



FOOD & WATER BORNE ILLNESSES REPORT

Acute Bloody Diarrhea Cases

FINDINGS: Partial reports showed there were **4** cases admitted at different reporting institutions of the Region from January 1 to February 3, 2018. This is **60% lower** compared to the period last year (10). [Table 1/ Figure 1]; and **79% lower** than previous five-year average (2013-2017). [Figure 2].

Table.1 Distribution of Acute Bloody Diarrhea Cases by LGU (N=4)
National Capital Region, January 1 to February 3, 2018

MunCity	Cases		Change Rate (%)
	2017	2018	
Quezon City	0	2	100
Makati City	0	1	100
Manila City	1	1	0
Caloocan City	0	0	0
Las Piñas City	0	0	0
Malabon City	1	0	-100
Mandaluyong City	0	0	0
Marikina City	0	0	0
Muntinlupa City	0	0	0
Navotas City	1	0	-100
Parañaque City	2	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
Valenzuela City	4	0	-100
N C R	10	4	-60

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

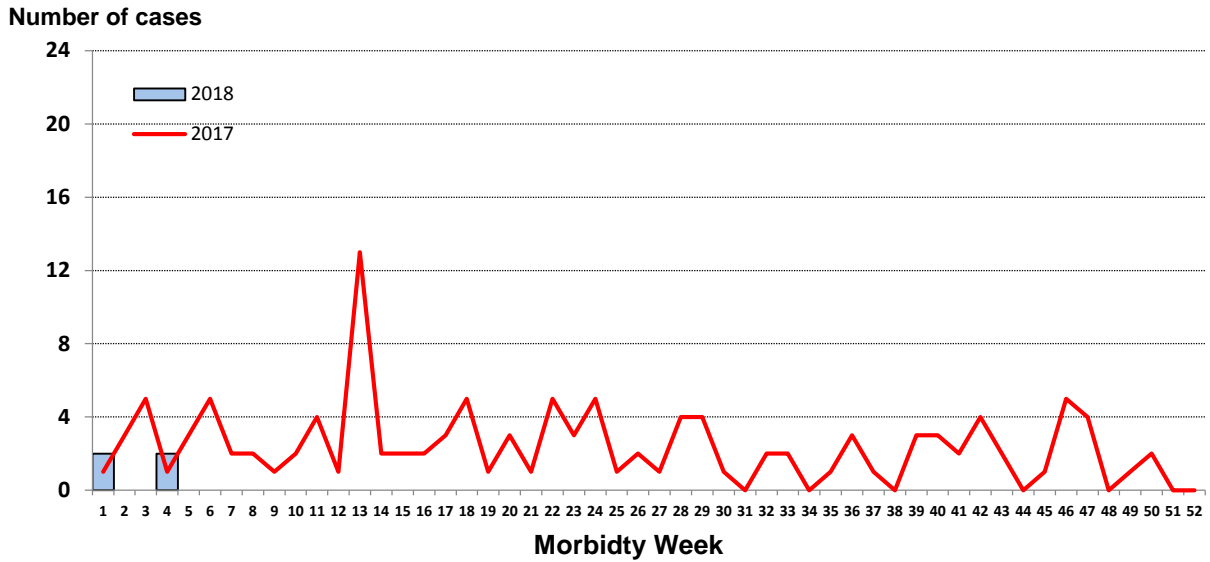
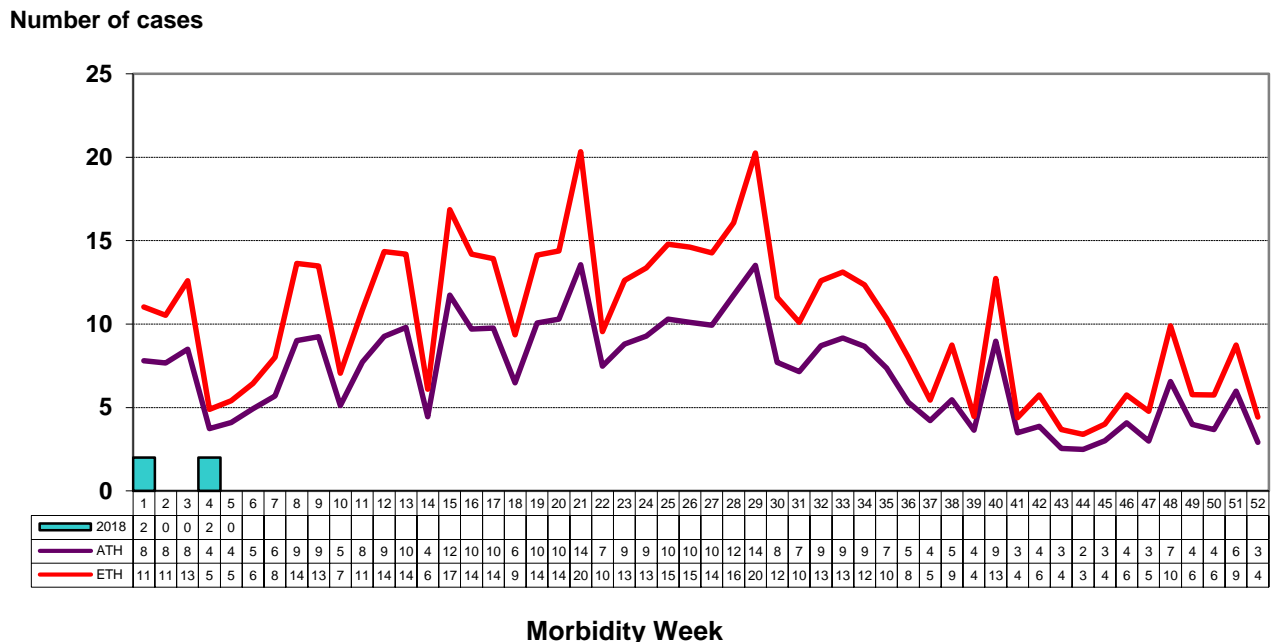


