Classification of Suspect Measles-Rubella Cases

A total of 2,355 suspect measles-rubella cases were reported nationwide from January 1 to September 2, 2017. Of these, 1,674 (71.08%) were tested. Among the suspect cases, 48 (2.04%) cases were classified as laboratory confirmed measles, 374 (15.88%) cases were classified as laboratory confirmed rubella and 18 (0.76%) cases were classified as epidemiologically-linked confirmed rubella. Four (0.17%) cases had co-infection and tested positive for both measles and rubella virus. Measles cases are 3.70% lower while rubella cases are 266.67% higher than the previous year of the same time period (see Table 2). One death (CFR=1.92%) was reported from Region III among the confirmed measles cases.

### TABLE 1. MEASLES AND RUBELLA CASES BY REGION, PHILIPPINES, JANUARY 1 – SEPTEMBER 2, 2017 (N=2,355)

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<thead>
<tr>
<th>REGION</th>
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<th>LABORATORY CONFIRMED MEASLES</th>
<th>LABORATORY CONFIRMED RUBELLA</th>
<th>EPI-LINKED CONFIRMED RUBELLA</th>
<th>POSITIVE FOR BOTH MEASLES &amp; RUBELLA (CO-INFECTION)</th>
<th>NEGATIVE (DISCARDED AS NON-MEASLES/ RUBELLA)</th>
<th>MEASLES COMPATIBLE</th>
<th>PENDING CLASSIFICATION</th>
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<td>0</td>
<td>0</td>
<td>19</td>
<td>18</td>
<td>0</td>
</tr>
<tr>
<td>V</td>
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<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>31</td>
<td>19</td>
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</tr>
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<td>1</td>
<td>126</td>
<td>10</td>
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<td>374</td>
<td>18</td>
<td>4</td>
<td>1,248</td>
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<td>76</td>
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</tbody>
</table>

*see Annex A for confirmed measles cases by barangay

### FIGURE 1. GEOGRAPHICAL DISTRIBUTION OF CONFIRMED CASES*, PHILIPPINES, JANUARY 1 – SEPTEMBER 2, 2017

Legend:  
- 1 dot = 1 case
- Measles
- Rubella

*lab confirmed and epi-linked confirmed cases

Case counts reported here do NOT represent the final number and are subject to change after inclusion of delayed reports and review of cases.
Figure 1 shows the distribution of cases among regions. Confirmed measles are highest in Region IX with 14 (26.92%) cases followed by Region IVA with 10 (19.23%) cases and Region III with 9 (17.31%) cases.

Meanwhile, confirmed rubella cases are highest in number in Region IVA with 86 (21.72%) cases followed by Region VI with 83 (20.96%) cases and CAR with 58 (14.65%) cases.

### TABLE 2. CONFIRMED MEASLES AND RUBELLA CASES BY REGION, PHILIPPINES, 2016 vs. 2017

<table>
<thead>
<tr>
<th>REGION</th>
<th>CONFIRMED MEASLES CASES</th>
<th>CONFIRMED RUBELLA CASES</th>
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</thead>
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<td></td>
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<td>2016</td>
</tr>
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</tr>
<tr>
<td>V</td>
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<td>10</td>
</tr>
<tr>
<td>X</td>
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<td>2</td>
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<tr>
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<td>CAR</td>
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<td>3</td>
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<tr>
<td>CRG</td>
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<td>2</td>
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<tr>
<td>NCR</td>
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<td>4</td>
</tr>
<tr>
<td>PHL</td>
<td>52</td>
<td>54</td>
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</tbody>
</table>

### FIGURE 2. CONFIRMED MEASLES ALERT AND EPIDEMIC THRESHOLDS, PHILIPPINES, JANUARY 1 – SEPTEMBER 2, 2017 (n=52)

The current number of confirmed measles cases is below the alert threshold as shown in Figure 2. Annualized measles incidence rate is 0.74 per 1,000,000 population sustaining the target incidence of <1 per 1,000,000.

Case counts reported here do NOT represent the final number and are subject to change after inclusion of delayed reports and review of cases.
Figure 3 as shown below reflects the confirmed rubella cases in relation to the rubella alert and epidemic thresholds. It can be noted that the weekly number of rubella cases have almost consistently exceeded the alert threshold from the start of the year until morbidity week 33. In various weeks, the epidemic threshold was reached. Annualized rubella incidence rate is 5.66 per 1,000,000 population, indicating a high incidence of rubella in the country.

**FIGURE 3. CONFIRMED RUBELLA ALERT AND EPIDEMIC THRESHOLDS, PHILIPPINES, JANUARY 1 – SEPTEMBER 2, 2017 (n=396)**

**PCR Testing and Genotyping of Oropharyngeal or Nasopharyngeal Swabs (OPS/NPS)**

There were 135 oropharyngeal/nasopharyngeal swabs submitted and tested by PCR for the current year. Among these, 28 cases had rubella virus RNA detected. Of the 28 cases, 14 have 28 genotype results based on swab testing. None of the samples detected measles virus.

