



## FOOD & WATER BORNE ILLNESSES REPORT

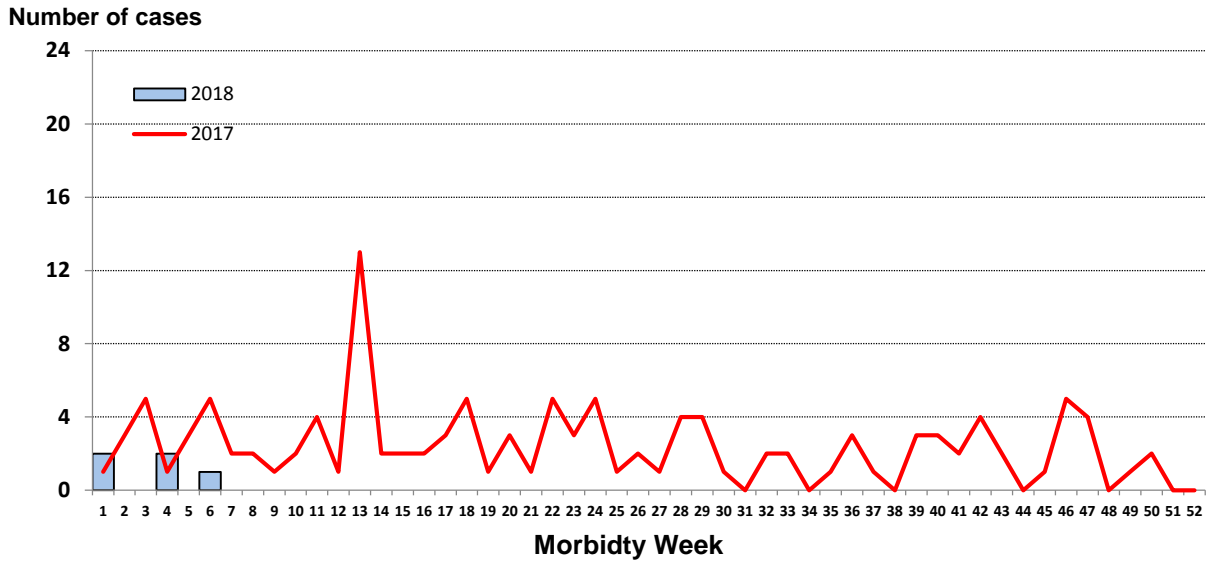
### Acute Bloody Diarrhea Cases

**FINDINGS:** Partial reports showed there were **5** cases admitted at different reporting institutions of the Region from January 1 to March 3, 2018. This is **67% lower** compared to the period last year (15). [Table 1/ Figure 1]; and **86% lower** than previous five-year average (2013-2017). [Figure 2].

