PROVINCIAL EPIDEMIOLOGY AND SURVEILLANCE UNIT
PROVINCIAL HEALTH OFFICE

15

Item No.: 15
Date: 27 2024 AUG

DENGUE UPDATE

Province of Leyte

DENGUE UPDATE

SUMMARY

As of Morbidity Week 1 - 33 (January 1 - August 17, 2024)

Cases & Deaths	Year	Cases	Deaths
Morbidity Week	2023	734	2
From 1 to 33	**2024**	**2741**	**3**
Case Fatality Ratio			**0%**
Age	0.00-89.00 yrs	*(median: 13.00)*	
Sex	Males: 1385		*(51%)*
Hospitalized	2185 cases		*(80%)*
Classification of Cases			
*Confirmed**	631		*23.02%*
Probable	441		*16.09%*
Suspect	1,669		*60.89%*

** (+) Culture for Dengue/NS1*

There were a total of 2741 Dengue Cases reported as of Morbidity Week 33 (Jan. 1-Aug 17, 2024), with 3 death/s (CFR 0%).

This year's number of cases is 273% higher compared to the same period of last year (734 cases).

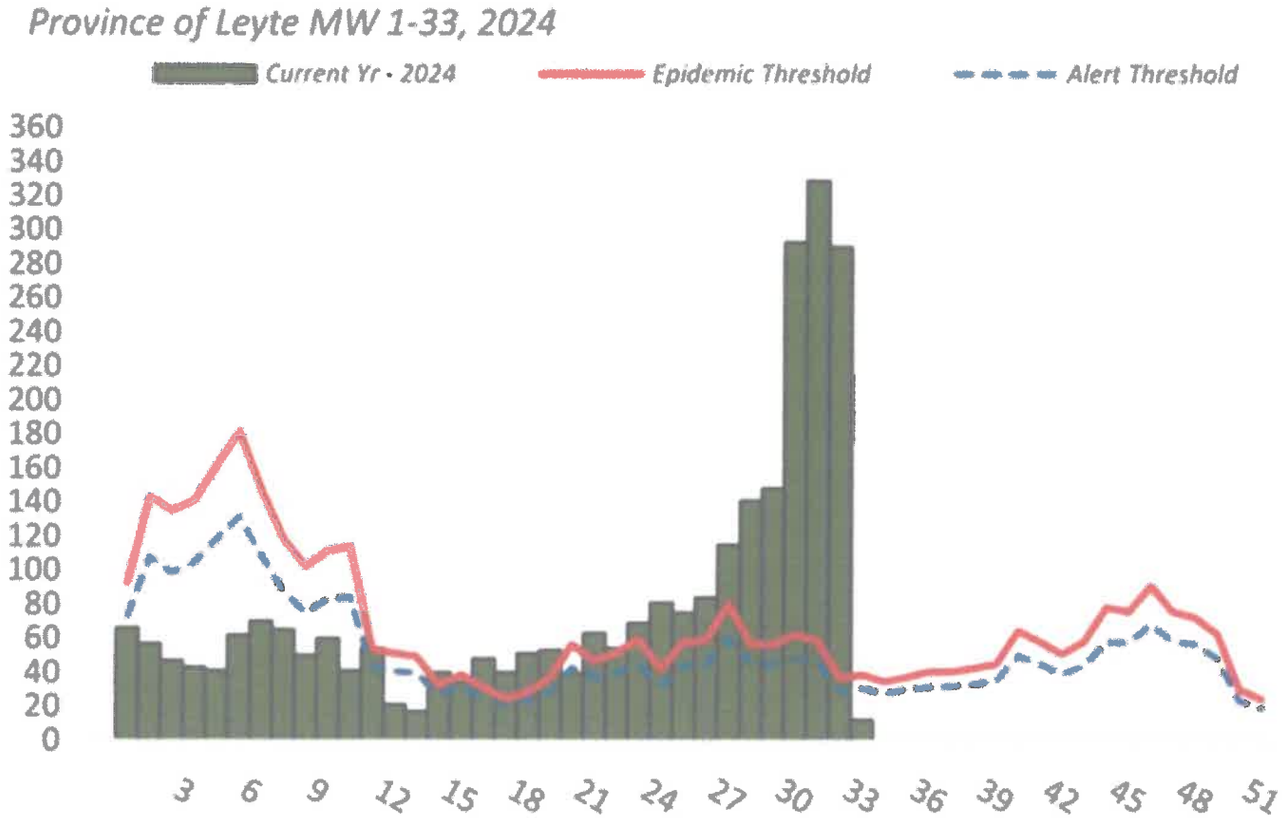
The Municipality with the most number of cases for the past 4 weeks is HILONGOS (186 cases [18%]).

