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

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%).

<table>
<thead>
<tr>
<th>Capture</th>
<th>No. %</th>
<th>Verification of True HE1</th>
<th>No. %</th>
<th>Verification (cont’d)</th>
<th>No. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total no. of HE1 captured:</td>
<td>774</td>
<td>Verified by EB-ESRU</td>
<td>6</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Verified by RESUs2</td>
<td>270</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Verified by IHR3 focal units</td>
<td>14</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Others</td>
<td>11</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>301</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Source:</td>
<td></td>
<td></td>
<td></td>
<td>Status:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing</td>
<td>149</td>
</tr>
<tr>
<td>DOH</td>
<td>753</td>
<td>97%</td>
<td></td>
<td>Closed</td>
<td>98</td>
</tr>
<tr>
<td>Internet</td>
<td>17</td>
<td>2%</td>
<td></td>
<td>Controlled</td>
<td>54</td>
</tr>
<tr>
<td>Others</td>
<td>4</td>
<td>1%</td>
<td></td>
<td>Total</td>
<td>301</td>
</tr>
<tr>
<td>Total</td>
<td>774</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Disease Classification of True HE1:

1. VPD4 | 83 | 28%
2. Zoonotic Diseases | 57 | 19%
3. Food and Water-borne Disease | 51 | 17%
4. Vector-borne Disease | 39 | 13%
5. Others | 29 | 10%
6. Maternal Death | 27 | 9%
7. ERED4 | 7 | 2%
8. Chemical-related | 5 | 2%
9. Meningococcal Disease | 3 | 1%
10. HIV-Related Disease6 | 0 | 0%
| Total | 301 | 100%

Regional Distribution of Captured Health Events

<table>
<thead>
<tr>
<th>Region</th>
<th>No. of captured (3rd QTR 2019)</th>
<th>VERIFIED AS TRUE HEALTH EVENTS</th>
<th>STATUS (3rd QTR 2019)</th>
<th>ASSESSMENT (3rd QTR 2019)</th>
<th>Total no. of HE with feedback to Regional Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Region 1</td>
<td>148</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>39</td>
</tr>
<tr>
<td>Region 2</td>
<td>34</td>
<td>16</td>
<td>7</td>
<td>14</td>
<td>26</td>
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<tr>
<td>Region 3</td>
<td>80</td>
<td>30</td>
<td>20</td>
<td>42</td>
<td>82</td>
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<tr>
<td>Region 4A</td>
<td>13</td>
<td>9</td>
<td>11</td>
<td>37</td>
<td>61</td>
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<tr>
<td>Region 4B</td>
<td>8</td>
<td>8</td>
<td>5</td>
<td>9</td>
<td>12</td>
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<tr>
<td>Region 5</td>
<td>49</td>
<td>16</td>
<td>20</td>
<td>15</td>
<td>28</td>
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<tr>
<td>Region 6</td>
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<td>29</td>
<td>34</td>
<td>39</td>
<td>70</td>
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<td>Region 7</td>
<td>12</td>
<td>10</td>
<td>10</td>
<td>8</td>
<td>18</td>
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<tr>
<td>Region 8</td>
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<td>10</td>
<td>11</td>
<td>23</td>
<td>20</td>
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<tr>
<td>Region 9</td>
<td>26</td>
<td>14</td>
<td>6</td>
<td>10</td>
<td>18</td>
</tr>
<tr>
<td>Region 10</td>
<td>19</td>
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<td>7</td>
<td>4</td>
<td>14</td>
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<tr>
<td>Region 11</td>
<td>23</td>
<td>9</td>
<td>9</td>
<td>5</td>
<td>3</td>
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<tr>
<td>Region 12</td>
<td>76</td>
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<td>39</td>
<td>44</td>
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<tr>
<td>Caraga</td>
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<td>17</td>
<td>26</td>
<td>30</td>
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<td>BARMM</td>
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<td>2</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>CAR</td>
<td>28</td>
<td>15</td>
<td>9</td>
<td>7</td>
<td>20</td>
</tr>
<tr>
<td>NCR</td>
<td>74</td>
<td>36</td>
<td>28</td>
<td>58</td>
<td>277</td>
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<tr>
<td>IHR</td>
<td>14</td>
<td>14</td>
<td>28</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>Others</td>
<td>12</td>
<td>11</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>774</td>
<td>301</td>
<td>277</td>
<td>370</td>
<td>756</td>
</tr>
</tbody>
</table>

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. Human Immunodeficiency Virus - Related Disease
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

Feedback Made to RO:
No. of HE1 with local response | 774
No. investigated by FETP13 | 6
Fellows | 774

Total no. of HE with feedback to Regional Office | 2147
**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. Albuag had the highest attack rate (98 cases per 1,000 population), followed by Brgy. Comagay (17 cases per 1,000) and Brgy. Caranga (15 cases per 1,000).
- Brgy. Caranga and Brgy. Albuag were classified as Dengue sensitive/high risk.
- 25 cases tested positive with Dengue IgM ELISA and 5 were positive in Dengue PCR.

**Meliodosis 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.
- 5 (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 meliodosis 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 (75%) 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.

**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. Ilpil Heights had the highest attack rate (110 per 10,000 population) followed by Pangii (98 per 10,000) and Guitan (71 per 10,000).
- Brgy. Sanito had House Index (HI) of 60% (Dengue sensitive/high risk ≥ 5%), Breatex Index (BI) is 131% (Dengue sensitive/high risk ≥ 20%) and Papue per Person Index (PPI) is 21% (Dengue sensitive/high risk ≥ 1%).
- 3 cases tested positive in Dengue PCR, 10 cases positive with Dengue IgM and 1 case was equivocal.

**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: Fecalysis: 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*. 
Mindanao Mentoring and Supervision for Epidemiology and Surveillance Unit

- On July to September, 2019, ESR and PDSR 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 use 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 (MMMHH), Dr. Jose N. Rodriguez Memorial Hospital (DRNRMHH); two Municipal Health Offices: San Jose de Buan, Samal and Paluan, 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:
Anea Mari C. Besiliis, RN
ESR Officer, AEHMD

Reviewed by:
Mariz Zelia C. Blanco, RN
Nurse II, AEHMD

Noted by:

Hephee L. Hizon
Supervising Health Program Officer, AEHMD

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

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

Approved by:
Ferdnando L. Mapilino, MD, MPH, PHSAE
Officer-In-Charge, Epidemiology Bureau