Republic of the Philippines
Department of Education
REGION IV-A CALABARZON

ESSD-RM-2025-239

27 March 2025

**Regional Memorandum**
*No.239 s.2025*

# INTENSIFICATION OF STRATEGIES AND INTERVENTION FOR DENGUE PREVENTION AND CONTROL

To: **Schools Division Superintendents**

1. Relative to the Regional Disaster Risk Reduction and Management Council CALABARZON Memorandum 32 s. 2025[1] which endorses the Department of Health–Center for Health Development CALABARZON issued Advisory No. 21-2025 dated 18 February 2025 on the Intensification of Strategies and Intervention for Dengue Prevention and Control and the number of Dengue Cases in the Region for the period of January 1 to March 1, 2025, this Office, through the Education Support Services Division-School Health Section, hereby disseminates the above issuances.

2. This is complementary to the Department of Education Regional Memorandum 150s. 2025[2]. Adherence to the stated prevention and control measures by all schools is reiterated, together with prompt submission of activities and cases through the link, https://bit.ly/R4Ainfectiousdiseasereporting

3. For clarifications, kindly contact Pearl Oliveth S. Intia, MD, Medical Officer IV at pearl.intia@deped.gov.ph

4. Strict compliance and immediate dissemination of this Memorandum are desired.

**ATTY. ALBERTO T. ESCOBARTE, CESO II**
Regional Director

*03/ROE5*

[1] Intensification of Strategies and Intervention for Dengue Prevention and Control
[2] Advisory on the Prevention of Hand Foot and Mouth Disease and Dengue Prevention and Control Measures in Schools

REPUBLIC OF THE PHILIPPINES
REGIONAL DISASTER RISK REDUCTION AND MANAGEMENT COUNCIL
CALABARZON
UNIT 301 & 302, MILAN PRESTIGE BLDG., BRGY. HALANG, CALAMBA CITY

ORD-OM-2025-69

**MEMORANDUM**
**No. 32 s. 2025**

**TO :** **ALL CONCERNED RDRRMC CALABARZON MEMBER-AGENCIES, PROVINCIAL/CITY/MUNICIPAL DRRMC CHAIRPERSONS IN THE PROVINCES OF BATANGAS, CAVITE, LAGUNA, QUEZON, RIZAL, AND LUCENA CITY**

**FROM :** **CHAIRPERSON, REGIONAL DRRM COUNCIL CALABARZON AND REGIONAL DIRECTOR, OFFICE OF CIVIL DEFENSE CALABARZON**

**SUBJECT:** **INTENSIFICATION OF STRATEGIES AND INTERVENTION FOR DENGUE PREVENTION AND CONTROL**

**DATE:** **MARCH 11, 2025**

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Dengue is a mosquito-borne viral disease transmitted by *Aedes aegypti* and *Aedes albopictus* mosquitoes. Symptoms range from mild fever, persistent vomiting, lethargy, and potentially fatal severe Dengue characterized by severe plasma leakage leading to shock, fluid accumulation, severe bleeding, and severe organ impairment. *(Source: DOH)*

The Department of Health-Center for Health Development CALABARZON issued Advisory No. 21-2025 dated 18 February 2025 with the Subject: Intensification of Strategies and Intervention for Dengue Prevention and Control" to implement guidelines to attain the goal of Dengue prevention and control of reducing the incidence of Dengue, strengthen surveillance, and provision of assistance, among others.

For the period 01 January to 01 March 2025, dengue cases in the CALABARZON region numbered 12,270 with 31 deaths.

The RDRRMC CALABARZON reiterates the DOH-CHD Advisory and enjoins all Local DRRM Councils to strictly implement the Integrated and Comprehensive Packages of Interventions, as follows:

1. Implement the enhanced 4-S Strategy under Administrative Order No. 2018-0021;
2. LGUs and other stakeholders shall coordinate and integrate efforts on vector control measures;
3. Reactivation/Activation of Dengue Task Force;
4. Ensure availability of vector control commodities (insecticides, larvicides, misting machines, spray cans) for immediate and timely vector control response;
5. Conduct intensified vector surveillance;
6. Initiate Integrated Vector Management through larviciding, space spraying and targeted residual spraying;
7. Case management;
8. Disease Surveillance and reporting and;
9. Risk communication, advocacy and community preparation

Attached for reference are DOH-CHD IV-A Advisory No. 2025-21 and the Dengue Situation in CALABARZON for the Year 2025 to include the Top Cities and Municipalities with dengue cases, as of Morbidity week 1 to 9.

Submit Agencies' and Local DRRM Councils' respective preparedness measures and actions taken in compliance to integrated and comprehensive packages of interventions to the CALABARZON RDRRM EOC through this link: https://bit.ly/PrepMeasuresDengue .

Situation Reports in case of dengue outbreak must be submitted by the city and municipality to respective PDRRMOs for subsequent submission of the PDRRMOs to RDRRMC EOC thru hotline numbers (049) 531-7266 or 531-7279 / cellphone numbers 0917-1257488(Globe) and 0908-8898948 (Smart) or through email address: ocd.rdrrmc4a@yahoo.com .

For guidance and compliance.

**CARLOS EDUARDO E. ALVAREZ III**

*Encl.a/s*

Republic of the Philippines
Department of Health
CENTER FOR HEALTH DEVELOPMENT
*CaLaBaRZon*
QMMC Compound, Project 4, Quezon City
Trunkline: (02)990-4032, Telefax 440-3443
Email Add: chd4a_doh_calabarzon@yahoo.com

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**CALABARZON ADVISORY**
**No. 2025 - 21**

**FOR:** **LOCAL CHIEF EXECUTIVES (LCES), PROVINCIAL HEALTH OFFICERS (PHOS), CITY HEALTH OFFICERS (CHOS), MUNICIPAL HEALTH OFFICERS (MHOS), PROVINCIAL HEALTH TEAM LEADERS (PHTLS), PROVINCIAL, CITY AND MUNICIPAL DISASTER RISK REDUCTION AND MANAGEMENT IN HEALTH MANAGERS, EPIDEMIOLOGIC AND SURVEILLANCE UNITS (P/C/MESUS), HEALTH EDUCATION AND PROMOTION OFFICERS, NATIONAL AEDES-BORNE VIRAL DISEASES PREVENTION AND CONTROL PROGRAM COORDINATORS, PARTNER AGENCIES AND STAKEHOLDERS**

**FROM:** **ARIEL I. VALENCIA, MD, MPH, CESO III**
Assistant Secretary of Health

**SUBJECT:** **INTENSIFICATION OF STRATEGIES AND INTERVENTION FOR DENGUE PREVENTION AND CONTROL**

**DATE:** **February 18, 2025**

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Based on the Morbidity Week 7 report by the Regional Epidemiologic Surveillance Unit (RESU), there is a notable increase in the number of cases of dengue. We have reported 8,336 dengue cases from January 01 to February 15, 2025, with 18 dengue-related deaths with a case fatality rate of 0.21%. This is a 220% increase in cases compared to the same period last year.

