



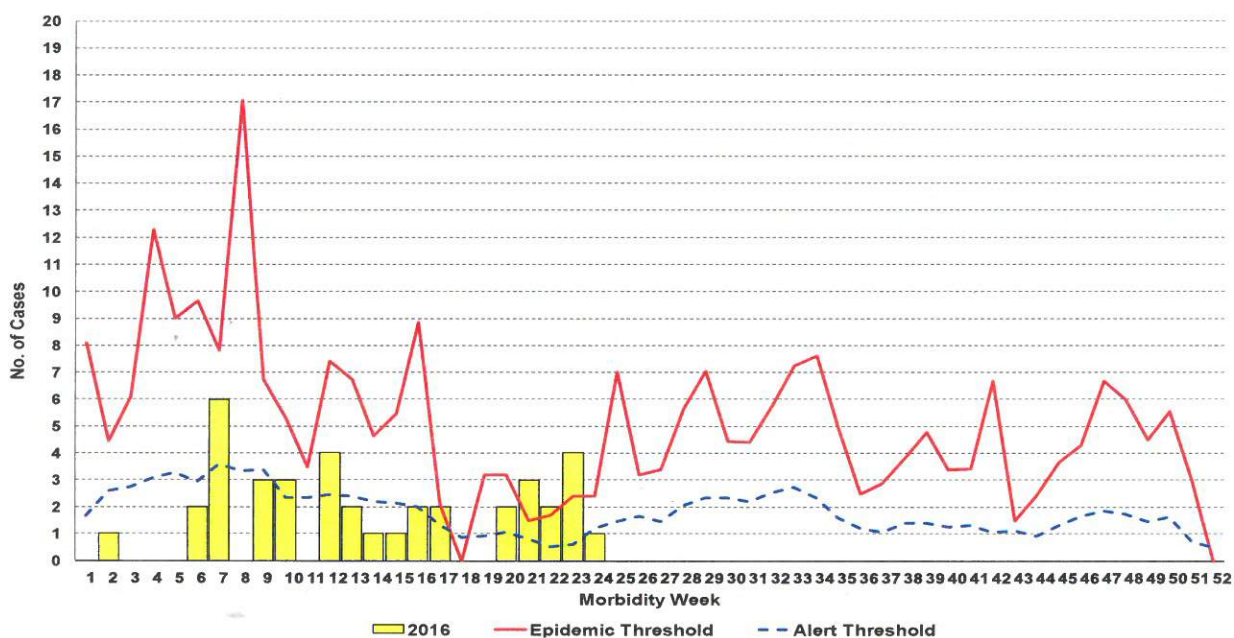
Morbidity Week 25: January 1 - June 25, 2016

Epidemiology Bureau
Public Health Surveillance Division

TRENDS IN THE PHILIPPINES

A total of **39** diphtheria cases were reported nationwide from January 1 – June 25, 2016. This was **40.99% lower** than the same period last year. Figure 1 shows the distribution of the reported diphtheria cases in the country by morbidity week. It can be noted that despite the decrease in the number of cases reported this year, cases have reached beyond the alert threshold MW 10, 12, 15, 16, 17, 21, 22 and 23 and epidemic threshold MW 17, 21, 22 and 23.

