







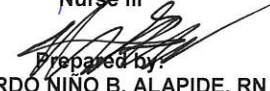
PIDSR Case Definition

Case Classification	Case Definition
Influenza- like Illness (Suspect) Case	a person with sudden onset of fever of $\geq 38^{\circ}\text{C}$ AND cough or sore throat in the absence of other diagnoses
Influenza (Confirmed) Case	a patient with Influenza- like Illness or SARI (Severe Acute Respiratory Infection) and laboratory confirmation of influenza infection through Ribonucleic Acid (RNA) detection, antigen detection or virus isolation

Case Classification	Case Definition
SARI Suspect Case	<p>An acute respiratory illness with onset during the previous 7 days requiring hospitalization that includes:</p> <ul style="list-style-type: none"> - Meets the ILI case definition (A person with sudden onset of/history of fever of $\geq 38^{\circ}\text{C}$ and cough or sore throat in the absence of other diagnoses); WITH - Shortness of breath or difficulty breathing; OR - A suspect case of severe undiagnosed pneumonia, Acute Respiratory Distress Syndrome, severe respiratory disease due to Novel Respiratory Pathogens <p>EITHER:</p> <ul style="list-style-type: none"> - IMCI Criteria for pneumonia <ul style="list-style-type: none"> o Any child 2 months to 5 years of age with cough or difficulty breathing, AND: <ul style="list-style-type: none"> ▪ Breathing faster than 60 breaths/min (infants < 2 months) ▪ Breathing faster than 50 breaths/min (2-12 months) ▪ Breathing faster than 40 breaths/min (1-5 years old) - OR - IMCI Criteria for severe pneumonia <ul style="list-style-type: none"> o Any child 2 months to 5 years of age with cough or difficult breathing and any of the following danger signs <ul style="list-style-type: none"> ▪ Unable to drink or breastfeed ▪ Vomits everything ▪ Convulsions ▪ Lethargic or unconscious ▪ Chest indrawing or stridor in a calm child <p>AND</p> <ul style="list-style-type: none"> - Requires hospital admission
Notes:	<ul style="list-style-type: none"> - The requirement of "hospital admission" is meant to imply that in the judgment of a treating clinician the patient has an illness that is severe enough to require inpatient medical care. - "Shortness of breath or difficulty breathing" is intended to capture dyspnea or air hunger. This does not refer to nasal congestion or other upper airway obstruction. - "History of fever" does not require a history of documented fever and may include a patient's subjective report of having a fever or feeling "feverish". - SARI may reflect a new illness superimposed on an underlying condition or older illness - SARI is not equivalent to classic pneumonia and would not always present as pneumonia. It is expected that much of the severe respiratory disease associated with influenza would be due to exacerbations of chronic lung disease or heart disease, for example, and would not include an admitting diagnosis of pneumonia.
Probable Case	<ul style="list-style-type: none"> - A person fitting the definition above of a "Suspect Case" with clinical, radiological, or histopathological evidence of pulmonary parenchyma disease (ex. Pneumonia or ARDS) but no possibility of laboratory confirmation either because the patient samples are not available or there is no testing available for other respiratory infections, AND - Close contact with a laboratory confirmed case, AND - Condition not already explained by any other infection or etiology, including all clinically indicated tests for community-acquired pneumonia according to local management guidelines
Confirmed Case	<ul style="list-style-type: none"> - A suspected case that is laboratory confirmed

In 2014, Severe Acute Respiratory Infection (SARI) surveillance was established in six sentinel sites in the country (Figure 1). The surveillance of SARI aims :

