

Coronavirus disease (COVID-19)

Situation Report 1 **Philippines** 9 March 2020

Data reported by the Department of Health on 9 March 2020

Highlights

- A total of 7 new cases tested positive for COVID-19 between 6 and 8 March after the first 3 confirmed cases in January-February 2020.
- Case 4 is a 48-year-old male Filipino with travel history to Japan. The patient returned to the Philippines last February 25 and experienced chills and fever on March 3. Results tested positive for COVID-19 on March 5. He is currently stable and admitted at the Research Institute for Tropical Medicine (RITM).
- Cases 5 and 6 are a husband and wife without recent travel history, and the first cases in the country of local transmission. The husband is a 62-year-old male Filipino with known hypertension and diabetes mellitus, who experienced cough with phlegm last February 25. The patient sought medical consultation at a hospital in Metro Manila last March 1 and was admitted with severe pneumonia. Results tested positive for COVID-19 on March 5. The 59-year-old wife presented with cough and was admitted at RITM on March 5 and is currently in stable condition.
- Case 7 is a 38-year-old Taiwanese male with a history of contact with a Taiwanese foreign national who visited the Philippines and tested positive for COVID-19 in Taiwan. His symptoms started last March 3 and he is currently admitted to a private hospital.
- Case 8 is a 32-year-old Filipino male with history of travel to Japan within the past 14 days. Onset of symptoms began on March 5 and the patient is currently admitted to a private hospital.
- Case 9 is a 86-year-old American male with pre-existing hypertension and history of travel to USA and South Korea. Symptoms started on 1 March 2020. Patient is currently admitted to a private hospital.
- Case 10 is a 57-year-old Filipino male with no history of travel outside the country. He was reported to have had contact with a confirmed COVID-19 case. Patient is currently admitted to a private hospital.
- The Department of Health (DOH) has intensified contact tracing and home quarantine of close contacts of confirmed cases in close collaboration with Local Government Units (LGU)
- RITM is testing samples from close contacts at a capacity of 300 tests per day, while 5 sub national laboratories have received training and supplies to start testing for COVID-19
- DOH raised the **COVID-19 Alert System to Code Red sublevel 1** to prepare for possible increase in suspected and confirmed cases in the country and to facilitate mobilization of resources, including procurement of critical logistics and supplies.

PHILIPPINES SITUATION IN NUMBERS

10 confirmed (7 new)

7 imported cases

3 local transmission

8 mild cases

1 severe case

1 death (1 February 2020)

41 admitted Persons Under Investigation

706 samples tested

<https://ncovtracker.doh.gov.ph/>

- DOH furthermore promotes the practice of personal protective measures such as hand hygiene, social distancing, and proper cough etiquette, besides avoiding unnecessary travel and mass gatherings.
- A draft national contingency plan for COVID-19 is currently being finalized led by DOH with support from the National Disaster Risk Reduction Management Council (NDRRMC) and all relevant government agencies as well as the Philippine Red Cross (PRC).
- WHO is supporting DOH with strengthening of surveillance, infection prevention and control, risk communication, contingency planning, and laboratory capacity, including the provision of laboratory supplies

