



Vaccine Preventable Disease (VPD) Surveillance

The goal of VPD surveillance is to improve the capacity of the health system to prevent and control through timely detection and appropriate response to vaccine preventable diseases with high level of morbidity, disability and mortality. This report provides data from the period of January 1 to 26, 2019 or Morbidity Weeks 1 - 4 (Table 1).

Table 1. Summary of Reported Vaccine Preventable Diseases, Philippines, January 1 – 26, 2019

Vaccine Preventable Diseases	Total No of Cases	Confirmed Cases		
		Cases	Deaths	CFR %
Measles	1,823	105	1	1
Rubella		1	0	0
Diphtheria	4	-	-	-
Pertussis	8	2	1	50
Neonatal Tetanus	2	2	1	50
Polio (AFP Surveillance)	4	-	-	-

PIDSR Case Definition for Vaccine Preventable Diseases

MEASLES	
Reported Measles Case (Suspect measles case)	Any person with fever and maculopapular (non-vesicular) rash and either cough, coryza (runny nose), or conjunctivitis (red eyes)
Measles compatible case (Clinical Measles)	A suspect case for which - no adequate blood specimen was taken, OR - is not an epidemiological link to a confirmed case of measles or rubella, OR - laboratory confirmation is still pending
Confirmed measles case	A suspect with positive laboratory for measles or epidemiologically linked cases
Epidemiologically Linked (Epi-linked)	A suspect case that has not been confirmed by laboratory but has close contact and temporally related to a laboratory confirmed case or to another epi-linked case during times of epidemic
Laboratory confirmed rubella	A suspect case with a positive laboratory test result for rubella-specific IgM antibodies or other approved laboratory test method
Discarded non-measles/rubella	A suspect case that meets the clinical case definition for measles and tested negative for both measles and rubella testing
NEONATAL TETANUS	
Clinically Confirmed Neonatal Tetanus	<ul style="list-style-type: none"> 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.
DIPHTHERIA	
Probable case	A person with an illness of the upper respiratory tract characterized by laryngitis or pharyngitis or tonsillitis, and adherent membranes on tonsils, pharynx and/or nose.
Confirmed case	A probable case that is laboratory confirmed or linked epidemiologically to a laboratory-confirmed case.
<i>Note: Persons with positive Corynebacterium diphtheriae cultures who do not meet the clinical description (i.e. asymptomatic carriers) should not be reported as probable or confirmed diphtheria cases.</i>	
PERTUSSIS	
Clinical Case	A person with a cough lasting at least 2 weeks with at least one of the following: - paroxysms (i.e. fits) of coughing - inspiratory "whooping" - post-tussive vomiting (i.e. vomiting immediately after coughing) - without other apparent cause
Clinically-confirmed case	- A case that meets the clinical case definition but is not laboratory confirmed.
Probable case	Meets the clinical case definition, is not laboratory confirmed, and is not epidemiologically linked to a laboratory-confirmed case
Laboratory-confirmed case	- A case of acute cough illness of any duration with a positive culture for B. pertussis; OR - A case that meets the clinical case definition and is confirmed by PCR; OR - A case that meets the clinical definition and is epidemiologically linked directly to a case confirmed by either culture or PCR.
ACUTE FLACCID PARALYSIS	
Reported AFP Case (suspect AFP case)	Any child less than 15 years of age who developed an acute onset of floppy paralysis OR A person of any age in whom poliomyelitis is suspected by the physician AFP "hotcase" An AFP case with no or less than 3 OPV dose and had FEVER at onset of paralysis

Editorial Board

FERCHITO L. AVELINO, MD, MPH, PHSAE
Officer-in-charge
Epidemiology Bureau

MA. NEMA L. SUCALDITO, MD, PHSAE
Medical Officer V

HERDIE L. HIZON
Supervising Health Program Officer
Data Integrity Manager

RICHELLE P. ABELLERA, RN
Nurse V

JEZZA JONAH C. ACLAN, RN, MPH
Vaccine Preventable Disease
Surveillance Supervisor

GRETCHEN M. ESOLA, RN
Disease Surveillance Officer

KAREN P. REYES, RN
Disease Surveillance Officer



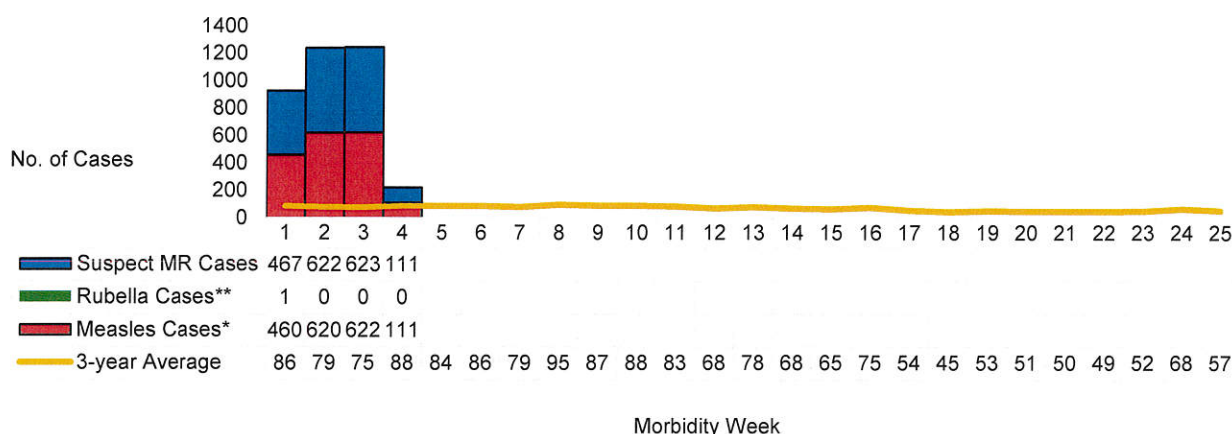
I. MEASLES-RUBELLA

Suspect Measles-Rubella (MR) Cases

Trend in the Philippines

A total of 1,823 suspect measles-rubella cases were reported from January 1 to 26, 2019. The distribution of reported cases for 2019 compared to the 3-year average of cases from 2015-2017 is shown below (Figure 1).

Figure 1. Reported Measles-Rubella Cases by Case Classification and Morbidity Week, Philippines, January 1 to 26, 2019 (N=1,823)



*Measles cases=laboratory-confirmed measles, epidemiologically-linked confirmed measles, measles compatible, and pending
**Rubella Cases= laboratory-confirmed rubella and epidemiologically-linked confirmed rubella

Geographic Distribution

From January 1 to 26, 2019 or morbidity weeks 1 to 4, cases are 59% higher than the number of cases reported during the same time period last year (1,146). Most of the reported cases were from the following regions: IVA (578, 32%), NCR (442, 24%), Region III (192, 11%), Region VI (108, 6%) and Region VII (72, 4%) (Table 1).