Given this, we respectfully request all government and non-government agencies /offices to support the reiteration of the following key messages. We strongly encourage all Local Government Units (LGUs), Provincial/Municipal/City Health Offices, and hospitals to implement the following **Integrated and Comprehensive Packages of Interventions** to control the increase in dengue cases and deaths:

**Prevention and Control**

1. Implement the Enhanced 4-S Strategy under Administrative Order No. 2018-0021
    a. Search and Destroy mosquito-breeding sites: Eliminate stagnant water by cleaning and disposing of containers like tires, bottles, and clogged gutters. Ensure that all water storage containers are properly covered to prevent mosquito breeding.
    b. Secure Self-Protection: Protect yourself from mosquito bites by wearing long sleeves and long pants, apply mosquito repellent, and install mosquito screens on windows and doors.
    c. Seek Early consultation: All individuals who experience fever and signs and symptoms of dengue are encouraged to seek early consultation at the nearest health facility.:
    d. Support Strategic fogging or spraying only in areas where an increase in cases is registered for two consecutive weeks to prevent an impending outbreak.

2. LGUs and other stakeholders shall coordinate and integrate efforts on vector control measures. This shall include:
    a. Conducting massive campaigns to eliminate possible breeding sites such as flower vases, used tires, empty bottles, and caps, etc., and to manage essential containers and all stagnant water;
    b. Passing appropriate legislation to institutionalize activities on "search and destroy mosquito breeding" sites in the locality and funding all activities related to it;
    c. Implementing inter-sectoral approaches and community mobilization for year-round source reduction, which includes intensified vector surveillance and integrated vector management;
    d. Establishing a public health workforce/team for vector surveillance, risk assessment, and response. The public health workforce/team shall draw data from vector surveillance to guide the selection of appropriate vector control interventions to be implemented in a particular barangay/municipality/city.
3. Reactivation/ Activation of Dengue Task Force
4. Ensure availability of Vector Control Commodities (Insecticides, Larvicides, Misting Machines, Spraycans) for immediate and timely vector control response.
5. Conduct **Intensify Vector Surveillance:** This shall be conducted before and after the implementation of Vector Control Interventions.
    a. Identify major breeding sites ( Search and Destroy mosquito breeding sites)
    b. Monitor high-risk areas based on vector population using the Aedes Vector Surveillance Indices such as Breteau Index (BI) and House Index (HI)
    c. Monitor fluctuation in the vector population, which can serve as an early warning of an impending outbreak.
    d. Provide evidence for recommendation of prevention and control measures
    e. Assess the impact of vector control measures after implementation.
6. Initiate **Integrated Vector Management** through larviciding, space spraying, targeted residual spraying, and
    a. When to conduct Space Spraying and Larviciding
        i. When an area is declared a hotspot
        ii. When an area has a clustering of cases
        iii. When there is an outbreak or an impending outbreak
        iv. When an area is declared as dengue sensitive (HI of more than 5%, and BI of more than 20%)
    b. **Conduct strategic space spraying**, either thermal fogging or cold fogging (Shall conduct clean—up drive and 'search and destroy' of breeding sites of mosquitoes before Space Spraying), using the right insecticides (WHO-PQT and FDA approved), right dilution, right method of application, right timing, conducting it using right personal protective equipment (PPE), and proper community preparation. Fogging/Misting operations must be done for 4 cycles and at least a 7-day interval.
    c. When to conduct **Targeted Residual Spraying**:
        i. Targets the resting stage of mosquitoes, which is 1.5 meters from the floor
        ii. When there is a clustering of cases( ie. at least 3 cases reported in 4 consecutive weeks) or during outbreaks.

d. Installation of Long lasting Insecticide-treated Screens/Nets (LLINs) to Public Elementary Schools and Day Care Centers. Ensure all provided LLINs were installed and monitored.

**Case Management**

1. Ensure adherence of health facilities to the Philippine National Aedes-borne Viral Disease Prevention and Control Program Manual of Operations (NAVDPCP MOP) *and Department Memorandum No. 2022-0225 Reiteration of Guidelines on Dengue Outbreak Preparedness and Response*
2. Establish **Hydration Stations** in Primary Care Facilities/ Rural Health Units
    a. Suspected dengue patients without warning signs may be given primary health care intervention in a Hydration Station, as augmentation for hospital-based management
    b. Patients must be provided with Oral Rehydration Solution(ORS) and oral Paracetamol. Vital signs and progression of symptoms must be monitored
    c. Patients provided with primary intervention must be routinely checked for the development of dengue warning signs with urine output monitoring
3. Coordinate with Hospitals and other health facilities for preparedness on patient surge:
    a. Triage
    b. Reactivation of the **Dengue Fast Lane** in all hospitals.
    c. Consider installation of Insecticide-treated nets on Dengue ward
    d. Availability of blood products and blood services
    e. Referral Mechanism, Patient navigation.
    f. Dengue Death Review
4. Ensure readiness and availability of Health Emergency Response Teams for a possible influx of consultations at all health facilities. Build surge capacity, by ensuring sufficient human resources, supplies, equipment, and other commodities of all hospitals for possible mass casualty management and admission.
5. Ensure the availability of Dengue Rapid Diagnostic Tests in health facilities.
6. Coordinate with PhilHealth on Dengue Benefit Package and Medical Assistance for Indigent and Financially Incapacitated Patients (MAIFIP) if necessary.

**Disease Surveillance and Reporting**

1. All disease reporting units (DRU) to ensure real-time data reporting through the Epidemic-prone Disease Case Surveillance Information System (EDCS-IS);
2. Ensure the utilization of surveillance data at all levels as a basis for decision-making for appropriate response;
3. Perform active case finding in areas with dengue case clustering;
4. Prepare rapid response plans that can be immediately deployed when an outbreak is detected.

**Risk Communication, Advocacy, and Community Preparation**

1. Use of trusted communication channels to amplify dengue key messages and reach wider audiences. (*Social Media, TV, local radio stations, and Press Releases following the approval of the Head of Agency and CMU Central Office)*

Republic of the Philippines
Department of Health
CENTER FOR HEALTH DEVELOPMENT
*CaLaBaRZon*
OMMC Compound, Project 4, Quezon City
Trunkline: (02)990-4032; Telefax 440-3443
Email Add: chd4a_doh_calabarzon@yahoo.com

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2. Encourage local governments/RHUs and partners to activate their official Facebook accounts with public privacy settings. When sharing dengue-related updates, use the hashtag **#DenguePreventionCaLaBaRZon** and tag **@hepucalabarzonchd.** Utilizing a consistent hashtag will help communities, health workers, and organizations track information, raise awareness, and engage more people in dengue prevention efforts.
3. Enhance community engagement & participatory approaches to eliminate mosquito breeding sites. (Enhanced 4S)
4. Manage Infodemic. Combat misinformation using fact-checking mechanisms
5. Establish community feedback mechanisms to address concerns and misinformation in real-time.
6. Continue engagement in dengue prevention to maintain long-term behavioral changes.

