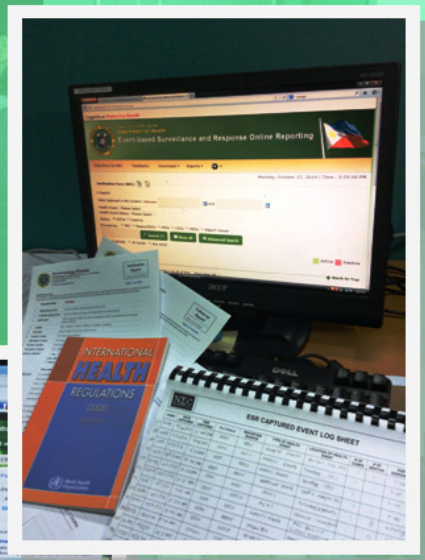
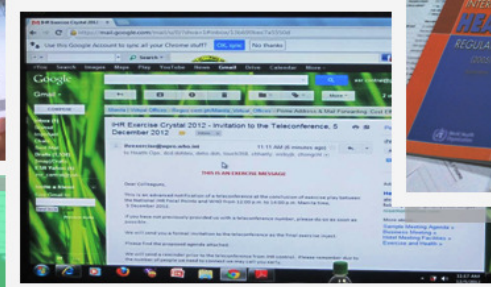
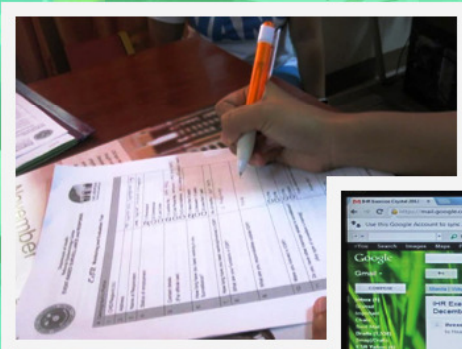


Event-based Surveillance & Response

Manual of Procedures 2014



Filter **Verify** **Assessment** **Response** **Feedback**

Cholera, Neonatal PSP, Typhoid, Pertussis, Viral, Leptospirosis, Measles, SARS, Hemorrhagic Meningococemia, Diphtheria, Dengue, Bloody, Anthrax Acute AEFI, Avian, Chemical, Diarrhea, Encephalitis, Fever, Poisoning, Malaria Syndrome, Spill, Disaster, Human Influenza, Tetanus, Poliomyelitis, Rabies

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Foreword

In the revised 2005 International Health Regulations (IHR), there was a call to its Member States to designate a National Focal Point for the IHR. The members were also encouraged to maintain and strengthen their core capacities for surveillance and response. In response to IHR, the Secretary of Health through Administrative Order 2007-002 designated the National Epidemiology Center (NEC) as the International Health Regulations Focal Point for the Philippines. The DOH-NEC in collaboration with the World Health Organization (WHO) has decided to formally institutionalize the Event-based Surveillance and Response (ESR) and the first move is the creation of the ESR Manual of Procedures.

The Manual of Procedures (MOP) will describe in detail the processes involve in the ESR. It will also serve as a guide for those who will be implementing, adapting or supporting the system. The development of ESR-MOP also serves as an important stepping stone to meet many of the new obligations under IHR (2005), particularly the core capacity requirements for surveillance and response.

ESR has been in existence since 2004, also known as the Epidemic Intelligence Unit (EIU), in which its core function is to collect, verify, assess and give appropriate response to any information (formal or informal) that may pose untoward health event in the community. In line with the DOH thrust in strengthening the surveillance system, the ESR was designed to complement the Philippine Integrated Disease Surveillance and Response (PIDSR), the existing structured surveillance arm of the DOH. ESR would complement the PIDSR in terms of its ability to easily pick-up information on health events that may pose a risk in the communities and be able to provide an appropriate response to those places where PIDSR is not yet fully functional or established. It would also cater for those diseases and other health events (e.g. Ebola on pigs, salmonella in peanut butter, etc.) that are not covered by the PIDSR.

The development of the ESR-MOP is an important initiative in institutionalizing the Event-based Surveillance thus the combination of the PIDSR and ESR would be a milestone in terms of the country's' health surveillance system. We are very grateful for the support of the stakeholders and partners at the international, national, regional and local levels for all their contribution in the accomplishment of this ESR-MOP.

In 2013, ESR online reporting was pilot-tested and implemented in 2 regions (I and VI) in collaboration with Knowledge Management and Information Technology Service (KMITS). In 2014, it was rolled-out nationwide.

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We also acknowledge the contributions of other individuals and partners not mentioned above, who worked with NEC during the development of the content of this document.

Purpose of the Manual

The manual provides general guidance on event-based surveillance and response. It is intended for use as:

- A general reference for event-based surveillance and response activities across all levels.
- A resource for training, monitoring, supervision and evaluation of event-based surveillance and response activities.
- A guide for improving early detection and preparedness of unusual and rare health events activities.

Who should use this manual?

This manual is designed to be used primarily by the Epidemiology Bureau-Event-based Surveillance and Response Unit (EB-ESRU) and all the units involved in the Event-Based Surveillance and Response (ESR). The EB-ESRU will be housed at the Epidemiology Bureau. It will be responsible in providing guidelines and direction in the implementation of the ESR nationwide. The Manual was developed:

1. To provide guidelines on the operation and management of Event-based Surveillance and Response (ESR);
2. To serve as reference for surveillance activities in the early detection of events and timely response to outbreaks;
3. Guide health personnel and the general public on reporting events which are potential risk to public health;
4. To define the roles of other Government agencies in ESR to help them understand the meaning of health events with potential public health risk.
5. To guide health facilities understand the ESR processes and procedures, their roles and upgrade the capabilities. Health facilities are partners in the future evolution of ESR.

How the Manual was Developed

This manual was developed based on guidelines provided by WHO on setting-up Early Warning System and Event-Based Surveillance and Response as well as with consultation with the different staff of the Epidemiology Bureau, regional and local ESUs and representatives from other offices such as Health Emergency and Management staff and Media Relations Unit.

Major Sections of the Manual

The guide is divided into seven sections as follows:

- I. **Introduction** – briefly provides background on the development of ESR to complement the existing Philippine Integrated Disease Surveillance and Response (PIDSR). It also enumerates the existing policies to support the implementation of ESR.

- II. Objectives and Framework** – provides description and definition of an Event-Based Surveillance and Response. It describes the framework that guides its implementation.
- III. ESR Processes** – enumerates and define the different ESR processes and the criteria for each processes.
- IV. Online ESR System** – provides guidelines on the use of web-based technologies in reporting health events
- V. ESR Unit** – defines the roles and responsibilities of each staff of the ESR Unit. It also provides the roles and functions of agencies that may be involved in the ESR implementation.
- VI. Standard ESR Forms** – describe the different ESR forms to be used for recording and reporting. It also provides the flow of reports from the different level.
- VII. Monitoring and Evaluation of ESR Unit** – describes the different indicators to be used in monitoring the ESR implementation

List of abbreviations

APSED	Asia Pacific Strategy for Emerging Diseases
AFRIMS	Armed Forces Research Institute of Medical Sciences
BAI	Bureau of Animal Industry
BPI	Bureau of Plant Industry
BFAR	Bureau of Fisheries and Aquatic Resources
BOQ	Bureau of Quarantine
CESU	City Epidemiology and Surveillance Unit
DOH	Department of Health
DENR	Department of Environment and Natural Resources
DESU	District Epidemiology and Surveillance Unit
EB	Epidemiology Bureau
ESR	Event-based Surveillance and Response
ESU	Epidemiology and Surveillance Unit
FDA	Food and Drug Administration
HEMB	Health Emergency Management Bureau
IHR	International Health Regulations
KMITS	Knowledge Management and Information Technology Service
KP	Kalusugan Pangkalahatan
LESU	Local Epidemiology and Surveillance Unit
MDG	Millennium Development Goals
MESU	Municipal epidemiology and Surveillance Unit
MRU	Media Relation Unit
NPMCC	National Poison Management Control Center
NDCPB	National Disease Control and Prevention Bureau
NFP	National Focal Point
NMIS	National Meat Inspection Service
OPCEN	Operation Center
PAWB	Protected Areas and Wildlife Bureau

PESU	Provincial Epidemiology and Surveillance Unit
PHEIC	Public Health Emergency of International Concern
PHELC	Public Health Event of Local Concern
PHENC	Public Health Event of National Concern
PHERC	Public Health Event of Regional Concern
DRU	Disease Reporting Unit
PIDSR	Philippine Integrated Disease Surveillance and Response
RESU	Regional Epidemiology and Surveillance Unit
RITM	Research Institute of Tropical Medicine
RO	Regional Office
SARS	Severe Acute Respiratory Syndrome
UHC	Universal Health Care
URL	Uniform Resource Locator
WHO	World Health Organization
WHA	World Health Assembly

Definition of Terms

Assessment – evaluation and classification of the reported event. Event may be assessed as to severity. Assessment will be the basis on what would be the appropriate response. Guide questions will be used in classifying the event if it is of IHR concern.

Capture– collection of events and can come from 3 types of sources of information from (1) media including internet and other social networks, (2) health facilities, DOH, attached agencies, partner agencies and local government units and (3) general public.

Closed Health Events – no cases or deaths are added. No pending laboratory results.

Controlled Health Events – Gradual or abrupt decrease of number of cases showed good prognosis or event has already been managed but other information is still on verification.

DOH level of capture – National ESR, Regional ESR, other attached national agencies (FDA, BAI, DENR, BOQ, RITM, etc.)

Emerging Diseases – infections that newly appear in the population, or have existed but are rapidly increasing in incidence or geographic range, including new diseases as well as re-emerging and resurging known diseases, with epidemic-prone potential. The term “emerging diseases” is used interchangeably with emerging infectious diseases.

Epidemiology and Surveillance Unit (ESU) - refers to a unit established in the Regional Health Office (RESU), Provincial Health Offices (PESU), City Health Offices (CESU) and Municipal Health Offices (MESU) or Inter-local Health Zones such as District Epidemiology and Surveillance Unit (DESU) that provides services on public health surveillance and epidemiology.

Event-Based Surveillance – the organized and rapid capture of information about events that are a potential risk to public health including events related to the occurrence of a disease in humans and events related to potential risk-exposures in humans. This information can be rumors or other ad-hoc reports transmitted through formal channels (e.g. established routine reporting systems) or informal channels (e.g. media, health workers and non-governmental organizations reports).

Feedback – system of providing a response or report to the concerned institution and stakeholders (OSEC, WHO, IHR etc.) on the reported event. Feedback could be in a form of report, phone call, SMS, web update etc. A weekly feedback to Regional Offices is also done.

Filter - It is the process of reviewing which health events should be discarded or warrants further investigation based on criteria.

Health Event – a manifestation of disease or an occurrence that creates a potential for a disease as result of events including, but not limited to those that are of infectious, zoonotic, chemical, radiological, or nuclear origin or source. This also includes food safety.

International Health Regulations (IHR) of 2005 – refers to the international legal instrument that binds all WHO member states to implement a set of international standards with the aim to prevent, protect against, control and provide a public health response to the international spread of disease in ways that commensurate with and restricted to public health risks, and which avoid unnecessarily interference with international traffic and trade.

Indicator-Based Surveillance – the routine reporting of cases of disease through notifiable disease surveillance systems, sentinel surveillance, laboratory based surveillance etc. This routine reporting originates typically from health care facility where reports are submitted at weekly or monthly intervals.

National IHR Focal Point – the national center, designated by each State Party, which shall be accessible at all times for communication with WHO IHR Contact Points in accordance with IHR (2005)

Online ESR - it refers to the electronic information system utilizing web technologies in reporting health events

Public Health Emergency of International Concern (PHEIC) - An extraordinary event which, as provided in the IHR is determined (i) to constitute a public health risk to other States through the international spread of disease and (ii) to potentially require a coordinated international response.

Public Health Event of National Concern (PHENC) – the health event may have potential risk to more than one region including diseases for elimination and eradication.

Public Health Event of Regional Concern (PHERC) – health event has potential spread to other provinces/cities/municipalities.

Public Health Event of Local Concern (PHELC) – the health event is confined in a specific geographical location or involves vulnerable groups in the locality.

Public Health Risk – defined as a likelihood of an event that may affect adversely the health of human populations, with an emphasis on one which may spread internationally or may present a serious and direct danger (Asia Pacific Strategy for Emerging Diseases, WHO 2010, p. 48). This is the basis for filtering captured public health events.

Risk Assessment – is a systematic process for gathering, assessing and documenting information to assign a level of risk for a potential public health event. This enables objective evidence-based decisions while giving consideration to the uncertainties and limitations of the information available at a particular point in time (Asia Pacific Strategy for Emerging Diseases, WHO 2010, p. 48).

Response – Public Health response refers to action and decisions carried out immediately including verification or field investigation of health events through coordination with local health authorities and other involved institutions (RITM / laboratories, Hospitals, Hazardous Material Dept, Embassies, and DENR etc.).

Verification – process by which the health event report is substantiated. It includes confirming the basic information about the time, place and person.

Ongoing Health Events – Other information is still on verification

I. Introduction

Strengthening surveillance systems starts with developing policies and strategies to make system more efficient and effective. The revised IHR, adopted by the World Health Assembly in May 2005, emphasizes early detection and response capacity for member states in preventing outbreak. ESR is an early warning and response system developed in the Philippines in response to the IHR requirement and 2009 AH1N1 pandemic.

The WHO Western Pacific Regional Office has developed APSED as a strategy to implement IHR in the region. One of the component areas of APSED for surveillance, risk assessment and response is the Event-based Surveillance. This manual complements capacity building and technical standards for ESR.

One of the strategic thrusts of the Department of Health for Universal Health Care or Kalusugan Pangkalahatan is attainment of the health-related Millennium Development Goals (MDG). Event based Surveillance can contribute in the prevention and control of communicable diseases, through early detection, reporting and response for emerging and re-emerging diseases

To complement the indicator-based surveillance of the Philippine Integrated Disease Surveillance and Response (PIDSRS), the Event-based Surveillance and Response was established under the Applied Epidemiology and Management (AEHM) of Epidemiology Bureau (*Figure 1*).

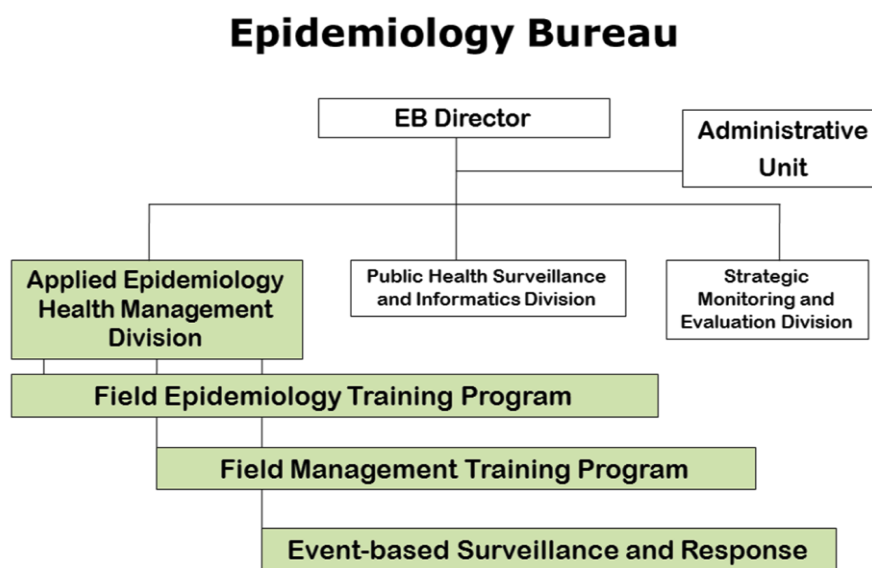


Figure 1. Epidemiology Bureau Organizational Chart

The Epidemiology Bureau (EB) is the National Focal Point for the revised International Health Regulations (IHR 2005), which is aimed “to prevent, protect against, control and provide a public health response to the international spread of diseases in ways commensurate with and restricted to public health risks, and which avoids any interference with international traffic or trade”. Reference in the footnote...

