



Dengue Status in Cavite Province 2016

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**LOOKING BACK: PROVINCE-WIDE DENGUE
OUTBREAK AT GEAMH ER (3 IN 1 HOSPITAL BED)
SEPT. 25, 2015**



GEAMH- SOCIAL HALL, EXTENSION ROOM FOR DENGUE PATIENTS, OCTOBER 7, 2015



DENGUE STATUS

Trend:

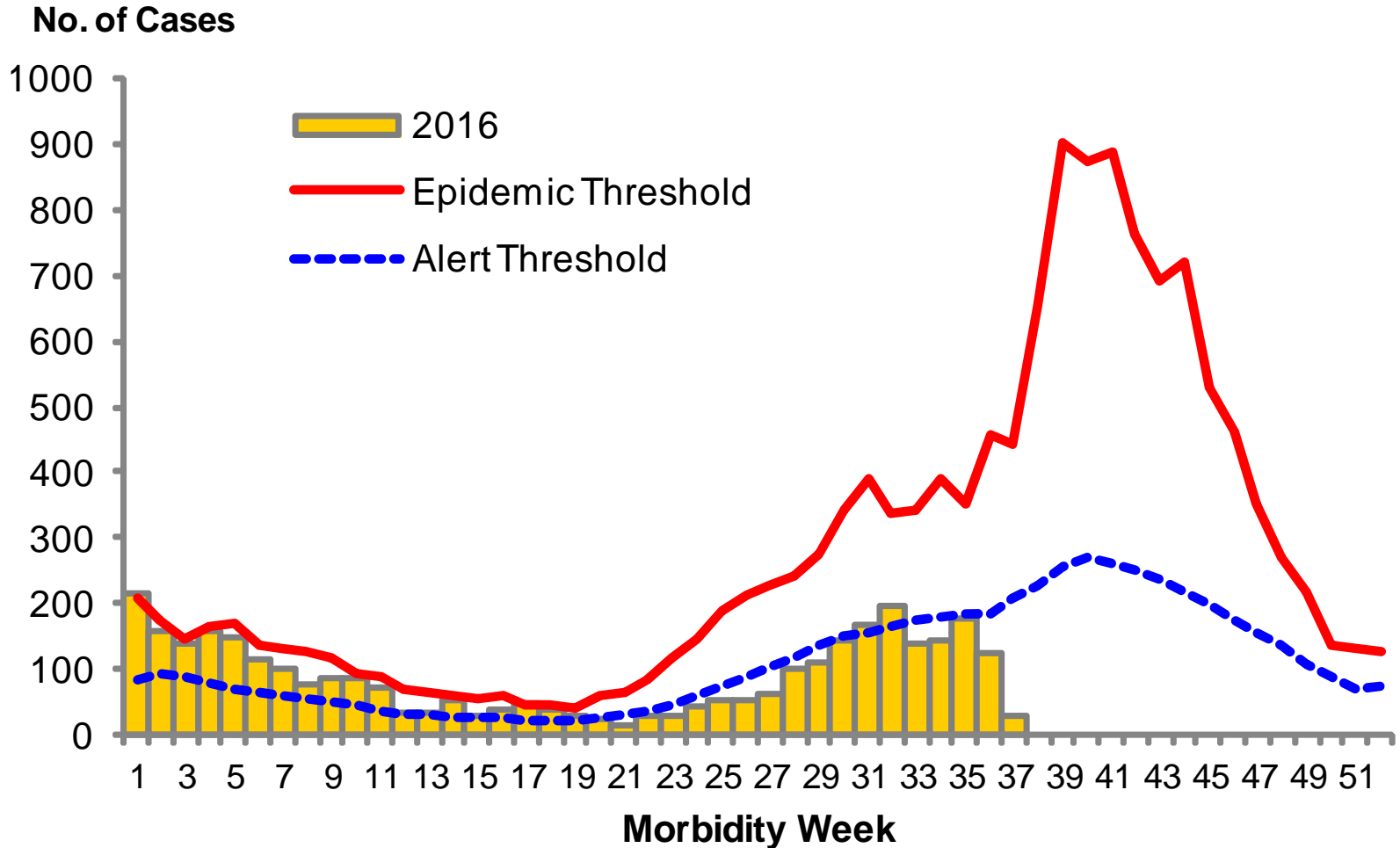
There were 3,316 dengue cases reported from January 1, 2015 to September 17, 2016 compared to 5,009 (34%) lower compared to the same period last year.

