



January 1- February 4, 2017 Epidemiology Bureau  
Public Health Surveillance Division

**Table 1. Quick Facts**

Demographic Data	Week 1 to 5 (2017)	Week 1 to 5 (2016)
<b>Total Reported Case</b>	262	265
<b>Sex</b>		
Male	52%	54%
Female	48%	46%
<b>Age Range</b>		
less than 1 y/o	6	1
1 to 4 y/o	63	64
5 to 9 y/o	57	49
10 to 14 y/o	44	41
15 to 19 y/o	14	25
20 to 24 y/o	12	17
25 to 29 y/o	9	17
30 to 34 y/o	14	10
35 to 39 y/o	4	11
40 to 44 y/o	13	9
45 to 49 y/o	7	9
50 to 54 y/o	4	6
55 to 59 y/o	6	2
above 60 y/o	9	4
<b>History of Travel to Endemic Area</b>		
Yes	10%	11%
No	90%	89%
<b>Outcome</b>		
Alive	100%	100%
Died	0%	0%

### Trend in the Philippines

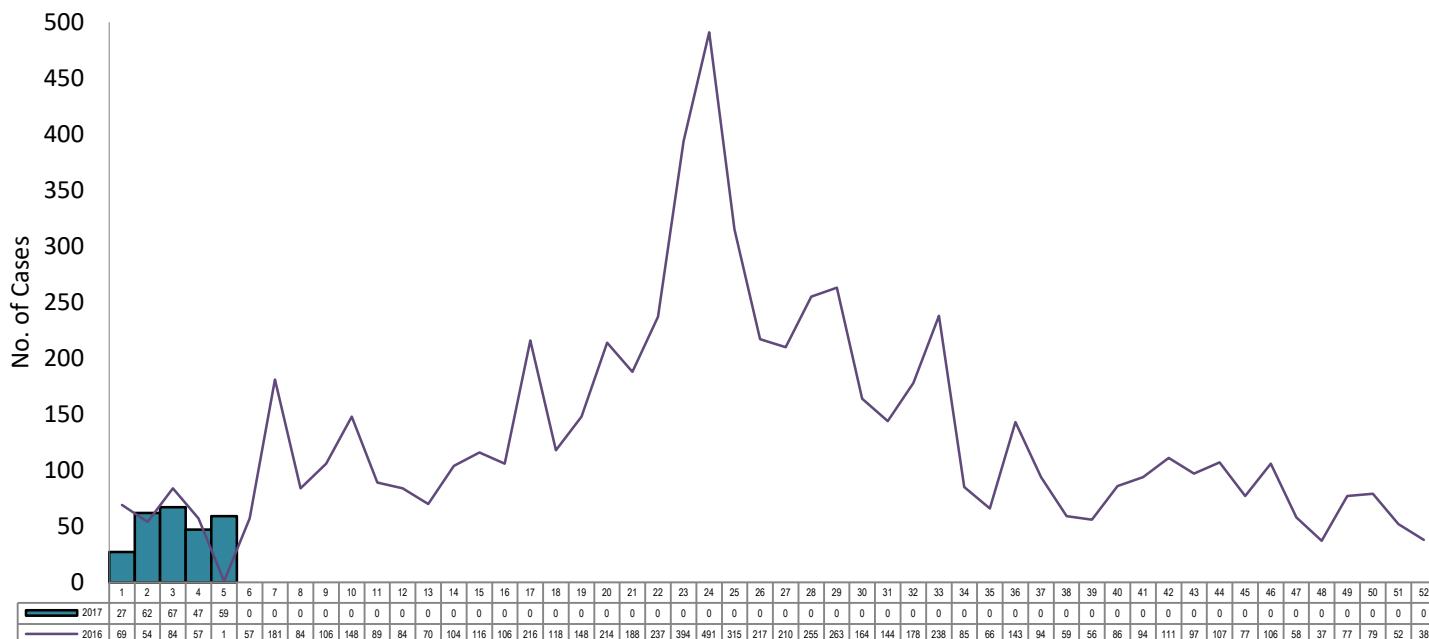
A total of **262** suspect malaria cases were reported nationwide from January 1 to February 4, 2017. This is 1% lower compared to the same period last year (Fig. 1).