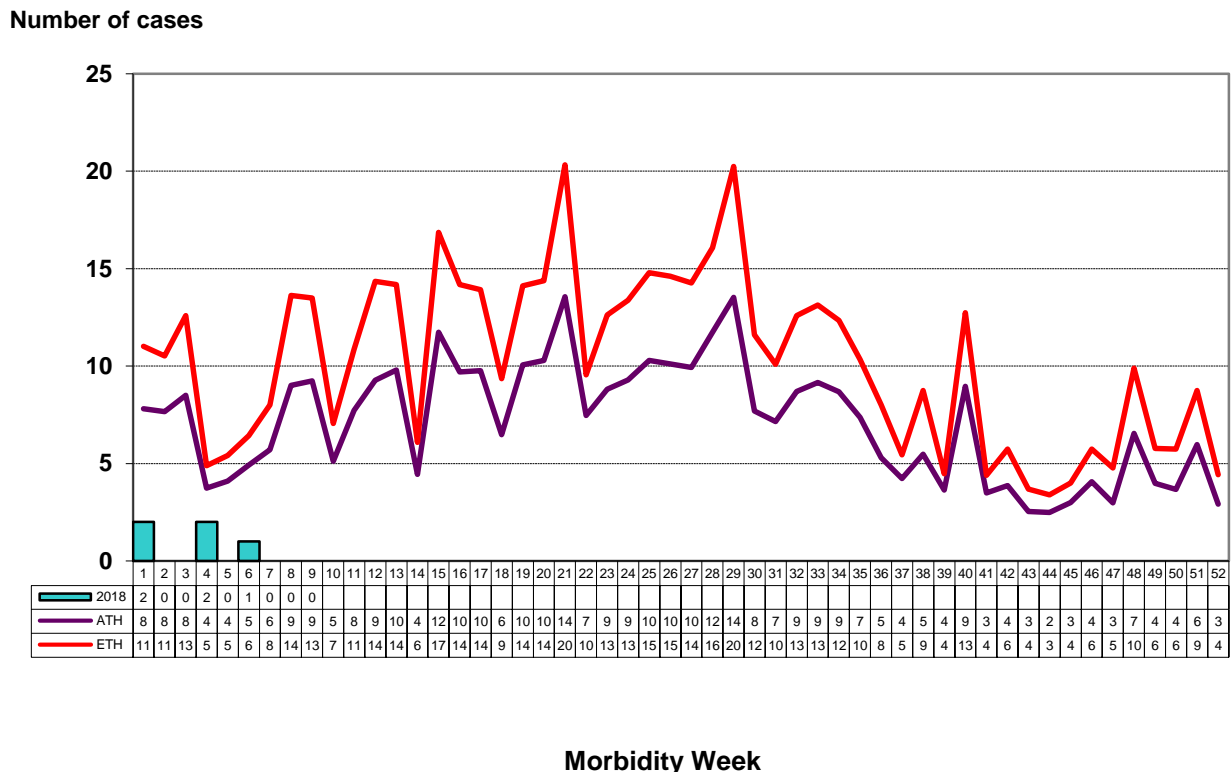
**Table.1 Distribution of Acute Bloody Diarrhea Cases by LGU (N=5)**  
National Capital Region, January 1 to March 3, 2018

MunCity	Cases		Change Rate (%)
	2017	2018	
Quezon City	1	2	100
Makati City	0	1	100
Manila City	2	1	-50
Parañaque City	2	1	-50
Caloocan City	1	0	-100
Las Piñas City	0	0	0
Malabon City	2	0	-100
Mandaluyong City	0	0	0
Marikina City	0	0	0
Muntinlupa City	0	0	0
Navotas 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
<b>N C R</b>	<b>15</b>	<b>5</b>	<b>-67</b>

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



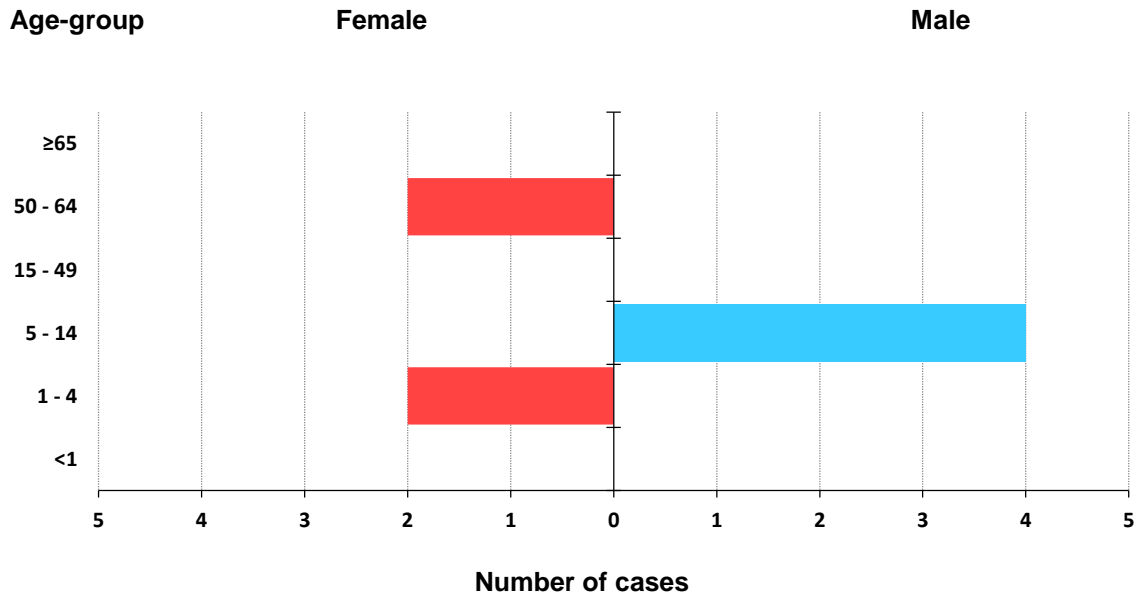
**Figure 2. Distribution of Acute Bloody Diarrhea Cases by Morbidity Week**  
National Capital Region, Alert and Epidemic Threshold, 2013-2017 vs. 2018



