



Republic of the Philippines
Department of Health
NATIONAL CAPITAL REGIONAL OFFICE

Morbidity Week 18

January 1 – May 05, 2018

FOOD & WATER BORNE ILLNESSES REPORT

Acute Bloody Diarrhea Cases

FINDINGS: Partial reports showed there were **19** cases admitted at different reporting institutions of the Region from January 1 to May 05, 2018. This is **61% lower** compared to the period last year (49). [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=19)
National Capital Region, January 1 to May 05, 2018

MunCity	Cases		Change Rate (%)
	2017	2018	
Quezon City	7	8	14
Pasig City	1	4	300
Caloocan City	9	2	-78
Makati City	1	1	0
Mandaluyong City	0	1	100
Manila City	6	1	-83
Parañaque City	6	1	-83
Pasay City	0	1	100
Las Piñas City	1	0	-100
Malabon City	2	0	-100
Marikina City	1	0	-100
Muntinlupa City	1	0	-100
Navotas City	6	0	-100
Pateros	1	0	-100
San Juan City	1	0	-100
Taguig City	0	0	0
Valenzuela City	6	0	-100
N C R	49	19	-61

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

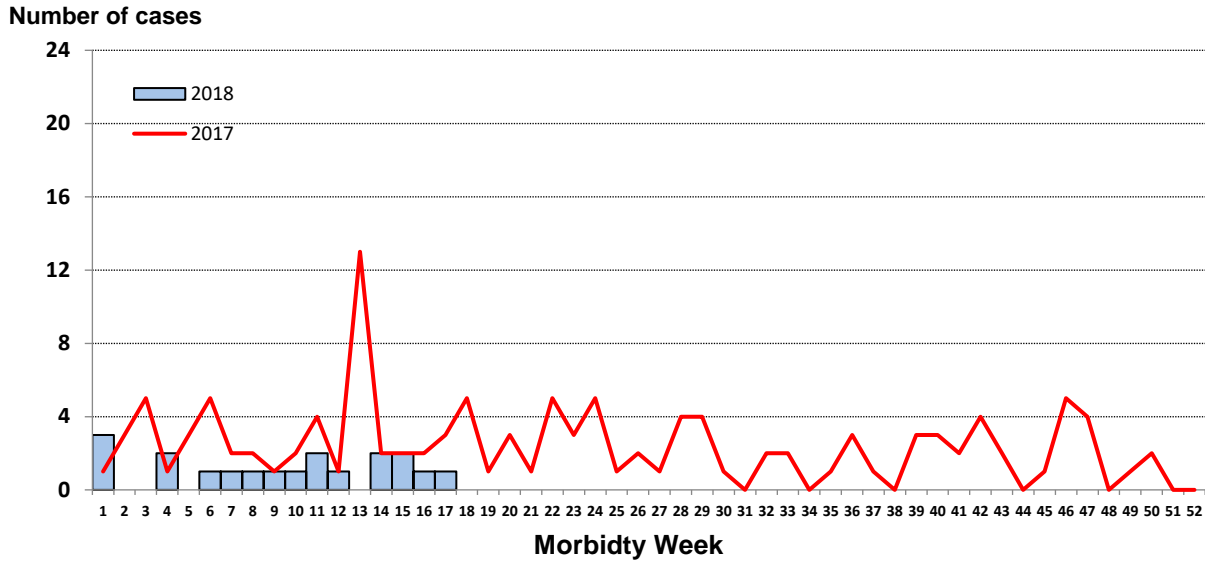
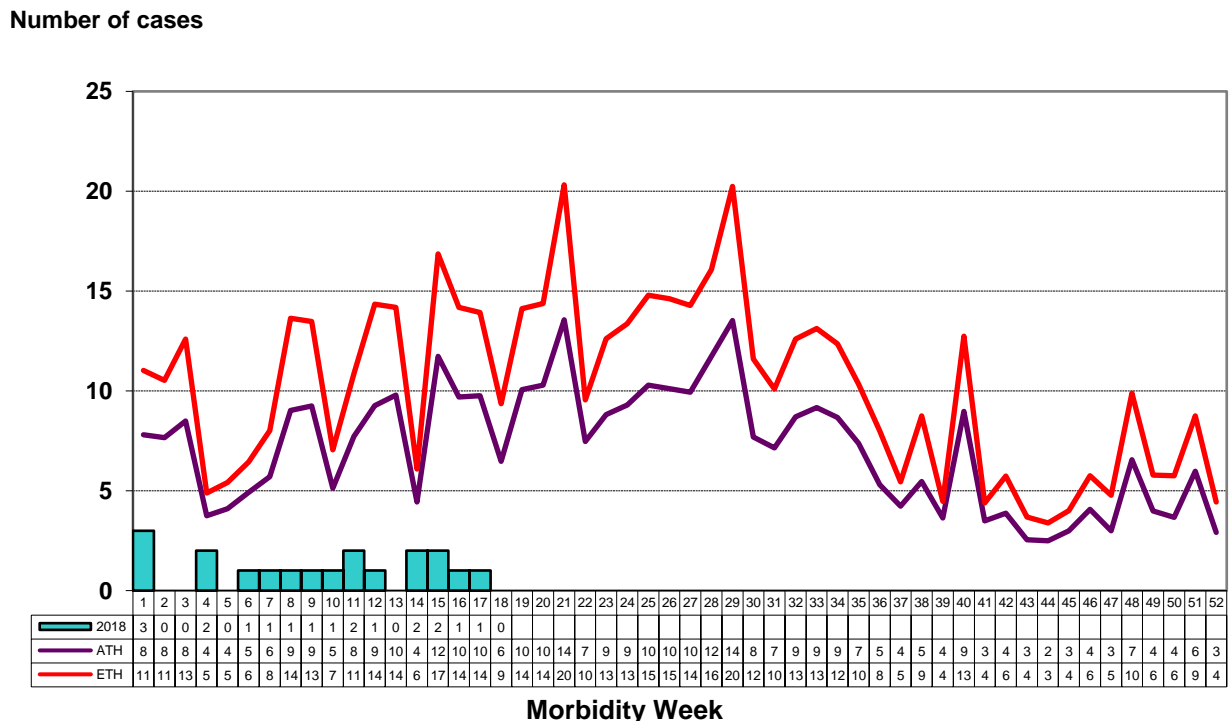


