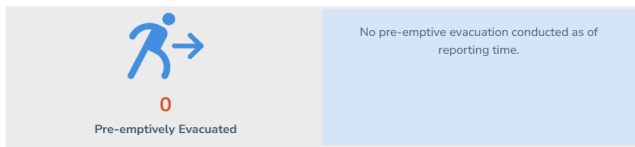


SitRep No. 14 for the Increasing Cases of Pertussis (2024)

14 May 2024 08:00

PRE-EMPTIVE EVACUATION



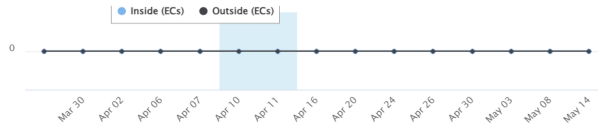
AFFECTED POPULATION



STATUS OF EVACUATION



DISPLACEMENT TREND



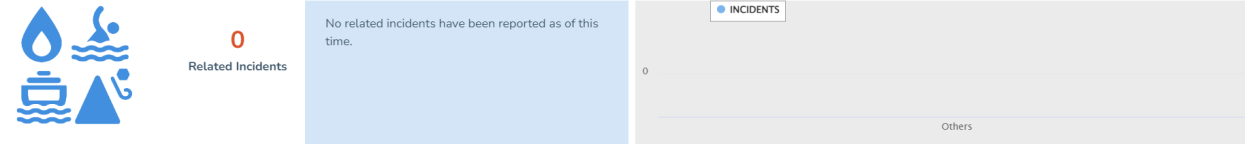
CASUALTIES



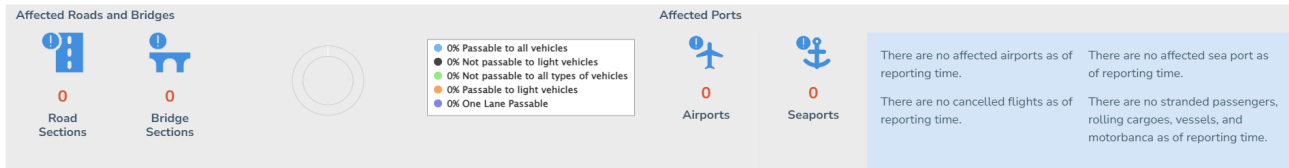
BREAKDOWN OF CASUALTIES PER SEX AND AGE GROUP



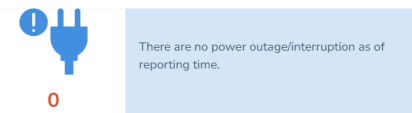
RELATED INCIDENTS



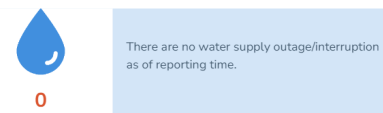
STATUS OF LIFELINES



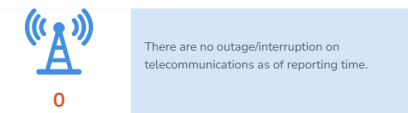
Power



Water Supply



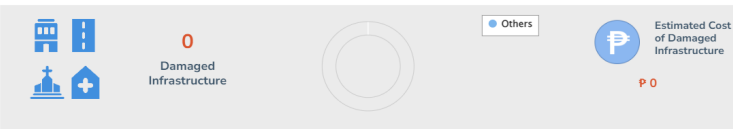
Communication Lines



DAMAGED HOUSES



DAMAGE TO INFRASTRUCTURE



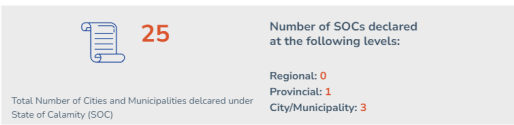
DAMAGE TO AGRICULTURE



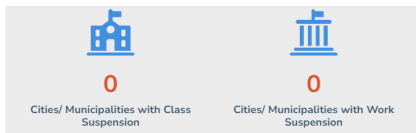
OTHER DAMAGED ASSETS



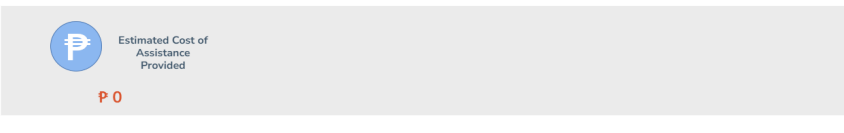
STATE OF CALAMITY



SUSPENSION OF CLASS AND WORK



ASSISTANCE PROVIDED





REPUBLIC OF THE PHILIPPINES
NATIONAL DISASTER RISK REDUCTION AND MANAGEMENT COUNCIL

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

Increasing Cases of Pertussis (2024)

SitRep No. 14 for the Increasing Cases of Pertussis (2024)

May 14, 2024 08:00 am

Pertussis or whooping cough (“ubong-dalahit” or “tuspirina” in Filipino) is a highly contagious bacterial respiratory infection that causes influenza-like symptoms of mild fever, colds, and coughs 7 to 10 days after exposure. This cough, in typical cases, will develop into a characteristic hacking cough. Pertussis can be treated by antibiotics, but it is best prevented through vaccination.

