



January 1 – April 1, 2017

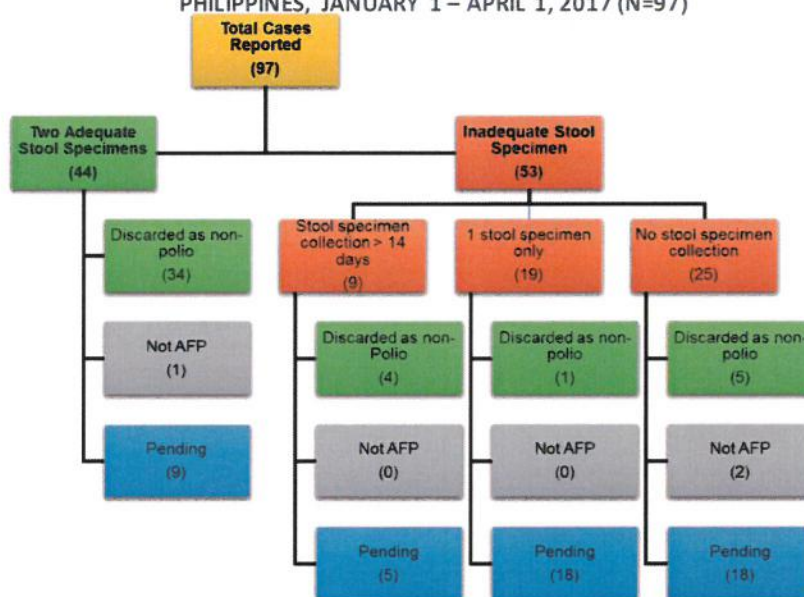
Epidemiology Bureau  
 Public Health Surveillance Division

**CLASSIFICATION OF ACUTE FLACCID PARALYSIS (AFP) CASES**

AFP surveillance is an essential strategy which aims to look for poliovirus circulation in the community by investigating all possible polio cases. Its role is to identify high risk areas or groups and certify that the Philippines is still polio-free.

A total of 97 reported AFP cases were reported nationwide from January 1 to April 1, 2017 (Figure 1). Of these, 44 (45%) had two adequate stool specimens collected: 34 cases were discarded as non-polio, 1 was considered as not AFP and 9 are still pending for classification. There were 53 (55%) AFP cases with inadequate stool specimens: 9 (17%) of the stools collected were beyond 14 days while 19 (36%) of the cases had only 1 stool collected. The remaining 25 (47%) had no stool specimens collected. Among those with inadequate specimen collection, 10 (19%) cases have been classified as non-polio, 2 (4%) cases were considered not AFP cases while the remaining 41 (77%) cases are pending for expert panel classification. Seventeen (17) out of the 18 Regions have reported AFP cases since January. (Table 1)

**FIGURE 1. CLASSIFICATION OF ACUTE FLACCID PARALYSIS CASES, PHILIPPINES, JANUARY 1 – APRIL 1, 2017 (N=97)**



**TABLE 1. AFP CASES BY REGION, PHILIPPINES, JANUARY 1 - APRIL 1, 2017 (N=97)**

REGION	2017 Target AFP Cases 2/100k	2017 Target AFP Cases 1/100k	Reported Cases as of MW 13	Classification			Total Number of Classified Cases
				Non-Polio (Discarded)	NOT AFP	Pending	
Region I	40	20	11	2	1	8	3
Region II	27	14	6	2	0	4	2
Region III	87	43	5	2	0	3	2
Region IVA	111	56	12	4	1	7	5
Region IVB	24	12	2	2	0	0	2
Region V	48	24	11	6	0	5	6
Region VI	35	18	5	3	0	2	3
Region VII	47	24	3	2	0	1	2
Region VIII	36	18	3	1	1	1	2
Region IX	30	15	0	0	0	0	0
Region X	37	18	10	7	0	3	7
Region XI	42	21	9	2	0	7	2
Region XII	36	18	7	3	0	4	3
ARMM	30	15	2	1	0	1	1
CAR	14	7	2	0	0	2	0
CARAGA	21	11	2	2	0	0	2
NCR	98	49	5	3	0	2	3
NIR	36	18	2	2	0	0	2
PHIL	800	400	97	44	3	50	47



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**TABLE 2. STOOL SPECIMEN RESULT AMONG REPORTED AFP CASES, JAN. 1 – APR. 1, 2017, (N= 97), PHILIPPINES**

Stool Specimen Result	Reported Cases	Percentage
Positive for poliovirus	0	0
Negative for poliovirus	45	46
Non-polio enterovirus (NPEV)	2	2
No stool	24	25
Pending for results	26	27
<b>Total</b>	<b>97</b>	<b>100</b>