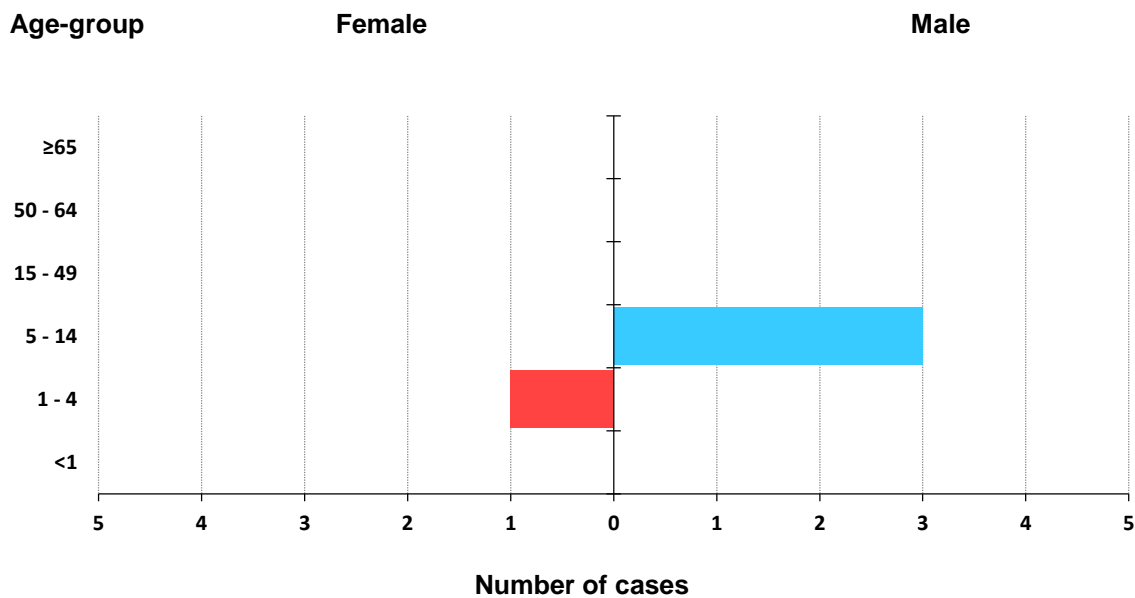
Figure 2. Distribution of Acute Bloody Diarrhea Cases by Morbidity Week
National Capital Region, Alert and Epidemic Threshold, 2013-2017 vs. 2018



Profile of Cases

Ages of cases ranged from 2 years to 10 years old (median 7 years). Most 3 (75%) of those affected were 5-14 years age-group [Figure 3]. Majority of cases 3 (74%) were male.

Figure 3. Distribution of Acute Bloody Diarrhea Cases by Age-group and Sex (N=4)
National Capital Region, January 1 – February 3, 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.

There was no clustering of cases noted.

