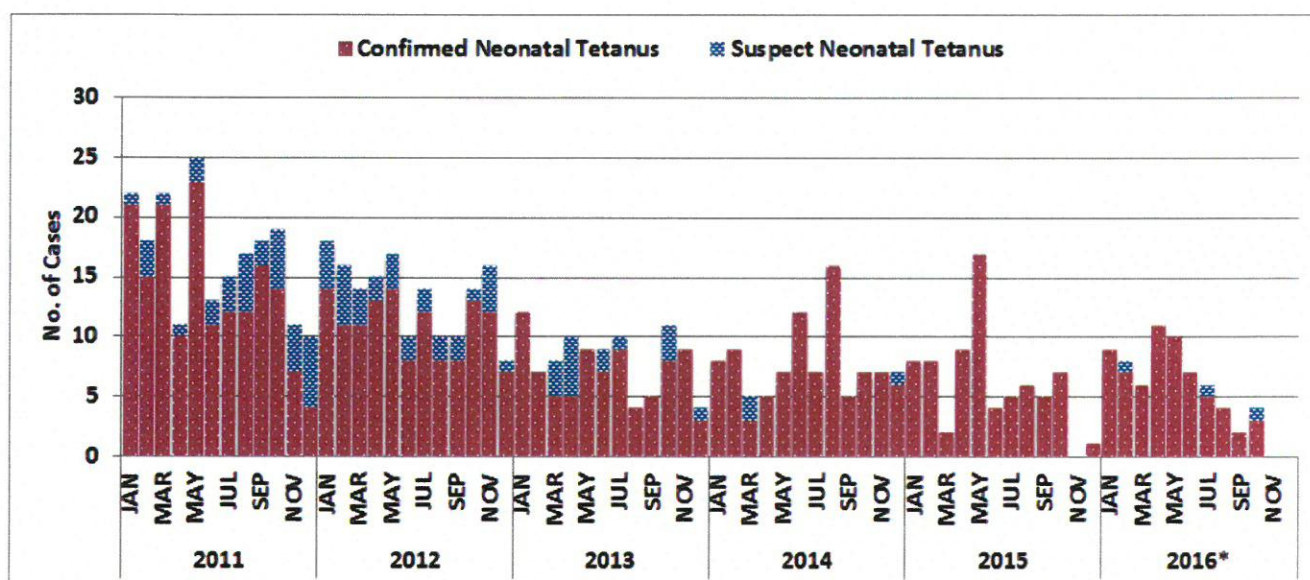




Trend in the Philippines

Since 2011, there has been a gradual but continuous decrease of reported NT cases in the Philippines (Figure 1). From January 1 to November 5, 2016 alone, there are **64** clinically confirmed NT cases nationwide. This is **9.86%** lower compared to the same time period last year (**71 cases**).

Fig. 1 Trends of Neonatal Tetanus Cases, Philippines, 2011-2016*



*2016 = as of November 5, 2016

Fig. 2 Clinically Confirmed NT Cases and Incidence Rate by Province, Philippines, as of November 5, 2016 (n=64)

Geographic Distribution

Clinically confirmed Neonatal Tetanus cases were variably distributed among regions, with ARMM reporting the most number of cases (Figure 2&3). Furthermore, NT rates in provinces with reported cases remain at the target rate of <1/1,000 livebirths (Figure 2).

Profile of Cases

Most of the clinically confirmed NT cases are **female** (53%). Majority of the cases are from the **3 to 7 days old** age group (78%) (Figure 4). Larger part (72%) of the immunization status of the mother of clinically confirmed NT cases have **zero (0) dose** of Tetanus Toxoid vaccine (Figure 5).

