COVID-19 moving to high-density poor residential areas in Manila, the Philippines

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There appear to be three waves of COVID-19 infections in Metropolitan Manila. First, imported cases among Chinese nationals; second, infections amongst Filipinos residing in less densely populated areas; and third, infections amongst Filipinos residing in high-density poorer areas. We highlight this with data from San Lazaro Hospital (SLH), the National Infectious Diseases hospital, serving a low-income population in Manila, the most densely populated city within Metropolitan Manila (Figure 1).

The first two confirmed cases of COVID-19 infection in the Philippines were amongst Chinese nationals on vacation, both admitted to SLH on January 25, 2020, confirmed on January 31 and February 1 respectively. A third imported case from China was confirmed on February 3, 2020. Despite concerns that all three cases had travelled widely in the Philippines, no secondary infections arising from these cases were confirmed.

The next confirmed case at SLH was admitted on March 8. Over the following 10 days, a further 17 confirmed cases were admitted to SLH. In contrast to the first cases, all were Filipinos, with 7 reporting recent travel to COVID-19 affected areas. None of these patients resided in the densely-populated catchment area of the hospital. From March 19 to 29, a further 16 confirmed cases were admitted. In contrast, all except one resided in Manila city, with only one reporting significant travel history.

The occurrence of confirmed cases in the Manila city area, with an estimated population density of 71,263 persons per square kilometre, is concerning. In the
Philippines, overall, there were 5,223 confirmed cases as of April 14. (2) The true number of confirmed cases is likely to be much higher given that testing was limited to one laboratory in the country until recently. The possibility of significant sub-clinical transmission cannot be excluded due to lack of surveillance data. The establishment of sub-national laboratories is timely and welcome. 

Home quarantine for 14 days is now recommended for mild cases. (3) For patients living in high-density or slum areas, adequate isolation to avoid further transmission will be challenging. The planned establishment of designated quarantine facilities should help reduce community transmission. (4)

A surge of severe or high-risk cases is likely to put enormous pressure on healthcare facilities, which are already experiencing significant healthcare worker infections and shortages of personal protective equipment. Luzon island has been under lockdown since March 15, 2020. (5) It is hoped that this will flatten the epidemic curve and result in fewer overall infections.

References
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