



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


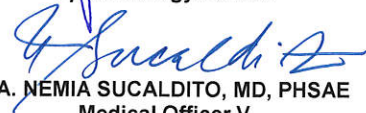

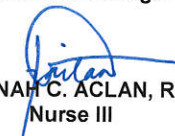

Case Classification	Case Definition
SARI Suspect Case	<p>An acute respiratory illness with onset during the previous 7 days requiring hospitalization that includes:</p> <ul style="list-style-type: none"> - Meets the ILI case definition (A person with sudden onset of/ history of fever of $\geq 38^{\circ}\text{C}$ 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
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

Notes:

- 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.

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.

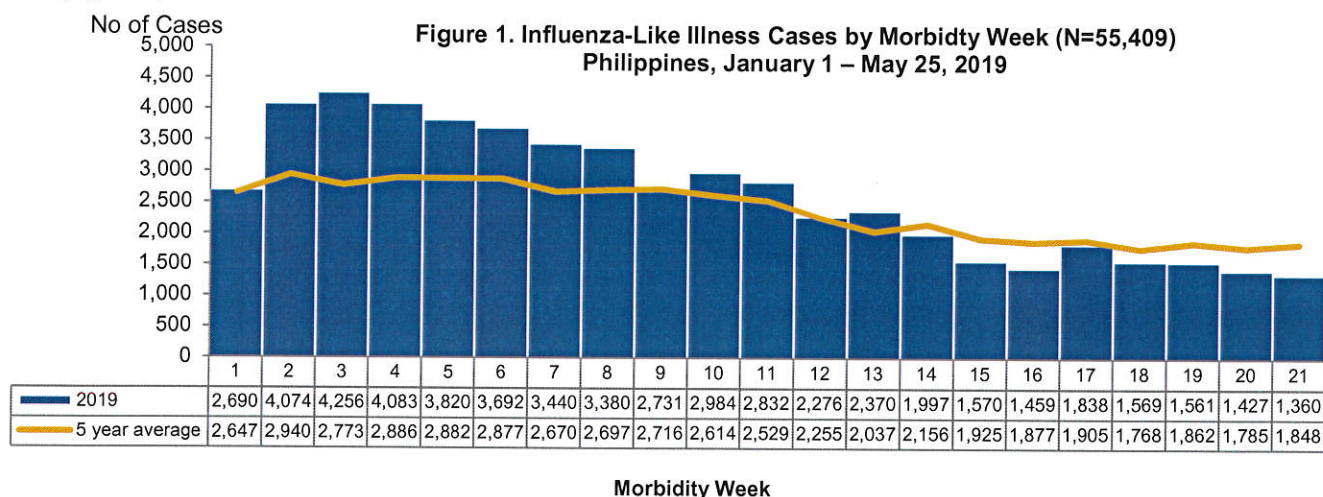
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INFLUENZA-LIKE ILLNESS

I. Trends in the Philippines

A total of **55,409** Influenza-like Illness cases were reported nationwide from January 1 to May 25, 2019 for Morbidity Weeks 1 to 21. The distribution of Influenza-like Illness cases for 2019 compared to the 5-year average of cases from 2014 to 2018 is shown below (Figure 1).



II. Geographic Distribution of Cases

Most of the *Influenza-like Illness* (ILI) cases reported were from CARAGA (13,483 or 24%), Region 4A (7,662 or 14%) and Region XII (5,454 or 10%). There were five (5) reported deaths, with a CFR of 0.01% among the *Influenza-like Illness* (ILI)

Table 1. Influenza-like Illness Cases and Deaths by Region (N=55,409)
Philippines, January 1 – May 25, 2019 vs 2018 same time period