### Profile of Cases

Ages of cases ranged from 2 years to 50 years old (median 9 years). Most 3 (60%) of those affected were 5-14 years age-group [Figure 3]. Majority of cases 3 (64%) were male.

**Figure 3. Distribution of Acute Bloody Diarrhea Cases by Age-group and Sex (N=5)**  
National Capital Region, January 1 – March 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.

### Confirmed Hepatitis A Cases

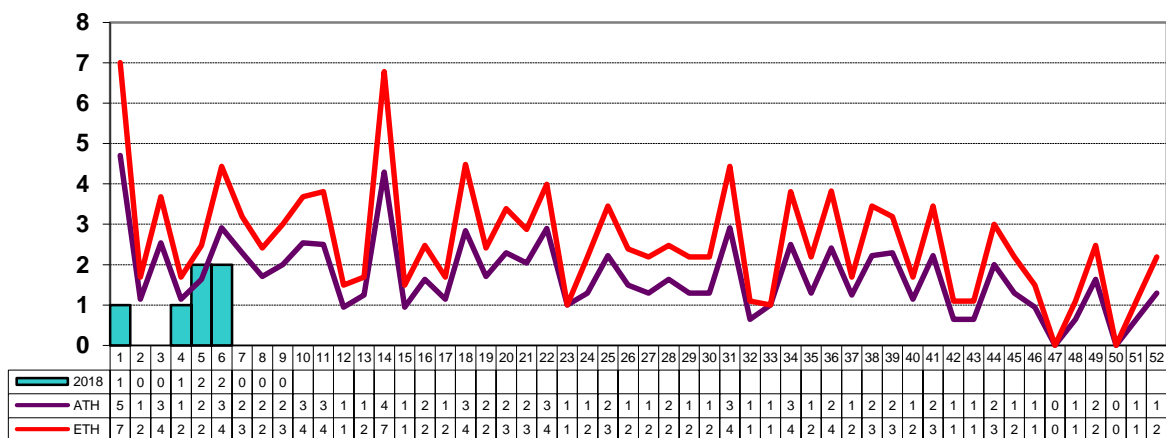
**FINDINGS:** Partial reports showed there were **6** cases admitted at different reporting institutions of the Region from January 1- March 3, 2018. **40% lower** than to the period last year (10) [Table 1/ Figure 1]; and **43% lower** than previous five year average (2013-2017).[Figure 1]

**Table 1. Distribution of Confirmed Hepatitis A by LGU (n=6)**  
National Capital Region, January 1 – March 3, 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
<b>N C R</b>	<b>10</b>	<b>6</b>	<b>-40</b>