Geographic Distributions:

Top 5 municipality/city with the highest number of cases were Gen. Trias, Imus, Silang, Bacoor and Dasmariñas.

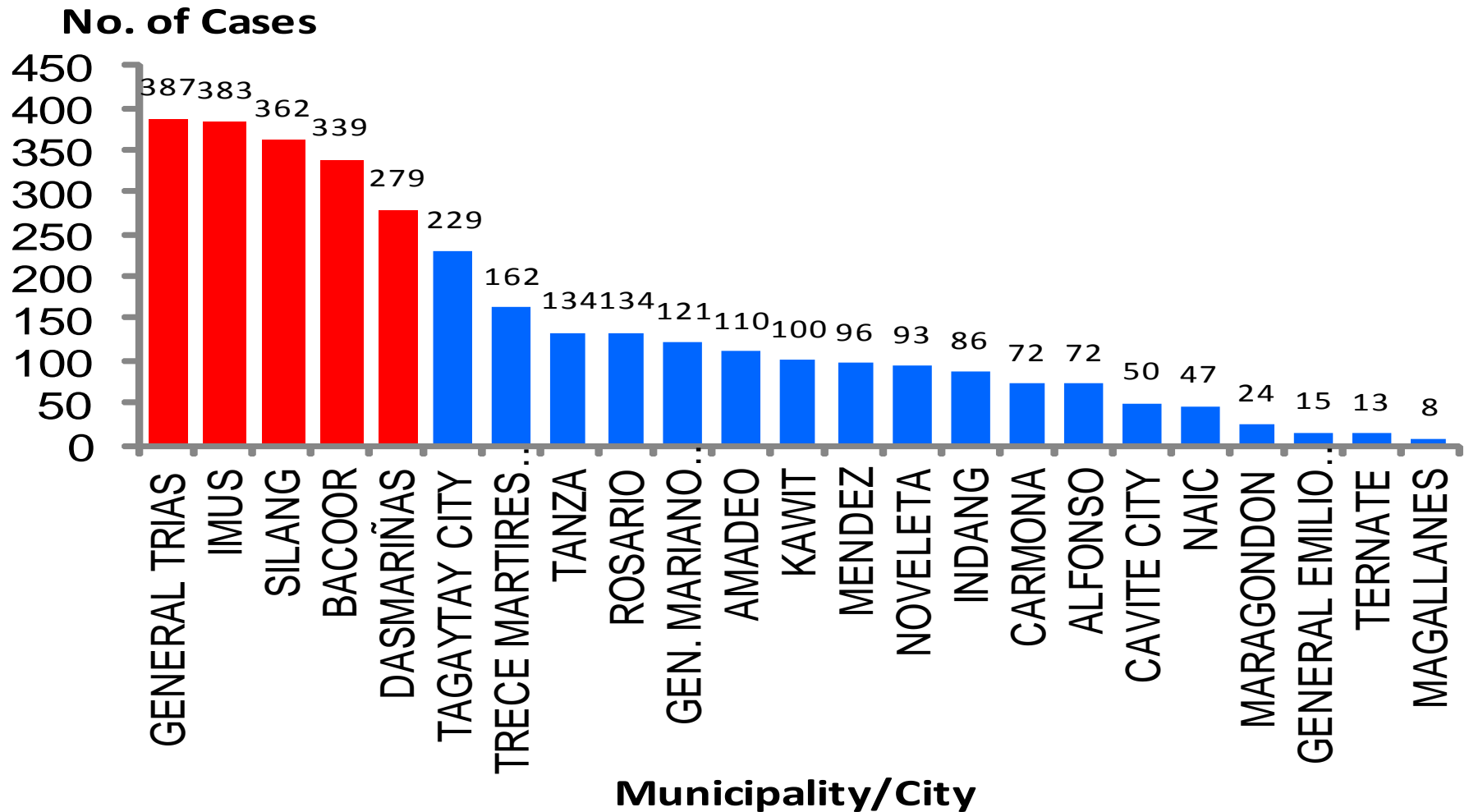
DENGUE STATUS

Figure 1. Distribution of Dengue Cases by Morbidity Week