The following materials can be accessed for information dissemination and risk communication. The public is advised to make the necessary interventions to help prevent the further spread of cases.

To access pertinent dengue prevention and control documents and IEC materials, go to **https://tinyurl.com/dengue4afiles**

For your information and guidance.

Thank you.

ANNEX B

Republic of the Philippines
Department of Health - Center for Health Development- CALABARZON
REGIONAL EPIDEMIOLOGY & SURVEILLANCE UNIT
QMMC Compound, Project 4, Quezon City
Telefax No: +63-2-990-4016 loc. 119
E-mail: resu4a@gmail.com

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## Field Implementation and Management Unit
## Regional Epidemiology and Surveillance Unit

**Morbidity Week 01-9**
**January 01 to March 01, 2025**

Dengue fever and the more severe form, dengue hemorrhagic fever, are caused by any of the four serotypes of dengue virus (types 1, 2, 3, and 4). An infected day-biting female Aedes mosquito transmits this viral disease to humans. In the Philippines, Aedes aegypti and Aedes albopictus are the primary and secondary mosquito vectors, respectively. The mosquito vectors breed in small amount of water collected in such as storages such as tanks, cisterns, flower vases, plant axils and backyard litter. The incubation period is from 3 to 14 days, commonly 4–7 days.

**SUSPECT**

A previously well person with acute febrile illness of 2-7 days duration with clinical signs and symptoms of dengue

**PROBABLE**

A suspected case with positive dengue Igm antibody test.

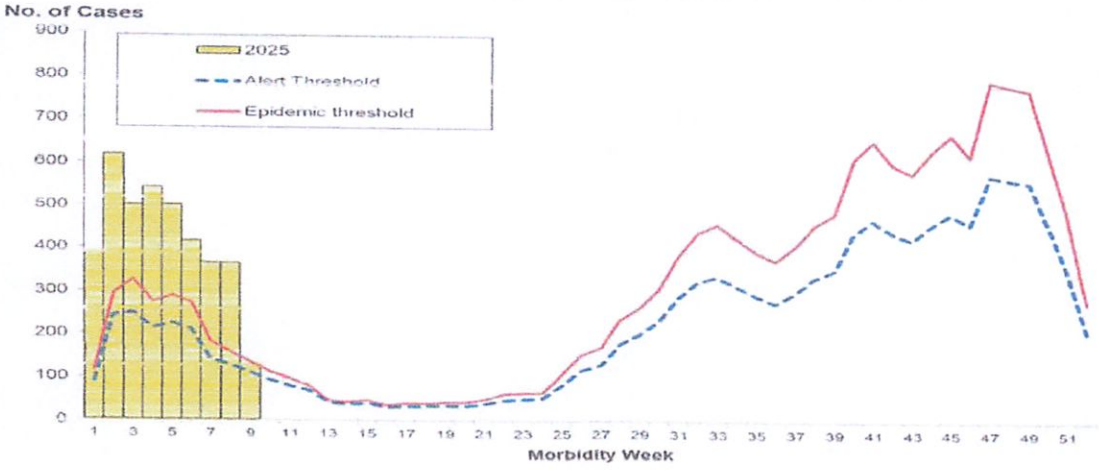
**CONFIRMED**

A suspected case with positive results for:
- Viral culture isolation, OR
- Polymerase Chain Reaction (PCR), OR
- Dengue NS1 antigen test

*Conformity on the Updated Case Definition for Dengue to Department Memorandum No. 2024-0319 "Heightened Surveillance for Dengue"*

### Dengue Cases vs Alert and Epidemic Threshold

*Cavite Province, Morbidity Week 1-9, (January 1- March 1, 2025)*




### Distribution of Dengue Cases by Outcome and Sex

*Cavite Province, Morbidity Week 1-9, 2025*

| MUNICIPALITIES/CITIES | Female | | | Male | | | TOTAL CASES |
|---|---|---|---|---|---|---|---|
| | Alive | Died | Cases | Alive | Died | Cases | |
| City of Imus | 255 | 0 | 255 | 301 | 0 | 301 | 556 |
| City of Bacoor | 230 | 1 | 231 | 296 | 1 | 297 | 528 |
| City of Dasmariñas | 216 | 0 | 216 | 250 | 0 | 250 | 466 |
| City of General Trias | 201 | 0 | 201 | 232 | 0 | 232 | 433 |
| Tanza | 172 | 0 | 172 | 206 | 0 | 206 | 378 |
| City of Cavite | 125 | 0 | 125 | 118 | 0 | 118 | 243 |
| Naic | 114 | 0 | 114 | 127 | 1 | 128 | 242 |
| Rosario | 73 | 0 | 73 | 91 | 0 | 91 | 164 |
| Kawit | 62 | 0 | 62 | 77 | 0 | 77 | 139 |
| Carmona | 58 | 1 | 59 | 77 | 0 | 77 | 136 |
| City of Trece Martires | 66 | 1 | 67 | 53 | 2 | 55 | 122 |
| Gen. Mariano Alvarez | 47 | 2 | 49 | 47 | 0 | 47 | 96 |
| Noveleta | 46 | 0 | 46 | 42 | 0 | 42 | 88 |
| Silang | 38 | 0 | 38 | 44 | 1 | 45 | 83 |
| Indang | 18 | 0 | 18 | 18 | 0 | 18 | 36 |
| Maragondon | 15 | 0 | 15 | 19 | 0 | 19 | 34 |
| City of Tagaytay | 14 | 0 | 14 | 14 | 0 | 14 | 28 |
| Amadeo | 2 | 0 | 2 | 15 | 0 | 15 | 17 |
| Ternate | 7 | 0 | 7 | 5 | 0 | 5 | 12 |
| Alfonso | 4 | 0 | 4 | 7 | 0 | 7 | 11 |
| Magallanes | 2 | 0 | 2 | 8 | 0 | 8 | 10 |
| Mendez | 3 | 0 | 3 | 3 | 0 | 3 | 6 |
| General Emilio Aguinaldo | 2 | 0 | 2 | 2 | 0 | 2 | 4 |

ANNEX B

Republic of the Philippines
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REGIONAL EPIDEMIOLOGY & SURVEILLANCE UNIT
QMMC Compound, Project 4, Quezon City
Telefax No: +63-2-990-4016 loc. 119
E-mail: resu4a@gmail.com

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**Field Implementation and Management Unit**
**Regional Epidemiology and Surveillance Unit**

**Morbidity Week 01-9**
**January 01 to March 01, 2025**

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**SUSPECT**

A previously well person with acute febrile illness of 2-7 days duration with clinical signs and symptoms of dengue

