



January 1-, June 3, 2017

Epidemiology Bureau
Public Health Surveillance Division

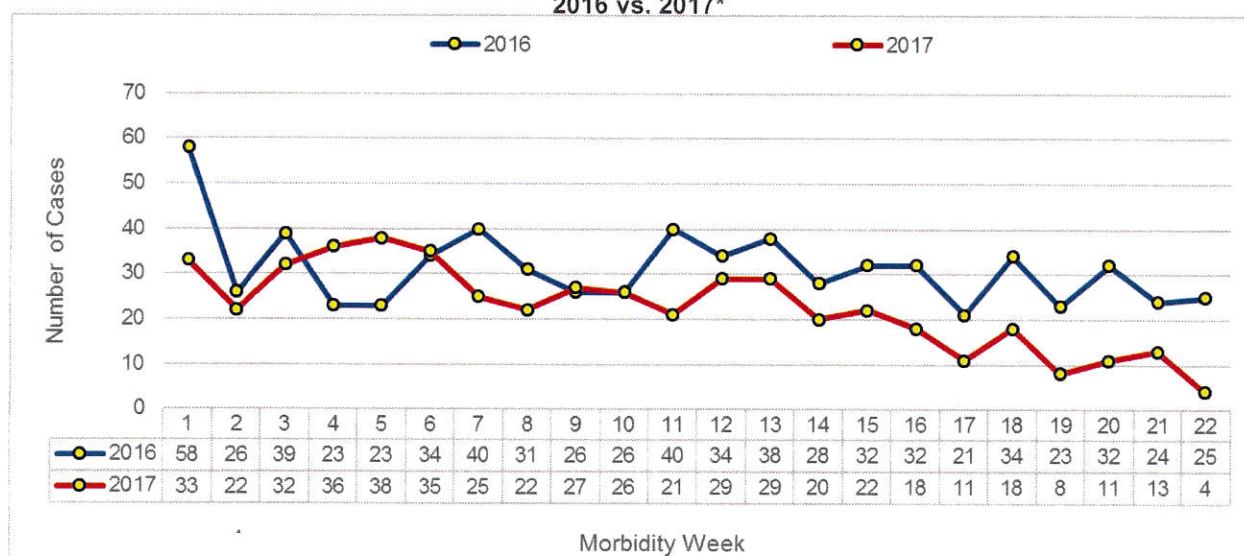
Introduction

The Acute Meningitis-Encephalitis Syndrome (AMES) Surveillance, established in 2014 aimed for an integrated surveillance for on Acute Encephalitis Syndrome (AES) and Bacterial Meningitis (BM). Currently, there are 9 AMES sentinel sites nationwide (see page 5 for list of sites).

Trend in the Philippines

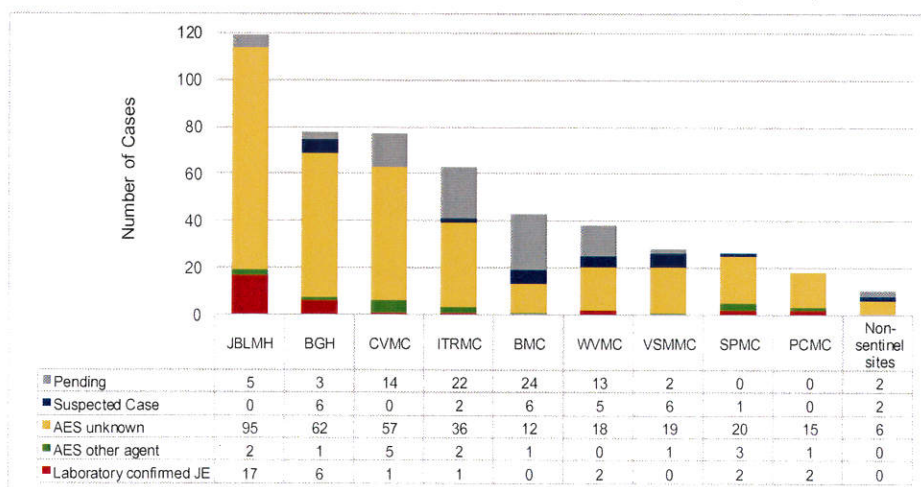
A total of **500** suspected AMES cases were reported from selected sentinel sites from January 1 to June 3, 2017 (Figure 1). This is **27 %** lower compared to the same period last year (689).

