



Department of Transportation and Communications
PUNONGHIMPILAN TANOD BAYBAYIN NG PILIPINAS
(Headquarters Philippine Coast Guard)
139 25th Street, Port Area, 1018 Manila



HPCG / CGMED

10 JUL 2009

STANDING OPERATING PROCEDURE

NUMBER

04-09

GUIDELINES IN THE PREVENTION, CONTAINMENT AND MANAGEMENT OF INFLUENZA A (H1N1) INFECTION

I. REFERENCES:

- a) DOH ADMINISTRATIVE ORDER No. 2009-009 dated 04 May 2009
Subject: Application of Department of Health Policies, Plans and Guidelines Pertaining to Influenza A (H1N1);
- b) DOH DEPARTMENT MEMORANDUM No.2009-0171, dated 24 June 2009 Subject: Technical Guidelines to Effect the Continuum of Approach from Containment to Mitigation Strategies in the Control Influenza A (H1N1) Virus;
- c) DOH DEPARTMENT MEMORADUM No.2009-0133-0155, dated 08 June 2009 Subject: Technical Guidelines, Standards and Other Instructions for Reference in the Pandemic Response to Influenza A (H1N1)

II. GENERAL:

In April 2009 a swine-originating Influenza virus strain (H1N1) commonly referred to as "swine flu" caused a worldwide flu pandemic, but there is no evidence that it is endemic to pigs (i.e. actually a swine flu) or of transmission from pigs to people; instead the virus is spreading from person to person. Influenza A (H1N1) is a new strain of virus that resulted from the reassortment of four (4) viruses from pigs, humans and birds, but the current strain causes illness mainly to humans.

The signs and symptoms of Influenza A (H1N1) is very similar to seasonal or regular flu. It will usually manifest with colds, cough, fever, headache, fatigue, sore throat, muscle or joint pains, and lack of appetite. In some cases, there were symptoms of nausea, vomiting and diarrhea.

At present, evidence suggests that the main route of human-to-human transmission of the new Influenza A(H1N1) virus is via respiratory droplets, which are expelled by speaking, sneezing or by coughing. Any person who is in close contact with someone who has influenza-like symptoms is at risk of being exposed to potentially infective respiratory droplets.

Presently, there is no incidence of Influenza A(H1N1) in the PCG. There is no assurance though that we can continue this present trend, since it

was already declared by the World Health Organization (WHO) as a global pandemic, so it is imperative that the PCG continue to practice the preventive measures being imposed by the WHO and DOH. The present thrust of DOH has shifted from containment to mitigation of the spread of this disease.

III. PURPOSE: This SOP prescribes the policies and guidelines to be followed by all Philippine Coast Guard personnel on the Prevention, Containment and Management of the Influenza A (H1N1).

IV. DEFINITION OF TERMS:

- a) Influenza A(H1N1) – a new strain that resulted from the reassortment of several strains of H1N1 that are usually found separately in humans, birds, and pigs;
- b) Suspected Case of Influenza A(H1N1) – an individual with influenza-like illness who has a close contact with an ill-confirmed case of Influenza A(H1N1) virus infection. Also considered are persons with influenza-like illness (ILI) with a recent history of contact with an animal with confirmed or suspected Influenza A(H1N1) virus infection, or those with ILI who has traveled to an area where there are confirmed cases of Influenza A(H1N1) within 7 day of onset of illness.
- c) Probable Case of Influenza A(H1N1) – an individual that is positive for influenza A but is non-subtypable by reagents used to detect seasonal influenza virus infection;
- d) Confirmed Case of Influenza A(H1N1) – a suspect or probable case with laboratory-confirmed Influenza A(H1N1) virus infection by one or more of the following test: (1) real-time polymerase chain reaction (RT-PCR) test, (2) viral culture, (3) 4-fold rise in swine influenza A(H1N1) virus-specific neutralizing bodies.