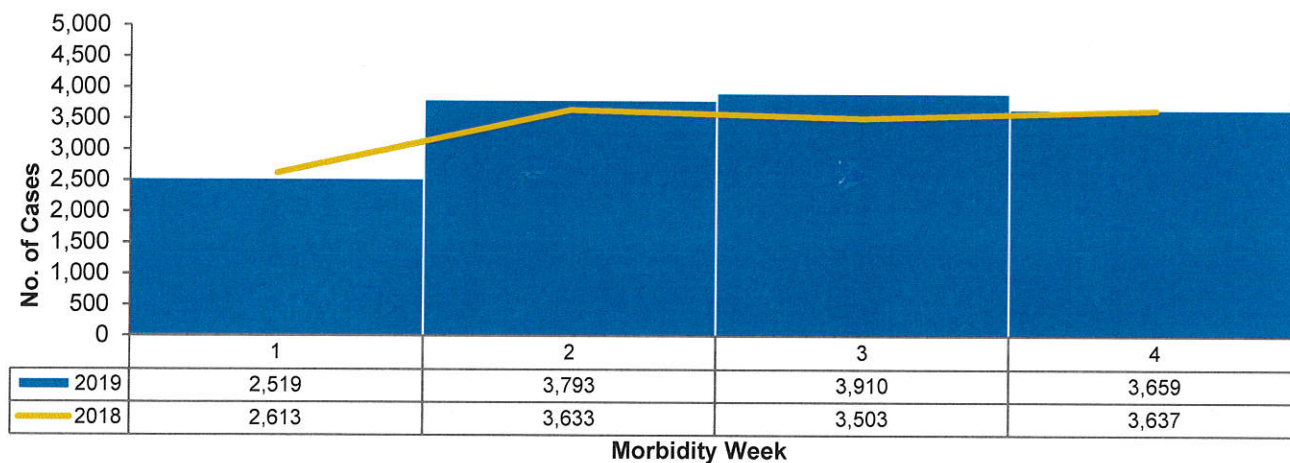
1. To describe early epidemiological, virological and clinical characteristics of SARI,
2. To establish a mechanism for coordination among existing surveillance system in terms of case detection, confirmation, validation, investigation, reporting and feedback
3. To detect, in a timely manner, unusually severe morbidity and mortality caused by both unknown and known respiratory pathogens that have the potential for large-scale epidemics or pandemics.
4. To identify individuals with SARI in order that appropriate infection control measures may be implemented at the appropriate time to minimize transmission.
5. To provide recommendations to the Disease Prevention and Control Bureau for preventive and control measures/policies.

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I. Trends in the Philippines

A total of **13,881** Influenza-like Illness cases were reported nationwide from January 1 to January 26, 2019 for Morbidity Weeks 1 to 4 (Figure 1). This is **4% higher** compared to the same time period last year (N=13,386).



II. Geographic Distribution of Cases

Most of the *Influenza*-like Illness (ILI) cases reported were from CARAGA (**2,664, 19%**), Region 4A (**2,540, 18%**) and Region XII (**1,333, 10%**). There were no reported deaths among the reported *Influenza*-like Illness (ILI) cases.(Table 1).

**Table 1. Influenza-like Illness Cases and Deaths by Region (N=13,881)
Philippines, January 1 – January 26, 2019 vs 2018**

Region	2018		2017		% Change
	Cases	Deaths	Cases	Deaths	
PHILIPPINES	13,881	0	13,386	2	↑4
I	1,096	0	1,113	0	↓2
II	226	0	122	0	↑85
III	815	0	348	0	↑134
IV-A	2,540	0	1,330	0	↑91
MIMAROPA	721	0	788	0	↓9
V	8	0	12	0	↓33
VI	29	0	8	0	↑263
VII	482	0	1,433	0	↓66
VIII	750	0	960	0	↓22
IX	87	0	155	0	↓44
X	946	0	1,071	0	↓12
XI	961	0	1,184	0	↓19
XII	1,333	0	1,207	0	↑10
ARMM	82	0	114	0	↓28
CAR	846	0	748	0	↑13
CARAGA	2,664	0	2,665	2	0
NCR	295	0	128	0	↑130

