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Department of Health  
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: **02 November to 05 2018**

Event Updated	Country	Hazard	Disease	Event Description	IHR Assessment
2018-11-05	Senegal	Zoonosis	Dengue Fever	<p>On 19 September 2018, through the sentinel surveillance, the Institut Pasteur Dakar (IPD) reported three cases of dengue from Fatick district (Fatick Region) to the Ministry of Health in Senegal. On 21 September, the dengue fever outbreak was notified to WHO by the Ministry of Health and Social Action Senegal. By 27 October, a total of 145 cases were confirmed. Four regions are currently reporting confirmed cases: Diourbel (107 cases), Fatick (34 cases), Louga (1 case) and Saint Louis (3 cases) regions. Majority of the confirmed cases (95%) were reported from two areas: Fatick district (in Fatick region, 33 cases) and Touba city (in Diourbel region, 105 cases). Among them, 45% are women and 65% are between 15-44 years old. So far, three cases have been hospitalized and one death was reported in a confirmed case from Diourbel region (case fatality ratio among confirmed cases: 0.7%). In Fatick region, following a peak in the number of reported confirmed cases during week 39, the weekly incidence of confirmed cases has been decreasing since week 40. No new confirmed cases were reported from Fatick region in week 42, however a steep increase in the incidence of confirmed cases has been observed in Diourbel region during the same week. Serotyping analyses performed by IPD identified two circulating serotypes related to this outbreak: DENV-1 in Fatick region and DENV-3 in Diourbel region. Results for serotyping of additional isolates, including those from the other regions, are pending.</p> <p>The National Epidemic Management Committee is meeting regularly to plan, implement and coordinate the response to the ongoing outbreak, with involvement of partners. The existing sentinel surveillance system for febrile illnesses has been strengthened by the implementation of enhanced surveillance in the affected regions. A rapid response team has been established in each affected district and is conducting active case finding, risk communication and vector control activities around the household of each confirmed case. WHO deployed three epidemiologists to support investigations, active case finding at health facility level, and training of health staff on case definition and management of cases. Entomological investigations were conducted by teams from Institut Pasteur Dakar and vector control was adjusted to the behaviour of the vector. The IPD field based mobile laboratory for diagnostic of dengue fever was deployed in Fatick district, then in Touba in Diourbel region.</p> <p>The fifth meeting of the National Epidemic Management Committee took place on 22 October 2018. The national response plan was validated. Response activities were particularly reinforced in Touba in the context of the Grand</p>	Public Health Risk (PHR)

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				<p>Magal. Surveillance is being strengthened in health structures with the implementation of dengue fact sheets and notification forms. The WHO Stop-Team are providing technical support for case investigation. Laboratory capacity is being strengthened with establishment of blood collection kits for suspected cases. Community actors are being mobilized to destroy vector larvae, and in-home spraying is taking place in dengue affected areas by the Diourbel Regional Hygiene Brigade. General spraying of potential larval breeding areas is being carried out in the city of Touba. Community actors are being mobilized in awareness-raising activities.</p> <p>The risk of regional spread of dengue fever is also increased by the organization of the Grand Magal of Touba. Moreover, Fatick region borders Gambia, while Saint Louis region borders Mauritania, therefore regional expansion of the outbreak is plausible. <b>WHO is assessing the risk as high at national level, moderate at regional level and low at global level.</b></p> <p>There is no specific treatment for dengue fever, therefore, prevention is the most important step to reduce the risk of dengue infection. WHO recommends proper and timely case management of dengue cases. Surveillance should continue to be strengthened within all affected areas and at the national level. Key public health communication messages should continue to be provided to reduce the risk of transmission of dengue in the population. Integrated Vector Management (IVM) activities should additionally be enhanced to remove potential breeding sites, reduce vector populations and minimize individual exposures. This should include both larval and adult vector control strategies (i.e. environmental management and source reduction, and chemical control measures), as well as strategies to protect individuals and households. Where indoor biting occurs, household insecticide aerosol products, mosquito coils or other insecticide vaporizers may also reduce biting activity. Household fixtures such as window and door screens and air-conditioning can also reduce biting. Since the <i>Aedes</i> mosquitoes (the primary vector for transmission) are day-biting mosquitoes, personal protective measures such as use of clothing that minimizes skin exposure during daylight hours is recommended. Repellents may be applied to exposed skin or to clothing. The use of repellents must be in strict accordance with label instructions. Insecticide-treated mosquito nets afford good protection for those who sleep during the day (e.g. infants, the bedridden and night-shift workers), but also during the nights to prevent mosquito bites.</p> <p><b>WHO does not recommend that any general travel or trade restrictions be applied based on the information available for this event.</b></p>	
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2018-11-02	China	Zoonosis	<p><b>Influenza due to identified avian or animal influenza virus (A/H5N6)</b></p>	<p>On 31 October 2018, the National Health Commission of China (NHC) notified WHO of one additional laboratory-confirmed case of human infection with avian influenza A(H5N6) virus in China. The case is a 44 year-old male from Guangxi Zhuang Autonomous Region, China. He developed symptoms on 18 October 2018, and was admitted at a local hospital on 21 October 2018. The patient died on 27 October 2018. The patient reported no contact with live poultry before the onset of illness. No abnormalities have been found among close contacts currently under monitoring.</p> <p><i>To date, a total of 22 laboratory-confirmed cases of human infection with avian influenza A (H5N6) viruses have been reported to WHO through IHR notification since 2014.</i></p> <p>The Chinese government at local levels is taking further measures that includes following up with the patient's close contacts, strengthening monitoring and disinfection of residence and external environment of suspected contaminated area, and inspecting the live poultry business in the area. Also, Providing information publicity to advise the public with guidance on self-protection.</p> <p>Although influenza A(H5N6) has caused severe infection in humans, until now human infections with the virus seem to be rare and no ongoing human-to-human transmission has been reported. However, the characterization of this virus is ongoing and its implication to the evolution and potential emergence of a pandemic strain is unknown. <b><i>The risk of international disease spread is considered to be low at this point in time.</i></b> WHO continues to assess the epidemiological situation and conduct further risk assessment based on the latest information.</p>	<p><b>Public Health Risk (PHR)</b></p>
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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.