



## MERS Response in the Philippines

Department of Health

11 August 2015

### First Confirmed Case of MERS-CoV

- The Philippines reported to WHO its first laboratory-confirmed case of MERS-CoV on February 2015:
  - a 31 year-old female health worker working in a Riyadh hospital developed symptoms in late January
  - Case went to Manila on 1 February with a family member and sought consult the day after at a local private hospital; admitted with a diagnosis of acute bronchitis
  - Patient was confirmed to have MERS-CoV infection and transferred to national referral facility



## Second MERS-CoV Case

- The 2<sup>nd</sup> case of MERS-CoV was reported on 6 July 2015 to WHO:
  - A 36 year-old non-Filipino national arrived in Manila on 19 June 2015 from Dubai after a week-long travel from Riyadh, Jeddah and Dammam
  - Case also traveled afterwards to Penang, Malaysia via Kuala Lumpur and went back to Manila via Singapore on 25 June.
  - Patient was asymptomatic during travel but experienced fever and coughs on June 30, 2015 prompting visit to a Manila hospital on 2 July
  - Case was diagnosed to have MERS-CoV and admitted at national referral facility for emerging infectious diseases
  - About 36 close contacts were traced with no further documented case



## DOH Interim Guidelines

- Department Memorandum 2014-0260 (September 2, 2014)
  - Guidelines for Preparedness for MERS-CoV
  - Guidelines for Response: Strategic Approaches by Department/Agency
  - Guidelines for Preparedness and Response to MERS-CoV



## Preparedness

1. Strengthening the management structure for the prevention and control of MERS-CoV from the national to the local level
2. Operationalizing the surveillance system for MERS-CoV
3. Enhancing capabilities of health and non-health key people
4. Providing vaccine, once developed and made available, to target groups
5. Ensuring readiness of health facilities, service, manpower and supplies for management of MERS-CoV
6. Ensuring pandemic preparedness of agencies delivering non-health essential services
7. Defining public health interventions to minimize spread of MERS-CoV
8. Strengthening information, education and communication for MERS-CoV
9. Soliciting support from and networking with other government and nongovernment agencies/ institutions



## Government Response

- Government maintains its alert to prevent the entry of MERS-CoV through disease surveillance at ports of entry
- DOH is closely monitoring the arrival of flights by analyzing volume of passenger arrivals
- Guidelines on diagnosis, laboratory confirmation and management and infection prevention and control protocols and guidelines have been disseminated
- Reporting, referral and transport of patients within 24 hours of detection of suspect cases is facilitated through effective coordination between private and public hospitals



## Extent of Contact Tracing

- Prior to the arrival of the confirmed cases, the Philippines conducted a massive investigation for the entry of a suspect case of MERS-CoV during an incident in April 2014
- More than 400 passengers all over the Philippines were subjected to contact tracing when an overseas Filipino worker, employed as a nurse in an Abu Dhabi hospital, had come home to the Philippines.



## Critical issues being addressed

- DOH has coordinated with major private and government hospitals
  - hospitals advised to ensure their capability to admit and manage possible cases of MERS-CoV
  - all suspect cases are to be referred to the national referral facility
  - specimens will be collected and sent by hospitals to DOH for testing
- Patient privacy and confidentiality of information need to be prioritized
- An insurance package specifically for confirmed cases of MERS-CoV has been developed
- Government hotlines have been activated
- Health advisories are being disseminated