**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



Morbidity Week

There was no clustering of cases note

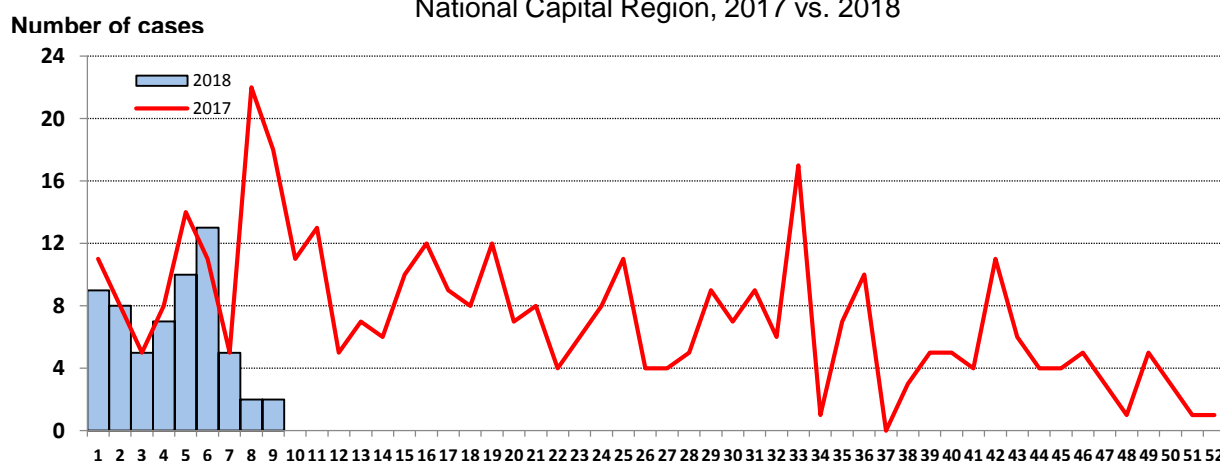
## Typhoid Cases

**FINDINGS:** Partial reports showed there were 61 cases admitted at different reporting institutions of the Region from January 1- March 3, 2018. **31% lower** than to the period last year (89) [Table 1/ Figure 1]; and **21% lower** than previous five year average (2013-2017).[Figure 2]

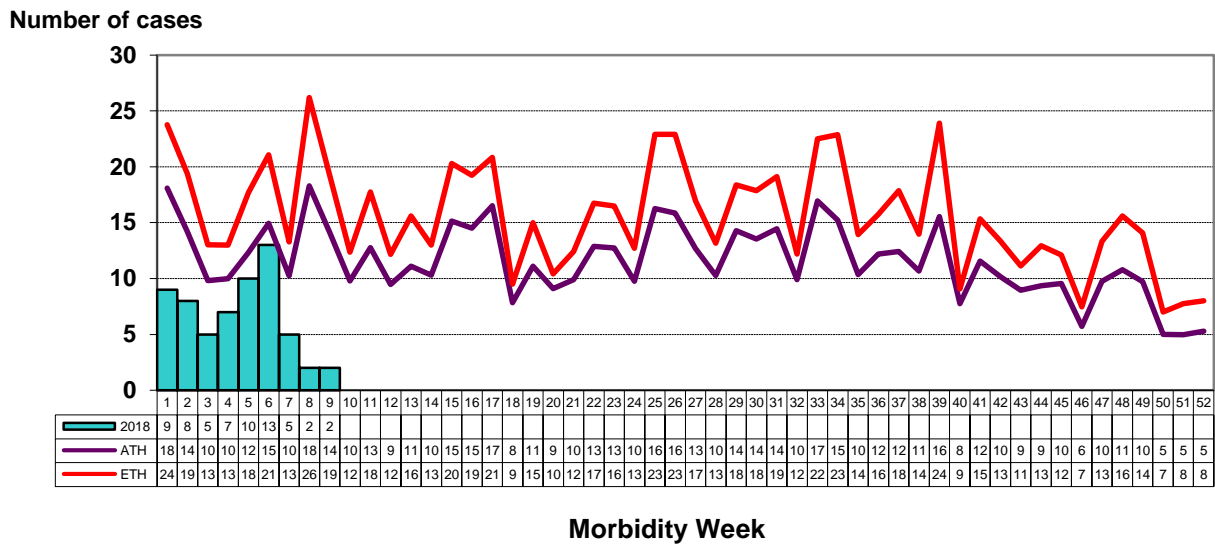
**Distribution of Typhoid Fever Cases by LGU (N=61)**  
National Capital Region, January 1 – March 3, 2018