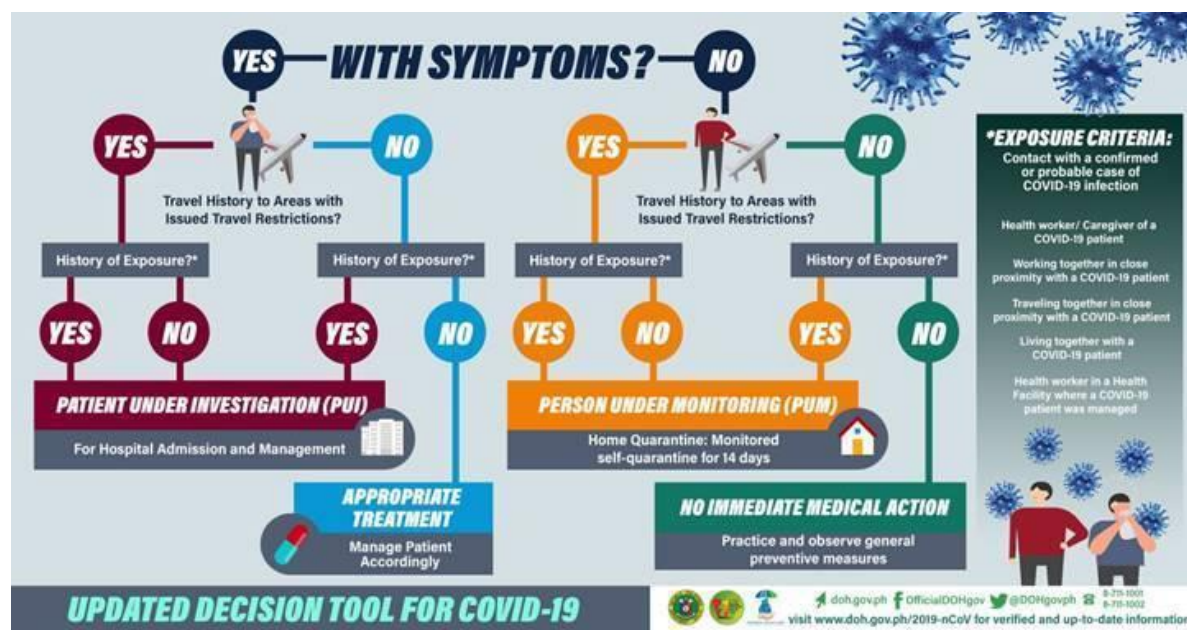
Current Situation

On 31 December 2019, the World Health Organization (WHO) was alerted to a cluster of pneumonia patients in Wuhan City, Hubei Province of China. One week later, on 7 January 2020, Chinese authorities confirmed that they had identified a novel (new) coronavirus (COVID-19) as the cause of the pneumonia.

Epidemiological evidence shows that COVID-19 can be transmitted from one individual to another. During previous outbreaks due to other coronaviruses, including Middle-East respiratory syndrome coronavirus (MERS-CoV) and the Severe Acute Respiratory Syndrome coronavirus (SARS-CoV), human-to-human transmission most commonly occurred through droplets, personal contact, and contaminated objects (fomites). The modes of transmission of COVID-19 are likely to be similar.

The precise zoonotic (animal) origin of the COVID-19 is still uncertain. The virus has been identified in environmental samples from a live animal market in Wuhan, and some human cases have been epidemiologically linked to this market. Other coronavirus, such as SARS and MERS, are also zoonotic, and can be transmitted from animals (civet cats and dromedary camels, respectively) to humans.

On 12 January 2020, the Event-based Surveillance and Response (ESR) Unit of DOH's Epidemiology Bureau established surveillance for Patients Under Investigation (PUI) and Persons Under Monitoring (PUM). Case definitions for COVID-19 are regularly updated based on latest developments.



On 20 January 2020, the first case of COVID-19 was reported in the Philippines in a 38-year-old female, Chinese national. Immediate case investigation and contact tracing was conducted. Her companion, a 44-year-old, male, Chinese national later also tested positive for COVID-19 and died on 1 February 2020. The third confirmed case was reported on 5 February 2020. She was a 60-year-old female, Chinese national. All confirmed cases had travel history to Wuhan City. The first and third case both recovered and returned to China.

The fourth case which was confirmed on 6 March had a travel history to Japan, where as of 7 March 420 confirmed cases of COVID-19 have been reported.

The fifth and sixth case are established as local transmission because both cases had not travel history outside of the Philippines.

Case seven to nine had travel history to countries with confirmed cases, while the tenth case is another local transmission.

To prepare for the eventuality of additional cases being reported in the country, including local and community transmission, the following actions have been taken:

KEY DEFINITIONS

Imported cases only indicates locations where all cases have been acquired outside the location of reporting.

Local transmission indicates locations where the source of infection is within the reporting location.

