



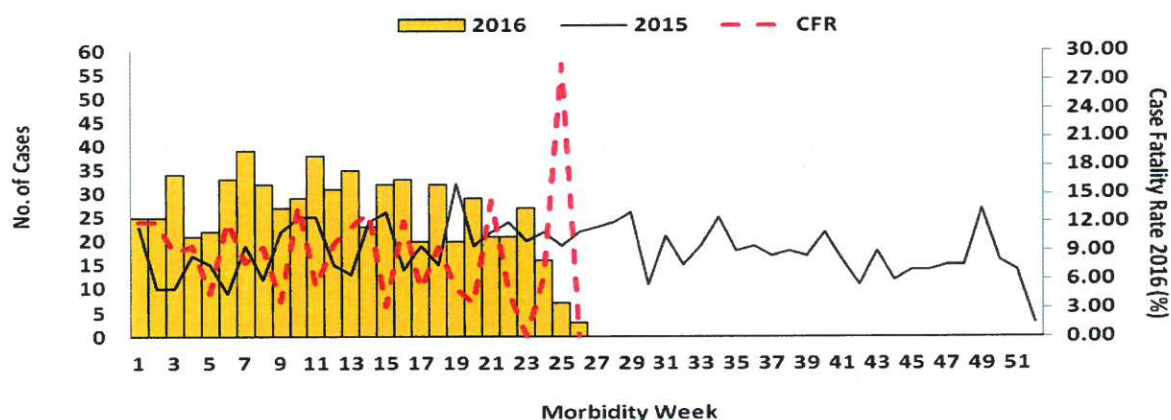
Introduction

The integrated surveillance for Acute Meningitis-Encephalitis Syndrome (AMES) Surveillance established in 2014 aimed to establish surveillance data on Acute Encephalitis Syndrome (AES) and Bacterial Meningitis (BM). Currently, there are 9 established sentinel sites nationwide.

Trend in the Philippines

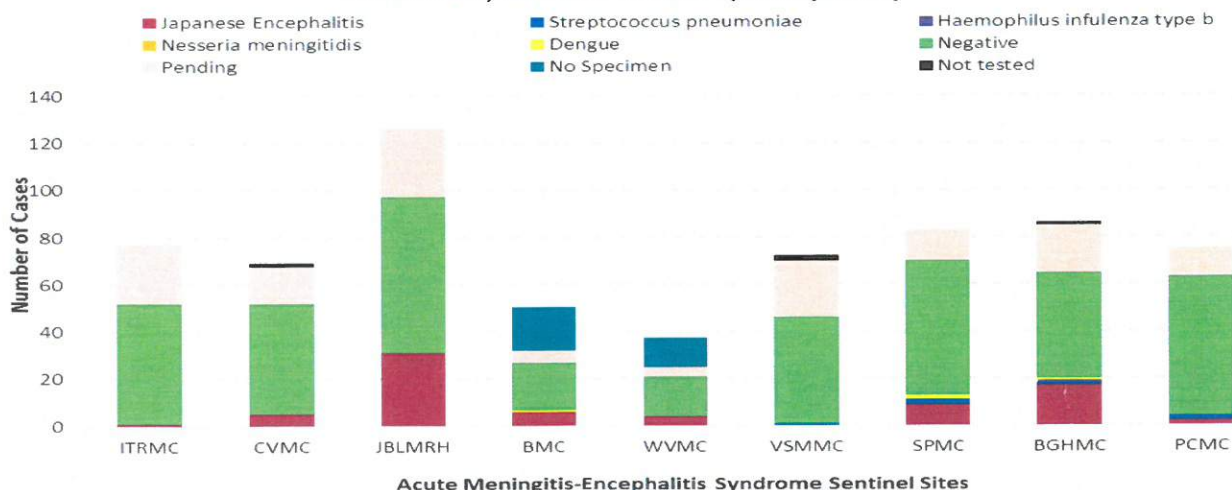
A total of 675 AMES suspected cases were reported from selected sentinel sites from January 1 to July 2, 2016 (Figure 1). This is 37% higher compared to the same period last year (493). Out of the total AMES suspected cases, 645 (96%) specimens (either CSF, Serum 1 & 2) were collected and 30 (4%) without specimen. Of the collected specimens from the sentinel sites, there were 75 (11%) laboratory confirmed Japanese Encephalitis case, 407 (60%) cases with negative laboratory results, 148 (22%) pending results and 4 (1%) specimens not tested because quality is not sufficient.

