



FOOD & WATER BORNE ILLNESSES REPORT

Acute Bloody Diarrhea Cases

FINDINGS: Partial reports showed there were **13** cases admitted at different reporting institutions of the Region from January 1 to March 31, 2018. This is **50% lower** compared to the period last year (26). [Table 1/ Figure 1]; and **75% lower** than previous five-year average (2013-2017). [Figure 2].

Table.1 Distribution of Acute Bloody Diarrhea Cases by LGU (N=13)
National Capital Region, January 1 to March 31, 2018

LGU	Cases		Change Rate (%)
	2017	2018	
Quezon City	2	6	200
Caloocan City	3	2	-33
Pasig City	0	2	100
Makati City	0	1	100
Manila City	6	1	-83
Parañaque City	4	1	-75
Las Piñas City	0	0	0
Malabon City	2	0	-100
Mandaluyong City	0	0	0
Marikina City	0	0	0
Muntinlupa City	1	0	-100
Navotas City	3	0	-100
Pasay City	0	0	0
Pateros	0	0	0
San Juan City	1	0	-100
Taguig City	0	0	0
Valenzuela City	4	0	-100
N C R	26	13	-50

Figure 1. Distribution of Acute Bloody Diarrhea Cases by Morbidity Week
National Capital Region, 2017 vs. 2018

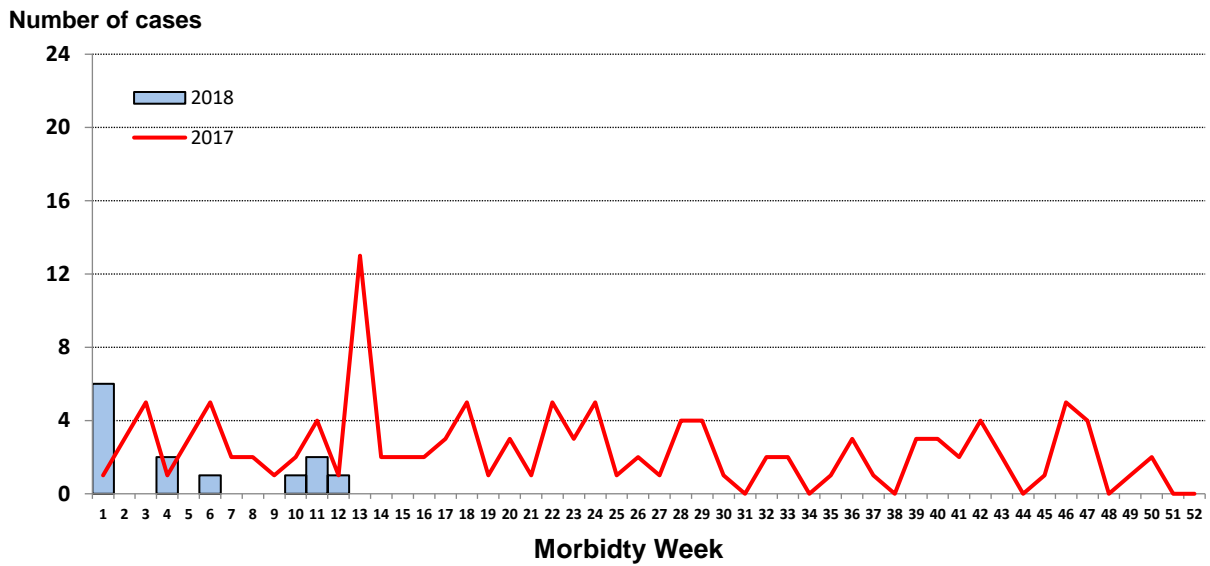
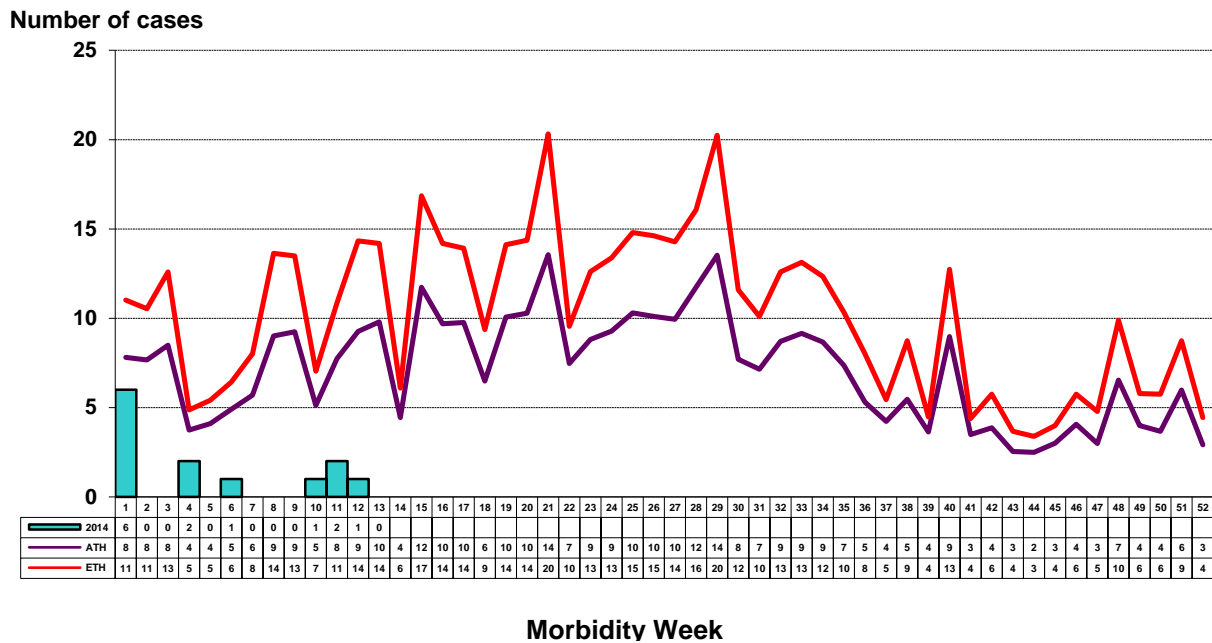