Table 1. Reported Measles-Rubella Cases by Region, Philippines, January 1 to 26, 2019 (N=1,823) vs. January 1 to 26, 2018

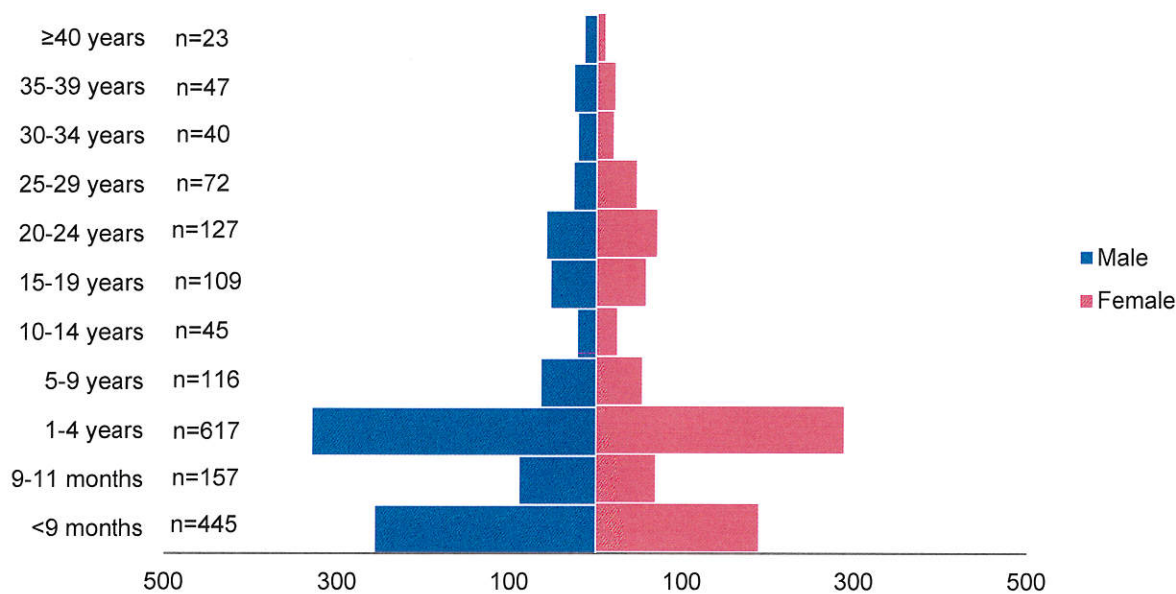
Region	2019		2018		% Change
	Cases	Deaths	Cases	Deaths	
PHL	1,823	26	1,146	11	↑ 59
I	64	2	30	0	↑ 113
II	8	0	4	0	↑ 100
III	192	4	43	2	↑ 347
IVA	578	9	37	0	↑ 1,462
MIMAROPA	70	0	5	0	↑ 1,300
V	25	1	1	0	↑ 2,400
VI	108	3	21	0	↑ 414
VII	72	1	4	0	↑ 1,700
VIII	54	1	2	0	↑ 2,600
IX	22	0	216	0	↓ 90
X	60	0	64	0	↓ 6
XI	30	0	185	7	↓ 84
XII	43	0	72	1	↓ 40
ARMM	48	0	403	1	↓ 88
CAR	3	0	10	0	↓ 70
CARAGA	4	0	6	0	↓ 33
NCR	442	5	43	0	↑ 928



Profile of Reported Cases

Majority (967, 53%) of the reported cases were male. Ages of cases ranged from **less than 1 month to 65 years old** (median age of 2 years). Age groups with the most number of cases were: 1-4 years old (617, 34%), less than 9 months old (445, 24%) and 9-11 months old (157, 9%) (Figure 2).

Figure 2. Reported Measles-Rubella Cases by Age Group and Sex, Philippines, January 1 to 26, 2019 (N=1,823)*

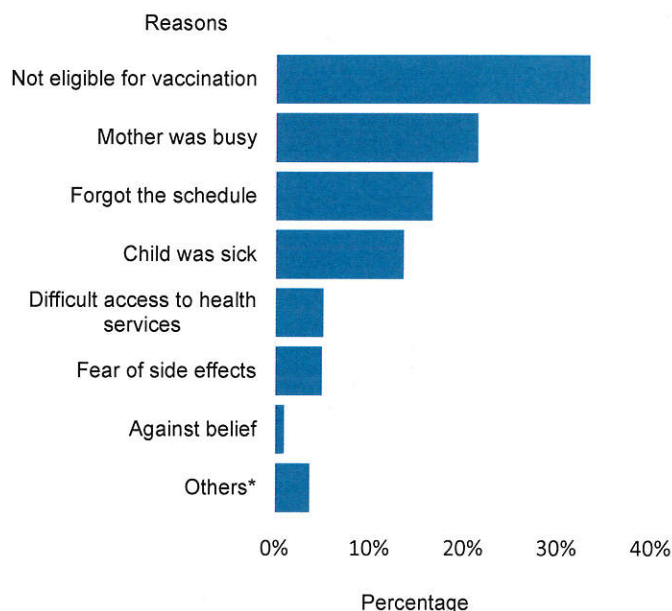
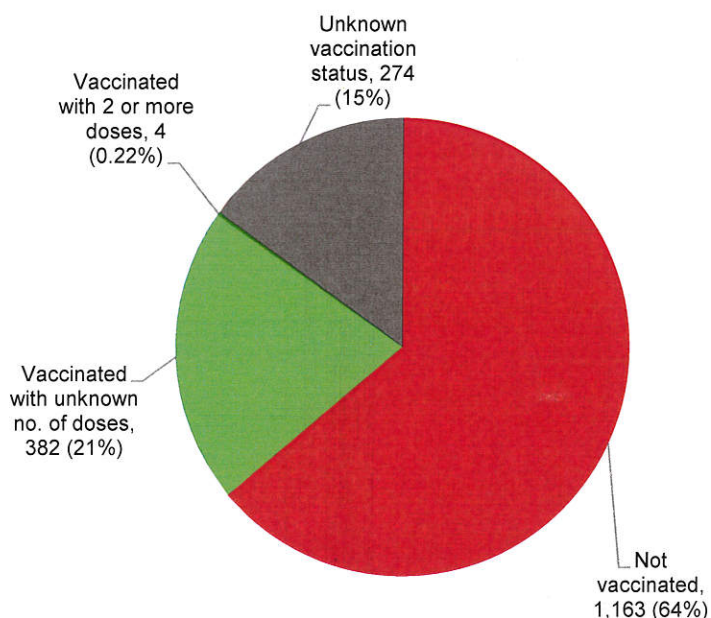


*25 cases with unspecified age

Majority (1,163, 64%) of the cases were not vaccinated (Figure 3). Top reasons for non-vaccination of measles-containing vaccine were: not eligible for vaccination (33%), mother was busy (22%), and child was sick (14%) (Figure 4).