Cavite Province, MW1-37, 2016 (N=3316)



DENGUE STATUS

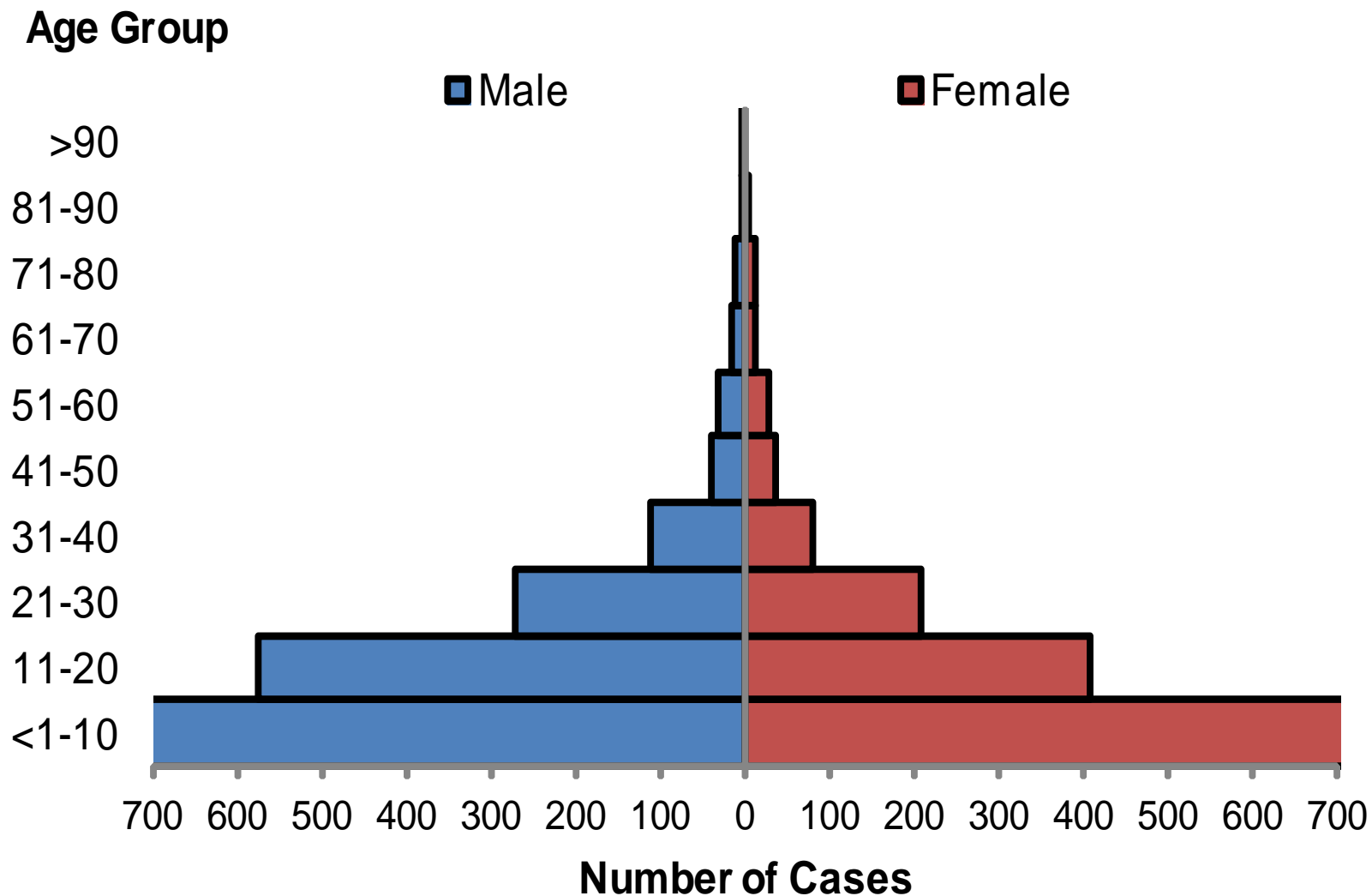
Figure 2. Distribution of Dengue Cases by Municipality/City Cavite Province, MW1-37, 2016 (N=3316)