**Figure 1. Suspected AMES Cases by Morbidity Week, Philippines, as of July 2, 2016
2016* vs 2015 (N=675)**



The distribution of suspected AMES cases varied considerably among the sentinel sites (Figure 2). Most of the reported cases were from Jose B. Lingad Memorial Hospital (19%), Baguio General Hospital and Medical Center (13%), Ilocos Training and Regional Medical Center (11%), Vicente Sotto Memorial Medical Center (11%) and Philippine Children's Medical Center (11%) (Figure 2).

FIGURE 2. REPORTED AMES CASES AND LABORATORY RESULTS BY SENTINEL , PHILIPPINES, JANUARY 1 – JULY 2, 2016 (N=675)



(see list of AMES sentinel sites in the last page)



Morbidity Week 26– January 1-July 2, 2016

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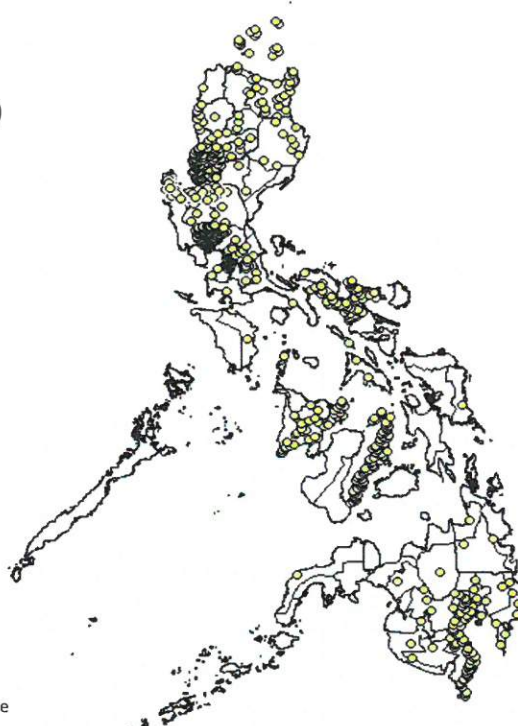
Geographic distribution

Most of the cases were from the following regions: Region III (20.7%), Region I (16.4%), Region VII (10.5%), Region XI (10.4%) and Region II (10.2%).

FIGURE 3. SUSPECTED ACUTE MENINGITIS ENCEPHALITIS SYNDROME CASES, MW26 (N=675)

REGION	CASES
Region 1	= 111
Region 2	= 69
Region 3	= 140
Region 4A	= 17
Region 4B	= 2
Region 5	= 51
Region 6	= 37
Region 7	= 71
Region 8	= 1
Region 9	= 1
Region 10	= 1
Region 11	= 70
Region 12	= 8
ARMM	= 1
CAR	= 50
CARAGA	= 3
NCR	= 42
TOTAL	= 675