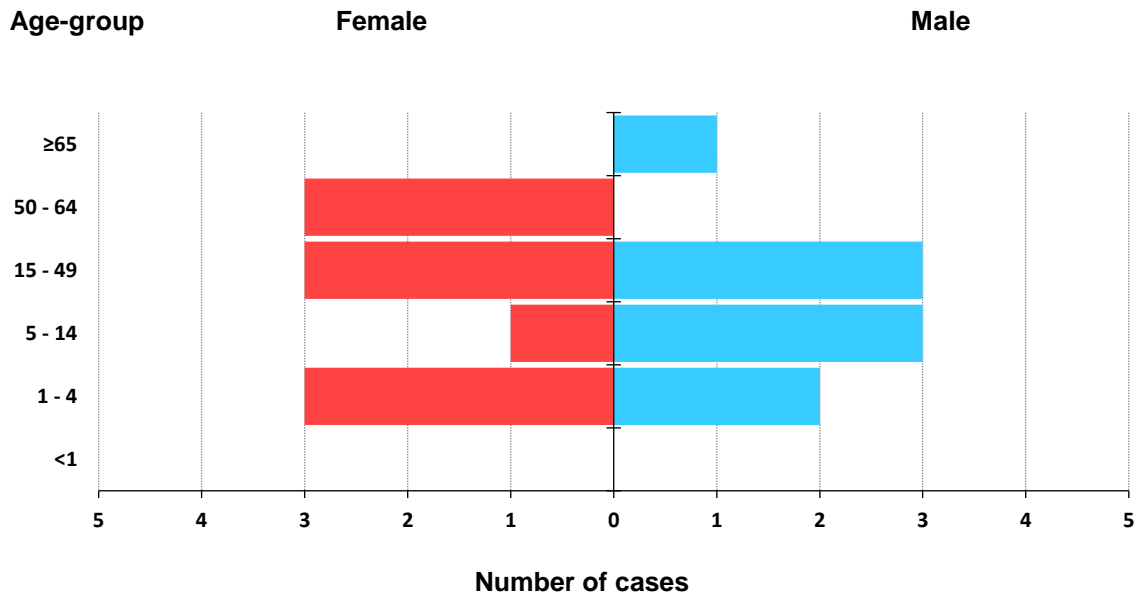
Figure 2. Distribution of Acute Bloody Diarrhea Cases by Morbidity Week
National Capital Region, Alert and Epidemic Threshold, 2013-2017 vs. 2018



Profile of Cases

Ages of cases ranged from 1 year to 68 years old (median 16 years). Most 6 (32%) of those affected were 15-49 years age-group [Figure 3]. Majority of cases 10 (53%) were male.