Profile of Cases:

Ages ranged from 2 month old to 94 years old (median= 12) and 1,456 (44%) belong to <1-10 age group. 1,803 (54%) were males (Figure3). Out of 3,316 dengue cases reported, 61% were dengue fever. 602 reported cases had no final diagnosis (Table1). There were 16 deaths (CFR=0.48%) compared to 24, the same period last year.

**Figure 3. Distribution of Dengue Cases by Age Group and Gender
Cavite Province, MW1-37, 2016 (N=3316)**



**Table 2. Dengue Deaths by Municipality/City
Cavite Province, MW1-37, 2016 (n=15)**

Municipality/City	Barangay	No of Cases	No. of Deaths
Alfonso	Kaytitinga I	72	1
	Luksuhin Ilaya		1
Amadeo	Halang	110	1
Bacoor	Aniban I	339	1
Gen. Mariano Alvarez	Bernardo Pulido	121	1
General Trias	Pasong Kawayan II	386	1
	Santiago		2
	Tejero		1
Rosario	Bagbag II	134	1
Silang	Barangay III (Pob.)	362	1
	Biga 1		2
	San Vicente II		1
Trece Martires City	Perez (Lucbanan)	162	1
TOTAL		1686	15

Top 10 Municipal/City with Dengue Cases Cavite Province, January 1 to September 17, 2016

Municipal/City	Number of Cases
General Trias	387
Imus	383
Silang	339
Bacoor	362
Dasmariñas	279
Tagaytay City	229
Trece Martires City	136
Rosario	162
Tanza	134
Gen. Mariano Alvarez	121
TOTAL	2532

Top 10 Municipal/City with Dengue Cases for past 4 Week (August 21 to September 17, 2016) Cavite Province

Municipality/City	Number of Cases
Imus	65
General Trias	64
Silang	60
Tagaytay City	48
Dasmariñas	46
Bacoor	38
Trece Martires City	32
Amadeo	20
Gen. Mariano Alvarez	18
Indang	17
TOTAL	408

List of Barangays with Clustering of Dengue Cases August 21 to September 17, 2016, Cavite Province

MUNICIPALITY/ CITY	BARANGAY	CASES			
		MW34 (Aug. 21-27)	MW35 (Aug.28-Sept.3)	MW36 (Sept 4-10)	MW37 (Sept. 11-17)
Amadeo	Banaybanay	2	1	0	0
Bacoor	Molino IV	2	2	0	0
	Mambog III	1	1	1	0
	Molino III	1	1	3	0
	Habay I	1	2	1	1
Dasmariñas	Sabang	2	1	0	0
	Langkaan I	0	2	1	1
	Langkaan II	0	3	1	0
	Burol I	1	2	0	0
Gen. Trias	Manggahan	4	0	1	0
	Bacao II	0	0	3	0
	Buenavista III	0	2	0	1
	Pinagtipunan	3	0	1	0
	Pasong Kawayan II	2	1	2	1
	Santiago	3	1	1	1
	Buenavista II	1	1	1	0
	Biclatan	1	2	2	2
	San Francisco	5	2	0	0