**Profile of Cases: MEASLES**

**FIGURE 4. VACCINATION STATUS OF CONFIRMED MEASLES CASES BY AGE GROUP, PHILIPPINES, JANUARY 1 – SEPTEMBER 2, 2017 (n=52)**

Among the confirmed measles cases, 27 (52%) cases were female. Most of the cases belong to the under five age groups. Fifteen (31.91%) of the confirmed measles cases belong to the less than 9 month old age group. Twenty-eight (58.33%) of the cases were not vaccinated, 10 (20.83%) cases were vaccinated but with unknown number of doses, 7 (14.58%) cases received 1 dose of measles vaccine and 3 (6.25%) cases received 2 doses of measles-containing vaccine as shown in Figure 4.
Profile of Cases: RUBELLA

FIGURE 5. VACCINATION STATUS OF CONFIRMED RUBELLA CASES BY AGE GROUP, PHILIPPINES, JANUARY 1 – SEPTEMBER 2, 2017 (n=396)

Of the confirmed rubella cases, 204 (52%) cases were female. One hundred twelve (28.79%) of the confirmed rubella cases belong to the 20-24 year old age group followed by the 15-19 year old age group with 96 (24.68%) cases. It can be observed that most of the cases are among adults. More than half (50.77%) of the cases were not vaccinated while only 22 (5.61%) received 2 or more doses inclusive of MMR vaccine as shown in Figure 5. Basis of vaccination status is only the number of measles-containing vaccine received.

Among the female confirmed rubella cases, 6 (2.94%) were reported as pregnant. All pregnant cases are referred to the Maternal, Newborn and Child Health and Nutrition (MNCHN) program for monitoring of pregnancy and outcome of delivery. Exposure to rubella during pregnancy increases the risk of Congenital Rubella Syndrome (CRS) affecting the newborn.

Clustering of Measles-Rubella Cases

One measles and 17 rubella clusters were identified since January 2017. These cases were related in terms of place of residences and onset of symptoms, located in the same barangay or identified place of transmission and occurred within 4 consecutive weeks. (see Annex B for list of clusters)

Actions Taken for Clusters and Cases:

1. Validation of clustering with the regions concerned
2. Provision of recommendations for surveillance and coordination with the program
3. Data dissemination to the Disease Prevention and Control Bureau (DPCB) specifically Family Health Office (FHO) and Infectious Disease Office (IDO) and Health Promotion and Communication Services (HPCS) providing updates on current status of measles-rubella cases for appropriate action

Measles Surveillance Performance Indicators

Table 3 presents the surveillance performance of regions based on the indicators for measles surveillance. Countrywide incidence rate of 0.74 per 1,000,000 population has been achieved, reaching the target of <1 per 1,000,000 population. Regions III, IVA, IX and ARMM did not meet the target which implies increased occurrence of measles in these regions.

Surveillance performance on adequate blood collection, adequate case investigation, suspect measles reporting, non-measles/non-rubella reporting and reducing measles compatible cases are all still below the target. These surveillance indicators gauge the capacity of the country in achieving the measles elimination goal. Development of strategies and towards a highly functional surveillance system is vital towards attainment of measles control and eventually, towards elimination. Strategies may include intensification of active surveillance across the country through enhanced case reporting, specimen collection and case investigation.

see Annex C for measles surveillance performance indicators dictionary

Case counts reported here do NOT represent the final number and are subject to change after inclusion of delayed reports and review of cases.
# Measles-Rubella Cases

**January 1 – September 2, 2017**

**Epidemiology Bureau**

**Public Health Surveillance Division**

## TABLE 3. MEASLES SURVEILLANCE PERFORMANCE INDICATORS BY REGION, PHILIPPINES, 2016 vs. 2017

<table>
<thead>
<tr>
<th>REGION</th>
<th>POPULATION 2017</th>
<th>ANNUALIZED MEASLES INCIDENCE RATE</th>
<th>ADEQUATE BLOOD COLLECTION RATE</th>
<th>ADEQUATE CASE INVESTIGATION RATE</th>
<th>ANNUALIZED SUSPECT MEASLES REPORTING RATE</th>
<th>ANNUALIZED NON-MEASLES/ NON-RUBELLA REPORTING</th>
<th>PERCENTAGE OF MEASLES COMPATIBLE</th>
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<tbody>
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<td></td>
<td>Target: &lt;1/1,000,000 Pop.</td>
<td>Target: 100%</td>
<td>Target: 100%</td>
<td>Target: ≥2/100,000 Pop.</td>
<td>Target: ≥2/100,000 Pop.</td>
<td>Target: &lt;10%</td>
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**Legend:**