As of 2016, there were 32 provinces declared as Malaria free, 41 provinces on Elimination status while the remaining 9 provinces were still malaria endemic (Fig.2).

### Geographic Location

Most of the cases (Fig.3) were from the following regions: **Region IV-B (79%)**, **Region 11 (11%)**, **Region 12 (4%)**, and **ARMM (2%)** while the remaining 4% came from the rest of the regions in the country. Palawan (Table 2) accounted 79 % of the reported cases followed by Davao del Norte (10.3%) and Sultan Kudarat (3.8%).

**Fig. 1 Reported Malaria Cases by Morbidity Week, Philippines, Jan 1 – Feb 4, 2017 2017 v.s 2016 (N=262)**

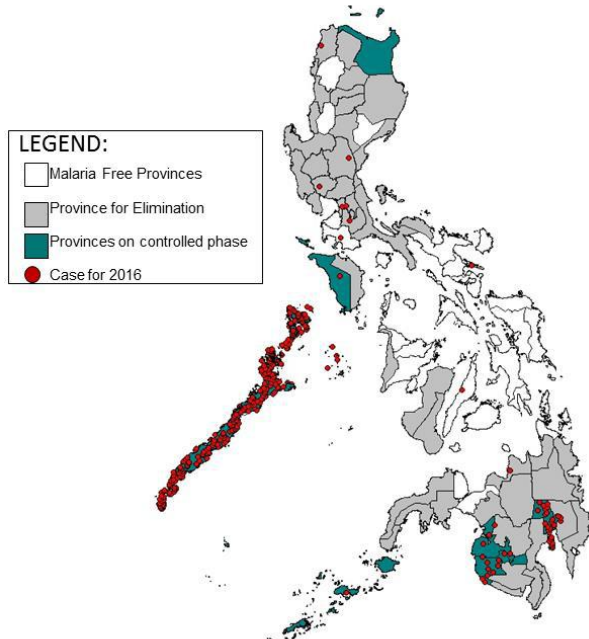


\*NOTE: Case counts reported here do NOT represent the final number and are subject to change after inclusion of delayed reports and review of cases.  
 Data Source: 2016 & 2017 Cases-Philippine Integrated Disease Surveillance and Response & Phil. Malaria Information System Database

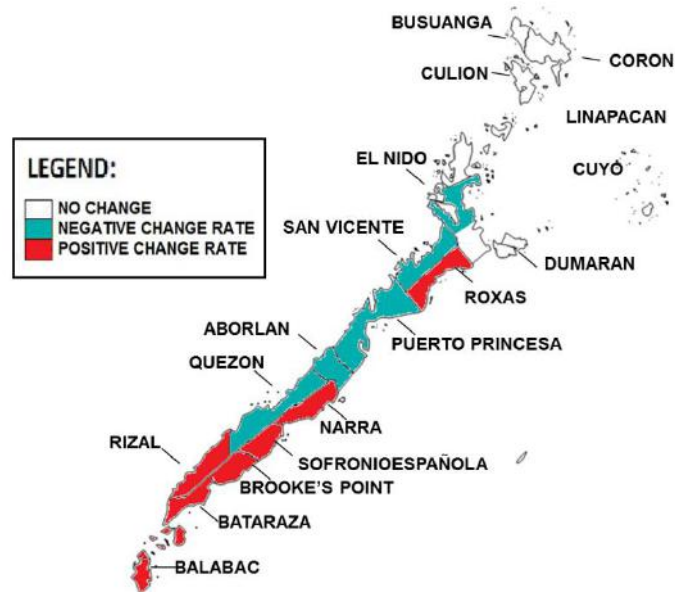


January 1- February 4, 2017 Epidemiology Bureau  
Public Health Surveillance Division