In line with the IHR and Asia Pacific Strategy for Emerging Diseases (APSED), the EB shall be primarily responsible for immediately communicating with the World Health Organization those events that may be strongly considered public health emergency of international concern (PHEIC). This requires early detection, assessment, notification and reporting of such events on a 24/7 basis.

Event-Based Surveillance vs Indicator-Based Surveillance of PIDS

Event-Based Surveillance and Response (ESR) shall complement the existing indicator-based disease surveillance in detecting IHR events with the added advantage of rapid reporting because it does not support data aggregation by morbidity week, with a wider scope (since PIDS is limited to a set number of reportable diseases and syndromes), greater geographic spread (as reports will not be coming from predetermined sentinel sites although PIDS was envisioned to have a universal coverage) and most importantly, initially at a relatively low cost.

The ESR has unique characteristics that will define its purpose. ESR is the organized, unstructured capture of information on new events that are not included in indicator-based surveillance, events that occur in populations which do not access health care through formal channels, rare, unusual or unexpected events to distinguish it from indicator-based surveillance, which employs a systematic collection of variables to characterize specific illnesses.

Furthermore, ESR describes illnesses or deaths occurring in individuals or clusters or those related to potential exposures that threaten public health. Clearly, ESR may detect similarly PIDS-listed diseases and syndromes or others not from this list. Then, information is filtered to require only those that need further assessment and for which, finally, some actions are intended. Such actions from indicator-based surveillance are triggered following pre-defined thresholds. No such thresholds exist for event-based surveillance. Instead, an assessment is made on pertinent findings about each event having a potential or even an actual risk to public health that ultimately leads to a timely and appropriate response.

Thus, Epidemiology Bureau shall build, develop and maintain its capacity for disease surveillance and ensure that assessments of these events will lead to timely, relevant intervention, alone or with other stakeholders as well. Assessments should comply with provisions contained in Annex 2 of the revised IHR. Response may involve domestic or international representatives, or individual or multi-disciplinary teams.

Policies/Guidelines in Support of ESR

The Philippines as a member state implementing the revised IHR with the Department of Health formed several policies in response to Resolution WHA48.13 “urges member states to strengthen national and local programs of active surveillance for infectious diseases, ensuring that efforts were directed towards early detection of epidemics and prompt identification of new emerging and re-emerging infectious diseases.” These policies are:

1. *Republic Act 3573* (Law of Reporting of Communicable Diseases – An Act providing for the prevention and suppression of dangerous communicable diseases...) [November 26, 1929]; requires all individuals and health facilities to report notifiable diseases to local and national health authorities.

2. *Resolution WHA48.13 (1995)* urges Member States to strengthen national and local programs of active surveillance for infectious diseases, ensuring that efforts were directed towards early detection of epidemics and prompt identification of new, emerging and re-emerging infectious diseases.
3. *International Health Regulations of 2005, Article 5-1 Surveillance*, urges Member States to develop, strengthen and maintain, as soon as possible but no later than five years from the entry into force of these Regulations, the capacity to detect, assess, notify and report events in accordance with these Regulations.
4. Asia Pacific Strategies for Emerging Diseases: The Asia Pacific Strategy for Emerging Diseases is a common strategic framework for countries and areas of the region to strengthen their capacity to manage and respond to emerging disease threats. It is intended to further support progress towards meeting the obligations under the international Health Regulations (IHR, 2005) and consolidate gains already made in establishing collective regional public health security
5. Department Personnel Order No. 2005 -1585: Creation of Management Committees on Prevention and Control of Emerging and Re-emerging Infectious Diseases (DOHMC-PCREID)- creates the epidemiology and surveillance subcommittees in which one of its major functions is to formulate and recommend policies, standards, procedures, guidelines and systems on early detection, contact tracing, surveillance, investigation and follow-up of Re-emerging and Emerging Infectious Diseases .
6. Administrative Order No. 2007 – 0002: Designation of the National Epidemiology Center (NEC) as the National International Health Regulations Focal Point (Annex 4).
7. Administrative Order No. 2007 – 0036: Guidelines on the Philippine Integrated Disease Surveillance and Response (PIDSRS) framework.
8. **Administrative Order No. 2012: 0036:** The Aquino Health Agenda: Achieving Universal Health Care for Filipinos. Specific thrust on attaining health-related MDGs such as, *“ensuring public health measures to prevent and control communicable diseases and adequate surveillance and preparedness for emerging and re-emerging diseases.”*
9. **Executive Order 168:** Creating the Inter-agency Task Force for the Management of Emerging Infectious Diseases in the Philippines. Task Force functions include *“establish a system to identify, screen and assist Filipinos suspected or confirmed to be infected with Emerging Infectious Diseases and to prevent and minimize local spread of EID in the country.”*
10. **National Objectives for Health 2011-2016:** Chapter 6.2 on Health Information System with the following strategic objective: *to increase efficiency of processes and systems in health care delivery and administration through functional health service statistics reporting and disease surveillance capacities in the municipal and city levels.*

The manual defines and discusses the framework, component and processes of event-based surveillance. It defines the roles and responsibilities of each component. It introduces the different forms to be used. And provides information on how the system will be monitored and evaluated.

II. Objectives and Framework

Event-based surveillance is the organized and rapid capture of information about a public health event that may affect or has already affected an individual, a group of individuals or an institution.¹ It is the process wherein reports or information received are rapidly assessed for the risk the event poses to public health and responded to immediately and appropriately.

It is based on unstructured descriptions and reports. The information can be rumors and other reports transmitted through routine reporting system or reports from the media, health workers, non-governmental organizations and community. Reporting may be through standard reporting forms or through informal channels e.g. phone calls, short messaging system, and social media.

A. Objectives

1. To capture all types of health events with potential public health risk including rare and new events;
2. To immediately assess and respond to all captured health events in order to decrease morbidity, mortality and disability to minimize economic impact
3. To immediately disseminate available information regarding ongoing health events to relevant or concerned agencies for proper coordination of response and support activities.
4. To provide information for IHR notification.
5. To enhance data quality and real time reporting of health events through application of electronic web-based technologies

Definition of Health Event

1. Involve all health events (existing or rare) that raise concern, fear and alarm in the community or which may have known, suspected or possible impact on human health.
2. No “standard” case definition but the event maybe a syndrome occurring over a period of two weeks² (cluster of deaths of children in a school with high grade fever, diarrhea and rashes).
3. Any health event that contributes to the achievement of IHR, MDGs, KP and NOH.
4. May be rumors.

¹ A Guide to Establishing Event-Based Surveillance, WHO p. 7

² A Guide to Establishing Event-Based Surveillance, WHO p. 13.

Events related to the occurrence of disease in humans – clustered cases of a disease or syndrome, unusual disease patterns or unexpected deaths. These may include the following:

1. Epidemic-prone diseases: Cholera, meningococcal diseases, emerging viral diseases – Avian influenza in humans, SARS, West Nile Fever
2. Food and Water borne diseases: classic food-borne diseases such as salmonella and new food-borne diseases such as the new variant of Creutzfeldt-Jakob disease associated with bovine spongiform encephalopathy
3. Diseases with limited treatment such as Ebola
4. Diseases with consequences for trade or travel such as SARS
5. Diseases related to international release of biological or chemical agents such as anthrax
6. Changes of trends of person to person transmission (Influenza)
7. Changes in resistance profiles (Malaria, TB)³
8. Deaths related to MDGs e.g. Maternal Deaths and HIV/AIDS deaths
9. Diseases for eradication and elimination (Poliomyelitis, Measles)
10. Adverse event following immunization, administration of drugs/cosmetics and use of medical devices.

Events related to potential exposure for humans – events related to diseases and deaths in animals, contaminated water, and may also include the following:

1. Accidental and deliberate outbreaks: accidental release of infectious agents in laboratory settings
2. Toxic Chemical Accidents
3. Radio-nuclear accidents
4. Environmental disasters such as earthquakes, storm surges and flooding
5. Zoonotic diseases with potential harm for humans

B. Basic Features

Reporting units

Since ESR is centrally based, there are no identified reporting units. It is unstructured because an individual or an agency or institution may report or provide the information about the event. It can involve both government and private entities and any local health facilities.

Reporting Forms and Flow

1. There are recommended forms but may accommodate qualitative information. Enough information about the event should be gathered in order that an initial assessment can be done. All assessment, outcomes and subsequent responses should be documented and kept in a database system.

³ Unpublished WHO Guidelines on Implementation of National Early Warning Function within National Public Health Surveillance Systems, WHO February 2009.

2. All methods of immediate communication should be made available to all agencies involved in ESR.
3. All captured health events should be submitted within 24 hours.
4. Reporting flow serves as guide to all agencies.

C. ESR Framework

ESR surveillance will complement the existing indicator-based surveillance (PIDSRS). Some health events captured by the ESR will be conditions or diseases already defined in the PIDSRS system. Both systems require confirmation and verification of the reported diseases and events to detect signal of public health alert for further assessment. Thorough assessment will be done so that immediate decisions and actions are made. Figure 2 illustrates the interaction between the two surveillance systems.

Both systems are important to capture events and diseases that are considered of international concern. Indicator – based surveillance requires threshold analysis for a response to be conducted. However, ESR may require immediate actions when the result of the risk assessment conducted is of a public health risk to the community.

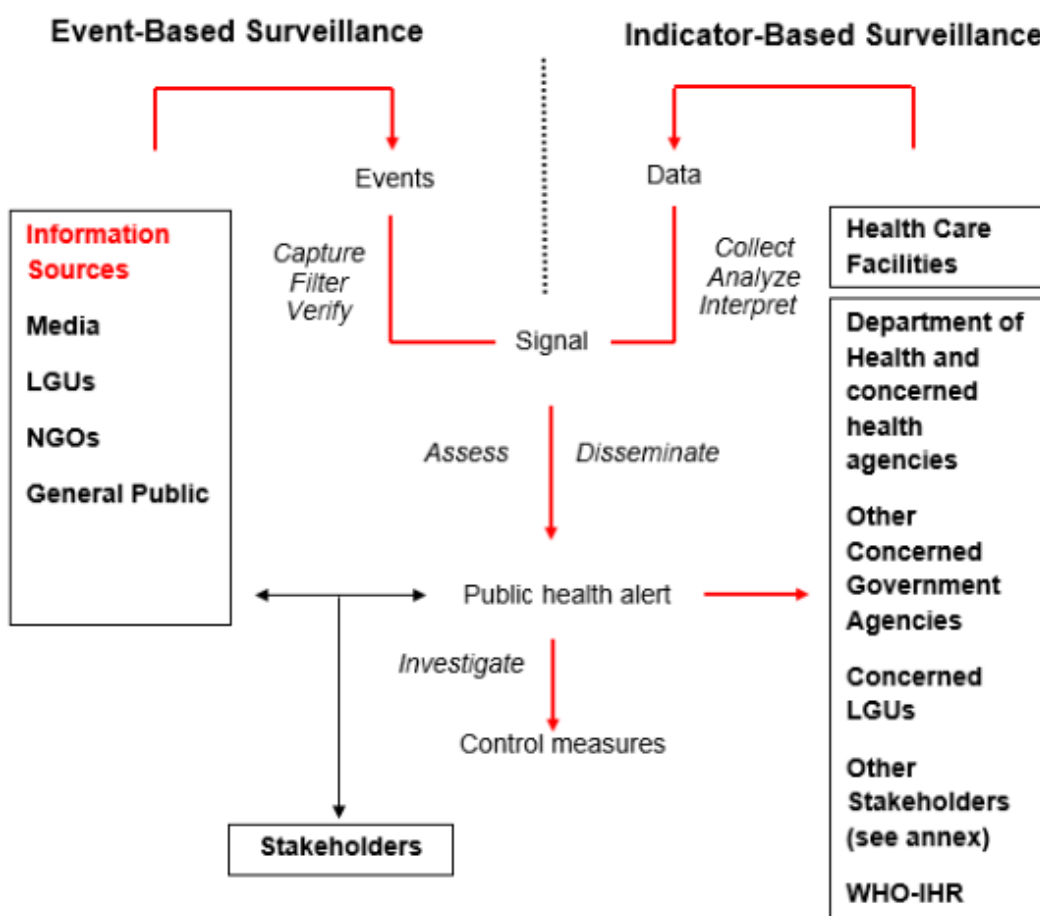


Figure 2. Framework of the ESR System

Note:

- Illustration/figure based on Epidemic Intelligence Framework by Denis Coulombier, ECDC with modifications

III. ESR Processes

ESR employs six standard core processes that are followed at all levels of implementation. This includes Capture, Filter, Verification, Assessment, Response and Feedback. Figure __ shows the link between the 6 processes and outlines the basic procedures of ESR.

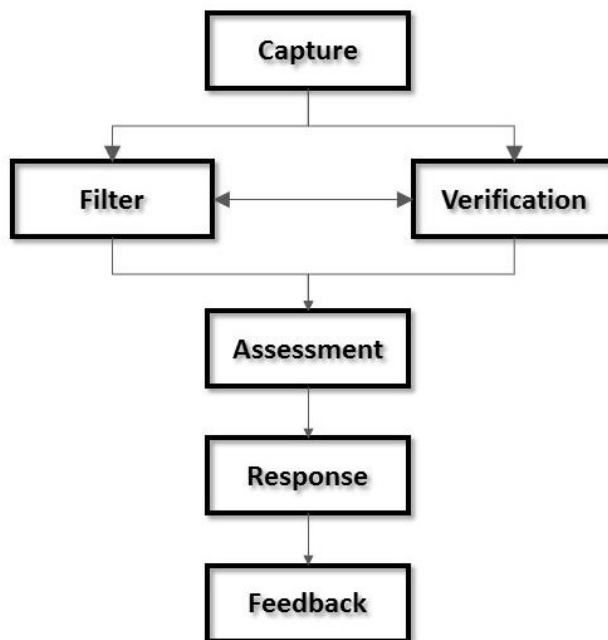


Figure 3. Six Core Processes of Event-based Surveillance and Response (ESR)

A. Capture

This process involves early reporting of a health event, regardless of veracity, to ESR. Early capture of all possible health events is crucial so that missed opportunity to respond to events with public health importance is kept to a minimum. Rumors of events that may present possible health risks will not be ignored and would need further investigation from health authorities.

