

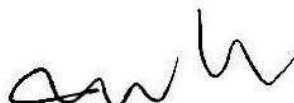
# NATIONAL DISASTER RISK REDUCTION AND MANAGEMENT COUNCIL

National Disaster Risk Reduction and Management Center, Camp Gen. Emilio Aguinaldo, Quezon City, Philippines

## NDRRMC UPDATE

### Progress Report on Diarrhea Cases in Bataraza, Palawan (Region IV-B) March 01 – April 13, 2011

Releasing Officer



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Administrator, OCD

**DATE: 13 April 2011, 6:00 PM**

Sources: DOH-HEMS, RDRRMC/OCD IV-B

#### I. SITUATION OVERVIEW

- Based on the findings of CHD IV-B, the diarrhea cases in Bataraza, Palawan, which started on 01 March 2011, is increasing. Age of cases ranged from 7 months to 85 years old
- A total of 430 diarrhea cases were reported in Bataraza, Palawan from 01 March to 13 April 2011 with Brgy. Culandanum having the highest attack rate 52.28% followed by Brgy Tarusan and Rio Tuba. Of the 22 barangays in Bataraza, 17 were affected.** Age ranges from 1 month to 60 years old and the median is 6 years old
- Six (6) sitios in Brgy. Culandanum were affected namely: Sitios Linao, Apad-apad, Pajo-pajo, Kadulan, Cabinbin and Bato-bato
- Ninety (90) persons were admitted at Rio Tuba Nickel (RTN) Hospital from March 01 - 31, 2011
- There were 19 deaths (CFR: 4.41% with age ranging from 1 year old to 50 years old reported in Brgy. Culandanum. The identities of dead victims are as follows:**

| Names              | Age         | Gender |
|--------------------|-------------|--------|
| 1. Armina Gangan   | 24 yrs. old | Female |
| 2. Joselina Gangan | 1 year old  | Female |
| 3. Estrade Enyong  | 4 yrs. old  | Male   |
| 4. Mursaden Enyong | 2 yrs. old  | Female |
| 5. Jun Enyong      | 2 yrs. old  | Male   |
| 6. Kolap Enyong    | 3 yrs. old  | Male   |
| 7. Belina Enyong   | 3 yrs. old  | Female |
| 8. Narlito Kundong | 3 yrs. old  | Male   |
| 9. Toto Limato     | 2 yrs. old  | Male   |
| 10. Nene Limato    | 3 yrs. old  |        |
| 11. Tulina Busnol  | 15 yrs. old | Female |
| 12. Embon Log      |             |        |
| 13. Norlin Sipla   |             |        |
| 14. Rowena Amiring |             |        |
| 15. Bod Pota       | 50 yrs. old | Male   |
| 16. Karsin Perdo   |             |        |

|                      |  |  |
|----------------------|--|--|
| 17. Ambon Lingkis    |  |  |
| 18. Teli Anao        |  |  |
| 19. Poto-Poto Silnay |  |  |

## II. ACTIONS TAKEN

### Health and WASH

#### DOH-CHD IV B, PHO Palawan and MHO Bataraza

- ❖ Dispatched an investigating team led by Dr. Faith Alberto on April 3 - 4, 2011 and validated the cases of diarrhea in Brgy. Culandanum, Bataraza. Findings of investigation are the following:
  - Brgy.Culandanum has a total population of 3,786 and most of the affected are indigenous people in Sitio Apad-apad who are members of Palawa-an tribe. Sitio Apad-apad is four (4) hour walk from said barangay
  - Seven (7) cases of diarrhea with varying degree of dehydration were seen during the investigation. Six (6) came from Sitios Apad-apad and Linao and one (1) from Sitio Bato-bato
  - There is a fast progression of symptoms and rapid deterioration of patients' condition from the onset of initial symptoms to severe dehydration and sudden death. Patients manifested symptoms of profuse watery diarrhea, abdominal pain and vomiting
  - Affected individuals did not consult any health provider and was not given any form of treatment prior to their death. Deaths started on 27 March 2011 and none of the deaths were seen by a health provider
- ❖ The team provided the following drugs, medicines and medical supplies for augmentation, management and control of diarrhea case: 1,000 Aqua tabs, 3,500 tabs metronidazole 500 mg, 1000 tabs cotrimaxazole 800mg; 224 bottles cotrimaxazole oral suspension, 500 caps ciprofloxacin 500 mg, 1000 caps amoxicillin 500mg, 1000 caps doxycycline 100 mg, 1000 caps tetracycline, 250 mg, 144 bottles chloramphenicol, 125 mg suspension, 1000 tabs paracetamol, 500 mg, 144 bottles paracetamol 250 mg suspension
- ❖ Dispatched the Disease Surveillance Officers and Sanitary Inspector on April 2-5, 2011 and **conducted preliminary epidemiologic and environmental assessment**. Poor environmental sanitation was observed in the area:
  - Primarily absence of clean source of drinking water
  - IPs seldom boils water prior to drinking
  - No toilet facilities causing inhabitants to dispose human excreta anywhere
  - Poor personal hygiene could also be one major factor because of their soiled hands, feet, nails and clothes
  - Remains of dead bodies were buried less than ten (10) meters from the source of drinking water
- ❖ Set-up a temporary hospital in Sitio Linao, Brgy. Culandanum, Bataraza, Palawan. Patients are being treated at the Linao Elementary School as temporary consultation and treatment camp and referred case to hospital facilities if it warrants admission. The "survivors" together with the local residents persuaded other members of the tribe who are still staying inside the cave to come down to the treatment camp for proper care. The assistant Regional Director of DOH IV B, Provincial Health Team leader and other CHD Staff conducted actual visit at the treatment/consultation site
- ❖ Dispatched 2<sup>nd</sup> batch of CHD IV\_B team on 07 April 2011 and conducted a comprehensive health and environmental assessment. The team, composed of 2 doctors, 1 nurse, 1 medical technologist, 1 Sanitary Inspector and 1 Administrative Staff, brought additional medicines and supplies worth PhP84,151.00 comprising of