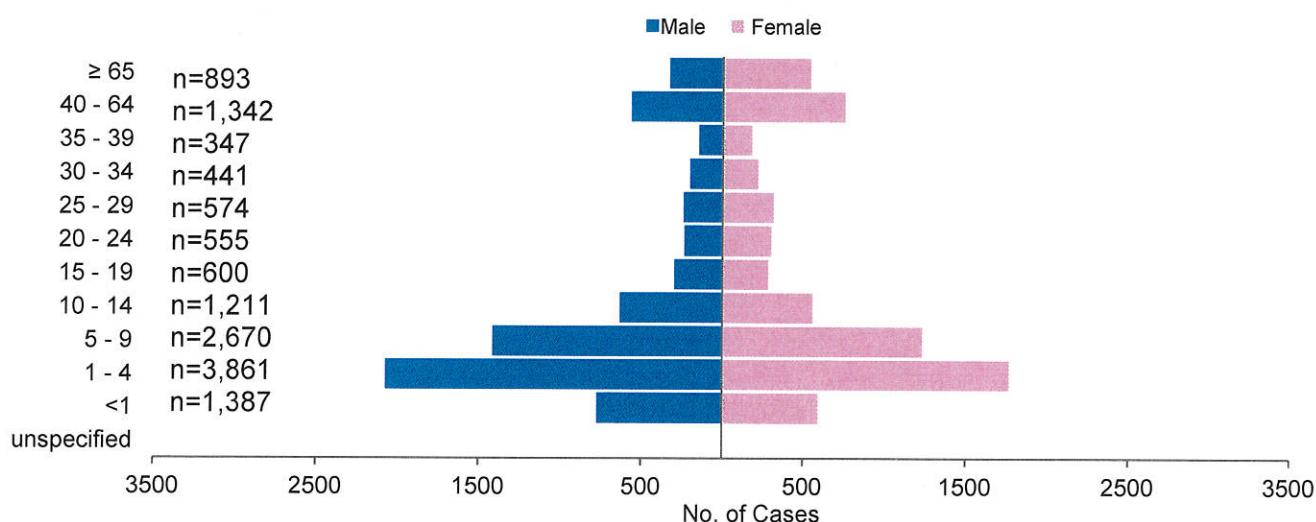


III. Profile of Cases

A. Age Group and Sex

Among the 13,881 Influenza-like Illness cases, there were 7,027 (51%) males and 6,854 (49%) females. Age ranges from less than 1 month to 99 years (median: 8 years). Most of those affected belong to the 1 to 4 years (3,861 28%) (Figure 2).

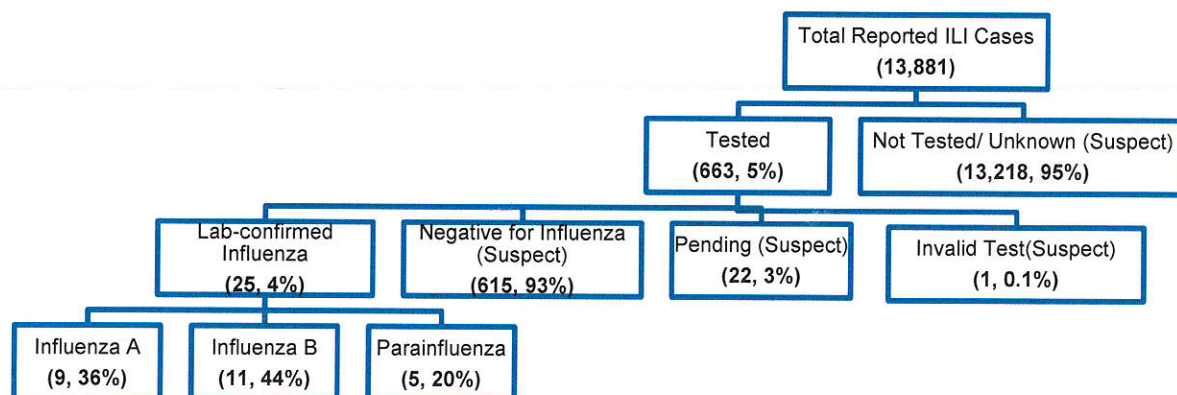
Figure 2. Reported Influenza-like Illness cases by Age group and Sex (N=13,881)
Philippines, January 1 – January 26, 2019



B. Laboratory Status and Case Classification

Out of the 13,881 Influenza-like Illness cases, there were 663 (5%) tested cases. There were 25 (4%) laboratory-confirmed Influenza cases. Among the 25 confirmed influenza cases, influenza B was the most common isolated pathogen (11, 44%) (Figure 3).

