



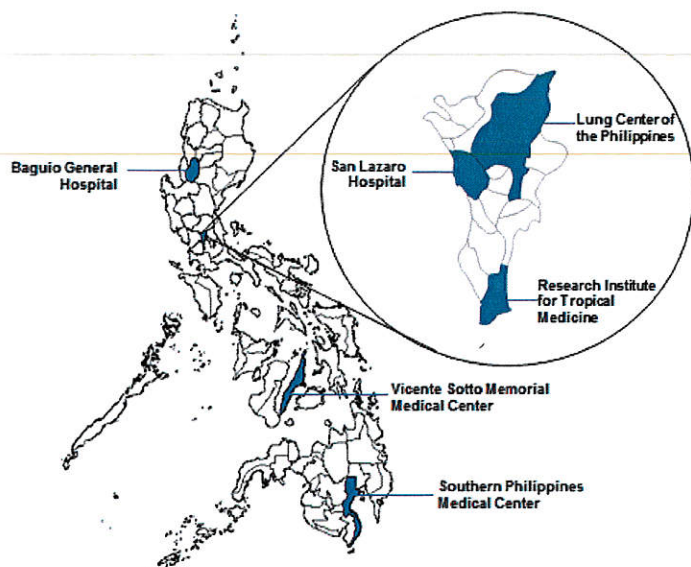
**Severe Acute Respiratory Infection Surveillance (Sentinel-based)**  
**PIDSR SARI Case Definition**

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"><li>- Meets the ILI case definition (A person with sudden onset of/ history of fever of <math>\geq 38^{\circ}\text{C}</math> and cough or sore throat in the absence of other diagnoses); WITH</li><li>- Shortness of breath or difficulty breathing; OR</li><li>- A suspect case of severe undiagnosed pneumonia, Acute Respiratory Distress Syndrome, severe respiratory disease due to Novel Respiratory Pathogens</li></ul>
	$\leq 5$ years old	EITHER: <ul style="list-style-type: none"><li>- IMCI Criteria for pneumonia<ul style="list-style-type: none"><li>o Any child 2 months to 5 years of age with cough or difficulty breathing, AND:<ul style="list-style-type: none"><li>▪ Breathing faster than 60 breaths/min (infants &lt; 2 months)</li><li>▪ Breathing faster than 50 breaths/min (2-12 months)</li><li>▪ Breathing faster than 40 breaths/min (1-5 years old)</li></ul></li></ul></li><li>OR</li><li>- IMCI Criteria for severe pneumonia<ul style="list-style-type: none"><li>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"><li>▪ Unable to drink or breastfeed</li><li>▪ Vomits everything</li><li>▪ Convulsions</li><li>▪ Lethargic or unconscious</li><li>▪ Chest indrawing or stridor in a calm child</li></ul></li></ul></li></ul> AND <ul style="list-style-type: none"><li>- Requires hospital admission</li></ul>
<b>Notes:</b> <ul style="list-style-type: none"><li>- 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.</li><li>- "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.</li><li>- "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".</li><li>- SARI may reflect a new illness superimposed on an underlying condition or older illness</li><li>- 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.</li></ul>		
Probable Case		<ul style="list-style-type: none"><li>- 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</li><li>- Close contact with a laboratory confirmed case, AND</li><li>- Condition not already explained by any other infection or etiology, including all clinically indicated tests for community-acquired pneumonia according to local management guidelines</li></ul>
Confirmed Case		<ul style="list-style-type: none"><li>- A suspected case that is laboratory confirmed</li></ul>

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**



**Editorial Board**

**FERCHITO L. AVELINO, MD, PHSAE**  
OIC - Director IV, Epidemiology Bureau

**MA. NEMIA L. SUCALDITO, MD, PHSAE**  
Medical Officer V

**HERDIE L. HIZON**  
Supervising Health Program Officer  
Data Integrity Manager

**RICHELLE P. ABELLERA, RN**  
Nurse-V

**JEZZA JONAH C. ACLAN, RN, MPH**  
Nurse III

**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 2018 data reflects partial data only of all regions.

A PDF file of this report is available at [www.doh.gov.ph/statistics](http://www.doh.gov.ph/statistics).

