



2nd SAFETYNET Scientific Conference

Field Epidemiology in a Changing World: Advancing Health amidst the Evolving Ecosystem and Technology

From Bottlenecks to Solutions: Leveraging Event-Based Surveillance through the 7-1-7 Framework, Philippines, January 2025

Moahna Lloyd Tagle-Pablo, RN, MPH
Certified Applied Epidemiologist

What if...

You stepped on a bathroom scale to check your weight, but there were **no numbers or dial markings**.





2nd SAFETYNET Scientific Conference

Field Epidemiology in a Changing World: Advancing Health amidst the Evolving Ecosystem and Technology

From Bottlenecks to Solutions: Leveraging Event-Based Surveillance through the 7-1-7 Framework, Philippines, January 2025

Moahna Lloyd Tagle-Pablo, RN, MPH
Certified Applied Epidemiologist

Response: median of 32 days

Timeliness Review of Southern Luzon Health Events (N=1,585) from 2017–2021 using Smolinski's Outbreak Milestones (2019)

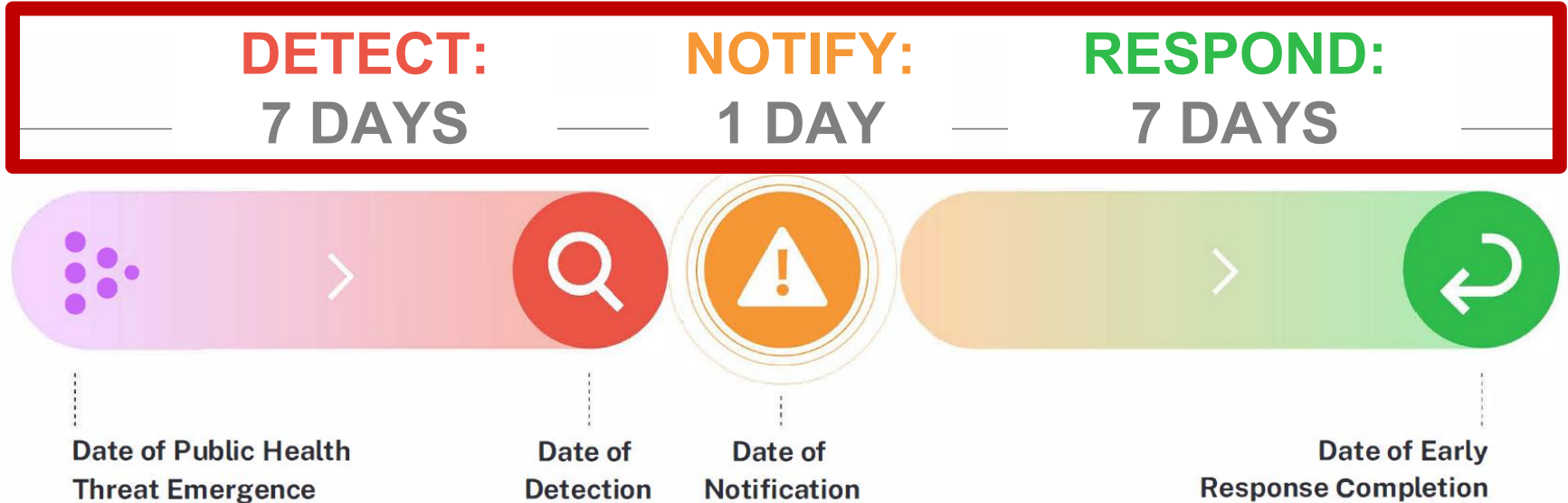


Response: median of 32 days

Timeliness Review of Southern Luzon Health Events (N=1,535) from 2017–2021 using Smolinski's Outbreak Milestones (2019)



The 7-1-7 Framework





Objectives:

- assess **timeliness** against **set standards**
- identify **bottlenecks** and
- recommend **actionable strategies**

1

Conducted a Retrospective Review



We looked into **11 Public Health Events (PHEs)**

Inclusion criteria:

- ✓ public health threats
- ✓ with complete, time-stamped data

PHEs Evaluated for Timeliness under 7-1-7

Disease Classification	Health Event
 Vaccine-Preventable Disease	Measles-Rubella Cluster Diphtheria, Confirmed Pertussis Outbreak
 Emerging-reemerging Diseases	Monkeypox, Confirmed (Child) Monkeypox, Confirmed (Private Clinic) Monkeypox, Confirmed
 Zoonotic Diseases	Rabies Cases Japanese Encephalitis, Confirmed
 Food and Waterborne Diseases	Staphylococcal Foodborne Disease Outbreak
 Neglected Tropical Disease and others	Helminthiasis Outbreak Clustering of Skin Diseases

2

Calculate timeliness in 7-1-7 intervals



Detection: Was the event recorded within 7 days of emergence?

Notification: Was it reported to public health authorities within 1 day?

Response: Were all 7 essential early response actions completed within 7 days?

3

Identified and Categorized Bottlenecks



Bottlenecks

Lack of standardized
Mpox information
and training for
clinical workers

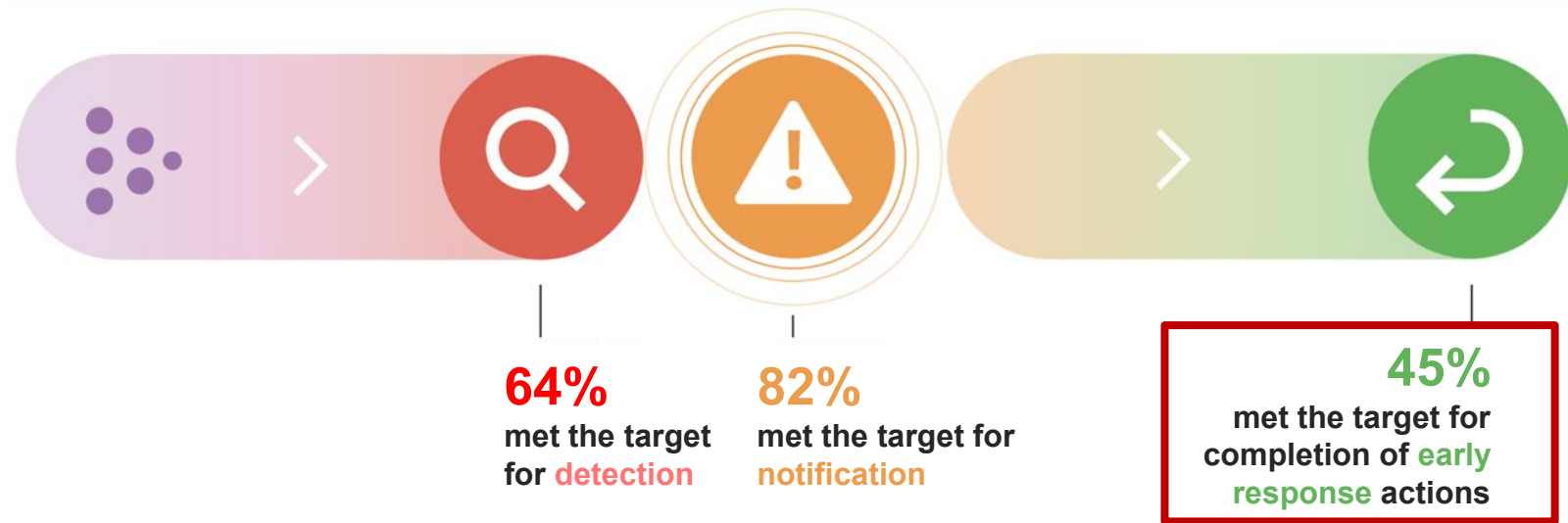
Clinician has limited
knowledge of Mpox
signs and
symptoms

Category

**Low awareness
or clinical
suspicion by
health workers**

Percentage of PHEs (N=11) Meeting the 7-1-7 target

Southern Luzon, Philippines | January 2025



Only **36%** of PHEs met all three components of the 7-1-7 target

Low knowledge and trust, human resources gaps and access issues are primary cause of delay in response.

Top 5 Common Bottleneck Categories* in Response

Southern Luzon, Philippines | January 2025

Common Bottleneck Categories



**Multiple responses*

Low awareness or clinical suspicion by health workers is the primary bottleneck in detection.