Figure 3. Laboratory Status of ILI cases and Isolated Pathogens of confirmed Influenza Cases (=25)
Philippines, January 1 – January 26, 2019



¹ Influenza A: Influenza A: H1N1 (9)

² Influenza B: Victoria- lineage (10), unspecified subtype (1)

³ Parainfluenza: type 1 (5)

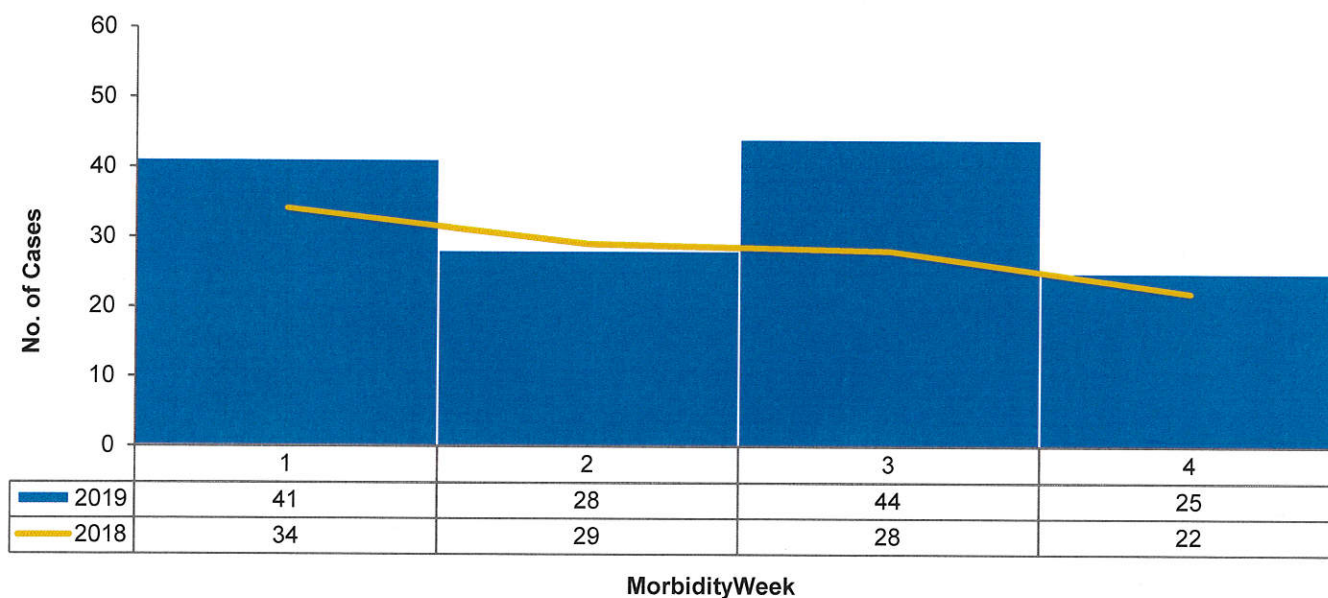


A. Severe Acute Respiratory Infection (SARI)

I. Trends in the Philippines

A total of **138** SARI cases were reported nationwide from January 1 – January 26, 2019. This is a 22% increase of SARI cases compared to the same period last year (113 cases) (Figure 2).

Figure 2. Reported Severe Acute Respiratory Infection Cases by Morbidity Week (N=138)
Philippines, January 1 to January 26, 2019



II. Geographic Distribution

Top regions with reported cases were **NCR** (52, 38%), followed by **VII** (24, 17%). There were five(5) deaths among the reported cases, having a CFR of 4% (Table 1).

Table 1. Reported SARI Cases by Region (N=138),
Philippines, January 1 to January 26, 2019 vs. 2018

REGION	2019*		2018		PERCENT CHANGE
	CASES	DEATHS	CASES	DEATHS	
PHILIPPINES	138	5	113	3	↑22
I	2	0	3	0	↓33
II	0	0	0	0	-
III	4	0	3	0	↑33
IV-A	8	0	3	0	↑167
IV-B	0	0	0	0	-
V	0	0	0	0	-
VI	1	0	0	0	↑
VII	24	0	20	0	↑20
VIII	1	0	0	0	↑
IX	0	0	0	0	-
X	0	0	0	0	-
XI	23	4	25	0	↓8
XII	1	1	1	1	0
ARMM	0	0	0	0	-
CAR	22	0	30	2	↓27
CARAGA	0	0	0	0	-
NCR	52	0	28	0	↑86

