



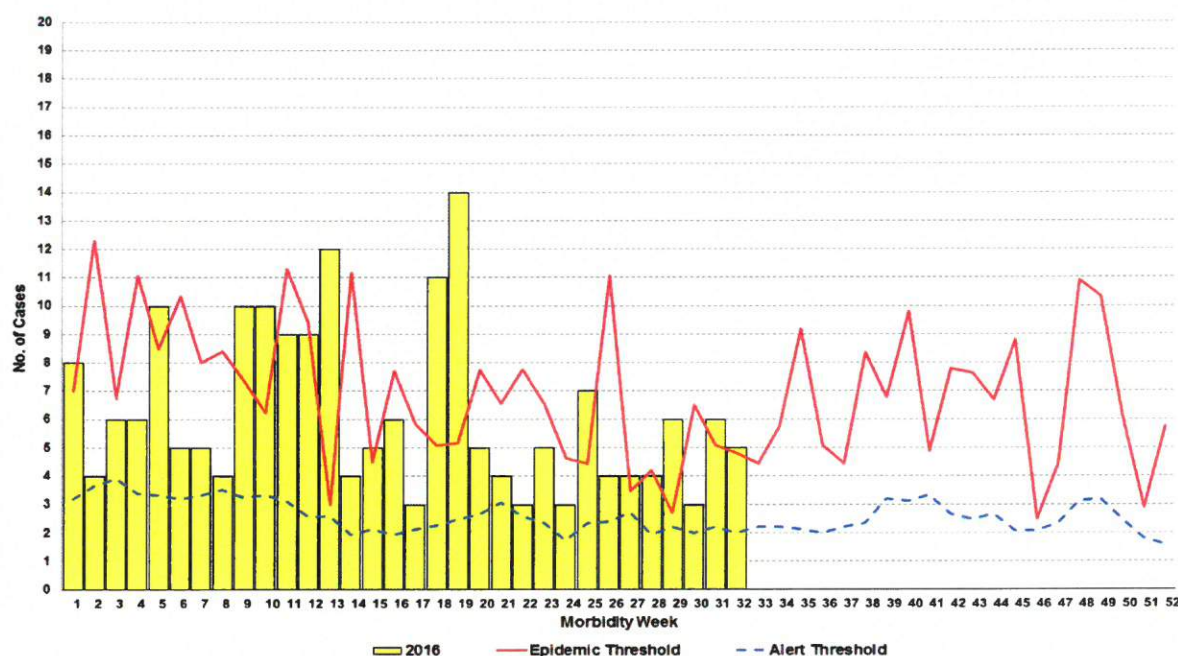
Morbidity Week 34: January 1 – August 27, 2016

Epidemiology Bureau
Public Health Surveillance Division

TRENDS IN THE PHILIPPINES

A total of **200** pertussis cases were reported nationwide from January 1 – August 27, 2016. This was **75.44% higher** than the same period last year. Figure 1 shows the distribution of the reported pertussis cases in the country by morbidity week. It can be noted that there is an increase in the number of cases reported this year reaching beyond the epidemic threshold during MW 1, 5, 9, 10, 13, 15, 18, 19, 25, 29, 31 and 32.

