



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

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: **04 February 2019 to 13 February 2019**

Event Updated	Country	Hazard	Disease	Event Description	IHR Assessment
2019-02-13	Saudi Arabia	Infectious	Coronavirus Infection	<p>Between 1 January and 31 January 2019, the National IHR Focal Point of The Kingdom of Saudi Arabia (KSA) reported fourteen (14) additional cases of MERS-CoV infection, including three deaths. Of the 14 cases reported in January, 8 are involved in three separate clusters. Cluster 1 involves three (listed as cases #1, #2 and #3) cases in Riyadh; Cluster 2 involves two (listed as cases #4 and #5) cases in Jeddah; and Cluster 3 involves three (listed as cases #11, #13 and #14) cases in Wadi Aldwaser. Cluster 3 is currently ongoing and more details of the outbreak and interventions implemented by KSA Ministry of Health will be provided in the next update.</p> <p>At the time of writing, there is an ongoing outbreak of MERS in Wadi Aldwaser, which includes cases 11, 13 and 14 reported above. WHO will provide details of the additional cases involved in this outbreak as well as intervention measures implemented by the Ministry of Health in Saudi Arabia.</p> <p><i>Since 2012 until 31 January 2019, the total number of laboratory-confirmed MERS-CoV cases reported globally to WHO is 2298 with 811 associated deaths. The global number reflects the total number of laboratory-confirmed cases reported to WHO under IHR to date. The total number of deaths includes the deaths that WHO is aware of to date through follow-up with affected member states.</i></p> <p><i>WHO does not advise special screening at points of entry with regard to this event nor does it currently recommend the application of any travel or trade restrictions.</i></p>	Public Health Risk (PHR)
2019-02-11	China	Zoonosis	Influenza due to identified avian or	On 31 January 2019, the National Health Commission of the People's	Public Health Risk (PHR)

Department of Health
 Bureau of Quarantine
International Health Surveillance Division
Quarantine Services and International Health Surveillance System (QSIHSS)



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

			animal influenza virus (AH9N2)	<p>Republic of China notified WHO of one confirmed case of human infection with avian influenza A(H9N2) virus. A 2-year-old male from Changde, Hunan Province, China, had onset of illness on 27 November 2018 and was detected through influenza-like illness (ILI) surveillance and has since recovered.</p> <p><i>A total of 24 cases of human infection with avian influenza A(H9N2) have been reported from China, through the Event Information System since December 2015.</i></p> <p><i>WHO advises against the application of any travel or trade restrictions on China based on the current information available on this event.</i></p>	
2019-02-11	Australia	Infectious	Influenza due to identified avian or animal influenza virus (AH3N2 re-assortant)	<p>In September 2018, a sample from a patient with laboratory confirmed influenza was sent to the World Health Organization Collaborating Centre for Reference and Research on Influenza (WHOCC) in Melbourne for further characterisation as part of routine influenza surveillance. The sample was from a 15 year old female, whose symptoms commenced on 5 September 2018. Analysis by the WHOCC has identified that the virus has an H3 haemagglutinin, similar to those that have circulated among swine in recent years and the neuraminidase gene is an N2. The other genes of the virus appear to be from recently circulating Influenza A (H1N1)pdm09 virus.</p> <p><i>WHO does not advise special traveller screening at points of entry or restrictions with regard to the current situation of influenza viruses at the human-animal interface.</i></p>	Public Health Risk (PHR)
2019-02-11	Nigeria	Infectious	Lassa Fever	<p>The number of confirmed cases reported across Nigeria remains high. In week 5, 2019 (week ending 3 February 2019), a total of 68 new confirmed cases including 14 deaths (case fatality ratio 21%) were reported from 13 states across Nigeria. The majority of cases were reported from Ondo (22) and Edo (20) states. The number of confirmed cases reported in week 5, 2019</p>	Public Health Risk (PHR)

Department of Health
 Bureau of Quarantine
International Health Surveillance Division
Quarantine Services and International Health Surveillance System (QSIHSS)



International Health
 Surveillance Division (IHS)