CASUALTIES

A total of 35 dead, 437 injured, and 0 missing persons were reported:

| REGION | VALIDATED | | | FOR VALIDATION | | | TOTAL REPORTED | | |
|--------------|-----------|---------|---------|----------------|---------|---------|----------------|---------|---------|
| | dead | injured | missing | dead | injured | missing | dead | injured | missing |
| TOTAL | 35 | 434 | 0 | 0 | 3 | 0 | 35 | 437 | 0 |
| Region 3 | 13 | 94 | 0 | 0 | 0 | 0 | 13 | 94 | 0 |
| CALABARZON | 11 | 143 | 0 | 0 | 0 | 0 | 11 | 143 | 0 |
| MIMAROPA | 1 | 32 | 0 | 0 | 0 | 0 | 1 | 32 | 0 |
| Region 6 | 4 | 50 | 0 | 0 | 0 | 0 | 4 | 50 | 0 |
| Region 7 | 6 | 115 | 0 | 0 | 0 | 0 | 6 | 115 | 0 |
| Region 10 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 3 | 0 |

DECLARATION OF STATE OF CALAMITY

A total of 25 cities/municipalities were declared under the State of Calamity. Below is the number of SOCs issued:

| REGION | NO. OF SOCs ISSUED | | | |
|-------------|--------------------|------------|--------------------|----------|
| | REGIONAL | PROVINCIAL | CITY/ MUNICIPALITY | BARANGAY |
| GRAND TOTAL | 0 | 1 | 3 | 0 |
| CALABARZON | 0 | 1 | 2 | 0 |
| Region 6 | 0 | 0 | 1 | 0 |

CASUALTIES as of (May 14, 2024 08:00)

| PROVINCE CITY /MUNICIPALITY BARANGAY | QTY | SURNAME | FIRST NAME | MIDDLE NAME | AGE | SEX | ADDRESS | CAUSE | REMARKS | SOURCE OF DATA | VALIDATED |
|--|-----------|---------|------------|-------------|-----|--------------|--|-----------|--------------------------|--------------------|-----------|
| DEAD | 35 | | | | | | | | | | |
| REGION 3 | 13 | | | | | | | | | | |
| BULACAN | 1 | | | | | | | | | | |
| No breakdown | 1 | | | | | | | | | | |
| | | | | | | Female | Barangay Turo, Bocaue, Bulacan | Pertussis | - Died - 1 month old | DOH CLCHD | Yes |
| NUEVA ECIJA | 1 | | | | | | | | | | |
| No breakdown | 1 | | | | | | | | | | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| PAMPANGA | 4 | | | | | | | | | | |
| No breakdown | 4 | | | | | | | | | | |
| | | | | | | Female | Brgy. Sto Rosario, Mexico, Pampanga | Pertussis | - Died - 1 month old | DOH CLCHD | Yes |
| | | | | | | Female | Brgy. Bulaon, City of San Fernando, Pampanga | Pertussis | - Died - 2 months old | DOH CLCHD | Yes |
| | | | | | - | Male | Brgy. Sta Cruz, Porac, Pampanga | Pertussis | - Died - 3 months old | DOH CLCHD | Yes |
| | | | | | - | Male | Brgy. Sta Cruz, Porac, Pampanga | Pertussis | - Died - 3 months old | DOH CLCHD | Yes |
| ANGELES | 1 | | | | | | | | | | |
| No breakdown | 1 | | | | | | | | | | |
| | | | | | | Male | Brgy. Cutud, Angeles City, Pampanga | Pertussis | - Died - 25 days old | DOH CLCHD | Yes |
| TARLAC | 1 | | | | | | | | | | |
| No breakdown | 1 | | | | | | | | | | |
| | | | | | | Female | Brgy. Acocolao, Paniqui, Tarlac | Pertussis | - Died - 22 days old | DOH CLCHD | Yes |
| ZAMBALES | 1 | | | | | | | | | | |
| No breakdown | 1 | | | | | | | | | | |
| | | | | | | Female | Brgy. Balaybay, Castillejos, Zambales | Pertussis | - Died - 1 month old | DOH CLCHDDOH CLCHD | Yes |

| PROVINCE CITY /MUNICIPALITY BARANGAY | QTY | SURNAME | FIRST NAME | MIDDLE NAME | AGE | SEX | ADDRESS | CAUSE | REMARKS | SOURCE OF DATA | VALIDATED |
|--|-----|---------|------------|-------------|-----|--------------|--------------------------------------|-----------|---------------------------|-----------------|-----------|
| BATAAN | 4 | | | | | | | | | | |
| No breakdown | 4 | | | | | | | | | | |
| | | | | | | Male | Tapulao, Orani, Bataan | Pertussis | - Died - 3 months old | DOH CLCHD | Yes |
| | | | | | | Female | Brgy. Balon-Anito, Mariveles, Bataan | Pertussis | - Died - 28 days old | DOH CLCHD | Yes |
| | | | | | | Female | Brgy. Balon-Anito, Mariveles, Bataan | Pertussis | - Died - 3 months old | DOH CLCHD | Yes |
| | | | | | | Unidentified | | Pertussis | | DOH CLCHD | Yes |
| CALABARZON | 11 | | | | | | | | | | |
| CAVITE | 6 | | | | | | | | | | |
| No breakdown | 6 | | | | | | | | | | |
| | | | | | | Unidentified | Cavite | Pertussis | Laboratory-Confirmed Case | DOH CHD RESU 4A | Yes |
| | | | | | | Unidentified | Cavite | Pertussis | Laboratory-Confirmed Case | DOH CHD RESU 4A | Yes |
| | | | | | | Unidentified | Cavite | Pertussis | Laboratory-Confirmed Case | DOH CHD RESU 4A | Yes |
| | | | | | | Unidentified | Cavite | Pertussis | Laboratory-Confirmed Case | DOH CHD RESU 4A | Yes |
| | | | | | | Unidentified | Cavite | Pertussis | Laboratory-Confirmed Case | DOH CHD RESU 4A | Yes |
| | | | | | | Unidentified | Cavite | Pertussis | Laboratory-Confirmed Case | DOH CHD RESU 4A | Yes |
| LAGUNA | 3 | | | | | | | | | | |
| No breakdown | 3 | | | | | | | | | | |
| | | | | | | Unidentified | Laguna | Pertussis | Laboratory-confirmed case | DOH CHD RESU 4A | Yes |
| | | | | | | Unidentified | Laguna | Pertussis | Laboratory-confirmed case | DOH CHD RESU 4A | Yes |
| | | | | | | Unidentified | Laguna | Pertussis | Laboratory-confirmed case | DOH CHD RESU 4A | Yes |
| RIZAL | 2 | | | | | | | | | | |
| No breakdown | 2 | | | | | | | | | | |
| | | | | | | Unidentified | Rizal | Pertussis | Laboratory-confirmed case | DOH CHD RESU 4A | Yes |
| | | | | | | Unidentified | Rizal | Pertussis | Laboratory-confirmed case | DOH CHD RESU 4A | Yes |
| MIMAROPA | 1 | | | | | | | | | | |

