



January 1 – April 1, 2017

Epidemiology Bureau  
Public Health Surveillance Division

## TRENDS IN THE PHILIPPINES

A total of **55** pertussis cases were reported nationwide from January 1 – April 1, 2017. This is **40% lower** than the same period last year (91 cases). No deaths were reported. Figure 1 shows the distribution of the reported pertussis cases in the country by morbidity week.

## GEOGRAPHIC DISTRIBUTION

The number of pertussis cases varies by region. Figure 2 shows the distribution of reported pertussis cases by region in comparison to the same time period last year. top regions with most cases are NCR, 4A, 11 and sustained presence for regions 1, 2, 3, 7, 10, 12, ARMM

Table 1 indicates the reported pertussis cases by region in the Philippines and 7 cases were confirmed out of 55 cases. Majority of the reported pertussis cases came from NCR.

**Fig. 1 Alert and Epidemic Threshold and Reported Pertussis Cases by Morbidity Week, Philippines, as of April 1, 2017 (N=55)**

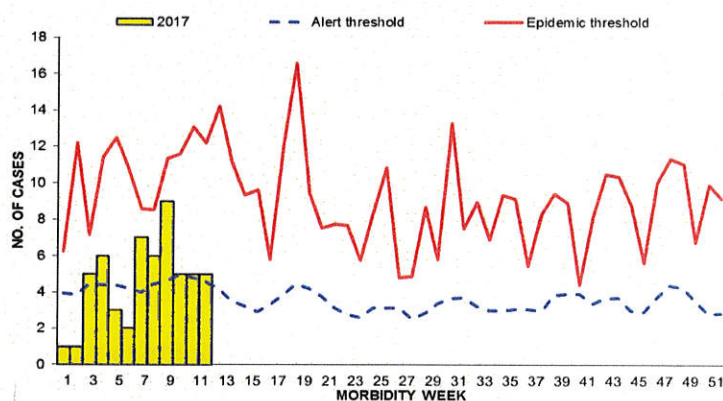
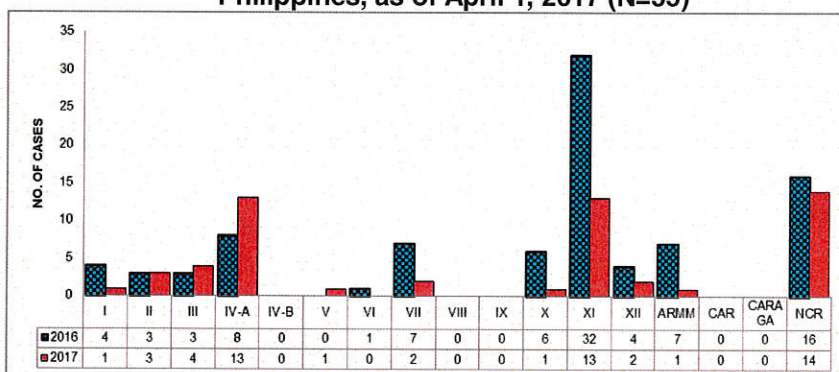


Table 2 presents cluster<sup>(1)</sup> of pertussis cases was identified within Morbidity Weeks 8 to 11 in Brgy. Sasa, Davao City, Davao Del Sur, Region 11.

<sup>(1)</sup>Cluster Definition: 2 or more pertussis cases from the same barangay, reported within 4 consecutive weeks.

**Fig. 2 Reported Pertussis Cases by Region, Philippines, as of April 1, 2017 (N=55)**



**Table 1. Reported Pertussis Cases by Region, Philippines, as of April 1, 2017 (N=55)**

REGION	Case Classification			Reported Cases	Died	CFR %
	Confirmed Cases	Probable Cases	Suspected Case			
I	0	0	1	1	0	0.00
II	2	0	1	3	0	0.00
III	1	0	3	4	0	0.00
IV-A	2	0	11	13	0	0.00
IV-B	0	0	0	0	0	0.00
V	0	0	1	1	0	0.00
VI	0	0	0	0	0	0.00
VII	0	0	2	2	0	0.00
VIII	0	0	0	0	0	0.00
IX	0	0	0	0	0	0.00
X	0	0	1	1	0	0.00
XI	1	0	12	13	0	0.00
XII	0	0	2	2	0	0.00
ARMM	0	0	1	1	0	0.00
CAR	0	0	0	0	0	0.00
CARAGA	0	0	0	0	0	0.00
NCR	1	0	13	14	0	0.00
PHL	7	0	48	55	0	0.00