**cont. List of Barangays with Clustering of Dengue Cases
August 21 to September 17, 2016, Cavite Province**

MUNICIPAL/ CITY	BARANGAY	CASES			
		MW34 (Aug. 21-27)	MW35 (Aug.28-Sept.3)	MW36 (Sept 4-10)	MW37 (Sept. 11-17)
Imus	Malagasang II-A	3	1	0	0
	Alapan I-A	2	1	2	1
	Buhay na Tubig	1	1	3	0
	Carsadang Bago I	2	3	1	0
	Bucandala V	1	2	0	0
	Malagasang I-F	0	3	1	0
Mendez	Panungyan II	1	1	2	0
Silang	San Miguel II	2	1	0	0
Tagaytay City	San Jose	1	0	3	0
	Maitim 2nd Central	1	1	1	0
Tanza	Bagtas	0	3	2	0
Trece Martires City	Perez (Lucbanan)	2	3	3	0
	San Agustin (Pob.)	1	3	0	0
	Lapidario (Bayog)	1	1	1	0
	Inocencio (B. Pook)	2	4	0	0

“ROCK OF THE AEADES”

**ZIKA, DENGUE AND
CHIKUNGUNYA**

ETIOLOGY:

AEDES AEGYPTI

AEDES ALBOPICTUS

Zika – 12 cases in the Philippines, 9 came from Iloilo, 2 from Cebu and 1 from Laguna as of Sept. 27, 2016

Dengue- 3,316 in Cavite Province

Chikungunya – 423 in Cavite of which:

419- Indang

2- Gen. Trias

2- Dasmaringas

ZIK-V

DENV

CHIK-V

Vector

Ae. aegypti / albopictus

Ae. aegypti / albopictus

Ae. aegypti / albopictus

Virus

Zika Virus

Dengue Virus 1, 2, 3, & 4

Chikungunya Virus

Incubation period

2 to 7 days

4 to 7 days

3 to 4 days

Signs & Symptoms

- Fever
 - Rash
 - Joint pain
 - Conjunctivitis (red eyes)
- Other common symptoms:
- Muscle pain
 - Headache

- Fever (high fever)
- Severe headache
- Severe pain behind the eyes
- Joint pain
- Muscle and bone pain
- Rash
- Bleeding tendencies

- Fever (sudden onset)
 - Joint pain
- Other symptoms:
- Headache
 - Muscle pain
 - Joint swelling
 - Rash.

Diagnosis

RT-PCR; ZIKV IgM

RT-PCR NS1; Dengue IgM

RT-PCR; CHIKV IgM

Specimen

Serum/Amniotic Fluid

Serum

Serum

Vaccine

No vaccine

Dengue vaccine

No vaccine

KILALANIN NATIN ANG KALABAN



- Prevalent in areas with high population density, inadequate water supply and inability to collect and properly dispose solid wastes.
- We have cases of dengue from January to December
- **No cure and with vaccine.**
- Fatal than Influenza AH1N1 and Chikungunya virus
- Fogging had little effect on mosquito population (efficacy 5 hours).
- Larvicides can eliminate breeding sites. It can be used in areas with environmental concerns (efficacy 8-12 weeks).

PAANO NATIN LALABANAN? 4S

1. *Search and Destroy*

- Alisin ang mga bagay na maaaring pag-ipunan ng tubig at pangitluga ng lamok tulad ng lumang gulong, lata, bote, tansan maging ang dahon ng ornamental plants na tinitigilan ng tubig tulad ng pinya-pinyahan.

2. *Self-protection measures*

- Magsuot ng pantalon at long sleeves polo. Dapat gumamit din ng mosquito repellent sa araw.



