

Republic of the Philippines Department of Health

NATIONAL CAPITAL REGIONAL OFFICE

Morbidity Week 23

January 1- June 9, 2018

Table 1. Summary of Notifiable Disease/Syndrome

2017 vs. 2018

National Capital Region, January 1 - June 9, 2018

	Cases		- Change	2018	
Category I (Immediately Notifiable)	2017	2018	Rate (%)	Deaths	CFR (%)
Anthrax	0	0	0	0	0.00
Malaria	2	7	250	0	0.00
Meningococcal Disease	5	6	20	1	16.67
Paralytic Shellfish	0	0	0	0	0.00
Rabies	8	7	-13	7	100.00
Ebola	0	0	0	0	0.00
MERS-CoV	22	7	-68	0	0.00
Zika	93	10	-89	0	0.00

October 11 (Mockley Notificials)	Cases		Change	2018	
Category II (Weekly Notifiable)	2017	2018	Rate (%)	Deaths	CFR (%)
Acute Bloody Diarrhea	66	24	-64	0	0.00
Acute Encephalitis Syndrome	33	45	36	1	2.22
Acute Hemorrhagic Fever Syndrome	0	0	0	0	0.00
Acute Viral Hepatitis	283	126	-55	2	1.59
Bacterial Meningitis	140	131	-6	5	3.82
Chikungunya	6	0	-100	0	0.00
Cholera	0	0	0	0	0.00
Dengue	5,193	6,964	34	23	0.33
Hand, Foot and Mouth Disease	178	73	-59	0	0.00
Influenza-like illness	403	628	56	0	0.00
Leptospirosis	126	91	-28	16	17.58
Non-Neonatal Tetanus	47	24	-49	2	8.33
Typhoid and Parathypoid Fever	218	176	-19	3	1.70

Disclaimer: Figures from previous report may differ due to late reports submitted and further verification.

DENGUE SURVEILLANCE REPORT

Table 2. Distribution of Dengue Cases and Deaths by LGU (N=6,964)
National Capital Region, January 1 – June 9, 2018

	Cases		Change	2018		Total	Attack
LGU	2017	2018	- Rate (%)	Deaths	CFR (%)	Population	Rate
Quezon City [†]	1,898	2,100	11	5	0.24	2,974,331	7.06
Manila City [†]	665	1018	53	5	0.49	1,803,318	5.65
Caloocan City [†]	567	867	53	3	0.35	1,604,594	5.40
Parañaque City [†]	341	438	28	2	0.46	674,488	6.49
Pasig City [†]	300	391	30	1	0.26	765,131	5.11
Valenzuela City [†]	179	341	91	0	0.00	628,497	5.43
Marikina City [†]	142	316	123	3	0.95	456,608	6.92
Las Piñas City [†]	142	259	82	1	0.39	596,559	4.34
Makati City†	190	215	13	1	0.47	590,185	3.64
Malabon City	185	181	-2	1	0.55	370,282	4.89
Mandaluyong City [†]	111	178	60	0	0.00	391,304	4.55
Pasay City [†]	65	172	165	0	0.00	421,943	4.08
Taguig City	193	166	-14	1	0.60	815,391	2.04
Muntinlupa City [†]	80	135	69	0	0.00	511,075	2.64
Navotas City [†]	79	81	3	0	0.00	252,710	3.21
Pateros [†]	7	57	714	0	0.00	64,671	8.81
San Juan City	49	49	0	0	0.00	123,770	3.96
N C R	5,193	6,964	34	23	0.33	13,044,857	5.34

^{*}Case-Fatality Rate should be less than 1.

FINDINGS: Partial reports showed there were **6,964** cases admitted at different reporting institutions of the Region from January 1 to June 9, 2018. There were 67 admissions for this week. Pateros has the highest (8.81/10,000 population) attack rate.

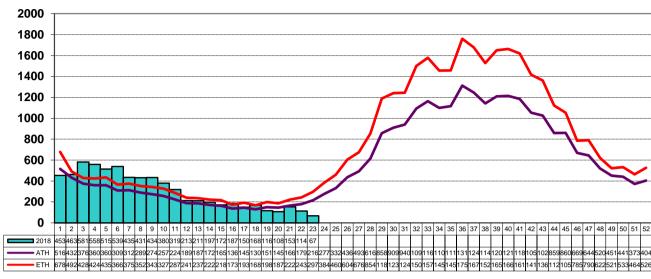
There were 23 deaths (CFR 0.33) reported (*Table 2*). This is **34% higher** compared to the same period last year (5,193) [*Table 2*]; and **63% higher** than previous five-year average (2013-2017) [*Figure 1*].