Community transmission is evidenced by the inability to relate confirmed cases through chains of transmission for a large number of cases, or by increasing positive tests through routine screening of sentinel samples.

Country readiness and response operations

Country-level coordination

DOH activated the Incident Management Team as well as its Emergency Operating Centre. Key decisions are taken by the Inter Agency Task Force (IATF) and the Inter Agency Technical Working Group (IATWG) for the Management of Emerging Infectious Diseases, consisting of key government agencies like the Department of Foreign Affairs (DFA), Department of Tourism (DOT), Department of the Interior and Local Government (DILG), etc.

The IATF is meeting on an as-needed basis to take decisions informed by daily risk assessments on travel restrictions and support to Filipinos overseas impacted by travel restrictions.

The IATWG also meets on a regular basis to coordinate among key public and private entities in the implementation and updating of existing guidelines.

All guidelines are available online at <https://www.doh.gov.ph/2019-nCov/interim-guidelines>

On 27-28 February 2020, DOH led a national contingency planning exercise for COVID-19 jointly with NDRRMC, where 60 key staff from relevant government agencies, UN, Red Cross, and non-governmental organizations discussed their roles and responsibilities, available resources and gaps for a potential COVID-19 outbreak in the country. The plan is based on the 2012 Philippine Preparedness and Response Plan for Pandemic and Avian Influenza which is currently being updated and aligns with the draft National Action Plan for Health Security.

The draft plan will be complemented with development partners' contributions in a separate planning workshop on 10 March, after which it will be tested in a table top exercise on 18 March next.



Risk communication and community engagement

DOH and WHO regularly update and disseminate messages on COVID-19 *to build and maintain public trust and confidence ...by providing correct and timely information*. All partners are encouraged to proactively support in the further dissemination of accurate information as broad and widely as possible, ensuring to correct all circulating ‘fake news’.

The Philippine Red Cross (PRC) conducted training for its community volunteers on prevention, preparedness and response, including through its involvement in ongoing polio vaccination activities. PRC also set up Welfare Desks at all Manila International Airport Terminals targeting passengers boarding flights to Hong Kong, where facemasks are distributed to overseas Filipino workers.

All communication materials are available at: <https://www.doh.gov.ph/2019-nCov/infographics> and <https://www.doh.gov.ph/COVID-19/Gabay-sa-Publiko>

Surveillance

DOH has established surveillance systems in place to actively look for cases of COVID-19. Epidemiological Surveillance Units (ESU) at municipal, city, provincial and regional level continuously conduct Event-based (or rumour-based) investigations, searching for clusters of diseases of unknown origin and/or pneumonia-like illness. Weekly surveillance in influenza-like illness (ILI) as well as severe acute respiratory illness (SARI) conducted throughout the country, allows DOH to look for unexpected trends in diseases with similar symptoms as COVID-19 (fever, cough, breathing difficulty). All SARI cases are furthermore laboratory tested for COVID-19 at RITM.

DOH’ Epidemiology Bureau (EB) and its ESUs are working in close collaboration with LGUs to trace possible contacts of confirmed cases, using passenger manifests of public transport means including flights, ferries and buses, often led by the DOH’ Bureau of Quarantine (BOQ).

WHO has been supporting EB with the review of guidelines, contact tracing, and collection of key information from overseas Filipinos in other countries through the official International Health Regulation (IHR) channels. WHO is also facilitating the use of Go.Data, an outbreak investigation tool for field data collection during public health emergencies.

Points of entry

BOQ has put temperature screening in place at all airports and ports in the Philippines and is coordinating the tracing of passengers on transport means known to have been used by confirmed cases. BOQ is trained and equipped to detect and handle ill passengers in accordance with DOH and WHO guidelines.

Rapid response teams

DOH’ Emerging and Re-emerging Infectious Diseases (EREID) unit has rapid response teams (RRT) in place at all 17 regional DOH’ Centres for Health Development (CHD). EREID RRTs have been trained in case investigation, EREID hospital assessments, joint risk assessment tools for zoonotic diseases (in close collaboration with Department of Agriculture Regional Field Offices), and proper use of Personal Protection Equipment (PPE). RRT have been mobilised to support with contact tracing and community engagement in close collaboration with LGUs.