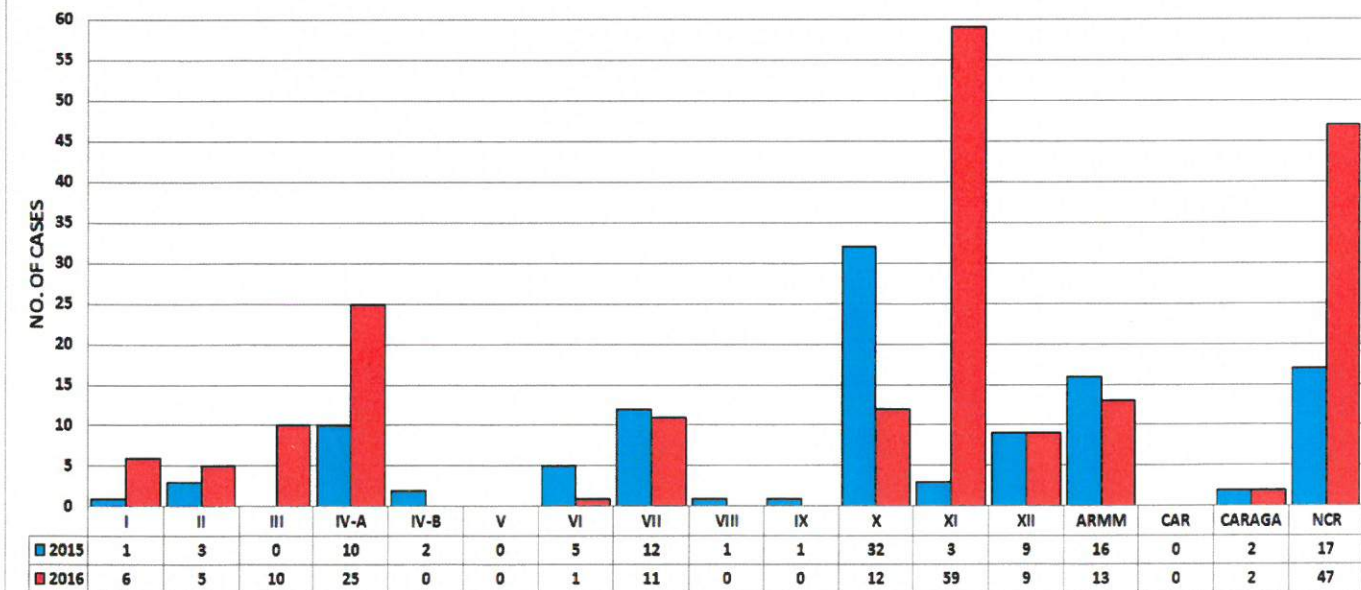
Figure 1. Alert and Epidemic Threshold and Reported Pertussis Cases by Morbidity Week, Philippines, as of August 27, 2016 (Morbidity Week 34) (N=200)



GEOGRAPHIC DISTRIBUTION

The number of pertussis reports vary by region. Figure 2 shows the distribution of reported pertussis cases by region in comparison to the same time period last year. Majority of the cases came from Region 11 (59 cases). An increase in reported cases can also be seen in regions 1, 2, 3, 4A and NCR.

Figure 2 Reported Pertussis Cases by Region, Philippines, as of August 27, 2016 (N=200)





Morbidity Week 34: January 1 – August 27, 2016

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Table 1 indicates the reported pertussis cases by region in the Philippines. Majority of the reported pertussis cases came from Region XI. There are several cities/municipalities that reported 2 or more pertussis cases from January 1 – August 27, 2016 as shown in Table 2. Majority of the reported cases are from **Davao City**, **Quezon City** and **Manila City**. No new clustering⁽¹⁾ of pertussis cases were seen within the past 4 Morbidity Weeks.

Table 1. Reported Pertussis Cases by Region, Philippines as of August 27, 2016 (N=200)

REGION	Case Classification			Total Reported Cases	Died	CFR %
	Clinically-Confirmed Cases	Probable Cases	Confirmed Cases			
I	3	1	2	6	2	33.33
II	5	0	0	5	0	0.00
III	9	0	1	10	2	20.00
IV-A	23	0	2	25	1	4.00
IV-B	0	0	0	0	0	0.00
V	0	0	0	0	0	0.00
VI	1	0	0	1	0	0.00
VII	11	0	0	11	0	0.00
VIII	0	0	0	0	0	0.00
IX	0	0	0	0	0	0.00
X	12	0	0	12	0	0.00
XI	46	0	13	59	2	3.39
XII	9	0	0	9	1	11.11
ARMM	13	0	0	13	0	0.00
CAR	0	0	0	0	0	0.00
CARAGA	2	0	0	2	1	50.00
NCR	43	0	4	47	2	4.26
PHL	177	1	22	200	11	5.50

Table 2. Cities/ Municipalities with 2 or more Reported Pertussis Cases Philippines, as of August 27, 2016

REGION	PROVINCE	CITY/ MUNICIPALITY	NO. OF CASES
01	PANGASINAN	MANGALDAN	2
02	CAGAYAN	ALCALA	2
03	BATAAN	ORANI	2
	PAMPANGA	MEXICO	2
04A	CAVITE	SAN FERNANDO CITY	2
		BACOOR	4
	LAGUNA	DASMARIÑAS	2
		BIÑAN	2
	RIZAL	ANTIPOLO CITY	4
		RODRIGUEZ	2
07	CEBU	SAN MATEO	3
		CEBU CITY	2
10	BUKIDNON	MINGLANILLA	2
		MANOLO FORTICH	2
11	LANAO DEL NORTE	ILIGAN CITY	4
		CAGAYAN DE ORO CITY	2
12	DAVAO DEL SUR	DAVAO CITY	55
		TAGUM CITY	2
ARMM	SULTAN KUDARAT	ISULAN	2
		SEN. NINOY AQUINO	2
NCR	METRO MANILA	DITSAAN-RAMAIN	2
		MARAWI CITY	3
		CALOOCAN CITY	3
		LAS PIÑAS CITY	4
		MANILA	6
		MUNTINLUPA CITY	3
		PARAÑAQUE CITY	4
		PASIG CITY	2
		QUEZON CITY	19

⁽¹⁾Clustering Definition: 2 or more pertussis cases from the same barangay, reported within 4 consecutive weeks.