V. PROCEDURES:

- a) Any personnel who has symptoms of acute respiratory illness and with recent history of travel to an endemic area, or exposure to a confirmed case of Influenza A(H1N1) virus infection shall qualify as a “case under observation” (CUO) or suspected case of influenza A(H1N1). Nevertheless, information, identity and personal details concerning the CUO shall remain confidential in order to protect his/her privacy and safety.
- b) Despite the presence of Influenza A (H1N1) in our country, it is still advisable for PCG personnel with recent travel from countries with confirmed cases of Influenza A (H1N1) infection to undergo self-quarantine for at least ten (10) days (*Annex-A*). If symptoms as mentioned in Section II develop within the quarantine period, personnel is advised to seek medical consultation.
- c) Personnel with influenza-like symptoms shall immediately seek medical consultation. It is advisable that the patient wear a face mask when going to the health facilities. Follow medical advice and local public health recommendations. Keep distance from other persons as much as possible.

d) Prophylaxis with the Anti-Viral medications (Oseltamivir, Zanamivir), or flu vaccinations are recommended for all PCG personnel and their dependents.

e) In instances of Suspected, Probable or Confirmed case of influenza A(H1N1), it must be reported and referred to the nearest hospital for observation / isolation (**Annex-B**). Personnel with suspected infection must be provided with a face mask to prevent spreading of infection. Further, the workplace must be decontaminated with an appropriate disinfectant (Chlorine bleaching solution and phenol-based disinfectant).

VI. RESPONSIBILITY:

PCG Personnel:

a) All PCG personnel are encouraged to live a healthy lifestyle, and practice proper hygiene and sanitation, such as:

1. Covering the nose and mouth when coughing or sneezing;
2. Frequent and adequate washing of hands with soap and water;
3. Use of 70% isopropyl/ethyl alcohol or alcohol-based sanitizers/alcogels as hand sanitizers;
4. Spitting in proper places (toilet, bathroom sink)
5. Increase the body's resistance and immune system by having adequate rest and taking supplemental vitamins (ascorbic acid or Vit C);
6. Drinking plenty of water/other fluids;
7. Eating nutritious food.

Unit Commanders:

b) All Unit Commanders shall ensure that their respective work areas are regularly cleaned with household disinfectant (bleach, Lysol), and that water, soap and disinfectants are available in all washrooms and toilets.

c) Unit Commanders shall monitor personnel who have travelled to countries affected with Influenza A (H1N1), and advise them to practice self-quarantine for at least ten (10) days upon arrival.

d) Allocate a holding / isolation area in their facilities for possible cases of Influenza A (H1N1) infection.

e) Unit Commanders shall report to this Headquarters (Attn: CG-3/The Command Surgeon, CGMED) all suspected and confirmed cases of Influenza A (H1N1) among PCG personnel or their dependents, to include all actions taken to contain and mitigate the spread of said disease.

f) In cases of Medical Search and Rescue / Medical Evacuation involving foreign vessels/ships, Unit Commanders shall refer the case and must obtain clearance from the nearest Quarantine Medical Officers prior to evacuation. Pursuant to Republic Act 9271 (Quarantine Act of 2004), the Bureau of Quarantine (BOQ) has the sole authority to clear a foreign vessel, to include any of its crew or passengers, prior to entry to our country. This authority is enforced

especially during public health emergencies and instances of emerging new diseases, such as Influenza A (H1N1).

Coast Guard Medical Service:

g) CG Medical Service (CGMED) shall organize an Infection Control Team composed of one (1) Medical Officer, two (2) Medical Admin Officers, three (3) Nurse Officers and two (2) Hospital Men. The Team will plan, implement, coordinate and report the prevention and control measures and mitigation activities regarding Influenza A (H1N1).

h) CGMED shall also issue Updates and Health Advisories regarding Influenza A(H1N1) for dissemination to all PCG Units. Recommended references for updates can be downloaded from the DOH Website (www.doh.gov.ph/h1n1).

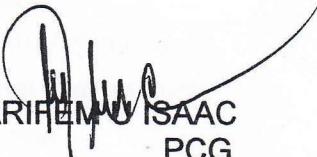
i) CGMED shall undertake measures to improve health facility preparedness in providing necessary treatment and making accessible health support for personnel with Influenza A (H1N1) infection. This shall include logistical requirements for medicine, supplies, vaccines and Personal Protective Equipment (PPE) needed by CGMED health personnel and patients.

j) Coordinate with DOH, NDCC, BOQ, other government agencies, private institutions and local government agencies, for updates, guidelines, action-plans and multi-agency cooperation.