Figure 3. Vaccination Status of Reported Measles-Rubella Cases, Philippines, January 1 to 26, 2019 (N=1,823)

Figure 4. Reasons for Non-vaccination of Measles Vaccine*, Philippines, January 1 to 26, 2019



*with data available

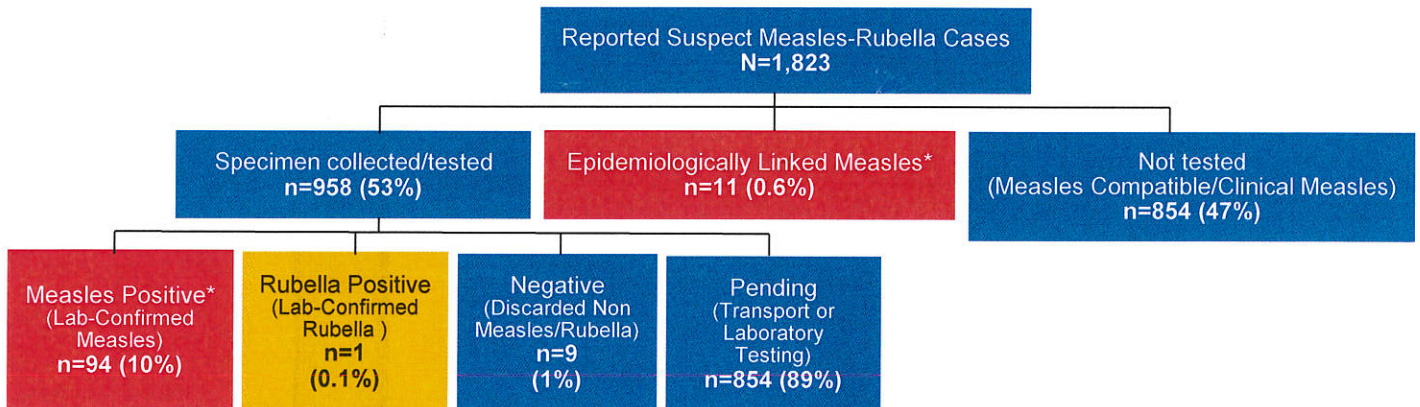
*other reasons: moves residence, lack of knowledge, history of travel, fear of injection, and lost vaccination card



Case Classification

Among the 1,823 reported cases, a total of 958 (53%) cases had specimens collected/tested for measles/rubella IgM and/or PCR. Among the tested cases, 94 (10%) were positive for measles and 1 (0.1%) was positive for rubella. Eleven (11, 0.6%) cases were epidemiologically-linked to laboratory confirmed cases, hence also classified as confirmed measles cases (Figure 5).

Figure 5. Reported Measles-Rubella Cases by Case Classification, Philippines, January 1 to 26, 2019 (N=1,823)



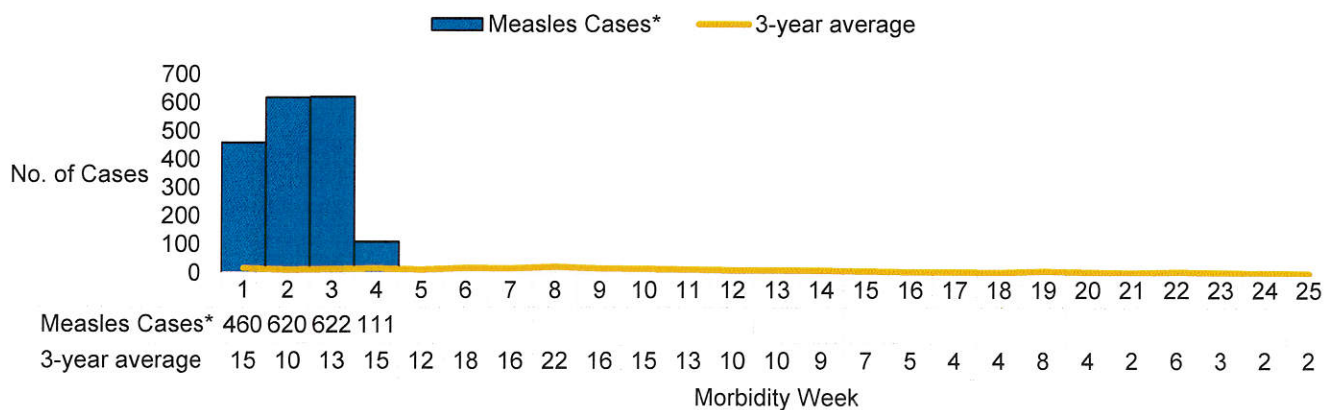
*Measles cases=laboratory-confirmed measles, epidemiologically-linked confirmed measles, measles compatible and pending (n=1,813)

Measles Cases

Trend in the Philippines

There were 1,813 measles cases with 26 deaths (CFR=1.43%). The distribution of measles cases for 2019 compared to the 3-year average of cases from 2015-2017 is shown in Figure 6.

Figure 6. Measles Cases by Morbidity Week, Philippines, January 1 to 26, 2019 (n=1,813)





Geographic Distribution

Most of the measles cases were from the following regions: IVA (575, 32%), NCR (441, 24%), Region III (192, 11%), Region VI (104, 6%) and Region VII (71, 4%). Measles cases in 2019 increased by 74% compared to the same period in 2018 (Table 2).

Top 5 provinces with measles cases include: Rizal (343, 19%), Laguna (87, 5%), Negros Occidental (79, 4%), Cavite (78, 4%), and Bulacan (74, 4%).

Top 5 municipalities with measles cases include: Antipolo City (171, 9%), Quezon City (126, 7%), Manila (76, 4%), Biñan (60, 3%), and Lipa City (43, 2%).

