

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 Cholera Outbreak in Palawan

March 01 – April 20, 2011

Releasing Officer


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Sources: DOH-HEMS, RDRRMC/OCDRC IV-B, ESR- NEC

I. SITUATION OVERVIEW

- Based on the findings of the Center for Health Development (CHD) IV-B) and Event-Based Surveillance and Response (ESR), National Epidemiology Center (NEC), there was **563** diarrhea cases in the Municipality of Bataraza, Palawan, which started on 01 March 2011, **slowly increased peaking on the 3rd week of April**. Cases continue to increase with the last case reported on April 17, 2011. Age of cases ranged from 1 month to 90 years old and the median is 8 y/o
- There were **563 diarrhea cases** reported from March 1 to **18 April 2011**, with Brgy Culandanum having the highest attack rate 52.28% followed by Brgy Tarusan and Rio Tuba. Out of the 22 barangays in Bataraza, 17 were affected with six (6) sitios in Brgy Culandanum 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

Casualties

- There were **20** deaths (**Case Fatality Rate: 3.6%**) reported in Brgy Culandanum with age ranging from 1 year old to 50 years old. 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		
20 Anada Bayle	18	Female

** to be confirmed by DOH*

II. ACTIONS TAKEN

Health and WASH

DOH-CHD IV B, NEC, RHU, PHO Palawan, and MHO Bataraza:

- ❖ Prepared the proposed schematic plan and budgetary requirement of the CHD IV-B Regional Sanitary Engineer of the following:
 - Three (3) identified sites of Spring Development
 - Improvement of existing water supply systems in Poblacion
 - Driven shallow wells in 50 sites
 - Ventilated and improved latrines on 50 sites
- ❖ Coordinated with AFP through RDRRMC for the use of water purifiers and the construction of water systems.
- ❖ Conducted the exit conference with the Municipal DRRMC. The DOH team left the area on 19 April 2011 and a team from the PHO will take over
- ❖ A total of Php377,604.00 worth of assorted medicines and supplies (including water containers and chlorine tabs/granules) were provided by the CHD IV-B as augmentation
- ❖ Rural Health Units (RHU) and the Provincial Health Office (PHO) is treating the remaining cases and passed local ordinances such as:
 - Prohibition of drinking water taken directly from the river and spring
 - Prohibition of defecating anywhere other than toilet facilities
 - Regular disinfection of the water source
 - The continuous monitoring of cases
 - Continuous information, education and communication on personal hygiene and environmental sanitation
- ❖ 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 2nd 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. Also 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. **Rectal swab specimens were positive for (Vibrio cholera ogawa, Aeromonas hydrophila and Aeromonas caviae) and water samples were also positive for (Vibrio cholera, Aeromonas hydrophila, Aeromonas caviae and Plesiommonas shigelloides)**
- ❖ 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 and declared the municipality under a State of Calamity through a Sangguniang Bayan (SB) Resolution No 51 series of 2011
- ❖ Mayor Abraham Ibba informed that the municipality can handle the requirements of the emergency (immediate term); that programs have been designed to control further spread of the disease and respond to the needs of those that had already been affected; and that request for national government assistance would be sought once the requirement exceeds local government capacity
- ❖ MDRRMC Bataraza, enacted/approved an Appropriation Ordinances No 001 series of 2011 on 13 April 2011, through Resolution No. 51, appropriating PhP1,192,500.00 from the 5% local Calamity Fund of Bataraza, Palawan to finance the expenditures in support to the programs to address the diarrhea outbreak in the municipality. The above amount will be utilized for the purchase of the following:

AquaTabs (300x10 tabs x 12,282 households)	PhP 368,460.00
IEC materials (100x270 Health Workers)	27,000.00
Food (Rice 1,600.00 x 65 sacks x 22 Brgys)	211,200.00
Fuel (60.00x90 liters x 22 brgys)	118,800.00
Medicines	<u>467,040.00</u>
Total	PhP1,192,500.00

OCD IV-B:

- ❖ **Coordinated a meeting with key Region IV-B line agencies and heads (DOH, CHD IV-B, DILG IV-B, PNP PRO IV-B, DSWD IV-B, BFP IV-B, PRC, WESCOM and NADESCOM) today, 20 April 2011 at the DOH IV-B conference room in QMMC compound, Project 4, Quezon City to finalize RDRRMC Action Plan to include not only response activities but post disaster needs and recovery assessment in support of local government initiatives**

- ❖ Continuous coordination and monitoring with affected LGUs and CHD IV-B Team dispatched in the area
- ❖ Coordinated with and provided operational direction to concerned AFP and PNP units.

PDRRMC:

- ❖ The PDDRMO Palawan conducted an emergency meeting last April 6, 2011 then proceeded to the area and conducted a Damage and Needs Assessment (DANA)
- ❖ PDDRMO Palawan distributed 145 food packs to affected households designated by the DANA as beneficiaries due to the health emergency.
- ❖ PSWDO and PDDRMO Palawan prepared and distributed 160 food packs to recipients in Barangay Latud, Rizal, Palawan
- ❖ The Health Service Committee of the PDRRMC headed by Dr. Eduardo P. Cruz of the Provincial Health Office and his other medical staffs proceeded to the area to assist the RHU-Bataraza and the DOH-CHD IV-B in conducting medical assessment and treatment of the increasing diarrhea cases which now developed into a Cholera Outbreak
- ❖ PDRRMC Palawan conducted a disease surveillance in Brgy Latud, Rizal, Palawan, to verify reports of additional cholera cases in the municipality. WESCOM provided air transport to the PDDRMO QRT

PRC and Others:

- ❖ The Bataraza community is complying with the local ordinances and is practicing personal hygiene and proper environmental sanitation. They are also using aquatabs with their drinking water
- ❖ The Philippine Red Cross and the Rio Tuba Nickel (RTN) Hospital are assisting in the treatment of the cases
- ❖ The RTN Mining Company and the Municipality of Brooke's Point provided a truckload of chlorinated water.
- ❖ PRC also constructed temporary latrines

III. RECOMMENDATIONS / CURRENT INITIATIVES

- ❖ LGUs to 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; to purchase aquatabs and dispatch fire trucks to selected barangays for temporary access to safe water.
 - LGU Bataraza has been providing potable drinking water to the residents on regular basis.

- Water chlorination was instructed and demonstrated to the indigenous people
 - Boiling of water prior to drinking is also advised
 - Provided ORS, IV fluids, hyposol and puritabs to the affected individual
- ❖ 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)
 - ❖ Conduct massive Public Information and Education Campaign (PIEC) on personal hygiene and disposal of human excreta.
 - CHD IV-B is currently conducting PIEC regarding proper human waste disposal, personal hygiene and proper treatment of water
 - ❖ 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

Long Term

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