Figure 3. Distribution of Acute Bloody Diarrhea Cases by Age-group and Sex (N=19)
National Capital Region, January 1 – May 05, 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

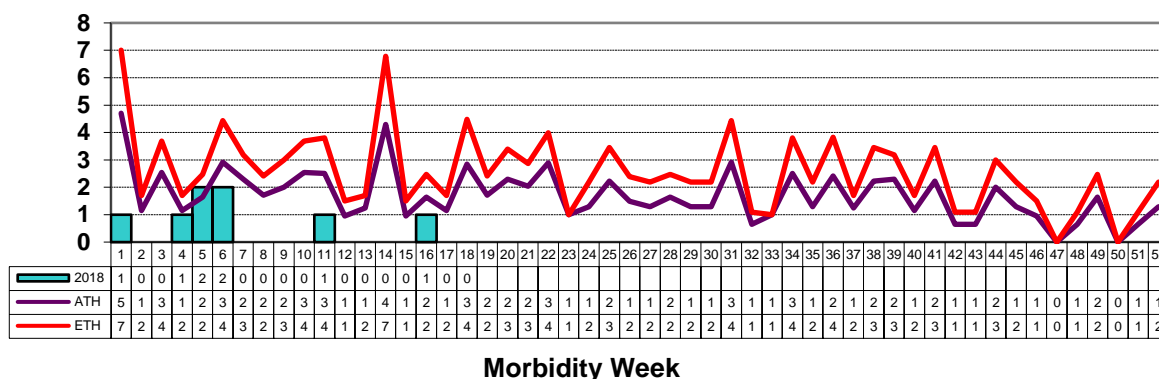
FINDINGS: Partial reports showed there were **8** cases admitted at different reporting institutions of the Region from January 1- May 05, 2018. **58% lower** than to the period last year (19) [Table 1/ Figure 1]; and **58% lower** than previous five year average (2013-2017).[Figure 1]

Table 1. Distribution of Confirmed Hepatitis A by LGU (n=8)
National Capital Region, January 1 – May 05, 2018

MunCity	Cases		Change Rate (%)
	2017	2018	
Manila City	8	3	-63
Muntinlupa City	1	2	100
Makati City	0	1	100
Quezon City	4	1	-75
Valenzuela City	0	1	100
Caloocan City	1	0	-100
Las Piñas City	2	0	-100
Malabon City	0	0	0
Mandaluyong City	0	0	0
Marikina City	0	0	0
Navotas City	0	0	0
Parañaque City	1	0	-100
Pasay City	1	0	-100
Pasig City	0	0	0
Pateros	0	0	0
San Juan City	1	0	-100
Taguig City	0	0	0
N C R	19	8	-58

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 141 cases admitted at different reporting institutions of the Region from January 1- May 05, 2018. **16% lower** than to the period last year (167) [Table 1/ Figure1]; and **7% lower** than previous five year average (2013-2017).[Figure 2]

Distribution of Typhoid Fever Cases by LGU (N=61)
National Capital Region, January 1 – May 05, 2018

MunCity	Cases		Change Rate (%)
	2017	2018	
Quezon City	42	54	29
Parañaque City	19	21	11
Manila City	38	17	-55
Caloocan City	21	12	-43
Las Piñas City	4	8	100
Makati City	3	7	133
Taguig City	9	6	-33
Mandaluyong City	6	4	-33
Marikina City	2	3	50
Muntinlupa City	0	3	100
Pasay City	1	2	100
Valenzuela City	2	2	0
Malabon City	3	1	-67
Pasig City	3	1	-67
Navotas City	3	0	-100
Pateros	0	0	0
San Juan City	11	0	-100
N C R	167	141	-16

