EMERGING/ RE-EMERGING INFECTIOUS DISEASES (EREID) PROGRAM

A. OVERVIEW AND OBJECTIVES OF THE PROGRAM:

Emerging and re-emerging infections (e.g., SARS, meningococcemia, Avian Influenza or bird flu, A (H1N1) virus infection) threaten countries all over the world. Emerging infections is defined as newly diagnosed or previously unknown infections. This may include new or drug-resistant infections whose incidence in humans has increased within the past two decades or whose incidence threatens to increase in the near future. Re-emerging infections are defined as secondary to the reappearance of a previously eliminated infection or an unexpected increase in the number of a previously known infectious disease.

In 2003, SARS affected at least 30 countries with most of the countries from Asia. In response to its sudden and unexpected emergence, quarantine and isolation measures and rapid contract tracing were carried out. The Philippines was able to minimize the impact of SARS through effective information dissemination, risk communication, and efficient conduct of measures.

The unexpected and unusual increase in cases of meningococcal disease (meningococcemia as the predominant form) in the Cordillera Autonomous Region resulted to at least 50% of cases in the early stage of occurrence.

In 2009, the influenza A (H1N1) virus infection led to global epidemic, or most popularly known as pandemic. On June 11, 2009, a full pandemic alert was declared by the World Health Organization (WHO).

However, some local health offices from many provinces were not able to respond effectively and rapidly. With the lack of strong linkages and coordinating mechanisms, the Department of Health (DOH) hopes to further improve the functionality and effectiveness of local response systems.

Efforts to prepare for emerging infections with potential for causing high morbidity and mortality are being done by the program. Applicable prevention and control measures are being integrated while the existing systems and organizational structures are further strengthened.

The community is the source of outbreaks and is determined only when they are admitted in the hospitals. Policies have been disseminated to the rural and urban health units for its preparedness for upcoming outbreaks. It is a fact that emergence or re-emergence of an outbreak is inevitable.

The National Objectives for Health (NOH) 2011-2016 contains the strategic plan that the health sector plans to achieve. Activities are integrated with those of the Epidemiology Surveillance Unit and Health Promotions Unit.

**General objective:**
- To strengthen the existing surveillance and response structures in both the hospital and community health unit to prepare, detect and manage EREID in the community.

**Specific objective:**
1. To enhance capacities of health facilities to enhance case detection and response;
2. To conduct visits by monitoring, coaching and mentoring prioritized health facilities;
3. To enhance capacities of health facilities and local health units to prepare for emerging and re-emerging infectious diseases (EREID);
4. To inform the community to take action for health, through tri media campaigns and issuances of health advisories.
Current Status
Outbreaks identified as a public health event of regional/national concern (PHERC/ PHENC):

<table>
<thead>
<tr>
<th>Disease/ Event</th>
<th>2014 and Below</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2014 and Below</td>
<td>2015</td>
<td>2016</td>
<td>2017</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Death: 0</td>
<td>Death: 0</td>
<td>Death: 0</td>
</tr>
<tr>
<td>Measles</td>
<td>2010</td>
<td>Confirmed: 81</td>
<td>Suspected Cases: 89</td>
<td>Confirmed: 13</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Death: 0</td>
<td>Death: 0</td>
<td>Death: 0</td>
</tr>
</tbody>
</table>

Public health events of previous years are continuously monitored for immediate control and management. A single case of Meningococcemia and Measles may cause subsequent transmission and outbreaks. The influenza like illness (ILI) surveillance and the severe acute respiratory infection (SARI) surveillance continue to monitor for new strains that may become pandemics like influenza AH1N1 infection.

Infections posing a threat of importation and local transmission:

<table>
<thead>
<tr>
<th>Disease</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Philippines</td>
<td>Philippines</td>
<td>CAR</td>
</tr>
<tr>
<td></td>
<td>Confirmed</td>
<td>Confirmed</td>
<td>Confirmed</td>
</tr>
<tr>
<td>MERSCoV</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ebola</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Zika</td>
<td>0</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Avian Flu</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

The entry and local transmission of new diseases is a growing concern, due to presence of sea and air ports. The monitoring of international health situations is a continuous activity to ensure prevention of its entry, preparation of health systems and formulation of response guidelines and policies

- Baguio General Hospital and Medical Center is the regional laboratory capable of Bacteriological tests. Most of specimens for viral identification are forwarded to Research Institute for Tropical Medicine (RITM).
- The region has an existing incident command system which is activated during emergencies, including outbreaks.