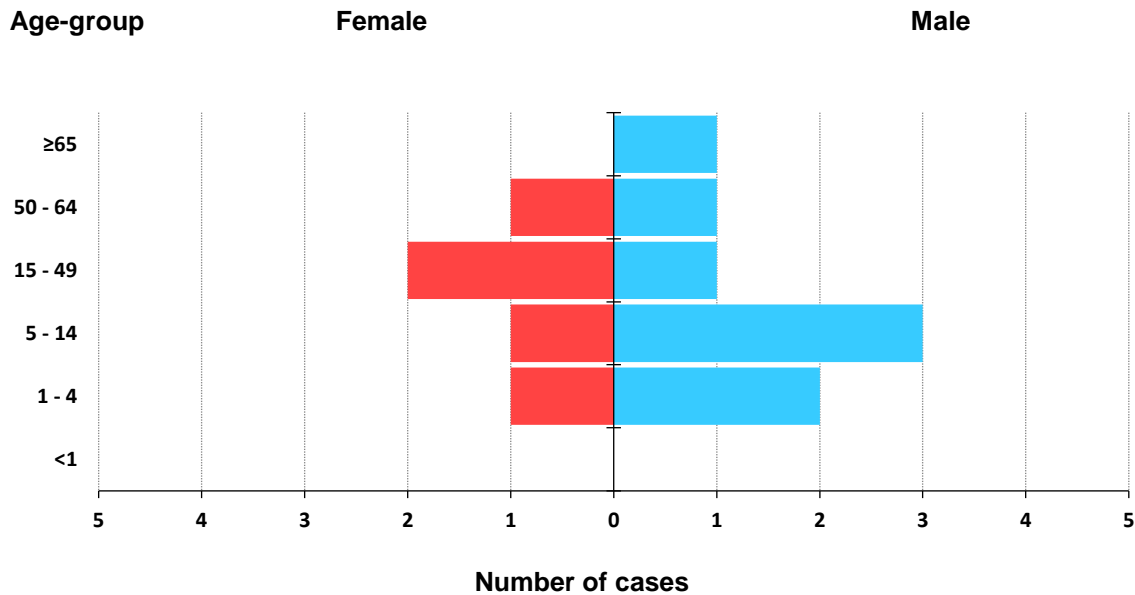
Figure 2. Distribution of Acute Bloody Diarrhea Cases by Morbidity Week
National Capital Region, Alert and Epidemic Threshold, 2013-2017 vs. 2018



Profile of Cases

Ages of cases ranged from 1 year to 68 years old (median 10 years). Most 4 (31%) of those affected were 5-14 years age-group [Figure 3]. Majority of cases 8 (62%) were male.