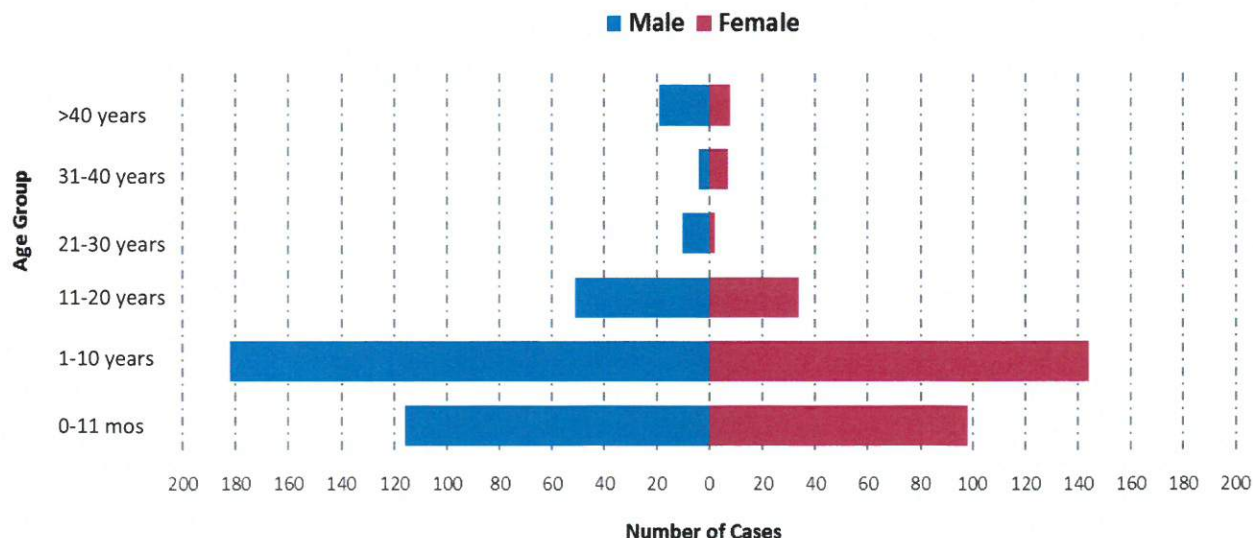
LEGEND
1 Dot = 1 Case



Profile of cases

Most of the suspected AMES cases were among 0 to 11 months old (32%) and 1 to 10 years old (48%) (Figure 4). Fifty-seven percent of the suspected AMES cases were male (Figure 4). Among the suspected AMES cases, 45% received vaccinations which are measles vaccine, MMR, PCV 10, PCV 13, Haemophilus Influenza type b and Meningococcal vaccine (Figure 5). Fifty-seven among the suspected AMES died (CFR=8.44).

FIGURE 4. AMES CASES BY AGE GROUP AND SEX, PHILIPPINES JANUARY 1 – JULY 2, 2016 (N=675)