Typhoid Cases

FINDINGS: Partial reports showed there were 28 cases admitted at different reporting institutions of the Region from January 1- February 3, 2018. **28% lower** than to the period last year (39) [Table 1/ Figure 1]; and **33% lower** than previous five year average (2013-2017).[Figure 2]

Distribution of Typhoid Fever Cases by LGU (N=029)
National Capital Region, January 1 – February 3, 2018

MunCity	Cases		Change Rate (%)
	2017	2018	
Quezon City	9	13	44
Manila City	8	4	-50
Parañaque City	5	4	-20
Caloocan City	6	3	-50
Taguig City	1	2	100
Las Piñas City	1	1	0
Pasay City	1	1	0
Makati City	1	0	-100
Malabon City	0	0	0
Mandaluyong City	2	0	-100
Marikina City	1	0	-100
Muntinlupa City	0	0	0
Navotas City	0	0	0
Pasig City	1	0	-100
Pateros	0	0	0
San Juan City	3	0	-100
Valenzuela City	0	0	0
N C R	39	28	-28

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

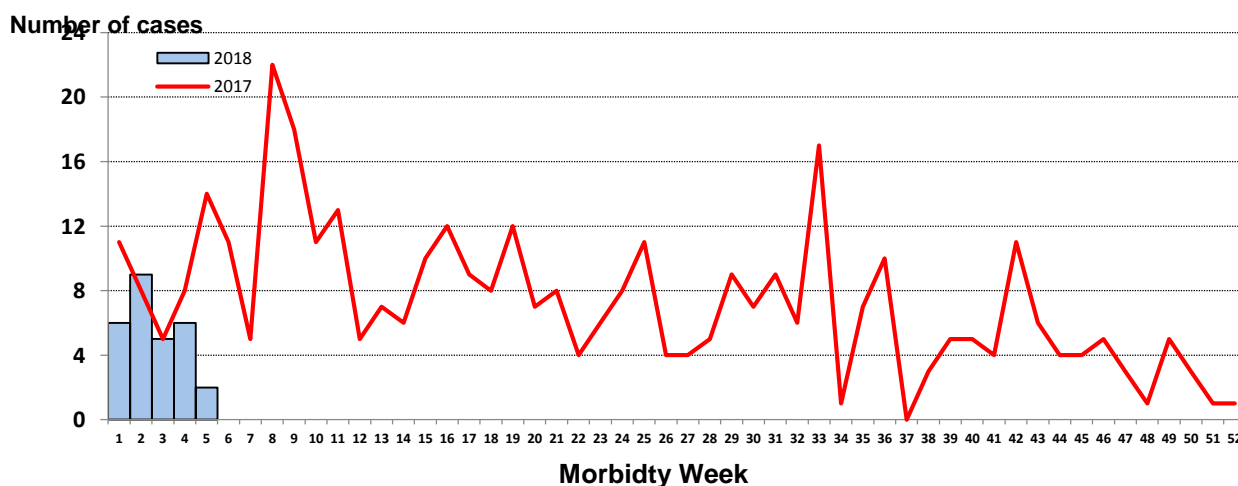
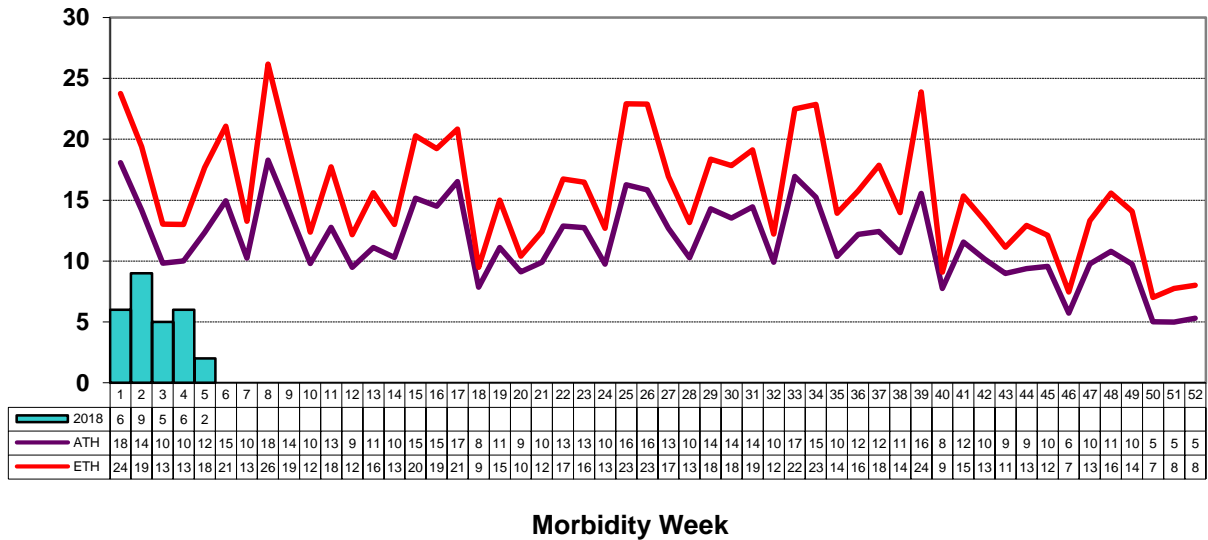