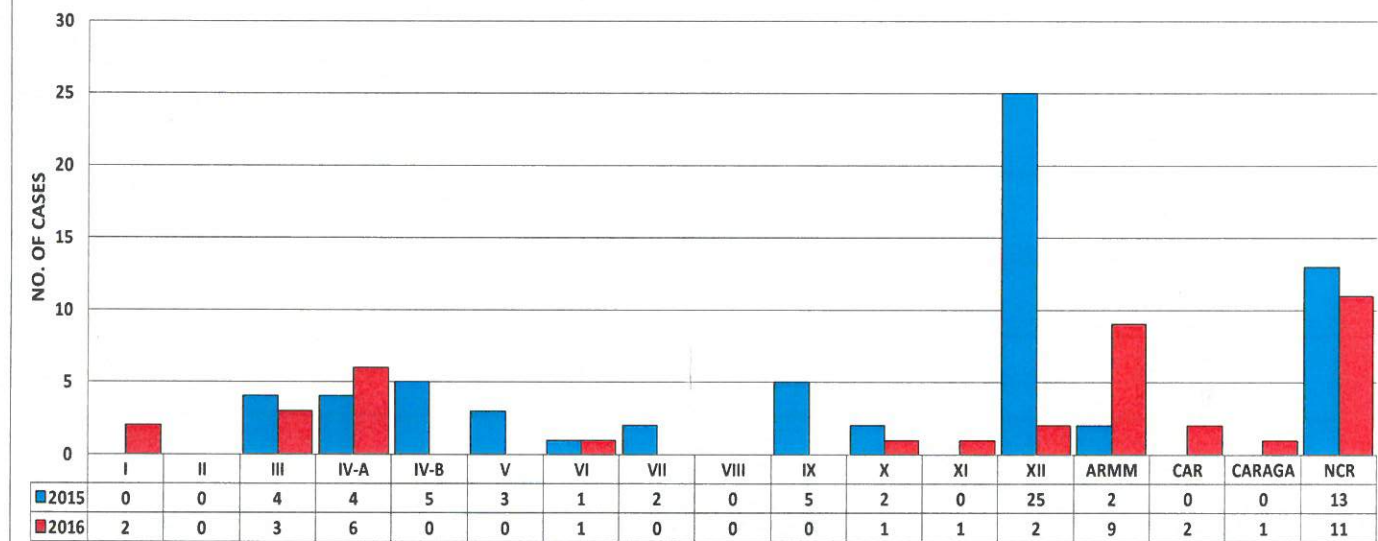
Figure 1. Alert and Epidemic Threshold and Reported Diphtheria Cases by Morbidity Week, Philippines, as of June 25, 2016 (Morbidity Week 25) (N=39)



GEOGRAPHIC DISTRIBUTION

The number of Diphtheria reports vary by region. Figure 2 shows the distribution of reported diphtheria cases by region in comparison to the same time period last year. There is an increase in the number of reported cases from regions ARMM, 1, 4A, CAR and CARAGA, and a sustained presence of diphtheria cases in NCR.

Figure 2 Reported Diphtheria Cases by Region, Philippines, as of June 25, 2016 (N=39)





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Table 1 indicates the reported diphtheria cases by region in the Philippines. Majority of the reported diphtheria cases came from NCR. There were cities/municipalities with 2 or more reported diphtheria cases (Table 2). No clustering⁽¹⁾ were seen in these areas.

Futhermore, Table 3 reflects the top 2 regions reporting diphtheria cases and their affected city/municipality by case classification, outcome and CFR. NCR has the most number of confirmed diphtheria cases (72.72%) out of the their total reported diphtheria cases (CFR = 27.27%). The highest reported diphtheria cases came from Quezon City (36.36%). NCR is closely followed by ARMM with 2 confirmed diphtheria cases (5.13%) and a CFR of 33.33%. Parang, Maguindanao reported the most number of cases (33.33%).

Table 1. Reported Diphtheria Cases by Region, Philippines as of June 25, 2016 (N=39)

REGION	Case Classification		Total Reported Cases	Died	CFR %
	Probable Cases	Confirmed Cases			
I	2	0	2	2	100.00
II	0	0	0	0	0.00
III	2	1	3	2	66.67
IV-A	4	2	6	3	50.00
IV-B	0	0	0	0	0.00
V	0	0	0	0	0.00
VI	1	0	1	0	0.00
VII	0	0	0	0	0.00
VIII	0	0	0	0	0.00
IX	0	0	0	0	0.00
X	1	0	1	0	0.00
XI	1	0	1	0	0.00
XII	1	1	2	1	50.00
ARMM	7	2	9	3	33.33
CAR	1	1	2	0	0.00
CARAGA	1	0	1	0	0.00
NCR	3	8	11	3	27.27
PHL	24	15	39	14	35.90

Table 2. Cities/ Municipalities with 2 or more Reported Diphtheria Cases Philippines, as of June 25, 2016

REGION	PROVINCE	CITY/MUNICIPALITY	BARANGAY	NO. OF CASES
NCR	Metro Manila	Malabon City	No Data	3
		Quezon City	Batasan Hills	1
			San Agustin	1
			Tandang Sora	1
			No Data	1
ARMM	Maguindanao	Parang	Bongo Island (Litayen)	1
			Polloc	2
		Shariff Saydona Mustapha	Duguenguen	1
			Lintangan	1
12	Cotabato	Cotabato City	Poblacion	1
			No Data	1

