instrument contained in Annex 2 of the IHR (2005), and its notification process including posting to the IHR Event Information Site (EIS)
  3. To facilitate cross-sectoral communication between IHR NFPs and their national counterpart departments on public health event assessment and response
  4. To improve the understanding and familiarity of staff across the Member States, areas and territories and WHO with the IHR communications system
  5. To use a structured scenario to explore key issues, and identify strengths and areas needing improvement and
  6. To test the communication capabilities of Emergency Operations Center (EOCs) in the WHO Regional Office for the Western Pacific and IHR NFPs, including telephone, email, and videoconferencing
- The scenario involves the detection of a novel virus to test the pandemic preparedness efforts and alert, notification and response decisions required from National IHR Focal Points and Member States under the International Health Regulations (2005). To further cross-sectoral collaboration and understanding of the role of the IHR NFP.

- The exercise was also attended through virtual platform by representatives from Office of Laboratories (OHL) (n=2), Disease Prevention and Control Bureau (DPCB) (n=2), Health Emergency Management Bureau (HEMB)(n=2), Food and Drug Administration – Center for Device Regulation (n=2), Radiation Health, and Research (FDA-CDRRHR) (n=2), Bureau of Quarantine (BOQ) (n=2), and Research Institute for Tropical Medicine (RITM) (n=2).





**Annex A:**  
**Annual Statistical Comparison of Health Events in 2020 and 2021 by Reporting Region**

Region	NO. OF CAPTURED HEALTH EVENTS		VERIFIED AS TRUE HEALTH EVENTS		STATUS (2021)			ASSESSMENT (2021)				Total no. of HE responded locally	Total no. of HE with feedback to RO	
	2020	2021	2020	2021	Closed	Controlled	Ongoing	PHELC	PHERC	PHENC	PHEIC			
<b>Passive</b>														
Region 1	177	92	28	22	9	12	1	9	0	13	0	22	22	
Region 2	168	559	78	262	17	233	12	119	0	34	109	262	262	
Region 3	179	387	134	356	22	311	23	152	0	55	149	355	356	
CaLaBaRZon	202	211	151	116	3	106	7	7	0	18	91	116	116	
MIMaRoPa	29	24	24	20	4	16	0	5	0	4	11	20	20	
Region 5	153	463	116	394	45	329	20	134	0	236	24	394	394	
Region 6	154	455	124	391	40	328	23	130	0	89	172	391	391	
Region 7	107	65	98	49	18	27	4	21	0	6	22	49	49	
Region 8	227	1243	116	689	6	654	29	22	0	564	103	689	689	
Region 9	670	1073	170	663	16	589	58	25	0	387	251	663	663	
Region 10	62	268	60	240	39	165	36	237	0	3	0	239	240	
Region 11	196	303	102	269	34	233	2	91	0	98	80	267	269	
Region 12	344	888	160	183	37	143	3	91	0	26	66	182	183	
Caraga	176	444	42	257	15	228	14	49	0	26	182	256	257	
CAR	282	655	145	274	6	266	2	39	0	211	24	274	274	
BARMM	114	91	61	39	1	37	1	13	0	13	13	39	39	
NCR	266	165	207	134	12	118	4	27	0	18	89	134	134	
IHR	696	1486	692	1482	5	1382	95	0	0	1324	158	1482	1482	
Others	204	38	171	36	7	29	0	33	0	3	0	36	36	
<b>Sub-total</b>	<b>4406</b>	<b>8910</b>	<b>2679</b>	<b>5876</b>	<b>336</b>	<b>5206</b>	<b>334</b>	<b>1204</b>	<b>0</b>	<b>3128</b>	<b>1544</b>	<b>5870</b>	<b>5876</b>	
<b>Active</b>	<b>2643</b>	<b>1282</b>	<b>2656</b>	<b>1270</b>	<b>12</b>	<b>910</b>	<b>348</b>	<b>12</b>	<b>0</b>	<b>1208</b>	<b>50</b>	<b>1269</b>	<b>1270</b>	
<b>Total</b>	<b>7049</b>	<b>10192</b>	<b>5335</b>	<b>7146</b>	<b>348</b>	<b>6116</b>	<b>682</b>	<b>1216</b>	<b>0</b>	<b>4336</b>	<b>1594</b>	<b>7139</b>	<b>7146</b>	