Figure 1. Reported AMES Cases by Morbidity Week, Philippines
2016 vs. 2017*



*data as of June 3, 2017

Figure 2. Reported AMES Cases by Disease Reporting Unit and Classification, Philippines, January 1- June 3, 2017 (N=500)



The distribution of suspected AMES cases varied considerably among the sentinel sites (Figure 2). Most (**119, 24%**) of the reported cases were from Jose B. Lingad Memorial Hospital (JBLMH), followed by Baguio General Hospital and Medical Center (BGHMC) (**78, 16%**) and Cagayan Valley Medical Center (CVMC) (**77, 15%**). AMES Cases from non-sentinel sites were also reported comprising (**10, 2%**) of the total cases.



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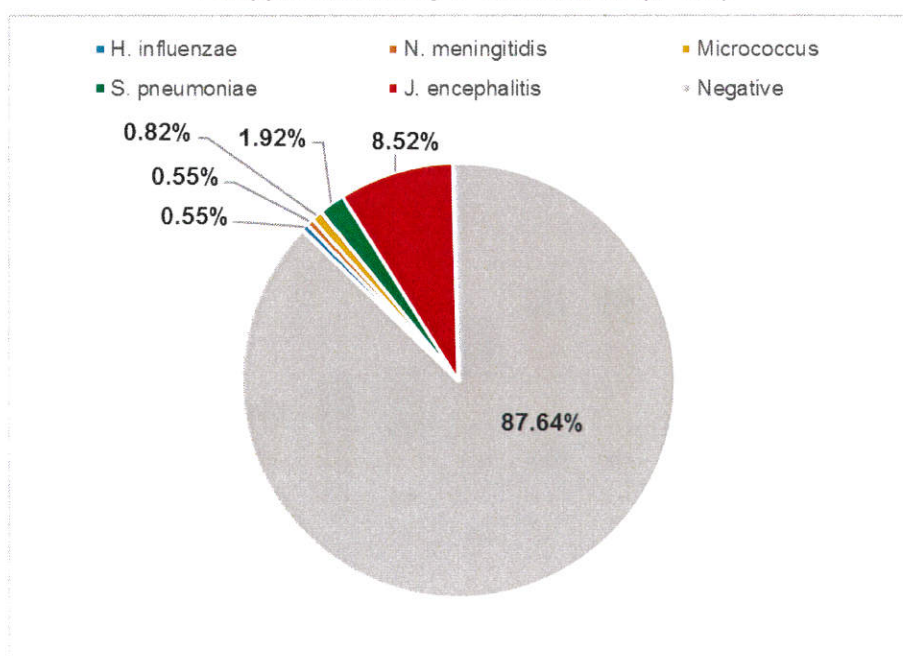
Laboratory confirmation of suspected cases is essential in determining the true etiology of the disease. Collection of CSF through lumbar puncture must be collected during the first contact with the patient. A first serum collection (*Acute Sample*) is also collected upon admission within 5 to 10 days after onset of illness. The second blood sample (*Convalescent sample*) is collected 7 days after the first blood collection or upon discharge.

Collection of CSF is high among cases reported (90%), while 85% of the cases were collected with the first serum and only 27% were collected with second serum. (Table 1)

Table 1. Completeness of Specimen among Disease Reporting Units
Philippines, January 1- June 3, 2017 (N=500)

Disease Reporting Units	Total Reported Cases (MW 1 - 22)	With CSF Collection	With Serum 1 Collection	With Serum 2 Collection
AMES Sentinel Sites:				
JBLMH	119	76%	99%	29%
BGH	78	100%	95%	72%
CVMC	77	100%	88%	9%
ITRMC	63	100%	81%	29%
BMC	43	72%	88%	2%
WCMV	38	87%	34%	0%
VSMC	28	100%	75%	0%
SPMC	26	100%	96%	62%
PCMC	18	94%	67%	6%
Non-sentinel sites	10	90%	86%	25%
Total	500	90%	85%	27%

Figure 3. Reported AMES Cases by Laboratory Result
Philippines, January 1- June 3, 2017 (n=367)