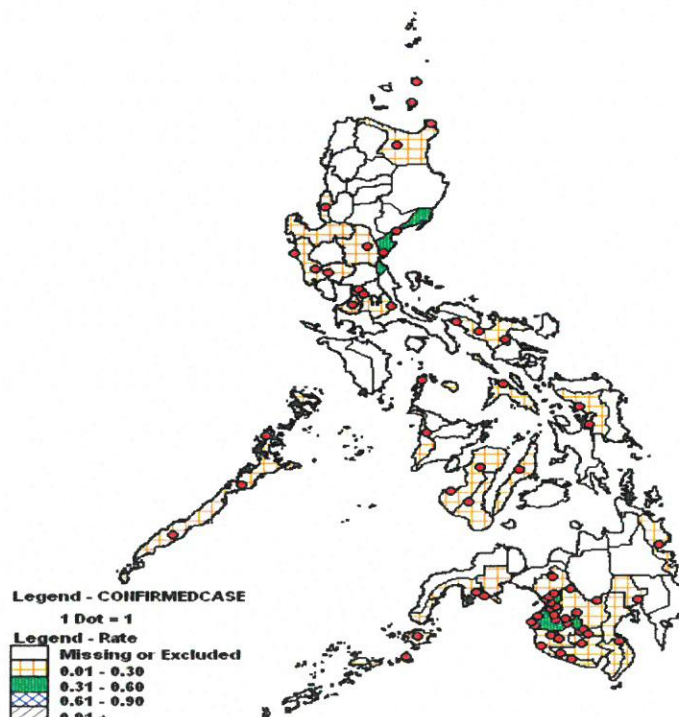




Fig. 3 Clinically Confirmed Neonatal Tetanus Cases by Region, 2015 VS 2016, Philippines, as of November 5, 2016 (n=64)