**PROBABLE**

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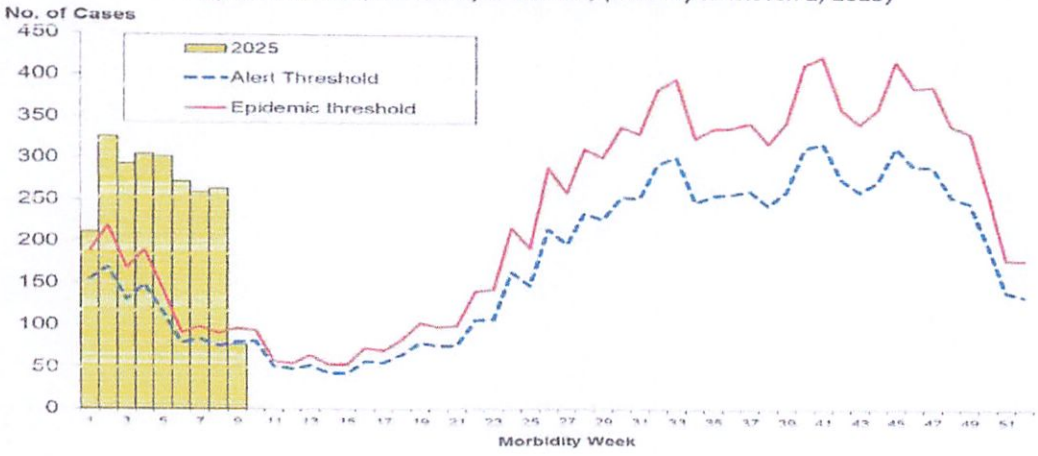
*Conformity on the Updated Case Definition for Dengue to Department Memorandum No. 2024-0319 "Heightened Surveillance for Dengue"*

## Dengue Cases vs Alert and Epidemic Threshold

*Laguna Province, Morbidity Week 1-9, (January 1- March 1, 2025)*




## Distribution of Dengue Cases by Outcome and Sex

*Laguna Province, Morbidity Week 1-9, 2025*

| MUNICIPALITIES/CITIES | Female | | | Male | | | TOTAL CASES |
|---|---|---|---|---|---|---|---|
| | Alive | Died | Cases | Alive | Died | Cases | |
| City of Santa Rosa | 187 | 1 | 188 | 214 | 0 | 214 | 402 |
| City of San Pedro | 193 | 0 | 193 | 205 | 1 | 206 | 399 |
| City of Biñan | 128 | 0 | 128 | 158 | 2 | 160 | 288 |
| City of Calamba | 112 | 0 | 112 | 163 | 0 | 163 | 275 |
| City of Cabuyao | 123 | 0 | 123 | 147 | 0 | 147 | 270 |
| Los Baños | 56 | 0 | 56 | 58 | 0 | 58 | 114 |
| City of San Pablo | 42 | 0 | 42 | 66 | 0 | 66 | 108 |
| Bay | 36 | 0 | 36 | 33 | 0 | 33 | 69 |
| Calauan | 13 | 0 | 13 | 20 | 1 | 21 | 34 |
| Santa Cruz | 11 | 0 | 11 | 22 | 0 | 22 | 33 |
| Pangil | 13 | 0 | 13 | 17 | 0 | 17 | 30 |
| Nagcarlan | 10 | 0 | 10 | 19 | 0 | 19 | 29 |
| Siniloan | 16 | 0 | 16 | 12 | 0 | 12 | 28 |
| Alaminos | 10 | 0 | 10 | 17 | 0 | 17 | 27 |
| Paete | 9 | 0 | 9 | 17 | 0 | 17 | 26 |
| Lumban | 16 | 0 | 16 | 8 | 0 | 8 | 24 |
| Victoria | 12 | 0 | 12 | 7 | 0 | 7 | 19 |
| Liliw | 10 | 0 | 10 | 7 | 0 | 7 | 17 |
| Pagsanjan | 9 | 0 | 9 | 8 | 0 | 8 | 17 |
| Cavinti | 8 | 0 | 8 | 7 | 0 | 7 | 15 |
| Mabitac | 5 | 0 | 5 | 8 | 0 | 8 | 13 |
| Santa Maria | 6 | 0 | 6 | 6 | 0 | 6 | 12 |
| Majayjay | 8 | 0 | 8 | 4 | 0 | 4 | 12 |
| Pakil | 4 | 0 | 4 | 5 | 0 | 5 | 9 |
| Magdalena | 6 | 0 | 6 | 2 | 0 | 2 | 8 |
| Famy | 3 | 0 | 3 | 4 | 0 | 4 | 7 |
| Kalayaan | 4 | 0 | 4 | 2 | 0 | 2 | 6 |
| Rizal | 4 | 0 | 4 | 2 | 0 | 2 | 6 |
| Luisiana | 2 | 0 | 2 | 3 | 1 | 4 | 6 |
| Pila | 2 | 0 | 2 | 3 | 0 | 3 | 5 |

ANNEX B


République of the Philippines
Department of Health - Center for Health Development- CALABARZON
REGIONAL EPIDEMIOLOGY & SURVEILLANCE UNIT
QMMC Compound, Project 4, Quezon City
Telefax No: +63-2-990-4016 loc. 119
E-mail: resu4a@gmail.com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## Field Implementation and Management Unit
## Regional Epidemiology and Surveillance Unit

Morbidity Week 01-9
January 01 to March 01, 2025

Dengue fever and the more severe form, dengue hemorrhagic fever, are caused by any of the four serotypes of dengue virus (types 1, 2, 3, and 4). An infected day-biting female Aedes mosquito transmits this viral disease to humans. In the Philippines, Aedes aegypti and Aedes albopictus are the primary and secondary mosquito vectors, respectively. The mosquito vectors breed in small amount of water collected in such as storages such as tanks, cisterns, flower vases, plant axils and backyard litter. The incubation period is from 3 to 14 days, commonly 4–7 days.

**SUSPECT**

A previously well person with acute febrile illness of 2-7 days duration with clinical signs and symptoms of dengue

**PROBABLE**

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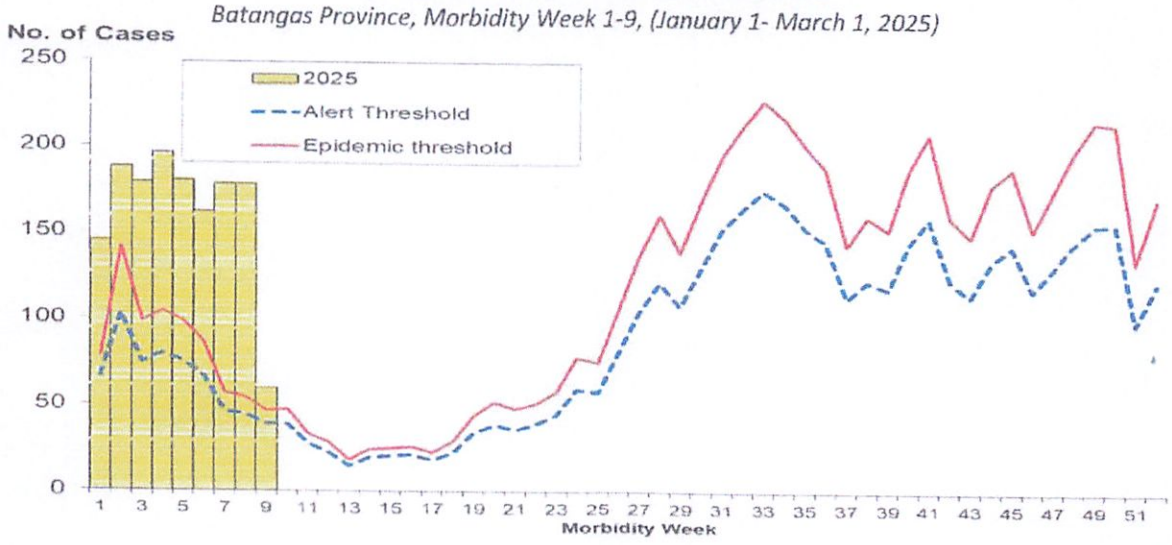
- Dengue NS1 antigen test

