HEALTH A bulletin from the Infection Control Service

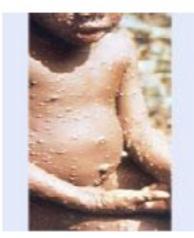


May 23, 2022 Updated August 19, 2024

Mpox

Last August 14, 2024, WHO Director General Dr Tedros Adhanom Ghebreyesus declared Mpox (formerly Monkeypox) as a public health emergency of international concern under the International Health Regulations (2005) (IHR) due to Mpox upsurge in the Democratic Republic of the Congo (DRC) and a growing number of countries in Africa.

On August 18, 2024 the Department of Health reported the first case of Mpox in the Philippines for this year, being the last case in December 2023, bringing a total of 10 cases. The patient has no history of travel outside the Philippines.







What Exactly is Mpox (Monkeypox)?

The Mpox (monkeypox) virus causes the disease monkeypox. The Mpox virus can be transmitted to humans via close contact (wounds, body fluids, respiratory droplets) with an infected person or animal or with contaminated materials. It has an incubation period of 5-21 days, usually 6-16 days following exposure. It is transmissible from the time the skin lesions appear until all lesions have healed.

There are two types of the Mpox virus;

- Clade I causes more severe illness and death and is endemic in Central Africa.
- Clade II are less severe and was behind the global Mpox outbreak that began in 2022.

Signs and Symptoms

- Fever and/or chills
- Muscle aches and/or back pain
- Skin rash / lesions 1-3 days after the appearance of fever and continues for 2-3 weeks.
- Weakness / low energy / exhaustion
- Swollen lymph nodes
- Intense headache

Transmission

- Close, sustained physical contact which includes: skin-to skin (touching or , sex), mouth to mouth, mouth to skin contact (kissing), face to face with someone who has Mpox (talking or breathing close to one another)
- Direct contact with symptomatic person/infected animal and their bodily fluids (fluid, pus or blood from skin lesions)
- Indirect contact through fomites that have been contaminated in the household or patient care environment.

How are patients with Suspected Mpox evaluated?

- Conduct a thorough patient history to assess possible Mpox exposure or epidemiologic risk factors.
- Perform a complete physical examination including a thorough skin and mucosal evaluation for the characteristic maculopustular rash of Mpox.
- Consider Mpox when trying to determine the cause of diffuse or localized rash.

Diagnosis

 A definitive diagnosis of Mpox is made by detection of the virus by PCR from a specimen obtained from a cutaneous or mucocutaneous site.

Symptoms	Monkeypox	Chickenpox / Varicella	Measles / Rubeola
Fever	1 3 days before the rash	1 2 days before the rash	3 5 days before the rash
Rash appearance	One stage of development	Multiple stages of development	Multiple stages of development
Rash development	Slow	Rapid	Rapid
Rash distribution	More dense on face; Present on palms and soles	More dense on trunk , present on palms and soles	Starts on face and spreads, sometimes reaching hands and feet.
3wollen lymph nodes	Yes	NO	Occasional
Death rate	Up to 10%	Rare	Varies widely

Prevention and Control of Mpox Infections

- Contact your healthcare provider (Bureau of Quarantine for Travelers, Associates' Health Clinic for SLMC healthcare workers) or proceed to Emergency Care Services
- Isolation of suspected or confirmed Mpox patient
- Wearing of appropriate personal protective equipment (PPE) when taking care of the patients (medical mask if patient is coughing or has mouth sores; procedural gown and gloves to avoid physical contact with the patient and his/her immediate surroundings)
- Hand hygiene with the use of soap and water or an alcohol-based hand rub or sanitizer
- Cleaning and disinfection of contaminated surfaces and washing of patient's clothes, towels and linens.

Treatment

- Treatment for most people with Mpox is aimed at relieving symptoms. Care may include managing skin damage from the Mpox rash, drinking enough liquids to help keep stool soft, and pain management.
- If you have Mpox, isolate at home in a separate room from family and pets until your rash and scabs heal.

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INFECTION CONTROLSERVICE

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HEALTH ALER-

A bulletin from the Infection Control Service

July 24, 2024

LEPTOSPIROSIS



(PNA photo by Joan Bondoc)

As of June 2024, the Department of Health has recorded an increasing number of leptospirosis cases with a total of 878 cases and 84 deaths as of June 15, 2024 due to rains resulting in floodings. This figure is only half the cases recorded for the same period last year but it was observed that cases increased in the recent morbidity weeks.

What is Leptospirosis?

Leptospirosis is a bacterial disease that affects humans and animals. It is caused by bacteria of the genus Leptospira. In humans, it can cause a wide range of symptoms, some of which may be mistaken for other diseases. Some infected persons, however, may have no symptoms at all.