Top 5 Common Bottleneck Categories* in Detection

Southern Luzon, Philippines | January 2025

Common Bottleneck Categories

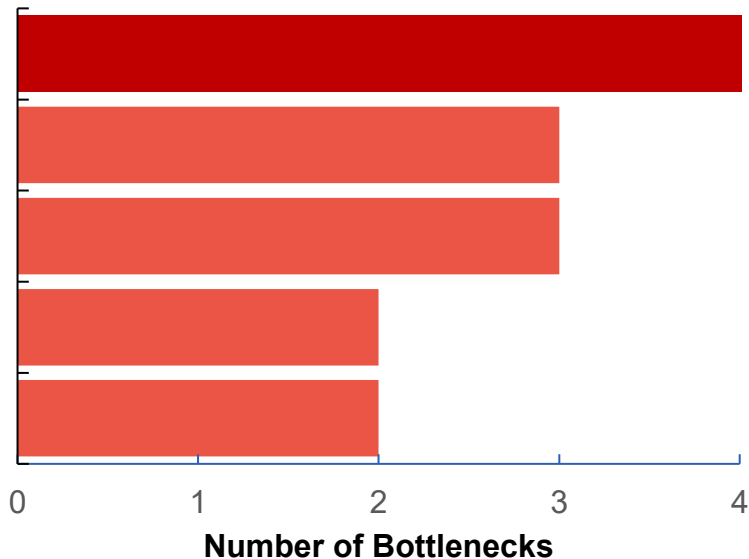
Low awareness or clinical suspicion by health workers

Inadequate coordination across public health units or agencies

Health professional with inadequate training in surveillance and response

Inadequate surveillance or response policies and guidelines

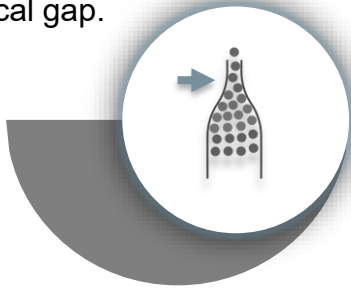
Human resources gaps for public health



**Multiple responses*

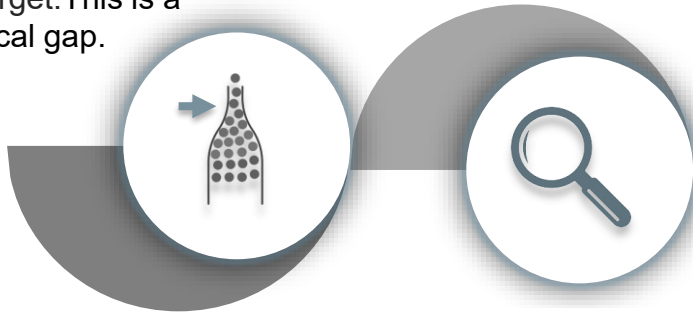
The Bottleneck

Only 36% met the 7-1-7 target. This is a critical gap.



The Bottleneck

Only 36% met the 7-1-7 target. This is a critical gap.



Breaking Down the Delay:

Detection and responses is where the system is slow.

The Bottleneck

Only 36% met the 7-1-7 target. This is a critical gap.



Root Causes

low community knowledge and trust, human resources gaps, and access issues



Breaking Down the Delay:

Detection and responses is where the system is slow.

The Bottleneck

Only 36% met the 7-1-7 target. This is a critical gap.



Root Causes

low community knowledge and trust, human resources gaps, and access issues



Breaking Down the Delay:

Detection and responses is where the system is slow.

The Breakthrough

Targeted interventions, such as training, surge HR, and institutional 7-1-7 use, can break the cycle.



