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Bureau of Quarantine

International Health Surveillance Division

Quarantine Services and International Health Surveillance System (QSIHSS)

## Health Information Update

Source: WHO, Event Information Site for IHR National Focal

Event Updates: **14 August to 15 August 2018**

Event Updated	Country	Hazard	Disease	Event Description	IHR Assessment
2018-08-15	Democratic Republic of the Congo (the)	Infectious	Ebola Virus Disease	<p>On 1 August 2018, the Ministry of Health of the Democratic Republic of the Congo declared a new outbreak of Ebola virus disease in North Kivu Province. The Ministry of Health, WHO and partners are responding to this event, and working to establish the full extent of this outbreak. Numbers may fluctuate on a daily basis due to many factors, including continuing monitoring, investigation and reclassification of cases. Alert and suspected cases (not reported here), are systematically investigated to confirm or exclude Ebola virus disease before inclusion in the case counts or discarded as non-cases.</p> <p>As of 13 August 2018, Six health zones in two provinces have reported confirmed and probable EVD cases, including Beni, Butembo, Oicha, Mabalako, and Musienene in North-Kivu Province, and Mandima in Ituri Provinces. There are 66 Total Cases. Of this number, 39 are Confirmed Cases and 27 are Probable Cases. From 66 Total Cases, there are 42 Deaths (15 among confirmed cases and 27 from Probable Cases).</p> <p>Currently for the EVD outbreak in North Kivu, the WHO Regional Office for Africa has prioritized four of the nine countries (Burundi, Rwanda, South Sudan and Uganda) neighbouring the Democratic Republic of the Congo to enhance operational readiness and preparedness. These four countries were prioritised based on their capacity to manage EVD and viral haemorrhagic fever (VHF) outbreaks, and their proximity to the areas currently reporting EVD cases. In addition, Kinshasa, Mai-Ndombe, Tshuapa, Tshopo, South Kivu, Ituri, Bas-Uélé, Sankuru and Maniema provinces were prioritized for readiness activities. This update will primarily focus on the four of the nine priority countries. WHO is deploying Preparedness Support Teams to these and other neighbouring countries, as was done during the previous EVD outbreak in Équateur Province. These missions aim to assess countries' readiness using a WHO checklist and to provide technical support to countries to develop and implement national contingency plans in collaboration with partners. The operational and</p>	Public Health Risk (PHR)

				<p>preparedness activities will focus on the following thematic areas: Coordination, Surveillance, Rapid Response Teams (RRTs), Points of Entry (POEs), Laboratory, Case Management and IPC, Risk Communication and Logistics.</p> <p>At Points of Entry, The Ministry of Health (MoH) of the Democratic Republic of the Congo is strengthening surveillance capacities in 18 international POEs in North Kivu. Similar efforts will also be made at POEs in other vulnerable provinces. More than 30 additional points of internal connection for travellers, migrants and displaced people were identified; similar surveillance activities are ongoing at these points, including hand hygiene, traveller screening, management of alerts, and risk communication. The MoH will also enhance surveillance activities at refugee transit centers and other congregation sites. <b><i>Points of entry screening have been identified and implemented in the following neighbouring countries: Burundi, Central African Republic, Rwanda, South Sudan, Uganda and Zambia.</i></b></p> <p>WHO conducted a formal rapid risk assessment, which determined that <b><i>the public health risk for this outbreak is high at national and regional levels and low globally.</i></b> This assessment took into consideration that, with eight million inhabitants, North Kivu is one of the most densely populated provinces in the country. North Kivu borders four other provinces (Ituri, South Kivu, Maniema and Tshopo), as well as Uganda and Rwanda. Moreover, the province has been experiencing intense insecurity and a deteriorating humanitarian crisis, with over one million internally displaced people and high rates of cross border movement to and from neighbouring countries.</p> <p>As the MoH, WHO and partners strengthen response activities to control the outbreak in the Democratic Republic of the Congo, it is important for neighbouring provinces and countries to continue to enhance operational readiness and preparedness activities. <b><i>WHO continues to advise against any restriction of travel to, and trade with, the Democratic Republic of the Congo based on the currently available information.</i></b> WHO continues to monitor and verify, if necessary, travel and trade measures in relation to this event.</p>	
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2018-08-14	United States of America (the)	Zoonosis	Influenza due to identified avian or animal influenza virus	<p>On 11 August, the United States IHR National Focal Point (NFP) informed PAHO/WHO of a human infection with influenza A(H1N2) variant virus (A[H1N2]v). According to the report, in late July 2018, four children &lt; 18 years old, with no underlying medical conditions, developed an influenza-like illness in two states (California [2] and Michigan [2]). All four children sought medical care from a health care provider and a respiratory specimen was collected for influenza testing. These specimens were forwarded to the respective state and local public health laboratories. None of the patients were hospitalized and all are recovering or have fully recovered from their illness. <b>The four patients reported direct exposure to swine at agricultural fairs within their state during the week preceding illness onset. No human-to-human transmission has been identified to date.</b></p> <p>Swine influenza viruses circulate in swine populations in many regions of the world. Depending on geographic location, the genetic characteristics of these viruses differ. Most human cases are the result of exposure to the swine influenza viruses through contact with infected swine or contaminated environments. Because these viruses continue to be detected in swine populations around the world, further human cases can be expected.</p> <p>Since 2005, a total of 17 human infections with A(H1N2)v, including these four, have been identified in the United States. There has been some limited, non-sustained human-to-human transmission of variant influenza viruses, but no ongoing community transmission has been identified. <b><i>Current evidence suggests that these viruses have not acquired the ability of sustained transmission among humans, thus the likelihood is low.</i></b></p> <p>Should infected individuals from affected areas travel internationally, their infection may be detected in another country during travel or after arrival. If this were to occur, further <b><i>community level spread is considered unlikely as this virus has not acquired the ability to transmit easily among humans.</i></b></p>	Public Health Risk (PHR)
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\*A public health risk is something that is (or is likely to be) hazardous to human health or could contribute to a disease or an infectious condition in humans.