B. 2017 ACTIVITIES
B.1. Capability Building Activities:
- Rapid Response Team Training (regionwide)
  - Quick Response teams trained for Ebola and MERS CoV

<table>
<thead>
<tr>
<th>Province/ City</th>
<th>Health Office</th>
<th>Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abra</td>
<td>Provincial Health Office</td>
<td>Abra Provincial Hospital</td>
</tr>
<tr>
<td>Apayao</td>
<td>Provincial Health Office</td>
<td>Conner District Hospital</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Far North General Hospital and Training Center</td>
</tr>
<tr>
<td>Benguet</td>
<td>Provincial Health Office</td>
<td>Benguet General Hospital</td>
</tr>
<tr>
<td>Ifugao</td>
<td>Provincial Health Office</td>
<td>Panopdopan District Hospital</td>
</tr>
<tr>
<td>Kalinga</td>
<td>Provincial Health Office</td>
<td>Kalinga Provincial Hospital</td>
</tr>
<tr>
<td>Mt. Province</td>
<td>Provincial Health Office</td>
<td>Luis Hora Memorial Regional Hospital</td>
</tr>
</tbody>
</table>
Baguio City  
DOH-CAR Office  
City Health Office  
Baguio City EMS  
Baguio General Hospital and Medical Center  
St. Louis University-Hospital of the Sacred Heart  
Notre Dame de Chartres Hospital  

Facilities trained on Basic Epidemiology and Outbreak investigation (source: RESU):

<table>
<thead>
<tr>
<th>Province</th>
<th>2010</th>
<th>2011</th>
<th>2014</th>
<th>2015 and 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abra</td>
<td></td>
<td>Bangued, Manabo</td>
<td></td>
<td>No trainings conducted for Basic Epidemiology.</td>
</tr>
<tr>
<td>Apayao</td>
<td>Luna</td>
<td>Kabugao</td>
<td></td>
<td>Provinces were updated on PIDSR, VPD and ESR</td>
</tr>
<tr>
<td>Benguet</td>
<td>Mankayan, Buguias</td>
<td>La Trinidad, Ilogon, Tuba</td>
<td>La Trinidad, Kibungan, Mankayan</td>
<td></td>
</tr>
<tr>
<td>Ifugao</td>
<td>Mayoyao</td>
<td>Banaue, Alfonso Lista, Lamut</td>
<td>Tinoc, Lagawe, Banaue</td>
<td></td>
</tr>
<tr>
<td>Kalinga</td>
<td>Tabuk, Tinglayan, Lubuagan, Pasil</td>
<td>Pinukpuk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mt. Province</td>
<td></td>
<td>Bontoc, Paracelis</td>
<td>Bauko</td>
<td></td>
</tr>
</tbody>
</table>

B. 2. Allocation of Resources:
- Personal Protective Equipment (PPE), Laboratory reagents and test kits, Drugs, Medicines and vaccine

B. 3. Advocacy Activities:
- Conduct of Interagency Taskforce Meeting (semi-annual)
- Conduct of orientation activities on Avian Flu.

B. 4. Other Health Promotion Campaigns:
- Development of Flyers and Posters on the following:
  - Ebola
  - Anthrax
  - Hepatitis B
  - Some Vaccine Preventable Diseases (VPDs) such as Diphtheria, Pertussis and Measles

B. 5. Monitoring and Evaluation:
Monitoring and Mentoring of Provincial Health offices, Hospital and RHUs

D. ROLES OF THE DEPARTMENT OF HEALTH:
The DOH, in collaboration with its partner organizations/agencies, employs the key strategies:
1. Development of systems, policies, standards, and guidelines for preparedness and response to emerging diseases;
2. Technical Assistance or Technical collaboration;
3. Advocacy/information dissemination;
4. Inter-sectoral collaborations;
5. Capability building for management, prevention and control of emerging and re-emerging infectious diseases that may pose epidemic/pandemic threat, and
6. Logistical support for available drugs and vaccines (when developed)

E. ROLES OF THE LGU:
- Implement policies/issuances
- Ensure adequate supply of logistics needed for possible EREID cases.
- Strengthen information dissemination on EREIDs.
- Develop a preparedness plan
- Ensure functional Rapid Response Team

F. FUTURE PLANS/ STRATEGIES (2017-2023)

1. Capability building and Advocacy Activity
   a. Emerging Infectious Disease Preparedness Plan workshop/ simulation activity
   b. Inter-Agency task force meeting

2. Allocation of Resources
   a. Test kits and Reagents
   b. Drugs and Medicines
   c. Meningococcal Vaccine

3. Monitoring and onsite mentoring

4. Strengthen advocacy campaigns though timely reproduction of IEC materials as well as use of current technology for information dissemination (LED displays, social media, newsprints etc).

G. THE PROGRAM’S OFFICIAL LOGO, IF ANY
- None