**VIRUS ISOLATION AND GENOTYPING**

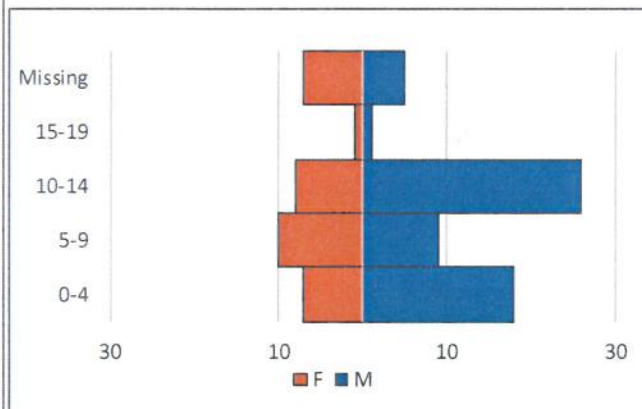
Table 2 shows the AFP stool specimen test results from the National Polio Laboratory (NPL) of the Research Institute of Tropical Medicine (RITM). There were 0 isolated poliovirus from January 1 to April 1, 2017. Among the 97 cases reported, 45 (46%) tested negative for poliovirus, 2 (2%) are non-polio enterovirus, 24 (25%) had no stool specimen collected and 26 (27%) have pending laboratory results.

**PROFILE OF CASES**

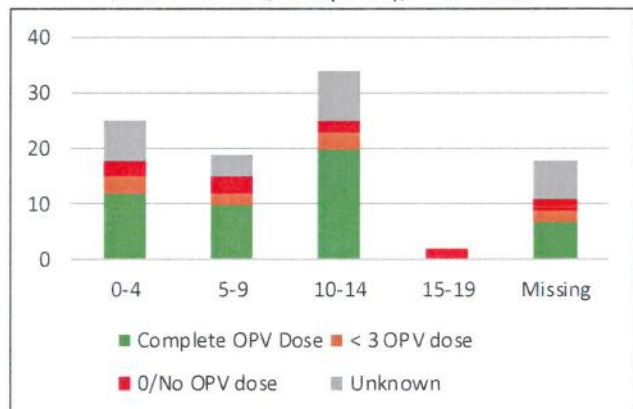
Among the reported AFP cases, 64 (66%) are Males and 33 (34%) are Females. Most of the AFP cases reported belong to the 10-14 age group (35.05%). (Figure 2)

Information on the immunization status of reported cases are essential for the EPI coordinators in choosing appropriate strategies on targeting specific age groups for immunization. At present, only 49 (50.5%) had completed their OPV dose; the rest of the cases had 0 OPV dose (12.4%), unknown (27.8%) or incomplete OPV dose received (9.3%). (Figure 3).

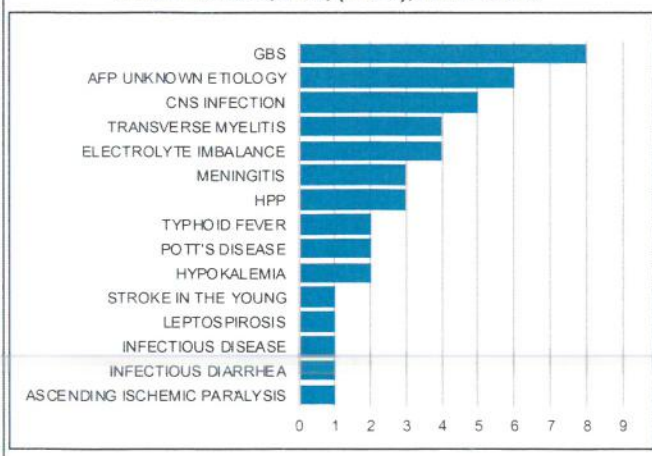
**FIGURE 2 . AFP REPORTED CASES BY SEX AND AGE GROUP, JAN. 1 – APR. 1, 2017 (N=97), PHILIPPINES**



**FIGURE 3 . IMMUNIZATION STATUS AMONG AFP CASES BY POLIO VACCINATION DOSE AND AGE GROUP, JAN. 1 – APR. 1, 2017 (N= 97), PHILIPPINES**



**FIGURE 4 . DIFFERENTIAL DIAGNOSIS OF AFP CASES, JAN. 1 – APR. 1, 2017, (n=44\*), PHILIPPINES**



The differential diagnosis of AFP includes but is not limited to, poliomyelitis, Guillain Barre Syndrome (GBS), traumatic neuritis and transverse myelitis. These four are the common diseases that represent the most common causes of AFP; however, there are other differential diagnosis that have numerous etiologies. Hence, any diseases that represents AFP, even if diagnosed as disease other than polio by the physician should be reported and collected with stool specimen. Figure 4 shows that GBS is the most commonly disease reported as AFP.