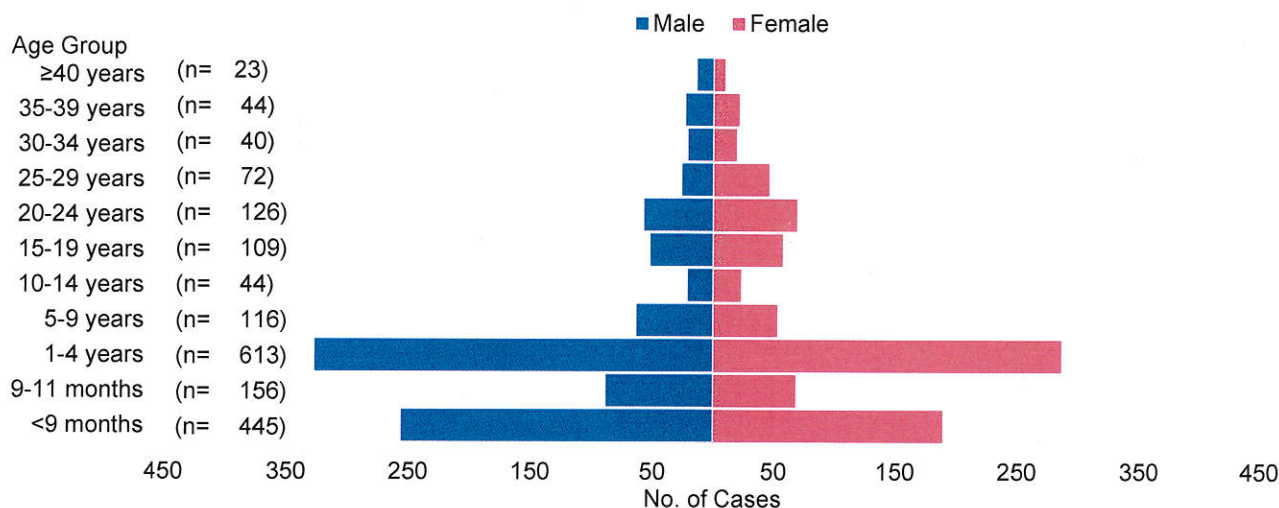
Table 2. Measles Cases by Region,
Philippines, January 1 to 26, 2019 (n=1,813) vs. January 1 to 26, 2018

Region	2019		2018		% Change
	Cases	Deaths	Cases	Deaths	
PHL	1,813	26	1,043	11	↑ 74
I	64	2	20	0	↑ 220
II	8	0	3	0	↑ 167
III	192	4	32	2	↑ 500
IVA	575	9	21	0	↑ 2,638
MIMAROPA	70	0	2	0	↑ 3,400
V	24	1	1	0	↑ 2,300
VI	104	3	16	0	↑ 550
VII	71	1	2	0	↑ 3,450
VIII	54	1	1	0	↑ 5,300
IX	22	0	210	0	↓ 90
X	60	0	63	0	↓ 5
XI	30	0	162	7	↓ 81
XII	43	0	66	1	↓ 35
ARMM	48	0	400	1	↓ 88
CAR	3	0	5	0	↓ 40
CARAGA	4	0	3	0	↑ 33
NCR	441	5	36	0	↑ 1,125

Profile of Measles Cases

Majority (962, 53%) of the measles cases were male. Ages of cases ranged from **less than 1 month to 64 years old** (median age of 2 year). Age groups with the most number of cases were: 1-4 years old (613, 34%), less than 9 months old (445, 25%), and 9-11 months old (156, 9%) (Figure 7).

Figure 7. Measles Cases by Age Group and Sex,
Philippines, January 1 to 26, 2019 (n=1,813)*



*25 cases with unspecified age



Majority (1,158, 64%) of the measles cases were not vaccinated (Figure 8). Top reasons for non-vaccination of measles-containing vaccine among confirmed cases were: not eligible for vaccination (34%), mother was busy (22%) and child was sick (14%) (Figure 9).

Figure 8. Vaccination Status of Measles Cases, Philippines, January 1 to 26, 2019 (n=1,813)

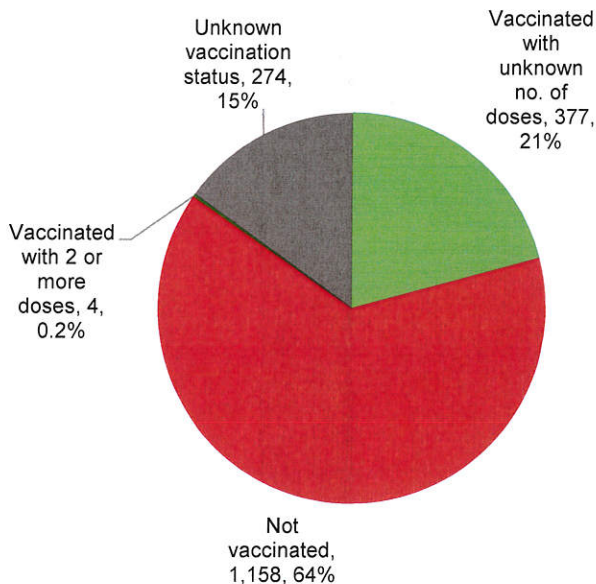
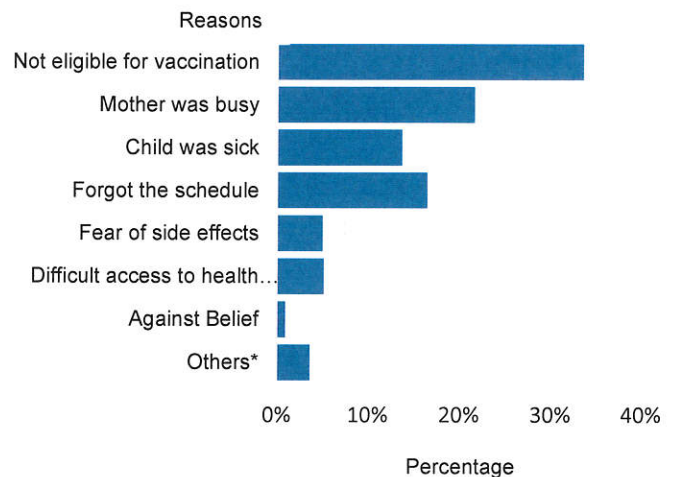


Figure 9. Reasons for Non-vaccination of Measles Vaccine among Measles Cases*, Philippines, January 1 to 26, 2019



*with available data

*other reasons: moves residence, lack of knowledge, history of travel, flood during immunization, and lost vaccination card