| PROVINCE CITY /MUNICIPALITY BARANGAY | QTY | SURNAME | FIRST NAME | MIDDLE NAME | AGE | SEX | ADDRESS | CAUSE | REMARKS | SOURCE OF DATA | VALIDATED |
|--|-----|---------|------------|-------------|-----|--------------|-----------------------------|---------------------|--------------|----------------|-----------|
| ORIENTAL MINDORO | 1 | | | | | | | | | | |
| Bongabong | 1 | | | | | | | | | | |
| | | | | | 2 | Female | Bongabong, Oriental Mindoro | Pertussis | | DOH MIMAROPA | Yes |
| REGION 6 | 4 | | | | | | | | | | |
| ILOILO | 4 | | | | | | | | | | |
| Iloilo City | 4 | | | | | | | | | | |
| | | | | | | Male | Bingawan, Iloilo | Confirmed Pertussis | 2 months old | DOH | Yes |
| | | | | | | Female | Dumangas, Iloilo | Confirmed Pertussis | 21 days | DOH | Yes |
| | | | | | | Male | San Joaquin, Iloilo | Confirmed Pertussis | 2 months old | DOH | Yes |
| | | | | | | Male | Caingin, Iloilo City | Confirmed Pertussis | 1 month old | DOH | Yes |
| REGION 7 | 6 | | | | | | | | | | |
| CEBU | 6 | | | | | | | | | | |
| No breakdown | 6 | | | | | | | | | | |
| | | | | | | Unidentified | | | | DOH CV | Yes |
| | | | | | | Unidentified | | | | DOH CV | Yes |
| | | | | | | Unidentified | | | | DOH CV | Yes |
| | | | | | | Unidentified | | | | DOH CV | Yes |
| | | | | | | Unidentified | | | | DOH CV | Yes |
| | | | | | | Unidentified | | | | DOH CV | Yes |
| INJURED/ ILL | 434 | | | | | | | | | | |
| REGION 3 | 94 | | | | | | | | | | |
| BULACAN | 9 | | | | | | | | | | |
| No breakdown | 9 | | | | | | | | | | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |

| PROVINCE CITY /MUNICIPALITY BARANGAY | QTY | SURNAME | FIRST NAME | MIDDLE NAME | AGE | SEX | ADDRESS | CAUSE | REMARKS | SOURCE OF DATA | VALIDATED |
|--|-----|---------|------------|-------------|-----|--------------|---------|-------|---------|----------------|-----------|
| NUEVA ECIJA | 8 | | | | | | | | | | |
| No breakdown | 8 | | | | | | | | | | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| PAMPANGA | 18 | | | | | | | | | | |
| No breakdown | 18 | | | | | | | | | | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| ANGELES | 2 | | | | | | | | | | |
| No breakdown | 2 | | | | | | | | | | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes |
| TARLAC | 32 | | | | | | | | | | |

| PROVINCE CITY /MUNICIPALITY BARANGAY | QTY | SURNAME | FIRST NAME | MIDDLE NAME | AGE | SEX | ADDRESS | CAUSE | REMARKS | SOURCE OF DATA | VALIDATED | |
|--|-----|---------|------------|-------------|-----|--------------|--------------|--------|-----------|---------------------------|-----------------|-----|
| | | | | | | Unidentified | | | | DOH CLCHD | Yes | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes | |
| BATAAN | 17 | | | | | | | | | | | |
| No breakdown | 17 | | | | | | | | | | | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes | |
| | | | | | | Unidentified | | | | DOH CLCHD | Yes | |
| CALABARZON | 143 | | | | | | | | | | | |
| CAVITE | 39 | | | | | | | | | | | |
| No breakdown | 39 | | | | | | | | | | | |
| | | | | | | Unidentified | Unidentified | Cavite | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | | Unidentified | Unidentified | Cavite | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | | Unidentified | Unidentified | Cavite | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |

| PROVINCE CITY /MUNICIPALITY BARANGAY | QTY | SURNAME | FIRST NAME | MIDDLE NAME | AGE | SEX | ADDRESS | CAUSE | REMARKS | SOURCE OF DATA | VALIDATED |
|---|-----|---------|------------|-------------|--------------|--------------|----------|-----------|---------------------------|-----------------|-----------|
| | | | | | Unidentified | Unidentified | Batangas | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | Unidentified | Unidentified | Batangas | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | Unidentified | Unidentified | Batangas | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | | Unidentified | Batangas | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | | Unidentified | Batangas | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | | Unidentified | Batangas | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | | Unidentified | Batangas | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | | Unidentified | Batangas | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| RIZAL | 37 | | | | | | | | | | |
| No breakdown | 37 | | | | | | | | | | |
| | | | | | Unidentified | Unidentified | Rizal | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | Unidentified | Unidentified | Rizal | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | Unidentified | Unidentified | Rizal | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | Unidentified | Unidentified | Rizal | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | Unidentified | Unidentified | Rizal | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | Unidentified | Unidentified | Rizal | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | Unidentified | Unidentified | Rizal | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | Unidentified | Unidentified | Rizal | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | Unidentified | Unidentified | Rizal | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | Unidentified | Unidentified | Rizal | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | Unidentified | Unidentified | Rizal | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | Unidentified | Unidentified | Rizal | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |

| PROVINCE CITY /MUNICIPALITY BARANGAY | QTY | SURNAME | FIRST NAME | MIDDLE NAME | AGE | SEX | ADDRESS | CAUSE | REMARKS | SOURCE OF DATA | VALIDATED |
|--|-----|---------|------------|-------------|-----|--------------|---------|-----------|----------------------------|-----------------|-----------|
| | | | | | | Unidentified | Rizal | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | | Unidentified | Rizal | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | | Unidentified | Rizal | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| QUEZON | 11 | | | | | | | | | | |
| No breakdown | 11 | | | | | | | | | | |
| | | | | | | Unidentified | Quezon | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | | Unidentified | Quezon | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | | Unidentified | Quezon | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | | Unidentified | Quezon | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | | Unidentified | Quezon | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | | Unidentified | Quezon | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | | Unidentified | Quezon | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | | Unidentified | Quezon | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | | Unidentified | Quezon | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | | Unidentified | Quezon | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | | Unidentified | Quezon | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| | | | | | | Unidentified | Quezon | Pertussis | Laboratory-Confirmed Case | DOH-CHD RESU 4A | Yes |
| MIMAROPA | 32 | | | | | | | | | | |
| ORIENTAL MINDORO | 32 | | | | | | | | | | |
| Bongabong | 32 | | | | | | | | | | |
| | | | | | | Unidentified | | Pertussis | Positive Laboratory Result | DOH MIMAROPA | Yes |
| | | | | | | Unidentified | | Pertussis | Positive Laboratory Result | DOH MIMAROPA | Yes |
| | | | | | | Unidentified | | Pertussis | Positive Laboratory Result | DOH MIMAROPA | Yes |

DECLARATION OF STATE OF CALAMITY as of (May 14, 2024 08:00)

| REGION PROVINCE CITY /MUNICIPALITY BARANGAY | | TYPE | RESOLUTION NUMBER | RESOLUTION DATE | REMARKS |
|---|----|--------------------|-------------------------|-----------------|---------|
| GRAND TOTAL | 25 | | | | |
| CALABARZON | 24 | | | | |
| CAVITE | 23 | | | | |
| Province-Wide | 23 | | | | |
| | | Province | 3050-2024 | 27 March 2024 | |
| General Mariano Alvarez | | | | | |
| | | City/ Municipality | 33-2024 | 30 March 2024 | |
| LAGUNA | 1 | | | | |
| Santa Rosa | 1 | | | | |
| | | City/ Municipality | 0052 | 03 April 2024 | |
| REGION 6 | 1 | | | | |
| ILOILO | 1 | | | | |
| Iloilo City | 1 | | | | |
| | | City/ Municipality | Resolution No. 2024-310 | 26 March 2024 | |



REPUBLIC OF THE PHILIPPINES
NATIONAL DISASTER RISK REDUCTION AND MANAGEMENT COUNCIL

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

National Disaster Risk Reduction and Management Council

**Increasing Cases of Pertussis (2024)
ACTIONS TAKEN**

National



National Disaster Risk Reduction and Management Operations Center (NDRRMOC)

- In continuous monitoring and dissemination of Situational Reports re Increasing Cases of Pertussis to NDRRMC Member-Agencies, Stakeholders, and OCD Regional offices concerned through e-mail, NDRRMC Dashboard, and NDRRMC website for further dissemination to its respective Local Disaster Risk Reduction and Management Councils (LDRRMCs).



Department of Health (DOH)

- As of 26 March 2024, Php 187,600.00 worth of commodities were augmented by DOH Central Office as part of outbreak response action.
- Conducted a meeting regarding Public Health Emergency Operation Center (PHEOC) Daily Briefing for Increasing Cases of Pertussis via WebEx
- Coordinated and informed all regional CHDS on the monitored event.

Central



Office of Civil Defense - Central Office

Conducted a Lecture on Pertussis on 05 April 2024 to create awareness for OCD Employees.

Region 3

OCD III

- Issued RDRRMC3 Memo No. 20 s.2024 re Interim Guidelines on the Prevention, Detection, Isolation, Treatment, and Reintegration (PDITR) Strategy and Outbreak Response for Pertussis and Diphtheria dated 28 March 2024
- Facilitated the Emergency Meeting on Possible Measles and Pertussis Outbreak in Central Luzon via Zoom on 25 March 2024
- Conducts continuous coordination with the DOH-CLCHD
- Conducts close monitoring Pertussis cases in Central Luzon

DOH CLCHD

- Issued CLCHD Regional Epidemiology and Surveillance Unit (RESU) Pertussis Surveillance Update 2024 as of 16 March 2024
- Presided the Emergency Meeting on Possible Measles and Pertussis Outbreak in Central Luzon via Zoom on 25 March 2024
- Provided DOH Department Memorandum No. 2023-0284 re Interim Guidelines on the PDITR Strategy and

- Conducts close monitoring of Pertussis cases in Central Luzon

CALABARZON

OCD CALABARZON

- Coordinated with DOH CALABARZON and Cavite PDRRMO regarding the details of the said outbreak.
- Requested DOH CALABARZON to provide a regional situation report to include number of cases of Pertussis in the CALABARZON region and the disease surveillance and control activities undertaken by the Department of Health-Center for Health Development CALABARZON.
- 28 March 2024 – Facilitated a coordination meeting with RDRRMC member agencies and LDRRMCs re cases of Pertussis in CALABARZON
- 05 April 2024 - Issued RDRRMC Memorandum No. 24 s. 2024 with Subject: Maintaining of RDRRMC EOC Blue Alert Status and Submission of Preparedness Measures Relative to Increasing Pertussis Cases in CALABARZON.