\*There are 53 cases still with unknown/pending final diagnosis

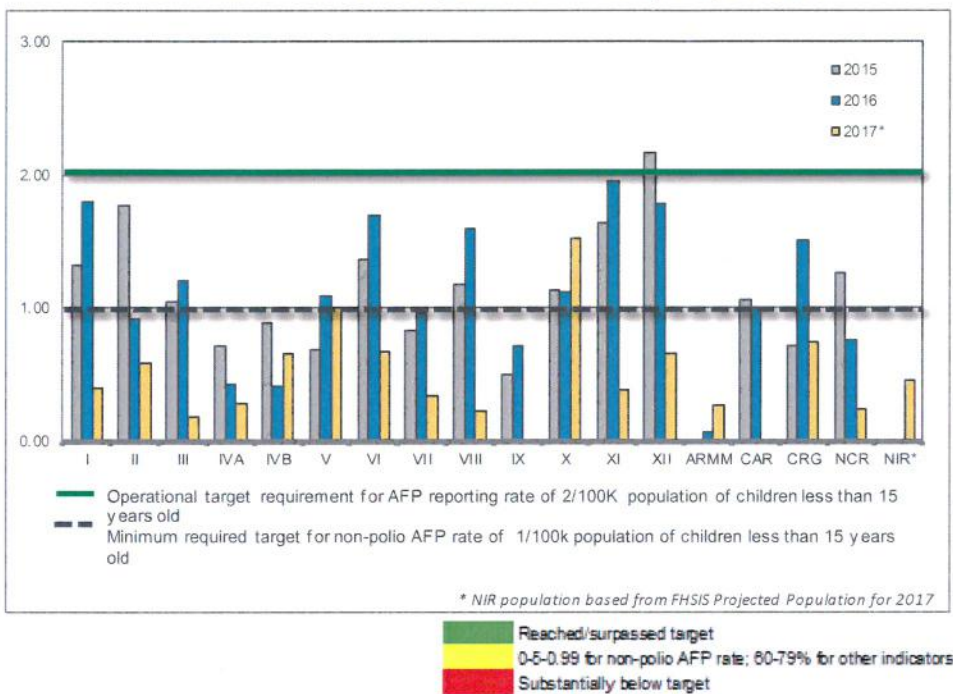


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**SURVEILLANCE PERFORMANCE INDICATORS: AFP REPORTING RATE AND NON-POLIO AFP RATE**

From January 1 to April 1, 2017, there were **97** AFP cases reported, providing the Philippines a reporting rate of **0.98** per 100,000 population of children below 15 years old. Only 8 out of the 18 Regions were able to surpass the minimum target **Forty-four (44)** have been discarded as non-polio; which gives us a non-polio AFP rate of **0.44/100,000** that is substantially below the target. At present, only Regions 5 and 10 were able to reach the minimum target of 1/100,000. (Figure 5 and table 3)

**FIGURE 5. NON-POLIO AFP RATE, JAN. 1 2015 – APR. 1, 2017, PHILIPPINES**



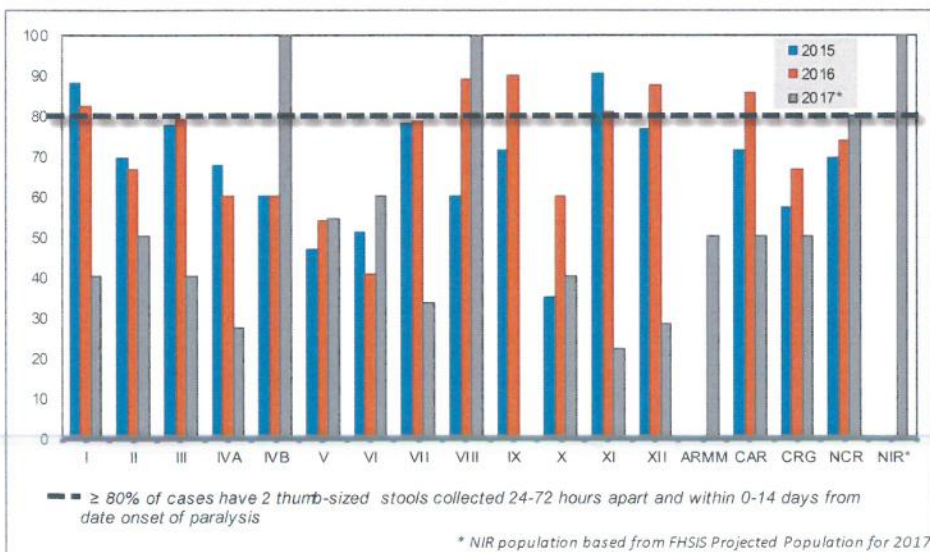
**TABLE 3. REPORTING AND NON-POLIO AFP RATE AS OF MW 13**