*Conformity on the Updated Case Definition for Dengue to Department Memorandum No. 2024-0319 "Heightened Surveillance for Dengue"*

### Dengue Cases vs Alert and Epidemic Threshold

*Batangas Province, Morbidity Week 1-9, (January 1- March 1, 2025)*




### Distribution of Dengue Cases by Outcome and Sex

*Batangas Province, Morbidity Week 1-9, 2025*

| MUNICIPALITIES/CITIES | Female | | | Male | | | TOTAL |
|---|---|---|---|---|---|---|---|
| | Alive | Died | Cases | Alive | Died | Cases | CASES |
| Batangas City | 164 | 0 | 164 | 127 | 0 | 127 | 291 |
| City of Lipa | 90 | 0 | 90 | 99 | 0 | 99 | 189 |
| City of Sto. Tomas | 63 | 0 | 63 | 60 | 0 | 60 | 123 |
| City of Tanauan | 49 | 0 | 49 | 68 | 0 | 68 | 117 |
| Nasugbu | 54 | 0 | 54 | 43 | 0 | 43 | 97 |
| Calatagan | 32 | 0 | 32 | 37 | 0 | 37 | 69 |
| Rosario | 19 | 0 | 19 | 35 | 0 | 35 | 54 |
| Lian | 26 | 0 | 26 | 22 | 0 | 22 | 48 |
| Balayan | 27 | 0 | 27 | 19 | 0 | 19 | 46 |
| San Juan | 23 | 0 | 23 | 16 | 1 | 17 | 40 |
| Tuy | 20 | 0 | 20 | 20 | 0 | 20 | 40 |
| Bauan | 17 | 0 | 17 | 20 | 0 | 20 | 37 |
| San Pascual | 18 | 0 | 18 | 15 | 0 | 15 | 33 |
| Ibaan | 11 | 0 | 11 | 19 | 0 | 19 | 30 |
| Malvar | 11 | 0 | 11 | 14 | 0 | 14 | 25 |
| Lemery | 11 | 0 | 11 | 12 | 0 | 12 | 23 |
| Padre Garcia | 10 | 0 | 10 | 13 | 0 | 13 | 23 |
| Taal | 12 | 0 | 12 | 10 | 0 | 10 | 22 |
| Taysan | 10 | 0 | 10 | 12 | 0 | 12 | 22 |
| Laurel | 9 | 0 | 9 | 13 | 0 | 13 | 22 |
| City of Calaca | 10 | 0 | 10 | 12 | 0 | 12 | 22 |
| San Jose | 8 | 0 | 8 | 11 | 0 | 11 | 19 |
| Talisay | 4 | 0 | 4 | 7 | 0 | 7 | 11 |
| Mabini | 6 | 0 | 6 | 5 | 0 | 5 | 11 |
| Santa Teresita | 3 | 0 | 3 | 7 | 0 | 7 | 10 |
| San Luis | 7 | 0 | 7 | 2 | 0 | 2 | 9 |
| Cuenca | 3 | 0 | 3 | 5 | 0 | 5 | 8 |
| Alitagtag | 6 | 0 | 6 | 1 | 0 | 1 | 7 |
| Agoncillo | 4 | 0 | 4 | 1 | 0 | 1 | 5 |
| Mataasnakahoy | 3 | 0 | 3 | 2 | 0 | 2 | 5 |
| San Nicolas | 1 | 0 | 1 | 3 | 0 | 3 | 4 |
| Balete | 3 | 0 | 3 | 0 | 0 | 0 | 3 |
| Lobo | 1 | 0 | 1 | 0 | 0 | 0 | 1 |

ANNEX B

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Department of Health - Center for Health Development- CALABARZON
REGIONAL EPIDEMIOLOGY & SURVEILLANCE UNIT
QMMC Compound, Project 4, Quezon City
Telefax No: +63-2-990-4016 loc. 119
E-mail: resu4a@gmail.com

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## Field Implementation and Management Unit
## Regional Epidemiology and Surveillance Unit

Morbidity Week 01-9
January 01 to March 01, 2025

Dengue fever and the more severe form, dengue hemorrhagic fever, are caused by any of the four serotypes of dengue virus (types 1, 2, 3, and 4). An infected day-biting female Aedes mosquito transmits this viral disease to humans. In the Philippines, Aedes aegypti and Aedes albopictus are the primary and secondary mosquito vectors, respectively. The mosquito vectors breed in small amount of water collected in such as storages such as tanks, cisterns, flower vases, plant axils and backyard litter. The incubation period is from 3 to 14 days, commonly 4–7 days. (4th EDITION)

**SUSPECT**

A previously well person with acute febrile illness of 2-7 days duration with clinical signs and symptoms of dengue

**PROBABLE**

A suspected case with positive dengue Igm antibody test.

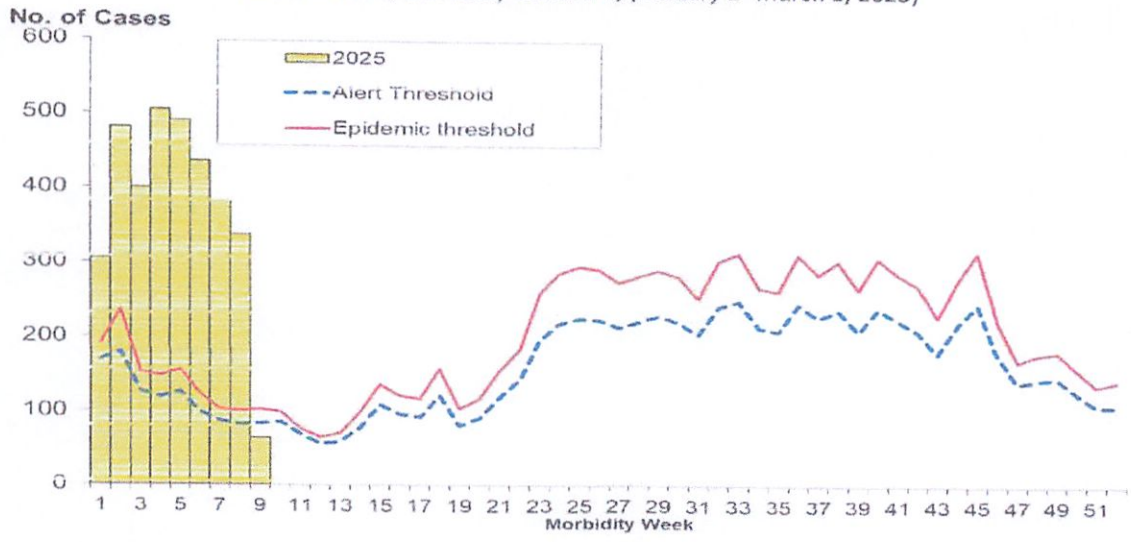
**CONFIRMED**

A suspected case with positive results for:
- Viral culture isolation, OR
- Polymerase Chain Reaction (PCR), OR
- Dengue NS1 antigen test