DOH CALABARZON

- Closely coordinating with Cavite and all other provinces in the region.
- Posting of IECs and precautionary measures in relation to pertussis through the Health Education and Promotion Unit (HEPU).
- In coordination with PDOHOs and PHOs, mapping and forecasting of vaccines logistics.
- The Regional Office will be providing assistance to high-risk areas through emergency purchase of Pentavalent vaccines and Azithromycin to be used during ORI and as post-exposure prophylaxis, respectively. All LGUs are temporarily advised to purchase the mention logistics if highly needed.
- In coordination with the Provincial, City and Municipal ESUs, the RESU will intensify the surveillance, monitoring and reporting of Pertussis and other VPD cases. All identified cases are to be reported immediately.
- Through HEPU, intensification of information dissemination regarding Pertussis, preventive measures and other pertinent information needed through different platform and strategies.
- Provision and conduct of technical assistance, monitoring, investigation and other relevant assistances and services requested by the LGUs.
- Release of weekly updates of Pertussis cases to the region until deemed necessary.
- Available Regional Technical Working Group for National Immunization Program.
- Regional Incident Command System ready for activation as needed.
- Advising all Local Government Units (LGUs) to prepare Emergency Operation Center/ Incident Command System and outbreak plans.
- The Department of Health – Center for Health Development – Calabarzon is closely coordinating with all LGUs and is ready for immediate response to requested assistance within the region’s resources.
- Issuance of DOH-CHD CALABARZON Advisory with subject, “Declaration of Code Blue Alert in Relation to the Increase of Pertussis Cases” starting 27 March 2024 until further notice
- E-Turo seminars and activities conducted relevant to the subject on the following dates and platforms: Understanding, Management, and Prevention of Pertussis and Measles.
- Information dissemination through the use of QUAD media platforms.
- Creation of Information and Educational campaign materials for public consumption.
- Mapping of vaccines per provinces, cities, and municipalities to identify areas with available and depleted vaccines.
- Creation of Incident Command Structure and declaration of CODE Blue alert status.
- Weekly surveillance report submission to RDRRMC.
- Daily surveillance report submission as per agreement by the CHD4A Regional Office Management.
- Weekly meeting with the P/C/M Health Offices including the Provincial Department of Health for updating regarding the status of Pertussis cases in the region
- Discussion of CHD Advisory No. 2024-34 dated 27 March 2024 with a subject of Declaration of Code Blue Alert in relation to the increase in Pertussis cases
- Daily submission of Health Emergency Alert Reporting System highlighting recommendations and needs of respective LGUs
- Submission of purchase requests for Pentavalent and Tdap vaccines

- Delivery of Pentavalent vaccines to the LGUs of Mulanay, Unisan, Tagkawayan, Cabuyao, Balayan and PHO Laguna for Outbreak Response Immunization.
- Continuous development and dissemination of Pertussis social media card with key messages on prevention and treatment
- Media interviews with Brigada Batangas and Programang POV
- Continuous coordination with PDOHO / PHO through respective PESUs and other ESUs regarding inquiries and requests for specimen kits
- Continuous coordination with Epidemiology Bureau and other Regional Epidemiology and Surveillance Units on cases captured in our region and vice versa
- Daily transmittal of laboratory results to concerned stakeholders
- Relocated vaccines in coordination with the following LGUs that provided logistical support:
 - a. Province of Cavite – 1,000 doses reallocated from Rizal PHO
 - b. Province of Laguna – 2,000 doses reallocated from Isabela Province
 - c. City of Santa Rosa – 2,000 doses reallocated from Isabela Province
- Provision of specimen kits by Laguna and Cavite PDOHO Disease Surveillance Officers
- Closed coordination with RITM regarding availability of laboratory results (RESU)
- Conducted Emergency Online Meeting for the Regional Response to the Increase of Pertussis Cases on 23 April 2024

PIA CALABARZON

- Active monitoring and dissemination of IECs and precautionary measures and updates (e.g. advisories from DOH) to PIA Region IV-A online platforms and communication networks.
- 28 March 2024 – Attended the coordination meeting with RDRRMC member agencies and LDRRMCs re cases of Pertussis in CALABARZON