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



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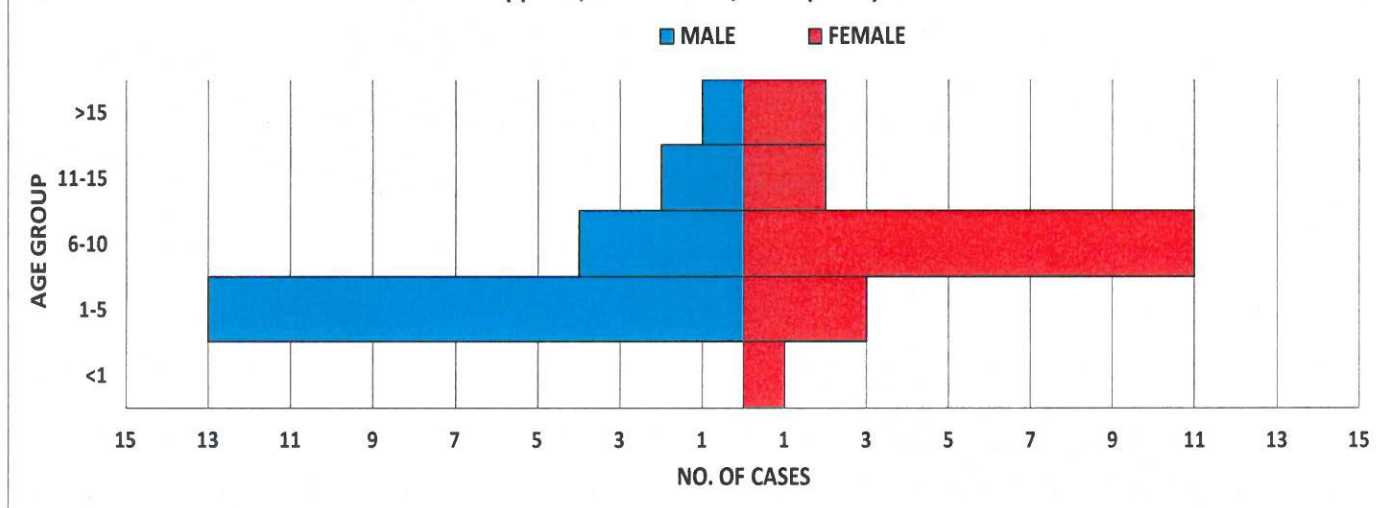
Table 3. Reported Diphtheria Cases in NCR and ARMM, as of June 25, 2016

PROVINCE	MUNICIPALITY	REPORTED	CONFIRMED	DIED	CFR %
METRO MANILA	CALOOCAN CITY	1	1	0	0.00
	MALABON CITY	3	3	1	33.33
	MANDALUYONG CITY	1	1	1	100.00
	MANILA	1	1	1	100.00
	QUEZON CITY	4	2	0	0.00
	TAGUIG CITY	1	0	0	0.00
NCR		11	8	3	27.27
MAGUINDANAO	DATU ODIN SINSUAT	1	1	0	0.00
	KABUNTALAN	1	0	1	100.00
	NORTH UPI	1	0	0	0.00
	PARANG	3	0	1	33.33
	SHARIFF SAYDONA MUSTAPHA	2	0	0	0.00
	SULTAN KUDARAT	1	1	1	100.00
ARMM		9	2	3	33.33

PROFILE OF CASES

Majority of the reported diphtheria cases are male (51.28%) and most of them belong to the 1-5 years old age group (41.03%) as seen in Figure 3. About half (41.03%) of all reported cases have zero (0) dose of DPT/Pentavalent vaccine. Moreover, ten cases (25.64%) of the reported cases have completed three (3) primary doses of DPT/Pentavalent vaccine (Figure 4). Fourteen (36%) cases died (Figure 5).