Ages ranged from 0.00 to 89.00 years (median 13.00). Majority of the cases were Males (51%).

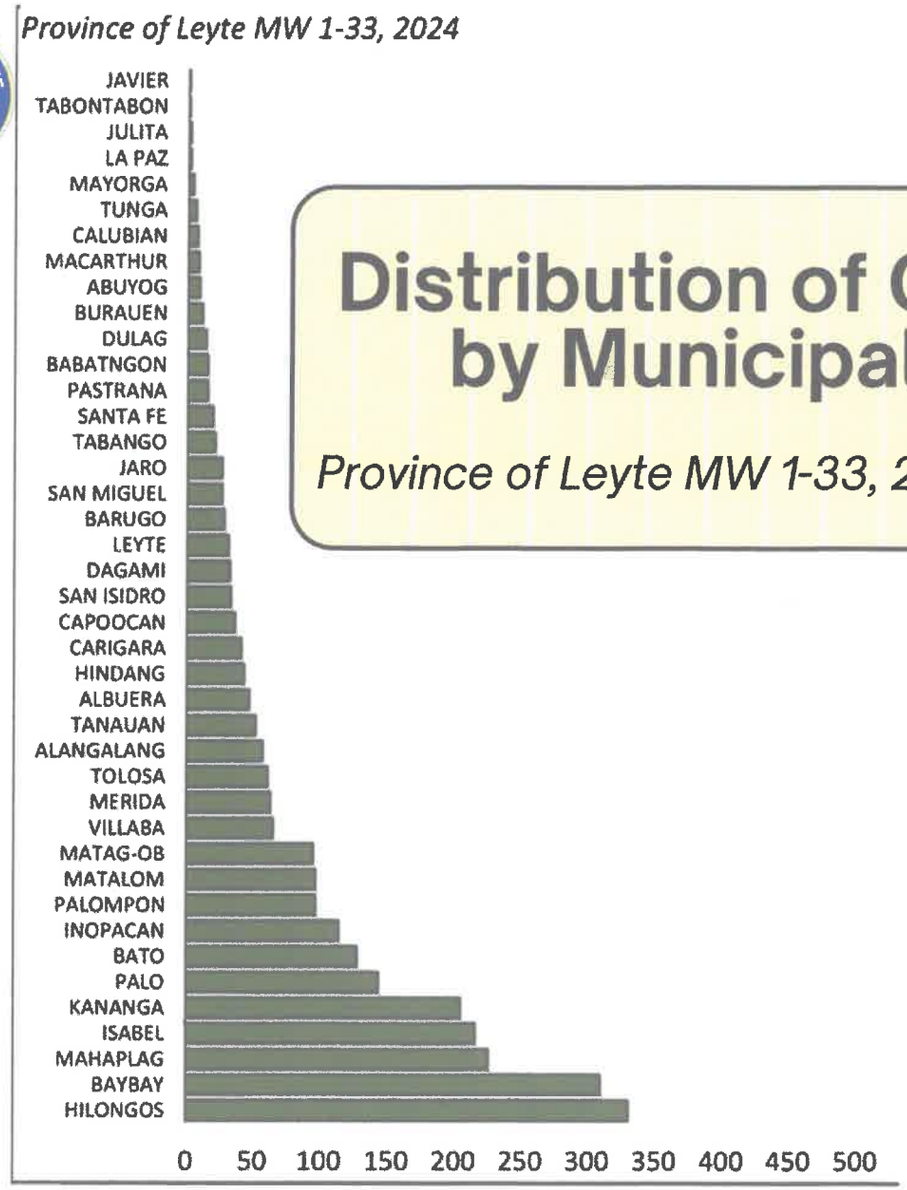
DENGUE UPDATE

Distribution of Cases by Morbidity Week

Province of Leyte MW 1-33, 2024 (N=2741)



DENGUE UPDATE



Distribution of Cases by Municipality

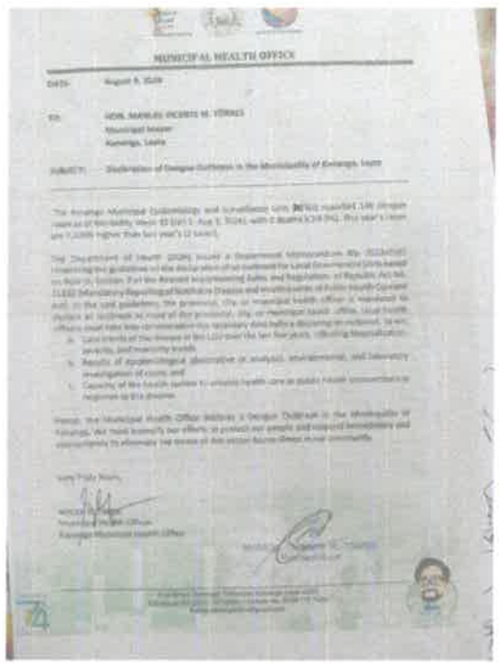
Province of Leyte MW 1-33, 2024 (N=2741)

Province of Leyte, Previous 4 MW and Cumulative for 2024 and 2023*

MUNICIPALITY	MWs 30-33	MWs 1-33 2024	MWs 1-33 2023
HILONGOS	186	332	50
ISABEL	137	216	6
BAYBAY	103	310	153
PALO	64	144	87
KANANGA	64	205	3
INOPACAN	64	114	10
BATO	62	128	21
MATALOM	40	97	12
MERIDA	38	63	14
PALOMPON	29	97	31
MAHAPLAG	26	226	10
SAN ISIDRO	23	33	24
MATAG-OB	22	95	12
ALANGALANG	22	57	35
HINDANG	19	43	6
TOLOSA	18	61	13
VILLABA	14	65	3
TANAUAN	13	52	25
CAPOOCAN	13	36	9
ALBUERA	12	47	7