PAANO NATIN LALABANAN?

3. *Seek early consultation*

- Kung may lagnat ng 2 araw, pumunta at komunsulta sa pinakamalapit na health center o ospital.

4. *Say NO to indiscriminate fogging*

- mag fogging lamang kung may dengue outbreak.

AEDES OUTBREAK

Changing Epidemiology:

The epidemiology of dengue is changing with respect to age groups and population expansion beyond urban areas. Dengue is generally considered to be a disease of early childhood (affecting individuals 2-15 years of age), increasing evidence exists that a shift to older age groups as well as infants as young as 1-2 months is occurring in Cavite.

Dengue has primarily been thought of as an urban public health problem because the disease-causing mosquito vector is so well adapted to human habitation. However, in recent years, dengue has spread into rural areas where, in the past, reporting of the disease was uncommon. This spread is occurring as rural living conditions become more similar to what is seen in urban areas; changes include different water storage and solid waste disposal practices, along with better connection between areas due to more modern transportation.

Sama-sama Po tayong maglinis ng mga pinamumugaran ng lamok mula sa loob ng bahay (madidilim na lugar) sa harap at likod ng bahay (lumang gulong, lata, bote, halamang tinitigilan ng tubig, sa bubong ng bahay (Lumang gulong at mga pabigat sa bubong na tinitigilan ng tubig, alulod o gutter).

Hindi po ito kakayanin ng inyong **Baranggay** officials at mga taong **Munisipyo** lamang, kaya marapat na makilahok ang mga:

- Magulang at miembro ng pamilya
- Mga guro at mag-aaral
- Market tenants at mga vendors (buco, cigarette kasama ang mga magtitinda sa shades at hintayan ng mga sasakyan).
- Vulcanizing shops, flower shops owners
- At mga taong may kakayahang maglinis ng kanilang nasasakupan

**BAHAY KO RESPONSIBILIDAD KONG LINISIN,
TAPAT KO, LINIS KO POLICY!**

RECOMMENDATIONS:

Municipal/City Mayors:

1. Plan ahead to prevent the spread and outbreak of dengue.
2. Assign operational manager (ENRO staff) to monitor proper fogging/misting procedures.
3. Procure insecticides for fogging/misting that is recommended and approved by World Health Organization and Department of Health.
4. Provide daily garbage collectors for proper collection and disposal of waste.
5. Support the anti-dengue campaign program.
6. Create an ordinance for the weekly, regular search and destroy activities of every family members.

RECOMMENDATIONS:

Municipal/City Health Officers:

1. Educate the public to carry out mosquito source reduction in their homes. Public education and public involvement is crucial to the sustainability of vector control program.
2. To submit dengue cases on a daily basis and analyze dengue cases using PIDSR system.
3. Include mosquito source reduction program to Barangay Health Workers and Community Health Team activities.

RECOMMENDATIONS:

Family Members:

1. To seriously undertake and intensify the government anti-dengue campaign. If the households did not believe that mosquitoes were in their homes, and if no effort to prevent mosquito from breeding in their habitations, cases of dengue in your areas will not STOP.
2. Follow 4'S, ABKD and 4⁰ clock habit on a weekly year round basis.

ULTIMATE RECOMMENDATIONS:

1. To conduct a year round vector control measures which is feasible to implement, acceptable, safe to the public and once establish, has minimal recurring costs.
2. To seriously undertake and intensify the government anti-dengue campaign. If the households did not believe that mosquitoes were in their homes, and if no effort to prevent mosquito from breeding by the family members, cases of dengue in your areas will not STOP
3. Public education and public involvement is crucial to the sustainability of vector control program.

**OUR LIVES BEGIN TO
END THE DAY WE
BECOME SILENT ABOUT
THINGS THAT MATTER.**

Martin Luther King Jr.

Maraming Salamat Po sa inyong Lahat!