- <1
- ≥1
- ≥80%
- ≤80%
- ≥50%
- ≤50%
- <1/100,000 Pop.
- ≥1/100,000 Pop.
- <1/100,000 Pop.
- <10%
- >50%

---

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---

Case counts reported here do NOT represent the final number and are subject to change after inclusion of delayed reports and review of cases.
## ANNEX A. CONFIRMED MEASLES AND RUBELLA CASES BY BARANGAY

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<th>REGION</th>
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<th>MUNICITY</th>
<th>BARANGAY</th>
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<td>LAMAC</td>
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Case counts reported here do NOT represent the final number and are subject to change after inclusion of delayed reports and review of cases.
# Confirmed Rubella Cases

**Philippines, January 1 - September 2, 2017 (n=396)**

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*Case counts reported here do NOT represent the final number and are subject to change after inclusion of delayed reports and review of cases.*
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Case counts reported here do NOT represent the final number and are subject to change after inclusion of delayed reports and review of cases.
## Confirmed Rubella Cases

**Philippines, January 1 - September 2, 2017 (n=396)**

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*Case counts reported here do NOT represent the final number and are subject to change after inclusion of delayed reports and review of cases.*
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PHILIPPINES 396

Case counts reported here do NOT represent the final number and are subject to change after inclusion of delayed reports and review of cases.
# Measles-Rubella Cases

**January 1 – September 2, 2017**

## ANNEX B: CLUSTERS OF MEASLES AND RUBELLA CASES

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<td>School/Barangay</td>
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<td>Tangalan</td>
<td>Tamalagon</td>
<td>Barangay/Community Daycare/School</td>
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</table>

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ANNEX C. MEASLES SURVEILLANCE PERFORMANCE INDICATORS

- **Measles incidence rate**: target: <1/1,000,000 of the total population. It measures the progress of a country towards measles elimination. High incidence rate indicates persistence of measles transmission in some areas.
- **Adequate blood collection rate**: target: ≥80% adequate specimen collected within 28 days from rash onset. This will facilitate the specificity (ability to determine measles virus as the cause of illness) of reported measles cases. With adequate specimen collection, there will be an access to identify the circulating measles virus in the community.
- **Timeliness and adequacy of investigation**: target: ≥80% adequate investigation within 48 hours of notification, with collection of all 10 core variables. This provides venue to prevent further transmission of measles cases in the community, furthermore, provides immediate response to prevent potential outbreaks.
- **Suspect Measles Reporting Rate**: target: ≥2 per 100,000 of the total population. It measures the ability to detect suspect measles cases. Reporting an adequate number of suspected cases provides confidence that the system is sensitive to detect measles cases.
- **Non-Measles Reporting Rate**: target: ≥2 per 100,000 of the total population. If non-measles reporting rate is equal or proportion to the number of suspect measles cases in all regions, it gives us higher chance in attaining our goal of measles elimination. However, symptoms similar to that of measles may be attributed to another organism causing the illness.

ANNEX D. DEFINITION OF TERMS

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<thead>
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<th>Term</th>
<th>Description</th>
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<tr>
<td>Laboratory confirmed case</td>
<td>A suspect case with a positive laboratory test result for measles-specific/rubella-specific IgM antibodies or other approved laboratory test method</td>
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<tr>
<td>Epidemiologically-linked case</td>
<td>A suspect case that has not been confirmed by laboratory but that is geographically AND temporally related to a laboratory-confirmed case or (in the event of an outbreak) to another epidemiologically confirmed measles case.</td>
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<td>Co-infection</td>
<td>A suspect case with a positive laboratory test result for both measles-specific and rubella-specific IgM antibodies or other approved laboratory test method</td>
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<td>Confirmed cases</td>
<td>Laboratory confirmed + Epidemiologically-linked cases</td>
</tr>
<tr>
<td>Measles compatible case</td>
<td>A case that meets the suspect case definition for measles but for which no adequate blood specimen was taken and which has not been linked epidemiologically to another case positive for measles IgM or another laboratory-confirmed communicable disease</td>
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<tr>
<td>Discarded non-measles/rubella</td>
<td>A case that meets the clinical case definition for measles and tested negative for both measles and rubella testing.</td>
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<tr>
<td>Pending classification</td>
<td>Cases with blood specimen collected but with pending transport or laboratory results.</td>
</tr>
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<td>Alert threshold</td>
<td>Refers to the level of occurrence of disease that serves as an early warning for epidemics.</td>
</tr>
<tr>
<td>Epidemic threshold</td>
<td>Refers to the level of occurrence of disease above which an urgent response is required. The threshold is specific to each disease and depends on the infectiousness, other determinants of transmission and local endemicity levels.</td>
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<tr>
<td>Cluster of cases</td>
<td>2 or more cases with temporal (occurring in a span of 4 weeks) and geographical association (within the same barangay)</td>
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</tbody>
</table>

Case counts reported here do NOT represent the final number and are subject to change after inclusion of delayed reports and review of cases.