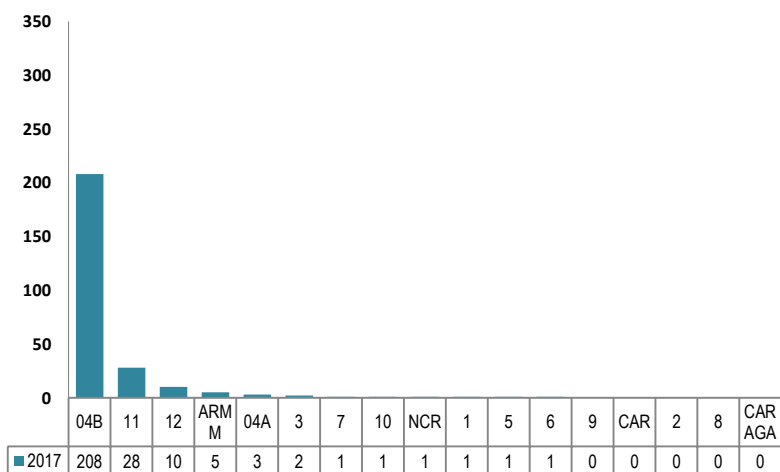
**Fig. 2 Malaria Provincial Classification & Reported Cases Jan1 – Feb 4, 2017, (N=262)**



**Fig. 4 Reported Malaria Cases by Change Rate, Palawan 2016 vs. 2017**



**Fig. 3 Reported Malaria Cases by Region, Jan1 – Feb 4, 2017, (N=262)**



**Table. 2 Reported Malaria Cases by Province, Jan1 – Feb 4, 2017, (N=262)**

PROVINCE	CASES	%
PALAWAN	207	79.0%
DAVAO DEL NORTE	27	10.3%
SULTAN KUDARAT	10	3.8%
MAGUINDANAO	4	1.5%
ALBAY	1	0.4%
BATANGAS	1	0.4%
CEBU	1	0.4%
COMPOSTELA VALLEY	1	0.4%
LAGUNA	1	0.4%
METRO MANILA	1	0.4%
MISAMIS ORIENTAL	1	0.4%
NEGROS OCCIDENTAL	1	0.4%
NUEVA ECIJA	1	0.4%
OCCIDENTAL MINDORO	1	0.4%
PAMPANGA	1	0.4%
PANGASINAN	1	0.4%
RIZAL	1	0.4%
SULU	1	0.4%
Total	262	100.0%

Palawan reported 3.5% increase in cases than last year (200). Large proportion (30%) of reported cases were from the municipality of Rizal, followed by Bataraza (25%), Balabac (18%) and Brooke's Point (16%) while the remaining 11% came from the other municipalities in Palawan. In terms of change rate, the municipality of Roxas (100%), Narra (100%), Sofronio Española (100%), Balabac (48%), Brooke's Point (27%), Bataraza (27%) and Rizal (7%) had more cases than the same period last year while the city of Puerto Princesa, municipalities of Quezon, San Vicente, Aborlan and Tatay had lower reported cases (Fig 4).

\*NOTE: Case counts reported here do NOT represent the final number and are subject to change after inclusion of delayed reports and review of cases.  
 Data Source: 2016 & 2017 Cases-Philippine Integrated Disease Surveillance and Response & Phil. Malaria Information System Database



January 1- February 4, 2017

Epidemiology Bureau  
 Public Health Surveillance Division

### Profile of Cases

Ages of cases ranged from 0 to 81 years old with median of 10 y/o. Majority of cases were male (54%), most (24%) of the cases belonged to the 1-4 year old age-group (Fig. 5).

Majority (71%) of the reported cases were indigenous people (IP), (Fig. 6) with the IP group of Palaw'an having the largest (58%) proportion of cases followed by Molbog (19%) and Manobo (10%). The tendency of IPs to live in mountainous areas in connection to their livelihood put them at higher risk not only of malaria exposure but as well as limited access to health care.