Figure 3. Distribution of Acute Bloody Diarrhea Cases by Age-group and Sex (N=13)
National Capital Region, January 1 – March 31, 2018



There was no clustering of cases noted

Standard Case Definition

- A person with acute diarrhea with visible blood in the stool

Laboratory Confirmation

- Culture of stools may be used to confirm possible outbreaks of the specific diarrhea, such as *Shigella dysenteriae type 1* but is not necessary for case definition.

Confirmed Hepatitis A Cases

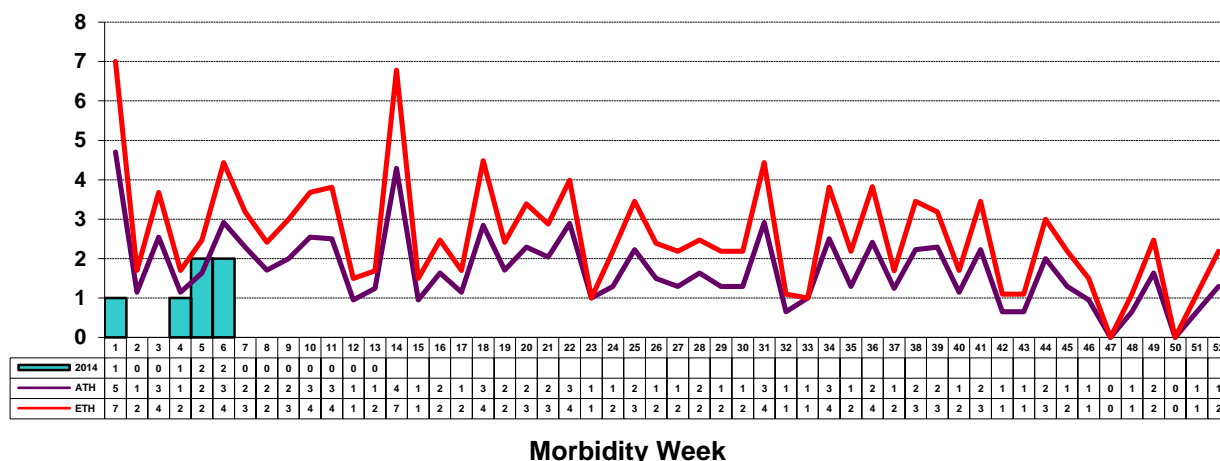
FINDINGS: Partial reports showed there were **6** cases admitted at different reporting institutions of the Region from January 1- March 31, 2018. **40% lower** than to the period last year (10) [Table 1/ Figure1]; and **58% lower** than previous five year average (2013-2017).[Figure 1]

Table 1. Distribution of Confirmed Hepatitis A by LGU (n=6)
National Capital Region, January 1 – March 31, 2018

MunCity	Cases		Change Rate (%)
	2017	2018	
Manila City	5	3	-40
Makati City	0	1	100
Quezon City	1	1	0
Valenzuela City	0	1	100
Caloocan City	0	0	0
Las Piñas City	1	0	-100
Malabon City	0	0	0
Mandaluyong City	0	0	0
Marikina City	0	0	0
Muntinlupa City	1	0	-100
Navotas City	0	0	0
Parañaque City	1	0	-100
Pasay City	0	0	0
Pasig City	0	0	0
Pateros	0	0	0
San Juan City	1	0	-100
Taguig City	0	0	0
N C R	10	6	-40

Figure 1. Distribution of Confirmed Hepatitis A Cases by Morbidity Week
National Capital Region, Alert and Epidemic Threshold, 2013-2017 vs.2018

Number of cases



There was no clustering of cases note

Typhoid Cases

FINDINGS: Partial reports showed there were 100 cases admitted at different reporting institutions of the Region from January 1- March 31, 2018. **22% lower** than to the period last year (128) [Table 1/ Figure 1]; and **5% lower** than previous five year average (2013-2017).[Figure 2]

Distribution of Typhoid Fever Cases by LGU (N=61)
National Capital Region, January 1 – March 3, 2018

