



**International Health Surveillance Division
(IHS)**

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Health Information Update

Source: WHO, Event Information Site for IHR National Focal

Event Updates: **23 May 2018 to 24 May 2018**

Event Updated	Country	Hazard	Disease	Event Description	IHR Assessment
2018-05-24	Cameroon	Infectious	Monkey pox	<p>On 30 April 2018, two (2) suspected cases of Monkeypox were reported to the Directorate of Control of Epidemic and Pandemic diseases (DLMEP) by the Njikwa Health District in the North-west Region of Cameroon. On 14 May 2018, one of the suspected cases tested positive (orthopox-positive and Monkeypox-positive) by PCR in Centre Pasteur du Cameroun (CPC). The confirmed case is a 20 year-old male presenting with fever, generalized vesiculo-pustular rash and enlarged lymph nodes with no recent history of travel or contact with an animal suspected for Monkeypox.</p> <p>As of 22 May 2018 and since the beginning of the outbreak, a total of eleven (11) suspected cases including one (1) confirmed case have been reported : six (6) are in the North-west (Njikwa Health District) and five (5) are in the South-West (Akwaya Health District). The age of cases ranges from 1month to 58 years with the median equal to 13 years. Of all the cases, 55% are male. Regarding the symptoms, fever and body rash were found in 100% of the cases. Two (2) cases have been reported to be in contact with animals with no real specificity.</p> <p>Monkeypox is a rare viral zoonosis with clinical picture that resembles smallpox, although less severe. Infection of index cases results from direct contact with the blood, bodily fluid, cutaneous or mucosal lesions of infected animals. Secondary or human-to-human transmission can result from close contact with infected respiratory tract secretions, skin lesions of an infected person, or objects recently contaminated by patient fluids or lesion materials. There are no specific treatments or vaccines available for Monkeypox infection but outbreaks can be controlled.</p> <p>In the absence of specific treatment or vaccine, the only way to reduce infection in people is by raising awareness of the risk factors and educating people about the measures they can take to reduce exposure to the virus. Public health educational messages should focus on reducing the risk of human-to-human transmission as well as animal-to-human transmission.</p> <p>Given the location of the outbreak in a relatively remote and sparsely populated area at this stage, the risk of international spread seems limited.</p>	Public Health Risk (PHR) *

2018-05-24	India	Infectious	Nipah Virus	<p>On 19 May 2018, the Kerala Health Department reported three deaths due to Nipah virus infection in Chengaroth in Perambra block of Kozhikode district in the south Indian State of Kerala: the 3 deaths occurred in family cluster and a fourth death was subsequently reported in a health care worker caring for the family. Laboratory testings of throat swabs, urine and blood samples collected from four suspected patients have been carried out by National Institute of Virology (NIV) in Pune, three of the 4 deaths were confirmed positive for NiV by real-time polymerase chain reaction (RT-PCR) and IgM Elisa for NiV. The field investigating team visited the house from where the initial death was reported. The team found many bats housed in the well from where the family was drawing water. Some bats have been caught and have been sent for lab examination to establish the spill over of NiV across the animal-human interface. A total of 60 different samples have been collected from in and around the family home and sent for laboratory testing.</p> <p>As of 23 May 2018 and since the beginning of the outbreak, following more investigations and contact tracing, a total of 13 people have tested positive for NiV in Kozhikode and Malappuram Districts (Kerala State). Of the 11 deaths reported so far, three have been reported from Malappuram district of Kerala and the others from Kozhikode district. Of the 13 laboratory confirmed cases, ten (10) have died including a health care worker who had treated the deceased and three (3) are under observation in a hospital. One case, the index case (died) could not be tested but was epidemiologically linked to one confirmed case. There are an additional 15 suspected cases (identified through contact tracing) under observation whose lab results are pending and at least an additional 90 persons are under observation. Laboratory testing are performed by Manipal Institute of Virus Research and NIV reference laboratory, Pune. Both Manipal Institute of Virus Research and NIV, Pune have advanced capacity for RT-PCR.</p> <p>In the current outbreak, acute respiratory distress syndrome, as well as encephalitis have been observed. Some patients have required the use of ventilator care.</p> <p>Nipah Virus (NiV) Infection is an emerging zoonotic disease of public health importance in the South-East Asia Region. The case fatality rate is estimated at 40% to 75%; however, this rate can vary by outbreak depending on local capabilities for epidemiological surveillance and clinical management. NiV was first recognized in 1998-1999 during an outbreak among pig farmers in Malaysia and in Singapore. No new outbreaks have been reported in Malaysia and Singapore since 1999.</p>	None/Not Applicable
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2018-05-23	United Arab Emirates	Infectious	Corona virus Infection	<p>On 16 May 2018, the National IHR Focal Point of the United Arab Emirates (UAE) reported one (1) laboratory-confirmed case of MERS-CoV to WHO.</p> <p>The patient is a 78 year old, male national, residing in Gayathi, UAE. On 13 May 2018, he presented to a hospital in Abu Dhabi with fever, cough and shortness of breath, which began on 4 May 2018. A lower respiratory/nasopharyngeal sample was collected on 14 May 2018 and tested positive for MERS-CoV by PCR (UpE and Orf1a genes) at the Sheikh Khalifa Medical Centre laboratory. He is currently in stable condition in hospital. The patient has hypertension and interstitial lung disease as underlying conditions. Investigation into the source of infection is ongoing. The patient reported recent travel to the Kingdom of Saudi Arabia and he owns a camel farm in UAE, which he visits on daily basis.</p> <p>The notification of additional cases does not change the overall risk assessment. WHO expects that additional cases of MERS-CoV infection will be reported from the Middle East, and that cases will continue to be exported to other countries by individuals who might acquire the infection after exposure to animals or animal products (for example, following contact with camels) or human source (for example, in a health care setting). WHO continues to monitor the epidemiological situation and conducts risk assessment based on the latest available information.</p> <p>Numbers globally: 2207 laboratory-confirmed cases of MERS-CoV, including at least 787 MERS associated deaths, which have occurred since September 2012.</p>	Public Health Risk (PHR) *

* 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.