



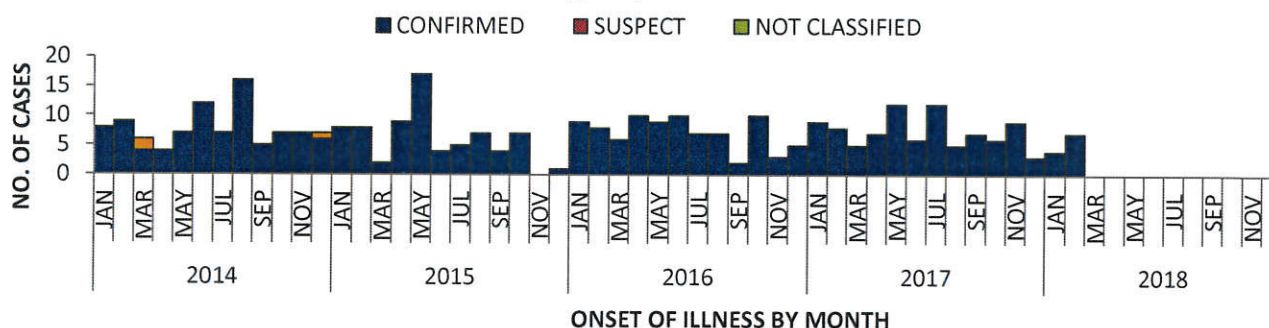
Trend in the Philippines

Since 2014, there has been a gradual but continuous decrease of reported NT cases in the Philippines (Figure 1). From January 1 to March 3, 2018 alone, there are **7** clinically confirmed NT cases nationwide. This is **58.82%** lower compared to the same time period last year (**17 cases**). There are **4** reported deaths with a CFR of **57.14%**.

Geographic Distribution

Clinically confirmed Neonatal Tetanus cases were variably distributed among regions. Table 1 shows the distribution of neonatal tetanus cases by Region in comparison to the same time period last year. ARMM reported the most number of cases (3, 42.86%), followed by Region IX with 2 cases (28.58%) and Regions III and VIII with 1 case each (14.28%).

Figure 1. Trend of Neonatal Tetanus Cases, Philippines, 2014-2018*



*data as of March 3, 2018

Table 1. Clinically Confirmed Neonatal Tetanus Cases by Region, Philippines, as of March 3, 2018 (N=7)

Region	Clinically Confirmed Neonatal Tetanus Cases						
	Cases			Deaths			
	2017	2018	% Change	2017	CFR %	2018	CFR %
I	0	0	-	0	0.00	0	0.00
II	1	0	-100.00	1	100.00	0	0.00
III	1	1	0.00	1	100.00	1	100.00
IVA	1	0	-100.00	0	0.00	0	0.00
MIMAROPA	3	0	-300.00	3	100.00	0	0.00
V	0	0	-	0	0.00	0	0.00
VI	1	0	-100.00	1	100.00	0	0.00
VII	0	0	-	0	0.00	0	0.00
VIII	0	1	100.00	0	0.00	1	100.00
IX	0	2	200.00	0	0.00	1	50.00
X	0	0	-	0	0.00	0	0.00
XI	0	0	-	0	0.00	0	0.00
XII	4	0	-400.00	3	75.00	0	0.00
ARMM	5	3	-40.00	5	100.00	1	33.33
CAR	0	0	-	0	0.00	0	0.00
CARAGA	0	0	-	0	0.00	0	0.00
NCR	1	0	-100.00	1	100.00	0	0.00
PHILIPPINES	17	7	-58.82	15	88.24	4	57.14



Profile of Cases

Five clinically-confirmed cases (71.43) were male. Majority of the cases are from the **3 to 7 day age group** (4, 57.14%) (Figure 3). The immunization status of the mother of clinically confirmed cases, had 2 cases (28.57%) each who received an incomplete dose of the tetanus toxoid vaccine, did not receive any dose of vaccine or had unknown vaccination status (Figure 4).

Figure 3. Clinically Confirmed Neonatal Tetanus Cases by Age Group and Sex, Philippines, as of March 3, 2018 (N=7)