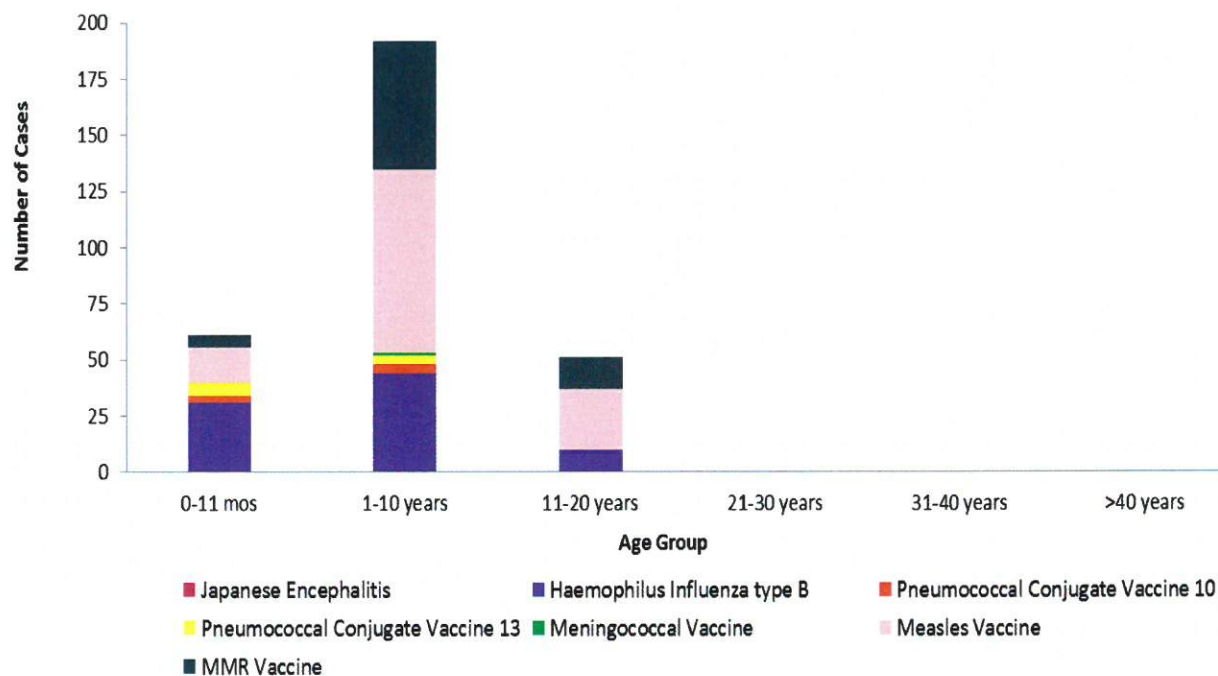




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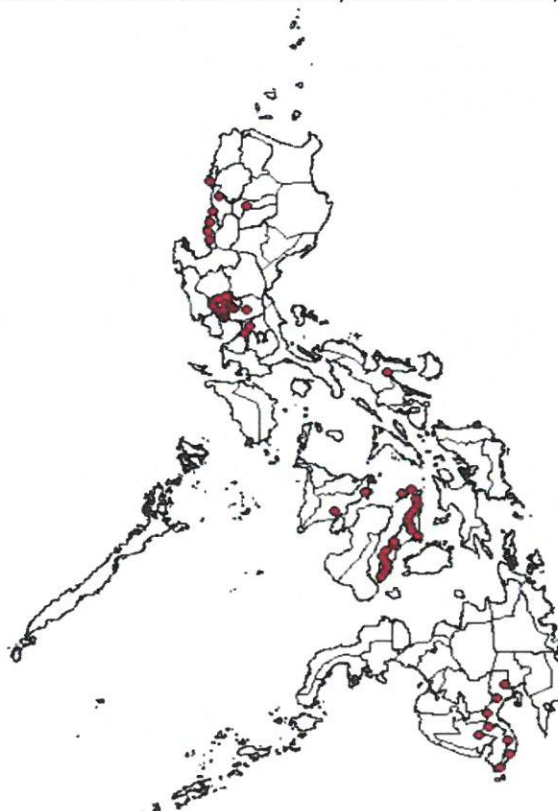
FIGURE 5. NUMBER OF IMMUNIZED AMONG SUSPECTED AMES CASES BY AGE GROUP
PHILIPPINES, 2016* (n=304)



*Legend-Multiple Responses

FIGURE 6. SUSPECTED ACUTE MENINGITIS ENCEPHALITIS SYNDROME DEATHS, JANUARY 1- JULY 2, 2016

REGION	CASES
Region 1	= 6
Region 2	= 0
Region 3	= 18
Region 4A	= 0
Region 4B	= 0
Region 5	= 1
Region 6	= 2
Region 7	= 19
Region 8	= 0
Region 9	= 0
Region 10	= 0
Region 11	= 7
Region 12	= 1
ARMM	= 0
CAR	= 1
CARAGA	= 0
NCR	= 2
TOTAL	= 57