*Conformity on the Updated Case Definition for Dengue to Department Memorandum No. 2024-0319 "Heightened Surveillance for Dengue"*

### Dengue Cases vs Alert and Epidemic Threshold

*Rizal Province, Morbidity Week 1-9, (January 1- March 1, 2025)*




### Distribution of Dengue Cases by Outcome and Sex

*Rizal Province, Morbidity Week 1-9, 2025*

| MUNICIPALITIES/CITIES | Female | | | Male | | | TOTAL CASES |
|---|---|---|---|---|---|---|---|
| | Alive | Died | Cases | Alive | Died | Cases | |
| City of Antipolo | 426 | 4 | 430 | 488 | 1 | 489 | 919 |
| Binangonan | 276 | 0 | 276 | 276 | 0 | 276 | 552 |
| Cainta | 189 | 0 | 189 | 223 | 1 | 224 | 413 |
| Taytay | 144 | 0 | 144 | 145 | 0 | 145 | 289 |
| Angono | 141 | 0 | 141 | 148 | 0 | 148 | 289 |
| Tanay | 91 | 2 | 93 | 125 | 0 | 125 | 218 |
| San Mateo | 74 | 0 | 74 | 103 | 0 | 103 | 177 |
| Rodriguez | 63 | 0 | 63 | 72 | 0 | 72 | 135 |
| Pililla | 59 | 0 | 59 | 58 | 0 | 58 | 117 |
| Teresa | 42 | 0 | 42 | 63 | 1 | 64 | 106 |
| Baras | 36 | 0 | 36 | 37 | 0 | 37 | 73 |
| Morong | 28 | 0 | 28 | 37 | 1 | 38 | 66 |
| Cardona | 24 | 0 | 24 | 20 | 0 | 20 | 44 |
| Jala-Jala | 3 | 0 | 3 | 2 | 0 | 2 | 5 |
| Grand Total | 1,596 | 6 | 1,602 | 1,797 | 4 | 1,801 | 3,403 |

ANNEX B

Republic of the Philippines
Department of Health - Center for Health Development- CALABARZON
REGIONAL EPIDEMIOLOGY & SURVEILLANCE UNIT
QMMC Compound, Project 4, Quezon City
Telefax No: +63-2-990-4016 loc. 119
E-mail: resu4a@gmail.com

BAGONG PILIPINAS

PIDSR

Generated as of March 03,2025

## Field Implementation and Management Unit
## Regional Epidemiology and Surveillance Unit

Morbidity Week 01-9
January 01 to March 01, 2025

Dengue fever and the more severe form, dengue hemorrhagic fever, are caused by any of the four serotypes of dengue virus (types 1, 2, 3, and 4). An infected day-biting female Aedes mosquito transmits this viral disease to humans. In the Philippines, Aedes aegypti and Aedes albopictus are the primary and secondary mosquito vectors, respectively. The mosquito vectors breed in small amount of water collected in such as storages such as tanks, cisterns, flower vases, plant axils and backyard litter. The incubation period is from 3 to 14 days, commonly 4–7 days.

**SUSPECT**

A previously well person with acute febrile illness of 2-7 days duration with clinical signs and symptoms of dengue

**PROBABLE**

A suspected case with positive dengue Igm antibody test.

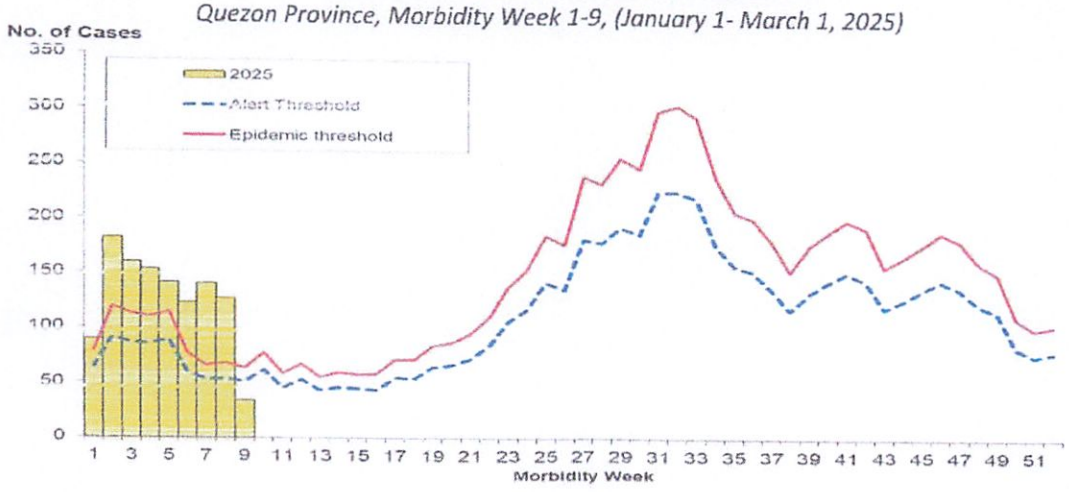
**CONFIRMED**

A suspected case with positive results for:
- Viral culture isolation, OR
- Polymerase Chain Reaction (PCR), OR
- Dengue NS1 antigen test

*Conformity on the Updated Case Definition for Dengue to Department Memorandum No. 2024-0319 "Heightened Surveillance for Dengue"*