Profile of Measles Death

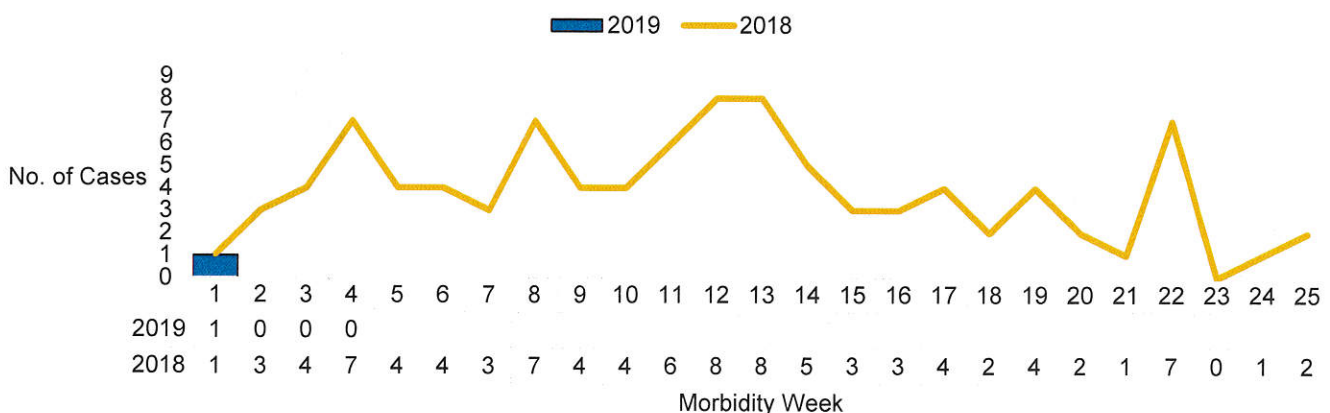
There were 26 deaths (CFR=1.43%) out of the 1,813 measles cases. Ages of deaths ranged from **3 months – 24 years old** (median of 1 year). Age groups of deaths were: 1-4 years (11, 42%), less than 9 months (9, 35%), 9-11 months (3, 12%), 5-9 years (2, 8%), and 20-24 years (1, 4%). Majority (20, 77%) of deaths were not vaccinated.

Rubella Cases

Trend in the Philippines

There was 1 rubella case reported from January 1 to 26, 2019. The distribution of confirmed rubella case for 2019 compared to 2018 is shown in Figure 10.

Figure 10. Rubella Case by Morbidity Week, Philippines, 2019 vs 2018 (n=1)





Geographic Distribution

The rubella case was from Region VI and is 92% lower compared to the same time period in 2018 (13). No deaths were reported (Table 3).

**Table 3. Rubella Cases by Region,
Philippines, January 1 to 26, 2019 (n=1) vs. January 1 to 26, 2018**

Region	2019		2018		% Change
	Cases	Deaths	Cases	Deaths	
PHL	1	0	13	0	↓ 92
I	0	0	2	0	↓ 100
II	0	0	0	0	-
III	0	0	0	0	-
IVA	0	0	1	0	↓ 100
MIMAROPA	0	0	0	0	-
V	0	0	0	0	-
VI	1	0	1	0	-
VII	0	0	0	0	-
VIII	0	0	0	0	-
IX	0	0	1	0	↓ 100
X	0	0	1	0	↓ 100
XI	0	0	7	0	↓ 100
XII	0	0	0	0	-
ARMM	0	0	0	0	-
CAR	0	0	0	0	-
CARAGA	0	0	0	0	-
NCR	0	0	0	0	-

Profile of Confirmed Rubella Case

Confirmed rubella case is 10 months old, female and was not vaccinated.

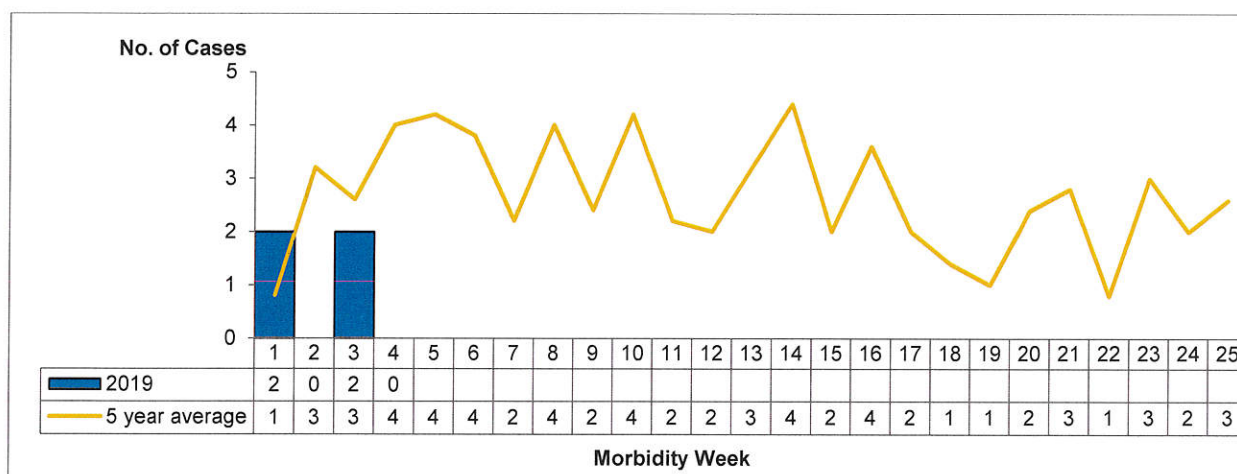


II. DIPHTHERIA

Trend in the Philippines

A total of 4 diphtheria cases were reported nationwide from January 1 – 26, 2019. The distribution of diphtheria cases for 2019 compared to the 5- year average of cases from 2014 to 2018 is shown below (Figure 11).

Figure 11. Reported Diphtheria Cases by Morbidity Weeks 1 - 4 (January 1 – 26, 2019) vs Epidemic and Alert Thresholds Reported Diphtheria Cases (N=4)



Geographic Distribution

There has been a **20%** decrease of diphtheria cases, from 5 cases in 2018 to 4 cases in 2019, same time period. Reported diphtheria cases came from Region IVA, V, ARMM, and NCR with one (1) case each (Table 4). There was **no laboratory confirmation** done on the reported cases. No clusters were identified as of January 26, 2019. A cluster is defined as two or more diphtheria cases from the same barangay reported within four consecutive weeks.