Region	2019		2018		% Change
	Cases	Deaths	Cases	Deaths	
PHILIPPINES	55,409	5	57,628	9	↓4
I	3,590	0	4,552	1	↓21
II	812	0	429	0	↑89
III	1,783	0	1,602	0	↑11
IV-A	7,662	0	6,566	0	↑17
MIMAROPA	2,794	0	3,872	0	↓28
V	41	0	39	0	↑5
VI	52	0	22	0	↑136
VII	2,370	0	4,504	0	↓47
VIII	3,796	0	3,028	0	↑25
IX	378	0	353	0	↑7
X	4,055	2	5,267	3	↓23
XI	4,012	1	3,948	0	↑2
XII	5,454	0	5,226	0	↑4
ARMM	596	1	477	0	↑25
CAR	3,713	0	3,566	0	↑4
CARAGA	13,483	1	13,500	5	↓
NCR	818	0	677	0	↑21

**Regions with red font indicate increase in percent change

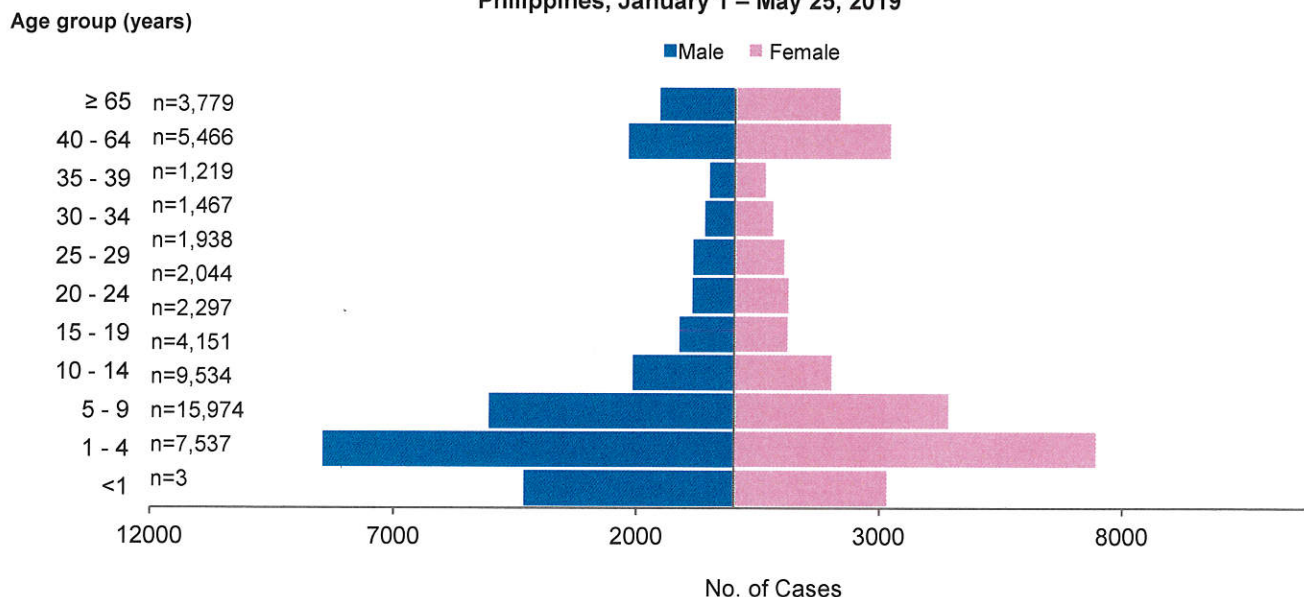


III. Profile of Cases

A. Age Group and Sex

Among the **55,409** Influenza-like Illness cases, there were **27,942 (50%)** males and **27,467 (50%)** females. Age range from **less than 1 month to 101 years** (median: 7 years). Most of those affected belong to the 1 to 4 years (**15,974 or 29%**) (Figure 2).

