

NATIONAL DISASTER RISK REDUCTION AND MANAGEMENT COUNCIL

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

NDRRMC UPDATE

Update on Diarrhea Cases in Bataraza, Palawan (Region IV-B)
March 1–April 6 2011

Releasing Officer



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DATE: 07 April 2011

Sources: OCDRCs 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 324 cases were reported in Brgys Culandanum, Rio and Tuba and out of this number, 128 were from the six (6) sitios in Brgy. Culandanum 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 20 mortalities reported in Brgy Culandanum, fifteen (15) were verified by the member of the tribe who survived from the outbreak while five (5) are not yet identified
- List of Dead Victims (source: DOH IV-B)**

March 27, 2011	Age	Gender
1.) Armina Gangan	24 yrs. old	Female
2.) Joselina Gangan	1 year old	Female
3.) Estrade Enyong	4 yrs. old	Male
4.) Morsaden Enyong	2 yrs. old	Female
5.) Sijun Enyong	2 yrs. old	Male
6.) Kolab Enyong	3 yrs. old	Male
7.) Bedina Enyong	3 yrs. old	Female

March 28, 2011	Age	Gender
8.) Norlito Kundong	3 yrs. old	Male
9.) Nolina Kundong	4 yrs. old	Female
10.) Toto Sibuno	15 yrs. old	Male
11.) Emban Das	50 yrs. old	Female

March 30, 2011	Age	Gender
12.) Tulina Busnol	15 yrs. old	Female
13.) Nuasin Sipla	1 year old	Female

April 01, 2011	Age	Gender
14.) Nene Limabo	3 yrs. old	Female
15.) Toto Limabo	2 yrs. old	Male

* Additional 5 are still unidentified subject for verification from DOH IV-B

II. Actions Taken

DOH-CHD IV B, PHO Palawan and MHO Bataraza

- ❖ Dispatched an investigating team led by Dr. Faith Alberto on April 3-4, 2011 to validate 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 to conduct preliminary epidemiologic and environmental assessment and poor environmental sanitation was observed in the area
 - a) Primarily absence of clean source of drinking water
 - b) IPs seldom boils water prior to drinking
 - c) No toilet facilities causing inhabitants to dispose human excreta anywhere
 - d) Poor personal hygiene could also be one major factor because of their soiled hands, feet, nails and clothes
 - e) 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
- ❖ Conducted a Barangay Assembly among local officials, RHU Staff and RTN group and public information and education campaign (PIEC) among IPs
- ❖ Collected water samples from different water supply for bacterial testing analysis and culture of rectalswab specimen for cholera confirmation
- ❖ Dispatched 2nd batch of CHD IV_B team this morning 7 April 2011 to conduct a comprehensive health and environmental assessment composed of 2 doctors, 1 nurse, 1 medical technologist, 1 Sanitary Inspector and 1 Administrative Staff. The team brought additional; medicines and supplies worth P84,151.00 comprising of 300 pcs water containers (jerry cans), 144 bottles IV fluids, 72 bottles hyposol, 500 sachet oresol, 1000 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.

1000 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, 1000 caps mefenamic acid 500 mg, 100 caps Vitamin A and 500 tabs zinc.

- ❖ Coordinated with the national Epidemiology Center for additional team of epidemiologist and with HEMS-OPCEN for Colelert and reagents for faster water testing

III. Recommendations of Validating Team

- ❖ Provision of safe water supply specifically for the indigenous people
- ❖ 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 RHU 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 RU 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
- ❖ Provide each household with celan water container which will be monitored for proper disinfection and utilization every month
- ❖ Timely monitoring and reporting of diarrhea cases particularly in affected barangays/sitios
- ❖ Provision of emergency medicines at Rural Health Unit and allocate funds for the purpose
- ❖ Activate/establish Brgy Health Emergency Response team.