Table 4. Reported Diphtheria Cases by Region, Philippines, January 1 to 26, 2019 (N=4) vs. January 1 to 26, 2018

REGION	2019		2018		PERCENT CHANGE
	CASES	DEATHS	CASES	DEATHS	
PHILIPPINES	4	2	5	2	↓20
I	0	0	0	0	-
II	0	0	0	0	-
III	0	0	0	0	-
IVA	1	0	1	0	0
MIMAROPA	0	0	0	0	-
V	1	0	0	0	↑
VI	0	0	0	0	-
VII	0	0	0	0	-
VIII	0	0	1	0	↓100
IX	0	0	0	0	-
X	0	0	0	0	-
XI	0	0	1	1	↓100
XII	0	0	0	0	-
ARMM	1	1	0	0	↑
CAR	0	0	0	0	-
CARAGA	0	0	0	0	-
NCR	1	1	2	1	↓50

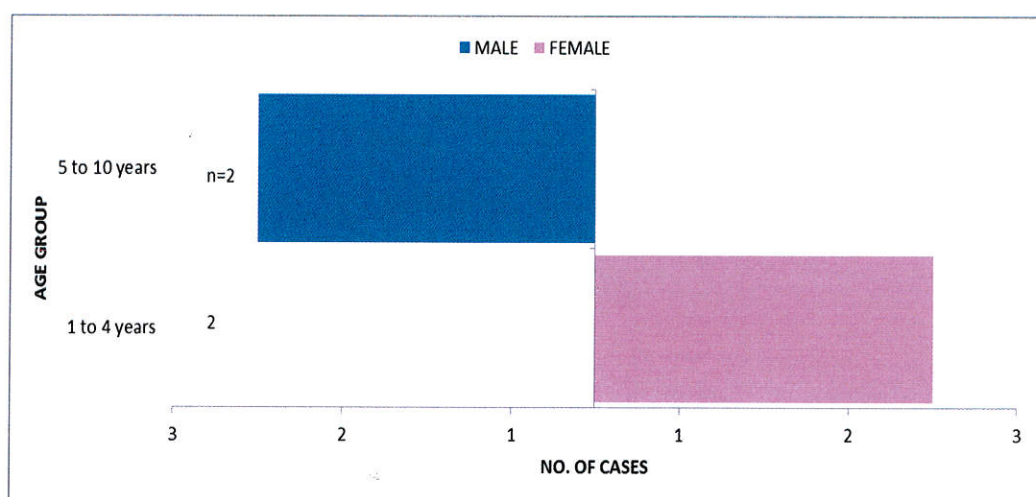


Profile of Cases

A. Cases

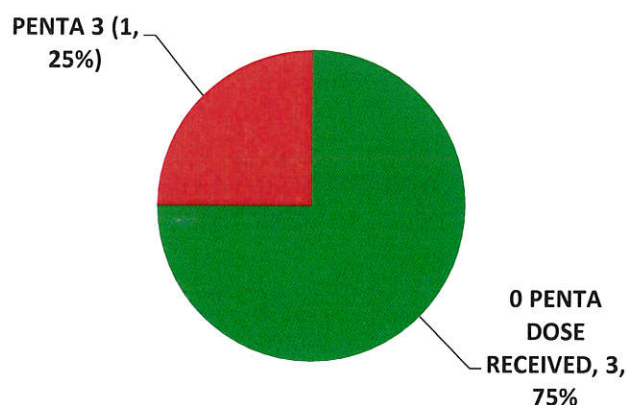
There were **2 males (50%)** and **2 females (50%)** among the reported diphtheria cases. Age of cases ranged from **3 months to 8 years old** (median age of 4 years). Age groups with cases were **1 - 4 years old (2, 50%)**, and **5 - 10 years old (2, 50%)** (Figure 12).

Figure 12. Diphtheria Cases
by Age Group and Sex,
Philippines, January 1 to 26, 2019 (N=4)



Vaccination status showed that **(1, 25%)** of the reported cases received **complete 3 primary doses** of the DPT/Pentavalent vaccine. **Three (75%)** did not receive a dose of the DPT/Pentavalent vaccine (Figure 13).

Figure 13. Reported Diphtheria Cases
by DPT Dose Received,
Philippines, January 1 to 26, 2019 (N=4)



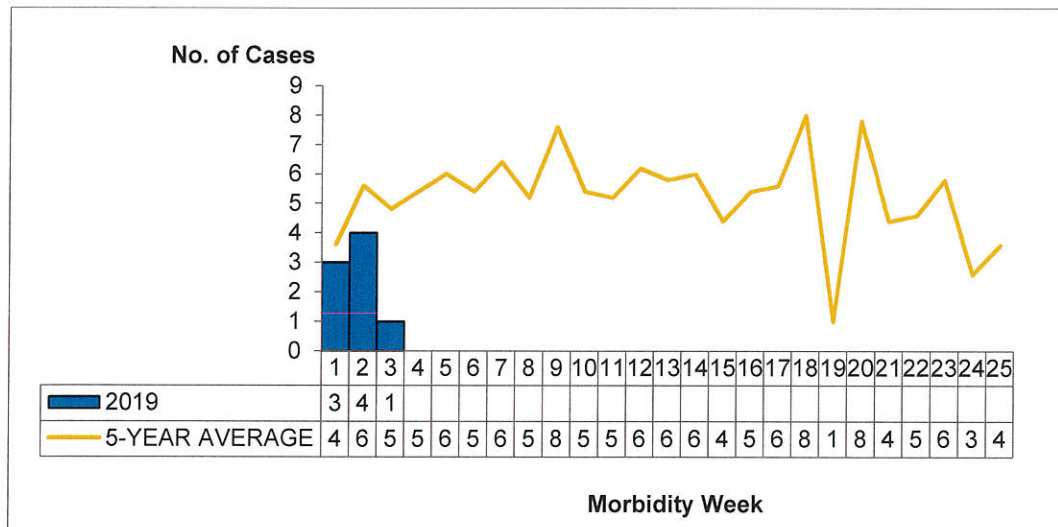


III. PERTUSSIS

Trend in the Philippines

A total of 8 pertussis cases were reported nationwide from January 1 to 26, 2019. The distribution of pertussis cases for 2019 compared to the 5-year average of cases from 2014 to 2019 is shown below (Figure 14).

Figure 14. Reported Pertussis Cases by Morbidity Week, Philippines, January 1 to 26, 2019 (N=8)



Geographic Distribution

There has been an **73%** decrease among the reported pertussis cases with 30 cases in 2018 and 8 cases in 2019, same time period. Majority of the reported pertussis cases came from NCR (3, 38%) followed by Region II (2, 25%) (Table 5). Two (25%) out of 8 cases were laboratory confirmed. No reported Pertussis clusters were identified as of January 26, 2019. A cluster is defined as two (2) or more pertussis cases from the same barangay reported within four (4) consecutive weeks.

