International Health Surveillance Division (IHS)

Ismael C. Verona
Data Manager

Rodell M. Reyes
Data Manager

Anna Clarissa M. Tongcua, RN
Nurse I, Surveillance Nurse

Redentor R. Licuanan
Statistician I

Miriam Ysabelle K. Gaw, RN
Nurse II, Surveillance Nurse

Noreen B. Espero, MD
Medical Officer IV
Officer in Charge – IHS Division

Alwyn C. Asuncion, MD
Medical Officer V
OIC-Deputy Director

Ferdinand S. Salcedo, MD, MPH, CESO IV
Bureau Director

Contact Details:

Postal Address: 25th A.C Delgado Streets Port Area Manila, Philippines
Telefax: +63 (02) 320-9105
Email: ihs.boq@gmail.com
Website: quarantine.doh.gov.ph

Health Information Update

Source: WHO, Event Information Site for IHR National Focal
WHO, Disease Outbreak News
Event Updates: **12 to 14 September 2018**

Event Updated	Country	Hazard	Disease	Event Description	IHR Assessment
2018-09-14	**Democratic Republic of the Congo (the)**	**Infectious**	**Ebola Virus Disease**	**Six weeks into the Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo, the overall situation has improved since the height of the epidemic; however, significant risks remain surrounding the continued detections of sporadic cases within Mabalako, Beni and Butembo health zones in North Kivu Province**. While the majority of communities have welcomed response measures, such as daily contact monitoring and vaccination where appropriate, in some, risks of transmission and poor disease outcomes have been amplified by unfavourable behaviours, with reluctance to adopt prevention and risk mitigation behaviours. There have been challenges with contact tracing activities due to the constant movement of people between health zones, individuals hiding when symptoms develop and reports of community resistance. Risks are heightened by continued transmission in local health facilities because of poor infection prevention and control (IPC) measures, sporadic reports of unsafe burials, and the detection of cases in hard-to-reach and insecure areas. **Since 5th of September, eight new EVD cases, all of which are confirmed, have been reported: three from Beni, three from Butembo and two from Mabalako health zones. All eight new cases have been directly linked to an, ongoing transmission chain stemming from a community in Beni. Of the three new cases in Butembo, one was an adult male from Mangina who reported an earlier illness and then was laboratory confirmed post-recovery via testing of a semen sample when his spouse was diagnosed with EVD.** Given that he was asymptomatic since travelling to Butembo, the risk of onward transmission from this individual is minimal. **The other two cases were health workers who cared for a subsequently-confirmed case at a small health post and assisted in her transfer to a tertiary hospital. This brings the total to 19 reported cases among health workers: 18 were laboratory confirmed and three have died. All 19 exposures occurred in local health facilities outside of dedicated Ebola treatment centres**	**Public Health Risk (PHR)**

International Health Surveillance Division (IHS)

Ismael C. Verona
Data Manager

Rodell M. Reyes
Data Manager

Anna Clarissa M. Tongcua, RN
Nurse I, Surveillance Nurse

Redentor R. Licuanan
Statistician I

Miriam Ysabelle K. Gaw, RN
Nurse II, Surveillance Nurse

Noreen B. Espero, MD
Medical Officer IV
Officer in Charge – IHS Division

Alwyn C. Asuncion, MD
Medical Officer V
OIC-Deputy Director

Ferdinand S. Salcedo, MD, MPH, CESO IV
Bureau Director

Contact Details:

Postal Address: 25th A.C Delgado Streets Port Area Manila, Philippines
Telefax: +63 (02) 320-9105
Email: ihs.boq@gmail.com
Website: quarantine.doh.gov.ph

