FACT SHEET

Disease Surveillance

The need for surveillance

After Typhoon Haiyan (Yolanda) there was a serious concern at the possibility of outbreaks of communicable diseases. Nearly 4 million people were displaced and many lived in the temporary evacuation centres. Living in crowded and sometimes unhygienic areas with poor water quality and lack of food, people were more vulnerable to disease. On top of this, the debris from the disaster, piles of rubbish and water pools, created fertile breeding grounds for disease carriers such as mosquitos. The very young and the very old, the disabled and the mentally ill, the pregnant and those suffering from chronic diseases were particularly at risk. In these conditions, a properly functioning disease surveillance system was critical for ensuring that any cases of disease were detected early, so that measures could be put in place to stop it from becoming a major outbreak.

Activating SPEED

The Philippines has an early warning surveillance system called SPEED or ‘Surveillance in Post Extreme Emergencies and Disasters’, that is activated after disasters and in extreme emergency situations. With the typhoon damaging the existing health systems and health personnel themselves being victims of the disaster, the government’s ability to activate this system was limited. Surveillance equipment was destroyed and communication systems were down. Technical expertise, training and basic equipment was urgently needed to support the functioning of the SPEED surveillance system.

Providing technical support to strengthen surveillance

WHO stepped in to help the Department of Health (DOH) address these gaps. Immediately after the disaster, WHO gathered a team of surveillance and epidemiology experts from organizations including the Global Outbreak Alert and Response Network (GOARN), US Center for Disease Control (CDC) and the WHO Non-governmental Organization Consortium. Members of the team went to key affected areas alongside staff of the DOH to strengthen surveillance. Regular surveillance reports were prepared to keep track of the twenty one health conditions monitored through SPEED including dengue, typhoid and rabies.

Trained
430
Personnel in health surveillance

IT support provided

- 123 computers donated
- Automation of EWARN report generation
- Automation of PIDSR data

Surveillance reported through

- EWARN Bulletin
- Health Cluster Bulletin
WHO provided technical support to the DOH at the national, regional, provincial and municipal levels. Field teams of rural nurses and municipal health officers were trained to collect data daily from medical facilities and evacuation centers in each region using SPEED. Training was provided to local staff for clinical management of potential outbreaks.

It was important to integrate foreign medical teams (FMT) arriving in the affected areas into the surveillance system so they could report data and further help with the surveillance. WHO prepared USB memory sticks with operating manuals and guidelines for SPEED and allocated a unique SPEED identifier to each FMT. WHO also oversaw the compilation of surveillance reports, monitored alerts from SPEED, verified if further action was needed and followed-up where action was required with DOH staff. In areas with poor telecommunications coverage, SPEED runners (with motorbikes) were hired to ensure surveillance information was transported quickly to prevent outbreaks. WHO also supported the reinforcement of surveillance IT systems.

The SPEED surveillance system was activated on November 10, 2013 and discontinued in March-April 2014 when the DOH reverted to routine disease surveillance through the Philippine Integrated Disease Surveillance System (PIDSR) and Event-based Surveillance System (ESR). WHO is continuing its work on strengthening surveillance by training workers on PIDSR and ESR. Trainings have also been provided on dengue vector surveillance and control.

Providing IT support to strengthen surveillance

Initiatives undertaken to provide and upgrade IT systems in support of surveillance activities at the beginning of the response also supported the reinforcement of routine surveillance work later. Analysis of weekly disease data was reported through the Early Warning Alert and Response Network (EWARN) Bulletins and Health Cluster Bulletins. The SPEED software was upgraded to include the automation of EWARN report generation. Assistance was provided to the DOH to upgrade ESR reporting into a nation-wide online reporting system. Technical support was also provided to enhance PIDSR reporting through the automation of local PIDSR analysis. All these mechanisms have enhanced the DOH disease surveillance systems for the future.

A significant achievement of all these efforts is that there has been no major disease outbreak in the typhoon affected areas so far. Today WHO continues to train DOH workers on disease surveillance and to work together to ensure effective disease surveillance and control.

WHO Philippines wishes to thank the donors and partners: the Governments of Australia, Canada, Japan, Kuwait, Monaco, Norway, the Republic of Korea, the Russian Federation and the United Kingdom; Contributions received from Central Emergency Response Fund of the United Nations, the Japan Private Kindergarten Association. WHO further extend their gratitude to staff from the WHO Non-governmental Organization Consortium and members of the Global Outbreak Alert and Response Network.

Visit our website at www.wpro.who.int/philippines