PROFILE OF CASES

Majority of the reported pertussis cases are male (51) and most of them belong to the <1 year old age group (80%) as seen in Figure 3. More than half (59%) of the reported cases have zero (0) dose of DPT/Pentavalent vaccine. Eleven (5%) cases died (Figure 5). Moreover, 21 (10.5%) of the reported cases have completed three (3) primary doses of DPT/Pentavalent vaccine (Figure 4).

Figure 3 Reported Pertussis Cases by Age Group and Sex, Philippines, as of August 27, 2016 (N=200)

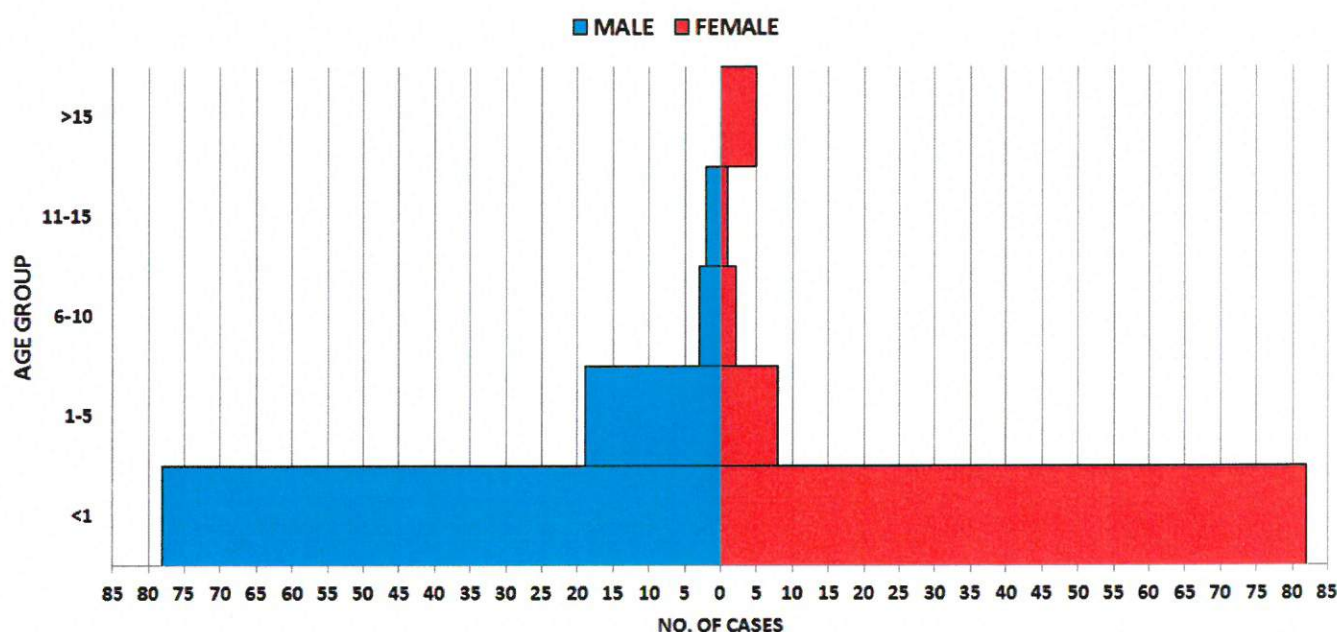


Figure 4 Reported Pertussis Cases by DPT Doses and Region, Philippines, as of August 27, 2016 (N=200)