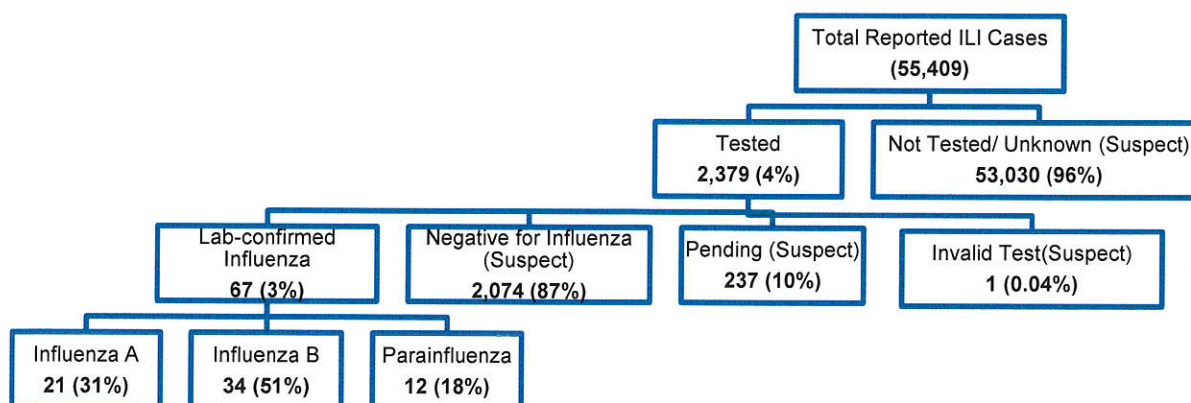
Figure 2. Reported Influenza-like Illness cases by Age group and Sex (N=55,409)
Philippines, January 1 – May 25, 2019



B. Laboratory Status and Case Classification

Out of the **55,409** Influenza-like Illness cases, there were **2,379 (4%)** tested. There were **67 (3%)** laboratory-confirmed Influenza cases. Among the **67** confirmed influenza cases, *influenza B* was the most common isolated pathogen (**34, 51%**) (Figure 3).

Figure 3. Laboratory Status of ILI cases and Isolated Pathogens of confirmed Influenza Cases (N=67)
Philippines, January 1 – May 25, 2019



¹ Influenza A: Influenza A: H1N1 (16), unspecified subtype (5)

² Influenza B: Victoria- lineage (31), unspecified subtype (3)

³ Parainfluenza: type 1 (12)

IV. Profile of Reported Deaths

The 5 reported deaths ranged from **2 months to 79 years** old with a median of **6 years** old. There were no reported deaths among the confirmed influenza cases.