CAVITE PDRRMC

- Declared the entire Province of Cavite under State of Calamity due to the Outbreak of Pertussis through Sangguniang Panlalawigan of Cavite Resolution Number 3050-2024 dated 27 March 2024. CAVITE PROVINCIAL HEALTH OFFICE
- Intensification of active case finding and contact tracing
- Reiteration of the DOH Department Memorandum No. 2023-0284 or the Interim Guidelines on the Prevention, Detection, Isolation, Treatment and Reintegration (PDITR) strategy and outbreak response for Pertussis and Diphtheria
- Purchase of laboratory supplies such as Regan Lowe Transport Media or Universal Transport Media for on time collection of specimen.
- Procurement of prophylaxis medicines for identified close contacts.
- Immediate transport of specimen to the Research Institute for Tropical Medicine for Polymerase Chain Reaction (PCR) test.
- Technical assistance on specimen collection and prophylaxis treatment of close contacts.
- Reporting of clustering of cases and deaths.
- Conduct of weekly data analysis of Pertussis cases.
- Conducted a dialogue and advocacy meeting with DepEd Division Offices, Cavite Mayor's League, Barangay Officials, City and Municipal Health Offices, Philippine Pediatric Society, Cavite Medical Society and other relevant stakeholders
- Outbreak Response Immunization and catch-up immunization activities by Local Government Units
- Purchase of Pentavalent vaccines
- Conduct of rapid coverage assessment of immunization status to validate the immunization coverage in the province.
- Weekly updating of vaccine-preventable diseases.
- Planning activities with city/ municipal health offices
- Information dissemination on the prevention and control of spread of Pertussis
- 28 March 2024 – Attended the coordination meeting with RDRRMC member agencies and LDRRMCs re cases of Pertussis in CALABARZON

DILG CALABARZON

- 28 March 2024 – Attended the coordination meeting with RDRRMC member agencies and LDRRMCs re cases of Pertussis in CALABARZON

DSWD CALABARZON

- 28 March 2024 – Attended the coordination meeting with RDRRMC member agencies and LDRRMCs re cases of Pertussis in CALABARZON
- With available preposition 107,098 Family Food Packs and 11,596 Non-Food Items and standby funds in the amount of P5,000,000.00

BFP CALABARZON

- 28 March 2024 – Attended the coordination meeting with RDRRMC member agencies and LDRRMCs re cases of Pertussis in CALABARZON

PRO CALABARZON

- 28 March 2024 – Attended the coordination meeting with RDRRMC member agencies and LDRRMCs re cases of Pertussis in CALABARZON

AFP SOLCOM / 2ID / 202Bde

- 28 March 2024 – Attended the coordination meeting with RDRRMC member agencies and LDRRMCs re cases of Pertussis in CALABARZON

DEPED CALABARZON

- 28 March 2024 – Attended the coordination meeting with RDRRMC member agencies and LDRRMCs re cases of Pertussis in CALABARZON

LAGUNA PDRRMC

CALAMBA CDRRMC

City DRRM Division

- 24/7 Emergency Operations Center
- Continuous coordination with the City Health Office
- Conducted an Emergency Meeting last 03 April 2024

City Health Office

- Continuous coordination with PDOHO, PESU, BHS, and Hospitals' ESU
- Immediately informed HEPO and NIP Coordinator regarding the cases
- Collected specimen from close contacts for testing in collaboration with the CHO laboratory and were given chemoprophylaxis
- Coordinated with Sangguniang Barangay through BHS Health Workers for medical assistance to procure chemoprophylaxis for close contact adult and children
- Conducted Outbreak Response Immunization (ORI)
- Conducted Orientation of Citywide ORI
- Continuous health education on Pertussis Awareness at Barangay Health Station during immunization sessions
- IEC materials are given to patients from the outpatient section
- IEC posted on Social Media platforms and Barangay Health Stations

SAN PEDRO CDRRMC

- Close monitoring of situation, reporting, and coordination;
- Conducted massive information campaign to educate the public on the precautionary measures against Pertussis;
- Daily inspection and maintenance of vehicles, and equipment;
- Ensured all resources on standby are ready and functional; and

CESU

- Intensified Disease Surveillance and Monitoring.
- Advised timely and accurate reporting of Hospital Epidemiology and Surveillance Units (HESU) of cases that fits the standard case definition of Pertussis.
- Data validation on the reported cases of Pertussis.
- Report generation for analysis and response.
- Advised HESU for immediate specimen collection and transport for confirmatory testing.
- Advised hospitals thru HESU to prepare for surge capacity.
- Advised disease reporting advocates (BHW, BNS, BHERT) for immediate Reporting of notifiable disease using the syndromic approach app e-MARITESS Mo mobile application developed by CESU for case classification that may fit for Pertussis.
- Immediate investigation for case that fit the standard case definition on Pertussis.
- Provide assistance for the transport of specimen to Research Institute for Tropical Medicine (RITM) for testing.
- Coordinated with other program coordinators for response.
- Implement Isolation Protocol

Hospital Epidemiology and Surveillance Units (HESU)

- Intensification of disease detection on their respective facility.
- Immediate notification to City Epidemiology of Pertussis cases.
- Immediate and accurate reporting of cases that fit the case definition for Pertussis using the Epidemic-Prone Disease Case Surveillance platform of the DOH.
- Conduct specimen collection and transport for testing.
- Prepare respective facility for possible surge capacity.

