



Republic of the Philippines
Department of Health
NATIONAL CAPITAL REGIONAL OFFICE

Morbidity Week 18

January 1- May 05, 2018

Table 1. Summary of Notifiable Disease/Syndrome
2017 vs. 2018
National Capital Region, January 1 – May 05, 2018

Category I (Immediately Notifiable)	Cases		Change Rate (%)	2018	
	2017	2018		Deaths	CFR (%)
Anthrax	0	0	0	0	0.00
Malaria	2	3	50	0	0.00
Meningococcal Disease	4	6	50	1	16.67
Paralytic Shellfish	0	0	0	0	0.00
Rabies	7	12	71	5	41.67
<i>Ebola</i>	0	0	0	0	0.00
<i>MERS-CoV</i>	20	6	-70	0	0.00
<i>Zika</i>	88	8	-91	0	0.00

Category II (Weekly Notifiable)	Cases		Change Rate (%)	2018	
	2017	2018		Deaths	CFR (%)
Acute Bloody Diarrhea	49	19	-61	0	0.00
Acute Encephalitis Syndrome	29	28	-3	1	3.57
Acute Hemorrhagic Fever Syndrome	0	0	0	0	0.00
Acute Viral Hepatitis	147	94	-36	2	2.13
Bacterial Meningitis	111	87	-22	4	4.60
Chikungunya	4	0	-100	0	0.00
Cholera	1	0	-100	0	0.00
Dengue	4,419	5,991	36	22	0.37
Hand, Foot and Mouth Disease	159	63	-60	0	0.00
Influenza-like illness	337	548	63	0	0.00
Leptospirosis	101	67	-34	12	17.91
Non-Neonatal Tetanus	39	21	-46	2	9.52
Typhoid and Paratyphoid Fever	167	141	-16	2	1.42

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

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DENGUE SURVEILLANCE REPORT

Table 2. Distribution of Dengue Cases and Deaths by LGU (N=5,991)
National Capital Region, January 1 – May 05, 2018

LGU	Cases		Change Rate (%)	2018		Total Population	Attack Rate
	2017	2018		Deaths	CFR (%)		
Quezon City†	1,553	1,721	11	5	0.29	2,974,331	5.79
Manila City†	585	889	52	6	0.67	1,803,318	4.93
Caloocan City†	456	733	61	2	0.27	1,604,594	4.57
Parañaque City†	322	403	25	2	0.50	674,488	5.97
Pasig City†	275	344	25	1	0.29	765,131	4.50
Marikina City†*	130	289	122	3	1.04	456,608	6.33
Valenzuela City†	150	288	92	0	0.00	628,497	4.58
Las Piñas City†	129	227	76	1	0.44	596,559	3.81
Makati City†	161	179	11	1	0.56	590,185	3.03
Mandaluyong City†	100	169	69	0	0.00	391,304	4.32
Malabon City†	133	159	20	0	0.00	370,282	4.29
Pasay City†	60	159	165	0	0.00	421,943	3.77
Taguig City	176	148	-16	1	0.68	815,391	1.82
Muntinlupa City†	68	123	81	0	0.00	511,075	2.41
Navotas City†	69	75	9	0	0.00	252,710	2.97
Pateros†	7	43	514	0	0.00	64,671	6.65
San Juan City	45	42	-7	0	0.00	123,770	3.39
N C R	4,419	5,991	36	22	0.37	13,044,857	4.59

*Case-Fatality Rate should be less than 1.

†Increase number of cases

FINDINGS: Partial reports showed there were **5,991** cases admitted at different reporting institutions of the Region from January 1 to May 05, 2018. There were 41 admissions for this week. Pateros has the highest (6.65/10,000 population) attack rate.

There were 22 deaths (CFR 0.37) reported (*Table 2*). This is **36% higher** compared to the same period last year (4,419) [*Table 2*]; and **62% higher** than previous five-year average (2013-2017) [*Figure 1*].

CLUSTERING OF CASES: Clustering of cases were noted in the Cities of Caloocan, Mandaluyong, Manila, Marikina, Muntinlupa, Navotas, Paranaque, Pasig, Quezon, Taguig and Valenzuela (*Table 3*).

Table 3. Barangays with Clustering of Cases
National Capital Region, MW15 – MW18, 2018

LGU	Barangay	CASES				
		MW15	MW16	MW17	MW18	TOTAL
CALOOCAN CITY	Barangay 176	1	1	3	0	5
MANDALUYONG CITY	Hagdang Bato Libis	1	2	0	0	3
MANILA	Barangay 101	0	2	1	1	4
MARIKINA CITY	Nangka	0	3	0	0	3
MUNTINLUPA CITY	Poblacion	1	2	0	0	3
	Tunasan	3	0	0	0	3
NAVOTAS	San Jose(Pob.)	2	1	0	0	3
PARANAQUE CITY	Baclaran	1	1	1	0	3
	B. F. Homes	0	5	1	0	6
	San Dionisio	3	3	0	0	6
PASIG CITY	Caniogan	1	2	0	0	3
	Manggahan	0	0	4	1	5
DISTRICT II						
	Bagong Silangan	1	2	0	0	3
	Batasan Hills	2	6	0	2	10
	Commonwealth	10	5	0	3	18
	Holy Spirit	4	4	0	0	8
	Payatas	3	4	3	1	11
DISTRICT III						
	Matandang Balara	1	2	0	2	5
	San Roque	1	2	0	0	3
DISTRICT IV						
	Pinyahan	3	0	0	1	4
DISTRICT V						
	Bagbag	2	0	0	1	3
	Fairview	2	1	0	0	3
DISTRICT VI						
	Baesa	0	1	2	0	3

	Pasong Tamo	3	0	1	0	4
TAGUIG CITY	Bagumbayan	3	0	0	0	3
	Hen. T. De Leon	1	0	1	1	3
VALENZUELA CITY	Malinta	0	2	1	0	3
	Marulas	1	2	1	0	4

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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
 - ✓ Retrop-orbital pain
 - ✓ Anorexia
 - ✓ Nausea
 - ✓ Vomiting
 - ✓ Diarrhea
 - ✓ Flushed skin
 - ✓ Rash (petecheal, Herman's sign)
- **Probable**
A suspect case **plus:**
Laboratory test, at leasts 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 Of 2-7 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 : ↑ in Hct and/or
↓ platelet count

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 \geq 1000
- ✓ CNS : e.g. seizures, impaired consciousness


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


ANNEX B. DEFINITION OF TERMS

Alert Threshold  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  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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Morbidity Calendar 2018

Morbidity Week	Inclusive Dates		Deadline of Submission until 3PM	Morbidity Week	Inclusive Dates		Deadline of Submission until 3PM
	Beginning	Ending			Beginning	Ending	
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