Figure 3 Reported Diphtheria Cases by Age Group and Sex, Philippines, as of June 25, 2016 (N=39)





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Figure 4 Reported Diphtheria Cases by DPT Doses and Region, Philippines, as of June 25, 2016 (N=39)

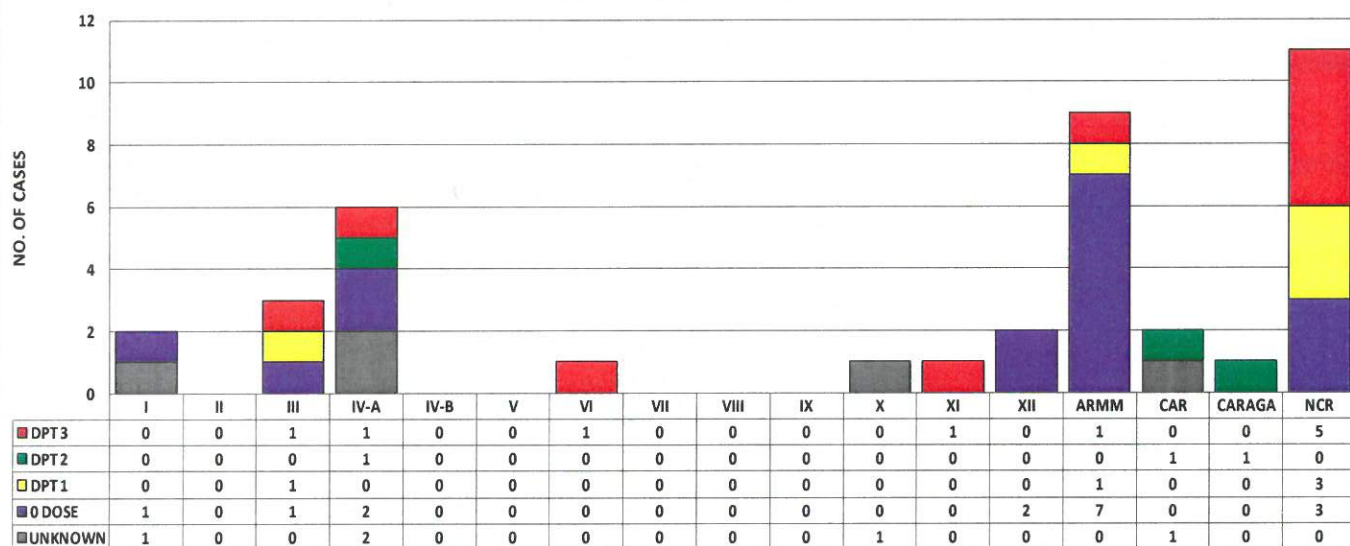
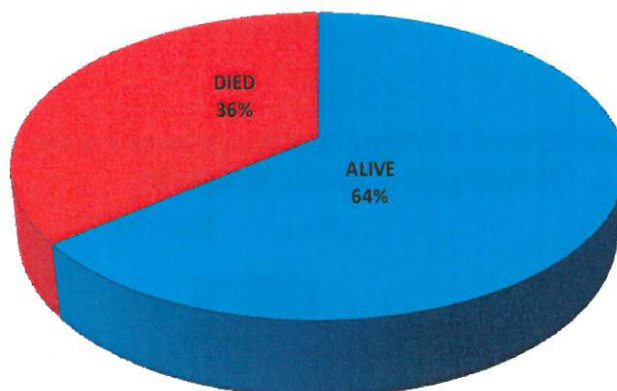


Figure 5 Reported Diphtheria Cases by Outcome, Philippines, as of June 25, 2016 (N=39)



ACTIONS TAKEN

Local Government Units

1. Identified close contacts and/or secondary diphtheria cases in the community.
2. Collected specimens from new suspected cases and identified close contacts, coordination with RITM for transport media supplies.
3. Provided prophylaxis treatment and booster immunization for close contacts in coordination with EPI Program.

Regional Health Offices

1. Supported to Local Government Unit to strengthen surveillance and case investigation.

Epidemiology Bureau

1. Provided technical assistance in the conduct of investigation.
2. Drafted memorandum on diphtheria control through surveillance and outbreak response.
3. Visited selected areas with reported cases for further case investigation, along with WHO country representatives.



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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 diphtheria cases.
4. Contact tracing of confirmed diphtheria cases. Provision of prophylaxis and booster immunization for close contacts and in the community.
5. The mainstay of treatment is intramuscular or intravenous administration of Diphtheria Anti-Toxin (DAT). Anti-toxin only neutralizes circulating toxin that has not yet been taken up intracellularly. Procurement of enough DAT would lower mortality rate of diphtheria.
6. Weekly data analysis for the alert and epidemic threshold of reported diphtheria 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.

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