Table 5. Reported Pertussis Cases by Region, Philippines, January 1 to 26, 2019 (N=8) vs. January 1 to 26, 2018

REGION	2019		2018		PERCENT CHANGE
	CASES	DEATHS	CASES	DEATHS	
PHILIPPINES	8	1	30	1	↓73
I	0	0	1	0	↓100
II	2	0	1	1	↑100
III	0	0	4	0	↓100
IVA	0	0	4	0	↓100
MIMAROPA	0	0	0	0	-
V	0	0	0	0	-
VI	0	0	0	0	-
VII	1	0	4	0	↓75
VIII	0	0	0	0	-
IX	0	0	0	0	-
X	1	1	0	0	↑
XI	1	0	1	0	0
XII	0	0	0	0	-
ARMM	0	0	2	0	↓100
CAR	0	0	1	0	↓100
CARAGA	0	0	5	0	↓100
NCR	3	0	7	0	↓57

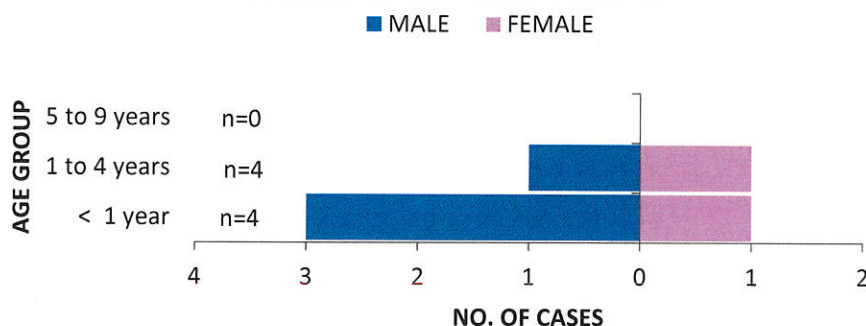


Profile of Cases

A. Cases

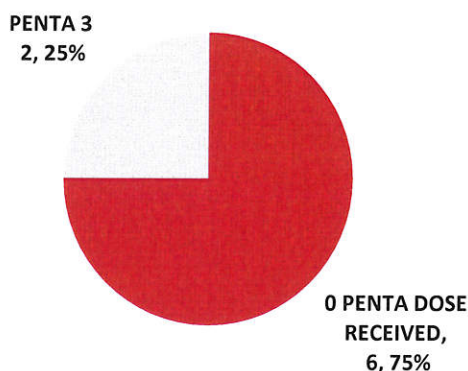
There were **4 (50%) males** and **4(50%) females** among the reported pertussis cases. Age of cases ranged from **1 month to 4 years old** (median age of 2 months). Cases were from age groups of **less than one year old** and **1 – 4 years old** with both reported to have (4,50%) cases (Figure 15).

Figure 15. Pertussis Cases by Age Group and Sex, Philippines, January 1 to 26, 2019 (N=8)



Majority of the reported cases (**6, 75%**) were **not vaccinated** with the DPT/pentavalent vaccine and two (25%) cases received complete 3 primary doses of the vaccine (Figure 16).

Figure 16. Reported Pertussis Cases by DPT Dose Received Philippines, January 1 to 26, 2018 (N=8)



B. Confirmed cases

Two (2) **females** were laboratory confirmed pertussis cases. Ages 2 and 3 months. Both confirmed cases **were not vaccinated** with the DPT/Pentavalent vaccine.

C. Profile of Confirmed Pertussis Deaths

There was one (1) death among two (2) laboratory confirmed pertussis cases. Age of the reported death was 2 months old.

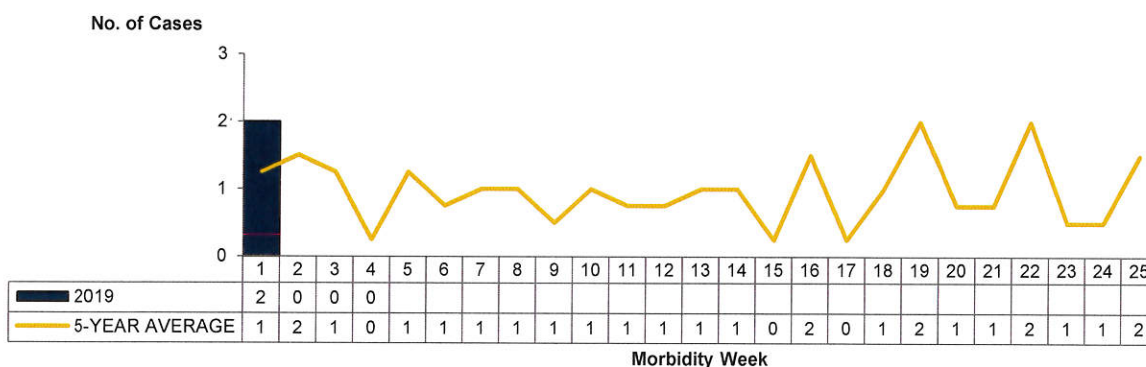


IV. NEONATAL TETANUS

Trend in the Philippines

A total of **two (2)** clinically confirmed neonatal tetanus (NT) cases were reported nationwide from January 1 – 26, 2019. The distribution of neonatal tetanus cases for 2019 compared to the 5-year average of cases from 2014 to 2019 is shown below (Figure 17).

Figure 17. Neonatal Tetanus Cases by Morbidity Week, Philippines, January 1 to 26, 2019(N=2)



Geographic Distribution

There has been a **60%** decrease of reported neonatal tetanus cases from 5 cases in 2018 to 2 cases in 2019, same time period. **ARMM** and **Region VI** reported to have one (1) case each (Table 6). All regions have maintained the <1/1000 livebirths NT rate under Maternal and Neonatal Tetanus Elimination standards.

Table 6. Neonatal Tetanus Cases by Region, Philippines, January 1 to 26, 2019 (N=2) vs. January 1 to 26, 2018

REGION	2019			2018		
	Cases	NT rate (per 1,000 livebirths)	Deaths	Cases	NT rate (per 1,000 livebirths)	Deaths
PHL	2	0.001	1	5	0.002	3
I	0	0.000	0	0	0.000	0
II	0	0.000	0	0	0.000	0
III	0	0.000	0	0	0.000	0
IVA	0	0.000	0	0	0.000	0
MIMAROPA	0	0.000	0	0	0.000	0
V	0	0.000	0	0	0.000	0
VI	1	0.005	1	0	0.000	0
VII	0	0.000	0	0	0.000	0
VIII	0	0.000	0	1	0.008	1
IX	0	0.000	0	0	0.000	0
X	0	0.000	0	0	0.000	0
XI	0	0.000	0	0	0.000	0
XII	0	0.000	0	0	0.000	0
ARMM	1	0.009	0	4	0.037	2
CAR	0	0.000	0	0	0.000	0
CARAGA	0	0.000	0	0	0.000	0
NCR	0	0.000	0	0	0.000	0

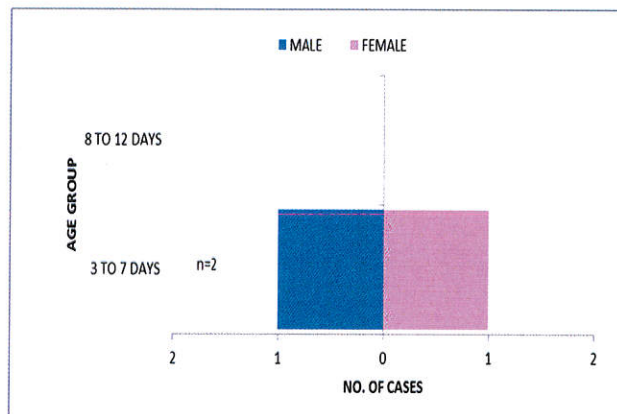


Profile of Cases

A. Age group and Sex

Among the clinically-confirmed NT cases, one (50%) **male** and one (50%) **female**. Ages of cases were 5 and 7 days old. (Figure 18).