National laboratory system

Thanks to support from the Japanese government and WHO with rapid mobilisation of critical laboratory supplies, RITM currently has the testing capacity to test for 300 samples per day for COVID-19. Tests conducted at RITM were verified for quality assurance at the reference public health laboratory for infectious diseases in Victoria, Australia.

To expand testing capacity for COVID-19 in the country, RITM trained laboratory technicians of the five identified sub national laboratories (Baguio General Hospital and Medical Centre, San Lazaro Hospital in Manila, Lung Centre of the Philippines in Quezon City, Southern Philippines Medical Centre in Davao and Vicente Sotto Memorial Medical Centre in Cebu) and the National Institute of Health Central Laboratory of the University of the Philippines (UP-NIH) on 4-6 March 2020. Further on-the-job training will be conducted once all laboratories have received the necessary testing reagents and consumables.

WHO is providing technical support for rapid activation of sub national laboratories for COVID-19 testing.

RITM is currently in the process of signing memoranda of agreement (MOA) with 4 other public and private laboratories to further expand testing for COVID-19.

Infection prevention and control

Twenty hospitals have been pre-identified and prepared for EREID cases throughout the Philippines: one per region and 3 in Metro Manila. All EREID hospitals conduct annual self-assessments identifying their state of readiness in terms of training, equipment and supplies. Staff receive frequent training on biosafety and security as well as infection prevention and control (IPC).

COVID-19-specific DOH guidelines for IPC have been shared with all public and private hospitals.

WHO is supporting DOH with the procurement and mobilisation of PPE for all EREID hospitals, including RITM. WHO also mobilized an IPC expert through the Global Outbreak and Response Network (GOARN), who is providing technical advice to DOH on IPC-related matters, including the organization of a Training of Trainers for the 20 hospitals on 25-27 March next, aimed at reaching all front-line health workers of both public and private health care facilities with refresher training on IPC.

PRC developed Standard Operating Procedures (SOP) for its 129 ambulances, and PPE kits have been made available for priority ambulance crews. PRC prepositioned over 7,500 PPE sets in its regional warehouses. PRC has medical tents available to be mobilised as isolation units in case of a surge of patients for major hospitals in Metro Manila.

Case management and continuity of essential services

DOH has issued and shared the below guidelines on COVID-19, which are all available online at <https://www.doh.gov.ph/2019-nCov/interim-guidelines>

- Interim Guidelines for Home Quarantine, February 28, 2020
- Interim Guidelines for Response in Hospitals and Other Health Facilities, February 10, 2020
- Interim Guidelines on the Activation of 5 DOH Subnational Laboratories, February 07, 2020
- Interim Guidelines for Response in Schools and HEIs, February 05, 2020
- Interim Guidelines for Response in Workplaces, February 05, 2020
- Interim Guidelines for Response in Communities, February 05, 2020
- Interim Guidelines for Response in Hotels, February 05, 2020
- Interim Guidelines on Contact Tracing, February 05, 2020
- Interim Guidelines on Disposal and Shipment of Human Remains, February 05, 2020
- Interim Guidelines on Overseas Filipinos Repatriates due to 2019-nCoV ARD, February 05, 2020
- Price Freeze of Essential Emergency Medicines due to the 2019-nCoV ARD, February 05, 2020
- Interim Guidelines on Preparedness and Response to the 2019-nCoV

Logistics, procurement, and supply management

WHO has been supporting DOH with the procurement and mobilisation of PPE and essential laboratory supplies.

Resource mobilization

- USAID committed 700,000 USD for support to DOH's outbreak response.
- UNICEF Philippines mobilized 50,000 USD from its emergency fund
- WHO mobilized over 250,000 USD for laboratory supplies and PPEs, the mobilization of experts, training of trainers and planning workshops.