### Dengue Cases vs Alert and Epidemic Threshold

*Quezon Province, Morbidity Week 1-9, (January 1- March 1, 2025)*




### Distribution of Dengue Cases by Outcome and Sex

*Quezon Province. Morbidity Week 1-9. 2025*

| MUNICIPALITIES/CITIES | Female | | | Male | | | TOTAL CASES |
|---|---|---|---|---|---|---|---|
| | Alive | Died | Cases | Alive | Died | Cases | |
| Candelaria | 89 | 0 | 89 | 110 | 0 | 110 | 199 |
| Sariaya | 74 | 1 | 75 | 74 | 0 | 74 | 149 |
| Mauban | 64 | 0 | 64 | 72 | 0 | 72 | 136 |
| Tiaong | 56 | 0 | 56 | 59 | 2 | 61 | 117 |
| City of Tayabas | 31 | 0 | 31 | 49 | 0 | 49 | 80 |
| Lopez | 25 | 0 | 25 | 25 | 0 | 25 | 50 |
| Tagkawayan | 24 | 0 | 24 | 25 | 0 | 25 | 49 |
| Guinayangan | 15 | 0 | 15 | 19 | 0 | 19 | 34 |
| Gumaca | 13 | 0 | 13 | 16 | 0 | 16 | 29 |
| Infanta | 13 | 1 | 14 | 15 | 0 | 15 | 29 |
| Atimonan | 15 | 0 | 15 | 8 | 0 | 8 | 23 |
| San Antonio | 11 | 0 | 11 | 11 | 0 | 11 | 22 |
| Lucban | 15 | 0 | 15 | 7 | 0 | 7 | 22 |
| San Narciso | 2 | 0 | 2 | 18 | 0 | 18 | 20 |
| Calauag | 8 | 0 | 8 | 10 | 0 | 10 | 18 |
| Pagbilao | 7 | 0 | 7 | 10 | 0 | 10 | 17 |
| Agdangan | 4 | 0 | 4 | 12 | 0 | 12 | 16 |
| Alabat | 5 | 0 | 5 | 9 | 0 | 9 | 14 |
| Sampaloc | 5 | 0 | 5 | 6 | 0 | 6 | 11 |
| Polillo | 5 | 0 | 5 | 5 | 0 | 5 | 10 |
| Buenavista | 3 | 0 | 3 | 7 | 0 | 7 | 10 |
| Unisan | 5 | 0 | 5 | 5 | 0 | 5 | 10 |
| Padre Burgos | 6 | 0 | 6 | 4 | 0 | 4 | 10 |
| General Luna | 6 | 0 | 6 | 3 | 0 | 3 | 9 |
| Real | 2 | 0 | 2 | 6 | 0 | 6 | 8 |
| Pitogo | 4 | 0 | 4 | 4 | 0 | 4 | 8 |
| General Nakar | 5 | 0 | 5 | 2 | 0 | 2 | 7 |
| Dolores | 3 | 0 | 3 | 3 | 0 | 3 | 6 |
| Catanauan | 3 | 0 | 3 | 3 | 0 | 3 | 6 |
| Macalelon | 4 | 0 | 4 | 2 | 0 | 2 | 6 |
| San Francisco | 0 | 0 | 0 | 4 | 0 | 4 | 4 |
| Mulanay | 2 | 0 | 2 | 2 | 0 | 2 | 4 |
| Perez | 2 | 0 | 2 | 2 | 0 | 2 | 4 |
| San Andres | 2 | 0 | 2 | 2 | 0 | 2 | 4 |
| Quezon | 2 | 0 | 2 | 1 | 0 | 1 | 3 |
| Burdeos | 2 | 0 | 2 | 1 | 0 | 1 | 3 |
| Patnanungan | 0 | 0 | 0 | 1 | 0 | 1 | 1 |
| Plaridel | 0 | 0 | 0 | 1 | 0 | 1 | 1 |

ANNEX B

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E-mail: resu4a@gmail.com

BAGONG PILIPINAS

PIDSR

Generated as of March 03,2025

**Field Implementation and Management Unit**
**Regional Epidemiology and Surveillance Unit**

**Morbidity Week 01-9**
**January 01 to March 01, 2025**

Dengue fever and the more severe form, dengue hemorrhagic fever, are caused by any of the four serotypes of dengue virus (types 1, 2, 3, and 4). An infected day-biting female Aedes mosquito transmits this viral disease to humans. In the Philippines, Aedes aegypti and Aedes albopictus are the primary and secondary mosquito vectors, respectively. The mosquito vectors breed in small amount of water collected in such as storages such as tanks, cisterns, flower vases, plant axils and backyard litter. The incubation period is from 3 to 14 days, commonly 4-7 days.

**SUSPECT**

A previously well person with acute febrile illness of 2-7 days duration with clinical signs and symptoms of dengue

**PROBABLE**

A suspected case with positive dengue Igm antibody test.

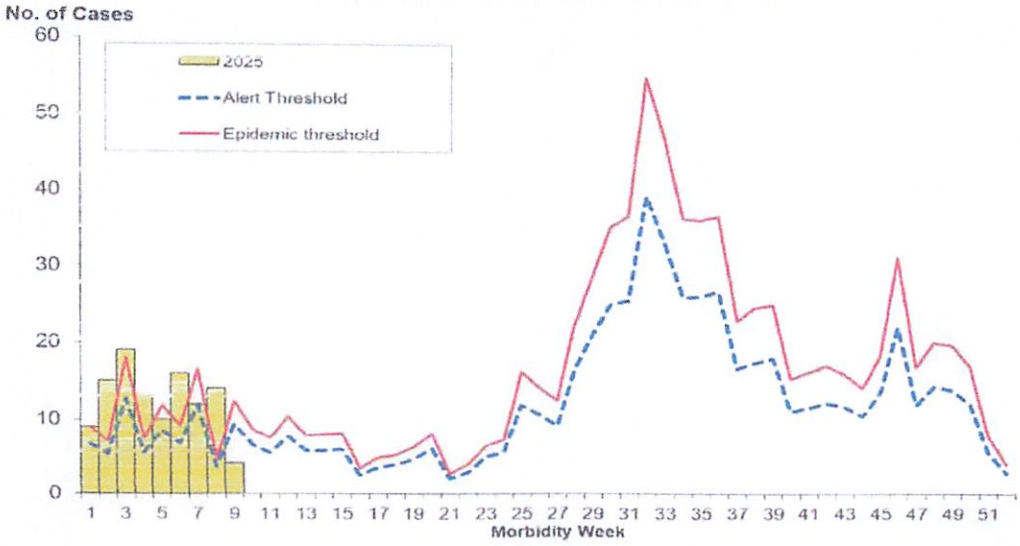
**CONFIRMED**

A suspected case with positive results for:
- Viral culture isolation, OR
- Polymerase Chain Reaction (PCR), OR
- Dengue NS1 antigen test

*Conformity on the Updated Case Definition for Dengue to Department Memorandum No. 2024-0319 "Heightened Surveillance for Dengue"*

## Dengue Cases vs Alert and Epidemic Threshold

*Lucena City, Morbidity Week 1-9, (January 1- March 1, 2025)*




## Distribution of Dengue Cases by Outcome and Sex

*Lucena City, Morbidity Week 1-9, 2025*

| CITY | Female | | | Male | | | TOTAL |
|---|---|---|---|---|---|---|---|
| | Alive | Died | Cases | Alive | Died | Cases | CASES |
| City of Lucena | 56 | 0 | 56 | 56 | 0 | 56 | 112 |

Republic of the Philippines
Center for Health Development - CALABARZON
Regional Epidemiology and Surveillance Unit (RESU)

# Epidemic-prone Disease Case Surveillance (EDCS) Weekly Report

## Dengue

Morbidity Week No.: 9
January 1 to March 1, 2025

Dengue fever and the more severe form, dengue hemorrhagic fever, are caused by any of the four serotypes of dengue virus (types 1, 2, 3, and 4). An infected day-biting female Aedes mosquito transmits this viral disease to humans. In the Philippines, Aedes aegypti and Aedes albopictus are the primary and secondary mosquito vectors, respectively. The mosquito vectors breed in small amount of water collected in such as storages such as tanks, cisterns, flower vases, plant axils and backyard litter. The incubation period is from 3 to 14 days, commonly 4–7 days.