There are two (2) types of capture, namely:

Active - purposeful daily gathering of health events by the ESR staff through surfing the internet and other media sources such as television, radio and print,

Passive - capture of health events reported by the media people, health facilities such as DOH and other attached agencies, partner agencies and local government units (see Table 1) through email, fax, phone calls or text messages to the ESR staff.

Sources of reports of health events usually emanate from three broad categories, namely, the media, facility-based reports and general public. Examples of sources under each category are enumerated in Table 1.

Table 1. Sources of Reports and Rumors for Event-Based Surveillance System

Media	
Print	Includes all kind of health events such as increasing number of cases of infectious diseases, high number of deaths, animal deaths, high number of hospitalized cases, extraordinary public health event which may have potential for international spread, cases or deaths with unknown cause
Internet (e.g. Twitter, Facebook, Instagram, Tumbler, Rappler)	
Television	
Radio	
Facility	
DOH and other Attached Agencies	HEMB – toxic chemical accidents, radio-active accidents, environmental accidents or changes with implications to health
	MRU – events captured by their staff from the different print media and radio
	RO's /RESU's – local health events in the region like re-emerging infectious disease, unusual deaths, undefined cases and deaths, changes in patterns of diseases
	DOH Hospitals/Laboratories – laboratory accidents which may involve infectious agents, high number of admitted cases or deaths caused by infectious agents or chemical toxins, emergence of resistance strain in existing infectious agents
	Bureau of Quarantine (BOQ) – health events captured in all ports of entry
	Food and Drug Administration (FDA) – diseases related to food safety and all health events related to administration of medications, cosmetics or use of medical devices
Partner Agencies (BFAR, NPCC, BPI, DOST, DA, BAI, DENR, NMIS, AFRIMS, PGH, NGOs)	Health events which may involve specialized expertise/support/assistance particularly provided by, or available from, specific government agencies or non-government organizations
Local Government Units LGU Health Facilities (hospitals, RHUs, BHS) and Local ESU's, Local Officials, Police Private Hospitals	Local health events like number of cases and deaths for infectious diseases, re-emerging infectious disease, unusual deaths, undefined cases and deaths, changes in patterns of diseases, chemical accidents, cases related to toxins and chemical poisoning
General Public	
Any private citizen can call or text the ESR hot line numbers to report the health event.	

The ESR unit captures health events from the different media sources. Health events may be captured passively as media people may report it through phone call or text messages and actively by the ESR staff through surfing the Internet and the print media, radio and television daily. Basic information should be gathered and describe the event in terms of person, time and place. All health events captured should be recorded by the ESR staff in the ESR Capture Log Sheet.

The ESR unit coordinates with the different health facilities at the different level (national, regional or local) in capturing health events. These facilities are not mandated to report on a regular basis to the ESR unit regarding any health event. However, they may report a health event upon their own assessment if it warrants further evaluation by the ESR unit or the event is either of national or international concern.

The general public may also report any health event they judged to be of potential health risk to the community. The ESR unit will provide the hot line numbers that the public can use in reporting these events.

B. Filter

It is the process of reviewing which health events should be discarded or warrants further investigation. The ESR team leader reviews daily the list of health events captured by the unit. He/she will decide which of these health events will be discarded or verified based on the following criteria:

- Unknown illness/unusual event
- High mortality or morbidity
- International disease spread
- Interference with travel or trade
- Disease for elimination/eradication
- Suspected, accidental or deliberate biologic/chemical threats
- Double/multiple reporting of same health event

C. Verification

Verification is the process by which a health event report can be substantiated and should be possibly done within 24 hours time period from date and time of capture. It should involve asking another informant about the event, if possible from trained health personnel. It should also include confirming the basic information about time, place and person.

Criteria for a Verified Health Event:

1. Confirmed by different sources of information.
2. Reported by persons in authority (RHU staff, PHO, RO)

D. Assessment

Event assessment is the process by which the available information about a confirmed health event is analyzed and judged whether it is a public health risk within 48 hours time period. The assessment will be done by the assessment team.

For the EB-ESRU Team, the team composes the EB Director, Division Chiefs or one representative from each division and the ESR Team leader. The team will decide on the magnitude of the said event (if the event is of Local, Provincial, Regional, National and International Concern). The team will also make recommendations for possible interventions/response of the reported public health event and proper referral to the Field Epidemiology Training Program (FETP) fellows for investigation.

Health events classified other than National or International Concern, will be referred to the Regional Health level (RESU) for proper assessment and response.

For the Regional ESR Team, the team will be composed of the RO Director, RESU Head, representative(s) from other concerned divisions/units within the RO and the ESR Team leader (if different from RESU Head). The team will decide on the magnitude of the said event (if the event is of Local, Provincial, Regional, National and International Concern).

Health events classified as other than Regional, will be referred to the appropriate level such as EB for National and International Concern and to the LGUs for local concerns, for proper assessment and response.

When assessment is done, one should look into the public health impact of the event, need for assistance and assessment for response strategy requirements.

1. The following are the criteria for assessing the public health impact of the event:

- The number of cases and deaths in relation to the time, place and population affected
- The pathogen involved with high potential to cause epidemic
- Cases indicates possibility of treatment failure
- Population at risk involves vulnerable groups
- Event occurred in areas with high population density
- Unusual event (caused by unknown agent, vehicle or route of transmission unusual, unusual signs and symptoms and the occurrence of the event is unusual in the area)
- Event caused by pathogen or disease that has been eliminated or eradicated in the area
- Risk of International spread (epidemiologic link to similar events in other countries, any factor that may indicate potential cross-border movement of agent, vehicle or host and environmental contamination with potential to spread across international border).

2. The following are the needs for assistance:

- Human resource: Technical expert or trained health staff that may be needed during the response activity
- Laboratory or equipment: Lack of or insufficient laboratory and equipment to be used for diagnosis and response activities
- Existing surveillance system is inadequate to detect new cases early

3. The following are the requirements for response strategy:

- Technical expert or trained health staff on outbreak investigation
- Technical expert on policies for control and preventive measures (may be program coordinators, central office staff or consultant)

Event confirmation and assessment should be conducted by the EB ESR unit. However, the RESU/LESU may be tasked to do these processes if a trained staff is on hand to confirm, and logistical needs are available to properly assess the health event on the following conditions:

1. The health event reported may be related to an existing disease or syndrome or with existing control and preventive measures such as reported cases of illness after intake of water or food from a certain source or a reported case of malaria in a malaria-free area.

- 2- The health event reported may be of international concern or non-health event (chemical poisoning or spillage, animal deaths with related consequence to humans) with an existing policy and guidelines such as SARS.

Based on the different factors mentioned above the EB ESRU may decide whether the event is of local, provincial, regional, national or International concern. However, the Secretary of Health has the prerogative to ask the EB ESRU to lead or provide support in the assessment and response activities to a health event whether it is of local concern. There are general guidelines to determine whether the health event is local, regional, national or international concern. This will also serve as a guide to decide who will conduct the response activities.

Classification of Events as to Level of Concern

1. Public Health Event of Local Concern (PHELC)

- a. The health event includes signs and symptoms that may involve diseases included in PIDSRS like a report of cases of gastroenteritis.
- b. The health event does not require the use of extensive laboratory examination for confirmation and diagnosis like cases of febrile illnesses
- c. The health event is confined in a specific geographical location or involves vulnerable groups in the locality.
- d. The health event may involve diseases with existing guidelines for control measures like events pertaining to vaccine preventable diseases.
- e. There is a trained health staff to assess and conduct control measures

2. Public Health Event of Regional Concern (PHERC)

- a. The health event may involve diseases that have already been eradicated or with eradication program in the region.
- b. The health event requires additional technical and laboratory support not existing in the local area.
- c. The health event has potential to spread to other provinces/cities/municipalities.
- d. The health event showed possible changes in the disease pattern.
- e. There is no trained local/provincial staff to assess and conduct control measures.

3. Public Health Event of National Concern (PHENC)

- a. The health event is rare and with undefined cause.
- b. The health event has potential characteristics to cross boundaries or borders.
- c. The health event shows failure in control measures being implemented
- d. The health event may have potential risk to a wider population (e.g. *peanut butter contamination*).
- e. The health event involves possible development of resistant strain and may require wider surveillance for similar cases.
- f. There is no trained health staff at the regional level to assess and conduct control measures.

4. Public Health Emergency of International Concern (PHEIC)

- a. The health event is rare and similar to those reported in other countries (e.g. SARS)
- b. The health event has possible implication for International trade
- c. The health event may involve diseases not previously reported in the country

The verification form should be filled-out by the agency confirming and assessing the health event. This form should be submitted through fax or email to the EB ESRU within the eight (8) hours period upon receiving the health event report.

Assessment and notification of health events should follow the use of Annex 2 (Decision instrument for assessment and notification of events that may constitute a public health emergency of international concern) of the International Health Regulations. The flowchart for assessment and notification is shown in Annex 2.

E. Response

Immediate detection and assessment of all health events with potential for public risk and international spread is important. However, actions and decisions must be carried out immediately (within 48 hours from verification)

It is impossible for each unit to respond to every outbreak, so that there must be a criteria or trigger for higher level on when to respond directly to affected LGUs. Response activities may vary according to the level and capabilities of the agencies involved. Response should be managed by the head of office (e.g. mayor for municipalities and cities). FETP will only conduct outbreak investigations in coordination with the LGUs.

Local ESUs (LESUs)

1. Verification
2. Coordination with RESU or EB-ESRU for assessment of health event by level of concern
3. Conduct Outbreak investigation
4. Referral for laboratory support
5. Referral for technical support (technical expertise, additional manpower, coordination with other agencies)
6. Referral for further evaluation or operational research

At the Regional ESUs, the following should be done:

1. Assist the local ESUs in verification and assessment activities.
2. Assist the local ESUs in outbreak investigation, implementation of control and preventive measures'
3. Coordinate technical support needs of the Local ESUs to EB ESRU and appropriate agencies.
4. Conduct verification, assessment and response activities for health events of regional concern.
5. Continue surveillance for events that may at present have no potential public health risk

6. Facilitates laboratory confirmation.

At the EB-ESRU, the following should be done:

1. Decide and coordinate with concerned agencies for verification and assessment activities.
2. Provide multidisciplinary technical support to regional and local ESUs during outbreak investigation, implementation of control and preventive measures. Coordinate technical support to local ESUs for outbreak investigations
3. Conduct assessment using IHR decision instrument for health events that may have potential for International spread or border crossing issues to be used by the EB Director for IHR/WHO notification.
4. Assist ESU's in facilitating laboratory confirmation.

Note: Outbreak investigations are being conducted by FETP fellows/graduate.

All details of all actions undertaken and decisions made during the response activity should be documented. This will serve as reference document for future outbreak/event investigations.

F. Feedback and Information Dissemination

Feedback and/or timely information dissemination to stakeholders (reporting sources, people and organizations involved in event response and policy makers) are important. It encourages the sources to continue reporting health events, and for concerned agencies, to effectively participate in the course of actions. Information should be simple and brief. It can be verbal or written.

A written report is preferred because it documents all actions and decisions made in relation to the health event. Written reports should be presented as summary/feedback report (Annex 1d), news brief or technical reports. The different formats may be used and be tailored to the type of stakeholder. Sources of the reported health events may also be included in the report. For events wherein response has been undertaken, a brief description may be included. Feedback may be done on a weekly or monthly basis and are sent to different stakeholders (Annex 3).

The ESR processes are the same whether events are captured at the national level or at the regional /local level. At the national level (Figure 2), verification process may be through the surveillance division or concerned agencies covering the health events. The national assessment team decides if the health event can be acted upon by the local agencies.

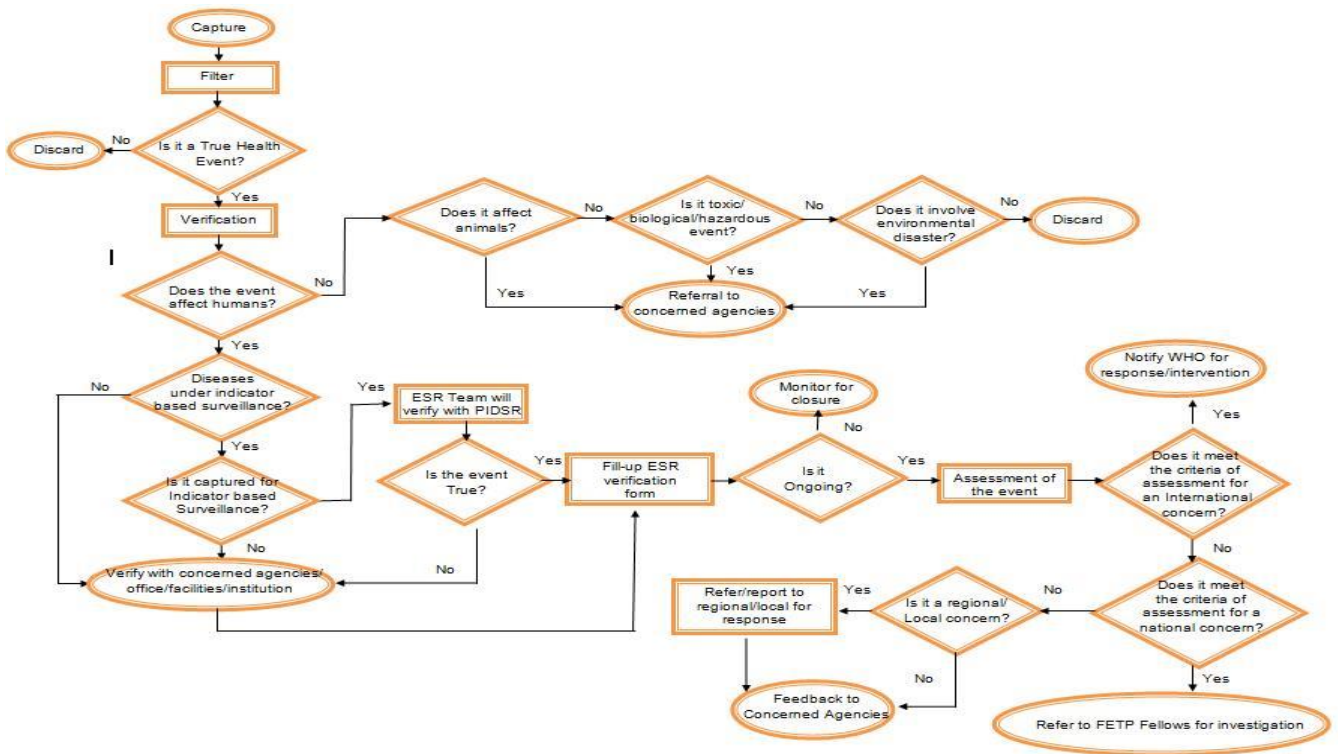


Figure 4. Flow Chart of Central ESR Processes

IV. Online ESR

Online ESR is a web-based system for managing electronic information of health events. The system was developed by the Knowledge Management and Information Service in consultation with the Epidemiology Bureau. The system aims to enhance the system of capturing, sharing and reporting health events through electronic data transmission and use of web-based technologies.