LGU	Cases		Change Rate (%)
	2017	2018	
Quezon City	30	44	47
Parañaque City	14	15	7
Manila City	31	11	-65
Caloocan City	14	9	-36
Taguig City	9	5	-44
Las Piñas City	4	3	-25
Makati City	3	3	0
Marikina City	1	2	100
Muntinlupa City	0	2	100
Pasay City	1	2	100
Valenzuela City	2	2	0
Mandaluyong City	5	1	-80
Pasig City	1	1	0
Malabon City	1	0	-100
Navotas City	2	0	-100
Pateros	0	0	0
San Juan City	10	0	-100
N C R	128	100	-22

Figure 1. Distribution of Typhoid Fever Cases by Morbidity Week
National Capital Region, 2017 vs. 2018

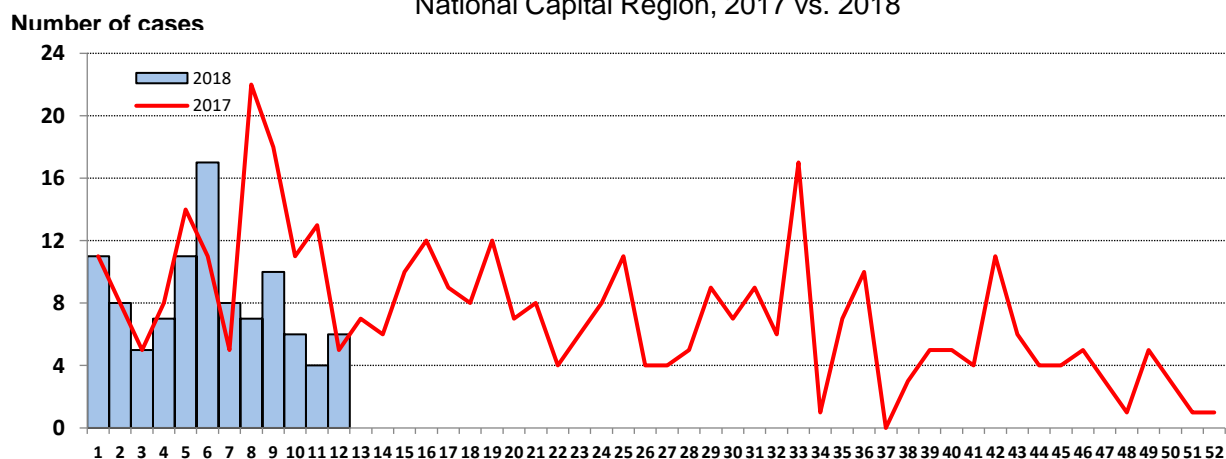
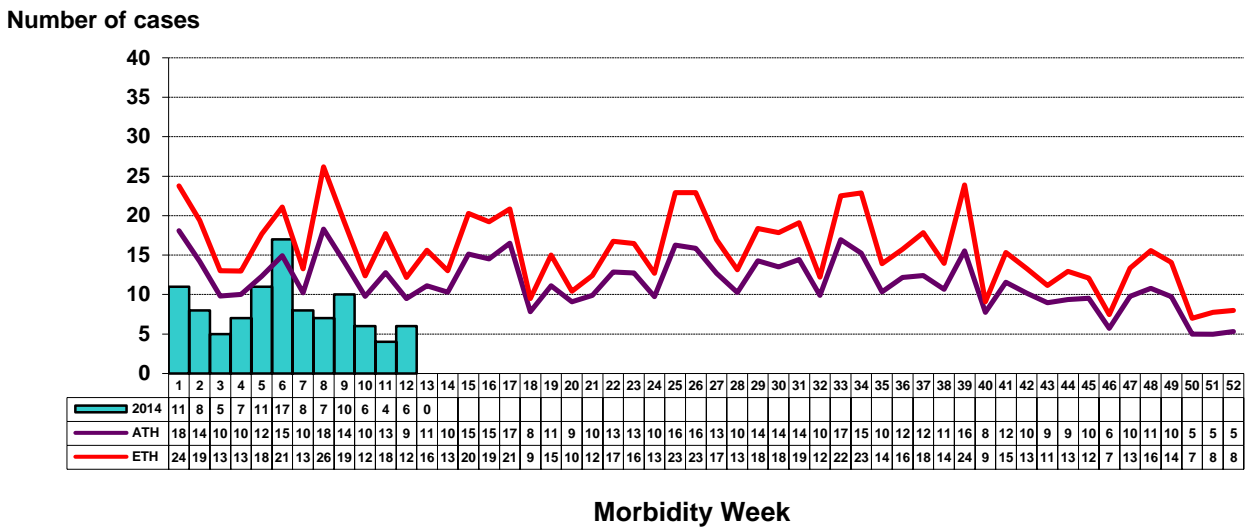