Disease Reporting Advocates (DRA's)

- Immediately report individuals with signs and symptoms for CESU case classification using the e-MARITES Mo mobile application.
- Implement strict monitoring of cases and its close contacts
- Implement isolation protocol for confirmed cases

City Health Office – National Immunization Program Coordinator

- Inventory of vaccine and supplies
- Conduct of Outbreak Response Immunization

STA. CRUZ MDRRMC

- Activated the Emergency Operations Center;
- MHO monitoring through coordination with DOH;
- MHO ensured readiness and inventory of available medical supplies and personnel;
- Secured optimum functionality of all equipment such as:
 - o CCTV security cameras
 - o Response vehicles
 - o Gadgets and devices
 - o Communications

CALAUAN MDRRMC

- Coordinated with the Rural Health Unit on the status of pertussis cases
- Assisted the Rural Health Unit in information dissemination regarding Pertussis for the knowledge of the community
- Maintained Blue Alert Status at the Emergency Operations Center in consonance with the RDRRMC Memo No. 24 s 2024

LUISANA MDRRMC

- Close monitoring and reporting of pertussis cases in the AOR through the DRRMC Operations Center and coordination with the local health office and its Epidemiology Surveillance Unit.
- Ensured readiness and inventory of all available preparedness, response assets, and resources that can be augmented to local health offices for possible health related response operations
- Intensified information, education, and advocacy campaign activities regarding Pertussis at the community level
- Seamless communication within the Local DRRMC to facilitate coordination to prevent and mitigate, prepare for, respond to, and rehabilitate and recover to the possible adverse impact of pertussis.
- Isolation protocols
- Conducted inventory of vaccines, supplies, and prophylaxis medicines
- Activated concerned BDRRMC for early warning measures and vigilant monitoring of their areas of jurisdiction.

MAGDALENA MDRRMC

- Coordinated with local, provincial, and regional agencies and organizations.
- Information sharing with medical groups, organizations and public.
- Implementing public health measures to contain the disease.
- Reviewed ERT precautions.
- Situation monitoring and assessment.
- Assess capacities and identify priorities for pertussis preparedness planning and response at provincial and local levels.
- Provided relevant information to public and private sectors.
- Improved response by organizing and strengthening capacity to deliver timely and effective rescue, relief and assistance.

PANGIL MDRRMC

- Continuous operation of the Municipal Health Office through the provision of preventive and curative health intervention services.
- Intensified monitoring and reporting of cases of respiratory related infections to the Municipal Epidemiology and Surveillance Unit for consolidation and analysis.
- Maintained an open communication with all the barangay health stations for any pertussis case related updates.
- Disseminated adequate and timely information relative to pertussis such prevention and control measures through various platforms aided with Information, Education and Communication (IEC) materials.
- Ensured that all essential medical supplies such as but not limited to; post exposure prophylaxis (PEP) are adequate and readily available.
- Secured a sufficient supply of specimen collection medium and emergency transport vehicle for the laboratory confirmation of a pertussis case.
- Organized proper referral and communication systems to higher level.

SANTA MARIA MDRRMC

- Activated Health Emergency Response Team.
- Coordinated with Municipal Epidemiology Surveillance Unit Officer
- Community mobilization of Barangay Health Workers to encourage those who have cough for more than 2 weeks to consult to prevent the worsening of their illness.
- Awareness campaign through social media platform regarding pertussis.
- Conducted health teachings regarding the importance of DTaP vaccine to prevent pertussis during immunization in Brgy. Health Stations.
- Encouraged mothers to complete their child's immunization/vaccine.
- Encouraged pregnant women to have Tdap vaccine to provide passive immunity to their newborns until they can be vaccinated¹.
- Encouraged all patients to wear facemask during consultation.
- Patient are encouraged during consultation to practice regular handwashing soap and water, covering the mouth and nose with tissue or the elbow when coughing or sneezing, and properly disposing of use tissues to prevent the spread of pertussis.
- Patient with suspected pertussis or those caring for someone with the disease should advise to limit contacts with others to prevent the spread pertussis.
- Educate family members, caregivers and close contacts of a suspected patient about pertussis, its

symptoms, how it spreads, and the importance of vaccination.

- In the event of an outbreak, public health measures may include heightened surveillance, increase vaccination efforts, and the use of antibiotics for close contacts of someone diagnosed with pertussis.



BATANGAS PDRRMC

- 28 March 2024 – Attended the coordination meeting with RDRRMC member agencies and LDRRMCs re cases of Pertussis in CALABARZON
- Reinforced active case finding and contact tracing
- Conducted technical assistance on epidemiologic case investigation, specimen collection, and prophylaxis treatment of close contacts
- Reporting of daily cases including clustering of cases
- Generating weekly data analysis of Pertussis cases
- Dissemination of the DOH Department Memorandum No. 2023-0284 of the Interim Guidelines on the Prevention, Detection, Isolation, Treatment, and Reintegration (PDITR) strategy and outbreak response for Pertussis and Diphtheria to C/MESU's and HESU's
- Encouraged wearing of face masks in all public places like government and private offices, hospitals, clinics, indoor settings, and in outdoor settings where physical distancing cannot be maintained
- Advised and alerted 11 provincial district hospitals and activated their triage for screening
- Continuous Orientation of PIDTR (All Notifiable Diseases) for Barangay Health Workers, Barangay Officials, School Heads and Clinic Teachers
- Distribution of IEC materials to different Local Government Units
- Information dissemination and awareness about Pertussis through social media platforms (PHO Facebook page)
- Conducted risk communication in the community to understand what is Pertussis, the mode of transmission, and other concerns especially to strengthen the trust of the people for the safety and effectiveness of the vaccine
- Conducted meeting with RHU staff and BHWs to update master list and Spot map (Checked TCL)
- Instructed LGUs to create a micro plan for vaccination activities including prioritization of areas for catch-up immunization
- Conducted Outbreak Response Immunization by the local government units
- Vaccination of identified defaulters' children
- Conducted rapid coverage assessment in the LGUs with confirmed Pertussis cases
- Reinforcement of routine immunization