VII. EFFECTIVITY: This SOP shall take effect upon approval.

BY COMMAND OF ADMIRAL TAMAYO:

OFFICIAL:



MARIFEMI M. ISAAC
LT PCG
Coast Guard Adjutant

ENRICO EFREN A EVANGELISTA
CAPT PCG
Chief of Coast Guard Staff

Annex A – Countries with Confirmed cases of Influenza A (H1N1);
Annex-B – List of DOH Referral Hospitals

ANNEX A:**Pandemic (H1N1) 2009 - update 58**

Laboratory-confirmed cases of pandemic (H1N1) 2009 as officially reported to WHO by States Parties to the International Health Regulations (2005)

6 July 2009 09:00 GMT

Country, territory and area	Cumulative total		Newly confirmed since the last reporting period	
	Cases	Deaths	Cases	Deaths
Algeria	5	0	0	0
Antigua and Barbuda	2	0	0	0
Argentina	2485	60	898	34
Australia	5298	10	730	1
Austria	19	0	4	0
Bahamas	7	0	1	0
Bahrain	15	0	0	0
Bangladesh	18	0	6	0
Barbados	12	0	0	0
Belgium	54	0	5	0
Bermuda, UKOT	1	0	0	0
Bolivia	416	0	133	0
Bosnia and Herzegovina	1	0	0	0
Brazil	737	1	0	0
British Virgin Islands, UKOT	2	0	0	0
Brunei Darussalam	124	0	39	0
Bulgaria	10	0	0	0
Cambodia	7	0	0	0
Canada	7983	25	0	0
Cap Verde	3	0	0	0
Cayman Islands, UKOT	14	0	0	0
Chile	7376	14	0	0
China	2040	0	226	0
Colombia	118	2	17	0
Cook Island	1	0	1	0
Costa Rica	277	3	50	1
Cote d'Ivoire	2	0	0	0
Croatia	1	0	1	0
Cuba	85	0	12	0
Cyprus	109	0	39	0

Czech Republic	15	0	0	0
Denmark	66	0	3	0
Dominica	1	0	0	0
Dominican Republic	108	2	0	0
Ecuador	204	0	41	0
Egypt	78	0	11	0
El Salvador	319	0	66	0
Estonia	13	0	0	0
Ethiopia	3	0	0	0
Fiji	2	0	0	0
Finland	47	0	4	0
France	310	0	10	0
French Polynesia, FOC	4	0	2	0
Guadalupe, FOC	2	0	2	0
Martinique, FOC	3	0	1	0
New Caledonia, FOC	12	0	6	0
Saint Martin, FOC	1	0	1	0
Germany	505	0	35	0
Greece	151	0	42	0
Guatemala	286	2	32	0
Guyana	2	0	2	0
Honduras	123	1	0	0
Hungary	11	0	0	0
Iceland	4	0	0	0
India	129	0	25	0
Indonesia	20	0	12	0
Iran, Islamic Republic	1	0	0	0
Iraq	12	0	1	0
Ireland	74	0	23	0
Israel	681	0	104	0
Italy	146	0	16	0
Jamaica	32	0	0	0
Japan	1790	0	344	0
Jordan	23	0	1	0
Kenya	15	0	3	0
Korea, Republic of	202	0	0	0
Kuwait	35	0	0	0
Laos	5	0	2	0
Latvia	1	0	0	0
Lebanon	49	0	2	0
Libya	1	0	1	0
Lithuania	3	0	0	0

Luxembourg	6	0	2	0
Macedonia	2	0	2	0
Malaysia	112	0	0	0
Malta	24	0	22	0
Mauritius	1	0	0	0
Mexico	10262	119	0	0
Montenegro	10	0	1	0
Morocco	17	0	0	0
Myanmar	1	0	0	0
Nepal	5	0	0	0
Netherlands	135	0	1	0
Netherlands, Aruba	5	0	0	0
Netherlands Antilles, Curaçao	8	0	0	0
Netherlands Antilles, Sint Maarten	7	0	0	0
New Zealand	1059	3	147	3
Nicaragua	321	0	13	0
Norway	41	0	0	0
Oman	4	0	1	0
Palau	1	0	0	0
Panama	417	0	0	0
Papua New Guinea	1	0	0	0
Paraguay	106	1	3	1
Peru	916	0	378	0
Philippines	1709	1	0	0
Poland	25	0	6	0
Portugal	42	0	15	0
Qatar	23	0	13	0
Romania	41	0	5	0
Russia	3	0	0	0
Saint Lucia	1	0	0	0
Samoa	1	0	0	0
Saudi Arabia	114	0	25	0
Serbia	15	0	0	0
Singapore	1055	0	177	0
Slovakia	18	0	0	0
Slovenia	14	0	9	0
South Africa	18	0	6	0
Spain	776	1	16	0
Sri Lanka	19	0	2	0
Suriname	11	0	0	0
Sweden	84	0	10	0
Switzerland	76	0	4	0