A. Objectives

The system has the following objectives:

General:

To improve the existing manual system of reporting health events.

Specific:

- To serve as an online tool for recording, reporting and monitoring health events.
- To promote efficiency in data collection, processing, validation, analysis and dissemination of health event surveillance data;
- To improve coordination among agencies, offices, institutions, and other entities involved in response.
- To improve data quality and implement timely interventions.
- To enhance the capability of the ESUs on Online Reporting of Health Events

The use of Online ESR provides important benefits in managing health events. People with valid user accounts may use Online ESR depending on the type of user privileges. Data on health events may be accessed anytime and anywhere. Databases are protected and secured since restrictions are well defined. ESR coordinators can easily track health events and checking of reports can be done by more individuals more rapidly and control strategies can be quickly be made.

B. Guiding Principles

- Online ESR will serve as the official information system to collect, consolidate health event information under the Event-based Surveillance and Response program
- Online ESR should be consistent with the six processes (capture, filter, verification, assessment, response and feedback) of the ESR
- Design and enhancements of Online ESR should be consistent with the data and IT standards prescribed by the Department of Health
- All ESUs and other units are encouraged to participate in online reporting of health events

- ESR Online shall promote sharing of information amongst stakeholders yet maintain confidentiality of the health events

C. Systems Architecture

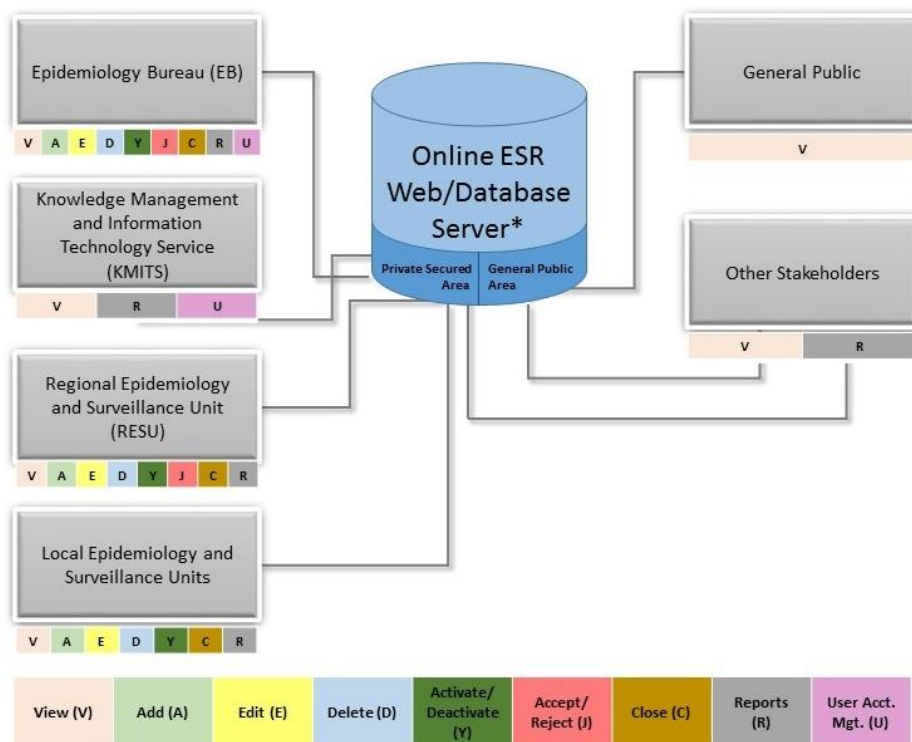


Figure 5. System Architecture of Online ESR

User Rights and Privileges

Privilege	Description
View	User can browse records (HE)
Add	ability to add a new record (health event) including HE for discard
Edit	Ability to change the entries in an existing record (HE)
Delete	Ability to PERMANENTLY remove an existing record (HE)
Activate/Deactivate	To activate or deactivate records (HE)
Accept/Reject	Privilege by EB-ESRU and RESU whether to accept or reject a record (HE) submitted to them
Close	To close a health event; Closed health event can no longer accept revision or follow-up

Reports	ability to view and produce reports
User Account Management	ability to create new accounts, delete user accounts, change account type and user equivalent rights

Note:

Verified Record - are records that are certified as true health events

Deactivated record - records that are viewable but will not be included in reports or analysis of health events and can be activated.

Active record - are records that are being viewed and ready for use in generating reports. These records may be deactivated if the record is not a true health event (for discard).

Accepted record - are records seen by EB-ESRU to be verified.

Rejected record - are records that are seen by the EB ESRU and RESU

D. Users and Type of User Accounts**Epidemiology Bureau, DOH**

Official/Staff	User Rights and Privileges
EB Director	View, Reports
AEHM Head	View, Close, Reports
FETP Supervisor	View, Close, Reports
ESR Unit Head	View, Add, Edit, Delete, Activate/Deactivate, Accept/Reject, Close, Reports, User Account Management
ESR Officers	View, Add, Edit, Delete, Activate/Deactivate, Accept/Reject, Close, Reports

Regional Epidemiology and Surveillance Unit, Regional Office

Official/Staff	User Rights and Privileges
Director, Division Head, Immediate Supervisor	View, Reports
RESU Head	View, Close, Reports
ESR Coordinators/Officer	View, Add, Edit, Delete, Activate/Deactivate, Accept/Reject, Close, Reports
ESR Encoder	View, Add, Edit, Delete, Activate/Deactivate, Reports
Admin	View, Add, Edit, Delete, Activate/Deactivate, Close, Reports

Local Epidemiology and Surveillance Units (LESUs)

Official/Staff	User Rights and Privileges
PHO/CHO/MHO	View, Reports
Head of technical unit	View, Reports
LESU head	View, Close, Reports
ESR Coordinator	View, Add, Edit, Delete, Activate/Deactivate, Close, Reports
Encoder	View, Add, Edit, Delete, Activate/Deactivate, Reports

Other Stakeholders

User Rights and Privileges - View, Reports

E. Roles and Responsibilities on Online ESR

The following are specific roles and responsibilities on Online ESR of implementing units:

1. The Epidemiology Bureau, as the system owner and over-all lead office in managing and implementing Online ESR, shall:

- Set policies, standards and procedures, in collaboration with KMITS, on Online ESR
- Oversee the management and implementation of the Online ESR
- Performs oversight roles over regional offices and LGUs related to online reporting of health events
- Carry out data validation and ensures quality and reliability of reports
- Provide logistics and resources to ensure sustainability of Online ESR
- Develop regional and local capacities in Online ESR
- Performs monitoring and evaluation of the implementation of Online ESR
- Carry out data processing, validation, analysis and dissemination of health events
- Safeguards data and maintains backup of national ESR databases

2. The KMITS shall:

- Provide technical support in software maintenance, implementation, deployment and operations, such as but not limited to the following – user account management, software enhancement, system troubleshooting, debugging, database backup and recovery, server management, network administration, database administration, and others.
- Performs training of Online ESR point persons at different levels
- Monitor and evaluate the operations and performance of the system
- Provides help desk support

3. CHD-RESU

- Advocate for the use of Online ESR among LGUs
- Oversee the management and implementation of the ESR-online at the regional level
- Perform oversight roles over LGUs in online reporting of health events
- Carry out data validation and ensures quality and reliability of reports
- Provide resources and logistics in the implementation of Online ESR at the regional level
- Performs monitoring and evaluation of Online ESR
- Builds local capacities on Online ESR
- Carry out data processing, validation, analysis and dissemination of health events
- Safeguards data and maintains backup of regional databases

4. Local ESUs

- Encodes all health events reported by the DRUs thru ESR Online Reporting
- Lobby to provincial/city government for approval of allocation of funds for ESR operationalization
- Designate an Online ESR point person who will be responsible for online reporting of health events
- Send staff for training on online ESR
- Ensures that every single ESR Reports are encoded by local Online ESR coordinator and checked by the Regional ESR Officer for approval or discard
- Performs data validation and ensures quality and reliability of reports

F. Composition of Online ESR Unit and Staff

Epidemiology Bureau

- EB Director
 - Receives and analyses Online ESR reports
 - Provides logistics and resources for Online ESR
- Chief, Applied Epidemiology Health Management Division
 - Performs data quality assessment and data validation at set intervals
 - Generate, reviews and approves Online ESR reports
 - Approves application for user accounts
 - Develop plans and lobby for resources for the continued implementation of Online ESR
- ESR Unit Head
 - Ensures data quality encoded by the EB ESR coordinators, RESUs and LESUs
 - Assist the Chief (AHEMS) in developing plans and lobby for resources for the continued implementation of Online ESR
 - Analyze, generate, reviews and submit reports to the Chief (AHEMS) for approval
 - Performs monitoring of Online ESR implementation at the regional and local levels
- ESR Coordinators
 - Encode ESR forms into the Online ESR
 - Accepts/discard reports from the RESUs and LESUs
 - Analyze and generate reports and submit these to the ESR Unit Head for review and approval

Regional Office

- RD/ARD
 - Reviews and assesses health events thru Online ESR
 - Provide funds for the continued implementation of Online ESR
- ESR Team Leader/RESU Head
 - Validates and ensures accuracy of data encoded by the ESR assistants and data encoded by LESUs
 - Analyze, generate and disseminates Online ESR reports to stakeholders
 - Assist during training of LESUs on Online ESR
 - Develop plans and lobby for resources for the continued implementation of Online ESR at the regional level
 - Performs monitoring of LESUs on Online ESR implementation
- ESR Point Person
 - Assist the ESR Team Leader in validation and ensuring accuracy of data encoded by the ESR assistants and data encoded by LESUs
 - Analyze and prepare reports for review and approval of the ESR Team Leader
 - Conducts training on Online ESR
 - Accepts/discard reports from the LESUs
 - Performs monitoring of LESUs on Online ESR implementation
 - Provide the ESR assistant with ESR forms for encoding
- ESR Assistant
 - responsible for encoding the Health Events in the Online ESR
 - Accepts/discard reports from the LESUs
 - Print and generate Online ESR reports
- Admin Clerks
 - Provide the ESR assistant with ESR forms for encoding

V. ESR Forms

ESR uses standard reporting forms for capturing and reporting health events. These forms include:

1. ESR Capture Event Log Sheet
2. ESR Follow-up Form
3. ESR Verification Form
4. ESR Weekly Feedback Report

A. Standard ESR Forms

A.1. ESR Captured Health Event Log Sheet (Annex 1a)

ESR Captured Log Sheet is used to record a health event that was recently captured by an ESR Staff. It consists of initial and raw information that was received or gathered from multiple sources (Print, Internet, Television, Radio, DOH, Others) and would be further verified by an ESR Staff. It is usually filled-out before making an ESR Verification Report.

Question	Description and Instructions
Code	Write identifier of the report code. (e.g. yyyy-mm-000)
Date Captured	Write the date the health event was captured (mm-dd-year)
Time Captured	Write the time the health event was captured (12 hr-clock)
Source	Write primary source of information as: P (Print), I (Internet) T (Television) R (Radio), D (DOH) and O (Others and specify)
Reporting source	Write the name of agency or facility reporting the event
Health Event	Write the health event captured (e.g. chemical spillage, cases of fever, etc.)
Location of Health Event	Write the place of the event including street number, purok/sitio, barangay, municipality/city, province, region; as much as possible
Number of cases	Write the number of people affected. This can be an estimate
Number of deaths	Write the number of reported death/s
ESR Staff	Write the name of the ESR Staff responsible for verification and the follow-up of health event. This may include more than one ESR staff
Remarks	Write other pertinent information about the health event

A.2. ESR Verification form (Annex 1b)

The Verification form will be used by an ESR staff who received any reported event. There are **28** entries that should be completely filled out by the designated staff upon

verification. All efforts must be exerted to complete the verification forms within **8 (eight)** hours.

Question	Description and Instructions
Date of this report	Date the report was submitted to ESR Unit
Code	Write the code of the report in this format (YYYY-MM-Number)
Report date and time	Write the date and time the health event was first reported to the ESR unit
Verification date and time	Write the date and time the health event was confirmed/verified by the health staff
Health event	Write the type of health event reported
Location	Complete address (number, Street/Barangay, municipality province) where the reported event was observed. For multiple location (specify on description of cases)
Start date	Date of start of event or date of onset of first case
Number of cases	Number of people affected
Description of cases	Pertains to Who were affected (age and sex or nature of work), What are the common signs and symptoms of cases, When, Where
Number of death/s	Initial number of reported death/s from the event
Description of death/s	Who were affected (age and sex), from Where? (address of fatalities) When? (dates of fatalities) and What are the causes of deaths or description of symptoms prior to death of cases?
Laboratory Examination	Write laboratory examinations done on specimens collected/tested
Is this an outbreak?	Write yes or no
Who made the announcement?	Write report such as press release, city ordinance creation
Was a report made?	Write if yes or no. If yes, was there an official ESU report?
Assessment	Write the level of risk of this public health event (PHELC / PHERC / PHENC / PHEIC)
IHR notification decision questions	Please check what is applicable from the using the Annex 2 of IHR document
Status of Health Event	If the health event is Ongoing, Controlled and Closed
Actions taken	What was done? By Whom? When?

Assistance needed	Specific assistance needed, if there is any
ESRU Action	To just continue monitoring or will assistance be provided, etc.
Remarks	Other important information not elsewhere mentioned before
Who has been informed?	To whom the information have been shared (DOH offices, LHO, WHO and other stake holders)
Source/s of information	Name, Office, Designation and the contact numbers of the person who gave the information
Prepared by*	Name and signature of the ESR staff/Point Person who prepared the report, designation and his/her contact details
Reviewed by*	Name and signature of the Supervisor who reviewed the report, designation and contact number/s (if any)
Noted by*	Name and signature of the supervisor on duty and his contact details
Approved By*	Name and signature of RESU Head, Division Chief, Director

* Note: Entries should be signed prior to release of verification form

A.3. ESR Follow-up form (Annex 1c)

The ESR follow-up form will be used by an ESR unit to monitor the progress of health events. The ESR follow-up form is almost the same as the ESR verification form. The follow-up form aims to complete or collect additional data about the event. This form will also be used to validate the information from the verification form. The frequency of reporting will depend on the need for information which will be decided upon by the ESR unit Team Leader.