SANTA FE	11	19	12
LEYTE	11	31	20
BABATNGON	10	15	4
CARIGARA	9	41	23
BARUGO	8	28	11
TABANGO	7	22	1
SAN MIGUEL	6	26	10
JARO	6	26	8
PASTRANA	4	15	8
DAGAMI	4	32	10
ABUYOG	4	9	36
BURAUEN	3	11	9
MAYORGA	2	4	2
CALUBIAN	2	7	2
TUNGA	1	6	4
LA PAZ	1	2	1
JULITA	1	2	4
DULAG	1	14	21
TABONTABON	0	1	10
MACARTHUR	0	8	5
JAVIER	0	1	2
TOTAL	1060	2741	734

DENGUE UPDATE

KANANGA, LEYTE



MUNICIPAL HEALTH OFFICE

DECLARATION OF DENGUE OUTBREAK

Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

March 7, 2023

DEPARTMENT MEMORANDUM
No. 2023 - 0103

FOR : ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES OF THE FIELD IMPLEMENTATION AND COORDINATION TEAM, DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT, CHIEFS OF MEDICAL CENTERS, HOSPITALS, AND SANITARIA; HEADS OF THE REGIONAL AND LOCAL EPIDEMIOLOGY AND SURVEILLANCE UNITS; AND OTHERS CONCERNED