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

Number of cases

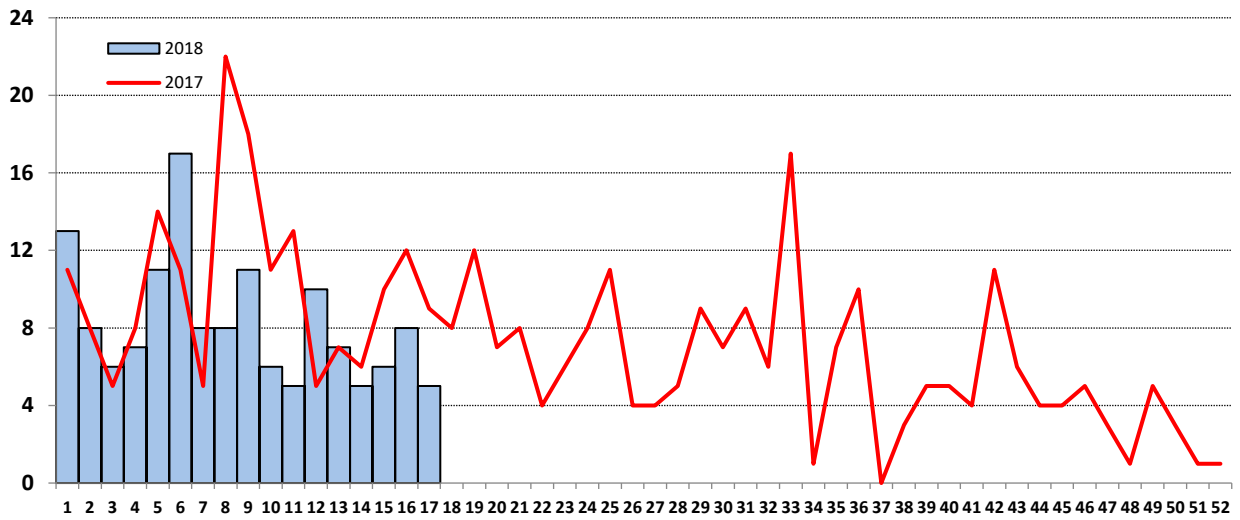
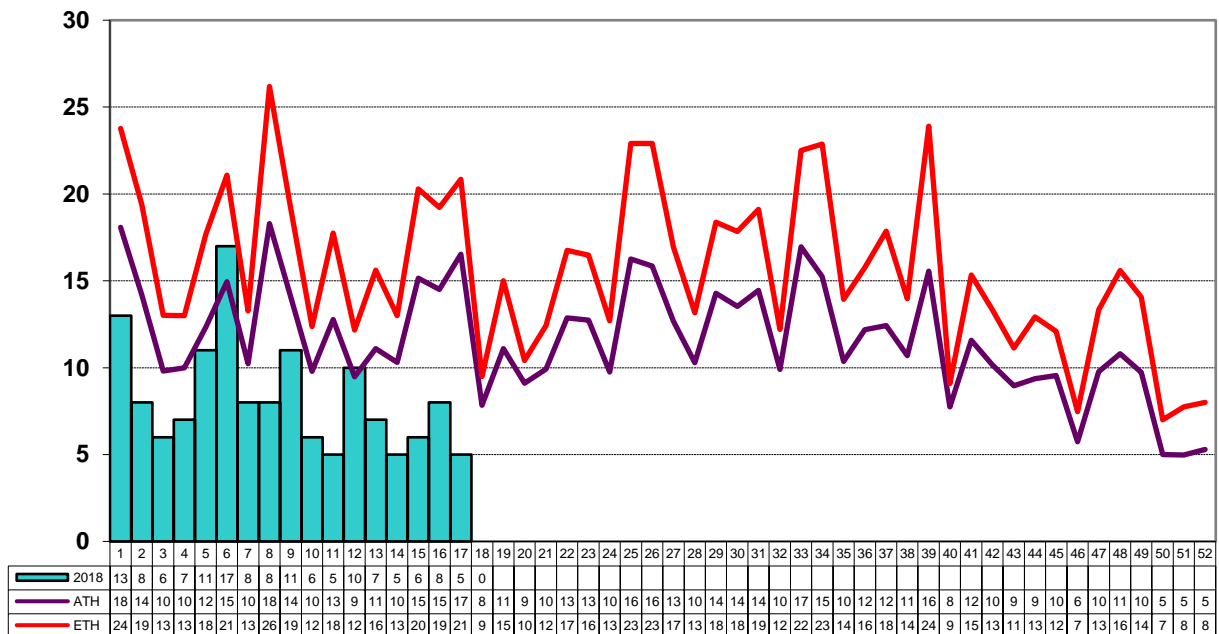