Among reported cases with specimen collected (Figure 3), 31 (8.52 %) were laboratory confirmed *Japanese encephalitis* (JE) cases, while others tested positive for other organisms such as:

S. pneumoniae (7); *Micrococcus* (3); *N. meningitidis* (2); *S. epidermidis* (1); *S. agalactiae* (1); *Pseudomonas* (1); *E. coli* (1) and Dengue (1). Twenty-six percent (26%) of the cases are still pending for laboratory results



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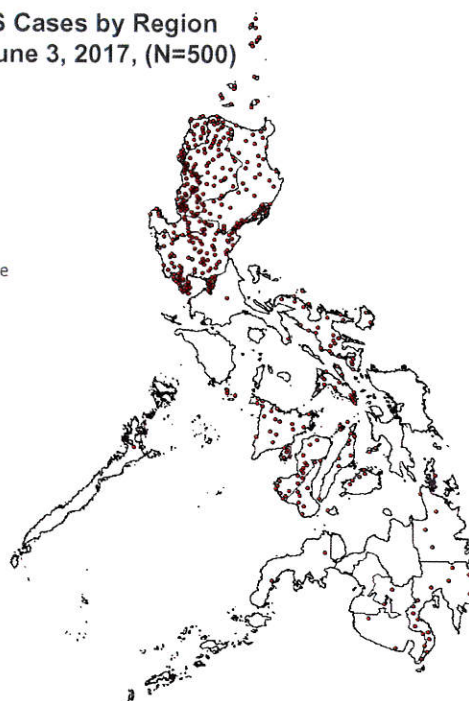
Geographic Distribution

Most of the cases (Figure 4) were from the following regions: Region III (25%), Region I (15%), Region II (14%) and CAR (14%).

Figure 4. Reported AMES Cases by Region
Philippines, January 1 – June 3, 2017, (N=500)

Region	Cases	Percent
01	74	15%
02	72	14%
03	125	25%
04A	4	1%
MIMAROPA	1	0%
05	44	9%
06	43	9%
07	28	6%
08	0	0%
09	2	0%
10	0	0%
11	16	3%
12	5	1%
ARMM	0	0%
CAR	69	14%
CARAGA	5	1%
NCR	12	2%
PHILIPPINES	500	100%

LEGEND
1 Dot = 1 Case

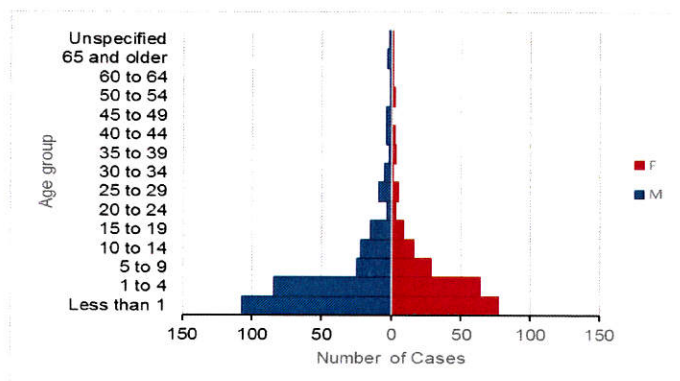


Profile of cases

Age Group and Sex Distribution

Age of cases ranged from 2 days old to 77 years old, median of 1 year old (Figure 5). Most (57.4%) cases were males and majority (37%) were below 1 year old.

Figure 5. Reported AMES by Age Group and Sex,
Philippines, January 1 – June 3, 2017, (N=500)



Vaccination Status of Reported AMES Case

A portion of AMES cases have received vaccination against meningitis-encephalitis causing disease: Measles vaccine (12%); *Haemophilus influenza* (Hib) Type B (12%); Measles-Mumps Rubella (9.46%), and Pneumococcal Conjugate Vaccine 10 & 13 (both 1 %). None of the reported AMES cases received vaccination for *Japanese encephalitis* and Meningococcal Disease.



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JAPANESE ENCEPHALITIS CASES IN THE PHILIPPINES

A total of 49 lab-confirmed Japanese Encephalitis (JE) were captured through AMES surveillance and Acute Encephalitis Syndrome surveillance from January 1 to June 3, 2017. This is lower compared to the same time period last year (Table 2).