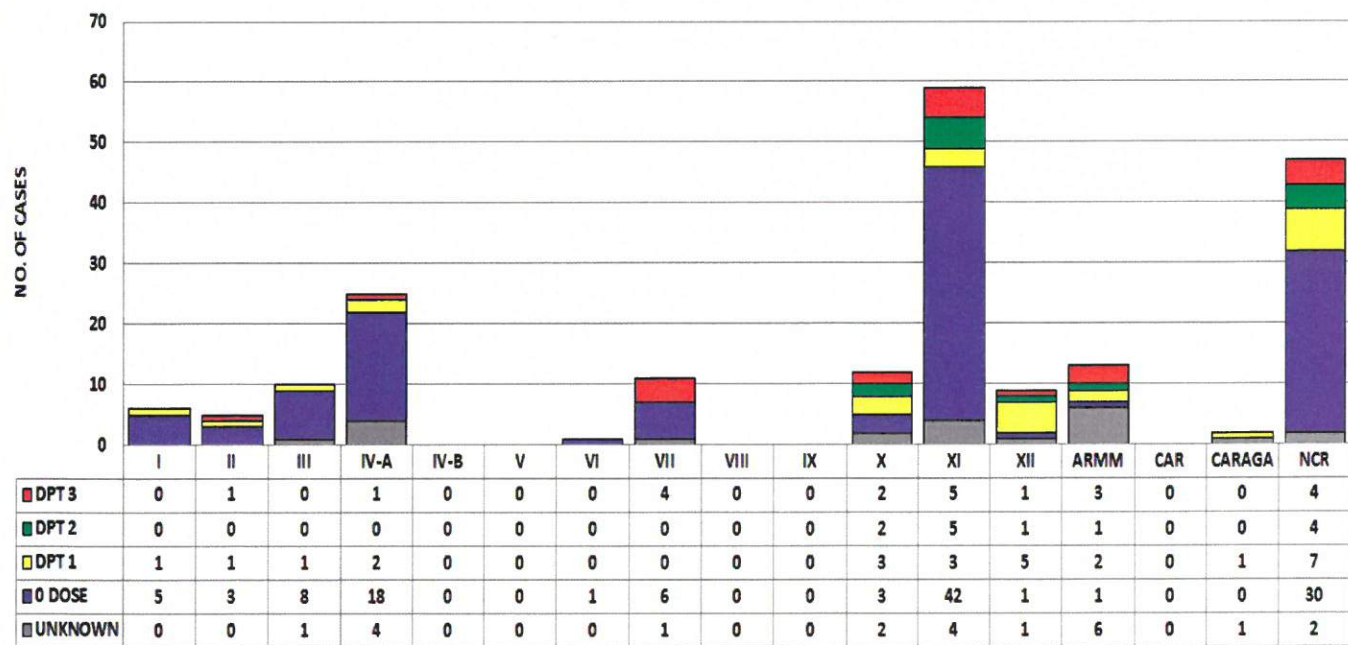




Figure 5 Reported Pertussis Cases by Outcome, Philippines, as of August 27, 2016 (N=200)