REGION	Reporting Rate	Non-Polio AFP Rate
Region I	2.20	0.40
Region II	1.76	0.59
Region III	0.46	0.18
Region IVA	0.93	0.29
Region IVB	0.65	0.65
Region V	1.85	1.01
Region VI	1.13	0.68
Region VII	0.51	0.34
Region VIII	0.67	0.22
Region IX	0.00	0.00
Region X	2.17	1.52
Region XI	1.73	0.38
Region XII	1.54	0.66
ARMM	0.54	0.27
CAR	1.14	0.00
CARAGA	0.74	0.74
NCR	0.41	0.24
NIR	0.45	0.45
PHIL	0.98	0.44

**SURVEILLANCE PERFORMANCE INDICATORS: STOOL SPECIMEN ADEQUACY RATE**

All AFP cases should have full clinical and virological investigation with at least 80% of AFP cases having adequate stool specimens collected. From 2015 to 2016, the country remains to fail in reaching the 80% benchmark. Figure 6 shows the adequate specimen collection rate from 2015 to 2017. As of MW 13, the adequate stool specimen rate is 46% with only regions 4B, 8, NCR and NIR reaching the target.

**FIGURE 6. STOOL SPECIMEN ADEQUACY RATE, JAN. 1 2015 – APR. 1, 2017, PHILIPPINES**



**TABLE 4. STOOL SPECIMEN ADEQUACY RATE OF MW 13**

REGION	Stool Specimen Adequacy Rate
Region I	40
Region II	50
Region III	40
Region IVA	27
Region IVB	100
Region V	55
Region VI	60
Region VII	33
Region VIII	100
Region IX	-
Region X	40
Region XI	22
Region XII	29
ARMM	50
CAR	50
CARAGA	50
NCR	80
NIR	100
PHIL	46




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**Definition of Terms**

Acute flaccid paralysis (AFP) case	Refers to any child less than 15 years of age with acute onset of floppy paralysis, or a person of any age in whom poliomyelitis is suspected by a physician.
Cluster of AFP cases	Refers to the occurrence of two or more AFP cases in one province or city with the date of paralysis onset of within 1 month of each other.
Circulating Vaccine-derived poliovirus (cVDPV)	Refers to a sub-classification of VDPV found in areas with gaps in OPV coverage; considered in the context of person-to-person transmission when non-identical but related VDPVs are identified in at least 2 AFP cases.
Confirmed polio	Refers to an AFP case that was laboratory-confirmed with wild poliovirus.
Discarded as non-polio	Refers to AFP cases classified by the expert panel committee as non-polio in which the paralysis is not caused by poliovirus.
Hot case	Refers to an AFP case that is less than 5 years old, with less than 3 doses of OPV and has fever at the onset of asymmetrical paralysis; OR an AFP case or a person of any age whose stool specimen/s has poliovirus isolate.
Non-polio Enterovirus	Refers to enterovirus (i.e. echovirus, coxsackie virus) other than poliovirus isolated from specimens.
Oral poliovirus vaccine (OPV)	Refers to an attenuated vaccine administered orally that protects against either one (mOPV), two (bOPV) or three (tOPV) serotypes of poliovirus present in the formulation.
Polio compatible	Refers to an AFP case which does not have an adequate stool collected, died or was lost to follow-up.
Sabin-like	Refers to an AFP case with isolates consistent with a limited period of virus excretion or person-to-person transmission demonstrating less than 1% difference from parent OPV strains for poliovirus types 1 and 3, and less than 0.6% difference from the type 2 OPV strain by full Viral Protein 1 sequence homology.
Vaccine-derived poliovirus (VDPV)	Refers to live, attenuated strains of the vaccine poliovirus that have undergone mutation and recombination and differ from (original) Sabin strains by 1 to 15% of VP1 nucleotides, the extent of genetic change of which is indicative of prolonged replication.
Vaccine-associated paralytic poliomyelitis (VAPP)	Refers to the only rare adverse event associated with OPV use which may occur in vaccine recipients or their contacts. The onset of symptoms with VAPP usually occurs 4-30 days following receipt of OPV or within 4-75 days after contact with a recipient of OPV. In immune-deficient individuals, VAPP may occur outside these windows.
Wild poliovirus (WPV)	Refers to the wild poliovirus that is targeted for global eradication consisting of three types: poliovirus type 1, 2 and 3.

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