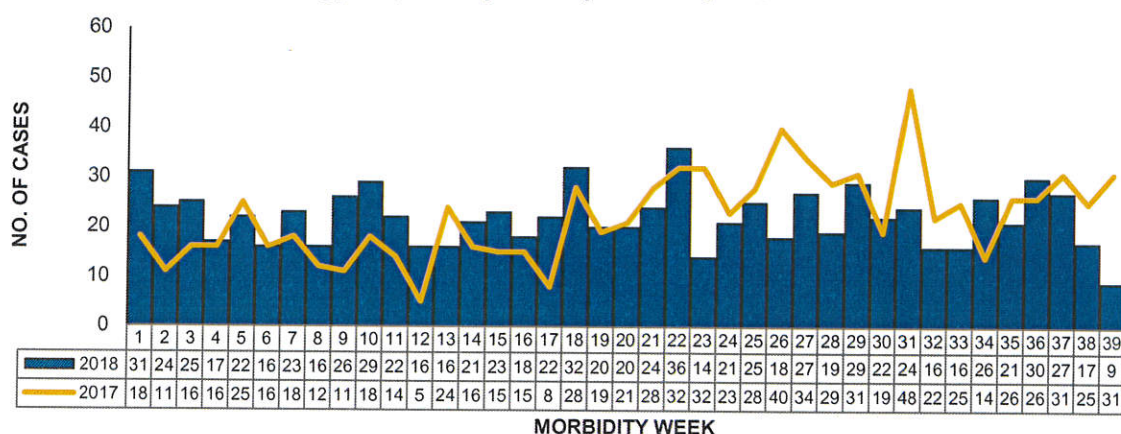




## I. TRENDS IN THE PHILIPPINES

A total of **860** SARI cases were reported nationwide from January – September 2018. This is a 1% decrease of SARI cases compared to the same period last year (870 cases) (Figure 2).

**Figure 2. Reported Severe Acute Respiratory Infection Cases by Morbidity Week (N=860)**  
Philippines, January 1 to September 29, 2018



## II. GEOGRAPHIC DISTRIBUTION

Top regions with reported cases were **Region XI** (216, 25%), followed by **Region VII** (214, 25%) and **NCR** (184, 21%). There are 25 deaths among the reported cases, having a CFR of 3% (Table 1).

**Table 1. Reported SARI Cases by Region (N=860),**  
Philippines, January 1 to September 29 2018 vs. 2017 same time period

REGION	2018*		2017		PERCENT CHANGE
	CASES	DEATHS	CASES	DEATHS	
<b>PHILIPPINES</b>	<b>860</b>	<b>25</b>	<b>870</b>	<b>36</b>	<b>↓1</b>
I	38	0	39	0	↓3
II	4	0	4	0	0
III	6	0	11	0	↓45
IVA	15	0	15	0	0
IVB	0	0	0	0	-
V	0	0	0	0	-
VI	0	0	1	0	↓100
<b>VII</b>	<b>214</b>	<b>0</b>	<b>148</b>	<b>0</b>	<b>↑45</b>
VIII	0	0	1	0	↓100
IX	1	0	0	0	-
X	0	0	1	1	↓100
XI	216	17	227	29	↓5
XII	6	2	9	3	↓33
ARMM	1	0	0	0	-
CAR	169	5	204	1	↓17
CARAGA	6	1	6	1	0
NCR	184	0	204	1	↓10