				(ETCs). As of 12 September 2018, a total of 137 EVD cases (106 confirmed and 31 probable), including 92 deaths (61 confirmed and 31 probable)[1] have been reported in seven health zones in North Kivu Province (Beni, Butembo, Kalunguta, Mabalako, Masereka, Musienene and Oicha), and Mandima Health Zone in Ituri Province. An overall decreasing trend in weekly case incidence continues; however, these trends must be interpreted with caution given the expected delays in case reporting and the ongoing detection of sporadic cases. Of the 130 probable and confirmed cases for whom age and sex information is known, adults aged 35–44 years (22%) and females (57%) accounted for the greatest proportion of cases. Alerts for suspected viral haemorrhagic fever cases in the outbreak-affected areas, other provinces of the Democratic Republic of the Congo, and in neighbouring countries continue to be closely monitored and rapidly investigated. In the outbreak-affected areas, 15–31 new alerts were reported each day during the past week, of which 4–16 alerts were verified as new suspected cases requiring further investigation and testing. As of 12 September, 17 suspected cases are currently pending testing to confirm or exclude EVD. Moreover, EVD was ruled out for recent alerts from Kasaji, Tanganyika, Tshopo and Kinshasa provinces, as well as for all alerts from neighbouring countries. The MoH continues to strengthen response measures, with support from WHO and partners. Priorities include coordinating the response, surveillance, contact tracing, laboratory capacity, IPC, clinical management of patients, vaccination, risk communication and community engagement, safe and dignified burials, cross-border surveillance, and preparedness activities in neighbouring provinces. WHO and partners are also conducting preparedness activities in neighbouring countries. As of 13 September, 190 experts are deployed by WHO to support response activities including emergency coordinators, epidemiologists, laboratory experts, logisticians, clinical care specialists, communicators, and community engagement specialists. Over 5500 contacts have been registered to date, of which 1751 remain under surveillance as of 12 September. Of these, 75–92% were followed-up daily during the past week. A dip in contact tracing performance rates	

International Health Surveillance Division (IHS)

Ismael C. Verona
Data Manager

Rodell M. Reyes
Data Manager

Anna Clarissa M. Tongcua, RN
Nurse I, Surveillance Nurse

Redentor R. Licuanan
Statistician I

Miriam Ysabelle K. Gaw, RN
Nurse II, Surveillance Nurse

Noreen B. Espero, MD
Medical Officer IV
Officer in Charge – IHS Division

Alwyn C. Asuncion, MD
Medical Officer V
OIC-Deputy Director

Ferdinand S. Salcedo, MD, MPH, CESO IV
Bureau Director

Contact Details:

Postal Address: 25th A.C Delgado Streets Port Area Manila, Philippines
Telefax: +63 (02) 320-9105
Email: ihs.boq@gmail.com
Website: quarantine.doh.gov.ph

				observed earlier in the week was partly attributed to delays and challenges in establishing contact tracing teams around recent cases in Butembo and Masereka health zones. Response teams are working to address these challenges and improvements in the proportion of contacts successfully reached have been observed in recent days. Strategies are being reviewed to ensure those at high risk of disease are prioritized, rapidly detected, isolated and admitted for treatment if symptoms develop. As of 13 September, 52 vaccination rings have been defined, in addition to 17 rings of health workers and other frontline workers. These rings include the contacts (and their contacts) of 55 confirmed cases from the last three weeks. To date, 8902 people consented and were vaccinated, including 2951 health care or frontline workers, and 2054 children. To support the MoH, WHO is working intensively with a wide range of, multisectoral and multidisciplinary regional and global partners and stakeholders for EVD response, research and urgent preparedness, including in neighbouring countries. The includes the UN secretariat, sister Agencies, including International Organization for Migration (IOM), the United Nations Children's Fund (UNICEF), World Food Programme (WFP), United Nations Office for the Coordination of Humanitarian Affairs (OCHA), Inter-Agency Standing Committee (IASC), multiple Clusters, and peacekeeping operations; World Bank and regional development banks; African Union, and Africa Centres for Disease Control and Prevention (CDC) and regional agencies; Global Outbreak Alert and Response Network (GOARN), Steering Committee, technical networks and operational partners, and the Emergency Medical Team Initiative. GOARN partners continue to support the response through deployment for response, and readiness activities in non-affected provinces and in neighbouring countries. Health screening has been established at 37 Points of Entry (PoE) and more than three million travellers have been screened at these PoE. This outbreak of EVD is affecting north-eastern provinces of the Democratic Republic of the Congo, which border Uganda, Rwanda and South Sudan. Potential risk factors for transmission of EVD at the national and regional levels include the transportation links between the affected areas, the rest of the country, and neighbouring countries; the internal displacement of populations; and the displacement of Congolese refugees to neighbouring countries. The country is concurrently experiencing other epidemics (e.g. cholera, vaccine-derived poliomyelitis), and a	

International Health Surveillance Division (IHS)

Ismael C. Verona
Data Manager

Rodell M. Reyes
Data Manager

Anna Clarissa M. Tongcua, RN
Nurse I, Surveillance Nurse

Redentor R. Licuanan
Statistician I

Miriam Ysabelle K. Gaw, RN
Nurse II, Surveillance Nurse

Noreen B. Espero, MD
Medical Officer IV
Officer in Charge – IHS Division

Alwyn C. Asuncion, MD
Medical Officer V
OIC-Deputy Director

Ferdinand S. Salcedo, MD, MPH, CESO IV
Bureau Director

Contact Details:

Postal Address: 25th A.C Delgado Streets Port Area Manila, Philippines
Telefax: +63 (02) 320-9105
Email: ihs.boq@gmail.com
Website: quarantine.doh.gov.ph

				long-term humanitarian crisis. Additionally, the security situation in North Kivu and Ituri continues to hinder the implementation of response activities. Based on this context, ***the public health risk was assessed to be high at the national and regional levels, and low globally***. ***WHO advises against any restriction of travel and trade to the Democratic Republic of the Congo based on the currently available information.*** WHO continues to closely monitor and, if necessary, verify travel and trade measures in relation to this event. Currently, no countries have implemented any travel restriction to and from the Democratic Republic of the Congo. Travellers should seek medical advice before travel and should practice good hygiene.	
2018-09-12	**Algeria**	**Infectious**	**Cholera**	**On 23 August 2018, the Algerian Ministry of Health announced an outbreak of cholera in the northern parts of the country, in around the capital province Algiers. From 7 August to 6 September, 217 cases with cholera like symptoms have been hospitalized, and two of these have died (CFR: 0.9%). Cases have been reported from seven provinces (Wilayas). Of these, 83 have been confirmed as *V. cholerae* serogroup O1 Ogawa at the Institut Pasteur Algiers. More than half of the confirmed cases have been registered in Blida province, followed by Algiers, Tipaza, Bouira, Médéa and Ain Defla. A total of 21 (including 3 private) water sources in the affected areas were tested for bacterial contamination, and 10 of these were deemed inappropriate for human consumption. One of these sources tested positive for *V. cholerae* and was condemned for human consumption. Cases are being treated at two provincial hospitals in the affected areas, and the Ministry of Health has reported sufficient capacity within the hospitals to treat the cholera cases. According to the latest information available from the MoH press release on 3 September, 10 cases remained hospitalized. The remaining cases had been discharged.** Surveillance and active case search around the identified cases has been intensified by the Ministry of Health and continues. The public water supply in Algeria is tested on a daily basis, and all samples collected have tested negative for enteric pathogens. The Institut Pasteur Algiers has requested 5000 rapid diagnostic tests from WHO and they have arrived in Algeria. Cholera is an acute enteric infection caused by the ingestion of *Vibrio cholerae* bacteria present in faecally contaminated water or food. Cholera is a potentially serious infectious disease and can	**Public Health Risk (PHR)**

				cause high morbidity and mortality. It has the potential to spread rapidly, depending on the frequency of exposure, the population exposed, and the context. The last confirmed case of *V. cholerae* infection in Algeria was reported in 1996. **The current outbreak developed rapidly with 41 confirmed cases reported between 7 and 23 August, and an average of 4 cases reported daily from 24 to 30 August**. The source of the outbreak and transmission vehicle is currently not known but the Ministry of Health and Institut Pasteur Algeria reported that most of the cases were clustered within a family group. Cases have been reported in an urban setting with an increased risk of transmission, especially if the source has not been identified and therefore may still persist in the community. ***However, the most recent information published by the Ministry of Health suggests that the outbreak is receding***. For this outbreak, further analysis of the laboratory confirmed specimens is recommended, including sequencing for the cholera toxin gene, to identify if the outbreak is due to an epidemic strain of *V. cholerae.* For preventing and controlling cholera, WHO recommends proper waste management, implementing adequate food safety and hygienic practices and ensuring access to safe water and sanitation, to prevent cholera transmission. Key public health communication messages should be provided to the affected population. Reinforcement of surveillance is advised. Appropriate case management should be implemented in the areas affected by the outbreak to decrease mortality. Ensuring national preparedness to rapidly detect and respond to the cholera outbreak will be needed to decrease the risk of spread to new areas. ***WHO advises against any restriction on travel or trade to Algeria based on the information available on the current outbreak.***	

*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.

International Health Surveillance Division (IHS)

Ismael C. Verona
Data Manager

Rodell M. Reyes
Data Manager

Anna Clarissa M. Tongcua, RN
Nurse I, Surveillance Nurse

Redentor R. Licuanan
Statistician I

Miriam Ysabelle K. Gaw, RN
Nurse II, Surveillance Nurse

Noreen B. Espero, MD
Medical Officer IV
Officer in Charge – IHS Division

Alwyn C. Asuncion, MD
Medical Officer V
OIC-Deputy Director

Ferdinand S. Salcedo, MD, MPH, CESO IV
Bureau Director

Contact Details:

Postal Address: 25th A.C Delgado Streets Port Area Manila, Philippines
Telefax: +63 (02) 320-9105
Email: ihs.boq@gmail.com
Website: quarantine.doh.gov.ph