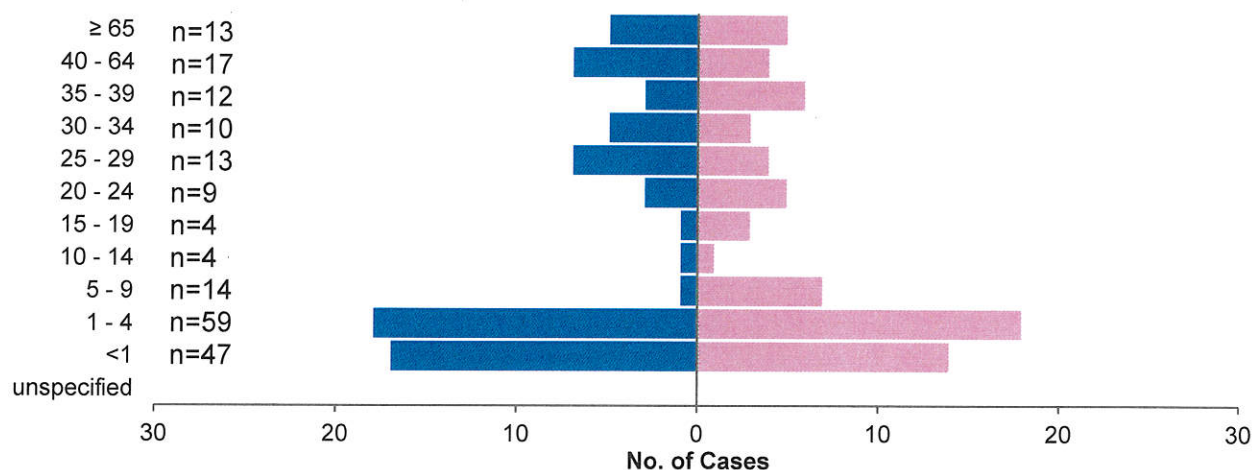


III. Profile of Cases

A. Profile of Reported cases

70 (51%) of the suspect cases were females. Age ranged from <1 years old to 84 years old (median of 6 years old). Most cases of SARI belonged to the <5 years old age group (67, 49%) (Figure 3).

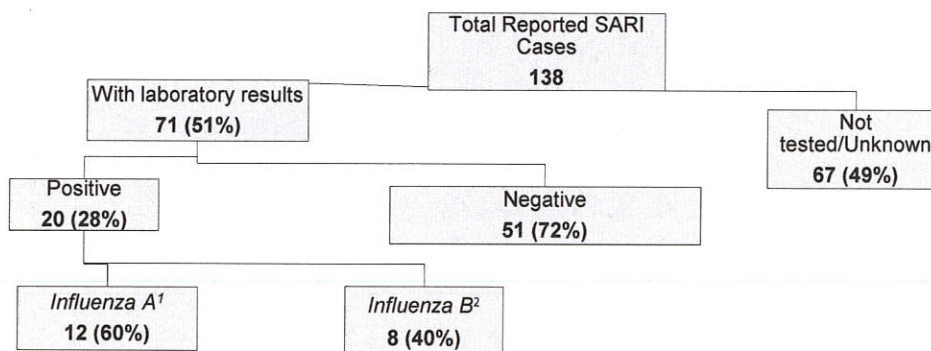
Figure 3. SARI Cases by Age Group and Sex (N=138)*
Philippines, January 1 to January 26, 2019



B. Laboratory Status

Among the 138 reported SARI cases, 71 (51%) have reported laboratory results. Among cases with laboratory results, 20 (28%) had identified pathogens. The top isolated pathogen among SARI cases with laboratory confirmation was *Influenza A* (12, 60%) (Figure 4).

Figure 4. SARI Cases by Case Classification (N=138)
Philippines, January 1 to January 26, 2018



¹Influenza A : Subtype H3 (1), AH1N1 pdm09 (9), Pending Subtype (2)

²Influenza B : Pending Subtype(8)

IV. Profile of Reported Deaths

The ages of the 5 reported deaths (CFR=4%) ranged from 3 months to 84 years old (median age of 50 years). 2 (40%) of the reported deaths had unknown vaccination status while 3 (60%) of the reported deaths did not receive any dose of an influenza vaccine.