Figure 2. Distribution of Typhoid Fever Cases by Morbidity Week
National Capital Region, Alert and Epidemic Threshold, 2013-2017 vs.2018

Number of cases

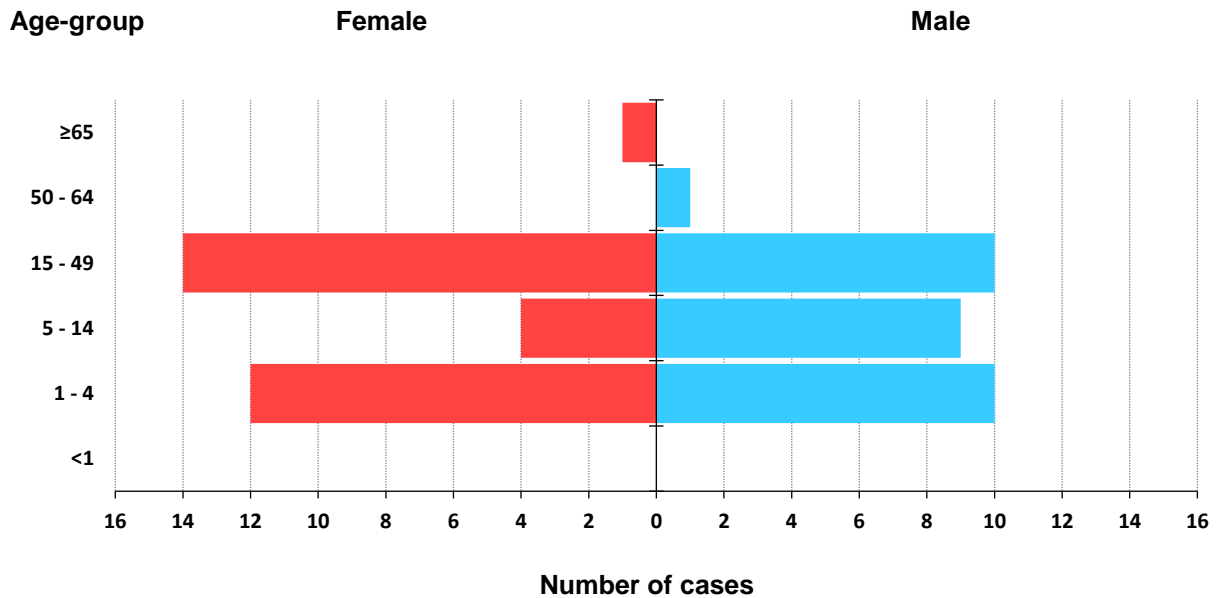


Morbidity Week

Profile of Cases

Ages of cases ranged from 5 months to 86 years old (median 14 years). Most 60 (43%) of those affected were 15-49 years age-group [Figure 3]. Majority of cases 72 (5%) were female.

Figure 3. Distribution of Typhoid Fever Cases by Age-group and Sex (N=141)
National Capital Region, January 1 – May 05, 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	49	19	61 ↓
Confirmed Cholera	0	0	0.0
Confirmed Hepatitis A	19	8	58 ↓
Typhoid	167	141	16 ↓

Prepared by:



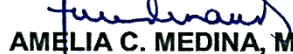
ABEGAIL MOISES, RN
Nurse III – PIDSR Point Person

Noted by:



PHILIP PATRICK CO, MD, MPM
Head-EHEC

Recommending Approval:



AMELIA C. MEDINA, MD, MPH
Chief – Local Health Support Division

Approved by:



CORAZON I. FLORES, MD, MPH CESO IV
OIC-Director IV