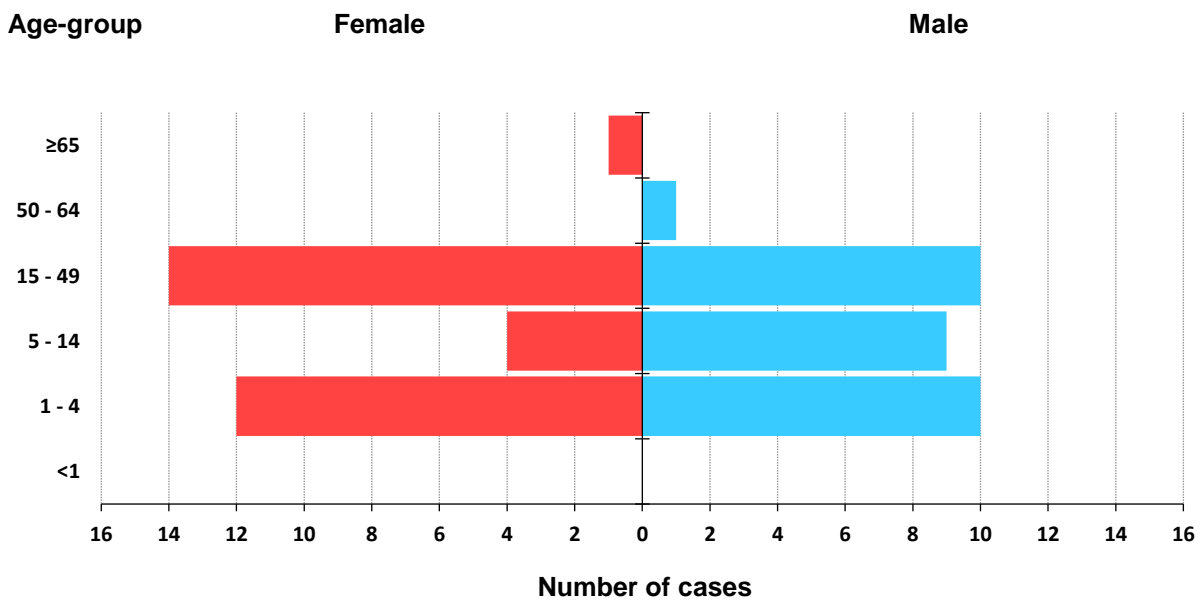
Figure 2. Distribution of Typhoid Fever Cases by Morbidity Week
National Capital Region, Alert and Epidemic Threshold, 2013-2017 vs.2018



Profile of Cases

Ages of cases ranged from 5 months to 86 years old (median 11 years). Most 37 (37%) of those affected were 15-49 years age-group [Figure 3]. Majority of cases 54 (54%) were female.

Figure 3. Distribution of Typhoid Fever Cases by Age-group and Sex (N=100)
National Capital Region, January 1 – March 31, 2018



There was no clustering of cases noted

Standard Case Definition*Suspected Case:*

- A person with an illness characterized by insidious onset of sustained fever, headache, malaise, anorexia, relative bradycardia, constipation or diarrhea, and non-productive cough

Probable Case:

- A suspected case that is epidemiologically linked to a confirmed case in an outbreak

Confirmed Case:

- A suspected case or probable case that is laboratory confirmed.

Summary of Food and Water Diseases
National Capital Region, January 1- March 31, 2018

DISEASE	2017	2018	%CHANGE
ABD	26	13	50 ↓
Confirmed Cholera	0	0	0.0
Confirmed Hepatitis A	10	6	40 ↓
Typhoid	128	100	22 ↓

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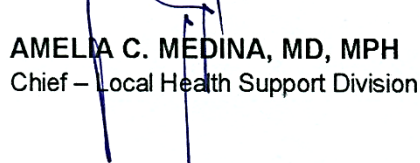
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