Question	Description and Instructions
Date of this Report	date the report was submitted to ESR Unit
Code	Year-MM-Number
Report date and time	This is the date and time the health event was first reported to the ESR unit
Update Number	This reflects the number of follow-up reports received since Verification Report
Date of previous report	The date indicated in the last verification/follow-up report
Health event	Update on the status of the health event (areas of involvement compared to the first reported case, changes in the pattern of the health event)
Location	Complete address (number, Street/Barangay, municipality province) where the reported event was observed

Start date	Date of start of event or date of onset of first case
Number of Cases	# Previously Reported - Number of previously reported cases. # Added in this Report - Number of reported case/s added Total Cases as of date – Number of case/s (Previously reported case/s + new case/s)
Updated Description of all Cases	Pertains to new information about the cases reported. (Who? When? Where? Why?)
Number of Deaths	#Previously Reported - Number of previously reported death/s. #Added in this Report - Number of reported death/s added.
Updated Description of all Death/s	Pertains to new information about the death/s reported. (Who? When? Where? Why?)
Laboratory Examination	
Is there a procedure done?	Check Yes or No
Specimen collected	Check Blood/Serum, Stool, Urine or CSF. Fill-in the Others, specify option if otherwise
Type of examination done	Indicate what type of examination was done
Result	Laboratory findings as to specimen collected from the event
Type of Health Event:	Check if nature of event is Clustering, Unusual or Outbreak
If an outbreak?	If an outbreak, check who made the validation – NEC-DOH, RESU-RO, or CHO/PHO. Fill-in Others, specify if another unit made the validation for outbreak.
Who made the announcement?	Check who made the announcement of the outbreak – NEC-DOH, RESU-RO, or CHO/PHO. Fill-in Others, specify if another unit made the validation for outbreak.
Was a report made?	Check if Yes or No
Assessment	PHELC / PHERC / PHENC / PHEIC
Status of Health Event	If the health event is Ongoing, Controlled or Closed
Actions taken	What was done? By Whom? When?
Planned Activities	Describe planned activities, if any
Assistance needed	Specify additional assistance if needed
ESRU Action	To just continue monitoring or will assistance be provided, etc.
Remarks	Other important information not elsewhere mentioned before
Who has been informed?	To whom the information have been shared (DOH offices, LHO, WHO and other stake holders)

Source/s of information	Name, Office, Designation and the contact numbers of the person who gave the information
Prepared by*	Name and signature of the ESR staff/Point Person who prepared the report, designation and his/her contact details.
Reviewed by*	Name and signature of the Supervisor who reviewed the report, designation and contact number/s (if any)
Noted by*	Name and signature of the supervisor on duty and his contact details
Approved By*	Name and signature of RESU Head, Division Chief, Director

*Note: Print-out Verification and Follow up Reports should be completely signed daily.

B. Criteria on Status of health event

B.1. Criteria for an ongoing event

- Other information is still on verification.
- Specimens are to be collected and pending laboratory results.
- The concerned team is currently monitoring the event.
- There are planned activities for the event.
- There are continuous additional cases or deaths.

B.2. Criteria for controlled event

- Gradual or abrupt decrease of cases.
- Cases showed good prognosis or event has already been managed but other information is still on verification such as description of cases, laboratory findings, etc.
- There are still planned activities for the event.
- Some or additional collected specimen with pending laboratory result.
- No cases or deaths had been added.
- Event was controlled or managed by the concerned team.

B.3. Criteria for closing an event

- Laboratory results have no significant findings that are potential for endangering health.
- Cases were already discharged and in good condition (For admitted cases).
- Follow-up reports indicate no further monitoring, assistance and investigation needed.
- Health event was referred to the concerned health agency/team and appropriate actions are being prepared.

C. Filling out of ESR Forms

The flow of reports will be standard for all units involved in the ESR activities.

Instructions in filling out the ESR forms:

1. During the capture of health events, the ESR Captured Event Log Sheet is filled out. All events will be recorded regardless of the source.
2. Filtered health events will then be verified by assigned staff
3. Once verified the assigned staff will fill out the ESR verification form.
4. If the health event is still ongoing, an ESR Follow Up form must be filled up upon receipt of report.
5. Assessment of events is made to determine the type of response activities and resources needed.
6. A Weekly Feedback Report is filled out and sent to the respective region where the event took place.

For events of local/provincial and regional concern the said units will proceed to the other processes of ESR. All activities and decisions made will be documented. If the event is of national and international concern, the report will be submitted immediately to the national unit. For other events, report will be submitted to their stakeholders and be filed at their offices for future reference

VI. ESR Unit

The ESR unit has the capability to capture, assess and respond promptly to the events that are of public health risk. The ESR structure needs the following minimum resources to accomplish its function:

A. Physical Structure

1. Office space
2. Phone line (NDD and IDD capability)
3. Mobile phones with communication allowance
4. Fax machine
5. Desktop computers
 - Printer, ink
 - Soft ware
6. Laptop computers
7. Radio and TV
8. Transportation service
9. Access to internet connection
10. Camera
11. External Hard Drive

B. Staff Requirements

The ESR Team is composed of the following personnel:

1. The ESR Team Leader

He should have a basic knowledge in the establishment and maintenance of ESR.

Responsibilities:

- a. Plan for, organize, coordinate and supervise the entire ESR Unit.
- b. Oversees overall ESR activities and will be accountable for all health events reported.
- c. Supervises the ESR officer(s).
- d. Responsible for answering queries from other agencies.
- e. Will be responsible in the coordination with KMITS on ESR system architecture (assigning user accounts, editing and deleting reports) issues, online data management, updates and other protocols.

2. ESR Officer/s

Responsibilities:

- a. He will capture health events daily through different sources of information.
- b. He will review and filter daily all captured health events. If the reported event is a disease included in the indicator-based surveillance, he will refer this to PIDSR for validation.
- c. He will verify events filtered as true health events.

- d. He will prepare the final list of health events to be assessed.
- e. He will be responsible to keep an update on all response activities. He will prepare all documents needed in response activities and providing technical assistance to local ESUs.
- f. He will give feedback to all stakeholders.
- g. He will be responsible in recording all health events.
- h. He will ensure that all reporting forms are encoded and filed.
- i. He will be responsible in updating the Online ESR database on all information of the reported events.

3. Administrative Clerk

Responsibilities:

- a. He will assist the ESR Officers on capturing health events through print media and internet.
- b. He fills-out the captured event log sheet.
- c. He will make a list of all significant health events and submit to the ESR team leader/officers daily.

C. Relationship with Regional Offices, Attached DOH Agencies and Other Partner Agencies (Government and NGOs)

The ESR unit may work with other agencies and institutions in the conduct of their activities. They may support the National ESR Unit in the different processes depending on their capabilities.

1. Health Emergency Management Bureau (DOH)

The HEMB is a service directly under the Office of the Secretary of Health or Regional Director. It maintains an Operation Center (OPCEN-24/7) 24 hours a day which monitors all health emergencies and disasters including all national events with the potential to be an emergency.

- a. It will verify and report to ESR unit health events captured from media and its other sources, especially events related to accidents (toxic chemicals, radio-active), poisonings, environmental accidents or changes.
- b. It will assist the ESR in response activities by mobilizing resources required and coordinate with other agencies for technical expertise support needed.
- c. It provides medical team for diagnosis and treatment of cases and logistics for treatment.

2. Media Relations Unit (DOH):

Another unit that monitors any health related events at the National Office is the Media Relations Unit (MRU). It captures health related events through mass media like radio, television, and print. It will report all these health events to the ESR unit either by telephone call or using the reporting form.

3. Research Institute for Tropical Medicine and other Hospital Laboratories:

These agencies will report to the ESR unit the following health events:

- a. Laboratory accidents that may involve infectious agents or toxic chemicals
- b. Increasing number of resistant strains for certain infectious agents
- c. Changes in the pathogenesis of infectious agents
- d. Confirmed cases or death of diseases with International concern

4. Bureau of Animal Industry:

The Bureau of Animal Industry (BAI) will report to ESR unit any zoonotic diseases or death that may have potential effect on human health such as poultry death for Avian influenza and Ebola. However, it will be the main agency to verify, assess and respond to these public health events.

5. Bureau of Quarantine (DOH)

Bureau of Quarantine monitors ports and airports. It will verify and assess any health events occurring in ports and airports. It will report to ESR unit unusual death or undetermined cases or death that may pose public health risk and diseases of International concern.

6. World Health Organization (WHO)

The World Health Organization provides technical expertise and international assistance.

7. Other Government Agencies and Non-government Organizations

DA, FDA, DENR, BFAR, NMIS, DOST, BPI, NPC, PIPAC, CHEMPRO, UP Toxicology Department, UP Marine Science, NBI and PNP Crime laboratory

Other partner agencies/organizations may provide support or assistance to ESR unit or to Regional/Local ESR counterpart through participation in health event notification or through provision of their specialized service or expertise as deemed necessary to promptly and effectively respond to a given health event.

D. Roles and Responsibilities of the Different Levels of the Health System**1. The National ESR**

- a. Overall responsibility is to ensure capability and functionality of all ESR Units
- b. Processes of ESR: Capture, Filter, Verify, Assess, Respond and Feedback are implemented
- c. Ensure IHR Notification

2. The Regional ESUs

The Regional ESUs are units within the Regional Office. It manages the PIDSR system in their region. It will be the main extension arm of the ESR unit for verification, assessment and response activities. Their responsibilities in the ESR are the following:

- a. Processes of ESR are implemented
- b. Submits to the National ESR unit the verification and follow-up reports of health events verified
- c. Conduct outbreak investigations, refer to concerned offices health events for preventive and control measures, coordinate with the National ESR unit for other technical support for all response activities
- d. Assists the local health personnel in conducting disease surveillance in the communities.
- e. Continue surveillance and submission of follow-up reports to the National ESR unit for :
 - public health events that may be assessed to cause no threat at present but may have potential to affect a larger population later on
 - diseases with vague signs and symptoms
 - cases with potential for International spread
 - newly defined diseases

3. The Local (province, city or municipality) ESUs

The Local ESUs will be supporting the Regional Office in the implementation of ESR. It will be the main extension arm of the Regional ESUs for verification, assessment and response activities. Their responsibilities in the ESR are the following:

- a. Processes of ESR are implemented
- b. Submits to the RESU the verification and follow-up reports of health events verified
- c. Conduct outbreak investigations, refer to concerned offices health events for preventive and control measures, coordinate with the RESU for other technical support for all response activities
- d. Continue surveillance and submission of follow-up report to the RESU for :
 - public health events that may be assessed to cause no threat at present but may have potential to affect a larger population later on
 - diseases with vague signs and symptoms
 - cases with potential for International spread
 - newly defined diseases

E. Archiving and Confidentiality

All the data about the reported public health events will be stored and protected by the ESR Unit in the main computer database and Online ESR site, hard copies signed, compiled and kept confidential. Policies and procedures on the release of information should follow the national policies as per ISO guidelines.

VII. Monitoring and Evaluation of ESR Unit

Monitoring and Evaluation (M&E) are vital component of programs and systems. Monitoring may be defined as the routine (continuous) tracking of performance and response. It will ensure that the system is functioning effectively. Development of indicators will help in tracking the performance of the system. Presence of a checklist (Annex 5) can facilitate monitoring activities. Regular feedback on the result of monitoring activities may identify problem areas in the system.

A. Objectives of M and E

1. To track progress in the implementation of the ESR System
2. To identify areas for improvement in the ESR System
3. To identify points of improvement in existing guidelines and policies

B. Significant Indicators

ESR Process	Indicator	Definition/Standard	Data Source
	Sources of reported health events	<p><u>Numerator:</u> Number of health events captured by types of sources (PITRDO)</p> <p><u>Denominator:</u> Total number of captured HE (at all levels)</p>	Capture Log sheet
Capture and Filter	Health events captured	Number of health events filtered/number of health events captured	Capture Log sheet
	Proportion of health events captured online	<p><u>Numerator:</u> Health events reported online</p> <p><u>Denominator:</u> Total number of health events reported</p>	
	Health events of PHEIC	Number of health events reported with potential PHEIC	

Verification	Proportion of verified health events	<u>Numerator:</u> Number of health events verified <u>Denominator:</u> Number of health events captured	Verification form Key Informants
	Proportion of HE verified within 24 hours	<u>Numerator:</u> Number of health events verified within 24 hours <u>Denominator:</u> Total number of health events captured	ESR Log sheet ESR Verification form
Assessment	Proportion of verified health events that were assessed as to level of concern	<u>Numerator:</u> Number of health events assessed as to level of concern <u>Denominator:</u> Total number of health events verified	6. ESR verification form
	Proportion of verified health events that were assessed within 48 hrs.	<u>Numerator:</u> Proportion of health events assessed within 48 hours <u>Denominator:</u> Total number of verified health events	<ul style="list-style-type: none"> • ESR verification form • Assessment report IHR Annex 2(if applicable)
Response	Proportion of verified health events responded as to level of concern (monthly, quarterly, annual)	<u>Numerator:</u> Number of health events responded <u>Denominator:</u> Number of health events verified	Health event report ESR Verification Report/ IMRAD
	Proportion of verified health events responded within 48hrs (monthly, quarterly, annual)	<u>Numerator:</u> Number of verified health events responded within 48 hrs <u>Denominator:</u>	Health Event report ESR Verification/ Report IMRAD

		Total of verified health events	
Feedback/ Dissemination	Proportion of regions who received weekly feedback report	<u>Numerator:</u> Number of regions given weekly feedback report <u>Denominator:</u> Total number of regions	Weekly Feedback Report per region

Report validation – For online ESR, this function includes verification of reports through the network – the ESU's, Bureau of Quarantine and with other independent institutions like the Embassies. The validation process also intends to inform the concern ESU's or institution about the reported event.

VIII. Annexes

Annex 1b. ESR Verification Form



National Epidemiology Center

Event-based Surveillance and Response (ESR)

Tel: (02) 651-7000 loc 2927, 731-3726

Fax: (02) 732-9057

E-mail: esr.central@gmail.com

Verification Form

Date of this Report

Code: YYYY-MM-Number

Classified Document:

This document is distributed only to limited number of DOH and selected NGO staff in order to improve common awareness on reports and rumours of events which may have national/ international implications. Please send new or additional information on this or other public health events.

Document Status INTERNAL

1	Report date and time	Date this health event was first reported to NEC	
2	Verification date and time	Date this health event was confirmed/verified by health authority	
3	Health event	What happened? (type of health event reported)	
4	Location	Complete address (number, Street/Barangay, municipality province) where the reported event was observed. For multiple location (specify on description of cases)	
5	Start date	Date of start of event or date of onset of first case	
6	Number of cases	Number of people affected	
7	Description of cases	Pertains to who were affected (age and sex or nature of work), What are the common signs and symptoms of cases, when, where	
8	Number of deaths	Initial number of reported death/s from the event	
9	Description of deaths	Who were affected (age and sex), from Where? (address of fatalities) When? (Dates of fatalities) and What are the causes of deaths or description of symptoms prior to death of cases?	
10	Is this an outbreak?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who made the announcement? <input type="checkbox"/> NEC-DOH <input type="checkbox"/> RESU-CHD <input type="checkbox"/> CHO/PHO <input type="checkbox"/> Others, specify: <input type="text"/> Was a report made? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13	Assessment	PHELC/ PHERC/ PHENC/ PHEIC	
14	IHR Notification decision questions	Is the public health impact serious? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the event unusual or unexpected? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a significant risk of international spread? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a significant risk of international travel or trade restriction? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15	Status of health event	If the health event is Ongoing, Controlled and Closed	
16	Actions taken	What was done? By whom? When?	
17	Assistance needed	Specific assistance needed, if there is any	
18	ESRU Action	To just continue monitoring or will assistance be provided, etc . . .	
19	Remarks	Other important information not elsewhere mentioned before	
20	Who has been informed?	To whom the information have been shared (DOH offices, LHO, WHO and other stake holders)	
21	Source(s) of information	Name, Office and contact numbers (landline/cellphone)	
22	Prepared by:	Name and signature of the ESR staff/Point Person who prepared the report, designation and his/her contact details	
23	Reviewed by:	Name and signature of the Supervisor who reviewed the report, designation and contact number/s (if any) ^a	
24	Noted by:	Name and signature of the supervisor on duty and his contact details ^a	
25	Approved by:	Name and signature of RESU Head, Division Chief, Director ^a	

^aPublic Health Event of Local (L), Regional (R), National (N) Concern

^{**} Public Health Emergency of International Concern (PHEIC); according to WHO-International Health Regulation Definition

^{***}Captured by National ESR Staff

^aEntries should be signed prior to release of verification form

DISCLAIMER: Every effort has been made to provide accurate, up-to-date information. However, the knowledge base is dynamic and errors can occur. By using the information contained in this list, the reader assumes all risks in connection with such use. The NEC shall not be held responsible for errors, omissions nor liable for any special, consequential or exemplary damages resulting, in whole or in part, from any reader's use or reliance upon this material.