Figure 18. Clinically Confirmed Neonatal Tetanus Cases by Age Group and Sex, Philippines, January 1 to 26, 2019 (N=2)



B. Vaccination Status

One (50%) of the mothers of clinically confirmed cases **did not receive any dose of the tetanus toxoid vaccine**, followed with unknown vaccination status (1, 50%).

C. Delivery Practices among Clinically Confirmed Neonatal Tetanus Cases

In terms of delivery practices, 2 (100%) of the neonatal tetanus cases were delivered at home. Two (100%) of the cases were attended by a hilot. One (50%) had bamboo and 1 (50%) had blade as the common cord cutting tool used. Umbilical stump treatment of 1 (50%) NT case was alcohol, while the other was unknown (Table 7).

Table 7. Delivery Practices of Clinically Confirmed Neonatal Tetanus Cases, Philippines, January 1 to 26, 2019 (N=2)

Delivery Practices	No. of Cases	Percentage
Place of Delivery		
Home	2	100%
Delivery Attendant		
Hilot	2	100%
Cord Cut Tool Used		
Blade	1	50%
Bamboo	1	50%
Stump Treatment Used		
Alcohol	1	50%
Unknown	1	50%

Profile of Neonatal Tetanus Deaths

There was one (1) death (CFR=50%) among the 2 neonatal tetanus cases. The age of the reported death was 5 days old and death had unknown vaccination status.



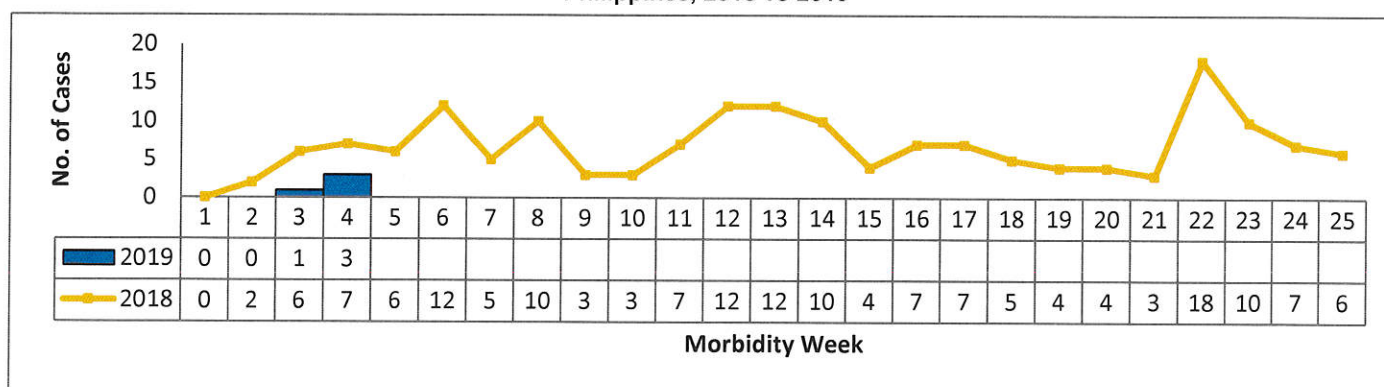
V. ACUTE FLACCID PARALYSIS

AFP surveillance is an essential strategy which aims to look for poliovirus circulation in the community by investigating all possible polio cases. Its role is to identify high risk areas or groups and certify that the Philippines is still polio-free.

Trend in the Philippines

A total of **4 AFP** cases were reported nationwide from January 1 to 26, 2019. The distribution of AFP cases for 2019 compared to 2018 is shown below (Figure 19).

Figure 19. Reported AFP Cases by Morbidity Week (N=4)
Philippines, 2018 vs 2019



Geographic Distribution

A total of 4 AFP cases were reported from January 1 to 26, 2019; while 15 AFP cases were reported during the same time period last year. All 4 cases are still awaiting for laboratory results and classification. For this period, the non-polio AFP rate* is 0 which nearly reached the target indicator of 1/100,000 children under 15 years old (Table 8).

Table 8. Reported AFP Cases by Region and Classification
January 1 to 26, 2019 vs. January 1 to 26, 2018

Region	2019					2018	
	No. of Cases (A)	Discarded as non-polio (B)	Pending (C)	Not AFP (D)	Non-polio AFP Rate (E)	No. of Cases (F)	Non-polio AFP Rate (G)
PHL	4	0	4	0	0.00	15	0.53
I	0	0	0	0	0.00	1	0.75
II	0	0	0	0	0.00	1	1.09
III	1	0	1	0	0.00	1	0.33
IVA	0	0	0	0	0.00	6	1.53
MIMAROPA	0	0	0	0	0.00	0	0.00
V	0	0	0	0	0.00	1	0.55
VI	1	0	1	0	0.00	1	0.50
VII	0	0	0	0	0.00	0	0.00
VIII	2	0	2	0	0.00	2	1.50
IX	0	0	0	0	0.00	0	0.00
X	0	0	0	0	0.00	0	0.00
XI	0	0	0	0	0.00	0	0.00
XII	0	0	0	0	0.00	2	1.50
ARMM	0	0	0	0	0.00	0	0.00
CAR	0	0	0	0	0.00	0	0.00
CARAGA	0	0	0	0	0.00	0	0.00
NCR	0	0	0	0	0.00	0	0.00

Note: *Non-polio AFP Rate is an indicator which measures the sensitivity of surveillance. To meet the minimum level for a polio-free certification, at least one case of non-polio AFP should be detected annually per 100,000 population aged less than 15 years (1/100,000 of children under 15 years old). In endemic regions, to ensure even higher sensitivity, this rate should be two per 100,000. **Cases classified as NOT AFP are excluded from the non-polio AFP rate computation.**