

# 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 Outbreak in Bataraza, Palawan (Region IV-B) March 01 – April 13, 2011

Releasing Officer



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Administrator, OCD

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Source: DOH-HEMS, RDRRMC/OCDR IV-B

### I. SITUATION OVERVIEW

- Based on the findings of Center for Health Development (CHD) IV-B, the diarrhea cases in Bataraza, Palawan, which started on 01 March 2011 slowly increased peaking on the 3<sup>rd</sup> week of March. Age of cases ranged from 7 months to 85 years old
- A total of 430 diarrhea cases were reported from 01 March to 12 April 2011 with Brgy Culandanum having the highest attack rate 52.28% followed by Brgy Tarusan and Rio Tuba. and out of the 22 barangays in Bataraza, 17 were affected. Six (6) sitios in Brgy. Culandanum were affected namely: Sitios Linao, Apad-apad, Pajo-pajo, Kadulan, Cabinbin and Bato-bato where
- Ninety (90) persons were admitted at Rio Tuba Nickel (RTN) Hospital from March 01 - 31, 2011.

### Casualties

- There were 19 deaths (CFR: 4.41% 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		

- ❖ **In addition to the 19 confirmed dead in Brgy Culandanum, Bataraza, two (2) possible cases of diarrheal deaths in the municipality of Rizal are still being verified by the Municipal Health Officer of CHD-IV B**

## **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 cotrimoxazole 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 waterline) 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
- ❖ MDRPMC 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 Municipal Council Resolution**
- ❖ **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**

### III. RECOMMENDATIONS

- ❖ 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**
- ❖ 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
- ❖ 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

#### **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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