The Breakthrough



Quarterly clinical refresher training on notifiable diseases for frontline health workers



Surge staffing mechanisms at the provincial level should be institutionalized



Emergency response kits and transport partnerships are to be established in geographically isolated areas



Institutionalizing the use of the 7-1-7 framework for routine EBS performance review



Actions Taken



**Integration of 7-1-7 Assessment
to EBS Reports**



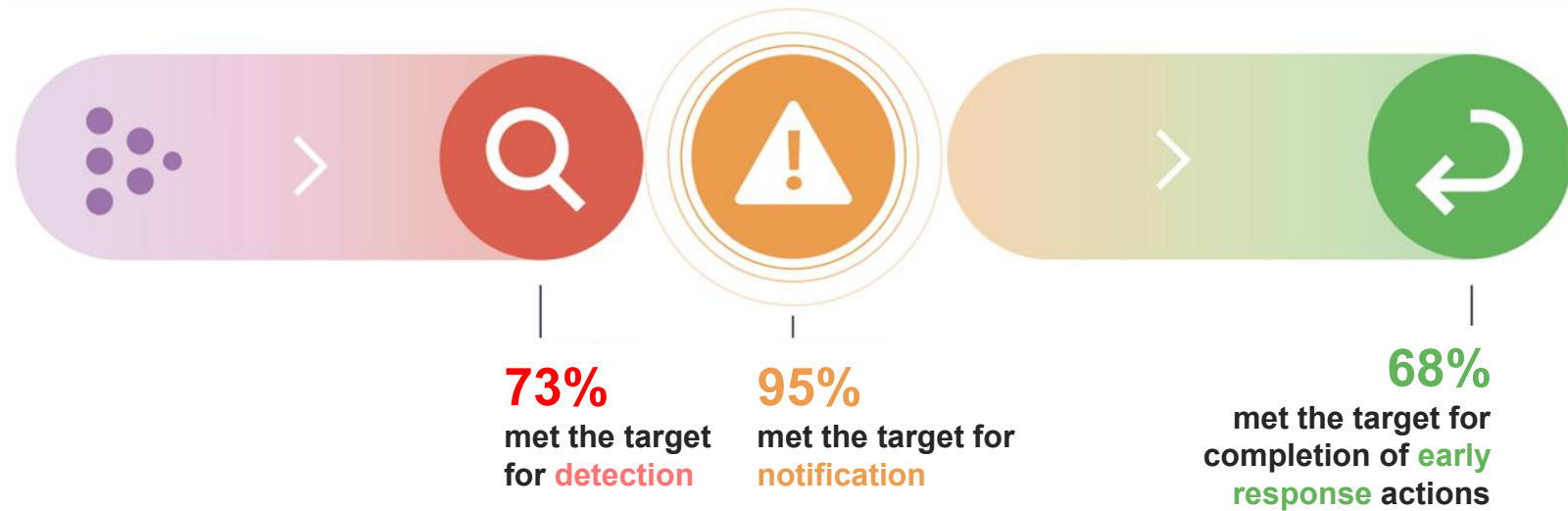
**Conducted cluster-based capacity-
building for hospitals and local
health unit staff**



**7-1-7 Roll Out Training to Local
Counterparts**

Percentage of PHEs (N=22) Meeting the 7-1-7 target

Southern Luzon, Philippines | August 2025



59% of PHEs met all three components of the 7-1-7 target



Important Next Steps



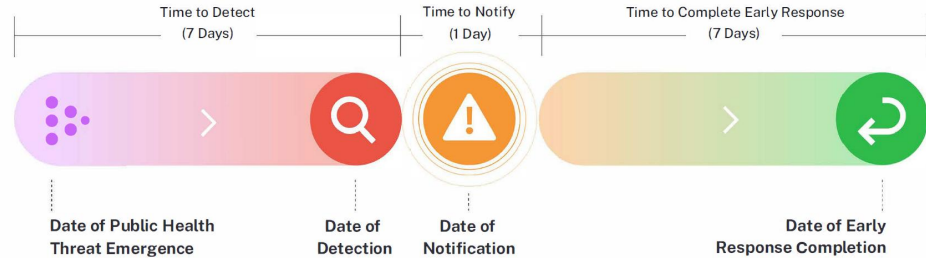
Follow-up actions and tie key bottlenecks to long-term planning



Adoption of 7-1-7 as part of early action review in outbreak investigations

YOU HAVE THE POWER TO MAKE A DIFFERENCE

Let's turn our
bottlenecks into
breakthroughs





**before another
delay can take
its toll.**