LEGEND
1 Dot =1 Case



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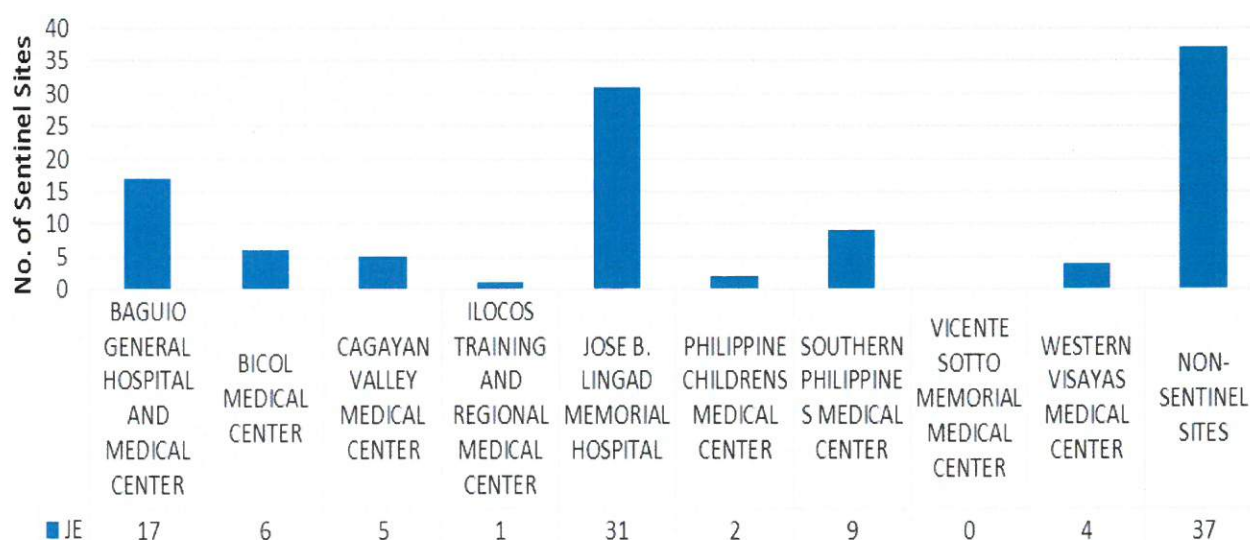
**TABLE 1. TOTAL NUMBER OF CEREBROSPINAL FLUID (CSF), SERUM 1 & 2 COLLECTED FROM SUSPECTED AMES CASES
JANUARY 1 – JULY 2, 2016**

AMES Sentinel Site	Number of AMES Suspected Cases	No. of CSF collected	Percentage (%)	No. of Serum 1 collected	Percentage (%)	No. of Serum 2 collected	Percentage (%)
Ilocos Training Regional Medical Center	77	76	99	39	51	4	5
Cagayan Valley Medical Center	69	69	100	0	0	0	0
Jose B. Lingad Memorial Regional Hospital	126	66	52	126	100	73	58
Bicol Medical Center	50	17	34	27	54	1	2
Western Visayas Medical Center	37	24	65	20	54	3	8
Vicente Sotto Memorial Medical Center	72	72	100	0	0	0	0
Southern Philippines Medical Center	83	83	100	83	100	60	72
Philippine Children's Medical Center	75	71	95	39	52	3	4
Baguio General Hospital and Medical Center	86	86	100	73	85	24	28
Grand Total	675	564	84	407	60	168	25

Cerebrospinal Fluid (CSF) and serum 1 (acute phase) and serum 2 (convalescent phase) are collected and tested in RITM to confirm the diagnosis.

Aside from the selected 9 sentinel sites, there were 37 confirmed Japanese Encephalitis cases reported from the non- sentinel sites.

**FIGURE 7. JAPANESE ENCEPHALITIS CASES BY DISEASE REPORTING UNIT
SENTINEL AND NON-SENTINEL SITE, PHILIPPINES 2016 (n=112)**



Note: Non-Sentinel Sites (RITM laboratory data)

NOTE: Disease counts reported here do NOT represent the final number and are subject to change after inclusion of delayed reports and review of cases.



Morbidity Week 26– January 1-July 2, 2016

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CASE DEFINITION of Acute Meningitis-Encephalitis Surveillance

A combined case definition for BM and AES surveillance shall be used. Suspected cases will be captured through the standard case definition of **Acute Meningitis-Encephalitis Surveillance** System (which includes meningitis, encephalitis, and overlapping cases)

A case of suspected Acute Meningitis-Encephalitis is a person of any age, WITH a sudden onset of fever, plus one of the following:

- change in mental status (including altered consciousness, confusion, or inability to talk)
- new onset of seizures
- neck stiffness
- other meningeal sign

Selected Sentinel Sites of Acute Meningitis-Encephalitis Surveillance


Region I- Ilocos Training Regional Medical Center
Region II- Cagayan Valley Medical Center
Region III- Jose B. Lingad Memorial Regional Hospital
Region V- Bicol Medical Center
Region VI- Western Visayas Medical Center
Region VII- Vicente Sotto Memorial Medical Center
Region XI- Southern Philippines Medical Center
Region NCR- Philippine Children's Medical Center
Region CAR- Baguio General Hospital and Medical Center

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