RIZAL PDRRMC

- Active surveillance and monitoring through event-based surveillance and response submitted by different LGUs in Rizal
- Case investigation and validation conducted at San Mateo and Montalban, Rizal with the support of Rizal Epidemiology and Surveillance Unit
- Communication drive to help its citizens understand the disease through Health Education and Promotion Unit
- Different LGUs in Rizal administered prophylaxis to suspected cases and conduct target testing of individuals as per monitoring by the National Immunization Program Coordinator
- Conducted an online meeting for the Regional Response re the increase of Pertussis cases on 25 March 2024.
- Conducted an Emergency online meeting for the Regional Response re the increase of Pertussis cases on 08 April 2024.
- Conducted outreach immunization response on areas with confirmed cases, nearby barangay, and suspected cases
- Conducted defaulter tracing and catch-up immunization of eligible population.
- Intensify Health Promotion through IEC Campaign on social media platforms and other communication methods for health education
- Active case investigation, contact tracing, and case findings
- Monitored close contacts and provided them prophylaxis

QUEZON PDRRC

- 28 March 2024 – Attended the coordination meeting with RDRRC member agencies and LDRRCs re cases of Pertussis in CALABARZON

LUCENA CDRRC

- 28 March 2024 – Attended the coordination meeting with RDRRC member agencies and LDRRCs re cases of Pertussis in CALABARZON

MIMAROPA

OCD MIMAROPA

- Coordination with the Health Emergency Management Services Unit of DOH MIMAROPA for confirmation of cases.

CHD - Health Emergency Management Services (HEMS) MIMAROPA

- Continuous coordination with Provincial Department of Health Office (PDOHO) Oriental Mindoro.
- Continuous coordination with Regional Epidemiology and Surveillance Unit (RESU) for confirmation of cases.
- In close coordination with PESU/PHO and PDOHO team for assistance that may be needed.
- Coordinated with PDOHO IDC TS for the immediate response for the management.

PHO ORIENTAL MINDORO

- Distributed Azithromycin to Oriental Mindoro Southern District Hospital (OMSDH).
- Notified PHO EPI/EREID coordinator for assistance and program management. Notified OMSDH and MESO Bongabong.
- Notified PHO HEPO for assistance to health awareness campaign.
- Conducted validation of cases.
- Conducted and emergency meeting for Pertussis Case Management and Outbreak Response to MHOs and COHs.

PDOHO ORIENTAL MINDORO

- Provided Specimen Collection Kits Specimens from OMSDH and RHU.
- In close coordination with PDOHO HEPU regarding reference materials that can be distributed in the area.
- ESR report forwarded to PDOHO and CRE@TE.
- Close Coordination and monitoring with MESU/PESU/PDOHO (IDC/DOH Representative/DMO V) Submitted ESR to RESU

PDOHO OCCIDENTAL MINDORO

- Coordinated the health event to all concerned organizations.
- Forwarded ESR report to CRE@TE.

Region 6

OCD 6

-Continuous monitoring of the incident

DOH 6

-Informed Health Emergency Management Bureau

LGU Iloilo City

Iloilo City Epidemiology and Surveillance Unit (ICESU):

- Coordinated with DOH CHD RESU
- Informed Iloilo City Health Office
- Coordinated with District Health Center
- Conducted Case Investigation with the confirmed case
- Submitted report to Iloilo City Health Office and DOH CHD WV RESU
- Informed the Iloilo City NIP Coordinator
- Conducted Health Education

CHO/ LGU:

- Coordinated with ICESU for proper case investigation.
- Encourage thorough investigation and monitoring of all close contacts.
- Intensify vaccination campaign in all districts of Iloilo City
- Conducted Information dissemination
- Active case finding and Reporting of Cases
- Vaccination Strategy

Iloilo City Department of Health Office (CDOHO-Iloilo):

- Provided assistance in the conduct of case investigation.
- Assisted in strengthening advocacy of vaccination.
- Assisted in the provision of Guidelines in the Prevention, Detection, Isolation, Treatment, and Reintegration (PDITR) Strategy and Outbreak Response for Pertussis and Diphtheria
- Facilitated coordination and collaboration with RESU and CHO.

Region 10

OCD 10 / RDRRMC 10

- Continuous monitoring and coordination with DOH 10 and Concerned P/C/MDRRMOs
- Coordinated with RD, DOH CHDNM on Actions to be taken to support DOH through the Health Cluster.

DOH 10 CHDNM

- Declared "CODE WHITE ALERT" effective April 3, 2024, until lifted. This in observance of the "Measles Outbreak Response Immunization" activities in preparation for any untoward incidents and eventualities.
- Verified report and gathered data.
- Coordinated with Balo-i, Lanao del Norte
- Informed the RESDRU Cluster Head and the Regional HEMS Coordinator
- Filed and Sent HEARS Plus
- Coordinative meeting with LCE, barangay chairman, and other stakeholders for possible creation of LGU task force.
- Tracking and follow-up of confirmed cases and administer measles vaccine to unvaccinated/defaulters of eligible children.
- Ongoing quick sweep assessment / per HEARS PLUS REPORT RESU recommendation in every barangay giving priority to barangays with confirmed measles case.

- Generate manpower to appropriately cover every activity needed.
- Advocacy against measles thru rekorida, barangay assembly / visits, FDS and posting in social media.
- Leaflets printing, distribution and posting of measles IEC materials / tarps.
- Ongoing catch-up immunization activity in barangay with positive cases.

LGU BALO-I, LANA O DEL NORTE

- Issued Executive Order No. 07 s. 2024, An Order declaring Measles Outbreak in the entire Municipality of Baloi, Lanao del Norte and Creating its Task Force Measles for its Immediate Response and Activation of the Emergency Operations Center.

Region 12

OCD XII

Continuous monitoring and coordination with LGUs and NGAs

DOH XII

DOH XII thru the Regional Epidemiology and Surveillance Unit conducted early case detection and investigation.