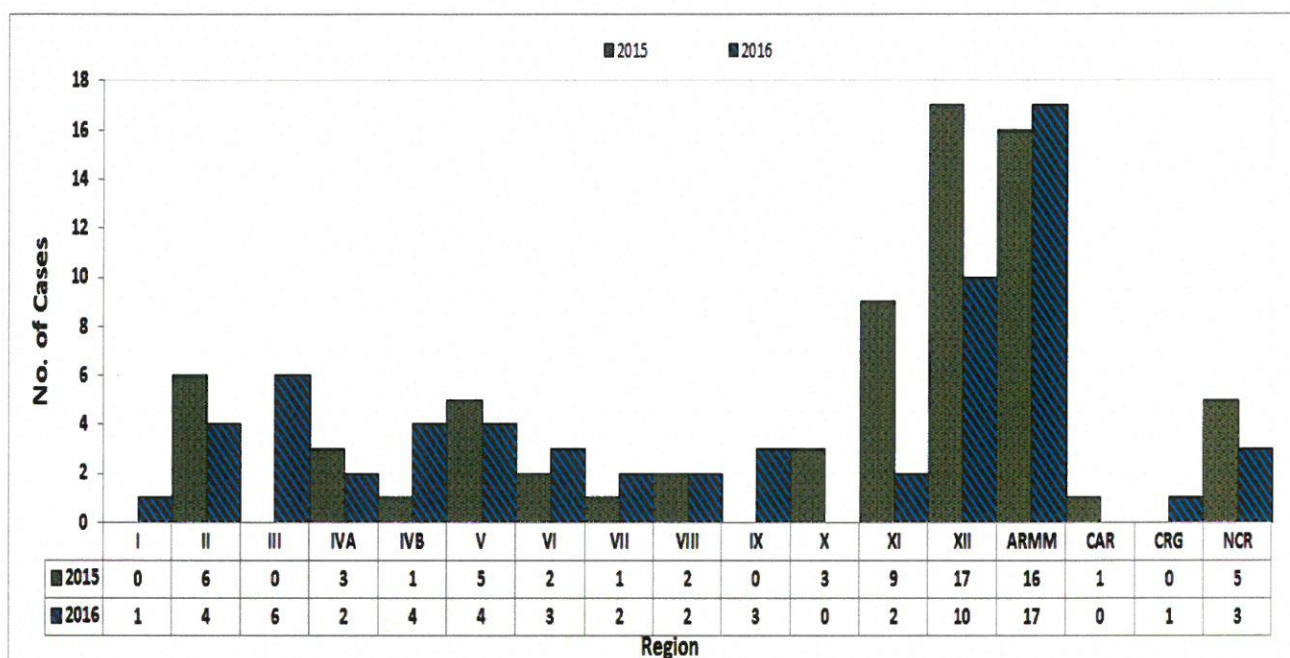
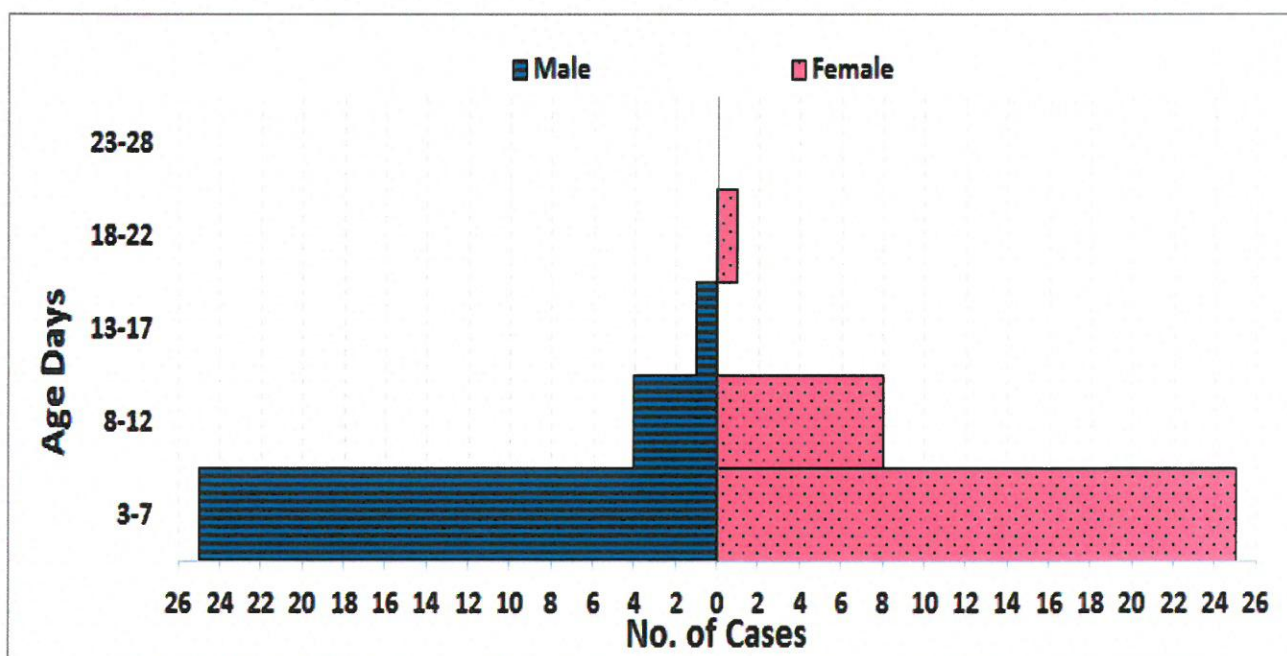


Fig. 4 Clinically Confirmed Neonatal Tetanus Cases by Age Group and Sex, Philippines, as of November 5, 2016 (n=64)





Delivery Practices of Clinically Confirmed Neonatal Tetanus Cases

In terms of delivery practices, one case (2%) out of all clinically confirmed NT cases was delivered in a lying in and the rest were delivered at home (98%). Majority were attended by a hilot (80%). The most common cord cutting tool used was scissors (36%). Umbilical stump of majority of the NT cases were treated with alcohol (45%). See Figures 5-8.

Fig. 5 Place of Delivery of Clinically Confirmed Neonatal Tetanus Cases, Philippines, as of November 5, 2016 (n=64)