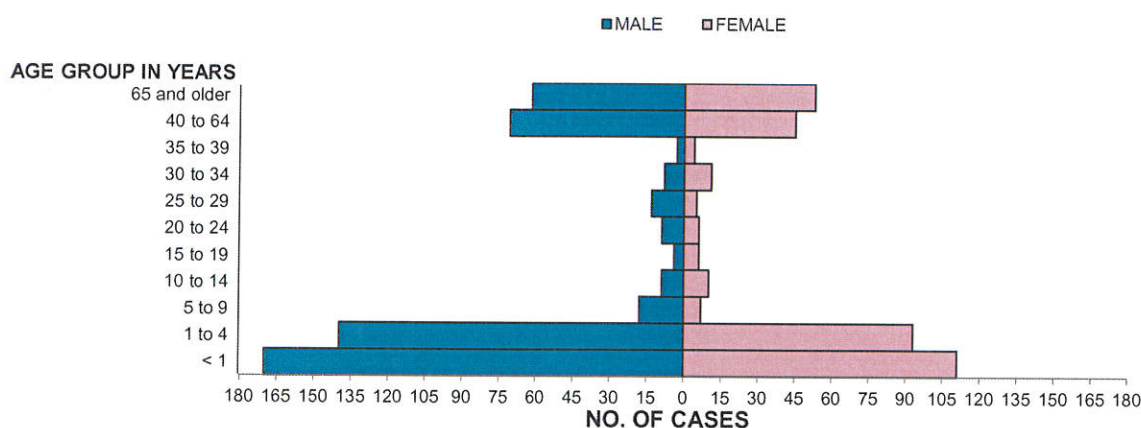


### III. PROFILE OF CASES

#### A. Profile of Reported cases

509 (59%) of the suspect cases were **males**. Age ranged from **14 days to 90 years old** (median of 2 years old). Most cases of SARI belonged to the <5 years old (514, 60%) and 40 years and above (231, 27%) age groups (Figure 3).

Figure 3. SARI Cases by Age Group and Sex (N=860)\*  
Philippines, January 1 to September 29, 2018

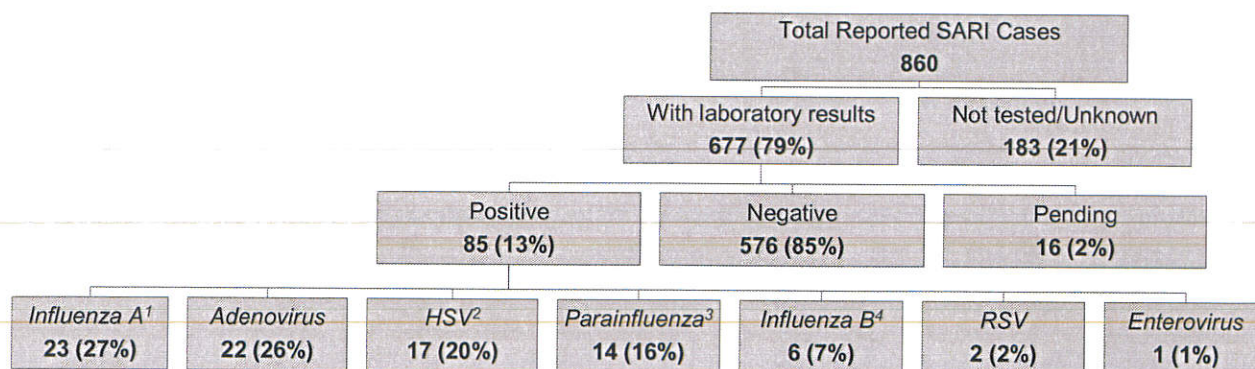


\*Note : 2 Male SARI cases with unspecified age

#### B. Laboratory Status

Among the 860 reported SARI cases, **677 (79%)** have reported laboratory results. Among cases with laboratory results, **85 (13%)** had identified pathogens. The top isolated pathogen among SARI cases with laboratory confirmation was *Influenza A* (23, 27%) (Figure 4).

Figure 4. SARI Cases by Case Classification (N=860)  
Philippines, January 1 to September 29, 2018



<sup>1</sup>Influenza A : Subtype H3 (15), Pending Subtype (5), Subtype 2015 (AH1N1)-like (2), Subtype 2014 (H3N2)-like (1)

<sup>2</sup>HSV : Subtype 1 (16), Pending Subtype(1)

<sup>3</sup>Parainfluenza : Subtype 3 (12), Subtype 1 (1), Pending Subtype(1)

<sup>4</sup>Influenza B : Subtype 2013-like(3), Yamagata-lineage (2), Pending Subtype(1)

### IV. PROFILE OF REPORTED DEATHS

The ages of the 25 reported deaths ranged from **1 month to 82 years old** (median age of 60 years). Nine (36%) of the reported deaths had unknown vaccination status while 16 (64%) of the reported deaths did not receive any dose of an influenza vaccine.