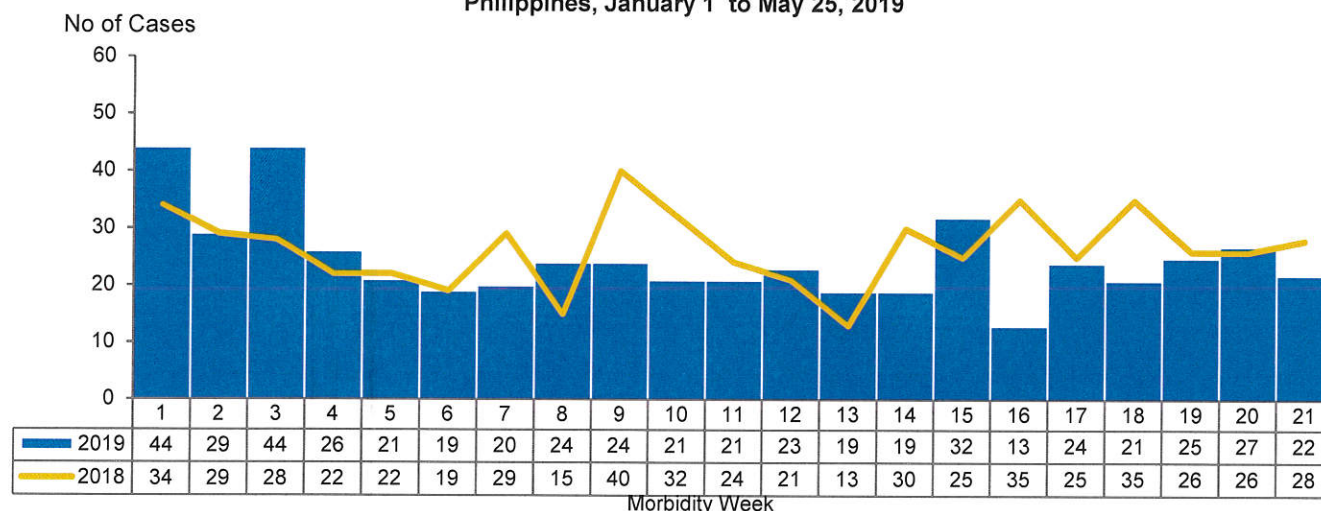


SEVERE ACUTE RESPIRATORY INFECTION (SARI)

I. Trends in the Philippines

A total of **518** SARI cases were reported from the four (4) SARI sentinel sites nationwide from January 1 – May 25, 2019. The distribution of SARI cases for 2019 compared to the 2018 cases is shown below. (Figure 4).

Figure 4. Reported Severe Acute Respiratory Infection Cases by Morbidity Week (N=518)
Philippines, January 1 to May 25, 2019



II. Geographic Distribution

Top regions with reported cases were **NCR** (136 or 26%), followed by **Region XI** (116 or 22%). There were 31 deaths among the reported cases, having a CFR of 6% (Table 2).

Table 2. Reported SARI Cases by Region (N=518),
Philippines, January 1 to May 25, 2019 vs. 2018 same time period

REGION	2019*		2018		% Change
	CASES	DEATHS	CASES	DEATHS	
PHILIPPINES	518	31	558	16	↓7
I	15	2	25	0	↓40
II	1	0	4	0	↓75
III	6	0	7	0	↓14
IV-A	16	0	10	0	↑60
IV-B	0	0	0	0	-
V	1	1	0	0	↑
VI	1	0	0	0	↑
VII	107	13	100	0	↑7
VIII	2	0	0	0	↑
IX	0	0	1	0	↓100
X	1	1	0	0	↑
XI	116	10	124	11	↓6
XII	6	1	2	1	↑200
ARMM	0	0	0	0	-
CAR	105	3	142	4	↓26
CARAGA	5	0	3	0	↑67
NCR	136	0	140	0	↓3

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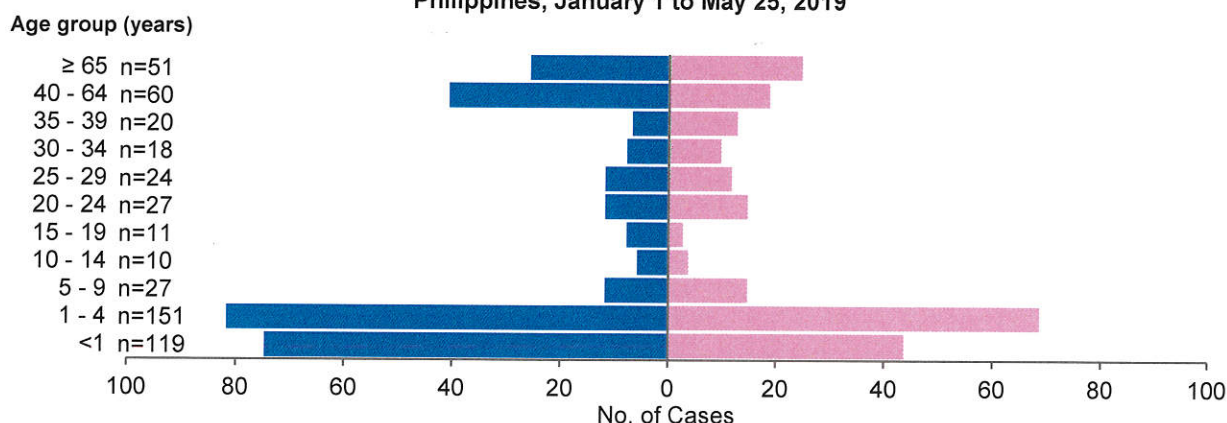


III. Profile of Cases

A. Profile of Reported cases

Majority (289 or 56%) of the suspect cases were males. Age ranged from <1 years old to 88 years old (median of 4 years old). Most cases of SARI belonged to the 1-4 years old age group (151 or 30%) (Figure 5).

