



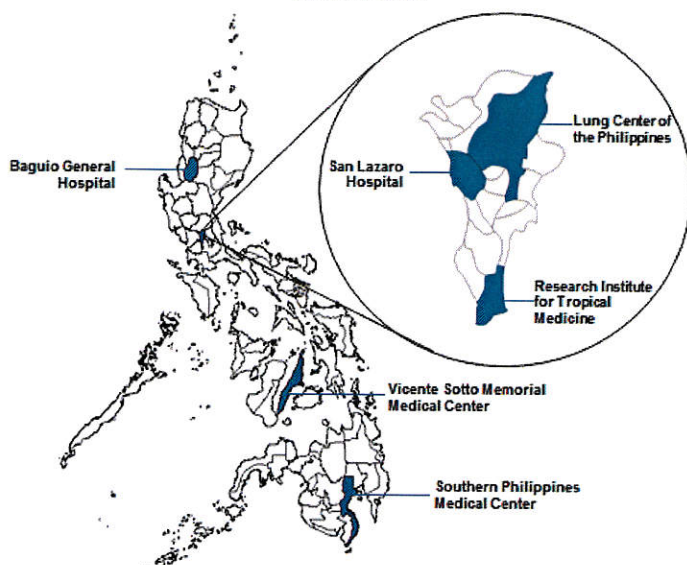
Severe Acute Respiratory Infection Surveillance (Sentinel-based)
PIDSR SARI Case Definition

Case Classification		Case Definition
SARI Suspect Case	> 5 years old	An acute respiratory illness with onset during the previous 7 days requiring hospitalization that includes: <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
	≤ 5 years old	EITHER: <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 AND <ul style="list-style-type: none">- Requires hospital admission
Notes: <ul style="list-style-type: none">- 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.		
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

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.

Figure 1. Map of Severe Acute Respiratory Infection (SARI) Surveillance Sentinel Sites



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Prepared by:

DONATO D. LEGASPI JR., RPh
SARI Surveillance Coordinator

Case counts reported here do NOT represent the final number and are subject to change after inclusion of delayed reports and review of cases. All 2017 data reflects partial data only of all regions.

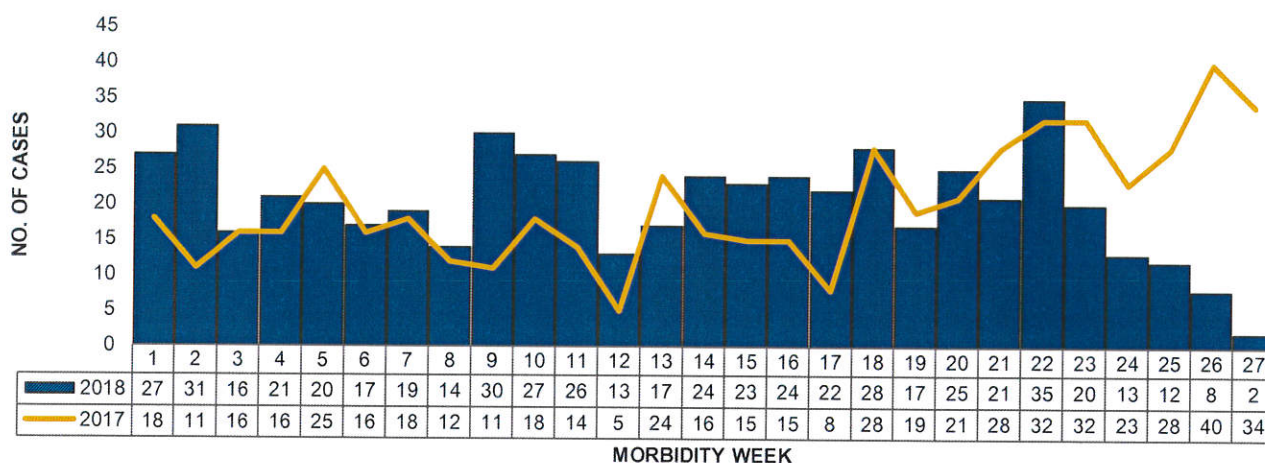
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I. TRENDS IN THE PHILIPPINES

A total of **550** SARI cases were reported nationwide from January – June 2018. This is an 8% increase of SARI cases compared to the same period last year (509 cases). (Figure 2).

**Figure 2. Reported Severe Acute Respiratory Infection Cases by Morbidity Week (N=550)
Philippines, January to June 2018**



II. GEOGRAPHIC DISTRIBUTION

Top regions with reported cases were **Region XI** (147, 27%), followed by **Region VII** (134, 24%) and **NCR** (115, 21%). There are 15 deaths among the reported cases, having a CFR of 3%. (Table 1).