Table 2. Confirmed JE Cases 2016 vs. 2017
Philippines, January 1 to June 3, 2017 (n=49)

Laboratory Confirmed JE cases (Morbidity Week 1-22)	2017		2016		Percent difference
	Cases	Deaths	Cases	Deaths	
AMES surveillance	31	0	94	8	↓67.02
AES surveillance	18	0	40	2	↓55.00
Total	49	0	134	10	↓63.43

Geographic Distribution

Most of the cases were found in Pampanga province having the highest incidence of **0.69**, followed by Pangasinan (**0.32**) and Benguet (**0.24**). (Table 3)

Table 3. Incidence of JE Cases,
Philippines, January 1 – June 3, 2017 (n=49)

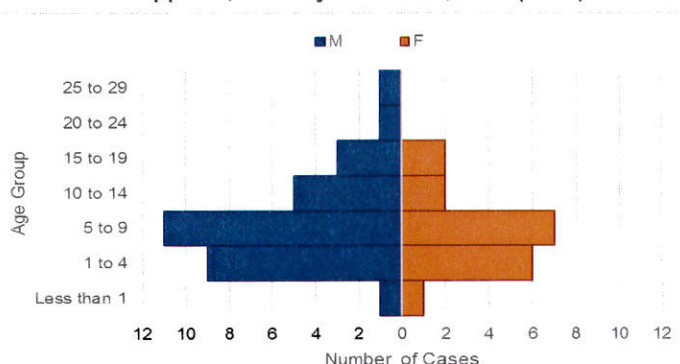
Province	2017 FHSIS Projected Population per Province	Lab-Confirmed JE cases (MW 1 – 22)	Incidence per 100,000 population
Pampanga	2,607,397	18	0.69
Pangasinan	3,153,857	10	0.32
Benguet	824,252	2	0.24
Occidental Mindoro	533,874	1	0.19
Davao Oriental	598,176	1	0.17
Bulacan	3,404,597	5	0.15
Ilocos Sur	706,604	1	0.14
Isabela	1,656,926	2	0.12
Sultan Kudarat	868,777	1	0.12
Cagayan	1,236,380	1	0.08
Iloilo	2,465,034	2	0.08
Tarlac	1,404,348	1	0.07
Batangas	2,681,315	1	0.04
Rizal	2,967,960	1	0.03
Metro Manila	12,918,977	2	0.02

Profile of JE Cases

Age Group and Sex Distribution

Age of confirmed JE cases ranged from 42 days to 29 years old, (**63%**) cases were males with **37%** of the cases belonging to the age group of 5 to 9 years. (Figure 6)

Figure 6. Lab confirmed JE Cases by Age Group and Sex
Philippines, January 1 – June 3, 2017 (n=49)





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Selected Sentinel Sites of Acute Meningitis-Encephalitis Surveillance (AMES)

Region I	Ilocos Training Regional Medical Center (ITRMC)
Region II	Cagayan Valley Medical Center(CVMC)
Region III	Jose B. Lingad Memorial Regional Hospital(JBLMH)
Region V	Bicol Medical Center(BMC)
Region VI	Western Visayas Medical Center(WVMC)
Region VII	Vicente Sotto Memorial Medical Center(VSMMC)
Region XI	Southern Philippines Medical Center(SPMC)
Region NCR	Philippine Children's Medical Center(PCMC)

DEFINITION OF TERMS:

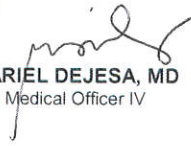
Suspect Acute Meningitis Encephalitis Syndrome	a person of any age, WITH a sudden onset of fever, plus one of the following: <ul style="list-style-type: none">•change in mental status (including altered consciousness, confusion, or inability to talk)•new onset of seizures•neck stiffness•other meningeal sign
Laboratory-confirmed Japanese Encephalitis	An AES case that has been laboratory-confirmed as JE
Probable JE	An AES case that occurs in close geographical and temporal relationship to a laboratory-confirmed case of JE, in the context of an outbreak.
AES – other agent	An AES case in which diagnostic testing is performed and an etiologic agent other than JE virus is identified
AES – unknown	An AES case in which diagnostic testing is not performed or testing was performed but no etiologic agent was identified or in which the test results were indeterminate

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