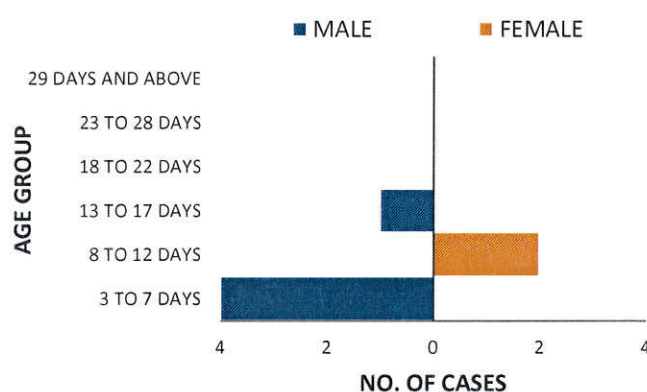
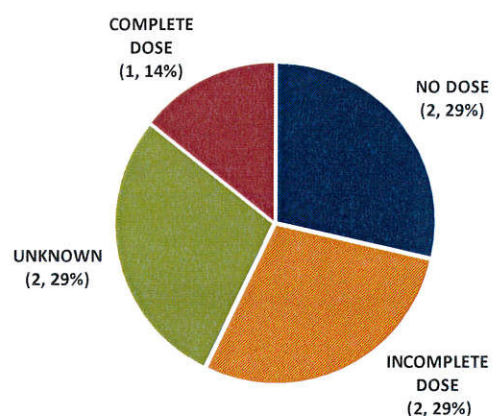


Figure 4. Immunization Status of Mother of Clinically Confirmed Neonatal Tetanus Cases, Philippines, as of March 3, 2018 (N=7)



Delivery Practices Among Clinically Confirmed Neonatal Tetanus Cases

In terms of delivery practices, six (85.71%) of the NT cases were delivered at home, while 1 (14.29%) was delivered at a lying-in clinic. Majority were attended by a hilot (71.43%). The most common cord cutting tool used was scissors (5, 71.43%). Umbilical stump treatment of majority of the NT cases was alcohol (5, 71.43%) See Figures 5-8.

Figure 5. Place of Delivery of Clinically Confirmed Neonatal Tetanus Cases, Philippines, as of March 3, 2018 (N=7)

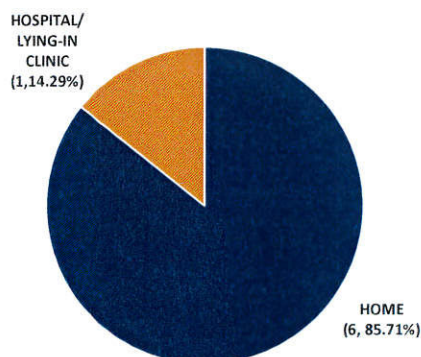
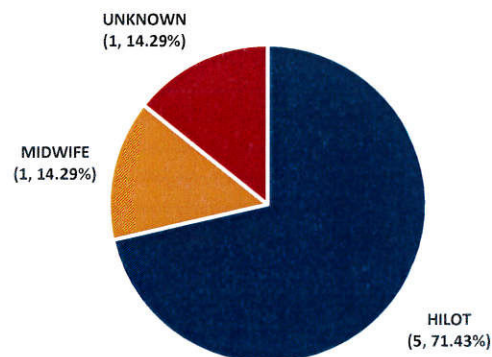


Figure 6. Delivery Attendant of Clinically Confirmed Neonatal Tetanus Cases, Philippines, as of March 3, 2018 (N=7)





Neonatal Tetanus Cases

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Figure 7. Cord Cutting Tool Used among Clinically Confirmed Neonatal Tetanus Cases, Philippines, as of March 3, 2018 (N=7)

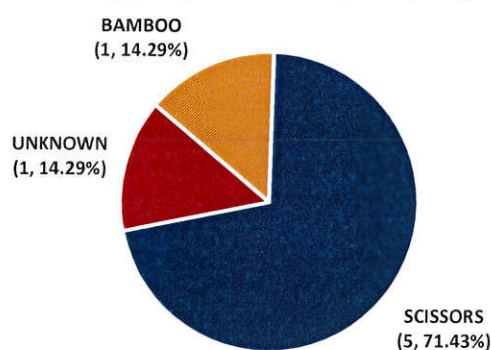
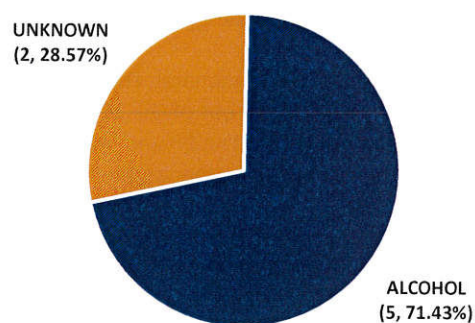


Figure 8. Stump Treatment Used of Clinically Confirmed Neonatal Tetanus Cases, Philippines, as March 3, 2018 (N=7)



Neonatal Tetanus Surveillance in the Philippines

Neonatal tetanus surveillance is a way of monitoring neonatal tetanus cases in the Philippines. The data are used to verify and maintain neonatal tetanus elimination in the country. Indicators for NT Surveillance are the following : NT Incidence Rate, Timeliness of Reporting and Timeliness of Investigation.