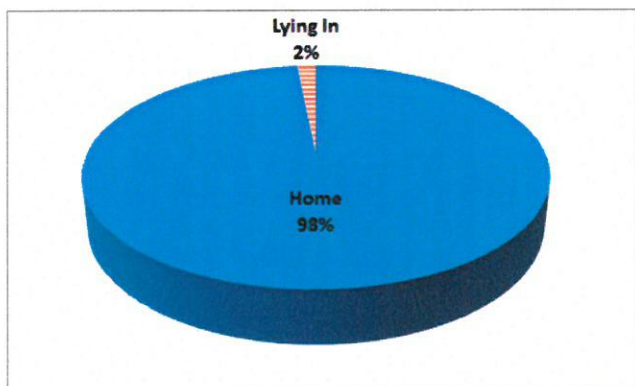


Fig. 6 Delivery Attendant of Clinically Confirmed Neonatal Tetanus Cases, Philippines, as of November 5, 2016 (n=64)

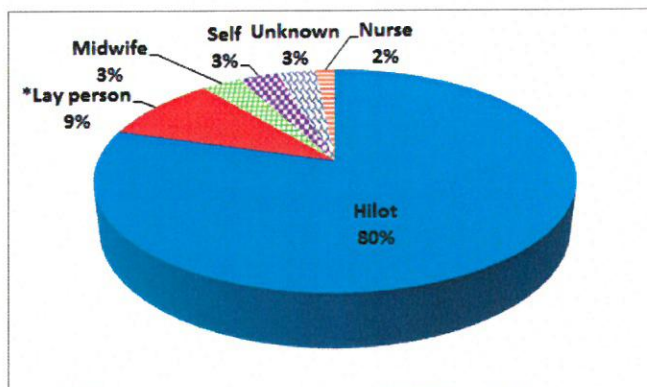


Fig. 7 Cord Cutting Tool Used among Clinically Confirmed Neonatal Tetanus Cases, Philippines, as of November 5, 2016 (n=64)

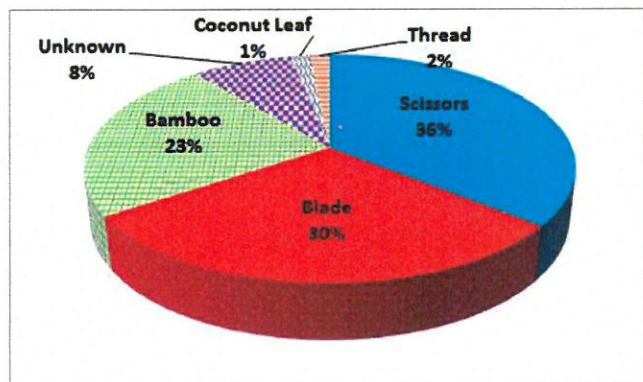
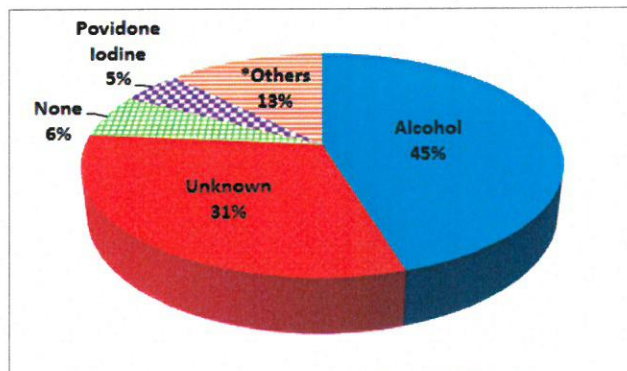


Fig. 8 Stump Treatment Used of Clinically Confirmed Neonatal Tetanus Cases, Philippines, as of November 5, 2016 (n=64)



*Lay Person: husband, mother, grandmother, neighbor and leader of the group

†Others: water, amoxycillin Capsule, Cloth, coconut oil, Hydrogen Peroxide, oil and stump was tied



Fig. 9 Immunization Status of Mother of Clinically Confirmed Neonatal Tetanus Cases, Philippines, as of November 5, 2016 (n=64)