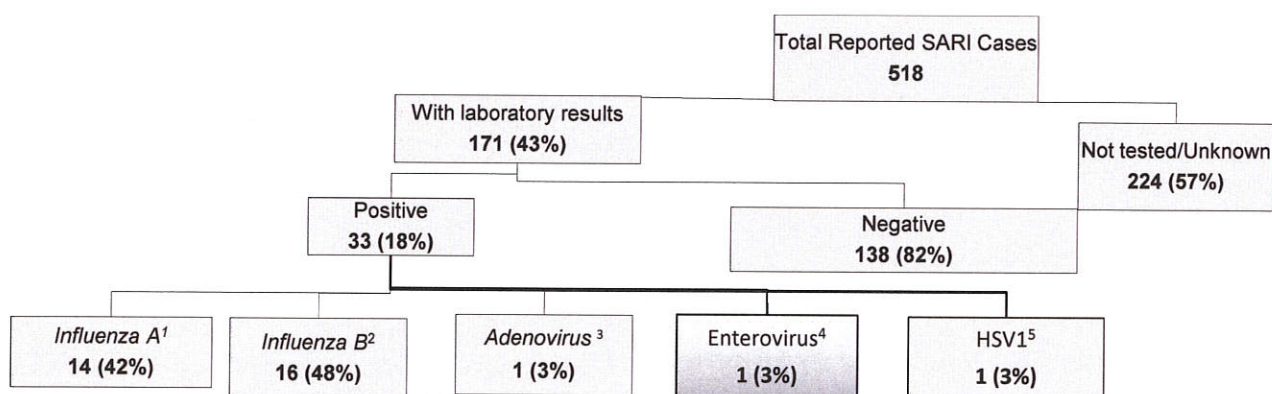
Figure 5. SARI Cases by Age Group and Sex (N=518)*
Philippines, January 1 to May 25, 2019



B. Laboratory Status

Among the 518 reported SARI cases, 171 (43%) have reported laboratory results. Among cases with laboratory results, 33 (18%) had identified pathogens. The top isolated pathogen among SARI cases with laboratory confirmation was *Influenza B* (16 or 48%) (Figure 6).

Figure 6. SARI Cases by Case Classification (N=518)
Philippines, January 1 to May 25, 2019



¹Influenza A : Subtype H3 (1), AH1N1 pdm09 (11), Influenza A/Michigan/45/2015/Ah1N1pd09 like (1), Pending Subtype (1)

²Influenza B : Subtype (Victoria Lineage) (3), Subtype INFLUENZA B/Brisbane/60/2008-Like(2), Pending Subtype(11)

³Adenovirus: (1); ⁴Enterovirus: (1); ⁵HSV1: (1)