300 pcs. water containers (jerry cans), 144 bottles IV fluids, 72 bottles hyposol, 500 sachet oresol, 1,000 aqua tabs, 3500 tabs metronidazole 500 mg, 2,880 tabs metronidazole 125 mg, 1000 tabs cotrimaxazole 800 mg, 224 bottles cortimaxazole oral suspension, 500 caps ciprofloxacin 500 mg, 1000 caps amoxicillin 500 mg., 1,000 cap doxycycline 100 mg, 1000 caps tetracycline 250 mg, 144 bottles chloramphenicol 125 mg suspension, 1000 tabs paracetamol 500 mg, 144 bottles paracetamol mg suspension, 1,000 caps mefenamic acid 500 mg, 100 caps, Vitamin A and 500 tabs zinc

- ❖ **Distributed 28 Jerry Cans to the families in Sitio Bato-Bato, Brgy. Culandanum**
- ❖ **Conducted public information and education campaign (PIEC) including proper treatment, prior to drinking (i.e. using aqua tabs, puri tabs and waterine) among IPS**
- ❖ Collected water and **stool** samples from different water supply and sent to RITM on April 11, 2011 for bacterial testing analysis. **Also collected 35 rectal swab specimen from patients for cholera confirmation. Three (3) out of ten (10) specimens were (+) for vibrio cholera**

#### **MDRRMC Bataraza**

- ❖ **Convened the local council (Barangay Assembly) presided by the Vice Mayor attended by local officials, CHD IV-B, NEC, PHO, RHU Staff and RTN group**
- ❖ **OCDRC IV-B coordinated with the Municipal Health Officer of Roxas and Rizal, Palawan re: alleged 8 additional diarrhea -related deaths reported by media. Per coordination made with local health officials in said municipalities, no diarrhea-related cases/deaths were monitored. Likewise, Mayors of Roxas and Rizal disproved the report**

### **III. RECOMMENDATIONS OF VALIDATING TEAM**

- ❖ Provide each household (specifically indigenous people) with safe water supply and clean water container which will be monitored for proper disinfection and utilization every month
- ❖ Institutionalization of an appropriate and culturally-sensitive health education program focusing on the indigenous people. Intensified IEC, consider rural practices, level of knowledge/communication barriers (develop IEC materials suited for IPs)
- ❖ Encourage members of the indigenous people to engage on health activities of Rural Health Unit like inviting them to get involved as Barangay Health Workers
- ❖ Pro-active response of RHU on possible outbreak particularly during rainy season
- ❖ “Adopt-a-community” program for implementation in the areas where indigenous people reside. The “adopter” will serve as a direct linkage of the indigenous community of RHU and other agencies involved
- ❖ Strict implementation of rules and regulations of sanitation code regarding guidelines in the establishment of toilet facilities and safe water resources
- ❖ Timely monitoring and reporting of diarrhea cases particularly in affected barangays/sitios
- ❖ Provision of emergency medicines at Rural Health Unit and allocation of funds for the purpose
- ❖ Activate/establish Brgy. Health Emergency Response Team
- ❖ **Conduct massive IEC campaign on personal hygiene and disposal of human excreta**
- ❖ **LGUs to purchase aquatabs and dispatch fire trucks to selected barangays for temporary access to safe water**

#### **Long Term**

- ❖ **Conduct of Stakeholder Planning and Construction of Water Systems L1 to L3 and toilet facilities in different IP barangays**