**Table 2. Cluster of Reported Diphtheria Cases by Location and Morbidity Week, Philippines, as of April 1, 2017 (n=4)**

MORBIDITY WEEK	REGION/PROVINCE/MUNCITY/BARANGAY	NO. OF CASES
8-11	XI	4
	DAVAO DEL SUR	
	DAVAO CITY	
	SASA	





January 1 – April 1, 2017

Epidemiology Bureau  
Public Health Surveillance Division

### PROFILE OF CASES

As shown in figure 3, we have **30 males and 25 females** most of them belong to the **0 to 3 months old age group** that will be **54.5%** of the total cases. More than half of the reported cases (Figure 4) were not administered with any dose of DPT/PENTA valent vaccine (52.7%). All (100%) reported pertussis cases were **alive**(Figure 5).

Fig. 3 Reported Pertussis Cases by Age Group and Sex, Philippines, as of April 1, 2017 (N=55)

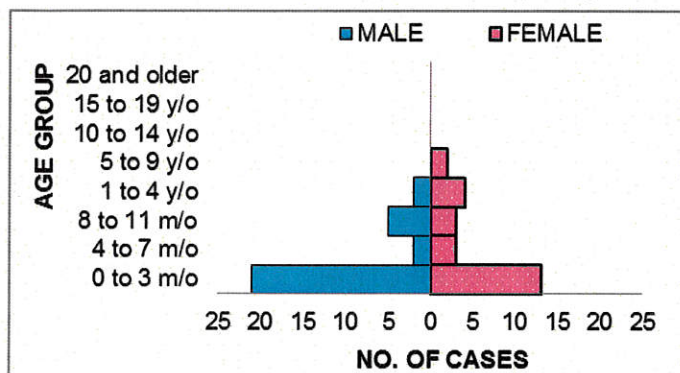
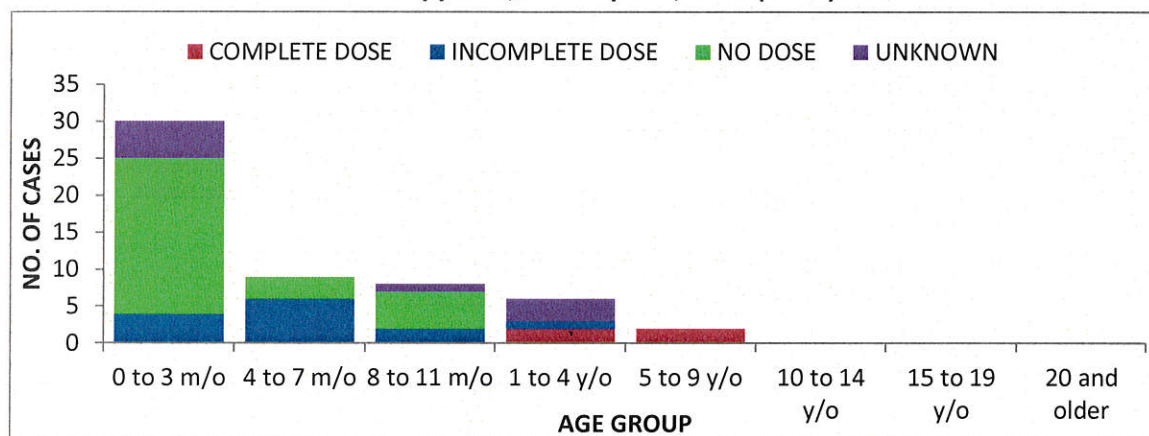


Fig. 4 Reported Pertussis Cases by DPT Doses and Age Group, Philippines, as of April 1, 2017 (N=55)



### Standard Case Definition of Pertussis

#### • Clinical Case:

- 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

#### • Laboratory-confirmed case:

- A case that meets the clinical definition and is epidemiologically linked directly to a case confirmed by either culture or PCR.

#### Editorial Board

IRMA L. ASUNCION, MD, MHA, CESO IV  
Director IV, Epidemiology Bureau

GENESIS MAY J. SAMONTE, MD, MSc, PHSAE  
OIC-Division Chief, PHSD

JUNE CANTATA B. CORPUZ, RN  
Nurse III, PIDSR National Coordinator

JEZZA JONAH D. CRUCENA, RN  
Nurse III, VPDS National Coordinator

ALLAN P. IGNACIO  
Statistician II, PHSD