IV. Profile of Reported Deaths

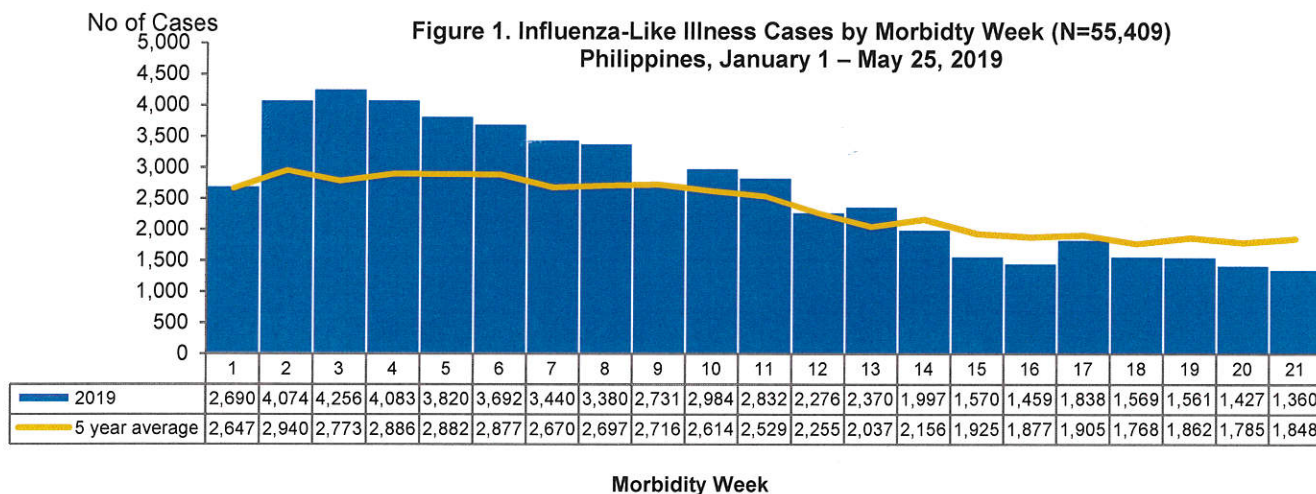
- 31 deaths (CFR: 6%) were reported among suspected SARI cases
- Age range: 3months – 84 years old (median: 52 years)
- Sex distribution:
 - Male: 11 (58%)
 - Female: 9 (42%)
- Vaccination Status
 - No FLU vaccine: 21 (68%)
 - No data: 10 (32%)
- There were 3 deaths among the 33 confirmed SARI cases, with two cases with Influenza A (H1N1)pdm09 and one case with Influenza A (H3) strain respectively.



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* Region with a rise in mortality where is no change

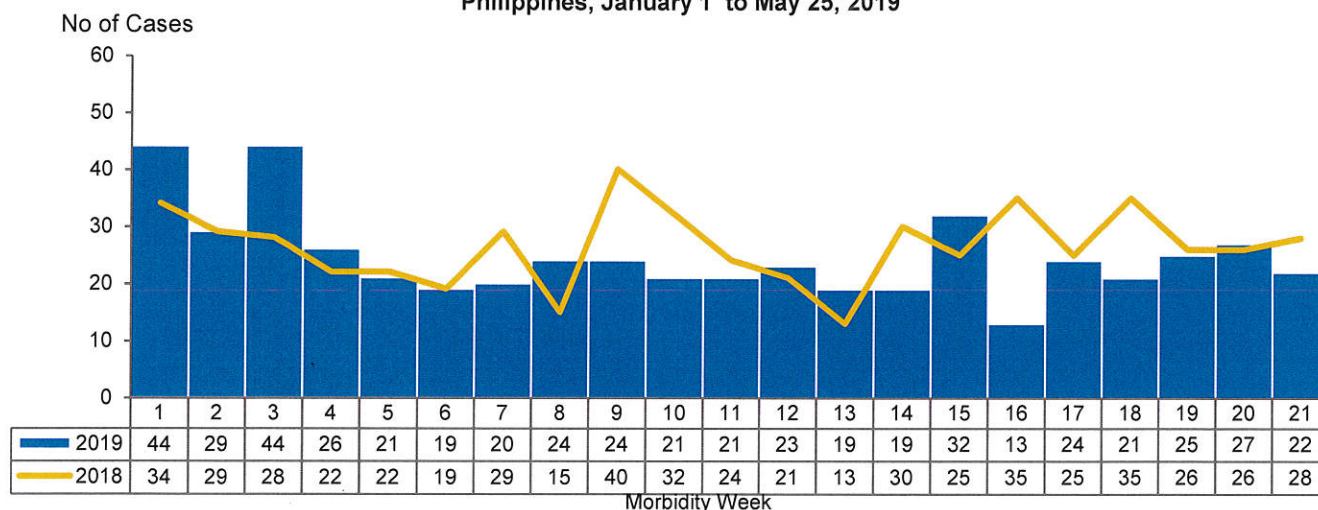


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