



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

July 18, 2016

MEMORANDUM

TO: DOH REGIONAL DIRECTORS

**ATTN: REGIONAL EPIDEMIOLOGY
AND SURVEILLANCE UNITS**

FROM: GERARDO V. BAYUGO, MD, MPH, CESO III
OCI - Undersecretary of Health
Office for Technical Services

**SUBJECT: Submission and Reporting of all Disease Reporting Units (DRUs)
on Zika Virus Disease (ZVD), Microcephaly, and Guillain-Barré
Syndrome Cases**

The Department of Health and its partner agencies established the Zika Virus Disease (ZVD) Surveillance after the World Health Organization (WHO) declared ZVD as a Public Health Emergency of International Concern (PHEIC). As of February 2016, four (4) foreign patients with history of travel to the Philippines have been confirmed with ZVD.

In this regard, all health facilities and Disease Reporting Units (DRUs) are hereby instructed to implement active surveillance on suspected cases of ZVD, newly diagnosed microcephaly and Guillain-Barré Syndrome. The flow of reporting shall follow the notification of Category 2 classification of the Philippine Integrated Disease Surveillance and Response (PIDSR) system that is reportable in a weekly basis. In addition, all health facilities and DRUs shall collect appropriate specimen for laboratory confirmation on suspected and new cases that fit their respective case definitions (see Annex A and B).

Finally, a zero case reporting, specifying the case summary from the hospital and/or DRU, is requested should there be no cases detected during the specific morbidity week (see Annex C).

For your compliance.

Annex A. Case Definition for Zika Virus Disease

All cases of Zika Virus Infection shall be reported and investigated using the standard case definition for Zika Virus Disease

2.1 Suspected case

- A. A patient with skin rash and one of the following:
 - Fever (measured ($<38.5^{\circ}\text{C}$) or reported history of fever within the past 5 days prior to consultation)
 - Arthralgia
 - Arthritis
 - Conjunctivitis
- B. A mother whose fetus, newborn or infant has any neurological condition listed below that cannot be explained by other etiologies:
 - Head circumference less than the -3 Standard Deviation ($<-3\text{SD}$) or occipitofrontal circumference less than the 3rd percentile on standard growth charts OR
 - Disproportionately small head compared to infant's length, OR
 - Intra-cranial calcifications
- C. A fetus, newborn or infant whose mother had confirmed or presumed infection with Zika virus during pregnancy.
- D. All newly diagnosed Guillain-Barre syndrome (GBS)

2.2 Probable case

A suspected case with Zika virus tested positive for IgM serology for Zika virus.

2.3 Confirmed case

- A suspected or probable case of ZIKV virus (ZIKV) tested positive for:
- Real-time PCR (Polymerase Chain Reaction)
 - Virus isolation in anybody fluid

Annex B. Summary of Specimen Collection, Storage, and Transport

Sample Type	Timing of Collection	Conditions	Quantity	Storage	Transport
*Blood-Acute Phase	Within 5 days after onset of symptoms	For general population	5 ml	Refrigerator, 2 to 8°C	Transport within 48 hours/ 2 days after collection
*Blood-Convalescent Phase	After 7 days from onset of symptoms	For general population	5 ml	Refrigerator, 2 to 8°C	Transport within 48 hours/ 2 days after collection
*Urine	5 to 10 days after onset of symptoms	If blood collection is not feasible	5 ml	Refrigerator, 2 to 8°C	Transport within 48 hours/ 2 days after collection
Amniotic Fluid	≥ 15 gestational weeks	For pregnant suspected case	1 ml	Refrigerator, 2 to 8°C	Transport within 48 hours/ 2 days after collection
Placenta (To include umbilical cord, placenta, and placental membrane)	Immediately after birth	For new born infant of suspected mother	2 Fresh Frozen Paraffin Embedded cassette blocks AND 2 Formalin-fixed Paraffin Embedded cassette blocks	Room temperature	Transport within 3 days after collection
Cord Blood	Immediately after birth	For new born infant of suspected mother	5 ml	Refrigerator, 2 to 8°C	Transport within 48 hours/ 2 days after collection
CSF	Upon first contact or when possible	If with CNS manifestations	1 ml	Refrigerator, 2 to 8°C	Transport within 48 hours/ 2 days after collection
NPS/OPS	Collect within 5 days after onset when suspecting for Measles or Rubella	If suspected for Measles or Rubella	1 VTM or UTM	Refrigerator, 2 to 8°C	Transport within 3 days after collection

* This is the primary sample of choice and should be paired.

Annex C. Summary of Case Detected/Zero Case Report Form



Philippine Integrated Disease
Surveillance and Response

Republic Act 3573 (Law of Reporting of Communicable
Diseases), requires all individuals and health facilities to
report notifiable diseases to local and national public health authorities.



Zika Disease Report Summary Page Morbidity Week _____

Name of Disease Reporting Unit : _____

Type of facility: ☐ Gov't Hospital ☐ Private Hospital ☐ Rural Health Unit ☐ Clinic
☐ City Health Office ☐ Gov't Laboratory ☐ Private Laboratory ☐ Seaport/Airport

Address: _____ Contact No. No. _____

This report was prepared by: _____
(Signature over printed name)

Date: ____/____/____
mm/ dd/ yy

This report was submitted to : _____
(Name of RHU/CHO/PHO/RO): Epidemiology Bureau –PIDSR

Date: ____/____/____
mm/ dd/ yy

This report was approved by: _____

Date: ____/____/____
mm/ dd/ yy

Zika Virus Suspected Cases

Indicate the number of case/s in the corresponding line for case/s of disease/
syndrome seen and "0" if no cases seen.

_____ Microcephaly
_____ Guillain-Barré Syndrome
_____ Pregnant Women
_____ Suspected Case

List of Hospitals/DRUs (for Regional Offices only)

Indicate the number of case/s in the corresponding line for each Hospitals/ Disease Reporting Units ac-
tively reporting for Zika Virus Disease for the current week; "0" if no cases seen.

_____ Name of Hospital/DRU
_____ Name of Hospital/DRU
_____ Name of Hospital/DRU
_____ Name of Hospital/DRU
_____ Name of Hospital/DRU
_____ Name of Hospital/DRU
_____ Name of Hospital/DRU
_____ Name of Hospital/DRU
_____ Name of Hospital/DRU

Reminder: Submission of report is every **FRIDAY** of the week. The weekly report should include this page (Summary Page) ,
Case Investigation Forms (CIF) and the Case Report Forms (CRF).

"Let's help prevent epidemics"