How is it transmitted?

Humans can become infected through:

Contact with urine (or other body fluids, except saliva) from infected animals.

Contact with water, soil, or food contaminated with the urine of infected animals.

What are the Symptoms and Clinical Features?

Fever, headache, chills, muscle aches, vomiting, nausea, diarrhea, abdominal pain, cough, conjunctival suffusion, jaundice, and sometimes rash. Incubation period: 5-14 days with a range of 2-30 days.

Untreated patients could develop kidney damage, meningitis, liver failure, respiratory distress, and in some cases, may die.

How can it be treated?

Leptospirosis is treated with antibiotics, such as doxycycline or penicillin, which should be given early in the course of the disease. Intravenous antibiotics may be required for persons with more severe symptoms.

How can it be prevented?

Boots and gloves to minimize direct exposure to the bacteria. Use protective gear: If contact with floodwaters is unavoidable.

Avoid contact with floodwaters: Refrain from wading or swimming in flooded areas as they may be contaminated with Leptospira bacteria.

Handwashing with soap and clean water after coming into contact with floodwaters or handling potentially contaminated items.

Any cuts or abrasions should be covered with waterproof bandages to prevent entry of the bacteria into the bloodstream. Keep wounds covered.

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HEALTH ALER-

A bulletin from the Infection Control Service

RE- ISSUE July 24, 2024

BEWARE OF W.I.L.D. DISEASES

The rainy season is back and the Department of Health urges the public to take caution against <u>W.I.L.D.</u> diseases. WILD stands for **W**ater borne diseases, Influenza, Leptospirosis and **D**engue.

Water Borne Diseases

Influenza

Leptospirosis

Dengue

-These are diseases caused by microorganisms that people may get through ingestion of contaminated food and water.

Examples: Cholera, Diarrhea,

Hepatitis A and Typhoid Fever

- This is a viral infection commonly known as the Flu and is usually present during rainy season.
- -This is a bacterial infection transmitted through flood waters contaminated by rodents and other vermin. The bacteria usually enters the body through open wounds or mucous membranes while wading flood waters.
- This is an acute viral infection that affects everyone. The virus is transmitted by the mosquito Aedes aegypti.

- Symptoms may include diarrhea, stomach ache and vomiting.
- Symptoms may include fever, headache, runny nose, sore throat, cough and sometimes muscle or joint pains.
- Symptoms may include high fever, headache, chills, muscle aches, vomiting, jaundice (yellow skin and eyes), red eyes and abdominal pain.
- -Symptoms may include sudden, high fever, severe headaches, pain behind the eyes, severe joint and muscle pain, fatigue, nausea, vomiting, skin rash (which appears two to five days after the onset of fever.)

Do NOT swim in

flood water. Avoid

wading as well.



Use Water-Resistant Rain Gear.



Drink
Multivitamins
and Follow a
healthy diet

<u>Prevention</u>



Always practice good hand hygiene.



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Avoid keeping stagnant water.



Do NOT drink contaminated or untreated water.



Shower after wading or getting wet from flood waters.

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- Eagle News PH

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HEALTH ALER-

A bulletin from the Infection Control Service

October 11, 2023

Flu & RSV: What's the difference?

CDC issued a warning on rising cases of RSV in the United States. Locally, we have seen an increasing number of patients in the hospital presenting with Influenza like illnesses (ILI) and among these cases the top etiology were Influenza, RSV and Rhinovirus.

RSV and Influenza share some similar symptoms. Here are some pointers to tell the difference.

Flu is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and sometimes the lungs. It can cause mild to severe illness, and at times can lead to death. The best way to prevent flu is by getting a flu vaccine each year.

Respiratory syncytial (sin-SISH-uhl) virus, or RSV, is a common respiratory virus that usually causes mild, cold-like symptoms. Most people recover in a week or two, but RSV can be serious. Infants and older adults are more likely to develop severe RSV and need hospitalization.

Symptoms:

Flu symptoms usually come on suddenly. On the other hand, RSV symptoms show within 4 to 6 days after getting infected.

- fever* or feeling feverish/chills
- cough
- sore throat
- runny or stuffy nose
- muscle or body aches
- headaches
- fatigue (tiredness)
- Some people with flu may have vomiting and diarrhea, though this is more common in children than adults.

Complications:

RSV infection can spread to the lower respiratory tract, causing pneumonia or bronchiolitis - inflammation of the small airway passages entering the lungs. Signs and symptoms may include:

- Fever
- Severe cough
- Wheezing a high-pitched noise that's usually heard on breathing out (exhaling)
- Rapid breathing or difficulty breathing the person may prefer to sit up rather than lie down

Bluish color of the skin due to lack of oxygen (cyanosis)

Moderate complications of flu are sinus and ear infections while pneumonia is a serious flu complication that can result from either flu virus infection alone or from co-infection of flu virus and bacteria.