Annex 1c. ESR Follow-up Form



National Epidemiology Center

Event-based Surveillance and Response (ESR)

Tel: (02) 651-7600 loc 2927

TeleFax: (02) 731-3726

E-mail: esr.central@gmail.com

Follow-up Form

Date of this Report

Code: YYYY-MM-Number

Classified Document:

This document is distributed only to limited number of DOH and selected NGO staff in order to improve common awareness on reports and rumours of events which may have national/ international implications. Please send new or additional information on this or other public health events.

Document Status	INTERNAL
1 Report date and time	Date this health event was reported to NEC
2 Update No.	This reflects the number of follow-up reports received since Verification Report
3 Date of previous report	Date indicated in the last verification/follow-up form
4 Health event	Update on the status of the health event (areas of involvement compared to the first reported case, changes in the pattern of the health event)
5 Location	Complete address (number, Street/Barangay, municipality province) where the reported event was observed
6 Start date	Date of start of event or date of onset of first case
7 Number of cases # Previously Reported # Added in this report Total Cases as of date	Number of previously reported cases Number of case/s added Number of case/s (Previously reported case/s + new case/s)
8 Updated description of all cases	Pertains to new information about the cases reported. (Who? When? Where? Why?)
9 Number of deaths # Previously Reported # Added in this report Total Deaths as of date	Number of previously reported deaths Number of death/s added Number of case/s (Previously reported case/s + new case/s)
10 Updated description of all deaths	Pertains to new information about the death/s reported. (Who? When? Where? Why?)
11 Laboratory Examination	<p>Is there a procedure done? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Specimen collected: <input type="checkbox"/> Blood/serum <input type="checkbox"/> Stool <input type="checkbox"/> Urine <input type="checkbox"/> CSF</p> <p>Others: Pls specify other specimens collected</p> <p>Type of Examination done: Indicate what type of examination was done</p> <p>Result: Laboratory findings as to specimen collected from the event.</p>
12 Type of Health Event	<p>Check what is applicable:</p> <p><input type="checkbox"/> Clustering <input type="checkbox"/> Unusual <input type="checkbox"/> Outbreak</p> <p>If an Outbreak, who validated? <input type="checkbox"/> NEC-DOH <input type="checkbox"/> RESU-CHD <input type="checkbox"/> CHO/PHO</p> <p><input type="checkbox"/> Others, specify: _____</p> <p>Was a report made? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
13 Status of health event	On verification / Ongoing / Controlled / Closed
14a Actions taken	What was done? By whom? When?
14b Planned Activities	Describe planned activities, if any
15 Assistance needed	Specify or put None if not needed
16 ESRU Action	To just continue monitoring or will assistance be provided, etc . . .
17 Remarks	Other important information not elsewhere mentioned
18 Who has been informed?	To whom the information have been shared (DOH offices, LHO, WHO and other stake holders)
19 Source(s) of information	Name, Office, Designation and the contact numbers of the person who gave the information
20 Prepared by:	Name and signature of the ESR staff/Point Person who prepared the report, designation and his/her contact details
21 Reviewed by:	Name and signature of the Supervisor who reviewed the report, designation and contact number/s (if any) ^a
22 Noted by:	Name and signature of the supervisor on duty and his contact details ^a
23 Approved by:	Name and signature of RESU Head, Division Chief, Director ^a

^aPublic Health Event of Local (L), Regional (R), National (N) Concern

^{**} Public Health Emergency of International Concern (PHEIC); according to WHO-International Health Regulation Definition

^{***}Captured by National ESR Staff

^aEntries should be signed prior to release of verification form

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Annex 1d. Weekly Feedback Report Form

WEEKLY FEEDBACK REPORT

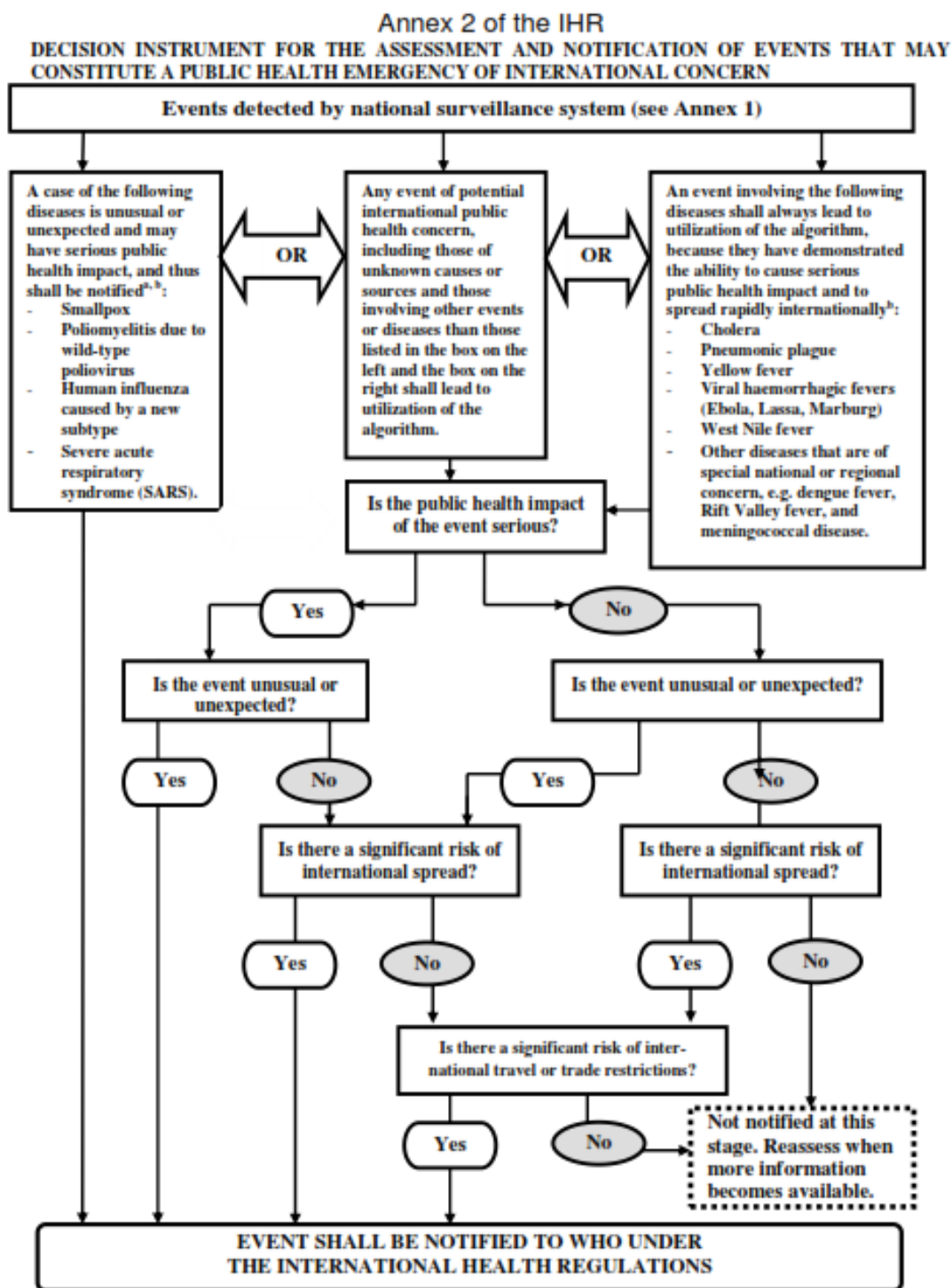
DATE:

HEALTH EVENT	LOCATION	STATUS OF EVENT	ASSISTANCE NEEDED	ESRU ACTION/RESPONSE GIVEN	ON FOLLOW-UP(For RESU)	ESR STAFF ASSIGNED
Region:					Total No. of Health Events:	
Region:					Total No. of Health Events:	
Region:					Total No. of Health Events:	

Nota Bene: Please feel free to tell us your comments, suggestions or queries with regards to the information mentioned above.

Remarks:

Annex 2. Flowchart on the Use of IHR Annex 2



Annex 3. List of Addressees of ESR Reports

National Epidemiology Center
Department of Health
 3rd Floor, Building 19, San Lazaro Compound,
 Rizal Avenue, Sta. Cruz, Manila
 Tel Nos. 651-7800 loc 2929, Fax Nos. 731-3726

**Event-based Surveillance and Response (ESR)****LIST OF ADDRESSEES****DAILY REPORTS****I. GENERAL**

OFFICE	ADDRESSEE	E-MAIL ADDRESS	CONTACT NUMBER/S
	Enrique Tayag, MD, FPSMID, PHSAE, CESO III, Director IV-NEC, Assistant Secretary of Health	ericTayag4health@gmail.com erictayag4health@yahoo.com esr.nec@gmail.com	651-7800 local 2950
NEC-Applied Public Health Division (APHD)	Nemia Sucaldito, MD, PHSAE	manemia_sucaldito@yahoo.com	651-7800 local 2929 / 0999-889-3252
	Vikki de los Reyes, MD, PHSAE	vcdelosreyesmd@gmail.com	651-7800 local 2929 / 0917-544-9820
	Herdie Hizon	herdielh@gmail.com	651-7800 local 2929 / 0929-519-4001
	FETP Batch 24	fetpbatch24@gmail.com	651-7800 local 2955
	FETP Batch 25	fetp25@gmail.com	651-7800 local 2951
	Justina Zapanta, RN	jajazapanta23@gmail.com	0917-351-5447
	Julius Erving Ballera, RN	jerving30@gmail.com	0917-516-6494
NEC-Public Health Surveillance and Informatics Division (PHSID)	Alethea De Guzman, MD	aletheardeguzman@gmail.com	0921-394-3906
	Vito Roque, MD	vitogroquejr@gmail.com	651-7800 local 2930
	Dulce Elifa, RN	dcelfa1971@gmail.com	651-7800 local 2930
	June Corpuz, RN	jcbcorpuz@gmail.com	651-7800 local 2930 / 0915-290-4272
	Philippine Integrated Disease Surveillance and Response	pidsr2@gmail.com	651-7800 local 2930
NEC-Survey Risk Assessment and Evaluation (SRAE)	Agnes Segarra, MD	agnes_segarra@yahoo.com agnesbenegas@gmail.com	651-7800 local 2928

Annex 3. ... continuation



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**Event-based Surveillance and Response (ESR)****LIST OF ADDRESSEES**

OFFICE	ADDRESSEE	E-MAIL ADDRESS	CONTACT NUMBER/S
National Center for Disease Prevention and Control (NCDPC)	Ima Asuncion, MD	doc_irma@yahoo.com doh.ncdpc@gmail.com	711-0380 / 651-7811 / 651-78-00 loc. 1707
	Mario Baquilod, MD	marbaquilod@yahoo.com	651-78-00 local 2325
	Lyndon Lee Suy, MD	donleesuymd@yahoo.com	651-78-00 local 2325
Office of the Secretary	Cherylle Gavino, MD	cherylle.gavino@gmail.com	651-78-00 loc. 1105
World Health Organization	Ruth Foxwell	foxwella@wpro.who.int	651-78-00 local 1345
	Charito Aumentado, MD	aumentadoc@wpro.who.int	651-78-00 local 1345
	Aura Corpuz, MD	corpuza@wpro.who.int	651-78-00 local1345
Research Institute for Tropical Medicine (RITM)	Rowena Capistrano, RN	weng.capistrano@gmail.com	0917-914-9392
Health Emergency Management Service (HEMS)	Carmencita Banatin, MD	carmencita.banatin@yahoo.com	651-7800 loc. 2206, 2207

II. ADDITIONAL

- A. If a health event is in a certain cluster and region, the Cluster Head with its corresponding Regional Director should be given a copy of the report

CLUSTER HEADS			
OFFICE	ADDRESSEE	E-MAIL ADDRESS	CONTACT NUMBER/S
Cluster Head for Luzon	Gerry Bayugo, MD	gerry.bayugo@gmail.com	651-7800 local 2301- 2308
Cluster Head for Visayas	Paulyn Jean Ubial, MD	dohfimo@gmail.com	711-6180 / 651-7800 local 1431, 1435-1436
Cluster Head for Mindanao	Romulo Busuego, MD	dohcoordinationoffice@gmail.com	651-7806 / 743-9474 / 651 78-00 loc. 1130-1131

Annex 3. ... continuation



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**Event-based Surveillance and Response (ESR)****LIST OF ADDRESSEES**

REGIONAL DIRECTORS			
REGIONAL OFFICE	ADDRESSEE	E-MAIL ADDRESS	CONTACT NUMBER/S
I	Myrna C. Cabotaje, MD, MPH, CESO III Director IV	mcc6277@gmail.com rdo_ilocos1@yahoo.com	072-242-5981 / 0920-914-5465
II	Rio L. Magpantay, MD, PHSAE, CESO III Director IV	riolatmagpantay@gmail.com riolatmagpantay@hotmail.com	09179592853 / (078) 304-6523
III	Leonita P. Gorgolon, MD, MHA, MCHM, CEO VI	dtorgorgie@yahoo.com	(045) 861-3425/ 861-3246
IV-A	Nestor F. Santiago, Jr., MD, MPH, MHA, CESO III	rdnes_ph@yahoo.com.ph	990-4032 local 123 / 913-3616 / 0918-921-3075
IV-B	Eduardo C. Janairo, MD, MPH, CESO III, Director IV	eduardojanairo@yahoo.com	912-0195 local 111/ 913-4560/ 912-7754
V	Gloria J. Balboa, MD, MPH, MHA, CEO VI, CESO III Director IV	gloriajbalboa@gmail.com	483-5656 local 502 / 0928-507- 2141
VI	Marlyn Convocar, MD, MPH, CESO IV	mconvocar@yahoo.com regionaldrctr@gmail.com	(033) 321-0204/ 321-1036/ 321-0235/ 0917-705-4010
VII	Jaime S. Bernadas, MD, MGM, CESO III	jimbernadas@yahoo.com.ph	(032) 256-2128/ 253-6355
VIII	Jose R. Llacuna Jr., MD, MPH CESO IV, Director IV	joserllacunajr@yahoo.com	(053) 323-5027/ 323-5069 0917-877-8474
IX	Nimfa B. Torrizo, MD, MPH OIC-Director IV	bbnimfa@yahoo.com	(062) 992-2745/ 991-3380 / 0918-920-2641
X	Aristides Concepcion Tan, MD, MPH, CESO III, Director IV	seditsira12@yahoo.com act@chd10.doh.gov.ph	858-7123/ (08822) 727- 400
XI	Abdullah Dumama, Jr., MD, MPA, CESO III, Director IV	abdumamajr@yahoo.com	082-227-5903 / 221-6320 / 0918-951-2331/ 0917-702-7304
XII	Teogenes F. Baluma, MD, MHA, MDM, FPCHA, CESO III Director IV	doh_chd12@yahoo.com	(064) 421-2196/ 09177269005

Annex 3. ... continuation



National Epidemiology Center
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 3rd Floor, Building 19, San Lazaro Compound,
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 Tel Nos. 651-7800 loc 2929, Fax Nos. 731-3726

**Event-based Surveillance and Response (ESR)****LIST OF ADDRESSEES**

REGIONAL OFFICE	ADDRESSEE	E-MAIL ADDRESS	CONTACT NUMBER/S
ARMM	Kadil Sinolinding, Jr., DBPO	doharmm@yahoo.com	(085) 342-5281 loc. 124 / 0920-909-1094
CAR	Valeriano Jesus Lopez, MD, MHA, MPH, CESO IV, Director IV	vvlopez2@yahoo.com	082-227-5903 221-6320 / 0917-518-8498
CARAGA	Minerva P. Molon, MD, MPH, FPPA OIC, Director IV	melbaperegrino@yahoo.com.ph	(085) 342-5281 loc. 124 / 0920-927-8716
NCR	Teodoro J. Herbosa, MD	ted.herbosa@gmail.com cc: prille05@gmail.com (sec)	651-7800 loc. 2907 / 0917-793-6426

B. If health event is with **IHR concerns (or emerging infectious disease)**, Bureau of Quarantine (Ma. Vicenta Vasquez, MD: mamu1011@yahoo.com / mamu1011@gmail.com/ 0917-885-0155) should be given a copy of the report.