**Table 1. Reported SARI Cases by Region, Philippines,
January to June (N=550) 2018 vs. 2017 same time period**

REGION	2017		2018*		PERCENT CHANGE
	CASES	DEATHS	CASES	DEATHS	
PHILIPPINES	509	26	550	15	↑8%
I	26	0	19	0	↓27%
II	3	0	2	0	↓33%
III	4	0	3	0	↓25%
IVA	8	0	8	0	0%
IVB	0	0	0	0	-
V	0	0	3	0	-
VI	1	0	0	0	↓100%
VII	77	0	134	0	↑74%
VIII	1	0	0	0	↓100%
IX	0	0	1	0	-
X	1	1	3	0	↑200%
XI	156	20	147	11	↓6%
XII	4	2	3	1	↓25%
ARMM	0	0	1	0	-
CAR	140	1	107	3	↓24%
CARAGA	3	1	4	0	↑33%
NCR	85	1	115	0	↑35%

*From the period of January 1 – June 30, 2018

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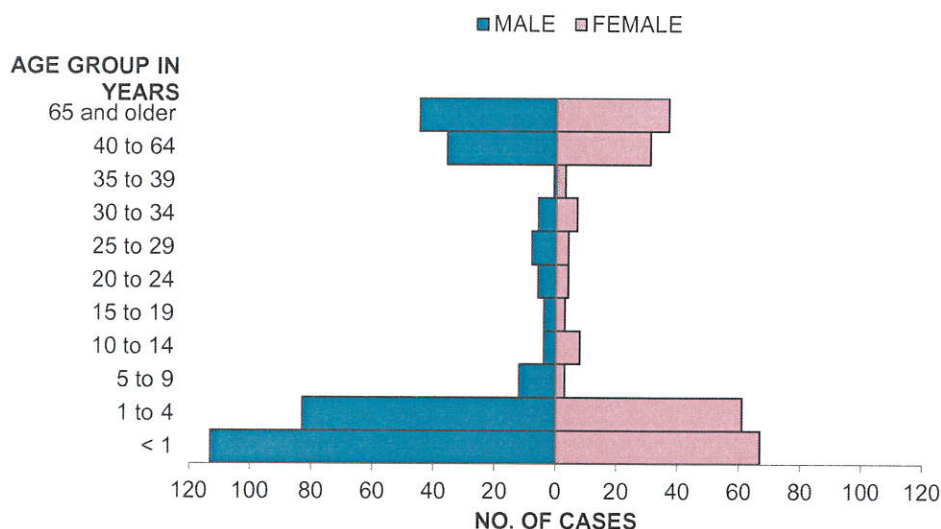


III. PROFILE OF CASES

A. Profile of Reported cases

Fifty-nine percent (323) of the suspect cases were males. Age ranged from 14 days to 88 years old (median of 2 years old). Most cases of SARI belonged to <1 year old age group (180, 33%) (Figure 3).

Figure 3. SARI Cases by Age Group and Sex (N=550)*
Philippines, January to June 2018

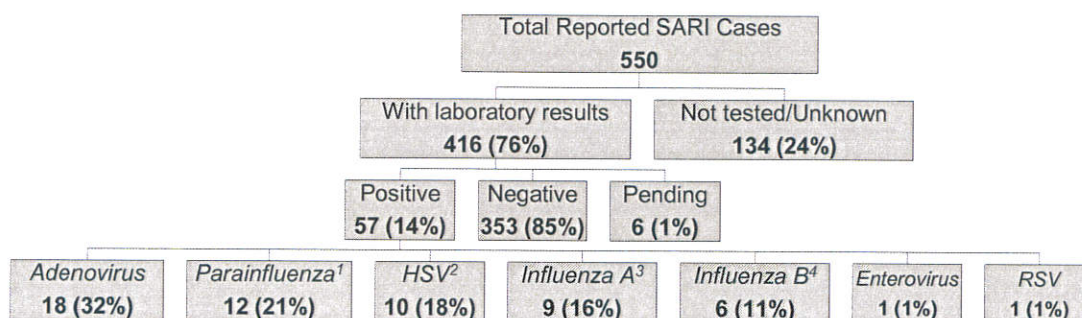


*Note : 4 Male SARI cases with unspecified age

B. Laboratory Status

Among the 550 reported SARI cases, 416 (76%) have reported laboratory results. Among cases with laboratory results, 57 (14%) had identified pathogens. The top isolated pathogen among SARI cases with laboratory confirmation was Adenovirus (18, 32%)(Figure 4)

Figure 4. SARI Cases by Case Classification (N=271)
Philippines, January to March 2018



¹Parainfluenza : Subtype 3 (11), Subtype 1 (1)

²HSV : Subtype 1 (9), Unspecified Subtype (1)

³Influenza A : Subtype H3(4), Subtype 2014 (H3N2)-like (1), Subtype 2015 (AH1N1)-like(2), Unspecified subtype (2)

⁴Influenza B : Subtype 2013-like(3), Yamagata-lineage (2), Unspecified Subtype(1)

IV. PROFILE OF REPORTED DEATHS

There were 15 deaths (CFR of 3%) among the reported SARI cases. Ages of deaths ranged from 1 month to 82 years old (median age of 60 years). Eight (53%) of the reported deaths had unknown vaccination status while 7 (47%) of the reported deaths did not receive any dose of an influenza vaccine.