SUBJECT : Reiteration of Guidelines on the Declaration of an Outbreak for Local Government Units

Rule III, Section 3 of the Revised Implementing Rules and Regulations of Republic Act No. 11332 (Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act) states that:

> *"Section 3. Declaration by Provincial, City, or Municipal Health Offices.* - Provincial, city or municipal health offices shall only declare a disease outbreak within their respective localities; *Provided*, that the declaration is supported by sufficient scientific evidence based on disease surveillance data, epidemiologic investigation, environmental investigation, and laboratory investigation.
>
> *Provided, further*, that the Secretary of Health shall have the authority to affirm or reverse any declaration of a disease outbreak by any provincial, city, and municipal health office."

To ensure the proper implementation of this provision, the following guidelines are reiterated:

1. Local Government Units (LGUs) are not empowered under any law, rule, or regulation to declare a State of Public Health Emergency. Only the President has the authority to declare a State of Public Health Emergency under RA No. 11332.
2. The provincial, city, or municipal health officer, as head of the provincial, city, or municipal health office, has the mandate to declare an outbreak. Local health officers must take into consideration the necessary data before declaring an outbreak, to wit:
   a. Case trends of the disease in the LGU over the last five years, including hospitalization, severity, and mortality trends;
   b. Results of epidemiological (descriptive or analytic), environmental, and laboratory investigation of cases; and
   c. Capacity of the health system to provide health care or public health interventions in response to the disease.
3. Only Provincial, City, or Municipal Health Offices who have fully functional Epidemiology and Surveillance Units capable of providing the above data can declare outbreaks. Regional or Provincial Epidemiology and Surveillance Units shall provide technical assistance to Local Health Offices towards determining the existence of an outbreak in case that the Provincial, City, or Municipal Health Office does not have the requisite functional Epidemiology and Surveillance Unit.
4. The Secretary of Health has the final authority to affirm or reverse any declaration of a disease outbreak and shall communicate the decision to affirm or reverse the declaration to the Local Government Unit through the Center for Health Development (CHD) and its Regional Epidemiology and Surveillance Unit (RESU).
5. The CHDs shall provide technical assistance to the LGU for any acute health event upon request, regardless if an outbreak has been declared in the community. However, the Epidemiology Bureau may provide additional technical assistance, such as deployment of field/outbreak investigation teams, in consultation and coordination with the concerned RESU.

For strict compliance.

MARIA ROSARIO SINGH-VERGEIRE, MD, MPH, CESO II
Officer-in-Charge, Department of Health
Concurrent Undersecretary, Public Health Services Team

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DOH DM 2023-0103 Reiteration of Guidelines on the Declaration of an Outbreak for Local Government Units

DENGUE UPDATE

DENGUE PROGRAM

DENGUE UPDATE

CASE DEFINITION

SUSPECT CASE

a previously well person with acute febrile illness 2-7 days duration with clinical signs and symptoms of dengue.

PROBABLE CASE

a suspected case with positive dengue IgM antibody test.

CONFIRMED CASE

a suspected case with positive results for:

a. Viral culture, or
b. Polymerase Reaction, or
c. Dengue NS! Antigen Test

DENGUE VECTORS

AEDES AEGYPTI
primary vector

Accounts for >95% of all cases worldwide.Flight range <100m, fly ashigh as 21st floor/60m

AE. ALBOPICTUS
secondary vector

less efficient & more of suburban & rural.