Other possible serious complications triggered by flu can include inflammation of the heart (myocarditis), brain (encephalitis) or muscle tissues (myositis, rhabdomyolysis), and multi-organ failure (for example, respiratory and kidney failure).

Transmission:

Mode of transmission of flu viruses spread mainly by droplets made when people with flu cough, sneeze, or talk. These droplets can land in the mouths or noses of people who are nearby (usually within about 6 feet away) or possibly be inhaled into the lungs.

RSV enters the body through the eyes, nose or mouth. It spreads easily through the air on infected respiratory droplets. The virus also passes to others through direct contact, such as shaking hands.

Treatment and Prevention:

Antiviral medication is not routinely recommended to fight infection. Most RSV and Flu infections go away on their own in a week or two with rest and plenty of fluids.

Lifestyle modifications that can help prevent spread of infection:

- Hand hygiene
- Masking/Cough etiquette
- Vaccination
- avoid exposure to people with symptoms

Contact a healthcare professional and get care right away if you experience emergency symptoms like difficulty of breathing, chest pain, worsening of existing medical conditions, or observed gray or blue, lips or nail beds.

Sources:

https://www.mayoclinic.org/diseases-conditions/respiratory-syncytial-vir us/symptoms-causes/syc-20353098 https://www.cdc.gov/flu/symptoms/symptoms.htm

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HEALTH ALER-

A bulletin from the Infection Control Service

September 25, 2023

Nipah Virus Outbreak in India

In the southern Indian state of Kerala, the bat-borne Nipah virus has infected six people — two of whom have died — since it emerged in late August. More than 700 people, including health-care workers, have been tested for infection over the past week. State authorities have closed some schools, offices and public-transport networks.

Human Nipah virus (NiV) infection is an emerging zoonotic disease which was first recognized in a large outbreak of 276 reported cases in Malaysia and Singapore from September 1998 to May 1999. In India, during 2001 and 2007 two outbreaks in human were reported from West Bengal, neighboring Bangladesh.

The Department of Health (DOH) assured the public that there have been no new cases of Henipavirus infection in the Philippines since 2014, even as India grapples with the rare yet highly fatal disease.

The Nipah virus, which belongs to the Henipavirus genus, is feared for its 40 to 70% mortality rate. There is also no known vaccine for the virus.

Incubation period: varies from 6-21 days.

Mode of Transmission: Nipah is usually transmitted to humans from animals or through food contamination. However, it is also known to be passed around directly from person to person. Among its natural carriers are fruit bats and have been identified as the most likely cause of subsequent outbreaks.

Despite its potential to kill, Nipah virus doesn't spread as easily between people as other animal-borne infections do, making it less likely to spread beyond country borders, says Danielle Anderson, a virologist at the Royal Melbourne Hospital in Australia. A 2019 study of nearly 250 Nipah virus cases in Bangladesh over 14 years found that roughly one-third of human infections were passed on to someone else. "I would not expect that it would spread globally," says Anderson. "Nothing to the extent of what we've seen with COVID-19."

While Nipah outbreaks are rare, it is listed by the WHO as one of the diseases "deserving of priority research for their potential to cause a global epidemic" alongside Ebola, COVID-19 and Zika.

Diagnosis: Laboratory diagnosis of a patient with a clinical history of NiV can be made during the acute and convalescent phases of the disease by using a combination of tests. Nipah virus is classified internationally as a biosecurity level (BSL) 4 agent. In India, a testing facility is available at National Institute of Virology (NIV), Pune.

Symptoms: May initially include one or several of the following:

- Fever
- Headache
- Cough
- Sore throat
- Difficulty breathing
- Vomiting

Severe symptoms may follow, such as:

- Disorientation, drowsiness, or confusion
- Seizures
- Coma
- Brain swelling (encephalitis)

Infections that lead to symptoms and sometimes death much later after exposure (known as dormant or latent infections) have also been reported months and even years after exposure.



Indian authorities rush to contain a deadly Nipah virus outbreak in Kerala

This image if from CNN | Nipah virus: What you need to know

Treatment: Currently there are no licensed treatments available for Nipah virus (NiV) infection. Treatment is limited to supportive care, including rest, hydration, and treatment of symptoms as they occur.

The DOH continues to strengthen its public health interventions as part of its 8-point Action Agenda which places emphasis on disease prevention through health promotion and communication as well as Infection-Prevention-Control (IPC) measures to reduce the transmission of infections, including the Nipah virus.

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https://www.philstar.com/lifestyle/health-and-family/2023/09/20/22976 80/what-nipah-virus

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