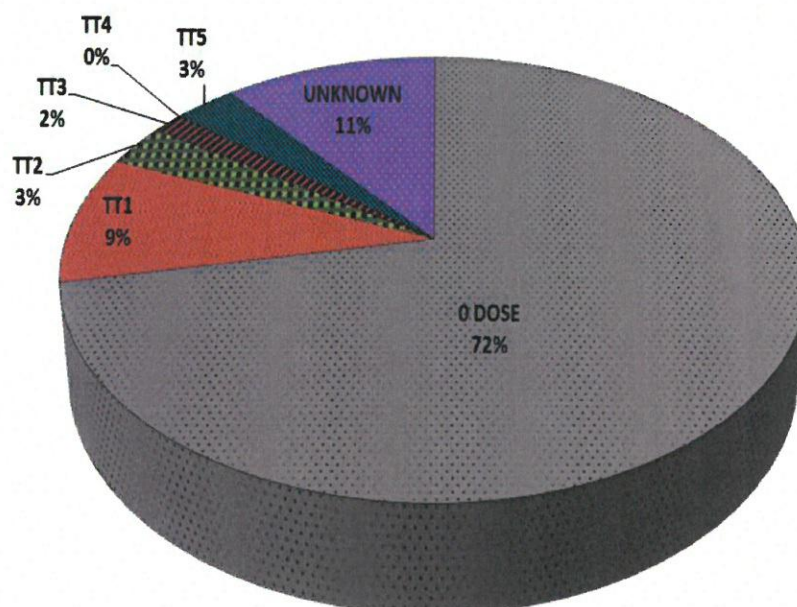


Table 1. Clinically Confirmed Neonatal Tetanus Cases and Fatality Rate by Region, Philippines, as of November 5, 2016 (n=64)

Region	Clinically Confirmed Neonatal Tetanus Cases						
	Cases			Deaths			
	2016	2015	% Change	2016	CFR	2015	CFR
I	1	0	-	0	0.00	0	-
II	4	6	-33.33	3	75.00	4	66.67
III	6	0	-	3	50.00	0	-
IVA	2	3	-33.33	1	50.00	2	66.67
IVB	4	1	300.00	4	100.00	0	0.00
V	4	5	-20.00	3	75.00	3	60.00
VI	3	2	50.00	3	100.00	2	100.00
VII	2	1	100.00	2	100.00	1	100.00
VIII	2	2	0.00	2	100.00	1	50.00
IX	3	0	-	2	66.67	0	-
X	0	3	-100.00	0	-	2	66.67
XI	2	9	-77.78	2	100.00	5	55.56
XII	10	17	-41.18	8	80.00	12	70.59
ARMM	17	16	6.25	8	47.06	10	62.50
CAR	0	1	-100.00	0	-	0	0.00
CRG	1	0	-	1	100.00	0	-
NCR	3	5	-40.00	2	66.67	5	100.00
PHL	64	71	-9.86	44	68.75	47	66.20



Morbidity Week 44: January 1 – November 5, 2016

Epidemiology Bureau
Public Health Surveillance Division

Neonatal Tetanus Elimination in the Philippines

NT elimination is defined as the achievement of <1 NT case per 1, 000 live births (LB) in every province/city of every country. This is operationally defined by an algorithm assessing four major indicators: reported incidence of NT, the reliability of NT surveillance (quality NT surveillance indicators), the proportion of women with at least two doses of tetanus toxoid (TT2+) and the estimated clean delivery rate.

In 2013, a new Neonatal Tetanus case definition and classification was introduced retaining only Clinically Confirmed NT. These may be observed in Figure 1 which depicts a decrease in the reported suspect NT cases overtime from 2013.

In 2015, 16 out of the 17 regions in the Philippines have been certified to eliminate NT. This was after an external validation of the UNICEF and WHO conducted in February 2015 in partnership with the Department of Health. Efforts are now being made for ARMM to meet WHO requirements and be NT free as well.

Standard Case Definition


- **Clinically Confirmed Neonatal Tetanus**

- Any neonate (≤ 28 days of life) that sucks and cries normally during the first 2 days of life, and becomes ill between 3 to 28 days of age and develops both an inability to suck and diffuse muscle rigidity (stiffness) and spasms (jerking of the muscles), which may include trismus, clenched fists or feet, continuously pursed lips, and/or curved back (opisthotonus);


OR

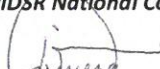
- A neonate between 3 to 28 days of life, diagnosed as a case of tetanus by a physician

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