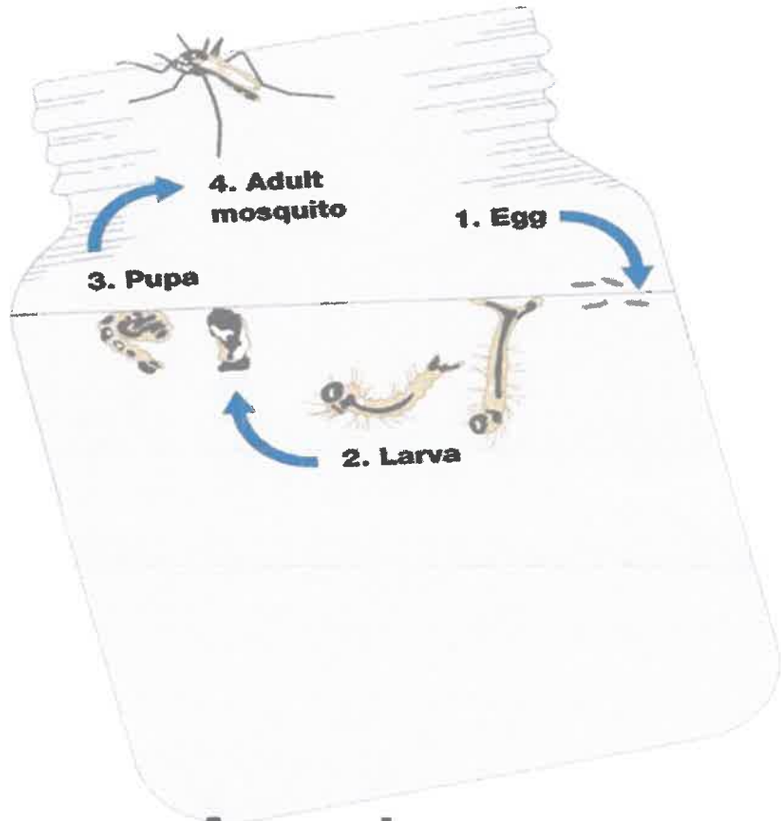
DENGUE UPDATE

EGG - 2-3 days, viable for 1 year

LARVA - 4-5 days

PUPA - 1-2 days

ADULT - 4 weeks



Aedes Mosquito Life Cycle

Vector Bionomics and its Importance in the planning for Dengue Vector Control

- Anthrophilic – human preference
- Feed in the dark
- Peak biting time early morning & twilight hours
- Endophilic – indoor resting behaviour
- Secluded stationary locations
  - Under furniture
  - Lower walls (mostly <1.5m of height)
  - Curtains
  - Hanging clothes/wardrobes

DENGUE UPDATE

DENGUE UPDATE

PREVENTION AND CONTROL

DENGUE UPDATE

ENHANCE VECTOR CONTROL

Engage the community/ Brgy. Officials / BHW's about dengue prevention and control

DENGUE UPDATE

Engage the community/ Brgy. Officials / BHW's about dengue prevention and control


BATO


TOLOSA


MATALOM


BAYBAY

DENGUE UPDATE

ENHANCE VECTOR CONTROL

-Advocacy, Resource mobilization, monitoring and planning with the RHU staff, school nurses and LGU Officials


KANANGA


ISABEL


JARO


HILONGOS

DENGUE UPDATE

-Advocacy, Resource mobilization, monitoring and planning with the RHU staff, school nurses and LGU Officials

DENGUE UPDATE

DENGUE FAST LANE	• RHUs/ HOSPITALS
REPAIR	• 8 units of FOGGING MACHINE
COORDINATION WITH PARTNER AGENCIES	• DOH • DILG • DEPED
TOWN HALL MEETING	• DENGUE 101: Diagnosis, Treatment and Prevention
PURCHASE REQUEST	• 10 Units of FOGGING MACHINE • 71 liters of REAGENT FOR FOGGING • 40 boxes of DENGUE RAPID TEST (NS1)
MONITORING AND TECHNICAL ASSISTANCE	• Ongoing Monitoring and Technical Assistance to LGUs.

PROVINCIAL EPIDEMIOLOGY AND SURVEILLANCE UNIT
PROVINCIAL HEALTH OFFICE

Thank You...