[†]Increase number of cases

Figure 1. Distribution of Dengue Cases by Morbidity Week

National Capital Region, Alert and Epidemic Threshold, 2013-2017 vs. 2018

Number of Cases



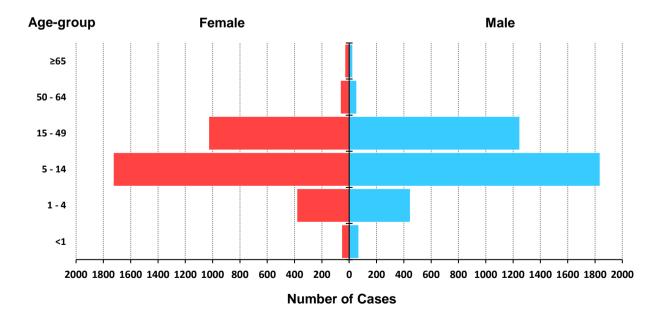
Morbidity Week

Profile of Cases

Ages of cases ranged from 2 months to 95 years old (median 12 years). Most 3,559 (51%) of those affected was the 5-14-year age-group (Figure 2). Majority of cases 3,668 (53%) were male.

Figure 2. Distribution of Dengue Cases by Age-group and Sex (n=6,940)

National Capital Region, January 1 – June 9, 2018



*Ages unknown = 24

CLUSTERING OF CASES: Clustering of cases were noted in the Cities of Caloocan, Malabon, Marikina, Paranaque, Pasig, Quezon and Valenzuela (Table 3).

Table 3. Barangays with Clustering of Cases National Capital Region, MW20 - MW23, 2018

		CASES				
LGU	Barangay	MW20	MW21	MW22	MW23	TOTAL
CALOOCAN CITY	Barangay 176	0	3	2	4	9
CALOOCAN CITY	Barangay 178	2	0 MW21 MW22 MW23	6		
MALABON CITY	Potrero	0	2	1	0	3
MARIKINA CITY	Concepcion Uno	1	3	0	0	4
	B. F. Homes	3	1	0	0	4
DADANAOUE CITV	Moonwalk	0	2	1	0	3
PARANAQUE CITY	San Antonio	1	2	0	0	3
	Potrero	0	3			
PASIG CITY	Manggahan	2	1	0	0	3
PASIG CITY	Pinagbuhatan	1	1	2	0	4
	DISTRICT I					
	Vasra	0	1	2	0	3
	DISTRICT II					
	Batasan Hills	2	0	0	1	3
	Commonwealth	0	6	3	1	10
	Holy Spirit	2	1	2	3	8
QUEZON CITY	Payatas	1	3	5	0	9
QUEZON CITT	DISTRICT IV					
	Kaunlaran	0	2	1	2	5
	Pinyahan	0	3	1	1	5
	Tatalon	0	1	2	1	4
	DISTRICT VI					
	Culiat	3	3	2	0	8
	Pasong Tamo	2	3	4	1	10
VALENZUELA CITY	Lingunan	0	0	3	2	5
VALENZUELA GITT	Ugong	0	1	1	1	3

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ANNEX A. CASE CLASSIFICATION

Dengue without Warning Signs

Suspect

A previous well person with acute febrile Illness of 2-7 days duration plus two of the ff:

- ✓ Headache
- ✓ Body Malaise
- ✓ Myalgia
- ✓ Arthralgia
- ✓ Retrp-orbital pain
- ✓ Anorexia
- ✓ Nausea
- ✓ Vomiting
- ✓ Diarrhea
- ✓ Flushed skin
- ✓ Rash (petecheal, Herman's sign)

Probable

A suspect case plus:

Laboratory test, at leats CBC (leucopenia with or without thrombocytopenia) and/ or Dengue NS1,Antigen test or dengue IgM antibody test (optional)

- Confirmed
 - Viral culture isolation
 - Polymerase Chain Reaction (PCR)

Dengue with Warning Signs

A previously well person with acute febrile illness Of2-7 days duration plus any of the ff:

- √ Abdominal pain or tenderness
- ✓ Persistent vomiting
- ✓ Clinical signs of fluid accumulation
- ✓ Mucosal bleeding
- ✓ Lethargy, restlessness
- ✓ Liver enlargement
- ✓ Laboratory : Tin Hct and/or

Severe Dengue

A previously well person with acute febrile illness of 2-7 days duration and any of the clinical manifestations for dengue with or without warning signs, plus any of the ff:

Severe Plasma leakage leading to

- ✓ Shock
- ✓ Fluid accumulation w/ respiratory distress

Severe bleeding Severe organ impairment

✓ Liver : AST or ALT ≥ 1000✓ CNS : e.g. seizures, impaired

consciousness

✓ Heart : e.g. myocarditis✓ Kidneys : e.g. renal failure

ANNEX B. DEFINITION OF TERMS

Alert Threshold

B

Refers to the level of occurrence of disease that serves as an early warning for epidemics. An increase in the number of cases above the threshold level should trigger an investigation, epidemics preparedness and implement appropriate prevention and control measures

Cluster of cases P

3 or more cases with temporal (occurring of 4 weeks) and geographical association (within the same barangay).

Epidemic Threshold

Refers to the level of occurrence of disease above which urgent response is required. The threshold specific to each disease and depends on infectiousness, other determinants of transmission and local endemicity level.

Epidemiology 🖾

Refers to the study of the distribution and determinants of health-related states or events in specified population, and the application of this study to the control of health problems.



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Translate: \$31,00,315,00,371 to 116

Morbidity Calendar 2018

Morbidity	Inclusive	Dates		Morbidity	Inclusive Dates		Deadline of
	Beginning	Ending		Week	Beginning	Ending	Submission until 3PM
1	1-Jan	6-Jan	4-Jan	27	1-Jul	7-Jul	5-Jul
2	7-Jan	13-Jan	11-Jan	28	8-Jul	14-Jul	12-Jul
3	14-Jan	20-Jan	18-Jan	29	15-Jul	21-Jul	19-Jul
4	21-Jan	27-Jan	25-Jan	30	22-Jul	28-Jul	26-Jul
5	28-Jan	3-Feb	1-Feb	31	29-Jul	4-Aug	2-Aug
6	4-Feb	10-Feb	8-Feb	32	5-Aug	11-Aug	9-Aug
7	11-Feb	17-Feb	15-Feb	33	12-Aug	18-Aug	16-Aug
8	18-Feb	24-Feb	22-Feb	34	19-Aug	25-Aug	23-Aug
9	25-Feb	3-Mar	1-Mar	35	26-Aug	1-Sep	30-Aug
10	4-Mar	10-Mar	8-Mar	36	2-Sep	8-Sep	6-Sep
11	11-Mar	17-Mar	15-Mar	37	9-Sep	15-Sep	13-Sep
12	18-Mar	24-Mar	22-Mar	38	16-Sep	22-Sep	20-Sep
13	25-Mar	31-Mar	29-Mar	39	23-Sep	29-Sep	27-Sep
14	1-Apr	7-Apr	5-Apr	40	30-Sep	6-Oct	4-Oct
15	8-Apr	14-Apr	12-Apr	41	7-Oct	13-Oct	11-Oct
16	15-Apr	21-Apr	19-Apr	42	14-Oct	20-Oct	18-Oct
17	22-Apr	28-Apr	26-Apr	43	21-Oct	27-Oct	25-Oct
18	29-Apr	5-May	3-May	44	28-Oct	3-Nov	1-Nov
19	6-May	12-May	10-May	45	4-Nov	10-Nov	8-Nov
20	13-May	19-May	17-May	46	11-Nov	17-Nov	15-Nov
21	20-May	26-May	24-May	47	18-Nov	24-Nov	22-Nov
22	27-May	2-Jun	31-May	48	25-Nov	1-Dec	29-Nov
23	3-Jun	9-Jun	7-Jun	49	2-Dec	8-Dec	6-Dec
24	10-Jun	16-Jun	14-Jun	50	9-Dec	15-Dec	15-Dec
25	17-Jun	23-Jun	21-Jun	51	16-Dec	22-Dec	22-Dec
26	24-Jun	30-Jun	28-Jun	52	23-Dec	31-Dec	2-Jan-19