### Malaria Parasite Distribution

Majority (67%) of parasite detected were *P. Falciparum* followed by *P. Vivax* (26%) and *P. Malariae* (2%) with only a small proportion of mixed parasites (3%) were seen while the rest (2%) were either negative or unspecified.

The distribution of parasites varied in Palawan and non-Palawan provinces. The predominant Parasite in Palawan is *P. Falciparum* (76%) while *P. Vivax* (49%) in non-Palawan provinces (Figure 7). The predominance of *P. Vivax* especially in province in elimination phase may be attributed to several factors such as difficulty of recognizing the disease due its dormant asymptomatic phase and tendency to cause relapse.

### Malaria Screening Test

Majority (63.%) of malaria screening test was performed thru the use of Rapid Diagnostic Test (RDT) while a smaller proportion (31%) thru microscopy (Fig. 8). Although microscopy remains a gold standard in diagnosing malaria, the use of RDT was beneficial as an initial test especially among provinces where trained malaria microscopists were no longer available.

Figure 5. Reported Malaria Cases by Age & Sex, Jan 1 – Feb 4 2017, Philippines (N=262)

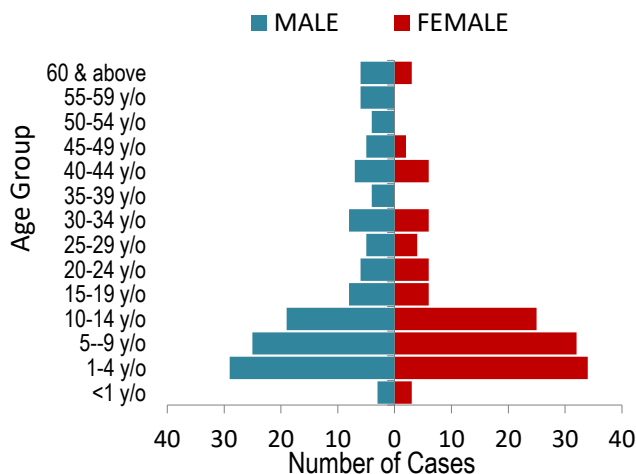


Figure 6. Reported Malaria Cases by Ethnicity, Jan 1 – Feb 4, 2017, Philippines (N=262)

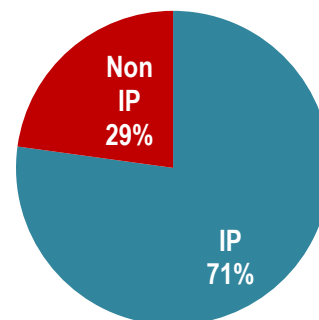
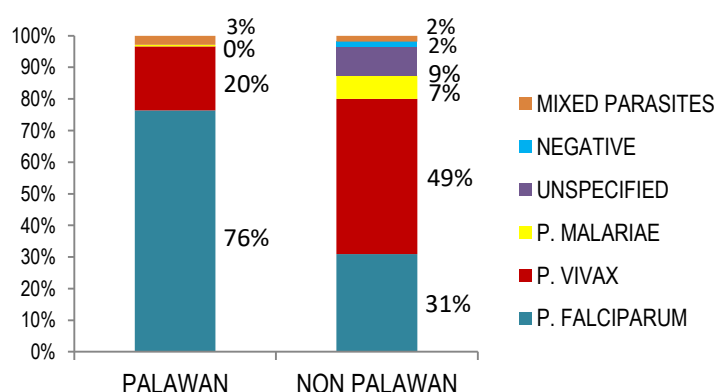


Figure 7. Reported Malaria Cases by Parasite, Jan 1 – Feb 4, 2017 Palawan vs. Non Palawan Provinces (N=262)