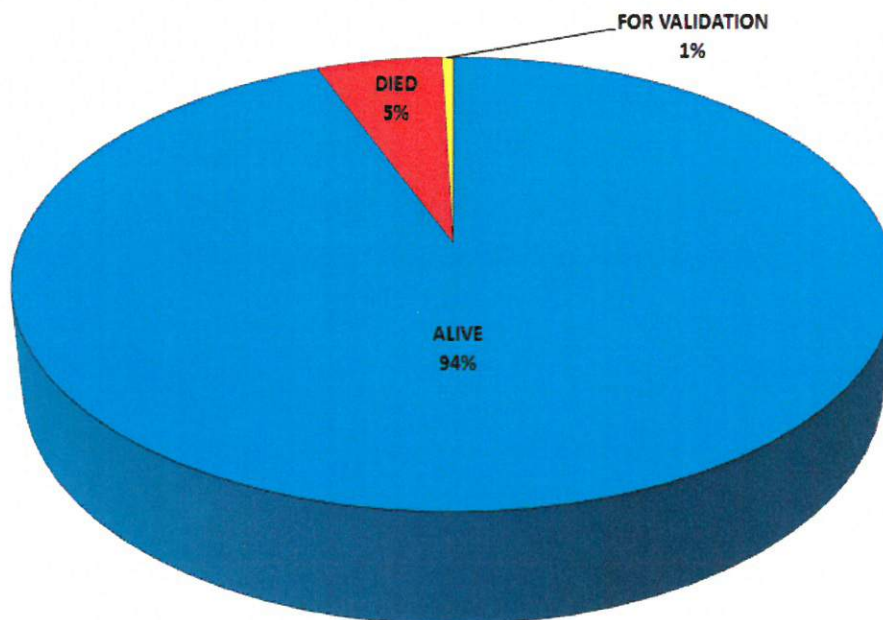
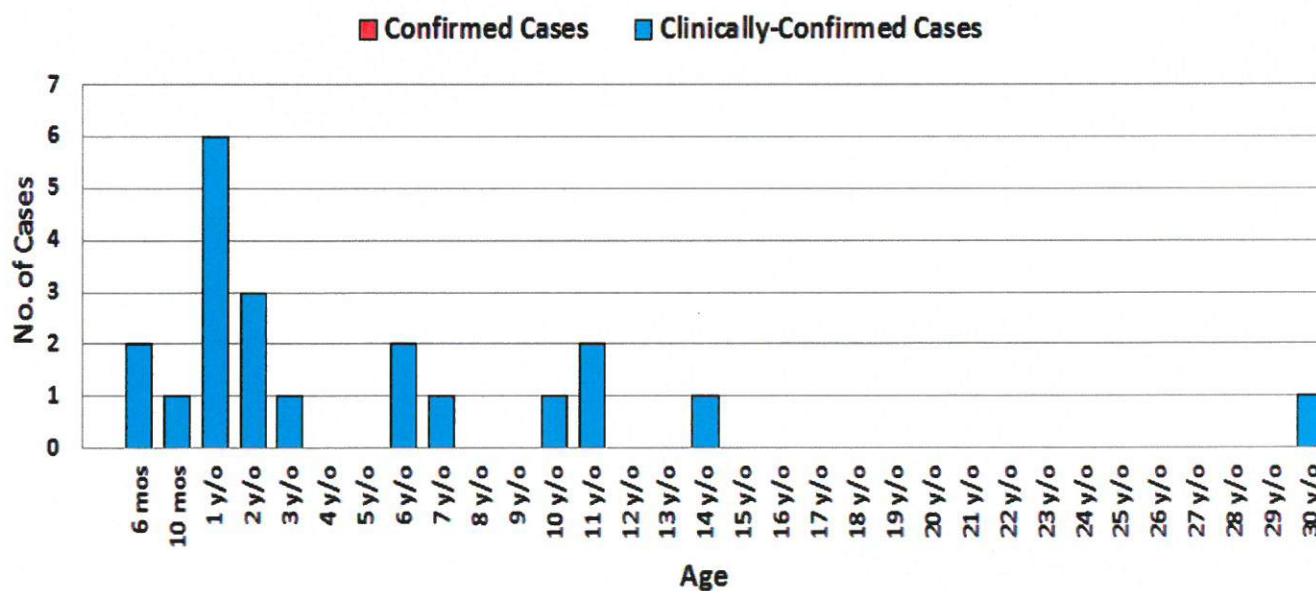


Figure 6 Reported Pertussis Cases with DPT 3, by Age Philippines, as of August 27, 2016 (n=21)





Morbidity Week 34: January 1 – August 27, 2016

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ACTIONS TAKEN

Local Government Units

1. Identified close contacts and/or secondary cases in the community.
2. Collected specimen from new suspected cases and submitted to RITM for confirmation.
3. Prophylaxis treatment and booster immunization (for eligible children) for close contacts in coordination with EPI Program.

Regional Health Offices

1. Provided support to Local Government Unit in strengthening surveillance and case investigation.

Epidemiology Bureau

1. Provided technical assistance in the conduct of investigation.

RECOMMENDATIONS

1. High routine vaccine coverage with effective vaccine is the mainstay of prevention.
2. Immunizations should be completed for those whose schedule is incomplete.
3. Active surveillance in all health facilities would greatly help in getting all pertussis cases.
4. Contact tracing of confirmed pertussis cases. Provision of prophylaxis and booster immunization for close contacts and in the community.
5. Weekly data analysis for the alert and epidemic threshold of reported pertussis cases. The Epidemiology and Surveillance Unit, as well as areas where there is an increase in the number of reported cases, shall be immediately notified for appropriate actions.

Standard Case Definition of Pertussis

• **Clinical Case:**

- o 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

Case classification

• **Clinically-confirmed case:**

- A case that meets the clinical case definition but is not laboratory confirmed.

• **Probable case:**

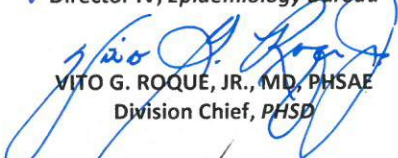
- Meets the clinical case definition, is not laboratory confirmed, and is not epidemiologically linked to a laboratory-confirmed case.

• **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.

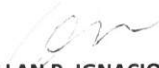
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