Ismael C. Verona
 Data Manager

Rodell M. Reyes
 Data Manager

Anna Carissa 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

				<p>represents a slight decrease compared to the previous week when 77 confirmed cases were reported. From 1 January – 3 February 2019, a total of 278 cases (275 confirmed, 3 probable) with 57 deaths (case fatality ratio 21%) have been reported across 18 states and the Federal Capital Territory with the majority of cases being reported from Edo (96) and Ondo (85) states. Nine cases have been reported among healthcare workers in four states – Ebonyi (1), Enugu (1), Ondo (2), and Edo (5) including one death in Enugu. Of the 2,971 contacts identified since January 2019, a total of 2,080 contacts are currently being followed while 647 completed 21 days of follow-up. Twenty-three contacts became symptomatic, of which 13 have tested positive. Ninety-eight (98) case-patients are currently in admission at treatment centers across the country. The case-patients are being treated with standard supportive care and Ribavirin.</p> <p><i>With nine confirmed cases so far among healthcare workers, there is a nosocomial transmission of the disease amidst reports of inadequate IPC supplied in some health facilities and complacency on the part of health workers towards maintaining IPC measures.</i></p> <p><i>WHO does not recommend any travel or trade restriction to Nigeria based on the currently available information.</i></p>	
2019-02-08	Brazil	Infectious	Yellow Fever	<p>Between December 2018 and January 2019, 14 confirmed human cases, including 5 deaths, have been reported in the municipalities of Eldorado (9 cases), Jacupiranga (1 case), Iporanga (1 case), and Cananea (1 case), all of which are located in the southern part of São Paulo state, another case in Vargem municipality in the border with Minas Gerais state, and one case in the municipality of Antonina, located in the eastern part of Paraná state. Among these confirmed cases, 78% (11/14) are male, the median age is 42 years, and 71% (11/14) are rural</p>	Public Health Risk (PHR)

Department of Health
 Bureau of Quarantine
International Health Surveillance Division
Quarantine Services and International Health Surveillance System (QSIHSS)



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

				<p>workers. Human cases reported so far during the current 2018-2019 period (July 2018 to January 2019) in four municipalities in São Paulo State, as well as the confirmation of a human case and epizootic due to YF in the state of Paraná, mark the beginning of what could be a third wave and a progression of the outbreak towards the Southeast and South regions of the country. Between 1 July 2018 and 18 January 2019, 24 confirmed epizootics were reported in four federal entities: São Paulo (13), Rio de Janeiro (8), Minas Gerais (1), Mato Grosso (1) and Parana (1). In the last 4 weeks epizootics have been confirmed in São Paulo and Parana states.</p> <p><i>WHO assesses the overall risk as High at the national level, Moderate at the regional level, and Low at the global level.</i></p> <p><i>WHO recommends against the application of any general travel or trade restrictions to Brazil based on the information available for this event.</i></p>	
2019-02-04	Oman	Infectious	<p>Acute Respiratory Syndrome (Coronavirus Infection)</p>	<p>Between 27 and 31 January 2019, the National IHR Focal Point of Oman reported five cases of Middle East respiratory syndrome Coronavirus (MERS-CoV). Details of the reported cases are as follows:</p> <p>For all cases, investigation of the history of exposures to known risk factors in the 14 days prior to the onset of symptoms is ongoing. However, close relatives have farms where they rear dromedaries, cows and goats. The investigation team also observed that there were dromedaries around the house. A contact list of healthcare worker and familial contacts was established in North Batinah Governorate. As of 4 February, a total of 60 familial contacts have been identified, with 26 contacts classified as high risk. All households of MERS CoV cases have been screened for MERS-CoV by RT-PCR and tested negative, except Case no.4, who tested positive on 28 January. As of 4 February, a total of 119 healthcare worker contacts have</p>	Public Health Risk (PHR)

Department of Health
 Bureau of Quarantine
International Health Surveillance Division
Quarantine Services and International Health Surveillance System (QSIHSS)



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

				<p>been identified. All high risk healthcare worker contacts have been screened for MERS-CoV by RT-PCR and have tested negative. The identified contacts continue to be monitored for 14 days from the last date of exposure as per WHO and national guidelines for MERS-CoV. While no direct contact with dromedaries has been reported, the investigation team observed dromedaries around the cases houses and that close relatives have farms where they rear dromedaries, cows and goats. The Ministry of Agriculture has conducted an investigation of the family's dromedary farms. Samples were collected and initial screening results for some of the dromedaries have tested negative for MERS-CoV.</p> <p><i>Since 2012 until 27 January 2019, the total number of laboratory-confirmed MERS-CoV cases reported globally to WHO is 2 291 with 807 associated deaths.</i> The global number reflects the total number of laboratory-confirmed cases reported to WHO under IHR to date. The total number of deaths includes the deaths that WHO is aware of to date through follow-up with affected member states.</p> <p><i>WHO does not advise special screening at points of entry with regard to this event nor does it currently recommend the application of any travel or trade restrictions.</i></p>
--	--	--	--	--

*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.