\*NOTE: Case counts reported here do NOT represent the final number and are subject to change after inclusion of delayed reports and review of cases.  
 Data Source: 2016 & 2017 Cases-Philippine Integrated Disease Surveillance and Response & Phil. Malaria Information System Database



January 1- February 4, 2017 Epidemiology Bureau  
Public Health Surveillance Division

### Case Classification

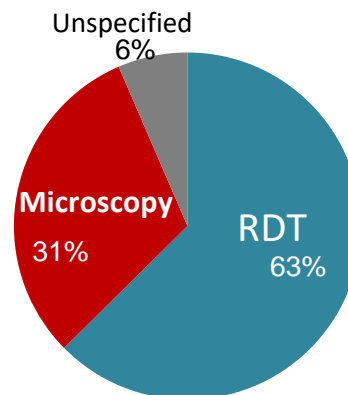
Majority (97.7%) of case were Confirmed Uncomplicated, a small proportion were Confirmed Severe (1.1%) while the rest were classified as probable and suspect case (Table 3).

### Elimination Status

Out of the 262 reported malaria cases, majority (95%) were from provinces on Control Phase such as Palawan, Davao Del Norte and Sultan Kudarat. while 5% of cases were from provinces in Elimination Phase and provinces declared as Malaria Free. Although 11 cases (Table 4) were reported from these provinces, 10 had history of travel to malaria endemic areas while a single case with no history of travel had negative malaria test.

Large proportion (41%) of cases with history of travel visited endemic areas in the country such as Palawan while 37% reported history of travel to countries/territories with Malaria transmission such as Africa, Papua New Guinea, Sabah Malaysia, Zambia, Sierra Leone, Sudan and Solomon Island (Fig. 9).

**Figure 8. Reported Malaria Cases by Laboratory test , Jan 1 Feb 4,2017 , Philippines (N=262)**



**Table 3. Reported Malaria Cases by Case Classification, Jan 1- Feb 4,2017 , Philippines (N=262)**

Classification	Number of Cases	%
Confirmed Uncomplicated	256	97.7%
Confirmed Severe	3	1.1%
Probable Uncomplicated	2	0.8%
Suspect	1	0.4%
<b>Total</b>	<b>262</b>	<b>100.0%</b>

**Table 4. Reported Cases by Malaria Provincial Classification & History of Travel, Jan 1- Feb 4,2017 , Philippines (N=262)**

Provincial Classification	Cases	History of Travel
Controlled	250	16
Malaria Free	3	3
Zero Indigenous	9	8*
<b>Total</b>	<b>262</b>	<b>27</b>

\* 1 Case had without travel history had negative Malaria Test

\*NOTE: Case counts reported here do NOT represent the final number and are subject to change after inclusion of delayed reports and review of cases.  
 Data Source: 2016 & 2017 Cases-Philippine Integrated Disease Surveillance and Response & Phil. Malaria Information System Database



January 1- February 4, 2017 Epidemiology Bureau  
Public Health Surveillance Division

**Figure 9 . Reported Malaria Cases by History of Travel to Countries/ Territories with Malaria Transmission, Jan 1 to Feb 4,2017**



**EDITORIAL BOARD**

*Irma L. Asuncion*  
 IRMA L. ASUNCION, MD, MHA, CESO IV  
 Director IV, Epidemiology Bureau

*Genesis May J. Samonte*  
 GENESIS MAY J. SAMONTE, MD, MSc, PHSAE  
 OIC, Division, Chief PHSD

*June Cantata B. Corpuz*  
 June Cantata B. Corpuz, RN  
 Coordinator, PIDSR

*Maribel Dejesa*  
 Maribel Dejesa, MD  
 Medical Officer IV

*Jezza D. Crucena*  
 Jezza D. Crucena, RN  
 Coordinator, VPD

\*NOTE: Case counts reported here do NOT represent the final number and are subject to change after inclusion of delayed reports and review of cases.  
 Data Source: 2016 & 2017 Cases-Philippine Integrated Disease Surveillance and Response & Phil. Malaria Information System Database