MunCity	Cases		Change Rate (%)
	2017	2018	
Quezon City	16	27	69
Parañaque City	11	8	-27
Caloocan City	12	7	-42
Manila City	21	7	-67
Makati City	3	3	0
Taguig City	5	3	-40
Las Piñas City	3	2	-33
Mandaluyong City	4	1	-75
Marikina City	1	1	0
Muntinlupa City	0	1	100
Pasay City	1	1	0
Malabon City	0	0	0
Navotas City	1	0	-100
Pasig City	1	0	-100
Pateros	0	0	0
San Juan City	9	0	-100
Valenzuela City	1	0	-100
<b>N C R</b>	<b>89</b>	<b>61</b>	<b>-31</b>

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



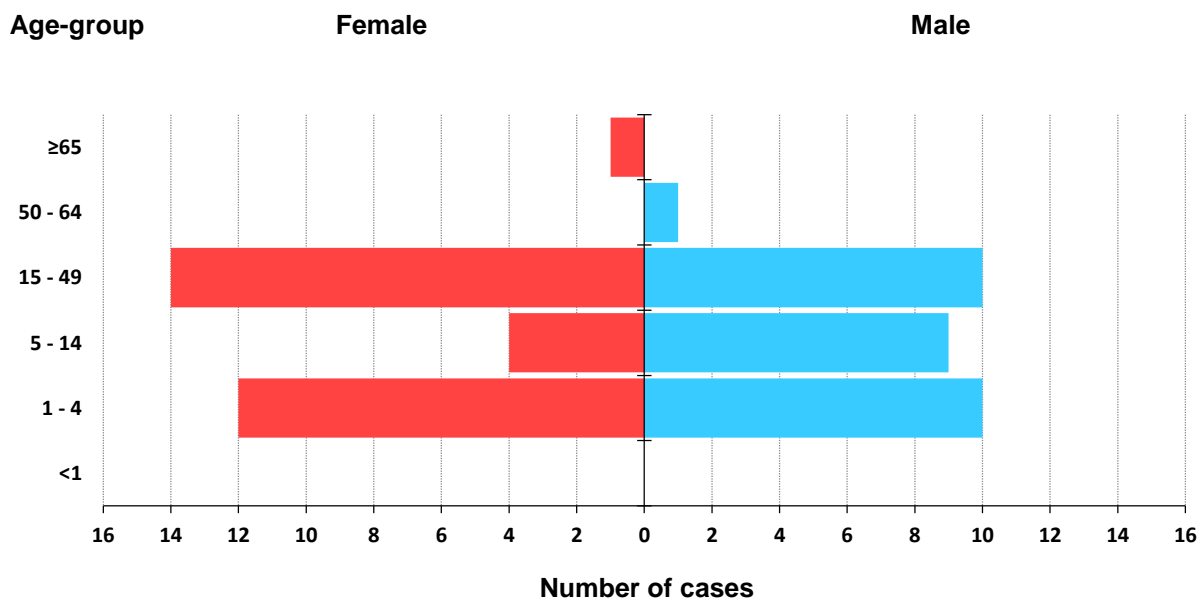
**Figure 2. Distribution of Typhoid Fever Cases by Morbidity Week**  
National Capital Region, Alert and Epidemic Threshold, 2013-2017 vs.2018



**Profile of Cases**

Ages of cases ranged from 1 year to 66 years old (median 11 years). Most 24 (39%) of those affected were 15-49 years age-group [Figure 3]. Majority of cases 31 (51%) were female.

**Figure 3. Distribution of Typhoid Fever Cases by Age-group and Sex (N=61)**  
National Capital Region, January 1 – March 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- March 3, 2018

DISEASE	2017	2018	%CHANGE
ABD	15	5	67 ↓
Confirmed Cholera	0	0	0.0
Confirmed Hepatitis A	10	6	40 ↓
Typhoid	89	61	31 ↓

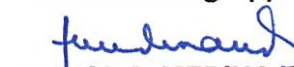
**Prepared by:**

  
**ABEGAIL A. MOISES, RN**  
Nurse III

**Reviewed by:**

  
**PHILIP PATRICK C. CO, MD, MPM**  
Head - Epidemiology and Health Emergency Cluster

**Recommending Approval:**

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

**Approved:**

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