Syria	1	0	1	0
Thailand	2076	7	662	4
Trinidad and Tobago	65	0	12	0
Tunisia	5	0	2	0
Turkey	40	0	0	0
Uganda	1	0	0	0
Ukraine	1	0	0	0
United Arab Emirates	8	0	0	0
United Kingdom	7447	3	0	0
Guernsey, Crown Dependency	5	0	0	0
Isle of Man, Crown Dependency	1	0	0	0
Jersey, Crown Dependency	11	0	0	0
United States of America	33902	170	0	0
Puerto Rico	18	0	18	0
Virgin Islands	1	0	1	0
Uruguay	195	4	0	3
Vanuatu	2	0	0	0
Venezuela	206	0	2	0
Viet Nam	181	0	50	0
West Bank and Gaza Strip	60	0	30	0
Yemen	8	0	1	0
Grand Total	94512	429	4591	47

Chinese Taipei has reported 61 confirmed cases of pandemic (H1N1) 2009 with 0 deaths. Cases from Chinese Taipei are included in the cumulative totals provided in the table above.

Cumulative and new figures are subject to revision

Abbreviations

UKOT: United Kingdom Overseas Territory

FOC: French Overseas Collectivity

Netherlands Antilles, Curaçao : 3 confirmed cases: The three confirmed cases are crew members of a cruise ship. They did not leave the boat during their illness nor during the 24 hours preceding the onset of symptoms.

Norway: 7 confirmed cases are crew members and passengers of a cruise ship. They did not leave the boat during their illness nor during the 24 hours preceding the onset of symptoms.

Source: WHO Website (http://www.who.int/csr/don/2009_07_06/en/index.html)

ANNEX-B:

National Referral Center:

Research for Tropical Medicine (RITM)
Alabang, Muntinlupa, Metro Manila
Tel No. 809-7599

Sub-national Referral Centers

A. Luzon and Metro Manila

San Lazaro Hospital
Quiricada St., Sta. Cruz, Manila
Tel. No. (02) 732-3776 to 78

Lung Center of the Philippines
Quezon Avenue, Quezon City
Tel. No. (02) 924-6101/Fax No.:924-0707

B. Visayas

Vicente Sotto Medical Center
Cebu City
Tel. No. (032) 253-9891/254-0057

C. Mindanao

Davao Medical Center
Bajada, Davao City
Tel. No. (082) 227-2731

Satellite Referral Hospitals / Regional Hospitals/Medical Centers of 16 regions

Mariano Marcos Memorial Hosp. and Medical Center
Batac, Ilocos Norte
(077) 792-3144; 792-5002; 792-5051

Cagayan Valley Medical Center
Tuguegarao, Cagayan
(078) 844-3789; 844-1410; 844-0033; 0917-9356201

Jose B. Lingad Memorial General Hospital
San Fernando, Pampanga
(045) 961-3921; 961-3380; 961-3363

Batangas Regional Hospital
Batangas City, Batangas
(043) 723-0911; 980-1743

Bicol Regional Training and Teaching Hospital
Legaspi City, Albay
(052) 483-0016; 483-0015; 480-0635; 483-0808

Western Visayas Medical Center
Mandurria, Iloilo City, Iloilo
(033) 321-1797; 321-0638; 321-2841

Western Visayas Regional Hospital
Bacolod City
(03) 433-2697 435-1591 loc. 241

Eastern Visayas Regional Medical Center
Magsaysay Blvd., Tacloban City
(053) 321-133; 321-3129; 321-2816; 325-8438

Zamboanga City Medical Center
Zamboanga City
(062) 991-2934

Northern Mindanao Medical Center
Cagayan de Oro City
(08822) 728-829; 723-735
(088) 858-4064
(0917) 950-4287
(0918) 534-5333

Cotabato Regional and Medical Center
Cotabato City, North Cotabato
(064) 421-2192; 421-2340 local 103

Baguio General Hospital and Medical Center
Baguio City
(074) 442-3165

Caraga Regional Hospital
Surigao City, Surigao del Norte
(086) 231-7090; 826-2459; 826-3157

DOH Influenza A(H1N1) HOTLINE – (02) 711-1001 or 711-1002

Source: DOH Website (www.doh.gov.ph/h1n1)