**Suspected Case**
A previously well person with acute febrile illness of 2-7 days duration with clinical signs and syptoms of dengue

**Probable Case**
A suspected case with positive dengue Igm antibody test.

**Confirmed Case**
A suspected case with positive results for:
- Viral culture isolation, OR
- Polymerase Chain Reaction (PCR), OR
- Dengue NS1 antigen test

*Conformity on the Updated Case Definition for Dengue to Department Memorandum No. 2024-0319 "Heightened Surveillance for Dengue"*

## General Trend in CaLaBaRZon

- A total of 12,270 Dengue cases with 31 deaths (CFR: 0.25%) were reported regionwide from January 1 to March 1, 2025. This is 265% higher compared to the same time period last year (3,364 cases). [Table 1]
- Cavite province has the highest number of Dengue cases (3,832, 31%). Majority of the cases were male (6,506, 53%) and ages ranged from 0 to 92 years old (Median: 12 years old). [Figure 2]
- Among the reported cases, there were 8766 (71%) suspect cases, 1317 (11%) probable cases and 2187 (18%) confirmed cases [Figure 3].

**TOTAL CASES**
**12,270**
+ 368 additional cases for the current week as of March 1, 2025

**TOTAL DEATHS**
**31**
No new added deaths for the current week as of March 1, 2025. Additional cases were late report.

### Table 1. Dengue Cases by Province/HUC (N=12,270)

*CaLaBaRZon, Morbidity Week 1 to 9, 2024 vs. 2025*

| Province/ City | 2024 Cases | 2024 Deaths | 2025 Cases | 2025 Deaths | % Change in Cases | |
|---|---|---|---|---|---|---|
| Cavite | 703 | 2 | 3,832 | 10 | 445% | ▲ |
| Laguna | 573 | 1 | 2,308 | 6 | 303% | ▲ |
| Batangas | 178 | 1 | 1,466 | 1 | 724% | ▲ |
| Rizal | 1,299 | 3 | 3,403 | 10 | 162% | ▲ |
| Quezon | 530 | 3 | 1,149 | 4 | 117% | ▲ |
| Lucena City | 81 | 0 | 112 | 0 | 38% | ▲ |
| Total | 3,364 | 10 | 12,270 | 31 | 265% | ▲ |

### Figure 1. Dengue Cases by Morbidity Week (N=12,270)

*CaLaBaRZon, Morbidity Week 1 to 9 vs. 5-year data (2020-2024)*

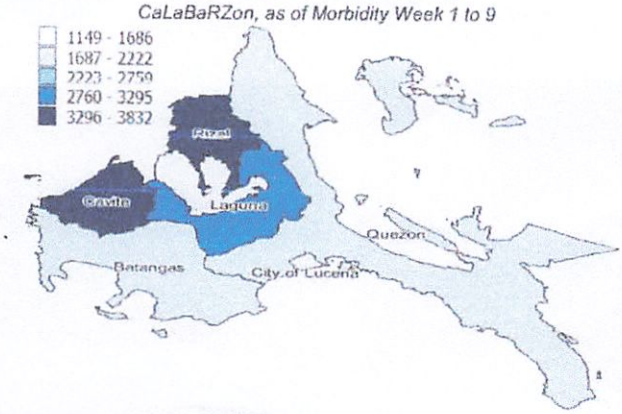

### Table 2. Dengue Cases by Morbidity Week (N=12,270)

*CaLaBaRZon, as of Morbidity Week 1 to 9*

| Province/ City | Feb. 2 - Feb. 8, 2025 Morbidity Week 6 | Feb. 9 - Feb. 15, 2025 Morbidity Week 7 | Feb. 16 - Feb. 22, 2025 Morbidity Week 8 | Feb. 23 - Mar. 1, 2025 Morbidity Week 9 | Total | % |
|---|---|---|---|---|---|---|
| Cavite | 417 | 367 | 366 | 128 | 3,832 | 31.23 |
| Laguna | 272 | 259 | 263 | 77 | 2,308 | 18.81 |
| Batangas | 162 | 178 | 178 | 60 | 1,466 | 11.95 |
| Rizal | 436 | 362 | 338 | 65 | 3,403 | 27.73 |
| Quezon | 123 | 140 | 127 | 34 | 1,149 | 9.36 |
| Lucena City | 16 | 12 | 14 | 4 | 112 | 0.91 |
| Total | 1,426 | 1,338 | 1,286 | 368 | 12,270 | 100.00 |

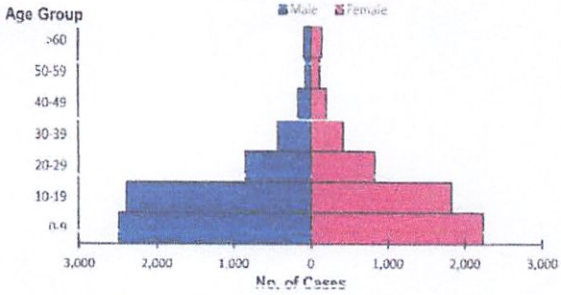
### Figure 4. Geographic Distribution of Dengue Cases by Province/HUC (N=12,270)

*CaLaBaRZon, as of Morbidity Week 1 to 9*



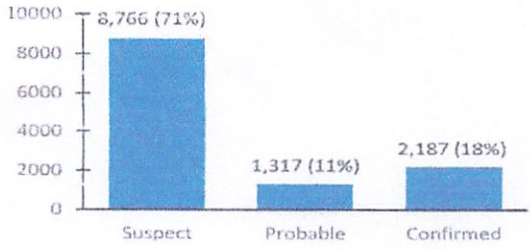

### Figure 2. Dengue Cases by Age and Sex (N=12,270)

*CaLaBaRZon, as of Morbidity Week 1 to 9*




### Figure 3. Dengue Cases by Classification (N=12,270)

*CaLaBaRZon, as of Morbidity Week 1 to 9*




### Table 3. Top Cities and Municipalities with Dengue Cases

*CaLaBaRZon, as of Morbidity Week 1 to 9*

| Rank | Province | City/Municipality | No. of Cases |
|---|---|---|---|
| 1 | Rizal | Antipolo | 919 |
| 2 | Cavite | Imus | 556 |
| 3 | Rizal | Binangonan | 552 |
| 4 | Cavite | Bacoor | 528 |
| 5 | Cavite | Dasmariñas | 466 |
| 6 | Cavite | General Trias | 433 |
| 7 | Rizal | Cainta | 413 |
| 8 | Laguna | Santa Rosa | 402 |
| 9 | Laguna | San Pedro | 399 |
| 10 | Cavite | Tanza | 378 |