Figure 2. Distribution of Typhoid Fever Cases by Morbidity Week
National Capital Region, Alert and Epidemic Threshold, 2013-2017 vs.2018

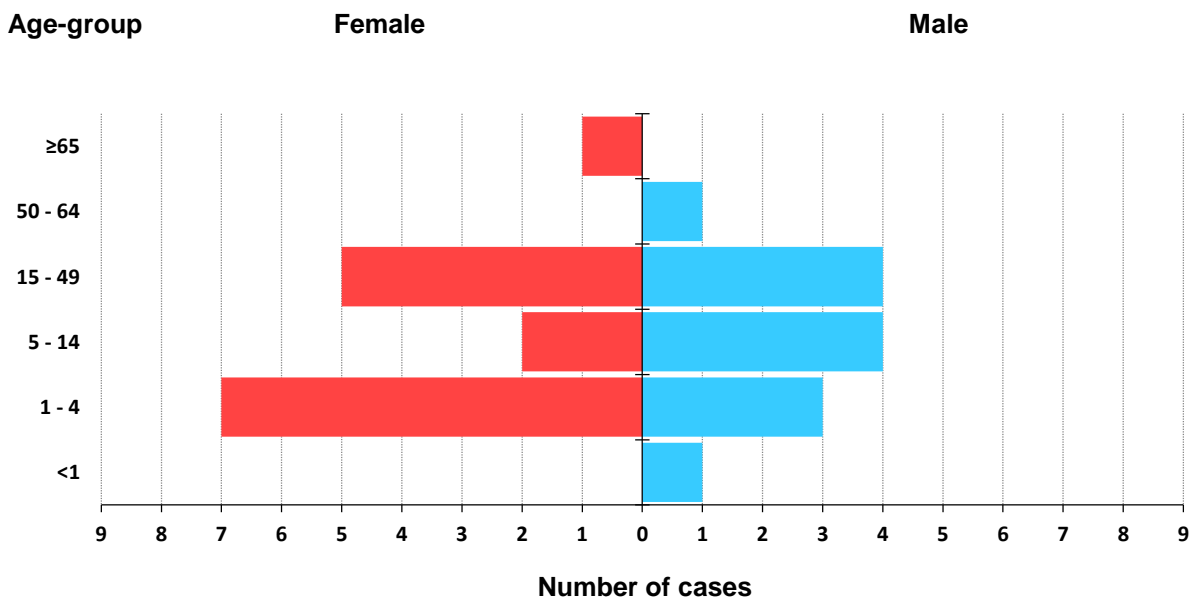
Number of cases



Profile of Cases

Ages of cases ranged from 10 months to 66 years old (median 11 years). Most 10 (36%) of those affected were 1-4 years age-group [Figure 3]. Most of cases 15 (54%) were female.

Figure 3. Distribution of Typhoid Fever Cases by Age-group and Sex (N=28)
National Capital Region, January 1 – February 3, 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- February 3, 2018

DISEASE	2017	2018	%CHANGE
ABD	10	4	60 ↓
Confirmed Cholera	0	0	0.0
Confirmed Hepatitis A	4	0	100 ↓
Typhoid	39	28	28 ↓

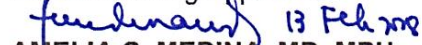
Prepared by:


ABEGAIL MOISES, RN
Nurse III – PIDSR Point Person

Noted by:


PHILIP PATRICK CO, MD, MPM
Head-EHEC

Recommending Approval:

 13 Feb 2018
AMELIA C. MEDINA, MD, MPH
Chief – Local Health Support Division

Approved by:


ARIEL I. VALENCIA, MD, MPH, CESO III
Director IV