As of March 3, 2018, NT rates in provinces with reported cases remain at the target rate of <1/1,000 livebirths (*Annex A*). As seen in Table 2, the investigation rate of all cases investigated within 48 hours of notification after detection achieved its target of ≥80%. However, the reporting rate of all cases reported within 24 hours after detection was still below target (≥80%).

Table 2. Neonatal Tetanus Surveillance Indicators by Region, Philippines, as of March 3, 2018 (N=7)

Region	NT Rate (<1/1,000 LB)	Clinically Confirmed Neonatal Tetanus Cases	
		TIMELINESS OF REPORTING REPORTING RATE (≥80%)	TIMELINESS OF INVESTIGATION INVESTIGATION RATE (≥80%)
I	0.00	0.00	0.00
II	0.00	0.00	0.00
III	0.00	0.00	100.00
IVA	0.00	0.00	0.00
MIMAROPA	0.00	0.00	0.00
V	0.00	0.00	0.00
VI	0.00	0.00	0.00
VII	0.00	0.00	0.00
VIII	0.01	0.00	100.00
IX	0.02	100.00	100.00
X	0.00	0.00	0.00
XI	0.00	0.00	0.00
XII	0.00	0.00	0.00
ARMM	0.03	0.00	66.67
CAR	0.00	0.00	0.00
CARAGA	0.00	0.00	0.00
NCR	0.00	0.00	0.00
PHILIPPINES	0.00	28.57	85.71
TARGET :	<1/1,000 LB	≥80%	≥80%



Neonatal Tetanus Elimination in the Philippines

NT elimination is defined as the achievement of <1 NT case per 1,000 live births (LB) in every province/city of every country. This is operationally defined by an algorithm assessing four major indicators: reported incidence of NT, the reliability of NT surveillance (quality NT surveillance indicators), the proportion of women with at least two doses of tetanus toxoid (TT2+) and the estimated clean delivery rate.

In 2013, a new Neonatal Tetanus case definition and classification was introduced retaining only Clinically Confirmed NT. In 2015, 16 out of the 17 regions in the Philippines have been certified to eliminate NT. This was after an external validation of the UNICEF and WHO conducted in February 2015 in partnership with the Department of Health. ARMM was the remaining region targeted to meet WHO requirements to be NT free as well.

In 2016, 4 high risk areas in ARMM were identified. Tetanus diphtheria-oral polio vaccine (Td-OPV) supplemental immunization activity (SIA) was one of the strategies where in all women from 15 to 40 years old irrespective of their prior TT immunization status and children less than 5 years old were target for 2 doses of OPV irrespective of their previous immunization status. Round 2 of SIA was completed and agreements to improve maternal and child programs was made.

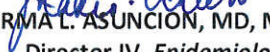
In 2017, 3 Rounds of Td-OPV SIA has been fulfilled. Maternal and Neonatal Tetanus Elimination (MNTE) External Validation was conducted and Philippines achieved the status as the 44th country to eliminate MNT last November 2017. Validator's recommendations to sustain MNTE in the Philippines are as follows:

- Strengthening routine immunization of all children/adolescents to receive 3 primary doses and 3 booster doses of Tetanus Toxoid containing vaccine.
- Antenatal screening of pregnant women for tetanus vaccination (at least >80% vaccinated) to ensure protection at birth.
- Increase access to skilled attendant at birth and clean delivery/cords care practices.
- Strong Tetanus surveillance (including case investigation and response) and annual review of data to identify Local Government Health Unit at risk of re-emergence on MNT and needing corrective action.

Standard Case Definition


- **Clinically Confirmed Neonatal Tetanus**
 - Any neonate (≤ 28 days of life) that sucks and cries normally during the first 2 days of life, and becomes ill between 3 to 28 days of age and develops both an inability to suck and diffuse muscle rigidity (stiffness) and spasms (jerking of the muscles), which may include trismus, clenched fists or feet, continuously pursed lips, and/or curved back (opisthotonus);
 - OR
 - A neonate between 3 to 28 days of life, diagnosed as a case of tetanus by a physician.


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Neonatal Tetanus Cases

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January 1 – March 3, 2018

ANNEX A. Reported Neonatal Tetanus Cases by Province

REGION	PROVINCE	CLINICALLY CONFIRMED CASES	DEATHS	NT RATE
03	PAMPANGA	1	1	0.01
08	LEYTE	1	1	0.02
09	ZAMBOANGA DEL SUR	2	1	0.04
ARMM	SULU	3	1	0.13
	PHILIPPINES	7	4	0.00