C. If a health event is **Chemical or Toxin-related**, Environmental and Occupational Health Office (for all toxin-related HEs), National Meat Inspection Services (NMIS) for meat, Food and Drug Administration (FDA) for processed food, Bureau of Fisheries and Aquatic Resources (BFAR) and UP Marine Science Institute for marine-related events should be given a copy of the report.

OFFICE	ADDRESSEE	E-MAIL ADDRESS	CONTACT NUMBER/S
NCDPC-EOHO	Engr. Ana Rivera	rivera_attf@yahoo.com	651-78-00 local 2353 / 0918-941-1848
UP Marine Science Institute	UP Marine Science Institute	admin@upmsi.ph	(632) 922-3962/ (632) 981-8500 local 2902
BFAR	Bureau of Fisheries and Aquatic Resources	bfar_hab@yahoo.com info@bfar.da.gov.ph	(02) 929-9597/ (02) 929-8074
NMIS	NMIS	nmis@nmis.gov.ph	(02) 924-7980/ (02) 924-7973
FDA	FDA	info@fda.gov.ph	(632) 857-1992

Annex 3. ... continuation



National Epidemiology Center
Department of Health
 3rd Floor, Building 19, San Lazaro Compound,
 Rizal Avenue, Sta. Cruz, Manila
 Tel Nos. 651-7800 loc 2929, Fax Nos. 731-3726



Event-based Surveillance and Response (ESR)

LIST OF ADDRESSEES

D. If a health event is under **Food and Water-borne Diseases**, Environmental and Occupational Health Office (EOHO) should be given a copy of the report.

OFFICE	ADDRESSEE	E-MAIL ADDRESS	CONTACT NUMBER/S
NCDPC-EOHO	Rodolfo Alborno, MD	albornoamd@gmail.com	651-78-00 local 2353
	Cecille Magturo, MD	cecilemagturo917@gmail.com	651-78-00 local 2327
	Engr. Lito De Dios	litoriego@yahoo.com	651-78-00 local 2353

E. If a health event is a **Zoonotic Disease**, Infectious Disease Office (IDO) and Bureau of Animal Industry (BAI) should be given a copy of the report.

OFFICE	ADDRESSEE	E-MAIL ADDRESS	CONTACT NUMBER/S
NCDPC-IDO	Raffy Deray, MD	raffysj84@yahoo.com	651-78-00 local 2352
BAI	Rubina Cresencio, MD	BAI_Dir@yahoo.com dabaiebs@gmail.com	(02) 928-2429
	Minnie Lopez, MD	doc_minnie12@yahoo.com	

F. If a health event is under **Vector-borne Diseases**, IDO, EOHO and Philippine Shell Foundation Inc. (for Malaria only) should be given a copy of the report.

OFFICE	ADDRESSEE	E-MAIL ADDRESS	CONTACT NUMBER/S
NCDPC-IDO	Mario Baquilod, MD	marbaquilod@yahoo.com	651-78-00 local 2325
	Lyndon Lee Suy, MD	donleesuymd@yahoo.com	651-78-00 local 2325
NCDPC-EOHO	Rodolfo Alborno, MD	albornoamd@gmail.com	651-78-00 local 2353
	Engr. Lito De Dios	litoriego@yahoo.com	651-78-00 local 2353
PSFI	Antonio Bautista, MD	abb2417@yahoo.com	
	Ray Angluben	ayangluben@yahoo.com	
	Jeunessa Sto. Niño	jeunessa.stonino@gmail.com	

Annex 3. ... continuation



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**Event-based Surveillance and Response (ESR)****LIST OF ADDRESSEES**

G. If a health event is under **Vaccine Preventable Diseases**, Women, Children and Family Health Cluster and NEC-VPD should be given a copy of the report.

OFFICE	ADDRESSEE	E-MAIL ADDRESS	CONTACT NUMBER/S
Women, Children and Family Health Cluster	Janette Garin, MD	janetteloretogarin@yahoo.com	651-78-00 local 1427-1429, 1434
	Joyce Ducusin, MD	juducusin@yahoo.com	651-78-00 local 1427-1429, 1434
NEC-VPD	Dulce Elfa, RN	dcelfa1971@gmail.com episo_doh@yahoo.com vpdsurv.central@gmail.com	651-7800 local 2930

H. If a health event is **Maternal Death**, Women, Children and Family Health Cluster, NEC-PHSID (Field Health Service Information System), NCDPC-EOHO and SRAE should be given a copy of the report.

OFFICE	ADDRESSEE	E-MAIL ADDRESS	CONTACT NUMBER/S
Women, Children and Family Health Cluster	Janette Garin, MD	janetteloretogarin@yahoo.com	651-78-00 local 1427-1429, 1434
	Joyce Ducusin, MD	juducusin@yahoo.com	651-78-00 local 1427-1429, 1434
NCDPC-EOHO	Diego Danila, MD	jigsdoh@yahoo.com	651-78-00 local 1729-1730
NEC-PHSID	FHSIS	fhsis4health@gmail.com fhsis4health@yahoo.com	651-7800 local 2930
NEC-SRAE	Fe Sinson	fsinson2001@yahoo.com	651-7800 local 2928
	Theresa Timbang	tdtimbang@yahoo.com	651-7800 local 2928

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Event-based Surveillance and Response (ESR)

LIST OF ADDRESSEES

- I. If a health event is **HIV/AIDS-related**, NEC-HIV Unit and IDO should be given a copy of the report

OFFICE	ADDRESSEE	E-MAIL ADDRESS	CONTACT NUMBER/S
NEC-HIV Unit	Genesis Samonte	genesis.samonte@gmail.com	651-78-00 local 2952
	Noel Palaypayon	noel_1226@yahoo.com hivepicenter@gmail.com	651-78-00 local 2952
NCDPC-IDO	Gerard Belimac, MD	naspcp@yahoo.com	651-78-00 local 2352

- J. If a health event is **Tuberculosis**, IDO (Celine Garfin, MD: garfinamc@yahoo.com / 651-78-00 local 2325) should be given a report.

Annex 3. ... continuation



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**Event-based Surveillance and Response (ESR)****LIST OF ADDRESSEES****III. KINDS OF REPORTS**

All ESR Monthly, quarterly and annual reports should be submitted to all general and all additional addressees plus Regional Epidemiology Surveillance Units (RESUs) including RESU Heads through e-mail (soft copy) and hard copy (addressees within DOH Central).

REGIONAL OFFICE	RESU HEAD	E-MAIL ADDRESS	CONTACT NUMBER/S
I	Rosario Pamintuan	rosario.pamintuan@gmail.com	0917-5102261
	RESU I (ESR Point Person)	chd_ilocos@yahoo.com chd_ilocos@gmail.com	(072) 2424592
II	Shirlyn A. Perez	shirlynperez@yahoo.com	0926-1151600 / 0932-8496971
	RESU II (ESR Point Person)	jay_zanak83@yahoo.com	(072) 3040911
III	Jessie F. Fantone	fantonej@ymail.com	0933-1038819
	RESU III (ESR Point Person)	esr.resu@yahoo.com	(045) 8613426 loc.122
IV-A	Divina Antonio	vineantonio@yahoo.com	0922-8867815 / 0917-5110320
	RESU IV-A (ESR Point Person)	ruthtio_doh4a@yahoo.com	440-3551 / 990-4016 loc.119
IV-B	Ma. Teresa Castillo	resuivb@yahoo.com	0932-2404788
	RESU IV-B (ESR Point Person)	angelie.songco@gmail.com	9120195 loc. 138
V	Aurora Teresa Daluro	audaluro@yahoo.com	0908-8621793
	RESU V (ESR Point Person)	resu_bicol@yahoo.com	(052) 4830840 loc.509/548
VI	Jessie Glen Alonsabe	glen_alonsabe@yahoo.com	0920-5075500
	RESU VI (ESR Point Person)	glen_alonsabe@yahoo.com	(033) 3211036
VII	Rennan Cimafranca	renancc@yahoo.com	0927-5720106
	RESU VII (ESR Point Person)	resu_cebuprovince@yahoo.com.ph	(032) 4187010
VIII	Boyd Roderick Cerro	pidsr8@gmail.com	0926-7631989 / 0927-2246114
	RESU VIII (ESR Point Person)	pidsr8@gmail.com	0926-7631989 / 0927-2246114
IX	Norvie Jalani	resunueve@gmail.com	0905-3456043 / 0932-8534450
	RESU IX (ESR Point Person)	resunueve@gmail.com	(062) 9830933

Annex 3. ... continuation

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**Event-based Surveillance and Response (ESR)****LIST OF ADDRESSEES**

REGIONAL OFFICE	RESU HEAD	E-MAIL ADDRESS	CONTACT NUMBER/S
X	David Mendoza	stigiformes_dmmd@yahoo.com	0917-3088194
	RESDRU X (ESR Point Person)	resdru10@gmail.com	(08822) 727400
XI	Cleo Fe Tabada	resu_doh11@yahoo.com.ph	(082) 3051909
	RESU XI (ESR Point Person)	resu_doh11@yahoo.com.ph	(082) 3051904
XII	Alah Baby Vingno	vingno_md@yahoo.com	0923-2726096
	RESU XII (ESR Point Person)	chd12resu@yahoo.com	(064) 4214583
ARMM	Pancho Cruz	resu_doharmm@yahoo.com	0916-5221130
	RESU ARMM (ESR Point Person)	ron_hemdohamm@yahoo.com	(064) 4216842/ 6889
CAR	Elnoria Bugnosen	resubaguio@yahoo.com	0920-9382585
	RESU CAR (ESR Point Person)	resubaguio@yahoo.com	(074) 4428098
CARAGA	Gerna M. Manatad	gernamayas@yahoo.com	0920-4155590
	RESU CARAGA (ESR Point Person)	caragaesr@gmail.com	(085) 3425724
NCR	Manuel C. Mapue II	mcmapuemd@aol.com	0917-3265185
	RESU NCR (ESR Point Persons)	rodel.divino@yahoo.com aldrin_adriano05@yahoo.com	531-0037 loc.122/227- 2365

Annex 4. Designation of the National Epidemiology Center (NEC) as the National International Health Regulations Focal Point (NFP)



January 17, 2007

ADMINISTRATIVE ORDERNo. 2007 - 0002**SUBJECT: Designation of the National Epidemiology Center (NEC) as the National International Health Regulations Focal Point (NFP)**

The 1969 International Health Regulations were revised in May 2005. The new Regulations will **enter into force in June 2007**. The new Regulations have a greatly expanded scope. They apply to diseases (including those with new and unknown causes), irrespective of origin or source, that present significant harm to humans. They address weaknesses learned in past decades in detecting and responding to disease outbreaks. IHR (2005) aim at protecting global health security with the least interference to global travel and trade.

Adopted at the Fifty-eight World Assembly in Geneva in May 2005, the IHR (2005) become legally binding in any WHO Member State that does not reject or reserve against them by December 2006. Philippines is one of the WHO Member States that adopts the revised IHR.

Article 4, Section 1 of the revised IHR states that, "*Each State Party shall designate or establish a National IHR Focal Point and the authorities responsible within its respective jurisdiction for the implementation of health measures under these Regulations.*" In compliance to this requirement, the Department of Health hereby designates the National Epidemiology Center as the National IHR Focal Point. As NFP, NEC shall have the following roles and responsibilities:

1. Formulate policies and guidelines for the implementation of the revised IHR.
2. Assess the existing public health system, and improve its capacity for detection, reporting and assessment of and response to public health events to meet the minimum core capacity requirements under IHR (2005).
3. Respond to WHO's requests for verification of information (including unofficial reports) regarding public health risks.

Annex 4.... continuation

4. Notify WHO of all events that may constitute a public health emergency of international concern within 24 hours of assessment, by using a decision instrument – a flow chart that goes through the criteria for assessment and notification (**Annex A**). Such a notification does not necessarily mean a real public health emergency of international concern. It is a start of consultation and collaboration process between the country and WHO.
5. Collaborate with the Bureau of Quarantine in implementing routine inspection and control activities at designated international airports, ports and ground crossings to prevent the international spread of disease.
6. Make every effort to implement WHO-recommended measures.
7. Collaborate with other stakeholders and with WHO concerning IHR (2005) implementation.

All issuances which are inconsistent with the provisions of this order are hereby repealed and/or amended.

This order shall take effect immediately.


FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health

Annex 5. ESR Monitoring and Evaluation Tool



Department of Health
National Epidemiology Center
EVENT-BASED SURVEILLANCE and RESPONSE



ESR Monitoring and Evaluation Tool

A. Demographic Profile	
1.	CHD/Region/LGU
2.	Address
3.	Name of Respondent
4.	Status of employment <input type="checkbox"/> 1) Permanent <input type="checkbox"/> 2) Contractual <input type="checkbox"/> 3) Job Order
5.	Contact details (For official use) <input type="checkbox"/> 1) Landline No: <input type="checkbox"/> 2) Cell Phone No: <input type="checkbox"/> 3) E-mail Address:
6.	How long have you been working in any Surveillance? <input type="checkbox"/> 1) More than 3 years <input type="checkbox"/> 2) Between 1-3 years <input type="checkbox"/> 3) Less than 1 year
7.	How long have you been working/involved in ESR? <i>No. of months:</i>
8.	What are your functions in ESR?
9.	What are your responsibilities outside ESR?
10.	Were you trained in ESR? <input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No
11.	Do you have other trainings related to surveillance? <i>(Any type of surveillance training)</i> <input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) None If yes, what are those training If none, why?
12.	Do you have prior experience in surveillance? <i>(Any type of surveillance)</i> <input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) None
13.	When was ESR first implemented in this Region/LGU? <i>(mm/yyyy)</i>
14.	How many of you here in CHD/LGU are involve in ESR? <i>(Involved in any processes of the ESR)</i>

DOH-NEC-APHD- QMOP-03-Form 4 Rev.2

Annex 5.... continuation

B. Data Collection (Capture)		
15.	Do you scan/capture/collect health events? (active data collection)	<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No
16.	What are your sources of health events? (multiple responses)	<input type="checkbox"/> 1) Print media (Broadsheets/Tabloids) <input type="checkbox"/> 2) Broadcast media (Radio) <input type="checkbox"/> 3) Broadcast media (TV) <input type="checkbox"/> 4) Local health units <input type="checkbox"/> 5) Other Government agencies <input type="checkbox"/> 6) Non-government agencies <input type="checkbox"/> 7) Community <input type="checkbox"/> 8) Colleagues (non ESU) <input type="checkbox"/> 9) Others (specify _____)
17.	Do you receive reports/information on health events? (passive data collection)	<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No
18.	From where/whom do you receive these initial reports/information?	<input type="checkbox"/> 1) Local health units <input type="checkbox"/> 2) Other Government agencies <input type="checkbox"/> 3) Non-government agencies <input type="checkbox"/> 4) Community <input type="checkbox"/> 5) Colleagues (non ESU) <input type="checkbox"/> 6) Others (specify _____)
19.	How do you receive your reports? (multiple responses)	<u>Verbal</u> <input type="checkbox"/> 1) Casual conversation <input type="checkbox"/> 2) Phone call <input type="checkbox"/> 3) Radio call <u>Written</u> <input type="checkbox"/> 4) Hand-carry written report <input type="checkbox"/> 5) SMS/texting <input type="checkbox"/> 6) Electronic mail/Chat <input type="checkbox"/> 7) Fax <input type="checkbox"/> Others (specify _____)
20.	What is the average time from the period the health events occurred and the time you captured it or the time when you have been notified of its existence?	(No. of day/s average)
21.	What are the reasons or factors that you encountered as reasons for longer time interval between occurrences and reporting?	
22.	On the average, how many hours do you spent for capturing event?	(No. of hours average)

Annex 5.... continuation

23.	Do you record all the events that you captured?	<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No
24.	How do you record these captured events? <i>(multiple responses)</i> <i>(look at their records)</i>	<input type="checkbox"/> Electronic database <input type="checkbox"/> Log sheet/Log book <input type="checkbox"/> Compile written/print health event info <input type="checkbox"/> Others <i>(specify _____)</i>
25.	Do you filter captured/reported health events?	<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No
26.	Who filters captured/reported health events?	<i>(Name and designation of staff)</i> <i>In his/her absence, who is the alternate?</i>
27.	How do you filter health events?	
28.	Are you using any guidelines in capturing health events?	<input type="checkbox"/> 1) Yes <i>(What guidelines: _____)</i> <input type="checkbox"/> 2) No

C. Resources			
Resources	Quantity	Functional (Y/N)	Ownership (ESU use only/Co-Sharing)
Computer		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ESU Use only <input type="checkbox"/> Co-Sharing
Photocopier		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ESU Use only <input type="checkbox"/> Co-Sharing
Landline		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ESU Use only <input type="checkbox"/> Co-Sharing
Mobile (Official use)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ESU Use only <input type="checkbox"/> Co-Sharing
Television		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ESU Use only <input type="checkbox"/> Co-Sharing
Radio		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ESU Use only <input type="checkbox"/> Co-Sharing
Vehicles		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ESU Use only <input type="checkbox"/> Co-Sharing
Newspaper subscription		Remarks:	
Internet		Remarks:	
Prepaid cards (mobile)		Remarks:	
Others		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ESU Use only <input type="checkbox"/> Co-Sharing
Remarks:			

Annex 5.... continuation

D. Event-Verification		
29.	How do you verify captured or reported health events?	
30.	In what manner do you verify the captured or reported health events? (multiple responses)	<u>Verbal Inquiry</u> <input type="checkbox"/> 1) Phone call <input type="checkbox"/> 2) Radio Call <u>Written</u> <input type="checkbox"/> 3) Written request <input type="checkbox"/> 4) SMS/texting <input type="checkbox"/> 5) Electronic mail/Chat <u>Direct</u> <input type="checkbox"/> 6) Field investigation/visit <input type="checkbox"/> 7) Others (specify _____)
31.	Where/Whom do you verify your events?	
32.	How many hours/days, on the average, does it take you to initiate verification process from the time you captured the event?	(No. of average minutes/hours/days)
33.	How many hours/days, on the average, does it take you to complete verification process from the time you captured the event?	(No. of average minutes/hours/days)
34.	How many events have you verified within 24 hours?	Number: Percentage: (compared to total no. of verified events)
35.	Do you have records of your verified reports?	<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No
36.	How do you record these verified reports?	<input type="checkbox"/> Electronic database <input type="checkbox"/> Log sheet/Log book <input type="checkbox"/> Compile written/print health event info <input type="checkbox"/> Others (specify _____)
37.	How often do you update this database?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> As needed <input type="checkbox"/> Others (specify _____)
38.	Have you encountered difficulties in event verification?	<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No
39.	What difficulties have you encountered?	(Please provide details)
40.	Do you have guidelines in event verification?	<input type="checkbox"/> 1) Yes (What guidelines: _____) <input type="checkbox"/> 2) No

Annex 5.... continuation

E. Risk Assessment		
41.	Do you make risk assessment of your health events?	<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No
42.	What criteria/guidelines are you using for risk assessment?	
43.	Have you encountered difficulties in doing risk assessment?	<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No
44.	What difficulties have you encountered?	<i>(Please provide details)</i>
45.	How do you determine if the event should stay as your concern or elevate this to the next higher level of public health response?	

F. Reporting		
46.	Have you submitted ESR report/s to NEC (if from CHD) or RESU (if from LGU)?	<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No
47.	When do you submit reports to NEC/RESU?	<input type="checkbox"/> 1) All reports are submitted <input type="checkbox"/> 2) When requested <input type="checkbox"/> 3) Upon assessment <i>(if there is a need to)</i> <input type="checkbox"/> 4) Highlighted in the media <input type="checkbox"/> 5) Others <i>(specify _____)</i>
48.	How long does it take you to submit the report to NEC/RESU?	<input type="checkbox"/> 1) Within 24 hours <input type="checkbox"/> 2) Within 48 hours <input type="checkbox"/> 3) Within 72 hours <input type="checkbox"/> 4) Others <i>(specify _____)</i>
49.	What is your minimum and maximum number of hours/days between data capture and reporting of health events to ESR-NEC/RESU?	Min: Max:
50.	Do you submit all captured health events to NEC/RESU	<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No <i>(Why? _____)</i>
51.	What kinds of reports were not submitted to NEC/RESU?	
52.	Do you submit/share reports to other agencies aside from RESU/NEC?	<input type="checkbox"/> 1) Yes, all the time <input type="checkbox"/> 2) Yes, but not all reports <input type="checkbox"/> 3) No, not at all
53.	What medium do you use when reporting health events to NEC/RESU?	<input type="checkbox"/> 1) Phone call <input type="checkbox"/> 2) Fax <input type="checkbox"/> 3) Electronic mail <input type="checkbox"/> 4) SMS/texting

Annex 5.... continuation

		<input type="checkbox"/> 5) Chat <input type="checkbox"/> 6) Others (<i>specify</i> _____)
54.	Do you use ESR reporting forms when submitting/sharing reports	<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No
55.	Do you follow up your events till its closed?	<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No
56.	If no, why do you not follow-up events?	
57.	Do you submit followed-up reports to NEC/RESU?	<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No
58.	Have you encountered difficulties in submitting reports to NEC/RESU?	
59.	What difficulties have you encountered in submitting reports?	(<i>Please provide details</i>)
60.	How do you decide the status of the event? (on verification, ongoing, controlled and closed)	
61.	Are you using guidelines in deciding for the status?	<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No

G. Response

62.	Have you already conducted event investigation?	<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No (<i>Why?</i> _____)
63.	How many event investigation have you conducted since your involvement in ESR?	
64.	What was the assistance that is most commonly requested from you?	
65.	Have you responded with all the requested assistance?	<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No
66.	If no, what are the reasons?	
67.	What other forms of responses have you provided?	
68.	How many of these responses were conducted within 72 hours after your unit has been notified?	
69.	Do you have trainings related to response activities	<input type="checkbox"/> 1) Yes (<i>What?</i> _____) <input type="checkbox"/> 2) No

Annex 5.... continuation

H. Data Management and Analysis	
70.	How often do you update your data base?
71.	Do you analyze your data? <input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No
72.	How frequent do you analyze your data?
73.	If yes, do you use system and software(s) for data analysis? <input type="checkbox"/> 1) Yes (<i>What?</i>) <input type="checkbox"/> 2) No

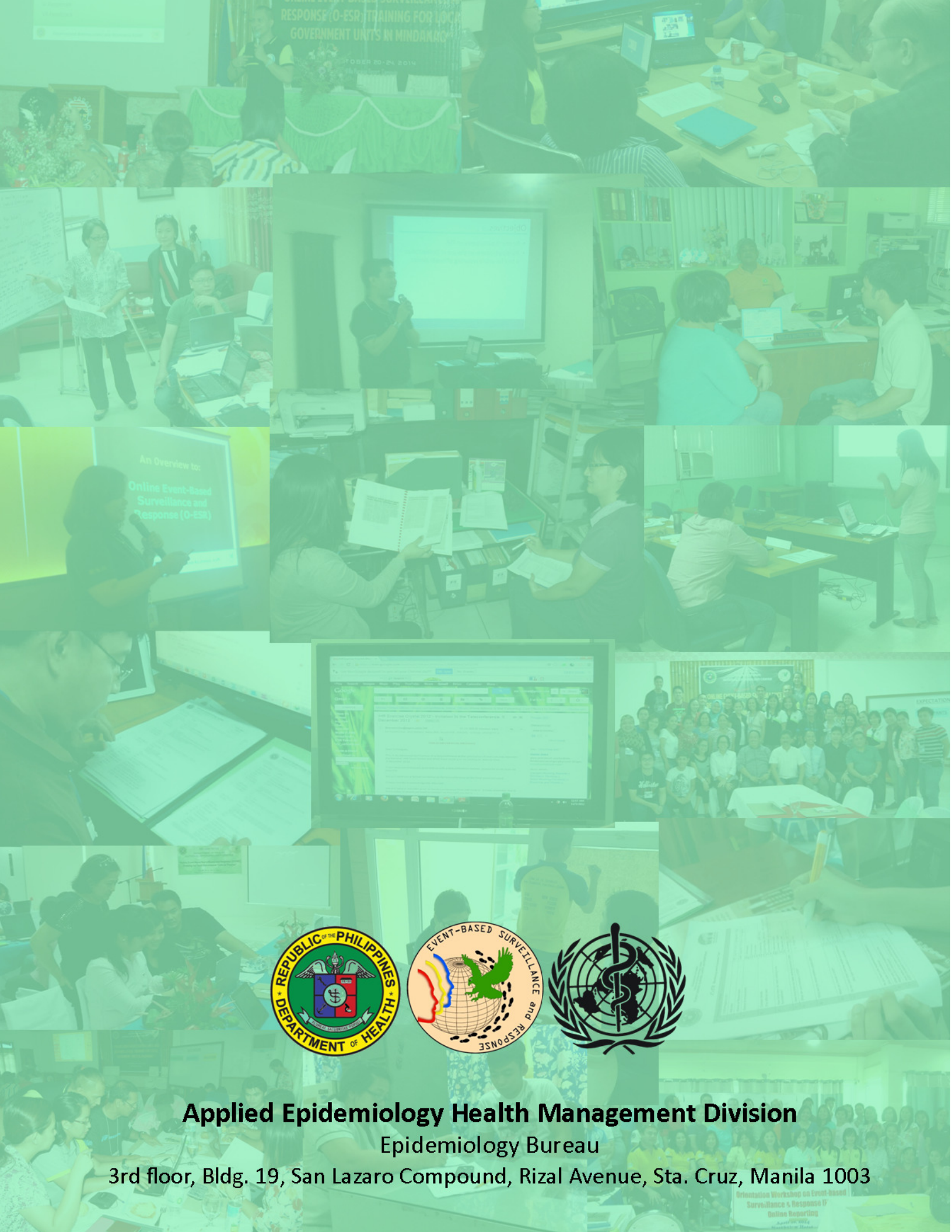
I. Feedback/Supervision/Support System	
74.	When you submit health event reports to NEC (or RESU if respondent is LGU), what are your request or expectations? (<i>multiple responses allowed</i>) <input type="checkbox"/> 1) None/for info only <input type="checkbox"/> 2) Request for info/guidelines <input type="checkbox"/> 3) Referral/request of experts <input type="checkbox"/> 4) Request for investigations <input type="checkbox"/> 5) Request for assistance <input type="checkbox"/> 6) Others (<i>specify</i> _____)
75.	What responses have you already received from NEC/RESU? (<i>multiple responses allowed</i>) <input type="checkbox"/> 1) None <input type="checkbox"/> 2) Info/guidelines <input type="checkbox"/> 3) Referral/experts opinion <input type="checkbox"/> 4) Field investigations <input type="checkbox"/> 5) Staff/supplies assistance <input type="checkbox"/> 6) Others (<i>specify</i> _____)
76.	Have you provided feedback reports to data sources, partners and stakeholders? <input type="checkbox"/> 1) Yes, to all of them <input type="checkbox"/> 2) Yes, but except to _____ <input type="checkbox"/> 3) No
77.	If yes, how regular do you give/submit feedback?
78.	What agencies/facilities, whether local, regional or national, do you have linkages/coordination with regards to ESR activities? Agencies:
79.	What support do you acquire from them?

J. ESR MOP (RESU Only)	
80.	Are you aware about the ESR MOP? <input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No
81.	Do you have a copy of the ESR MOP? <input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) None
82.	Have you read the ESR MOP? <input type="checkbox"/> 1) Yes, completely <input type="checkbox"/> 2) Yes, but no mastery <input type="checkbox"/> 3) No, not at all

Annex 5.... continuation

83.	Is the ESR MOP helpful/useful?	<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No
84.	If yes, in what aspect it is helpful/useful?	
85.	Do you have any comments or recommendations regarding ESR MOP?	

Performance Rating Scale					
1 = Major Difficulty, 2 = Needs Improvement, 3 = Okay, 4 = Very Good, 5 = Excellent					
ESR Process	1	2	3	4	5
Capturing and Filtering of Events					
Verification of Health Events					
Assessment					
Response / Management					
Feedback					
Total					_____(Out of 25)
Remarks					



Applied Epidemiology Health Management Division

Epidemiology Bureau

3rd floor, Bldg. 19, San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila 1003

Workshop on Event-based Surveillance & Response II
Online Reporting
April 2014
Epidemiology Bureau