**Annex B:**

**Summary of Health Events per Disease Classification by Region from January 1- December 31, 2021**

Vaccine Preventable Diseases	R1	R2	R3	R4A	R4B	R5	R6	R7	R8	R9	R10	R11	R12	Caraga	CAR	NCR	BARMM	IHR	Total
Acute Flaccid Paralysis	0	1	0	0	0	0	1	0	0	0	0	1	1	0	0	0	0	0	4
Measles	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	2	0	0	3
Rubella	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	2
Neonatal Tetanus	0	1	0	0	2	0	1	0	0	1	2	1	1	0	0	0	0	0	9
<b>Total:</b>	<b>18</b>																		
Zoonotic Diseases	R1	R2	R3	R4A	R4B	R5	R6	R7	R8	R9	R10	R11	R12	Caraga	CAR	NCR	BARMM	IHR	Total
African Swine Fever	0	0	0	0	0	2	0	0	6	0	4	0	0	0	0	0	0	0	12
Jellyfish Sting	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Leptospirosis	0	0	0	0	0	1	0	0	0	0	2	0	0	0	0	1	0	0	4
Rabies	7	5	7	2	0	34	25	2	2	11	12	17	19	5	1	2	1	1	153
Schistosomiasis	0	1	0	1	0	0	3	0	0	0	1	0	0	0	1	0	0	0	7
Snake bite	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	3
Swamp Fever	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
<b>Total:</b>	<b>181</b>																		
Food and Waterborne Diseases	R1	R2	R3	R4A	R4B	R5	R6	R7	R8	R9	R10	R11	R12	Caraga	CAR	NCR	BARMM	IHR	Total
Acute Gastroenteritis	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	2
Cholera	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	3
Diarrhea	0	1	0	2	0	0	0	5	0	0	0	10	3	1	0	0	0	0	22
Foodborne Illness	1	2	3	0	1	3	8	5	0	2	6	6	4	5	1	4	0	0	49
Paralytic Shellfish Poisoning	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Typhoid	0	0	0	0	0	2	0	2	0	0	0	0	0	0	0	0	0	0	4
Waterborne Illness	0	0	0	1	0	0	0	3	0	0	10	3	2	2	0	0	1	0	22
<b>Total:</b>	<b>104</b>																		
Vector-borne Diseases	R1	R2	R3	R4A	R4B	R5	R6	R7	R8	R9	R10	R11	R12	Caraga	CAR	NCR	BARMM	IHR	Total
Chikungunya	0	0	0	0	0	1	0	1	0	0	1	0	1	0	0	0	0	0	4
Dengue	1	1	1	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	7
Filariasis	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Malaria	0	1	0	0	0	0	3	0	0	1	0	0	1	0	0	2	0	1	9
<b>Total:</b>	<b>21</b>																		
Maternal Death	R1	R2	R3	R4A	R4B	R5	R6	R7	R8	R9	R10	R11	R12	Caraga	CAR	NCR	BARMM	IHR	Total
Maternal Death	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	2
<b>Total:</b>	<b>2</b>																		
Meningococcal Diseases	R1	R2	R3	R4A	R4B	R5	R6	R7	R8	R9	R10	R11	R12	Caraga	CAR	NCR	BARMM	IHR	Total
Meningococemia	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	2
Acute Meningitis Encephalitis Syndrome	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
<b>Total:</b>	<b>3</b>																		
Others	R1	R2	R3	R4A	R4B	R5	R6	R7	R8	R9	R10	R11	R12	Caraga	CAR	NCR	BARMM	IHR	Total
Hand, Foot, and Mouth Disease	0	0	2	0	0	0	0	1	0	0	5	4	0	2	0	3	0	0	17
Melioidosis	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Tuberculosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
Volcanic Activity	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
<b>Total:</b>	<b>29</b>																		
Chemical Related	R1	R2	R3	R4A	R4B	R5	R6	R7	R8	R9	R10	R11	R12	Caraga	CAR	NCR	BARMM	IHR	Total
Chemical Exposure	0	0	0	2	0	0	0	0	0	0	2	0	0	0	0	4	0	0	8
<b>Total:</b>	<b>8</b>																		
Emerging And Re-Emerging Diseases	R1	R2	R3	R4A	R4B	R5	R6	R7	R8	R9	R10	R11	R12	Caraga	CAR	NCR	BARMM	IHR	Total
COVID-19	126	241	346	287	26	287	339	97	752	608	28	204	98	250	305	375	59	1487	5915
Influenza-like Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Nipah Virus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
<b>Total:</b>	<b>5917</b>																		
AIDS-related	R1	R2	R3	R4A	R4B	R5	R6	R7	R8	R9	R10	R11	R12	Caraga	CAR	NCR	BARMM	IHR	Total
AIDS-related Death	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	2
<b>Total:</b>	<b>2</b>																		
Adverse Event Following Immunization	R1	R2	R3	R4A	R4B	R5	R6	R7	R8	R9	R10	R11	R12	Caraga	CAR	NCR	BARMM	IHR	Total
COVID-19 Vaccines	0	100	108	3	2	88	85	0	11	9	192	57	50	31	27	34	13	0	790
Other VPDs	0	3	24	2	0	4	24	0	5	1	2	0	0	1	2	3	0	0	71
<b>Total:</b>	<b>861</b>																		



**Annex C:**

**Summary of Health Events Investigated by Field Epidemiology and Training Program (FETP), 2021**

Date	Title	Primary Investigator
<b>September 2021</b>		
September 29 – October 7, 2021	Suspect Foodborne Illness in Oroquieta, Misamis Occidental	Ms. Kathleen Gecosala
<b>October 2021</b>		
October 11 – 19, 2021	Suspect Acute Watery Diarrhea Outbreak in Kiamba, Saranggani	Mr. Patjayson Mohammad
<b>November 2021</b>		
November 7 – 11, 2021	Diarrheal Outbreak in Caraga, Davao Oriental	Dr. Ian Christian Gonzales
November 12 – 18, 2021	Diarrheal Outbreak in Manay, Davao Oriental	
November 22 – 26, 2021	Acute Watery Diarrhea Outbreak in Davao Prison and Penal Farm, Davao del Norte	Ms. Kathleen Gecosala
<b>December 2021</b>		
December 6 - 12, 2021	Cholera Cases in San Fernando & Santa Rita, Pampanga	Mr. Patjayson Mohammad
December 27, 2021 – January 11, 2022	Clustering of Diarrheal Cases in Caraga	Mr. Patjayson Mohammad